



2022

COMMUNITY HEALTH NEEDS ASSESSMENT

Anaconda, Montana

*Assessment conducted by **Community Hospital of Anaconda** in cooperation with the
Montana Office of Rural Health*

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INTRODUCTION

Introduction

Community Hospital of Anaconda (CHA) offers a full continuum of care including a 25-bed Critical Access Hospital (CAH) and hospital-based clinics based in Anaconda, Montana. Community Hospital of Anaconda serves Deer Lodge County and surrounding area of Southwest Montana of approximately 2,000 square miles and provides medical services to a service population of approximately 10,000 people. Community Hospital of Anaconda is the only hospital in Deer Lodge County. CHA’s primary service area includes the communities of Anaconda, Galen, Georgetown, Opportunity, and Warm Springs; with most of the County’s populated communities located along I-90 or US 1. Deer Lodge County has a low population density and is considered a Frontier (six or less people per square mile) by the US Department of Health and Human Services. For further demographic, socioeconomic and other related county and state data, please see Appendix C to review the Secondary Data Analysis.



Community Hospital of Anaconda is a MT DPHHS designated Community Trauma Hospital and recognized Pediatric Capable facility. CHA offers a full range of care including acute care, cardiopulmonary services, convenient care, emergency services, laboratory services, medical imaging, nutrition therapy, rehabilitation services, surgery, and multiple ambulatory care clinics with services including internal medicine, family medicine, pediatrics, obstetrics/gynecology, oncology/hematology, rheumatology, and endocrinology. Community Hospital of Anaconda also offers home health, hospice, long-term care, and a surgical clinic encompassing the specialties of general, orthopedics, urologic and spine surgery.



Mission: In the spirit of our rich heritage, we provide a caring environment responding with excellence to the health care needs of those we serve. Respecting the dignity and recognizing the worth of each person is the foundation of our commitment to care.

Core Values:

C-Compassion: We strive to be compassionate toward every person we encounter. We treat the whole person, acknowledging all aspects of healing and well-being.

H-Hospitality: By establishing a friendly and positive environment, we provide care for a lifetime, for families, neighbors and friends.

A-Acknowledgement of a job well done: As a team of care givers, we provide quality health care with a commitment to excellence in all that we do.

Community Hospital of Anaconda: Care for a Lifetime!

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

Over the months of July and August 2022, Community Hospital of Anaconda’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 2022 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 Community Hospital of Anaconda 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 May 2022. 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 July 2022, surveys were mailed out to the residents in Community Hospital of Anaconda’s service area. 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

Community Hospital of Anaconda 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. Note: although the survey samples were proportionately selected, actual surveys returned from each population area varied, which may result in slightly less proportional results. See table below for the survey distribution.

Zip Code	Population ¹	Community Name	Total Distribution	# Male	# Female
59711	9106	Anaconda	524	262	262
59701	33964	Butte	196	98	98
59722	2934	Deer Lodge	60	30	30
59858	768	Philipsburg	20	10	10
Total	46772		800	400	400

¹ US Census Bureau - American Community Survey (2019)

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

Information Gaps- Data

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

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

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

A common approach to survey research is the mailed survey. However, this approach is not without limitations. There is always the concern of non-response as it may affect the representativeness of the sample. Thus, a mixture of different data collection methodologies is recommended.

Conducting key informant interviews in addition to the random sample survey allows for a more robust sample, and ultimately, these efforts help to increase the community response rate. Partnering with local community organizations such as public health, community health centers, and senior centers, just to name a few, assists in reaching segments of the population that might not otherwise respond to a survey.

While key informant interview data can offer invaluable insight into the perception of a community or group of individuals, qualitative data can be difficult to analyze. For this reason, key informant interview data are grouped into common themes based on our interpretation of the transcript. To better understand these themes, please review the full transcripts in Appendix I. MORH staff facilitated the key informant interviews for CHA to ensure impartiality. However, given the small size of the community, key informant interview participants may still be hesitant to express their opinions freely. Personal identifiers are not included in the transcripts.



Survey Implementation

In July 2022, a survey, cover letter on Community Hospital of Anaconda’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 Community Hospital of Anaconda would be conducting a community health services survey throughout the region in cooperation with the Montana Office of Rural Health.

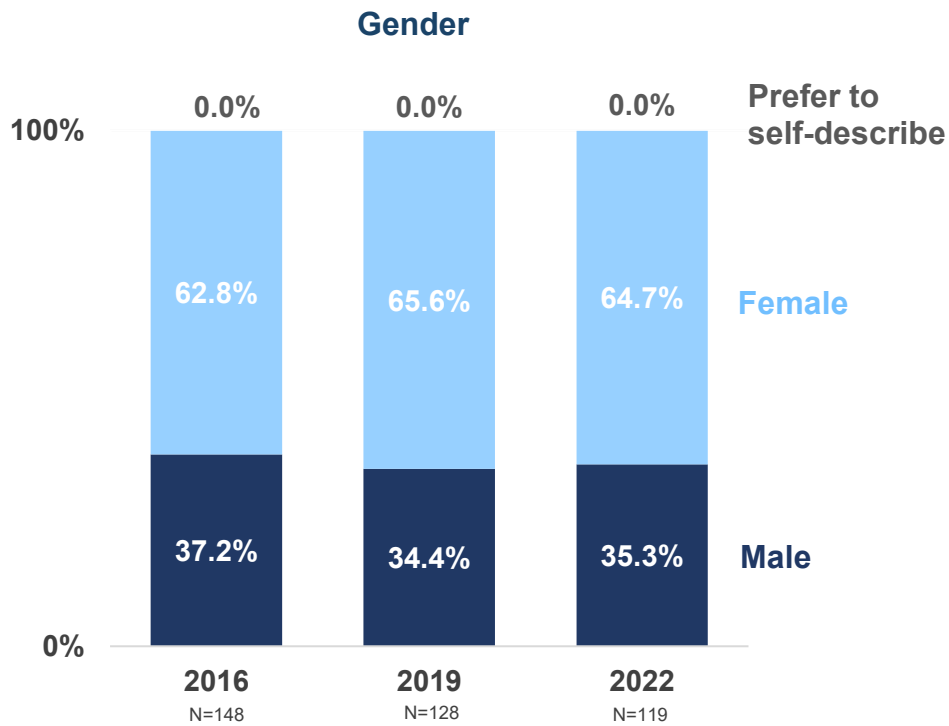
One-hundred twenty surveys were completed and returned out of 800. Of those 800 surveys, 51 surveys were returned undeliverable for a 16.0% response rate. From this point on, the total number of surveys will be out of 749. Based upon the sample size, we can be 95% confident that the responses to the survey questions are representative of the service area population, plus or minus 8.9%.

Survey Respondent Demographics

A total of 749 surveys were distributed amongst Community Hospital of Anaconda’s service area. One-hundred twenty surveys were completed for a 16.0% response rate. The following table and graphs 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.

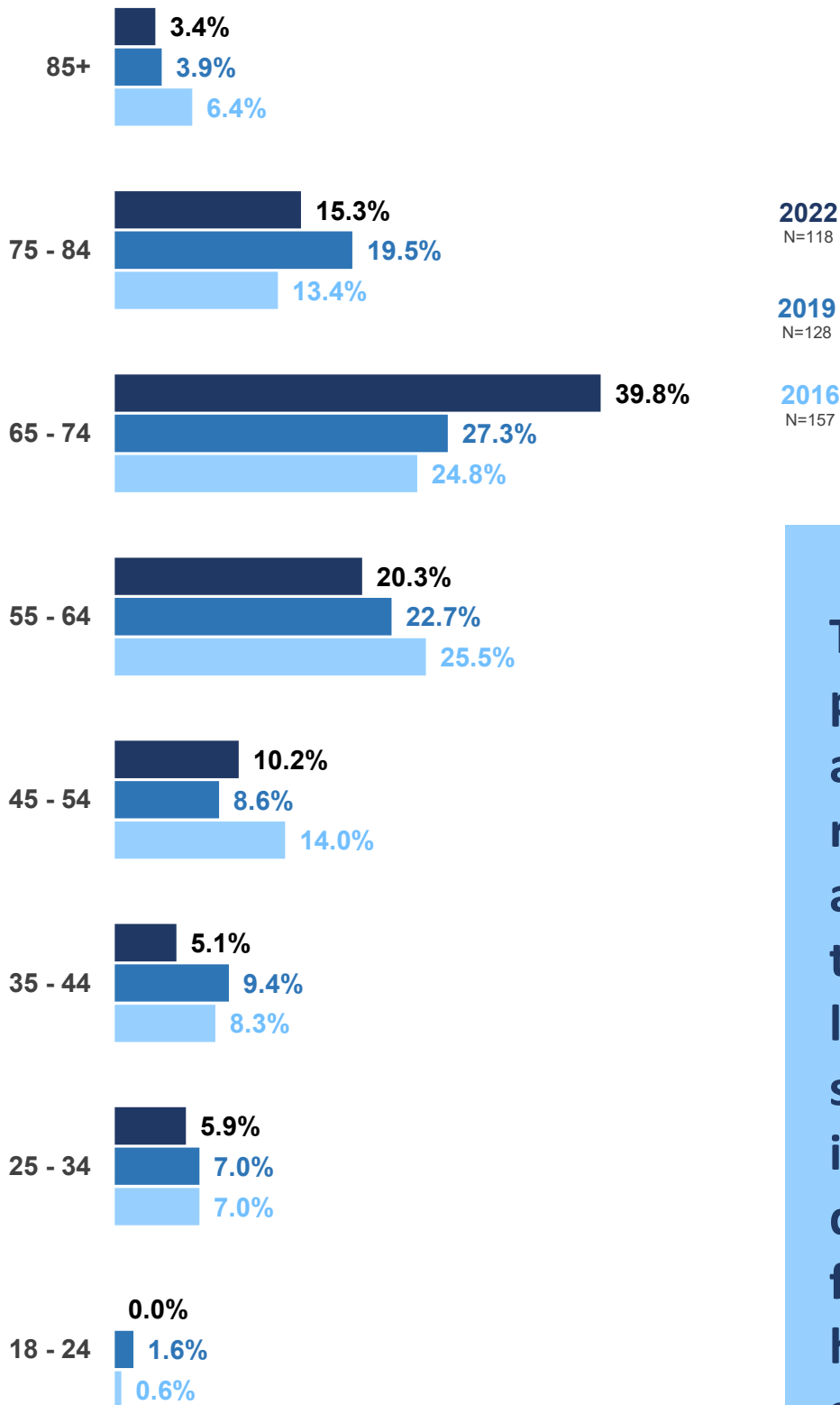
Place of Residence	2016 % (n)	2019 % (n)	2022 % (n)
Number of respondents	156	129	117
59711 Anaconda	58.3% (91)	57.4% (74)	77.8% (91)
59701 Butte	19.2% (30)	31.0% (40)	14.5% (17)
59722 Deer Lodge	9.6% (15)	7.8% (10)	6.8% (8)
59858 Philipsburg	12.8% (20)	2.3% (3)	0.9% (1)
59756 Warm Springs	0.0% (0)	0.0% (0)	0.0% (0)
Other		1.6% (2)	0.0% (0)
TOTAL	100.0% (156)	100.0% (129)	100.0% (117)

Statistical significance was not measured as reporting differed between 2022 and the two previous years. A larger number of missing values in 2022 compared to previous years would result in a skewed test for significance, indicating a meaningful change when one may not exist. 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.

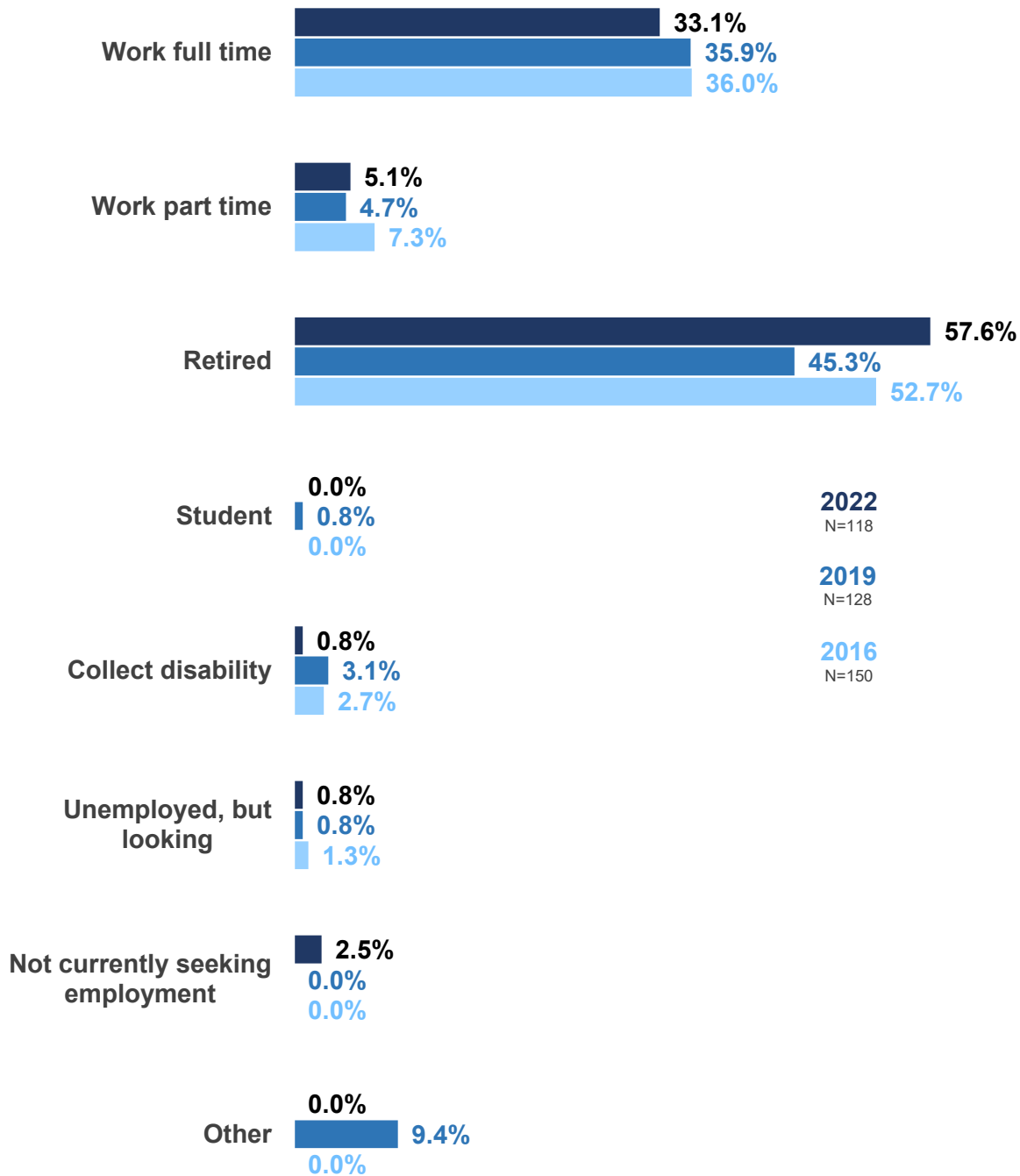
Age of respondents for all years of the survey



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

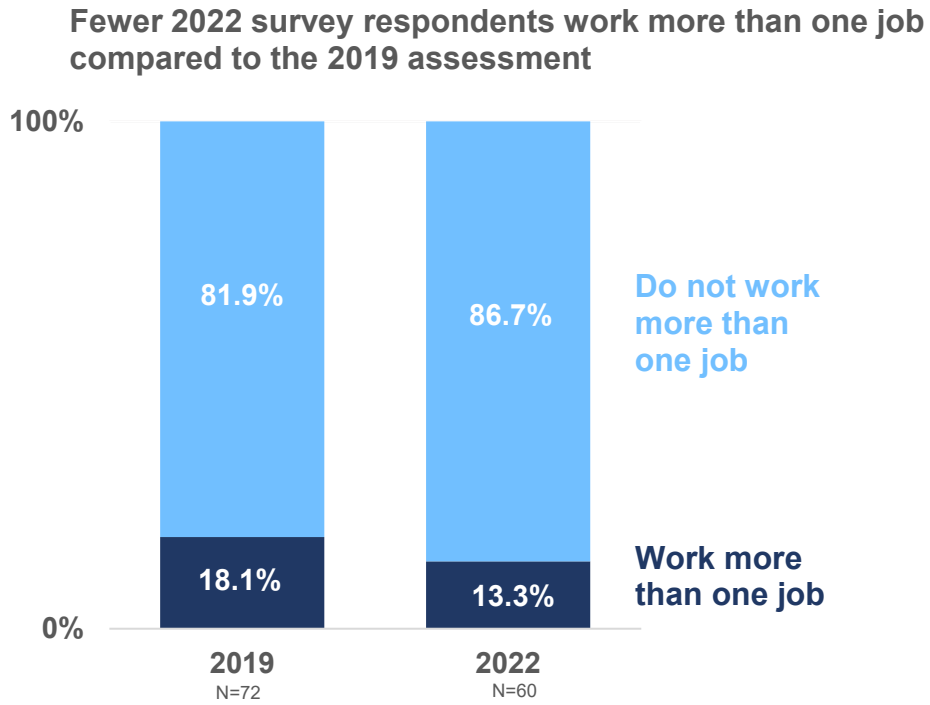
Employment status

The majority of 2022 respondents are retired or work full time.



Employment: Number of jobs

Respondents were asked to indicate if they work more than one job. Of those who work full time or part time (n=60), 13.3% (n=8) indicated that they work more than one job. Most respondents (86.7%, n=52) work only one job.





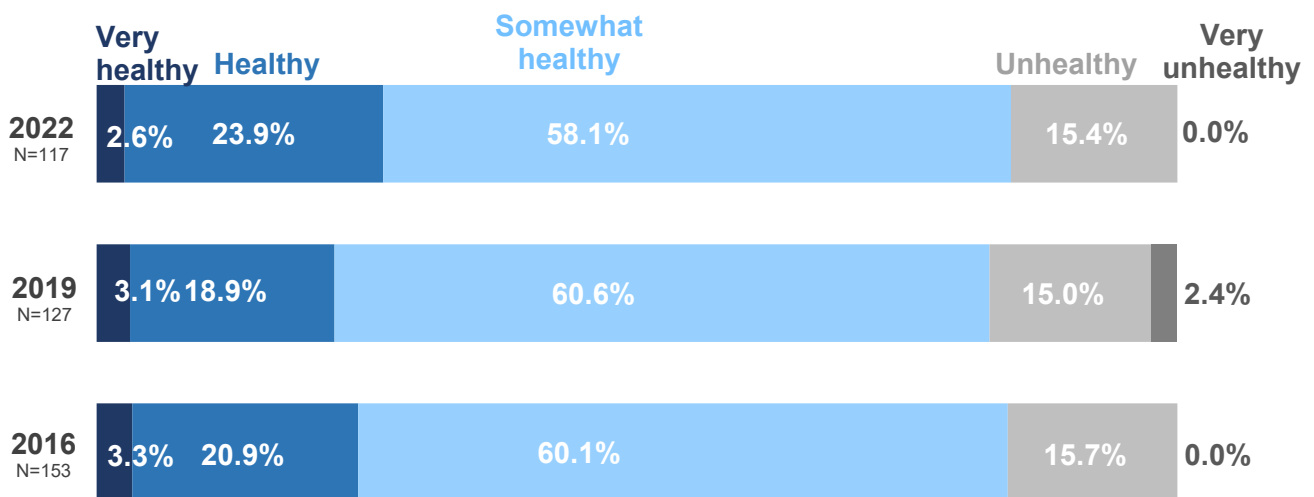
SURVEY RESULTS

Survey Results

Rating of Healthy Community (Question 1)

Respondents were asked to indicate how they would rate the general health of their community. Fifty-eight point one percent of respondents (n=68) rated their community as “Somewhat healthy,” and 23.9% of respondents (n=28) felt their community was “Healthy.” Fifteen point four percent of respondents (n=18) indicated they felt their community was “Unhealthy,” and 2.6% of respondents (n=3) rated their community as “Very healthy.” No respondents rated their community “Very unhealthy.”

More 2022 respondents rate their community as **healthy** compared to 2019 and 2016.



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 abuse/substance abuse” at 68.4% (n=80). “Cancer” was also a high priority at 29.1% (n=34), followed by “Mental health issues” at 24.8% (n=29).

“Other” comments included: Slag, Senior citizen/assisted living/housing, and Pollution from smelter waste

(View all comments in Appendix G)

Health Concern	2016 % (n)	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	158	130	117	
Alcohol abuse/substance abuse	69.6% (110)	72.3% (94)	68.4% (80)	<input type="checkbox"/>
Cancer	34.2% (54)	37.7% (49)	29.1% (34)	<input type="checkbox"/>
Mental health issues	21.5% (34)	26.2% (34)	24.8% (29)	<input type="checkbox"/>
Overweight/obesity	29.1% (46)	20.0% (26)	23.1% (27)	<input type="checkbox"/>
Depression/anxiety	14.6% (23)	13.8% (18)	19.7% (23)	<input type="checkbox"/>
Lack adequate/affordable housing		6.2% (8)	16.2% (19)	<input checked="" type="checkbox"/>
Diabetes	15.8% (25)	10.8% (14)	13.7% (16)	<input type="checkbox"/>
Heart disease	14.6% (23)	16.2% (21)	12.8% (15)	<input type="checkbox"/>
Suicide	21.5% (34)	19.2% (25)	11.1% (13)	<input type="checkbox"/>
Tobacco use (cigarettes, vaping, smokeless)	17.1% (27)	13.1% (17)	11.1% (13)	<input type="checkbox"/>
Lack of exercise	13.9% (22)	3.8% (5)	6.8% (8)	<input checked="" type="checkbox"/>
Alzheimer’s/dementia		6.2% (8)	6.0% (7)	<input type="checkbox"/>
COPD/Emphysema		5.4% (7)	6.0% (7)	<input type="checkbox"/>
Lack of access to healthcare	8.2% (13)	4.6% (6)	6.0% (7)	<input type="checkbox"/>
Work/economic stress			6.0% (7)	<input type="checkbox"/>
Child abuse/neglect	13.9% (22)	7.7% (10)	5.1% (6)	<input checked="" type="checkbox"/>
Lack of dental care	1.9% (3)	0.8% (1)	3.4% (4)	<input type="checkbox"/>
Stroke	1.9% (3)	0.8% (1)	3.4% (4)	<input type="checkbox"/>
Social isolation/loneliness		3.1% (4)	2.6% (3)	<input type="checkbox"/>
Domestic violence	3.8% (6)	5.4% (7)	1.7% (2)	<input type="checkbox"/>
Motor vehicle accidents	3.2% (5)	1.5% (2)	1.7% (2)	<input type="checkbox"/>
Hunger		0.0% (0)	0.9% (1)	<input type="checkbox"/>

Table continued on the next page.

Recreation related accidents/injuries	1.9% (3)	0.0% (0)	0.9% (1)	<input type="checkbox"/>
Trauma/Adverse Childhood Experiences (ACES)			0.9% (1)	<input type="checkbox"/>
Work related accidents/injuries	0.6% (1)	0.0% (0)	0.0% (0)	<input type="checkbox"/>
Other*	4.4% (7)	8.5% (11)	6.8% (8)	<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 serious health concerns, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year. *Respondents (N=5) who selected over the allotted amount were moved to “Other.”

Components of a Healthy Community (Question 3)

Respondents were asked to identify the three most important things for a healthy community. Fifty-one point seven percent of respondents (n=62) indicated that “Access to healthcare services” is important for a healthy community, followed by “Good jobs and a healthy economy” at 47.5% (n=57), and “Healthy behaviors and lifestyles” at 35.0% (n=42).

Components of a Healthy Community	2016 % (n)	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	158	130	120	
Access to healthcare services	64.6% (102)	47.7% (62)	51.7% (62)	<input checked="" type="checkbox"/>
Good jobs and a healthy economy	56.3% (89)	56.2% (73)	47.5% (57)	<input type="checkbox"/>
Healthy behaviors and lifestyles	33.5% (53)	23.8% (31)	35.0% (42)	<input type="checkbox"/>
Affordable housing	13.3% (21)	16.2% (21)	29.2% (35)	<input checked="" type="checkbox"/>
Good schools	17.7% (28)	21.5% (28)	22.5% (27)	<input type="checkbox"/>
Strong family life	27.2% (43)	26.9% (35)	22.5% (27)	<input type="checkbox"/>
Low crime/safe neighborhoods	13.9% (22)	11.5% (15)	15.8% (19)	<input type="checkbox"/>
Access to childcare/after school programs		10.8% (14)	14.2% (17)	<input type="checkbox"/>
Religious or spiritual values	18.4% (29)	13.1% (17)	12.5% (15)	<input type="checkbox"/>
Access to healthy foods	15.8% (25)	10.8% (14)	9.2% (11)	<input type="checkbox"/>
Clean environment	10.1% (16)	19.2% (25)	9.2% (11)	<input checked="" type="checkbox"/>
Youth activities and programs	7.6% (12)	8.5% (11)	5.0% (6)	<input type="checkbox"/>
Transportation services		5.4% (7)	4.2% (5)	<input type="checkbox"/>
Low level of domestic violence	3.8% (6)	3.1% (4)	3.3% (4)	<input type="checkbox"/>
Tolerance for diversity	3.2% (5)	7.7% (10)	3.3% (4)	<input type="checkbox"/>

Table continued on the next page.

Community involvement	9.5% (15)	8.5% (11)	2.5% (3)	<input type="checkbox"/>
Low death and disease rates	2.5% (4)	1.5% (2)	2.5% (3)	<input type="checkbox"/>
Parks and recreation	3.2% (5)	0.8% (1)	2.5% (3)	<input type="checkbox"/>
Arts and cultural events	1.3% (2)	0.0% (0)	0.0% (0)	<input type="checkbox"/>
Other*	0.0% (0)	3.1% (4)	4.2% (5)	<input checked="" type="checkbox"/>

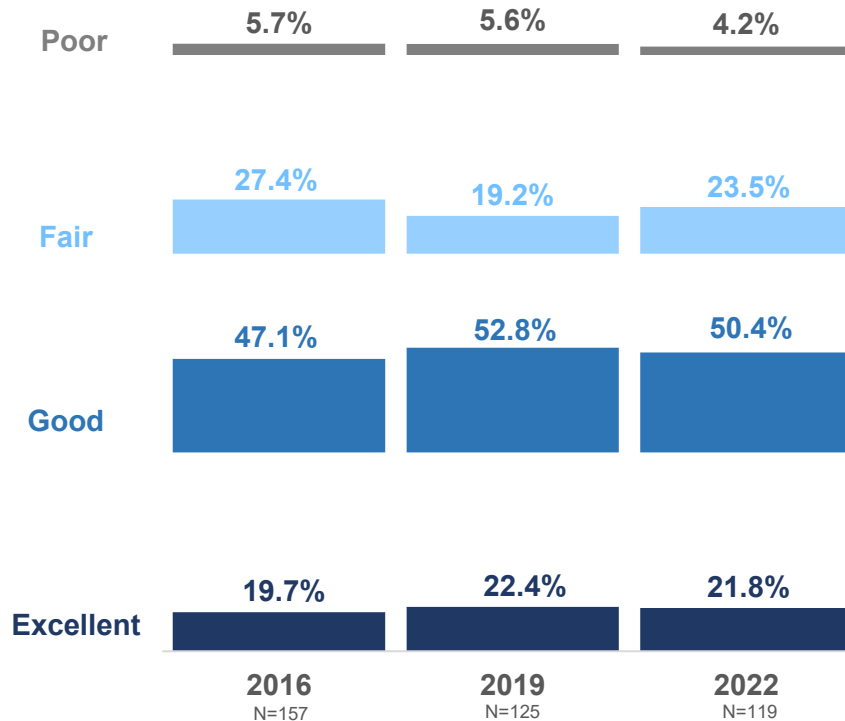
A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to pick their top three components of a healthy community, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year. *Respondents (N=2) who selected over the allotted amount were moved to "Other."

"Other" comments included: Teen evening programs and Young people need to get involved

Knowledge of Health Services (Question 4)

Respondents were asked to rate their knowledge of the health services available through Community Hospital of Anaconda. Fifty point four percent of respondents (n=60) rated their knowledge of health services as "Good." "Fair" was selected by 23.5% percent (n=28), "Excellent" was chosen by 21.8% of respondents (n=26), and "Poor" was selected by 4.2% (n=5).

Fewer 2022 respondents rated their knowledge of services as poor compared to 2016 and 2019.



How Respondents Learn of Health Services (Question 5)

When asked how survey respondents learn about health services available in the community, the most frequently indicated method of learning was “Healthcare provider” at 70.0% (n=84). “Friends/family” was also frequently used to learn about health services at 63.3% (n=76), followed by “Word of mouth/reputation” at 48.3% (n=58).

How Respondents Learn about Community Health Services	2016 % (n)	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	158	130	120	
Healthcare provider	43.7% (69)	54.6% (71)	70.0% (84)	■
Friends/family	72.8% (115)	67.7% (88)	63.3% (76)	□
Word of mouth/reputation	69.6% (110)	66.9% (87)	48.3% (58)	■
Anaconda Leader	24.1% (38)	30.0% (39)	34.2% (41)	□
Television			18.3% (22)	□
Montana Standard	25.3% (40)	20.0% (26)	16.7% (20)	□
Facebook/social media	7.0% (11)	22.3% (29)	15.0% (18)	■
Website/internet	13.3% (21)	7.7% (10)	14.2% (17)	□
Billboards/posters	8.2% (13)	10.8% (14)	9.2% (11)	□
Mailings/newsletter	13.9% (22)	5.4% (7)	8.3% (10)	■
Public Health	1.3% (2)	8.5% (11)	5.0% (6)	■
Radio	7.0% (11)	5.4% (7)	5.0% (6)	□
Presentations	1.3% (2)	1.5% (2)	0.8% (1)	□
Other	4.4% (7)	4.6% (6)	8.3% (10)	□

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: Employee in healthcare, “I’ve got a team of excellent Doctor’s,” Health department, and Personal experiences

View a cross tabulation of how respondents learn with how they rate their knowledge on p. 84

Utilized Community Health Resources (Question 6)

Respondents were asked which community health resources, other than Community Hospital of Anaconda, they had used in the last three years. The “Dentist” was the most frequently utilized community health resource cited by respondents at 81.0% (n=94). “Pharmacy” was utilized by 79.3% (n=92) of respondents followed by “Eye Care / Ophthalmologist / Optometrist” at 65.5% (n=76).

Use of Community Health Resources	2016 % (n)	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	158	130	116	
Dentist	71.5% (113)	63.1% (82)	81.0% (94)	■
Pharmacy	79.7% (126)	74.6% (97)	79.3% (92)	□
Eye Care / Ophthalmologist / Optometrist			65.5% (76)	□
Physical therapy		25.4% (33)	37.1% (43)	■
Public Health	8.9% (14)	7.7% (10)	19.8% (23)	■
Health club	17.7% (28)	13.1% (17)	17.2% (20)	□
Mental health	8.9% (14)	5.4% (7)	12.9% (15)	□
Alternative medicine	13.9% (22)	14.6% (19)	11.2% (13)	□
School nurse	4.4% (7)	2.3% (3)	7.8% (9)	□
Senior Center	10.1% (16)	6.9% (9)	5.2% (6)	□
Family Planning clinic	1.9% (3)	0.8% (1)	0.9% (1)	□
Women, Infants, and Children (WIC)			0.0% (0)	□
Other	10.8% (17)	8.5% (11)	9.5% (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: None (3), Veteran’s Administration (VA) (3), and Diabetic classes

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 (51.8%, n=59) reported that “More information about available services” would make the greatest improvement. Forty point four percent of respondents (n=46) indicated “Payment assistance programs (healthcare expenses)” followed by “More primary care providers” at 36.0% (n=41) would improve access.

More information about available services would make the greatest improvement to healthcare access.

What Would Improve Community Access to Healthcare	2016 % (n)	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	158	130	114	
More information about available services		55.4% (72)	51.8% (59)	<input type="checkbox"/>
Payment assistance programs (healthcare expenses)			40.4% (46)	<input type="checkbox"/>
More primary care providers	39.2% (62)	38.5% (50)	36.0% (41)	<input type="checkbox"/>
Outpatient services expanded hours	32.9% (52)	32.3% (42)	34.2% (39)	<input type="checkbox"/>
More specialists	27.2% (43)	36.2% (47)	28.9% (33)	<input type="checkbox"/>
Transportation assistance	19.0% (30)	22.3% (29)	23.7% (27)	<input type="checkbox"/>
Greater health education services	36.7% (58)	29.2% (38)	16.7% (19)	<input checked="" type="checkbox"/>
Improved quality of care	21.5% (34)	23.8% (31)	16.7% (19)	<input type="checkbox"/>
Telemedicine	7.6% (12)	12.3% (16)	13.2% (15)	<input type="checkbox"/>
Patient navigator/advocate (enrollment assistance)	12.7% (20)	13.1% (17)	11.4% (13)	<input type="checkbox"/>
Community resource phone App		10.0% (13)	8.8% (10)	<input type="checkbox"/>
Cultural sensitivity	7.0% (11)	4.6% (6)	0.9% (1)	<input type="checkbox"/>
Interpreter services		1.5% (2)	0.9% (1)	<input type="checkbox"/>
Other	3.8% (6)	6.9% (9)	6.1% (7)	<input type="checkbox"/>

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: Communication from the hospital and “Providers that care about people and are free to provide care that is needed”

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 “Health and wellness” at 42.6% (n=46). Interest in “Fitness” followed with 40.7% (n=44), while 36.1% of respondents (n=39) were interested in “Weight loss.”

Interest in Classes or Programs	2016 % (n)	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	158	130	108	
Health and wellness	35.4% (56)	33.1% (43)	42.6% (46)	<input type="checkbox"/>
Fitness	38.6% (61)	33.8% (44)	40.7% (44)	<input type="checkbox"/>
Weight loss	30.4% (48)	33.1% (43)	36.1% (39)	<input type="checkbox"/>
Nutrition	27.2% (43)	33.8% (44)	31.5% (34)	<input type="checkbox"/>
Living will	21.5% (34)	29.2% (38)	30.6% (33)	<input type="checkbox"/>
Women’s health	22.8% (36)	32.3% (42)	30.6% (33)	<input type="checkbox"/>
Adult education/skills training		13.1% (17)	25.0% (27)	<input checked="" type="checkbox"/>
First aid/CPR	19.0% (30)	20.8% (27)	24.1% (26)	<input type="checkbox"/>
Mental health	13.9% (22)	16.2% (21)	19.4% (21)	<input type="checkbox"/>
Caregivers support		15.4% (20)	14.8% (16)	<input type="checkbox"/>
Heart disease	14.6% (23)	14.6% (19)	13.0% (14)	<input type="checkbox"/>
Men’s health	14.6% (23)	11.5% (15)	13.0% (14)	<input type="checkbox"/>
Diabetes	13.3% (21)	20.0% (26)	12.0% (13)	<input type="checkbox"/>
Financial planning/budgeting		18.5% (24)	12.0% (13)	<input type="checkbox"/>
Grief counseling	10.8% (17)	13.1% (17)	11.1% (12)	<input type="checkbox"/>
Alzheimer’s	19.6% (31)	10.8% (14)	10.2% (11)	<input checked="" type="checkbox"/>
Parenting	5.7% (9)	9.2% (12)	5.6% (6)	<input type="checkbox"/>
Smoking/tobacco cessation	5.1% (8)	8.5% (11)	5.6% (6)	<input type="checkbox"/>
Cancer	11.4% (18)	7.7% (10)	4.6% (5)	<input type="checkbox"/>
Alcohol/substance abuse	8.2% (13)	5.4% (7)	3.7% (4)	<input type="checkbox"/>
Lactation/breastfeeding support	1.9% (3)	1.5% (2)	0.9% (1)	<input type="checkbox"/>

Table continued on the next page.

Prenatal	4.4% (7)	1.5% (2)	0.0% (0)	■
Other	3.8% (6)	1.5% (2)	3.7% (4)	□

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: Senior health and Vision program offering low-cost products

Desired Local Services (Question 9)

Respondents were asked to indicate which additional services they or a family member would utilize if available locally. Respondents indicated the most interest in “Dermatology” at 43.6% (n=44). Thirty-three point seven percent (n=34) respondents were interested in “Fitness instruction,” while 25.7% (n=26) desire “Mental/behavioral health/counseling” available locally.

Desired Local Services	2016 % (n)	2019 % (n)	2022 % (n)
Number of respondents	158	130	101
Dermatology	29.1% (46)	21.5% (28)	43.6% (44)
Fitness instruction	25.3% (40)	23.1% (30)	33.7% (34)
Mental/behavioral health/counseling	11.4% (18)	12.3% (16)	25.7% (26)
Senior retirement housing/community	36.7% (58)	28.5% (37)	22.8% (23)
Assisted living facility	20.3% (32)	16.2% (21)	18.8% (19)
Neurology			16.8% (17)
After school programs			14.9% (15)
Personal care services	24.7% (39)	18.5% (24)	12.9% (13)
Independent living		23.1% (30)	10.9% (11)
Adult daycare	14.6% (23)	9.2% (12)	8.9% (9)
Early Childhood Education Programs			8.9% (9)
Cardiac rehab		12.3% (16)	7.9% (8)
Child care center			5.0% (5)
Other			7.9% (8)

Statistical significance was not measured as reporting differed between 2022 and the two previous years. A larger number of missing values in 2022 compared to previous years would result in a skewed test for significance, indicating a meaningful change when one may not exist. Respondents were asked to pick all services that they or a family member would use if available locally, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year.

“Other” comments included: Podiatry, Rheumatology, and Endocrinology

Utilization of Preventive Services (Question 10)

Respondents were asked if they had utilized any of the preventive services listed in the past year. “Health checkup” was selected by 78.6% of respondents (n=92), followed by “Flu shot/immunizations” at 75.2% (n=88). Seventy-one point eight percent of respondents (n=84, each) indicated they had a “Blood pressure check” and “Dental exam.” Survey respondents could select all services that applied.

Use of Preventive Services	2016 % (n)	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	158	130	117	
Health checkup	57.6% (91)	66.9% (87)	78.6% (92)	■
Flu shot/immunizations	45.6% (72)	59.2% (77)	75.2% (88)	■
Blood pressure check	50.0% (79)	72.3% (94)	71.8% (84)	■
Dental exam		57.7% (75)	71.8% (84)	■
Eye exam/vision check		60.0% (78)	70.9% (83)	□
Cholesterol screening	39.2% (62)	46.2% (60)	53.0% (62)	□
Mammography	25.3% (40)	32.3% (42)	36.8% (43)	□
Colonoscopy	20.9% (33)	20.8% (27)	24.8% (29)	□
Prostate (PSA)	14.6% (23)	22.3% (29)	20.5% (24)	□
Diabetes prevention		13.8% (18)	13.7% (16)	□
Hearing check		6.9% (9)	12.0% (14)	□
Pap test	17.1% (27)	16.2% (21)	12.0% (14)	□
Children’s checkup/Well baby	10.1% (16)	10.8% (14)	11.1% (13)	□
Mental health counseling		1.5% (2)	7.7% (9)	■
None	9.5% (15)	3.8% (5)	3.4% (4)	□
Other	3.8% (6)		4.3% (5)	□

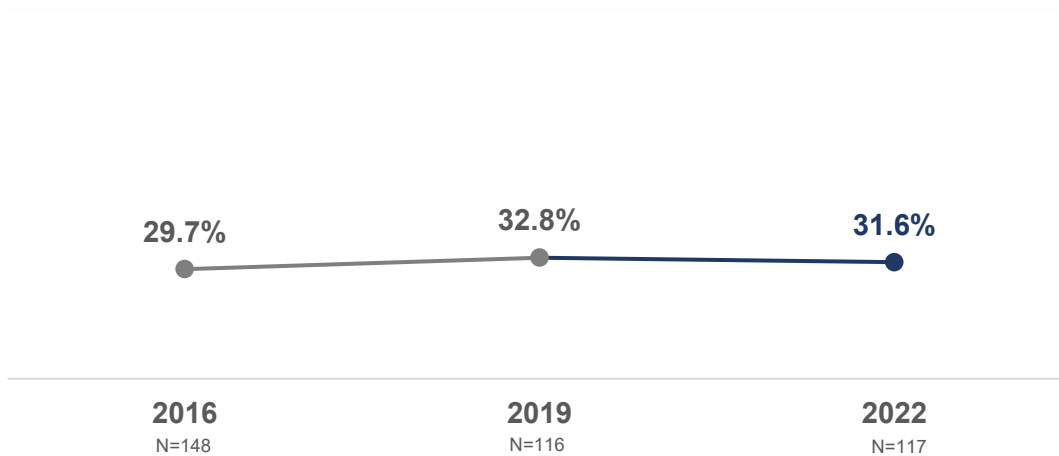
A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents could select any of the preventive services listed, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year.

“Other” comments included: COVID shots and boosters, Neurology, Cancer unit at St. James, and Veteran’s Administration (VA)

Delay of Services (Question 11)

Thirty-one point six percent of respondents (n=37) 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 four percent of respondents (n=80) felt they were able to get the healthcare services they needed without delay.

Fewer 2022 respondents delayed or did not receive needed services compared to 2019



View a cross tabulation of where respondents live and 'delay of healthcare services' on p. 85

Reason for Not Receiving/Delaying Needed Services (Question 12)

Thirty-six of the 37 survey respondents who indicated they were unable to receive or had to delay services, shared their top three reasons for not receiving or delaying needed services. The reason most cited was that “Pandemic/COVID-19” (36.1%, n=13). “Too long to wait for an appointment” was selected by 33.3% (n=12), while 25.0% of respondents (n=9, each) indicated “Could not get an appointment” and “Qualified provider not available.”

Reasons for Delay in Receiving Needed Healthcare	2016 % (n)	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	44	38	36	
Pandemic/COVID-19			36.1% (13)	<input type="checkbox"/>
Too long to wait for an appointment	22.7% (10)	18.4% (7)	33.3% (12)	<input type="checkbox"/>
Could not get an appointment	27.3% (12)	28.9% (11)	25.0% (9)	<input type="checkbox"/>
Qualified provider not available	18.2% (8)	10.5% (4)	25.0% (9)	<input type="checkbox"/>
It cost too much	59.1% (26)	44.7% (17)	16.7% (6)	<input checked="" type="checkbox"/>
Not treated with respect	4.5% (2)	2.6% (1)	16.7% (6)	<input checked="" type="checkbox"/>
My insurance didn’t cover it	29.5% (13)	23.7% (9)	13.9% (5)	<input type="checkbox"/>
Could not get off work	6.8% (3)	10.5% (4)	8.3% (3)	<input type="checkbox"/>
It was too far to go	2.3% (1)	2.6% (1)	8.3% (3)	<input type="checkbox"/>
Don’t like doctors	13.6% (6)	13.2% (5)	5.6% (2)	<input type="checkbox"/>
Too nervous or afraid	6.8% (3)	10.5% (4)	5.6% (2)	<input type="checkbox"/>
Transportation problems	11.4% (5)	5.3% (2)	5.6% (2)	<input type="checkbox"/>
Privacy/confidentiality			5.6% (2)	<input type="checkbox"/>
Didn’t know where to go	11.4% (5)	21.1% (8)	2.8% (1)	<input type="checkbox"/>
Don’t understand healthcare system	4.5% (2)	2.6% (1)	2.8% (1)	<input type="checkbox"/>
Had no child care	0.0% (0)	2.6% (1)	2.8% (1)	<input type="checkbox"/>
No insurance	18.2% (8)	10.5% (4)	2.8% (1)	<input type="checkbox"/>
Office wasn’t open when I could go	15.9% (7)	7.9% (3)	2.8% (1)	<input type="checkbox"/>
Unsure if services were available	0.0% (0)	5.3% (2)	2.8% (1)	<input type="checkbox"/>
Language barrier	0.0% (0)	0.0% (0)	0.0% (0)	<input type="checkbox"/>
Other*	11.4% (5)	21.1% (8)	16.7% (6)	<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 or receiving healthcare, so percentages do not equal 100%. Grayed

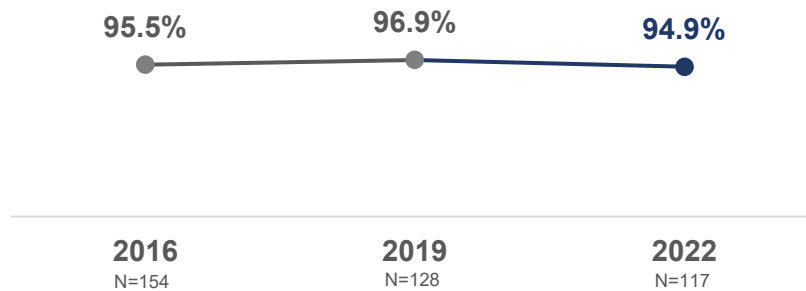
out cells indicate the question was not asked that year. *Respondents (N=1) who selected over the allotted amount were moved to “Other.”

“Other” comments included: Procrastination and “My hip replacement surgery was cancelled because I tested positive for COVID.”

Primary Care Services (Question 13)

Ninety-four point nine percent of respondents (n=111) 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. Five point one percent of respondents (n=6) indicated they had not received primary care.

Primary care utilization has declined among survey respondents since the 2019 assessment



Location of Primary Care Services (Question 14)

Among those who indicated receiving primary care services in the previous three years (n=111), 109 survey participants shared the location where they received services. The majority of respondents (54.1%, n=59) reported receiving care in Anaconda, and 20.2% of respondents (n=22) received care in Butte. Seven respondents were moved to “other” due to selecting more than one primary care provider location.

Location of Primary Care Provider	2016 % (n)	2019 % (n)	2022 % (n)
Number of respondents	127	123	109
Anaconda	48.8% (62)	40.7% (50)	54.1% (59)
Butte	25.2% (32)	26.0% (32)	20.2% (22)
Deer Lodge	9.4% (12)	5.7% (7)	10.1% (11)
Bozeman	0.0% (0)	0.8% (1)	1.8% (2)
Missoula	3.1% (4)	2.4% (3)	1.8% (2)
VA	3.1% (4)	1.6% (2)	1.8% (2)
Philipsburg	8.7% (11)	0.0% (0)	0.9% (1)
Helena	0.8% (1)	1.6% (2)	0.0% (0)
Other*	0.8% (1)	21.1% (26)	9.2% (10)
TOTAL	100.0% (127)	100.0% (123)	100.0% (109)

Statistical significance was not measured as reporting differed between 2022 and the two previous years. A larger number of missing values in 2022 compared to previous years would result in a skewed test for significance, indicating a meaningful change when one may not exist. Grayed out cells indicate the question was not asked that year. *Respondents (N=7) who selected over the allotted amount were moved to “Other.”

“Other” comments included: California (2) and Indian Health Services – Helena

View a cross tabulation of where respondents live with where they utilize primary care services on p. 86

Reasons for Primary Care Provider Selection (Question 15)

Of the respondents who indicated they or someone in their household had been seen by a primary care provider within the past three years (n=111), they were asked to share why they chose that primary care provider. “Prior experience with clinic” was the most frequently selected reason at 37.8% (n=42), followed by “Clinic/provider’s reputation for quality” at 36.0% (n=40) which experienced a significant change over the last three assessments, and “Closest to home” at 35.1% (n=39).

Reasons for Selecting Primary Care Provider	2016 % (n)	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	147	124	111	
Prior experience with clinic	33.3% (49)	41.1% (51)	37.8% (42)	<input type="checkbox"/>
Clinic/provider’s reputation for quality	15.6% (23)	35.5% (44)	36.0% (40)	<input checked="" type="checkbox"/>
Closest to home	39.5% (58)	27.4% (34)	35.1% (39)	<input type="checkbox"/>
Appointment availability	22.4% (33)	23.4% (29)	31.5% (35)	<input type="checkbox"/>
Recommended by family or friends	20.4% (30)	32.3% (40)	27.0% (30)	<input type="checkbox"/>
Referred by physician or other provider	16.3% (24)	14.5% (18)	15.3% (17)	<input type="checkbox"/>
Length of waiting room time	4.1% (6)	7.3% (9)	9.9% (11)	<input type="checkbox"/>
Privacy/confidentiality			9.0% (10)	<input type="checkbox"/>
Cost of care	2.7% (4)	7.3% (9)	8.1% (9)	<input type="checkbox"/>
Required by insurance plan	6.1% (9)	5.6% (7)	6.3% (7)	<input type="checkbox"/>
State employee health clinic		2.4% (3)	4.5% (5)	<input type="checkbox"/>
VA/Military requirement	6.8% (10)	5.6% (7)	3.6% (4)	<input type="checkbox"/>
Indian Health Services	0.0% (0)	0.0% (0)	0.9% (1)	<input type="checkbox"/>
Other	10.2% (15)	10.5% (13)	7.2% (8)	<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.

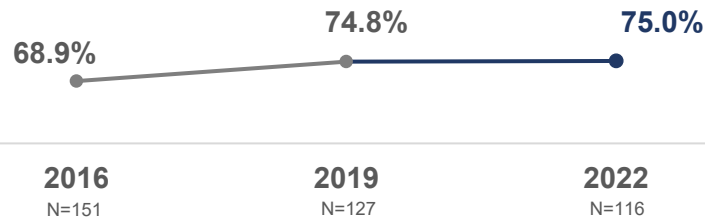
“Other” comments included: Sliding scale, Excellent medical care, and Like my provider

View a cross tabulation of where respondents utilize primary care services with their reasons for selecting their provider on p. 87

Hospital Care Services (Question 16)

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. Seventy-five percent of respondents (n=87) reported that they or a member of their family had received hospital care during the previous three years, and 25.0% (n=29) had not received hospital services.

Utilization of hospital services has stayed about the same since the 2019 assessment



Location of Hospital Services (Question 17)

Eighty-six of the 87 respondents who indicated receiving hospital care in the last three years, shared the location of the hospital. Sixty-five point one percent of respondents (n=56) reported receiving care at Community Hospital of Anaconda and 15.1% of respondents (n=13) received services at St. James Healthcare (Butte). Three respondents were moved to the “Other” category for selecting more than one hospital location.

Hospital Used Most Often	2016 % (n)	2019 % (n)	2022 % (n)
Number of respondents	91	94	86
Community Hospital of Anaconda	52.7% (48)	59.6% (56)	65.1% (56)
St. James Healthcare (Butte)	19.8% (18)	14.9% (14)	15.1% (13)
St. Patrick Hospital (Missoula)	8.8% (8)	6.4% (6)	4.7% (4)
Deer Lodge Medical Center	3.3% (3)	1.1% (1)	3.5% (3)
Bozeman Health	1.1% (1)	0.0% (0)	2.3% (2)
Community Medical Center (Missoula)	5.5% (5)	4.3% (4)	2.3% (2)
VA Fort Harrison (Helena)	2.2% (2)	1.1% (1)	2.3% (2)
Granite County Medical Center (Philipsburg)	1.1% (1)	0.0% (0)	0.0% (0)
St. Peter’s Hospital (Helena)	2.2% (2)	1.1% (1)	0.0% (0)
Other*	3.3% (3)	11.7% (11)	4.7% (4)
TOTAL	100.0% (91)	100.0% (94)	100.0% (86)

Statistical significance was not measured as reporting differed between 2022 and the two previous years. A larger number of missing values in 2022 compared to previous years would result in a skewed test for significance, indicating a meaningful change when one may not exist. Grayed out cells indicate the question was not asked that year. *Respondents (N=3) who selected over the allotted amount were moved to “Other.”

“Other” comments included: St. James Butte

View a cross tabulation of where respondents live with where they utilize hospital services on p. 88

Reasons for Hospital Selection (Question 18)

Eighty-six of the 87 respondents who had a personal or family experience at a hospital within the past three years, shared their top three reasons for selecting the facility used most often. The majority of respondents (67.4%, n=58) stated that “Closest to home” was their reason for selecting the facility they used most often. “Prior experience with hospital” was selected by 47.7% of the respondents (n=41), and 31.4% (n=27) chose “Hospital’s reputation for quality.” One individual chose not to answer this question.

Reasons for Selecting Hospital	2016 % (n)	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	104	95	86	
Closest to home	65.4% (68)	65.3% (62)	67.4% (58)	<input type="checkbox"/>
Prior experience with hospital	28.8% (30)	35.8% (34)	47.7% (41)	<input checked="" type="checkbox"/>
Hospital’s reputation for quality	26.0% (27)	34.7% (33)	31.4% (27)	<input type="checkbox"/>
Where my physician practices	38.5% (40)	27.4% (26)	24.4% (21)	<input type="checkbox"/>
Referred by physician or other provider	24.0% (25)	32.6% (31)	22.1% (19)	<input type="checkbox"/>
Emergency, no choice	30.8% (32)	28.4% (27)	17.4% (15)	<input type="checkbox"/>
Recommended by family or friends	9.6% (10)	12.6% (12)	10.5% (9)	<input type="checkbox"/>
Service not available locally		7.4% (7)	8.1% (7)	<input type="checkbox"/>
Closest to work	7.7% (8)	3.2% (3)	3.5% (3)	<input type="checkbox"/>
Financial assistance programs		0.0% (0)	3.5% (3)	<input type="checkbox"/>
Required by insurance plan	1.0% (1)	2.1% (2)	3.5% (3)	<input type="checkbox"/>
VA/Military requirement	4.8% (5)	2.1% (2)	3.5% (3)	<input type="checkbox"/>
Cost of care	2.9% (3)	2.1% (2)	2.3% (2)	<input type="checkbox"/>
Privacy/confidentiality			2.3% (2)	<input type="checkbox"/>
Other*	2.9% (3)	5.3% (5)	7.0% (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 reasons for selecting a hospital, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year. *Respondents (N=5) who selected over the allotted amount were moved to “Other.”

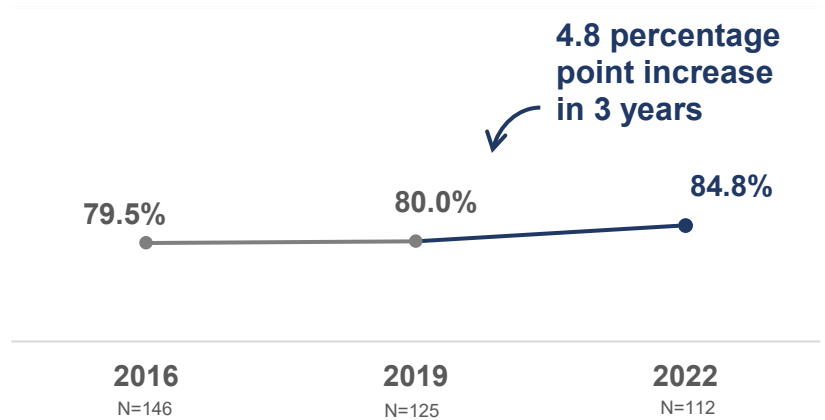
“Other” comments included: Particular specialists affiliated with community

View a cross tabulation of where respondents utilize hospital services with their reasons for selecting that facility p. 89

Specialty Care Services (Question 19)

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. Eighty-four point eight percent of the respondents (n=95) indicated they or a household member had seen a healthcare specialist during the past three years, while 15.2% (n=17) indicated they had not.

Specialty care utilization has increased since the last assessment



Location of Healthcare Specialist(s) (Question 20)

Among the respondents who indicated they saw a healthcare specialist in the past three years (n=95), 93 participants shared where they sought services. The majority (52.7%, n=49) sought specialty care in Anaconda. Respondents could select more than one location, so percentages do not equal 100%.

Location of Specialist	2016 % (n)	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	116	100	93	
Anaconda	50.9% (59)	51.0% (51)	52.7% (49)	<input type="checkbox"/>
Butte	46.6% (54)	51.0% (51)	50.5% (47)	<input type="checkbox"/>
Missoula	36.2% (42)	32.0% (32)	26.9% (25)	<input type="checkbox"/>
Bozeman	7.8% (9)	6.0% (6)	11.8% (11)	<input type="checkbox"/>
Helena	8.6% (10)	9.0% (9)	10.8% (10)	<input type="checkbox"/>
Billings	4.3% (5)	1.0% (1)	3.2% (3)	<input type="checkbox"/>
VA Fort Harrison	11.2% (13)	5.0% (5)	2.2% (2)	<input checked="" type="checkbox"/>
Philipsburg		1.0% (1)	0.0% (0)	<input type="checkbox"/>
Other	12.9% (15)	11.0% (11)	10.8% (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 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: Deer Lodge (3), Great Falls, California, Dillon, and Seattle

Type of Healthcare Specialist Seen (Question 21)

Among the respondents who indicated they saw a healthcare specialist in the past three years (n=95), the most frequently utilized specialist was the “Dentist” at 35.8% (n=34). An “Orthopedic surgeon” was seen by 28.4% of respondents (n=27) followed by “Dermatologist” at 27.4% (n=26). Respondents were asked to choose all that apply, so percentages do not equal 100%.

Type of Specialists Seen	2016 % (n)	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	116	100	95	
Dentist	49.1% (57)	38.0% (38)	35.8% (34)	<input type="checkbox"/>
Orthopedic surgeon	31.9% (37)	22.0% (22)	28.4% (27)	<input type="checkbox"/>
Dermatologist	25.0% (29)	21.0% (21)	27.4% (26)	<input type="checkbox"/>
Physical therapist	23.3% (27)	21.0% (21)	24.2% (23)	<input type="checkbox"/>
Optometrist		15.0% (15)	23.2% (22)	<input type="checkbox"/>
Cardiologist	22.4% (26)	30.0% (30)	18.9% (18)	<input type="checkbox"/>
Ophthalmologist	18.1% (21)	16.0% (16)	14.7% (14)	<input type="checkbox"/>
ENT (ear/nose/throat)	9.5% (11)	14.0% (14)	13.7% (13)	<input type="checkbox"/>
General surgeon	17.2% (20)	9.0% (9)	13.7% (13)	<input type="checkbox"/>
Urologist	15.5% (18)	22.0% (22)	12.6% (12)	<input type="checkbox"/>
Neurologist	11.2% (13)	5.0% (5)	11.6% (11)	<input type="checkbox"/>
Radiologist	7.8% (9)	13.0% (13)	10.5% (10)	<input type="checkbox"/>
Oncologist	4.3% (5)	6.0% (6)	9.5% (9)	<input type="checkbox"/>
Chiropractor	10.3% (12)	5.0% (5)	8.4% (8)	<input type="checkbox"/>
Mental health counselor	6.0% (7)	6.0% (6)	8.4% (8)	<input type="checkbox"/>
OB/GYN	6.0% (7)	10.0% (10)	8.4% (8)	<input type="checkbox"/>
Pulmonologist	2.6% (3)	9.0% (9)	8.4% (8)	<input type="checkbox"/>
Audiologist		4.0% (4)	7.4% (7)	<input type="checkbox"/>
Internal medicine		11.0% (11)	7.4% (7)	<input type="checkbox"/>
Gastroenterologist	12.1% (14)	16.0% (16)	6.3% (6)	<input type="checkbox"/>
Podiatrist	9.5% (11)	14.0% (14)	6.3% (6)	<input type="checkbox"/>
Rheumatologist	6.9% (8)	4.0% (4)	5.3% (5)	<input type="checkbox"/>

Table continued on the next page.

Occupational therapist		3.0% (3)	4.2% (4)	<input type="checkbox"/>
Allergist	4.3% (5)	3.0% (3)	3.2% (3)	<input type="checkbox"/>
Neurosurgeon	4.3% (5)	5.0% (5)	3.2% (3)	<input type="checkbox"/>
Wound care	3.4% (4)	3.0% (3)	3.2% (3)	<input type="checkbox"/>
Endocrinologist	5.2% (6)	5.0% (5)	2.1% (2)	<input type="checkbox"/>
Pediatrician	1.7% (2)	5.0% (5)	2.1% (2)	<input type="checkbox"/>
Psychiatrist (M.D.)	1.7% (2)	5.0% (5)	2.1% (2)	<input type="checkbox"/>
Speech therapist		2.0% (2)	2.1% (2)	<input type="checkbox"/>
Social worker	1.7% (2)	2.0% (2)	1.1% (1)	<input type="checkbox"/>
Dietician	3.4% (4)		0.0% (0)	<input type="checkbox"/>
Geriatrician (seniors)	0.9% (1)	0.0% (0)	0.0% (0)	<input type="checkbox"/>
Psychologist	1.7% (2)	1.0% (1)	0.0% (0)	<input type="checkbox"/>
Substance abuse counselor	1.7% (2)	0.0% (0)	0.0% (0)	<input type="checkbox"/>
Other	7.8% (9)	8.0% (8)	8.4% (8)	<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.

“**Other**” comments included: Pediatric Urologist, Weight loss, Massage Therapist, Vascular surgeon, Perinatologist, and Home health care

Overall Quality of Care through Community Hospital of Anaconda (Question 22)

Respondents were asked to rate various services available through Community Hospital of Anaconda using the scale of 4= Excellent, 3= Good, 2= Fair, 1=Poor, and Haven't Used. The service that received the highest score was Physical therapy (3.6 out of 4.0). Overall, the average rating on quality and availability of the health services listed was 3.3 out of 4.0.

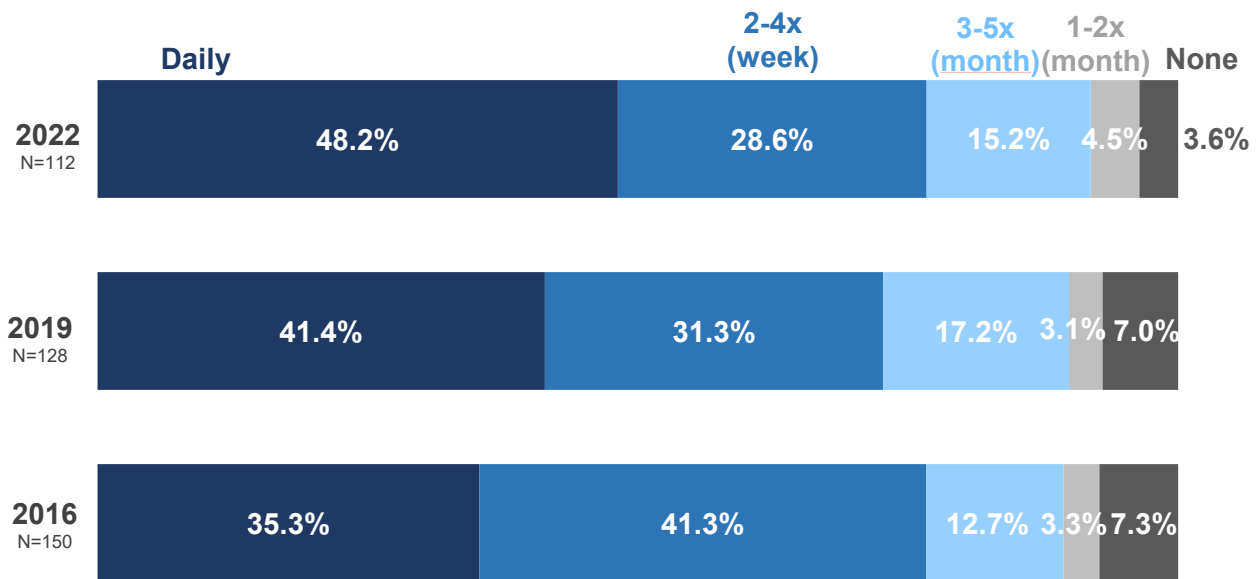
Quality of Care Rating at Community Hospital of Anaconda	2016 Average (n)	2019 Average (n)	2022 Average (n)	SIGNIFICANT CHANGE
Total number of respondents	125	103	97	
Physical therapy	3.5 (46)	3.4 (32)	3.6 (40)	<input type="checkbox"/>
Laboratory	3.5 (92)	3.6 (72)	3.5 (84)	<input type="checkbox"/>
Physician clinics & pediatrics	3.4 (79)	3.6 (45)	3.5 (53)	<input type="checkbox"/>
In-patient services/hospital stay	3.3 (54)	3.3 (44)	3.5 (38)	<input type="checkbox"/>
Imaging services (MRI, X-ray, CT Scan, Dexa Scan, Mammography)		3.6 (77)	3.4 (81)	<input type="checkbox"/>
General surgery	3.6 (36)	3.4 (35)	3.4 (33)	<input type="checkbox"/>
Hospice/home health		3.7 (15)	3.3 (12)	<input type="checkbox"/>
Emergency room	3.3 (98)	3.5 (81)	3.2 (71)	<input checked="" type="checkbox"/>
Convenient care	3.1 (68)	3.4 (78)	3.0 (64)	<input checked="" type="checkbox"/>
Obstetrics/birthing services	2.9 (19)	3.9 (12)	3.0 (13)	<input checked="" type="checkbox"/>
Occupational therapy		3.7 (6)	3.0 (11)	<input type="checkbox"/>
Speech therapy		3.0 (4)	2.9 (7)	<input type="checkbox"/>
Diabetes education	3.1 (20)	3.2 (20)	2.9 (18)	<input type="checkbox"/>
Behavioral Health Services			2.9 (13)	<input type="checkbox"/>
Oncology/infusion services		3.4 (9)	2.3 (3)	<input type="checkbox"/>
Long term care/nursing home		2.2 (5)	2.2 (5)	<input type="checkbox"/>
Overall average	3.4 (125)	3.5 (103)	3.3 (97)	<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.

Physical Activity (Question 23)

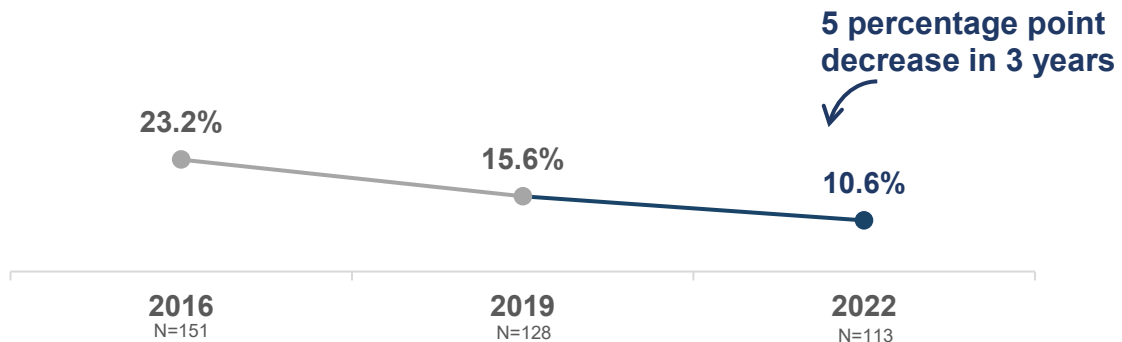
Respondents were asked to indicate how frequently they had physical activity for at least twenty minutes over the past month. Forty-eight point two percent of respondents (n=54) indicated they had physical activity “Daily,” and 28.6% (n=32) indicated they had physical activity of at least twenty minutes “2-4 times per week.” Fifteen point two percent of respondents (n=17) indicated they had physical activity “3-5 times per month,” 4.5% (n=5) indicated they had physical activity “1-2 times per month,” and 3.6% (n=4) indicated they had “No physical activity.”

Respondents report being more physically active in 2022 compared to 2019



Difficulty Getting Prescriptions (Question 24)

Respondents were asked to indicate if, during the last year, medication costs had prohibited them from getting a prescription or taking their medication regularly. Ten point six percent of respondents (n=12) indicated that they had difficulty getting a prescription or taking their medication regularly in the last year. Eighty-four point one percent of respondents (n=95) indicated that they did not have trouble getting or taking prescriptions, while 5.3% of respondents (n=6) stated it was not a pertinent question for them.



Food Insecurity (Question 25)

Respondents were asked to indicate if, during the last year, they had worried that they would not have enough food to eat. The majority, 92.0% (n=104), were not worried, but 8.0% (n=9) were concerned about not having enough to eat.

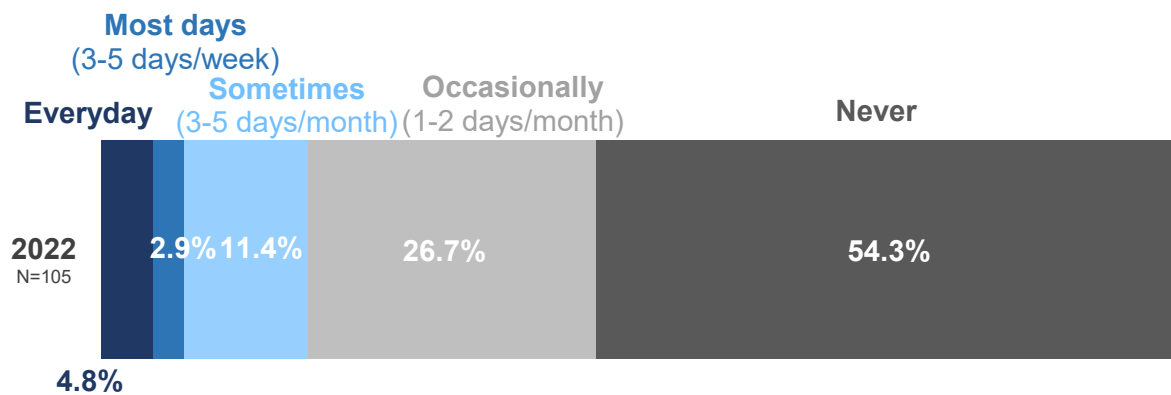
The majority of respondents did not worry about having enough food



Social Isolation (Question 26)

Respondents were asked to indicate how often they felt lonely or isolated in the past year. Fifty-four point three percent of respondents (n=57) indicated they never felt lonely or isolated, and 26.7% of respondents (n=28) indicated they “Occasionally (1-2 days per month)” felt lonely or isolated. Eleven point four percent (n=12) reported they felt lonely or isolated “Sometimes (3-5 days per month),” 2.9% (n=3) indicated they felt lonely or isolated on “Most days (3-5 days per week),” and 4.8% (n=5) reported they felt lonely or isolated “Everyday.”

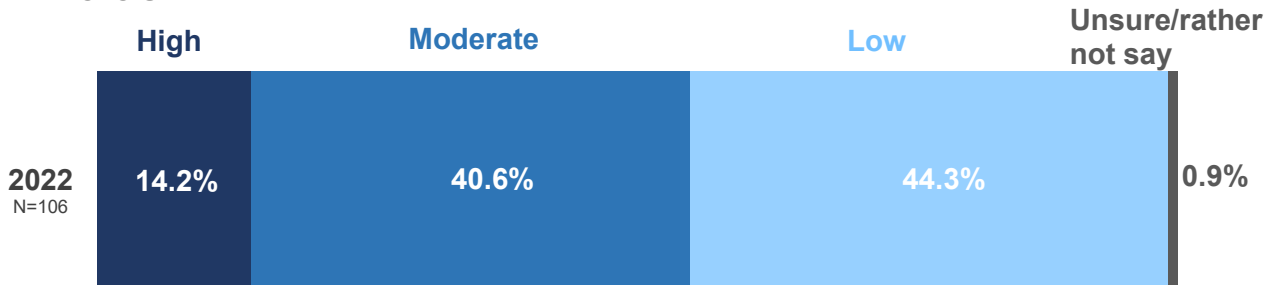
Over a quarter of 2022 respondents report Occasionally experiencing periods of loneliness or isolation



Perception of Stress (Question 27)

Respondents were asked to indicate how they would describe their stress level over the past year. Forty-four point three percent of respondents (n=47) indicated they experienced a “Low” level of stress, 40.6% (n=43) had a “Moderate” level of stress, 14.2% of respondents (n=15) indicated they had experienced a high level of stress, and 0.9% (n=1) indicated they were “Unsure/rather not say.”

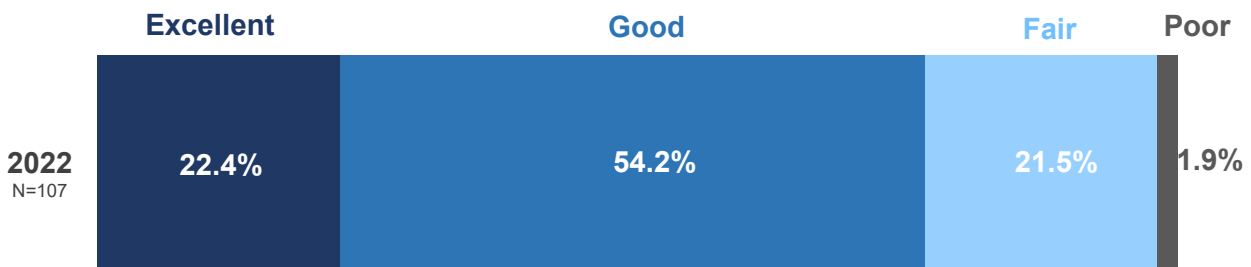
Over half of survey respondents report High or Moderate stress levels



Rating of Mental Health (Question 28)

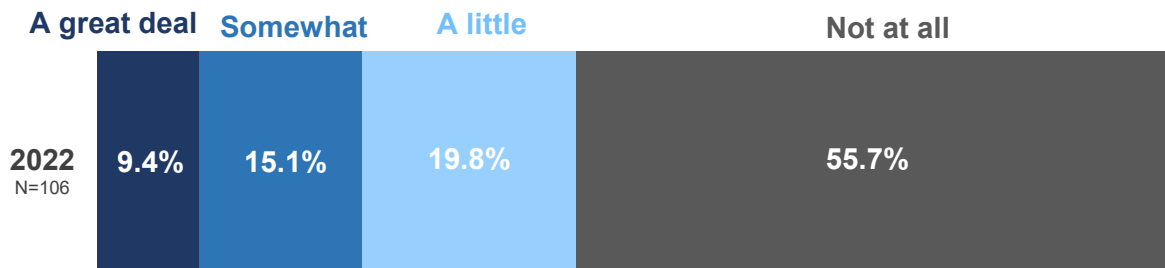
Respondents were asked to indicate how they would describe their mental health in general when considering stress, anxiety, depression, and emotional problems. Fifty-four point two percent of respondents (n=58) felt their mental health was “Good,” 22.4% (n=24) rated their mental health as “Excellent,” 21.5% of respondents (n=23) felt their mental health was “Fair,” and 1.9% of respondents (n=2) rated their mental health as “Poor.”

Over half of survey respondents rate their mental health in general as Good



Impact of Substance Abuse (Question 29)

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. Fifty-five point seven percent of respondents (n=59) indicated their life was “Not at all” affected. Nineteen point eight percent (n=21) were “A little” affected, 15.1% (n=16) were “Somewhat” affected, and 9.4% (n=10) indicated they were “A great deal” negatively affected.



Perception of Community Health Services (Question 30)

Respondents were asked to rate their perception of various community health services available in the community. Respondents were asked to rate the services using the scale of 4= Excellent, 3= Good, 2= Fair, 1=Poor and Haven’t Used. The community service that received the highest score was the availability of Alcoholics Anonymous groups which received a 2.9 out of 4.0. Overall, the average rating on quality and availability of the community health services listed was a 2.6 out of 4.0.

Rating of Community Support Services	2016 Average (n)	2019 Average (n)	2022 Average (n)	SIGNIFICANT CHANGE
Total number of respondents	49	55	40	
Availability of Alcoholics Anonymous Groups	2.8 (34)	2.7 (37)	2.9 (22)	<input type="checkbox"/>
Overall quality of mental health services	2.1 (28)	2.2 (34)	2.6 (25)	<input checked="" type="checkbox"/>
Availability of health prevention programs	2.5 (35)	2.6 (40)	2.5 (23)	<input type="checkbox"/>
Overall quality of substance abuse services	2.0 (25)	2.3 (29)	2.5 (19)	<input type="checkbox"/>
Availability of mental health services	1.9 (29)	1.9 (34)	2.4 (27)	<input checked="" type="checkbox"/>
Availability of substance abuse treatment programs	2.1 (32)	2.2 (35)	2.3 (23)	<input type="checkbox"/>
Overall average	2.4 (49)	2.4 (55)	2.6 (40)	<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.

Health Insurance Type (Question 31)

Respondents were asked to indicate what type of health insurance covers the majority of their medical expenses. Thirty-six percent (n=41) indicated they have “Medicare/Medicare Advantage” coverage. Twenty-eight point nine percent (n=33) indicated they have “Employer sponsored” coverage. Fifteen respondents were moved to “Other” for selecting over the allotted one medical insurance type.

Type of Health Insurance	2016 % (n)	2019 % (n)	2022 % (n)
Number of respondents	129	128	114
Medicare/Medicare Advantage	22.5% (29)	31.3% (40)	36.0% (41)
Employer sponsored	31.8% (41)	28.9% (37)	28.9% (33)
Health Insurance Marketplace	4.7% (6)	2.3% (3)	5.3% (6)
Medicaid	2.3% (3)	6.3% (8)	4.4% (5)
Private insurance/private plan	7.0% (9)	4.7% (6)	4.4% (5)
VA/military	5.4% (7)	0.8% (1)	4.4% (5)
None/pay out of pocket	2.3% (3)	2.3% (3)	1.8% (2)
Health Savings Account	0.0% (0)	2.3% (3)	0.9% (1)
Healthy MT Kids	0.8% (1)	0.0% (0)	0.9% (1)
Indian Health	0.0% (0)	0.0% (0)	0.0% (0)
Medicare plus supplement	16.3% (21)		
State/Other	3.9% (5)		
Other*	3.1% (4)	21.1% (27)	13.2% (15)
TOTAL	100.0% (129)	100.0% (128)	100.0% (114)

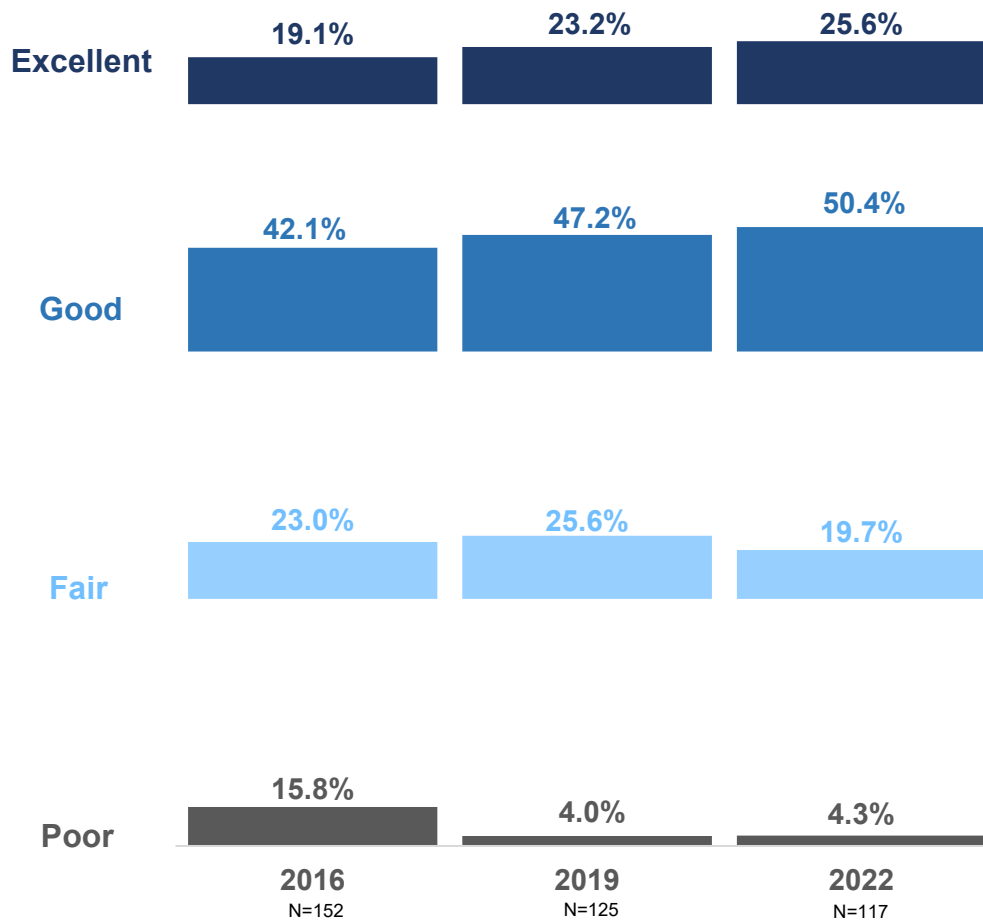
Statistical significance was not measured as reporting differed between 2022 and the two previous years. A larger number of missing values in 2022 compared to previous years would result in a skewed test for significance, indicating a meaningful change when one may not exist. Grayed out cells indicate the question was not asked that year. *Respondents (N=15) who selected over the allotted amount were moved to “Other.”

“Other” comments included: Supplemental insurance, Retiree access, and Aetna

Insurance and Healthcare Costs (Question 32)

Respondents were asked to indicate how well they felt their health insurance covers their healthcare costs. Fifty point four percent of respondents (n=59) indicated they felt their insurance covers a “Good” amount of their healthcare costs. Twenty-five point six percent of respondents (n=30) indicated they felt their insurance covered an “Excellent” amount, 19.7% of respondents (n=23) felt their insurance covered a “Fair” amount, and 4.3% of respondents (n=5) stated their insurance covered a “Poor” amount of their health costs.

More 2022 respondents feel that their health insurance offers excellent or good coverage compared to previous assessments



Barriers to Having Insurance (Question 33)

Among the survey respondents who indicated they did not have health insurance (n=2), they were asked their reasons for not having health insurance. The top reason selected for not having health insurance was “Can’t afford to pay for health insurance.” Respondents could select all barriers that applied.

Barriers to Having Health Insurance	2016 % (n)	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	3	3	2	
Can’t afford to pay for health insurance	66.7% (2)	66.7% (2)	100.0% (2)	<input type="checkbox"/>
Choose not to have health insurance	0.0% (0)	0.0% (0)	0.0% (0)	<input type="checkbox"/>
Don’t know how to apply/difficult to sign-up		33.3% (1)	0.0% (0)	<input type="checkbox"/>
Employer does not offer insurance	33.3% (1)	33.3% (1)	0.0% (0)	<input type="checkbox"/>
Other	0.0% (0)	33.3% (1)	50.0% (1)	<input type="checkbox"/>

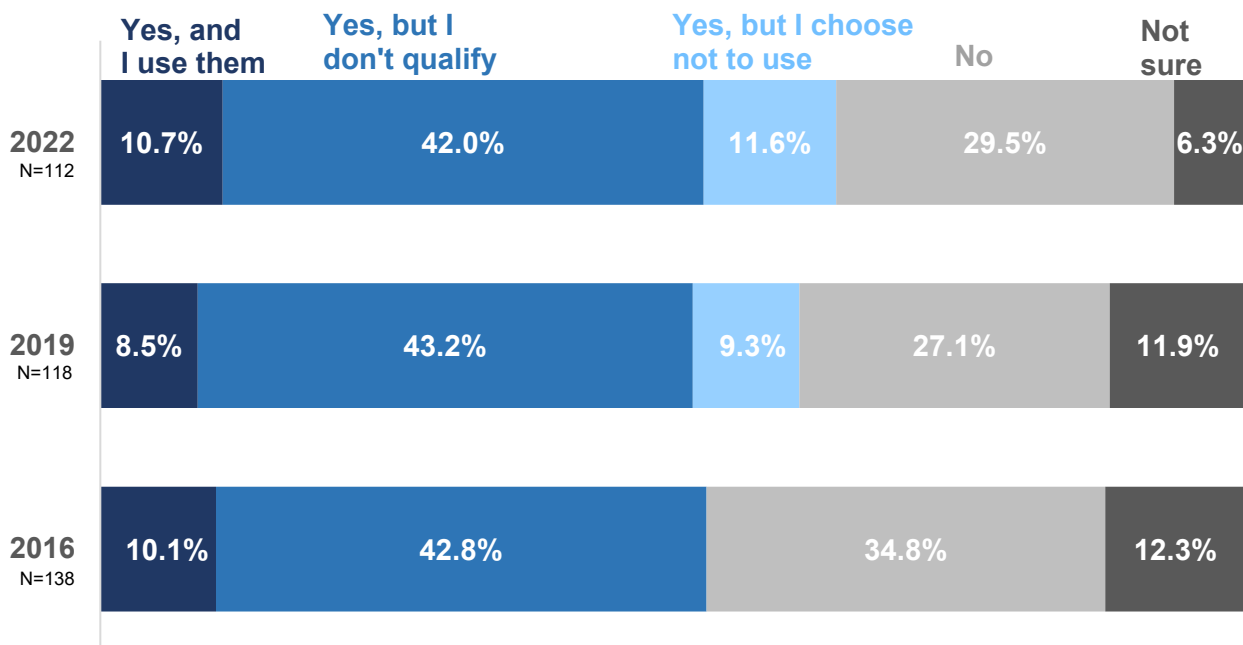
A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Grayed out cells indicate the question was not asked that year.

“Other” comments included: Unemployed and “I’m injured on work related injury and having difficulty with the post office and Office of Workers Compensation Programs (OWCP).”

Awareness of Health Cost Assistance Programs (Question 34)

Respondents were asked to indicate their awareness of programs that help people pay for healthcare bills. The majority of respondents (42.0%, n=47) shared that they are aware of these programs, but don't qualify to utilize them. Twenty-nine point five percent of respondents (n=33) indicated they were not aware of these programs, 11.6% (n=13) indicated that they were aware, but choose not to use them, and 10.7% (n=12) are aware of the programs and use them. Six point three percent of respondents (n=7) weren't sure if they were aware of health cost assistance programs.

More 2022 respondents are aware and use programs that help people pay for healthcare expenses compared to 2019 and 2016 survey respondents



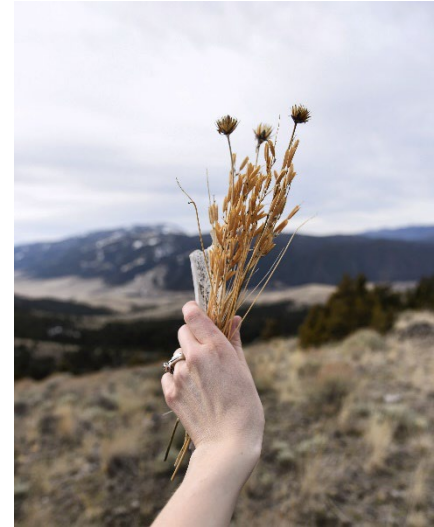


**KEY INFORMANT
INTERVIEW
RESULTS**

Key Informant Interview Methodology

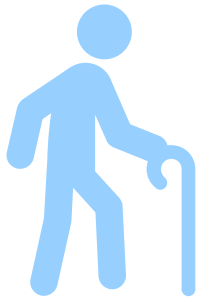
Two key informant interviews were conducted in August 2022. Participants were identified as people living in Community Hospital of Anaconda's service area.

The interviews were conducted over the telephone and a virtual meeting. The meetings lasted up to 15 minutes in length and followed the same line of questioning. Interview transcripts can be found in Appendix I. Interviews were facilitated by Montana Office of Rural Health staff.



Key Informant Interview Themes

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



SENIOR SERVICES

The most common theme of the key informant interviews was a concern for the area's aging population. Both participants expressed concerns regarding housing and nutrition.

Community members shared the importance in seniors being able to age within the community. This has been particularly challenging for the area as many of the seniors are still living alone or having to move out of the area if there isn't space available at the local assisted living facility or nursing home. One community member said, "Many of our seniors are living alone, and while home health services helps with some needs, many of our seniors are falling through the cracks, or living in substandard conditions due to their inability to clean or attend to housekeeping duties."

Appreciation was expressed for the Senior Center in offering a space for seniors to socialize as well as share a meal. They also discussed a desire for the Senior Center to provide more of a balanced meal due to its importance, particularly among seniors who have diabetes. They understood that the Senior Center is currently experiencing a space limitation in their freezer, but hoped they would partner with an organization, such as the MSU Extension, to support more opportunities for balanced meals.



MENTAL & BEHAVIORAL HEALTH

Mental and behavioral health was another top theme identified among community members. They identified limited access to mental health services/resources and substance use as noteworthy concerns.

One key informant interview participant shared that they thought the area's biggest challenge is mental health. They described their concern for a lack of funding for mental health services and resources.

Substance use was another key theme associated with mental and behavioral health. A community member shared that while substance use might not be as apparent as in other communities, that it is also something to address in the area.



AWARENESS & EDUCATION

A desire for more awareness and educational opportunities was shared among the interviews. Notably, community members were interested in more free or low-cost wellness opportunities and education on topics such as smoking cessation or nutritional education. One participant said, "most of the educational opportunities I've seen are offered at 3 p.m. in the afternoon when most are working."



SERVICES NEEDED IN THE COMMUNITY

- Awareness of local services and resources
- Enhanced mental and behavioral health services and resources
- More health education opportunities
- Liaisons to check on seniors and guide to needed services
- Additional assisted living facility
- Sidewalk maintenance and installation
- Free or low-cost wellness opportunities



EXECUTIVE SUMMARY

Executive Summary

The table below shows a summary of results from the Community Hospital of Anaconda's Community Health Needs 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 key informant interviews; and the potential impact of a given issue.

Areas of Opportunity	Secondary Data	Survey	Interviews
Access to Healthcare Services			
General			
<i>More primary care providers</i>	⊗	✓	☑
<i>Outpatient services expanded hours</i>		✓	
<i>Difficulty accessing to care due to COVID-19</i>		✓	☑
<i>Specialty services (i.e., dermatology, etc.)</i>	⊗	✓	☑
<i>Awareness and outreach of available local services</i>		✓	☑
<i>Health cost assistance programs</i>		✓	☑
Senior Services			
<i>High percentage of population 65+</i>	⊗	✓	☑
<i>Aging in place services (i.e., home health, assisted living, liaisons, etc.)</i>		✓	☑
Chronic Disease Prevention			
<i>Cancer</i>	⊗	✓	☑
<i>Healthy behaviors and lifestyles – fitness instruction, health & wellness, nutrition</i>	⊗	✓	☑
Mental and Behavioral Health			
<i>More mental and behavioral health services/resources</i>	⊗	✓	☑
<i>Alcohol/substance use</i>	⊗	✓	☑



NEXT STEPS & RESOURCES

Prioritization of Health Needs

The community steering committee, comprised of staff leaders from Community Hospital of Anaconda (CHA) and community members from Deer Lodge 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:

- Awareness and access to healthcare services/resources
- Health education and healthy lifestyles
- Partnerships and collaboration

Community Hospital of Anaconda will determine which needs or opportunities could be addressed considering CHA'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.

- Anaconda Adult Learning Center prepares people to reach their career goals through academics, career counseling, soft skills and digital literacy.
- Adult Protective Services (APS) investigates reports of abuse, neglect, and exploitation of individuals over 60 years of age or developmentally disabled adults over 18 years of age.
- Anaconda Community Foundation is a local philanthropic organization whose mission is to enhance the quality of life in the local area.
- Anaconda Community Intervention (ACI) develops an ongoing effort within the community to recognize and constructively address the community's needs regarding drug & alcohol abuse.
- Anaconda Family Resource Center assures all families receive the basic skills, education, support, and encouragement necessary for the development of healthy families.
- Anaconda School District is available to provide learning opportunities to students regarding healthy living.
- Anaconda-Deer Lodge County (ADLC) provides county government and county services.
- Anaconda-Deer Lodge County Department of Law Enforcement protects and serves the City-County of Anaconda-Deer Lodge.
- Anaconda-Deer Lodge County DUI Taskforce and MIP Taskforce work to stop drunken drivers and increase awareness of the effects of underage drinking.
- Anaconda-Deer Lodge County Head Start Program - Anaconda-Deer Lodge County Head Start is a comprehensive early childhood development program that provides parent involvement, health, nutrition, dental health and mental health services to sixty-six (66) 3-5 year old's and their families.
- Anaconda-Deer Lodge County Public Health Department assures conditions in which people can be healthy and to provide leadership in the prevention of disease and injury.
- Anaconda-Deer Lodge County Victim-Witness Program provides assistance to people with petitioning the courts for orders of protection.
- A.W.A.R.E., Inc. provides youth case management, family therapeutic care, and community based psychiatric rehabilitative support for youth and their families.
- Best Beginnings Coalition facilitates coordination and support for all agencies who provide services to families and young children.
- The Boys & Girls Club promotes positive youth development in students by providing a safe place with caring adults and fun activities where youth can spend their free time.

- Copperhead Club is a monthly after school program from grades 3-6, offering homework help, robotics, SMART moves, or participate in activities in the gym and outside.
- Community, Counseling, and Correctional Services is a team of dedicated individuals working to meet the service needs of youths and adults to promote healthy living through treatment, training, and supervision.
- Youth Empowerment Services (YES) provides mentoring programs and activities for at risk youth.
- The Office of Public Assistance – Deer Lodge County provides temporary financial assistance.
- Metcalf Memorial Senior Citizen Center strives to meet the nutritional needs to Anaconda’s senior citizens while also providing activities that facilitate healthy and active lifestyles.
- Montana State Hospital located in Warm Springs provides inpatient psychiatric treatment for adults with serious mental illness and is the only mental health hospital in the state of Montana. It is located less than ten miles from Anaconda.
- Montana State University Deer Lodge County Extension’s mission is to improve the lives of Montana citizens by providing unbiased, research-based education and information that integrates learning, discovery and engagement to strengthen the social, economic and environmental well-being of individuals, families and communities.
- Pintler Suicide Awareness & Prevention (PSAP) is dedicated to educating and supporting people impacted by suicide with the goal of preventing suicide in the community.
- Project Care Food Bank – This resource provides food for people in need and help with financial emergencies.
- Southwest Montana Prevention is an affiliate of Butte Cares and provides underage drinking and drug use prevention.
- Tri-Country Environmental Health - Assists residents with food programs, public accommodations, air quality, subdivision of land, well water sampling, well drilling permits, junk vehicle programs, and other public health inspection programs.
- Western Montana Mental Health Center (WMMHC) provides mental health services including adult outpatient therapy, psychiatric/medication management, and prevention services.

Evaluation of Previous CHNA & Implementation Plan

Community Hospital of Anaconda (CHA) provided the Montana Office of Rural Health with an update on their Implementation Plan activities from their previous CHNA process. The CHA Board of Directors approved its previous implementation plan on November 21, 2019. The plan prioritized the following health issues:

- Behavioral health
- Access to healthcare services
- Health, wellness and healthy lifestyles
- Family and community services

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

communityhospitalofanaconda.org

Goal 1: Improve access to behavioral health services, resources, & information in Anaconda - Deer Lodge County.

	Activities	Accomplishments	Community Impact/Outcomes
Strategy 1.1: Expand access to behavioral health services through CHA.	Continue efforts to obtain PCMH accreditation with behavioral health integration in clinic.	CHA is in year two of its Behavioral Health Designation, awarded through the NCQA. CHA is the only private, independently owned hospital in Montana that has received this prestigious designation. Both Pintler Family Medicine and Anaconda Pediatrics continue to be PCMH accredited.	CHA is committed to providing exemplary behavioral health services to our community. Because we now offer such services locally, patients no longer have to travel long distances in order to receive care.
	Expand CHA’s behavioral health services to include an onsite adult psychiatrist.	CHA is pleased to have added two adult psychiatrists to our healthcare team. -Dr. Sheena Ray (Spring 2020)	CHA is committed to providing exemplary behavioral health services to our community. Because we now offer such services locally, patients no longer have to travel long

		-Dr. Sarah Mallowney (Winter 2020)	distances in order to receive care.
	Explore feasibility of integrating a care coordinator position.	CHA is pleased to have added a Behavioral Health Care Coordinator to our healthcare team. -Amanda Guhlke (Summer 2021)	Patients are positively impacted by the addition of the behavioral health care coordinator position as this role works closely with both adult, pediatric and perinatal patient populations to not only coordinate any external/referred care needs but also to coordinate wrap-around support in terms of coordinating additional community resources (such as access to food, safe housing, etc.).
	Create new provider outreach/referral materials to educate community on what behavioral health is, how to access, and reduce stigma.	CHA has created an internal community resources packet to share amongst professional staff to advance/coordinate behavioral health services. In addition, references to behavioral health and/or behavioral health screenings is now included in various outpatient clinic settings, allowing patients to be cared for in the same patient area as other services, not being physically separated. CHA believes this layout assists in reducing the stigma as behavioral health services no longer appear any different from seeing any other clinic provider.	CHA is committed to continuing community education on behavioral health services and reducing the stigma associated with such services as this positively impacts our community by promoting healthier lifestyles for generations to come.
	Host youth Behavioral Health Camp to educate about behavioral health and foster high school	CHA was unable to complete this activity due to the COVID-19 Pandemic. CHA has sponsored the	CHA was unable to complete this activity due to the COVID-19 Pandemic, however, we did assist in

	student's interest in health careers.	annual MT American Foundation for Suicide Prevention conference.	sponsoring the annual conference.
Strategy 1.2: Collaborate and engage with community partners to improve access and awareness of behavioral health services.	Reach out and convene community stakeholder group (VA, SWMTCHC, Public Health, Schools, etc.) to review available behavioral health services and identify gaps.	Before the COVID-19, staff therapists organized peer support groups in coordination with Anaconda High School. CHA has also coordinated with SWMTCHC to refer patients for therapy services when such services were unavailable at CHA due to staffing shortages.	By partnering with other local services, especially when CHA was unable to provide such service on-site, the surrounding community was still able to access important services locally without the need to travel far distances.
	Explore feasibility/gauge community interest in development of a local mental health advisory council.	CHA was unable to complete this activity due to the COVID-19 Pandemic/staffing shortages.	CHA was unable to complete this activity due to the COVID-19 Pandemic/staffing shortages.
	Sponsor substance use/abuse prevention specialist for presentation at local schools.	CHA was unable to complete this activity due to the COVID-19 Pandemic.	CHA was unable to complete this activity due to the COVID-19 Pandemic.
	Review and update behavioral health marketing and resource opportunities on website/other.	CHA continues to evaluate behavioral health marketing and resource opportunities in coordination with provider scheduling availability.	Marketing/resource opportunities are dependent upon provider scheduling availability/staffing of additional support roles (i.e., therapists).

Goal 2: Improve access to healthcare services in Anaconda-Deer Lodge County.

	Activities	Accomplishments	Community Impact/Outcomes
Strategy 2.1: Expand access to primary and specialty services at CHA.	Research alternative staffing/hour models and internal processes (phone system, registration, etc.) to expand access to primary care services.	CHA is pleased to have added four primary care providers to our healthcare team. - Bridgette Baker, M.D. (Spring 2020) -Alisa Logar, FNP-C (Winter 2020) -Anna Beers, M.D. (Fall 2021)	By adding to our healthcare team, CHA has been able to expand access to primary care services to better meet the needs of our community. CHA is committed to implementing technology

		<p>-Annie Morrison, M.D. (October 2022)</p> <p>CHA is pleased to have added two specialty care providers to our healthcare team.</p> <p>-Silddy Atilano, M.D. (Obstetrics/Gynecology, Spring 2020)</p> <p>-Andrew Bognanno, M.D. (Obstetrics/Gynecology, Spring 2020)</p> <p>-Christina Ottomeyer, D.O. (Orthopedics/Spine, Fall 2021)</p> <p>-Troy Malcom, D.O. (Urology, Winter 2022)</p> <p>-John Means, M.D. (General Surgery, Winter 2022)</p> <p>With regard to internal processes to expand access to primary care services, CHA has created a call center in our hospital-based clinics where a member of the registration staff is dedicated to answering the phones so there are less missed or dropped calls. This allows other registration staff to be dedicated to acknowledging and registering in-person patients.</p> <p>In addition, CHA has implemented an appointment reminder system for hospital-based clinics located in Anaconda that can be adjusted by patient preference to receive call</p>	<p>that helps patients have better access to care.</p>
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		<p>or text reminders. Patients are able to confirm or cancel appointments through this interactive voice response system.</p> <p>Patients are also offered MyChart access which also produces an appointment reminder notification that patients can confirm or cancel their appointment.</p>	
	<p>Explore feasibility of expanding scheduling opportunities via online/MyChart app.</p>	<p>Patients can schedule appointments online via MyChart – this is typically most utilized by patients in primary care settings. Appointments that are scheduled via MyChart are assigned to a work queue for review to ensure the appointment is scheduled properly.</p> <p>MyChart access is also offered to every patient in clinic upon registration.</p>	<p>By allowing patients to schedule appointments online when convenient for them but still ensures accuracy of appointment scheduling as if the patient was speaking to a member of our registration staff due to each appointment being reviewed for both type of appointment and time of appointment.</p>
	<p>Explore opportunities to expand specialty services onsite or via telehealth (dermatology, psych, stroke).</p>	<p>CHA currently has stroke telemedicine in the Emergency Department and access to psych on-site. CHA does not offer dermatology services. Our facility is fortunate that all specialty services have the opportunity to use the Doxy.me telehealth platform. This platform is most commonly utilized by behavioral health patients, especially if a patient does not have transportation to and from appointments.</p>	<p>By providing access to these services via telehealth or onsite, our patients no longer have to travel far distances to receive care.</p>

	<p>Determine best practices for patient care follow-up and coordination and implement new follow-up protocols for clinic and outpatient services.</p>	<p>For outpatient clinic patients, best practices include scheduling patients before they leave for their next appointment, providing a report to providers and clinical staff if a patient cancels (this is completed every morning), and providing a call back if a patient no-shows so they can be rescheduled. If the patient decides to not reschedule their appointment, registration staff notifies the provider.</p>	<p>These best practices exemplify meeting the patient where they are at; these practices act as a safety net so patients who are at risk of putting off care are encouraged to be seen.</p>
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Goal 3: Enhance access to CHA services that promote health, wellness & healthy lifestyles.

	Activities	Accomplishments	Community Impact/Outcomes
<p>Strategy 3.1: Promote health, wellness, prevention, resources and services at CHA.</p>	<p>Explore opportunities to expand health and wellness education (nutrition, behavioral health, fall assessment, diabetes, parenting, prenatal, etc.).</p>	<p>Although CHA was unable to complete parts of this activity due to the COVID-19 Pandemic, CHA was able to provide telehealth services for diabetes consultations and transitioned our prenatal classes into an online platform, allowing patients to take courses at their convenience. The Diabetes Prevention Program was offered via zoom during the pandemic which allowed participants to engage while socially distanced. In Fall 2022, CHA will partner with Anaconda High School to promote Breast Cancer Awareness month.</p>	<p>The community was positively impacted by being able to still continue necessary care during an uncertain time due to the technological innovation CHA were able to implement.</p>

	Continue to offer the CHA annual health fair which promotes health prevention, wellness, provides education and offers free/reduce screenings.	CHA was unable to complete this activity due to the COVID-19 Pandemic.	CHA was unable to complete this activity due to the COVID-19 Pandemic
	Expand utilization of electronic media to enhance patient education including healthcare services and prevention awareness.	CHA was able to continue to highlight both healthcare services and prevention awareness, specifically focusing around national health observances.	By highlighting healthcare services and prevention awareness, like mammograms during Breast Cancer Awareness Month, CHA was able to share specifics on the services we offer and familiarize the community with additional features of these offerings, such as expanded appointment hours to fit patient’s busy schedules.
	Create a health and wellness monthly “calendar” resource to highlight and educate community on chronic disease and importance of prevention.	Although CHA was unable to complete this activity due to the COVID-19 Pandemic, we have continued to highlight national health observances, such as Men’s or Women’s Health, to promote the importance of preventative screenings, etc.	By highlighting national health observances through digital and print marketing, our service area is not only informed of these important health topics or preventative screenings but are also informed of new providers or service lines available at CHA.
Strategy 3.2: Enhance community access to preventative services and screenings.	Explore developing prevention health outreach clinics (diabetes, women’s health, etc.).	CHA was unable to complete this activity due to the COVID-19 Pandemic.	CHA was unable to complete this activity due to the COVID-19 Pandemic.
	Explore opportunities for a clinic outreach program to engage patients in routine preventative healthcare services/screenings.	CHA was unable to complete this activity due to the COVID-19 Pandemic. However, CHA was also able to work collaboratively with the Anaconda Deer Lodge Public Health Department to offer COVID screening and vaccine clinics.	CHA was unable to complete this activity due to the COVID-19 Pandemic.

Goal 4: Enhance family & community services available in Anaconda-Deer Lodge County.

	Activities	Accomplishments	Community Impact/Outcomes
<p>Strategy 4.1: Support and expand community services and resources for area youth.</p>	<p>Continue to partner with local social service organizations that support local youth (youth empowerment/Community Foundation; food backpack program/schools).</p>	<p>Annually, CHA contributes to local organizations focused on promoting positive youth development in students by providing a safe place with caring adults and fun activities where youth can spend their free time. In recent years, we sponsored a cross country ski program for elementary school children; local 4-H programs; and the local school supply drive. In addition, CHA annually sponsors two local fun runs.</p>	<p>CHA is committed to supporting social service programs that benefit local residents, with special focus on healthy lifestyles for youth. The hospital supports the local school's healthy snack programs and offers financial support to after school and summer programs for at risk youth.</p>
	<p>Explore new opportunities to enhance food access (food programs, healthy food choices, nutrition education, etc.).</p>	<p>The hospital supports the local school's healthy snack programs and offers financial support to after school and summer programs for at risk youth.</p>	<p>CHA is committed to supporting social service programs that benefit local residents, with special focus on healthy lifestyles for youth.</p>
	<p>Explore sponsoring youth recreational activities (family swim night).</p>	<p>CHA continues to sponsor a variety of youth recreation activities, including annual support for the AOH St. Patrick's Day Fun Run, the Smelter City Scamper, various support of athletics through Anaconda School District and more.</p>	<p>CHA continues to be a champion of local recreational activities that promote healthy lifestyles. Community partners can be sure to count on CHA for support when hosting an event.</p>
	<p>Explore feasibility of developing a steps/run challenge for area youth.</p>	<p>CHA was unable to complete this activity due to the COVID-19 Pandemic.</p>	<p>CHA was unable to complete this activity due to the COVID-19 Pandemic.</p>

<p>Strategy 4.2: Support and expand community services and resources for area families.</p>	<p>CHA prenatal and parenting support service expansion by LCSW staff obtaining “Parenting certification.”</p>	<p>CHA was unable to complete this activity due to the COVID-19 Pandemic and staff turnover.</p>	<p>CHA was unable to complete this activity due to the COVID-19 Pandemic and staff turnover.</p>
	<p>Develop/expand prenatal and parenting support services (explore incorporating ACEs education).</p>	<p>CHA was able to expand prenatal and parenting support services through the introduction of an online prenatal, etc. service, Birthly. Birthly provides prenatal and postnatal resources via live, interactive online childbirth classes. Classes are not limited to prenatal education but also include support resources for breastfeeding and newborn care.</p>	<p>The introduction of Birthly online platform provides a positive impact to our community as, even during the pandemic, classes were able to continue through convenient, private sessions in the comfort of patients’ own homes. These classes are taught by certified and experienced educators and offer live and interactive teaching with dedicated Q&A sessions.</p>
	<p>Convene local social service food partners to assess available resources and identify gaps.</p>	<p>CHA was unable to complete this activity due to the COVID-19 Pandemic. However, CHA was able to offer assistance via the “backpack” program which provides students with a backpack for the weekend with nutritious foods and snacks. In addition, CHA sponsored the weekly community market that offered the opportunity to purchase fresh, local sourced produce and matched local SNAP dollars at this event (Double SNAP Dollars Program).</p>	<p>Programs such as the community market allowed our community to address food insecurity and provide access to fresh, local sourced foods.</p>
	<p>Convene community stakeholders (MSU Extension Agent, schools, local garden club, etc.) to explore feasibility of implementing an onsite (CHA) vegetable garden as well as plan for use and promotion.</p>	<p>CHA was unable to complete this activity due to the COVID-19 Pandemic.</p>	<p>CHA was unable to complete this activity due to the COVID-19 Pandemic.</p>

	Work with local childcare providers to explore expanding available childcare services and hours.	CHA has worked collaboratively with local child care providers, Public Health and Head Start lending support to a grant submission to expand child care services in Deer Lodge County.	Grants are expected to be awarded in August 2022. Goal is to increased access to quality licensed childcare and increase availability within our community.
	Explore grant and/or partnership opportunities to enhance access to community transportation services.	CHA was unable to complete this activity due to the COVID-19 Pandemic. However, the Community Nursing Home of Anaconda Foundation has continued to support efforts to expand transportation services to CHA facilities and appointments via our Care-A-Van service, mostly recently hosting fundraising efforts during our 23 rd Annual Golf Fundraiser.	CHA was unable to complete this activity due to the COVID-19 Pandemic.
Strategy 4.3: Support and expand community services and resources for area seniors.	Meet with Metcalf Senior Center to explore opportunities to expand food services (coordination, delivery, other support) for area seniors in need.	CHA was unable to complete this activity due to the COVID-19 Pandemic.	CHA was unable to complete this activity due to the COVID-19 Pandemic.
	Assess interest in the development of a care giver support group.	CHA was unable to complete this activity due to the COVID-19 Pandemic.	CHA was unable to complete this activity due to the COVID-19 Pandemic.
	Evaluate feasibility of offering respite support for care givers.	CHA was unable to complete this activity due to the COVID-19 Pandemic.	CHA was unable to complete this activity due to the COVID-19 Pandemic.
	Create educational presentations for seniors/care givers (medication assistance, Medicare, dementia, Alzheimer’s, social isolation, etc.).	CHA was unable to complete this activity due to the COVID-19 Pandemic.	CHA was unable to complete this activity due to the COVID-19 Pandemic.

	<p>Partner with Metcalf Senior Center to create a senior related resource specifying what assistance programs are available to assist area seniors to age in place (Medicare benefits, electricity services, payment assistance, food access, transportation, etc.).</p>	<p>CHA was unable to complete this activity due to the COVID-19 Pandemic.</p>	<p>CHA was unable to complete this activity due to the COVID-19 Pandemic.</p>
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APPENDICES

Appendix A- Steering Committee

Steering Committee Member	Organization Affiliation
JoEllen Villa	CEO, Community Hospital of Anaconda
Meg Hickey-Boynnton	CFO, Community Hospital of Anaconda
Amber Benes	Director of Marketing, Community Hospital of Anaconda
Steph Denham	CHRO, Community Hospital of Anaconda
Mary Pat Ford	COO, Community Hospital of Anaconda
Jake Kelly	Principal, Anaconda School District
Paula Arneson	MSU Extension/Tri-County Environmental Health, Anaconda Deer Lodge County
Lauren Bolton	Epidemiologist/Disease Intervention Specialist, Anaconda Deer Lodge County Public Health
Lee Ann Bartoletti	Community Member/CHA Board of Trustees
Audrey Aspholm	Community Member/CHA Board of Trustees
Gloria O'Rourke	Anaconda Community Foundation
Philip Masters	Pastor, Gateway Christian Fellowship



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

JoEllen Villa – CEO, Community Hospital of Anaconda
Meg Hickey-Boynton – CFO, Community Hospital of Anaconda
Amber Benes – Director of Marketing, Community Hospital of Anaconda
Steph Denham – CHRO, Community Hospital of Anaconda
Mary Pat Ford – COO, Community Hospital of Anaconda
Jake Kelly – Principal, Anaconda School District
Paula Arneson – MSU Extension/Tri-County Environmental Health, Anaconda Deer Lodge County
Lauren Bolton–Epidemiologist/Disease Intervention Specialist, Anaconda Deer Lodge County Public Health
Lee Ann Bartoletti – Community Member/CHA Board of Trustees
Audrey Aspholm – Community Member/CHA Board of Trustees
Gloria O’Rourke – Anaconda Community Foundation
Philip Masters – Pastor, Gateway Christian Fellowship

Type of Consultation (Steering Committee, Key Informant Interviews, etc.)

First Steering Committee Meeting	May 18, 2022
Key informant interviews	August 2022
Second Steering Committee Meeting	October 6, 2022

Public and Community Health

- Looking at secondary data for our rural area can be a challenge when they use a population scale of 100,000 persons. The data size looks much larger than it really is. Example: 402.6 equals 40.26.
- Montana Mental Health Hospital resides in our area so I’m not sure if that impacts some of our mental and behavioral health metrics.
- I was told by a health provider that arsenic and lead in bloodwork is normal for this region and also higher than normal cancer rates.
- I think we should consider additional incentives for the survey, so people feel like there’s more chances to win rather than just one.

- We also need to make sure people complete and return the survey. Reminder postcards would be a great nudge for our community!
- It might be helpful to present the findings of this assessment and the implementation plan to the County Commissioners and local schools.
- What is being done to contribute to COVID responses in the survey? Also, how does the data represent that or make up for that impact? Perhaps we could include it as an option in the survey.
- Many people stay home instead of seeking medical help around here, it was especially the case during the height of COVID-19.
- COVID-19 negatively impacted a walking course that was provided to the community at the high school gym.

Population: Low income, underinsured

- Our local community market accepts Supplemental Nutrition Assistance Program (SNAP) benefits and only a handful of people use it. There's a lot of effort goes into planning so I wish more utilized it!
- It's interesting that we have such a low unemployment rate, yet the poverty rate is so high.

Population: Youth

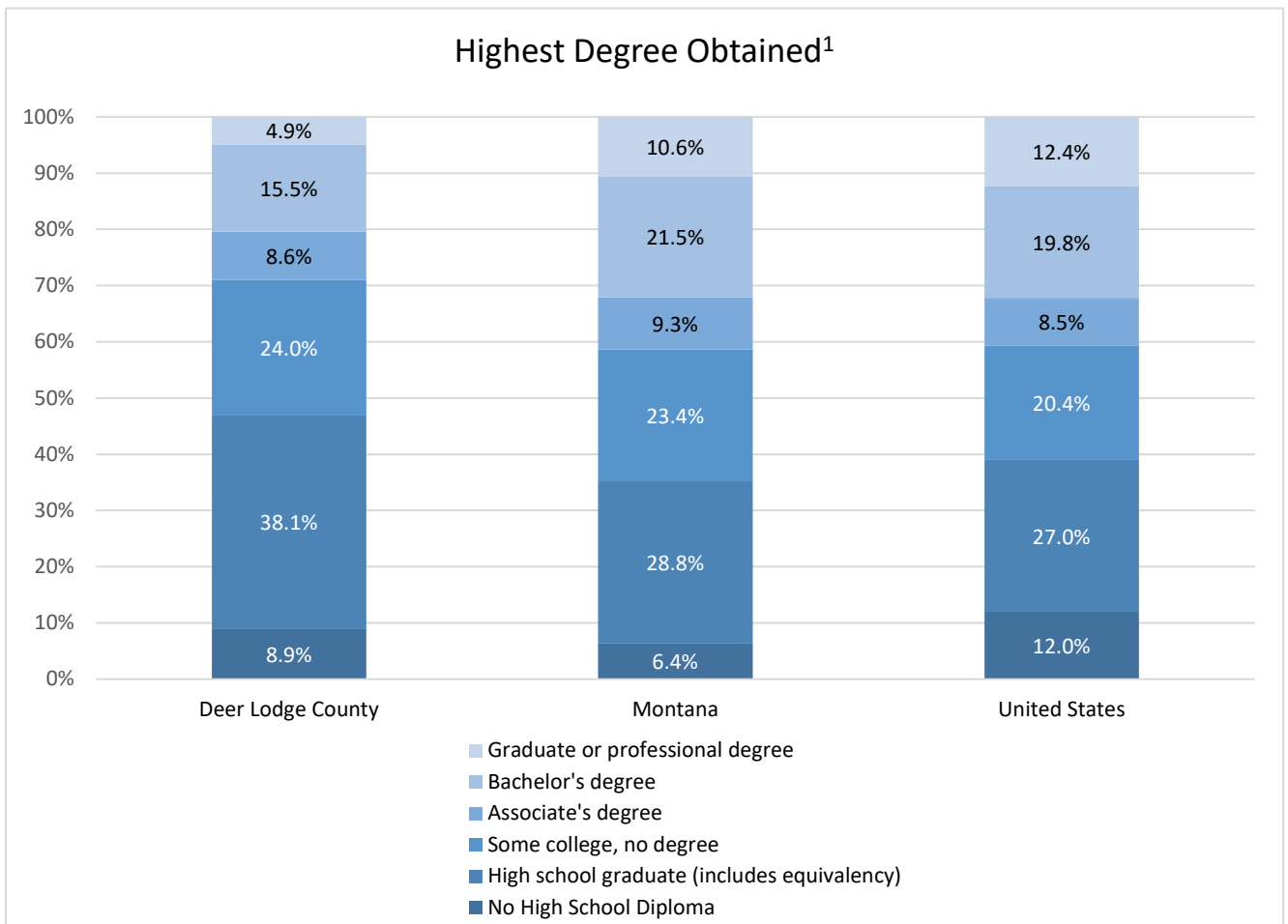
- We have about eight AWARE Group Homes locally. That may impact some of our secondary data around things like the children's poverty, etc.
- ACES, or Adverse Childhood Experiences is a term that the general public might not necessarily understand, but we do have a lot of local professionals and teachers use it.
- I've heard such a need for youth programming such as childcare and after school programs, so it might be good to include that as an option when we ask about desired local services.

Appendix C- Deer Lodge Co. Secondary Data

Demographic Measure (%)		County			Montana			Nation		
Population ¹		9,106			1,050,649			324,697,795		
Population Density ¹		12.3			7.1			85.5		
Veteran Status ¹		10.2%			10.4%			7.3%		
Disability Status ¹		22.8%			13.6%			12.6%		
Age ¹		<5	18-64	65+	<5	18-64	65+	<5	18-64	65+
		3.8%	61.3%	22.8%	5.8%	60.1%	18.2%	6.1%	61.7%	15.6%
Gender ¹		Male		Female	Male		Female	Male		Female
		52.7%		47.3%	50.3%		49.7%	49.2%		50.8%
Race/Ethnic Distribution ¹		White			91.4%			75.3%		
		American Indian or Alaska Native			8.3%			1.7%		
		Other [†]			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	\$41,820	\$54,970	\$62,843
Unemployment Rate ¹	3.6%	4.0%	5.3%
Persons Below Poverty Level ¹	20.2%	13.1%	13.4%
Children in Poverty ¹	27.5%	15.8%	18.5%
Internet at Home ²	74.5%	81.5%	-
Households with Population Age 65+ Living Alone ²	713	52,166	-
Households Without a Vehicle ²	309	21,284	-
Households Receiving SNAP ²	655	56,724	-
Eligible Recipients of Free or Reduced Price Lunch ³ <i>2019/2020 school year</i>	62.3%	42.9%	-
Enrolled in Medicaid ^{4, 1}	10.3%	9.7%	19.8%
Uninsured Adults ^{5, 6} <i>Age <65</i>	11.0%	12.0%	12.1%
Uninsured Children ^{5, 6} <i>Age <18</i>	6.0%	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 <i>Per 1,000 Women 15-44 years of age (2017-2019)</i>	55.0	59.3	-
Preterm Births ⁷ <i>Born less than 37 weeks (2017-2019)</i>	11.2%	9.4%	-
Adolescent Birth Rate ⁷ <i>Per 1,000 years females 15-19 years of age (2017-2019)</i>	NA	18.3	-
Smoking during pregnancy ^{3, 8}	22.2%	16.5%	7.2%
Kotelchuck Prenatal Care** ⁷ <i>Adequate or Adequate-Plus (2017-2019)</i>	87.0%	75.7%	-
Low and very low birth weight infants ⁷ <i>Less than 2500 grams (2017-2019)</i>	NA	7.6%	-
Childhood Immunization Up-To-Date (UTD) ^{§ 9}	77.3%	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	24.0%	19.0%	16.0%
Excessive Drinking ⁵	22.0%	22.0%	15.0%
Adult Obesity ⁵	26.0%	27.0%	26.0%
Poor Mental Health Days ⁵ (Past 30 days)	4.6	3.9	3.8
Physical Inactivity ⁵	31.0%	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)	41.9%	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)	81.5%	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)	66.3%	73.4%	78.3%
Colorectal Cancer Screening ^{13, 10} Age adjusted (county) and crude (state/nation) prevalence among adults age 50-75 years (2018)	57.0%	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 *	113.5	80.1
Hepatitis C virus	49.5	93.4
Sexually Transmitted Diseases (STD) †	402.8	551.6
Vaccine Preventable Diseases (VPD) §	172.1	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>	90.0	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>	52.5	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>	100.6	109.6	103.0

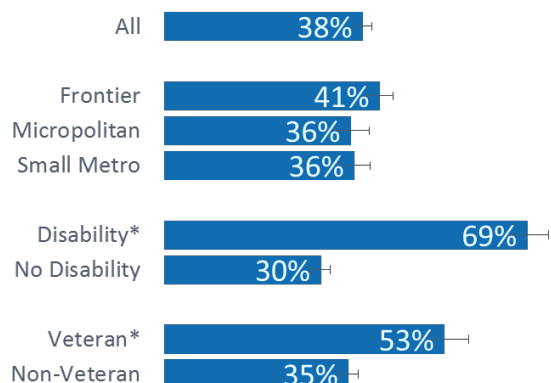
¹⁴ IBIS Community Snapshot, MT-DPPHS

** 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>	38.8	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 – Deer Lodge County, Montana		
Discipline	HPSA Score	HPSA
Primary Care	16	✓ Low income population
Dental Health	19	✓ Low income population
Mental Health	14*	✓ High needs geographic population
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)

* HPSA score for Silver Bow and Deer Lodge counties

Provider Supply and Access to Care ²				
Measure	Description	Deer Lodge Co. (N = 1) **	Montana (N = 49) **	National (N = 1347) **
Primary care physicians	Ratio of population to primary care physicians	757:1	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	1012:1	878:1	726:1
Dentists	Ratio of population to dentists	1301:1	1388:1	1260:1
Mental health providers	Ratio of population to mental health providers	217:1	356:1	310:1

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

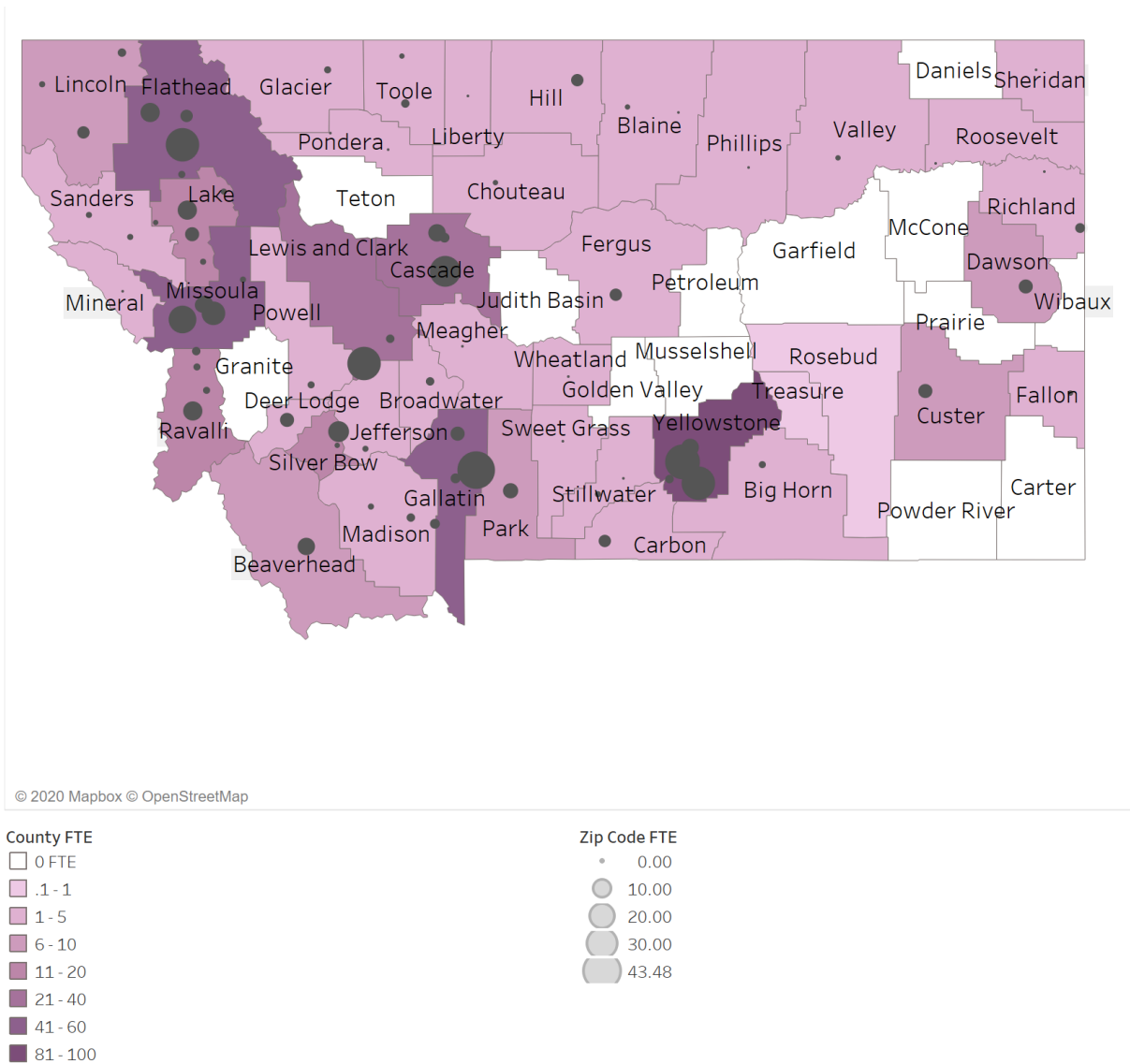
** Total number of CAHs in region

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.

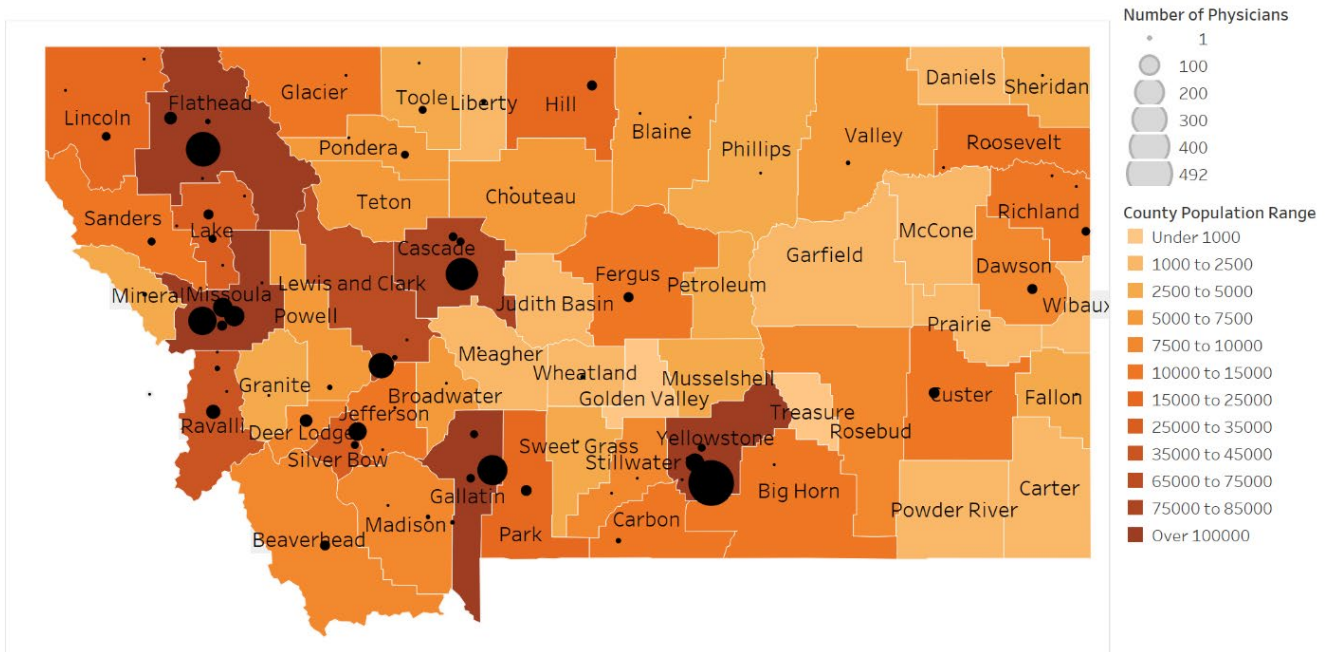
Primary Care Physician FTE: Practice Locations Plotted by Zip Code



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

July 15, 2022



Dear [LASTNAME] household:

Participate in our Community Health Needs Assessment survey for a chance to **WIN one of four \$100 Visa Gift Cards!**

Community Hospital of Anaconda (CHA) is partnering with the Montana Office of Rural Health (MORH) to administer a community health needs assessment survey, which is a requirement to complete every three years to maintain 501(c)3, not for profit status. 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 CHA 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: August 19, 2022
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 "Community Hospital of Anaconda Survey." Your access code is [CODED]
4. The winners of the gift cards will be contacted the week of August 29th.

All survey responses will go to Human Ecology Learning and Problem Solving (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,

A handwritten signature in black ink that reads 'JoEllen Villa'.

JoEllen Villa, CEO

Appendix E- Survey Instrument

Community Health Needs Assessment Survey Anaconda, 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"/> Hunger | <input type="checkbox"/> Social isolation/loneliness |
| <input type="checkbox"/> Alzheimer's/dementia | <input type="checkbox"/> Lack of access to healthcare | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Lack adequate/affordable housing | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Child abuse/neglect | <input type="checkbox"/> Lack of dental care | <input type="checkbox"/> Tobacco use (cigarettes, vaping, smokeless) |
| <input type="checkbox"/> COPD/Emphysema | <input type="checkbox"/> Lack of exercise | <input type="checkbox"/> Trauma/Adverse Childhood Experiences |
| <input type="checkbox"/> Depression/anxiety | <input type="checkbox"/> Mental health issues | <input type="checkbox"/> Work/economic stress |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Motor vehicle accidents | <input type="checkbox"/> Work related accidents/injuries |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Overweight/obesity | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> Recreation related accidents/injuries | |

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

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

4. How do you rate your knowledge of the health services that are available through Community Hospital of Anaconda?

- Excellent Good Fair Poor

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

- | | | | |
|------------------------------------------------|----------------------------------------------|-------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Anaconda Leader | <input type="checkbox"/> Healthcare provider | <input type="checkbox"/> Public health | <input type="checkbox"/> Word of mouth/reputation |
| <input type="checkbox"/> Billboards/posters | <input type="checkbox"/> Mailings/newsletter | <input type="checkbox"/> Radio | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Facebook/social media | <input type="checkbox"/> Montana Standard | <input type="checkbox"/> Television | |
| <input type="checkbox"/> Friends/family | <input type="checkbox"/> Presentations | <input type="checkbox"/> Website/internet | |

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

- | | | |
|-------------------------------------------------------------------|-------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Alternative medicine | <input type="checkbox"/> Health club | <input type="checkbox"/> School nurse |
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Mental health | <input type="checkbox"/> Senior Center |
| <input type="checkbox"/> Eye Care / Ophthalmologist / Optometrist | <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Women, Infants, and Children (WIC) |
| <input type="checkbox"/> Family planning clinic | <input type="checkbox"/> Physical therapy | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> Public health | |

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

- | | | |
|--------------------------------------------------------------------|-----------------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> Community resource phone app | <input type="checkbox"/> More primary care providers | <input type="checkbox"/> Payment assistance programs (healthcare expenses) |
| <input type="checkbox"/> Cultural sensitivity | <input type="checkbox"/> More specialists | <input type="checkbox"/> Telemedicine |
| <input type="checkbox"/> Greater health education services | <input type="checkbox"/> Outpatient services expanded hours | <input type="checkbox"/> Transportation assistance |
| <input type="checkbox"/> Improved quality of care | <input type="checkbox"/> Patient navigator/advocate (enrollment assistance) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Interpreter services | | |
| <input type="checkbox"/> More information about available services | | |

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

- | | | |
|----------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Adult education/skills training | <input type="checkbox"/> Fitness | <input type="checkbox"/> Nutrition |
| <input type="checkbox"/> Alcohol/substance abuse | <input type="checkbox"/> Grief counseling | <input type="checkbox"/> Parenting |
| <input type="checkbox"/> Alzheimer's | <input type="checkbox"/> Health and wellness | <input type="checkbox"/> Prenatal |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Heart disease | <input type="checkbox"/> Smoking/tobacco cessation |
| <input type="checkbox"/> Caregivers support | <input type="checkbox"/> Lactation/breastfeeding support | <input type="checkbox"/> Weight loss |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Living will | <input type="checkbox"/> Women's health |
| <input type="checkbox"/> Financial planning/budgeting | <input type="checkbox"/> Men's health | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> First aid/CPR | <input type="checkbox"/> Mental health | |

9. What additional services would you or a family member use if available locally? **(Select ALL that apply)**

- | | | |
|---------------------------------------------------|--------------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Adult daycare | <input type="checkbox"/> Early Childhood Education Programs | <input type="checkbox"/> Neurology |
| <input type="checkbox"/> After school programs | <input type="checkbox"/> Fitness instruction | <input type="checkbox"/> Personal care services |
| <input type="checkbox"/> Assisted living facility | <input type="checkbox"/> Independent living | <input type="checkbox"/> Senior retirement housing/ community |
| <input type="checkbox"/> Cardiac rehab | <input type="checkbox"/> Mental/behavioral health/counseling | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Child care center | | |
| <input type="checkbox"/> Dermatology | | |

10. Which of the following preventive services have you used in the past year? **(Select ALL that apply)**

- | | | | |
|-------------------------------------------------------|-------------------------------------------------|---------------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Blood pressure check | <input type="checkbox"/> Dental exam | <input type="checkbox"/> Hearing exam | <input type="checkbox"/> None |
| <input type="checkbox"/> Children's checkup/Well baby | <input type="checkbox"/> Diabetes prevention | <input type="checkbox"/> Mammography | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Cholesterol screening | <input type="checkbox"/> Eye exam/vision check | <input type="checkbox"/> Mental health counseling | |
| <input type="checkbox"/> Colonoscopy | <input type="checkbox"/> Flu shot/immunizations | <input type="checkbox"/> Pap test | |
| | <input type="checkbox"/> Health checkup | <input type="checkbox"/> Prostate (PSA) | |

11. 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 13)**

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

- | | | |
|-------------------------------------------------------------|-------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Could not get an appointment | <input type="checkbox"/> It was too far to go | <input type="checkbox"/> Too long to wait for an appointment |
| <input type="checkbox"/> Could not get off work | <input type="checkbox"/> Language barrier | <input type="checkbox"/> Too nervous or afraid |
| <input type="checkbox"/> Didn't know where to go | <input type="checkbox"/> My insurance didn't cover it | <input type="checkbox"/> Transportation problems |
| <input type="checkbox"/> Don't like doctors | <input type="checkbox"/> No insurance | <input type="checkbox"/> Unsure if services were available |
| <input type="checkbox"/> Don't understand healthcare system | <input type="checkbox"/> Not treated with respect | <input type="checkbox"/> Qualified provider not available |
| <input type="checkbox"/> Had no child care | <input type="checkbox"/> Office wasn't open when I could go | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> It cost too much | <input type="checkbox"/> Pandemic/COVID-19 | |
| | <input type="checkbox"/> Privacy/confidentiality | |

13. 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 16)

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

- | | | |
|-----------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Anaconda | <input type="checkbox"/> Deer Lodge | <input type="checkbox"/> Philipsburg |
| <input type="checkbox"/> Bozeman | <input type="checkbox"/> Helena | <input type="checkbox"/> VA |
| <input type="checkbox"/> Butte | <input type="checkbox"/> Missoula | <input type="checkbox"/> Other: _____ |

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

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

16. 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 19)

17. 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"/> Deer Lodge Medical Center | <input type="checkbox"/> St. Peter's Hospital (Helena) |
| <input type="checkbox"/> Bozeman Health | <input type="checkbox"/> Granite County Medical Center (Philipsburg) | <input type="checkbox"/> VA Fort Harrison (Helena) |
| <input type="checkbox"/> Community Medical Center (Missoula) | <input type="checkbox"/> St. James Healthcare (Butte) | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> St. Patrick Hospital (Missoula) | |

18. 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"/> Prior experience with hospital | <input type="checkbox"/> Service not available locally |
| <input type="checkbox"/> Closest to work | <input type="checkbox"/> Privacy/confidentiality | <input type="checkbox"/> VA/Military requirement |
| <input type="checkbox"/> Cost of care | <input type="checkbox"/> Recommended by family or friends | <input type="checkbox"/> Where my physician practices |
| <input type="checkbox"/> Emergency, no choice | <input type="checkbox"/> Referred by physician or other provider | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Financial assistance programs | <input type="checkbox"/> Required by insurance plan | |
| <input type="checkbox"/> Hospital's reputation for quality | | |

19. 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 22)

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

- Anaconda Butte Philipsburg Other: _____
 Billings Helena VA Fort Harrison
 Bozeman Missoula

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

- Allergist Gastroenterologist Ophthalmologist Rheumatologist
 Audiologist General surgeon Optometrist Social worker
 Cardiologist Geriatrician (seniors) Orthopedic surgeon Speech therapist
 Chiropractor Internal medicine Pediatrician Substance abuse counselor
 Dentist Mental health counselor Physical therapist Urologist
 Dermatologist Neurologist Podiatrist Wound care
 Dietician Neurosurgeon Psychiatrist (M.D.) Other: _____
 Endocrinologist OB/GYN Psychologist
 ENT(ear/nose/throat) Occupational therapist Pulmonologist
 Oncologist Radiologist

22. The following services are available through Community Hospital of Anaconda. 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
Behavioral Health Services	4	3	2	1	N/A	DK
Convenient care	4	3	2	1	N/A	DK
Diabetes education	4	3	2	1	N/A	DK
Emergency room	4	3	2	1	N/A	DK
General surgery	4	3	2	1	N/A	DK
Hospice/home health	4	3	2	1	N/A	DK
Imaging services (MRI, X-ray, CT Scan, DEXA Scan, Mammography)	4	3	2	1	N/A	DK
Inpatient services/hospital stay	4	3	2	1	N/A	DK
Laboratory	4	3	2	1	N/A	DK
Long term care/nursing home	4	3	2	1	N/A	DK
Obstetrics/birthing services	4	3	2	1	N/A	DK
Occupational therapy	4	3	2	1	N/A	DK
Oncology/infusion services	4	3	2	1	N/A	DK
Physical therapy	4	3	2	1	N/A	DK
Physician clinics & pediatrics	4	3	2	1	N/A	DK
Speech therapy	4	3	2	1	N/A	DK

- 23.** 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
- 24.** Has cost prohibited you from getting a prescription or taking your medication regularly?
 Yes No Not applicable
- 25.** In the past year, did you worry that you would not have enough food?
 Yes No
- 26.** In the past year, how often have you felt lonely or isolated?
 Everyday Sometimes (3-5 days per month) Never
 Most days (3-5 days per week) Occasionally (1-2 days per month)
- 27.** Thinking over the past year, how would you describe your stress level?
 High Moderate Low Unsure/rather not say
- 28.** 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
- 29.** 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
- 30.** Please rate your perception of community support services in our area. **(Please circle N/A if you have not used the service)**

	Excellent	Good	Fair	Poor	Haven't Used
Availability of substance abuse treatment programs	4	3	2	1	N/A
Availability of Alcoholics Anonymous groups	4	3	2	1	N/A
Availability of health prevention programs	4	3	2	1	N/A
Overall quality of substance abuse services	4	3	2	1	N/A
Availability of mental health services	4	3	2	1	N/A
Overall quality of mental health services	4	3	2	1	N/A

- 31.** What type of health insurance covers the **majority** of your household's medical expenses? **(Select ONLY 1)**
- Employer sponsored Indian Health VA/Military
 Health Insurance Marketplace Medicaid None/pay out of pocket
 Health Savings Account Medicare/Medicare Advantage Other: _____
 Healthy MT Kids Private insurance/private plan

32. How well do you feel your health insurance covers your healthcare costs?
 Excellent Good Fair Poor
33. If you **do NOT** have health insurance, why? (**Select ALL that apply**)
 Can't afford to pay for health insurance Employer does not offer insurance
 Choose not to have health insurance Other: _____
 Don't know how to apply/difficult to sign up
34. Are you aware of programs that help people pay for healthcare expenses (i.e., Healthy MT Kids, Breast and Cervical Cancer Program, CHA Financial Assistance, etc.)?
 Yes, and I use them Yes, but I do not qualify Yes, but choose not to use No Not sure

Demographics

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

35. Where do you currently live, by zip code?
 59711 Anaconda 59722 Deer Lodge 59756 Warm Springs
 59701 Butte 59858 Phillipsburg Other: _____
36. What is your gender?
 Male Female Prefer to self-describe: _____
37. What age range represents you?
 18-24 45-54 75-84
 25-34 55-64 85+
 35-44 65-74
38. What is your employment status?
 Work full time Student Not currently seeking employment
 Work part time Collect disability
 Retired Unemployed, but looking Other: _____
39. If employed, do you work more than one job?
 Yes No

[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 Community Hospital of Anaconda Services by How Respondents Learn About Healthcare Services

	Excellent	Good	Fair	Poor	Total
Healthcare provider	22.6% (19)	54.8% (46)	17.9% (15)	4.8% (4)	84
Friends/family	24.0% (18)	52.0% (39)	20.0% (15)	4.0% (3)	75
Word of mouth/reputation	25.9% (15)	53.4% (31)	15.5% (9)	5.2% (3)	58
Anaconda Leader	31.7% (13)	63.4% (26)	4.9% (2)	-	41
Television	19.0% (4)	52.4% (11)	23.8% (5)	4.8% (1)	21
Montana Standard	35.0% (7)	55.0% (11)	10.0% (2)	-	20
Facebook/social media	27.8% (5)	55.6% (10)	16.7% (3)	-	18
Website/internet	41.2% (7)	35.3% (6)	17.6% (3)	5.9% (1)	17
Billboard/posters	54.5% (6)	36.4% (4)	9.1% (1)	-	11
Mailings/newsletter	10.0% (1)	50.0% (5)	30.0% (3)	10.0% (1)	10
Public Health	33.3% (2)	50.0% (3)	-	16.7% (1)	6
Radio	66.7% (4)	33.3% (2)	-	-	6
Presentations	100.0% (1)	-	-	-	1
Other	40.0% (4)	40.0% (4)	10.0% (1)	10.0% (1)	10

Delay or Did Not Get Need Healthcare Services by Residence

	Yes	No	Total
59711 Anaconda	33.3% (30)	66.7% (60)	90
59701 Butte	31.3% (5)	68.8% (11)	16
59722 Deer Lodge	14.3% (1)	85.7% (6)	7
59858 Philipsburg	-	100.0% (1)	1
TOTAL	36	78	114

59756 Warm Springs and Other removed from residence (first column) due to non-response.

Location of primary care clinic most utilized by residence

	Anaconda	Bozeman	Butte	Deer Lodge	Missoula	Philipsburg	VA	Other	TOTAL
59711 Anaconda	63.1% (53)	1.2% (1)	14.3% (12)	7.1% (6)	1.2% (1)	-	2.4% (2)	10.7% (9)	84
59701 Butte	20.0% (3)	6.7% (1)	66.7% (10)	-	-	-	-	6.7% (1)	15
59722 Deer Lodge	-	-	-	83.3% (5)	16.7% (1)	-	-	-	6
59858 Philipsburg	-	-	-	-	-	100.0% (1)	-	-	1
TOTAL	52.8% (56)	1.9% (2)	20.8% (22)	10.4% (11)	1.9% (2)	0.9% (1)	1.9% (2)	9.4% (10)	106

Helena removed from primary care clinic location (top row) due to non-response. 59756 Warm Springs and Other removed from residence (first column) due to non-response.

Location of primary care provider most utilized by reasons for clinic/provider selection

	Anaconda	Bozeman	Butte	Deer Lodge	Missoula	Philipsburg	VA	Other	TOTAL
Prior experience with clinic	47.6% (20)	2.4% (1)	19.0% (8)	16.7% (7)	4.8% (2)	-	-	9.5% (4)	42
Clinic/provider's reputation for quality	56.4% (22)	2.6% (1)	15.4% (6)	17.9% (7)	2.6% (1)	-	-	5.1% (2)	39
Closest to home	61.5% (24)	-	15.4% (6)	10.3% (4)	2.6% (1)	2.6% (1)	-	7.7% (3)	39
Appointment availability	47.1% (16)	-	23.5% (8)	8.8% (3)	2.9% (1)	2.9% (1)	-	14.7% (5)	34
Recommended by family or friends	66.7% (20)	3.3% (1)	6.7% (2)	13.3% (4)	3.3% (1)	-	-	6.7% (2)	30
Referred by physician or other provider	37.5% (6)	-	43.8% (7)	6.3% (1)	6.3% (1)	-	-	6.3% (1)	16
Length of waiting room time	60.0% (6)	-	10.0% (1)	10.0% (1)	-	10.0% (1)	-	10.0% (1)	10
Privacy/confidentiality	55.6% (5)	-	22.2% (2)	22.2% (2)	-	-	-	-	9
Cost of care	12.5% (1)	-	62.5% (5)	-	12.5% (1)	-	-	12.5% (1)	8
Required by insurance plan	28.6% (2)	-	42.9% (3)	-	-	-	-	28.6% (2)	7
State employee health clinic	40.0% (2)	-	40.0% (2)	-	-	-	-	20.0% (1)	5
VA/Military requirement	25.0% (1)	-	25.0% (1)	-	-	-	50.0% (2)	-	4
Indian Health Services	-	-	-	-	-	-	-	100.0% (1)	1
Other	28.6% (2)	-	14.3% (1)	14.3% (1)	-	-	-	42.9% (3)	7

Helena removed from primary care clinic location (top row) due to non-response.

Location of most utilized hospital by residence

	Community Hospital of Anaconda	Bozeman Health	Community Medical Center (Missoula)	Deer Lodge Medical Center	St. James Healthcare (Butte)	St. Patrick Hospital (Missoula)	VA Fort Harrison (Helena)	Other	Total
59711 Anaconda	76.1% (51)	-	1.5% (1)	3.0% (2)	7.5% (5)	3.0% (2)	3.0% (2)	6.0% (4)	67
59701 Butte	8.3% (1)	16.7% (2)	8.3% (1)	-	58.3% (7)	8.3% (1)	-	-	12
59722 Deer Lodge	50.0% (2)	-	-	25.0% (1)	25.0% (1)	-	-	-	4
59858 Philipsburg	-	-	-	-	-	100.0% (1)	-	-	1
TOTAL	64.3% (54)	2.4% (2)	2.4% (2)	3.6% (3)	15.5% (13)	4.8% (4)	2.4% (2)	4.8% (4)	84

Granite County Medical Center (Philipsburg) and St. Peter's Hospital (Helena) removed from hospital location (top row) due to non-response. 59756 Warm Springs and Other removed from residence (first column) due to non-response.

Location of most recent hospitalization by reasons for hospital selection

	Community Hospital of Anaconda	Bozeman Health	Community Medical Center (Missoula)	Deer Lodge Medical Center	St. James Healthcare (Butte)	St. Patrick Hospital (Missoula)	VA Fort Harrison (Helena)	Other	Total
Closest to home	77.6% (45)	-	-	1.7% (1)	15.5% (9)	-	-	5.2% (3)	58
Prior experience with hospital	68.3% (28)	2.4% (1)	2.4% (1)	2.4% (1)	17.1% (7)	-	-	7.3% (3)	41
Hospital's reputation for quality	63.0% (17)	-	-	7.4% (2)	18.5% (5)	7.4% (2)	-	3.7% (1)	27
Where my physician practices	66.7% (14)	4.8% (1)	-	-	19.0% (4)	4.8% (1)	-	4.8% (1)	21
Referred by physician or other provider	52.6% (10)	-	5.3% (1)	-	31.6% (6)	5.3% (1)	-	5.3% (1)	19
Emergency, no choice	73.3% (11)	-	-	6.7% (1)	20.0% (3)	-	-	-	15
Recommended by family or friends	55.6% (5)	11.1% (1)	-	-	22.2% (2)	11.1% (1)	-	-	9
Service not available locally	14.3% (1)	28.6% (2)	14.3% (1)	28.6% (2)	14.3% (1)	-	-	-	7
Closest to work	100.0% (3)	-	-	-	-	-	-	-	3
Financial assistance programs	66.7% (2)	-	-	-	-	-	33.3% (1)	-	3
Required by insurance plan	66.7% (2)	-	-	-	-	-	-	33.3% (1)	3
VA/Military requirement	-	-	-	-	33.3% (1)	-	66.7% (2)	-	3
Cost of care	-	-	-	-	-	-	50.0% (1)	50.0% (1)	2
Privacy/Confidentiality	-	-	-	50.0% (1)	-	50.0% (1)	-	-	2
Other	66.7% (4)	-	16.7% (1)	-	-	16.7% (1)	-	-	6

Granite County Medical Center (Philipsburg) and St. Peter's Hospital (Helena) 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)

- Slag
- Senior citizen/assisted living/housing
- Pollution from smelter waste

*Responses when more than 3 were selected (5 participants)

- Alcohol/substance abuse (5)
- Alzheimer's/dementia (3)
- Cancer (4)
- Child abuse/neglect (4)
- COPD/Emphysema (1)
- Depression/anxiety (4)
- Diabetes (2)
- Domestic violence (2)
- Heart disease (1)
- Hunger (3)
- Lack of access to healthcare (2)
- Lack adequate/affordable housing (2)
- Lack of dental care (1)
- Lack of exercise (2)
- Mental health issues (5)
- Motor vehicle accidents (2)
- Overweight/obesity (3)
- Recreation related accidents/injuries (1)
- Social isolation/loneliness (1)
- Suicide (5)
- Tobacco use (cigarettes, vaping, smokeless) (4)
- Trauma/Adverse Childhood Experiences (1)
- Work/economic stress (3)

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

- Teen evening programs
- Clean cops & judges
- Young people need to get involved
- [Selected 6 choices and also wrote] All of them

*Responses when more than 3 were selected (2 participants):

- Access to childcare/after school programs (1)
- Access to healthcare services (2)
- Access to healthy foods (1)
- Affordable housing (1)
- Clean environment (1)
- Community involvement (1)
- Good jobs and a healthy economy (1)
- Parks and recreation (1)
- Strong family life (1)

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

- Employee in healthcare
- EMT
- I've got a team of excellent Doctor's
- CHA- Saved my life
- Health department
- I use Heide Applegate in Deer Lodge for consistent care
- I go to SLC in Butte
- V.A.
- I work at the hospital
- Personal experiences

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

- None (3)
- Veteran's Administration (VA) (3)
- Massage Therapy and Chiropractor
- Chiropractor
- Diabetic classes
- None in past 3 years
- Nutrition store, chiropractor

7. In your opinion, what would improve our community's access to healthcare? (Select ALL that apply)

- Communication from the hospital
- More knowledge from the local Health Department and responsibility of health issues such as advising apartment common areas to be cleaned
- Free healthcare (duh)
- I was happy with the care I received when there.
- Providers that care about people and are free to provide care that is needed.

- If the hospital were to return telephone calls. Your phone skills are lacking.
- None

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

- Neurology
- Senior health
- None of the above
- Vision program offering low-cost products

9. What additional services would you or a family member use if available locally? (Select ALL that apply)

- Podiatry
- N/A
- Rheumatology
- None (2)
- At this time in my life, none of the above
- Endocrinology
- Pulmonology respiratory doctor

10. Which of the following preventive services have you used in the past year? (Select ALL that apply)

- Neurology
- Cancer unit at St. James
- Emergency Room at Deer Lodge Medical Center (DLMC)
- COVID shots and boosters
- Veteran's Administration (VA)

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

- Doctor did not show up
- No walk-in clinic. Emergency room always charges as ER visit versus convenient care.
- My hip replacement surgery was cancelled because I tested positive for COVID.
- Procrastination
- My promised follow up care after COVID was not provided. Doctor referred me to specialist, but specialist did not contact me.

*Responses when more than 3 were selected (1 participants):

- Could not get an appointment (1)
- Don't like doctors (1)
- Not treated with respect (1)
- Privacy/confidentiality (1)

- Qualified provider not available (1)

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

- California (2)
- Indian Health Services – Helena

***Responses when more than 1 was selected (7 participants):**

- Anaconda (6)
- Bozeman (1)
- Butte (7)
- Helena (1)
- Missoula (3)

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

- Excellent medical care
- Employee
- Sliding scale
- Like my doctor.
- Unhappy with former providers.
- VA
- I don't have one.
- Lost previous doctor due to stroke. Had to find a new provider.

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

- St. James Butte

***Responses when more than 1 was selected (3 participants):**

- Community Hospital of Anaconda (3)
- Bozeman Health
- Community Medical Center (Missoula) (1)
- Deer Lodge Medical Center
- Granite County Medical Center (Philipsburg)
- St. James Healthcare (Butte) (2)
- St. Patrick Hospital (Missoula) (1)
- St. Peter's Hospital (Helena)
- VA Fort Harrison (Helena)

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

- Particular specialists affiliated with community

***Responses when more than 3 were selected (5 participants):**

- Closest to home (4)

- Cost of care (1)
- Emergency, no choice (1)
- Hospital's reputation for quality (4)
- Prior experience with hospital (4)
- Recommended by family or friends (1)
- Referred by physician or other provider (4)
- Service not available locally (1)
- Where my physician practices (2)

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

- Great Falls
- Helena and VA Fort Harrison
- Deer Lodge (3)
- California
- Dillon
- Seattle
- Out of state, Washington State

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

- Pediatric Urologist
- Weight loss
- Massage Therapist
- Vascular surgeon
- Sleep med
- Perinatologist
- Home health care

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

- Supplemental insurance
- Retiree access
- Aetna

***Responses when more than 1 was selected (15 participants):**

- Employer sponsored (2)
- Healthy MT Kids (1)
- Medicaid (2)
- Medicare/Medicare Advantage (14)
- Private insurance/private plan (11)
- VA/Military (3)

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

- I'm injured on work related injury and having difficulty with the post office and Office of Workers Compensation Programs (OWCP).
- N/A
- V.A. Medicare
- Unemployed

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

- No "Other" responses.

36. What is your gender? Prefer to self-describe:

- No "Other" responses.

38. What is your employment status?

- No "Other" responses.

***Responses when more than 1 was selected (0 participants):**

- None

General comments

- (Q1) Underlined "our community" and wrote "I don't know 'our community.'"
- (Q2)
 - Underlined "our community", did not select any options, and wrote "I have no basis to answer this question"
- (Q4)
 - Selected "Poor" and wrote "I've never been to Community Hospital of Anaconda."
- (Q7)
 - Under the question wrote "Butte/SLC is deficient in several "specialty" services: Pulmonology, Neurology, Sleep Medicine, Oncology, ..."
- (Q10)
 - Selected "Eye exam/vision check" and wrote "out of area" next to it.
- (Q21)
 - Selected "Radiologist" and wrote "ANACONDA: read x-rays taken in Butte (no personal contact)."
- (Q22)
 - Selected "N/A" ("Haven't used") for all services and wrote "Only been here since January 2022"
- (Q27)
 - Selected "Moderate" and wrote "which is high for me"
- (Q28)
 - Selected "Fair" and wrote "/2 years" next to it.

- (Q30)
 - Circled “Perception of community” and underlined “not used the service” and wrote “? Contradiction” and then did not make any selections for the support services.
 - For “Availability of health prevention programs” selected 4 and wrote “Hospital” next to it and 1 and wrote “Health department” next to it.
- (Q34)
 - Did not select anything and wrote “Aware yes – don’t need”

Appendix H- Key Informant Interview - Questions

Purpose: The purpose of key informant interviews 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. How do you feel about the general health of your community?

2. What are your views/opinions about these local services:
 - Hospital/clinic
 - EMS Services (ER/Ambulance)
 - Public/County Health Department
 - Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
 - Services for Low-Income Individuals/Families

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

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

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

Appendix I- Key Informant Interview - Transcripts

Key informant interview #1

Thursday, August 11, 2022 – Anonymous

Via virtual meeting

1. How do you feel about the general health of your community?
 - It seems to me that many community members are struggling with mental health and active health (i.e., active living), especially in the winter months. Locally and nationally, it also seems like the cost of healthcare is driving people – myself included – away from routine wellness.

2. What are your views/opinions about these local services:
 - Hospital/clinic:
 - I have a positive view of the area hospital and clinics, however, in the last couple years there has been more community chatter about a lack of follow-up by practitioners, where test results aren't known or followed up on, which is concerning.
 - EMS Services (ER/Ambulance)
 - I have a very positive view on EMS and Emergency services available through the hospital.
 - Public/County Health Department
 - I have a favorable view of the County Health Department, although with the move from Main Street, they don't seem as accessible as previously.
 - Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
 - I have a positive view of our existing senior services, but I think we need more. Many of our seniors are living alone, and while home health services helps with some needs, many of our seniors are falling through the cracks, or living in substandard conditions due to their inability to clean or attend to housekeeping duties.
 - Services for Low-Income Individuals/Families
 - I would say I have a generally favorable view of these services in our area. I have a concern about the abuse of some services (i.e., using emergency services for non-emergency issues, etc.).

3. What do you think are the most important local healthcare issues?
 - I think our biggest challenge locally is mental health, more specifically, a lack of funding and availability of services/resources.
4. What other healthcare services are needed in the community?
 - As I mentioned previously, we could use more mental health services/resources. But we could also use senior liaisons to check on folks and guide people to needed services.
5. What would make your community a healthier place to live?
 - Aforementioned liaisons, sidewalk maintenance and installation, and more free or low-cost wellness opportunities.

Key informant interview #2

Friday, August 26, 2022 – Anonymous

Via telephone interview

1. How do you feel about the general health of your community?
 - I think our health is actually pretty good here in Anaconda compared to other areas of the state and country.
2. What are your views/opinions about these local services:
 - Hospital/clinic:
 - I believe CHA performs very well for majority of our community when considering their availability, services, and local providers.
 - They bring in quite a few visiting specialists so community members don't have to deal with traveling long distances.
 - EMS Services (ER/Ambulance)
 - I've heard mixed things about our local emergency services.
 - There seems to be fairly good service through the emergency room (ER) directly, but I have heard a couple people having a bad experience.
 - In recent years, the ambulance has been able to find homes more easily with GPS. GPS has really been a great tool in our remote area.
 - Public/County Health Department
 - I feel that our local health department really stepped up during COVID.
 - They are getting better about communicating with the public on things like vaccines schedules and even having a presence at community markets.

- I think they are easy to find.
- Senior Services (i.e., Nursing homes, assisted living, home health, senior center, etc.)
 - To be honest, I don't know much about the nursing home, but I've heard that they are cutting back on workforce.
 - We no longer have a memory care wing which is a challenge for our aging population.
 - As for assisted living, I think we could use another facility. Ours is pretty small and some have had to move out of the area.
 - The Senior Center used to have a longstanding volunteer that did a lot of maintenance, but they passed away. So that has been a loss for the community. The senior center is almost back up and running with the services offered before COVID shut everything down – they're trying to offer more programming such as a classic movie night which is so cool!
 - I think the Senior Center should partner with the MSU Extension which provides free services to support more balanced meals through things like the Meals on Wheels program. A balanced meal is especially important for diabetic patients. I know a current limitation to this is that the Senior Center has limited freezer space.
- Services for Low-Income Individuals/Families
 - I think there's quite a few of these services locally, so I think our biggest challenge is that it often comes down to communicating and awareness building.
 - We have a food bank in basement of the church, but they too are limited on space and only open two days per week.
 - There's also a free pantry offered through Thrift Center. People often use this as a backup when they need it.
 - There's a new fresh produce programming that's hosted across from library. They offer food preparation demonstrations which is really great to get people exposure and comfort in preparing different food!

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

- This is a hard question.
- We're working to ensure kids get fed when school is not in session through things like our backpack program.
- I guess I would say that we do have a drug problem. It's not as apparent as other communities, but it is here too.

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

- We're pretty lucky with three dentists. We also have an eye doctor, pediatrics, and the Southwest Montana Clinic which operates on a sliding fee scale.
- I guess maybe just more awareness around what we already have locally is needed.

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

- Our community is working on so much already. I think the street and garbage clean up is already helping. There's so much community pride in Anaconda!
- More education around smoking cessation and nutritional messaging might be most helpful. Most of the educational opportunities I've seen are offered at 3 p.m. in the afternoon when most are working.

Appendix J- Request for Comments

Written comments on this 2022 Community Health Needs Assessment Report can be submitted to Human Resources at Community Hospital of Anaconda:

Community Hospital of Anaconda
C/O Human Resources
401 W. Pennsylvania St.
Anaconda, Montana 59711

Contact Community Hospital of Anaconda's Human Resources at 406-563-8540 or abenes@chofa.net with questions.

