

# Community Health Needs Assessment Report

## Marcus Daly Memorial Hospital Hamilton, Montana June 2018



**MARCUS DALY  
MEMORIAL  
HOSPITAL**  
Quality Care Close to Home™

1200 Westwood Drive, Hamilton, MT 59840  
Contact: Administration at 406-375-4612

## **Introduction**

Marcus Daly Memorial Hospital (“MDMH”) is a rural, nonprofit 25-bed Critical Access Hospital. We’re located in Hamilton, Montana, in the heart of the Bitterroot Valley. We are governed by a community volunteer board of directors.

MDMH was established as a publicly owned, non-tax-supported hospital, opening on July 1, 1931, with the express purpose of providing health care to the citizens of Ravalli County, Montana. The hospital moved to its present location in 1975 and over the years has expanded to its present 275,000 square feet in order to meet the needs of the growing population.

A rural hospital has a responsibility to provide local residents with comprehensive healthcare they can trust and rely on. MDMH offers advanced medical services close to home. We are proud to offer our community a local medical resource so that they do not need to spend more time and money travelling out of town for the care they need.

As the community grows, so does our hospital, we are continuously upgrading our facilities and expanding the role of our staff to meet the needs of our patients. We are the largest employer in the Bitterroot Valley, boasting over 500 team members and 60 providers on the medical staff. Over the past decade, significant additions and renovations include birthing, rehabilitation, emergency and hospice centers, an intensive care unit and, coming soon, a state-of-the-art surgical center. Additionally, we have incorporated a state-of-the-art electronic record-keeping system and revamped our Hospitalist Program to provide inpatient physician coverage 24/7. We have also opened clinics throughout the Valley specializing in orthopedics, sports medicine, obstetrics and gynecology, neurosurgery, family medicine, and much more!

**Our Mission:** To provide Bitterroot Valley with quality, accessible, and personalized healthcare.

**Our Vision:** The Marcus Daly healthcare team aspires to be a trusted community leader known for exceeding the expectations of those we serve. We promise exceptional care delivered by dedicated, compassionate professionals who take pride in achieving the highest level of satisfaction.

We offer a wide array of medical services utilizing cutting-edge technology and innovative treatments. We strive to provide each patient with the service that addresses their unique needs. Our staff works one-on-one with patients so that we can take a holistic approach to their recovery—addressing physical, emotional, and mental needs. We emphasize outcomes using evidence-based therapy to meet the patient’s personal goals.

MDMH provides the following services to our community:

- Birthing Services
- Cardiology / Cardiac Rehab
- Emergency Services
- Family Practice Medicine
- General Surgery
- Home Health

- Hospice
- Imaging / Radiology
- Inpatient Care
- Internal Medicine
- Laboratory
- Neurosurgery
- OB / GYN Surgery
- Obstetrics and Gynecology
- Occupational Health
- Orthopedics and Sports Medicine
- Osteoporosis
- Rehabilitation
- Sleep Medicine
- Surgical Services
- Total Eye Care / Optical
- Upper and Lower GI Tract
- Urgent Care
- Women's Health

In addition to Marcus Daly Memorial Hospital, our organization also includes:

- Specialty Clinic – 1150 Westwood Drive, Hamilton
- Hamilton General Surgery – 1150 Westwood Drive, Hamilton
- Bitterroot General & Vascular Surgery – 1150 Westwood Drive, Hamilton
- Bitterroot Orthopedics and Sports Medicine – 1200 Westwood Drive, Hamilton
- Bitterroot Valley Eye Associates – 300 North 10<sup>th</sup> Street, Hamilton
- Family Medicine Center of the Bitterroot – 330 North 10<sup>th</sup> Street, Hamilton
- Bitterroot Foot & Ankle Clinic – 330 North 10<sup>th</sup> Street, Hamilton
- Bitterroot Neurology – 1019 West Main Street, Hamilton
- Ravalli Urology – 1224 West Main Street, Hamilton
- Rocky Mountain Neurosurgery Center – 1190 Westwood Drive, Hamilton
- Ravalli Family Medicine – 411 West Main Street, Hamilton
- Ravalli Orthopedics and Sports Medicine – 312 Fairgrounds Road, Hamilton
- Bitterroot Physicians Clinic North – 2386 Highway 93 North, Victor
- Bitterroot Physicians Clinic South – 3334 DVN Lane, Darby
- Corvallis Family Medicine – 1037 Main Street, Corvallis
- Bitterroot Cosmetic & Reconstructive Surgery – 715 Main Street, Stevensville
- Storybrook Medicine – 400 Main Street, Stevensville
- Rocky Mountain Neurosurgery Clinic – 1190 Westwood Drive, Hamilton
- Hamilton OB/GYN – 1200 Westwood Drive, Hamilton
- Convenient Care – 1200 Westwood Drive, Hamilton

Marcus Daly Memorial Hospital is award winning! Our dedication to quality, outstanding patient outcomes, and financial stability have contributed to the achievement of multiple healthcare industry awards in recent years:

- 2018, 2017, 2016 and 2013 Top 100 Critical Access Hospital – The Top 100 Critical Access Hospitals, named by iVantage Health Analytics, are the nation's best rural safety net institutions. There are a total of 2,078 rural hospitals in America, of which 1,284 are Critical Access Hospitals. Based on the number of hospitals involved nationally, this award is especially meaningful to Marcus Daly Memorial Hospital.
- 2016 Baby-Friendly Designated Birth Facility from Baby-Friendly USA. This award is valid for five years and joins more than 20,000 other facilities with this prestigious award.

- 2016 State of Montana EMS Provider of the Year – Consistently exhibiting dedication to improving patient care through education, injury prevention, community awareness, medical director involvement, and cooperation with other emergency service organizations in our community.
- 2015 EMS Silver Award for Mission: Lifeline Recognition – Overall quality of care for STEMI patients.
- 2015 National iVantage Health Analytics Award for Overall Excellence in Quality
- 2015 Business of the Year – Bitterroot Chamber of Commerce
- 2015, 2014 and 2011 Bitterroot Best Employer
- 2017, 2015, 2014, 2013 and 2011 Mountain-Pacific Quality Healthcare Commitment to Quality Award

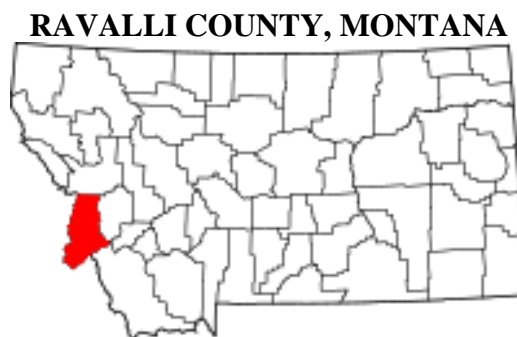
Marcus Daly Memorial Hospital is pleased to submit this Community Health Needs Assessment. We do so both as a matter of compliance with Section 501(r)(3) of the Internal Revenue Code, as mandated in the Patient Protection and Affordable Care Act, and as an obligation to those we serve. As an organization, we have taken this change in law as an opportunity to improve our community service and continuously focus on meeting the changing health care needs of our community.

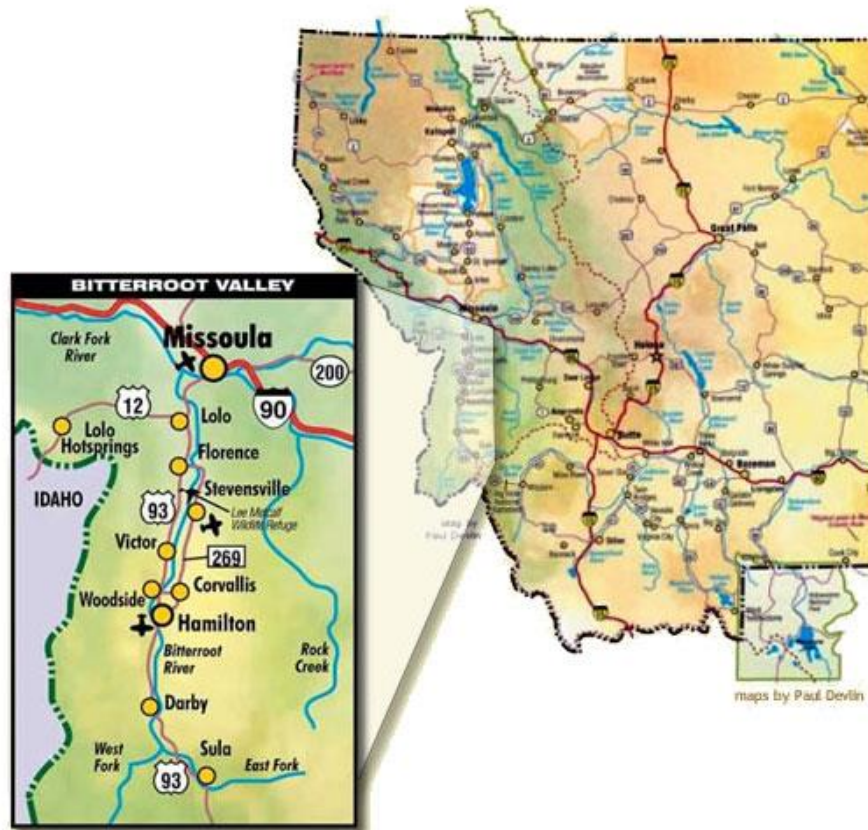
Consistent with the requirements of Section 501(r)(3), the Community Health Needs Assessment Report is organized as follows:

- Our Community
- Review of Previous Community Health Needs Assessments
- Community Health Needs Assessment Methodology
- Prioritized Community Health Needs
- Health Resources

### **Our Community**

Although Marcus Daly Memorial Hospital is located in Hamilton, Montana, we have historically defined our “community” as a broader area that includes all of Ravalli County and the Bitterroot Valley. Throughout this document, any reference to “community” is meant to indicate this broad service area.





Ravalli County is approximately 75 miles long from the Idaho border on the south to the county line just north of Florence, where it borders Missoula County. From the Bitterroot Valley Chamber of Commerce:

“We are nestled between the Sapphire mountain range to our east and the Bitterroot mountain range to our west, bisected by the Bitterroot River, which runs the length of the valley. This natural setting creates a moderate year-round climate that has earned us the reputation as the ‘Banana Belt of Montana’. Our rich cultural and historical heritage is only equal to our worldwide reputation for hunting, fishing, hiking, boating and rafting, skiing and a wide variety of other wonderful outdoor activities.”

Over 70% of the county is in Federal ownership. The south end of the county is extremely rural with residents scattered along both the East and West Forks of the Bitterroot River.

There are four incorporated towns (Hamilton, Darby, Pinesdale and Stevensville) and six unincorporated towns (Charlos Heights, Conner, Corvallis, Florence, Sula and Victor) in the county. Many of the residents of Stevensville and most of the residents of Florence choose healthcare professionals in Stevensville and Missoula for their needs. The core of the MDMH-served population is Darby (18 miles south), Hamilton, Corvallis (6 miles northeast), Pinesdale (6 miles northwest), and Victor (8 miles north). MDMH provides ambulance services in Darby,

Hamilton and Stevensville and has coop relationships with Victor, West Fork, and Corvallis Rural Fire Departments.

In 2010, the U.S. Census Bureau conducted the nation’s most recent census and published that data by state, county and city. Similarly the Population Health Institute collects and reports health data and demographic data by county on an annual basis. Finally, the website [www.city-data.com](http://www.city-data.com) provides data by city on an annual basis.

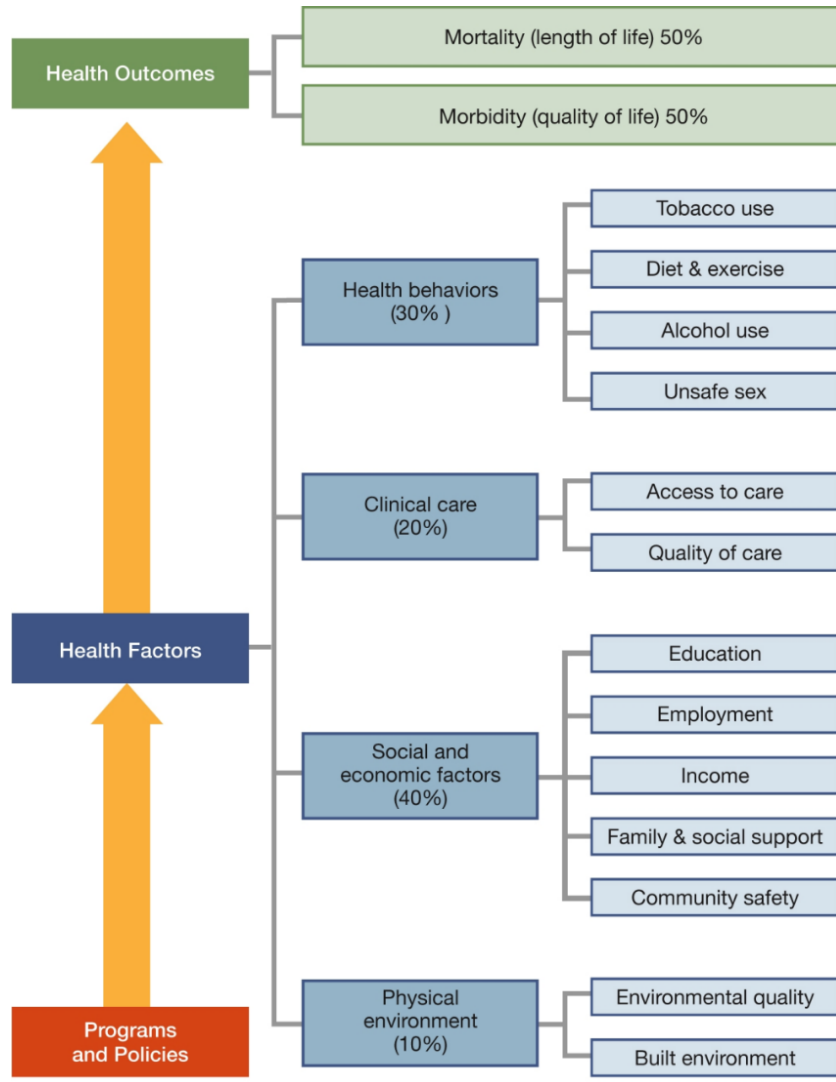
**DEMOGRAPHIC COMPARISON – JULY 2017**

	<b>United States</b>	<b>Montana</b>	<b>Ravalli County</b>
Population	325,719,178	1,050,493	42,563
Age < 18	22.8%	21.8%	19.6%
Age 65+	15.2%	17.7%	24.6%
Female	50.8%	49.7%	50.6%
Caucasian	76.9%	89.2%	95.9%
African American	13.3%	0.6%	0.3%
American Indian	1.3%	6.6%	1.2%
Asian	5.7%	0.8%	0.7%
Hispanic	17.8%	3.6%	3.4%
Median Household Income	\$55,322	\$50,265	\$44,851
Persons in Poverty	12.7%	13.3%	13.8%
Uninsured	10.1%	9.8%	11.3%
Rural	N/A	44.1%	84.6%
Per Capita Health Care Cost	N/A	\$7,706	\$6,706
Free Lunch-Eligible Children	N/A	46.2%	50.4%

Demographically, Ravalli County has a lower proportion of our population under age 18 and a larger proportion age 65+ than Montana, which has the same pattern compared to the United States.

With the exception of American Indians, Ravalli County’s racial diversity is similar to Montana’s, although both are significantly less diverse than the United States as a whole. Between 2010 and 2017, the Hispanic population in Montana and in Ravalli County increased by 6.2% and 5.8%, respectively. Hispanic representatives in the community health needs assessment estimated that Hispanic individuals will be the largest minority population, surpassing Native Americans, in Montana within the next ten years. Although we lack specific information on this topic, Hispanic representatives indicated that the Hispanic individuals in our community tend to have lower income, lower education levels, greater language barriers, and more strenuous physical labor than other community members.

The economic situation could be much better in Ravalli County. The United States’ median household income exceeds Montana’s by approximately 10% and Montana’s median household income exceeds Ravalli County’s by more than 10%. Similarly, Ravalli County has a greater portion of the community living in poverty than Montana does, although Montana’s rate is also higher than the national average. Ravalli County has greater instances of uninsured individuals and children eligible for free lunch than in Montana as a whole.



The Population Health Institute (“PHI”) publishes annual health data for every county in the United States. The data is aggregated into *health outcomes* and *health factors*. The PHI separates health outcomes into mortality (length of life) and morbidity (quality of life). Health factors are separated into four factors that largely influence the health outcomes: physical environment, society and economics, clinical care, and health behaviors.



## RAVALLI COUNTY HEALTH RANKINGS (OUT OF 57 COUNTIES)

Health Behaviors	10
Clinical Care	22
Social & Economic Factors	27
Physical Environment	47
<b>Overall Health Factors</b>	<b>28</b>
Mortality (length of life)	10
Morbidity (quality of life)	20
<b>Overall Health Outcomes</b>	<b>13</b>

Ravalli County is currently ranked 28<sup>th</sup> out of 57 Montana counties in overall health factors and 13<sup>th</sup> out of 57 counties in overall health outcomes. Because health factors lead to health outcomes, our health outcome ranking indicates that our county residents are currently enjoying the fruits of positive past choices. However, the lower ranking in health factors indicates that this situation is likely to change in the future, with a possible decline in our future health outcomes. A decline in rankings doesn't necessarily imply that our residents are making worse health choices or facing worse health situations than they have in the past. Another possible explanation is that other Montana residents and counties have done more than Ravalli County to improve their health situations, which would make Ravalli County appear worse in comparison.

### **Review of Previous Community Health Needs Assessments**

Marcus Daly Memorial Hospital conducted a community health needs assessment in 2015 and published the related report in June 2015. A copy of the June 2015 Community Health Needs Assessment is available on MDMH's website at <https://www.mdmh.org/Patients-Visitors/Community-Health-Needs-Assessments.aspx>. In that assessment, the following needs were identified for each hospital:

- Facilities and equipment, including a radiation center, dialysis and a Darby clinic
- Medical specialties, including urology, ENT, pulmonology, dermatology, cardiology and OB/GYN.
- Health education

Since the June 2015 community health needs assessment, MDMH performed the following actions to address those needs.

#### *Facilities and Equipment*

- MDMH met with the Missoula Kidney Clinic to discuss outreach services to our community, but those discussions were put on hold as another provider is currently looking to service the Bitterroot Valley.
- In 2018, a kidney clinic was established by a company from Missoula. The provider sees patients one day per month.
- MDMH opened the Bitterroot Physicians Clinic South in August 2016 and the Bitterroot Physicians Clinic North in April 2017.



- MDMH evaluated expanding its chemotherapy services but concluded that services should be maintained at one day per week.

*Medical Specialties*

- MDMH contracted for Five Valley Urology to provide urology specialty services through September 2018. MDMH is currently recruiting for a urologist to join our staff.
- MDMH is currently recruiting a hospitalist, family practice physician and neurologist.

*Health Education*

MDMH offered the following educational classes between 2015 and 2018:

<b>Event</b>	<b>Purpose</b>	<b># of Participants</b>	<b>Cost</b>
<b>2015</b>			
Arthritis Exercise	A program with 3 components: health education, exercise and relaxation	12	\$56
Fit and Well Exercise	Core and general strengthening, flexibility endurance, and balance exercises that the participant can usually complete independently at home	10	\$85
<b>2016</b>			
Fit and Well Exercise	Core and general strengthening, flexibility endurance, and balance exercises that the participant can usually complete independently at home	16 between 2 sessions	\$85
<b>2017</b>			
Fit and Well Exercise	Core and general strengthening, flexibility endurance, and balance exercises that the participant can usually complete independently at home	18 between 2 sessions	\$85
Roll for Control	Exercise for the pelvic floor, diaphragm, and abdominal muscles to improve balance along with bladder and bowel control	12	\$85
Balance Program	Exercises to address an individual's balance, strength and flexibility and education regarding fall prevention in the home	12	\$85
<b>2018</b>			
Employee Core Training	Advanced exercises for strengthening the core muscles	4	\$85

In 2016, MDMH began offering a punch card to patients who discharge from physical therapy or cardiac rehab, which allows the individual to access the rehabilitation gym for independent exercise. The punch cards are \$42 each.

In 2018, MDMH began offering our employees unlimited access to our rehab gym at no charge to encourage a culture of health promotion.

## **Community Health Needs Assessment Methodology**

MDMH's executives led the planning, conduct, and reporting of the community health needs assessment. We contracted with CliftonLarsonAllen LLP, a professional services firm, to conduct community interviews and to assist in preparing this Community Health Needs Assessment Report and the related Implementation Strategy.

### *Interviews*

We gathered qualitative information and perspectives on community health needs through sixteen one-on-one interviews with key community stakeholders in February 2018. The primary goal of these interviews was to ascertain a range of perspectives on the community's health needs. We gathered information from the following specified groups within our community:

- People with special knowledge or expertise in public health
- Government health departments and other government agencies
- Leaders, representatives or members of low-income populations
- Leaders, representatives or members of minority populations
- Leaders, representatives or members of other medically underserved populations, such as young, elderly, and rural individuals

The following agencies, organizations and businesses, listed in alphabetical order, participated in MDMH's community health needs assessment process by contributing their perspectives, opinions and observations. We thank them for their past and continued assistance.

- Corvallis School District
- Darby School District
- Hamilton Police Department
- Hamilton School District
- Marcus Daly Memorial Hospital
- Montana State University College of Nursing
- Ravalli County Council on Aging
- Ravalli County Public Health Department
- Ravalli County Sheriff's Office
- Western Montana Mental Health (Riverfront)

### *Community Forums*

In addition to the interviews, four community forums were held in February 2018 in Hamilton, Darby, Stevensville and Victor. These community forums were advertised to the community in the local newspaper, on our website, and by word of mouth. In total, eighteen community members participated in the community forums with Darby having the greatest participation. Because these community forums were advertised to all community members equally and were held during lunch and evening hours, we hope that the participants are generally representative of our community as a whole.

### *Quantitative Data*

The community health needs assessment included consideration and analysis of the following publicly available data.

- American Addiction Centers
  - <https://americanaddictioncenters.org/the-big-list-of-narcotic-drugs/>
- Montana Behavioral Risk Factors Surveillance System 2016 Annual Report
  - <http://dphhs.mt.gov/publichealth/BRFSS/Publications>
- Bitterroot Valley Chamber of Commerce
  - [http://bitterrootchamber.com/living\\_here.html](http://bitterrootchamber.com/living_here.html)
- Centers for Disease Control and Prevention
  - [http://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/index.htm](http://www.cdc.gov/tobacco/data_statistics/fact_sheets/index.htm)
  - <https://www.cdc.gov/nchs/fastats/leading-causes-of-death.htm>
  - [https://www.cdc.gov/nchs/data/dvs/LCWK9\\_2015.pdf](https://www.cdc.gov/nchs/data/dvs/LCWK9_2015.pdf)
  - <https://www.cdc.gov/chronicdisease/overview/index.htm>
- “Facing Addiction in America: The Surgeon General’s Report on Alcohol, Drugs and Health”
  - <https://addiction.surgeongeneral.gov/sites/default/files/surgeon-generals-report.pdf>
- Inflationdata.com – “College Tuition and Fees vs Overall Inflation”
  - <https://inflationdata.com/articles/charts/college-tuition-fees-inflation/>
- Merritt Hawkins, an AMN Healthcare Company
  - <http://www.merrithawkins.com/uploadedFiles/MerrittHawkins/Pdf/mha2015ince ntiverelease.pdf>
- Modern Healthcare
  - <http://www.modernhealthcare.com/article/20150715/NEWS/150719943>
- Montana Department of Health and Human Services – Shortage Area Designations
  - <https://dphhs.mt.gov/publichealth/primarycare/-shortage-area-designations>
- Montana Department of Labor and Industry’s Montana Prescription Drug Registry
  - <http://boards.bsd.dli.mt.gov/pha-mpdr>
- Population Health Institute’s county health rankings
  - [www.countyhealthrankings.org](http://www.countyhealthrankings.org)
- Ravalli County Public Health Department
  - <https://ravalli.us/207/Public-Health>
- Ravalli Republic – “Christensen Sentenced to 10 Years in Prison for Patient Deaths from Opioids”
  - [https://ravallirepublic.com/news/local/article\\_a4ae2f7f-e629-579e-8670-d6401b6e35f7.html](https://ravallirepublic.com/news/local/article_a4ae2f7f-e629-579e-8670-d6401b6e35f7.html)
- Substance Abuse and Mental Health Services Administration
  - <https://www.samhsa.gov/atod/tobacco>
- Trust for America’s Health – “Key Health Data About Montana”
  - <http://healthyamericans.org/states/?stateid=MT#section=1,year=2017,code=undefined>
- U.S. Census Bureau’s 2010 Census
  - <https://www.census.gov/quickfacts/fact/table/>

- U.S. Department of Health & Human Services’ Agency for Healthcare Research and Quality – “Understanding the Relationship Between Education and Health”
  - [https://www.ahrq.gov/professionals/education/curriculum\\_tools/population-health/zimmerman.html](https://www.ahrq.gov/professionals/education/curriculum_tools/population-health/zimmerman.html)
- World Health Organization
  - [http://www.who.int/topics/health\\_education/en/](http://www.who.int/topics/health_education/en/)

### *Information Gaps*

Although we are unable to identify any specific information gaps, we recognize members of the community representing different organizations, groups, etc., have differing opinions concerning community health needs and priorities and may have provided different input.

### *Analytical Methods Applied*

We applied various analytical methods to the available data. During interviews and community forums, we asked participants for their input regarding identification of significant community health needs, prioritization of those significant health needs, and possible solutions to identified health needs. We analyzed the historic prevalence of various health issues in our community and compared those with county, state and national averages. Finally, we reviewed previously identified health priorities as identified by national, state and county health organizations.

### *Request for Feedback*

Marcus Daly Memorial Hospital solicited feedback in our June 2015 Community Health Needs Assessment Report, but did not receive any input. If any reader would like to provide input on this community health needs assessment, they can submit their comment(s), in writing, to the following address:

Attention: Administrator  
RE: Community Health Needs Assessment  
1200 Westwood Drive  
Hamilton, MT 59840

### *Determination of Significance*

While many needs were identified during the community health needs assessment process, this report focuses on those needs that were deemed *significant* by Marcus Daly Memorial Hospital. A health need’s significance was evaluated based on many factors. The factor given the most weight was the relative importance placed on the health need by the community participants. Other factors included the number of people in our community impacted by the health need, the impact of that health need on quality of life and length of life, and the impact on low-income, minority, and other medically underserved populations. The decision was made by MDMH’s board of directors and executives.

### *Process and Criteria for Prioritizing Identified Health Needs*

Throughout the interview and community forum processes, a few health need were consistently identified and given highest priority, making it clear where MDMH's top priority should be. These health needs have also been identified through national, state and county studies. The prioritization decision was also made by MDMH's board of directors and executives.

### **Prioritized Community Health Needs**

Based on interviews, focus groups, and reviews of hospital, county, state and national health data, we identified the following significant community health needs, listed by priority.

1. Substance abuse
2. Mental health
3. Transportation
4. Chronic and communicable diseases
5. Access to healthcare
6. Health education

### *Substance Abuse*

Community members consistently identified substance abuse and mental health as the top two concerns in our community. Because substance abuse and mental health issues co-occur so frequently, it can be difficult to separate them. However, based on the community's input and MDMH's perspective, we have identified substance abuse as the community's most significant health need. In 2016, the United States Surgeon General published a report titled "Facing Addiction in America", which includes the following:

- In 2015, 66.7 million people in the U.S. reported binge drinking in the past month.
- In 2015, 27.1 million people were current users of illicit drugs or misused prescription drugs.
- Alcohol misuse contributes to 88,000 deaths in the U.S. each year and 1 in 10 deaths among working adults are due to alcohol misuse.
- In 2014, there were 47,055 drug overdose deaths, including 28,647 involving opioids.
- Although the U.S. spends more than any other country on health care, we rank 27<sup>th</sup> in life expectancy, which has plateaued or even decreased for some U.S. segments while it continues to increase in other developed countries.
- Substance misuse costs more than \$400 billion annually in crime, health and lost productivity, with alcohol abuse alone accounting for almost \$250 billion.

Substance abuse covers a broad range of substances, including alcohol, tobacco, prescription drugs and illicit drugs. While alcohol, tobacco and marijuana are identified as the most commonly abused substances, opioid abuse is considered the most significant.

Opioids are a class of narcotics that relieve pain and dull the senses. The category includes a broad range of prescription and illicit substances, such as codeine, oxycodone, hydrocodone, morphine, fentanyl, carfentanil, methadone and heroin. Opioid use frequently begins with

legitimate pain management uses, but the various forms are highly addictive. In addition, a person's sensitivity decreases with use, which leads to increased consumption and/or use of stronger opioids.

Community members indicated that opioid abuse is most concentrated in the 30-60 age group, although it exists in both the younger and older demographics. No other demographic breakdowns were identified by community participants, indicating a broad problem, although a representative of the Hispanic community indicated that it isn't a significant concern for local Hispanic individuals.

The most extreme example of our community's opioid abuse problem is the arrest and conviction of Dr. Chris Christensen. In November 2017, Dr. Christensen was convicted of two counts of homicide for his role in the overdose deaths of two patients, in addition to nine counts of endangerment and 11 counts of illegally distributing dangerous drugs, all of which are felonies. These convictions related to his habit of prescribing opioids to community members upon request in exchange for cash. This was the first time in Montana that a doctor was prosecuted for prescribing drugs. Local experts estimate that between 600 and 1,000 community members have opioid abuse issues solely because of this situation. However, community members attributed the opioid abuse crisis to more than just Dr. Christensen. MDMH estimates that Ravalli County resources, including our own physicians, prescribe over 50 prescription opioid pills per person per year, although the actual abuse is focused on a smaller segment of the community. Community members expressed continued concern with the ease and frequency with which community members are able to obtain opioids.

"Doctor shopping", in which an individual visits multiple providers to access more frequent opioid prescriptions, has been a common concern in our community and across the state. However, in November 2012, the state implemented the Montana Prescription Drug Registry, which allows medical providers to track prescriptions across the state on an individual basis. While this limited an individual's ability to access prescriptions through doctor shopping, it increased illegal means of obtaining opioids, such as theft, prescription sharing, selling pills, and heroin use. Community participants indicated an increase in heroin use in the last 18-36 months, depending on the source.

While community members frequently discussed our community's opioid abuse problem, the correlated concern is our community's inability adequately treat the people with opioid addictions. Community members praised the efforts of the Ravalli County Department of Health, MDMH, and Western Montana Mental Health Center, but indicated a need for additional services given the high incidence rate in Ravalli County. Under current state law, every individual using opioids must obtain a new prescription every month, which imposes a heavy burden on local physicians. Proper treatment would include counseling and alternative pain management options such as yoga, physical therapy, and massage therapy and could be served by a full-service opioid addiction medical clinic.

As previously mentioned, alcohol, tobacco and marijuana were identified by participants as frequently abused in our community, including the Hispanic community. According to the Behavioral Risk Factors Survey System, in 2016, 7.1% of Montana adults reported heavy

drinking (i.e. consistently drinking large quantities of alcohol across days and weeks) in the past 30 days and 18.9% of Montana adults reported binge drinking (i.e. drinking large quantities of alcohol in a single sitting) in the past 30 days. The rate of excessive drinking—both heavy drinking and binge drinking—in Ravalli County was 17.65% in 2017, compared to 20.71% in the state of Montana. Although alcohol abuse is less severe in our community than across the state, that means that almost one in five adults reported alcohol abuse within the past 30 days. Also, 56.5% of driving deaths in Ravalli County involved alcohol between 2012 and 2016, which was greater than the Montana state average of 47.9%.

Similar to alcohol, use of tobacco, marijuana and THC (the chemical extract from marijuana) are fairly common in our community. In 2016, 16.6% of the adults in our community smoked. Although this is lower than the state average of 18.5%, it is still a fairly high proportion of our community. Although these rates are close to the national average of 15.1% smoking adults, tobacco use is a concern because it's the leading cause of preventable illness and death in the United States. Smoking causes cancer, heart disease, stroke, lung diseases, diabetes, erectile dysfunction and chronic obstructive pulmonary disease ("COPD"), which includes emphysema and chronic bronchitis. It also increases the risk for tuberculosis, certain eye diseases, and immune system problems like rheumatoid arthritis. On average, tobacco use shortens the lifespan by approximately 10 years.

The use of methamphetamines ("meth") has been on the rise in recent years, especially in our state and local correctional facilities. While meth use is not as frequently a concern, the major impact on the user's life, as well as the lives of those around the user, makes it a concern for our community members. Community members indicated that meth use can start as early as high school and tends to occur in adults up to their 50s, although the upper limit is rising as meth users are aging.

As with opioids, community members expressed a concern that treatment options in our community are not sufficient to assist people who are struggling with alcohol, marijuana and other substances, although they praised the efforts of the County Department of Health, MDMH and Western Montana Mental Health. Effective treatment is especially hard to find for youths. Community participants frequently discussed the need for an effective detox facility within a reasonable distance.

### *Mental Health*

Mental health encompasses a broad range of issues, including anxiety disorders, mood/affective disorders (e.g., depression and bipolar disorder), psychotic disorders (e.g., schizophrenia), eating disorders (e.g., bulimia and anorexia), impulse control and addiction disorders (e.g., pyromania, kleptomania and compulsive gambling), personality disorders (e.g., antisocial personality disorder, obsessive-compulsive disorder ("OCD"), and paranoia) and post-traumatic stress disorder ("PTSD"). While each of these may be issues in our community, depression and hopelessness were the concerns most commonly expressed by participants.

Community participants expressed a consistent message that the local mental health treatment resources, while valued and appreciated, are not sufficient to meet demand. The primary care providers are the Ravalli County Department of Health, Marcus Daly Memorial Hospital, and



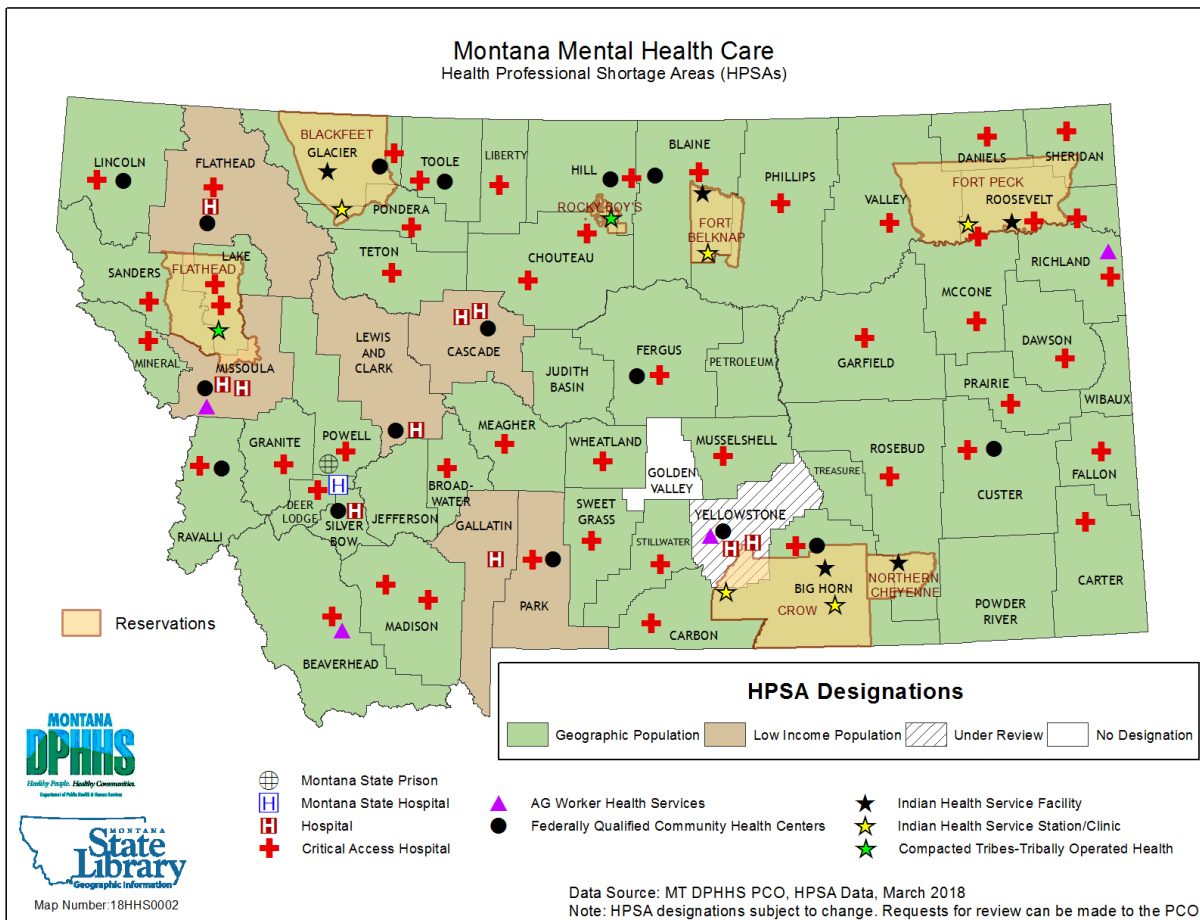
Western Montana Mental Health, with various other community organizations and participants assisting in the efforts. See the “Resources” list the end of this document for a more complete list of available mental health resources.

The following are paraphrased statements, rather than quotes, from various community participants in our interviews and focus groups. These quotes focus primarily on youth, which mirrors participants’ overall concern, although there were plenty of statements about the needs of adults as well.

- In our youth, there’s an increase in cutting (self-inflicted wounds)
- Social media has a major negative impact on our children.
- Death is losing its significance to youth.
- Plenty of kids are taking antidepressants, mood stabilizers and/or ADHD medications.
- Children taken away from abusive home environments suffer from reactive attachment disorder (“RAD”), in which they feel abandoned and alone, and require significant assistance to help the manage their mental health.
- The kids who don’t feel smart enough to attend college or financially able to afford college see the struggle of adults around them struggling to earn a livable wage and feel depressed about their future prospects.
- Local counselors are booked months out. Specialists, such as youth and geriatric counselors are even harder to see. Even if a person can afford to travel to another state for treatment, they may have to wait weeks before they get an opening.
- The police attempt to help, but are primarily focused on whether the individual is a risk to themselves or others. If there is no identifiable risk, there is little they can do.

In conjunction with a perceived increase in mental health issues, participants also expressed a need for additional facilities, doctors, nurses, and other community organizations capable of treating mental health issues in order to keep up with the increase in demand for such services. Unfortunately, our problem has multiple facets. First, there are very few mental health treatment options in our community, implying a need for more facilities. Second, even if additional facilities are constructed, attracting providers is difficult given our rural Montana environment. Third, federal and state funding to support mental health programs have significantly cut in recent years, which would result in a larger drain on local resources to fund additional facilities and employees.

Most community members indicated the insufficiency of mental health providers not only at MDMH, but across the county, state and nation. The current state of the mental health workforce does not give much room for optimism. The workforce of mental health providers are aging out of the profession or are burning out and leaving the field and this is outpacing the number of incoming mental health professionals. Combining this decrease in providers with the increase in demand indicates that this likely to remain a major problem across the nation and in our community in the future. The map below, from the Montana Department of Health and Human Services, shows that most of the state of Montana is facing a mental health professional shortage.



The rate of mental health concerns in our community appear to be fairly similar to the rest of the Montana. For example, Ravalli County’s rate of mental distress is 11.3% of residents, which is only slightly higher than Montana’s rate of 10.6%. However, Ravalli County’s mental health provider services are more strained than in other areas of Montana. While the state averages one mental health provider per 378 residents, Ravalli County has one mental health provider per 577 residents.

Representatives of our Hispanic community members indicated approximately 30% of our Hispanic community members live in poverty, compared to only 14% overall for Ravalli County. Hispanic individuals living below the poverty line are more likely to report psychological distress. Overall a little of one-third of Hispanic men and women in Ravalli County reported psychological distress or poor mental health.

In an article published by Modern Healthcare (Andis Robeznieks, July 2015), the following was reported based on the *2015 Review of Physician and Advanced Practitioner Recruiting* report released by the Irving, Texas-based Merritt Hawkins physician-recruitment firm. The company cited data from the *American Medical Association 2015 Physician Master File*, which found that 59% of the nation's 30,088 psychiatrists are at least 55 years old. About 48% are 60 or older and

expected to retire within five years, Merritt Hawkins reported. ‘Psychiatrists are aging out of practice at a time when demand for their services is spiking.’”

Concerning the shortage of facilities and providers, individuals expressed several specific and somewhat related concerns. First, services for teens are difficult to find anywhere in Montana, let alone close to our community. Providence St. Patrick Hospital in Missoula has adolescent mental health beds, but it is almost always full and has a policy of giving first access to its own patients. The next closest inpatient adolescent facility is Shodair Children’s Hospital in Helena, approximately three hours from Hamilton. Unfortunately, this facility is also generally filled to capacity. Since these closer facilities are generally full, less serious cases may have a long wait for care while serious cases are frequently sent as far as Georgia for treatment. Even then, a teen may have to wait a week or two before they’re admitted in the other state’s facility. When a person has to go to a distant location for treatment, their family and friends generally don’t travel with them. That means the individual receives care, but their family and friends don’t receive any guidance in understanding what they can do or change to help the individual avoid recidivism when they return home.

Second, although not quite as bad as for the youth, the wait times can be fairly long for adults as well. An adult who wants to receive treatment in our community may wait in excess of six months for care. An individual who is willing to travel to Missoula may still have to wait more than two months. If an individual can afford to travel greater distances for care, they may be seen much faster, but this option isn’t available to the lower income members of our community.

Other concerns and desires shared by community participants include:

- A need for additional local therapy and group therapy services for both individuals and families.
- Allow individuals to “walk in” without a provider referral.
- Ensure services are affordable for lower-income individuals, who tend to face greater stresses in life.
- Improve the communications between the various mental health providers in the community and the other local medical service providers.
- Provide effective after-school programs and recreational activities (sports, arts, etc.) to allow youth to practice social skills, make friends, and find positive uses for their energy and time.

### *Transportation*

Community participants expressed concerns regarding transportation. Missoula has two large medical facilities—Providence St. Patrick Hospital and Community Medical Center—with a vast array of medical specialties and services. These facilities are approximately one hour away from Hamilton, but some community members either don’t have a vehicle they can rely upon for the drive or can’t afford the time or gasoline to make the trip. Others, like children, the elderly, and those with specific physical conditions, may not be physically or legally able to drive.

For those who cannot drive themselves, transportation options are limited in our rural community. The Bitterroot Bus, while economically affordable, does not allow for much

flexibility in when it is used, which leads to a high cost in terms of time while it minimizes the monetary cost. Other options, such as taxis, may be prohibitively expensive. Finally, individuals who lack a close family or social network may not be able to ask friends or relatives for a ride. All of these problems are exacerbated by living alone, outside of town, and/or towards the southern end of our community.

*Chronic and Communicable Diseases*

Community members expressed concern regarding chronic and communicable diseases because of their impact on both the quality of life and life expectancy. According to the CDC, the leading causes of death in the United States in 2015 included heart disease, cancer, chronic lower respiratory diseases, stroke, Alzheimer’s disease, diabetes, influenza and pneumonia, and nephritis. Heart disease and cancer accounted for nearly half of the deaths in the United States in 2015. As of 2012, nearly half of all adults in the nation had at least one chronic health condition and one-fourth had at least two chronic conditions. Although not a cause of death, over 54 million Americans have doctor-diagnosed arthritis, with almost half of those saying they have trouble with their usual activities because of arthritis.

**LEADING CAUSES OF DEATH IN THE UNITED STATES AND MONTANA, 2015  
PERCENTAGE OF TOTAL DEATHS**

	<b>United States</b>	<b>Montana</b>
Heart Diseases	23.4%	21.2%
Cancer (Malignant Neoplasms)	22.0%	21.4%
Chronic Lower Respiratory Diseases	5.7%	6.8%
Accidents (Unintentional Injuries)	5.4%	6.4%
Strokes (Cerebrovascular Diseases)	5.2%	4.6%
Alzheimer’s Disease	4.1%	2.8%
Diabetes	2.9%	3.2%
Influenza and Pneumonia	2.1%	1.8%
Nephritis, Nephrotic Syndrome & Nephrosis	1.8%	1.2%
Suicide (Intentional Self-Harm)	1.6%	2.7%
Septicemia	1.5%	1.1%
Chronic Liver Disease & Cirrhosis	1.5%	1.8%
Hypertension & Hypertensive Renal Disease	1.2%	-
Parkinson’s Disease	1.0%	1.1%
All Others	20.6%	23.7%

Aside from the impact on mortality (life and death), chronic conditions also have a staggering economic impact on our nation. According to the CDC, 86% of the nation’s \$2.7 trillion annual healthcare expenditures are for people with chronic and mental health conditions.

While our nation struggles with chronic conditions, Montana ranks poorly in the incidence rate of several of them, as well as a few others medical issues.

## MONTANA'S RANK AMONG STATES IN CHRONIC CONDITIONS / DISEASES, 2017

Chronic Condition / Disease	Montana's Rank
Chlamydia	36
Alzheimer's Disease, Age 65+	44
Cancer	44
Hypertension	45
Obesity	45
Diabetes	47
AIDS, Ages 13+	48
Tuberculosis	48
Syphilis	49

Our community members expressed concerns about obesity and its accompanying conditions (diabetes, heart diseases, hypertension, etc.), hepatitis C, chlamydia, pertussis (whooping cough), and influenza (flu), as well as asthma in children.

Representatives of the Hispanic population indicated that they are more likely to be obese, especially female Latinos, and struggle more with diabetes and hypertension. Research from the University of Montana's School of Nursing indicates that Hispanic community members are almost twice as likely as Caucasians to have diabetes and Hispanic women are 30% more likely to have a stroke than Caucasian women. In addition, only one-third of Hispanic individuals successfully manage their hypertension, in part because the symptoms normally aren't seen or felt, so the condition is easier to ignore. This relates to health education, as discussed below.

### *Access to Healthcare*

Access to healthcare can generally be divided into (a) availability of healthcare facilities, (b) availability of medical providers, (c) availability of specific specialty services, (d) availability of prescriptions and durable medical equipment, (e) an individual's ability to get to these resources, and (f) an individual's ability to pay for these goods and services. Community participants expressed repeated praise for the quality and variety of services they receive from MDMH given our rural setting and smaller population. Participants also recognize that the majority of services, primarily highly specialized medical care, that aren't available in our community are available at hospitals in Missoula that are about an hour away from Hamilton. However, participants shared many areas in which additional local services would be of great assistance to our community. The services requested by participants, listed from most to least frequently discussed, are:

- Dental care for low-income individuals, including Medicaid participants
- Dialysis services
- Pharmacies in those parts of the community that are more distant from Hamilton
- More affordable access to prescriptions
- Pediatric specialists
- Access to the frequently required International Normalized Ratio ("INR"; also known as "Prothrombin Time" or "PT") testing for individuals who take blood thinners.
- Affordable after-hours non-ER care options
- Geriatric specialists
- Gastroenterology specialists

- Affordable physical therapy services
- Home health and hospice services, especially in the southern reaches of the community
- X-ray services at the various local pharmacies and clinics

The reasons for requesting additional local services varied between participants, but two reasons were raised most often. First, health care that requires frequent medical visits, such as dialysis, can be difficult to obtain in Missoula for individuals who lack the time, who lack reliable transportation, or who can't afford the cost of such trips. Second, our community consists of many fiercely independent individuals who prefer to avoid “big cities” like Missoula or even Hamilton and would prefer to receive care from individuals in their local communities whom they know and trust.

### *Health Education*

According to the World Health Organization, “health education” is the process of helping individuals and communities improve their health by increasing their knowledge or influencing their attitudes. This broad description can include helping people understand medical diagnoses, diseases, chronic illnesses, medical terminology, etc. It can also include helping community members understand how various life decisions and situations, both positive and negative, may impact their health. Health education can be accomplished through conversations with medical staff, publications, and appropriate information on the Internet.

Participants in the community health needs assessment indicated a need for additional health education across the board in our community, although it can be divided into two more specific issues. First, participants indicated a need for additional education regarding healthcare issues as described in the previous paragraph.

Second, participants indicated concern over the general level of education in our community. According to the Agency for Healthcare Research and Quality, a division of the U.S. Department of Health & Human Services:

“Education is critical to social and economic development and has a profound impact on population health.... The health benefits of education accrue at the individual level (e.g., skill development and access to resources); the community level (e.g., the health-related characteristics of the environments in which people live); and the larger social/cultural context (e.g., social policies, residential segregation, and unequal access to educational resources). All of these upstream factors may contribute to health outcomes, while factors such as ability to navigate the health care system, educational disparities in personal health behaviors, and exposure to chronic stress act as more proximate factors.

The statistics comparing the health of Americans based on education are striking:

- At age 25, U.S. adults without a high school diploma can expect to die 9 years sooner than college graduates.

- According to one study,... Americans with less than a high school education were almost twice as likely to die in the next 5 years compared to those with a professional degree.
- Among whites with less than 12 years of education, life expectancy at age 25 fell by more than 3 years for men and by more than 5 years for women between 1990 and 2008.”

Although our community’s high school graduation rate exceeds the state’s rate, the percentage of individuals with some college education in our community is below the state average, implying an especially high percentage of individuals who finish high school but do not attend college. This situation has multiple likely causes.

**HIGH SCHOOL GRADUATION AND POST-SECONDARY EDUCATION**

	High School Graduation	Post-Secondary Education
Ravalli County	90.5%	60.4%
Montana	85.3%	67.7%

First, the cost of a post-secondary education has significantly increased across the nation. Between 1985 and 2011, the cost of a college education has increased by 498.5% in the U.S., more than four times the overall level of inflation of 114.9%. Second, our community has limited opportunities for a post-secondary education. Community members expressed appreciation for Bitterroot College, a local campus of the University of Montana. However, the educational options at Bitterroot College are limited given its relatively small size. Those who desire a different post-secondary education must move to a different area to attend a school that is likely more expensive, both of which can be cost-prohibitive for our community members. Third, those who do leave to obtain a post-secondary education have little economic incentive to return to our community. Hamilton has three large businesses that hire highly educated individuals: Marcus Daly Memorial Hospital, as well as research laboratories owned by GlaxoSmithKline and the Centers for Disease Control and Prevention (“CDC”). Aside from these employers, our community has little demand for post-secondary education.

Representatives of our local Hispanic community expressed even greater concern on this topic for local Hispanic individuals. Lower educational levels, on average, and language barriers make it especially difficult for Hispanic individuals to navigate the United States healthcare system. Combined with the increased likelihood of certain illnesses and chronic conditions, this situation puts Hispanic individuals at especially high risk.

Although we have no direct evidence that the overall level of education in our community is causing poor health decisions and outcomes, there was a general consensus among participants that a heightened focus on health education would be beneficial for our community.



## **Conclusion**

Marcus Daly Memorial Hospital conducted this community health needs assessment to better understand our community and the individuals we serve. The hospital will develop a strategy to respond to the significant community health needs and will create an Implementation Strategy to formalize those responses. That Implementation Strategy will be approved by MDMH's board of directors no later than November 15, 2018, and will be used by the organization as a guide for thoughtful, impactful decisions and actions in the coming years.

The following pages include a list of resources currently available in our community to address the significant community health needs discussed in this report. Despite our efforts, we recognize that this list may not be all-inclusive and welcome any information to add available resources and increase its usefulness. Such information can be sent to the address provided on page 9 of this report.

## **Health Resources**

The Ravalli County Public Health Department provides support to our community members in numerous ways, including immunization clinics, communicable disease surveillance, emergency preparedness, nursing services, WIC, and community and school health programs, as well as investigation and control of sources of communicable and environmental disease and dangers to the public health. For a complete list of their activities, we recommend visiting their office and/or website:

- 205 Bedford Street, Suite L, Hamilton
- <https://ravalli.us/207/Public-Health>
- (406) 375-6672

In addition to governmental support, the following resources are currently available within our community. Although Missoula, which is approximately one hour from Hamilton, has a vast array of resources available to our community members, we are not listing those resources because they are physically outside of our community.

### *Hospitals*

- Marcus Daly Memorial Hospital – 1200 Westwood Drive, Hamilton

### *Clinics and Specialty Practices*

- Specialty Clinic – 1150 Westwood Drive, Hamilton
  - Pulmonology
  - Nephrology
  - Oncology
  - Podiatry
  - Flight Exams
- Hamilton General Surgery – 1150 Westwood Drive, Hamilton
- Bitterroot General & Vascular Surgery – 1150 Westwood Drive, Hamilton

- Bitterroot Orthopedics and Sports Medicine – 1200 Westwood Drive, Hamilton
- Bitterroot Valley Eye Associates – 300 North 10<sup>th</sup> Street, Hamilton
- Family Medicine Center of the Bitterroot – 330 North 10<sup>th</sup> Street, Hamilton
- Bitterroot Foot & Ankle Clinic – 330 North 10<sup>th</sup> Street, Hamilton
- Bitterroot Neurology – 1019 West Main Street, Hamilton
- Ravalli Urology – 1224 West Main Street, Hamilton
- Rocky Mountain Neurosurgery Center – 1190 Westwood Drive, Hamilton
- Valley View Estates Health & Rehabilitation – 225 North 8<sup>th</sup> Street, Hamilton
- Ravalli Family Medicine – 411 West Main Street, Hamilton
- Ravalli Orthopedics and Sports Medicine – 312 Fairgrounds Road, Hamilton
- Providence Montana Spine and Pain Center – 1103 Westwood Court, Ste. 200, Hamilton
- Stevensville Community Medical Center – 3800 Eastside Highway, Stevensville
- Providence Lifespan Family Medicine – 715 South Main Street, Ste. A, Stevensville
- Bitterroot Cosmetic & Reconstructive Surgery – 715 Main Street, Stevensville
- Storybrook Medicine – 400 Main Street, Stevensville
- Guardian Healthcare Centers – 39 Stevi Cutoff Road, Stevensville
- Bitterroot Physicians Clinic North – 2386 Highway 93 North, Victor
- Bitterroot Physicians Clinic South – 3334 DVN Lane, Darby
- Corvallis Family Medicine – 1037 Main Street, Corvallis
- Bitterroot Valley Urgent Care – 1230 North First Street, Hamilton
- Rocky Mountain Neurosurgery Clinic – 1190 Westwood Drive, Hamilton
- Hamilton OB/GYN – 1200 Westwood Drive, Hamilton
- Sapphire Community Clinic – 303 North Third Street, Hamilton
- Convenient Care – 1200 Westwood Drive, Hamilton
- International Heart Institute – 1200 Westwood Drive, Hamilton
- Surgical Arts Center – 1201 Westwood Drive, Suite C, Hamilton

#### *Pharmacies and Medical Equipment*

- Bitterroot Drug – 211 West Main Street, Hamilton
- Albertsons Pharmacy – 1313 North 1<sup>st</sup> Street, Hamilton
- Walgreens Pharmacy – 901 North 1<sup>st</sup> Street, Hamilton
- Healthcare Providers – 1900 North 1<sup>st</sup> Street, Hamilton
- Health Care Plus – 1900 South 1<sup>st</sup> Street, Hamilton
- Timber Ridge Pharmacy in Super1 – 1131 North 1<sup>st</sup> Street, Ste. B, Hamilton
- Family Pharmacy – 3804 Eastside Highway, Stevensville
- Valley Drug and Variety – 301 Main Street, Stevensville
- Ridgeway Pharmacy at Super1 – 39 Stevi Cutoff Road, Stevensville
- Allergy EZ – 122 Indian Prairie Loop, Stevensville
- Ridgeway Mail Order Pharmacy – 2824 Highway 93, Victor, (406) 642-6040
- Corvallis Drug – 1029 Main Street, Corvallis
- Norco Medical – 1001 North First Street, Hamilton
- Valley Drug – 301 Main Street, Stevensville
- Express Scripts 844-225-7518
- Optum Rx 800-791-7658

*Substance Abuse and Mental Health*

- Riverfront Mental Health Center (Western Montana Mental Health) – 209 North 10<sup>th</sup> Street, Hamilton
- Mental Health Center – 1205 West Main Street, Hamilton
- West House – 1404 Westwood Drive, Hamilton
- Full Circle Counseling Solutions – 112 Houk Lane, Stevensville
- Bitterroot Valley Education Co-op – PO Box 187, Stevensville – (406) 777-2494
- Bitterroot Valley Mental Health Local Advisory Council – (406) 363-1311
- Ravalli County Suicide Prevention Alliance – (406) 360-2708
- Montana Suicide Prevention Lifeline – (800) 273-8255
- Montana Warm Line – (877) 688-3377
- Clinical Psychologist Specialist /Debra Rugiero, PhD – 715 Main Street, Suite C, Stevensville

*Transportation Services*

- The Bitterroot Bus – (406) 363-7484
- Bitterroot Taxi – (406) 375-9399
- Huckleberry Taxi – (406) 369-3520
- iRide Vanpool/Carpool – (406) 327-8515
- Yellow Cab – (406) 543-6644