

Turning On the Off-Season

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Selected Health Care Facilities

Hospitals and Critical Access Hospitals by Subregion

	<i>Number of Beds</i>	<i>% Occupancy 2005</i>
Pocatello Region		
Beacon Hospital of Pocatello	12	
Portneuf Medical Center	250	
Bear Lake Memorial Hospital (Montpelier, CAH)	21	
Bingham Memorial Hospital (Blackfoot, CAH)	25	
State Hospital South (Blackfoot)	106	
Mountain River Birthing and Surgery Center (Blackfoot)	8	
Caribou Memorial Hospital (Soda Springs, CAH)	25	
Franklin County Medical Center (Preston, CAH)	20	
Idaho Falls Region		
Eastern Idaho Regional Medical Center (Idaho Falls)	253	
Idaho Falls Recovery Center	7	
Mountain View Hospital (Idaho Falls)	22	
Madison Memorial Hospital (Rexburg)	49	
Bozeman Region		
Bozeman Deaconess Hospital	86	58%
Madison Valley Hospital (Ennis, CAH)		
Livingston Healthcare (CAH, part of Deaconess Billings Clinic)	25	40%
Billings Region		
Deaconess Billings Clinic	257	64%
Stillwater Community Hospital (Columbus, CAH)	13	9%
Beartooth Hospital and Health Center (Red Lodge, CAH)	22	8%
St. Vincent Healthcare (Billings)	236	70%
Pioneer Medical Center (Big Timber, CAH)	25	4%
West Park Hospital District (Cody, CAH)	25	49%
Powell Valley Hospital (CAH)	25	26%
Riverton/Lander Region		
Riverton Memorial Hospital	70	19%
Lander Valley Medical Center	89	32%
Hot Springs Co. Memorial Hospital (Thermopolis, CAH)	25	26%
Jackson Region		
St. John's Medical Center (Jackson)	52	48%
Teton Valley Hospital (Driggs, CAH)	13	

Note: Occupancy data are not available from the Idaho Department of Health and Welfare. Percent occupancy for hospitals is an average that includes both hospitals and critical access hospitals where both exist in a subregion.

Source: Idaho Department of Health and Welfare, Facilities Standards Bureau; Montana Department of Public Health and Human Services, Quality Assurance Division; Wyoming Department of Health, Office of Healthcare Licensing and Surveys.

Nursing Homes and Long-Term Care Facilities by Subregion

	<i>Number of Beds</i>	<i>% Occupancy 2005</i>
Pocatello Region		
Beacon Rehabilitation of Pocatello	84	
Hillcrest Haven Convalescent Center (Pocatello)	113	
Idaho State Veterans Home Pocatello	66	
Bear Lake Skilled Nursing Facility (Montpelier)	37	
Bingham Extended Care Facility (Blackfoot)	75	
Caribou Memorial Living Center (Soda Springs)	37	
Franklin County Transitional Care (Preston)	45	
Idaho Falls Region		
Eastern Idaho Regional Medical Center TCU	16	
Idaho Falls Good Samaritan Center	113	
Idaho Falls Health and Rehabilitation	108	
Life Care Center of Idaho Falls	109	
Ashton Living Center	38	
Rexburg Nursing Center	119	
Bozeman Region		
Evergreen Bozeman Health and Rehab Center	103	43%
Gallatin County Rest Home (Bozeman)	94	96%
Mountain View Care Center (Bozeman)	86	78%
Evergreen Livingston Health and Rehab Center	115	52%
Billings Region		
Deaconess Billings Clinic TCU	15	85%
Aspen Meadows Retirement Community (Billings)	90	92%
Eagle Cliff Manor (Billings)	129	76%
Evergreen Billings Health and Rehab Center	36	82%
Parkview Care Center (Billings)	100	62%
St. John's Lutheran Home (Billings)	186	95%
St. Vincent Healthcare TCU (Billings)	26	41%
Valley Health Care Center (Billings)	150	89%
Billings Health and Rehab Community	158	89%
Evergreen Laurel Health and Rehab Center	79	94%
Pioneer Medical Center (Big Timber)	52	73%
Beartooth Manor (Columbus)	82	46%
Stillwater Community Hospital ECU (Columbus)	10	94%
Beartooth Hospital and Health Center (Red Lodge)	30	89%
Cedar Wood Villa (Red Lodge)	76	54%
Absaroka Assisted Living Community (Cody)	51	69%
West Park Long Term Care Center (Cody)	128	57%
The Heartland (Powell)	24	93%
Powell Valley Care Center	100	96%
Riverton/Lander Region		
Wind River Healthcare & Rehabilitation (Riverton)	90	94%
Canyon Hills Manor (Thermopolis)	60	68%
Wyoming Pioneer Home (Thermopolis)	108	43%
Showboat Retirement Center (Lander)	50	84%
Jackson Region		
St. John's Nursing Home (Jackson)	60	84%
River Rock Lodge (Jackson)	65	41%
Star Valley Care Center (Afton)	24	94%
South Lincoln Nursing Center (Kemmerer)	24	93%
Westward Heights Care Center (Lander)	60	93%
Sublette Center (Pinedale)	50	63%

Note: Occupancy data are not available from the Idaho Department of Health and Welfare. Percent occupancy for hospitals is an average that includes both hospitals and critical access hospitals where both exist in a subregion.

Source: Idaho Department of Health and Welfare, Facilities Standards Bureau; Montana Department of Public Health and Human Services, Quality Assurance Division; Wyoming Department of Health, Office of Healthcare Licensing and Surveys.

Health Workforce—State-Level Data

General Health Workforce and Health Services

	Idaho	Wyoming	Montana	U.S.
Health Services Sector Employment Numbers, 2000				
Number of people employed in health sector	43,800	18,000	37,000	
% of total workforce	7.8%	7.7%	9.8%	8.8%
Rank among states in per capita health services employment	45 th	39 th	23 rd	
Health Services Sector Employment Growth, 1988-2000				
Growth in health services employment	72%	48%	37%	
Growth in state population	32%	6%	13%	
Net per capita growth in health services sector employment	31%	39%	22%	21%
Population Growth and Aging, 2000-2020				
Projected state population growth	29%	36%	21%	
Projected growth in state population age 65 and over	117%	113%	96%	
Number of hospital beds per 100,000 population, 2000				
Rank among states	31 st	10 th	5 th	

Physicians and Assistants

	Idaho	Wyoming	Montana	U.S.
Active Patient Care Physicians, 2000				
Number	1,800	760	1,700	
Physicians per 100,000 population	145	155	190	198
Rank among states in physicians per capita	49 th	46 th	24 th	
Active Primary Care Physicians, 2000				
Primary care physicians per 100,000 population	53	61	67	69
Growth in Number of Physicians, 1989-2000				
Growth in number of physicians	60%	26%	42%	
Growth in population	31%	8%	13%	
Net per capita growth in number of physicians	22%	17%	25%	17%
Physician Assistants, 2000				
Number	235	37	173	
Physician assistants per 100,000 population	18.1	7.5	19.1	14.4

Nurses

	Idaho	Wyoming	Montana	U.S.
Licensed Registered Nurses, 2000				
Number	10,000	4,500	9,300	
Number employed in nursing	8,200	3,850	7,300	
RNs per 100,000 population	633	779	811	780
Licensed Practical/Vocational Nurses, 2000				
Number	2,930	760	2,350	
LPNs per 100,000 population	225	154	260	241
Rank among states in number of LPNs per 100,000 population	28 th	44 th	20 th	
Certified Nurse Midwives, 2000				
Number	18	8	33	
Midwives per 100,000 population	1.4	1.6	3.3	2.9
Rank among states in certified nurse midwives per capita	41 st	38 th	18 th	
Certified Registered Nurse Anesthetists, 2003				
Number	160	37	67	
Nurse anesthetists per 100,000 population	12.3	7.5	7.4	9.3

Source for all tables: State Health Workforce Profiles. 2004. U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions. (Download at <http://bhpr.hrsa.gov/healthworkforce/reports/profiles/>)

Dental, Pharmacy, and Mental Health Professionals

	Idaho	Wyoming	Montana	U.S.
Dental Health Professionals, 2000				
Number of dentists	512	330	469	
Number of dental hygienists	1,110	320	690	
Number of dental assistants	1,060	420	670	
Dentists per 100,000 population	39	67	60	64
Hygienists per capita higher or lower than national average?	Higher	Higher	Higher	
Growth in Number of Dentists, 1991-2000				
Change in number of dentists	-4%	46%	6%	
Growth in state population	25%	8%	12%	
Change in number of dentists per capita	-24%	35%	-5%	16%
Pharmacy Professionals, 2000				
Number of pharmacists	1,100	440	760	
Number of pharmacy technicians and aides	1,180	270	480	
Pharmacists per 100,000 population	85	89	84	
Rank among states in pharmacists per capita	12 th	6 th	13 th	
Pharmacy techs and aides per 100,000 population	91	55	53	
Rank among states in pharmacy techs and aides per capita	20 th	48 th	49 th	
Mental Health Professionals, 2000				
Number of psychiatrists	58	26	71	
Psychiatrists per 100,000 population	5	5	8	9
Rank among states in psychiatrists per capita	50 th	49 th	37 th	
Number of psychologists	420	220	210	
Psychologists per 100,000 population	32	44	23	
Rank among states in psychologists per capita	27 th	12 th	41 st	
Number of social workers	870	420	1,570	
Social workers per 100,000 population	67	85	174	
Rank among states in social workers per capita	50 th	49 th	21 st	

Source: State Health Workforce Profiles. 2004. U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions. (Download at <http://bhpr.hrsa.gov/healthworkforce/reports/profiles/>)

Sources

County Health Indicators

Montana health profiles for individual counties available at <http://www.dphhs.mt.gov/PHSD/health-profiles/health-profiles-2004.shtml>.

Idaho community health indicator reports by public health district can be downloaded at http://www.phd5.idaho.gov/community/health/health_indicators.html. Districts 6 and 7 are in the Yellowstone-Teton region.

State Health Departments and Offices

Idaho Department of Health: <http://www.healthandwelfare.idaho.gov/>

Montana Department of Health and Human Services: <http://www.dphhs.mt.gov/>

Wyoming Department of Health: <http://wdh.state.wy.us/main/index.asp>

Primary Care and Community Health Centers

Montana Primary Care Association: <http://www.mtpca.org/mtcenters.htm>

Idaho Primary Care Association: <http://www.mtpca.org/mtcenters.htm>

Wyoming Primary Care Association: <http://www.wypca.org/>

See also publications of the National Rural Health Association at <http://www.nrharural.org>.

Federal Government Data Sources

The Behavioral Risk Factor Surveillance System (BRFSS) collects data through monthly telephone surveys conducted in each state. The focus is on health behaviors and conditions which are known to contribute to or increase the risk of chronic disease, acute illness, injury, disability and premature death. Results, reported primarily at the state level, are available in various formats at <http://www.cdc.gov/brfss/>.

The U.S. Department of Health and Human Services, Health Resources and Services Administration designates health professional shortage areas and medically underserved areas and populations. More detail at <http://bhpr.hrsa.gov/shortage/>.

National County-Level Health Resource Information Database, Area Resource Files is a collection of health-care data from 50 sources, reported at the county level. See <http://www.arfsys.com/overview.htm#2>.

Health Insurance

U.S. Census Bureau Small Area Health Insurance Estimates (county-level data): <http://www.census.gov/hhes/www/sahie/index.html>

StateHealthFacts.org, a Henry J. Kaiser Family Foundation project, provides state-level data on a variety of topics related to health care, including insurance coverage. See <http://www.statehealthfacts.org>.

Seninger, S. 2004. Final Report; Household Survey and Employer Survey Findings about Health Insurance Coverage in Montana. Prepared for the Montana Department of Public Health and Human Services. Missoula, Montana: Bureau of Business and Economic Research, The University of Montana. (Download at <http://www.dphhs.mt.gov/uninsured/pdffiles/healthreportfinal.pdf>)

Dental Health Care

Idaho and Montana lost dentists, and saw a decline in dentists per capita during the 1990s. Many of the counties in the Yellowstone-Teton region contain shortage areas for dental health professionals, especially for low-income residents. (See the U.S. Health Resources and Services Administration website for details.)

County-level and even state-level data about access to dental health services are difficult to locate. Some community health centers in the region offer dental services in large part for uninsured and low-income residents.

Two resources offer a national-level perspective on the status of oral health care:

Satcher, D. 2000. Oral Health in America: A Report of the Surgeon General. (Download at <http://www.surgeongeneral.gov/library/oralhealth/>)

American Dental Association. 2004. State and Community Models for Improving Access to Dental Care for the Underserved: A White Paper. (Download at http://www.ada.org/prof/resources/topics/topics_access_whitepaper.pdf)

Emergency Medical Services

Data about the status of, and trends in, emergency medical services (EMS) within the region proved elusive. However, national-level sources suggest that at least some of the communities in the Yellowstone-Teton region would benefit from a detailed examination of existing services, relationships between EMS providers and other local health care provid-

ers, and how changing demographics are likely to affect the need for emergency medical services.

For example, a 2004 report of the National Rural Health Association cites the expanding role of EMS providers as populations age and local health resources are squeezed:

As rural and frontier populations age, the need for primary care contacts and for cycles of episodic hospitalization increase. As a community's local health resources disappear, the more that community calls upon its EMS providers not only for traditional care and transportation to distant resources, but for a range of informal care, evaluation, and advice. This expectation, sometimes managed in concert with the informal arrangement with local primary care providers and sometimes not, may extend beyond the generally basic life support scope of practice of local EMS. It is not unusual for a service in an isolated community to have a 30 percent to 50 percent "no transport" rate in a state that runs a 10 percent to 20 percent rate overall. It is also not unusual for members of such a service to provide episodes of informal evaluation, advice, and care that are never reflected in an EMS patient/run record.

The further a patient is from an emergency medicine facility, the more that patient stands to benefit from higher levels of local emergency medical intervention. As hospitals close and outpatient services are less available to offer sophisticated resuscitation care, dependence for such intervention falls upon local EMS. Paradoxically, advanced life support (ALS) levels of EMS care are less likely to be available in the rural/frontier setting. This "rural ALS paradox" or "paramedicine paradox" results because comprehensive ALS services are difficult to establish and maintain in systems that experience insufficient call volume to meet high fixed costs and to enable advanced providers to be paid and retain their skills.

From McGinnis, K. 2004. Rural and Frontier Emergency Medical Services: Agenda for the Future. Kansas City, Missouri: National Rural Health Association. (Download at http://www.nrharural.org/groups/graphics/EMS_Book_9_17A.pdf)

A 2007 report to the Idaho State Legislature offers evidence that the aging population in some parts of the region will place growing demands on EMS providers. In the last half of 2006, trauma incidents were reported by 12 Idaho hospitals. The number of incidents related to motor vehicle accidents and personal falls were almost equal. The incidence of falls increased with age, with one in four reported falls occurring in females over 65 years of age.

See Idaho Trauma Registry. 2007. Injury in Idaho: Trauma Registry Pilot Project. (Download at <http://www.idaho-trauma.org/DataAnalysis/AnnualReports/ITRAnnualReport2007.pdf>)

State EMS programs:

Idaho Department of Health: <http://www.healthandwelfare.idaho.gov/site/3330/default.aspx>

Montana Department of Health and Human Services: <http://www.dphhs.mt.gov/ems/>

Wyoming Department of Health: <http://wdh.state.wy.us/ems/>