



2023

COMMUNITY HEALTH NEEDS ASSESSMENT

Columbus, Montana

*Assessment conducted by **Stillwater Billings Clinic** in
cooperation with the Montana Office of Rural Health*

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INTRODUCTION

Introduction

Stillwater Billings Clinic (SBC) is a 10-bed nonprofit Critical Access Hospital (CAH) and Rural Health Clinic based in Columbus, Montana. Stillwater Billings Clinic offers the entire family urgent and chronic care services including emergency and same day care, physical and speech therapy, radiography, laboratory, cardiac rehabilitation, home, and public health services. Located in southcentral Montana, Stillwater County consists of nearly 2,000 square miles of land area and is home to just over 9,000 people.



Stillwater Billings Clinic's primary service area includes the communities of Columbus, Absarokee, Park City and Reed Point; with most of the County's populated communities located along Interstate I-90 or US 78. Stillwater 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.



Mission: Focused, Quality Healthcare

Stillwater Billings Clinic participated in the Community Health Services Development (CHSD) Project administrated by the Montana Office of Rural Health (MORH) and funded in part through the Montana Health Research and Education Foundation (MHREF) Flex Grant. Community involvement in steering committee meetings and key informant interviews enhance community engagement in the assessment process.

In May 2023, SBC'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 as 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 every question asked. Please note we are able to compare some of the 2023 survey data with data from previous surveys conducted in partnership with the Montana Office of Rural Health in 2017 and 2020. 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 Stillwater Billings Clinic in conducting CHSD. A diverse group of community members representing various organizations and populations within the community (ex. public health, elderly, young families, uninsured) came together in April 2023. 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 May 2023, surveys were mailed out to the residents in the SBC 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

Stillwater Billings Clinic provided an aggregated list of outpatient and inpatient admissions and information regarding service area zip codes. Those zip codes with the greatest number of admissions were selected to be included in the survey. A random list of 802 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 on the subsequent page for the survey distribution.

| Zip Code | Population ¹ | Community Name | Total Distribution | # Male | # Female |
|--------------|-------------------------|----------------|--------------------|------------|------------|
| 59019 | 1,856 | Columbus | 498 | 249 | 249 |
| 59001 | 1,048 | Absarokee | 122 | 61 | 61 |
| 59069 | 247 | Reed Point | 58 | 29 | 29 |
| 59063 | 1,090 | Park City | 44 | 22 | 22 |
| 59028 | 434 | Dean | 18 | 9 | 9 |
| 59011 | 1,673 | Big Timber | 18 | 9 | 9 |
| 59067 | 105 | Rapelje | 16 | 8 | 8 |
| 59061 | 272 | Nye | 12 | 6 | 6 |
| 59044 | 7,180 | Laurel | 8 | 4 | 4 |
| 59106 | 12,375 | Billings | 8 | 4 | 4 |
| Total | 26,280 | | 802 | 401 | 401 |

¹ US Census Bureau - American Community Survey (2021)

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 Stillwater Billings Clinic 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 May 2023, a survey, cover letter with the SBC CEO's signature, and a postage paid envelope were mailed to 802 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 Stillwater Billings Clinic would be conducting a community health needs assessment survey throughout the region in cooperation with the Montana Office of Rural Health.

Ninety-two surveys were returned out of 802. Of those 802 surveys, 63 surveys were returned undeliverable for a 12.3% response rate. From this point on, the total number of surveys will be out of 739. 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 10.3%.

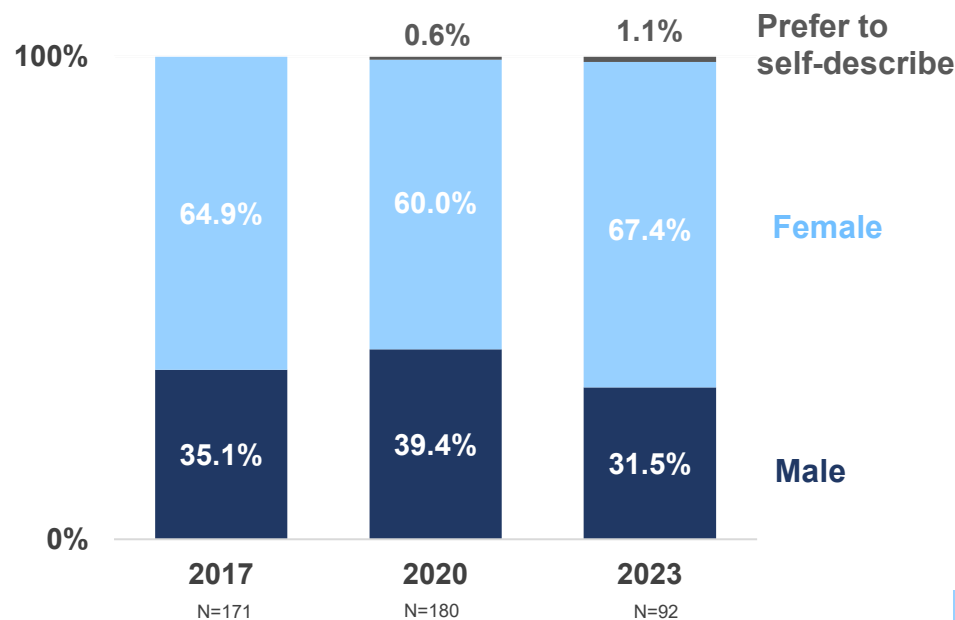
Survey Respondent Demographics

A total of 739 surveys were distributed throughout the SBC service area. Ninety-two surveys were completed for a 12.3% response rate. The following table and graphs indicate the demographic characteristics of the survey respondents. Information on location, gender, age, employment, and household income 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 | 2017 % (n) | 2020 % (n) | 2023 % (n) |
|-----------------------|---------------------|---------------------|--------------------|
| Number of respondents | 173 | 182 | 92 |
| 59019 Columbus | 46.2% (80) | 62.1% (113) | 64.1% (59) |
| 59001 Absarokee | 19.1% (33) | 11.0% (20) | 16.3% (15) |
| 59061 Nye/Dean | 3.5% (6) | 2.7% (5) | 4.3% (4) |
| 59063 Park City | 13.9% (24) | 4.9% (9) | 4.3% (4) |
| 59069 Reed Point | 6.4% (11) | 9.3% (17) | 4.3% (4) |
| 59067 Rapelje | 2.3% (4) | 2.2% (4) | 2.2% (2) |
| 59011 Big Timber | | | 1.1% (1) |
| 59028 Fishtail | 5.2% (9) | 3.8% (7) | 1.1% (1) |
| 59044 Laurel | | | 1.1% (1) |
| 59106 Billings | | | 1.1% (1) |
| 59057 Molt | 2.3% (4) | 0.0% (0) | |
| Other | 1.2% (2) | 3.8% (7) | 0.0% (0) |
| TOTAL | 100.0% (173) | 100.0% (182) | 100.0% (92) |

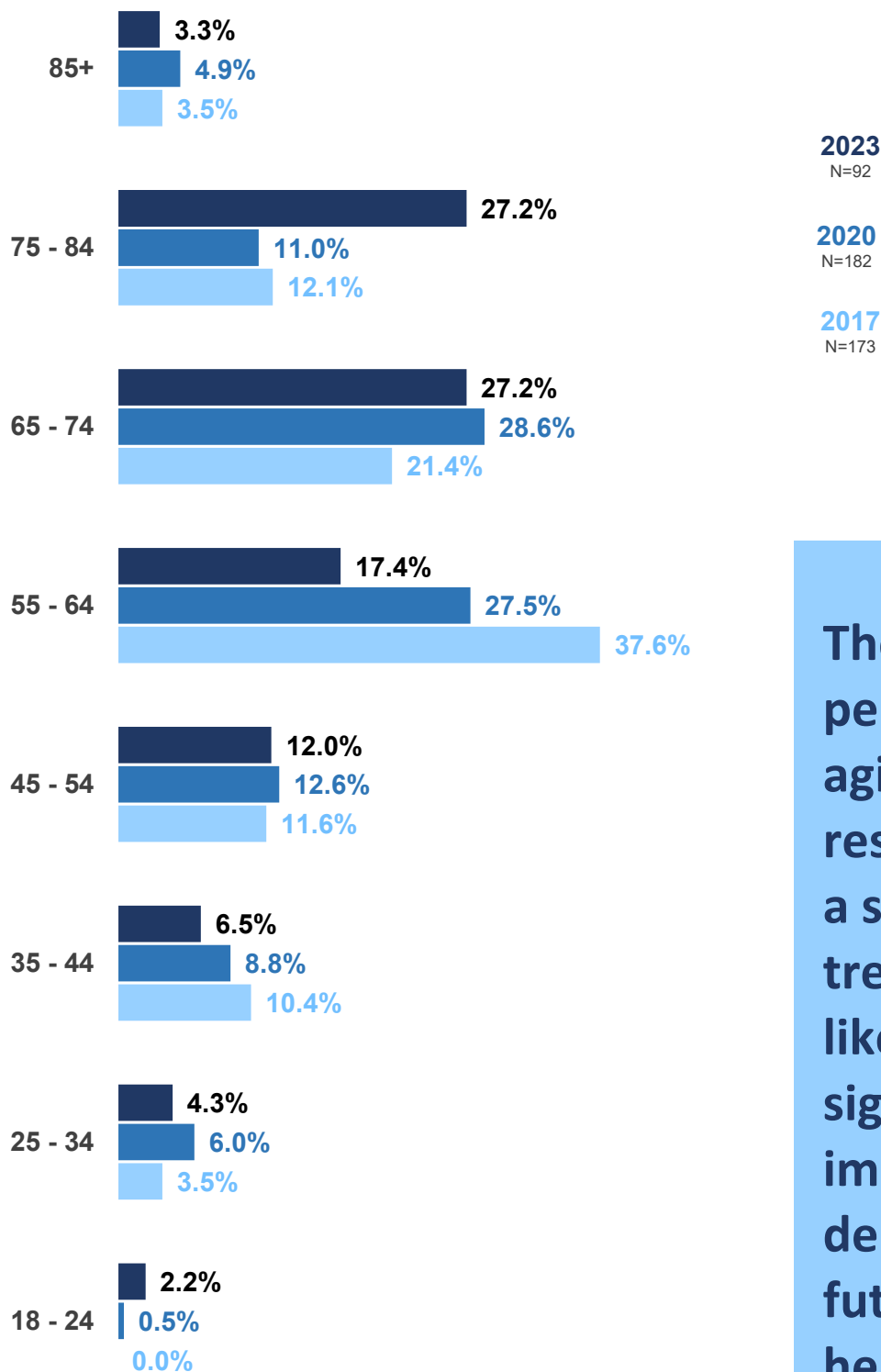
Statistical significance was not measured as reporting differed between 2023 and the two previous years. A larger number of missing values in 2023 compared to previous years would result in a skewed test for significance, indicating a meaningful change when one may not exist. Grayed out cells indicate the question was not asked that year.

Gender



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

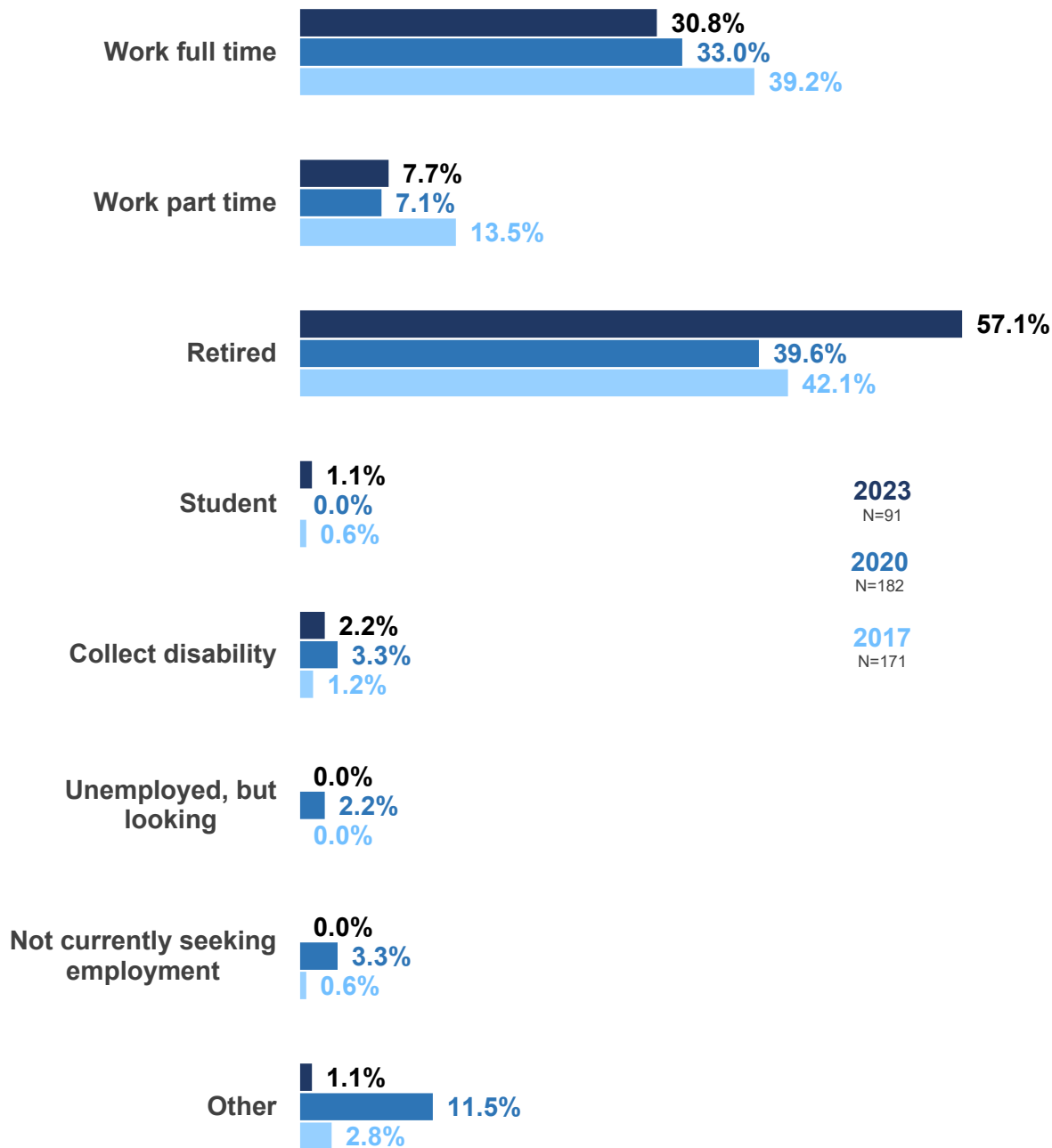
Age of respondents for all years of the survey



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

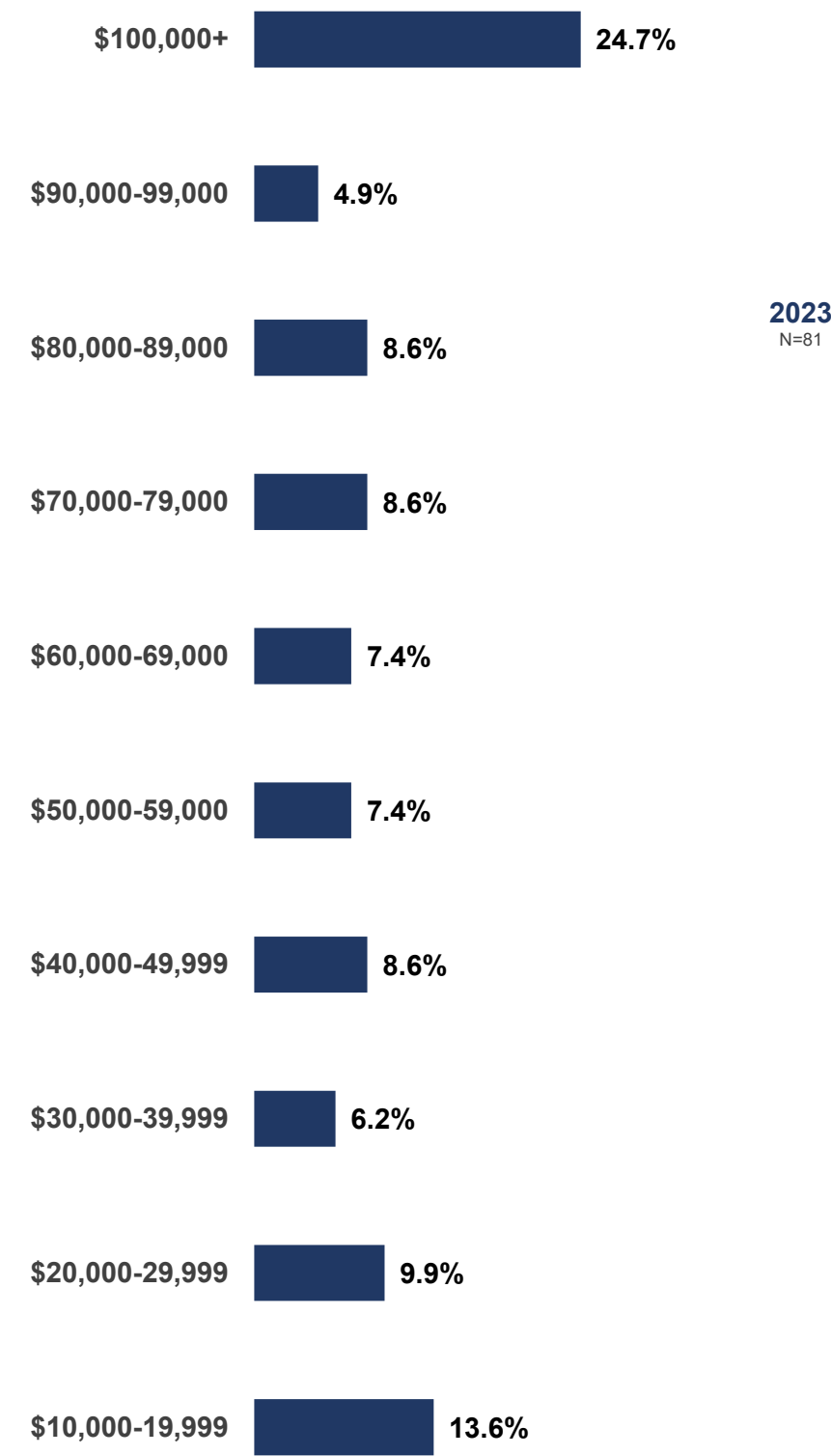
Employment status

The majority of 2023 respondents are **retired** or **work full time**.



“Other” comments included: Self

Household income for 2023 respondents





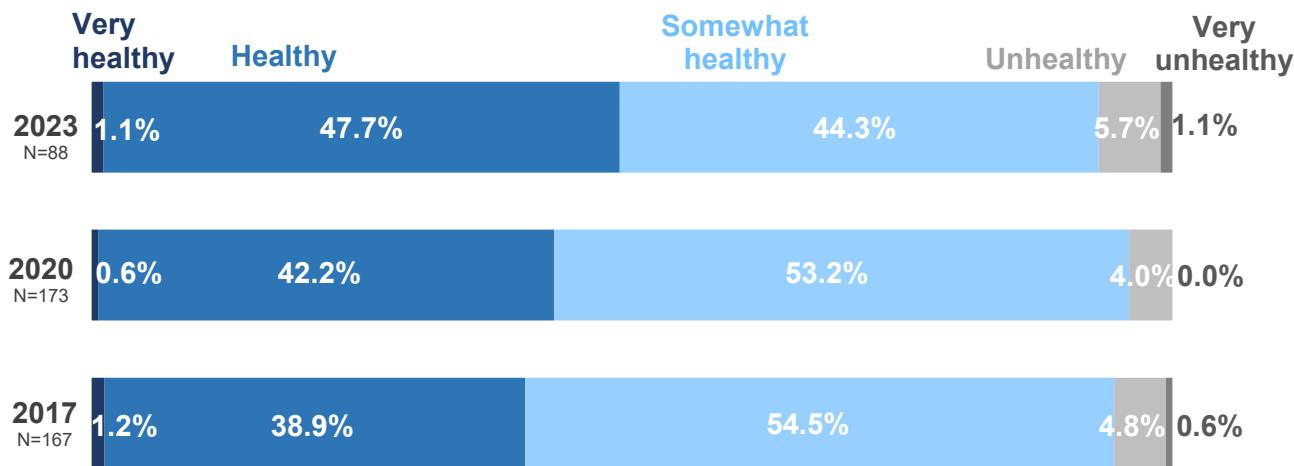
SURVEY RESULTS

Survey Results

Rating of Healthy Community (Question 1)

Respondents were asked to indicate how they would rate the general health of their community. Forty-seven point seven percent of respondents (n=42) rated their community as “Healthy,” and 44.3% of respondents (n=39) felt their community was “Somewhat healthy.” Five point seven percent of respondents (n=5) indicated they felt their community was “Unhealthy,” 1.1% of respondents (n=1, each) rated their community as “Very healthy” and “Very unhealthy.”

More 2023 respondents rate their community as **Very healthy** and **Healthy** compared to 2020 and 2017.



Nearly half of survey respondents feel their community is 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 48.3% (n=43). “Cancer” was also a high priority at 37.1% (n=33), which experienced a significant change over the last three assessments.

“Other” comments included: Mental health/depression/anxiety - All age ranges, Drugs, and Prostate
(View all comments in Appendix G)

| Health Concern | 2017 % (n) | 2020 % (n) | 2023 % (n) | SIGNIFICANT CHANGE |
|---|---------------|---------------|---------------|-------------------------------------|
| Number of respondents | 174 | 183 | 89 | |
| Alcohol abuse/substance abuse | 58.6% (102) | 53.0% (97) | 48.3% (43) | <input type="checkbox"/> |
| Cancer | 40.2% (70) | 26.8% (49) | 37.1% (33) | <input checked="" type="checkbox"/> |
| Overweight/obesity | 37.9% (66) | 30.1% (55) | 28.1% (25) | <input type="checkbox"/> |
| Mental health issues | 21.3% (37) | 16.4% (30) | 19.1% (17) | <input type="checkbox"/> |
| Tobacco use (cigarettes/cigars, vaping, smokeless) | 15.5% (27) | 23.0% (42) | 19.1% (17) | <input type="checkbox"/> |
| Diabetes | 12.6% (22) | 12.0% (22) | 15.7% (14) | <input type="checkbox"/> |
| Work/economic stress | | 14.8% (27) | 13.5% (12) | <input type="checkbox"/> |
| Depression/anxiety | 19.5% (34) | 15.8% (29) | 12.4% (11) | <input type="checkbox"/> |
| Heart disease | 25.3% (44) | 9.8% (18) | 12.4% (11) | <input checked="" type="checkbox"/> |
| Alzheimer's/dementia | | 7.7% (14) | 10.1% (9) | <input type="checkbox"/> |
| Lack of exercise | 22.4% (39) | 13.7% (25) | 9.0% (8) | <input checked="" type="checkbox"/> |
| Lack of access to healthcare | 7.5% (13) | 4.9% (9) | 7.9% (7) | <input type="checkbox"/> |
| Motor vehicle accidents | 10.9% (19) | 4.4% (8) | 6.7% (6) | <input type="checkbox"/> |
| Respiratory issues/illness | | 2.7% (5) | 5.6% (5) | <input type="checkbox"/> |
| Social isolation/loneliness | | 9.3% (17) | 5.6% (5) | <input type="checkbox"/> |
| Elder abuse/neglect | | | 4.5% (4) | <input type="checkbox"/> |
| Stroke | 7.5% (13) | 1.1% (2) | 4.5% (4) | <input checked="" type="checkbox"/> |
| Domestic violence | 6.3% (11) | 3.3% (6) | 3.4% (3) | <input type="checkbox"/> |
| Lack of dental care | 7.5% (13) | 2.2% (4) | 3.4% (3) | <input checked="" type="checkbox"/> |
| Hunger | | 1.6% (3) | 2.2% (2) | <input type="checkbox"/> |
| Recreation related accidents/injuries | 5.7% (10) | 2.2% (4) | 2.2% (2) | <input type="checkbox"/> |
| Child abuse/neglect | 6.3% (11) | 5.5% (10) | 1.1% (1) | <input type="checkbox"/> |
| Childhood trauma/Adverse Childhood Experiences (ACES) | | | 1.1% (1) | <input type="checkbox"/> |

Table continued on the next page.

| | | | | |
|---------------------------------|----------|-----------|----------|--------------------------|
| Suicide | | 4.9% (9) | 1.1% (1) | <input type="checkbox"/> |
| Homelessness | | 2.2% (4) | 0.0% (0) | <input type="checkbox"/> |
| Work related accidents/injuries | 3.4% (6) | 2.7% (5) | 0.0% (0) | <input type="checkbox"/> |
| Other* | 3.4% (6) | 7.1% (13) | 6.7% (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 serious health concerns, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year. *Respondents (N=3) 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. Thirty-four point one percent of respondents (n=31) indicated that "Access to affordable health insurance" is important for a healthy community, followed by "Affordable housing" at 30.8% (n=28), which experienced a significant change over the last three assessments.

| Components of a Healthy Community | 2017 % (n) | 2020 % (n) | 2023 % (n) | SIGNIFICANT CHANGE |
|---|---------------|---------------|---------------|-------------------------------------|
| Number of respondents | 174 | 183 | 91 | |
| Access to affordable health insurance | 44.8% (78) | 44.8% (82) | 34.1% (31) | <input type="checkbox"/> |
| Affordable housing | 11.5% (20) | 16.4% (30) | 30.8% (28) | <input checked="" type="checkbox"/> |
| Strong family life | 31.6% (55) | 28.4% (52) | 27.5% (25) | <input type="checkbox"/> |
| Good jobs and a healthy economy | 32.2% (56) | 32.8% (60) | 25.3% (23) | <input type="checkbox"/> |
| Low crime/safe neighborhoods | 25.3% (44) | 9.8% (18) | 25.3% (23) | <input checked="" type="checkbox"/> |
| Access to healthcare services | 40.2% (70) | 26.2% (48) | 22.0% (20) | <input checked="" type="checkbox"/> |
| Religious or spiritual values | 23.6% (41) | 14.8% (27) | 20.9% (19) | <input type="checkbox"/> |
| Good schools | 21.3% (37) | 18.6% (34) | 17.6% (16) | <input type="checkbox"/> |
| Healthy behaviors and lifestyles | 34.5% (60) | 30.6% (56) | 17.6% (16) | <input checked="" type="checkbox"/> |
| Access to emergency medical services | | | 16.5% (15) | <input type="checkbox"/> |
| Access to healthy foods | | 6.0% (11) | 14.3% (13) | <input checked="" type="checkbox"/> |
| Access to mental health services | | 21.3% (39) | 11.0% (10) | <input checked="" type="checkbox"/> |
| Access to childcare/after school programs | | 11.5% (21) | 9.9% (9) | <input type="checkbox"/> |
| Tolerance for diversity | 6.3% (11) | 3.3% (6) | 6.6% (6) | <input type="checkbox"/> |
| Community involvement | 8.0% (14) | 7.1% (13) | 4.4% (4) | <input type="checkbox"/> |

Table continued on the next page.

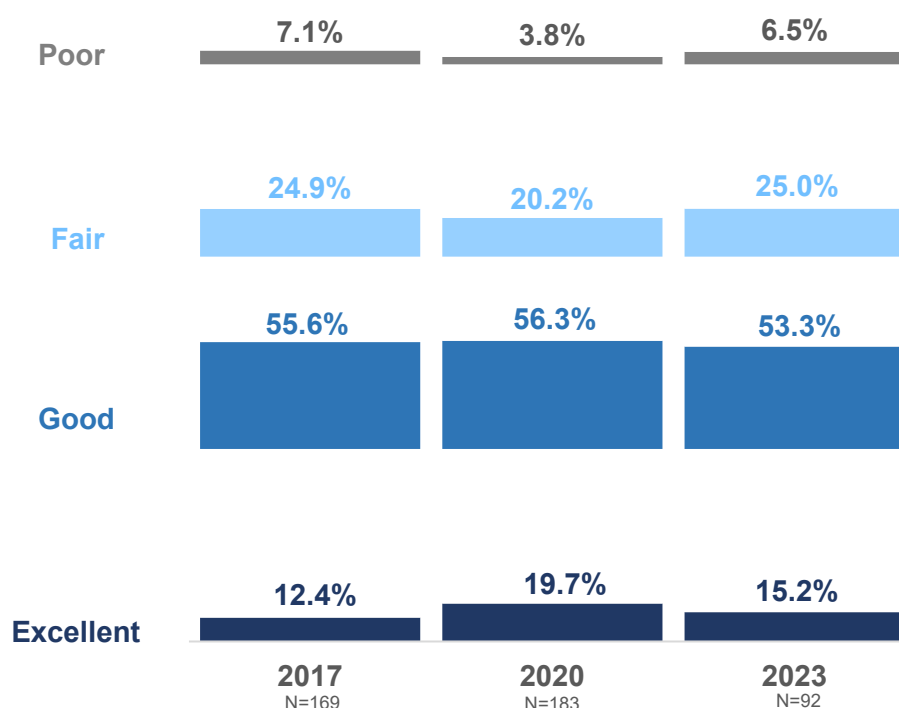
| | | | | |
|--------------------------------|-----------|------------|----------|-------------------------------------|
| Transportation services | | 3.8% (7) | 4.4% (4) | <input type="checkbox"/> |
| Access to health education | | | 2.2% (2) | <input type="checkbox"/> |
| Clean environment | 6.3% (11) | 11.5% (21) | 2.2% (2) | <input checked="" type="checkbox"/> |
| Low death and disease rates | 2.9% (5) | 1.1% (2) | 2.2% (2) | <input type="checkbox"/> |
| Low level of domestic violence | 1.7% (3) | 0.0% (0) | 2.2% (2) | <input type="checkbox"/> |
| Arts and cultural events | 1.1% (2) | 0.5% (1) | 0.0% (0) | <input type="checkbox"/> |
| Parks and recreation | 2.9% (5) | 5.5% (10) | 0.0% (0) | <input type="checkbox"/> |
| Other | 1.7% (3) | 1.1% (2) | 1.1% (1) | <input type="checkbox"/> |

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

Knowledge of Health Services (Question 4)

Respondents were asked to rate their knowledge of the health services available through Stillwater Billings Clinic. Fifty-three point three percent of respondents (n=49) rated their knowledge of health services as “Good.” “Fair” was selected by 25.0% percent (n=23), “Excellent” was chosen by 15.2% of respondents (n=14), and “Poor” was selected by 6.5% (n=6).

Over 3/4 of 2023 respondents rated their knowledge of services as **Good** or **Fair**



How Respondents Learn of Health Services in the Community (Question 5)

When asked how survey respondents learn about health services available in the community, the most frequently indicated method of learning was “Word of mouth/reputation” at 59.3% (n=54). Fifty-six percent of survey respondents (n=51) shared that they learn about health services through “Friends/family, followed closely by “Healthcare provider” at 54.9% (n=50).

| How Respondents Learn about Community Health Services | 2017 % (n) | 2020 % (n) | 2023 % (n) | SIGNIFICANT CHANGE |
|---|---------------|---------------|---------------|-------------------------------------|
| Number of respondents | 174 | 183 | 91 | |
| Word of mouth/reputation | 68.4% (119) | 63.9% (117) | 59.3% (54) | <input type="checkbox"/> |
| Friends/family | | 54.1% (99) | 56.0% (51) | <input type="checkbox"/> |
| Healthcare provider | 58.6% (102) | 55.7% (102) | 54.9% (50) | <input type="checkbox"/> |
| Stillwater County News | 31.6% (55) | 35.5% (65) | 30.8% (28) | <input type="checkbox"/> |
| Website/internet | 9.8% (17) | 23.5% (43) | 22.0% (20) | <input checked="" type="checkbox"/> |
| Social media | | 21.9% (40) | 16.5% (15) | <input type="checkbox"/> |
| Mailings/newsletter | 27.6% (48) | 12.6% (23) | 15.4% (14) | <input checked="" type="checkbox"/> |
| Billboards/posters | | 8.2% (15) | 11.0% (10) | <input type="checkbox"/> |
| Senior Center | | 14.8% (27) | 11.0% (10) | <input type="checkbox"/> |
| Community events/booths | | | 7.7% (7) | <input type="checkbox"/> |
| Radio | 6.3% (11) | 5.5% (10) | 5.5% (5) | <input type="checkbox"/> |
| Schools/extracurricular activities | | 3.3% (6) | 5.5% (5) | <input type="checkbox"/> |
| Community presentations | 6.9% (12) | 3.3% (6) | 3.3% (3) | <input type="checkbox"/> |
| Public health nurse | 5.7% (10) | 4.4% (8) | 3.3% (3) | <input type="checkbox"/> |
| Other | 6.3% (11) | 6.0% (11) | 7.7% (7) | <input type="checkbox"/> |

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

“Other” comments included: Employer (2), Library, and Billings Gazette and TV News

View a cross tabulation of how respondents learn with how they rate their knowledge on p. 79

Utilized Community Health Resources (Question 6)

Respondents were asked which community health resources, other than the hospital or clinic, they had used in the last three years. “Pharmacy” was the most frequently utilized community health resource cited by respondents at 83.5% (n=71). The “Dentist” was utilized by 77.6% (n=66) of respondents which experienced a significant increase over the last three assessments.

| Use of Community Health Resources | 2017 % (n) | 2020 % (n) | 2023 % (n) | SIGNIFICANT CHANGE |
|--|---------------|---------------|---------------|-------------------------------------|
| Number of respondents | 174 | 183 | 85 | |
| Pharmacy | 69.5% (121) | 71.0% (130) | 83.5% (71) | <input type="checkbox"/> |
| Dentist | 50.0% (87) | 62.8% (115) | 77.6% (66) | <input checked="" type="checkbox"/> |
| Chiropractor/Naturopath/acupuncture | | 5.5% (10) | 24.7% (21) | <input checked="" type="checkbox"/> |
| Fitness Center | | | 12.9% (11) | <input type="checkbox"/> |
| Senior center | 10.3% (18) | 12.0% (22) | 10.6% (9) | <input type="checkbox"/> |
| VA | 7.5% (13) | 4.9% (9) | 9.4% (8) | <input type="checkbox"/> |
| Alternative medicine/medical marijuana | | 4.4% (8) | 4.7% (4) | <input type="checkbox"/> |
| Family & marriage counseling | 4.6% (8) | 3.3% (6) | 3.5% (3) | <input type="checkbox"/> |
| Home health | 2.9% (5) | 3.3% (6) | 3.5% (3) | <input type="checkbox"/> |
| Public health | 1.7% (3) | 3.8% (7) | 3.5% (3) | <input type="checkbox"/> |
| Mental health | 1.7% (3) | 3.3% (6) | 2.4% (2) | <input type="checkbox"/> |
| Social work | 0.0% (0) | 0.0% (0) | 1.2% (1) | <input type="checkbox"/> |
| Chemical dependency services | 0.0% (0) | 0.0% (0) | 0.0% (0) | <input type="checkbox"/> |
| Medspa | | | 0.0% (0) | <input type="checkbox"/> |
| Other | 10.3% (18) | 8.2% (15) | 8.2% (7) | <input type="checkbox"/> |

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: Eye Doctor (2), None (2), and Library

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 (40.7%, n=33) reported that "More primary care providers" would make the greatest improvement. Thirty-seven percent of respondents (n=30, each) indicated that "More information about available services" and "More specialists" would improve access.

More primary care providers would make the greatest improvement to healthcare access.

| What Would Improve Community Access to Healthcare | 2017 % (n) | 2020 % (n) | 2023 % (n) |
|---|---------------|---------------|---------------|
| Number of respondents | 174 | 183 | 81 |
| More primary care providers | 30.5% (53) | 32.8% (60) | 40.7% (33) |
| More information about available services | | 45.9% (84) | 37.0% (30) |
| More specialists | 29.9% (52) | 33.3% (61) | 37.0% (30) |
| Outpatient services expanded hours | 24.1% (42) | 18.6% (34) | 25.9% (21) |
| Payment assistance programs (healthcare expenses) | | 34.4% (63) | 23.5% (19) |
| Improved quality of care | 25.3% (44) | 20.2% (37) | 21.0% (17) |
| Transportation assistance | 26.4% (46) | 27.3% (50) | 21.0% (17) |
| Virtual healthcare | | 13.7% (25) | 12.3% (10) |
| Greater health education services | 25.9% (45) | 19.1% (35) | 9.9% (8) |
| Cultural sensitivity | | 3.3% (6) | 3.7% (3) |
| Inclusive services (LGBTQ+) | | | 1.2% (1) |
| Interpreter services | | 0.5% (1) | 0.0% (0) |
| Other | 6.9% (12) | 10.4% (19) | 6.2% (5) |

Statistical significance was not measured as reporting differed between 2023 and the two previous years. A larger number of missing values in 2023 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 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: Female doctors, health insurance costs, and "I think our clinic does a great job towards access to it."

Interest in Educational Classes/Programs (Question 8)

Respondents were asked which topics or programs they would find most interest. The most frequently selected topic was “Fitness” at 38.7% (n=29). Interest in “Nutrition” and “Weight loss/management” followed with 32.0% (n=24, each).

| Interest in Classes or Programs | 2017 % (n) | 2020 % (n) | 2023 % (n) |
|--|---------------|---------------|---------------|
| Number of respondents | 174 | 183 | 75 |
| Fitness | 33.9% (59) | 40.4% (74) | 38.7% (29) |
| Nutrition | 26.4% (46) | 25.1% (46) | 32.0% (24) |
| Weight loss/management | 27.0% (47) | 34.4% (63) | 32.0% (24) |
| Women’s health | 18.4% (32) | 31.7% (58) | 29.3% (22) |
| Health and wellness | 29.3% (51) | 35.5% (65) | 26.7% (20) |
| Alzheimer’s/Dementia | 24.1% (42) | 15.8% (29) | 22.7% (17) |
| First aid/CPR | 31.6% (55) | 24.6% (45) | 22.7% (17) |
| Living will | 17.8% (31) | 24.6% (45) | 21.3% (16) |
| Living independently (Balance, Walk with Ease) | | | 16.0% (12) |
| Cancer | 12.6% (22) | 17.5% (32) | 14.7% (11) |
| Diabetes | 12.6% (22) | 15.8% (29) | 13.3% (10) |
| Financial planning/education | | 16.4% (30) | 12.0% (9) |
| Grief counseling | 5.7% (10) | 12.6% (23) | 10.7% (8) |
| Mental health | 6.3% (11) | 10.9% (20) | 9.3% (7) |
| Chronic disease management (Parkinson’s, MS, autoimmune, etc.) | | 5.5% (10) | 8.0% (6) |
| Men’s health | 10.3% (18) | 16.9% (31) | 6.7% (5) |
| Heart disease | 9.2% (16) | 7.7% (14) | 5.3% (4) |
| Parenting | 4.6% (8) | 1.1% (2) | 5.3% (4) |
| Prenatal | 1.1% (2) | 1.1% (2) | 2.7% (2) |
| Support groups | 6.9% (12) | 8.2% (15) | 2.7% (2) |
| Family planning/sex education | | 1.6% (3) | 1.3% (1) |
| Lactation/breastfeeding support | | 2.2% (4) | 1.3% (1) |
| Smoking/tobacco cessation | 6.9% (12) | 3.3% (6) | 1.3% (1) |
| Alcohol/substance abuse | 3.4% (6) | 2.2% (4) | 0.0% (0) |

Table continued on the next page.

| | | | |
|-------|----------|----------|----------|
| Other | 2.9% (5) | 3.3% (6) | 6.7% (5) |
|-------|----------|----------|----------|

Statistical significance was not measured as reporting differed between 2023 and the two previous years. A larger number of missing values in 2023 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 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: None (2) and “I would've loved to have family planning/sex education, lactation/breastfeeding support, and prenatal when I had babies and while pregnant.”

Desired Local Health Services (Question 9)

Respondents were asked to indicate which additional healthcare services they would utilize if available locally. Respondents indicated the most interest in “Optometry (Eye doctor)” at 58.2% (n=46). Thirty-eight percent (n=30) of respondents were interested in “Exercise/nutrition programs,” while 31.6% (n=25) desire “Outpatient surgical procedures” locally.

| Desired Local Health Services | 2023 % (n) |
|---|---------------|
| Number of respondents | 79 |
| Optometry (Eye doctor) | 58.2% (46) |
| Exercise/nutrition programs | 38.0% (30) |
| Outpatient surgical procedures | 31.6% (25) |
| Community recreational opportunities/facilities | 30.4% (24) |
| MRI | 22.8% (18) |
| Inpatient surgical procedures | 20.3% (16) |
| Medspa | 7.6% (6) |
| IV Infusion services | 6.3% (5) |
| Other | 5.1% (4) |

Respondents were asked to pick all desired local healthcare services that are of interest, so percentages do not equal 100%.

“**Other**” comments included: None (2) and Podiatrist

Desired Senior Services (Question 10)

Respondents were asked if they or a household member would be interested in additional senior services would they utilize if available locally. Respondents indicated the most interest in having “Senior retirement housing/community” at 44.4% (n=24), followed by a “Personal home care” at 42.6% (n=23).

| Desired Senior Services | 2017 % (n) | 2020 % (n) | 2023 % (n) |
|-------------------------------------|---------------|---------------|---------------|
| Number of respondents | 174 | 183 | 54 |
| Senior retirement housing/community | 27.6% (48) | 20.8% (38) | 44.4% (24) |
| Personal home care | 24.1% (42) | 20.2% (37) | 42.6% (23) |
| Meals on Wheels | 25.9% (45) | 14.2% (26) | 31.5% (17) |
| Assisted living facility | 20.1% (35) | 15.8% (29) | 27.8% (15) |
| Transportation | | 20.8% (38) | 24.1% (13) |
| Grocery delivery | | 16.9% (31) | 22.2% (12) |
| Adult daycare | 10.9% (19) | 7.1% (13) | 18.5% (10) |
| Nursing home | | | 14.8% (8) |
| Hospice | 14.9% (26) | 6.0% (11) | 11.1% (6) |
| Other | 3.4% (6) | 7.1% (13) | 13.0% (7) |

Statistical significance was not measured as reporting differed between 2023 and the two previous years. A larger number of missing values in 2023 compared to previous years would result in a skewed test for significance, indicating a meaningful change when one may not exist. Respondents could select any of the desired senior services listed, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year.

Utilization of Preventive Services (Question 11)

Respondents were asked if they had utilized any of the preventive services listed in the past year. “Health checkup” was selected by 76.1% of respondents (n=67), which experienced a significant change over the last three assessments. Sixty-seven percent of respondents (n=59) indicated they received a “Blood pressure check”, and 58.0% of respondents (n=51) had “Immunizations (Flu shot, COVID).”

| Use of Preventive Services | 2017 % (n) | 2020 % (n) | 2023 % (n) | SIGNIFICANT CHANGE |
|---------------------------------|---------------|---------------|---------------|-----------------------|
| Number of respondents | 174 | 183 | 88 | |
| Health checkup | 61.5% (107) | 60.7% (111) | 76.1% (67) | ■ |
| Blood pressure check | 52.3% (91) | 65.0% (119) | 67.0% (59) | ■ |
| Immunizations (Flu shot, COVID) | | | 58.0% (51) | □ |
| Cholesterol check | 50.0% (87) | 57.4% (105) | 52.3% (46) | □ |
| Mammography | 41.4% (72) | 32.8% (60) | 46.6% (41) | □ |
| Colonoscopy | 17.8% (31) | 17.5% (32) | 21.6% (19) | □ |
| Pap test | 19.5% (34) | 15.3% (28) | 19.3% (17) | □ |
| Prostate (PSA) | 23.6% (41) | 19.7% (36) | 17.0% (15) | □ |
| Children’s checkup/Well baby | 5.7% (10) | 9.8% (18) | 9.1% (8) | □ |
| None | 10.9% (19) | 2.2% (4) | 2.3% (2) | ■ |
| Other | 2.9% (5) | 2.7% (5) | 3.4% (3) | □ |

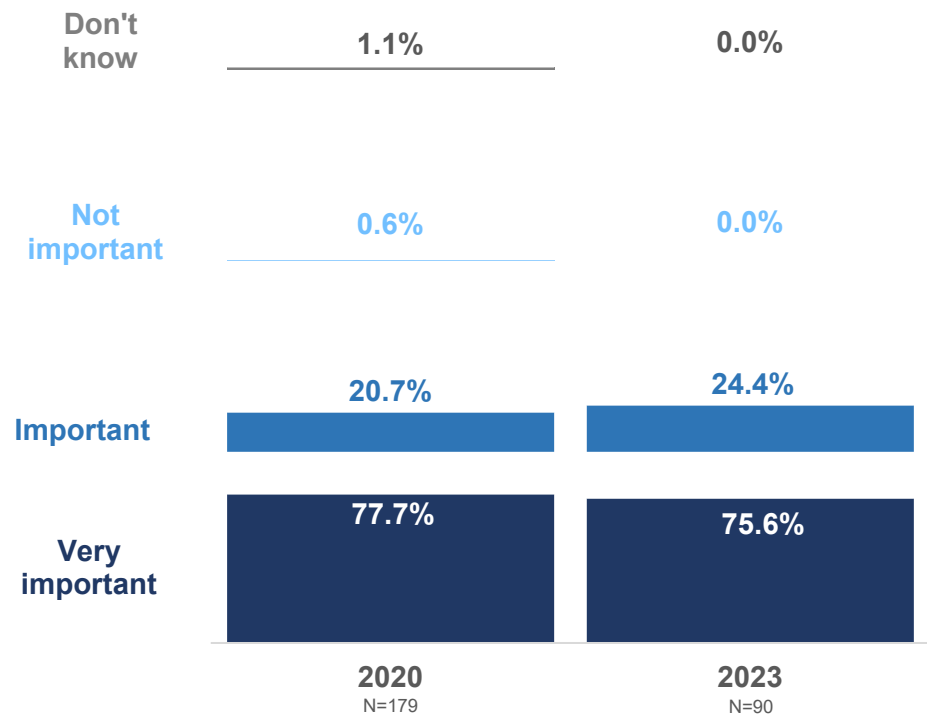
A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents could select any of the preventive services listed, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year.

“Other” comments included: Blood draw, Dental, and Physical therapy

Economic Importance of Healthcare (Question 12)

The majority of respondents (75.6%, n=68) indicated that local healthcare providers and services (i.e., hospitals, clinics, nursing homes, assisted living, etc.) are “Very important” to the economic well-being of the area. Twenty-four point four percent of respondents (n=22) indicated they are “Important.” No respondents thought they were “Not important” or reported that they “Don’t know.”

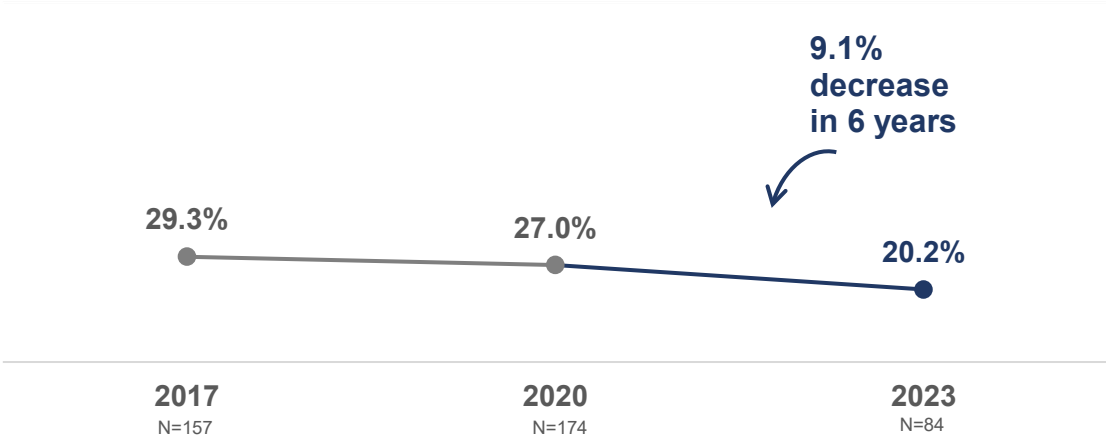
All 2023 respondents thought local healthcare providers and services were **Very important** or **Important** to the economic well-being of the area.



Delay of Services (Question 13)

Twenty point two percent of respondents (n=17) 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. Seventy-nine point eight percent of respondents (n=67) felt they were able to get the healthcare services they needed without delay.

Fewer 2023 respondents delayed or did not receive needed services compared to the previous assessments



View a cross tabulation of where respondents live and ‘delay of healthcare services’ on p. 80

Reason for Not Receiving/Delaying Needed Services (Question 14)

Among survey respondents who indicated they were unable to receive or had to delay services (n=17), the top reason for not receiving or delaying needed services was that they “Could not get an appointment” (29.4%, n=5). “Too long to wait for an appointment” was the next most cited reason at 23.5% (n=4).

| Reasons for Delay in Receiving Needed Healthcare | 2017 % (n) | 2020 % (n) | 2023 % (n) | SIGNIFICANT CHANGE |
|--|---------------|---------------|---------------|-------------------------------------|
| Number of respondents | 46 | 47 | 17 | |
| Could not get an appointment | 15.2% (7) | 12.8% (6) | 29.4% (5) | <input type="checkbox"/> |
| Too long to wait for an appointment | 13.0% (6) | 19.1% (9) | 23.5% (4) | <input type="checkbox"/> |
| COVID-19 barriers/concerns | | | 17.6% (3) | <input type="checkbox"/> |
| It cost too much | 52.2% (24) | 42.6% (20) | 17.6% (3) | <input checked="" type="checkbox"/> |
| Chose not to/did not want to go | 32.6% (15) | 21.3% (10) | 11.8% (2) | <input type="checkbox"/> |
| Could not get off work | 4.3% (2) | 4.3% (2) | 11.8% (2) | <input type="checkbox"/> |
| No insurance | 17.4% (8) | 8.5% (4) | 11.8% (2) | <input type="checkbox"/> |
| Unsure if services were available | 4.3% (2) | 0.0% (0) | 11.8% (2) | <input type="checkbox"/> |
| Had no childcare | 0.0% (0) | 2.1% (1) | 5.9% (1) | <input type="checkbox"/> |
| It was too far to go | 4.3% (2) | 4.3% (2) | 5.9% (1) | <input type="checkbox"/> |
| My insurance didn't cover it | 23.9% (11) | 14.9% (7) | 5.9% (1) | <input type="checkbox"/> |
| Office wasn't open when I could go | 10.9% (5) | 6.4% (3) | 5.9% (1) | <input type="checkbox"/> |
| Qualified provider not available | | 8.5% (4) | 5.9% (1) | <input type="checkbox"/> |
| Transportation problems | 2.2% (1) | 6.4% (3) | 5.9% (1) | <input type="checkbox"/> |
| Weather/bad roads | | 17.0% (8) | 5.9% (1) | <input type="checkbox"/> |
| Didn't know where to go | 8.7% (4) | 2.1% (1) | 0.0% (0) | <input type="checkbox"/> |
| Don't like doctors | 19.6% (9) | 12.8% (6) | 0.0% (0) | <input type="checkbox"/> |
| Don't understand healthcare system | | 2.1% (1) | 0.0% (0) | <input type="checkbox"/> |
| Language barrier | 0.0% (0) | 0.0% (0) | 0.0% (0) | <input type="checkbox"/> |
| Not treated with respect | 17.4% (8) | 6.4% (3) | 0.0% (0) | <input type="checkbox"/> |
| Quality of staff | 15.2% (7) | 19.1% (9) | 0.0% (0) | <input type="checkbox"/> |
| Too nervous or afraid | 2.2% (1) | 6.4% (3) | 0.0% (0) | <input type="checkbox"/> |
| Other* | 2.2% (1) | 14.9% (7) | 23.5% (4) | <input checked="" type="checkbox"/> |

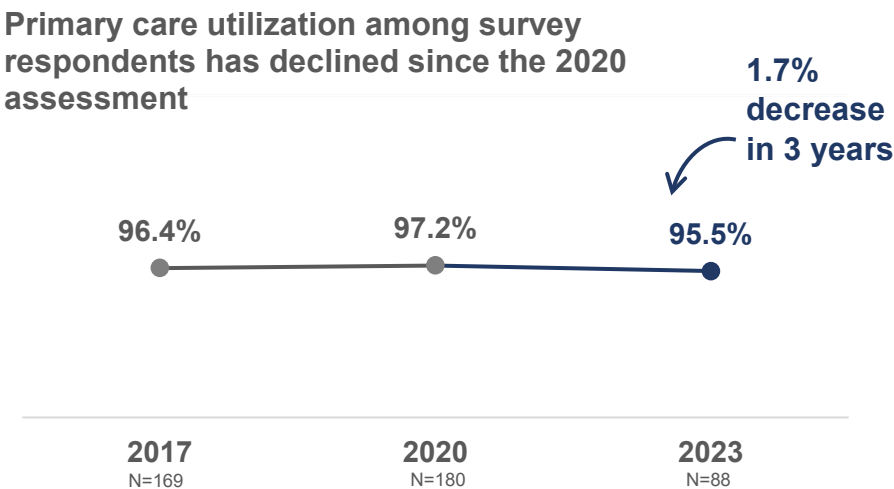
Table footer and Other comments continued on next page.

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=2) who selected over the allotted amount were moved to "Other."

"Other" comments included: Woman provider at local clinic for annual exams and Not applicable

Primary Care Services (Question 15)

Ninety-five point five percent of respondents (n=84) indicated they or someone in their household had been seen by a primary care provider (such as a family physician, physician assistant, or nurse practitioner) for healthcare services in the past three years. Four point five percent of respondents (n=4) indicated they had not received primary care.



Location of Primary Care Services (Question 16)

Among survey respondents who indicated receiving primary care services in the previous three years (n=84), the majority (47.6%, n=40) reported receiving care at “Stillwater Billings Clinic – Columbus,” and 13.1% of respondents (n=11) received care at “Billings Clinic - Billings.” Fourteen respondents were moved to “other” due to selecting more than one primary care provider location.

| Location of Primary Care Provider | 2017 % (n) | 2020 % (n) | 2023 % (n) |
|--|---------------------|---------------------|--------------------|
| Number of respondents | 149 | 174 | 84 |
| Stillwater Billings Clinic – Columbus | 57.0% (85) | 55.2% (96) | 47.6% (40) |
| Billings Clinic – Billings | 11.4% (17) | 11.5% (20) | 13.1% (11) |
| SCL/St. Vincent Healthcare - Billings | 13.4% (20) | 6.9% (12) | 7.1% (6) |
| SCL/St. Vincent Healthcare - Absarokee | 9.4% (14) | 2.9% (5) | 4.8% (4) |
| SCL/St. Vincent Healthcare - Laurel | | 3.4% (6) | 3.6% (3) |
| Beartooth Billings Clinic - Red Lodge | 0.0% (0) | 0.0% (0) | 2.4% (2) |
| Virtual health/phone/computer | | 0.0% (0) | 1.2% (1) |
| Pioneer Medical Center - Big Timber | | 2.3% (4) | 0.0% (0) |
| SCL/St. Vincent Healthcare - Red Lodge | | 0.0% (0) | 0.0% (0) |
| Other* | 8.7% (13) | 17.8% (31) | 20.2% (17) |
| TOTAL | 100.0% (149) | 100.0% (174) | 100.0% (84) |

Statistical significance was not measured as reporting differed between 2023 and the two previous years. A larger number of missing values in 2023 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=14) who selected over the allotted amount were moved to “Other.”

“Other” comments included: VA (2), VA Clinic Billings (2), Oregon, and Livingston Healthcare

View a cross tabulation of where respondents live with where they utilize primary care services on p. 81

Reasons for Primary Care Provider Selection (Question 17)

Eighty-three of the 84 respondents who indicated they or someone in their household had been seen by a primary care provider within the past three years, shared why they chose that primary care provider. “Closest to home” was the most frequently selected reason at 67.5% (n=56), followed by “Prior experience with clinic” at 55.4% (n=46), and “Appointment availability” at 33.7% (n=28).

| Reasons for Selecting Primary Care Provider | 2017 % (n) | 2020 % (n) | 2023 % (n) | SIGNIFICANT CHANGE |
|---|---------------|---------------|---------------|-------------------------------------|
| Number of respondents | 163 | 175 | 83 | |
| Closest to home | 54.0% (88) | 56.6% (99) | 67.5% (56) | <input type="checkbox"/> |
| Prior experience with clinic | 54.6% (89) | 45.7% (80) | 55.4% (46) | <input type="checkbox"/> |
| Appointment availability | 31.3% (51) | 29.7% (52) | 33.7% (28) | <input type="checkbox"/> |
| Clinic/provider’s reputation for quality | 20.2% (33) | 40.6% (71) | 30.1% (25) | <input checked="" type="checkbox"/> |
| Recommended by family or friends | 20.9% (34) | 19.4% (34) | 20.5% (17) | <input type="checkbox"/> |
| Gender of provider | | | 10.8% (9) | <input type="checkbox"/> |
| Referred by physician or other provider | 11.7% (19) | 9.7% (17) | 8.4% (7) | <input type="checkbox"/> |
| Length of waiting room time | 6.1% (10) | 9.7% (17) | 7.2% (6) | <input type="checkbox"/> |
| Privacy/confidentiality | | 7.4% (13) | 4.8% (4) | <input type="checkbox"/> |
| Required by insurance plan | 15.3% (25) | 7.4% (13) | 4.8% (4) | <input checked="" type="checkbox"/> |
| VA/Military requirement | 4.9% (8) | 3.4% (6) | 4.8% (4) | <input type="checkbox"/> |
| Closest to work | | 6.3% (11) | 3.6% (3) | <input type="checkbox"/> |
| Cost of care | 2.5% (4) | 2.3% (4) | 3.6% (3) | <input type="checkbox"/> |
| Virtual health option available | | 0.0% (0) | 2.4% (2) | <input checked="" type="checkbox"/> |
| Indian Health Services | 0.0% (0) | 0.0% (0) | 0.0% (0) | <input type="checkbox"/> |
| Other | 3.7% (6) | 9.7% (17) | 4.8% (4) | <input type="checkbox"/> |

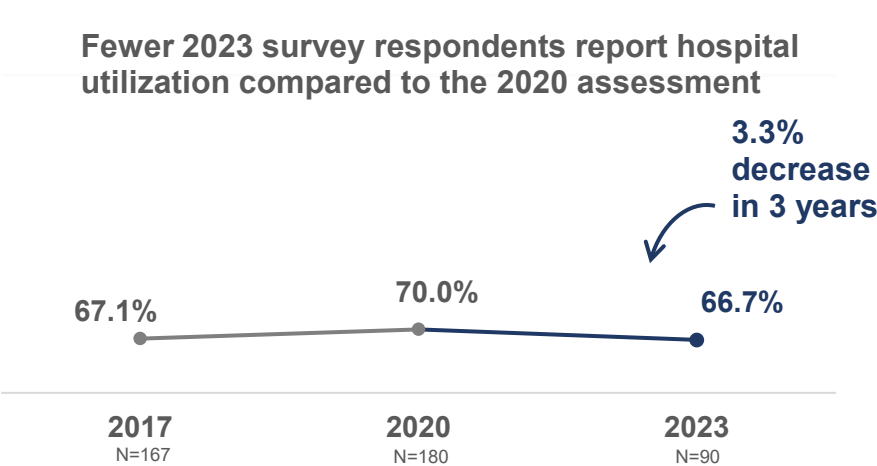
A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to pick the reasons for selection of their primary care provider, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year.

“Other” comments included: Been my provider for years and Long time doctor

View a cross tabulation of where respondents utilize primary care services with their reasons for selecting their provider on p. 82

Hospital Care Services (Question 18)

Respondents were asked if they or someone in their household had received hospital care in the last three years. Hospitalization was quantified as hospitalized overnight, day surgery, obstetrical care, rehabilitation, radiology, or emergency care. Sixty-six point seven percent of respondents (n=60) reported that they or a member of their family had received hospital care during the previous three years, and 33.3% (n=30) had not received hospital services.



Location of Hospital Services (Question 19)

Of the survey respondents who indicated receiving hospital care in the last three years (n=60), the majority (38.3%, n=23) report utilizing “Billings Clinic – Billings” most often. Twenty-five percent of respondents (n=15) received services at “Stillwater Billings Clinic – Columbus,” followed closely by “SCL/St. Vincent Healthcare – Billings” (23.3%, n=14).

| Hospital Used Most Often | 2017 % (n) | 2020 % (n) | 2023 % (n) |
|---------------------------------------|---------------------|---------------------|--------------------|
| Number of respondents | 101 | 125 | 60 |
| Billings Clinic - Billings | 37.6% (38) | 43.2% (54) | 38.3% (23) |
| Stillwater Billings Clinic - Columbus | 33.7% (34) | 28.0% (35) | 25.0% (15) |
| SCL/St. Vincent Healthcare - Billings | 26.7% (27) | 20.0% (25) | 23.3% (14) |
| Beartooth Billings Clinic - Red Lodge | 0.0% (0) | 0.0% (0) | 0.0% (0) |
| Pioneer Medical Center - Big Timber | | 0.0% (0) | 0.0% (0) |
| Other* | 2.0% (2) | 8.8% (11) | 13.3% (8) |
| TOTAL | 100.0% (101) | 100.0% (125) | 100.0% (60) |

Statistical significance was not measured as reporting differed between 2023 and the two previous years. A larger number of missing values in 2023 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.”

View a cross tabulation of where respondents live with where they utilize hospital services on p. 83

Reasons for Hospital Selection (Question 20)

Of the survey respondents who indicated receiving hospital care in the last three years (n=60), the majority of respondents (43.3%, n=26) stated that “Prior experience with hospital” was their top reason for selecting the facility they used most often. “Closest to home” was selected by 41.7% of the respondents (n=25), followed closely by “Referred by physician or other provider” at 38.3% (n=23).

| Reasons for Selecting Hospital | 2017 % (n) | 2020 % (n) | 2023 % (n) | SIGNIFICANT CHANGE |
|---|---------------|---------------|---------------|-------------------------------------|
| Number of respondents | 112 | 126 | 60 | |
| Prior experience with hospital | 42.0% (47) | 42.1% (53) | 43.3% (26) | <input type="checkbox"/> |
| Closest to home | 37.5% (42) | 32.5% (41) | 41.7% (25) | <input type="checkbox"/> |
| Referred by physician or other provider | 32.1% (36) | 38.1% (48) | 38.3% (23) | <input type="checkbox"/> |
| Hospital’s reputation for quality | 28.6% (32) | 33.3% (42) | 28.3% (17) | <input type="checkbox"/> |
| Quality of staff | 22.3% (25) | 27.8% (35) | 21.7% (13) | <input type="checkbox"/> |
| Emergency, no choice | 26.8% (30) | 15.1% (19) | 16.7% (10) | <input type="checkbox"/> |
| Recommended by family or friends | 10.7% (12) | 8.7% (11) | 11.7% (7) | <input type="checkbox"/> |
| Required by insurance plan | 14.3% (16) | 14.3% (18) | 11.7% (7) | <input type="checkbox"/> |
| Closest to work | 6.3% (7) | 1.6% (2) | 5.0% (3) | <input type="checkbox"/> |
| Privacy/confidentiality | | 0.0% (0) | 3.3% (2) | <input checked="" type="checkbox"/> |
| VA/Military requirement | 4.5% (5) | 3.2% (4) | 3.3% (2) | <input type="checkbox"/> |
| Cost of care | 0.9% (1) | 3.2% (4) | 0.0% (0) | <input type="checkbox"/> |
| Financial assistance programs | | 1.6% (2) | 0.0% (0) | <input type="checkbox"/> |
| Other* | 0.9% (1) | 12.7% (16) | 11.7% (7) | <input checked="" type="checkbox"/> |

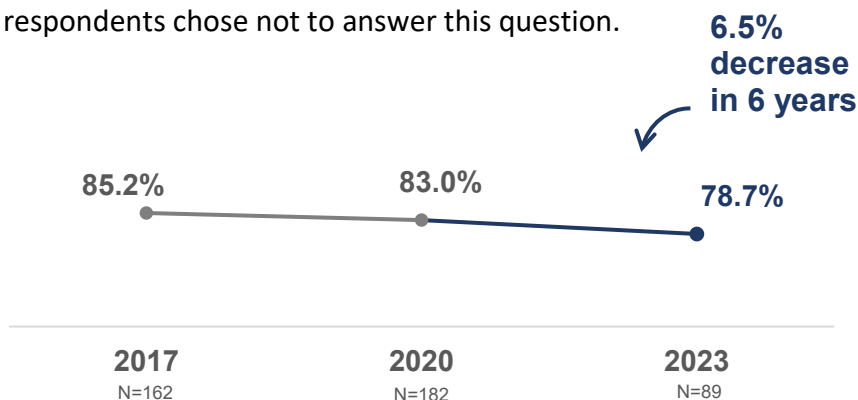
A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to pick their top three reasons for selecting a hospital, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year. *Respondents (N=4) who selected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

“Other” comments included: It was where they sent me, We moved from Billings, and Specialist

View a cross tabulation of where respondents utilize hospital services with their reasons for selecting that facility p. 84

Specialty Care Services (Question 21)

Seventy-eight point seven percent of survey respondents (n=70) indicated they or a household member had seen a healthcare specialist during the past three years, while 21.3% (n=19) indicated they had not. Three respondents chose not to answer this question.



Location of Healthcare Specialist(s) (Question 22)

Of the 70 respondents who indicated they saw a healthcare specialist in the past three years, 95.7% (n=67) went to Billings. Specialty services in Columbus were utilized by 24.3% of respondents (n=17).

| Location of Specialist | 2017 % (n) | 2020 % (n) | 2023 % (n) | SIGNIFICANT CHANGE |
|-------------------------|---------------|---------------|---------------|--------------------------|
| Number of respondents | 138 | 151 | 70 | |
| Billings | 89.9% (124) | 89.4% (135) | 95.7% (67) | <input type="checkbox"/> |
| Columbus | 30.4% (42) | 26.5% (40) | 24.3% (17) | <input type="checkbox"/> |
| Bozeman | | | 4.3% (3) | <input type="checkbox"/> |
| Laurel | | 2.6% (4) | 4.3% (3) | <input type="checkbox"/> |
| Out of state specialist | | | 4.3% (3) | <input type="checkbox"/> |
| Absarokee | 4.3% (6) | 0.7% (1) | 2.9% (2) | <input type="checkbox"/> |
| Big Timber | | 0.0% (0) | 0.0% (0) | <input type="checkbox"/> |
| Red Lodge | 2.9% (4) | 2.6% (4) | 0.0% (0) | <input type="checkbox"/> |
| Virtual specialist | | | 0.0% (0) | <input type="checkbox"/> |
| Other | 6.5% (9) | 9.9% (15) | 1.4% (1) | <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.

Type of Healthcare Specialist Seen (Question 23)

Among the respondents who indicated seeing a healthcare specialist in the past three years (n=70), 69 shared the type of specialist they saw. The most frequently indicated specialist was a “Dentist” with 49.3% of respondents (n=34) having utilized their services. The “Dermatologist,” “Optometrist,” and “Physical therapist” were the next most utilized specialists at 27.5% (n=19, each). One individual chose not to answer this question. Respondents were asked to choose all that apply, so percentages do not equal 100%.

| Type of Specialists Seen | 2017 % (n) | 2020 % (n) | 2023 % (n) | SIGNIFICANT CHANGE |
|--------------------------|---------------|---------------|---------------|-----------------------|
| Number of respondents | 138 | 151 | 69 | |
| Dentist | 64.5% (89) | 39.1% (59) | 49.3% (34) | ■ |
| Dermatologist | 36.2% (50) | 27.8% (42) | 27.5% (19) | □ |
| Optometrist | | 24.5% (37) | 27.5% (19) | □ |
| Physical therapist | 30.4% (42) | 19.9% (30) | 27.5% (19) | □ |
| Cardiologist | 20.3% (28) | 22.5% (34) | 26.1% (18) | □ |
| Chiropractor | 21.7% (30) | 15.2% (23) | 18.8% (13) | □ |
| Orthopedic surgeon | 31.2% (43) | 27.2% (41) | 18.8% (13) | □ |
| Radiologist | 18.1% (25) | 16.6% (25) | 18.8% (13) | □ |
| Urologist | 15.2% (21) | 16.6% (25) | 17.4% (12) | □ |
| Neurologist | 16.7% (23) | 11.3% (17) | 13.0% (9) | □ |
| Allergist/immunologist | 5.8% (8) | 4.0% (6) | 11.6% (8) | □ |
| Audiologist | | 6.0% (9) | 11.6% (8) | □ |
| Naturopath | | | 11.6% (8) | □ |
| OB/GYN/Midwife | 18.8% (26) | 19.9% (30) | 10.1% (7) | □ |
| Oncologist | 6.5% (9) | 11.3% (17) | 10.1% (7) | □ |
| Ophthalmologist | 26.8% (37) | 15.2% (23) | 10.1% (7) | ■ |
| Podiatrist | 8.7% (12) | 7.3% (11) | 10.1% (7) | □ |
| General surgeon | 11.6% (16) | 9.9% (15) | 8.7% (6) | □ |
| Neurosurgeon | 8.7% (12) | 6.6% (10) | 8.7% (6) | □ |
| ENT (ear/nose/throat) | 10.9% (15) | 8.6% (13) | 7.2% (5) | □ |
| Gastroenterologist | 13.8% (19) | 13.2% (20) | 7.2% (5) | □ |

Table continued on the next page.

| | | | | |
|-----------------------------|------------|-----------|------------|-------------------------------------|
| Occupational therapist | 5.8% (8) | 6.6% (10) | 5.8% (4) | <input type="checkbox"/> |
| Rheumatologist | 5.1% (7) | 7.9% (12) | 5.8% (4) | <input type="checkbox"/> |
| Endocrinologist | 3.6% (5) | 4.0% (6) | 4.3% (3) | <input type="checkbox"/> |
| Mental health counselor | 4.3% (6) | 2.0% (3) | 4.3% (3) | <input type="checkbox"/> |
| Dietician/Weight management | 3.6% (5) | 2.6% (4) | 2.9% (2) | <input type="checkbox"/> |
| Interventional radiologist | | | 2.9% (2) | <input type="checkbox"/> |
| Pediatrician | 7.2% (10) | 5.3% (8) | 2.9% (2) | <input type="checkbox"/> |
| Psychiatrist (M.D.) | 3.6% (5) | 3.3% (5) | 2.9% (2) | <input type="checkbox"/> |
| Pulmonologist | 13.8% (19) | 5.3% (8) | 2.9% (2) | <input checked="" type="checkbox"/> |
| Cardiac rehabilitation | | 0.0% (0) | 1.4% (1) | <input type="checkbox"/> |
| Geriatrician | 0.7% (1) | 0.0% (0) | 1.4% (1) | <input type="checkbox"/> |
| Nephrologist | | | 1.4% (1) | <input type="checkbox"/> |
| Plastic surgery | | | 1.4% (1) | <input type="checkbox"/> |
| Psychologist | 4.3% (6) | 0.7% (1) | 1.4% (1) | <input type="checkbox"/> |
| Social worker | | 0.7% (1) | 1.4% (1) | <input type="checkbox"/> |
| Speech therapist | 1.4% (2) | 0.7% (1) | 1.4% (1) | <input type="checkbox"/> |
| Substance abuse counselor | 0.0% (0) | 0.0% (0) | 1.4% (1) | <input type="checkbox"/> |
| Other | 6.5% (9) | 5.3% (8) | 14.5% (10) | <input checked="" type="checkbox"/> |

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

Overall Quality of Care of Services through Stillwater Billings Clinic (Question 24)

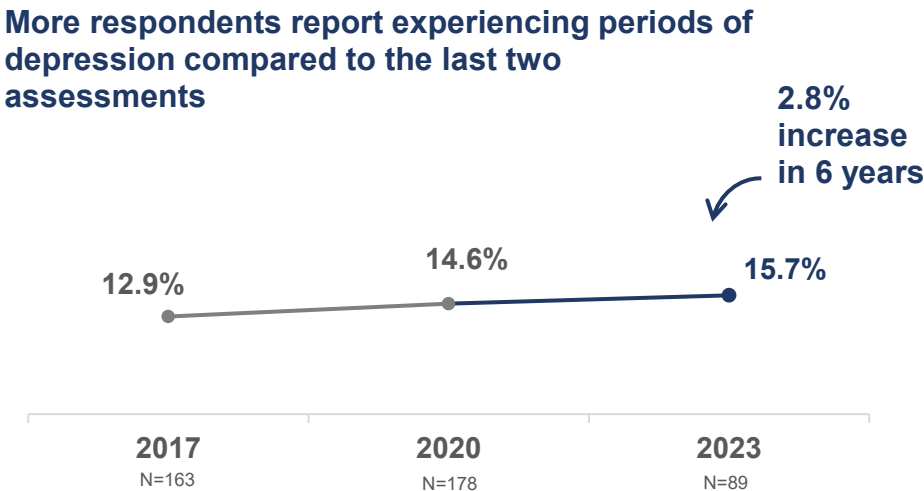
Respondents were asked to rate various services available through Stillwater Billings Clinic using the scale of 4= Excellent, 3= Good, 2= Fair, 1=Poor, and Don't know/Haven't used. The service that received the highest score were "Laboratory" and "Ambulance services" (3.6 out of 4.0). Overall, the average rating on quality and availability of the health services listed was 3.4 out of 4.0.

| Quality of Care Rating at Stillwater Billings Clinic | 2017 Average (n) | 2020 Average (n) | 2023 Average (n) | SIGNIFICANT CHANGE |
|--|---------------------|---------------------|---------------------|-----------------------|
| Total number of respondents | 137 | 163 | 81 | |
| Laboratory | 3.2 (103) | 3.4 (118) | 3.6 (56) | ■ |
| Ambulance services | 3.4 (39) | 3.5 (47) | 3.6 (29) | □ |
| Clinic services | 3.2 (120) | 3.3 ((154) | 3.5 (74) | □ |
| Radiology Services (x-ray, ultrasound, CT-scan, mammography) | 3.3 (97) | 3.5 (107) | 3.5 (56) | □ |
| Same day care | | | 3.5 (44) | □ |
| Outpatient infusion services | | 2.9 (8) | 3.5 (2) | □ |
| Endoscopy | | 3.3 (14) | 3.4 (7) | □ |
| Public health | 2.6 (21) | 3.2 (22) | 3.4 (14) | ■ |
| Inpatient/hospital stay | 2.9 (31) | 3.3 (44) | 3.3 (19) | □ |
| Emergency room | 3.1 (98) | 3.3 (114) | 3.2 (46) | □ |
| Therapy (cardiac, physical, occupational, speech) | 3.3 (57) | 3.5 (65) | 3.2 (26) | □ |
| Specialty outreach clinics | 2.6 (18) | 3.4 (26) | 3.0 (4) | ■ |
| Nutrition services | | 3.1 (25) | 2.3 (3) | □ |
| Overall average | 3.2 (137) | 3.3 (163) | 3.4 (81) | □ |

Respondents were asked to rate the quality of hospital services on a 4-point Likert Scale, with 1 corresponding with poor, 2 corresponding with Fair, 3 corresponding with Good, and 4 corresponding with Excellent. 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.

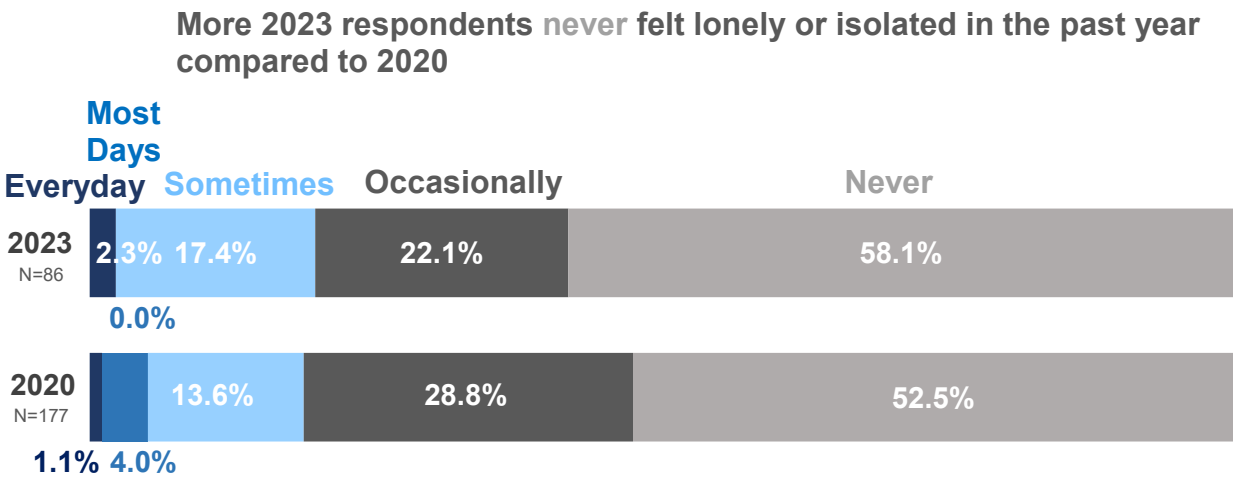
Prevalence of Depression (Question 25)

Respondents were asked to indicate if there were periods of at least three consecutive months in the past three years where they felt depressed on most days. Fifteen point seven percent of respondents (n=14) indicated they had experienced periods of depression, and 84.3% of respondents (n=75) indicated they had not.



Social Isolation (Question 26)

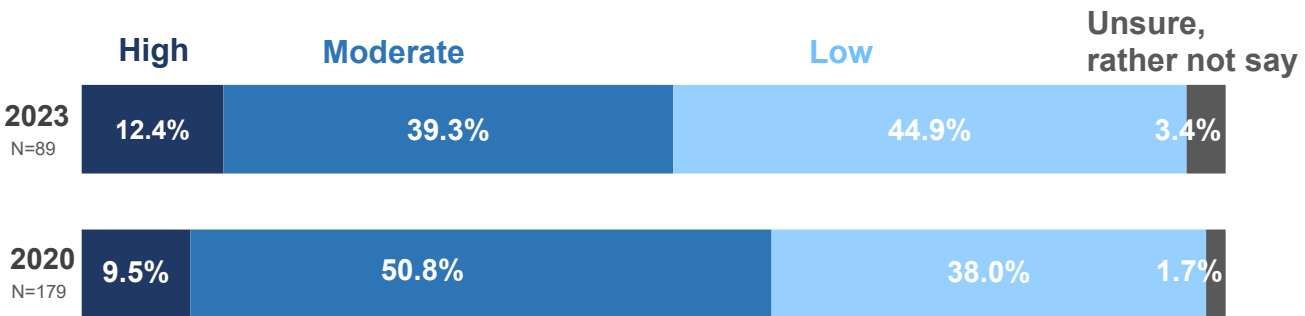
Respondents were asked to indicate how often they felt lonely or isolated in the past year. Fifty-eight point one percent of respondents (n=50) indicated they never felt lonely or isolated, and 22.1% of respondents (n=19) indicated they “Occasionally (1-2 days per month)” felt lonely or isolated. Seventeen point four percent (n=15) reported they felt lonely or isolated “Sometimes (3-5 days per month),” and 2.3% (n=2) reported they felt lonely or isolated “Everyday.” No respondents shared that they felt lonely or isolated on “Most days (3-5 days per week).”



Perception of Stress (Question 27)

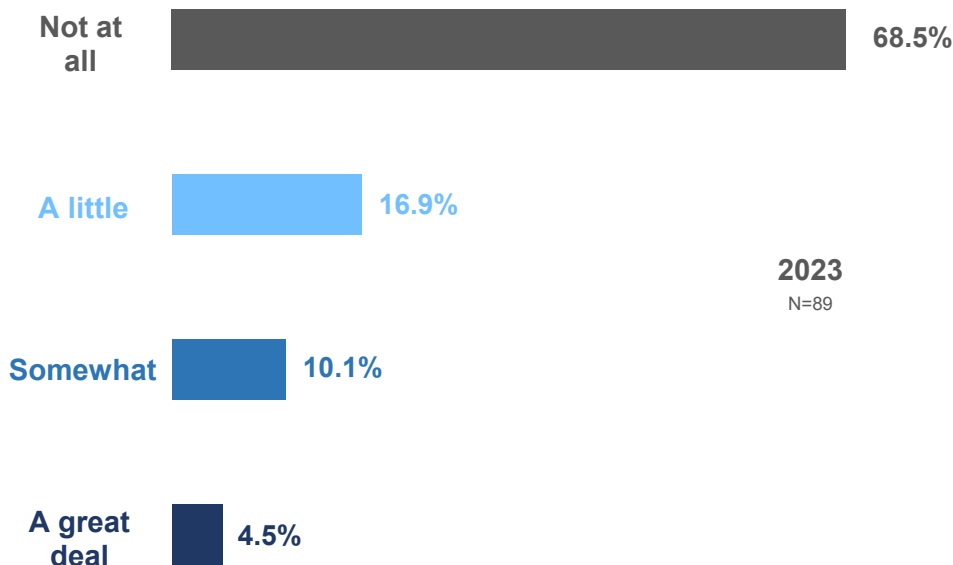
Respondents were asked to indicate how they would describe their stress level over the past year. Twelve point four percent of respondents (n=11) indicated they experienced a “high” level of stress, 39.3% (n=35) had a “moderate” level of stress, 44.9% of respondents (n=40) indicated they had experienced a “low” level of stress. Three point four percent of respondents (n=3) indicated they were “Unsure/rather not say.”

Fewer 2023 respondents describe their stress level in the past year as **moderate** or **high** compared to the 2020 assessment.



Impact of Substance Abuse (Question 28)

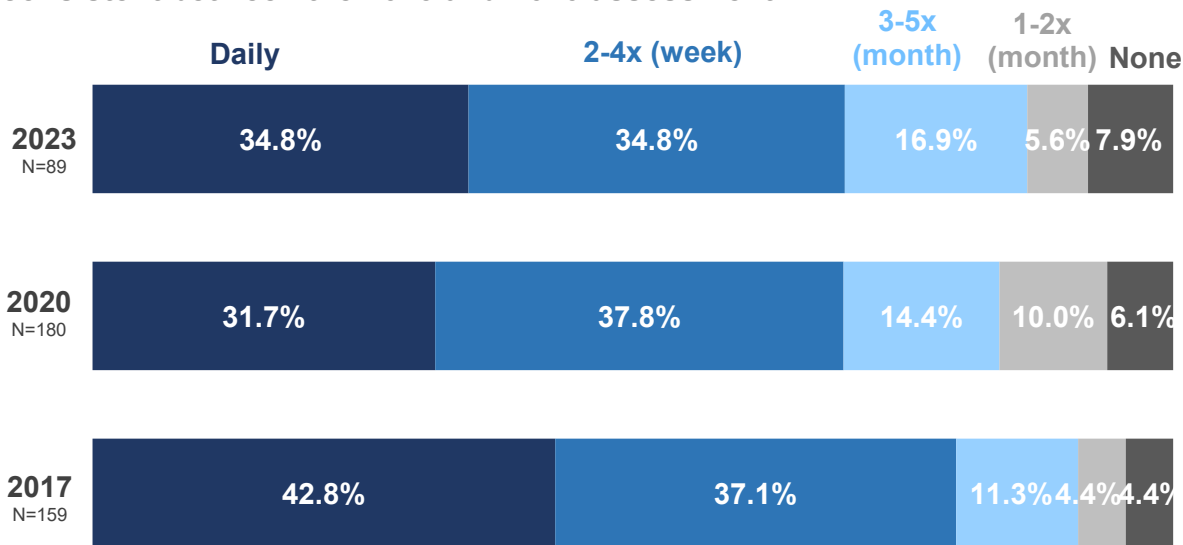
Respondents were asked to indicate to what degree their life has been negatively affected by their own or someone else’s substance abuse issues including alcohol, prescription, or other drugs. Sixty-eight point five percent of respondents (n=61) indicated their life was “Not at all” affected. Sixteen point nine percent (n=15) were “A little” affected, 10.1% (n=9) were “Somewhat” affected, and 4.5% (n=4) were “A great deal” negatively affected.



Physical Activity (Question 29)

Respondents were asked to indicate how frequently they had physical activity for at least twenty minutes over the past month. Thirty-four point eight percent of respondents (n=31, each) indicated they had physical activity “Daily” and “2-4 times per week.” Sixteen point nine percent of respondents (n=15) indicated they had physical activity “3-5 times per month,” 5.6% (n=5) indicated they had physical activity “1-2 times per month,” and 7.9% (n=7) indicated they had “No physical activity.”

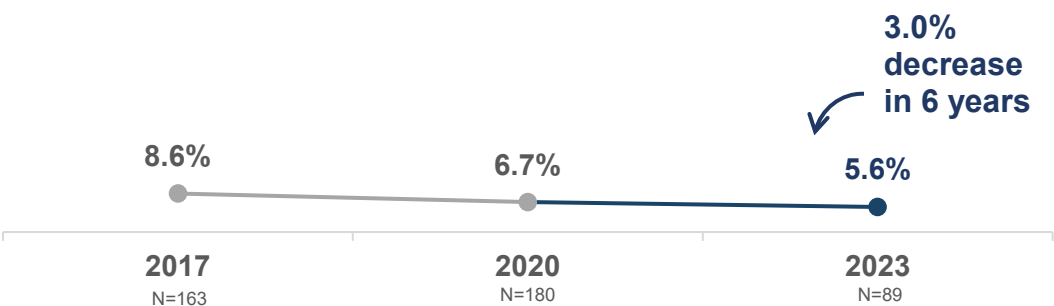
Physical activity among survey respondents has remained relatively consistent between the 2023 and 2020 assessment



Cost and Prescription Medications (Question 30)

Respondents were asked to indicate if during the last year medication costs had prohibited them from getting a prescription or taking their medication regularly. Five point six percent of respondents (n=5) indicated that in the last year cost had prohibited them from getting a prescription or taking their medication regularly. Eighty-three point one percent of respondents (n=74) indicated that cost had not prohibited them. Ten respondents shared that this was not an applicable question to them.

Cost as a barrier to taking medications has consistently declined since the 2017 assessment



Food Insecurity (Question 31)

Respondents were asked to indicate if, during the last year, they had worried that they would not have enough food to eat. The majority, 95.5% (n=84), were not worried, but 4.5% (n=4) were concerned about not having enough to eat.

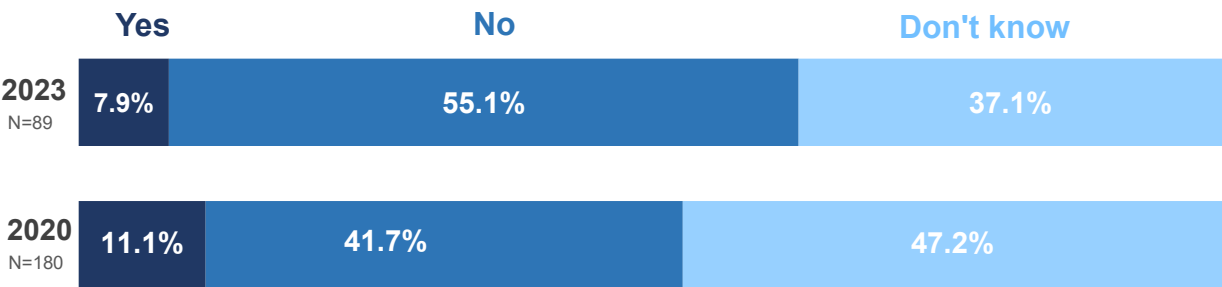
The majority of respondents did not worry about having enough food



Housing (Question 32)

Respondents were asked to indicate if they felt the community has adequate and affordable housing options available. Fifty-five point one percent of respondents (n=49) indicated that they feel there are not adequate and affordable housing options available in the community, 7.9% (n=7) felt there are adequate and affordable options available, and 37.1% (n=33) didn't know.

Fewer 2023 respondents feel the community has adequate and affordable housing options available compared to the 2020 assessment.



Health Insurance Type (Question 33)

Respondents were asked to indicate what type of health insurance covers the majority of their medical expenses. Thirty point eight percent (n=28) indicated they have “Medicare” coverage. Nineteen point eight percent (n=18) indicated they have “Employer sponsored” coverage. Fifteen respondents were moved to “Other” for selecting over the allotted one health insurance type.

| Type of Health Insurance | 2017 % (n) | 2020 % (n) | 2023 % (n) |
|--------------------------------|---------------------|---------------------|--------------------|
| Number of respondents | 145 | 181 | 91 |
| Medicare | 29.0% (42) | 31.5% (57) | 30.8% (28) |
| Employer sponsored | 45.5% (66) | 38.1% (69) | 19.8% (18) |
| Medicare Advantage | | | 12.1% (11) |
| Private insurance/private plan | 6.9% (10) | 3.3% (6) | 5.5% (5) |
| VA/Military | 5.5% (8) | 4.4% (8) | 4.4% (4) |
| Medicaid | 1.4% (2) | 3.3% (6) | 3.3% (3) |
| None/pay out of pocket | 2.1% (3) | 1.7% (3) | 3.3% (3) |
| Health Insurance Marketplace | 6.9% (10) | 3.9% (7) | 1.1% (1) |
| Health Savings Account | 0.7% (1) | 0.6% (1) | 1.1% (1) |
| Healthy MT Kids | 0.7% (1) | 0.0% (0) | 0.0% (0) |
| Indian Health | 0.0% (0) | 0.0% (0) | 0.0% (0) |
| State/Other | 1.4% (2) | | |
| Other* | 0.0% (0) | 13.3% (24) | 18.7% (17) |
| TOTAL | 100.0% (145) | 100.0% (181) | 100.0% (91) |

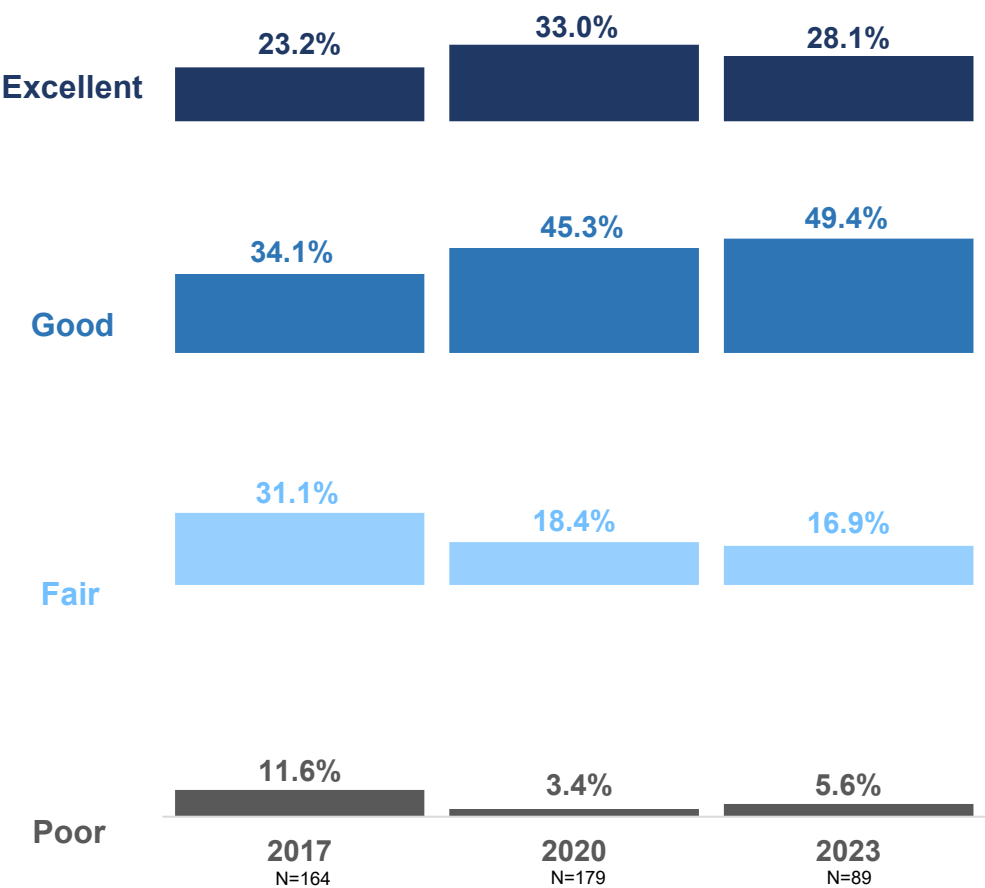
Statistical significance was not measured as reporting differed between 2023 and the two previous years. A larger number of missing values in 2023 compared to previous years would result in a skewed test for significance, indicating a meaningful change when one may not exist. Grayed out cells indicate the question was not asked that year. *Respondents (N=15) who selected over the allotted amount were moved to “Other.”

“Other” comments included: Health sharing plan and Christian Health Share

Insurance and Healthcare Costs (Question 34)

Respondents were asked to indicate how well they feel their health insurance covers their healthcare costs. Forty-nine point four percent of respondents (n=44) indicated they felt their insurance covers a “Good” amount of their healthcare costs. Twenty-eight point one percent of respondents (n=25) indicated they feel their insurance was “Excellent,” 16.9% of respondents (n=15) indicated they feel their insurance is “Fair,” and 5.6% of respondents (n=5) feel their insurance covers a “Poor” amount of their healthcare costs.

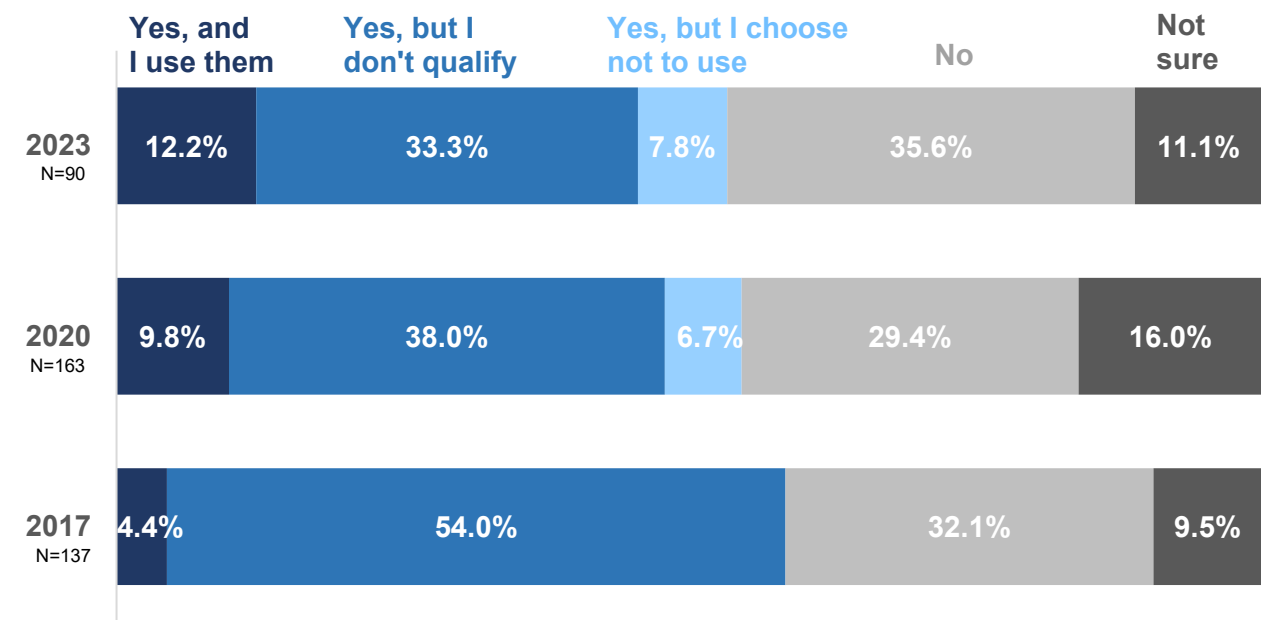
Over 3/4 of respondents feel that their health insurance offers **excellent** or **good** coverage



Awareness of Health Cost Assistance Programs (Question 36)

Respondents were asked to indicate their awareness of programs that help people pay for healthcare expenses. The majority of respondents (35.6%, n=32) shared that they are not aware of these programs. Thirty-three point three percent of respondents (n=30) indicated they were aware of these programs, but don't qualify to utilize them, 12.2% (n=11) were aware of these programs and use them, 11.1% (n=10) were not sure if they were aware of health cost assistance programs, and 7.8% (n=7) were aware of the programs, but choose not to utilize them.

Fewer 2023 respondents are aware of programs that help people pay for healthcare expenses compared to the previous assessments





KEY INFORMANT INTERVIEW RESULTS

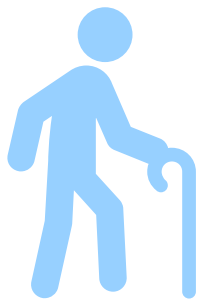
Key Informant Interview Methodology

Four key informant interviews were conducted between May and June 2023. Participants were identified as people living in Stillwater Billings Clinic's service area.

The interviews were conducted over the telephone. The conversations 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.



AGING IN PLACE

The most common thread of the key informant interviews was a concern for the area's aging population. The biggest subthemes among those interviewed fell under the topics of transportation, home health services, and living options.

Nearly all key informant interview participants expressed their desire to support seniors in staying at home as long as they wish and age within the community. While this is a value among the community, there was an acknowledgement that the closure of the local nursing home and home health services have been a challenge for the area.

With advanced age comes an inherent need for expanded access to healthcare services and resources. Community members were grateful to Stillwater Billings Clinic for increasing access to specialty services locally. However, there was a concern that elderly community members may still face challenges getting to and from medical appointments locally.



AWARENESS OF HEALTH SERVICES & RESOURCES

Enhanced awareness of health services and resources was also an opportunity identified by community members. While community members were generally pleased with the breadth of services offered through Stillwater Billings Clinic (SBC), they discussed a desire for increased awareness of what is available locally. Among the conversations was a desire for enhanced SBC presence in the local schools and at community events, as well as increased access to opportunities promoting healthy lifestyles (i.e., weight management and fitness opportunities, etc.).



SERVICES NEEDED IN THE COMMUNITY

- Improved access to services for low-income individuals and families
- Mental and behavioral health services and resources
- Expanded aging in place services and resources (i.e., home health, community living options, etc.)
- Transportation to and from medical appointments
- Outreach and education to promote healthy lifestyles
- Weight management programs (i.e., education and fitness opportunities, etc.)
- Orthodontist
- Expanded OB/GYN services
- Vision care
- Healthcare workforce



EXECUTIVE SUMMARY

Executive Summary

The table below shows a summary of results from the Stillwater Billings Clinic 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 partners through key informant interviews; and the potential impact of a given issue.

| Areas of Opportunity | Secondary Data | Survey | Interviews |
|--|----------------|--------|------------|
| Access to Healthcare Services | | | |
| Barriers to access | | | |
| <i>More primary care providers</i> | ⊗ | ✓ | |
| <i>Vision care</i> | | ✓ | ☑ |
| <i>Awareness of health services and resources</i> | | ✓ | ☑ |
| Senior Services | | | |
| <i>High percentage of population 65+</i> | ⊗ | ✓ | ☑ |
| <i>Enhanced aging in place services (i.e., transportation, home health services, living options, etc.)</i> | | ✓ | ☑ |
| Chronic Disease Management & Prevention | | | |
| <i>Cancer</i> | ⊗ | ✓ | |
| <i>Tobacco use</i> | ⊗ | ✓ | |
| <i>Healthy behaviors and lifestyles- weight loss, fitness, 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 Stillwater Billings Clinic and community members from Stillwater 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 of services and resources
- Access to healthcare services
- Mental and behavioral health
- Health, wellness, and prevention

Stillwater Billings Clinic will determine which needs or opportunities could be addressed considering their organization'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.

- The Brain Injury Alliance of Montana and the Montana High School Association provides education and resources to Montanans in order to reduce the incidence of Traumatic Brain Injury (TBI) and to assist those who are affected by TBI.
- Stillwater County schools provide tobacco prevention to students, concussion training/management to coaches and other preventative and educational opportunities.
- The YMCA and Granite Peak Little League provide physical activity opportunities and various youth programs for the community.
- The Stillwater Youth Center provides after-school programs and activities for the school-age students in the community.
- The Stillwater County Extension Office provides educational resources and is a partner to Stillwater Billings Clinic.
- The Stillwater County Chamber of Commerce is a non-profit partnership in Stillwater County that works to build a healthy economy and improve the quality of the community.
- Compassionate Friends of the Stillwater Valley serves as a support group for families dealing with the loss of loved ones.
- Project Hope provides access to a food bank, temporary housing, and necessary supplies for low-income families in need of assistance.
- The Absarokee Civic Club addresses problems and concerns in order to make the community a better place to live.
- The City/County Planning Board provides leadership regarding the planning and implantation of walking and biking trails within the community.
- The Columbus Community Garden promotes gardening and hosts lecture series on gardening for community members.
- The Stillwater Gym and 190 Fitness both provide paying community members with a facility and classes to promote physical activity.
- ShapeUp Montana is a statewide three-month initiative designed to get Montanans more physically active.
- The Absarokee Medical Clinic provides health services to community members, as well as reduced-cost services such as immunizations.
- The Stillwater County Mental Health Center Satellite Office provides mental health services and programs to community members.
- The Human Resources Development Council (HRDC) provides comprehensive services needed to help low-income individuals and families become self-sustaining and productive members of the community.
- The Columbus Senior Citizen Center provides meals, services, and programs to the senior citizens of the community.

- The Absarokee Senior Citizen Center provides meals, services, and programs to the senior citizens of the community.
- The pharmacy in Columbus provides education to community members regarding certain insurance programs (i.e., Medicare Part D) and also hosts Pharmacy students from the University of Montana (UM).
- Montana Nutrition and Physical Activity program (NAPA) can assist with initiatives associated with health and wellness.
- The Agency for Healthcare Research & Quality (AHRQ) provides research to assist providers and patients with making informed healthcare decisions and improving the quality of healthcare services.
- Montana Office of Rural Health/AHEC (MORH/AHEC) provides technical assistance to rural health systems and organizations.
- Montana Hospital Association
- The Eastern Montana Telemedicine Network (EMTN) provides support and resources specific to telemedicine.
- The Montana Department of Health and Human Services (MT DPHHS) works to protect the health of Montanans.
- WWAMI (Washington, Wyoming, Alaska, Montana, and Idaho) serves as a model program for training physicians and other health professionals for rural area

Evaluation of Previous CHNA & Implementation Plan

Stillwater Billings Clinic (SBC) provided the Montana Office of Rural Health with an update on their Implementation Plan activities from their previous CHNA process. The SBC Board of Directors approved its previous implementation plan on October 5, 2020. The plan prioritized the following health issues:

- Awareness of services and resources
- Access to healthcare services
- Mental and behavioral health
- Health, wellness, and prevention

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

stillwaterbillingsclinic.com.

Goal 1: Improve awareness of resources and services in Stillwater County through enhanced community outreach and education.

| | Activities | Accomplishments | Community Impact/Outcomes |
|---|---|--|---|
| Strategy 1.1: Explore opportunities to enhance County-wide health education and partnership in community events. | Continue to partner with local school to support and co-sponsor health education and promotion events in Columbus and Absarokee. Expand outreach to Park City, Reed Point, and Rapelje. | Increased health outreach to Park City and Reed Point Schools. Maintained outreach to Columbus and Absarokee. | Increased awareness of services and community education. |
| | Develop County outreach materials to improve knowledge and access to local services and resources (i.e., information booth materials, handouts for community events). | Developed materials for booths for community events such as Chamber events and farmer's market. | Increased awareness of services, outreach, and community education. |

| | | | |
|--|---|--|--|
| | Explore opportunities support/grow area health fairs/wellness events with new community partners (i.e., Stillwater Mine). Enhancing opportunities to share educational materials and provide various outreach and/or screening services for free or nominal cost. | SBC co-hosted a community run with the local mental health center. | Provided increased awareness of services both within the facility as well as within partnerships for mental health within the community. |
| | Develop and publish community 'patient experience' stories in local newspaper and through social media to help enhance community knowledge of services available. | Increased stories in the local paper of patient success as well as employee success. Attention to the local new station and obtained a billboard for outreach. | Increase awareness of services with a broader reach of patient awareness than in previous years. |

Goal 2: Improve overall health in Stillwater County through increased access to health and wellness opportunities.

| | Activities | Accomplishments | Community Impact/Outcomes |
|---|---|---|--|
| Strategy 2.1: Engage with community partners to improve and expand health and wellness resources in the county | Continue to develop a walking trail on campus to improve access to fitness opportunities in Stillwater County. | SBC is working to continue the plans on the walking trail and finding additional grant opportunities. | This activity will eventually provide increased outdoor exercise options to our community members. |
| | Expand current community coalition to a County wide wellness coalition-stakeholder group. Meeting at least twice a year to determine goals and project awareness. | Not met due to lack of community interest. | None determined |
| | With coalition, conduct an environmental scan of current projects, and research new potential projects, funding, and sustainability strategies. | Not met due to lack of community interest. | None determined |

| | | | |
|--|---|--|---|
| | Develop programs at SBC that address fitness, nutrition, wellness (ex. Diabetes prevention program). | SBC contracted with a registered dietician (RD) and successfully onboarded a RD. | Increase of education opportunities, individualized care, and lifespan wellness |
| | Develop new education/outreach on chronic disease, communicable disease, fall prevention and monthly health topics. | Successfully onboarded an RD. | Increased education opportunities, individualized care, and lifespan wellness. |

Goal 3: Improve access to mental health and behavioral health services in Stillwater County.

| | Activities | Accomplishments | Community Impact/Outcomes |
|--|--|---|--|
| Strategy 3.1: Continue to collaborate with community partners to enhance efforts addressing mental and behavioral health needs in Stillwater County. | Continue to foster relationship and collaboration with local mental health center to enhance care collaboration and referrals | Established a strong relationship with mental health and Integrated Behavioral Health from Billings Clinic. | Increased access and awareness to mental health services |
| | Continue to send staff to participate in Local Mental Health Advisory Council which helps to coordinate mental health resources in Stillwater County | Continued and ongoing partnership with the Columbus Mental Health Center (MHC) for their advisory council | Ongoing awareness of increased mental health and initiatives to help open more access. |
| | Work with community partners/LAC to explore available/new trainings and education for mental health and substance abuse. | Ongoing work with partners to create community education | Increased access and awareness of mental health services |
| Strategy 3.2: Enhance access to behavioral health services. | Continue to participate in Billings Clinic Behavioral Health grant to enhance access to mental health services provided in the area. | SBC developed initial program and framework – ongoing for the future | Increased access to mental health locally. |

| | | | |
|--|--|--|---|
| | Develop and implement Integrated Behavioral Health protocol to improve referral process to psychiatric care and expand mental health workforce in community. | Developed initial program and framework – ongoing for the future | Increased access to mental health locally. |
| | Implement new Integrated Behavioral Health program and create marketing and outreach materials to educate community and providers on new resources. | Working with Billings Clinic to develop and refine this program locally for our resources. | Ongoing work to increase access to mental health. |
| | Create tools to assess and evaluate program process and success of new Integrated Behavioral Health program. | Ongoing with Billings Clinic Integrated behavioral health | Increased access to mental health |
| Strategy 3.3: Continue to enhance mental health outreach and education for area residents. | Meet with local schools to develop mental health, suicide risk, and substance abuse education programs in the schools. | SBC has been reaching out to schools that have not previously participated | Increase awareness to mental health within school systems |
| | Partner with local schools to implement the PAX good behavior game. | We have worked to complete the PAX implementation within 1 school and will continue | Increase awareness to mental health within the schools |
| | Offer community Mental health First Aid (Adopt and modify education for community members as appropriate). | Successfully had a course with 8 hospital employees involved and engaged. | Increased awareness of treatment and solutions for mental health crisis management. |
| | Continue to catalogue local mental health/substance use resources, services, and programs available, and educate community. | Provided magnets to all community members connecting them to mental health resources | Increased awareness of all services available. |

Goal 4: Improve access to healthcare services in Stillwater County.

| | Activities | Accomplishments | Community Impact/Outcomes |
|--|--|--|--|
| Strategy 4.1: Collaborate with County partners on transportation needs in Stillwater County. | Determine community stakeholder group working on transportation needs in Stillwater County. | We created a BACCI group and reviewed resources for transportation. | Unable to assess due to lack of funding for this project. |
| | Convene stakeholder group to discuss and identify transportation needs and opportunities. | Created a BACCI group for review of resources. | Unable to assess due to lack of funding for this project. |
| | Research community models and best practices for transportation in communities/counties of similar size. | Stakeholder group had participation within the BACCI in Livingston. | Identified safety in transportation and communication within the communities that do not cost but increase safety. |
| | Continue to explore grant opportunities. | SBC continues to explore grant opportunities to address local transportation needs. | Will continue to seek grant funding to provide transportation resources. |
| | Develop patient transportation protocol for SBC staff when assisting patients and community members. | SBC is working with local EMS to develop and maintain a transportation plan. | Ongoing to help accommodate transportation needs for patient care. |
| Strategy 4.2: Expand access to specialty services in Stillwater County. | Explore feasibility to expand available specialty services such as cardiology, psychiatry, OB/GYN and dermatology. | SBC successfully expanded outreach services for OB/GYN, cardiology, dermatology, podiatry, and outpatient endoscopy. | Increased services available within the community. |
| | Continue growth of telehealth services (i.e., Clinic, counseling, Avera E-emergency, nutrition, pharmacy, physical, occupational, speech therapies, home health, and transitional care). | SBC increased the telehealth program to include: Avera E-Emergency, pharmacy, and psychiatric emergency care. | Increase services available within the community. |

| | | | |
|---|--|---|---|
| | Develop outreach campaign for new services and providers to increase knowledge and access to services. | SBC disseminates outreach through its Facebook page, radio advertisements, and print materials. | Increased awareness of services to reach a larger audience. |
| Strategy 4.3: Explore expanding available hours of various services. | Determine feasibility to expand hours of various services (ex. Physical, occupational, and speech therapies) to improve availability and enhance access. | This is an ongoing activity to meet the needs and access enhancement as available. | Increased access to services. |



APPENDICES

Appendix A- Steering Committee

| Steering Committee Member | Organization Affiliation |
|---------------------------|--|
| <i>Luke Kobold</i> | CEO, Stillwater Billings Clinic (SBC) |
| <i>Natasha Sailer</i> | Director of Nursing, SBC; Public Health Director |
| <i>Beth Brosam</i> | Director of Clinic, SBC |
| <i>Amanda Anderson</i> | Trauma Coordinator, SBC |
| <i>Tina Robinson</i> | RN, SBC; Public Health |
| <i>Brenda Self</i> | Outpatient RN, SBC |
| <i>Thea Karamzadeh</i> | SBC |
| <i>Roger Pomeroy</i> | Physical Therapist (PT), SBC |
| <i>Brenda Klee</i> | RN, SBC |
| <i>Jen Wanberg</i> | Registered Dietician (RD), SBC |
| <i>Nick Jacobs</i> | Paramedic, Columbus Fire/Rescue |
| <i>Randy Smith</i> | Undersheriff, Columbus Fire/Rescue |
| <i>Beau Gurie</i> | Stillwater Community Healthcare Foundation |



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

Luke Kobold, CEO – Stillwater Billings Clinic (SBC)
Natasha Sailer, Director of Nursing – SBC and Public Health Director
Beth Brosam, Director of Clinic – SBC
Amanda Anderson, Trauma Coordinator – SBC
Tina Robinson, RN, Public Health– SBC
Brenda Self, Outpatient RN – SBC
Thea Karamzadeh – SBC
Roger Pomeroy, PT – SBC
Brenda Klee, RN – SBC
Jen Wanberg, RD – SBC
Nick Jacobs, Paramedic – Columbus Fire/Rescue
Randy Smith, Undersheriff – Columbus Fire/Rescue
Beau Gurie – Stillwater Foundation
Christina Robinson – SBC

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

| | |
|-----------------------------------|-----------------|
| First Steering Committee Meeting | April 6, 2023 |
| Key Informant Interviews | May – June 2023 |
| Second Steering Committee Meeting | June 27, 2023 |

Public and Community Health

- This community health needs assessment process can be a tool to support the prioritization of community interventions.
- While our “community” is mainly comprised of those residing in Stillwater County, there are some in the outlying areas of Carbon County that may either come here or go down to Red Lodge to seek services.
- Mental health, gun violence, and suicide are challenges for this area.
- Mental health and substance use are probably our biggest challenges locally. Both are so huge and there’s not much in terms of services. The lack of these local services seems to overload all of our other local systems that have to coordinate transfers to other areas.

- I've heard a need for more inclusive LGBTQ+ healthcare and virtual healthcare options.
- It would be good to gauge how many community members didn't receive needed health services due to mandatory masking during the height of the COVID pandemic.
- I know a big reason for community members selecting a certain provider is due to the gender of the provider. It would be good to capture this through this survey tool.
- I won't be surprised with the survey results if they show a large number of respondents traveling out of state for specialty care.

Population: Low-Income, Underinsured

- We haven't asked it before, but could we have survey respondents voluntarily report their household income level? It would be helpful to know who might be accessing services versus who might be missing out.
- I suppose we could use more services for low income individuals (i.e., housing, adult protective services, Office of Public Assistance, etc.). Most are fighting to get by each day – they can't afford internet, maybe they don't have a computer, they might drive older cars, and yet, are often expected to drive 40 miles to access services.

Population: Seniors

- I've heard of instances of elder abuse and neglect, so like with adverse childhood experiences, I think it would be good to try and get some local data.
- I think all communities in the area have pretty good senior centers. They have vital Meals on Wheels programs that deliver meals to those who cannot get out. They are also really involved in games and socialization.

Population: Youth

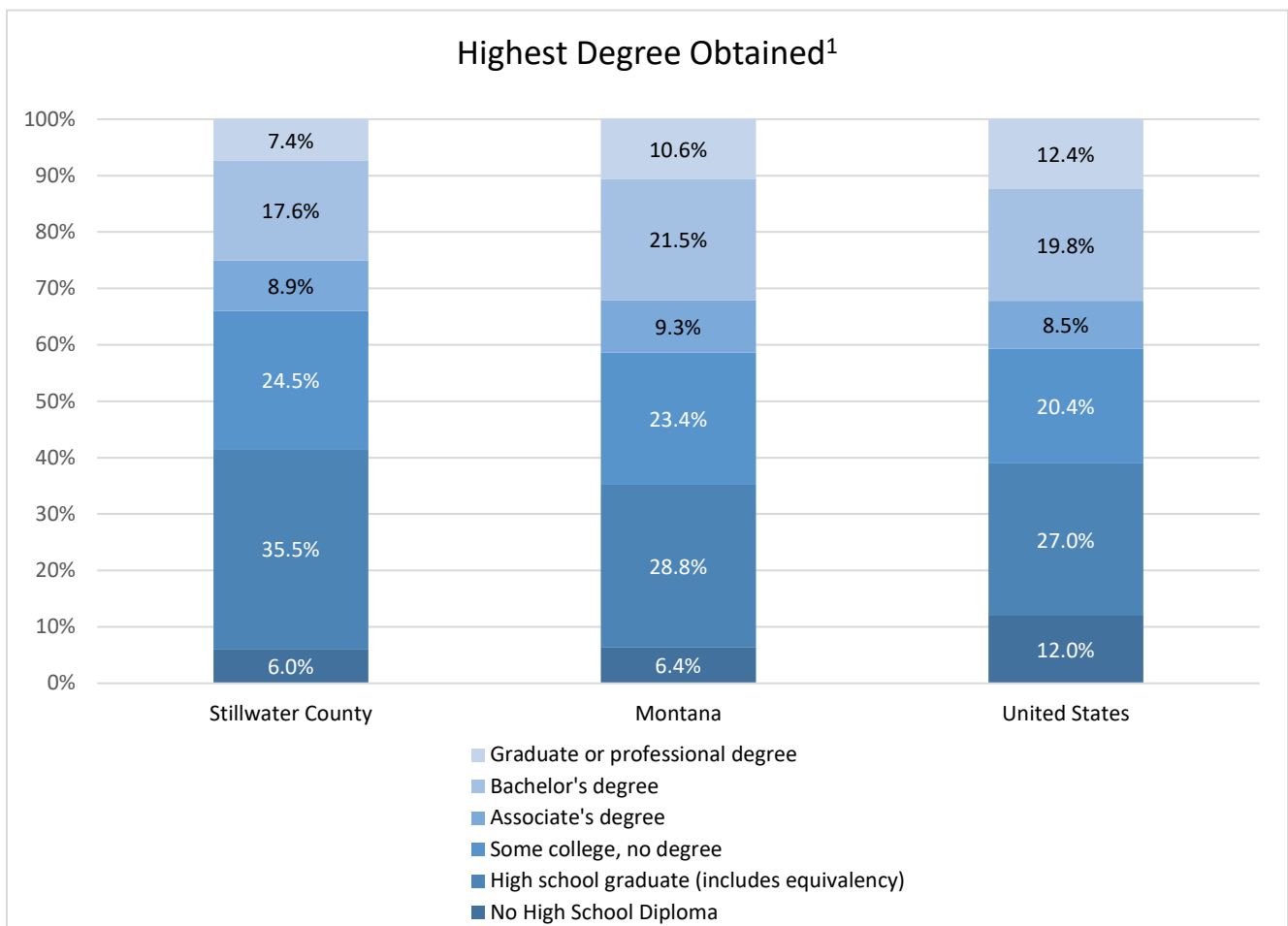
- I think it's important to include adverse childhood experiences [ACEs] on the survey. That way we might be able to get some data on the impacts of this area.

Appendix C- Stillwater Co. Secondary Data

| Demographic Measure (%) | | County | | | Montana | | | Nation | | |
|---------------------------------------|----------------------------------|--------|-------|--------|-----------|-------|--------|-------------|-------|--------|
| Population ¹ | | 9,466 | | | 1,050,649 | | | 324,697,795 | | |
| Population Density ¹ | | 5.2 | | | 7.1 | | | 85.5 | | |
| Veteran Status ¹ | | 9.4% | | | 10.4% | | | 7.3% | | |
| Disability Status ¹ | | 13.1% | | | 13.6% | | | 12.6% | | |
| Age ¹ | | <5 | 18-64 | 65+ | <5 | 18-64 | 65+ | <5 | 18-64 | 65+ |
| | | 4.5% | 55.8% | 22.0% | 5.8% | 60.1% | 18.2% | 6.1% | 61.7% | 15.6% |
| Gender ¹ | | Male | | Female | Male | | Female | Male | | Female |
| | | 49.8% | | 50.2% | 50.3% | | 49.7% | 49.2% | | 50.8% |
| Race/Ethnic Distribution ¹ | White | 97.9% | | | 91.4% | | | 75.3% | | |
| | American Indian or Alaska Native | 2.2% | | | 8.3% | | | 1.7% | | |
| | Other [†] | 2.2% | | | 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 | \$64,645 | \$54,970 | \$62,843 |
| Unemployment Rate ¹ | 3.3% | 4.0% | 5.3% |
| Persons Below Poverty Level ¹ | 7.2% | 13.1% | 13.4% |
| Children in Poverty ¹ | 10.6% | 15.8% | 18.5% |
| Internet at Home ² | 82.2% | 81.5% | - |
| Households with Population Age 65+ Living Alone ² | 388 | 52,166 | - |
| Households Without a Vehicle ² | 97 | 21,284 | - |
| Households Receiving SNAP ² | 149 | 56,724 | - |
| Eligible Recipients of Free or Reduced Price Lunch ³ 2019/2020 school year | 24.0% | 42.9% | - |
| Enrolled in Medicaid ^{4, 1} | 5.4% | 9.7% | 19.8% |
| Uninsured Adults ^{5, 6} Age <65 | 8.0% | 12.0% | 12.1% |
| Uninsured Children ^{5, 6} Age <18 | 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 Per 1,000 Women 15-44 years of age (2017-2019) | 55.6 | 59.3 | - |
| Preterm Births ⁷ Born less than 37 weeks (2017-2019) | NA | 9.4% | - |
| Adolescent Birth Rate ⁷ Per 1,000 years females 15-19 years of age (2017-2019) | NA | 18.3 | - |
| Smoking during pregnancy ^{3, 8} | 13.2% | 16.5% | 7.2% |
| Kotelchuck Prenatal Care** ⁷ Adequate or Adequate-Plus (2017-2019) | 81.0% | 75.7% | - |
| Low and very low birth weight infants ⁷ Less than 2500 grams (2017-2019) | NA | 7.6% | - |
| Childhood Immunization Up-To-Date (UTD) ^{§ 9} | 51.7% | 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 | 18.0% | 19.0% | 16.0% |
| Excessive Drinking ⁵ | 23.0% | 22.0% | 15.0% |
| Adult Obesity ⁵ | 29.0% | 27.0% | 26.0% |
| Poor Mental Health Days ⁵ (Past 30 days) | 3.9 | 3.9 | 3.8 |
| Physical Inactivity ⁵ | 22.0% | 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) | 28.8% | 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) | 85.3% | 76.8% | 80.1% |
| Mammography in past 2 years ^{13, 10} Age adjusted (county/state) and crude (nation) prevalence among women 50-74 years (2018) | 69.5% | 73.4% | 78.3% |
| Colorectal Cancer Screening ^{13, 10} Age adjusted (county) and crude (state/nation) prevalence among adults age 50-75 years (2018) | 60.2% | 64.5% | 69.7% |

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

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

| Infectious Disease Incidence Rates ¹⁴ Per 100,000 people (2015-2017) | County | Montana |
|--|--------|---------|
| Enteric Diseases * | 102.5 | 80.1 |
| Hepatitis C virus | 22.3 | 93.4 |
| Sexually Transmitted Diseases (STD) † | 205.0 | 551.6 |
| Vaccine Preventable Diseases (VPD) § | 53.0 | 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> | 187.0 | 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> | 42.3 | 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> | 166.8 | 109.6 | 103.0 |

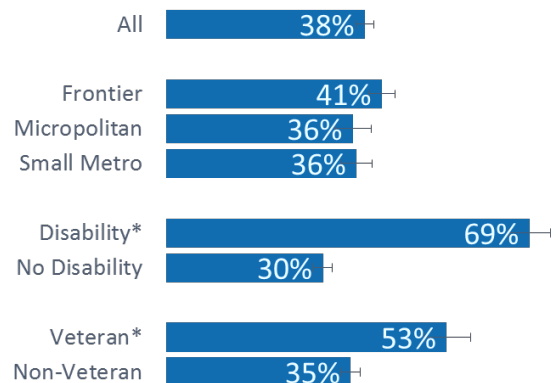
¹⁴ IBIS Community Snapshot, MT-DPPHS

** 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> | 32.2 | 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 – Stillwater County, Montana | | |
|--|------------|-----------------|
| Discipline | HPSA Score | HPSA |
| Primary Care | 10* | ✓ Geographic |
| Dental Health | 7 | ✓ Geographic |
| Mental Health | 16 | ✓ Geographic |
| 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)

* Proposed for withdrawal - updated 9/9/2021

| Provider Supply and Access to Care ² | | | | |
|---|---|------------------------------|------------------------|---------------------------|
| Measure | Description | Stillwater Co. (N = 1) ** | Montana (N = 49) ** | National (N = 1347) ** |
| Primary care physicians | Ratio of population to primary care physicians | 4703:1 | 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 | 2355:1 | 878:1 | 726:1 |
| Dentists | Ratio of population to dentists | 3140:1 | 1388:1 | 1260:1 |
| Mental health providers | Ratio of population to mental health providers | 2355:1 | 356:1 | 310:1 |

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

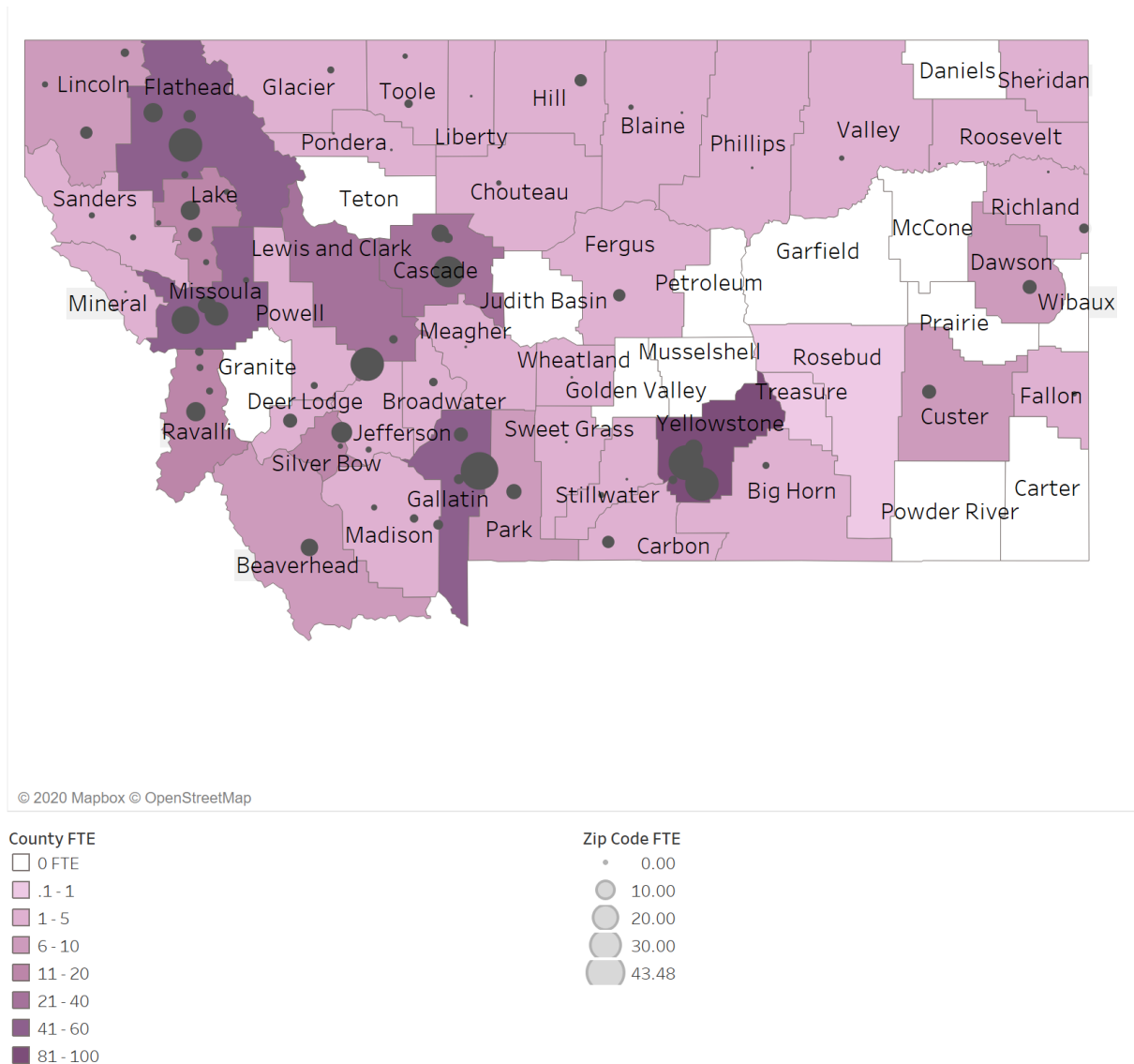
** Total number of CAHs in region

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.

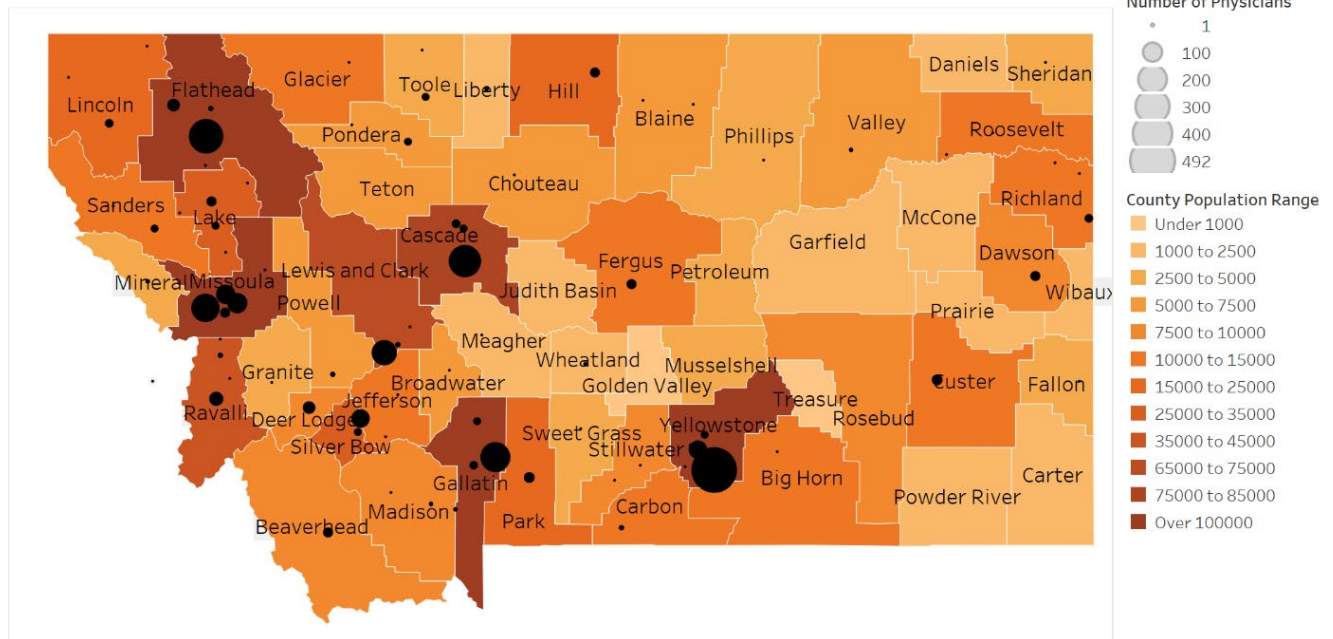
Primary Care Physician FTE: Practice Locations Plotted by Zip Code



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

May 17, 2023



Dear [LASTNAME] household:

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

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

Your name has been randomly selected as a resident who lives in the SBC 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: June 7, 2023
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 "Stillwater Billings Clinic Survey." Your access code is [CODED]
4. The winners of the gift cards will be contacted the week of June 14th.

All survey responses will go to HELPS Lab at Montana State University in Bozeman, Montana, the organization that is assisting MORH with this project. If you have any questions about the survey, 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 dark ink, appearing to read "Luke Kobold", is written over a light blue horizontal line.

Luke Kobold, CEO

Appendix E- Survey Instrument

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

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

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

4. How do you rate your knowledge of the health services that are available through Stillwater Billings Clinic?

- ☐ Excellent ☐ Good ☐ Fair ☐ Poor

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

- | | | |
|--|---|---|
| <input type="checkbox"/> Billboards/posters | <input type="checkbox"/> Mailings/newsletter | <input type="checkbox"/> Social media |
| <input type="checkbox"/> Community events/booths | <input type="checkbox"/> Public health nurse | <input type="checkbox"/> Stillwater County News |
| <input type="checkbox"/> Community presentations | <input type="checkbox"/> Radio | <input type="checkbox"/> Website/internet |
| <input type="checkbox"/> Friends/family | <input type="checkbox"/> Schools/extracurricular activities | <input type="checkbox"/> Word of mouth/reputation |
| <input type="checkbox"/> Healthcare provider | <input type="checkbox"/> Senior center | <input type="checkbox"/> Other: _____ |

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

- | | | |
|---|---|--|
| <input type="checkbox"/> Alternative medicine/medical marijuana | <input type="checkbox"/> Family & marriage counseling | <input type="checkbox"/> Public health |
| <input type="checkbox"/> Chemical dependency services | <input type="checkbox"/> Fitness center | <input type="checkbox"/> Senior center |
| <input type="checkbox"/> Chiropractor/Naturopath/acupuncture | <input type="checkbox"/> Home health | <input type="checkbox"/> Social work |
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Medspa | <input type="checkbox"/> VA |
| | <input type="checkbox"/> Mental health | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> Pharmacy | |

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

- | | |
|--|--|
| <input type="checkbox"/> Cultural sensitivity | <input type="checkbox"/> More specialists |
| <input type="checkbox"/> Greater health education services | <input type="checkbox"/> Outpatient services expanded hours |
| <input type="checkbox"/> Improved quality of care | <input type="checkbox"/> Payment assistance programs (healthcare expenses) |
| <input type="checkbox"/> Interpreter services | <input type="checkbox"/> Transportation assistance |
| <input type="checkbox"/> Inclusive services (LGBTQ+) | <input type="checkbox"/> Virtual healthcare |
| <input type="checkbox"/> More information about available services | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> More primary care providers | |

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

- | | | |
|---|---|--|
| <input type="checkbox"/> Alcohol/substance abuse | <input type="checkbox"/> Fitness | <input type="checkbox"/> Nutrition |
| <input type="checkbox"/> Alzheimer's/dementia | <input type="checkbox"/> Grief counseling | <input type="checkbox"/> Parenting |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Health and wellness | <input type="checkbox"/> Prenatal |
| <input type="checkbox"/> Chronic disease management (Parkinson's, MS, autoimmune, etc.) | <input type="checkbox"/> Heart disease | <input type="checkbox"/> Smoking/tobacco cessation |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Lactation/breastfeeding support | <input type="checkbox"/> Support groups |
| <input type="checkbox"/> Family planning/sex education | <input type="checkbox"/> Living independently (Balance, Walk with Ease) | <input type="checkbox"/> Weight loss/management |
| <input type="checkbox"/> Financial planning/education | <input type="checkbox"/> Living will | <input type="checkbox"/> Women's health |
| <input type="checkbox"/> First aid/CPR | <input type="checkbox"/> Men's health | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> Mental health | |

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

- | | | |
|--|---|---|
| <input type="checkbox"/> Community recreational opportunities/facilities | <input type="checkbox"/> IV infusion services | <input type="checkbox"/> Outpatient surgical procedures |
| <input type="checkbox"/> Exercise/nutrition programs | <input type="checkbox"/> Medspa | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Inpatient surgical procedures | <input type="checkbox"/> MRI | |
| | <input type="checkbox"/> Optometry (Eye doctor) | |

10. Would you or a family member be interested in any of the following senior services if available in our community? **(Select ALL that apply)**

- | | |
|---|--|
| <input type="checkbox"/> Adult daycare | <input type="checkbox"/> Nursing home |
| <input type="checkbox"/> Assisted living facility | <input type="checkbox"/> Personal home care |
| <input type="checkbox"/> Grocery delivery | <input type="checkbox"/> Senior retirement housing/community |
| <input type="checkbox"/> Hospice | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Meals on Wheels | <input type="checkbox"/> Other: _____ |

11. 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"/> Health checkup | <input type="checkbox"/> Prostate (PSA) |
| <input type="checkbox"/> Children's checkup/Well baby | <input type="checkbox"/> Immunizations (Flu shot, COVID) | <input type="checkbox"/> None |
| <input type="checkbox"/> Cholesterol check | <input type="checkbox"/> Mammography | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Colonoscopy | <input type="checkbox"/> Pap test | |

12. How important are local healthcare providers and services (i.e.: hospitals, clinics, nursing homes, assisted living, etc.) to the economic well-being of the area?

- ☐ Very important ☐ Important ☐ Not important ☐ Don't know

13. 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 15)

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

- | | | |
|---|---|--|
| <input type="checkbox"/> Chose not to/did not want to go | <input type="checkbox"/> It cost too much | <input type="checkbox"/> Quality of staff |
| <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"/> COVID-19 barriers/concerns | <input type="checkbox"/> My insurance didn't cover it | <input type="checkbox"/> Transportation problems |
| <input type="checkbox"/> Didn't know where to go | <input type="checkbox"/> No insurance | <input type="checkbox"/> Unsure if services were available |
| <input type="checkbox"/> Don't like doctors | <input type="checkbox"/> Not treated with respect | <input type="checkbox"/> Weather/bad roads |
| <input type="checkbox"/> Don't understand healthcare system | <input type="checkbox"/> Office wasn't open when I could go | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Had no childcare | <input type="checkbox"/> Qualified provider not available | |

15. 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 18)

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

- | | |
|---|---|
| <input type="checkbox"/> Beartooth Billings Clinic – Red Lodge | <input type="checkbox"/> SCL/St. Vincent Healthcare – Laurel |
| <input type="checkbox"/> Billings Clinic – Billings | <input type="checkbox"/> SCL/St. Vincent Healthcare – Red Lodge |
| <input type="checkbox"/> Pioneer Medical Center – Big Timber | <input type="checkbox"/> Stillwater Billings Clinic – Columbus |
| <input type="checkbox"/> SCL/St. Vincent Healthcare – Absarokee | <input type="checkbox"/> Virtual health/phone/computer |
| <input type="checkbox"/> SCL/St. Vincent Healthcare – Billings | <input type="checkbox"/> Other: _____ |

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

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

- 18.** 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 21)
- 19.** If yes, which hospital does your household use MOST for hospital care? (Select ONLY 1)
- ☐ Beartooth Billings Clinic – Red Lodge ☐ SCL/St. Vincent Healthcare – Billings
- ☐ Billings Clinic – Billings ☐ Stillwater Billings Clinic – Columbus
- ☐ Pioneer Medical Center – Big Timber ☐ Other: _____
- 20.** Thinking about the hospital you were at most frequently, what were the **three** most important reasons for selecting that hospital? (Select ONLY 3)
- ☐ Closest to home ☐ Hospital's reputation for quality ☐ Referred by physician or other provider
- ☐ Closest to work ☐ Prior experience with hospital ☐ Required by insurance plan
- ☐ Cost of care ☐ Privacy/confidentiality ☐ VA/Military requirement
- ☐ Emergency, no choice ☐ Quality of staff ☐ Other: _____
- ☐ Financial assistance programs ☐ Recommended by family or friends
- 21.** 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 24)
- 22.** Where was the healthcare specialist seen? (Select ALL that apply)
- ☐ Absarokee ☐ Bozeman ☐ Red Lodge ☐ Other: _____
- ☐ Big Timber ☐ Columbus ☐ Out of state specialist
- ☐ Billings ☐ Laurel ☐ Virtual specialist
- 23.** What type of healthcare specialist was seen? (Select ALL that apply)
- ☐ Allergist/immunologist ☐ Interventional radiologist ☐ Physical therapist
- ☐ Audiologist ☐ Mental health counselor ☐ Plastic surgery
- ☐ Cardiac rehabilitation ☐ Naturopath ☐ Podiatrist
- ☐ Cardiologist ☐ Nephrologist ☐ Psychiatrist (M.D.)
- ☐ Chiropractor ☐ Neurologist ☐ Psychologist
- ☐ Dentist ☐ Neurosurgeon ☐ Pulmonologist
- ☐ Dermatologist ☐ OB/GYN/Midwife ☐ Radiologist
- ☐ Dietician/weight management ☐ Occupational therapist ☐ Rheumatologist
- ☐ Endocrinologist ☐ Oncologist ☐ Social worker
- ☐ ENT (ear/nose/throat) ☐ Ophthalmologist ☐ Speech therapist
- ☐ Gastroenterologist ☐ Optometrist ☐ Substance abuse counselor
- ☐ General surgeon ☐ Orthopedic sports medicine ☐ Urologist
- ☐ Geriatrician ☐ Pediatrician ☐ Other: _____

24. The following services are available through Stillwater Billings Clinic. 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 |
|---|-----------|------|------|------|--------------|------------|
| Ambulance services | 4 | 3 | 2 | 1 | N/A | DK |
| Clinic services | 4 | 3 | 2 | 1 | N/A | DK |
| Emergency room | 4 | 3 | 2 | 1 | N/A | DK |
| Endoscopy | 4 | 3 | 2 | 1 | N/A | DK |
| Inpatient/hospital stay | 4 | 3 | 2 | 1 | N/A | DK |
| Laboratory | 4 | 3 | 2 | 1 | N/A | DK |
| Nutrition services | 4 | 3 | 2 | 1 | N/A | DK |
| Outpatient infusion services | 4 | 3 | 2 | 1 | N/A | DK |
| Public health | 4 | 3 | 2 | 1 | N/A | DK |
| Radiology services (x-ray, ultrasound, CT scan, mammography) | 4 | 3 | 2 | 1 | N/A | DK |
| Same day care | 4 | 3 | 2 | 1 | N/A | DK |
| Specialty outreach clinics | 4 | 3 | 2 | 1 | N/A | DK |
| Therapy (cardiac, physical, occupational, speech) | 4 | 3 | 2 | 1 | N/A | DK |

25. In the past three years, have there been periods of at least three consecutive months where you felt depressed on most days?

☐ 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. 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

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

☐ Daily ☐ 3-5 times per month ☐ No physical activity
☐ 2-4 times per week ☐ 1-2 times per month

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

☐ Yes ☐ No ☐ Not applicable

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

☐ Yes ☐ No

32. Do you feel that the community has adequate and affordable housing options available?

☐ Yes ☐ No ☐ Don't know

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

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

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

- ☐ Excellent ☐ Good ☐ Fair ☐ Poor

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

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

Demographics

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

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

- | | | |
|---|--|---|
| <input type="checkbox"/> 59001 Absarokee | <input type="checkbox"/> 59044 Laurel | <input type="checkbox"/> 59069 Reed Point |
| <input type="checkbox"/> 59011 Big Timber | <input type="checkbox"/> 59061 Nye/Dean | <input type="checkbox"/> 59106 Billings |
| <input type="checkbox"/> 59019 Columbus | <input type="checkbox"/> 59063 Park City | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> 59028 Fishtail | <input type="checkbox"/> 59067 Rapelje | |

37. What is your gender?

- ☐ Male ☐ Female ☐ Prefer to self-describe: _____

38. What age range represents you?

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

39. What is your employment status?

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

40. What is your household income range before taxes?

- | | | |
|--|--|--|
| <input type="checkbox"/> Under \$10,000 | <input type="checkbox"/> \$40,000-49,999 | <input type="checkbox"/> \$80,000-89,999 |
| <input type="checkbox"/> \$10,000-19,999 | <input type="checkbox"/> \$50,000-59,999 | <input type="checkbox"/> \$90,000-99,999 |
| <input type="checkbox"/> \$20,000-29,999 | <input type="checkbox"/> \$60,000-69,999 | <input type="checkbox"/> \$100,000+ |
| <input type="checkbox"/> \$30,000-39,999 | <input type="checkbox"/> \$70,000-79,999 | |

[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 Stillwater Billings Clinic by How Respondents Learn About Healthcare Services

| | Excellent | Good | Fair | Poor | Total |
|---|--------------|---------------|---------------|--------------|-----------|
| Word of mouth/reputation | 7.4% (4) | 59.3% (32) | 25.9% (14) | 7.4% (4) | 54 |
| Friends/family | 15.7% (8) | 58.8% (30) | 23.5% (12) | 2.0% (1) | 51 |
| Healthcare provider | 10.0% (5) | 60.0% (30) | 28.0% (14) | 2.0% (1) | 50 |
| Stillwater County News | 17.9% (5) | 50.0% (14) | 21.4% (6) | 10.7% (3) | 28 |
| Website/internet | 15.0% (3) | 50.0% (10) | 25.0% (5) | 10.0% (2) | 20 |
| Social media | - | 60.0% (9) | 26.7% (4) | 13.3% (2) | 15 |
| Mailings/newsletter | 35.7% (5) | 57.1% (8) | 7.1% (1) | - | 14 |
| Billboards/posters | 20.0% (2) | 40.0% (4) | 20.0% (2) | 20.0% (2) | 10 |
| Senior Center | 40.0% (4) | 50.0% (5) | 10.0% (1) | - | 10 |
| Community events/booths | 14.3% (1) | 85.7% (6) | - | - | 7 |
| Radio | 40.0% (2) | 40.0% (2) | - | 20.0% (1) | 5 |
| Schools/extracurricular activities | - | 80.0% (4) | 20.0% (1) | - | 5 |
| Community presentations | 33.3% (1) | 66.7% (2) | - | - | 3 |
| Public health nurse | 66.7% (2) | 33.3% (1) | - | - | 3 |
| Other | - | 57.1% (4) | 42.9% (3) | - | 7 |

Delay or Did Not Get Need Healthcare Services by Residence

| | Yes | No | Total |
|-------------------------|-----------------------|-----------------------|--------------|
| 59019 Columbus | 15.1% (8) | 84.9% (45) | 53 |
| 59001 Absarokee | 21.4% (3) | 78.6% (11) | 14 |
| 59061 Nye/Dean | 25.0% (1) | 75.0% (3) | 4 |
| 59069 Reed Point | 50.0% (2) | 50.0% (2) | 4 |
| 59063 Park City | 66.7% (2) | 33.3% (1) | 3 |
| 59067 Rapelje | - | 100.0% (2) | 2 |
| 59011 Big Timber | - | 100.0% (1) | 1 |
| 59028 Fishtail | - | 100.0% (1) | 1 |
| 59044 Laurel | - | 100.0% (1) | 1 |
| 59106 Billings | 100.0% (1) | - | 1 |
| TOTAL | 20.2% (17) | 79.8% (67) | 84 |

Other removed from residence (first column) due to non-response.

Location of primary care clinic most utilized by residence

| | Beartooth Billings Clinic – Red Lodge | Billings Clinic – Billings | SCL/St. Vincent Healthcare - Absarokee | SCL/St. Vincent Healthcare – Billings | SCL/St. Vincent Healthcare – Laurel | Stillwater Billings Clinic – Columbus | Virtual health/ phone/computer | Other | TOTAL |
|-------------------------|--|----------------------------|---|--|--|--|-----------------------------------|-----------------------|-----------|
| 59019 Columbus | - | 12.7% (7) | 1.8% (1) | 5.5% (3) | - | 58.2% (32) | 1.8% (1) | 20.0% (11) | 55 |
| 59001 Absarokee | 7.7% (1) | 7.7% (1) | 23.1% (3) | 15.4% (2) | - | 23.1% (3) | - | 23.1% (3) | 13 |
| 59063 Park City | - | 25.0% (1) | - | - | 50.0% (2) | - | - | 25.0% (1) | 4 |
| 59061 Nye/Dean | 33.3% (1) | - | - | - | - | 33.3% (1) | - | 33.3% (1) | 3 |
| 59069 Reed Point | - | 33.3% (1) | - | - | - | 66.7% (2) | - | - | 3 |
| 59067 Rapelje | - | 50.0% (1) | - | - | - | 50.0% (1) | - | - | 2 |
| 59011 Big Timber | - | - | - | - | - | - | - | 100.0% (1) | 1 |
| 59028 Fishtail | - | - | - | - | - | 100.0% (1) | - | - | 1 |
| 59044 Laurel | - | - | - | - | 100.0% (1) | - | - | - | 1 |
| 59106 Billings | - | - | - | 100.0% (1) | - | - | - | - | 1 |
| TOTAL | 2.4% (2) | 13.1% (11) | 4.8% (4) | 7.1% (6) | 3.6% (3) | 47.6% (40) | 1.2% (1) | 20.2% (17) | 84 |

Pioneer Medical Center – Big Timber and SCL/St. Vincent Healthcare – Red Lodge removed from primary care clinic location (first row) due to non-response. Other removed from residence (first column) due to non-response.

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

| | Beartooth Billings Clinic – Red Lodge | Billings Clinic – Billings | SCL/St. Vincent Healthcare – Absarokee | SCL/St. Vincent Healthcare – Billings | SCL/St. Vincent Healthcare – Laurel | Stillwater Billings Clinic – Columbus | Virtual health/ phone/ computer | Other | TOTAL |
|---|---|-------------------------------|--|---|---|---|---------------------------------------|---------------|-----------|
| Closest to home | - | 5.4% (3) | 7.1% (4) | 1.8% (1) | 3.6% (2) | 60.7% (34) | 1.8% (1) | 19.6% (11) | 56 |
| Prior experience with clinic | - | 6.5% (3) | 4.3% (2) | 6.5% (3) | 4.3% (2) | 60.9% (28) | - | 17.4% (8) | 46 |
| Appointment availability | - | 3.6% (1) | 7.1% (2) | 3.6% (1) | - | 82.1% (23) | - | 3.6% (1) | 28 |
| Clinic/provider's reputation for quality | 8.0% (2) | 12.0% (3) | - | 12.0% (3) | - | 60.0% (15) | - | 8.0% (2) | 25 |
| Recommended by family or friends | - | 17.6% (3) | - | 17.6% (3) | 5.9% (1) | 41.2% (7) | 5.9% (1) | 11.8% (2) | 17 |
| Gender of provider | - | 66.7% (6) | 11.1% (1) | - | 11.1% (1) | - | 11.1% (1) | - | 9 |
| Referred by physician or other provider | - | 28.6% (2) | - | 28.6% (2) | 14.3% (1) | 14.3% (1) | - | 14.3% (1) | 7 |
| Length of waiting room time | - | - | - | - | - | 66.7% (4) | - | 33.3% (2) | 6 |
| Privacy/ confidentiality | - | 25.0% (1) | - | - | - | 25.0% (1) | - | 50.0% (2) | 4 |
| Required by insurance plan | - | 25.0% (1) | - | - | - | 25.0% (1) | - | 50.0% (2) | 4 |
| VA/Military requirement | - | 25.0% (1) | - | 25.0% (1) | - | - | - | 50.0% (2) | 4 |
| Closest to work | - | - | - | - | - | 100.0% (3) | - | - | 3 |
| Cost of care | - | - | - | - | - | - | 33.3% (1) | 66.7% (2) | 3 |
| Virtual health option available | - | - | - | - | - | - | 50.0% (1) | 50.0% (1) | 2 |
| Other | - | 25.0% (1) | - | - | - | 25.0% (1) | - | 50.0% (2) | 4 |

Indian Health Services removed from reason clinic selected (first column) due to non-response. Pioneer Medical Center – Big Timber and SCL/St. Vincent Healthcare – Red Lodge removed from primary care clinic location (first row) due to non-response.

Location of most utilized hospital by residence

| | Billings Clinic – Billings | SCL/St. Vincent Healthcare – Billings | Stillwater Billings Clinic - Columbus | Other | Total |
|-------------------------|----------------------------|--|--|----------------------|-----------|
| 59019 Columbus | 41.5% (17) | 12.2% (5) | 29.3% (12) | 17.1% (7) | 41 |
| 59001 Absarokee | 27.3% (3) | 54.5% (6) | 9.1% (1) | 9.1% (1) | 11 |
| 59063 Park City | 66.7% (2) | 33.3% (1) | - | - | 3 |
| 59061 Nye/Dean | 50.0% (1) | 50.0% (1) | - | - | 2 |
| 59028 Fishtail | - | - | 100.0% (1) | - | 1 |
| 59044 Laurel | - | 100.0% (1) | - | - | 1 |
| 59069 Reed Point | - | - | 100.0% (1) | - | 1 |
| TOTAL | 38.3% (23) | 23.3% (14) | 25.0% (15) | 13.3% (8) | 60 |

59011 Big Timber, 59067 Rapelje, 59106 Billings, and Other removed from residence (first column) due to non-response. Beartooth Billings Clinic – Red Lodge and Pioneer Medical Center – Big Timber removed from hospital location (first row) due to non-response.

Location of most recent hospitalization by reasons for hospital selection

| | Billings Clinic – Billings | SCL/St. Vincent Healthcare – Billings | Stillwater Billings Clinic - Columbus | Other | Total |
|--|---------------------------------------|--|--|---------------|--------------|
| Prior experience with hospital | 46.2% (12) | 34.6% (9) | 15.4% (4) | 3.8% (1) | 26 |
| Closest to home | 20.0% (5) | 4.0% (1) | 56.0% (14) | 20.0% (5) | 25 |
| Referred by physician or other provider | 43.5% (10) | 34.8% (8) | 13.0% (3) | 8.7% (2) | 23 |
| Hospital’s reputation for quality | 47.1% (8) | 35.3% (6) | 11.8% (2) | 5.9% (1) | 17 |
| Quality of staff | 23.1% (3) | 38.5% (5) | 30.8% (4) | 7.7% (1) | 13 |
| Emergency, no choice | 40.0% (4) | - | 30.0% (3) | 30.0% (3) | 10 |
| Recommended by family or friends | 14.3% (1) | 42.9% (3) | 42.9% (3) | - | 7 |
| Required by insurance plan | 42.9% (3) | 14.3% (1) | 28.6% (2) | 14.3% (1) | 7 |
| Closest to work | - | - | 66.7% (2) | 33.3% (1) | 3 |
| Privacy/confidentiality | - | - | - | 100.0% (2) | 2 |
| VA/Military requirement | - | - | 50.0% (1) | 50.0% (1) | 2 |
| Other | 71.4% (5) | 14.3% (1) | - | 14.3% (1) | 7 |

Cost of care and Financial assistance programs removed from reason hospital selected (first column) due to non-response. Beartooth Billings Clinic – Red Lodge and Pioneer Medical Center – Big Timber removed from hospital location (first 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)

- Mental health/depression/anxiety - All age ranges
- Drugs
- Prostate

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

- Alcohol/substance abuse (2)
- Cancer (1)
- Depression/anxiety (3)
- Diabetes (1)
- Lack of dental care (1)
- Lack of exercise (1)
- Mental health issues (1)
- Overweight/obesity (1)
- Social isolation/loneliness (1)
- Work/economic stress (1)

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

- Moral values

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

- Employer (2)
- Call clinic
- Hospital Board member
- Library
- Clinic itself
- Billings Gazette and TV News

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

- None (2)
- Eye Doctor (2)
- Library
- Employer sponsored blood draw

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

- I think our clinic does a great job towards access to it.
- N/A in my opinion
- I don't know
- Female doctors
- Health insurance costs

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

- Gamblers Anon Meeting
- None (2)
- Have access to most of these through JW.org
- I would've loved to have family planning/sex education, lactation/breastfeeding support, and prenatal when I had babies and while pregnant

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

- None (2)
- Podiatrist

10. Would you or a family member be interested in any of the following senior services if available in our community? (Select ALL that apply)

- N/A (2)
- Not at this time
- Sometime in the future all of them
- None (2)
- Not at this time but maybe in a few more years

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

- Blood Draw
- Dental
- Physical Therapy

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

- Woman provider at local clinic for annual exams
- Not applicable

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

- Could not get an appointment (1)
- It cost too much (1)
- My insurance didn't cover it (1)
- Not treated with respect (1)
- Qualified provider not available (2)
- Quality of staff (1)
- Too long to wait for an appointment (1)

16. Where is the primary healthcare provider that your household uses MOST located? (Select ONLY 1)

- Livingston Healthcare
- Oregon
- Riverstone
- VA Clinic Billings (2)
- VA (2)

*Responses when more than 1 was selected (14 participants):

- Billings Clinic – Billings (9)
- SCL/St. Vincent's Absarokee (3)
- SCL/St. Vincent Healthcare – Billings (1)
- SCL/St. Vincent Healthcare - Red Lodge (1)
- Stillwater Billings Clinic – Columbus (14)
- Virtual health/phone/computer (1)

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

- Been my provider for years
- Long time doctor
- Good doctors that don't send you everywhere else or have to look at it 3-4 times. *Wart needed duct tape after 3 office visits prior. Went to Riverstone and problem treated and never came back w/ duct tape (no charge)

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

- Oregon
- Ortho MT Billings

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

- Billings Clinic – Billings (6)
- SCL/St. Vincent Healthcare – Billings (1)
- Stillwater Billings Clinic – Columbus (6)

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

- It was where they sent me
- We moved from Billings
- Specialist

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

- Emergency, no choice (1)
- Financial assistance programs (2)
- Hospital's reputation for quality (3)
- Prior experience with hospital (3)
- Privacy/confidentiality (1)
- Quality of staff (3)
- Recommended by family or friends (1)
- Referred by physician or other provider (3)
- Required by insurance plan (1)

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

- Helena VA

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

- Sleep Center (2)
- Vascular DR
- Vision therapy
- Scope
- Chiropractor and Kinesiologist
- Hearing
- Bone Scan MRI
- General Practitioner

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

- Humana
- Health sharing plan
- Dental and eye care
- Christian Health Share

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

- Employer sponsored (1)
- Health Insurance Marketplace (1)
- Medicare Advantage (3)
- Medicare (14)
- Private insurance/private plan (7)
- VA/Military (4)
- None/pay out of pocket (1)

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

- No “Other” responses

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

- Male and Female (Filled out the survey as a couple)

39. What is your employment status?

- Self

General comments

- (Q2)
 - Selected “Alcohol/substance abuse” and wrote “Drugs” next to it.
 - Selected “Mental health issues” and wrote “resulting in drugs, crime, homelessness” next to it.
- (Q5)
 - Selected “Stillwater County News” and crossed out “Stillwater” and wrote in “Sweetgrass County Newspaper”
- (Q8)
 - Selected “Living independently (Balance, Walk with Ease)” and circled “Balance.”
- (Q10)
 - Selected “Meals on Wheels” and wrote “If better meals. Senior center meals have gone downhill” next to it.
- (Q11)
 - Selected “Mammography” and wrote “(the mobile)” next to it.

- (Q17)
 - Selected “Clinic/provider’s reputation for quality” and wrote “(Local – Not good)” next to it.
 - Selected “Prior experience with clinic” and wrote “(Local – Not good)” next to it.
- (Q29)
 - Selected “2-4 times per week” and circled “per week.”
- (Q32)
 - Selected “No” and wrote “Where in U.S. would this be true... real estate and rentals. Do you know how many homeless in U.S., everywhere?!!” below it.
- (Q34)
 - Did not make a selection and wrote “I don’t have health insurance” below the choices.
- (Q40)
 - Did not make a selection and wrote “Prefer not to answer” next to the question.

Appendix H –Key Informant Interview - Questions

Purpose: The purpose of key informant interviews are 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 Interviews - Transcripts

Key Informant Interview #1

Monday, May 22, 2023

Anonymous–Via phone interview

1. How do you feel about the general health of your community?

- I think the general health of Stillwater County is good.
- We have a large elderly population, though, and that comes with inherent challenges.

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

- Hospital/clinic:
 - I think Stillwater Billings Clinic does a good job for this community. They have good hours/availability and I think they've got four providers on staff.
- EMS Services (ER/Ambulance)
 - The emergency room is good in my experience and always seems to be adequately staffed.
 - As for the local ambulance, the service varies. I'd say that the Columbus ambulance does well with adequate workforce and response times. But, when you get out to the more rural areas like Park City and Absarokee, they have workforce challenges that often impact response times.
- Public/County Health Department
 - I don't think they are as involved as they used to be about two years ago.
 - Before you would see them in schools and throughout the community. I think this is the result of a change in staffing.
- Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
 - I think all communities in the area have pretty good senior centers. They have vital Meals on Wheels programs that deliver meals to those who cannot get out. They are also really involved in games and socialization.
- Services for Low-Income Individuals/Families
 - We don't really have any of these services, but we could probably use better access.

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

- Mental health and substance use are probably our biggest challenges locally. Both are so huge and there's not much in terms of services. The lack of these local services seems to overload all of our other local systems that have to coordinate transfers to other areas.

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

- Mental health, substance abuse, and probably some more counseling services would be helpful for the community.

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

- As I mentioned earlier, I suppose we could use more services for low income individuals (i.e., housing, adult protective services, Office of Public Assistance, etc.). Most are fighting to get by each day – they can't afford internet, maybe they don't have a computer, they might drive older cars, and yet, are often expected to drive 40 miles to access services.

Key Informant Interview #2

Monday, June 12, 2023

Anonymous–Via phone interview

1. How do you feel about the general health of your community?

- I think it's OK.
- We're lacking in elder care though since we recently lost our local nursing home and home health service.

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

- Hospital/clinic:
 - I think they both provide good care.
- EMS Services (ER/Ambulance)
 - I think we have great EMS services locally. We have a service out of both Absarokee and Columbus both of which have paramedics.
 - I suppose our area is lagging in the realm of transfer times due to coverage in the local community.
- Public/County Health Department
 - I don't really know much about what they do.
 - They did a lot during the COVID-19 pandemic and flooding last year though.
 - I suppose they do fine with what resources they have.
- Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
 - As I mentioned earlier, I think we're lacking in this area. We have an assisted living facility, but I don't think the services aren't the best. They seem to be short staffed and have a lot of new employees that don't necessarily have experience.

- Services for Low-Income Individuals/Families
 - Sometimes it's hard to find resources especially since we don't have an Office of Public Assistance locally. A lot of folks struggle locally with navigating Medicare, long term care Medicaid, ordering medication and supplies, etc.
 - I think there might be a backpack program sponsored by a local business during school year but I'm not confident.
 - Project Hope is a local non-profit that provides some food, clothes, and supplies to those in need.

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

- As I mentioned earlier, care and support for our elders is a local challenge.
- Substance abuse and mental health are an issue for us too.
- In general, I also hear of a need for more transportation resources locally for getting to and from an appointment. This is especially true among our elderly community members.

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

- We already seem to have a lot of outreach specialty services, which is so great.
- I can't think of anything else that I haven't already mentioned.

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

- I think it would help to think of this from the elderly perspective. It would be helpful to have more services and resources here so they can age in place locally.

Key Informant Interview #3

Monday, June 12, 2023

Anonymous—Via phone interview

1. How do you feel about the general health of your community?

- I'd rate our area as somewhere in the middle. We have some health freaks and then on the opposite end of the spectrum, those that aren't.
- We seem to have a lot of obese people here.
- We have someone who offers yoga instruction, but the schedule is pretty limited. It would be nice to have more options in times and days since people can work such different and varying hours.

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

- Hospital/clinic:
 - I think the hospital and clinic services are good in Columbus. Stillwater Billings Clinic has started to bring in more specialty services onsite which is great to eliminate and/or reduce the travel burden. They've been bringing in cardiology, OB/GYN, etc. Although I think the OB/GYN service is probably needed more frequently – perhaps monthly.
 - Appointment availability in general for Stillwater Billings Clinic is great though.
- EMS Services (ER/Ambulance)
 - I think they're good, but I've never had to use ambulance so I have nothing to draw from.
 - I'd say that the emergency room seemed to be fine especially compared to a more urban area like Billings. In my experience, they were timely with triaging patients.
- Public/County Health Department
 - I think they're informative.
 - They went through a lot with COVID. But yet they always had press releases with evolving guidelines and worked well with a lot of the local businesses.
- Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
 - We lost our nursing home and home health with has had a significant impact on this community.
 - I pray that we don't lose our assisted living facility too.
 - We are lucky in that we still have an active senior center that coordinates important programs such as Meals on Wheels for our homebound seniors.
- Services for Low-Income Individuals/Families
 - Our community took a huge hit when they shut down the local Office of Public Assistance. I heard of so many complaints when the Department of Public Health and Human Services (DPHHS) shut this office down and moved to a more centralized system.
 - Project Hope provides a food bank for community members in need. I think IGA donates a lot to them.

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

- Preventive care for women's health is challenging here. I appreciate that we now have an OB/GYN that visits Stillwater Billings Clinic, but I also think there might be a need for them to visit on a more frequent basis to ensure women are staying up to date on preventive screening and care.
- Eye care is a significant challenge around here. Our closest eye doctors are in Laurel or Billings which is a 26-mile drive, one way.
- Weight management is also an issue here.

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

- As I mentioned in the previous question, a local eye doctor would be helpful.
- We could also use an Orthodontist.

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

- It would be nice to have more opportunities to for healthy movement that aren't limited to certain days and times, but are accessible to all. I'd like to see things like aerobic classes, swimming aerobics, etc. In addition to movement, classes also provide opportunities to be social!

Key Informant Interview #4

Monday, June 12, 2023

Anonymous–Via phone interview

1. How do you feel about the general health of your community?

- I think the health of our community is pretty good.

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

- Hospital/clinic:
 - I think it's helpful that we have access to Stillwater Billings Clinic, especially for those who don't want or have the means to travel elsewhere.
- EMS Services (ER/Ambulance)
 - I think they're good, but I don't have experience with them. I haven't heard anything negative about them.
- Public/County Health Department
 - I think they're good, but I don't know anyone who has used them.
- Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
 - I just think we need more of these services locally.
- Services for Low-Income Individuals/Families
 - I don't know what the options are for our low-income individuals and families which is horrible.

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

- Senior services!
- But I'd also like to see more health education in schools. I don't see the hospital a ton at the school, which I think is an opportunity.

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

- Home health and more services/resources for our seniors are very needed.

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

- I'd like to see Stillwater Billings Clinic presence at more local events providing general education. Not everyone uses social media, especially our seniors, so it would be good to use different modes to reach folks with outreach and education. I, for one, don't know everything they offer, so even providing that level of education and awareness would be beneficial.

Appendix J – Request for Comments

Written comments on this 2023 Community Health Needs Assessment (CHNA) Report can be submitted to Stillwater Billings Clinic at:

Stillwater Billings Clinic

Administration

710 N. 11th Street

PO Box 959

Columbus, Montana 59019

Please contact Luke Kobold, CEO at: 406-322-1002 or lkobold@billingsclinic.org with questions.

