

Stillwater County, Montana

Community Health Services Development Community Health Needs Assessment Report

Survey conducted by
Stillwater Billings Clinic
Columbus, Montana

In cooperation with
The Montana Office of Rural Health

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MONTANA
STATE UNIVERSITY

Office of Rural Health
Area Health
Education Center

Stillwater Billings Clinic Community Health Needs Assessment

Table of Contents

I. Introduction	1
II. Health Assessment Process	1
III. Survey Methodology.....	1
IV. Survey Respondent Demographics.....	3
V. Survey Findings	7
VI. Focus Group Methodology	44
VII. Focus Group Summary.....	45
VIII. Summary	46
IX. Prioritization of Health Needs, Available Resources, and Implementation Planning Process.....	47
X. Evaluation of Activity Impacts from Previous CHNA	49
Appendix A – Steering Committee Members.....	51
Appendix B – Public Health and Populations Consultation	52
Appendix C – Secondary Data.....	54
Appendix D – Survey Cover Letter	57
Appendix E – Survey Instrument.....	58
Appendix F – Responses to Other and Comments	64
Appendix G – Focus Group Questions & Notes.....	69
Appendix H - Focus Group Notes	70

Community Survey & Focus Group Summary Report March 2017

I. Introduction

Stillwater Billings Clinic is a 10-bed Critical Access Hospital 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 care services. Located in south central Montana, Stillwater County consists of 1,793 square miles of land area, which is 1,151,808 acres and a population of 9,131 people. Stillwater Billings Clinic participated in the Community Health Services Development (CHSD) Project administrated by the Montana Office of Rural Health. A part of this project is community engagement, which includes a health care service survey and focus groups.

In the spring of 2017, Stillwater Billings Clinic's service area was surveyed about its healthcare system. This report shows the results of the survey in both narrative and chart formats. A copy of the survey instrument is included at the end of this report (Appendix E). Readers are invited to familiarize themselves with the survey instrument and the subsequent findings. The narrative report touches on the highlights while the charts present data for virtually every question asked. Please note: we are able to compare some of the 2017 survey data with data from previous survey conducted in 2013. If any statistical significance exists, it will be reported. The significance level was set at 0.05.

II. Health Assessment Process

A Steering Committee was convened to assist Stillwater Billings Clinic in conducting the CHSD assessment process. A diverse group of community members representing various organizations and populations within the community (ex. public health, elderly, uninsured) came together in November 2017. 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 again to review results of the survey and focus groups and to assist in the prioritization of health needs to address.

III. Survey Methodology

Survey Instrument

In April 2017, surveys were mailed out to the residents in Stillwater Billings Clinic's service area. 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 the National Rural Health Resource Center with a list of outpatient and inpatient encounters. Those zip codes with the greatest number of encounters were selected to be included in the survey. A random list of 800 residents was then selected from Prime Net Data Source. 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 encounters. (Note: although the survey samples were proportionately selected, actual surveys returned from each population area varied which may result in slightly less proportional results.)

Additionally, two focus groups were held to identify the motives of local residents when selecting healthcare providers and to discover reasons why people may leave the Columbus area to seek healthcare 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 require 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 (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 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 community focus groups in addition to the random sample survey allows for a more robust sample and, ultimately, these efforts help to increase the community response rate. Partnering with local community organizations such as public health, community health centers, and senior centers, just to name a few, helps to reach segments of the population that might not otherwise respond to a survey.

Survey Implementation

In April 2017, the community health services development survey, a cover letter with Stillwater Billings Clinic's Chief Executive Officer's signature on Stillwater Billings Clinic letterhead, and a postage paid reply envelopes were mailed to 800 randomly selected residents in the hospital's service area. A news release was sent to local newspapers prior to the survey distribution announcing that Stillwater Billings Clinic would be conducting a community health services survey throughout the region in cooperation with the Montana Office of Rural Health.

One hundred seventy-four surveys were returned out of 800. Of those 800 surveys, 13 surveys were returned undeliverable for a 22.1% response rate. From this point on, the total number of surveys will be out of 787. 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 6.56%.

IV. Survey Respondent Demographics

A total of 787 surveys were distributed amongst Stillwater Billings Clinic's service area. One hundred and seventy-four surveys were completed for a 22.1% response rate. The following tables indicate the demographic characteristics of the survey respondents. Information on location, gender, age, and employment is included. Percentages indicated on the tables and graphs are based upon the total number of responses for each individual question, as some respondents did not answer all questions.

Place of Residence (Question 32)

2017 N= 173

2013 N= 200

Columbus (59019) had the highest percentage of respondents (46.2%). The returned surveys are skewed toward the Columbus population, which is reasonable given that this is where most of the services are located. One 2017 respondent chose not to answer this question.

		2013		2017	
Location	Zip code	Count	Percent	Count	Percent
Columbus	59019	75	37.5%	80	46.2%
Absarokee	59001	48	24.0%	33	19.1%
Park City	59063	38	19.0%	24	13.9%
Reed Point	59069	18	9.0%	11	6.4%
Fishtail	59028	6	3.0%	9	5.2%
Nye/Dean	59061	4	2.0%	6	3.5%
Rapelje	59067	10	5.0%	4	2.3%
Molt	59057	1	0.5%	4	2.3%
Other		0	0%	2	1.2%
TOTAL		200	100%	173	100%

"Other" comments:

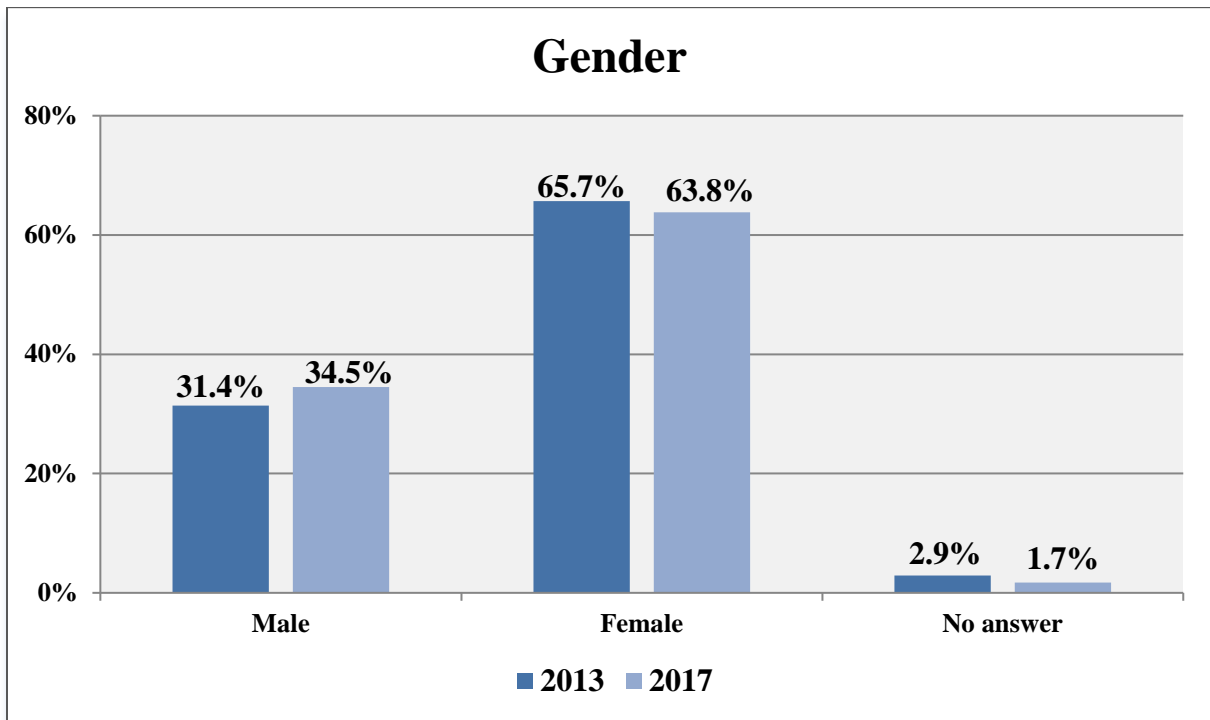
- 59019

Gender (Question 33)

2017 N= 174

2013 N= 207

Of the 174 surveys returned, 63.8% (n=111) of survey respondents were female, 34.5% (n=60) were male, and 1.7% (n=3) chose not to answer this question. It is not unusual for survey respondents to be predominantly female, particularly when the survey is healthcare-oriented since women are frequently the healthcare decision makers for families.

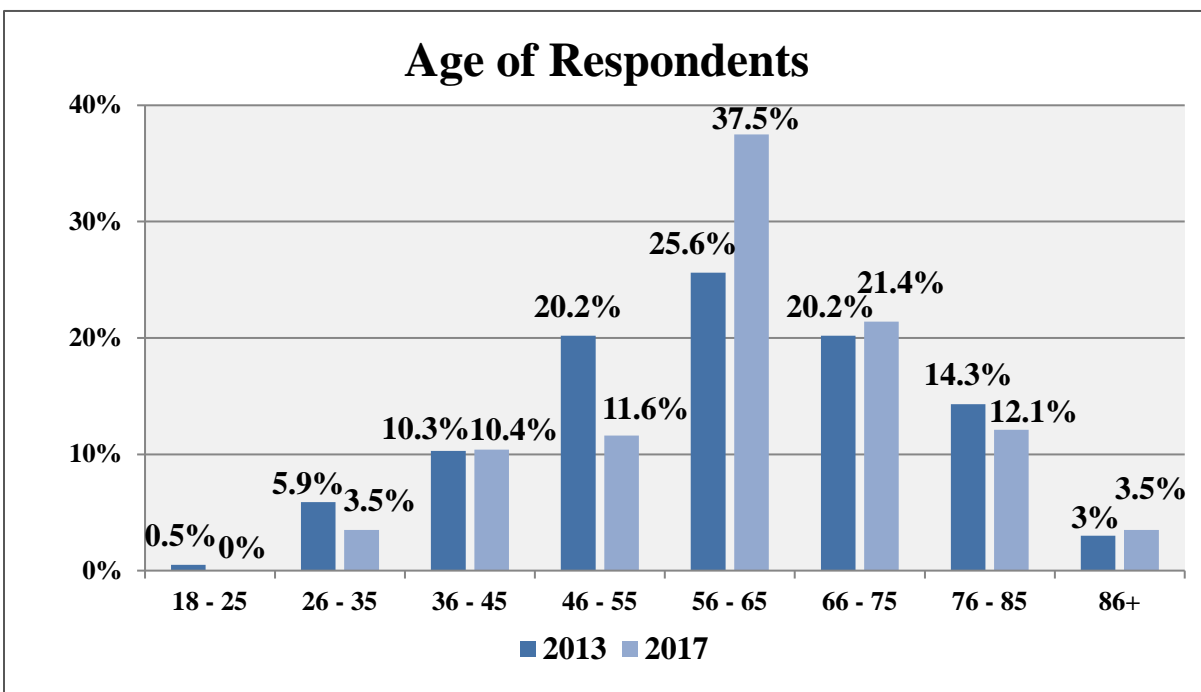


Age of Respondents (Question 34)

2017 N= 173

2013 N= 203

Thirty-eight percent of respondents (n=65) were between the ages of 56-65. Twenty-one percent of respondents (n=37) were between the ages of 66-75 and 12.1% of respondents (n=21) were between the ages of 76-85. This statistic is comparable to other Critical Access Hospital demographics. The increasing percentage of aging residents in rural communities is a trend, which is seen throughout Montana and will likely have a significant impact on the need for healthcare services during the next 10-20 years. However, it is important to note that the survey was targeted to adults and, therefore, no respondents are under age 18. Older residents are also more invested in healthcare decision-making and are more likely to respond to healthcare surveys, as reflected by this graph.

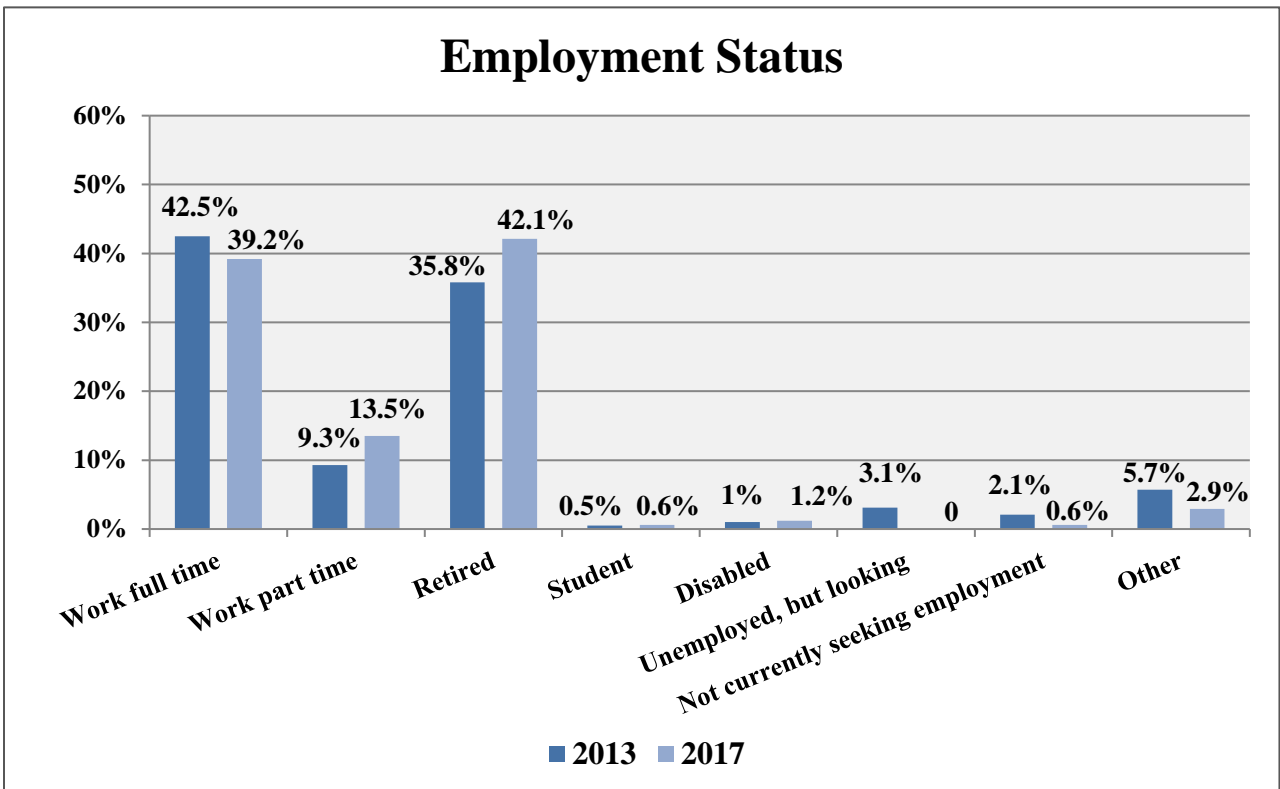


Employment Status (Question 35)

2017 N= 171

2013 N= 193

Forty-two percent (n=72) of respondents reported they are retired while 39.2% (n=67) work full time. Fourteen percent of respondents (n=23) indicated they work part time. Respondents could check all that apply so the percentages do not equal 100%.



“Other” comments:

- Stay at home mom (3)

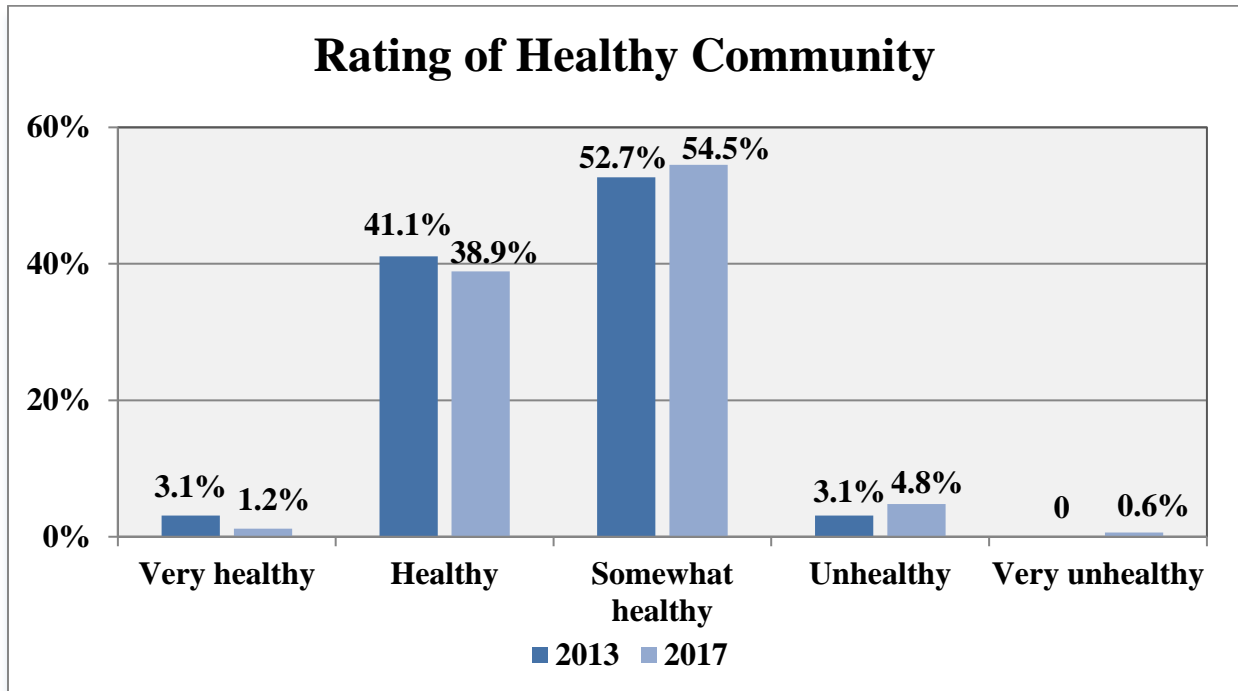
V. Survey Findings – Community Health

Impression of Community (Question 1)

2017 N= 167

2013 N= 192

Respondents were asked to indicate how they would rate the general health of their community. Fifty-five percent of respondents (n=91) rated their community as “Somewhat healthy.” Thirty-nine percent of respondents (n=65) felt their community was “Healthy” and 4.8% (n=8) felt their community was “Unhealthy.”



Health Concerns for Community (Question 2)

2017 N= 174

2013 N= 207

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” with 58.6% (n=102). “Cancer” was also a high priority at 40.2% (n=70) followed by “Obesity/overweight” at 37.9% (n=66). Respondents were asked to pick their top three serious health concerns so percentages do not equal 100%.

Health Concern	2013		2017	
	Count	Percent	Count	Percent
Alcohol abuse/substance abuse	109	52.7%	102	58.6%
Cancer	79	38.2%	70	40.2%
Overweight/obesity	86	41.5%	66	37.9%
Heart disease	65	31.4%	44	25.3%
Lack of exercise	34	16.4%	39	22.4%
Mental health issues ¹	25	12.1%	37	21.3%
Depression/anxiety	30	14.5%	34	19.5%
Tobacco use	34	16.4%	27	15.5%
Diabetes	32	15.5%	22	12.6%
Motor vehicle accidents	18	8.7%	19	10.9%
Lack of access to healthcare	12	5.8%	13	7.5%
Lack of dental care	7	3.4%	13	7.5%
Stroke	10	4.8%	13	7.5%
Child abuse/neglect	9	4.3%	11	6.3%
Domestic violence	10	4.8%	11	6.3%
Recreation related accidents/injuries	17	8.2%	10	5.7%
Work related accidents/injuries	13	6.3%	6	3.4%
Other	6	2.9%	6	3.4%

¹Significantly more 2017 respondents selected 'mental health issues' as a top health concern.

“Other” comments:

- Cost (2)
- Suicide rate
- Drug abuse
- Inability to afford high priced medical care

Components of a Healthy Community (Question 3)

2017 N= 174

2014 N= 207

Respondents were asked to identify the three most important things for a healthy community. Forty-five percent of respondents (n=78) indicated that “Access to affordable health insurance” is important for a healthy community. “Access to healthcare and other services” came in second with 40.2% (n=70) and “Healthy behaviors and lifestyles” followed at 34.5% (n=60each). Respondents were asked to identify their top three choices, thus the percentages do not add up to 100%.

Important Component	2013		2017	
	Count	Percent	Count	Percent
Access to affordable health insurance	93	44.9%	78	44.8%
Access to healthcare and other services	74	35.7%	70	40.2%
Healthy behaviors and lifestyles¹	93	44.9%	60	34.5%
Good jobs and a healthy economy	85	41.1%	56	32.2%
Strong family life	75	36.2%	55	31.6%
Low crime/safe neighborhoods ²	24	11.6%	44	25.3%
Religious or spiritual values	45	21.7%	41	23.6%
Good schools	42	20.3%	37	21.3%
Affordable housing	13	6.3%	20	11.5%
Community involvement	21	10.1%	14	8.0%
Clean environment	25	12.1%	11	6.3%
Tolerance for diversity	14	6.8%	11	6.3%
Low death and disease rates	2	1.0%	5	2.9%
Parks and recreation	8	3.9%	5	2.9%
Low level of domestic violence	6	2.9%	3	1.7%
Arts and cultural events	2	1.0%	2	1.1%
Other	2	1.0%	3	1.7%

¹Significantly fewer 2017 respondents selected ‘healthy behaviors and lifestyles’ as an important component of a healthy community.

²Significantly more 2017 respondents selected ‘low crime and safe neighborhoods’.

“Other” comments:

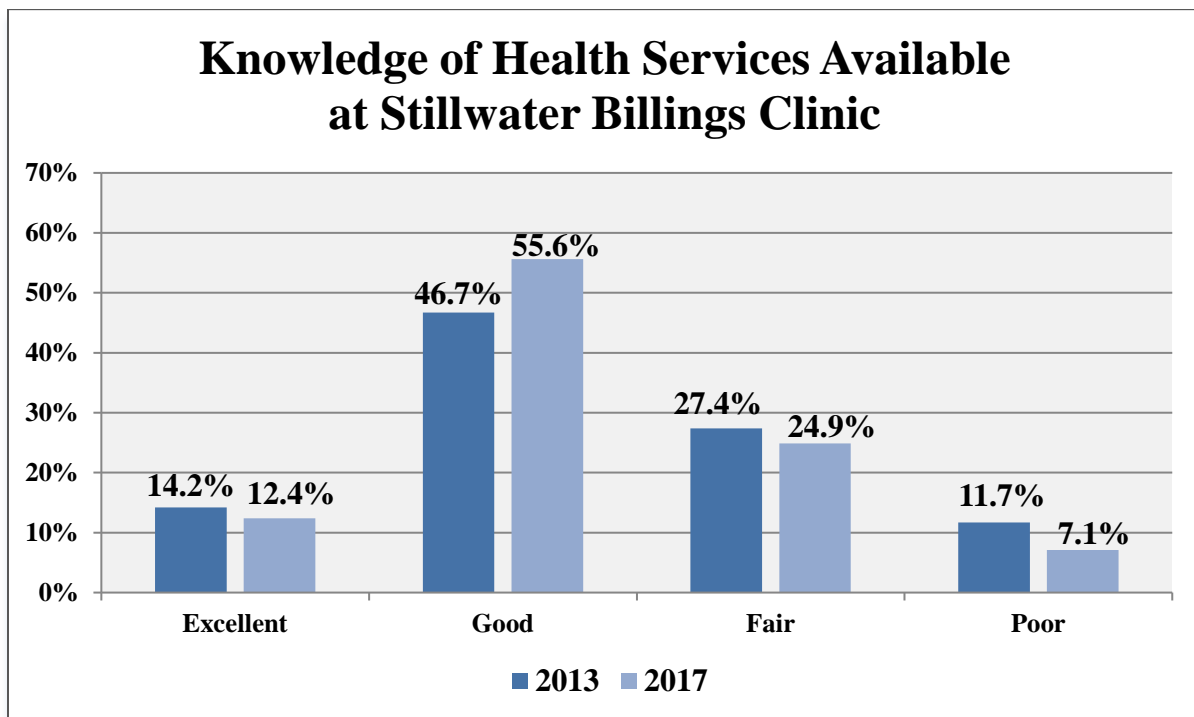
- ACA
- Access to food
- Religious values
- Low taxes and regulations
- Indoor pool for low impact exercise
- Air pollution, GMO foods, chemicals

Overall Awareness of Health Services (Question 4)

2017 N= 169

2013 N= 197

Respondents were asked to rate their knowledge of the health services available at Stillwater Billings Clinic. Fifty-six percent (n=94) of respondents rated their knowledge of health services as “Good.” “Fair” was selected by 24.9% percent (n=42), and 12.4% reported their knowledge as “Excellent” (n=21).



“Other” comments:

- Never been there

How Respondents Learn of Healthcare Services (Question 5)

2017 N= 174

2013 N= 207

The most frequently indicated method of learning about available services was “Word of mouth/reputation” at 68.4% (n=119). “Healthcare provider” was the second most frequent response at 58.6% (n=102) and “Stillwater County News” was reported at 31.6% (n=55). Respondents could select more than one method so percentages do not equal 100%.

Method	2013		2017	
	Count	Percent	Count	Percent
Word of mouth/reputation	125	60.4%	119	68.4%
Healthcare provider¹	90	43.5%	102	58.6%
Stillwater County News	84	40.6%	55	31.6%
Mailings/newsletter	64	30.9%	48	27.6%
Website/internet	16	7.7%	17	9.8%
Presentations	15	7.2%	12	6.9%
Radio	13	6.3%	11	6.3%
Public health nurse	15	7.2%	10	5.7%
Other	10	4.8%	11	6.3%

¹Significantly more 2017 respondents learn of health care services at Stillwater Billings Clinic from their healthcare provider.

“Other” comments:

- Use
- Closest
- Personal
- Family members
- Personal involvement
- Personal experience
- Telephone book (2)
- At hospital for various visits
- More needs to be done to let people know what’s available

Cross Tabulation of Service Knowledge and Learning about Services

Analysis was done to assess respondents' knowledge of services available at Stillwater Billings Clinic with how they learn about services available in their community. The chart below shows the results of the cross tabulation. How respondents learned of healthcare services was a multiple response item, thus totals do not add up to 100%.

KNOWLEDGE RATING OF STILLWATER BILLINGS CLINIC SERVICES BY HOW RESPONDENTS LEARN ABOUT HEALTHCARE SERVICES

	Excellent	Good	Fair	Poor	Total
Word of mouth/reputation	15 (12.8%)	66 (56.4%)	29 (24.8%)	7 (6%)	117
Healthcare provider	13 (12.9%)	65 (64.4%)	20 (19.8%)	3 (3%)	101
Stillwater County News	10 (18.5%)	36 (66.7%)	7 (13%)	1 (1.9%)	54
Mailings/newsletter	7 (14.6%)	31 (64.6%)	6 (12.5%)	4 (8.3%)	48
Website/internet		6 (35.3%)	7 (41.2%)	4 (23.5%)	17
Presentations	3 (25%)	7 (58.3%)	2 (16.7%)		12
Radio	3 (27.3%)	7 (63.6%)	1 (9.1%)		11
Public health	3 (30%)	5 (50%)	2 (20%)		10
Other	4 (36.4%)	4 (36.4%)	1 (9.1%)	2 (18.2%)	11

Other Community Health Resources Utilized (Question 6)

2017 N= 174

2013 N= 207

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 69.5% (n=121). “Dentist” was also a highly utilized resource at 50% (n=87) followed by the “Senior center” at 10.3% (n=18). Respondents could select more than one resource so percentages do not equal 100%.

Community Resource	2013		2017	
	Count	Percent	Count	Percent
Pharmacy	160	77.3%	121	69.5%
Dentist	104	50.2%	87	50.0%
Senior center	35	16.9%	18	10.3%
VA	8	3.9%	13	7.5%
Family/marriage counseling ¹	2	1.0%	8	4.6%
Home health ²	16	7.7%	5	2.9%
Mental health	4	1.9%	3	1.7%
Public health ³	16	7.7%	3	1.7%
Chemical dependency services	0	0%	0	0%
Social work ⁴	6	2.9%	0	0%
Other	12	5.8%	18	10.3%

¹Significantly more 2017 respondents have used family/marriage counseling in the past three years.

²⁻⁴Significantly fewer 2017 respondents selected ‘home health’, ‘public health’ and ‘social work’.

“Other” comments:

- Gym
- None (9)
- N/A
- Inoculations
- Ortho Montana
- Hospice services (2)
- Chiropractor (2)
- Physical therapy (2)
- Knee surgery St. Vincent Billings

Improvement for Community's Access to Healthcare (Question 7)

2017 N= 174

2013 N= 207

Respondents were asked to indicate what they felt would improve their community's access to healthcare. Thirty-one percent of respondents (n=53) reported that 'More primary care providers' would make the greatest improvement. Thirty percent of respondents (n=52) indicated that "More specialists" would improve access and 26.4% (n=46) reported "Transportation assistance".

Respondents could select more than one method so percentages do not equal 100%.

Way to Improve Access	2013		2017	
	Count	Percent	Count	Percent
More primary care providers	67	32.4%	53	30.5%
More specialists	51	24.6%	52	29.9%
Transportation assistance	63	30.4%	46	26.4%
Greater health education services	53	25.6%	45	25.9%
Improved quality of care	43	20.8%	44	25.3%
Outpatient services expanded hours	53	25.6%	42	24.1%
Other	24	11.6%	12	6.9%

"Other" comments:

- None
- Cost (2)
- Lower rate
- Make it affordable- not so expensive
- Affordable dentistry
- Affordable insurance
- Cut prohibitive med. costs
- MRI machine (not just CT)
- More staff at nursing home
- Lower health insurance costs
- Holistic health care providers
- Free Market cash only services like the Oklahoma Surgery Center

Interest in Educational Classes/Programs (Question 8)

2017 N= 174

Respondents were asked if they would be interested in any educational classes/programs if offered locally. The most highly indicated class/program was “Fitness” at 33.9% (n=59) of respondents. “First aid/CPR” was selected by 31.6% (n=55) followed by “Health and wellness” with 29.3% of respondents (n=51). Respondents could select more than one method so percentages do not equal 100%.

Class/Program	2017	
	Count	Percent
Fitness	59	33.9%
First aid/CPR	55	31.6%
Health and wellness	51	29.3%
Weight loss	47	27.0%
Nutrition	46	26.4%
Alzheimer’s	42	24.1%
Women’s health	32	18.4%
Living will	31	17.8%
Cancer	22	12.6%
Diabetes	22	12.6%
Men’s health	18	10.3%
Heart disease	16	9.2%
Smoking cessation	12	6.9%
Support groups	12	6.9%
Mental health	11	6.3%
Grief counseling	10	5.7%
Parenting	8	4.6%
Alcohol/substance abuse	6	3.4%
Prenatal	2	1.1%
Other	5	2.9%

“Other” comments:

- PT
- PTSD help
- None (2)
- Elderly education
- Eyes & ears specialist

Interest in Child Services (Question 9)

2017 N = 174

2013 N = 207

Respondents were asked to indicate which child services they would be interested if available locally. The most highly indicated services were “After school programs” and “Exercise/nutrition programs” at 18.4% (n=32) each, followed by “Head Start” at 9.8% (n=17). Respondents could select more than one method so percentages do not equal 100%.

Child Service	2013		2017	
	Count	Percent	Count	Percent
After school programs¹	57	27.5%	32	18.4%
Exercise/nutrition programs²	63	30.4%	32	18.4%
Head Start	26	12.6%	17	9.8%
Clubs/leagues	23	11.1%	16	9.2%
Additional day care	21	10.1%	15	8.6%
Health education programs ³	31	15.0%	10	5.7%
Other	9	4.3%	9	5.2%

¹⁻³Significantly fewer 2017 respondents indicated an interested in after school programs, child exercise and nutrition programs and health education programs.

“Other” comments:

- None (8)
- Grandparent
- No children (2)

Interest in Senior Services (Question 10)

2017 N = 174

2013 N = 207

Respondents were asked to indicate which senior services they would utilize if available locally. “Senior retirement housing/community” was selected at 27.6% (n=48), followed by “Meals on Wheels” at 25.9% (n=45) and “Personal care home” at 24.1% (n=42). Respondents could select more than one method so percentages do not equal 100%.

Service	2013		2017	
	Count	Percent	Count	Percent
Senior retirement housing/community	59	28.5%	48	27.6%
Meals on Wheels	58	28.0%	45	25.9%
Personal care home	51	24.6%	42	24.1%
Assisted living facility	52	25.1%	35	20.1%
Hospice	Not asked - 2013		26	14.9%
Adult day care ¹	38	18.4%	19	10.9%
Other	11	5.3%	6	3.4%

¹Significantly fewer 2017 respondents reported an interest in adult day care for senior citizens.

“Other” comments:

- No (5)
- Not yet (2)
- Transportation
- Home health care for seniors

Utilization of Preventative Services (Question 11)

2017 N= 174

2013 N= 207

Respondents were asked if they had utilized any of the preventative services listed in the past year. “Routine health checkup” was selected by 61.5% of respondents (n=107). Tied for second with 52.3% percent of respondents each (n=91) were “Flu shot” and “Routine blood pressure check.” Respondents could check all that apply, thus the percentages do not equal 100%.

Preventative Service	2013		2017	
	Count	Percent	Count	Percent
Routine health checkup¹	106	51.2%	107	61.5%
Flu shot	105	50.7%	91	52.3%
Routine blood pressure check	104	50.2%	91	52.3%
Cholesterol check	94	45.4%	87	50.0%
Mammography	78	37.7%	72	41.4%
Prostate (PSA)	40	19.3%	41	23.6%
Pap smear	54	26.1%	34	19.5%
Colonoscopy	36	17.4%	31	17.8%
None	21	10.1%	19	10.9%
Children's checkup/Well Baby	22	10.6%	10	5.7%
Other	3	1.4%	5	2.9%

¹Significantly more 2017 respondents have had a routine health checkup in the past year.

“Other” comments:

- Sinus
- Blood work (3)
- Same day care
- None at Stillwater Billings Clinic
- Because I don't have health insurance due to my premium doubling to \$1200 per month

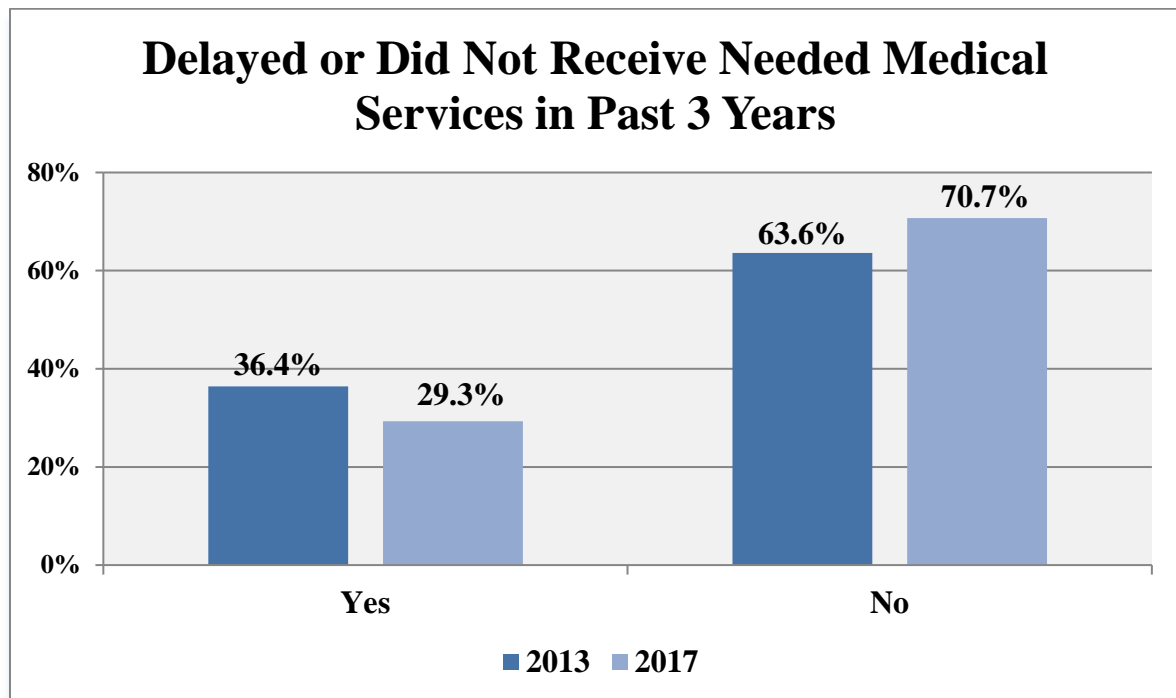
Survey Findings – Use of Healthcare Services

Needed/Delayed Hospital Care During the Past Three Years (Question 12)

2017 N= 157

2013 N= 195

Twenty-nine percent of respondents (n=46) reported that they or a member of their household thought they needed healthcare services, but did not get it or had to delay getting it. Seventy-one percent of respondents (n=111) felt they were able to get the healthcare services they needed without delay. Seventeen respondents chose not to answer this question.



“Other” comments:

- No insurance

Reasons for NOT Being Able to Receive Services or Delay in Receiving Healthcare Services (Question 13)

2017 N= 46

2013 N= 71

For those who indicated they were unable to receive or had to delay services (n=46), the reasons most cited were: “It costs too much” (52.2%, n=24), “Chose not to/did not want to go” (32.6%, n=15) and “My insurance didn’t cover it” (23.9%, n=11). Respondents were asked to indicate their top three choices; therefore percentages do not total 100%.

Reason	2013		2017	
	Count	Percent	Count	Percent
It costs too much	37	52.1%	24	52.2%
Chose not to/did not want to go	30	42.3%	15	32.6%
My insurance didn’t cover it	20	28.2%	11	23.9%
Don’t like doctors	9	12.7%	9	19.6%
No insurance	14	19.7%	8	17.4%
Not treated with respect ¹	4	5.6%	8	17.4%
Could not get an appointment ²	3	4.2%	7	15.2%
Quality of staff	7	9.9%	7	15.2%
Too long to wait for an appointment	9	12.7%	6	13.0%
Office wasn’t open when I could go	13	18.3%	5	10.9%
Didn’t know where to go	3	4.2%	4	8.7%
Could not get off work	3	4.2%	2	4.3%
It was too far to go	6	8.5%	2	4.3%
Unsure if services were available	4	5.6%	2	4.3%
Too nervous or afraid	6	8.5%	1	2.2%
Transportation problems	4	5.6%	1	2.2%
Had no one to care for the children	4	5.6%	0	0%
Language barrier	0	0%	0	0%
Other	7	9.9%	1	2.2%

²Significantly more 2017 respondents selected ‘not treated with respect,’ and ‘difficulty getting an appointment’ as reasons why they delayed or did not get needed health care services.

“Other” comments:

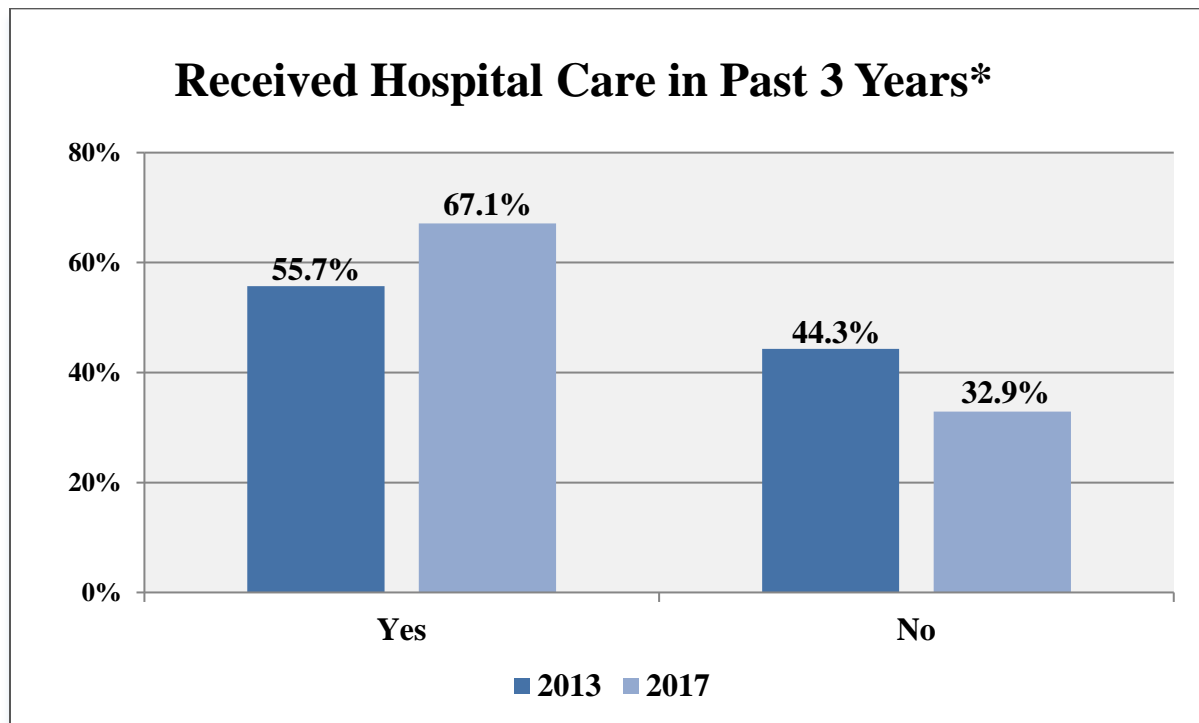
- Don’t use Stillwater billings clinic!
- Lack of published procedure prices
- Billings Clinic nurses in Columbus are rude

Hospital Care Received in the Past Three Years (Question 14)

2017 N= 167

2013 N= 201

Sixty-seven percent of respondents (n=112) reported that they or a member of their family had received hospital care during the previous three years and 32.9% (n=55) had not received hospital services.



*Significantly more 2017 respondents reported having been hospitalized in the past three years.

Reasons for Selecting the Hospital Used (Question 15)

2017 N= 112

2013 N= 112

Of the 112 respondents who had a personal or family experience at a hospital within the past three years, the primary reason given for selecting the facility used most often was “Prior experience with hospital” at 42% (n=47). “Closest to home” was selected by 37.5% (n=42) and 32.1% (n=36) selected “Referred by physician.” Note that respondents were asked to select the top three answers which influenced their choices; therefore the percentages do not equal 100%.

Reason	2013		2017	
	Count	Percent	Count	Percent
Prior experience with hospital	60	53.6%	47	42.0%
Closest to home	29	25.9%	42	37.5%
Referred by physician	50	44.6%	36	32.1%
Hospital’s reputation for quality	38	33.9%	32	28.6%
Emergency, no choice	29	25.9%	30	26.8%
Quality of staff	19	17.0%	25	22.3%
Service not available locally ¹	42	37.5%	22	19.6%
Required by insurance plan	23	20.5%	16	14.3%
Recommended by family or friends ²	4	3.5%	12	10.7%
Closest to work ³	1	0.9%	7	6.3%
VA/Military requirement	3	2.7%	5	4.5%
Cost of care	3	2.7%	1	0.9%
Other	3	2.7%	1	0.9%

¹Significantly fewer 2017 respondents indicated that the hospital service needed was not available locally.

²⁻³ Significantly more 2017 respondents cited ‘recommendation from family or friends,’ and ‘closest to work’ for the top reasons for selecting hospital used.

“Other” comments:

- State insurance
- No blood surgeries
- Didn’t go to hospital
- Non-emergency, no choice

Hospital Used Most in the Past Three Years (Question 16)

2017 N= 101

2013 N= 109

Of the 112 respondents who indicated receiving hospital care in the previous three years, 37.6% (n=38) reported receiving care at Billings Clinic in Billings, followed by Stillwater Billings clinic in Columbus at 33.7% (n=34) and St. Vincent Healthcare in Billings at 26.7% (n=27). Of those respondents who reported they had been to a hospital in the past three years, 11 did not indicate which hospital they had utilized.

Hospital	2013		2017	
	Count	Percent	Count	Percent
Billings Clinic	48	44.0%	38	37.6%
Stillwater Billings Clinic	24	22.0%	34	33.7%
St. Vincent Healthcare	36	33.0%	27	26.7%
Beartooth Billings Clinic	Not asked - 2013		0	0%
Other	1	0.9%	2	2.0%
TOTAL	109	100%	101	100%

“Other” comments:

- VA
- Cody Clinic
- Rowell Clinic
- Children’s Clinic
- Two insurance plans
- Bozeman Deaconess
- Aspen Valley Hospital
- Have not needed to go to hospital

Cross Tabulation of Hospital and Residence

Analysis was done to examine where respondents utilized hospital services the most in the past three years with where they live by zip code. The chart below shows the results of the cross tabulation. Hospital location is across the top of the table and residents' zip codes are along the side.

LOCATION OF MOST OFTEN UTILIZED HOSPITAL BY RESIDENCE

	Stillwater Billings Clinic (Columbus)	Billings Clinic	St. Vincent Healthcare	Beartooth Billings Clinic	Other	Total
Columbus 59019	21 (42%)	20 (40%)	8 (16%)		1 (2%)	50
Absarokee 59001	4 (25%)	4 (25%)	8 (50%)			16
Park City 59063	2 (18.2%)	4 (36.4%)	5 (45.5%)			11
Reed Point 59069	3 (42.9%)	3 (42.9%)	1 (14.2%)			7
Nye 59061	3 (50%)	1 (16.7%)	2 (33.3%)			6
Fishtail 59028		4 (80%)	1 (20%)			5
Molt 59002		1 (50%)	1 (50%)			2
Rapelje 59067	1 (50%)	1 (50%)				2
Other			1 (50%)		1 (50%)	2
TOTAL	34 (33.7%)	38 (37.6%)	27 (26.7%)	0	2 (2%)	101 (100%)

Cross Tabulation of Hospital and Reason Selected

Analysis was done to assess respondents' most utilized hospital with why they selected that hospital. The chart below shows the results of the cross tabulation. Reason hospital was selected was a multiple response item, thus totals do not add up to 100%. Hospital location is across the top of the table and reason for selection is along the side.

LOCATION OF MOST UTILIZED HOSPITAL BY REASONS HOSPITAL SELECTED

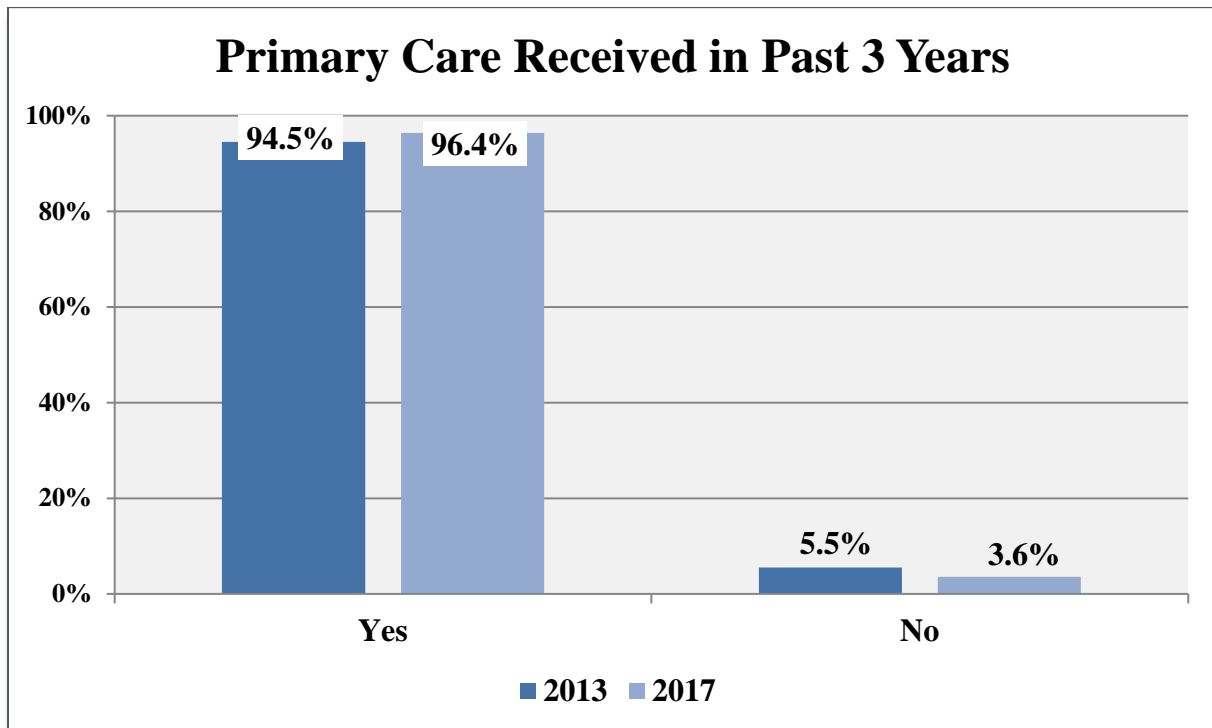
	Stillwater Billings Clinic	Billings Clinic	St. Vincent Healthcare	Beartooth Billings Clinic	Other	Total
Prior experience with hospital	15 (35.7%)	13 (31%)	12 (28.6)		2 (4.8%)	42
Closest to home	25 (62.5%)	10 (25%)	3 (7.5%)		2 (5%)	40
Referred by physician	8 (25%)	12 (37.5%)	10 (31.3%)		2 (6.3%)	32
Hospital's reputation for quality	6 (20.7%)	14 (48.3%)	8 (27.6%)		1 (3.4%)	29
Emergency, no choice	11 (40.7%)	12 (44.4%)	4 (14.8%)			27
Quality of staff	9 (36%)	7 (28%)	8 (32%)		1 (4%)	25
Service not available locally	4 (21.1%)	11 (57.9%)	4 (21.1%)			19
Required by insurance plan	2 (14.3%)	5 (35.7%)	7 (50%)			14
Recommended by family or friends	3 (33.3%)	2 (22.2%)	4 (44.4%)			9
Closest to work	2 (28.6%)	3 (42.9%)	2 (28.6%)			7
VA/Military requirement	2 (66.7%)	1 (33.3%)				3
Cost of care			1 (100%)			1
Other		1 (100%)				1

Primary Care Received in the Past Three Years (Question 17)

2017 N= 169

2013 N= 201

Ninety-six percent of respondents (n=163) indicated they or someone in their household had been seen by a primary care provider (such as a family physician, internal medicine doctor, physician assistant, or nurse practitioner), for healthcare services in the past three years. Six respondents (3.6%) indicated they or someone in their household had not.



“Other” comments:

- Few choices so took one available

Reasons for Selection of Primary Care Provider (Question 18)

2017 N= 163

2013 N= 190

For those respondents who indicated they or someone in their household had been seen by a primary care provider in the past three years, they were asked to indicate why they chose that primary care provider. “Prior experience with clinic” was the most frequently selected reason at 54.6% (n=89) followed by “Closest to home” at 54% (n=88) and “Appointment availability” at 31.3% (n=51). Respondents were asked to check all that apply so the percentages do not equal 100%.

Reason	2013		2017	
	Count	Percent	Count	Percent
Prior experience with clinic	104	54.7%	89	54.6%
Closest to home	106	55.8%	88	54.0%
Appointment availability	48	25.3%	51	31.3%
Recommended by family or friends	31	16.3%	34	20.9%
Clinic’s reputation for quality	41	21.6%	33	20.2%
Required by insurance plan ¹	8	4.2%	25	15.3%
Referred by physician or other provider	18	9.5%	19	11.7%
Length of waiting room time	19	10.0%	10	6.1%
VA/Military requirement	3	1.6%	8	4.9%
Cost of care	7	3.7%	4	2.5%
Indian Health Services	1	0.5%	0	0%
Other	15	7.9%	6	3.7%

¹Significantly more 2017 respondents selected a primary care provider because of an insurance requirement.

“Other” comments:

- She is great
- Open when I needed them
- My MS requires a specific doctor
- It’s better than Absarokee and I can’t always get to Billings for pediatrics
- Felt he cared and respected me as a person and my health needs

Location of Primary Care Provider (Question 19)

2017 N= 149

2013 N= 167

Of the 163 respondents who indicated receiving primary care services in the previous three years, 57% (n=85) reported receiving care at Stillwater Billings Clinic. Thirteen percent of respondents (n=20) reported they utilized primary care services at St. Vincent Health Care in Billings and 11.4% (n=17) utilized services at Billings Clinic in Billings. Fourteen of the 163 respondents who reported they had utilized primary care services in the past three years did not indicate where they received those services.

Location	2013		2017	
	Count	Percent	Count	Percent
Stillwater Billings Clinic	75	44.9%	85	57.0%
St. Vincent Health Care	22	13.2%	20	13.4%
Billings Clinic	30	18.0%	17	11.4%
St. Vincent's Absarokee	24	14.4%	14	9.4%
Beartooth Billings Clinic	1	0.6%	0	0%
Other	15	9.0%	13	8.7%
TOTAL	167	100%	149	100%

“Other” comments:

- VA (4)
- Aspen, CO
- Laurel clinic (3)
- Children’s Clinic
- Billings W. Grand
- St. Vincent Laurel (3)
- Fuller Family Medicine
- Private practice office (2)
- Billings Montana Health Center

Cross Tabulation of Primary Care and Residence

Analysis was done to examine where respondents went most often for primary care with where they live by zip code. The chart below shows the results of the cross tabulation. Clinic location is across the top of the table and residents' zip codes are along the side.

LOCATION OF PRIMARY CARE PROVIDER MOST UTILIZED BY RESIDENCE

	Stillwater Billings Clinic	Billings Clinic	St. Vincent Healthcare	St. Vincent's Absarokee	Other	Total
Columbus 59019	50 (73.5%)	8 (11.8%)	5 (7.4%)	2 (2.9%)	3 (4.4%)	68
Absarokee 59001	13 (44.8%)	2 (6.9%)	5 (17.2%)	8 (27.6%)	1 (3.5%)	29
Park City 59063	4 (19%)	3 (14.3%)	8 (38.1%)		6 (28.6%)	21
Reed Point 59069	7 (87.5%)	1 (12.5%)				8
Fishtail 59028	3 (42.8%)	2 (28.6%)		2 (28.6%)		7
Nye 59061	4 (66.7%)			2 (33.3%)		6
Molt 59002		1 (25%)	1 (25%)		2 (50%)	4
Rapelje 59067	4 (100%)					4
Other			1 (50%)		1 (50%)	2
TOTAL	85 (57%)	17 (11.4%)	20 (13.4%)	14 (9.4%)	13 (8.8%)	149 (100%)

Cross Tabulation of Clinic and Reason Selected

Analysis was done to examine where respondents went most often for primary care services with why they selected that clinic/provider. The chart below shows the results of the cross tabulation. Reason clinic/provider was selected was a multiple response item, thus totals do not add up to 100%. Bearthooth Billings Clinic was removed from the table due to non-response.

LOCATION OF PRIMARY CARE PROVIDER BY REASONS CLINIC SELECTED

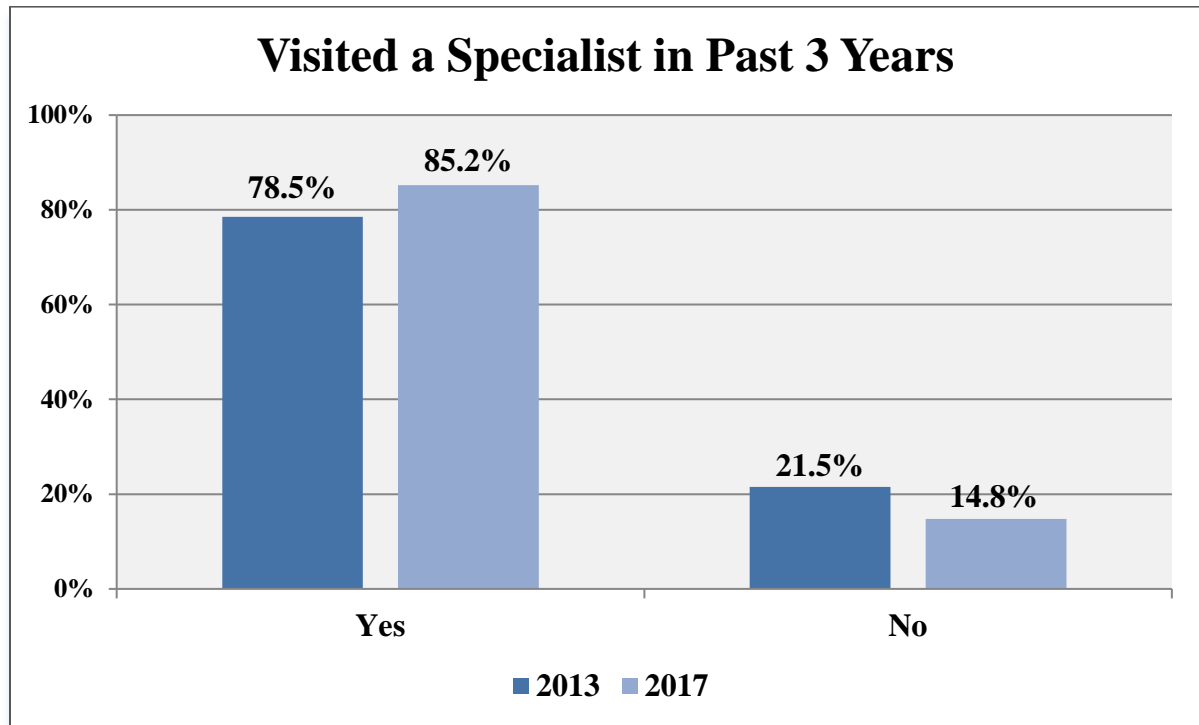
	Columbus Billings Clinic	Billings Clinic	St. Vincent Healthcare	St. Vincent's Absarokee	Other	Total
Closest to home	62 (75.6%)	1 (1.2%)	3 (3.7%)	11 (13.4%)	5 (6.1%)	82
Prior experience with clinic	43 (54.4%)	10 (12.7%)	9 (11.4%)	9 (11.4%)	8 (10.1%)	79
Appointment availability	33 (68.8%)	4 (8.3%)	4 (8.3%)	3 (6.3%)	1 (8.3%)	48
Clinic's reputation for quality	16 (50%)	5 (15.6%)	6 (18.8%)	3 (9.4%)	2 (6.3%)	32
Recommended by family or friends	16 (57.1%)	5 (17.9%)	4 (14.3%)	2 (7.1%)	1 (3.6%)	28
Required by insurance plan	11 (47.8%)	4 (17.4%)	5 (21.7%)	1 (4.3%)	2 (8.7%)	23
Referred by physician or other provider	5 (27.8%)	7 (38.9%)	5 (27.8%)	1 (5.6%)		18
Length of waiting room time	9 (90%)			1 (10%)		10
VA/Military requirement	4 (66.7%)	1 (16.7%)			1 (16.7%)	6
Cost of care				1 (25%)	3 (75%)	4
Other	3 (60%)	1 (20%)			1 20%	5

Use of Healthcare Specialists during the Past Three Years (Question 20)

2017 N= 162

2013 N= 195

Eighty-five percent of the respondents (n=138) indicated they or a household member had seen a healthcare specialist during the past three years and fifteen percent (n=24) indicated they had not.



Type of Healthcare Specialist Utilized (Question 21)

2017 N= 138

2013 N= 153

The respondents (n=138) saw a wide array of healthcare specialists in the past three years. The most frequently indicated specialists were a “Dentist” (64.5%; n=89), followed by “Mammography” (41.3%; n=57), and “Dermatologist” (36.2%; n=43). Respondents were asked to select all that apply so percentages do not equal 100%.

Specialist	2013		2017	
	Count	Percent	Count	Percent
Dentist	85	55.6%	89	64.5%
Mammography	Not asked - 2013		57	41.3%
Dermatologist	44	28.8%	50	36.2%
Orthopedic surgeon	42	27.5%	43	31.2%
Physical therapist	34	22.2%	42	30.4%
Ophthalmologist ¹	24	15.7%	37	26.8%
Chiropractor	40	26.1%	30	21.7%
Cardiologist	38	24.8%	28	20.3%
OB/GYN	35	22.9%	26	18.8%
Radiologist	18	11.8%	25	18.1%
Neurologist	22	14.4%	23	16.7%
Urologist	19	12.4%	21	15.2%
Gastroenterologist	20	13.1%	19	13.8%
Pulmonologist	11	7.2%	19	13.8%
General surgeon	21	13.7%	16	11.6%
ENT (ear/nose/throat)	14	9.2%	15	10.9%
Neurosurgeon ²	4	2.6%	12	8.7%
Podiatrist	16	10.5%	12	8.7%
Pediatrician	17	11.1%	10	7.2%
Oncologist	10	6.5%	9	6.5%
Allergist	14	9.2%	8	5.8%
Occupational therapist	7	4.6%	8	5.8%
Rheumatologist	6	3.9%	7	5.1%
Mental health counselor	11	7.2%	6	4.3%
Psychologist	4	2.6%	6	4.3%
Dietician	5	3.3%	5	3.6%
Endocrinologist	10	6.5%	5	3.6%
Psychiatrist (M.D.)	6	3.9%	5	3.6%
Speech therapist	6	3.9%	2	1.4%
Geriatrician	3	2.0%	1	0.7%
Substance abuse counselor	Not asked - 2013		0	0%
Other	11	7.2%	9	6.5%

¹⁻²Significantly more 2017 respondents have seen an ophthalmologist and neurosurgeon in the past three years.

Question 21 continued...

“Other” comments:

- Bone test
- Kidney
- Sports medicine
- Optometrist (2)
- Nephrology (2)
- NID doctors
- Nutritionist
- Colonoscopy doctor
- Colostomy
- Wound care/plastic surgeon

Location of Healthcare Specialist (Question 22)

2017 N= 138

2013 N= 153

Of the 138 respondents who indicated they saw a healthcare specialist in the past three years, 89.9% (n=124) saw one in Billings. Columbus specialty services were utilized by 30.4% of respondents (n=42) and Absarokee was reported by 4.3% (n=6). Respondents could select more than one location; therefore, percentages do not equal 100%.

Location	2013		2017	
	Count	Percent	Count	Percent
Billings	145	94.8%	124	89.9%
Columbus	41	26.8%	42	30.4%
Absarokee	2	1.3%	6	4.3%
Red Lodge	6	3.9%	4	2.9%
Other	14	9.2%	9	6.5%

“Other” comments:

- Mayo Clinic
- Aspen, CO
- Laurel (5)
- PT at Stillwater Billings Clinic
- Pain specialist
- Bozeman, Missoula

Desired Local Healthcare Services (Question 23)

2017 N= 174

2013 N= 207

Respondents were asked to indicate which additional healthcare services would they utilize if available locally. Respondents indicated the most interest in having a “dermatologist” at 22.4% of respondents (n=39) followed by “Cardiologist” at 12.6% (n=22), and “Sleep studies” with 11.5% (n=20). Respondents were asked to select all that apply so percentages do not equal 100%.

Service	2013		2017	
	Count	Percent	Count	Percent
Dermatologist	41	19.8%	39	22.4%
Cardiologist	33	15.9%	22	12.6%
Sleep studies	18	8.7%	20	11.5%
OB/GYN	33	15.9%	18	10.3%
Mammography	Not asked - 2013		28	7.3%
General surgery	24	11.6%	12	6.9%
Pediatrician	17	8.2%	11	6.3%
Rheumatologist	14	6.8%	11	6.3%
Urologist	17	8.2%	11	6.3%
ENT ¹	37	17.9%	9	5.2%
Pulmonologist	13	6.3%	8	4.6%
Psychiatry	8	3.9%	8	4.6%
Geriatrician	11	5.3%	6	3.4%
Endocrinologist	8	3.9%	3	1.7%
Oncologist	6	2.9%	2	1.1%
Other	9	4.3%	5	2.9%

¹Significantly fewer 2017 respondents are interested in ENT services being available locally.

“Other” comments:

- Eye
- Diet
- Back specialist
- Holistic health care
- Need different doctors. Columbus needs more doctors- some people can’t get appointments due to no doctors. Need shorter time frame on appointments. In all areas Columbus and Billings.

Overall Quality of Care at Stillwater Billings Clinic (Question 24)

Respondents were asked to rate a variety of aspects of the overall care provided at Stillwater Billings Clinic using the scale of 4=Excellent, 3=Good, 2=Fair, 1=Poor, and Don't Know. The sums of the average scores were then calculated with ambulance services receiving the top average score of 3.4 out of 4.0 followed by Therapies and Radiology services both receiving a 3.3. The total average score was 3.2, indicating the overall services of the hospital to be "Good."

2017	Excellent (4)	Good (3)	Fair (2)	Poor (1)	Don't know/ Haven't used	No Answer	N	Avg
Ambulance services¹	20	17	1	1	117	18	174	3.4
Therapy (physical, occupational, speech)	29	19	7	2	96	21	174	3.3
Radiology services (x-ray, ultrasound, CT scan, mammography)	44	42	8	3	60	17	174	3.3
Clinic services	49	51	15	5	40	14	174	3.2
Laboratory	40	49	12	2	55	16	174	3.2
Emergency room	31	50	11	6	61	15	174	3.1
Acute/skilled care	10	11	7	3	120	23	174	2.9
Home health	4	6	2	3	135	24	174	2.7
Specialty outreach clinics	2	9	4	3	131	25	174	2.6
Public health	4	9	3	5	130	23	174	2.6
TOTAL	233	263	70	33				3.2

2013	Excellent (4)	Good (3)	Fair (2)	Poor (1)	Don't know/ Haven't used	No Answer	N	Avg
Radiology services (x-ray, ultrasound, CT scan, mammography)	46	38	7	2	79	35	207	3.4
Laboratory	46	51	10	4	62	34	207	3.3
Therapy (physical, occupational, speech)	31	28	3	4	99	42	207	3.3
Clinic services	49	55	17	4	48	34	207	3.2
Ambulance services	26	39	10	3	91	38	207	3.1
Emergency room	33	49	14	11	67	33	207	3.0
Home health	12	10	7	2	128	48	207	3.0
Public health	8	18	7	2	128	44	207	2.9
Acute/skilled care	9	17	9	7	113	52	207	2.7
Specialty outreach clinics	4	12	6	3	136	46	207	2.7
TOTAL	252	307	83	40				3.1

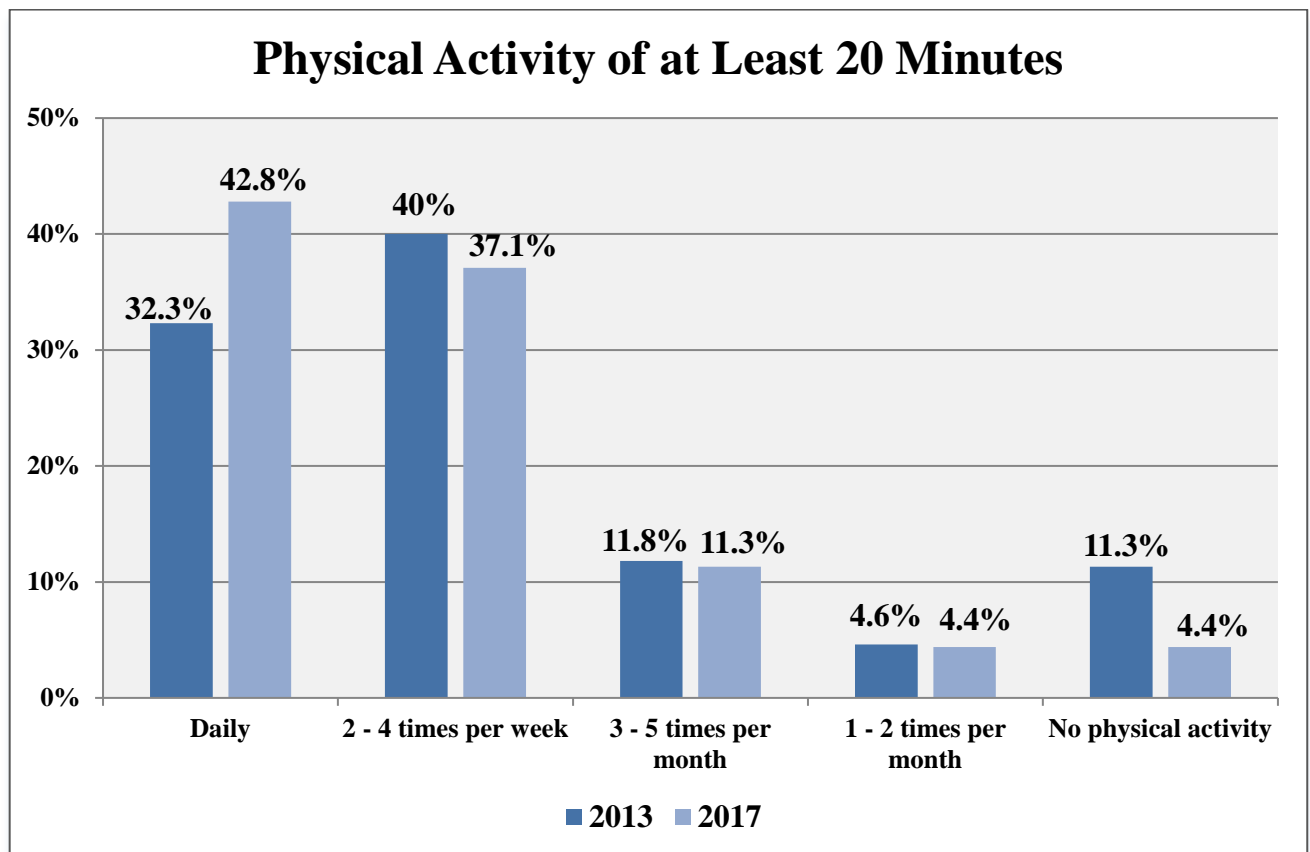
Survey Findings – Personal Health

Physical Activity (Question 25)

2017 N= 159

2013 N= 195

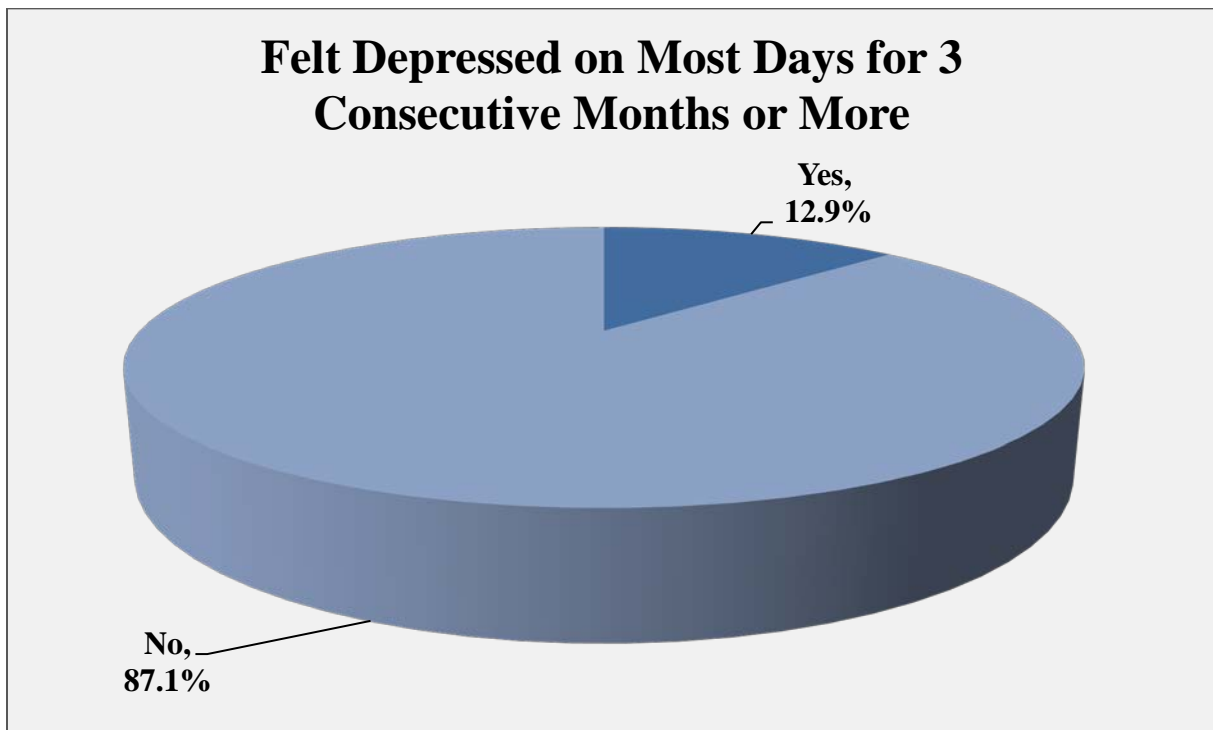
Respondents were asked to indicate how frequently they had physical activity for at least twenty minutes over the past month. Forty-three percent of respondents (n=68) indicated they had physical activity of at least twenty minutes “Daily.” Thirty-seven percent of respondents (n=59) indicated they had physical activity “2-4 times per week” and 11.3% of respondents (n=18) indicated they had physical activity “3-5 times per month.”



Prevalence of Depression (Question 26)

2017 N= 163

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. Thirteen percent of respondents (n=21) indicated they had experienced periods of depression and 87.1% of respondents (n=142) indicated they had not.

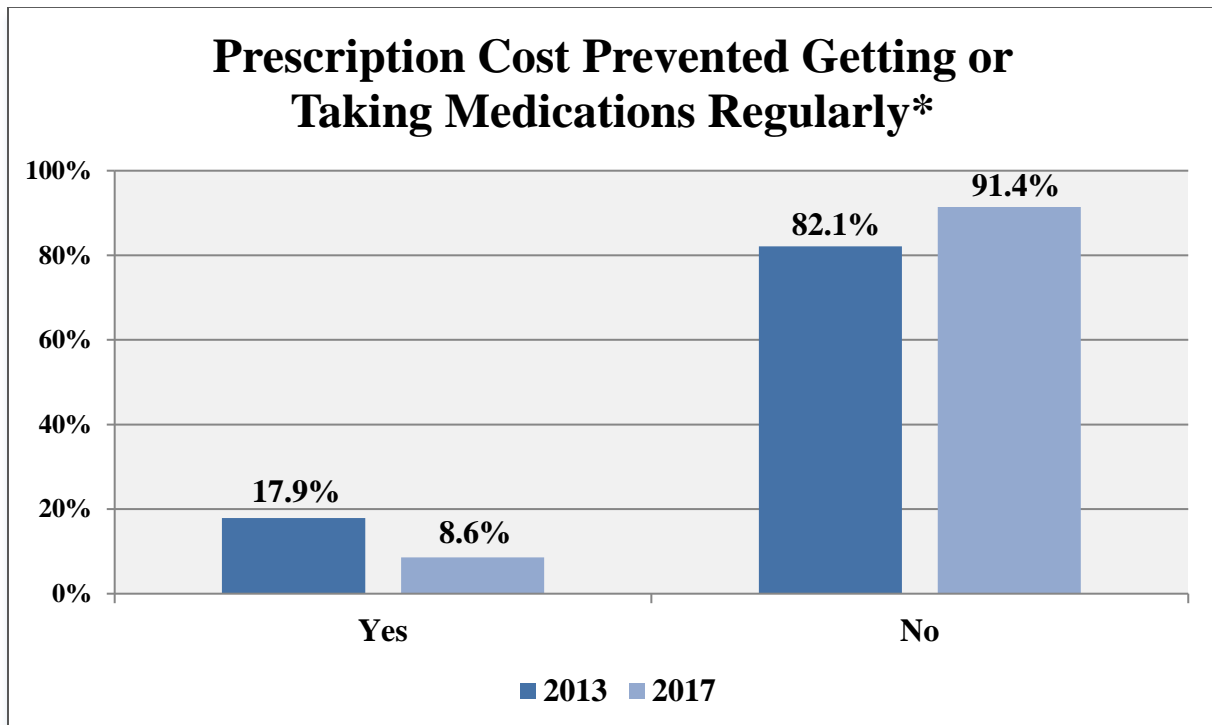


Cost and Prescription Medications (Question 27)

2017 N= 163

2013 N= 195

Respondents were asked to indicate if, during the last year, medication costs had prohibited them from getting a prescription or taking their medication regularly. Nine percent of respondents (n=14) indicated that, in the last year, cost had prohibited them from getting a prescription or taking their medication regularly. Ninety-one percent of respondents (n=149) indicated that cost had not prohibited them.



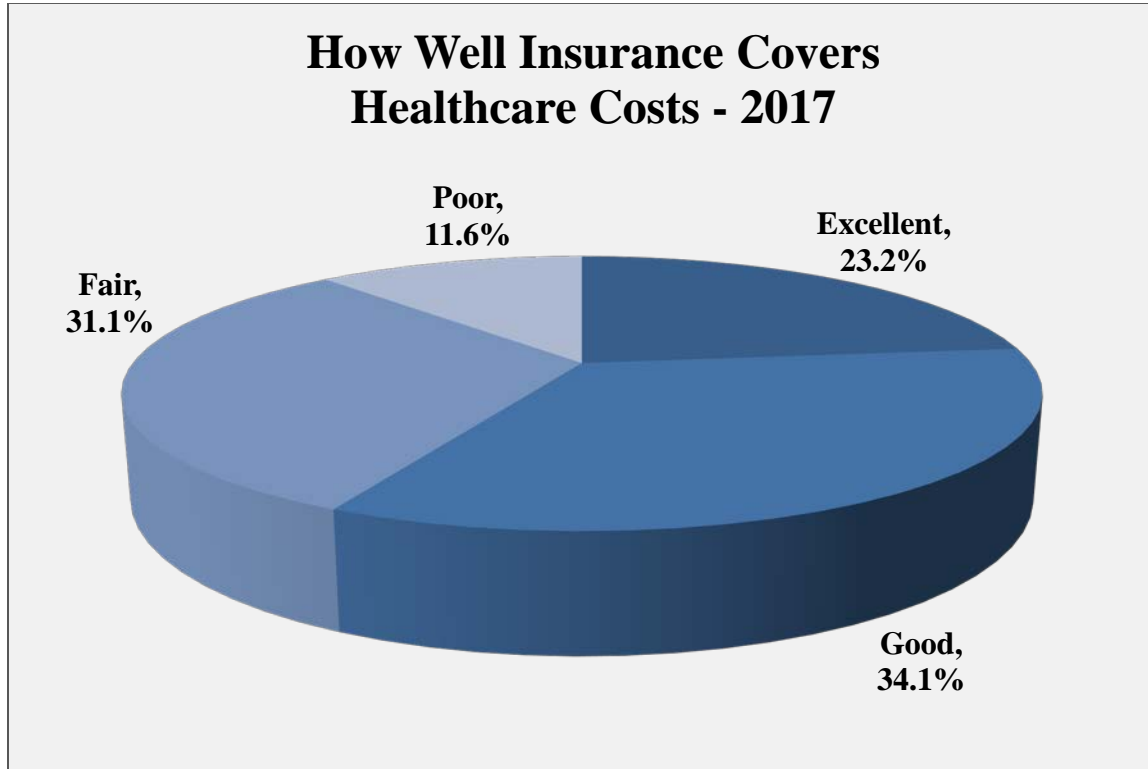
*Significantly fewer 2017 respondents indicate that prescription costs prevent getting medications.

Survey Findings – Health Insurance

Insurance and Healthcare Costs (Question 28)

2017 N= 164

Respondents were asked to indicate how well they felt their health insurance covers their healthcare costs. Thirty-four percent of respondents (n=56) indicated they felt their insurance covers a “Good” amount of their healthcare costs. Thirty-one percent of respondents (n=51) indicated they felt their insurance covers a “Fair” amount and 23.2% (n=38) selected “Excellent.”



“Other” comments:

- No insurance

Medical Insurance (Question 29)

2017 N= 145

2013 N= 163

Respondents were asked to indicate what type of medical insurance covers the majority of their medical expenses. Forty-six percent (n=66) indicated they have “Employer sponsored” insurance. Twenty-nine percent (n=42) reported they have a “Medicare” and “Private insurance/private plan” and “Health Insurance Marketplace” were both reported by 6.9% of respondents (n=10) each.

Insurance Type	2013		2017	
	Count	Percent	Count	Percent
Employer sponsored	77	47.2%	66	45.5%
Medicare	49	30.1%	42	29.0%
Private insurance/private plan	15	9.2%	10	6.9%
Health Insurance Marketplace	Not asked - 2013		10	6.9%
VA/Military	4	2.5%	8	5.5%
None/Pay out of pocket	Not asked – 2013		3	2.1%
Medicaid	1	0.6%	2	1.4%
State/other	5	3.1%	2	1.4%
Health Savings Account	1	0.6%	1	0.7%
Healthy MT Kids	7	4.3%	1	0.7%
Agricultural Corp. Paid	0	0%	0	0%
Indian Health Services	0	0%	0	0%
Other	4	2.5%	0	0%
TOTAL	163	100%	145	100%

“Other” comments:

- Can’t get state health regularly
- Medical sharing plan
- Cigna
- BCBS (2)
- BCBS Supplement PPO
- AARP
- Humana

Barriers to Having Medical Insurance (Question 30)

2017 N= 3

2013 N= 30

Those respondents who indicated they did not have medical insurance were asked to indicate why they did not. “Cannot afford to pay for medical insurance” was the top response with 100% (n=3). Respondents could select all that apply.

Reason	2013		2017	
	Count	Percent	Count	Percent
Cannot afford to pay for medical insurance	24	80.0%	3	100%
Employer does not offer insurance	5	16.7%	0	0
Choose not to have medical insurance	1	3.3%	0	0
Other	3	10.0%	0	0

“Other” comments:

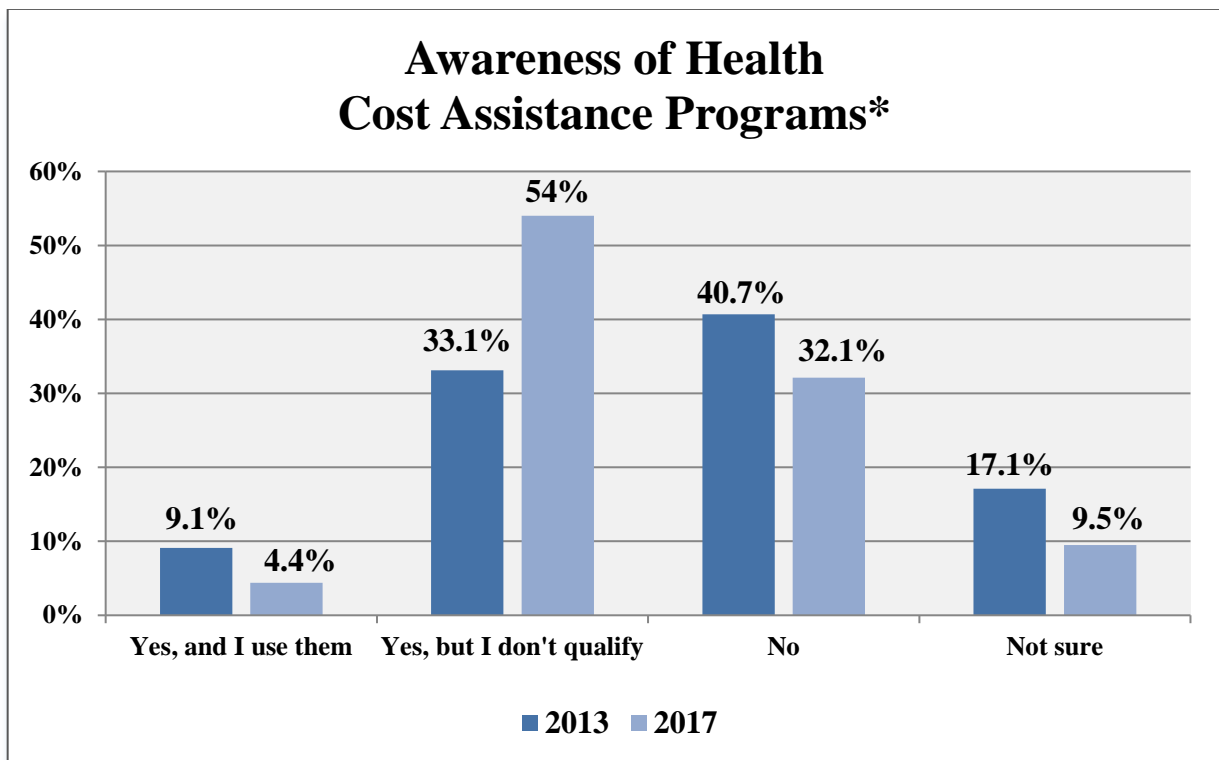
- Supplemental cost too much, can’t afford
- I’m not sure if I have it
- Medicare
- One has cost sharing ministry
- Deductible too high for family members in household

Awareness of Health Payment Programs (Question 31)

2017 N= 137

2013 N= 175

Respondents were asked to indicate their awareness of programs that help people pay for healthcare bills. Fifty-four percent of respondents (n=74) indicated they were aware of these types of programs, but did not qualify to utilize them. Thirty-two percent (n=44) indicated that they were not aware of these programs and 9.5% of respondents (n=13) indicated they were not sure.



*Significantly more 2017 respondents reported being aware of health cost assistance programs, but do not qualify to utilize them. Additionally, significantly fewer respondents reported they are not aware of cost assistance programs.

“Other” comments:

- Did know they existed
- Nor would I use them!

VI. Focus Group Methodology

Two focus group interviews were conducted in March 2017. Participants were identified as people living in Stillwater Billings Clinic's service area.

Thirty focus group participants represent various consumer groups of healthcare including senior citizens and local community members. Each interview lasted up to 90 minutes in length and followed the same line of questioning. Focus group interview questions and notes can be found in Appendix H. Focus Group questions and discussions were led by Amy Royer and Rachel Sisco with the Montana Office of Rural Health.

VII. Focus Group Summary

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

Improve health of the community:

- Participants indicated a need for more walking trails, complete streets and green space for people to be physically active.
- Community members felt there was a need for better advertising of services available in the community.

Most important local healthcare issues:

- Chronic disease and illnesses related to being overweight/obese.
- Substance abuse.
- Participants felt there was a lack services available for mental health.
- Community members indicated a need for more senior services including improved living options and transportation services.

Opinion of hospital services:

- Participants were overall satisfied with the services offered and felt that the quality of care at Stillwater Billings Clinic was exceptional.
- Participants felt the hospital board and leadership could be more involved in the community and would like a full-time administrator.

Reasons for using local providers:

- Participants indicated that they used local services because they like the local providers and enjoy the convenience of using healthcare locally.

Opinion of local services:

- Participants were overall satisfied with the services offered locally.
- Ambulance services were said to be ‘top notch’.
- The home health services offered through public health and Stillwater Billings clinic were valued by the seniors in the community.
- Community members felt the nursing homes needed to be updated and improved.

Reasons to leave the community for healthcare:

- Specialty service
- VA hospital/clinic
- Those who commute for work in Billings utilize services there.

Needed healthcare services in the community:

- Public transportation services
- Specialty care like dermatology, vision services, and maternity services
- Hospice
- Mental health services

VIII. Summary

One hundred seventy-four surveys were completed in Stillwater Billings Clinic's service area for a 22.1% response rate. Of the 174 returned, 63.8% of the respondents were female, 74.5% were 56 years of age or older, and 42.1% reported they are retired.

Respondents rated the overall quality of care and services at the hospital as good, scoring 3.2 out of 4.0.

Over half of the respondents (93.4%) feel the Columbus area is a "healthy" or "Somewhat healthy" place to live. Respondents indicated their top three health concerns were: alcohol abuse/substance abuse (58.6%), cancer (40.2%), and overweight/obesity (37.9%). Significantly more respondents identified mental health issues as a serious health concern.

When respondents were asked which health related educational programs or classes they would be most interested in, the top choices were: fitness (33.9%), First aid/CPR (31.6%), and Health and wellness (29.3%).

Overall, the respondents within Stillwater Billings Clinic's service area are seeking hospital care at a rate that is typically seen in rural areas.

The majority of participants appeared to have very favorable opinions of the services with most praising the care received. Participants were appreciative of the care available while identifying additional services or needs.

In summary, respondents report support for local healthcare and many prefer to seek care locally whenever possible for convenience and out of trust for local providers.

IX. Prioritization of Health Needs, Available Resources, and Implementation Planning Process

The community steering committee, comprised of staff leaders from Stillwater Billings Clinic (SBC) and community members from Stillwater, 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
- Transportation
- Health and wellness
- Mental health
- Access to specialty services

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

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 was 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.
- Shape Up 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 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).
- Bountiful Baskets provides paying community members with fresh produce on a weekly basis.
- 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.
- 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 areas.

X. Evaluation of Activity Impacts from Previous CHNA

The Stillwater Billings Clinic Board of Directors approved its previous implementation plan in July 2013. The plan prioritized the following health issues:

- Ensure access to primary care and needed specialty services for those living in Stillwater County and the surrounding areas.
- Improve health outcomes of diabetic and pre-diabetic community members in the Stillwater county area.
- Provide leadership to the community in making the Stillwater area a healthier place to live.

Ensure access to primary care and needed specialty services for those living in Stillwater County and the surrounding areas.

- A new Physician's Assistant was recruited for Stillwater Billings Clinic. There is also a new potential Physician recruit that will start in Fall 2018.
- The Rural Outreach Specialty Clinic continues to grow and thrive. There are numerous providers that come to Stillwater Billings Clinic on a monthly to bi-monthly basis including, but not limited to: podiatry, cardiology, and orthopedics.
- A hospital website has been built and continually has information regarding new health trends within the community.
- Social media has developed within Stillwater Billings Clinic, as there is now a Facebook page that shares health related information as well as local, upcoming events.
- Along with the website and social media, Stillwater Billings Clinic continues to provide articles to the newspaper regarding upcoming events, as well as the local radio stations.
- Stillwater Billings Clinic is the contractor for Stillwater County Public Health and provides numerous services. School nursing throughout the county is provided through Stillwater Billings Clinic. Other Public Health endeavors include: Public Health Emergency Preparedness, Immunization Program for low-income and underserved populations, and the Maternal Child Health Block Program to assist with various aspects of Maternal/Child related health care disparities.

Improve health outcomes of diabetic and pre-diabetic community members in the Stillwater county area.

- A Registered Dietitian has been hired and maintained at Stillwater Billings Clinic.
- Stillwater Billings Clinic has a Diabetes Education Program that provides individual education on nutrition and diabetes. The program is available to outpatients, in-patients, and community members alike.
- Quality measures are set and recorded by the Dietitian and reported quarterly.

Provide leadership to the community in making the Stillwater area a healthier place to live.

- Wellness programs in the community include: Arthritis Exercise Program for the Senior Citizens, Stepping-On for maintaining safety and balance at home, Fall Prevention Workshop, and Chronic Disease Self-Management courses.
- Cardiac rehabilitation is offered through Stillwater Billings Clinic Therapy Department.

- Stillwater Billings Clinic sponsors the SYC Run for the community each fall.
- Stillwater Billings Clinic continues to support youth sports activities including: Stillwater County baseball/softball programs, the SYC Run which also incorporates youth, and the Columbus Schools Concussion Series.
- Stillwater Billings Clinic trauma program presents the Lids Save Lives program for area youth to encourage helmet usage and bike/vehicle safety.
- Shape Up Montana continues to be an active participation program within the county.
- Involvement of Stillwater Billings Clinic staff in the local DUI Task Force, Local Emergency Preparedness Committee, and the Fetal Infant Child Maternal Mortality Review team.
- There are currently two mental health centers in Columbus providing services to groups of all ages throughout Stillwater County.

Appendix A – Steering Committee Members
Steering Committee – Name and Organization Affiliation

1. Natasha Sailer, RN – Stillwater County Public Health Nurse
2. Bev Kovanda, RN – Stillwater Billings Clinic Director of Quality
3. Melissa Kramer – Stillwater County Business Owner
4. Marissa Hauge – Stillwater County Economic Development
5. Dwayne Wood – Paramedic Stillwater EMS
6. Leslie Mullin – Retired Citizen Columbus
7. Sharyl Zahn – County Citizen
8. Jule' Bruursema – Reed Point County Citizen
9. Jared Delaney – Stillwater County Sheriff's Office
10. Kellie Depuydt – Absarokee St. Vincent's Clinic
11. Kelley Evens - Stillwater Billings Clinic CEO

Appendix B – Public Health and Populations Consultation

Public Health and Populations Consultation Worksheet

1. Public Health

a. Name/Organization

Natasha Sailer, RN – Stillwater County Public Health Nurse

Sharyl Zahn – County Citizen

Dwayne Wood – Paramedic Stillwater EMS

b. Date of Consultation

First Steering Committee Meeting/Focus Group: 03/15/2017

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

Steering Committee/Focus Group

d. Input and Recommendations from Consultation

- It's hard to get people to seek mental health. It would be nice to have it available in Columbus. People come in with depression all the time. There is a lack of mental health services.
- COPD, diabetes obesity, all of it involves people not getting outside and staying active. The community needs more green space for people to get outside and be active.

2. Populations Consultation (a leader or representative of populations such as medically underserved, low-income, minority and/or populations with chronic disease)

Population: Seniors

a. Name/Organization

Bev Kovanda, RN – Stillwater Billings Clinic Director of Quality

Sharyl Zahn – County Citizen

b. Date of Consultation

First Steering Committee Meeting/Focus Group: 03/15/2017

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

Steering Committee/Focus Group

- d. Input and Recommendations from Consultation
 - Elderly don't have a lot of support if they don't have family here. If they get ill no one can take care of them.
 - Lack of transportation is a big thing for these people. There's nothing available.
 - We need hospice in the community.

Population: Youth

- a. Name/Organization
 - Melissa Kramer – Stillwater County Business Owner
- b. Date of Consultation
 - First Steering Committee Meeting/Focus Group: 03/15/2017
- c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
 - Steering Committee/Focus Group
- d. Input and Recommendations from Consultation
 - There is a lack of mental health services. There are two counselors in town but they are private. Just the school kids fill their schedule. They are so busy.

Appendix C – Secondary Data

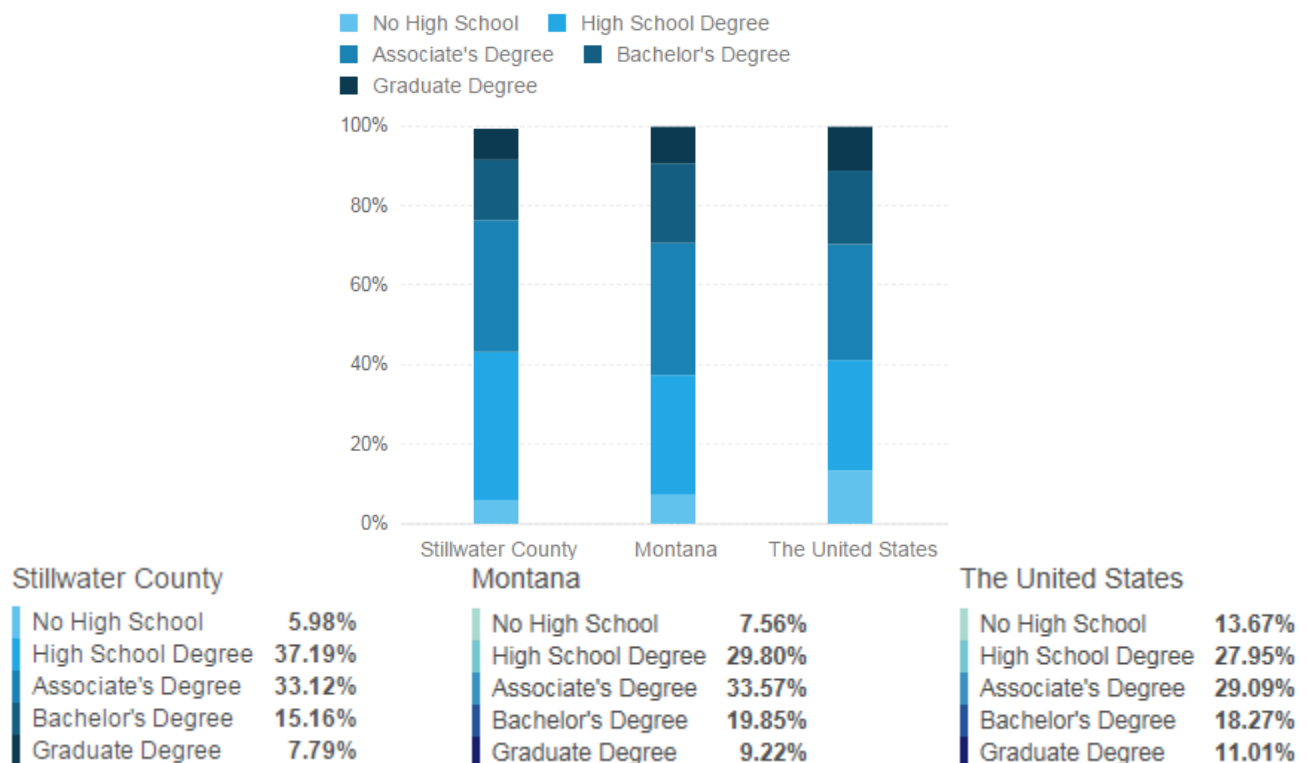
Demographic Measure (%)		County ³			Montana ²			Nation ^{1,2}		
Population		9,290			1,032,949			321,418,820		
Population Density		5.1			6.8			Not relevant		
Age		<5	18-64	65+	<5	18-64	65+	<5	18-64	65+
		4.6%	59%	18.9%	6%	54.9%	17.2%	6.2%	56%	14.9%
Gender		Male		Female	Male		Female	Male		Female
		50.9%		49.1%	50.3%		49.7%	49.2%		50.8%
Race/Ethnic Distribution	White	96.4%			89.2%			77.1%		
	American Indian or Alaska Native	1.0%			6.6%			1.2%		
	Other †	3.9%			5.1%			36.7%		

¹County Health Ranking, Robert Wood Johnson Foundation (2012) †Black, Asian/Pacific Islanders, Hispanic & Non-Hispanic Ancestry

²US Census Bureau (2015)

³County Health Profiles, DPPHS (2015)

Highest Degree Attained



⁴ National Center for Education Statistics

Socioeconomic Measures (%)	County ^{1,2}	Montana ^{1,2,5}	Nation ^{2,5,6,7,8}
Median Income	\$58,259	\$46,766	\$53,482
Unemployment Rate	3.7%	4.1%	4.9%
Persons Below Poverty Level	9.1%	14.6%	13.5%
Uninsured Adults (Age <65)	14%	17%	13.3%
Uninsured Children (Age <18)	N/A	11.0%	5.5%
Children in Poverty	10%	19%	21%

¹County Health Ranking, Robert Wood Johnson Foundation (2017) ⁶Center for Disease Control and Prevention (CDC), Health Insurance (2014)

²US Census Bureau (2015)

⁷Bureau of Labor Statistics (August 2016)

⁵Montana Dept of Labor and Industry, Research & Analysis Bureau (August 2015) ⁸National Center for Children in Poverty

Maternal Child Health ³	County	Montana
<i>Births</i> <i>Between 2011-2013</i>	260	35,881
<i>Born less than 37 weeks</i>	N/A	9.1%
<i>Teen Birth Rate (females age 15-19)</i> <i>Per 1,000 years 2009-2013</i>	N/A	32.0
<i>Smoking during pregnancy</i>	10.8%	16.3%
<i>Receiving WIC</i>	16.2%	34.6%
<i>Children (2-5 years of age) overweight or obese</i>	31.8%	27.9%

³ County Health Profiles, DPPHS (2015)

Behavioral Health	County ^{1,3}	Montana ^{1,3,9}
<i>Childhood Immunization Up-To-Date (UTD) % Coverage*</i>	N/A	65.6%
<i>Tobacco Use</i>	15%	19%
<i>Alcohol Use</i> <i>(binge + heavy drinking)</i>	22%	22%
<i>Obesity</i>	22%	25%
<i>Poor Mental Health Days (Past 30 days)</i>	3.1	3.6
<i>No Leisure time for physical activity</i>	22%	20%

¹County Health Ranking, Robert Wood Johnson Foundation (2017)

³ County Health Profiles, DPPHS (2015)

⁹Center for Disease Control and Prevention (CDC), National Vital Statistics (2014)

* UTD = 4 DTaP, 3 Polio, 1 MMR, 3/4 Hib, 3 Hep B, 1 Var, 4 PCV by 24 – 35 month old children.

Communicable Diseases (per 100,000 people) ³	County	Montana
<i>Chlamydia</i>	144.5	366.24
<i>Hepatitis C</i>	65.0	122.95
<i>Pertussis</i>	28.9	44.60

³ County Health Profiles, DPPHS (2015)

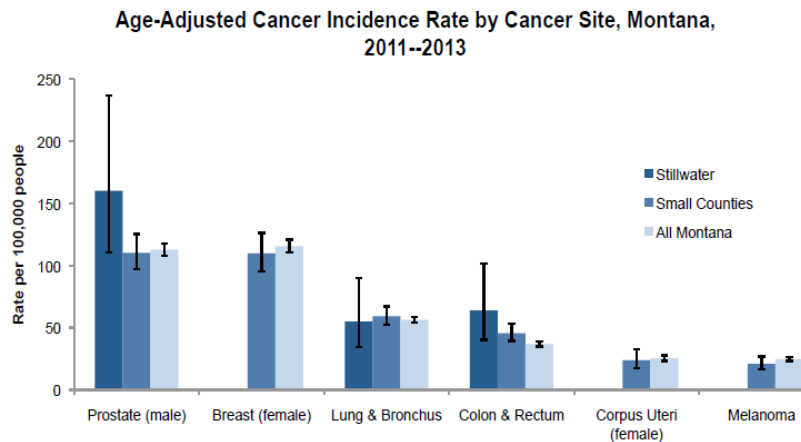
Chronic Disease Inpatient Admissions³	County	Montana
Chronic Obstructive Pulmonary Disease (COPD) <i>Per 100,000 population</i>	574.8	716.8
Diabetes <i>Per 100,000 population</i>	740.5	822.5
Cardiovascular Disease <i>Per 100,000 population</i>	802.7	746.7

³ County Health Profiles, DPPHS (2015)

Cancer Prevalence	County³	Montana³	Nation¹⁰
All Sites Cancer	476.6	439.8	448.7

³ County Health Profiles, DPPHS (2015)

¹⁰ Center for Disease Control and Prevention (CDC) (2014)



Mortality^{9,11}	Montana	Nation
Suicide Rate per 100,000 population	23.8	12.9
Unintentional Injury Death Rate per 100,000 population	56.8	41.3
Pneumonia/Influenza Mortality per 100,000 population	13.7	15.1
Diabetes Mellitus ² per 100,000 population	24.4	23.9
Leading Causes of Death	1. Heart Disease 2. Cancer 3. CLRD*	1. Heart Disease 2. Cancer 3. CLRD*

² US Census Bureau (2015)

⁹ Center for Disease Control and Prevention (CDC), National Vital Statistics (2014)

¹¹ Kaiser State Health Facts, National Diabetes Death Rate (2014)

*Chronic Lower Respiratory Disease

Appendix D – Survey Cover Letter



710 N. 11th Street
PO Box 959
Columbus, Montana 59019
406.322.1000

April 7, 2017

Dear Resident:

Stillwater Billings Clinic 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 future needs.

*Your name has been randomly selected as a resident who lives in Stillwater County. 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 anonymous.** Please note that we cannot guarantee confidentiality for any of the information you choose to share with others in your community.*

You are probably aware of many challenges rural citizens face related to health care, such as access to services and affordability. However, by completing the enclosed survey, you can help guide Stillwater Billings Clinic in developing comprehensive and affordable health care services to our area residents.

Please take a few moments to complete the enclosed survey by **May 19, 2017.**

Once you complete your survey, **simply return it in the enclosed self-addressed, postage paid envelope.** All survey responses will go to the National Rural Health Resource Center in Duluth, Minnesota, the organization that is assisting MORH with this project. If you have any questions about the survey, please call Natalie Claiborne at 406-994-6001. 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 blue ink that reads "Kelley Evans CAO".

Kelley Evans, CAO
Stillwater Billings Clinic

Appendix E – Survey Instrument

Community Health Services Development Survey Stillwater County, Montana

INSTRUCTIONS: Please use a #2 pencil or ink pen to complete the survey and return it in the enclosed postage paid envelope. All responses must be made by filling in the circle next to the corresponding answer. *If you need assistance filling out this survey, please contact the Montana Office of Rural Health at 406-994-6001.* **Participation is voluntary. You can choose not to answer any question that you do not want to answer, and you 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 that apply)

- | | | |
|-----------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------|
| <input type="radio"/> Alcohol abuse/substance abuse | <input type="radio"/> Lack of access to health care | <input type="radio"/> Stroke |
| <input type="radio"/> Cancer | <input type="radio"/> Lack of dental care | <input type="radio"/> Tobacco use |
| <input type="radio"/> Child abuse/neglect | <input type="radio"/> Lack of exercise | <input type="radio"/> Work related accidents/injuries |
| <input type="radio"/> Depression/anxiety | <input type="radio"/> Mental health issues | <input type="radio"/> Other _____ |
| <input type="radio"/> Diabetes | <input type="radio"/> Motor vehicle accidents | |
| <input type="radio"/> Domestic violence | <input type="radio"/> Overweight/obesity | |
| <input type="radio"/> Heart disease | <input type="radio"/> Recreation related accidents/injuries | |

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

- | | |
|----------------------------------------------------------------|------------------------------------------------------|
| <input type="radio"/> Access to affordable health insurance | <input type="radio"/> Low crime/safe neighborhoods |
| <input type="radio"/> Access to health care and other services | <input type="radio"/> Low death and disease rates |
| <input type="radio"/> Affordable housing | <input type="radio"/> Low level of domestic violence |
| <input type="radio"/> Arts and cultural events | <input type="radio"/> Parks and recreation |
| <input type="radio"/> Clean environment | <input type="radio"/> Religious or spiritual values |
| <input type="radio"/> Community involvement | <input type="radio"/> Strong family life |
| <input type="radio"/> Good jobs and healthy economy | <input type="radio"/> Tolerance for diversity |
| <input type="radio"/> Good schools | <input type="radio"/> Other _____ |
| <input type="radio"/> Healthy behaviors and lifestyles | |

4. How do you rate your knowledge of the health services that are available at 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="radio"/> Health care provider | <input type="radio"/> Presentations | <input type="radio"/> Word of mouth/reputation |
| <input type="radio"/> Mailings/newsletter | <input type="radio"/> Public health nurse | <input type="radio"/> Website/internet |
| <input type="radio"/> Stillwater County News | <input type="radio"/> Radio | <input type="radio"/> 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="radio"/> Chemical dependency services | <input type="radio"/> Mental health | <input type="radio"/> Social work |
| <input type="radio"/> Dentist | <input type="radio"/> Pharmacy | <input type="radio"/> VA |
| <input type="radio"/> Family & marriage counseling | <input type="radio"/> Public health | <input type="radio"/> Other _____ |
| <input type="radio"/> Home health | <input type="radio"/> Senior center | |

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

- | | |
|---------------------------------------------------------|----------------------------------------------------------|
| <input type="radio"/> Greater health education services | <input type="radio"/> Outpatient services expanded hours |
| <input type="radio"/> Improved quality of care | <input type="radio"/> Transportation assistance |
| <input type="radio"/> More primary care providers | <input type="radio"/> Other _____ |
| <input type="radio"/> More specialists | |

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="radio"/> Alcohol/substance abuse | <input type="radio"/> Health and wellness | <input type="radio"/> Prenatal |
| <input type="radio"/> Alzheimer's | <input type="radio"/> Heart disease | <input type="radio"/> Smoking cessation |
| <input type="radio"/> Cancer | <input type="radio"/> Living will | <input type="radio"/> Support groups |
| <input type="radio"/> Diabetes | <input type="radio"/> Men's health | <input type="radio"/> Weight loss |
| <input type="radio"/> First aid/CPR | <input type="radio"/> Mental health | <input type="radio"/> Women's health |
| <input type="radio"/> Fitness | <input type="radio"/> Nutrition | <input type="radio"/> Other _____ |
| <input type="radio"/> Grief counseling | <input type="radio"/> Parenting | |

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

- | | |
|-------------------------------------------------|---------------------------------------------------|
| <input type="radio"/> Additional day care | <input type="radio"/> After school programs |
| <input type="radio"/> Health education programs | <input type="radio"/> Exercise/nutrition programs |
| <input type="radio"/> Head Start | <input type="radio"/> Other _____ |
| <input type="radio"/> Clubs/leagues | |

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="radio"/> Adult day care | <input type="radio"/> Meals on Wheels |
| <input type="radio"/> Senior retirement housing/community | <input type="radio"/> Hospice |
| <input type="radio"/> Personal care home | <input type="radio"/> Other _____ |
| <input type="radio"/> Assisted living facility | |

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

- | | | |
|----------------------------------------------------|----------------------------------------------------|----------------------------------------------|
| <input type="radio"/> Children's checkup/Well Baby | <input type="radio"/> Mammography | <input type="radio"/> Routine health checkup |
| <input type="radio"/> Cholesterol check | <input type="radio"/> Pap smear | <input type="radio"/> None |
| <input type="radio"/> Colonoscopy | <input type="radio"/> Prostate (PSA) | <input type="radio"/> Other _____ |
| <input type="radio"/> Flu shot | <input type="radio"/> Routine blood pressure check | |

12. In the past three years, was there a time when you or a member of your household thought you needed health care services but did NOT get or delayed getting medical services?

- ☐ Yes ☐ No (If no, skip to question 14)

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

- | | |
|-----------------------------------------------------------|-----------------------------------------------------------|
| <input type="radio"/> Chose not to/did not want to go | <input type="radio"/> No insurance |
| <input type="radio"/> Could not get an appointment | <input type="radio"/> Not treated with respect |
| <input type="radio"/> Could not get off work | <input type="radio"/> Office wasn't open when I could go |
| <input type="radio"/> Didn't know where to go | <input type="radio"/> Too long to wait for an appointment |
| <input type="radio"/> Don't like doctors | <input type="radio"/> Too nervous or afraid |
| <input type="radio"/> Had no one to care for the children | <input type="radio"/> Transportation problems |
| <input type="radio"/> It costs too much | <input type="radio"/> Unsure if services were available |
| <input type="radio"/> It was too far to go | <input type="radio"/> Quality of staff |
| <input type="radio"/> Language barrier | <input type="radio"/> Other _____ |
| <input type="radio"/> My insurance didn't cover it | |

14. 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 17)

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

- | | |
|---------------------------------------------------------|--------------------------------------------------------|
| <input type="radio"/> Closest to home | <input type="radio"/> Recommended by family or friends |
| <input type="radio"/> Closest to work | <input type="radio"/> Referred by physician |
| <input type="radio"/> Cost of care | <input type="radio"/> Required by insurance plan |
| <input type="radio"/> Emergency, no choice | <input type="radio"/> Service not available locally |
| <input type="radio"/> Hospital's reputation for quality | <input type="radio"/> VA/Military requirement |
| <input type="radio"/> Prior experience with hospital | <input type="radio"/> Other _____ |
| <input type="radio"/> Quality of staff | |

16. Which hospital does your household use the MOST for hospital care? (Please select only ONE)

- ☐ Stillwater Billings Clinic ☐ Billings Clinic ☐ Other _____
☐ St. Vincent Healthcare ☐ Beartooth Billings Clinic

17. In the past three years, have you or a household member seen a primary health care provider, such as a family physician, physician assistant or nurse practitioner for health care services?

- ☐ Yes ☐ No (If no, skip to question 20)

18. If yes, why did you select the primary care provider you are currently seeing? (Select all that apply)

- ☐ Appointment availability ☐ Prior experience with clinic
☐ Clinic's reputation for quality ☐ Recommended by family or friends
☐ Closest to home ☐ Referred by physician or other provider
☐ Cost of care ☐ Required by insurance plan
☐ Indian Health Services ☐ VA/Military requirement
☐ Length of waiting room time ☐ Other _____

19. Where was that primary health care provider located? (Please select only ONE)

- ☐ Columbus Billings Clinic ☐ St. Vincent Health Care ☐ Beartooth Billings Clinic
☐ St. Vincent's Absarokee ☐ Billings Clinic ☐ Other _____

20. In the past three years, have you or a household member seen a health care specialist (other than your primary care provider/family doctor) for health care services?

- ☐ Yes ☐ No (If no, skip to question 23)

21. What type of health care specialist was seen? (Select all that apply)

- | | | |
|---------------------------------------------|-----------------------------------------------|-------------------------------------------------|
| <input type="radio"/> Allergist | <input type="radio"/> Mammography | <input type="radio"/> Podiatrist |
| <input type="radio"/> Cardiologist | <input type="radio"/> Mental health counselor | <input type="radio"/> Psychiatrist (M.D.) |
| <input type="radio"/> Chiropractor | <input type="radio"/> Neurologist | <input type="radio"/> Psychologist |
| <input type="radio"/> Dentist | <input type="radio"/> Neurosurgeon | <input type="radio"/> Pulmonologist |
| <input type="radio"/> Dermatologist | <input type="radio"/> OB/GYN | <input type="radio"/> Radiologist |
| <input type="radio"/> Dietician | <input type="radio"/> Occupational therapist | <input type="radio"/> Rheumatologist |
| <input type="radio"/> Endocrinologist | <input type="radio"/> Oncologist | <input type="radio"/> Speech therapist |
| <input type="radio"/> ENT (ear/nose/throat) | <input type="radio"/> Ophthalmologist | <input type="radio"/> Substance abuse counselor |
| <input type="radio"/> Gastroenterologist | <input type="radio"/> Orthopedic surgeon | <input type="radio"/> Urologist |
| <input type="radio"/> General surgeon | <input type="radio"/> Pediatrician | <input type="radio"/> Other _____ |
| <input type="radio"/> Geriatrician | <input type="radio"/> Physical therapist | |

22. Where was the health care specialist seen? (Select all that apply)

- ☐ Absarokee ☐ Columbus ☐ Other _____
☐ Billings ☐ Red Lodge

23. What additional health care services would you use if available locally? (Select all that apply)

- ☐ Cardiologist ☐ ENT ☐ Mammography ☐ Psychiatry
☐ Dermatologist ☐ Geriatrician ☐ Oncologist ☐ Rheumatologist
☐ Endocrinologist ☐ OB/GYN ☐ Pediatrician ☐ Urologist
☐ General surgery ☐ Sleep studies ☐ Pulmonologist ☐ Other _____

24. The following services are available at Stillwater Billings Clinic. Please rate the overall quality for each service. (Please mark D/K if you have not used the service)

Excellent = 4 Good = 3 Fair = 2 Poor = 1 Don't Know/haven't used = DK

- | | | | | | |
|--------------------------------------------------------------|-------------------------|-------------------------|-------------------------|-------------------------|--------------------------|
| Emergency room | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> DK |
| Clinic services | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> DK |
| Laboratory | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> DK |
| Therapy (physical, occupational, speech) | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> DK |
| Radiology services (x-ray, ultrasound, CT scan, mammography) | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> DK |
| Ambulance services | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> DK |
| Acute/skilled care | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> DK |
| Specialty outreach clinics | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> DK |
| Public health | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> DK |
| Home health | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> DK |

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

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

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

- ☐ Yes ☐ No

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

- ☐ Yes ☐ No

28. How well do you feel your health insurance covers your health care costs?

- ☐ Excellent ☐ Good ☐ Fair ☐ Poor

☐ 06F

Page 5

29. What type of medical insurance covers the **majority** of your household's medical expenses?

(Please select only ONE)

- | | | |
|----------------------------------------------------|------------------------------------------------------|----------------------------------------------|
| <input type="radio"/> Agricultural Corp. Paid | <input type="radio"/> Indian Health Services | <input type="radio"/> VA/Military |
| <input type="radio"/> Employer sponsored | <input type="radio"/> Medicaid | <input type="radio"/> None/pay out of pocket |
| <input type="radio"/> Health Insurance Marketplace | <input type="radio"/> Medicare | <input type="radio"/> Other _____ |
| <input type="radio"/> Health Savings Account | <input type="radio"/> Private insurance/private plan | |
| <input type="radio"/> Healthy MT Kids | <input type="radio"/> State/other | |

30. If you **do NOT** have medical insurance, why? (Select all that apply)

- | | |
|------------------------------------------------------------------|------------------------------------------------------------|
| <input type="radio"/> Cannot afford to pay for medical insurance | <input type="radio"/> Choose not to have medical insurance |
| <input type="radio"/> Employer does not offer insurance | <input type="radio"/> Other _____ |

31. Are you aware of programs that help people pay for health care expenses?

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

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

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

- | | | |
|---------------------------------------|--------------------------------------|----------------------------------------|
| <input type="radio"/> 59001 Absarokee | <input type="radio"/> 59067 Rapelje | <input type="radio"/> 59063 Park City |
| <input type="radio"/> 59028 Fishtail | <input type="radio"/> 59019 Columbus | <input type="radio"/> 59069 Reed Point |
| <input type="radio"/> 59061 Nye/Dean | <input type="radio"/> 59057 Molt | <input type="radio"/> Other _____ |

33. What is your gender? ☐ Male ☐ Female

34. What age range represents you?

- | | | | | | | | |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|---------------------------|
| <input type="radio"/> 18-25 | <input type="radio"/> 26-35 | <input type="radio"/> 36-45 | <input type="radio"/> 46-55 | <input type="radio"/> 56-65 | <input type="radio"/> 66-75 | <input type="radio"/> 76-85 | <input type="radio"/> 86+ |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|---------------------------|

35. What is your employment status?

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

Please return in the postage paid envelope enclosed with this survey or mail to:
National Rural Health Resource Center, 525 S. Lake Avenue, Suite 320 Duluth MN 55802

THANK YOU VERY MUCH FOR YOUR TIME

Please note that all information will remain confidential

Appendix F – Responses to Other and Comments

1. How would you rate the general health of our community?
 - Have no idea
2. In the following list, what do you think are the three most serious health concerns in our community?
 - Cost (2)
 - Suicide rate
 - Drug abuse
 - Inability to afford high priced medical care
3. Select the three items below that you believe are most important for a healthy community:
 - ACA
 - Access to food
 - Religious values
 - Low taxes and regulations
 - Indoor pool for low impact exercise
 - Air pollution, GMO foods, chemicals
4. How do you rate your knowledge of the health services that are available at Stillwater Billings Clinic?
 - Never been there
5. How do you learn about the health services available in our community?
 - Use
 - Closest
 - Personal
 - Family members
 - Personal involvement
 - Personal experience
 - Telephone book (2)
 - At hospital for various visits
 - More needs to be done to let people know what's available
6. Which community health resources, other than the hospital or clinic, have you used in the last three years?
 - Gym
 - None (9)
 - N/A
 - Inoculations
 - Ortho Montana
 - Hospice services (2)
 - Chiropractor (2)
 - Physical therapy (2)
 - Knee surgery St. Vincent Billings

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

- None
- Cost (2)
- Lower rate
- Make it affordable- not so expensive
- Affordable dentistry
- Affordable insurance
- Cut prohibitive med. costs
- MRI machine (not just CT)
- More staff at nursing home
- Lower health insurance costs
- Holistic health care providers
- Free Market cash only services like the Oklahoma Surgery Center

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

- PT
- PTSD help
- None (2)
- Elderly education
- Eyes & ears specialist

9. Would you or a family member be interested in any of the following child services if available in our community?

- None (8)
- Grandparent
- No children (2)

10. Would you or a family member be interested in any of the following senior services if they were available in our community?

- No (5)
- Not yet (2)
- Transportation
- Home health care for seniors

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

- Sinus
- Blood work (3)
- Same day care
- None at Stillwater Billings Clinic
- Because I don't have health insurance due to my premium doubling to \$1200 per month

12. In the past three years, was there a time when you or a member of your household thought you needed healthcare services but did NOT get or delayed getting medical services?

- No insurance

13. If yes, what were the three most important reasons why you did not receive healthcare services?
- Don't use Stillwater billings clinic!
 - Lack of published procedure prices
 - Billings Clinic nurses in Columbus are rude
15. Thinking about the hospital you were at most frequently, what were the three most important reasons for selecting that hospital?
- State insurance
 - No blood surgeries
 - Didn't go to hospital
 - Non-emergency, no choice
16. Which hospital does your household use the MOST for hospital care?
- VA
 - Cody Clinic
 - Rowell Clinic
 - Children's Clinic
 - Two insurance plans
 - Bozeman Deaconess
 - Aspen Valley Hospital
 - Have not needed to go to hospital
17. 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?
- Few choices so took one available
18. If yes, why did you select the primary care provider you are currently seeing?
- She is great
 - Open when I needed them
 - My MS requires a specific doctor
 - It's better than Absarokee and I can't always get to Billings for pediatrics
 - Felt he cared and respected me as a person and my health needs
19. Where was that primary healthcare provider located?
- VA (4)
 - Aspen, CO
 - Laurel clinic (3)
 - Children's Clinic
 - Billings W. Grand
 - St. Vincent Laurel (3)
 - Fuller Family Medicine
 - Private practice office (2)
 - Billings Montana Health Center

21. What type of healthcare specialist was seen?

- Bone test
- Kidney
- Sports medicine
- Optometrist (2)
- Nephrology (2)
- NID doctors
- Nutritionist
- Colonoscopy doctor
- Colostomy
- Wound care/plastic surgeon

22. Where was the healthcare specialist seen?

- Mayo Clinic
- Aspen, CO
- Laurel (5)
- PT at Stillwater Billings clinic
- Pain specialist
- Bozeman, Missoula

23. What additional health care services would you use if available locally?

- Eye
- Diet
- Back specialist
- Holistic health care
- Need different doctors. Columbus needs more doctors- some people can't get appointments due to no doctors. Need shorter time frame on appointments. In all areas Columbus and Billings.

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

- No insurance

29. What type of medical insurance covers the majority of your household's medical expenses?

- Can't get state health regularly
- Medical sharing plan
- Cigna
- BCBS (2)
- BCBS Supplement PPO
- AARP
- Humana

30. If you do NOT have medical insurance, why?
- Supplemental cost too much, can't afford
 - I'm not sure if I have it
 - Medicare
 - One has cost sharing ministry
 - Deductible too high for family members in household
31. Are you aware of programs that help people pay for healthcare expenses?
- Did know they existed
 - Nor would I use them!
32. Where do you currently live, by zip code?
- 59019
35. What is your employment status?
- Stay at home mom (3)

Appendix G – Focus Group Questions & Notes

Focus Group Questions

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

1. What would make this community a healthier place to live?
2. What do you think are the most important local healthcare issues? (Probe question: What do you think are the biggest issues facing local healthcare services?)
3. We are now going to ask you for your views about the hospital. What do you think of the hospital in terms of:
 - Quality of Care
 - Number of Services
 - Hospital Staff (style of care, competence)
 - Hospital Board and Leadership (good leaders, trustworthy)
 - Business Office
 - Condition of Facility and Equipment
 - Financial Health of the Hospital
 - Cost
 - Office/Clinic Staff
 - Availability
4. Are any of the local providers your personal provider or personal provider to your family members? Why?
5. What do you think about these local services:
 - Emergency Room
 - Ambulance Service
 - Healthcare Services for Senior Citizens
 - Public/County Health Department
 - Healthcare Services for Low-Income Individuals/Families
 - Nursing Home/Assisted Living Facility
 - Pharmacy
6. Why might people leave the community for healthcare?
7. What other healthcare services are needed in the community?

Appendix H - Focus Group Notes

Focus Group #1

Wednesday, March, 15, 2017 – 12:30pm-1:30pm – Stillwater Billings Clinic – Columbus, MT

21 participants (10 male, 11 female)

1. What would make this community a healthier place to live?
 - More bike and walking trails. They're right by the highway. It's not safe. We need one away from the exhaust that is safer.
 - They're not safe and uncompleted.
 - A dog park would be nice. People would be more willing to get out and walk their dog if there was somewhere in town to take them.
 - An indoor swimming pool would be great for the whole community. Seniors could work out there, and kids would love it too.
2. What do you think are the most important local healthcare issues?
 - No exercise and lack of movement. We don't have a facility that is very affordable. We need a place to exercise for seniors that is affordable.
 - They want you to walk on the streets and it is dangerous.
 - There's no crosswalks either.
 - Alcohol abuse and binge drinking.
 - Mental health.
 - Substance abuse.
 - People don't clean up after their pets. When there is poo on the side walks, people don't want to go outside for a walk.
3. What do you think of the hospital in terms of:
 - Quality of Care
 - It's great.
 - We're blessed to have it.
 - I've had good care.
 - Number of Services
 - They're good.
 - Hospital Staff
 - Very great and good staff.
 - Hospital Board and Leadership
 - I don't know.
 - We need a full-time administrator because the CEO splits her time here and in Red lodge. The whole process is slowed down.
 - Business Office
 - They're very nice.
 - I never had to deal with them.

Condition of Facility and Equipment

- It's nice.

Financial Health of the Hospital

- I don't know.
- We assume well because they're charging so much.

Cost

- Too high.
- Medications are higher here.

Office/Clinic Staff

- They're great.
- Very friendly.
- You can pick what one you go to avoid the bad ones.

Availability

- Yes, most of the time.
- They always get me in the VA.
- There's always someone in the emergency room.

4. Are any of the local providers your personal provider or personal provider to your family members? Why?

- Convenience.
- They will refer you if they have to.
- They are very caring.
- The labs are good so you don't have to go to Billings.
- We know all the doctors and they know us.

5. What do you think about these local services:

Emergency Room

- Great.
- They are very timely.

Ambulance Service

- They are very timely and are great.
- Super.
- Topnotch service.

Healthcare Services for Senior Citizens

- So far so good.
- They bring us out 3 times a week for exercise.
- They have a lot of classes.
- They do blood pressure checks, a foot clinic, and meals on wheels

Public/County Health Department

- They're good.
- I didn't know we had one.
- They do a foot clinic for us, and exercises.

Healthcare Services for Low-Income Individuals/Families

- I don't know.
- They give out commodities for different people around town.
- There's a Project Hope here.

Nursing Home/Assisted Living Facility

- We have two.
- It's too expensive.
- There's a waiting list.
- They have home health. Heidi and another lady does it through Stillwater.

Pharmacy

- They are wonderful.
- They help us find the lowest cost.
- They are quick.

6. Why might people leave the community for healthcare?

- They're closer to Billings because of work.
- More specialists.
- The referrals out will make us leave.
- Fire or ambulance will take us because there's no transportation. They won't take you back though.
- I leave for VA services.

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

- Public transportation for appointments. Seniors have a lot of trouble getting to appointments out of town. They have to rely on family members or neighbors.
- I wish we weren't referred out all the time especially for Orthopedic services.
- Maternity services and OB
- Eye doctor.
- Dermatology.

Focus Group #2

Wednesday, March, 15, 2017 – 2:30pm-3:30pm – Stillwater Billings Clinic – Columbus, MT
9 participants (2 male, 7 female)

1. What would make this community a healthier place to live?
 - More green space and a way to get out and exercise.
 - Trails and biking.
 - Safety with the trails, because they are dangerous now.
 - Exercise facilities without having to pay an arm and a leg.
 - Schools do adult education on a limited basis. Some are more developed more than others. They are free to take, but it takes a coordinator to start it.
 - Along with classes we need to get the word out about health resources out in the community.

2. What do you think are the most important local healthcare issues?
 - COPD.
 - Diabetes.
 - All of it involves people not getting outside and staying active.
 - It's hard to get people to seek mental health. It would be nice to have it available in Columbus. People come in with depression all the time. There is a lack of mental health services.
 - I see a lot of mental health issue in adults because of substance abuse.
 - We see all ages and no one is immune to it.
 - I feel like younger people are more apt to ask for help.
 - There are two counselors in town but they are private. Just the school kids fill their schedule. They are so busy.
 - Elderly don't have a lot of support if they don't have family here. If they get ill no one can take care of them.
 - Lack of transportation is a big thing for these people. There's nothing available.

3. What do you think of the hospital in terms of:
Quality of Care
 - I think it's great.
 - I haven't been in the hospital, but the clinic is awesome.
Number of Services
 - We could always do more than what we have.
 - We could do more outreach of services in the community and have more specialists like dermatology. Our specialist are so busy whenever they are here.
 - Podiatry could be expanded.
 - Eye doctor would be nice. Laurel has the closest eye doctor.

Hospital Staff

- The staff has been wonderful. They work to know who you are.
- I have heard a lot of positive things said about the home health.
- They take care of people the best we can.
- We're fortunate for the providers we have too.

Hospital Board and Leadership

- The hospital board is new. They come and go all the time and rarely have worked as a group. They're definitely learning. They may be unsure of what their role is.
- It's a learning curve for new board members, but they have worked well to bring things to the table to work through things.
- The community understanding of who is on the board is unclear because they are new.
- We used to have board leaders from every community, but now they're all from Columbus.

Business Office

- It's a learning curve for them too because everything is new. I once waited for my bill for a year and a half. This last year though I got a bill pronto.

Condition of Facility and Equipment

- Great.
- We love the new facility. It was built in 2012.
- I think it's too small.
- We need storage room too.
- Our PT gym is too small.

Financial Health of the Hospital

- I think the community thinks it's good.

Cost

- It's a lot more since the time I've lived here. I have good insurance and it doesn't cover very much.
- I think it is comparable to other small facilities.
- I think it's less than Billings.

Office/Clinic Staff

- Nice and efficient
- I don't like hearing a recording first when you call.
- If you come into the ER, sometimes there are not people there. Which is a problem in an emergency.

Availability

- Yes. People come here because they don't have to wait.
- We have same day care now so it is more accessible.

4. Are any of the local providers your personal provider or personal provider to your family members? Why?
- I trust them.
 - They know what is going on in the community. Like if there is an illness going around the town.
 - Access. I like not having to leave my community to be seen.
 - I go to Laurel because its closer for me. They also have after hours pharmacies.
 - Some people leave because they have established provider relationships elsewhere.
 - If they know the doctors, they might not want to see them because they are private and it is such a small town. It's hard when you see them in town and the grocery store.
 - My husband goes to the VA in Billings, but I like to stay local.
 - We like to be seen by our doctors in town instead of new providers in Billings.

5. What do you think about these local services:

Emergency Room

- Compared to what we used to have, it's great.
- We have instant access with Avara.
- We do a good job with what we have.
- The perception of the ER from the past makes people think they have to go to Billings.

Ambulance Service

- We get good care here.
- It is hard to get volunteers. Especially in Park City and Laurel. It's hard to find people to replace them.

Healthcare Services for Senior Citizens

- I think in Columbus we have more of the services. I don't think there's a lot in the small communities we deal with though.
- Transportation is the biggest thing we need. There's no access for them.
- When school's in session they help with senior activities, but that's only when there's school.

Public/County Health Department

- It is utilized. Some people could use it, but they don't qualify.
- People also get confused on what they will and won't have to pay for.
- There's not even Medicaid spots with Home Health for rural counties.

Healthcare Services for Low-Income Individuals/Families

- We don't turn anybody away.
- Everybody offers a sliding fee scale.
- There's Project Hope. They do food boxes, backpack programs, there's help with finances, and there's a women's shelter.
- We have a WIC program and immunizations through the public health center.

Nursing Home/Assisted Living Facility

- I wouldn't go to the nursing home here.
- Every week a provider from the hospital goes to the nursing home. There is a lack of leadership at the nursing home. They are shorthanded. It is sad and the care has declined.
- Meadowlark and the assisted living centers are known for being way better than the nursing home.

Pharmacy

- It's busy. We just have one.
- They get what we need, when we need it.
- They're progressive. It's a big pharmacy for this community.

6. Why might people leave the community for healthcare?

- Specialty care.
- OB services.

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

- Vision.
- Hospice.
- Mental health.
- Transportation services.
- Increase access to specialty care.
- More opportunities to stay physically active.

IMPLEMENTATION PLAN

Addressing Community Health Needs

Stillwater Billings Clinic ~ Columbus, Montana

Table of Contents

<i>The Implementation Planning Process</i>	<i>3</i>
<i>Prioritizing the Community Health Needs.....</i>	<i>5</i>
<i>Stillwater Billings Clinic’s Existing Presence in the Community.....</i>	<i>5</i>
<i>List of Available Community Partnerships and Facility Resources to Address Needs</i>	<i>6</i>
<i>Stillwater County Indicators</i>	<i>8</i>
<i>Public Health and Underserved Populations Consultation Summaries.....</i>	<i>9</i>
<i>Needs Identified and Prioritized</i>	<i>10</i>
<i>Prioritized Needs to Address</i>	<i>10</i>
<i>Needs Unable to Address</i>	<i>11</i>
<i>Executive Summary.....</i>	<i>12</i>
<i>Implementation Plan Grid</i>	<i>15</i>
<i>Needs Not Addressed and Justification.....</i>	<i>19</i>
<i>Dissemination of Needs Assessment</i>	<i>27</i>

The Implementation Planning Process

The implementation planning committee – comprised of Stillwater Billings Clinic’s leadership team and board members – participated in an implementation planning process to systematically and thoughtfully respond to all issues and opportunities identified through the Community Health Services Development (CHSD) needs assessment process. The facility conducted the CHSD process in conjunction with the Montana Office of Rural Health (MORH).

The CHSD community health needs assessment was performed in the Spring of 2017 to determine the most important health needs and opportunities for Stillwater County, Montana. “Needs” were identified as the top issues or opportunities rated by respondents during the CHSD survey process or during focus groups (see page 10 for a list of “Needs Identified and Prioritized”). For more information regarding the needs identified, as well as the assessment process/approach/methodology, please refer to the facility’s assessment report, which is posted on the facility’s website (http://stillwaterbillingsclinic.com/wp-content/uploads/Community-Health-Needs_2017.pdf).

The implementation planning committee identified 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 page 9 for additional information regarding input received from community representatives).

The implementation planning committee determined which needs, or opportunities, could be addressed considering Stillwater Billing’s Clinic’s parameters of resources and limitations. The committee then prioritized the needs/opportunities using the additional parameters of the organizational vision, mission, and values, as well as existing and potential community partners. Participants then created a goal 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).

The prioritized health needs as determined through the assessment process and which the facility will be addressing relates to the following healthcare issues:

1. Awareness of services
2. Transportation
3. Health and wellness
4. Mental Health
5. Access to specialty services

In addressing the aforementioned issues, Stillwater Billings Clinic seeks to:

- a) Improve access to healthcare services;
- b) Enhance the health of the community;
- c) Advance medical or health knowledge;
- d) Relieve or reduce the burden of government or other community efforts

Stillwater Billings Clinic Mission:

- Focused, Quality Healthcare

Stillwater Billings Clinic Values:

- *Service:* We exist to serve the needs of our patients, residents and the broader community.
- *Teamwork:* Each individual as a member of the team contributes and accomplishes more than any individual on their own.
- *Respect:* Our respect for the uniqueness of each person drives our pursuit of compassionate care, honesty, confidentiality and trust.
- *Stewardship:* We seek to provide optimal value through effective stewardship of our human and financial resources.
- *Quality:* Our staff is committed to a high standard of quality and value to achieve optimal clinical outcomes.

Implementation Planning Committee Members:

- Mike Follett – Interim CEO, Stillwater Billings Clinic (SBC)
- Natasha Sailer – Stillwater County Public Health; Director of Community Health Services, SBC
- Barb Orednick - Director of Clinic Operations, SBC
- Durene Kober – Director of Human Resources, SBC
- Jane Pomeroy – Director of Nursing, SBC
- Vern Carda – Vice President of Regional Operations, Billings Clinic
- Stephanie Perdue-Wetmore – Director of Rehab Services, SBC

Prioritizing the Community Health Needs

The implementation planning committee completed the following to prioritize the community health needs:

- Reviewed the facility's presence in the community (i.e. activities already being done to address community need)
- Considered organizations outside of the facility which may serve as collaborators in executing the facility's implementation plan
- Assessed the health indicators of the community through available secondary data
- Evaluated the feedback received from consultations with those representing the community's interests, including public health

Stillwater Billings Clinic's Existing Presence in the Community

- Stillwater Billings Clinic provides a diabetes program to community members.
- The facility owns and subsidizes the Kid's Club Child Care Center, which can accommodate children with special needs and economically disadvantaged children as well.
- Stillwater Billings Clinic provides nurses to the community schools.
- The facility provides sports physicals to community members.
- Stillwater Billings Clinic provides flu shot clinics every fall to community members.
- The facility sponsors youth sport programs in order to encourage physical activity.
- Stillwater Billings Clinic provides First Aid/CPR classes to local businesses.
- The facility offers several specialty services (i.e. patient education and training) via telemedicine so that community members do not have to travel long distances for services.
- Stillwater Billings Clinic is the contractor for Stillwater County Public Health that offers WIC services, Emergency County Preparedness, Immunizations, and Montana State DPHHS programs.

List of Available Community Partnerships and Facility Resources to Address Needs

- Stillwater County schools provide tobacco prevention to students and concussion training/management to coaches.
- The YMCA provides 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 for the annual health fair.
- 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 Montana chapter of Disabled American Veterans (DAV) provides resources that empower veterans to lead high-quality lives with respect and dignity.
- 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 of trails within the community.
- The Columbus Community Garden promotes gardening and hosts lecture series on gardening for community members.
- The Stillwater Gym provides paying community members with a facility and classes to promote physical activity.
- Shape Up Montana is a statewide three-month initiative designed to get Montanans more physically active.
- Billings Clinic provides resources to Stillwater Billings Clinic regarding patient care.
- 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 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).
- Bountiful Baskets provides paying community members with fresh produce on a weekly basis.

Resources and partnerships continued on the next page...

- 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.
- 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 areas.
- Lions Club provides outreach services and supports different social events and benefits within the county.
- Kiwanis supports and promotes positive child growth and lifestyles. Promotes benefits within the county.
- Nye Community Foundation promotes community growth and development for the Nye area.
- Fishtail Community Council promotes community growth and development in the Fishtail area.
- Columbus Community Foundation promotes community growth and development in Columbus. Also encourages community participation in local events and business.
- Booster Club support extra-curricular activities for the Columbus Public Schools.
- Columbus DUI Task Force promotes education and information regarding drinking and driving, promotes youth driving safety practices as well as youth educational programs.
- Stillwater Mine is the largest employer in Stillwater County. Stillwater Mining helps to promote different organizations and events within the county.

Stillwater County Indicators

Low Income Persons

- 9.1% of persons are below the federal poverty level

Uninsured Persons

- 14% of adults less than age 65 are uninsured
- 10% of children considered living in poverty.

Leading Causes of Death: Primary and Chronic Diseases

- Heart Disease
- Cancer
- CLRD [Chronic Lower Respiratory Disease]

* Note: Other primary and chronic disease data is currently released by State averages and thus hard to determine need by County.

Elderly Populations

- 18.9% of Stillwater County's Population is 65 years and older

Size of County and Remoteness

- 9,290 people in Stillwater County
- 5.1 people per square mile

Nearest Major Hospital

- Billings Clinic in Billings, MT is 36.5 miles from Stillwater Billings Clinic

Public Health and Underserved Populations Consultation Summaries

Public Health Consultation [Natasha Sailer, RN – Stillwater County Public Health; Sharyl Zahn- Stillwater County citizen; Dwayne Wood, Paramedic- Stillwater EMS– March 15, 2017]

- Mental health services. Need services available in Columbus.
- COPD, diabetes, obesity. People not getting outside and staying active. Community needs better access to green spaces.

Underserved Population – Youth [Melissa Kramer – Stillwater County Business Owner – March 15, 2017]

- Lack of mental health services for youth. Two private counselors in town and just the school kids fill their schedule. They are very busy.

Underserved Population – Senior Citizens [Bev Kovanda, RN – Clinic Director of Quality, Stillwater Billings Clinic; Sharyl Zahn- Stillwater County citizen – March 15, 2017]

- Seniors don't have a lot of support if they don't have family around.
- Lack of transportation a concern.
- Lack of access to hospice.

Needs Identified and Prioritized

Prioritized Needs to Address

1. 59.9% of respondents indicated they felt the community was ‘somewhat healthy,’ ‘unhealthy’ or ‘poor.’
2. 32% of respondents indicated they have a ‘fair’ or ‘poor’ knowledge of health services available at SBC.
3. 13% of respondents indicated they did not or delayed receiving needed medical services because they ‘didn’t know where to go’ or they were ‘unsure if services were available.’
4. Focus group participants felt there was a need for better advertising of health services in the community.
5. 40.2% of respondents indicated ‘access to healthcare and other services’ was a top component of a healthy community, followed by 34.5% indicating ‘healthy behaviors and lifestyles.’
6. Top three ways to improve the community’s access to healthcare: ‘more primary care providers’ (30.5%); ‘more specialists’ (29.9%); and ‘transportation assistance’ (26.4%).
7. Focus group participants indicated a need for public transportation services available locally.
8. Top three health concerns in the community were: ‘Alcohol/substance abuse’ (58.6%), ‘Cancer’ (37.9%), and ‘Overweight/obesity’ (37.9%).
9. 34.5% of respondents rated ‘healthy behaviors and lifestyles’ as a top component of a healthy community.
10. 25.9% of respondents indicated ‘greater health and education services’ would improve the community’s access to healthcare.
11. 33.9% reported ‘Fitness’ was a course/educational program desired locally followed by 29.3% reporting a desire for ‘health and wellness.’
12. 18.4% of respondents reported an interest in ‘exercise/nutrition programs’ for community youth would be beneficial.
13. 20.1% of respondents reported they had exercised 3-5 times a month or less for at least 20 minutes in the past month.
14. Focus group participants indicated they felt there was a need for more walking trails and more opportunities to be physically active to improve the health of the community.
15. 21.3% of respondents reported ‘mental health issues’ as a top health concern and 19.5% reported ‘depression/anxiety.’ Additionally, significantly more respondents identified ‘mental health issues’ as a top concern when compared to 2013 CHNA assessment.
16. 12.9% of respondents reported they have experienced periods of depression for at least 3 consecutive months in the past three years.
17. Focus group participants noted a need for substance abuse programs as well as a lack of awareness and services for mental health.
18. Top desired local healthcare service identified was a ‘dermatologist’ (22.4%). Focus group participants also expressed a desire for vision services.

Needs Unable to Address

(See page 26 for additional information)

1. Top identified way to improve the community's access to healthcare was 'more primary providers' with 30.5%.
2. Other top identified specialists desired were: 'cardiologist' (12.6%), 'sleep studies' (11.5%), and 'OB/GYN' (10.3%).
3. Focus group participants identified a need for additional, coordinated senior services.

Executive Summary

The following summary briefly represents the goals and corresponding strategies and activities, which the facility will execute to address the prioritized health needs (from page 3). For more details regarding the approach and performance measures for each goal, please refer to the Implementation Plan Grid section, which begins on page 15.

Goal 1: Improve awareness of services at Stillwater Billings Clinic (SBC) through enhanced community outreach and education.

Strategy 1.1: Explore opportunities to enhance SBC community engagement and partnership in community events.

Activities:

- Explore feasibility to partner with the local athletic department to co-sponsor events to market available services (i.e. SBC banner in gym, advertising in sport event programs, etc.).
- Develop community outreach materials to market SBC services (i.e. information booth materials, giveaways for community events).
- Continue sponsorship of community dinners before Columbus football games and determine feasibility of expanding to include Absarokee and Park City.
- Continue booster club participation to share information on current events and upcoming special events.
- Explore opportunity to host a health fair and health education with new community partners (i.e. Stillwater Mine).
- Develop and publish community ‘patient experience’ stories in local newspaper and through social media.

Strategy 1.2: Enhance website features and develop social media marketing presence.

Activities:

- Explore developing a social media campaign for SBC (i.e. Facebook and Instagram).
- Designate staff to engage and be responsible for marketing and outreach.
- Determine feasibility of adding online clinic scheduling to website.
- Add current events scrolling banner to website.

Strategy 1.3: Improve community knowledge of available health services in Stillwater County.

Activities:

- Research/catalogue community events, programs, resources and services in Stillwater County.
- Develop community resource list of available resources and marketing campaign.
- Meet and partner with local schools to develop health and wellness resource page for students and families.
- Host and open house to showcase new equipment, physicians, telemedicine options, swing beds, Avera (e-emergency), and other SBC services/equipment/improvements.

Goal 2: Improve community's access to transportation in and around Stillwater County.

Strategy 2.1: Collaborate with community partners on transportation needs in Stillwater County.

Activities:

- Determine community stakeholder group working on transportation needs in Stillwater County.
- Convene stakeholder group to discuss and identify transportation needs and opportunities in the community.
- Research community models and best practices for transportation in communities of similar size.
- Explore grant opportunities.
- Develop patient transportation protocol for SBC staff if/when assisting patients.

Goal 3: Enhance health and wellness opportunities in Stillwater County.

Strategy 3.1: Explore creating a Stillwater County Recreation Coalition.

Activities:

- Determine community stakeholder group who deal with or are interested in improving health and wellness in Stillwater County.
- Convene Coalition to discuss resources and needs for potential projects.
- Explore developing a walking trail around hospital campus.
- Engage with MT BACI program to explore feasibility of BACI program in Stillwater County.

Goal 4: Improve access to mental health services in Stillwater County.

Strategy 4.1: Improve access and education of mental health resources for community and SBC staff.

Activities:

- Explore available training and education for mental health and substance abuse.
- Determine staff responsible to deliver mental health education for staff and community.
- Develop suicide risk assessment protocol for all staff at Stillwater Billings Clinic.
- Adopt and modify education for community members as appropriate.
- Meet with local schools to develop mental health, suicide risk, and substance abuse resource page for teachers and counselors.

Goal 5: Improve access to specialty services at Stillwater Billings Clinic.

Strategy 5.1: Explore opportunities to expand specialty services at SBC.

Activities:

- Explore feasibility of offering dermatology and optometry visiting specialists.
- Explore feasibility of expanding telemedicine at SBC (i.e. tele-psychiatry).
- Create marketing campaign for new services and providers.

Implementation Plan Grid

Goal 1: Improve awareness of services at Stillwater Billings Clinic (SBC) through enhanced community outreach and education.

Strategy 1.1: Explore opportunities to enhance SBC community engagement and partnership in community events.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Explore feasibility to partner with the local athletic department to co-sponsor events to market available services (i.e. SBC banner in gym, advertising in sport event programs, etc.).	Stephanie Perdue-Wetmore/ Natasha Sailer	9/2018	CEO	Columbus Athletic Department	Financial limitations, Time constraints
Develop community outreach materials to market SBC services (i.e. information booth materials, giveaways for community events).	Natasha Sailer	7/2018	Director of Community Health Services	Billings Clinic Marketing	Financial limitations, Resource limitations
Continue sponsorship of community dinners before Columbus football games and determine feasibility of expanding to include Absarokee and Park City.	Stillwater Leadership Group	9/2018	CEO	Stillwater County Athletic Departments	Financial limitations
Continue Booster Club participation to share information on current events and upcoming special events.	Stillwater Leadership Group	7/2019	CEO	Booster Club	Financial limitations
Explore opportunity to host a health fair and health education with new community partners (i.e. Stillwater Mine).	CEO Natasha Sailer	7/2018	CEO	Stillwater Mine	Financial limitations, Resource limitations
Develop and publish community 'patient experience' stories in local newspaper and through social media.	Stillwater Leadership Group	6/2019	CEO	Local papers Social Media	Resource limitations Patient involvement

Needs Being Addressed by this Strategy:

- #1: 59% of respondents indicated they felt the community was 'somewhat healthy,' 'unhealthy' or 'poor.'
- #2: 32% of respondents indicated they have a 'fair' or 'poor' knowledge of health services available at SBC.
- #3: 13% of respondents indicated they did not or delayed receiving needed medical services because they 'didn't know where to go' or they were 'unsure if services were available.'

- #4: Focus group participants felt there was a need for better advertising of health services in the community.

Anticipated Impact(s) of these Activities:

- Increased awareness of services offered through Stillwater Billings Clinic
- Improved access to care for residents in Stillwater County
- Increased participation in health education offerings
- Increased community engagement
- Improved health outcomes

Plan to Evaluate Anticipated Impact(s) of these Activities:

- Stillwater will sponsor a minimum of 1 Booster Club activity a year, increasing awareness of services and promotion of community support.
- Grow new patient population by 2% within the next 3 years with assistance from our marketing and outreach efforts.
- Develop outreach education to populations based upon the Needs Assessment and Youth Risk Behavior Assessment, increasing awareness of County Specific Issues.
- Publish 4 patient success stories in the local newspaper, as well as on the website, to positively promote our efforts in the community as the Primary Health Center.

Measure of Success:

- Stillwater Billings Clinic implements a new health fair with Stillwater Mine by November 2019.
- Stillwater Billings Clinic implements a new outreach program for youth based upon the Youth Risk Behavior Assessment by November of 2018.

Goal 1: Improve awareness of services at Stillwater Billings Clinic (SBC) through enhanced community outreach and education.

Strategy 1.2: Enhance website features and develop social media marketing presence.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Explore developing a social media campaign for SBC (i.e. Facebook and Instagram).	Marketing	7/2019	CEO	Public Health	Resource limitations
Designate staff to engage and be responsible for marketing and outreach.	Marketing	7/2019	CEO	Public Health	Resource limitations
Determine feasibility of adding online clinic scheduling to website.	Beth Nordstrom	7/2019	CEO	Billings Clinic	Financial limitations, Resource limitations
Add current events scrolling banner to website.	Marketing	7/2019	CEO	Billings Clinic	Resource limitations

Needs Being Addressed by this Strategy:

- #1: 59% of respondents indicated they felt the community was ‘somewhat healthy,’ ‘unhealthy’ or ‘poor.’
- #2: 32% of respondents indicated they have a ‘fair’ or ‘poor’ knowledge of health services available at SBC.
- #3: 13% of respondents indicated they did not or delayed receiving needed medical services because they ‘didn’t know where to go’ or they were ‘unsure if services were available.’
- #4: Focus group participants felt there was a need for better advertising of health services in the community.

Anticipated Impact(s) of these Activities:

- Increased awareness of available services through Stillwater Billings Clinic
- Improved access to care of patients in Stillwater County
- Increased community engagement
- Improved health outcomes

Plan to Evaluate Anticipated Impact(s) of these Activities:

- Track community engagement on various social media platforms
- Online clinic scheduling implemented and operational
- 10 percent of patients utilizing online scheduling
- Current event scrolling banner live on website

Measure of Success: Stillwater Billings Clinic implements online clinic scheduling and is live by January 2019.

Goal 1: Improve awareness of services at Stillwater Billings Clinic (SBC) through enhanced community outreach and education.

Strategy 1.3: Improve community knowledge of available health services in Stillwater County.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Research/catalogue community events, programs, resources and services in Stillwater County.	Natasha Sailer	1/2018	CEO	Chamber of Commerce	Resource limitations
Develop community resource list of available resources and marketing campaign.	Natasha Sailer Marketing	7/2019	CEO	Chamber of Commerce	Financial limitations, Resource limitations
Meet and partner with local schools to develop health and wellness resource page for students and families.	Natasha Sailer	1/2020	CEO	County Public Schools	Financial limitations, Resource limitations
Host and open house to showcase new equipment, physicians, telemedicine options, swing beds, Avera (e-emergency), and other SBC services/equipment/improvements.	Stillwater Leadership Group	7/2018	CEO	Avera Montana Tele-health Network	Financial limitations, Scheduling conflicts, Resource limitations

Needs Being Addressed by this Strategy:

- #1: 59% of respondents indicated they felt the community was ‘somewhat healthy,’ ‘unhealthy’ or ‘poor.’
- #2: 32% of respondents indicated they have a ‘fair’ or ‘poor’ knowledge of health services available at SBC.
- #3: 13% of respondents indicated they did not or delayed receiving needed medical services because they ‘didn’t know where to go’ or they were ‘unsure if services were available.’
- #4: Focus group participants felt there was a need for better advertising of health services in the community.

Anticipated Impact(s) of these Activities:

- Increased awareness of available services at Stillwater Billings Clinic
- Improved access to care for patients of Stillwater County
- Increased community engagement
- Improved health outcomes

Plan to Evaluate Anticipated Impact(s) of these Activities:

- Facebook hits to community resource page
- Number of schools and or students receiving health and wellness resource
- Number of community participants in open house

Measure of Success: Stillwater Billings Clinic hosts a community open house by December 2018.

Goal 2: Improve community's access to transportation in and around Stillwater County.

Strategy 2.1: Collaborate with community partners on transportation needs in Stillwater County.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Determine community stakeholder group working on transportation needs in Stillwater County.	Natasha Sailer	7/2019	CEO	Stillwater Co. Local Police Local Clergy Local Business	Resource limitations
Convene stakeholder group to discuss and identify transportation needs and opportunities in the community.	Natasha Sailer	Yearly by 7/2019	CEO	Stillwater Co Local Police Local Clergy Local Business	Scheduling conflicts, Resource limitations
Research community models and best practices for transportation in communities of similar size.	Natasha Sailer	7/2019	CEO		Resource limitations
Explore grant opportunities.	Natasha Sailer	7/2019	CEO		Resource limitations
Develop patient transportation protocol for SBC staff if/when assisting patients	Bev Kovanda Natasha Sailer	7/2019	CEO	Billings Clinic Stillwater County EMS	Financial limitations, Resource limitations

Needs Being Addressed by this Strategy:

- #5: 40.2% of respondents indicated 'access to healthcare and other services' was a top component of a healthy community, followed by 34.5% indicating 'healthy behaviors and lifestyles.'
- #6: Top three ways to improve the community's access to healthcare: 'more primary care providers' (30.5%); 'more specialists' (29.9%); and 'transportation assistance' (26.4%).
- #7: Focus group participants indicated a need for public transportation services available locally.

Anticipated Impact(s) of these Activities:

- Improved access to care
- Increased community engagement
- Improved understanding of transportation needs in Stillwater County

Plan to Evaluate Anticipated Impact(s) of these Activities:

- Number of Transportation stakeholder group meetings
- Number of grant submissions

- Patient transportation protocol created and disseminated with staff

Measure of Success: A Stillwater County Transportation group is developed and convened by 7/2019.

Goal 3: Enhance health and wellness opportunities in Stillwater County.

Strategy 3.1: Explore creating a Stillwater County Recreation Coalition.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Determine community stakeholder group who deal with or are interested in improving health and wellness in Stillwater County.	Natasha Sailer	7/2019	CEO	Billings Clinic Wellness	Resource limitations
Convene Coalition to discuss resources and needs for potential projects.	Natasha Sailer	7/2019	CEO	MT RHI	Scheduling conflicts Resource limitations
Explore developing a walking trail around hospital campus.	Stillwater Leadership Group	12/2019	CEO	MT RHI MT BACI	Financial limitations, Resource limitations
Engage with MT BACI program to explore feasibility of BACI program in Stillwater County.	Natasha Sailer	7/2019	CEO	MT BACI	Resource limitations

Needs Being Addressed by this Strategy:

- #1: 59% of respondents indicated they felt the community was ‘somewhat healthy,’ ‘unhealthy’ or ‘poor.’
- #8: Top three health concerns in the community were: ‘Alcohol/substance abuse’ (58.6%), ‘Cancer’ (37.9%), and ‘Overweight/obesity’ (37.9%).
- #9: 34.5% of respondents rated ‘healthy behaviors and lifestyles’ as a top component of a healthy community.
- #10: 25.9% of respondents indicated ‘greater health and education services’ would improve the community’s access to healthcare.
- #11: 33.9% reported ‘fitness’ was a course/educational program desired locally followed by 29.3% reporting a desire for ‘health and wellness.’
- #12: 18.4% of respondents reported an interest in ‘exercise/nutrition programs’ for community youth would be beneficial.
- #13: 20.1% of respondents reported they had exercised 3-5 times a month or less for at least 20 minutes in the past month.
- #14: Focus group participants indicated they felt there was a need for more walking trails and more opportunities to be physically active to improve the health of the community.

Anticipated Impact(s) of these Activities:

- Increased community engagement
- Increased opportunities for health and wellness
- Improved health outcomes

Plan to Evaluate Anticipated Impact(s) of these Activities:

- Number of health and wellness coalition meetings
- Track development of walking trail on hospital campus
- Track developments of BACI engagement

Measure of Success: New walking trail implemented by June 2020.

Goal 4: Improve access to mental health services in Stillwater County.

Strategy 4.1: Improve access and education of mental health resources for community and SBC staff.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Explore available training and education for mental health and substance abuse.	Natasha Sailer	1/2018	CEO	Billings Clinic	Resource limitations
Determine staff responsible to deliver mental health education for staff and community.	Natasha Sailer	1/2018	CEO	Billings Clinic	Resource limitations
Develop suicide risk assessment protocol for all staff at Stillwater Billings Clinic.	Stillwater Leadership Group	7/2019	CEO	Billings Clinic	Resource limitations
Adopt and modify education for community members as appropriate.	Natasha Sailer	7/2018	CEO	Billings Clinic MT DPHHS	Scheduling conflicts, Resource limitations
Meet with local schools to develop mental health, suicide risk, and substance abuse resource page for teachers and counselors.	Natasha Sailer	9/2018	CEO Public Schools	Local Schools	Scheduling conflicts, Resource limitations

Needs Being Addressed by this Strategy:

- #1: 59% of respondents indicated they felt the community was ‘somewhat healthy,’ ‘unhealthy’ or ‘poor.’
- #2: 32% of respondents indicated they have a ‘fair’ or ‘poor’ knowledge of health services available at SBC.
- #10: 25.9% of respondents indicated ‘greater health and education services’ would improve the community’s access to healthcare.
- #15: 21.3% of respondents reported ‘mental health issues’ as a top health concern and 19.5% reported ‘depression/anxiety.’ Additionally, significantly more respondents identified ‘mental health issues’ as a top concern when compared to 2013 CHNA assessment.
- #16: 12.9% of respondents reported they have experienced periods of depression for at least 3 consecutive months in the past three years.
- #17: Focus group participants noted a need for substance abuse programs as well as a lack of awareness and services for mental health.

Anticipated Impact(s) of these Activities:

- Increased knowledge of mental health issues in the community
- Increased access to mental health resources
- Increased community engagement
- Improved health outcomes

Plan to Evaluate Anticipated Impact(s) of these Activities:

- Number of mental health educational offerings
- Number of community participants

- Track implementation of suicide risk assessment protocol
- Track development of mental health resource page for schools
- Track dissemination of resource page with schools

Measure of Success: Suicide risk assessment protocol is developed and implemented by July 2019.

Goal 5: Improve access to specialty services at Stillwater Billings Clinic.

Strategy 5.1: Explore opportunities to expand specialty services at SBC.

Activities	Responsibility	Timeline	Final Approval	Partners	Potential Barriers
Explore feasibility of offering dermatology and optometry visiting specialists.	Barb Orednick	7/2019	CEO	Billings Clinic	Financial limitations, Resource limitations, Workforce availability
Explore feasibility of expanding telemedicine at SBC (i.e. tele-psychiatry).	Natasha Sailer	12/2019	CEO	Billings Clinic	Financial limitations, Resource limitations
Create marketing campaign for new services and providers.	Marketing	12/2019	CEO	Billings Clinic	Resource limitations

Needs Being Addressed by this Strategy:

- #1: 59% of respondents indicated they felt the community was ‘somewhat healthy,’ ‘unhealthy’ or ‘poor.’
- #2: 32% of respondents indicated they have a ‘fair’ or ‘poor’ knowledge of health services available at SBC.
- #3: 13% of respondents indicated they did not or delayed receiving needed medical services because they ‘didn’t know where to go’ or they were ‘unsure if services were available.’
- #4: Focus group participants felt there was a need for better advertising of health services in the community.
- #5: 40.2% of respondents indicated ‘access to healthcare and other services’ was a top component of a healthy community, followed by 34.5% indicating ‘healthy behaviors and lifestyles.’
- #6: Top three ways to improve the community’s access to healthcare: ‘more primary care providers’ (30.5%); ‘more specialists’ (29.9%); and ‘transportation assistance’ (26.4%).
- #18: Top desired local healthcare services identified was a ‘dermatologist’ (22.4%). Focus group participants also expressed a desire for vision services.

Anticipated Impact(s) of these Activities:

- Increased access to specialty services
- Increased knowledge of available specialty services
- Improved health outcomes

Plan to Evaluate Anticipated Impact(s) of these Activities:

- Track specialty service utilization
- New marketing materials are developed and dissemination plan determined

Measure of Success: Determination made on feasibility of specialty service expansion by December 2019.

Needs Not Addressed and Justification

Identified health needs unable to address by Stillwater Billings Clinic	Rationale
<ul style="list-style-type: none"> Top identified way to improve the community's access to healthcare was 'more primary providers' with 30.5%. 	<ul style="list-style-type: none"> Stillwater Billings Clinic has recently added Edwin Sheils, PA-C, and will also be adding a new Physician to the practice by September 2017.
<ul style="list-style-type: none"> Other top identified specialists desired were: 'cardiologist' (12.6%), 'sleep studies' (11.5%), and 'OB/GYN' (10.3%). 	<ul style="list-style-type: none"> Cardiology and OB/GYN has very little availability of outreach services related to the high volume of patients they are currently seeing in their primary setting, resulting in a lack of outreach in other communities. Hiring a full time cardiologist, OB/GYN, and providing the ability to perform sleep studies is well above what Stillwater Billings Clinic can manage financially.
<ul style="list-style-type: none"> Focus group participants identified a need for additional, coordinated senior services. 	<ul style="list-style-type: none"> Many of the suggestions for coordinated senior services revolve around things that already exist, for example, classes are currently provided to the senior's specifically, but they are unaware of the services. Therefore, Stillwater Billings Clinic will continue to incorporate community information and include the seniors as a focus group. Other services are beyond the financial scope of what Stillwater Billings Clinic can provide; specifically, an indoor swimming pool.

Dissemination of Needs Assessment

Stillwater Billings Clinic “SBC” disseminated the community health needs assessment and implementation plan by posting both documents conspicuously on their website (<http://stillwaterbillingsclinic.com>) as well as having copies available at the Administration Office and Community Health Services Building, should community members request to view the community health needs assessment or the implementation planning documents.

The Steering Committee, which was formed specifically as a result of the CHSD [Community Health Services Development] process to introduce the community to the assessment process, will be informed of the implementation plan to see the value of their input and time in the CHSD process as well as how SBC is utilizing their input. The Steering Committee, as well as the Board of Directors, will be encouraged to act as advocates in Stillwater County as the facility seeks to address the healthcare needs of their community.

Furthermore, the board members of SBC will be directed to the hospital’s website to view the complete assessment results and the implementation plan. SBC board members approved and adopted the plan on **August 28, 2017**. Board members are encouraged to familiarize themselves with the needs assessment report and implementation plan so they can publicly promote the facility’s plan to influence the community in a beneficial manner.

SBC will establish an ongoing feedback mechanism to take into account any written comments it may receive on the adopted implementation plan document.

Stillwater Billings Clinic

AUGUST, 28, 2017

Resolution:

RESOLUTION to APPROVE COMMUNITY HEALTH NEEDS IMPLEMENTATION PLAN

WHEREAS THE BOARD of STILLWATER BILLINGS CLINIC approved of and oversaw the implementation of a Community Health Needs Assessment for the purpose of improving community health status and meeting Internal Revenue Service mandates enacted through the Patient Protection and Affordable Care Act;

NOW THEREFORE BE IT RESOLVED that the Board of STILLWATER BILLINGS CLINIC hereby adopt this resolution to accept the Community Health Needs Implementation Plan presented on this day to address the following prioritized community health needs:

- Improve awareness of services at Stillwater Billings Clinic (SBC) through enhanced community outreach and education
- Improve community's access to transportation in and around Stillwater County
- Enhance health and wellness opportunities in Stillwater County
- Improve access to mental health services in Stillwater County
- Improve access to specialty services at Stillwater Billings Clinic

Upon vote taken, the following voted:


For:

Against:

WHEREUPON said RESOLUTION was declared duly passed and adopted this 28th day of August 2017.
Month/Year


Board Chair

Attest:


Board Secretary



Stillwater Billings Clinic - Community Health Needs Assessment 2017

Implementation Plan Progress Report - June 30, 2018

Goal 1: Improve awareness of services at Stillwater Billings Clinic through enhanced community outreach and education

Strategy 1.1: Explore opportunities to enhance SBC community engagement and partnership in community events

Activities	Responsibility	Timeline	Final Approval	Activity Met?	Outcomes
Explore feasibility to partner with local athletic department to co-sponsor events to market services available.	Stephanie Perdue-Wetmore/Natasha Sailer	Sep-18	CEO	YES	Partnership with Columbus Public Schools and Absarokee Public Schools with contract for sports medicine and advertising in schools starting the 2019 School year.
Develop community outreach materials to market SBC services (i.e. information booth materials, giveaways for community events.)	Natasha Sailer	Jul-18		YES and ongoing	Materials have been purchased for community events such as the Swap-n-Shop, 4H fair, School Activities, and Mental Health Center Run (major sponsor.) Will continue to work with marketing for specific materials for department needs (Allivent, Occupational Health).
Continue sponsorship of community dinners before Columbus football games and extend to Absarokee and Park City.	Stillwater Leadership Group	Sep-18	CEO	Not met	Will review this with the Sports Medicine contracts and individual schools closer to fall sporting events.
Continue Booster Club	Stillwater				We continue to have sponsorship

participation to share information on current events and upcoming events.	Leadership Group	Sep-19	CEO	YES and ongoing	within the Booster Club and attend local events, as well as giveaway promotional items and advertising opportunities within the club. Will continue to work on increasing involvement within the club.
Explore opportunity to host a health fair and health education with new community partners.	CEO/Natasha Sailer	Jul-18	CEO	Yes and ongoing	We have met with community partners, as recently as April, regarding health fair and health education. At this time, no community partners had an immediate need for health fairs, but are open to discussion for fall months.
Develop and publish community 'patient experience' stories in local newspaper and through social media.	Stillwater Leadership Group	Jun-19	CEO	Not met	We will continue to work on this with the Allevant group to encourage growth and outreach.
Goal 1: Improve awareness of services at SBC through enhanced community outreach and education					
Strategy 1.2: Enhance website features and develop social media marketing presence					
Explore developing a social media campaign for SBC (i.e. Facebook and Instagram)	Marketing	Jul-19	CEO	Met and Ongoing	Working with BC marketing for a Facebook page that has been up and updated with local events. Will continue to work on management of the page and more frequent updates with marketing/SBC.
Designate staff to ensure and be responsible for marketing and outreach.	Marketing	Jul-19	CEO	Met	Billings Clinic Marketing and Stillwater Billings Clinic marketing individuals identified and have key share in the

					outreach and marketing for the area.
Determine feasibility of adding online clinic scheduling to website.	Beth Nordstrom	Jul-19	CEO	Ongoing	Barb Orednick, Clinical Director, is working on this with her newest provider. Hopes to have 1 provider up and accessible via webscheduling by 1/2019.
Add current events scrolling banner to website.	Marketing	Jul-19	CEO	Not Met	

Goal 1: Improve awareness of services at SBC through enhanced community outreach and education**Strategy 1.3:** Improve community knowledge of available health services in Stillwater County

Research/catalogue community events, programs, resources, and services in Stillwater County	Natasha Sailer	Jan-18	CEO	Met and ongoing	Events are gathered through social media and local marketing by other agencies. Things that we have participated in include: Swap and Shop, Mental Health Center's run, the 4H fair, and Granite Peak Playground.
Develop community resources list of available resources and marketing campaigns	Natasha Sailer/Marketing	Jul-19	CEO	Ongoing/Not-met	Will continue to develop resource lists for a marketing campaign with the development of Allevant and the other upcoming programs at SWBC.

					Not yet established
Meet and partner with schools to develop health and wellness resource page for students and families	Natasha Sailer	Jan-20		not met	
Host an open house to showcase new equipment, physicians, telemed, swing bed, Avera, and other services	Stillwater Leadership Group	Jul-18	CEO	Ongoing/not yet met	We have begun discussion on when to hold the open house that is best for the public. We will work on a September open house to help accommodate this.

Goal 2: Improve community's access to transportation in and around Stillwater County					
Strategy 2.1: Collaborate with community partners on transportation needs in Stillwater County					
Determine community stakeholder group working on transportaion needs in Stillwater County	Natasha Sailer	Jul-19	CEO	Met/Ongoing	Stakeholder group formed and attended the BACI institute. A coalition has been formed with key stakeholders and we continue to meet on a monthly basis.
Convene stakeholder group to discuss and identify transportation needs and opportunities in the community.	Natasha Sailer	Yearly by 7/2019	CEO	Met/Ongoing	Columbus Building Active Communities Coalition was formed 5/2018 and continues to meet monthly, as described above.

Research community modes and best practices for transportation in communities of similar size	Natasha Sailer	Jul-19	CEO	Met	Met with BACI and similar town information provided at the summit.
Explore grant opportunities	Natasha Sailer	Jul-19	CEO	Met and ongoing	Grant was applied for and approved for BACI. Will continue to collaborate with grants and planning throughout the city/county (Marissa Hauge.)
Develop patient transportation protocol for SBC staff if/when assisting patients.	Bev Kovanda/ Natasha Sailer	Jul-19	CEO	Not met	Have not started this portion yet.

Goal 3: Enhance health and wellness opportunities in Stillwater County**Strategy 3.1:** Explore creating a Stillwater County Recreation Coalition

Determine community stakeholder group who deal with or are interested in improving health and wellness in Stillwater county.	Natasha	Jul-19	CEO	Not met/Ongoing	We have developed Columbus Building Active Communities Coalition, would like to expand to surrounding areas once established. Will continue to explore more individuals for this coalition.

Convene Coalition to discuss resources and needs for potential projects.	Natasha	Jul-19	CEO	Not Met/Ongoing	Will continue to expand to communities outside of Columbus
Explore developing a walking trail around hospital campus	Stillwater Leadership Group	Dec-19	CEO	Not Met/Ongoing	Plans are in development for the development of a walking path. Grant funding has been secured and planning for the path was started in April 2018
Engage with MT BACI to explore feasibility of BACI program in Stillwater County.	Natasha Sailer	Jul-19	CEO	Met	Columbus BACI team formed and went to training in May 2018. Columbus Coalition formed and meets on a monthly basis to continue to work towards "Building an Active Community".
Goal 4: Improve access to mental health services in Stillwater County					
Strategy 4.1: Improve access and education of mental health resources for community and SBC staff.					
Explore available training and education for mental health and substance abuse	Natasha Sailer	Jan-18	CEO	MET/Ongoing	Training available through project ECHO as well as through BC Psych. Will be working on a large scale collaboration to incorporate mental health into the behavioral health setting, starting in March 2018 - until established (calendar year ending 2019.)
Determine staff responsible to	Natasha Sailer				Public health will be provided by

deliver mental health education for staff and community		Jan-18	CEO	MET/Ongoing	Natasha Sailer, Stillwater Billings Clinic PCP staff for individualized patients, and local outreach to the 3 counselors has been established and provided.
Develop suicide risk assessment protocol for all staff at Stillwater Billings Clinic	Stillwater Leadership Group	Jul-19	CEO	MET/Ongoing	Will be part of the Regional Suicide Prevention Initiative by BC utilizing VOI software for apps for individuals aged 18 and older. Will roll out process 7/24/2018.
Adopt and modify education for community members as appropriate	Natasha Sailer	Jul-18	CEO	MET/Ongoing	Ryan Leaf Community presentation, Natasha Sailer Suicide Prevention at Politics and Eggs. Will continue to promote activities and education on an ongoing basis. QPR training will be provided in the fall of 2018 for members of community and schools.
Meet with local schools to develop mental health, suicide risk, and substance abuse resource page for teachers and counselors	Natasha Sailer	Sep-18	CEO/Public Schools	Not Met	Meeting not yet held with Schools.

Goal 5: Improve access to specialty services at Stillwater Billings Clinic
Strategy 5.1: Explore opportunities to expand specialty services at SBC

Explore feasibility of offering dermatology and optometry	Barb Orednick				Dermatology will be starting a tele-med program with hopeful outreach
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visiting specialists		Jul-19	CEO	MET/Ongoing	days available by 12/2018. Will continue to work on getting optometry specialists onsite.
Explore feasibility of expanding telemedicine at SBC (tele-psych)	Natasha Sailer	Dec-19	CEO	MET/Ongoing	Initial phases for implementation of tele-psych were to investigate outside agencies that could provide the tele-psych, at this time, it is not financially feasible. Billings Clinic main campus is working on a psych specific telemed program and we will work closely to collaborate and utilize that program.
Create marketing campaign for new services and providers	Marketing	Dec-19	CEO	MET/Ongoing	Billboard up on interstate. Introduction to Cody White, DO was provided by marketing. Will continue to work with marketing for new service lines (Alevant) and any new providers.