



COMMUNITY HEALTH NEEDS ASSESSMENT 2020



Stillwater
Billings Clinic

ASSESSMENT CONDUCTED BY
Stillwater Billings Clinic

IN COOPERATION WITH
THE MONTANA OFFICE OF
RURAL HEALTH



MONTANA
STATE UNIVERSITY

Office of Rural Health
Area Health
Education Center

COLUMBUS, MONTANA

Table of Contents

Introduction	4
Health Assessment Process	5
Survey Methodology.....	5
Survey Respondent Demographics.....	8
Survey Results	12
Focus Group Interview Methodology.....	52
Executive Summary.....	55
Prioritization of Health Needs	58
Available Community Resources	59
Evaluation of Previous CHNA & Implementation Plan	61
Appendix A- Steering Committee	68
Appendix B- Public Health & Populations Consultation	69
Appendix C- Stillwater Co. Secondary Data	71
Appendix D- Survey Cover Letter.....	76
Appendix E- Survey Instrument	77
Appendix F- Cross Tabulation Analysis	83
Appendix G- Responses to Other & Comments.....	89
Appendix H- Focus Group Interview - Questions	95
Appendix I- Focus Group Interviews.....	96
Appendix J- Request for Comments	103



INTRODUCTION

Introduction

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



Stillwater Billings Clinic- Columbus, Montana

Stillwater Billings Clinic's primary service area includes the communities of Columbus, Absarokee, Park City and Reed Point; with most of the County's populated communities located along Interstate I-90 or US 78. Stillwater County has a low population density and is considered a frontier (six or less people per square mile) by the US Department of Health and Human Services. For further demographic, socioeconomic and other related county and state data, please see Appendix C to review the Secondary Data Analysis.



Mission: Focused, Quality Healthcare

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

In the winter of 2020, SBC's service area was surveyed about its healthcare system. This report shows the results of the survey in both narrative and chart formats. A copy of the survey instrument is included 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 2020 survey data with data from previous surveys conducted in partnership with the Montana Office of Rural Health in 2017 and 2013. If any statistical significance exists, it will be reported. The significance level was set at 0.05.

Health Assessment Process



A steering committee convened to assist Stillwater Billings Clinic in conducting CHSD. A diverse group of community members representing various organizations and populations within the community (ex. public health, elderly, uninsured) came together in

December 2019. The Steering Committee met twice during the CHSD process; first to discuss health concerns in the community and offer their perspective in designing the survey instrument, and again to review results of the survey and focus groups and to assist in the prioritization of health needs. For a list of all steering committee members and their affiliations, see Appendix A.

Survey Methodology

Survey Instrument

In January 2020, surveys were mailed out to the residents in Stillwater County, Montana. Survey respondents had the ability to complete the survey mailed to them, or via an online survey hosted at Montana State University's HELPS Lab web portal. The survey was based on a design that has been used extensively in the states of Washington, Wyoming, Alaska, Montana, and Idaho. The survey was designed to provide each facility with information from local residents regarding:

- Demographics of respondents
- Hospitals, primary care providers, and specialists used, plus reasons for selection
- Local healthcare provider usage
- Services preferred locally
- Perception and satisfaction of local healthcare

Sampling

Stillwater Billings Clinic provided a list of outpatient and inpatient admissions. Those zip codes with the greatest number of admissions were selected to be included in the survey. A random list of 800 residents was then selected with the assistance of the MSU HELPS lab. Residence was stratified in the initial sample selection so each area would be represented in proportion to the overall served population and the proportion of past admissions. (Note: although the survey samples were proportionately selected, actual surveys returned from each population area varied which may result in slightly less proportional results.) See survey distribution table below.

Zip Code	Population	Community Name	Total Distribution	# Male	# Female
59019	3972	Columbus	492	246	246
59001	1643	Absarokee	120	60	60
59069	461	Reed Point	58	29	29
59063	2058	Park City	44	22	22
59028	434	Dean	18	9	9
59011	3027	Big Timber	18	9	9
59102	46564	Billings	16	8	8
59067	221	Rapelje	14	7	7
59061	272	Nye	12	6	6
59101	39562	Billings	8	4	4
Total	98562		800	400	400

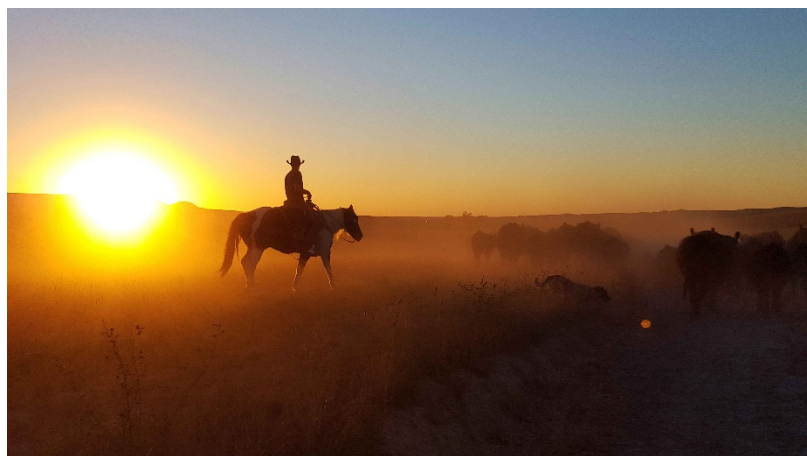
Two focus group interviews were conducted to identify important local healthcare issues, how to improve the health of the community, and gaps in health services. It was intended that this research would help determine the awareness of local programs and services, as well as the level of satisfaction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

Information Gaps- Data

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

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

The low population density of rural and frontier communities often requires regional reporting of many major health indices including chronic disease burden and behavior health indices. The Montana BRFSS [Behavioral Risk Factor Surveillance System], through a cooperative agreement with the Center for Disease Control (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 & Focus Group 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, assists in reaching segments of the population that might not otherwise respond to a survey.



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

Survey Implementation

In January 2020, a survey, cover letter on Stillwater Billings Clinic letterhead with the Chief Executive Officer's signature, and postage paid envelope was mailed to 800 randomly selected residents in the hospital's service area. A news release was sent to local newspaper as well as social media postings 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 eighty-three surveys were returned out of 800. Of those 800 surveys, 58 surveys were returned undeliverable for a 24.7% response rate. From this point on, the total number of surveys will be out of 742. 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 7.25%.

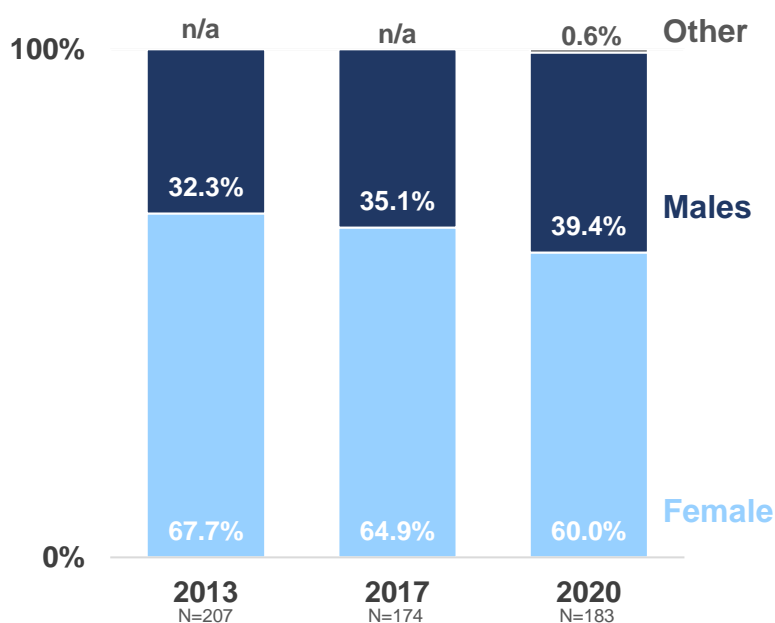
Survey Respondent Demographics

A total of 742 surveys were distributed amongst Stillwater Billings Clinic's service area. One-hundred eighty-three were completed for a 24.7% 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	2013 %(n)	2017 %(n)	2020 %(n)	SIGNIFICANT CHANGE
Number of respondents	207	174	183	
Columbus 59019	37.5% (75)	46.2% (80)	62.1% (113)	■
Absarokee 59001	24.0% (48)	19.1% (33)	11.0% (20)	■
Reed Point 59069	9.0% (18)	6.4% (11)	9.3% (17)	□
Park City 59063	19.0% (38)	13.9% (24)	4.9% (9)	■
Fishtail 59028	3.0% (6)	5.2% (9)	3.8% (7)	□
Nye/Dean 59061	2.0% (4)	3.5% (6)	2.7% (5)	□
Rapelje 59067	5.0% (10)	2.3% (4)	2.2% (4)	□
Molt 59057	0.5% (1)	2.3% (4)	0% (0)	■
Other	0%	1.2% (2)	3.8% (7)	□
TOTAL	100% (200)	100% (173)	100% (182)	

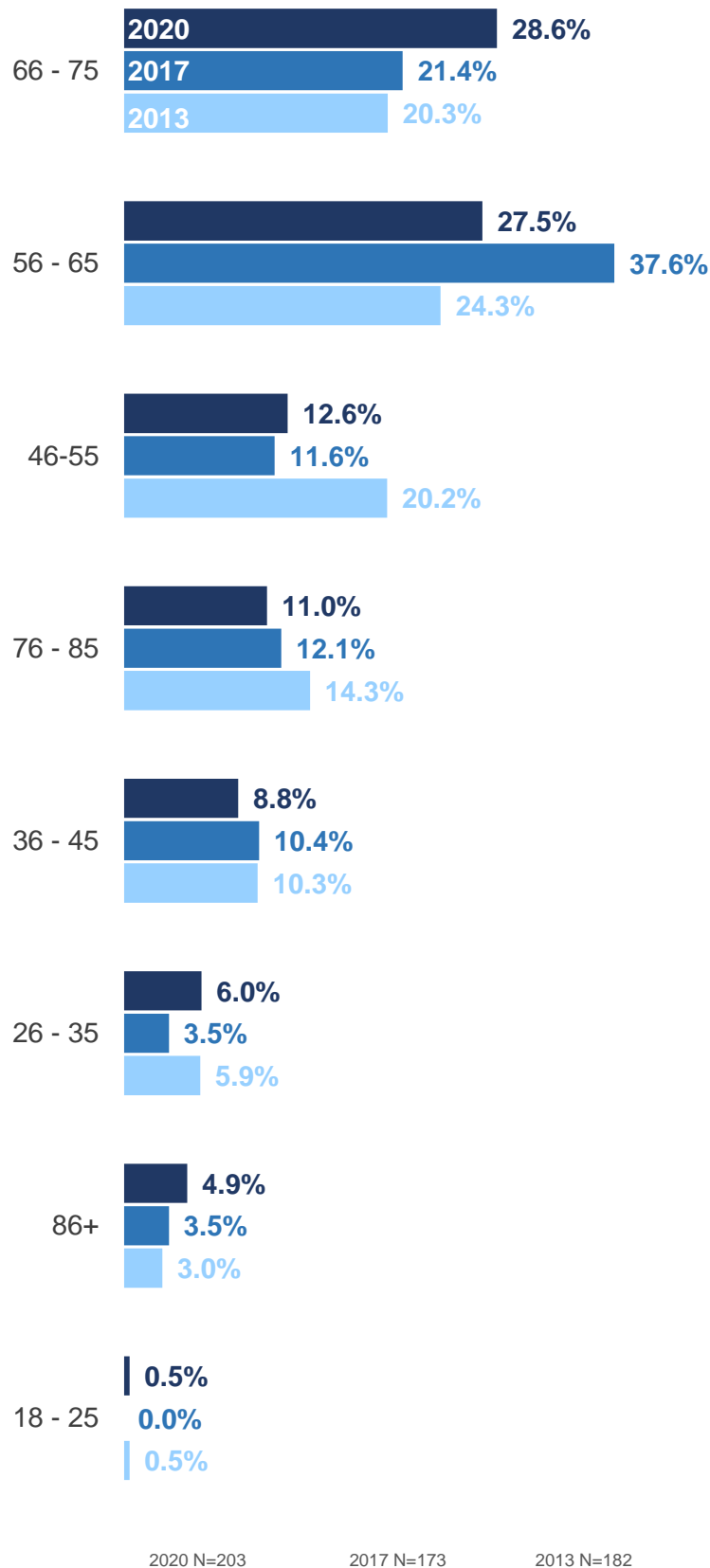
A solid blue square indicates a statistically significant change between years ($p \leq 0.05$).

Gender



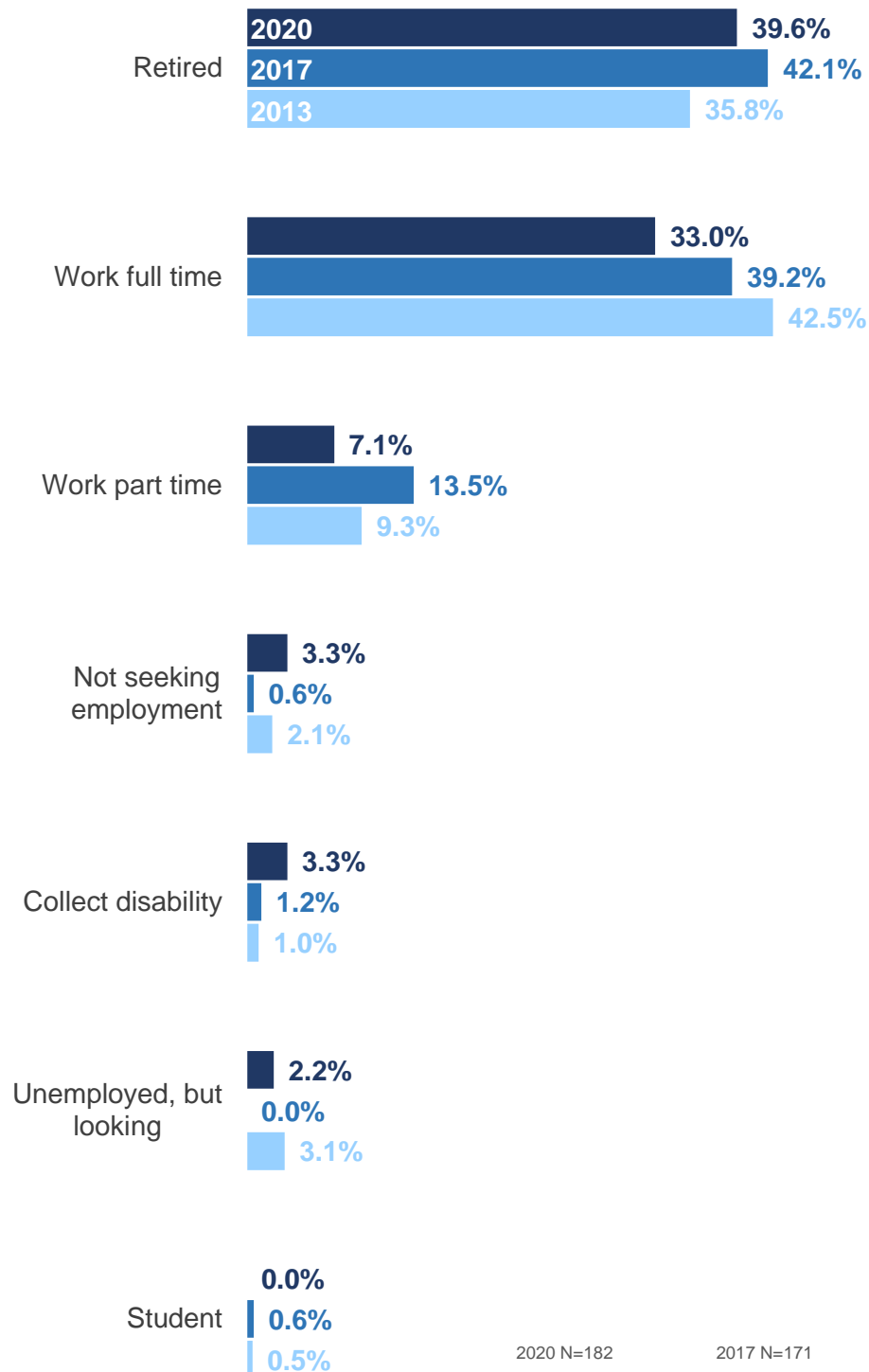
Women are frequently the healthcare decision makers for their families and more likely to respond to a health-related survey.

Age of respondents for all three years of the survey



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

*Employment status of participants for all three years of the survey



***Significantly fewer 2020 respondents are employed full-time.**

“Other” comments included self-employed, homemaker, work full time/retired, and various other combinations.

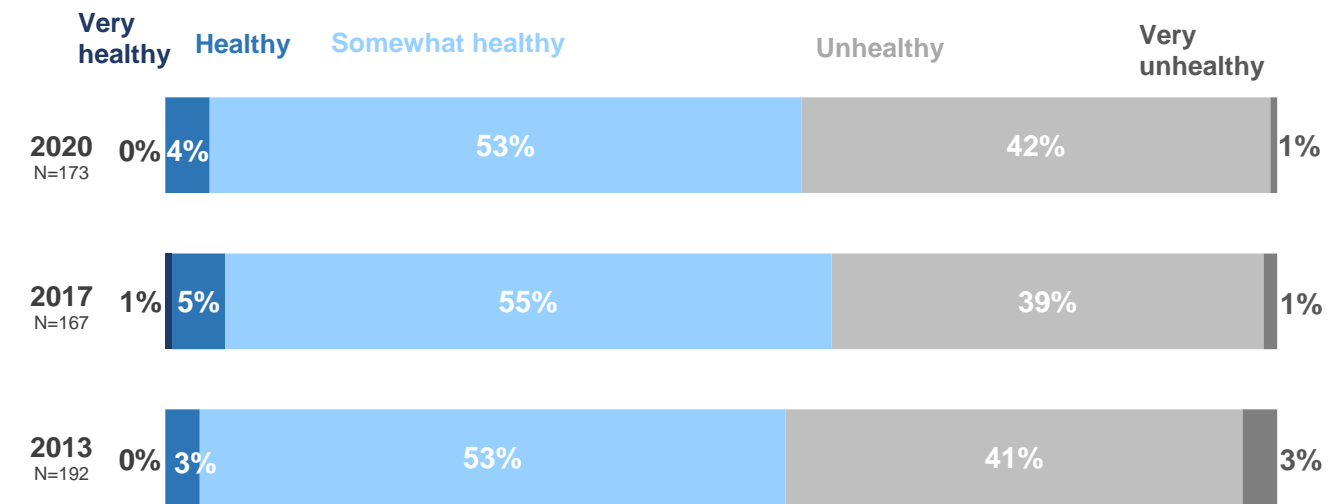


SURVEY RESULTS

Survey Results

Rating of Healthy Community (Question 1)

Respondents were asked to indicate how they would rate the general health of their community. Fifty-three percent of respondents (n=92) rated their community as “Somewhat healthy”, and 42.2% of respondents (n=73) felt their community was “Unhealthy.” No respondents indicated they felt their community was “Very unhealthy.”



Over half of respondents feel their community is “Somewhat healthy”.

Health Concerns for Community (Question 2)

Respondents were asked what they felt the three most serious health concerns were in their community. The top identified health concern was “Alcohol/substance abuse” at 53% (n=97). “Overweight/obesity” was also a high priority at 30.1% (n=55), followed by “Cancer” at 26.8% (n=49).

“Other” comments included drugs/drug abuse (3), aging, and emergency accidents.

Health Concern	2013 %(n)	2017 %(n)	2020 %(n)	SIGNIFICANT CHANGE
Number of respondents	207	174	183	
Alcohol/substance abuse	52.7% (109)	58.6% (102)	53.0% (97)	<input type="checkbox"/>
Overweight/obesity	41.5% (86)	37.9% (66)	30.1% (55)	<input type="checkbox"/>
Cancer	38.2% (79)	40.2% (70)	26.8% (49)	<input checked="" type="checkbox"/>
Tobacco use (cigarettes/cigars, vaping, smokeless)	16.4% (34)	15.5% (27)	23.0% (42)	<input type="checkbox"/>
Mental health issues	12.1% (25)	21.3% (37)	16.4% (30)	<input type="checkbox"/>
Depression/anxiety	14.5% (30)	19.5% (34)	15.8% (29)	<input type="checkbox"/>
Work/economic stress			14.8% (27)	<input type="checkbox"/>
Lack of exercise	16.4% (34)	22.4% (39)	13.7% (25)	<input type="checkbox"/>
Diabetes	15.5% (32)	12.6% (22)	12.0% (22)	<input type="checkbox"/>
Heart disease	31.4% (65)	25.3% (44)	9.8% (18)	<input checked="" type="checkbox"/>
Social isolation/loneliness			9.3% (17)	<input type="checkbox"/>
Alzheimer's/dementia			7.7% (14)	<input type="checkbox"/>
Child abuse/neglect	4.3% (9)	6.3% (11)	5.5% (10)	<input type="checkbox"/>
Lack of access to healthcare	5.8% (12)	7.5% (13)	4.9% (9)	<input type="checkbox"/>
Suicide			4.9% (9)	<input type="checkbox"/>
Motor vehicle accidents	8.7% (18)	10.9% (19)	4.4% (8)	<input type="checkbox"/>
Domestic violence	4.8% (10)	6.3% (11)	3.3% (6)	<input type="checkbox"/>
Respiratory issues/illness			2.7% (5)	<input type="checkbox"/>
Work related accidents/injuries	6.3% (13)	3.4% (6)	2.7% (5)	<input type="checkbox"/>
Homelessness			2.2% (4)	<input type="checkbox"/>
Lack of dental care	3.4% (7)	7.5% (13)	2.2% (4)	<input checked="" type="checkbox"/>
Recreation related accidents/injuries	8.2% (17)	5.7% (10)	2.2% (4)	<input checked="" type="checkbox"/>
Hunger			1.6% (3)	<input type="checkbox"/>
Stroke	4.8% (10)	7.5% (13)	1.1% (2)	<input checked="" type="checkbox"/>
Other	2.9% (6)	3.4% (6)	7.1% (13)	<input type="checkbox"/>

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

Components of a Healthy Community (Question 3)

Respondents were asked to identify the three most important things for a healthy community. Forty-five percent of respondents (n=82) indicated that “Access to affordable health insurance” is important for a healthy community, followed by “Good jobs and a healthy economy” at 32.8% (n=60), and “Healthy behaviors and lifestyles” at 30.6% (n=56).

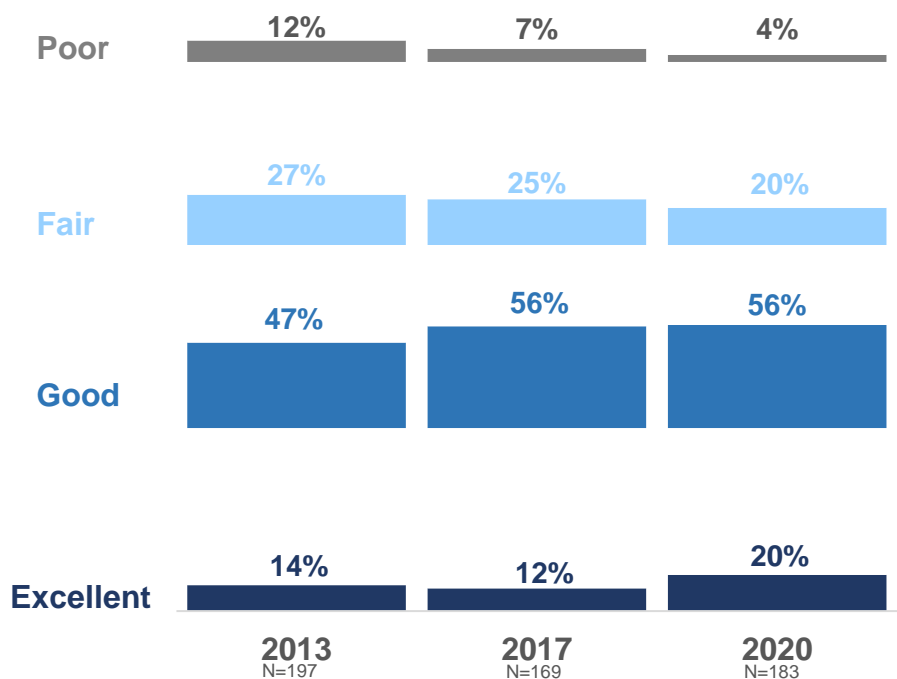
Components of Healthy Community	2013 %(n)	2017 %(n)	2020 %(n)	SIGNIFICANT CHANGE
Number of respondents	207	174	183	
Access to affordable health insurance	44.9% (93)	44.8% (78)	44.8% (82)	<input type="checkbox"/>
Good jobs and a healthy economy	41.1% (85)	32.2% (56)	32.8% (60)	<input type="checkbox"/>
Healthy behaviors and lifestyles	44.9% (93)	34.5% (60)	30.6% (56)	<input checked="" type="checkbox"/>
Strong family life	36.2% (75)	31.6% (55)	28.4% (52)	<input type="checkbox"/>
Access to healthcare services	35.7% (74)	40.2% (70)	26.2% (48)	<input checked="" type="checkbox"/>
Access to mental health services			21.3% (39)	<input type="checkbox"/>
Good schools	20.3% (42)	21.3% (37)	18.6% (34)	<input type="checkbox"/>
Affordable housing	6.3% (13)	11.5% (20)	16.4% (30)	<input checked="" type="checkbox"/>
Religious or spiritual values	21.7% (45)	23.6% (41)	14.8% (27)	<input type="checkbox"/>
Access to childcare/after school programs			11.5% (21)	<input type="checkbox"/>
Clean environment	12.1% (25)	6.3% (11)	11.5% (21)	<input type="checkbox"/>
Low crime/safe neighborhoods	11.6% (24)	25.3% (44)	9.8% (18)	<input checked="" type="checkbox"/>
Community involvement	10.1% (21)	8.0% (14)	7.1% (13)	<input type="checkbox"/>
Access to healthy foods			6.0% (11)	<input type="checkbox"/>
Parks and recreation	3.9% (8)	2.9% (5)	5.5% (10)	<input type="checkbox"/>
Transportation services			3.8% (7)	<input type="checkbox"/>
Tolerance for diversity	6.8% (14)	6.3% (11)	3.3% (6)	<input type="checkbox"/>
Low death and disease rates	1.0% (2)	2.9% (5)	1.1% (2)	<input type="checkbox"/>
Arts and cultural events	1.0% (2)	1.1% (2)	0.5% (1)	<input type="checkbox"/>
Low level of domestic violence	2.9% (6)	1.7% (3)	0.0% (0)	<input type="checkbox"/>
Other	1.0% (2)	1.7% (3)	1.1% (2)	<input type="checkbox"/>

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

Knowledge of Health Services (Question 4)

Respondents were asked to rate their knowledge of the health services available at Stillwater Billings Clinic. Fifty-six percent (n=103) of respondents rated their knowledge of health services as “Good.” “Excellent” was selected by 20% percent (n=36), and “Fair” was selected by 20% (n=37) of respondents.

***Excellent ratings have increased significantly since 2013**



How Respondents Learn of Health Services (Question 5)

The most frequently indicated method of learning about available services was “Word of mouth/reputation” at 63.9% (n=117). “Healthcare provider” was the second most frequent response at 55.7% (n=102), followed by “Friends/family” at 54.1% (n=99).

How Learn about Community Health Services	2013 %(n)	2017 %(n)	2020 %(n)	SIGNIFICANT CHANGE
Number of respondents	207	174	183	
Word of mouth/reputation	60.4% (125)	68.4% (119)	63.9% (117)	<input type="checkbox"/>
Healthcare provider	43.5% (90)	58.6% (102)	55.7% (102)	<input checked="" type="checkbox"/>
Friends/family			54.1% (99)	<input type="checkbox"/>
Stillwater County News	40.6% (84)	31.6% (55)	35.5% (65)	<input type="checkbox"/>
Website/internet	7.7% (16)	9.8% (17)	23.5% (43)	<input checked="" type="checkbox"/>
Social media			21.9% (40)	<input type="checkbox"/>
Senior Center			14.8% (27)	<input type="checkbox"/>
Mailings/newsletter	30.9% (64)	27.6% (48)	12.6% (23)	<input checked="" type="checkbox"/>
Billboards/posters			8.2% (15)	<input type="checkbox"/>
Radio	6.3% (13)	6.3% (11)	5.5% (10)	<input type="checkbox"/>
Public Health nurse	7.2% (15)	5.7% (10)	4.4% (8)	<input type="checkbox"/>
Presentations	7.2% (15)	6.9% (12)	3.3% (6)	<input type="checkbox"/>
Schools			3.3% (6)	<input type="checkbox"/>
Other	4.8% (10)	6.3% (11)	6.0% (11)	<input type="checkbox"/>

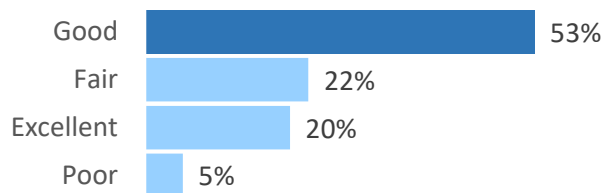
A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked indicate all methods of receiving information, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year

“Other” comments included personal research or experience, pharmacy, workplace, or online/website.

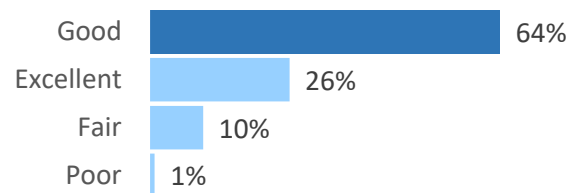
Cross Tabulation - Service Knowledge by How Respondents Learn about Services

Analysis was done to assess respondents' knowledge of services available through Stillwater Billings Clinic, with how they learn about services available in their community. To see the results of the full analysis, please see Appendix F.

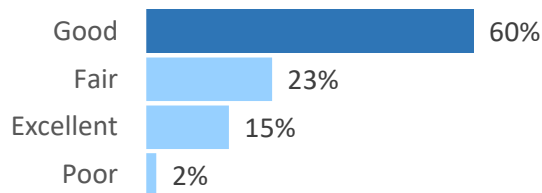
Word of mouth/reputation (N=117)



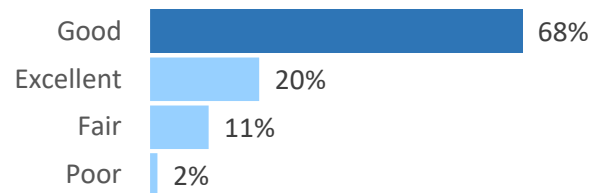
Healthcare provider (N=102)



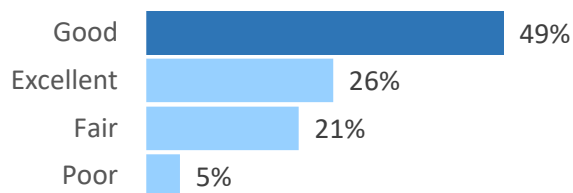
Friends/Family (N=99)



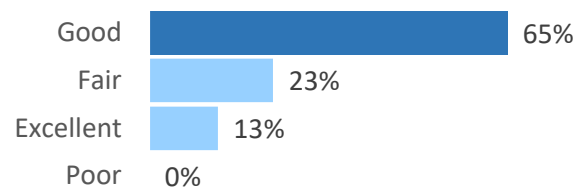
Stillwater County News (N=65)



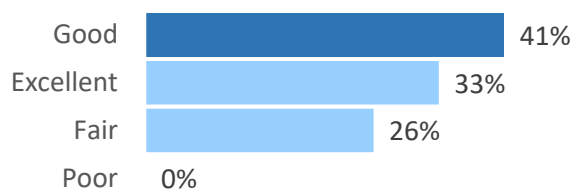
Website/internet (N=43)



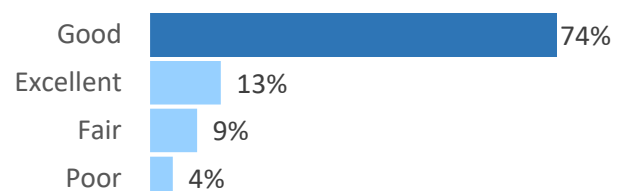
Social media (N=40)



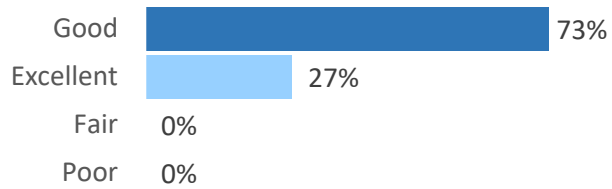
Senior Center (N=27)



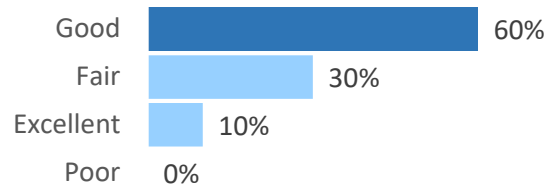
Mailings/newsletter (N=23)



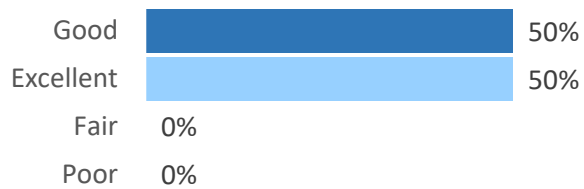
Billboards/posters (N=15)



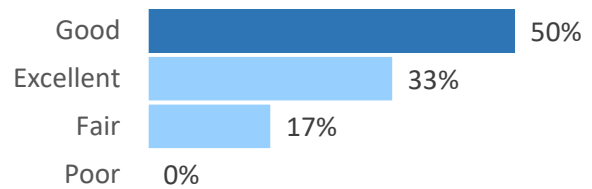
Radio (N=10)



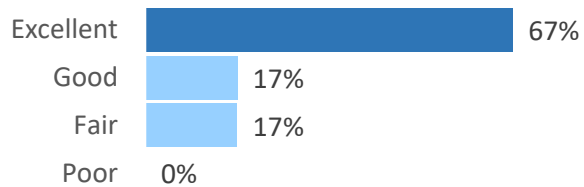
Public Health Nurse (N=8)



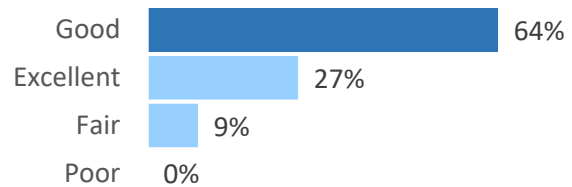
Presentations (N=6)



Schools (N=6)



Other (N=11)



Utilized Community Health Resources (Question 6)

Respondents were asked which community health resources, other than the hospital or clinic, they had used in the last three years. “Pharmacy” was the most frequently utilized community health resource cited by respondents at 71% (n=130). The “Dentist” was utilized by 62.8% (n=115) of respondents, followed by “Senior center” at 12.0% (n=22).

Use of Other Community Health Resources	2013 %(n)	2017 %(n)	2020 %(n)	SIGNIFICANT CHANGE
Number of respondents	207	174	183	
Pharmacy	77.3% (160)	69.5% (121)	71.0% (130)	<input type="checkbox"/>
Dentist	50.2% (104)	50.0% (87)	62.8% (115)	<input checked="" type="checkbox"/>
Senior center	16.9% (35)	10.3% (18)	12.0% (22)	<input type="checkbox"/>
Naturopath/acupuncture			5.5% (10)	<input type="checkbox"/>
VA	3.9% (8)	7.5% (13)	4.9% (9)	<input type="checkbox"/>
Alternative medicine/medical marijuana			4.4% (8)	<input type="checkbox"/>
Public health	7.7% (16)	1.7% (3)	3.8% (7)	<input checked="" type="checkbox"/>
Family & marriage counseling	1.0% (2)	4.6% (8)	3.3% (6)	<input type="checkbox"/>
Home health	7.7% (16)	2.9% (5)	3.3% (6)	<input checked="" type="checkbox"/>
Mental health	1.9% (4)	1.7% (3)	3.3% (6)	<input type="checkbox"/>
Chemical dependency services	0.0% (0)	0.0% (0)	0.0% (0)	<input type="checkbox"/>
Social work	2.9% (6)	0.0% (0)	0.0% (0)	<input checked="" type="checkbox"/>
Other	5.8% (12)	10.3% (18)	8.2% (15)	<input type="checkbox"/>

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

“Other” comments included “none,” eye doctor, chiropractor, naturopath, and public health.

Improve Community's Access to Healthcare (Question 7)

Respondents were asked to indicate what they felt would improve their community's access to healthcare. Forty-six percent of respondents (n=84) reported that "More information about available services" would make the greatest improvement. Thirty-four percent of respondents (n=63) indicated "Payment assistance programs (healthcare expenses)" would improve access, and "More specialists" was selected by 33.3% (n=61).

"More information about available services" would make the greatest improvement

What Would Improve Community Access to Healthcare	2013 %(n)	2017 %(n)	2020 %(n)	SIGNIFICANT CHANGE
Number of respondents	207	174	183	
More information about available services			45.9% (84)	<input type="checkbox"/>
Payment assistance programs (healthcare expenses)			34.4% (63)	<input type="checkbox"/>
More specialists	24.6% (51)	29.9% (52)	33.3% (61)	<input type="checkbox"/>
More primary care providers	32.4% (67)	30.5% (53)	32.8% (60)	<input type="checkbox"/>
Transportation assistance	30.4% (63)	26.4% (46)	27.3% (50)	<input type="checkbox"/>
Improved quality of care	20.8% (43)	25.3% (44)	20.2% (37)	<input type="checkbox"/>
Greater health education services	25.6% (53)	25.9% (45)	19.1% (35)	<input type="checkbox"/>
Outpatient services expanded hours	25.6% (53)	24.1% (42)	18.6% (34)	<input type="checkbox"/>
Telemedicine			13.7% (25)	<input type="checkbox"/>
Cultural sensitivity			3.3% (6)	<input type="checkbox"/>
Interpreter services			0.5% (1)	<input type="checkbox"/>
Other	11.6% (24)	6.9% (12)	10.4% (19)	<input type="checkbox"/>

A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to select any items that would improve community access to healthcare, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year.

"Other" comments included a female provider, lower healthcare costs, more primary care providers, affordable health insurance, dental and eye care, and "They are already doing a good job."

Interest in Educational Classes/Programs (Question 8)

Respondents were asked if they would be interested in any educational classes/programs made available to the community. The most highly indicated class/program was “Fitness” at 40.4% (n=74), followed by “Health and wellness” at 35.5% (n=65), and “Weight loss” at 34.4% (n=63).

Interest in Classes or Programs	2017 %(n)	2020 %(n)	SIGNIFICANT CHANGE
Number of respondents	174	183	
Fitness	33.9% (59)	40.4% (74)	<input type="checkbox"/>
Health and wellness	29.3% (51)	35.5% (65)	<input type="checkbox"/>
Weight loss	27.0% (47)	34.4% (63)	<input type="checkbox"/>
Women's health	18.4% (32)	31.7% (58)	<input checked="" type="checkbox"/>
Nutrition	26.4% (46)	25.1% (46)	<input type="checkbox"/>
Living will	17.8% (31)	24.6% (45)	<input type="checkbox"/>
Cancer	12.6% (22)	17.5% (32)	<input type="checkbox"/>
Men's health	10.3% (18)	16.9% (31)	<input type="checkbox"/>
Financial planning/education		16.4% (30)	<input type="checkbox"/>
Alzheimer's	24.1% (42)	15.8% (29)	<input checked="" type="checkbox"/>
Diabetes	12.6% (22)	15.8% (29)	<input type="checkbox"/>
Grief counseling	5.7% (10)	12.6% (23)	<input checked="" type="checkbox"/>
Mental health	6.3% (11)	10.9% (20)	<input type="checkbox"/>
Support groups	6.9% (12)	8.2% (15)	<input type="checkbox"/>
Heart disease	9.2% (16)	7.7% (14)	<input type="checkbox"/>
Parkinson's		5.5% (10)	<input type="checkbox"/>
Smoking/tobacco cessation	6.9% (12)	3.3% (6)	<input type="checkbox"/>
Alcohol/substance abuse	3.4% (6)	2.2% (4)	<input type="checkbox"/>
Lactation/breastfeeding support		2.2% (4)	<input type="checkbox"/>
First aid/CPR	31.6% (55)	24.6% (4)	<input type="checkbox"/>
Family planning/sex education		1.6% (3)	<input type="checkbox"/>
Parenting	4.6% (8)	1.1% (2)	<input checked="" type="checkbox"/>
Prenatal	1.1% (2)	1.1% (2)	<input type="checkbox"/>
Other	2.9% (5)	3.3% (6)	<input type="checkbox"/>

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

“Other” comments included “none”, multiple sclerosis, indoor pool and recreation center, and yoga.

Desired Local Health Services for Children (Question 9)

Respondents were asked to indicate which additional services for children would they utilize if available locally. Respondents indicated the most interest in “Exercise/nutrition programs” at 53% (n=97), followed by a “Clubs/leagues” and “After school programs” at 9.3% (n=17 each).

Desired Local Health Services for Children	2013 %(n)	2017 %(n)	2020 %(n)	SIGNIFICANT CHANGE
Number of respondents	207	174	183	
Exercise/nutrition programs	30.4% (63)	18.4% (32)	53.0% (97)	■
Clubs/leagues	11.1% (23)	9.2% (16)	9.3% (17)	□
After school programs	27.5% (57)	18.4% (32)	9.3% (17)	■
Additional day care	10.1% (21)	8.6% (15)	4.9% (9)	□
Head Start	12.6% (26)	9.8% (17)	1.6% (3)	■
Other	4.3% (9)	5.2% (9)	7.7% (14)	■

A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to select any healthcare services they would use if available locally, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year.

“Other” comments included “None”, educational opportunities, counseling, and kids summer programs.

**Over half of respondents selected
“Exercise/nutrition programs”**

Desired Senior Services (Question 10)

Respondents were asked if they or a household member would be interested in additional senior services would they utilize if available locally. Respondents indicated the most interest in having “Transportation” services and “Senior housing/retirement community” at 20.8% (n=38 each), followed by a “Personal home care” at 20.2% (n=37).

Interest in Community Senior Services	2013 %(n)	2017 %(n)	2020 %(n)	SIGNIFICANT CHANGE
Number of respondents	207	174	183	
Transportation			20.8% (38)	<input type="checkbox"/>
Senior retirement housing/community	28.5% (59)	27.6% (48)	20.8% (38)	<input type="checkbox"/>
Personal home care	24.6% (51)	24.1% (42)	20.2% (37)	<input type="checkbox"/>
Grocery delivery			16.9% (31)	<input type="checkbox"/>
Assisted living facility	25.1% (52)	20.1% (35)	15.8% (29)	<input type="checkbox"/>
Meals on Wheels	28.0% (58)	25.9% (45)	14.2% (26)	<input checked="" type="checkbox"/>
Adult daycare	18.4% (38)	10.9% (19)	7.1% (13)	<input checked="" type="checkbox"/>
Hospice		14.9% (26)	6.0% (11)	<input checked="" type="checkbox"/>
Other	5.3% (11)	3.4% (6)	7.1% (13)	<input type="checkbox"/>

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

“Other” comments included utility assistance, eye doctor, and none.

Top desired senior services are “Transportation” and “Senior retirement housing/community”

Utilization of Preventative Services (Question 11)

Respondents were asked if they had utilized any of the preventative services listed in the past year. “Flu shot” was selected by 66.1% of respondents (n=121). Sixty-five percent of respondents (n=119) indicated they received a “Blood pressure check”, and 60.7% of respondents (n=111) had a “Health checkup.”

Use of Preventative Services	2013 %(n)	2017 %(n)	2020 %(n)	SIGNIFICANT CHANGE
Number of respondents	207	174	183	
Flu shot	50.7% (105)	52.3% (91)	66.1% (121)	■
Blood pressure check	50.2% (104)	52.3% (91)	65.0% (119)	■
Health checkup	51.2% (106)	61.5% (107)	60.7% (111)	□
Cholesterol check	45.4% (94)	50.0% (87)	57.4% (105)	□
Mammography	37.7% (78)	41.4% (72)	32.8% (60)	□
Immunizations			31.7% (58)	□
Prostate (PSA)	19.3% (40)	23.6% (41)	19.7% (36)	□
Colonoscopy	17.4% (36)	17.8% (31)	17.5% (32)	□
Pap smear	26.1% (54)	19.5% (34)	15.3% (28)	■
Children's checkup/Well baby	10.6% (22)	5.7% (10)	9.8% (18)	□
None	10.1% (21)	10.9% (19)	2.2% (4)	■
Other	1.4% (3)	2.9% (5)	2.7% (5)	□

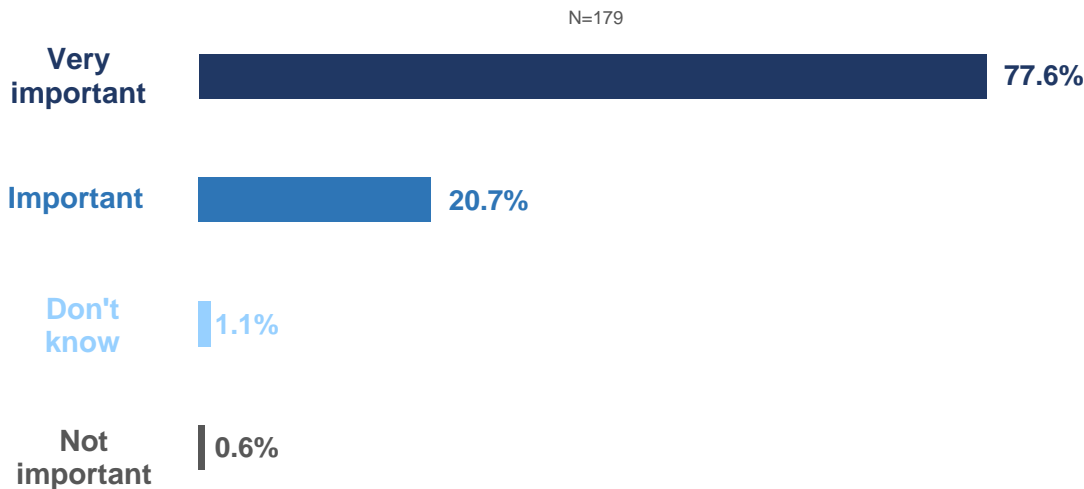
A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents could select any of the preventative services listed, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year.

“Other” comments included blood draws, allergy shots, welcome to Medicare labs, and endocrine.

Economic Importance of Healthcare (Question 12)

The majority of respondents (77.6%, n=139), indicated that local healthcare providers and services (i.e. hospitals, clinics, nursing homes, assisted living, etc.) are ‘Very important’ to the economic wellbeing of the area. Twenty-one percent of respondents (n=37) indicated they are “Important”, and two respondents, or 1.1% indicated they “Don’t know.” Four respondents chose not to answer this question.

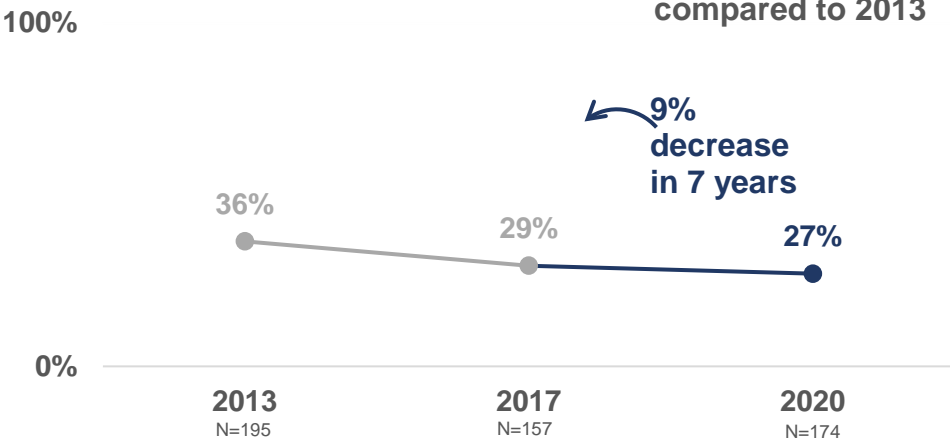
The majority of 2020 respondents say that local healthcare providers are very important or important to the community's economic well-being.



Delay of Services (Question 13)

Twenty-seven percent of respondents (n=47) reported that they or a member of their household thought they needed healthcare services but did not get them or had to delay getting them. Seventy-three percent of respondents (n=127) felt they were able to get the healthcare services they needed without delay. Nine respondents chose not to answer this question.

Fewer people report that they delayed or did not receive needed medical services in 2020, compared to 2013



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

For those who indicated they were unable to receive or had to delay services (n=47), the reason most cited was “It cost too much” (42.6%, n=20).

Reasons for Delay in Receiving Needed Healthcare	2013 %(n)	2017 %(n)	2020 %(n)	SIGNIFICANT CHANGE
Number of respondents	71	46	47	
It cost too much	52.1% (37)	52.2% (24)	42.6% (20)	<input type="checkbox"/>
Chose not to/did not want to go	42.3% (30)	32.6% (15)	21.3% (10)	<input type="checkbox"/>
Too long to wait for an appointment	12.7% (9)	13.0% (6)	19.1% (9)	<input type="checkbox"/>
Quality of staff	9.9% (7)	15.2% (7)	19.1% (9)	<input type="checkbox"/>
Weather/bad roads			17.0% (8)	<input type="checkbox"/>
My insurance didn't cover it	28.2% (20)	23.9% (11)	14.9% (7)	<input type="checkbox"/>
Could not get an appointment	4.2% (3)	15.2% (7)	12.8% (6)	<input type="checkbox"/>
Don't like doctors	12.7% (9)	19.6% (9)	12.8% (6)	<input type="checkbox"/>
No insurance	19.7% (14)	17.4% (8)	8.5% (4)	<input type="checkbox"/>
Qualified provider not available			8.5% (4)	<input type="checkbox"/>
Not treated with respect	5.6% (4)	17.4% (8)	6.4% (3)	<input type="checkbox"/>
Office wasn't open when I could go	18.3% (13)	10.9% (5)	6.4% (3)	<input type="checkbox"/>
Too nervous or afraid	8.5% (6)	2.2% (1)	6.4% (3)	<input type="checkbox"/>
Transportation problems	5.6% (4)	2.2% (1)	6.4% (3)	<input type="checkbox"/>
Could not get off work	4.2% (3)	4.3% (2)	4.3% (2)	<input type="checkbox"/>
It was too far to go	8.5% (6)	4.3% (2)	4.3% (2)	<input type="checkbox"/>
Didn't know where to go	4.2% (3)	8.7% (4)	2.1% (1)	<input type="checkbox"/>
Don't understand healthcare system			2.1% (1)	<input type="checkbox"/>
Had no childcare	5.6% (4)	0.0% (0)	2.1% (1)	<input type="checkbox"/>
Language barrier	0.0% (0)	0.0% (0)	0.0% (0)	<input type="checkbox"/>
Unsure if services were available	5.6% (4)	4.3% (2)	0.0% (0)	<input type="checkbox"/>
Other	9.9% (7)	2.2% (1)	14.9% (7)	<input type="checkbox"/>

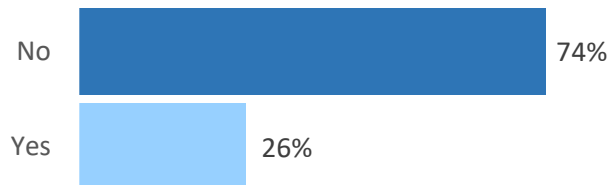
A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to indicate the top three reasons for delay in seeking healthcare, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year.

“Other” comments included unsure of insurance coverage, qualified provider unavailable, wanted to see MD.

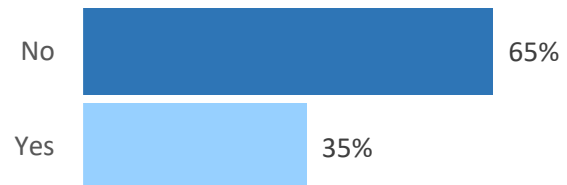
Cross Tabulation - Delay/Did Not Get Services & Residence

Analysis was done to examine if respondents delayed getting healthcare services (yes/no), with where they live by zip code. To see the results of the full analysis, please see Appendix F.

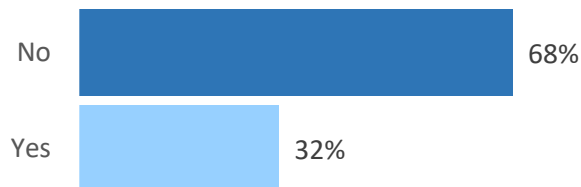
Columbus 59019 (N=106)



Reed Point 59069 (N=17)



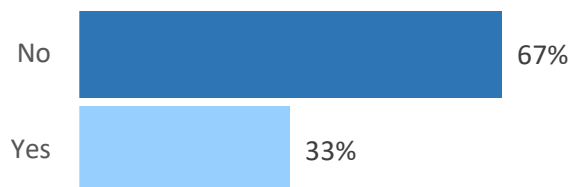
Absarokee 59001 (N=19)



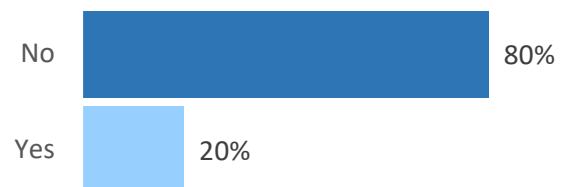
Park City 59063 (N=9)



Fishtail 59028 (N=6)



Nye/Dean 59061 (N=5)



Rapelje 59067 (N=4)



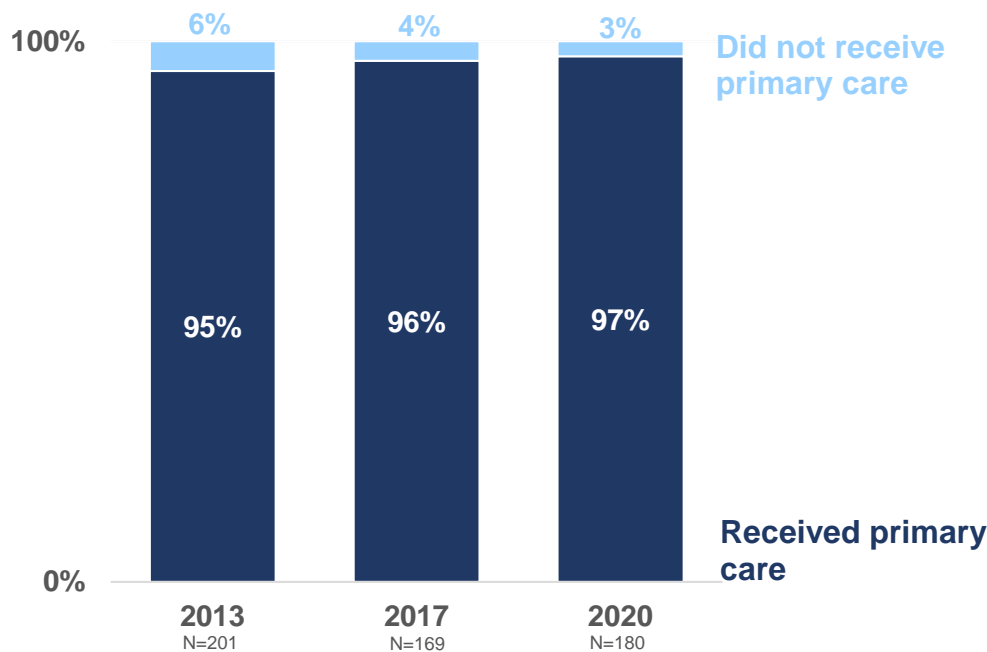
Other (N=7)



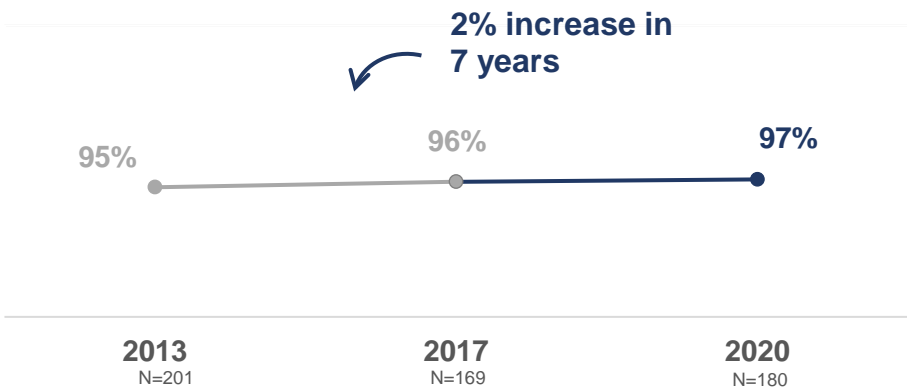
Primary Care Services (Question 15)

Ninety-seven percent of respondents (n=175) indicated they or someone in their household had been seen by a primary care provider (such as a family physician, physician assistant, or nurse practitioner) for healthcare services in the past three years, and 3% respondents (n=5) indicated they had not. Three respondents chose not to answer this question.

Most respondents received primary care in past 3 years



More people report receiving primary care services in 2020, compared to 2013



Location of Primary Care Services (Question 16)

Of the 175 respondents who indicated receiving primary care services in the previous three years, 55.2% (n=96) reported receiving care at Stillwater Billings Clinic in Columbus, 17.8% percent of respondents (n=31) went to an “Other” location not listed, and 11.5% (n=20) went to Billings Clinic in Billings. One of the 175 respondents who reported they had utilized primary care services in the past three years did not indicate where they received those services.

Location of Primary Care Provider	2013 %(n)	2017 %(n)	2020 %(n)	SIGNIFICANT CHANGE
Number of respondents	190	163	175	
Stillwater Billings Clinic - Columbus	44.9% (75)	57.0% (85)	55.2% (96)	■
Billings Clinic - Billings	18.0% (30)	11.4% (17)	11.5% (20)	■
St. Vincent Healthcare - Billings	13.2% (22)	13.4% (20)	6.9% (12)	■
St. Vincent Healthcare - Laurel			3.4% (6)	□
St. Vincent's - Absarokee	14.4% (24)	9.4% (14)	2.9% (5)	■
Pioneer Medical Center - Big Timber			2.3% (4)	□
Beartooth Billings Clinic - Red Lodge	0.6% (1)	0.0% (0)	0.0% (0)	□
St. Vincent Healthcare - Red Lodge			0.0% (0)	□
Via Telemed/phone/computer			0.0% (0)	□
Other	9.0% (15)	8.7% (13)	17.8% (31)	■
TOTAL	100% (167)	100% (149)	100% (174)	

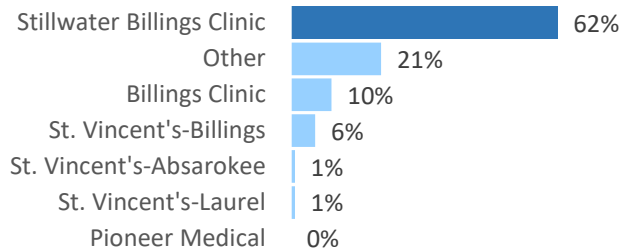
A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Grayed out cells indicate the question was not asked that year.

“Other” comments included Stillwater Billings Clinic- Columbus & Billings Clinic- Billings, VA, Billings Clinic & St. Vincent Healthcare, out of state.

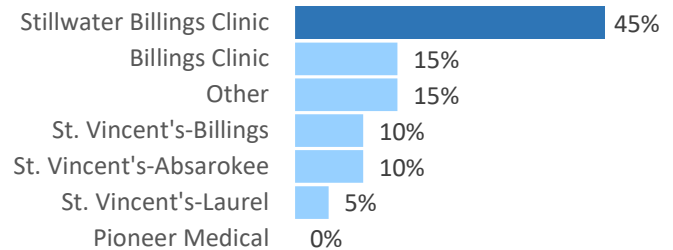
Cross Tabulation - Primary Care Location and Residence

Analysis was done to examine where respondents went most often for primary care with where they live by zip code. To see the results of the full analysis, please see Appendix F.

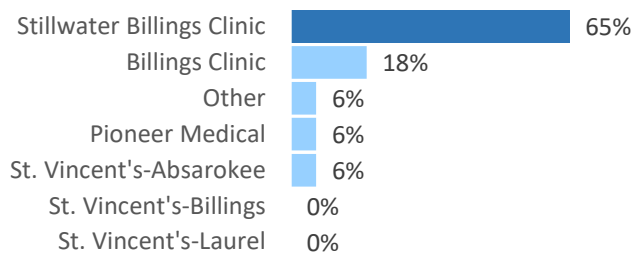
Columbus 59019 (N=105)



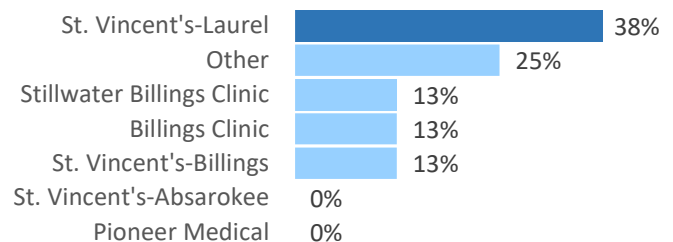
Absarokee 59001 (N=20)



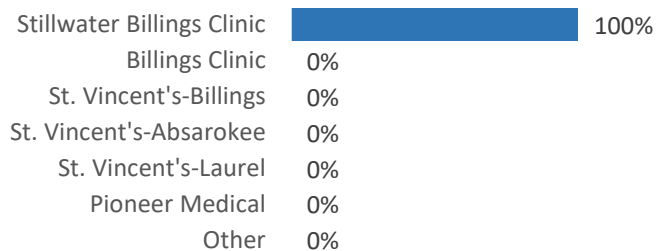
Reed Point 59069 (N=17)



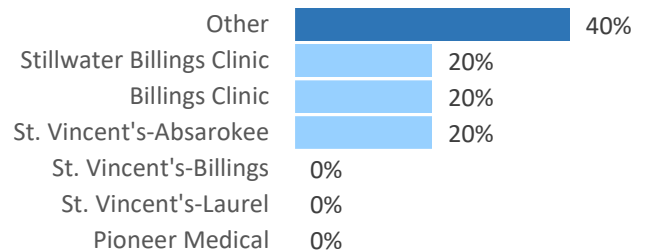
Park City 59063 (N=8)



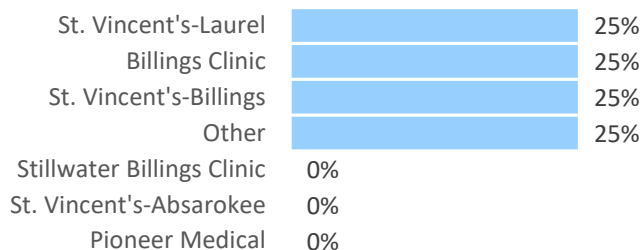
Fishtail 59028 (N=7)



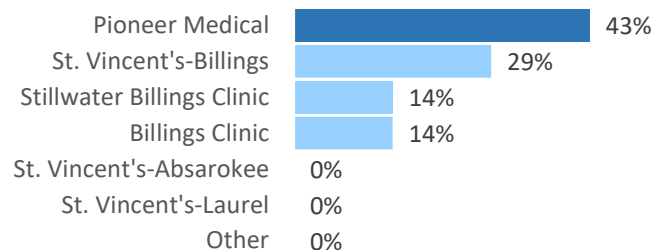
Nye/Dean 59061 (N=5)



Rapelje 59067 (N=4)



Other (N=7)



Reasons for Primary Care Provider Selection (Question 17)

Those respondents who indicated they or someone in their household had been seen by a primary care provider within the past three years, were asked to indicate why they chose that primary care provider. “Closest to home” was the most frequently selected reason at 56.6% (n=99), followed by “Prior experience with clinic” at 45.7% (n=80), and “Clinic/provider’s reputation for quality” at 40.6% (n=71).

Reasons for Selecting Primary Care Provider	2013 %(n)	2017 %(n)	2020 %(n)	SIGNIFICANT CHANGE
Number of respondents	190	163	175	
Closest to home	55.8% (106)	54.0% (88)	56.6% (99)	<input type="checkbox"/>
Prior experience with clinic	54.7% (107)	54.6% (89)	45.7% (80)	<input type="checkbox"/>
Clinic/provider's reputation for quality	21.6% (41)	20.2% (33)	40.6% (71)	<input checked="" type="checkbox"/>
Appointment availability	25.3% (48)	31.3% (51)	29.7% (52)	<input type="checkbox"/>
Recommended by family or friends	16.3% (31)	20.9% (34)	19.4% (34)	<input type="checkbox"/>
Length of waiting room time	10.0% (19)	6.1% (10)	9.7% (17)	<input type="checkbox"/>
Referred by physician or other provider	9.5% (18)	11.7% (19)	9.7% (17)	<input type="checkbox"/>
Privacy/confidentiality			7.4% (13)	<input type="checkbox"/>
Required by insurance plan	4.2% (8)	15.3% (25)	7.4% (13)	<input checked="" type="checkbox"/>
Closest to work			6.3% (11)	<input type="checkbox"/>
VA/Military requirement	1.6% (3)	4.9% (8)	3.4% (6)	<input type="checkbox"/>
Cost of care	3.7% (7)	2.5% (4)	2.3% (4)	<input type="checkbox"/>
Indian Health Services	0.5% (1)	0.0% (0)	0.0% (0)	<input type="checkbox"/>
Telemed option available			0.0% (0)	<input type="checkbox"/>
Other	7.9% (15)	3.7% (6)	9.7% (17)	<input type="checkbox"/>

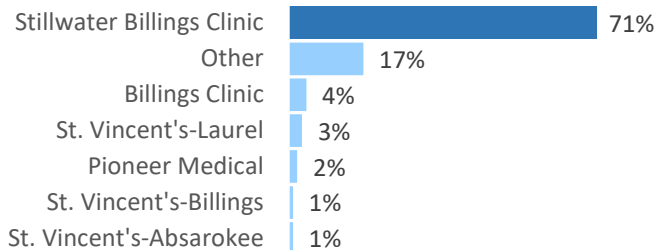
A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to pick the reasons for selection of their primary care provider, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year.

“Other” comments included relationship with provider, affordability, choice.

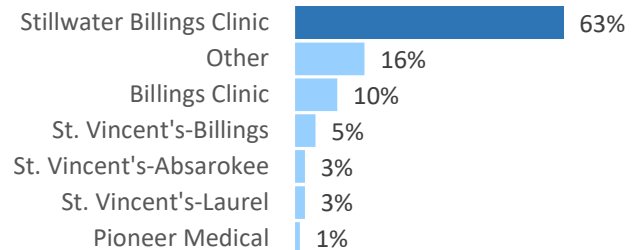
Cross Tabulation - Primary Care Location and Reason Selected

Analysis was done to examine where respondents went most often for primary care services with why they selected that clinic/provider. To see the results of the full analysis, please see Appendix F.

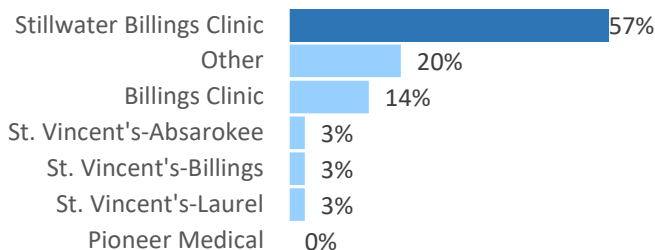
Closest to home (N=98)



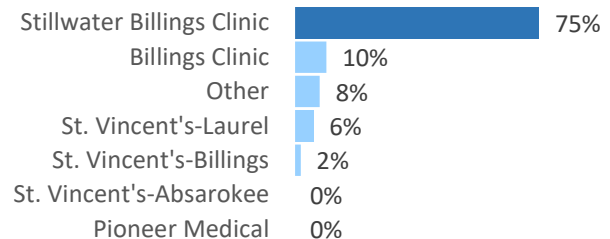
Prior experience with clinic (N=80)



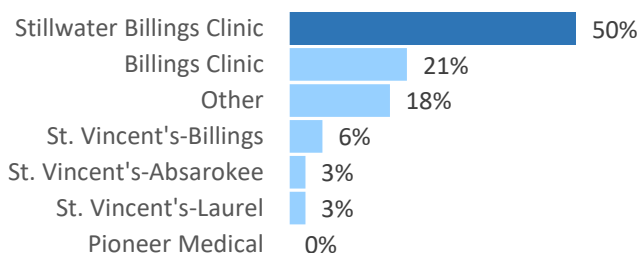
Clinic/provider's reputation for quality (N=70)



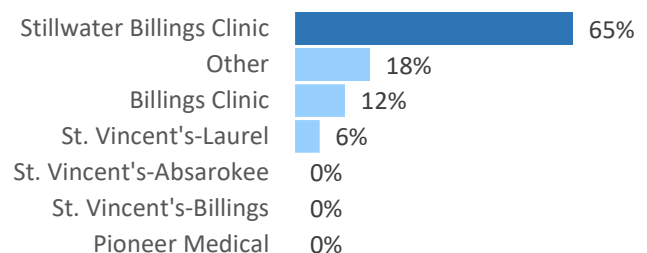
Appointment availability (N=51)



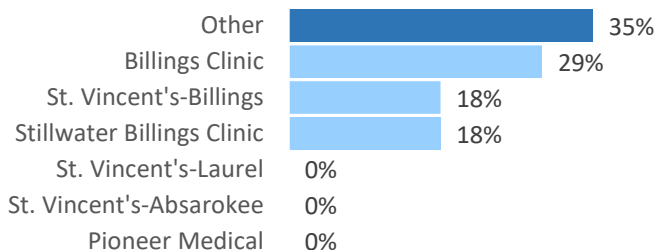
Recommended by family or friends (N=34)



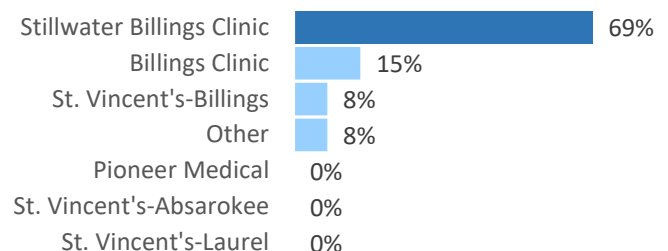
Length of waiting room time (N=17)



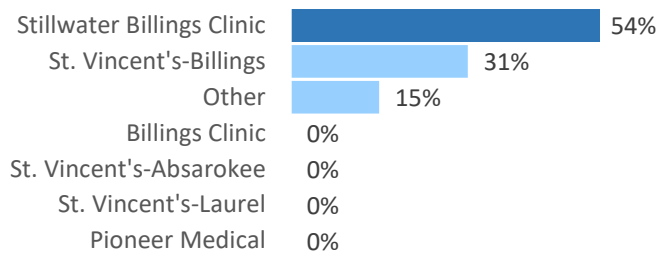
Referred by physician or other provider (N=17)



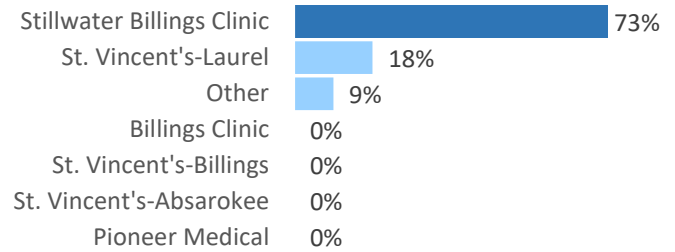
Privacy/confidentiality (N=13)



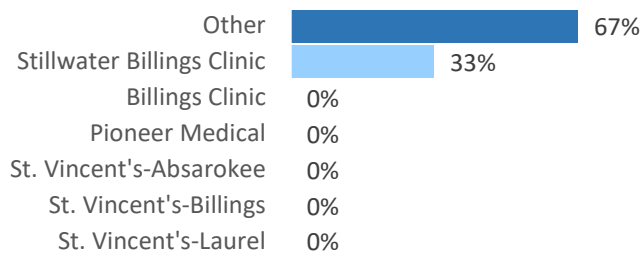
Required by insurance plan/ in-network provider (N=13)



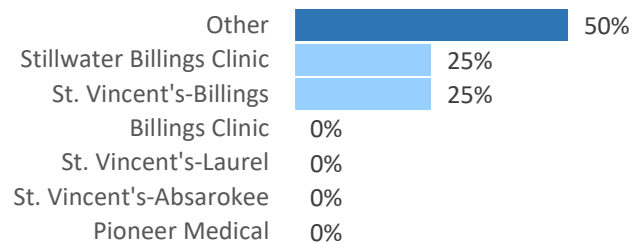
Closest to work (N=11)



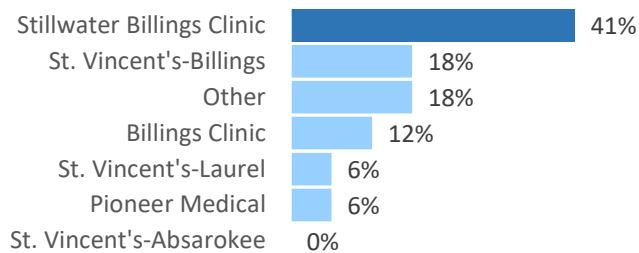
VA/Military requirement (N=6)



Cost of care (N=4)



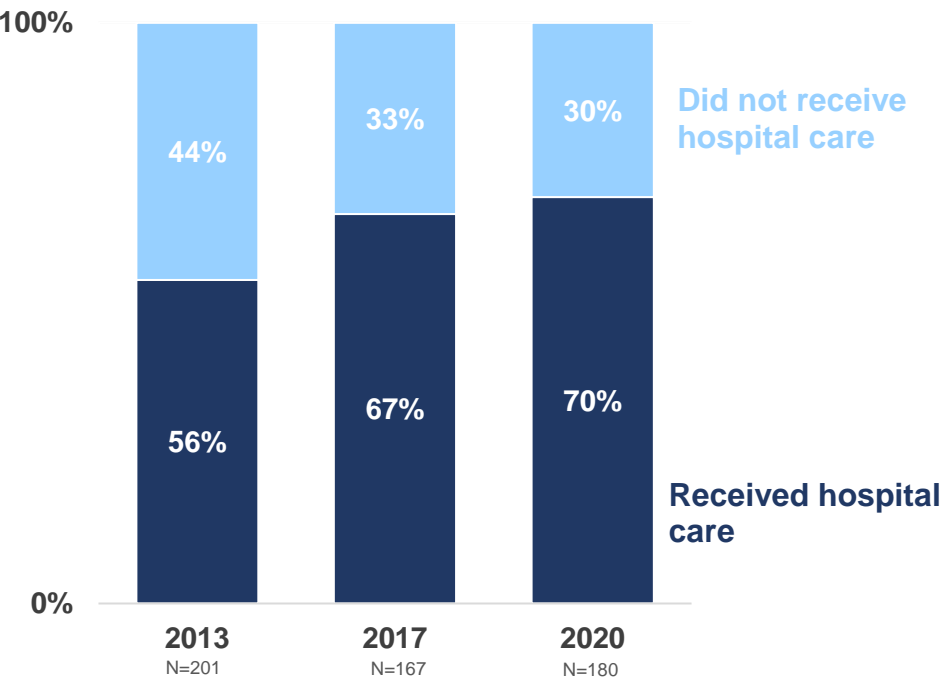
Other (N=17)



Hospital Care Services (Question 18)

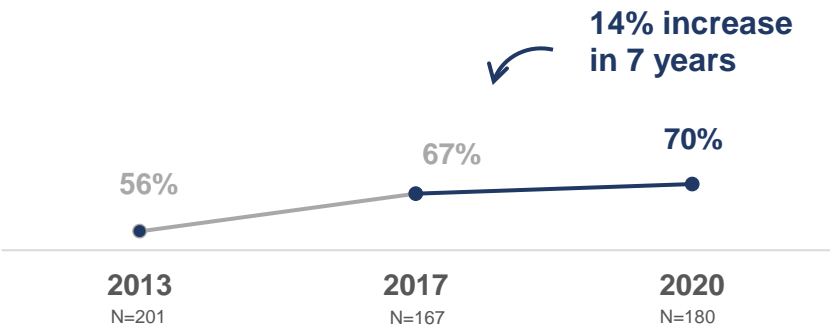
Respondents were asked if they or someone in their household had received hospital care in the last three years. Hospitalization was quantified as hospitalized overnight, day surgery, obstetrical care, rehabilitation, radiology, or emergency care. Seventy percent of respondents (n=126) reported that they or a member of their family had received hospital care during the previous three years, and 30% (n=54) had not received hospital services. Three respondents chose not to answer this question.

Most respondents utilized hospital services in the past 3 years



***Significantly more people received hospital care in 2020 than in 2013.**

***More people report receiving hospital care in 2020, compared to 2013**



Location of Hospital Services (Question 19)

Of the 126 respondents who indicated receiving hospital care in the previous three years, 43.2% (n=54) reported receiving care at Billings Clinic in Billings. Twenty-eight percent of respondents (n=35) received services at Stillwater Billings Clinic in Columbus, and 20% of respondents (n=25) reported utilizing services at St. Vincent Healthcare in Billings. One of the 126 respondents who reported they had been to a hospital in the past three years did not indicate which hospital they had utilized.

Hospital Used Most Often	2013 %(n)	2017 %(n)	2020 %(n)	SIGNIFICANT CHANGE
Number of respondents	112	112	126	
Billings Clinic - Billings	44.0% (48)	37.6% (38)	43.2% (54)	<input type="checkbox"/>
Stillwater Billings Clinic - Columbus	22.0% (24)	33.7% (34)	28.0% (35)	<input checked="" type="checkbox"/>
St. Vincent Healthcare - Billings	33.0% (36)	26.7% (27)	20.0% (25)	<input checked="" type="checkbox"/>
Beartooth Billings Clinic - Red Lodge		0.0% (0)	0.0% (0)	<input type="checkbox"/>
Pioneer Medical Center - Big Timber			0.0% (0)	<input type="checkbox"/>
Other	0.9% (1)	2.0% (2)	8.8% (11)	<input checked="" type="checkbox"/>
TOTAL	100% (109)	100% (101)	100% (125)	

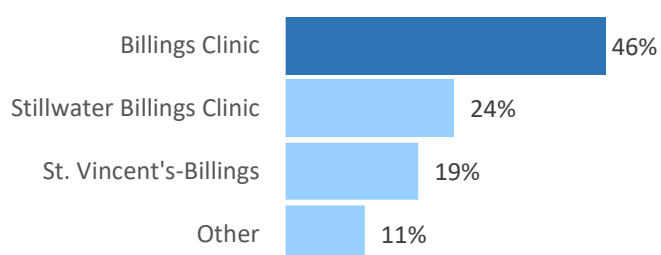
A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Grayed out cells indicate the question was not asked that year.

“Other” comments included Stillwater Billings Clinic, Billings Clinic, and St. Vincent Healthcare

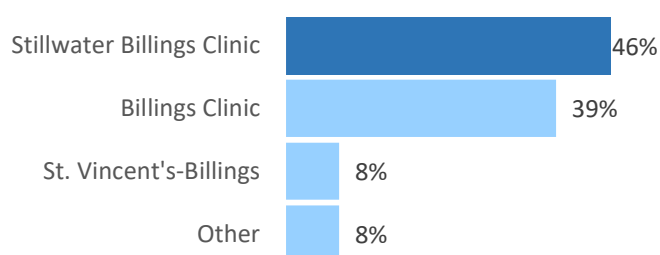
Cross Tabulation - Location of Hospital Care and Residence

Analysis was done to examine where respondents went most often for hospital care with where they live by zip code. To see the results of the full analysis, please see Appendix F.

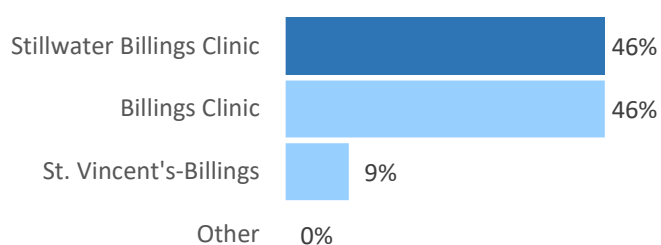
Columbus 59019 (N=79)



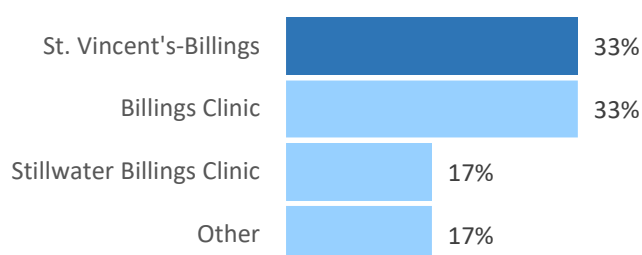
Reed Point 59069 (N=13)



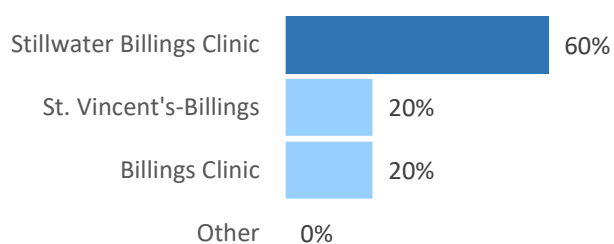
Absarokee 59001 (N=11)



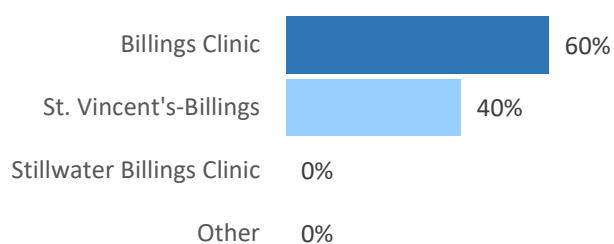
Park City 59063 (N=6)



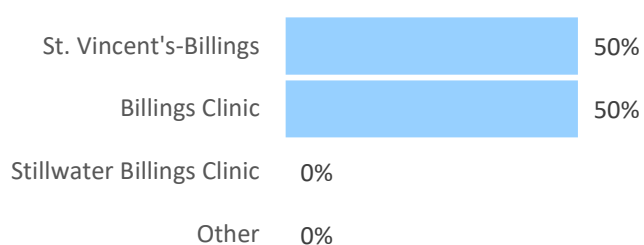
Fishtail 59028 (N=5)



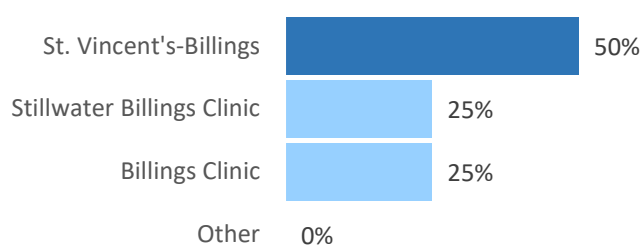
Nye/Dean 59061 (N=5)



Rapelje 59067 (N=2)



Other (N=4)



Reasons for Hospital Selection (Question 20)

Of the 126 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 42.1% (n=53). “Referred by physician or other provider” was selected by 38.1% of the respondents (n=48), and 33.3% (n=42) selected “Hospital’s reputation for quality.”

Reasons for Selecting Hospital	2013 %(n)	2017 %(n)	2020 %(n)	SIGNIFICANT CHANGE
Number of respondents	112	112	126	
Prior experience with hospital	53.6% (60)	42.0% (47)	42.1% (53)	<input type="checkbox"/>
Referred by physician or other provider	44.6% (50)	32.1% (36)	38.1% (48)	<input type="checkbox"/>
Hospital's reputation for quality	33.9% (38)	28.6% (32)	33.3% (42)	<input type="checkbox"/>
Closest to home	25.9% (29)	37.5% (42)	32.5% (41)	<input type="checkbox"/>
Quality of staff	17.0% (19)	22.3% (25)	27.8% (35)	<input type="checkbox"/>
Emergency, no choice	25.9% (29)	26.8% (30)	15.1% (19)	<input type="checkbox"/>
Required by insurance plan	20.5% (23)	14.3% (16)	14.3% (18)	<input type="checkbox"/>
Recommended by family or friends	3.6% (4)	10.7% (12)	8.7% (11)	<input type="checkbox"/>
Cost of care	2.7% (3)	0.9% (1)	3.2% (4)	<input type="checkbox"/>
VA/Military requirement	2.7% (3)	4.5% (5)	3.2% (4)	<input type="checkbox"/>
Closest to work	0.9% (1)	6.3% (7)	1.6% (2)	<input checked="" type="checkbox"/>
Financial assistance programs			1.6% (2)	<input type="checkbox"/>
Privacy/confidentiality			0.0% (0)	<input type="checkbox"/>
Other	2.7% (3)	0.9% (1)	12.7% (16)	<input checked="" type="checkbox"/>

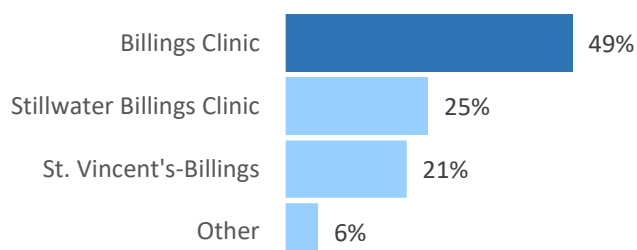
A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to pick their top three reasons for selecting a hospital, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year.

“Other” comments included service not available locally, relationship with provider, prior experience.

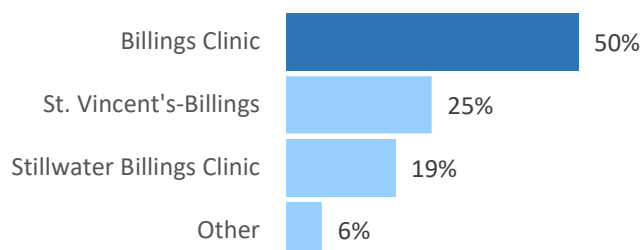
Cross Tabulation – Hospital Location and Reason Selected

Analysis was done to examine where respondents went most often for hospital services with why they selected that hospital. To see the results of the full analysis, please see Appendix F.

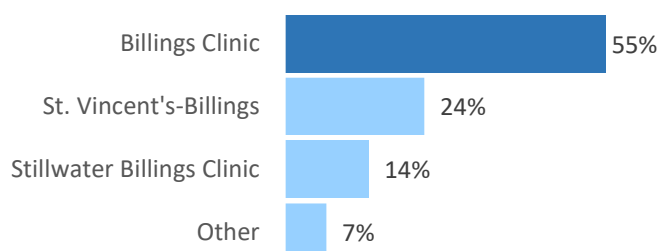
Prior experience with hospital (N=53)



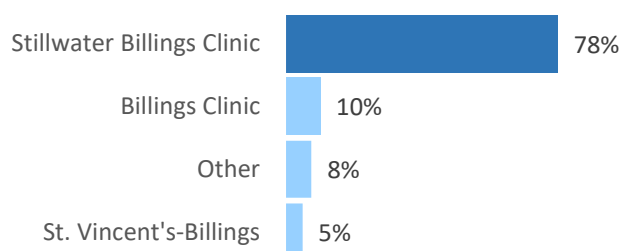
Referred by physician or other provider (N=48)



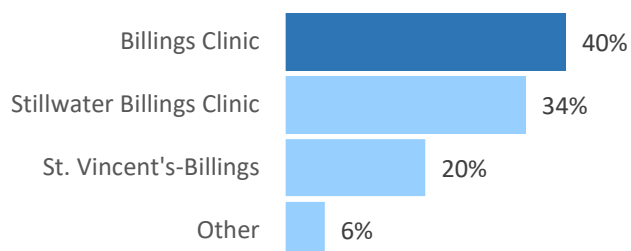
Hospital's reputation for quality (N=42)



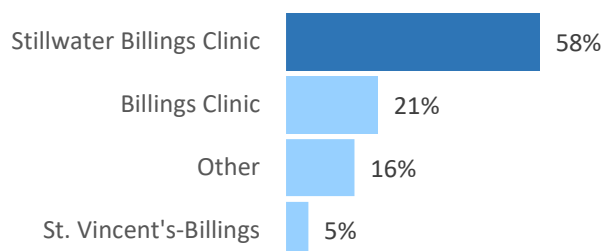
Closest to home (N=40)



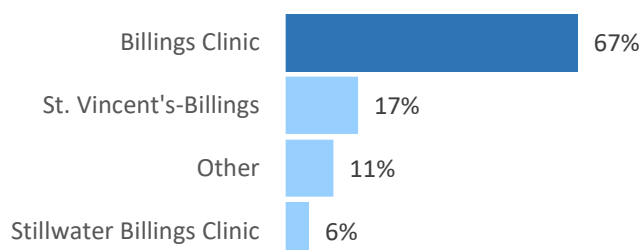
Quality of staff (N=35)



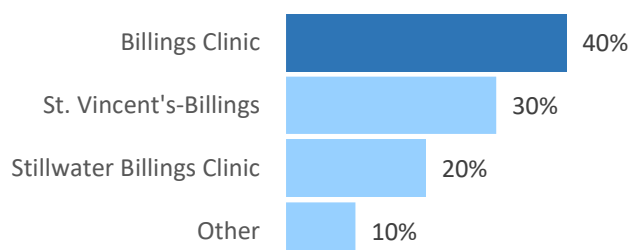
Emergency, no choice (N=19)



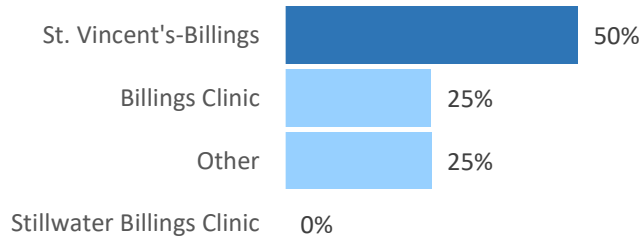
Required by insurance plan (N=18)



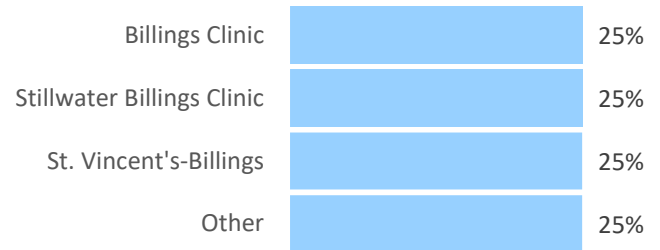
Recommended by family or friends (N=10)



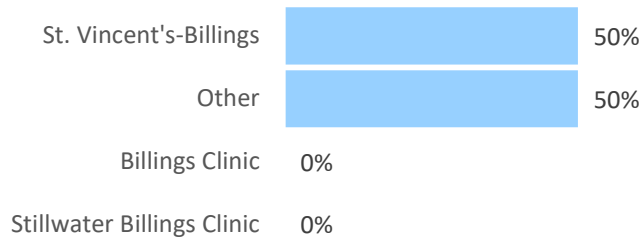
Cost of care (N=4)



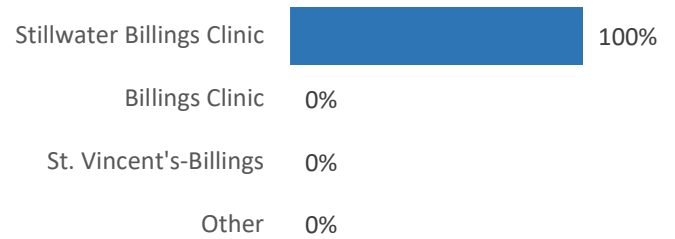
VA/Military requirement (N=4)



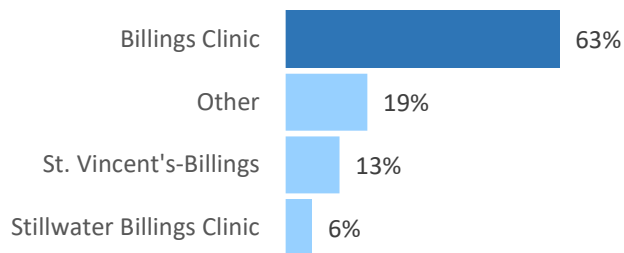
Financial assistance programs(N=2)



Closest to work (N=1)



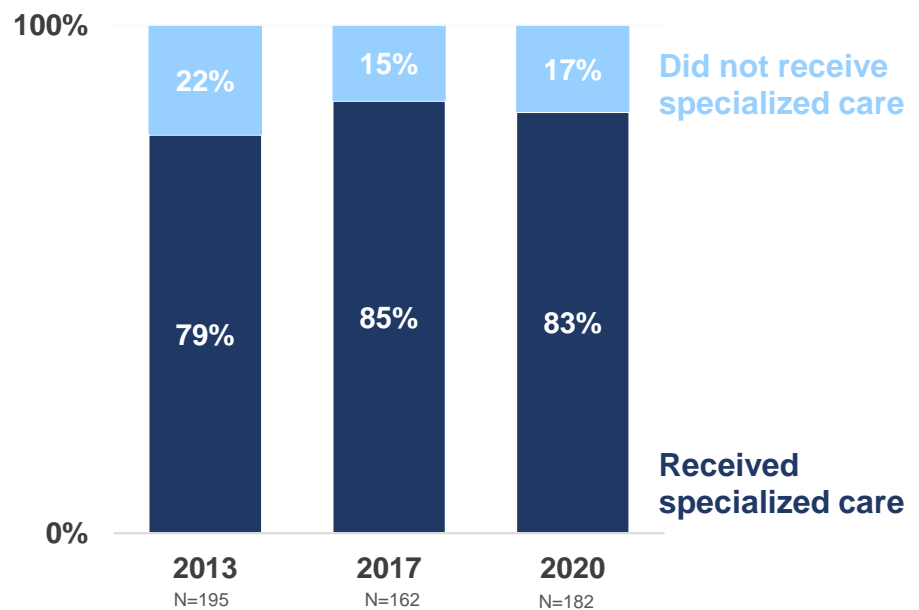
Other (N=16)



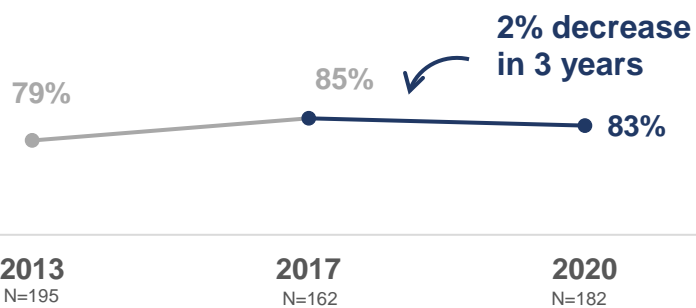
Specialty Care Services (Question 21)

Eighty-three percent of the respondents (n=151) indicated they or a household member had seen a healthcare specialist during the past three years, while 17% (n=31) indicated they had not. One respondent chose not to answer this question.

Most people saw a specialist in the past 3 years



Fewer people report they saw a specialist in the last three years



Location of Healthcare Specialist(s) (Question 22)

Of the 151 respondents who indicated they saw a healthcare specialist in the past three years, 89.4% (n=135) went to Billings. Columbus specialty services were utilized by 26.5% of respondents (n=40), and 9.9% went to an “Other” location than those listed. Respondents could select more than one location, so percentages do not equal 100%.

Location of Specialist	2013 %(n)	2017 %(n)	2020 %(n)	SIGNIFICANT CHANGE
Number of respondents	153	138	151	
Billings	94.8% (145)	89.9% (124)	89.4% (135)	<input type="checkbox"/>
Columbus	26.8% (41)	30.4% (42)	26.5% (40)	<input type="checkbox"/>
Laurel			2.6% (4)	<input type="checkbox"/>
Red Lodge	3.9% (6)	2.9% (4)	2.6% (4)	<input type="checkbox"/>
Absarokee	1.3% (2)	4.3% (6)	0.7% (1)	<input type="checkbox"/>
Big Timber			0% (0)	<input type="checkbox"/>
Other	9.2% (14)	6.5% (9)	9.9% (15)	<input type="checkbox"/>

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

“Other” comments included Bozeman, via video conference, VA, Missoula, out of state.

Type of Healthcare Specialist Seen (Question 23)

The respondents (n=151) saw a wide array of healthcare specialists in the past three years. The most frequently indicated specialist was “Dentist” with 39.1% of respondents (n=59) having utilized their services. “Dermatologist” was the second most utilized specialist at 27.8% (n=42), followed by “Orthopedic surgeon” at 27.2% (n=41). Respondents were asked to choose all that apply, so percentages do not equal 100%.

Type of Specialist(s) Seen	2013 %(n)	2017 %(n)	2020 %(n)	SIGNIFICANT CHANGE
Number of respondents	153	138	151	
Dentist	55.6% (85)	64.5% (89)	39.1% (59)	<input checked="" type="checkbox"/>
Dermatologist	28.8% (44)	36.2% (50)	27.8% (42)	<input type="checkbox"/>
Orthopedic surgeon	27.5% (42)	31.2% (43)	27.2% (41)	<input type="checkbox"/>
Optometrist			24.5% (37)	<input type="checkbox"/>
Cardiologist	24.8% (38)	20.3% (28)	22.5% (34)	<input type="checkbox"/>
OB/GYN	22.9% (35)	18.8% (26)	19.9% (30)	<input type="checkbox"/>
Physical therapist	22.2% (34)	30.4% (42)	19.9% (30)	<input type="checkbox"/>
Radiologist	11.8% (18)	18.1% (25)	16.6% (25)	<input type="checkbox"/>
Urologist	12.4% (19)	15.2% (21)	16.6% (25)	<input type="checkbox"/>
Chiropractor	26.1% (4)	21.7% (30)	15.2% (23)	<input type="checkbox"/>
Ophthalmologist			15.2% (23)	<input type="checkbox"/>
Gastroenterologist	13.1% (20)	13.8% (19)	13.2% (20)	<input type="checkbox"/>
Neurologist	14.4% (22)	16.7% (23)	11.3% (17)	<input type="checkbox"/>
Oncologist	6.5% (10)	6.5% (9)	11.3% (17)	<input type="checkbox"/>
General surgeon	13.7% (21)	11.6% (16)	9.9% (15)	<input type="checkbox"/>
ENT (ear/nose/throat)	9.2% (14)	10.9% (15)	8.6% (13)	<input type="checkbox"/>
Rheumatologist	3.9% (6)	5.1% (7)	7.9% (12)	<input type="checkbox"/>
Podiatrist	10.5% (16)	8.7% (12)	7.3% (11)	<input type="checkbox"/>
Neurosurgeon	2.6% (4)	8.7% (12)	6.6% (10)	<input type="checkbox"/>
Occupational therapist	4.6% (7)	5.8% (8)	6.6% (10)	<input type="checkbox"/>

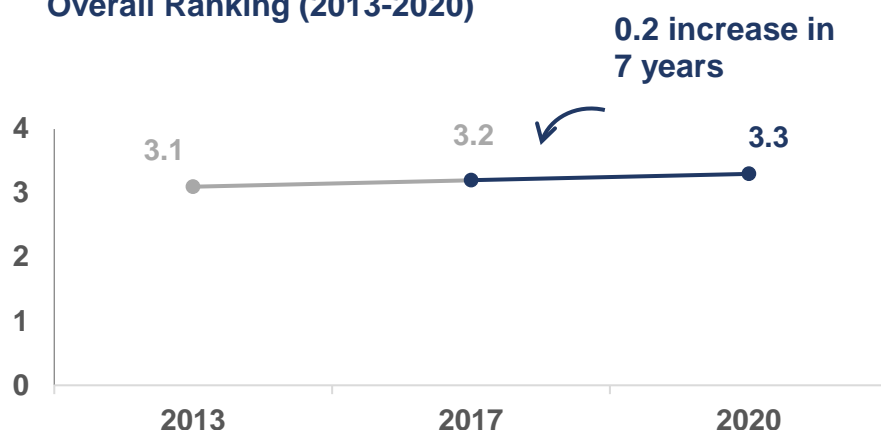
Audiologist			6.0% (9)	<input type="checkbox"/>
Pediatrician	11.1% (17)	7.2% (10)	5.3% (8)	<input type="checkbox"/>
Pulmonologist	7.2% (11)	13.8% (19)	5.3% (8)	<input checked="" type="checkbox"/>
Endocrinologist	6.5% (10)	3.6% (5)	4.0% (6)	<input type="checkbox"/>
Allergist/immunologist	9.2% (14)	5.8% (8)	4.0% (6)	<input type="checkbox"/>
Psychiatrist (M.D)	3.9% (6)	3.6% (5)	3.3% (5)	<input type="checkbox"/>
Dietician/Weight management	3.3% (5)	3.6% (5)	2.6% (4)	<input type="checkbox"/>
Mental health counselor	7.2% (11)	4.3% (6)	2.0% (3)	<input type="checkbox"/>
Psychologist	2.6% (4)	4.3% (6)	0.7% (1)	<input type="checkbox"/>
Social worker			0.7% (1)	<input type="checkbox"/>
Speech therapist	3.9% (6)	1.4% (2)	0.7% (1)	<input type="checkbox"/>
Cardiac rehabilitation			0.0% (0)	<input type="checkbox"/>
Geriatrician	2.0% (3)	0.7% (1)	0.0% (0)	<input type="checkbox"/>
Substance abuse counselor		0.0% (0)	0.0% (0)	<input type="checkbox"/>
Other	7.2% (11)	6.5% (9)	5.3% (8)	<input type="checkbox"/>

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

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

Respondents were asked to rate various services available at Stillwater Billings Clinic. Respondents were asked to rate the services using the scale of 4= Excellent, 3= Good, 2= Fair, 1=Poor and Haven't Used. The service(s) that received the highest score were ambulance services, therapy, and radiology services, which all received a 3.5 out of 4.0. Overall, the average rating on quality and availability of the health services listed was a 3.3 out of 4.0.

Overall Ranking (2013-2020)



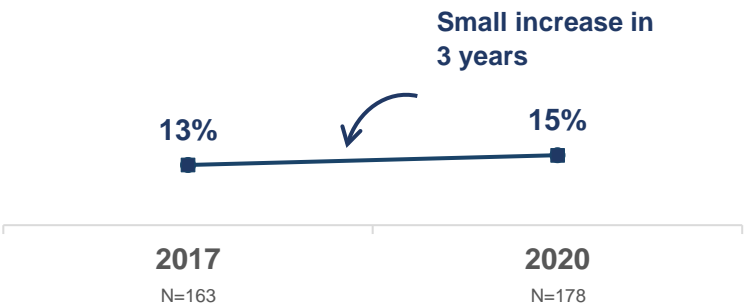
Quality of Care Rating	2013 Average(n)	2017 Average(n)	2020 Average(n)	SIGNIFICANT CHANGE
4 Point Scale: Poor = 1, Fair = 2, Good = 3, Excellent = 4				
Total number of respondents	207	174	183	
Ambulance services	3.1 (78)	3.4 (39)	3.5 (47)	■
Therapy (cardiac, physical, occupation, speech)	3.3 (66)	3.3 (57)	3.5 (65)	□
Radiology services (x-ray, ultrasound, CT scan, mammography)	3.4 (93)	3.3 (97)	3.5 (107)	□
Specialty Outreach Clinics	2.7 (25)	2.6 (18)	3.4 (26)	■
Laboratory	3.3 (111)	3.2 (103)	3.4 (118)	□
Clinic services	3.2 (125)	3.2 (120)	3.3 (154)	□
Emergency room	3.0 (107)	3.1 (98)	3.3 (114)	■
Endoscopy			3.3 (14)	□
Home health	3.0 (31)	2.7 (15)	3.3 (20)	□
Inpatient/hospital stay	2.7 (42)	2.9 (31)	3.3 (44)	■
Public health	2.9 (35)	2.6 (21)	3.2 (22)	□
Nutrition services			3.1 (25)	□
Outpatient infusion services			2.9 (8)	□
Overall average	3.1	3.2	3.3	■

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

Prevalence of Depression (Question 25)

Respondents were asked to indicate if there were periods of at least three consecutive months in the past three years where they felt depressed on most days. Fifteen percent of respondents (n=26) indicated they had experienced periods of depression, and 85% of respondents (n=152) indicated they had not. Five respondents chose not to answer this question.

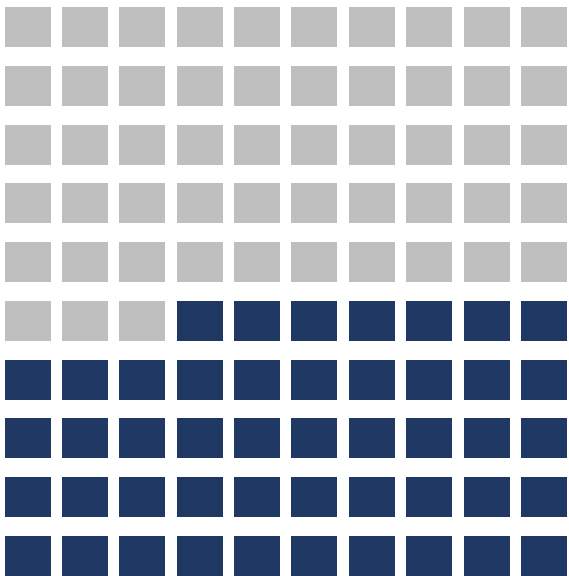
15% of 2020 respondents felt depressed on most days for 3 consecutive months



Social Isolation (Question 26)

Respondents were asked to indicate how often they felt lonely or isolated in the past year. Fifty-three percent of respondents (n=93) indicated they never felt lonely or isolated, 29% of respondents (n=51) indicated they occasionally felt lonely or isolated, and 5% (n=9) reported they felt lonely or isolated most days or every day. Six respondents chose not to answer this question.

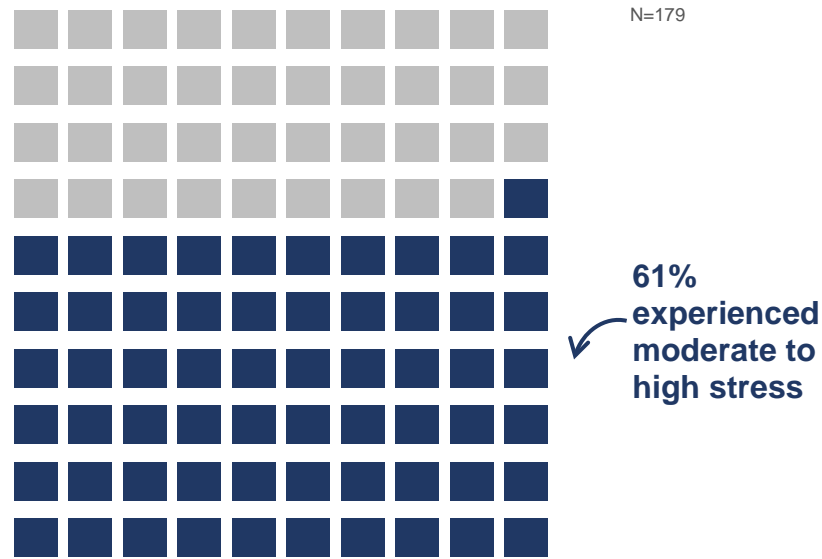
N=177



47% of respondents experienced loneliness or isolation

Perception of Stress (Question 27)

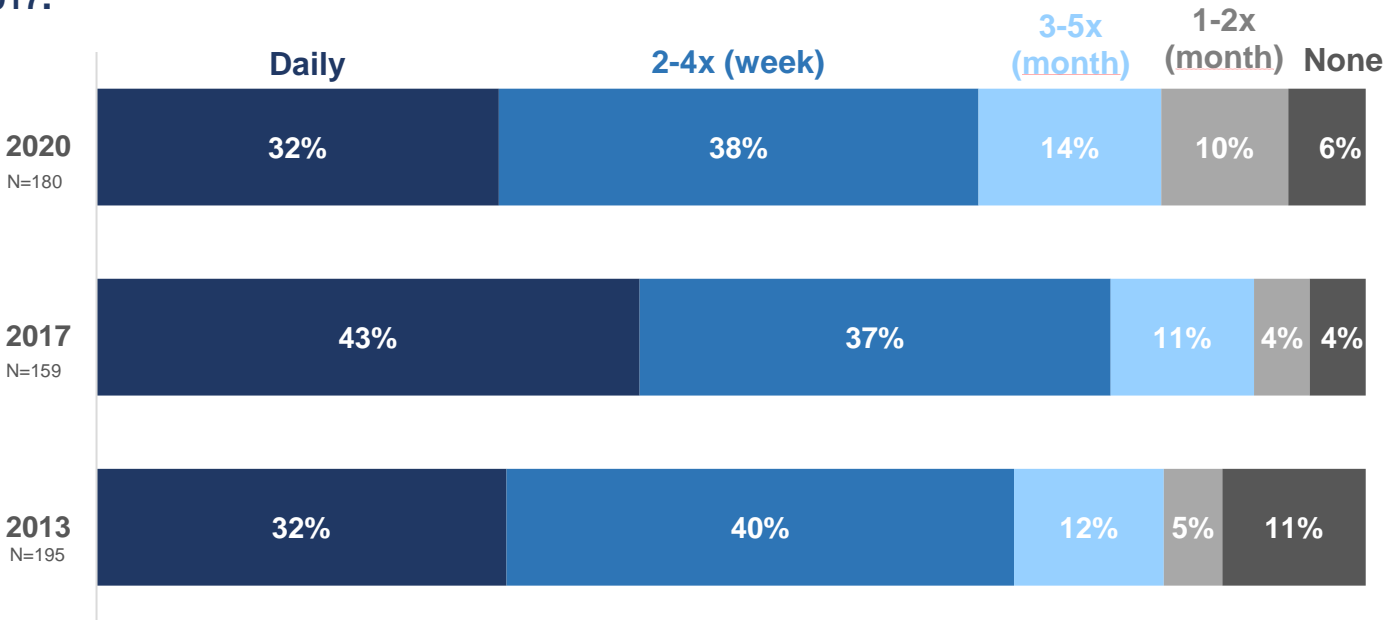
Respondents were asked to indicate how they would describe their stress level over the past year. Fifty-one percent of respondents (n=91) indicated they experienced a moderate level of stress, 38% (n=68) had a low level of stress, and 10% of respondents (n=17) indicated they had experienced a high level of stress. Four respondents chose not to answer this question.



Physical Activity (Question 28)

Respondents were asked to indicate how frequently they had physical activity for at least twenty minutes over the past month. Thirty-eight percent of respondents (n=68) indicated they had physical activity “2-4 times per week”, and 32% (n=57) indicated they had physical activity of at least twenty minutes “Daily”. Six percent of respondents (n=11) indicated they had “No physical activity”. Three respondents chose not to answer this question.

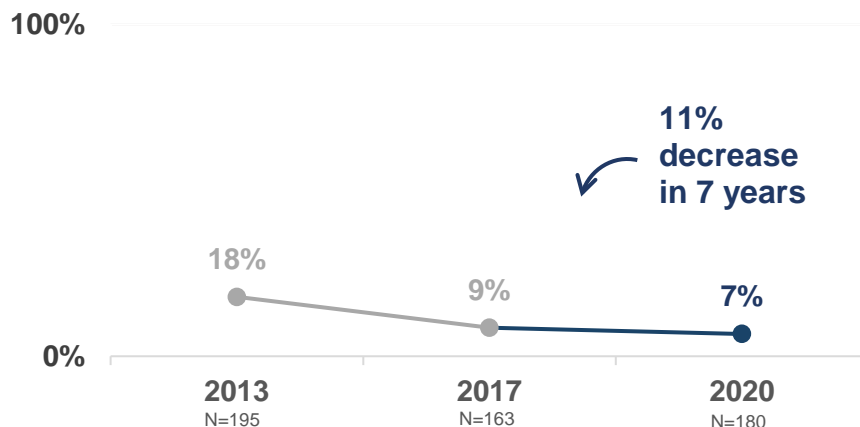
***Although the percentage of people who didn't exercise has improved since 2013, the percentage of people who exercise daily significantly decreased by 11% since 2017.**



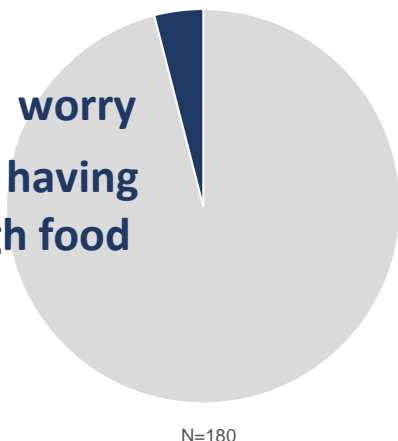
Cost and Prescription Medications (Question 29)

Respondents were asked to indicate if during the last year medication costs had prohibited them from getting a prescription or taking their medication regularly. Seven percent of respondents (n=12) indicated that in the last year cost had prohibited them from getting a prescription or taking their medication regularly. Ninety-three percent of respondents (n=108) indicated that cost had not prohibited them. Three respondents chose not to answer this question.

***Significantly fewer people report prescription cost prevented them from getting or taking medication regularly in 2020 as compared to 2013**



4% worry about having enough food



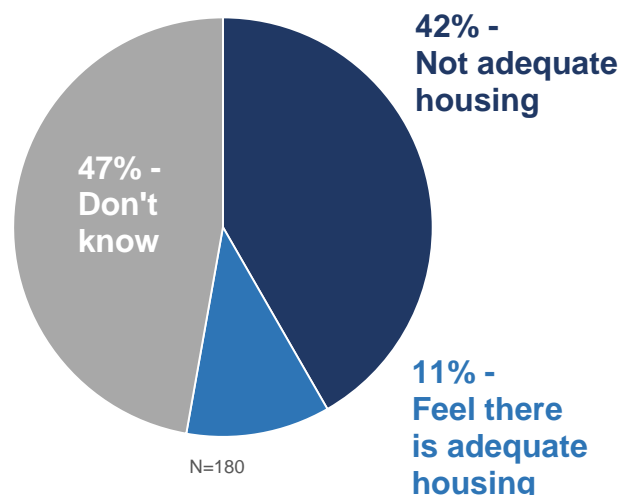
Food Insecurity (Question 30)

Respondents were asked to indicate if during the last year, they had worried that they would not have enough food to eat. The majority, 96% were not worried about having enough food to eat (n=173). Three respondents chose not to answer this question.

Housing (Question 31)

Respondents were asked to indicate if they felt the community has adequate and affordable housing options available. Forty-seven percent of respondents (n=85) indicated that they don't know if there are adequate and affordable housing options available in the community, 42% (n=75) felt there was not adequate housing, and 11% (n=20) indicated that there was.

Nearly half of respondents feel there is not adequate housing available in the community



Medical Insurance Type (Question 32)

Respondents were asked to indicate what type of medical insurance covers the majority of their medical expenses. Thirty-eight percent (n=69) indicated they have “Employer sponsored” coverage. Thirty-two percent (n=57) indicated they have “Medicare” coverage, and 13.3% (n=22) indicated they had insurance coverage “Other” than those options listed.

Type of Health Insurance	2013 %(n)	2017 %(n)	2020 %(n)	SIGNIFICANT CHANGE
Number of respondents	163	145	181	
Employer sponsored	47.2% (77)	45.5% (66)	38.1% (69)	■
Medicare	30.1% (49)	29.0% (42)	31.5% (57)	□
VA/military	2.5% (4)	5.5% (8)	4.4% (8)	□
Health Insurance Marketplace		6.9% (10)	3.9% (7)	□
Medicaid	0.6% (1)	1.4% (2)	3.3% (6)	□
Private insurance/private plan	9.2% (15)	6.9% (10)	3.3% (6)	■
None/pay out of pocket	0.0% (0)	2.1% (3)	1.7% (3)	□
Health Savings Account	0.6% (1)	0.7% (1)	0.6% (1)	□
Healthy MT Kids	4.3% (7)	0.7% (1)	0.0% (0)	□
Indian Health	0.0% (0)	0.0% (0)	0.0% (0)	□
State/other	3.1% (5)	1.4% (2)		□
Other	2.5% (4)	0.0% (0)	13.3% (24)	■
TOTAL	100% (163)	100% (145)	100% (181)	

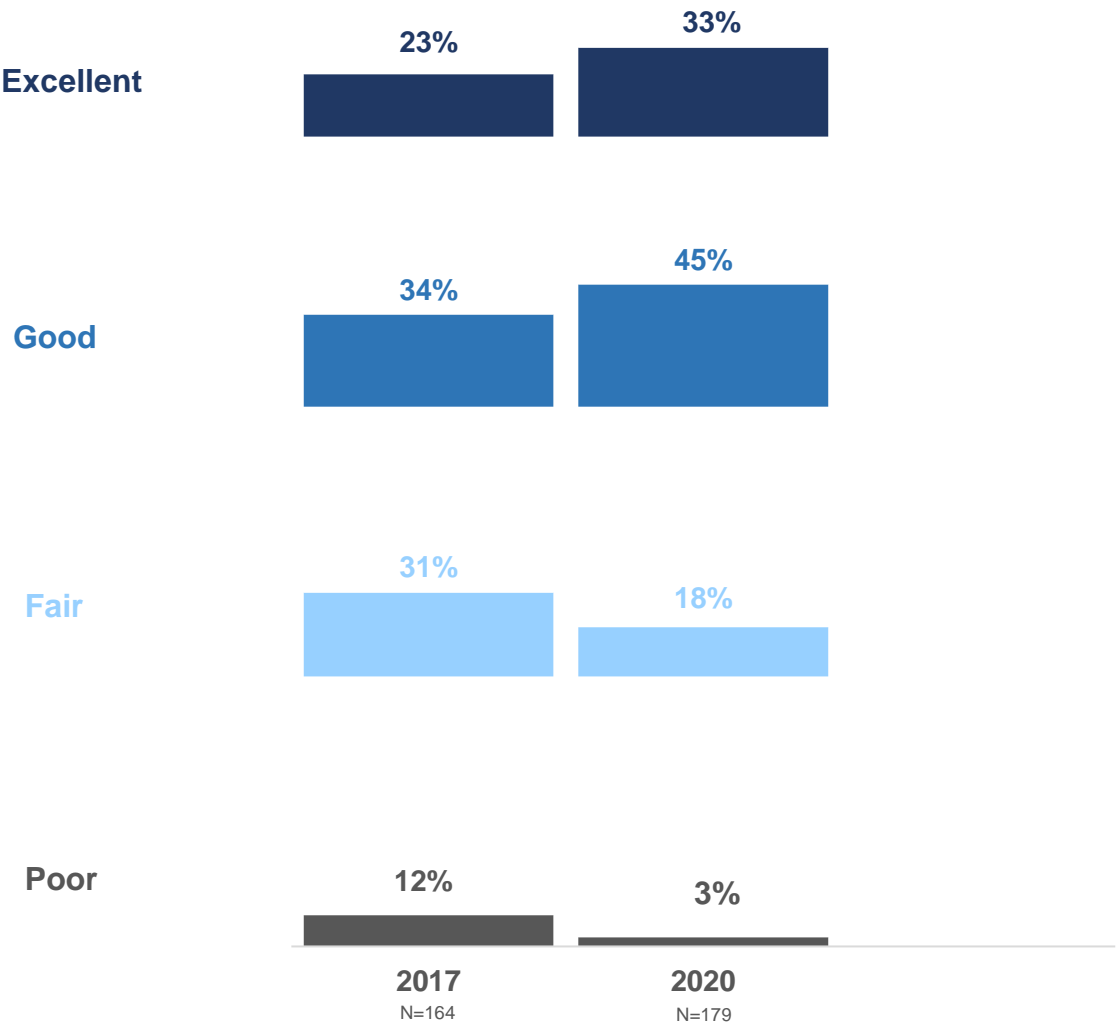
A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Grayed out cells indicate the question was not asked that year.

“Other” comments included Medicare & private insurance/private plan, Healthcare sharing ministry, Medicare & VA, Employer offered plan/Medicare.

Insurance and Healthcare Costs (Question 33)

Respondents were asked to indicate how well they felt their health insurance covers their healthcare costs. Forty-five percent of respondents (n=81) indicated they felt their insurance covers a “Good” amount of their healthcare costs. Thirty-three percent of respondents (n=59) indicated they felt their insurance was “Excellent”, and 18.4% of Respondents (n=33) indicated they felt their insurance was “Fair.”

***Significantly more people in 2020 feel that their health insurance offers excellent or good coverage.**



Barriers to Having Insurance (Question 34)

For those who indicated they did not have insurance (n=3), the reason selected for not having insurance was “Cannot afford to pay for medical insurance.” Respondents could select all that apply.

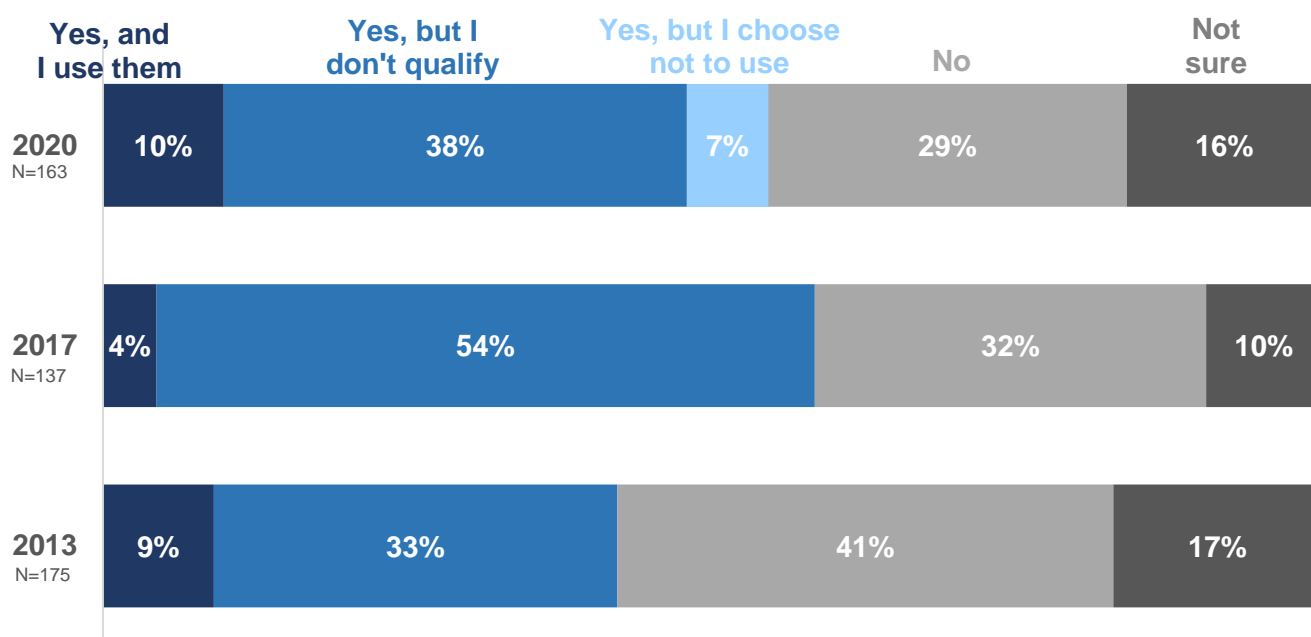
Reasons for No Health Insurance	2017 %(n)	2020 %(n)	SIGNIFICANT CHANGE
Number of respondents	3	3	
Can't afford to pay for medical insurance	100% (3)	100% (3)	<input type="checkbox"/>
Choose not to have medical insurance	0.0% (0)	33.3% (1)	<input type="checkbox"/>
Employer does not offer insurance	0.0% (0)	0.0% (0)	<input type="checkbox"/>
Too confusing/don't know how to apply		0.0% (0)	<input type="checkbox"/>
Other	0.0% (0)	0.0% (0)	<input type="checkbox"/>

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

Awareness of Health Cost Assistance Programs (Question 35)

Respondents were asked to indicate their awareness of programs that help people pay for healthcare bills. Thirty-eight percent of respondents (n=62) indicated they were aware of these types of programs but did not qualify to utilize them and 29% (n=48) indicated that they were not.

***In 2020, significantly more respondents were aware and utilized cost assistance programs.**





FOCUS GROUP RESULTS

Focus Group Interview Methodology

Two focus group interviews were conducted in February of 2020. Participants were identified as people living in Stillwater Billings Clinic's service area.

Twenty-six people participated in the focus group interviews. The focus groups were designed to represent various consumer groups of healthcare including senior citizens, local community members, and community leaders. The focus groups were held at Stillwater Billings Clinic and the Senior Center. The meetings lasted up to 90 minutes in length and followed the same line of questioning. Focus group interview transcripts can be found in Appendix I. Focus groups were facilitated by staff of the Montana Office of Rural Health.



Focus Group Themes

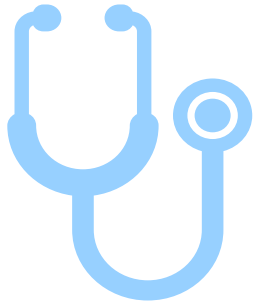
The following key findings, themes, and health needs emerged from the responses which participants gave to the line of questioning found in Appendix H.



Mental & Behavioral Health

Mental health services and resources were discussed as a need in the community. Specifically, counselling, recovery and co-dependency services. It was noted there are some counseling services available, but access becomes an issue as some insurance carriers are not accepted. Participants were thankful for the two counselors available at the hospital.

Participants discussed a need to better educate community on utilization of telemedicine mental health services.



ACCESS TO HEALTH CARE SERVICES

Generally, access to primary care services was perceived as good. However, it was noted, “Access becomes limited when you are looking to see a specific physician. It depends on the provider. One of our providers is about 10 days out.”

One gap in access identified was in regard to female providers. It was noted that not having a female provider may prevent some people accessing local care. Additionally, it was noted that people choose to travel out of town just to see a female provider.

Another reason discussed for why people leave town for services was related to specialty care. A desire for additional specialists providing care locally was mentioned, “It would be really great if we could get them here.” For those specialty service providers who do see patients at Stillwater Billings Clinic, access to see them can be difficult - “when specialists only come here once a month it may take 3 months to get in, so more regular visits would be nice.”

Finally, comments were made regarding a desire/need for additional marketing of available services.

HEALTH EDUCATION & FITNESS

Although some fitness opportunities exist, many participants felt the community would benefit from better access to year-round and more low/no cost options. Additionally, participants noted a need for a supervised location for area kids to play such as: basketball courts, tennis courts, classes during the summer, skate park, etc.

SERVICES NEEDED IN THE COMMUNITY

- More mental health resources
- Expanded specialty clinics at SBC
- Better access to primary care: provider availability, female provider
- Transportation
- Increased health outreach and fitness opportunities
- Affordable senior housing options





EXECUTIVE SUMMARY

Executive Summary

The table below shows a summary of results from the Stillwater Billings Clinic Community Health Assessment. Areas of opportunity were determined after consideration of various criteria including comparison to data from local, state and federal sources (Secondary data); survey results; those issues of greatest concern identified by the community stakeholders through focus groups; and the potential impact of a given issue. Those items in bold were found in multiple data sources.

Areas of Opportunity	Secondary Data	Survey	Focus Groups
Access to Healthcare Services			
Barriers to access			
<i>Provider availability in clinic</i>			<input checked="" type="checkbox"/>
<i>Female provider</i>		✓	<input checked="" type="checkbox"/>
<i>Specialty services</i>		✓	<input checked="" type="checkbox"/>
Awareness of available services		✓	<input checked="" type="checkbox"/>
Transportation		✓	<input checked="" type="checkbox"/>
Wellness and Prevention			
Physical activity			
<i>Access to recreational opportunities</i>		✓	<input checked="" type="checkbox"/>
<i>Youth physical activity-obesity</i>	⊗		<input checked="" type="checkbox"/>
<i>Overweight/obesity</i>		✓	
<i>Health education</i>		✓	<input checked="" type="checkbox"/>
Behavioral Health			
Mental health services/resources	⊗		<input checked="" type="checkbox"/>
Suicide rate	⊗		
Alcohol/drug abuse	⊗	✓	<input checked="" type="checkbox"/>
Stress management		✓	
Social isolation		✓	

Health Measures

Chronic Conditions

Rates of 2+ chronic conditions highest in MT frontier



Higher stroke hospitalization rate



Cancer



Mortality

Suicide rates



Unintentional injury death rate





NEXT STEPS & RESOURCES

Prioritization of Health Needs

The community steering committee, comprised of staff leaders from Stillwater Billings Clinic (SBC) and community members from Stillwater County, convened to begin an implementation planning process to systematically and thoughtfully respond to all issues and opportunities identified through the Community Health Services Development (CHSD) Process.

The community steering committee determined the most important health needs to be addressed by reviewing the CHNA, secondary data, community demographics, and input from representatives representing the broad interest of the community, including those with public health expertise (see Appendix B for additional information regarding input received from community representatives). The prioritized health needs as determined through the assessment process and which the collaborators will be addressing over the next three years relates to the following healthcare issues:

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

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.

Available Community Resources

In prioritizing the health needs of the community, the following list of potential community partners and resources in which to assist in addressing the needs identified in this report were identified. As the steering committee continues to meet, more resources will continue to be identified, therefore, this list is not exhaustive.

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

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

Evaluation of Previous CHNA & Implementation Plan

Stillwater Billings Clinic provided the Montana Office of Rural Health with an update on their Implementation Plan activities from their previous CHNA process. The SBC Board of Directors approved its previous implementation plan on August 28, 2017. The plan prioritized the following health issues:

- Awareness of services
- Transportation
- Health and wellness
- Mental Health
- Access to specialty services

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

<https://stillwaterbillingsclinic.com/>

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

	Activities	Accomplishments	Community Impact/Outcomes
Strategy 1.1: Explore opportunities to enhance SBC community engagement and partnership in community events.	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.).	Partnership with Columbus Public Schools and Abasarokee Public Schools with contract for sports medicine and advertising in schools starting the 2019 School year.	Increased awareness for services available to county residents. Increased community partnership within school systems. Increased care options for patients.
	Develop community outreach materials to market SBC services (i.e. information booth materials, giveaways for community events).	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 (Allevant, Occupational Health).	Increased the marketing of services throughout the county through these outreach organizations. Will continue to provide outreach which includes up to date information about services offered.

	Continue sponsorship of community dinners before Columbus football games and determine feasibility of expanding to include Absarokee and Park City.	Opportunities were not established in these areas. Will continue to work on sponsorship of activities within our coverage area.	
	Continue booster club participation to share information on current events and upcoming special events.	We continue to have sponsorship 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.	Continued support of local communities throughout participation within the Booster Clubs. This will be ongoing for the foreseeable future.
	Explore opportunity to host a health fair and health education with new community partners (i.e. Stillwater Mine).	We have met with community partners, on a yearly basis, 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 future years.	
	Develop and publish community 'patient experience' stories in local newspaper and through social media.	Patient experience story to air on news stations and local TV in August 2019 in the form of a commercial.	Increases awareness of our community efforts and shows that care is a short distance away.
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).	Facebook page continues to be up, running, and presenting information and campaigns. We anticipate the opening of an Instagram account by July 2020.	We have continued to use Facebook as the primary source of social media. This gets the word out about important information and provides an outlet for education resources as well. This has been instrumental in our COVID19 response and efforts.
	Designate staff to engage and be responsible for marketing and outreach.	Billings Clinic Marketing and Stillwater Billings Clinic marketing individuals identified and have key share in the outreach and marketing for the area.	We have hired a full time Marketing and Foundation Coordinator that is responsible for outreach and marketing.
	Determine feasibility of adding online clinic scheduling to website.	As of 6/1/2019, Dr. Cody White is the first provider that has online scheduling through Billingsclinic.com. We will work to add more and continue to expand the online services.	This has opened up opportunities to gain access. We will continue to work this into our practice and maintain the service and expand moving forward.

	Add current events scrolling banner to website.	Not Met	We did add a banner to the website regarding information related to the COVID19 update. As we just onboarded the Marketing Coordinator (2020), we will continue to work towards this in the future.
Strategy 1.3: Improve community knowledge of available health services in Stillwater County.	Research/catalogue community events, programs, resources and services in Stillwater County.	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.	We continue to monitor these and discuss them weekly.
	Develop community resource list of available resources and marketing campaign.	Community Resources were listed in the form of a magnet and provided throughout the County to all residents through local businesses – Fall 2019.	Provides a comprehensive place for individuals to find local services and places the information at their disposal in their own homes.
	Meet and partner with local schools to develop health and wellness resource page for students and families.	Not completed	
	Host and open house to showcase new equipment, physicians, telemedicine options, swing beds, Avera (e-emergency), and other SBC services /equipment/ improvements.	March 11, 2020 was the open house to commemorate the grand opening of the 3D Mammography machine.	Community response was very well with the open house as well as the reception for the new mammography service.

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

	Activities	Accomplishments	Community Impact/Outcomes
Strategy 2.1: Collaborate with community partners on transportation needs in Stillwater County.	Determine community stakeholder group working on transportation needs in Stillwater County.	Columbus Building Active Communities Coalition was formed 5/2018 and continues to meet monthly.	This brought together individuals throughout the community to be able to identify better safety mechanisms at a low to no cost.

	Convene stakeholder group to discuss and identify transportation needs and opportunities in the community.	Stakeholder group was devised and established in conjunction with Building Active Communities Institute.	We established and maintained a BACI group within our community. This was cancelled due to lack of continued BACI within the State in the fall of 2019.
	Research community models and best practices for transportation in communities of similar size.	Met with BACI and similar towns with the information provided at the Summit.	We established and maintained a BACI group within our community. This was cancelled due to lack of continued BACI within the State in the fall of 2019.
	Explore grant opportunities.	BACI Grant	This was applied for and our application was approved. The Columbus group attending the BACI Institute in 2018 and maintained a continued practice within the community.
	Develop patient transportation protocol for SBC staff if/when assisting patients.	Tanks of Care and Rests of Care program has been established to help meet the transportation needs of patients served at Stillwater Billings Clinic.	This program has reached various individuals within our community and continues to help those that have a demonstrated need.

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

	Activities	Accomplishments	Community Impact/Outcomes
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.	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.	This helps to identify areas that we can improve on to provide better recreation in the County.
	Convene Coalition to discuss resources and needs for potential projects.	Working with BACI, we continue to work as a suggestion committee back to the lawmakers in our area and have expanded for more options outside of the community of Columbus.	Messaging was heard. Trail organizations and the County are working on increased recreation spaces throughout the County.
	Explore developing a walking trail around hospital campus.	We have established a Wellness Committee that is in charge of the development of a walking trail around the hospital.	We are still actively working towards this with a plan for different development stages.

	Engage with MT BACI program to explore feasibility of BACI program in Stillwater County.	Columbus BACI team was formed in May 2018. Due to funding issues with the State level of the program, we were unable to continue in that regard, however, the stakeholders continue to voice their ideas with good reception.	Lawmakers and key stakeholder have been informed of ways to encourage recreation at little to no economic impact and work to incorporate simple changes into the city/county planning.
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Goal 4: Improve access to mental health services in Stillwater County.

	Activities	Accomplishments	Community Impact/Outcomes
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.	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.) 5/2019 BC implementation for Integrated Behavioral Health was initiated at Stillwater BC.	We continue to work towards Integrated Behavioral Health at Stillwater Billings Clinic. We will continue these efforts into the future as we recognize the ongoing need to have services.
	Determine staff responsible to deliver mental health education for staff and community.	Public health will be provided by Natasha Sailer, Stillwater Billings Clinic PCP staff for individualized patients, and local outreach to the 3 counselors has been established and provided.	Mental Health Education to staff and Community will be an ongoing priority. We have partnered with different agencies within the County to provide programs such as Mental Health First Aid that are well received.
	Develop suicide risk assessment protocol for all staff at Stillwater Billings Clinic.	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. Program implemented and in operation 10/1/2018.	This program monitors all hospital patients and ER patients that are in the facility for suicidal risk in a confidential manner. We continue to use this protocol and program.
	Adopt and modify education for community members as appropriate.	Ryan Leaf Community presentation, Natasha Sailer Suicide Prevention at Politics and Eggs. Will continue to promote activities and education on an ongoing basis.	All of the information provided will continue through various partners within our communities. This has increased our outreach availability and has helped to

		QPR training will be provided in the fall of 2018 for members of community and schools. 5/2019 Mental Health First Aid Training provided to community members.	educate about mental health opportunities.
	Meet with local schools to develop mental health, suicide risk, and substance abuse resource page for teachers and counselors.	Resources were provided and identified via the Mental Health First Aid class, where this information and data was shared as part of a collaboration.	Will continue to monitor and add to services available as they become available.

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

	Activities	Accomplishments	Community Impact/Outcomes
Strategy 5.1: Explore opportunities to expand specialty services at SBC.	Explore feasibility of offering dermatology and optometry visiting specialists.	Dermatology will be starting a tele-med program with outreach days available by 12/2018. Will continue to work on getting optometry specialists onsite. 2/2019 - OB/GYN services performed via outreach by Billings Clinic.	We have continued the dermatology as well as OB/GYN services on an outreach basis. This has increased our ability to provide expanded care to our residents.
	Explore feasibility of expanding telemedicine at SBC (i.e. tele-psychiatry).	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. During COVID 19, we have adapted our practice to include tele-health services with primary care.	We have continued to work with Billings Clinic main campus to provide alternative opportunities to traditional face-to-face visits. We will continue to grow this program as it develops.
	Create marketing campaign for new services and providers.	Billboard up on interstate that is updated yearly. Introduction to Cody White, DO was provided by marketing. Will continue to work with marketing for new service lines (Alevant) and any new providers. 5/2019 New Billboard sign up. 12/2019 New Billboard sign up.	We will continue with the marketing campaign for the hospital as a whole to encourage new education to our residents.



APPENDICES

Appendix A- Steering Committee

STEERING COMMITTEE MEMBER	ORGANIZATION AFFILIATION
DAVE RYERSE	CEO- Stillwater Billings Clinic (SBC)
NATASHA SAILER, RN	Public Health Nurse– Director Community Health
DURENE KOBER	Human Resources- SBC
TRACI OSBORNE	Community Member – Special Needs/Children’s Services
BARB OREDNICK	Director of Clinic – SBC, Resident – Park City
STEPHANIE PERDUE-WETMORE	Director of Therapy – SBC, Resident – Park City
JANE POMEROY, RN	Director of Nursing - SBC
PHYLLIS BROWN	Absarokee Resident
TASHA HAJEK, CNA	Community Health Worker - SBC
MARY CAMERON	Stillwater County Prevention Specialist – MHC Billings
LISA LINDAY	Registered Dietician
VALERIE CLYDE	Administration- SBC
EMILY LARKIN	Dietetic Intern- SBC
RANDY SMITH	Stillwater County Sheriff’s Office
JULE’ BRUURSEMA, RN	Cardiac Rehab- SBC, Resident- Reed Point
LISA LINDAY	Nutrition Services- SBC



Appendix B- Public Health & Populations Consultation

Public Health

- a. Name/Organization
Natasha Sailer, RN- Stillwater County Public Health, Director of Community Health; Jane Pomeroy, RN- Stillwater Billings Clinic DON; Lisa Linday, RD- Stillwater Billings Clinic
- b. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
Steering Committee December 11, 2019
- c. Input and Recommendations from Consultation
 - Lack of mental health services available to our community is a big issue that the community has blinders on towards.
 - Unsafe driving habits are always an issue. Especially with where we are in relation to the major highways.
 - The amount of people not wearing seatbelts stands out to me.
 - Texting and driving is high.
 - Suicide rate for our population is high. And dogs- I see so many people driving with dogs on their lap; I saw a dog on the steering wheel the other day. That cannot be safe.

Population: Low-Income, Under-Insured

- a. Name/Organization
Natasha Sailer, RN- Stillwater County Public Health, Director of Community Health; Phyllis Brown- Absarokee Resident;
- b. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
First Steering Committee Meeting: December 11, 2019
- c. Input and Recommendations from Consultation
 - Transportation is an issue. We were involved with the BACI program, but the funding ran out. We are trying to find transportation. 100% positive that it will show up on the survey.

Population: Seniors

a. Name/Organization

Natasha Sailer, RN- Stillwater County Public Health, Director of Community Health;
Stephanie Perdue-Wetmore, Director of Therapy, Stillwater Billings Clinic, Resident- Park City

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

First Steering Committee Meeting: December 11, 2019

c. Input and Recommendations from Consultation

- Outlying folks needing to get to appointments. Some do telemed, but it isn't always an option. We had one uber driver, but not any more
- Trying to find a support system for chemo folks to not only drive them but support them along the way.
- Those people doing chemo and dialysis have a huge barrier when it comes to transportation.
- Does American Cancer Society come to our community? I know that they do some transportation, but I don't know how far outside of Billings that they go. It would be worth looking into.

Population: Youth

a. Name/Organization

Natasha Sailer, RN- Stillwater County Public Health, Director of Community Health

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

First Steering Committee Meeting: December 11, 2019

c. Input and Recommendations from Consultation

- Youth risk behavior is eye opening.
- You could count 50-60% of those driving away from the middle school and/or high school that are texting and driving.
- There are a lot of children in our community that are learning about the internet from their friends. Big break down about how to talk to their parents. The parents didn't have the same access to phones, social media, etc. When kids are brining things up to their parents, they don't know how to response. They say, "You're okay, tough it out." See it a lot in the middle/high school population. Parent engagement to get them involved with these types of things to them. Parents need to reinforce. I think a lot of it has to do with the age gap.
- Surprising – carrying a weapon on school property. This includes pocketknives, which the school allows them to have. Don't know if that accurately reflects weapons being brought. We are in rural Montana, but it is strange.

Appendix C- Stillwater Co. Secondary Data

Socioeconomic Measures (%)	County	Montana	Nation
Median Income ¹	\$61,998	\$50,801	\$57,652
Unemployment Rate ¹	3.6%	4.8%	6.6%
Persons Below Poverty Level ¹	6.5%	14.4%	14.6%
Uninsured Adults (Age <65) ^{3,4}	9%	12%	10.7%
Uninsured Children (Age <18) ^{3,4}	5%	5%	5%
Children in Poverty ¹	8.7%	17.6%	20.3%
Enrolled in Medicaid ^{5,6}	4.8%	9.4%	1 in 7
Enrolled in Free/Reduced Lunch ⁷ <i>Pre-k through 12th grade</i>	364	62,951	-
SNAP Participants ⁷ <i>All ages, FY 2015</i>	549	118,704	-

¹ US Census Bureau (2015), ³ County Health Ranking, Robert Wood Johnson Foundation (2018), ⁴ Center for Disease Control and Prevention (CDC), Health Insurance (2014), ⁵ MT-DPHHS Medicaid Expansion Dashboard (2018), ⁶ Medicaid.gov (2018), ⁷ Montana Kids Count (2016)

Maternal Child Health	County	Montana
Births ⁸ <i>Between 2011-2013</i>	260	35,881
Born less than 37 weeks ⁸	N/A	9.1%
Teen Birth Rate (females age 15-19) ⁸ <i>Per 1,000 years 2009-2013</i>	N/A	32
Smoking during pregnancy ⁸	10.8%	16.3%
Receiving WIC ⁸	16.2%	34.6%
Children (2-5 years of age) overweight or obese ⁸	31.8%	27.9%
Childhood Immunization Up-To-Date (UTD) % Coverage ^{*9}	N/A	66.2%

⁸ County Health Profiles, DPPHS (2015), ⁹ MT-DPHHS Clinic Immunization Results (2017-2018)

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

Behavioral Health	County	Montana	Top U.S. Performers
Adult Smoking ³	13%	19%	14%
Excessive Drinking ³	20%	21%	13%
Adult Obesity ³	23%	25%	26%
Poor Mental Health Days (Past 30 days) ³	3.0	3.5	3.1
Physical Inactivity ³	18%	21%	20%
Intentional Self-Harm ED Visit Rate ¹⁰ <i>Per 100,000 population</i>	N/A	126.9	-
Mental Disorders Hospitalization Rate ¹⁰ <i>Per 100,000 population</i>	142.5	241.3	-
Drug Use Hospitalization Rate ¹⁰ <i>Per 100,000 population</i>	231.2	372.5	-

³ County Health Ranking, Robert Wood Johnson Foundation (2018), ¹⁰ IBIIS Community Snapshot, MT-DPPHS

Socioeconomic Measures (%)	County	Montana	Nation
Median Income ¹	\$61,998	\$50,801	\$57,652
Unemployment Rate ¹	3.6%	4.8%	6.6%
Persons Below Poverty Level ¹	6.5%	14.4%	14.6%
Uninsured Adults (Age <65) ^{3,4}	9%	12%	10.7%
Uninsured Children (Age <18) ^{3,4}	5%	5%	5%
Children in Poverty ¹	8.7%	17.6%	20.3%
Enrolled in Medicaid ^{5,6}	4.8%	9.4%	1 in 7
Enrolled in Free/Reduced Lunch ⁷ <i>Pre-k through 12th grade</i>	364	62,951	-
SNAP Participants ⁷ <i>All ages, FY 2015</i>	549	118,704	-

¹ US Census Bureau (2015), ³ County Health Ranking, Robert Wood Johnson Foundation (2018), ⁴ Center for Disease Control and Prevention (CDC), Health Insurance (2014), ⁵ MT-DPHHS Medicaid Expansion Dashboard (2018), ⁶ Medicaid.gov (2018), ⁷ Montana Kids Count (2016)

Maternal Child Health	County	Montana
Births ⁸ <i>Between 2011-2013</i>	260	35,881
Born less than 37 weeks ⁸	N/A	9.1%
Teen Birth Rate (females age 15-19) ⁸ <i>Per 1,000 years 2009-2013</i>	N/A	32
Smoking during pregnancy ⁸	10.8%	16.3%
Receiving WIC ⁸	16.2%	34.6%
Children (2-5 years of age) overweight or obese ⁸	31.8%	27.9%
Childhood Immunization Up-To-Date (UTD) % Coverage ^{*9}	N/A	66.2%

⁸ County Health Profiles, DPPHS (2015), ⁹ MT-DPHHS Clinic Immunization Results (2017-2018)

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

Behavioral Health	County	Montana	Top U.S. Performers
Adult Smoking ³	13%	19%	14%
Excessive Drinking ³	20%	21%	13%
Adult Obesity ³	23%	25%	26%
Poor Mental Health Days (Past 30 days) ³	3.0	3.5	3.1
Physical Inactivity ³	18%	21%	20%
Intentional Self-Harm ED Visit Rate ¹⁰ <i>Per 100,000 population</i>	N/A	126.9	-
Mental Disorders Hospitalization Rate ¹⁰ <i>Per 100,000 population</i>	142.5	241.3	-
Drug Use Hospitalization Rate ¹⁰ <i>Per 100,000 population</i>	231.2	372.5	-

³ County Health Ranking, Robert Wood Johnson Foundation (2018), ¹⁰ IBIS-Community Snapshot, MT-DPPHS

Unsafe Driving ¹¹	Montana	Nation
Do NOT wear seatbelts – Adults	28.8%	11.8%
Do NOT wear seatbelts – Students 9-12 th grade	25.3%	9.5%
Drink and Drive – Adults	2.7%	1.9%
Text and Drive – Students 9-12 th grade	54.6%	41.5%

¹¹ Montana State Health Assessment (2017)

Communicable Diseases (per 100,000 people) ⁸	County	Montana
Chlamydia	144.5	366.2
Hepatitis C	65.0	123
Pertussis	28.9	44.6

⁸ County Health Profiles, DPPHS (2015)

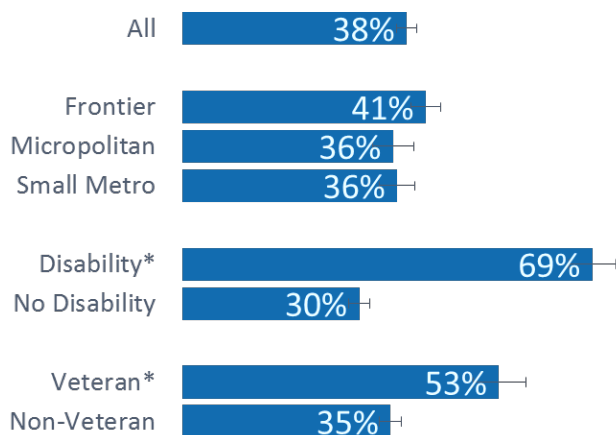
Chronic Conditions ¹⁰	County	Montana
Stroke Hospitalization Rate <i>Per 100,000 population</i>	179.4	152
Diabetes Hospitalization Rate <i>Per 100,000 population</i>	929.8	1058.9
COPD Emergency Department Visit Rate <i>Per 100,000 population</i>	429.1	669.9
Acute Myocardial Infarction (MI) Hospitalization Rate <i>Per 100,000 population</i>	99.0	118.1

¹⁰ IBIS Community Snapshot, MT- DPPHS

Montana Adults with Self-Reported Chronic Condition ¹¹	
1. Arthritis	26.8%
2. Asthma	8.9%
3. Cancer (includes skin cancer)	7.9%
3. Diabetes	7.9%
4. COPD	5.7%
5. Cardiovascular disease	3.2%
6. Stroke	2.7%
7. Kidney disease	2.5%

¹¹ Montana State Health Assessment (2017)

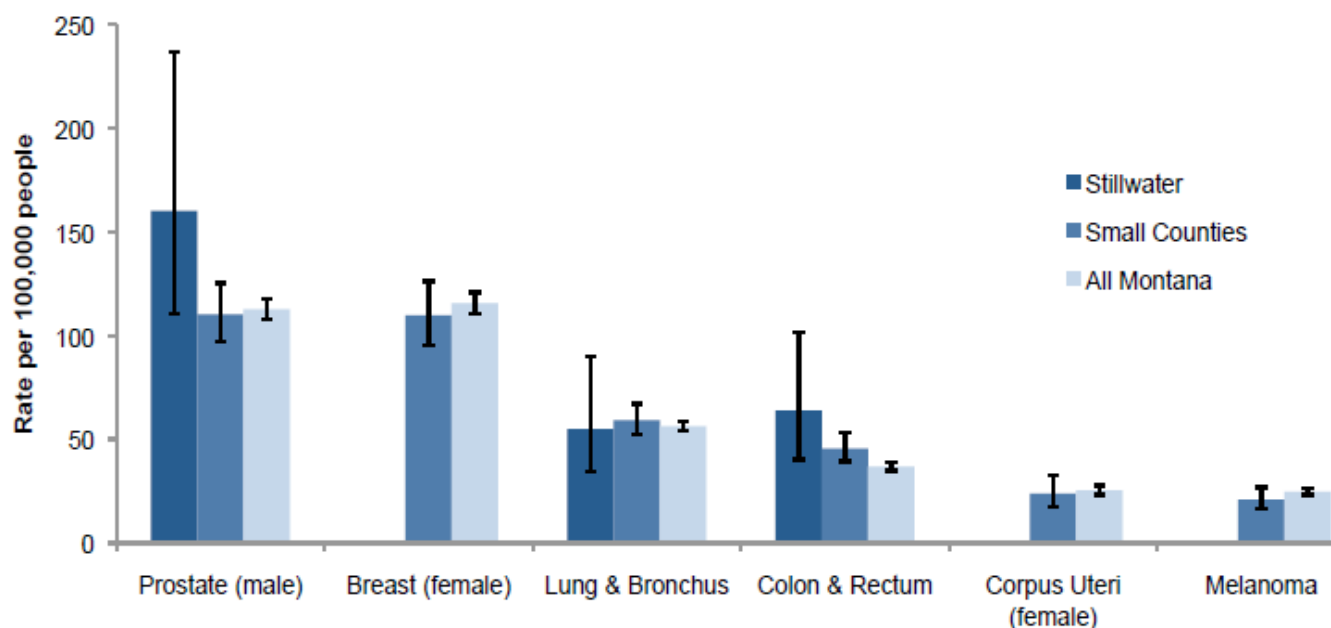
Percent of Montana Adults with Two or More Chronic Conditions



Cancer Prevalence	County	Montana	Nation
All Sites Cancer¹⁰ <i>Per 100,000 population</i>	538.1	441.6	444

¹⁰ IBIS Community Snapshot, MT- DPPHS

Age-Adjusted Cancer Incidence Rate by Cancer Site, Montana, 2011--2013



⁸ County Health Profiles, DPPHS (2015)

Mortality	County	Montana	Nation
Suicide Rate¹² <i>Per 100,000 population</i>	34.7	22.5	13.9
Veteran Suicide Rate¹² <i>Per 100,000 population</i>	-	65.7	38.4
Leading Causes of Death^{13, 14}	-	1. Heart Disease 2. Cancer 3. CLRD*	1. Heart Disease 2. Cancer 3. Unintentional injuries
Unintentional Injury Death Rate^{**15} <i>Per 100,000 population</i>	55.0	41.3	41.3
Diabetes Mellitus^{13, 16} <i>Per 100,000 population</i>	-	21.3	21.5
Alzheimer's Disease^{13, 17} <i>Per 100,000 population</i>	-	20.9	37.3
Pneumonia/Influenza Mortality^{13, 18} <i>Per 100,000 population</i>	-	13.5	14.3

¹² Suicide in Montana, MT-DPHHS (2018), ¹³ IBIS Mortality Query, MT- DPPHS, ¹⁴ Center for Disease Control and Prevention (CDC), National Vital Statistics (2014), ¹⁵ Preventable Deaths in Montana (2015), ¹⁶ Kaiser State Health Facts, National Diabetes Death Rate (2016), ¹⁷ Statista (2017), ¹⁸ Kaiser State Health Facts, National Pneumonia Death Rate (2017)

*Chronic Lower Respiratory Disease

**Unintentional Injury Death Rate - motor vehicle crashes, falls, poisonings, etc.)

Montana Health Disparities	White, non-Hispanic	American Indian/Alaska Native	Low Income*	Disability
Poor Mental Health Days¹⁹ <i>Past 30 days</i>	9.8	15.4	27.5	22.9
Poor Physical Health Days¹⁹ <i>Past 30 days</i>	11.4	16.5	26.7	32
Mean number of Unhealthy Days¹⁹ <i>Poor physical health days and poor mental health days combined in the past 30 days</i>	5.9	8.4	12.6	12.9
No Health Care Coverage¹⁹	11.5%	16.2%	18.7%	14.4%
No Personal Health Care Provider¹⁹	25.5%	34.9%	29.4%	16.6%
No Routine Checkup in the Past Year¹⁹	34.3%	36.1%	38.6%	27.1%
No Leisure Time for Physical Activity¹⁹ <i>In the past 30 days</i>	19.3%	25.6%	33%	33.6%
Obese¹⁹ (BMI ≥ 30.0)	25.2%	31.6%	31.2%	34.4%
Tobacco Use - Current Smokers¹⁹	16.6%	38.2%	35.7%	26.2%
Does Not Always Wear a Seat Belt¹⁹	25.2%	31.2%	30.6%	27.3%

¹⁹ Behavioral Risk Factor Surveillance System (2016)

*Annual household income < \$15,000

Montana Youth (9 th -12 th grade)	White, non-Hispanic	American Indian/Alaska Native
Felt Sad or Hopeless²⁰ <i>Almost every day for two weeks or more in a row, during the past 12 months</i>	29.3%	42.6%
Attempted Suicide²⁰ <i>During the past 12 months</i>	8%	18.3%
Lifetime Cigarette Use²⁰ <i>Students that have ever tried smoking</i>	30.5%	57.8%
Lifetime Alcohol Use²⁰ <i>Students that have had at least one drink of alcohol on one or more days during their life</i>	68.7%	61.4%
Lifetime Marijuana Use²⁰ <i>Students that have used marijuana one or more times during their life</i>	32.6%	54.3%
Texting and Driving²⁰ <i>Among students who drove a car in the past 30 days</i>	55.5%	47.2%
Carried a Weapon on School Property²⁰ <i>In the last 30 days</i>	6.4%	8.4%

²⁰ Montana Youth Risk Behavior Survey (2017)

Appendix D- Survey Cover Letter

January 17, 2020



Dear [LASTNAME] household:

Participate in our Community Health Needs Assessment survey for a chance to
WIN one (1) \$50 Visa gift card or one of three (3) \$25 Visa gift cards!

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

Your name has been randomly selected as a resident who lives in the SBC service area. The survey covers topics such as: use of health care services, awareness of services, community health, health insurance and demographics. We know your time is valuable, so we have made an effort to keep the survey to about 15 minutes. Participating in this survey is completely voluntary and your identity and answers will remain confidential.

1. Due date to complete survey: February 21, 2020
2. Complete the enclosed survey and return it in the envelope provided - no stamp needed.
3. You can also access the survey at <http://helpslab.montana.edu/survey.html>. Select "Stillwater Billings Clinic Survey." Your access code is [CODED]
4. The winners of the \$50 or \$25 Visa gift cards will be contacted the week of February 24th.

All survey responses will go to HELPS Lab at Montana State University in Bozeman, Montana, the organization that is assisting MORH with this project. If you have any questions about the survey, please call 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 dark ink that reads "David Ryerse".

David Ryerse, CEO

Appendix E- Survey Instrument

Community Health Services Development Survey Columbus, Montana

INSTRUCTIONS: Please complete this survey by marking the appropriate boxes and then return it in the enclosed postage-paid envelope. If you need assistance, please contact the Montana Office of Rural Health at 406-994-6001. Participation is voluntary, and your responses will remain confidential. You can choose not to answer any question and can stop at any time.

1. How would you rate the general health of our community?

- ☐ Very healthy ☐ Healthy ☐ Somewhat healthy ☐ Unhealthy ☐ Very unhealthy

2. In the following list, what do you think are the three most serious health concerns in our community? (Select ONLY 3)

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

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

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

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

- ☐ Excellent ☐ Good ☐ Fair ☐ Poor

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

- | | | |
|---|--|---|
| <input type="checkbox"/> Stillwater County News | <input type="checkbox"/> Mailings/newsletter | <input type="checkbox"/> Senior Center |
| <input type="checkbox"/> Billboards/posters | <input type="checkbox"/> Presentations | <input type="checkbox"/> Website/internet |
| <input type="checkbox"/> Social media | <input type="checkbox"/> Public Health nurse | <input type="checkbox"/> Word of mouth/reputation |
| <input type="checkbox"/> Friends/family | <input type="checkbox"/> Radio | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Healthcare provider | <input type="checkbox"/> Schools | |

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

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

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

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

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

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

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

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

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

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

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

- | | | |
|---|---|---|
| <input type="checkbox"/> Blood pressure check | <input type="checkbox"/> Flu shot | <input type="checkbox"/> Pap smear |
| <input type="checkbox"/> Children's checkup/Well baby | <input type="checkbox"/> Health checkup | <input type="checkbox"/> Prostate (PSA) |
| <input type="checkbox"/> Cholesterol check | <input type="checkbox"/> Immunizations | <input type="checkbox"/> None |
| <input type="checkbox"/> Colonoscopy | <input type="checkbox"/> Mammography | <input type="checkbox"/> Other: _____ |

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

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

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

- ☐ Yes ☐ No (If no, skip to question 15)

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

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

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

- ☐ Yes ☐ No (If no, skip to question 18)

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

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

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

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

18. In the past three years, has anyone in your household received care in a hospital? (i.e. hospitalized overnight, day surgery, obstetrical care, rehabilitation, radiology or emergency care)

- ☐ Yes ☐ No (If no, skip to question 21)

19. If yes, which hospital does your household use MOST for hospital care? (Select ONLY 1)

- ☐ Stillwater Billings Clinic- Columbus ☐ Beartooth Billings Clinic- Red Lodge
☐ St. Vincent Healthcare- Billings ☐ Pioneer Medical Center- Big Timber
☐ Billings Clinic - Billings ☐ Other: _____

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

- | | | |
|--|--|--|
| <input type="checkbox"/> Closest to home | <input type="checkbox"/> Hospital's reputation for quality | <input type="checkbox"/> Referred by physician or other provider |
| <input type="checkbox"/> Closest to work | <input type="checkbox"/> Prior experience with hospital | <input type="checkbox"/> Required by insurance plan |
| <input type="checkbox"/> Cost of care | <input type="checkbox"/> Privacy/confidentiality | <input type="checkbox"/> VA/Military requirement |
| <input type="checkbox"/> Emergency, no choice | <input type="checkbox"/> Quality of staff | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Financial assistance programs | <input type="checkbox"/> Recommended by family or friends | |

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

- ☐ Yes ☐ No (If no, skip to question 24)

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

- ☐ Absarokee ☐ Billings ☐ Laurel ☐ Other: _____
☐ Big Timber ☐ Columbus ☐ Red Lodge

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

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

24. The following services are available through Stillwater Billings Clinic. Please rate the overall quality for each service by circling your answer. (Please circle N/A if you have not used the service)

	Excellent	Good	Fair	Poor	Haven't used	Don't Know
Ambulance services	4	3	2	1	N/A	DK
Clinic services	4	3	2	1	N/A	DK
Emergency room	4	3	2	1	N/A	DK
Endoscopy	4	3	2	1	N/A	DK
Home health	4	3	2	1	N/A	DK
Inpatient/hospital stay	4	3	2	1	N/A	DK
Laboratory	4	3	2	1	N/A	DK
Nutrition services	4	3	2	1	N/A	DK
Outpatient infusion services	4	3	2	1	N/A	DK
Public health	4	3	2	1	N/A	DK
Radiology services (x-ray, ultrasound, CT scan, mammography)	4	3	2	1	N/A	DK
Specialty outreach clinics	4	3	2	1	N/A	DK
Therapy (cardiac, physical, occupational, speech)	4	3	2	1	N/A	DK

25. In the past three years, have there been periods of at least three consecutive months where you felt depressed on most days? ☐ Yes ☐ No

26. In the past year, how often have you felt lonely or isolated?

- ☐ Everyday ☐ Sometimes (3-5 days per month) ☐ Never
☐ Most days (3-5 days per week) ☐ Occasionally (1-2 days per month)

27. Thinking over the past year, how would you describe your stress level?

- ☐ High ☐ Moderate ☐ Low ☐ Unsure/rather not say

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

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

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

- ☐ Yes ☐ No

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

- ☐ Yes ☐ No

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

- ☐ Yes ☐ No ☐ Don't know

Turn to BACK of page to continue

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

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

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

- ☐ Excellent ☐ Good ☐ Fair ☐ Poor

34. If you do NOT have health insurance, why? (Select ALL that apply)

- | | |
|--|--|
| <input type="checkbox"/> Can't afford to pay for medical insurance | <input type="checkbox"/> Too confusing/don't know how to apply |
| <input type="checkbox"/> Employer does not offer insurance | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Choose not to have medical insurance | |

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

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

Demographics

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

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

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

37. What is your gender?

- ☐ Male ☐ Female ☐ Other

38. What age range represents you?

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

39. What is your employment status?

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

[CODED]

Please return in the postage-paid envelope enclosed with this survey or mail to:

HELPS Lab
Montana State University
PO Box 172245
Bozeman, MT 59717

THANK YOU VERY MUCH FOR YOUR TIME
Please note that all information will remain confidential

Appendix F- Cross Tabulation Analysis

Knowledge Rating of Stillwater Billings Clinic Services by How Respondents Learn About Healthcare Services

	Excellent	Good	Fair	Poor	Total
Word of mouth/reputation	19.7% (23)	53.0% (62)	22.2% (26)	5.1% (6)	117
Healthcare provider	25.5% (26)	63.7% (65)	9.8% (10)	1.0% (1)	102
Friends/family	15.2% (15)	59.6% (59)	23.2% (23)	2.0% (2)	99
Stillwater County News	20.0% (13)	67.7% (44)	10.8% (7)	1.5% (1)	65
Website/internet	25.6% (11)	48.8% (21)	20.9% (9)	4.7% (2)	43
Social media	12.5% (5)	65.0% (26)	22.5% (9)		40
Senior Center	33.3% (9)	40.7% (11)	25.9% (7)		27
Mailings/newsletter	13.0% (3)	73.9% (17)	8.7% (2)	4.3% (1)	23
Billboards/posters	26.7% (4)	73.3% (11)			15
Radio	10.0% (1)	60.0% (6)	30.0% (3)		10
Public Health Nurse	50.0% (4)	50.0% (4)			8
Presentations	33.3% (2)	50.0% (3)	16.7% (1)		6
Schools	66.7% (4)	16.7% (1)	16.7% (1)		6
Other	27.3% (3)	63.6% (7)	9.1% (1)		11

Delay or Did Not Get Need Healthcare Services by Residence

	Yes	No	Total
Columbus 59019	26.4% (28)	73.6% (78)	106
Reed Point 59069	35.3% (6)	64.7% (11)	17
Absarokee 59001	31.6% (6)	68.4% (13)	19
Park City 59063	11.1% (1)	88.9% (8)	9
Fishtail 59028	33.3% (2)	66.7% (4)	6
Nye/Dean 59061	20.0% (1)	80.0% (4)	5
Rapelje 59067		100.0% (4)	4
Other	42.9% (3)	57.1% (4)	7
TOTAL	47	126	176

Location of primary care provider most utilized by Residence

	Stillwater Billings Clinic Columbus	Billings Clinic Billings	St. Vincent Healthcare Billings	St. Vincent Healthcare Laurel	St. Vincent Healthcare Absarokee	Pioneer Medical Center Big Timber	Other	Total
Columbus 59019	61.9% (65)	9.5% (10)	5.7% (6)	1.0% (1)	1.0% (1)		21.0% (22)	105
Absarokee 59001	45.0% (9)	15.0% (3)	10.0% (2)	5.0% (1)	10.0% (2)		15.0% (3)	20
Reed Point 59069	64.7% (11)	17.6% (3)			5.9% (1)	5.9% (1)	5.9% (1)	17
Park City 59063	12.5% (1)	12.5% (1)	12.5% (1)	37.5% (3)			25.0% (2)	8
Fishtail 59028	100% (7)							7
Nye/Dean 59061	20.0% (1)	20.0% (1)			20.0% (1)		40.0% (2)	5
Rapelje 59067		25.0% (1)	25.0% (1)	25.0% (1)			25.0% (1)	4
Molt 59057								0
Other	14.3% (1)	14.3% (1)	28.6% (2)			42.9% (3)		7
TOTAL	54.9% (95)	11.6% (20)	6.9% (12)	3.5% (6)	2.9% (5)	2.3% (4)	17.9% (31)	173

*Clinic locations and variables with no responses were removed from the table.

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

	Stillwater Billings Clinic	Billings Clinic	St. Vincent Healthcare Billings	St. Vincent Healthcare Laurel	St. Vincent Healthcare Absarokee	Pioneer Medical Center	Other	Total
Closest to home	71.4% (70)	4.1% (4)	1.0% (1)	3.1% (3)	1.0% (1)	2.0% (2)	17.3% (17)	98
Prior experience with clinic	62.5% (50)	10.0% (8)	5.0% (4)	2.5% (2)	2.5% (2)	1.3% (1)	16.3% (13)	80
Clinic/provider's reputation for quality	57.1% (40)	14.3% (10)	2.9% (2)	2.9% (2)	2.9% (2)		20.0% (14)	70
Appointment availability	74.5% (38)	9.8% (5)	2.0% (1)	5.9% (3)			7.8% (4)	51
Recommended by family or friends	50.0% (17)	20.6% (7)	5.9% (2)	2.9% (1)	2.9% (1)		17.6% (6)	34
Length of waiting room time	64.7% (11)	11.8% (2)		5.9% (1)			17.6% (3)	17
Referred by physician or other provider	17.6% (3)	29.4% (5)	17.6% (3)				35.3% (6)	17
Privacy/confidentiality	69.2% (9)	15.4% (2)	7.7% (1)				7.7% (1)	13
Required by insurance plan/ in-network provider	53.8% (7)		30.8% (4)				15.4% (2)	13
Closest to work	72.7% (8)			18.2% (2)			9.1% (1)	11
VA/Military requirement	33.3% (2)						66.7% (4)	6
Cost of care	25.0% (1)		25.0% (1)				50.0% (2)	4
Other	41.2% (7)	11.8% (2)	17.6% (3)	5.9% (1)		5.9% (1)	17.6% (3)	17
TOTAL	96	20	12	6	5	4	31	174

*Clinic locations and variables with no responses were removed from the table.

Location of most utilized hospital by Residence

	Billings Clinic Billings	Stillwater Billings Clinic Columbus	St. Vincent Healthcare Billings	Other	Total
Columbus 59019	45.6% (36)	24.1% (19)	19.0% (15)	11.4% (9)	79
Reed Point 59069	38.5% (5)	46.2% (6)	7.7% (1)	7.7% (1)	13
Absarokee 59001	45.5% (5)	45.5% (5)	9.1% (1)		11
Park City 59063	33.3% (2)	16.7% (1)	33.3% (2)	16.7% (1)	6
Fishtail 59028	20.0% (1)	60.0% (3)	20.0% (1)		5
Nye/Dean 59061	60.0% (3)		40.0% (2)		5
Rapelje 59067	50.0% (1)		50.0% (1)		2
Other	25.0% (1)	25.0% (1)	50.0% (2)		4
TOTAL	54	35	25	11	125

*Hospital locations and variables with no responses were removed from the table.

Location of most utilized hospital by Reasons for hospital selection

	Billings Clinic Billings	Stillwater Billings Clinic Columbus	St. Vincent Healthcare Billings	Other	Total
Prior experience with hospital	49.1% (26)	24.5% (13)	20.8% (11)	5.7% (3)	53
Referred by physician or other provider	50.0% (24)	18.8% (9)	25.0% (12)	6.3% (3)	48
Hospital's reputation for quality	54.8% (23)	14.3% (6)	23.8% (10)	7.1% (3)	42
Closest to home	10.0% (4)	77.5% (31)	5.0% (2)	7.5% (3)	40
Quality of staff	40.0% (14)	34.3% (12)	20.0% (7)	5.7% (2)	35
Emergency, no choice	21.1% (4)	57.9% (11)	5.3% (1)	15.8% (3)	19
Required by insurance plan	66.7% (12)	5.6% (1)	16.7% (3)	11.1% (2)	18
Recommended by family or friends	40.0% (4)	20.0% (2)	30.0% (3)	10.0% (1)	10
Cost of care	25.0% (1)		50.0% (2)	25.0% (1)	4
VA/Military requirement	25.0% (1)	25.0% (1)	25.0% (1)	25.0% (1)	4
Financial assistance programs			50.0% (1)	50.0% (1)	2
Closest to work		100% (1)			1
Privacy/confidentiality					0
Other	62.5% (10)	6.3% (1)	12.5% (2)	18.8% (3)	16
TOTAL	54	35	25	11	125

*Hospital locations and variables with no responses were removed from the table.

Appendix G- Responses to Other & Comments

2. In the following list, what do you think are the three most serious health concerns in our community?

- Emergency accidents
- Aging
- Drugs/drug abuse (3)
- People do not know how valued they are by God. Many problems stem from that

5. How do you learn about the health services available in our community?

- Personal research
- Employer
- Employees of clinic
- Pharmacy
- Past board member
- Visited Stillwater hospital
- By being hospitalized for 50 days
- Personal experience
- Workplace
- Online/website

6. Which community health resources, other than the hospital or clinic, have you used in the last three years?

- Physical therapy
- Eye doctor
- None (4)
- I had a stroke in Oct.
- Cancer Drs.
- Natural Medicine
- Optometrist
- Chiropractor, Therapeutic massage
- Massage therapy
- Chiropractic
- Public Health - Riverstone
- Dentist? Not in Columbus though

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

- Columbus is only good for a Band-Aid. So, doctors that really care about and really listen to the patient is extremely important.
- Already doing a great/good job (3)

- Making sure staff is HIPAA compliant
- Natural Medicine/Homeopathy
- lower cost; way less expensive to be treated in Billings
- Local eye Dr.
- Lower medical costs
- Female provider (4)
- Better pricing
- Single payer health care system
- Affordable health ins. with less deductibles
- Access, 3 week wait is a long time for an appointment
- More primary care providers; Doctors, not PA
- Dental and eye care

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

- None (3)
- Multiple sclerosis
- Indoor pool and recreation center
- Yoga

9. What additional healthcare services would you use if available locally?

- None (4)
- Park City! :)
- Enough already
- Planned Parenthood
- Counseling
- Adult Daycare
- Kids summer programs
- Lunch & learn
- Yoga classes
- Probably being involved in health care decisions when my husband is in the hospital
- I don't consider these four as healthcare

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

- N/A (4)
- No (3)
- None right now (3)
- Utility assistance
- Eye dr. appointment(s)

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

- Blood draws
- Allergy shots
- Welcome to Medicare labs etc.
- Endocrine

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

- Didn't know *IF* insurance would cover charges
- Dr.'s at hospital told us child didn't need emergency surgery, then took to Billings and child went straight to surgery
- Wasn't ill
- Only PA, not Dr; had to wait to see Dr per my choice
- No eye dr. in town. Not sure of reliability of my car; has 100,000 plus miles on odometer.
- Could not get an appointment, my insurance didn't cover it, office wasn't open when I could go, too long to wait for an appointment
- Qualified provider not available - in Columbus; 2 former providers retired and I haven't made new connections

16. Where was that primary healthcare provider located?

- Stillwater Billings Clinic-Columbus and Billings Clinic-Billings (15)
- Billings Clinic-Billings and St. Vincent Healthcare-Laurel
- Stillwater Billing Clinic-Columbus and St. Vincent's Absarokee
- Billings Clinic - Billings, St. Vincent Healthcare - Billings
- Stillwater Billings Clinic - Columbus, Billings Clinic - Billings, Pioneer Medical Center - Big Timber
- VA (2)
- St. Vincent Healthcare - Billings, St. Vincent Healthcare - Laurel
- Stillwater Billings Clinic - Columbus, Beartooth Billings Clinic - Red Lodge, Billings Clinic - Billings, St. Vincent Healthcare - Billings
- Stillwater Billings Clinic - Columbus, Ortho - Montana
- Stillwater Billings Clinic - Columbus, Billings Clinic - Billings, St. Vincent's - Absarokee
- Billings Clinic - Billings, VA Billings
- Fuller Billings
- St. Vincent Healthcare - Billings, Children's Clinic - Billings
- Billings Clinic West End
- Out of state
- Billings Clinic - Billings, St. Vincent's - Absarokee, St. Vincent Healthcare - Billings

17. Why did you select the primary care provider you are currently seeing?

- My Dr.
- Dr. White
- Comfort w/ provider
- Cancer Treatment
- Long term plans
- I work w/ him
- No prenatal/maternity care in Columbus, No pediatrician
- Been patient for years (2)
- Been w/ pediatrician since I was a child
- Employed there
- Affordability and specialist at planned parenthood
- I like him!
- Like services in Billings over Stillwater
- My primary care dr. no longer works there in Stillwater Clinic; prefer a female Dr
- Because that's where I wanted to go.
- Been PCP [Primary Care Provider] for 20 years

19. Which hospital does your household use MOST for hospital care?

- I prefer St. Vincent but my surgery was at Billings clinic
- St. Vincent Healthcare - Billings, Billings Clinic - Billings
- VA
- Ortho Montana
- Stillwater Billings Clinic - Columbus, Billings Clinic – Billings (5)
- Stillwater Billings Clinic - Columbus, St. Vincent Healthcare – Billings (2)

20. Thinking about the hospital you were at most frequently, what were the three most important reasons for selecting that hospital?

- If it is an ER visit, we are almost always sent to Billings. It doesn't make sense to pay for two ER visits, when Billings gets the job done the first time.
- Closest to home, Prior experience with hospital, recommended by family or friends, Referred by physician of another provider
- Specialty care
- Dr. at that hospital, hospital's reputation for quality, prior experience with hospital, quality of staff, referred by physician or another provider
- Hospital's reputation for quality, Prior experience with hospital, Quality of staff, Recommended by family or friends
- Work at Billings Clinic
- Hospital's reputation for quality, Prior experience with hospital, Privacy/confidentiality, Quality of staff, Required by insurance plan
- Cancer treatment for daughter, however she passed 20??, after 3 years of treatment (age 43)

- No specialist in Columbus
- My doctor since I was small
- Prior experience with hospital and quality of staff
- Closest to home, emergency, no choice, hospital's reputation for quality, prior experience with hospital, privacy/confidentiality, quality of staff, recommended by family or friends, referred by physician or other provider
- Privacy, quality of staff, referred by physician
- Doctor we wanted

22. Where was the healthcare specialist seen?

- Video conference
- Bozeman (6)
- VA
- Missoula
- Livingston
- Seattle, WA
- Missoula, Helena, Florence
- Great Falls
- At home in Absarokee
- Billings and Denver

23. What type of healthcare specialist was seen?

- Private practice thyroid specialist
- Nephrologist (2)
- Cancer related
- Mole removal
- Transgender specialist
- Anesthesiologist
- Pain specialist

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

- Medicare and Private insurance/private plan (4)
- Medicare, VA/military, TRI Care for life
- Medicare, supplement
- Employer offered plan - COBRA
- Health Insurance Marketplace, Medicare
- Employer sponsored, Medicare
- Employer sponsored, Kids by Father
- Employer offered plan, Medicare (2)
- Humana/Medicare
- Medicaid and Medicare
- Medicare and private insurance

- Health insurance marketplace, Medicare
- Health insurance marketplace, Medicare, private insurance/private plan
- Employer sponsored, Medicare
- Medicaid, Medicare
- Medicare and supplemental
- Medicare and VA/military (2)
- None and Christian healthcare ministries
- Healthcare sharing ministry

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

- 59019
- 59011 Big Timber (3)
- 59102 Billings (3)

39. What is your employment status?

- Self-employed (4)
- My husband works, I stay at home with our children
- Work part time, on social security also
- Retired - recently - much lighter stress!! :)
- Work full time, Retired (4)
- Work from home, work part time
- Homemaker (2)
- Work part time and student
- Retired and self-employed (2)
- Retired, would like to do part-time volunteer service +/- or part time work.
- Stay at home mom
- Retired, Collect disability
- Work full time, 2nd PT job also

Additional Comments:

- I am 93+ years old – been using Billings Clinic since 1962. Very satisfied. I’m covered by Tri Care for Life and Medicare. I am a military Widow.
- Thanks for the research and more info for providers and state insurance groups.
- (Q31) N/A – Own our own home (participant selected “don’t know”)

Appendix H- Focus Group Interview - 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 do you think are the most serious health issues or concerns in your community?
2. We are now going to ask you for your views about the hospital. What do you think of the hospital in terms of:
 - Availability
 - Quality of Care
 - Number of Services
 - Financial Health of the Hospital
3. Are any of the local providers your personal provider or personal provider to your family members? Why?
4. What do you think about these local services:
 - Public/County Health Department
 - Healthcare Services for Low-Income Individuals/Families
 - Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
 - Pharmacy
 - EMS Services (ER/Ambulance)
5. Why might people leave the community for healthcare?
6. What would make this community a healthier place to live? (What additional services would you like to see?)
7. Any additional comments you'd like to provide, or things you would like to praise/see continued?

Appendix I- Focus Group Interviews

Focus Group #1

Tuesday February 18, 2020– Stillwater Billings Clinic – Columbus, MT (10 participants)

1. What do you think are the most serious health issues or concerns in your community?
 - Recovery – there isn't a lot to offer for addiction or codependency. People that want to be in recovery are limited unless they can get to Billings or Laurel.
 - Mental health care in general and there is a lack of resources.
 - There are 3 counselors in town and there is a mental health center in town. The mental health center has one-person twice a week, but she is limited on who she can take because of insurance. There are two full-time and two part-time counselors at the hospital.
 - Diabetes, because of lack of exercise and obesity. We do have a dietician here but there is a lack of activities to do, especially in the winter.
 - There is a fitness center in town, open 24-hours for members and a cross-fit; but these places don't offer classes or trainers. One person offers yoga classes, but that is all we are aware of.
 - The issue is access; there isn't any trainers to help you at the gym and there isn't anywhere to walk indoors. There is one small walking path in town that they are working on connecting with all the other trails, but the bridge is currently out. There is also a lack of sidewalks. Kids ride bikes in the road or if you are in a wheelchair you must be in the road.
2. We are now going to ask you for your views about the hospital. What do you think of the hospital in terms of:
 - Availability
 - Not always able to be seen when you want to be.
 - Patients can access care every day. We do allow walk-ins, but access becomes limited when you are looking to see a specific physician. It depends on the provider. One of our providers is about 10 days out.
 - We also don't have any female providers which may prevent some people from coming here. We do have an OB/GYN who comes here once a month.
 - I didn't know that was available, they [Stillwater Billings Clinic-SBC] have not been good with letting the community know what services they have here. They may tell the community over and over, but there are still going to be people who don't know.
 - Quality of Care
 - In health you hear mixed experiences. Some have amazing experiences, some feel the care is the same as everywhere else and some have bad experiences.

Number of Services

- I was actually surprised about the amount of services they offer here [SBC]
- Good amount, but it was all stuff that I didn't know about until I talked to a doctor.
- One area they [SBC] lack in is that people haven't been happy with antibiotic-based treatments. People don't understand overuse of antibiotics and when people don't get what they want or think they need, they get upset. The education part is missing there.
- This is also part of the physician choice; people want a physician who explains things to them so they can better understand why they are not getting something they think will help.
- If providers aren't being consistent with what they explain to patients this can cause problems too. Maybe we need some signage or handout that explains this.

Financial Health of the Hospital

- Never heard of anything bad.
- Seems to be thriving.
- Perception is if we have a new hospital, the community thinks it is doing well.

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

- Yes, for convenience. Especially with a little one.
- No, I don't come here because they are my co-workers; but I do bring my family here because I trust them.
- Yes, because I feel I can have conversations with the providers here.
- Yes, there is better customer service. People will answer their phone and actually talk to you.

4. What do you think about these local services:

Public/County Health Department

- Excellent, very engaged with outside entities, very active in the community.
- It needs to be bigger than what it is. The members of this community do not utilize as much as they could. Especially in schools with health education and teaching. They chose Planned Parenthood to come in and provide teaching. This choice has caused a lot of controversy. Local resources should be utilized first. If we get more people involved with public health this will be easier.
- Communication between agencies like the hospital and the county would be helpful. The county is a resource and the hospital is a business so there is not a lot of awareness about what these groups can do for each other.

Healthcare Services for Low-Income Individuals/Families

- They have the MAP program [Medication Assistance Program] they also have a charity care program where patients can get help paying for their healthcare.
- If they recognize someone who may benefit from this charity care program, they offer it to them. But I don't think people come in asking for these programs because they are not well known. Which doesn't help those who refuse to come in because they don't know this help is available.
- We have WIC [Women, Infants, & Children] services, but the Office of Public Assistance closed, and we [the community] are not able to take on these services very well.
- The Ford dealership has the backpack program where they send food home with kids for the weekends.
- A huge need is transportation. Most people rely on their neighbors or friends but there is no public option. If they have to be in Billings multiple times a week, they would have to move to Billings. For example, dialysis patients. This true for outlying communities getting into Columbus as well.
- Project Hope can financially help and is donation based.

Senior Services (Nursing homes, assisted living, home health, senior center, etc.)

- There is meals on wheels for the seniors.
- We could use more senior low-income housing options in our community. We have assisted living, home health from Billings, and a nursing home, but this could be better.
- The senior centers are well attended.

Pharmacy

- We have a pharmacy within our IGA and we are very lucky to have them.

EMS Services (ER/Ambulance)

- They are a great resource for a community our size.
- There are Paramedics on each shift and large EMS group to choose from. It is probably the best you can find in an area like ours and it is volunteer based.

5. Why might people leave the community for healthcare?

- People go to Billings a lot because the specialists don't travel here. It would be really great if we could get them here.
- Once you get an established primary care provider you want to continue to see them, even if you must travel. We even have patients who have moved away but still come here because they are established here.
- Confidentiality.
- Bad experiences, and these experiences can spread fast around town.
- In a small town you don't always want to go to see your friends.

6. What would make this community a healthier place to live? (What additional services would you like to see in the community?)
 - The hospital is not really reaching out to the community and being engaged within the community. This really started happening after the move to the new location and they also do not have a marketing person anymore.
 - There is not a lot of sense of “community” in this community. Columbus doesn’t have very many community focused events. All the events you hear of are individually focused.
 - Cardiology.
 - Knowing what is available, getting a marketing person for this.
 - A woman physician.
 - Transportation.
 - Recreational options for basic needs such as a place for walking, or indoor pool at a low cost or free for the community.
 - Finding a way to make these options free for everyone.
 - Having a supervised place to play for children: basketball courts, tennis courts, classes during summer for children, Skate Park (like what they had in Colstrip) would make a world of difference for kids.
 - Knowing where to get grants for funding to help parents pay for kids to participate in sports. T-ball was \$75 for one kid, how can families’ will more kids afford to put these kids through these programs?
 - Helping people with sobriety, with one person [available locally] we don’t feel like we have the resources to provide what is needed for these folks. This should be a community effort.
 - Telemedicine access for counseling. Integrated Behavioral Health is working to get a psychiatrist here, but people don’t like not being able to see someone in person. Patients are uncomfortable with telemedicine. There needs to be more outreach to get patients comfortable with this.
 - More parks for children. We have a beautiful amazing park, but it is across from the Town Pump [gas station] which is not very safe. You would not send your children there by themselves. There are not a lot of options for kids to be able to play safely.
7. Any additional comments you’d like to provide, or things you would like to praise/see continued?
 - None.

Focus Group #2

Tuesday, February 18, 2020 –Stillwater Billings Clinic (Senior Center) – Columbus, MT
(16 participants)

1. What do you think are the most serious health issues or concerns in your community?

- Diabetes.
- Dementia.
- Cancer.
- I haven't got any complaints, but they [the hospital] sure helps with strokes.
- Kids are on the phone too much – technology.
- Parkinson's.

2. We are now going to ask you for your views about the hospital. What do you think of the hospital in terms of:

Availability

- I was able to get in for a same day appointment and I was impressed because the doctor I saw had done a complete review of my file before I walked in.

Quality of Care

- We are lucky we have it here.
- My health has always been done by the VA and I have noticed a lot of difference in the last 15 years. Most times I have had to go to VA for health issues – and mostly they reroute me to the Emergency Room. They don't seem to take me as a person seriously. There is the feeling that they are rushing me through so they can get someone in who can pay the full rate. It doesn't feel very personal, it only seems to matter if you have money. I feel it is the worst here in town.
- I think Billings Clinic does a hell of a job. I have diabetes and they have taken care of me. They took care of me when I had a crash and they rushed out to help me.

Number of Services

- More specialists would be nice.
- A diabetic doctor and endocrinology.
- Podiatry.
- When specialists only come here once a month it may take 3 months to get in, so more regular visits would be nice.
- Cardiology.

Financial Health of the Hospital

- *Not asked.*

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

- I use the VA.
- I go to Billings because I have a female provider there who I really like.
- I had to go to Billings because of surgery.
- I stay here because I don't want to drive.
- I had to leave because my doctor retired.

4. What do you think about these local services:

Public/County Health Department

- We don't know who the Director is.
- Lack of information about what they do.

Healthcare Services for Low-Income Individuals/Families

- *Not asked.*

Senior Services (Nursing homes, assisted living, home health, senior center, etc.)

- We like the senior center.
- We want golfing indoors for the wintertime.
- No complaints.
- There aren't any sidewalks and streets aren't cleared very well in the winter.

Pharmacy

- They are good.
- Problems with insurance in Billings, but it is still cheaper than here [Columbus].
- We use the mail order because it is the cheapest one.

EMS Services (ER/Ambulance)

- I had an extremely personal situation and the ambulance was there immediately; but they were not well enough trained, my wife ended up dying. They are really great they just need better training.
- They are very fast and took care of me.
- It is good to have it here, but it is really expensive.

5. Why might people leave the community for healthcare?

- *Not asked.*

6. What would make this community a healthier place to live? (What additional services would you like to see in the community?)
 - A better intersection up by the bank. They need a 4-way stop by Yellowstone Bank.
 - Better ways to stay active in the winter.
 - We could have more fresh vegetables (and somebody to cook them for you).
 - We used to have 2 grocery stores and now we don't have a good place to buy things.
 - Transportation to Billings. They used to have a bus.
 - The swing bed services are the best service they have up here at the hospital.
 - More cops on Main Street for the speeding by the Joliet road. The corner is bad when you need to make a left turn.
 - I think we have a pretty good community to live in.

7. Any additional comments you'd like to provide, or things you would like to praise/see continued?
 - None.

Appendix J- Request for Comments

Written comments on this 2020 Community Health Needs Assessment Report can be submitted to Stillwater Billings Clinic at:

Stillwater Billings Clinic

Administration

710 N. 11th Street

PO Box 959

Columbus, Montana

59019



Please contact David Ryerse, CEO at: 406-322-1002 or dryerse@billingsclinic.org with questions.