

Community Health Assessment

Current Perception of Health and Health Needs in Blaine County, Montana



Photo Courtesy of Mark Weber

Blaine County Health Department

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The Blaine County Health Department facilitated this assessment activity with the help of multiple community agencies, professionals and residents. The intention was to give county-in its entirety- an opportunity to be a part of the process.

The residents of Blaine County were joined in this assessment effort by:

The Blaine County Health Department Co-Directors: Deb Anderson and Jana McPherson-Hauer, RN, BSN	The Montana Health Care Foundation	Montana Department of Health and Human Services
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Executive Summary

In recent history there has not been a health assessment completed by an agency within Blaine County. While there have been reviews and reports produced by facilities outside the county, these have been limited by low response rates and by lack of county partners. This is the first assessment that is to focus entirely on Blaine County and the residents thereof. This focus is a cornerstone and constant motivation for gathering meaningful data.

Blaine County Health Department

Blaine County Health Department (BCHD) was the facilitating agency in this Community Health Assessment (CHA) process.

Blaine County Health Department Mission:

Building healthy communities through education, outreach and intervention

Blaine County Health Department Vision:

Healthy families, Healthy communities, Healthy world

Blaine County Health Department Values:

Teamwork, Communication, Integrity, Ownership

Vitality, Respect, Leadership, Diversity

CHA Stakeholder Group

An inclusive group of county individuals were invited to participate in the process of planning for and completing this project. Those who participated are listed in the Acknowledgements on page 2.

Together the group identified the following guiding statements.

CHA Stakeholder Mission:

We will contribute to foundational health knowledge in Blaine County by assessing needs through gathering, compiling and presenting primary and secondary data.

CHA Stakeholder Vision:

Accurate data to drive our practice and guide our programming

CHA Stakeholder Values:

Comprehensive, diverse, accurate, culturally aware and competent, objective, valuable, useful



Blaine County Description

Geography and Demographics

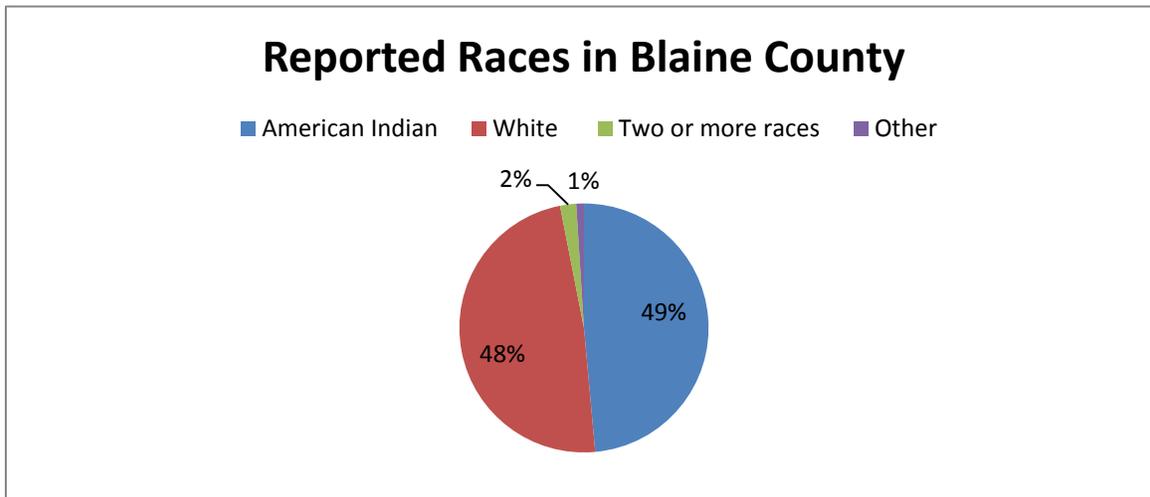
Blaine County is a county in northcentral Montana with about 2,730,880 acres or 4,267 square miles. The county is home to 6,601 residents. Of those residents 30.1% were under the age of 18, and 14.1% over the age of 65 years old.¹

Blaine County is bordered by Saskatchewan, Canada to the north, Phillips County on the east, Fergus County on the south, and Hill County on the west.

In the southeastern area of Blaine County lies the Fort Belknap Indian Reservation, a sovereign nation encompassing an area of 675,147 acres, home to the Aaniiih (Gros Ventre) and Nakoda (Assiniboine) American Indian tribes.²

In Blaine County 48.8% of the population reports being American Indian and/or Alaska Native alone, 48.6% as White alone. The remaining Blaine County residents report to be two or more races (2.1%), African American or Black, Asian, or Native Hawaiian or Pacific Islander (<1% combined).¹

Graph 1. Description of races reported by individuals in Blaine County



Source: <http://quickfacts.census.gov/>

Social Contributors

According to the US Census data, across the state the percentage of the population living in poverty is 16.5%, while the figure for persons in poverty in Blaine County is 28.2%. Fifteen point nine percent of Blaine County residents who are 25 or over report holding a bachelor's degree or higher, compared to 28.7% of Montana residents who report the same education level.¹

Blaine County Health Description

Chronic and communicable conditions

Our residents are unique in areas of health, as well. Of specific note, rates (per 100,000) for inpatient admissions for the conditions of cardiovascular disease and Diabetes (types 1 and 2) are markedly higher than the rates for other small counties in the state and the state of Montana as a whole (See Table 1).³

Table 1. Inpatient admissions for specific chronic conditions (2011-2013)

Health Indicator	Blaine County		Small County Data		Montana
	Number	Rate per 100, 000	Average Number per County	Rate per 100,000	Rate per 100, 000
Cardiovascular Disease	201	910.4	216	696.5	746.7
Diabetes (types 1 & 2)	296	1,479.6	236.6	795.7	822.5

Source: Community Health Profile, Blaine County, PHSD, MT DPHHS, www.dphhs.mt.gov

In addition to increased rates of chronic disease, Blaine County experiences increased rates of some communicable diseases. Chlamydial infections are reported at a rate twice as high in Blaine County as they are reported in Montana, and even more than twice the average for small counties (See Table 2).

Table 2. Rate of reported chlamydia infections (2011-2013)

Health Indicator	Blaine County	Small County Data	Montana
	Rate per 100, 000	Rate per 100,000	Rate per 100, 000
Chlamydia Infection	746.72	291.02	366.24

Source: Community Health Profile, Blaine County, PHSD, MT DPHHS, www.dphhs.mt.gov

Access to Care, Access to Opportunities to Improve Health

According to the Robert Wood Johnson Foundation's County Health Rankings, Blaine County residents experience inequalities regarding access to varied services and opportunities. For example the ratio of individuals to primary care physicians in Montana is 1,310:1, compared to a ratio of 2,210:1 in Blaine County. The ratios of mental health providers are similarly striking in Blaine County at 940:1, compared to 410:1 throughout the state.⁴

The percent of uninsured individuals in Blaine County is 27%, compared to 17% of Montanans as a whole.⁴

Further, only 4% of individuals in Blaine County report that they have access to exercise opportunities- this is in comparison to 67% of the state's populations reporting they have similar access.⁴



Mental Health and Alcohol/Substance Abuse

Blaine County residents report the fourth highest number (4.4 days) of "poor mental health days"* out of the last 30 days, when compared with every county in the state.⁴ Additionally, 15% of Blaine County residents report frequent mental distress, compared to 11% of Montanans in general according to the County Health Rankings⁴.

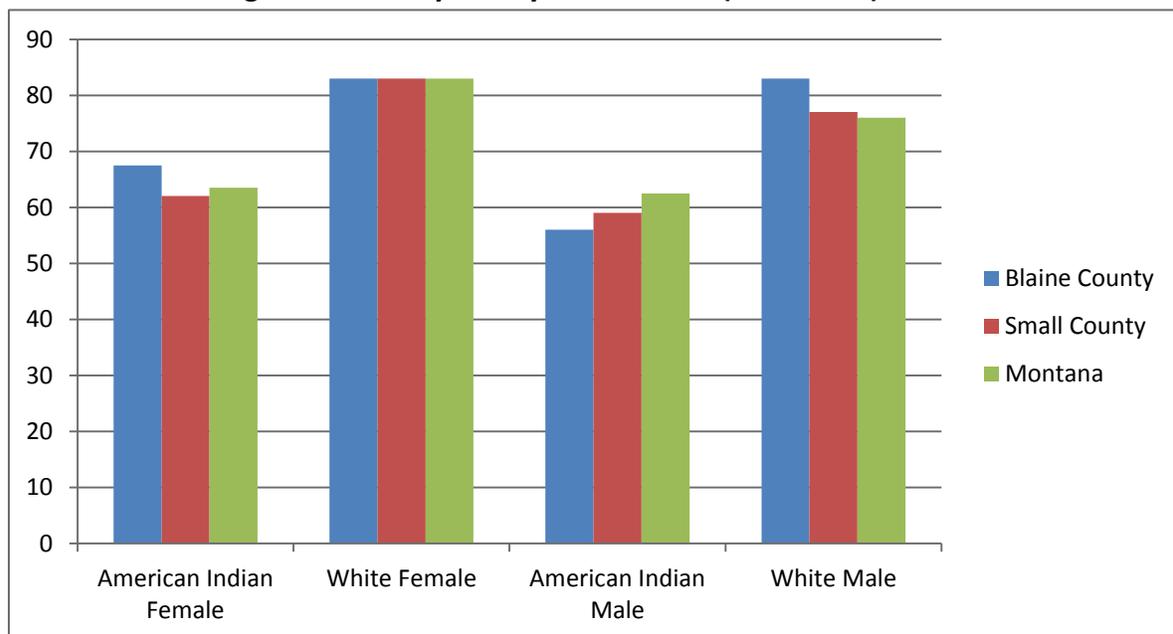
On average Montana driving deaths include alcohol impairment as a contributing factor 46% of the time. In Blaine County, that statistic rises to 80%.⁴

Within the last decade the drug-related mortality rate (per 100,000) was 15.3 in Blaine County, compared to 13.8 in Montana.⁵

Health Inequities for Specific Populations

Racial health disparities are noted in many areas, but life expectancy figures reveal a staggering statistic. In Blaine County an American Indian male's median age at time of death is 56 years old compared to 83 years of age for a white male (See Chart 2).³

Chart 2. Median age at death in years by race and sex (2011-2013)



Source: Community Health Profile, Blaine County, PHSD, MT DPHHS, www.dphhs.mt.gov

Blaine County Health Description (continued)

Health Inequities for Special Populations (continued)

The teen birth rate for female Blaine County residents between the ages of 15-19 years old is just shy of twice that of the state rate (See Table 3).³

Table 3. Comparison of teen birth rate between Blaine County and Montana, 2011-2013

	Blaine County	Montana
Health Indicator	Rate per 1,000	Rate per 1,000
Teen birth rate	62.5	32.0

Additionally, 33% of pregnant Blaine County women report smoking, compared with just 16.3% of pregnant Montanans as a whole.³

What does this Health Description mean for the CHA?

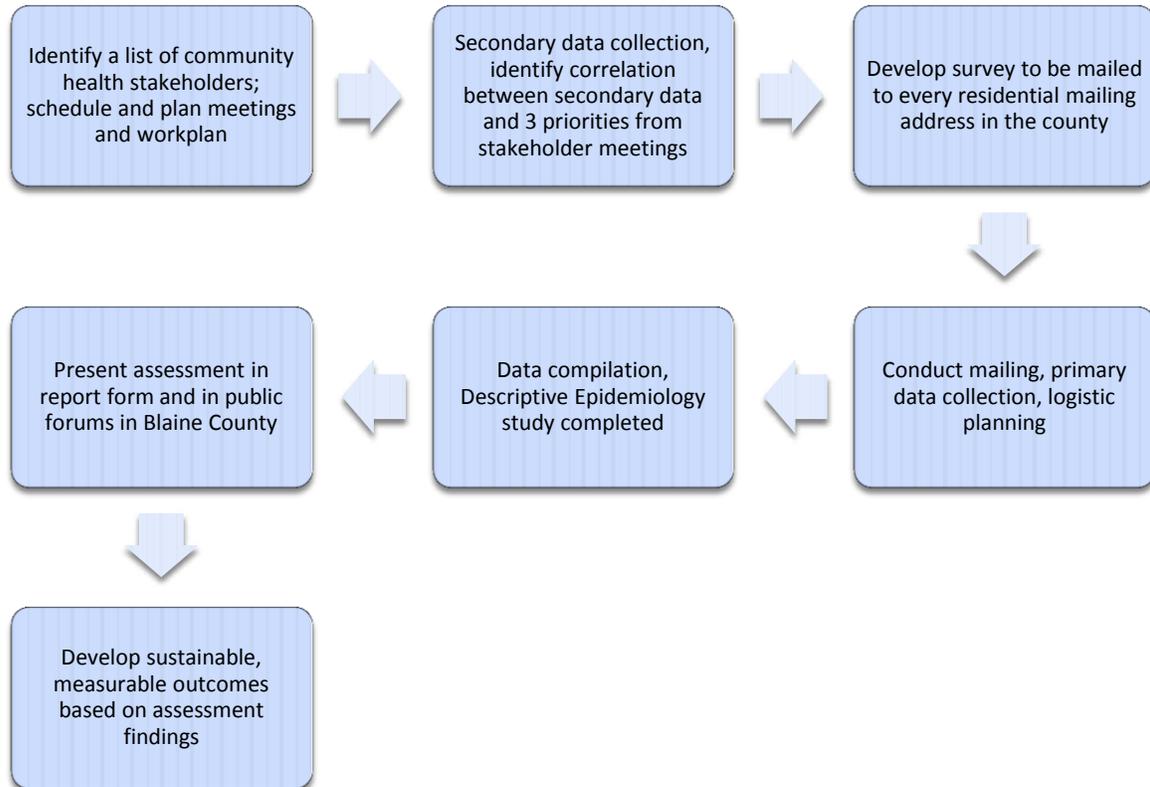
This information, as well as other comprehensive data, was presented to the Stakeholder group, and studied extensively by the BCHD. This gave a foundation for multiple steps in the CHA process. First, it provided a basis for discussion by the stakeholders that led to the identification of priority health concerns in Blaine County. Second, we used this data and sources to develop questions for our survey. The intention was to “drill down” on some of the factors, and get more information about the overall health *and* the perception of health in Blaine County.



CHA Methodology

The BCHD used a collection of resources to complete the Community Health Assessment which are described in this section. The general flow of the process was influenced by the Community Health Assessment Template (MT DPHHS, Office of Health System Improvement, 2015). The overview of the BCHD's experience is shown in Figure 1.

Figure 1. General procedural flow of 2016-2017 CHA in Blaine County



University of Kansas Community Tool Box

The methodology used by Blaine County Health Department is the outline provided by the University of Kansas Community Tool Box. In Toolkit 2, the steps to guide assessing community needs and resources are;

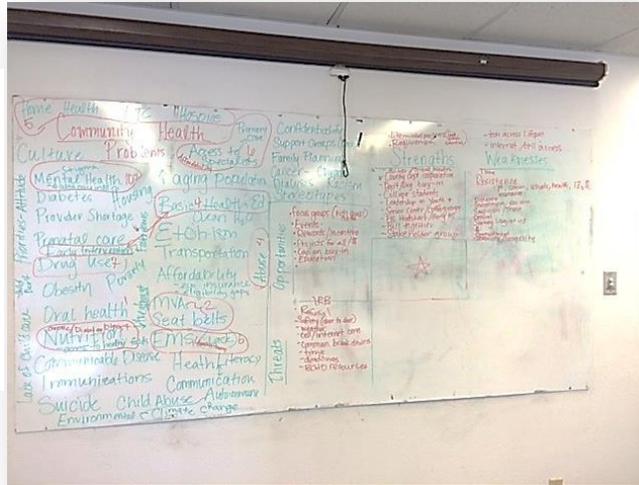
1. Describe the makeup and history of the community to provide a context within which to collect data on its current concerns
2. Describe what matters to people in the community
3. Describe what matters to key stakeholders
4. Describe the evidence indicating whether the problem/goal should be a priority issue (for each problem/goal)
5. Describe the barriers and resources for addressing the identified issues
6. Select and state the priority issue/issues to be addressed by the group.⁶

CHA Methodology (continued)

University of Kansas Community Tool Box (continued)

The Community Took Box was selected as the resource to guide our project because it is flexible and has a collection of tools that are evidence based, and are easily communicated with stakeholders and respondents.

Figure 2. Identified community health problems and SWOT analysis during stakeholder meeting, 2016



Selection of Three Priority Health Concerns

The CHA Stakeholder group, through frequent discussions and a systematic process, was able to identify the three areas that were of priority concern to the group. The priorities are presented in Figure 3, and were used as a guide for survey development.

Figure 3. Top 3 Priority Health Concerns identified by CHA Stakeholder group

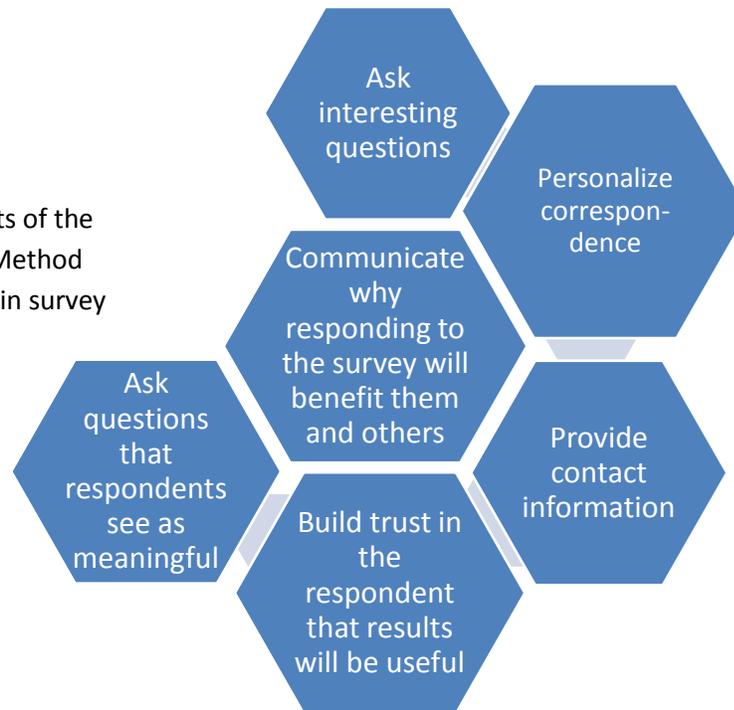


CHA Methodology (continued)

The Tailored Design Method

Throughout the process of developing the survey and outlining the data collection methods, we considered the Tailored Design Method. This is a concept derived as an extension of social exchange sociological theory, and includes strategies and concepts listed below.⁷

Figure 3. Elements of the Tailored Design Method utilized by BCHD in survey



Survey Development and Distribution

The BCHD staff worked to develop questions that would provide insight into needs or gaps within each priority area (See Figure 4). The survey was organized into sections, and explicit directions were given after an introduction to the survey was presented. The introduction thanked the respondents for being the most important part of the process and encouraged completion of the survey as well as contact to the BCHD with any questions or concerns about the survey or results.

Surveys were printed and distributed by a direct mailing service. In addition to the questions, we built in a way to sort results and have another level of data by color coding the shade of paper the questionnaires were printed on by zip code. This was described in the letter to the respondent that accompanied the mailed survey.

Next, surveys were mailed to every residential mailing address in the county (2,773 addresses). We utilized business reply mail for the return option on the surveys.

Figure 4. Example of structure and questions in CHA survey

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Section 3: Please help us by answering these questions dealing with access to health care. Some questions have 2 parts. Please answer the question first (by marking yes or no) and then indicate how important the issue is to you and how satisfied you are with the current state of the issue.

1=not important/not satisfied, 2=kind of important/partially satisfied, 3=important/satisfied, 4=the most important/very satisfied

a. FOR EXAMPLE

Are you taking this survey? Yes No

How important is this to you? 1 2 3 **4**

How satisfied are you with the current state of this issue? 1 2 **3** 4

<p>A. Do you have any type of health insurance/health coverage (examples: Medicare, Medicaid, private insurance, Healthy Montana Kids, Indian Health Service coverage, etc.)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>B. Have you ever accessed health coverage through the "marketplace"?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>C. Are you able to get the care you need near your home?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>How IMPORTANT is this to you? 1 2 3 4</p> <p>How SATISFIED are you with current ability to get care locally? 1 2 3 4</p>	<p>D. Are you aware of programs that help people pay for health care?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>How IMPORTANT is this to you? 1 2 3 4</p> <p>How SATISFIED are you with availability of such programs? 1 2 3 4</p>

(Section 3 is continued on the next page)



Data Summary

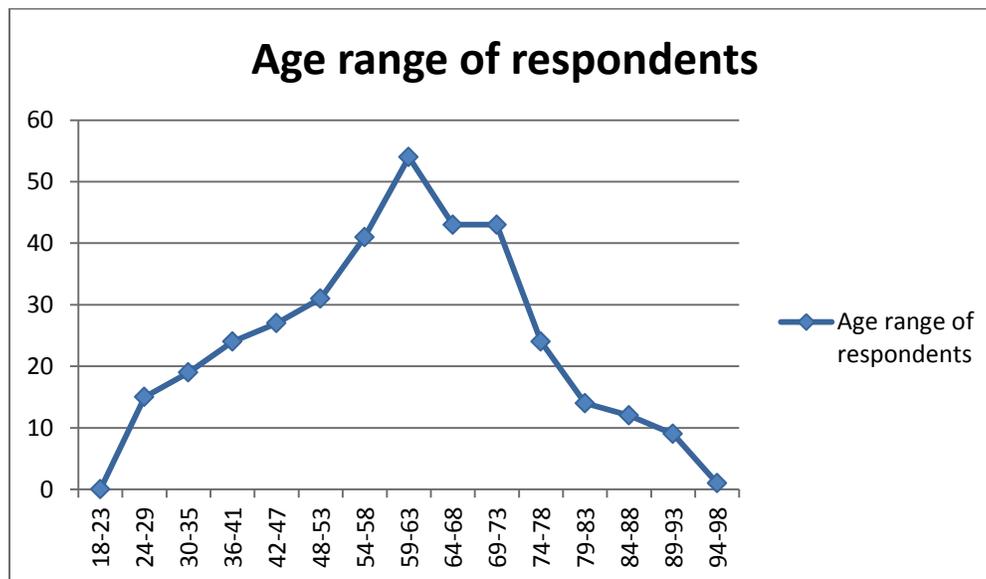
Basics of the response

Of the 2,773 CHA surveys mailed out to residences throughout Blaine County 361 were returned to the BCHD. The response rate was 13%, which was lower than BCHD staff and Stakeholders hoped for, but does give an acceptable sample of the population from which to consider data.

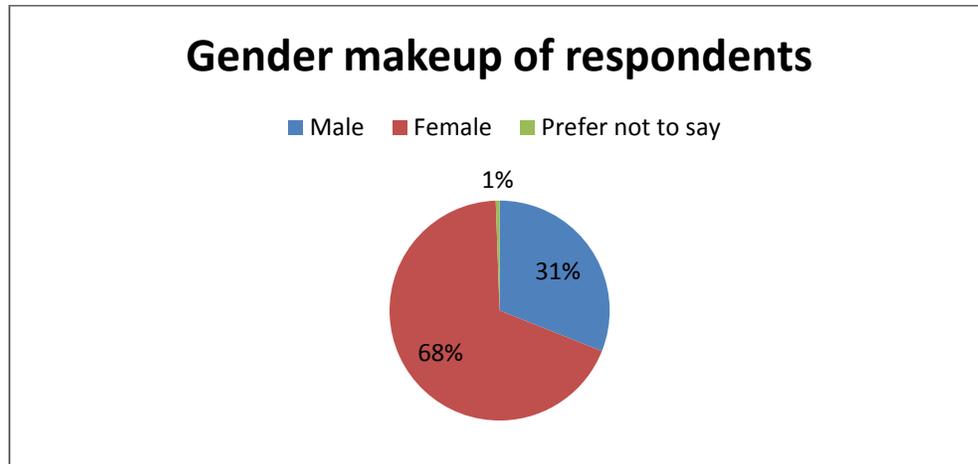
Table 4. Response rate by community

Community (where one receives mail)	Sent	Received	Response Rate (%)
Chinook	1,107	202	18.2%
Harlem	940	95	10.1%
Hays	383	15	3.9%
Hogeland	57	9	15.8%
Lloyd	32	6	18.8%
Turner	220	28	12.7%
Zurich	34	6	17.6%

Chart 3. Frequency of age ranges reported



Charts 3 and 4 illustrate a picture of the age and genders represented in our sample.

Chart 4. Percentage of respondents' identified gender

The following data summary is composite data, and represents rates and data from the responses to the survey as a whole. Each community (with a zip code) has an attached appendix highlighting results specific to the respondents from that area.

Overall Significance of Certain Health Issues

In *The State of the State's Health; A Report on the Health of Montanans* many health issues are noted. Our survey listed the 25 most commonly reported health issues⁸ from this report and asked respondents to indicate if they believed said issue was "not a problem", "a slight problem", or "a significant problem".

Of the 25 issues, the top six most commonly indicated significant problems were tobacco use, diabetes, obesity, cancer, alcohol abuse, and illegal drug use. Of these issues, respondents most commonly reported that **alcohol abuse** and **cancer** were the most significant issues faced in Blaine County (See Chart 5 and Figure 5). In the case of both of these issues, 69% of those responding indicated that the issue was significant.

Illegal Drug use was reported as significant just slightly less, by 67% of respondents. Obesity was the next most commonly reported significant issue at 61%, followed by tobacco use at 46% and diabetes at 25%.

This data shows an alignment between the issues identified during survey planning and issues responding Blaine County residents perceive within the county.

Chart 5. Significant health issues in Blaine County

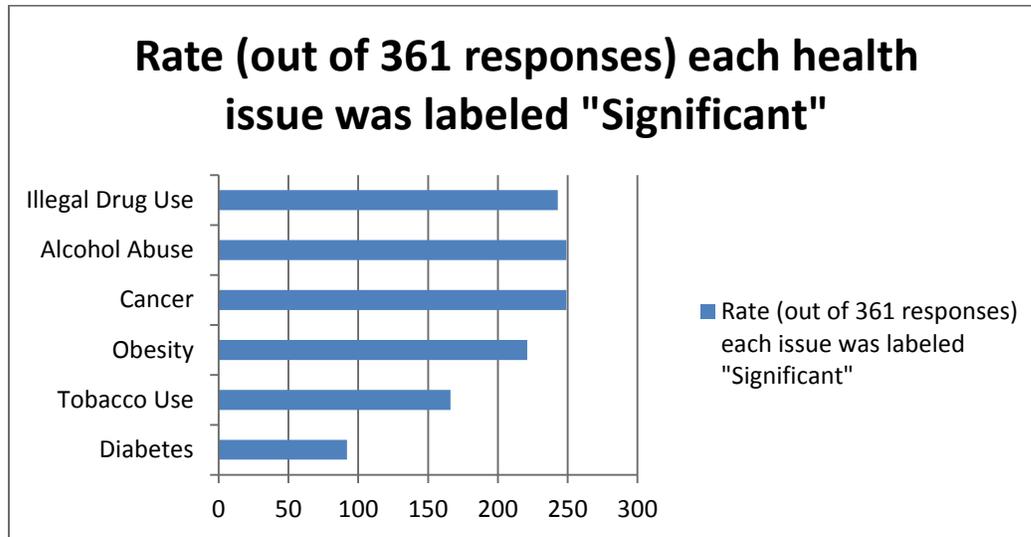


Figure 5. Top three most commonly reported "significant" health issues by CHA respondents

Issue #1

Cancer

- 69% of respondents indicate it is one of their top three selections for most significant health issue.

Issue #2

Alcohol Abuse

- 69% of respondents indicate it is one of their top three selections for most significant health issue.

Issue #3

Illegal Drug Use

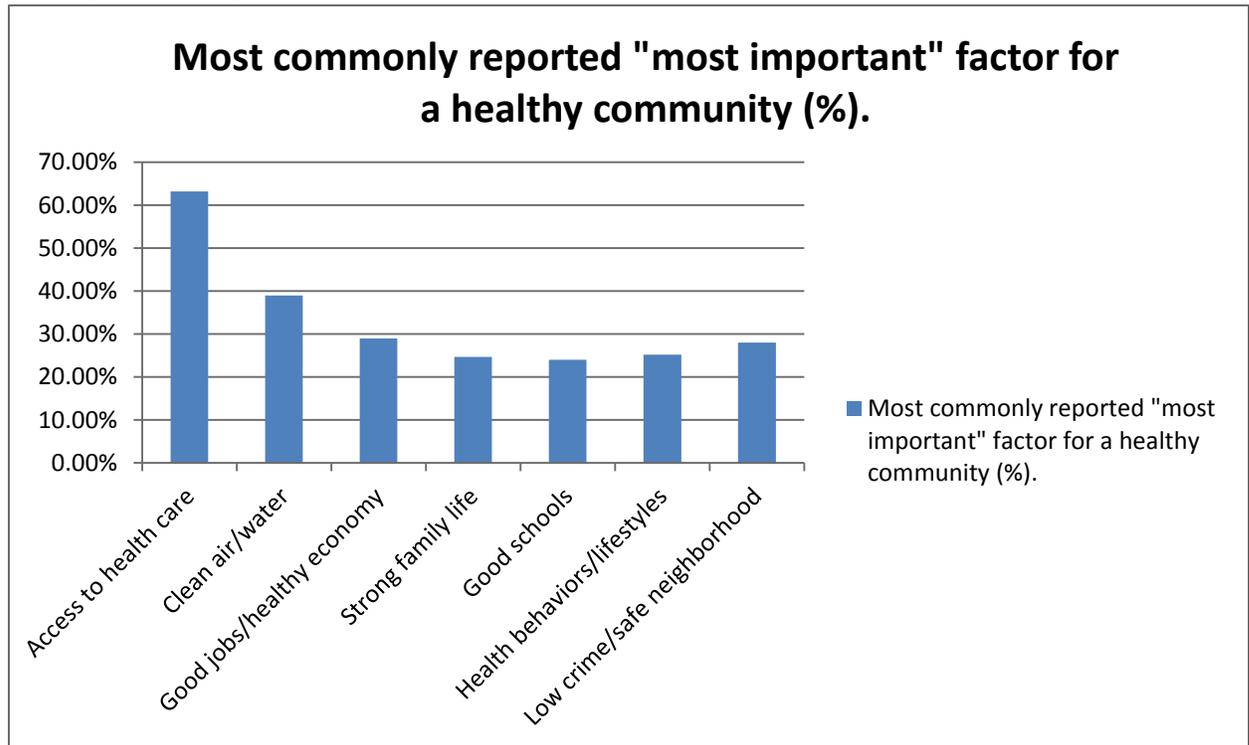
- 67% of respondents indicate it is one of their top three selections for most significant health issue.

Most Important Factors for a Healthy Community

There is an obvious difference among our communities when it comes to health outcomes. One dynamic driving the difference in outcomes is the presence of risk and protective factors. These are characteristics that a person or population and environment or experience possess that make problems (risk factor) and desired outcomes (protective factor) more likely.⁶

The CHA survey listed factors that have been shown to be protective health factors and asked respondents to select the three from the list that are the most important factors for a healthy community. The most commonly selected factors are shown in Chart 6. Access to health care was identified more frequently than any other factor as the most important for a healthy community. In addition to those factors reported in Chart 6, other factors were suggested on the survey, but none reached the percentage threshold selected for this CHA.

Chart 6. Blaine County respondents' most commonly reported "most important" factors for a healthy community.



Education Offerings and Potential Programs

The CHA survey asked about the respondents' likelihood of participation in community programs and/or classes. Each respondent was asked to identify which 3 from a list of 28 options he/she would most likely participate in. The most frequently reported preferred classes/programs were in areas of **fitness, weight loss, and health and wellness** (See Table 5). There were noticeable discrepancies between communities, however, which can be seen in appendices A-G.



It was interesting that although there was the option of classes and programming related to the most commonly identified significant issues affecting health in Blaine County (Cancer, Alcohol/Substance Abuse- as identified in the survey results, see Chart 3), these selections were chosen much less frequently than others.

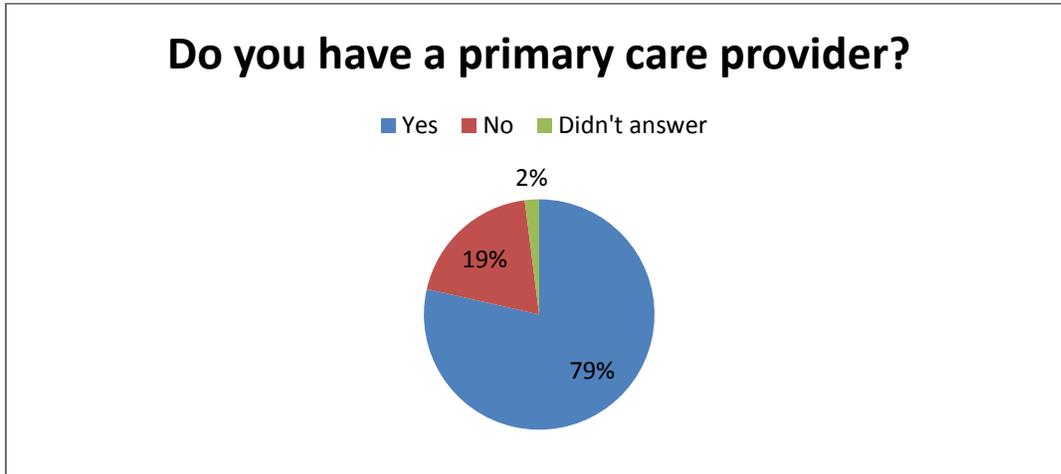
Table 5. List of potential classes/programs with number of respondents who indicate they would likely participate.

Potential Class/Program	Number of Respondents who indicate likely participation in class/program (respondents=361)
Fitness	103
Weight loss	82
Health and Wellness	79
Alzheimer's/ Dementia	66
Nutrition	63
Diabetes	55
First Aid/CPR	52
Health Insurance/ Affordable Care Act	50
Home care/Home Health care	50
Mental Health	49
Cancer	40
Accessing medical services	36
Elder care	35
Heart Disease	32
Suicide Prevention	30
Grief and Loss	29
Support groups	24
Alcohol/Substance Abuse	22
Immunizations	21
Parenting	16
Smoking Cessation	16
Early Childhood Development	15
Child Growth and Development	15
Breastfeeding	15
Pulmonary health	14
Health Literacy	10
Labor/Delivery/Infant Care	2

Coverage and Primary Care: Factors to Access

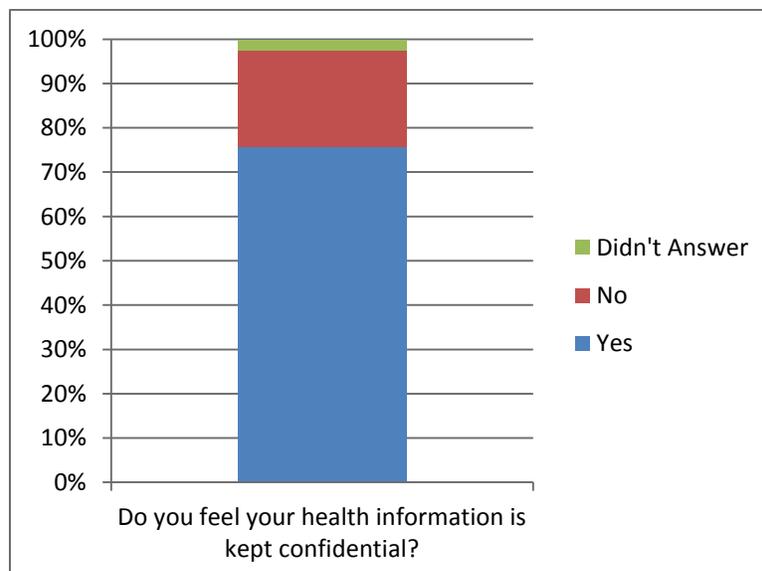
Of the individuals surveyed, 339 reported that they had some form of health insurance/health coverage (examples: Medicare, Medicaid, private insurance, Healthy Montana Kids, Indian Health Service coverage, etc.) Calculated, this is 93% of the respondents.

Primary care providers frequently serve as the point of access for advanced or specialized healthcare. Of the respondents to this CHA survey 79% reported that they have a primary care provider, whereas 19.4% indicated they did not (See chart 7).

Chart 7. CHA responses to whether or not the individual has a primary care provider

The survey asked respondents to identify which features (from a list and an option for a write in comment) would improve the community's access to health care. The most commonly selected element was **availability of a visiting specialist**. The percentage of people reporting this would be one of their top three solutions for improvement was 64%. The next two most commonly identified strategies were **availability of a walk-in clinic (52%)** and **more primary care providers (48%)**.

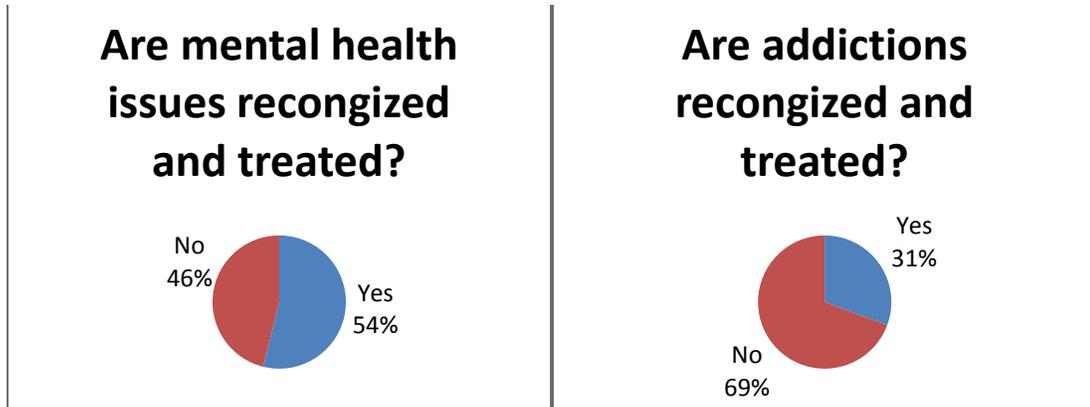
Confidentiality was assessed in the survey. Respondents were asked "Do you feel that your health information is kept confidential and protected when you receive health related services locally?" The responses are reflected in Chart 8.

Chart 8. Perception of the maintenance of confidentiality of health information

Perception of state and needs related to mental health and substance/alcohol abuse.

Mental health and substance/alcohol abuse was another area on which the CHA survey attempted to collect data.

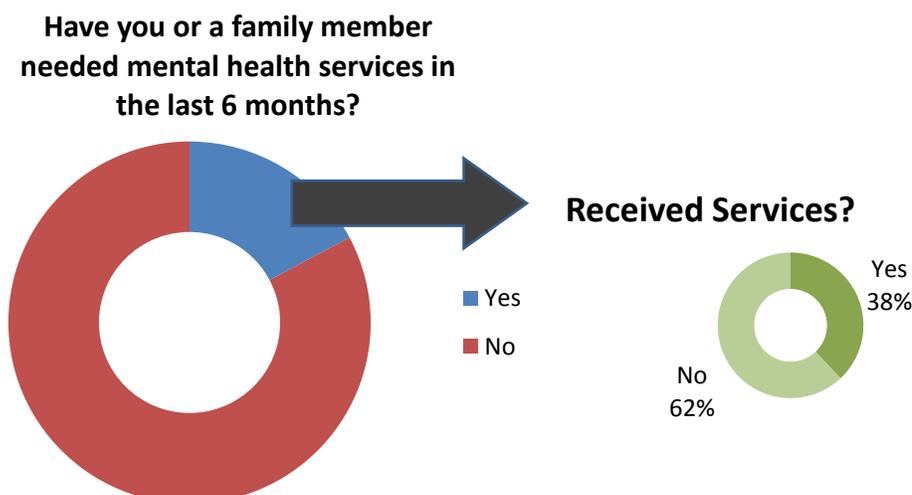
Chart 9. Proportion of respondents' indications whether mental health problems and addictions are recognized and treated in their respective communities



More than half of the survey respondents report that they do not know where a community member who needs mental health services could go to get them (54%).

The survey also asked county respondents to indicate whether or not they or a family member has needed mental health services in the last 6 months. The follow up question was if they had, did that person receive services. The results to that inquiry are described in Chart 11.

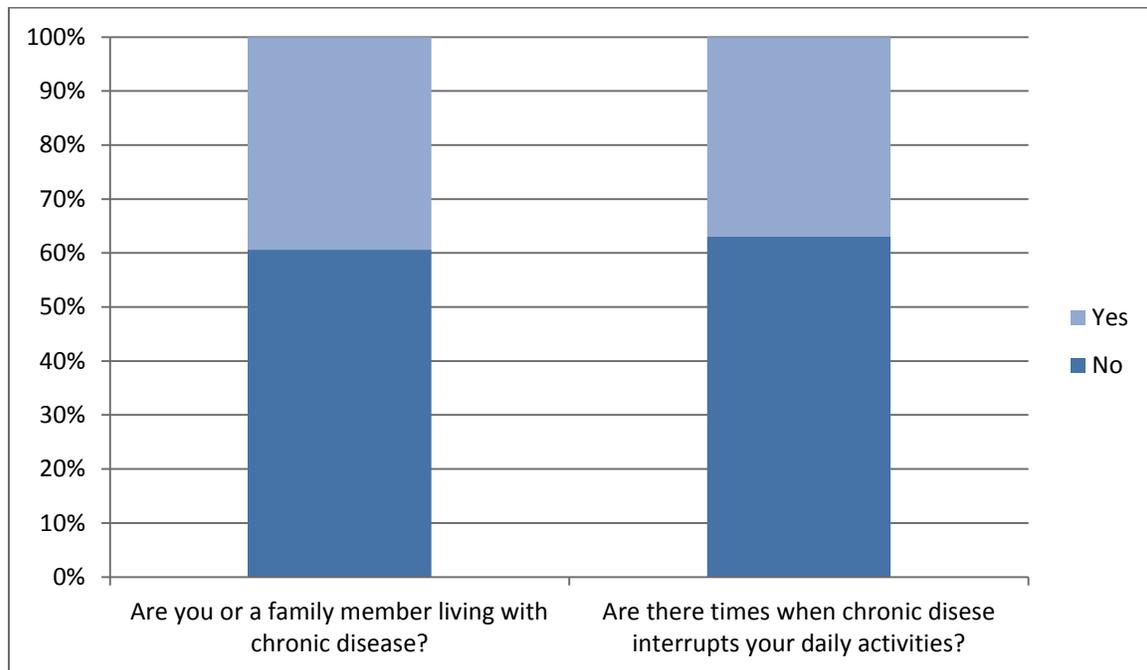
Chart 11. Need and reception of mental health services



Chronic Disease Impact on Individuals in Blaine County

Of the survey respondents, 38% of the sample report that they or someone in their family is living with a chronic disease. Similarly, of respondents 37% of individuals in the sample indicate that there are times when chronic disease interrupts their daily activities.

Chart 12. Presence of chronic disease and its effect on daily life of survey respondents



Data Limitations

While the overall response rate of the survey exceeded the goal of 10%, allowing the data to be considered useable sample, the rates among certain communities are significantly lower, and this affects the ability of the combined data report to be as useful. The appendices describing more detail for each community's responses aim to address this limitation.

The survey was a rather long questionnaire (8 pages, front and back). It was noted that questions at the beginning of the survey had a lower rate of non-response than those at the end of the survey. This suggests that as the survey went on, the respondent was less likely to answer each question.

The invitation to participate as a stakeholder did not produce volunteer participants from all of the agencies and entities the BCHD hoped. We believe we would have had a more desirable response rate with more comprehensive stakeholder membership.

Conclusions

The goal of the Blaine County Community Health Assessment was to ***“contribute to foundational health knowledge in Blaine County by assessing needs through gathering, compiling and presenting primary and secondary data”*** (CHA Stakeholder mission statement). We accomplished this goal. The collection of data and information that we have can continue to be descriptively analyzed and presented to all of our stakeholders based on their individual needs. The zip code associated data will be saved as a data base for specific needs of community partners, as well as a baseline for continued assessments.

The significant health issues identified demonstrated alignment with the stakeholder’s prioritized elements. This alignment gave an added aspect of validity to the process for the author. Further, the most important factor for a healthy community was identified as another of the prioritized elements.

Each prioritized area contained questions that generated interesting data that could be utilized by county partners to strategize regarding how best to serve Blaine County residents. This data will be distributed to stakeholders and community members through meetings, media and outreach.

The lessons learned during this process were innumerable, with none being as significant as the fact that we can, as a community, achieve goals and produce results.



- This project was made possible in part by financial support through the Montana Health Care Foundation, and the facilitation of the project was supported greatly by the Montana Department of Public Health and Human Services, Office of System Improvement.

Blaine County CHA Resources

¹US Census, 2016 population estimate based on 2010 Census,
<http://quickfacts.census.gov>

²Blaine County, Montana website, <http://blainecounty-mt.gov>

³Community Health Profile, Blaine County, PHSD, MT DPHHS, www.dphhs.mt.gov

⁴County Health Rankings, 2017, Robert Wood Johnson Foundation,
www.countyhealthrankings.org

⁵Data for Community Health Assessments, Blaine, MT DPHHS, February 2011,
<http://dphhs.mt.gov/Portals/85/publichealth/documents/Epidemiology/CHD/BlaineCommunityHealthAssessments.pdf>

⁶University of Kansas Community Tool Box, <http://ctb.ku.edu/en>

⁷*Internet, Mail, Phone and Mixed-mode Surveys, The Tailored Design Method*, Dillman, D., Fourth Edition, 2014

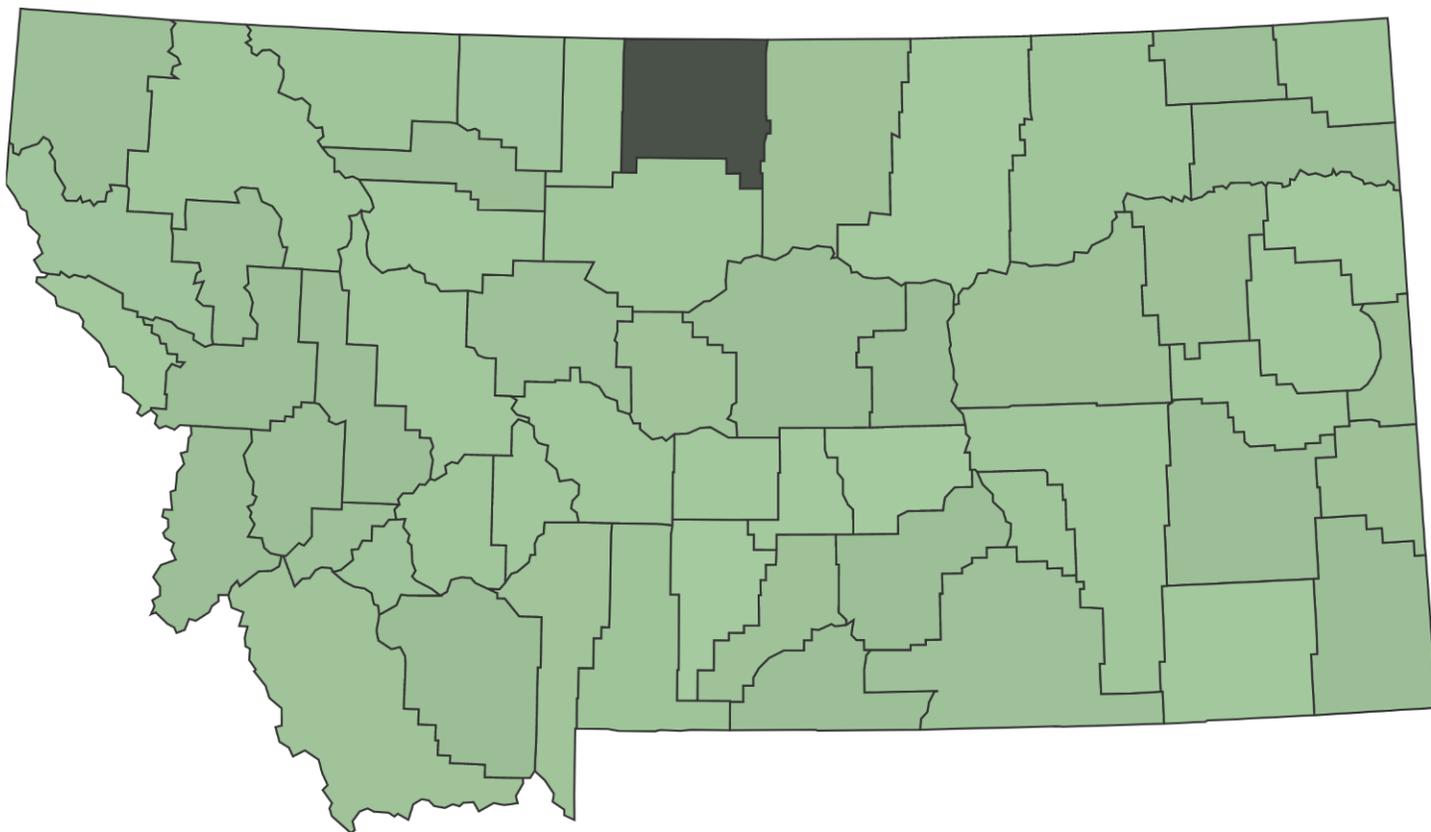
⁸State of the State's Health; A Report of the Health of Montanans, 2013, Montana Department of Health and Human Services,
<http://dphhs.mt.gov/Portals/85/SHIP/StateOfTheStatesHealth.pdf>

*"poor mental health days" are defined by the Center for Disease Control's (CDC's) Behavioral Risk Factor Surveillance System (BRFSS)) as a response in numbers of days indicated when a person answered the following question, "Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?"

HILL COUNTY, MONTANA

COMMUNITY HEALTH NEEDS ASSESSMENT

2020



PREPARED BY THE HILL COUNTY HEALTH CONSORTIUM
DECEMBER 2020

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Bullhook Community Health Center
Havre Daily News
Havre Public Schools
HELP Committee and Boys & Girls Club of the Hi-Line
Hill County Board of Health
Hill County Commissioner
Hill County Extension Office
Hill County Health Department
Human Resource Development Council (HRDC District 4)
Local Emergency Preparedness Committee
Montana Department of Public Health and Human Services
Montana Healthcare Foundation
Montana State University-Northern
New Media Broadcasters, Inc.
Northern Montana Hospital
Office of Public Assistance
Rocky Boy Health Department
Salvation Army
Sanitarian/Planner
United Way
Youth Dynamics

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INTRODUCTION

EXECUTIVE SUMMARY

The 2020 Hill County Community Health Needs Assessment (CHNA) follows similar studies conducted in 2012, 2014, and 2017. A CHNA is a systematic, data-driven effort used to assess a community's health status and needs, determine factors that shape health outcomes, and identify community-based resources able to address the recognized needs. Non-profit hospitals, federally funded Community Health Centers, and accredited county health departments are required to complete a CHNA. In addition to meeting IRS, federal funding, and accreditation requirements, the goal of a CHNA is to provide information that communities use to collaboratively identify issues of greatest need and to feasibly commit resources to those areas, making the greatest possible impact through coordination and prioritization.

This assessment was led by the Hill County Health Consortium (HCHC), whose principal partners are the Hill County Health Department, Northern Montana Health Care, Bullhook Community Health Center, District 4 Human Resources Development Council, and HELP Committee and Boys & Girls Club of the Hi-Line. This assessment incorporates data from primary and secondary sources. Data was collected from Hill County residents through a survey instrument in June 2020, and employees of the Montana Department of Public Health and Human Services analyzed the results. Alongside key findings of these community survey results, a review of secondary county data and input from community stakeholders, health professionals, and human service organizations led to the prioritization of the following areas to be addressed in a subsequent Community Health Improvement Plan (CHIP): behavioral health, access to dental care, and obesity. Both this CHNA and the forthcoming CHIP are intended to be living documents, used and updated as is most strategic for the ongoing work in Hill County of ensuring healthy people in healthy communities.

CHNA METHODOLOGY

A Community Health Assessment Survey is conducted in Hill County every 3 years to evaluate the health status in the community and to help identify priority areas. The COVID-19 global pandemic disrupted all of life this year, including the HCHC's plans to implement the community survey using the Community Assessment for Public Health Emergency Response (CASPER) model that was successfully used in the previous planning cycle. Because the preventative measures in place at the time to stop the spread of COVID-19 made the in-person, house-to-house CASPER method impossible, the planning team shifted to administering the prepared community survey questionnaire (see Appendix A) online via SurveyMonkey.com. The consortium advertised the survey through traditional and social media and electronic mailing lists. Despite the mitigating circumstances, the 2020 community survey saw a 46% increase in the number of community participants from the 2017 CHNA survey.

Employees of the Montana Department of Public Health and Human Services analyzed the data collected from Hill County residents during the survey process that occurred in 2020. A total of 183 surveys were completed, and 6 were excluded from analysis as they were not Hill County residents. A total of 177 surveys, all completed by Hill County residents, were analyzed, and key findings from these results are presented elsewhere in this document.

There were several limitations to this survey that demonstrate the need for secondary data sources, which are in the data profiles presented in this document. Some limitations to the survey's applicability to the general population is that the respondents were disproportionately female, which means that males are underrepresented in this survey. 86.55% of respondents in this survey were female, however only 49.5% of Hill County Residents are female per U.S. Census Bureau 2019 American Community Survey 5-Year Estimates Data Profiles. In another example of disproportionate demographics, the race demographics of the survey do not reflect the reality of the county. 92.90% of survey respondents were White/not of Hispanic descent, and 5.92% of survey respondents were American Indian/Alaskan Native. In reality, 70.2% of Hill County residents are White/not of Hispanic descent, and 23.7% of Hill County residents are American Indian/Alaskan Native.

UNDERSTANDING SOCIAL DETERMINANTS OF HEALTH

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Conditions (e.g., social, economic, and physical) in these various environments and settings (e.g., school, church, workplace, and neighborhood) have been referred to as "place." In addition to the more material attributes of "place," the patterns of social engagement and sense of security and well-being are also affected by where people live. Resources that enhance quality of life can have a significant influence on population health outcomes. Examples of these resources include safe and affordable housing, access to education, public safety, availability of healthy foods, local emergency/health services, and environments free of life-threatening toxins. Understanding the relationship between how population groups experience "place" and the impact of "place" on health is fundamental to SDOH.

SDOH also contribute to wide health disparities and inequities. For example, people who don't have access to grocery stores with healthy foods are less likely to have good nutrition. That raises their risk of health conditions like heart disease, diabetes, and obesity — and even lowers life expectancy relative to people who do have access to healthy foods.

Just promoting healthy choices won't eliminate these and other health disparities. Instead, public health organizations and their partners in sectors like education, transportation, and housing need to take action to improve the conditions in people's environments.

Social Determinants of Health

Examples of SDOH include:

- Availability of resources to meet daily needs (e.g., safe housing, local food markets)
- Access to educational, economic, and job opportunities
- Access to quality health care services
- Access to quality education and job training
- Availability of community-based resources in support of community living
- Opportunities for recreational and leisure-time activities
- Public transportation options
- Public safety
- Social support
- Social norms and attitudes (e.g., discrimination, racism, distrust of government)
- Exposure to crime, violence, and social disorder (e.g., presence of trash, lack of cooperation in a community)
- Socioeconomic conditions (e.g., concentrated poverty and the stressful conditions that accompany it)
- Residential segregation
- Language/literacy
- Access to mass media and emerging technologies (e.g., cell phones, internet)
- Opportunities for cultural expression

5 Domains of SDOH



Sources: *Healthy People 2030*, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved November 2020 from <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>.

Healthy People 2020, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved November 2020 from <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>

By working to establish policies that positively influence social and economic conditions and those that support changes in individual behavior, we can improve health for large numbers of people in ways that can be sustained over time. Improving the conditions in which we live, learn, work, and play and the quality of our relationships will create a healthier population, society, and workforce.

This CHNA shares the hope of one of the five overarching goals of Healthy People 2030: “To create social, physical, and economic environments that promote attaining the full potential for health and well-being for all.”¹

¹ Language and information in this section taken from: “Social Determinants of Health,” Healthy People 2020, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, retrieved Nov. 2020 from <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>; and “Social Determinants of Health,” Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, retrieved Nov. 2020 from <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>.

ABOUT HILL COUNTY

Hill County is located in north-central Montana on the “Hi-Line,” a region south of the U.S.-Canada border whose foundational infrastructure is the main line of the BNSF Railway and U.S. Highway 2. The county covers about 2,898.6 square miles of land and water (2019 U.S. Census Bureau), with major features including Beaver Creek Park, the nation’s largest county park, and sections of the Milk River Project, including the Fresno Dam and Reservoir. Hill County borders Canada, with the provinces of Alberta and Saskatchewan to the north. Adjacent counties are Blaine County to the east, Chouteau County to the south, and Liberty County to the west. Part of Hill County is within Rocky Boy’s Reservation, which also extends into Chouteau County.

Hill County has a population of 16,436 (2019 U.S. Census Bureau estimate). The county seat and most populous city is Havre, with an estimated population of 9,791 (2019 U.S. Census Bureau estimate). Other communities in the county include Box Elder, Gildford, Hingham, Kremlin, Inverness, Rocky Boy, Rudyard, and the East End, Gildford, and Hilldale Hutterite Colonies.

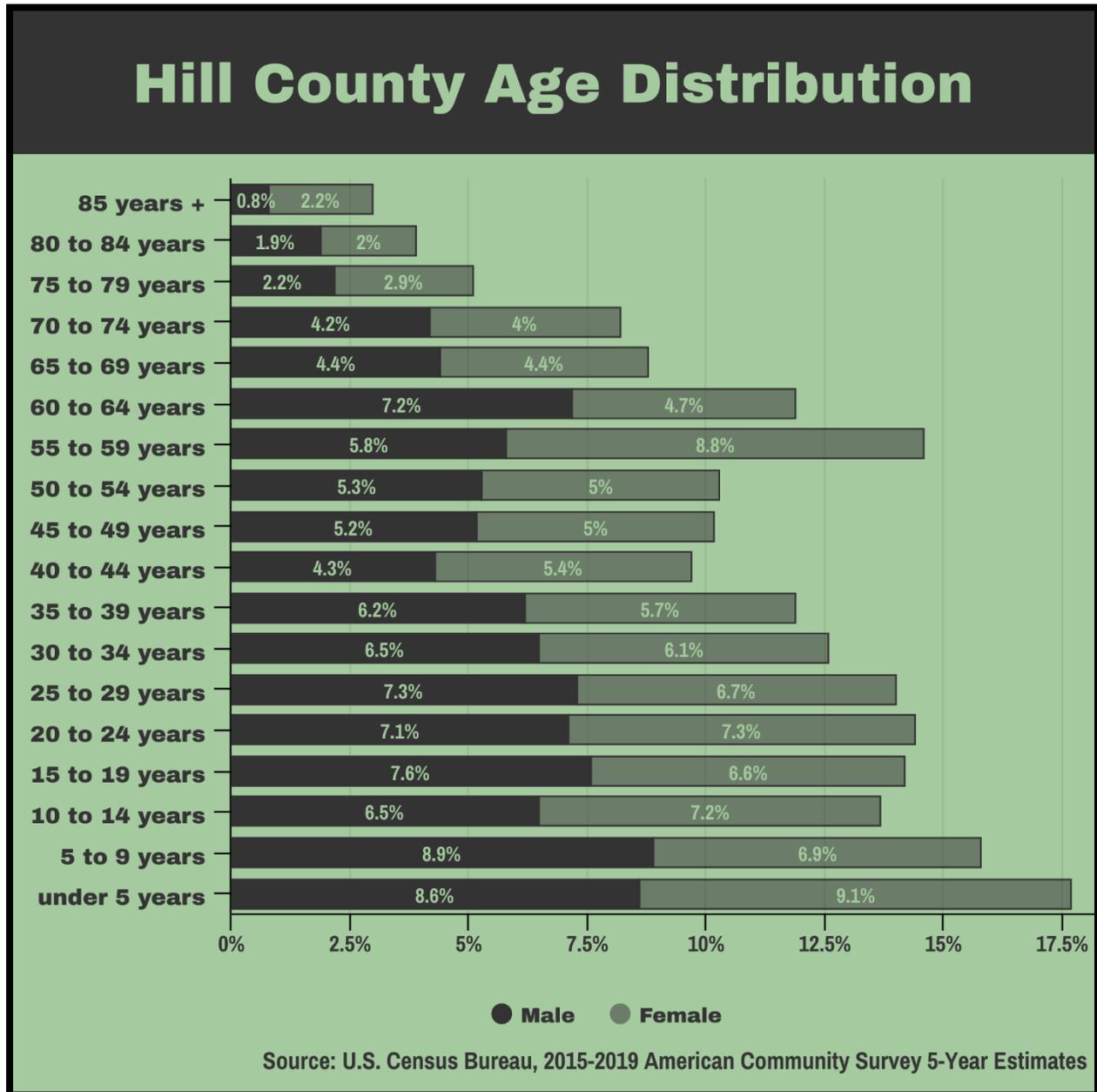
According to the U.S. Department of Health and Human Services Health Resources and Services Administration, Hill County is designated as a Health Professional Shortage Area (HPSA) for Primary Care, Dental Care, and Mental Health Care.

DATA PROFILE OF HILL COUNTY

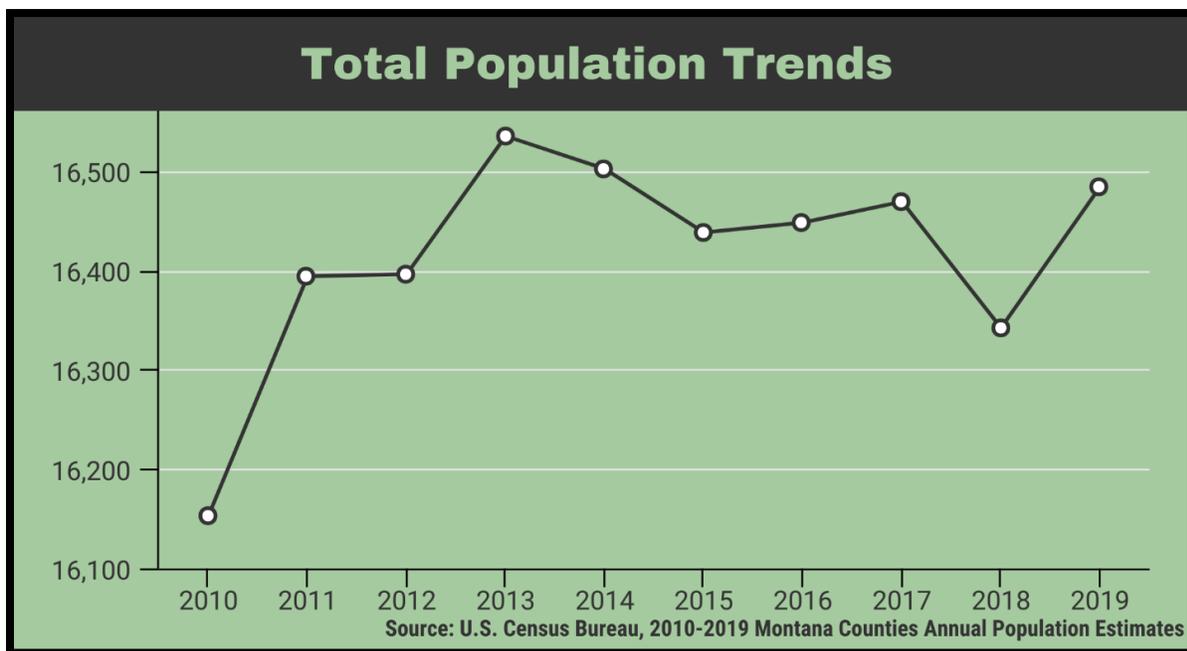
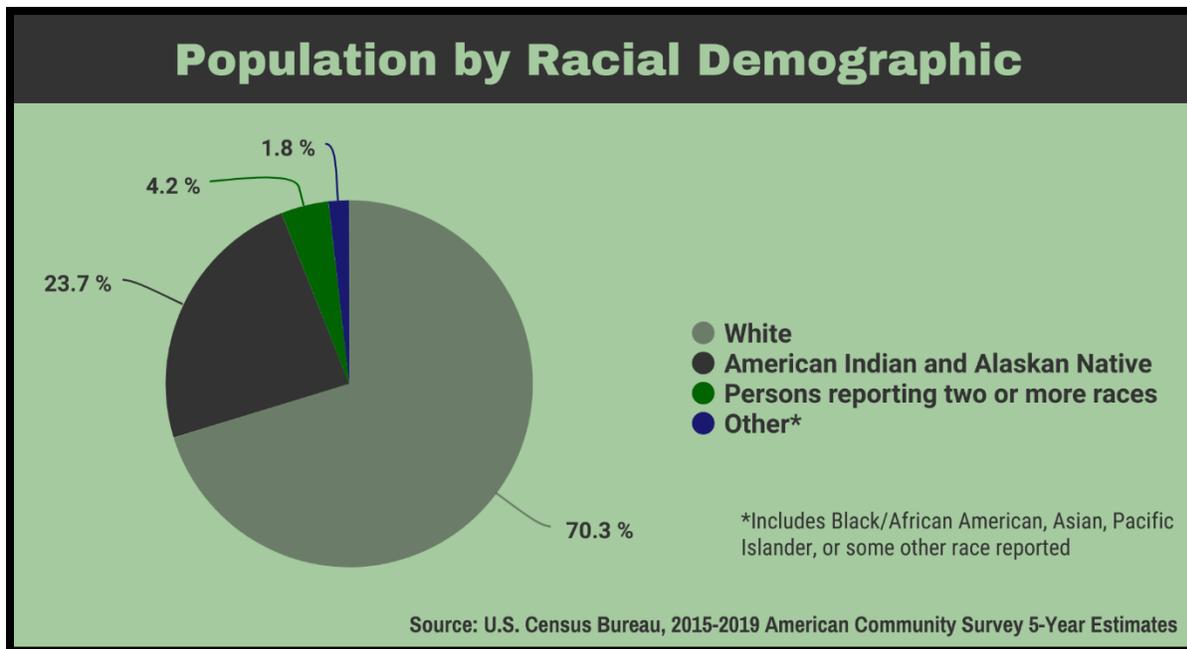
The tables and related descriptions in this section provide a profile of Hill County based on available secondary data. Except where otherwise noted, all data and descriptions are from the U.S. Census Bureau’s 2015-2019 American Community Survey 5-Year Estimates dataset and community profile narratives.

POPULATION PROFILE

Hill County has a total population of 16,436, with 8,129 (49.5%) females and 8,307 (50.5%) males. The median age is 34.3 years. An estimated 27.7% of the population is under 18 years, 34.4% is 18 to 44 years, 23.4% is 45 to 64 years, and 14.5% is 65 years and older.

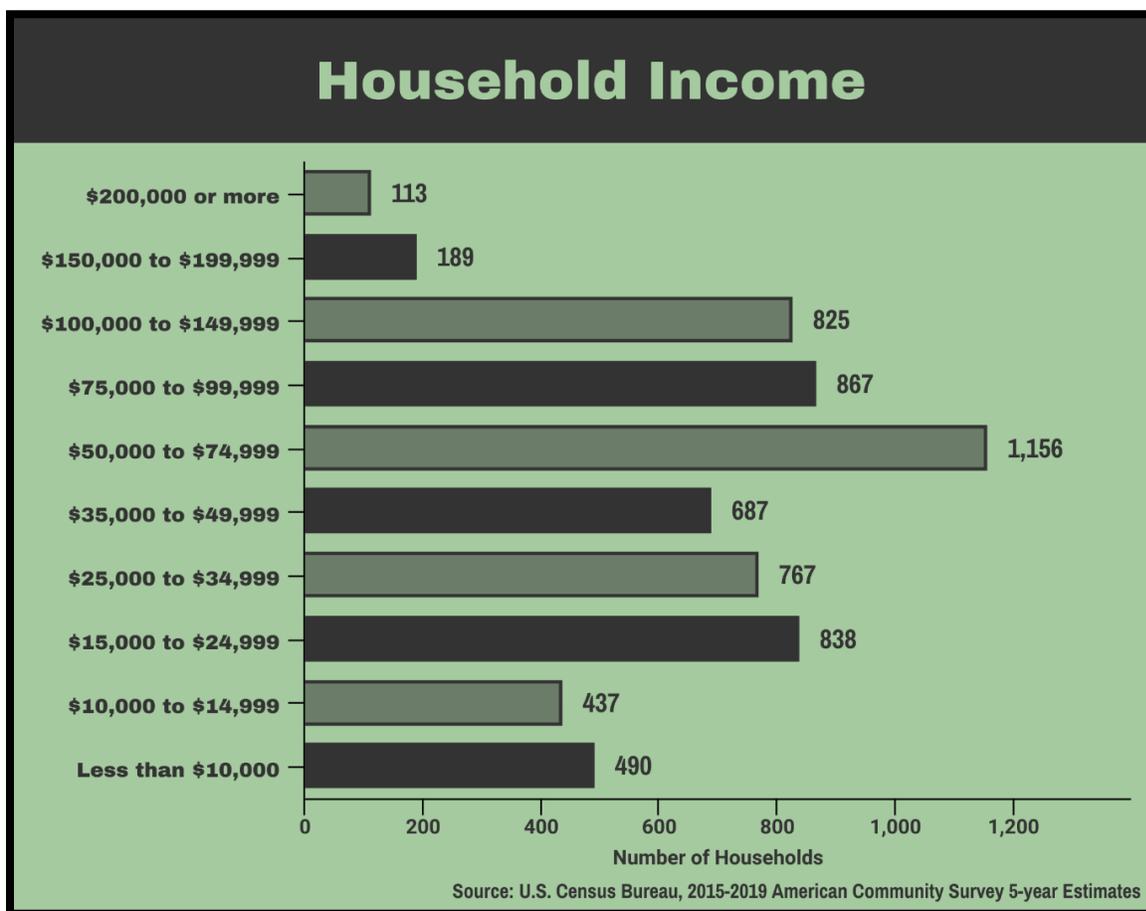
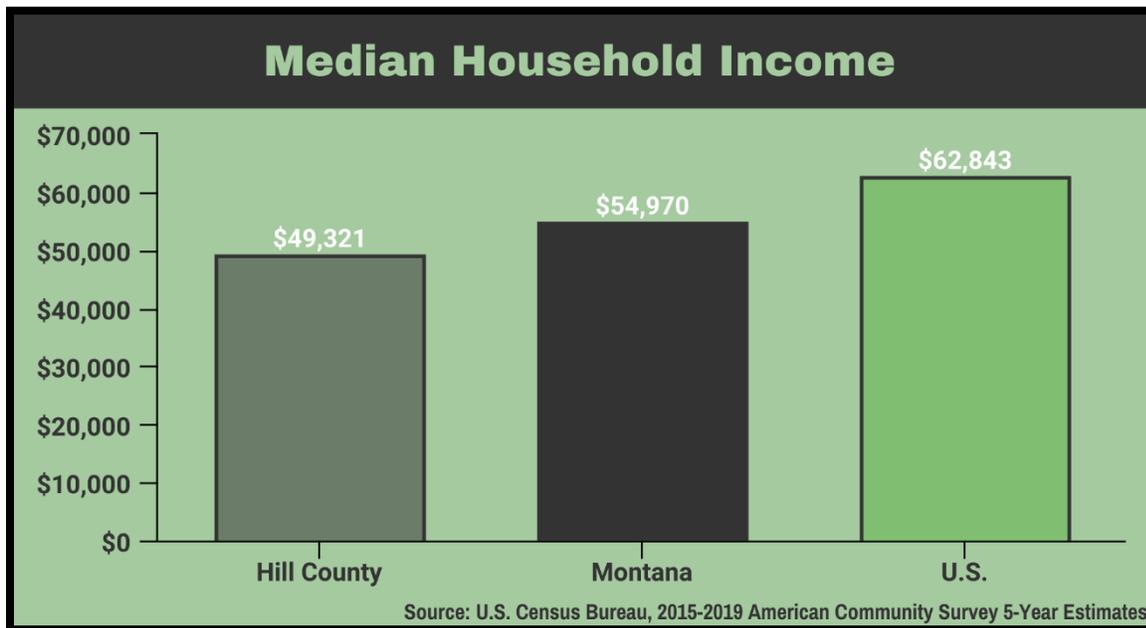


For people reporting one race alone, 70.2% are White; 0.4% are Black or African American; 23.7% are American Indian and Alaska Native; 0.4% are Asian; 0.0% are Native Hawaiian and Other Pacific Islander, and 1.0% are some other race. An estimated 4.2% reported two or more races. An estimated 3.8% of the people in Hill County are Hispanic (people of Hispanic origin may be of any race). An estimated 69.2% of the people are White non-Hispanic.

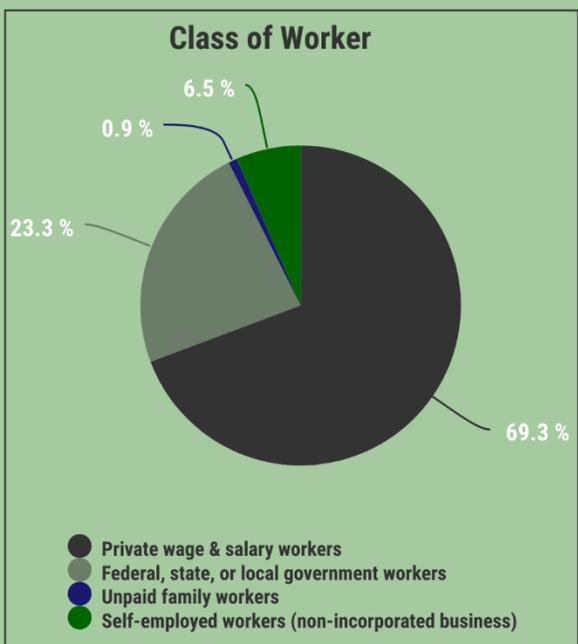
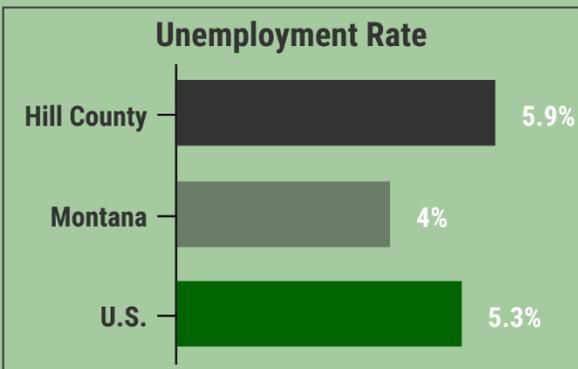


SOCIOECONOMIC PROFILE

Median household income for Hill County is \$49,321. Median earnings for full-time year-round workers is \$41,704. Male full-time year-round workers have median earnings of \$47,341, whereas female full-time year-round workers have median earnings of \$35,828.



Employment in Hill County



Industry	Workforce
Agriculture, forestry, fishing and hunting, and mining	7.1%
Construction	6.3%
Manufacturing	1.7%
Wholesale trade	1.5%
Retail trade	11.8%
Transportation and warehousing, and utilities	8.4%
Information	1.4%
Finance and insurance, and real estate and rental and leasing	4.6%
Professional, scientific, & management, and administrative & waste management services	6.7%
Educational services, and health care and social assistance	27.5%
Arts, entertainment, and recreation, and accommodation, and food services	9.7%
Other Services, except public administration	6.9%
Public administration	6.5%



78.7% of workers drive alone to work
 11.2% of workers carpool
 Average commute to work: 12.3 minutes



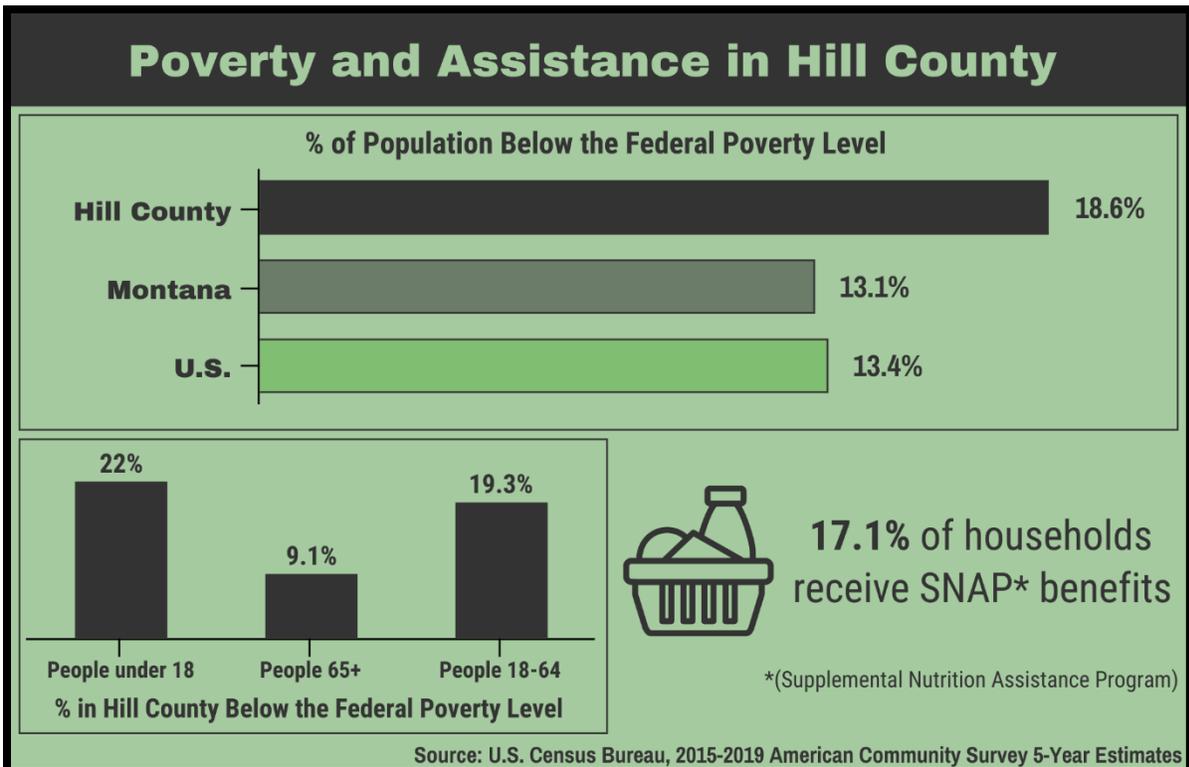
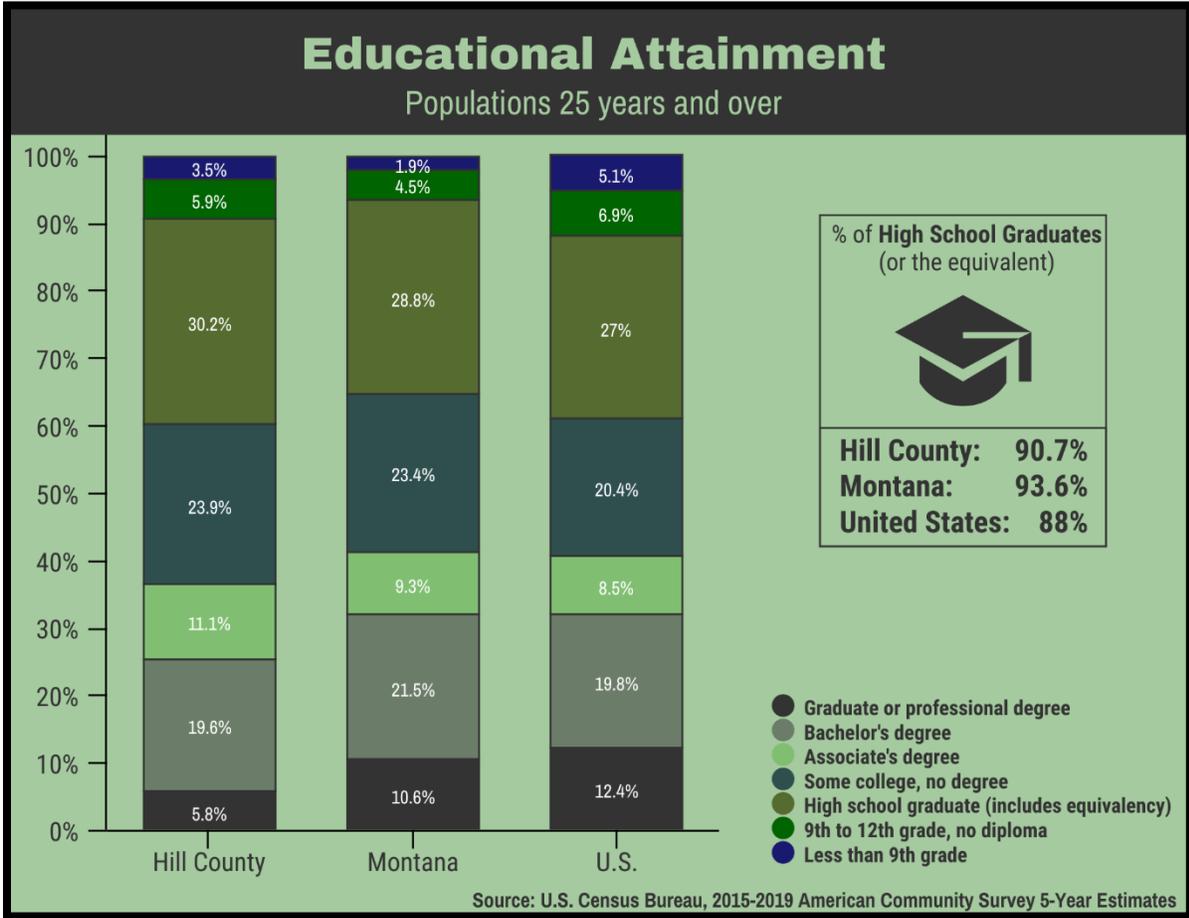
5.5% walk to work

3.7% work at home

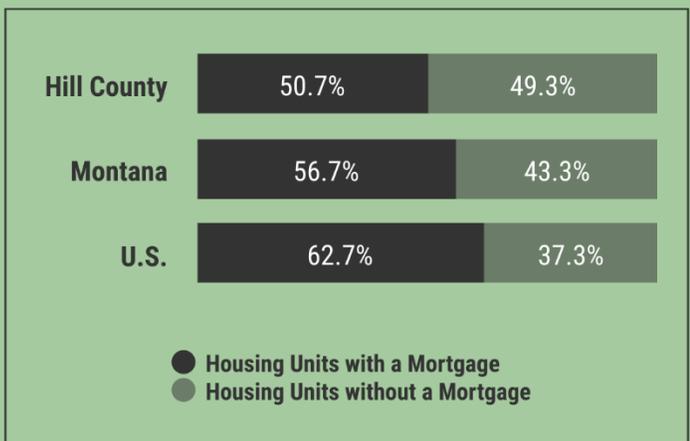
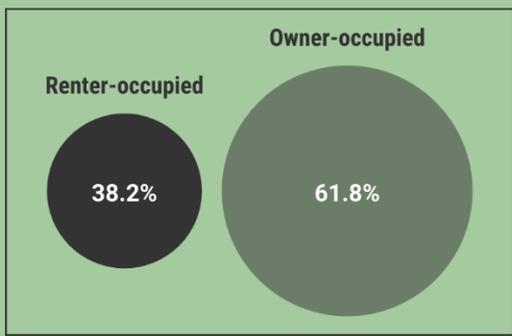
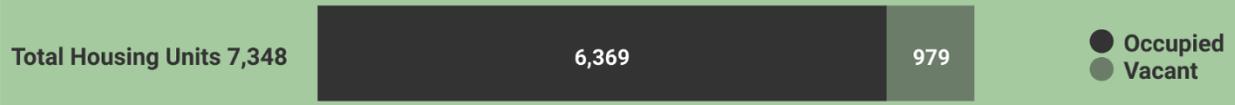


Civilian employed population 16 years and over	Number	Percent
Management, business, sciences, and arts occupations	2,637	37.0
Service occupations	1,240	17.4
Sales and office occupations	1,304	18.3
Natural resources, construction, and maintenance occupations	896	12.6
Production, transportation, and material moving occupations	1,042	14.6

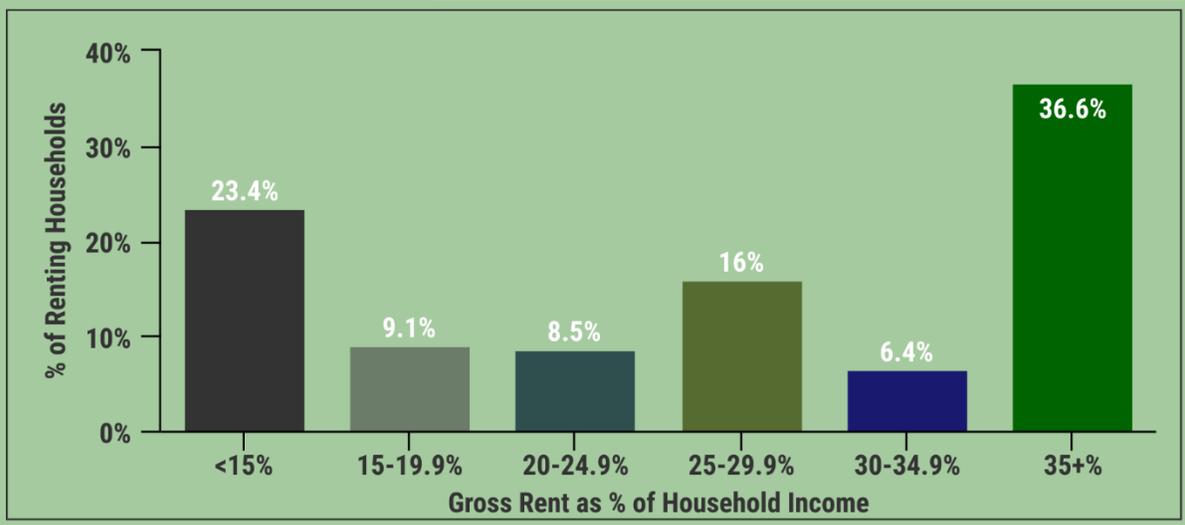
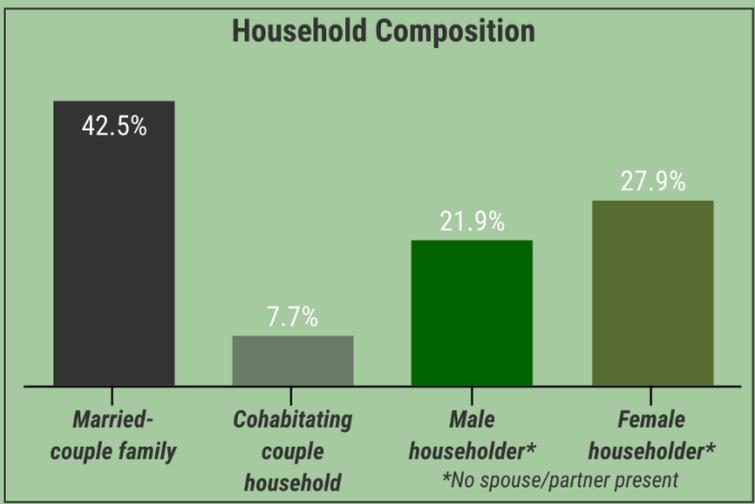
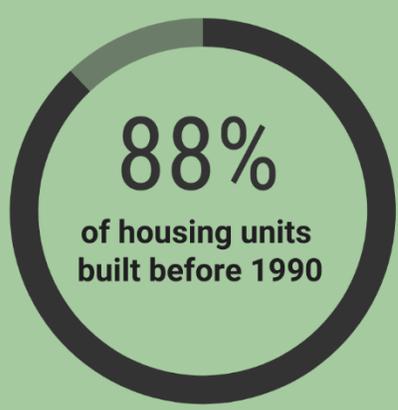
Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates



Housing in Hill County



Median owned home value: \$143,600
 Median monthly rent: \$615
 Average household size: 2.51

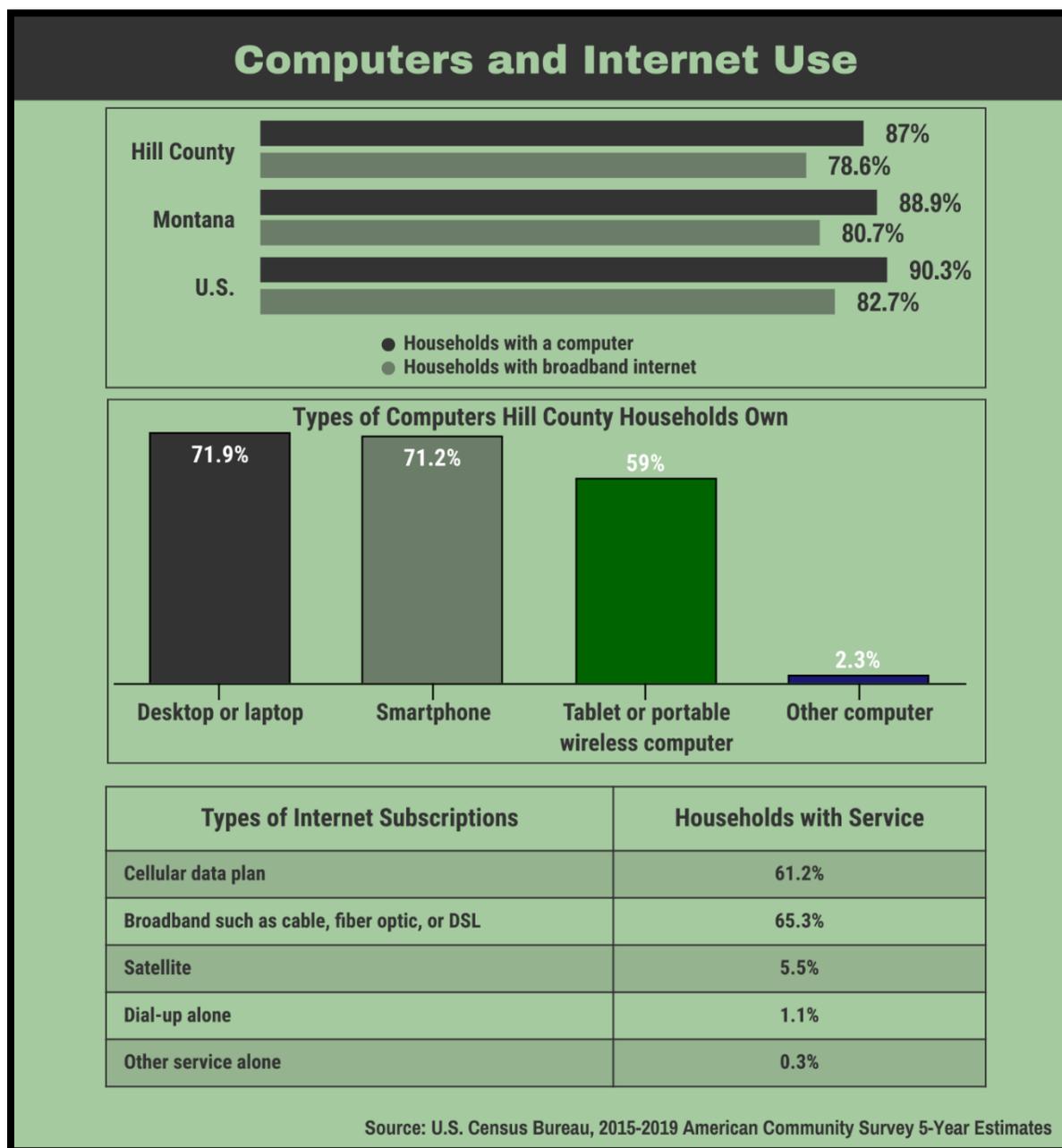


Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates

Of owner-occupied households, 50.7% have a mortgage. 49.3% own their houses “free and clear,” that is, without a mortgage or loan on the house. The median monthly housing costs for owners with a mortgage was \$1,228, and for owners without a mortgage it was \$390.

For renter-occupied houses, the median gross rent for Hill County is \$615. Gross rent includes the monthly contract rent and any monthly payments made for electricity, gas, water and sewer, and any other fuels to heat the house.

Households that pay 30% or more of their income on housing costs are considered cost-burdened. In 2015-2019, cost-burdened households in Hill County, Montana accounted for 25.3% of owners with a mortgage, 9.0% of owners without a mortgage, and 43.0% of renters.



BEHAVIORAL AND HEALTH PROFILE

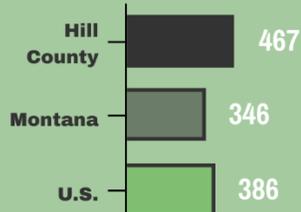
STI Incidence Rates (per 100,000)

	Chlamydia	Gonorrhea	Syphilis
Hill County	1032.6	267.3	6.1
Montana	468.1	112.4	4.3
U.S.	539.9	179.1	10.8

Source: U.S. Centers for Disease Control and Prevention, 2018 NCHHSTP AtlasPlus

Violence and Injury Rates

Violent Crime Rate* per 100,000



*The FBI Uniform Crime Reporting Index considers violent crime to be composed of: murder and nonnegligent manslaughter, rape, robbery, and aggravated assault. Violent crimes are defined as those offenses that involve force or the threat of force.

Source: 2020 County Health Rankings

Age-Adjusted Mortality Rates per 100,000	Hill County	Montana	U.S.
Injury-related Deaths	84.0	85.5	63.1
Unintentional Injury Deaths	61.2	53.9	42.7
Firearm-related Deaths	9.8	17.7	10.9
Motor Vehicle Deaths	21.8	20.1	11.7
Suicide	16.8	24.4	13.1

Source: CDC, Web-based Injury Statistics Query and Reporting System (WISQARS), 2010-2018 Annual Averages

Heart Disease (per 100,000)

	Hill County	Montana	U.S.
Mortality Rate*	407.3	305.5	320

*2016-2018 age-adjusted rates

Risk Factors: For adults in Hill County ages 20+, **38.3%** are obese and **26.7%** report they are physically inactive in their leisure time

Source: U.S. Centers for Disease Control and Prevention, Interactive Atlas of Heart Disease and Stroke

Cancer Rates (per 100,000)

	Hill County	Montana	U.S.
Incidence Rate*	415.2	459.7	449
Mortality Rate*	172.4	154.2	158

*2013-2017 age-adjusted rates, all cancers

Source: U.S. Cancer Statistics Working Group, CDC and National Cancer Institute, 2020

Diabetes

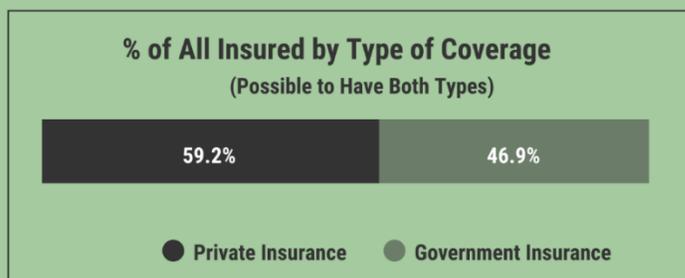
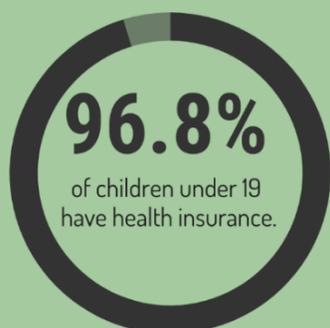
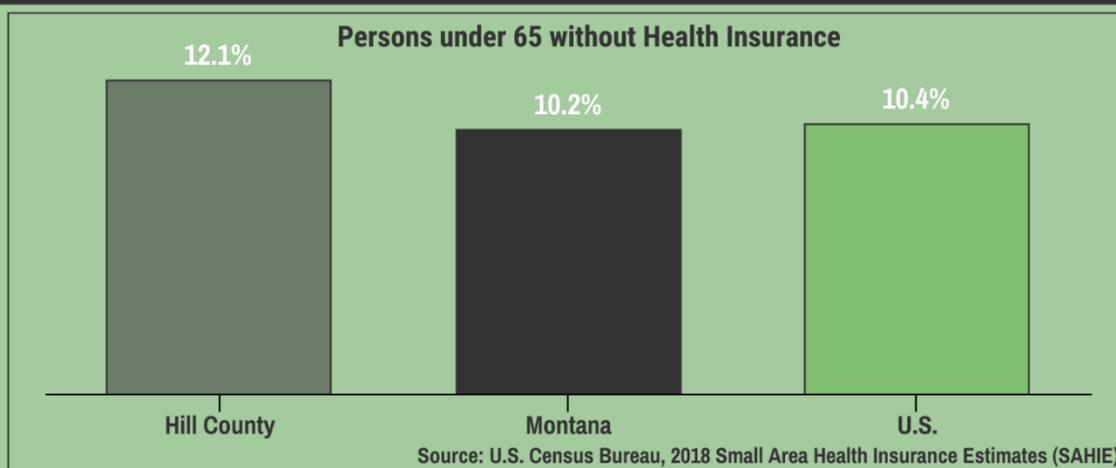
	Hill County	Montana	U.S.
Adults with Diabetes	10.1%	6.9%	8.5%

2017 age-adjusted rates (Hill, U.S.);
2016 age-adjusted rate (Montana)

Risk Factors: For adults in Hill County ages 20+, **38.3%** are obese and **26.7%** report they are physically inactive in their leisure time

Source: U.S. Centers for Disease Control and Prevention, Interactive U.S. Diabetes Surveillance System Data

Health Insurance in Hill County



Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates

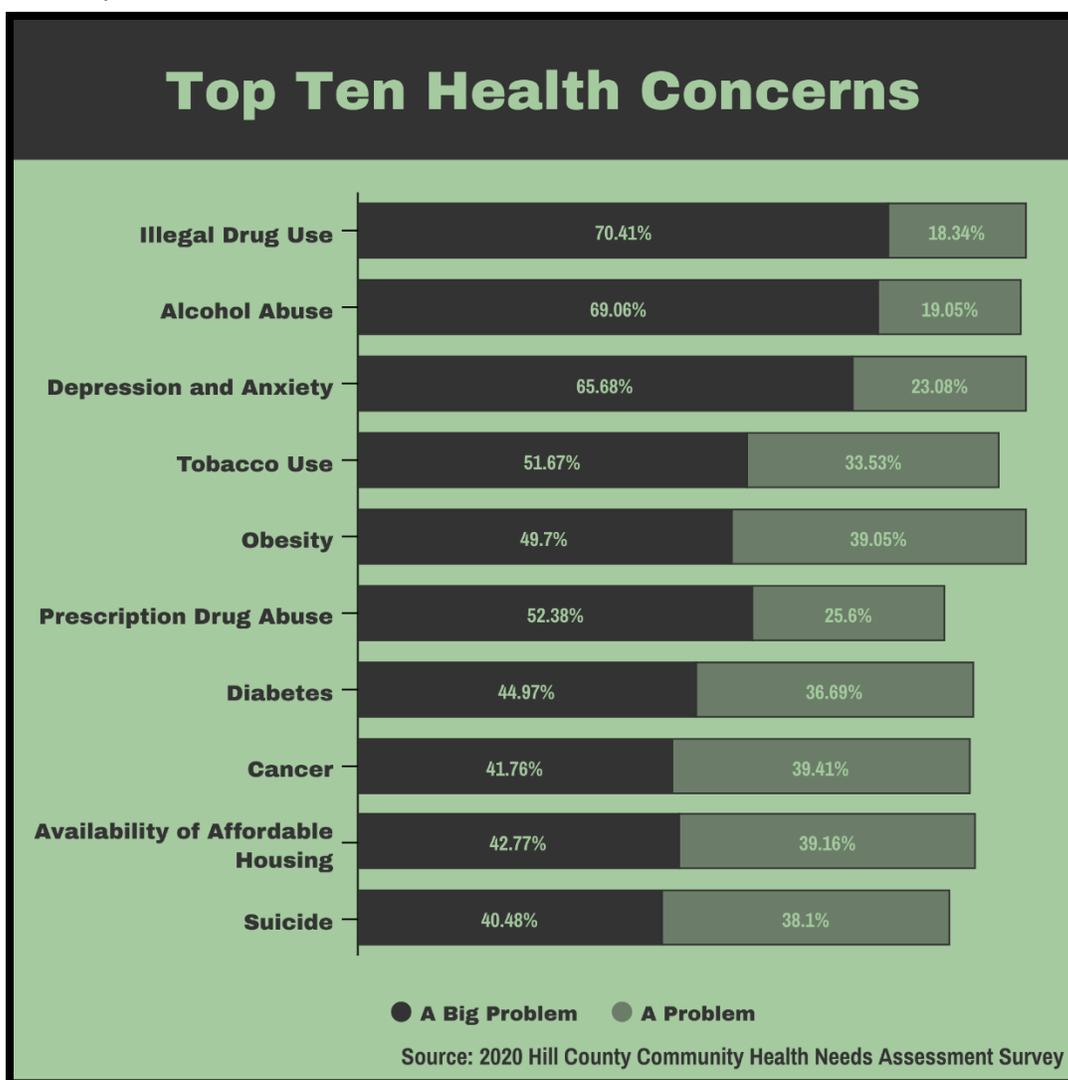
KEY FINDINGS AND AREAS OF OPPORTUNITY

KEY FINDINGS

The following top ten health issues were drawn from the survey, asking the community, “Using the following list, for each potential problem, please tell us if this is not a problem, a problem, a big problem, or don’t know.” Weighting these responses, “a big problem” carried a weight of 2, “a problem” carried a weight of 1, and “not a problem” and “don’t know” carried a weight of 0.

The community sees the following as the top ten health concerns in Hill County based on the perception of “a problem” and “a big problem”:

1. Illegal Drug Use
2. Alcohol Abuse
3. Depression and anxiety
4. Tobacco Use
5. Obesity
6. Prescription Drug Abuse
7. Diabetes
8. Cancer
9. Availability of Affordable Housing
10. Suicide



Illegal Drug Use (meth, heroin, marijuana, etc.)

- 88.75% of survey respondents identified illegal drug use as “a problem” or “a big problem”
 - 18.34% identified illegal drug use as “a problem”
 - 70.41% identified illegal drug use as “a big problem”
- In 2019, drug abuse violations comprised 11% of all adult arrests. 63% of these arrests were male and 37% were female. (Hill County Sheriff’s Office NIBRS)
- In 2019, the crude rate for emergency department encounters in Hill County for drug overdoses (defined as ICD-10 codes T36-T50 “Poisoning by drugs, medicaments and biological substances” and F10-F19 “Mental and behavioral disorders due to psychoactive substance use”) was 3,882.55 per 100,000 (MT IBIS)

Alcohol Abuse

- 88.1% of survey respondents identified alcohol abuse as “a problem” or “a big problem”
 - 19.05% identified alcohol abuse as “a problem”
 - 69.06% identified alcohol abuse as “a big problem”
- Excessive drinking rate is 23% (percentage of adults reporting binge or heaving drinking) (County Health Rankings 2020); Montana’s excessive drinking rate is 21%
- Alcohol-impaired driving death rate is 43% (percent of driving deaths with alcohol involvement) (County Health Rankings 2020)

Depression and Anxiety

- 88.76% of survey respondents identified Depression and Anxiety as “a problem” or “a big problem”
 - 23.08 % identified depression and anxiety as “a problem”
 - 65.68 % identified depression and anxiety as “a big problem”
- 25.98% of those surveyed reported a “fair” or “poor” overall mental health
- Residents reported an age-adjusted average of 4.1 poor mental health days (mentally unhealthy days) in the past 30 days (County Health Rankings 2020)

Tobacco Use

- 85.29% of survey respondents identified tobacco use as “a problem” or “a big problem”
 - 33.53% identified tobacco use as “a problem”
 - 51.67% identified alcohol abuse as “a big problem”
- 14.7% of survey respondents reported smoking “some days” or “every day”
- 23% of Hill County residents report smoking (County Health Rankings 2020)

Obesity

- 88.75% of survey respondents identified obesity as “a problem” or “a big problem”
 - 39.05% identified obesity as “a problem”
 - 49.70% identified obesity as “a big problem”
- Adult obesity (percentage of the adult population age 20 and older that reports a body mass index (BMI) greater than or equal to 30kg/m²) is 38% (County Health Rankings 2020)

Prescription Drug Use

- 77.98 % of survey respondents identified prescription drug use as “a problem” or “a big problem”
 - 25.60% identified prescription drug use as “a problem”
 - 52.38% identified prescription drug use as “a big problem”
- In 2018, the opioid dispensing rate in Hill County was 42 per 100 people (CDC 2018)

Diabetes

- 81.66% of survey respondents identified diabetes as “a problem” or “a big problem”
 - 36.69% identified diabetes as “a problem”
 - 44.97% identified diabetes as “a big problem”
- Diabetes prevalence among adults was 10.1% in 2017 (Interactive U.S. Diabetes Surveillance System)

Cancer

- 81.17 % of survey respondents identified cancer as “a problem” or “a big problem”
 - 39.41 % identified cancer as “a problem”
 - 41.76% identified cancer as “a big problem”
- Cancer incidence rate for all cancers from 2013-2017 was 415.2 (annual average, age-adjusted rate of cases per 100,000 people) (U.S. Cancer Statistics Working Group)
- Cancer mortality rates for all cancers from 2013-2017 was 172.4 (annual average, age-adjusted rate of cases per 100,000 people) (U.S. Cancer Statistics Working Group)

Availability of Affordable Housing

- 81.93% of survey respondents identified availability of affordable housing as “a problem” or “a big problem”
 - 39.16% identified availability of affordable housing as “a problem”
 - 42.77% identified availability of affordable housing as “a big problem”

- 13% of homes reported severe housing problems (households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities) (County Health Rankings 2020)

Suicide

- 78.58% of survey respondents identified suicide as “a problem” or “a big problem”
 - 38.10 % identified suicide as “a problem”
 - 40.48 % identified suicide as “a big problem”
- Suicide rate from 1999-2018 per 100,000 people: 17.5 for Hill County and 22.3 for MT (CDC Wonder)
- Intentional self-harm injury emergency department visit rate from 2016-2017 was 298.9 per 100,000 population (age-adjusted rate) (MT IBIS)

AREAS OF OPPORTUNITY

In addition to the top ten health issues identified by survey respondents and discussed above, several other areas of opportunity emerged from the questionnaire.

When the survey prompted for the “Top 3 for a Healthy Community”, “Access to health care and other services” ranked first, followed by “safe neighborhoods” and “good paying job opportunities”. When asked what could improve the community’s access to health, improving the availability of walk-in clinics/urgent care clinics was the highest-ranking choice, with 81% of survey respondents identifying it as a top way to improve access. When prompted with “How do you learn about health-related services available in our community? Check all that apply”, the top three ways that people found out about health care services were friends/family, social media, and word of mouth/reputation. When asked “During the past three years, was there a time when you or a member of your household felt that you needed health care services but did NOT get, or delayed getting services?”, 50% of respondents said “Yes.”

When asked “What do you think needs to be available, or improved upon to make Hill County a better place to raise children? Pick top 3”, the top results were more activities for teens, more things for children to do with free time, and more parental resources for help raising children.

Finally, a majority of survey respondents also identified dental problems as an issue. 33% of people in the community identified “dental problems” as “a problem”, and 39% identified it as “a big problem”. Survey results also showed that only 68% of respondents have dental insurance. 2020 County Health Rankings indicate Hill County’s ratio of population to dentist is 1,090:1, which is behind Montana’s overall ratio of 1,390:1.

AWARENESS AND ACCESS TO HEALTH SERVICES AND COMMUNITY RESOURCES

Many things contribute to a community's access to health services and resources that contribute to health and wellbeing. According to the U.S. Department of Health and Human Services Health Resources and Services Administration, Hill County is designated as a Health Professional Shortage Area (HPSA) for Primary Care, Dental Care, and Mental Health Care. However, the survey responses indicate that Hill County residents might not be fully aware of the many resources in their community that are available to them or how these resources could be mobilized to address identified needs. The HCHC will continue its collaborative efforts both to build the available resources in Hill County and to raise awareness of and increase access to said resources for its constituents. This section highlights some of the key health resources currently available.

Northern Montana Hospital is located in Havre and is the only hospital in Hill County. The hospital has 49 beds. The Northern Montana Hospital campus includes several medical clinics and a vision center. Services provided by this system include an emergency department, birth center, dialysis, hospice, a sleep center, day surgery, and cardio-pulmonary rehabilitation. The campus also includes Northern Montana Sletten Cancer Center, the Northern Montana Care Center (a 136-bed skilled and intermediate care facility), and Northern Montana Assisted Living.

Bullhook Community Health Center is also located in Havre, and it provides overall health care from birth to end of life. Bullhook Community Health Center provides preventive care, education, behavioral health, case management, urgent and primary care, and dental services to its patients regardless of their ability to pay. It is a Federally Qualified Health Center funded in part by the U.S. Department of Health and Human Services to serve county residents without insurance or those who are underinsured.

The **Hill County Health Department** is also located in Havre. The Health Department provides many services to Hill County, including Public Health Emergency Preparedness, Disaster and Emergency Services, immunizations, WIC, family planning, HIV education and testing, a home visiting program, and various other programs aimed at promoting physical and emotional health, preventing disease, injury, and disability, and protecting the environment and population.

Rocky Boy Health Center, located in Box Elder on Rocky Boy's Reservation, offers a comprehensive range of services, including but not limited to primary care, emergency medical services, community health nursing, optometry, physical therapy, Public Health Emergency Preparedness, immunizations, preventive care, diabetes education, chemical dependency services, HIV education and testing, prenatal and newborn services, dental services, women's health care, behavioral health services, and a wellness program.

The **Merril Lundman Department of Veterans Affairs Outpatient Clinic**, located in Havre, provides various services to veterans and their families.

Dental services in Hill County are offered by those facilities indicated above and also by the **Havre Dental Group, Harada Family Dental Care, Dr. Lee Laeupple, and Dr. Robert Marshall.**

Vision/optometry services in addition to those already mentioned include **Evans Optical and Havre Optometric Clinic.**

In addition to the behavioral and mental health services offered by the major healthcare facilities previously mentioned, there are a number of other behavioral and mental health providers in Hill County.

Havre has a local office of the **Center for Mental Health**, which partners with people and communities to produce integrated mental health and substance abuse services. Their teams provide quality mental healthcare, diversified programming, and a full range of community-based services to both adults and children.

Havre also has a local office for **Youth Dynamics**, a children's mental agency serving youth and families. Their services include therapy, case management, family education and support, foster and respite care, mentoring, therapeutic youth home care, equine-assisted therapy, substance abuse treatment, and independent living skills.

Havre is also home to a **National Alliance on Mental Illness (NAMI) Chapter**. NAMI provides advocacy, education, support and public awareness so that all individuals and families affected by mental illness can build better lives. NAMI is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness.

Additionally, the **Havre/Hill County Mental Health Local Advisory Council** and the **Hill County Suicide Awareness Coalition** are local advocacy groups working towards meeting the mental health needs of Hill County.

Although located in Havre, the **District IV Human Resources Development Council (HRDC)** serves Hill, Blaine, and Liberty counties, including Rocky Boy's and Ft. Belknap Reservations. As a Community Action Program (CAP) agency, the Council's goals are to serve, advise, educate, and aid society in projects aimed at breaking the cycle of poverty. Various services offered by HRDC District IV include child care, Head Start/ Early Head Start, housing and rental assistance, employment and training, energy assistance, victim services, and a food bank.

As noted above, with increasing health care costs and given the rural and frontier nature of Hill County, access to care can be limited and constraining for many. A possible way to increase awareness and access to health services is to increase the local and regional utilization of

connectmontana.org. **CONNECT** is a secure, web-based system for sending and accepting referrals, and it is HIPAA, FERPA, 42CFR and IDEA compliant. **CONNECT** is free-to-use and supported by the state of Montana.

Another resource provided by the state of Montana that would address a need identified by survey participants is **ParentingMontana.org**, which hosts an expansive collection of age-specific, situation-specific, evidenced-based resources for those in parenting roles to use with children of all ages, from infancy to teenage years.

NEXT STEPS

The information in this CHNA will continue to be used by the Hill County Health Consortium (HCHC) and community members to identify and prioritize health needs that can be strategically addressed over the next three years. The data from this CHNA will be presented publicly, and input from the community and the HCHC will be incorporated into future editions of this document. An initial review of the key findings from primary and secondary data by community stakeholders, health professionals, and human service organizations led to the prioritization of the following areas to be addressed in a subsequent Community Health Improvement Plan (CHIP): behavioral health, access to dental care, and obesity. Both this CHNA and the forthcoming CHIP continue the ongoing, collaborative work in Hill County of ensuring healthy people in healthy communities.

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2021

COMMUNITY HEALTH NEEDS ASSESSMENT

Chester, Montana

*Assessment conducted by **Liberty Medical Center** in
cooperation with the Montana Office of Rural Health*



Office of Rural Health
Area Health
Education Center

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INTRODUCTION

Introduction

Liberty Medical Center (LMC) is a 25-bed Critical Access Hospital (CAH) and rural health clinic based in Chester, Montana. Liberty Medical Center serves Liberty County of just over 1,445 square miles and provides medical services to a service population of 2,351 people. Liberty County residents enjoy hunting, fly fishing, water sports, skiing, snowmobiling, biking, and various other outdoor activities. Chester is located south of the Sweet Grass Hills and north of Lake Elwell, offering opportunities for hiking, elk hunting, and trout fishing. We are 110 miles from Glacier National Park, and within a days drive you can visit Yellowstone National park, enjoy the Beartooth Mountains, follow the Lewis and Clark trail, and fly fish on the Missouri River.



Liberty County is designated by the US Department of Health and Human Services (HHS) as a health professional shortage area due to its high needs geographic and low-income population and is considered a frontier county. For further demographic, socioeconomic, and other related county and state data, please see Appendix C to review the Secondary Data Analysis.



Purpose: To provide remarkable care to every person, every day.

Identity: We are compassionate people who are committed to quality care, close to home.

Behaviors:

Act with integrity- We do the right thing...no matter what. Even when it's hard.

Practice positivity- We see the good in all things and all people.

Embrace innovation- We challenge the status quo and strive to find ways to push the boundaries of what's possible for rural healthcare.

Work as a team- We believe healthcare is a team sport.

Practice clinic excellence- We believe in providing high quality care with excellent health care professionals to best serve the interests of our community.

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



In February 2021, LMC’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 2015 and 2018. If any statistical significance exists, it will be reported. The significance level was set at 0.05.

Health Assessment Process

A steering committee was convened to assist Liberty Medical Center 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 January of 2021. For a list of all steering committee members and their affiliations, see Appendix A. The Steering Committee met twice during the CHSD process; first to discuss health concerns in the community and offer their perspective in designing the survey instrument, and again to review results of the CHNA and to assist in the prioritization of health needs.

Survey Methodology

Survey Instrument

In February 2021, surveys were mailed out to the residents in Liberty 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

Liberty Medical Center 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 that each area would be represented in proportion to the overall served population and the proportion of past admissions. (Note: although the survey samples were proportionately selected, actual surveys returned from each population area varied, which may result in slightly less proportional results). See survey distribution table below.

Zip Code	Population	Community Name	Total Distribution	# Male	# Female
59522	1073	Chester	337	163	174
59531	242	Joplin	101	61	40
59540	126	Rudyard	118	65	53
59530	41	Inverness	50	29	21
59528	118	Hingham	49	25	24
59525	158	Gildford	56	30	26
59461	32	Lothair	17	7	10
59456	448	Ledger	6	3	3
59545	35	Whitlash	6	3	3
59444	308	Galata	54	28	26
Total	2660		800	417	383

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

Information Gaps- Data

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

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

The low population density of rural and frontier communities often requires regional reporting of many major health indices, including chronic disease burden and behavior health indices. The Montana BRFSS (Behavioral Risk Factor Surveillance System), through a cooperative agreement with the Center for Disease Control and Prevention (CDC), is used to identify regional trends in health-related behaviors. The fact that many health indices for rural and frontier counties are reported regionally makes it impossible to set the target population aside from the five more-developed Montana counties.



Limitations in Survey & Key Informant Methodology

A common approach to survey research is the mailed survey. However, this approach is not without limitations. There is always the concern of non-response as it may affect the representativeness of the sample. Thus, a mixture of different data collection methodologies is recommended.

Conducting key informant interviews in addition to the random sample survey allows for a more robust sample, and ultimately, these efforts help to increase the community response rate. Partnering with local community organizations such as public health, community health centers, and senior centers, just to name a few, assists in reaching segments of the population that might not otherwise respond to a survey.

While key informant interview data can offer invaluable insight into the perception of a community or group of individuals, qualitative data can be difficult to analyze. For this reason, interview 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 key informant interviews for LMC to ensure impartiality. However, given the small size of the community, key informant interview participants may still be hesitant to express their opinions freely. Personal identifiers are not included in the transcripts.

Survey Implementation

In February 2021, a survey, cover letter on Liberty Medical Center letterhead with the Chief Executive Officer's signature, and a postage paid envelope were mailed to 800 randomly selected residents in the hospital's service area. A news release was sent to the local newspaper as well as social media postings prior to the survey distribution announcing that Liberty Medical Center 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, 70 surveys were returned undeliverable for a 25.1% response rate. From this point on, the total number of surveys will be out of 730. Based upon the sample size, we can be 95% confident that the responses to the survey questions are representative of the service area population, plus or minus 6.9%.

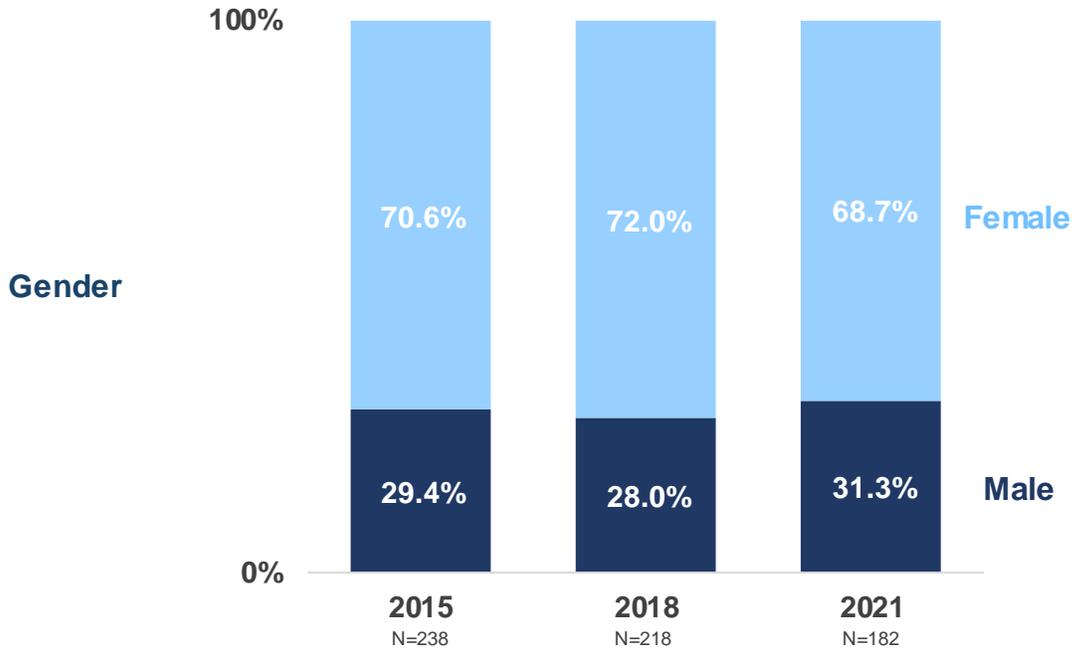
Survey Respondent Demographics

A total of 730 surveys were distributed amongst Liberty Medical Center's service area. One-hundred eighty-three were completed for a 25.1% response rate. The following table and graphs indicate the demographic characteristics of the survey respondents. Information on residence, 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. A solid blue square indicates a statistically significant change between years.

Place of Residence	2015 % (n)	2018 % (n)	2021 % (n)	SIGNIFICANT CHANGE
Number of respondents	243	219	181	
59522 Chester	63.4% (154)	70.8% (155)	47.0% (85)	■
59531 Joplin	12.8% (31)	8.7% (19)	13.8% (25)	□
59540 Rudyard	11.5% (28)	9.1% (20)	13.3% (24)	□
59530 Inverness	3.7% (9)	5.0% (11)	7.2% (13)	■
59528 Hingham	3.7% (9)	1.4% (3)	6.1% (11)	□
59444 Galata	0.4% (1)	0.0% (0)	5.5% (10)	□
59525 Gildford	2.1% (5)	1.4% (3)	5.5% (10)	□
59461 Lothair	0.8% (2)	0.5% (1)	0.6% (1)	□
59532 Kremlin		2.7% (6)	0.0% (0)	□
59456 Ledger			0.0% (0)	□
59545 Whitlash	0.8% (2)	0.0% (0)	0.0% (0)	□

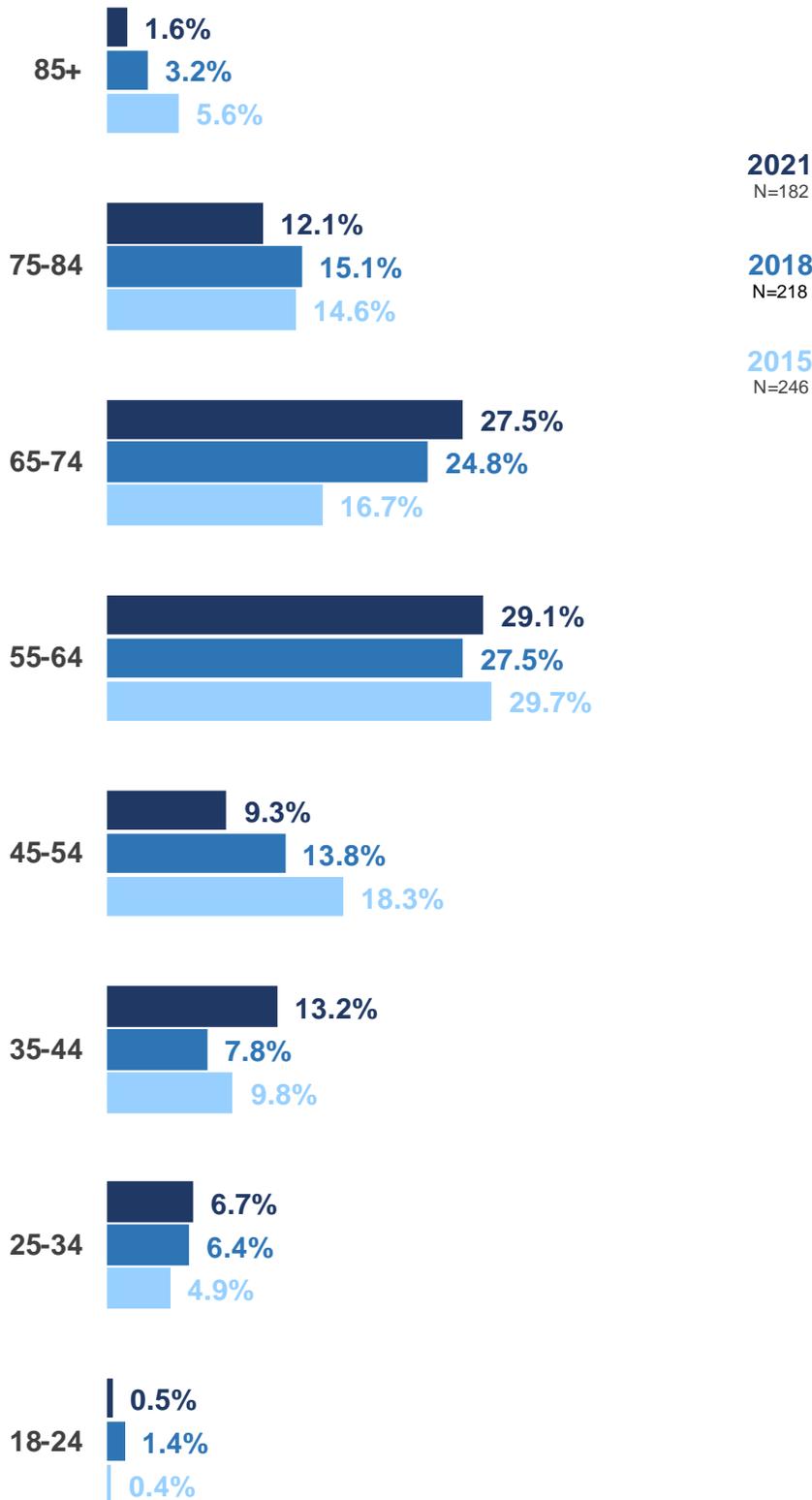
Other*	0.8% (2)	0.5% (1)	1.1% (2)	<input type="checkbox"/>
TOTAL	243	219	181	

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. * Respondents (N=1) who selected over the allotted amount were moved to "Other."



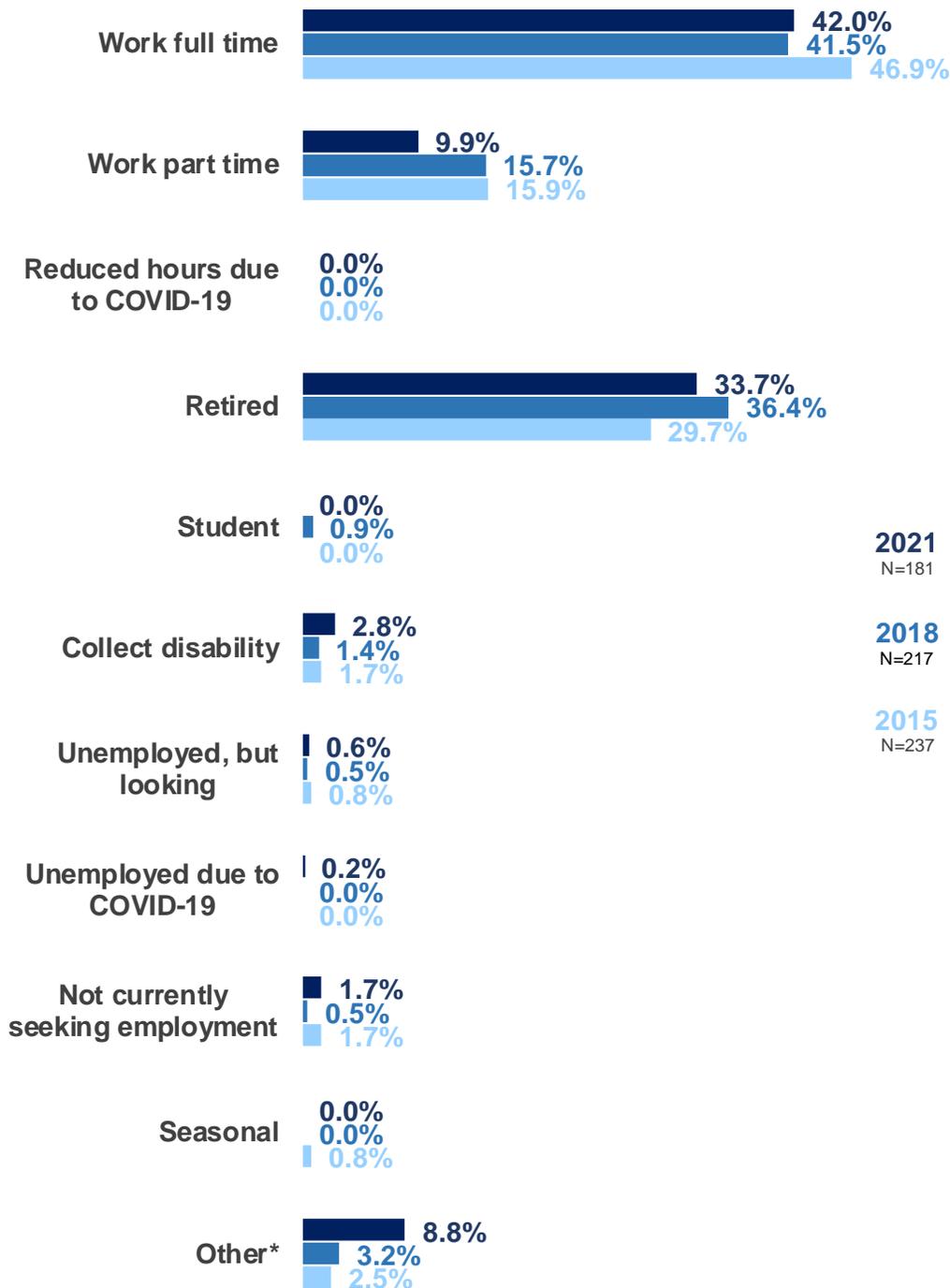
Women are frequently the healthcare decision makers for their families and more likely to respond to a health-related survey.

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.

The majority of 2021 respondents are retired or work full time.



* Respondents (N=5) who selected over the allotted amount were moved to "Other."

"Other" comments included: Stay-at-home mom (2), "Retired from profession, work on family farm."



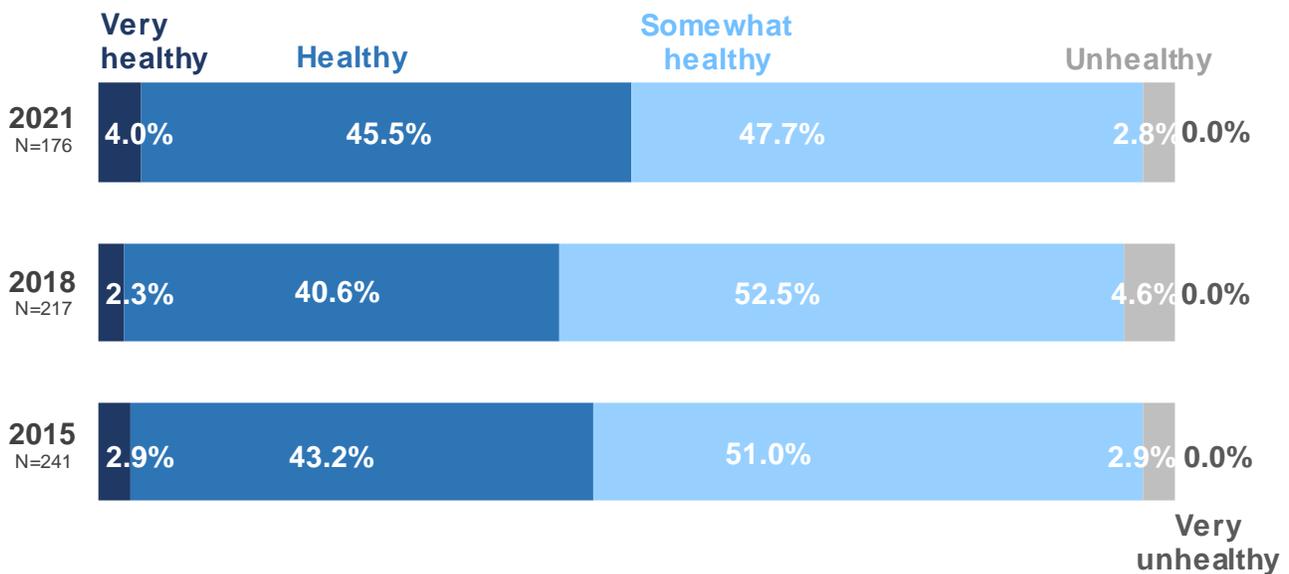
SURVEY RESULTS

Survey Results

Rating of Healthy Community (Question 1)

Respondents were asked to indicate how they would rate the general health of their community. Forty-eight percent of respondents (n=84) rated their community as “Somewhat healthy,” and 45.5% of respondents (n=80) felt their community was “Healthy.” No respondents indicated they felt their community was “Very unhealthy.”

Most respondents rate their community as **somewhat healthy**



93.2% of respondents feel their community is healthy or 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 42.3% (n=77). “Cancer” was also a high priority at 29.1% (n=53), although it experienced a significant decrease compared to the two previous assessments. Twenty-six percent of respondents (n=48) indicated “Overweight/obesity” as the third top health concern.

“Other” comments included: MS and “COVID-our community is excellent in handling it.”

(View all comments in Appendix G)

Health Concern	2015 % (n)	2018 % (n)	2021 % (n)	SIGNIFICANT CHANGE
Number of respondents	251	226	182	
Alcohol/substance abuse	42.6% (107)	48.7% (110)	42.3% (77)	<input type="checkbox"/>
Cancer	67.3% (169)	46.9% (106)	29.1% (53)	<input checked="" type="checkbox"/>
Overweight/obesity	27.9% (70)	34.1% (77)	26.4% (48)	<input type="checkbox"/>
Heart disease	33.9% (85)	25.2% (57)	25.3% (46)	<input type="checkbox"/>
Mental health issues	7.6% (19)	12.8% (29)	15.9% (29)	<input checked="" type="checkbox"/>
Social isolation/loneliness			15.9% (29)	<input type="checkbox"/>
Alzheimer's/dementia			14.3% (26)	<input type="checkbox"/>
Depression/anxiety	15.5% (39)	23.0% (52)	14.3% (26)	<input checked="" type="checkbox"/>
Diabetes	18.3% (46)	21.7% (49)	11.0% (20)	<input checked="" type="checkbox"/>
Lack of exercise	14.3% (36)	13.7% (31)	11.0% (20)	<input type="checkbox"/>
Work/economic stress			8.2% (15)	<input type="checkbox"/>
Lack of access to healthcare	2.4% (6)	8.0% (18)	7.7% (14)	<input checked="" type="checkbox"/>
Tobacco use (cigarettes/cigars, vaping, smokeless)	8.0% (20)	11.1% (25)	7.7% (14)	<input type="checkbox"/>
Work related accidents/injuries	4.4% (11)	4.4% (10)	7.1% (13)	<input type="checkbox"/>
Lack of access to healthy food		4.4% (10)	6.0% (11)	<input type="checkbox"/>
Underage alcohol use	13.2% (33)	4.9% (11)	6.0% (11)	<input checked="" type="checkbox"/>
Teen drug use	14.7% (37)	6.6% (15)	4.9% (9)	<input checked="" type="checkbox"/>
Child abuse/neglect	1.6% (4)	3.1% (7)	4.4% (8)	<input type="checkbox"/>
Motor vehicle accidents	2.0% (5)	1.8% (4)	3.3% (6)	<input type="checkbox"/>
Stroke	5.2% (13)	4.0% (9)	2.2% (4)	<input type="checkbox"/>
Suicide		1.3% (3)	2.2% (4)	<input type="checkbox"/>
Opioid addiction		3.1% (7)	1.6% (3)	<input type="checkbox"/>
Recreation related accidents/injuries	0.8% (2)	1.8% (4)	1.6% (3)	<input type="checkbox"/>
Trauma/Adverse Childhood Experiences (ACES)			1.6% (3)	<input type="checkbox"/>
Domestic violence	0.4% (1)	1.8% (4)	1.1% (2)	<input type="checkbox"/>
Hunger			0.0% (0)	<input type="checkbox"/>
Other*	3.6% (9)	3.1% (7)	5.5% (10)	<input type="checkbox"/>

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

Components of a Healthy Community (Question 3)

Respondents were asked to identify the three most important things for a healthy community. Fifty-one percent of respondents (n=93) indicated that “Access to healthcare services” is important for a healthy community, followed by “Good jobs and a healthy economy” at 42.3% (n=77), and “Good schools” at 30.8% (n=56).

Components of Healthy Community	2015 % (n)	2018 % (n)	2021 % (n)	SIGNIFICANT CHANGE
Number of respondents	251	226	182	
Access to healthcare services	68.9% (173)	73.9% (167)	51.1% (93)	■
Good jobs and a healthy economy	34.3% (86)	38.1% (86)	42.3% (77)	□
Good schools	30.3% (76)	29.2% (66)	30.8% (56)	□
Healthy behaviors and lifestyles	34.7% (87)	32.7% (74)	28.6% (52)	□
Strong family life	40.2% (101)	34.5% (78)	26.9% (49)	■
Religious or spiritual values	33.9% (85)	25.7% (58)	23.1% (42)	■
Low crime/safe neighborhoods	9.2% (23)	14.2% (32)	18.1% (33)	■
Access to childcare/after school programs			14.8% (27)	□
Access to healthy foods			13.2% (24)	□
Community involvement	14.3% (36)	10.2% (23)	13.2% (24)	□
Affordable housing	8.4% (21)	9.3% (21)	6.0% (11)	□
Clean environment	6.0% (15)	6.6% (15)	5.5% (10)	□
Teen recreational activities	2.8% (7)	4.9% (11)	3.8% (7)	□
Parks and recreation	2.0% (5)	2.7% (6)	3.3% (6)	□
Tolerance for diversity	3.6% (9)	4.9% (11)	3.3% (6)	□
Low death and disease rates	3.2% (8)	1.8% (4)	2.2% (4)	□
Transportation services			2.2% (4)	□
Low level of domestic violence	1.6% (4)	1.8% (4)	1.6% (3)	□
Arts and cultural events	0.8% (2)	2.2% (5)	0.5% (1)	□
Other*	1.2% (3)	0.4% (1)	1.1% (2)	□

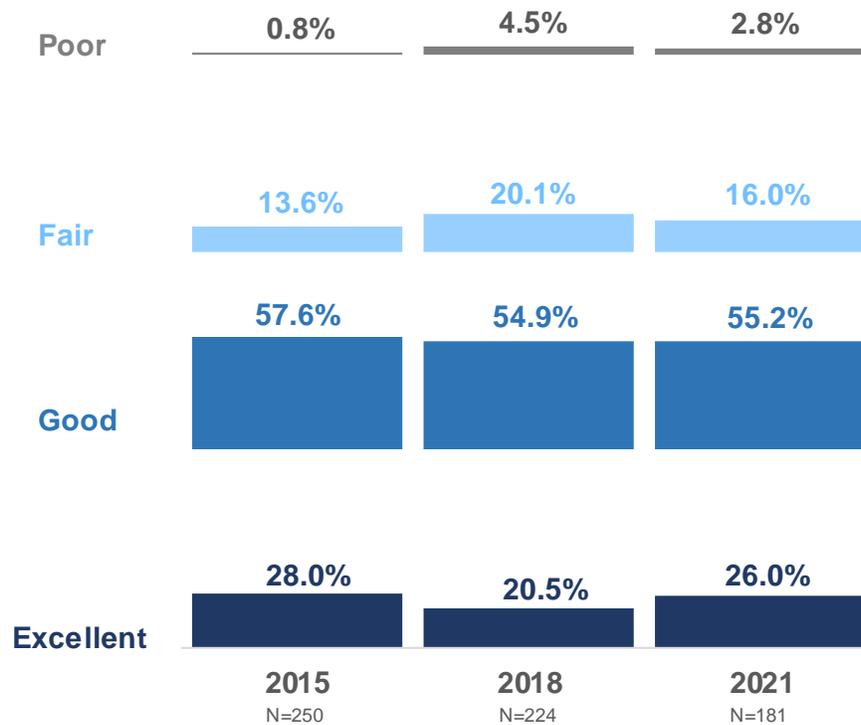
A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to pick their top three components of a healthy community, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year. * Respondents (N=2) who selected over the allotted amount were moved to “Other.”

“Other” comments included: “Sorry I think there are more than 3.”

Knowledge of Health Services (Question 4)

Respondents were asked to rate their knowledge of the health services available at Liberty Medical Center. Fifty-five percent (n=100) of respondents rated their knowledge of health services as “Good.” “Excellent” was selected by 26.0% percent (n=47), and “Fair” was chosen by 16.0% of respondents (n=29).

More 2021 respondents rated their knowledge of services as good or excellent compared to 2018



How Respondents Learn of Health Services (Question 5)

The most frequently indicated method of learning about available services was “Friends/family” at 65.9% (n=120). “Clinic/hospital staff” was also often used to learn about health services at 63.2% (n=115), followed by “Word of mouth/reputation” at 54.9% (n=100).

How Respondents Learn about Community Health Services	2015 % (n)	2018 % (n)	2021 % (n)	SIGNIFICANT CHANGE
Number of respondents	251	226	182	
Friends/family	59.4% (149)	57.1% (129)	65.9% (120)	<input type="checkbox"/>
Clinic/hospital staff	66.5% (167)	65.5% (148)	63.2% (115)	<input type="checkbox"/>
Word of mouth/reputation	60.6% (152)	68.1% (154)	54.9% (100)	<input checked="" type="checkbox"/>
Healthcare provider	48.2% (121)	50.9% (115)	44.0% (80)	<input type="checkbox"/>
Social media (Facebook, etc.)	7.6% (19)	31.9% (72)	30.2% (55)	<input checked="" type="checkbox"/>
Newspaper	30.3% (76)	38.5% (87)	26.9% (49)	<input checked="" type="checkbox"/>
Public Health nurse		15.9% (36)	18.7% (34)	<input type="checkbox"/>
Website/internet	4.8% (12)	9.3% (21)	12.1% (22)	<input checked="" type="checkbox"/>
Mailings/newsletter		23.0% (52)	11.5% (21)	<input checked="" type="checkbox"/>
Radio	4.4% (11)	6.6% (15)	6.6% (12)	<input type="checkbox"/>
Presentations	2.8% (7)	3.1% (7)	1.6% (3)	<input type="checkbox"/>
Other	2.4% (6)	3.5% (8)	2.2% (4)	<input type="checkbox"/>

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

“Other” comments included: “I research,” all, and “being in the hospital several times.”

View a cross tabulation of how respondents learn with how they rate their knowledge on p. 84

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 78.6% (n=143). The “Dentist” was utilized by 61.0% of respondents (n=111), followed by “Public Health” at 50.0% (n=91). The utilization of public health as a community health resource increased significantly compared to the two earlier assessments.

Use of Community Health Resources	2015 % (n)	2018 % (n)	2021 % (n)	SIGNIFICANT CHANGE
Number of respondents	251	226	182	
Pharmacy	84.1% (211)	82.3% (186)	78.6% (143)	<input type="checkbox"/>
Dentist	55.4% (139)	54.4% (123)	61.0% (111)	<input type="checkbox"/>
Public Health	29.5% (74)	33.6% (76)	50.0% (91)	<input checked="" type="checkbox"/>
Specialty clinic services		22.6% (51)	20.9% (38)	<input type="checkbox"/>
Chiropractor		17.3% (39)	19.8% (36)	<input type="checkbox"/>
Ambulance		14.2% (32)	17.0% (31)	<input type="checkbox"/>
Fitness center	19.5% (49)	22.1% (50)	13.2% (24)	<input type="checkbox"/>
Massage therapy	19.9% (50)	15.5% (35)	11.0% (20)	<input checked="" type="checkbox"/>
Liberty County Transit	12.0% (30)	13.3% (30)	5.5% (10)	<input checked="" type="checkbox"/>
Mental health	2.4% (6)	5.3% (12)	4.4% (8)	<input type="checkbox"/>
Tobacco prevention program	2.8% (7)	2.7% (6)	0.5% (1)	<input type="checkbox"/>
Other	2.8% (7)	4.4% (10)	6.6% (12)	<input type="checkbox"/>

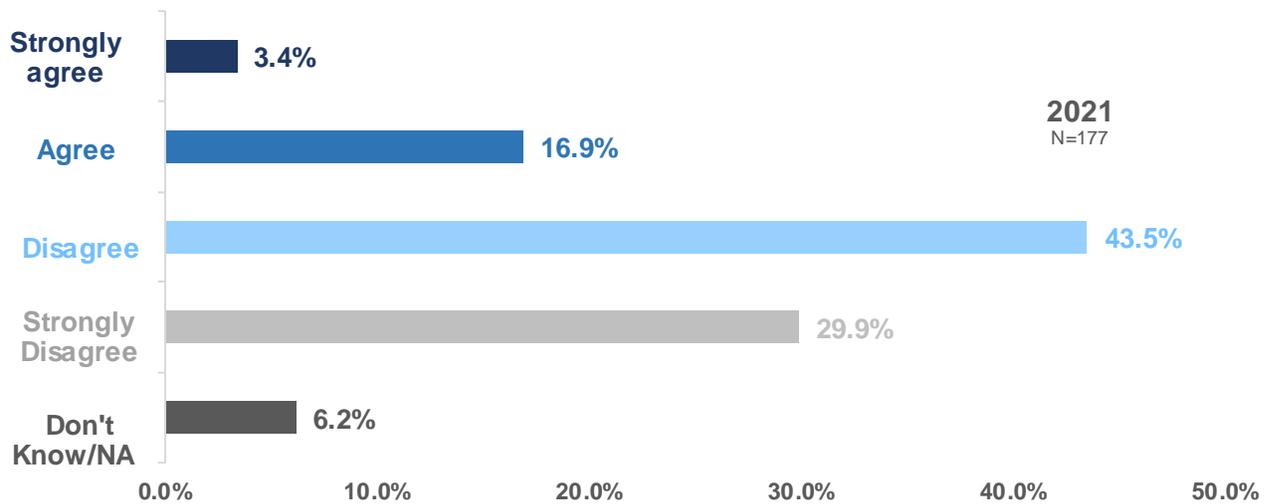
A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to select all other community health resources used, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year.

“Other” comments included: emergency room/ER (3), None (2), Physical therapy (2), domestic abuse services, County Health Nurse, and “All in Toole County.”

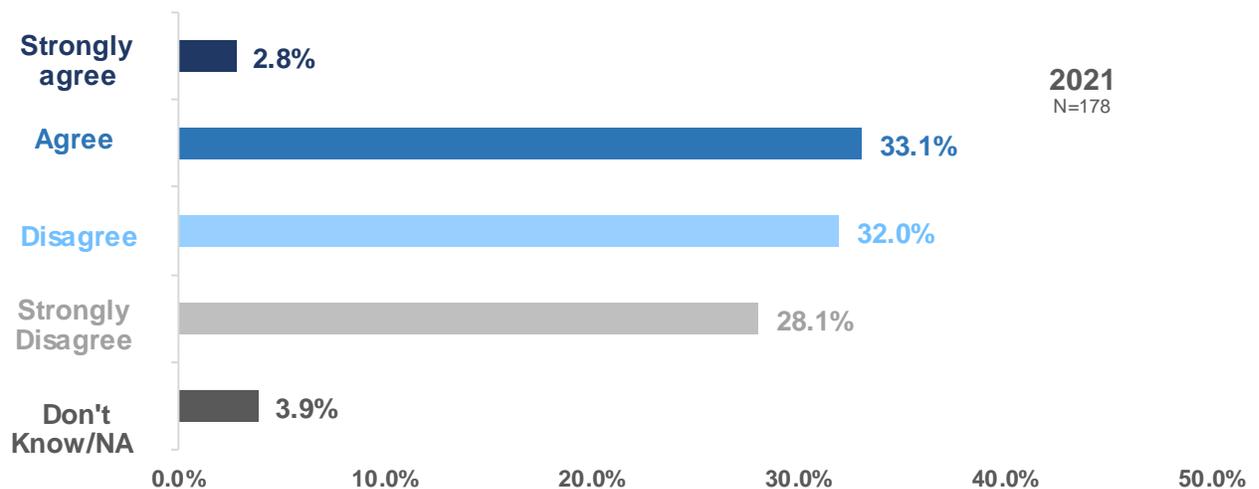
Impact of COVID-19 Pandemic (Question 7)

Respondents were asked to rate the impact of the COVID-19 pandemic on their household regarding difficulty paying for household expenses, getting needed items such as food, and obtaining healthcare or mental health services. Explore the subsequent graphs for more detail.

1. My household has had more difficulty than usual paying for bills and expenses



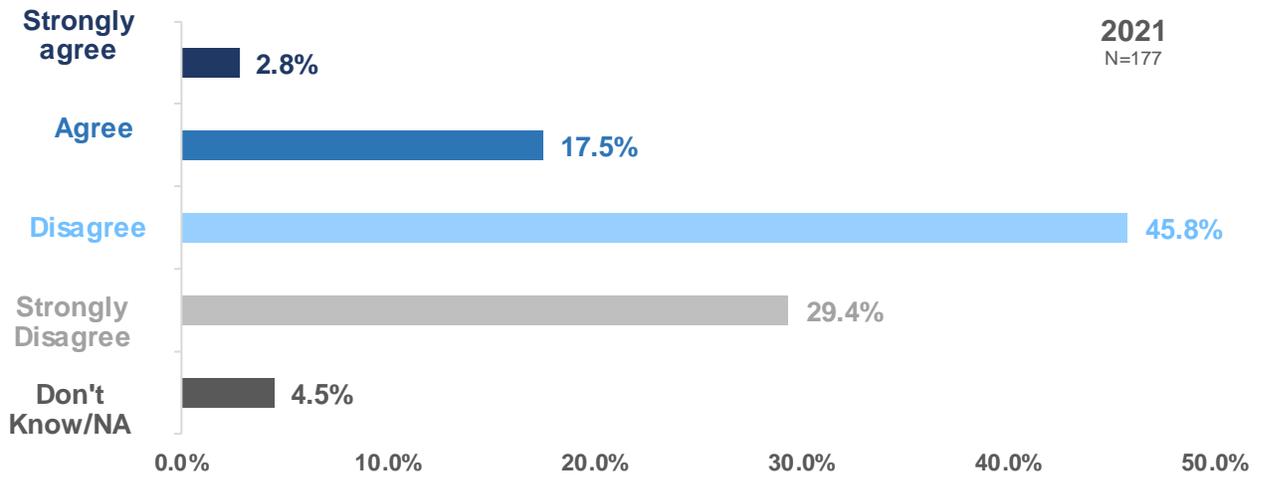
2. My household has had more difficulty than usual getting needed items, food, or services



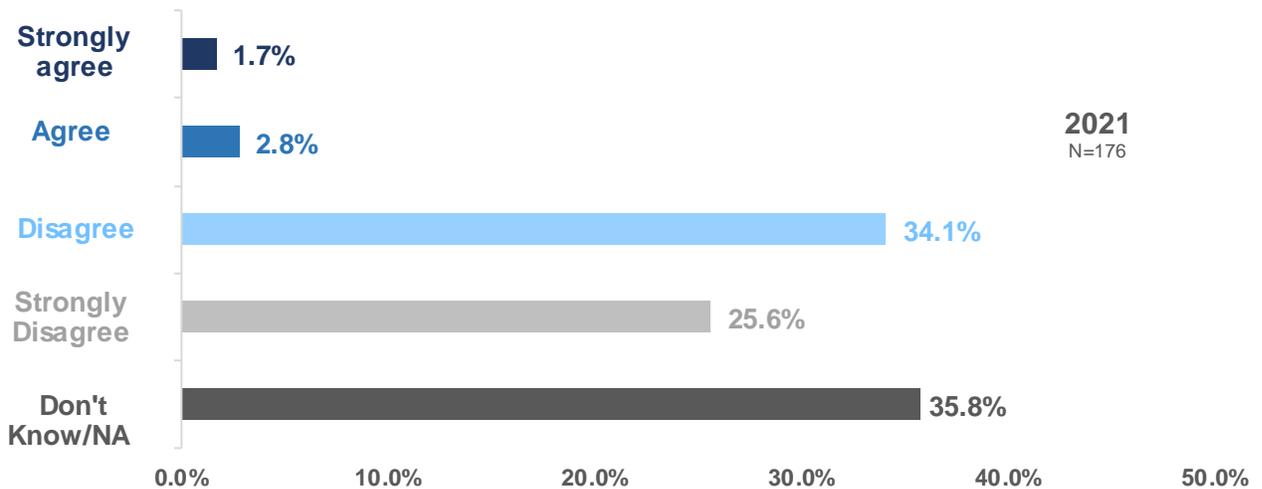
“Other” comments included:

- “Problems with childcare due to COVID/schooling due to COVID”
- “The pandemic itself didn't cause problems. The 'handling' of the pandemic was the problem.”

3. A household member or I have had more difficulty than usual obtaining medical care



4. A household member or I have had more difficulty than usual obtaining mental health care



“Other” comments included:

- “Closures have hurt”
- “We have had no impact”
- “All things seem the same for us”
- “Our public health nurses and clinic have been ahead of the game with prevention and treatment.”
- “Our difficulties are/were more mobility related.”
- “Not aware that mental health is available”

Improve Community’s Access to Healthcare (Question 8)

Respondents were asked to indicate what they felt would improve their community’s access to healthcare. The majority of respondents (36.8%, n=67) reported that “More primary care providers” would make the greatest improvement. Thirty-five percent of respondents (n=63) indicated “More specialists” followed closely by “Home health” at 33.0% (n=60) would improve access. Twenty percent of respondents (n=36) thought “Telemedicine” would improve the community’s access to healthcare, which significantly increased compared to previous years.

“More primary care providers” would make the greatest improvement

What Would Improve Community Access to Healthcare	2015 % (n)	2018 % (n)	2021 % (n)	SIGNIFICANT CHANGE
Number of respondents	251	226	182	
More primary care providers	30.7% (77)	40.3% (91)	36.8% (67)	<input type="checkbox"/>
More specialists	20.7% (52)	35.0% (79)	34.6% (63)	<input checked="" type="checkbox"/>
Home health	40.6% (102)	40.7% (92)	33.0% (60)	<input type="checkbox"/>
More information about available services			25.3% (46)	<input type="checkbox"/>
Telemedicine	7.6% (19)	11.9% (27)	19.8% (36)	<input checked="" type="checkbox"/>
Better appointment availability			18.7% (34)	<input type="checkbox"/>
Insurance navigator	12.0% (30)	17.3% (39)	18.1% (33)	<input type="checkbox"/>
Outpatient services expanded hours	23.1% (58)	12.8% (29)	14.3% (26)	<input checked="" type="checkbox"/>
Improved quality of care	13.5% (34)	18.1% (41)	12.1% (22)	<input type="checkbox"/>
Transportation assistance	6.0% (15)	6.6% (15)	6.0% (11)	<input type="checkbox"/>
Greater health education services	19.5% (49)	20.4% (46)	4.4% (8)	<input checked="" type="checkbox"/>
Cultural sensitivity	2.4% (6)	4.4% (10)	1.6% (3)	<input type="checkbox"/>
Other	7.2% (18)	14.6% (33)	9.9% (18)	<input checked="" 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: Female provider(s), “Nursing crisis,” Eye doctor, “Go online and book an appointment,” and “Staff is highly over worked and can't keep up. Patients have to call in for results, follow ups and even to get diagnosis. Referrals out take at least a month and you have to keep calling for updates.”

Interest in Educational Classes/Programs (Question 9)

Respondents were asked if they would be interested in any educational classes/programs if made available to the community. The most highly indicated class/program was “Weight loss” at 33.0% (n=60), followed by “Fitness” at 31.3% (n=57), and “Women’s health” at 29.1% (n=53).

Interest in Classes or Programs	2015 % (n)	2018 % (n)	2021 % (n)	SIGNIFICANT CHANGE
Number of respondents				
Weight loss		33.2% (75)	33.0% (60)	<input type="checkbox"/>
Fitness		32.3% (73)	31.3% (57)	<input type="checkbox"/>
Women's health		38.5% (87)	29.1% (53)	<input checked="" type="checkbox"/>
Living will/end of life planning		24.8% (56)	28.0% (51)	<input type="checkbox"/>
Nutrition		30.5% (69)	26.9% (49)	<input checked="" type="checkbox"/>
Men's health		14.2% (32)	15.9% (29)	<input type="checkbox"/>
Mental health		15.5% (35)	10.4% (19)	<input type="checkbox"/>
Grief counseling		9.3% (21)	9.9% (18)	<input type="checkbox"/>
Parenting		6.2% (14)	8.8% (16)	<input type="checkbox"/>
Support groups		5.8% (13)	7.7% (14)	<input type="checkbox"/>
Prenatal		2.2% (5)	3.3% (6)	<input type="checkbox"/>
Alcohol/substance abuse		4.0% (9)	2.7% (5)	<input type="checkbox"/>
Lactation/breastfeeding support			1.6% (3)	<input type="checkbox"/>
Smoking/tobacco cessation		1.8% (4)	0.0% (0)	<input type="checkbox"/>
Other	2.0% (5)	4.9% (11)	5.5% (10)	<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/NA/None of these (6), “Help with insurance policy,” Caregiver support, “Fitness center bigger than what is in town,” and Diabetes care.

Desired Local Health Services (Question 10)

Respondents were asked to indicate which additional services they would utilize if available locally. Respondents indicated the most interest in “Dermatology” at 37.4% (n=68), which significantly increased compared to the last two community needs assessments. Thirty-five percent (n=63) respondents were interested in an “Optometrist,” while 24.7% (n=45) desire a “Foot care clinic” locally.

Desired Local Healthcare Services	2015 % (n)	2018 % (n)	2021 % (n)	SIGNIFICANT CHANGE
Number of respondents	251	226	182	
Dermatology	21.9% (55)	28.3% (64)	37.4% (68)	■
Optometrist		48.7% (110)	34.6% (63)	■
Foot care clinic	16.3% (41)	21.7% (49)	24.7% (45)	□
Chiropractor			22.5% (41)	□
Allergist	17.1% (43)	15.9% (36)	22.0% (40)	□
ENT (ear/nose/throat)		26.5% (60)	19.2% (35)	□
Naturopath		16.4% (37)	18.1% (33)	□
OB/GYN	11.2% (28)	10.2% (23)	16.5% (30)	□
Telemedicine		3.5% (8)	15.4% (28)	■
Acupuncture	17.9% (45)	13.3% (30)	14.3% (26)	□
Cancer care	7.6% (19)	7.5% (17)	11.5% (21)	□
MRI	13.1% (33)	15.0% (34)	11.5% (21)	□
Rheumatology		10.2% (23)	11.0% (20)	□
Urology		7.5% (17)	8.8% (16)	□
Home health	9.2% (23)	8.4% (19)	8.2% (15)	□
VA access		8.0% (18)	7.7% (14)	□
Endocrinologist	2.8% (7)	7.5% (17)	7.1% (13)	■
Podiatrist	8.4% (21)	8.8% (20)	4.9% (9)	□
Psychiatry	4.0% (10)	6.6% (15)	4.9% (9)	□
Community health worker	4.4% (11)	3.1% (7)	2.7% (5)	□
Other	2.4% (6)	4.4% (10)	6.6% (12)	□

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

“Other” comments included: Eye doctor (2), None (2), “More info on when out of town doctors come.”

Utilization of Preventative Services (Question 11)

Respondents were asked if they had utilized any of the preventative services listed in the past year. “Dental check” was selected by 68.1% of respondents (n=124), followed closely by “Flu shot/immunizations” at 67.6% (n=123). Sixty-three percent of respondents (n=115) indicated they had a “Routine blood work/birthday lab,” and 62.6% of respondents (n=114) had a “Blood pressure check,” both of which have changed significantly over the last three community health needs assessments. Survey respondents could select all services that applied.

Use of Preventative Services	2015 % (n)	2018 % (n)	2021 % (n)	SIGNIFICANT CHANGE
Number of respondents	251	226	182	
Dental check			68.1% (124)	<input type="checkbox"/>
Flu shot/immunizations	61.4% (154)	57.1% (129)	67.6% (123)	<input type="checkbox"/>
Routine blood work/birthday lab	70.9% (178)	54.9% (124)	63.2% (115)	<input checked="" type="checkbox"/>
Blood pressure check	55.0% (138)	40.3% (91)	62.6% (114)	<input checked="" type="checkbox"/>
Health checkup	52.2% (131)	38.1% (86)	60.4% (110)	<input checked="" type="checkbox"/>
Cholesterol check	47.4% (119)	47.3% (107)	50.5% (92)	<input type="checkbox"/>
Vision check			41.2% (75)	<input type="checkbox"/>
Mammography	43.0% (108)	35.8% (81)	40.7% (74)	<input type="checkbox"/>
Prostate (PSA)	15.9% (40)	11.1% (25)	24.2% (44)	<input checked="" type="checkbox"/>
Pap test	22.3% (56)	12.8% (29)	21.4% (39)	<input checked="" type="checkbox"/>
Medicare wellness		13.3% (30)	15.4% (28)	<input type="checkbox"/>
Children's checkup/Well baby	6.8% (17)	7.5% (17)	14.8% (27)	<input checked="" type="checkbox"/>
Colonoscopy	12.0% (30)	9.7% (22)	14.8% (27)	<input type="checkbox"/>
Dexa scan		15.9% (36)	14.3% (26)	<input type="checkbox"/>
Hearing check			14.3% (26)	<input type="checkbox"/>
None	9.2% (23)	8.8% (20)	1.6% (3)	<input checked="" type="checkbox"/>

Other	1.2% (3)	4.0% (9)	2.7% (5)	<input type="checkbox"/>
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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: None (2), “Lab and X-Ray and Physical Therapy,” “Would love to have eye care access locally,” and COVID Vaccination.

Economic Importance of Healthcare (Question 12)

The majority of respondents (87.8%, n=158) 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. Twelve percent of respondents (n=22) indicated they are “Important,” and no respondents felt they are not important.

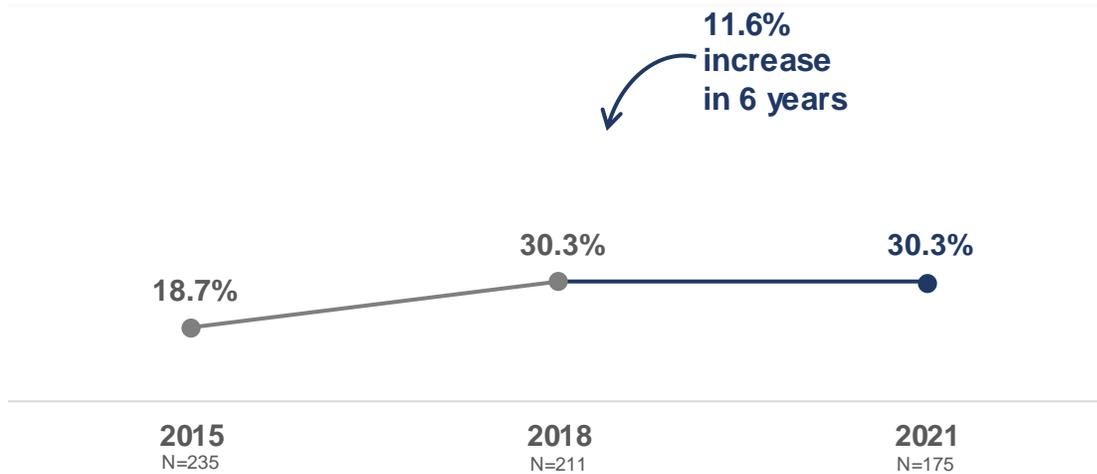
The majority of respondents say that local healthcare providers are very important or important to the community's economic well-being.



Delay of Services (Question 13)

Thirty percent of respondents (n=53) 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 percent of respondents (n=122) felt they were able to get the healthcare services they needed without delay.

***Significantly more respondents delayed or did not receive needed services**



View a cross tabulation of where respondents live and 'delay of healthcare services' on p. 85

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

For those who indicated they were unable to receive or had to delay services (n=53), the reason most cited was “COVID-19 concerns/barriers” (37.7%, n=20). “It cost too much” and “My insurance didn’t cover it” were selected by 15.1% (n=8, each), while “Could not get an appointment” and “It was too far to go” were chosen by 13.2% of respondents (n=7, each). Respondents (n=10) who selected over the allotted three reasons for delaying needed healthcare were moved to “Other.”

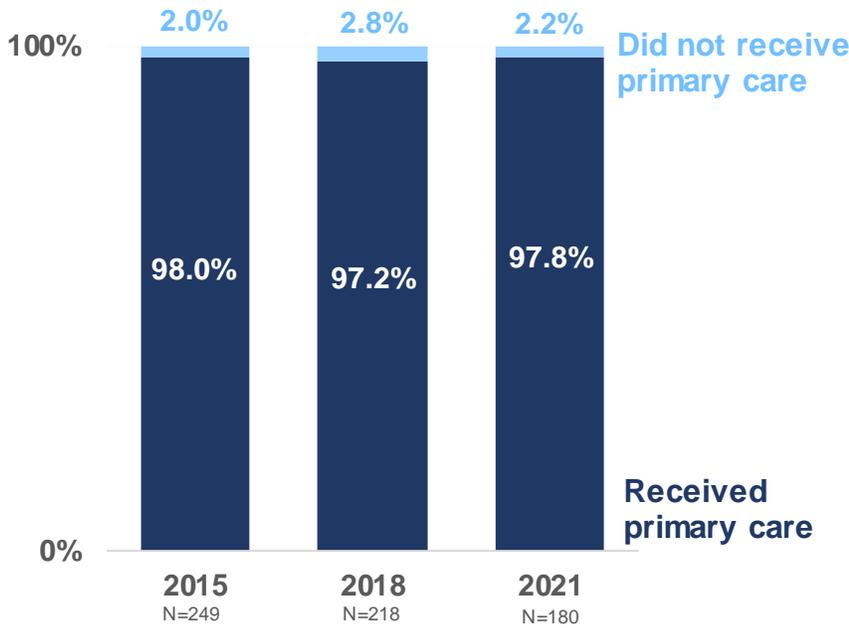
Reasons for Delay in Receiving Needed Healthcare	2015 % (n)	2018 % (n)	2021 % (n)	SIGNIFICANT CHANGE
Number of respondents	44	64	53	
COVID-19 concerns/barriers			37.7% (20)	<input type="checkbox"/>
It cost too much	27.3% (12)	25.0% (16)	15.1% (8)	<input type="checkbox"/>
My insurance didn't cover it	25.0% (11)	17.2% (11)	15.1% (8)	<input type="checkbox"/>
Could not get an appointment	25.0% (11)	26.6% (17)	13.2% (7)	<input type="checkbox"/>
It was too far to go	4.5% (2)	6.3% (4)	13.2% (7)	<input type="checkbox"/>
Qualified provider not available			11.3% (6)	<input type="checkbox"/>
No insurance	4.5% (2)	10.9% (7)	9.4% (5)	<input type="checkbox"/>
Too nervous or afraid	4.5% (2)	3.1% (2)	9.4% (5)	<input type="checkbox"/>
Could not get off work	13.6% (6)	14.1% (9)	5.7% (3)	<input type="checkbox"/>
Had no childcare	4.5% (2)	4.7% (3)	5.7% (3)	<input type="checkbox"/>
Office wasn't open when I could go	25.0% (11)	12.5% (8)	5.7% (3)	<input checked="" type="checkbox"/>
Don't like doctors	18.2% (8)	21.9% (14)	3.8% (2)	<input checked="" type="checkbox"/>
Not treated with respect	13.6% (6)	7.8% (5)	3.8% (2)	<input type="checkbox"/>
Too long to wait for an appointment	25.0% (11)	21.9% (14)	3.8% (2)	<input checked="" type="checkbox"/>
Transportation problems	0.0% (0)	3.1% (2)	3.8% (2)	<input type="checkbox"/>
Unsure if services were available	6.8% (3)	10.9% (7)	3.8% (2)	<input type="checkbox"/>
Didn't know where to go	6.8% (3)	4.7% (3)	0.0% (0)	<input type="checkbox"/>
Don't understand healthcare system			0.0% (0)	<input type="checkbox"/>
Language barrier	0.0% (0)	0.0% (0)	0.0% (0)	<input type="checkbox"/>
Other*	9.1% (4)	20.3% (13)	28.3% (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 top three reasons for a delay in seeking healthcare, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year. * Respondents (N=10) who selected over the allotted amount were moved to “Other.” “Other” comments included: “Weather, roads” and “Doctors dropped the ball with misdiagnosis.”

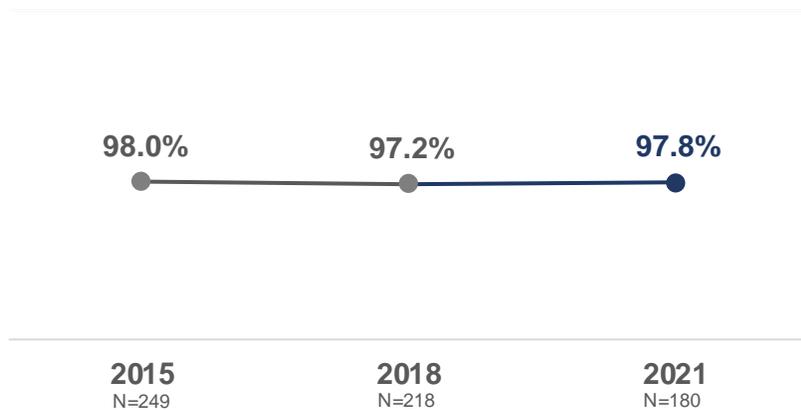
Primary Care Services (Question 15)

Ninety-eight percent of respondents (n=176) 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 2.2% of respondents (n=4) indicated they had not.

Majority of respondents received primary care in 2021



Primary care utilization has remained consistent over the last six years



Location of Primary Care Services (Question 16)

Of the 174 respondents who indicated receiving primary care services in the previous three years, 48.9% (n=85) reported receiving care in Chester, 14.9% of respondents (n=26) went to “Great Falls Clinic,” and 7.5% (n=13) received care in Havre. Respondents (n=32) who selected over the allotted one primary care location were moved to “Other.”

Location of Primary Care Provider	2015 % (n)	2018 % (n)	2021 % (n)	SIGNIFICANT CHANGE
Number of respondents	226	211	174	
Chester	75.7% (171)	59.7% (126)	48.9% (85)	■
Great Falls Clinic		19.0% (40)	14.9% (26)	□
Havre	7.5% (17)	6.6% (14)	7.5% (13)	□
Benefis		7.6% (16)	4.0% (7)	□
Shelby	3.1% (7)	0.9% (2)	1.7% (3)	□
Kalispell	0.9% (2)	1.4% (3)	1.1% (2)	□
Billings	0.4% (1)	0.0% (0)	0.6% (1)	□
Helena	0.4% (1)	0.9% (2)	0.6% (1)	□
VA clinic	0.0% (0)	0.9% (2)	0.6% (1)	□
Missoula	0.9% (2)	0.0% (0)	0.0% (0)	□
Conrad			0.0% (0)	□
Cut Bank			0.0% (0)	□
Fort Benton			0.0% (0)	□
Great Falls	9.7% (22)			□
Other*	1.3% (3)	2.8% (6)	20.1% (35)	■
TOTAL	226	211	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. *Respondents (N=32) who selected over the allotted amount were moved to “Other.”

“Other” comments included: Chinook, “No female doctor's available,” and Big Sandy MT.

View a cross tabulation of where respondents live with where they utilize primary care services on p. 86

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 53.4% (n=94), followed by “Prior experience with clinic” at 50.0% (n=88), and “Clinic/provider's reputation for quality” at 42.6% (n=75). The latter reason experienced a significant change over the last three assessments.

Reasons for Selecting Primary Care Provider	2015 % (n)	2018 % (n)	2021 % (n)	SIGNIFICANT CHANGE
Number of respondents	244	212	176	
Closest to home	57.0% (139)	49.5% (105)	53.4% (94)	<input type="checkbox"/>
Prior experience with clinic	47.1% (115)	43.4% (92)	50.0% (88)	<input type="checkbox"/>
Clinic/provider's reputation for quality	27.9% (68)	22.2% (47)	42.6% (75)	<input checked="" type="checkbox"/>
Appointment availability	35.7% (87)	37.3% (79)	33.0% (58)	<input type="checkbox"/>
Personal relationship with provider	29.5% (72)	32.1% (68)	29.0% (51)	<input type="checkbox"/>
Recommended by family or friends	14.8% (36)	20.8% (44)	13.6% (24)	<input type="checkbox"/>
Privacy/confidentiality			12.5% (22)	<input type="checkbox"/>
Referred by physician or other provider	10.2% (25)	10.4% (22)	12.5% (22)	<input type="checkbox"/>
Length of waiting room time	13.5% (33)	8.0% (17)	8.5% (15)	<input type="checkbox"/>
Cost of care	8.2% (20)	6.1% (13)	4.5% (8)	<input type="checkbox"/>
Required by insurance plan	1.2% (3)	1.9% (4)	1.7% (3)	<input type="checkbox"/>
VA/Military requirement	1.6% (4)	1.4% (3)	0.6% (1)	<input type="checkbox"/>
Indian Health Services		0.5% (1)	0.0% (0)	<input type="checkbox"/>
Other	2.9% (7)	9.0% (19)	7.4% (13)	<input checked="" 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.

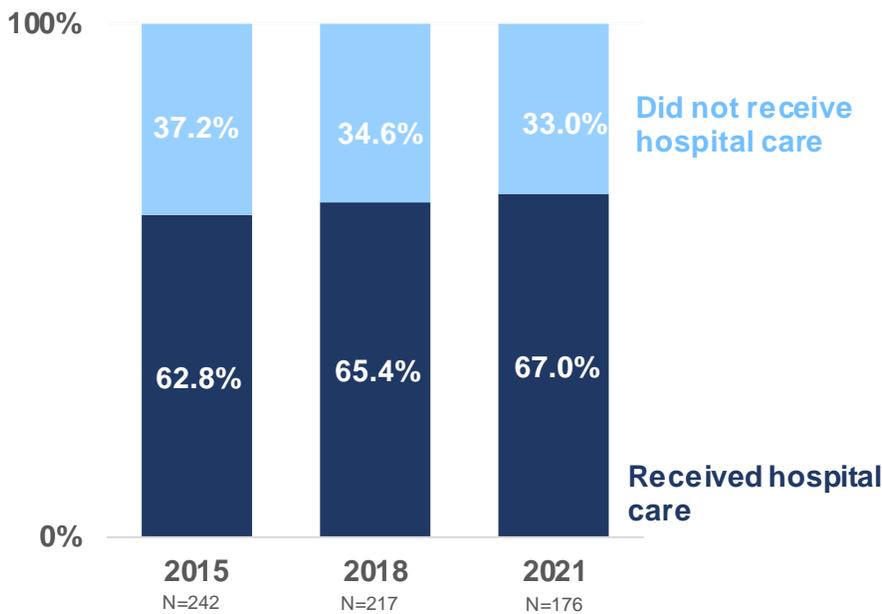
“Other” comments included: Women’s health, “ER doctor became provider,” “Preferred an MD,” and “Really awesome PA!”

View a cross tabulation of where respondents utilize primary care services with their reasons for selecting their provider on p. 87

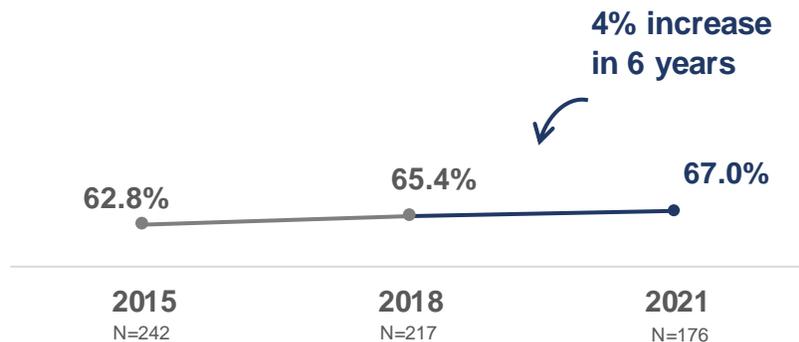
Hospital Care Services (Question 18)

Respondents were asked if they or someone in their household had received hospital care in the last three years. Hospitalization was quantified as hospitalized overnight, day surgery, obstetrical care, rehabilitation, radiology, or emergency care. Sixty-seven percent of respondents (n=118) reported that they or a member of their family had received hospital care during the previous three years, and 33.0% (n=58) had not received hospital services.

Hospital utilization has increased by 4% since 2015



The majority of respondents report utilization of hospital services



Location of Hospital Services (Question 19)

Of the 118 respondents who indicated receiving hospital care in the previous three years, 27.1% (n=32) reported receiving care in Chester. Twenty-five percent of respondents (n=30) received services at “Benefis,” and 16.1% of respondents (n=19) reported utilizing services at “Great Falls Clinic.” Respondents (n=10) who selected over the allotted one hospital location were moved to “Other.”

Hospital Used Most Often	2015 % (n)	2018 % (n)	2021 % (n)	SIGNIFICANT CHANGE
Number of respondents	133	142	118	
Chester	37.6% (50)	36.6% (52)	27.1% (32)	<input type="checkbox"/>
Benefis		35.9% (51)	25.4% (30)	<input type="checkbox"/>
Great Falls Clinic		16.2% (23)	16.1% (19)	<input type="checkbox"/>
Kalispell	5.3% (7)	0.0% (0)	6.8% (8)	<input type="checkbox"/>
Havre	6.0% (8)	3.5% (5)	5.9% (7)	<input type="checkbox"/>
Billings	1.5% (2)	3.5% (5)	2.5% (3)	<input type="checkbox"/>
Missoula	1.5% (2)	0.7% (1)	1.7% (2)	<input type="checkbox"/>
Shelby	0.8% (1)	0.0% (0)	1.7% (2)	<input type="checkbox"/>
Conrad		0.0% (0)	0.0% (0)	<input type="checkbox"/>
Cut Bank		0.0% (0)	0.0% (0)	<input type="checkbox"/>
Fort Benton		1.4% (2)	0.0% (0)	<input type="checkbox"/>
Helena	0.8% (1)	0.0% (0)	0.0% (0)	<input type="checkbox"/>
VA clinic	0.0% (0)	2.1% (3)	0.0% (0)	<input type="checkbox"/>
Other*	1.5% (2)	0.0% (0)	12.7% (15)	<input checked="" type="checkbox"/>
TOTAL	133	142	118	

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. * Respondents (N=10) who selected over the allotted amount were moved to “Other.”

“Other” comments included: Denver, Mayo Clinic, and Seattle.

View a cross tabulation of where respondents live with where they utilize hospital services on p. 88

Reasons for Hospital Selection (Question 20)

Of the 118 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 “Closest to home” at 39.8% (n=47). “Prior experience with hospital” was selected by 29.7% of the respondents (n=35), and 28.8% (n=34) chose “Hospital’s reputation for quality.”

Reasons for Selecting Hospital	2015 % (n)	2018 % (n)	2021 % (n)	SIGNIFICANT CHANGE
Number of respondents	152	142	118	
Closest to home	46.7% (71)	45.1% (64)	39.8% (47)	<input type="checkbox"/>
Prior experience with hospital	41.4% (63)	28.2% (40)	29.7% (35)	<input checked="" type="checkbox"/>
Hospital's reputation for quality	30.9% (47)	25.4% (36)	28.8% (34)	<input type="checkbox"/>
Referred by physician or other provider	43.5% (66)	38.0% (54)	28.0% (33)	<input checked="" type="checkbox"/>
Medical staff		30.3% (43)	27.1% (32)	<input type="checkbox"/>
Emergency, no choice	32.9% (50)	35.2% (50)	23.7% (28)	<input type="checkbox"/>
Recommended by family/friends	10.5% (16)	5.6% (8)	8.5% (10)	<input type="checkbox"/>
Prefer to see M.D. or D.O.		10.6% (15)	6.8% (8)	<input type="checkbox"/>
Closest to work	4.6% (7)	7.0% (10)	5.1% (6)	<input type="checkbox"/>
Privacy/confidentiality			3.4% (4)	<input type="checkbox"/>
Required by insurance plan	3.9% (6)	2.1% (3)	3.4% (4)	<input type="checkbox"/>
VA/Military requirement	1.3% (2)	2.1% (3)	2.5% (3)	<input type="checkbox"/>
Cost of care	4.6% (7)	4.2% (6)	1.7% (2)	<input type="checkbox"/>
Financial assistance programs			0.0% (0)	<input type="checkbox"/>
Other*	8.6% (13)	0.7% (1)	16.1% (19)	<input checked="" type="checkbox"/>

A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to pick their top three reasons for selecting a hospital, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year. * Respondents (N=6) who selected over the allotted amount were moved to “Other.”

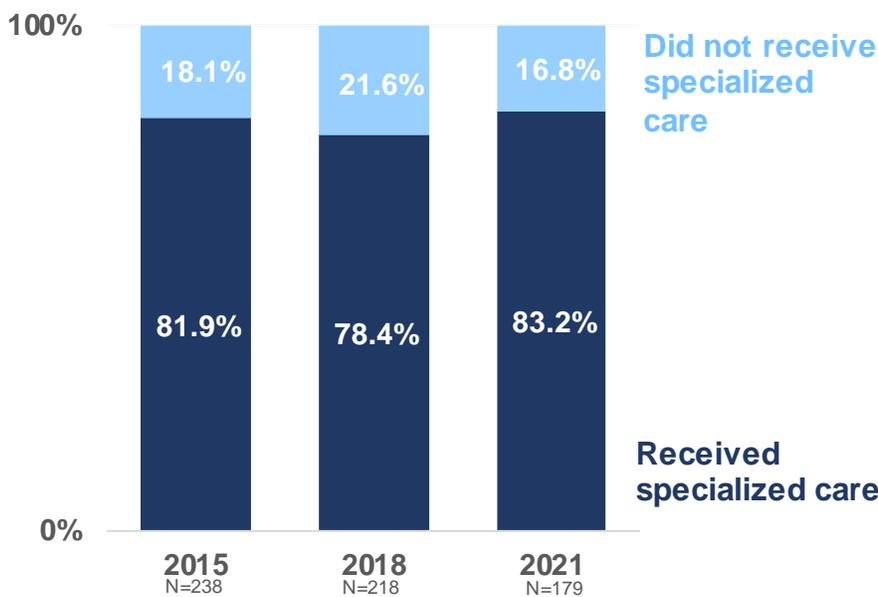
“Other” comments included: Childbirth, “No OB/GYN here,” “Treatment not available locally,” and “During COVID spike-not many facilities taking patients.”

View a cross tabulation of where respondents utilize hospital services with their reasons for selecting that facility p. 89

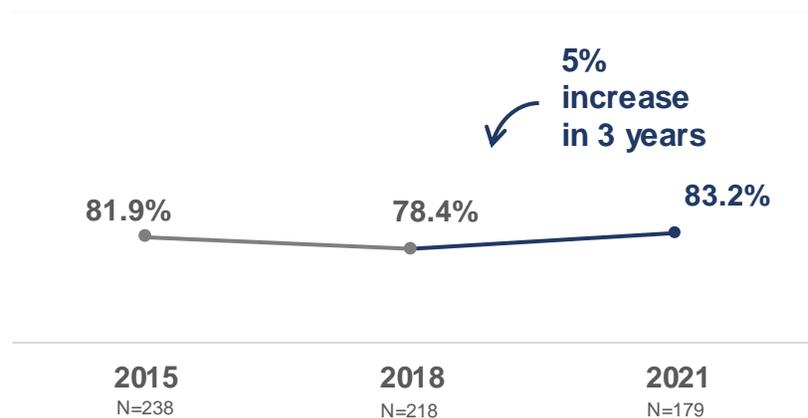
Specialty Care Services (Question 21)

Respondents were asked if they or someone in their household had seen a healthcare specialist in the last three years. Specialty care was quantified as a health provider other than their primary care provider or family doctor. Eighty-three percent of the respondents (n=149) indicated they or a household member had seen a healthcare specialist during the past three years, while 16.8% (n=30) indicated they had not.

Majority of the 2021 respondents saw a specialist in the past 3 years



Specialty care utilization has increased slightly since the last assessment



Location of Healthcare Specialist(s) (Question 22)

Of the 149 respondents who indicated they saw a healthcare specialist in the past three years, 53.0% (n=79) sought care at “Great Falls Clinic.” Forty-five percent of respondents (n=67) utilized specialty services at “Benefis,” while 22.8% of respondents (n=34, each) received specialty care in Chester and Kalispell. Respondents could select more than one location, so percentages do not equal 100%.

Location of Specialist	2015 % (n)	2018 % (n)	2021 % (n)	SIGNIFICANT CHANGE
Number of respondents	195	171	149	
Great Falls Clinic	74.9% (146)	52.0% (89)	53.0% (79)	■
Benefis		29.8% (51)	45.0% (67)	■
Chester	44.6% (87)	27.5% (47)	22.8% (34)	■
Kalispell	6.2% (12)	17.5% (30)	22.8% (34)	■
Havre	18.5% (36)	14.0% (24)	14.1% (21)	□
Billings	7.2% (14)	8.8% (15)	10.1% (15)	□
Helena	7.7% (15)	4.7% (8)	5.4% (8)	□
Missoula	5.1% (10)	5.8% (10)	5.4% (8)	□
Shelby	6.2% (12)	3.5% (6)	2.7% (4)	□
Conrad		1.2% (2)	2.0% (3)	□
VA clinic	0.0% (0)	2.3% (4)	1.3% (2)	□
Fort Benton		0.0% (0)	0.7% (1)	□
Cut Bank		0.0% (0)	0.0% (0)	□
Other	7.7% (15)	8.8% (15)	13.4% (20)	□

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: Great Falls (3), Bozeman (2), Choteau, Seattle, Denver, Mayo Clinic, Lewiston, and Casper, WY.

Type of Healthcare Specialist Seen (Question 23)

The respondents (n=149) saw a wide array of healthcare specialists in the past three years. The most frequently utilized specialist was the “Dentist” at 28.2% (n=42), which experienced a significant change over the last three community health needs assessments. The “Dermatologist” was seen by 25.5% of respondents (n=38) followed closely by “Optometrist” at 24.8% (n=37). Respondents were asked to choose all that apply, so percentages do not equal 100%.

Type of Specialists Seen	2015 % (n)	2018 % (n)	2021 % (n)	SIGNIFICANT CHANGE
Number of respondents	195	171	149	
Dentist	53.3% (104)	22.8% (39)	28.2% (42)	■
Dermatologist	20.0% (39)	24.0% (41)	25.5% (38)	□
Optometrist			24.8% (37)	□
Orthopedic surgeon	27.7% (54)	26.9% (46)	22.8% (34)	□
Cardiologist	25.6% (50)	24.0% (41)	22.1% (33)	□
OB/GYN	12.8% (25)	14.0% (24)	19.5% (29)	□
Ophthalmologist	17.9% (35)	18.1% (31)	15.4% (23)	□
Urologist	15.4% (30)	12.3% (21)	14.1% (21)	□
ENT (ear/nose/throat)	13.8% (27)	15.8% (27)	13.4% (20)	□
Gastroenterologist	7.7% (15)	7.0% (12)	12.8% (19)	□
Radiologist	16.4% (32)	8.2% (14)	12.1% (18)	□
Chiropractor	13.8% (27)	12.3% (21)	11.4% (17)	□
General surgeon	13.3% (26)	6.4% (11)	11.4% (17)	□
Pulmonologist	5.6% (11)	5.3% (9)	10.1% (15)	□
Neurologist	11.3% (22)	9.4% (16)	9.4% (14)	□
Physical therapist	25.1% (49)	9.9% (17)	9.4% (14)	■
Endocrinologist	4.6% (9)	5.8% (10)	8.1% (12)	□
Rheumatologist	5.6% (11)	5.3% (9)	8.1% (12)	□
Allergist	10.3% (20)	6.4% (11)	7.4% (11)	□
Oncologist	9.2% (18)	7.6% (13)	6.0% (9)	□
Pediatrician	3.6% (7)	3.5% (6)	5.4% (8)	□

Mental health counselor	3.1% (6)	2.3% (4)	4.7% (7)	<input type="checkbox"/>
Neurosurgeon	3.1% (6)	4.7% (8)	4.7% (7)	<input type="checkbox"/>
Oral surgeon	5.1% (10)	1.2% (2)	4.7% (7)	<input type="checkbox"/>
Audiologist			4.0% (6)	<input type="checkbox"/>
Psychologist	1.5% (3)	1.8% (3)	3.4% (5)	<input type="checkbox"/>
Dietician	2.6% (5)	2.3% (4)	2.0% (3)	<input type="checkbox"/>
Podiatrist	7.7% (15)	9.4% (16)	2.0% (3)	<input checked="" type="checkbox"/>
Psychiatrist (M.D.)	1.5% (3)	1.2% (2)	2.0% (3)	<input type="checkbox"/>
Social worker	0.5% (1)	1.2% (2)	2.0% (3)	<input type="checkbox"/>
Speech therapist	1.0% (2)	1.2% (2)	2.0% (3)	<input type="checkbox"/>
Occupational therapist	4.1% (8)	2.3% (4)	0.7% (1)	<input type="checkbox"/>
Geriatrician	0.5% (1)	0.0% (0)	0.0% (0)	<input type="checkbox"/>
Substance abuse counselor	0.0% (0)	0.6% (1)	0.0% (0)	<input type="checkbox"/>
Other	4.6% (9)	11.1% (19)	9.4% (14)	<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.

“Other” comments included: Nephrologist (2), Wound care, Gynecologist, Eye doctor, Sleep apnea, and Pulmonologist

Overall Quality of Care in Liberty County (Question 24)

Respondents were asked to rate various services available in Liberty County. 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 that received the highest score was ambulance services (3.7 out of 4.0), followed by Therapy (physical, occupational, speech) and Radiology services (x-ray, ultrasound, CT scan, mammography), which both received a 3.5 out of 4.0. Overall, the average rating on quality and availability of the health services listed was 3.4 out of 4.0.

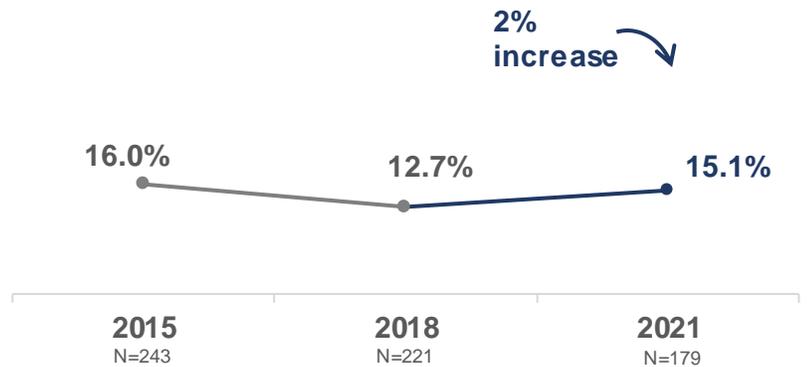
Quality of Care Rating at LMC	2015 Average (n)	2018 Average (n)	2021 Average (n)	SIGNIFICANT CHANGE
4 Point Scale: Poor = 1, Fair = 2, Good = 3, Excellent = 4				
Total number of respondents				
Ambulance services	3.8 (145)		3.7 (93)	<input type="checkbox"/>
Radiology services (x-ray, ultrasound, CT scan, mammography)	3.5 (150)		3.5 (124)	<input type="checkbox"/>
Therapy (physical, occupational, speech)	3.3 (126)		3.5 (70)	<input type="checkbox"/>
Laboratory	3.5 (222)		3.4 (147)	<input type="checkbox"/>
Emergency room	3.6 (187)		3.4 (129)	<input type="checkbox"/>
Clinic services			3.3 (158)	<input type="checkbox"/>
Public health			3.3 (114)	<input type="checkbox"/>
Inpatient/Hospital stay	3.4 (165)		3.2 (65)	<input checked="" type="checkbox"/>
Specialty outreach clinics			3.2 (45)	<input type="checkbox"/>
Home health			2.9 (18)	<input type="checkbox"/>
Overall average	3.5 (235)		3.4 (174)	<input checked="" 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.

Prevalence of Depression (Question 25)

Slightly more respondents experienced depression since the last assessment

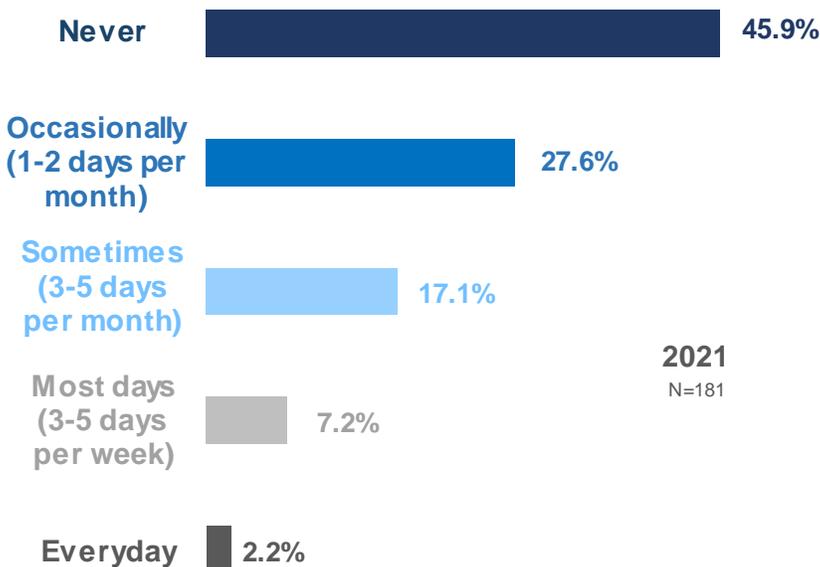
Respondents were asked to indicate if there were periods of at least three consecutive months in the past three years where they felt depressed on most days. Fifteen percent of respondents (n=27) indicated they had experienced periods of depression, and 84.9% of respondents (n=152) indicated they had not.



Social Isolation (Question 26)

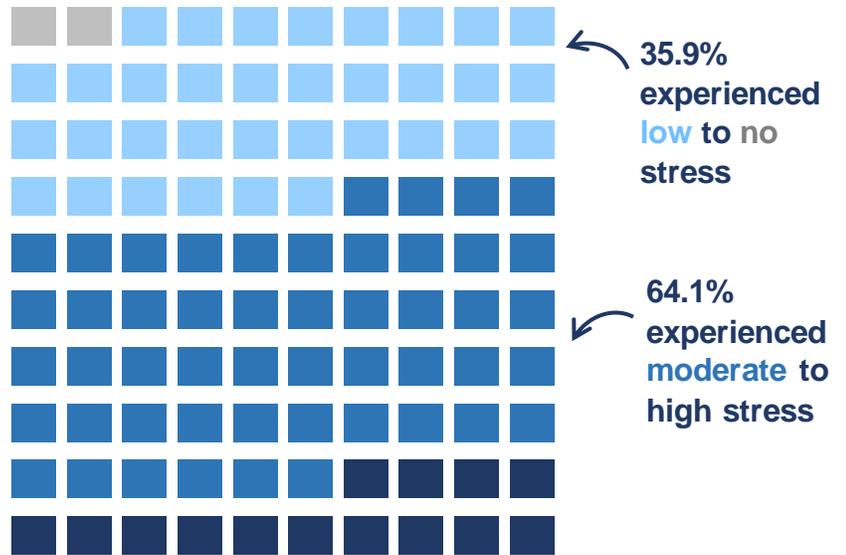
Respondents were asked to indicate how often they felt lonely or isolated in the past year. Forty-six percent of respondents (n=83) indicated they never felt lonely or isolated, 27.6% of respondents (n=50) indicated they occasionally felt lonely or isolated, and 17.1% (n=31) reported they felt lonely or isolated sometimes.

Majority of respondents never or only occasionally feel lonely or isolated



Perception of Stress (Question 27)

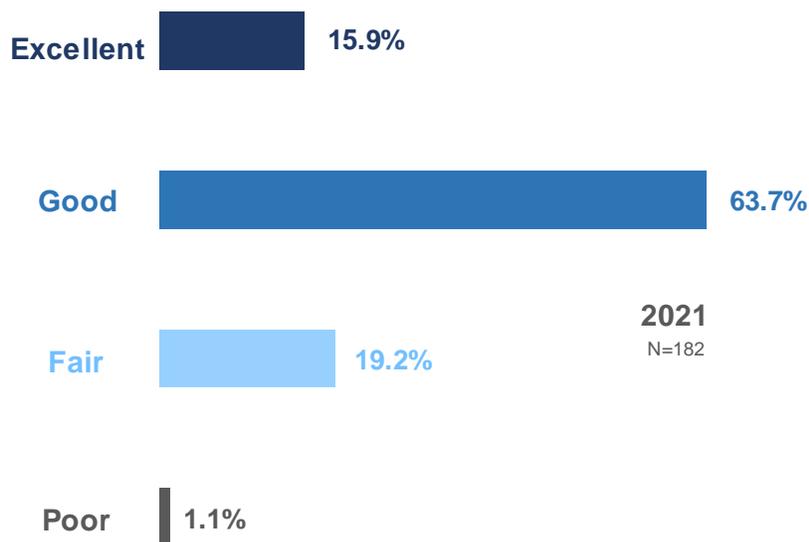
Respondents were asked to indicate how they would describe their stress level over the past year. Fifty percent of respondents (n=90) indicated they experienced a moderate level of stress, 33.7% (n=61) had a low level of stress, and 14.4% of respondents (n=26) indicated they had experienced a high level of stress.



Rating of Mental Health (Question 28)

Respondents were asked to indicate how they would describe their mental health in general when considering stress, anxiety, depression, and emotional problems. Sixty-four percent of respondents (n=116) felt their mental health was “Good,” 19.2% (n=35) rated their mental health as “Fair,” and 15.9% of respondents (n=29) felt their mental health was “Excellent.”

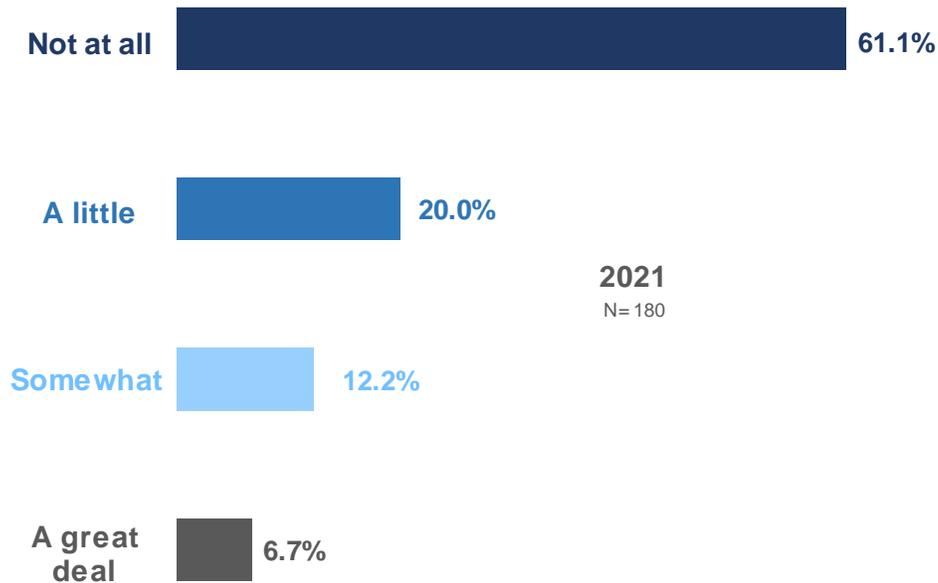
Over half of respondents rated their mental health as "good"



Impact of Substance Abuse (Question 29)

Respondents were asked to indicate to what degree their life has been negatively affected by their own or someone else's substance abuse issues, including alcohol, prescription, or other drugs. Sixty-one percent of respondents (n=110) indicated their life was "Not at all" affected. Twenty percent (n=36) were "A little" affected, and 12.2% (n=22) indicated they were "Somewhat" negatively affected.

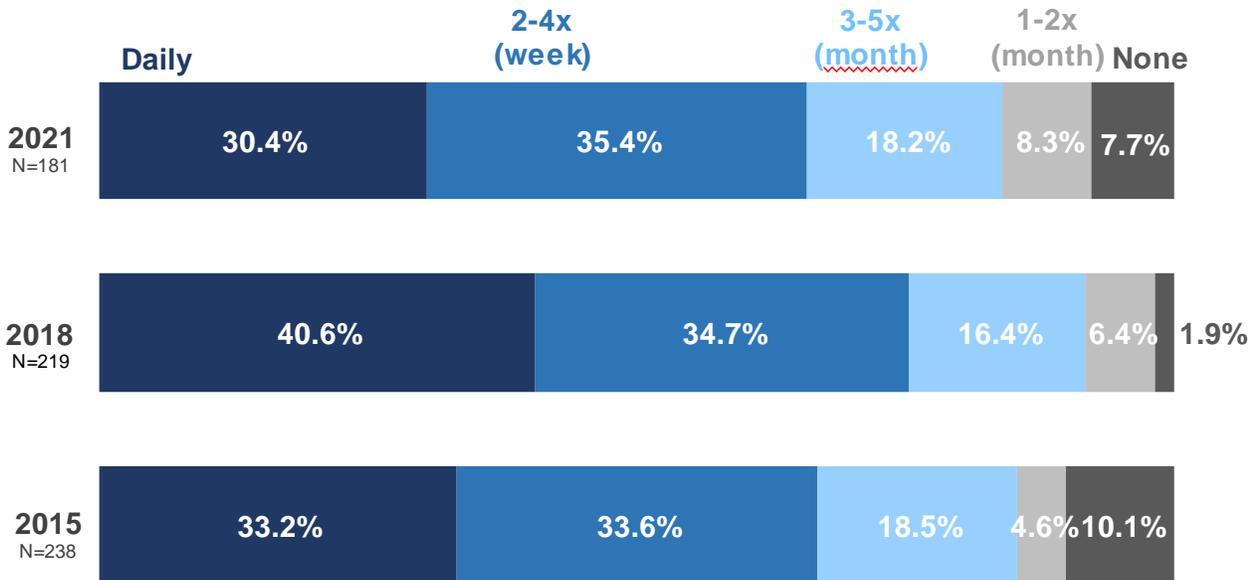
Most respondents were not affected by their own or someone else's substance use issues



Physical Activity (Question 30)

Respondents were asked to indicate how frequently they had physical activity for at least twenty minutes over the past month. Thirty-five percent of respondents (n=64) indicated they had physical activity “2-4 times per week,” and 30.4% (n=55) indicated they had physical activity of at least twenty minutes “Daily.” Seven percent of respondents (n=14) indicated they had “No physical activity.”

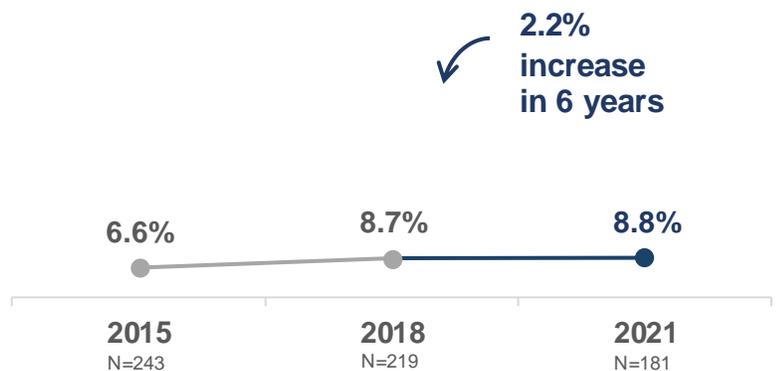
2021 respondents were less physically active than in previous years



Difficulty Getting or Obtaining Prescriptions (Question 31)

Respondents were asked to indicate if, during the last year, medication costs had prohibited them from getting a prescription or taking their medication regularly. Eight percent of respondents (n=16) indicated that they had difficulty getting a prescription or taking their medication regularly in the last year. Eighty-one percent of respondents (n=146) indicated that they did not have trouble getting or taking prescriptions, while 10.5% of respondents (n=19) stated the question was not applicable for them.

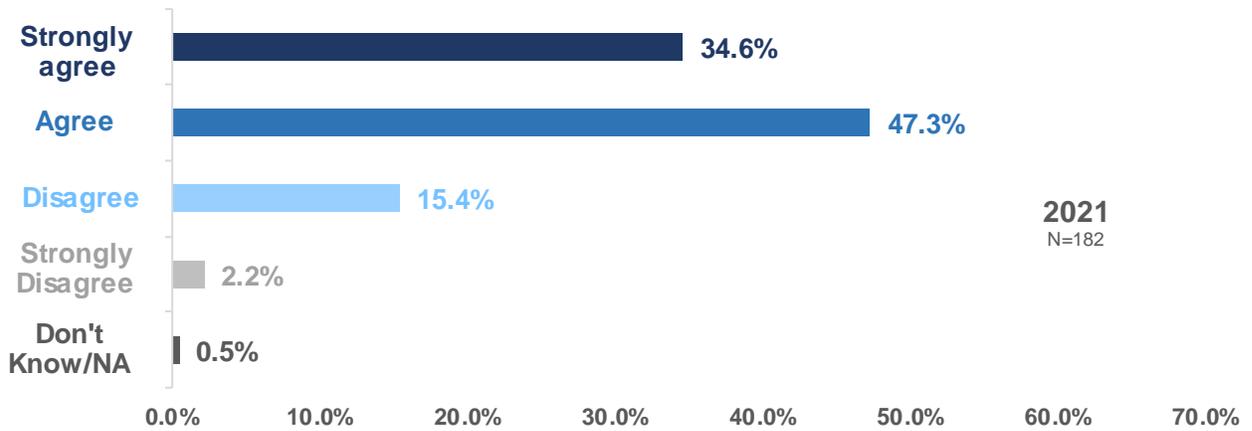
Cost as a barrier to taking medications has increased since the last assessment



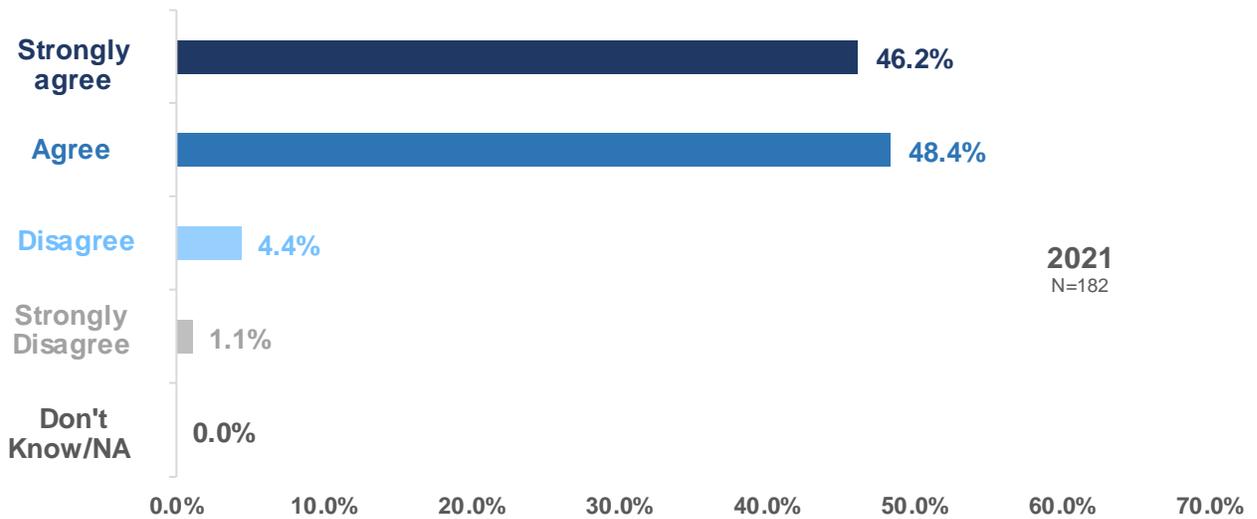
Aspects of Community (Question 32)

Respondents were asked to rate various aspects of their community. See the subsequent graphs for more detail.

1. There are places to be physically active near my home

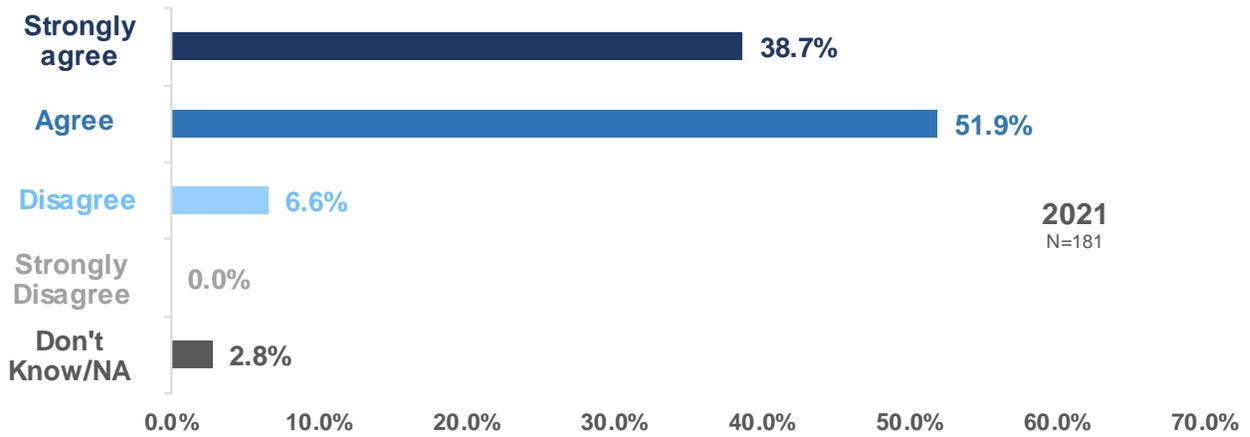


2. I have enough financial resources to meet my basic needs

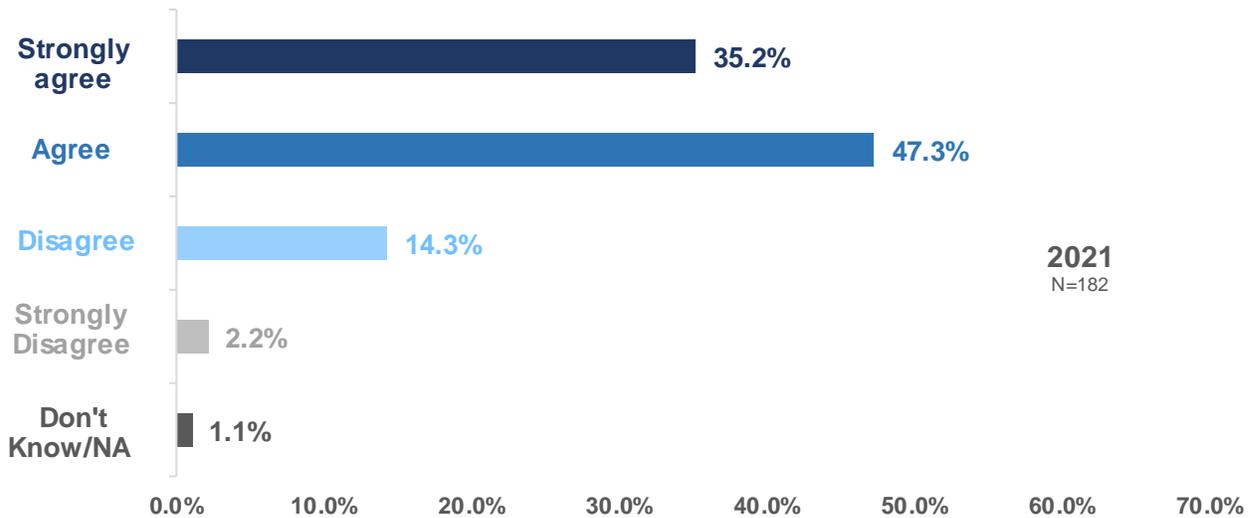


Majority of respondents feel they have enough financial resources to meet their basic needs.

3. My community is a good place to raise children



4. My community is a good place to grow old



“Other” comments included: “Need more apartments & Wheat Country rooms.”

**Majority of respondents feel their community is
a good place to raise children.**

Medical Insurance Type (Question 33)

Respondents were asked to indicate what type of medical insurance covers the majority of their medical expenses. Thirty percent (n=55) indicated they have “Medicare” coverage. Twenty percent (n=37) indicated they have “Employer sponsored” coverage, and 13.2% (n=24) indicated they have coverage from the “Health Insurance Marketplace.” Respondents (n=30) who selected over the allotted amount were moved to “Other.”

Type of Health Insurance	2015 % (n)	2018 % (n)	2021 % (n)	SIGNIFICANT CHANGE
Number of respondents	213	218	182	
Medicare	31.0% (66)	35.8% (78)	30.2% (55)	<input type="checkbox"/>
Employer sponsored	31.9% (68)	31.2% (68)	20.3% (37)	<input type="checkbox"/>
Health Insurance Marketplace	5.6% (12)	10.1% (22)	13.2% (24)	<input type="checkbox"/>
Private insurance/private plan	16.4% (35)	8.3% (18)	7.1% (13)	<input checked="" type="checkbox"/>
Medicaid	1.9% (4)	2.3% (5)	3.3% (6)	<input type="checkbox"/>
VA/Military	0.9% (2)	4.1% (9)	2.2% (4)	<input type="checkbox"/>
Healthy MT Kids	0.5% (1)	2.8% (6)	1.6% (3)	<input type="checkbox"/>
None/pay out of pocket	2.8% (6)	4.6% (10)	1.6% (3)	<input type="checkbox"/>
Health Savings Account	0.9% (2)	0.0% (0)	0.5% (1)	<input type="checkbox"/>
Indian Health	0.0% (0)	0.0% (0)	0.0% (0)	<input type="checkbox"/>
Agricultural co-op paid	4.7% (10)			<input type="checkbox"/>
State/other	1.4% (3)	0.9% (2)		<input type="checkbox"/>
Other*	1.9% (4)	0.0% (0)	19.8% (36)	<input checked="" type="checkbox"/>
TOTAL	213	218	182	

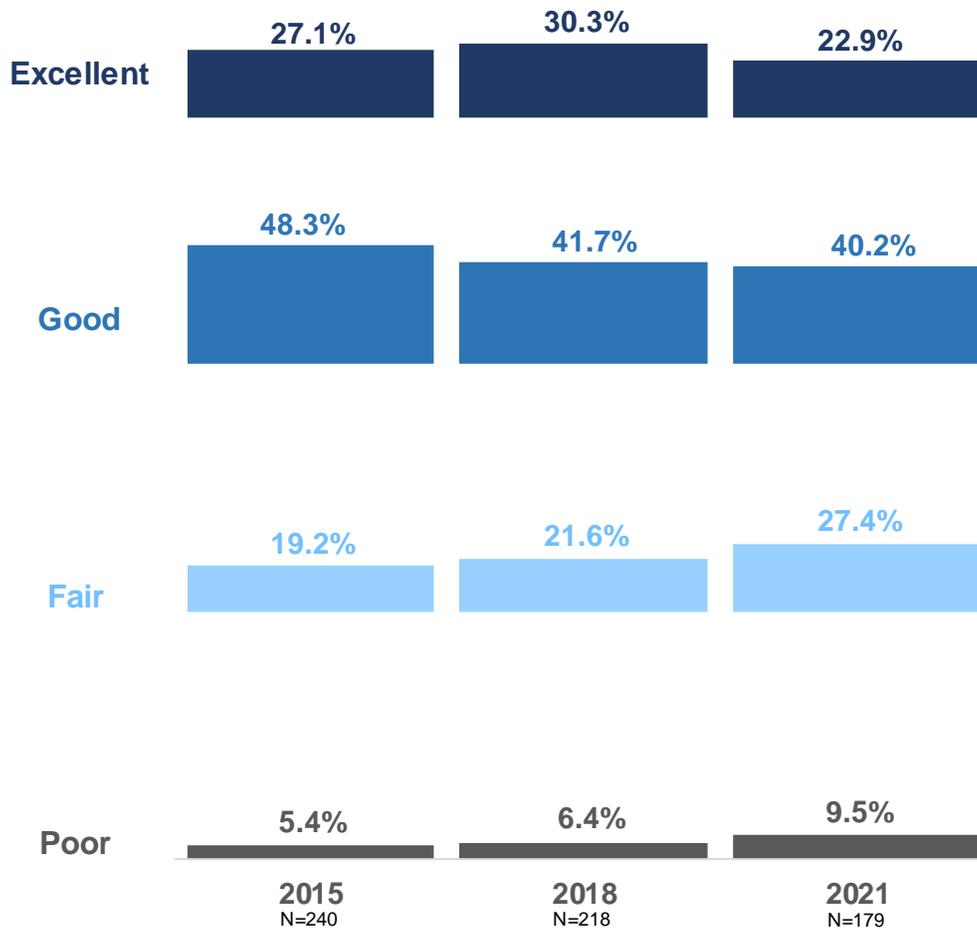
A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Grayed out cells indicate the question was not asked that year. * Respondents (N=30) who selected over the allotted amount were moved to “Other.”

“Other” comments included: “Don’t have any,” Medicare supplement, “State insurance,” BCBS, and “Employer-sponsored for adults and Healthy MT Kids for kids.”

Insurance and Healthcare Costs (Question 34)

Respondents were asked to indicate how well they felt their health insurance covers their healthcare costs. Forty percent of respondents (n=72) indicated they felt their insurance covers a “Good” amount of their healthcare costs. Twenty-seven percent of respondents (n=49) indicated they felt their insurance covered a “Fair” amount, and 22.9% of respondents (n=19) indicated they felt their insurance covered an “Excellent” amount of their health costs.

Most people feel that their health insurance offers **good** or **fair** coverage



Barriers to Having Insurance (Question 35)

For those who indicated they did not have insurance (n=3), the top 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	2015 % (n)	2018 % (n)	2021 % (n)	SIGNIFICANT CHANGE
Number of respondents	6	10	3	
Cannot afford to pay for medical insurance	33.3% (2)	30.0% (3)	66.7% (2)	<input type="checkbox"/>
Employer does not offer insurance	16.7% (1)	30.0% (3)	33.3% (1)	<input type="checkbox"/>
Choose not to have medical insurance	33.3% (2)	30.0% (3)	33.3% (1)	<input type="checkbox"/>
Too confusing/don't know how to apply			0.0% (0)	<input type="checkbox"/>
Other	16.7% (1)	20.0% (2)	0.0% (0)	<input type="checkbox"/>

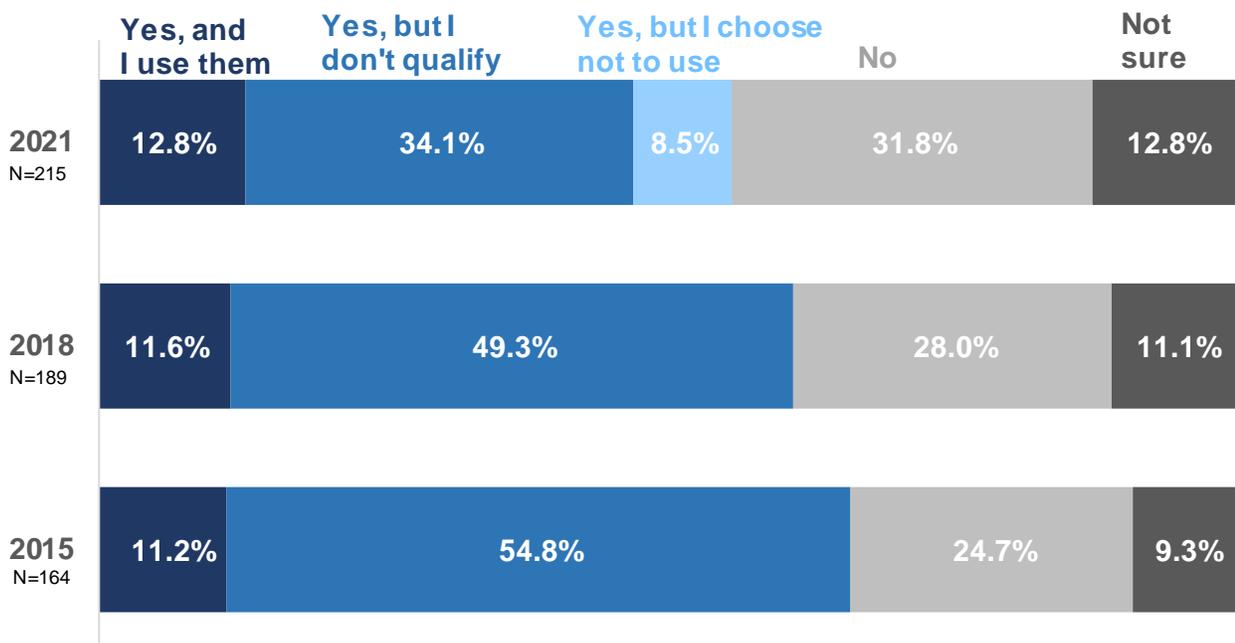
A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Grayed out cells indicate the question was not asked that year.

“Other” comments included: N/A (2), “VA covers my needs,” “son does not.”

Awareness of Health Cost Assistance Programs (Question 36)

Respondents were asked to indicate their awareness of programs that help people pay for healthcare bills. Thirty-four percent of respondents (n=56) indicated they were aware of these programs but did not qualify to utilize them, and 31.8% (n=52) indicated that they were not aware of health cost assistance programs.

Majority of 2021 respondents are aware of programs that help people pay for healthcare expenses





KEY INFORMANT RESULTS

Key Informant Interview Methodology

Seven key informant interviews were conducted in February and March 2021. Participants were identified as people living in Liberty Medical Center's service area.

Due to limitations associated with COVID-19, the seven interviews were conducted over the telephone. The meetings lasted up to 15 minutes in length and followed the same line of questioning. Interview transcripts can be found in Appendix I. Interviews were facilitated by Sara Jestrab with the Montana Office of Rural Health.



Key Informant Interview Themes

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

PROVIDER RECRUITMENT & RETENTION



The most common thread of interviews was a concern for the retention of permanent providers. One participant contributed that "you used to get providers to stay here for 50 years, but not anymore; we are lucky to get them for 4 or 5 years."

The same participant provided insight into the two main reasons that usually contribute to providers leaving the community. The first reason influencing a provider's decision to depart is that it may be challenging for the significant other to adapt to the area. The providers commonly have ties to the community or region and typically have a full schedule of patients, yet it's often tough for the partner to find their place within the community. Alternatively, it was described that every so often, you get "providers who aren't wanting to be on call all of the time or aren't comfortable with answering emergencies all of the time."

For a rural area, interview participants were generally grateful for having access to Liberty Medical Center. There was a shared appreciation among participants for the hospital's responsiveness to bringing in traveling specialists when a need arose. During the interviews, it was noted that LMC currently has several male doctors and physicians' assistants (PAs), but that it would be nice to get another provider that focuses on women's health care or even a female herself.

BEHAVIORAL HEALTH



Generally, interview participants perceived the overall health of the community to be good. Regardless, challenges related to behavioral health were described by nearly all participants.

Community members emphasized concerns with substance abuse throughout the interviews. Several participants commented on the prevalence of smoking within the community. It was suggested that health education and substance abuse prevention campaigns would be effective interventions.

A participant corroborated that “kids would benefit from more mental and behavioral health services.” They continued with the idea that “ideally, in person would be best (not just telemental health) to really have that face-to-face connection. Kids are just dealing with a lot right now.”

Alternatively, there was a desire for more health education around healthy eating and active living expressed by community members. One participant recalled their satisfaction with the preventive approach that Dr. Earl used to take with weight management in her patients.

COMMUNITY PROMOTION



Several community members expressed an interest in opportunities related to community promotion. Outside of the senior center and school sports, there are limited opportunities and spaces for the community to be engaged. A participant even highlighted a recent influx in younger families moving to Liberty County.

One participant thought that “it would be nice to have a critical mass to keep things like recreational sports going. We used to have an assortment of

activities for adults in the winter like pickle ball, basketball, volleyball, etc. Everyone is farming in summer, so these sports kept people active in the winter!”

Alternatively, another community member described that “in the summer, we have things like baseball, a pool, and 4H. And we certainly have access to things like fishing and hunting, but there really isn’t much within the community if you don’t do those things.” They said that there was an initiative years ago to get a grant and establish a new event or community center, but they aren’t sure what happened. The community member believed that “it would be nice to have something like that in our area.”

Finally, community members frequently expressed their gratitude for access to invaluable community resources such as the food pantry, Sweetgrass Lodge, and the county public health nurse.

SERVICES NEEDED IN THE COMMUNITY

- More local nurses, providers, and physicians’ assistants (PA's)
- Enhanced home health and in-home assistance programs
- Youth programs
- Vision care
- Affordable childcare
- Women's health provider
- Job placement support
- More advertising and awareness of local services
- Mental and behavioral health resources
- Substance abuse services
- Tobacco cessation services
- Preventive health education





EXECUTIVE SUMMARY

Executive Summary

The table below shows a summary of results from the Liberty Medical Center Community Health Assessment. Areas of opportunity were determined after consideration of various criteria, including a comparison to data from local, state, and federal sources (Secondary data); survey results; those issues of greatest concern identified by the community stakeholders through key informant interviews; and the potential impact of a given issue.

Areas of Opportunity	Secondary Data	Survey	Interviews
Access to Healthcare Services			
Barriers to access			
<i>Additional provider/provider retention</i>	⊗	✓	☑
<i>Specialty services</i>		✓	☑
<i>Services: Vision, mental health, women's health</i>	⊗	✓	☑
<i>Decline in access to care due to COVID-19</i>		✓	☑
<i>Home health</i>		✓	☑
Cost of services			
<i>Affordability, insurance, unemployment rate</i>	⊗	✓	☑
<i>Medicaid enrollment</i>	⊗	✓	
<i>Poverty rate</i>	⊗		
Wellness and Prevention			
Physical activity			
<i>Access to recreational opportunities</i>		✓	☑
<i>Overweight/obesity/physical inactivity</i>	⊗	✓	☑
<i>Health education- weight loss, fitness, health & wellness</i>		✓	☑
Nutrition			
<i>Nutrition education and resources</i>	⊗	✓	☑
Behavioral Health			
<i>Lack of mental & behavioral health services/resources</i>	⊗	✓	☑

<i>Increase in depression and high suicide rate</i>	⊗	✓	☑
<i>Alcohol/tobacco/substance abuse</i>	⊗	✓	☑
<i>Stress management</i>		✓	☑

Health Measures

Chronic Conditions

<i>Rates of 2+ chronic conditions highest in MT frontier</i>	⊗	✓	☑
<i>Cancer</i>	⊗	✓	
<i>Risky behaviors: texting and driving, seatbelt use</i>	⊗		



NEXT STEPS & RESOURCES

Prioritization of Health Needs

The community steering committee, comprised of staff leaders from Liberty Medical Center (LMC) and community members from Liberty 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:

- Access to healthcare services
- Outreach and education
- Behavioral health

Liberty Medical Center will determine which needs or opportunities could be addressed considering LMC'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.

- 340B Prescription Drug Program
- Fitness Xpress
- Guild
- Havre radio stations
- Healthy Liberty County Coalition
- Hi-Line Health Foundation
- Liberty County Board of Health
- Liberty County Chamber of Commerce
- Liberty County Community and Senior Center
- Liberty County Council on Aging
- Liberty County Healthy Coalition
- Liberty County LEPC
- Liberty County Library
- Liberty County Mental Health Board
- Liberty County Public Health
- Liberty County Times
- Liberty County Transit
- Local churches
- Local EMTs (Emergency Medical Technicians)
- Local pharmacies
- Local schools
- Montana Area Health Education Center (AHEC)
- MSU Extension – Liberty County
- National Health Services Corps (due to Medically Underserved Area)
- Shelby radio stations
- Open Door Counseling
- Chronic Care Management
- Golden Prairie Community Foundation
- Visiting Specialists

Evaluation of Previous CHNA & Implementation Plan

Liberty Medical Center provided the Montana Office of Rural Health with an update on their Implementation Plan activities from their previous CHNA process. The LMC Board of Directors approved its previous implementation plan in September 2018. The plan prioritized the following health issues:

- Access to healthcare services
- Outreach and education
- Behavioral health

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

libertymedicalcenter.org.

Goal 1: Improve access to healthcare services in Liberty County.

	Activities	Accomplishments	Community Impact/Outcomes
<p>Strategy 1.1: Improve access to primary care services in Liberty County.</p>	Recruit MD/DO.	Successfully recruited providers, including a Family Practice MD, that joined LMC family in the fall of 2019.	Increasing Primary Care providers (per 100,000)
<p>Strategy 1.2: Improve access to specialty services in Liberty County.</p>	Explore opportunities to expand specialty services in Liberty County via telemedicine or on-site (urology, ENT, eye care, dermatology).	<p>Continue to build upon Specialty Clinic services. The Specialty Clinic opened in 2016. During the pandemic, this service had to be completely stopped. It has been re-established as of Dec. 2020, with the services listed to the right. We were not able to bring back Chiropractic care.</p> <p>Launched Telemedicine primary care visits in 2020, initially during the Pandemic, and plan to continue offering this access</p>	<p>Orthopedic Surgeon – 1x/month</p> <ul style="list-style-type: none"> • Women’s Health Provider – 1X/month • Cardiologist -1X/month • Oncologist – 1x/month • Behavioral Health services 1x/week on-site <p>In 2020, 100% of our rural health clinic (RHC) providers were able to complete telemedicine visits with patients.</p>

		<p>Launched a Chronic Care Management program led by an RN.</p> <p>In 2020, received CON for Home Care services for Liberty County from the State of Montana and CMS.</p>	<p>59 patients are enrolled and managed as of Feb. 19, 2021.</p> <p>Providers have been able to go onsite to Hutterite colonies to provide care as well as complete home visits.</p>
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Goal 2: Enhance Liberty Medical Center outreach and education efforts.

	Activities	Accomplishments	Community Impact/Outcomes
<p>Strategy 2.1: Support health and wellness activities in Hi-Line communities.</p>	<p>Continue to provide LMC staff participation in community groups/coalitions that support health in area Hi-Line communities (Mental Health Board, Adult Protection Services Board, Board of Health, LEPC, Healthy Liberty County, Re-Act).</p>	<p>We have Liberty Medical Staff participating as active members on:</p> <ul style="list-style-type: none"> • Mental Health Board, • Adult Protection Services Board • Board of Health • LEPC, • Healthy Liberty County, • Re-Act • Public Health • Chamber 	<p>Very engaged staff in community with an increased awareness of the needs and challenges facing our community.</p>
	<p>Explore opportunities to support and partner with community health and wellness events (ex. Fun runs).</p>	<p>Active engagement in events that address community needs and improving Access to Behavioral Health services</p> <p>Awareness of existing resources, such as written materials available through the extension service made available in key patient care waiting areas and provider offices. (Suicide Hotline, Suicide prevention, MHA resources for Behavioral Health Telemedince)</p> <p>Launched Wellness Program that included not only LMC employees but community members. For example, we had a Walking Campaign for the community.</p>	<p>In 2021, a collaborative effort with the Mental Health Board successfully provided for Mental Health Open Door Events that addressed topics of:</p> <ul style="list-style-type: none"> • Suicide Prevention • Anxiety • Isolation <p>Additionally, an integration relationship was established with LMC primary care providers and the Open Door Behavioral Health Professionals,</p>

		<p>Health Behaviors Education topics covered during this last cycle included:</p> <ul style="list-style-type: none"> • Tobacco Prevention • Smoking Prevalence • Teens and Vaping • Diet and Exercise • Alcohol and Drug Abuse <p>Community Summer Fair Events</p> <ul style="list-style-type: none"> • LMC Services available and how to access • Advanced Directives – provided information and literature regarding how to initiate completion of these documents 	<p>leading to weekly care team meetings.</p> <p>There were 25 participants from the community.</p> <p>Partnerships enhanced, especially with Public School, Public Health, Liberty County, and Extension Services.</p>
<p>Strategy 2.2: Enhance LMC outreach efforts of available services.</p>	<p>Develop internal staff communication plan to improve dissemination of information on available services with patients.</p>	<p>Developed a list of opportunities that exist and identified opportunities. Work to improve communication effectiveness. Communication plan reviewed semi-annually by SLT with Marketing Director.</p>	<p>2020– Established the ability for all employees have their own emails</p> <p>Bi-Weekly Employee Newsletter launched and enhanced</p> <p>All Employee Advisory meeting monthly – continue to work on cascading information – all are available virtually, as well as in-person</p>
	<p>Improve marketing of available services and resources to community.</p>	<p>Identified resources available in the community to market our services and developed a marketing plan in 2020.</p>	<ul style="list-style-type: none"> • Enhanced website and continue to evaluate user-friendliness • Built an LMC Facebook page – weekly updates provided • Weekly Liberty Times announcements with service information- following marketing plan document

	<p>Develop educational offering for staff and community on available telehealth services.</p>	<p>Two different options are now available for telehealth</p> <ol style="list-style-type: none"> 1. Pre-pandemic, LMC could only offer Specialty Care via telemedicine serving as a remote site and patient having to present to LMC. 2. The Pandemic allowed for Primary Care Telemedicine to be provided with the patient remaining at home and our providers being able to provide care via this virtual route. 	<p>Pre-pandemic, a focused effort of communicating the available specialty services was effective with the launching of Cardiovascular and Urology telehealth services. With patients required to present at LMC for this service, the Pandemic led to these services being put on hold.</p> <p>Primary Care Telehealth was launched as a new service available in 2020. LMC has been able to complete over 115 telehealth visits since April 2020.</p>
	<p>Explore opportunities to host/demonstrate LMC telehealth services for community.</p>	<p>Completed with results as above</p>	

Goal 3: Improve access to behavioral health services in Liberty County.

	Activities	Accomplishments	Community Impact/Outcomes
<p>Strategy 3.1: Enhance mental health services available at LMC.</p>	<p>Meet with partners to enhance relationships and explore opportunities to improve referral/transfer resources for patients in crisis</p>	<p>Open Door Behavioral Services now available in Liberty County</p> <p>Bullhook Community Health relationship established</p>	<p>The onsite services have increased from 1x/month to weekly. Telemedicine visits are available as well.</p> <p>Referral relationships built by our primary care providers enhanced referral communication and access.</p> <p>Increased from 3 visits for LMC employees to 6 visits available on behalf of LMC for employees in need.</p> <p>Worked with Bullhook to identify their service capacity.</p>

			Developed informational documents for providers to facilitate awareness of services and referrals.
	Evaluate mental health service needs in Liberty County based on diagnoses, referrals and re-admission data.	County statistics shared and communicated with key stakeholders.	More frequent discussions with multiple entities to facilitate collaboration. This led to the Open Door Community Events.
	Determine feasibility of mental health service expansion at Liberty Medical Center.	Researched the ability to recruit and hire a behavioral health specialist at LMC.	Due to the recruitment challenges that exist in Rural healthcare/Chester, MT, the demand for behavioral health professionals, and the costs associated, it was determined that the best model for LMC to employ was the contractual relationship with Open Door coming to the community, via our Outreach Clinic and Telemedicine visits. We have been able to increase the number of professionals on-site and the frequency of their onsite visits.
	Explore additional mental health training opportunities for LMC staff.	We were not able to achieve this activity	We were able to organize provider time with Open Door Behavioral Health Team, building better collaborative relationships for patient care.
Strategy 3.2: Enhance community knowledge of alcohol and substance abuse resources.	Determine available alcohol and substance abuse resources in Liberty County.	Continued work with Extension office and Chamber of Commerce	Written materials made available at various locations in the community and in rural health clinic
	Develop education/referral protocol for LMC addiction counseling services and other substance abuse resources in an outpatient setting.	We continued building our Care Coordinator role; this role facilitates the referral protocols to counseling services	All available appointments are being captured for 1 month in advance at least.

	<p>Continue promotion and partnership with Public Health on community drug disposal program.</p>	<p>Chester Pharmacy was able to put into place a Medication Disposal Medsafe in 2019. LMC providers and the Nursing team encourage and communicate this resource to enhance community awareness of the importance of drug disposal.</p> <p>Sent out charcoal bags to all in the community, with public health messages and Facebook messages</p>	<p>Enhanced community awareness of the importance of prescription drug disposal through ongoing public and patient education</p>
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APPENDICES

Appendix A- Steering Committee

<i>Steering Committee Member</i>	Organization Affiliation
<i>Laura Merchant</i>	CEO - Liberty Medical Center (LMC)
<i>Amanda Halko</i>	Liberty Medical Center (LMC)
<i>Ryan Black</i>	Liberty Medical Center (LMC)
<i>Kirsten Kammerzell</i>	Liberty Medical Center (LMC)
<i>Larry Hendrickson</i>	Liberty County Commissioner
<i>Morb Wicks</i>	Liberty County Commissioner
<i>Joette Woods</i>	Liberty County Commissioner
<i>Beth Kendall</i>	CJI School Principal
<i>Tara Hendrickson</i>	EMS Director
<i>Melissa Kantorowicz</i>	Liberty County Public Health Nurse
<i>Jesse Fulbright</i>	MSU Extension Office, Liberty County
<i>Lynda VandeSandt</i>	Liberty County Chamber of Commerce
<i>Julie Erickson</i>	Director, Liberty County Library



Public Health
Prevent. Promote. Protect.



Appendix B- Public Health & Populations Consultation

Public Health & Populations Consultation - a leader or representative of populations such as medically underserved, low-income, minority and/or populations with chronic disease.

Name/Organization

Laura Merchant – CEO, Liberty Medical Center
Amanda Halko- Liberty Medical Center
Larry Hendrickson – Liberty County Commissioner
Morb Wicks – Liberty County Commissioner
Joette Woods – Liberty County Commissioner
Beth Kendall – Principal, Chester Joplin Inverness (CJI) School
Tara Hendrickson – Director, EMS
Melissa Kantorowicz – Public Health Nurse
Jesse Fulbright – Extension Agent, MSU Extension – Liberty County
Lynda VandeSandt – Liberty County Chamber of Commerce
Julie Erickson – Director, Liberty County Library
Ryan Black – Director of Outpatient Services, Liberty Medical Center
Kirsten Kammerzell – Liberty Medical Center

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

Steering Committee	January 13, 2021
Key Informant Interviews	February-March 2021

Public and Community Health

- We have a large Hutterite community (approximately 25% of population) in Liberty County that will impact our data – particularly educational attainment. Many in the Hutterite community end school at 8th grade, but they can remain on free and reduced lunch through high school.
- Our unemployment numbers might be undercounted due to lack of job service offices in our area. Or else just small numbers.
- Any specialists that we have in the county are considered “visiting providers.”
- Especially with the current environment, it would be interesting to know if our community is struggling with social isolation and/or loneliness
- Unfortunately, optometry hasn’t been available in Chester for about 4 years.
- People may assess access to good health care with timeliness of appointment availability or relationship with your provider.

- If nutrition is noted as a needed class or program in our community, perhaps we could dive a bit deeper and see if we need to split it out between a nutrition course for adults or children.
- Since we lost our chiropractor, it would be nice to know if people are still needing the service. Losing him was a big loss to the community.
- With COVID we have been able to deliver more telemedicine which has been helpful for our community.
- I would like to learn more about the community's experience and thoughts with the telemedicine that has been delivered.
- It's been a long time since we have had a health fair.
- It would be nice to see how COVID has impacted our community. We could use this data as a learning tool for the future.

Population: Low-Income, Underinsured

- It's hard to know how we could impact adequate and affordable housing in the community.

Population: Seniors

- I would say we have a more mature community!

Population: Youth

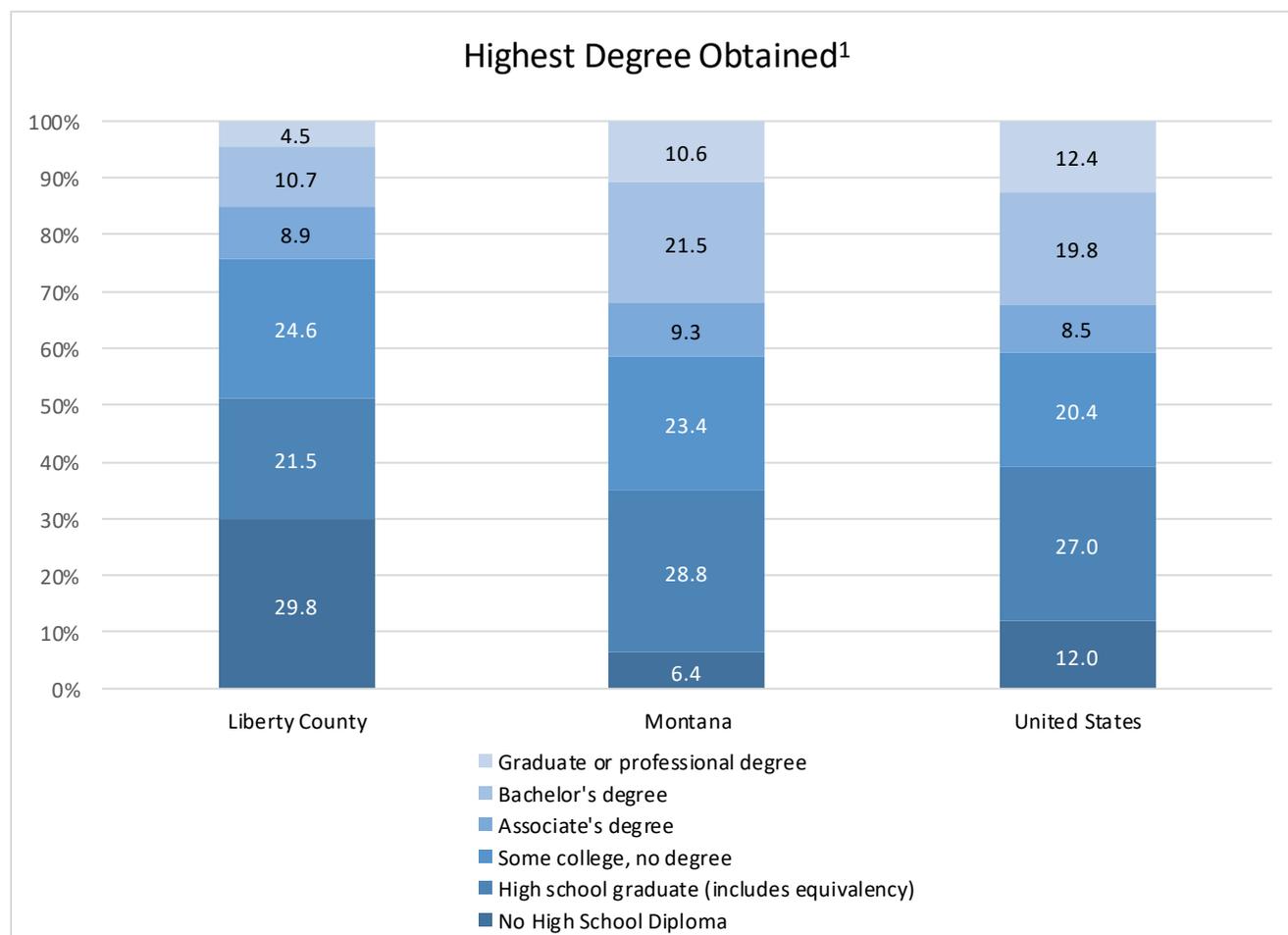
- I think the rates for children feeling sad or hopeless have gone up about 9% in last 10 years.
- Depending on the results of the community survey, it might be interesting to offer a nutrition program focused on children.

Appendix C- Liberty Co. Secondary Data

Demographic Measure (%)		County			Montana			Nation		
Population ¹		2,351			1,050,649			324,697,795		
Population Density ¹		1.6			7.1			85.5		
Veteran Status ¹		7.1%			10.4%			7.3%		
Disability Status ¹		17.9%			13.6%			12.6%		
Age ¹		<5	18-64	65+	<5	18-64	65+	<5	18-64	65+
		4.9%	52.2%	25.1%	5.8%	60.1%	18.2%	5.9%	61.7%	16.4%
Gender ¹		Male		Female	Male		Female	Male		Female
		48.8%		51.2%	50.3%		49.7%	49.2%		50.8%
Race/Ethnic Distribution ¹		White			88.5%			72.5%		
		American Indian or Alaska Native			6.4%			0.8%		
		Other †			5.1%			26.7%		

¹ US Census Bureau - American Community Survey (2019)

†Black, Asian/Pacific Islanders, Hispanic & Non-Hispanic Ancestry



¹ US Census Bureau - American Community Survey (2019)

Socioeconomic Measures (%)	County	Montana	Nation
Median Income ¹	\$44,875	\$54,970	\$62,843
Unemployment Rate ¹	0.0%	4.0%	5.3%
Persons Below Poverty Level ¹	16.2%	13.1%	13.4%
Uninsured Adults (Age <65) ^{3,4}	19.0%	12.0%	14.7%
Uninsured Children (Age <18) ^{3,4}	21.0%	6.0%	5.1%
Children in Poverty ¹	20.8%	15.8%	18.5%
Enrolled in Medicaid ^{5,6}	9.8%	8.6%	20.2%
Enrolled in Free/Reduced Lunch ⁷ <i>Pre-k through 12th grade</i>	91	64,148	-
SNAP Participants ⁷ <i>All ages</i>	122	109,497	39,194,450

¹ US Census Bureau - American Community Survey (2019), ³ County Health Ranking, Robert Wood Johnson Foundation (2020), ⁴ Center for Disease Control and Prevention (CDC), Health Insurance Coverage (2019), ⁵ MT-DPHHS Medicaid Expansion Dashboard (2020), ⁶ Medicaid.gov (2018), ⁷ Kids Count Data Center, Annie E. Casey Foundation (2020)

Maternal Child Health	County	Montana
General Fertility Rate* ⁸ <i>Per 1,000 Women 15-44 years of age</i>	67.6	59.6
Total Fertility Rate ^{† 8} <i>Per 1,000 Women</i>	79.7	59.5
Born less than 37 weeks ⁸	N/A	9.1%
Adolescent Birth Rate (females age 15-19) ²¹ <i>Per 1,000 years 1999-2018</i>	N/A	32.0
Smoking during pregnancy ^{15, 20}	5.9%	16.5%
Low and very low birth weight infants (less than 2500 grams) ⁸	N/A	7.4%
Childhood Immunization Up-To-Date (UTD) % Coverage ^{§ 9}	75.0%	66.2%

⁸ IBIS Birth Data Query, MT-DPPHS (2020), ⁹ MT-DPHHS Clinic Immunization Results (2017-2018), ¹⁵ IBIS - Births with Mother who Smoked during Pregnancy, ²⁰ Center for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS) 2016, ²¹ IBIS - Adolescent Births, Girls Age 15-19

* General fertility rate is the number of live births per 1,000 females of childbearing age between the ages of 15-44 years.

† The total fertility rate is the sum of the age-specific birth rates of women in five-year age groups multiplied by five. This rate estimates the number of children a cohort of 1,000 women would bear if they all went through their childbearing years exposed to the same age-specific birth rates in effect for a particular time.

§ 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	15%	17%	14%
Excessive Drinking ³	21%	21%	13%
Adult Obesity ³	35%	26%	26%
Poor Mental Health Days (Past 30 days) ³	3.4	3.7	3.4
Physical Inactivity ³	25%	22%	20%
Liver Disease and Cirrhosis Mortality ¹⁰ <i>Per 100,000 population</i>	N/A	150.9	-
Intentional Self-Harm ED Visit Rate ¹⁰ <i>Per 100,000 population</i>	N/A	241.3	-
Mental Disorders Hospitalization Rate ¹⁰ <i>Per 100,000 population</i>	N/A	372.5	-
Drug Use Hospitalization Rate ¹⁰ <i>Per 100,000 population</i>	15%	17%	14%

³ County Health Ranking, Robert Wood Johnson Foundation (2020), ¹⁰ IBIS Community Snapshot, MT-DPPHS

Unsafe Driving	Montana	Nation
Do NOT wear seatbelts – Adults ¹¹	10.2%	6.3%
Do NOT wear seatbelts – Students 9-12 th grade ¹²	7.5%	6.5%
Drink and Drive – Adults ¹¹	3.7%	3.1%
Text and Drive – Students 9-12 th grade ¹²	53.3%	39.0%

¹¹ Behavioral Risk Factor Surveillance System (2019), ¹² Youth Risk Behavior Survey (2019)

Infectious Disease Incidence Rates (2015-2017) <i>Per 100,000 people¹⁰</i>	County	Montana
Enteric Diseases*	83.0	80.1
Hepatitis C virus	0.0	93.4
Sexually Transmitted Diseases (STD) [†]	69.2	551.6
Vaccine Preventable Diseases (VPD) [§]	0.0	91.5

¹⁰ IBIS Community Snapshot, MT-DPPHS

* Foodborne illness † STD analyses include chlamydia, gonorrhea, and primary/secondary syphilis

§ VPD analyses include: Chickenpox, *Haemophilus influenzae*, Meningococcal disease, Mumps, Pertussis, *Streptococcus pneumoniae*, Tetanus

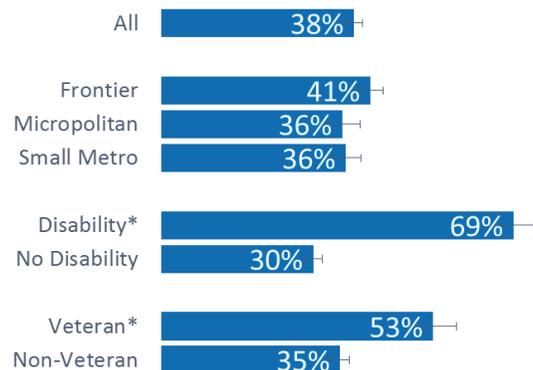
Chronic Conditions ¹⁰	County	Montana
Stroke Hospitalization Rate <i>Per 100,000 population</i>	N/A	152.0
Diabetes Hospitalization Rate <i>Per 100,000 population</i>	697.2	1058.9
COPD Emergency Department Visit Rate <i>Per 100,000 population</i>	554.0	669.9
Asthma Related Emergency Department Visit Rate <i>Per 100,000 population</i>	N/A	118.1

¹⁰ IBIS Community Snapshot, MT-DPPHS

Montana Adults with Self-Reported Chronic Condition ¹¹	
1. Arthritis	29.0%
2. Depression	24.1%
3. Asthma	10.0%
4. Diabetes	7.6%
5. COPD	6.8%
6. Cardiovascular disease	3.9%
7. Kidney disease	2.4%

¹¹ Behavioral Risk Factor Surveillance System (2019)

Percent of Montana Adults with Two or More Chronic Conditions



Cancer Incidence	County	Montana	Nation
All Sites Cancer ¹⁰ Per 100,000 population	320.4	441.6	444

¹⁰ IBIS Community Snapshot, MT- DPPHS

Mortality	County	Montana	Nation
Suicide Rate ¹³ Per 100,000 population	-	22.5	13.9
Veteran Suicide Rate ¹³ Per 100,000 population	-	65.7	38.4
Leading Causes of Death ¹⁴	-	1. Cancer 2. Heart disease 3. Unintentional injuries	1. Heart Disease 2. Cancer 3. CLRD*
Unintentional Injury Death Rate ¹⁶ Per 100,000 population	37.3	53.4	51.1
Diabetes Mellitus ^{14, 17} Per 100,000 population	-	19.0	21.4
Alzheimer's Disease ^{14, 18} Per 100,000 population	-	21.6	37.3
Pneumonia/Influenza Mortality ^{14, 19} Per 100,000 population	-	10.7	14.9

¹³ Suicide in Montana, MT-DPHHS (2018), ¹⁴ IBIS Mortality Query, MT- DPPHS, ¹⁶ Injury Deaths in Montana (2018), ¹⁷ Kaiser State Health Facts, National Diabetes Death Rate (2018), ¹⁸ Statista (2018), ¹⁹ Kaiser State Health Facts, National Pneumonia Death Rate (2018)

*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 ²²
Poor Mental Health Days²² <i>Past 30 days</i>	9.8	15.4	27.5	22.9
Poor Physical Health Days²² <i>Past 30 days</i>	11.4	16.5	26.7	32
Mean number of Unhealthy Days²² <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 Coverage¹¹	9.5%	7.8%	11.5%	14.4%
No Personal Health Care Provider¹¹	26.5%	28.8%	23.8%	16.6%
No Routine Checkup in the Past Year¹¹	27.2%	23.9%	18.1%	27.1%
No Leisure Time for Physical Activity²² <i>In the past 30 days</i>	19.3%	25.6%	33%	33.6%
Obese¹¹ (BMI ≥ 30.0)	27.4%	40.7%	35.4%	34.4%
Tobacco Use - Current Smokers¹¹	14.5%	41.4%	32.9%	26.2%
Does Not Always Wear a Seat Belt¹¹	9.9%	16.4%	15.6%	27.3%

¹¹ Behavioral Risk Factor Surveillance System (2019), ²² Behavioral Risk Factor Surveillance System (2016)

*Annual household income < \$15,000

Montana Youth (9 th -12 th grade) ¹²	White, non-Hispanic	American Indian/Alaska Native
Felt Sad or Hopeless <i>Almost every day for two weeks or more in a row, during the past 12 months</i>	35.3%	39.6%
Attempted Suicide <i>During the past 12 months</i>	8.7%	15.4%
Lifetime Cigarette Use <i>Students that have ever tried smoking</i>	28.3%	48.9%
Lifetime Alcohol Use <i>Students that have had at least one drink of alcohol on one or more days during their life</i>	34.3%	25.3%
Lifetime Marijuana Use <i>Students that have used marijuana one or more times during their life</i>	36.9%	58.9%
Overweight <i>≥ 85th percentile but <95th percentile for BMI, based on sex- and age-specific reference data from the 2000 CDC growth charts.</i>	12.5%	17.5%
Texting and Driving <i>Among students who drove a car in the past 30 days</i>	55.2%	39.6%
Carried a Weapon on School Property <i>In the last 30 days</i>	7.2%	3.2%

¹² Youth Risk Behavior Survey (2019)

Secondary Data – Healthcare Workforce Data 2019

Health Professional Shortage Area & Medically Underserved Areas/Populations

The uneven geographic distribution of health system resources has long been a problem in the United States. As a result, many individuals do not have adequate access to health services in their community. State and Federal programs have been put in place to attempt to ameliorate this problem and reduce the barriers to access healthcare. The Health Professional Shortage Area (HPSA) program and the Medically Underserved Areas/Populations (MUA/P) are among the tools used to increase the supply, capacity, and distribution of health professionals to areas of greatest need. HPSA designations indicate shortages of healthcare professionals who provide primary care, dental, and mental health services. Designation may help communities attract new healthcare workforce and it may increase Medicare and Medicaid reimbursement to already existing healthcare providers.

Health Professional Shortage Area Designation - Liberty County, Montana		
Discipline	HPSA Score	HPSA
Primary Care	19	✓ Geographic population
Dental Health	18	✓ Low-income population
Mental Health*	21	✓ High needs geographic population
HPSA Scores range from 0 to 26 where the higher the score, the greater the priority		

¹ Health Resources and Services Administration (2019)

*HPSA score for North Central MT

Provider Supply and Access to Care				
Measure	Description	Liberty Co. (N = 1) *	Montana (N = 48) *	National (N = 1344) *
Primary care physicians	Ratio of population to primary care physicians	2359:1	1312:1	1030:1
Other primary care providers	Ratio of population to other primary care providers including nurse practitioners, physician assistants, and clinical nurse specialists	1204:1	1041:1	726:1
Dentists	Ratio of population to dentists	2408:1	1482:1	1280:1
Mental health providers	Ratio of population to mental health providers	-	409:1	330:1

*Total number of CAHs, - No data available

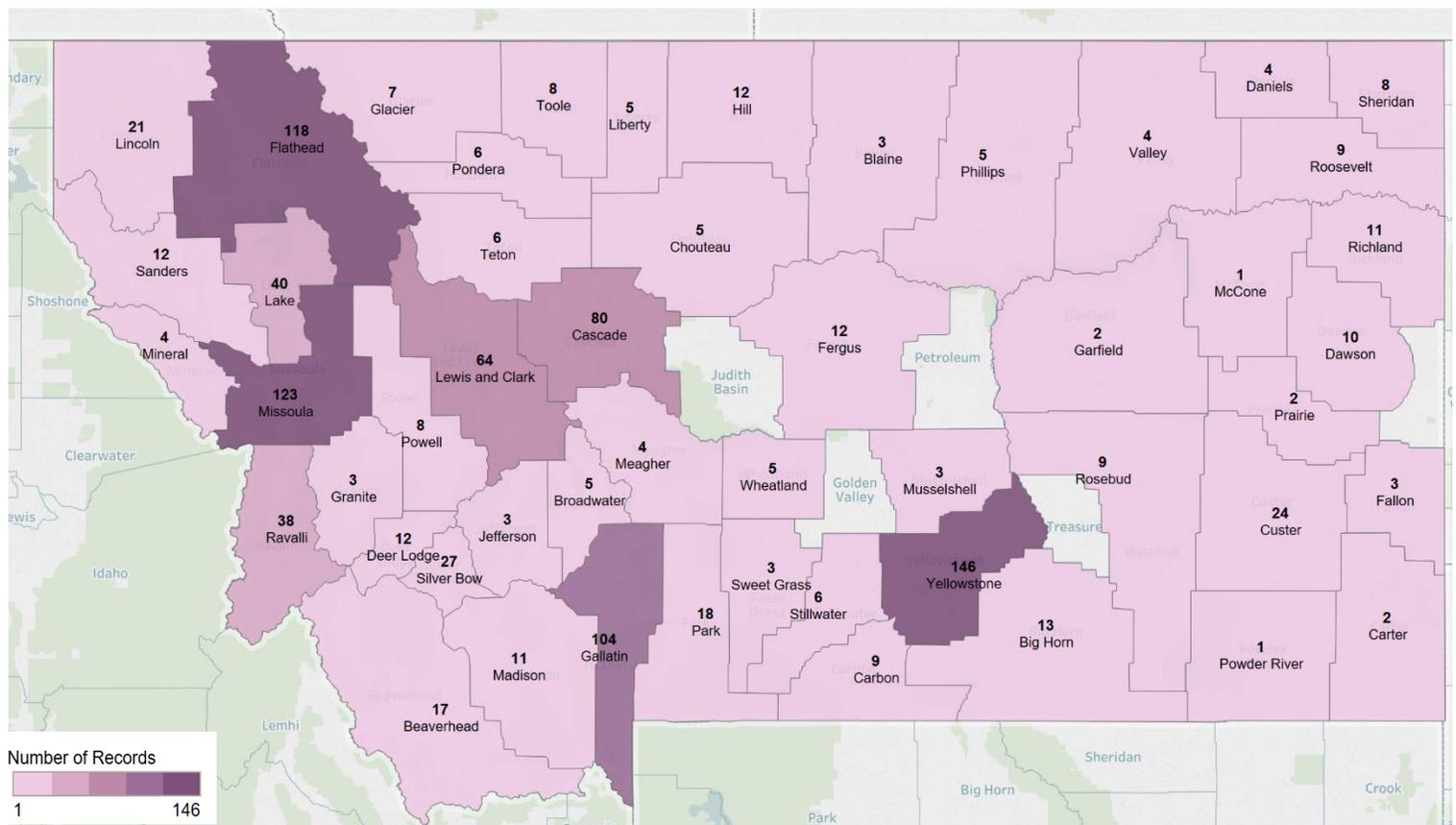
² CAHMPAS - FLEX Monitoring (2017)

Healthcare workforce Distribution Maps

WIM Tracking is a Montana-based health workforce research company. WIM Tracking proactively monitors the movement of healthcare professionals in Wyoming, Idaho and Montana and maintains the data within a relational database.

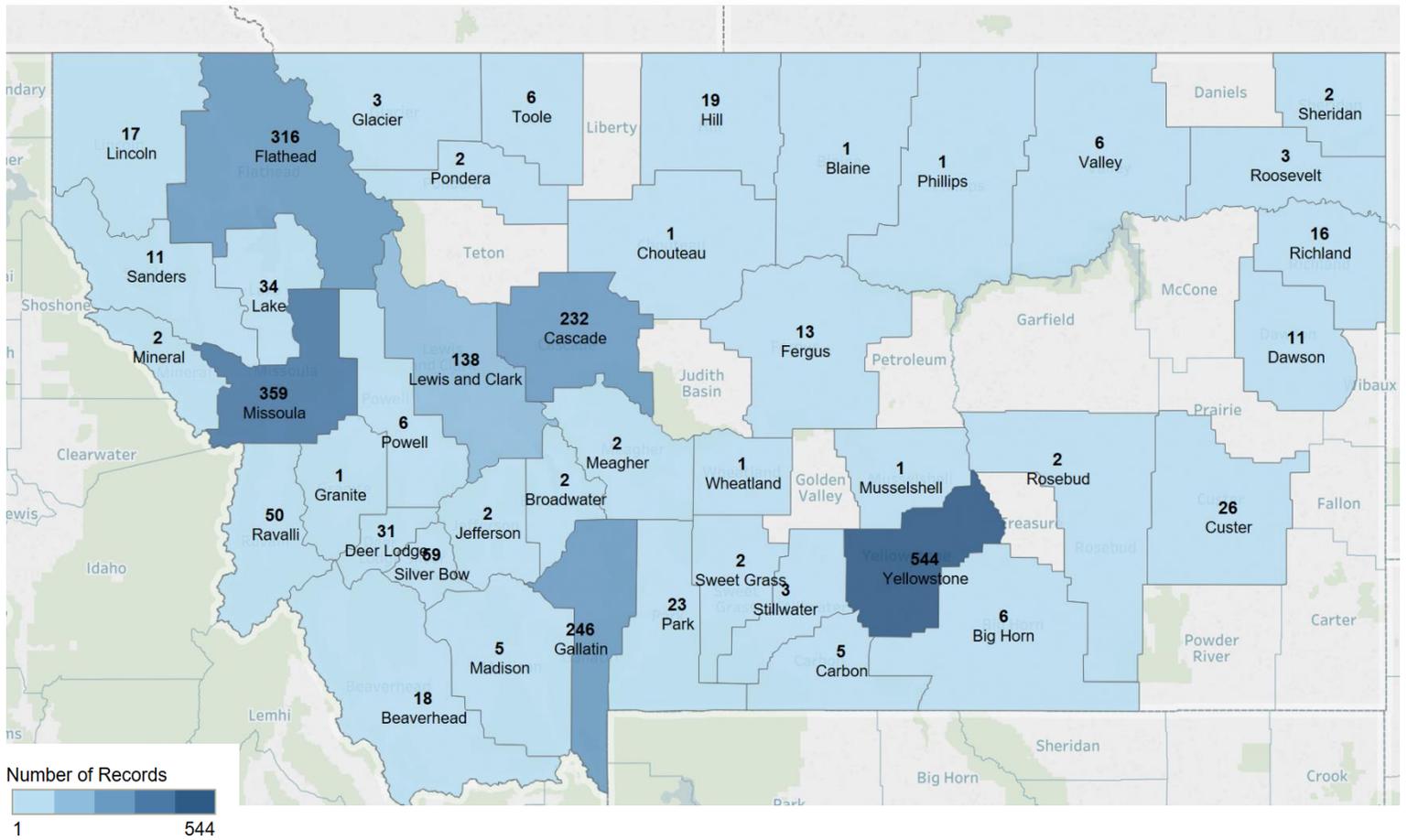
- Counts only include actively practicing providers.
- Counts do not include providers at limited access facilities (VA, Malstrom AFB, Indian Health Services, Montana State Prison, Montana State Hospital, therapeutic boarding schools)
- Counts only include primary practice locations. Locum Tenens providers are not included.
- Primary Care specialties include Family Medicine, Internal Medicine and Pediatrics.

Montana Physician, PA, APRN Distribution - Primary Locations - Primary Care



Maps by WIM Tracking LLC - 3/19/19

Montana Physician Distribution - Primary Locations - All Specialties



Appendix D- Survey Cover Letter

February 12, 2021



Dear [LASTNAME] household:

Participate in our Community Health Needs Assessment survey for a chance to
WIN one of four \$25 Chamber Bucks!

Liberty Medical Center (LMC) 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 LMC 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: March 19, 2021
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 "Liberty Medical Center Survey." Your access code is [CODED]
4. The winners of the \$25 Chamber Bucks will be contacted the week of March 29th.

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 Amy Royer at 406-994-5627. 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,

Laura Merchant, CEO



Access the survey on your smart phone: Use your camera to scan the QR code

Appendix E- Survey Instrument

Community Health Services Development Survey Chester, 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 406-994-5627. 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"/> Lack of access to healthy food | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Alzheimer's/dementia | <input type="checkbox"/> Lack of exercise | <input type="checkbox"/> Teen drug use |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Mental health issues | <input type="checkbox"/> Tobacco use |
| <input type="checkbox"/> Child abuse/neglect | <input type="checkbox"/> Motor vehicle accidents | (cigarettes/cigars, vaping, smokeless) |
| <input type="checkbox"/> Depression/anxiety | <input type="checkbox"/> Opioid addiction | <input type="checkbox"/> Trauma/Adverse Childhood Experiences (ACES) |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Overweight/obesity | <input type="checkbox"/> Underage alcohol abuse |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Recreation related accidents/injuries | <input type="checkbox"/> Work/economic stress |
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> Social isolation/loneliness | <input type="checkbox"/> Work related accidents/injuries |
| <input type="checkbox"/> Hunger | <input type="checkbox"/> Stroke | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Lack of access to healthcare | | |

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

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

4. How do you rate your knowledge of the health services that are available through Liberty Medical Center?

- Excellent Good Fair Poor

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

- | | | |
|--|--|--|
| <input type="checkbox"/> Clinic/hospital staff | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Social media (Facebook, etc.) |
| <input type="checkbox"/> Friends/family | <input type="checkbox"/> Presentations | <input type="checkbox"/> Website/internet |
| <input type="checkbox"/> Healthcare provider | <input type="checkbox"/> Public Health nurse | <input type="checkbox"/> Word of mouth/reputation |
| <input type="checkbox"/> Mailings/newsletter | <input type="checkbox"/> Radio | <input type="checkbox"/> Other: _____ |

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

- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Ambulance | <input type="checkbox"/> Fitness center | <input type="checkbox"/> Mental health |
| <input type="checkbox"/> Chiropractor | <input type="checkbox"/> Liberty County Transit | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Massage therapy | <input type="checkbox"/> Public Health |

- Specialty clinic services Tobacco prevention program Other: _____

7. Please describe/rate your level of agreement with the following statements:

Due to the COVID-19 pandemic;	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know/NA
7.1) My household has had more difficulty than usual paying for bills and expenses	4	3	2	1	N/A
7.2) My household has had more difficulty than usual getting needed items, food, or services	4	3	2	1	N/A
7.3) A household member or I have had more difficulty than usual obtaining medical care	4	3	2	1	N/A
7.4) A household member or I have had more difficulty than usual obtaining mental health care	4	3	2	1	N/A
7.5) Other comments:					

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

- Better appointment availability Insurance navigator Outpatient services expanded hours
 Cultural sensitivity More information about available services Telemedicine
 Greater health education services Transportation assistance
 Home health More primary care providers Other: _____
 Improved quality of care More specialists

9. 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**)

- Alcohol/substance abuse Men's health Smoking/tobacco cessation
 Fitness Mental health Support groups
 Grief counseling Nutrition Weight loss
 Lactation/breastfeeding support Parenting Women's health
 Living will/end of life planning Prenatal Other: _____

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

- Acupuncture Dermatology Naturopath Telemedicine
 Allergist ENT (ear/nose/throat) OB/GYN Urology
 Cancer care Endocrinologist Optometry VA access
 Chiropractor Foot care clinic Podiatrist Other: _____
 Community health worker Home health Psychiatry
 MRI Rheumatology

11. Which of the following preventative services have you or someone in your household used in the past year? (**Select ALL that apply**)

- Blood pressure check Flu shot/ immunizations Prostate (PSA)
 Children's checkup/ Well baby Health checkup Routine blood work/ birthday lab
 Cholesterol check Hearing check Vision check
 Colonoscopy Mammography None
 Dental check Medicare wellness Other _____
 Dexa scan Pap test

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

- Very important Important Not important Don't know

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

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

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

- | | | |
|---|---|--|
| <input type="checkbox"/> Could not get an appointment | <input type="checkbox"/> Had no childcare | <input type="checkbox"/> Office wasn't open when I could go |
| <input type="checkbox"/> Could not get off work | <input type="checkbox"/> It cost too much | <input type="checkbox"/> Qualified provider not available |
| <input type="checkbox"/> COVID-19 concerns/barriers | <input type="checkbox"/> It was too far to go | <input type="checkbox"/> Too long to wait for an appointment |
| <input type="checkbox"/> Didn't know where to go | <input type="checkbox"/> Language barrier | <input type="checkbox"/> Too nervous or afraid |
| <input type="checkbox"/> Don't like doctors | <input type="checkbox"/> My insurance didn't cover it | <input type="checkbox"/> Transportation problems |
| <input type="checkbox"/> Don't understand healthcare system | <input type="checkbox"/> No insurance | <input type="checkbox"/> Unsure if services were available |
| | <input type="checkbox"/> Not treated with respect | <input type="checkbox"/> Other: _____ |

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"/> Chester | <input type="checkbox"/> Fort Benton | <input type="checkbox"/> Missoula |
| <input type="checkbox"/> Billings | <input type="checkbox"/> Great Falls Clinic | <input type="checkbox"/> Shelby |
| <input type="checkbox"/> Benefis | <input type="checkbox"/> Havre | <input type="checkbox"/> VA clinic |
| <input type="checkbox"/> Conrad | <input type="checkbox"/> Helena | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Cut Bank | <input type="checkbox"/> Kalispell | |

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

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

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

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

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

- | | | |
|-----------------------------------|---|------------------------------------|
| <input type="checkbox"/> Chester | <input type="checkbox"/> Cut Bank | <input type="checkbox"/> Helena |
| <input type="checkbox"/> Billings | <input type="checkbox"/> Fort Benton | <input type="checkbox"/> Kalispell |
| <input type="checkbox"/> Benefis | <input type="checkbox"/> Great Falls Clinic | <input type="checkbox"/> Missoula |
| <input type="checkbox"/> Conrad | <input type="checkbox"/> Havre | <input type="checkbox"/> Shelby |

VA clinic

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

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**)

- | | | | |
|-----------------------------------|---|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Chester | <input type="checkbox"/> Cut Bank | <input type="checkbox"/> Helena | <input type="checkbox"/> VA clinic |
| <input type="checkbox"/> Billings | <input type="checkbox"/> Fort Benton | <input type="checkbox"/> Kalispell | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Benefis | <input type="checkbox"/> Great Falls Clinic | <input type="checkbox"/> Missoula | |
| <input type="checkbox"/> Conrad | <input type="checkbox"/> Havre | <input type="checkbox"/> Shelby | |

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

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

24. The following services are available through Liberty Medical Center. 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
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
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 (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. Thinking about your mental health (which includes anxiety, depression and problems with emotions), how would you rate your mental health in general?

- Excellent Good Fair Poor

29. To what degree has your life been negatively affected by your own or someone else's substance abuse issues, including alcohol, prescription or other drugs?

- A great deal Somewhat A little Not at all

30. 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

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

- Yes No Not applicable

32. The following questions focus on aspects of your community. Please rate your level of agreement with each of these statements thinking specifically about your community as you see it. Please circle the number that best represents your opinion of each statement below.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
32.1) There are places to be physically active near my home. Consider parks, trails, places to walk, and playgrounds.	4	3	2	1	DK
32.2) I have enough financial resources to meet my basic needs. Consider income for purchasing food, clothing, shelter, and utilities.	4	3	2	1	DK
32.3) My community is a good place to raise children. Consider the quality and safety of schools and childcare, after school care, and places to play in your neighborhood.)	4	3	2	1	DK
32.4) My community is a good place to grow old. Consider elder-friendly housing, transportation to medical services, access to shopping centers and businesses, recreation, and services for the elderly.	4	3	2	1	DK

- 33. What type of health insurance covers the majority of your household's medical expenses? (Select ONLY 1)**
- | | | |
|---|---|---|
| <input type="checkbox"/> Employer sponsored | <input type="checkbox"/> Indian Health | <input type="checkbox"/> 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 | |

- 34. How well do you feel your health insurance covers your healthcare costs?**
- Excellent Good Fair Poor

- 35. 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 | |

- 36. 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.

- 37. Where do you currently live, by zip code?**
- | | | |
|---|--|---|
| <input type="checkbox"/> 59522 Chester | <input type="checkbox"/> 59530 Inverness | <input type="checkbox"/> 59461 Lothair |
| <input type="checkbox"/> 59444 Galata | <input type="checkbox"/> 59531 Joplin | <input type="checkbox"/> 59540 Rudyard |
| <input type="checkbox"/> 59525 Gildford | <input type="checkbox"/> 59532 Kremlin | <input type="checkbox"/> 59545 Whitlash |
| <input type="checkbox"/> 59528 Hingham | <input type="checkbox"/> 59456 Ledger | <input type="checkbox"/> Other: _____ |

- 38. What is your gender?**
- Male Female Non-binary Prefer to self-describe _____

- 39. What age range represents you?**
- | | | |
|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> 18-24 | <input type="checkbox"/> 45-54 | <input type="checkbox"/> 75-84 |
| <input type="checkbox"/> 25-34 | <input type="checkbox"/> 55-64 | <input type="checkbox"/> 85+ |
| <input type="checkbox"/> 35-44 | <input type="checkbox"/> 65-74 | |

- 40. 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"/> Reduced hours due to COVID-19 | <input type="checkbox"/> Unemployed due to COVID-19 |
| <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 Liberty Medical Center Services by How Respondents Learn About Healthcare Services

	Excellent	Good	Fair	Poor	Total
Friends/family	22.7% (27)	58.0% (69)	16.8% (20)	2.5% (3)	119
Clinic/hospital staff	34.8% (40)	50.4% (58)	13.9% (16)	0.9% (1)	115
Word of mouth/reputation	26.3% (26)	57.6% (57)	13.1% (13)	3.0% (3)	99
Healthcare provider	39.2% (31)	48.1% (38)	8.9% (7)	3.8% (3)	79
Social media (Facebook, etc.)	22.2% (12)	63.0% (34)	9.3% (5)	5.6% (3)	54
Newspaper	22.9% (11)	62.5% (30)	12.5% (6)	2.1% (1)	48
Public Health nurse	41.2% (14)	50.0% (17)	5.9% (2)	2.9% (1)	34
Website/internet	18.2% (4)	50.0% (11)	18.2% (4)	13.6% (3)	22
Mailings/newsletter	14.3% (3)	61.9% (13)	19.0% (4)	4.8% (1)	21
Radio	16.7% (2)	50.0% (6)	8.3% (1)	25.0% (3)	12
Presentations	33.3% (1)	33.3% (1)	-	33.3% (1)	3
Other	25.0% (1)	50.0% (2)	-	25.0% (1)	4

Delay or Did Not Get Need Healthcare Services by residence

	Yes	No	Total
59522 Chester	18.3% (15)	81.7% (67)	82
59540 Rudyard	33.3% (8)	66.7% (16)	24
59531 Joplin	47.8% (11)	52.2% (12)	23
59530 Inverness	41.7% (5)	58.3% (7)	12
59444 Galata	30.0% (3)	70.0% (7)	10
59525 Gildford	50.0% (5)	50.0% (5)	10
59528 Hingham	30.0% (3)	70.0% (7)	10
59461 Lothair	100.0% (1)	-	1
Other	50.0% (1)	50.0% (1)	2
TOTAL	29.9% (52)	70.1% (122)	174

***Kremlin, Ledger, and Whitlash removed due to non-response**

Location of primary care clinic most utilized by residence

	Chester	Great Falls Clinic	Havre	Benefis	Shelby	Kalispell	Billings	Helena	VA Clinic	Other	TOTAL
59522 Chester	50.6% (42)	21.7% (18)	3.6% (3)	6.0% (5)	-	1.2% (1)	1.2% (1)	-	1.2% (1)	14.5% (12)	83
59540 Rudyard	45.8% (11)	16.7% (4)	-	-	-	-	-	-	-	37.5% (9)	24
59531 Joplin	50.0% (11)	4.5% (1)	13.6% (3)	-	-	4.5% (1)	-	-	-	27.3% (6)	22
59530 Inverness	76.9% (10)	7.7% (1)	-	7.7% (1)	-	-	-	-	-	7.7% (1)	13
59444 Galata	20.0% (2)	-	-	10.0% (1)	30.0% (3)	-	-	10.0% (1)	-	30.0% (3)	10
59525 Gildford	40.0% (4)	-	60.0% (6)	-	-	-	-	-	-	-	10
59528 Hingham	44.4% (4)	11.1% (1)	11.1% (1)	-	-	-	-	-	-	33.3% (3)	9
59461 Lothair	-	100.0% (1)	-	-	-	-	-	-	-	-	1
Other	100.0% (1)	-	-	-	-	-	-	-	-	-	1
TOTAL	49.1% (85)	15.0% (26)	7.5% (13)	4.0% (7)	1.7% (3)	1.2% (2)	0.6% (1)	0.6% (1)	0.6% (1)	19.7% (34)	173

*Cut Bank, Fort Benton, and Missoula removed from primary care clinic location (top row) due to non-response.

**Kremlin, Ledger, and Whitlash removed from residence (first column) due to non-response.

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

	Chester	Great Falls Clinic	Havre	Benefis	Shelby	Kalispell	Billings	Helena	VA Clinic	Other	Total
Closest to home	63.4% (59)	7.5% (7)	3.2% (3)	1.1% (1)	2.2% (2)	-	-	-	-	22.6% (21)	93
Prior experience with clinic	51.7% (45)	12.6% (11)	9.2% (8)	2.3% (2)	1.1% (1)	-	1.1% (1)	-	-	21.8% (19)	87
Clinic/provider's reputation for quality	48.6% (36)	18.9% (14)	8.1% (6)	-	1.4% (1)	-	1.4% (1)	-	-	21.6% (16)	74
Appointment availability	61.4% (35)	7.0% (4)	8.8% (5)	-	3.5% (2)	-	-	-	-	19.3% (11)	57
Personal relationship with provider	41.2% (21)	23.5% (12)	7.8% (4)	3.9% (2)	2.0% (1)	-	-	2.0% (1)	-	19.6% (10)	51
Privacy/confidentiality	31.8% (7)	13.6% (3)	4.5% (1)	9.1% (2)	4.5% (1)	4.5% (1)	-	-	-	31.8% (7)	22
Recommended by family or friends	45.5% (10)	9.1% (2)	4.5% (1)	-	4.5% (1)	4.5% (1)	-	-	-	31.8% (7)	22
Referred by physician or other provider	27.3% (6)	22.7% (5)	9.1% (2)	9.1% (2)	-	-	4.5% (1)	-	-	27.3% (6)	22
Length of waiting room time	66.7% (10)	-	6.7% (1)	-	6.7% (1)	-	-	-	-	20.0% (3)	15
Cost of care	50.0% (4)	-	-	-	12.5% (1)	-	-	-	12.5% (1)	25.0% (2)	8
Required by insurance plan	-	33.3% (1)	33.3% (1)	-	-	-	-	-	-	33.3% (1)	3
VA/Military requirement	-	-	-	-	-	-	-	-	-	100.0% (1)	1

Other	30.8% (4)	23.1% (3)	7.7% (1)	-	-	7.7% (1)	7.7% (1)	-	-	23.1% (3)	13
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***Cut Bank, Fort Benton, and Missoula removed from primary care clinic location (top row) due to non-response.**

**** Indian Health Services removed from reason selected (first column) due to non-response.**

Location of most utilized hospital by residence

	Chester	Benefis	Great Falls Clinic	Kalispell	Havre	Billings	Missoula	Shelby	Other	Total
59522 Chester	32.7% (16)	34.7% (17)	20.4% (10)	2.0% (1)	-	2.0% (1)	-	-	8.2% (4)	49
59540 Rudyard	22.2% (4)	11.1% (2)	16.7% (3)	5.6% (1)	-	5.6% (1)	5.6% (1)	-	33.3% (6)	18
59531 Joplin	18.8% (3)	25.0% (4)	12.5% (2)	12.5% (2)	-	6.3% (1)	6.3% (1)	-	18.8% (3)	16
59444 Galata	12.5% (1)	37.5% (3)	-	25.0% (2)	-	-	-	25.0% (2)	-	8
59525 Gildford	25.0% (2)	-	12.5% (1)	12.5% (1)	50.0% (4)	-	-	-	-	8
59530 Inverness	50.0% (4)	12.5% (1)	12.5% (1)	-	12.5% (1)	-	-	-	12.5% (1)	8
59528 Hingham	14.3% (1)	42.9% (3)	28.6% (2)	-	14.3% (1)	-	-	-	-	7
59461 Lothair	-	-	-	100.0% (1)	-	-	-	-	-	1
Other	50.0% (1)	-	-	-	50.0% (1)	-	-	-	-	2
Total	27.4% (32)	25.6% (30)	16.2% (19)	6.8% (8)	6.0% (7)	2.6% (3)	1.7% (2)	1.7% (2)	12.0% (14)	117

***Conrad, Cut Bank, Fort Benton, Helena and VA Clinic removed from hospital location (top row) due to non-response.**

**** Kremlin, Ledger, and Whitlash removed from residence (first column) due to non-response.**

Location of most recent hospitalization by reasons for hospital selection

	Chester	Benefis	Great Falls Clinic	Kalispell	Havre	Billings	Missoula	Shelby	Other	Total
Closest to home	55.3% (26)	14.9% (7)	4.3% (2)	-	8.5% (4)	-	-	4.3% (2)	12.8% (6)	47
Prior experience with hospital	17.1% (6)	31.4% (11)	25.7% (9)	8.6% (3)	5.7% (2)	2.9% (1)	-	-	8.6% (3)	35
Hospital's reputation for quality	20.6% (7)	5.9% (2)	26.5% (9)	20.6% (7)	2.9% (1)	5.9% (2)	2.9% (1)	-	14.7% (5)	34
Referred by physician or other provider	12.1% (4)	15.2% (5)	33.3% (11)	12.1% (4)	-	9.1% (3)	3.0% (1)	3.0% (1)	12.1% (4)	33
Medical staff	28.1% (9)	18.8% (6)	12.5% (4)	6.3% (2)	6.3% (2)	3.1% (1)	3.1% (1)	-	21.9% (7)	32
Emergency, no choice	32.1% (9)	32.1% (9)	7.1% (2)	-	10.7% (3)	-	-	7.1% (2)	10.7% (3)	28
Recommended by family or friends	30.0% (3)	20.0% (2)	20.0% (2)	20.0% (2)	-	10.0% (1)	-	-	-	10
Prefer to see M.D. or D.O.	-	37.5% (3)	37.5% (3)	12.5% (1)	12.5% (1)	-	-	-	-	8
Closest to work	50.0% (3)	33.3% (2)	-	-	-	-	-	16.7% (1)	-	6
Privacy/ confidentiality	-	25.0% (1)	25.0% (1)	25.0% (1)	-	-	-	-	25.0% (1)	4
Required by insurance plan	-	50.0% (2)	50.0% (2)	-	-	-	-	-	-	4
VA/Military requirement	-	33.3% (1)	33.3% (1)	-	33.3% (1)	-	-	-	-	3
Cost of care	-	50.0% (1)	50.0% (1)	-	-	-	-	-	-	2

Other	21.1% (4)	36.8% (7)	10.5% (2)	10.5% (2)	10.5% (2)	-	5.3% (1)	-	5.3% (1)	19
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***Conrad, Cut Bank, Fort Benton, Helena and VA Clinic removed from hospital location (top row) due to non-response.**

**** Financial assistance programs removed from reason selected (first column) due to non-response.**

Appendix G- Responses to Other & Comments

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

- Too easy to get on Medicaid in Liberty County. Unhealthy people move here for that reason.
- COVID-our community is excellent in handling it
- covid19
- ? we live out of town
- MS
- autoimmune disease

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

- Alcohol/substance abuse (2)
- Alzheimer's/dementia (2)
- Cancer (4)
- COVID-19 (1)
- Diabetes (1)
- Depression/anxiety (1)
- Heart disease (3)
- Lack of access to healthy food (1)
- Lack of exercise (2)
- Overweight/obesity (2)
- Social isolation/loneliness (1)
- Teen drug use (1)
- Tobacco use (cigarettes/cigars, vaping, smokeless) (1)

3. Select 3 items that you believe are the most important for a healthy community

- Sorry I think there is more than 3

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

- Access to childcare/after school programs (1)
- Access to healthcare services (2)
- Access to healthy foods (1)
- Affordable housing (1)
- Clean environment (1)
- Good jobs and a healthy economy (1)
- Good schools (1)
- Parks and recreation (1)
- Religious or spiritual values (2)
- Strong family life (2)

- Tolerance for diversity (1)
- Transportation services (1)

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

- I research
- all
- boards
- being in the hospital several times, clinic

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

- None (2)
- emergency room/ER (3)
- County Health Nurse
- domestic abuse services
- All in Toole County
- Public nurse
- Big Sandy medical
- Physical therapy (2)

7.5. Due to the COVID-19 pandemic; Other comments:

- Closures have hurt
- We have had no impact
- All things seem the same for us
- Our public health nurses and clinic have been ahead of the game with prevention and treatment.
- Our difficulties are/were more mobility related.
- Not aware that mental health is available
- The pandemic itself didn't cause problems. The 'handling' of the pandemic was the problem.
- Problems with childcare due to COVID/schooling due to COVID

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

- for mental healthcare
- Staff is highly over worked and can't keep up. Patients have to call in for results, follow ups and even to get diagnosis. Referrals out take at least a month and you have to keep calling for updates.
- Updated information
- Female provider(s)
- Nursing crisis
- It's very good now
- Eye doctor OB/GYN

- More Doctors
- Naturopathic dr.
- Optometry Rheumatologist
- None
- Caregiver assistance
- Female PA or Dr
- Female MD
- Eye doctor
- Better communication with receptionists and providers. Getting through to answer questions is frustrating. Getting put on hold, or not talking to a person, not returning calls, leaving messages
- Go online and book an appointment
- better confidentiality/privacy LMC is terrible with both

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

- Help with insurance policy
- None/NA/None of these (6)
- Caregiver support
- Fitness center bigger than what is in town
- Diabetes care

10. What additional healthcare services would you or someone in your household use if available locally? (Select ALL that apply)

- dialyzer
- None (2)
- Vein doc
- Chiropractor
- any and all of them if they were local
- Eye doctor (2)
- Hospice
- More info on when out of town doctors come. specialties
- Dietician
- Hearing, eye doctor

11. Which of the following preventative services have you or someone in your household used in the past year?

- Lab and X-Ray and Physical Therapy
- None (2)
- Would love to have eye care access locally
- COVID Vaccination

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

- Takes too long to get billed - forget why we were there 3 months later
- Too cheap when we knew it wasn't an ER visit.
- Weather, roads
- Doctors dropped the ball with misdiagnosis
- Questioned LMC confidentiality
- COVID

*Responses when more than 3 were selected (10 participants):

- Could not get an appointment (6)
- COVID-19 barriers (7)
- Didn't know where to go (2)
- Don't like doctors (1)
- Had no childcare (1)
- It cost too much (5)
- It was too far to go (3)
- My insurance didn't cover it (5)
- No insurance (1)
- Not treated with respect (3)
- Qualified provider not available (3)
- Too long to wait for an appointment (4)
- Too nervous or afraid (1)
- Unsure if services were available (2)

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

- Chinook
- No female doctor's available
- Big Sandy MT

*Responses when more than 1 was selected (32 participants):

- Chester (24)
- Billings (1)
- Benefis (9)
- Conrad (1)
- Cut Bank (1)
- Great Falls Clinic (17)
- Havre (6)
- Helena (2)
- Kalispell (5)
- Missoula (2)
- Shelby (3)
- VA clinic (2)

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

- Really awesome PA!
- Only one around at the time
- Good service/care
- Women’s health
- No other female doctor available
- Employment
- Preferred a MD
- Naturopath
- Female
- ER doctor became provider
- Specialty provider needed came from Billings and worked as nurse at Billings Clinic
- She started in Chester, I followed to Great Falls
- Was physician before to moving to Great Falls Clinic

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

- Denver
- Mayo Clinic
- Kalispell
- Seattle
- Chester, sent to Great Falls because Chester does not do surgery

***Responses when more than 1 option was selected (10 participants):**

- Chester (6)
- Billings (3)
- Benefis (5)
- Great Falls Clinic (6)
- Havre (3)
- Kalispell (1)
- Missoula (1)

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

- Only place for childbirth
- Where doctor is
- Child birth
- Wife had baby
- surgery
- During COVID spike-not many facilities taking patients
- Closest available OB care
- Procedure not available closer to home.
- Convenient to the doctors I see
- Treatment not available locally

- Emergency
- No OB/GYN here
- For self-pay receive discount
- It was Great Falls I did not select it Chester did not do surgery

*Responses when more than 3 were selected (6 participants):

- Closest to home (2)
- Cost of care (1)
- Emergency, no choice (2)
- Hospital's reputation for quality (3)
- Medical staff (3)
- Prefer to see M.D. or D.O. (3)
- Prior experience with hospital (4)
- Privacy/confidentiality (2)
- Recommended by family or friends (1)
- Referred by physician or other provider (4)

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

- Choteau
- another state
- Bozeman (2)
- Great Falls (3)
- Oregon
- Whitefish
- GTP
- Lewiston
- Great Falls Benefis Health System Rheumatology
- Denver
- Mayo Clinic
- Great Falls (Not either of two listed here)
- Great Falls Eye Doctor
- Casper, WY
- Kalispell
- private
- Seattle
- Great Falls (in)

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

- Nephrologist (2)
- Cancer
- Cardiologist yes
- Wound care
- Gynecologist

- Eye doctor
- NP or PA
- Spine surgeon
- Sleep apnea
- Pulmonologist
- Kidney
- Breast
- Knee surgery

33. What types of health insurance cover the majority of your household’s medical expenses?

(Select only 1)

- Don’t have any
- Medicare supplement
- State insurance
- BCBS
- Employer-sponsored for adults and Healthy MT Kids for kids
- Emp Self

*Responses when more than 1 was selected (30 participants):

- Employer sponsored (7)
- Health Insurance Marketplace (6)
- Healthy MT Kids (5)
- Medicaid (5)
- Medicare (21)
- Private insurance/private plan (18)
- VA/military (2)
- None/pay out of pocket (1)

35. If you do NOT have medical insurance, why?

- VA covers my needs
- son does not
- N/A (2)

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

- 59522 Chester, closer to Whitlash

*Responses when more than 1 was selected (1 participant):

- 59525 Gildford (1)
- 59528 Hingham (1)

42. What is your employment status?

- 2 jobs
- Stay at home mom can't work with husband's schedule and no childcare
- Farm/ranch
- self

- Homemaker
- Farmer
- Stay-at-home mom (2)
- Retired from profession, work on family farm
- Retired, not currently seeking employment

*Responses when more than 1 was selected (5 participants):

- Work part time (4)
- Retired (5)
- Student (1)
- Homemaker (1)
- Volunteer (1)

General comments

- (Q1) Did not make a selection and wrote “Don’t know”
- (Q4) Selected Excellent and wrote “Very good communication to public”
- (Q6)
 - Did not select Mental health but wrote “? Avail.” next to it.
 - Selected Specialty clinic services and wrote “Mammo” next to it.
- (Q8)
 - Selected More primary care providers and wrote “Female”
 - Crossed out Telemedicine and wrote “Already used – Thanks”
- (Q16) Crossed out Great Falls Clinic and wrote “Benefis too \$\$\$”
- (Q17) Selected Closest to home and wrote “Then they left”
- (Q19)
 - Did not select Benefis but wrote “No way!” next to it.
 - Selected Chester and wrote “If we can stay here”
- (Q20) Circled Privacy/confidentiality and wrote “Absolutely not”
- (Q24)
 - Laboratory – Circled both 3 and 2 and wrote “I’ve had issues”
 - Laboratory – Circled 3 and wrote “depending on phlebotomist”
 - Public health – Circled 3 and wrote “excellent through COVID”
 - Radiology services – Circled 4, underlined mammography and wrote until the “bus” quit coming to Chester
- (Q27) Selected both High and Moderate and wrote “Due to COVID”
- (Q28) Selected both Good and Fair, drew a line between them and wrote “(Politics)”
- (Q30)
 - Selected 2-4 times per week and wrote “Except last 2 weeks below zero!”
 - Selected 2-4 times per week and wrote “More when gardening”
 - Selected Daily and wrote “(almost daily)”
- (Q32.4)
 - Wrote in “2.5 could be better”
 - Circled 4 and wrote “Need more apartments & Wheat Country rooms.”

- Great Falls Clinic is too expensive and not worth the care. Left their care! Receptionists don't return calls or answer questions. Doctors don't return calls. Changed to Big Sandy for better personal service. I am a person not a # or \$ thing.
- (Q33) Selected both Health Insurance Marketplace and Medicare, wrote "us" next to Health Insurance Marketplace and "Elderly parent" next to Medicare, also wrote "Sorry you pick"
- (Q34)
 - Did not make a selection and added their own option "Unknown"
 - Selected Fair and wrote "RX expensive"
- (Q35) Indicated in Q33 that they have Medicare, but selected Can't afford to pay for medical insurance and wrote "Son does not"
- (Q37) Selected 59531 Joplin and wrote "Very rural"
- Other:
 - We do not use Liberty Medical Center, as we do not wish to be made fun of in a meme on Facebook, in which some of the nursing staff there has been known to do in their Facebook posts, or any other form of social media.
 - Would like to add I think some follow up are not need our insurance is \$5000 deductible so we can afford it and the follow up are another \$125 office call I have to pay
 - If there was a provider for women's physical exams – I wouldn't need, or want, to go to Great Falls!

Appendix H- Key Informant Interview - Questions

Key Informant Interview Questions

Purpose: The purpose of key informant interviews 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. How do you feel about the general health of your community?

2. What are your views/opinions about these local services:
 - Hospital/clinic
 - EMS Services (ER/Ambulance)
 - Public/County Health Department
 - Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
 - Services for Low-Income Individuals/Families

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

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

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

Appendix I- Key Informant Interviews - Transcript

Key Informant Interview #1

Tuesday, February 2, 2021

Anonymous – Via phone interview

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

- I would say it's above average. Those that are involved in the community are a really tight-knit group.
- There are a lot of lower-income people engaging in drugs.
- You know there is a residual attitude from when Dr. Earl was here. She had a very proactive outlook on health. Dr. Earl left about 6 years ago, and since she left, I really haven't had the same engagement from health providers. Dr. Earl insisted on proper weight – she frequently brought in people from Benefis for weight management classes. It's unfortunate, but I really don't see this happening anymore.
- In general, I'm not seeing as many health education courses anymore.
- There is an incredible lady that runs the Fitness Express in Chester. She does a lot of great work with the elderly. She has machines and Sit and Be Fit exercise classes. Transportation is challenging if you aren't in Chester, though.
- There is a Community Center in Joplin that is open for walking.

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

- Hospital/clinic
 - I would say they are both very well run.
 - Unfortunately, we just lost the CEO, clinic director, and marketing director.
 - Before that, I was more aware of what was happening at the clinic through the newspaper. The staff that left were just generally more a part of the community, so you would always hear of things happening.
 - The clinic and hospital seem to be running fine, but I really miss the energy there about 4 years ago.
 - The CEO is only in town only a few days a week now, so you just don't see them around the community as much.
 - Overall, I would say there is not enough information or news articles about what is happening at the hospital and clinic right now.
- EMS Services (ER/Ambulance)
 - They are just excellent! I would say they are way above average, though I'm not sure if they are paid or volunteer staff.
- Public/County Health Department
 - Very good!

- The nurse is wonderful! She is out in the community. I think that is what is missing with the clinic and hospital.
- Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
 - I think these services are way above average in Liberty County.
 - Unfortunately, the senior center can't be open due to COVID-19, but they have been delivering meals in the meantime. Though I'm not sure how far out they can travel to deliver the meals.
 - We also have an excellent assisted living and nursing home.
 - I really don't know if we have home health or even if there is a need in Liberty County.
- Services for Low-Income Individuals/Families
 - We have an excellent food pantry.
 - In Liberty County, every child comes to preschool regardless of ability to pay.
 - I do wish there was more help for the folks who are involved with drugs.
 - The Chamber is proactive with an extensive no-smoking campaign, but there aren't really other programs.

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

- Obesity! Dr. Earl used to address this in the community. I really liked the classes that she coordinated with facilitators from Great Falls. The pre-diabetes course was great!
- There is a group of TOPS ladies that meet in Inverness, though that's not technically in Liberty County.
- I think more marketing around health education would be helpful. There was a walking program that occurred, but I didn't hear about it in time. I really wish I would have heard.

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

- I really can't think of anything in particular.
- The clinic and hospital do a great job bringing providers in. The lab is even great.
- They bring in specialists from Benefis in Great Falls.

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

- I would like to see more emphasis placed on nutrition and weight control in Liberty County
- I'm not sure what the exact definition is for obese, but generally, a lot of our community is carrying a bit extra weight.
- The smoking is bad. Obviously, you cannot smoke in public buildings, but there are a lot of high schoolers that are smoking. I know it's been a problem in the schools.
- There is also a lot of drug use.
- But to make our community a healthier place to live, we need more community involvement and better marketing of available programs.

Key Informant Interview #2

Wednesday, February 3, 2021

Anonymous–Via phone interview

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

- I've lived in the community for several years now. For a smaller town, it has worked well if I have had things like surgeries. I was able to do my pre- and post- operation appointments in town and then only had to travel for the actual surgery.
- I will say we have a really hard time retaining providers like PA's.

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

- Hospital/clinic
 - You know, it's really interesting that people are quick to complain, but then they are in an emergency are fine with the facility.
 - It's just so hard to keep good help.
 - Generally speaking, though, I think the hospital and clinic are pretty well received in community.
- EMS Services (ER/Ambulance)
 - We are so lucky in that we have a very good ambulance and fire crew.
 - The ambulance is all volunteer based.
 - If we didn't have the ER, I just don't know what people would do.
- Public/County Health Department
 - You know, when I first move here the public health nurse was so helpful.
 - I used to get my flu shots through the health department.
 - They have really been great with communicating during COVID-19.
- Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
 - This is the one thing that we must deal with as a community. We have people that need to move to the next level of care and there just isn't the capacity locally.
 - In this area, Wheat Country Estates is awesome. Its affiliated with the hospital.
 - Many of the local nursing home beds are full. This leaves many having to move to either themselves or loved ones to Havre, Fort Benton, Shelby or even as far away as Billings.
- Services for Low-Income Individuals/Families
 - This is a big issue here. We do have some HUD housing. But there really isn't much.
 - We have many young families moving to the area with small children, but they can't or don't find work. Many are left relying on the system to support them.
 - Church has a great food pantry. There are a couple of churches that share in the coordination of donations and hours. I'm not sure if COVID impacted the

hours or access. But back in the fall, I did see that they needed more donations to keep up with the demand.

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

- Right now, local nursing homes are desperately needed in this area. Along with that, we need workers that are open to that kind of work.
- In this area of Hi-Line, we really need more services for low income individuals and families. It would be nice to have some sort of program to get people into jobs. Again, we have a lot of young families that just aren't working.

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

- The clinic has dentist, which is awesome! Dr. Martin was here for a while, but now Dr. Ramberg has been seeing a lot of patients.
- We used to have an eye doctor visit from Shelby. It would be nice to bring this back to the clinic! We have a lot of seniors needing eye care, but they have to travel since it's not available locally.
- We used to have a chiropractor, but I don't think we have had it for awhile.
- For the most part, the hospital and clinic do a good job of bringing in specialists, but it would always be nice to have more traveling specialists available to the community.

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

- Oh gosh! A fitness center would be nice – the current one is for sale.
- We have a senior center that is pretty active in the community. They coordinate a lot of transportation to activities for our elderly.
- Additional health education through hospital or clinic would always be nice.
- I would like to see more help directed at developing skills and getting people off of assistance. It's a vicious cycle.

Key Informant Interview #3

Wednesday, February 3, 2021

Anonymous—Via phone interview

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

- We are like a lot of small communities. We have an aging population, and while not horrible, we do have a significant drug problem.
- Overall, though, I would say the health of the community is reasonably good.

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

- Hospital/clinic
 - The hospital and clinic provide good care! We are lucky to have them.

- It's usually pretty easy to get an appointment. I think I may have had to wait a day or two for a non-emergent issue, but I didn't think that was unreasonable.
- The clinic and hospital are great at bringing in lots of specialists from Great Falls (orthopedics, OB/GYN, etc.).
- Recently, we even had a mammography van come from Kalispell!
- EMS Services (ER/Ambulance)
 - We have a dedicated volunteer EMS staff. They answer calls regardless of health insurance coverage.
 - In emergencies, the ER staff really just get the patient stable enough to transport to Kalispell or Great Falls.
- Public/County Health Department
 - I have used the health department a number of times.
 - They are very good with COVID education. We have a lot of residents that let their politics cloud science. The health department does a good job at navigating the politics vs. science.
 - Events are pretty limited in the area right now, but when they do occur, Melissa is good at just showing up and setting up a booth to educate people on masking and social distancing.
- Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
 - We have a great nursing home and assisted living facility.
 - Pre-COVID-19, the senior center was very active with activities and meals. They used to do meals for people 5 days per week. But now it's more take out oriented.
- Services for Low-Income Individuals/Families
 - You know, I think everyone is getting what they need covered.
 - We are fortunate to have the Sweet Grass Lodge, which has about 20 HUD units.
 - We also have an apartment complex with about 8-10 units.
 - Rentals are usually full. If things do come available, it seems like they fill up quick.

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

- Our biggest issue is retaining providers. We currently have a pretty good mix, but we just lost PA that primarily focused on women's care. I hate to say it, but it's usually a situation where the significant other is not happy with the rural area, so they end up moving. The provider is typically busy enough, but it's hard for the partner to adjust to the community. Sometimes, however, you get providers who aren't wanting to be on call all of the time or aren't comfortable with answering emergencies all of the time. You used to get providers to stay here for 50 years, but not anymore. We are lucky to get them for 4 or 5 years.
- It would really be nice to get another provider that focuses on women's health care or one that is a female. Currently, we mainly have male doctors and PA's.
- And quite honestly, the drug and alcohol issue that we have is bad.

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

- For a small town, I think we have things pretty well covered.
- We have an active senior center.
- The clinic and public health nurse do a great job with health education.

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

- We have a fitness center and some very active community members.
- It would be nice to have a critical mass to keep things like recreational sports going, though. We used to have an assortment of activities for adults in the winter like pickle ball, basketball, volleyball, etc. Everyone is farming in summer, so these sports kept people active in the winter!

Key Informant Interview #4

Thursday, February 4, 2021

Anonymous—Via phone interview

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

- You know, this is a hard question. I would say it's not horrible.
- We have some health issues, but overall, I think it's fair.

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

- Hospital/clinic
 - Without getting into it too much, I would say confidentiality is an issue, particularly with the front office and nursing staff. This leaves some community members feeling more comfortable seeking care elsewhere.
- EMS Services (ER/Ambulance)
 - The ambulance is stellar. The volunteer staff is very professional and have good response times!
 - We are lucky to have such a service in the community.
- Public/County Health Department
 - I would say the public health nurse is an incredible communicator. She has really made herself available as a resource to the community.
 - It's typically just her, but I think she might have a helper right now.
- Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
 - We have great senior services in the community. I think people can age well here.
 - I would say senior services are a strength of the community!
 - We have a nursing home, assisted living and senior center. We even have a public transit to take people to get groceries or get to appointments in places like Havre and Great Falls.
- Services for Low-Income Individuals/Families

- I'm not familiar enough with the services available to low-income individuals and families in our area.
- For all of the senior services we provide, I don't think we have comparable youth programs.
- For things like WIC, I am really not sure if there is adequate access. I imagine they would have to travel somewhere like Havre if they need to access.
- We have had an influx of people coming into our town since we have cheaper rent here.

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

- I know we have a lot of diabetes!
- Dementia and Alzheimer's are also growing issues in our County. The one service for seniors that we don't have is a lock down unit.

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

- Mental health services has always been lacking. I think there are a lot of older adults that could benefit from the services. With COVID, the isolation has been difficult.
- As for diabetes management, I'm not sure there are enough resources available locally.
- At this time there isn't enough bed capacity in the nursing home or assisted living facility. Many people are forced to live at home alone longer than they probably should.

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

- We have minimal home health care services locally. It would be nice if we could help seniors age in place (nutrition, medication adherence, transportation, etc.). If we were to have home health services available, it would have to be affordable and there would need to be people willing to work in the positions.
- I would like to see more scheduling coordination with the hospital/clinic and public transit. I know that scheduling can be challenging and there is frequently some miscommunication.

Key Informant Interview #5

Friday, February 19, 2021

Anonymous—Via phone interview

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

- I would say Liberty County is above average.
- I will say though that the state recently pulled the appraisal office out of Chester. So now if people have questions on their taxes and such, they have to either drive or call the office in Chinook. For reference that's two counties away or more precisely about 80 miles.

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

- Hospital/clinic:
 - For small community, we have access to a great facility.
 - They are very accommodating and bring in traveling doctors when we don't have the expertise locally.
- EMS Services (ER/Ambulance)
 - We are fortunate to have the best volunteers you could ever find! They are just top rate.
 - Their equipment is even in good condition and well maintained.
- Public/County Health Department
 - The nurse is a great gal – I know she is overwhelmed, though. She has had a lot thrown at her this last year, and I'm not sure it was necessarily warranted.
- Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
 - We have wonderful assisted living and senior center facilities.
 - Unfortunately, senior services have been really challenging with COVID. People can't get out and play cards like they once did. The loss of that socialization is just devastating.
 - There is a great meal delivery system Monday through Friday that has been helpful in the interim.
- Services for Low-Income Individuals/Families
 - We don't have much, but the majority of services are coming out of Havre. Local services are tougher to sustain.

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

- Oh goodness. I'm not sure I can nail it down to just one issue. We just have little issues everywhere. But we are for sure short nurses and doctors.
- We need more permanent providers. A lot of people don't have a medical home. And especially with a community with a lot of older individuals, that is just not good.

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

- For a small town, we are pretty well taken care of. We have a lot of traveling specialists and even have a mammogram van that comes in occasionally. We can't complain!

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

- Again, we are short on nurses and doctors. We even had to start the school year short a couple of teachers, which is just so unfortunate.
- We are just so fortunate to have the facilities in this community that we do. A lot of people don't even have access to traveling providers like us!

Key Informant Interview #6

Tuesday, February 23, 2021

Anonymous—Via phone interview

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

- From what I know, there are a lot of misconceptions particularly around the COVID vaccine and what it actually does.
- We have a lot of children in this area that aren't vaccinated.
- Overall though, it's fairly good.
- It's really ironic, but COVID got us out and more active! Earlier in the pandemic, we had a lot more people getting together outside and walking around town. But now, we don't even have kids playing in yards or riding bikes in neighborhoods – everyone has since retreated from the activities from earlier in the pandemic. It's nice that we are more connected through things like social media and video games, but I just don't think the health behaviors are there.
- This school year we have had a lot of injuries in sports that could be avoided with things like stretching. It's just really unfortunate.

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

- Hospital/clinic:
 - I can't speak much to the services, but I will say that I choose to seek care elsewhere. I know of a few HIPAA violations that previously occurred. Because of this, travel coordination is an added cost that I must consider each time I need to seek care.
- EMS Services (ER/Ambulance)
 - I cannot say enough good things about the volunteer ambulance service. Their response amazing despite working long and odd hours. There are often enough if not more than enough volunteers ready to respond to each call.
- Public/County Health Department
 - You know, I don't know much about the services they provide. Other than COVID, I haven't really heard about them
 - I heard contact tracing was challenging for reasons as obvious as it's hard to recall everyone you interacted with, but I think the health department was good when given the information!
 - I have heard they are really good at collaborating with schools during COVID.
- Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
 - We have several facilities (4), of varying levels of care. In particular, Wheat Country is a pretty good facility. Cleanliness and layout are wonderful.
 - I don't know much of what happens at the senior center, but I think they provide a lot of lunches.
- Services for Low-Income Individuals/Families
 - Oofta. I don't know what to say here.
 - I know there are a lot on support services such as Healthy MT Kids, etc.

- I just don't hear much about the available services, which frankly could be considered a problem in and of itself. If we don't hear about available services, how can people access them.

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

- Mental health is a huge issue in Liberty County. I know that some are trying to fix this. Open Door, based out of Great Falls comes up and provides some services now.
- Therapists come and go from Liberty Medical Center, though.
- I would say there is simply a lack of education on when to reach out for help. And even more, a stigma attached if services are recommended or sought.
- Another not so popular opinion is the Governor lifting the statewide COVID mask mandate. There was some conflicting guidance so I know that it was particularly challenging for schools to enforce.
- In general, children's hygiene is needing to be reinforced in schools. Even before COVID, the health teacher would often incorporate curriculum for basic hygiene.

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

- What we really need is an eye doctor. We used to have an eye doctor, but haven't in recent years. Especially with looking at screens more, I really see that as a need.
- In general, kids would benefit from more mental and behavioral health services. Ideally, in person would be best (not just telemental health) to really have that face to face connection. Kids are just dealing with a lot right now.

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

- You know, small towns are hard!
- I think our biggest need is more opportunities and things for young people/families to do. Our community has done a great job at focusing on the seniors, but we have neglected providing for the younger age bracket. In the summer, we have things like baseball, a pool, and 4H. And we certainly have access to things like fishing and hunting, but there really isn't much within the community if you don't do those things.
- There was talk and an initiative years ago to get a grant and establish a new event or community center, but I'm not sure what happened. It would be nice to have something like that in our area.

Key Informant Interview #7

Friday, March 5, 2021

Anonymous—Via phone interview

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

- As far as I know, it's good.

- We have a wonderful fitness center, owned by a woman who even offers some programs for residents at the Lodge and assisted living facility. She offers great specials, supports a local fun run and is a valuable advocate for leading a healthy life in Liberty County.
- We also have a wonderful outdoor pool that was built in 2010. It's pretty busy in the summer months.
- We have a lot of walkers in Chester! It's just really fun and a unique quality to have in a rural area.
- Our senior center serves meals daily and offers delivery options.
- Our food bank is unique in that it's run by cooperative agreement between the local churches.

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

- Hospital/clinic:
 - Overall, people are able to get help quickly. Generally, LMC has really friendly and professional staff. They are careful with confidentiality and COVID screening.
 - There are several nurse practitioners and physician's assistants in town. I think it works best when we have local doctors and nurses since they have a stake in the town.
 - LMC put great effort into bringing in specialists monthly if not more frequently. But if a patient needs to go to a physician out of town, LMC does great with continuity of care (taking blood and sending results to the other provider, etc.)
 - We even have a mental health provider that, I think, also provides tele-mental health services.
 - As for dental care, we have a full-time dentist that took over the space that used to house an optometrist.
 - One special thing to note here is that LMC is right across from Methodist church which is ADA friendly. There is some sort of memorandum of understanding so LMC can use the facility for overflow or emergency preparedness purposes.
 - What is likely unique to a frontier town in Montana is that we have two private pharmacies.
 - One area that I think LMC could do better at is publicizing their services and offerings more in things like the local paper!
- EMS Services (ER/Ambulance)
 - Gosh, they are really something. I moved here decades ago and at that time, the EMS had minimal training. But now their training is really extensive! There is a woman who runs it now and is very thorough.
 - Like LMC, I'm not sure how well publicized their accomplishments are. I think they too could use to share the incredible success they have – they are such an asset to this county.
- Public/County Health Department

- She is really friendly. And usually available when she says she will be, which is important to me.
- If you need access to vaccines for travel purposes, she very accommodating.
- Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
 - I know there are a lot that are very pleased with the variety of meals and ability to socialize at the Senior Center.
 - The one thing that I don't think was quite thought through when we built the senior center was how it could potentially be used by other groups in the community. Since we don't have an events or community center, if other groups need to use the senior center, they can't use the kitchen (even for water). It's just really unfortunate since it can't be used to its fullest potential and often sits empty. I think the issue is because of how it's licensed or regulated by DPHHS, but I'm not really sure.
 - I think a lot of the groceries that go into the meals from the senior center are coming from Great Falls. It would really be nice if they were instead coming out of our local stores. Even if they are slightly cheaper in Great Falls, we have to consider the gas, staff time and savings that could be by supporting the local businesses.
 - We used to have great arts community, and while it wasn't specifically targeted at seniors, the efforts were primarily spearheaded by them. Since a lot of the seniors have either passed or moved away, the efforts have been lost. It would be nice to revitalize the arts center. We are a fairly well-educated prosperous community.
 - We have a lot of seniors that have moved into the county since the cost of housing is cheap, but often times, they don't have a car or nearby family to drive them around. I know the bus takes regularly scheduled trips to Havre and Great Falls for things like senior medical visits and such. Like LMC and the EMS service, I think it would be valuable to regularly publicize their services, schedules, and stops within county.
- Services for Low-Income Individuals/Families
 - With our incredible food bank, I don't see an issue with food in Liberty County.
 - As for other low income services, I don't know about well-organized ones, but I do know this. To get WIC, people have to either schedule time to meet with the folks that come up from Havre or travel there instead. And in this area, I think there are a lot of people that don't think about all the hassle with getting access to these services (reliable transportation, time off work, gas, etc.).
 - Oh gosh, my big dream would be for LMC and the Methodist church to collaborate on offering childcare to its employees, in particular, the CNA's. First of all, we have a ton of single parent homes here. I know it's difficult for LMC to get good CNAs, and I know people who have CNA credentials, but they don't have anywhere to bring their children while they are working. So,

if we could collaborate to provide 24-hour childcare at a sliding fee scale to these CNA's, I think that could help in so many ways.

- When farming practices changed, they left a bunch of homes so we have lots of housing that is cheap. Since COVID, we have had a lot of people move into these places, but appear to have no means of support. We have so many isolated and poor families. It's like we have another Appalachia coming.
- I think the superintendent said we have about 60 kids that opted to be homeschooled this year. But I know there is a lot of skepticism in town with how many are actually following a curriculum. I'm worried about the implications not going to school has for the next generation.
- The final thing I would like to note here is that LMC provides care to at least four hutterite colonies that are located in Liberty County. They may even provide care to other colonies too. But when the ACA was written, it didn't take into consideration groups like hutterites, so paying for care is a big economic problem in this area.

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

- I've noted several problems already, but we have a lot of things that go with demographics. We have a lot of methamphetamine use, as well as opioid and alcohol abuse. We also have a minimally staffed law enforcement to alleviate the issues.
- Obesity is certainly a problem.
- And because our towns are surrounded by grain fields, we have a big issue with agricultural spray as farmers are seeding from about mid-April through the growing season. It's hard to argue or get movement on it since our commissioners are all farmers. You learn to watch for the spray planes and go indoors.

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

- Two big needs for this county are hospice and home health! This would really help people age in place.
- To some extent, I know there are some people providing some home health type services, but nothing really official. We desperately need to enhance the home health options here.
- And finally, a local optometrist would also be helpful. There might even be space at LMC.

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

- If people have Medicare supplemental in this area, it is challenging finding providers that are in network. While I know they would prefer to keep it local and use LMC, that's hard to do when it's considered out of network. Along with this, I hear of people getting frequent calls encouraging the utilization of pharmacies out of Liberty County instead, but I know they just want to support the local businesses.

Appendix J- Request for Comments

Written comments on this 2021 Community Health Needs Assessment Report can be submitted to Liberty Medical Center at:

Liberty Medical Center

Laura Merchant, CEO

PO Box 705

315 West Madison Ave

Chester, MT 59522



Contact Liberty Medical Center's Administrative Department at 406-759-5181 with questions.