



COMMUNITY HEALTH NEEDS ASSESSMENT 2020



ASSESSMENT CONDUCTED BY
HOLY ROSARY HEALTHCARE

IN COOPERATION WITH
THE MONTANA OFFICE OF
RURAL HEALTH



MONTANA
STATE UNIVERSITY

Office of Rural Health
Area Health
Education Center

MILES CITY, MONTANA

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INTRODUCTION

Introduction

Holy Rosary Healthcare (HRH) is a 25-bed nonprofit Critical Access Hospital (CAH) based in Miles City, Montana. Holy Rosary Healthcare is a medical hub of the area providing comprehensive acute-care hospital, family health and wellness, cancer care, labor and delivery, radiology, imaging and ancillary services, sports medicine, surgery, therapy and rehabilitation services, walk-in clinic, family residential living community, and hospice and palliative care services among other services. Located in eastern Montana, Holy Rosary Healthcare provides medical services to Custer County and an 11-county region in eastern Montana, covering over 20,000 square miles of land area.



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Holy Rosary Healthcare’s primary service area includes the communities of Miles City, Baker, Terry, Fallon, Plevna, Volborg, Ismay, Kinsey and Powderville; with most of the County’s populated communities located along Interstate I-94, US 12 or US 59. Custer County has a low population density and is considered a frontier (six or less people per square mile) by the US Department of Health and Human Services. For further demographic, socioeconomic and other related county and state data, please see Appendix C to review the Secondary Data Analysis.



Mission: We reveal and foster God’s healing love by improving the health of the people and communities we serve, especially those who are poor and vulnerable.

Vision: Inspired by our faith, we will partner with our patients and communities to exceed their expectations for health.

- Values:**
- Caring Spirit – We honor the sacred dignity of each person.
 - Excellence – We set and surpass high standards.
 - Good Humor – We create joyful and welcoming environments.
 - Integrity – We do the right thing with openness and pride.
 - Safety – We deliver care that seeks to eliminate all harm for patients and associates.
 - Stewardship – We are accountable for the resources entrusted to us.

Holy Rosary Healthcare participated in a Community Health Needs Assessment (CHNA) administrated by the Montana Office of Rural Health (MORH). Community involvement in steering committee meetings, key informant interviews and key informant interviews enhance community engagement in the assessment process.

In the spring of 2020, HRH’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.

Health Assessment Process



A steering committee was convened to assist Holy Rosary Healthcare in conducting the CHNA. A diverse group of community members representing various organizations and populations within the community (ex. public health, elderly, uninsured) came together in February 2020. For a list of all steering committee members and their affiliations, see Appendix A. The Steering Committee met twice during the CHNA process; first to discuss health concerns in the community and offer their perspective in designing the survey instrument,

and again to review results of the survey and key informant interviews and to assist in the prioritization of health needs.

Survey Methodology

Survey Instrument

In March 2020, surveys were mailed out to the residents in Custer County and surrounding areas. 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

Holy Rosary Healthcare 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 798 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
59301	11404	Miles City	624	312	312
59313	2498	Baker	72	36	36
59349	913	Terry	46	23	23
59326	265	Fallon	16	8	8
59344	300	Plevna	12	6	6
59351	200	Volborg	10	5	5
59336	192	Ismay	8	4	4
59338	142	Kinsey	6	3	3
59345	15	Powderville	4	2	2
Total	15970		798	399	399

Eleven 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 BRFS [Behavioral Risk Factor Surveillance System], through a cooperative agreement with the Center for Disease Control (CDC), is used to identify regional trends in health-related behaviors. The fact that many health indices for rural and frontier counties are reported regionally makes it impossible to set the target population aside from the five more-developed Montana counties.

Limitations in Survey & Key Informant Interview Methodology

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

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



While key informant interview data can offer invaluable insight into the perception of a community or group of individuals, qualitative data can be difficult to analyze. For this reason, key informant interview data are grouped into common themes based on our interpretation of the transcript. To better understand these themes, please review the full transcript in Appendix I. MORH staff conducted and transcribed the interviews for HRH to ensure impartiality. However, given the small size of the community, key informant interview participants may still be hesitant to express their opinions freely.

Survey Implementation

In March 2020, a survey, cover letter on Holy Rosary Healthcare letterhead with the Interim President's signature, and postage paid envelope was mailed out to 798 randomly selected residents in the hospital's service area. A news release was sent to local newspaper as well as social media postings prior to the survey distribution announcing that Holy Rosary Healthcare would be conducting a Community Health Needs Assessment survey throughout the region in cooperation with the Montana Office of Rural Health.

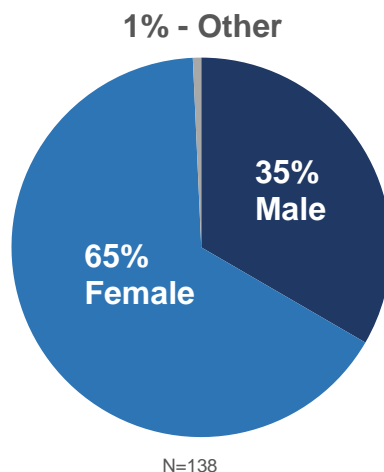
One-hundred forty surveys were returned out of 798. Of those 798 surveys, 57 surveys were returned undeliverable for a 18.89% response rate. From this point on, the total number of surveys will be out of 741. Based upon the sample size, we can be 95% confident that the responses to the survey questions are representative of the service area population, plus or minus 8.25%.

Survey Respondent Demographics

A total of 741 surveys were distributed amongst Holy Rosary Healthcare’s service area. One-hundred forty were completed for a 18.89% response rate. The following tables indicate the demographic characteristics of the survey respondents. Information on location, gender, age, and employment is included. Percentages indicated on the tables and graphs are based upon the total number of responses for each individual question, as some respondents did not answer all questions.

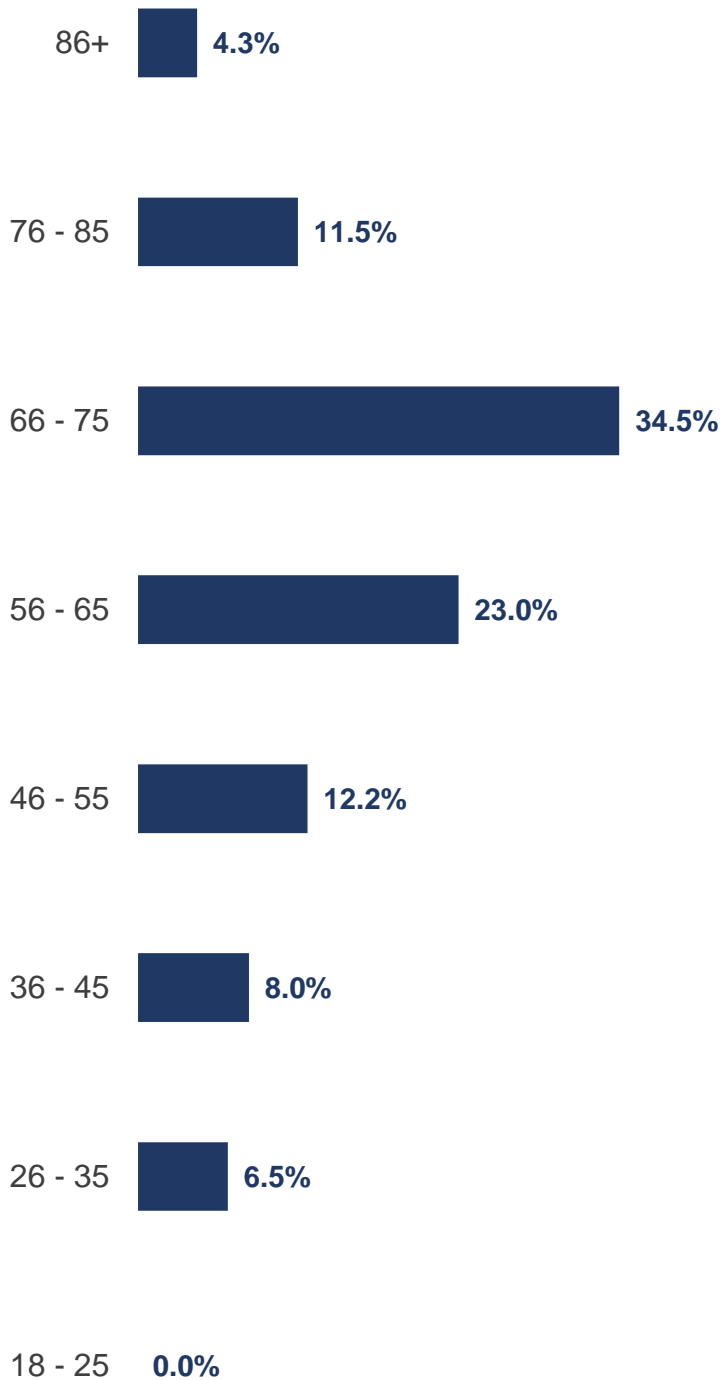
Place of Residence	2020 %(n)
Number of respondents	139
Miles City 59301	74.8% (104)
Terry 59349	9.4% (13)
Baker 59313	7.9% (11)
Fallon 59326	3.6% (5)
Plevna 59344	1.4% (2)
Ismay 59336	1.4% (2)
Powderville 59345	1.4% (2)
Volborg 59351	0.0%(0)
Kinsey 59338	0.0% (0)
Other	0.0% (0)
TOTAL	100% (139)

Gender



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

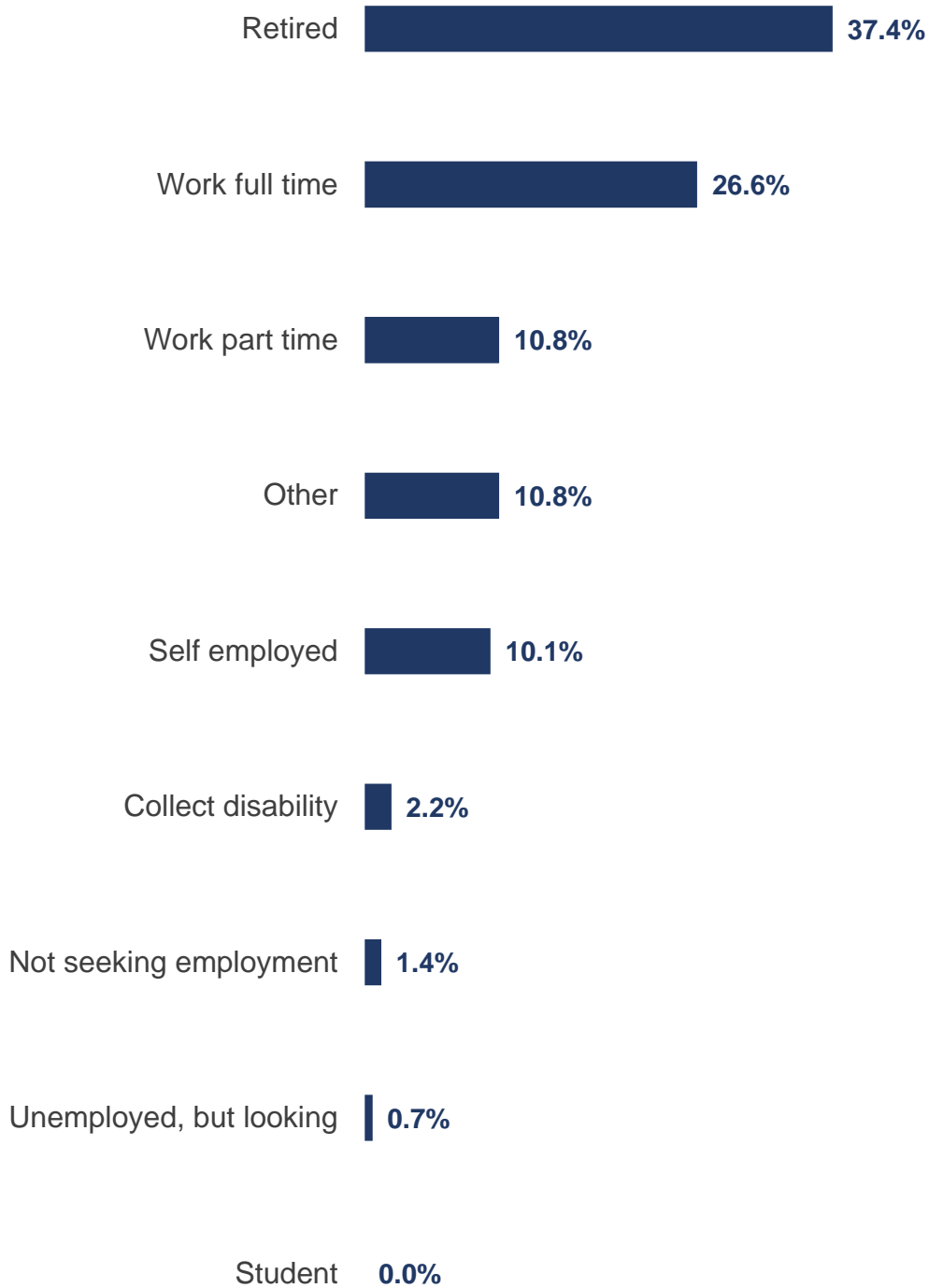
Age of Respondents



N=139

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

Employment



N=139

“Other” comments included self-employed, housewife on a ranch, and work per diem



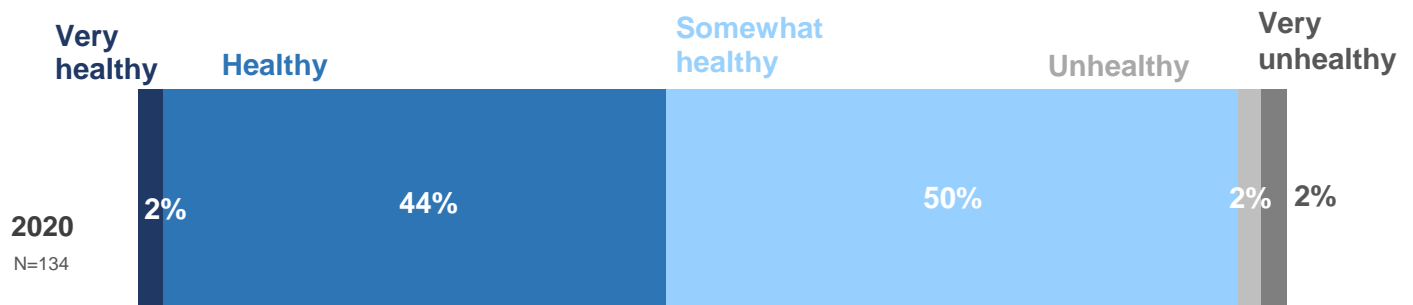
SURVEY RESULTS

Survey Results

Rating of Healthy Community (Question 1)

Respondents were asked to indicate how they would rate the general health of their community. Fifty percent of respondents (n=67) rated their community as “Somewhat healthy”, and 44% of respondents (n=59) felt their community was “Healthy.” Two percent of respondents (n=3) indicated they felt their community was “Very unhealthy.” Six respondents chose not to answer this question.

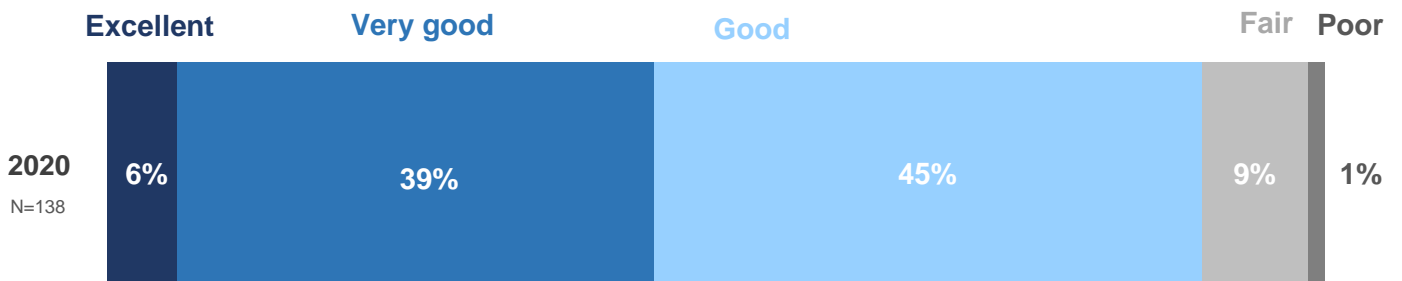
The majority of respondents feel their community is **somewhat healthy**



Rating of Personal Health (Question 2)

Respondents were asked to indicate how they would rate their general health. Forty-five percent of respondents (n=62) rated their personal health as “Good”, and 39% of respondents (n=54) felt their health was “Very good.” Two respondents (1%) indicated they felt their health was “Poor”. Two respondents chose not to answer this question.

The majority of respondents feel their own health is **good or very good**



10% of respondents rated their personal health as “Fair” or “Poor”.

Health Concerns for Community (Question 3)

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 42.9% (n=60). “Cancer” was also a high priority at 35% (n=49), followed by “Overweight/obesity” at 26.4 (n=37).

Health Concern	2020 %(n)
Number of respondents	140
Alcohol/substance abuse	42.9% (60)
Cancer	35.0% (49)
Overweight/obesity	26.4% (37)
Senior issues/aging	24.3% (34)
Mental/behavioral health issues	15.0% (21)
Heart disease	13.6% (19)
Diabetes	12.9% (18)
Suicide	12.1% (17)
Depression/anxiety	10.7% (15)
Lack of exercise	10.7% (15)
Work/economic stress	10.0% (14)
Tobacco use (cigarettes/cigars, vaping, smokeless)	9.3% (13)
Alzheimer’s/dementia	8.6% (12)
Lack of access to healthcare	8.6% (12)
Child abuse/neglect	6.4% (9)
Lack of dental care	3.6% (5)
Social isolation/loneliness	3.6% (5)
Domestic violence	2.1% (3)
Hunger	2.1% (3)
Stroke	2.1% (3)
Motor vehicle accidents	0.7% (1)
Respiratory issues/illness	0.7% (1)
Work related accidents/injuries	0.7% (1)
Recreation related accidents/injuries	0.0% (0)
Other*	10.0% (14)

Respondents were asked to pick their top three serious health concerns, so percentages do not equal 100%. *Respondents (N=8) who selected over the allotted amount were moved to “Other”.

“Other” comments included: access to affordable health/dental care, Coronavirus, and gambling

Components of a Healthy Community (Question 4)

Respondents were asked to identify the three most important things for a healthy community. Forty-seven percent of respondents (n=66) indicated that “Access to healthcare services” is important for a healthy community, followed by “Good jobs and a healthy economy” at 46.4% (n=65), and “Healthy behaviors and lifestyles” at 35% (n=49).

Components of Healthy Community	2020 %(n)
Number of respondents	140
Access to healthcare services	47.1% (66)
Good jobs and a healthy economy	46.4% (65)
Healthy behaviors and lifestyles	35.0% (49)
Strong family life	31.4% (44)
Affordable housing	27.1% (38)
Religious or spiritual values	24.3% (34)
Access to childcare/after school programs	13.6% (19)
Good schools	12.1% (17)
Low crime/safe neighborhoods	10.0% (14)
Access to healthy foods	7.1% (10)
Community involvement	7.1% (10)
Clean environment	6.4% (9)
Transportation services	6.4% (9)
Tolerance for diversity	4.3% (6)
Low level of domestic violence	3.6% (5)
Low death and disease rates	2.9% (4)
Parks and recreation	2.9% (4)
Arts and cultural events	0.0% (0)
Other	0.7% (1)

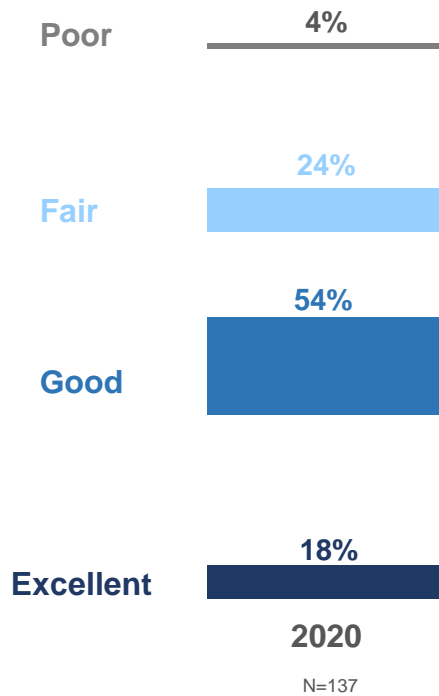
Respondents were asked to pick their top three components of a healthy community, so percentages do not equal 100%.

“Other” comments included: “Timely health care/specialist appointments”

Knowledge of Health Services (Question 5)

Respondents were asked to rate their knowledge of the health services available through Holy Rosary Healthcare. Fifty-four percent (n=74) of respondents rated their knowledge of health services as “Good.” “Fair” was selected by 24% percent (n=33), and “Excellent” was selected by 18% (n=25) of respondents. Three respondents chose not to answer this question.

Just over half of respondents feel they have **good knowledge of local health services**



How Respondents Learn of Health Services (Question 6)

The most frequently indicated method of learning about available services was “Friends/family” at 65% (n=91). “Healthcare provider” was the second most frequent response at 61.4% (n=86), followed by “Word of mouth/reputation” at 58.6% (n=82).

How Learn about Community Health Services	2020 %(n)
Number of respondents	140
Friends/family	65.0% (91)
Healthcare provider	61.4% (86)
Word of mouth/reputation	58.6% (82)
Newspaper	31.4% (44)
Social media	22.1% (31)
Billboards/posters	14.3% (20)
Radio	12.9% (18)
Website/internet	11.4% (16)
Mailings/newsletter	10.7% (15)
Presentations	5.7% (8)
Public Health nurse	4.3% (6)
Other	2.9% (4)

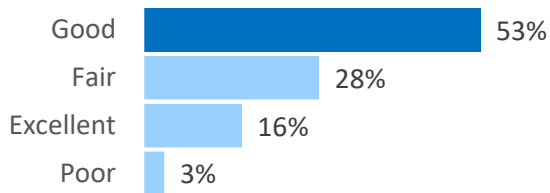
Respondents were asked to indicate all methods of receiving information, so percentages do not equal 100%.

“Other” comments included: employment, worked in healthcare, and call

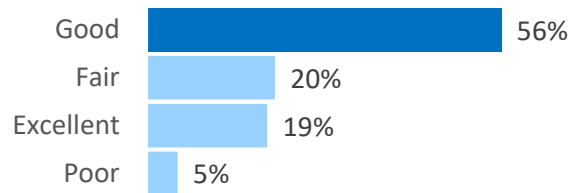
Cross Tabulation - Service Knowledge by How Respondents Learn about Services

Analysis was done to assess respondents' knowledge of services available through Holy Rosary Healthcare, with how they learn about services available in their community. See Appendix F for table format.

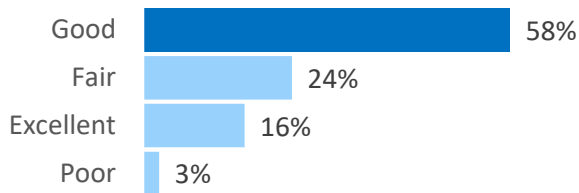
Friends/family (N=90)



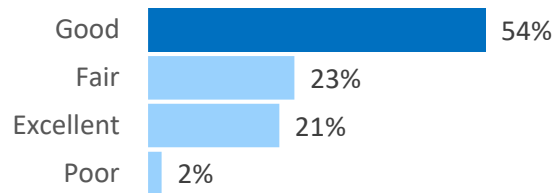
Healthcare provider (N=84)



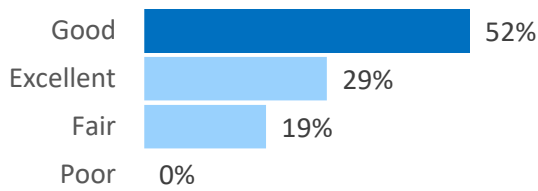
Word of mouth/reputation (N=81)



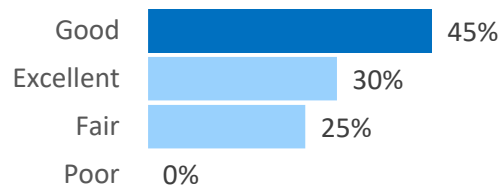
Newspaper (N=43)



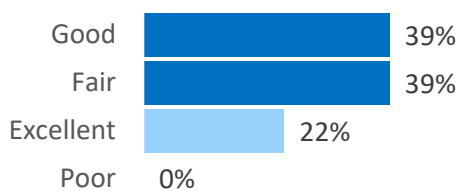
Social media (N=31)



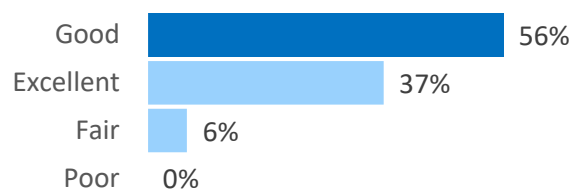
Billboards/posters (N=20)



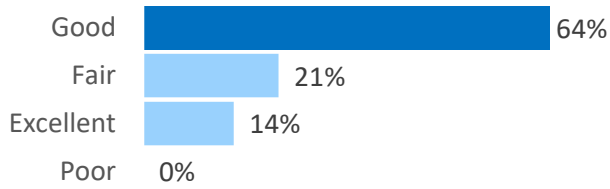
Radio (N=18)



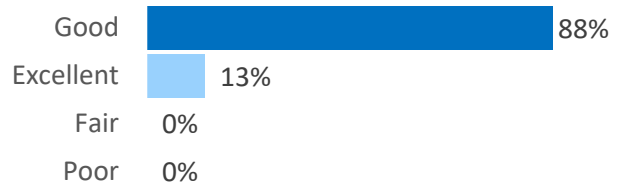
Website/internet (N=16)



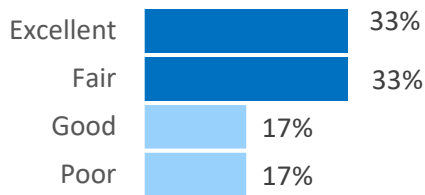
Mailings/newsletter (N=14)



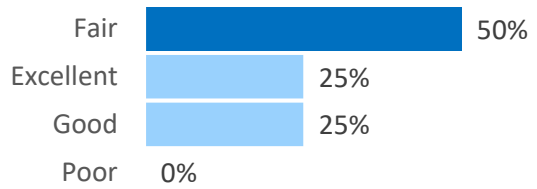
Presentations (N=8)



Public Health (N=6)



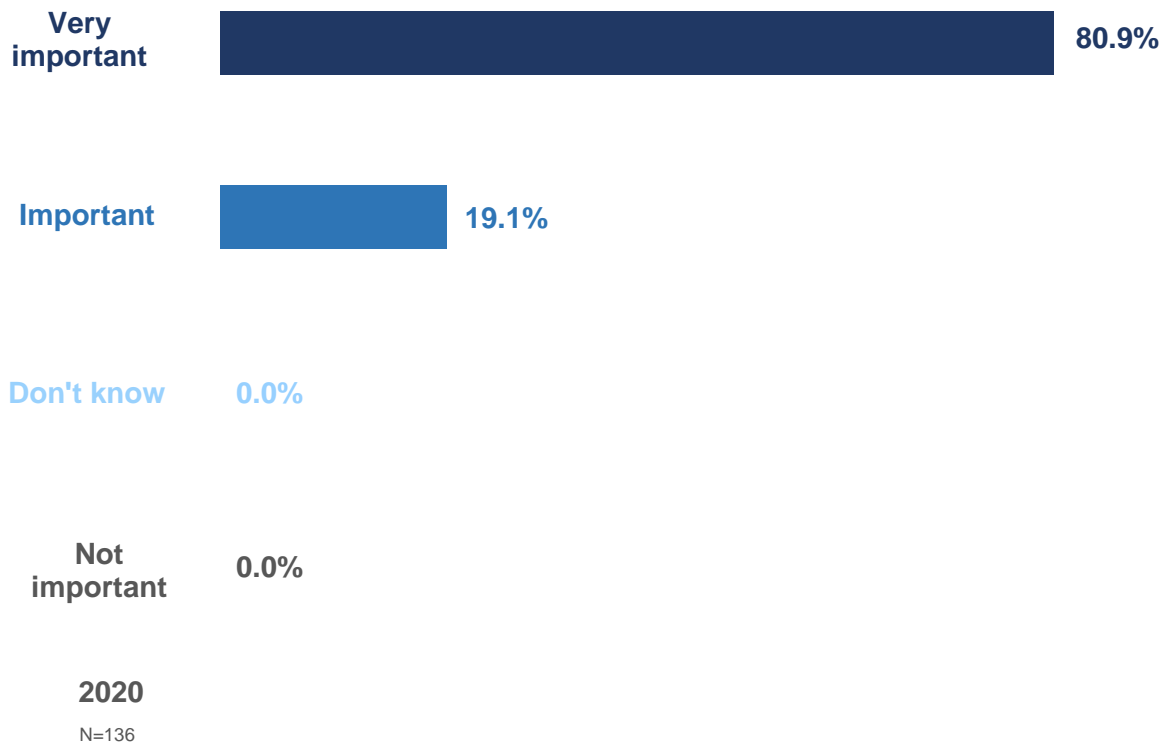
Other (N=4)



Economic Importance of Healthcare (Question 7)

The majority of respondents (80.9%, n=110), 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, and 19.1% of respondents (n=26) indicated they are “Important”. Four respondents chose not to answer this question.

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



No respondents “Did not know” or felt local healthcare providers were “Not Important”

Utilized Community Health Resources (Question 8)

Respondents were asked which community health resources, other than Holy Rosary Healthcare, they had used in the last three years. “Billings Clinic Miles City” was the most frequently utilized community health resource cited by respondents at 69.3% (n=97). “Dentists” and the “Pharmacy” were both utilized by 65% (n=91 each) of respondents.

Use of Other Community Health Resources	2020 %(n)
Number of respondents	140
Billings Clinic Miles City	69.3% (97)
Dentists	65.0% (91)
Pharmacy	65.0% (91)
oneHealth	11.4% (16)
Counselors	6.4% (9)
VA Outpatient Clinic	6.4% (9)
Home health	3.6% (5)
Custer County Public Health Department	2.9% (4)
Eastern Montana Community Mental Health Center	2.1% (3)
Crisis Lines	0.0% (0)
Montana 211	0.0% (0)
Other	10.0% (14)

Respondents were asked to select all other community health resources used, so percentages do not equal 100%.

“Other” comments included: VA, Miles City Vision Clinic, Prairie County Clinic, orthodontists, chiropractor, Fallon Medical complex, and none.

Improve Community’s Access to Healthcare (Question 9)

Respondents were asked to indicate what they felt would improve their community’s access to healthcare. Fifty-two percent of respondents (n=73) reported that “More specialists” would make the greatest improvement. Forty-nine percent of respondents (n=69) indicated “More primary care providers” would improve access, and “More information about available services” was selected by 33.6% (n=47).

“More specialists & primary care providers” would make the greatest improvement

What Would Improve Community Access to Healthcare	2020 %(n)
Number of respondents	140
More specialists	52.1% (73)
More primary care providers	49.3% (69)
More information about available services	33.6% (47)
Payment assistance programs (healthcare expenses)	31.4% (44)
Improved quality of care	24.3% (34)
Outpatient services expanded hours	17.1% (24)
Telemedicine	15.7% (22)
Greater health education services	13.6% (19)
Improved provider sensitivity to culture, lifestyle choices, personal identity, etc.	12.1% (17)
Transportation assistance	12.1% (17)
Interpreter services	0.0% (0)
Other	7.1% (10)

Respondents were asked to select any items that would improve community access to healthcare, so percentages do not equal 100%.

“Other” comments included: transportation to Billings, education/counselling/programs for drug and alcohol use/addiction, access to mental health care, cost reduction, cancer care locally, telemedicine, long-term doctors.

Interest in Educational Classes/Programs (Question 10)

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 “Health and wellness” at 31.4% (n=44), followed by “Women’s health” at 29.3% (n=41), and “Fitness” at 28.6% (n=40).

Interest in Classes or Programs	2020 %(n)
Number of respondents	140
Health and wellness	31.4% (44)
Women's health	29.3% (41)
Fitness	28.6% (40)
Weight loss	21.4% (30)
Men's health	20.7% (29)
Alzheimer's/dementia	17.9% (25)
Living will/advanced care planning	17.9% (25)
Nutrition	17.9% (25)
Diabetes	16.4% (23)
First aid/CPR	15.7% (22)
Cancer	15.0% (21)
Heart disease	13.6% (19)
Behavioral/mental health	11.4% (16)
Support groups	9.3% (13)
Smoking/tobacco cessation	7.9% (11)
Grief counseling	7.1% (10)
Alcohol/substance abuse	4.3% (6)
Parenting	4.3% (6)
Lactation/breastfeeding support	1.4% (2)
Prenatal	1.4% (2)
Other	5.0% (7)

Respondents were asked to pick all classes or programs that are of interest, so percentages do not equal 100%.

“Other” comments included: renal disease, autoimmune educator, and “None, too old to go!”

Additional Healthcare & Community Services (Question 11)

Respondents were asked to write in what additional healthcare and community services they would use if available locally. The responses below are the results from this open-ended question. Twenty-one respondents answered.

- The health services I need are available locally
- Nephrology
- Affordable massage therapy
- AL-Anon for those effected by the disease
- Audiologist
- Affordable dental care
- Not sure
- Homeopathic services especially for chronic pain
- Dentist
- More specialists, Quest Diagnostics or Lab Corps outside of hospital, and acupuncture
- I've had several friends diagnosed with some kind of cancer. The only place treatments are available are in Billings. About 150 miles away, this adds another hardship
- More real doctors, not PAs
- Cheaper senior housing
- Gym
- Maybe some naturopathic medicine
- More health fairs, free "well health" checks for all. If more easily accessible, more people would routinely have their cholesterol, heart rate, blood pressure checked out. Leading to improved knowledge and health management
- Telephone and info from live person at Holy Rosary
- Pregnant/young mothers group home, Pine Hills Transition facility/group home
- Functional medicine from the Institute of Functional Medicine – no providers here
- I don't know
- Have VA Vets as a disabled vet

Desired Senior Services (Question 12)

Respondents were asked if they or a household member would be interested in additional senior services locally. Respondents indicated the most interest in having “In home personal assistance” services at 37.1% (n=52). “Home health (skilled nursing)” was selected by 32.1% (n=45), and “Age in place services/assistance” followed at 31.4% (n=44).

Interest in Senior Services	2020 %(n)
Number of respondents	140
In home personal assistance	37.1% (52)
Home health (skilled nursing)	32.1% (45)
Age in place services/assistance	31.4% (44)
Senior retirement housing/community	30.7% (43)
Assisted living facility	24.3% (34)
Transportation	21.4% (30)
Hospice	19.3% (27)
Senior respite care	17.1% (24)
Community supported senior center	15.0% (21)
Palliative care	5.0% (7)
Other	8.6% (12)

Respondents could select any of the listed senior services, so percentages do not equal 100%.

“Other” comments included housekeeping services, senior retirement housing/community (newer housing), dermatology, and cancer surgery

Top desired senior service was “In home personal assistance” and “Home health (skilled nursing)”

Utilization of Preventative Services (Question 13)

Respondents were asked if they had utilized any of the preventative services listed in the past year. “Blood pressure check” was selected by 70% of respondents (n=98). Sixty-nine percent of respondents (n=96 each) indicated they received a “Dental check” and “Flu shot/ immunizations”.

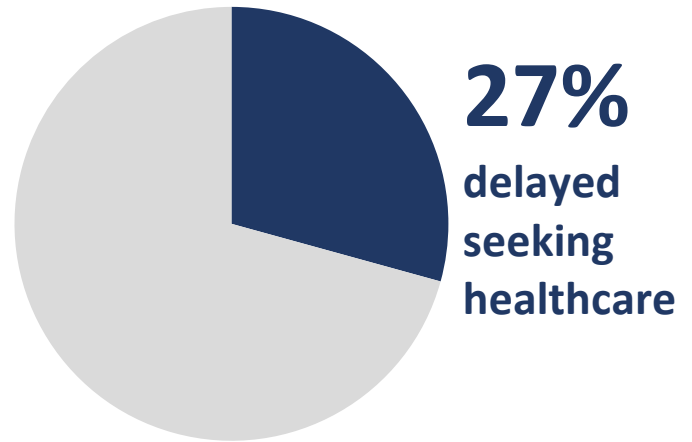
Use of Preventative Services	2020 %(n)
Number of respondents	140
Blood pressure check	70.0% (98)
Dental check	68.6% (96)
Flu shot/ immunizations	68.6% (96)
Health checkup	66.4% (93)
Vision check	64.3% (90)
Cholesterol check	52.1% (73)
Mammography	44.3% (62)
Colonoscopy	22.9% (32)
Health fair	22.9% (32)
Pap smear	22.1% (31)
Skin check	21.4% (30)
Hearing check	17.9% (25)
Prostate (PSA)	17.9% (25)
Children's checkup/ Well baby	9.3% (13)
Substance use/ addiction services	2.9% (4)
Lung cancer screening	1.4% (2)
None	0.7% (1)
Other	4.3% (6)

Respondents could select any of the preventative services listed, so percentages do not equal 100%.

“Other” comments included orthodontist, and chiropractor

Delay of Services (Question 14)

Twenty-seven percent of respondents (n=35) reported that in the past year, they or a member of their household thought they needed healthcare services but did not get them or had to delay getting them. Seventy-three percent of respondents (n=132) felt they were able to get the healthcare services they needed without delay. Eight respondents chose not to answer this question.



N=132

Reason for Not Receiving/Delaying Needed Services (Question 15)

For those who indicated they were unable to receive or had to delay services (n=35), the reason most cited was “It cost too much” (40%, n=14).

Reasons for Delay in Receiving Needed Healthcare	2020 %(n)
Number of respondents	35
It cost too much	40.0% (14)
Could not get an appointment	22.9% (8)
My insurance didn't cover it	20.0% (7)
Qualified provider not available	20.0% (7)
Too long to wait for an appointment	14.3% (5)
It was too far to go	11.4% (4)
Don't like doctors	5.7% (2)
No insurance	5.7% (2)
Too nervous or afraid	5.7% (2)
Could not get off work	2.9% (1)
Didn't know where to go	2.9% (1)
Don't understand healthcare system	2.9% (1)
Had no childcare	2.9% (1)
Lack of provider sensitivity to culture, lifestyle choices, personal identity, etc.	2.9% (1)

Not treated with respect	2.9% (1)
Office wasn't open when I could go	2.9% (1)
Transportation problems	2.9% (1)
Unsure if services were available	2.9% (1)
Language barrier	0.0% (0)
Other*	22.9% (8)

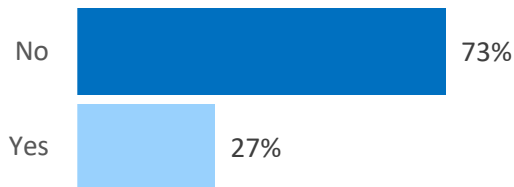
Respondents were asked to indicate the top three reasons for delay in seeking healthcare, so percentages do not equal 100%. *Respondents (N=2) who selected over the allotted amount were moved to "Other".

"Other" comments included: can't build relationship with primary care provider due to turnover, Coronavirus, VA does not yet have effective health program in place, services not available locally, and did not follow up with other doctor

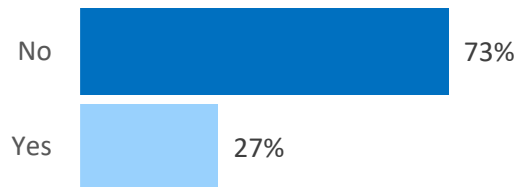
Cross Tabulation - Delay/Did Not Get Services & Residence

Analysis was done to examine if respondents delayed getting healthcare services (yes/no), with where they live by zip code. See Appendix F for table format.

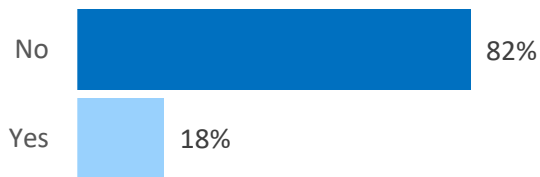
Miles City 59301 (N=99)



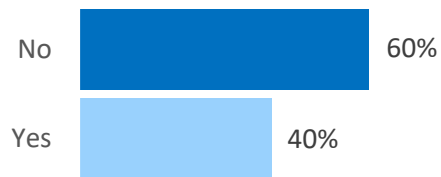
Baker 59313 (N=11)



Terry 59349 (N=11)



Fallon 59327 (N=5)



Ismay 59336 (N=2)



Plevna 59344(N=2)



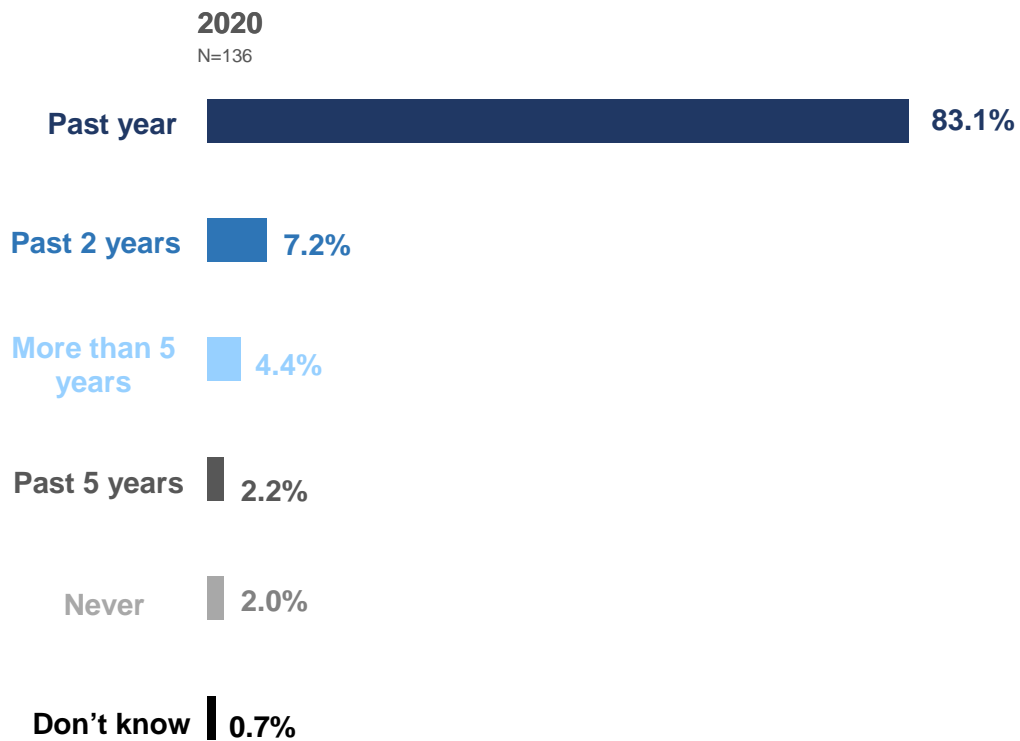
Powderville 59345 (N=2)



Time Since Last Primary Care Visit (Question 16)

Eighty-three percent of respondents (n=113) 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 a routine checkup in the past year. Seven percent of respondents (n=10) indicated they had seen a primary care provider within the past 2 years, and 4.4% saw a provider 5 or more years ago. Four respondents chose not to answer this question.

The majority of respondents have seen a primary care provider in the past year



Location of Primary Care Services (Question 17)

Respondents who indicated receiving primary care services were asked to indicate where that primary healthcare provider was located. Forty-two percent (n=55) reported receiving care at Billings Clinic in Miles City, 34.1% percent of respondents (n=45) went to Holy Rosary Healthcare in Miles City, and 6.1% (n=8) went to Baker.

Location of Primary Care Provider	2017 %(n)
Number of respondents	132
Miles City - Billings Clinic	41.7% (55)
Miles City - Holy Rosary Healthcare	34.1% (45)
Baker	6.1% (8)
Miles City – VA	3.8% (5)
Miles City – oneHealth	3.0% (4)
Billings	2.3% (3)
Glendive	0.8% (1)
Broadus	0.0% (0)
Forsyth	0.0% (0)
Jordan	0.0% (0)
Sidney	0.0% (0)
Other*	8.3% (11)
TOTAL	100% (132)

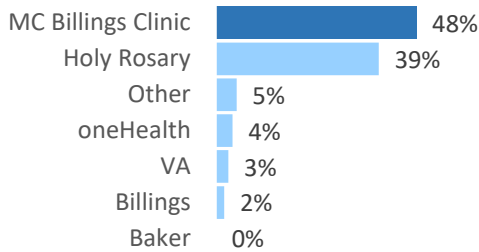
*Respondents (N=7) who selected over the allotted amount were moved to “Other”.

“Other” comments included: Terry and Ekalaka

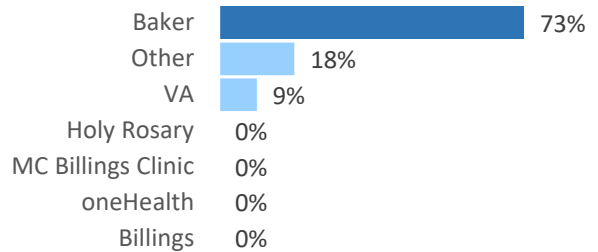
Cross Tabulation - Primary Care Location and Residence

Analysis was done to examine where respondents went most often for primary care with where they live by zip code. See Appendix F for table format.

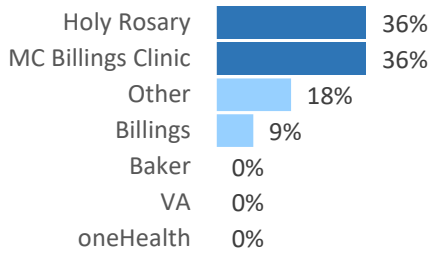
Miles City 59301 (N=101)



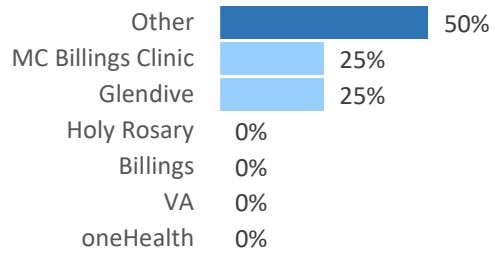
Baker 59313 (N=11)



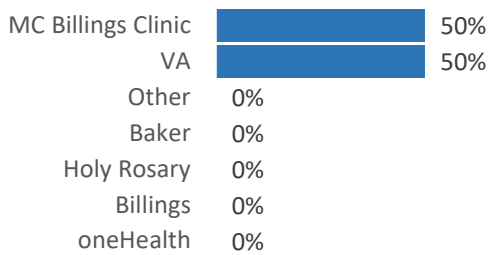
Terry 59349 (N=11)



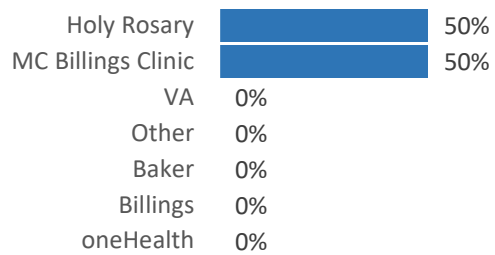
Fallon 59327 (N=4)



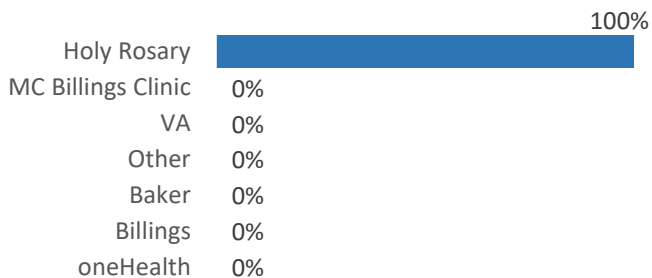
Plevna 59344 (N=2)



Powderville 59345 (N=2)



Ismay 59336 (N=1)



Reasons for Primary Care Provider Selection (Question 18)

Those respondents who indicated they or someone in their household had been seen by a primary care provider were asked to indicate why they chose that primary care provider. “Prior experience with clinic” was the most frequently selected reason at 45.5% (n=60), followed by “Clinic/provider’s reputation for quality” at 42.4% (n=56), and “Closest to home” at 28% (n=37).

Reasons for Selecting Primary Care Provider	2020 %(n)
Number of respondents	132
Prior experience with clinic	45.5% (60)
Clinic/provider's reputation for quality	42.4% (56)
Closest to home	28.0% (37)
Appointment availability	25.0% (33)
Recommended by family or friends	24.2% (32)
Referred by physician or other provider	9.1% (12)
Privacy/confidentiality	7.6% (10)
Required by insurance plan	4.5% (6)
Cost of care	3.8% (5)
Length of waiting room time	3.8% (5)
VA/Military requirement	2.3% (3)
Indian Health Services	0.0% (0)
Other	7.6% (10)

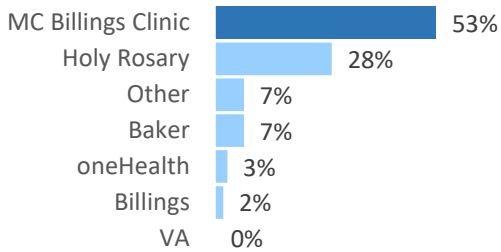
Respondents were asked to pick the reasons for selection of their primary care provider, so percentages do not equal 100%.

“Other” comments included: no doctor available, doctor retired, used who was available, long-term relationship with provider, doctor moved away, and continuity of care

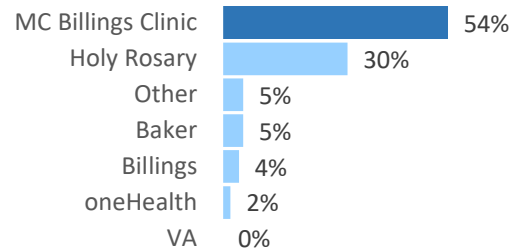
Cross Tabulation - Primary Care Location and Reason Selected

Analysis was done to examine where respondents went most often for primary care services with why they selected that clinic/provider. See Appendix F for table format.

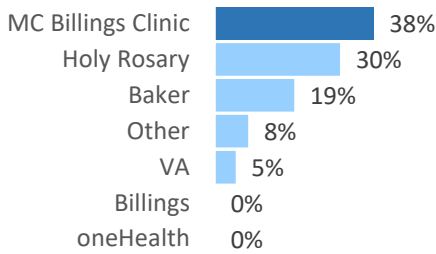
Prior experience (N=60)



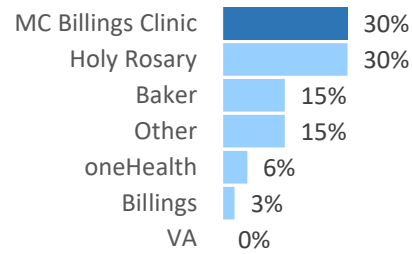
Reputation for quality (N=56)



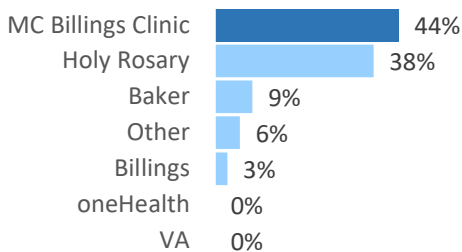
Closest to home (N=37)



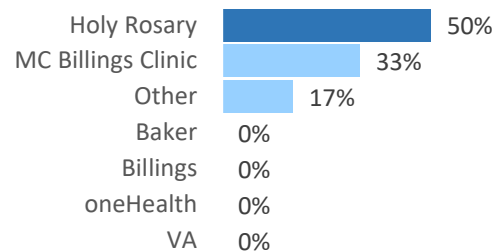
Appointment availability (N=33)



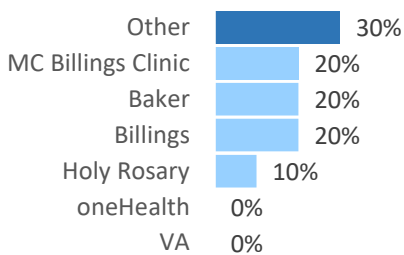
Recommended by family or friends (N=32)



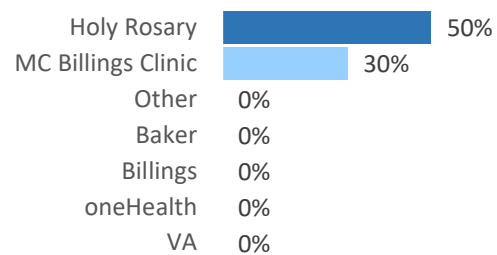
Referred by physician/other provider (N=12)



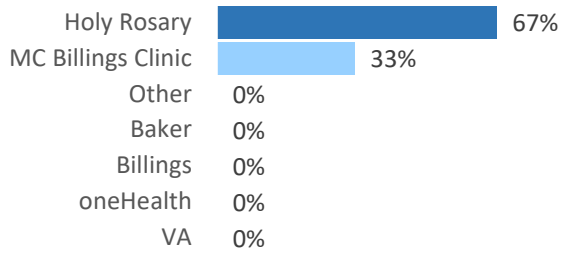
Privacy/confidentiality (N=10)



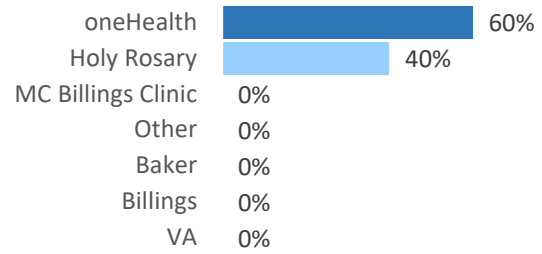
Other (N=10)



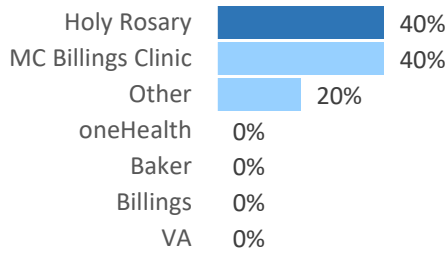
Required by insurance plan (N=6)



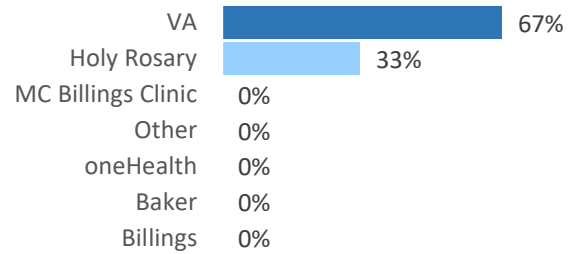
Cost of care (N=5)



Length of waiting room time (N=5)

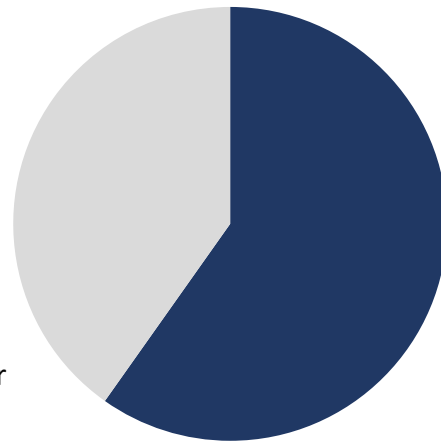


VA/Military requirement (N=3)



Hospital Care Services (Question 19)

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 percent of respondents (n=79) reported that they or a member of their family had received hospital care during the previous three years, and 40% (n=53) had not received hospital services. Eight respondents chose not to answer this question.



60%
received
hospital care
in past year

N=132

Location of Hospital Services (Question 20)

Of the 79 respondents who indicated receiving hospital care in the previous three years, 58.2% (n=46) reported receiving care at Holy Rosary Healthcare. Seventeen percent of respondents (n=13) received services at Billings Clinic, and 13.9% of respondents (n=11) reported utilizing services at a location “Other” than those listed.

Hospital Used Most Often	2020 %(n)
Number of respondents	79
Holy Rosary Healthcare	58.2% (46)
Billings Clinic	16.5% (13)
St. Vincent Healthcare	6.3% (5)
Fallon Medical Complex	2.5% (2)
Glendive Medical Center	1.3% (1)
Prairie Community Hospital	1.3% (1)
Dahl Memorial Healthcare	0.0% (0)
Rosebud Health Care Center	0.0% (0)
Other*	13.9% (11)
TOTAL	100% (79)

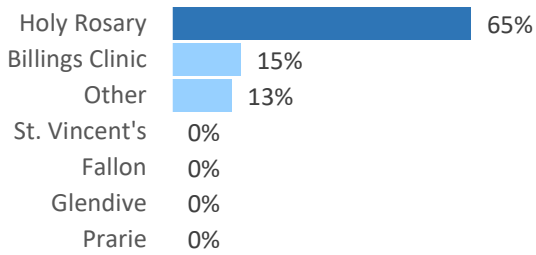
*Respondents (N=9) who selected over the allotted amount were moved to “Other”.

“Other” comments included: was traveling, Terry, Billings Yellowstone surgery center, Billings Clinic

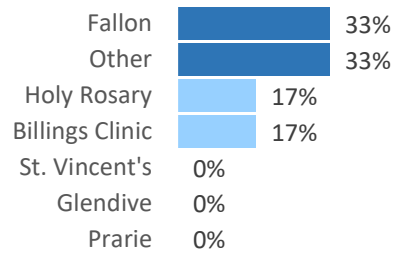
Cross Tabulation - Location of Hospital Care and Residence

Analysis was done to examine where respondents went most often for hospital care with where they live by zip code. See Appendix F for table format.

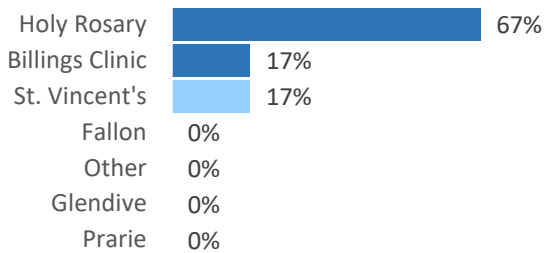
Miles City 59301 (N=60)



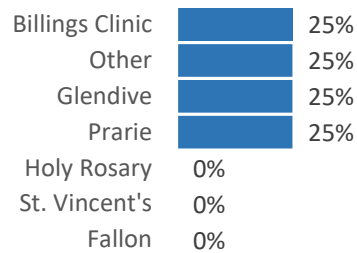
Baker 59313 (N=6)



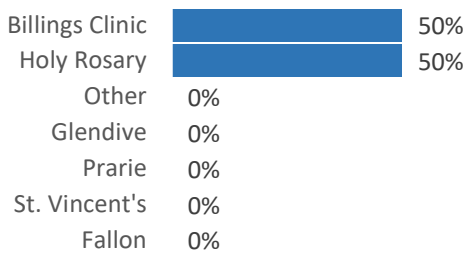
Terry 59349 (N=6)



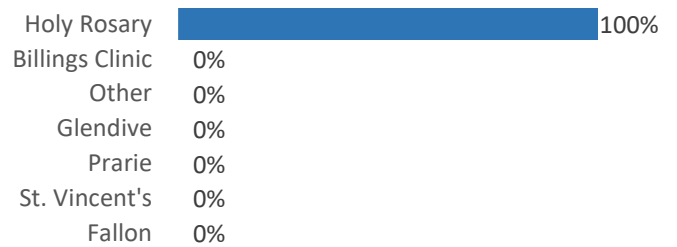
Fallon 59327 (N=4)



Plevna 59344 (N=2)



Ismay 59336 (N=1)



Reasons for Hospital Selection (Question 21)

Of the 79 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 57% (n=45). “Emergency, no choice” was selected by 38% of the respondents (n=30), and 36.7% (n=29) selected “Referred by physician or other provider.”

Reasons for Selecting Hospital	2020 %(n)
Number of respondents	79
Closest to home	57.0% (45)
Emergency, no choice	38.0% (30)
Referred by physician or other provider	36.7% (29)
Prior experience with hospital	35.4% (28)
Hospital's reputation for quality	22.8% (18)
Recommended by family or friends	7.6% (6)
Required by insurance plan	5.1% (4)
Financial assistance programs	3.8% (3)
Closest to work	2.5% (2)
Cost of care	2.5% (2)
Privacy/confidentiality	2.5% (2)
VA/Military requirement	1.3% (1)
Other*	8.9% (7)

Respondents were asked to pick their top three reasons for selecting a hospital, so percentages do not equal 100%.

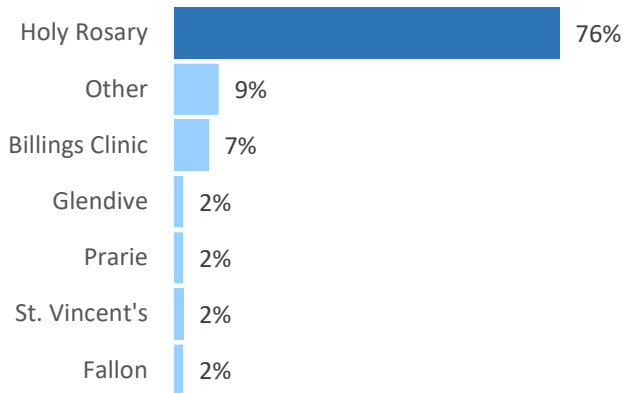
*Respondents (N=2) who selected over the allotted amount were moved to “Other”.

“Other” comments included: physician at that facility, only choice, family connection

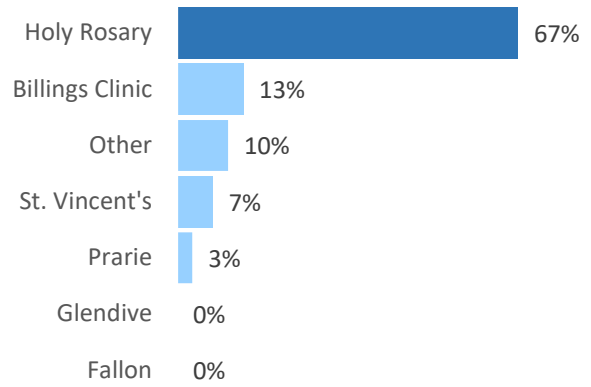
Cross Tabulation – Hospital Location and Reason Selected

Analysis was done to examine where respondents went most often for hospital services with why they selected that hospital. See Appendix F for table format.

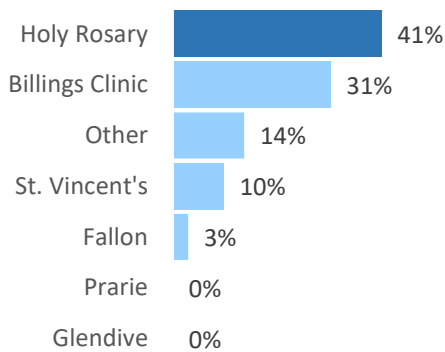
Closest to home (N=45)



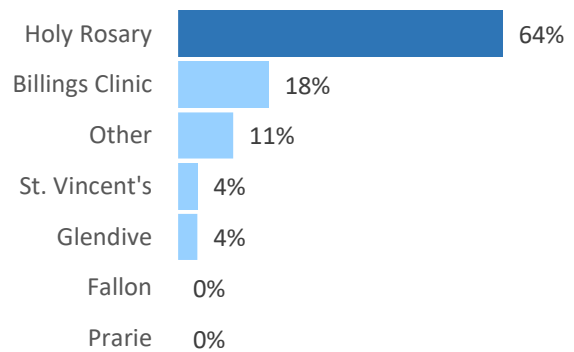
Emergency, no choice (N=30)



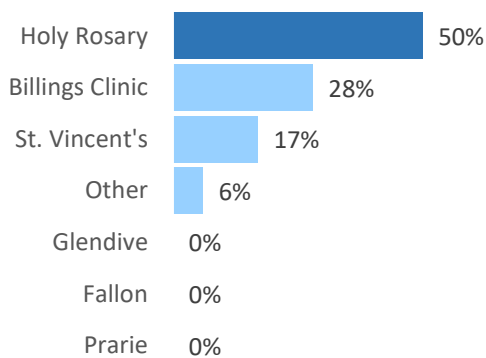
Referred by physician or other provider (29)



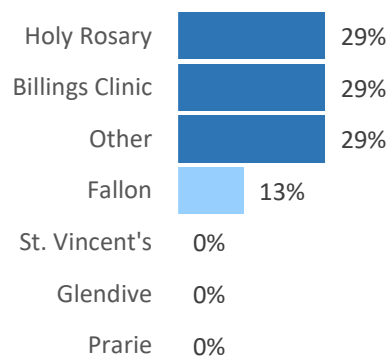
Prior experience with hospital (N=28)



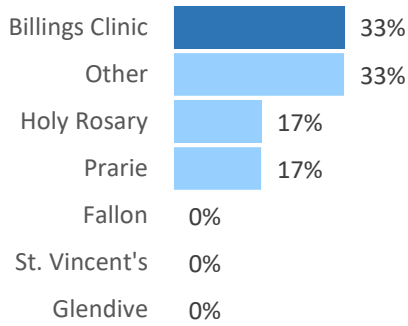
Hospital's reputation for quality (N=18)



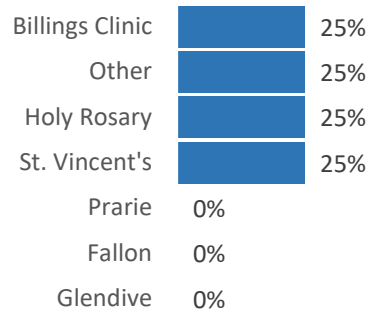
Other (7)



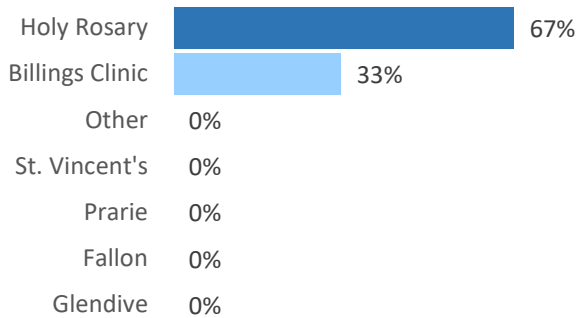
Recommended by family or friends (N=6)



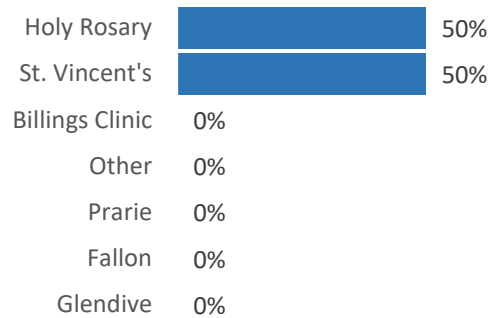
Required by insurance plan (N=4)



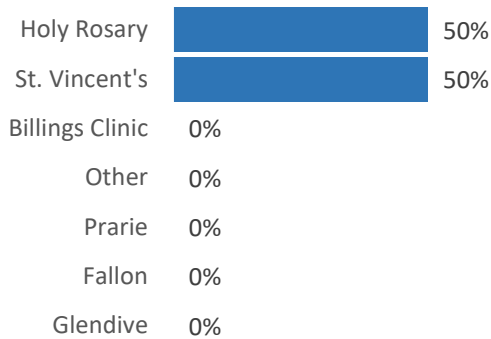
Financial assistance programs (N=3)



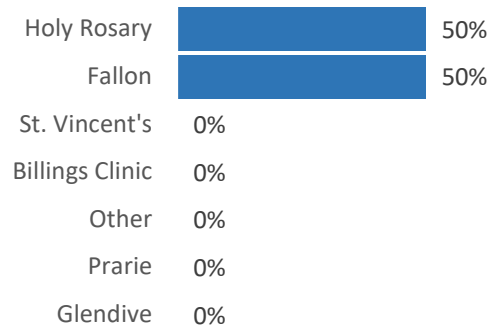
Privacy/confidentiality (N=2)



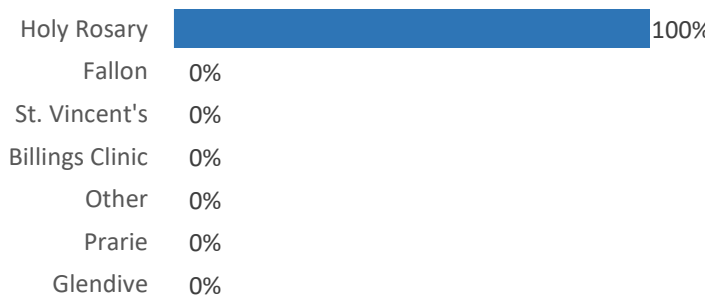
Cost of care (N=2)



Closest to work (N=2)

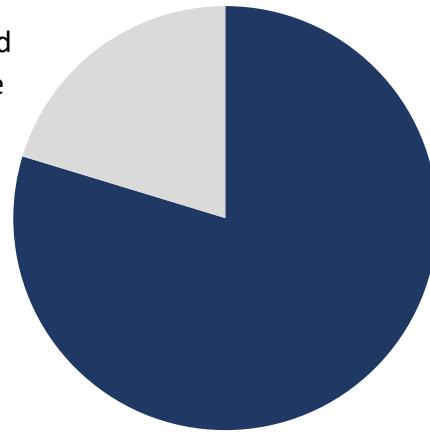


VA/Military requirement (N=1)



Specialty Care Services (Question 22)

Eighty percent of the respondents (n=106) indicated they or a household member had seen a healthcare specialist during the past three years, while 20% (n=27) indicated they had not. Seven respondents chose not to answer this question.



80%
saw a specialist
in past year

N=133

Location of Healthcare Specialist(s) (Question 23)

Of the 106 respondents who indicated they saw a healthcare specialist in the past three years, 66% (n=70) went to Miles City. Billings specialty services were utilized by 59.4% of respondents (n=63), and 10.4% (n=11) went to an “Other” location than those listed.

Location of Specialist	2020 %(n)
Number of respondents	106
Miles City	66.0% (70)
Billings	59.4% (63)
Glendive	5.7% (6)
Baker	1.9% (2)
Terry	0.9% (1)
Ekalaka	0.0% (0)
Forsyth	0.0% (0)
Other	10.4% (11)

Respondents were asked to indicate the location of any specialist seen in the past three years, so percentages do not equal 100%.

“Other” comments included: Bozeman, Missoula, Rapid City, SD, Dickenson, ND, Spearfish, SD, Bowman, ND, Wyoming, Salt Lake City, UT, Mayo

Type of Healthcare Specialist Seen (Question 24)

The respondents (n=106) saw a wide array of healthcare specialists in the past three years. The most frequently indicated specialist was “Dentist” with 40.6% of respondents (n=43) having utilized their services. “Orthopedic surgeon” was the second most utilized specialist at 27.4% (n=29), followed by “Cardiologist” and “Optometrist” both at 24.5% (n=26 each).

Type of Specialists Seen	2020 %(n)
Number of respondents	106
Dentist	40.6% (43)
Orthopedic surgeon	27.4% (29)
Cardiologist (heart)	24.5% (26)
Optometrist (eye doctor)	24.5% (26)
General surgeon	23.6% (25)
Radiologist (X-ray)	23.6% (25)
Dermatologist (skin)	20.8% (22)
Chiropractor	19.8% (21)
Oncologist (cancer)	17.9% (19)
Physical therapist	17.9% (19)
Ophthalmologist (eye specialist)	14.2% (15)
Gastroenterologist (stomach)	12.3% (13)
OB/GYN (birth/women's services)	9.4% (10)
Podiatrist (feet)	8.5% (9)
ENT (ear/nose/throat)	7.5% (8)
Audiologist (ear)	6.6% (7)
Urologist	6.6% (7)

Pediatrician (child specialist)	4.7% (5)
Rheumatologist (arthritis/autoimmune)	4.7% (5)
Endocrinologist (hormones)	3.8% (4)
Mental health counselor	3.8% (4)
Neurologist (nervous system)	3.8% (4)
Pulmonologist (lungs)	3.8% (4)
Allergist	2.8% (3)
Occupational therapist	1.9% (2)
Substance abuse counselor	1.9% (2)
Psychiatrist (mental health)	0.9% (1)
Psychologist	0.9% (1)
Social worker	0.9% (1)
Dietician	0.0 % (0)
Geriatrician (aging issues)	0.0 % (0)
Pastoral care/minister	0.0 % (0)
Speech therapist	0.0 % (0)
Other	15.1% (16)

Respondents were asked to indicate each type of specialist seen, so percentages do not equal 100%.

“Other” comments included: kidney doctor (nephrology), hip replacement, retina specialist, sleep specialist, cardiovascular, aneurysm, and vein clinic

Overall Quality of Care at Holy Rosary Healthcare (Question 25)

Respondents were asked to rate various services available at Holy Rosary Healthcare. Respondents were asked to rate the services using the scale of 4= Excellent, 3= Good, 2= Fair, 1=Poor and Haven't Used. The service(s) that received the highest score were physical therapy with 3.4 out of 4.0, and hospice, laboratory and radiology services, which all received a 3.3 out of 4.0. Overall, the average rating on quality and availability of the health services listed was a 3.2 out of 4.0.

Quality of Care Rating	2020 Average(n)
4 Point Scale: Poor = 1, Fair = 2, Good = 3, Excellent = 4	
Total number of respondents	140
Physical therapy	3.4 (46)
Hospice	3.3 (18)
Laboratory	3.3 (75)
Radiology services (x-ray, ultrasound, CT scan, mammography)	3.3 (80)
Cancer Care	3.2 (21)
Palliative Care	3.2 (17)
Inpatient (hospital stay)	3.1 (47)
Clinic services	3.1 (93)
Emergency room	3.0 (73)
Residential Living/Assisted Living	3.0 (12)
Overall average	3.2

Prevalence of Chronic Disease Diagnoses (Question 26)

Respondents were asked to indicate if they have ever been told by a doctor, nurse or other healthcare professional if they had any chronic diseases listed. The highest indicated diagnosis was “High blood pressure” by 42.9% (n=60). Twenty-eight percent of respondents (n=39) indicated they had “High cholesterol”, and 27.1% (n=38) have “Arthritis or rheumatism”.

Prior Diagnosis	2020 %(n)
Number of respondents	140
High blood pressure	42.9% (60)
High cholesterol	27.9% (39)
Arthritis or rheumatism	27.1% (38)
Cancer (not counting skin cancer)	20.0% (28)
Diabetes	20.0% (28)
Skin Cancer	10.0% (14)
Angina/coronary heart disease	9.3% (13)
Sciatica/chronic back pain	9.3% (13)
Asthma	7.1% (10)
Osteoporosis	7.1% (10)
Heart attack/myocardial infarction	5.0% (7)
Kidney disease	4.3% (6)
Chronic obstructive pulmonary disease, bronchitis or emphysema	3.6% (5)
Stroke	2.9% (4)
Other	11.4% (16)

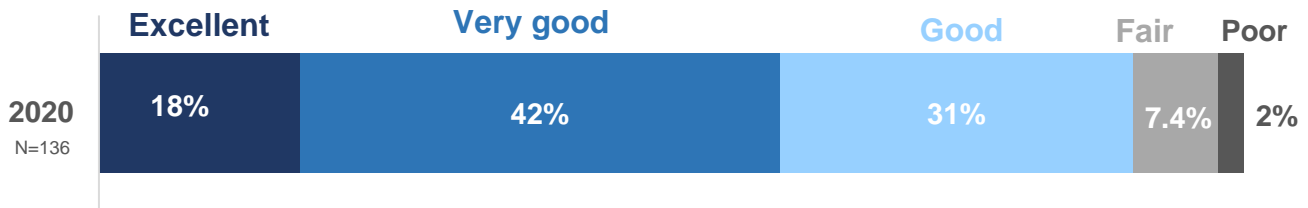
Respondents were asked to indicate any illness experienced, so percentages do not equal 100%.

“Other” comments included: blood clots, sepsis, heart valve, PTSD, depression/anxiety, juvenile arthritis, ankylosing spondylitis, crone’s disease, rheumatoid arthritis, narcolepsy, fibromyalgia, pre-diabetes, hypothyroid

Rating of Mental Health (Question 27)

Respondents were asked to rate their mental health in general (which included stress, anxiety, depression, and problems with emotions). Four respondents chose not to answer this question.

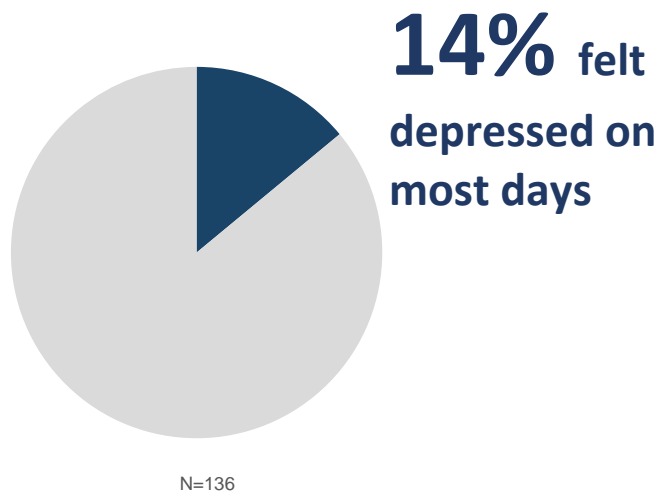
60% of the respondents rate their mental health as excellent or very good.



Prevalence of Depression (Question 28)

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. Fourteen percent of respondents (n=19) indicated they had experienced periods of depression, and 86% of respondents (n=117) indicated they had not. Four respondents chose not to answer this question.

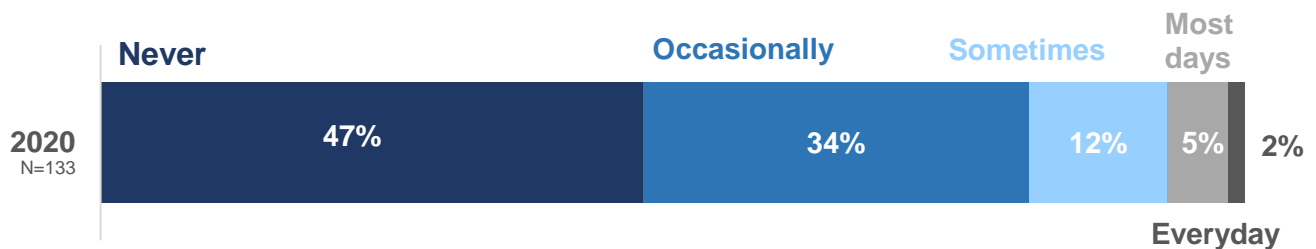
Most respondents had *not* experienced periods of depression



Social Isolation (Question 29)

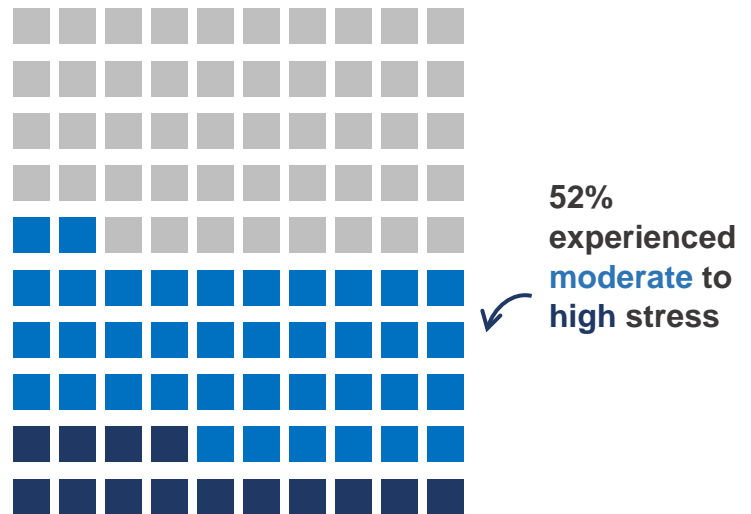
Respondents were asked to indicate how often they felt lonely or isolated in the past year. Forty-seven percent of respondents (n=63) indicated they “Never” felt lonely or isolated, 34% of respondents(n=45) indicated they “Occasionally” felt lonely or isolated, and 12% (n=16) reported they felt lonely or isolated “Sometimes”. Seven respondents chose not to answer this question.

Nearly half of the respondents **never** feel lonely or isolated

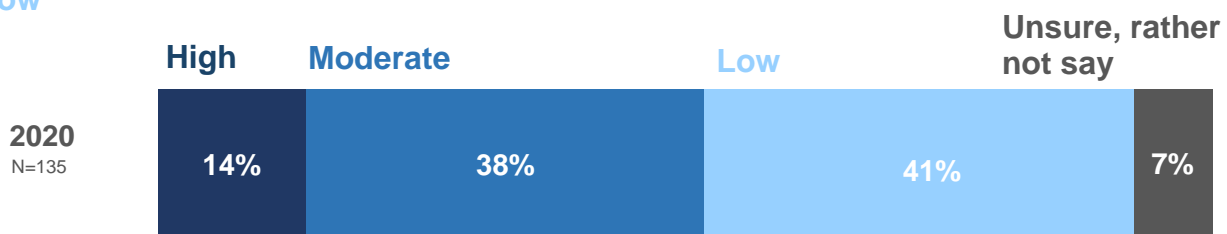


Perception of Stress (Question 30)

Respondents were asked to indicate how they would describe their stress level over the past year. Forty-one percent of respondents (n=55) indicated they experienced a “low” level of stress, 37.8% (n=51) had a “Moderate” level of stress, and 14% of respondents (n=19) indicated they had experienced a “high” level of stress. Five respondents chose not to answer this question.



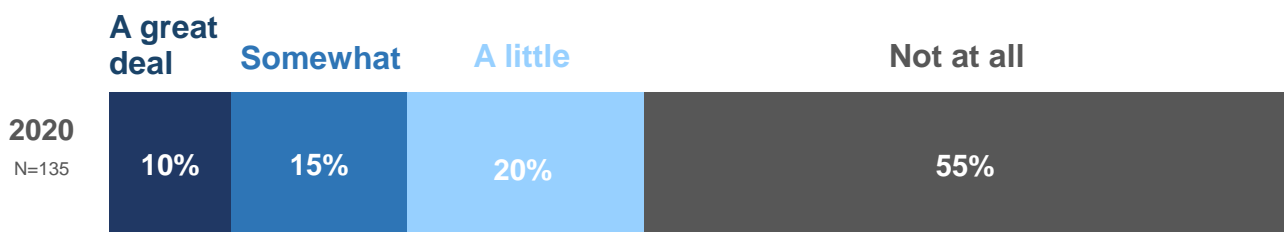
41% of respondents describe their stress level in the past year as low



Impact of Substance Abuse (Question 30)

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. Fifty-five percent of respondents (n=73) indicated their life was “Not at all” affected. Twenty percent (n=27) had “A little” affected, and 15% (n=20) indicated they were “Somewhat” negatively affected. Five respondents chose not to answer this question.

55% of respondents describe their life as not at all being impacted by substance abuse



25% of respondents reported they were somewhat/greatly affected by substance abuse

Fall Prevalence (Question 32)

Respondents were asked to indicate if in the last twelve months, how many times they had fallen. Sixty-five percent of respondents (n=88) indicated they had not fallen. Twenty-seven percent (n=37) had fallen “1-2 times” in the last year and 7% (n=9) had fallen “3-4 times” in the past year. Four respondents chose not to answer this question.

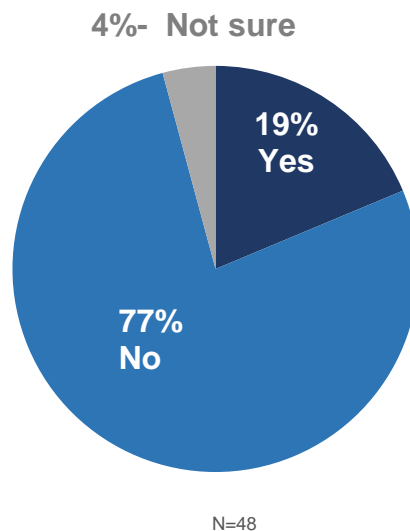
The majority of respondents had not fallen in the last year



Fall Injury Prevalence (Question 33)

For those respondents who indicated they had fallen in the last year (n=48), they were asked to indicate if they had been injured as a result of the fall. Seventy-seven percent of respondents (n=37) indicated they were not injured. Nineteen percent (n=9) had fallen and were injured.

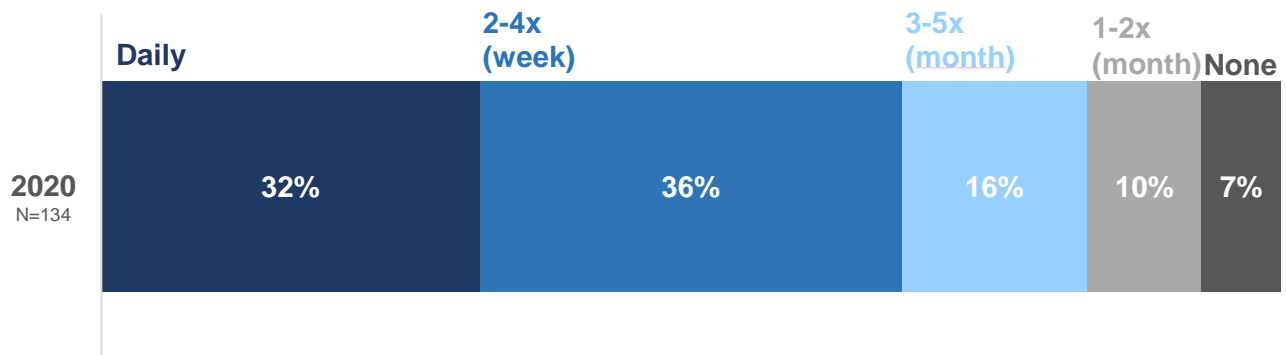
The majority of respondents were not injured when they fell



Physical Activity (Question 34)

Respondents were asked to indicate how frequently they had physical activity for at least twenty minutes over the past month. Thirty-six percent of respondents (n=48) indicated they had physical activity “2-4 times per week”, and 32% (n=43) indicated they had physical activity of at least twenty minutes “Daily”. Seven percent of respondents (n=9) indicated they had “No physical activity”. Six respondents chose not to answer this question.

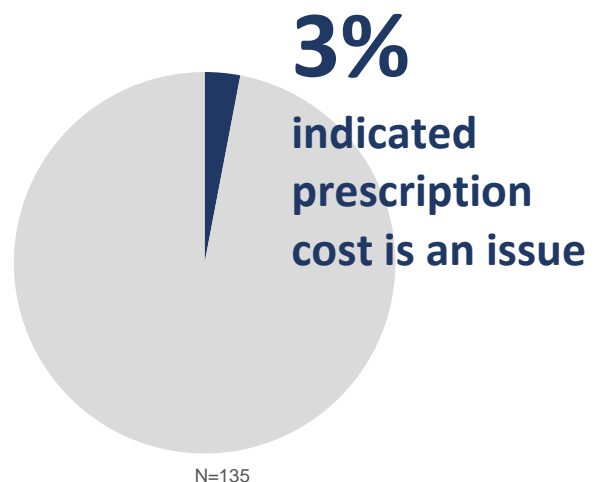
Most respondents exercise 2-4 times per week or more



Cost and Prescription Medications (Question 35)

Respondents were asked to indicate if during the last year medication costs had prohibited them from getting a prescription or taking their medication regularly. Three percent of respondents (n=4) indicated that in the last year cost had prohibited them from getting a prescription or taking their medication regularly. Ninety-seven percent of respondents (n=131) indicated that cost had not prohibited them. Five respondents chose not to answer this question.

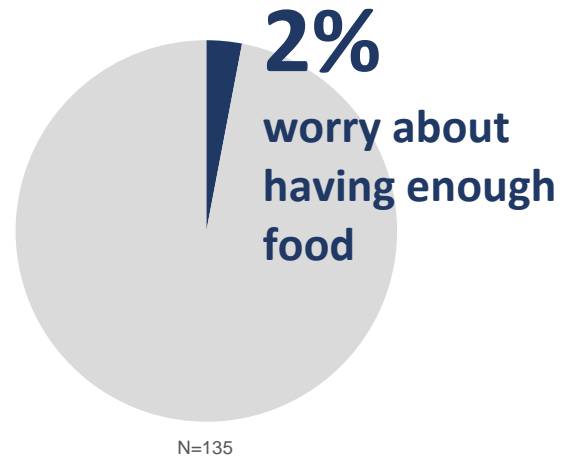
The majority of respondents were able to get medications when needed



Food Insecurity (Question 36)

Respondents were asked to indicate if during the last year, they had worried that they would not have enough food to eat. The majority, 98% were not worried about having enough food to eat (n=132). Five respondents chose not to answer this question.

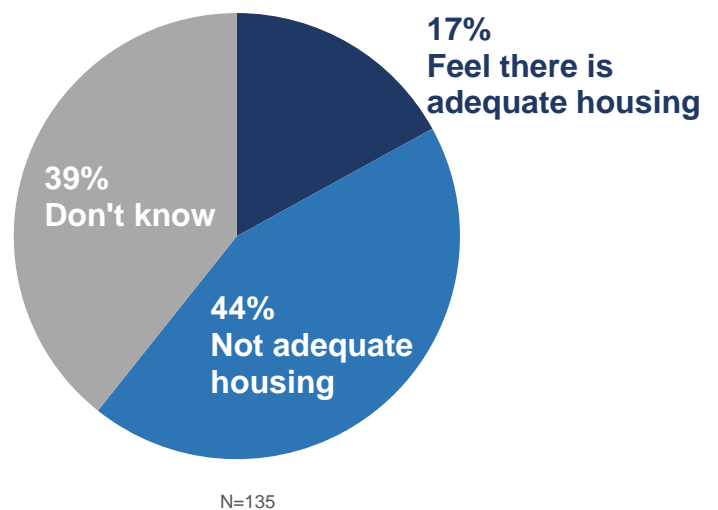
The majority of respondents did not worry about having enough food



Housing (Question 37)

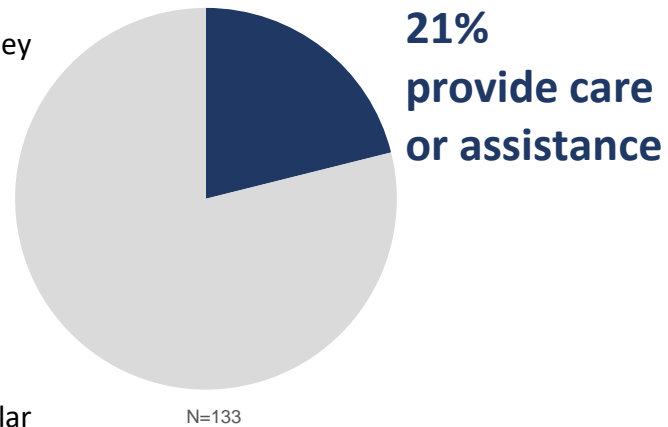
Respondents were asked to indicate if they felt the community has adequate and affordable housing options available. Forty-four percent of respondents (n=59) indicated that they do not feel there are adequate and affordable housing options available in the community, 39% (n=53) did not know if there was adequate and affordable housing, and 17% (n=23) felt there was.

44% of respondents feel there is not adequate/affordable housing available in the community



Prevalence of Caregiving for Family or Friends (Question 38)

Respondents were asked to indicate if, in the past 30-days, they provided care or assistance for a friend or family member who has a health problem, long-term illness, or disability. Twenty-one percent (n=28) had provided care for a friend or family member while 79% (n=105) of respondents have not. Seven respondents chose not to answer this question.



Caregiving Condition(s) (Question 39)

For those respondents who indicated they had provided regular care or assistance (n=28) to a friend or family member who has a health problem, long-term illness, or disability, the primary illnesses reported were “Arthritis or rheumatism” and “Old age/infirmity/frailty” (n=9 each), and “Diabetes” (19.2%, n=5).

Illness of Care Recipient	2020 %(n)
Number of respondents	28
Arthritis or rheumatism	34.6% (9)
Old age/infirmity/frailty	34.6% (9)
Diabetes	19.2% (5)
Cancer	15.4% (4)
Dementia/Alzheimer's/cognitive impairment disorders	11.5% (3)
Developmental disabilities (autism, down syndrome, spina bifida, etc.)	7.7% (2)
Heart disease/hypertension/stroke	7.7% (2)
Asthma	3.8% (1)
Chronic respiratory conditions (emphysema, COPD)	3.8% (1)
Mental illness (anxiety, depression, schizophrenia)	3.8% (1)
End of life care	0.0% (0)
HIV	0.0% (0)
Injuries (including broken bones)	0.0% (0)
Organ failure or diseases (kidney/liver problems)	0.0% (0)
Substance abuse/addiction disorders	0.0% (0)
Other	26.9% (7)

Respondents were asked to indicate any illness experienced, so percentages do not equal 100%.

“Other” comments included: Sheltering in place, after surgery, liver disease, and neurology

Medical Insurance Type (Question 40)

Respondents were asked to indicate what type of medical insurance covers the majority of their medical expenses. Fifty-two percent (n=73) indicated they have “Medicare”. Thirty-seven percent (n=52) indicated they have “Employer sponsored” coverage, and 27.1% (n=38) indicated they had a “Private insurance/private plan”.

Type of Health Insurance	2020 %(n)
Number of respondents	140
Medicare	52.1% (73)
Employer sponsored	37.1% (52)
Private insurance/private plan	27.1% (38)
Medicaid	10.0% (14)
VA/military	7.1% (10)
Health Savings Account	5.7% (8)
Health Insurance Marketplace	5.0% (7)
Healthy MT Kids	2.9% (4)
None/pay out of pocket	2.1% (3)
Indian Health	0.0% (0)
Other	7.9% (11)

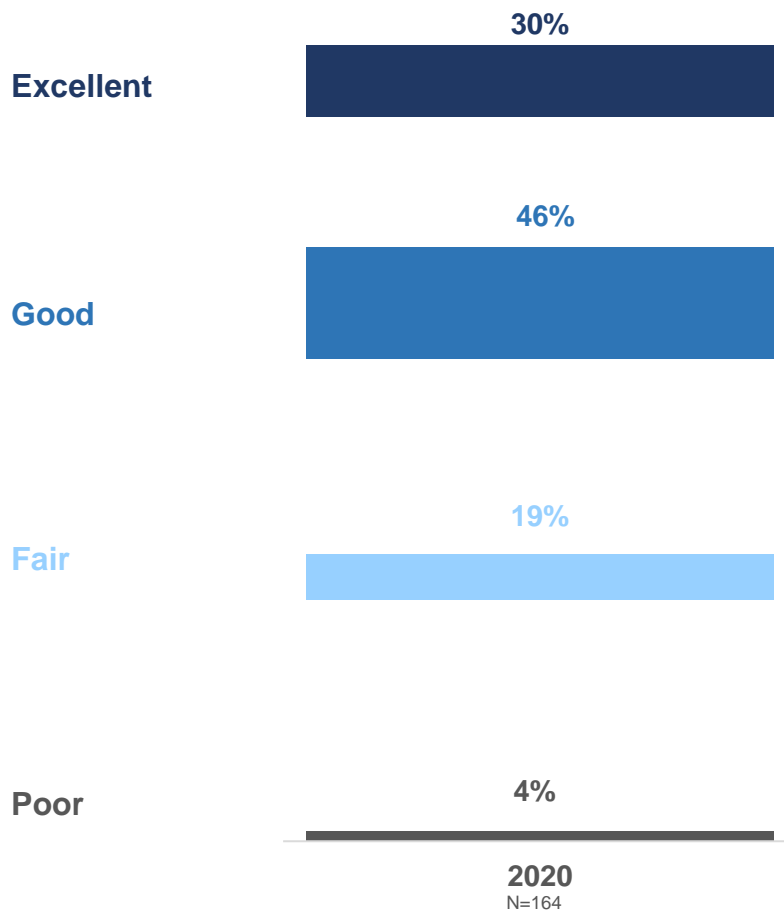
Respondents could select more than one option, so percentages do not equal 100%.

“Other” comments included Christian healthcare sharing plan, Medicare supplement

Insurance and Healthcare Costs (Question 41)

Respondents were asked to indicate how well they felt their health insurance covers their healthcare costs. Forty-six percent of respondents (n=63) indicated they felt their insurance covers a “Good” amount of their healthcare costs. Thirty percent of respondents (n=41) indicated they felt their insurance was “Excellent”, and 19% of Respondents (n=26) indicated they felt their insurance was “Fair.” Four respondents chose not to answer this question.

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



Barriers to Having Insurance (Question 42)

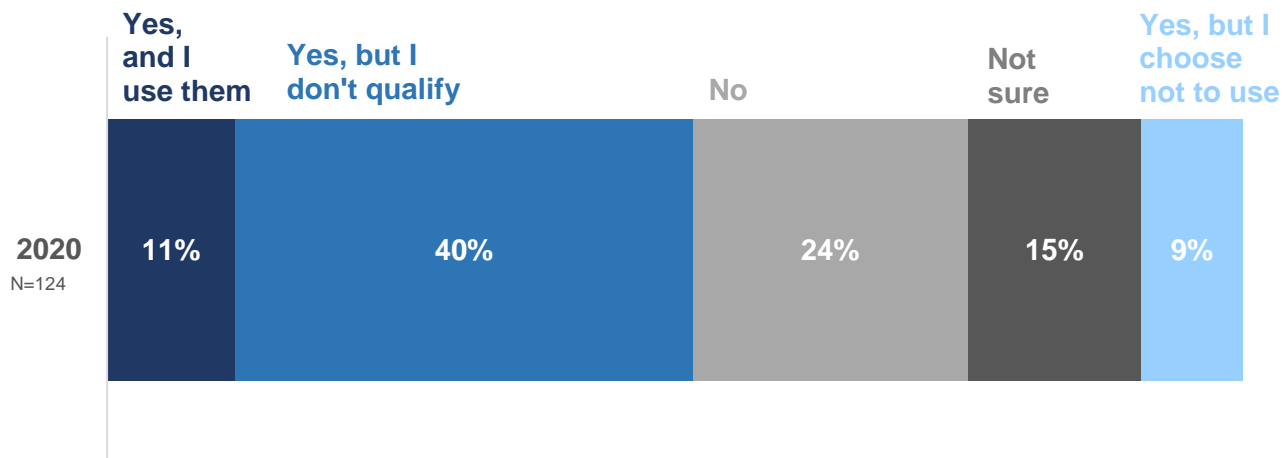
For those who indicated they did not have insurance (n=3), the reason selected for not having insurance was “Cannot afford to pay for medical insurance.” Respondents could select all that apply.

Reasons for No Health Insurance	2020 %(n)
Number of respondents	3
Can't afford to pay for medical insurance	66.7% (2)
Employer does not offer insurance	33.3% (1)
Choose not to have medical insurance	0.0% (0)
Too confusing/don't know how to apply	0.0% (0)
Other	0.0% (0)

Awareness of Health Cost Assistance Programs (Question 43)

Respondents were asked to indicate their awareness of programs that help people pay for healthcare bills. Forty percent of respondents (n=50) indicated they were aware of these types of programs but did not qualify to utilize them, 24% (n=30) indicated that they were not aware, and 16% were unsure. Sixteen respondents chose not to answer this question.

The greatest percentage of respondents are aware of health cost assistance programs, but **do not qualify** to utilize them





KEY INFORMANT INTERVIEW RESULTS

Key Informant Interview Methodology

Key informant interviews were conducted in April of 2020. Participants were identified as people living in Holy Rosary Healthcare’s service area.

Eleven people participated in the key informant interviews. The interviews were designed to represent various consumer groups of healthcare including senior citizens, local community members, and community leaders. The interviews lasted up to 15 minutes in length and followed the same line of questioning.

Key informant interview transcripts can be found in Appendix I. The interviews were conducted and recorded by staff of 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.

MENTAL & BEHAVIORAL HEALTH



Mental health and suicide were the top concerns in nearly all interviews. Enhanced mental and behavioral health services and resources were discussed as a need in the community. Specifically, counselling, mental health crisis services, and recovery and co-dependency services. It was noted there are some counseling services available, but there is more need in the community. One participant stated, “With stay at home order I worry a lot about isolation and more mental health issues – it is a tricky time. Parents and teachers need to be diligent about checking in on students right now”.

Participants discussed a need to better educate community on what is already available – “people don’t know about all the resources we have here. I think there is a misconception that we don’t have as much as we do for mental health, there is also room for improvement, but we just need more community conversation about what is out there”.

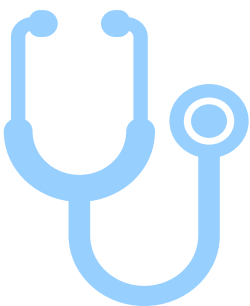
HEALTHY LIFESTYLES AND PREVENTION



Nearly all participants mentioned that the community has good access to healthcare but could benefit from more preventative resources and education. One participant stated “I think health education health and prevention are our most important local healthcare issues. Meat and tater country here, so prevention, and diet education would be good”.

It was mentioned that the community is working on adding walking paths, but overall access to healthy activities is limited. Additionally, one participant mentioned a lack of a community minded sense around healthy lifestyles – “here you sit in an ice shack and fish and drink. In other communities you get out and move a little more. It’s the perception of the town – part of it is geography but part of it is that there is not community access to pools, trails and parks. There needs to be more of a mentality around movement and staying healthy. We don’t have a lot of community activities like 5Ks”.

KNOWLEGDE OF AVAILABLE SERVICES



Generally, access to primary and specialty services was perceived as good.

Comments were made regarding a desire/need for additional marketing of available services. One participant said, “this is really the biggest piece - to get the word out about all the services we already have access to”.

Many participants mentioned that many health resources exist, but they are underutilized and perhaps underfunded – “It isn’t really that there are gaps in any services that we need - they are just underutilized”.

SERVICES NEEDED IN THE COMMUNITY



- More mental health resources (counseling, telehealth, crisis center, etc.)
- Substance use and addiction services (medical detox facility)
- Increased education of available services
- Increased health outreach and opportunities to stay active
- Better sidewalks and walking paths in town
- Youth programs (especially for low income families)
- Improved community partnerships that facilitate an integrated healthcare approach
- More services for the homeless and low-income families.



EXECUTIVE SUMMARY

Executive Summary

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

Areas of Opportunity	Secondary Data	Survey	Key Informants
Access to Healthcare Services			
Population demographics			
High senior population	⊗	✓	
- Senior services (home health, in home personal care, senior housing)		✓	
High Veteran population	⊗		
Education & outreach about available services		✓	☑
Increased specialty & primary care services		✓	
Wellness and Prevention			
Physical activity			
- Access to recreational opportunities		✓	☑
- Higher rates of physical inactivity	⊗		☑
- Adult overweight/obesity	⊗	✓	☑
Prevention			
Health education- nutrition & healthy behaviors		✓	☑
Youth programs			☑
Behavioral Health			
Mental health services/resources	⊗		☑
- Substance abuse & addiction services		✓	☑
- Counselors, telehealth, crisis services		✓	☑
Suicide rate	⊗		☑
Social isolation		✓	☑

Health Measures

Chronic Conditions

Rates of 2+ chronic conditions highest in MT frontier

- *Higher with Veteran population*



Higher stroke hospitalization rate



Higher diabetes hospitalization rate



Higher COPD Emergency Department visit rate



Higher Acute Myocardial Infarction (MI) hospitalization rate



Higher asthma related Emergency Department visits



*Higher all sites **cancer** rate per 100,000 population*

- *Prostate cancer*



Women's Health



- *High teen birth rate*



- *Smoking while pregnant*



Mortality/Risky behaviors

- *Suicide rates/ Veteran suicide rates*



- *Unintentional injury death rate*



- *Not wearing seatbelts*



- *Texting and driving*





NEXT STEPS & RESOURCES

Prioritization of Health Needs

The community steering committee, comprised of staff leaders from Holy Rosary Healthcare (HRH) and community members from Custer County, convened to begin an implementation planning process to systematically and thoughtfully respond to the issues and opportunities identified through the Community Health Needs Assessment 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:

- Behavioral Health
- Chronic Disease

Holy Rosary Healthcare will determine which needs or opportunities could be addressed considering HRH'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 CHNA 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.

- Action for Eastern Montana
- Adult Protective Services
- Al-Anon/Alateen
- Alcoholics Anonymous
- American Legion Post 300
- Billings Clinic Miles City
- Child & Family Services
- City/County - Miles City Health Board
- Council on Aging
- Custer County Extension
- Custer County Food Bank
- Custer County Public Health Department (CCPHD)
- Custer County Sheriff/Fire
- Custer County Transit
- Custer Network Against Domestic Abuse & sexual assault (CNADA)
- Developmental Educational Assistance Program (DEAP)
- Eastern Montana CASA/GAL
- Eastern Montana Community Mental Health Center (EMCMHC)
- Eastern Montana Industries (EMI)
- Grounds for Change
- Head Start- Miles City
- Local Service Groups
- Meals on Wheels
- Miles City Fire and Rescue
- Miles City Housing Authority
- Miles City Job Service, Community Management Team
- Miles City Nutrition Coalition
- Miles City Police Department
- Miles City Public & Rural Schools
- Miles City Public Library

- Miles City Senior Citizen Drop in Center
- Miles City Soup Kitchen
- Miles City VA Community Based Outpatient Clinic/Nursing Home
- Miles Community College
- Montana Health Network
- Montana Veterans Affairs Division
- MT211
- Narcotics Anonymous
- Office of Public Assistance
- oneHealth, Big Horn Valley Center
- Pine Hills Youth Correctional Facility
- Pregnancy Outreach Clinic of Miles City (Outreach Clinic)
- Project Challenge
- Raising Our Community Kids Safely (ROCKS)
- Retired Senior Volunteer Program (RSVP)
- Salvation Army
- St Vincent's de Paul
- VFW Post 1579
- Wake Up and Lace Up
- WIC (Women, Infants, Children)
- Youth Dynamics

Evaluation of Previous CHNA & Implementation Plan

Holy Rosary Healthcare provided the Montana Office of Rural Health with an update on their Implementation Plan activities from their previous CHNA process. The HRH Board of Directors approved its previous implementation plan on December 13, 2018. The plan prioritized the following health issues:

1. Improve cancer screenings
2. Improve behavioral health in the community

To view HRH's full Implementation Plan visit: <https://www.sclhealth.org/-/media/files/care-sites/holy-rosary/about/community-benefit/currentchiphrh.pdf?la=en>

Evaluation of Past Activities

In 2018, Holy Rosary Healthcare released a Community Health Needs Assessment (CHNA) that detailed a variety of health needs in the community. Ranking at the top of those needs were improved cancer screenings and improved behavioral health. Holy Rosary Healthcare has been addressing these identified health needs through both collaborative community efforts and specific hospital efforts.

Improved Cancer Screenings:

Holy Rosary Healthcare focused on increasing the percentage of residents receiving preventive colorectal, cervical and breast cancer screenings. In examining the data, primary care patients at Holy Rosary Healthcare had lower rates of cancer screenings than Custer County overall which had lower rates than other communities in Montana and the US. To increase screenings for patients, emails were sent on milestone birthdays to anyone in the patient database including primary care patients and walk-in/emergency patients. In addition, all established patients that had not had a mammogram screening were contacted to remind or assist in scheduling them.

Through these efforts, colorectal cancer screenings were increased from a baseline of 37% in 2018 to 60.4% in 2019; cervical cancer screenings were increased from a baseline of 45% in 2018 to 72.4% in 2019; and breast cancer screenings were increased from a baseline of 58% in 2018 to 71.9% in 2019.

In addition, Holy Rosary Healthcare focused on decreasing barriers to cancer screenings. One such example was online scheduling for mammography screenings which supported increased

convenience. Financial support was provided to Custer County Transit Program to overcome transportation barriers. The transportation program began in April 2019 and is currently providing over 200 low-cost rides per week. Outreach and educational events helped to educate residents on the importance of receiving recommended preventive cancer screenings.

Improved Behavioral Health in the Community:

Holy Rosary Healthcare focused on increasing community awareness of available resources for behavioral health through promotion of the Montana211 resource website. The number of Miles City residents utilizing the Montana211 website increased from 26 to 105, a 356% increase in just one year.

To increase community capacity to respond to behavioral health needs, Holy Rosary Healthcare offered two QPR (Question, Persuade, and Refer) suicide prevention trainings to 52 individuals, three Mental Health First Aid trainings for faculty and nurses at Miles Community College, and a trauma informed care training to 29 community members.

Other Significant Needs Not Prioritized:

In addition to our own programs, Holy Rosary Healthcare continues to collaborate with community organizations to ensure these needs are addressed.

Access to Healthcare Services: Holy Rosary Healthcare provides primary care services including walk-in care. The number of visiting physician specialists increased to 12 each month. Through the use of virtual health technologies, Holy Rosary Healthcare also connects patients with specialty services without the need to travel. Chemotherapy services have been expanded and an outpatient palliative care program was developed and implemented.

To increase healthcare provider capacity, Holy Rosary Healthcare serves as a clinical training site for health professional education including nursing, certified nursing assistants, physical therapy, radiology, and speech therapy. Virtual health technology has been successfully used to develop a preterm birth prevention network, CORE - Connected Outreach Resources & Education. This network connects prenatal providers and professionals in rural Montana and Wyoming to educational sessions. Over 70 prenatal professionals participated in educational sessions centered on diabetes in pregnancy, maternal hypertension, and universal screening in pregnancy.

Alzheimer's Disease: Holy Rosary Healthcare promotes educational opportunities provided by community programs to address Alzheimer's Disease and Dementia.

Chronic Lower Respiratory Disease (CLRD): Tobacco use is a contributing factor for CLRD. Holy Rosary Healthcare offers tobacco cessation educational materials to all patients and for

patients receiving the low dose CT lung cancer screenings additional efforts are made to offer cessation education. In 2019, 21 patients received low dose CT lung cancer screenings.

Injury Prevention: Holy Rosary Healthcare partners with Miles Community College and Custer County High School to provide Athletic Trainers for sports programs. Holy Rosary Healthcare also partners with local first responders to offer an Annual Safety Day to the community.

Nutrition, Physical Activity, And Obesity: Holy Rosary Healthcare offers a Diabetes and Heart Disease Prevention Program which helps individuals to learn healthy eating and exercise habits to prevent chronic disease. In 2018, Holy Rosary Healthcare's Diabetes and Heart Disease Prevention Program earned Full CDC Recognition. 36 people participated in the program in 2019.

To encourage active lifestyles, Holy Rosary Healthcare offers a 2.5 Mile walking path which is maintained with snow removal and trash pickup by Holy Rosary's maintenance staff. This path is used by approximately 1,000 people each year. During adverse weather, Holy Rosary provides indoor facility pathways with walking maps. The grounds surrounding Holy Rosary Healthcare are used by local youth and coaches for football and soccer practices.

Partnering with the local County Extension and Community Advisory Board, Holy Rosary Healthcare provides community garden plots on campus with approximately 40 families served annually. Holy Rosary Healthcare partners with the Community Health Alliance to promote healthy living options, including providing support for the Dietician's Corner at Reynold's Market.



APPENDICES

Appendix A- Steering Committee

STEERING COMMITTEE MEMBER	ORGANIZATION AFFILIATION
ALAN BROWN	First Baptist Church
APRIL KEIPPEL	St. Vincent Healthcare
CHUCK NOTBOHM	Notbohm Motors
CINDIA ELLIS, RN	Custer County Public Health
DAVE PRATT	Miles City Soup Kitchen
DOROTHY ZABROCKI	SCL Health-Holy Rosary
ERIKA SWANSON	Holy Rosary Foundation
KAREN COSTELLO	SCL Health-Holy Rosary
JANICE DENT	SCL Health-Holy Rosary
LUCY CORBETT	Eastern MT Community Mental Health Center
TERRI FANDRICH	Miles City Chamber of Commerce
KEN HOLMULUND	Montana State legislator HD 38
MARYBETH SQUIRES	SCL Health-Holy Rosary
ROSEMARY MALLOY	Retired nurse Practitioner
STEVE DENT	Miles Community College
TRACY NEARY	SCL Health-Holy Rosary



Appendix B- Public Health & Populations Consultation

Public Health

- a. Name/Organization
Marybeth Squires – Community Benefit, Holy Rosary
Stephen Dent – Science Faculty, MCC/ Environmental Scientist, CDM Smith
Cindia Ellis – RN, Custer County Public Health / OneHealth
- b. Type of Consultation (Interview, Steering Committee, Key informant interview, etc.)
Steering Committee February 3, 2020
- c. Input and Recommendations from Consultation
 - Having the local shuttle and access to transportation has improved the number of people seeking care and has helped with social isolation.
 - It is good to see the percentage of 2-year degrees higher than the rest of the state. This shows the importance of our local community college.
 - Our unintentional death rate is high.

Population: Seniors

Population: Seniors

- a. Name/Organization
Ken Holmlund – State Legislator HD 38
Marybeth Squires – Community Benefit, SLC Health - Holy Rosary
- b. Type of Consultation (Interview, Steering Committee, Key informant interview, etc.)
First Steering Committee Meeting: February 3, 2020
- c. Input and Recommendations from Consultation
 - We have lost quite a few family members because there is no long-term or assisted care available in Miles City. Seniors have to move out of town to be closer to family who can take care of them.
 - There is a big push to provide more help for caregivers in the community
 - Can we add a question about long term care and the troubles accessing it in the community?

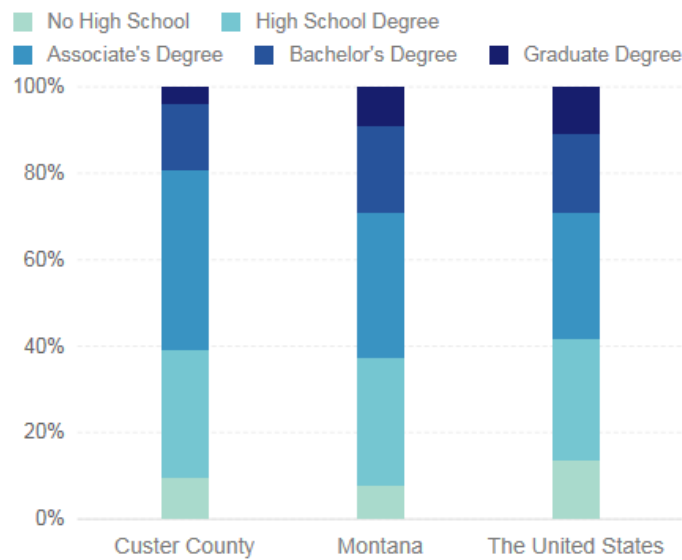
Appendix C- Custer County Secondary Data

Demographic Measure (%)		County			Montana			Nation		
Population ¹		11,699			1,032,949			308,745,538		
Population Density ¹		2.0			6.8			87.4		
Veteran Status ¹		10.5%			10.6%			7.7%		
Disability Status ¹		20.8%			16.6%			15.3%		
Age ¹		<5	18-64	65+	<5	18-64	65+	<5	18-64	65+
		6.3%	59.5%	18.3%	6%	54.9%	17.2%	6.2%	56%	14.9%
Gender ¹		Male		Female	Male		Female	Male		Female
		49.9%		50.1%	50.3%		49.7%	49.2%		50.8%
Race/Ethnic Distribution ¹		White			89.2%			77.1%		
		American Indian or Alaska Native			6.6%			1.2%		
		Other †			5.1%			36.7%		

¹ US Census Bureau Fact Finder (2016)

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

Highest Degree Attained



Custer County

No High School	9.71%
High School Degree	29.31%
Associate's Degree	41.50%
Bachelor's Degree	15.34%
Graduate Degree	4.15%

Montana

No High School	7.56%
High School Degree	29.80%
Associate's Degree	33.57%
Bachelor's Degree	19.85%
Graduate Degree	9.22%

The United States

No High School	13.67%
High School Degree	27.95%
Associate's Degree	29.09%
Bachelor's Degree	18.27%
Graduate Degree	11.01%

Socioeconomic Measures (%)	County	Montana	Nation
Median Income ¹	\$53,050	\$50,801	\$57,652
Unemployment Rate ¹	1.7%	4.8%	6.6%
Persons Below Poverty Level ¹	9.8%	14.4%	14.6%
Uninsured Adults (Age <65) ^{3,4}	10%	12%	10.7%
Uninsured Children (Age <18) ^{3,4}	5%	5%	5%
Children in Poverty ¹	9.8%	23.3%	20.3%
Enrolled in Medicaid ^{5,6}	7.3%	9.4%	1 in 7 (Approx.14.3%)
Enrolled in Free/Reduced Lunch ⁷ <i>Pre-k through 12th grade</i>	462	62,951	-
SNAP Participants ⁷ <i>All ages, FY 2015</i>	885	118,704	-

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

Maternal Child Health	County	Montana
Births ⁸ <i>Between 2011-2013</i>	457	35,881
Born less than 37 weeks ⁸	7.7	9.1%
Teen Birth Rate (females age 15-19) ⁸ <i>Per 1,000 years 2009-2013</i>	41.4	32.0
Smoking during pregnancy ⁸	23.4%	16.3%
Receiving WIC ⁸	35.5%	34.6%
Children (2-5 years of age) overweight or obese ⁸	22.5%	27.9%
Childhood Immunization Up-To-Date (UTD) % Coverage ^{*9}	81.9%	63.6%

⁸ County Health Profiles, DPPHS (2015), ⁹ MT-DPHHS Clinic Immunization Results (2016-2017)

* 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	17%	19%	14%
Excessive Drinking ³	21%	21%	13%
Adult Obesity ³	30%	25%	26%
Physical Inactivity ³	26%	21%	20%
Poor Mental Health Days (Past 30 days) ³	3.2	3.5	3.1
Drug Use Hospitalization Rate ¹⁰ <i>Per 100,000 population</i>	281.7	372.5	-
Mental Disorders Hospitalization Rate ¹⁰ <i>Per 100,000 population</i>	214.7	241.3	-

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

*Average of U.S. Counties above the 90th percentile

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

¹¹ Montana State Health Assessment (2017)

Communicable Diseases <i>(per 100,000 people)</i> ⁸	County	Montana
Chlamydia	314.76	366.2
Hepatitis C	70.26	123
Pertussis	11.24	44.6

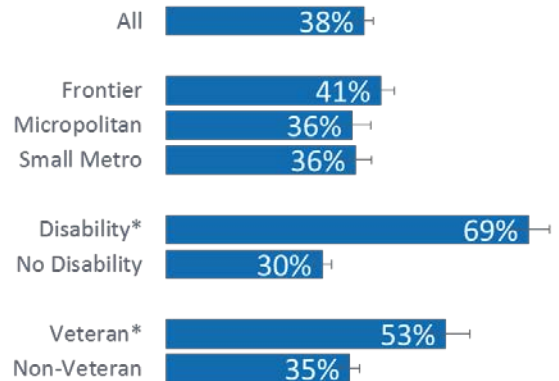
⁸ County Health Profiles, DPPHS (2015)

Chronic Conditions ¹⁰	County	Montana
Stroke Hospitalization Rate <i>Per 100,000 population</i>	185.1	152
Diabetes Hospitalization Rate <i>Per 100,000 population</i>	1444.7	1058.9
COPD Emergency Department Visit Rate <i>Per 100,000 population</i>	1022.2	669.9
Acute Myocardial Infarction (MI) Hospitalization Rate <i>Per 100,000 population</i>	146.2	118.1
Asthma Related Emergency Department Visit Rate <i>Per 100,000 population, 2012-2014</i>	287.4	253.4

¹⁰ IBIS Community Snapshot, MT- DPPHS

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

Percent of Montana Adults with Two or More Chronic Conditions

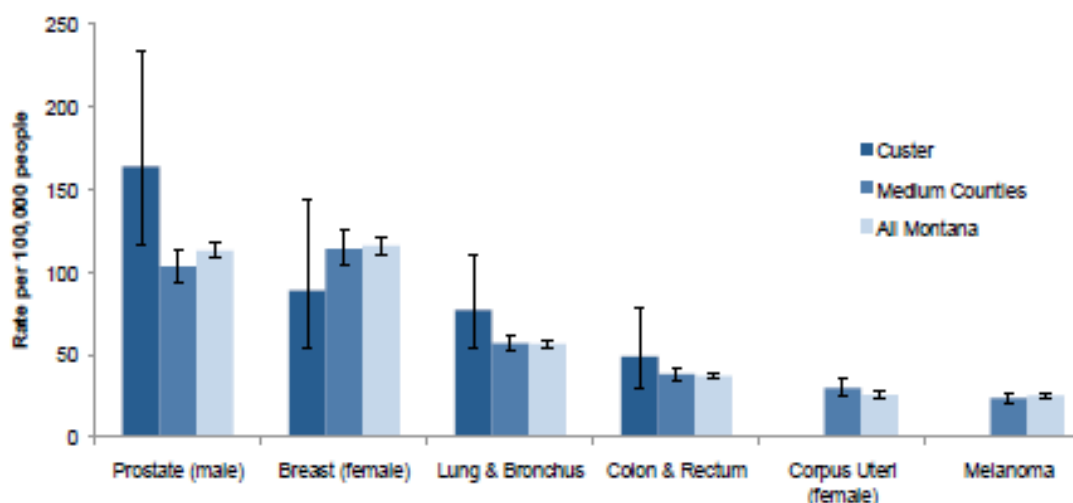


¹¹ Montana State Health Assessment (2017); * Small Metro: population <250,000, Micropolitan: population 10,000 – 49,999, Frontier: population <10,000

Cancer Prevalence	County	Montana	Nation
All Sites Cancer ¹⁰ Per 100,000 population	497.0	441.6	444

¹⁰ IBIS Community Snapshot, MT- DPPHS

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



⁸ County Health Profiles, DPPHS (2015)

Mortality	County	Montana	Nation
Suicide Rate ¹² Per 100,000 population	32.1	22.5	13.9
Veteran Suicide Rate ¹² Per 100,000 population	-	65.7	38.4
Leading Causes of Death ^{13, 14}	-	1. Heart Disease 2. Cancer 3. CLRD*	1. Heart Disease 2. Cancer 3. Unintentional injuries
Unintentional Injury Death Rate ¹⁵ Per 100,000 population	65.6	41.3	41.3
Diabetes Mellitus ^{13, 16} Per 100,000 population	-	21.3	21.5
Alzheimer's Disease ^{13, 17} Per 100,000 population	-	20.9	37.3
Pneumonia/Influenza Mortality ^{13, 18} Per 100,000 population	-	13.5	14.3

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

*Chronic Lower Respiratory Disease

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

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

¹⁹ Behavioral Risk Factor Surveillance System (2016)

*Annual household income < \$15,000

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

²⁰ Montana Youth Risk Behavior Survey (2017)

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- Custer County, Montana		
Discipline	*HPSA Score	HPSA
Primary Care	16	✓ Low income population
Dental Health	15	✓ Low income population
Mental Health	12	✓ Rural Health Clinic
*HPSA Scores range from 0 to 26 where the higher the score, the greater the priority		

¹ Health Resources and Services Administration (2019)

Provider Supply and Access to Care				
Measure	Description	Custer Co. (N = 1) *	Montana (N = 48) *	National (N = 1344) *
Primary care physicians	Ratio of population to primary care physicians	1099:1	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	809:1	1041:1	726:1
Dentists	Ratio of population to dentists	1734:1	1482:1	1280:1
Mental health providers	Ratio of population to mental health providers	357:1	409:1	330:1

*Total number of CAHs, - No data available

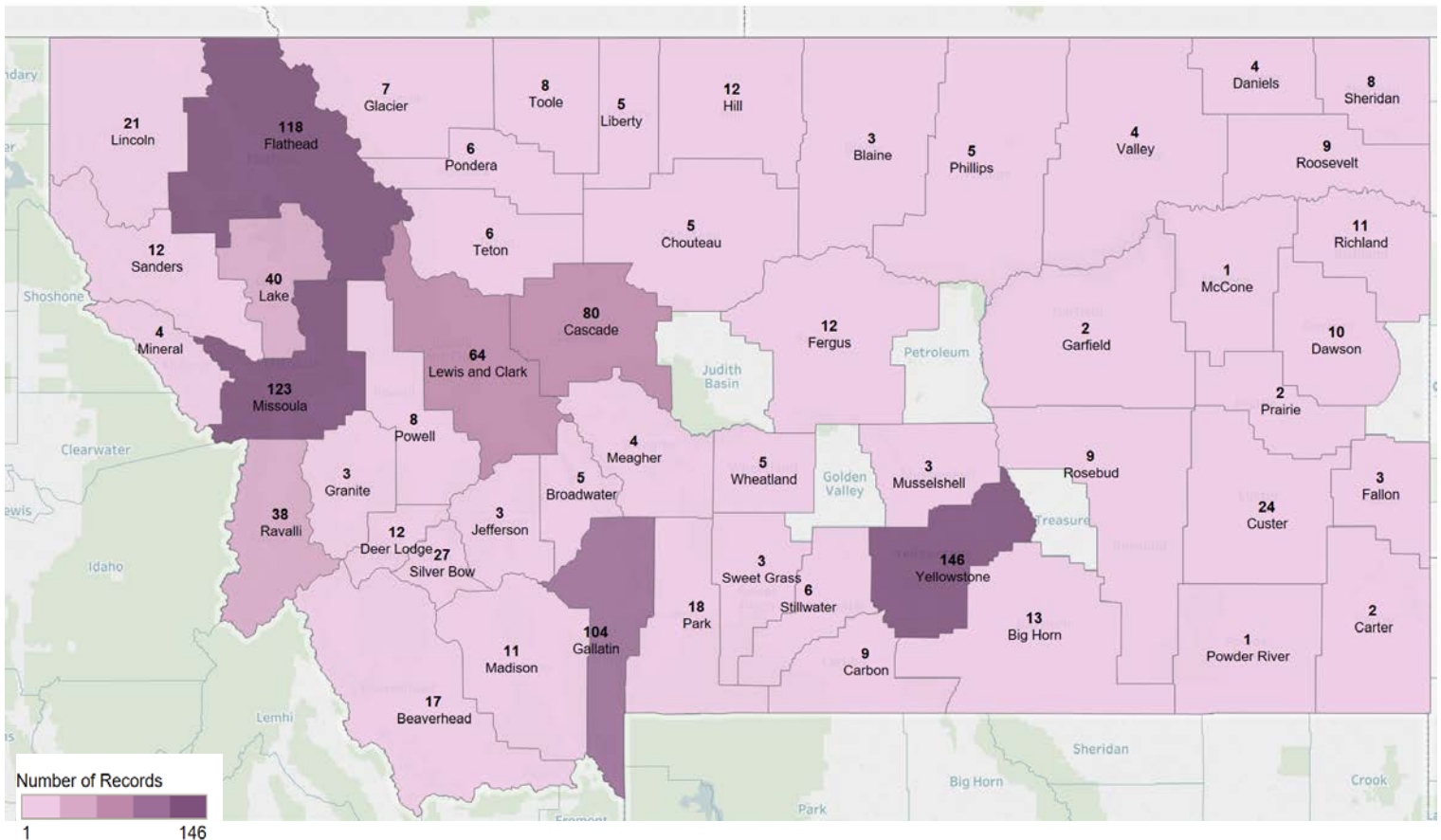
² CAHMPAS - FLEX Monitoring (2017)

Healthcare workforce Distribution Maps

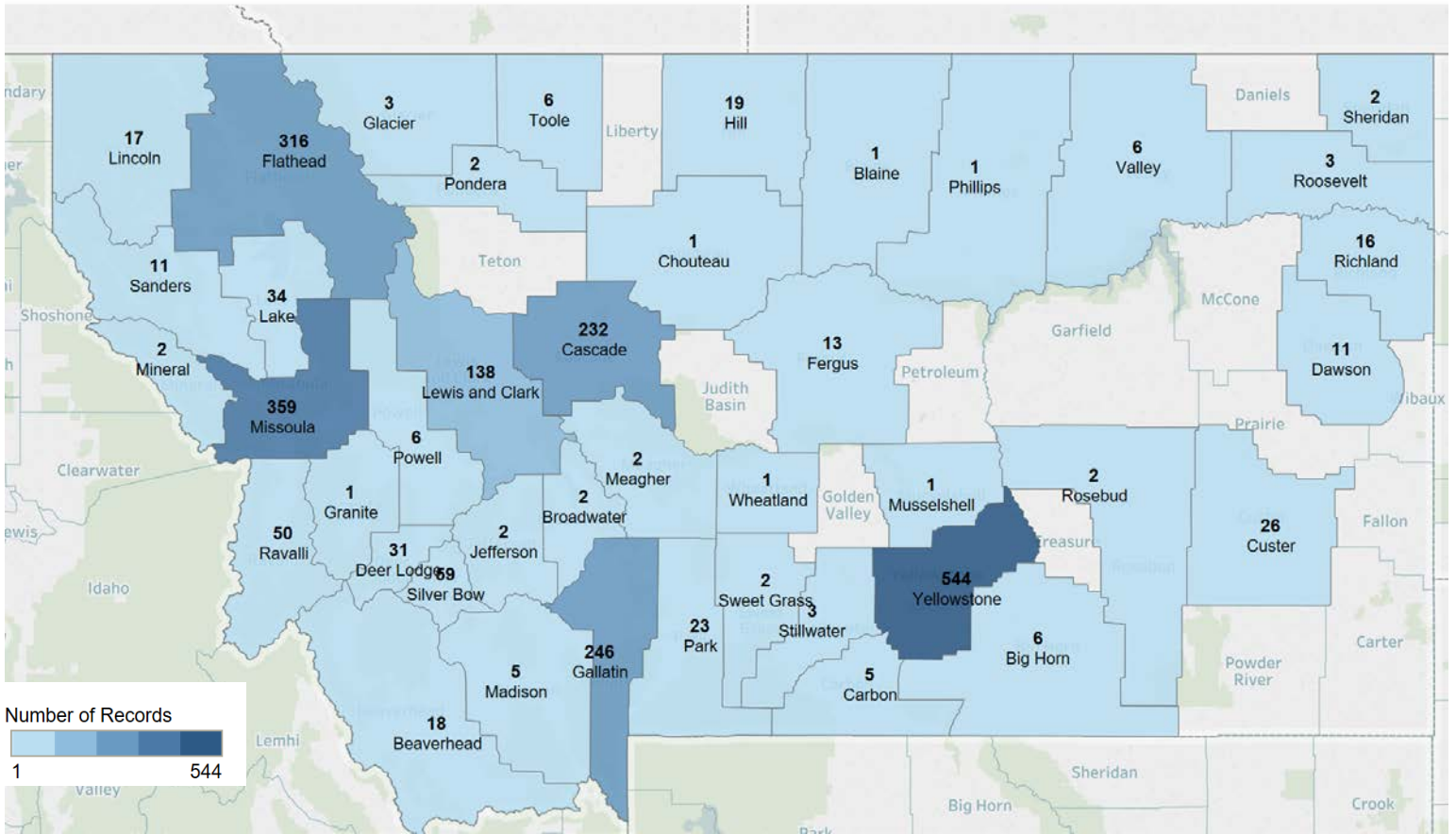
WIM Tracking is a Montana-based health workforce research company. WIM Tracking proactively monitors the movement of healthcare professionals in Wyoming, Idaho and Montana and maintains the data within a relational database.

- 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



Montana Physician Distribution - Primary Locations - All Specialties



Appendix D- Survey Cover Letter



March 6, 2020

Dear [LASTNAME] household:

Holy Rosary Healthcare 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 your local hospital's health priorities and planning for future needs.

Your name has been randomly selected as a resident who lives in Holy Rosary Healthcare's 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: April 10, 2020
2. Complete the enclosed survey and return it in the envelope provided
- no stamp needed.
3. You can also access the survey at <http://helpslab.montana.edu/survey.html>.
Select "Holy Rosary Healthcare." Your access code is [CODED]

All survey responses will go to the 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,

A handwritten signature in cursive script that reads "Karen Costello".

Karen Costello, Interim President
SCL Health - Holy Rosary Healthcare

Appendix E- Survey Instrument

Community Health Needs Assessment Survey Miles City, 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. Would you say that, in general, your health is:

- Excellent Very good Good Fair Poor

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

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

5. How do you rate your knowledge of the health services that are available through Holy Rosary Healthcare?

- Excellent Good Fair Poor

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

- | | | |
|--|--|---|
| <input type="checkbox"/> Billboards/posters | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Social media |
| <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: _____ |

7. 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

8. Which local community health resources, other than Holy Rosary Healthcare, have you used in the last three years? **(Select ALL that apply)**

- | | | |
|---|---|---|
| <input type="checkbox"/> Billings Clinic Miles City | <input type="checkbox"/> Dentists | <input type="checkbox"/> oneHealth |
| <input type="checkbox"/> Counselors | <input type="checkbox"/> Eastern Montana Community Mental Health Center | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Crisis Lines | <input type="checkbox"/> Home health | <input type="checkbox"/> VA Outpatient Clinic |
| <input type="checkbox"/> Custer County Public Health Department | <input type="checkbox"/> Montana 211 | <input type="checkbox"/> Other: _____ |

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

- | | |
|---|--|
| <input type="checkbox"/> Improved provider sensitivity to culture, lifestyle choices, personal identity, etc. | <input type="checkbox"/> More specialists |
| <input type="checkbox"/> Greater health education services | <input type="checkbox"/> Outpatient services expanded hours |
| <input type="checkbox"/> Improved quality of care | <input type="checkbox"/> Payment assistance programs (healthcare expenses) |
| <input type="checkbox"/> Interpreter services | <input type="checkbox"/> Telemedicine |
| <input type="checkbox"/> More information about available services | <input type="checkbox"/> Transportation assistance |
| <input type="checkbox"/> More primary care providers | <input type="checkbox"/> Other: _____ |

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

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

11. What additional healthcare and community **services** would you use if available locally?

12. What senior services are needed in your community? **(select ALL that apply)**

- | | | |
|--|--|---|
| <input type="checkbox"/> Age in place services/assistance | <input type="checkbox"/> Hospice | <input type="checkbox"/> Senior retirement housing/ community |
| <input type="checkbox"/> Assisted living facility | <input type="checkbox"/> In home personal assistance | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Community supported senior center | <input type="checkbox"/> Palliative care | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Home health (skilled nursing) | <input type="checkbox"/> Senior respite care | |

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

- | | | |
|--|--|---|
| <input type="checkbox"/> Blood pressure check | <input type="checkbox"/> Health checkup | <input type="checkbox"/> Skin check |
| <input type="checkbox"/> Children's checkup/ Well baby | <input type="checkbox"/> Health fair | <input type="checkbox"/> Substance use/addiction services |
| <input type="checkbox"/> Cholesterol check | <input type="checkbox"/> Hearing check | <input type="checkbox"/> Vision check |
| <input type="checkbox"/> Colonoscopy | <input type="checkbox"/> Lung cancer screening | <input type="checkbox"/> None |
| <input type="checkbox"/> Dental check | <input type="checkbox"/> Mammography | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Flu shot/ immunizations | <input type="checkbox"/> Pap smear | |
| | <input type="checkbox"/> Prostate (PSA) | |

14. 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 16)

15. 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"/> It was too far to go | <input type="checkbox"/> Office wasn't open when I could go |
| <input type="checkbox"/> Could not get off work | <input type="checkbox"/> Lack of provider sensitivity to culture, lifestyle choices, personal identity, etc. | <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"/> Had no childcare | <input type="checkbox"/> Not treated with respect | <input type="checkbox"/> Qualified provider not available |
| <input type="checkbox"/> It cost too much | | <input type="checkbox"/> Other: _____ |

16. Approximately how long has it been since you last visited a primary care provider such as a physician, physician assistant or nurse practitioner for a routine checkup? (A routine checkup is a general physical exam, not an exam for a specific injury, illness or condition)

- | | | |
|--|--|-------------------------------------|
| <input type="checkbox"/> Within the past year | <input type="checkbox"/> Within the past 5 years | <input type="checkbox"/> Never |
| <input type="checkbox"/> Within the past 2 years | <input type="checkbox"/> More than 5 years ago | <input type="checkbox"/> Don't know |

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

- | | | |
|--|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Miles City – Holy Rosary Healthcare | <input type="checkbox"/> Baker | <input type="checkbox"/> Jordan |
| <input type="checkbox"/> Miles City – Billings Clinic | <input type="checkbox"/> Billings | <input type="checkbox"/> Sidney |
| <input type="checkbox"/> Miles City – oneHealth | <input type="checkbox"/> Broadus | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Miles City – VA | <input type="checkbox"/> Forsyth | |
| | <input type="checkbox"/> Glendive | |

18. Why did you select the primary care provider that you saw? (Select ALL that apply)

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

19. 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 22)

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

- | | |
|---|---|
| <input type="checkbox"/> Holy Rosary Healthcare | <input type="checkbox"/> Prairie Community Hospital |
| <input type="checkbox"/> Billings Clinic | <input type="checkbox"/> Rosebud Health Care Center |
| <input type="checkbox"/> Dahl Memorial Healthcare | <input type="checkbox"/> St. Vincent Healthcare |
| <input type="checkbox"/> Fallon Medical Complex | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Glendive Medical Center | |

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

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

22. 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 25**)

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

- Miles City
- Baker
- Billings
- Ekalaka
- Forsyth
- Glendive
- Terry
- Other: _____

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

- Allergist
- Audiologist (ear)
- Cardiologist (heart)
- Chiropractor
- Dentist
- Dermatologist (skin)
- Dietician
- Endocrinologist (hormones)
- ENT (ear/nose/throat)
- Gastroenterologist (stomach)
- General surgeon
- Geriatrician (aging issues)
- Mental health counselor
- Neurologist (nervous system)
- OB/GYN (birth/women's services)
- Occupational therapist
- Oncologist (cancer)
- Ophthalmologist (eye specialist)
- Optometrist (eye doctor)
- Orthopedic surgeon
- Pastoral care/minister
- Pediatrician (child specialist)
- Physical therapist
- Podiatrist (feet)
- Psychiatrist (mental health)
- Psychologist
- Pulmonologist (lungs)
- Radiologist (X-ray)
- Rheumatologist (arthritis/autoimmune)
- Social worker
- Speech therapist
- Substance abuse counselor
- Urologist
- Other: _____

25. The following services are available through Holy Rosary Healthcare. 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	Don't know/ Haven't used
Cancer Care	4	3	2	1	N/A
Clinic services	4	3	2	1	N/A
Emergency room	4	3	2	1	N/A
Hospice	4	3	2	1	N/A
Inpatient (hospital stay)	4	3	2	1	N/A
Laboratory	4	3	2	1	N/A
Palliative Care	4	3	2	1	N/A
Physical therapy	4	3	2	1	N/A
Radiology services (x-ray, ultrasound, CT scan, mammography)	4	3	2	1	N/A
Residential Living/Assisted Living	4	3	2	1	N/A

26. Have you ever been told by a doctor, nurse or other healthcare professional that you had the following:
(Select ALL that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Angina/coronary heart disease | <input type="checkbox"/> Chronic obstructive pulmonary disease, bronchitis or emphysema | <input type="checkbox"/> Kidney disease |
| <input type="checkbox"/> Arthritis or rheumatism | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart attack/myocardial infarction | <input type="checkbox"/> Sciatica/chronic back pain |
| <input type="checkbox"/> Cancer (not counting skin cancer) | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Skin cancer |
| | <input type="checkbox"/> High cholesterol | <input type="checkbox"/> Stroke |
| | | <input type="checkbox"/> Other: _____ |

27. Thinking about your mental health (which includes stress, anxiety, depression and problems with emotions), how would you rate your mental health in general?

- Excellent Very good Good Fair Poor

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

- Yes No

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

- Every day Most days Sometimes Occasionally Never

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

- High Moderate Low Unsure/rather not say

31. 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? Would you say:

- A great deal Somewhat A little Not at all

32. In the past 12 months, how many times have you fallen?

- I haven't had a fall 1 to 2 times 3 to 4 times 5 or more times

33. In the past 12 months, were you injured as the result of a fall (where the fall caused you to limit your regular activities for at least a day or caused you to go see a doctor)?

- Yes No Not Sure

34. 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

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

- Yes No

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

- Yes No

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

- Yes No Don't know

38. People may provide regular care or assistance to a friend or family member who has a health problem, long-term illness, or disability. During the past 30 days, did you provide such care or assistance to a friend or family member?

- Yes No **(If no, skip to question 40)**

Turn to **BACK** of page to continue

39. What is the main health problem, long-term illness, or disability that the person you care for has? (Select ALL that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Arthritis/rheumatism | <input type="checkbox"/> Developmental disabilities (autism, down syndrome, spina bifida, etc.) | <input type="checkbox"/> Mental illnesses (anxiety, depression, schizophrenia) |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Old age/infirmary/frailty |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> End of life care | <input type="checkbox"/> Organ failure or diseases (kidney/liver problems) |
| <input type="checkbox"/> Chronic respiratory conditions (emphysema, COPD) | <input type="checkbox"/> Heart disease/hypertension/stroke | <input type="checkbox"/> Substance abuse/addiction disorders |
| <input type="checkbox"/> Dementia/Alzheimer's/cognitive impairment disorders | <input type="checkbox"/> HIV | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> Injuries (including broken bones) | |

40. What type of health insurance covers the majority of your household's medical expenses? (Select all that apply)

- | | | |
|---|---|---|
| <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 | |

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

- Excellent Good Fair Poor

42. 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 | |

43. 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

44. Where do you currently live, by zip code

- | | | | |
|---|--|--|---------------------------------------|
| <input type="checkbox"/> 59301 Miles City | <input type="checkbox"/> 59326 Fallon | <input type="checkbox"/> 59336 Ismay | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> 59313 Baker | <input type="checkbox"/> 59344 Plevna | <input type="checkbox"/> 59338 Kinsey | |
| <input type="checkbox"/> 59349 Terry | <input type="checkbox"/> 59351 Volborg | <input type="checkbox"/> 59345 Powderville | |

45. What is your gender?

- Male Female Prefer not to say Prefer to self-describe _____

46. What age range represents you?

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

47. What is your employment status?

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

[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 Holy Rosary Healthcare by How Respondents Learn About Healthcare Services

	Excellent	Good	Fair	Poor	Total
Friends/family	15.6% (14)	53.3% (48)	27.8% (25)	3.3% (3)	90
Healthcare provider	19.0% (16)	56.0% (47)	20.2% (17)	4.8% (4)	84
Word of mouth/reputation	16.0% (13)	58.0% (47)	23.5% (19)	2.5% (2)	81
Newspaper	20.9% (9)	53.5% (23)	23.3% (10)	2.3% (1)	43
Social media	29.0% (6)	51.6% (16)	19.4% (6)		31
Billboards/posters	30.0% (6)	45.0% (9)	25.0% (5)		20
Radio	22.2% (4)	38.9% (7)	38.9% (7)		18
Website/internet	37.5% (6)	56.3% (9)	6.3% (1)		16
Mailings/newsletter	14.3% (2)	64.3% (9)	21.4% (3)		14
Presentations	12.5% (1)	87.5% (7)			8
Public Health nurse	33.3% (2)	16.7% (1)	33.3% (2)	16.7% (1)	6
Other	25.0% (1)	25.0% (1)	50.0% (2)		4

Delay or Did Not Get Need Healthcare Services by Residence

	Yes	No	Total
Miles City 59301	27.3% (27)	72.7% (72)	99
Baker 59313	27.3% (3)	72.7% (8)	11
Terry 59349	18.2% (2)	81.8% (9)	11
Fallon 59326	40.0% (2)	60.0% (3)	5
Plevna 59344		100% (2)	2
Ismay 59336		100% (2)	2
Powderville 59345	50.0% (1)	50.0% (1)	2
Volborg 59351			0
Kinsey 59338			0
Other			0
TOTAL	26.5% (35)	73.5% (97)	132

Location of primary care provider most utilized by Residence

	Miles City Holy Rosary Healthcare	Miles City Billings Clinic	Miles City oneHealth	Miles City VA	Baker	Billings	Glendive	Other	Total
Miles City 59301	38.6% (39)	47.5% (48)	4.0% (4)	3.0% (3)		2.0% (2)		5.0% (5)	101
Baker 59313				9.1% (1)	72.7% (8)			18.2% (2)	11
Terry 59349	36.4% (4)	36.4% (4)				9.1% (1)		18.2% (2)	11
Fallon 59326		25.0% (1)					25.0% (1)	50.0% (2)	4
Plevna 59344		50.0% (1)		50.0% (1)					2
Powderville 59345	50.0% (1)	50.0% (1)							2
Ismay 59336	100% (1)								1
Volborg 59351									0
Kinsey 59338									0
Other									0
TOTAL	34.1% (45)	41.7% (55)	3.0% (4)	3.8% (5)	6.1% (8)	2.3% (3)	0.8% (1)	8.3% (11)	132

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

	Miles City Holy Rosary Healthcare	Miles City Billings Clinic	Miles City oneHealth	Miles City VA	Baker	Billings	Glendive	Other	Total
Prior experience with clinic	28.3% (17)	53.3% (32)	3.3% (2)		6.7% (4)	1.7% (1)		6.7% (4)	60
Clinic/provider's reputation for quality	30.4% (17)	53.6% (30)	1.8% (1)		5.4% (3)	3.6% (2)		5.1% (3)	56
Closest to home	29.7% (11)	37.8% (14)		5.4% (2)	18.9% (7)			8.1% (3)	37
Appointment availability	30.3% (10)	30.3% (10)	6.1% (2)		15.2% (5)	3.0% (1)		15.2% (5)	33
Recommended by family or friends	37.5% (12)	43.8% (14)			9.4% (3)	3.1% (1)		6.3% (2)	32
Referred by physician or other provider	50.0% (6)	33.3% (4)						16.7% (2)	12
Privacy/confidentiality	10.0% (1)	20.0% (2)			20.0% (2)	20.0% (2)		30.0% (3)	10
Required by insurance plan	66.7% (4)	33.3% (2)							6
Cost of care		40.0% (2)	60.0% (3)						5
Length of waiting room time	40.0% (2)	40.0% (2)						20.0% (1)	5
VA/Military requirement	33.3% (1)			66.7% (2)					3
Indian Health Services									0
Other	50.0% (5)	30.0% (3)		20.0% (2)					10
TOTAL									130

Location of most utilized hospital by Residence

	Holy Rosary Healthcare	Billings Clinic	Fallon Medical Complex	Glendive Medical Center	Prairie Community Hospital	St. Vincent Healthcare	Other	Total
Miles City 59301	65.0% (39)	15.0% (9)				6.7% (4)	13.3% (8)	60
Baker 59313	16.7% (1)	16.7% (1)	33.3% (2)				33.3% (2)	6
Terry 59349	66.7% (4)	16.7% (1)				16.7% (1)		6
Fallon 59326		25.0% (1)		25.0% (1)	25.0% (1)		25.0% (1)	4
Plevna 59344	50.0% (1)	50.0% (1)						2
Ismay 59336	100% (1)							1
Powderville 59345								0
Volborg 59351								0
Kinsey 59338								0
Other								0
TOTAL	58.2% (46)	16.5% (13)	2.5% (2)	1.3% (1)	1.3% (1)	6.3% (5)	13.9% (11)	79

Location of most utilized hospital by Reasons for hospital selection

	Holy Rosary Healthcare	Billings Clinic	Fallon Medical Complex	Glendive Medical Center	Prairie Community Hospital	St. Vincent Healthcare	Other	Total
Closest to home	75.6% (34)	6.7% (3)	2.2% (1)	2.2% (1)	2.2% (1)	2.2% (1)	8.9% (4)	45
Emergency, no choice	66.7% (20)	13.3% (4)			3.3% (1)	6.7% (2)	10.0% (3)	30
Referred by physician or other provider	41.4% (12)	31.0% (9)	3.4% (1)			10.3% (3)	13.8% (4)	29
Prior experience with hospital	64.3% (18)	17.9% (5)		3.6% (1)		3.6% (1)	10.7% (3)	28
Hospital's reputation for quality	50.0% (9)	27.8% (5)				16.7% (3)	5.6% (1)	18
Recommended by family or friends	16.7% (1)	33.3% (2)			16.7% (1)		33.3% (2)	6
Required by insurance plan	25.0% (1)	25.0% (1)				25.0% (1)	25.0% (1)	4
Financial assistance programs	66.7% (2)	33.3% (1)						3
Cost of care	50.0% (1)					50.0% (1)		2
Closest to work	50.0% (1)		50.0% (1)					2
Privacy/confidentiality	50.0% (1)					50.0% (1)		2
VA/Military requirement	100% (1)							1
Other	28.6% (2)	28.6% (2)	14.3% (1)				28.6% (2)	7
TOTAL								77

Appendix G- Responses to Other & Comments

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

- Drugs (2)
- Affordable dental care (2)
- Parks and recreation
- Access to affordable health insurance
- Family structure
- Coronavirus (2)
- Mental health
- Gambling addiction

*Responses when more than 3 were selected (N=8):

- Suicide
- Senior issues/aging
- Lack of access to healthcare (2)
- Overweight/obesity (3)
- Depression/anxiety (5)
- Tobacco use (4)
- Diabetes
- Heart disease
- Cancer
- Alcohol/substance abuse (3)
- Lack of exercise

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

- Timely health care/specialist appointments

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

- Mailing waste of time & money!
- Call
- Employment
- Worked in healthcare

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

- Prairie Co. Clinic
- VA is primary

- Vision and specialist in Billings
- Local hospital/clinic
- Miles City Vision Clinic
- Fallon Medical Complex (3)
- Orthodontist, chiropractor
- None (2)
- Chiropractor

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

- Transportation to Billings
- More education about abuse of alcohol and drugs. More counselors and programs promoted AL-anon and AA
- Mental health access to care
- Price reduction
- Paperwork for simple checkup at HRH is a bit overwhelming.
- Cancer treatments available locally
- Tele to live person at Holy Rosary
- I have not needed anything else
- No opinion
- Long term-local doctors

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

- Renal disease
- None, too old to go!
- Am overbooked, need time
- Autoimmune educator
- When I was younger, I attended some of them
- None

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

- The health services I need are available locally
- Nephrology
- Affordable massage therapy
- AL-Anon for those effected by the disease
- Audiologist
- Affordable dental care
- Not sure
- Homeopathic services especially for chronic pain
- Dentist
- More specialists, Quest Diagnostics or Lab Corps outside of hospital, and acupuncture

- I've had several friends diagnosed with some kind of cancer. The only place treatments are available are in Billings. About 15 miles away, this adds another hardship
- More real doctors, not PAs
- Cheaper senior housing
- Gym
- Maybe some naturopathic medicine.
- More health fairs, free "well health" checks for all. If more easily accessible, more people would routinely have their cholesterol, heart rate, blood pressure checked out. Leading to improved knowledge and health management.
- Telephone and info from live person at Holy Rosary!
- Pregnant/young mothers group home, Pine Hills Transition facility/group home.
- Functional medicine from the Institute of Functional Medicine – no providers here
- I don't know
- I have VA Vets as a disabled vet

12. What senior services are needed in your community?

- Housekeeping services
- Most are present I live in Prairie Co.
- Not sure
- We have almost all of these in my community of Baker
- Local dermatology and cancer surgery
- If needed
- I don't know (2)
- Senior retirement housing/community (newer housing)

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

- In Miles City and Glendive
- Need LOCAL skin care service, no Billings
- Regular 6 mo. with doctor
- Orthodontist
- Chiropractor
- Prostate (PSA), my husband

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

- Can't build a relationship with primary care because of turnover
- Coronavirus
- VA does not yet have effective health program in place
- Appointment rescheduled for doctor's surgery
- No radiation available
- Did not follow up with other doctor

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

- Could not get an appointment (2)
- Didn't know where to go
- It was too far to go
- No insurance
- Too long to wait for an appointment (2)
- Don't like doctors
- Office wasn't open when I could go
- Qualified provider not available

17. Where was that primary healthcare provider located?

- Ekalaka
- Terry (5)

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

- Holy Rosary (4)
- Miles City Billings Clinic (7)
- Glendive

18. Why did you select the primary care provider that you saw?

- I got who was available
- No doctor available
- Primary doctor retired
- Been my doctor for 14 years
- Primary care provider
- Needed to change because my doctor moved away.
- Never
- Continuity of care
- Only provider available
- Because she isn't the doctor I normally see

20. If yes, which hospital does your household use MOST for hospital care?

- Was traveling
- Terry hospital
- Billings Yellowstone surgery center

*Responses when more than 1 was selected (N=9):

- Holy Rosary (6)
- Billings Clinic (5)
- St. Vincent (3)
- Fallon Medical Complex (2)
- Glendive Medical Center

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

- Physician was at that facility
- Only choice
- Only hospital in town
- Family connection

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

- Hospital's reputation for quality (2)
- Prior experience with hospital (2)
- Recommended by friends and family
- Referred by physician or other providers
- Closest to home
- Privacy/confidentiality

23. Where was the healthcare specialist seen?

- Dentist, traveling
- Bozeman
- Spearfish, SD
- Bowman, ND
- Wyoming
- Salt Lake City, UT
- Dickinson, ND
- Missoula
- Billings
- Mayo – Rochester
- Rapid City

24. What type of healthcare specialist was seen?

- Nephrology or nephrologist (2)
- Retina specialist
- Hip replacement (2)
- Emergency room doctor
- Sleep specialist
- Back doctor
- Vein clinic
- Kidney (2)
- Vision emergency
- Orthodontist
- Chiropractor
- Back surgeon
- Cardiovascular AAA
- Aneurysm

26. Have you ever been told by a doctor, nurse, or other healthcare professional that you have had the following:

- NA
- Blood clots
- Sepsis from sinus infection
- Heart valve leakage
- None
- PTSD, depression/anxiety
- No or none (3)
- Juvenile arthritis, ankylosing spondylitis, Chron's disease, rheumatoid arthritis and narcolepsy
- Fibromyalgia Renaud
- Depression
- PAD
- Pre-diabetes
- Hypothyroid
- TIA
- AAA Aneurysm

39. What is the main health problem, long-term illness, or disability that the person you care for has?

- Autoimmune disease
- Sheltering in place
- After surgery
- Liver disease
- No local dermatologist
- Knee replacement
- Neurology

40. What types of health insurance cover the majority of your household's medical expenses?

- Medicare supplement (2)
- MT health savings account
- Christian healthcare sharing plan
- Medicare and Rx supplement
- Would have VA if they would ever return a call!
- Private insurance is Humana supplement
- Is Blue Cross Blue Shield
- Healthshare
- Medicare A&B

47. What is your employment status?

- Self-employed (8)
- Retired (5)
- Part-time (6)
- Disability (3)
- Work per diem
- Housewife on ranch
- Work full-time at daycare
- Full-time (2)

Appendix H- Key Informant Interview - Questions

1. How do you feel about the general health of your community?
2. What do you think are the most important local healthcare issues?
3. What other healthcare services are needed in the community?
4. What would make your community a healthier place to live?

Appendix I- Key Informant Interview Notes

Key Informant Interview #1

April 21, 2020-Anonymous–Via phone interview

1. How do you feel about the general health of your community?
 - I think it is pretty good. There isn't a lot of opportunities for people to be out and be fit- there aren't many walking and bike paths – there could be more.
 - People seek treatment when they are already ill instead of focusing on prevention.
 - There is also pretty hefty alcohol and drug issue.
2. What do you think are the most important local healthcare issues?
 - I would say alcohol and substance abuse issue in general. Alcohol is the big one.
 - And health education in general. Lack of health literacy.

- Eastern Montana has trouble getting specialist in general – for primary care and OBGYN we have pretty good access. There are a lot of providers here and I never have problems getting seen.
3. What other healthcare services are needed in the community?
- That’s a tough one. Its hard to get into an eye exam. There is really good coverage family practice wise.
 - We have a couple of gyms in town.
 - It boils down to the fact that people who live in eastern MT are used to traveling for specialist. Telehealth has resolved some of this issue – it is more and more accepted.
 - Access to behavioral health services is an issue. Mental health and substance abuse.
4. What would make your community a healthier place to live?
- The overall perception of the people – if you think of healthy communities in the state you think of like Bozeman and Missoula that have a lot of outdoor activities and a community minded sense of outdoor recreation – you just don’t get that here - here you sit in an ice shack and fish and drink. In other communities you get out and move a little more. The perception of the town – part of it is geography but part of it is that there is not community access to pools, trails and parks. There needs to be more of a mentality around movement and staying healthy. We don’t have a lot of community activities like 5ks.
 - Planning for recreation is part of the infrastructure and that doesn’t really get planned here.

Key Informant Interview #2

April 21, 2020- Anonymous –Via phone interview

1. How do you feel about the general health of your community?
- I think overall Miles City seems to be pretty healthy. We haven’t lived here for long, but I have had the opportunity to connect with quite a few people – it is a welcoming community. During this pandemic I have seen so many people outside enjoying the good weather.

2. What do you think are the most important local healthcare issues?
 - This has come up multiple times but overall mental health. A year ago, we had a student who died by suicide. More and more people are trying and doing better. There are more parents talking to their kids and more people reaching out, but there are also a lot of people in the community who don't know what is available in the community.
 - The economic development group has a day focused on healthcare and many times people don't know about all the resources we have here. I think there is a misconception that we don't have as much as we do for mental health, there is also room for improvement, but we just need more community conversation about what is out there.
 - With stay at home order I worry a lot about isolation and more mental health issues – it is a tricky time. Parents and teachers need to be diligent about checking in on students right now.
 - Montana overall needs to do better about talking about deaths by suicide and we need to be more willing to talk about it – it removes the stigma and lets us all take care of each other more.

3. What other healthcare services are needed in the community?
 - More education about what is already available. The healthcare facilities in town are doing more to get the word out – this is really the biggest piece to get the word out about all the services we already have access to.
 - We do need more counselors in the school, but this is a funding issue.

4. What would make your community a healthier place to live?
 - Always more access to the outdoors. Many community organizations are working together right now on connecting and improving the trails in town and making the outdoors more accessible to the community. We have nice parks in town – we need to make ways to be outside accessible to people.

Key Informant Interview #3

April 21, 2020- Anonymous –Via phone interview

1. How do you feel about the general health of your community?
 - It is in pretty good shape. There are plenty of services available. A lot of people travel from around the areas to get treatment in Miles City.

2. What do you think are the most important local healthcare issues?
 - I think health education health and prevention. Meat and tater country here, so prevention, and diet education would be good. Lifestyle education.
 - We run the gamut with healthcare issues, but that is the biggest one.
 - We have good access to healthcare.

3. What other healthcare services are needed in the community?
 - More mental health access - to counselors. Everyone is booked up there doesn't seem to be enough mental health providers in the area- or anywhere for that matter.

4. What would make your community a healthier place to live?
 - Combination of the ones I said already – keep people from getting the really preventable health issues, and we need mental health services. Everything else is gravy on top of that.

Key Informant Interview #4

April 21, 2020-Anonymous –Via phone interview

1. How do you feel about the general health of your community?
 - Golly. I would say it is fair – a lot of it has to do with our lack of access to activities. To be an active and healthy community – they are working on it, adding walking paths and such, but overall, we have very limited access to activities.
 - There are some gyms though – and the local college does offer classes. If you are someone who want to exercise alone, you have to walk on the street or in the sage brush. There are things available, but others don't know about it or are hard to encourage to do these things.
 - In the winter if you can't get outside and be active you are just miserable.

2. What do you think are the most important local healthcare issues?
 - Tobacco used to be the big one. But I think everyone that can quit has.
 - Having a balanced diet and physical activity seems to be difficult here.
 - Also, we seem to have a lot of cancer here too - do we have more radon? I don't know.

- We are an elderly population so all of the things that go with that. There aren't a lot of young people coming back to eastern Montana unless they are coming back to work on the farm, maybe this is why we don't have access to the things that a lot of younger people want to be doing.
3. What other healthcare services are needed in the community?
 - Seems like it very difficult to get in and to establish a primary care provider.
 - There is a lack of internal medicine here.
 - We do have a lot of licensed counselors, but no psychiatrist or psychologists. Mental health services are severely lacking in Eastern Montana.
 4. What would make your community a healthier place to live?
 - I really think more outdoor activities. Being able to get out and have more access to walking paths would be a step in the right direction.

Key Informant Interview #5

April 21, 2020- Anonymous–Via phone interview

1. How do you feel about the general health of your community?
 - I would say it is good. I think there are a lot of elderly people who seem like there are well taken care of. There is a certain population that don't really know about healthy lifestyles. Education there may be lacking a bit.
2. What do you think are the most important local healthcare issues?
 - The education part of it is big. Regular prevention is always a challenge. There is a population that doesn't have a regular doctor, so they go to the emergency room for care.
 - There aren't really barriers to access to care here – the only thing I would say is the cost of insurance. I am sure there is a population that can't afford insurance or insurance doesn't have good coverage.
3. What other healthcare services are needed in the community?
 - We have pretty complete services. You can do a lot of stuff in town. Sometimes you have a wait for a traveling specialist, but it is better than leaving town.

4. What would make your community a healthier place to live?
 - I can't think of what we would do differently.
 - Education is the biggest part of it. Just a lot of people don't know about prevention, so our community is less healthy in that regard. So, the biggest improvement would be in the education. Whether that be through benefits offered by the hospital or lifestyles changes and education.

Key Informant Interview #6

April 21, 2020-Anonymous –Via phone interview

1. How do you feel about the general health of your community?
 - If I were to give a grade, I would say B-. We have amazing organizations that are doing really great programs and outreach – physical, behavioral health, a lot of great programs across the board. We are lucky that we are a hub and we have a lot of services here.
2. What do you think are the most important local healthcare issues?
 - Drug and alcohol treatment. Higher need in this area. We could use a medical detox facility.
 - Suicide – we have a very high rate in eastern Montana and Custer county.
 - Implementation of preventative mental health screening and making appropriate referrals. Addressing health in a holistic way so we aren't just treating high blood pressure, but also the person who has depression and high blood pressure - making sure we are treating the whole person.
 - We have a lack of specialty behavioral health care – it is difficult to access childhood psychiatry. People aren't aware of local telehealth services or how to access them. Also - connecting specialty mental health services back and forth between the specialist and the local counselor.
3. What other healthcare services are needed in the community?
 - In regard to social services across the board addressing some of the services that aren't being met – bolster services we already have. More services for the homeless and low-income families.
 - We need a crisis center, and there is nowhere to send people after they have a mental health crisis.

4. What would make your community a healthier place to live?
 - Seven months of cold winter makes it hard to get outside.
 - More organizational and community support of local groups – like the Local Advisory Council on Mental Health - just getting people more involved.
 - Overall, I think we have a lot of great resources but the more people that are involved the better.

Key Informant Interview #7

April 23, 2020- Anonymous –Via phone interview

1. How do you feel about the general health of your community?
 - I think it is average. There are some really exciting things going on with some people in the community as far as being really active. There are a couple of new gyms and there is quite a community utilizing them.
 - Because of our economic status of our community people don't recognize the importance on investing in their health – so they may skip regular check-ups because they are worried about the cost.
2. What do you think are the most important local healthcare issues?
 - There are issues with obesity. Alcoholism, drug use and vaping are all prevalent here. I don't know if these issues are any different here than anywhere else, but these issues are concerning.
 - Socioeconomic is a big deal – financial limitations really affect what you can access. We don't have a high education level here either so there are a few barriers here that are stacked against you if you are trying to make healthy choices.
 - Behavioral health is an issue here – suicide and mental health issues. Access is getting better but there is still a stigma as far as asking for help. It is still hidden and suppressed, and people don't want to talk about that.
3. What other healthcare services are needed in the community?
 - Behavioral health – greater access. This is a gap in the community.
 - I actually think the services here in general are very good – we are a medical hub for eastern MT. People can get services face to face or via telehealth. So, you can get nearly everything here. So, a lot of people maybe don't know that services are available.

- Also, people may know the services are available but don't know how to access them or when to access them. There are a lot of barriers to accessing the care we have here.
4. What would make your community a healthier place to live?
- More partnerships and an integrated approach to healthcare. Innovative partnerships where we go to the people where they are accessing other services – like through public health or the schools – partnering to do education and screenings. Another place to partner would be with the local employers in town – partner with them to provide health services. These innovating partnerships have a real potential.

Key Informant Interview #8

April 24, 2020- Anonymous–Via phone interview

1. How do you feel about the general health of your community?
- There are some people that are very health conscious and take a lot of preventative steps, and then there is the other end of the spectrum that doesn't. These folks aren't proactive in their health and go into the doctor only once something needs to be fixed. We run the gamut. I think people are aware of these things that prevent illness and have opportunities to participate – like the Healthy Lifestyles course for diet and exercise. It's like anything – you have to make what you learn into healthy habits that are incorporated into your life. This program has had quite a bit of success.
2. What do you think are the most important local healthcare issues?
- Right now, covid-19. I think people have been very good so far but now people are ready to be done! We haven't had any cases yet – we are at the cusp. We will either keep doing really well or we will get some cases. As testing ramps up, we may see cases here of people who didn't know they had it. I hope that people will continue to socially distance to protect others. I think for the most part our community has been really patient.
 - Some of the churches have developed live streaming services – the community has been pretty creative.
 - Our healthcare folks have all been very active at getting the messaging out about covid-19 and done as much as they can do to keep our community safe - Screening, telehealth visits, and restricting visitation – they have been very proactive in their response and it shows.

- Like a lot of communities, we see people with addictions. I am pleased to say that we have a mental health line here and behavioral health, and the clinic has practitioners, and we are able to offer medication assisted treatment, and prevention. They really work at the whole behavioral component and try to help people heal so they don't go back to old ways at coping.
 - Drugs and alcohol have an impact on our community. It trickles through to families and kids and the school system. It has far reaching effects – increase in law enforcement and EMS services.
 - Chronic diseases. Cardiovascular, the impacts of smoking. It all ties into behavioral and lifestyle.
3. What other healthcare services are needed in the community?
- More peer support for people in changing their lives as far as things that negativity impact their health, their family's health and the health of the whole community. Provider support is good, but they are only they're for a brief amount of time. People need to support who have been there and done it and have experienced the pits falls – people can see that issues aren't unique to them and it really helps to see someone who has been through it.
4. What would make your community a healthier place to live?
- I think in order to make these positive changes we must start with kids on up, so they know what healthy living and lifestyles are and how to work against the negative peer pressure. Physical, behavior and mental health the whole spectrum and identify positive role models in the community and within their families.

Key Informant Interview #9

April 24, 2020- Anonymous –Via phone interview

1. How do you feel about the general health of your community?
- I would say generally it is healthy but vulnerable – we have one of the oldest populations of the state and we are getting older. We aren't replacing those that are leaving the area. We are healthy but an aging population.

2. What do you think are the most important local healthcare issues?
 - Well the pandemic. Aging population means we are vulnerable and because we are rural, we don't have the infrastructure to support if we do have a major influx of cases.
 - Pre pandemic issues would be around the healthcare infrastructure – services that we don't have available and others that we need to bolster. We need more behavioral health.
 - In the VA system we only have one doctor who is close to retirement – this is going to be a huge strain to the older population who will have to drive for hours to get access to VA services.
 - Also just getting people to practice in rural is tough - just getting the people and maintaining them here to run our health care system.

3. What other healthcare services are needed in the community?
 - Biggest one by far is mental and behavioral health. We need services in general, but we also just need education around it – to the public needs to know what is available, but also the healthcare providers need to be experts on where to send and refer people.

4. What would make your community a healthier place to live?
 - Higher wage jobs and how that trickles down to the entire health of the community. Higher medium household income leads to higher education and improved health outcomes. Maybe this is too broad but we really need improved economic development and sustainability.

Key Informant Interview #10

April 27, 2020- Anonymous –Via phone interview

1. How do you feel about the general health of your community?
 - Overall pretty good. I think we have some gaps in mental health and perhaps drug counseling – things along those lines.

2. What do you think are the most important local healthcare issues?
 - Behavioral and mental health. Access to mental health counseling and drug counseling – Not sure if the services are just unknown or not well utilized.

- As far as Covid-19, we don't have any cases here – we haven't really been tested on our capability to handle the situation once it arrives.
 - Nutrition – access to ways of living and eating better. I know the resources that are available, but I don't think they are fully being utilized by the community to their full potential.
3. What other healthcare services are needed in the community?
- All these resources exist but they are underutilized and perhaps underfunded. It isn't really that there are gaps in any services that we need -they are just underutilized.
 - Between Billings Clinic, Holy Rosary, the health department, and tele health services you can access most things here.
4. What would make your community a healthier place to live?
- Getting out more – more physical activity. There have been strides in the community with connecting walking paths. Now people just have to use them. Getting the community active and healthy - and this ties in with mental and behavioral health issues as well.

Key Informant Interview #11

April 30, 2020- Anonymous –Via phone interview

1. How do you feel about the general health of your community?
- I am kind of a holistic health person, so I come from that perspective. Like all of America – diet is an issue, and weight and all the health issues that go along with that. Eating processed food, and limited fresh vegetables.
2. What do you think are the most important local healthcare issues?
- I see mental health as a very big problem. MT is always in the top five for suicide and Custer county in near the top for Montana.
 - I am pleased that Holy Rosary is integrating mental health into their system and processes.
 - A lot of community groups are working together to improve services.
 - I think mental health needs to be integrated into our regular health care – there is an interplay between physical and mental.
 - Lack of access to mental health – we have hard working counselors, but we are way short.

- There is a fragmentation of services – even physically nothing is in the same building. You have to go through two or three agencies to get to things.
- There is a stigma around mental health.
- And of course, healthy diets.

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

- A huge thing in health is our fragmented insurance system and trying to piece all off it together – the poor health care workers have to spend all their time figuring out how to get things through the system then just sitting down with their patients.
- We need a more holistic approach with education about healthy lifestyles.
- There are just so many hoops to get access to healthcare and pharmaceuticals, there is just so much fragmentation and disparity in our healthcare.
- Covid-19 has shined the light on all of these healthcare issues. Now people are scared to go to the doctor because they can't afford the visit and the co-pays. We have a lot of people who struggle here – this really effects health of the community. All aspects, health, access to childcare and healthy behaviors and lifestyles.
- The north side of our town has no parks. There are only fields for organized sports. And not sidewalks for kids to ride their bikes. We do really nice things on the nice part of town and then not much for the other side – except organized sports that are too expensive for a lot of families.
- We do have great healthcare and I really appreciate those who are really trying. Integrated health care and a need to really address the disparities nationwide.

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

- We don't have a boys and girls club, or a Y and we don't have intermural sports. The only option is school sports and a lot of kids can't do this; their parents don't have the resources. There need to be more options to stay active.
- Starting young with healthy lifestyles.
- Parents go through a lot of stress with childcare. There is a small after school program, but you can only go until 6th grade.
- Healthier school lunches are needed. We just barely got lunches for high schoolers.

Appendix J- Request for Comments

Written comments on this 2020 Community Health Needs Assessment Report can be submitted to Marybeth Squires, Community Benefit, at Holy Rosary Healthcare:

Holy Rosary Healthcare
Community Benefit Department
2600 Wilson Street
Miles City, Montana
59301



Please contact Holy Rosary Healthcare's Community Benefit Department at: 406-233-4242 or mary.squires@sclhealth.org with questions.