



2023 Community Health Needs Assessment Executive Summary

Primary Service Area:

- **Custer County, Montana**

In Collaboration with:

- **One Health**

In Cooperation with:

- **Montana Office of Rural Health**

Including the communities of:

- **Miles City**
- **Forsyth**
- **Terry**
- **Glendive**
- **Ekalaka**
- **Plevna**
- **Baker**
- **Broadus**
- **Jordan**
- **Volborg**



Now **Intermountain Healthcare**

Executive Summary

A Community Health Needs Assessment is a critical tool used to understand the health status of a population or community. It presents information and analysis on important data measures and identifies areas where action and intervention can make a difference. The three primary goals of the assessment are to provide a current snapshot of the health status of Custer County, to bring attention to areas of concern needing community action, and to fulfill assessment needs for all collaborating partners.

Working with its health partners and community health stakeholders around Custer County, Holy Rosary Healthcare has completed its 2023 Community Health Needs Assessment and identified three priority areas for health improvement programming from 2024 through 2026:

- Access to Healthcare
- Behavioral Health (Mental Health and Substance Use)
- Chronic Disease

This executive summary reflects the assessment steps taken by Holy Rosary Healthcare to consider the results of the collaborative report along with the hospital's current programs and capacity to impact overall community health improvements.

Holy Rosary Healthcare has collaborated with One Health (public health) for the past two cycles of conducting the community health needs assessment (CHNA). This approach emphasizes a "*one community*" philosophy and a mission to understand shared interests to improve the health of our communities. To that end, local non-profit hospitals and public health agencies release one comprehensive document every three years. In 2022/2023, Holy Rosary Healthcare partnered with One Health to conduct the collaborative assessment. In 2023, the hospital completed its assessment by identifying priority health needs utilizing the results of the collaborative assessment.

2023 CHNA Overview

The 2023 Community Health Needs Assessment (CHNA) was conducted by Holy Rosary Healthcare and One Health in conjunction with the Montana Office of Rural Health. A Steering Committee consisting of representatives of public health, faith community, government, social services, and business provided guidance for the entire CHNA process.

Data Collection

In October 2022, 1,099 surveys were mailed to random households in Holy Rosary Healthcare's primary service area. The distribution of surveys by zip code was proportionally matched to patient populations from those zip codes. The return rate for surveys was 14.47%. Based on sample size, we can be 95% confident that the responses to the survey questions are representative of the service area population, plus or minus 7.7%.

In addition to the randomized survey, Holy Rosary Healthcare and One Health promoted an online survey with questions that corresponded to the randomized survey. This survey was open to the public via Holy Rosary's Facebook page, One Health's Facebook page, and the Miles City Area Chamber of Commerce Facebook page for two weeks in February 2023. The online survey had 81 survey respondents.

In addition to the surveys, the Montana Office of Rural Health conducted two focus groups with community representatives and three key informant phone interviews in November 2022. A total of twenty individuals designed to represent key stakeholder groups in the community provided input for the focus groups and key informant interviews.

Place of Residence	Randomized Survey % (159 respondents)	Online Survey % (81 respondents)
Miles City	69.8% (111)	95% (76)
Forsyth	5.7% (9)	1.25% (1)
Terry	4.4% (7)	0
Glendive	3.1% (5)	2.5% (2)
Ekalaka	2.5% (4)	0
Plevna	2.5% (4)	0
Baker	1.9% (3)	0
Broadus	1.9% (3)	0
Jordan	1.9% (3)	0
Volborg	0.6% (1)	0
Other	5.7% (9)	1.25% (1)

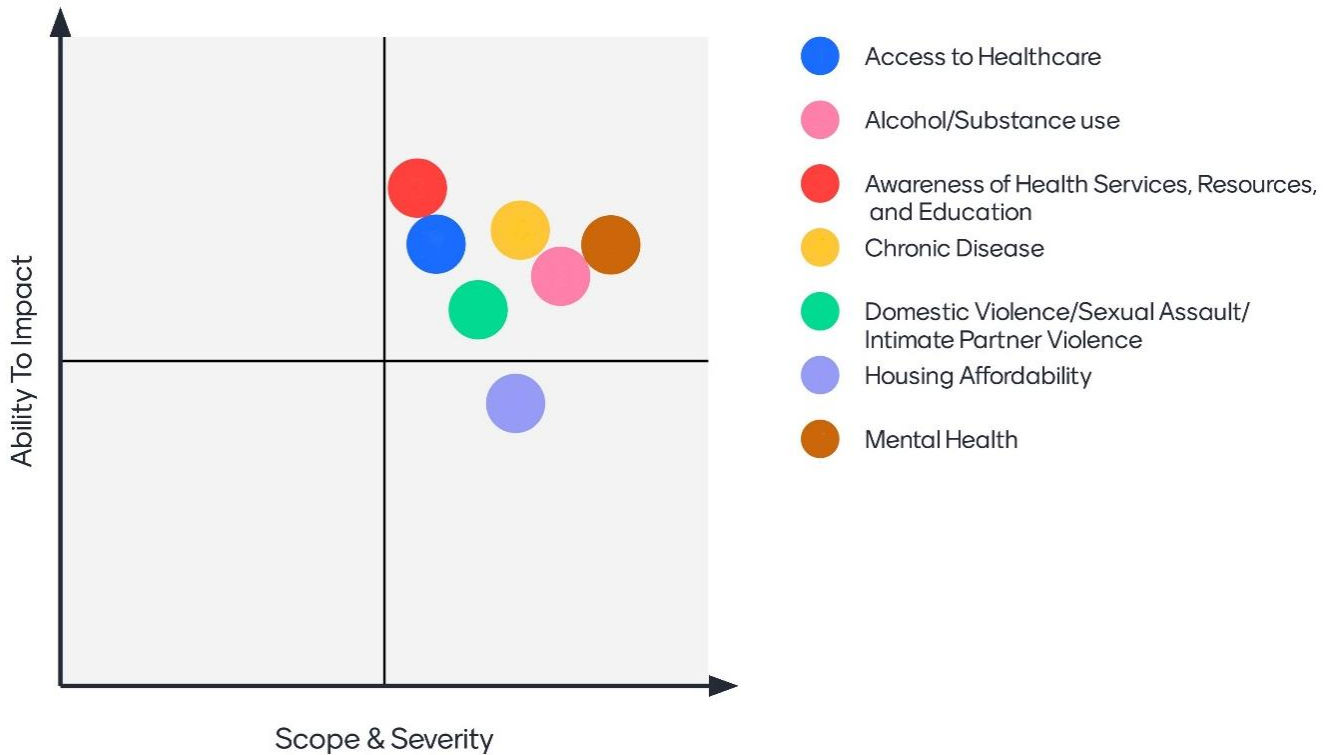
Identification of Significant Health Needs

Seven areas of need were identified through review of the randomized survey data, online survey data, secondary data, focus group and key informant responses, in alphabetical order:

- Access to Healthcare
- Alcohol/Substance Use
- Awareness of Health Services, Resources, and Education
- Chronic Disease
- Domestic Violence/Sexual Assault/Intimate Partner Violence
- Housing Affordability
- Mental Health

Prioritization of Health Needs

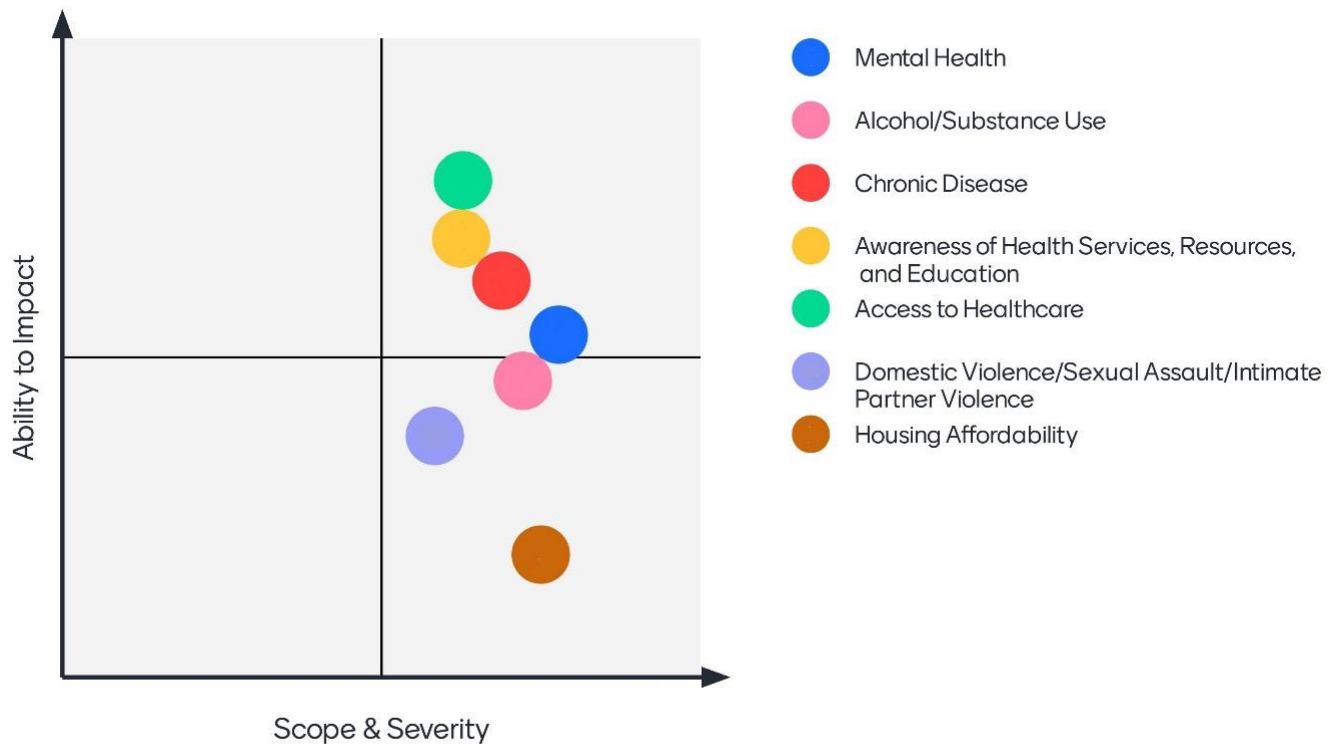
Members of the community and members of the Holy Rosary Community Benefit Board Committee were presented with key findings from the Community Health Needs Assessment by the Montana Office of Rural Health. Following the presentation, community members were asked to rank the areas of opportunity based on two criteria: Ability to Impact and Scope/Severity of the Health Issue.



This process led to a community prioritization of:

1. Mental Health
2. Alcohol/Substance Use
3. Chronic Disease
4. Awareness of Health Services, Resources, Education
5. Access to Healthcare
6. Domestic Violence/Sexual Assault/Intimate Partner Violence
7. Housing Affordability

Following the community prioritization, a similar presentation was conducted, and hospital leaders were asked to prioritize findings based on the same criteria. This process yielded a similar list of the top priorities, but the order of prioritization was different.



Leaders at Holy Rosary prioritized:

1. Access to Healthcare
2. Awareness of Health Services, Resources, and Education
3. Mental Health
4. Chronic Disease
5. Alcohol/Substance Use
6. Domestic Violence/Sexual Assault/Intimate Partner Violence
7. Housing Affordability

Holy Rosary's senior leadership team met to determine final hospital priorities considering the community's prioritization, hospital leadership prioritization, community resources and capacity, and hospital resources and capacity. This process resulted in a final hospital prioritization of three areas:

- Access to Healthcare
- Behavioral Health (Mental Health and Substance Use)
- Chronic Disease

Awareness of available health services and resources will be incorporated into each of these priorities.

Since the Last CHNA (2020)

Holy Rosary Healthcare conducted its last CHNA in 2020 and reviewed the health priorities identified through that assessment. Considering the top-identified needs as well as hospital resources and overall alignment with the hospital's mission, goals and strategic priorities, it was determined that Holy Rosary Healthcare would focus on developing and/or supporting strategies and initiatives to improve:

- Behavioral Health (Mental Health and Substance Use)
- Chronic Disease (Prevention and Management)

A summary of activities undertaken to address needs identified in the 2020 CHNA is located on pages 64-67 of the full Community Health Needs Assessment report.

The priorities selected for the 2023 CHNA build upon work established for the 2021-2023 Community Health Improvement Plan with the addition of Access to Healthcare as a priority focus.

Next Steps

Board Approval

The 2023 Community Health Needs Assessment for Holy Rosary Healthcare was adopted by the Montana Regional Board of Directors on May 17, 2023.

Community Health Improvement Plan

With its top-three community health priorities identified in the CHNA (Access to Healthcare, Behavioral Health, and Chronic Disease), Holy Rosary Healthcare will begin developing a Community Health Improvement Plan (CHIP). The CHIP will begin in 2024 and represents the next steps in the community assessment process. This including continuing work with community stakeholders to develop implementation strategies to address the identified need areas.

CHNA Full Report

The comprehensive CHNA can be found on our website, <https://www.sclhealth.org/locations/holy-rosary-healthcare/about/community-benefit/community-health-needs-assessment/>

Written Comments

Written comments on this 2023 Community Health Needs Assessment Report can be submitted to L'Dene McAvoy, 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: 406-233-2664 or ldene.mcavoy@imail.org with questions.



2023

COMMUNITY HEALTH NEEDS ASSESSMENT

Miles City, Montana

*Assessment conducted by **Holy Rosary Healthcare**
and **One Health** in cooperation with the Montana
Office of Rural Health*



Table of Contents

- Introduction4
- Health Assessment Process.....7
- Survey Methodology.....7
- Survey Respondent Demographics10
- Survey Results.....15
- Focus Group and Key Informant Interview Methodology55
- Executive Summary.....58
- Prioritization of Health Needs.....61
- Available Community Resources.....62
- Evaluation of Previous CHNA & Implementation Plan64
- Appendix A- Steering Committee.....69
- Appendix B- Public Health & Populations Consultation70
- Appendix C- Custer Co. Secondary Data.....72
- Appendix D- Survey Cover Letter81
- Appendix E- Survey Instrument.....82
- Appendix F- Cross Tabulation Analysis.....88
- Appendix G- Responses to Other & Comments95
- Appendix H- Focus Group and Key Informant Interview - Questions.....105
- Appendix I- Focus Group and Key Informant Interview - Transcripts.....106
- Appendix J – HRH/One Health Secondary Survey119
- Appendix K- Request for Comments192



INTRODUCTION

Introduction

Holy Rosary Healthcare is a comprehensive acute-care hospital in Miles City that serves an 11-county region of eastern Montana. It includes physician clinics, a residential living community, hospice and palliative care services. Holy Rosary Healthcare is part of the Intermountain Healthcare system. Based in Utah with locations in seven states (Montana, Colorado, Idaho, Kansas, Nevada, Utah, and Wyoming) and additional operations across the western U.S., Intermountain Healthcare is a nonprofit healthcare system comprised of 33 hospitals, 385 clinics, medical groups with some 3,800 employed physicians and advanced practice providers. To help people live the healthiest lives possible, Intermountain is committed to improving community health and is widely recognized as a leader in transforming healthcare by using evidence-based best practices to deliver high-quality outcomes at sustainable costs consistently. To learn more about Holy Rosary Healthcare, visit hrh-mt.org.

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 or vulnerable.

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



One Health provides patients with access to compassionate and holistic primary health care. One Health provides integrated medical and behavioral health care; dental; pharmacy; substance use disorder treatment; community outreach and education; and obstetrics. We refer to our model of integrated healthcare as “Whole Community Care,” striving to provide healing at the individual and community level.

One Health began with a call to provide compassionate primary care to the rural population of southeastern Montana. One Health’s journey to unite smaller, independent health clinics began in the summer of 2015. Over the next four years, the previously stand-alone health clinics from Hardin, Ashland, Miles City, Lewistown, Chinook, and Harlem combined to form a single organization. This organization adopted the name One Health in the fall of 2020.

Together as One Health, clinics are able to combine resources to meet the expanding needs of communities; including school-based health centers, location/service expansions, access to the latest technology, financial coverage, and grant funding. For patients this translates to greater access to increased services while receiving the quality care expected from One Health.

A board of local community members provides direction to ensure we remain true to the unique needs in each area.



Building on the contributions of staff and volunteers, One Health has grown to become a multi-site, vibrant organization of staff serving a diverse group of individuals across central Montana and northern Wyoming. One Health is comprised of doctors, dentists, psychologists, pharmacists, nurses, social workers, therapists, community health advocates, medical assistants, patient service representatives, patients ourselves — and so much more. Most importantly, One Health’s team are fellow community members honored to serve the areas that support, inspire, and guide the work.

Mission:

Improve the wellbeing of everyone by providing accessible, quality healthcare for the whole community

Vision:

Whole health for the whole community.

Core Values:

PATIENT CENTERED

One Health places the patient at the center of everything we do. Providing compassionate and exceptional care is at the heart of our mission.

COURAGE

In seeking to serve our patients, our communities and each other, we strive to be fully human, to take risks, to care deeply, and to act even amid change and uncertainty.

RESPECTFUL OF DIVERSITY

Embracing and respecting our differences in values, cultures, beliefs, and ideas, we appreciate that each brings unique gifts to our collective body. Together, we're better than any single individual.

EQUITY

One Health is fundamentally about the pursuit of health justice for all. As such, we strongly condemn any form of discrimination based on race, ethnicity, sexual orientation, gender, housing status, immigration status, socioeconomic status, creed, or anything else. We stand in solidarity with those across our community and nation who have suffered injustices of prejudice and hatred both in recent times and throughout our nation's history.

INTEGRITY

We set the bar high, seeking to embody professionalism. Our encounters are marked by respect, openness, and honesty.

STEWARDSHIP

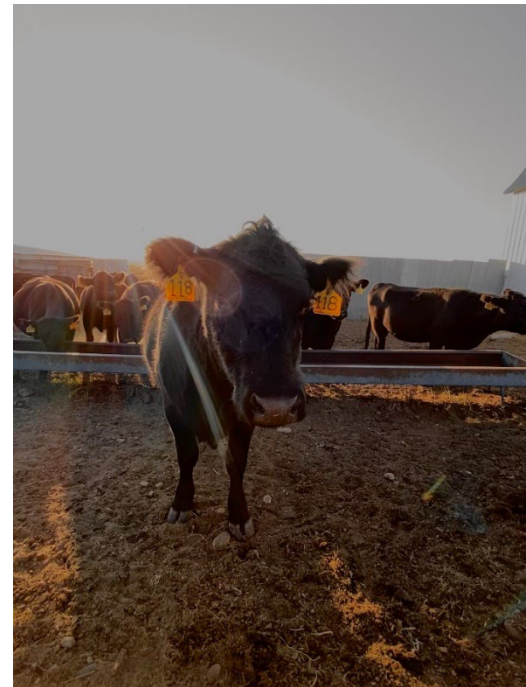
Recipients of a precious endowment, we recognize that many resources have been entrusted to us—we pledge to care for them exceptionally well.

IMPECCABLE QUALITY

Our commitment is to deliver excellence in all our processes, decisions, performance, and human interactions.

Holy Rosary Healthcare and One Health participated in a community Health Needs Assessment (CHNA) administrated by the Montana Office of Rural Health (MORH) and funded in part by the State of Montana's Department of Health and Human Services (DPHHS), Public Health and Safety Division (PHSD) in partnership with the Montana Healthcare Foundation. Community involvement in steering committee meetings, focus groups, key informant interviews, and surveys enhance community engagement in the assessment process.

In the fall of 2022, the service area was surveyed about its healthcare system. This report shows the results of the survey in both narrative and chart formats. A copy of the survey instrument is included at the end of this report (Appendix E). Readers are invited to familiarize themselves with the survey instrument and the subsequent findings. The narrative report touches on the highlights while the charts present data for virtually every question asked. Please note we are able to compare some of the 2022 survey data with data from previous surveys conducted in partnership with the Montana Office of Rural Health in 2020. If any statistical significance exists, it will be reported. The significance level was set at 0.05.



Health Assessment Process

A steering committee was convened to assist Holy Rosary Healthcare and One Health in conducting CHSD. A diverse group of community members representing various organizations and populations within the community (ex. public health, elderly, uninsured) came together in September 2022. For a list of all steering committee members and their affiliations, see Appendix A. The Steering Committee met twice during the CHSD process; first to discuss health concerns in the community and offer their perspective in designing the survey instrument, and again to review results of the CHNA and to assist in the prioritization of health needs.



Survey Methodology

Survey Instrument

In October 2022, surveys were mailed out to the residents in Holy Rosary Healthcare’s service area. Survey respondents had the ability to complete the survey mailed to them, or via an online survey hosted at Montana State University’s HELPS Lab web portal. The survey was based on a design that has been used extensively in the states of Washington, Wyoming, Alaska, Montana, and Idaho. The survey was designed to provide each facility with information from local residents regarding:

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

Sampling

Holy Rosary Healthcare provided a list of aggregated 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 1200 residents was then selected with the assistance of the MSU HELPS lab. Residence was stratified in the initial sample selection so that each area would be represented in proportion to the overall served population and the proportion of past admissions. Note: although the survey samples were proportionately selected, actual surveys returned from each population area varied, which may result in slightly less proportional results. See table on the subsequent page for the survey distribution.

Zip Code	Population ¹	Community Name	Total Distribution	# Male	# Female
59301	11,212	Miles City	842	421	421
59330	8,401	Glendive	54	28	26
59313	2,427	Baker	28	9	19
59317	1,144	Broadus	46	23	23
59327	2,619	Forsyth	42	21	21
59349	875	Terry	36	18	18
59215	973	Circle	22	11	11
59337	711	Jordan	22	11	11
59324	926	Ekalaka	14	7	7
59344	446	Plevna	12	6	6
59351	165	Volborg	12	6	6
59323	2,375	Colstrip	10	5	5
59336	213	Ismay	10	5	5
59326	308	Fallon	8	4	4
59338	136	Kinsey	6	3	3
59347	298	Rosebud	6	3	3
59322	59	Cohagen	4	2	2
Total	33,288		1200	600	600

¹ US Census Bureau - American Community Survey (2019)

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

Information Gaps- Data

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

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

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

Limitations in Survey, Focus Groups, and Key Informant Interview Methodology

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

Conducting focus groups and 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 focus groups and 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, focus group and key informant interview data are grouped into common themes based on our interpretation of the transcript. To better understand these themes, please review the full transcripts in Appendix I. MORH staff facilitated the focus groups and key informant interviews for Holy Rosary Healthcare and One Health to ensure impartiality. However, given the small size of the community, key informant interview participants may still be hesitant to express their opinions freely. Personal identifiers are not included in the transcripts.

Survey Implementation

In October 2022, a survey, cover letter on Holy Rosary Healthcare and One Health's letterhead with the Chief Executive Officer's and Public Health Director's signatures, and a postage paid envelope were mailed to 1200 randomly selected residents in the hospital's service area. A news release was sent to the local newspaper as well as social media postings prior to the survey distribution announcing that Holy Rosary Healthcare and One Health would be conducting a community health services survey throughout the region in cooperation with the Montana Office of Rural Health.

One-hundred sixty-two surveys were returned out of 1,200. Of those 1,200 surveys, 101 surveys were returned undeliverable for a 14.7% response rate. From this point on, the total number of surveys will be out of 1,099. Based upon the sample size, we can be 95% confident that the responses to the survey questions are representative of the service area population, plus or minus 7.7%.

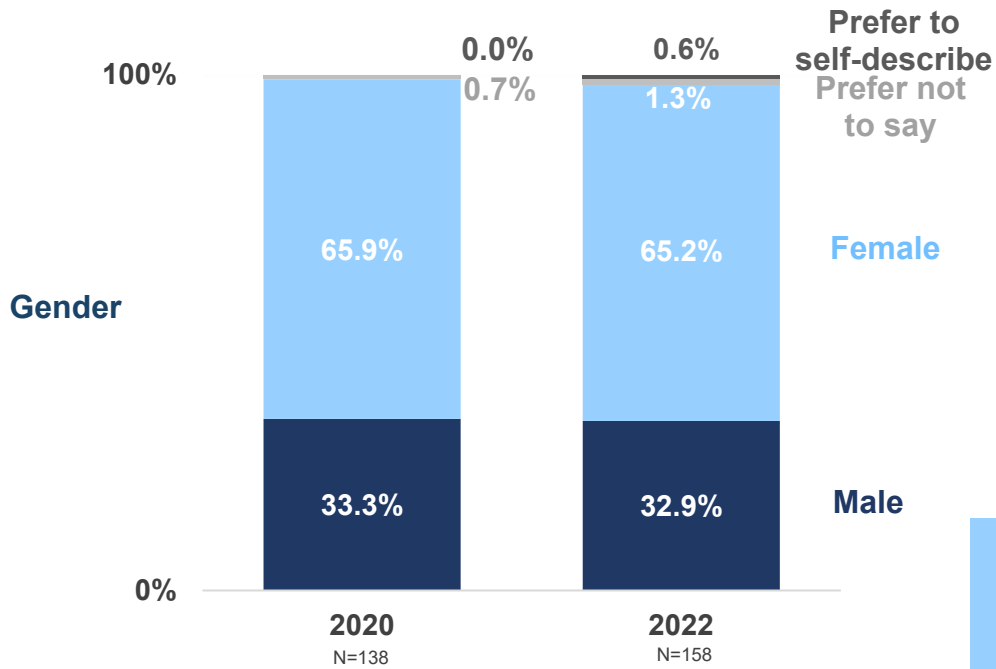


Survey Respondent Demographics

A total of 1,099 surveys were distributed amongst Holy Rosary Healthcare and One Health’s service area. One-hundred sixty-two surveys were completed for a 14.7% response rate. The following table and graphs 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.

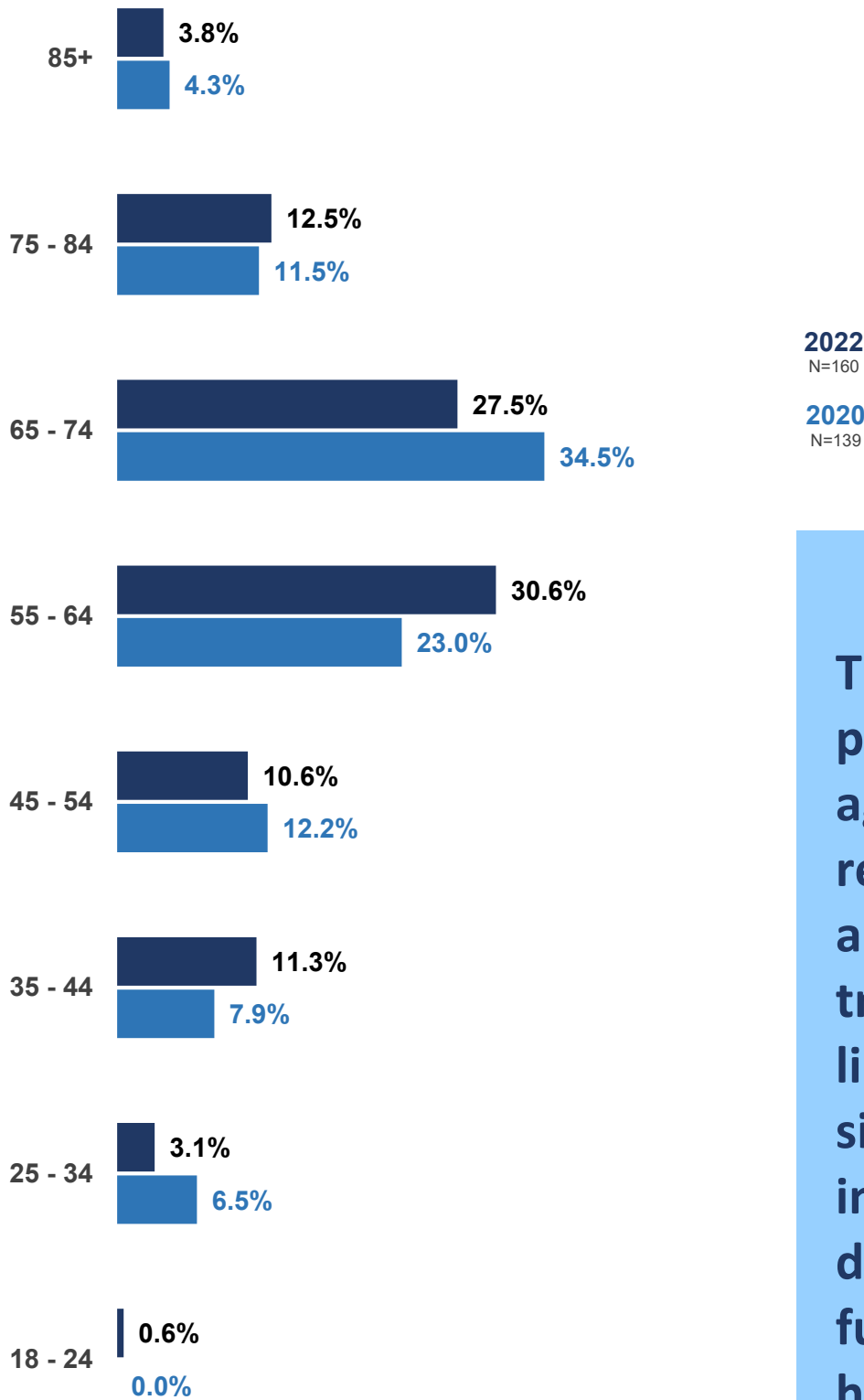
Place of Residence	2020 % (n)	2022 % (n)
Number of respondents	139	159
59301 Miles City	74.8% (104)	69.8% (111)
59327 Forsyth		5.7% (9)
59349 Terry	9.4% (13)	4.4% (7)
59330 Glendive		3.1% (5)
59324 Ekalaka		2.5% (4)
59344 Plevna	1.4% (2)	2.5% (4)
59313 Baker	7.9% (11)	1.9% (3)
59317 Broadus		1.9% (3)
59337 Jordan		1.9% (3)
59351 Volborg	0.0% (0)	0.6% (1)
59326 Fallon	3.6% (5)	0.0% (0)
59336 Ismay	1.4% (2)	
59345 Powderville	1.4% (2)	
59338 Kinsey	0.0% (0)	
Other	0.0% (0)	5.7% (9)
TOTAL	100.0% (139)	100.0% (159)

Statistical significance was not measured as reporting differed between 2022 and the previous years. A larger number of missing values in 2022 compared to previous years would result in a skewed test for significance, indicating a meaningful change when one may not exist. Grayed out cells indicate the question was not asked that year.



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

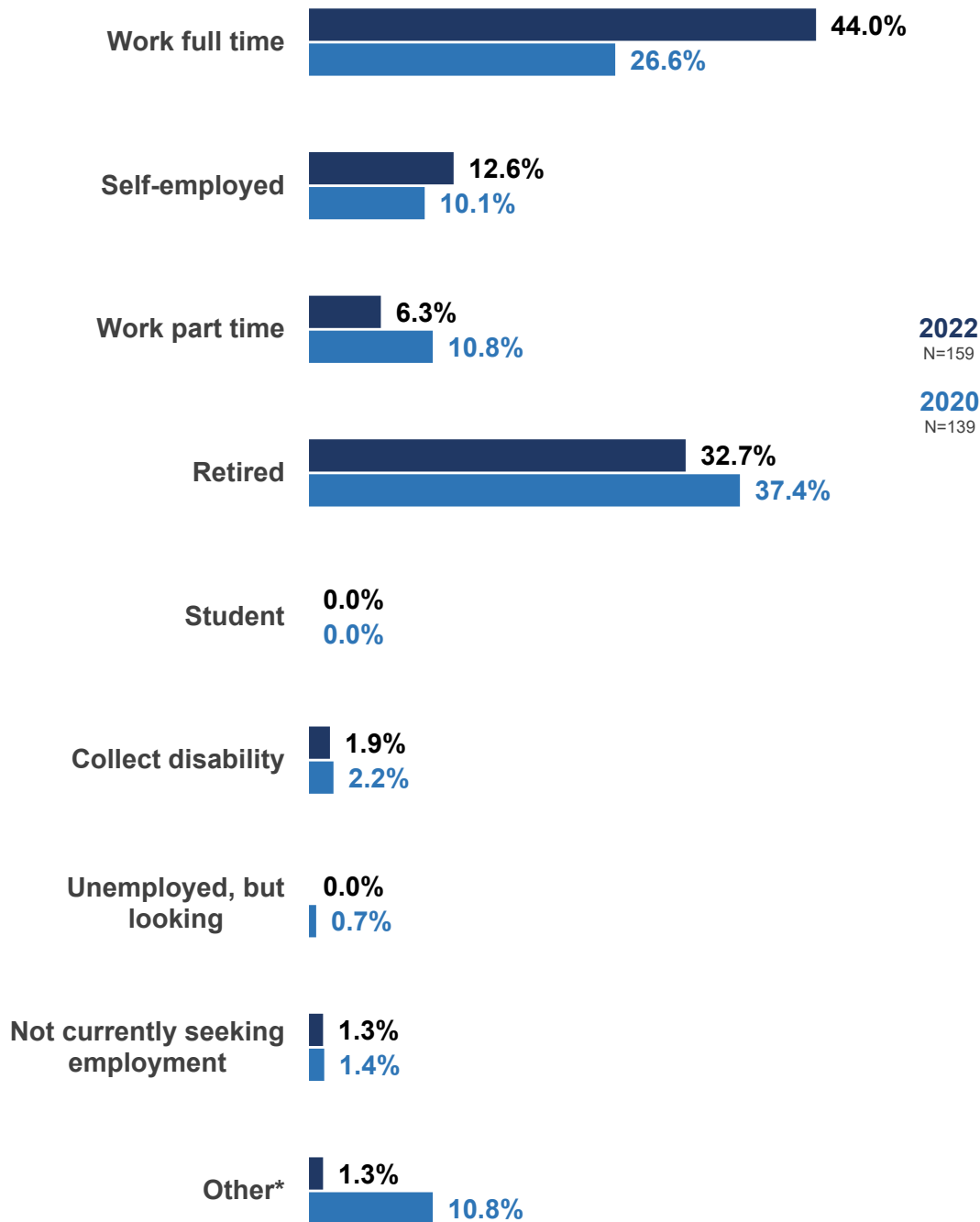
Age of respondents for both years of the survey



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

Employment status

The majority of 2022 respondents work full time or are retired.



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



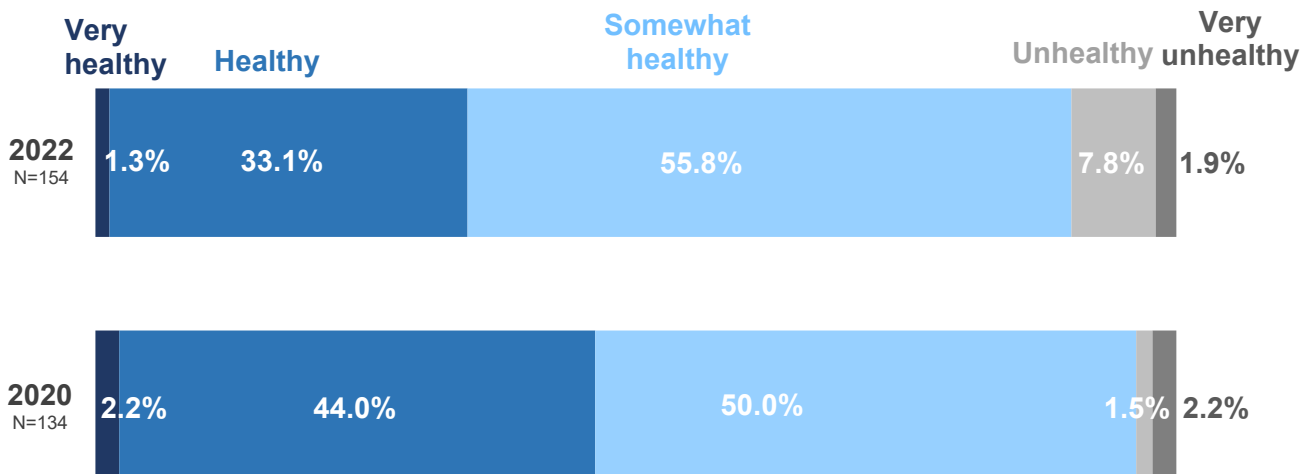
SURVEY RESULTS

Survey Results

Rating of Healthy Community (Question 1)

Respondents were asked to indicate how they would rate the general health of their community. Fifty-five point eight percent of respondents (55.8%, n=86) rated their community as “Somewhat healthy,” and 33.1% of respondents (n=51) felt their community was “Healthy.” Seven point eight percent of respondents (7.8%, n=12) indicated they felt their community was “Unhealthy,” 1.9% of respondents (n=3) rated their community as “Very unhealthy,” and 1.3% rated it as “Very healthy.”

More 2022 respondents rate their community as **somewhat healthy** compared to 2020.

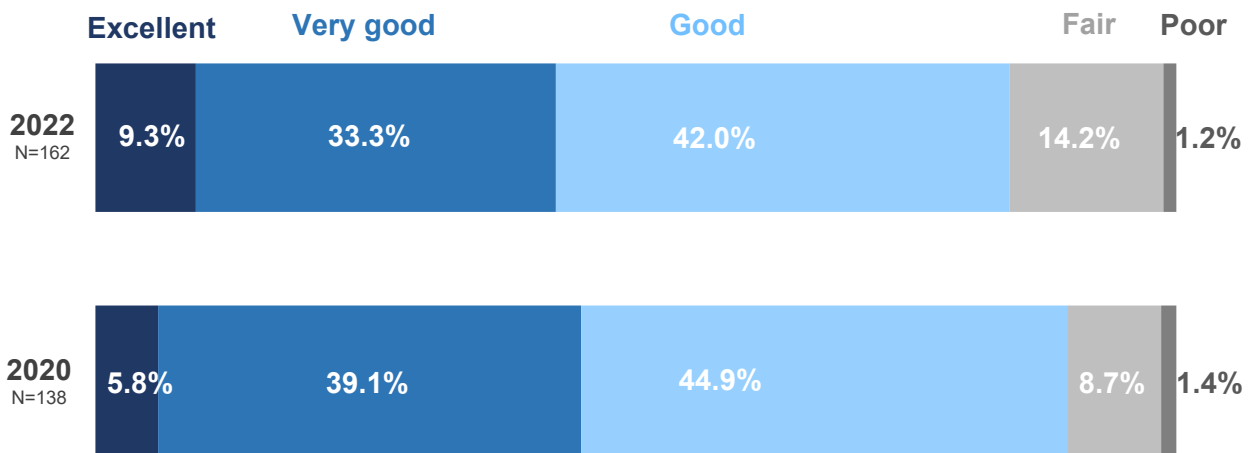


Over half of survey respondents feel their community is somewhat healthy.

Rating of Personal Health (Question 2)

Respondents were asked to indicate how they would rate their personal health in general. Forty-two percent of respondents (42.0%, n=68) rated their personal health as “Good,” 33.3% of respondents (n=54) felt their health was “Very good.” Fourteen point two percent of respondents (14.2%, n=23) rated their health as “Fair,” 9.3% (n=15) rated themselves as “Excellent,” and 1.2% (n=2) indicated they felt their health was “Poor.”

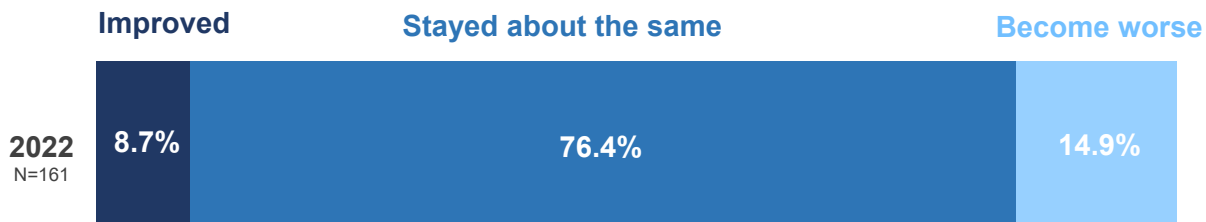
More 2022 respondents rate their personal health as excellent compared to 2020.



COVID-19 Impact on Physical Health (Question 3)

Respondents were asked to share how their physical health is compared to the beginning of the COVID-19 pandemic. The majority of respondents (76.4%, n=123) thought their physical health has “Stayed about the same” since the beginning of the COVID-19 pandemic, while 14.9% (n=24) shared that it has “become worse,” and 8.7% (n=14) said that their physical health has improved.

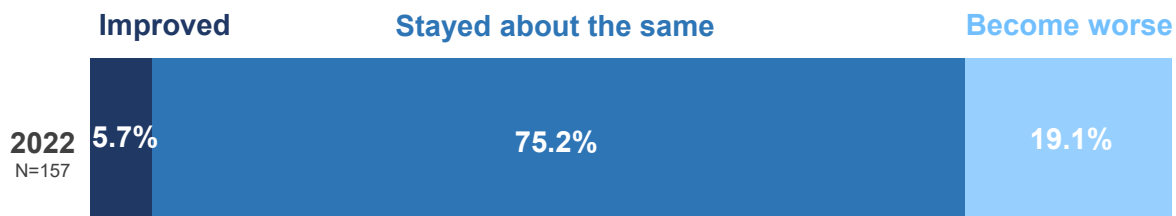
Majority of 2022 respondents shared that their physical health has **stayed about the same** since the beginning of the COVID-19 pandemic.



COVID-19 Impact on Mental Health (Question 4)

Respondents were asked to share how their mental health is compared to the beginning of the COVID-19 pandemic. The majority of respondents (75.2%, n=118) thought their mental health has “Stayed about the same” since the beginning of the COVID-19 pandemic, while 19.1% (n=30) shared that it has “become worse,” and 5.7% (n=9) said that their mental health has improved.

Nearly 20% of 2022 respondents shared that their mental health has **become worse** since the beginning of the COVID-19 pandemic.



Health Concerns for Community (Question 5)

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 52.2% (n=83). “Cancer” was also a high priority at 34.0% (n=54).

Health Concern	2020 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	140	159	
Alcohol/substance abuse	42.9% (60)	52.2% (83)	<input type="checkbox"/>
Cancer	35.0% (49)	34.0% (54)	<input type="checkbox"/>
Overweight/obesity	26.4% (37)	28.3% (45)	<input type="checkbox"/>
Mental/behavioral health issues	15.0% (21)	20.8% (33)	<input type="checkbox"/>
Senior issues/aging	24.3% (34)	18.9% (30)	<input type="checkbox"/>
Depression/anxiety	10.7% (15)	17.0% (27)	<input type="checkbox"/>
Suicide	12.1% (17)	16.4% (26)	<input type="checkbox"/>
Heart disease	13.6% (19)	13.2% (21)	<input type="checkbox"/>
Work/economic stress	10.0% (14)	11.3% (18)	<input type="checkbox"/>
Diabetes	12.9% (18)	10.1% (16)	<input type="checkbox"/>
Lack of access to healthcare	8.6% (12)	8.8% (14)	<input type="checkbox"/>
Domestic violence/Sexual assault	2.1% (3)	7.5% (12)	<input checked="" type="checkbox"/>
Tobacco use (cigarettes/cigars, vaping, smokeless)	9.3% (13)	7.5% (12)	<input type="checkbox"/>
Alzheimer’s/dementia	8.6% (12)	6.9% (11)	<input type="checkbox"/>
Lack of exercise	10.7% (15)	6.9% (11)	<input type="checkbox"/>
Child abuse/neglect	6.4% (9)	6.3% (10)	<input type="checkbox"/>
Social isolation/loneliness	3.6% (5)	3.1% (5)	<input type="checkbox"/>
Vehicle/recreation/work accidents & injuries		3.1% (5)	<input type="checkbox"/>
Lack of dental care	3.6% (5)	2.5% (4)	<input type="checkbox"/>
Respiratory issues/illness	0.7% (1)	1.3% (2)	<input type="checkbox"/>
Hunger	2.1% (3)	0.6% (1)	<input type="checkbox"/>
Stroke	2.1% (3)	0.6% (1)	<input type="checkbox"/>
Other*	10.0% (14)	8.2% (13)	<input type="checkbox"/>

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

*Respondents (N=6) who selected over the allotted amount were moved to “Other.”

“Other” comments included: Social determinates of health ignorance, Drugs, and Poor Drivers
(View all comments in Appendix G)

Components of a Healthy Community (Question 6)

Respondents were asked to identify the three most important things for a healthy community. Fifty-two point five percent of respondents (52.5%, n=85) indicated that “Access to healthcare services” is important for a healthy community, followed by “Good jobs and a healthy economy” at 46.9% (n=76), and “Strong family life” at 32.7% (n=53).

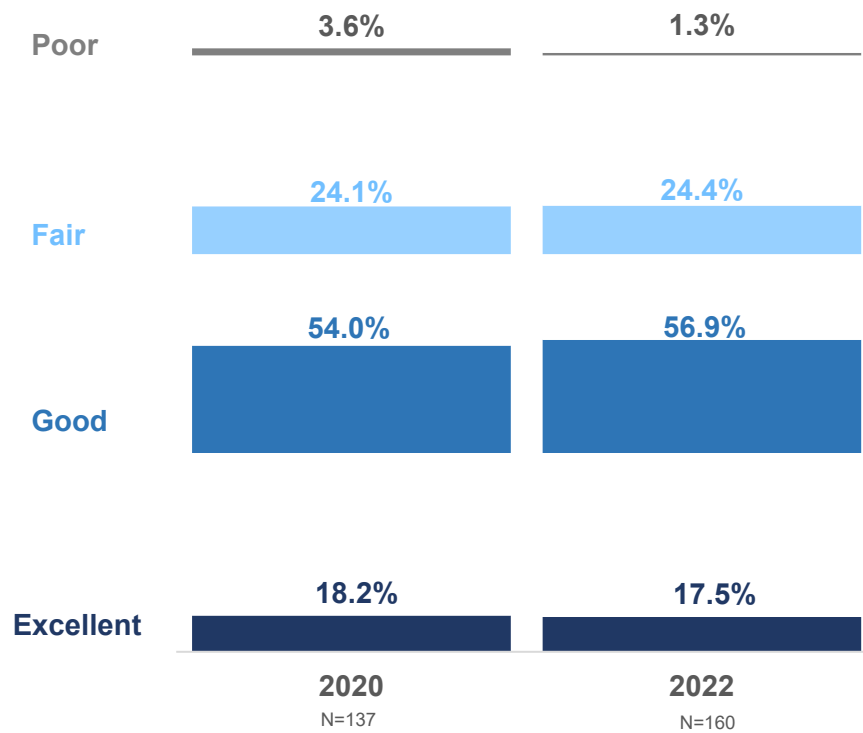
Components of a Healthy Community	2020 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	140	162	
Access to healthcare services	47.1% (66)	52.5% (85)	<input type="checkbox"/>
Good jobs and a healthy economy	46.4% (65)	46.9% (76)	<input type="checkbox"/>
Strong family life	31.4% (44)	32.7% (53)	<input type="checkbox"/>
Affordable housing	27.1% (38)	26.5% (43)	<input type="checkbox"/>
Good schools	12.1% (17)	24.7% (40)	<input checked="" type="checkbox"/>
Healthy behaviors and lifestyles	35.0% (49)	22.8% (37)	<input checked="" type="checkbox"/>
Low crime/safe neighborhoods	10.0% (14)	21.0% (34)	<input checked="" type="checkbox"/>
Religious or spiritual values	24.3% (34)	15.4% (25)	<input type="checkbox"/>
Access to healthy foods	7.1% (10)	11.7% (19)	<input type="checkbox"/>
Access to childcare/after school programs	13.6% (19)	11.1% (18)	<input type="checkbox"/>
Community involvement	7.1% (10)	6.8% (11)	<input type="checkbox"/>
Clean environment	6.4% (9)	6.2% (10)	<input type="checkbox"/>
Tolerance for diversity	4.3% (6)	4.9% (8)	<input type="checkbox"/>
Low death and disease rates	2.9% (4)	2.5% (4)	<input type="checkbox"/>
Low level of domestic violence	3.6% (5)	2.5% (4)	<input type="checkbox"/>
Parks and recreation	2.9% (4)	2.5% (4)	<input type="checkbox"/>
Transportation services	6.4% (9)	2.5% (4)	<input type="checkbox"/>
Arts and cultural events	0.0% (0)	1.2% (2)	<input type="checkbox"/>
Other*	0.7% (1)	1.9% (3)	<input type="checkbox"/>

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

Knowledge of Health Services (Question 7)

Respondents were asked to rate their knowledge of the health services available in the community. Fifty-six point nine percent of respondents (56.9%, n=91) rated their knowledge of health services as “Good.” “Fair” was selected by 24.4% percent (n=39), “Excellent” was chosen by 17.5% of respondents (n=28), and “Poor” was selected by 1.3% (n=2).

More 2022 respondents rate their knowledge of health services as **good compared to 2020.**



How Respondents Learn of Health Services (Question 8)

When asked how survey respondents learn about health services available in the community, the most frequently indicated method of learning was “Friends/family” at 67.9% (n=108). “Healthcare provider” was also frequently used to learn about health services at 61.0% (n=97), followed by “Word of mouth/reputation” at 57.9% (n=92).

How Respondents Learn About Community Health Services	2020 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	140	159	
Friends/family	65.0% (91)	67.9% (108)	<input type="checkbox"/>
Healthcare provider	61.4% (86)	61.0% (97)	<input type="checkbox"/>
Word of mouth/reputation	58.6% (82)	57.9% (92)	<input type="checkbox"/>
Newspaper	31.4% (44)	31.4% (50)	<input type="checkbox"/>
Social media	22.1% (31)	26.4% (42)	<input type="checkbox"/>
Website/internet	11.4% (16)	24.5% (39)	<input checked="" type="checkbox"/>
Billboards/posters	14.3% (20)	20.8% (33)	<input type="checkbox"/>
Mailings/newsletter	10.7% (15)	14.5% (23)	<input type="checkbox"/>
Public health nurse	4.3% (6)	9.4% (15)	<input type="checkbox"/>
Radio/Podcasts	12.9% (18)	7.5% (12)	<input type="checkbox"/>
Presentations	5.7% (8)	3.1% (5)	<input type="checkbox"/>
Other	2.9% (4)	5.7% (9)	<input type="checkbox"/>

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

“Other” comments included: Work, Church, and “Phone call to clinics”

View a cross tabulation of how respondents learn with how they rate their knowledge on p. 88

Overall Quality of Care through Holy Rosary Healthcare (Question 9)

Respondents were asked to rate the overall quality of health services available through Holy Rosary Healthcare. Forty-two point nine percent of respondents (42.9%, n=67) rated the quality of Holy Rosary Healthcare services as “Good.” “Fair” was selected by 30.1% percent (n=47), “Excellent” was chosen by 9.0% of respondents (n=14), and 5.8% of respondents (n=9) rated it “Poor.” Twelve point two percent (12.2%, n=19) respondents indicated that they “Don’t know/Haven’t used.”

Majority of 2022 respondents rate the quality of health services through Holy Rosary Healthcare as **good.**



Utilized Community Health Resources (Question 10)

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 66.0% (n=97). “Dentists” were utilized by 61.2% (n=90) of respondents followed by “One Health/Custer County Public Health Department” at 27.2% (n=40).

Use of Community Health Resources	2020 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	140	147	
Billings Clinic Miles City	69.3% (97)	66.0% (97)	<input type="checkbox"/>
Dentists	65.0% (91)	61.2% (90)	<input type="checkbox"/>
One Health/Custer County Public Health Department		27.2% (40)	<input type="checkbox"/>
VA Outpatient Clinic	6.4% (9)	4.1% (6)	<input type="checkbox"/>
Counselors	6.4% (9)	2.0% (3)	<input type="checkbox"/>
Eastern Montana Community Mental Health Center	2.1% (3)	1.4% (2)	<input type="checkbox"/>
Home health	3.6% (5)	1.4% (2)	<input type="checkbox"/>
Crisis Lines	0.0% (0)	0.7% (1)	<input type="checkbox"/>
Montana 211	0.0% (0)	0.7% (1)	<input type="checkbox"/>
Other	10.0% (14)	17.0% (25)	<input type="checkbox"/>

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

“Other” comments included: Rosebud Health Care Center (RHCC) (3), Terry Clinic (2), and None (2)

Improve Community’s Access to Healthcare (Question 11)

Respondents were asked to indicate what they felt would improve their community’s access to healthcare. The majority of respondents (53.7%, n=80) reported that “More primary care providers” would make the greatest improvement. Fifty point three percent of respondents (50.3%, n=75) indicated “More specialists” followed by “Payment assistance programs (healthcare expenses)” at 30.9% (n=46) would improve access.

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

What Would Improve the Community’s Access to Healthcare	2020 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	140	149	
More primary care providers	49.3% (69)	53.7% (80)	<input type="checkbox"/>
More specialists	52.1% (73)	50.3% (75)	<input type="checkbox"/>
Payment assistance programs (healthcare expenses)	31.4% (44)	30.9% (46)	<input type="checkbox"/>
Improved quality of care	24.3% (34)	27.5% (41)	<input type="checkbox"/>
More information about available services	33.6% (47)	26.8% (40)	<input type="checkbox"/>
Enhanced telemedicine	15.7% (22)	16.8% (25)	<input type="checkbox"/>
Outpatient services expanded hours	17.1% (24)	14.8% (22)	<input type="checkbox"/>
Transportation assistance	12.1% (17)	12.8% (19)	<input type="checkbox"/>
Greater health education services	13.6% (19)	12.1% (18)	<input type="checkbox"/>
Improved provider sensitivity to culture, lifestyle choices, personal identity, etc.	12.1% (17)	11.4% (17)	<input type="checkbox"/>
Interpreter services	0.0% (0)	0.7% (1)	<input type="checkbox"/>
Other	7.1% (10)	6.7% (10)	<input type="checkbox"/>

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

“Other” comments included: Holistic healthcare providers, “Holy Rosary Healthcare (HRH) needs a continuum, so include an Assisted Living facility,” “Cost is so high,” and “Doctors not Physicians Assistants (PA).”

Interest in Educational Classes/Programs (Question 12)

Respondents were asked if they would be interested in any educational classes/programs made available to the community. The most frequently selected class/program was “Women’s health” at 32.3% (n=42). Interest in “Fitness” followed with 31.5% (n=41), while 28.5% of respondents (n=37) were interested in a “Health fair.”

Interest in Classes or Programs	2020 % (n)	2022 % (n)
Number of respondents	140	130
Women's health	29.3% (41)	32.3% (42)
Fitness	28.6% (40)	31.5% (41)
Health fair		28.5% (37)
Nutrition	17.9% (25)	23.8% (31)
Weight loss	21.4% (30)	23.1% (30)
Living will/advanced care planning	17.9% (25)	20.0% (26)
Behavioral/mental health	11.4% (16)	16.2% (21)
First aid/CPR	15.7% (22)	16.2% (21)
Alzheimer's/dementia	17.9% (25)	14.6% (19)
Cancer	15.0% (21)	11.5% (15)
Men's health	20.7% (29)	11.5% (15)
Heart disease	13.6% (19)	10.8% (14)
Diabetes	16.4% (23)	10.0% (13)
Support groups	9.3% (13)	9.2% (12)
Grief counseling	7.1% (10)	6.2% (8)
Alcohol/substance abuse	4.3% (6)	4.6% (6)
Parenting	4.3% (6)	4.6% (6)
Prenatal	1.4% (2)	3.1% (4)
Smoking/tobacco cessation	7.9% (11)	3.1% (4)
Lactation/breastfeeding	1.4% (2)	2.3% (3)

Table continued on the next page.

Other	5.0% (7)	3.1% (4)
-------	----------	----------

Statistical significance was not measured as reporting differed between 2022 and the previous years. A larger number of missing values in 2022 compared to previous years would result in a skewed test for significance, indicating a meaningful change when one may not exist. Respondents were asked to pick all classes or programs that are of interest, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year.

“Other” comments included: None (3)

Desired Senior Services (Question 13)

Respondents were asked if they or a household member would be interested in additional senior services locally. Respondents indicated the most interest in having “Senior retirement housing/community” at 54.0% (n=75). “In home personal assistance” services were selected by 52.5% (n=73), and “Assisted living facility” followed at 47.5% (n=66).

Interest in Senior Services	2020 % (n)	2022 % (n)
Number of respondents	140	139
Senior retirement housing/community	30.7% (43)	54.0% (75)
In home personal assistance	37.1% (52)	52.5% (73)
Assisted living facility	24.3% (34)	47.5% (66)
Age in place services/assistance	31.4% (44)	43.9% (61)
Home health (skilled nursing)	32.1% (45)	40.3% (56)
Community supported senior center	15.0% (21)	32.4% (45)
Transportation	21.4% (30)	23.7% (33)
Senior respite care	17.1% (24)	19.4% (27)
Hospice	19.3% (27)	18.0% (25)
Palliative care	5.0% (7)	10.1% (14)
Other	8.6% (12)	2.9% (4)

Statistical significance was not measured as reporting differed between 2022 and the previous years. A larger number of missing values in 2022 compared to previous years would result in a skewed test for significance, indicating a meaningful change when one may not exist. Respondents were asked to pick all senior services that are of interest, so percentages do not equal 100%.

Utilization of Preventive Services (Question 14)

Respondents were asked if they had utilized any of the preventive services listed in the past year. “Vision check” was selected by 64.8% of respondents (n=103), followed by “Dental check” at 63.5% (n=101). Sixty-two point nine percent of respondents (62.9%, n=100) indicated they had a “Blood pressure check.” Survey respondents could select all services that applied.

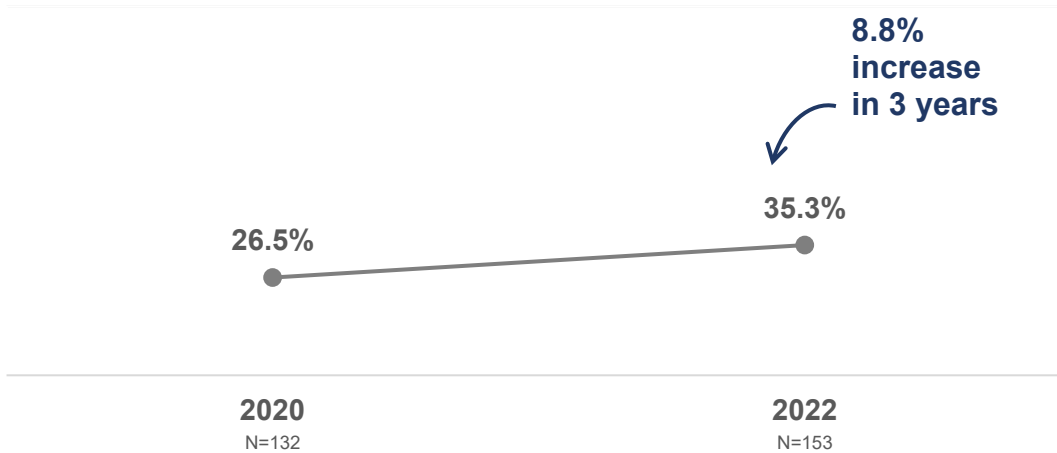
Use of Preventive Services	2020 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	140	159	
Vision check	64.3% (90)	64.8% (103)	<input type="checkbox"/>
Dental check	68.6% (96)	63.5% (101)	<input type="checkbox"/>
Blood pressure check	70.0% (98)	62.9% (100)	<input type="checkbox"/>
Immunizations (i.e., flu shot, COVID-19, etc.)	68.6% (96)	61.6% (98)	<input type="checkbox"/>
Health checkup	66.4% (93)	59.1% (94)	<input type="checkbox"/>
Cholesterol check	52.1% (73)	47.8% (76)	<input type="checkbox"/>
Mammography	44.3% (62)	43.4% (69)	<input type="checkbox"/>
Diabetes/Blood sugar check		42.1% (67)	<input type="checkbox"/>
Colonoscopy	22.9% (32)	20.8% (33)	<input type="checkbox"/>
Skin check	21.4% (30)	17.6% (28)	<input type="checkbox"/>
Hearing check	17.9% (25)	16.4% (26)	<input type="checkbox"/>
Pap test	22.1% (31)	15.7% (25)	<input type="checkbox"/>
Children's checkup/ Well baby	9.3% (13)	8.8% (14)	<input type="checkbox"/>
Lung cancer screening	1.4% (2)	6.9% (11)	<input checked="" type="checkbox"/>
None	0.7% (1)	3.8% (6)	<input type="checkbox"/>
Substance use/addiction services	2.9% (4)	0.0% (0)	<input checked="" type="checkbox"/>
Other	4.3% (6)	2.5% (4)	<input type="checkbox"/>

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

Delay of Services (Question 15)

Thirty-five point three percent of respondents (35.3%, n=54) reported that they or a member of their household thought they needed healthcare services but did not get them or had to delay getting them in the last three years. Sixty-four point seven percent of respondents (64.7%, n=99) felt they were able to get the healthcare services they needed without delay.

More 2022 respondents delayed or did not receive needed services compared to 2020.



View a cross tabulation of where respondents live and 'delay of healthcare services' on p. 89

Reason for Not Receiving/Delaying Needed Services (Question 16)

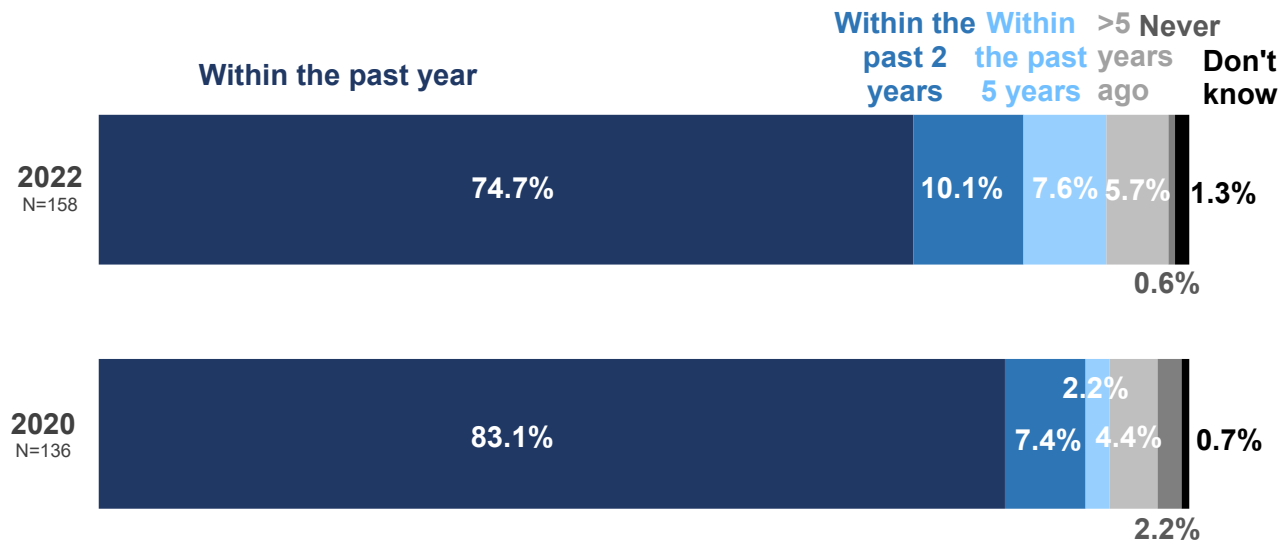
Among survey respondents who indicated they were unable to receive or had to delay services (n=54), the top reasons for not receiving or delaying needed services included “It cost too much” (37.0%, n=20) and “COVID-19 barriers/concerns” (25.9%, n=14).

Reasons for Delay in Receiving Needed Healthcare	2020 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	35	54	
It cost too much	40.0% (14)	37.0% (20)	<input type="checkbox"/>
COVID-19 barriers/concerns		25.9% (14)	<input type="checkbox"/>
Could not get an appointment	22.9% (8)	20.4% (11)	<input type="checkbox"/>
Qualified provider not available	20.0% (7)	20.4% (11)	<input type="checkbox"/>
My insurance didn't cover it	20.0% (7)	18.5% (10)	<input type="checkbox"/>
Too long to wait for an appointment	14.3% (5)	16.7% (9)	<input type="checkbox"/>
Lack of provider sensitivity to culture, lifestyle choices, personal identity, etc.	2.9% (1)	11.1% (6)	<input type="checkbox"/>
It was too far to go	11.4% (4)	9.3% (5)	<input type="checkbox"/>
Could not get off work	2.9% (1)	7.4% (4)	<input type="checkbox"/>
No insurance	5.7% (2)	7.4% (4)	<input type="checkbox"/>
Don't like doctors	5.7% (2)	3.7% (2)	<input type="checkbox"/>
Not treated with respect	2.9% (1)	3.7% (2)	<input type="checkbox"/>
Unsure if services were available	2.9% (1)	3.7% (2)	<input type="checkbox"/>
Office wasn't open when I could go	2.9% (1)	1.9% (1)	<input type="checkbox"/>
Didn't know where to go	2.9% (1)	0.0% (0)	<input type="checkbox"/>
Don't understand healthcare system	2.9% (1)	0.0% (0)	<input type="checkbox"/>
Had no childcare	2.9% (1)	0.0% (0)	<input type="checkbox"/>
Language barrier	0.0% (0)	0.0% (0)	<input type="checkbox"/>
Too nervous or afraid	5.7% (2)	0.0% (0)	<input type="checkbox"/>
Transportation problems	2.9% (1)	0.0% (0)	<input type="checkbox"/>
Other*	22.9% (8)	27.8% (15)	<input type="checkbox"/>

A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to indicate the top three reasons for a delay in seeking or receiving healthcare, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year. *Respondents (N=5) who selected over the allotted amount were moved to “Other.” “Other” comments included: “Unsure if I should go” and “Wanted to be tough”

Primary Care Services (Question 17)

Survey respondents were asked to share how long it had been since they 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. Seventy-four point seven percent of respondents (74.7%, n=118) indicated their last visit was within the past year. Ten point one percent of survey respondents (10.1%, n=16) shared that their last visit with a primary care provider had been in the past two years, 7.6% (n=12) indicated within the past five years, and 5.7% (n=9) indicated more than 5 years ago. Point six percent of respondents (0.6%, n=1) indicated they have never visited a primary care provider. One point three percent of respondents (1.3%, n=2) indicated “Don’t know.”



View a cross tabulation of where respondents live with when their last primary care visit occurred on p. 90

Location of Primary Care Services (Question 18)

Survey respondents were asked to share where their primary care provider is located. The majority of respondents (31.4%, n=48) reported receiving care at “Miles City - Holy Rosary Healthcare,” and 28.8% of respondents (n=44) received care at “Miles City – Billings Clinic.” Six respondents were moved to “other” due to selecting more than one primary care provider location.

Location of Primary Care Provider	2020 % (n)	2022 % (n)
Number of respondents	132	153
Miles City - Holy Rosary Healthcare	34.1% (45)	31.4% (48)
Miles City - Billings Clinic	41.7% (55)	28.8% (44)
Billings	2.3% (3)	7.2% (11)
Miles City - One Health	3.0% (4)	5.9% (9)
Miles City - VA	3.8% (5)	3.3% (5)
Baker	6.1% (8)	2.6% (4)
Forsyth	0.0% (0)	1.3% (2)
Glendive	0.8% (1)	1.3% (2)
Broadus	0.0% (0)	0.7% (1)
Jordan	0.0% (0)	0.7% (1)
Online virtual provider (not local)		0.0% (0)
Sidney	0.0% (0)	0.0% (0)
Other*	8.3% (11)	17.0% (26)
TOTAL	100.0% (132)	100.0% (153)

Statistical significance was not measured as reporting differed between 2022 and the two previous years. A larger number of missing values in 2022 compared to previous years would result in a skewed test for significance, indicating a meaningful change when one may not exist. Grayed out cells indicate the question was not asked that year. *Respondents (N=6) who selected over the allotted amount were moved to “Other.”

“Other” comments included: Miles City (3), Circle (3), Glasgow (2), Ekalaka (2), and Terry, MT (2)

View a cross tabulation of where respondents live with where they utilize primary care services on p. 91

Reasons for Primary Care Provider Selection (Question 19)

Survey respondents were asked to share the reasons why they chose that primary care provider. “Prior experience with clinic” was the most frequently selected reason at 47.7% (n=73), followed by “Clinic/provider’s reputation for quality” at 40.5% (n=62), and “Closest to home” at 25.5% (n=39).

Reasons for Selecting Primary Care Provider	2020 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	132	153	
Prior experience with clinic	45.5% (60)	47.7% (73)	<input type="checkbox"/>
Clinic/provider's reputation for quality	42.4% (56)	40.5% (62)	<input type="checkbox"/>
Closest to home	28.0% (37)	25.5% (39)	<input type="checkbox"/>
Appointment availability	25.0% (33)	20.3% (31)	<input type="checkbox"/>
Recommended by family or friends	24.2% (32)	16.3% (25)	<input type="checkbox"/>
Referred by physician or other provider	9.1% (12)	11.1% (17)	<input type="checkbox"/>
Cost of care	3.8% (5)	7.2% (11)	<input type="checkbox"/>
Privacy/confidentiality	7.6% (10)	4.6% (7)	<input type="checkbox"/>
Required by insurance plan	4.5% (6)	3.9% (6)	<input type="checkbox"/>
Length of waiting room time	3.8% (5)	2.6% (4)	<input type="checkbox"/>
VA/Military requirement	2.3% (3)	2.0% (3)	<input type="checkbox"/>
Indian Health Services	0.0% (0)	0.0% (0)	<input type="checkbox"/>
Other	7.6% (10)	9.2% (14)	<input type="checkbox"/>

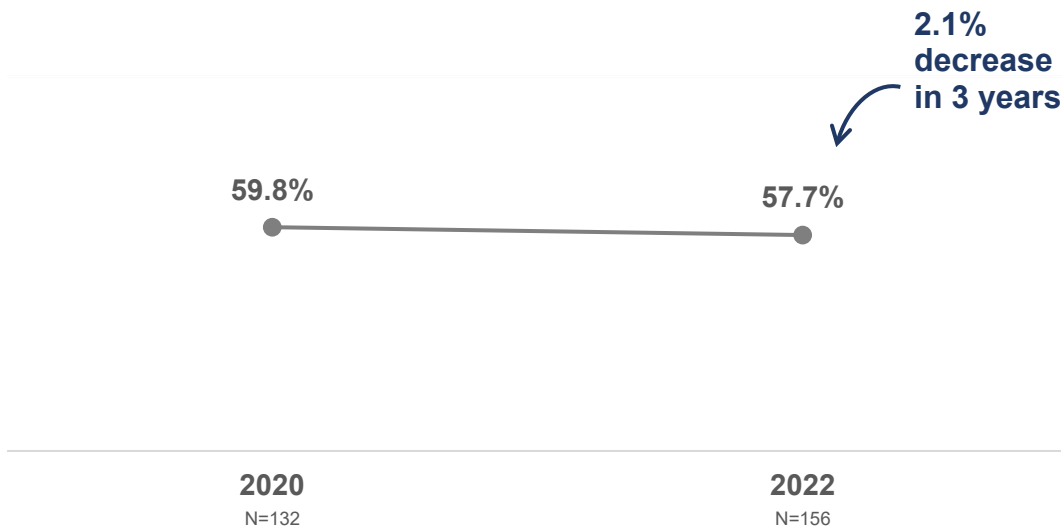
A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to pick the reasons for selection of their primary care provider, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year.

“Other” comments included: “I was able to see a doctor rather than a physician’s assistant (PA)” and “To get established in the VA system”

View a cross tabulation of where respondents utilize primary care services with their reasons for selecting their provider on p. 92

Hospital Care Services (Question 20)

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. Fifty-seven point seven percent of respondents (57.7%, n=90) reported that they or a member of their family had received hospital care during the previous three years, and 42.3% (n=66) had not received hospital services.



Location of Hospital Services (Question 21)

Among the survey respondents who indicated receiving hospital care in the last three years (n=90), the majority (43.3%, n=39) report utilizing “Holy Rosary Healthcare” most often. Twenty-three point three percent of respondents (23.3%, n=21) received services at “Billings Clinic.” Ten respondents were moved to “other” due to selecting more than one hospital location.

Hospital Used Most Often	2020 % (n)	2022 % (n)
Number of respondents	79	90
Holy Rosary Healthcare	58.2% (46)	43.3% (39)
Billings Clinic	16.5% (13)	23.3% (21)
St. Vincent Healthcare	6.3% (5)	8.9% (8)
Glendive Medical Center	1.3% (1)	3.3% (3)
Fallon Medical Complex	2.5% (2)	2.2% (2)
Dahl Memorial Healthcare	0.0% (0)	0.0% (0)
Prairie Community Hospital	1.3% (1)	0.0% (0)
Rosebud Health Care Center	0.0% (0)	0.0% (0)
Other*	13.9% (11)	18.9% (17)
TOTAL	100.0% (79)	100.0% (90)

Statistical significance was not measured as reporting differed between 2022 and the two previous years. A larger number of missing values in 2022 compared to previous years would result in a skewed test for significance, indicating a meaningful change when one may not exist. Grayed out cells indicate the question was not asked that year. *Respondents (N=10) who selected over the allotted amount were moved to “Other.”

“Other” comments included: Ortho MT (2), Bozeman, Bismarck, and Spearfish

View a cross tabulation of where respondents live with where they utilize hospital services on p. 93

Reasons for Hospital Selection (Question 22)

Of the survey respondents who indicated receiving hospital care in the last three years (n=90), the majority of respondents (43.3%, n=39) stated that “Closest to home” was their top reason for selecting the facility they used most often. “Referred by physician or other provider” was selected by 42.2% of the respondents (n=38).

Reasons for Selecting Hospital	2020 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	79	90	
Closest to home	57.0% (45)	43.3% (39)	<input type="checkbox"/>
Referred by physician or other provider	36.7% (29)	42.2% (38)	<input type="checkbox"/>
Prior experience with hospital	35.4% (28)	38.9% (35)	<input type="checkbox"/>
Emergency, no choice	38.0% (30)	30.0% (27)	<input type="checkbox"/>
Hospital's reputation for quality	22.8% (18)	22.2% (20)	<input type="checkbox"/>
Recommended by family or friends	7.6% (6)	8.9% (8)	<input type="checkbox"/>
Financial assistance programs	3.8% (3)	3.3% (3)	<input type="checkbox"/>
Required by insurance plan	5.1% (4)	3.3% (3)	<input type="checkbox"/>
VA/Military requirement	1.3% (1)	3.3% (3)	<input type="checkbox"/>
Closest to work	2.5% (2)	2.2% (2)	<input type="checkbox"/>
Privacy/confidentiality	2.5% (2)	1.1% (1)	<input type="checkbox"/>
Cost of care	2.5% (2)	0.0% (0)	<input type="checkbox"/>
Other*	8.9% (7)	12.2% (11)	<input type="checkbox"/>

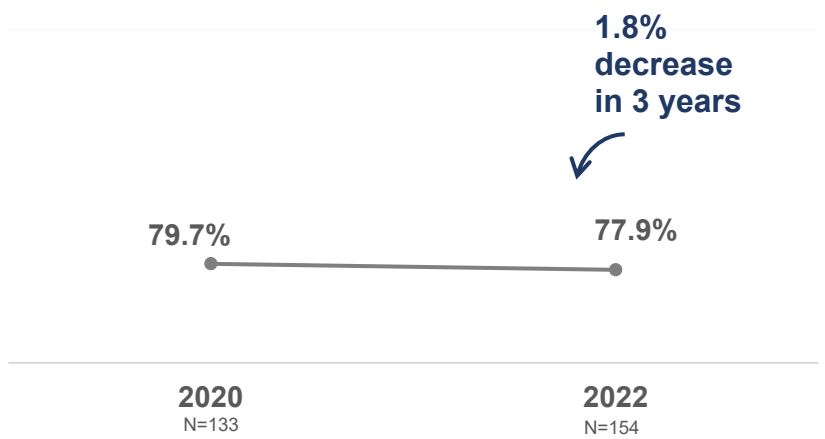
A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to pick their top three reasons for selecting a hospital, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year. *Respondents (N=2) who selected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

“Other” comments included: Specialist availability for complex medical needs, Relative lives in Bozeman, and Veteran

View a cross tabulation of where respondents utilize hospital services with their reasons for selecting that facility p. 94

Specialty Care Services (Question 23)

Respondents were asked if they or someone in their household had seen a healthcare specialist in the last three years. Specialty care was quantified as a health provider other than their primary care provider or family doctor. Seventy-seven point nine percent of the respondents (77.9%, n=120) indicated they or a household member had seen a healthcare specialist during the past three years, while 22.1% (n=34) indicated they had not.



Location of Healthcare Specialist(s) (Question 24)

One-hundred nineteen of the 120 survey respondents who indicated that they or someone in their household had seen a healthcare specialist in the last three years shared where they received services. The majority (73.9%, n=88) sought specialty care in Billings, and 43.7% of respondents (n=52) sought specialty services in Miles City, both of which experienced a significant change since the last assessment. Respondents could select more than one location, so percentages do not equal 100%.

Location of Specialist	2020 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	106	119	
Billings	59.4% (63)	73.9% (88)	■
Miles City	66.0% (70)	43.7% (52)	■
Glendive	5.7% (6)	4.2% (5)	□
Baker	1.9% (2)	1.7% (2)	□
Forsyth	0.0% (0)	1.7% (2)	□
Terry	0.9% (1)	0.8% (1)	□
Ekalaka	0.0% (0)	0.0% (0)	□
Other	10.4% (11)	11.8% (14)	□

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

“Other” comments included: Mayo Clinic (2) and Rapid City, SD (2)

Type of Healthcare Specialist Seen (Question 25)

The most frequently utilized specialist was the “Dentist” at 34.5% (n=41). An “Optometrist (eye doctor)” and “Radiologist (X-ray)” were seen by 27.7% of respondents (n=33, each). Respondents were asked to choose all that apply, so percentages do not equal 100%.

Type of Specialists Seen	2020 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	106	119	
Dentist	40.6% (43)	34.5% (41)	<input type="checkbox"/>
Optometrist (eye doctor)	24.5% (26)	27.7% (33)	<input type="checkbox"/>
Radiologist (X-ray)	23.6% (25)	27.7% (33)	<input type="checkbox"/>
Dermatologist (skin)	20.8% (22)	26.1% (31)	<input type="checkbox"/>
Orthopedic surgeon	27.4% (29)	20.2% (24)	<input type="checkbox"/>
Physical therapist	17.9% (19)	19.3% (23)	<input type="checkbox"/>
Cardiologist (heart)	24.5% (26)	18.5% (22)	<input type="checkbox"/>
Ophthalmologist (eye specialist)	14.2% (15)	16.8% (20)	<input type="checkbox"/>
Chiropractor	19.8% (21)	16.0% (19)	<input type="checkbox"/>
Oncologist (cancer)	17.9% (19)	13.4% (16)	<input type="checkbox"/>
Gastroenterologist (stomach)	12.3% (13)	12.6% (15)	<input type="checkbox"/>
OB/GYN (birth/women's services)	9.4% (10)	11.8% (14)	<input type="checkbox"/>
Urologist	6.6% (7)	11.8% (14)	<input type="checkbox"/>
Audiologist (ear)	6.6% (7)	10.9% (13)	<input type="checkbox"/>
General surgeon	23.6% (25)	10.9% (13)	<input checked="" type="checkbox"/>
Neurologist (nervous system)	3.8% (4)	10.9% (13)	<input checked="" type="checkbox"/>
ENT (ear/nose/throat)	7.5% (8)	10.1% (12)	<input type="checkbox"/>
Endocrinologist (hormones)	3.8% (4)	8.4% (10)	<input type="checkbox"/>
Pulmonologist (lungs)	3.8% (4)	8.4% (10)	<input type="checkbox"/>
Podiatrist (feet)	8.5% (9)	7.6% (9)	<input type="checkbox"/>
Rheumatologist (arthritis/autoimmune)	4.7% (5)	6.7% (8)	<input type="checkbox"/>
Dietician	0.0% (0)	4.2% (5)	<input checked="" type="checkbox"/>

Table continued on the next page.

Mental health counselor	3.8% (4)	4.2% (5)	<input type="checkbox"/>
Pediatrician (child specialist)	4.7% (5)	4.2% (5)	<input type="checkbox"/>
Allergist	2.8% (3)	3.4% (4)	<input type="checkbox"/>
Occupational therapist	1.9% (2)	1.7% (2)	<input type="checkbox"/>
Psychologist	0.9% (1)	1.7% (2)	<input type="checkbox"/>
Speech therapist	0.0% (0)	1.7% (2)	<input type="checkbox"/>
Psychiatrist (mental health)	0.9% (1)	0.8% (1)	<input type="checkbox"/>
Geriatrician (aging issues)	0.0% (0)	0.0% (0)	<input type="checkbox"/>
Midwife		0.0% (0)	<input type="checkbox"/>
Pastoral care/minister	0.0% (0)	0.0% (0)	<input type="checkbox"/>
Social worker	0.9% (1)	0.0% (0)	<input type="checkbox"/>
Substance abuse counselor	1.9% (2)	0.0% (0)	<input type="checkbox"/>
Other	15.1% (16)	8.4% (10)	<input type="checkbox"/>

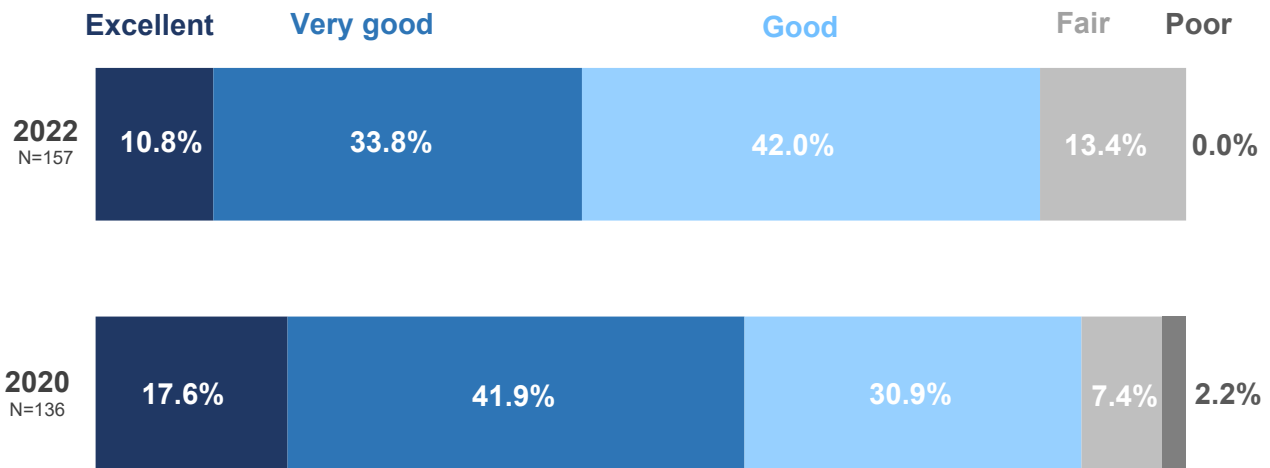
A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to indicate each type of specialist seen, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year.

“**Other**” comments included: Oral Surgeon (2), Hematologist, Pain Management, and Acupuncture

Rating of Mental Health (Question 26)

Respondents were asked to indicate how they would describe their mental health in general when considering stress, anxiety, depression, and emotional problems. Forty-two percent of respondents (42.0%, n=66) felt their mental health was “Good,” 33.8% (n=53) rated their mental health as “Very good,” 13.4% of respondents (n=21) felt their mental health was “Fair,” and 10.8% of respondents (n=17) rated their mental health in general as “Excellent.” No respondents rated their mental health as “Poor.”

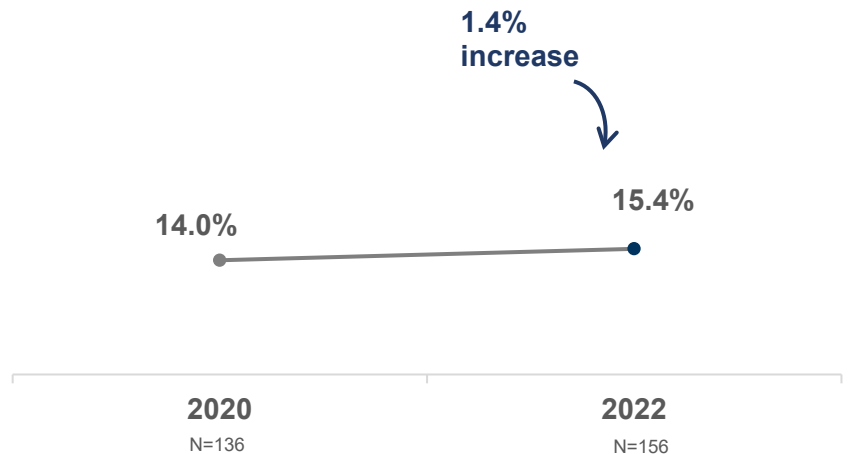
More 2022 respondents rate their mental health as good compared to 2020.



Prevalence of Depression (Question 27)

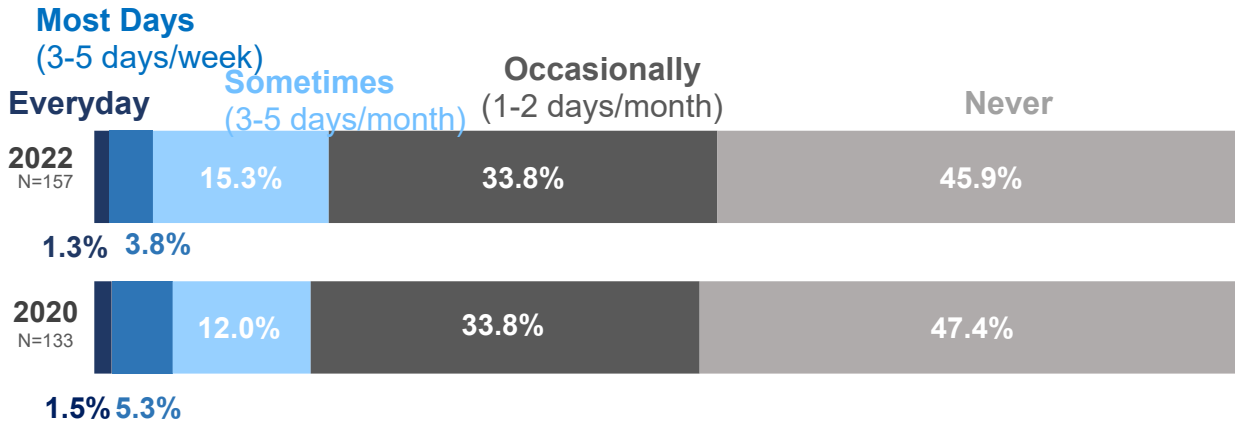
Respondents were asked to indicate if there were periods of at least three consecutive months in the past three years where they felt depressed on most days. Fifteen point four percent of respondents (15.4%, n=24) indicated they had experienced periods of depression, and 84.6% of respondents (n=132) indicated they had not.

More respondents report experiencing periods of depression since the last assessment



Social Isolation (Question 28)

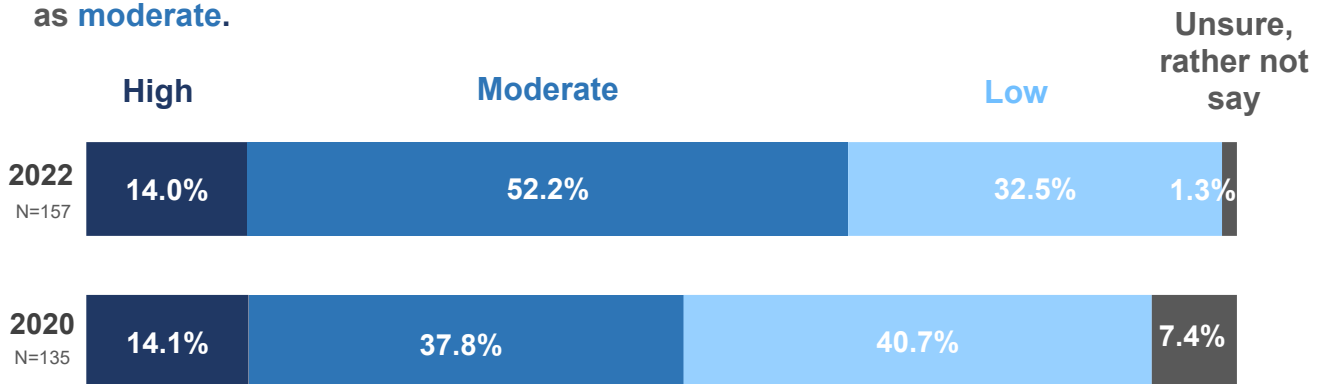
Respondents were asked to indicate how often they felt lonely or isolated in the past year. Forty-five point nine percent of respondents (45.9%, n=72) indicated they never felt lonely or isolated, and 33.8% of respondents (n=53) indicated they “Occasionally (1-2 days per month)” felt lonely or isolated. Fifteen point three percent (15.3%, n=24) reported they felt lonely or isolated “Sometimes (3-5 days per month),” 3.8% (n=6) indicated they felt lonely or isolated on “Most days (3-5 days per week),” and 1.3% (n=2) reported they felt lonely or isolated “Everyday.”



Perception of Stress (Question 29)

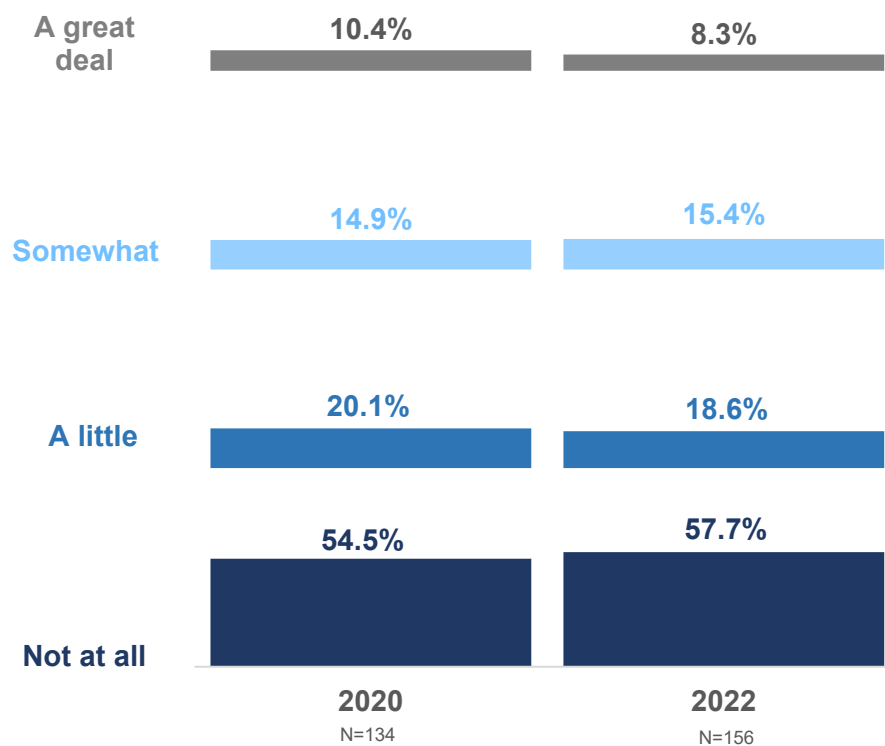
Respondents were asked to indicate how they would describe their stress level over the past year. Fifty-two point two percent of respondents (52.2%, n=82) indicated they experienced a moderate level of stress, 32.5% (n=51) had a low level of stress, 14.0% of respondents (n=22) indicated they had experienced a high level of stress, and 1.3% of respondents (n=2) were “Unsure/rather not say.”

Half of 2022 respondents describe their stress level in the past year as moderate.



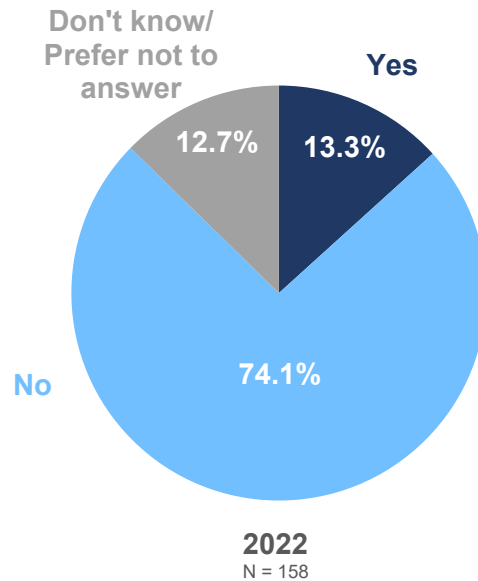
Impact of Substance Abuse (Question 30)

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-seven point seven percent of respondents (57.7%, n=90) indicated their life was “Not at all” affected. Eighteen point six percent (18.6%, n=29) were “A little” affected, 15.4% (n=24) were “Somewhat” affected, and 8.3% (n=13) indicated they were “A great deal” negatively affected.



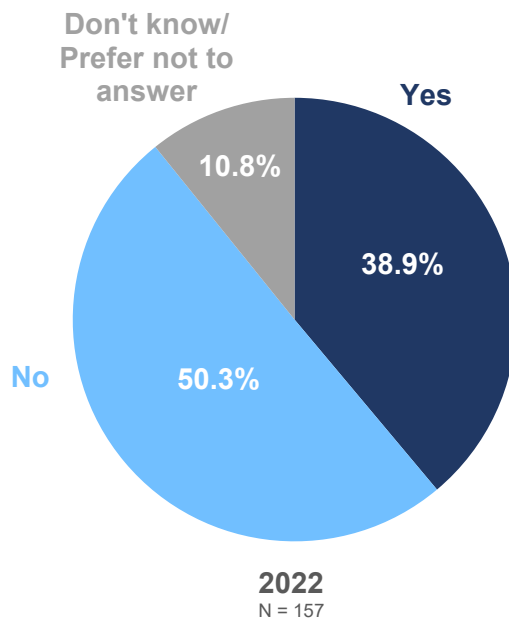
Domestic Violence/Intimate Partner Violence (Question 31)

Respondents were asked to share if they or someone they know have experienced domestic violence/intimate partner violence. The majority of respondents (74.1%, n=117) indicated they do not know or haven't personally experienced domestic violence/intimate partner violence, while 13.3% of respondents (n=21) shared that they have or know someone who has experienced domestic violence/intimate partner violence. Twelve point seven percent of respondents (12.7%, n=20) indicated they "Don't know/prefer not to answer."



Knowledge of Domestic Violence/Intimate Partner Violence Resources (Question 32)

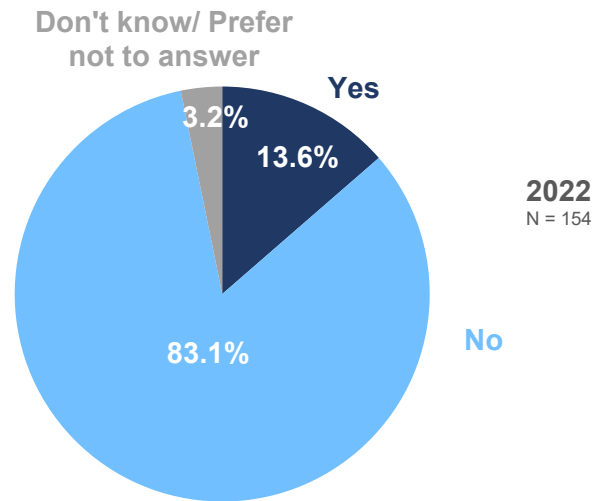
Respondents were asked to if they know what resources are available to themselves or community members who have experienced domestic violence/intimate partner violence. The majority of respondents (50.3%, n=79) indicated that they are not aware of available resources. Thirty-eight point nine percent of respondents (38.9%, n=61) shared that they are aware of available resources to those who have experienced domestic violence/intimate partner violence, while 10.8% of respondents (n=17) indicated they "Don't know/prefer not to answer."



50.3%
of survey respondents are not aware of sexual assault or intimate partner violence resources

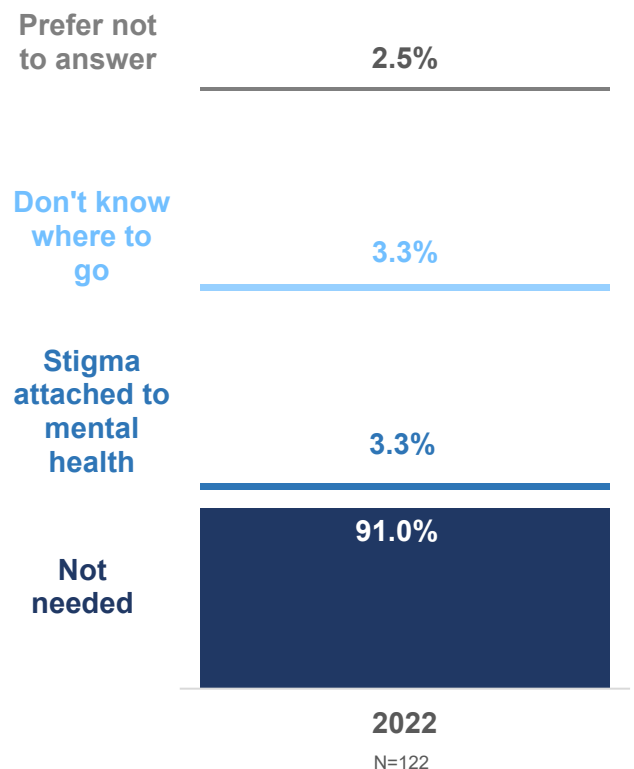
Mental Health Services (Question 33)

Thirteen point six percent of respondents (13.6%, n=21) reported that they or a member of their household accessed mental health services in the past year. The majority of respondents (83.1%, n=128) stated that they had not accessed mental health services, and 3.2% of respondents (n=5) indicated they “Don’t know/prefer not to answer.”



Reason for Not Accessing Mental Health Services (Question 34)

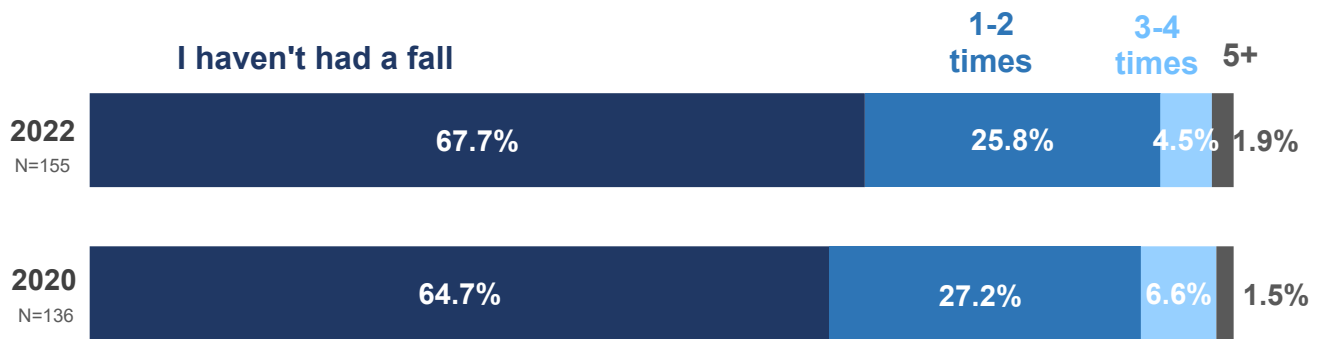
One-hundred twenty-two of the 128 survey respondents who indicated they did not access mental health services in the last year, shared their reasons for not accessing mental health services. The reason most cited was that they were “Not needed” (91.0%, n=111). Three point three percent of survey respondents (3.3%, n=4, each) marked “Stigma attached to mental health” and “Don’t know where to go” as reasons for not accessing mental health services. Two point five percent of respondents (2.5%, n=3) preferred not to answer this question.



Fall Prevalence (Question 35)

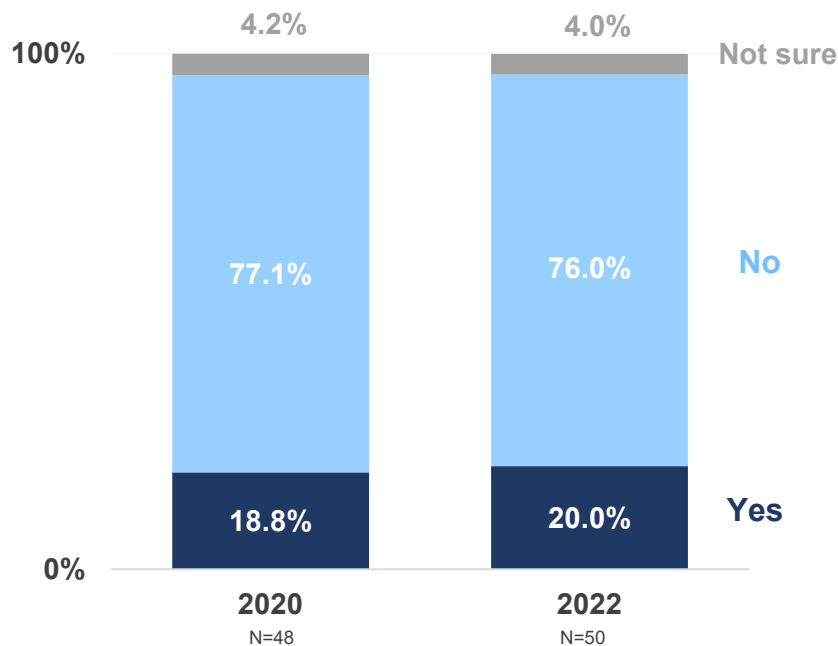
Respondents were asked to indicate if in the last twelve months, how many times they had fallen. Sixty-seven point seven percent of respondents (67.7%, n=105) indicated they had not fallen. Twenty-five point eight percent (25.8%, n=40) had fallen “1-2 times” in the last year, 4.5% (n=7) had fallen “3-4 times,” and 1.9% of respondents (n=3) had fallen “5 or more times” in the past year.

Nearly a third of respondents have fallen one or more times in the last 12 months.



Fall Injury Prevalence (Question 36)

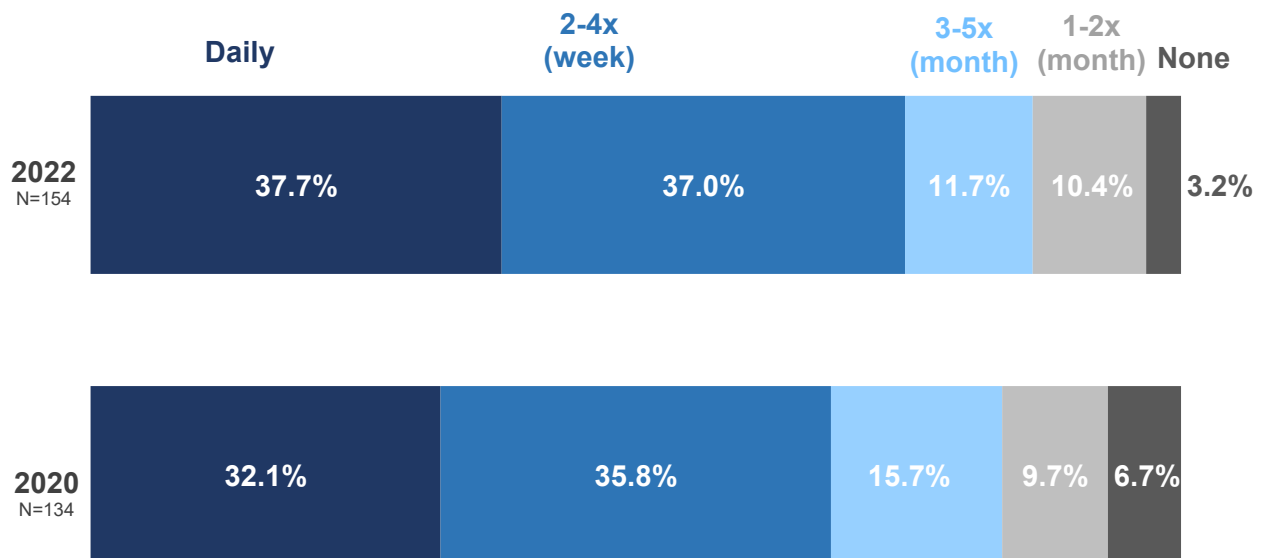
Among the respondents who indicated they had fallen in the last year (n=50), they were asked to indicate if they had been injured as a result of the fall. Seventy-six percent of respondents (76.0%, n=38) indicated they were not injured. Twenty percent (20.0%, n=10) had fallen and were injured, while 4.0% (n=2) weren't sure if they were injured as a result of the fall.



Physical Activity (Question 37)

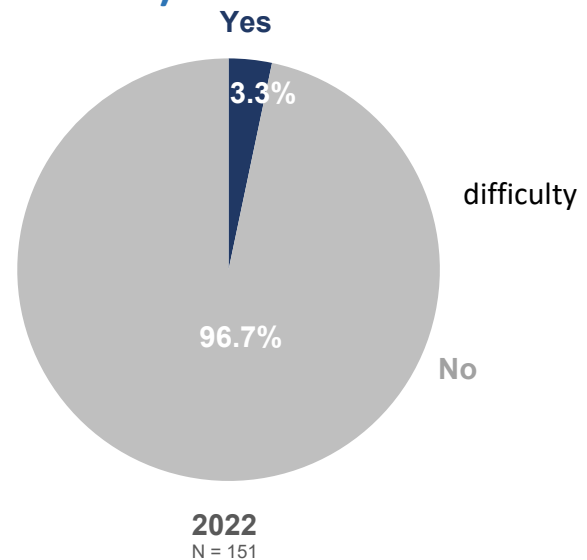
Respondents were asked to indicate how frequently they had physical activity for at least twenty minutes over the past month. Thirty-seven point seven percent of respondents (37.7%, n=58) indicated they had physical activity “Daily,” and 37.0% (n=57) indicated they had physical activity of at least twenty minutes “2-4 times per week.” Eleven point seven percent of respondents (11.7%, n=18) indicated they had physical activity “3-5 times per month,” 10.4% (n=16) indicated they had physical activity “1-2 times per month,” and 3.2% (n=5) indicated they had “No physical activity.”

2022 respondents report being more physically active compared to 2020



Difficulty Getting Prescriptions (Question 38)

Respondents were asked to indicate if they had difficulty getting a prescription or taking their medication regularly. Three point three percent of respondents (3.3%, n=8) indicated that they had getting a prescription or taking their medication regularly in the last year. Ninety-six point seven percent of respondents (96.7%, n=146) indicated that they did not have trouble getting or taking prescriptions.



Barriers to Getting Prescription/Taking Regularly (Question 39)

Five of the 8 survey respondents who indicated they were unable to get a prescription or take their medication regularly, shared the barriers they faced. The reasons most cited were “Pharmacy did not have prescription when I arrived” and “Pharmacy wasn’t open when I could go.”

Barriers to Getting Prescription or Taking Medication Regularly	2022 % (n)
Total number of respondents	5
Pharmacy did not have prescription when I arrived	20.0% (1)
Pharmacy wasn’t open when I could go	20.0% (1)
Had trouble remembering to take medication	0.0% (0)
It cost too much	0.0% (0)
It was too far to go	0.0% (0)
Mail-order prescriptions took too long	0.0% (0)
My insurance didn’t cover it	0.0% (0)
No insurance	0.0% (0)
Transportation problems	0.0% (0)
Other	60.0% (3)

Respondents were asked to indicate all barriers to getting a prescription or taking their medication regularly, so percentages do not equal 100%.

“Other” comments included: “Doctor forgot to send it in” and “Taking the doctor too long to refill them.”

Food Insecurity (Question 40)

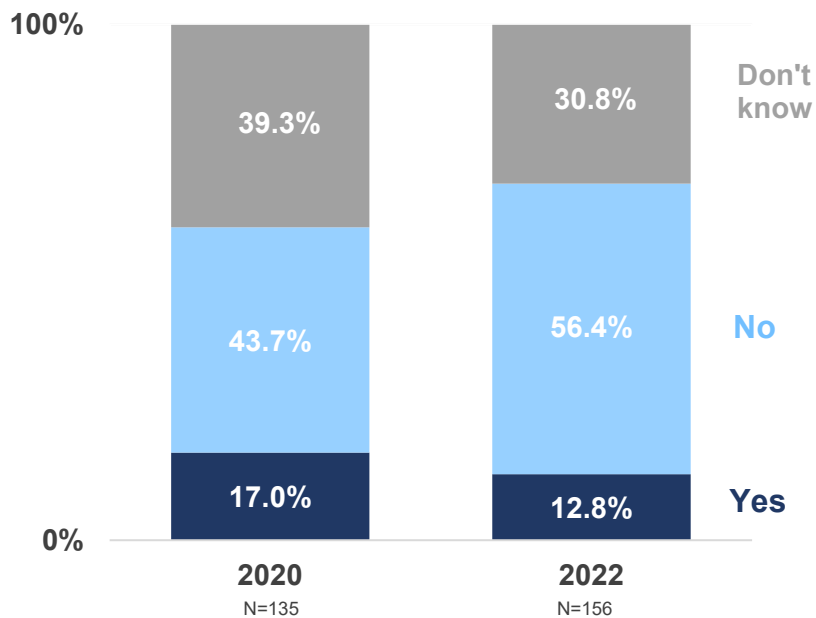
Respondents were asked to indicate if, during the last year, they had worried that they would not have enough food to eat. The majority, 96.8% (n=151), were not worried, but 3.2% (n=5) were concerned about not having enough to eat.

The majority of respondents did not worry about having enough food



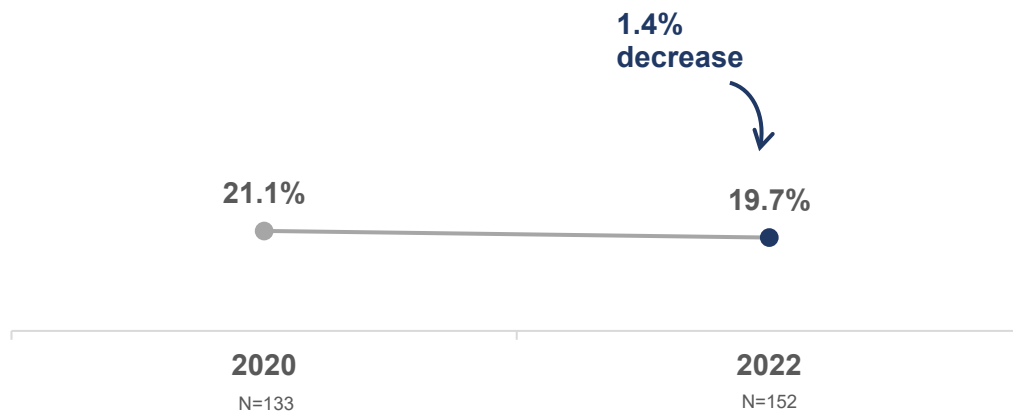
Housing (Question 41)

Respondents were asked to indicate if they felt the community has adequate and affordable housing options available. Fifty-six point four percent of respondents (56.4%, n=88) indicated that they feel there are not adequate and affordable housing options available in the community, 12.8% (n=20) felt there are adequate and affordable options available, and 30.8% (n=48) didn't know.



Prevalence of Caregiving for Family or Friends (Question 42)

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. Nineteen point seven percent (19.7%, n=30) had provided care for a friend or family member while 80.3% (n=122) of respondents have not.



Caregiving Condition(s) (Question 43)

For those respondents who indicated they had provided regular care or assistance (n=30) to a friend or family member who has a health problem, long-term illness, or disability, the primary illnesses reported were “Dementia/Alzheimer's/cognitive impairment disorders,” “Injuries (including broken bones),” and “Advanced age/infirmity/frailty” (27.6%, n=8, each). One respondent chose not to answer this question.

Illness of Care Recipient	2020 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Total number of respondents	26	29	
Dementia/Alzheimer's/cognitive impairment disorders	11.5% (3)	27.6% (8)	<input type="checkbox"/>
Injuries (including broken bones)	0.0% (0)	27.6% (8)	<input checked="" type="checkbox"/>
Advanced age/infirmity/frailty	34.6% (9)	27.6% (8)	<input type="checkbox"/>
Heart disease/hypertension/stroke	7.7% (2)	17.2% (5)	<input type="checkbox"/>
Mental illnesses (anxiety, depression, schizophrenia)	3.8% (1)	17.2% (5)	<input type="checkbox"/>
Diabetes	19.2% (5)	13.8% (4)	<input type="checkbox"/>
Arthritis/rheumatism	34.6% (9)	10.3% (3)	<input checked="" type="checkbox"/>
Developmental disabilities (autism, down syndrome, spina bifida, etc.)	7.7% (2)	10.3% (3)	<input type="checkbox"/>
Cancer	15.4% (4)	6.9% (2)	<input type="checkbox"/>
Chronic respiratory conditions (emphysema, COPD)	3.8% (1)	6.9% (2)	<input type="checkbox"/>
Asthma	3.8% (1)	3.4% (1)	<input type="checkbox"/>
End of life care	0.0% (0)	3.4% (1)	<input type="checkbox"/>
HIV	0.0% (0)	3.4% (1)	<input type="checkbox"/>
Organ failure or diseases (kidney/liver problems)	0.0% (0)	3.4% (1)	<input type="checkbox"/>
Substance abuse/addiction disorders	0.0% (0)	3.4% (1)	<input type="checkbox"/>
Other	26.9% (7)	6.9% (2)	<input checked="" type="checkbox"/>

A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Grayed out cells indicate the question was not asked that year. Respondents were asked to indicate all barriers to getting a prescription or taking their medication regularly, so percentages do not equal 100%.

“Other” comments included: Vision problems

Health Insurance Type (Question 44)

Respondents were asked to indicate what type of health insurance covers the majority of their medical expenses. Forty-nine point one percent (49.1%, n=78) indicated they have “Medicare” coverage. Forty-four point seven percent (44.7%, n=71) indicated they have “Employer sponsored” coverage.

Type of Health Insurance	2020 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	140	159	
Medicare	52.1% (73)	49.1% (78)	<input type="checkbox"/>
Employer sponsored	37.1% (52)	44.7% (71)	<input type="checkbox"/>
Private insurance/private plan	27.1% (38)	20.1% (32)	<input type="checkbox"/>
Health Savings Account	5.7% (8)	7.5% (12)	<input type="checkbox"/>
Medicaid	10.0% (14)	6.3% (10)	<input type="checkbox"/>
Health Insurance Marketplace	5.0% (7)	5.0% (8)	<input type="checkbox"/>
VA/Military	7.1% (10)	5.0% (8)	<input type="checkbox"/>
Healthy MT Kids	2.9% (4)	3.1% (5)	<input type="checkbox"/>
None/pay out of pocket	2.1% (3)	2.5% (4)	<input type="checkbox"/>
Indian Health	0.0% (0)	0.0% (0)	<input type="checkbox"/>
Other	7.9% (11)	3.8% (6)	<input type="checkbox"/>

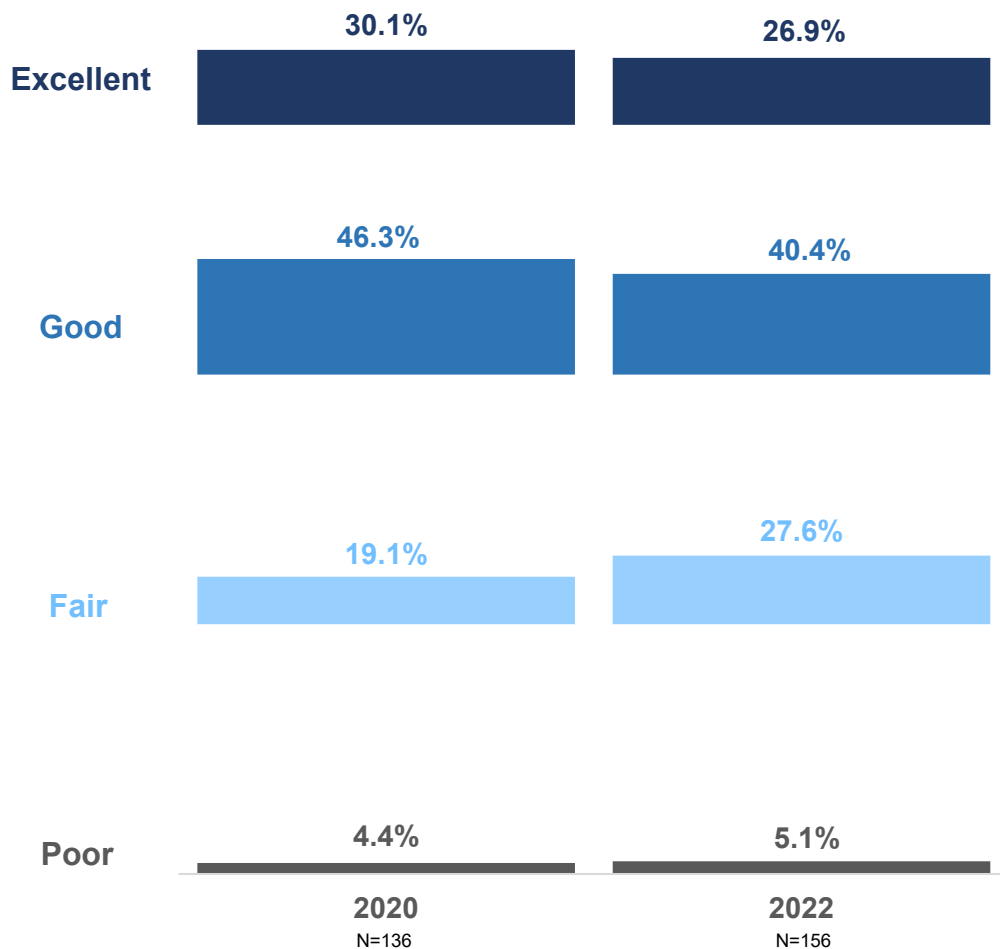
A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Grayed out cells indicate the question was not asked that year. Respondents were asked to indicate all barriers to getting a prescription or taking their medication regularly, so percentages do not equal 100%.

“**Other**” comments included: Christian Health Ministries - Healthcare Sharing out of pocket up to \$1000

Insurance and Healthcare Costs (Question 45)

Respondents were asked to indicate how well they felt their health insurance covers their healthcare costs. Forty point four percent of respondents (40.4%, n=63) indicated they felt their insurance covers a “Good” amount of their healthcare costs. Twenty-seven point six percent of respondents (27.6%, n=43) indicated they felt their insurance covered a “Fair” amount, 26.9% of respondents (n=42) felt their insurance covered an “Excellent” amount, and 5.1% of respondents (n=8) stated their insurance covered a “Poor” amount of their health costs.

More 2022 respondents feel that their health insurance offers fair or poor coverage compared to 2020



Barriers to Having Insurance (Question 46)

Among the survey respondents who indicated they did not have insurance (n=4), the top reasons for not having health insurance were “Can’t afford to pay for health insurance,” “Choose not to have health insurance,” and “Too confusing/don't know how to apply” (100.0%, n=1, each). One survey respondent chose not to answer this question. Respondents could select all barriers that applied.

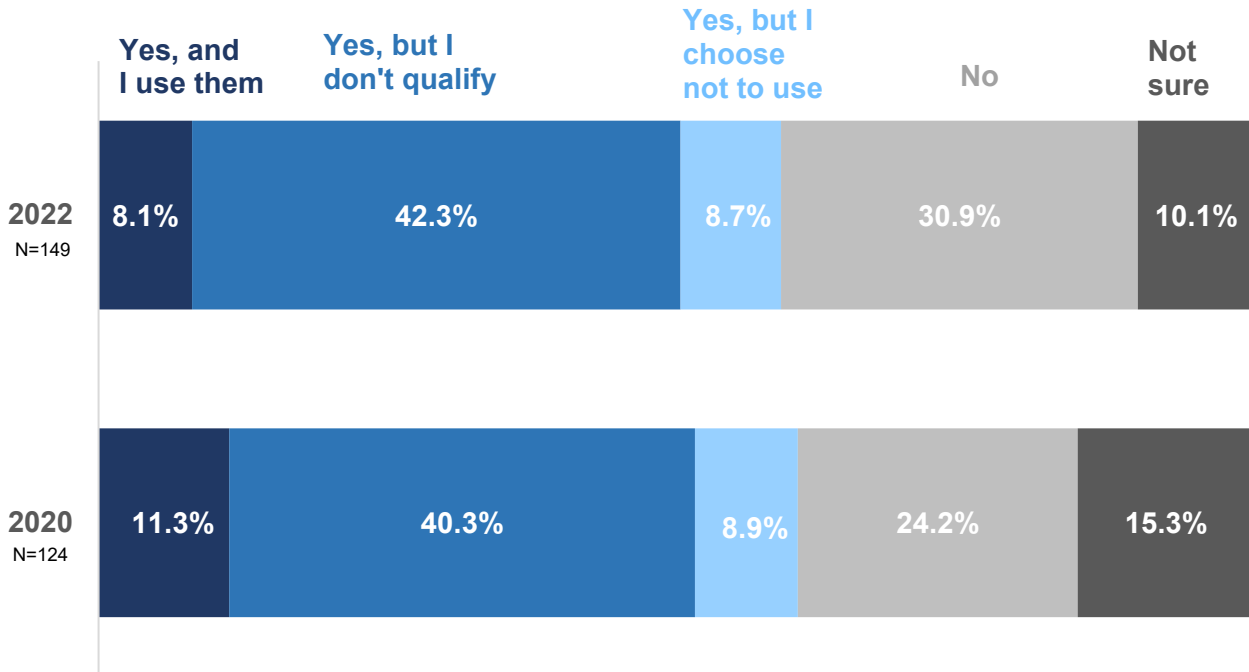
Reasons for No Health Insurance	2020 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	2	3	
Can't afford to pay for health insurance	100.0% (2)	33.3% (1)	<input type="checkbox"/>
Choose not to have health insurance	0.0% (0)	33.3% (1)	<input type="checkbox"/>
Too confusing/don't know how to apply	0.0% (0)	33.3% (1)	<input type="checkbox"/>
Employer does not offer insurance	50.0% (1)	0.0% (0)	<input type="checkbox"/>
Other	0.0% (0)	33.3% (1)	<input type="checkbox"/>

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

Awareness of Health Cost Assistance Programs (Question 47)

Respondents were asked to indicate their awareness of programs that help people pay for healthcare bills. The majority of respondents (42.3%, n=63) shared that they are aware of these programs, but do not qualify to utilize them. Thirty point nine percent of respondents (30.9%, n=46) indicated they were not aware of these programs, 10.1% (n=15) were not sure if they were aware of health cost assistance programs, 8.7% (n=15) were not sure if they were aware of health cost assistance programs, 8.7% (n=13) are aware of the programs, but choose not to utilize them, and 8.1% (n=12) are aware of these health cost assistance programs and utilize them.

More 2022 respondents are not aware of programs that help people pay for healthcare expenses compared to 2020.





FOCUS GROUP & KEY INFORMANT INTERVIEW RESULTS

Focus Group and Key Informant Interview Methodology

Two focus groups and three key informant interviews were conducted in November 2022. Participants were identified as people living in Holy Rosary Healthcare and One Health’s service area.

In total, 20 people participated in the focus groups and key informant interviews. The focus groups lasted 60 minutes in length. The three key informant interviews were conducted over the telephone and lasted up to 15 minutes in length. The focus groups and key informant interviews followed the same line of questioning and were facilitated by Montana Office of Rural Health staff. Focus group and key informant interview transcripts can be found in Appendix I.



Focus Group and 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 HEALTH



Mental health was by far the most discussed topic of the focus groups and key informant interviews. Overall, the common points of concern related to mental health included stigma related to accessing care, availability and capacity among local providers, and substance use.

Community members were forthcoming when highlighting their concerns related to mental health. One community member shared that “Like a lot of other eastern Montana communities, we struggle with a lot of similar challenges like depression and stress, which are particularly exacerbated by factors like agricultural impacts of drought that we don’t necessarily have much control over.”

Another individual pleaded that “there’s such a need across the lifespan for mental health services - all of us providers are referring to one another, but we’re all full.” They continued that, “there’s a lack of availability at all levels,

but it's even greater among the higher level of care and crisis response services. Miles City is the hub for this area of the state – we have folks from Circle traveling in for these services and that's 90 miles one way."

AWARENESS OF SERVICES AND RESOURCES



Another common thread of interviews pertained to an awareness of services and resources. Through these conversations with community members, Miles City was frequently referred to as the hub of eastern Montana. Yet, with a larger rural population compared to their neighboring frontier communities, Miles City still faces challenges with an awareness and alignment of resources. Fortunately, there was a hunger among community members to be part of a solution and champion improvements.

Opportunities for improvements discussed in the conversations included strengthening partnerships between the local health systems and entities such as the local schools to tackle shared priorities, highlighting the local trails for safe walking, and disseminating health education on topics relevant to community members (i.e., postpartum depression, co-parenting, parenting classes, support groups, etc.). One community member poignantly stated, "We all are often most focused on the entity that we work for and when we are trying to help people access services outside of our scope of work it can be difficult to find."

SERVICES NEEDED IN THE COMMUNITY

- Substance use resources and preventive education/programs
- Additional specialty care (i.e., Arthritis, orthopedic, dermatology, etc.)
- Diabetes education and resources for affected and caregivers (including schools, etc.)
- School nurse program
- Cancer prevention and education
- Programs and resources to support new mothers (i.e., lactation specialist, peer support, support groups, etc.)
- Capacity for more full psychiatric evaluations
- Expanded transportation services
- Awareness of local resources and services (i.e., availability of mental health resources/services, utilization of ER versus urgent care, locations of walking trails, etc.)
- Additional/enhanced home health
- Community center for recreational, events and programming opportunities
- Medical supply store
- Dentist
- Eye doctor
- Childcare beyond typical Monday-Friday, 9 a.m. – 5 p.m. hours



EXECUTIVE SUMMARY

Executive Summary

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

Areas of Opportunity	Secondary Data	Survey	Focus Groups & Interviews
Access to Healthcare Services			
Barriers to access			
<i>Consistent primary care providers</i>	⊗	✓	☑
<i>Transportation</i>	⊗	✓	☑
<i>High Veteran population</i>	⊗	✓	
<i>Specialty services (i.e., eye care, dentist, orthopedics, dermatology, etc.)</i>		✓	☑
<i>Awareness of health services, resources, and education</i>		✓	☑
Senior Services			
<i>High percentage of population 65+</i>	⊗	✓	☑
<i>Enhanced aging in place services (i.e., expanded housing/living options, more workforce, etc.)</i>		✓	☑
Chronic Disease Prevention			
<i>Diabetes (i.e., education and resources for affected and caregivers, etc.)</i>	⊗	✓	☑
<i>Cancer</i>	⊗	✓	☑
<i>Healthy behaviors and lifestyles- weight loss, fitness, health & wellness, nutrition</i>	⊗	✓	☑
Mental and Behavioral Health			
<i>More mental and behavioral health services/resources</i>	⊗	✓	☑
<i>Social isolation and stress</i>		✓	☑

Summary continued on the next page.

Domestic Violence/Intimate Partner Violence



Alcohol/substance use



Socioeconomic & Health Measures

Housing accessibility and affordability





NEXT STEPS & RESOURCES

Prioritization of Health Needs

The community steering committee of 14, comprised of staff leaders from Holy Rosary Healthcare and One Health and community members from Custer County, convened to begin an implementation planning process to systematically and thoughtfully respond to all issues and opportunities identified through the Community Health Services Development (CHSD) process.

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

1. Mental Health
2. Alcohol/Substance Use
3. Chronic Disease
4. Awareness of Health Services, Resources, and Education
5. Access to Healthcare
6. Domestic Violence/Sexual Assault/Intimate Partner Violence
7. Housing Affordability

Holy Rosary Healthcare and One Health will determine which needs or opportunities could be addressed considering the organization's parameters of resources and limitations. The committee will prioritize the needs/opportunities using the additional parameters of the organizational vision, mission, and/or values, as well as existing and potential community partners.

The participants will create goals to achieve through strategies and activities, as well as the general approach to meeting the stated goal (i.e., staff member responsibilities, timeline, potential community partners, anticipated impact(s), and performance/evaluation measures). This plan will be documented and posted along with the CHSD assessment report.

Available Community Resources

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

- 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 Office of Rural Health and Area Health Education Center (MORH/AHEC)
- Montana Veterans Affairs Division
- MT211
- Narcotics Anonymous
- Office of Public Assistance
- One Health, 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 conducted its last CHNA in 2020 and reviewed the health priorities identified through that assessment. Considering the top-identified needs — as well as hospital resources and overall alignment with the hospital’s mission, goals, and strategic priorities — it was determined at that time that Holy Rosary Healthcare would focus on developing and/or supporting strategies and initiatives to improve:

- Behavioral Health (Mental Health and Substance Use)
- Chronic Disease Prevention and Management

Strategies for addressing these needs were outlined in Holy Rosary Healthcare’s Implementation Strategy approved by its Board of Directors on November 19, 2020. In fulfillment of our charitable mission and in alignment with IRS requirements, the following pages provide an evaluation of the impact of the actions taken by Holy Rosary Healthcare to address these significant health needs in our community. To view the full Implementation Plan visit: sclhealth.org/locations/holy-rosary-healthcare

Priority Area: Behavioral Health	
Community Health Vision	All residents will have improved mental health and less reported substance use.
Goal(s)	<ul style="list-style-type: none"> • The percentage of adults in Holy Rosary’s primary service area rating their overall mental health as fair or poor will decrease 5%; from 9.4% to 8.93% in 2023 (CHNA). • The percentage of adults in Holy Rosary’s primary service area reporting a negative impact on their lives by substance use will decrease 5%; from 25% to 23.75% in 2023 (CHNA).
Strategy 1: Improve access to mental health services and resources	
Strategy Was Implemented?	Yes
Partnering Organization(s)	<ul style="list-style-type: none"> • Eastern Montana Community Mental Health Center • SCL Health Medical Group • Montana Healthcare Foundation • Behavioral Health Advisory Committee • One Health
Tactics	<ul style="list-style-type: none"> • Integrate behavioral health services into primary care clinics to increase access and decrease stigma • Prenatal mental health and substance use screening • Provide gatekeeper training such as Mental Health First Aid or Question, Persuade, Refer (QPR) to community members • Provide opportunities for increased social connection
Results/Impact	<ul style="list-style-type: none"> • Four QPR suicide prevention trainings conducted • 90% of obstetric patients screened at prenatal visits • Integrated behavioral health services in primary care clinic and support in Emergency Department • Four social connection opportunities provided to community
Strategy 2: Improve supports for substance use treatment and prevention	
Strategy Was Implemented?	Yes
Partnering Organization(s)	<ul style="list-style-type: none"> • Opioid Reduction Community Association (ORCA) • SCL Health Medical Group • Montana Healthcare Foundation
Tactics	<ul style="list-style-type: none"> • Prenatal substance use and mental health screening • Integrate behavioral health services into primary care clinics to increase access and decrease stigma
Results/Impact	<ul style="list-style-type: none"> • 90% obstetric patients screened for mental health and substance use needs • Integrated behavioral health services in primary care clinic and support in Emergency Department

Strategy 3: Increase knowledge of available resources	
Strategy Was Implemented?	Yes
Partnering Organization(s)	<ul style="list-style-type: none"> • Community-based organizations • Opioid Reduction Community Association (ORCA) • United Way of Yellowstone County
Tactics	<ul style="list-style-type: none"> • Promote website MT211 as a community resource directory
Results/Impact	<ul style="list-style-type: none"> • 292 visits to MT211 from Miles City residents • Two presentations to community groups about MT211

Priority Area: Chronic Disease Prevention and Management	
Community Health Vision	All residents will lead a healthy lifestyle to the best of their ability.
Goal(s)	<ul style="list-style-type: none"> • The obesity rate of adults in Custer County will decrease 5% from 30% to 28.5% in 2023 (CHNA) • Rates of physical inactivity for adults in Custer County will decrease 5% from 26% to 24.7% in 2023 (CHNA) • The hospitalization rate for diabetes will decrease by 5% from 1,444.7 per 100,000 to 1,372.4 per 100,000 in 2023 (CHNA) • The hospitalization for stroke will decrease by 5% from 185.1 per 100,000 to 175.7 per 100,000 in 2023 (CHNA)
Strategy 1: Increase access to interventions for chronic disease prevention	
Strategy Was Implemented?	Yes
Partnering Organization(s)	<ul style="list-style-type: none"> • Montana Department of Public Health and Human Services (DPHHS) • Montana Extension Office • SCL Health Medical Group
Tactics	<ul style="list-style-type: none"> • Healthy Lifestyles Program (Diabetes & Heart Disease Prevention Program) • Provide support for youth physical activity through athletic trainers • Increase preventive cancer screenings • Community education for healthy lifestyles
Results/Impact	<ul style="list-style-type: none"> • Increased cancer screening compliance percentages for breast, cervical, and colon cancer screenings • 53% of Healthy Lifestyle participants lost 5% of body weight; 38% lost 7% and 26% lost 9% for an average weight loss of 15 pounds • Athletic trainers provided to Miles Community College and Miles City High School • Community health education and outreach at events such as Ladies Night Out virtual events, Bucking Horse Sale, Moosical

Strategy 2: Increase access to individual interventions for chronic disease management for individuals living with chronic disease	
Strategy Was Implemented?	Yes
Partnering Organization(s)	<ul style="list-style-type: none"> • SCL Health Medical Group • SCL Health Montana Region • SCL Health Heart & Vascular Institute • Dialysis Clinic Inc. (DCI) • Community-based organizations
Tactics	<ul style="list-style-type: none"> • Community education for chronic disease management to increase awareness of locally available services • Cardiac Rehabilitation Program • Pulmonary Rehabilitation Program • Outpatient Medical Nutrition Therapy • Nutrition services for End Stage Renal Disease patients • A1C monitoring • Blood pressure control for individuals diagnosed with hypertension • Cardiology outreach services
Results/Impact	<ul style="list-style-type: none"> • 109 Cardiac Rehabilitation patients • 46 Pulmonary Rehabilitation patients • 132 patients for medical nutrition therapy • Nutrition services at Dialysis Clinic Inc. • Cardiology outreach monthly



APPENDICES

Appendix A- Steering Committee

Steering Committee Member	Organization Affiliation
Eric Barnosky	Regional Administrator, DPHHS CFSD
Karen Costello	President, Holy Rosary Healthcare
Chelsea Jerke	RN, Public Health Director, One Health
April Keippel	Community Benefit Program Manager, Montana Market, Intermountain Healthcare
Brenda Kneeland	CEO, Eastern Montana Community Mental Health Center
Rita Kratky	Vice President Academic Affairs, Miles Community College
Rosemary Malloy	Retired Nurse Practitioner
L Dene McAvoy	Holy Rosary Healthcare Foundation
Tracy Neary	Vice President of Mission Integration, Intermountain Healthcare MT Market
Chuck Notbohm	Owner, Notbohm Motors
David Pratt	Board Member, Miles City Soup Kitchen
Dr. Aubrey Siegel	Physician and County Health Officer, Billings Clinic Miles City
Dorothy Zabrocki	Director Mission and Spiritual Care, Holy Rosary Healthcare



Appendix B- Public Health & Populations Consultation

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

Name/Organization

Eric Barnosky, Regional Administrator – DPHHS CFSD
Karen Costello, President – Holy Rosary Healthcare
Chelsea Jerke, RN, Public Health Director – One Health
April Keippel, Community Benefit Program Manager, Montana Market – Intermountain Healthcare
Brenda Kneeland, CEO – Eastern Montana Community Mental Health Center
Rita Kratky, Vice President Academic Affairs – Miles Community College
Rosemary Malloy, Retired Nurse Practitioner
L Dene McAvoy, Administration & Foundation Development Coordinator – Holy Rosary Healthcare Foundation
Tracy Neary, Vice President of Mission Integration – Intermountain Healthcare MT Market
Chuck Notbohm, Owner – Notbohm Motors
David Pratt, Board Member – Miles City Soup Kitchen
Dr. Aubrey Siegel, Physician and County Health Officer – Billings Clinic Miles City
Dorothy Zabrocki, Director Mission and Spiritual Care – Holy Rosary Healthcare

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

First Steering Committee Meeting	September 8, 2022
Focus Groups	November 3, 2022
Key informant interviews	November 2022
Second Steering Committee Meeting	January 17, 2023

Public and Community Health

- With a population of our size, I would like to see a larger sample than 800 surveys. I think 1200 surveys would be more appropriate. I also think we should remove Sidney from the distribution since it's so far away and not within our immediate service area.
- To supplement the random sample survey, the Holy Rosary Healthcare and One Health teams are exploring an online survey that would be open to anyone to complete.

- I know our providers are doing a lot around education of the HPV vaccination, so it's interesting that our vaccination rate for Custer County is so low. Perhaps it might also come down to reporting between the local Health Department, Holy Rosary, and DPHHS. Nonetheless, something to explore more.
- Does the smoking during pregnancy rate include vaping? If so, that might be why Custer's is quite a bit higher than the state and national percentages. I'm not sure people understand the risks of vaping while pregnant.
- There has been a lot of momentum around addressing mental health locally. While physical and mental health are interconnected, I think we should make sure to separate them as options on the survey. Depending on the outcomes of the survey, the resulting activities would be different.
- Rather than just asking a yes or no question about cost as a barrier to taking a prescription regularly, I think we should gather more information. I've personally heard of many challenges to getting prescriptions and it would be nice to try and reduce those for our community.

Population: Low-Income, Underinsured

- I am very concerned about the push to move away from expanded Medicaid and what that would mean for low-income families.
- Housing availability and affordability is a huge problem in the community. Low-income housing is also often run down, and it leads less landlords to be willing to rent to these populations.

Population: Seniors

- COVID made it hard on elderly in congregate living situations.
- It's often hard to find needed resources and what services are available in this community.
- I always come back to the question of if they're not ready for a nursing home, what services are available locally to keep them in their home safely? It's nearly impossible to find someone to provide home health without spending a lot of time. I think Miles City would benefit from some sort of stepping stone program that helps families answer the question "Where do we go from here?" I think our community really needs to think about how we can better support elderly to age in place without having to leave our community.

Population: Youth

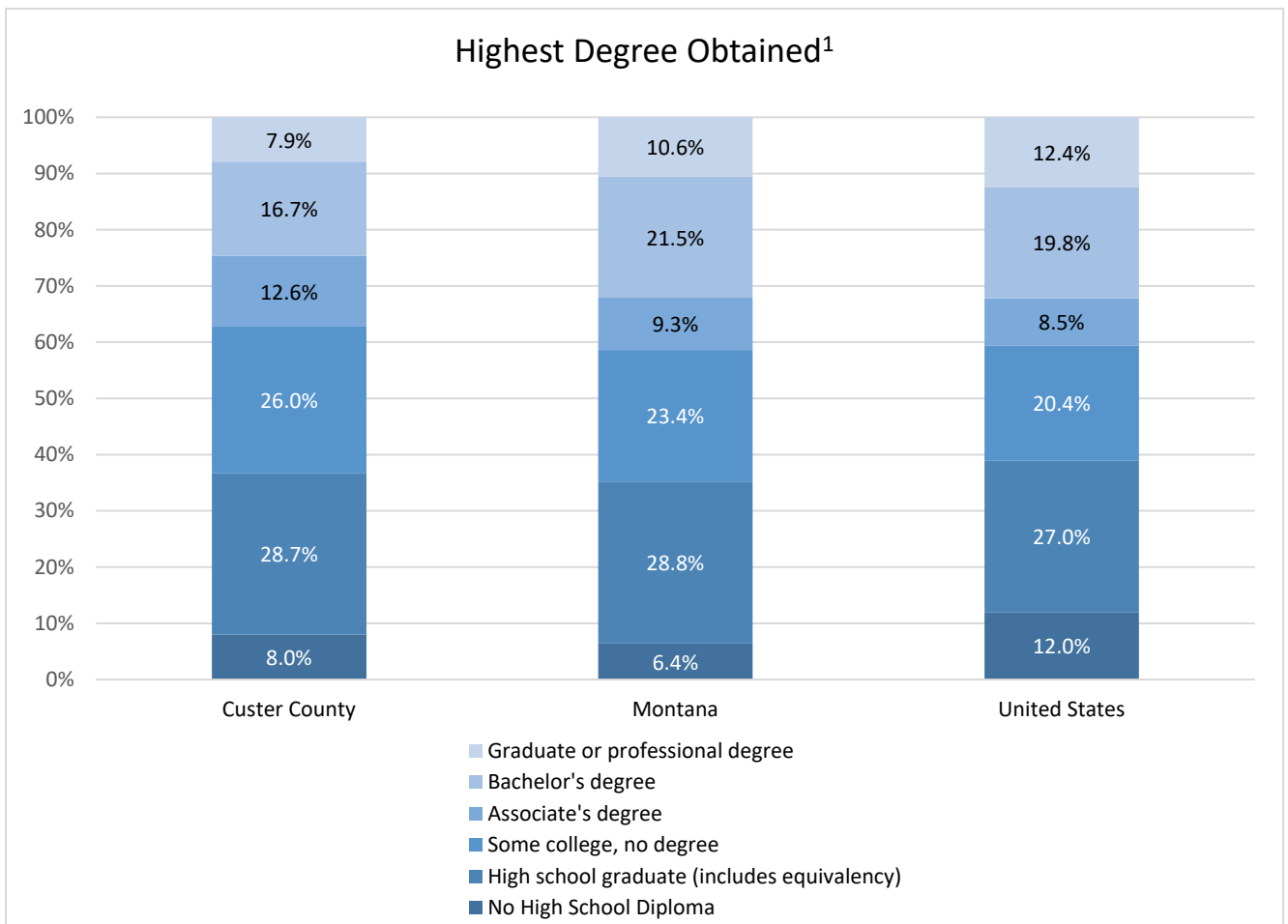
- I don't hear many of our community members using the term "ACEs" or Adverse Childhood Experiences, but I do know that childhood abuse and neglect are more widely used terms around here.

Appendix C- Custer Co. Secondary Data

Demographic Measure (%)		County			Montana			Nation		
Population ¹		11,729			1,050,649			324,697,795		
Population Density ¹		3.1			7.1			85.5		
Veteran Status ¹		10.1%			10.4%			7.3%		
Disability Status ¹		18.2%			13.6%			12.6%		
Age ¹		<5	18-64	65+	<5	18-64	65+	<5	18-64	65+
		5.7%	58.9%	19.1%	5.8%	60.1%	18.2%	6.1%	61.7%	15.6%
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			91.4%			75.3%		
		American Indian or Alaska Native			8.3%			1.7%		
		Other [†]			3.7%			26.5%		

¹ US Census Bureau - American Community Survey (2019)

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



¹ US Census Bureau - American Community Survey (2019)

Socioeconomic Measures (%)	County	Montana	Nation
Median Income ¹	\$52,965	\$54,970	\$62,843
Unemployment Rate ¹	2.6%	4.0%	5.3%
Persons Below Poverty Level ¹	11.5%	13.1%	13.4%
Children in Poverty ¹	10.8%	15.8%	18.5%
Internet at Home ²	79.7%	81.5%	-
Households with Population Age 65+ Living Alone ²	837	52,166	-
Households Without a Vehicle ²	314	21,284	-
Households Receiving SNAP ²	338	56,724	-
Eligible Recipients of Free or Reduced Price Lunch ³ 2019/2020 school year	43.7%	42.9%	-
Enrolled in Medicaid ^{4, 1}	7.9%	9.7%	19.8%
Uninsured Adults ^{5, 6} Age <65	10.0%	12.0%	12.1%
Uninsured Children ^{5, 6} Age <18	6.0%	6.0%	5.1%

¹ US Census Bureau - American Community Survey (2019), ² US Census Bureau - COVID-19 Impact Planning Report (2021), ³ Kids Count Data Center, Annie E. Casey Foundation (2020), ⁴ Medicaid Expansion Dashboard, MT-DPHHS (2020), ⁵ County Health Ranking, Robert Wood Johnson Foundation (2020), ⁶ Health Insurance Coverage, Centers for Disease Control and Prevention (CDC) (2019)

Maternal Child Health	County	Montana	Nation
General Fertility Rate* ⁷ Per 1,000 Women 15-44 years of age (2017-2019)	59.6	59.3	-
Preterm Births ⁷ Born less than 37 weeks (2017-2019)	8.1%	9.4%	-
Adolescent Birth Rate ⁷ Per 1,000 years females 15-19 years of age (2017-2019)	20.6	18.3	-
Smoking during pregnancy ^{3, 8}	19.3%	16.5%	7.2%
Kotelchuck Prenatal Care** ⁷ Adequate or Adequate-Plus (2017-2019)	86.0%	75.7%	-
Low and very low birth weight infants ⁷ Less than 2500 grams (2017-2019)	7.0%	7.6%	-
Childhood Immunization Up-To-Date (UTD) ^{§ 9}	67.3%	64.8%	-

⁷ IBIS Birth Data Query, MT-DPPHS (2020), ³ Kids Count Data Center, Annie E. Casey Foundation (2020), ⁸ National Center for Health Statistics (NCHS), CDC (2016), ⁹ Clinic Immunization Results, MT-DPHHS (2020)

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

**The Kotelchuck Index, also called the Adequacy of Prenatal Care Utilization (APNCU) Index, uses two crucial elements obtained from birth certificate data-when prenatal care began (initiation) and the number of prenatal visits from when prenatal care began until delivery (received services). The Kotelchuck index classifies the adequacy of initiation as follows: pregnancy months 1 and 2; months 3 and 4; months 5 and 6; and months 7 to 9. A ratio of observed to expected visits is calculated and grouped into four categories: Inadequate (received less than 50% of expected visits); Intermediate (50%-79%); Adequate (80%-109%); Adequate Plus (110% or more).

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

Behavioral Health	County	Montana	Nation
Adult Smoking ⁵	19.0%	19.0%	16.0%
Excessive Drinking ⁵	25.0%	22.0%	15.0%
Adult Obesity ⁵	30.0%	27.0%	26.0%
Poor Mental Health Days ⁵ (Past 30 days)	4.1	3.9	3.8
Physical Inactivity ⁵	23.0%	22.0%	19.0%
Do NOT wear seatbelts ¹⁰ State Age-Adjusted Prevalence (2018) Nation Crude Prevalence (2018)	-	10.3%	6.3%
Drink and Drive ¹⁰ State Age-Adjusted Prevalence (2018) Nation Crude Prevalence (2018)	-	3.7%	3.1%

⁵ County Health Ranking, Robert Wood Johnson Foundation (2020), ¹⁰ Behavioral Risk Factor Surveillance System, CDC (2019)

Cancer prevention & screening	County	Montana	Nation
Human Papillomavirus (HPV) vaccination UTD ^{†† 11, 12} Adolescents 13-17 years of age (2020)	12.4%	54.4%	58.6%
Cervical cancer screening in past 3 years ^{13, 10} Age adjusted (county/state) and crude (nation) prevalence among adult women aged 21–65 years (2018)	84.6%	76.8%	80.1%
Mammography in past 2 years ^{13, 10} Age adjusted (county/state) and crude (nation) prevalence among women 50-74 years (2018)	68.4%	73.4%	78.3%
Colorectal Cancer Screening ^{13, 10} Age adjusted (county) and crude (state/nation) prevalence among adults age 50-75 years (2018)	56.6%	64.5%	69.7%

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

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

Infectious Disease Incidence Rates ¹⁴ Per 100,000 people (2015-2017)	County	Montana
Enteric Diseases *	77.8	80.1
Hepatitis C virus	92.7	93.4
Sexually Transmitted Diseases (STD) †	394.6	551.6
Vaccine Preventable Diseases (VPD) §	72.3	91.5

¹⁴ IBIS Community Snapshot, MT-DPPHS

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

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

Chronic Conditions ¹⁰	County	Montana	Nation
Cardiovascular Disease (CVD) prevalence <i>Adults aged 18 years and older (2014-2016)</i>	**	7.9	8.6
Chronic Obstructive Pulmonary Disease (COPD) prevalence <i>Adults aged 18 years and older (2014-2016)</i>	**	6.6	6.4
Diabetes Prevalence <i>Adults aged 18 years and older (2014-2016)</i>	**	8.3	10.6
Breast Cancer Incidence Rate <i>Age-Adjusted Per 100,000 population (2014-2016)</i>	130.3	125.0	124.1
Cervical Cancer Incidence Rate <i>Age-Adjusted Per 100,000 population (2014-2016)</i>	**	7.9	7.4
Colon and Rectum Cancer (CRC) Incidence Rate <i>Age-Adjusted Per 100,000 population (2014-2016)</i>	56.2	37.1	38.9
Lung Cancer Incidence Rate <i>Age-Adjusted Per 100,000 population (2014-2016)</i>	66.0	52.2	60.0
Melanoma Cancer Incidence Rate <i>Age-Adjusted Per 100,000 population (2014-2016)</i>	**	26.3	21.0
Prostate Cancer Incidence Rate <i>Age-Adjusted Per 100,000 population (2014-2016)</i>	146.1	109.6	103.0

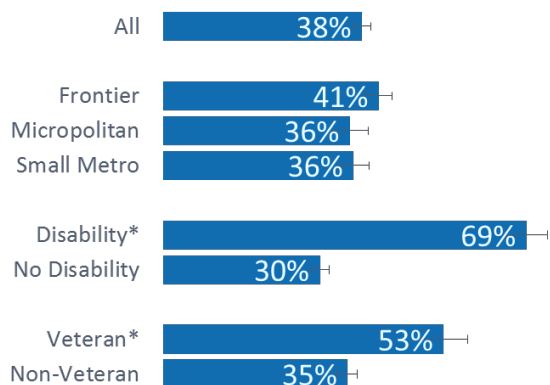
¹⁴ IBIS Community Snapshot, MT-DPPHS

** Data were suppressed to protect privacy.

Montana Adults with Self-Reported Chronic Condition ¹⁰	
1. Arthritis	29.0%
2. Depression	24.1%
3. Asthma	10.0%
4. Diabetes	7.6%
5. COPD	6.8%
6. Cardiovascular disease	3.9%
7. Kidney disease	2.4%

¹⁰ Behavioral Risk Factor Surveillance System, CDC (2019)

Percent of Montana Adults with Two or More Chronic Conditions



Mortality	County	Montana	Nation
Suicide Rate¹⁵ <i>Per 100,000 population (2009-2018)</i>	30.1	23.9	-
Veteran Suicide Rate¹⁵ <i>Per 100,000 population (2009-2018)</i>	-	65.7	38.4
Alzheimer's Disease Mortality Rate¹⁶ <i>Age-Adjusted per 100,000 population (2017- 2019)</i>	-	21.7	-
Pneumonia/Influenza Mortality Rate¹⁷ <i>Age-Adjusted per 100,000</i>	-	10.5	12.3
Leading Causes of Death^{16, 18}	-	1. Heart Disease 2. Cancer 3. Chronic Lower Respiratory Disease (CLRD)	1. Heart Disease 2. Cancer 3. Unintentional injuries

¹⁵ Suicide in Montana, MT-DPHHS (2021), ¹⁶ IBIS Mortality Query, MT- DPPHS (2019), ¹⁷ Kaiser State Health Facts, National Pneumonia Death Rate (2019), ¹⁸ National Vital Statistics, CDC (2019)

** Data were suppressed to protect privacy.

Montana Health Disparities ¹⁰	White, non-Hispanic	American Indian/Alaska Native	Low Income*
14+ Days when physical health status was NOT good <i>Crude prevalence (2019)</i>	13.0%	17.9%	28.9%
14+ Days when mental health status was NOT good <i>Crude prevalence (2019)</i>	13.2%	19.2%	30.0%
Current smoker <i>Crude prevalence (2019)</i>	14.5%	41.5%	32.9%
Routine checkup in the past year <i>Crude prevalence (2019)</i>	72.8%	74.1%	81.1%
No personal doctor or health care provider <i>Crude prevalence (2019)</i>	26.5%	28.8%	23.8%
No dental visit in the last year for any reason <i>Crude prevalence (2020)</i>	34.9%	41.6%	48.1%
Consumed fruit less than one time per day <i>Crude prevalence (2019)</i>	40.5%	46.8%	49.5%
Consumed vegetables less than one time per day <i>Crude prevalence (2019)</i>	16.7%	18.0%	22.0%
Does not always wear a seat belt <i>Crude prevalence (2020)</i>	10.8%	15.9%	16.0%

¹⁰ Behavioral Risk Factor Surveillance System, CDC (2019)

*Annual household income < \$15,000

Youth Risk Behavior ¹⁹	Montana		Nation
	White, non-Hispanic	American Indian/Alaska Native	
Felt Sad or Hopeless <i>Almost every day for two weeks or more in a row, during the past 12 months</i>	35.3%	39.6%	36.7%
Attempted Suicide <i>During the past 12 months</i>	8.7%	15.4%	8.9%
Lifetime Cigarette Use <i>Students that have ever tried smoking</i>	28.3%	48.9%	24.1%
Currently Drink Alcohol <i>Students that have had at least one drink of alcohol on at least one day during the past 30 days</i>	34.3%	25.3%	29.2%
Lifetime Marijuana Use <i>Students that have used marijuana one or more times during their life</i>	36.9%	58.9%	36.8%
Texting and Driving <i>Among students who drove a car in the past 30 days</i>	55.2%	39.6%	39.0%
Carried a Weapon on School Property <i>In the last 30 days</i>	7.2%	3.2%	2.8%

¹⁹ Montana Youth Risk Behavior Survey (2019)

Secondary Data – Healthcare Workforce Data 2021

Health Professional Shortage Area & Medically Underserved Areas/Populations

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

Health Professional Shortage Area Designation ¹ – Custer County, Montana		
Discipline	HPSA Score	HPSA
Primary Care	13	✓ Federally Qualified Health Center (FQHC)
Dental Health	15*	✓ Low income population
Mental Health	18 [§]	✓ High needs geographic population
HPSA Scores range from 0 to 25 (primary care and mental health) and 0 to 26 (dental health) where the higher the score, the greater the priority		

¹ Health Resources and Services Administration (2021)

* HPSA score for Carter, Custer, Garfield, Powder River, and Prairie counties.

[§] HPSA score for Eastern Montana (Carter, Custer, Daniels, Dawson, Fallon, Garfield, McCone, Phillips, Powder River, Prairie, Richland, Roosevelt, Rosebud, Sheridan, Treasure, Valley and Wibaux counties)

Provider Supply and Access to Care ²				
Measure	Description	Custer Co. (N = 1) **	Montana (N = 49) **	National (N = 1347) **
Primary care physicians	Ratio of population to primary care physicians	1084:1	1349:1	1050:1
Other primary care providers	Ratio of population to other primary care providers including nurse practitioners, physician assistants, and clinical nurse specialists	689:1	878:1	726:1
Dentists	Ratio of population to dentists	1954:1	1388:1	1260:1
Mental health providers	Ratio of population to mental health providers	286:1	356:1	310:1

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

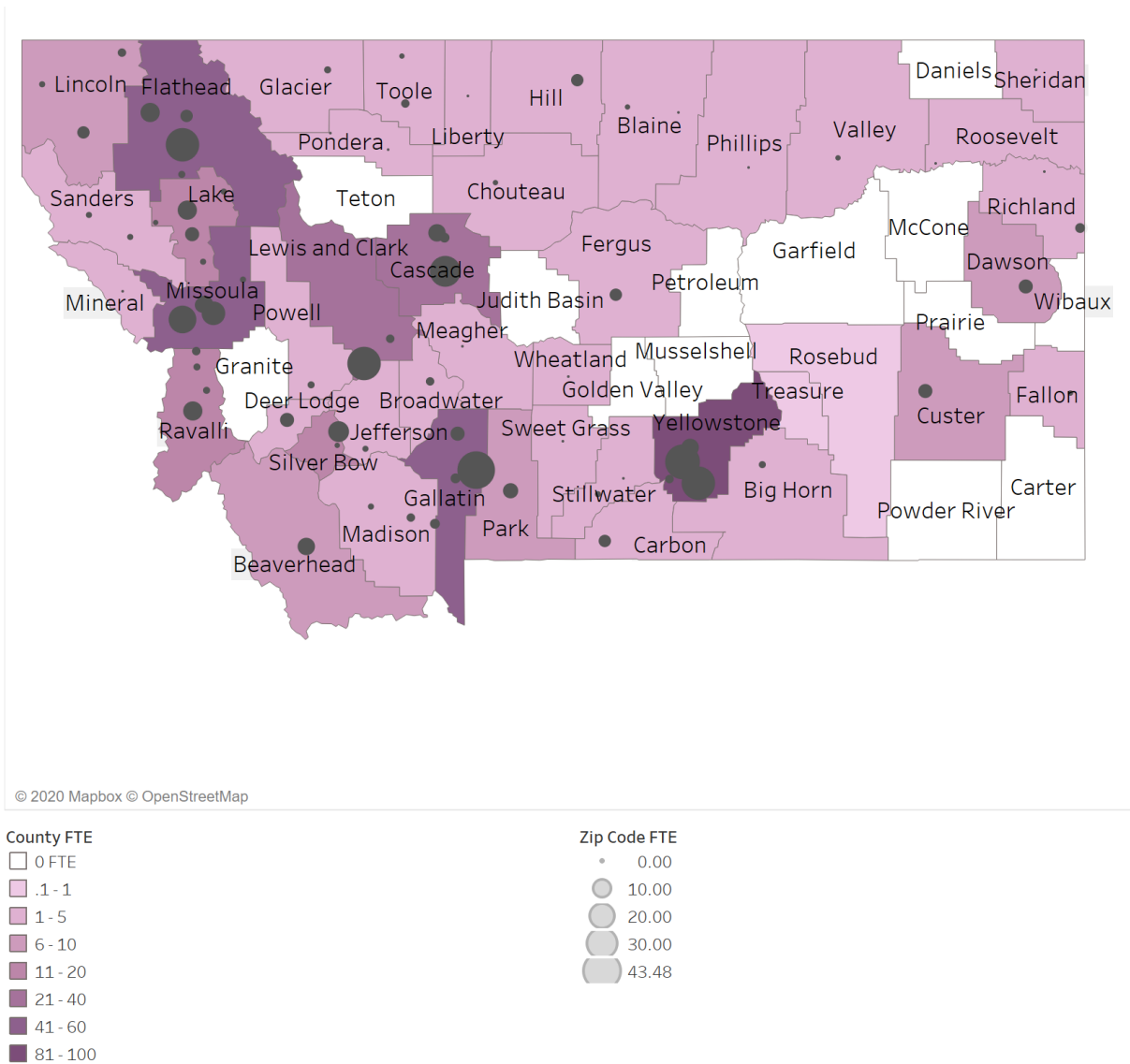
** Total number of CAHs in region

Healthcare workforce Distribution Maps

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

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

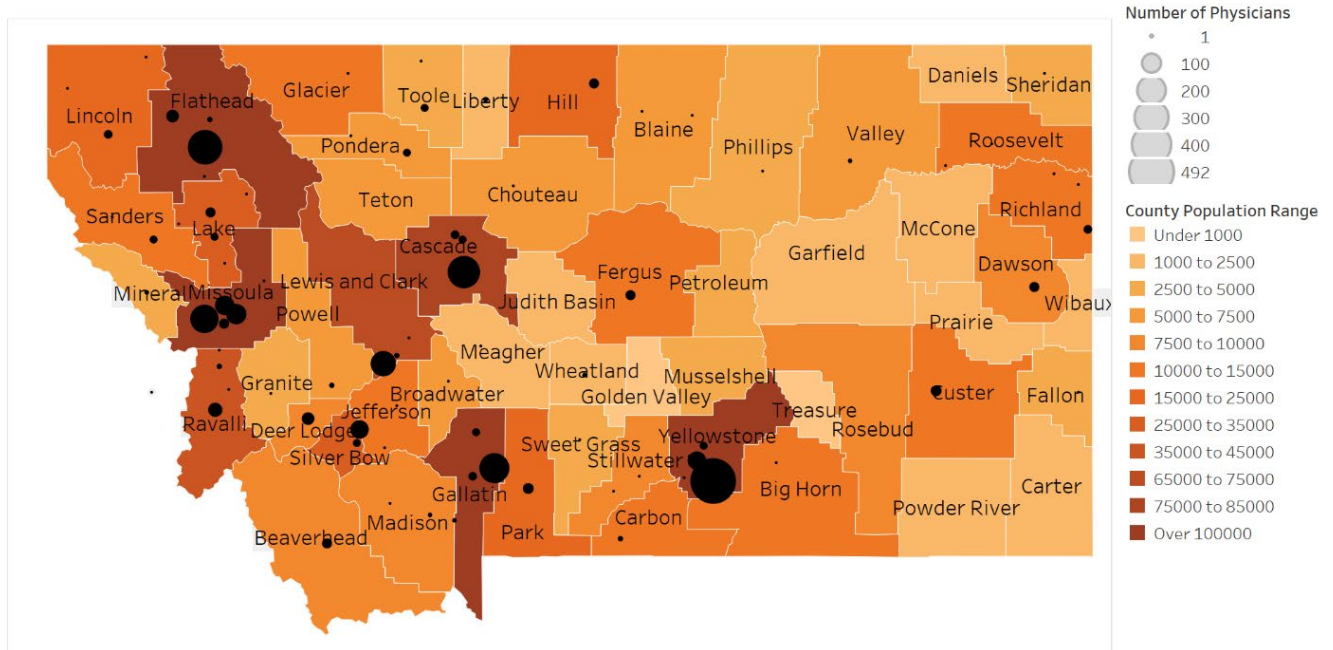
Primary Care Physician FTE: Practice Locations Plotted by Zip Code



Data Source: Montana Primary Care Office data (2020) compiled and analyzed by WIM Tracking (Sept. 2020)

*Note: Does not include IHS or Tribal Health physicians.

Physicians (All Specialties) by County Population Range



Data Source: Montana Primary Care Office data (2020) and WIM Tracking (Sept. 2020)

*Note: Does not include IHS or Tribal Health physicians.

Appendix D- Survey Cover Letter



Now Intermountain Healthcare



October 21, 2022

Dear [LASTNAME] household:

Holy Rosary Healthcare and One Health are 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: December 2, 2022
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 and One Health Survey." 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 MORH at 406-994-6986. We believe, with your help, we can continue to improve health care services in our region.

Thank you for your assistance. We appreciate your time.

Sincerely,

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

Karen Costello
Holy Rosary Healthcare President

A handwritten signature in cursive script that reads "Chelsea Jerke, RN, BSN".

Chelsea Jerke, RN, BSN
One Health

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 406-994-6986. Participation is voluntary, and your responses will remain confidential. You can choose not to answer any question and can stop at any time.

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

- Very healthy Healthy Somewhat healthy Unhealthy Very unhealthy

2. Would you say that, in general, your health is:

- Excellent Very good Good Fair Poor

3. Since the beginning of the COVID-19 pandemic, would you say your **physical** health has: **(select ONLY 1)**

- Improved Stayed about the same Become worse

4. Since the beginning of the COVID-19 pandemic, would you say your **mental** health has: **(select ONLY 1)**

- Improved Stayed about the same Become worse

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

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

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

7. How do you rate **your knowledge** of the health services that are available in our community?

- Excellent Good Fair Poor

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

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Billboards/posters | <input type="checkbox"/> Mailings/newsletter | <input type="checkbox"/> Public health nurse | <input type="checkbox"/> Website/internet |
| <input type="checkbox"/> Friends/family | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Radio/podcasts | <input type="checkbox"/> Word of mouth/reputation |
| <input type="checkbox"/> Healthcare provider | <input type="checkbox"/> Presentations | <input type="checkbox"/> Social media | <input type="checkbox"/> Other: _____ |

9. How would you rate the **quality** of health services available through Holy Rosary Healthcare?
- Excellent Good Fair Poor Don't know/haven't used
10. Which local community health resources, other than Holy Rosary Healthcare, have you used in the last three years? **(Select ALL that apply)**
- Billings Clinic Miles City Eastern Montana Community Mental Health Center Montana 211 VA Outpatient Clinic
 Counselors One Health/Custer County Public Health Department Other: _____
 Crisis Lines Home health
 Dentists
11. In your opinion, what would improve our community's access to healthcare? **(Select ALL that apply)**
- Enhanced telemedicine Interpreter services Outpatient services expanded hours
 Greater health education services More information about available services Payment assistance programs (healthcare expenses)
 Improved provider sensitivity to culture, lifestyle choices, personal identity, etc. More primary care providers Transportation assistance
 Improved quality of care More specialists Other: _____
12. Of any of the following educational **classes/programs**, which would you be most interested in attending? **(Select ALL that apply)**
- Alcohol/substance abuse Fitness Living will/advanced care planning Smoking/tobacco cessation
 Alzheimer's/dementia Grief counseling Men's health Support groups
 Behavioral/ mental health Health fair Nutrition Weight loss
 Cancer Heart disease Parenting Women's health
 Diabetes Lactation/breastfeeding Prenatal Other: _____
 First aid/CPR
13. What senior services are needed in our community? **(Select ALL that apply)**
- Age in place services/assistance Hospice Senior retirement housing/ community
 Assisted living facility In home personal assistance Transportation
 Community supported senior center Palliative care Other: _____
 Home health (skilled nursing) Senior respite care
14. Which of the following preventive services have you or someone in your household used in the past year? **(Select ALL that apply)**
- Blood pressure check Diabetes/blood sugar check Lung cancer screening Vision check
 Children's checkup/ well baby Immunizations (i.e., flu shot, COVID-19, etc.) Mammography None
 Cholesterol check Health checkup Pap test Other: _____
 Colonoscopy Hearing check Skin check
 Dental check Substance use/addiction services
15. 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 17)**

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

17. 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 |

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

- | | | | |
|-----------------------------------|--|---|--|
| <input type="checkbox"/> Baker | <input type="checkbox"/> Glendive | <input type="checkbox"/> Miles City – Billings Clinic | <input type="checkbox"/> Online virtual provider (not local) |
| <input type="checkbox"/> Billings | <input type="checkbox"/> Jordan | <input type="checkbox"/> Miles City – One Health | <input type="checkbox"/> Sidney |
| <input type="checkbox"/> Broadus | <input type="checkbox"/> Miles City – Holy Rosary Healthcare | <input type="checkbox"/> Miles City – VA | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Forsyth | | | |

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

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

20. 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 23**)

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

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

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

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

- 23.** 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 26)
- 24.** Where was the healthcare specialist seen? (Select ALL that apply)
- Baker Ekalaka Glendive Terry
 Billings Forsyth Miles City Other: _____
- 25.** What type of healthcare specialist was seen? (Select ALL that apply)
- | | | |
|---|---|--|
| <input type="checkbox"/> Allergist | <input type="checkbox"/> Mental health counselor | <input type="checkbox"/> Podiatrist (feet) |
| <input type="checkbox"/> Audiologist (ear) | <input type="checkbox"/> Midwife | <input type="checkbox"/> Psychiatrist (mental health) |
| <input type="checkbox"/> Cardiologist (heart) | <input type="checkbox"/> Neurologist (nervous system) | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Chiropractor | <input type="checkbox"/> OB/GYN (birth/women's services) | <input type="checkbox"/> Pulmonologist (lungs) |
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Occupational therapist | <input type="checkbox"/> Radiologist (X-ray) |
| <input type="checkbox"/> Dermatologist (skin) | <input type="checkbox"/> Oncologist (cancer) | <input type="checkbox"/> Rheumatologist (arthritis/autoimmune) |
| <input type="checkbox"/> Dietician | <input type="checkbox"/> Ophthalmologist (eye specialist) | <input type="checkbox"/> Social worker |
| <input type="checkbox"/> Endocrinologist (hormones) | <input type="checkbox"/> Optometrist (eye doctor) | <input type="checkbox"/> Speech therapist |
| <input type="checkbox"/> ENT (ear/nose/throat) | <input type="checkbox"/> Orthopedic surgeon | <input type="checkbox"/> Substance abuse counselor |
| <input type="checkbox"/> Gastroenterologist (stomach) | <input type="checkbox"/> Pastoral care/minister | <input type="checkbox"/> Urologist |
| <input type="checkbox"/> General surgeon | <input type="checkbox"/> Pediatrician (child specialist) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Geriatrician (aging issues) | <input type="checkbox"/> Physical therapist | |
- 26.** 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
- 27.** In the past three years, have there been periods of at least three consecutive months where you felt depressed on most days?
- Yes No
- 28.** In the past year, how often have you felt lonely or isolated?
- Every day Sometimes (3-5 days per month) Never
 Most days (3-5 days per week) Occasionally (1-2 days per month)
- 29.** Thinking over the past year, how would you describe your stress level?
- High Moderate Low Unsure/rather not say
- 30.** 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
- 31.** Have you or someone you know experienced domestic violence/intimate partner violence?
- Yes No Don't know/prefer not to answer
- 32.** Do you know what resources are available to you or someone else in your community who has experienced sexual assault or intimate partner violence?
- Yes No Don't know/prefer not to answer

33. In the past year, have you or a member of your household accessed mental health services in your community?
 Yes No (if no, please answer question 34) Don't know/prefer not to answer
34. If no, what was the reason for **not** accessing mental health services?
 Not needed Stigma attached to mental health Don't know where to go Prefer not to answer
35. 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
36. 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
37. 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
38. Have you had difficulty getting a prescription or taking your medication regularly?
 Yes No (if no, skip to question 40)
39. If yes, what were the barriers to getting a prescription or taking your medication regularly? (**Select ALL that apply**)
 Had trouble remembering to take medication Mail-order prescriptions took too long Pharmacy did not have prescription when I arrived Transportation problems
 It cost too much My insurance didn't cover it Pharmacy wasn't open when I could go Other: _____
 It was too far to go No insurance
40. In the past year, did you worry that you would not have enough food?
 Yes No
41. Do you feel that the community has adequate and affordable housing options available?
 Yes No Don't know
42. 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 44)
43. What is the main health problem, long-term illness, or disability that the person you care for has? (**Select ALL that apply**)
 Arthritis/rheumatism Developmental disabilities (autism, down syndrome, spina bifida, etc.) Mental illnesses (anxiety, depression, schizophrenia)
 Asthma Diabetes Advanced age/infirmity/frailty
 Cancer End of life care Organ failure or diseases (kidney/liver problems)
 Chronic respiratory conditions (emphysema, COPD) Heart disease/hypertension/stroke Substance abuse/addiction disorders
 Dementia/Alzheimer's/cognitive impairment disorders HIV Other: _____
 Injuries (including broken bones)

44. 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 | |

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

- Excellent Good Fair Poor

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

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

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

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

Demographics

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

48. Where do you currently live, by zip code

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> 59301 Miles City | <input type="checkbox"/> 59349 Terry | <input type="checkbox"/> 59327 Forsyth | <input type="checkbox"/> 59344 Plevna |
| <input type="checkbox"/> 59313 Baker | <input type="checkbox"/> 59324 Ekalaka | <input type="checkbox"/> 59330 Glendive | <input type="checkbox"/> 59351 Volborg |
| <input type="checkbox"/> 59317 Broadus | <input type="checkbox"/> 59326 Fallon | <input type="checkbox"/> 59337 Jordan | <input type="checkbox"/> Other: _____ |

49. What is your gender?

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

50. What age range represents you?

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

51. What is your employment status?

- | | | | |
|---|---|---|---------------------------------------|
| <input type="checkbox"/> Work full time | <input type="checkbox"/> Retired | <input type="checkbox"/> Unemployed, but looking | <input type="checkbox"/> Other: _____ |
| <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 | | |

[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 Local Healthcare Services by How Respondents Learn About Healthcare Services

	Excellent	Good	Fair	Poor	Total
Friends/family	16.0% (17)	62.3% (66)	20.8% (22)	0.9% (1)	106
Healthcare provider	22.1% (21)	62.1% (59)	15.8% (15)	-	95
Word of mouth/reputation	15.2% (14)	64.1% (59)	19.6% (18)	1.1% (1)	92
Newspaper	22.4% (11)	55.1% (27)	20.4% (10)	2.0% (1)	49
Social media	21.4% (9)	59.5% (25)	19.0% (8)	-	42
Website/internet	30.8% (12)	48.7% (19)	17.9% (7)	2.6% (1)	39
Billboards/posters	21.2% (7)	51.5% (17)	27.3% (9)	-	33
Mailings/newsletter	30.4% (7)	39.1% (9)	30.4% (7)	-	23
Public Health nurse	28.6% (4)	57.1% (8)	7.1% (1)	7.1% (1)	14
Radio/Podcasts	16.7% (2)	41.7% (5)	41.7% (5)	-	12
Presentations	20.0% (1)	80.0% (4)	-	-	5
Other	44.4% (4)	11.1% (1)	33.3% (3)	11.1% (1)	9

Delay or Did Not Get Need Healthcare Services by Residence

	Yes	No	Total
59301 Miles City	40.0% (42)	60.0% (63)	105
59327 Forsyth	33.3% (3)	66.7% (6)	9
59349 Terry	33.3% (2)	66.7% (4)	6
59330 Glendive	20.0% (1)	80.0% (4)	5
59324 Ekalaka	25.0% (1)	75.0% (3)	4
59344 Plevna	-	100.0% (4)	4
59313 Baker	66.7% (2)	33.3% (1)	3
59317 Broadus	-	100.0% (3)	3
59337 Jordan	-	100.0% (3)	3
59351 Volborg	-	100.0% (1)	1
Other	37.5% (3)	62.5% (5)	8
TOTAL	35.8% (54)	64.2% (97)	151

59326 Fallon removed from residence (first column) due to non-response.

Time since last visit with primary care provider by residence

	Within the past year	Within the past 2 years	Within the past 5 years	More than 5 years ago	Never	Don't know	TOTAL
59301 Miles City	78.9% (86)	7.3% (8)	7.3% (8)	3.7% (4)	0.9% (1)	1.8% (2)	109
59327 Forsyth	75.0% (6)	12.5% (1)	-	12.5% (1)	-	-	8
59349 Terry	57.1% (4)	14.3% (1)	-	28.6% (2)	-	-	7
59330 Glendive	60.0% (3)	20.0% (1)	20.0% (1)	-	-	-	5
59324 Ekalaka	25.0% (1)	50.0% (2)	-	25.0% (1)	-	-	4
59344 Plevna	75.0% (3)	25.0% (1)	-	-	-	-	4
59313 Baker	33.3% (1)	33.3% (1)	-	33.3% (1)	-	-	3
59317 Broadus	66.7% (2)	-	33.3% (1)	-	-	-	3
59337 Jordan	66.7% (2)	-	33.3% (1)	-	-	-	3
59351 Volborg	-	100.0% (1)	-	-	-	-	1
Other	87.5% (7)	-	12.5% (1)	-	-	-	8
TOTAL	74.2% (115)	10.3% (16)	7.7% (12)	5.8% (9)	0.6% (1)	1.3% (2)	155

59326 Fallon removed from residence (first column) due to non-response.

Location of primary care clinic most utilized by residence

	Baker	Billings	Broadus	Forsyth	Glendive	Jordan	Holy Rosary Healthcare	Miles City – Billings Clinic	Miles City – One Health	Miles City – VA	Other	TOTAL
59301 Miles City	-	4.8% (5)	-	-	-	-	37.5% (39)	35.6% (37)	8.7% (9)	2.9% (3)	10.6% (11)	104
59327 Forsyth	-	12.5% (1)	-	25.0% (2)	-	-	50.0% (4)	-	-	-	12.5% (1)	8
59349 Terry	-	14.3% (1)	-	-	-	-	14.3% (1)	28.6% (2)	-	-	42.9% (3)	7
59330 Glendive	-	20.0% (1)	-	-	40.0% (2)	-	-	20.0% (1)	-	-	20.0% (1)	5
59324 Ekalaka	-	25.0% (1)	-	-	-	-	-	-	-	-	75.0% (3)	4
59344 Plevna	50.0% (2)	25.0% (1)	-	-	-	-	-	-	-	-	25.0% (1)	4
59313 Baker	66.7% (2)	-	-	-	-	-	-	-	-	-	33.3% (1)	3
59317 Broadus	-	-	33.3% (1)	-	-	-	-	-	-	66.7% (2)	-	3
59337 Jordan	-	-	-	-	-	33.3% (1)	33.3% (1)	-	-	-	33.3% (1)	3
59351 Volborg	-	-	-	-	-	-	100.0% (1)	-	-	-	-	1
Other	-	12.5% (1)	-	-	-	-	25.0% (2)	37.5% (3)	-	-	25.0% (2)	8
TOTAL	2.7% (4)	7.3% (11)	0.7% (1)	1.3% (2)	1.3% (2)	0.7% (1)	32.0% (48)	28.7% (43)	6.0% (9)	3.3% (5)	16.0% (24)	150

Online virtual provider and Sidney removed from primary care clinic location (top row) due to non-response. 59326 Fallon removed from residence (first column) due to non-response.

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

	Baker	Billings	Broadus	Forsyth	Glendive	Jordan	Holy Rosary Healthcare	Miles City – Billings Clinic	Miles City – One Health	Miles City – VA	Other	TOTAL
Prior experience with clinic	1.4% (1)	8.3% (6)	-	1.4% (1)	1.4% (1)	1.4% (1)	23.6% (17)	41.7% (30)	6.9% (5)	1.4% (1)	12.5% (9)	72
Clinic/ provider’s reputation for quality	-	5.0% (3)	-	-	1.7% (1)	-	28.3% (17)	38.3% (23)	6.7% (4)	1.7% (1)	18.3% (11)	60
Closest to home	7.7% (3)	2.6% (1)	2.6% (1)	5.1% (2)	5.1% (2)	-	33.3% (13)	12.8% (5)	2.6% (1)	2.6% (1)	25.6% (10)	39
Appointment availability	3.2% (1)	3.2% (1)	-	3.2% (1)	-	-	35.5% (11)	25.8% (8)	6.5% (2)	9.7% (3)	12.9% (4)	31
Recommended by family or friends	-	4.0% (1)	-	-	-	-	40.0% (10)	24.0% (6)	8.0% (2)	-	24.0% (6)	25
Referred by physician or other provider	-	11.8% (2)	-	-	-	-	23.5% (4)	23.5% (4)	-	-	41.2% (7)	17
Cost of care	-	-	-	-	-	-	-	9.1% (1)	54.5% (6)	27.3% (3)	9.1% (1)	11
Privacy/ confidentiality	-	-	-	-	-	-	28.6% (2)	14.3% (1)	14.3% (1)	14.3% (1)	28.6% (2)	7
Required by insurance plan	-	-	-	-	-	-	66.7% (4)	16.7% (1)	16.7% (1)	-	-	6
Length of waiting room time	-	-	-	-	-	-	-	50.0% (2)	25.0% (1)	-	25.0% (1)	4
VA/Military requirement	-	-	-	-	-	-	-	-	-	66.7% (2)	33.3% (1)	3
Other	-	7.1% (1)	-	-	-	-	50.0% (7)	14.3% (2)	7.1% (1)	7.1% (1)	14.3% (2)	14

Online virtual provider and Sidney removed from primary care clinic location (top row) due to non-response. Indian Health Services removed from reason primary care clinic selected (first column) due to non-response.

Location of most utilized hospital by residence

	Billings Clinic	Fallon Medical Complex	Glendive Medical Center	Holy Rosary Healthcare	St. Vincent Healthcare	Other	Total
59301 Miles City	24.2% (15)	-	1.6% (1)	54.8% (34)	9.7% (6)	9.7% (6)	62
59349 Terry	20.0% (1)	-	-	40.0% (2)	-	40.0% (2)	5
59330 Glendive	33.3% (1)	-	66.7% (2)	-	-	-	3
59313 Baker	50.0% (1)	-	-	-	-	50.0% (1)	2
59324 Ekalaka	-	50.0% (1)	-	-	-	50.0% (1)	2
59327 Forsyth	50.0% (1)	-	-	-	-	50.0% (1)	2
59337 Jordan	50.0% (1)	-	-	50.0% (1)	-	-	2
59344 Plevna	-	50.0% (1)	-	-	50.0% (1)	-	2
59317 Broadus	100.0% (1)	-	-	-	-	-	1
Other	-	-	-	33.3% (2)	16.7% (1)	50.0% (3)	6
TOTAL	24.1% (21)	2.3% (2)	3.4% (3)	44.8% (39)	9.2% (8)	16.1% (14)	87

Dahl Memorial Healthcare, Prairie Community Hospital, and Rosebud Health Care Center removed from hospital location (top row) due to non-response. 59326 Fallon and 59351 Volborg removed from residence (first column) due to non-response.

Location of most recent hospitalization by reasons for hospital selection

	Billings Clinic	Fallon Medical Complex	Glendive Medical Center	Holy Rosary Healthcare	St. Vincent Healthcare	Other	Total
Closest to home	5.1% (2)	5.1% (2)	5.1% (2)	74.4% (29)	-	10.3% (4)	39
Referred by physician or other provider	36.8% (14)	-	-	23.7% (9)	18.4% (7)	21.1% (8)	38
Prior experience with hospital	28.6% (10)	-	2.9% (1)	40.0% (14)	8.6% (3)	20.0% (7)	35
Emergency, no choice	3.7% (1)	-	3.7% (1)	70.4% (19)	7.4% (2)	14.8% (4)	27
Hospital's reputation for quality	40.0% (8)	-	-	25.0% (5)	5.0% (1)	30.0% (6)	20
Recommended by family or friends	50.0% (4)	-	-	25.0% (2)	-	25.0% (2)	8
Financial assistance programs	33.3% (1)	-	-	33.3% (1)	-	33.3% (1)	3
Required by insurance plan	-	-	-	66.7% (2)	33.3% (1)	-	3
VA/Military requirement	-	-	-	66.7% (2)	-	33.3% (1)	3
Closest to work	-	-	-	100.0% (2)	-	-	2
Privacy/confidentiality	-	-	-	-	-	100.0% (1)	1
Other	27.3% (3)	-	9.1% (1)	27.3% (3)	-	36.4% (4)	11

Dahl Memorial Healthcare, Prairie Community Hospital, and Rosebud Health Care Center removed from hospital location (top row) due to non-response. Cost of care removed from reason hospital selected (first column) due to non-response.

Appendix G- Responses to Other & Comments

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

- Social determinates of health ignorance
- Drugs
- People don't want to work
- 1. Fear 2. Propaganda from mockingbird media 3. Lack of knowledge on nutrition, healthy lifestyle
- Not sure?
- Poor drivers
- Drug use

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

- Alcohol/substance abuse (6)
- Alzheimer's/dementia (2)
- Cancer (2)
- Depression/anxiety (5)
- Diabetes (3)
- Domestic violence/sexual assault (2)
- Heart disease (3)
- Lack of access to healthcare (1)
- Lack of dental care (2)
- Lack of exercise (2)
- Mental/behavioral health issues (2)
- Overweight/obesity (1)
- Respiratory issues/illness (1)
- Senior issues/aging (2)
- Suicide (2)
- Tobacco use (cigarettes/cigars, vaping, smokeless) (3)
- Work/economic stress (2)

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

- Education

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

- Access to childcare/after school programs (1)
- Affordable housing (2)

- Arts and cultural events (1)
- Good jobs and a healthy economy (1)
- Good schools (1)
- Low crime/safe neighborhoods (1)
- Strong family life (1)

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

- Work
- Former employee
- Living here and paying attention
- When I get sick
- Church
- Through work
- Phone call to clinics
- Direct from healthcare providers, known personally

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

- None (2)
- Internet
- Glendive Medical Center (GMC)
- Terry Clinic (2)
- Badlands Clinic
- Rosebud Health Care Center (RHCC) (3)
- Local Physicians Assistant's in Circle and Jordan
- Billings Clinic
- Miles City Vision Clinic
- Powder River Clinic
- Glendive Medical Center, Billings Clinic in Billings
- Chiropractor
- Fallon Medical Complex in Baker
- Ortho Montana
- State employee mobile health screening
- Billings Clinic Billings
- McCone Clinic
- Eye doctor
- Yellowstone Breast Center Billings
- Local clinic

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

- Holy Rosary Healthcare (HRH) needs a continuum, so include an Assisted Living facility
- Better qualified doctors
- Cost is so high
- Lower cost, less paper
- Doctors not Physicians Assistants (PA)
- Holistic healthcare providers
- No opinion
- Better posting of results in patient portals
- Increased staffing
- Wait time to get into provider was 2 months

12. Of any of the following educational classes/programs, which would you be most interested in attending? (Select ALL that apply)

- None (3)
- N/A

13. What senior services are needed in our community? (Select ALL that apply)

- We are good
- Don't Know
- We have hospice and palliative care
- All are good. I've used several

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

- Cardio (heart)
- Dental surgery
- CT scans and MRI
- Blood panel

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

- A simple task was needed to be done and they wanted me to come back
- Unsure if I should go
- Lack of Doctors
- Wanted to be tough
- Cultural
- Had to wait for testing

- Walk-in did not see my relative's injury as serious. Went to the emergency room the next day and was sent to Billings that day. 3 surgeries and 3 days in hospital. Not impressed!
- Emergency room
- Waiting 3 to 4 months for an appointment is too long
- Can't wear mask so the doctor refused to see me

*Responses when more than 3 were selected (5 participants):

- Could not get an appointment (2)
- COVID-19 barriers/concerns (1)
- Didn't know where to go (3)
- Don't like doctors (1)
- Don't understand healthcare system (1)
- Had no childcare (1)
- It cost too much (2)
- It was too far to go (3)
- My insurance didn't cover it (3)
- Office wasn't open when I could go (3)
- Qualified provider not available (3)
- Too long to wait for an appointment (4)
- Too nervous or afraid (2)

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

- Terry, MT (2)
- Ekalaka (2)
- Circle (3)
- Billings Clinic
- Dr. Rauh (3)
- Bismarck, ND
- Rapid City, SD
- Dickinson
- Glasgow (2)
- Miles City (3)
- Washington

*Responses when more than 1 was selected (6 participants):

- Baker (1)
- Billings (2)
- Miles City - Holy Rosary Healthcare (6)
- Miles City - Billings Clinic (4)

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

- Through work
- Established a relationship with my provider
- My regular doctor was out town and I had to go to someone else.
- He's sincere and listens Dr. Rauh
- I was able to see a doctor rather than a physician's assistant (PA)
- Have been seeing same PA for years
- I love Dr. Kara Erickson - she's the best!
- Known personally
- To get established in the VA system
- She is better than most

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

- Bozeman
- Bismarck
- Ortho MT (2)
- Spearfish
- Yellowstone Surgery Center
- Billings Clinic same day surgery
- Washington

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

- Billings Clinic (7)
- Glendive Medical Center (1)
- Holy Rosary Healthcare (8)
- St. Vincent Healthcare (4)

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

- Former employee
- Knew the physician and trusted them
- Specialist availability for complex medial needs
- Relative lives in Bozeman
- Holy Rosary Healthcare wouldn't do the procedure
- Bismarck
- Only hospital that would let me in without a mask
- Veteran
- No other choice

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

- Emergency, no choice (1)
- Hospital's reputation for quality (1)

- Prior experience with hospital (2)
- Privacy/confidentiality (2)
- Recommended by family or friends (2)
- Referred by physician or other provider (2)

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

- Hardin
- Seattle
- Sidney
- Rapid City, SD (2)
- Billings and Miles City
- Mayo Clinic (2)
- Bozeman
- Jordan and Circle
- Bowman, ND
- Washington
- Denver, CO
- Billings

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

- Neurosurgeon
- Complex care
- Kidney specialist
- Liver/Kidney
- Acupuncture
- Oral Surgeon (2)
- Hematologist
- Breast biopsy
- Pain management

39. What were the barriers to getting a prescription or taking your medication regularly? (Select ALL that apply)

- Doctor forgot to send it in
- Taking the doctor too long to refill them.
- For refills there have to be doctors, at least 3 times in past year I missed taking my medication

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

- Vision problems
- Surgeries/knees

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

(Select ALL that apply)

- Blue Cross Blue Shield of MT
- None- pay out of pocket
- Christian Health Ministries - Healthcare Sharing out of pocket up to \$1000
- Montana Medical
- Medicare Advantage
- Retired state employee plan

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

- I have medicaid and medicare
- Family paid to high of price for a healthy family. Felt we could spend money in a better way.
- Obamacare destroyed health insurance and I refuse to participate

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

- 59325 Colstrip
- Ismay 59336 (3)
- Circle (2)
- 59323 Colstrup
- 59338 Kinsey
- 59347 Rosebud

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

- *No other responses.*

51. What is your employment status?

*Responses when more than 1 was selected (2 participants):

- Work full time (1)
- Self-employed (1)
- Work part time (1)
- Retired (2)
- Collect disability (1)

General comments

- (Q1)
 - Did not make a selection and wrote “I have no way of knowing.”
- (Q2)
 - Selected both “Good” and “Fair” and wrote “to” in between the two choices.
- (Q4)
 - Did not make a selection and wrote “Never really had a problem – so much fear!! Instilled in all of us from Democrats and the evil ways they handle things.”
 - Selected “Improved” and wrote “Opened my eyes more to Big Pharma propaganda.”
- (Q5)
 - Selected “Alcohol/substance abuse” and wrote “Drug use” next to it.
- (Q6)
 - Selected “Access to healthcare services” and wrote “good” next to it.
- (Q8)
 - Underneath the question, wrote “Common knowledge here – except for general checkups go to a different state for anything not general.”
- (Q10)
 - Selected “Billings Clinic Miles City” and wrote “Hospice was good.”
 - Selected “One Health/Custer County Public Health Department” and wrote “Told us to go to walk-in clinic and our own provider.”
- (Q11)
 - Selected “Improved quality of care” and wrote “Doctors that treat you as a person rather than ‘Hurry up – Next’.”
 - Selected “Improved quality of care” and wrote “A lot of my friends have had serious problems with them or their family because doctors give the wrong diagnosis and act like they don’t care.”
 - Selected “More primary care providers” and wrote “stable” next to it.
 - Did not select any choices and wrote “I’m not sure.”
- (Q13)
 - Selected “Senior retirement housing/community” and wrote “Not a nursing home”
 - Made several selections and wrote “We need something that people can afford instead of losing everything to be taken care of.”
 - Did not select any choices and wrote “I don’t know.”
 - Selected nearly all choices and wrote “Much is already in place”
- (Q15)
 - Selected “Yes” and wrote “Had COVID, but was not given a test. Recommended rest and diagnosed with Bronchitis – I knew it was not bronchitis – COVID test done about a month later (through blood) came back positive. I’m 66 – should have given me a test.”

- (Q18)
 - Selected “Miles City – One Health” and wrote “Billing is terrible” next to “Miles City – Holy Rosary Healthcare”
- (Q19)
 - Selected “Cost of care” and wrote “Cash only functional medical provider. At least 1/4 the price for lab and services.”
- (Q26)
 - Selected “Good” and wrote “COVID-19”
- (Q27)
 - Did not make a selection and wrote “A family member had cancer and passed away”
- (Q28)
 - Selected “Occasionally (1-2 days per month)” and wrote “less”
- (Q29)
 - Selected “High” and “Moderate” and wrote “to” between the two choices
- (Q31)
 - Selected “Yes” and wrote “About 15 years ago my sister’s friend was killed by her husband.”
- (Q32)
 - Selected “Yes” and wrote “I was a paralegal for a city prosecutor”
 - Selected “No” and wrote “Besides 911 or police?”
- (Q37)
 - Selected “2-4 times per week” and wrote “5 times/week”
 -
- (Q38)
 - Selected “Yes” and wrote “To get a refill there have been times we had to email several times”
- (Q42)
 - Selected “No”, circled “30 days” in the question text and wrote “within the last year”
- (Q44)
 - Selected “Employer sponsored” and wrote “My husband has through the city where he works but too expensive for me or my daughter to be on.”
- (Q45)
 - Selected “Fair” and “Poor” and wrote “to” between the two choices
 - Selected “Poor” and wrote “No deductible, no copay, no supplement, (100% covered) – needed”
 - Selected “Fair” and wrote “Overpriced!”

- (Q46)
 - Selected “Choose not to have health insurance” and wrote “Instead chose health sharing. Family paid too high of price for a healthy family. Felt we could spend money in a better way.”
- (Q50)
 - Selected “65-74” and wrote “Just starting Medicare Thank god!”
- General:
 - A good lot of doctors are rude – do not take time and listen to the patient – they want you in and out quick. Also when a person is in the hospital you never see the same doctor. Everyday they come in you have to start from the beginning they do not care to listen to the patient. The healthcare in Miles City is a joke and everyone knows it.
 - The healthcare’s handling of COVID was horrendous! There are effective treatments available that were and still are censored.
 - SCL and Montana health agencies are a disgrace – any medical professional know but refuse to acknowledge masks don’t work – you have no common sense and blindly follow CDC and Big Pharma. All you do is spread fear and propaganda as you line your pockets. And do your research “outside of the box” – with an open mind look at side effects of COVID vaccination (and others) – you are responsible for to first “DO NO HARM”.
 - Need for fuel (gas), assistance, cash voucher or something similar

Appendix H- Focus Group and Key Informant Interview - Questions

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

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

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

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

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

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

Appendix I- Focus Group and Key Informant Interview - Transcripts

Focus Group #1

Thursday, Nov. 3, 2022 – 9-10 a.m. – Holy Rosary Healthcare Conference Room
13 participants

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

- There are not a lot of places in or around Miles City for families to go for support of any kind but particularly for post-traumatic stress disorder (PTSD) and trauma.
- I think we are lacking in terms of active spaces in the community as well and that has led to some social isolation.
- It's really concerning that local authorities recently pulled 1000 lbs of fentanyl off the street and a large amount of meth as well.
- There are some serious social complexities as a result of the COVID-19 pandemic that have exacerbated people's anxiety and pressures. We need more mental health services to cope.
- Many children that might not fit into a perfect box are left behind because we just do not have the staff to reach every child's individual needs. There isn't any follow up support for kids who may seek mental health support at the hospital, but then don't present as a danger to themselves. They are sent back out into the community with no additional support or guidance after seeking that help. There is also that stigma around seeking mental health services in a small town. I also don't believe it is an access problem for general mental health services, but rather that specialty mental health services are largely lacking.
- It is very hard to follow up with mental health services after your initial in-patient visit. Sometimes appointments are a month or more out and when a person has suicidal ideations or other harmful thoughts that is not an acceptable time to wait. The stigma is also really pertinent throughout the community and there are a lot of great individuals in the community but the few that are judging often resound louder.
- There is also a heavy stigma around alcohol/substance abuse and people don't know how or feel comfortable getting help.

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

- Hospital/clinic:

- The larger organizations have done a great job bringing specialists to town, so people don't have to travel as much. That has really benefited our low income and elderly populations. The dialysis center was a huge addition for the community. Retention of specialists has been quite a struggle and that is something I'd like to see the hospital focus on. The services are great but timeliness of care in terms of appointment wait times is not great (2+ months for appointments).
- EMS Services (ER/Ambulance)
 - Our ambulance services are great (very quick and efficient), I have heard only good things from community members. I think there are shortages in staffing that really effect ER visits and people are often sitting there for hours. We could use better community education for ER versus urgent care visits to help shorten those wait times.
 - The EMS staff is great, but they are sometimes unavailable to do transfers and people either have to do their own transfers.
 - The EMS should not be sending firetrucks to all calls with the ambulance, I know the reasoning behind it but it is a definite waste of funds.
- Public/County Health Department
 - It is a great service, but I think it is underutilized. They have a sliding fee scale that I don't think people are aware of. They even offer dental services, but I think people just aren't aware of their multitude of services. Increasing education of public health services would be largely beneficial.
 - There would be huge benefits to partnering with the local schools as many of their services are needed most by those children and families. There is a partnership possibly in the works between public health and local schools, but it would initially only be for behavioral health services.
- Senior Services (i.e., Nursing homes, assisted living, home health, senior center, etc.)
 - We are lacking home health services in the community. People often need help with medication management and transportation, but the services are hard to find. The current senior center facility is not safe, and they are building a new facility, so services are not as available at the moment.
 - The Council on Aging program is separate from the senior center and they provide great services to the elderly.
 - Services for the elderly that just need minimal help/services is lacking as well. They often have sensory deficits (i.e., hearing, reading, etc.) that also make it difficult for them to find or access services.
 - We all are often most focused on the entity that we work for and when we are trying to help people access services outside of our scope of work it can

be difficult to find. It would be great to generate a community services page or resource guide to help all community organizations.

- Services for Low-Income Individuals/Families
 - I am very concerned about the push to move away from expanded Medicaid and what that would mean for low-income families.
 - Housing availability and affordability is a huge problem in the community. Low-income housing is also often run down, and it leads less landlords to be willing to rent to these populations.
 - It is a statewide problem with housing, building supplies, sites, etc. and it trickles down to access, transportation, and a myriad of other issues.
 - The bus transit system is also very hit or miss depending on staff availability and the school system does not have consistent busing.

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

- Mental health services
- Alcohol/substance abuse services
- Education and awareness of services; even alignment of local efforts to address local challenges
- Safe trails and walking spaces
- Physical health education and community activities that help people get out (across all demographics)
- Access to physical activity facilities in the winter are nearly non-existent. A recreational center would be great for the community.

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

- Senior services, particularly home health
- Specialty mental health services
- Medical supply store
- Dentists and eye doctor (often wait for months for those appointments)

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

- A recreational center (largely agreed upon by focus group members)
- Kids don't have anything to do in the community so providing more outlets would be great (skate park, etc.)
- Daycare services available beyond the traditional Monday-Friday, 9 a.m. – 5 p.m. hours.
- There are challenges with housing rentals accepting pets, even well-behaved animals. I have even heard of some families moving away from our area or being

turned away due to having pets. Perhaps some education for landlords about responsible pet ownership would be helpful.

Focus Group #2

Thursday, Nov. 3, 2022 – 12-1 p.m.– Holy Rosary Healthcare Conference Room

4 participants

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

- I can't speak to physical health. Considering mental health, though, there's a need for more mental health providers! There's such a need across the lifespan for mental health services. All of us providers are referring to one another, but we're all full. There's just a lack of availability at all levels, but even greater among the higher level of care and crisis response services. Miles City is the hub for this area of the state – we have folks from Circle traveling in for these services and that's 90 miles one way.
- Mental health is huge piece of overall health. And chemical dependency also plays a role in mental health.
- It's really difficult to get in for mental health appointments and in-patient is extremely difficult since all that has happened with Warm Springs in the last year.
- I'm sure it's happening everywhere in Montana, but here it's interesting, in a good way, to see how every child fills out a physical form to assess mental health during a primary care visit.
- I think it's also worth noting that there can be a stigma attached to mental health care. I've seen it everywhere in the service area, but particularly outlying areas as well.

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

- Hospital/clinic:
 - I would say that specialty services are lacking locally. I think it's been a challenge for our local hospital and clinics to retain consistent specialty providers so it's often easier to just plan to go onto Billings.
 - In addition to retaining specialty providers, it just takes so much time referring to necessary specialty services. Oftentimes providers are scheduling months out, which is fine in some instances, but not for more urgent matters. And if you need to reschedule for whatever reason, it's very likely that you'll be waiting a year from when the referral was made to when you actually get to see the provider.

- I've personally had good experiences with our local hospital and clinics, but I do agree that specialty care is lacking. I think the addition of a lactation specialist would be nice for our community and area.
- Holy Rosary Healthcare has an amazing birthing unit! The unit has some of the most caring nurses!
- I would like to see more local healthcare services supporting those with arthritis.
- In terms of our aging population, I think COVID was especially hard on this group. I heard of issues regarding varying enforcement of hospital policies. And while I realize these protocols were in place to protect the safety and health of the workforce and patients, there were serious communication challenges between hospital staff and family members. There was ambiguity when restrictions started loosening. Perhaps leveraging tools like telehealth could help with things like follow up appointments where it might not be necessary to come in. It may already be available, but we were never aware of it when it was necessary.
- EMS Services (ER/Ambulance)
 - I appreciate that the ER errs on side of caution.
 - I haven't had to use either of these services, so I cannot share an opinion.
 - I would like to see improvements to patients presenting with a mental health crisis in the emergency room. I know there are program models out there that utilize an assessment tool, triage based on the results, including the transportation to necessary services, and finally a follow up piece. I think it would be nice to implement such a program locally instead of just having them stay in a bed here or in Billings. In western Montana, the Western Montana Mental Health Center would Zoom into a certain location with those struggling with suicide ideation and then they would triage from there. I know they've seen much success from this work.
- Public/County Health Department
 - I wanted more information on Home Base, so I gave them a call to learn more. Home Base is a drop in service if you need to talk to someone – it's like peer support!
 - I get the sense that it's a push and pull of what services are at Holy Rosary Healthcare versus One Health. I still don't know what's available at Holy Rosary for behavioral health and same goes for One Health. It's very difficult to get information. There shouldn't be competition between the two organizations, but rather a shared goal of awareness and outreach of available services and resources.

- Senior Services (i.e., Nursing homes, assisted living, home health, senior center, etc.)
 - Cottonwood Care Home Assisted Living is amazing.
 - COVID made it hard on elderly in congregate living situations.
 - It's often hard to find needed resources and what services are available in this community.
 - I always come back to the question of if they're not ready for a nursing home, what services are available locally to keep them in their home safely? It's nearly impossible to find someone to provide home health without spending a lot of time. I think Miles City would benefit from some sort of stepping stone program that helps families answer the question "Where do we go from here?" I think our community really needs to think about how we can better support elderly to age in place without having to leave our community.
 - In my experience, it's especially challenging to find a caregiver to provide care in the evenings. It's a little easier to find care during the day, but night is the biggest barrier.
 - Memory care facilities are lacking here, but I know they struggle to find the workforce just like everyone else.
 - When thinking outside of Miles City, I know Jordan just has a nursing home, but they would benefit from an assisted living facility or even care coordinator to help navigate things like insurance.
 - In general, more outreach in the smaller outlying communities would be great!
- Services for Low-Income Individuals/Families
 - I don't know of any healthcare wise services/programs. One Health has a Family Planning programs.
 - The County Health Department use to have a lot of these services for low income individuals/families, but I'm not sure what One Health offers since they took over the responsibility of the health department.
 - Mental health wise there's a variety of services for kids such as peer support. Comprehensive School and Community Treatment Program (CSCT) is offered through Eastern Montana Community Mental Health Center that comes into the local schools, but the kid has to qualify for Medicaid to participate.
 - I think much of our local issues and/or suffering often come in supporting those families and individuals that are in the lower/middle class. That is to say they make just enough money that they no longer qualify for any of these support services and resources, yet the costs are too high considering their

income and all other living expenses. There's virtually no support mental health wise for this income bracket.

- The financial assistance program through hospital is helpful, but I'm not sure how aware folks are of this resource.

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

- There's some diabetes care available locally, which is nice, but education is really lacking. The education component and care of a type 1 diabetic patient is a bit different than someone with type 2 diabetes.
- To tag onto that comment, I think there is a lack of furthering of this knowledge into schools. Oftentimes it's put on the parents of the child with type 1 diabetes to educate teachers and/or school lunch staff. It's a lot to ask of parents to ensure everyone at the school is up to speed on the latest care plan. All teachers have to be basic life support (BLS) certified, so I feel like this is sort of the same thing as a life or death situation.
- I think having nurses in the schools would be fantastic – even if we had just one nurse that traveled between the schools to get the program started would be an improvement.

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

- I would like to see more courses on specific needs of the community. For example, topics like postpartum depression, co-parenting, parenting classes, support groups, etc.
- In general, I think we could do better supporting moms – you go from having all of these appointments to just one follow up and then you're on your own. There's often nowhere to turn if you're having a hard time. Even to have a peer support group locally would be nice.
- Again, I think it's worth noting that specialty services are really lacking here. I think more and consistent arthritis care, orthopedic, and dermatology specialties would be nice locally.
- We need the capacity to provide more full psych evaluations (i.e., neuropsych) locally! It's really hard to get into someone for these evaluations.
- Liability might be hard, but I think we need to improve transportation for those who are not mobile, but need to get to an appointment. Miles City has a transportation service for those who are mobile, but there's nothing available for those who need support getting in and out of a vehicle. If you don't reach the income levels for things like home health, this can become a big barrier for caregivers!

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

- Miles City is missing a recreation center and indoor pool. Every small town seems to have one. A lot of the barrier to having such a facility just come down to funding.
- We just built an events center and splash pad (both separately), but it would have been nice to have them under one roof. In general, I think our area would benefit from more events and things that we can have to foster community.
- We have great parks and more walking paths than we ever have. The Oasis is the oasis and it can't go away!
- But what do you do after the holidays and in the winter months? Suicide rates increase after the holidays, so more timely awareness of local mental health resources and services would be great. It's important to note that a lot of mental health coincides with substance use challenges.
- Like everywhere else, everything was shut down during COVID. People used to walk in the hospital or even Walmart. It would be nice to have a safe place where people can get out and move, even in the cold and dark winter months.

Key Informant Interview #1

Monday, November 28, 2022 - Anonymous –Via phone interview

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

- Overall, I think the health of our area is good. Even individual health seems to be pretty good.

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

- Hospital/clinic:
 - I personally haven't had to use either the local hospital or clinic in recent years. I know a lot of people around here do use both and seem happy!
- EMS Services (ER/Ambulance)
 - I actually think we have pretty good ambulance. There seem to be a lot of active members ready when they're needed. I think they're all volunteers, but someone who knows more would need to verify that. And as far as I know, response times are good. I would imagine there would be rumblings if response times weren't good.
- Public/County Health Department
 - Like the hospital and clinic services, I don't have a great deal of experience with the local health department other than I know that they exist.
- Senior Services (Nursing homes, assisted living, home health, senior center, etc.)

- I think we have sufficient senior services around here. I know quite a few people utilize senior center.
 - It seems like there are challenges retaining enough nurses for the local senior services. There's a pretty high turnover with nursing staff and I'm unsure the reasoning.
 - Services for Low-Income Individuals/Families
 - I don't have a lot of knowledge of what is even available for low-income individuals and families so I can't share an opinion.
- 3. What do you think are the most important local healthcare issues?**
- This is a hard question. In a rural area, you might not think much of it, but it really helps to have access to our hospital for those emergency situations.
 - I don't personally know since I haven't used many health services in recent years, but I've heard of more community members using telehealth available through the local hospital.
 - In general, I think everyone is just happy to have a facility like Holy Rosary Healthcare locally.
- 4. What other healthcare services are needed in the community?**
- I can't think of any specific services that we need, but I have noticed that we have a hard time retaining doctors. We've had a couple of nurse practitioners come in that are more local. It seems to really help retain health professionals and providers if they have a tie to the area. It's just hard to attract someone who doesn't have much knowledge of the area or family here.
 - Housing, both rentals and homes for sale, can be hard to find for administrative professionals and even doctors. They want a nice home to move into, but they can be hard to come by around here and I'm sure that impacts retention.
- 5. What would make your community a healthier place to live?**
- I wish we had more recreational activities like safe walking paths, developed hiking trails, etc. Currently, a lot of our recreation has to be done adjacent to highways and that's not always safe. I know many drivers, myself try and slow down and move over when there are pedestrians, but it would just be nice if we had a safe space for this and didn't have to think about traffic. There were some hiking paths at a local park before, but not as much recently.

Key Informant Interview #2

Tuesday, November 29, 2022 - Anonymous –Via phone interview

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

- Like a lot of other eastern Montana communities, we struggle with a lot of similar challenges like depression and stress, which are particularly exacerbated by factors like agricultural impacts of drought that we don't necessarily have much control over.
- Other than that, I've noticed a lack of physical activity in the area. There's a lot of community members who are out of shape and overweight.
- Our general health seems to ebb and flows with seasonal bugs, which isn't uncommon.
- One thing that may warrant more research is that our area seems to have a higher incidence of certain cancers.

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

- Hospital/clinic:
 - I've personally had very good luck with both the hospital and clinic. Sometimes my local doctor has had to refer me to Billings, but I've still experienced good care.
 - One thing I should note is that the local clinics are good but sometimes it's tough to get appointments.
- EMS Services (ER/Ambulance)
 - I think both the Emergency Room (ER) and ambulance do a good job.
 - In terms of our ambulance, I think budget is always a bit of concern. They are often trying to do more with less.
 - My ER experience has been good. They were quick to treat my family members.
- Public/County Health Department
 - I think our county health department does a really good job for our area. They are proactive in all aspects of health. More and more they've been incorporating behavioral health programs and resources into their work.
 - I think they provide such crucial services, especially among people closer to the poverty line.
- Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
 - We have several services for seniors locally, but I don't have any personal experience. I do however know that a lot of other rural areas like us have had

to close some of their senior services, but as far as I know, ours are in good shape.

- Services for Low-Income Individuals/Families
 - As I mentioned earlier, I think public health does good job providing services and resources to those in need. Other than the county health department though, I have no knowledge of other services available for low-income individuals and families.

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

- Mental health, especially among kids, is definitely one of the biggest challenges for our area.
- Drug issues like methamphetamine, particularly among adolescents and young adults, should be high on our priority list if they aren't already.

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

- In general, I think we could use more drug and alcohol resources. Also more mental health resources as I mentioned earlier.
- Other than that doctors are hard to retain here. We often have doctors and Physicians Assistant's (PA's) for about five years and then they leave.

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

- I would love to see a community center that has things like a pool and health center. We don't have something as simple as a safe place to walk in the winter. If people have a safe place to move, that could also have positive impacts on their mental health.

Key Informant Interview #3

Tuesday, November 29, 2022 - Anonymous –Via phone interview

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

- I think we do fairly well. We're very much rural, so people generally learn to do take care of a lot at home and only come into a provider or the hospital for emergency situations.

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

- Hospital/clinic:
 - I believe both the hospital and clinic are readily available to whoever needs them.

- EMS Services (ER/Ambulance)
 - Our local EMS is limited, mainly from a funding standpoint. It's often hard to get transports out. They often have to call around to other areas for transport -an ambulance from as far away as Roundup has had to help out!
 - We have some paid staff with our EMS since they're associated with the fire department, but we rely on volunteers too. I think we just need more funding for them!
 - Other than that, I think the emergency room is good!
- Public/County Health Department
 - I think our local health department collaborates with community partners pretty good!
 - During the height of COVID, they worked well in partnership with the other organizations.
- Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
 - We have pretty good and even wide expanse of care facilities locally. We have several assisted living facilities and a couple of nursing homes. The Manor offers independent living. The one thing that we struggle with is adequate workforce to run them all at capacity.
 - We have a local Meals on Wheels program that runs five days per week and on Friday's they deliver enough food enough to cover them through the weekend.
- Services for Low-Income Individuals/Families
 - The hospital cares for whoever comes through door and One Health offers additional services and resources that folks may need.

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

- Mental health is a big issue here and in a lot of ways, it's impacting folks across the lifespan. We've had a lot of completed suicides recently. In some cases, substance use has been a factor.
- Cancer is also an issue. I suppose it would be nice to have more preventive care and education.
- Diabetes and heart issues like cardiovascular disease are some other big issues. We do have some cardiac specialists travel here, so that's good!

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

- It would be nice if we could get more family practice providers not always just specialists. It's just hard to keep these providers locally.
- As I mentioned earlier, mental health is an issue, so of course we could use more resources and perhaps more counselors. We have quite a few locally, but they all seem to be at or near capacity.

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

- One of the things we need more of is education. Really education on what services and resources are available and how to access/navigate them.
- We do have several walking paths, so I suppose even some education to the community that there are safe spaces to walk and where they can find them!

Appendix J – HRH/One Health Secondary Survey

Introduction

In addition to the random sample survey conducted by the Montana Office of Rural Health (MORH) in October 2022, Holy Rosary Healthcare (HRH) and One Health conducted their own online survey that followed the same line of questioning. This survey was open to the public via HRH’s Facebook page, One Health’s Facebook page, and the Miles City Area Chamber of Commerce Facebook page, and remained open for approximately 14 days in February 2023. Participants were encouraged to provide their insight and feedback regarding community needs, healthcare services, and access to services.

Limitations

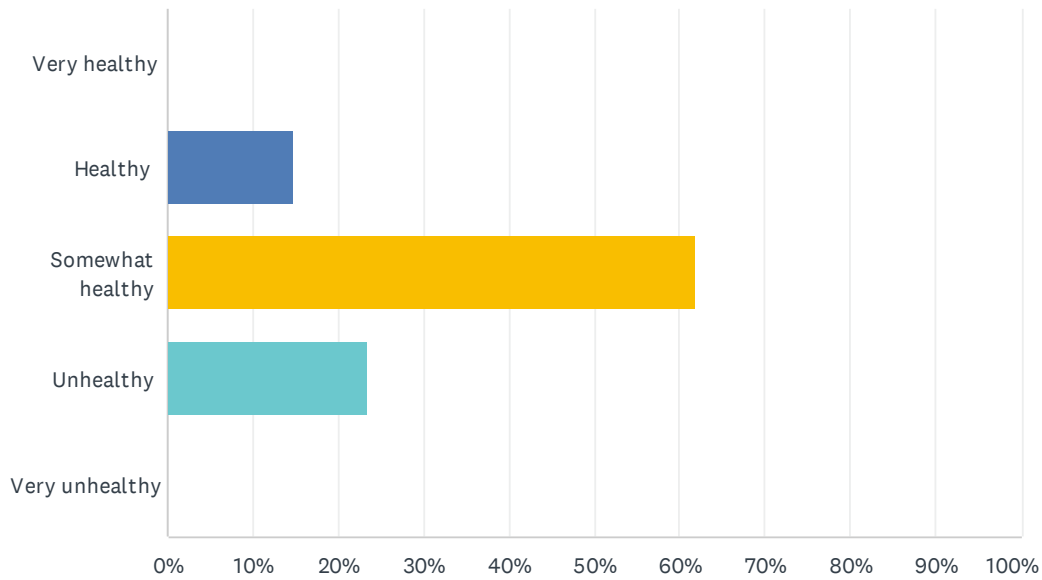
The online survey conducted by HRH and One Health differed in methodology from that of the MORH survey in terms of distribution, data collection, and analysis. The online survey was open to anyone with the link and could be completed more than once by any persons. The survey was also collected and housed within SurveyMonkey, where the subsequent data was reported. As a result of these differences, it is recommended that the two surveys not be compared statistically, although similarities can be identified from the two. The below online survey results can be used to inform areas of need and opportunities for improvement but should be considered secondary to the results presented in the above report.

Secondary Survey Results

The results of the secondary survey follow on the subsequent pages.

Q1 How would you rate the general health of our community?

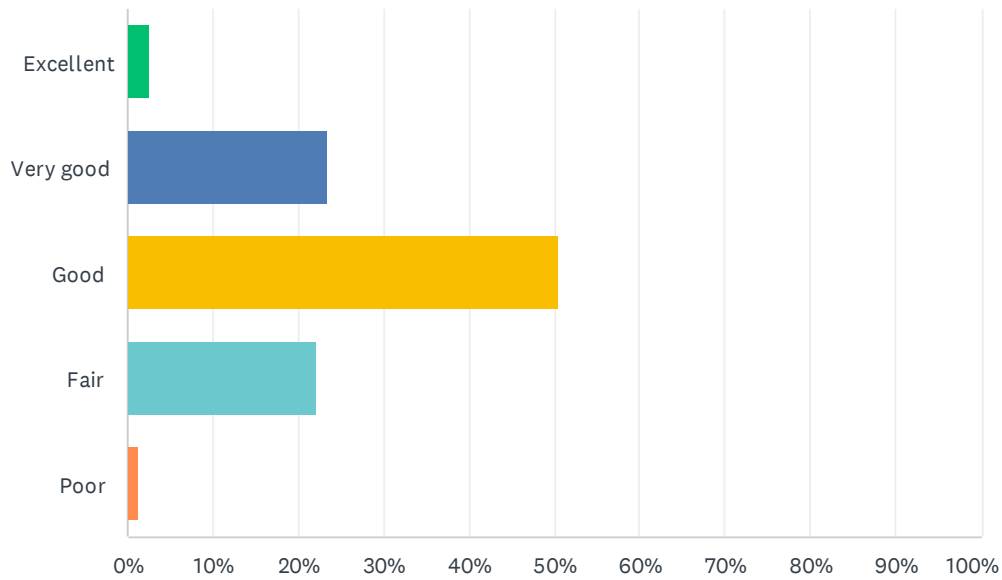
Answered: 81 Skipped: 0



ANSWER CHOICES	RESPONSES	
Very healthy	0.00%	0
Healthy	14.81%	12
Somewhat healthy	61.73%	50
Unhealthy	23.46%	19
Very unhealthy	0.00%	0
TOTAL		81

Q2 Would you say that, in general, your health is:

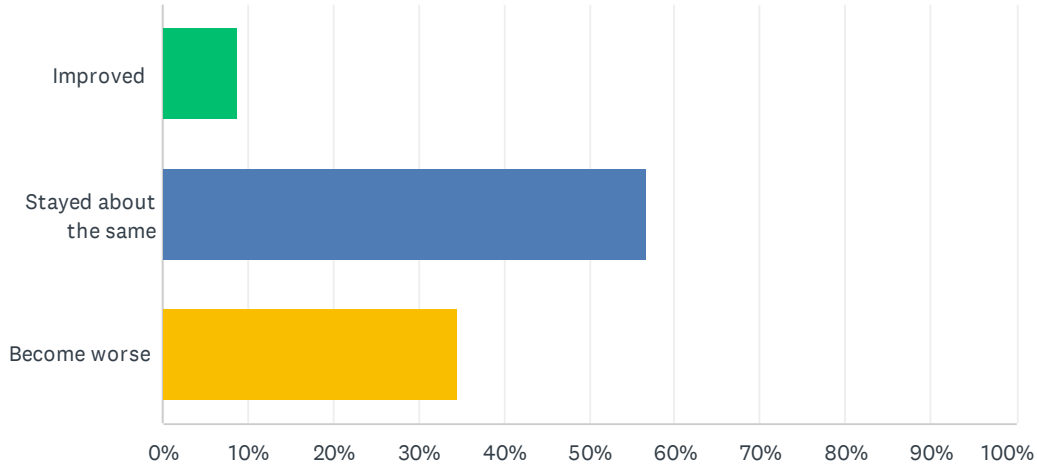
Answered: 81 Skipped: 0



ANSWER CHOICES	RESPONSES	
Excellent	2.47%	2
Very good	23.46%	19
Good	50.62%	41
Fair	22.22%	18
Poor	1.23%	1
TOTAL		81

Q3 Since the beginning of the COVID-19 pandemic, would you say your physical health has: (select ONLY 1)

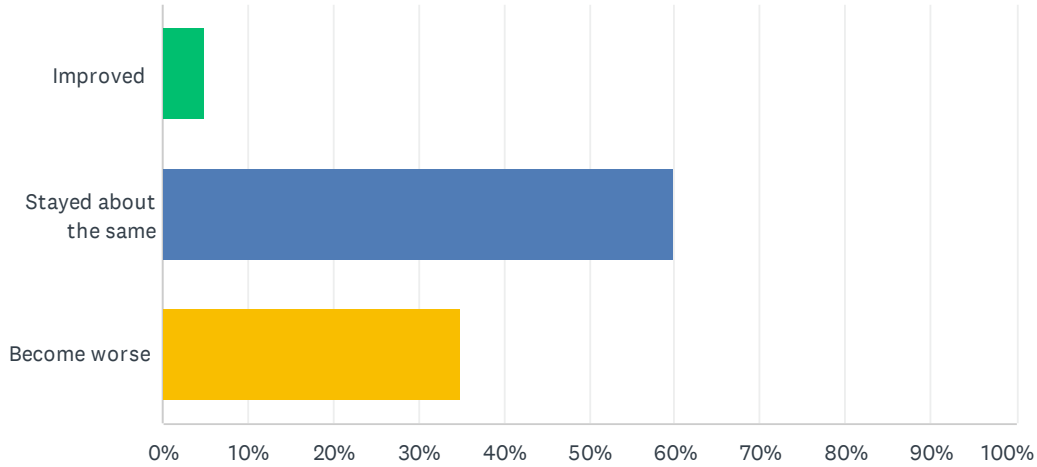
Answered: 81 Skipped: 0



ANSWER CHOICES	RESPONSES	
Improved	8.64%	7
Stayed about the same	56.79%	46
Become worse	34.57%	28
TOTAL		81

Q4 Since the beginning of the COVID-19 pandemic, would you say your mental health has: (select ONLY 1)

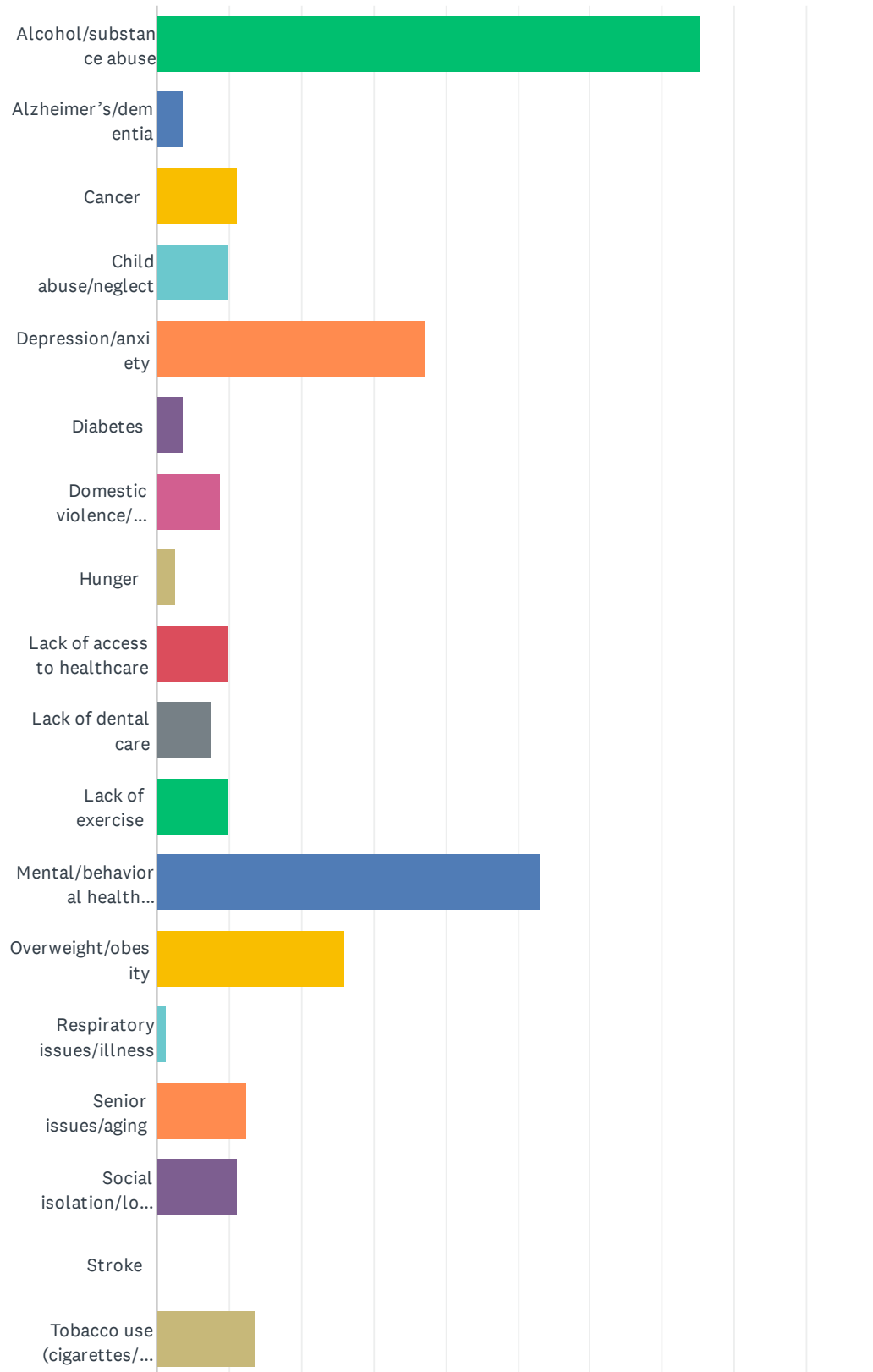
Answered: 80 Skipped: 1



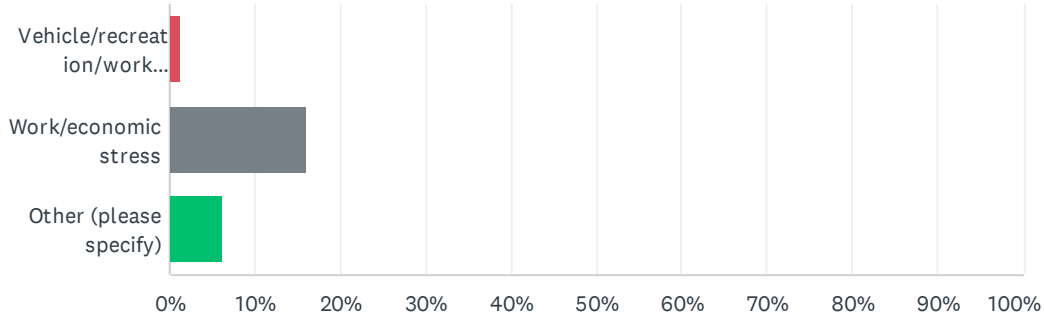
ANSWER CHOICES	RESPONSES
Improved	5.00% 4
Stayed about the same	60.00% 48
Become worse	35.00% 28
TOTAL	80

Q5 In the following list, what do you think are the three most serious health concerns in our community? (Select ONLY 3)

Answered: 81 Skipped: 0



Community Health Needs Assessment Survey 2023 Miles City, Montana

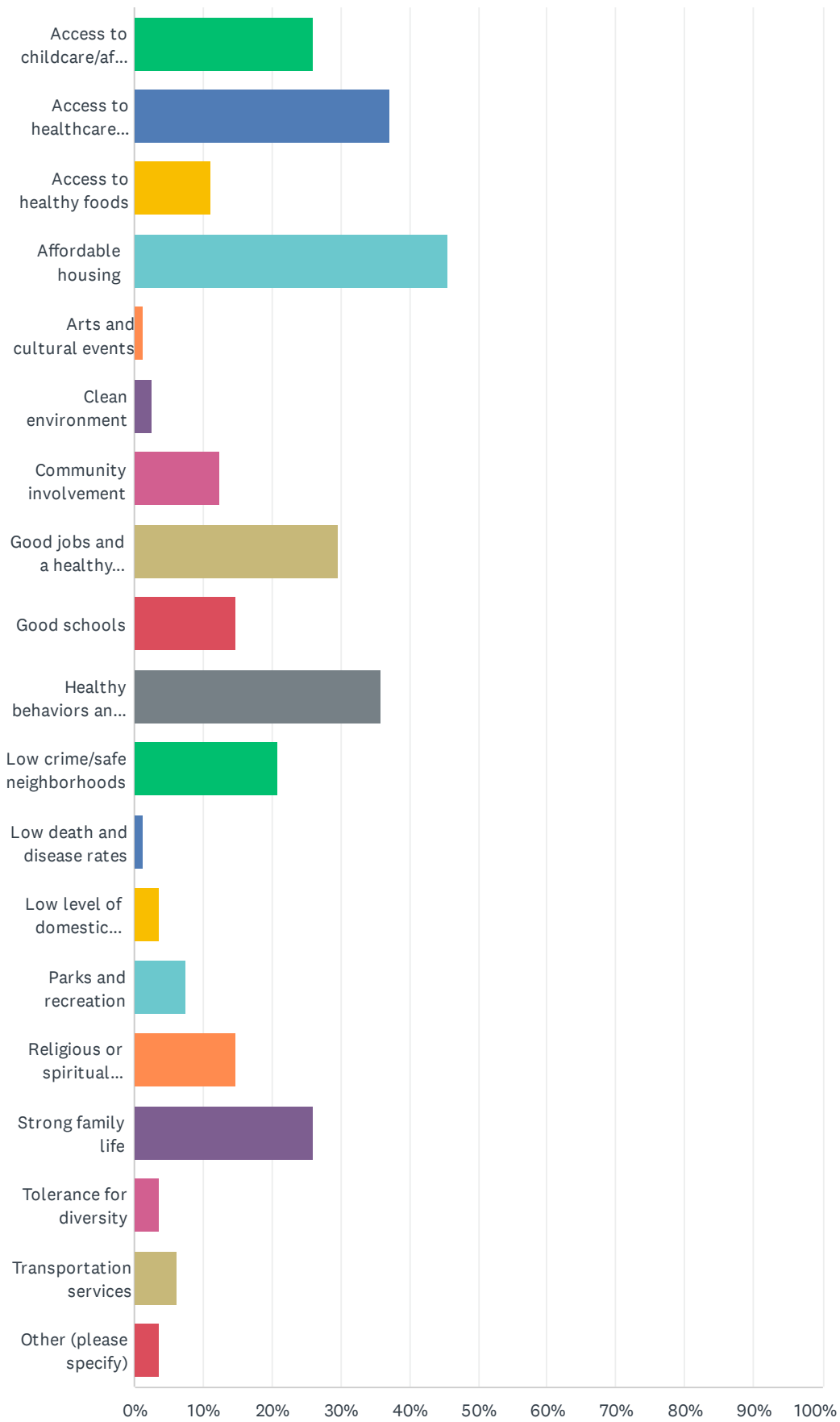


ANSWER CHOICES	RESPONSES	
Alcohol/substance abuse	75.31%	61
Alzheimer's/dementia	3.70%	3
Cancer	11.11%	9
Child abuse/neglect	9.88%	8
Depression/anxiety	37.04%	30
Diabetes	3.70%	3
Domestic violence/ Sexual assault	8.64%	7
Hunger	2.47%	2
Lack of access to healthcare	9.88%	8
Lack of dental care	7.41%	6
Lack of exercise	9.88%	8
Mental/behavioral health issues	53.09%	43
Overweight/obesity	25.93%	21
Respiratory issues/illness	1.23%	1
Senior issues/aging	12.35%	10
Social isolation/loneliness	11.11%	9
Stroke	0.00%	0
Tobacco use (cigarettes/cigars, vaping, smokeless)	13.58%	11
Vehicle/recreation/work accidents & injuries	1.23%	1
Work/economic stress	16.05%	13
Other (please specify)	6.17%	5
Total Respondents: 81		

Q6 Select the three items below that you believe are most important for a healthy community (select ONLY 3)

Answered: 81 Skipped: 0

Community Health Needs Assessment Survey 2023 Miles City, Montana

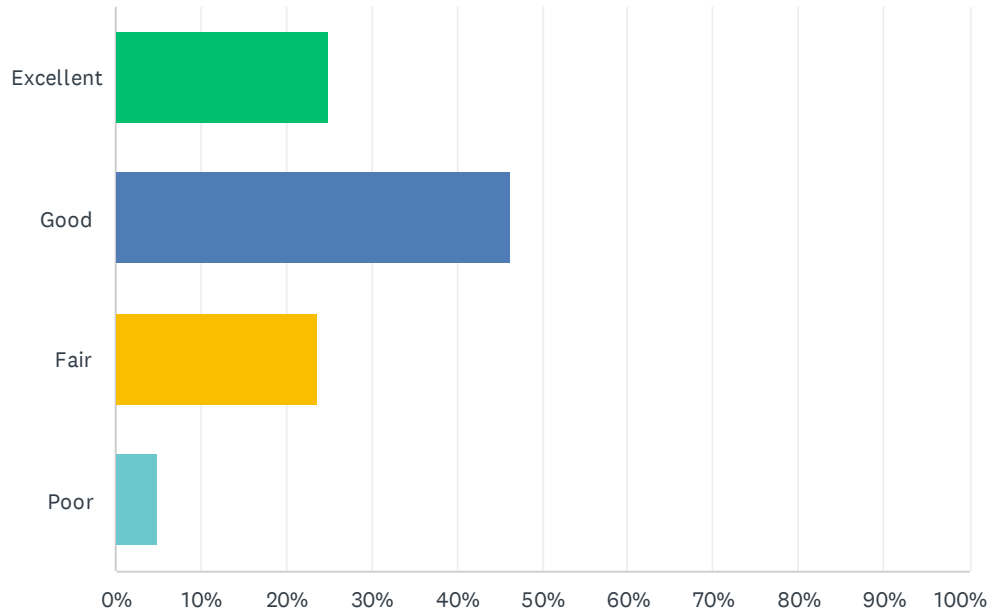


Community Health Needs Assessment Survey 2023 Miles City, Montana

ANSWER CHOICES	RESPONSES	
Access to childcare/after school programs	25.93%	21
Access to healthcare services	37.04%	30
Access to healthy foods	11.11%	9
Affordable housing	45.68%	37
Arts and cultural events	1.23%	1
Clean environment	2.47%	2
Community involvement	12.35%	10
Good jobs and a healthy economy	29.63%	24
Good schools	14.81%	12
Healthy behaviors and lifestyles	35.80%	29
Low crime/safe neighborhoods	20.99%	17
Low death and disease rates	1.23%	1
Low level of domestic violence	3.70%	3
Parks and recreation	7.41%	6
Religious or spiritual values	14.81%	12
Strong family life	25.93%	21
Tolerance for diversity	3.70%	3
Transportation services	6.17%	5
Other (please specify)	3.70%	3
Total Respondents: 81		

Q7 How do you rate your knowledge of the health services that are available in your community?

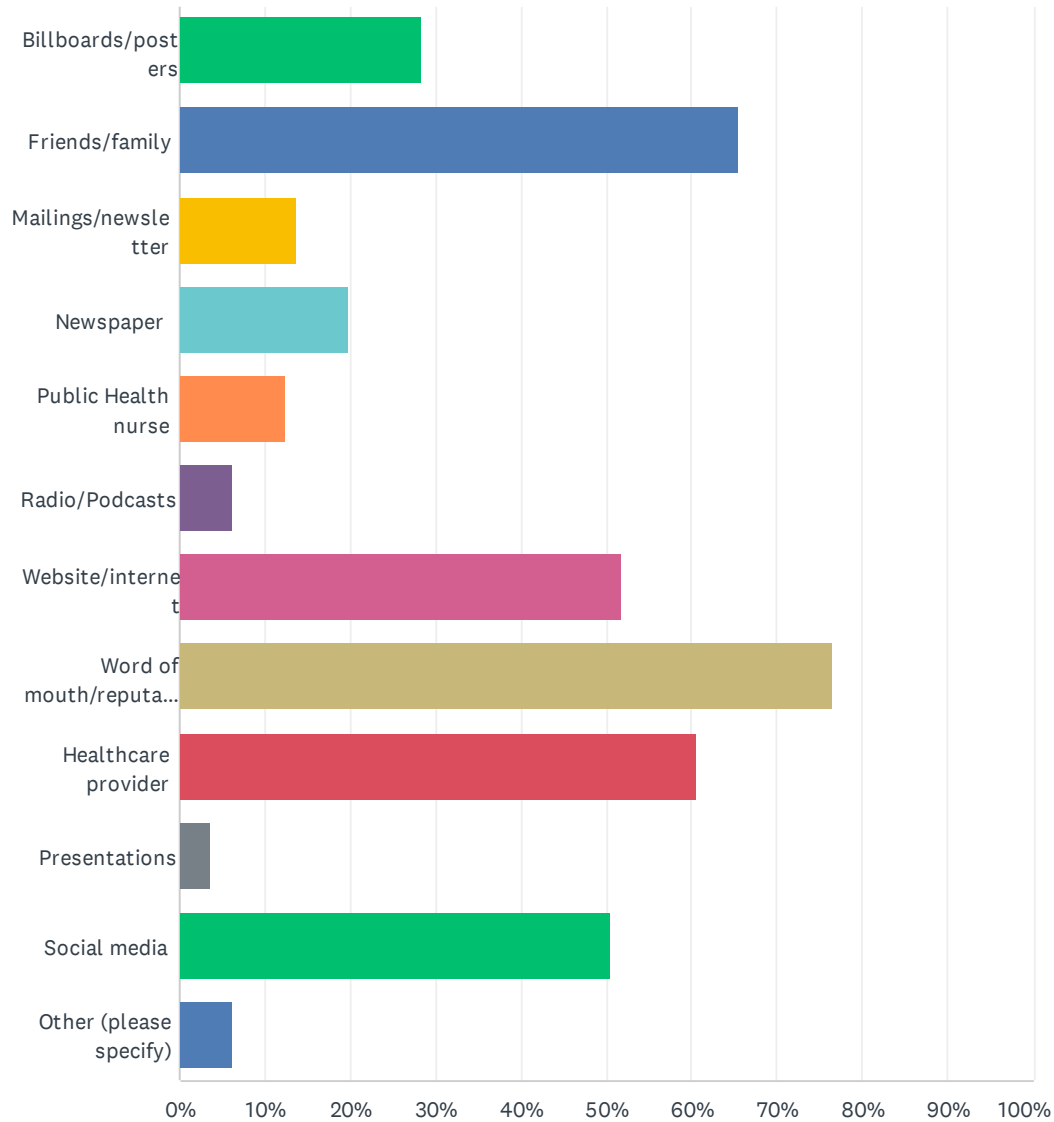
Answered: 80 Skipped: 1



ANSWER CHOICES	RESPONSES	
Excellent	25.00%	20
Good	46.25%	37
Fair	23.75%	19
Poor	5.00%	4
TOTAL		80

Q8 How do you learn about the health services available in our community? (Select ALL that apply)

Answered: 81 Skipped: 0

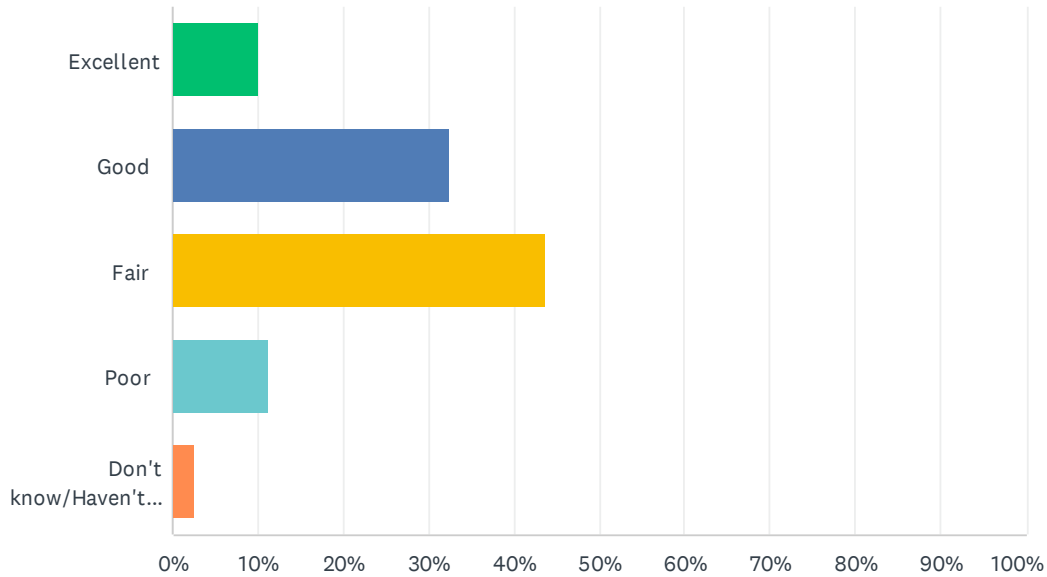


Community Health Needs Assessment Survey 2023 Miles City, Montana

ANSWER CHOICES	RESPONSES	
Billboards/posters	28.40%	23
Friends/family	65.43%	53
Mailings/newsletter	13.58%	11
Newspaper	19.75%	16
Public Health nurse	12.35%	10
Radio/Podcasts	6.17%	5
Website/internet	51.85%	42
Word of mouth/reputation	76.54%	62
Healthcare provider	60.49%	49
Presentations	3.70%	3
Social media	50.62%	41
Other (please specify)	6.17%	5
Total Respondents: 81		

Q9 How would you rate the quality of health services available through Holy Rosary Healthcare?

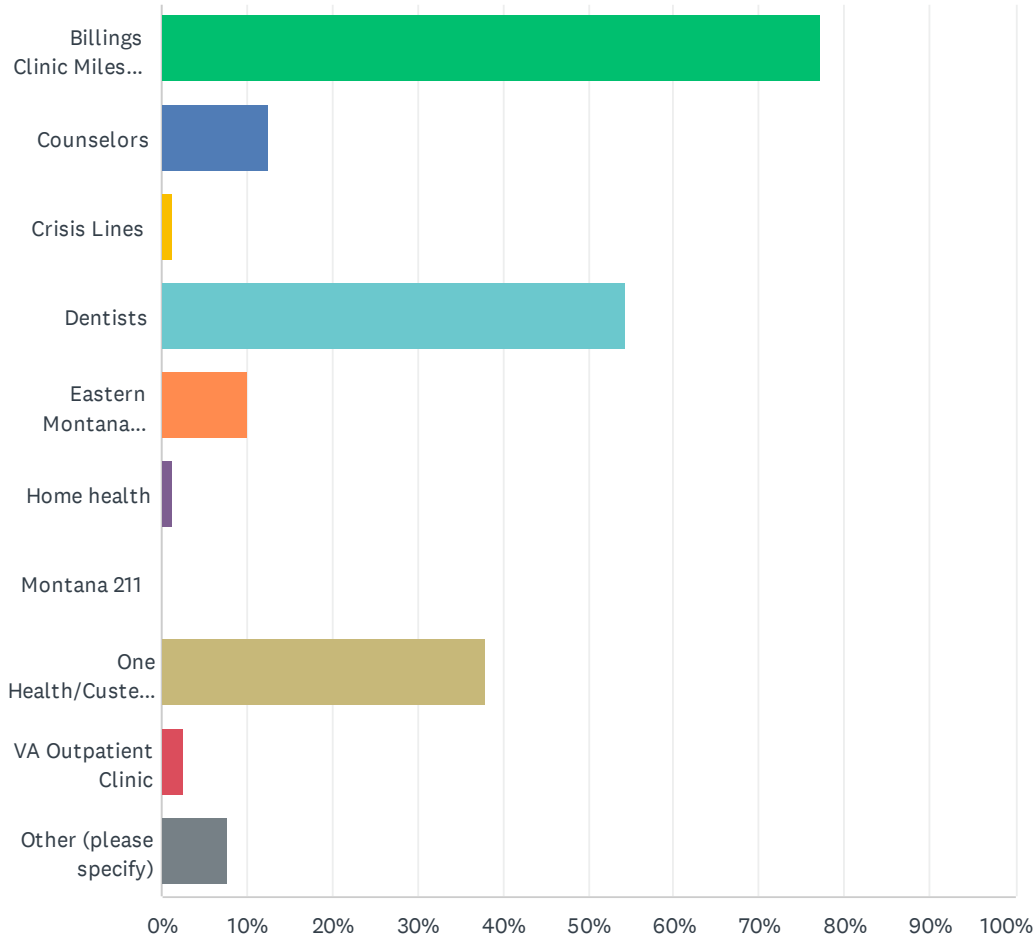
Answered: 80 Skipped: 1



ANSWER CHOICES	RESPONSES	
Excellent	10.00%	8
Good	32.50%	26
Fair	43.75%	35
Poor	11.25%	9
Don't know/Haven't used	2.50%	2
TOTAL		80

Q10 Which local community health resources, other than Holy Rosary Healthcare, have you used in the last three years? (Select ALL that apply)

Answered: 79 Skipped: 2

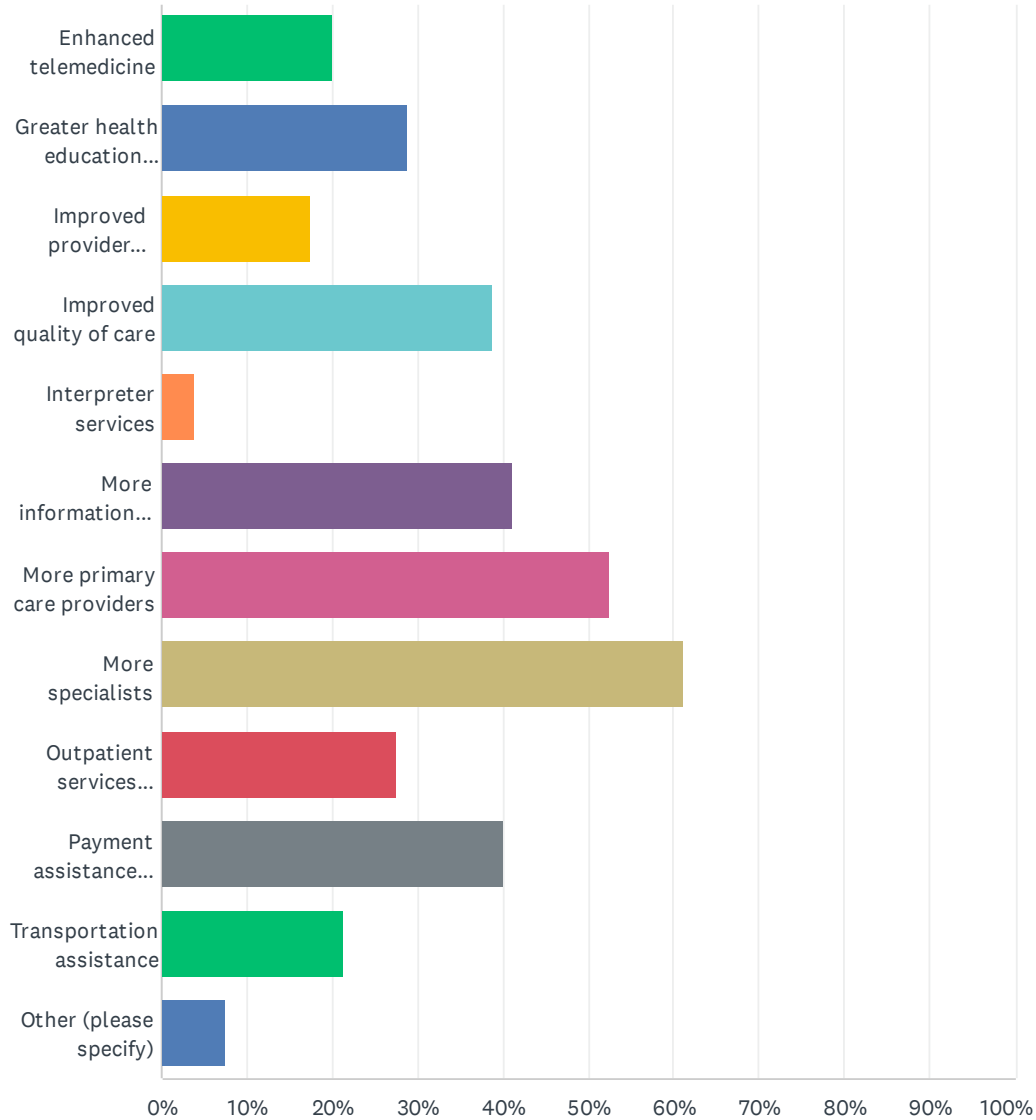


Community Health Needs Assessment Survey 2023 Miles City, Montana

ANSWER CHOICES	RESPONSES	
Billings Clinic Miles City	77.22%	61
Counselors	12.66%	10
Crisis Lines	1.27%	1
Dentists	54.43%	43
Eastern Montana Community MentalHealth Center	10.13%	8
Home health	1.27%	1
Montana 211	0.00%	0
One Health/Custer County Public Health Department	37.97%	30
VA Outpatient Clinic	2.53%	2
Other (please specify)	7.59%	6
Total Respondents: 79		

Q11 In your opinion, what would improve our community's access to healthcare? (Select ALL that apply)

Answered: 80 Skipped: 1

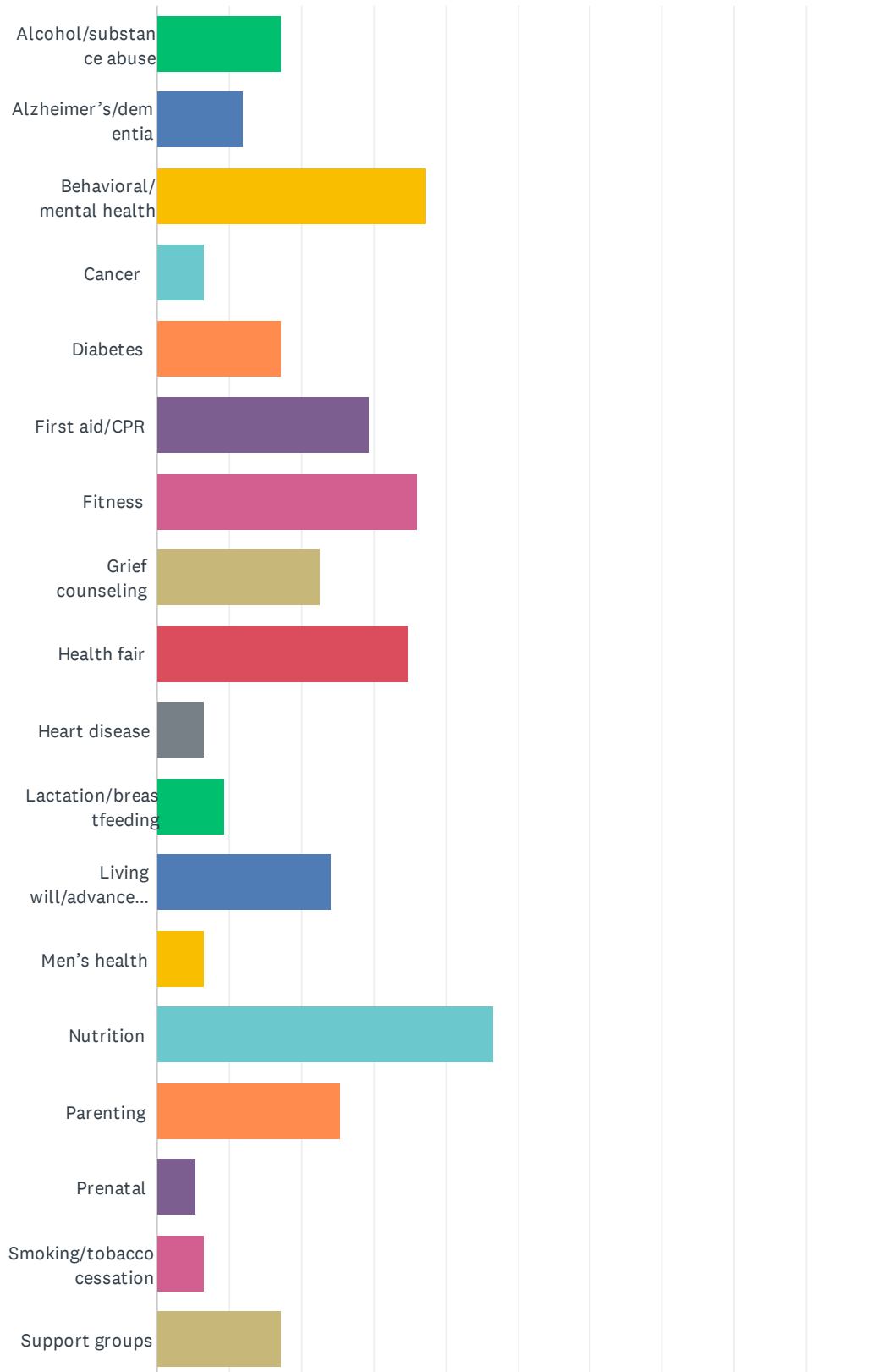


Community Health Needs Assessment Survey 2023 Miles City, Montana

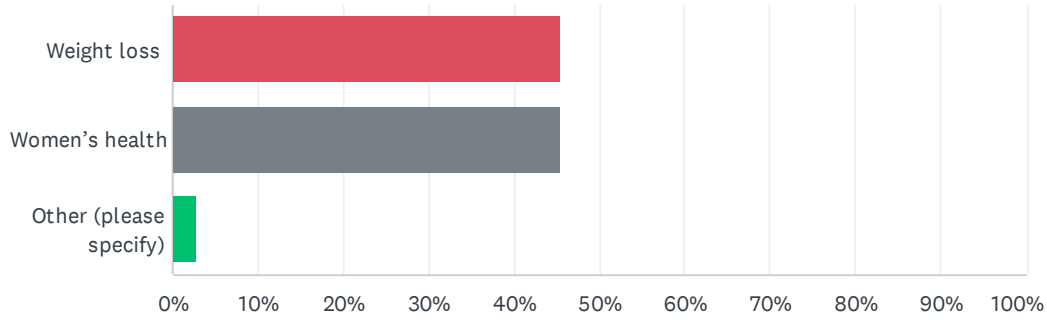
ANSWER CHOICES	RESPONSES	
Enhanced telemedicine	20.00%	16
Greater health education services	28.75%	23
Improved provider sensitivity to culture, lifestyle choices, personal identity, etc	17.50%	14
Improved quality of care	38.75%	31
Interpreter services	3.75%	3
More information about available services	41.25%	33
More primary care providers	52.50%	42
More specialists	61.25%	49
Outpatient services expanded hours	27.50%	22
Payment assistance programs (healthcare expenses)	40.00%	32
Transportation assistance	21.25%	17
Other (please specify)	7.50%	6
Total Respondents: 80		

Q12 Of any of the following educational classes/programs, which would you be most interested in attending? (Select ALL that apply)

Answered: 75 Skipped: 6



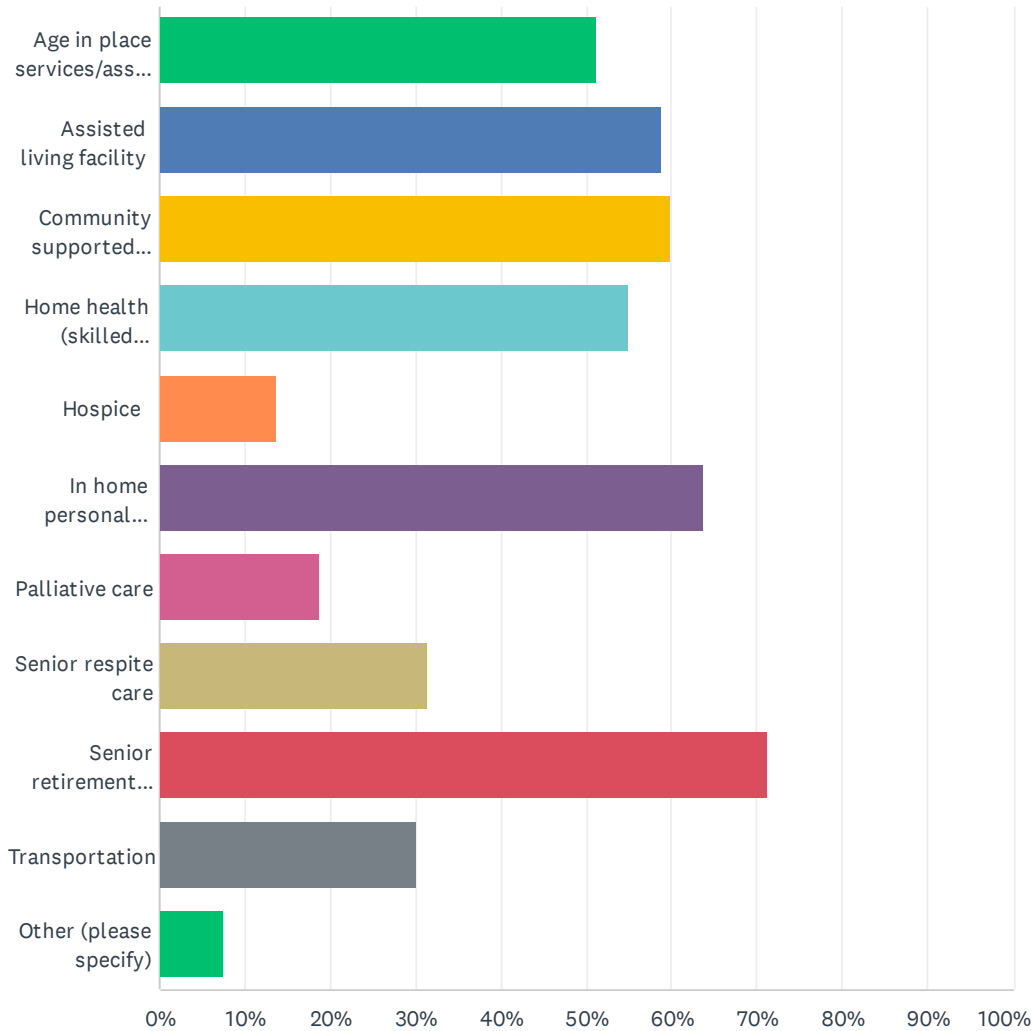
Community Health Needs Assessment Survey 2023 Miles City, Montana



ANSWER CHOICES	RESPONSES	
Alcohol/substance abuse	17.33%	13
Alzheimer's/dementia	12.00%	9
Behavioral/ mental health	37.33%	28
Cancer	6.67%	5
Diabetes	17.33%	13
First aid/CPR	29.33%	22
Fitness	36.00%	27
Grief counseling	22.67%	17
Health fair	34.67%	26
Heart disease	6.67%	5
Lactation/breastfeeding	9.33%	7
Living will/advanced care planning	24.00%	18
Men's health	6.67%	5
Nutrition	46.67%	35
Parenting	25.33%	19
Prenatal	5.33%	4
Smoking/tobacco cessation	6.67%	5
Support groups	17.33%	13
Weight loss	45.33%	34
Women's health	45.33%	34
Other (please specify)	2.67%	2
Total Respondents: 75		

Q13 What senior services are needed in your community? (select ALL that apply)

Answered: 80 Skipped: 1



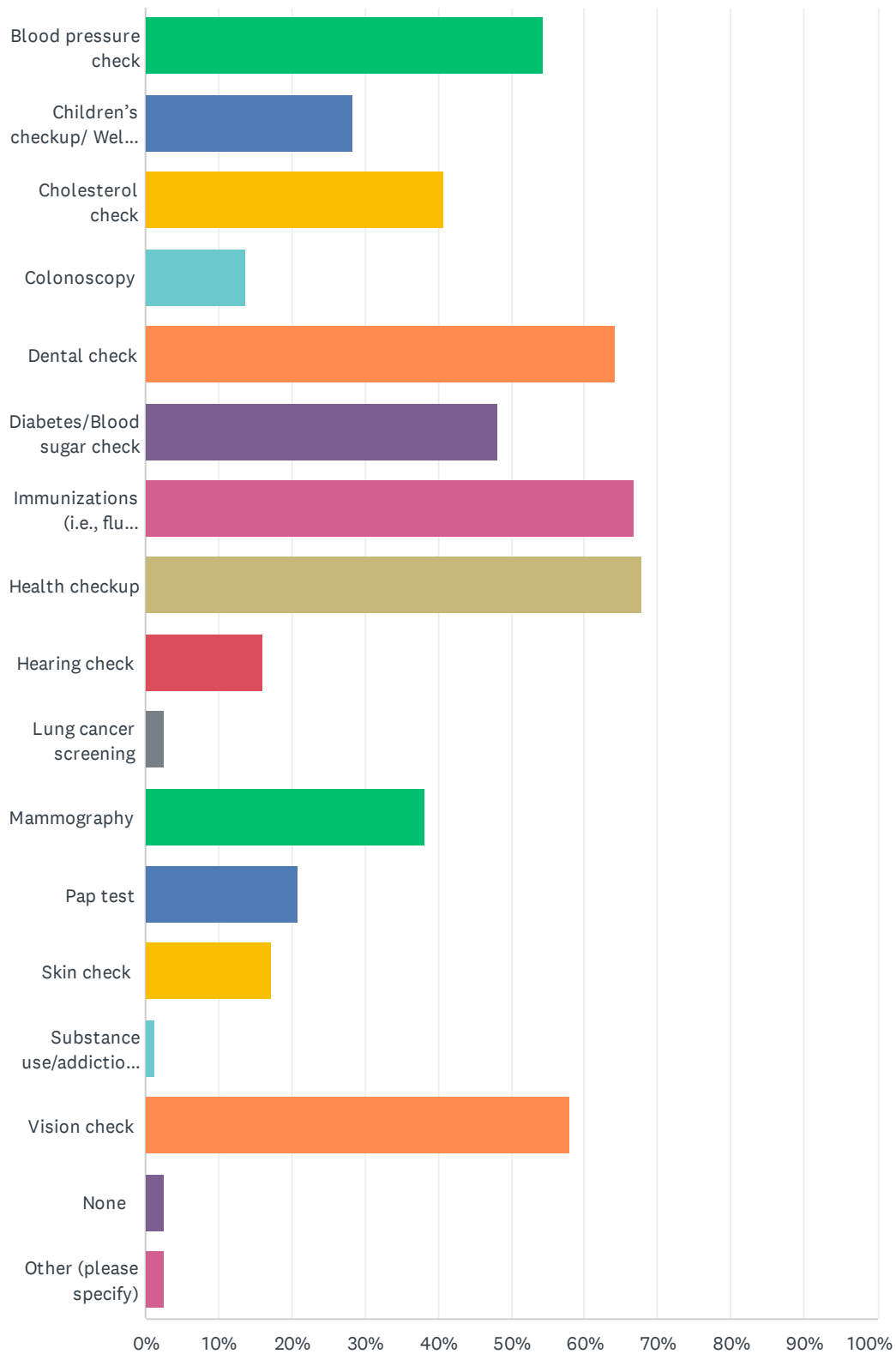
Community Health Needs Assessment Survey 2023 Miles City, Montana

ANSWER CHOICES	RESPONSES	
Age in place services/assistance	51.25%	41
Assisted living facility	58.75%	47
Community supported senior center	60.00%	48
Home health (skilled nursing)	55.00%	44
Hospice	13.75%	11
In home personal assistance	63.75%	51
Palliative care	18.75%	15
Senior respite care	31.25%	25
Senior retirement housing/community	71.25%	57
Transportation	30.00%	24
Other (please specify)	7.50%	6
Total Respondents: 80		

Q14 Which of the following preventive services have you or someone in your household used in the past year? (Select ALL that apply)

Answered: 81 Skipped: 0

Community Health Needs Assessment Survey 2023 Miles City, Montana

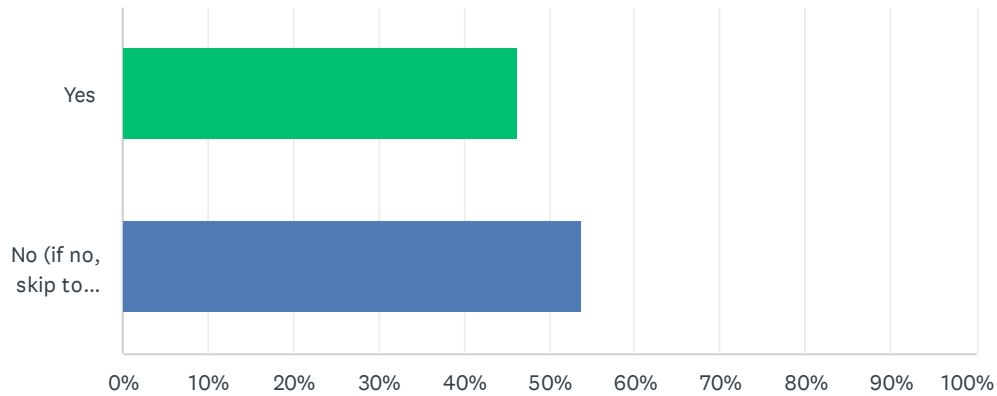


Community Health Needs Assessment Survey 2023 Miles City, Montana

ANSWER CHOICES	RESPONSES	
Blood pressure check	54.32%	44
Children's checkup/ Well baby	28.40%	23
Cholesterol check	40.74%	33
Colonoscopy	13.58%	11
Dental check	64.20%	52
Diabetes/Blood sugar check	48.15%	39
Immunizations (i.e., flu shot, COVID-19, etc.)	66.67%	54
Health checkup	67.90%	55
Hearing check	16.05%	13
Lung cancer screening	2.47%	2
Mammography	38.27%	31
Pap test	20.99%	17
Skin check	17.28%	14
Substance use/addiction services	1.23%	1
Vision check	58.02%	47
None	2.47%	2
Other (please specify)	2.47%	2
Total Respondents: 81		

Q15 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?

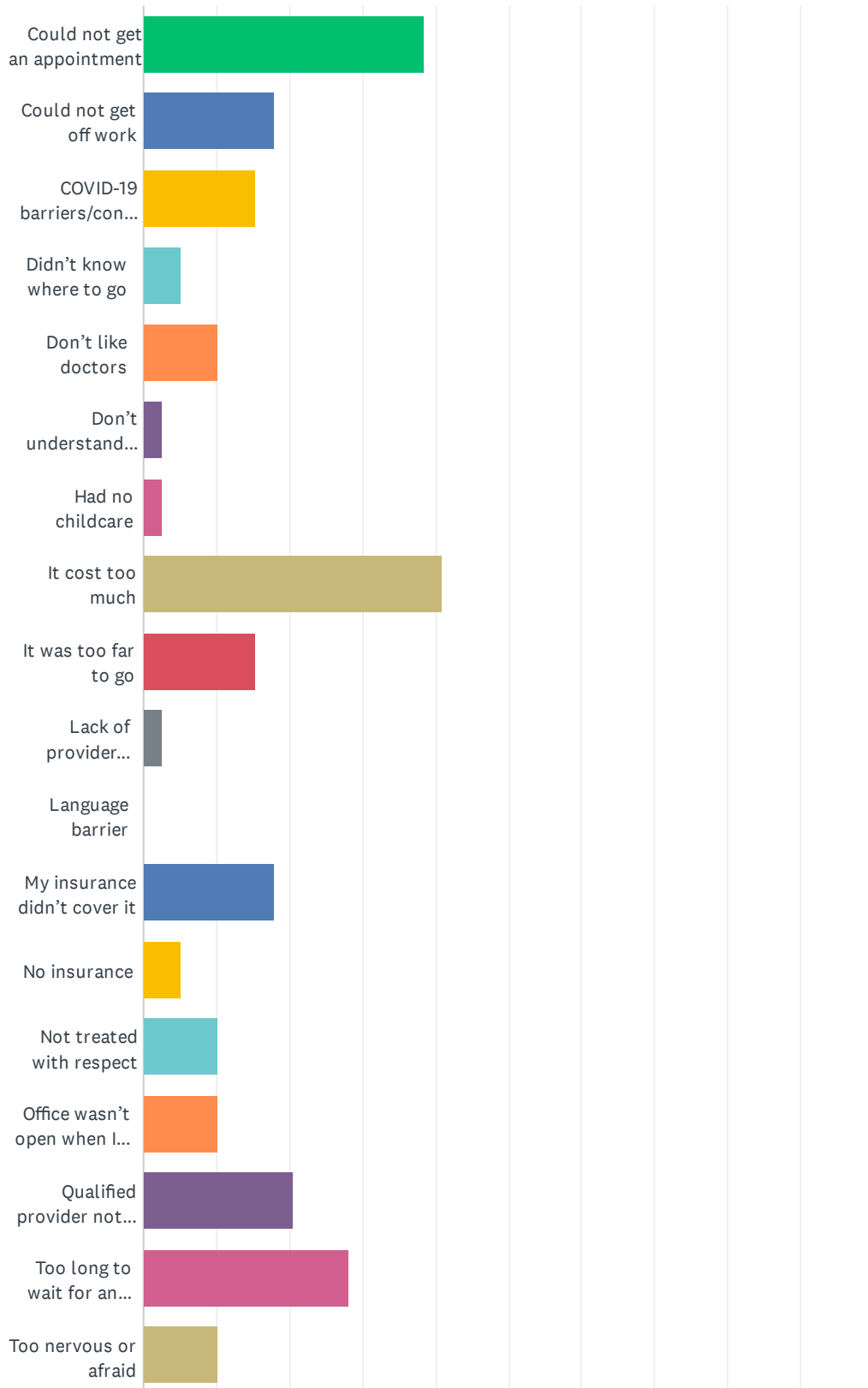
Answered: 80 Skipped: 1



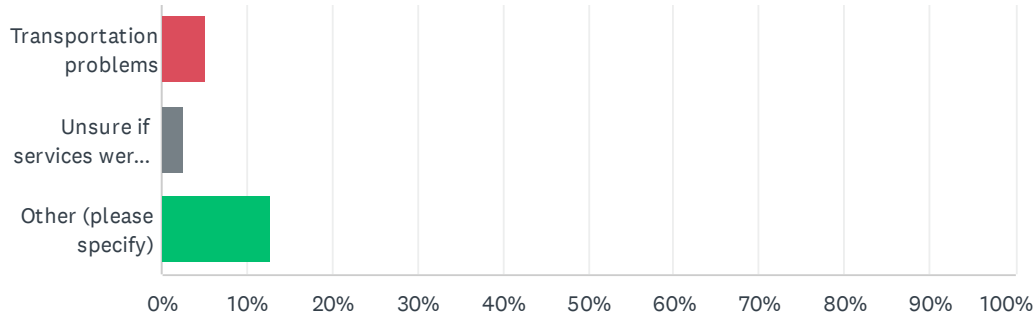
ANSWER CHOICES	RESPONSES	
Yes	46.25%	37
No (if no, skip to question 17)	53.75%	43
TOTAL		80

Q16 If yes, what were the three most important reasons why you did not receive healthcare services? (Select ONLY 3)

Answered: 39 Skipped: 42



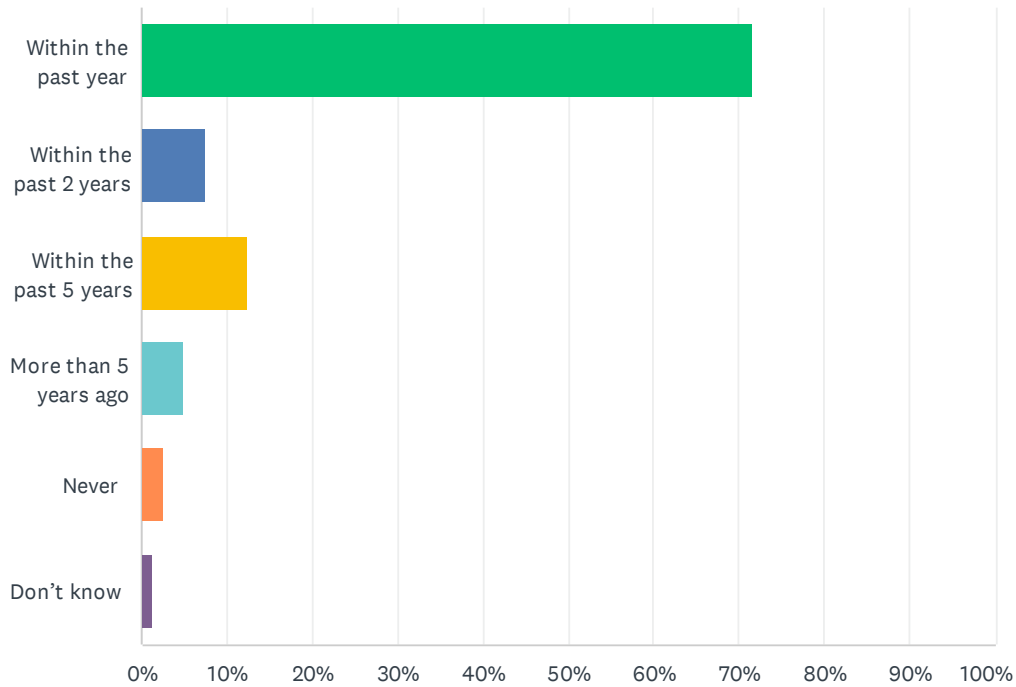
Community Health Needs Assessment Survey 2023 Miles City, Montana



ANSWER CHOICES	RESPONSES	
Could not get an appointment	38.46%	15
Could not get off work	17.95%	7
COVID-19 barriers/concerns	15.38%	6
Didn't know where to go	5.13%	2
Don't like doctors	10.26%	4
Don't understand healthcare system	2.56%	1
Had no childcare	2.56%	1
It cost too much	41.03%	16
It was too far to go	15.38%	6
Lack of provider sensitivity to culture, lifestyle choices, personal identity, etc.	2.56%	1
Language barrier	0.00%	0
My insurance didn't cover it	17.95%	7
No insurance	5.13%	2
Not treated with respect	10.26%	4
Office wasn't open when I could go	10.26%	4
Qualified provider not available	20.51%	8
Too long to wait for an appointment	28.21%	11
Too nervous or afraid	10.26%	4
Transportation problems	5.13%	2
Unsure if services were available	2.56%	1
Other (please specify)	12.82%	5
Total Respondents: 39		

Q17 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)

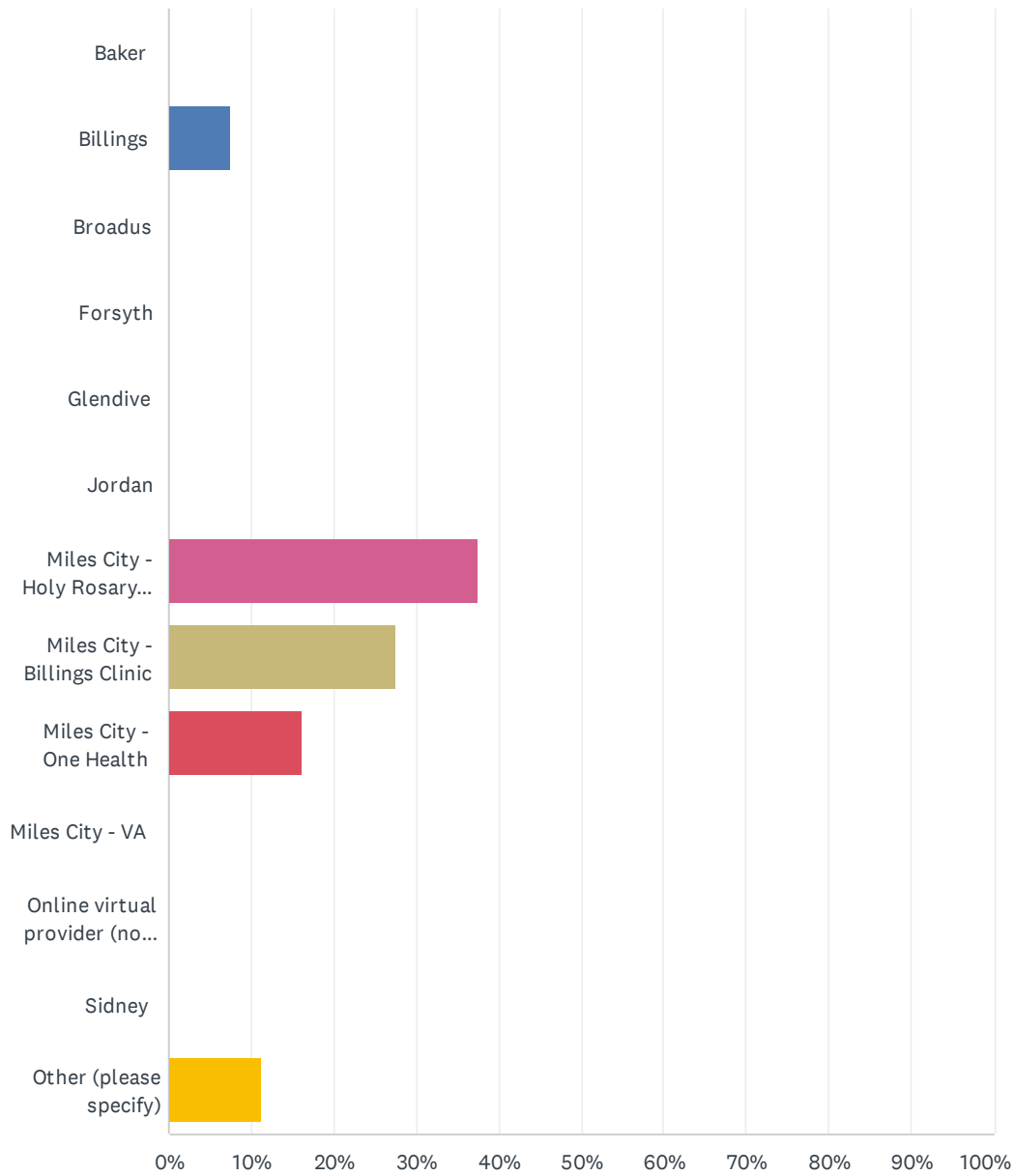
Answered: 81 Skipped: 0



ANSWER CHOICES	RESPONSES	
Within the past year	71.60%	58
Within the past 2 years	7.41%	6
Within the past 5 years	12.35%	10
More than 5 years ago	4.94%	4
Never	2.47%	2
Don't know	1.23%	1
TOTAL		81

Q18 Where was that primary healthcare provider located?

Answered: 80 Skipped: 1

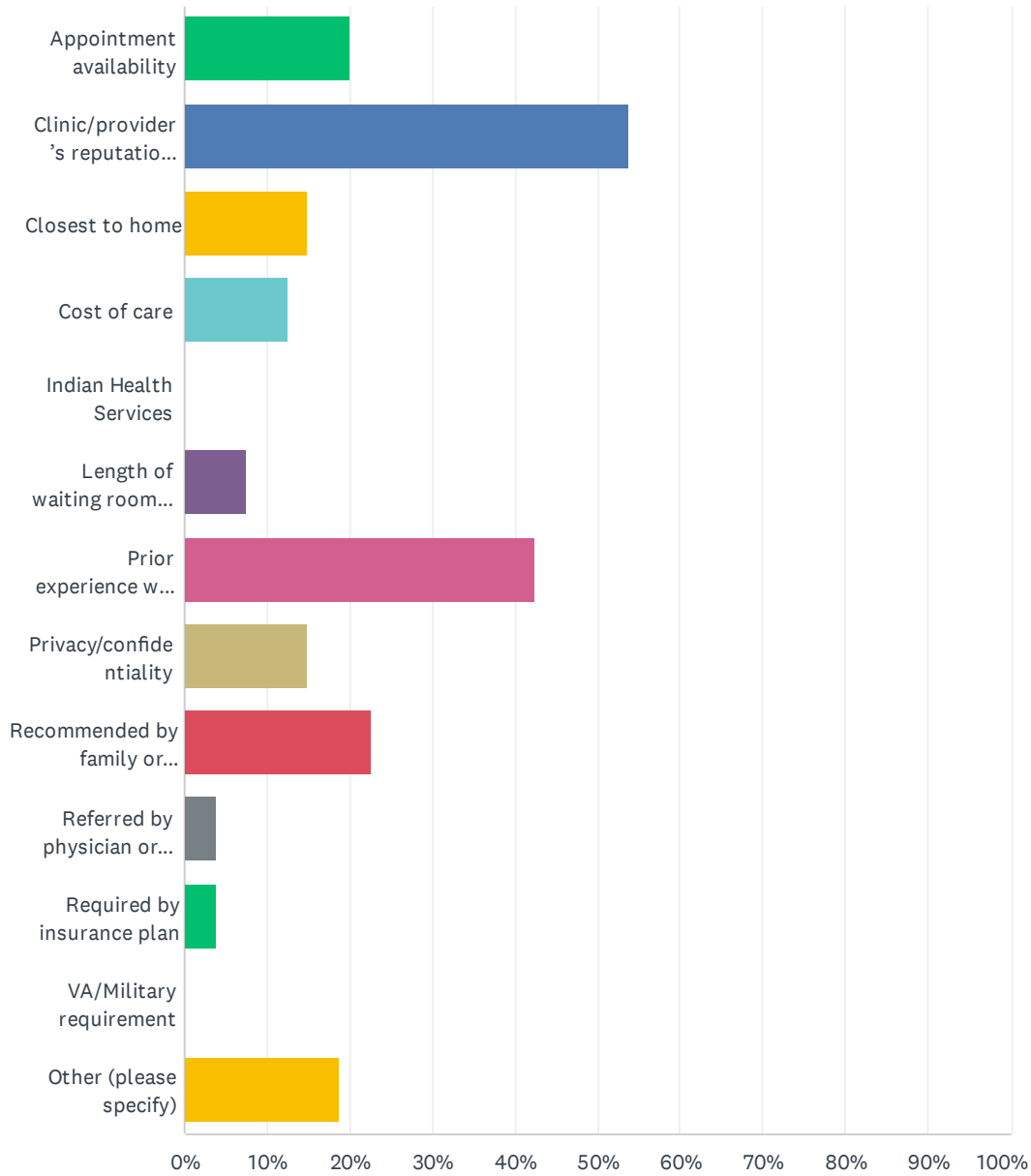


Community Health Needs Assessment Survey 2023 Miles City, Montana

ANSWER CHOICES	RESPONSES	
Baker	0.00%	0
Billings	7.50%	6
Broadus	0.00%	0
Forsyth	0.00%	0
Glendive	0.00%	0
Jordan	0.00%	0
Miles City - Holy Rosary Healthcare	37.50%	30
Miles City - Billings Clinic	27.50%	22
Miles City - One Health	16.25%	13
Miles City - VA	0.00%	0
Online virtual provider (not local)	0.00%	0
Sidney	0.00%	0
Other (please specify)	11.25%	9
TOTAL		80

Q19 Why did you select the primary care provider that you saw? (Select ALL that apply)

Answered: 80 Skipped: 1

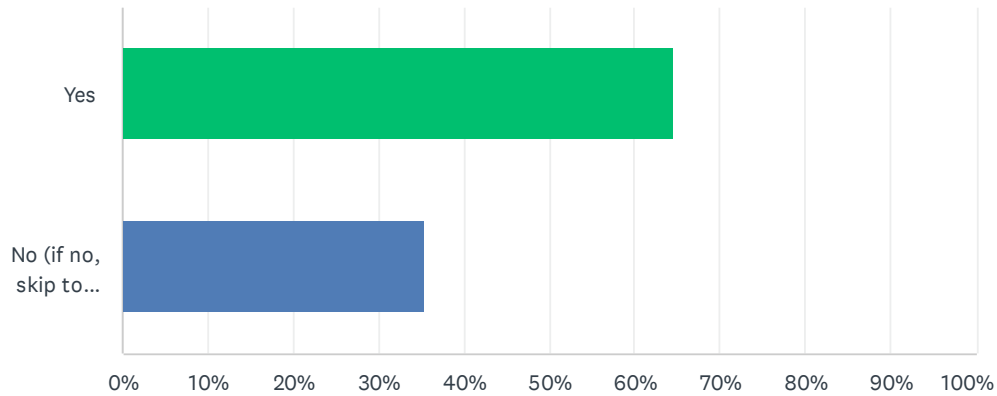


Community Health Needs Assessment Survey 2023 Miles City, Montana

ANSWER CHOICES	RESPONSES	
Appointment availability	20.00%	16
Clinic/provider's reputation for quality	53.75%	43
Closest to home	15.00%	12
Cost of care	12.50%	10
Indian Health Services	0.00%	0
Length of waiting room time	7.50%	6
Prior experience with clinic	42.50%	34
Privacy/confidentiality	15.00%	12
Recommended by family or friends	22.50%	18
Referred by physician or other provider	3.75%	3
Required by insurance plan	3.75%	3
VA/Military requirement	0.00%	0
Other (please specify)	18.75%	15
Total Respondents: 80		

Q20 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)

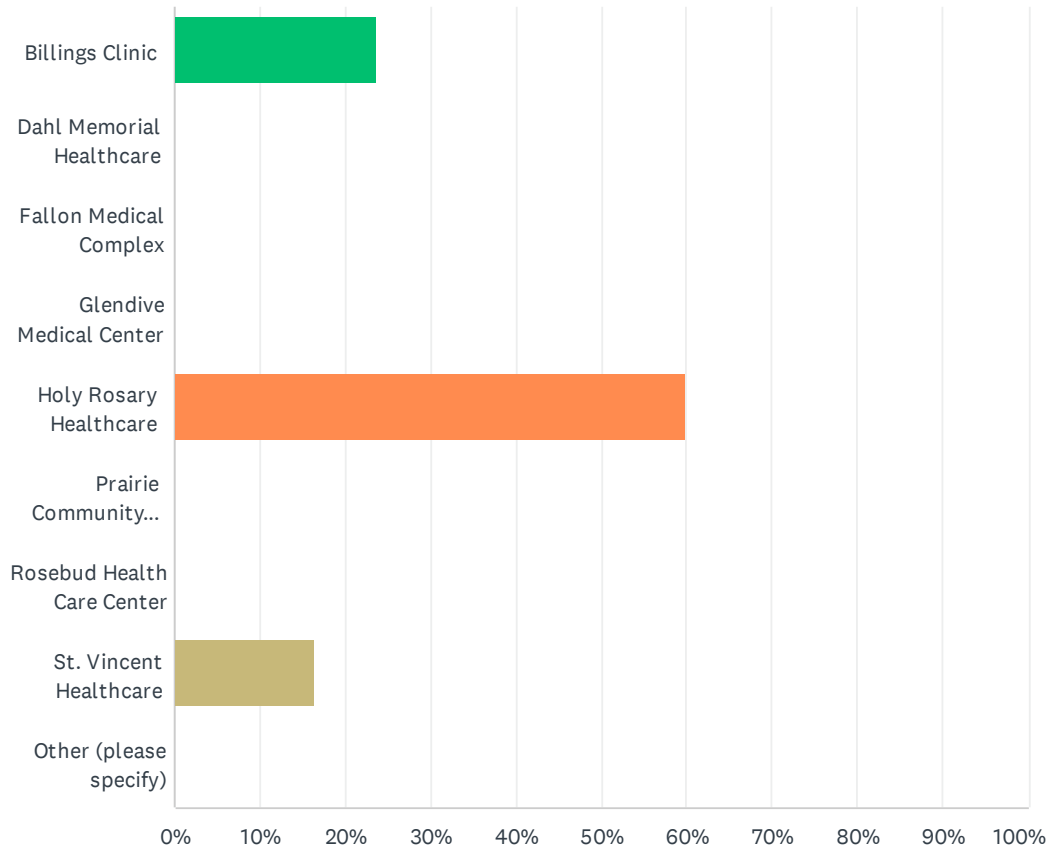
Answered: 79 Skipped: 2



ANSWER CHOICES	RESPONSES	
Yes	64.56%	51
No (if no, skip to question 23)	35.44%	28
TOTAL		79

Q21 If yes, which hospital does your household use MOST for hospital care?

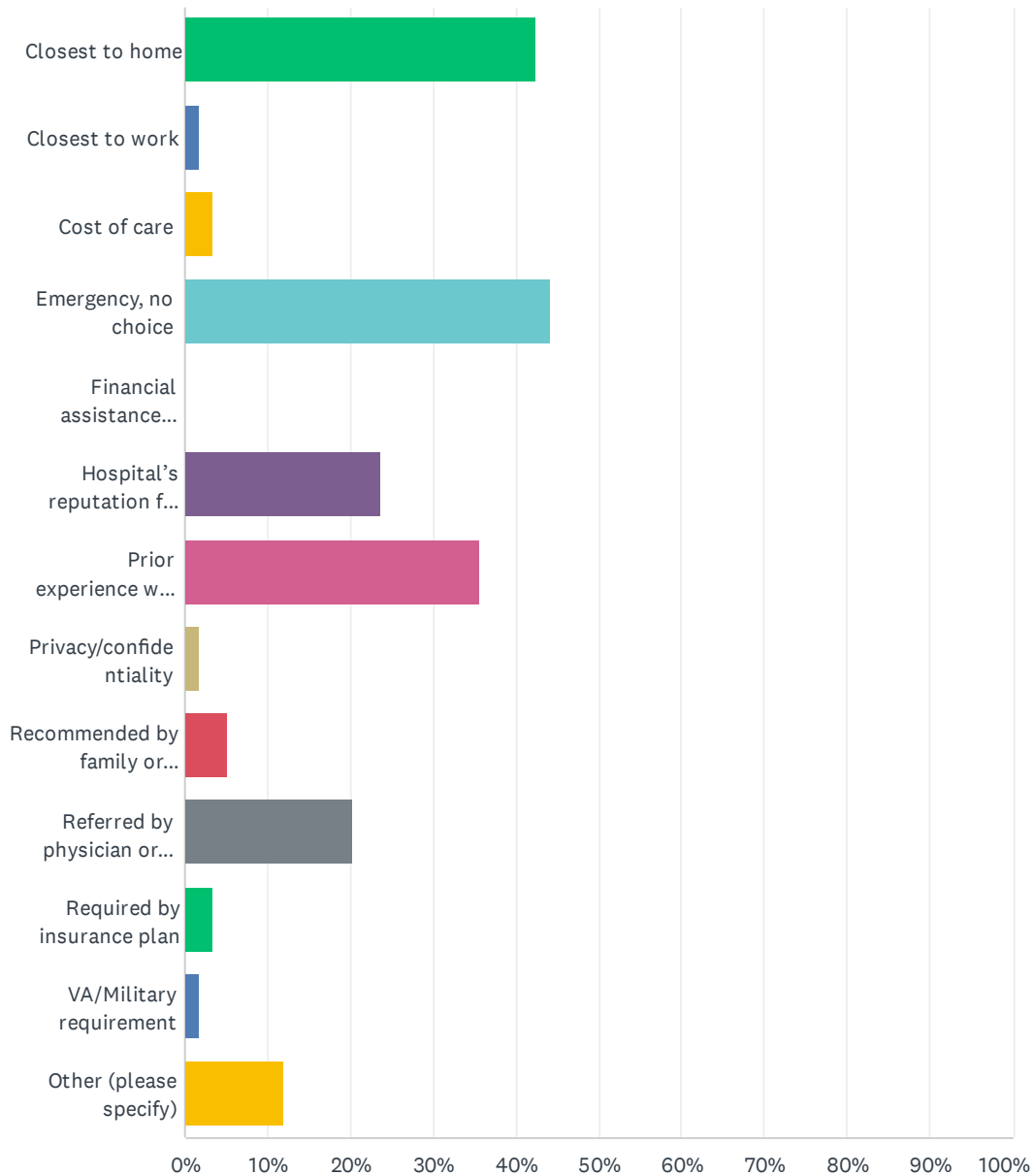
Answered: 55 Skipped: 26



ANSWER CHOICES	RESPONSES	
Billings Clinic	23.64%	13
Dahl Memorial Healthcare	0.00%	0
Fallon Medical Complex	0.00%	0
Glendive Medical Center	0.00%	0
Holy Rosary Healthcare	60.00%	33
Prairie Community Hospital	0.00%	0
Rosebud Health Care Center	0.00%	0
St. Vincent Healthcare	16.36%	9
Other (please specify)	0.00%	0
TOTAL		55

Q22 Thinking about the hospital you were at most frequently, what were the three most important reasons for selecting that hospital? (Select ONLY 3)

Answered: 59 Skipped: 22

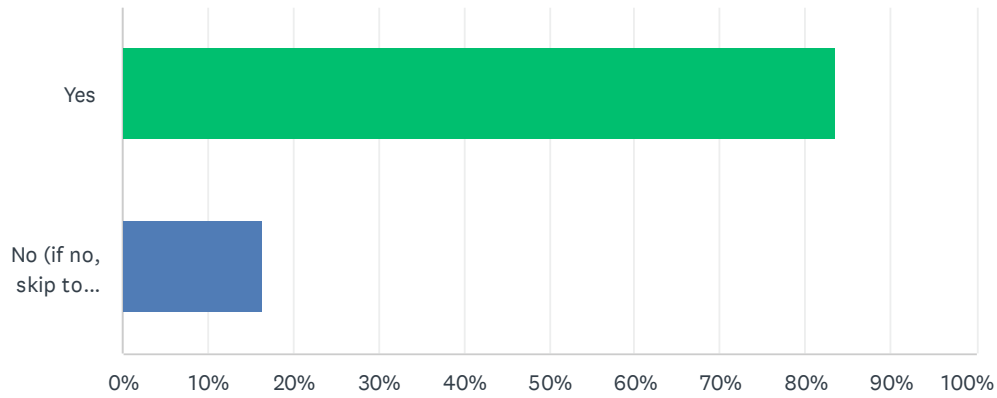


Community Health Needs Assessment Survey 2023 Miles City, Montana

ANSWER CHOICES	RESPONSES	
Closest to home	42.37%	25
Closest to work	1.69%	1
Cost of care	3.39%	2
Emergency, no choice	44.07%	26
Financial assistance programs	0.00%	0
Hospital's reputation for quality	23.73%	14
Prior experience with hospital	35.59%	21
Privacy/confidentiality	1.69%	1
Recommended by family or friends	5.08%	3
Referred by physician or other provider	20.34%	12
Required by insurance plan	3.39%	2
VA/Military requirement	1.69%	1
Other (please specify)	11.86%	7
Total Respondents: 59		

Q23 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?

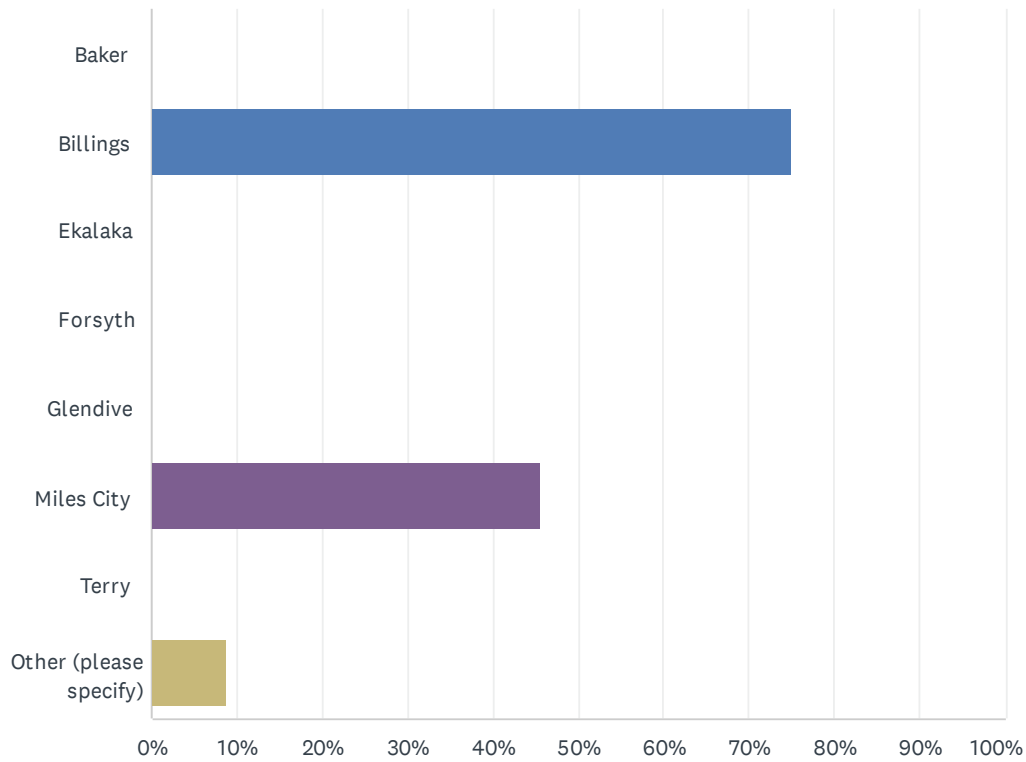
Answered: 79 Skipped: 2



ANSWER CHOICES	RESPONSES	
Yes	83.54%	66
No (if no, skip to question 26)	16.46%	13
TOTAL		79

Q24 Where was the healthcare specialist seen? (Select ALL that apply)

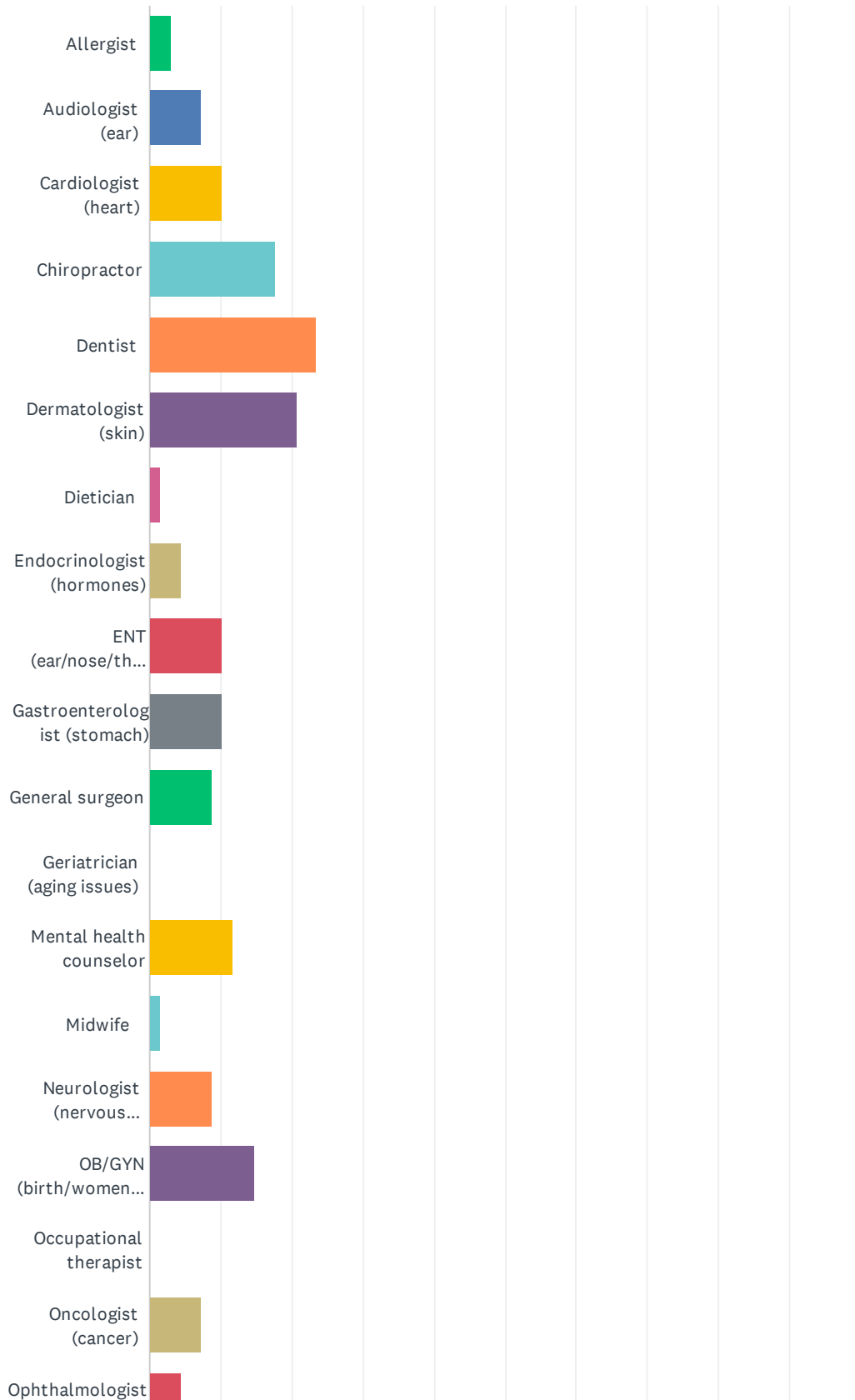
Answered: 68 Skipped: 13



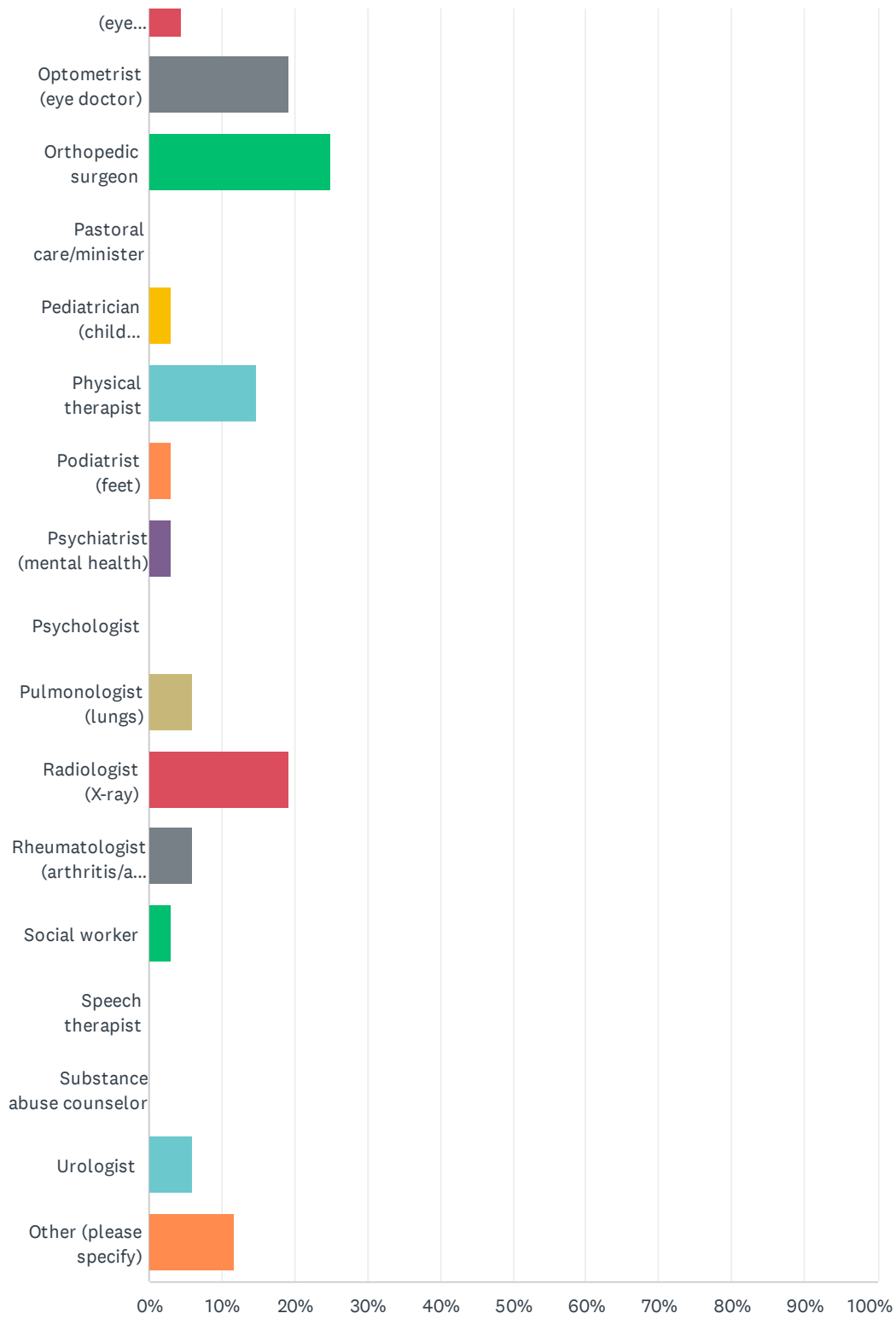
ANSWER CHOICES	RESPONSES	
Baker	0.00%	0
Billings	75.00%	51
Ekalaka	0.00%	0
Forsyth	0.00%	0
Glendive	0.00%	0
Miles City	45.59%	31
Terry	0.00%	0
Other (please specify)	8.82%	6
Total Respondents: 68		

Q25 What type of healthcare specialist was seen? (Select ALL that apply)

Answered: 68 Skipped: 13



Community Health Needs Assessment Survey 2023 Miles City, Montana



Community Health Needs Assessment Survey 2023 Miles City, Montana

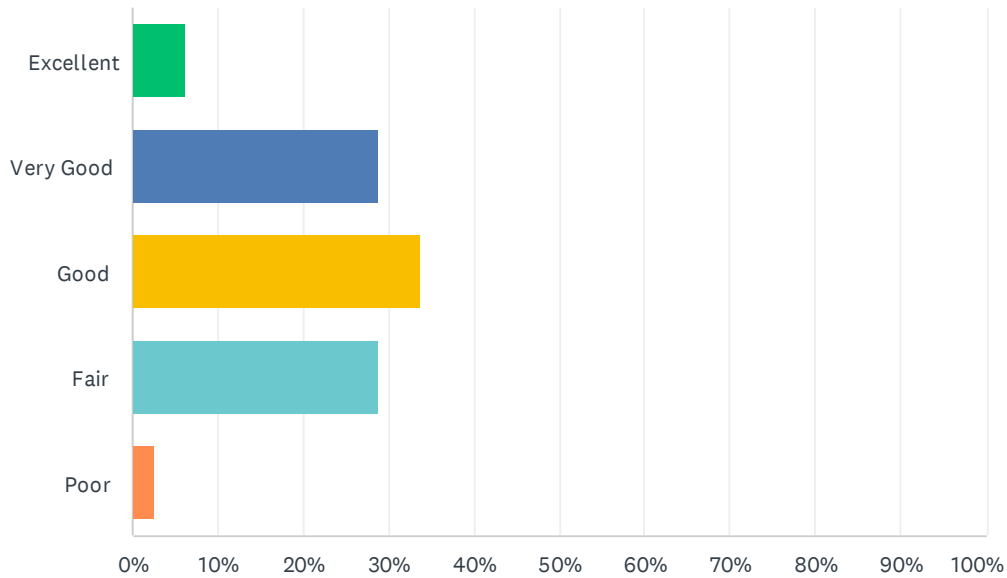
ANSWER CHOICES	RESPONSES	
Allergist	2.94%	2
Audiologist (ear)	7.35%	5
Cardiologist (heart)	10.29%	7
Chiropractor	17.65%	12
Dentist	23.53%	16
Dermatologist (skin)	20.59%	14
Dietician	1.47%	1
Endocrinologist (hormones)	4.41%	3
ENT (ear/nose/throat)	10.29%	7
Gastroenterologist (stomach)	10.29%	7
General surgeon	8.82%	6
Geriatrician (aging issues)	0.00%	0
Mental health counselor	11.76%	8
Midwife	1.47%	1
Neurologist (nervous system)	8.82%	6
OB/GYN (birth/women's services)	14.71%	10
Occupational therapist	0.00%	0
Oncologist (cancer)	7.35%	5
Ophthalmologist (eye specialist)	4.41%	3
Optometrist (eye doctor)	19.12%	13
Orthopedic surgeon	25.00%	17
Pastoral care/minister	0.00%	0
Pediatrician (child specialist)	2.94%	2
Physical therapist	14.71%	10
Podiatrist (feet)	2.94%	2
Psychiatrist (mental health)	2.94%	2
Psychologist	0.00%	0
Pulmonologist (lungs)	5.88%	4
Radiologist (X-ray)	19.12%	13
Rheumatologist (arthritis/autoimmune)	5.88%	4
Social worker	2.94%	2
Speech therapist	0.00%	0

Community Health Needs Assessment Survey 2023 Miles City, Montana

Substance abuse counselor	0.00%	0
Urologist	5.88%	4
Other (please specify)	11.76%	8
Total Respondents: 68		

Q26 Thinking about your mental health (which includes stress, anxiety, depression, and problems with emotions), how would you rate your mental health in general?

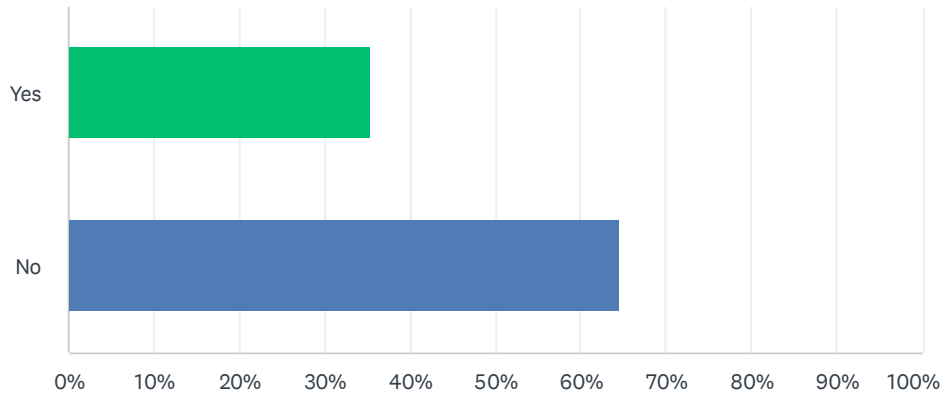
Answered: 80 Skipped: 1



ANSWER CHOICES	RESPONSES
Excellent	6.25% 5
Very Good	28.75% 23
Good	33.75% 27
Fair	28.75% 23
Poor	2.50% 2
TOTAL	80

Q27 In the past three years, have there been periods of at least three consecutive months where you felt depressed on most days?

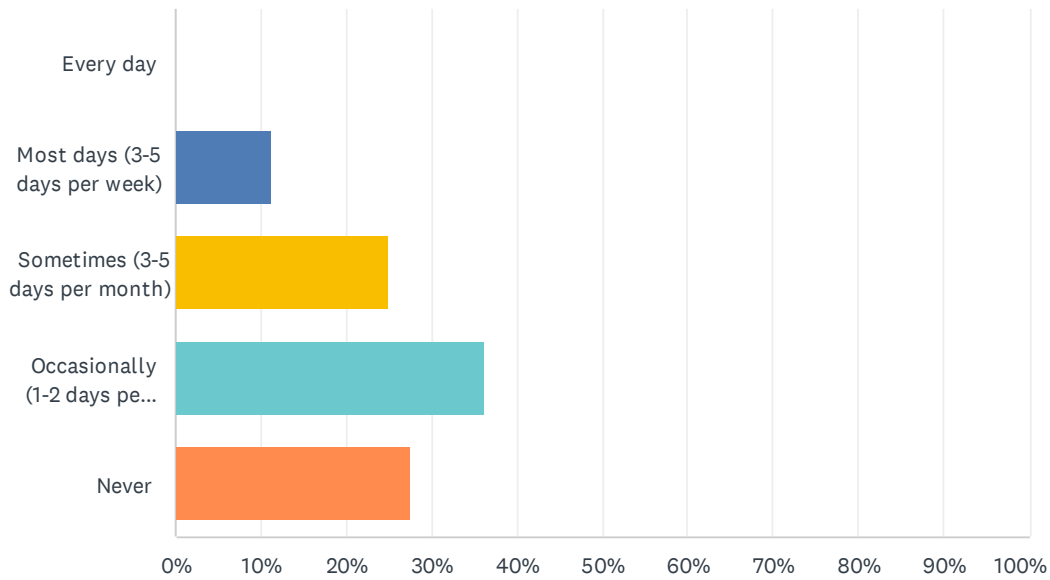
Answered: 79 Skipped: 2



ANSWER CHOICES	RESPONSES	
Yes	35.44%	28
No	64.56%	51
TOTAL		79

Q28 In the past year, how often have you felt lonely or isolated?

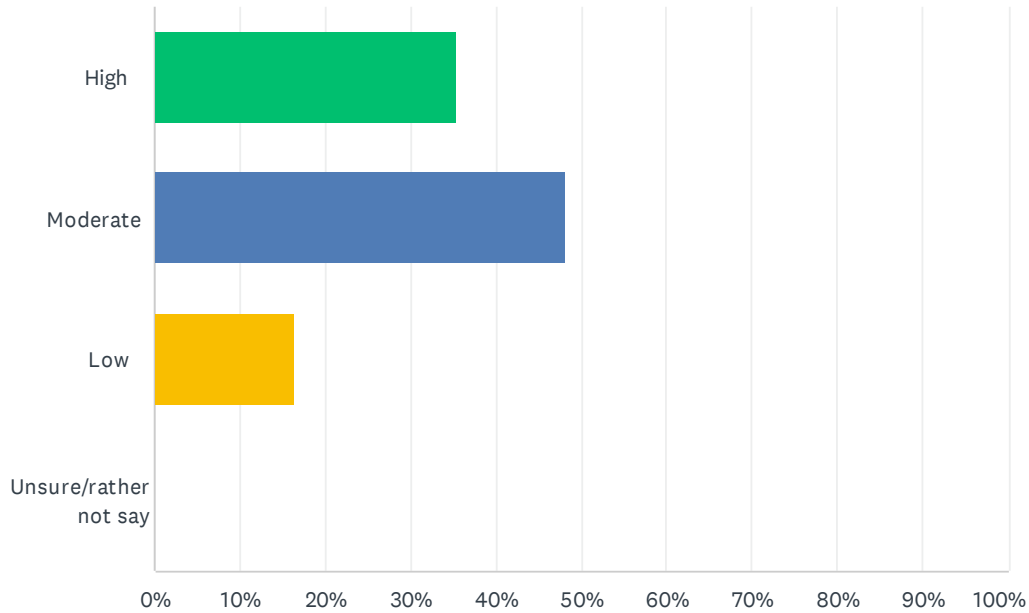
Answered: 80 Skipped: 1



ANSWER CHOICES	RESPONSES	
Every day	0.00%	0
Most days (3-5 days per week)	11.25%	9
Sometimes (3-5 days per month)	25.00%	20
Occasionally (1-2 days per month)	36.25%	29
Never	27.50%	22
TOTAL		80

Q29 Thinking over the past year, how would you describe your stress level?

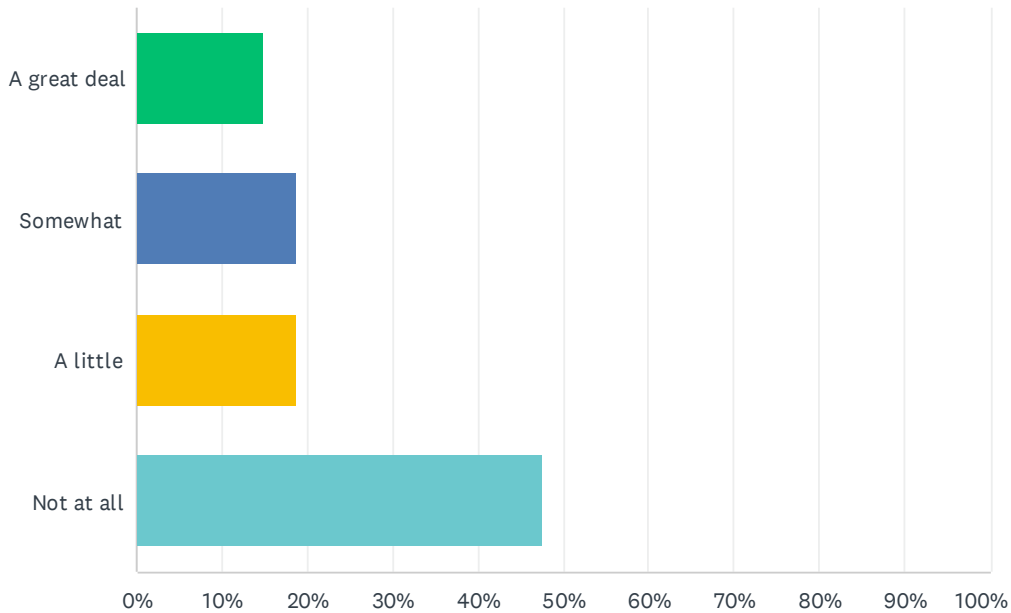
Answered: 79 Skipped: 2



ANSWER CHOICES	RESPONSES	
High	35.44%	28
Moderate	48.10%	38
Low	16.46%	13
Unsure/rather not say	0.00%	0
TOTAL		79

Q30 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:

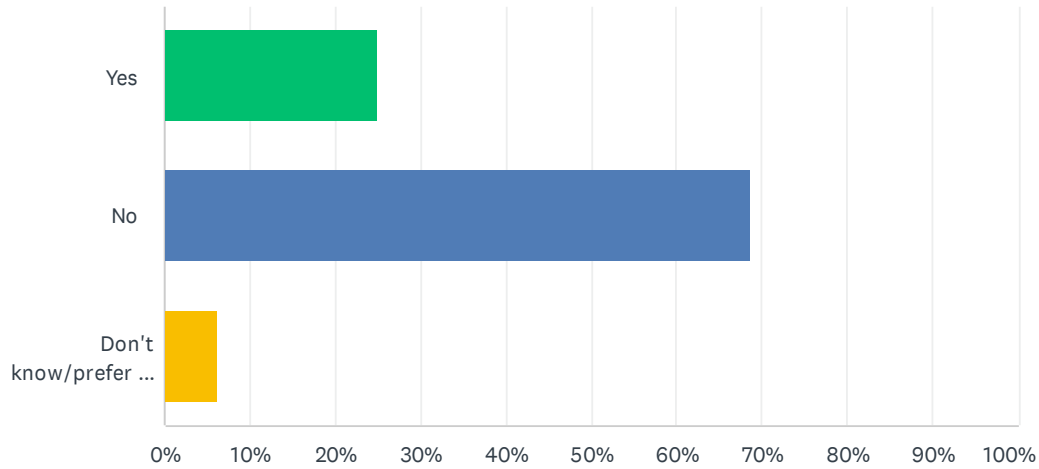
Answered: 80 Skipped: 1



ANSWER CHOICES	RESPONSES	
A great deal	15.00%	12
Somewhat	18.75%	15
A little	18.75%	15
Not at all	47.50%	38
TOTAL		80

Q31 Have you or someone you know experience domestic violence/intimate partner violence?

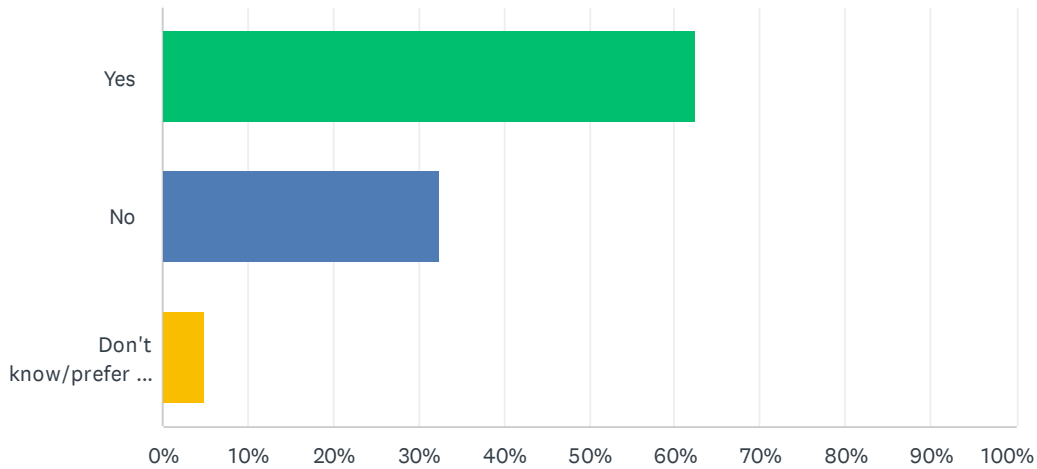
Answered: 80 Skipped: 1



ANSWER CHOICES	RESPONSES	
Yes	25.00%	20
No	68.75%	55
Don't know/prefer not to answer	6.25%	5
TOTAL		80

Q32 Do you know what resources are available to you or someone else in your community who has experienced sexual assault or intimate partner violence?

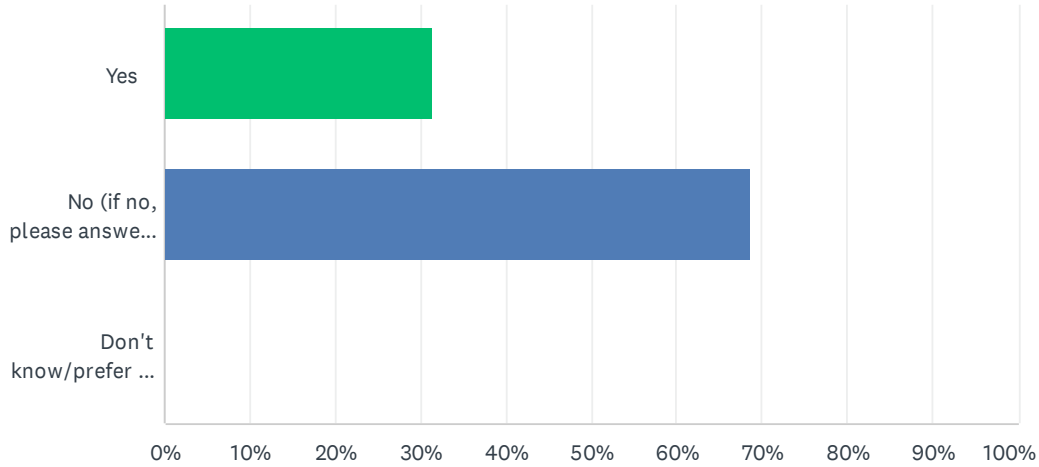
Answered: 80 Skipped: 1



ANSWER CHOICES	RESPONSES	
Yes	62.50%	50
No	32.50%	26
Don't know/prefer not to answer	5.00%	4
TOTAL		80

Q33 In the past year, have you or a member of your household accessed mental health services in your community?

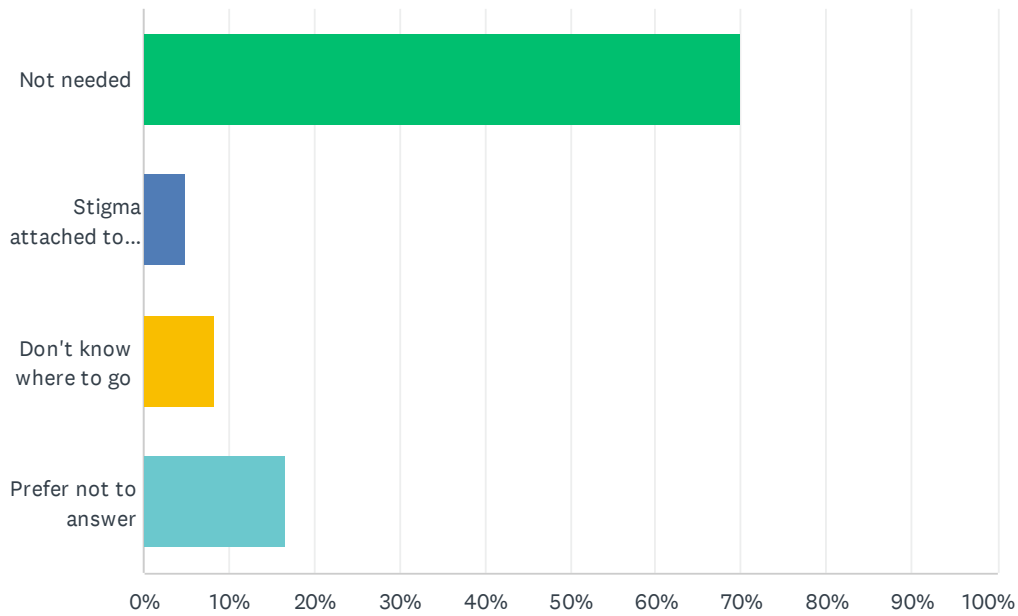
Answered: 80 Skipped: 1



ANSWER CHOICES	RESPONSES	
Yes	31.25%	25
No (if no, please answer question 34)	68.75%	55
Don't know/prefer not to answer	0.00%	0
TOTAL		80

Q34 If no, what was the reason for not accessing mental health services?

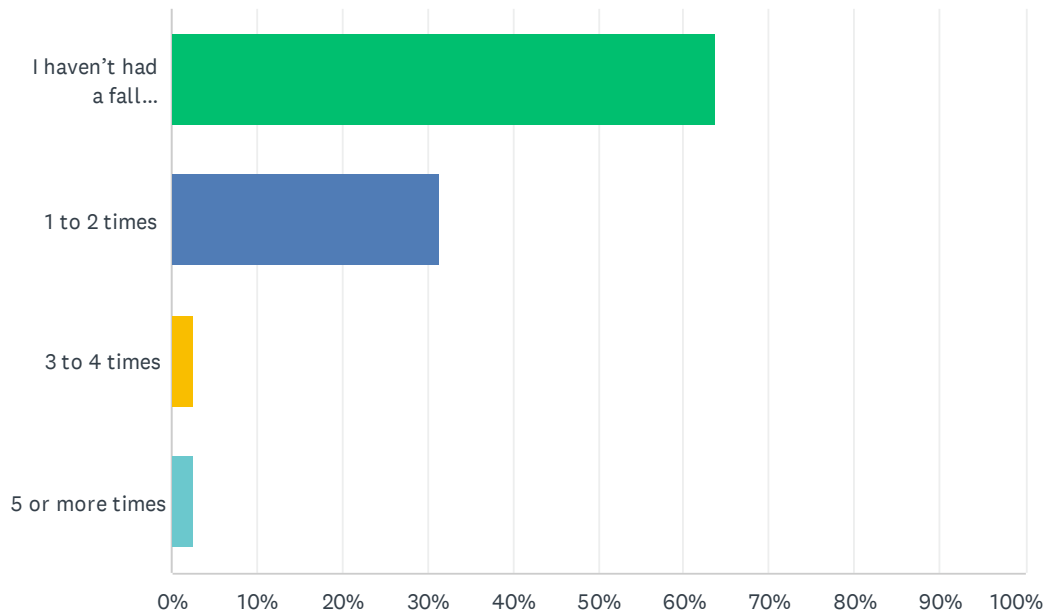
Answered: 60 Skipped: 21



ANSWER CHOICES	RESPONSES	
Not needed	70.00%	42
Stigma attached to mental health	5.00%	3
Don't know where to go	8.33%	5
Prefer not to answer	16.67%	10
TOTAL		60

Q35 In the past 12 months, how many times have you fallen?

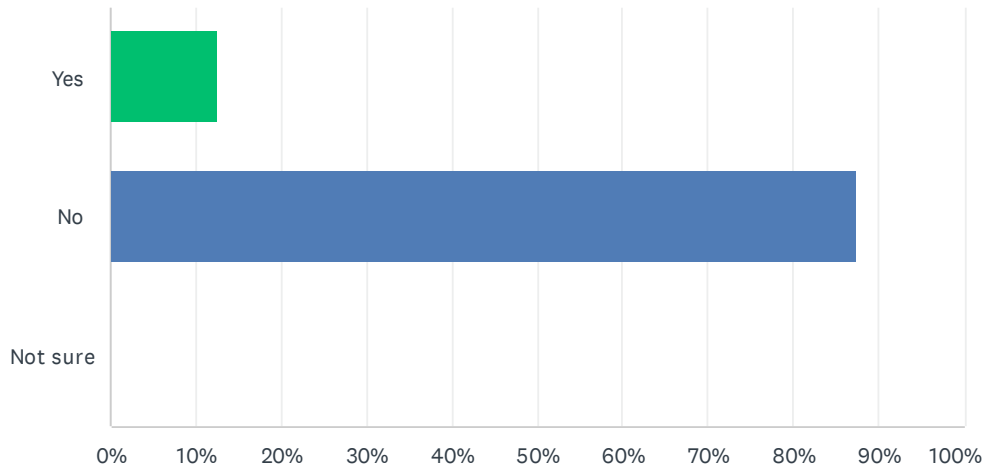
Answered: 80 Skipped: 1



ANSWER CHOICES	RESPONSES	
I haven't had a fall	63.75%	51
1 to 2 times	31.25%	25
3 to 4 times	2.50%	2
5 or more times	2.50%	2
TOTAL		80

Q36 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)?

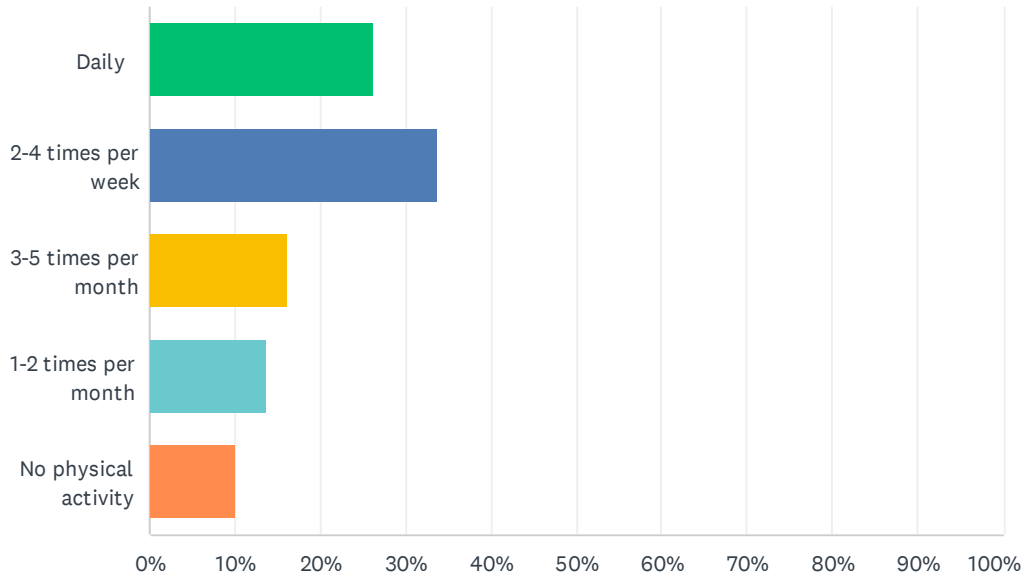
Answered: 79 Skipped: 2



ANSWER CHOICES	RESPONSES	
Yes	12.66%	10
No	87.34%	69
Not sure	0.00%	0
TOTAL		79

Q37 Over the past month, how often have you had physical activity for at least 20 minutes?

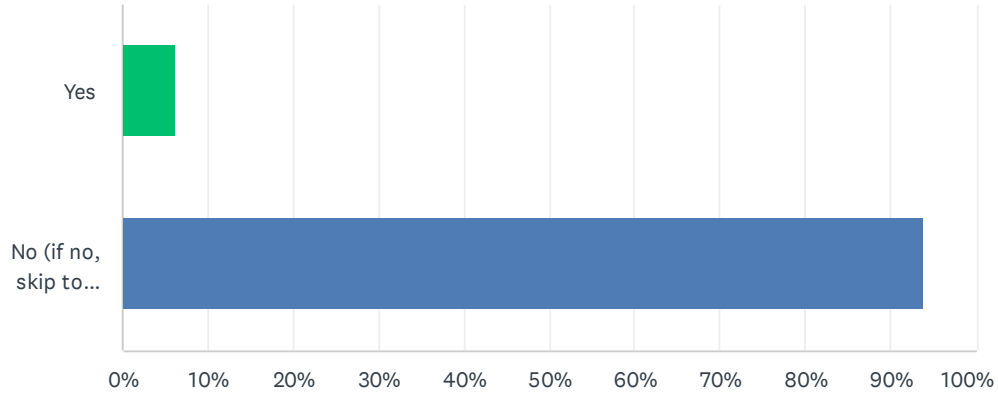
Answered: 80 Skipped: 1



ANSWER CHOICES	RESPONSES	
Daily	26.25%	21
2-4 times per week	33.75%	27
3-5 times per month	16.25%	13
1-2 times per month	13.75%	11
No physical activity	10.00%	8
TOTAL		80

Q38 Have you had difficulty getting a prescription or taking your medication regularly?

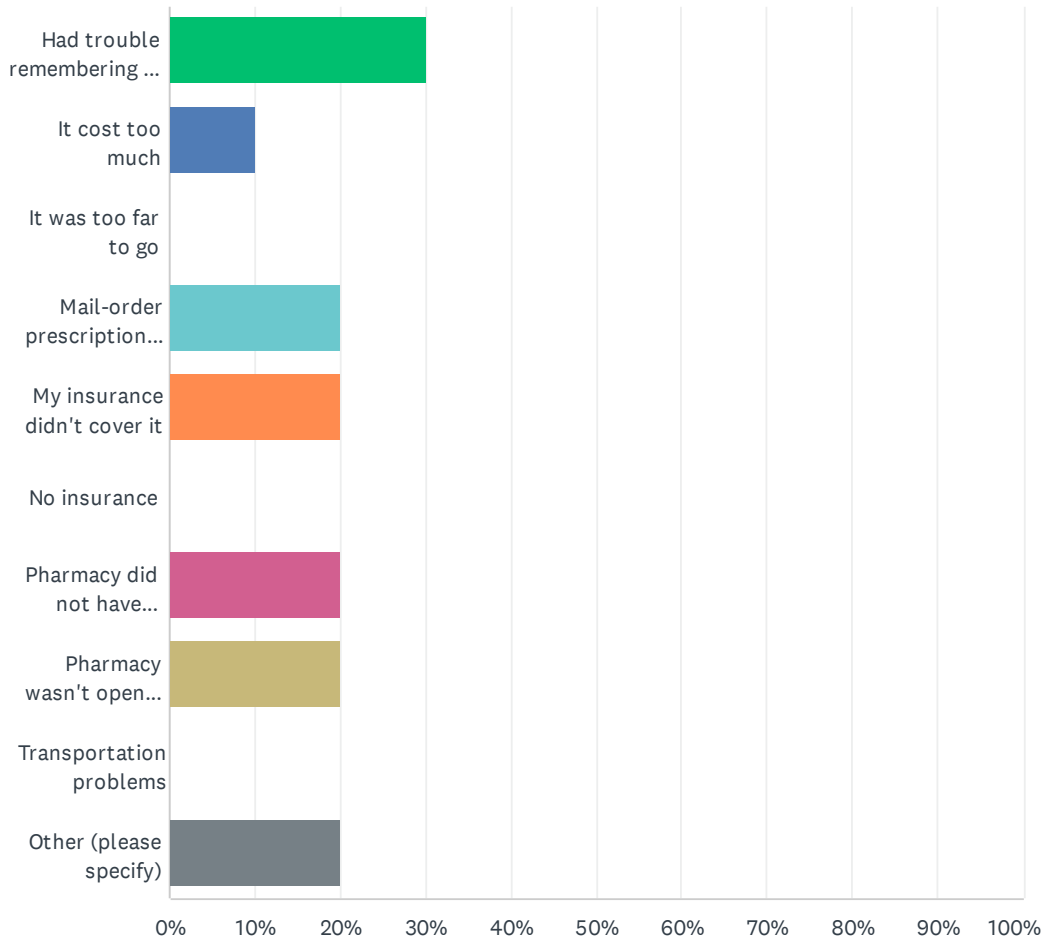
Answered: 80 Skipped: 1



ANSWER CHOICES	RESPONSES	
Yes	6.25%	5
No (if no, skip to question 40)	93.75%	75
TOTAL		80

Q39 If yes, what were the barriers to getting a prescription or taking your medication regularly? (Select ALL that apply)

Answered: 10 Skipped: 71

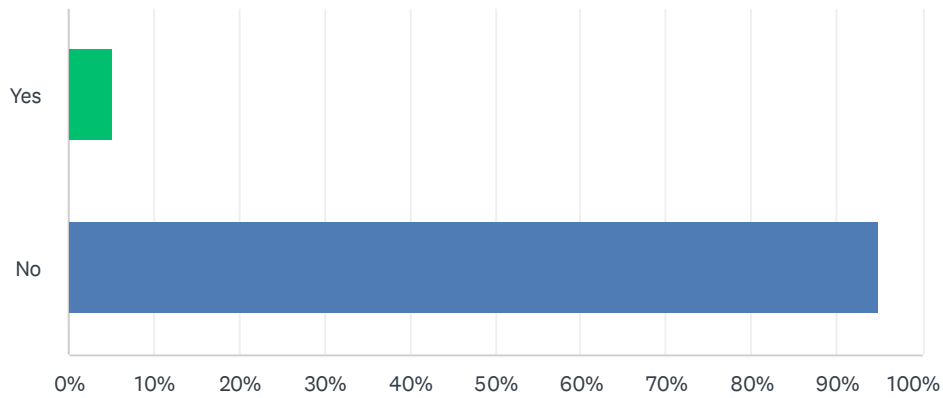


Community Health Needs Assessment Survey 2023 Miles City, Montana

ANSWER CHOICES	RESPONSES	
Had trouble remembering to take medication	30.00%	3
It cost too much	10.00%	1
It was too far to go	0.00%	0
Mail-order prescriptions took too long	20.00%	2
My insurance didn't cover it	20.00%	2
No insurance	0.00%	0
Pharmacy did not have prescription when I arrived	20.00%	2
Pharmacy wasn't open when I could go	20.00%	2
Transportation problems	0.00%	0
Other (please specify)	20.00%	2
Total Respondents: 10		

Q40 In the past year, did you worry that you would not have enough food?

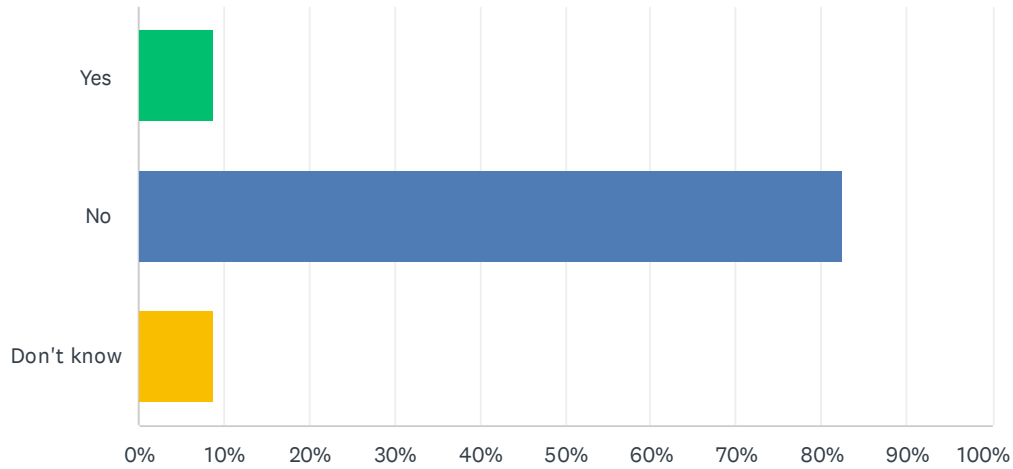
Answered: 77 Skipped: 4



ANSWER CHOICES	RESPONSES	
Yes	5.19%	4
No	94.81%	73
TOTAL		77

Q41 Do you feel that the community has adequate and affordable housing options available?

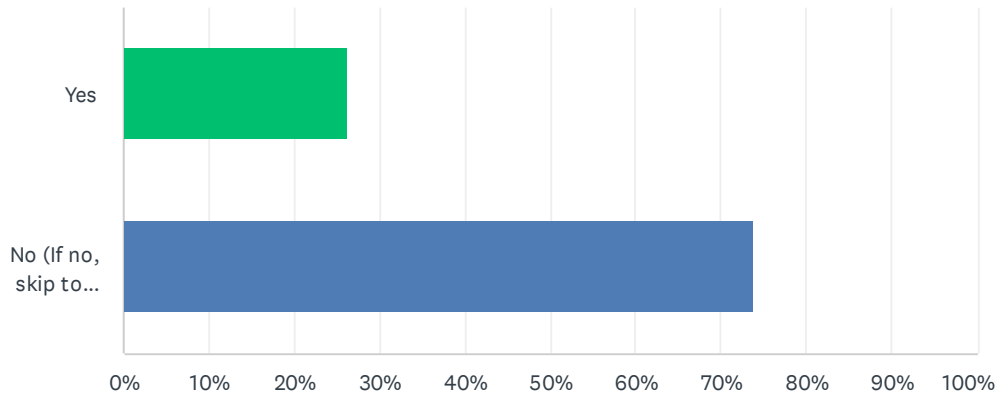
Answered: 80 Skipped: 1



ANSWER CHOICES	RESPONSES
Yes	8.75% 7
No	82.50% 66
Don't know	8.75% 7
TOTAL	80

Q42 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?

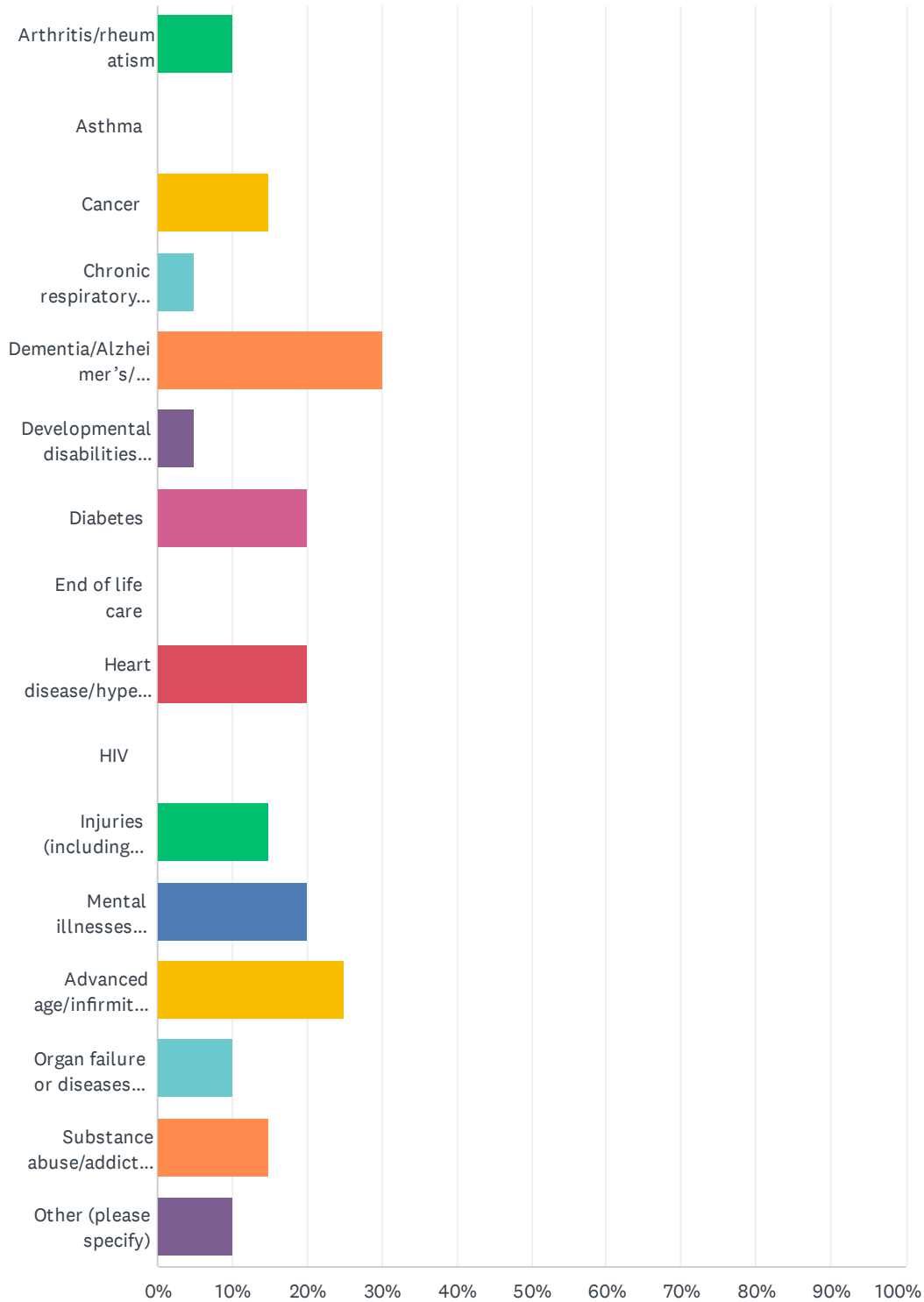
Answered: 80 Skipped: 1



ANSWER CHOICES	RESPONSES	
Yes	26.25%	21
No (If no, skip to question 44)	73.75%	59
TOTAL		80

Q43 What is the main health problem, long-term illness, or disability that the person you care for has? (Select ALL that apply)

Answered: 20 Skipped: 61

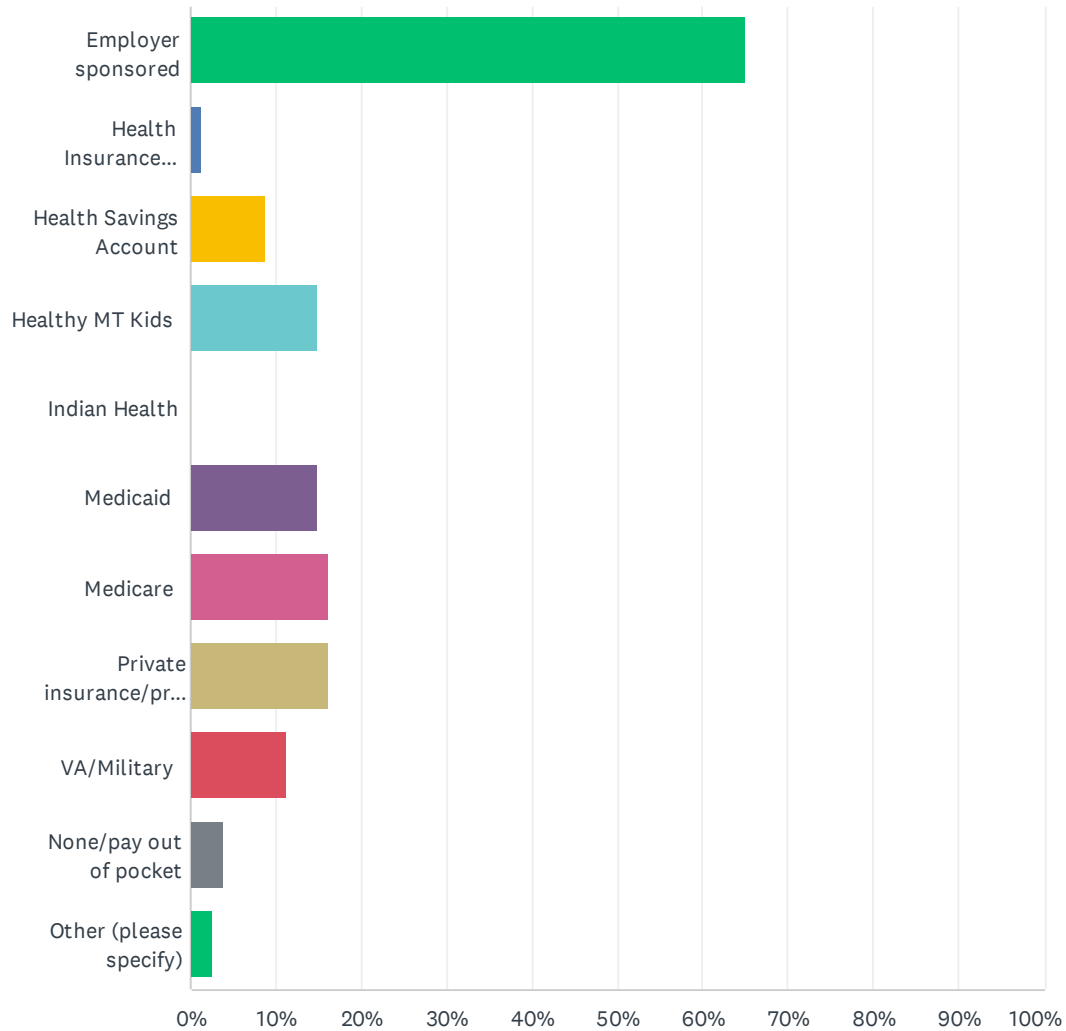


Community Health Needs Assessment Survey 2023 Miles City, Montana

ANSWER CHOICES	RESPONSES	
Arthritis/rheumatism	10.00%	2
Asthma	0.00%	0
Cancer	15.00%	3
Chronic respiratory conditions(emphysema, COPD)	5.00%	1
Dementia/Alzheimer's/ cognitive impairment disorders	30.00%	6
Developmental disabilities (autism, down syndrome, spina bifida, etc.)	5.00%	1
Diabetes	20.00%	4
End of life care	0.00%	0
Heart disease/hypertension/stroke	20.00%	4
HIV	0.00%	0
Injuries (including broken bones)	15.00%	3
Mental illnesses (anxiety, depression, schizophrenia)	20.00%	4
Advanced age/infirmary/frailty	25.00%	5
Organ failure or diseases (kidney/liver problems)	10.00%	2
Substance abuse/addiction disorders	15.00%	3
Other (please specify)	10.00%	2
Total Respondents: 20		

Q44 What type of health insurance covers the majority of your household's medical expenses? (Select all that apply)

Answered: 80 Skipped: 1

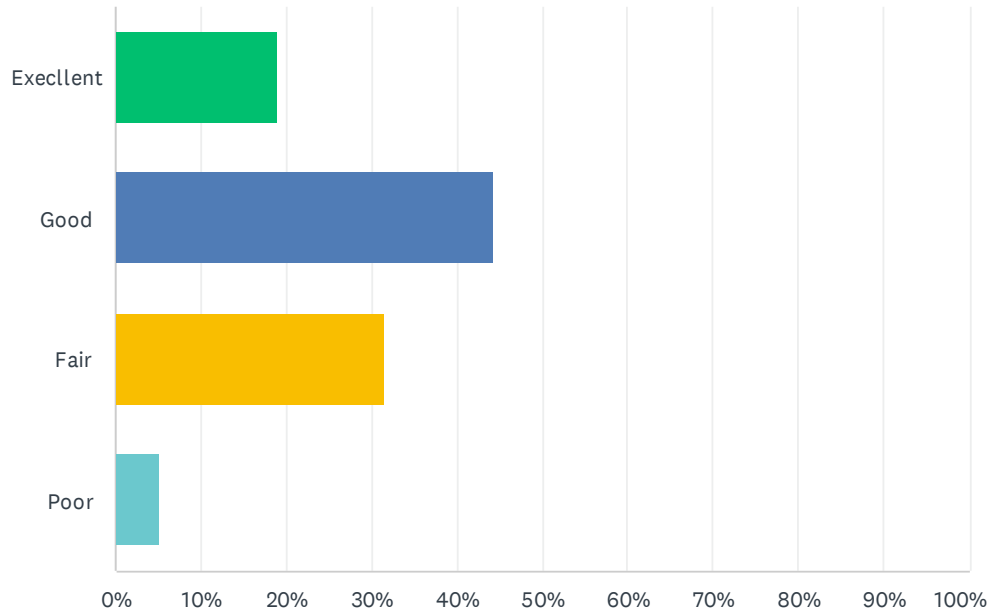


Community Health Needs Assessment Survey 2023 Miles City, Montana

ANSWER CHOICES	RESPONSES	
Employer sponsored	65.00%	52
Health Insurance Marketplace	1.25%	1
Health Savings Account	8.75%	7
Healthy MT Kids	15.00%	12
Indian Health	0.00%	0
Medicaid	15.00%	12
Medicare	16.25%	13
Private insurance/private plan	16.25%	13
VA/Military	11.25%	9
None/pay out of pocket	3.75%	3
Other (please specify)	2.50%	2
Total Respondents: 80		

Q45 How well do you feel your health insurance covers your healthcare costs?

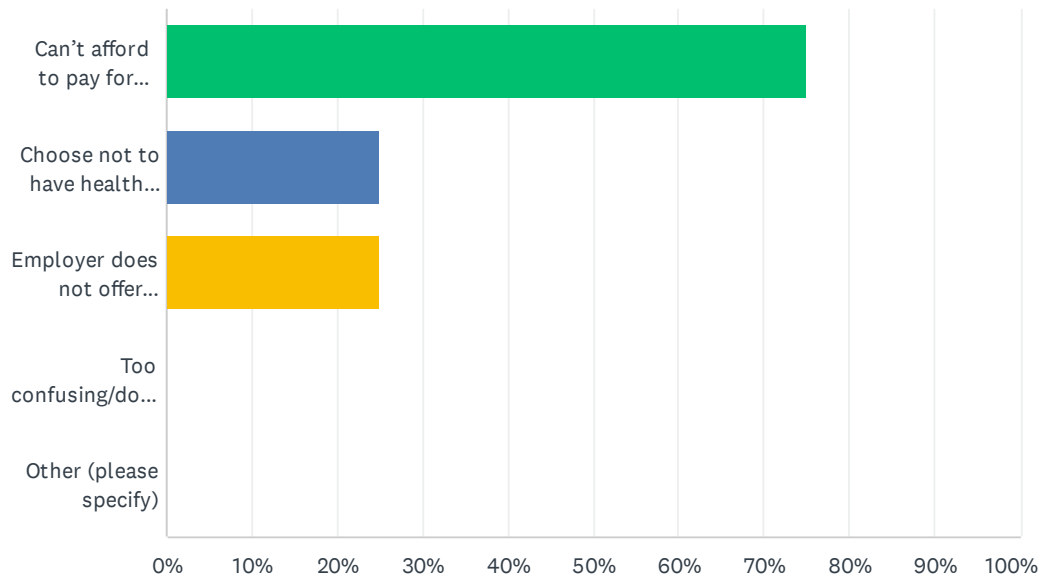
Answered: 79 Skipped: 2



ANSWER CHOICES	RESPONSES	
Excellent	18.99%	15
Good	44.30%	35
Fair	31.65%	25
Poor	5.06%	4
TOTAL		79

Q46 If you do NOT have health insurance, why? (Select ALL that apply)

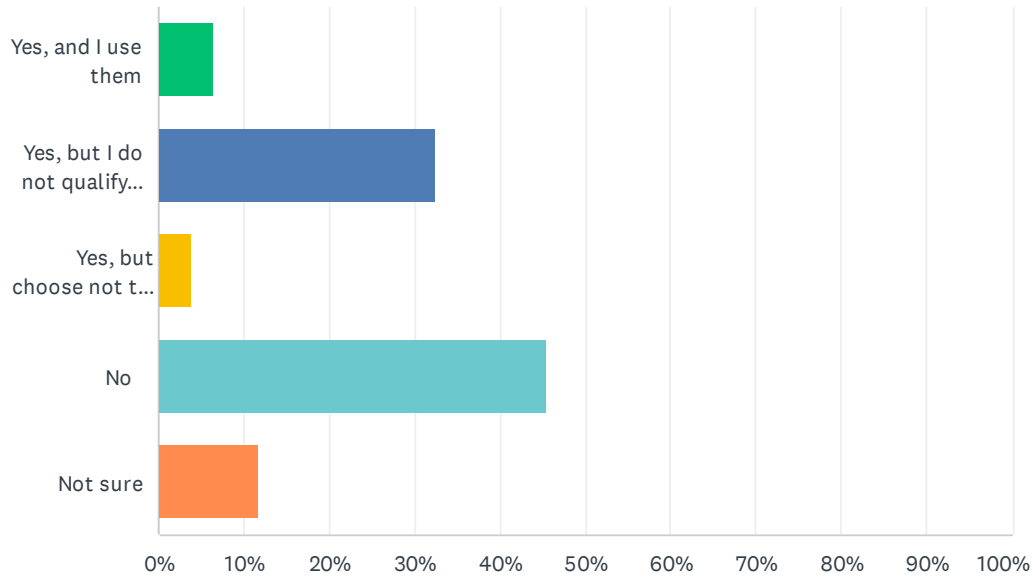
Answered: 4 Skipped: 77



ANSWER CHOICES	RESPONSES	
Can't afford to pay for health insurance	75.00%	3
Choose not to have health insurance	25.00%	1
Employer does not offer insurance	25.00%	1
Too confusing/don't know how to apply	0.00%	0
Other (please specify)	0.00%	0
Total Respondents: 4		

Q47 Are you aware of programs that help people pay for healthcare expenses?

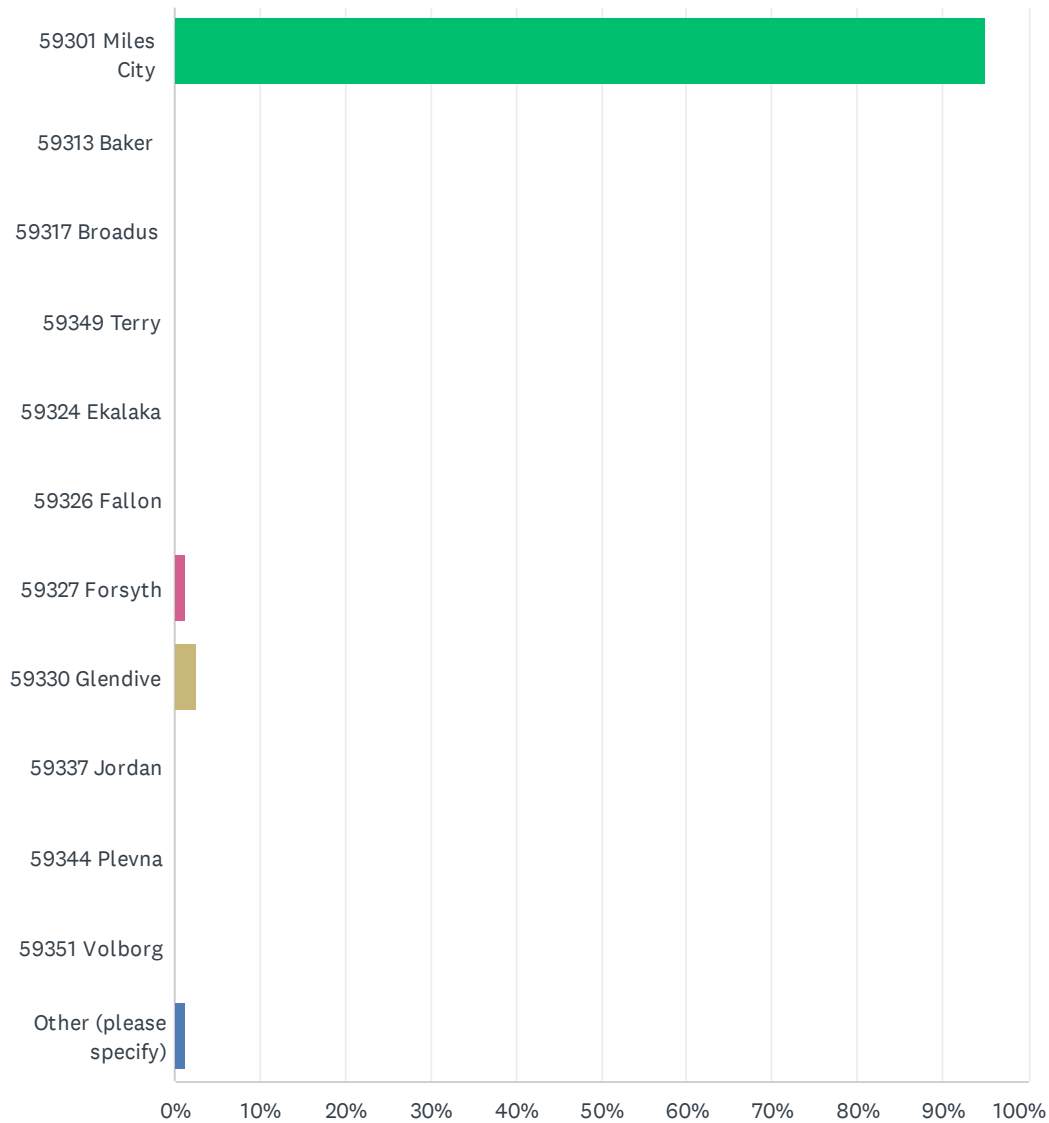
Answered: 77 Skipped: 4



ANSWER CHOICES	RESPONSES	
Yes, and I use them	6.49%	5
Yes, but I do not qualify	32.47%	25
Yes, but choose not to use	3.90%	3
No	45.45%	35
Not sure	11.69%	9
TOTAL		77

Q48 DEMMOGRAPHICS: All information is kept confidential and your identity is not associated with any answers. Where do you currently live, by zip code?

Answered: 80 Skipped: 1

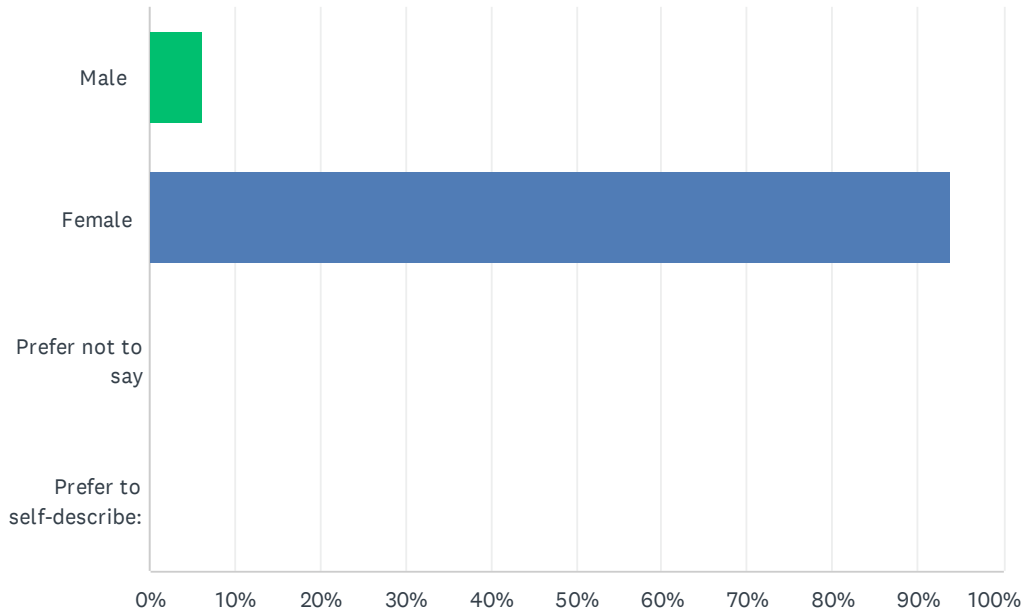


Community Health Needs Assessment Survey 2023 Miles City, Montana

ANSWER CHOICES	RESPONSES	
59301 Miles City	95.00%	76
59313 Baker	0.00%	0
59317 Broadus	0.00%	0
59349 Terry	0.00%	0
59324 Ekalaka	0.00%	0
59326 Fallon	0.00%	0
59327 Forsyth	1.25%	1
59330 Glendive	2.50%	2
59337 Jordan	0.00%	0
59344 Plevna	0.00%	0
59351 Volborg	0.00%	0
Other (please specify)	1.25%	1
TOTAL		80

Q49 What is your gender?

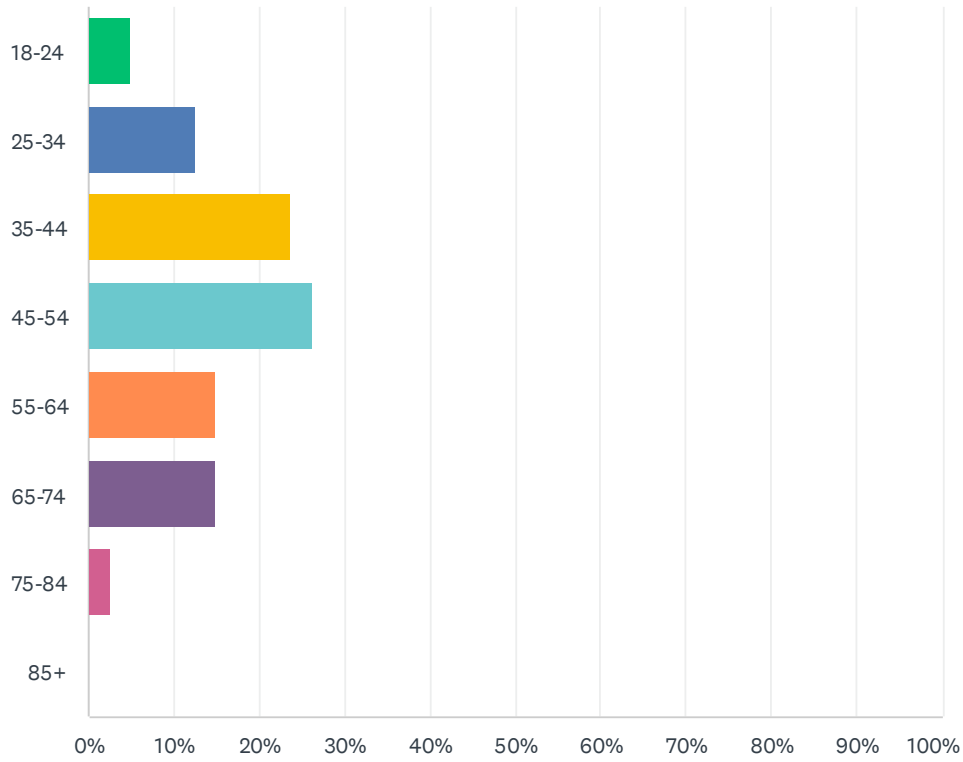
Answered: 80 Skipped: 1



ANSWER CHOICES	RESPONSES	
Male	6.25%	5
Female	93.75%	75
Prefer not to say	0.00%	0
Prefer to self-describe:	0.00%	0
TOTAL		80

Q50 What age range represents you?

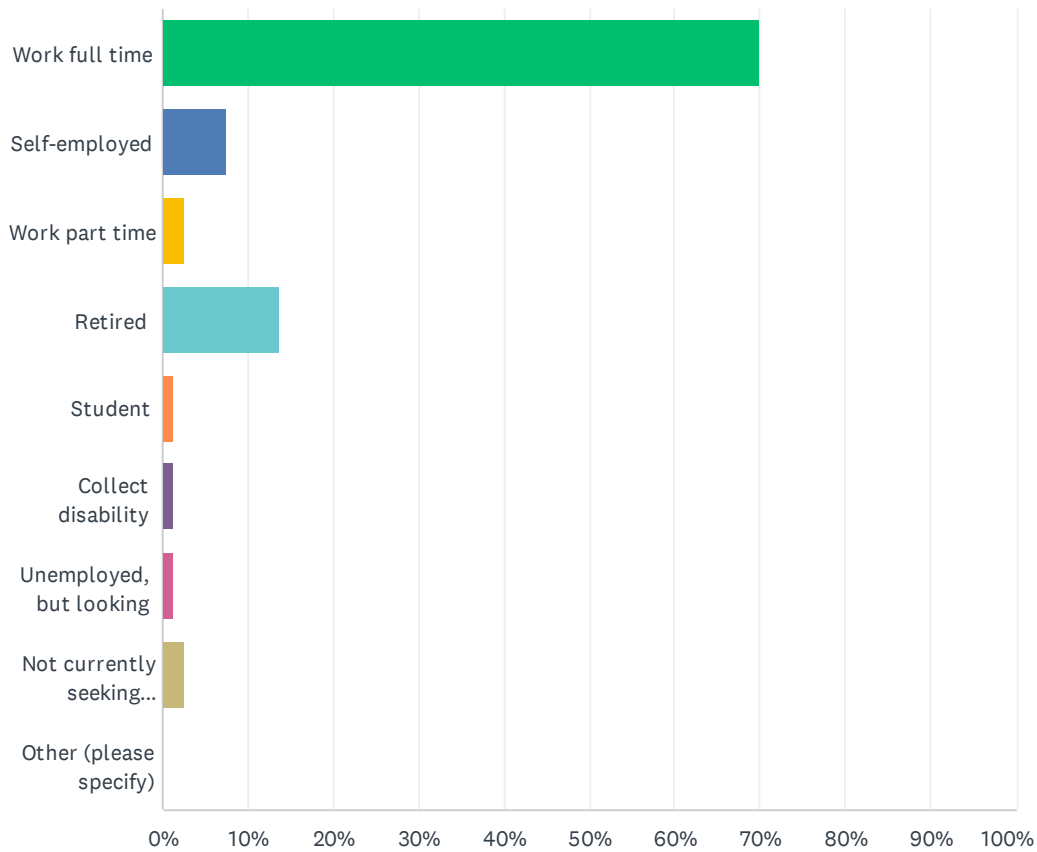
Answered: 80 Skipped: 1



ANSWER CHOICES	RESPONSES	
18-24	5.00%	4
25-34	12.50%	10
35-44	23.75%	19
45-54	26.25%	21
55-64	15.00%	12
65-74	15.00%	12
75-84	2.50%	2
85+	0.00%	0
TOTAL		80

Q51 What is your employment status?

Answered: 80 Skipped: 1



ANSWER CHOICES	RESPONSES	
Work full time	70.00%	56
Self-employed	7.50%	6
Work part time	2.50%	2
Retired	13.75%	11
Student	1.25%	1
Collect disability	1.25%	1
Unemployed, but looking	1.25%	1
Not currently seeking employment	2.50%	2
Other (please specify)	0.00%	0
TOTAL		80

Appendix K- Request for Comments

Written comments on this 2023 Community Health Needs Assessment Report can be submitted to L'Dene McAvoy, Community Benefit, at Holy Rosary Healthcare:

Holy Rosary Healthcare
Community Benefit Department
2600 Wilson Street
Miles City, Montana 59031

Please contact Holy Rosary Healthcare's Community Benefit Department at 406-233-2664 or ldene.mcavoy@imail.org with questions.

