



COMMUNITY HEALTH NEEDS ASSESSMENT 2019

ASSESSMENT CONDUCTED BY
BROADWATER HEALTH CENTER



MONTANA
STATE UNIVERSITY

Office of Rural Health
Area Health
Education Center

IN COOPERATION WITH
THE MONTANA OFFICE OF
RURAL HEALTH



TOWNSEND, MONTANA

**Broadwater Health Center
Community Health Needs Assessment
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Community Health Services Development Report
June 2019

I. Introduction

Broadwater Health Center is a nonprofit Critical Access Hospital (CAH) and rural health clinic based in Townsend, Montana. Broadwater Health Center serves Broadwater County of approximately 1,600 square miles and provides medical services to a service population of approximately 6,000 people. Broadwater Health Center is the only hospital in Broadwater County and houses both clinic and hospital services in the same facility. Broadwater Health Center’s primary service area includes the communities of Townsend, Toston, Radersburg, and Winston; with most of the County’s populated communities located along US 287, US 12 or US 284. Broadwater 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.



Broadwater Health Center- Townsend, Montana

Broadwater Health Center provides a wide array of services including: emergency room and ambulance services; scheduled, walk-in and urgent care clinic; diagnostic and imaging; healthcare navigator and patient care coordination.

Mission: Broadwater Health Center is dedicated to improving the health of our community, our patients, and ourselves.

Vision: We are the healthcare organization where the most caring professionals are employed, where quality medical providers practice, and where the community chooses to receive care.

- | | |
|---------------------------------------|---|
| Values: <i>Patient Safety:</i> | We will continually advance patient safety and quality of care. |
| <i>Financial Viability:</i> | We use our resources wisely to meet our needs today and tomorrow. |
| <i>Integrity:</i> | We are truthful, accountable, fair, ethical and transparent in our relationships. |
| <i>Excellence:</i> | We provide quality care for our patients because we expect the best of ourselves. |



Broadwater Health Center participated in the Community Health Services Development (CHSD) Project administrated by the Montana Office of Rural Health. Community involvement in steering committee meetings and key informant interviews enhance community engagement in the assessment process.

In the Spring of 2019, Broadwater Health Center’s service area was surveyed about its healthcare system. This report shows the results of the survey in both narrative and chart formats. A copy of the survey instrument is included at the end of this report (Appendix E). Readers are invited to familiarize themselves with the survey instrument and the subsequent findings. The narrative report touches on the highlights while the charts present data for virtually every question asked. Please note: we are able to compare some of the 2019 survey data with data from previous surveys conducted in partnership with the Montana Office of Rural Health in 2016 and 2013. If any statistical significance exists, it will be reported. The significance level was set at 0.05.

II. Health Assessment Process



Townsend, MT – townsendmt.com

A Steering Committee was convened to assist Broadwater Health Center in conducting CHSD. A diverse group of community members representing various organizations and populations within the community (ex. public health, elderly, uninsured) came together in March 2019. 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 survey and key informant interviews and to assist in the prioritization of health needs to address.

III. Survey Methodology

Survey Instrument

In April 2019, surveys were mailed out to the residents in Broadwater County, Montana. Survey respondents had the ability to complete the survey mailed to them, or via an online survey hosted at Montana State University’s HELPS Lab web portal. The survey was based on a design that has been used extensively in the states of Washington, Wyoming, Alaska, Montana, and Idaho. The survey was designed to provide each facility with information from local residents regarding:

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

Sampling

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

Six 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

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

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

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

Limitations in Survey & Key Informant Interview Methodology

A common approach to survey research is the mailed survey. However, this approach is not without limitations. There is always the concern of non-response as it may affect the representativeness of the sample. Thus, a mixture of different data collection methodologies is recommended. Conducting community key informant interviews in addition to the random sample survey allows for a more robust sample and, ultimately, these efforts help to increase the community response rate. Partnering with local community organizations such as public health, community health centers, and senior centers, just to name a few, helps to reach segments of the population that might not otherwise respond to a survey.

While key informant interview data can offer invaluable insight into the perception of a community or group of individuals, qualitative data can be difficult to analyze. For this reason, key informant interview data are grouped into common themes based on our interpretation of the transcript. To better understand these themes, please review the full transcript in Appendix H. MORH staff facilitated the interviews on behalf of Broadwater Health Center to ensure impartiality. Personal identifiers are not included in the key informant transcripts.

Survey Implementation

In April 2019, a survey, cover letter on Broadwater Health Center letterhead with the Chief Executive Officer's signature, and postage paid envelope was mailed out to 800 randomly selected residents in the hospital's service area. A news release was sent to local newspaper as well as social media postings prior to the survey distribution announcing that Broadwater Health Center would be conducting a community health services survey throughout the region in cooperation with the Montana Office of Rural Health.

One-hundred twenty-four surveys were returned out of 800. Of those 800 surveys, 86 surveys were returned undeliverable for a 17.4% response rate. From this point on, the total number of surveys will be out of 714. Based upon the sample size, we can be 95% confident that the responses to the survey questions are representative of the service area population, plus or minus 8.79%.

IV. Survey Respondent Demographics

A total of 714 surveys were distributed amongst Broadwater Health Center's service area. One-hundred twenty-four were completed for a 17.4% response rate. The following tables indicate the demographic characteristics of the survey respondents. Information on location, gender, age, and employment is included. Percentages indicated on the tables and graphs are based upon the total number of responses for each individual question, as some respondents did not answer all questions.

Place of Residence (Question 36)

2019 N= 124

2016 N= 143

2013 N= 180

The returned surveys are skewed toward the Townsend population, which is reasonable given that this is where most of the services are located.

		2013		2016		2019	
Location	Zip code	Count	Percent	Count	Percent	Count	Percent
Townsend	59644	162	90.5%	130	92.2%	107	90.3%
Toston/Radersburg	59643	10	5.6%	9	6.4%	10	8.2%
Helena	56601	1	0.6%	0	0.0%	2	1.6%
Helena	59602	2	1.1%	0	0.0%	1	0.8%
Winston	59647	3	1.7%	2	1.4%	1	0.8%
East Helena	59635	1	0.6%	0	0.0%	1	0.8%
Other		Not asked - 2013		Not asked - 2016		0	0.0%
TOTAL		179	100.0%	141	100.0%	122	100.0%
*Indicates a significant change between years ($p \leq 0.05$). Bold: Top 3 responses							

“Other” comments:

- Rural 59644

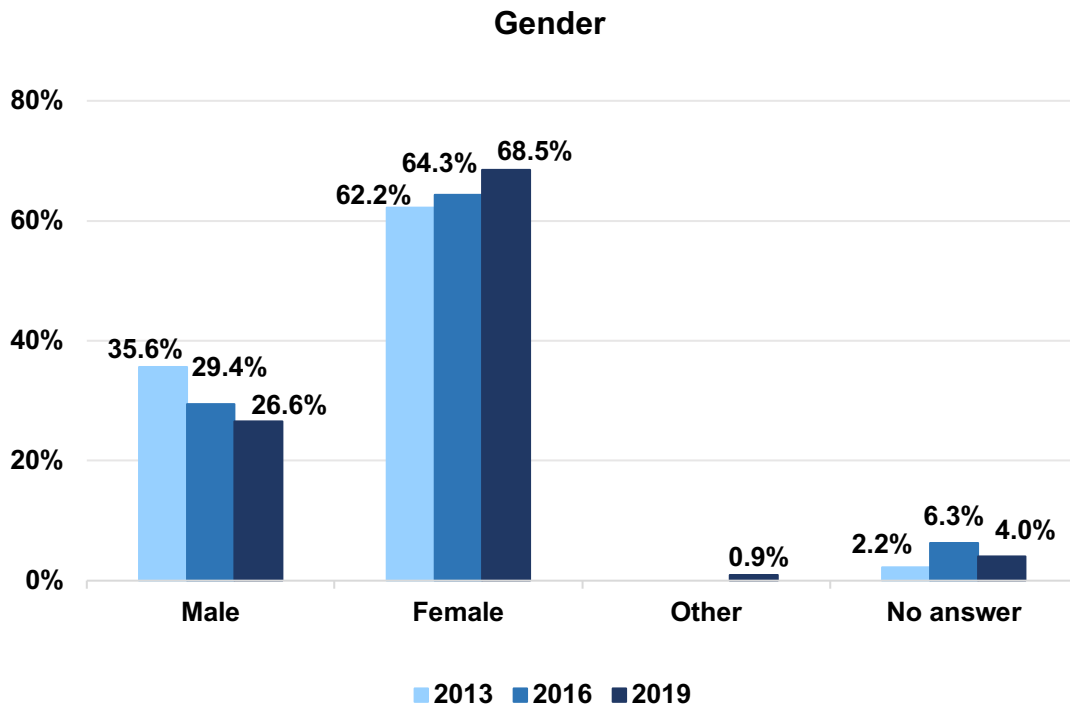
Gender (Question 37)

2019 N= 124

2016 N= 143

2013 N= 180

Of the 124 surveys returned, 68.5% (n=85) of survey respondents were female, 26.6% (n=33) were male, and 4.0% (n=5) chose not to answer this question. It is not unusual for survey respondents to be predominantly female, particularly when the survey is healthcare-oriented since women are frequently the healthcare decision makers for families.



Age of Respondents (Question 38)

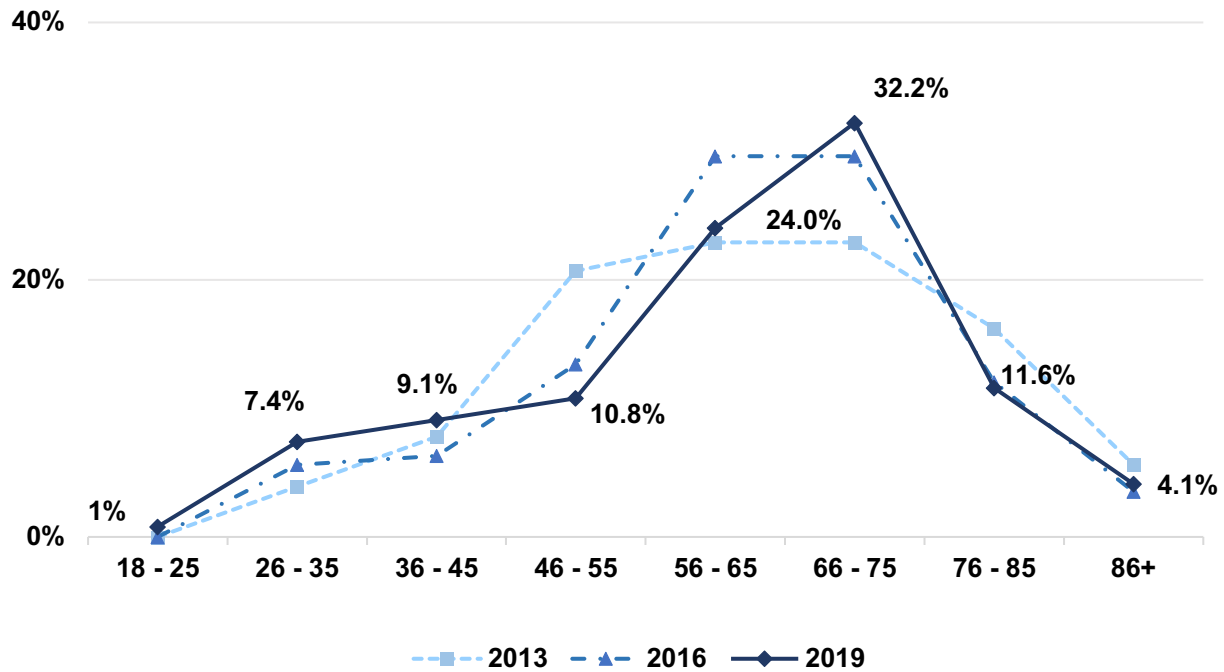
2019 N= 121

2016 N= 142

2013 N= 179

Thirty-two percent of respondents (n=39) were between the ages of 66-75. Twenty-four percent of respondents (n=29) were between the ages of 56-65, and 11.6% of respondents (n=14) were between the ages of 76-85. This statistic is comparable to other Critical Access Hospital demographics. The increasing percentage of aging residents in rural communities is a trend which is seen throughout Montana and will likely have a significant impact on the need for healthcare services during the next 10-20 years. Older residents are also more invested in healthcare decision making and are more likely to respond to healthcare surveys, as reflected by this graph. It is important to note that the survey was targeted to adults, and therefore, no respondents are under age 18.

Age of Respondents



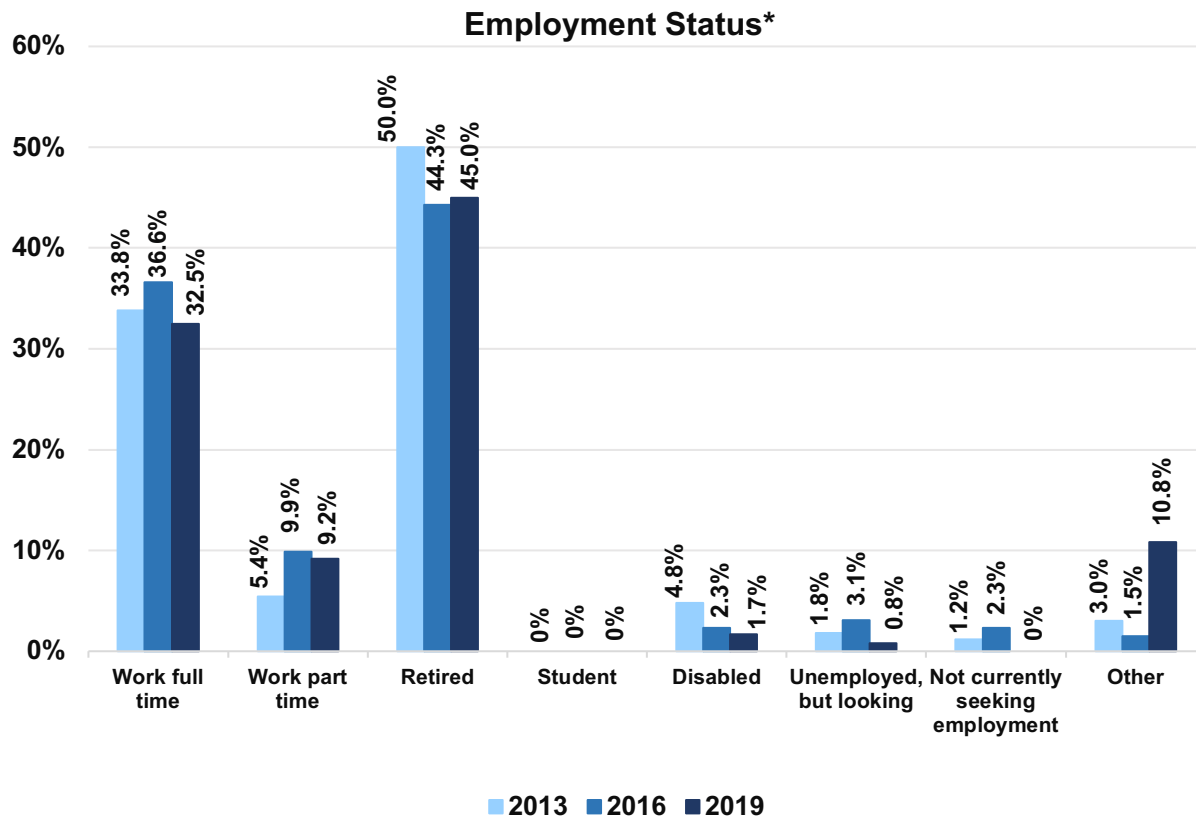
Employment status (Question 39)

2019 N= 120

2016 N= 131

2013 N= 166

Respondents were asked to indicate their employment status. Forty-five percent (n=54) reported they are retired, while 32.5% (n=39) work full time. Respondents could check all that apply, so the percentages do not equal 100%.



*Significantly more 2019 respondents selected "Other."

"Other" comments:

- Ranch
- Self employed
- Work part-time, retired (4)
- Work full time, work part time (2)
- Mother- full time
- Homemaker (2)

V. Survey Findings – Community Health

Impression of Community (Question 1)

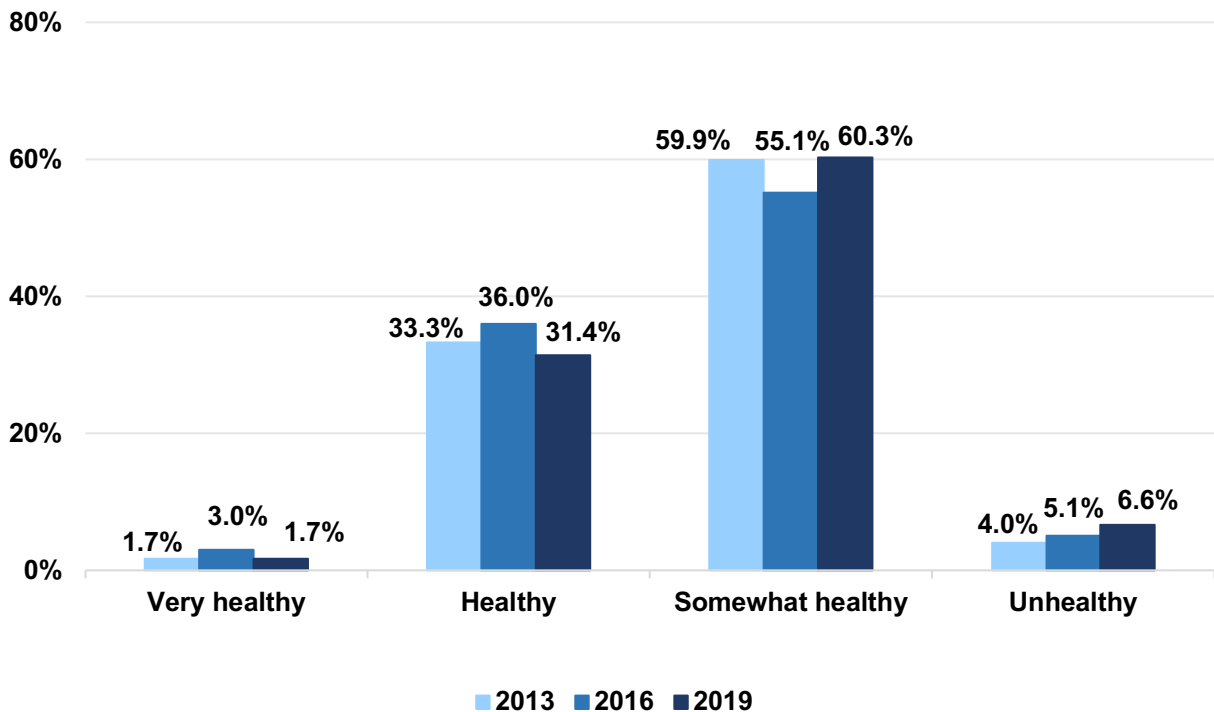
2019 N= 121

2016 N= 136

2013 N= 174

Respondents were asked to indicate how they would rate the general health of their community. Sixty percent of respondents (n=73) rated their community as “Somewhat healthy”, 31.4% of respondents (n=38) felt their community was “Healthy”, and 6.6% (n=8) selected “Unhealthy.”

Rating of Healthy Community



Health Concerns for Community (Question 2)

2019 N= 124

2016 N= 143

2013 N= 180

Respondents were asked what they felt the three most serious health concerns were in their community. The top identified health concern was “Alcohol abuse/substance abuse” at 55.6% (n=69). “Cancer” was also a high priority at 30.6% (n=38), followed by “Tobacco use” at 26.6% (n=33). Respondents were asked to pick their top three serious health concerns, so percentages do not equal 100%.

Health Concern	2013		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
Alcohol abuse/substance abuse	117	65.0%	89	62.2%	69	55.6%
Cancer*	76	42.2%	42	29.4%	38	30.6%
Tobacco use (vaping, cigarettes/cigars, smokeless)	33	18.3%	26	18.2%	33	26.6%
Overweight/obesity*	65	36.1%	48	33.6%	22	17.7%
Mental health issues	17	9.4%	23	16.1%	21	16.9%
Heart disease*	54	30.0%	29	20.3%	20	16.1%
Lack of access to healthcare	12	6.7%	14	9.8%	14	11.3%
Depression/anxiety	21	11.7%	18	12.6%	13	10.5%
Lack of exercise	27	15.0%	20	14.0%	12	9.7%
Diabetes*	33	18.3%	25	17.5%	8	6.5%
Alzheimer’s/dementia	Not asked - 2013		Not asked - 2016		8	6.5%
Respiratory illnesses	Not asked - 2013		Not asked - 2016		8	6.5%
Suicide	Not asked - 2013		Not asked - 2016		7	5.6%
Child abuse/neglect	8	4.4%	11	7.7%	7	5.5%
Motor vehicle accidents	11	6.1%	16	11.2%	6	4.8%
Recreation related accidents/injuries	13	7.2%	4	2.8%	5	4.0%
Stroke	5	2.8%	5	3.5%	4	3.2%
Autoimmune disorders	Not asked - 2013		Not asked - 2016		4	3.2%
Social isolation/loneliness	Not asked - 2013		Not asked - 2016		4	3.2%
Lack of dental care	4	2.2%	6	4.2%	3	2.4%
Domestic violence	11	6.1%	11	7.7%	2	1.6%
Work related accidents/injuries*	12	6.7%	0	0.0%	2	1.6%
Hunger	Not asked - 2013		Not asked - 2016		1	0.8%
Other*	7	3.9%	11	7.7%	16	12.9%

*Indicates a significant change between years ($p \leq 0.05$). **Bold:** Top 3 responses

Other comments continued next page.

“Other” comments:

- Age (getting older) (2)
- Multiple diagnoses of old age
- Low income, life style
- Prescription medications
- I wouldn't know?
- Cancer, drugs
- Have no idea
- Poverty
- Children living in deplorable living conditions (maybe related to alcohol, drugs & mental illness?)
- Addiction

Components of a Healthy Community (Question 3)

2019 N= 124

2016 N= 143

2013 N= 180

Respondents were asked to identify the three most important things for a healthy community. Forty-five percent of respondents (n=56) indicated that “Access to health care and other services” is important for a healthy community. “Good jobs and a healthy economy” was the second most indicated component at 38.7% (n=48) and third was “Strong family life” at 37.9% (n=47).

Respondents were asked to identify their top three choices, so percentages do not equal 100%.

Important Component	2013		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
Access to health care and other services*	108	60.0%	87	60.8%	56	45.2%
Good jobs and a healthy economy	91	50.6%	71	49.7%	48	38.7%
Strong family life	58	32.2%	51	35.7%	47	37.9%
Healthy behaviors and lifestyles	47	26.1%	45	31.5%	33	26.6%
Affordable housing	26	14.4%	19	13.3%	29	23.4%
Good schools	50	27.8%	34	23.8%	28	22.6%
Religious or spiritual values	47	26.1%	37	25.9%	24	19.4%
Low crime/safe neighborhoods	45	25.0%	25	17.5%	24	19.4%
Community involvement	19	10.6%	10	7.0%	15	12.1%
Access to childcare/after school programs	Not asked - 2013		Not asked - 2016		11	8.9%
Clean environment	29	16.1%	20	14.0%	10	8.1%
Transportation services	Not asked - 2013		Not asked - 2016		7	5.6%
Parks and recreation	7	3.9%	4	2.8%	6	4.8%
Low level of domestic violence	2	1.1%	6	4.2%	4	3.2%
Tolerance for diversity	6	3.3%	6	4.2%	4	3.2%
Low death and disease rates	6	3.3%	2	1.4%	3	2.4%
Arts and cultural events	1	0.6%	0	0.0%	0	0.0%
Other	4	2.2%	2	1.4%	3	2.4%

*Indicates a significant change between years ($p \leq 0.05$). **Bold:** Top 3 responses

“Other” comments:

- All of them

Awareness of Health Services (Question 4)

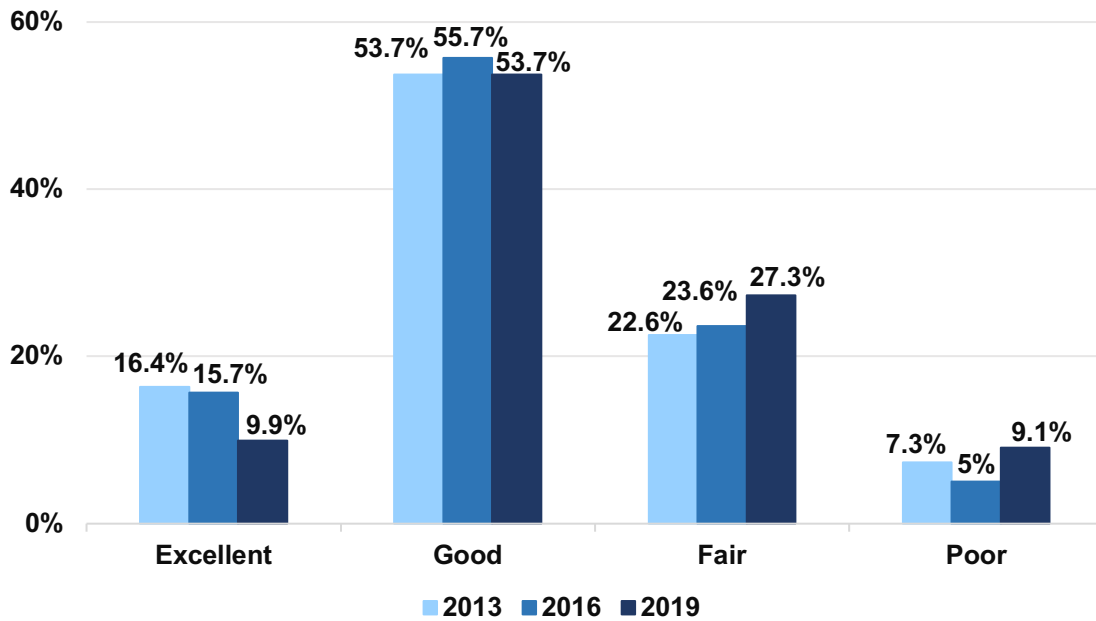
2019 N= 121

2016 N= 140

2013 N= 177

Respondents were asked to rate their knowledge of the health services available at Broadwater Health Center. Fifty-four percent (n=65) of respondents rated their knowledge of health services as “Good”, “Fair” was selected by 27.3% percent (n=33), and “Excellent” was selected by 9.9% (n=12) of respondents. Three respondents chose not to answer this question.

Knowledge of Health Services



How Respondents Learn of Healthcare Services (Question 5)

2019 N= 124

2016 N= 143

2013 N= 180

The most frequently indicated method of learning about available services was “Word of mouth/reputation” at 57.3% (n=71). “Friends/family” was the second most frequent response at 50.0% (n=62), followed by “Mailings/newsletter” at 46.0% (n=57). Respondents could select more than one method, so percentages do not equal 100%.

Method	2013		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
Word of mouth/reputation	102	56.7%	94	65.7%	71	57.3%
Friends/family	107	59.4%	80	55.9%	62	50.0%
Mailings/newsletter	81	45.0%	73	51.0%	57	46.0%
Newspaper	78	43.3%	45	31.5%	54	43.5%
Healthcare provider*	75	41.7%	60	42.0%	33	26.6%
Social media	Not asked - 2013		Not asked - 2016		22	17.7%
Website/internet*	7	3.9%	7	4.9%	18	14.5%
Public health	13	7.2%	9	6.3%	11	8.9%
Billboards/signs	Not asked - 2013		Not asked - 2016		8	6.5%
Radio	6	3.3%	4	2.8%	5	4.0%
Presentations	6	3.3%	6	4.2%	4	3.2%
Other	10	5.6%	6	4.2%	12	9.7%
*Indicates a significant change between years ($p \leq 0.05$). Bold: Top 3 responses						

“Other” comments:

- Lived here since 1991
- Personal experience
- Television (2)
- Budget and tan bill
- Myself
- From personal need
- Close place, hospital
- Don't pay any attention
- Constant mailings
- There is no advertisement

Cross Tabulation of Service Knowledge and Learning about Services

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

KNOWLEDGE RATING OF BROADWATER HEALTH CENTER SERVICES BY HOW RESPONDENTS LEARN ABOUT HEALTHCARE SERVICES

	Excellent	Good	Fair	Poor	Total
Word of mouth/reputation	6 (8.5%)	41 (57.7%)	21 (29.6%)	3 (4.2%)	71
Friends/family	7 (11.5%)	32 (52.5%)	20 (32.8%)	2 (3.3%)	61
Mailings/newsletter	7 (12.5%)	33 (58.9%)	15 (26.8%)	1 (1.8%)	56
Newspaper	8 (14.8%)	33 (61.1%)	11 (20.4%)	2 (3.7%)	54
Healthcare provider	4 (12.5%)	23 (71.9%)	4 (12.5%)	1 (3.1%)	32
Social media	6 (28.6%)	12 (57.1%)	3 (14.3%)		21
Website/internet	4 (22.2%)	9 (50.0%)	4 (22.2%)	1 (5.6%)	18
Public Health	2 (20.0%)	6 (60.0%)	2 (20.0%)		10
Billboards/signs	1 (14.3%)	5 (71.4%)	1 (14.3%)		7
Radio	1 (20.0%)	2 (40.0%)	2 (40.0%)		5
Presentations	1 (25.9%)	3 (75.0%)			4
Other	2 (16.7%)	5 (41.7%)	1 (8.3%)	4 (33.3%)	12

Utilized Community Health Resources (Question 6)

2019 N= 124

2016 N= 143

2013 N= 180

Respondents were asked which community health resources, other than the hospital or clinic, they had used in the last three years. “Pharmacy” was the most frequently utilized community health resource cited by respondents at 66.9% (n=83). “Dentist” was utilized by 50.8% (n=63) of respondents and “Chiropractor” was utilized by 34.7% (n=43). Respondents could select more than one resource, so percentages do not equal 100%.

Service	2013		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
Pharmacy	125	69.4%	98	68.5%	83	66.9%
Dentist	93	51.7%	81	56.6%	63	50.8%
Chiropractor	57	31.7%	55	38.5%	43	34.7%
Health club	24	13.3%	30	21.0%	20	16.1%
VA Services	17	9.4%	17	11.9%	19	15.3%
Public health nurse	19	10.6%	28	19.6%	18	14.5%
Massage therapy	22	12.2%	16	11.2%	17	13.7%
Senior Center	23	12.8%	20	14.0%	16	12.9%
Meals on Wheels	Not asked - 2013		Not asked - 2016		9	7.3%
Home health	9	5.0%	14	9.8%	6	4.8%
Naturopath	Not asked - 2013		Not asked - 2016		6	4.8%
Mental health	5	2.8%	3	2.1%	5	4.0%
Phone/video consult with provider	Not asked - 2013		Not asked - 2016		4	3.2%
Food bank	Not asked - 2013		Not asked - 2016		3	2.4%
Other*	11	6.1%	8	5.6%	16	12.9%
*Indicates a significant change between years ($p \leq 0.05$). Bold: Top 3 responses						

“Other” comments:

- Physical therapy (3)
- None (3)
- Lab/bloodwork
- PA, Lab, Blood draw
- Acupuncture, Reflexology
- Therapy
- Optometrist
- None in Broadwater. I feel like the hospital or clinic and/or services are catered towards senior citizens or low income
- Family Medical Clinic
- None, go to Bozeman
- ER over charges

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

2019 N= 124

2016 N= 143

2013 N= 180

Respondents were asked to indicate what they felt would improve their community’s access to healthcare. Fifty-three percent of respondents (n=66) reported that “More primary care providers” would make the greatest improvement. Thirty-five percent of respondents (n=43) indicated “Improved quality of care” would improve access, and “More information about available services” was selected by 32.3% (n=40). Respondents could select more than one method, so percentages do not equal 100%.

Service	2013		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
More primary care providers	78	43.3%	59	41.3%	66	53.2%
Improved quality of care	68	37.8%	41	28.7%	43	34.7%
More information about available services	Not asked - 2013		Not asked - 2016		40	32.3%
More specialists	37	20.6%	38	26.6%	31	25.0%
Transportation assistance	43	23.9%	28	19.6%	26	21.0%
Outpatient services expanded hours	42	23.3%	29	20.3%	25	20.2%
Greater health education services	42	23.3%	31	21.7%	24	19.4%
Phone/video consult with provider	Not asked - 2013		Not asked - 2016		4	3.2%
Telemedicine	7	3.9%	10	7.0%	3	2.4%
Cultural sensitivity	5	2.8%	3	2.1%	2	1.6%
Interpreter services	1	0.6%	3	2.1%	0	0.0%
Other*	14	7.8%	12	8.4%	23	18.5%

*Indicates a significant change between years ($p \leq 0.05$). **Bold:** Top 3 responses

“Other” comments:

- None (2)
- A more visible clinic location
- Get rid of the CEO (over paid CEO)
- BHC has burned a lot of bridges through their actions over the past 10 years- lots of community distrust
- Consistent primary care providers (very high turnover past few years)
- Different management at hospital
- Health insurance

- Community support
- Retaining professionals
- Hospital funding
- Independent Doctors/Clinics
- Have clinic and stabilization of current healthcare system
- Have no opinion on this
- Overall better care
- Returned messages left at clinic
- Affordability. Medicare for all
- Do away with hospital and establish Urgent Care Clinic
- Basic good care
- Partnering with a larger hospital is a great start. A pain Dr.!
- My insurance doesn't cover BHC

Interest in Educational Classes or Programs (Question 8)

2019 N= 124

2016 N= 143

2013 N= 180

Respondents were asked if they would be interested in any educational classes/programs made available to the community. The most highly indicated class/programs were “Fitness” and “Health and wellness” each selected by 30.6% (n=38) of respondents. “Weight loss” was selected by 23.4% of respondents (n=29). Respondents could select more than one interest, so percentages do not equal 100%.

Class/Program	2013		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
Fitness	42	23.3%	30	21.0%	38	30.6%
Health and wellness	55	30.6%	28	19.6%	38	30.6%
Weight loss	51	28.3%	33	23.1%	29	23.4%
Women’s health	40	22.2%	19	13.3%	27	21.8%
Estate planning	29	16.1%	13	9.1%	24	19.4%
First aid/CPR	43	23.9%	21	14.7%	21	16.9%
Living will	38	21.1%	19	13.3%	21	16.9%
Financial planning	22	12.2%	13	9.1%	17	13.7%
Cancer	22	12.2%	11	7.7%	16	12.9%
Nutrition	31	17.2%	29	20.3%	16	12.9%
Diabetes management	27	15.0%	22	15.4%	15	12.1%
Mental health	11	6.1%	6	4.2%	14	11.3%
Heart disease	21	11.7%	13	9.1%	13	10.5%
Support groups	13	7.2%	6	4.2%	12	9.7%
Alzheimer’s counseling	15	8.3%	15	10.5%	11	8.9%
Grief counseling	13	7.2%	13	9.1%	9	7.3%
Parenting	9	5.0%	4	2.8%	9	7.3%
Men’s health	22	12.2%	12	8.4%	8	6.5%
Smoking/tobacco cessation	6	3.3%	7	4.9%	4	3.2%
Alcohol/substance abuse	3	1.7%	4	2.8%	3	2.4%
Prenatal	7	3.9%	1	0.7%	2	1.6%
Hygiene	3	1.7%	0	0.0%	1	0.8%
Other*	5	2.8%	9	6.3%	12	9.7%

*Indicates a significant change between years ($p \leq 0.05$). **Bold:** Top 3 responses

Other comments continued next page...

“Other” comments:

- None (3)
- Gambling abuse
- I am a healthcare provider so probably would not attend
- Benefits of yoga and chi-gong
- General health
- Night I Med help
- La Leche League/breastfeeding support
- None. I go to Bozeman
- Good basic care
- 2 years ago, I was looking for help with alcoholics for family members but not for drinking myself and had no idea where to go

Community Mental Health Services (Question 9)

2019 N= 124

2016 N= 143

Respondents were asked to rate their perception quality for a variety of community mental and behavioral health services using the scale of 4=Excellent, 3=Good, 2=Fair and 1=Poor. The sums of the average scores were then calculated with “Availability of Alcoholics Anonymous groups” receiving the top average score of 2.3 out of 4.0. “Availability of mental health services” and “Overall quality of mental health services” both received a 2.1 out of 4.0. The total average score was 2.0, indicating the overall quality and availability of services to be to “Fair.”

2019	Excellent (4)	Good (3)	Fair (2)	Poor (1)	No Answer	N	Avg
Availability of Alcoholics Anonymous groups	3	23	23	9	66	124	2.3
Availability of mental health services	3	21	17	21	62	124	2.1
Overall quality of mental health services	3	14	11	16	80	124	2.1
Availability of substance abuse treatment programs	2	13	14	20	75	124	1.9
Availability of alcohol/substance abuse prevention programs	1	8	19	19	77	124	1.8
Overall quality of substance abuse services	2	8	13	22	79	124	1.8
TOTAL	14	87	97	107			2.0

2016	Excellent (4)	Good (3)	Fair (2)	Poor (1)	No Answer	N	Avg
Availability of Alcoholics Anonymous groups	15	31	37	17	43	143	2.4
Availability of prevention programs	4	14	49	23	53	143	2.0
Overall quality of substance abuse services	3	10	50	19	61	143	2.0
Overall quality of mental health services	4	18	35	26	60	143	2.0
Availability of substance abuse treatment programs	4	14	39	34	52	143	1.9
Availability of mental health services	2	19	38	32	52	143	1.9
TOTAL	32	106	248	151			2.0

Utilization of Preventative Services or Lifestyle Changes (Question 10)

2019 N= 124

2016 N= 143

2013 N= 180

Respondents were asked if they had utilized any of the preventative services listed or made any lifestyle changes in the past year. “Dental exam” and “Vision check” were each selected by 61.3% of respondents (n=76). Fifty-seven percent of respondents (n=70) indicated they received “Flu shot/immunizations”, and 54.0% of respondents (n=67) had a “Routine health checkup.” Respondents could select all that apply, thus the percentages do not equal 100%.

Service	2013		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
Dental exam	Not asked - 2013		Not asked - 2016		76	61.3%
Vision check	Not asked - 2013		Not asked - 2016		76	61.3%
Flu shot/immunizations	105	58.3%	73	51.0%	70	56.5%
Routine health checkup	107	59.4%	85	59.4%	67	54.0%
Adding/increasing healthy foods	Not asked - 2013		Not asked - 2016		63	50.8%
Routine blood pressure check	91	50.6%	63	44.1%	62	50.0%
Cholesterol check	84	46.7%	63	44.1%	57	46.0%
More physical activity	Not asked - 2013		Not asked - 2016		35	28.2%
Wellness labs	44	24.4%	44	30.8%	29	23.4%
Mammography*	67	37.2%	50	35.0%	27	21.8%
Colonoscopy	31	17.2%	22	15.4%	22	17.7%
Pap smear	39	21.7%	23	16.1%	19	15.3%
Hearing check	Not asked - 2013		Not asked - 2016		19	15.3%
Prostate (PSA)	22	12.2%	21	14.7%	14	11.3%
Medicare assessment	18	10.0%	12	8.4%	14	11.3%
Children's checkup/Well baby	9	5.0%	7	4.9%	13	10.5%
Weight management	Not asked - 2013		Not asked - 2016		12	9.7%
Required physicals (sports, CDL)	16	8.9%	11	7.7%	9	7.3%
None	19	10.6%	20	14.0%	7	5.6%
Mental health counseling	Not asked - 2013		Not asked - 2016		4	3.2%
Other	12	6.7%	7	4.9%	6	4.8%

*Indicates a significant change between years ($p \leq 0.05$). **Bold:** Top 3 responses

“Other” comments:

- Eat organic
- Acupuncture, Reflexology
- Biofeedback
- None at Broadwater! (2)
- None local, all of my services I attend are in Bozeman or sometimes Helena

Desired Local Healthcare Services (Question 11)

2019 N= 124

2016 N= 143

2013 N= 180

Respondents were asked to indicate which additional healthcare services would they utilize if available locally. Respondents indicated the most interest in having “Ophthalmology (eye doctor)” at 25.0% of respondents (n=31) followed by “Dermatology” at 20.2% (n=25). “Minor surgery (scopes)” and “MRI (imaging)” were both selected by 12.9% (n=16) of respondents. Respondents were asked to select all that apply, so percentages do not equal 100%.

Service	2013		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
Ophthalmology (eye doctor)	42	23.3%	43	30.1%	31	25.0%
Dermatology	26	14.4%	24	16.8%	25	20.2%
Minor surgery (scopes)	22	12.2%	18	12.6%	16	12.9%
MRI (imaging)	36	20.0%	26	18.2%	16	12.9%
CT/CAT scan	20	11.1%	14	9.8%	15	12.1%
Mammography*	42	23.3%	28	19.6%	15	12.1%
Ultrasound	16	8.9%	14	9.8%	13	10.5%
Arthroscopy (joints)*	3	1.7%	3	2.1%	12	9.7%
Senior retirement housing/community	10	5.6%	14	9.8%	12	9.7%
Hospice	8	4.4%	8	5.6%	11	8.9%
Audiology (hearing)	21	11.7%	22	15.4%	10	8.1%
Respiratory therapy	Not asked - 2013		Not asked - 2016		9	7.3%
Personal care home services	7	3.9%	10	7.0%	8	6.5%
Post-operative rehabilitation	Not asked - 2013		17	11.9%	8	6.5%
Colonoscopy*	19	10.6%	22	15.4%	7	5.6%
Improved medical transport capabilities	12	6.7%	9	6.3%	7	5.6%
Senior respite care	9	5.0%	4	2.8%	7	5.6%
Adult daycare	2	1.1%	3	2.1%	6	4.8%
Assisted living	14	7.8%	14	9.8%	6	4.8%
Cardiac rehabilitation	8	4.4%	12	8.4%	6	4.8%
Medication management	Not asked - 2013		Not asked - 2016		1	0.8%
Other	11	6.1%	14	9.8%	11	8.9%

*Indicates a significant change between years ($p \leq 0.05$). **Bold:** Top 3 responses

“Other” comments:

- None (2)
- Giving Family Medical Privileges at the hospital
- Physical therapy
- None. I have an established dr. in another town
- Mental health
- Don't use local healthcare
- Depends on quality
- Basic health care
- Nutrition, cooking classes

Economic Importance of Local Healthcare Providers and Services (Question 12)

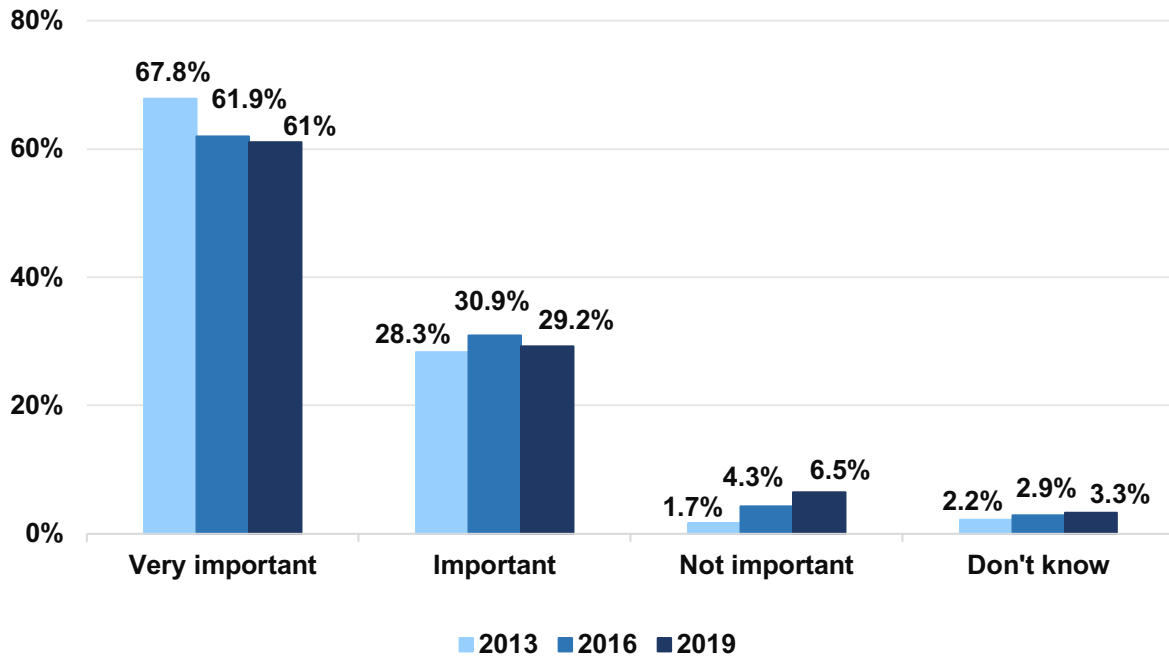
2019 N= 123

2016 N= 139

2013 N= 180

The majority of respondents (61%, n=75), indicated that local healthcare providers and services (i.e. hospitals, clinics, nursing homes, assisted living, etc.) are 'Very important' to the economic wellbeing of the area. Twenty-nine percent of respondents (n=36) indicated they are "Important", and 6.5% indicated they are "Not important."

Economic Importance of Healthcare



Survey Findings – Use of Healthcare Services

Needed/Delayed Hospital Care During the Past Three Years (Question 13)

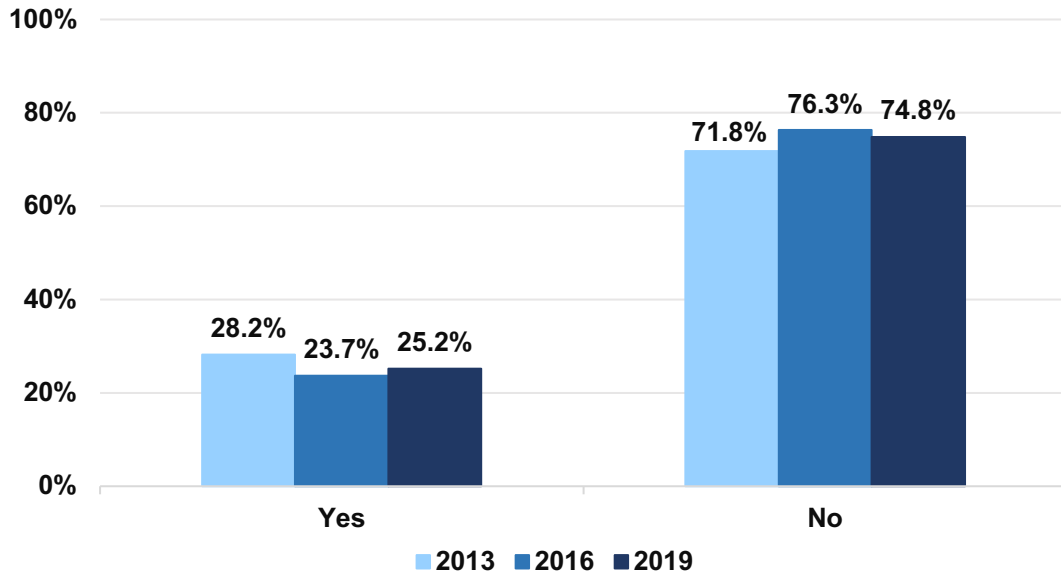
2019 N= 119

2016 N= 135

2013 N= 170

Twenty-five percent of respondents (n=30) reported that they or a member of their household thought they needed healthcare services but did not get or had to delay getting them. Seventy-five percent of respondents (n=89) felt they were able to get the healthcare services they needed without delay. Five respondents chose not to answer this question.

Delayed or Did Not Receive Needed Medical Services in Past 3 Years



Reasons for NOT Being Able to Receive Services or Delay in Receiving Healthcare Services (Question 14)

2019 N= 30

2016 N= 32

2013 N= 48

For those who indicated they were unable to receive or had to delay services (n=30), the reasons most cited were: “It cost too much” (36.7%, n=11), “Other” (33.3%, n=10), and “My insurance didn’t cover it” (26.7%, n=8). Respondents were asked to indicate their top three choices, so percentages do not equal 100%.

Reason	2013		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
It cost too much	22	45.8%	15	46.9%	11	36.7%
My insurance didn’t cover it	7	14.6%	8	25.0%	8	26.7%
Don’t like hospital	Not asked - 2013		Not asked - 2016		5	16.7%
Don’t like doctors/providers	12	25.0%	7	21.9%	4	13.3%
No insurance	11	22.9%	9	28.1%	4	13.3%
Office wasn’t open when I could go	13	27.1%	8	25.0%	4	13.3%
Could not get an appointment	6	12.5%	2	6.3%	2	6.7%
Could not get off work	2	4.2%	4	12.5%	2	6.7%
Didn’t know where to go	1	2.1%	0	0.0%	2	6.7%
It was too far to go	1	2.1%	3	9.4%	2	6.7%
Not treated with respect	4	8.3%	2	6.3%	2	6.7%
Too long to wait for an appointment	4	8.3%	5	15.6%	2	6.7%
Too nervous or afraid	3	6.3%	0	0.0%	2	6.7%
Unsure if services were available	4	8.3%	4	12.5%	2	6.7%
Had no one to care for the children	1	2.1%	0	0.0%	0	0.0%
Language barrier	0	0.0%	0	0.0%	0	0.0%
Transportation problems	3	6.3%	0	0.0%	0	0.0%
Other	14	29.2%	4	12.5%	10	33.3%

*Indicates a significant change between years ($p \leq 0.05$). **Bold:** Top 3 responses

“Other” comments:

- Wasn’t sure it was needed
- Refused service
- Prior experience
- Lack of care at hospital
- \$6,500.00 deductible!
- V.A. paperwork to cover my bill was too much trouble
- Out of town
- Phone call not returned at local clinic; waiting until next day to go to Helena
- I hurt too much to get up and drive

Cross Tabulation of Delay of Services and Residence

Analysis was done to examine those respondents who delayed or did not get needed services, with where they live by zip code. The chart below shows the results of the cross tabulation. Delay of care (yes, no) is across the top of the table and residents' zip codes are along the side.

DELAY OR DID NOT GET NEEDED HEALTHCARE SERVICES BY RESIDENCE

	Yes	No	Total
Townsend 59644	28 (27.5%)	74 (72.5%)	102
Toston/Radersburg 59643	1 (10.0%)	9 (90.0%)	10
Helena 59601	1 (50.0%)	1 (50.0%)	2
Helena 59602		1 (100.0%)	1
Winston 59647		1 (100.0%)	1
East Helena 59635		1 (100.0%)	1
Other			0
TOTAL	30	87	117

Hospital Care Received in the Past Three Years (Question 15)

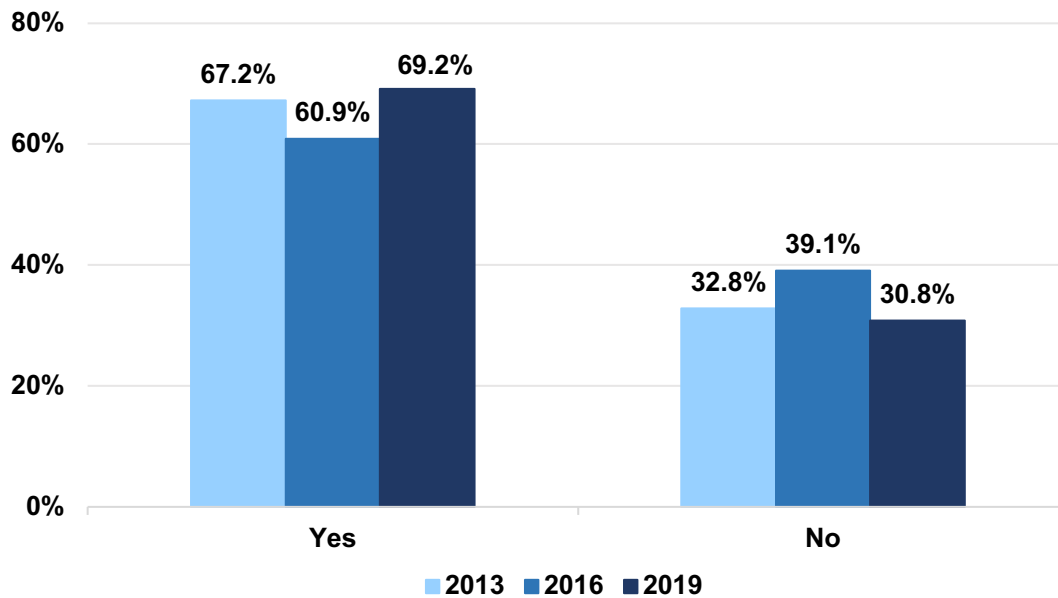
2019 N= 120

2016 N= 138

2013 N= 174

Respondents were asked if they or someone in their household had received hospital care in the last three years. Hospitalization was quantified as hospitalized overnight, day surgery, obstetrical care, rehabilitation, radiology, or emergency care. Sixty-nine percent of respondents (n=83) reported that they or a member of their family had received hospital care during the previous three years, and 30.8% (n=30) had not received hospital services. Four respondents chose not to answer this question.

Received Hospital Care in Past 3 Years



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

2019 N= 83

2016 N= 60

2013 N= 95

Of the 83 respondents who indicated receiving hospital care in the previous three years, 37.3% (n=31) reported receiving care at St. Peter's in Helena. Twenty-five percent of respondents (n=21) went to another hospital not listed, and 18.1% of respondents (n=15) reported utilizing services from Bozeman Health.

Hospital	2013		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
St. Peter's (Helena)*	52	54.7%	28	46.7%	31	37.3%
Bozeman Health	10	10.5%	11	18.3%	15	18.1%
Broadwater Health Center (Townsend)*	21	22.1%	10	16.7%	12	14.5%
St. Patrick's (Missoula)	2	2.1%	1	1.7%	2	2.4%
VA (Helena)*	9	9.5%	7	11.7%	2	2.4%
Benefis (Great Falls)	1	1.1%	2	3.3%	0	0.0%
Billings Clinic	0	0.0%	1	1.7%	0	0.0%
St. Vincent's (Billings)	0	0.0%	0	0.0%	0	0.0%
Community Medical Center (Missoula)	Not asked - 2013		Not asked - 2016		0	0.0%
St. James Healthcare (Butte)	Not asked - 2013		Not asked - 2016		0	0.0%
Other*	0	0.0%	0	0.0%	21	25.3%
TOTAL	95	100.0%	60	100.0%	83	100.0%

*Indicates a significant change between years ($p \leq 0.05$). **Bold:** Top 3 responses

“Other” comments:

- Steele Memorial Hospital- Salmon, ID
- We used Townsend, Bozeman and Helena equally
- Broadwater Health Center (Townsend), VA (Helena)
- I don't have a choice which one to use most-can't drive
- Haven't had to use the hospital since moving here 2 years ago
- Kalispell - specialist
- St. Peter's surgical center
- In Arizona

Reasons for Selecting the Hospital Used (Question 17)

2019 N= 83

2016 N= 84

2013 N= 117

Of the 83 respondents who had a personal or family experience at a hospital within the past three years, the primary reason given for selecting the facility used most often was “Prior experience with hospital” at 51.8% (n=43). “Referred by physician or other provider” was selected by 48.2% of the respondents (n=40), and 34.9% (n=29) selected “Hospital’s reputation for quality.” Note that respondents were asked to select the top three answers which influenced their choices, so the percentages do not equal 100%.

Reason	2013		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
Prior experience with hospital*	35	29.9%	40	47.6%	43	51.8%
Referred by physician or other provider	44	37.6%	38	45.2%	40	48.2%
Hospital’s reputation for quality	30	25.6%	26	31.0%	29	34.9%
Closest to home	33	28.2%	29	34.5%	28	33.7%
Emergency, no choice	31	26.5%	20	23.8%	22	26.5%
VA/Military requirement	17	14.5%	9	10.7%	7	8.4%
Recommended by family or friends*	13	11.1%	17	20.2%	5	6.0%
Required by insurance plan	5	4.3%	4	4.8%	4	4.8%
Closest to work	11	9.4%	5	6.0%	3	3.6%
Cost of care	10	8.5%	7	8.3%	2	2.4%
Financial assistance programs	Not asked - 2013		Not asked - 2016		0	0.0%
Other	7	6.0%	1	1.2%	7	8.4%
*Indicates a significant change between years ($p \leq 0.05$). Bold: Top 3 responses						

“Other” comments:

- Referred by physician or other provider where the surgery took place
- Higher level of care needed
- Don't have a choice but use closest to home. I didn't drive
- Specialist there
- Many provider specialists- highly qualified staff
- I know and like the surgeon

Cross Tabulation of Hospital and Residence

Analysis was done to examine where respondents utilized hospital services the most in the past three years, with where they live by zip code. The chart below shows the results of the cross tabulation. Hospital location is across the top of the table and residents' zip codes are along the side. Benefis, Billings Clinic, Community Health Center, St. Vincent's, and St. James hospitals were removed from this table due to non-response.

LOCATION OF MOST OFTEN UTILIZED HOSPITAL BY RESIDENCE

	St. Peters (Helena)	Bozeman Health	Broadwater Health Center (Townsend)	St. Patrick's (Missoula)	VA (Helena)	Other	TOTAL
Townsend 59644	28 (38.9%)	12 (16.7%)	11 (15.3%)	2 (2.8%)	1 (1.4%)	18 (25.0%)	72
Toston/Radersburg 59643	1 (14.3%)	3 (42.9%)	1 (14.3%)			2 (28.6%)	7
Helena 59602	1 (100%)						1
Winston 59647	1 (100%)						1
East Helena 59635						1 (100%)	1
Helena 59601							0
Other							0
TOTAL	31	15	12	2	1	21	82

Cross Tabulation of Hospital and Reason Selected

Analysis was done to assess respondents' most utilized hospital with why they selected that hospital. The chart below shows the results of the cross tabulation. Reason hospital was selected was a multiple response item, thus totals do not add up to 100%. Hospital location is across the top of the table and reason for selection is along the side. Benefis, Billings Clinic, Community Health Center, St. Vincent's, and St. James hospitals were removed from this table due to non-response.

LOCATION OF MOST UTILIZED HOSPITAL BY REASONS HOSPITAL SELECTED

	St. Peters (Helena)	Bozeman Health	Broadwater Health Center (Townsend)	St. Patrick's (Missoula)	VA (Helena)	Other	TOTAL
Prior experience with hospital	17 (39.5%)	9 (20.9%)	6 (14.0%)		1 (2.3%)	10 (23.3%)	43
Referred by physician or other provider	20 (50.0%)	8 (20.0%)	2 (5.0%)	1 (2.5%)		9 (22.5%)	40
Hospital's reputation for quality	8 (27.6%)	13 (44.8%)	3 (10.3%)	1 (3.4%)		4 (13.8%)	29
Closest to home	10 (35.7%)	1 (3.6%)	11 (39.3%)			6 (21.4%)	28
Emergency, no choice	7 (31.8%)	2 (9.1%)	6 (27.3%)			7 (31.8%)	22
VA/Military requirement					2 (28.6%)	5 (71.4%)	7
Recommended by family or friends	2 (40.0%)	1 (20.0%)				2 (40.0%)	5
Required by insurance plan	1 (25.0%)	1 (25.0%)		1 (25.0%)		1 (25.0%)	4
Closest to work	1 (33.3%)	1 (33.3%)	1 (33.3%)				3
Cost of care						2 (100%)	2
Financial assistance programs							0
Other	2 (28.6%)	1 (14.3%)				4 (57.1%)	7

Primary Care Received in the Past Three Years (Question 18)

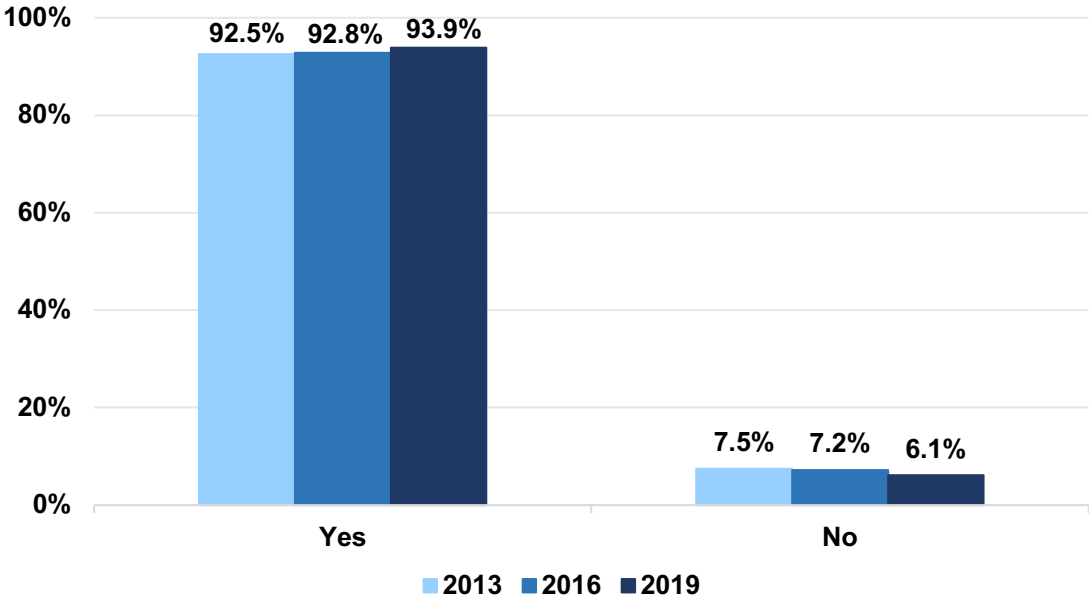
2019 N= 115

2016 N= 139

2013 N= 174

Ninety-four percent of respondents (n=108) indicated they or someone in their household had been seen by a primary care provider (such as a family physician, physician assistant, or nurse practitioner) for healthcare services in the past three years, while 6.1% respondents (n=7) indicated they or someone in their household had not. Nine respondents chose not to answer this question.

Primary Care Received in Past 3 Years



Location of Primary Care Provider (Question 19)

2019 N= 107

2016 N= 112

Of the 108 respondents who indicated receiving primary care services in the previous three years, 27.1% (n=29) reported receiving care in Helena, 21.5% percent of respondents (n=23) went to a primary care provider not listed, and 20.6% (n=22) went to Family Medical Clinic in Townsend. One of the 108 respondents who reported they had utilized primary care services in the past three years did not indicate where they received those services.

Location	2016		2019	
	Count	Percent	Count	Percent
Helena	40	35.7%	29	27.1%
Family Medical Clinic (Townsend)	11	9.8%	22	20.6%
Broadwater Health & Wellness Clinic (Townsend)	12	10.7%	19	17.8%
Bozeman	10	8.9%	10	9.3%
VA (Helena)	Not asked - 2016		4	3.7%
Trapp Clinic (Townsend)	31	27.7%	Not asked - 2019	
Other*	8	7.1%	23	21.5%
TOTAL	112	100.0%	107	100%

*Indicates a significant change between years ($p \leq 0.05$). **Bold:** Top 3 responses

“Other” comments:

- Three Forks
- Townsend office not hospital
- Dr. Campbell
- Denver, CO
- Kalispell
- Wellspan (PA)

Reasons for Selection of Primary Care Provider (Question 20)

2019 N= 108

2016 N= 129

2013 N= 161

Those respondents who indicated they or someone in their household had been seen by a primary care provider within the past three years, were asked to indicate why they chose that primary care provider. “Prior experience with clinic” was the most frequently selected reason at 45.4% (n=49), followed by “Closest to home” at 37.0% (n=40), and “Clinic/provider’s reputation for quality” at 32.4% (n=35). Respondents were asked to check all that apply, so the percentages do not equal 100%.

Reason	2013		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
Prior experience with clinic	60	37.3%	55	42.6%	49	45.4%
Closest to home	68	42.2%	39	30.2%	40	37.0%
Clinic’s reputation for quality	42	26.1%	35	27.1%	35	32.4%
Appointment availability	44	27.3%	29	22.5%	25	23.1%
Recommended by family or friends	36	22.4%	27	20.9%	21	19.4%
Referred by physician or other provider	21	13.0%	18	14.0%	18	16.7%
Length of waiting room time	19	11.8%	12	9.3%	11	10.2%
VA/Military requirement	16	9.9%	12	9.3%	10	9.3%
Cost of care	18	11.2%	18	14.0%	7	6.5%
Required by insurance plan*	5	3.1%	37	28.7%	5	4.6%
Indian Health Services	0	0.0%	0	0.0%	2	1.9%
Other	16	9.9%	16	12.4%	9	8.3%

*Indicates a significant change between years ($p \leq 0.05$). **Bold:** Top 3 responses

“Other” comments:

- Caring Doctor, Family Medical Clinic
- Personal experience with working w/PA when I was an LPN at BHC and he was on staff
- Naturopath
- Past use
- Lived in Helena until 1 year ago; provider is still in Helena
- Liked him
- Quality of care
- By chance
- Mainly because I've seen her for so long; but would be ok with moving to Townsend if Drs. would stay around longer

Cross Tabulation of Primary Care and Residence

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

LOCATION OF PRIMARY CARE PROVIDER MOST UTILIZED BY RESIDENCE

	Helena	Family Medical Clinic (Townsend)	Broadwater Health & Wellness Clinic (Townsend)	Bozeman	VA (Helena)	Other	TOTAL
Townsend 59644	16 (24.6%)	15 (23.1%)	12 (18.5%)	5 (7.7%)	3 (4.6%)	14 (21.5%)	65
Toston/Radersburg 59643		1 (14.3%)		3 (42.9%)		3 (42.9%)	7
Helena 59602	1 (100.0%)						1
Winston 59647	1 (100.0%)						1
East Helena 59635	1 (100.0%)						1
Helena 59601							0
Other							0
TOTAL	19	16	12	8	3	17	75

Cross Tabulation of Clinic and Reason Selected

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

LOCATION OF PRIMARY CARE PROVIDER BY REASONS CLINIC SELECTED

	Broadwater Health & Wellness Clinic (Townsend)	Family Medical Clinic (Townsend)	Bozeman	Helena	VA (Helena)	Other	TOTAL
Prior experience with clinic	4 (10.8%)	11 (29.7%)	4 (10.8%)	9 (24.3%)	1 (2.7%)	8 (21.6%)	37
Clinic/provider's reputation for quality	3 (10.0%)	9 (30.0%)	4 (13.3%)	7 (23.3%)	1 (3.3%)	6 (20.0%)	30
Closest to home	11 (36.7%)	11 (36.7%)		3 (10.0%)		5 (16.7%)	30
Appointment availability	5 (25.0%)	8 (40.0%)		3 (15.0%)		4 (20.0%)	20
Recommended by family or friends	2 (11.1%)	5 (27.8%)	1 (5.6%)	8 (44.4%)		2 (11.1%)	18
Referred by physician or other provider		4 (33.3%)	2 (16.7%)	4 (33.3%)		2 (16.7%)	12
Length of waiting room time	2 (25.0%)	3 (37.5%)		1 (12.5%)		2 (25.0%)	8
VA/Military requirement				1 (14.3%)	2 (28.6%)	4 (57.1%)	7
Cost of care		2 (40.0%)		1 (20.0%)	1 (20.0%)	1 (20.0%)	5
Required by insurance plan						2 (100.0%)	2
Indian Health Services							0
Other		2 (25.0%)	2 (25.0%)	1 (12.5%)		3 (37.5%)	8

Use of Healthcare Specialists during the Past Three Years (Question 21)

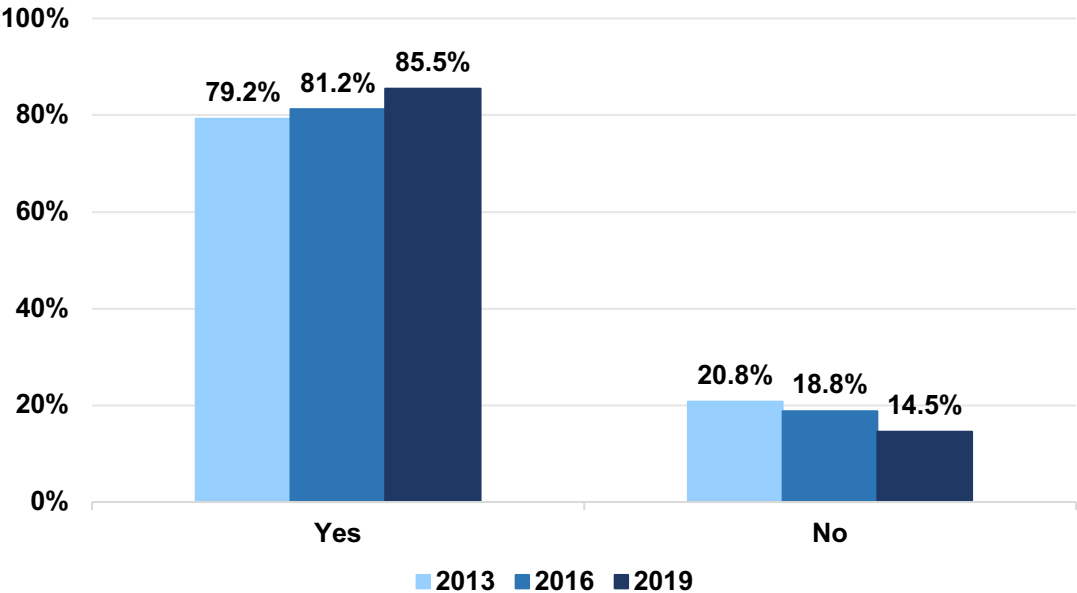
2019 N= 117

2016 N= 138

2013 N= 173

Eighty-six percent of the respondents (n=100) indicated they or a household member had seen a healthcare specialist during the past three years, while 14.5% (n=17) indicated they had not. Seven respondents chose not to answer this question.

Visited a Specialist in Past 3 Years



Location of Healthcare Specialist (Question 22)

2019 N= 100

2016 N= 112

2013 N= 137

Of the 100 respondents who indicated they saw a healthcare specialist in the past three years, 75.0% (n=75) saw one in Helena. Specialty services in Bozeman were utilized by 37.0% of respondents (n=37), and Townsend was selected by 14.0% (n=14). Respondents could select more than one location, so percentages do not equal 100%.

Location	2013		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
Helena	108	78.8%	87	77.7%	75	75.0%
Bozeman	47	34.3%	45	40.2%	37	37.0%
Townsend	23	16.8%	21	18.8%	14	14.0%
Missoula	7	5.1%	5	4.5%	12	12.0%
VA (Helena)	Not asked - 2013		Not asked - 2016		12	12.0%
Billings	8	5.8%	7	6.3%	4	4.0%
Great Falls	11	8.0%	7	6.3%	4	4.0%
Butte	Not asked - 2013		Not asked - 2016		3	3.0%
Anaconda	Not asked - 2013		Not asked - 2016		0	0.0%
Other	8	5.8%	6	5.4%	13	13.0%
*Indicates a significant change between years ($p \leq 0.05$). Bold: Top 3 responses						

“Other” comments:

- Three Forks (2)
- Hamilton
- Salmon, Idaho/ Hamilton, Michigan
- Salt Lake City
- Denver, CO
- Havre
- Seattle
- Kalispell (2)
- Pennsylvania
- Spokane
- Arizona

Type of Healthcare Specialist Seen (Question 23)

2019 N= 100

2016 N= 112

2013 N= 137

The respondents (n=100) saw a wide array of healthcare specialists in the past three years. The most frequently indicated specialist was “Dentist” at 35.0% of respondents (n=35) having utilized their services. “Optometrist” was the second most utilized specialist at 31.0% (n=31), and “Cardiologist” and “Dermatologist” were third at 29.0% (n=29, each). Respondents were asked to choose all that apply, so percentages do not equal 100%.

Health Care Specialist	2013		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
Dentist	43	31.4%	33	29.5%	35	35.0%
Optometrist	Not asked - 2013		Not asked - 2016		31	31.0%
Cardiologist	42	30.7%	29	25.9%	29	29.0%
Dermatologist	39	28.5%	37	33.0%	29	29.0%
Orthopedic surgeon	42	30.7%	35	31.3%	27	27.0%
Physical therapist	31	22.6%	23	20.5%	26	26.0%
Chiropractor	21	15.3%	23	20.5%	19	19.0%
Ophthalmologist	34	24.8%	19	17.0%	19	19.0%
OB/GYN	21	15.3%	14	12.5%	15	15.0%
Radiologist	25	18.2%	12	10.7%	15	15.0%
Urologist	18	13.1%	21	18.8%	15	15.0%
ENT (ear/nose/throat)	11	8.0%	9	8.0%	14	14.0%
Gastroenterologist	21	15.3%	17	15.2%	14	14.0%
Oncologist	18	13.1%	11	9.8%	14	14.0%
Audiologist	Not asked - 2013		Not asked - 2016		12	12.0%
General surgeon	31	22.6%	17	15.2%	10	10.0%
Neurologist	16	11.7%	8	7.1%	10	10.0%
Rheumatologist	11	8.0%	7	6.3%	9	9.0%
Allergist	9	6.6%	11	9.8%	8	8.0%
Podiatrist	13	9.5%	10	8.9%	7	7.0%
Psychologist*	5	3.6%	0	0.0%	7	7.0%
Pulmonologist	7	5.1%	8	7.1%	5	5.0%
Occupational therapist	7	5.1%	2	1.8%	4	4.0%
Pediatrician	3	2.2%	4	3.6%	4	4.0%
Psychiatrist (M.D.)	3	2.2%	0	0.0%	4	4.0%
Behavioral health counselor	5	3.6%	3	2.7%	3	3.0%

Endocrinologist	7	5.1%	4	3.6%	2	2.0%
Neurosurgeon	6	4.4%	4	3.6%	2	2.0%
Speech therapist	3	2.2%	1	0.9%	1	1.9%
Social worker	4	2.9%	1	0.9%	1	1.0%
Geriatrician	0	0.0%	0	0.0%	0	0.0%
Licensed addiction counselor	2	1.5%	0	0.0%	0	0.0%
Other	8	5.8%	6	5.4%	11	11.0%
*Indicates a significant change between years ($p \leq 0.05$). Bold: Top 3 responses						

“Other” comments:

- The Doctors at the Family Health Clinic
- MRI-Helena
- Nutritionist
- Doctor
- Cancer surgeon
- Naturopath, acupuncturist
- Nephrologist
- Oral surgeon
- Carotid surgery, abdominal aneurysm surgery
- Infectious disease
- Physician for Pain, Endodontist
- Eye surgery for cataracts

Overall Quality of Care at Broadwater Health Center (Question 24)

2019 N= 124

2016 N= 143

2013 N= 180

Respondents were asked to rate a variety of aspects of the overall care provided at Broadwater Health Center using the scale of 4=Excellent, 3=Good, 2=Fair, 1=Poor, and Don't Know. The sums of the average scores were then calculated with "Laboratory" services receiving the top average score of 3.4 out of 4.0. "Ambulance services" followed with a score of 3.2 out of 4.0. The total average score of 3.0, indicates the overall services of the hospital are viewed as "Good."

2019	Excellent (4)	Good (3)	Fair (2)	Poor (1)	Don't know	Not Applicable	N	Avg
Laboratory	32	19	5	3	26	39	124	3.4
Ambulance services	20	20	5	2	24	53	124	3.2
Clinic services (physician visit)	15	25	9	4	29	42	124	3.0
Emergency room	23	18	12	7	20	44	124	3.0
Radiology/diagnostic imaging	14	14	6	4	35	51	124	3.0
Hospital/in-patient/acute care services	7	9	4	3	33	68	124	2.9
Long-term care services (nursing home, hospice, respite, adult day care)	7	5	3	3	35	71	124	2.9
Colonoscopy services	4	1	0	3	41	75	124	2.8
Rehabilitation therapies (OT, PT, Speech)	4	6	0	5	41	68	124	2.6
Behavioral health counselor	2	3	2	3	34	80	124	2.4
Respiratory therapy	1	2	0	2	42	77	124	2.4
Licensed addiction counselor	2	1	0	3	41	77	124	2.3
TOTAL	131	123	46	42				3.0

Rating for years 2016 and 2013 on next page...

2016	Excellent (4)	Good (3)	Fair (2)	Poor (1)	Don't know	No Answer	N	Avg
Laboratory	48	33	7	3	39	13	143	3.4
Physical therapy	15	21	4	2	80	21	143	3.2
Ambulance services	19	17	6	3	80	18	143	3.2
Emergency room	32	36	9	6	48	12	143	3.1
Radiology	18	23	6	3	73	20	143	3.1
Clinic services (physician visit)	24	35	10	6	53	15	143	3.0
Long-term care services (nursing home, hospice, respite, adult day care)	12	14	6	4	85	22	143	2.9
TOTAL	168	179	48	27				3.2

2013	Excellent (4)	Good (3)	Fair (2)	Poor (1)	Don't know	No Answer	N	Avg
Laboratory	65	40	8	2	44	21	180	3.5
Radiology	23	18	9	0	93	37	180	3.3
Long-term care services (nursing home, hospice, respite, adult day care)	16	18	3	1	111	31	180	3.3
Emergency room	43	47	19	7	49	15	180	3.1
Clinic services (physician visit)	32	33	18	4	69	24	180	3.1
Physical therapy	15	21	8	1	105	30	180	3.1
Ambulance services	15	32	7	2	90	34	180	3.1
TOTAL	209	209	72	17				3.2

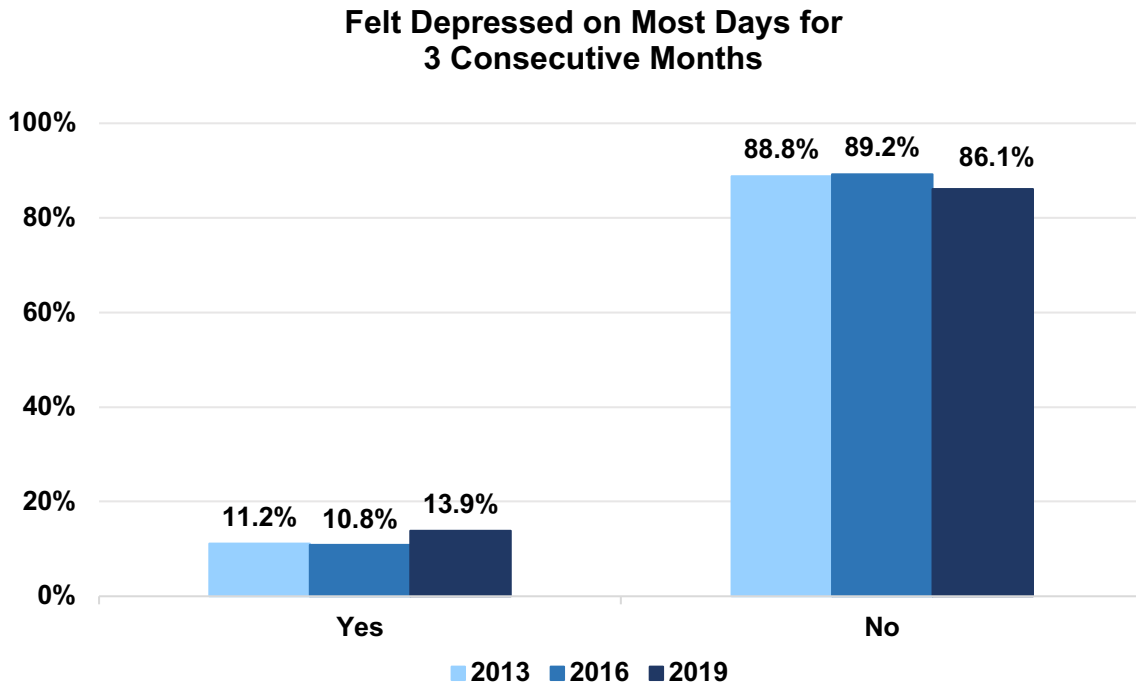
Prevalence of Depression (Question 25)

2019 N= 115

2016 N= 139

2013 N= 169

Respondents were asked to indicate if there were periods of at least three consecutive months in the past three years where they felt depressed on most days. Fourteen percent of respondents (n=16) indicated they had experienced periods of depression, and 86.1% of respondents (n=99) indicated they had not. Nine respondents chose not to answer this question.

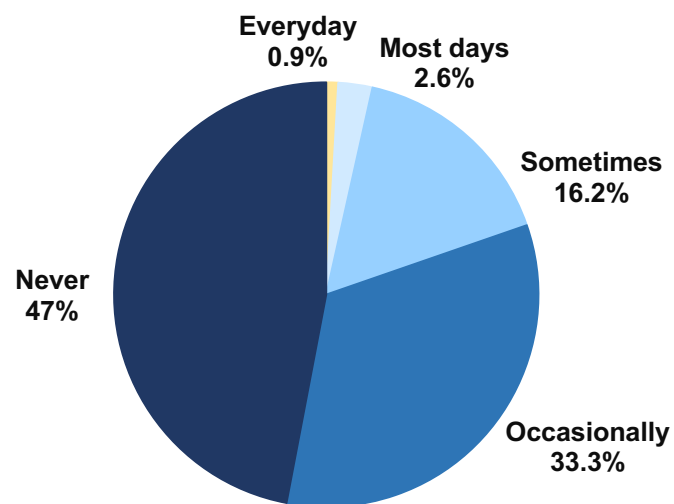


Social Isolation (Question 26)

2019 N= 117

Respondents were asked to indicate how often they felt lonely or isolated in the past year. Forty-seven percent of respondents (n=55) indicated they never felt lonely or isolated, 33.3% of respondents (n=39 each) indicated they had occasionally felt lonely or isolated, and 16.2% (n=19) reported they sometimes felt lonely or isolated. Seven respondents chose not to answer this question.

Felt Lonely or Isolated in the Past Year

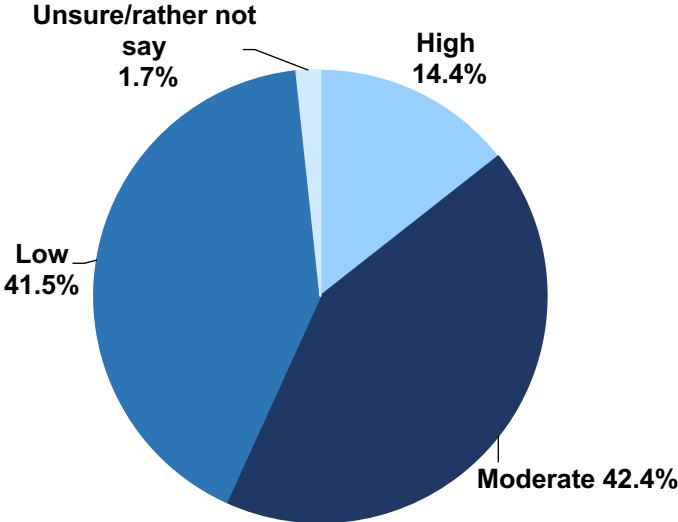


Perception of Stress (Question 27)

2019 N= 118

Respondents were asked to indicate how they would describe their stress level over the past year. Forty-two percent of respondents (n=50) indicated they experienced a moderate level of stress, 41.5% (n=49) had a low level of stress, and 14.4% of respondents (n=17) indicated they had experienced a high level of stress. Six respondents chose not to answer this question.

Stress Level in Past Year



Physical Activity (Question 28)

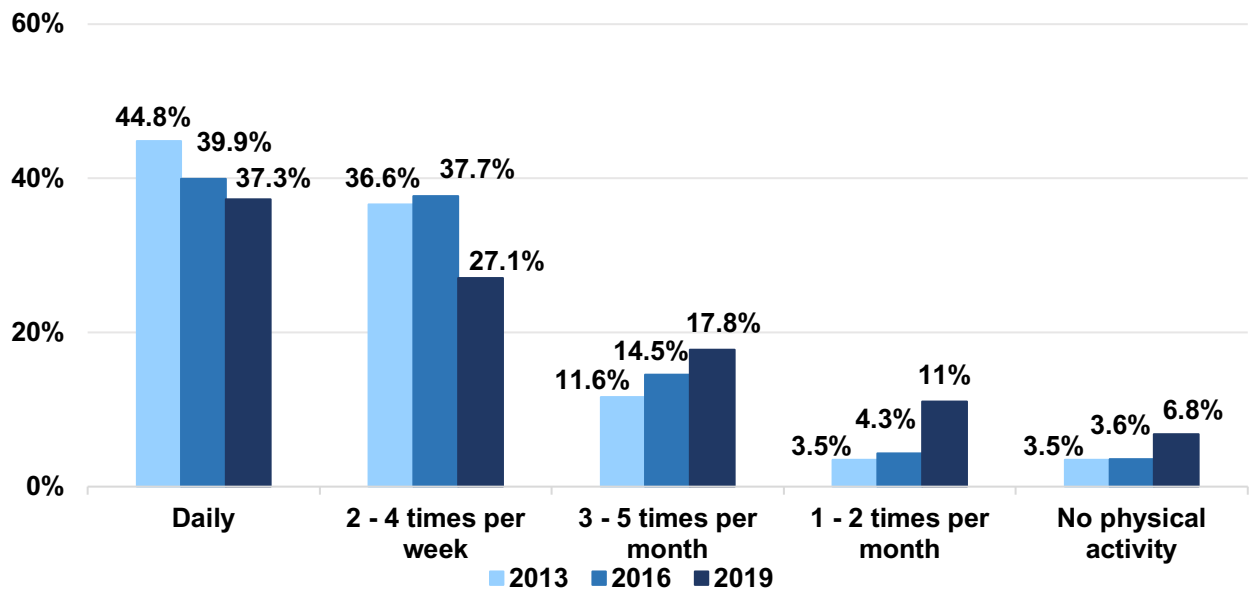
2019 N= 118

2016 N= 138

2013 N= 172

Respondents were asked to indicate how frequently they had physical activity for at least twenty minutes over the past month. Thirty-seven percent of respondents (n=44) indicated they had “Daily” physical activity, and 27.1% (n=32) indicated they had physical activity of at least twenty minutes “2-4 times per week”. Seven percent of respondents (n=8) indicated they had “No physical activity”. Six respondents chose not to answer this question.

Physical Activity Over the Past Month



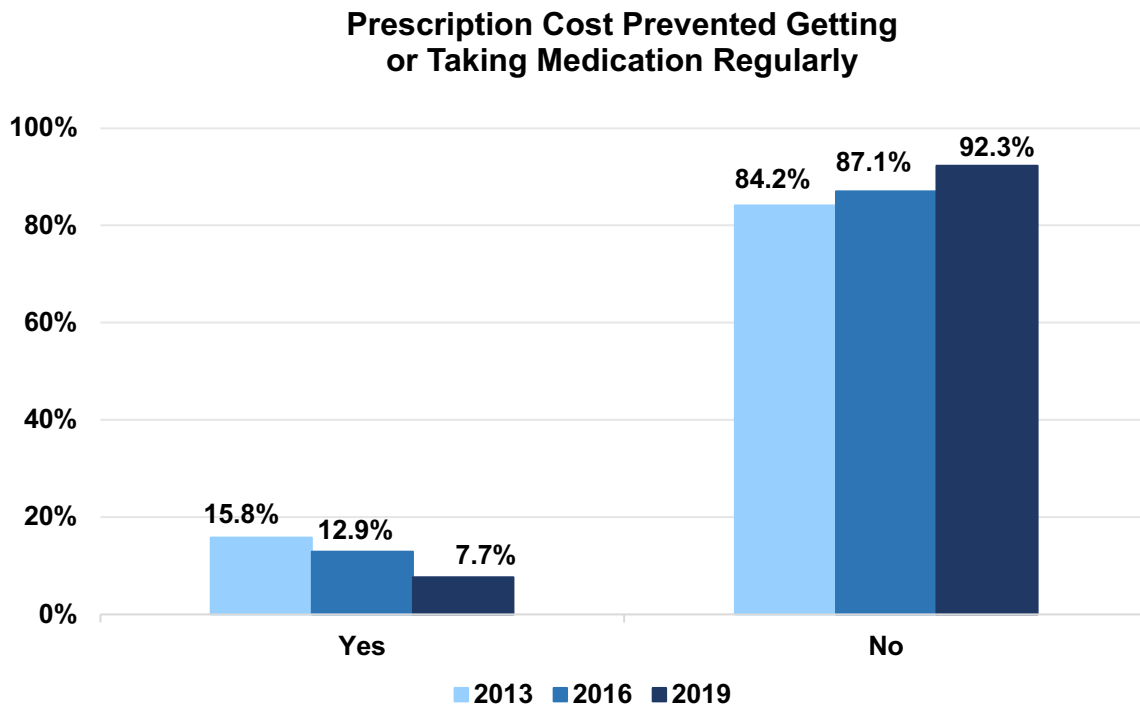
Cost and Prescription Medications (Question 29)

2019 N= 117

2016 N= 139

2013 N= 171

Respondents were asked to indicate if during the last year medication costs had prohibited them from getting a prescription or taking their medication regularly. Eight percent of respondents (n=9) indicated that in the last year cost had prohibited them from getting a prescription or taking their medication regularly. Ninety-two percent of respondents (n=108) indicated that cost had not prohibited them. Seven respondents chose not to answer this question.



“Other” comments:

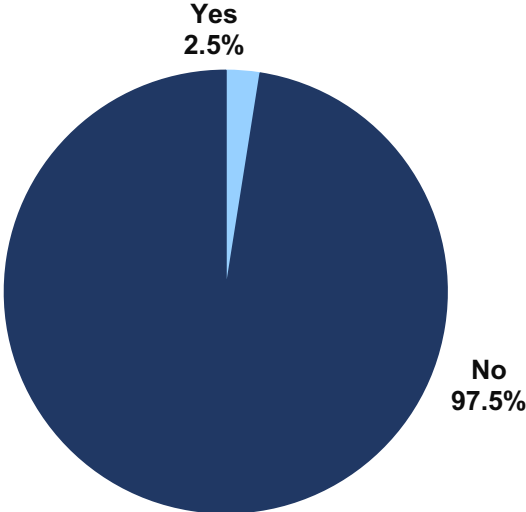
- I’ve only been prescribed antibiotics after eye surgery. “Big Pharma” continues to rip us off

Food Insecurity (Question 30)

2019 N= 118

Respondents were asked to indicate if, during the last year, they had worried that they would not have enough food to eat. Three percent of respondents (n= 3) indicated that, in the last year, they did worry about having enough food. Six respondents chose not to answer this question.

Worried About Food in the Past Year

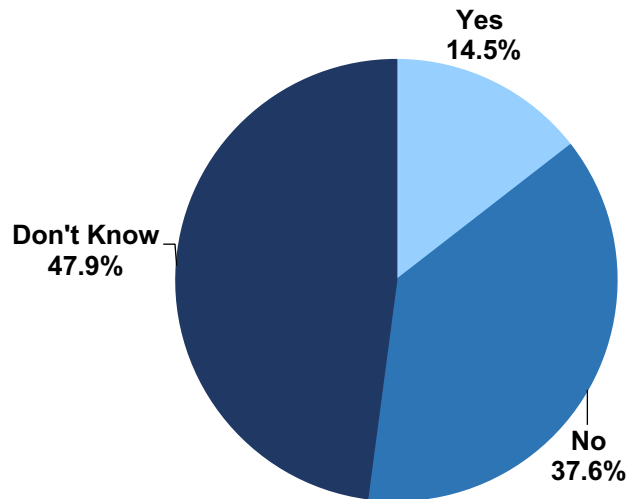


Housing (Question 31)

2019 N= 117

Respondents were asked to indicate if they felt the community has adequate and affordable housing options available. Forty-eight percent of respondents (n= 117) indicated that they don't know if there are adequate and affordable housing options available in in the community, and 37.6% (n= 64) indicated that there are not.

Availability of Adequate & Affordable Housing



"Other" comments:

- Especially not for the elderly such as affordable one level condos or apartments in town

Medical Insurance (Question 32)

2019 N= 117

2016 N= 107

2013 N= 153

Respondents were asked to indicate what type of medical insurance covers the majority of their medical expenses. Thirty-two percent (n=37) indicated they have “Medicare” coverage. Thirty percent (n=35) indicated they have “Employer sponsored”, and “Other” was selected by 17.1% of respondents (n=20).

Insurance Type	2013		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
Medicare*	68	44.4%	31	29.0%	37	31.6%
Employer sponsored*	36	23.5%	43	40.2%	35	29.9%
VA/Military	14	9.2%	9	8.4%	7	6.0%
Health Insurance Marketplace	Not asked - 2013		4	3.7%	6	5.1%
Private insurance/private plan	15	9.8%	9	4.7%	5	4.3%
None/Pay out of pocket	7	4.6%	3	2.8%	2	1.7%
Healthy MT Kids	2	1.3%	1	0.9%	2	1.7%
Health Savings Account	4	2.6%	2	1.9%	1	0.9%
Medicaid	1	0.7%	6	5.6%	1	0.9%
Cost sharing/Co-op plan (ex: Christian Care Ministries)	Not asked - 2013		Not asked - 2016		1	0.9%
Indian Health	0	0.0%	0	0.0%	0	0.0%
Other*	6	3.9%	3	2.8%	20	17.1%
TOTAL	153	100.0%	107	100.0%	117	100%
*Indicates a significant change between years ($p \leq 0.05$). Bold: Top 3 responses						

“Other” comments:

- VA/military, CHAMP VA
- Medicare-Part A

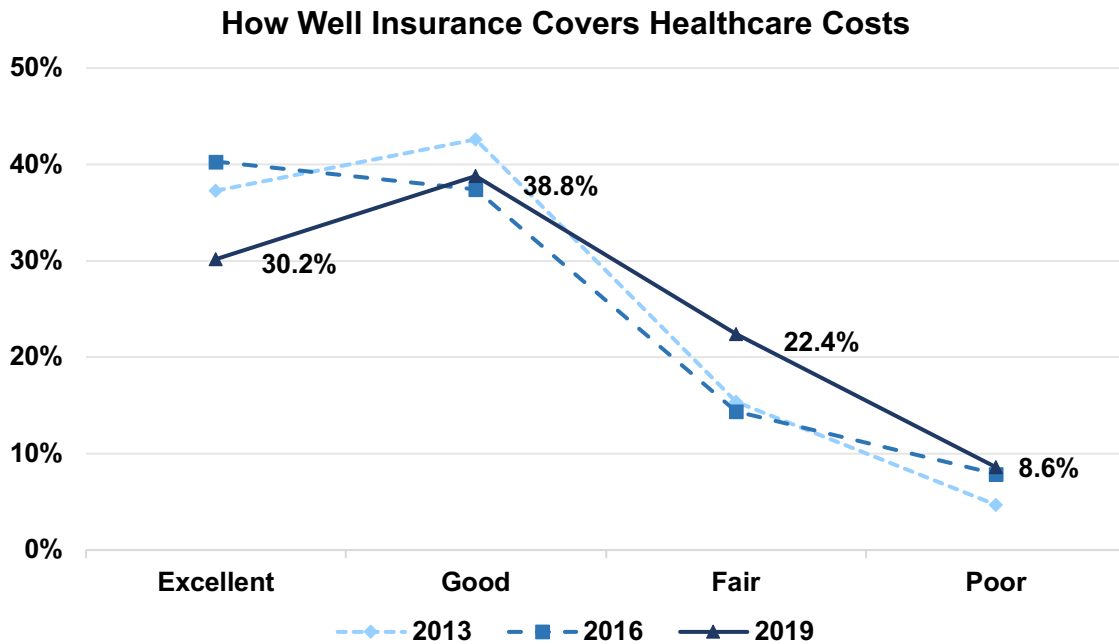
Insurance and Healthcare Costs (Question 33)

2019 N= 116

2016 N= 139

2013 N= 169

Respondents were asked to indicate how well they felt their health insurance covers their healthcare costs. Thirty-nine percent of respondents (n=45) indicated they felt their insurance covers a “Good” amount of their healthcare costs. Thirty percent of respondents (n=35) indicated they felt their insurance was “Excellent”, and 22.4% of respondents (n=26) indicated they felt their insurance was “Fair.”



“Other” comments:

- But I had to work 30 plus years and retire to keep/pay for it
- Good: “Medicare A & B”; Poor: “Medicare; not A”

Barriers to Having Health Insurance (Question 34)

2019 N= 2

2016 N= 3

2013 N= 7

The top reason selected for not having insurance was “Cannot afford to pay for medical insurance.” Respondents could select all that apply, so percentages do not equal 100%.

Reason	2013		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
Can't afford to pay for medical insurance	6	85.7%	3	100%	2	100%
Employer does not offer insurance	2	28.6%	1	33.3%	0	0
Choose not to have medical insurance	0	0	1	33.3%	0	0
Other	0	0	1	33.3%	0	0
*Indicates a significant change between years ($p \leq 0.05$). Bold: Top 3 responses						

“Other” comments:

- VA (3)
- Military referred
- Had to terminate Part B m/c this year; will resume coverage of B next year

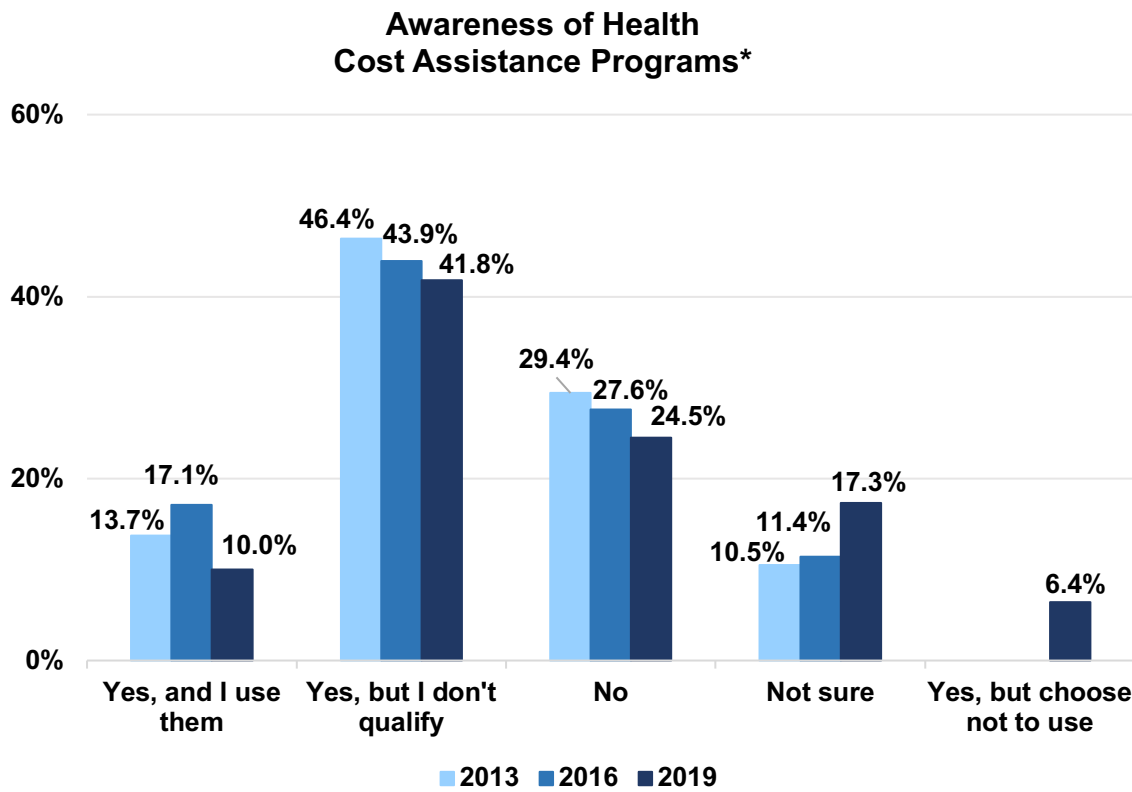
Awareness of Health Cost Assistance Programs (Question 35)

2019 N= 110

2016 N= 105

2013 N= 153

Respondents were asked to indicate their awareness of programs that help people pay for healthcare bills. Forty-two percent of respondents (n=46) indicated they were aware of these types of programs but did not qualify to utilize them. Twenty-five percent (n=27) indicated that they were not aware of these programs, and 17.3% of respondents (n=25) indicated they are not sure.



*Significantly fewer 2019 respondents selected “Yes, and I use them”, and significantly more respondents indicated that they are “not sure”

VI. Key Informant Interview Methodology






Six key informant interviews were conducted in May of 2019. Participants were identified as people living in Broadwater Health Center’s service area.




The interviews were designed to gather input from various consumer groups of healthcare including senior citizens, local community members, and community leaders. The interviews lasted approximately 15 minutes in length and followed the same line of questioning. Key informant

interview questions can be found in Appendix G. The interviews were led and recorded by Montana Office of Rural Health staff.

VII. 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 G.

 <p>Mental Health</p>	<ul style="list-style-type: none"> • Mental health was a significant concern in all interviews. “Mental health in our community is definitely below average.” • “It is very important that our community starts working to address some of the environmental factors such as loneliness, isolation, boredom, and others that contribute to mental illness.”
 <p>Stable Healthcare Services</p>	<ul style="list-style-type: none"> • Many participants mentioned the need for a more stable healthcare workforce. “The turnover rate of doctors has a lot to do with the poor health of our community. This really impacts us.” • When asked what would make their community a healthier place to live, one participant responded, “A doctor that is going to stay here for more than a year or two. We can’t put our trust into a doctor when we anticipate them to leave very quickly.” • Many participants noted community frustration and distrust with the hospital and highlighted this as a reason for seeking care elsewhere. “The majority of what I hear about the hospital is that they need money and not about the services that they provide. - It would be nice if they introduced us to their doctors and what services are available.”
 <p>Transportation</p>	<ul style="list-style-type: none"> • Many key informant interview participants mentioned transportation as a community issue. • “Transportation is a big issue. We need to develop more options for public transportation because many people here don’t have adequate means to get to medical appointments or the pharmacy. This can cause them to go without healthcare services or medications.”

 <p>Nutrition</p>	<ul style="list-style-type: none"> • Many participants mentioned the need for more food options and support for healthy eating. • “Many of our community problems are infrastructural or environmental. Having ways to encourage people to live a healthy lifestyle is important. For example, increasing access to healthy foods.”
 <p>Substance Abuse</p>	<ul style="list-style-type: none"> • Substance abuse, particularly alcohol use was mentioned frequently. “Drug and alcohol addiction are very present in the community.” • “Alcohol and drug education would be really great tools for our community. In addition, it would be beneficial to have more activities that don’t involve drinking and can foster a sense of community.”
 <p>Services Needed in the Community</p>	<ul style="list-style-type: none"> • Pediatrician. • Family practitioner. • Addiction resources and counseling. • Better retention of physicians and other healthcare providers. • More recreational opportunities. • Expanded eye care services. • Nutrition education. • Better options for healthy eating. • Alcohol and drug use education. • Transportation.

VIII. Executive Summary

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

Areas of Opportunity Identified Through Assessment	Secondary Data	Survey	Key Informant Interviews/ Consultation
Access to Healthcare Services <ul style="list-style-type: none"> • Barriers to Access <ul style="list-style-type: none"> ○ Transportation ○ Retention/turnover of providers ○ Negative perception of local hospital • Knowledge of available healthcare services/marketing and outreach • Access to primary care, optometry and mental health services 			
Wellness and Prevention <ul style="list-style-type: none"> • Overweight & Obesity <ul style="list-style-type: none"> ○ Lack of physical activity ○ Higher rates of childhood and adult obesity • Nutrition and healthy lifestyles <ul style="list-style-type: none"> ○ Access to healthy food options • Desire for increased prevention outreach/education 			
Behavioral Health <ul style="list-style-type: none"> • Mental health needs/lack of resources • Suicide • Alcohol/drug use • Tobacco use 			
Chronic Disease <ul style="list-style-type: none"> • Leading cause of death: Heart disease, Cancer, CLRD • Rates of 2+ chronic conditions highest in MT frontier communities (41%) • Cancer 			

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

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

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

- Access to healthcare services
- Behavioral health
- Community outreach and engagement

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

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

Resources

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

- Broadwater County Schools
- Montana Hospital Association
- Monida Healthcare Network
- Bozeman Health Deaconess Hospital
- Mountain-Pacific Quality Health
- Rotary Club of Townsend
- Townsend Chamber of Commerce
- HRDC
- Townsend Public Health
- Townsend Center for Mental Health
- Broadwater County Development Corporation
- Auxiliary
- Broadwater Community Health Foundation

X. Evaluation of Activity Impacts from Previous CHNA

Broadwater Health Center (BHC) provided the Montana Office of Rural Health with an update on their Implementation Plan activities from their previous CHNA process. The BHC Board of Directors approved its previous implementation plan on October 26, 2016. The plan prioritized the following health needs:

- Awareness of Services
- Access to Healthcare Services
- Outreach and Education

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

https://www.broadwaterhealthcenter.com/sites/broadwaterhealthcenter.com/files/Documents/BroadwaterHealthCenter_Final%20IP2_2016.pdf

Goal 1: Improve access to the healthcare services at BHC through increased awareness of available hospital services.

Strategy	Activities	Accomplishments	Community Impact/Outcomes
1.1 Utilize a variety of communication strategies to better inform the BHC service area of hospital services, as well as increase and diversify outreach efforts regarding services available at BHC.	Develop monthly newsletters to inform community of existing services offered at BHC as well as dissemination plan.	BHC Developed quarterly newsletters	Improved community knowledge of available services at BHC
	Develop process/strategy to educate BHC staff on available specialty services	Process was developed to continually inform staff of available specialty services	Increased staff knowledge of available specialty services at BHC
	Explore new marketing strategies such as utilization of social media, promoted Facebook, reader board/marque, improve hospital signage	Facebook only at this time	
	Meet with community stakeholders/partners to help develop a resource book of available local/county services	Worked with BCDC to allow them to update community brochure with hospital info	
	Assist in the dissemination of resource book to community	Done by community partners Chamber and BCDC	
	Develop community outreach opportunities with providers, administration at various community events (i.e. health fair, Town hall meetings, Community BBQs, Fall Fest)	All community provider meetings for health fair kicked off, held monthly community BBQ that was well attended.	

	Develop ER/Hospital discharge packet with health service information	Packet was created and is given to all patients at discharge	
	Conduct feasibility study for new Foundation/Marketing position	BHC is contracting a new Foundation/Marketing position	

Goal 2: Increase access to healthcare services in Broadwater County.

Strategy	Activities	Accomplishments	Community Impact/Outcomes
2.1 Enhance community's access to healthcare services through recruitment and retention of quality providers and workforce.	Develop facility plan to retain current providers		
	Create an "Award and Recognition" program to highlight staff efforts	Program was created and is implemented at BBQ's and annual Christmas Party	
	Develop a staff orientation process for new employees	Monthly onboarding	
	Develop a staff evaluation protocol to enhance standards of care and performance	Written but not yet implemented	
	Explore development of a progression program or career ladder for nursing staff	Incomplete	
	Continue offering REACH Camps and student rotation/shadowing opportunities to enhance the community's workforce pipeline efforts	On-going. REACH group comes annually. Student rotation and shadowing always available	BHC hosts 6-10 college students per year for their rotation and shadowing requirements. Departments utilized are Lab, Nursing, Provider, & Business Office
	Establish BHC as a clinical site for nursing and allied health students	Retained some shadows	
2.2 Continue and promote BHC Care Coordination efforts to enhance access to primary care services.	Continue Patient Navigator program	Certified navigator in house	Registered 128 new Medicaid subscribers
	Promote and educate community on Charity Care program	Added info to statements, written articles	Increase in applications
	Promote and educate community on Pharmacy program	N/A pharmacy program was cancelled	
	Continue participating in Rural ACO pilot project	3 YEARS STRONG	
	Develop and provide community outreach on ACO project and its potential impact on community's access to services	-Implemented with medicare patients at this time	

2.3 Increase community's access to specialty care to decrease community's need to travel for services.	Explore feasibility of expanding specialty services in Dermatology	Complete – not feasible at this time	
	Explore feasibility of expanding specialty services in Cardiology	Complete – not feasible at this time	
	Explore feasibility of expanding specialty services in Cardiac Rehabilitation		
	Explore feasibility of expanding specialty services in Ultrasound	Complete –d Outpatient ultrasound services became available June 2017	
2.4 Increase access to mental and behavioral health services in Broadwater County.	Participate in Mountain Pacific Quality grant to integrate mental health services in BHC clinic	Complete - 2 year grant	
	Explore providing mental health services with local public schools	Complete - currently offer 4 days a week at the school	
2.5 Explore feasibility of integrating/ collaborating BHC and Public Health services to better meet the community's needs.	Convene meeting with County Public Health Department	Monthly joint meetings	
	Convene meeting with County Officials	Monthly reports and meetings	
	Space needs? Would you be combining into once building? Other?	Complete - Not at this time	
	Conduct community town hall/informational meetings to educate community on new partnership	Incomplete	

Goal 3: Develop and or promote current health education and outreach activities to engage community in health and wellness activities.

Strategy	Activities	Accomplishments	Community Impact/Outcomes
3.1 Provide education, resources, and activities that promote healthy living.	Develop and promote outreach materials and classes surrounding diabetes, prevention, driver's education (AARP), and utilization of Care Coordinator program through BHC	Currently being offered through third parties	
	Explore opportunities to expand educational offerings in areas such as agricultural safety, maternal and child services (Lamaze,	Incomplete	

	breastfeeding, new mom care, immunizations)		
	Continue partnership and sponsorship of community events that promote health and wellness (Broadwater Walks, Health Fair, Fall Fair)	community education	
3.2 Develop a community health and wellness challenge.	Convene BHC staff committee to determine wellness challenge	Employee competitions	
	Develop promotional materials	Wellness Wednesday	
	Develop marketing strategy to promote challenge	Incomplete	
	Determine community partners/sponsors for community health challenge	Incomplete	

Appendix A – Steering Committee

Steering Committee Member	Organization Affiliation
Kyle Hopstad, CEO	Broadwater Health Center (BHC)
Jenny Clowes, CFO	BHC
Shienne Spatzierath, MM/AP	BHC
Jeanne Randolph	Townsend community member
Jena Smith, volunteer	Townsend community member
Teresa Monson	Broadwater County Health Department
Adam Six, DC	Broadwater Family Chiropractic
Mike Evans, Mayor	City of Townsend
Daniel Viehland, Pastor	Townsend United Methodist Church
Allison Kosto, Broadwater County Extension	Montana State University



Appendix B – Public Health and Populations Consultation

Public Health and Populations Consultation Worksheet

1. Public Health

a. Name/Organization

Teresa Monson – Director, Broadwater Public Health; K. Jeanne Randolph – Community volunteer; Adam Six, DC- Broadwater Family Chiropractic; Kyle Hopstad – Administrator, Broadwater Health Center

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

Steering Committee

March 5, 2019

c. Input and Recommendations from Consultation

- We are having growth in our community; census data hasn't reflected it yet.
- We do have a lot of pertussis. There were 123 cases just last year in Lewis and Clark County [adjacent county]. It's surprising it's so high, considering it's a vaccine preventable illness.
- We have some public health data/questions from our 2018 CHA I think would be helpful to include. Biggest issue that came up was substance abuse (drug and alcohol).
- We have a serious problem with vaping.
- I think we need to discuss prevention in terms of not just services sought, but also in their personal behaviors- ask about efforts in weight management, physical activity and healthy eating.

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

Population: Low-Income, Underinsured

a. Name/Organization

Jena Smith- Auxiliary; K. Jeanne Randolph – Community volunteer

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

Steering Committee

March 5, 2019

c. Input and Recommendations from Consultation

- I think it would be beneficial to look at assessing stress level, affordable/adequate housing needs and loneliness/social isolation.
- I think there are a lot of services that are available locally that people just don't know about.

Population: Seniors

- a. Name/Organization
Adam Six, DC- Broadwater Family Chiropractic; Kyle Hopstad – Administrator, Broadwater Health Center; Marcia Bieber – Broadwater Health Center Board
- b. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
Steering Committee March 5, 2019
- c. Input and Recommendations from Consultation
 - I think we should add questions related to COPD/respiratory disease, auto immune disorders. We have been seeing a lot more of that in our community.
 - We need to make sure the language we use is spelled out and simple- not everyone is going to know what an MRI is, or what you would use it for.
 - A potential focus groups could be the Rotary. They are a good population because they have time and they want to share.
 - It seems the next big push is for people to access health services via their cell phones/computers. I think we need to ask about current utilization and find out interest.
 - Many seniors and others for that matter are seeking specialty services in Butte and Anaconda.

Population: Youth

- a. Name/Organization
Teresa Monson – Director, Broadwater Public Health
- b. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
Steering Committee March 5, 2019
- c. Input and Recommendations from Consultation
 - Mental health needs
 - We have had a lot of attempts with suicide. It is indicative of a big mental health problem. Many youth- fourteen attempts within a few months.

Population: Veterans

- a. Name/Organization
Teresa Monson – Director, Broadwater Public Health; K. Jeanne Randolph – Community volunteer
- b. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
Steering Committee March 5, 2019
- c. Input and Recommendations from Consultation
 - We have a high percentage of Veterans in our county. We are fairly close to the VA here [located in Helena].

Appendix C – Secondary Data

Broadwater County
Secondary Data Analysis



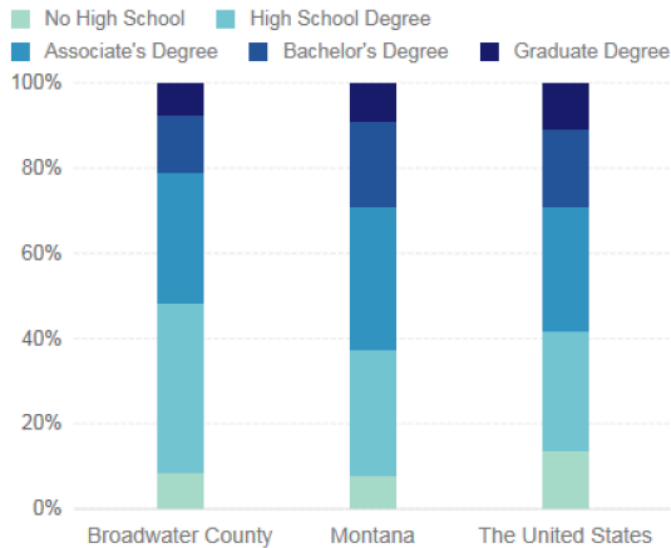
Office of Rural Health
Area Health
Education Center

Demographic Measure (%)		County			Montana			Nation		
Population ¹		5,612			1,032,949			308,745,538		
Population Density ¹		4.7			6.8			87.4		
Veteran Status ¹		15.0%			10.6%			7.7%		
Disability Status ¹		20.8%			16.6%			15.3%		
Age ¹		<5	18-64	65+	<5	18-64	65+	<5	18-64	65+
		5.0%	59.0%	19.8%	6%	54.9%	17.2%	6.2%	56%	14.9%
Gender ¹		Male		Female	Male		Female	Male		Female
		50.8%		49.2%	50.3%		49.7%	49.2%		50.8%
Race/Ethnic Distribution ¹		White			89.2%			77.1%		
		American Indian or Alaska Native			6.6%			1.2%		
		Other †			5.1%			36.7%		

¹ US Census Bureau Fact Finder (2016)

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

Highest Degree Attained



Broadwater County

No High School	8.59%
High School Degree	39.52%
Associate's Degree	30.59%
Bachelor's Degree	13.69%
Graduate Degree	7.60%

Montana

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

The United States

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

² National Center for Education Statistics

Socioeconomic Measures (%)	County	Montana	Nation
Median Income ¹	\$55,295	\$50,801	\$57,652
Unemployment Rate ¹	4.1%	4.8%	6.6%
Persons Below Poverty Level ¹	7.8%	14.4%	14.6%
Uninsured Adults (Age <65) ^{3,4}	12%	12%	10.7%
Uninsured Children (Age <18) ^{3,4}	7%	5%	5%
Children in Poverty ¹	4.0%	17.6%	20.3%
Enrolled in Medicaid ^{5,6}	6.2%	9.4%	1 in 7
Enrolled in Free/Reduced Lunch ⁷ <i>Pre-k through 12th grade</i>	253	62,951	-
SNAP Participants ⁷ <i>All ages, FY 2015</i>	420	118,704	-

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

Maternal Child Health	County	Montana
Births ⁸ <i>Between 2011-2013</i>	160	35,881
Born less than 37 weeks ⁸	N/A	9.1%
Teen Birth Rate (females age 15-19) ⁸ <i>Per 1,000 years 2009-2013</i>	N/A	32.0
Smoking during pregnancy ⁸	18.1%	16.3%
Receiving WIC ⁸	33.3%	34.6%
Children (2-5 years of age) overweight or obese ⁸	29.7%	27.9%
Childhood Immunization Up-To-Date (UTD) % Coverage ^{*9}	50.0%	63.6%

⁸ County Health Profiles, DPPHS (2015), ⁹ MT-DPHHS Clinic Immunization Results (2016-2017)
* UTD = 4 DTaP, 3 Polio, 1 MMR, 3/4 HIB, 3 Hep B, 1 Var, 4 PCV by 24 – 35-month-old children.

Behavioral Health	County	Montana	Top U.S. Performers
Adult Smoking ³	16%	19%	14%
Excessive Drinking ³	20%	21%	13%
Adult Obesity ³	29%	25%	26%
Poor Mental Health Days (Past 30 days) ³	3.2	3.5	3.1
Physical Inactivity ³	21%	21%	20%
Drug Use Hospitalization Rate ¹⁰ <i>Per 100,000 population</i>	133.4	372.5	-

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

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

¹¹ Montana State Health Assessment (2017)

Communicable Diseases (per 100,000 people) ⁸	County	Montana
Chlamydia	98.87	366.2
Hepatitis C	63.97	123
Pertussis	81.42	44.6

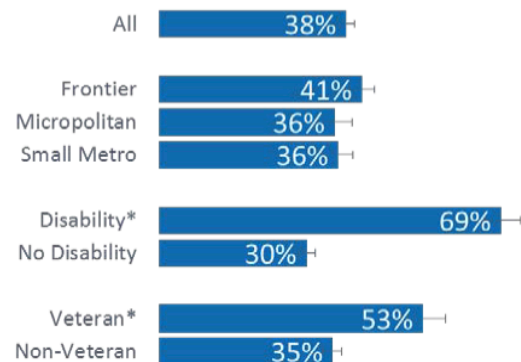
⁸ County Health Profiles, DPPHS (2015)

Chronic Conditions ¹⁰	County	Montana
Stroke Hospitalization Rate <i>Per 100,000 population</i>	104.6	152
Diabetes Hospitalization Rate <i>Per 100,000 population</i>	644.2	1058.9
COPD Emergency Department Visit Rate <i>Per 100,000 population</i>	211.9	669.9
Acute Myocardial Infarction (MI) Hospitalization Rate <i>Per 100,000 population</i>	110.2	118.1

¹⁰ IBIS Community Snapshot, MT- DPPHS

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

Percent of Montana Adults with Two or More Chronic Conditions

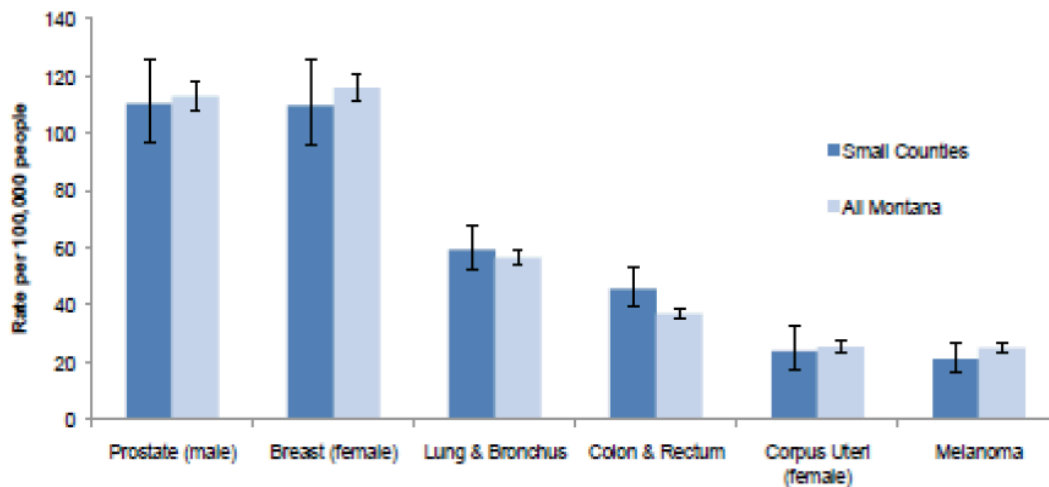


¹¹ Montana State Health Assessment (2017)

Cancer Prevalence	County	Montana	Nation
All Sites Cancer ¹⁰ Per 100,000 population	480.2	441.6	444

¹⁰ IBIS Community Snapshot, MT- DPPHS

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



⁸ County Health Profiles, DPPHS (2015)

Mortality	County	Montana	Nation
Suicide Rate ¹² Per 100,000 population	N/A	22.5	13.9
Leading Causes of Death ^{13, 14}	N/A	1. Heart Disease 2. Cancer 3. CLRD*	1. Heart Disease 2. Cancer 3. Unintentional injuries
Unintentional Injury Death Rate ¹⁵ Per 100,000 population	56.3	41.3	41.3
Diabetes Mellitus ^{13, 16} Per 100,000 population	N/A	21.3	21.5
Alzheimer's Disease ^{13, 17} Per 100,000 population	N/A	20.9	37.3
Pneumonia/Influenza Mortality ^{13, 18} Per 100,000 population	N/A	13.5	14.3

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

*Chronic Lower Respiratory Disease

Appendix D – Survey Cover Letter



**Broadwater Health Center
Townsend, Montana**

110 North Oak Street
www.broadwaterhealthcenter.com
406-266-3186

April 5, 2019

Dear Community Member

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

Your name has been randomly selected as a resident who lives in Broadwater Health Center'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: May 17, 2019
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 "Broadwater Health Center 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 Natalie Claiborne at 406-994-6001. We believe, with your help, we can continue to improve health care services in our region.

Thank you for your assistance. We appreciate your time.

Sincerely,

Kyle Hopstad, CEO

Appendix E – Survey Instrument

Community Health Services Development Survey Townsend, Montana

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

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

- Very healthy Healthy Somewhat healthy Unhealthy Very unhealthy

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

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

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

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

4. How do you rate your knowledge of the health services that are available at Broadwater Health Center?

- Excellent Good Fair Poor

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

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

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

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Chiropractor | <input type="checkbox"/> Massage therapy | <input type="checkbox"/> Phone/video consult with provider |
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Meals on Wheels | <input type="checkbox"/> Public health nurse |
| <input type="checkbox"/> Food bank | <input type="checkbox"/> Mental health | <input type="checkbox"/> Senior center |
| <input type="checkbox"/> Health club | <input type="checkbox"/> Naturopath | <input type="checkbox"/> VA services |
| <input type="checkbox"/> Home health | <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Other: _____ |

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

- Cultural sensitivity
- Greater health education services
- Improved quality of care
- Interpreter services
- More information about available services
- More primary care providers
- More specialists
- Outpatient services expanded hours
- Phone/video consult with provider
- Telemedicine
- Transportation assistance
- Other: _____

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

- Alcohol/substance abuse
- Alzheimer's counseling
- Cancer
- Diabetes management
- Estate planning
- Financial planning
- First aid/CPR
- Fitness
- Grief counseling
- Health and wellness
- Heart disease
- Hygiene
- Living will
- Men's health
- Mental health
- Nutrition
- Parenting
- Prenatal
- Smoking/tobacco cessation
- Support groups
- Weight loss
- Women's health
- Other: _____

9. Please rate your perception of the following health services in our community:

	Excellent	Good	Fair	Poor	Don't know
Availability of substance abuse treatment programs	4	3	2	1	DK
Availability of Alcoholics Anonymous groups	4	3	2	1	DK
Availability of alcohol/substance use prevention programs	4	3	2	1	DK
Overall quality of substance abuse services	4	3	2	1	DK
Availability of mental health services	4	3	2	1	DK
Overall quality of mental health services	4	3	2	1	DK

10. Which of the following preventative services or lifestyle changes have you used in the past year?

(Select ALL that apply)

- Adding/increasing healthy foods
- Children's checkup/Well baby
- Cholesterol check
- Colonoscopy
- Dental exam
- Flu shot/immunizations
- Hearing check
- Mammography
- Medicare assessment
- Mental health counseling
- More physical activity
- Pap smear
- Prostate (PSA)
- Required physicals (sports, CDL)
- Routine blood pressure check
- Routine health checkup
- Vision check
- Weight management
- Wellness labs
- None
- Other: _____

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Adult daycare | <input type="checkbox"/> Hospice | <input type="checkbox"/> Post-operative rehabilitation |
| <input type="checkbox"/> Arthroscopy (joints) | <input type="checkbox"/> Improved medical transport capabilities | <input type="checkbox"/> Respiratory therapy |
| <input type="checkbox"/> Assisted living | <input type="checkbox"/> Mammography | <input type="checkbox"/> Senior respite care |
| <input type="checkbox"/> Audiology (hearing) | <input type="checkbox"/> Medication management | <input type="checkbox"/> Senior retirement housing/community |
| <input type="checkbox"/> Cardiac rehabilitation | <input type="checkbox"/> Minor surgery (scopes) | <input type="checkbox"/> Ultrasound |
| <input type="checkbox"/> Colonoscopy | <input type="checkbox"/> MRI (imaging) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> CT/CAT scan | <input type="checkbox"/> Ophthalmology (eye doctor) | |
| <input type="checkbox"/> Dermatology | <input type="checkbox"/> Personal care home services | |

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

- Very important Important Not important Don't know

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

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

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

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

15. 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 18)**

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

- | | |
|--|---|
| <input type="checkbox"/> Broadwater Health Center (Townsend) | <input type="checkbox"/> St. James Healthcare (Butte) |
| <input type="checkbox"/> Bozeman Health | <input type="checkbox"/> St. Patrick's (Missoula) |
| <input type="checkbox"/> Benefis (Great Falls) | <input type="checkbox"/> St. Peter's (Helena) |
| <input type="checkbox"/> Billings Clinic | <input type="checkbox"/> St. Vincent's (Billings) |
| <input type="checkbox"/> Community Medical Center (Missoula) | <input type="checkbox"/> VA (Helena) |
| | <input type="checkbox"/> Other: _____ |

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

Turn to BACK of page to continue

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

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

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

- Broadwater Health & Wellness Clinic (Townsend) Helena
 Family Medical Clinic (Townsend) VA (Helena)
 Bozeman Other: _____

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

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

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

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

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

- Townsend Helena VA (Helena)
 Anaconda Great Falls Other: _____
 Billings Bozeman
 Butte Missoula

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

- Allergist Geriatrician Physical therapist
 Audiologist Licensed addiction counselor Podiatrist
 Behavioral health counselor Neurologist Psychiatrist (M.D.)
 Cardiologist Neurosurgeon Psychologist
 Chiropractor OB/GYN Pulmonologist
 Dentist Occupational therapist Radiologist
 Dermatologist Oncologist Rheumatologist
 Endocrinologist Ophthalmologist Social worker
 ENT (ear/nose/throat) Optometrist Speech therapist
 Gastroenterologist Orthopedic surgeon Urologist
 General surgeon Pediatrician Other: _____

24. The following services are available at Broadwater Health Center. Please rate the overall quality for each service by circling your answer. **(Please circle N/A if you have not used the service)**

	Excellent	Good	Fair	Poor	Haven't used	Don't Know
Ambulance services	4	3	2	1	N/A	DK
Behavioral health counselor	4	3	2	1	N/A	DK
Clinic services (physician visit)	4	3	2	1	N/A	DK
Colonoscopy services	4	3	2	1	N/A	DK
Emergency room	4	3	2	1	N/A	DK
Hospital/in-patient/acute care services	4	3	2	1	N/A	DK
Laboratory	4	3	2	1	N/A	DK
Licensed addiction counselor	4	3	2	1	N/A	DK
Long-term care services (nursing home, hospice, respite, adult daycare)	4	3	2	1	N/A	DK
Radiology/diagnostic imaging	4	3	2	1	N/A	DK
Rehabilitation therapies (OT, PT, Speech)	4	3	2	1	N/A	DK
Respiratory therapy	4	3	2	1	N/A	DK

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

- Yes No

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

- Everyday Most days Sometimes Occasionally Never

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

- High Moderate Low Unsure/rather not say

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

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

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

- Yes No

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

- Yes No

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

- Yes No Don't know

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

- Cost sharing/Co-op plan Health Savings Account Medicare
(ex: Christian Care Ministries) Healthy MT Kids Private insurance/private plan
 Employer sponsored Indian Health VA/military
 Health Insurance Marketplace Medicaid None/pay out of pocket
 Other: _____

Turn to BACK of page to continue

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

34. If you **do NOT** have medical insurance, why? (**Select ALL that apply**)
 Can't afford to pay for medical insurance Choose not to have medical insurance
 Employer does not offer insurance Other: _____

35. Are you aware of programs that help people pay for healthcare expenses?
 Yes, and I use them Yes, but I do not qualify Yes, but choose not to use No Not sure

Demographics

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

36. Where do you currently live, by zip code?
 59644 Townsend 59602 Helena 59647 Winston
 59643 Toston/Radersburg 59601 Helena 59635 East Helena
 Other: _____

37. What is your gender?
 Male Female Other

38. What age range represents you?
 18-25 46-55 76-85
 26-35 56-65 86+
 36-45 66-75

39. What is your employment status?
 Work full time Collect disability
 Work part time Unemployed, but looking
 Retired Not currently seeking employment
 Student Other _____

[CODED]

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

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

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

Appendix F – Responses to Other and Comments

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

- Age (getting older) (2)
- Multiple diagnoses of old age
- Low income, life style
- Prescription medications
- I wouldn't know?
- Cancer, drugs
- Have no idea
- Poverty
- Children living in deplorable living conditions (maybe related to alcohol, drugs & mental illness?)
- Addiction

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

- All of them

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

- Lived here since 1991
- Personal experience
- Television (2)
- Budget and tax bill
- Myself
- From personal need
- Close place, hospital
- Don't pay any attention
- Constant mailings
- There is no advertisement

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

- Physical therapy (3)
- None (3)
- Lab/bloodwork
- PA, Lab, Blood draw
- Acupuncture, Reflexology
- Therapy
- Optometrist
- None in Broadwater. I feel like the hospital or clinic and/or services are catered towards senior citizens or low income

- Family Medical Clinic
- None, go to Bozeman
- ER over charges

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

- None (2)
- A more visible clinic location
- Get rid of the CEO (over paid CEO)
- BHC has burned a lot of bridges through their actions over past 10 years- lots of community distrust
- Consistent primary care providers (very high turnover past few years)
- Different management at hospital
- Health insurance
- Community support
- Retaining professionals
- Hospital funding
- Independent Doctors/Clinics
- Have clinic and stabilization to move to Helena, Bozeman, or other
- Better management of current healthcare system
- Have no opinion on this
- Overall better care
- Returned messages left at clinic
- Affordability. Medicare for all
- Do away with hospital and establish Urgent Care Clinic
- Basic good care
- Partnering with a larger hospital is a great start. A pain Dr.!
- My insurance doesn't cover BHC

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

- None (3)
- Gambling abuse
- I am a healthcare provider so probably would not attend
- Benefits of yoga and chi-gong
- General health
- Night I Med help
- La Leche League/breastfeeding support
- None. I go to Bozeman
- Good basic care
- 2 years ago, I was looking for help with alcoholics for family members but not for drinking myself and had no idea where to go?

10. Which of the following preventative services or lifestyle changes have you used in the past year?

- Eat organic
- Acupuncture, Reflexology
- Biofeedback
- None at Broadwater! (2)
- None local, all of my services I attend are in Bozeman or sometimes Helena

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

- None (2)
- Giving Family Medical Privileges at the hospital
- Physical therapy
- None. I have an established dr. in another town
- Mental health
- Don't use local healthcare
- Depends on quality
- Basic health care
- Nutrition, cooking classes

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

- Wasn't sure if needed
- Refused service
- Prior experience
- Lack of care at hospital
- \$6,500.00 deductible!
- V.A. paperwork to cover my bill was too much trouble
- Out of town
- Phone call not returned at local clinic; waiting until next day to go to Helena
- I hurt too much to get up and drive in

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

- Steele Memorial Hospital- Salmon, ID
- We used Townsend, Bozeman and Helena equally
- Broadwater Health Center (Townsend), VA (Helena)
- I don't have a choice which one to use most-can't drive
- Haven't had to use the hospital since moving here 2 years ago
- Kalispell - specialist
- St. Peter's surgical center
- In Arizona

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

- Referred by physician or other provider where the surgery took place
- Higher level of care needed
- Don't have a choice but use closest to home. I didn't drive
- Specialist there
- Many provider specialists- highly qualified staff
- I know and like the surgeon

19. Where was that primary healthcare provider located?

- Three Forks
- Townsend office not hospital
- Dr. Campbell
- Denver, CO
- Kalispell
- Wellspan (PA)

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

- Caring Doctor, Family Medical Clinic
- Personal experience with working w/PA when I was an LPN at BHC and he was on staff
- Naturopath
- Past use
- Lived in Helena until 1 year ago; provider is still in Helena
- Liked him
- Quality of care
- By chance
- Mainly because I've seen her for so long; but would be ok with moving to Townsend if Drs. would stay around longer.

22. Where was the healthcare specialist seen?

- Three Forks (2)
- Hamilton
- Salmon, Idaho/ Hamilton, Michigan
- Salt Lake City
- Denver, CO
- Havre
- Seattle
- Kalispell (2)
- Pennsylvania
- Spokane
- Arizona

23. What type of healthcare specialist was seen?

- The Doctors at the Family Health Clinic
- MRI-Helena
- Nutritionist
- Doctor
- Cancer surgeon
- Naturopath, acupuncturist
- Nephrologist
- Oral surgeon
- Carotid surgery, abdominal aneurysm surgery
- Infectious disease
- Physician for Pain, Endodontist
- Eye surgery for cataracts

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

- I've only been prescribed antibiotics after eye surgery. "Big Pharma" continues to rip us off

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

- Especially not for the elderly such as affordable one level condos or apartments in town

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

- VA/military, CHAMP VA
- Medicare-Part A

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

- But I had to work 30 plus years and retire to keep/pay for it
- Good: "Medicare A & B"; Poor: "Medicare; not A"

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

- VA (3)
- Military referred
- Had to terminate Part B m/c this year; will resume coverage of B next year

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

- Rural 59644

39. What is your employment status?

- Ranch
- Self employed
- Work part time, retired (4)
- Work full time, work part time (2)
- Mother- full time
- Homemaker (2)

Additional Comments:

- GET RID of Broadwater Health Center as long as it is for profit. Has Poor Care
- Hospital has ONCE AGAIN lost primary care physician (apparently due to internal politics).
CAN'T THIS STOP!?
- #1 Healthcare priority: Defeat President "Individual One" in 2020

Appendix G – Key Informant Interview Questions

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

Appendix H – Key Informant Interview Notes

Key Informant Interview #1

May 13, 2019 - Anonymous –Via phone interview

1. How do you feel about the general health of your community?
 - It's fair. There is plenty of opportunities to get outside and people do get outside. There is not great access to fresh or organic produce. There is only the one supermarket and they don't have the best produce. The farmers market is just around in the summer.
 - A lot of bars in the community. Not a lot of focus of community health.
2. What do you think are the most important local healthcare issues?
 - Number one is probably that there is community concern about the longevity of healthcare services the community. All the chaos around the Broadwater Health Center is problematic. People are nervous about getting care in Townsend, so they seek care elsewhere. The community doesn't have any faith in the administration. There is also a lot of turnover in providers. We start to like a provider and then they are gone. When a new provider comes in, people don't want to go see them because they aren't sure they are going to stay for very long.
 - I would say more than 50% leave the community for healthcare services.
 - Other than issues with the facility, lack of healthy food is an issue.

3. What other healthcare services are needed in the community?
 - A strong public health arm with WIC. There are a lot of young families in the community; making sure the children and moms are getting support is important.
 - A pediatrician would be excellent.
 - A good stable family practitioner.
 - Mental health services- they are working on getting more services, but I would like to see that they are a little stronger and more sustainable. I believe the hospital has a Licensed Addiction Counselor. My concern is if people get set up with services, will they last?

4. What would make your community a healthier place to live?
 - Everything I've already said... Perception wise, when you are driving down the main street you see bars and a bunch of people smoking. It appears like it is the norm that everyone smokes here.
 - I would like to see healthy grocers and more healthy food options.
 - Stable healthcare workforce.

Key Informant Interview #2

May 13th, 2019- Anonymous–Via phone interview

1. How do you feel about the general health of your community?
 - It's in the middle of the road. There are some areas where we're doing well and others that could use work.
 - The turnover rate of doctors in the community has a lot to do with it. This really impacts the community because people will go to another community for healthcare.

2. What do you think are the most important local healthcare issues?
 - Part of it is that there's a lot of cancer and diabetes in the community. People don't have much access to treatment or prevention of these diseases.
 - The high cost of prescriptions and being able to get to the right doctor (for example, due to lack of access to transportation) are big problems for seniors.

3. What other healthcare services are needed in the community?
 - An eye doctor that is here all the time. We have one that comes here once a month but that's it.
 - We need more home health care providers. Someone that can go in and help people with cleaning and other household tasks so that when someone is sick, they aren't also having to take care of their home and can just focus on recovering.

- Transportation is a big issue. We need to develop more options for public transportation. There are a lot of people here that don't have adequate transportation to get to medical appointments, or the pharmacy. Sometimes this causes people to just go without healthcare services or their medications.
4. What would make your community a healthier place to live?
- Transportation options. Especially for seniors.
 - A doctor that is going to stay here for more than a year or two. You can't put your trust into a doctor when you anticipate them to leave quickly.
 - The hospital administration also needs work. The community does not trust the administration.

Key Informant Interview #3

May 13, 2019- Anonymous—Via phone interview

1. How do you feel about the general health of your community?
- It's an older population, so many of the healthcare issues are related to that. I am not sure if a lot of people are very active, maybe related to their age.
2. What do you think are the most important local healthcare issues?
- Affordability of healthcare services.
 - The only restaurants here are pizza and fried food. If you want to eat healthy it is really hard.
 - Obesity and lack of access to healthy food options is an issue.
 - There seems to be people who are either 100% for the hospital, or they absolutely hate them. Both sides are very vocal. There are not a lot of people in the middle.
 - Many people leave the community for healthcare services. Many people go to Helena for their primary care.
3. What other healthcare services are needed in the community?
- We could use another private practice doctor. There are only a few primary care providers. It can be hard to get an appointment.
 - I wish there was an OB/GYN. The doctor that left a year ago took care of a lot of people in town. That service is really missed.
 - I just found out that they do reduced rates for blood work. A lot of people are not aware of that. I just found out about this. There could be better outreach about what is available at the hospital. I am sure there are a lot of services here that I am not aware of.

4. What would make your community a healthier place to live?
- If the hospital and doctors communicated more about their services and every so often had a speaker, or classes about healthcare issues. They need to let people know what services are available. I don't even know if you can get a mammogram there.
 - The majority of what I hear about the hospital is that they need money and not about the services that they provide. They only reach out to the community about tax levies. It would be nice if they introduced us to their doctors and what services are available.
 - I've gone to the wellness clinic a couple of times and I have gotten good medical care, but there always seems to be an issue with billing. The billing issues alone have turned me off from going there, and the cost of services. The way they code things makes it very expensive. I know the doctors are medical professionals and not in billing, but I wish someone would have explained how much it would be for the services before I got them. Especially because it wasn't a life-threatening issue.
 - I wish they would focus more on medical procedures and providing quality care.
 - I think more people would vote on the tax levies if they knew where the money was going.
 - They [BHC] are so worried about their budget and making money that they have forgotten to tell the community what they can really do, and what services they can provide.

Key Informant Interview #4

May 13th, 2019- Anonymous–Via phone interview

1. How do you feel about the general health of your community?
- I think that it in a lot of ways there is good health here. We face some big challenges, particularly for mental health. Although, we seem to be making progress on that. It can be challenging to address mental illness in rural areas.
 - It seems like people generally have good access to healthcare services in the community. There isn't a lot of variety in choice, but the healthcare that we do have seems to be really high quality.
2. What do you think are the most important local healthcare issues?
- Drug and alcohol addiction are very present in the community.
 - Mental health is a big issue. We have a great therapist in town, and we may be getting another therapist that specializes in addiction therapy. I don't know if Broadwater County could support another general therapist, but that could be helpful.

- A traveling psychiatrist that visited even once a month would be nice to see.
- It is very important that our community starts working to address some of the environmental factors such as isolation, loneliness, boredom, and others that contribute to mental illness.
- I've been here for about a year, but one impression that I've gotten is that the isolation and loneliness that we experience here can lead people to use alcohol as a coping mechanism. There are also a lot of people who go to the bars because there isn't anything else available to do – boredom seems to also lead to drinking.

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

- We need more options for healthy activities to do, especially those that develop a sense of community.
- For a community of our size, we have many of the resources that we need.
- If someone has an emergency, they must go out of town, but that seems typical for a town of our size.
- I know of people who were having serious health issues that were able to be diagnosed and quickly triaged to another community which is great to see.
- Transportation is a huge issue. There are many people that lack access to reliable transportation.
- We do have pretty good senior services in town. That is one thing that I've heard consistent great feedback about.
- Generally, we seem to have what we need.

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

- A lot of our problems are environmental or infrastructural. Having ways to encourage people to live a healthy lifestyle is important.
- Greater engagement in the community would improve health and general wellbeing.
- Educational classes to prevent smoking and drinking.

Key Informant Interview #5

May 17th, 2019- Anonymous–Via phone interview

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

- Mental and physical health in our community is below average.
- There is a high volume of drug and alcohol addiction in our community, as well as a lack of exercise and recreational activity. There aren't enough options to be physically active.

- Most people choose to leave the community for healthcare. The level of quality of medical professionals at the hospital is the number one reason for that. Number two would likely be that there is a high number of major misdiagnoses, leading people to seek other opinions elsewhere.
2. What do you think are the most important local healthcare issues?
- We have a need for cardiology, especially for the older populations.
 - We also need a pediatrician and more primary care for younger families. Younger families that move in have to go to Helena or Bozeman for care.
 - We also need more options for maternity care. It would be great if we had better access to ultrasounds and pregnancy care.
 - People in the community don't trust the administration or the physicians at Broadwater Health Center.
3. What other healthcare services are needed in the community?
- OB/GYN, cardiology, and pediatrics are needed in the community.
 - An ENT would also be helpful. Especially for younger kids that may have many ear infections.
 - An MRI truck comes here bi-weekly and to me, that isn't enough. The quality of this service isn't comparable to what you would receive in Helena so many people end up getting two MRIs or going elsewhere to check the results.
4. What would make your community a healthier place to live?
- More recreational activities such as bike paths, walking paths, and other options for getting outside. Anything that we can do to increase access to physical activity. It would be great to have a 24-hour gym or a fitness center that is open more regularly and on the weekends.
 - A medical provider that can be trusted. One who has good credentials and can prove themselves. We really need new providers that can build trust with our community.
 - Addiction counseling is needed immediately.
 - Alcoholism education and drug addiction education would be really great. In addition to that, it would be helpful to have more activities that don't involve drinking.

Key Informant Interview #6

June 14th, 2019- Anonymous–Via phone interview

1. How do you feel about the general health of your community?
 - It is somewhere in the middle of the line. For a small town, we are doing fairly well, but there are problems. There is a high population of older people, so we see a lot of chronic diseases. Living unhealthy lifestyles catches up to people in older age.
 - I worry about mental health in the community, as it seems that there aren't enough counselors or doctors to meet the need that we have. We see a lot of drug or alcohol abuse in younger people in particular.
 - More community activities that don't involve drinking would probably help, there seems to be a culture of drinking here.

2. What do you think are the most important local healthcare issues?
 - We need more doctors that will stay in the community. There are a lot of people who come and work for a few years and then leave and it makes the community less trustful of the hospital in general.
 - It would be helpful to have more visiting specialists, especially for substance abuse or mental health problems.

3. What other healthcare services are needed in the community?
 - A pediatrician would be helpful. Mostly just more providers in general and more consistency in the care received.
 - A lot of people leave for healthcare because they don't trust the hospital- this reputation needs to be fixed.

4. What would make your community a healthier place to live?
 - More options for healthy eating and exercise. We have some walking paths, but they aren't very well utilized or advertised.
 - More medical providers, like I've said. It would also be helpful to have more educational opportunities around common diseases and problems in the community.

Appendix I – Request for Comments

Written comments on this 2019 Community Health Needs Assessment Report can be submitted to:

Broadwater Health Center

110 North Oak St.

Townsend, MT 59644

Or emailed to info@bhctownsend.com