



# 2022

## COMMUNITY HEALTH NEEDS ASSESSMENT

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**Townsend, Montana**

*Assessment conducted by **Billings Clinic Broadwater** in  
cooperation with the Montana Office of Rural Health*

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# INTRODUCTION

# Introduction

Billings Clinic Broadwater is a nonprofit Critical Access Hospital (CAH) based in Townsend, Montana. Billings Clinic Broadwater serves Broadwater County of approximately 1,600 square miles and provides medical services to a service population of approximately 6,000 people. Billings Clinic Broadwater is the only hospital in Broadwater County and houses both clinic and hospital services in the same facility. Billings Clinic Broadwater’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.

Billings Clinic Broadwater provides a wide array of services including: emergency room and ambulance services; scheduled and urgent care clinic; diagnostic laboratory and imaging; healthcare navigator and patient care coordination.

**Mission:** Billings Clinic Broadwater is dedicated to improving the health of our community, our patients, and ourselves.

**Vision:** Billings Clinic Broadwater will provide best in nation clinical quality, patient safety, service and value.

## **Values:**

### **Quality**

*We are committed to the highest standards of quality, safety and high reliability to achieve optimal clinical outcomes.*

### **Service**

*Our goal is to deliver outstanding service to our patients and communities in the region by anticipating and meeting their needs with compassion.*

### **People**

*We care about each other and value all team members.*

### **Teamwork**

*Each individual contributes as a member of the team accomplishing more than an individual can alone. Flexibility, mutual trust, and cooperation are essential.*

### ***Integrity***

*We take responsibility for our actions and communicate openly and honestly with each other and the public while remaining humble even in times of achievement.*

### ***Value and Efficiency***

*We take pride in providing efficient cost-effective care, recognizing the significant importance of this to our patients and families and to purchasers of health care.*

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

Over the months of May and June 2022, Billings Clinic Broadwater’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 2022 survey data with data from previous surveys conducted in partnership with the Montana Office of Rural Health in 2016 and 2019. If any statistical significance exists, it will be reported. The significance level was set at 0.05.

## **Health Assessment Process**

A steering committee was convened to assist Billings Clinic Broadwater 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 April 2022. For a list of all steering committee members and their affiliations, see Appendix A. The Steering Committee met twice during the CHSD process; first to discuss health concerns in the community and offer their perspective in designing the survey instrument, and again to review results of the CHNA and to assist in the prioritization of health needs.

## **Survey Methodology**

### **Survey Instrument**

In May 2022, 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

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

Zip Code	Population <sup>1</sup>	Community Name	Total Distribution	# Male	# Female
59644	2104	Townsend	634	317	317
59643	73	Toston	35	18	17
59601	32,165	Helena	31	15	16
59602	27,154	Helena	35	17	18
59647	269	Winston	8	4	4
59635	1514	East Helena	16	8	8
59752	1729	Three Forks	19	10	9
59634	2052	Clancy	11	6	5
59645	1012	White Sulphur Springs	11	5	6
<b>Total</b>	<b>68072</b>		<b>800</b>	<b>400</b>	<b>400</b>

<sup>1</sup> US Census Bureau - American Community Survey (2019)

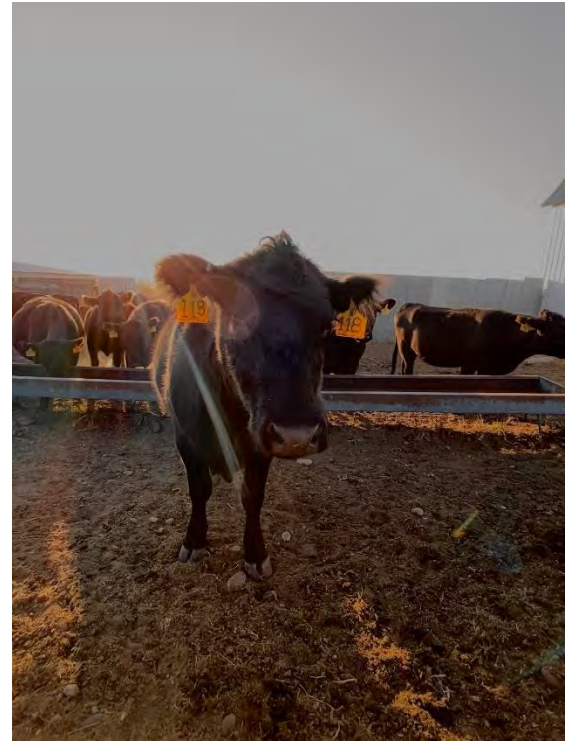
Key informant interviews were conducted to identify important local healthcare issues, how to improve the health of the community, and gaps in health services. It was intended that this research would help determine the awareness of local programs and services, as well as the level of satisfaction with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

## Information Gaps- Data

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

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

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



## Limitations in Survey and Key Informant Interview Methodology

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

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

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

## Survey Implementation

In May 2022, a survey, cover letter on Billings Clinic Broadwater’s letterhead with the Chief Executive Officer’s signature, and a postage paid envelope were mailed to 800 randomly selected residents in the hospital’s service area. A news release was sent to the local newspaper as well as social media postings

prior to the survey distribution announcing that Billings Clinic Broadwater would be conducting a community health services survey throughout the region in cooperation with the Montana Office of Rural Health.

One hundred seventeen surveys were returned out of 800. Of those 800 surveys, 87 surveys were returned undeliverable for a 16.4% response rate. From this point on, the total number of surveys will be out of 713. 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 9.05%.

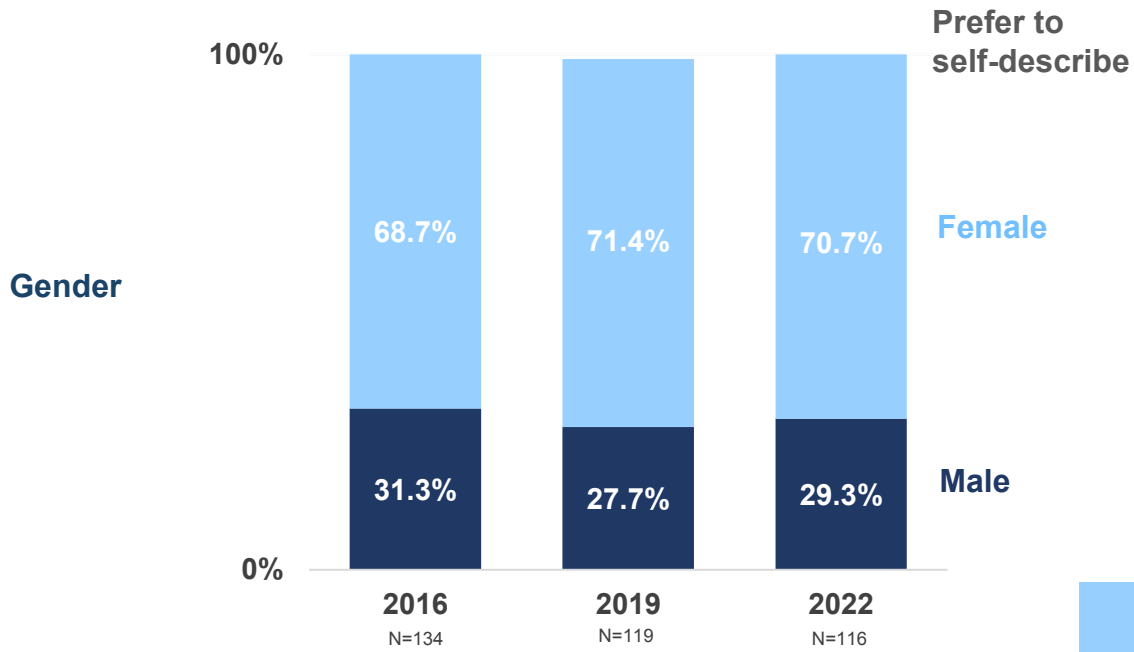
## Survey Respondent Demographics

A total of 713 surveys were distributed amongst Billings Clinic Broadwater’s service area. One-hundred seventeen were completed for a 16.41% response rate. The following table and graphs indicate the demographic characteristics of the survey respondents. Information on location, gender, age, and employment is included. Percentages indicated on the tables and graphs are based upon the total number of responses for each individual question, as some respondents did not answer all questions.

Place of Residence	2016 % (n)	2019 % (n)	2022 % (n)
Number of respondents	141	122	116
59644 Townsend	92.2% (130)	87.7% (107)	87.9% (102)
59643 Toston / Radersburg	6.4% (9)	8.2% (10)	2.6% (3)
59601 Helena	0.0% (0)	1.6% (2)	2.6% (3)
59602 Helena	0.0% (0)	0.8% (1)	1.7% (2)
59752 Three Forks			1.7% (2)
59645 White Sulphur Springs			1.7% (2)
59634 Clancy			0.9% (1)
59647 Winston	1.4% (2)	0.8% (1)	0.9% (1)
59635 East Helena	0.0% (0)	0.8% (1)	0.0% (0)
Other		0.0% (0)	0.0% (0)
<b>TOTAL</b>	<b>100.0% (141)</b>	<b>100.0% (122)</b>	<b>100.0% (116)</b>

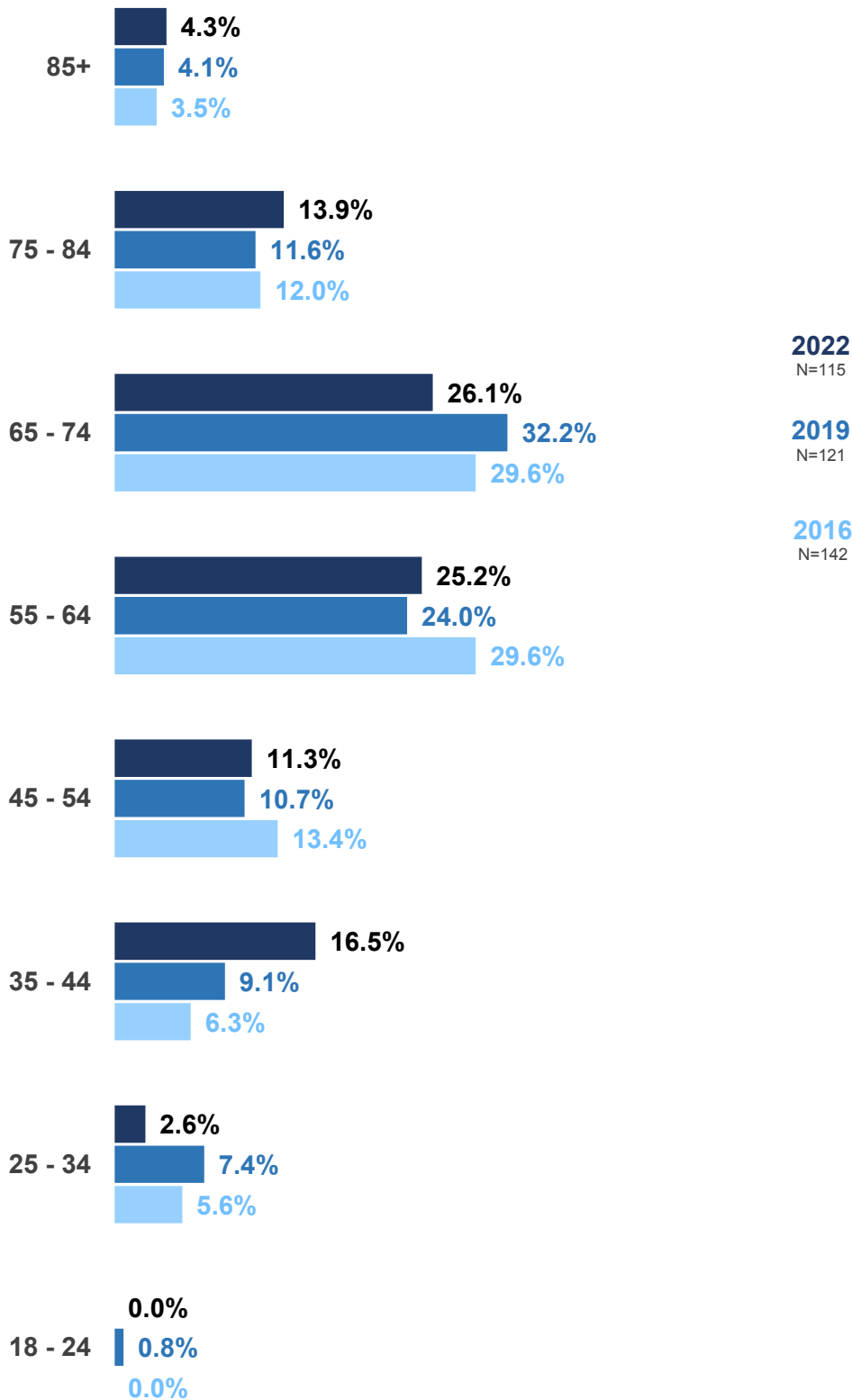
Statistical significance was not measured as reporting differed between 2022 and the two previous years. A larger number of missing values in 2022 compared to previous years would result in a skewed test for significance, indicating a meaningful change when one may not exist. Grayed out cells indicate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





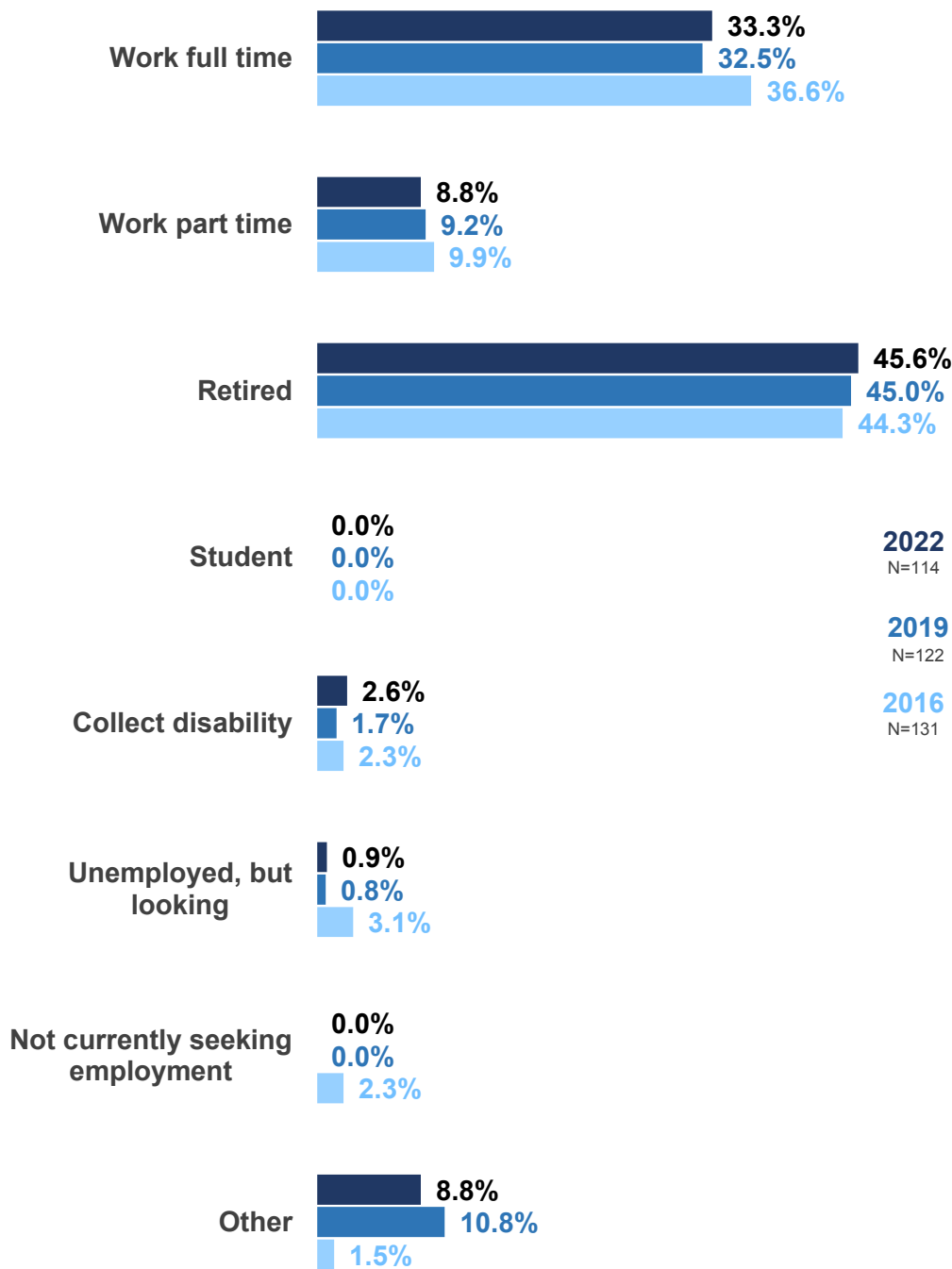
**Women are frequently the healthcare decision makers for their families and more likely to respond to a health-related survey.**

## Age of respondents for all years of the survey



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

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



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

"Other" comments included: Self-employed (6), Social security, Homemaker



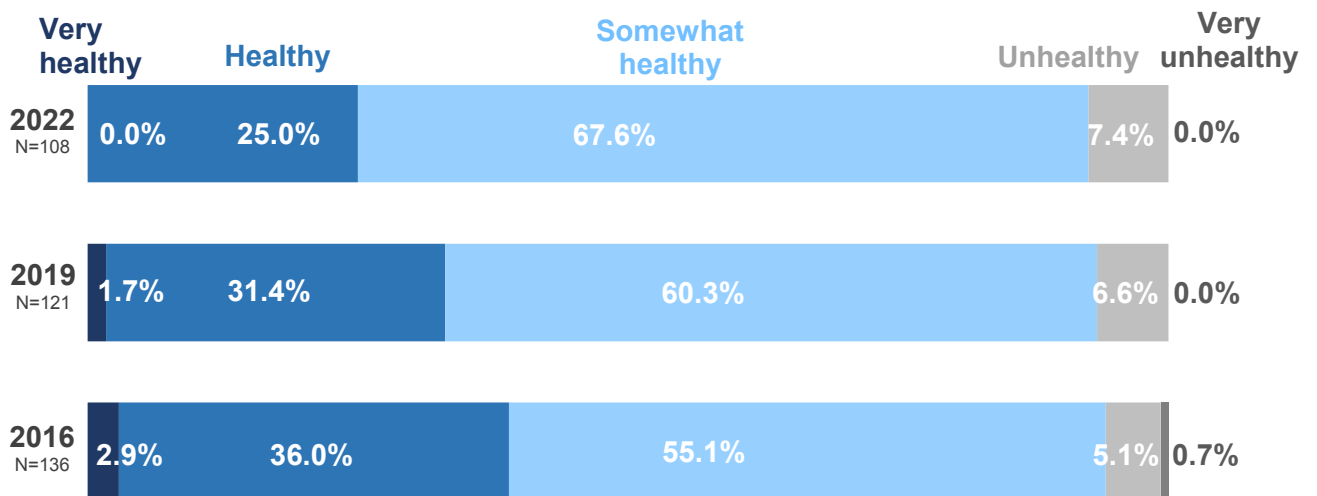
# **SURVEY RESULTS**

# Survey Results

## Rating of Healthy Community (Question 1)

Respondents were asked to indicate how they would rate the general health of their community. Sixty-seven point six percent of respondents (n=73) rated their community as “Somewhat healthy,” and 25.0% of respondents (n=27) felt their community was “Healthy.” Seven point four percent of respondents (n=8) indicated they felt their community was “Unhealthy.” No respondents thought their community was “Very healthy” or “Very unhealthy.”

More 2022 respondents rate their community as **somewhat healthy** compared to 2019 and 2016.



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

## Health Concerns for Community (Question 2)

Respondents were asked what they felt the three most serious health concerns were in their community. The top identified health concern was “Alcohol abuse/substance abuse” at 50.4% (n=57). “Financial stress” was also a high priority at 30.1% (n=34), followed closely by “Cancer” at 26.5% (n=30).

Health Concern	2016 % (n)	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	143	124	113	
Alcohol abuse/substance abuse	62.2% (89)	55.6% (69)	50.4% (57)	<input type="checkbox"/>
Financial stress			30.1% (34)	<input type="checkbox"/>
Cancer	29.4% (42)	30.6% (38)	26.5% (30)	<input type="checkbox"/>
Mental health issues	16.1% (23)	16.9% (21)	25.7% (29)	<input type="checkbox"/>
Overweight/obesity	33.6% (48)	17.7% (22)	23.0% (26)	<input checked="" type="checkbox"/>
Tobacco use (vaping, cigarettes/cigars, smokeless)	18.2% (26)	26.6% (33)	20.4% (23)	<input type="checkbox"/>
Depression/anxiety	12.6% (18)	10.5% (13)	19.5% (22)	<input type="checkbox"/>
Heart disease	20.3% (29)	16.1% (20)	13.3% (15)	<input type="checkbox"/>
Child abuse/neglect	7.7% (11)	6.5% (8)	8.8% (10)	<input type="checkbox"/>
Lack of access to healthcare	9.8% (14)	11.3% (14)	8.8% (10)	<input type="checkbox"/>
Lack of exercise	14.0% (20)	9.7% (12)	8.8% (10)	<input type="checkbox"/>
Respiratory illnesses		6.5% (8)	8.0% (9)	<input type="checkbox"/>
Social isolation/loneliness		3.2% (4)	8.0% (9)	<input type="checkbox"/>
Diabetes	17.5% (25)	6.5% (8)	6.2% (7)	<input checked="" type="checkbox"/>
Domestic violence	7.7% (11)	1.6% (2)	3.5% (4)	<input checked="" type="checkbox"/>
Lack of dental care	4.2% (6)	2.4% (3)	3.5% (4)	<input type="checkbox"/>
Stroke	3.5% (5)	3.2% (4)	3.5% (4)	<input type="checkbox"/>
Suicide		5.6% (7)	3.5% (4)	<input type="checkbox"/>
Alzheimer’s/dementia		6.5% (8)	1.8% (2)	<input type="checkbox"/>
Hunger		0.8% (1)	1.8% (2)	<input type="checkbox"/>
Motor vehicle accidents	11.2% (16)	4.8% (6)	1.8% (2)	<input checked="" type="checkbox"/>
Recreation related accidents/injuries	2.8% (4)	4.0% (5)	1.8% (2)	<input type="checkbox"/>
Autoimmune disorders		3.2% (4)	0.9% (1)	<input type="checkbox"/>
Work related accidents/injuries	0.0% (0)	1.6% (2)	0.0% (0)	<input type="checkbox"/>
Other*	7.7% (11)	12.9% (16)	7.1% (8)	<input type="checkbox"/>

“Other” comments included: “Women’s health” and “Unemployment”

**(View all comments in Appendix G)**

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

### Components of a Healthy Community (Question 3)

Respondents were asked to identify the three most important things for a healthy community. Forty-seven point four percent of respondents (n=55) indicated that “Good jobs and a healthy economy” is important for a healthy community, followed by “Affordable housing” at 46.6% (n=54), and “Access to healthcare and other services” at 45.7% (n=53).

Components of a Healthy Community	2016 % (n)	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	143	124	116	
Good jobs and a healthy economy	49.7% (71)	38.7% (48)	47.4% (55)	<input type="checkbox"/>
Affordable housing	13.3% (19)	23.4% (29)	46.6% (54)	<input checked="" type="checkbox"/>
Access to healthcare and other services	60.8% (87)	45.2% (56)	45.7% (53)	<input checked="" type="checkbox"/>
Strong family life	35.7% (51)	37.9% (47)	24.1% (28)	<input type="checkbox"/>
Healthy behaviors and lifestyles	31.5% (45)	26.6% (33)	21.6% (25)	<input type="checkbox"/>
Good schools	23.8% (34)	22.6% (28)	19.8% (23)	<input type="checkbox"/>
Low crime/safe neighborhoods	17.5% (25)	19.4% (24)	15.5% (18)	<input type="checkbox"/>
Access to childcare/after school programs		8.9% (11)	14.7% (17)	<input type="checkbox"/>
Religious or spiritual values	25.9% (37)	19.4% (24)	13.8% (16)	<input type="checkbox"/>
Clean environment	14.0% (20)	8.1% (10)	10.3% (12)	<input type="checkbox"/>
Community involvement	7.0% (10)	12.1% (15)	9.5% (11)	<input type="checkbox"/>
Transportation services		5.6% (7)	7.8% (9)	<input type="checkbox"/>
Parks and recreation	2.8% (4)	4.8% (6)	5.2% (6)	<input type="checkbox"/>
Low level of domestic violence	4.2% (6)	3.2% (4)	4.3% (5)	<input type="checkbox"/>
Low death and disease rates	1.4% (2)	2.4% (3)	3.4% (4)	<input type="checkbox"/>

Table continued on the next page.

Tolerance for diversity	4.2% (6)	3.2% (4)	3.4% (4)	<input type="checkbox"/>
Arts and cultural events	0.0% (0)	0.0% (0)	1.7% (2)	<input type="checkbox"/>
Other	1.4% (2)	2.4% (3)	1.7% (2)	<input type="checkbox"/>

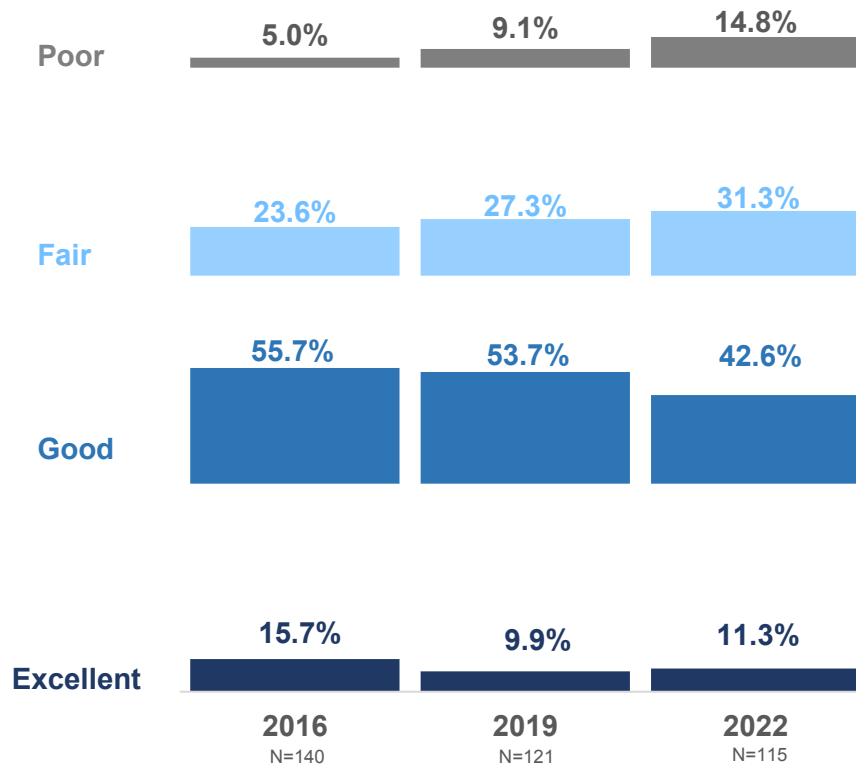
A solid blue square indicates a statistically significant change between years ( $p \leq 0.05$ ). Respondents were asked to pick their top three components of a healthy community, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year.

“Other” comments included: “Education” and “Mental health”

## Knowledge of Health Services (Question 4)

Respondents were asked to rate their knowledge of the health services available through Billings Clinic Broadwater. Forty-two point six percent of respondents (n=49) rated their knowledge of health services as “Good.” “Fair” was selected by 31.3% percent (n=36), “Poor” was chosen by 14.8% of respondents (n=17), and “Excellent” was selected by 11.3% (n=13).

**More 2022 respondents rated their knowledge of services as poor compared to 2016 and 2019.**





## How Respondents Learn of Health Services (Question 5)

The most frequently indicated method of learning about available services was “Word of mouth/reputation” at 65.5% (n=76). “Friends/family” was also frequently used to learn about health services at 56.9% (n=66), followed by “Healthcare provider” at 31.0% (n=36).

How Respondents Learn about Community Health Services	2016 % (n)	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	143	124	116	
Word of mouth/reputation	65.7% (94)	57.3% (71)	65.5% (76)	<input type="checkbox"/>
Friends/family	55.9% (80)	50.0% (62)	56.9% (66)	<input type="checkbox"/>
Healthcare provider	42.0% (60)	26.6% (33)	31.0% (36)	<input checked="" type="checkbox"/>
Newspaper	31.5% (45)	43.5% (54)	25.9% (30)	<input checked="" type="checkbox"/>
Website/internet	4.9% (7)	14.5% (18)	23.3% (27)	<input checked="" type="checkbox"/>
Social media		17.7% (22)	21.6% (25)	<input type="checkbox"/>
Mailings/newsletter	51.0% (73)	46.0% (57)	20.7% (24)	<input checked="" type="checkbox"/>
Billboards/signs		6.5% (8)	18.1% (21)	<input checked="" type="checkbox"/>
Public health	6.3% (9)	8.9% (11)	11.2% (13)	<input type="checkbox"/>
Radio	2.8% (4)	4.0% (5)	3.4% (4)	<input type="checkbox"/>
Presentations	4.2% (6)	3.2% (4)	1.7% (2)	<input type="checkbox"/>
Other	4.2% (6)	9.7% (12)	6.0% (7)	<input type="checkbox"/>

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

“Other” comments included: “Caregiver” and “Networking Organizations”

**View a cross tabulation of how respondents learn with how they rate their knowledge on p. 82**

## Utilized Community Health Resources (Question 6)

Respondents were asked which community health resources, other than the hospital or clinic, they had used in the last three years. “Pharmacy” was the most frequently utilized community health resource cited by respondents at 78.6% (n=88). The “Dentist” was utilized by 63.4% (n=71) of respondents followed by “Chiropractor” at 37.5% (n=42).

Use of Community Health Resources	2016 % (n)	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	143	124	112	
Pharmacy	68.5% (98)	66.9% (83)	78.6% (88)	<input type="checkbox"/>
Dentist	56.6% (81)	50.8% (63)	63.4% (71)	<input type="checkbox"/>
Chiropractor	38.5% (55)	34.7% (43)	37.5% (42)	<input type="checkbox"/>
Public health nurse	19.6% (28)	14.5% (18)	25.0% (28)	<input type="checkbox"/>
Massage therapy	11.2% (16)	13.7% (17)	16.1% (18)	<input type="checkbox"/>
Phone/video consult with provider		3.2% (4)	16.1% (18)	<input checked="" type="checkbox"/>
Health club	21.0% (30)	16.1% (20)	13.4% (15)	<input type="checkbox"/>
Senior center	14.0% (20)	12.9% (16)	10.7% (12)	<input type="checkbox"/>
Mental health	2.1% (3)	4.0% (5)	9.8% (11)	<input checked="" type="checkbox"/>
VA services	11.9% (17)	15.3% (19)	9.8% (11)	<input type="checkbox"/>
Meals on Wheels		7.3% (9)	6.3% (7)	<input type="checkbox"/>
Food bank		2.4% (3)	4.5% (5)	<input type="checkbox"/>
Naturopath		4.8% (6)	4.5% (5)	<input type="checkbox"/>
Home health	9.8% (14)	4.8% (6)	2.7% (3)	<input checked="" type="checkbox"/>
Other	5.6% (8)	12.9% (16)	9.8% (11)	<input type="checkbox"/>

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

“Other” comments included: “Physical therapy (4),” “Cardiologist,” and “Caregiver”

## Improve Community’s Access to Healthcare (Question 7)

Respondents were asked to indicate what they felt would improve their community’s access to healthcare. The majority of respondents (49.6%, n=57) reported that “More information about available services” would make the greatest improvement. Forty-seven percent of respondents (n=54) indicated “More primary care providers” followed by “Payment assistance programs (healthcare expenses)” at 44.3% (n=51) would improve access.

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

What Would Improve Community Access to Healthcare	2016 % (n)	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	143	124	115	
More information about available services		32.3% (40)	49.6% (57)	■
More primary care providers	41.3% (59)	53.2% (66)	47.0% (54)	□
Payment assistance programs (healthcare expenses)			44.3% (51)	□
More specialists	26.6% (38)	25.0% (31)	40.0% (46)	■
Improved access to health & human services programs/resources (Medicaid, SNAP, WIC, etc.)			29.6% (34)	□
Outpatient services expanded hours	20.3% (29)	20.2% (25)	27.8% (32)	□
Greater health education resources	21.7% (31)	19.4% (24)	26.1% (30)	□
Transportation assistance	19.6% (28)	21.0% (26)	26.1% (30)	□
Improved quality of care	28.7% (41)	34.7% (43)	21.7% (25)	□
Phone/video consult with provider		3.2% (4)	10.4% (12)	■
Telemedicine	7.0% (10)	2.4% (3)	7.8% (9)	□
Cultural sensitivity	2.1% (3)	1.6% (2)	4.3% (5)	□
Interpreter services	2.1% (3)	0.0% (0)	0.9% (1)	□
Other	8.4% (12)	18.5% (23)	8.7% (10)	■

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

“Other” comments included: “Mental health provider/therapist” and “Nutrition education”

## Interest in Educational Classes/Programs (Question 8)

Respondents were asked if they would be interested in any educational classes/programs made available to the community. The most frequently selected class/program was “Fitness” at 41.7% (n=43). Interest in “Health and wellness” followed with 36.9% (n=38), while 34.0% of respondents (n=35, each) were interested in “Estate planning” and “Weight loss.”

Interest in Classes or Programs	2016 % (n)	2019 % (n)	2022 % (n)
Number of respondents	143	124	103
Fitness	21.0% (30)	30.6% (38)	41.7% (43)
Health and wellness	19.6% (28)	30.6% (38)	36.9% (38)
Estate planning	9.1% (13)	19.4% (24)	34.0% (35)
Weight loss	23.1% (33)	23.4% (29)	34.0% (35)
Living will	13.3% (19)	16.9% (21)	33.0% (34)
Women’s health	13.3% (19)	21.8% (27)	30.1% (31)
First aid/CPR	14.7% (21)	16.9% (21)	28.2% (29)
Balance and stability			23.3% (24)
Mental health	4.2% (6)	11.3% (14)	23.4% (24)
Financial planning	9.1% (13)	13.7% (17)	21.4% (22)
Men’s health	8.4% (12)	6.5% (8)	21.4% (22)
Nutrition	20.3% (29)	12.9% (16)	20.4% (21)
Caregiver training/support			16.5% (17)
Smoking/tobacco cessation	4.9% (7)	3.2% (4)	12.6% (13)
Cancer	7.7% (11)	12.9% (16)	11.7% (12)
Diabetes management	15.4% (22)	12.1% (15)	11.7% (12)
Heart disease	9.1% (13)	10.5% (13)	10.7% (11)
Grief counseling	9.1% (13)	7.3% (9)	8.7% (9)
Alzheimer’s counseling	10.5% (15)	8.9% (11)	7.8% (8)
Parenting	2.8% (4)	7.3% (9)	6.8% (7)
Support groups	4.2% (6)	9.7% (12)	6.8% (7)
Alcohol/substance abuse	2.8% (4)	2.4% (3)	5.8% (6)

Table continued on the next page.

Prenatal	0.7% (1)	1.6% (2)	1.9% (2)
Hygiene	0.0% (0)	0.8% (1)	1.0% (1)
Lactation/breastfeeding support			1.0% (1)
Other	6.3% (9)	9.7% (12)	5.8% (6)

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

## Perception of Health Services (Question 9)

Respondents were asked to rate their perception quality for a variety of community 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 2.2 out of 4.0. “Overall quality of mental health services” received a 1.9 out of 4.0 and “Overall quality of substance abuse services” received a 1.7 out of 4.0. The total average score was 1.8, indicating the overall quality and availability of services to be “Fair.”

Rate alcohol/substance abuse programs in your community	2016 % (n)	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
4 Point Scale: Poor = 1, Fair = 2, Good = 3, Excellent = 4				
Number of respondents	105	70	72	
Availability of Alcoholics Anonymous groups	2.4 (100)	2.3 (58)	2.2 (49)	<input type="checkbox"/>
Overall quality of mental health services	2.0 (83)	2.1 (44)	1.9 (51)	<input type="checkbox"/>
Overall quality of substance abuse services	2.0 (82)	1.8 (45)	1.7 (37)	<input type="checkbox"/>
Availability of mental health services	1.90 (91)	2.1 (62)	1.7 (59)	<input checked="" type="checkbox"/>
Availability of substance abuse treatment programs	1.9 (91)	1.9 (49)	1.6 (42)	<input type="checkbox"/>
Availability of alcohol/substance use prevention programs	2.0 (90)	1.8 (47)	1.6 (39)	<input checked="" type="checkbox"/>
<b>OVERALL AVERAGE</b>	<b>2.1 (105)</b>	<b>2.2 (70)</b>	<b>1.8 (72)</b>	<input checked="" type="checkbox"/>

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

## Utilization of Preventive Services (Question 10)

Respondents were asked if they had utilized any of the preventive services listed in the past year. “Dental exam” was selected by 61.7% of respondents (n=71), followed by “Flu shot/immunizations” and “Routine health checkup” at 59.1% (n=68, each). Survey respondents could select all services that applied.

Use of Preventive Services	2016 % (n)	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	143	124	115	
Dental exam		61.3% (76)	61.7% (71)	<input type="checkbox"/>
Flu shot/immunizations	51.0% (73)	56.5% (70)	59.1% (68)	<input type="checkbox"/>
Routine health checkup	59.4% (85)	54.0% (67)	59.1% (68)	<input type="checkbox"/>
Routine blood pressure check	44.1% (63)	50.0% (62)	55.7% (64)	<input type="checkbox"/>
Vision check		61.3% (76)	53.9% (62)	<input type="checkbox"/>
Adding/increasing healthy foods		50.8% (63)	46.1% (53)	<input type="checkbox"/>
Cholesterol check	44.1% (63)	46.0% (57)	44.3% (51)	<input type="checkbox"/>
Mammography	35.0% (50)	21.8% (27)	35.7% (41)	<input checked="" type="checkbox"/>
More physical activity		28.2% (35)	29.6% (34)	<input type="checkbox"/>
Wellness labs	30.8% (44)	23.4% (29)	22.6% (26)	<input type="checkbox"/>
Colonoscopy	15.4% (22)	17.7% (22)	19.1% (22)	<input type="checkbox"/>
Foot care			15.7% (18)	<input type="checkbox"/>
Hearing check		15.3% (19)	13.0% (15)	<input type="checkbox"/>
Pap test	16.1% (23)	15.3% (19)	12.2% (14)	<input type="checkbox"/>
Weight management		9.7% (12)	11.3% (13)	<input type="checkbox"/>
Medicare assessment	8.4% (12)	11.3% (14)	10.4% (12)	<input type="checkbox"/>
Prostate (PSA)	14.7% (21)	11.3% (14)	10.4% (12)	<input type="checkbox"/>
Required physicals (sports, CDL)	7.7% (11)	7.3% (9)	10.4% (12)	<input type="checkbox"/>
Children’s checkup/Well baby	4.9% (7)	10.5% (13)	9.6% (11)	<input type="checkbox"/>
Mental health counseling		3.2% (4)	9.6% (11)	<input checked="" type="checkbox"/>
None	14.0% (20)	5.6% (7)	3.5% (4)	<input checked="" type="checkbox"/>
Other	4.9% (7)	4.8% (6)	1.7% (2)	<input type="checkbox"/>

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

## Desired Local Health Services (Question 11)

Respondents were asked to indicate which additional services they would utilize if available locally. Respondents indicated the most interest in “Dermatology” at 55.6% (n=60). Forty-nine point one percent (n=53) respondents were interested in “Ophthalmology (eye doctor),” while 31.5% (n=34) desire “MRI (imaging)” available locally.

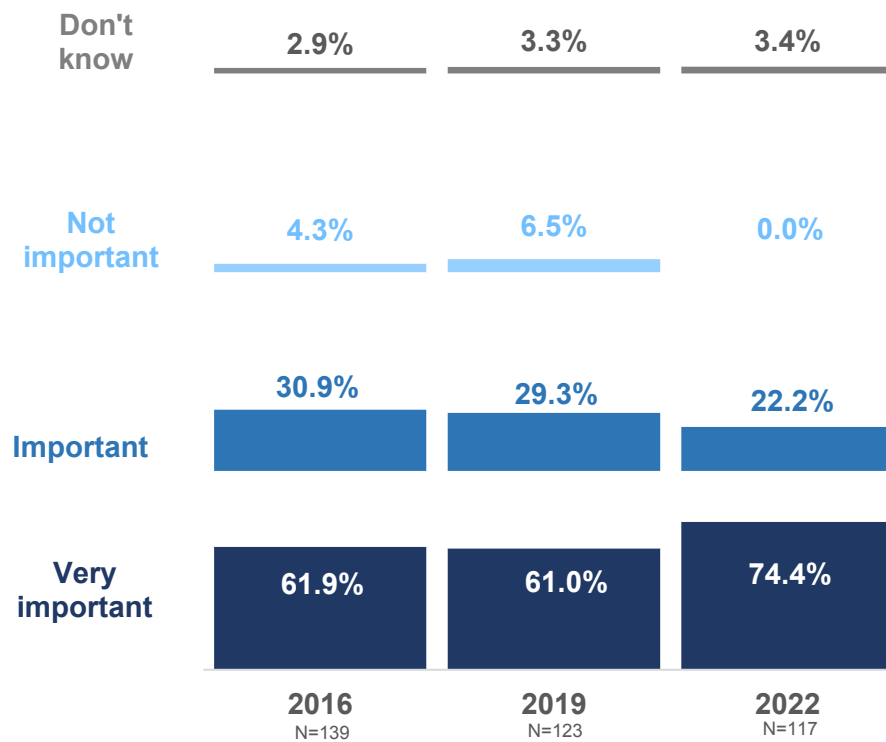
Desired health services	2016 % (n)	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	143	124	108	
Dermatology	16.8% (24)	20.2% (25)	55.6% (60)	■
Ophthalmology (eye doctor)	30.1% (43)	25.0% (31)	49.1% (53)	■
MRI (imaging)	18.2% (26)	12.9% (16)	31.5% (34)	■
Mammography	19.6% (28)	12.1% (15)	26.9% (29)	■
Audiology (hearing)	15.4% (22)	8.1% (10)	24.1% (26)	■
Ultrasound	9.8% (14)	10.5% (13)	23.1% (25)	■
Colonoscopy	15.4% (22)	5.6% (7)	19.4% (21)	■
Arthroscopy (joints)	2.1% (3)	9.7% (12)	18.5% (20)	■
Minor surgery (scopes)	12.6% (18)	12.9% (16)	18.5% (20)	□
Cardiac rehabilitation	8.4% (12)	4.8% (6)	11.1% (12)	□
Personal care home services	7.0% (10)	6.5% (8)	11.1% (12)	□
Post-operative rehabilitation	11.9% (17)	6.5% (8)	11.1% (12)	□
Senior retirement housing/community	9.8% (14)	9.7% (12)	11.1% (12)	□
Improved medical transport capabilities	6.3% (9)	5.6% (7)	10.2% (11)	□
Assisted living	9.8% (14)	4.8% (6)	9.3% (10)	□
Adult daycare	2.1% (3)	4.8% (6)	7.4% (8)	□
Respiratory therapy		7.3% (9)	6.5% (7)	□
Medication management		0.8% (1)	5.6% (6)	■
Senior respite care	2.8% (4)	5.6% (7)	5.6% (6)	□
Hospice	5.6% (8)	8.9% (11)	1.9% (2)	□
Other	9.8% (14)	8.9% (11)	4.6% (5)	□

Respondents were asked to pick all desired local healthcare services that are of interest, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year.

## Economic Importance of Healthcare (Question 12)

The majority of respondents (74.4%, n=87) indicated that local healthcare providers and services (i.e., hospitals, clinics, nursing homes, assisted living, etc.) are “Very important” to the economic well-being of the area. Twenty-two point two percent of respondents (n=26) indicated they are “Important,” and no respondents felt they are not important.

**96.6% of 2022 respondents thought local healthcare providers and services were Very important or Important to the economic well-being of the area.**

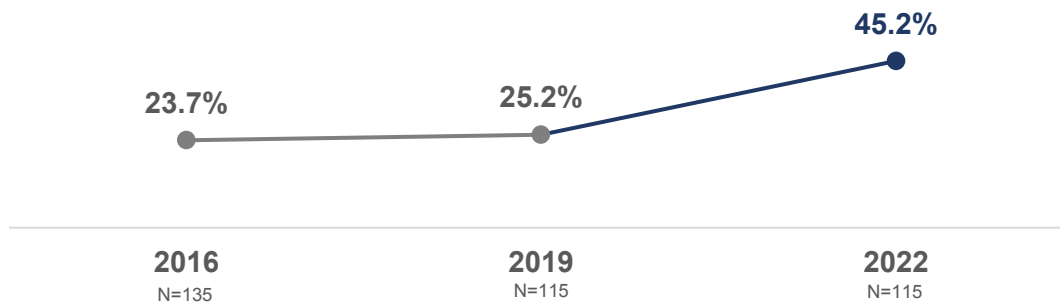




## Delay of Services (Question 13)

Forty-five point two percent of respondents (n=52) reported that they or a member of their household thought they needed healthcare services but did not get them or had to delay getting them. Fifty-four point eight percent of respondents (n=63) felt they were able to get the healthcare services they needed without delay.

**More 2022 respondents delayed or did not receive needed services compared to previous assessments**



**View a cross tabulation of where respondents live and 'delay of healthcare services' on p. 83**

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

Fifty-one of the 52 survey respondents who indicated they were unable to receive or had to delay services, shared their top three reasons for not receiving or delaying needed services. The reasons most cited were that “It cost too much” and “Too long to wait for an appointment” (23.5%, n=12, each). “My insurance didn’t cover it” was selected by 19.6% (n=10).

Reasons for Delay in Receiving Needed Healthcare	2016 % (n)	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	32	30	51	
It cost too much	46.9% (15)	36.7% (11)	23.5% (12)	<input type="checkbox"/>
Too long to wait for an appointment	15.6% (5)	6.7% (2)	23.5% (12)	<input type="checkbox"/>
My insurance didn’t cover it	25.0% (8)	26.7% (8)	19.6% (10)	<input type="checkbox"/>
Office wasn’t open when I could go	25.0% (8)	13.3% (4)	17.6% (9)	<input type="checkbox"/>
Couldn’t get an appointment	6.3% (2)	6.7% (2)	13.7% (7)	<input type="checkbox"/>
Didn’t know where to go	0.0% (0)	6.7% (2)	11.8% (6)	<input type="checkbox"/>
Too nervous or afraid	0.0% (0)	6.7% (2)	11.8% (6)	<input type="checkbox"/>
Couldn’t get off work	12.5% (4)	6.7% (2)	9.8% (5)	<input type="checkbox"/>
Don’t like doctors/providers	21.9% (7)	13.3% (4)	9.8% (5)	<input type="checkbox"/>
Not treated with respect	6.3% (2)	6.7% (2)	7.8% (4)	<input type="checkbox"/>
No insurance	28.1% (9)	13.3% (4)	5.9% (3)	<input checked="" type="checkbox"/>
Transportation problems	0.0% (0)	0.0% (0)	5.9% (3)	<input type="checkbox"/>
Don’t like hospital		16.7% (5)	3.9% (2)	<input checked="" type="checkbox"/>
It was too far to go	9.4% (3)	6.7% (2)	3.9% (2)	<input type="checkbox"/>
Unsure if services were available	12.5% (4)	6.7% (2)	3.9% (2)	<input type="checkbox"/>
Had no one to care for the children	0.0% (0)	0.0% (0)	2.0% (1)	<input type="checkbox"/>
Language barrier	0.0% (0)	0.0% (0)	0.0% (0)	<input type="checkbox"/>
Other*	12.5% (4)	33.3% (10)	31.4% (16)	<input type="checkbox"/>

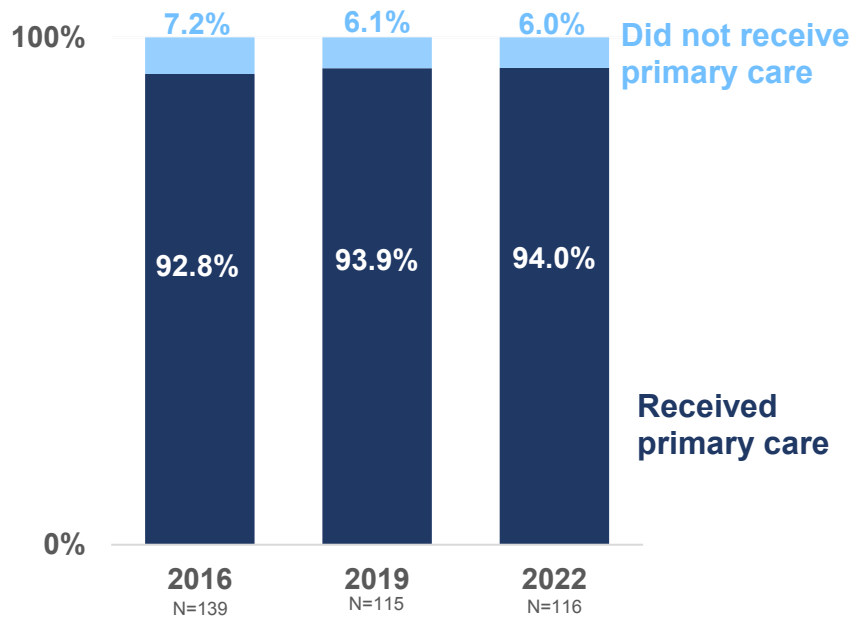
A solid blue square indicates a statistically significant change between years ( $p \leq 0.05$ ). Respondents were asked to indicate the top three reasons for a delay in seeking healthcare, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year. \*Respondents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

“Other” comments included: “Covid related concerns (7)”

## Primary Care Services (Question 15)

Ninety-four percent of respondents (n=109) 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. Six percent of respondents (n=7) indicated they had not received primary care.

**Primary care utilization has remained consistent among survey respondents across previous assessments**



## Location of Primary Care Services (Question 16)

One hundred nine respondents who indicated receiving primary care services in the previous three years, shared the location of where they received services. The majority of respondents (27.5%, n=30) reported receiving care at Billings Clinic Broadwater (Townsend), and 18.3% of respondents (n=20) received care in Helena. Seventeen point four percent of respondents (n=19) received care at St. Peters Health (Townsend).

Location of Primary Care Provider	2016 % (n)	2019 % (n)	2022 % (n)
Number of respondents	112	107	109
Billings Clinic Broadwater (Townsend)	10.7% (12)	17.8% (19)	27.5% (30)
Helena	35.7% (40)	27.1% (29)	18.3% (20)
St. Peters Health (Townsend)			17.4% (19)
Bozeman	8.9% (10)	9.3% (10)	9.2% (10)
Family Medical Clinic (Townsend)	9.8% (11)	20.6% (22)	5.5% (6)
VA (Helena)		3.7% (4)	3.7% (4)
Naturopathic clinic			0.9% (1)
Trapp Clinic (Townsend)	27.7% (31)		0.0% (0)
Other*	7.1% (8)	21.5% (23)	17.4% (19)
<b>TOTAL</b>	<b>100.0% (112)</b>	<b>100.0% (107)</b>	<b>100.0% (109)</b>

Statistical significance was not measured as reporting differed between 2022 and the two previous years. A larger number of missing values in 2022 compared to previous years would result in a skewed test for significance, indicating a meaningful change when one may not exist. Grayed out cells indicate the question was not asked that year. \*Respondents (N=15) who selected over the allotted amount were moved to “Other.”

“Other” comments included: “Mountainview Medical Center” and “White Sulphur Springs”

**View a cross tabulation of where respondents live with where they utilize primary care services on p. 84**

## Reasons for Primary Care Provider Selection (Question 17)

Those respondents who indicated they or someone in their household had been seen by a primary care provider within the past three years were asked to indicate why they chose that primary care provider. “Closest to home” was the most frequently selected reason at 42.2% (n=46), followed by “Prior experience with clinic” at 39.4% (n=43), and “Appointment availability” at 31.2% (n=34).

Reasons for Selecting Primary Care Provider	2016 % (n)	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	129	108	109	
Closest to home	30.2% (39)	37.0% (40)	42.2% (46)	<input type="checkbox"/>
Prior experience with clinic	42.6% (55)	45.4% (49)	39.4% (43)	<input type="checkbox"/>
Appointment availability	22.5% (29)	23.1% (25)	31.2% (34)	<input type="checkbox"/>
Clinic/provider’s reputation for quality	27.1% (35)	32.4% (35)	30.3% (33)	<input type="checkbox"/>
Recommended by family or friends	20.9% (27)	19.4% (21)	16.5% (18)	<input type="checkbox"/>
Referred by physician or another provider	14.0% (18)	16.7% (18)	11.9% (13)	<input type="checkbox"/>
Length of waiting room time	9.3% (12)	10.2% (11)	8.3% (9)	<input type="checkbox"/>
Required by insurance plan	28.7% (37)	4.6% (5)	8.3% (9)	<input checked="" type="checkbox"/>
VA/Military requirement	9.3% (12)	9.3% (10)	8.3% (9)	<input type="checkbox"/>
Closest to work			3.7% (4)	<input type="checkbox"/>
Cost of care	14.0% (18)	6.5% (7)	1.8% (2)	<input checked="" type="checkbox"/>
Indian Health Services	0.0% (0)	1.9% (2)	0.0% (0)	<input type="checkbox"/>
Other	12.4% (16)	8.3% (9)	14.7% (16)	<input type="checkbox"/>

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

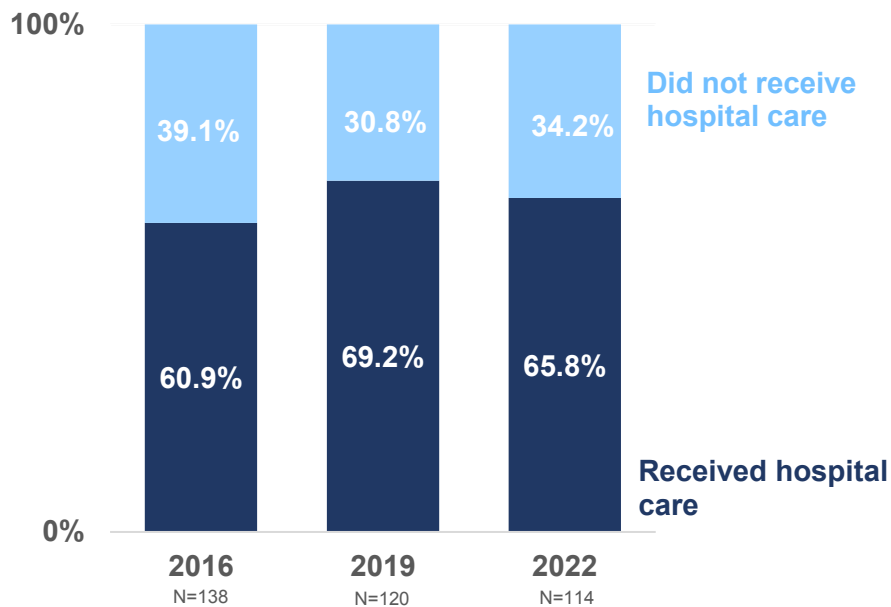
“Other” comments included: “Provider expertise” and “Would like same provider every time”

**View a cross tabulation of where respondents utilize primary care services with their reasons for selecting their provider on p. 85**

## Hospital Care Services (Question 18)

Respondents were asked if they or someone in their household had received hospital care in the last three years. Hospitalization was quantified as hospitalized overnight, day surgery, obstetrical care, rehabilitation, radiology, or emergency care. Sixty-five point eight percent of respondents (n=75) reported that they or a member of their family had received hospital care during the previous three years, and 34.2% (n=39) had not received hospital services.

**Hospital utilization declined by 3.4% since the 2019 assessment**



## Location of Hospital Services (Question 19)

Seventy-five respondents who indicated receiving hospital care in the last three years, shared the location of the hospital. Forty-five point three percent of respondents (n=34) reported receiving care at St. Peter’s (Helena) and 16.0% of respondents (n=12) received services at Bozeman Health. Ten point seven percent of respondents (n=8) received hospital care at Billings Clinic Broadwater (Townsend). Twelve respondents were moved to “other” due to selecting more than one hospital location.

Hospital Used Most Often	2016 % (n)	2019 % (n)	2022 % (n)
Number of respondents	60	83	75
St. Peter’s (Helena)	46.7% (28)	37.3% (31)	45.3% (34)
Bozeman Health	18.3% (11)	18.1% (15)	16.0% (12)
Billings Clinic Broadwater (Townsend)	16.7% (10)	14.5% (12)	10.7% (8)
St. Patrick’s (Missoula)	1.7% (1)	2.4% (2)	2.7% (2)
VA (Helena)	11.7% (7)	2.4% (2)	2.7% (2)
Benefis (Great Falls)	3.3% (2)	0.0% (0)	1.3% (1)
Billings Clinic (Billings)	1.7% (1)	0.0% (0)	1.3% (1)
Community Medical Center (Missoula)		0.0% (0)	1.3% (1)
St. James Healthcare (Butte)		0.0% (0)	0.0% (0)
St. Vincent’s (Billings)	0.0% (0)	0.0% (0)	0.0% (0)
Other*	0.0% (0)	25.3% (21)	18.7% (14)
<b>TOTAL</b>	<b>100.0% (60)</b>	<b>100.0% (83)</b>	<b>100.0% (75)</b>

Statistical significance was not measured as reporting differed between 2022 and the two previous years. A larger number of missing values in 2022 compared to previous years would result in a skewed test for significance, indicating a meaningful change when one may not exist. Grayed out cells indicate the question was not asked that year. \*Respondents (N=12) who selected over the allotted amount were moved to “Other.”

“Other” comments included: “Mountainview Medical Center” and “White Sulphur Springs”

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

## Reasons for Hospital Selection (Question 20)

Seventy five respondents who had a personal or family experience at a hospital within the past three years, shared their primary reason for selecting the facility used most often. The majority of respondents (40.0%, n=30) stated that “Prior experience with hospital” was their reason for selecting the facility they used most often. “Referred by physician or other provider” was selected by 38.7% of the respondents (n=29), and 33.3% (n=25) chose “Closest to home.”

Reasons for Selecting Hospital	2016 % (n)	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	84	83	75	
Prior experience with hospital	47.6% (40)	51.8% (43)	40.0% (30)	<input type="checkbox"/>
Referred by physician or other provider	45.2% (38)	48.2% (40)	38.7% (29)	<input type="checkbox"/>
Closest to home	34.5% (29)	33.7% (28)	33.3% (25)	<input type="checkbox"/>
Emergency, no choice	23.8% (20)	26.5% (22)	30.7% (23)	<input type="checkbox"/>
Hospital’s reputation for quality	31.0% (26)	34.9% (29)	18.7% (14)	<input type="checkbox"/>
VA/Military requirement	10.7% (9)	8.4% (7)	6.7% (5)	<input type="checkbox"/>
Closest to work	6.0% (5)	3.6% (3)	5.3% (4)	<input type="checkbox"/>
Required by insurance plan	4.8% (4)	4.8% (4)	5.3% (4)	<input type="checkbox"/>
Recommended by family or friends	20.2% (17)	6.0% (5)	4.0% (3)	<input checked="" type="checkbox"/>
Cost of care	8.3% (7)	2.4% (2)	2.7% (2)	<input type="checkbox"/>
Financial assistance programs		0.0% (0)	2.7% (2)	<input type="checkbox"/>
Other*	1.2% (1)	8.4% (7)	18.7% (14)	<input checked="" type="checkbox"/>

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

“Other” comments included: “Expertise and knowledge” and “Accepts insurance”

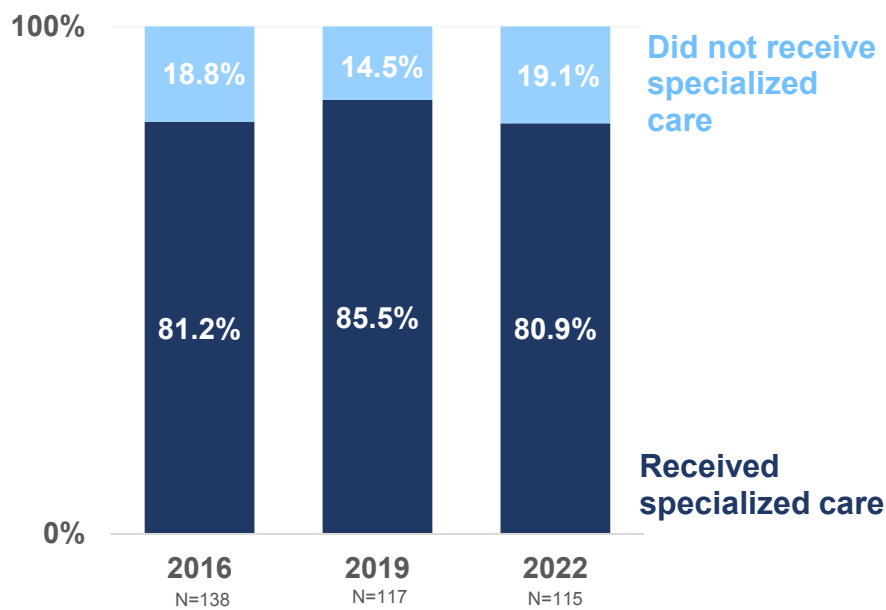
**View a cross tabulation of where respondents utilize hospital services with their reasons for selecting that facility p. 87**



## Specialty Care Services (Question 21)

Respondents were asked if they or someone in their household had seen a healthcare specialist in the last three years. Specialty care was quantified as a health provider other than their primary care provider or family doctor. Eighty point nine percent of the respondents (n=93) indicated they or a household member had seen a healthcare specialist during the past three years, while 19.1% (n=22) indicated they had not.

**Majority of the 2022 respondents saw a specialist in the past 3 years**



## Location of Healthcare Specialist(s) (Question 22)

Ninety-three respondents who indicated they saw a healthcare specialist in the past three years shared where they sought such services. Seventy-four point two percent of respondents (n=69) sought care in Helena. Thirty-seven point six percent of respondents (n=35) utilized specialty services in Bozeman. Twenty-eight percent of respondents (n=26) sought specialty care services in Townsend. Respondents could select more than one location, so percentages do not equal 100%.

Location of Specialist	2016 % (n)	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	112	100	93	
Helena	77.7% (87)	75.0% (75)	74.2% (69)	<input type="checkbox"/>
Bozeman	40.2% (45)	37.0% (37)	37.6% (35)	<input type="checkbox"/>
Townsend	18.8% (21)	14.0% (14)	28.0% (26)	<input checked="" type="checkbox"/>
Great Falls	6.3% (7)	4.0% (4)	11.8% (11)	<input type="checkbox"/>
Missoula	4.5% (5)	12.0% (12)	10.8% (10)	<input type="checkbox"/>
VA (Helena)		12.0% (12)	9.7% (9)	<input type="checkbox"/>
Billings	6.3% (7)	4.0% (4)	4.3% (4)	<input type="checkbox"/>
Anaconda		0.0%	1.1% (1)	<input type="checkbox"/>
Butte		3.0% (3)	1.1% (1)	<input type="checkbox"/>
Other	5.4% (6)	13.0% (13)	10.8% (10)	<input type="checkbox"/>

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

“Other” comments included: Kalispell (2), Arizona (2), and Utah (2)

## Type of Healthcare Specialist Seen (Question 23)

Of the respondents who indicated they had seen a specialist in the last three years, 93 shared the type of specialist they saw. The most frequently utilized specialist was the “Dentist” at 41.9% (n=39). A “Dermatologist” was seen by 40.9% of respondents (n=38) followed closely by the “Physical therapist” at 33.3% (n=31). Respondents were asked to choose all that apply, so percentages do not equal 100%.

Type of Specialists Seen	2016 % (n)	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	112	100	93	
Dentist	29.5% (33)	35.0% (35)	41.9% (39)	<input type="checkbox"/>
Dermatologist	33.0% (37)	29.0% (29)	40.9% (38)	<input type="checkbox"/>
Physical therapist	20.5% (23)	26.0% (26)	33.3% (31)	<input type="checkbox"/>
Ophthalmologist	17.0% (19)	19.0% (19)	25.8% (24)	<input type="checkbox"/>
Optometrist		31.0% (31)	25.8% (24)	<input type="checkbox"/>
Cardiologist	25.9% (29)	29.0% (29)	24.7% (23)	<input type="checkbox"/>
Orthopedic surgeon	31.3% (35)	27.0% (27)	24.7% (23)	<input type="checkbox"/>
ENT (ear/nose/throat)	8.0% (9)	14.0% (14)	19.4% (18)	<input type="checkbox"/>
Chiropractor	20.5% (23)	19.0% (19)	18.3% (17)	<input type="checkbox"/>
Urologist	18.8% (21)	15.0% (15)	18.3% (17)	<input type="checkbox"/>
General surgeon	15.2% (17)	10.0% (10)	17.2% (16)	<input type="checkbox"/>
Podiatrist	8.9% (10)	7.0% (7)	17.2% (16)	<input type="checkbox"/>
OB/GYN	12.5% (14)	15.0% (15)	16.1% (15)	<input type="checkbox"/>
Radiologist	10.7% (12)	15.0% (15)	16.1% (15)	<input type="checkbox"/>
Gastroenterologist	15.2% (17)	14.0% (14)	15.1% (14)	<input type="checkbox"/>
Audiologist		12.0% (12)	12.9% (12)	<input type="checkbox"/>
Neurologist	7.1% (8)	10.0% (10)	10.8% (10)	<input type="checkbox"/>
Oncologist	9.8% (11)	14.0% (14)	10.8% (10)	<input type="checkbox"/>
Pediatrician	3.6% (4)	4.0% (4)	9.7% (9)	<input type="checkbox"/>
Pulmonologist	7.1% (8)	5.0% (5)	9.7% (9)	<input type="checkbox"/>
Endocrinologist	3.6% (4)	2.0% (2)	8.6% (8)	<input type="checkbox"/>
Allergist	9.8% (11)	8.0% (8)	6.5% (6)	<input type="checkbox"/>

Table continued on next page

Behavioral health counselor	2.7% (3)	3.0% (3)	6.5% (6)	<input type="checkbox"/>
Neurosurgeon	3.6% (4)	2.0% (2)	6.5% (6)	<input type="checkbox"/>
Occupational therapist	1.8% (2)	4.0% (4)	6.5% (6)	<input type="checkbox"/>
Speech therapist	0.9% (1)	1.0% (1)	6.5% (6)	<input checked="" type="checkbox"/>
Rheumatologist	6.3% (7)	9.0% (9)	4.3% (4)	<input type="checkbox"/>
Psychologist	0.0% (0)	7.0% (7)	3.2% (3)	<input checked="" type="checkbox"/>
Social worker	0.9% (1)	1.0% (1)	3.2% (3)	<input type="checkbox"/>
Dietician	1.8% (2)		2.2% (2)	<input type="checkbox"/>
Psychiatrist (M.D.)	0.0% (0)	4.0% (4)	2.2% (2)	<input type="checkbox"/>
Geriatrician	0.0% (0)	0.0% (0)	0.0% (0)	<input type="checkbox"/>
Licensed addiction counselor	0.0% (0)	0.0% (0)	0.0% (0)	<input type="checkbox"/>
Other	5.4% (6)	11.0% (11)	7.5% (7)	<input type="checkbox"/>

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

**“Other”** comments included: “Anesthesiologist” and “Nutritionist”

## Overall Quality of Care through Billings Clinic Broadwater (Question 24)

Respondents were asked to rate various services available through Billings Clinic Broadwater using the scale of 4= Excellent, 3= Good, 2= Fair, 1=Poor, and Haven't Used. The services that received the highest score were "Laboratory," "Rehabilitation therapies (OT, PT, Speech)," and "Cardiologist" (3.3 out of 4.0, each). Overall, the average rating on quality and availability of the health services listed was 3.1 out of 4.0.

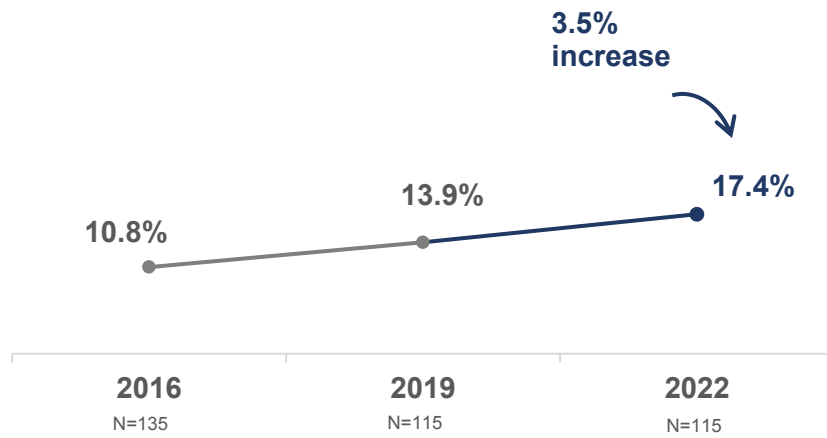
Quality of Care Rating at Billings Clinic Broadwater	2016 Average (n)	2019 Average (n)	2022 Average (n)	SIGNIFICANT CHANGE
4 Point Scale: Poor = 1, Fair = 2, Good = 3, Excellent = 4				
Total number of respondents	114	92	84	
Laboratory	3.4 (91)	3.4 (59)	3.3 (59)	<input type="checkbox"/>
Rehabilitation therapies (OT, PT, Speech)		2.6 (15)	3.3 (24)	<input type="checkbox"/>
Cardiologist			3.3 (10)	<input type="checkbox"/>
Ambulance services	3.2 (45)	3.2 (47)	3.2 (30)	<input type="checkbox"/>
Clinic service	3.0 (75)	3.0 (53)	3.2 (57)	<input type="checkbox"/>
Primary Care			3.2 (50)	<input type="checkbox"/>
Emergency room	3.1 (83)	3.0 (60)	3.1 (48)	<input type="checkbox"/>
Radiology/diagnostic imaging	3.1 (50)	3.0 (38)	3.1 (34)	<input type="checkbox"/>
OB/GYN			3.0 (5)	<input type="checkbox"/>
Long-term care services (nursing home, hospice, respite)	2.9 (36)	2.9 (18)	2.9 (13)	<input type="checkbox"/>
Pediatrics			2.9 (8)	<input type="checkbox"/>
Behavioral health counselor		2.4 (10)	2.7 (6)	<input type="checkbox"/>
Hospital/in-patient/acute care services		2.9 (23)	2.6 (20)	<input type="checkbox"/>
<b>Overall average</b>	<b>3.1 (114)</b>	<b>3.0 (92)</b>	<b>3.1 (84)</b>	<input type="checkbox"/>

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

## Prevalence of Depression (Question 25)

Respondents were asked to indicate if there were periods of at least three consecutive months in the past three years where they felt depressed on most days. Seventeen point four percent of respondents (n=20) indicated they had experienced periods of depression, and 82.6% of respondents (n=95) indicated they had not.

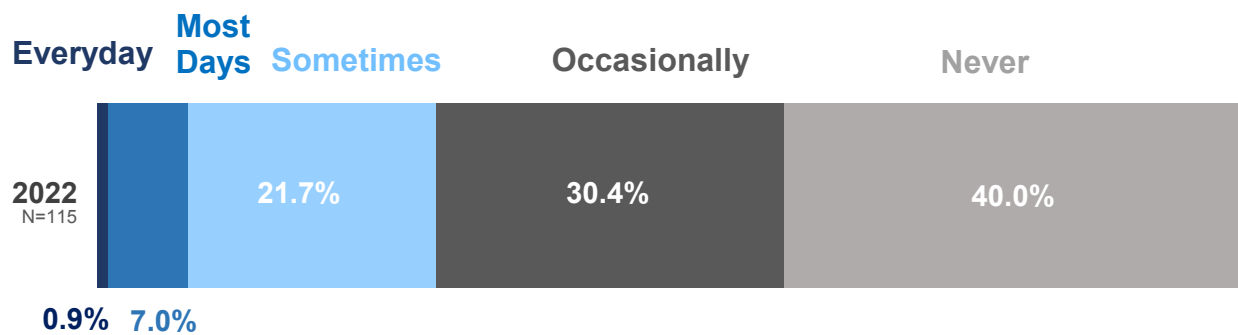
### More respondents report experiencing periods of depression since the last assessment



## Social Isolation (Question 26)

Respondents were asked to indicate how often they felt lonely or isolated in the past year. Forty percent of respondents (n=46) indicated they never felt lonely or isolated, and 30.4% of respondents (n=35) indicated they “occasionally (1-2 days per month)” felt lonely or isolated. Twenty-one point seven percent (n=25) reported they felt lonely or isolated “sometimes (3-5 days per month)” and 7.0% (n=8) indicated they felt lonely or isolated on “Most days (3-5 days per week).

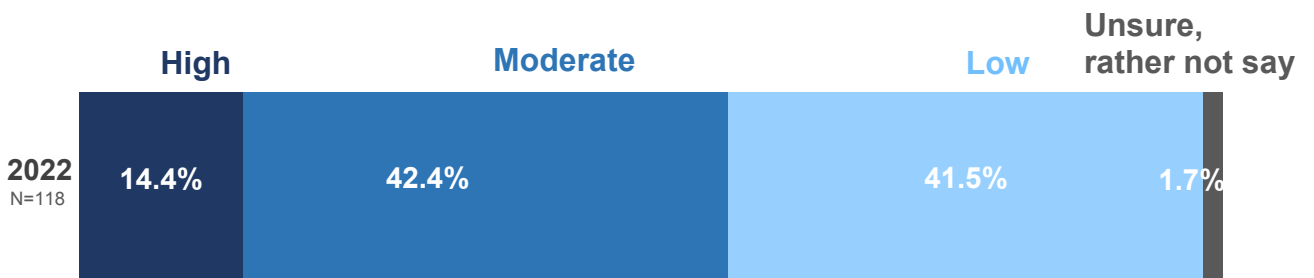
**70.4% of respondents either never felt lonely or occasionally felt lonely (1-2 days per month) in the past year**



## Perception of Stress (Question 27)

Respondents were asked to indicate how they would describe their stress level over the past year. Forty two point four percent of respondents (n=50) indicated they experienced a moderate level of stress, 41.5% (n=49) had a low level of stress, 14.4% of respondents (n=17) indicated they had experienced a high level of stress, and 1.7% (n=2) indicated they were “Unsure/rather not say.”

**56.8% of respondents describe their stress level in the past year as moderate or high.**

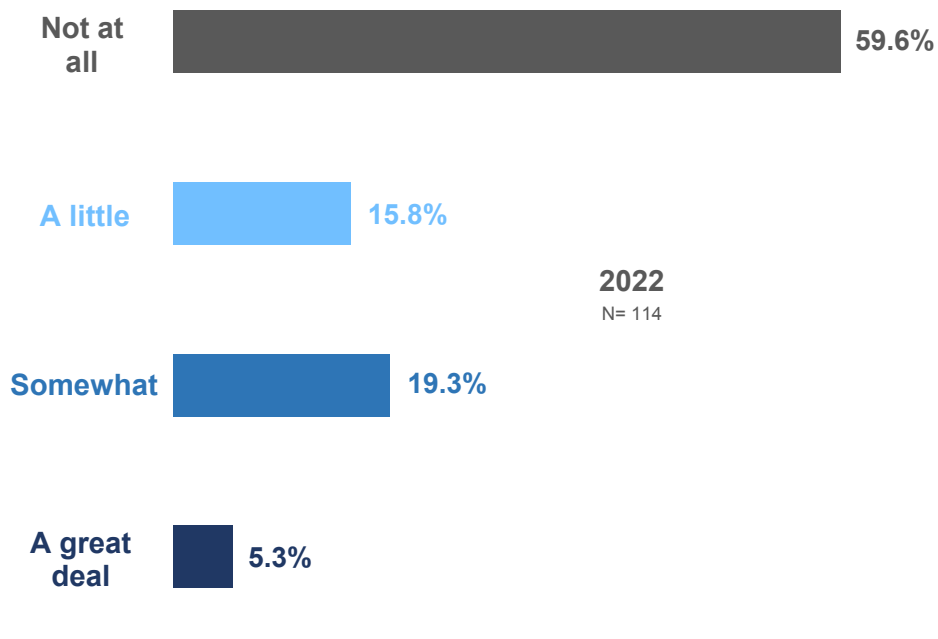




## Impact of Substance Abuse (Question 28)

Respondents were asked to indicate to what degree their life has been negatively affected by their own or someone else’s substance abuse issues including alcohol, prescription, or other drugs. Fifty-nine point six percent of respondents (n=68) indicated their life was “Not at all” affected. Nineteen point three percent (n=22) were “Somewhat” affected, 15.8% (n=18) were “A little” affected, and 5.3% (n=6) indicated they were “A great deal” negatively affected.

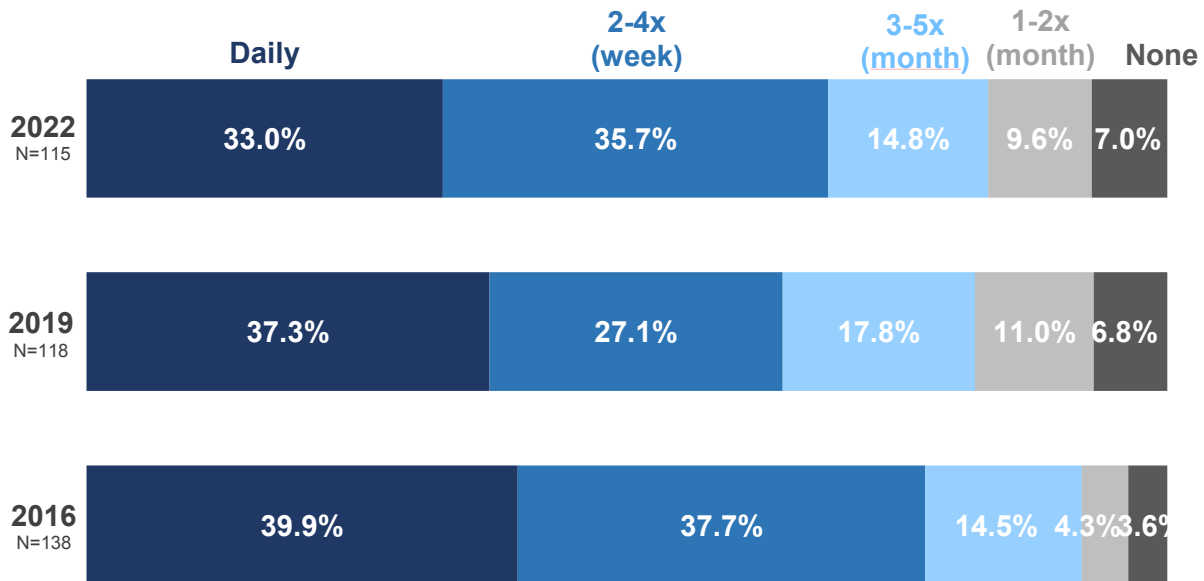
Nearly one in five respondents were **somewhat affected** by their own or someone else’s substance use issues



## Physical Activity (Question 29)

Respondents were asked to indicate how frequently they had physical activity for at least twenty minutes over the past month. Thirty five point seven percent of respondents (n=41) indicated they had physical activity “2-4 times per week,” and 33.0% (n=38) indicated they had physical activity of at least twenty minutes “Daily.” Fourteen point eight percent of respondents (n=17) indicated they had physical activity “3-5 times per month,” 9.6% (n=11) indicated they had physical activity “1-2 times per month,” and 7.0% (n=8) indicated they had “No physical activity.”

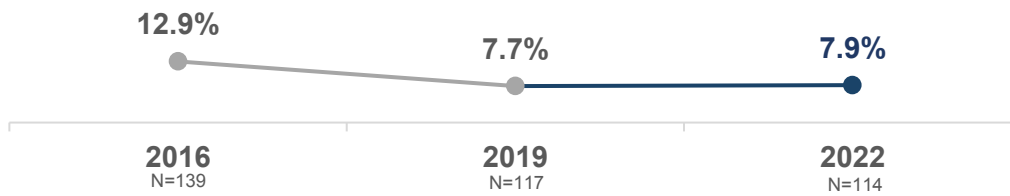
**Respondents report less daily physical activity in 2022 compared to previous assessments**



## Difficulty Getting Prescriptions (Question 30)

Respondents were asked to indicate if, during the last year, medication costs had prohibited them from getting a prescription or taking their medication regularly. Seven point nine percent of respondents (n=9) indicated that they had difficulty getting a prescription or taking their medication regularly in the last year. Seventy-three point seven percent of respondents (n=84) indicated that they did not have trouble getting or taking prescriptions, while 18.4% of respondents (n=21) stated it was not a pertinent question for them.

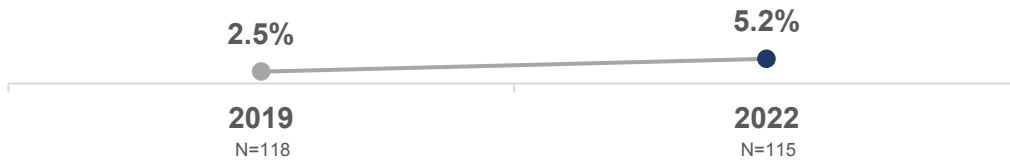
**Cost as a barrier to taking medications has remained the same since the 2019 assessment**



## Food Insecurity (Question 31)

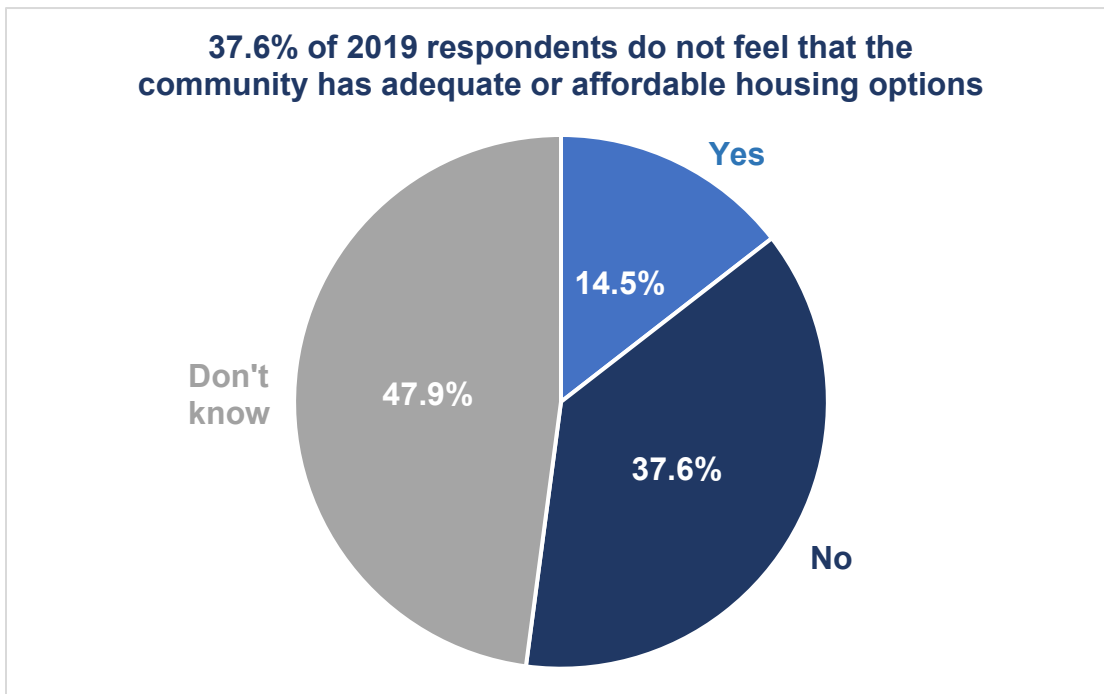
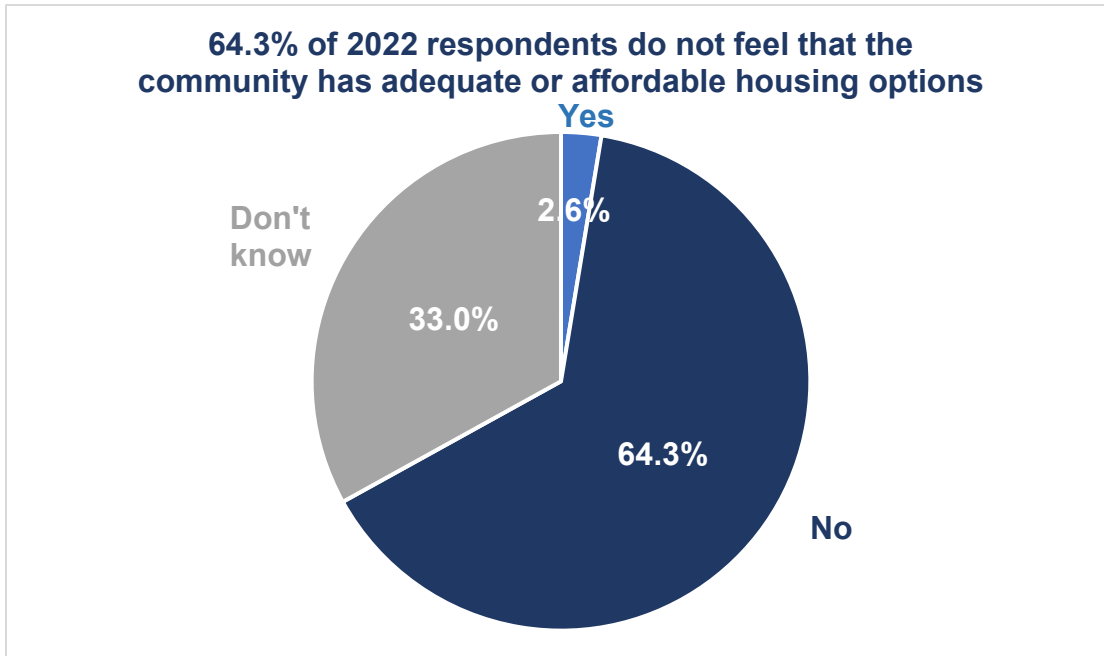
Respondents were asked to indicate if, during the last year, they had worried that they would not have enough food to eat. The majority, 94.8% (n=109), were not worried, but 5.2% (n=6) were concerned about not having enough to eat.

**The majority of respondents did not worry about having enough food**



## Housing (Question 32)

Respondents were asked to indicate if they felt the community has adequate and affordable housing options available. Sixty-four point three percent of respondents (n=74) indicated that they feel there are not adequate and affordable housing options available in the community, 2.6% (n=3) felt there are adequate and affordable options available, and 33.0% (n=38) didn't know.



## Health Insurance Type (Question 33)

Respondents were asked to indicate what type of health insurance covers the majority of their medical expenses. Thirty-four point eight percent (n=40) indicated they have “Medicare” coverage. Twenty-seven point eight percent (n=32) indicated they have “Employer sponsored” coverage. Sixteen respondents were moved to “Other” for selecting over the allotted one medical insurance type.

Type of Health Insurance	2016 % (n)	2019 % (n)	2022 % (n)
Number of respondents	107	117	115
Medicare	29.0% (31)	31.6% (37)	34.8% (40)
Employer sponsored	40.2% (43)	29.9% (35)	27.8% (32)
None/pay out of pocket	2.8% (3)	1.7% (2)	4.3% (5)
Health Insurance Marketplace	3.7% (4)	5.1% (6)	3.5% (4)
Medicaid	5.6% (6)	0.9% (1)	3.5% (4)
Private insurance/private plan	4.7% (5)	4.3% (5)	3.5% (4)
Healthy MT Kids	0.9% (1)	1.7% (2)	2.6% (3)
VA/military	8.4% (9)	6.0% (7)	2.6% (3)
Cost sharing/Co-Op plan (ex: Christian Care Ministries)		0.9% (1)	1.7% (2)
Agricultural Corp. Paid	0.0% (0)		
State/Other	1.9% (2)		
Health Savings Account	1.9% (2)	0.9% (1)	0.0% (0)
Indian Health	0.0% (0)	0.0% (0)	0.0% (0)
Other	0.9% (1)	17.1% (20)	15.7% (18)
<b>TOTAL</b>	<b>100.0% (107)</b>	<b>100.0% (117)</b>	<b>100.0% (115)</b>

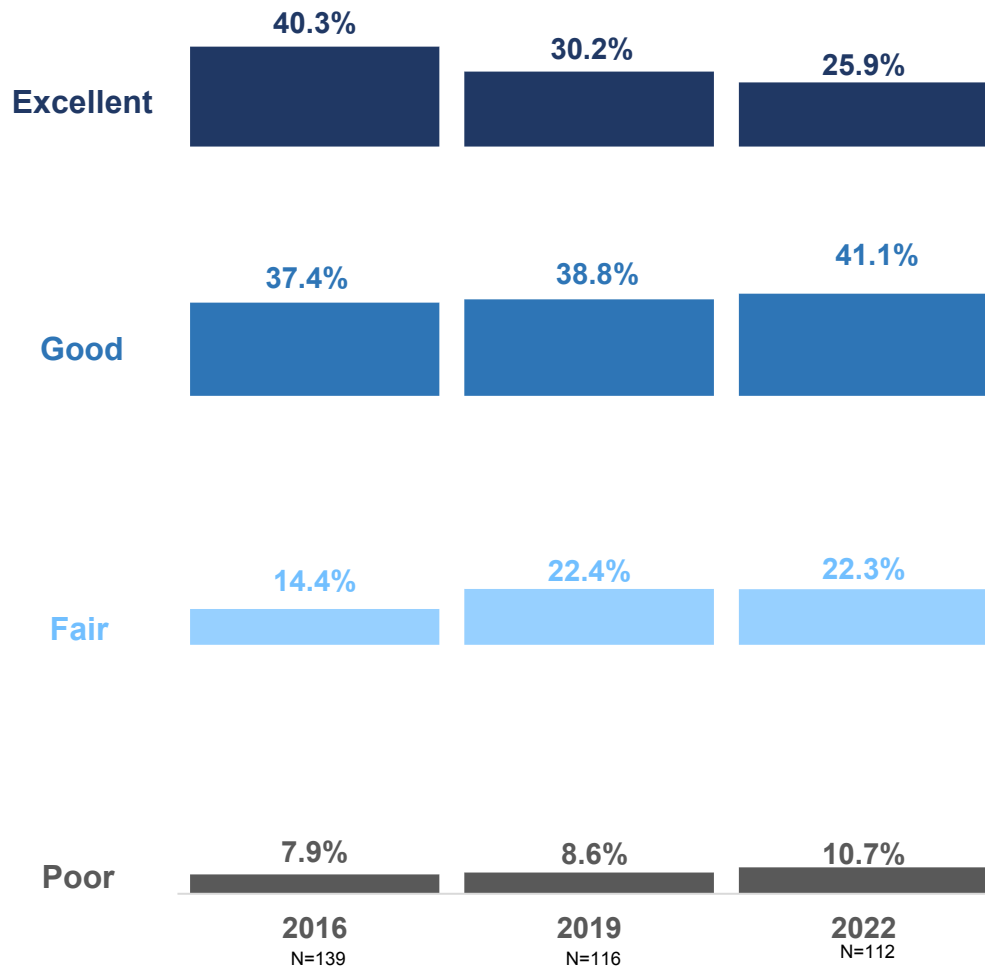
Statistical significance was not measured as reporting differed between 2022 and the two previous years. A larger number of missing values in 2022 compared to previous years would result in a skewed test for significance, indicating a meaningful change when one may not exist. Grayed out cells indicate the question was not asked that year. \*Respondents (N=16) who selected over the allotted amount were moved to “Other.”

“Other” comments included: “Humana (3)” and “Supplement BCBS”

## Insurance and Healthcare Costs (Question 34)

Respondents were asked to indicate how well they felt their health insurance covers their healthcare costs. Forty-one point onepercent of respondents (n=46) indicated they felt their insurance covers a “Good” amount of their healthcare costs. Twenty-five point nine percent of respondents (n=29) indicated they felt their insurance covered an “Excellent” amount, 22.3% of respondents (n=25) felt their insurance covered a “Fair” amount, and 10.7% of respondents (n=12) stated their insurance covered a “Poor” amount of their health costs.

**Over 2/3 of respondents feel that their health insurance offers excellent or good coverage**



## Barriers to Having Insurance (Question 35)

For the respondent who indicated they did not have insurance (n=5), the top reason selected for not having insurance was “Can’t afford to pay for health insurance” Respondents could select all barriers that applied.

Reasons for No Health Insurance	2016 % (n)	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	3	2	5	
Can’t afford to pay for health insurance	100.0% (3)	100.0% (2)	100.0% (5)	<input type="checkbox"/>
Employer does not offer insurance	33.3% (1)	0.0% (0)	20.0% (1)	<input type="checkbox"/>
Choose not to have medical insurance	33.3% (1)	0.0% (0)	0.0% (0)	<input type="checkbox"/>
Other	33.3% (1)	0.0% (0)	0.0% (0)	<input type="checkbox"/>

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

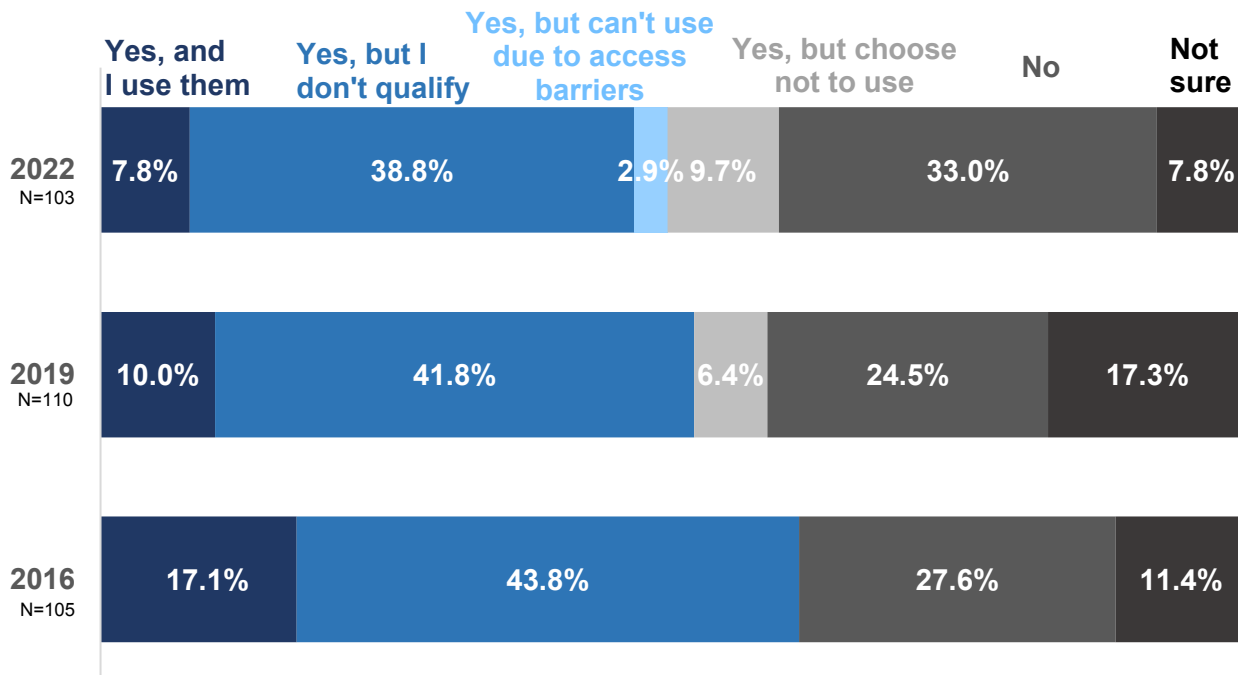
“Other” comments included: “Too young for Medicare”



## Awareness of Health Cost Assistance Programs (Question 36)

Respondents were asked to indicate their awareness of programs that help people pay for healthcare bills. Thirty-eight point eight percent of respondents (n=40) indicated they were aware of these programs but did not qualify to utilize them, and 33.0% (n=34) indicated that they were not aware of health cost assistance programs.

**One in three 2022 respondents are not aware of programs that help people pay for healthcare expenses**





# **KEY INFORMANT INTERVIEW RESULTS**

# Key Informant Interview Methodology

Three key informant interviews were conducted in June 2022. Participants were identified as people living in Billings Clinic Broadwater’s service area.

The three interviews were conducted over the telephone. The meetings lasted up to 15 minutes in length and followed the same line of questioning. Interview transcripts can be found in Appendix I. Interviews were facilitated by Montana Office of Rural Health staff.

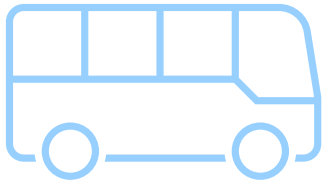


## Key Informant Interview Themes

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

### Transportation

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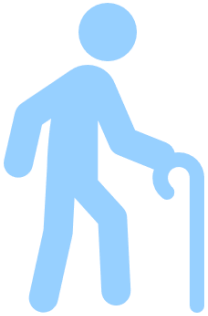


Transportation was highlighted as a key area of improvement among community members. Participants mentioned that people often have to travel to Helena or Bozeman for both specialty and primary care and that finding transportation can be very difficult, as there is no public transportation system in Townsend. One participant stated, “We need better transportation for seniors, they need help getting to appointments, grocery stores, and the pharmacy.”

Along with seniors, the lack of public transportation also makes it difficult for low-income individuals and families to access services. One interviewee mentioned, “We do not have a human services department, so people often must travel to Bozeman or Helena. If you do not have transportation, you likely cannot access these services at all.” Individuals have to balance appointment availabilities and transportation availabilities and that can be quite difficult.

## Senior Services

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The senior services available in the community were well regarded by key informant interviewees. There were, however, several opportunities for improvement that were mentioned throughout the interviews. Participants noted that home health services were lacking in the area and that assisted living facilities were often full. An interviewee stated, “I think the most need is that in home care, individuals often need help for a few hours a week including transportation.” Another said, “The senior services we have are pretty good, there are very limited home health options in the community though.”

Similarly, interviewees mentioned cost of groceries and prescriptions, medication management, and staffing shortages relating to senior service needs in the community.

## SERVICES NEEDED IN THE COMMUNITY

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- More mental health resources and providers
- More child specific care available locally (mental health and pediatrics)
- Increased health education outreach and fitness opportunities
- Child day-care
- Increased telehealth
- Increased number of traveling specialists
- Transportation
- Expand senior services
- EMS volunteers
- Home health
- Patient navigation
- Expanded recreation opportunities
- Services for low-income individuals
- Alcohol and substance abuse support/services



# **EXECUTIVE SUMMARY**

## Executive Summary

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

Areas of Opportunity	Secondary Data	Survey	Interviews
<b>Access to Healthcare Services</b>			
<b>Barriers to access</b>			
<i>More primary care providers</i>	⊗	✓	☑
<i>More specialists/traveling specialists</i>	⊗	✓	☑
<i>Information about available services</i>		✓	☑
<i>Appointment wait times</i>		✓	☑
<i>Transportation assistance</i>		✓	☑
<b>Cost of services</b>			
<i>Affordability and insurance coverage</i>	⊗	✓	☑
<i>Healthcare navigator (i.e., Assistance signing up for/navigating insurance, Medicare, or Medicaid)</i>		✓	☑
<b>Senior Services</b>			
<i>High percentage of population 65+</i>	⊗	✓	☑
<i>Home health and hospice</i>		✓	☑
<i>Estate planning/living will</i>		✓	
<i>Financial stress</i>		✓	☑
<b>Chronic Disease Prevention</b>			
<i>Cancer</i>	⊗	✓	☑
<i>Physical activity</i>	⊗	✓	☑
<i>Health education (health and wellness, health fair, fitness, nutrition, etc.)</i>		✓	☑

Summary continued on the next page.

Mental and Behavioral Health			
<i>More mental and behavioral health services/resources</i>	⊗	✓	☑
<i>Alcohol/substance use</i>	⊗	✓	☑
Socioeconomic & Health Measures			
<i>Housing accessibility and affordability</i>		✓	☑
<i>Access to programs such as Medicaid and Supplemental Nutrition Assistance Program (SNAP) benefits</i>	⊗	✓	☑
<i>Vaccination [i.e., HPV up-to-date (UTD) and vaccine preventable diseases]</i>	⊗		



# **NEXT STEPS & RESOURCES**



## Prioritization of Health Needs

The community steering committee, comprised of staff leaders from Billings Clinic Broadwater (BCB) 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
- Community outreach and engagement
- Population health programming and support

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

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

## Available Community Resources

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

- Billings Clinic
- Broadwater County Schools
- Montana Hospital Association
- Billings Clinic Bozeman
- Mountain-Pacific Quality Health
- Rotary Club of Townsend
- Townsend Chamber of Commerce
- HRDC Human Resources Development Council
- Broadwater County Public Health
- Center for Mental Health Townsend
- Broadwater County Development Corporation
- Billings Clinic Broadwater Auxiliary
- Broadwater Community Health Foundation
- St. Peters Health
- Bozeman Health
- Montana Hospital Association (MHA)

# Evaluation of Previous CHNA & Implementation Plan

Billings Clinic Broadwater provided the Montana Office of Rural Health with an update on their Implementation Plan activities from their previous CHNA process. The BCB Board of Directors approved its previous implementation plan in September 2019. The plan prioritized the following health issues:

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

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

[Billingsclinic.com](https://www.billingsclinic.com)

## ***Goal 1: Improve access to healthcare services in Broadwater County***

	<b>Activities</b>	<b>Accomplishments</b>	<b>Community Impact/Outcomes</b>
<b>Strategy 1.1:</b> Enhance access to primary care services at BHC	Continue to recruit primary care provider to expand appointment availability	Recruited permanent provider doubling capacity from 1 to 2 providers in the clinic plus addition provider available for same day care.	Continuity of care. Patient loyalty growing to be over a wider footprint.
	Conduct assessment to analyze staffing models to best meet community needs	Updated to have designated providers to one area rather than have provider splitting same time between departments.	Increased capacity for same day appointment availability.
	Convene area primary care providers to discuss community access issues, gaps, and opportunities	Ongoing as volumes require it	Capacity went from a 3 week wait to a 5 day wait for primary care visits.
<b>Strategy 1.2:</b> Enhance access to specialty care services at BCB	Explore opportunities to expand specialty care services at BCB	Added Cardiology, Ob-gynecology, pediatrics, tele-psychology visiting specialties.	Patients no longer need to travel for routine appointments and can get care here at home.
<b>Strategy 1.3:</b> Improve access to healthcare services through enhanced community education	Meet with public health to assess and create outreach materials related to financial assistance programs locally and state-based	Covid – 19 delaying originally planned education. Collaborated instead on virus testing, education, contract tracing, covid phone hotline, immunization clinics	Community members received over 1800 immunizations at stand-up clinics. Received support for covid, offered testing location and only site for travel and surgery testing

	Create marketing and outreach plan both internally and with community partners to disseminate new financial assistance resource materials	COVID related	Community had access to phone hotline for support and questions.
	Explore options/billing statements to enhance community understanding of hospital services and billing transparency	Updated and maintained pricing availability on website for pricing transparency	Patients able to price shop for procedures.
	Continue offering navigator program to assist community in accessing and understanding healthcare services	Certified navigator onsite, this was not advertised but maintained availability and directed those in need.	Community members given financial counselling and helped self-pay patients sign up for insurance coverage.
<b>Strategy 1.4:</b> Explore opportunities to support efforts related to access in Broadwater County	Engage with community partners to explore feasibility of enhancing transportation services in the area	Communication with county commissioners and local clubs about opportunities for shared cost in transportation services ongoing	Average 10 community members a month traveled on hospitals bus to surrounding area appointments.

**Goal 2: Enhance access to behavioral health resources and services in Broadwater County**

	Activities	Accomplishments	Community Impact/Outcomes
<b>Strategy 2.1:</b> Enhance community knowledge of behavioral health resources and services in Broadwater County	Continue participating in local Mental Health Advisory Council	Hospital Care Coordinator maintained ongoing role in Council throughout IP time	Direct link to hospital ear for support.
	Engage with local schools to explore opportunities to expand prevention and education to local youth (suicide prevention, Mental Health First Aid, others)	In conjunction with MHAC, brochure and education development underway, not yet implemented at school yet	In progress
	Update and disseminate new behavioral health resource-create marketing/education plan for resource	In conjunction with MHAC. ongoing	In progress
<b>Strategy 2.2:</b> Develop new behavioral health resources at BCB	Convene community partners to explore developing an Alanon support group (Public Health, Local Churches)	Tabled during COVID	
	Explore feasibility of offering Licensed Addiction Counseling (LAC) services on site	Implemented, licensed for LAC. Hired for 6 months as trial. LAC left and opened up own practice. Did not reinstate during COVID	Work with inmates established. Relationship with judge for required rehabilitation. Community able to receive service local

**Goal 3: Improve BCB’s outreach, education, and engagement in Broadwater County**

	<b>Activities</b>	<b>Accomplishments</b>	<b>Community Impact/Outcomes</b>
<p><b>Strategy 3.1:</b> Enhance knowledge and education of available services in Broadwater County</p>	Meet with community partners to develop a Community Health Fair Advisory Board, Mental Health Consortium, DUI Task Force)	2 different rounds planned, developed and postponed due to COVID restrictions. Offered some call-in opportunities to community for Q&A	Community leaders and members maintained direct line of communication through pandemic
	Enhance BHC’s website to improve community knowledge of available services and resources	Revamped to reflect services. Started Facebook advertising and push notifications	Saw 40% increase to utilization of outreach services advertised and use of Emergency room.
	Partner with local Chamber of Commerce to promote and disseminate local service resource booklet	In conjunction with social services and BCDC. Booklets were available to public.	Community given additional avenues to find information
	Create web-based calendar and information of available local and state mental health resources	Tabled while we recruit to fill vacant behavior health role on site and at the school	More pressure put on independent counselors without our support
<p><b>Strategy 3.2:</b> Develop new programs, services, and educational opportunities to better engage with BCB community</p>	Continue and explore opportunities to enhance engagement with local schools/youth (REACH camp, job shadowing, etc.)	Participated in Kids Hero Camp with our emergency services. Job shadowing available for multiple disciplinaries. Hosted multiple interns.	Community given exposure to opportunities in healthcare and awareness of services in the community
	Explore opportunities to provide health education to local organizations/groups (Senior Center, coffee clubs, social service organizations, etc.)	Spoke and presented biannually to local service groups. Lions, Chamber, Rotary, BCDC.	Initiated collaboration with surrounding area providers to help support our local community.
	Explore creating a community wellness/health promotion event or program (steps challenge, Walk with a Doc, Trails Rx, etc.).	Continuing to develop. Started internally with Be well program. Sponsored Autism Awareness Walk	Beginning stages. Employees saw weight loss and energy gains.



# APPENDICES

<b>Steering Committee Member</b>	<b>Organization Affiliation</b>
Jenny Clowes	CEO – Billings Clinic Broadwater (BCB)
Shienne Spatzierath	Purchasing Agent - BCB
Alex Larson	Activity Coordinator - BCB
Justin Tiffany	Clinic Ancillary Director - BCB
Mark Roelofs	Pastor
Jeanne Randolph	Community Member
Bill Upthegrove	BCB Board Member
Jorja Munns	BCB Board Member
Margaret Ruckey	Broadwater County Health Registered Nurse
Kellie McBride	Community Member
Darrel Folkford	County Commissioner
Adam Six	Chiropractor



# Appendix B- Public Health & Populations Consultation

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

## Name/Organization

Jeanne Randolph – Volunteer  
Bill Upthegrove – BCB Board Member  
Jorja Munns – BCB Board Member  
Lisa James – Volunteer  
Margaret Ruckey – Public Health  
Christina Hartman – School  
Allison Kosto – Ag Rep  
Kellie McBride -  
Adam Six – Chiropractor  
Darrell Folkford – County Commissioner  
Mike Evans – Mayor  
Jenny Clowes – BCB  
Shienne Spatzierath – BCB  
Alex Larson – BCB  
Tacy Swanton – BCB  
Justin Tiffany – BCB  
Mark Roelofs - Faith

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

First Steering Committee Meeting	April 26th, 2022
Key informant interviews	June 2022
Second Steering Committee Meeting	August 9 <sup>th</sup> , 2022

## Public and Community Health

- The hospital is responsible for probably 25-30% of the community’s health overall. It is really important to talk about other community needs outside of the hospital as well.
- We are sorely lacking adequate internet access around here. This makes accessing things like telehealth and enrollment in programs like Medicaid, Supplemental Nutrition Assistance Program (SNAP), and Women Infants and Children (WIC) particularly challenging.
- Yes, that Medicaid enrollment data seems really low for what it should be. Because they centralized the Medicaid and Public Assistance Offices across the state of



Montana, despite being so close to Helena, I know that a lot of our population still has major issues, like transportation and internet, accessing the help they need. A lot of people call the local health department for assistance signing up for things like Medicaid, SNAP, and WIC, but they're not quite set up to assist yet.

- Financial stress and economic stress are not necessarily the same and they may be received by people differently on the survey. Should just include financial stress as we think it will be the most well understood and actionable option.
- Include payment assistance programs for improving access to healthcare.
- Caregiver support should be added as a program/support group option on the survey.
- We offer medication management services for patients who need assistance.
- Add "naturopath" for primary care provider.
- Add "closest to work" as an option for why you select the primary provider that you use.

### Population: Low-income, Underinsured

- Need additional resources for accessing Medicaid/SNAP/WIC/etc.
- The socioeconomic measures for Broadwater County seem a bit lower than what we're actually experiencing. There's some dichotomy in the County where there are a lot of disparities if you look outside of the Townsend city limits.

### Population: Veterans

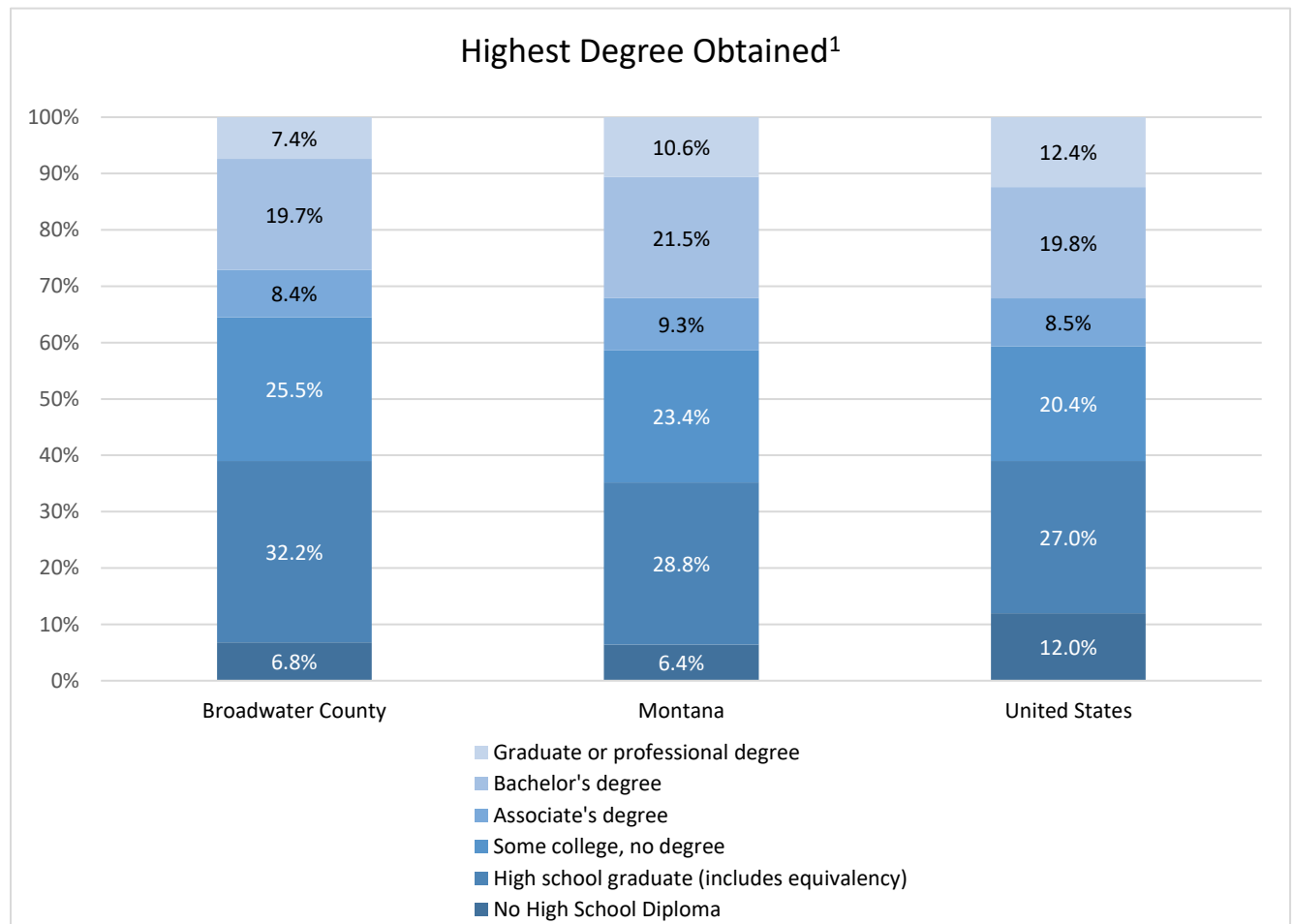
- Our high percentage of veterans is likely because we are so close to Helena.
- We do have veterans that utilize VA services at BCB.

# Appendix C- Broadwater Co. Secondary Data

Demographic Measure (%)		County			Montana			Nation		
Population <sup>1</sup>		5,945			1,050,649			324,697,795		
Population Density <sup>1</sup>		4.8			7.1			85.5		
Veteran Status <sup>1</sup>		14.1%			10.4%			7.3%		
Disability Status <sup>1</sup>		17.6%			13.6%			12.6%		
Age <sup>1</sup>		<5	18-64	65+	<5	18-64	65+	<5	18-64	65+
		4.6%	57.1%	23.4%	5.8%	60.1%	18.2%	6.1%	61.7%	15.6%
Gender <sup>1</sup>		Male		Female	Male		Female	Male		Female
		51.1%		48.9%	50.3%		49.7%	49.2%		50.8%
Race/Ethnic Distribution <sup>1</sup>		White			91.4%			75.3%		
		American Indian or Alaska Native			8.3%			1.7%		
		Other <sup>†</sup>			3.7%			26.5%		

<sup>1</sup> US Census Bureau - American Community Survey (2019)

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



Socioeconomic Measures (%)	County	Montana	Nation
Median Income <sup>1</sup>	\$60,594	\$54,970	\$62,843
Unemployment Rate <sup>1</sup>	8.8%	4.0%	5.3%
Persons Below Poverty Level <sup>1</sup>	8.5%	13.1%	13.4%
Children in Poverty <sup>1</sup>	5.2%	15.8%	18.5%
Internet at Home <sup>2</sup>	73.9%	81.5%	-
Households with Population Age 65+ Living Alone <sup>2</sup>	304	52,166	-
Households Without a Vehicle <sup>2</sup>	37	21,284	-
Households Receiving SNAP <sup>2</sup>	183	56,724	-
Eligible Recipients of Free or Reduced Price Lunch <sup>3</sup> <i>2019/2020 school year</i>	35.2%	42.9%	-
Enrolled in Medicaid <sup>4, 1</sup>	5.9%	9.7%	19.8%
Uninsured Adults <sup>5, 6</sup> <i>Age &lt;65</i>	11.0%	12.0%	12.1%
Uninsured Children <sup>5, 6</sup> <i>Age &lt;18</i>	8.0%	6.0%	5.1%

<sup>1</sup> US Census Bureau - American Community Survey (2019)

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

Maternal Child Health	County	Montana	Nation
General Fertility Rate* <sup>7</sup> <i>Per 1,000 Women 15-44 years of age (2017-2019)</i>	63.6	59.3	-
Preterm Births <sup>7</sup> <i>Born less than 37 weeks (2017-2019)</i>	NA	9.4%	-
Adolescent Birth Rate <sup>7</sup> <i>Per 1,000 years females 15-19 years of age (2017-2019)</i>	NA	18.3	-
Smoking during pregnancy <sup>3, 8</sup>	11.3%	16.5%	7.2%
Kotelchuck Prenatal Care** <sup>7</sup> <i>Adequate or Adequate-Plus (2017-2019)</i>	81.9%	75.7%	-
Low and very low birth weight infants <sup>7</sup> <i>Less than 2500 grams (2017-2019)</i>	NA	7.6%	-
Childhood Immunization Up-To-Date (UTD) <sup>§ 9</sup>	25.0%	64.8%	-

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

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

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

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

Behavioral Health	County	Montana	Nation
Adult Smoking <sup>5</sup>	19.0%	19.0%	16.0%
Excessive Drinking <sup>5</sup>	23.0%	22.0%	15.0%
Adult Obesity <sup>5</sup>	29.0%	27.0%	26.0%
Poor Mental Health Days <sup>5</sup> (Past 30 days)	4.1	3.9	3.8
Physical Inactivity <sup>5</sup>	23.0%	22.0%	19.0%
Do NOT wear seatbelts <sup>10</sup> State Age-Adjusted Prevalence (2018) Nation Crude Prevalence (2018)	-	10.3%	6.3%
Drink and Drive <sup>10</sup> State Age-Adjusted Prevalence (2018) Nation Crude Prevalence (2018)	-	3.7%	3.1%

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

Cancer prevention & screening	County	Montana	Nation
Human Papillomavirus (HPV) vaccination UTD <sup>++ 11, 12</sup> Adolescents 13-17 years of age (2020)	3.6%	54.4%	58.6%
Cervical cancer screening in past 3 years <sup>13, 10</sup> Age adjusted (county/state) and crude (nation) prevalence among adult women aged 21–65 years (2018)	84.7%	76.8%	80.1%
Mammography in past 2 years <sup>13, 10</sup> Age adjusted (county/state) and crude (nation) prevalence among women 50-74 years (2018)	68.0%	73.4%	78.3%
Colorectal Cancer Screening <sup>13, 10</sup> Age adjusted (county) and crude (state/nation) prevalence among adults age 50-75 years (2018)	59.3%	64.5%	69.7%

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

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

Infectious Disease Incidence Rates <sup>14</sup> Per 100,000 people (2015-2017)	County	Montana
Enteric Diseases *	52.4	80.1
Hepatitis C virus	18.8	93.4
Sexually Transmitted Diseases (STD) †	238.6	551.6
Vaccine Preventable Diseases (VPD) §	34.9	91.5

<sup>14</sup> IBIS Community Snapshot, MT-DPPHS

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

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

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

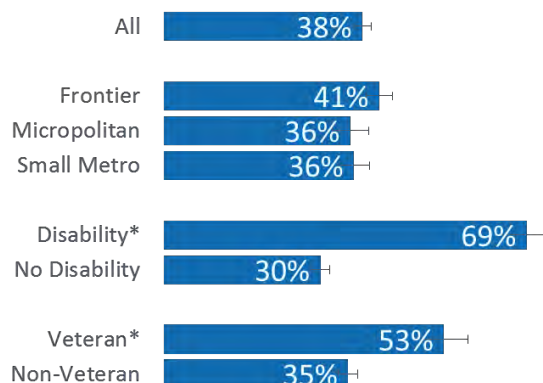
<sup>14</sup> IBIS Community Snapshot, MT-DPPHS

\*\* Data were suppressed to protect privacy.

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

<sup>10</sup> Behavioral Risk Factor Surveillance System, CDC (2019)

### Percent of Montana Adults with Two or More Chronic Conditions



Mortality	County	Montana	Nation
<b>Suicide Rate<sup>15</sup></b> <i>Per 100,000 population (2009-2018)</i>	**	23.9	-
<b>Veteran Suicide Rate<sup>15</sup></b> <i>Per 100,000 population (2009-2018)</i>	-	65.7	38.4
<b>Alzheimer's Disease Mortality Rate<sup>16</sup></b> <i>Age-Adjusted per 100,000 population (2017- 2019)</i>	-	21.7	-
<b>Pneumonia/Influenza Mortality Rate<sup>17</sup></b> <i>Age-Adjusted per 100,000</i>	-	10.5	12.3
<b>Leading Causes of Death<sup>16, 18</sup></b>	-	1. Heart Disease 2. Cancer 3. Chronic Lower Respiratory Disease (CLRD)	1. Heart Disease 2. Cancer 3. Unintentional injuries

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

\*\* Data were suppressed to protect privacy.

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

<sup>10</sup> Behavioral Risk Factor Surveillance System, CDC (2019)

\*Annual household income < \$15,000

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

<sup>19</sup> Montana Youth Risk Behavior Survey (2019)

## Secondary Data – Healthcare Workforce Data 2021

### Health Professional Shortage Area & Medically Underserved Areas/Populations

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

Health Professional Shortage Area Designation <sup>1</sup> - Broadwater County, Montana		
Discipline	HPSA Score	HPSA
Primary Care	9	✓ Geographic
Dental Health	11*	✓ Low income population
Mental Health	16 <sup>§</sup>	✓ High needs geographic population
HPSA Scores range from 0 to 25 (primary care and mental health) and 0 to 26 (dental health) where the higher the score, the greater the priority		

<sup>1</sup> Health Resources and Services Administration (2021)

\* Proposed for withdrawal - updated 9/9/2021

§ Proposed for withdrawal - updated 9/9/2021

Provider Supply and Access to Care <sup>2</sup>				
Measure	Description	Broadwater Co. (N = 1) **	Montana (N = 49) **	National (N = 1347) **
Primary care physicians	Ratio of population to primary care physicians	5747:1	1349:1	1050:1
Other primary care providers	Ratio of population to other primary care providers including nurse practitioners, physician assistants, and clinical nurse specialists	-	878:1	726:1
Dentists	Ratio of population to dentists	2968:1	1388:1	1260:1
Mental health providers	Ratio of population to mental health providers	989:1	356:1	310:1

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

\*\* Total number of CAHs in region

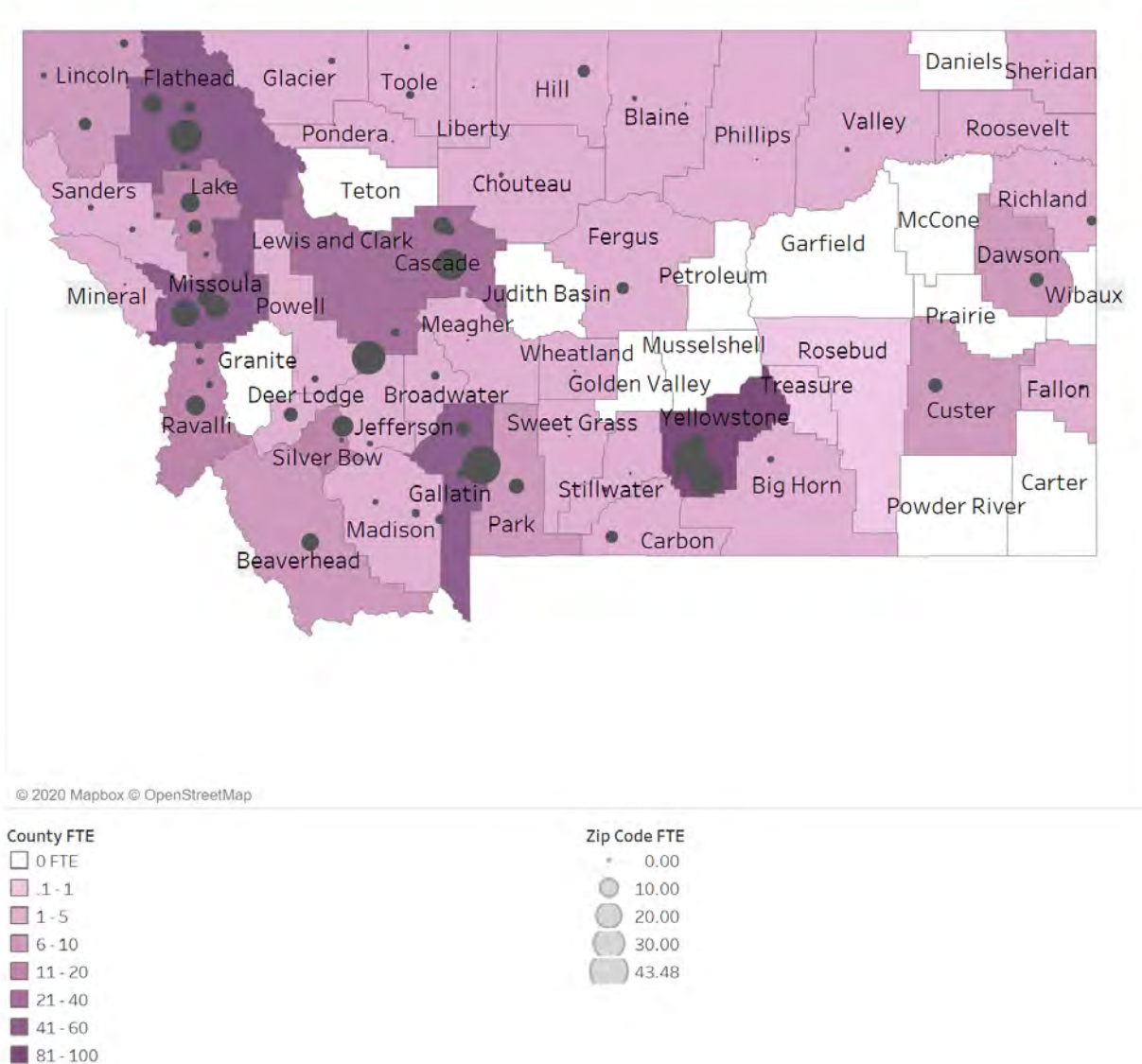


### Healthcare workforce Distribution Maps

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

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

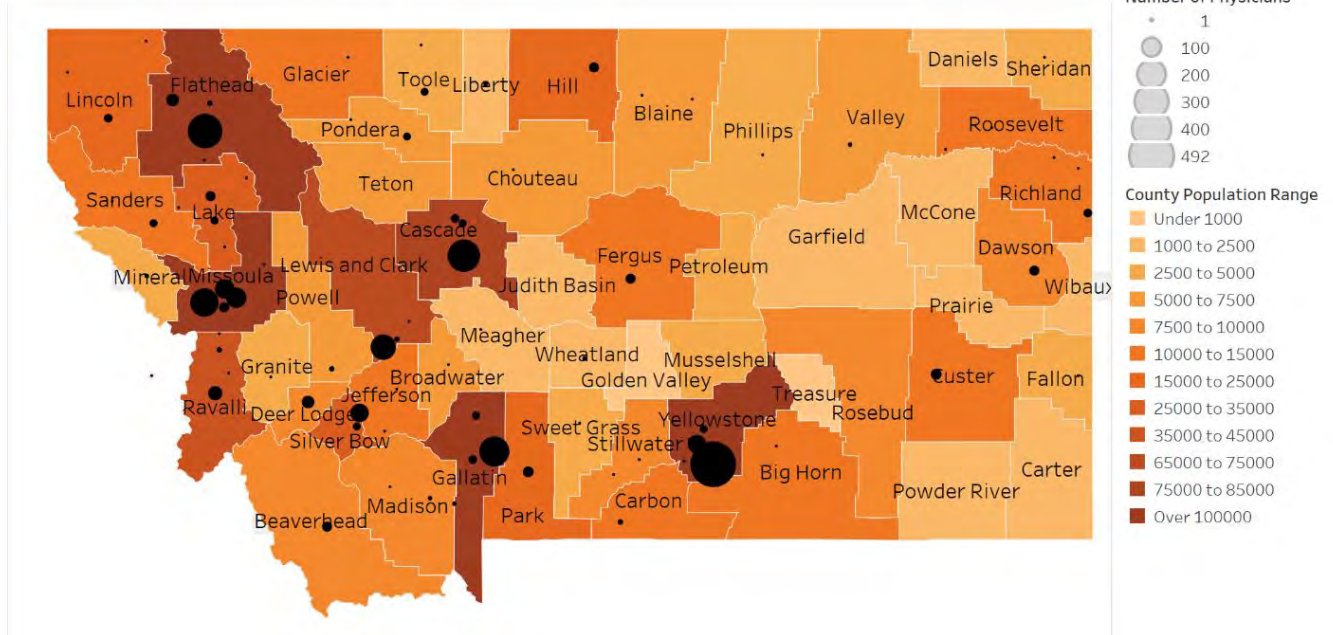
### Primary Care Physician FTE: Practice Locations Plotted by Zip Code



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

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

## Physicians (All Specialties) by County Population Range



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

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

## Appendix D- Survey Cover Letter



May 10, 2022

Dear [LASTNAME] household:

Participate in our Community Health Needs Assessment survey for a chance to **WIN one of three \$50 Gas Cards!**

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

Your name has been randomly selected as a resident who lives in the BCB 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: June 10, 2022
2. Complete the enclosed survey and return it in the envelope provided - no stamp needed.
3. You can also access the survey at <http://helpslab.montana.edu/survey.html>. Select "Billings Clinic Broadwater Survey." Your access code is [CODED]
4. The winners of the gas cards will be contacted the week of June 20<sup>th</sup>.

All survey responses will go to HELPS Lab at Montana State University in Bozeman, Montana, the organization that is assisting MORH with this project. If you have any questions about the survey or need assistance, please call MORH at 406-994-6986. We believe, with your help, we can continue to improve health care services in our region.

Thank you for your assistance. We appreciate your time.

Sincerely,

A handwritten signature in blue ink that reads "Jenny Clowes".

Jenny Clowes, CEO

# Appendix E- Survey Instrument

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

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

- Very healthy       Healthy       Somewhat healthy       Unhealthy       Very unhealthy

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

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 through Billings Clinic Broadwater?

- 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"/> Health club     | <input type="checkbox"/> Meals on Wheels |
| <input type="checkbox"/> Dentist      | <input type="checkbox"/> Home health     | <input type="checkbox"/> Mental health   |
| <input type="checkbox"/> Food bank    | <input type="checkbox"/> Massage therapy | <input type="checkbox"/> Naturopath      |

- Pharmacy
- Public health nurse
- VA services
- Phone/video consult with provider
- Senior center
- 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 access to health & human services programs/resources (Medicaid, SNAP, WIC, etc.)
- Improved quality of care
- Interpreter services
- More information about available services
- More primary care providers
- More specialists
- Outpatient services expanded hours
- Payment assistance programs (healthcare expenses)
- 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
- Balance and stability
- Cancer
- Caregiver training/support
- Diabetes management
- Estate planning
- Financial planning
- First aid/CPR
- Fitness
- Grief counseling
- Health and wellness
- Heart disease
- Hygiene
- Lactation/breastfeeding support
- 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 preventive 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
- Foot care
- Flu shot/immunizations
- Hearing check
- Mammography
- Medicare assessment
- Mental health counseling
- More physical activity
- Pap test
- 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"/> Personal care home services         |
| <input type="checkbox"/> Arthroscopy (joints)   | <input type="checkbox"/> Improved medical transport capabilities | <input type="checkbox"/> Post-operative rehabilitation       |
| <input type="checkbox"/> Assisted living        | <input type="checkbox"/> Mammography                             | <input type="checkbox"/> Respiratory therapy                 |
| <input type="checkbox"/> Audiology (hearing)    | <input type="checkbox"/> Medication management                   | <input type="checkbox"/> Senior respite care                 |
| <input type="checkbox"/> Cardiac rehabilitation | <input type="checkbox"/> Minor surgery (scopes)                  | <input type="checkbox"/> Senior retirement housing/community |
| <input type="checkbox"/> Colonoscopy            | <input type="checkbox"/> MRI (imaging)                           | <input type="checkbox"/> Ultrasound                          |
| <input type="checkbox"/> Dermatology            | <input type="checkbox"/> Ophthalmology (eye doctor)              | <input type="checkbox"/> Other: _____                        |

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

- Very important       Important       Not important       Don't know

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

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

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

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Couldn't get an appointment         | <input type="checkbox"/> It cost too much             | <input type="checkbox"/> Office wasn't open when I could go  |
| <input type="checkbox"/> Couldn't 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, have you or a household member seen a primary healthcare provider such as a family physician, physician assistant or nurse practitioner for healthcare services?**

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

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

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Billings Clinic Broadwater (Townsend) | <input type="checkbox"/> Family Medical Clinic (Townsend) | <input type="checkbox"/> St. Peters Health (Townsend) |
| <input type="checkbox"/> Bozeman                               | <input type="checkbox"/> Helena                           | <input type="checkbox"/> VA (Helena)                  |
|  | <input type="checkbox"/> Naturopathic clinic              | <input type="checkbox"/> Other: _____                 |

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

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

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

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

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

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

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

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

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

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

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

- |                                   |                                      |                                       |
|-----------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Anaconda | <input type="checkbox"/> Great Falls | <input type="checkbox"/> VA (Helena)  |
| <input type="checkbox"/> Billings | <input type="checkbox"/> Helena      | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Bozeman  | <input type="checkbox"/> Missoula    |                                       |
| <input type="checkbox"/> Butte    | <input type="checkbox"/> Townsend    |                                       |

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

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

**24.** The following services are available through Billings Clinic Broadwater. 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 service	4	3	2	1	N/A	DK
Primary Care	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
Long-term care services (nursing home, hospice, respite)	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
OB/GYN	4	3	2	1	N/A	DK
Pediatrics	4	3	2	1	N/A	DK
Cardiologist	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.** To what degree has your life been negatively affected by your own or someone else's substance abuse issues, including alcohol, prescription or other drugs?

- A great deal       Somewhat       A little       Not at all

**29.** 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

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

- Yes       No       Not applicable

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

- Yes       No

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

- Yes       No       Don't know



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

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Cost sharing/Co-Op plan (ex: Christian Care Ministries) | <input type="checkbox"/> Healthy MT Kids                | <input type="checkbox"/> VA/Military            |
| <input type="checkbox"/> Employer sponsored                                      | <input type="checkbox"/> Indian Health                  | <input type="checkbox"/> None/pay out of pocket |
| <input type="checkbox"/> Health Insurance Marketplace                            | <input type="checkbox"/> Medicaid                       | <input type="checkbox"/> Other: _____           |
| <input type="checkbox"/> Health Savings Account                                  | <input type="checkbox"/> Medicare                       |   |
|  | <input type="checkbox"/> Private insurance/private plan |   |

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

- Excellent                       Good                       Fair                       Poor

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

- Can't afford to pay for health insurance                       Choose not to have health insurance  
 Employer does not offer insurance                       Other: \_\_\_\_\_

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

- |  |  |                                   |
|--|--|-----------------------------------|
| <input type="checkbox"/> Yes, and I use them       | <input type="checkbox"/> Yes, but can't use due to access barriers | <input type="checkbox"/> No       |
| <input type="checkbox"/> Yes, but I do not qualify | <input type="checkbox"/> Yes, but choose not to use                | <input type="checkbox"/> Not sure |

**Demographics**

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

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

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> 59644 Townsend            | <input type="checkbox"/> 59634 Clancy                | <input type="checkbox"/> 59635 East Helena |
| <input type="checkbox"/> 59643 Toston / Radersburg | <input type="checkbox"/> 59752 Three Forks           | <input type="checkbox"/> Other: _____      |
| <input type="checkbox"/> 59602 Helena              | <input type="checkbox"/> 59645 White Sulphur Springs |  |
| <input type="checkbox"/> 59601 Helena              | <input type="checkbox"/> 59647 Winston               |  |

38. What is your gender?

- Male                       Female                       Prefer to self-describe: \_\_\_\_\_

39. What age range represents you?

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

40. What is your employment status?

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

**[CODED]**

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

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

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

## Appendix F- Cross Tabulation Analysis

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

	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>	<b>Total</b>
<b>Word of mouth/reputation</b>	10.7% (8)	42.7% (32)	28.0% (21)	18.7% (14)	<b>75</b>
<b>Friends/family</b>	10.6% (7)	40.9% (27)	25.8% (17)	22.7% (15)	<b>66</b>
<b>Healthcare provider</b>	14.3% (5)	57.1% (20)	17.1% (6)	11.4% (4)	<b>35</b>
<b>Newspaper</b>	10.0% (3)	46.7% (14)	33.3% (10)	10.0% (3)	<b>30</b>
<b>Website/internet</b>	7.4% (2)	51.9% (14)	29.6% (8)	11.1% (3)	<b>27</b>
<b>Mailings/newsletter</b>	12.5% (3)	50.0% (12)	25.0% (6)	12.5% (3)	<b>24</b>
<b>Social Media</b>	12.5% (3)	37.5% (9)	37.5% (9)	12.5% (3)	<b>24</b>
<b>Billboard/signs</b>	9.5% (2)	28.6% (6)	42.9% (9)	19.0% (4)	<b>21</b>
<b>Public health</b>	7.7% (1)	53.8% (7)	15.4% (2)	23.1% (3)	<b>13</b>
<b>Radio</b>	-	50.0% (2)	25.0% (1)	25.0% (1)	<b>4</b>
<b>Presentations</b>	50.0% (1)	50.0% (1)	-	-	<b>2</b>
<b>Other</b>	57.1% (4)	42.9% (3)	-	-	<b>7</b>

## Delay or Did Not Get Need Healthcare Services by Residence

	<b>Yes</b>	<b>No</b>	<b>Total</b>
<b>59644 Townsend</b>	42.0% (42)	58.0% (58)	<b>100</b>
<b>59643 Toston / Radersburg</b>	66.7% (2)	33.3% (1)	<b>3</b>
<b>59601 Helena</b>	66.7% (2)	33.3% (1)	<b>3</b>
<b>59602 Helena</b>	50.0% (1)	50.0% (1)	<b>2</b>
<b>59752 Three Forks</b>	100.0% (2)	-	<b>2</b>
<b>59645 White Sulphur Springs</b>	50.0% (1)	50.0% (1)	<b>2</b>
<b>59634 Clancy</b>	100.0% (1)	-	<b>1</b>
<b>59647 Winston</b>	100.0% (1)	-	<b>1</b>
<b>TOTAL</b>	<b>45.6%</b> <b>(52)</b>	<b>54.4%</b> <b>(62)</b>	<b>114</b>

\* "59635 East Helena" and "Other" removed from residence (first column) due to non-response.

## Location of primary care clinic most utilized by residence

	Billings Clinic Broadwater (Townsend)	Bozeman	Family Medical Clinic (Townsend)	Helena	Naturopathic Clinic	St. Peters Health (Townsend)	VA (Helena)	Other	TOTAL
<b>59644 Townsend</b>	30.2% (29)	7.3% (7)	6.3% (6)	15.6% (15)	1.0% (1)	18.8% (18)	4.2% (4)	16.7% (16)	<b>96</b>
<b>59643 Toston / Radersburg</b>	33.3% (1)	33.3% (1)	-	-	-	-	-	33.3% (1)	<b>3</b>
<b>59601 Helena</b>	-	-	-	100.0% (2)	-	-	-	-	<b>2</b>
<b>59752 Three Forks</b>	-	100.0% (2)	-	-	-	-	-	-	<b>2</b>
<b>59645 White Sulphur Springs</b>	-	-	-	-	-	-	-	100.0% (2)	<b>2</b>
<b>59602 Helena</b>	-	-	-	100.0% (1)	-	-	-	-	<b>1</b>
<b>59634 Clancy</b>	-	-	-	100.0% (1)	-	-	-	-	<b>1</b>
<b>59647 Winston</b>	-	-	-	100.0% (1)	-	-	-	-	<b>1</b>
<b>TOTAL</b>	<b>27.8% (30)</b>	<b>9.3% (10)</b>	<b>5.6% (6)</b>	<b>18.5% (20)</b>	<b>0.9% (1)</b>	<b>16.7% (18)</b>	<b>3.7% (4)</b>	<b>17.6% (19)</b>	<b>108</b>

\* "59635 East Helena" and "Other" removed from residence (first column) due to non-response.

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

	Billings Clinic Broadwater (Townsend)	Bozeman	Family Medical Clinic (Townsend)	Helena	Naturopathic Clinic	St. Peters Health (Townsend)	VA (Helena)	Other	TOTAL
<b>Closest to home</b>	52.2% (24)	2.2% (1)	10.9% (5)	2.2% (1)	2.2% (1)	13.0% (6)	-	17.4% (8)	<b>46</b>
<b>Prior experience with clinic</b>	30.2% (13)	14.0% (6)	4.7% (2)	23.3% (10)	-	11.6% (5)	-	16.3% (7)	<b>43</b>
<b>Appointment availability</b>	35.3% (12)	5.9% (2)	2.9% (1)	11.8% (4)	2.9% (1)	26.5% (9)	2.9% (1)	11.8% (4)	<b>34</b>
<b>Clinic/provider's reputation for quality</b>	27.3% (9)	9.1% (3)	9.1% (3)	15.2% (5)	3.0% (1)	21.2% (7)	-	15.2% (5)	<b>33</b>
<b>Recommended by family or friends</b>	22.2% (4)	16.7% (3)	11.1% (2)	11.1% (2)	-	16.7% (3)	-	22.2% (4)	<b>18</b>
<b>Referred by physician or other provider</b>	-	7.7% (1)	7.7% (1)	38.5% (5)	-	15.4% (2)	-	30.8% (4)	<b>13</b>
<b>Length of waiting room time</b>	55.6% (5)	-	11.1% (1)	11.1% (1)	-	22.2% (2)	-	-	<b>9</b>
<b>Required by insurance plan</b>	22.2% (2)	-	-	11.1% (1)	-	44.4% (4)	-	22.2% (2)	<b>9</b>
<b>VA/Military requirement</b>	-	-	-	-	-	-	44.4% (4)	55.6% (5)	<b>9</b>
<b>Closest to work</b>	25.0% (1)	-	25.0% (1)	50.0% (2)	-	-	-	-	<b>4</b>
<b>Cost of care</b>	-	-	50.0% (1)	-	-	-	50.0% (1)	-	<b>2</b>
<b>Other</b>	6.3% (1)	25.0% (4)	6.3% (1)	25.0% (4)	-	25.0% (4)	-	12.5% (2)	<b>16</b>

\* "Indian Health Services" removed from reason for primary clinic selection (first column) due to non-response.

## Location of most utilized hospital by residence

	Benefis (Great Falls)	Billings Clinic (Billings)	Billings Clinic Broadwater (Townsend)	Bozeman Health	Community Medical Center (Missoula)	St. Patrick's (Missoula)	St. Peter's (Helena)	VA (Helena)	Other	Total
<b>59644 Townsend</b>	-	1.5% (1)	12.1% (8)	15.2% (10)	1.5% (1)	1.5% (1)	47.0% (31)	3.0% (2)	18.2% (12)	<b>66</b>
<b>59602 Helena</b>	-	-	-	-	-	-	100.0% (2)	-	-	<b>2</b>
<b>59752 Three Forks</b>	-	-	-	100.0% (2)	-	-	-	-	-	<b>2</b>
<b>59645 White Sulphur Springs</b>	50.0% (1)	-	-	-	-	-	-	-	50.0% (1)	<b>2</b>
<b>59643 Toston / Radersburg</b>	-	-	-	-	-	-	-	-	100.0% (1)	<b>1</b>
<b>59634 Clancy</b>	-	-	-	-	-	100.0% (1)	-	-	-	<b>1</b>
<b>59647 Winston</b>	-	-	-	-	-	-	100.0% (1)	-	-	<b>1</b>
<b>TOTAL</b>	<b>1.3% (1)</b>	<b>1.3% (1)</b>	<b>10.7% (8)</b>	<b>16.0% (12)</b>	<b>1.3% (1)</b>	<b>2.7% (2)</b>	<b>45.3% (34)</b>	<b>2.7% (2)</b>	<b>18.7% (14)</b>	<b>75</b>

\* "St. James Healthcare (Butte)" and "St. Vincent's (Billings)" removed from hospital location (top row) due to non-response.

\*\* "59601 Helena," "59635 East Helena," and "Other" removed from residence (first column) due to non-response.

## Location of most recent hospitalization by reasons for hospital selection

	Benefis (Great Falls)	Billings Clinic (Billings)	Billings Clinic Broadwater (Townsend)	Bozeman Health	Community Medical Center (Missoula)	St. Patrick's (Missoula)	St. Peter's (Helena)	VA (Helena)	Other	Total
Prior experience with hospital	-	-	13.3% (4)	16.7% (5)	3.3% (1)	6.7% (2)	50.0% (15)	-	10.0% (3)	30
Referred by physician or other provider	3.4% (1)	3.4% (1)	-	17.2% (5)	3.4% (1)	6.9% (2)	51.7% (15)	-	13.8% (4)	29
Closest to home	-	-	24.0% (6)	16.0% (4)	-	-	36.0% (9)	-	24.0% (6)	25
Emergency, no choice	4.3% (1)	-	21.7% (5)	17.4% (4)	-	-	34.8% (8)	-	21.7% (5)	23
Hospital's reputation for quality	-	7.1% (1)	-	42.9% (6)	-	7.1% (1)	28.6% (4)	7.1% (1)	7.1% (1)	14
VA/Military requirement	-	-	-	-	-	-	20.0% (1)	40.0% (2)	40.0% (2)	5
Closest to work	-	-	25.0% (1)	25.0% (1)	-	-	25.0% (1)	-	25.0% (1)	4
Required by insurance plan	-	-	25.0% (1)	-	-	-	50.0% (2)	-	25.0% (1)	4
Recommended by family or friends	-	-	-	66.7% (2)	-	-	-	-	33.3% (1)	3
Cost of care	-	-	-	-	-	-	50.0% (1)	50.0% (1)	-	2
Financial assistance programs	-	-	-	-	-	50.0% (1)	50.0% (1)	-	-	2
Other	-	7.1% (1)	7.1% (1)	14.3% (2)	-	-	42.9% (6)	-	28.6% (4)	14

\* "St. James Healthcare (Butte)" and "St. Vincent's (Billings)" removed from hospital location (top row) due to non-response.

## Appendix G- Responses to Other & Comments

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

- Women's health including abortion option
- No mask use
- Parkinson's
- Unemployment
- Social anger-Politics-Drugs
- Not a "lack of access" to healthcare, but the fact that people don't go until it's too late.
- Lots of older people not in a good place because of lack of help and past lack of treatment

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

- Alcohol abuse/substance abuse (1)
- Autoimmune disorders (1)
- Depression/anxiety (1)
- Financial stress (1)
- Lack of dental care (1)
- Mental health issues (1)
- Overweight/obesity (2)

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

- Education
- Mental Health

\*Responses when more than 3 were selected (0 participants):

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

- Myself I learn
- Networking Organizations
- Caregiver
- Former employee
- Lived here entire life
- Self
- Employment



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

- Mental health
- Senior Champion
- Used none listed
- Physical therapy
- Caregiver
- Physical therapist (2)
- Cardiologist
- None
- Physical therapist at Billings Clinic at Serenity Health
- Only been here 8 months.

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

- Mental Health provider/therapist
- Caring for yourself
- Nutrition Education
- More compassionate health insurance companies or new payment system
- Better caregiver rights
- "Obama Care" costs me (a taxpayer) more than our house and car payments. Therefore I have none, therefore can't seek medical treatment
- No more masks & get back to normal
- Affordable healthcare
- Keeping primary care and specialists HERE!
- Lower VA wait times

**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)**

- I am a health coach and teach many of these classes myself. So I personally am not interested in attending these topics but know that many would benefit the community.
- I am not a people person.
- For me none.
- Probably could not attend classes.
- Power of attorney
- Alcohol classes for dealing with family members who have alcohol problems

**10.** Which of the following preventive services or lifestyle changes have you used in the past year? (Select ALL that apply)

- O2 level
- Orthopedic/Arthritis

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

- Dentist
- These are available but not locally that I know of.
- Eye specialist
- OBGYN
- We don't need any of these

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

- Was Christmas Eve and didn't want to go to Helena ER
- COVID cases were high and was nervous
- Had to wait for flex
- COVID closures
- COVID 19 concerns
- Covid
- Annoying insurance company
- Too busy being a caregiver
- COVID-just waited
- Did not want stupid covid test
- Covid and Obama care deductibles
- Personal reasons.

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

- Couldn't get an appointment (4)
- Didn't know where to go (2)
- Don't like doctors/providers (1)
- Had no one to care for the children (1)
- It cost too much (2)
- It was too far to go (3)
- My insurance didn't cover it (2)
- No insurance (1)
- Not treated with respect (1)
- Office wasn't open when I could go (2)
- Too long to wait for an appointment (3)
- Too nervous or afraid (2)
- Unsure if services were available (1)

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

- Mountainview Medical Clinic
- Former Residence KS
- Out of state
- White Sulphur Springs
- St. Peter’s MRI center, neurology, nutritionists
- Bozeman Deaconess
- Utah

**\*Responses when more than 1 was selected (15 participants):**

- Billings Clinic Broadwater (Townsend) (6)
- Bozeman (5)
- Family Medical Clinic (Townsend) (3)
- Helena (11)
- St. Peters Health (Townsend) (9)
- VA (Helena) (3)

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

- Offered more services and expertise. Out of town providers have offered more answers and help
- Pediatric specialists
- Until recently a lack of same type of provider in Townsend also prior long term relationship with provider
- Just picked one
- Best known to the community
- There for 35 years
- don't have one
- Previous primary care was St. Peter's Helena
- Want a doctor that is the same every time I go. One that knows me.
- Employed by
- Did research.
- Long time past use of them
- Specialists close.
- Prior experience with specific provider
- Free to those on state plan

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

- Mountainview Medical Clinic, White Sulfur Springs
- State Hospital
- Out of state

**\*Responses when more than 1 was selected (12 participants):**

- Benefis (Great Falls) (2)
- Billings Clinic (Billings) (5)
- Billings Clinic Broadwater (Townsend) (3)
- Bozeman Health (3)
- Community Medical Center (Missoula) (1)
- St. James Healthcare (Butte) (1)
- St. Patrick's (Missoula) (1)
- St. Peter's (Helena) (9)
- VA (Helena) (3)

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

- Expertise and knowledge
- First available in an emergency situation.
- Accepts insurance
- Close to other family members
- For different specialists and dialysis.
- No other options for Mental Health- level of care needed.
- Female doc for mom
- Where doctor practices
- Specialists
- Lack of experience with Billings clinic
- It's the only one available in Helena

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

- Closest to home (2)
- Emergency, no choice (2)
- Financial assistance programs (2)
- Hospital's reputation for quality (3)
- Prior experience with hospital (4)
- Referred by physician or other provider (3)

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

- Kalispell
- Kalispell
- Montana City
- Idaho Falls, ID
- Out of state
- Warm springs
- Yuma, AZ
- Salt Lake
- Arizona
- Utah

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

- ER
- Anesthesiologist
- Nutritionists, speech therapists
- Emergency room Billings Clinic Townsend
- Nephrologist
- Infectious diseases

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

- Humana (3)
- Supplement BCBS

**\*Responses when more than 1 was selected (16 participants):**

- Employer sponsored (4)
- Health Savings Account (1)
- Healthy MT Kids (1)
- Medicaid (1)
- Medicare (14)
- Private insurance/private plan (10)
- VA/Military (5)

**35. If you **do NOT** have health insurance, why?**

- New program & insurance
- If it weren't for Healthcare.gov we couldn't afford insurance.
- Too young for Medicare
- Cost for service

**37. Where do you currently live, by zip code?**

- No "Other" responses.

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

- No “Other” responses.

**40. What is your employment status?**

- Self-employed (6)
- Social security
- Homemaker
- Farmer for neighbor

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

- Work part time (4)
- Retired (3)
- Collect disability (2)
- Unemployed, but looking (1)

**General comments**

- (Q2)
  - Selected 2 options and “Other” and wrote “For example, I have 3 friends females, all 62 years old and none of them have ever had a mammogram or colonoscopy!! One friend’s sister died of breast cancer and her dad died of colon cancer. Maybe more *In your face advertising?*”
  - No selections and wrote “No idea”.
- (Q3)
  - Selected 3 options and “Other” and wrote “Also need affordable groceries, especially for people on fixed incomes and who can’t drive to Helena. The high prices here happen not only during this inflation.
- (Q4)
  - Selected “Excellent” and wrote “Attended the recent lunch and tour-great!”
- (Q7)
  - No selections and wrote “No idea”.
- (Q9)
  - Selected “IDK” for all and wrote “Wish I knew” next to table.
- (Q11)
  - Wrote “Currently don’t see the doctor a lot, but as I get older would like to see a doctor in Townsend”
- (Q14)
  - Selected “Not treated with respect” and pointed an arrow to the following: “I had an appt. With my N.P at St. Peter’s in Helena, drove approx. 87 miles (round trip) to see him and when I got into her office I was informed she wasn’t coming in that day! No phone call, no text to notify me ahead of time. Then when I went in on another day for my appt. I had to wait 1 hr and 15 min!”

- (Q19)
  - Selected “Billings Clinic Broadwater” and wrote “If I need ER care I would first go to Billings Broadwater. If I need surgery right now I would go to St. Peter’s”
- (Q23)
  - Made selections and then wrote “Misunderstood question, I thought *what health care specialist was seen ever*, have not seen any of these in the past 3 years”.
- (Q32)
  - Selected “no” and wrote “Homes are too expensive!”
- (Q33)
  - Selected 3 options and wrote “Supplement BCBS” next to Private Insurance.

General Comments:

- Just moved here, not well acquainted.

# Appendix H- Key Informant Interview - Questions

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

1. How do you feel about the general health of your community?
  
2. What are your views/opinions about these local services:
  - Hospital/clinic
  - EMS Services (ER/Ambulance)
  - Public/County Health Department
  - Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
  - Services for Low-Income Individuals/Families
  
3. What do you think are the most important local healthcare issues?
  
4. What other healthcare services are needed in the community?
  
5. What would make your community a healthier place to live?



# Appendix I- Key Informant Interview - Transcripts

## Key Informant Interview #1

Friday, June 3rd, 2022- Anonymous–Via phone interview

1. How do you feel about the general health of your community?
  - I think overall we are pretty healthy; the biggest challenge seems to be senior citizens and age brackets. There are just general challenges that come with an aging population. Billings clinic does bring in specialists once a month or so on rotation. I do think people often travel to Bozeman and Helena for a lot of that specialty care still.
2. What are your views/opinions about these local services:
  - Hospital/clinic:
    - I think they are doing great things; their expansion looks fantastic. They are very active in the community as well.
  - EMS Services (ER/Ambulance)
    - They struggle to find volunteers and to keep pace with response times as our county is growing. They do a great job overall.
  - Public/County Health Department
    - They have a brand-new coordinator who seems to be doing well so far. I think it has been extremely difficult for public health in the past two years, but they are staying on top of things. They also have a hard time with staff turnover.
  - Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
    - There is a definite need for those services in the community. I think the most need is for that in home care, individuals often need help for a few hours a week or even help with transportation. We have a few assisted living facilities, but they fill up quite quickly, I think they are trying to expand those facilities though.
  - Services for Low-Income Individuals/Families
    - There are services for low-income families, but those families do not seem to be taking advantage of them. Our food bank numbers have gone down over the last few years. We know that there are low-income families, but they may not be accessing services due to stigma. There are also several children in our school system who we know are homeless and we try to help them as best we can. It

could also be the large amount of paperwork associated with accessing those services.

3. What do you think are the most important local healthcare issues?
  - Senior services
4. What other healthcare services are needed in the community?
  - Specialty care services (pediatrics)
  - Expanded senior services
5. What would make your community a healthier place to live?
  - Having access to more Townsend based recreation (walking trails, parks, etc.)
  - There aren't many indoor facilities for physical activity during the winter

### **Key Informant Interview #2**

Friday, June 3rd, 2022- Anonymous–Via phone interview

1. How do you feel about the general health of your community?
  - It seems like people do not go regularly to the doctor for things like well checks, they only go as soon as they are sick. They also often must make appointments out of town for primary care.
2. What are your views/opinions about these local services:
  - Hospital/clinic:
    - I haven't had to go to the hospital for a couple years, but they seem to do a fine job.
  - EMS Services (ER/Ambulance)
    - In previous experiences it has been quite uncleanly, and it can be hard to find people when you get there (very long wait times). We have had to go hunt down the doctor in the ER because nobody shows up to assist us.
  - Public/County Health Department
    - There have been mixed feelings about county health over the past two years and I feel like the community is split in their feelings towards the department.
  - Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
    - I'm not very familiar with senior services in Townsend. I haven't heard many bad things about our senior services though.
  - Services for Low-Income Individuals/Families

- I know many families travel to Helena to get some of these services because we are lacking, or they are easier to access out of town.
3. What do you think are the most important local healthcare issues?
    - Improvements to the ER (Quality of care)
    - Expanded specialty care (Eye care, Ear care, OB/GYN, dentists, etc.)
  4. What other healthcare services are needed in the community?
    - Rehab facilities
    - Outreach programs for substance use
    - Domestic violence counseling/support
    - Low-income services
  5. What would make your community a healthier place to live?
    - We are a drug riddled community
    - Lot of violence that I think stems from poverty and substance abuse
    - Improved childcare

### **Key Informant Interview #3**

Friday, June 3rd, 2022- Anonymous–Via phone interview

1. How do you feel about the general health of your community?
  - I think we are above average but not by much. We need better transportation for seniors (appointments, grocery, etc.) Cost of medications is very pricey and people often have difficulties paying for other necessities.
2. What are your views/opinions about these local services:
  - Hospital/clinic:
    - I don't really have much experience with the hospital. I know the billing department at the hospital is quite awful.
  - EMS Services (ER/Ambulance)
    - They do the best they can with the limited resources that they have. Largely volunteers
  - Public/County Health Department
    - They've had a large amount of turnover which has been difficult. I do not have much interaction with them, however.
  - Senior Services (Nursing homes, assisted living, home health, senior center, etc.)

- The senior services we have are pretty good, they do their best to cater to the needs of the people. Our assisted living facilities are full, but I believe the hospital nursing home has openings. There are very limited home health options in the community.

#### Services for Low-Income Individuals/Families

- Those are harder to come by in Townsend, we do not have a human services department, so people often must go to Helena or Bozeman. If you do not have transportation, you likely cannot access these services at all.

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

- Transportation
- Expanded senior services
- Provider turnover

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

- Wellness clinic for children
- Traveling specialists (Monthly)
- Medication management for seniors

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

- Improved transportation
- Cost of groceries and available healthy food options
- Prescription costs

## Appendix J- Request for Comments

Written comments on this 2020 Community Health Needs Assessment Report can be submitted to Jenny Clowes, CEO at Billings Clinic Broadwater

Administration  
Billings Clinic Broadwater  
110 North Oak Street  
Townsend, MT 59644

Contact Jenny Clowes, CEO  
406-266-3186 ext. 108  
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