



2021

COMMUNITY HEALTH NEEDS ASSESSMENT

Big Timber, Montana

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



Office of Rural Health
Area Health
Education Center

Table of Contents

Introduction 4

Health Assessment Process 5

Survey Methodology..... 5

Survey Respondent Demographics..... 7

Survey Results 12

Key Informant Interview Methodology 50

Executive Summary..... 54

Prioritization of Health Needs 57

Available Community Resources 58

Evaluation of Previous CHNA & Implementation Plan 59

Appendix A- Steering Committee 64

Appendix B- Public Health & Populations Consultation 65

Appendix C- Sweet Grass Co. Secondary Data..... 67

Appendix D- Survey Cover Letter..... 75

Appendix E- Survey Instrument 76

Appendix F- Cross Tabulation Analysis 82

Appendix G- Responses to Other & Comments..... 88

Appendix H- Key Informant Interview - Questions..... 95

Appendix I- Key Informant Interviews - Transcript..... 96

Appendix J- Request for Comments 107



INTRODUCTION

Introduction

Pioneer Medical Center (PMC) is a Rural Medical Center including a 25-bed Critical Access Hospital, Rural Health Clinic, 16-unit Assisted Living Facility, Hospice Services, EMS/Ambulance Services, Laboratory Services, Imaging/Radiology Services, Outpatient Services, Rehabilitation Clinic, Dietician Services, Public Health Services, and several other services based in Big Timber, Montana. Pioneer Medical Center has a service area of just under nineteen hundred square miles. It provides medical services to the Sweet Grass County population of approximately 3,670 people plus those traveling through, working in, or here to pursue the fabulous recreational opportunities presented in Sweet Grass County.



Sweet Grass County is designated by the US Department of Health and Human Services (HHS) as a health professional shortage area due to its geographic population density (2 people per square mile) and is considered a frontier county. For further demographic, socioeconomic, and other related county and state data, please see Appendix C to review the Secondary Data Analysis.



Mission: Sustainable excellence in patient and resident focused care.

Vision: Grow to become the trusted healthcare provider and employer of choice in Sweet Grass County.

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

In April 2021, PMC'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 2021 survey data with data from a previous survey conducted in partnership with the Montana Office of Rural Health in 2015. In 2018, PMC's community health needs assessment process did not include a random sample survey, but instead included an environmental scan that was supplemented with focus

groups and key informant interviews. 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 Pioneer Medical Center in conducting CHSD. A diverse group of community members representing various organizations and populations within the community (ex. public health, elderly, uninsured) came together in March of 2021. For a list of all steering committee members and their affiliations, see Appendix A. The Steering Committee met twice during the CHSD process; first to discuss health concerns in

the community and offer their perspective in designing the survey instrument, and again to review results of the CHNA and to assist in the prioritization of health needs.

Survey Methodology

Survey Instrument

In April 2021, surveys were mailed out to the residents in Sweet Grass 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

Pioneer Medical Center provided a list of outpatient and inpatient admissions. Those zip codes with the greatest number of admissions were selected to be included in the survey. A random list of 800 residents was then selected with the assistance of the MSU HELPS lab. Residence was stratified in the initial sample selection so that each area would be represented in proportion to the overall served population and the proportion of past admissions. (Note: although the survey samples were

proportionately selected, actual surveys returned from each population area varied, which may result in slightly less proportional results.). See survey distribution table below.

Zip Code	Population	Community Name	Total Distribution	# Male	# Female
59011	1639	Big Timber	734	367	367
59033	83	Greycliff	16	8	8
59019	112	Melville	20	10	10
59052	139	McLeod	8	4	4
59069	307	Reed Point	18	9	9
59082	19	Springdale	4	2	2
Total	2299		800	400	400

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

Information Gaps- Data

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

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

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



Limitations in Survey & Key Informant Methodology

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

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

While key informant interview data can offer invaluable insight into the perception of a community or group of individuals, qualitative data can be difficult to analyze. For this reason, interview data are

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



Survey Implementation

In April 2021, a survey, cover letter on Pioneer Medical Center letterhead with the Chief Executive Officer's signature, and a postage paid envelope were mailed to 800 randomly selected residents in the hospital's service area. A news release was sent to the local newspaper as well as social media postings prior to the survey distribution announcing that Pioneer Medical Center would be conducting a community health services survey throughout the region in cooperation with the Montana Office of Rural Health.

One-hundred fifty-one surveys were returned out of 800. Of those 800 surveys, 59 surveys were returned undeliverable for a 20.4% response rate. From this point on, the total number of surveys will be out of 741. Based upon the sample size, we can be 95% confident that the responses to the survey questions are representative of the service area population, plus or minus 7.7%.

Survey Respondent Demographics

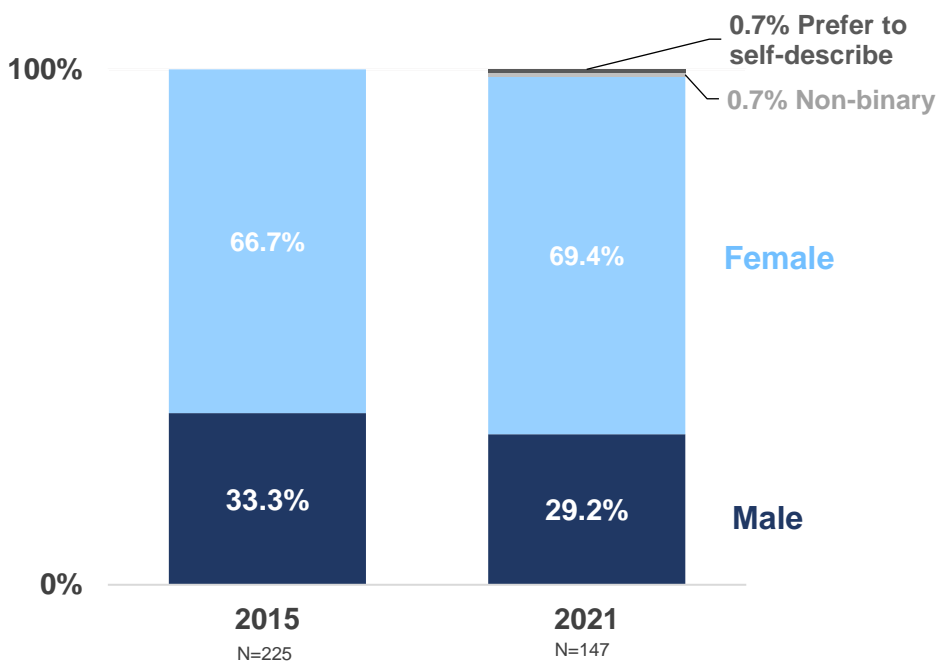
A total of 741 surveys were distributed amongst Pioneer Medical Center's service area. One-hundred fifty-one were completed for a 20.4% response rate. The following tables indicate the demographic

characteristics of the survey respondents. Information on location, gender, age, and employment is included. Percentages indicated on the tables and graphs are based upon the total number of responses for each individual question, as some respondents did not answer all questions.

Place of Residence	2015 % (n)	2021 % (n)	SIGNIFICANT CHANGE
Number of respondents	223	150	
59011 Big Timber	87.9% (196)	91.3% (137)	<input type="checkbox"/>
59069 Reed Point	0.9% (2)	2.7% (4)	<input type="checkbox"/>
59033 Greycliff	5.4% (12)	1.3% (2)	<input checked="" type="checkbox"/>
59082 Springdale		1.3% (2)	<input type="checkbox"/>
59052 McLeod	0.9% (2)	0.7% (1)	<input type="checkbox"/>
59055 Melville	4.0% (9)	0.7% (1)	<input checked="" type="checkbox"/>
Other	0.9% (2)	2.0% (3)	<input type="checkbox"/>
TOTAL	100.0% (223)	100.0% (150)	

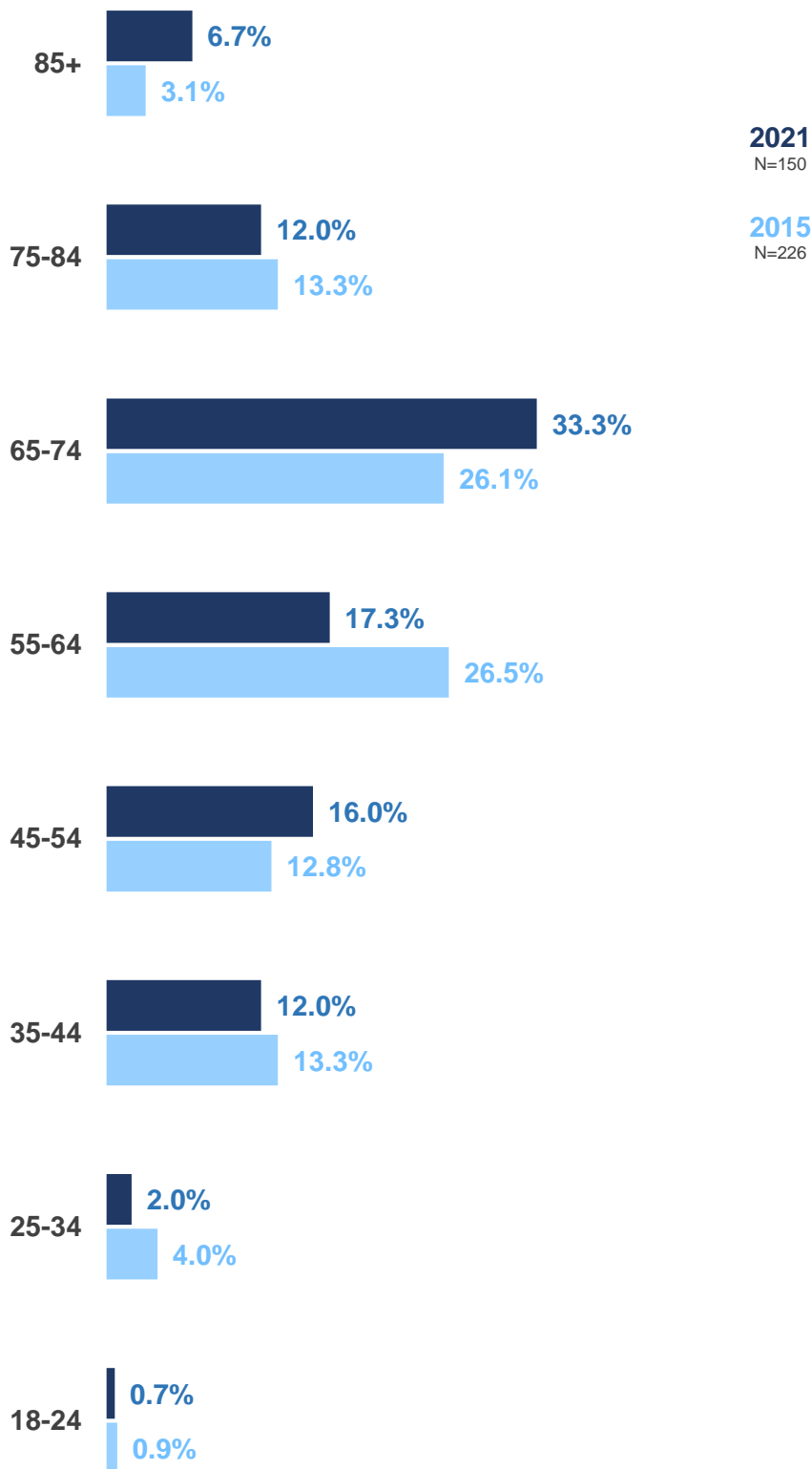
A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Grayed out cells indicate the question was not asked that year.

Gender



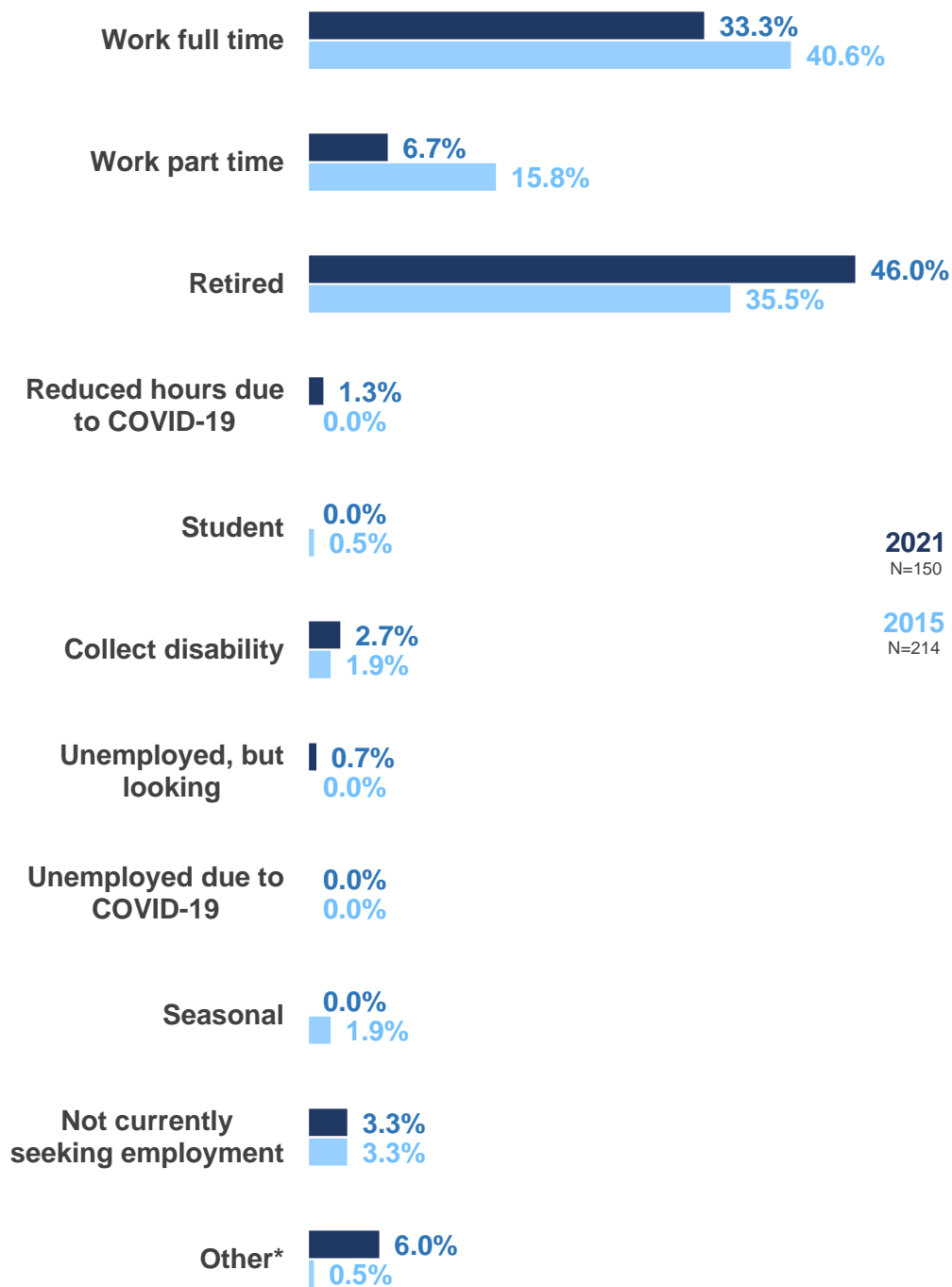
Women are frequently the healthcare decision makers for their families and more likely to respond to a health-related survey.

Age of respondents for both years of the survey



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

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



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

"Other" comments included: Self-employed (5), Housewife, Employed spouse, and Homemaker.



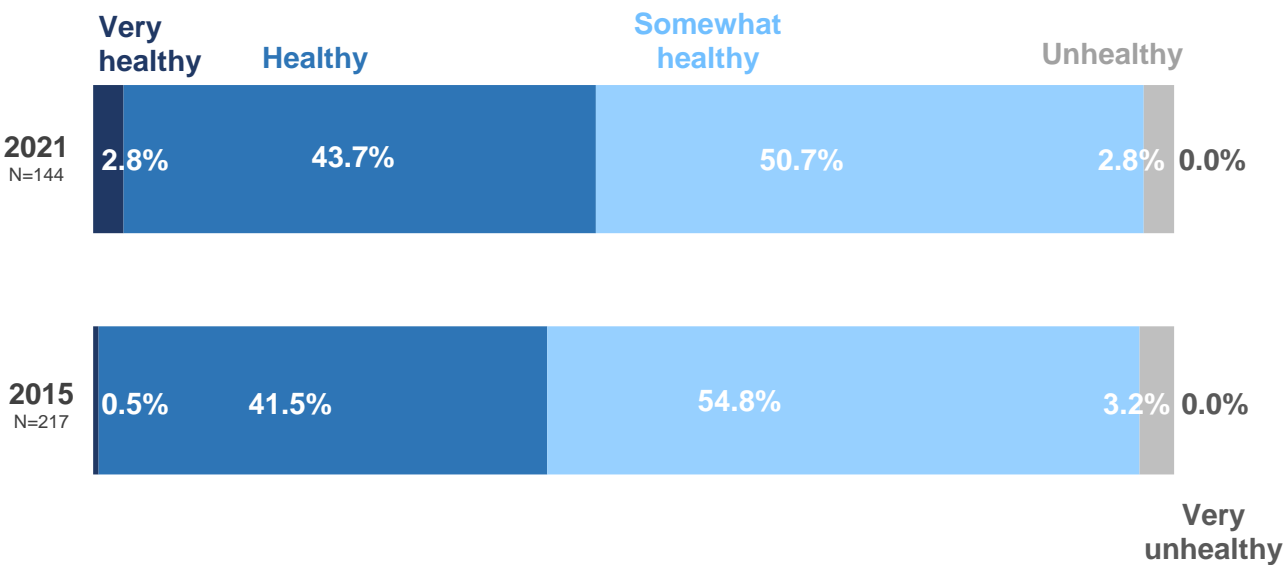
SURVEY RESULTS

Survey Results

Rating of Healthy Community (Question 1)

Respondents were asked to indicate how they would rate the general health of their community. Fifty percent of respondents (n=73) rated their community as “Somewhat healthy,” and 43.7% of respondents (n=63) felt their community was “Healthy.” No respondents indicated they felt their community was “Very unhealthy.”

Half of 2021 respondents rate their community as **somewhat healthy**



94.4% of respondents feel their community is healthy or somewhat healthy.

Health Concerns for Community (Question 2)

Respondents were asked what they felt the three most serious health concerns were in their community. The top identified health concern was “Alcohol/substance abuse” at 52.7% (n=79), which experienced a significant increase since the 2015 community health needs assessment. “Cancer” was also a high priority at 37.3% (n=56), followed by “Mental health (depression, anxiety, PTSD, etc.)” at 31.3% (n=47).

“Other” comments included: COVID, “Affordable healthcare and education about health,” and Housing.

(View all comments in Appendix G)

Health Concern	2015 % (n)	2021 % (n)	SIGNIFICANT CHANGE
Number of respondents	229	150	
Alcohol/substance abuse	41.0% (94)	52.7% (79)	■
Cancer	72.9% (167)	37.3% (56)	■
Mental health (depression, anxiety, PTSD, etc.)	23.1% (53)	31.3% (47)	□
Overweight/obesity	25.8% (59)	21.3% (32)	□
Tobacco use (cigarettes/cigars, vaping, smokeless)	17.0% (39)	16.7% (25)	□
Heart disease	33.2% (76)	15.3% (23)	■
Work/economic stress		13.3% (20)	□
Lack of access to healthcare	9.2% (21)	12.7% (19)	□
Alzheimer’s/dementia		9.3% (14)	□
Social isolation/loneliness		8.7% (13)	□
Lack of exercise	12.2% (28)	8.0% (12)	□
Diabetes	11.4% (26)	6.7% (10)	□
Domestic violence	3.1% (7)	6.0% (9)	□
Lack of dental care	6.1% (14)	6.0% (9)	□
Child abuse/neglect	2.6% (6)	5.3% (8)	□
Motor vehicle accidents	6.6% (15)	4.0% (6)	□
Recreation related accidents/injuries	7.4% (17)	4.0% (6)	□
Respiratory issues/illness	7.4% (17)	4.0% (6)	□
Suicide		2.7% (4)	□
Stroke	9.2% (21)	2.0% (3)	■
Work related accidents/injuries	3.9% (9)	2.0% (3)	□
Elder abuse, neglect, or exploitation		2.0% (3)	□
Hunger		0.7% (1)	□
Trauma/Adverse Childhood Experiences (ACES)		0.7% (1)	□
Other	2.2% (5)	6.0% (9)	□

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.

Components of a Healthy Community (Question 3)

Respondents were asked to identify the three most important things for a healthy community. Forty-one percent of respondents (n=62) indicated that “Access to healthcare services” is important for a healthy community, followed by “Good jobs and a healthy economy” at 37.3% (n=56), and “Affordable housing” at 36.0% (n=54).

Components of Healthy Community	2015 % (n)	2021 % (n)	SIGNIFICANT CHANGE
Number of respondents	229	150	
Access to healthcare services	62.9% (144)	41.3% (62)	■
Good jobs and a healthy economy	42.8% (98)	37.3% (56)	□
Affordable housing	15.7% (36)	36.0% (54)	■
Strong family life	33.2% (76)	28.0% (42)	□
Healthy behaviors and lifestyles	35.8% (82)	22.7% (34)	■
Good schools	28.4% (65)	22.0% (33)	□
Access to healthy foods		18.7% (28)	□
Access to childcare/after school programs		17.3% (26)	□
Religious or spiritual values	25.3% (58)	14.7% (22)	■
Community involvement	7.0% (16)	10.7% (16)	□
Low crime/safe neighborhoods	18.3% (42)	9.3% (14)	■
Tolerance for diversity	4.8% (11)	8.0% (12)	□
Clean environment	14.8% (34)	5.3% (8)	■
Low level of domestic violence	1.7% (4)	5.3% (8)	□
Parks and recreation	2.6% (6)	5.3% (8)	□
Low death and disease rates	3.5% (8)	3.3% (5)	□
Transportation services		2.7% (4)	□
Arts and cultural events	1.3% (3)	0.7% (1)	□
Other*	2.2% (5)	4.7% (7)	□

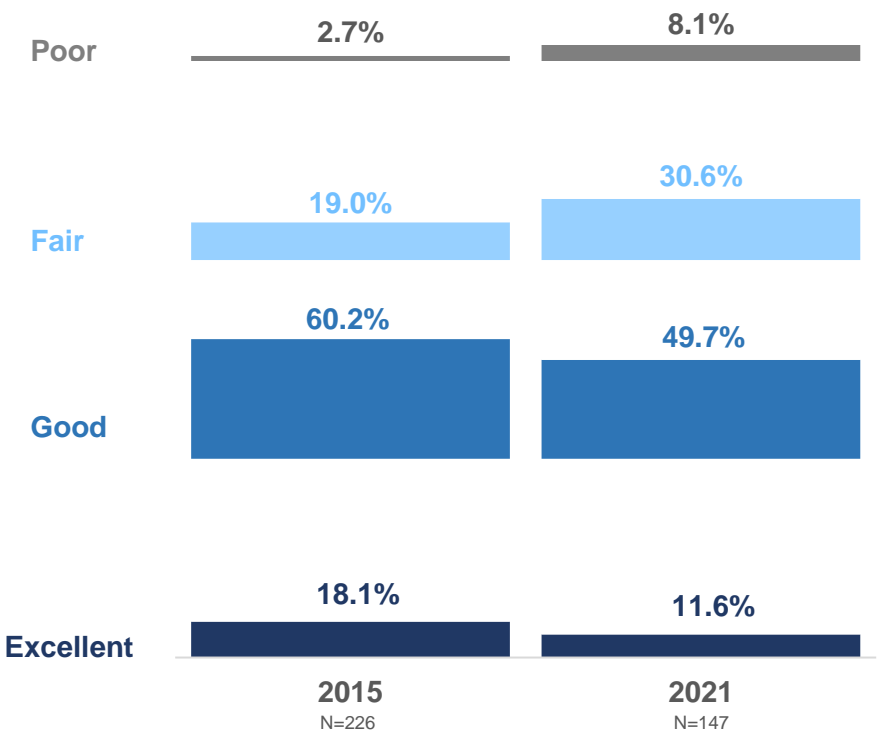
A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to pick their top three components of a healthy community, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year. *Respondents (N=1) who selected over the allotted amount were moved to “Other.”

“Other” comments included: Education (2), “Strong, regular local friendships or family,” and Clean water.

Knowledge of Health Services (Question 4)

Respondents were asked to rate their knowledge of the health services available at Pioneer Medical Center. Fifty percent (n=73) of respondents rated their knowledge of health services as “Good.” “Fair” was selected by 30.6 percent (n=45), and “Excellent” was chosen by 11.6% of respondents (n=17).

More 2021 respondents rated their knowledge of services as **fair** compared to 2015



How Respondents Learn of Health Services (Question 5)

The most frequently indicated method of learning about available services was “Friends/family” at 57.3% (n=86). “Word of mouth/reputation” was also frequently used to learn about health services at 52.7% (n=79), followed by “Facebook/Social media” at 41.3% (n=62), which experienced a significant increase since the 2015 assessment.

How Respondents Learn about Community Health Services	2015 % (n)	2021 % (n)	SIGNIFICANT CHANGE
Number of respondents	229	150	
Friends/family	52.8% (121)	57.3% (86)	<input type="checkbox"/>
Word of mouth/reputation	57.6% (132)	52.7% (79)	<input type="checkbox"/>
Facebook/Social media	6.1% (14)	41.3% (62)	<input checked="" type="checkbox"/>
Healthcare provider	36.2% (83)	40.7% (61)	<input type="checkbox"/>
Newspaper	15.3% (35)	32.7% (49)	<input checked="" type="checkbox"/>
Public health nurse	6.1% (14)	18.0% (27)	<input checked="" type="checkbox"/>
Mailings/newsletter	18.3% (42)	14.7% (22)	<input type="checkbox"/>
Website/internet	2.2% (5)	14.7% (22)	<input checked="" type="checkbox"/>
Billboards/posters		5.3% (8)	<input type="checkbox"/>
Presentations	4.8% (11)	0.7% (1)	<input checked="" type="checkbox"/>
Other	5.7% (13)	5.3% (8)	<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: Worked there (2), Schools, Flyers, and “Previous visits to clinic.”

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. “Dentist” was the most frequently utilized community health resource cited by respondents at 62.7% (n=94) which is a significant increase compared to 2015. “Other primary care providers (Not PMC)” was utilized by 40.7% (n=61) of respondents, followed by “Chiropractor” at 35.3% (n=53).

Use of Community Health Resources	2015 % (n)	2021 % (n)	SIGNIFICANT CHANGE
Number of respondents	229	150	
Dentist	49.3% (113)	62.7% (94)	■
Other primary care providers (Not PMC)		40.7% (61)	□
Chiropractor	33.6% (77)	35.3% (53)	□
Physical, occupational, or speech therapy clinics		29.3% (44)	□
Public Health	3.1% (7)	18.0% (27)	■
EMS/Ambulance		15.3% (23)	□
Hearing check		8.0% (12)	□
Mental health services	3.5% (8)	6.0% (9)	□
Home health		2.7% (4)	□
Hospice		2.7% (4)	□
Other	3.1% (7)	9.3% (14)	■

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: Eye doctor (2), None (2), Mobile Mammogram, COVID Vaccinations, Telemedicine, and “Walk in clinic/ER.”

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 (46.0%, n=69) reported that "More primary care providers" would make the greatest improvement. Thirty-nine percent of respondents (n=59) indicated "Improved quality of care" followed closely by "More specialists" at 32.7% (n=49) would improve access.

"More primary care providers" would make the greatest improvement

What Would Improve Community Access to Healthcare	2015 % (n)	2021 % (n)	SIGNIFICANT CHANGE
Number of respondents	229	150	
More primary care providers	42.8% (98)	46.0% (69)	<input type="checkbox"/>
Improved quality of care	40.6% (93)	39.3% (59)	<input type="checkbox"/>
More specialists	26.2% (60)	32.7% (49)	<input type="checkbox"/>
More information about available services		30.0% (45)	<input type="checkbox"/>
Payment assistance programs (healthcare expenses)		28.0% (42)	<input type="checkbox"/>
Telemedicine	10.5% (24)	26.0% (39)	<input checked="" type="checkbox"/>
Greater health education services	18.3% (42)	18.0% (27)	<input type="checkbox"/>
Outpatient services expanded hours	18.3% (42)	17.3% (26)	<input type="checkbox"/>
Transportation assistance	14.0% (32)	14.7% (22)	<input type="checkbox"/>
Cultural sensitivity	3.5% (8)	2.0% (3)	<input type="checkbox"/>
Interpreter services	1.3% (3)	0.7% (1)	<input type="checkbox"/>
Other	7.4% (17)	5.3% (8)	<input type="checkbox"/>

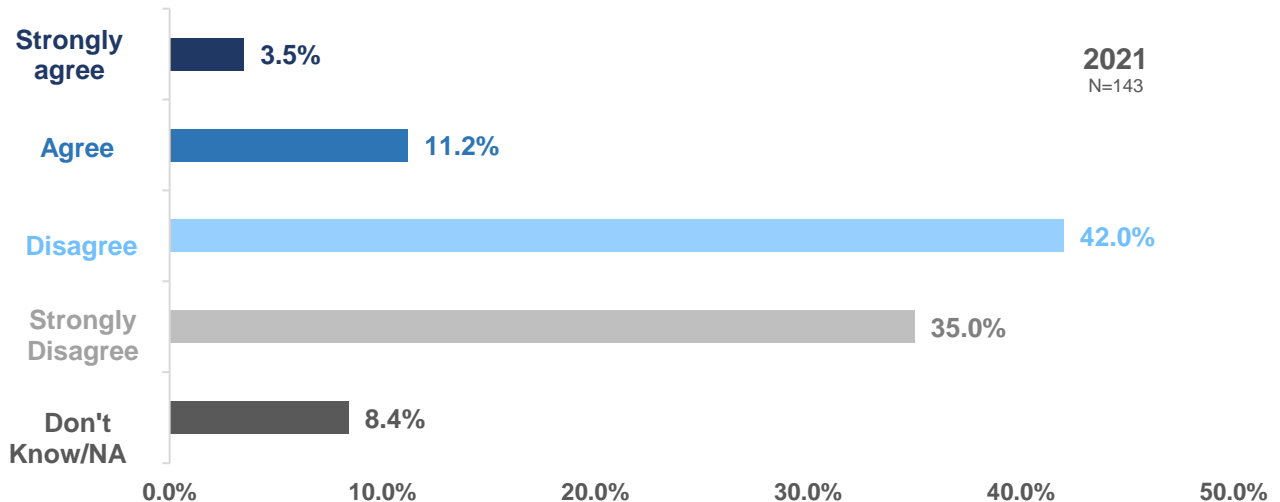
A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to select any items that would improve community access to healthcare, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year.

"Other" comments included: Reduced cost, Vision Specialists, "Cost is way too high," Referrals to specialists, and Urgent care.

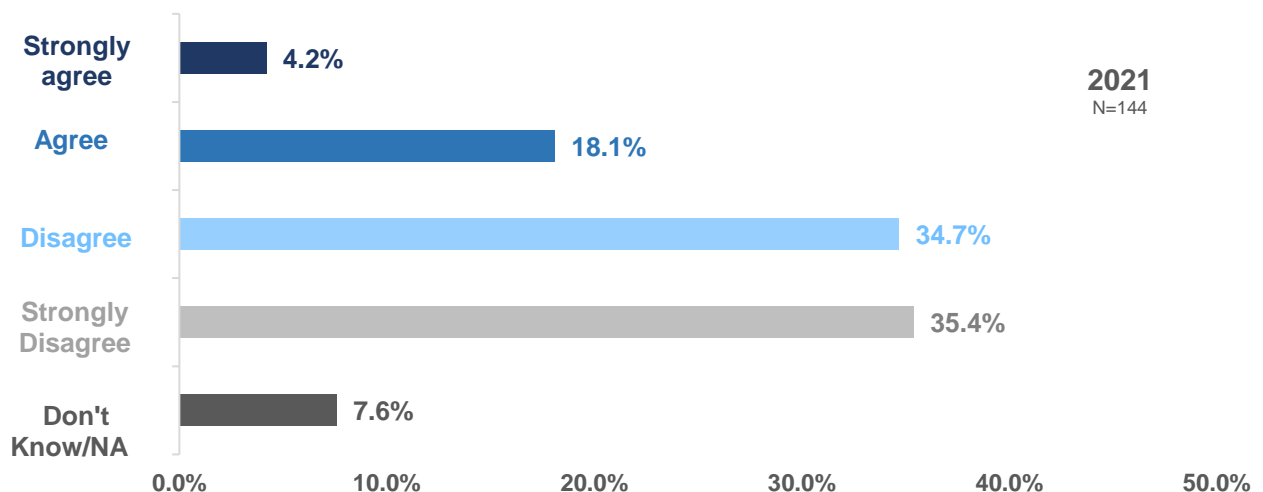
Impact of COVID-19 Pandemic (Question 8)

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

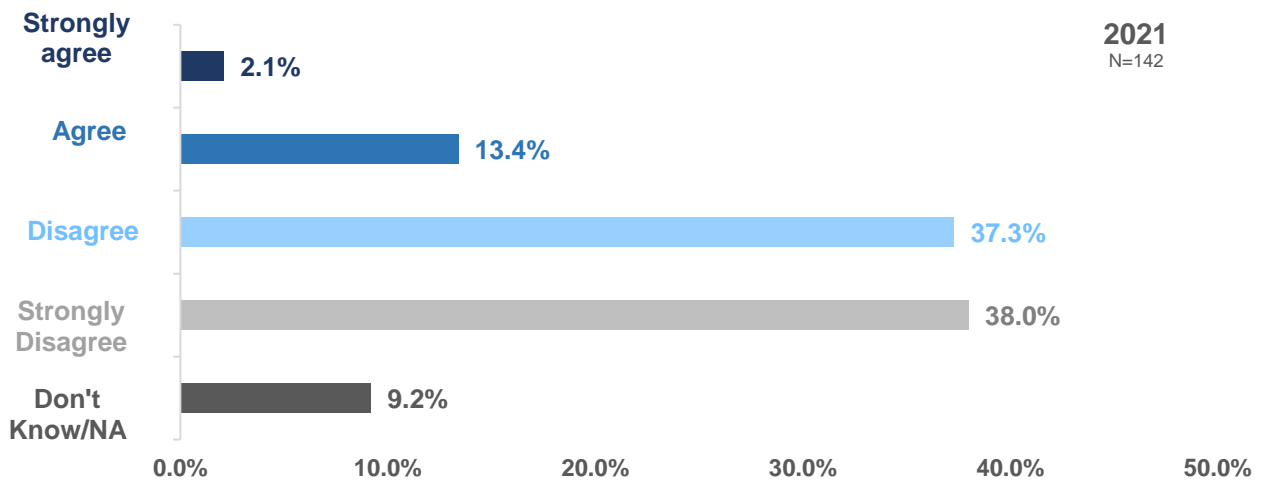
1. My household has had more difficulty than usual paying for bills and expenses.



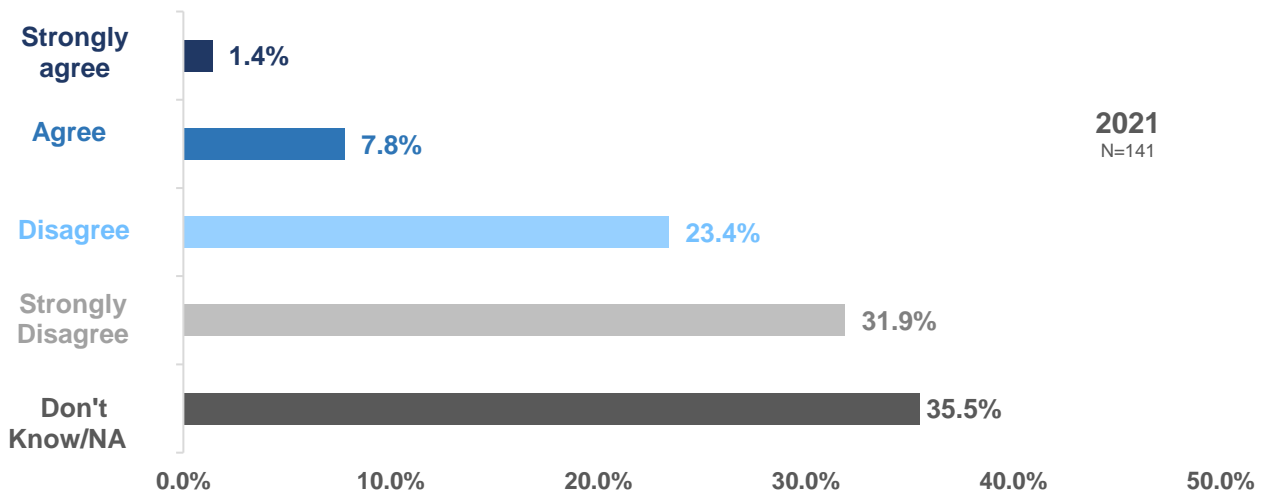
2. My household has had more difficulty than usual getting needed items, food, or services.



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



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



“Other” comments included: “Impossible to see a psychiatrist, cannot get an appointment.”

Interest in Educational Classes/Programs (Question 9)

Respondents were asked if they would be interested in any educational classes/programs made available to the community. The most highly indicated class/program was “Fitness” at 30.0% (n=45), followed by “Women’s health” at 25.3% (n=38), and “Health and wellness” at 24.7% (n=37).

Interest in Classes or Programs	2015 % (n)	2021 % (n)	SIGNIFICANT CHANGE
Number of respondents	229	150	
Fitness	25.3% (58)	30.0% (45)	<input type="checkbox"/>
Women's health	22.3% (51)	25.3% (38)	<input type="checkbox"/>
Health and wellness	20.5% (47)	24.7% (37)	<input type="checkbox"/>
Nutrition	28.4% (65)	23.3% (35)	<input type="checkbox"/>
Weight loss	24.5% (56)	21.3% (32)	<input type="checkbox"/>
First aid/CPR	17.5% (40)	19.3% (29)	<input type="checkbox"/>
Living will	15.3% (35)	19.3% (29)	<input type="checkbox"/>
Parenting	5.2% (12)	5.3% (20)	<input type="checkbox"/>
Alzheimer's	14.4% (33)	11.3% (17)	<input type="checkbox"/>
Men's health	10.0% (23)	11.3% (17)	<input type="checkbox"/>
Heart disease	14.8% (34)	9.3% (14)	<input type="checkbox"/>
Support groups	7.0% (16)	9.3% (14)	<input type="checkbox"/>
Diabetes	9.6% (22)	8.7% (13)	<input type="checkbox"/>
Mental health	5.2% (12)	8.7% (13)	<input type="checkbox"/>
Cancer	14.4% (33)	8.0% (12)	<input type="checkbox"/>
Grief counseling	5.7% (13)	6.7% (10)	<input type="checkbox"/>
Smoking/tobacco cessation	2.6% (6)	4.0% (6)	<input type="checkbox"/>
Alcohol/substance abuse	1.7% (4)	2.7% (4)	<input type="checkbox"/>
Prenatal	1.3% (3)	1.3% (2)	<input type="checkbox"/>
Lactation/breastfeeding support		0.7% (1)	<input type="checkbox"/>
Other	3.9% (9)	4.0% (6)	<input type="checkbox"/>

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

“Other” comments included: None (2), Geriatric health issues, EMT, and “Program helping women with bone density.”

Desired Local Health Services (Question 10)

Respondents were asked to indicate which additional services they would utilize if available locally. Respondents indicated the most interest in “Visiting specialists” at 46.0% (n=69). Forty-three percent (n=64) respondents were interested in “Dermatology,” while 9.3% (n=14) desire “Mental health services” locally.

Desired Local Healthcare Services	2015 % (n)	2021 % (n)	SIGNIFICANT CHANGE
Number of respondents	229	150	
Visiting specialists		46.0% (69)	<input type="checkbox"/>
Dermatology		42.7% (64)	<input type="checkbox"/>
Mental health services		9.3% (14)	<input type="checkbox"/>
Pediatrics	7.0% (16)	8.7% (13)	<input type="checkbox"/>
Additional diabetic services		6.7% (10)	<input type="checkbox"/>
Other	5.7% (13)	10.7% (16)	<input type="checkbox"/>

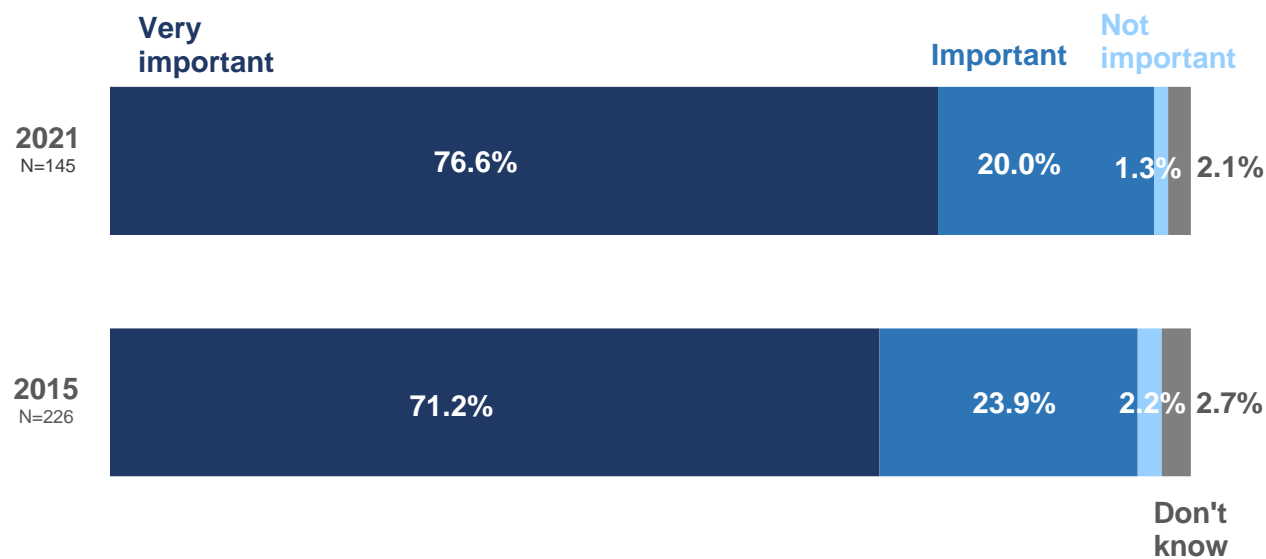
A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to pick all desired local healthcare services that are of interest, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year.

“Other” comments included: None (3), Vision (2), OB/GYN, Pain Management, and Endocrinology.

Economic Importance of Healthcare (Question 11)

The majority of respondents (76.6%, n=111) indicated that local healthcare providers and services (i.e., hospitals, clinics, nursing homes, assisted living, etc.) are “Very important” to the economic wellbeing of the area. Twenty percent of respondents (n=29) indicated they are “Important,” while 2.1% of respondents (n=3) indicated they “Don’t know.”

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



Utilization of Preventative Services (Question 12)

Respondents were asked if they had utilized any of the preventative services listed in the past year. “Blood pressure check” was selected by 60.0% of respondents (n=90), which is a significant increase compared to 2015. Fifty-nine percent of respondents (n=89) had a “Dental check,” and 56.7% (n=85) had a “Flu shot/immunizations.” Survey respondents could select all services that applied.

Use of Preventative Services	2015 % (n)	2021 % (n)	SIGNIFICANT CHANGE
Number of respondents	229	150	
Blood pressure check	40.2% (92)	60.0% (90)	■
Dental check		59.3% (89)	□
Flu shot/immunizations	54.6% (125)	56.7% (85)	□
Health checkup	36.7% (84)	50.7% (76)	■
Vision check		44.7% (67)	□
Cholesterol check	41.0% (94)	40.7% (61)	□
Mammography	24.5% (56)	34.0% (51)	■
Skin check		19.3% (29)	□
Prostate (PSA)	12.7% (29)	17.3% (26)	□
Pap test	17.9% (41)	15.3% (23)	□
Children's checkup/Well baby	6.6% (15)	13.3% (20)	■
Health fair		12.0% (18)	□
Colonoscopy	7.9% (18)	10.0% (15)	□
Hearing check		10.0% (15)	□
None	9.6% (22)	6.0% (9)	□
Other	2.2% (5)	4.7% (7)	□

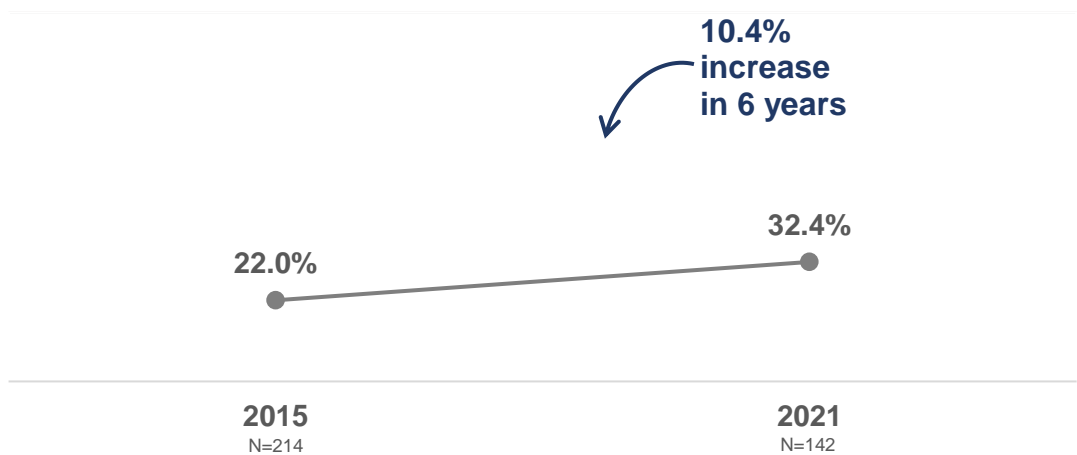
A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents could select any of the preventative services listed, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year.

“Other” comments included: Lab (2), Vision, and COVID-19 test.

Delay of Services (Question 13)

Thirty-two percent of respondents (n=46) 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. Sixty-eight percent of respondents (n=96) felt they were able to get the healthcare services they needed without delay.

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



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

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

For those who indicated they were unable to receive or had to delay services (n=46), the reasons most cited were “COVID-19 concerns/barriers” and “It cost too much.” (32.6%, n=15 each). “Could not get an appointment” was indicated by 21.7% of respondents (n=10).

Reasons for Delay in Receiving Needed Healthcare	2015 % (n)	2021 % (n)	SIGNIFICANT CHANGE
Number of respondents	47	46	
COVID-19 concerns/barriers		32.6% (15)	<input type="checkbox"/>
It cost too much	53.2% (25)	32.6% (15)	<input checked="" type="checkbox"/>
Could not get an appointment	12.8% (6)	21.7% (10)	<input type="checkbox"/>
My insurance didn't cover it	6.4% (3)	15.2% (7)	<input type="checkbox"/>
Qualified provider not available		15.2% (7)	<input type="checkbox"/>
Too long to wait for an appointment	12.8% (6)	15.2% (7)	<input type="checkbox"/>
Don't like doctors	23.4% (11)	10.9% (5)	<input type="checkbox"/>
Not treated with respect	14.9% (7)	10.9% (5)	<input type="checkbox"/>
It was too far to go	2.1% (1)	8.7% (4)	<input type="checkbox"/>
Could not get off work	10.6% (5)	6.5% (3)	<input type="checkbox"/>
Didn't know where to go	4.3% (2)	6.5% (3)	<input type="checkbox"/>
Office wasn't open when I could go	10.6% (5)	6.5% (3)	<input type="checkbox"/>
Transportation problems	0.0% (0)	6.5% (3)	<input type="checkbox"/>
No insurance	17.0% (8)	4.3% (2)	<input checked="" type="checkbox"/>
Too nervous or afraid	8.5% (4)	2.2% (1)	<input type="checkbox"/>
Unsure if services were available	10.6% (5)	2.2% (1)	<input type="checkbox"/>
Don't understand healthcare system		0.0% (0)	<input type="checkbox"/>
Had no childcare	0.0% (0)	0.0% (0)	<input type="checkbox"/>
Language barrier	0.0% (0)	0.0% (0)	<input type="checkbox"/>
Other*	17.0% (8)	13.0% (6)	<input type="checkbox"/>

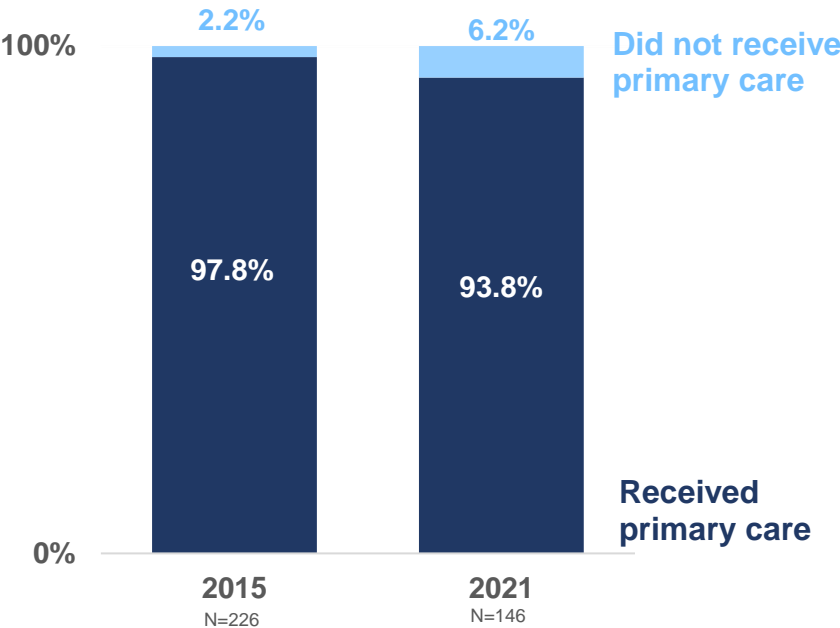
A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to indicate the top three reasons for a delay in seeking healthcare, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year. *Respondents (N=1) who selected over the allotted amount were moved to “Other.”

“Other” comments included: VA and “Excessive time in waiting room.”

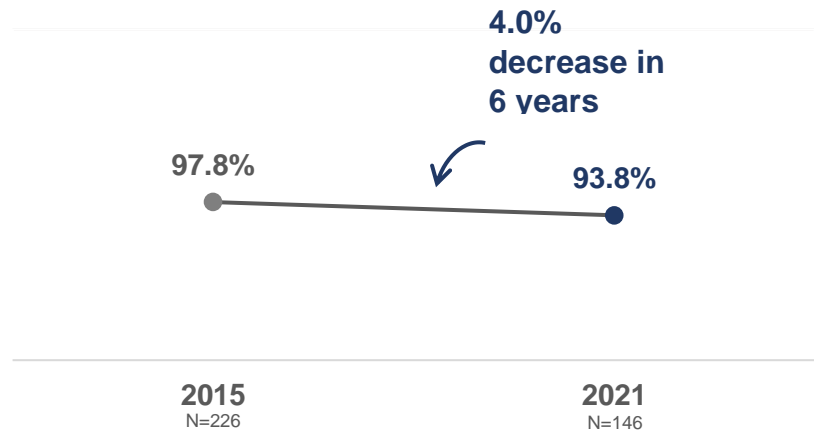
Primary Care Services (Question 15)

Ninety-four percent of respondents (n=137) indicated they or someone in their household had been seen by a primary care provider (such as a family physician, physician assistant, or nurse practitioner) for healthcare services in the past three years, and 6.2% of respondents (n=9) indicated they had not.

There was a significant change in **primary care utilization** between 2015 and 2021



Primary care utilization declined since 2015



Location of Primary Care Services (Question 16)

Of the 137 respondents who indicated receiving primary care services in the previous three years, 46.0% (n=63) reported receiving care in Big Timber, 19.0% of respondents (n=26) went to Billings, and 17.5% (n=24) received care in Livingston.

Location of Primary Care Provider	2015 % (n)	2021 % (n)	SIGNIFICANT CHANGE
Number of respondents	211	137	
Big Timber	53.1% (112)	46.0% (63)	<input type="checkbox"/>
Billings	19.0% (40)	19.0% (26)	<input type="checkbox"/>
Livingston	15.2% (32)	17.5% (24)	<input type="checkbox"/>
Bozeman	6.2% (13)	7.3% (10)	<input type="checkbox"/>
Columbus	4.7% (10)	2.9% (4)	<input type="checkbox"/>
Harlowton	0.5% (1)	0.0% (0)	<input type="checkbox"/>
Other*	1.4% (3)	7.3% (10)	<input type="checkbox"/>
TOTAL	100.0% (211)	100.0% (137)	

A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Grayed out cells indicate the question was not asked that year. *Respondents (N=8) who selected over the allotted amount were moved to "Other."

"Other" comments included: Livingston.

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. “Prior experience with clinic” was the most frequently selected reason at 46.0% (n=63), followed by “Clinic/provider's reputation for quality” at 42.3% (n=58), both of which experienced a significant change since the 2015 community health needs assessment.

Reasons for Selecting Primary Care Provider	2015 % (n)	2021 % (n)	SIGNIFICANT CHANGE
Number of respondents	221	137	
Prior experience with clinic	65.2% (144)	46.0% (63)	■
Clinic/provider's reputation for quality	26.2% (58)	42.3% (58)	■
Closest to home	44.8% (99)	37.2% (51)	□
Appointment availability	27.6% (61)	28.5% (39)	□
Recommended by family or friends	14.5% (32)	16.1% (22)	□
Privacy/confidentiality		11.7% (16)	□
Shopping or other business in that town		8.8% (12)	□
Cost of care	4.5% (10)	8.0% (11)	□
Required by insurance plan	0.9% (2)	6.6% (9)	■
Length of waiting room time	3.2% (7)	5.8% (8)	□
VA/Military requirement	1.8% (4)	5.8% (8)	■
Prefer pediatrician for my kids		5.1% (7)	□
Referred by physician or other provider	9.5% (21)	5.1% (7)	□
Indian Health Services	0.0% (0)	0.0% (0)	□
Other	7.7% (17)	6.6% (9)	□

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.

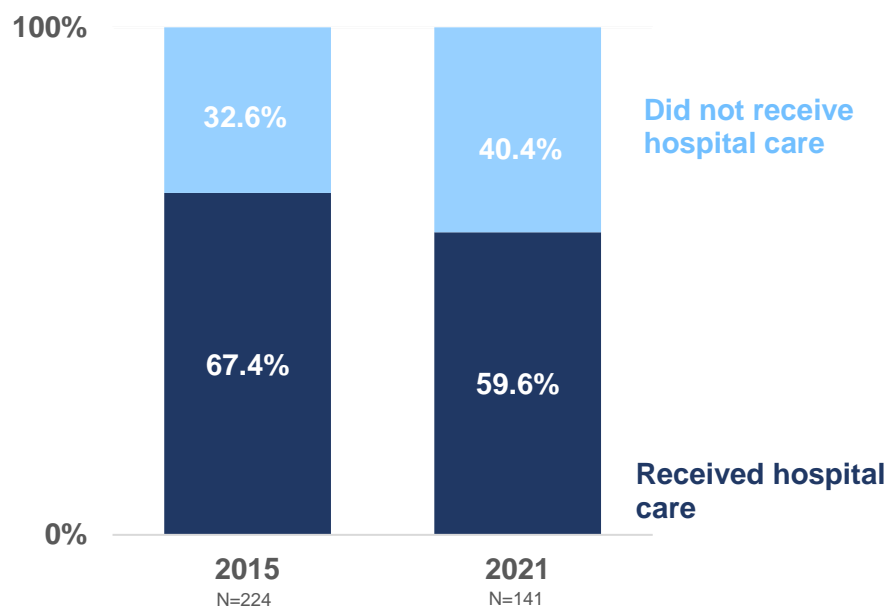
“Other” comments included: “Cost was a lot less” and “More options in one location.”

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

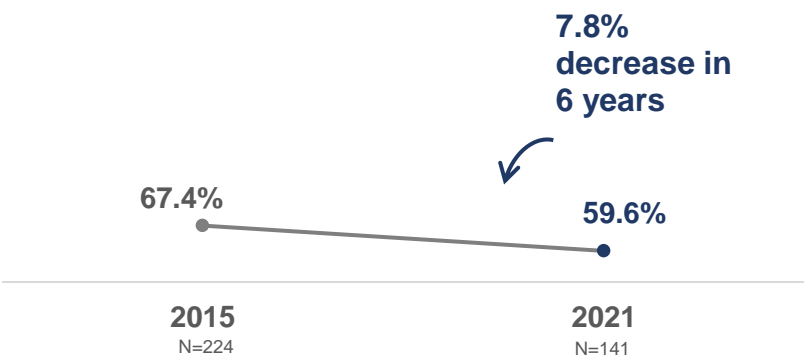
Hospital Care Services (Question 18)

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 percent of respondents (n=84) reported that they or a member of their family had received hospital care during the previous three years, and 40.4% (n=57) had not received hospital services.

Hospital utilization declined by 7.8% since 2015



The majority of respondents report utilization of hospital services



Location of Hospital Services (Question 19)

Of the 84 respondents who indicated receiving hospital care in the previous three years, one chose not to respond to question 19. Twenty-five percent of respondents (n=21) reported receiving care at “Billings Clinic.” Twenty-two percent of respondents (n=18) received services at “Pioneer Medical Center,” and 16.9% of respondents (n=14) reported utilizing services at “St. Vincent’s Healthcare.”

Hospital Used Most Often	2015 % (n)	2021 % (n)	SIGNIFICANT CHANGE
Number of respondents	124	83	
Billings Clinic	29.0% (36)	25.3% (21)	<input type="checkbox"/>
Pioneer Medical Center	25.0% (31)	21.7% (18)	<input type="checkbox"/>
St. Vincent’s Healthcare	19.4% (24)	16.9% (14)	<input type="checkbox"/>
Livingston Healthcare	10.5% (13)	13.3% (11)	<input type="checkbox"/>
Bozeman Health	11.3% (14)	9.6% (8)	<input type="checkbox"/>
Stillwater Billings Clinic	1.6% (2)	1.2% (1)	<input type="checkbox"/>
Wheatland Memorial Healthcare	0.0% (0)	0.0% (0)	<input type="checkbox"/>
Other*	3.2% (4)	12.0% (10)	<input type="checkbox"/>
TOTAL	100.0% (124)	100.0% (83)	

A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Grayed out cells indicate the question was not asked that year. *Respondents (N=5) who selected over the allotted amount were moved to “Other.”

“Other” comments included: VA, “St. Patrick’s in Missoula,” and “Intermountain Health Care in Salt Lake City.”

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

Reasons for Hospital Selection (Question 20)

Of the 84 respondents who had a personal or family experience at a hospital within the past three years, the primary reasons given for selecting the facility used most often were “Hospital’s reputation for quality” and “Prior experience with hospital” at 44.0% (n=37, each). Following closely behind, was “Closest to home” which was selected by 36.9% of the respondents (n=31).

Reasons for Selecting Hospital	2015 % (n)	2021 % (n)	SIGNIFICANT CHANGE
Number of respondents	151	84	
Hospital's reputation for quality	38.4% (58)	44.0% (37)	<input type="checkbox"/>
Prior experience with hospital	45.0% (68)	44.0% (37)	<input type="checkbox"/>
Closest to home	31.8% (48)	36.9% (31)	<input type="checkbox"/>
Referred by physician or other provider	43.7% (66)	29.8% (25)	<input checked="" type="checkbox"/>
Emergency, no choice	22.5% (34)	22.6% (19)	<input type="checkbox"/>
Privacy/confidentiality		11.9% (10)	<input type="checkbox"/>
Recommended by family/friends	9.9% (15)	7.1% (6)	<input type="checkbox"/>
Cost of care	0.7% (1)	6.0% (5)	<input checked="" type="checkbox"/>
Financial assistance programs		3.6% (3)	<input type="checkbox"/>
Required by insurance plan	3.3% (5)	3.6% (3)	<input type="checkbox"/>
Closest to work	1.3% (2)	1.2% (1)	<input type="checkbox"/>
VA/Military requirement	3.3% (5)	1.2% (1)	<input type="checkbox"/>
Other	3.3% (5)	8.3% (7)	<input type="checkbox"/>

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

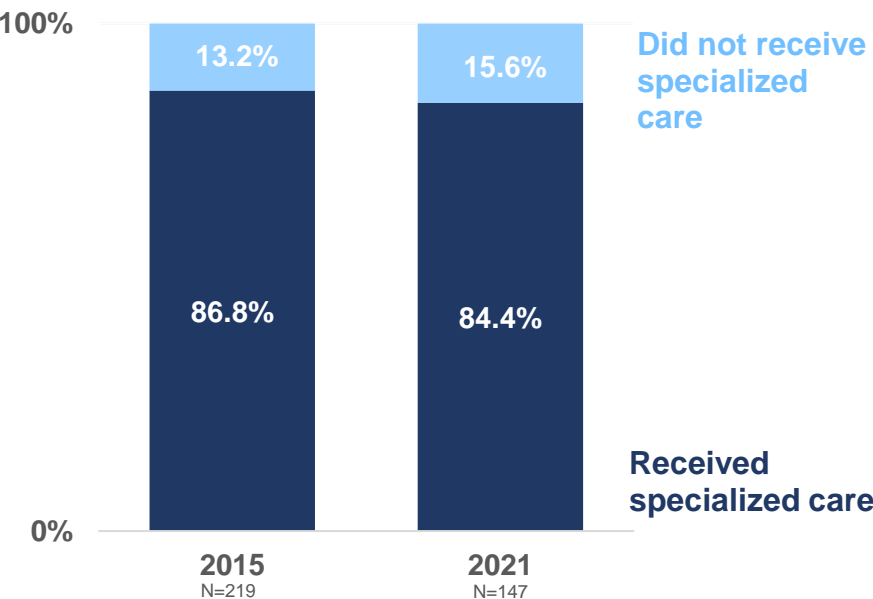
“Other” comments included: “Access to medical records history,” Pediatric, Specialist, and “Mayo Clinic Affiliation.”

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

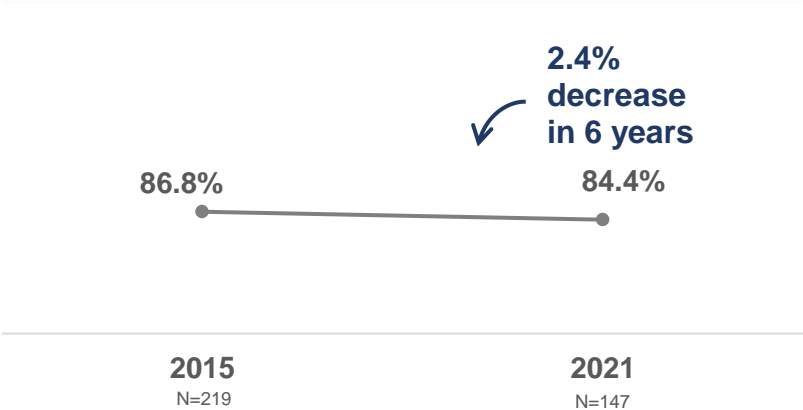
Specialty Care Services (Question 21)

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-four percent of the respondents (n=124) indicated they or a household member had seen a healthcare specialist during the past three years, while 15.6% (n=23) indicated they had not.

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



Specialty care utilization slightly decreased since the last assessment



Location of Healthcare Specialist(s) (Question 22)

Of the 124 respondents who indicated they saw a healthcare specialist in the past three years, 68.5% (n=85) sought care in Billings. Thirty-five percent of respondents (n=43) utilized specialty services in Bozeman, while 30.6% of respondents (n=38) received specialty care at “Livingston Healthcare.” Respondents could select more than one location, so percentages do not equal 100%.

Location of Specialist	2015 % (n)	2021 % (n)	SIGNIFICANT CHANGE
Number of respondents	190	124	
Billings	74.2% (141)	68.5% (85)	<input type="checkbox"/>
Bozeman	31.1% (59)	34.7% (43)	<input type="checkbox"/>
Livingston Healthcare	24.2% (46)	30.6% (38)	<input type="checkbox"/>
Pioneer Medical Center	43.7% (83)	8.1% (10)	<input checked="" type="checkbox"/>
Stillwater Billings Clinic	5.3% (10)	1.6% (2)	<input type="checkbox"/>
Other	6.8% (13)	12.9% (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 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: Big Timber (2), VA, Denver Children’s, and University of Utah.

Type of Healthcare Specialist Seen (Question 23)

The respondents (n=124) saw a wide array of healthcare specialists in the past three years. The most frequently utilized specialist was the “Dentist” at 43.5% (n=54), which was a significant decrease since 2015. The “Dermatologist” was seen by 32.3% of respondents (n=40) followed closely by “Orthopedic surgeon” at 28.2% (n=35). Respondents were asked to choose all that apply, so percentages do not equal 100%.

Type of Specialists Seen	2015 % (n)	2021 % (n)	SIGNIFICANT CHANGE
Number of respondents	190	124	
Dentist	59.5% (113)	43.5% (54)	<input checked="" type="checkbox"/>
Dermatologist	32.6% (62)	32.3% (40)	<input type="checkbox"/>
Orthopedic surgeon	25.3% (48)	28.2% (35)	<input type="checkbox"/>

Optometrist		21.8% (27)	<input type="checkbox"/>
OB/GYN	21.6% (41)	21.0% (26)	<input type="checkbox"/>
Cardiologist	20.5% (39)	19.4% (24)	<input type="checkbox"/>
Physical therapist	26.3% (50)	19.4% (24)	<input type="checkbox"/>
Ophthalmologist	20.0% (38)	18.5% (23)	<input type="checkbox"/>
Chiropractor	28.9% (55)	14.5% (18)	<input checked="" type="checkbox"/>
General surgeon	10.5% (20)	14.5% (18)	<input type="checkbox"/>
Internist		13.7% (17)	<input type="checkbox"/>
Audiologist		11.3% (14)	<input type="checkbox"/>
ENT (ear/nose/throat)	12.1% (23)	11.3% (14)	<input type="checkbox"/>
Gastroenterologist	12.1% (23)	11.3% (14)	<input type="checkbox"/>
Radiologist	18.4% (35)	11.3% (14)	<input type="checkbox"/>
Oncologist	15.8% (30)	10.5% (13)	<input type="checkbox"/>
Podiatrist	7.9% (15)	10.5% (13)	<input type="checkbox"/>
Urologist	21.1% (40)	10.5% (13)	<input checked="" type="checkbox"/>
Allergist	5.3% (10)	9.7% (12)	<input type="checkbox"/>
Neurologist	5.8% (11)	9.7% (12)	<input type="checkbox"/>
Endocrinologist	6.3% (12)	6.5% (8)	<input type="checkbox"/>
Pediatrician	5.8% (11)	6.5% (8)	<input type="checkbox"/>
Pulmonologist	6.8% (13)	6.5% (8)	<input type="checkbox"/>
Rheumatologist	6.3% (12)	5.6% (7)	<input type="checkbox"/>
Psychiatrist (M.D.)	2.1% (4)	4.8% (6)	<input type="checkbox"/>
Neurosurgeon	4.7% (9)	4.0% (5)	<input type="checkbox"/>
Mental health counselor	4.2% (8)	3.2% (4)	<input type="checkbox"/>
Psychologist	2.1% (4)	3.2% (4)	<input type="checkbox"/>
Occupational therapist	4.2% (8)	2.4% (3)	<input type="checkbox"/>
Dietician	4.7% (9)	1.6% (2)	<input type="checkbox"/>
Speech therapist	1.1% (2)	0.8% (1)	<input type="checkbox"/>
Geriatrician	0.0% (0)	0.0% (0)	<input type="checkbox"/>
Social worker	1.6% (3)	0.0% (0)	<input type="checkbox"/>
Substance abuse counselor	0.0% (0)	0.0% (0)	<input type="checkbox"/>
Other	7.4% (14)	9.7% (12)	<input type="checkbox"/>

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

“Other” comments included: Nephrologist (2), Cancer, Pain management center and “Retina.”

Overall Quality of Care at Pioneer Medical Center (Question 24)

Respondents were asked to rate various services available through Pioneer Medical Center 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, Ambulance services, and Therapy (physical, occupational, speech) which all received a 3.4 out of 4.0. Overall, the average rating on quality and availability of the health services listed was a 3.1 out of 4.0.

Quality of Care Rating at PMC	2015 Average (n)	2021 Average (n)	SIGNIFICANT CHANGE
4 Point Scale: Poor = 1, Fair = 2, Good = 3, Excellent = 4			
Total number of respondents	210	138	
Laboratory	3.3 (173)	3.4 (98)	<input type="checkbox"/>
Ambulance services	3.4 (87)	3.4 (59)	<input type="checkbox"/>
Therapy (physical, occupational, speech)	3.2 (91)	3.4 (57)	<input type="checkbox"/>
Radiology services (x-ray, ultrasound, CT scan, mammography)	3.1 (122)	3.2 (83)	<input type="checkbox"/>
Public health	2.9 (49)	3.2 (59)	<input type="checkbox"/>
Hospice	3.4 (55)	3.1 (23)	<input type="checkbox"/>
Emergency room	3.1 (133)	2.9 (98)	<input checked="" type="checkbox"/>
Assisted living or long-term care	3.0 (49)	2.7 (38)	<input type="checkbox"/>
Hospital stay	3.0 (53)	2.7 (35)	<input type="checkbox"/>
Specialty outreach clinics		2.7 (22)	<input type="checkbox"/>
Home health		2.7 (15)	<input type="checkbox"/>
Clinic services	3.1 (197)	2.7 (119)	<input checked="" type="checkbox"/>
Nursing Home	2.7 (49)		<input type="checkbox"/>
Overall average	3.1 (210)	3.1 (138)	<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. Eleven percent of respondents (n=17) indicated they had experienced periods of depression, and 88.4% of respondents (n=129) indicated they had not.

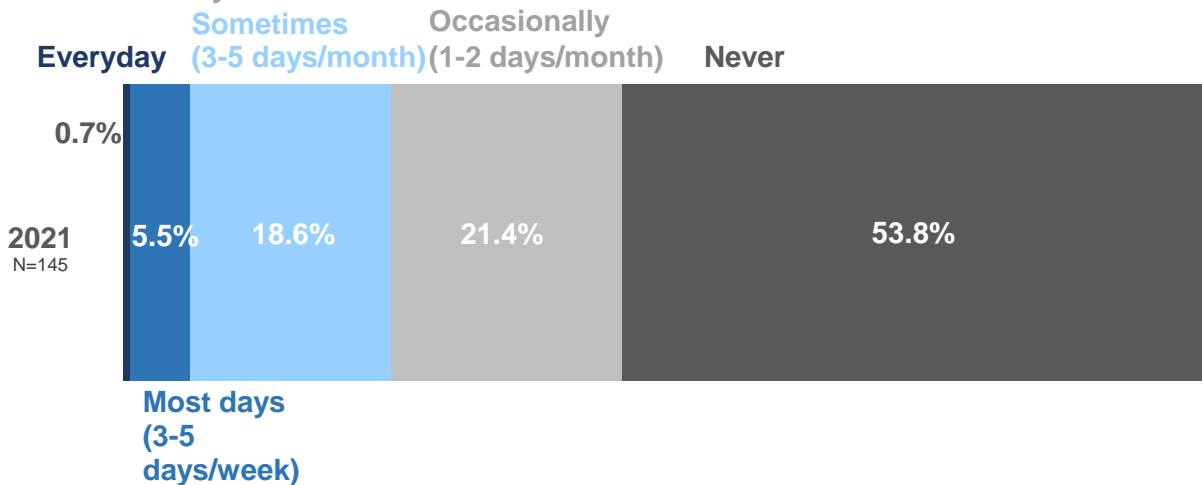
Reported rates of depression have remained consistent since the 2015 assessment.



Social Isolation (Question 26)

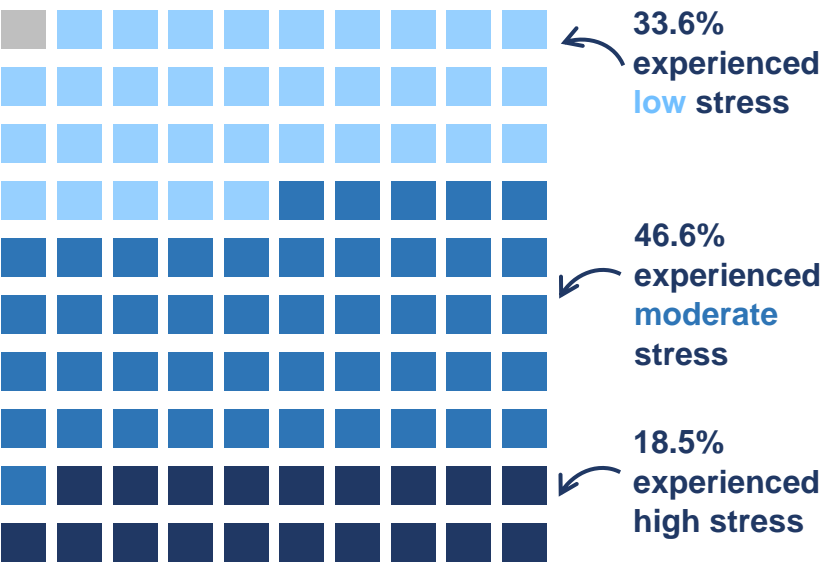
Respondents were asked to indicate how often they felt lonely or isolated in the past year. Fifty-four percent of respondents (n=78) indicated they never felt lonely or isolated, and 21.4% of respondents (n=31) indicated they occasionally (1-2 days per month) felt lonely or isolated. Nineteen percent (n=27) reported they felt lonely or isolated sometimes (3-5 days per month).

40% of survey respondents report being lonely *sometimes* or *occasionally*.



Perception of Stress (Question 27)

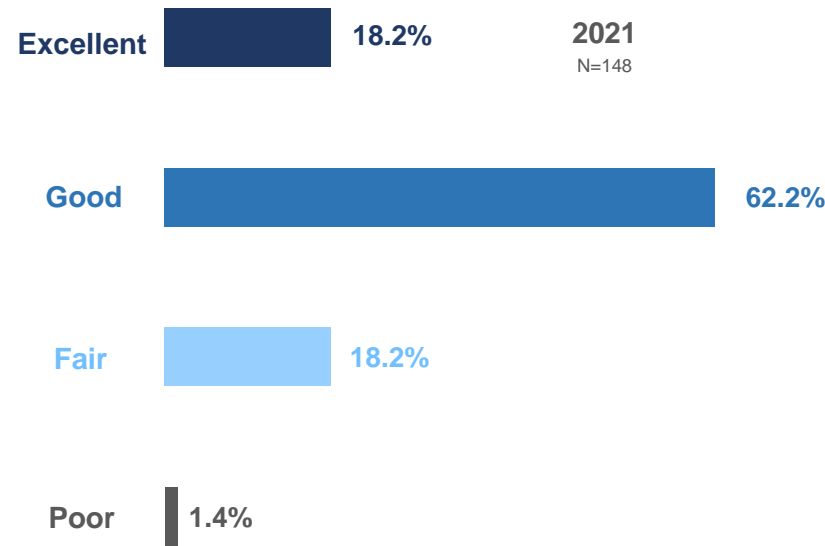
Respondents were asked to indicate how they would describe their stress level over the past year. Forty-seven percent of respondents (n=68) indicated they experienced a moderate level of stress, 33.6% (n=49) had a low level of stress, and 18.5% of respondents (n=27) indicated they had experienced a high level of stress.



Rating of Mental Health (Question 28)

Respondents were asked to indicate how they would describe their mental health in general when considering stress, anxiety, depression, and emotional problems. Sixty-two percent of respondents (n=92) felt their mental health was “Good,” 18.2% (n=27, each) rated their mental health as “Excellent” or “Fair.”

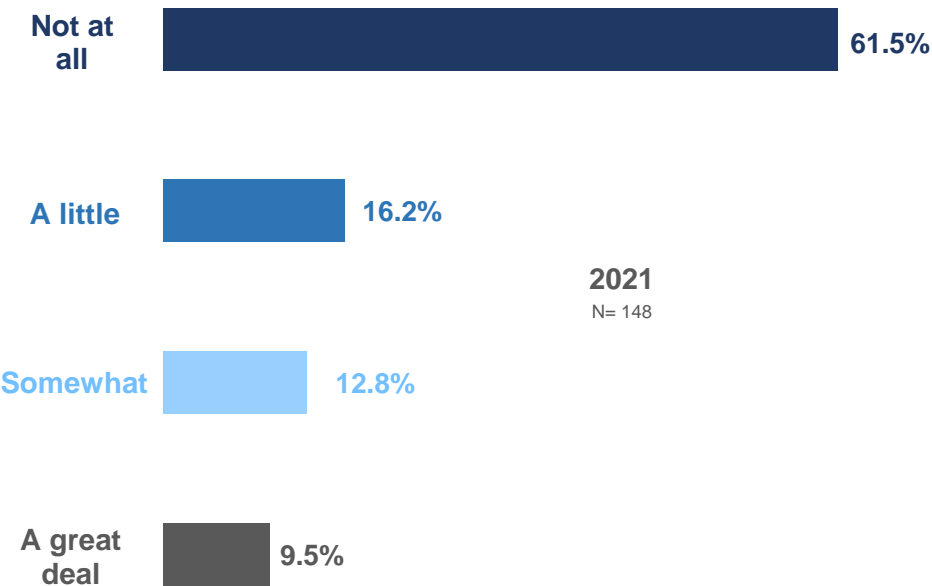
Over half of respondents rated their mental health as “good”



Impact of Substance Abuse (Question 29)

Respondents were asked to indicate to what degree their life has been negatively affected by their own or someone else’s substance abuse issues, including alcohol, prescription, or other drugs. Sixty-two percent of respondents (n=91) indicated their life was “Not at all” affected. Sixteen percent (n=24) were “A little” affected, and 12.8% (n=19) indicated they were “Somewhat” negatively affected.

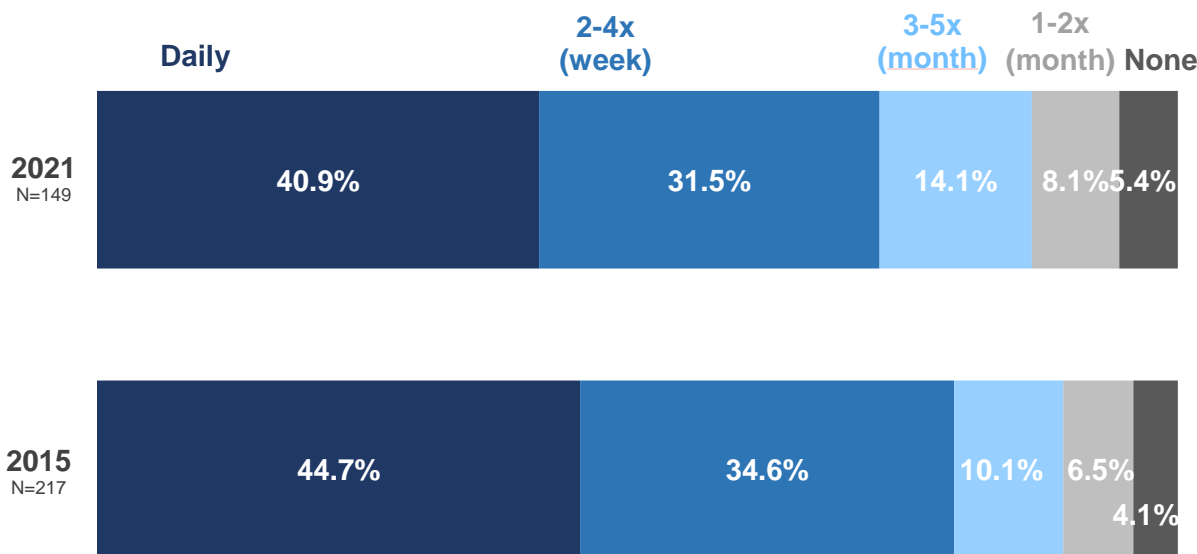
Most respondents were not affected by their own or someone else's substance use issues



Physical Activity (Question 30)

Respondents were asked to indicate how frequently they had physical activity for at least twenty minutes over the past month. Forty-one percent of respondents (n=61) indicated they had physical activity “Daily,” and 31.5% (n=47) indicated they had physical activity of at least twenty minutes “2-4 times per week.” Five percent of respondents (n=8) indicated they had “No physical activity.”

2021 respondents were less physically active compared to 2015



Difficulty Getting Prescriptions (Question 31)

Respondents were asked to indicate if, during the last year, medication costs had prohibited them from getting a prescription or taking their medication regularly. Eleven percent of respondents (n=16) indicated that they had difficulty getting a prescription or taking their medication regularly in the last year. Seventy-two percent of respondents (n=105) indicated that they did not have trouble getting or taking prescriptions, while 17.1% of respondents (n=25) stated it was not a pertinent question for them.

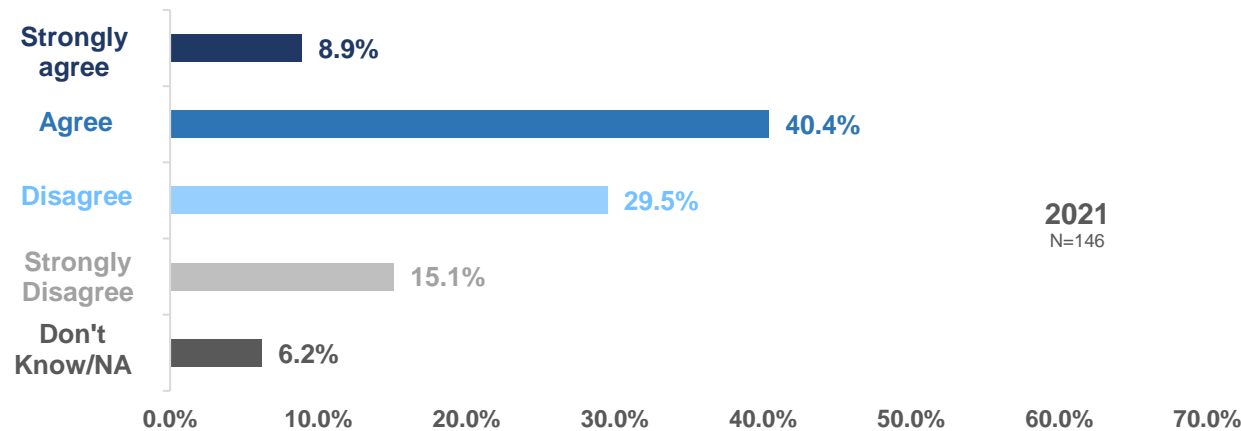
Cost as a barrier to taking medications has remained relatively consistent since the last assessment



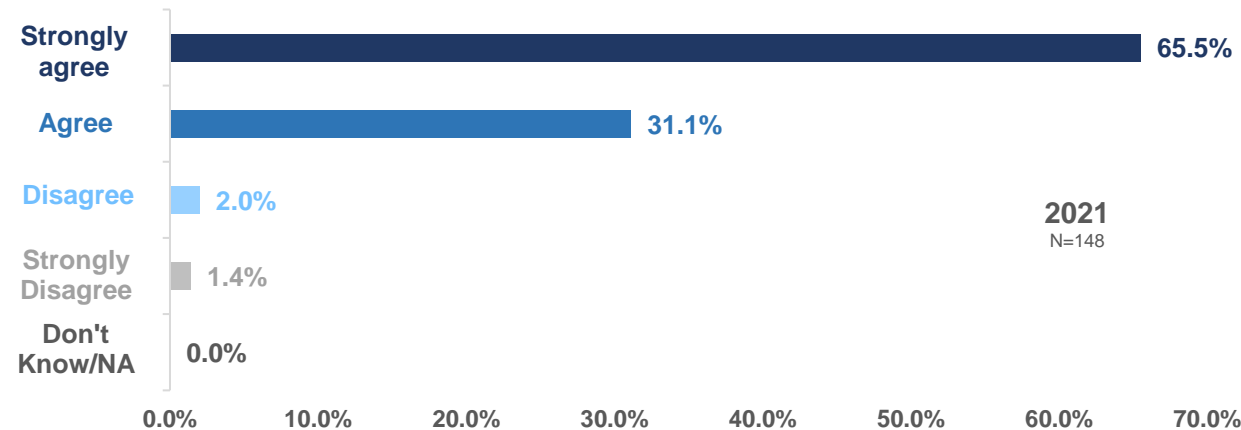
Aspects of Community (Question 32)

Respondents were asked to indicate their level of agreement with statements about various aspects of their community. See the subsequent graphs for more detail.

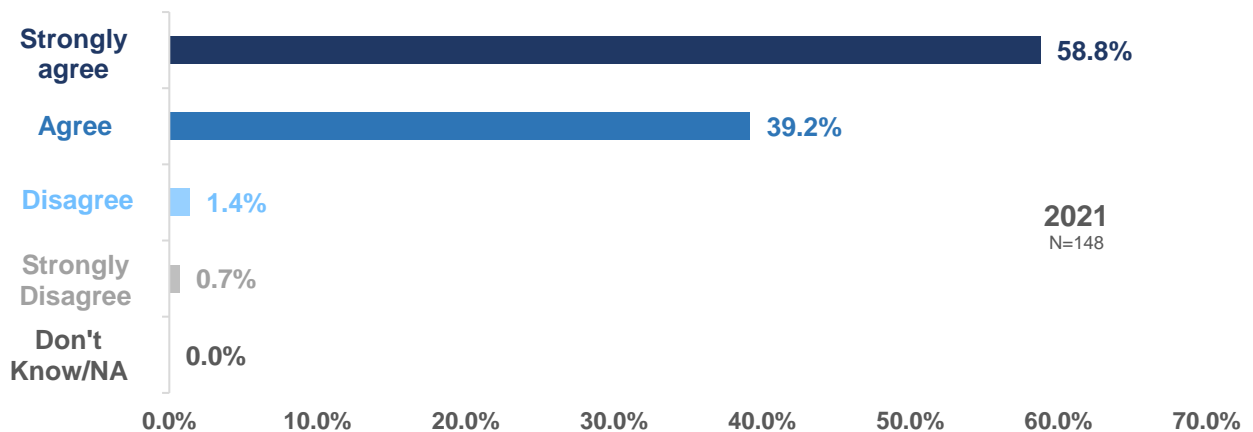
1. I can get the health care I need in Sweet Grass County.



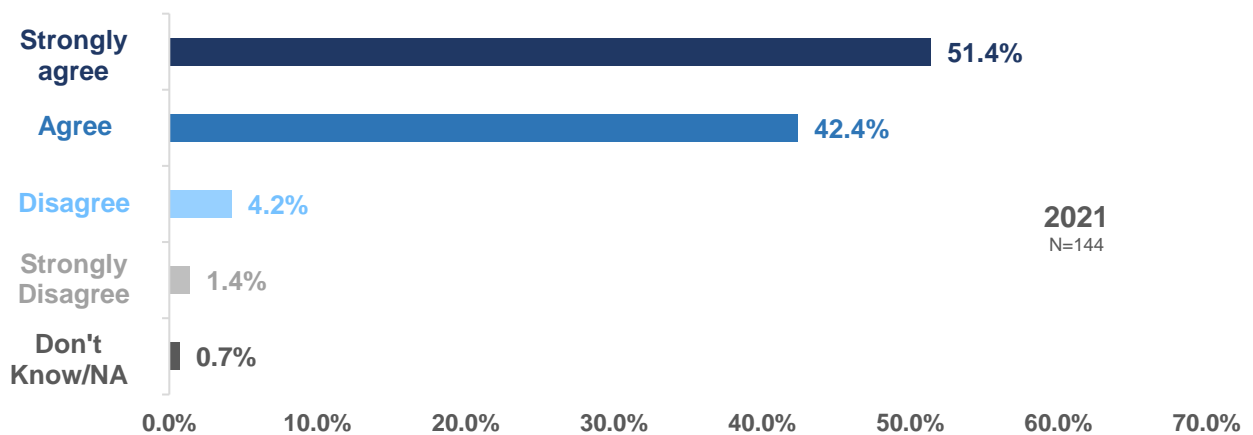
2. I feel safe in my home.



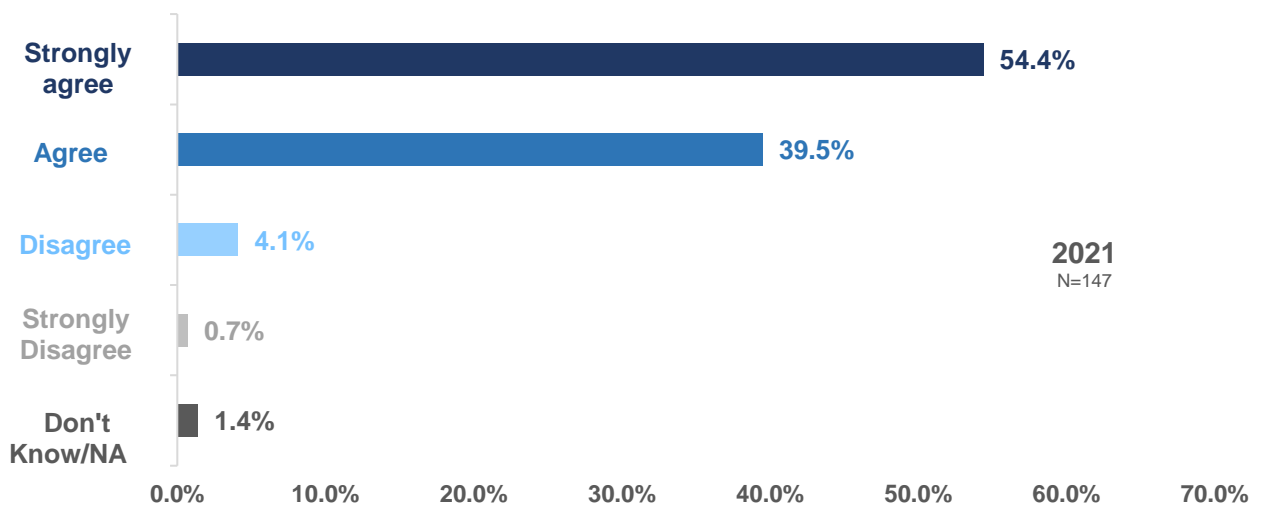
3. I feel safe in my community.



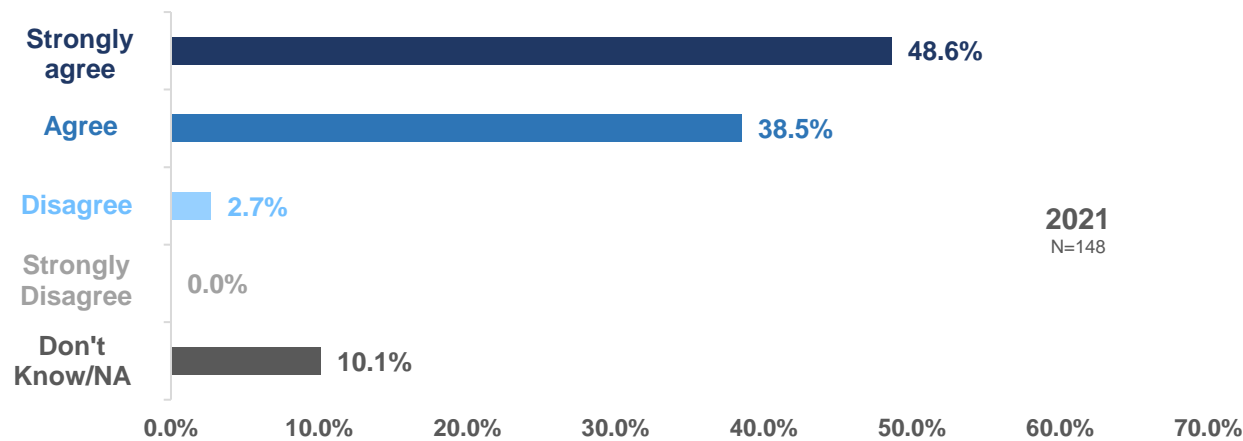
4. There are places to be physically active near my home.



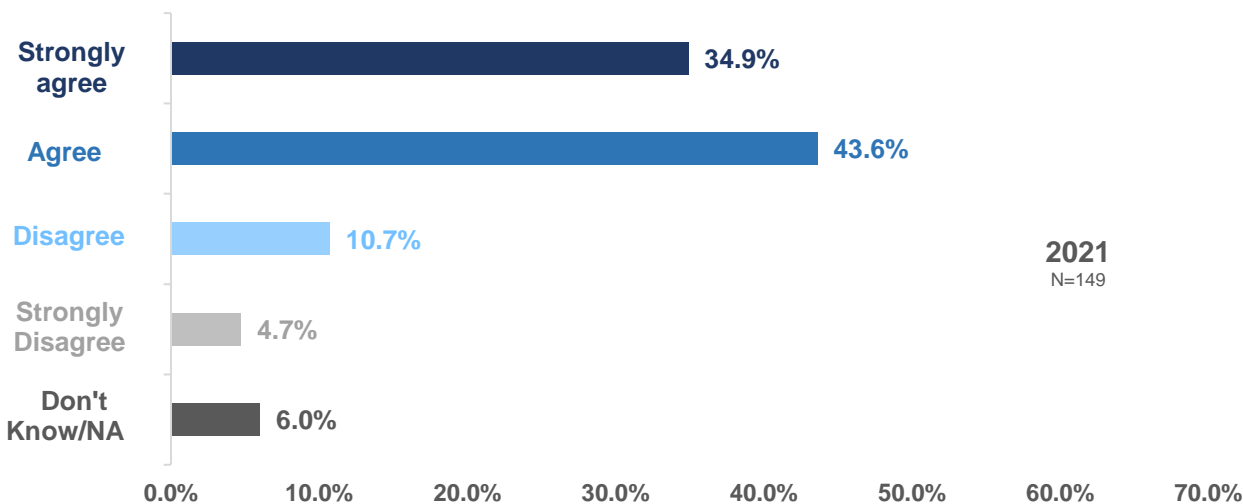
5. I have enough financial resources to meet my basic needs.



6. My community is a good place to raise children



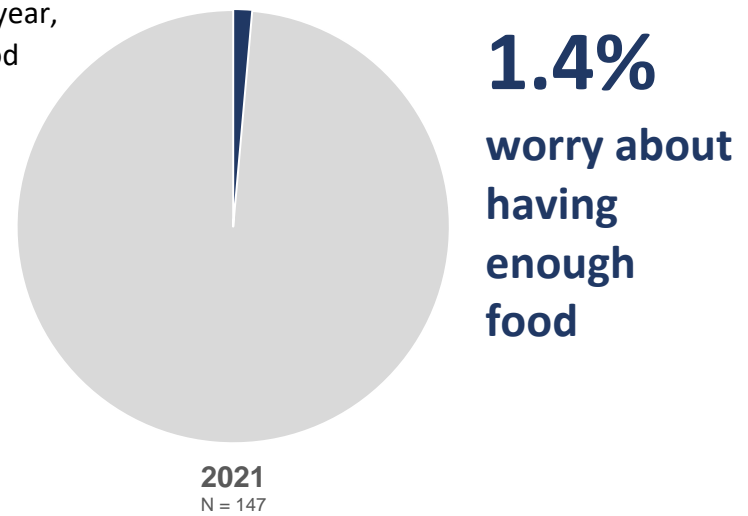
7. My community is a good place to grow old.



Food Insecurity (Question 33)

Respondents were asked to indicate if, during the last year, they had worried that they would not have enough food to eat. The majority, 98.6%, were not worried about having enough food to eat (n=145), while 1.4% (n=2) were worried.

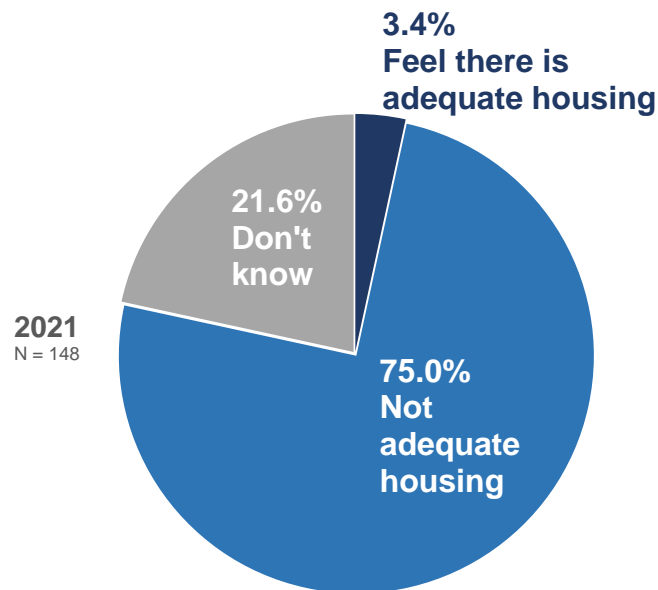
The majority of respondents did not worry about having enough food



Housing (Question 34)

Respondents were asked to indicate if they felt the community has adequate and affordable housing options available. Seventy-five percent of respondents (n=111) indicated that they feel there are not adequate and affordable housing options available in the community, 21.6% (n=32) didn't know, and 3.4% (n=5) felt that there is adequate housing.

3/4 of respondents feel there is not adequate/affordable housing available in the community



Medical Insurance Type (Question 35)

Respondents were asked to indicate what type of medical insurance covers the majority of their medical expenses. Thirty-five percent (n=53) indicated they have “Medicare” coverage. Twenty-three percent (n=35) indicated they have “Employer sponsored” coverage, and 16.0% (n=24) were moved to “Other” for selecting over the allotted one medical insurance type. Employer sponsored insurance coverage experienced a significant decrease since the 2015 assessment.

Type of Health Insurance	2015 % (n)	2021 % (n)	SIGNIFICANT CHANGE
Number of respondents	187	150	
Medicare	38.0% (71)	35.3% (53)	<input type="checkbox"/>
Employer sponsored	30.5% (57)	23.3% (35)	<input checked="" type="checkbox"/>
Private insurance/private plan	10.7% (20)	8.0% (12)	<input type="checkbox"/>
VA/military	1.6% (3)	6.7% (10)	<input checked="" type="checkbox"/>
Health Insurance Marketplace	3.2% (6)	4.7% (7)	<input type="checkbox"/>
Medicaid	0.5% (1)	2.0% (3)	<input type="checkbox"/>
Health Savings Account	0.5% (1)	1.3% (2)	<input type="checkbox"/>
Healthy MT Kids	3.7% (7)	1.3% (2)	<input checked="" type="checkbox"/>
None/pay out of pocket	7.0% (13)	1.3% (2)	<input checked="" type="checkbox"/>
Indian Health	0.0% (0)	0.0% (0)	<input type="checkbox"/>
State/Other	1.1% (2)		<input type="checkbox"/>
Other*	3.2% (6)	16.0% (24)	<input checked="" type="checkbox"/>
TOTAL	100.0% (187)	100.0% (150)	

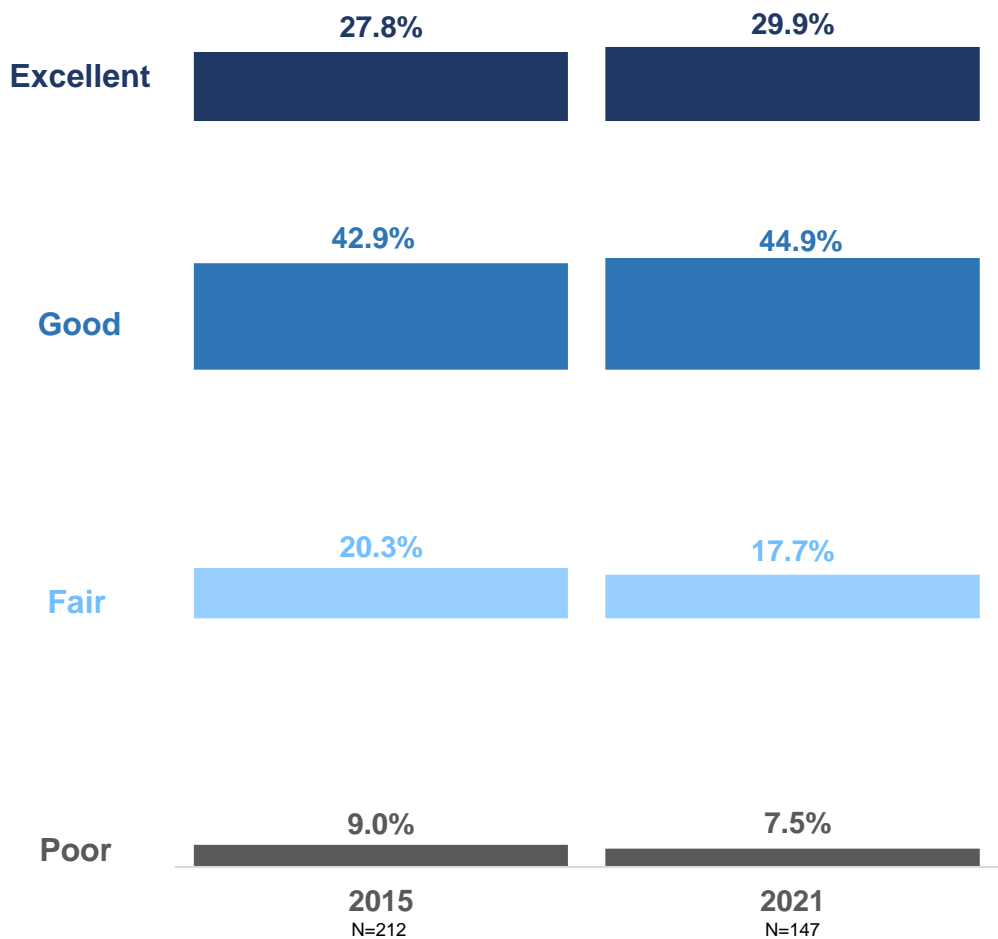
A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Grayed out cells indicate the question was not asked that year. *Respondents (N=24) who selected over the allotted amount were moved to “Other.”

“Other” comments included: “Tri-care for life supplement.”

Insurance and Healthcare Costs (Question 36)

Respondents were asked to indicate how well they felt their health insurance covers their healthcare costs. Forty-five percent of respondents (n=66) indicated they felt their insurance covers a “Good” amount of their healthcare costs. Thirty percent of respondents (n=44) indicated they felt their insurance covered an “Excellent” amount, and 17.7% of respondents (n=26) indicated they felt their insurance covered an “Fair” amount of their health costs.

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



Barriers to Having Insurance (Question 37)

For those who indicated they did not have insurance (n=2), the top reasons selected for not having insurance were “Cannot afford to pay for medical insurance” and “Choose not to have medical insurance.” Respondents could select all that apply.

Reasons for No Health Insurance	2015 % (n)	2021 % (n)	SIGNIFICANT CHANGE
Number of respondents	13	2	
Can't afford to pay for medical insurance	61.5% (8)	50.0% (1)	<input type="checkbox"/>
Choose not to have medical insurance	7.7% (1)	50.0% (1)	<input type="checkbox"/>
Employer does not offer insurance	38.5% (5)	0.0% (0)	<input type="checkbox"/>
Too confusing/don't know how to apply		0.0% (0)	<input type="checkbox"/>
Other	23.1% (3)	50.0% (1)	<input checked="" type="checkbox"/>

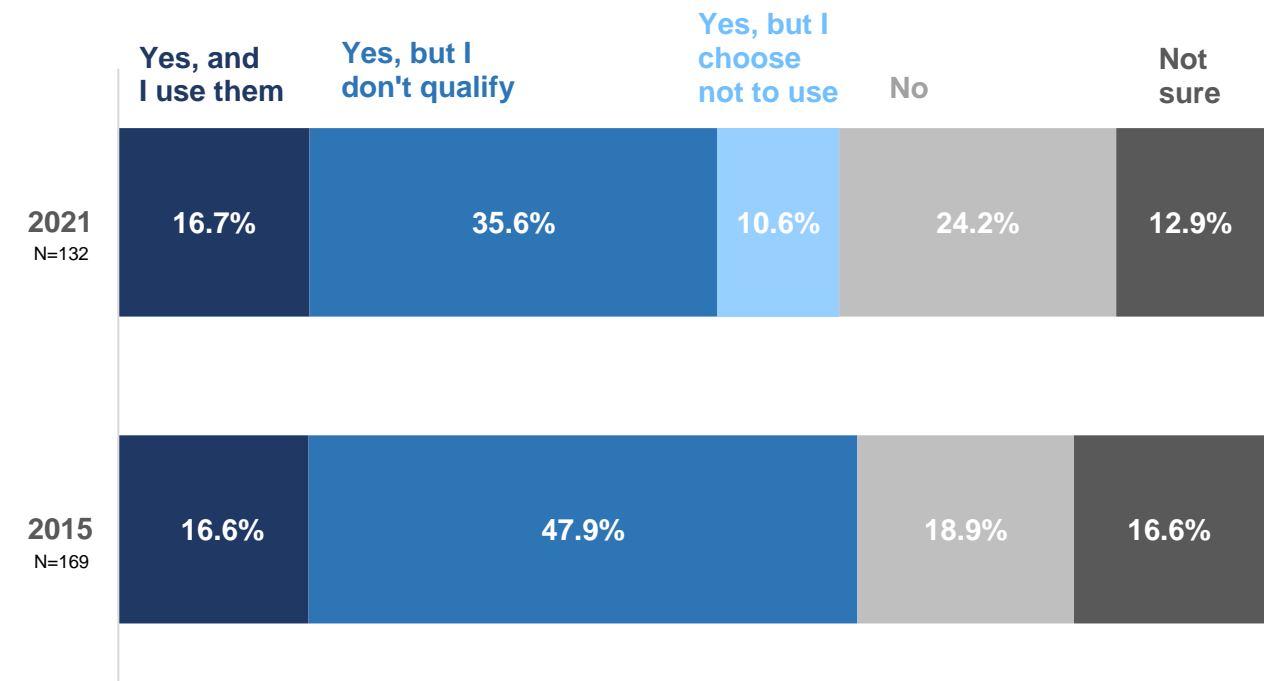
A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Grayed out cells indicate the question was not asked that year.

“Other” comments included: VA and “Way too expensive.”

Awareness of Health Cost Assistance Programs (Question 38)

Respondents were asked to indicate their awareness of programs that help people pay for healthcare bills. Thirty-six percent of respondents (n=47) indicated they were aware of these programs but did not qualify to utilize them, and 24.2% (n=32) indicated that they are not aware of health cost assistance programs.

Nearly a quarter of 2021 respondents are not aware of programs that help people pay for healthcare expenses





KEY INFORMANT RESULTS

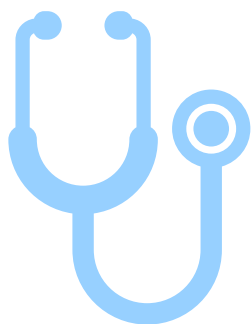
Key Informant Interview Methodology

Seven key informant interviews were conducted in April and May 2021. Participants were identified as people living in Pioneer Medical Center's service area.

Due to limitations associated with COVID-19, the seven interviews were conducted over the telephone and the WebEx platform. 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 the 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.



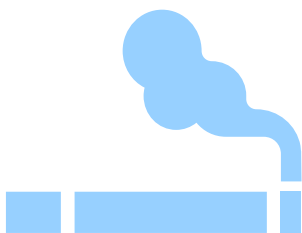
ACCESS TO HEALTHCARE SERVICES

A common thread of the key informant interviews pertained to access to healthcare services. In particular, access to specialty care (i.e., pediatrics, and OB/GYNs, etc.), as well as the recruitment and retention of providers, nurses and PMC staff local to Sweet Grass County were top of mind.

Both newer and seasoned Sweet Grass County residents held a passionate desire to access and support the local health system. Several community members described the challenges associated with the recent influx in residents, in part due to new positions at the East Boulder Mine, but also due to COVID-19. With an increase in population, a couple interview participants felt PMC could use it as an opportunity to plan strategically for the future.

Community members emphasized a mutual appreciation for having access to a rural health facility like Pioneer Medical Center. There was also a collective feeling and understanding among community members that traveling for some health services is inherent to living in a rural area as it is not always feasible or sustainable to have every specialty service locally.

SUBSTANCE & ALCOHOL USE



Throughout the key informant interviews, one of the top local issues voiced was substance and alcohol use. A community member described the issue by stating, "Honestly, I don't think people are super aware of day-to-day healthy habits because we have a lot of drinking, smoking, and poor diets."

While another participant posited, "We have an awful lot of males and females spanning across generations that are chewing tobacco." They continued by suggesting, "I think it would really help if there was more education about the effects of smoking and smokeless tobacco and alcohol use."

HEALTHY EATING & ACTIVE LIVING



Coinciding with the desire for more education and intervention around substance and alcohol use, there also was concern about healthy eating and active living opportunities. In particular, was an apprehension that there is only one grocery store located in Big Timber, and with the increase in residents, it's often challenging to buy quality produce locally.

Nutrition education surfaced in some of the key informant interviews. One community member said that "[a]long with access to produce is a need for nutrition classes- I don't think these types of classes are even available in Livingston."

One community member said, "I don't know if it's a lack of education or caring, but it would be nice to have more healthy activities." They continued by stating, "[c]urrently, there isn't much to do around here besides go to the bar." Conversely, another community member added that "[i]t would also be nice to have more options for exercising and workout classes." Aside from the gym, this individual thought it would be nice to have other avenues to living an active lifestyle.

In sum, these interviews suggested several tangible opportunities for increasing access to healthy foods, nutrition education, and healthy activities in Sweet Grass County.

SERVICES NEEDED IN THE COMMUNITY



- Home health services
- More local nurses, providers, and physicians' assistant (PA's)
- Women's health provider
- Pediatric care
- More advertising and awareness of local services
- Insurance and community programs navigator
- Mental and behavioral health resources
- Substance abuse services
- Opportunities to be active year-round (i.e., aquatics center, etc.)
- Preventive health education



EXECUTIVE SUMMARY

Executive Summary

The table below shows a summary of results from Pioneer Medical Center's 2021 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
Access to Healthcare Services			
Barriers to access			
<i>Local provider/nurse retention</i>	⊗	✓	☑
<i>Specialty services (i.e., pediatrics and women's health)</i>	⊗	✓	☑
<i>Awareness of services</i>		✓	☑
<i>Services: Dental, vision, mental health</i>	⊗	✓	☑
<i>Decline in access to care due to COVID-19</i>		✓	☑
<i>Home health for seniors</i>		✓	☑
Cost of services			
<i>Affordability, insurance, unemployment rate</i>	⊗	✓	☑
<i>Medicaid enrollment</i>	⊗		
<i>Uninsured children</i>	⊗		
Wellness and Prevention			
Physical activity			
<i>Access to recreational and fitness opportunities</i>		✓	☑
<i>Overweight/obesity/physical inactivity</i>	⊗	✓	☑
<i>Health education- weight loss, fitness, health & wellness</i>		✓	☑
Nutrition			
<i>Nutrition education and resources</i>		✓	☑
<i>Availability of quality produce</i>		✓	☑
<i>Enteric disease incidence rates</i>	⊗		

Neighborhood & built environment			
<i>Affordable housing</i>		✓	☑
Behavioral Health			
<i>Lack of mental and behavioral health services/resources</i>	⊗	✓	☑
<i>Increase in depression and high suicide rate</i>	⊗	✓	☑
<i>Alcohol/drug abuse</i>	⊗	✓	☑
<i>Stress management</i>		✓	
Health Measures			
Chronic Conditions	⊗	✓	☑
<i>Rates of 2+ chronic conditions highest in MT frontier</i>	⊗	✓	☑
<i>Cancer</i>	⊗	✓	
<i>Stroke hospitalization rate</i>	⊗		
<i>Unintentional injury death rate</i>	⊗		



NEXT STEPS & RESOURCES

Prioritization of Health Needs

The community steering committee, comprised of staff leaders from Pioneer Medical Center (PMC) and community members from Sweet Grass 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 care
- Mental and behavioral health
- Community engagement and outreach

Pioneer Medical Center will determine which needs or opportunities could be addressed considering PMC'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.

- Lion's Club
- Women's Club
- Montana State University County Extension Services
- Wellness Foundation
- Hospitality House
- Montana Department of Labor
- Montana AHEC
- Sweet Grass County Public Health
- Big Timber Cancer Alliance
- Local schools
- Local Police/Sheriff's office
- Big Timber Food Bank
- Billings Clinic affiliation

Evaluation of Previous CHNA & Implementation Plan

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

- Access to healthcare services
- Outreach and education
- Community engagement and collaboration

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

Goal 1: Improve access to healthcare services in Sweet Grass County.

	Activities	Accomplishments	Community Impact/Outcomes
Strategy 1.1: Increase access to primary care services.	Develop new access model to expand availability of clinic services to include walk-in clinic.	PMC's clinic now accepting walk-in patients; within COVID-19 restrictions	The clinic environment is more accommodating of nonscheduled visits/needs. There is a building remodel in process to accommodate the community's needs further.
	Develop and provide information for new clinic access model to PMC staff.	PMC staff were educated on the new model and the orientation process was strengthened.	PMC staff are knowledgeable regarding clinic scheduling and capabilities.
	Develop community marketing campaign to introduce inform community of available primary care services.	PMC engaged a digital media and marketing entity to assist in a more robust website and digital presence.	PMC's service lines are now more readily understood and represented digitally to the community.
	Determine feasibility of implementing clinic online scheduling.	PMC is working on implementing the ability for online scheduling.	Once fully implemented, it will afford the community an easy and convenient scheduling process.
Strategy 1.2: Increase access to specialty care services.	Develop community education on currently available specialty care services at PMC (in-house and via tele-health).	PMC is utilizing digital media to make information regarding visiting specialists readily available to the community.	The outreach efforts have resulted in the community having a greater knowledge of visiting specialists and how to schedule an appointment.
	Explore opportunities to expand tele-health specialty services with Billings Clinic.	Tele-health specialty services are being utilized on a case-by-case basis. There is the	Tele-health specialty services are available in Sweet Grass County on an outpatient basis.

		availability to further expand services as the need arises.	
	Explore expanding available specialty services at PMC (ex. Speech therapy, MRI, ultrasound, mental health).	MRI, Speech Therapy, and specialized ultrasound are now available at PMC. PMC is exploring further specialties as needs arise.	Specialties available as needed, decreasing the necessity for community members to travel to obtain medical services. These specialties also allow higher acuity patients to stay in the community and still receive care.
Strategy 1.3: Collaborate with existing resources in Sweet Grass County to enhance senior services.	Explore feasibility of providing nurse home visits through the rural health clinic.	This activity was deferred due to COVID-19 restrictions.	Pandemic delayed efforts; however, PMC intends to revisit as the need arises.
	Meet with Hospitality House to discuss potential areas of collaboration and coordination of resources.	PMC partnered with Hospitality House to prepare meals for Meals on Wheels.	Robust meal offerings for seniors in Sweet Grass County.
	Develop educational materials to inform community on available senior resources.	PMC is currently working to enhance its digital presence as well as make hardcopy resources available.	This activity is still in progress, however it will enhance the community's awareness of local senior services.
Strategy 1.4: Continue to enhance PMC efforts in care coordination	Adopt and implement transitional care management program	Transitional Care Management Program is implemented at PMC and actively taking referrals to assist in keeping healthcare local.	Patients can receive rehabilitative services here in the community.

Goal 2: Enhance Pioneer Medical Center outreach and education efforts in the PMC service area.

	Activities	Accomplishments	Community Impact/Outcomes
Strategy 2.1: Investigate additional ways PMC could expand educational programs and outreach offerings.	Explore feasibility to expand diabetes management efforts through utilization of a certified diabetes educator.	Diabetes Management and Prevention Program is growing exponentially and is well received among community participants	Reduced hospitalizations and complications related to diabetes or the management of. Community members able better participate in a healthy lifestyle and manage their care/outcome

	Participate in the Mountain-Pacific Quality Health project to provide additional services to diabetic and pre-diabetic patients.	PMC is currently exploring options to expand its diabetes management program.	PMC has the opportunity to expand and grow diabetes management program.
	Partner with Public Health to offer “It’s your choice” (driver behaviors and traffic safety program) for local youth.	This activity was deferred due to COVID-19 restrictions.	Pandemic delayed efforts; however, PMC may consider revisiting as the need arises.
	Explore developing monthly newspaper article/column on various health topics featuring PMC staff/provider expertise.	PMC is currently working on developing a monthly newspaper article featuring timely health topics. PMC is exploring feasibility of offering other educational opportunities.	This activity is currently in progress; however the intention is to expand PMC’s presence in the community as a source for reliable health education and information.
	Determine feasibility of developing an electronic mailing providing health topics and resources via a listserv.	This activity was not explored at this time, but PMC may revisit as the need arises.	PMC may revisit in the future as the need arises.
Strategy 2.2: Promote health and wellness opportunities in Sweet Grass County.	Continue to host and promote community events/programs that provide health and wellness information (i.e. sports physicals at local school, community golf tournament, providing PT and ambulance staff at local sporting events).	PMC maintains a high level of community involvement through community outreach programs.	PMC will maintain a high level of community involvement
	Explore opportunities to partner or support new community events promoting health and wellness (ex. Fun run).	PMC is in the process of exploring opportunities to support new community health and wellness events.	This activity is currently in process, however it is expected that these events will enhance PMC’s presence in the community.

Goal 3: Strengthen PMC’s community engagement and collaboration efforts to enhance community partnerships and knowledge of available services.

	Activities	Accomplishments	Community Impact/Outcomes
Strategy 3.1: Develop a Sweet Grass County Healthy Community Coalition.	Identify community partners/stakeholders (ex. Hospitality House, mental health services, police, cancer alliance, transportation etc.) in Sweet Grass County.	Partners were identified. Due to several factors including COVID-19 and leadership transition, the progress of developing this coalition has temporarily paused.	PMC will revisit this strategy in the future if other coalitions disband or this is identified as a need in the community.

	Invite stakeholders to participate in a community health coalition to identify and share information related to efforts and resources.	See update of preceding activity	See outcome above - PMC will revisit this strategy in the future if this is identified as a need in the community.
	With coalition, conduct environmental scan of available resources and create a resource directory to share with community (online, handout etc.).	See update of preceding activity	See outcome above - PMC will revisit this strategy in the future if this is identified as a need in the community.



APPENDICES

Appendix A- Steering Committee

Steering Committee Member	Organization Affiliation
Ian Peterson	CEO – Pioneer Medical Center (PMC)
Mary Parker	Business Office Manager – PMC
Heather Mace	Hearts and Hands Hospice
Jennifer Chappell	Public Health Nurse – PMC
Bryan Baker	Big Timber Evangelical Church
Charli Smith	Community Member
Matt McMananmen	Safety Manager – East Boulder Mine
Becky Linn-Todisco	Community member



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

Ian Peterson – CEO, Pioneer Medical Center
Mary Parker – Business Office Manager, Pioneer Medical Center
Heather Mace – Hearts and Hands Hospice
Jennifer Chappell – Public Health Nurse, Pioneer Medical Center
Bryan Baker – Big Timber Evangelical Church
Charli Smith, Community member
Matt McMananmen – Safety Manager, East Boulder Mine
Becky Linn-Todisco – Community member

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

Steering Committee	March 5, 2021
Key Informant Interviews	April-May 2021

Public and Community Health

- Excessive drinking is a problem in Sweet Grass county.
- It would be nice to know how the physical inactivity rates in Sweet Grass county vary across a year (i.e., winter vs. summer).
- Our diabetic services are constantly filling up, so I think it would be nice to gauge through this needs assessment if they need to be expanded.
- It would be nice to know how COVID impacted the service area, so I would like to keep the questions in the survey about COVID.

Population: Low-Income, Underinsured

- Like many areas of the nation, housing availability and affordability are even crazy in Big Timber!

Population: Seniors

- We have a high population of 65+ individuals.

- I think elder abuse, neglect, and exploitation are important to include in the survey. I know it's a problem around the country, and I think it would be interesting to see if it's an issue in this area.

Population: Youth

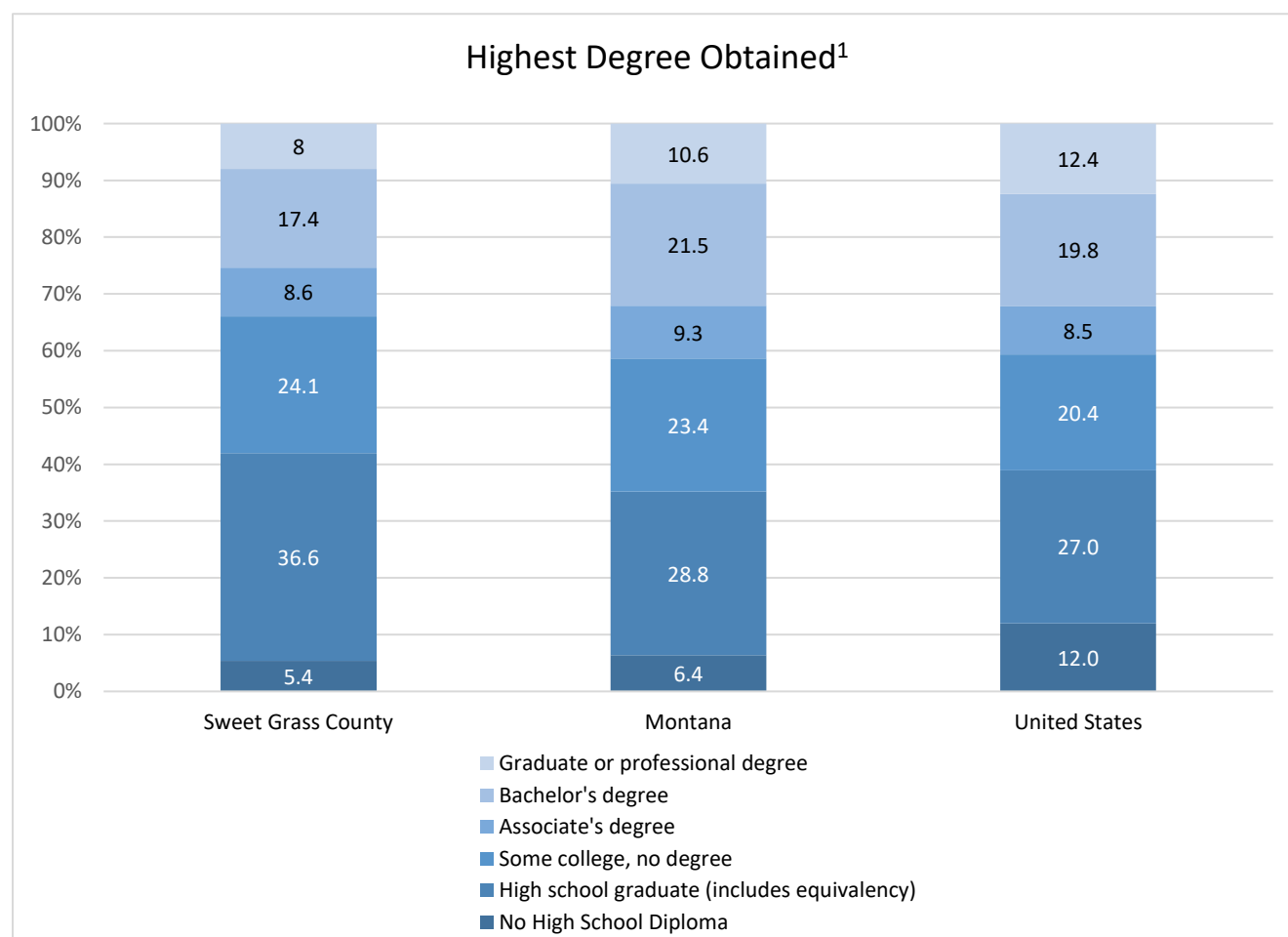
- The count on free and reduced lunch feels like it might be low. Due to COVID, local schools did a grant to provide meals to all children this year.
- The data from the Youth Risk Behavior Survey (YRBS) is interesting. It may be pretty accurate as long as they don't think there is any recourse with their responses.

Appendix C- Sweet Grass Co. Secondary Data

Demographic Measure (%)		County			Montana			Nation		
Population ¹		3,670			1,050,649			324,697,795		
Population Density ¹		2.0			7.1			85.5		
Veteran Status ¹		11.5%			10.4%			7.3%		
Disability Status ¹		13.7%			13.6%			12.6%		
Age ¹		<5	18-64	65+	<5	18-64	65+	<5	18-64	65+
		4.4%	50.8%	30.2%	5.8%	60.1%	18.2%	5.9%	61.7%	16.4%
Gender ¹		Male		Female	Male		Female	Male		Female
		50.1%		49.9%	50.3%		49.7%	49.2%		50.8%
Race/Ethnic Distribution ¹	White	96.3%			88.5%			72.5%		
	American Indian or Alaska Native	1.0%			6.4%			0.8%		
	Other †	2.7%			5.1%			26.7%		

¹ US Census Bureau - American Community Survey (2019)

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



¹ US Census Bureau - American Community Survey (2019)

Socioeconomic Measures (%)	County	Montana	Nation
Median Income ¹	\$49,886	\$54,970	\$62,843
Unemployment Rate ¹	0.8%	4.0%	5.3%
Persons Below Poverty Level ¹	5.7%	13.1%	13.4%
Uninsured Adults (Age <65) ^{3,4}	11%	12.0%	14.7%
Uninsured Children (Age <18) ^{3,4}	8%	6.0%	5.1%
Children in Poverty ¹	5.4%	15.8%	18.5%
Enrolled in Medicaid ^{5,6}	5.1%	8.6%	20.2%
Enrolled in Free/Reduced Lunch ⁷ <i>Pre-k through 12th grade</i>	114	64,148	-
SNAP Participants ⁷ <i>All ages</i>	130	109,497	39,194,450

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

Maternal Child Health	County	Montana
General Fertility Rate* ⁸ <i>Per 1,000 Women 15-44 years of age</i>	54.0	59.6
Total Fertility Rate [†] ⁸ <i>Per 1,000 Women</i>	65.6	59.5
Born less than 37 weeks ⁸	N/A	9.1%
Adolescent Birth Rate (females age 15-19) ²¹ <i>Per 1,000 years 1999-2018</i>	15.8	32.0
Smoking during pregnancy ^{15, 20}	9.3%	16.5%
Low and very low birth weight infants (less than 2500 grams) ⁸	N/A	7.4%
Childhood Immunization Up-To-Date (UTD) % Coverage [§] ⁹	68.4%	66.2%

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

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

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

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

Behavioral Health	County	Montana	Top U.S. Performers
Adult Smoking ³	14%	17%	14%
Excessive Drinking ³	21%	21%	13%
Adult Obesity ³	28%	26%	26%
Poor Mental Health Days (Past 30 days) ³	3.4	3.7	3.4
Physical Inactivity ³	21%	22%	20%
Liver Disease and Cirrhosis Mortality ¹⁰ <i>Per 100,000 population</i>	N/A	150.9	-
Intentional Self-Harm ED Visit Rate ¹⁰ <i>Per 100,000 population</i>	N/A	241.3	-
Mental Disorders Hospitalization Rate ¹⁰ <i>Per 100,000 population</i>	N/A	372.5	-
Drug Use Hospitalization Rate ¹⁰ <i>Per 100,000 population</i>	14%	17%	14%

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

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

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

Infectious Disease Incidence Rates (2015-2017) ¹⁰ <i>Per 100,000 people</i>	County	Montana
Enteric Diseases*	101.1	80.1
Hepatitis C virus	28.2	93.4
Sexually Transmitted Diseases (STD) [†]	55.1	551.6
Vaccine Preventable Diseases (VPD) [§]	64.3	91.5

¹⁰ IBIS Community Snapshot, MT-DPPHS

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

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

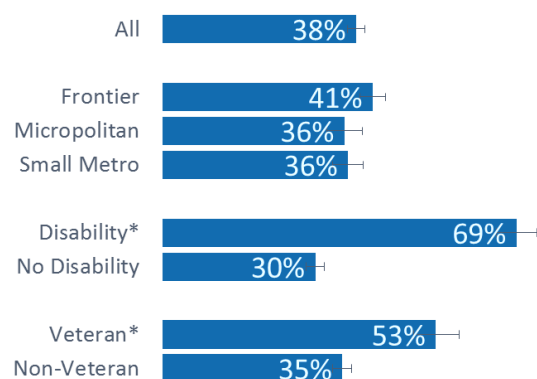
Chronic Conditions ¹⁰	County	Montana
Stroke Hospitalization Rate <i>Per 100,000 population</i>	159.3	152.0
Diabetes Hospitalization Rate <i>Per 100,000 population</i>	715.2	1058.9
COPD Emergency Department Visit Rate <i>Per 100,000 population</i>	453.7	669.9
Acute Myocardial Infarction (MI) Hospitalization Rate <i>Per 100,000 population</i>	N/A	118.1

¹⁰ IBIS Community Snapshot, MT-DPPHS

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

¹¹ Behavioral Risk Factor Surveillance System (2019)

Percent of Montana Adults with Two or More Chronic Conditions



Cancer Incidence	County	Montana	Nation
All Sites Cancer ¹⁰ Per 100,000 population	423.1	441.6	444

¹⁰ IBIS Community Snapshot, MT- DPPHS

Mortality	County	Montana	Nation
Suicide Rate ¹³ Per 100,000 population	N/A	22.5	13.9
Veteran Suicide Rate ¹³ Per 100,000 population	-	65.7	38.4
Leading Causes of Death ¹⁴	-	1. Cancer 2. Heart disease 3. Unintentional injuries	1. Heart Disease 2. Cancer 3. CLRD*
Unintentional Injury Death Rate ¹⁶ Per 100,000 population	57.2	53.4	51.1
Diabetes Mellitus ^{14, 17} Per 100,000 population	-	19.0	21.4
Alzheimer's Disease ^{14, 18} Per 100,000 population	-	21.6	37.3
Pneumonia/Influenza Mortality ^{14, 19} Per 100,000 population	-	10.7	14.9

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

*Chronic Lower Respiratory Disease

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

Montana Health Disparities	White, non-Hispanic	American Indian/Alaska Native	Low Income*	Disability ²²
Poor Mental Health Days²² <i>Past 30 days</i>	9.8	15.4	27.5	22.9
Poor Physical Health Days²² <i>Past 30 days</i>	11.4	16.5	26.7	32
Mean number of Unhealthy Days²² <i>Poor physical health days and poor mental health days combined in the past 30 days</i>	5.9	8.4	12.6	12.9
No Health Care Coverage¹¹	9.5%	7.8%	11.5%	14.4%
No Personal Health Care Provider¹¹	26.5%	28.8%	23.8%	16.6%
No Routine Checkup in the Past Year¹¹	27.2%	23.9%	18.1%	27.1%
No Leisure Time for Physical Activity²² <i>In the past 30 days</i>	19.3%	25.6%	33%	33.6%
Obese¹¹ (BMI ≥ 30.0)	27.4%	40.7%	35.4%	34.4%
Tobacco Use - Current Smokers¹¹	14.5%	41.4%	32.9%	26.2%
Does Not Always Wear a Seat Belt¹¹	9.9%	16.4%	15.6%	27.3%

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

*Annual household income < \$15,000

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

¹² Youth Risk Behavior Survey (2019)

Secondary Data – Healthcare Workforce Data 2019

Health Professional Shortage Area & Medically Underserved Areas/Populations

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

Health Professional Shortage Area Designation- Sweet Grass County, Montana		
Discipline	HPSA Score	HPSA
Primary Care	7	✓ Geographic population
Dental Health *	15	✓
Mental Health	12	✓ Geographic population
HPSA Scores range from 0 to 26 where the higher the score, the greater the priority		

¹ Health Resources and Services Administration (2019)

*HPSA score is for Rural Health Clinic

Provider Supply and Access to Care				
Measure	Description	Sweet Grass Co. (N = 1) *	Montana (N = 48) *	National (N = 1344) *
Primary care physicians	Ratio of population to primary care physicians	3696:1	1312:1	1030:1
Other primary care providers	Ratio of population to other primary care providers including nurse practitioners, physician assistants, and clinical nurse specialists	1229:1	1041:1	726:1
Dentists	Ratio of population to dentists	3687:1	1482:1	1280:1
Mental health providers	Ratio of population to mental health providers	1844:1	409:1	330:1

*Total number of CAHs, - No data available

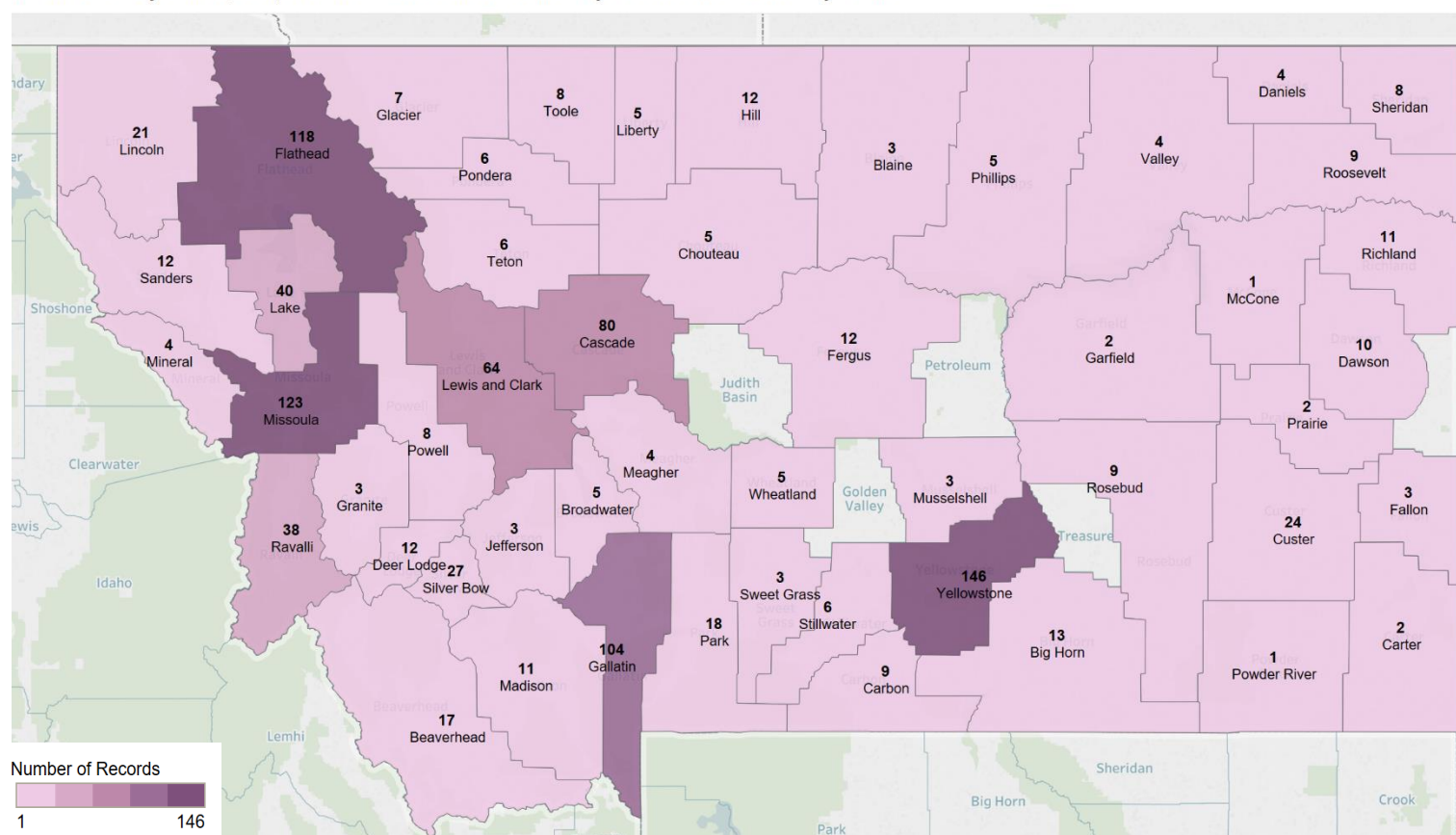
² CAHMPAS - FLEX Monitoring (2017)

Healthcare workforce Distribution Maps

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

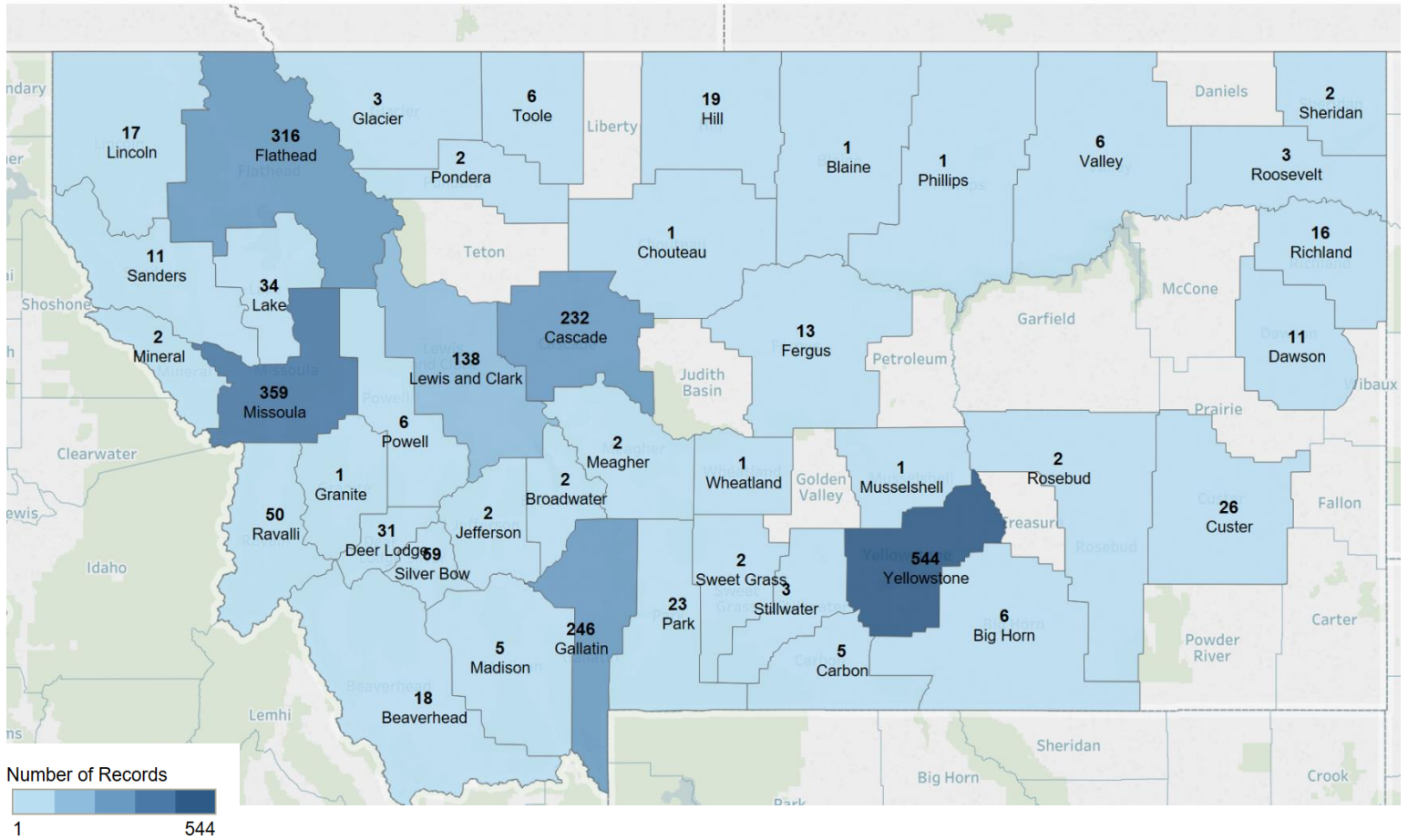
- Counts only include actively practicing providers.
- Counts do not include providers at limited access facilities (VA, Malstrom AFB, Indian Health Services, Montana State Prison, Montana State Hospital, therapeutic boarding schools)
- Counts only include primary practice locations. Locum Tenens providers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

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



Maps by WIM Tracking LLC - 3/19/19

Montana Physician Distribution - Primary Locations - All Specialties



Appendix D- Survey Cover Letter

March 26, 2021



Dear [LASTNAME] household:

Participate in our Community Health Needs Assessment survey for a chance to **WIN one of four \$25, two \$50, or one \$100 Amazon gift cards!**

Pioneer Medical Center (PMC) 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 PMC service area. The survey covers topics such as: use of health care services, awareness of services, community health, health insurance and demographics. We know your time is valuable, so we have made an effort to keep the survey to about 15 minutes. Participating in this survey is completely voluntary and your identity and answers will remain confidential.

1. Due date to complete survey: April 30, 2021
2. Complete the enclosed survey and return it in the envelope provided - no stamp needed.
3. You can also access the survey at <http://helpslab.montana.edu/survey.html>. Select "Pioneer Medical Center Survey." Your access code is [CODED]
4. The winners of the Amazon gift cards will be contacted the week of May 10th.

All survey responses will go to HELPS Lab at Montana State University in Bozeman, Montana, the organization that is assisting MORH with this project. If you have any questions about the survey, please call Amy Royer at 406-994-5627. We believe, with your help, we can continue to improve health care services in our region.

Thank you for your assistance. We appreciate your time.

Sincerely,

Ian Peterson, CEO



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

Appendix E- Survey Instrument

Community Health Services Development Survey Big Timber, Montana

INSTRUCTIONS: Please complete this survey by marking the appropriate boxes and then return it in the enclosed postage-paid envelope. If you need assistance, please contact the Montana Office of Rural Health at 406-994-5627. Participation is voluntary, and your responses will remain confidential. You can choose not to answer any question and can stop at any time.

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

- ☐ Very healthy ☐ Healthy ☐ Somewhat healthy ☐ Unhealthy ☐ Very unhealthy

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Alcohol/substance abuse | <input type="checkbox"/> Lack of dental care | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Alzheimer's/dementia | <input type="checkbox"/> Lack of exercise | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Mental health (depression, anxiety, PTSD, etc.) | <input type="checkbox"/> Tobacco use (cigarettes/ cigars, vaping, smokeless) |
| <input type="checkbox"/> Child abuse/neglect | <input type="checkbox"/> Motor vehicle accidents | <input type="checkbox"/> Trauma/Adverse Childhood Experiences (ACES) |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Overweight/obesity | <input type="checkbox"/> Work/economic stress |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Recreation related accidents/injuries | <input type="checkbox"/> Work related accidents/injuries |
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> Respiratory issues/illness | <input type="checkbox"/> Elder abuse, neglect, or exploitation |
| <input type="checkbox"/> Hunger | <input type="checkbox"/> Social isolation/loneliness | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Lack of access to healthcare | | |

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

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

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

- ☐ Excellent ☐ Good ☐ Fair ☐ Poor

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

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

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

- | | | |
|--|--|--|
| <input type="checkbox"/> Chiropractor | <input type="checkbox"/> Hospice | <input type="checkbox"/> Physical, occupational, or speech therapy clinics |
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Mental health services | <input type="checkbox"/> Public health |
| <input type="checkbox"/> EMS/Ambulance | <input type="checkbox"/> Other primary care providers - not affiliated with Pioneer Medical Center | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Hearing check | | |
| <input type="checkbox"/> Home health | | |

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

- | | | |
|--|--|--|
| <input type="checkbox"/> Cultural sensitivity | <input type="checkbox"/> More primary care providers | <input type="checkbox"/> Telemedicine |
| <input type="checkbox"/> Greater health education services | <input type="checkbox"/> More specialists | <input type="checkbox"/> Transportation assistance |
| <input type="checkbox"/> Improved quality of care | <input type="checkbox"/> Outpatient services expanded hours | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Interpreter services | <input type="checkbox"/> Payment assistance programs (healthcare expenses) | |
| <input type="checkbox"/> More information about available services | | |

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

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

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

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

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

- | | | |
|---|---|---|
| <input type="checkbox"/> Additional diabetic services | <input type="checkbox"/> Mental health services | <input type="checkbox"/> Visiting specialists |
| <input type="checkbox"/> Dermatology | <input type="checkbox"/> Pediatrics | <input type="checkbox"/> Other: _____ |

11. 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

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

- | | | | |
|--|--|---|---------------------------------------|
| <input type="checkbox"/> Blood pressure check | <input type="checkbox"/> Colonoscopy | <input type="checkbox"/> Hearing check | <input type="checkbox"/> Vision check |
| <input type="checkbox"/> Children's checkup/ Well baby | <input type="checkbox"/> Dental check | <input type="checkbox"/> Mammography | <input type="checkbox"/> None |
| <input type="checkbox"/> Cholesterol check | <input type="checkbox"/> Flu shot/ immunizations | <input type="checkbox"/> Pap test | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> Health checkup | <input type="checkbox"/> Prostate (PSA) | |
| | <input type="checkbox"/> Health fair | <input type="checkbox"/> Skin check | |

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

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

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

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

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

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

16. Where is the primary healthcare provider that your household uses MOST located? (**Select ONLY 1**)

- | | | | |
|-------------------------------------|-----------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Big Timber | <input type="checkbox"/> Bozeman | <input type="checkbox"/> Harlowton | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Billings | <input type="checkbox"/> Columbus | <input type="checkbox"/> Livingston | |

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

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

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

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

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Billings Clinic | <input type="checkbox"/> Livingston Healthcare | <input type="checkbox"/> St. Vincent Healthcare | <input type="checkbox"/> Wheatland Memorial Healthcare |
| <input type="checkbox"/> Bozeman Health | <input type="checkbox"/> Pioneer Medical Center | <input type="checkbox"/> Stillwater Billings Clinic | <input type="checkbox"/> Other: _____ |

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

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

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)

- ☐ Billings ☐ Livingston Healthcare ☐ Stillwater Billings Clinic
☐ Bozeman ☐ Pioneer Medical Center ☐ Other: _____

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

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

24. The following services are available through Pioneer Medical Center or in the community. 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
Assisted living or long-term care	4	3	2	1	N/A	DK
Clinic services	4	3	2	1	N/A	DK
Emergency room	4	3	2	1	N/A	DK
Home health	4	3	2	1	N/A	DK
Hospice	4	3	2	1	N/A	DK
Hospital stay	4	3	2	1	N/A	DK
Laboratory	4	3	2	1	N/A	DK
Public health	4	3	2	1	N/A	DK
Radiology services (x-ray, ultrasound, CT scan, mammography)	4	3	2	1	N/A	DK
Specialty outreach clinics	4	3	2	1	N/A	DK
Therapy (physical, occupational, speech)	4	3	2	1	N/A	DK

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

- ☐ Yes ☐ No

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

- ☐ Everyday ☐ Sometimes (3-5 days per month) ☐ Never
☐ Most days (3-5 days per week) ☐ Occasionally (1-2 days per month)

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

- ☐ High ☐ Moderate ☐ Low ☐ Unsure/rather not say

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

☐ Excellent ☐ Good ☐ Fair ☐ Poor

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

☐ A great deal ☐ Somewhat ☐ A little ☐ Not at all

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

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

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

☐ Yes ☐ No ☐ Not applicable

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

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
32.1) I can get the health care I need in Sweet Grass County. Consider the cost and quality, number of options, and availability of healthcare within a reasonable distance to your home.	4	3	2	1	DK
32.2) I feel safe in my home. Consider everything that makes you feel safe, such as neighbors, presence of law enforcement, etc. and everything that could make you feel unsafe at home, including family violence, robbery, housing conditions, etc.	4	3	2	1	DK
32.3) I feel safe in my community. Consider how safe you feel in and around your neighborhood, schools, playgrounds, parks, businesses, and shopping centers.	4	3	2	1	DK
32.4) There are places to be physically active near my home. Consider parks, trails, places to walk, and playgrounds.	4	3	2	1	DK
32.5) I have enough financial resources to meet my basic needs. Consider income for purchasing food, clothing, shelter, and utilities.	4	3	2	1	DK
32.6) My community is a good place to raise children. Consider the quality and safety of schools and childcare, after school care, and places to play in your neighborhood.)	4	3	2	1	DK
32.7) My community is a good place to grow old. Consider elder-friendly housing, transportation to medical services, access to shopping centers and businesses, recreation, and services for the elderly.	4	3	2	1	DK

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

☐ Yes ☐ No

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

☐ Yes ☐ No ☐ Don't know

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

- | | | |
|---|---|---|
| <input type="checkbox"/> Employer sponsored | <input type="checkbox"/> Indian Health | <input type="checkbox"/> VA/military |
| <input type="checkbox"/> Health Insurance Marketplace | <input type="checkbox"/> Medicaid | <input type="checkbox"/> None/pay out of pocket |
| <input type="checkbox"/> Health Savings Account | <input type="checkbox"/> Medicare | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Healthy MT Kids | <input type="checkbox"/> Private insurance/private plan | |

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

- ☐ Excellent ☐ Good ☐ Fair ☐ Poor

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

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

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

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

Demographics

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

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

- | | | | |
|---|---|---|---------------------------------------|
| <input type="checkbox"/> 59011 Big Timber | <input type="checkbox"/> 59052 McLeod | <input type="checkbox"/> 59069 Reed Point | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> 59033 Greycliff | <input type="checkbox"/> 59055 Melville | <input type="checkbox"/> 59082 Springdale | |

40. What is your gender?

- ☐ Male ☐ Female ☐ Non-binary ☐ Prefer to self-describe: _____

41. 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+ |

42. What is your employment status? (**Select ONLY 1**)

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Work full time | <input type="checkbox"/> Reduced hours due to COVID-19 | <input type="checkbox"/> Unemployed, but looking | <input type="checkbox"/> Not currently seeking employment |
| <input type="checkbox"/> Work part time | <input type="checkbox"/> Student | <input type="checkbox"/> Unemployed due to COVID-19 | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Retired | <input type="checkbox"/> Collect disability | | |

[CODED]

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

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

THANK YOU VERY MUCH FOR YOUR TIME

Please note that all information will remain confidential

Appendix F- Cross Tabulation Analysis

Knowledge Rating of Pioneer Medical Center by How Respondents Learn About Healthcare Services

	Excellent	Good	Fair	Poor	Total
Friends/family	10.6% (9)	54.1% (46)	30.6% (26)	4.7% (4)	85
Word of mouth/reputation	10.4% (8)	49.4% (38)	31.2% (24)	9.1% (7)	77
Facebook/Social media	13.1% (8)	47.5% (29)	29.5% (18)	9.8% (6)	61
Healthcare provider	20.0% (12)	56.7% (34)	20.0% (12)	3.3% (2)	60
Newspaper	16.3% (8)	44.9% (22)	30.6% (15)	8.2% (4)	49
Public health nurse	26.9% (7)	42.3% (11)	26.9% (7)	3.8% (1)	26
Mailings/newsletter	14.3% (3)	47.6% (10)	28.6% (6)	9.5% (2)	21
Website/internet	19.0% (4)	42.9% (9)	28.6% (6)	9.5% (2)	21
Billboards/posters	37.5% (3)	37.5% (3)	25.0% (2)	-	8
Presentations	-	100.0% (1)	-	-	1
Other	28.6% (2)	-	57.1% (4)	14.3% (1)	7

Delay or Did Not Get Need Healthcare Services by Residence

	Yes	No	Total
59011 Big Timber	33.8% (44)	66.2% (86)	130
59069 Reed Point	-	100.0% (3)	3
59033 Greycliff	-	100.0% (2)	2
59082 Springdale	50.0% (1)	50.0% (1)	2
59052 McLeod	-	100.0% (1)	1
59055 Melville	-	100.0% (1)	1
Other	33.3% (1)	66.7% (2)	3
TOTAL	32.4% (46)	67.6% (96)	142

Location of primary care clinic most utilized by residence

	Big Timber	Billings	Livingston	Bozeman	Columbus	Other	TOTAL
59011 Big Timber	48.0% (60)	20.0% (25)	16.0% (20)	8.0% (10)	1.6% (2)	6.4% (8)	125
59069 Reed Point	25.0% (1)	-	-	-	50.0% (2)	25.0% (1)	4
59033 Greycliff	50.0% (1)	-	-	-	-	50.0% (1)	2
59082 Springdale	-	-	100.0% (2)	-	-	-	2
59052 McLeod	100.0% (1)	-	-	-	-	-	1
59055 Melville	-	-	100.0% (1)	-	-	-	1
Other	-	50.0% (1)	50.0% (1)	-	-	-	2
TOTAL	46.0% (63)	19.0% (26)	17.5% (24)	7.3% (10)	2.9% (4)	7.3% (10)	137

* Harlowton removed from primary care clinic location (top row) due to non-response.

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

	Big Timber	Billings	Bozeman	Columbus	Livingston	Other	TOTAL
Prior experience with clinic	46.0% (29)	22.2% (14)	6.3% (4)	4.8% (3)	14.3% (9)	6.3% (4)	63
Clinic/provider's reputation for quality	36.2% (21)	27.6% (16)	8.6% (5)	-	13.8% (8)	13.8% (8)	58
Closest to home	86.3% (44)	2.0% (1)	2.0% (1)	2.0% (1)	5.9% (3)	2.0% (1)	51
Appointment availability	64.1% (25)	12.8% (5)	7.7% (3)	-	7.7% (3)	7.7% (3)	39
Recommended by family or friends	40.9% (9)	22.7% (5)	18.2% (4)	-	13.6% (3)	4.5% (1)	22
Privacy/confidentiality	18.8% (3)	37.5% (6)	12.5% (2)	-	25.0% (4)	6.3% (1)	16
Shopping or other business in that town	25.0% (3)	16.7% (2)	16.7% (2)	-	33.3% (4)	8.3% (1)	12
Cost of care	18.2% (2)	18.2% (2)	9.1% (1)	-	45.5% (5)	9.1% (1)	11
Required by insurance plan	33.3% (3)	33.3% (3)	11.1% (1)	-	11.1% (1)	11.1% (1)	9
Length of waiting room time	75.0% (6)	12.5% (1)	-	-	12.5% (1)	-	8
VA/Military requirement	12.5% (1)	50.0% (4)	12.5% (1)	-	12.5% (1)	12.5% (1)	8
Prefer pediatrician for my kids	14.3% (1)	57.1% (4)	14.3% (1)	-	14.3% (1)	-	7
Referred by physician or other provider	14.3% (1)	57.1% (4)	-	-	14.3% (1)	14.3% (1)	7
Other	11.1% (1)	22.2% (2)	22.2% (2)	-	22.2% (2)	22.2% (2)	9

* Harlowton removed from primary care clinic location (top row) due to non-response.

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

Location of most utilized hospital by residence

	Billings Clinic	Pioneer Medical Center	St. Vincent's Healthcare	Livingston Healthcare	Bozeman Health	Stillwater Billings Clinic	Other	Total
59011 Big Timber	24.7% (19)	22.1% (17)	16.9% (13)	13.0% (10)	9.1% (7)	1.3% (1)	13.0% (10)	77
59069 Reed Point	100.0% (2)	-	-	-	-	-	-	2
59033 Greycliff	-	100.0% (1)	-	-	-	-	-	1
59052 McLeod	-	-	-	-	100.0% (1)	-	-	1
59082 Springdale	-	-	-	100.0% (1)	-	-	-	1
Other	-	-	100.0% (1)	-	-	-	-	1
Total	25.3% (21)	21.7% (18)	16.9% (14)	13.3% (11)	9.6% (8)	1.2% (1)	12.0% (10)	83

*** Wheatland Memorial Healthcare removed from hospital location (top row) due to non-response.**

**** Melville removed from residence (first column) due to non-response.**

Location of most recent hospitalization by reasons for hospital selection

	Billings Clinic	Bozeman Health	Livingston Healthcare	Pioneer Medical Center	St. Vincent's Healthcare	Stillwater Billings Clinic	Other	Total
Hospital's reputation for quality	32.4% (12)	8.1% (3)	16.2% (6)	5.4% (2)	27.0% (10)	2.7% (1)	8.1% (3)	37
Prior experience with hospital	32.4% (12)	10.8% (4)	10.8% (4)	8.1% (3)	24.3% (9)	2.7% (1)	10.8% (4)	37
Closest to home	-	12.9% (4)	12.9% (4)	51.6% (16)	6.5% (2)	-	16.1% (5)	31
Referred by physician or other provider	36.0% (9)	8.0% (2)	4.0% (1)	12.0% (3)	24.0% (6)	-	16.0% (4)	25
Emergency, no choice	15.8% (3)	10.5% (2)	15.8% (3)	47.4% (9)	5.3% (1)	-	5.3% (1)	19
Privacy/confidentiality	40.0% (4)	10.0% (1)	20.0% (2)	10.0% (1)	10.0% (1)	10.0% (1)	-	10
Recommended by family or friends	-	16.7% (1)	33.3% (2)	16.7% (1)	33.3% (2)	-	-	6
Cost of care	-	40.0% (2)	40.0% (2)	-	20.0% (1)	-	-	5
Financial assistance programs	33.3% (1)	-	33.3% (1)	33.3% (1)	-	-	-	3
Required by insurance plan	33.3% (1)	-	-	-	33.3% (1)	-	33.3% (1)	3
Closest to work	-	-	-	-	-	-	100.0% (1)	1
VA/Military requirement	-	-	-	-	-	-	100.0% (1)	1
Other	14.3% (1)	-	28.6% (2)	14.3% (1)	28.6% (2)	-	14.3% (1)	7

* Wheatland Memorial Healthcare 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)

- Affordable healthcare and education about health
- None
- Don't know
- Housing
- Medical care too expensive
- Lack of education, lack of \$ allocated to hire quality professionals
- Drugs
- COVID
- Lack of eye doctors

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

- Education (2)
- Strong, regular local friendships or family
- Be responsible for your own actions
- Clean water
- Rec center

*Responses when more than 3 were selected (1 participant):

- Access to childcare/after school programs (1)
- Access to healthcare services (1)
- Arts and cultural events (1)
- Healthy behaviors and lifestyles (1)

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

- Schools
- Taxes
- Flyers
- Worked there (2)
- Previous visits to clinic
- Employer

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

- ER
- COVID Vaccinations
- Eye doctor (2)

- VA
- None (2)
- Lab
- Walk in clinic/ER
- Telemedicine
- Ortho MT
- Acupuncture/natural medicine
- Mobile Mammogram
- Long term care

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

- Access to larger hospitals
- Everyone knows you get ripped off by the PMC, which is why I go to Bozeman or Livingston. Surprisingly, it is more affordable in those places. My sister went to the ER while visiting and got a \$4K bill for one X-ray and her insurance didn't cover it. I gave the PMC a stool sample from my daughter that costed \$80 in Bozeman and PMC charged us \$460. It is outrageous.
- Reduced cost
- Vision Specialists
- Cost is way too high
- Referrals to specialists
- Willingness of town to dedicate funds to improve quality of healthcare in Big Timber
- Urgent care

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

- Impossible to see a psychiatrist, cannot get an appointment
- I'm retired
- Hasn't affected us negatively related to above questions
- COVID is a fraud

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

- Geriatric health issues
- None (2)
- None, too expensive
- EMT
- Program helping women with bone density

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

- Billings Clinic
- Optometry

- N/A
- None (3)
- Vision (2)
- None, they're too costly
- Pain management
- All in this category if providers were quality educated providers
- Endocrinology
- OB/GYN
- Not sure
- Eye Dr.
- Neurologist

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

- NA
- Vision
- COVID-19 test
- Lab (2)
- Blood tests
- None at Big Timber clinic, all at Billings Clinic, St V's, or Bozeman Deaconess

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

- Excessive time in waiting room.
- VA
- Didn't want to address problem
- Do not trust Pioneer Medical Center
- Low knowledge as to what was going on
- Explore/discuss other options

*Responses when more than 3 were selected (1 participant):

- Don't like doctors (1)
- It cost too much (1)
- My insurance didn't cover it (1)
- Not treated with respect (1)
- Qualified provider not available (1)

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

- Livingston

*Responses when more than 1 was selected (8 participants):

- Big Timber (4)
- Billings (7)
- Bozeman (4)

- Columbus (2)
- Livingston (1)

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

- Full history
- Diabetic specialist
- Excellent care
- More options in one location
- Cost was a lot less
- Ambulance
- Too many medical problems
- Find local providers are inept
- No other option
- Good people

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

- VA
- Avery, Sioux Falls, SD
- St. Patrick's in Missoula
- Amarillo, TX
- Intermountain Health Care in Salt Lake City

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

- Billings Clinic (1)
- Bozeman Health (2)
- Livingston Healthcare (2)
- Pioneer Medical Center (3)
- St. Vincent Healthcare (1)
- Stillwater Billings Clinic (1)

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

- Access to medical records history
- Primary care M.D.
- Specific surgeon
- Pediatric
- Mayo Clinic Affiliation
- Specialist

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

- Columbus
- Helena
- Big Timber physical therapy

- University of Utah
- Livingston
- Livingston Eye Specialist
- Butte
- Big Timber (2)
- Goodyear, AZ
- Dental, eye doctor
- VA
- Denver Children's
- Billings Oral Surgery/Dental

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

- Plastic / Reconstructive Surgeon
- Nephrologist (2)
- Cancer
- Pain management center
- Otolaryngology
- Not your business privacy act
- Naturopath
- Retina
- Hemotologist
- Type 1 diabetic
- Dr. White, DO

35. What types of health insurance cover the majority of your household's medical expenses? (Select only 1)

- Tri-care for life supplement

***Responses when more than 1 was selected (24 participants):**

- Employer sponsored (2)
- Health Insurance Marketplace (1)
- Health Savings Account (1)
- Healthy MT Kids (2)
- Medicaid (6)
- Medicare (21)
- Private insurance/private plan (16)
- VA/military (3)

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

- VA
- Way too expensive
- Not willing to pay thousands per month and still pay hospital and caregivers more, it's a broken system.

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

- 59018
- Columbus 59019
- 59047

36. What is your gender?

- Self

42. What is your employment status?

- Self-employed (5)
- Housewife
- Employed spouse
- Homemaker

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

- Work full time (1)
- Work part time (1)

General comments

- (Q1) Did not make a selection and wrote “Don’t know”
- (Q2) Marked “Respiratory issues/illness” and wrote “Covid-19”
- (Q3) Hard to pick just three.
- (Q4)
 - Marked between “Fair” and “Poor”
 - Did not make a selection and wrote “Unknown do not use [illegible]”
- (Q6) Marked “Public health” and wrote “COVID shots”
- (Q8.2) Marked “3” and wrote “Because people are not wearing masks”
- (Q10) Selected “Dermatology” and wrote “Maybe”
- (Q11) Selected “Very Important” and wrote “My opinion, based on education and experience.”
- (Q12) Marked “Flu shot/immunizations” and wrote “Covid-19”
- (Q14)
 - Marked “Could not get an appointment” and wrote “(Covid related)”
 - Marked “Qualified provider not available” and wrote “at Big Timber Clinic”
- (Q16) Marked “Livingston” and wrote “But live here and can’t accommodate medical issues” next to “Big Timber”
- (Q19) Marked “Billings Clinic” and wrote “or Intermountain Health Care in Salt Lake City”
- (Q23) Selected “Neurosurgeon” and wrote “Texas” next to it.
- (Q24)
 - Did not make a selection for “Home health” and wrote “Not available”
 - Selected “4” for “Therapy” and wrote “was using a PT that PMC let go”
 - Selected “4” for “Public health” and wrote “Covid shots”

- (Q27)
 - Did not make a selection and wrote “Pissed off at the government attempt to control a virus and its people!”
 - Marked between “High” and “Moderate”
- (Q29) Marked “A great deal” and wrote “sister died of alcoholism”
- (Q31) Marked “Yes” and wrote “1 medication is almost cost prohibitive (Spiriva)”
- (Q32.1) Marked between “2” & “3”
- (Q34)
 - Marked “No” and wrote “I’ve heard this from many sources.”
 - Marked “No” and wrote “Absolutely not!”
- (Q36) Marked “Excellent” and wrote “Health Insurance via Medicare by itself is NOT excellent; your #35 should allow for supplements and let you select 2 answers.”
- (Q38)
 - Did not make a selection and wrote “Everyone is in it to get rich while you not feeling well.”
 - Selected “Yes, and I use them” and wrote “MT Cancer screening program”
- Other:
 - “I can’t answer #25-#28. Who hasn’t felt an impact from COVID? And my spouse of 40 years died last year; not depressed but grieving!”

Appendix H- Key Informant Interview - Questions

Key Informant Interview Questions

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

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

Appendix I- Key Informant Interviews - Transcript

Key Informant Interview #1

Friday, April 23, 2021

Anonymous – Via phone interview

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

- I have mixed feelings.
- It is in many ways, an aging community. That is to say, we have quite a few elderly individuals.
- I think primarily due to the mine near Columbus, but perhaps other reasons too, we have more and more younger couples moving in and even continuing to live locally if they terminate employment at the mine.
- We have a ton of new developments that are on the outskirts of Big Timber, but they are priced well above what someone may actually be able to afford.
- In terms of places to be active, there is a nice firehouse gym, but you have to be a member. I think I have heard membership fees are reasonably priced. We also have two parks in town, which are spread out across town, so folks have access regardless of where they are located. One is even located near the river.
- We have access to a lot of camping. Much of the closest camping is private, but people can travel a bit further for more Forest Service camping.
- Generally speaking, though, views in this area tend to be very conservative. Politics seem to enter nearly every conversation here.

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

- Hospital/clinic
 - I feel we get good care locally. But I do know that there is a lot of bad sentiment for PMC in the community.
 - The constant turnover of the CEO's position is challenging for this community. The employees and community need consistent leadership.
 - Since around 1988 or so, initiatives to improve the PMC building started. Initially, I think it was found to be nearly impossible to make wholesale changes and bring the building up to code. So instead, there have been several projects to add on space for the nursing home, then the clinic, and finally an assisted living facility. It is nice that it is all on one campus.
 - Eventually, it seems PMC has come under the control of Billings Clinic.
- EMS Services (ER/Ambulance)
 - This is a tricky question for me because it is challenging to differentiate between "essential" and "money-making" things that I have heard happening to different people since PMC has come under Billings Clinic.

- Generally speaking, and I have heard this happening to several different people, but they call the clinic to get a refill on a prescription for a diagnosed issue included in their chart and are told they instead need to go to ER. Once in the ER, they go through the same tests only to be given the prescription they already knew they needed. Eventually, they also get horrendous bills for the ER visit.
- Public/County Health Department
 - I would say they have been very good and especially on top of things through the pandemic. They were really good at encouraging the community to do the right things like staying home, masking up, and social distancing.
 - The conservative views locally have made all of these efforts challenging, though.
 - Finally, I think they have gone to great lengths to ensure those who want a COVID vaccine have access to one!
- Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
 - It is challenging to find anyone to come in and help with home health-related tasks.
 - I know that the assisted living and nursing homes are not full – they’ve done a good job at encouraging folks to stay home if possible. But without access to home health services, that is only possible if you have family nearby that can help with caregiving.
 - I have heard that the Hospitality House is wonderful. It used to be a grocery store, but are now apartments on the second floor, while the main floor is open for socializing and meals that are served five days per week. There is also a Meals on Wheels and bus that takes folks to other towns like Livingston, Bozeman, and Billings for appointments.
- Services for Low-Income Individuals/Families
 - I’m not positive, but I think we have WIC, SNAP, and CHIP. For the most part, I think the offices used to be locally, but I believe some may be elsewhere like Livingston or Bozeman, which makes access challenging.
 - Other than that, housing is really hard to find right now. There are almost no houses available for sale or rent. The market is, unfortunately, pricing locals out.

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

- The biggest healthcare issues are probably age-related and opinions that people have. For years, I’ve had friends who have unfortunately said they don’t care if PMC survives. But if you really think about it, PMC is one of the biggest employers in the county making it essential to our economy, and it also serves as a safety net for our care, so we don’t have to travel to neighboring towns like Bozeman or Billings. I think some of this sentiment may be changing, but it would be interesting to hear what some of the newer community members think
- More recently, PMC has come to have a large group of traveling providers that actually work for a separate company. This has led to significant disparities among

pay, especially because a lot of the traveling providers have very few expenses to think about since housing is taken care of for the most part. There are also challenges for individuals with establishing a relationship with a consistent provider.

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

- Home health is desperately needed.
- This isn't only an issue in Sweet Grass County, but across the state of Montana could benefit from more psychiatric care, particularly related to behavioral and mental health issues. Inherent to this are policy changes that would be required, such as access to mental health services.

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

- More liberals, and I'm not saying that they are right in every manner because every side is at fault here, but more because they support access to healthcare and respecting the powers of local health departments. I think it would be better if the state policymakers didn't limit these powers and supported better healthcare access.
- In general, Montana is so full of independent militia groups, and that is really scary to think about.
- I don't think we can do much on this one, but lower prices for things like groceries would be nice!

Key Informant Interview #2

Friday, April 23, 2021

Anonymous—Via phone interview

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

- We have a large elderly population and with that, comes inherent illnesses.
- Honestly, I don't think people are super aware of day to day healthy habits because we have a lot of drinking, smoking and poor diets.
- We have only one grocery store in Big Timber, so some people choose to travel to purchase things like groceries.

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

- Hospital/clinic:
 - I don't have much to say here, but I think there is general feel that you may have to travel to Livingston or Columbus for care.
- EMS Services (ER/Ambulance)
 - Well, I think it really depends on what you think the problem may be.
 - I know that people are hesitant to call an ambulance because it may be quicker and easier to jump in their own car.
- Public/County Health Department

- I don't know, but from my understanding, I think they do their job.
- With COVID, I think they have done the best they can in terms of testing.
- Honestly, I think the public health nurse is someone I would call before the clinic or hospital. She is very competent and a trusted voice.
- Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
 - I'm not really aware of these services.
 - But I think I have heard that home health care is probably needed for some people. I think currently, hospice may provide some services, but I'm not sure.
- Services for Low-Income Individuals/Families
 - I'm not aware of these services, so I cannot comment.

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

- As I mentioned earlier, smoking, drinking, and diet are challenging in this area.
- I think it's also unfortunate that people are choosing to go elsewhere for care. It would be nice to not have to travel.

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

- It's a small town so we can't have everything. But a pediatrician would be very nice! Even the ability to do pre- and post- natal care would be an improvement for a lot of the younger women especially if simple things like lactation counseling were available.
- It would be nice to be able to get things like lab work done locally and then have it sent to the outside provider.

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

- I don't know if its lack of education or caring, but it would be nice to have more healthy activities. Currently, there isn't much to do around here besides go to the bar.

Key Informant Interview #3

Friday, April 23, 2021

Anonymous—Via phone interview

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

- I would say it is really good.

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

- Hospital/clinic:
 - I don't really have any to be quite honest since we try and not use it. But when we have had to use PMC, our experiences have been fine.
- EMS Services (ER/Ambulance)

- Oh gosh. They are just perfect. They have good response times.
- Public/County Health Department
 - They are very good and helpful. The nurse is really good at communicating with the community and schools.
- Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
 - These services are really good. The nursing home and assisted living is attached to PMC so it's great!
- Services for Low-Income Individuals/Families
 - I don't have knowledge of these services.

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

- I'm just not sure. I can't answer this question.

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

- I would say none. I think everything is just fine as they are!

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

- I don't think there is anything. We are already so lucky with such low COVID cases.

Key Informant Interview #4

Monday, April 26, 2021

Anonymous—Via phone interview

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

- I would say we have average health in Sweet Grass county.

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

- Hospital/clinic:
 - Generally, I think the hospital and clinic are good. I think their appointment availability is good.
 - I don't think they invest enough in receptionists to get friendly staff. Quite often, you will walk in for an appointment, and they won't even look up at you. Alternatively, if you are at the desk, there have been times when they take calls. Unfortunately, they are lacking in basic customer service. It makes patients feel like they are not valued. As much as I want to support our local rural healthcare, these experiences make me wonder if I should seek care elsewhere like many other community members.
- EMS Services (ER/Ambulance)
 - The ambulance service is great! There are paid service and volunteers, but it is challenging to find volunteers.
- Public/County Health Department

- I think they've done great, especially this last year.
- Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
 - I think all of our senior services are good.
- Services for Low-Income Individuals/Families
 - I think these services are lacking. Generally, I don't think this population seeks out health insurance and Medicaid as well as they maybe should.
 - Along with this, there is a lack of affordable housing in the area. For example, there is only one building with subsidized housing, but it's only for individuals. So this obviously doesn't help families.

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

- Right now, one of the biggest issues is not taking COVID-19 seriously and not wearing masks. In Sweet Grass county, we stopped the mask mandate with the new governor taking office in January of this year.
- Other than that, there is a lack of exercise, poor nutrition, and excessive alcohol use.
- There is a pre-diabetes class through PMC that is great.
- They also offer lab screenings at PMC twice per year. But I think they could probably do better educating folks on what these screenings are. It's an economical way to monitor your well-being.

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

- I think we have the basic services we need locally, but we need people to utilize them more. A lot of community members choose to travel to Livingston and Billings for care. As I mentioned earlier, investing in receptionists may be a simple way to make headway on keeping care locally.
- Other than that, it would be nice to have the providers out in the community and providing more education.
- Lastly, I think the younger populations, in particular, may benefit from having access to dermatology, especially if they could do consultations with providers via telemedicine.

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

- I think it would really help if there was more education about the effects of smoking and smokeless tobacco and alcohol use. We have an awful lot of males and females spanning across generations that are chewing tobacco.

Key Informant Interview #5

Thursday, April 29, 2021

Anonymous–Via WebEx interview

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

- There are several niches in Big Timber if folks wish to find them and participate.

- We are a community where everyone knows your name.
- Physical Therapy is excellent. It's located downtown.

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

- Hospital/clinic:
 - PMC refers patients out as need be, but as a community, I think we can have most of our basic healthcare needs satisfied locally. I know my family makes an effort to try and receive care locally when possible.
 - The CEO position has high turnover.
 - We only have one doctor now. We used to have two, but Billings Clinic decided not to renew their contract with the doctor. No one seems to know why though.
- EMS Services (ER/Ambulance)
 - We have a top notch ambulance service with great volunteers.
 - I'm sure they are understaffed though.
- Public/County Health Department
 - Jen is amazing – she knows your name, which goes a long way for me and my family.
 - She was particularly great through COVID.
- Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
 - There seems to be a staffing shortage and high turnover in the long term care facility/nursing home. It is particularly challenging on the residents that need consistent care.
 - They have lots of visiting nurses, which we certainly appreciate, but it would be nice to have more consistency.
 - There is also a local senior center that serves meals on weekdays and offers a place for community members to gather and sing, play games, and socialize.
- Services for Low-Income Individuals/Families
 - I don't know anything about these services, so I cannot comment.

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

- The biggest issue we have in Big Timber is a doctor and nurse shortage. As I mentioned earlier, we only have one full time doctor. We used to have two, but Billings Clinic decided not to renew their contract with her. I believe she has stayed in town and opened a private practice.
- We are thankful for dedicated staff and visiting nurses and providers, but wish we could have more local doctors. Its hard to build relationships with traveling providers.

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

- When we first moved here, there were three doctors in town, which included one OB/GYN. Now we are just down to the one doctor.
- So I think it would be nice to have an OB/GYN locally again so women could have the option of receiving care locally. Right now they have to travel to Livingston, Bozeman, or Billings.

- We used to have an eye doctor, so it would be nice to have one locally again.
- I think I heard the Dentist left last month, so that could be great to recruit someone new.

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

- This is a tough question and could take all day.
- But it would be nice to have a year round indoor aquatic center. We already have a pool that is open in summer, but because many of the life guards are students, it closes during the school year. An aquatic center could benefit many different age groups and ability levels.
- Aside from that, we need better handicap access primarily around the civic center. There are only two parking spots and they are typically taken.

Key Informant Interview #6

Monday, May 3, 2021

Anonymous—Via phone interview

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

- In general, I feel good about the health of our community.

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

- Hospital/clinic:
 - I haven't had to use either the hospital or clinic. We primarily seek care elsewhere, especially since you can't receive prenatal and postnatal care locally.
- EMS Services (ER/Ambulance)
 - The one time that we had to use PMC's emergency room, all I can say is that overall, it was a scattered experience, and the doctor was rude.
 - When we arrived, no one was there to triage us, and we had to search the hospital to find doctors and nurses to help us.
- Public/County Health Department
 - I don't have any knowledge of them, so I cannot speak to this area.
- Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
 - As far as I know, I think these services are good here since we have such a large aging population.
- Services for Low-Income Individuals/Families
 - Again, I don't have any knowledge of these services, so I cannot speak to them.

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

- I would say the fact that you can't give birth here is a pretty big issue.

- This area has experienced such rapid population growth that I don't think our hospital and clinic have had enough time to adapt. There are so many young families moving in, and they want to receive care locally and not have to drive anywhere from 30 minutes to an hour one way.

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

- As I mentioned earlier, it would be nice to have an OB/GYN locally since there are so many young families moving in.
- I'm also not sure if there is a pediatrician here, but it would be helpful to recruit one if we don't.

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

- This is a tough question, but it would be nice to have improved access to produce. We only have one IGA in town, and especially with the rapid population growth, it's challenging to find produce most of the time.
- Along with access to produce is a need for nutrition classes. I don't think these types of classes are even available in Livingston.
- It would also be nice to have more options for exercising and workout classes. We do not have many options for getting out and being active other than the gym.

Key Informant Interview #7

Tuesday, May 4, 2021

Anonymous—Via phone interview

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

- Overall we are doing well in Sweet Grass county considering COVID.
- I believe we have an above-average rate of individuals in the 65+ age category, but we still seem relatively healthy.

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

- Hospital/clinic:
 - Overall, I think PMC does a pretty good job.
 - I will be honest, though, that they have had a few providers over the years that I haven't particularly liked.
 - I believe we currently have two local providers and a third spot filled by traveling providers.
- EMS Services (ER/Ambulance)
 - The ambulance crew is a dedicated group. Since they are made up of volunteers, you know that they are doing it because they want to, not because they bring in a paycheck.
 - The ER is usually good, but it depends on the providers that are on call. I know it's ordinary for some community members to call the ER first to see

who is working and then decide to take their loved one there or drive to Livingston.

- Public/County Health Department
 - I think that they didn't take COVID as seriously as they potentially should have.
 - I know of instances where they may not have acted as professionally as one would expect in such an important role.
- Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
 - I don't know about home health services in our area, so I cannot speak to that.
 - I think the nursing home does an excellent job at keeping residents active and engaged.
 - The assisted living facility is also incredible.
 - The senior center is not associated with PMC, but I love what they do. COVID obviously closed them down. But pre-COVID, they were a place where people could socialize, grab a meal, and even take their leftovers home for dinner! I believe Meals on Wheels operates out of there too. Finally, they have a bus to transport the elderly around town and to the senior center. They also take them to the post office so they can pick up mail.
- Services for Low-Income Individuals/Families
 - We have a nice food bank that stays stocked. I will note, however, that the hours are challenging for families. I think volunteers primarily staff it, so I'm sure scheduling is tricky, but it would be nice if they could have hours on a Saturday now and then.
 - I don't know if we still have a local WIC office.
 - I do believe PMC takes Medicaid and all local shops and grocery stores accept SNAP benefits.

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

- Having access to specialty care, especially for the elderly, is critical. I know PMC brings in a decent amount from Billings Clinic, but some specialties don't travel here.
- There are portions of our population that don't have transportation to travel out for services like this.

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

- As I noted before, improved access to specialty care would be helpful.
- I'm not sure if it's considered specialty care, but a pediatrician would be great to have locally. If you need to see a pediatrician currently, you have to take off a day or more of work since you have to travel out of town.

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

- I have a quick and easy answer to this question! We need more housing! Bozeman's housing market is impacting us in Sweet Grass county. I know some people are

- moving out here because it's cheaper and commuting to Bozeman for work. It's taking housing away from our local business owners and the elderly.
- Also contributing to our housing issue is the fact that the East Boulder Mine opened more positions, and there is nowhere for them to live.

Appendix J- Request for Comments

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

By Mail:

Administration
C/O: Sarah Crichfield
PO Box 1228
Big Timber, MT 59011

In Person:

Administration
C/O: Sarah Crichfield
301 West 7th Avenue
Big Timber, MT 59011



Contact the Administration Office at (406)-932-4603 or SCrichfield@PMCMT.org with questions.