



2024

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

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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 3,680 people plus those traveling through, working in, or pursuing the fabulous recreational opportunities presented in Sweet Grass County.



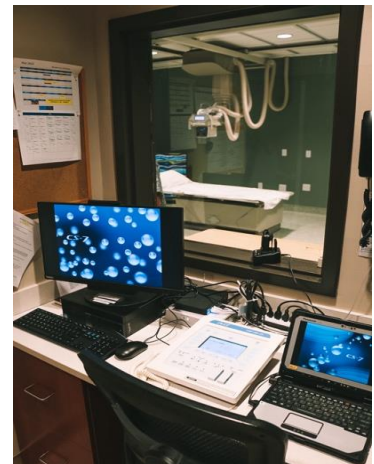
Sweet Grass County is designated by the US Department of Health and Human Services (HHS) as a Health Professional Shortage Area due to its lack of a sufficient number of providers for the population of Sweet Grass County; it is also considered a frontier county. For further secondary data regarding demographics, socioeconomics, and other related county and state data, please see Appendix C.



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 administered 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 focus groups enhance community engagement in the assessment process.



In January 2024, 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. We are able to compare some of the 2024 survey data with data from the 2021 survey, which was also conducted in partnership with the Montana Office of Rural Health. 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 November of 2023. 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 January 2024, surveys were mailed out to residents in the PMC service area. Survey respondents had the ability to complete the survey mailed to them or via an online survey hosted at Montana State University’s HELPS Lab web portal. The survey was based on a design that has been used extensively in the states of Washington, Wyoming, Alaska, Montana, and Idaho. The survey was designed to provide each facility with information from local residents regarding:

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



Sampling

Pioneer Medical Center provided an aggregated list of outpatient and inpatient admissions and information regarding service area zip codes. 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	3,157	Big Timber	706	353	353
59052	139	McLeod	38	19	19
59069	461	Reed Point	28	14	14
59033	334	Greycliff	18	9	9
59055	59	Melville	10	5	5
Total	2299		800	400	400

Additionally, focus groups were conducted to provide qualitative data 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 difficult 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 remains challenging in Montana.

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, analysis of available data is done with an understanding of access to care in rural and frontier Montana communities and barriers of disease surveillance in this setting.



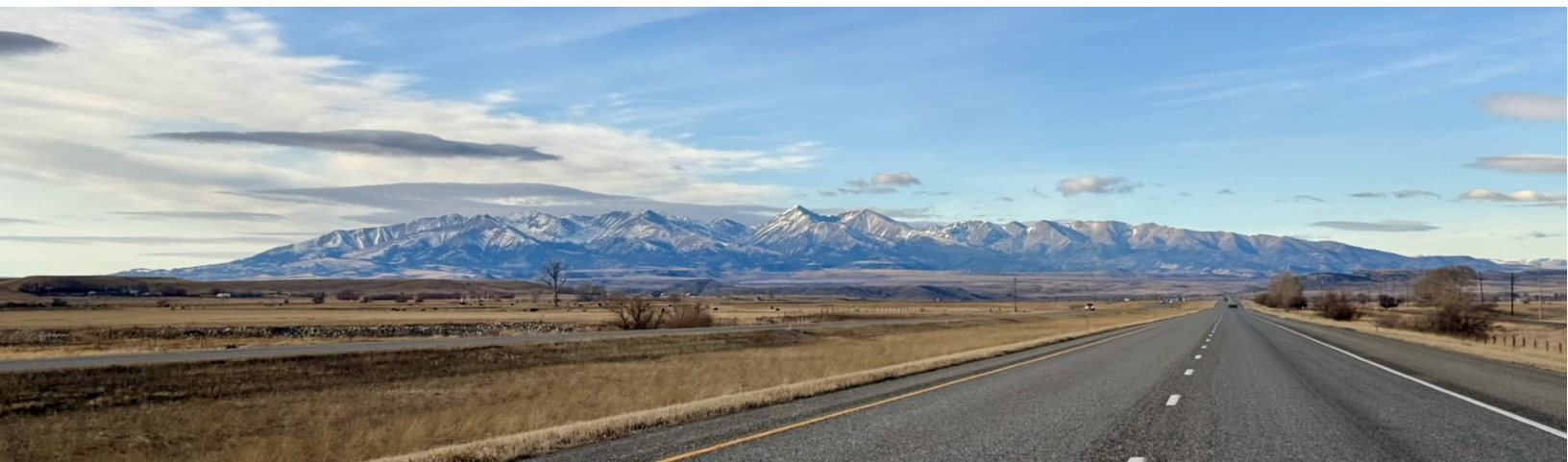
The low population density of rural and frontier communities often requires regional reporting of major health indices, including chronic disease burden and behavior health indices. The Montana BRFSS (Behavioral Risk Factor Surveillance System), through a cooperative agreement with the Center for Disease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

Limitations in Survey & Focus Group 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 sample's representativeness. Thus, a mixture of different data collection methodologies is recommended.

Conducting focus groups 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, to name a few, assists in reaching segments of the population that might not otherwise respond to a survey.

While focus group data can offer invaluable insight into the community's perception or group of individuals, qualitative data can be difficult to analyze. For this reason, focus group data are grouped into common themes based on our notes from the meetings. To better understand these themes, please review the full transcripts in Appendix I. MORH staff facilitated the focus groups for Pioneer Medical Center to ensure impartiality. However, given the community's small size, focus group participants may still be hesitant to express their opinions freely. Personal identifiers are not included in the notes.



Survey Implementation

In January 2024, 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.

137 were returned out of 800. Of those 800 surveys, 78 were returned undeliverable, for an 18.98% response rate. From this point on, the total number of surveys will be out of 722. Based on the sample size, we can be 95% confident that the responses to the survey questions are representative of the service area population, plus or minus 8.23%.

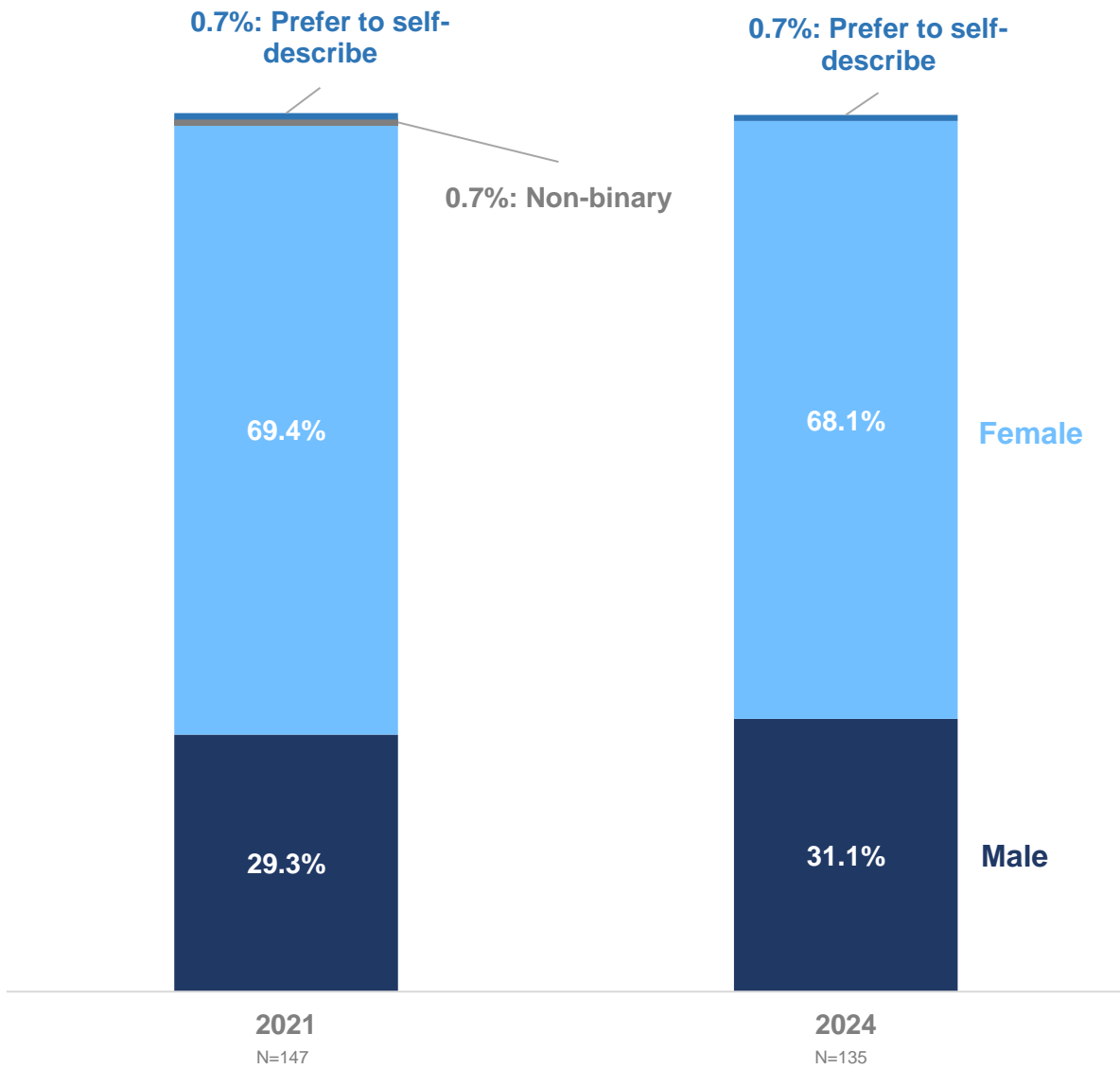
Survey Respondent Demographics

A total of 722 surveys were distributed throughout the PMC service area. 137 surveys were completed for an 18.98% response rate. The following table and graphs indicate the demographic characteristics of the survey respondents. Information on location, gender, age, and employment is included. The percentages indicated on the tables and graphs are based upon the total number of responses for each question, as some respondents did not answer all questions.

Place of Residence	2021 % (n)	2024 % (n)
Number of respondents	150	137
Big Timber	91.3% (137)	81.8% (112)
Greycliff	1.3% (2)	4.4% (6)
McLeod	0.7% (1)	4.4% (6)
Melville	0.7% (0)	4.4% (6)
Springdale	1.3% (2)	
Reed Point	2.7% (4)	0.7% (1)
Other	2.0% (3)	4.4% (6)
TOTAL	100.0% (150)	100.0% (137)

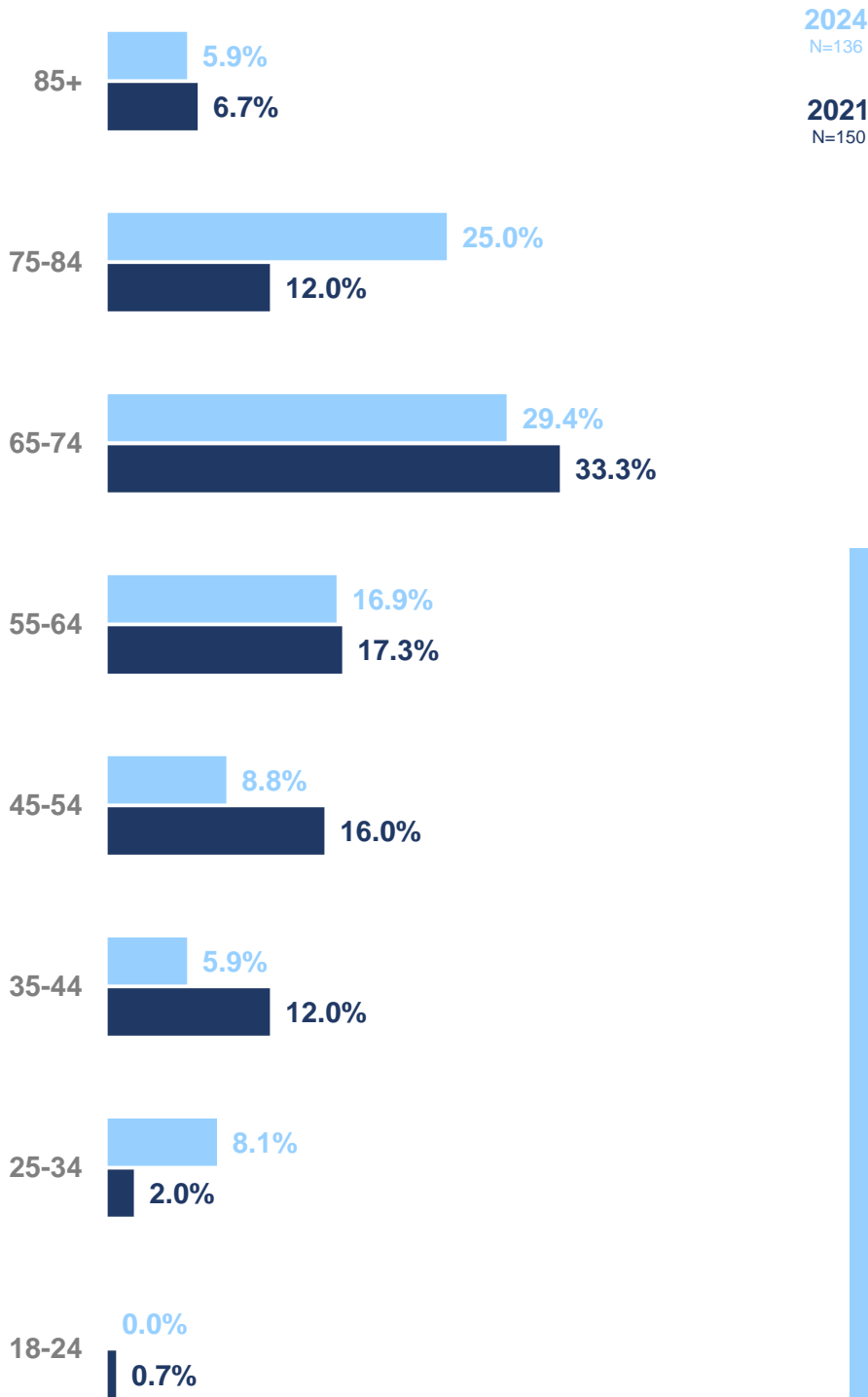
Grayed out cells indicate the question was not asked that year.

Gender



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

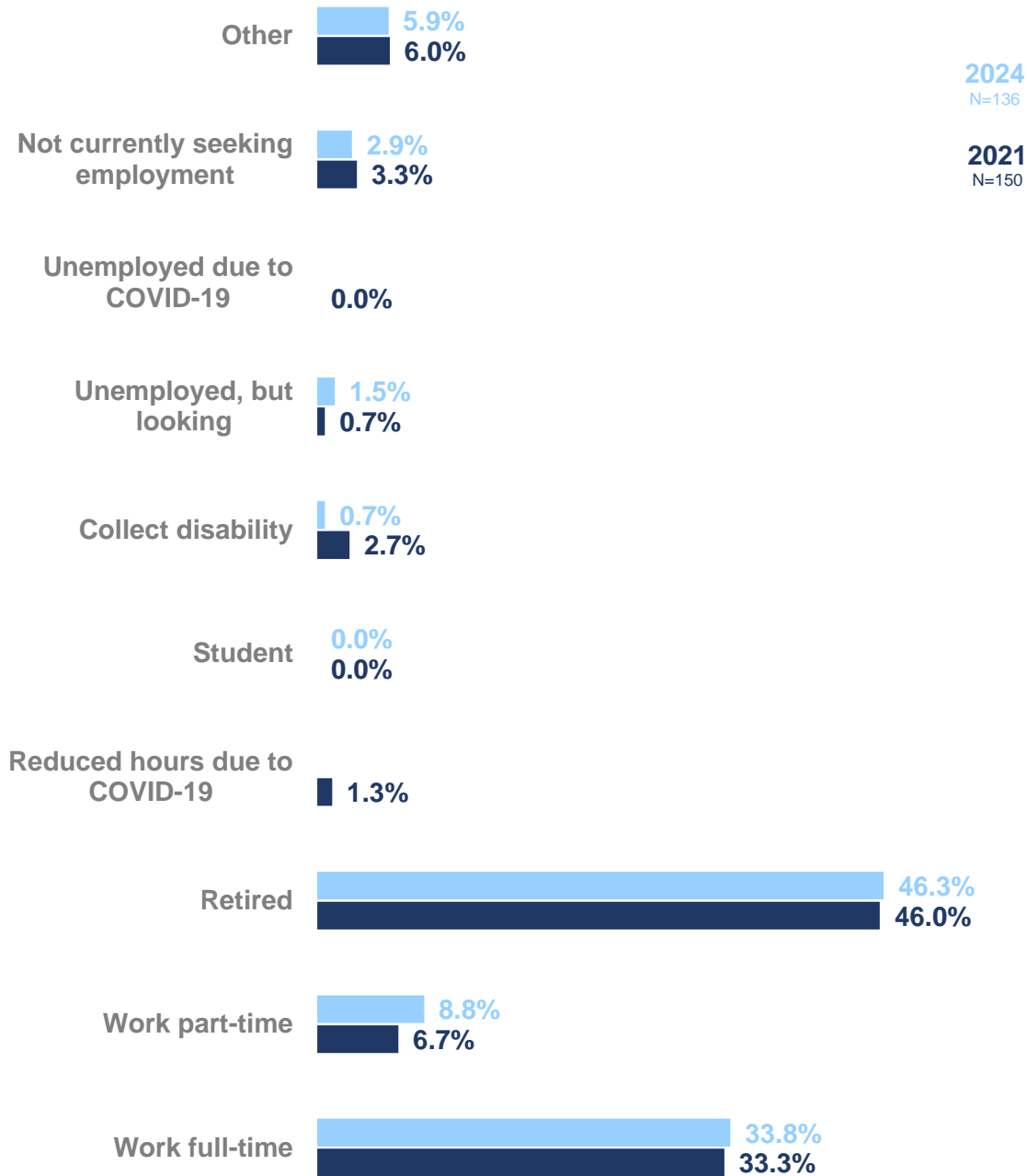
Age of Respondents



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

Employment Status

The majority of 2024 respondents are retired or work full-time.



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

"Other" comments included: Self-employed (2)



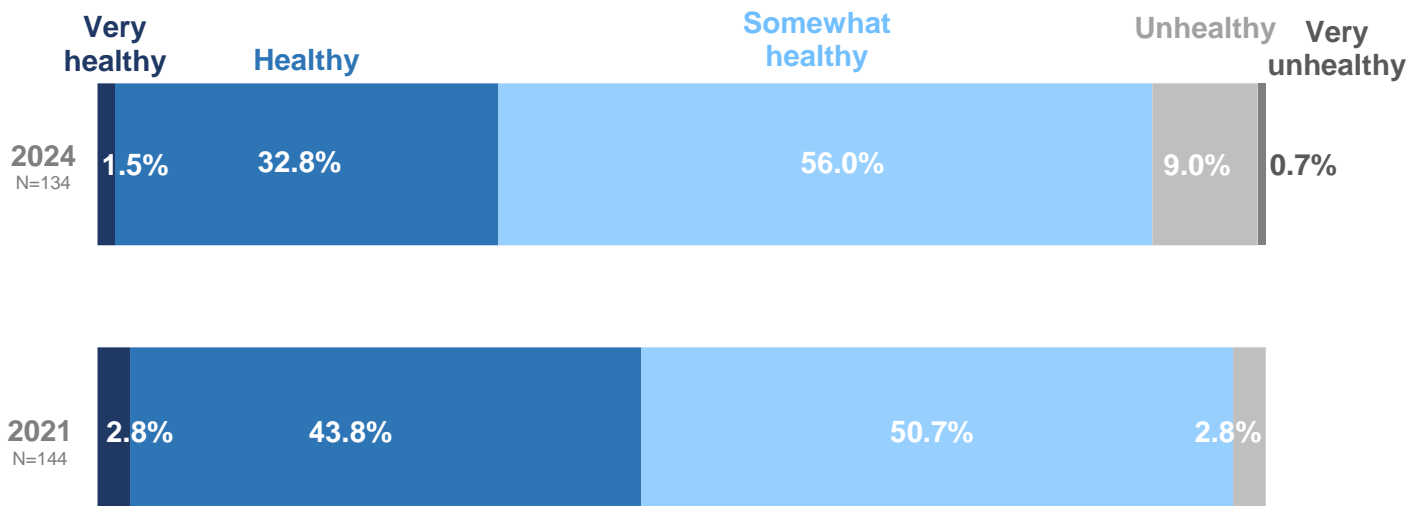
SURVEY RESULTS

Survey Results

Rating of Healthy Community (Question 1)

Respondents were asked to indicate how they would rate the general health of their community. 56.0% of respondents (n=75) rated their community as “Somewhat healthy,” and 32.8% of respondents (n=44) felt their community was “Healthy.” 9.0% (n=12) thought their community was “Unhealthy,” 1.5% (n=2) felt it was “Very healthy,” and 0.7% (n=1) thought it was “Very unhealthy.”

Most respondents rate their community as **somewhat healthy**



88.8% 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 60.3% (n=82), which was also the top concern in the last assessment. “Chronic diseases” were also high priority at 52.2% (n=71), followed by “Mental health (depression, anxiety, PTSD, etc.)” at 37.5% (n=51).

Health Concern	2021 % (n)	2024 % (n)	SIGNIFICANT CHANGE
Number of respondents	150	136	
Alcohol/substance abuse	52.7% (79)	60.3% (82)	<input type="checkbox"/>
Chronic diseases (heart disease, diabetes, COPD, cancer, overweight/obesity)		52.2% (71)	<input type="checkbox"/>
Mental health (depression, anxiety, PTSD, etc.)	31.3% (47)	37.5% (51)	<input type="checkbox"/>
Work/economic stress	13.3% (20)	17.6% (24)	<input type="checkbox"/>
Alzheimer’s/dementia	9.3% (14)	16.2% (22)	<input type="checkbox"/>
Accidents/injuries		14.7% (20)	<input type="checkbox"/>
Tobacco use (cigarettes/cigars, vaping, smokeless)	16.7% (25)	14.7% (20)	<input type="checkbox"/>
Lack of access to healthcare	12.7% (19)	14.0% (19)	<input type="checkbox"/>
Lack of exercise	8.0% (12)	8.8% (12)	<input type="checkbox"/>
Motor vehicle accidents	4.0% (6)	7.4% (10)	<input type="checkbox"/>
Suicide	2.7% (4)	5.9% (8)	<input type="checkbox"/>
Respiratory issues/illness	4.0% (6)	5.1% (7)	<input type="checkbox"/>
Stroke	2.0% (3)	4.4% (6)	<input type="checkbox"/>
Child abuse/neglect	5.3% (8)	3.7% (5)	<input type="checkbox"/>
Domestic violence	6.0% (9)	2.9% (4)	<input type="checkbox"/>
Social isolation/loneliness	8.7% (13)	2.9% (4)	<input checked="" type="checkbox"/>
Hunger	0.7% (1)	2.2% (3)	<input type="checkbox"/>
Elder abuse, neglect, or exploitation	2.0% (3)	1.5% (2)	<input type="checkbox"/>
Lack of dental care	6.0% (9)	1.5% (2)	<input checked="" type="checkbox"/>
Trauma/Adverse Childhood Experiences (ACES)	0.7% (1)	1.5% (2)	<input type="checkbox"/>
Other	6.0% (9)	9.6% (13)	<input type="checkbox"/>

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

[View all “Other” comments in Appendix G](#)

Components of a Healthy Community (Question 3)

Respondents were asked to identify the three most important aspects of a healthy community. 44.9% of respondents (n=61) indicated that “Good jobs and a healthy economy” is most important, followed by “Affordable housing” at 40.4% (n=55), and “Access to healthcare services” at 39.0% (n=53). “Healthy behaviors and lifestyles” (33.1%, n=45) saw a significant increase from the 2021 assessment.

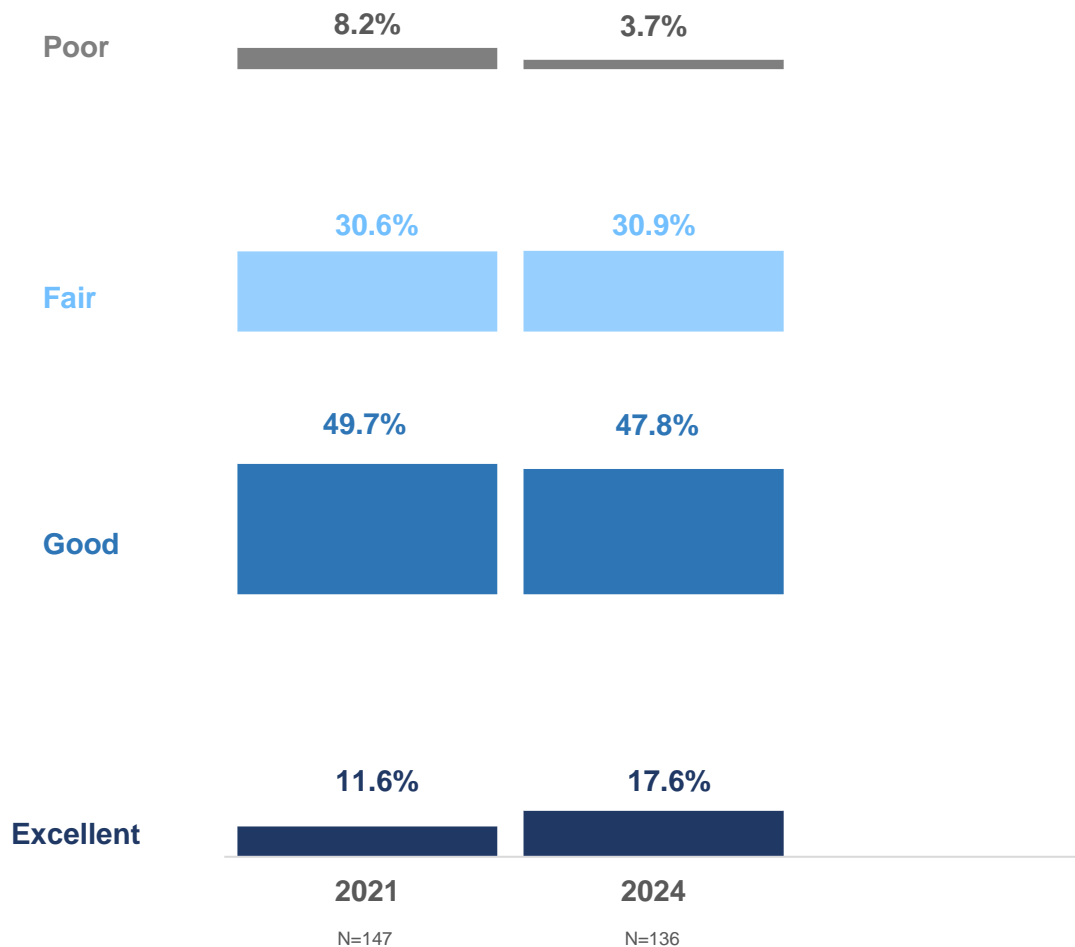
Components of Healthy Community	2021 % (n)	2024 % (n)	SIGNIFICANT CHANGE
Number of respondents	150	136	
Good jobs and a healthy economy	37.3% (56)	44.9% (61)	<input type="checkbox"/>
Affordable housing	36.0% (54)	40.4% (55)	<input type="checkbox"/>
Access to healthcare services	41.3% (62)	39.0% (53)	<input type="checkbox"/>
Healthy behaviors and lifestyles	22.7% (34)	33.1% (45)	<input checked="" type="checkbox"/>
Strong family life	28.0% (42)	30.9% (42)	<input type="checkbox"/>
Access to childcare/after school programs	17.3% (26)	15.4% (21)	<input type="checkbox"/>
Food access	18.7% (28)	15.4% (21)	<input type="checkbox"/>
Good schools	22.0% (33)	15.4% (21)	<input type="checkbox"/>
Low crime/safe neighborhoods	9.3% (14)	14.0% (19)	<input type="checkbox"/>
Community involvement	10.7% (16)	12.5% (17)	<input type="checkbox"/>
Religious or spiritual values	14.7% (22)	12.5% (17)	<input type="checkbox"/>
Clean environment	5.3% (8)	5.1% (7)	<input type="checkbox"/>
Low death and disease rates	3.3% (5)	2.9% (4)	<input type="checkbox"/>
Tolerance for diversity	8.0% (12)	2.9% (4)	<input type="checkbox"/>
Transportation services	2.7% (4)	2.9% (4)	<input type="checkbox"/>
Parks and recreation	5.3% (8)	2.2% (3)	<input type="checkbox"/>
Eliminate domestic violence	5.3% (8)	0.7% (1)	<input checked="" type="checkbox"/>
Arts and cultural events	0.7% (1)	0.0% (0)	<input type="checkbox"/>
Other	4.7% (7)	2.9% (4)	<input type="checkbox"/>

A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to pick their top three components of a healthy community, so percentages do not equal 100%. *Respondents (N=2) who selected over the allotted amount were moved to “Other.” *View all “Other” comments in Appendix G.*

Knowledge of Health Services (Question 4)

Respondents were asked to rate their knowledge of the health services available at Pioneer Medical Center. 47.8% (n=65) of respondents rated their knowledge of health services as “Good.” “Fair” was selected by 30.9% percent (n=42), “Excellent” by 17.6% of respondents (n=24), and “Poor” was chosen by 3.7% of respondents (n=5).

Most respondents rated their knowledge of services as **good**



How Respondents Learn of Health Services (Question 5)

The most frequently indicated method of learning about available services was “Friends/family” at 58.1% (n=79). “Word of mouth/reputation” was also a popular method of learning about health services at 49.3% (n=67), followed by “Healthcare provider” at 44.9% (n=61).

How Respondents Learn about Community Health Services	2021 % (n)	2024 % (n)	SIGNIFICANT CHANGE
Number of respondents	150	136	
Friends/family	57.3% (86)	58.1% (79)	<input type="checkbox"/>
Word of mouth/reputation	52.7% (79)	49.3% (67)	<input type="checkbox"/>
Healthcare provider	40.7% (61)	44.9% (61)	<input type="checkbox"/>
Social media/Facebook	41.3% (62)	30.9% (42)	<input type="checkbox"/>
Newspaper	32.7% (49)	27.2% (37)	<input type="checkbox"/>
Website/internet	14.7% (22)	22.1% (30)	<input type="checkbox"/>
Mailings/newsletter	14.7% (22)	16.9% (23)	<input type="checkbox"/>
Public Health nurse	18.0% (27)	11.8% (16)	<input type="checkbox"/>
Billboards/posters	5.3% (8)	8.8% (12)	<input type="checkbox"/>
Workplace/employment		8.8% (12)	<input type="checkbox"/>
Presentations	0.7% (1)	2.2% (3)	<input type="checkbox"/>
Radio		1.5% (2)	<input type="checkbox"/>
Other	5.3% (8)	4.4% (6)	<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.

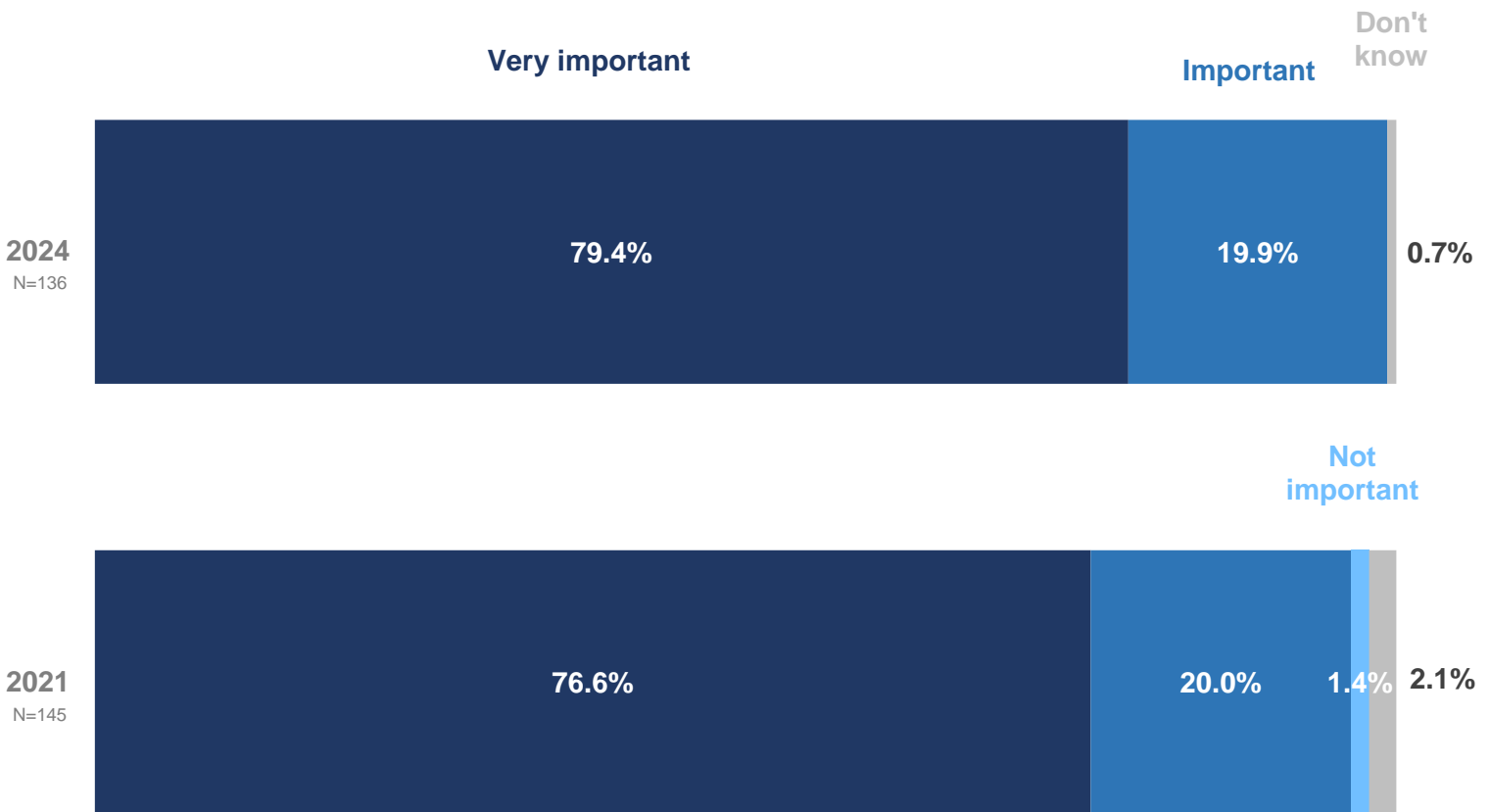
“Other” comments included: Personal experience (2), Visiting the clinic and asking of services available

View all “Other” comments in Appendix G.

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

Economic Importance of Healthcare (Question 6)

The majority of respondents (79.4%, n=108) indicated that local healthcare providers and services (i.e., hospitals, clinics, nursing homes, assisted living, etc.) were “Very important” to the economic wellbeing of the area. 19.9% percent of respondents (n=27) indicated they were “Important,” while 0.7% of respondents (n=1) indicated they “Don’t know.” No respondents in 2024 indicated that local healthcare providers and services were “Not important.”



Utilized Community Health Resources (Question 7)

Respondents were asked which community health resources, other than the hospital or clinic, they had used in the last three years. “Dentist” remained the most frequently utilized community health resource cited by respondents at 72.3% (n=94). “Other primary care providers (Not PMC)” was utilized by 46.9% (n=61) of respondents, followed by “Chiropractor” at 26.9% (n=35).

Use of Community Health Resources	2021 % (n)	2024 % (n)	SIGNIFICANT CHANGE
Number of respondents	150	130	
Dentist	62.7% (94)	72.3% (94)	<input type="checkbox"/>
Other primary care providers - not affiliated with Pioneer Medical Center	40.7% (61)	46.9% (61)	<input type="checkbox"/>
Chiropractor	35.3% (53)	26.9% (35)	<input type="checkbox"/>
Physical, occupational, or speech therapy clinics	29.3% (44)	24.6% (32)	<input type="checkbox"/>
EMS/Ambulance	15.3% (23)	13.8% (18)	<input type="checkbox"/>
Public health	18.0% (27)	12.3% (16)	<input type="checkbox"/>
Hearing check	8.0% (12)	7.7% (10)	<input type="checkbox"/>
Mental health	6.0% (9)	4.6% (6)	<input type="checkbox"/>
Home health	2.7% (4)	3.8% (5)	<input type="checkbox"/>
Hospice	2.7% (4)	3.8% (5)	<input type="checkbox"/>
Naturopath		2.3% (3)	<input type="checkbox"/>
Community Health Worker (CHW)		0.8% (1)	<input type="checkbox"/>
Other	9.3% (14)	9.2% (12)	<input type="checkbox"/>

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

“Other” comments included: VA (2), None (2), Pharmacy, Acupuncture, I do not use services in Big Timber due to lack of confidentiality and patient care

View all “Other” comments in Appendix G.

Improve Community’s Access to Healthcare (Question 8)

Respondents were asked to indicate what they felt would improve their community’s access to healthcare. The majority of respondents (46.9%, n=60) reported that “More specialists” would make the greatest improvement, which was a significant increase since 2021. 44.5% of respondents (n=57) chose “Improved quality of care,” and 40.6% (n=52) chose “More primary care providers.”

**“More specialists”
would make the
greatest improvement**

What Would Improve Community Access to Healthcare	2021 % (n)	2024 % (n)	SIGNIFICANT CHANGE
Number of respondents	150	128	
More specialists	32.7% (49)	46.9% (60)	■
Improved quality of care	39.3% (59)	44.5% (57)	□
More primary care providers	46.0% (69)	40.6% (52)	□
More information about available services	30.0% (45)	35.9% (46)	□
Telemedicine	26.0% (39)	24.2% (31)	□
Payment assistance programs (healthcare expenses)	28.0% (42)	22.7% (29)	□
Outpatient services expanded hours	17.3% (26)	21.9% (28)	□
Greater health education services	18.0% (27)	14.8% (19)	□
Transportation assistance	14.7% (22)	14.1% (18)	□
Cultural sensitivity	2.0% (3)	3.9% (5)	□
Interpreter services	0.7% (1)	0.8% (1)	□
Other	5.3% (8)	13.3% (17)	■

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%.

“Other” comments included: Qualified professionals, Ability to deal with complex patient needs locally at PMC, Optometrist, Posted upfront costs

View all “Other” comments in Appendix G.

Interest in Educational Classes/Programs (Question 9)

Respondents were asked if they would be interested in attending any educational classes or programs if they were made available to the community. The most interest was expressed for education around “Health and wellness,” which was indicated by 40.9% of respondents (n=47). Interest in education around “Fitness” was wanted by 33.9% of respondents (n=39), followed by “Women’s health” at 30.4% (n=35), and “Weight loss” at 26.1% (n=30).

Interest in Classes or Programs	2021 % (n)	2024 % (n)
Number of respondents	150	115
Health and wellness	24.7% (37)	40.9% (47)
Fitness	30.0% (45)	33.9% (39)
Women's health	25.3% (38)	30.4% (35)
Weight loss	21.3% (32)	26.1% (30)
First aid/CPR	19.3% (29)	23.5% (27)
Nutrition	23.3% (35)	23.5% (27)
Living will	19.3% (29)	20.0% (23)
Alzheimer’s	11.3% (17)	19.1% (22)
Diabetes	8.7% (13)	19.1% (22)
Mental health	8.7% (13)	17.4% (20)
Cancer	8.0% (12)	13.9% (16)
Heart disease	9.3% (14)	13.0% (15)
Men's health	11.3% (17)	12.2% (14)
Parenting	5.3% (8)	10.4% (12)
Support groups	9.3% (14)	10.4% (12)
Alcohol/substance abuse	2.7% (4)	7.8% (9)
Grief counseling	6.7% (10)	7.8% (9)
Prenatal	1.3% (2)	6.1% (7)

Smoking/tobacco cessation	4.0% (6)	3.5% (4)
Lactation/breastfeeding support	0.7% (1)	2.6% (3)
Other	4.0% (6)	6.1% (7)

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%.

“Other” comments included: None (2), Senior Driving Education, Suicide and mental health education

View all “Other” comments in Appendix G.

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 59.1% (n=68). “Dermatology” was a close second, selected by 56.5% of respondents (n=65). “Mental health/Crisis services” and “Pediatrics” were both selected by 14.8% of respondents (n=17, each).

Desired Local Healthcare Services	2021 % (n)	2024 % (n)
Number of respondents	150	115
Visiting specialists	46.0% (69)	59.1% (68)
Dermatology	42.7% (64)	56.5% (65)
Mental health/Crisis services	9.3% (14)	14.8% (17)
Pediatrics	8.7% (13)	14.8% (17)
Additional diabetic services	6.7% (10)	10.4% (12)
Other	10.7% (16)	8.7% (10)

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%.

“Other” comments included: Optometry (3), Nutrition, NA

View all “Other” comments in Appendix G.

Utilization of Preventative Services (Question 11)

Respondents were asked if they or someone in their household had utilized any of the preventative services listed in the past year. “Dental check” was selected by 64.4% of respondents (n=87). 58.5% of respondents (n=79) had a “Blood pressure check,” and 50.4% (n=68) had “Flu shot/immunizations.” Survey respondents could select all services that they had utilized.

Use of Preventative Services	2021 % (n)	2024 % (n)	SIGNIFICANT CHANGE
Number of respondents	150	135	
Dental check	59.3% (89)	64.4% (87)	<input type="checkbox"/>
Blood pressure check	60.0% (90)	58.5% (79)	<input type="checkbox"/>
Flu shot/immunizations	56.7% (85)	50.4% (68)	<input type="checkbox"/>
Health checkup	50.7% (76)	45.2% (61)	<input type="checkbox"/>
Cholesterol check	40.7% (61)	42.2% (57)	<input type="checkbox"/>
Vision check	44.7% (67)	36.3% (49)	<input type="checkbox"/>
Mammography	34.0% (51)	34.1% (46)	<input type="checkbox"/>
Colonoscopy	10.0% (15)	18.5% (25)	<input checked="" type="checkbox"/>
Prostate (PSA)	17.3% (26)	17.8% (24)	<input type="checkbox"/>
Hearing check	10.0% (15)	11.9% (16)	<input type="checkbox"/>
Health fair	12.0% (18)	11.1% (15)	<input type="checkbox"/>
Pap test	15.3% (23)	9.6% (13)	<input type="checkbox"/>
Children's checkup/Well baby	13.3% (20)	6.7% (9)	<input type="checkbox"/>
None	6.0% (9)	3.7% (5)	<input type="checkbox"/>
Community Health Worker (CHW)		1.5% (2)	<input type="checkbox"/>
Other	4.7% (7)	5.2% (7)	<input type="checkbox"/>

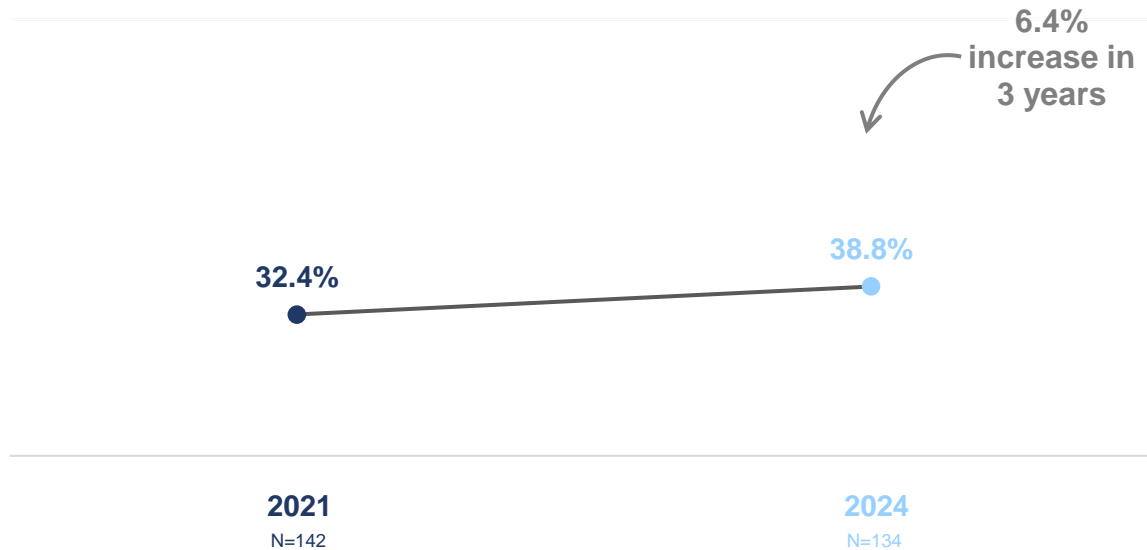
A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents could select any of the preventative services listed, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year.

“Other” comments included: NA, Physical therapy, Cardio/neuro, Blood draw
View all “Other” comments in Appendix G.

Delay of Services (Question 12)

When respondents were asked if there was a time in the past three years when they needed healthcare services but did not get them or delayed getting them, 38.8% of respondents (n=52) that they had discontinued or delayed services. 61.2% of respondents (n=82) felt they were able to get the healthcare services they needed without delay.

More respondents delayed or did not receive needed services in 2024 compared to 2021.



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

Reason for Not Receiving/Delaying Needed Services (Question 13)

Of the 51 respondents who indicated a reason for their lack of or delay in services, the most-cited reason was “Qualified provider not available” (29.4%, n=15). “Could not get an appointment” and “Don’t like doctors” were each indicated by 21.6% of respondents (n=11, each).

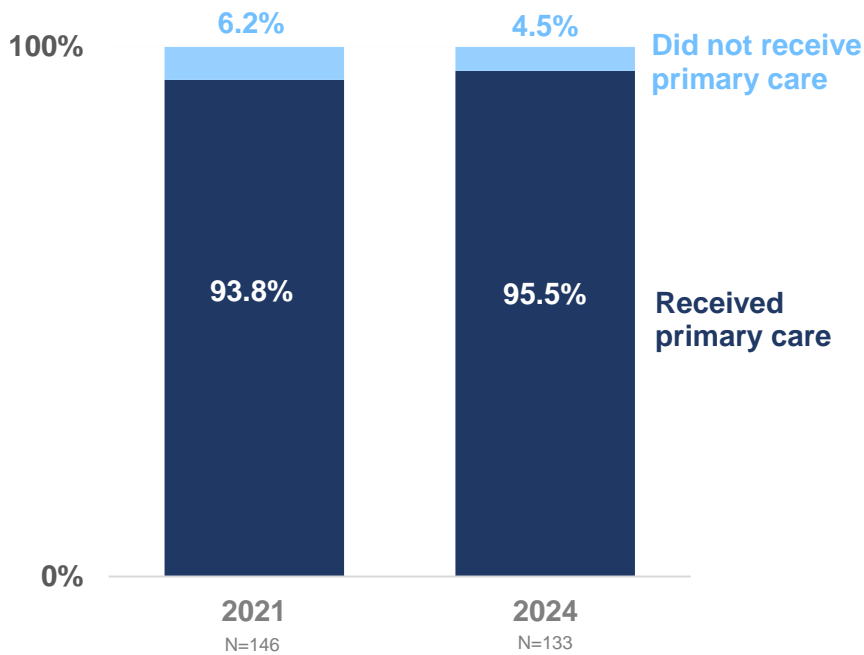
Reasons for Delay in Receiving Needed Healthcare	2021 % (n)	2024 % (n)	SIGNIFICANT CHANGE
Number of respondents	46	51	
Qualified provider not available	15.2% (7)	29.4% (15)	<input type="checkbox"/>
Could not get an appointment	21.7% (10)	21.6% (11)	<input type="checkbox"/>
Don't like doctors	10.9% (5)	21.6% (11)	<input type="checkbox"/>
Too long to wait for an appointment	15.2% (7)	19.6% (10)	<input type="checkbox"/>
Didn't know where to go	6.5% (3)	15.7% (8)	<input type="checkbox"/>
It cost too much	32.6% (15)	13.7% (7)	<input checked="" type="checkbox"/>
Office wasn't open when I could go	6.5% (3)	13.7% (7)	<input type="checkbox"/>
COVID-19 concerns/barriers	32.6% (15)	11.8% (6)	<input checked="" type="checkbox"/>
It was too far to go	8.7% (4)	7.8% (4)	<input type="checkbox"/>
My insurance didn't cover it	15.2% (7)	7.8% (4)	<input type="checkbox"/>
Too nervous or afraid	2.2% (1)	7.8% (4)	<input type="checkbox"/>
Not treated with respect	10.9% (5)	5.9% (3)	<input type="checkbox"/>
Could not get off work	6.5% (3)	3.9% (2)	<input type="checkbox"/>
Transportation problems	6.5% (3)	2.0% (1)	<input type="checkbox"/>
Unsure if services were available	2.2% (1)	2.0% (1)	<input type="checkbox"/>
Don't understand healthcare system	0.0% (0)	2.0% (1)	<input type="checkbox"/>
No insurance	4.3% (2)	2.0% (1)	<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	13.0% (6)	21.6% (11)	<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 delay in seeking healthcare, so percentages do not equal 100%. *Respondents (N=4) who selected over the allotted amount were moved to “Other.” *View all “Other” comments in Appendix G.*

Primary Care Services (Question 14)

95.5% of respondents (n=127) indicated they 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 4.5% of respondents (n=6) indicated they had not.

The majority of respondents received primary care in 2024.



Primary care utilization has remained fairly consistent over the last three years



Location of Primary Care Services (Question 15)

Of the 127 respondents who indicated receiving primary care services in the previous three years, 50.4% (n=64) reported receiving care in Big Timber, 19.7% of respondents (n=25) went to Livingston, and 11.8% (n=15) received care in Billings.

Location of Primary Care Provider	2021 % (n)	2024 % (n)
Number of respondents	137	127
Big Timber	46.0% (63)	50.4% (64)
Livingston	17.5% (24)	19.7% (25)
Billings	19.0% (26)	11.8% (15)
Bozeman	7.3% (10)	5.5% (7)
Columbus	2.9% (4)	2.4% (3)
Harlowton	0.0% (0)	0.0% (0)
Other	7.3% (10)	10.2% (13)
TOTAL	100.0% (137)	100.0% (127)

*Respondents (N=10) who selected over the allotted amount were moved to "Other."

"Other" comments included: Colorado, Red Lodge (Mountain View Clinic), and Permanent residence

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 16)

The respondents who indicated they 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 55.9% (n=71), followed by “Clinic/provider's reputation for quality” at 51.2% (n=65). “Closest to home,” selected by 41.7% of respondents (n=53), and “Appointment availability” (32.3%, n=41) were also top responses.

Reasons for Selecting Primary Care Provider	2021 % (n)	2024 % (n)	SIGNIFICANT CHANGE
Number of respondents	137	127	
Prior experience with clinic	46.0% (63)	55.9% (71)	<input type="checkbox"/>
Clinic/provider's reputation for quality	42.3% (58)	51.2% (65)	<input type="checkbox"/>
Closest to home	37.2% (51)	41.7% (53)	<input type="checkbox"/>
Appointment availability	28.5% (39)	32.3% (41)	<input type="checkbox"/>
Recommended by family or friends	16.1% (22)	11.0% (14)	<input type="checkbox"/>
Referred by physician or other provider	5.1% (7)	9.4% (12)	<input type="checkbox"/>
Required by insurance plan	6.6% (9)	9.4% (12)	<input type="checkbox"/>
Privacy/confidentiality	11.7% (16)	8.7% (11)	<input type="checkbox"/>
Length of waiting room time	5.8% (8)	7.1% (9)	<input type="checkbox"/>
Shopping or other business in that town	8.8% (12)	3.9% (5)	<input type="checkbox"/>
Cost of care	8.0% (11)	3.1% (4)	<input type="checkbox"/>
VA/Military requirement	5.8% (8)	3.1% (4)	<input type="checkbox"/>
Prefer pediatrician for my kids	5.1% (7)	2.4% (3)	<input type="checkbox"/>
Indian Health Services	0.0% (0)	0.0% (0)	<input type="checkbox"/>
Other	6.6% (9)	4.7% (6)	<input type="checkbox"/>

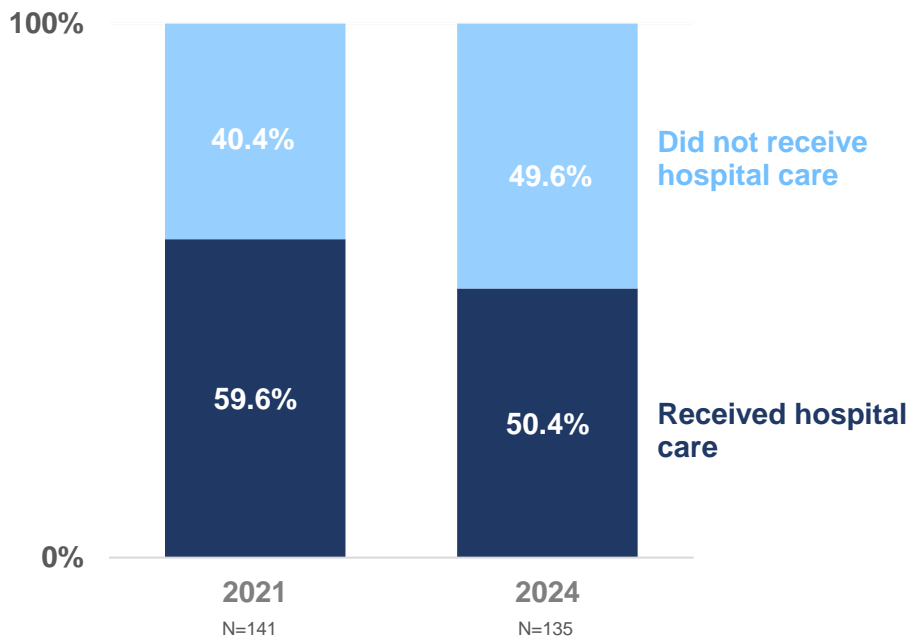
A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to pick the reasons for selection of their primary care provider, so percentages do not equal 100%.

“Other” comments included: Quality of caregiver/doctor, Specialists, Closest to job area
View all “Other” comments in Appendix G.

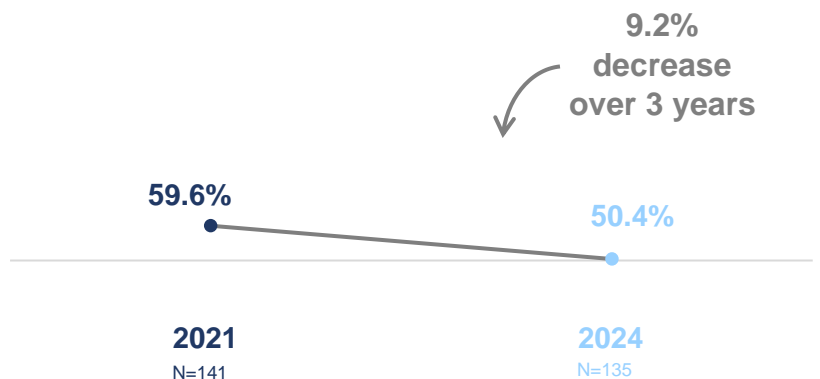
View a cross tabulation of where respondents utilize primary care services with their reasons for selecting their provider on p. 85

Hospital Care Services (Question 17)

Respondents were asked if they had received hospital care in the last three years. Hospitalization was quantified as hospitalized overnight, day surgery, obstetrical care, rehabilitation, radiology, or emergency care. 50.4% of respondents (n=68) reported that they had received hospital care during the previous three years, and 49.6% (n=67) had not received hospital services.



There was a decrease in utilization of hospital services from 2021 to 2024



Location of Hospital Services (Question 18)

Of the 68 respondents who indicated receiving hospital care in the previous three years, one chose not to respond to this follow-up question. Out of 67 responses to this question, 29.9% of respondents (n=20) reported receiving care at “Livingston Healthcare,” and 25.4% of respondents (n=17) received care at “Billings Clinic.” “Pioneer Medical Center” was utilized by 16.4% of respondents (n=11), and “St. Vincent Healthcare” by 13.4% (n=9).

Hospital Used Most Often	2021 % (n)	2024 % (n)
Number of respondents	83	67
Livingston Healthcare	13.3% (11)	29.9% (20)
Billings Clinic	25.3% (21)	25.4% (17)
Pioneer Medical Center	21.7% (18)	16.4% (11)
St. Vincent Healthcare	16.9% (14)	13.4% (9)
Bozeman Health	9.6% (8)	1.5% (1)
Stillwater Billings Clinic	1.2% (1)	0.0% (0)
Wheatland Memorial Healthcare	0.0% (0)	0.0% (0)
Other	12.0% (10)	13.4% (9)
TOTAL	100.0% (83)	100.0% (67)

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

“Other” comments included: VA, Dr. Lizotte, Missoula, Texas

View all “Other” comments in Appendix G.

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

Reasons for Hospital Selection (Question 19)

Of the 68 respondents who had personal experience at a hospital within the past three years, the primary reason given for selecting the facility used most often was “Hospital’s reputation for quality” (54.4%, n=37), followed closely by “Prior experience with hospital” at 52.9% (n=36). The third most-prevalent reason was “Referred by physician or other provider” which was selected by 48.5% of the respondents (n=33).

Reasons for Selecting Hospital	2021 % (n)	2024 % (n)	SIGNIFICANT CHANGE
Number of respondents	84	68	
Hospital's reputation for quality	44.0% (37)	54.4% (37)	<input type="checkbox"/>
Prior experience with hospital	44.0% (37)	52.9% (36)	<input type="checkbox"/>
Referred by physician or other provider	29.8% (25)	48.5% (33)	<input checked="" type="checkbox"/>
Emergency, no choice	22.6% (19)	23.5% (16)	<input type="checkbox"/>
Closest to home	36.9% (31)	19.1% (13)	<input checked="" type="checkbox"/>
Privacy/confidentiality	11.9% (10)	5.9% (4)	<input type="checkbox"/>
Required by insurance plan	3.6% (3)	4.4% (3)	<input type="checkbox"/>
VA/Military requirement	1.2% (1)	4.4% (3)	<input type="checkbox"/>
Financial assistance programs	3.6% (3)	2.9% (2)	<input type="checkbox"/>
Recommended by family or friends	7.1% (6)	2.9% (2)	<input type="checkbox"/>
Closest to work	1.2% (1)	1.5% (1)	<input type="checkbox"/>
Cost of care	6.0% (5)	1.5% (1)	<input type="checkbox"/>
Other	8.3% (7)	7.4% (5)	<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%.

“Other” comments included: Procedures not offered locally, Clean and attentive

View all “Other” comments in Appendix G.

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

Reasons for Care Outside of Big Timber (Question 20)

The respondents who answered that they received hospital care outside of Big Timber were asked to indicate why they chose to do so. The majority of respondents (81.8%, n=45) indicated that the “Lack of quality providers” was their reason for traveling elsewhere. 27.3% of respondents (n=15) said that they “Don’t like available providers” in Big Timber, and 23.6% (n=13) cited “Billing practices” as their reason for going elsewhere for hospital care.

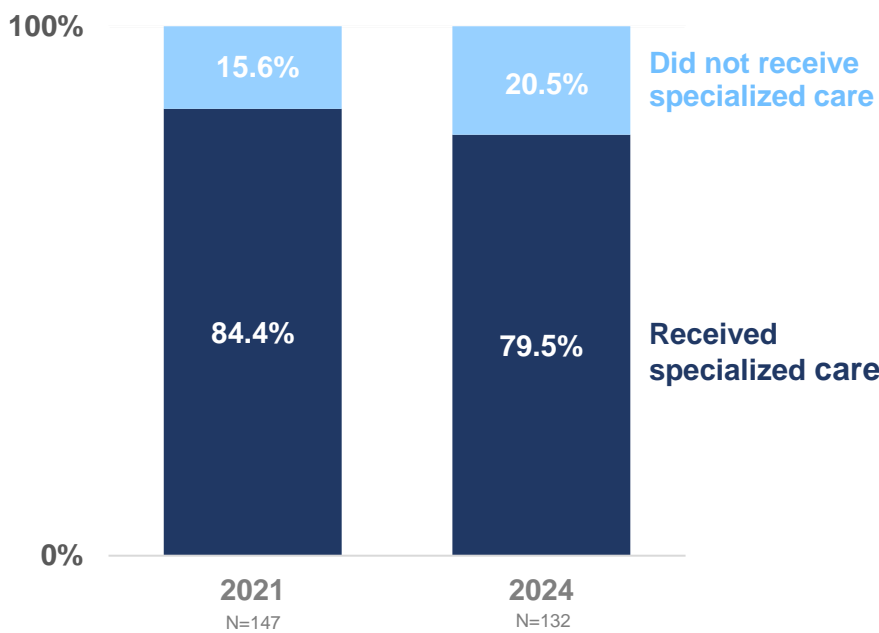
Why choose outside hospital	2024 % (n)
Number of respondents	55
Lack of qualified providers	81.8% (45)
Don’t like available providers	27.3% (15)
Billing practices	23.6% (13)
Older facility	16.4% (9)
Confidentiality	14.5% (8)
Shopping or other business in that town	10.9% (6)

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

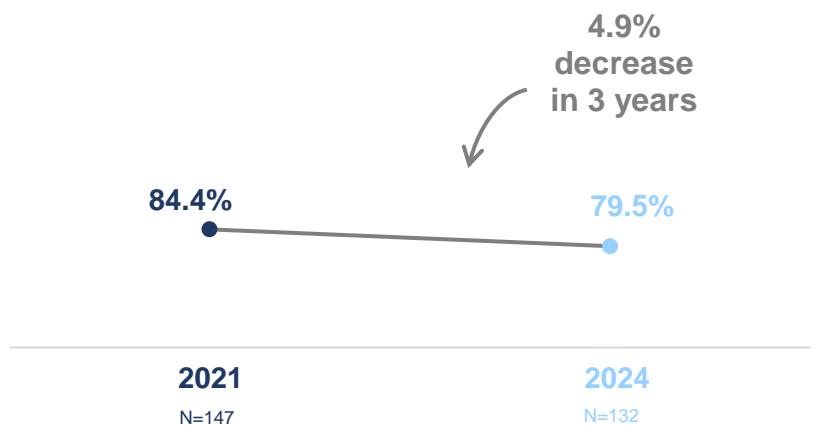
Specialty Care Services (Question 21)

Respondents were asked if they 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. 79.5% of the respondents (n=105) indicated they had seen a healthcare specialist during the past three years, while 20.5% (n=27) indicated they had not.

The majority of 2024 respondents saw a specialist in the past 3 years



Specialty care utilization has slightly decreased since the last assessment



Location of Healthcare Specialist(s) (Question 22)

Of the 105 respondents who indicated they saw a healthcare specialist in the past three years, all but one chose to answer this follow-up question. 62.5% of these respondents (n=65) sought care in Billings. 33.7% (n=35) utilized specialty services in Bozeman, while 30.8% of respondents (n=32) received specialty care at “Livingston Healthcare.” Respondents could select more than one location, so percentages do not equal 100%.

Location of Specialist	2021 % (n)	2024 % (n)	SIGNIFICANT CHANGE
Number of respondents	124	104	
Billings	68.5% (85)	62.5% (65)	<input type="checkbox"/>
Bozeman	34.7% (43)	33.7% (35)	<input type="checkbox"/>
Livingston Healthcare	30.6% (38)	30.8% (32)	<input type="checkbox"/>
Pioneer Medical Center	8.1% (10)	13.5% (14)	<input type="checkbox"/>
Stillwater Billings Clinic	1.6% (2)	1.0% (1)	<input type="checkbox"/>
Other	12.9% (16)	9.6% (10)	<input type="checkbox"/>

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

“Other” comments included: Great Falls, Mayo Clinic, Florida, VA, St. Vincent and Bozeman Health

View all “Other” comments in Appendix G.

Type of Healthcare Specialist Seen (Question 23)

The respondents (n=104) saw a wide array of healthcare specialists in the past three years. The most frequently utilized specialist was the “Dermatologist” at 30.8% (n=32), followed by 26.9% (n=28) seeing an “Orthopedic surgeon.” 26.0% of these respondents (n=27) indicated they had seen a “Dentist,” which is a significant decrease from 2021. Respondents were asked to choose all that apply, so percentages do not equal 100%.

Type of Specialists Seen	2021 % (n)	2024 % (n)	SIGNIFICANT CHANGE
Number of respondents	124	104	
Dermatologist	32.3% (40)	30.8% (32)	<input type="checkbox"/>
Orthopedic surgeon	28.2% (35)	26.9% (28)	<input type="checkbox"/>
Dentist	43.5% (54)	26.0% (27)	<input checked="" type="checkbox"/>
Optometrist	21.8% (27)	18.3% (19)	<input type="checkbox"/>
Radiologist	11.3% (14)	16.3% (17)	<input type="checkbox"/>
OB/GYN	21.0% (26)	15.4% (16)	<input type="checkbox"/>
Cardiologist	19.4% (24)	14.4% (15)	<input type="checkbox"/>
Gastroenterologist	11.3% (14)	14.4% (15)	<input type="checkbox"/>
Ophthalmologist	18.5% (23)	13.5% (14)	<input type="checkbox"/>
Physical therapist	19.4% (24)	12.5% (13)	<input type="checkbox"/>
Endocrinologist	6.5% (8)	10.6% (11)	<input type="checkbox"/>
General surgeon	14.5% (18)	10.6% (11)	<input type="checkbox"/>
Neurologist	9.7% (12)	9.6% (10)	<input type="checkbox"/>
Pulmonologist	6.5% (8)	8.7% (9)	<input type="checkbox"/>
Urologist	10.5% (13)	8.7% (9)	<input type="checkbox"/>
Audiologist	11.3% (14)	7.7% (8)	<input type="checkbox"/>
Oncologist	10.5% (13)	7.7% (8)	<input type="checkbox"/>
Rheumatologist	5.6% (7)	6.7% (7)	<input type="checkbox"/>
ENT (ear/nose/throat)	11.3% (14)	5.8% (6)	<input type="checkbox"/>

Naturopath		5.8% (6)	<input type="checkbox"/>
Pediatrician	6.5% (8)	5.8% (6)	<input type="checkbox"/>
Podiatrist	10.5% (13)	5.8% (6)	<input type="checkbox"/>
Mental health counselor	3.2% (4)	4.8% (5)	<input type="checkbox"/>
Allergist	9.7% (12)	3.8% (4)	<input type="checkbox"/>
Chiropractor	14.5% (18)	3.8% (4)	<input checked="" type="checkbox"/>
Neurosurgeon	4.0% (5)	2.9% (3)	<input type="checkbox"/>
Occupational therapist	2.4% (3)	2.9% (3)	<input type="checkbox"/>
Dietician	1.6% (2)	1.9% (2)	<input type="checkbox"/>
Psychiatrist (M.D.)	4.8% (6)	1.9% (2)	<input type="checkbox"/>
Psychologist	3.2% (4)	1.9% (2)	<input type="checkbox"/>
Licensed Addiction Counselor	0.0% (0)	1.0% (1)	<input type="checkbox"/>
Geriatrician	0.0% (0)	0.0% (0)	<input type="checkbox"/>
Social worker	0.0% (0)	0.0% (0)	<input type="checkbox"/>
Speech therapist	0.8% (1)	0.0% (0)	<input type="checkbox"/>
Other	9.7% (12)	8.7% (9)	<input type="checkbox"/>

A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to indicate 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: Chiropractor, Nurse practitioner, Oncologist, Kidney doctor

View all “Other” comments in Appendix G.

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

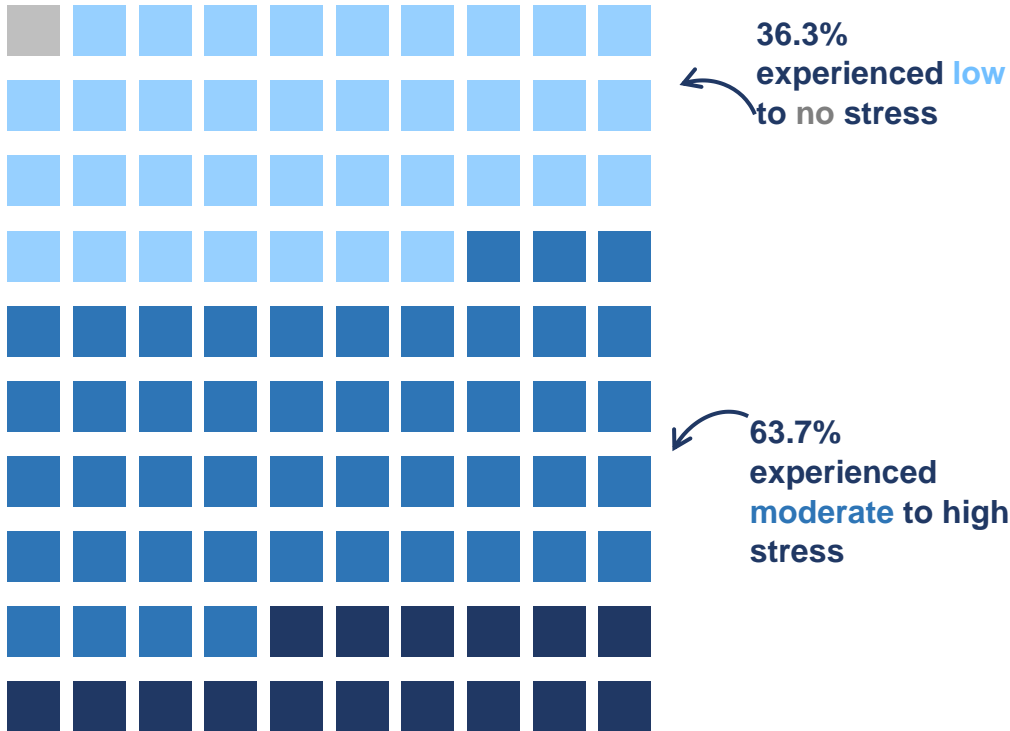
Respondents were asked to rate various services available through Pioneer Medical Center using the scale of 4= Excellent, 3= Good, 2= Fair, 1=Poor, “Haven’t Used,” and “Don’t Know.” The service that received the highest score was Ambulance services with a 3.6 out of 4.0, and “Radiology services” was a close second with an average rating of 3.3 out of 4.0. Following that, “Home health,” “Laboratory,” “Public health,” and “Therapy (physical, occupational, speech)” were all rated 3.2 out of 4.0. The average rating of quality and availability of the health services listed was a 3.1 out of 4.0.

Quality of Care Rating at Pioneer Medical Center	2021 Average (n)	2024 Average (n)	SIGNIFICANT CHANGE
Total number of respondents	138	124	
Ambulance services	3.4 (59)	3.6 (54)	<input type="checkbox"/>
Radiology services (x-ray, ultrasound, CT scan, mammography)	3.2 (83)	3.3 (67)	<input type="checkbox"/>
Home health	2.7 (15)	3.2 (9)	<input type="checkbox"/>
Laboratory	3.4 (98)	3.2 (90)	<input type="checkbox"/>
Public health	3.2 (59)	3.2 (40)	<input type="checkbox"/>
Therapy (physical, occupational, speech)	3.4 (57)	3.2 (39)	<input type="checkbox"/>
Hospice	3.1 (23)	3.1 (14)	<input type="checkbox"/>
Clinic services	2.7 (119)	3.0 (102)	<input checked="" type="checkbox"/>
Emergency room	2.9 (98)	2.9 (83)	<input type="checkbox"/>
Specialty outreach clinics	2.7 (22)	2.9 (17)	<input type="checkbox"/>
Assisted living or long-term care	2.7 (38)	2.8 (25)	<input type="checkbox"/>
Hospital stay	2.7 (35)	2.8 (30)	<input type="checkbox"/>
Overall average	3.0 (706)	3.1 (570)	<input checked="" type="checkbox"/>

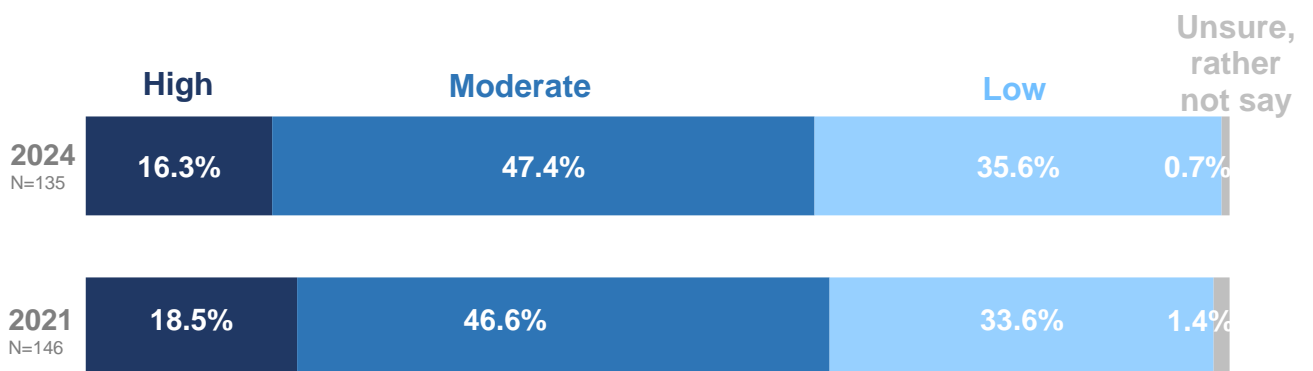
A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to rate the quality of services offered at Pioneer Medical Center on a scale of 1 to 4 with 1 being Poor, 2 being Fair, 3 being Good, and 4 being Excellent. Note that options that were asked in prior years but removed for the current survey are not included in the table, which means the individual counts, n, will not add up to the total listed for the overall average.

Perception of Stress (Question 25)

Respondents were asked to indicate how they would describe their stress level over the past year. 47.4% of respondents (n=64) indicated they experienced a “Moderate” level of stress, 35.6% (n=48) had a “Low” level of stress, and 16.3% of respondents (n=22) chose a “High” level of stress. 0.7% of respondents (n=1) were “Unsure, or would rather not say.”

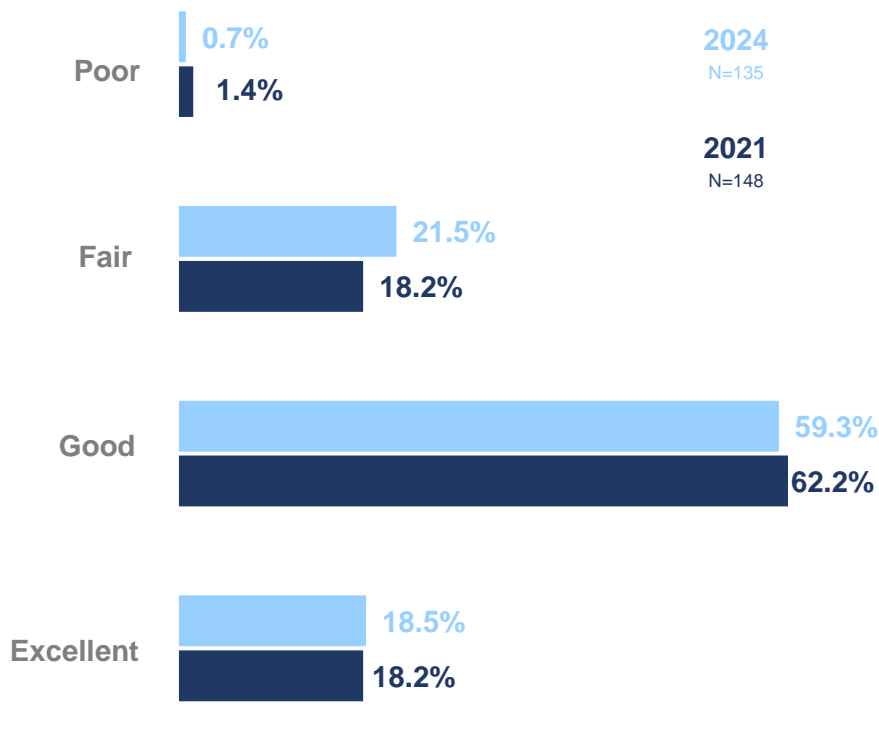


63.7% of respondents describe their stress level in the past year as moderate or high.



Rating of Mental Health (Question 26)

Respondents were asked to indicate how they would describe their mental health in general when considering stress, anxiety, depression, and emotional problems. 59.3% of respondents (n=80) felt their mental health was “Fair,” 21.5% (n=29) felt theirs was “Good,” and 18.5% of respondents (n=25) considered their mental health “Poor.” One respondent (0.7%) indicated their mental health was “Excellent.”



Social Isolation (Question 27)

Respondents were asked to indicate how often they felt lonely or isolated in the past year. 52.6% of respondents (n=70) indicated they never felt lonely or isolated. 26.3% of respondents (n=35) indicated they “Occasionally (1-2 days per month)” felt lonely or isolated, 13.5% (n=18) felt lonely or isolated “Sometimes (3-5 days per month),” and 7.5% of respondents (n=10) felt this way “Most days (3-5 days per week).” No respondents in 2024 felt lonely or isolated “Every day.”



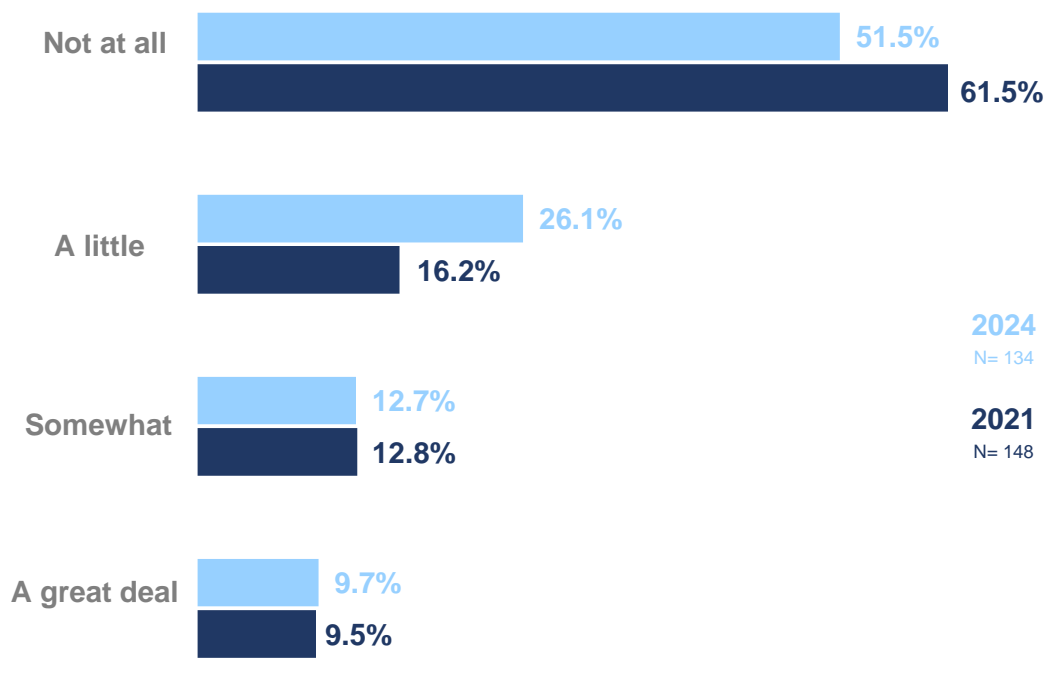
Every day



Impact of Substance Abuse (Question 28)

Respondents were asked to indicate to what degree their life has been negatively affected by their own or someone else’s substance abuse issues, including alcohol, prescription, or other drugs. 51.5% of respondents (n=69) indicated their life was “Not at all” affected by substance issues. The lives of 26.1% (n=35) were “A little” affected, 12.7% (n=17) were “Somewhat affected,” and 9.7% of respondents (n=13) indicated their lives were “A great deal” affected by substance issues.

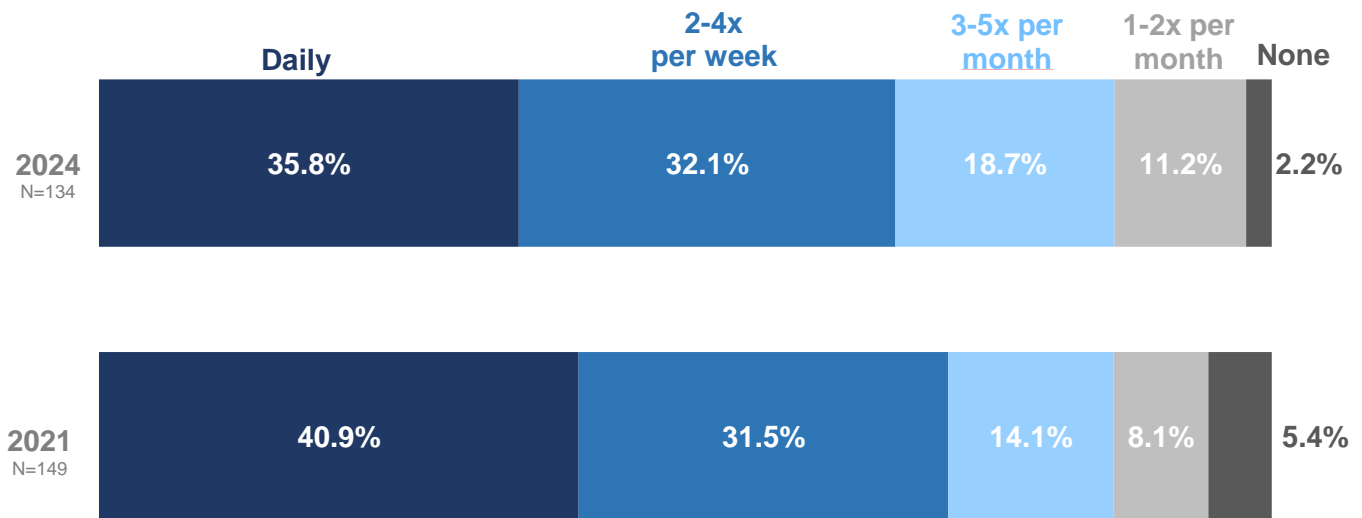
Most respondents were not affected by their own or someone else's substance use issues



Physical Activity (Question 29)

Respondents were asked to indicate how frequently they had physical activity for at least twenty minutes over the past month. 35.8% of respondents (n=48) indicated they had physical activity “Daily,” and 32.1% (n=43) indicated “2-4 times per week. 2.2% percent of respondents (n=3) indicated they had “No physical activity.”

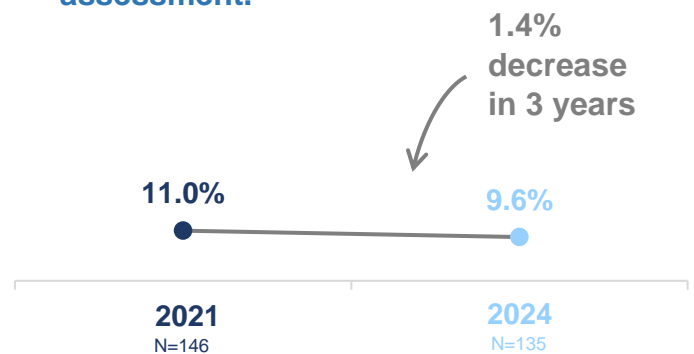
Less 2024 respondents got daily exercise, but overall more 2024 respondents than 2021 respondents exercised in some way.



Difficulty Getting Prescriptions (Question 30)

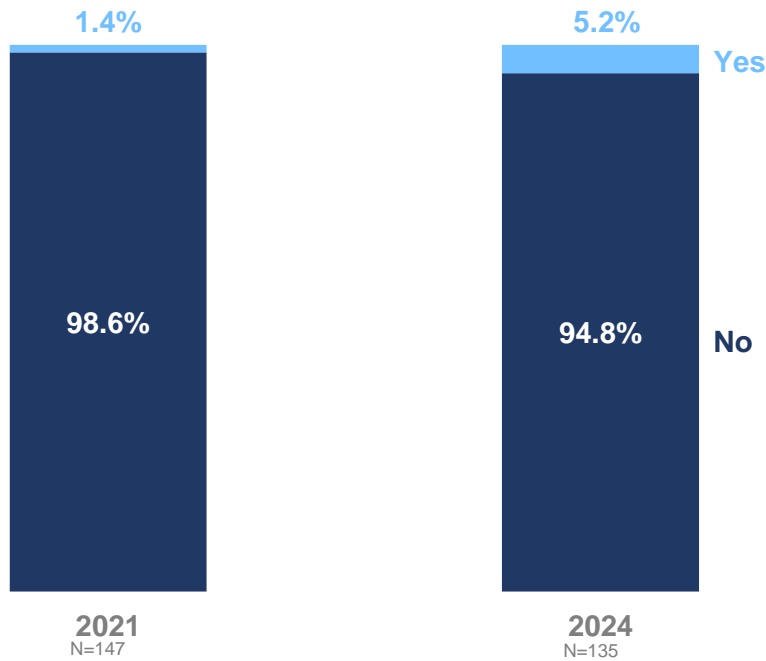
Respondents were asked to indicate if cost had prohibited them from getting a prescription or taking their medication regularly. 9.6% of respondents (n=13) indicated cost was a barrier for them, while 77.8% (n=105) indicated it was not a barrier. 12.6% of respondents (n=17) indicated this question was “Not applicable” to them.

Cost as a barrier to taking medications has decreased slightly since the last assessment.



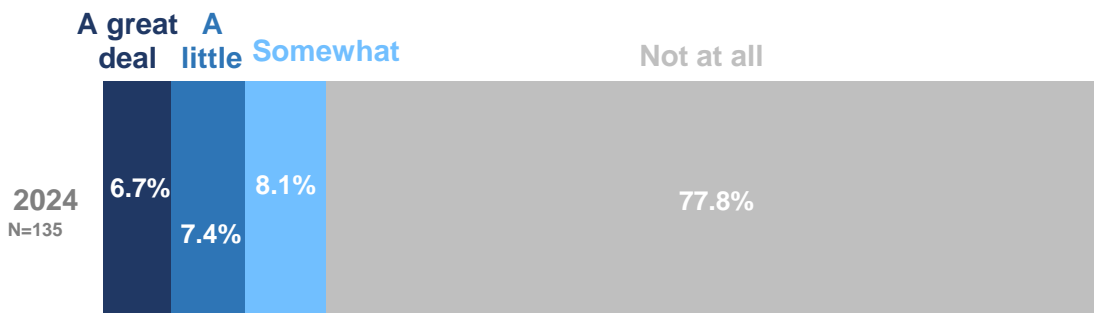
Food Insecurity (Question 31)

Respondents were asked to indicate if, during the last year, they had worried that they would not have enough food to eat. The majority, 94.8% (n=128), were not worried about having enough food to eat, but 5.2% (n=7) were worried.



Housing (Question 32)

Respondents were asked to indicate to what degree the lack of adequate and affordable housing options has impacted their lives. 77.8% of respondents (n=105) indicated that their lives were “Not at all” affected, but 8.1% (n=11) said they were “Somewhat” affected, 7.4% (n=10) said they were “A little” affected, and 6.7% of respondents (n=9) indicated their lives were “A great deal” affected by the lack of adequate and affordable housing options.



Aspects of Community (Question 33)

Respondents were asked to indicate their level of agreement with statements about various aspects of their community using the scale of 4="Strongly Agree," 3="Agree," 2="Disagree," 1="Strongly Disagree," and "Don't Know." The most respondents agreed that they "Feel safe in their home" and the least respondents agreed that they "can get the health care they need in Sweet Grass County."

Community Rating of Sweet Grass County	2021 Average (n)	2024 % (n)	SIGNIFICANT CHANGE
Number of respondents	149	135	
I feel safe in my home	3.6 (148)	3.7 (134)	<input type="checkbox"/>
I have enough financial resources to meet my basic needs	3.5 (145)	3.6 (134)	<input type="checkbox"/>
I feel safe in my community	3.6 (148)	3.5 (134)	<input type="checkbox"/>
There are places to be physically active near my home	3.5 (143)	3.5 (134)	<input type="checkbox"/>
My community is a good place to raise children	3.5 (133)	3.5 (124)	<input type="checkbox"/>
My community is a good place to grow old	3.2 (140)	3.1 (127)	<input type="checkbox"/>
I can get the health care I need in Sweet Grass County	2.5 (137)	2.6 (131)	<input type="checkbox"/>
TOTAL	3.3 (994)	3.4 (918)	<input type="checkbox"/>

A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to rate their experiences living in Sweet Grass County with 1 being Poor, 2 being Fair, 3 being Good, and 4 being Excellent.

Medical Insurance Type (Question 34)

Respondents were asked to indicate what type of medical insurance covers the majority of their medical expenses. 37% (n=50) indicated they have “Medicare” coverage. 22.2% (n=30) said they have “Employer sponsored” coverage, and 9.6% (n=13) used the “Health Insurance Marketplace.” 23 respondents were moved to “Other” for selecting over the allotted one medical insurance type.

Type of Health Insurance	2021 % (n)	2024 % (n)
Number of respondents	150	135
Medicare	35.3% (53)	37.0% (50)
Employer sponsored	23.3% (35)	22.2% (30)
Health Insurance Marketplace	4.7% (7)	9.6% (13)
Healthy MT Kids	1.3% (2)	3.7% (5)
Private insurance/private plan	8.0% (12)	3.0% (4)
Medicaid	2.0% (3)	2.2% (3)
VA/Military	6.7% (10)	2.2% (3)
None/pay out of pocket	1.3% (2)	1.5% (2)
Health Savings Account	1.3% (2)	0.0% (0)
Indian Health	0.0% (0)	0.0% (0)
Other	16.0% (24)	18.5% (25)
TOTAL	100.0% (150)	100.0% (135)

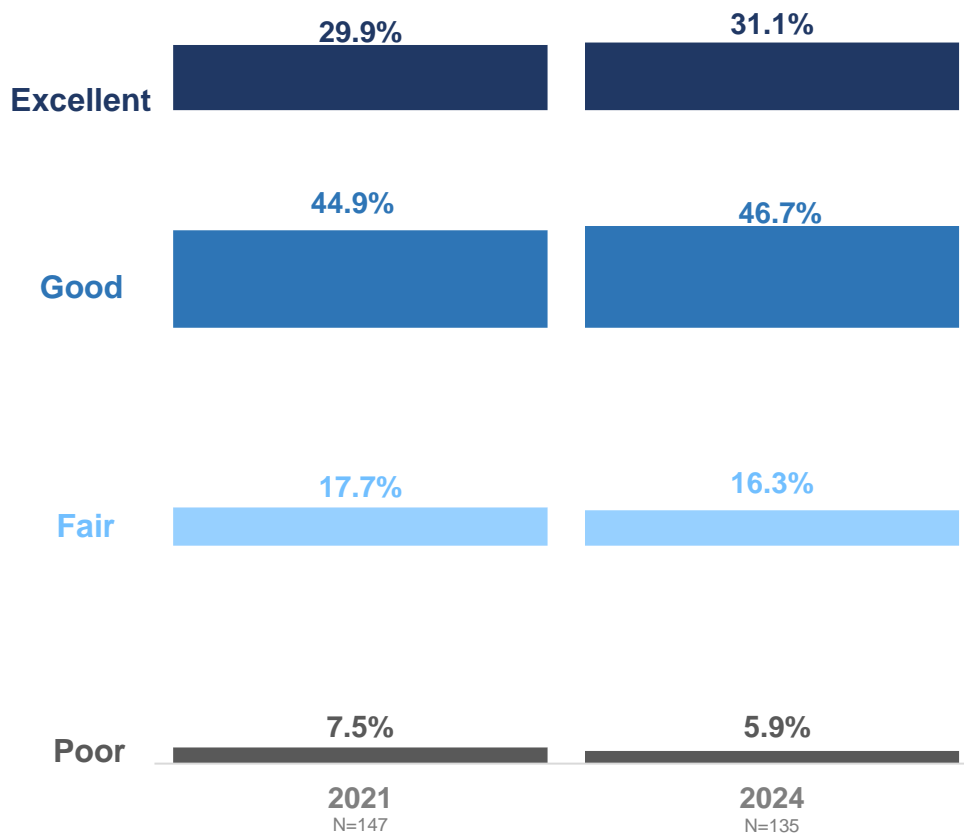
*Respondents (N=23) who selected over the allotted amount were moved to “Other.”

“Other” comments included: HUMANA, Waiting to get some

Insurance and Healthcare Costs (Question 35)

Respondents were asked to indicate how well they felt their health insurance covers their healthcare costs. 46.7% of respondents (n=63) indicated they felt their insurance covers a “Good” amount of their healthcare costs. 31.1% of respondents (n=421) indicated they felt their insurance covered an “Excellent” amount, and 16.3% (n=22) indicated they felt their insurance covered an “Fair” amount of their health costs. Only 5.9% of respondents (n=8) felt their insurance did a “Poor” job of covering their healthcare costs.

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



Barriers to Having Insurance (Question 36)

For those who indicated they did not have insurance (n=2), the 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	2021 % (n)	2024 % (n)	SIGNIFICANT CHANGE
Number of respondents	2	2	
Can't afford to pay for medical insurance	50.0% (1)	50.0% (1)	<input type="checkbox"/>
Choose not to have medical insurance	50.0% (1)	50.0% (1)	<input type="checkbox"/>
Employer does not offer insurance	0.0% (0)	0.0% (0)	<input type="checkbox"/>
Lost Medicaid coverage		0.0% (0)	<input type="checkbox"/>
Too confusing/don't know how to apply	0.0% (0)	0.0% (0)	<input type="checkbox"/>
Other	50.0% (1)	0.0% (0)	<input type="checkbox"/>

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

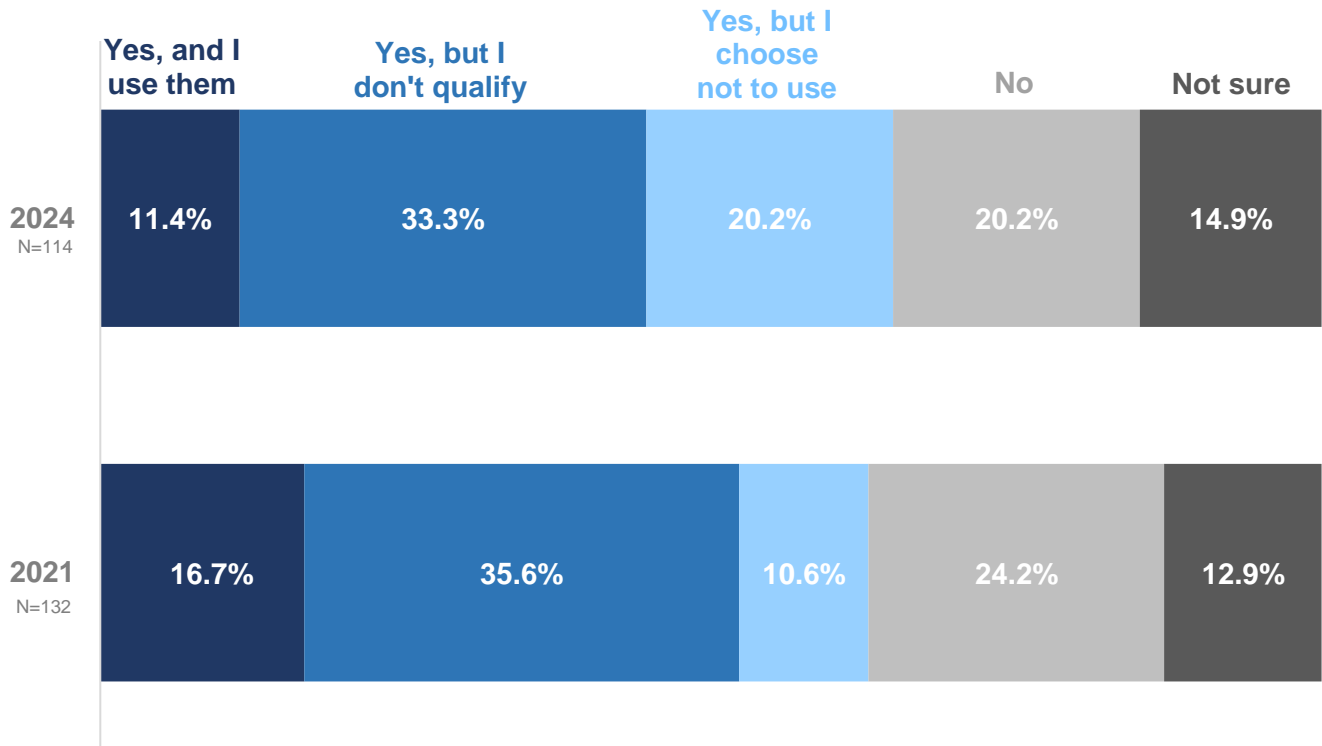
Comments included: VA, Waiting on my employer

View all “Other” comments in Appendix G.

Awareness of Health Cost Assistance Programs (Question 37)

Respondents were asked to indicate their awareness of programs that help people pay for healthcare bills. 33.3% of respondents (n=38) indicated they were aware of these programs but did not qualify to utilize them. An equal number of respondents (n=23, each; 20.2%) said that they “choose not to use” these programs and that they were “Not” aware of them. As compared to 2021, the proportion of respondents aware of these programs but choosing not to use them rose from 10.6% to 20.2%, while the proportion of respondents who use these programs fell to 11.4% from 16.7%.

Fewer 2024 respondents indicated that they use these financial assistance programs and more said that they choose to not use them, as compared to 2021 respondents.





FOCUS GROUP RESULTS

Focus Group Methodology

Two focus groups were conducted in March 2024, and there were six total participants. Participants were identified as people living in Pioneer Medical Center's service area.

The meetings lasted up to 75 minutes in length and followed the same line of questioning. Focus group transcripts can be found in Appendix I. Focus groups were facilitated by the Montana Office of Rural Health staff.

Focus Group Themes

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

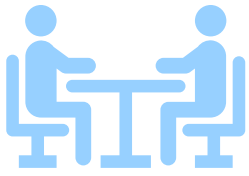


MENTAL HEALTH SERVICES

A common thread throughout the focus groups related to mental health services. Participants said that the availability of counseling, especially through telehealth, has gotten better in recent years, but that the demand still outweighs the supply. A local facility to carry out in-patient mental health treatment would be helpful for community members to receive treatment where they live and would help destigmatize mental health issues.

Participants voiced frustration at the rampant substance use in parts of the community, and some expressed sadness that there are no local treatment facilities or sober living environments, necessitating that people suffering from these issues must travel or be transported to facilities hours away.

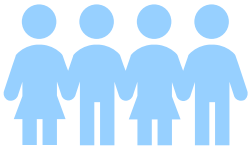
Participants also voiced the need to educate youth on mental health issues, and to incorporate knowledge and awareness at appropriate levels into school curricula.



COMMUNICATION

An issue repeatedly voiced during the focus groups was the hospital’s need to communicate better to the community it serves and be more active and present throughout its treatment area.

There are services that the hospital already offers (e.g. same-day care) that were recognized as a gap by the community; this highlights the importance of the hospital needing to clearly communicate the services it offers to those it serves. Participants in the focus groups indicated that hospital employees making a point to chat with different groups and at various already-scheduled meetings around town would likely go a long way in making the facility seem more accessible and approachable, and in educating the community about issues and services.



MORE MEDICAL PERSONNEL

Multiple focus groups participants voiced the need for more specialists either at PMC or on a schedule to rotate through the community. Participants said it would be nice to not have to travel to Livingston, Bozeman, or further for services. They also said that the schedule of visiting specialists could be communicated and shared more effectively. Lastly, participants expressed the need for more personnel to staff senior services, such as home health care, respite care, and people to check in on home-bound elderly folks.



IMPRESSED WITH IMPROVEMENTS

Many focus group participants said that the quality of care at PMC has increased over the last few years. The staff is friendly and attentive, and participants said that they feel taken care of and heard. Participants said that there has been an uptick in services, and though there is still room for improvement with sufficient staffing, “whatever the clinic is doing is working.”

SERVICES NEEDED IN THE COMMUNITY



- Home health services
- Pharmacy
- Local mental health care facility
- Additional specialties (e.g. geriatrics, prenatal, dermatology, pediatrics, women's services)
- Female provider
- More outdoor activity options
- Transport options for seniors
- Housing for medical staff
- More food resources
- Youth mental health & substance use education
- Increased clinic hours (weekends and/or evenings)
- Urgent care



EXECUTIVE SUMMARY

Executive Summary

The table below shows a summary of results from Pioneer Medical Center’s 2024 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 focus groups; 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>Home health for seniors</i>			☑
<i>Pharmacy</i>			☑
<i>Telemedicine</i>		✓	
<i>Expanded hours of service</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>		✓	<input checked="" type="checkbox"/>
<i>Enteric disease incidence rates</i>	⊗		
Neighborhood & built environment			
<i>Affordable housing</i>		✓	<input checked="" type="checkbox"/>
Behavioral Health			
<i>Lack of mental and behavioral health services/resources</i>	⊗	✓	<input checked="" type="checkbox"/>
<i>Increase in depression and high suicide rate</i>	⊗	✓	<input checked="" type="checkbox"/>
<i>Alcohol/drug abuse</i>	⊗	✓	<input checked="" type="checkbox"/>
<i>Stress management</i>		✓	
Health Measures			
<i>Rates of 2+ chronic conditions highest in MT frontier</i>	⊗	✓	<input checked="" type="checkbox"/>
<i>Diabetes</i>	⊗	✓	<input checked="" type="checkbox"/>
<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:

- Awareness of health resources and services
- Access to specialty services
- Mental and behavioral health

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/Fire Dept
- Big Timber Food Bank
- Billings Clinic affiliation
- Chamber of Commerce
- Drug Free Community Healthcare Worker
- Crisis Coalition/Community Health Worker
- Sweet Grass Solutions
- Sweet Grass Healthcare Foundation

Evaluation of Activity Impacts from Previous CHNA

Pioneer Medical Center (PMC) 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 on September 2, 2021. The plan prioritized the following health issues:

- Access to healthcare services
- Mental and behavioral health
- Outreach and education

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

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

	Activities	Accomplishments	Community Impact/Outcomes
Strategy 1.1: Continue to improve access to primary care services.	Improve patient digital health access and management by making scheduling and communication seamless with PMC. Create a community outreach and education campaign to accompany the system enhancements.	Improved scheduling practices to create and foster access to primary care providers. Improved Marketing/Outreach by utilizing a multi-faceted approach.	Increased access to primary care by 4 appointments a day per provider (50% increase in access). Outreach campaign successful in putting materials in the hands of the community
	Build upon the trust and relationship with the service area by exploring the feasibility of expanding the patient-centered care model.	Improved communication with patients and community utilizing patient portal	Increased communication

<p>Strategy 1.2: Continue to enhance access to specialty care services.</p>	<p>Continue to work with county and community level resources (public health, EMS, social service organizations, etc.) to address community-level infrastructure to meet the evolving needs of our community best as we navigate the pandemic and its after-effects.</p>	<p>Continued adjustment to service lines and staffing models to accommodate emerging community needs throughout the region</p>	<p>Servicing community needs through continual process improvement</p>
	<p>Continue to enhance community awareness of specialty services by developing a specialty service calendar campaign highlighting visiting providers, services, and clinic times.</p>	<p>Campaign created highlighting specialty services outside of primary care and availability in the RHC. Also increased specialty outreach to meet community needs</p>	<p>Increased specialty utilization</p>

Goal 2: Improve access to mental and behavioral health services and resources in Sweet Grass County.

	Activities	Accomplishments	Community Impact/Outcomes
<p>Strategy 2.1: Enhance community knowledge of alcohol and substance abuse resources.</p>	<p>Catalog alcohol and substance abuse resources on PMC's website for patients and caregivers by sharing events and resources available locally. Create a schedule to review and update the website regularly to ensure the most up-to-date information. Orient the PMC staff of all levels to the updated catalog..</p>	<p>In progress; retained Drug Free Community grant to improve prevention services within Sweet Grass County</p>	<p>Sweet Grass Solutions was created by a partnership with other community entities to meet this need</p>
	<p>Explore additional evidence-based avenues to disseminate alcohol and substance abuse prevention outreach and education materials in Sweet Grass County.</p>	<p>Partnered with Sweet Grass County Prevention Specialists to kick off campaign regarding Alcohol/Substance Abuse</p>	<p>Increased risk awareness within community</p>
<p>Strategy 2.2: Enhance access to mental and behavioral health services at PMC.</p>	<p>Meet with community partners to facilitate and coordinate local mental health resources, enhance relationships, and explore opportunities to improve referral/transfer resources for area patients.</p>	<p>Crisis Coalition created to better utilize resources available</p>	<p>Data collection to continue improvements to services based on community mapping</p>
	<p>Explore the feasibility of expanding partnerships or collaborations to enhance telepsychiatry services in Sweet Grass County.</p>	<p>Feasibility Study completed; Integrated Behavioral Health Program initiated</p>	<p>Improved access to behavioral services; 1st RHC to utilize an integrated model in Southern Montana.</p>

	<p>Develop and disseminate staff training and information regarding available community and state resources, enhancing mental and behavioral health skills and knowledge to address the community's mental and behavioral health needs. (ex. healthinfo.montana.edu/bhwet/trainings, MT DPHHS).</p>	<p>In progress</p>	<p>In progress</p>
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Goal 3: Continue to enhance Pioneer Medical Center’s outreach and education efforts in the PMC service area.

	Activities	Accomplishments	Community Impact/Outcomes
<p>Strategy 3.1: Enhance PMC’s outreach and education efforts of available health services.</p>	<p>Develop an outreach and communication plan by intentionally prioritizing website and social media content improvements. Ensure new communication and outreach staff members are trained on the internal procedures for developing and maintaining content.</p>	<p>Developed a marketing committee for outreach and content improvements, in addition to consistent training and branding</p>	<p>Improved content, outreach, and impressions</p>
	<p>Develop educational offerings for staff and community on available services (on-site and telemedicine opportunities) to enhance knowledge, access, and patient communication. Explore opportunities to deliver health education through avenues such as community presentations and newsletter modalities.</p>	<p>Hired staff development coordinator/paramedic to develop educational opportunities for staff and community; utilized community events such as “walk with a Doc” to educate community</p>	<p>Increased educational offerings to staff and community as well as increased presence in community</p>
<p>Strategy 3.2: Grow PMC's presence in the community as a resource for health education and partnerships, particularly related to preventive services and chronic disease management.</p>	<p>Create an outreach plan to promote preventive service utilization and chronic care management. Research established state-level resources and Rural Health Initiative (RHI, montanaruralhealthinitiative.info) toolkits PMC could adopt or adapt to improve health outcomes in Sweet Grass County (i.e., nutrition, weight loss, fitness, women's health, etc.).</p>	<p>Utilizing healthy analytics to track improvement and implement best practices for chronic care. Implementing remote patient monitoring for patients with chronic conditions</p>	<p>Improved monitoring and patient care related to chronic conditions</p>
	<p>Explore opportunities to support and collaborate with key regional and community partners on initiatives/coalitions related to preventive health.</p>	<p>In progress; pursuing partnerships with key regional and community stakeholders</p>	<p>Forming community partnerships to elevate community health and healthcare in Sweet Grass County. Delivering “Hometown Healthcare” in a rural setting.</p>



APPENDICES

Appendix A- Steering Committee

<i>Steering Committee Member</i>	<i>Organization Affiliation</i>
<i>Ian Peterson</i>	CEO – Pioneer Medical Center (PMC)
<i>Brendan Burns</i>	Director of Ancillary Services—PMC
<i>Perry Anderson</i>	Board Member, Sweet Grass County Healthcare Foundation
<i>Dan Tronrud</i>	Community Health Worker
<i>Jenn Chappell</i>	Sweet Grass County Public Health Nurse
<i>Laurie Niemi</i>	HR—Sibanye- Stillwater
<i>Corry Seitz</i>	Executive Director-- Sweet Grass County Foundation
<i>Suzie Stosich</i>	Big Timber Grade School Nurse
<i>Bill Wallace</i>	Commissioner, Sweet Grass County



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
Brendan Burns – Director of Ancillary Services, Pioneer Medical Center
Perry Anderson – Board Member, Sweet Grass County Healthcare Foundation
Dan Tronrud – Community Health Worker
Jenn Chappell – Sweet Grass County Public Health Nurse
Laurie Niemi – HR, Sibanye – Stillwater
Corry Seitz – Executive Director, Sweet Grass County Foundation
Suzie Stosich – Big Timber Grade School Nurse
Bill Wallace – Commissioner, Sweet Grass County

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

Steering Committee	November 10, 2023
Focus Groups	March 2024

Input and Recommendations from Consultation

Public and Community Health

- From the secondary data, I feel the percent shown for accessing primary care is higher than reality.
- There is a high suicide rate in Montana, and we have the demographics, age and occupations that are risks for suicide.
- We see a lot of behavioral health needs in the hospital and clinic.
- This survey template seems overwhelming. I think it would be best to pare it down to make it more manageable.
- We do have Community Health Workers available in the community, so I think when asking about behavior/mental health needs we need to be a little more specific about the type.
- To try to boost return rates we should partner with community partners/agencies in the area to have them market as well.
- Would it be possible in this process to call all those who are sent a survey to ask them to fill it out?

Population: Veterans

- We have a high percentage of Veterans, more specifically older veterans in the community.

Population: Youth

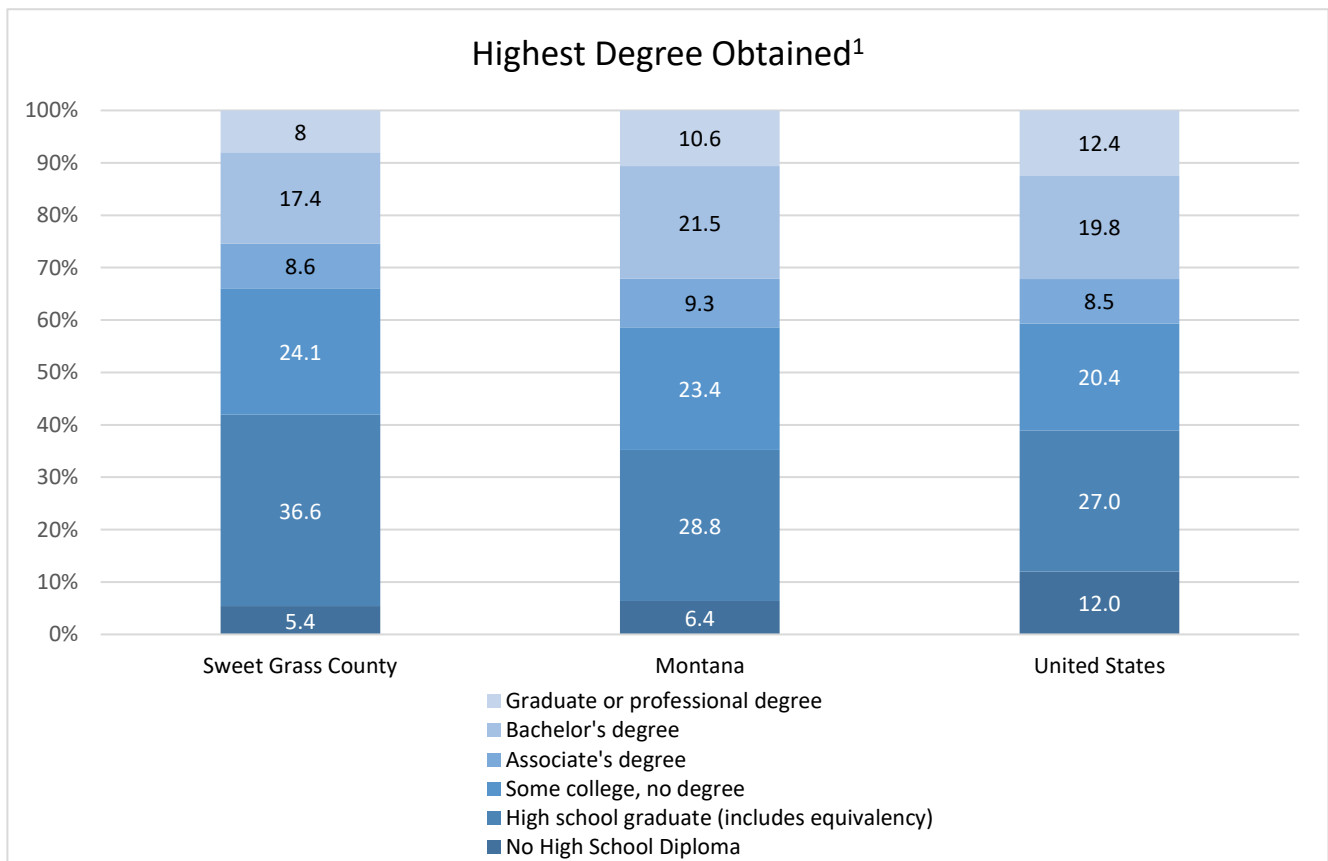
- I'm surprised by the youth drinking, texting and driving, and weapons on campus rates.

Appendix C – Sweet Grass County 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			88.5%			72.5%		
		American Indian or Alaska Native			6.4%			0.8%		
		Other †			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 ^{s,9}	68.4%	66.2%

⁸ IBIS Birth Data Query, MT-DPPHS (2020), ⁹ MT-DPHHS 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

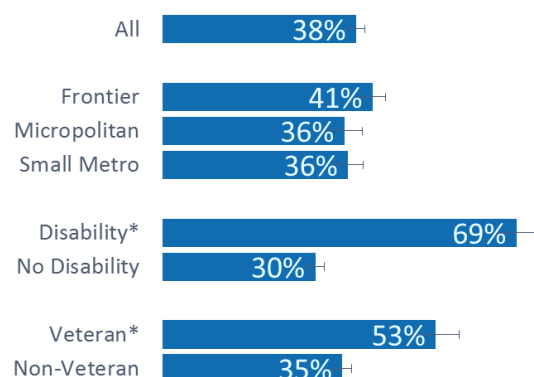
Chronic Conditions ¹⁰	County	Montana
Stroke Hospitalization Rate <i>Per 100,000 population</i>	159.3	152.0
Diabetes Hospitalization Rate <i>Per 100,000 population</i>	715.2	1058.9
COPD Emergency Department Visit Rate <i>Per 100,000 population</i>	453.7	669.9
Acute Myocardial Infarction (MI) Hospitalization 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 <i>Per 100,000 population</i>	423.1	441.6	444

¹⁰ IBIS Community Snapshot, MT- DPPHS

Mortality	County	Montana	Nation
Suicide Rate ¹³ <i>Per 100,000 population</i>	N/A	22.5	13.9
Veteran Suicide Rate ¹³ <i>Per 100,000 population</i>	-	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 <i>Per 100,000 population</i>	57.2	53.4	51.1
Diabetes Mellitus ^{14, 17} <i>Per 100,000 population</i>	-	19.0	21.4
Alzheimer's Disease ^{14, 18} <i>Per 100,000 population</i>	-	21.6	37.3
Pneumonia/Influenza Mortality ^{14, 19} <i>Per 100,000 population</i>	-	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

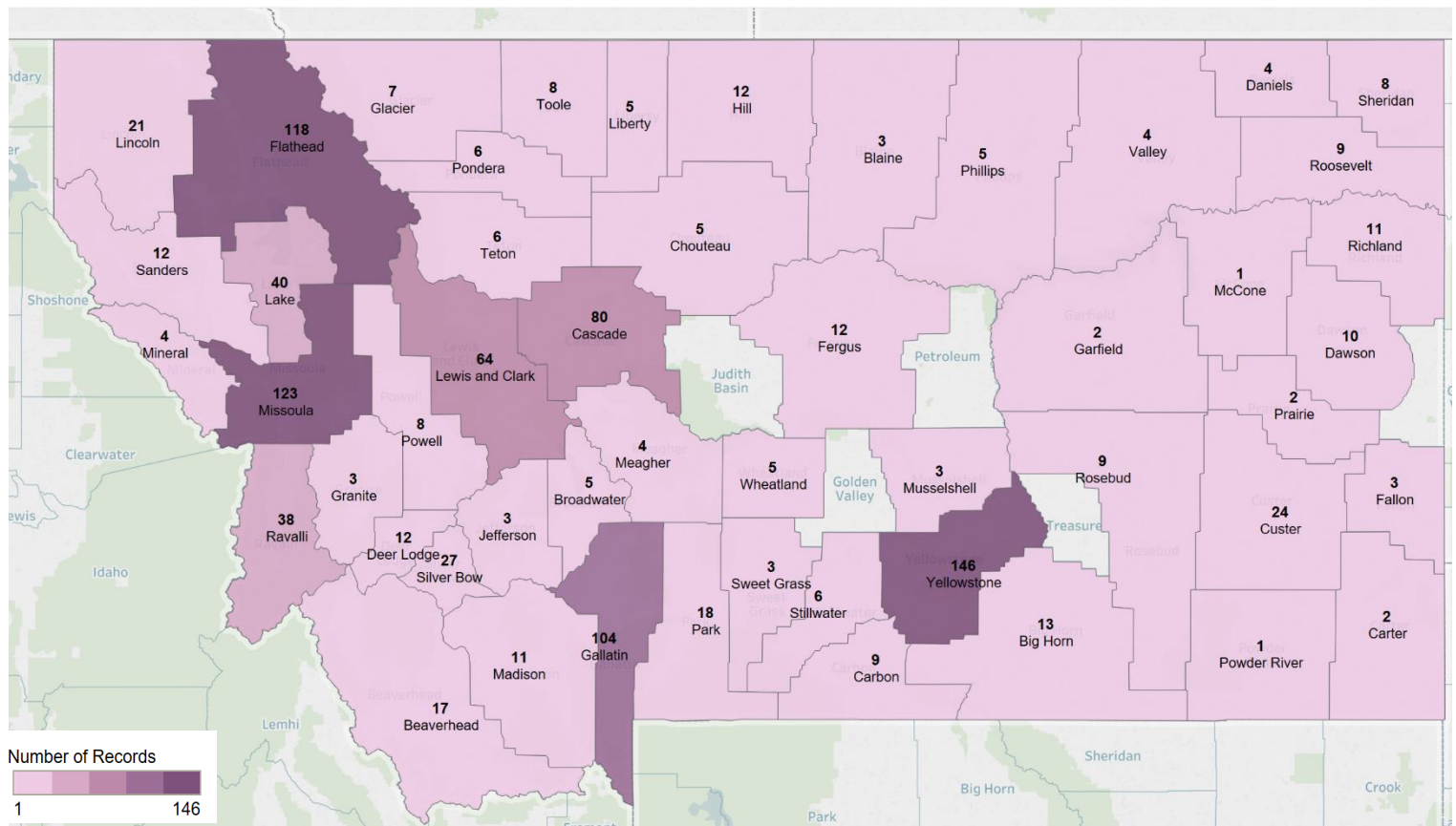
² CAHMPAS - FLEX Monitoring (2017)

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.

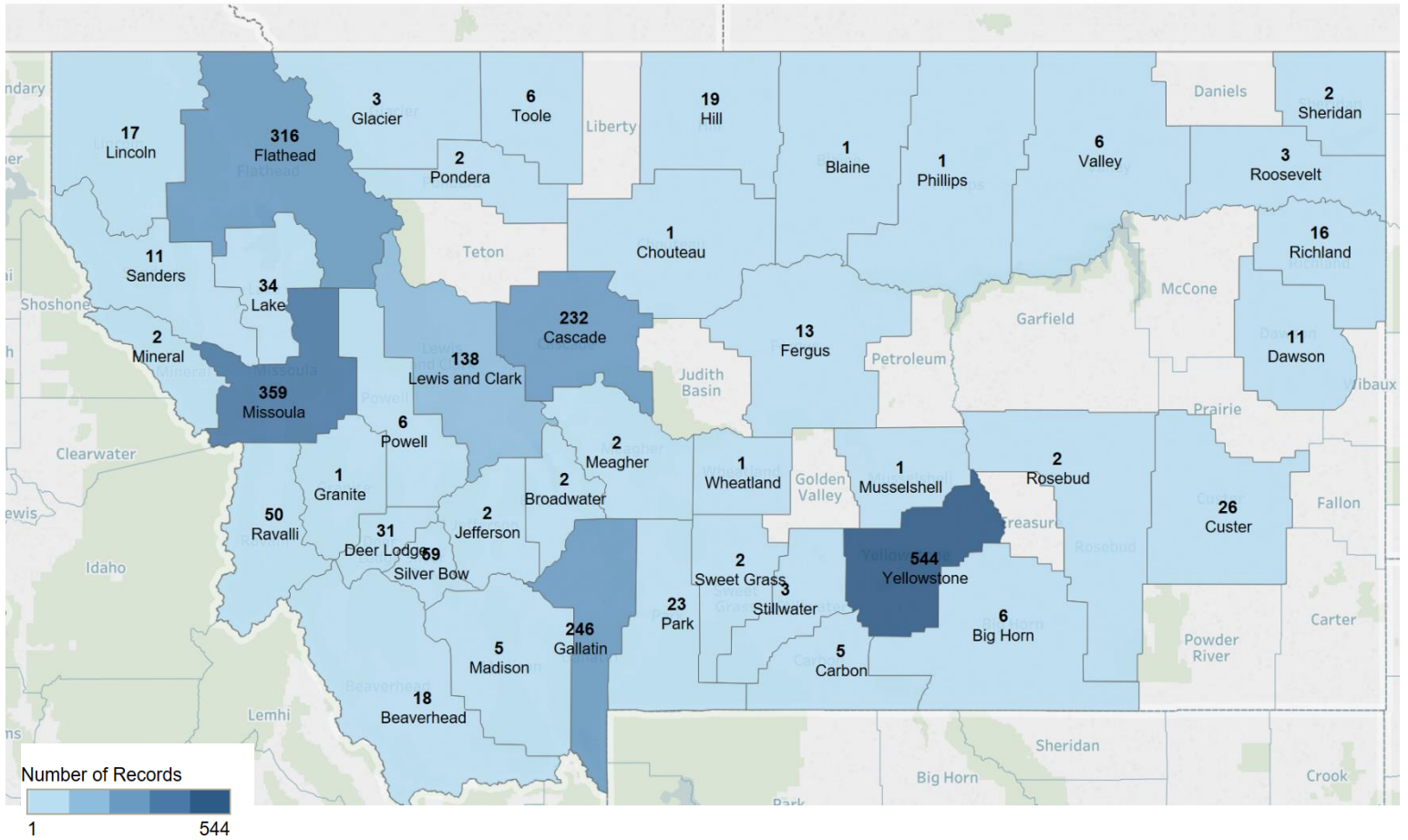
- Counts only include actively practicing providers.
- Counts do not include providers at limited access facilities (VA, Malstrom AFB, Indian Health Services, Montana State Prison, Montana State Hospital, therapeutic boarding schools)
- Counts only include primary practice locations. Locum Tenens providers 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

January 5, 2024



Dear [LASTNAME] household:

Participate in our Community Health Needs Assessment survey for a chance to **WIN one of eight \$25 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: February 9, 2024
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 \$25 gift cards will be contacted the week of February 19th.

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 MORH at 406-994-6001. We believe, with your help, we can continue to improve health care services in our region.

Thank you for your assistance. We appreciate your time.

Sincerely,

Ian Peterson, CEO



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

Appendix E – Survey Instrument

Community Health Needs Assessment 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 406-994-6001. Participation is voluntary, and your responses will remain confidential. You can choose not to answer any question and can stop at any time.

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

- Very healthy
 Healthy
 Somewhat healthy
 Unhealthy
 Very unhealthy

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

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

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"/> Eliminate domestic violence | <input type="checkbox"/> Low death and disease rates |
| <input type="checkbox"/> Access to healthcare services | <input type="checkbox"/> Food access | <input type="checkbox"/> Parks and recreation |
| <input type="checkbox"/> Affordable housing | <input type="checkbox"/> Good jobs and a healthy economy | <input type="checkbox"/> Religious or spiritual values |
| <input type="checkbox"/> Arts and cultural events | <input type="checkbox"/> Good schools | <input type="checkbox"/> Strong family life |
| <input type="checkbox"/> Clean environment | <input type="checkbox"/> Healthy behaviors and lifestyles | <input type="checkbox"/> Tolerance for diversity |
| <input type="checkbox"/> Community involvement | <input type="checkbox"/> Low crime/safe neighborhoods | <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"/> Newspaper | <input type="checkbox"/> Social media/Facebook |
| <input type="checkbox"/> Friends/family | <input type="checkbox"/> Presentations | <input type="checkbox"/> Website/internet |
| <input type="checkbox"/> Healthcare provider | <input type="checkbox"/> Public health nurse | <input type="checkbox"/> Word of mouth/reputation |
| <input type="checkbox"/> Mailings/newsletter | <input type="checkbox"/> Radio | <input type="checkbox"/> Workplace/employment |
| | | <input type="checkbox"/> Other: _____ |

6. 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
7. Which community health resources, other than the hospital or clinic, have you used in the last three years? **(Select ALL that apply)**
- Chiropractor Hospice Physical, occupational, or speech therapy clinics
 Community Health Worker (CHW) Mental health service
 Dentist Naturopath Public health
 EMS/Ambulance Other primary care providers – not affiliated with Pioneer Medical Center Other: _____
 Hearing check
 Home health
8. In your opinion, what would improve our community's access to healthcare? **(Select ALL that apply)**
- Cultural sensitivity More specialists
 Greater health education services Outpatient services expanded hours
 Improved quality of care Payment assistance programs (healthcare expenses)
 Interpreter services Telemedicine
 More information about available services Transportation assistance
 More primary care providers Other: _____
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)**
- Alcohol/substance use Health and wellness Parenting
 Alzheimer's Heart disease Prenatal
 Cancer Lactation/breastfeeding support Smoking/tobacco cessation
 Diabetes Living will Support groups
 First aid/CPR Men's health Weight loss
 Fitness Mental health Women's health
 Grief counseling Nutrition Other: _____
10. What additional healthcare services would you use if available locally? **(Select ALL that apply)**
- Additional diabetic services Mental health/Crisis services Visiting specialists
 Dermatology Pediatrics Other: _____
11. Which of the following preventive services have you or someone in your household used in the past year? **(Select all that apply)**
- Blood pressure check Dental check Pap test
 Children's checkup/ Well baby Flu shot/ immunizations Prostate (PSA)
 Cholesterol check Health checkup Vision check
 Colonoscopy Health fair None
 Community Health Worker (CHW) Hearing check Other: _____
 Mammography
12. In the past three years, was there a time when you thought you needed healthcare services but did NOT get or delayed getting medical services?

- Yes No (If no, skip to question 14)

13. 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: _____ |

14. In the past three years, have you 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 17)

15. Where was that primary healthcare provider 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 | |

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

17. In the past three years, have you 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)

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

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

19. 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 | | |

20. If receiving hospital care outside of Big Timber, why do you choose to go elsewhere? (**Select ONLY 3**)

- | | | |
|--|--|---|
| <input type="checkbox"/> Billing practices | <input type="checkbox"/> Confidentiality | <input type="checkbox"/> Don't like available providers |
|--|--|---|

- Lack of qualified providers
- Older facility
- Shopping or other business in that town

21. In the past three years, have you 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)

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

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

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

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

	Excellent	Good	Fair	Poor	Haven't Used	Don't Know
Ambulance services	4	3	2	1	N/A	DK
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, 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. Thinking over the past year, how would you describe your stress level?

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

26. Thinking about your mental health (which includes stress, anxiety, depression and problems with emotions), how would you rate your mental health in general?
- Excellent Good Fair Poor
27. 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)
28. To what degree has your life been negatively affected by your own or someone else's substance use issues, including alcohol, prescription, or other drugs?
- A great deal Somewhat A little Not at all
29. Over the past month, how often have you had physical activity for at least 20 minutes?
- Daily 3-5 times per month No physical activity
 2-4 times per week 1-2 times per month
30. Has cost prohibited you from getting a prescription or taking your medication regularly?
- Yes No Not applicable
31. In the past year, did you worry that you would not have enough food?
- Yes No
32. To what degree has your life been affected by the lack of adequate and affordable housing options?
- A great deal Somewhat A little Not at all
33. 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
33.1) 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
33.2) 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
33.3) 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
33.4) There are places to be physically active near my home. Consider parks, trails, places to walk, and playgrounds.	4	3	2	1	DK
33.5) I have enough financial resources to meet my basic needs. Consider income for purchasing food, clothing, shelter, and utilities.	4	3	2	1	DK
33.6) 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

33.7) 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

34. What type of health insurance covers the majority of your medical expenses? (Select ONLY 1)

- Employer sponsored
- Health Insurance Marketplace
- Health Savings Account
- Healthy MT Kids
- Indian Health
- Medicaid
- Medicare
- Private insurance/private plan
- VA/Military
- None/pay out of pocket
- Other: _____

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

- Excellent
- Good
- Fair
- Poor

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

- Can't afford to pay for health insurance
- Choose not to have health insurance
- Too confusing/don't know how to apply
- Employer does not offer insurance
- Lost Medicaid coverage
- Other: _____

37. 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.

38. Where do you currently live, by community?

- Big Timber
- Greycliff
- McLeod
- Melville
- Reed Point
- Other: _____

39. What is your gender?

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

40. What age range represents you?

- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75-84
- 85+

41. What is your employment status?

- Work full-time
- Work part-time
- Retired
- Student
- Collect disability
- Unemployed, but looking
- Not currently seeking employment
- Other _____

[CODED]

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

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

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

Appendix F – Cross Tabulation Analysis

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

	Excellent	Good	Fair	Poor	Total
Billboards/posters	8.3% (1)	50.0% (6)	41.7% (5)	-	12
Friends/family	14.1% (11)	52.6% (41)	30.8% (24)	2.6% (2)	78
Healthcare provider	21.7% (13)	51.7% (31)	25.0% (15)	1.7% (1)	60
Mailings/newsletter	18.2% (4)	59.1% (13)	22.7% (5)	-	22
Newspaper	8.3% (3)	72.2% (26)	16.7% (6)	2.8% (1)	36
Presentations	33.3% (1)	33.3% (1)	33.3% (1)	-	3
Public Health nurse	25.0% (4)	43.8% (7)	25.0% (4)	6.3% (1)	16
Radio	50.0% (1)	50.0% (1)	-	-	2
Social media/Facebook	14.3% (6)	35.7% (15)	47.6% (20)	2.4% (1)	42
Website/internet	23.3% (7)	43.3% (13)	30.0% (9)	3.3% (1)	30
Word of mouth/reputation	13.6% (9)	48.5% (32)	34.8% (23)	3.0% (2)	66
Workplace/employment	25.0% (3)	58.3% (7)	16.7% (2)	-	12
Other	33.3% (2)	50.0% (3)	16.7% (1)	-	6

Delayed or Did Not Get Need Healthcare Services by Residence

	Yes	No	Total
Big Timber	39.1% (43)	60.9% (67)	110
Greycliff	50.0% (3)	50.0% (3)	6
McLeod	33.3% (2)	66.7% (4)	6
Melville	40.0% (2)	60.0% (3)	5
Reed Point	-	100.0% (1)	1
Other	33.3% (2)	66.7% (4)	6
TOTAL	38.8% (52)	61.2% (82)	134

Location of primary care clinic most utilized by residence

	Big Timber	Billings	Bozeman	Columbus	Livingston	Other	TOTAL
Big Timber	50.0% (53)	12.3% (13)	5.7% (6)	0.9% (1)	19.8% (21)	11.3% (12)	106
Greycliff	40.0% (2)	-	20.0% (1)	20.0% (1)	20.0% (1)	-	5
McLeod	50.0% (3)	16.7% (1)	-	-	33.3% (2)	-	6
Melville	100.0% (4)	-	-	-	-	-	4
Reed Point	-	-	-	100.0% (1)	-	-	1
Other	40.0% (2)	20.0% (1)	-	-	20.0% (1)	20.0% (1)	5
TOTAL	50.4% (64)	11.8% (15)	5.5% (7)	2.4% (3)	19.7% (25)	10.2% (13)	127

* 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
Appointment availability	63.4% (26)	12.2% (5)	2.4% (1)	-	12.2% (5)	9.8% (4)	41
Clinic/provider's reputation for quality	41.5% (27)	12.3% (8)	4.6% (3)	1.5% (1)	27.7% (18)	12.3% (8)	65
Closest to home	86.8% (46)	-	1.9% (1)	-	3.8% (2)	7.5% (4)	53
Cost of care	-	25.0% (1)	-	-	75.0% (3)	-	4
Length of waiting room time	77.8% (7)	-	11.1% (1)	-	-	11.1% (1)	9
Prior experience with clinic	47.9% (34)	11.3% (8)	5.6% (4)	2.8% (2)	21.1% (15)	11.3% (8)	71
Privacy/confidentiality	36.4% (4)	18.2% (2)	-	-	36.4% (4)	9.1% (1)	11
Prefer pediatrician for my kids	-	33.3% (1)	-	-	66.7% (2)	-	3
Recommended by family or friends	42.9% (6)	28.6% (4)	14.3% (2)	-	14.3% (2)	-	14
Referred by physician or other provider	25.0% (3)	33.3% (4)	-	-	33.3% (4)	8.3% (1)	12
Required by insurance plan	41.7% (5)	25.0% (3)	-	8.3% (1)	8.3% (1)	16.7% (2)	12
Shopping or other business in that town	20.0% (1)	20.0% (1)	20.0% (1)	-	40.0% (2)	-	5
VA/Military requirement	75.0% (3)	-	25.0% (1)	-	-	-	4
Other	16.7% (1)	16.7% (1)	33.3% (2)	-	16.7% (1)	16.7% (1)	6

* 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

	Pioneer Medical Center	Billings Clinic	Bozeman Health	Livingston Healthcare	St. Vincent Healthcare	Other	Total
Big Timber	18.5% (10)	25.9% (14)	1.9% (1)	31.5% (17)	9.3% (5)	13.0% (7)	54
Greycliff	-	33.3% (1)	-	33.3% (1)	33.3% (1)	-	3
McLeod	-	25.0% (1)	-	50.0% (2)	25.0% (1)	-	4
Melville	25.0% (1)	25.0% (1)	-	-	25.0% (1)	25.0% (1)	4
Other	-	-	-	-	50.0% (1)	50.0% (1)	2
Total	16.4% (11)	25.4% (17)	1.5% (1)	29.9% (20)	13.4% (9)	13.4% (9)	67

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

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

Location of most recent hospitalization by reasons for hospital selection

	Pioneer Medical Center	Billings Clinic	Bozeman Health	Livingston Healthcare	St. Vincent Healthcare	Other	Total
Closest to home	76.9% (10)	-	-	23.1% (3)	-	-	13
Closest to work	100.0% (1)	-	-	-	-	-	1
Cost of care	-	-	-	100.0% (1)	-	-	1
Emergency, no choice	37.5% (6)	37.5% (6)	-	18.8% (3)	-	6.3% (1)	16
Financial assistance programs	-	-	-	-	100.0% (2)	-	2
Hospital's reputation for quality	2.7% (1)	24.3% (9)	2.7% (1)	40.5% (15)	21.6% (8)	8.1% (3)	37
Prior experience with hospital	5.6% (2)	27.8% (10)	2.8% (1)	38.9% (14)	16.7% (6)	8.3% (3)	36
Privacy/confidentiality	-	-	25.0% (1)	50.0% (2)	25.0% (1)	-	4
Recommended by family or friends	-	-	-	50.0% (1)	50.0% (1)	-	2
Referred by physician or other provider	12.5% (4)	46.9% (15)	-	15.6% (5)	15.6% (5)	9.4% (3)	32
Required by insurance plan	-	50.0% (1)	-	-	50.0% (1)	-	2
VA/Military requirement	-	33.3% (1)	-	-	-	66.7% (2)	3
Other	-	40.0% (2)	-	40.0% (2)	-	20.0% (1)	5

* Wheatland Memorial Healthcare and Stillwater Billings Clinic 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)

- Home care/health aides for the elderly (2)
- Poor diet & lifestyle especially in children
- Lack of education
- Politicized anti-vaccine views, ignorance
- Transportation to larger medical facilities
- I can only guess - not sure
- Hard drug use

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

- Accidents/injuries (1)
- Alcohol/substance use (1)
- Child abuse/neglect (1)
- Chronic diseases (heart disease, diabetes, COPD, cancer, overweight/obesity) (3)
- Hunger (1)
- Lack of dental care (1)
- Lack of exercise (1)
- Mental health issues (depression, anxiety, PTSD, etc.) (2)
- Respiratory issues/illness (3)
- Stroke (1)
- Suicide (1)
- Tobacco use (cigarettes/ cigars, vaping, smokeless) (3)
- Work/economic stress (1)

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

- Access to mental health services (2)

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

- Access to childcare/after school programs (1)
- Access to healthcare services (1)
- Affordable housing (2)
- Community involvement (1)
- Eliminate domestic violence (1)
- Food access (1)
- Good jobs and a healthy economy (2)
- Parks and recreation (1)

- 5. How do you learn about the health services available in our community? (Select ALL that apply)**
- Hard to find specialty services
 - General public, the majority complains at any job I work behind a register
 - Emails to CEO
 - Personal experience (2)
 - Visiting the clinic and asking of services available
- 7. Which community health resources, other than the hospital or clinic, have you used in the last three years? (Select ALL that apply)**
- I do not use services in Big Timber due to lack of confidentiality and patient care
 - VA (2)
 - Cole Drug Pharmacy
 - Pharmacy
 - ER
 - Massage and Energy Healing
 - Assisted living
 - None (2)
 - Acupuncture
 - After several very poor experiences I go out of town
- 8. In your opinion, what would improve our community's access to healthcare? (Select ALL that apply)**
- Qualified professionals
 - Ability to deal with complex patient needs locally at PMC
 - Return calls from messaging
 - Need to bring back a local Adult and Family Service worker and location in Big Timber
 - Urgent care availability on weekends and evenings (2)
 - More (local not travelling!!) nursing and support staff
 - Optometrist
 - I feel our PMC does a good job!
 - Affordable plans
 - Responsible behavior
 - Independent senior living facility
 - Posted upfront costs
 - Reliable pharmacy
 - Urgent care vs just an ER
 - All's fine
 - Somebody worthwhile in administration
- 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)**

- NA
- Senior Driving Education / Certification to Reduce Automobile Insurance
- Suicide education and mental health education
- None (2)
- I am in college in another state - so none for now!

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

- NA
- Nutrition
- Doctors to deal w/ complex patient cases - pain, etc.
- Improve the current services first!
- Children's psychiatrist, autism, social skills, aids
- No matter what services are added, if the providers are sub-standard we will continue to go out of our community
- Optometry (3)
- Allergist, urologist, cardiologist, gastrointestinal doctor

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

- NA
- Rx services / Tx with doctor
- Blood draw
- Blood Labs – Vit D level +
- Physical therapy
- Cardiac rehab
- Cardio/neuro

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

- Didn't want to
- Didn't think it would help
- Would get better on own
- Never quit feel heard, got service 2 separate times, pretty immediately, both visits sufficiently DX and Tx were okay
- Denial
- Blood pressure readings were too high when in the clinic/hospital, but blood pressure reading ok at home for past 32 years!
- ER was NOT staffed!!!

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

- Could not get an appointment (1)
- Didn't know where to go (3)

- Don't like doctors (2)
- It cost too much (2)
- It was too far to go (1)
- My insurance didn't cover it (1)
- No insurance (1)
- Office wasn't open when I could go (1)
- Qualified provider not available (1)
- Unsure if services were available (3)

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

- Permanent residence
- Red Lodge (Mountain View Clinic)
- Colorado

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

- Big Timber (8)
- Billings (4)
- Bozeman (1)
- Livingston (7)

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

- Ability to deal with complex patient care - Big Timber ideal, but care too difficult
- PMC, in my opinion, does not provide accurate or quality healthcare. At best it's adequate enough to get you out of Big Timber to a real doctor
- Prefer nurse practitioners
- Quality of caregiver/doctor
- Specialists
- Have used for years (Ace)
- Closest to job area

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

- VA
- Dr. Lizotte
- In Texas
- Primary residence but other family member now deceased use Livingston HealthCare
- The hospital closest to Big Timber which provides the care I need
- Missoula

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

- Pioneer Medical Center (2)
- Billings Clinic (1)
- Bozeman Health (2)
- Livingston Healthcare (3)

- St. Vincent Healthcare (2)

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

- Procedures not offered locally
- New birthing center and full OBGYN team, regularly saw my prime care provide at every appointment. There they treat you with respect, the MOST important reason
- Location where HCP conducts practice
- Shared medical records PMC-B. clinic
- Clean and attentive

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

- Great Falls
- B.T. Family Dental
- St. Vincent and Bozeman Health
- Permanent residence
- Florida
- Traveled to a different state due to 3 months wait for GI consult
- Mayo Clinic
- Home
- Bear Hearing
- VA

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

- On-call ER doctor/RN (?)
- Pain management
- Chiropractor
- Nurse practitioner
- Emergency Room
- Oncologist
- Blood work follow-up office visit
- Kidney doctor
- VA

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

- HUMANA
- Waiting to get some

*Responses when more than 1 was selected (23 participants):

- Employer sponsored (3)
- Health Insurance Marketplace (2)
- Health Savings Account (2)

- Healthy MT Kids (1)
- Indian Health
- Medicaid (2)
- Medicare (21)
- Private insurance/private plan (11)
- VA/Military (5)
- None/pay out of pocket (3)

36. If you do NOT have medical insurance, why? (Select ALL that apply)

- VA
- Waiting on my employer
- Choose not to have a supplemental policy because of cost

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

- Permanent residence
- Rural
- Rapelje
- In the county
- In North Dakota
- Between Greycliff and Big Timber

41. What is your employment status?

- Self-employed (2)

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

- Work full-time (1)
- Work part-time (4)
- Retired (6)
- Collect disability (1)

General comments

- (Q1)
 - Selected “Somewhat healthy” and wrote “I assume it is!” next to it.
 - Selected “Unhealthy” and wrote “people tend to be overweight and have unhealthy diets” next to it.
 - Selected both “Healthy” and “Somewhat healthy” and wrote “3.5” between them.
- (Q2)
 - Selected “Lack of access to healthcare” and inserted “Good and proper” before “healthcare.”
 - Selected “Tobacco use” and wrote “maybe – in young people under 30” next to it.
 - Selected “Accidents/injuries” and drew a line to “Motor vehicle accidents” and wrote “same” above the line.

- Selected “Chronic diseases (heart disease, diabetes, COPD, cancer, overweight/obesity)” and circled “obesity.”
- Drew arrows from “Alcohol/substance use”, “Child abuse/neglect”, “Domestic violence”, “Elder abuse”, “Social isolation/loneliness”, “Suicide”, “Trauma/Adverse Childhood Experiences”, and “Work/economic stress” to “Mental health issues.”
- Selected “Lack of access to healthcare” and inserted “quality” before “healthcare.”
- (Q3)
 - Selected “Access to healthcare services” and inserted “good” before “healthcare.”
 - Selected “Strong family life” and crossed out “Religious” from “Religious or spiritual values” and circled “spiritual values” and “strong family life” making a connection between the two.
- (Q5)
 - Selected “Newspaper” and wrote “Ads/listings. 1) of when and what Doctors are coming to PMC – Specialists. 2) of specials – Blood tests, etc.” next to it.
- (Q6)
 - Selected “Very important” and inserted “good” before “local healthcare.”
- (Q7)
 - Did not select any choices and wrote “We elect to use NONE of the community resources. We go out of town for all medical services.”
- (Q8)
 - Selected “Improved quality of care” and strongly underlined the choice.
 - Selected “More primary care providers” and wrote “(maybe) depends on how busy current PCP is” next to it.
- (Q9)
 - Selected “Nutrition” and wrote “not the crap they teach in schools” next to it.
 - Selected “Alzheimer’s”, “Cancer”, and “Heart disease” and inserted “education regarding” into the question prompt.
- (Q11)
 - Selected a few options and wrote “* All at out of town facilities.”
- (Q12)
 - Selected “Yes” and wrote “There is not a neurologist except in Billings and Bozeman. No neurosurgeon,” below the question.
 - Selected “Yes” and wrote “We delayed if we were unable to travel out of town due to weather, for example” below it.
- (Q13)
 - Selected “COVID-19 concerns/barriers” and wrote “2020” next to it.
 - Selected “Qualified provider not available” and circled and put “**” next to “Qualified.”
- (Q14)
 - Selected “Yes” and wrote “at out of town facilities” next to it.

- (Q15)
 - Selected “Big Timber” and wrote “Dr. Lizotte Crazy Mountain Medical” next to it.
- (Q17)
 - Underlined “day surgery” in question and wrote “Hernia tried but turned away after 2 hours by anesthesiologist for high blood pressure!”
 - Selected “No” and wrote “I do not trust Pioneer Medical Center. Staff did not mask during early stages of Covid.”
- (Q18)
 - Selected both “Bozeman Health” and “Livingston Healthcare” and wrote “Now Billings Clinic in Bozeman” next to “Bozeman Health” and drew an arrow between “Bozeman Health” and “Livingston Healthcare” and wrote “same procedure rejected” between them.
 - Selected “Pioneer Medical Center” and wrote “ER only” next to it.
 - Selected “Livingston Healthcare” and wrote “I trust the staff at LHC” next to it.
- (Q19)
 - Selected “Emergency, no choice” and wrote “PMC” next to it.
- (Q20)
 - Created own “other” option and wrote “distance.”
 - Created own “other” option and wrote “professionalism!!”
 - Selected “Lack of qualified providers” and wrote “no specialty surgery in Big Timber must go elsewhere” below it.
 - Selected “Lack of qualified providers” and wrote “-for the required procedure” next to it.
 - Selected “Lack of qualified providers” and wrote “referred by local providers” below it.
 - Selected “Lack of qualified providers” and wrote “emergency surgery” below it.
 - Created own “other” option and wrote “Available appointment arrangements.”
 - Selected “Lack of qualified providers” and wrote “doctors would not take complex patient care” below it.
- (Q22)
 - Selected “Bozeman” and wrote “Billings Clinic” next to it.
- (Q24)
 - For “Clinic services” selected both “4” and “3” and wrote “3.5” between them.
 - For “Laboratory” selected both “4” and “3” and wrote “3.5” between them.
 - For “Emergency room” selected both “2” and “1” and drew a line between them.
- (Q25)
 - Selected “Moderate” and wrote “Varies” next to it.
- (Q27)
 - Selected “Sometimes” and wrote “I just lost my husband” next to it.
- (Q28)
 - Selected “Somewhat” and wrote “neighbors” next to it.

- (Q30)
 - Selected “No” and wrote “sometimes cost runs me very short!” next to it.
- (Q32)
 - Selected “A great deal” and strongly under lined the choice.
- (Q33.1)
 - Selected “1” (Strongly Disagree) and wrote “quality of” before “health care” in the question statement “I can get the health care I need in Sweet Grass County.”
- (Q33.3)
 - Selected “1” (Strongly Disagree) and wrote “My community politicized mask-wearing during and currently for the coronavirus. My husband and I are the only people who wear masks and are among the few who have been fully vaccinated. My neighbor died of covid, yet neighbors still do not take precautions, and covid is still with us and spreading.”
- (Q33.6)
 - Selected “2” (Disagree) and inserted “young” between “raise children” and added “not High School major substance abuse issues” next to the question prompt.
- (Q33.7)
 - Selected “2” (Disagree) and strongly underlined “Consider elder-friendly housing” in the question prompt.
- (Q34)
 - Selected “Medicare” and wrote “A & B” next to it, also wrote “on the list at level 6 next to “VA/Military” and “dental” next to “None/pay out of pocket.”
 - Selected both “Medicare” and “VA/Military” and wrote “Primary” next to “Medicare.”
- (Q35)
 - Selected “Fair” and wrote “no preventative” next to it.
 - Selected “Fair” and drew a line to “Poor.”
- (Q36)
 - Selected “Lost Medicaid coverage” and wrote “8 years OK, this year denied” next to it.
- (Q37)
 - Selected “Not sure” and wrote “hasn’t been an issue” next to it.
 - Selected both “Yes, and I use them” and “Yes, but I do not qualify” and wrote “Medicare” next to “Yes, and I use them.”
 - Selected “Yes, and I use them” and wrote “Medicare” below the choice.
 - Selected “Yes, but I do not qualify” and wrote “Disabled for life, \$1000/month income equals lost Medicaid after 8 years in Montana” next to it.
- (Q38)
 - Selected “Big Timber” and wrote in “ranch.”

- Selected “Melville” and wrote in “East 17 miles.”
- (Q39)
 - Selected both “Male” and “Female” and wrote “Husband and wife” next to it.
- (Q41)
 - Selected “Not currently seeking employment” and wrote “husband works full time” next to it.
- General:
 - [Husband’s name redacted] passed away [date redacted] so his wife filled this with her dealings with Pioneer Medical.
 - Thank you for your interest in the health of this community!
 - Not a full time resident in Big Timber but completed this anyway.

Appendix H – Focus Group Questions

Focus Group Questions

Purpose: The purpose of focus groups 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 – Focus Group Transcripts

Big Timber Focus Group #1

March 15, 2024

2 participants

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

- Overall, we're doing pretty good.
- There are some areas where drugs and meth are rampant/harmful. It would be nice to see enforcement for when offenders break their restraining order/probation/etc. It also seems that the major employer in community doesn't address the drug problem. We have also seen an uptick in positive drug tests recently.
- The mental health services we have work hard. We have 22 counselors in town, but they are all booked out 5 months.
- Mental health is big, a big need.
- Sweetgrass Connections is good resource that is community-wide; puts together hospital/clinic efforts and food bank and other resources.

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

- **Hospital/clinic**
 - Primary care (e.g. prenatal) can be better elsewhere because other bigger facilities have more resources.
 - My main provider is in Livingston. I use them for prenatal care. If I have to, I use the local ER.
 - The services PMC does provide are good services though; the assisted living is great; my experience at the hospital has been superior, and the quality of care has been great.
 - "I feel taken care of." "I feel heard."
 - Some providers could do better at communicating what they see and following up with what they've referred you for or what they want you to do.
 - Over the last year quality of service at PMC has increased. Feels friendly, attentive. Whatever the clinic is doing with their staff they need to keep doing, because I can see the difference. What you're doing is working.
- **EMS Services (ER/Ambulance)**
 - I heard ER is good, they get there quick.
 - I haven't really used them.

- People on ambulance crew are good people, they're dedicated.
- EMTs rotate through ER and that is great because you know them more than you know the nurses so there is a familiar face there; they also get different training/experience so good for them too.
- ER/hospital is good at getting people out to further care, e.g. on helicopter. They are good at recognizing the limits of what they can do.
- **Public/County Health Department**
 - Through Covid she was great at notifying people and keeping up. They do good.
- **Senior Services (Nursing homes, assisted living, home health, senior center, etc.)**
 - Senior center is big.
 - We did have home health through Billings Clinic with both grandparents, and they were great.
 - The hospital [PMC] was really good about knowing when to transfer out to a higher level of care when needed. I really appreciated that.
- **Services for low-income individuals/families**
 - Wouldn't be able to speak to this.
 - At the Annex they have someone to walk people through aid forms—Medicaid, SNAP, childcare options.
 - We appreciate what the state does with all that benevolent stuff, but we could probably do a better job because people lose services often and then have no help. I would like to see programs restructured where people are helped/assisted for longer.
 - It would be good to have more specialists visit so low-income folks wouldn't have to travel for care.

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

- Mental health.
- Diabetes program – doesn't exist anymore, but would be big.
- Program to get people active in community would be good.
- Labor force and housing are big issues.
- More visiting specialists (e.g. dermatologists, prenatal care)—it would be nice to not have to travel to Bozeman/Billings for services.
- Communication of services and visiting specialists could be better—Facebook is not always good because many people don't use it; the newspaper would be a good place to put things; don't know what other good options there are.
- Hard for doctors to garner trust needed; need to establish a bit of rapport.

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

- Additional specialties – dermatology, women’s services, prenatal care, pediatrics.
- Female doctors.
- Pharmacy—closed a few weeks ago, now we have to go to Livingston or Columbus for medications.

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

- Lions club is working on community trail.
- More options for activity outdoors—the park is so run down and dirty, and we need somewhere for kids to go and run and for adults to go do things outside.
- Activities for middle/high school kids to do in town – there’s nothing to do for them besides drink.

Big Timber Focus Group #2

March 15, 2024

4 participants

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

- Good in some ways, not so good in others.
- People are active and go outdoors, people try to be healthy; folks live here because they like the outdoors.
- We have issues with mental health and drinking. We need facilities for folks with severe substance problems—how do we get them help or into a facility? They want and need immediate care, but we don’t have the ability to do that, we have no sober living environments, and it’s difficult to get into a detox situation or an in-patient care facility. And where do we go with individuals with mental illness who are not threat to themselves or others—where do they go?
- Mental health services have improved a lot. There are continuing help options if people have to go to Billings Clinic or somewhere else far away. There are also 2 Community Health Workers specializing in addiction/mental health, and telehealth options/infrastructure to care for mental health patients who are not threat to themselves or others. The time to see a therapist has decreased from 3-6 months to 24-48 hours with telehealth, which is great.
- We have a lot of elderly people with multiple problems, and they have to travel out of the community for specialists and specialized care. Most have family/caretaker transport (senior center will take people to doctor appointments too). Home-bound

seniors are getting food but not adequate health care. We have no respite care/caretakers. There are no licensures for home caregivers and it's all by word of mouth, which is scary for the people needing care.

- Medication, drug stores--we go to Livingston for medications.
- Big Timber has lots of volunteers and this is great. It would be nice to have a Big Brother/Sister program but for the elderly.
- InHabit has PT, OT, and hospice. There was a nurse in for a while. They do good but have limited services, especially respite care.
- Not having public transportation is a significant barrier (e.g., pharmacy—how are people getting medications when they have to go to Livingston for them?).
- There is lots of care being done by families, which stresses them out and is a big workload on them for care and transport.

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

- **Hospital/clinic**
 - The food was surprisingly good!
 - It was a decent experience.
 - There were a lot of shortages of staff, which created problems like late meds at times. We understand this happens but it's still unfortunate, especially with meds needed at certain times.
 - The doctors didn't try to do something they weren't equipped for—this was impressive. They know when to refer and transport people and are very self-aware of their limitations.
 - "I've been in some Billings hospitals lately and I'd rather be here."
 - The staff are great people, they're cheerful, kind, patient.
 - Been a PMC patient for >40 years and I like the staff now, they're very good.
 - The staff has done really well; my family has been really happy with ambulance and clinic services.
 - I've seen an uptick in services and it's bringing more people in.
 - The hospital needs to be talking more. They need to let people know what's going on and where they're struggling. People will come together in this community if they know what's needed.
- **EMS Services (ER/Ambulance)**
 - I've been to the ER a number of times recently and couldn't have been happier.
 - Very happy with ER services.
 - Some staff needs to change in ambulance service, there are some conflicts down there. You need to keep good people there and tight knit. It's a good group overall, but there are some personnel issues stirring the pot right now.

- The ambulance is always there, and they don't have to call out another ambulance like other counties do. They serve the community well.
- Funding is always an issue. The ambulance is the linchpin of emergency services here and needs to stay.
- They're not going to drop you in the ER and go, they stay until you're settled with a doctor.

- **Public/County Health Department**
 - It's just one person, and she's busy all the time.
 - I've used her for vaccines, she has come to senior center for blood pressure checks and immunizations.
 - She was swamped through Covid. But she remained present and is still there despite that.

- **Senior Services (Nursing homes, assisted living, home health, senior center, etc.)**
 - We need home health staff.
 - Concerns with hospice program—people not being accepted into hospice, and this service means a lot so it's disappointing to not be accepted.

- **Services for low-income individuals/families**
 - Food bank is here. People donate food/meal tickets at the senior center. The free pantry is really getting used. Churches also help.
 - We have great food resources but there is higher demand than they can handle. We need more food options, either expanded options at the grocery store or other options entirely.
 - Need help with patient navigation/signing up for federal benefits programs. There is some help with this but maybe not enough, and it could be advertised at the library public computers.
 - We have all the resources here, it's just connecting people to them and convincing people to use them.

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

- Housing for medical staff.
- More food resources.
- Need to figure out how to connect people to resources and convince them to use them.
- Mental health.
- Need elderly care takers, home care.
- Youth substance education/awareness.

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

- People need mental health care here in their home community. Taking them elsewhere makes them feel guilty/stigmatized.
- Need people to check on home-bound elderly people.
- Trying to get YAM into the high school and the offshoot into the grade school.
- Case management is huge—we need people to follow up with patients, have human contact to follow up with care, appointments, medications, etc.
- Walk-in clinic services on weekends, or other extended hours in evenings or mornings.
- Maybe need urgent/same day care—something between regular clinic hours and ER.
- More conversations with folks, sitting down with people to learn about what the hospital does and struggles with. Fliers and posts can only go so far.

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

- There is a huge disconnect between those who want growth and those who want stagnation. There are lots who don't want walking paths, recreation, housing, etc., which makes it hard for new people to move in.
- We haven't grown or developed in many many years. We're still really not wanting to grow or develop.
- Biggest barrier is housing. There are good jobs here, ample outdoor opportunities. People want to move but there is no room for expansion. There are plenty of houses that are owned but stay empty most of the time, or are AirBnBs.
- This is a good place to live though. People look out for and help each other, and there is lots of volunteerism.

Other notes:

Not sure if people who are newer to community know who to call about medical things, about hospice, about bringing up concerns; if there's not full-time staff people it can be hard to give feedback.

Resources: Facebook is good place to put news/info. The website sweetgrassolutions.com has a lot of info, but it's hard to get people to use the website. More in-person connections matter, actually talking to people (coffee groups, community stuff, etc.) opens communication paths and makes the hospital more present in community. Not everyone has Facebook, but it is a very useful way to advertise. Quarterly newsletter with updates could also work—need to advertise who's coming to town (some sort of mailer). I see PMC fliers everywhere and see PMC in Thursday Folder that comes to grade school parents. Maybe have someone from PMC go to senior center/Lions/women's club/etc. to present for a little bit, or some version of Billings' "Coffee with a Cop" program to communicate and connect. But go where people are already going/meeting, don't add more things for people to do.

Appendix J – Request for Comments

Written comments on this 2024 Community Health Needs Assessment Report can be submitted to Alana Goetz at Pioneer Medical Center at:

By Mail:

Administration
C/O: Alana Goetz, EA
PO Box 1228
Big Timber, MT 59011

In Person:

Administration
C/O: Alana Goetz, EA
301 West 7th Avenue
Big Timber, MT 59011



Contact the Administration Office at (406)-932-4603 or agoetz2@PMCMT.org with questions.