



2021

COMMUNITY HEALTH NEEDS ASSESSMENT

Roundup, Montana

*Assessment conducted by **Roundup Memorial Healthcare**
in cooperation with the Montana Office of Rural Health*



Office of Rural Health
Area Health
Education Center

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INTRODUCTION

Introduction

Roundup Memorial Healthcare is a 25-bed Critical Access Hospital (CAH) and rural health clinic based in Roundup, Montana. Roundup Memorial Healthcare serves Musselshell County of almost 1,800 square miles and provides medical services to the Musselshell County population of just over 4,582 people. Neighboring counties that do not have medical services also contribute to the RMH service area.



Musselshell County is designated by the US Department of Health and Human Services (HHS) as a health professional shortage area due to its geographic and low-income population and is considered a rural county. For further demographic, socioeconomic, and other related county and state data, please see Appendix C to review the Secondary Data Analysis.



**ROUNDUP MEMORIAL
HEALTHCARE**

Mission: To deliver safe, patient-centered care with the kindness we would want for ourselves and our family.

Vision: To offer quality care and programs that meet community needs, exceed patients' expectations and are provided in a caring, convenient, cost-effective and accessible manner.

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

Between March and April 2021, RMH's service area was surveyed about its healthcare system. This report shows the results of the survey in both narrative and chart formats. A copy of the survey instrument is included at the end of this report (Appendix E). Readers are invited to familiarize themselves with the survey instrument and the subsequent findings. The narrative report touches on the highlights while the charts present data for virtually every question asked. Please note we are able to compare some of the 2021 survey data with data from previous surveys conducted in partnership with the Montana Office of Rural Health in 2014 and 2018. 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 Roundup Memorial Healthcare 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 February of 2021. For a list of all steering committee members and their affiliations, see Appendix A. The Steering Committee met twice during the CHSD process; first to discuss health concerns in the community and offer their perspective in designing the survey instrument, and again to review results of the CHNA and to assist in the prioritization of health needs.



Survey Methodology

Survey Instrument

In March 2021, surveys were mailed out to the residents in Musselshell County, Montana. Survey respondents had the ability to complete the survey mailed to them, or via an online survey hosted at Montana State University's HELPS Lab web portal. The survey was based on a design that has been used extensively in the states of Washington, Wyoming, Alaska, Montana, and Idaho. The survey was designed to provide each facility with information from local residents regarding:

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

Sampling

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

Zip Code	Population	Community Name	Total Distribution	# Male	# Female
59072	1790	Roundup	724	362	362
59054	128	Melstone	22	11	11
59087	198	Winnett	16	8	8
59046	180	Lavina	28	14	14
59059	44	Musselshell	10	5	5
Total	2340		800	400	400

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

Information Gaps- Data

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

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

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



Limitations in Survey & Key Informant Methodology

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

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

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

Survey Implementation

In March 2021, a survey, cover letter on Roundup Memorial Healthcare 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 Roundup Memorial Healthcare would be conducting a community health services survey throughout the region in cooperation with the Montana Office of Rural Health.

One hundred forty-one surveys were returned out of 800. Of those 800 surveys, 112 surveys were returned undeliverable for a 20.5% response rate. From this point on, the total number of surveys will be out of 688. Based upon the sample size, we can be 95% confident that the responses to the survey questions are representative of the service area population, plus or minus 8.0%.

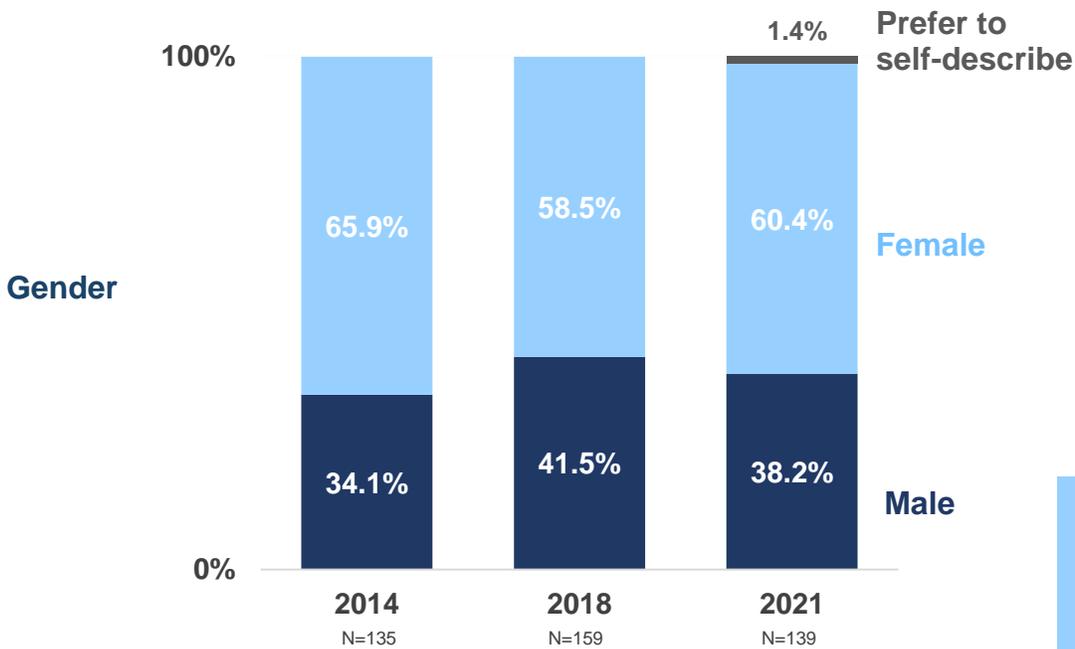
Survey Respondent Demographics

A total of 688 surveys were distributed amongst Roundup Memorial Healthcare’s service area. One-hundred forty-one were completed for a 20.5% response rate. The following tables indicate the demographic characteristics of the survey respondents. Information on location, gender, age, and employment is included. Percentages indicated on the tables and graphs are based upon the total number of responses for each individual question, as some respondents did not answer all questions.

Place of Residence	2014 % (n)	2018 % (n)	2021 % (n)	SIGNIFICANT CHANGE
Number of respondents	132	162	139	
59072 Roundup	86.4% (114)	90.1% (146)	89.9% (125)	<input type="checkbox"/>
59046 Lavina	3.8% (5)	2.5% (4)	3.6% (5)	<input type="checkbox"/>

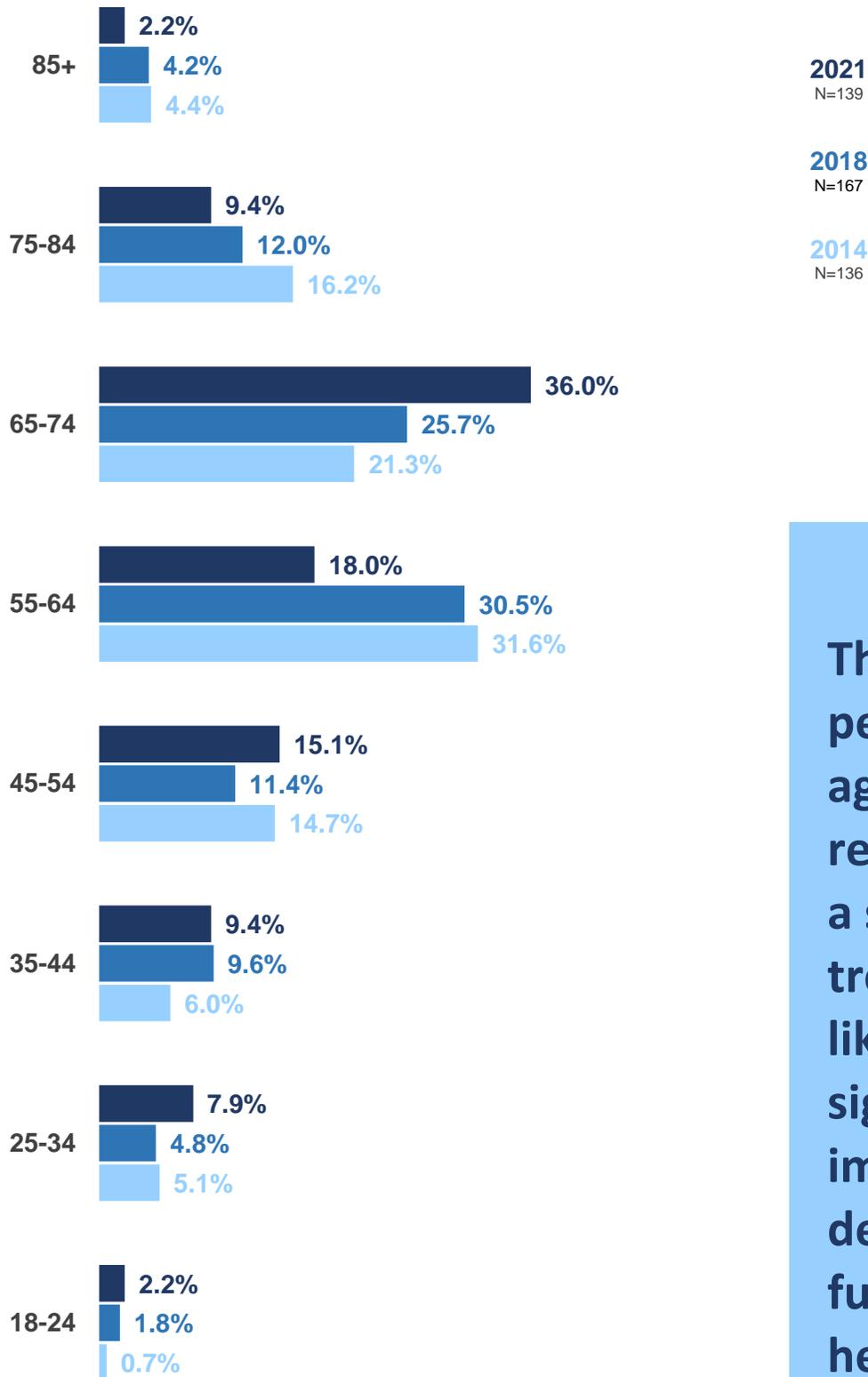
59059 Musselshell	2.3% (3)	1.9% (3)	3.6% (5)	<input type="checkbox"/>
59054 Melstone	3.8% (5)	3.1% (5)	1.4% (2)	<input type="checkbox"/>
59087 Winnett	2.3% (3)	1.9% (3)	0.7% (1)	<input type="checkbox"/>
59074 Ryegate	0.8% (1)	0.0% (0)	0.0% (0)	<input type="checkbox"/>
Other	0.8% (1)	0.6% (1)	0.7% (1)	<input type="checkbox"/>
TOTAL	100.0% (132)	100.0% (162)	100.0% (139)	

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.



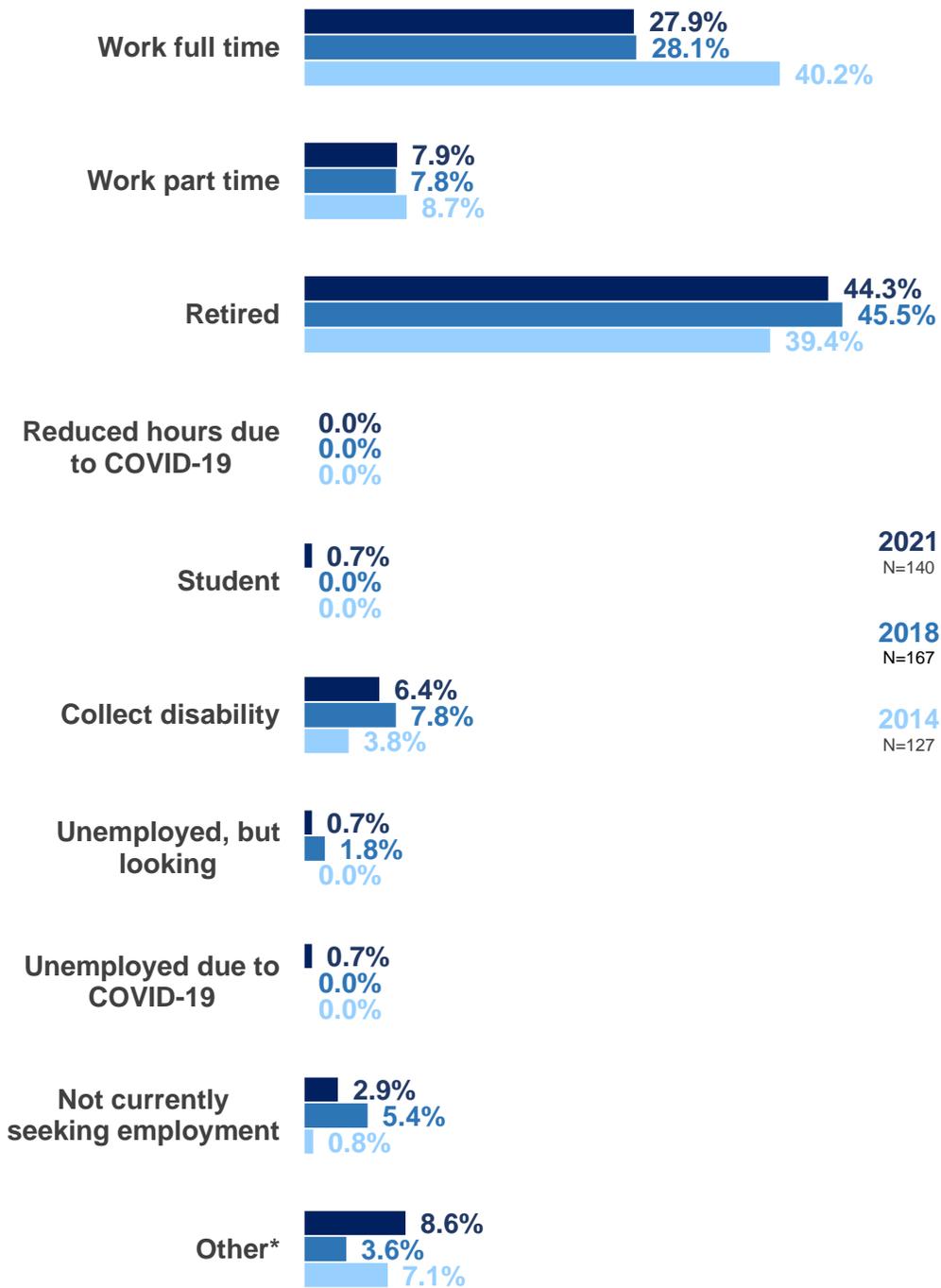
Women are frequently the healthcare decision makers for their families and more likely to respond to a health-related survey.

Age of respondents for all three years of the survey



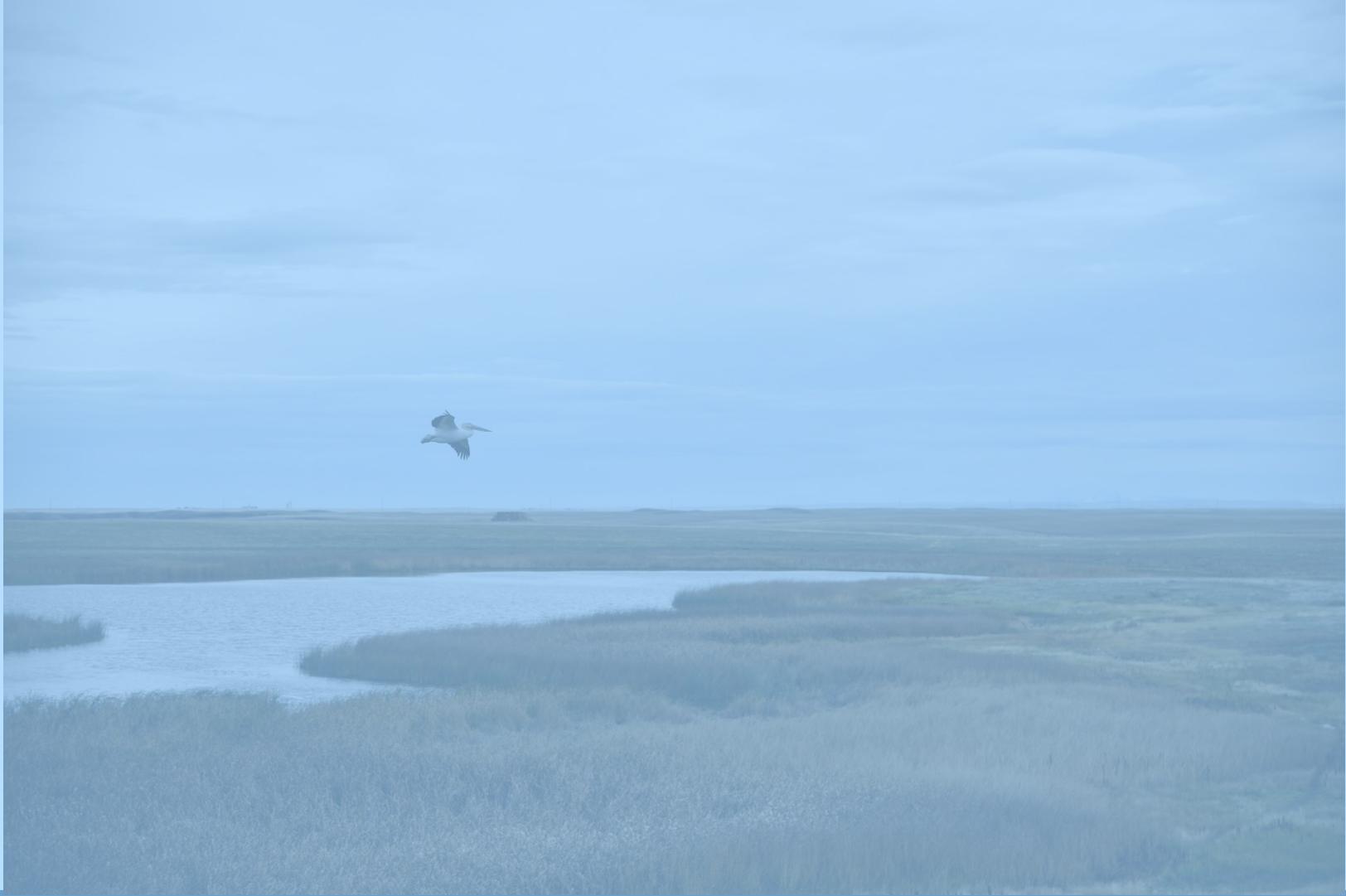
The increasing percentage of aging rural residents is a statewide trend and will likely have a significant impact on demand for future healthcare services.

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



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

“Other” comments included: “Homemaker, self-employed,” “Self-employed full time,” and “Seasonal.”



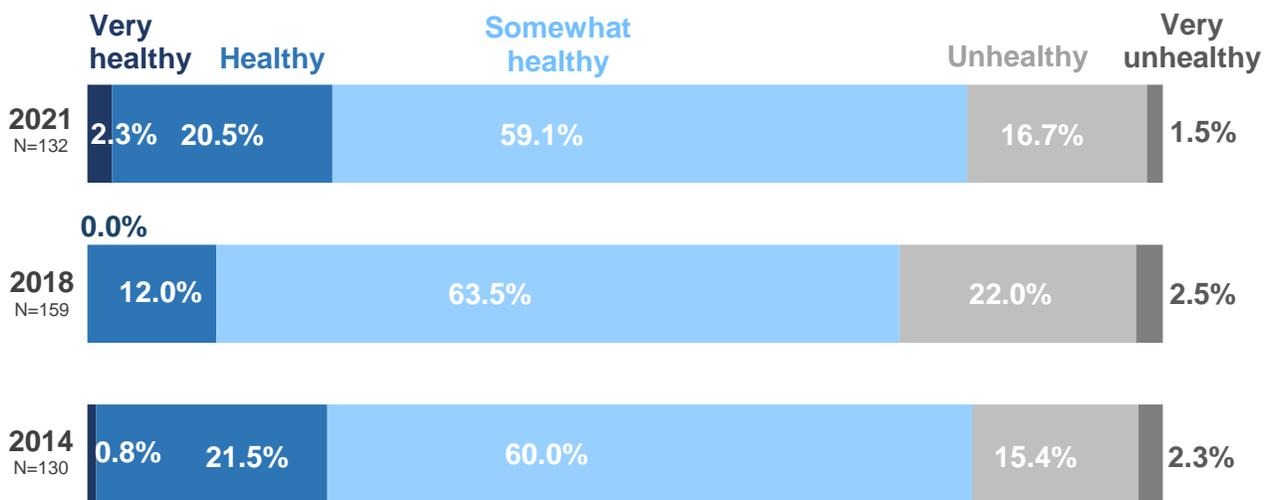
SURVEY RESULTS

Survey Results

Rating of Healthy Community (Question 1)

Respondents were asked to indicate how they would rate the general health of their community. Fifty-nine percent of respondents (n=78) rated their community as “Somewhat healthy,” and 20.5% of respondents (n=27) felt their community was “Healthy.” Seventeen percent (n=22) of respondents indicated they felt their community was “Unhealthy.”

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



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

Health Concerns for Community (Question 2)

Respondents were asked what they felt the three most serious health concerns were in their community. The top identified health concern was “Alcohol/substance abuse” at 63.6% (n=89). “Mental health (depression, anxiety, PTSD, etc.)” was also a high priority at 27.1% (n=38), followed closely by “Overweight/obesity” at 25.0% (n=35).

“Other” comments included: Poor water, Old age, and Unhealthy diet.

(View all comments in Appendix G)

Health Concern	2014 % (n)	2018 % (n)	2021 % (n)	SIGNIFICANT CHANGE
Number of respondents	139	169	140	
Alcohol/substance abuse	67.6% (94)	71.0% (120)	63.6% (89)	<input type="checkbox"/>
Mental health (depression, anxiety, PTSD, etc.)	20.1% (28)	26.6% (45)	27.1% (38)	<input type="checkbox"/>
Overweight/obesity	33.8% (47)	34.9% (59)	25.0% (35)	<input type="checkbox"/>
Cancer	26.6% (37)	24.9% (42)	23.6% (33)	<input type="checkbox"/>
Tobacco use (cigarettes/cigars, vaping, smokeless)	10.1% (14)	22.5% (38)	18.6% (26)	<input checked="" type="checkbox"/>
Lack of access to healthcare	12.9% (18)	10.1% (17)	12.1% (17)	<input type="checkbox"/>
Work/economic stress			12.1% (17)	<input type="checkbox"/>
Child abuse/neglect	5.8% (8)	8.3% (14)	10.0% (14)	<input type="checkbox"/>
Diabetes	12.9% (18)	13.6% (23)	10.0% (14)	<input type="checkbox"/>
Heart disease	16.5% (23)	10.7% (18)	10.0% (14)	<input type="checkbox"/>
Social isolation/loneliness			10.0% (14)	<input type="checkbox"/>
Lack of exercise	12.9% (18)	16.0% (27)	7.1% (10)	<input type="checkbox"/>
High blood pressure		14.2% (24)	6.4% (9)	<input checked="" type="checkbox"/>
Lack of dental care	5.0% (7)	4.7% (8)	5.7% (8)	<input type="checkbox"/>
Trauma/Adverse Childhood Experiences (ACES)			5.7% (8)	<input type="checkbox"/>
COPD/Asthma/respiratory disorders		14.2% (24)	4.3% (6)	<input checked="" type="checkbox"/>
Hunger			2.9% (4)	<input type="checkbox"/>
Alzheimer's/dementia			2.1% (3)	<input type="checkbox"/>
Domestic violence	5.0% (7)	1.2% (2)	2.1% (3)	<input type="checkbox"/>
Motor vehicle accidents	7.9% (11)	2.4% (4)	2.1% (3)	<input checked="" type="checkbox"/>
Suicide			2.1% (3)	<input type="checkbox"/>
Autoimmune disorders		1.8% (3)	1.4% (2)	<input type="checkbox"/>
Stroke	0.7% (1)	1.8% (3)	1.4% (2)	<input type="checkbox"/>
Recreation related accidents/injuries	2.2% (3)	0.0% (0)	0.0% (0)	<input checked="" type="checkbox"/>
Work related accidents/injuries	5.0% (7)	1.2% (2)	0.0% (0)	<input checked="" type="checkbox"/>
Other*	4.3% (6)	2.4% (4)	8.6% (12)	<input checked="" type="checkbox"/>

A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to pick their top three serious health concerns, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year. *Respondents (N=6) who selected over the allotted amount were moved to "Other."

Components of a Healthy Community (Question 3)

Respondents were asked to identify the three most important things for a healthy community. Forty-three percent of respondents (n=60) indicated that “Good jobs and a healthy economy” is important for a healthy community, followed closely by “Access to healthcare services” at 42.1% (n=59), and “Water quality” at 33.6% (n=47).

Components of a Healthy Community	2014 % (n)	2018 % (n)	2021 % (n)	SIGNIFICANT CHANGE
Number of respondents	139	169	140	
Good jobs and a healthy economy	48.9% (68)	42.6% (72)	42.9% (60)	<input type="checkbox"/>
Access to healthcare services	55.4% (77)	65.7% (111)	42.1% (59)	<input checked="" type="checkbox"/>
Water quality		34.9% (59)	33.6% (47)	<input type="checkbox"/>
Strong family life	31.7% (44)	21.9% (37)	27.9% (39)	<input type="checkbox"/>
Healthy behaviors and lifestyles	36.7% (51)	27.8% (47)	26.4% (37)	<input type="checkbox"/>
Affordable housing	11.5% (16)	16.0% (27)	20.0% (28)	<input type="checkbox"/>
Low crime/safe neighborhoods	17.3% (24)	16.6% (28)	17.1% (24)	<input type="checkbox"/>
Good schools	25.2% (35)	16.6% (28)	16.4% (23)	<input type="checkbox"/>
Religious or spiritual values	17.3% (24)	16.6% (28)	16.4% (23)	<input type="checkbox"/>
Access to healthy foods			10.0% (14)	<input type="checkbox"/>
Community involvement	10.8% (15)	10.1% (17)	8.6% (12)	<input type="checkbox"/>
Access to childcare/after school programs			7.9% (11)	<input type="checkbox"/>
Clean environment	16.5% (23)	11.8% (20)	7.1% (10)	<input type="checkbox"/>
Tolerance for diversity	2.2% (3)	2.4% (4)	5.7% (8)	<input type="checkbox"/>
Transportation services		1.2% (2)	3.6% (5)	<input type="checkbox"/>
Parks and recreation	10.1% (14)	4.1% (7)	2.9% (4)	<input checked="" type="checkbox"/>
Low level of domestic violence	3.6% (5)	1.2% (2)	1.4% (2)	<input type="checkbox"/>
Arts and cultural events	0.7% (1)	0.6% (1)	0.0% (0)	<input type="checkbox"/>
Low death and disease rates	2.2% (3)	3.0% (5)	0.0% (0)	<input type="checkbox"/>
Other*	2.2% (3)	2.4% (4)	3.6% (5)	<input type="checkbox"/>

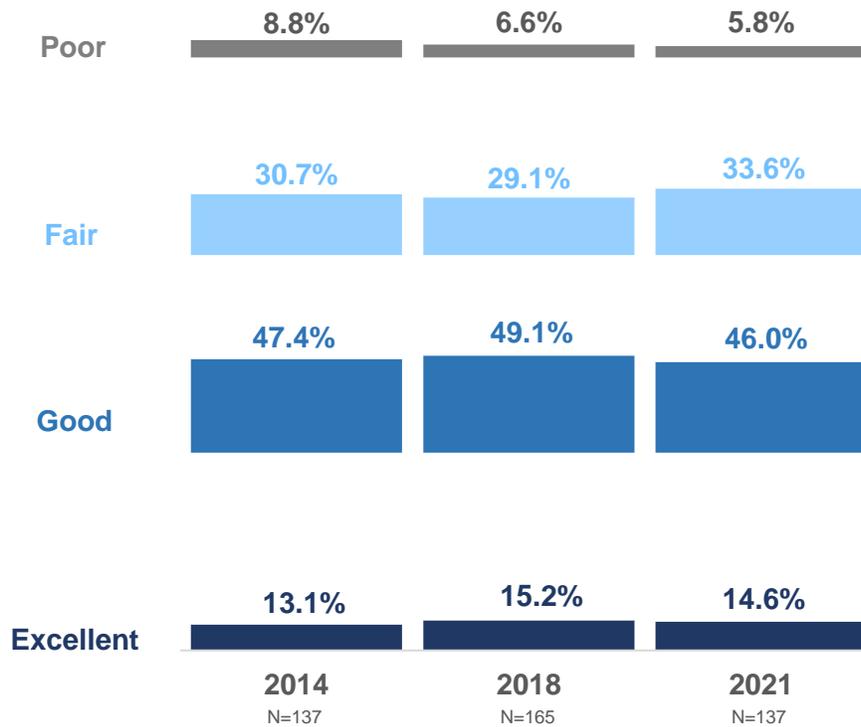
A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to pick their top three components of a healthy community, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year. *Respondents (N=1) who selected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

“Other” comments included: “Better justice system” and “God in your life. Not the same as going to church on Sunday or Religious or spiritual values.”

Knowledge of Health Services (Question 4)

Respondents were asked to rate their knowledge of the health services available at Roundup Memorial Healthcare. Forty-six percent (n=63) of respondents rated their knowledge of health services as “Good.” “Fair” was selected by 33.6% percent (n=46), and “Excellent” was chosen by 14.6% of respondents (n=20).

More 2021 respondents rated their knowledge of services as good or excellent compared to 2018



How Respondents Learn of Health Services (Question 5)

The most frequently indicated method of learning about available services was “Friends/family” at 63.6% (n=89). “Word of mouth/reputation” was also frequently used to learn about health services at 62.1% (n=87), followed by “Healthcare provider” at 35.7% (n=50).

How Respondents Learn About Community Health Services	2014 % (n)	2018 % (n)	2021 % (n)	SIGNIFICANT CHANGE
Number of respondents	139	169	140	
Friends/family	61.9% (86)	64.5% (109)	63.6% (89)	<input type="checkbox"/>
Word of mouth/reputation	64.7% (90)	65.7% (111)	62.1% (87)	<input type="checkbox"/>
Healthcare provider	32.4% (45)	35.5% (60)	35.7% (50)	<input type="checkbox"/>
Social media/Facebook	5.8% (8)	9.5% (16)	27.9% (39)	<input checked="" type="checkbox"/>
Newspaper	26.6% (37)	38.5% (65)	22.9% (32)	<input checked="" type="checkbox"/>
Website/internet	5.0% (7)	3.0% (5)	11.4% (16)	<input checked="" type="checkbox"/>
Radio	6.5% (9)	8.3% (14)	7.9% (11)	<input type="checkbox"/>
Mailings/newsletter	8.6% (12)	11.2% (19)	5.7% (8)	<input type="checkbox"/>
Presentations	2.2% (3)	5.3% (9)	2.1% (3)	<input type="checkbox"/>
Public Health Nurse	8.6% (12)	3.0% (5)	1.4% (2)	<input checked="" type="checkbox"/>
Other	9.4% (13)	8.9% (15)	8.6% (12)	<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: “Spouse works with RMH,” Senior Center, and Phone book

View a cross tabulation of how respondents learn with how they rate their knowledge on p. 81

Utilized Community Health Resources (Question 6)

Respondents were asked which community health resources, other than the hospital or clinic, they had used in the last three years. “Pharmacy” was the most frequently utilized community health resource cited by respondents at 65.7% (n=92). The “Dentist” was utilized by 39.3% (n=55) of respondents, followed by “Optometrist” at 33.6% (n=47).

Use of Community Health Resources	2014 % (n)	2018 % (n)	2021 % (n)	SIGNIFICANT CHANGE
Number of respondents	139	169	140	
Pharmacy	70.5% (98)	67.5% (114)	65.7% (92)	<input type="checkbox"/>
Dentist	36.7% (51)	42.0% (71)	39.3% (55)	<input type="checkbox"/>
Optometrist		25.4% (43)	33.6% (47)	<input type="checkbox"/>
Area Agency on Aging		27.8% (47)	32.9% (46)	<input type="checkbox"/>
Chiropractor	25.9% (36)	29.0% (49)	25.0% (35)	<input type="checkbox"/>
Senior center	11.5% (16)	13.0% (22)	19.3% (27)	<input type="checkbox"/>
VA	12.9% (18)	9.5% (16)	10.7% (15)	<input type="checkbox"/>
Mental health	2.9% (4)	5.3% (9)	4.3% (6)	<input type="checkbox"/>
Public Health	5.0% (7)	6.5% (11)	3.6% (5)	<input type="checkbox"/>
WIC (Women, Infant, and Children)			2.9% (4)	<input type="checkbox"/>
Hospice		2.4% (4)	2.1% (3)	<input type="checkbox"/>
In home personal assistant		1.8% (3)	2.1% (3)	<input type="checkbox"/>
Other	9.4% (13)	7.1% (12)	5.7% (8)	<input type="checkbox"/>

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

“Other” comments included: Physical therapy (2), “AA meetings/support groups,” Food bank, and “Health fair, acupuncturist”

Improve Community’s Access to Healthcare (Question 7)

Respondents were asked to indicate what they felt would improve their community’s access to healthcare. The majority of respondents (48.6%, n=68) reported that “More primary care providers (MD/DO)” would make the greatest improvement. Thirty-four percent of respondents (n=48) indicated “More information about available services” followed closely by “Health costs financial assistance” at 30.0% (n=42) would improve access.

“More primary care providers (MD/DO)” would make the greatest improvement

What Would Improve Community Access to Healthcare	2014 % (n)	2018 % (n)	2021 % (n)	SIGNIFICANT CHANGE
Number of respondents	139	169	140	
More primary care providers (MD/DO)	62.6% (87)	56.2% (95)	48.6% (68)	<input type="checkbox"/>
More information about available services			34.3% (48)	<input type="checkbox"/>
Health costs financial assistance		37.9% (64)	30.0% (42)	<input type="checkbox"/>
More Nurse Practitioners/Physical Assistants	27.3% (38)	21.9% (37)	27.9% (39)	<input type="checkbox"/>
Improved quality of care	41.7% (58)	31.4% (53)	27.1% (38)	<input checked="" type="checkbox"/>
Healthcare navigator (i.e. Assistance signing up for insurance, Medicare, or Medicaid)			26.4% (37)	<input type="checkbox"/>
More specialists	25.9% (36)	28.4% (48)	20.0% (28)	<input type="checkbox"/>
Greater health education services	18.7% (26)	20.1% (34)	17.1% (24)	<input type="checkbox"/>
Outpatient services expanded hours	23.0% (32)	20.1% (34)	15.7% (22)	<input type="checkbox"/>
Telemedicine	7.2% (10)	13.0% (22)	13.6% (19)	<input type="checkbox"/>
Transportation assistance	19.4% (27)	14.8% (25)	10.7% (15)	<input type="checkbox"/>
Interpreter services/cultural sensitivity		0.6% (1)	1.4% (2)	<input type="checkbox"/>
Other	12.9% (18)	8.9% (15)	10.0% (14)	<input type="checkbox"/>

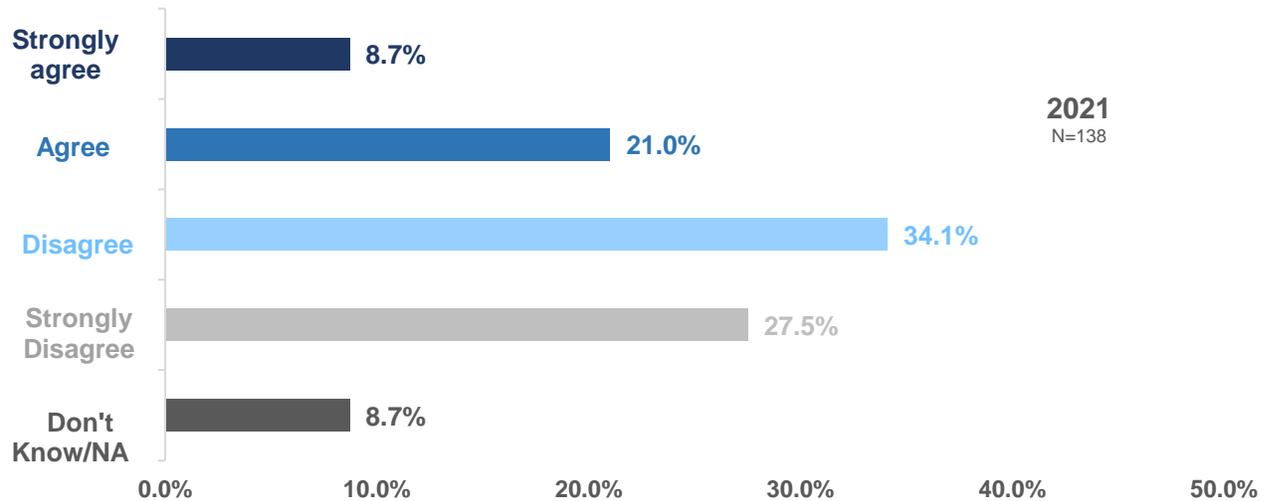
A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to select any items that would improve community access to healthcare, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year.

“Other” comments included: “More preferred insurance providers We go to Billings so our costs are less.”

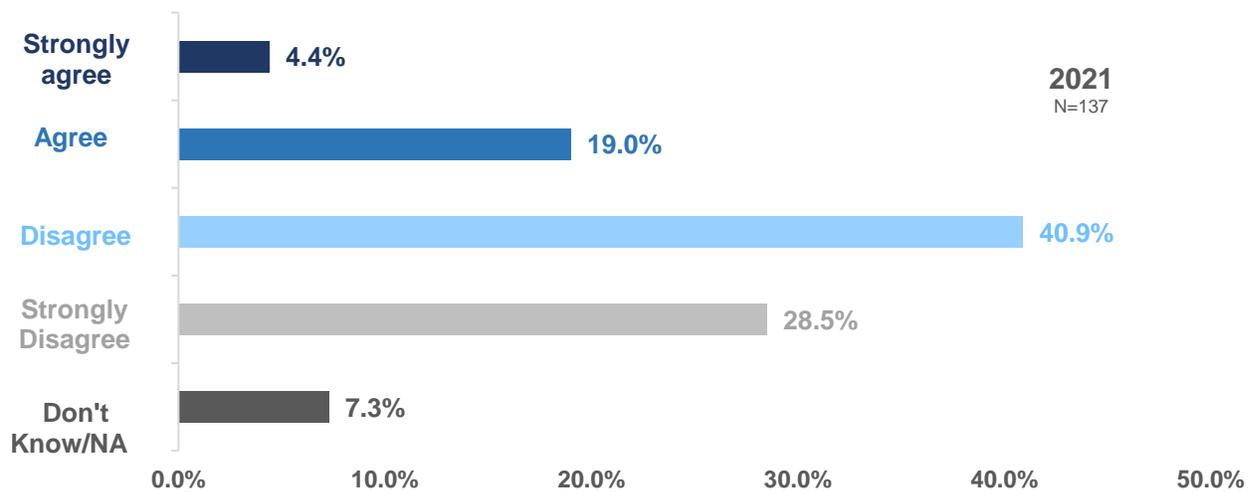
Impact of COVID-19 Pandemic (Question 8)

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

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



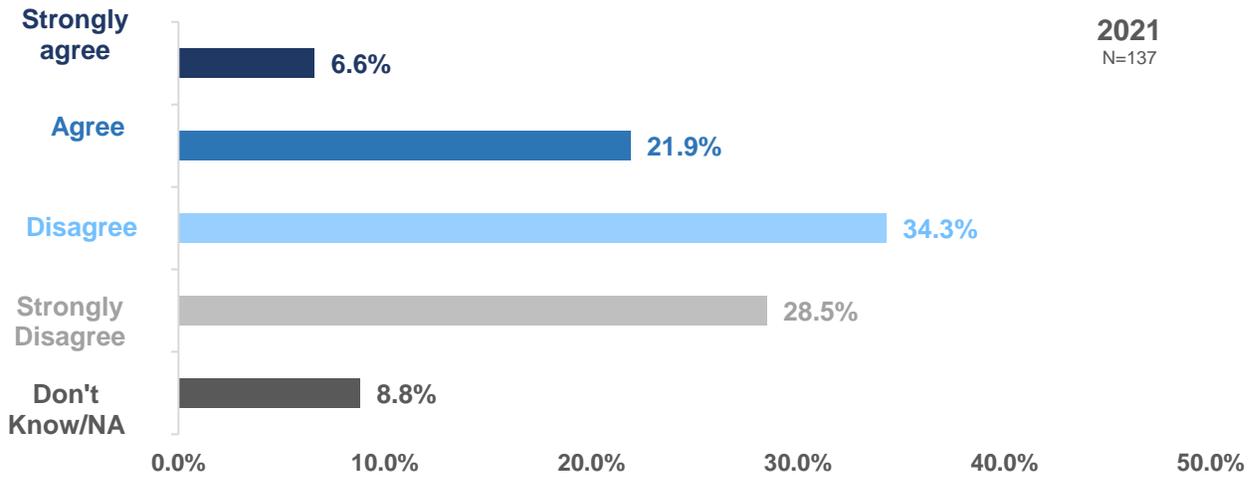
2. My household has had more difficulty than usual getting needed items, food, or services



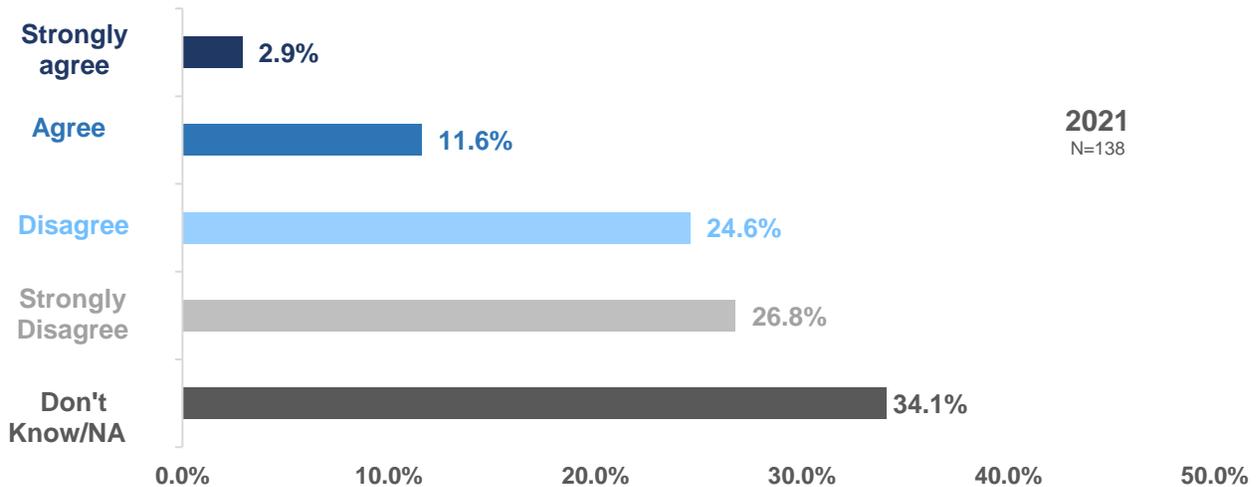
“Other” comments included:

- “The cost of dental and medical is not in most people's reach.”
- “Due to the pandemic, my mother has stayed away from going at all.”

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



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



“Other” comments included:

- “Scheduling is so far out. My son has been waiting for months for an appointment with a therapist.”
- “A psychiatrist able to prescribe medications ie: for bipolar disorder is needed for this area. Billings Clinic has almost no Dr. for a person needing monthly monitoring.”
- “I will say due to COVID it has been difficult to go to the doctor if someone is sick with a non-COVID illness.”

Interest in Educational Classes/Programs (Question 9)

Respondents were asked if they would be interested in any educational classes/programs made available to the community. The most frequently selected class/program was “Fitness” at 40.0% (n=56), which has experienced a significant increase since the 2014 community health needs assessment (CHNA). Interest in “Health and wellness” followed with 29.3% (n=41), while 28.6% of respondents (n=40) were interested in “Weight loss.”

Interest in Classes or Programs	2014 % (n)	2018 % (n)	2021 % (n)	SIGNIFICANT CHANGE
Number of respondents	139	169	140	
Fitness	25.2% (35)	38.5% (65)	40.0% (56)	■
Health and wellness	23.7% (33)	30.8% (52)	29.3% (41)	□
Weight loss	23.0% (32)	33.1% (56)	28.6% (40)	□
First aid/CPR	23.7% (33)	17.8% (30)	20.7% (29)	□
Living will	15.8% (22)	21.3% (36)	19.3% (27)	□
Mental health	5.8% (8)	11.2% (19)	19.3% (27)	■
Women's health	14.4% (20)	19.5% (33)	19.3% (27)	□
Nutrition	12.2% (17)	19.5% (33)	15.7% (22)	□
Men's health	10.1% (14)	11.2% (19)	13.6% (19)	□
Diabetes/diabetes prevention	18.0% (25)	14.2% (24)	10.7% (15)	□
Support groups	7.2% (10)	5.3% (9)	8.6% (12)	□
Alzheimer's/dementia	15.1% (21)	16.0% (27)	7.9% (11)	□
Grief counseling	3.6% (5)	5.3% (9)	7.9% (11)	□
Cancer	10.8% (15)	8.9% (15)	7.1% (10)	□
Heart disease	7.9% (11)	9.5% (16)	6.4% (9)	□
Smoking/tobacco cessation	6.5% (9)	8.3% (14)	5.0% (7)	□
Parenting	5.8% (8)	4.7% (8)	4.3% (6)	□
Alcohol/substance abuse	3.6% (5)	2.4% (4)	2.9% (4)	□
Prenatal	3.6% (5)	2.4% (4)	1.4% (2)	□
Lactation/breastfeeding support			0.7% (1)	□
Other	4.3% (6)	2.4% (4)	6.4% (9)	□

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

“Other” comments included: None (3) and “I’m too old for most”

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 “Massage therapy” at 35.0% (n=49), which is a significant increase since the 2014 CHNA. Thirty-four percent (n=47) respondents were interested in “Alternative Medicine,” while 24.3% (n=34) desire “Orthopedic services” locally.

Desired Local Healthcare Services	2014 % (n)	2018 % (n)	2021 % (n)	SIGNIFICANT CHANGE
Number of respondents	139	169	149	
Massage therapy	18.0% (25)	32.5% (55)	35.0% (49)	■
Alternative Medicine	28.8% (40)	27.8% (47)	33.6% (47)	□
Orthopedic services			24.3% (34)	□
Dermatology	18.0% (25)	20.7% (35)	21.4% (30)	□
Mental & behavioral health services/counseling	8.6% (12)	7.1% (12)	17.9% (25)	■
Mammography	14.4% (20)	9.5% (16)	17.1% (24)	□
Colonoscopy	12.9% (18)	10.7% (18)	16.4% (23)	□
Respiratory health	11.5% (16)	11.8% (20)	13.6% (19)	□
OB/GYN	7.9% (11)	8.3% (14)	11.4% (16)	□
Cancer care	5.8% (8)	4.7% (8)	10.7% (15)	□
Pediatrician	8.6% (12)	7.7% (13)	10.0% (14)	□
Diabetic clinic	12.2% (17)	8.9% (15)	8.6% (12)	□
Home health	10.1% (14)	10.1% (17)	8.6% (12)	□
Endocrinologist (diabetes)	12.2% (17)	7.1% (12)	7.1% (10)	□
Other	5.8% (8)	3.6% (6)	7.9% (11)	□

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

“Other” comments included: Rheumatology (2), Physical therapy, Spine surgeon and VA office/clinic.

Utilization of Preventative Services (Question 11)

Respondents were asked if they had utilized any of the preventative services listed in the past year. “Blood pressure check” was selected by 56.4% of respondents (n=79), followed closely by “Dental check” at 55.7% (n=78). Forty-nine percent of respondents (n=69) indicated they had a “Flu shot,” and 47.9% of respondents (n=67) had a “Health checkup.” Survey respondents could select all services that applied.

Use of Preventative Services	2014 % (n)	2018 % (n)	2021 % (n)	SIGNIFICANT CHANGE
Number of respondents	139	169	140	
Blood pressure check	54.0% (75)	45.0% (76)	56.4% (79)	<input type="checkbox"/>
Dental check			55.7% (78)	<input type="checkbox"/>
Flu shot	51.1% (71)	45.6% (77)	49.3% (69)	<input type="checkbox"/>
Health checkup	57.6% (80)	51.5% (87)	47.9% (67)	<input type="checkbox"/>
Vision check			44.3% (62)	<input type="checkbox"/>
Cholesterol check	36.0% (50)	32.0% (54)	42.1% (59)	<input type="checkbox"/>
Immunizations		18.9% (32)	31.4% (44)	<input checked="" type="checkbox"/>
Mammography	30.9% (43)	20.1% (34)	27.1% (38)	<input type="checkbox"/>
Weight/BMI check			21.4% (30)	<input type="checkbox"/>
Prostate (PSA)	16.5% (23)	12.4% (21)	16.4% (23)	<input type="checkbox"/>
Pap test	23.7% (33)	11.2% (19)	14.3% (20)	<input checked="" type="checkbox"/>
Hearing check			12.9% (18)	<input type="checkbox"/>
Children's checkup/Well baby	7.2% (10)	6.5% (11)	10.0% (14)	<input type="checkbox"/>
Colonoscopy	18.7% (26)	10.1% (17)	9.3% (13)	<input checked="" type="checkbox"/>
None	10.1% (14)	16.0% (27)	7.1% (10)	<input checked="" type="checkbox"/>
Health fair			6.4% (9)	<input type="checkbox"/>
Other	5.0% (7)	4.7% (8)	4.3% (6)	<input type="checkbox"/>

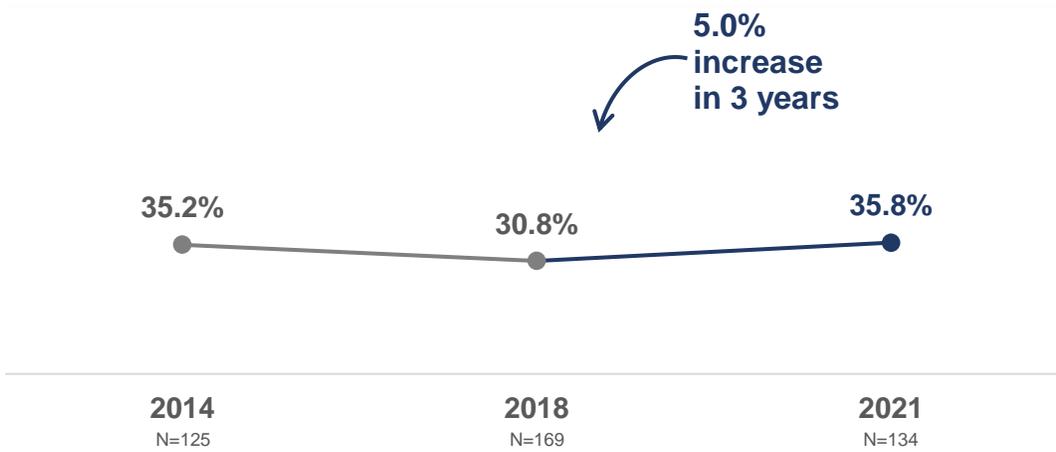
A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents could select any of the preventative services listed, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year.

“Other” comments included: Blood tests and COVID Vaccine.

Delay of Services (Question 12)

Thirty-six percent of respondents (n=48) reported that they or a member of their household thought they needed healthcare services but did not get them or had to delay getting them. Sixty-four percent of respondents (n=86) felt they were able to get the healthcare services they needed without delay.

Slightly more respondents delayed or did not receive needed services since the last assessment



View a cross tabulation of where respondents live and 'delay of healthcare services' on p. 82

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

For those who indicated they were unable to receive or had to delay services (n=48), the reason most cited was that “It cost too much” (39.6%, n=19). “COVID-19 concerns/barriers” was selected by 35.4% (n=17), while 18.8% of respondents (n=9) indicated “My insurance didn’t cover it.”

Reasons for Delay in Receiving Needed Healthcare	2014 % (n)	2018 % (n)	2021 % (n)	SIGNIFICANT CHANGE
Number of respondents	44	52	48	
It cost too much	36.4% (16)	34.6% (18)	39.6% (19)	<input type="checkbox"/>
COVID-19 concerns/barriers			35.4% (17)	<input type="checkbox"/>
My insurance didn't cover it	15.9% (7)	19.2% (10)	18.8% (9)	<input type="checkbox"/>
Too long to wait for an appointment	15.9% (7)	15.4% (8)	16.7% (8)	<input type="checkbox"/>
Could not get an appointment	15.9% (7)	13.5% (7)	12.5% (6)	<input type="checkbox"/>
No insurance	15.9% (7)	13.5% (7)	12.5% (6)	<input type="checkbox"/>
Qualified provider not available			12.5% (6)	<input type="checkbox"/>
Could not get off work	4.5% (2)	3.8% (2)	8.3% (4)	<input type="checkbox"/>
Too nervous or afraid	6.8% (3)	9.6% (5)	8.3% (4)	<input type="checkbox"/>
Not treated with respect	22.7% (10)	21.2% (11)	6.3% (3)	<input type="checkbox"/>
Office wasn't open when I could go	9.1% (4)	13.5% (7)	6.3% (3)	<input type="checkbox"/>
Don't like doctors/PAs	43.2% (19)	19.2% (10)	4.2% (2)	<input checked="" type="checkbox"/>
It was too far to go	2.3% (1)	3.8% (2)	4.2% (2)	<input type="checkbox"/>
Didn't know where to go	2.3% (1)	1.9% (1)	2.1% (1)	<input type="checkbox"/>
Had no childcare	0.0% (0)	1.9% (1)	2.1% (1)	<input type="checkbox"/>
Unsure if services were available	13.6% (6)	5.8% (3)	2.1% (1)	<input type="checkbox"/>
Don't understand healthcare system			0.0% (0)	<input type="checkbox"/>
Language barrier	0.0% (0)	0.0% (0)	0.0% (0)	<input type="checkbox"/>
Transportation problems	0.0% (0)	7.7% (4)	0.0% (0)	<input checked="" type="checkbox"/>
Other*	13.6% (6)	19.2% (10)	16.7% (8)	<input type="checkbox"/>

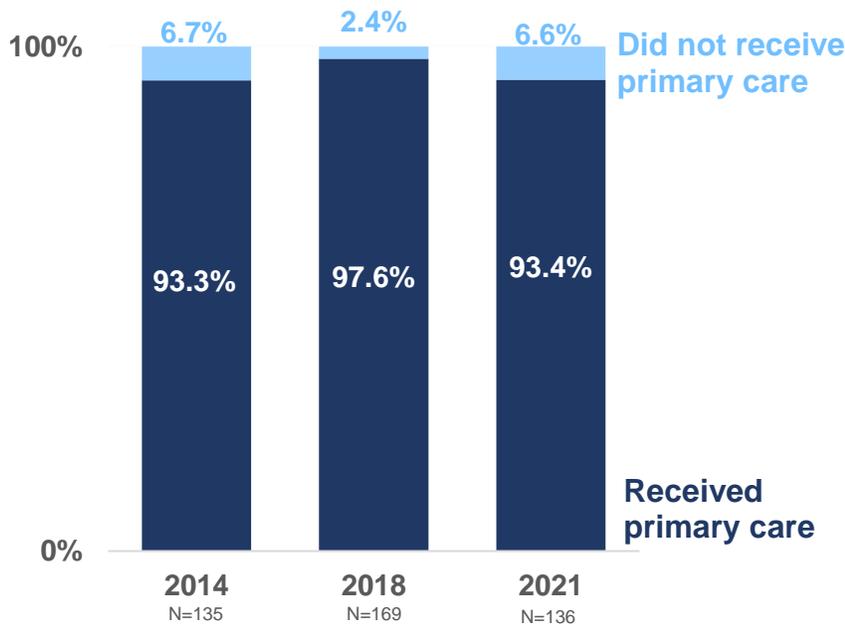
A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to indicate the top three reasons for a delay in seeking healthcare, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year. *Respondents (N=7) who selected over the allotted amount were moved to “Other.”

“Other” comments included: “Cost of taking off of work to go to specialist in Billings.”

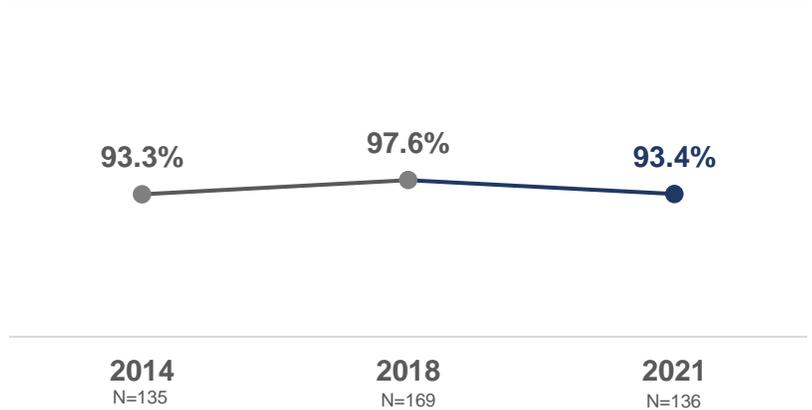
Primary Care Services (Question 14)

Ninety-three percent of respondents (n=127) indicated they or someone in their household had been seen by a primary care provider (such as a family physician, physician assistant, or nurse practitioner) for healthcare services in the past three years. Seven percent of respondents (n=9) indicated they had not received primary care.

Majority of respondents received primary care in 2021



Primary care utilization has remained consistent over the last six years



Location of Primary Care Services (Question 15)

Of the 126 respondents who indicated receiving primary care services in the previous three years, 27.8% (n=35) reported receiving care at Billings Clinic, and 23.8% of respondents (n=30) went to Roundup Memorial Healthcare. Twenty-six respondents were moved to “other” due to selecting more than one primary care provider location.

Location of Primary Care Provider	2014 % (n)	2018 % (n)	2021 % (n)	SIGNIFICANT CHANGE
Number of respondents	110	164	126	
Billings Clinic	34.5% (38)	29.9% (49)	27.8% (35)	<input type="checkbox"/>
Roundup Memorial Healthcare	31.8% (35)	36.0% (59)	23.8% (30)	<input type="checkbox"/>
Billings – St. Vincent’s	13.6% (15)	17.1% (28)	15.1% (19)	<input type="checkbox"/>
Billings (other)	4.5% (5)	11.0% (18)	4.0% (5)	<input type="checkbox"/>
VA	5.5% (6)	4.9% (8)	3.2% (4)	<input type="checkbox"/>
Billings – Riverstone Health			2.4% (3)	<input type="checkbox"/>
Lewistown	1.8% (2)	0.0% (0)	0.8% (1)	<input type="checkbox"/>
Harlowton	0.0% (0)	0.0% (0)	0.0% (0)	<input type="checkbox"/>
Indian Health Services			0.0% (0)	<input type="checkbox"/>
Frontier Roundup	7.3% (8)			<input type="checkbox"/>
Other*	0.9% (1)	1.2% (2)	23.0% (29)	<input checked="" type="checkbox"/>
TOTAL	100.0% (110)	100.0% (164)	100.0% (126)	

A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Grayed out cells indicate the question was not asked that year. *Respondents (N=26) who selected over the allotted amount were moved to “Other.”

“Other” comments included: “Yellowstone Naturopathic Clinic, Billings,” Forsyth, and Billings Flex Family Healthcare.

View a cross tabulation of where respondents live with where they utilize primary care services on p. 83

Reasons for Primary Care Provider Selection (Question 16)

Those respondents who indicated they or someone in their household had been seen by a primary care provider within the past three years were asked to indicate why they chose that primary care provider. “Prior experience with clinic” was the most frequently selected reason at 38.6% (n=49), followed by “Clinic/provider’s reputation for quality” at 36.2% (n=46), and “Closest to home” at 24.4% (n=31).

Reasons for Selecting Primary Care Provider	2014 % (n)	2018 % (n)	2021 % (n)	SIGNIFICANT CHANGE
Number of respondents	126	165	127	
Prior experience with clinic	46.8% (59)	46.1% (76)	38.6% (49)	<input type="checkbox"/>
Clinic/provider's reputation for quality	32.5% (41)	38.2% (63)	36.2% (46)	<input type="checkbox"/>
Closest to home	31.0% (39)	29.1% (48)	24.4% (31)	<input type="checkbox"/>
Appointment availability	18.3% (23)	23.6% (39)	23.6% (30)	<input type="checkbox"/>
Recommended by family or friends	24.6% (31)	20.6% (34)	14.2% (18)	<input type="checkbox"/>
Referred by physician or other provider	13.5% (17)	23.0% (38)	14.2% (18)	<input type="checkbox"/>
Cost of care	2.4% (3)	3.0% (5)	10.2% (13)	<input checked="" type="checkbox"/>
VA/Military requirement	7.9% (10)	6.7% (11)	9.4% (12)	<input type="checkbox"/>
Privacy/confidentiality			8.7% (11)	<input type="checkbox"/>
Required by insurance plan	5.6% (7)	10.9% (18)	7.9% (10)	<input type="checkbox"/>
Length of waiting room time	6.3% (8)	6.1% (10)	6.3% (8)	<input type="checkbox"/>
Indian Health Services	0.0% (0)	0.6% (1)	0.0% (0)	<input type="checkbox"/>
Other	11.1% (14)	6.7% (11)	7.9% (10)	<input type="checkbox"/>

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

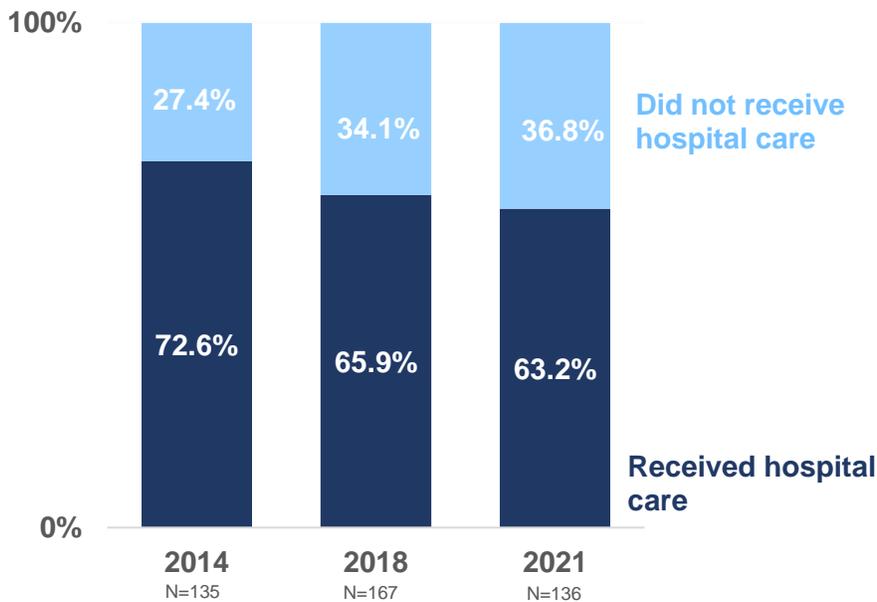
“Other” comments included: “They are preferred providers and had good reviews. Really wanted to find care in Roundup. However, we did not want to pay more out-of-pocket cost!”

View a cross tabulation of where respondents utilize primary care services with their reasons for selecting their provider on p. 84

Hospital Care Services (Question 17)

Respondents were asked if they or someone in their household had received hospital care in the last three years. Hospitalization was quantified as hospitalized overnight, day surgery, obstetrical care, rehabilitation, radiology, or emergency care. Sixty-three percent of respondents (n=86) reported that they or a member of their family had received hospital care during the previous three years, and 36.8% (n=50) had not received hospital services.

Hospital utilization has declined since 2015



The majority of respondents report utilization of hospital services



Location of Hospital Services (Question 18)

Of the 86 respondents who indicated receiving hospital care in the last three years, 51.2% (n=44) reported receiving care at Billings Clinic. Twenty-three percent of respondents (n=20) received services at “Billings – St. Vincent’s,” and 12.8% of respondents (n=11, each) reported utilizing services at “Roundup Memorial Healthcare” or at an “other” location not listed.

Hospital Used Most Often	2014 % (n)	2018 % (n)	2021 % (n)	SIGNIFICANT CHANGE
Number of respondents	88	110	86	
Billings Clinic	52.3% (46)	44.5% (49)	51.2% (44)	<input type="checkbox"/>
Billings – St. Vincent’s	18.2% (16)	22.7% (25)	23.3% (20)	<input type="checkbox"/>
Roundup Memorial Healthcare	28.4% (25)	29.1% (32)	12.8% (11)	<input type="checkbox"/>
Harlowton	0.0% (0)	0.0% (0)	0.0% (0)	<input type="checkbox"/>
Indian Health Services			0.0% (0)	<input type="checkbox"/>
Lewistown	0.0% (0)	0.0% (0)	0.0% (0)	<input type="checkbox"/>
Other*	1.1% (1)	3.6% (4)	12.8% (11)	<input checked="" type="checkbox"/>
TOTAL	100.0% (88)	100.0% (110)	100.0% (86)	

A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Grayed out cells indicate the question was not asked that year. *Respondents (N=9) who selected over the allotted amount were moved to “Other.”

“Other” comments included: “Kaiser San Diego / Scripps Memorial San Diego” and “VA clinic Billings and military bases.”

View a cross tabulation of where respondents live with where they utilize hospital services on p. 85

Reasons for Hospital Selection (Question 19)

Of the 86 respondents who had a personal or family experience at a hospital within the past three years, the primary reason given for selecting the facility used most often was “Hospital’s reputation for quality” at 54.7% (n=47). “Prior experience with hospital” was selected by 53.5% of the respondents (n=46), and 32.6% (n=28) chose “Referred by provider.”

Reasons for Selecting Hospital	2014 % (n)	2018 % (n)	2021 % (n)	SIGNIFICANT CHANGE
Number of respondents	98	110	86	
Hospital's reputation for quality	46.9% (46)	50.0% (55)	54.7% (47)	<input type="checkbox"/>
Prior experience with hospital	58.2% (57)	53.6% (59)	53.5% (46)	<input type="checkbox"/>
Referred by provider	36.7% (36)	36.4% (40)	32.6% (28)	<input type="checkbox"/>
Emergency, no choice	32.7% (32)	26.4% (29)	31.4% (27)	<input type="checkbox"/>
Closest to home	31.6% (31)	28.2% (31)	19.8% (17)	<input type="checkbox"/>
Required by insurance plan	6.1% (6)	10.9% (12)	15.1% (13)	<input type="checkbox"/>
Recommended by family/friends	19.4% (19)	10.0% (11)	10.5% (9)	<input type="checkbox"/>
Privacy/confidentiality			9.3% (8)	<input type="checkbox"/>
VA/Military requirement	4.1% (4)	8.2% (9)	7.0% (6)	<input type="checkbox"/>
Financial assistance programs			5.8% (5)	<input type="checkbox"/>
Cost of care	8.2% (8)	3.6% (4)	3.5% (3)	<input type="checkbox"/>
Closest to work	6.1% (6)	2.7% (3)	1.2% (1)	<input type="checkbox"/>
Marketing/advertising			0.0% (0)	<input type="checkbox"/>
Other*	6.1% (6)	5.5% (6)	9.3% (8)	<input type="checkbox"/>

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

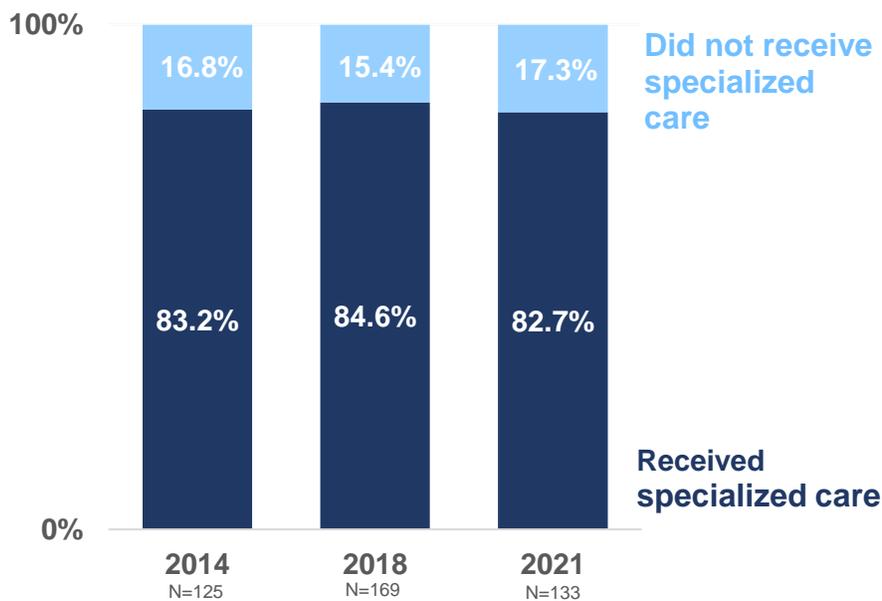
“Other” comments included: Surgery, Specialist, “Required by Workers Comp,” and “Transferred by the hospital to Billings Clinic.”

View a cross tabulation of where respondents utilize hospital services with their reasons for selecting that facility p. 86

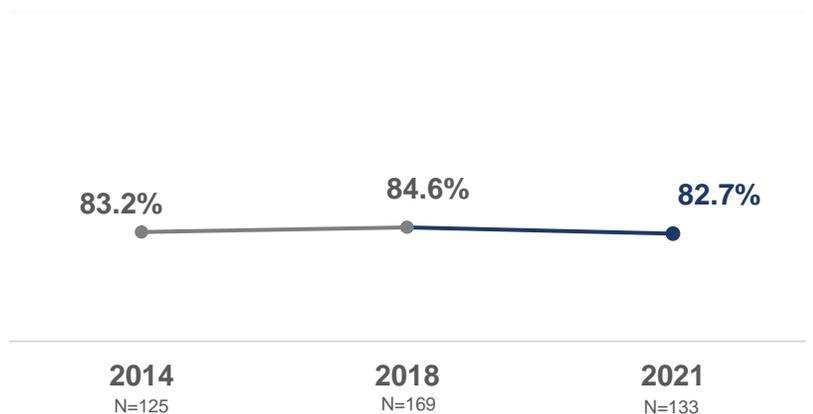
Specialty Care Services (Question 20)

Respondents were asked if they or someone in their household had seen a healthcare specialist in the last three years. Specialty care was quantified as a health provider other than their primary care provider or family doctor. Eighty-three percent of the respondents (n=110) indicated they or a household member had seen a healthcare specialist during the past three years, while 17.3% (n=23) indicated they had not.

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



Specialty care utilization has remained consistent over the last 6 years



Location of Healthcare Specialist(s) (Question 21)

Of the 110 respondents who indicated they saw a healthcare specialist in the past three years, 62.7% (n=69) sought care at Billings Clinic. Twenty-six percent of respondents (n=28) utilized specialty services at “Billings – St. Vincent’s,” while 15.5% of respondents (n=17) received specialty care at Roundup Memorial Healthcare. Respondents could select more than one location, so percentages do not equal 100%.

Location of Specialist	2014 % (n)	2018 % (n)	2021 % (n)	SIGNIFICANT CHANGE
Number of respondents	104	143	110	
Billings Clinic	69.2% (72)	58.7% (84)	62.7% (69)	<input type="checkbox"/>
Billings – St. Vincent’s	31.7% (33)	30.1% (43)	25.5% (28)	<input type="checkbox"/>
Roundup Memorial Healthcare	13.5% (14)	21.0% (30)	15.5% (17)	<input type="checkbox"/>
Billings (other)	17.3% (18)	30.1% (43)	14.5% (16)	<input checked="" type="checkbox"/>
Ortho Montana			12.7% (14)	<input type="checkbox"/>
VA	7.7% (8)	9.1% (13)	10.0% (11)	<input type="checkbox"/>
Lewistown	0.0% (0)	0.7% (1)	4.5% (5)	<input checked="" type="checkbox"/>
Harlowton	1.0% (1)	0.0% (0)	0.0% (0)	<input type="checkbox"/>
Other	13.5% (14)	7.0% (10)	10.9% (12)	<input type="checkbox"/>

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

“Other” comments included: “Kaiser San Diego, Many in the San Diego area for workers comp,” Missoula, Whitefish, and Great Falls Benefis.

Type of Healthcare Specialist Seen (Question 22)

The respondents (n=110) saw a wide array of healthcare specialists in the past three years. The most frequently utilized specialist was the “Dentist” at 30.9% (n=34), which also experienced a significant change across the last three community health needs assessments. “Orthopedics” was seen by 30.0% of respondents (n=33) followed by the “Cardiologist” at 27.3% (n=30). Respondents were asked to choose all that apply, so percentages do not equal 100%.

Type of Specialists Seen	2014 % (n)	2018 % (n)	2021 % (n)	SIGNIFICANT CHANGE
Number of respondents	104	143	110	
Dentist	45.2% (47)	49.7% (71)	30.9% (34)	■
Orthopedics	24.0% (25)	23.1% (33)	30.0% (33)	□
Cardiologist	28.8% (30)	30.8% (44)	27.3% (30)	□
Dermatologist	26.0% (27)	30.1% (43)	24.5% (27)	□
Physical therapist	18.3% (19)	20.3% (29)	20.9% (23)	□
Optometrist			19.1% (21)	□
Internal medicine		21.0% (30)	18.2% (20)	□
Gastroenterologist	17.3% (18)	15.4% (22)	15.5% (17)	□
OB/GYN	13.5% (14)	17.5% (25)	15.5% (17)	□
Chiropractor	23.1% (24)	26.6% (38)	14.5% (16)	□
Neurologist	12.5% (13)	13.3% (19)	14.5% (16)	□
Ophthalmologist	30.8% (32)	17.5% (25)	13.6% (15)	■
Oncologist	10.6% (11)	5.6% (8)	12.7% (14)	□
Urologist	17.3% (18)	14.0% (20)	12.7% (14)	□
Radiologist	21.2% (22)	19.6% (28)	10.9% (12)	□
Rheumatologist	1.9% (2)	7.0% (10)	10.9% (12)	□
Audiologist		7.0% (10)	9.1% (10)	■
Allergist	7.7% (8)	7.0% (10)	8.2% (9)	□
General surgeon	11.5% (12)	15.4% (22)	7.3% (8)	□
Endocrinologist	6.7% (7)	9.1% (13)	6.4% (7)	□
ENT (ear/nose/throat)	13.5% (14)	14.7% (21)	6.4% (7)	□

Neurosurgeon	7.7% (8)	2.8% (4)	6.4% (7)	<input type="checkbox"/>
Pediatrician	9.6% (10)	3.5% (5)	6.4% (7)	<input type="checkbox"/>
Pulmonologist	11.5% (12)	12.6% (18)	6.4% (7)	<input type="checkbox"/>
Mental health counselor	4.8% (5)	11.2% (16)	5.5% (6)	<input type="checkbox"/>
Podiatrist	10.6% (11)	11.2% (16)	4.5% (5)	<input type="checkbox"/>
Psychiatrist (M.D.)	3.8% (4)	7.0% (10)	3.6% (4)	<input type="checkbox"/>
Occupational therapist	3.8% (4)	4.9% (7)	2.7% (3)	<input type="checkbox"/>
Dietician	1.0% (1)	4.9% (7)	1.8% (2)	<input type="checkbox"/>
Geriatrician	1.9% (2)	1.4% (2)	1.8% (2)	<input type="checkbox"/>
Psychologist	4.8% (5)	3.5% (5)	1.8% (2)	<input type="checkbox"/>
Social worker	3.8% (4)	0.7% (1)	1.8% (2)	<input type="checkbox"/>
Substance abuse counselor	0.0% (0)	0.0% (0)	1.8% (2)	<input type="checkbox"/>
Speech therapist	1.0% (1)	0.7% (1)	0.0% (0)	<input type="checkbox"/>
Other	5.8% (6)	4.2% (6)	5.5% (6)	<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: Pain specialist, X-rays, Vein specialist, “Pain management. Vascular surgeon,” and Mammogram.

Overall Quality of Care in Musselshell County (Question 23)

Respondents were asked to rate various services available through Roundup Memorial Healthcare using the scale of 4= Excellent, 3= Good, 2= Fair, 1=Poor, and Haven't Used. The services that received the highest score were the Laboratory, Radiology (x-ray, ultrasound), CT Scan, and Mobile mammography (3.2 out of 4.0, each). Overall, the average rating on quality and availability of the health services listed was 3.1 out of 4.0.

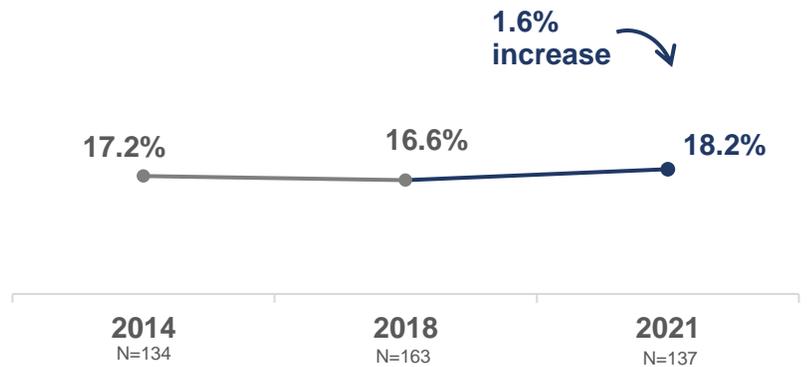
Quality of Care Rating at RMH	2014 Average (n)	2018 Average (n)	2021 Average (n)	SIGNIFICANT CHANGE
4 Point Scale: Poor = 1, Fair = 2, Good = 3, Excellent = 4				
Total number of respondents	117	149	117	
Laboratory	3.3 (75)	3.5 (105)	3.2 (84)	■
Radiology (x-ray, ultrasound)	3.2 (58)	3.3 (68)	3.2 (53)	□
CT Scan	3.1 (28)	3.2 (32)	3.2 (44)	□
Mobile mammography		3.6 (27)	3.2 (30)	□
Physical therapy	2.7 (32)	3.5 (54)	3.1 (44)	■
Podiatrist – visiting specialist	2.5 (11)	3.2 (17)	3.1 (15)	■
Emergency room	3.1 (79)	3.2 (99)	3.0 (76)	□
Hospital care (in-patient)	2.8 (37)	3.0 (44)	3.0 (32)	□
Clinic services	2.9 (89)	3.1 (98)	2.9 (77)	□
IV infusion services		2.7 (18)	2.9 (18)	□
Extended Care Unit (nursing home)	2.5 (20)	2.6 (22)	2.8 (20)	□
Visiting nurse	2.5 (12)	3.1 (14)	2.8 (16)	□
Rehabilitation (skilled/swing bed)	2.7 (12)	3.3 (16)	2.8 (14)	□
Audiologist	2.3 (11)	2.5 (8)	2.7 (9)	□
Chronic conditions management		3.4 (16)	2.4 (21)	■
Ambulance services	3.6 (67)	3.6 (68)	0.0 (0)	□
Diabetes education program	2.3 (9)	2.7 (11)		□
Orthopedic Surgeon	2.6 (13)			□
Overall average	3.0 (117)	3.3 (149)	3.1 (117)	■

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

Prevalence of Depression (Question 24)

Respondents were asked to indicate if there were periods of at least three consecutive months in the past three years where they felt depressed on most days. Eighteen percent of respondents (n=25) indicated they had experienced periods of depression, and 81.8% of respondents (n=112) indicated they had not.

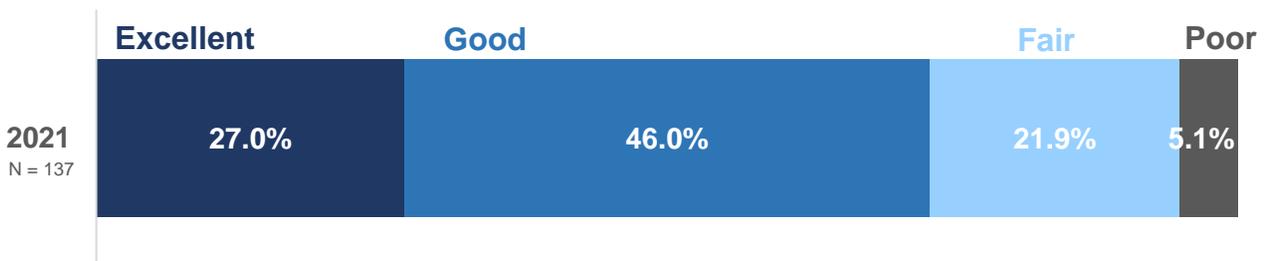
Slightly more respondents report experiencing periods of depression since the last assessment



Rating of Mental Health (Question 25)

Respondents were asked to indicate how they would describe their mental health in general when considering stress, anxiety, depression, and emotional problems. Forty-six percent of respondents (n=63) felt their mental health was “Good,” 27.0% (n=37) rated their mental health as “Excellent,” and 21.9% of respondents (n=30) felt their mental health was “Fair.”

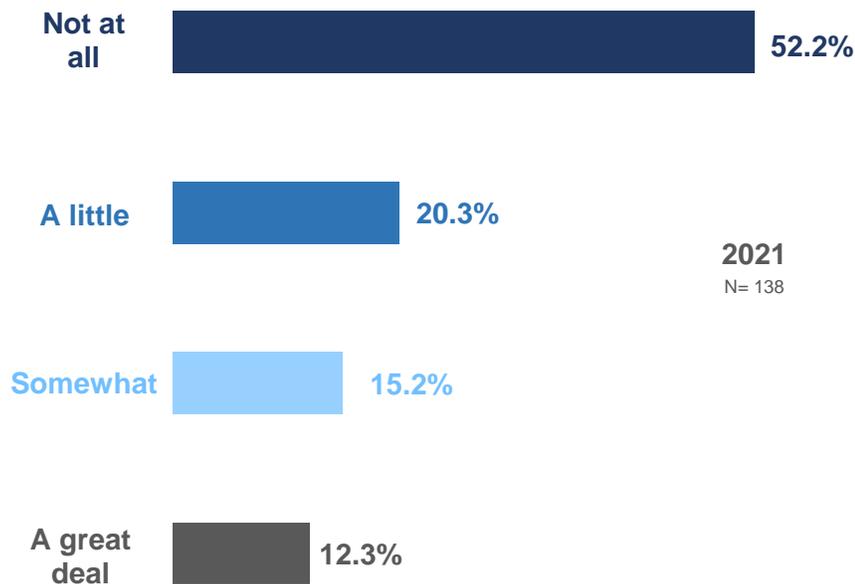
Most respondents rate their mental health as **good**.



Impact of Substance Abuse (Question 26)

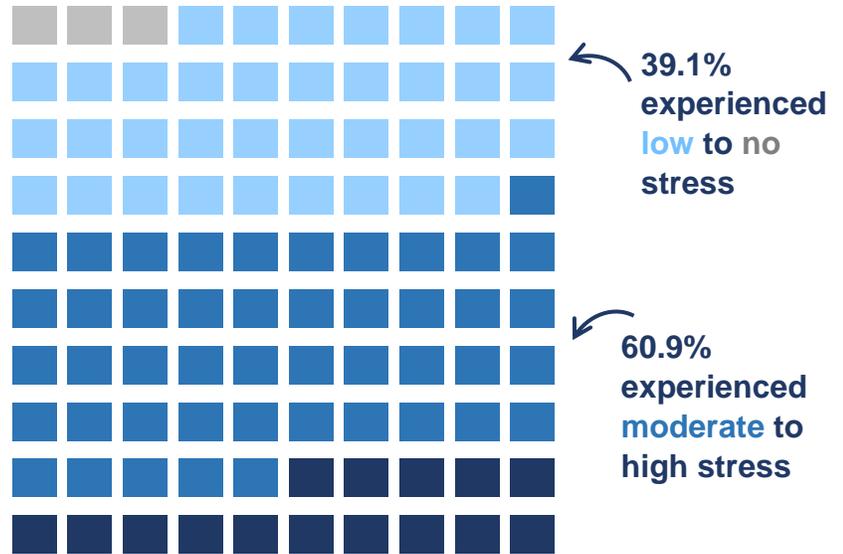
Respondents were asked to indicate to what degree their life has been negatively affected by their own or someone else’s substance abuse issues, including alcohol, prescription, or other drugs. Fifty-two percent of respondents (n=72) indicated their life was “Not at all” affected. Twenty percent (n=28) were “A little” affected, and 15.2% (n=21) indicated they were “Somewhat” negatively affected.

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



Perception of Stress (Question 27)

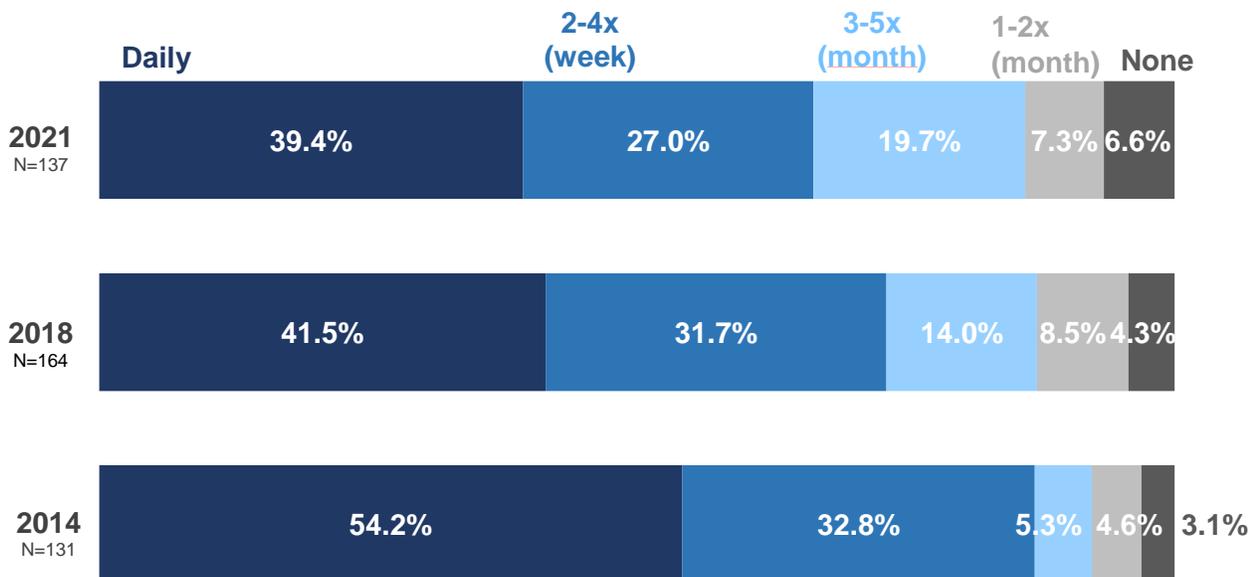
Respondents were asked to indicate how they would describe their stress level over the past year. Forty-six percent of respondents (n=63) indicated they experienced a moderate level of stress, 36.2% (n=50) had a low level of stress, and 15.2% of respondents (n=21) indicated they had experienced a high level of stress.



Physical Activity (Question 28)

Respondents were asked to indicate how frequently they had physical activity for at least twenty minutes over the past month. Thirty-nine percent of respondents (n=54) indicated they had physical activity “daily,” and 27.0% (n=37) indicated they had physical activity of at least twenty minutes “2-4 times per week.” Seven percent of respondents (n=9) indicated they had “No physical activity.”

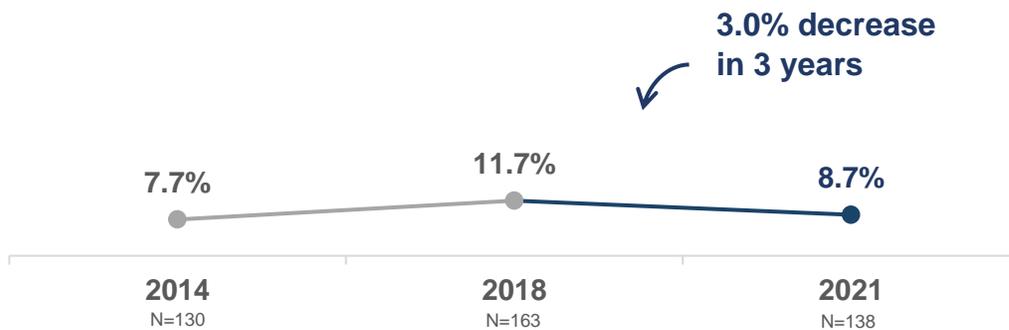
2021 respondents were less physically active than in previous years



Difficulty Getting Prescriptions (Question 29)

Respondents were asked to indicate if, during the last year, medication costs had prohibited them from getting a prescription or taking their medication regularly. Nine percent of respondents (n=12) indicated that they had difficulty getting a prescription or taking their medication regularly in the last year. Seventy-seven percent of respondents (n=106) indicated that they did not have trouble getting or taking prescriptions, while 14.5% of respondents (n=20) stated it was not a pertinent question for them.

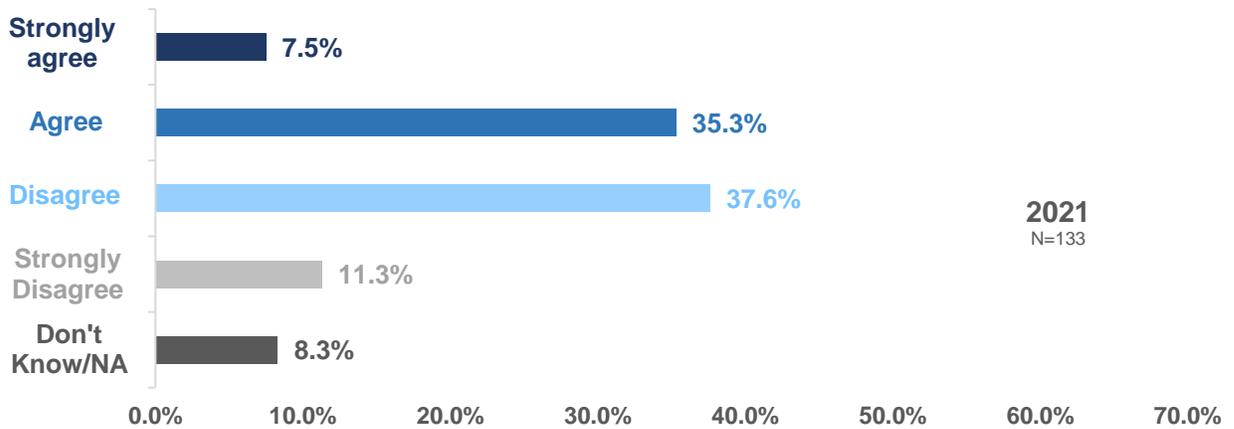
Cost as a barrier to taking medications has declined since the last assessment



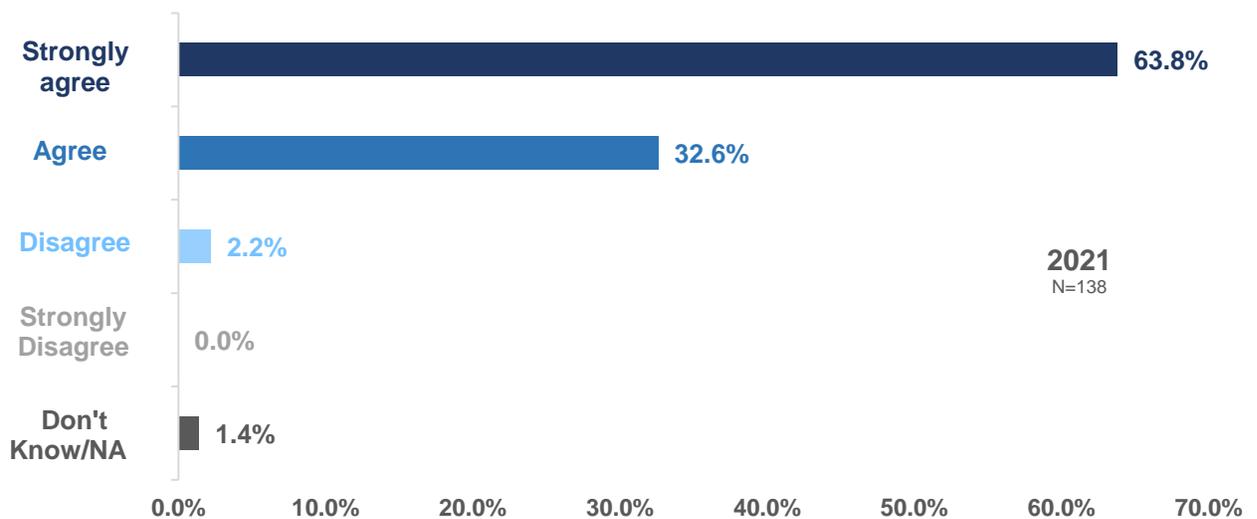
Aspects of Community (Question 30)

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

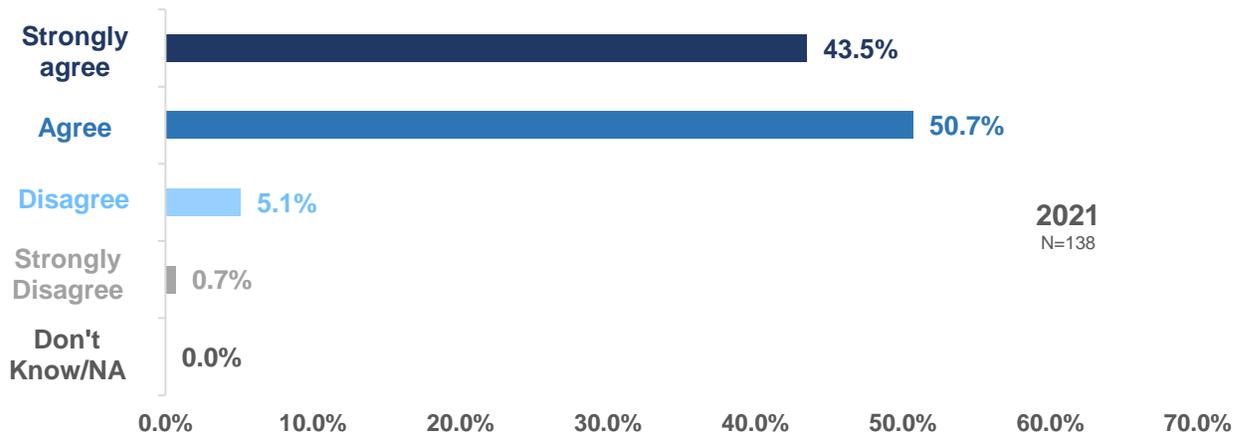
1. I can get the health care I need in Musselshell County.



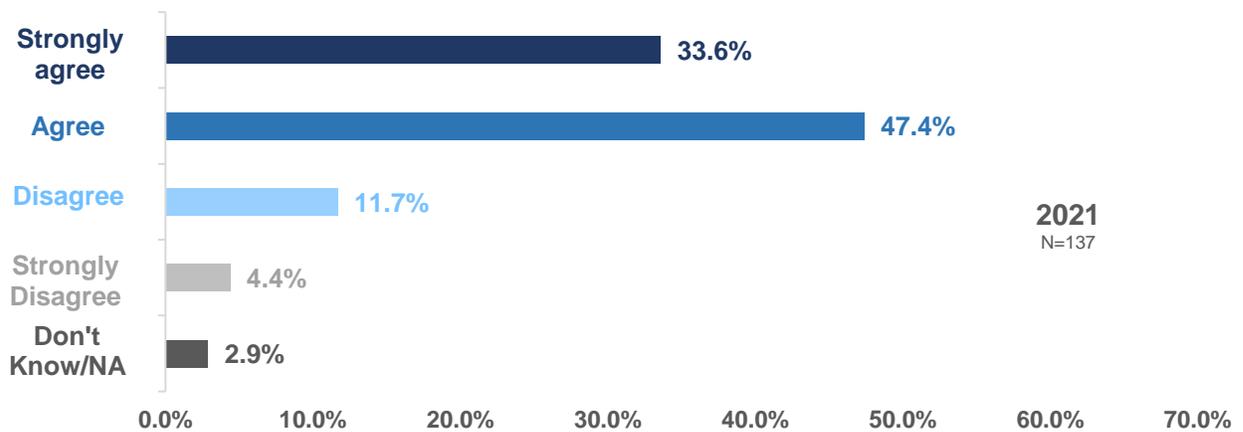
2. I feel safe in my home.



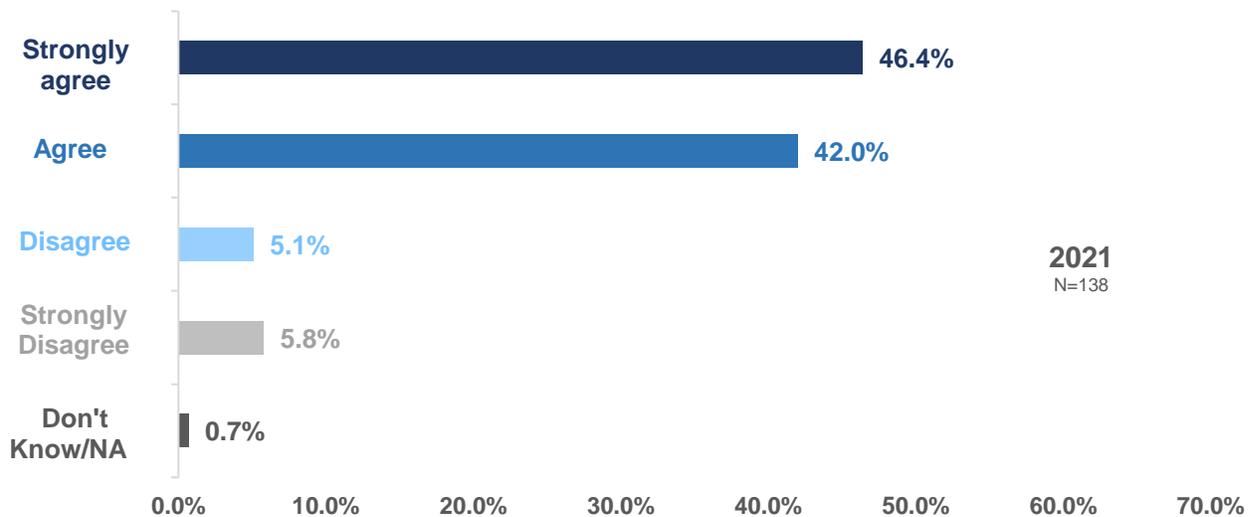
3. I feel safe in my community.



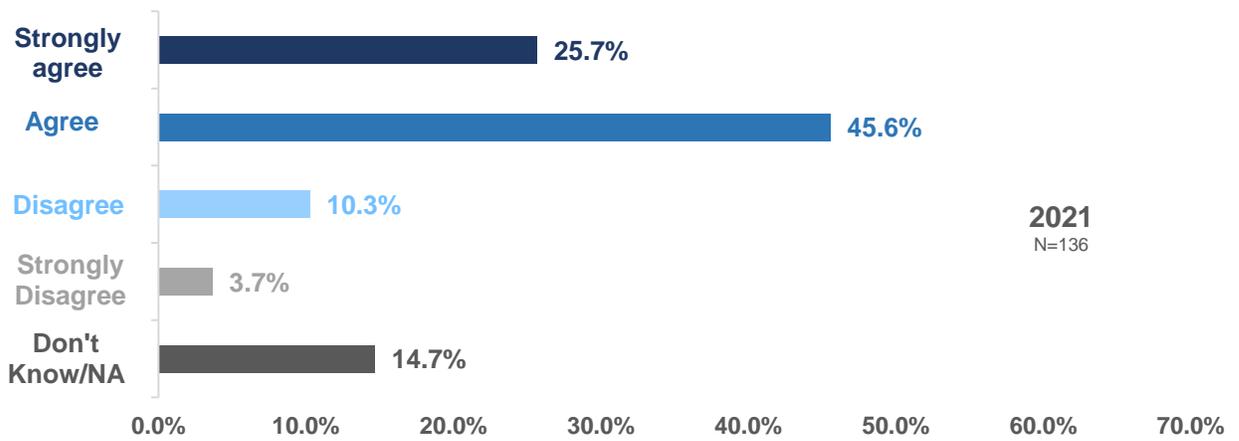
4. There are places to be physically active near my home.



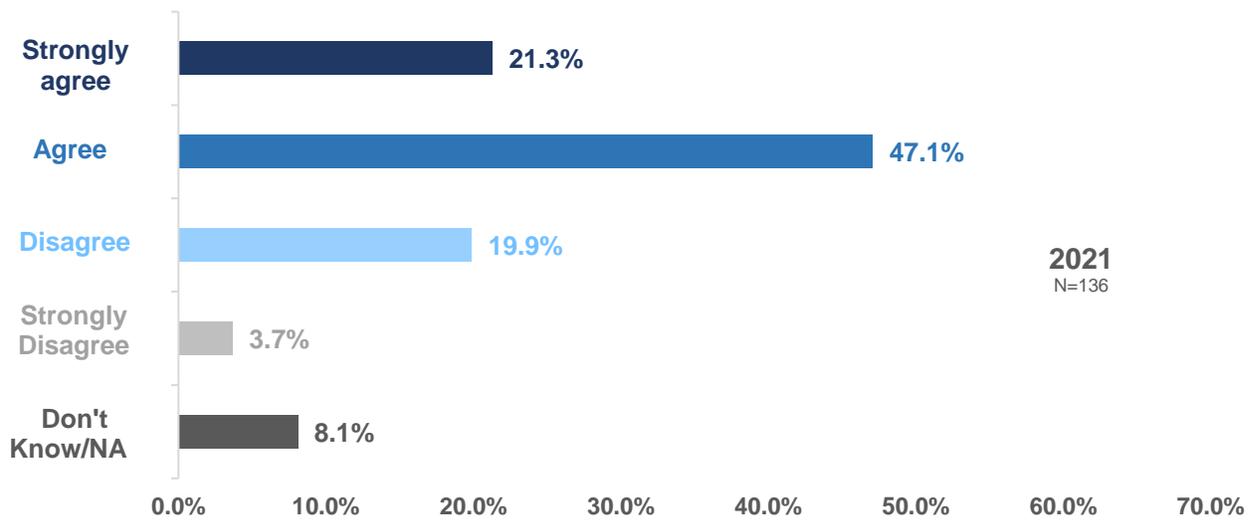
5. I have enough financial resources to meet my basic needs.



6. My community is a good place to raise children.



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



Medical Insurance Type (Question 31)

Respondents were asked to indicate what type of medical insurance covers the majority of their medical expenses. Thirty-three percent (n=46) indicated they have “Medicare” coverage. Nineteen percent (n=27) indicated they have “Employer sponsored” coverage, and 22.1% (n=31) were moved to “Other” for selecting over the allotted one medical insurance type. Employer sponsored insurance coverage experienced a significant fluctuation over the last six years of assessments.

Type of Health Insurance	2014 % (n)	2018 % (n)	2021 % (n)	SIGNIFICANT CHANGE
Number of respondents	112	162	140	
Medicare	30.4% (34)	34.6% (56)	32.9% (46)	<input type="checkbox"/>
Employer sponsored	32.1% (36)	25.9% (42)	19.3% (27)	<input checked="" type="checkbox"/>
Private insurance/private plan	9.8% (11)	9.9% (16)	5.0% (7)	<input type="checkbox"/>
Healthy MT Kids	2.7% (3)	3.7% (6)	4.3% (6)	<input type="checkbox"/>
Medicaid	2.7% (3)	5.6% (9)	4.3% (6)	<input type="checkbox"/>
VA/military	6.3% (7)	6.2% (10)	4.3% (6)	<input type="checkbox"/>
None/pay out of pocket	9.8% (11)	4.9% (8)	4.3% (6)	<input type="checkbox"/>
Health Insurance Marketplace	2.7% (3)	4.3% (7)	2.1% (3)	<input type="checkbox"/>
Health Savings Account	0.9% (1)	1.9% (3)	1.4% (2)	<input type="checkbox"/>
Indian Health	0.0% (0)	0.6% (1)	0.0% (0)	<input type="checkbox"/>
State/other	0.9% (1)	1.2% (2)		<input type="checkbox"/>
Other*	1.8% (2)	1.2% (2)	22.1% (31)	<input checked="" type="checkbox"/>
TOTAL	100.0% (112)	100.0% (162)	100.0% (140)	

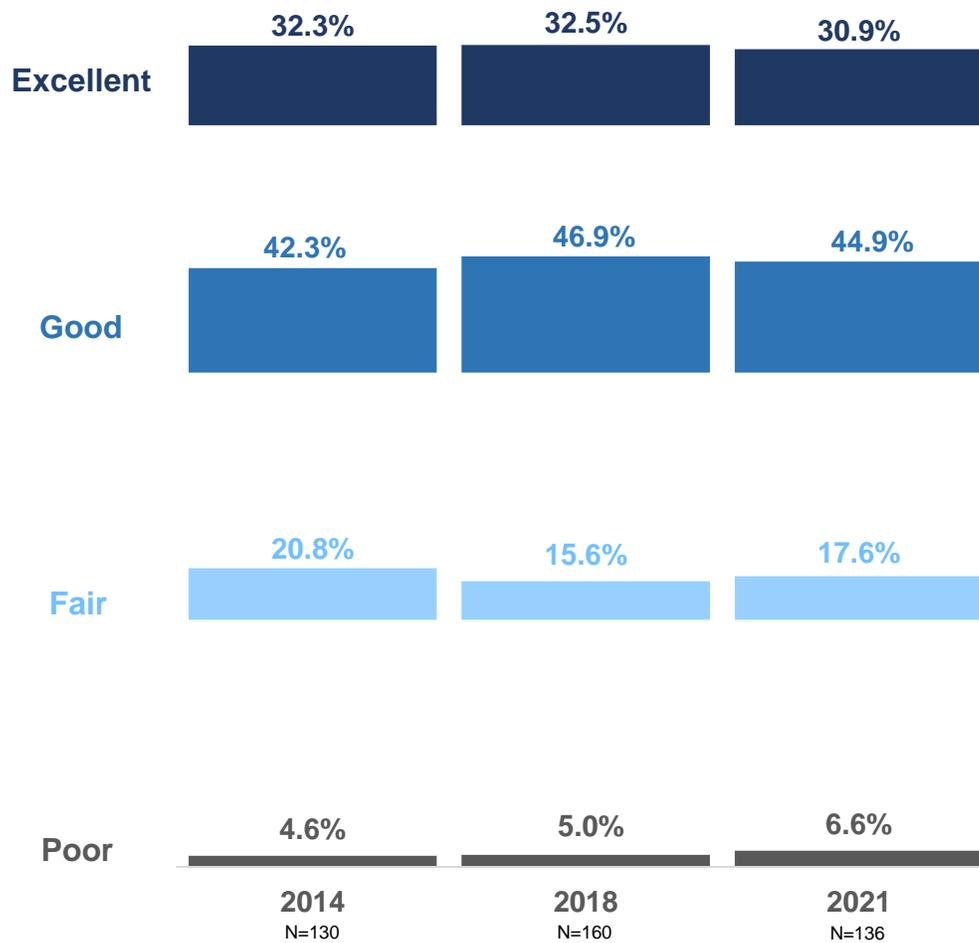
A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Grayed out cells indicate the question was not asked that year. *Respondents (N=31) who selected over the allotted amount were moved to “Other.”

“Other” comments included: Christian Healthcare Ministry (2), Tri Care Prime, and Navy reserves

Insurance and Healthcare Costs (Question 32)

Respondents were asked to indicate how well they felt their health insurance covers their healthcare costs. Forty-five percent of respondents (n=61) indicated they felt their insurance covers a “Good” amount of their healthcare costs. Thirty-one percent of respondents (n=42) indicated they felt their insurance covered an “Excellent” amount, and 17.6% of respondents (n=24) indicated they felt their insurance covered a “Fair” amount of their health costs.

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



Barriers to Having Insurance (Question 33)

For those who indicated they did not have insurance (n=6), the top reason selected for not having insurance was “Can’t afford to pay for medical insurance.” Respondents could select all that apply.

Reasons for No Health Insurance	2014 % (n)	2018 % (n)	2021 % (n)	SIGNIFICANT CHANGE
Number of respondents	11	8	6	
Can’t afford to pay for medical insurance	54.5% (6)	75.0% (6)	100.0% (6)	<input type="checkbox"/>
Employer does not offer insurance	27.3% (3)	25.0% (2)	83.3% (5)	<input checked="" type="checkbox"/>
Too confusing/don’t know how to apply			33.3% (2)	<input type="checkbox"/>
Choose not to have medical insurance	36.4% (4)	0.0% (0)	0.0% (0)	<input checked="" type="checkbox"/>
Other	0.0% (0)	12.5% (1)	16.7% (1)	<input type="checkbox"/>

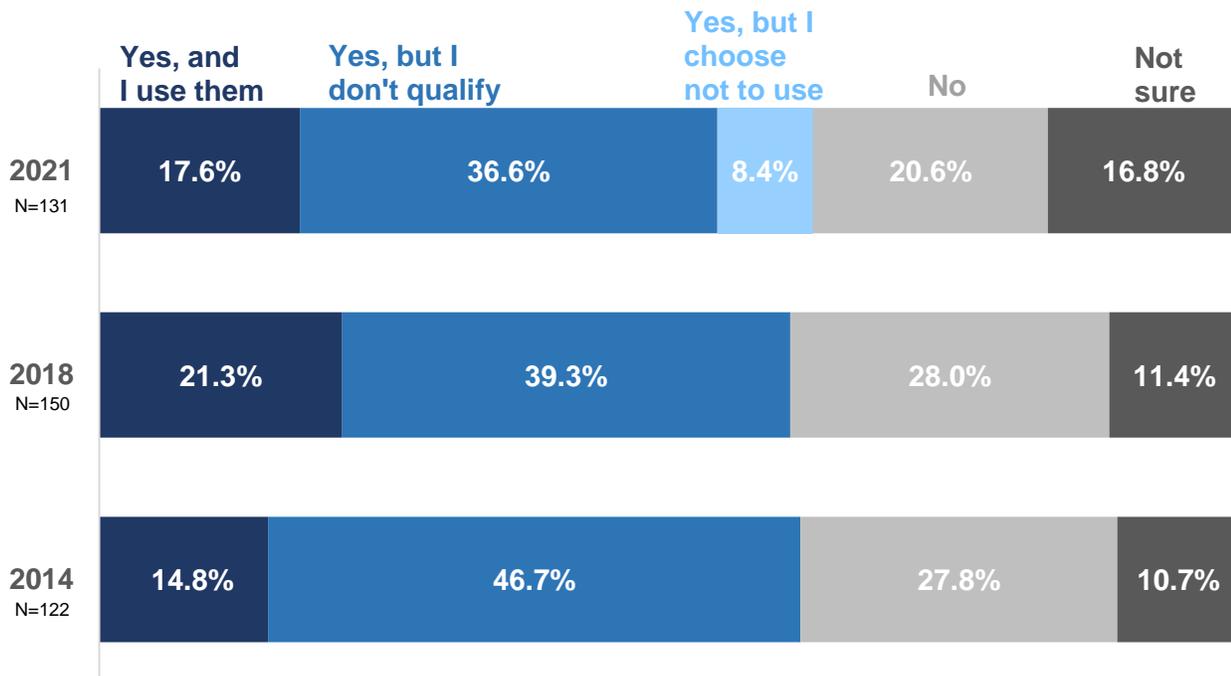
A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Grayed out cells indicate the question was not asked that year.

“Other” comments included: N/A (3) and “I have just enough to cover major medical.”

Awareness of Health Cost Assistance Programs (Question 34)

Respondents were asked to indicate their awareness of programs that help people pay for healthcare bills. Thirty-seven percent of respondents (n=48) indicated they were aware of these programs but did not qualify to utilize them, and 20.6% (n=27) indicated that they were not aware of health cost assistance programs.

Majority of 2021 respondents are aware, but don't qualify programs that help people pay for healthcare expenses





KEY INFORMANT RESULTS

Key Informant Interview Methodology

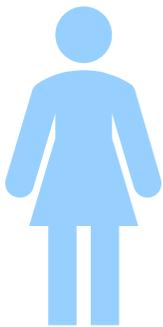
Seven key informant interviews were conducted in March 2021. Participants were identified as people living in Roundup Memorial Healthcare's service area.

Due to limitations associated with COVID-19, the seven interviews were conducted over the telephone. The meetings lasted up to 15 minutes in length and followed the same line of questioning. Interview transcripts can be found in Appendix I. Interviews were facilitated by Montana Office of Rural Health staff.



Key Informant Interview Themes

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



WOMEN'S HEALTH

A common thread of the key informant interviews pertained to women's health access, particularly childbirth and preventive care. Several community members described that when expecting mothers near the end of their pregnancy, they ought to plan to give birth in Billings, which is nearly 50 miles south of Roundup.

Another participant simultaneously expressed a desire for preventive services, such as mammograms locally. As collected from the interviews, presumably, local women travel to Billings for their preventive care.

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

WATER



Concerns regarding water quality were raised in a couple of the key informant interviews. From the interviews, community members said that many pipes have recently been replaced due to corrosion. Generally, community members believed there is some movement towards determining a new water source.

One participant described the situation by saying, "the current source has a lot of minerals in it, so a lot of residents buy water bottles." While another community member shed more light on the issue "We have very expensive water for not being able to drink it." They substantiated by stating that "the base price for water is \$92 per month." While they weren't sure whether the hang-up was with policy or funding for a new water source, they said that the problem needs to be fixed. They ended by saying that "water is essential to living."

AFFORDABLE PRODUCE & EDUCATION



It was gleaned from the interviews that many outlying towns rely on businesses in Roundup, particularly for things such as groceries. As such, several community members wanted to improve access to affordable produce in the two grocery stores. One even suggested that a community garden could be a creative solution.

In a similar vein, another participant mentioned that the community could use nutrition education and resources. They stated, "in addition to access to affordable produce, I think it would be important to show people different ways to incorporate the foods, so they aren't just thinking it has to be eaten raw."

One community member described the well-utilized Backpack Program in the local schools that provide nutritious food to children over weekends and holidays. Likewise, participants were generally thankful for a surplus food drive that occurred nearly monthly during the COVID-19 pandemic. They described it by saying that "people can just drive up, no questions asked, and get boxes of produce and nonperishable goods."

SERVICES NEEDED IN THE COMMUNITY



- Independent senior living facility
- More local nurses, providers, and physicians' associates (PA's)
- Youth activities and programs
- Women's health provider
- Pediatric care
- Cancer care and support
- More advertising and awareness of local services
- Mental and behavioral health resources
- Substance abuse services
- Preventive health education



EXECUTIVE SUMMARY

Executive Summary

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

Areas of Opportunity	Secondary Data	Survey	Interviews
Access to Healthcare Services			
Barriers to access			
<i>More primary care providers (MD/DO)</i>	⊗	✓	☑
<i>Specialty services (i.e., pediatrics and women's health)</i>	⊗	✓	☑
<i>Awareness of available services</i>		✓	☑
<i>Decline in access to care due to COVID-19</i>		✓	☑
Cost of services			
<i>Affordability, insurance, unemployment rate</i>	⊗	✓	☑
<i>Healthcare navigator (i.e., Assistance signing up for insurance, Medicare, or Medicaid)</i>		✓	☑
<i>Poverty rate</i>	⊗		☑
Senior Services			
<i>Home health</i>		✓	☑
Wellness and Prevention			
<i>Water quality</i>		✓	☑
<i>Nutrition: Access to affordable produce and education</i>		✓	☑
Physical activity			
<i>Overweight/obesity/physical inactivity</i>	⊗	✓	☑
<i>Health education- weight loss, fitness, health & wellness</i>		✓	☑
Behavioral Health			
<i>Lack of mental and behavioral health services/resources</i>	⊗	✓	☑

<i>Alcohol/substance abuse</i>	⊗	✓	☑
<i>Stress management</i>		✓	

Health Measures

<i>Rates of 2+ chronic conditions highest in MT frontier</i>	⊗	✓	☑
<i>Cancer</i>	⊗	✓	☑
<i>Risky behaviors: texting and driving, seatbelt use</i>	⊗		



NEXT STEPS & RESOURCES

Prioritization of Health Needs

The community steering committee, comprised of staff leaders from Roundup Memorial Healthcare (RMH) and community members from Musselshell 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:

- Mental and behavioral health
- Outreach and education
- Chronic disease and diabetes management/prevention

Roundup Memorial Healthcare will determine which needs or opportunities could be addressed considering RMH'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.

- 3RNet
- Al-Anon
- Alcoholics Anonymous
- Centers for Medicaid and Medicare Services (CMS)
- Montana Department of Health and Human Services (MT DPHHS)
- Area II Agency on Aging
- Senior Center
- County Public Health
- County Sheriff's Department
- Montana Office of Rural Health and Area Health Education Center
- County Extension- Montana State University
- Performance Improvement Network (PIN)
- Mountain-Pacific Quality Health
- Veteran's Affairs
- HRDC
- Food bank
- WIC
- Roundup Mental Health Center
- St. Vincent's Mobile mammography
- Visiting specialists
- General conditions management
- Chiropractor (Bull Mountain Chiropractic- Dr. Brian Bushman)
- Dentist (Elite Dental Center- Mark Rosebush, DDS)
- Optometrist (Roundup Vision Clinic- Kevin Biegel, OD)
- Fitness Center (A Healthy Life)
- Saves INC. (To help victims of domestic violence and sexual assault)
- Golden Thimble (Provides clothing to community members in need)
- Narcotics Anonymous
- Smoking cessation through CMHD
- Massage Therapy
- Public Recreation and Parks (Riverwalk)

Evaluation of Previous CHNA & Implementation Plan

Roundup Memorial Healthcare provided the Montana Office of Rural Health with an update on their Implementation Plan activities from their previous CHNA process. The RMH Board of Directors approved its previous implementation plan on July 26, 2018. The plan prioritized the following health issues:

- Access to healthcare services
- Increased awareness of services
- Health and wellness

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

Goal 1: Improve access to healthcare services in Musselshell County.

	Activities	Accomplishments	Community Impact/Outcomes
Strategy 1.1: Increase access to mental health services.	Identify and catalogue available mental health resources in the RMH service area.	Internally RMH providers utilize a list of local behavioral health (BH) resources.	Due to changing partners and funding challenges, BH resources became limited.
	Create a resource to educate providers and community on available mental health services.	Activity was not accomplished at this time, but RMH will revisit it in the future.	Leadership turnover at RMH hindered progress as well as losing BH resources in key community partners.
	Explore alternative methods to offer/provide mental health services (i.e. telehealth).	Collaborative efforts through Integrated Behavioral Health (IBH) grant with Billings Clinic to gauge readiness for services.	Pandemic delayed efforts; however, RMH intends to move forward with IBH planning.
Strategy 1.2: Increase awareness of available financial assistance options at RMH.	Explore new media outreach opportunities to inform RMH service area of available financial assistance programs.	Complete overhaul of RMH website and new marketing materials in the clinic.	Marketing campaign completed and financial assistance increased as a result.

	Continue educating RMH patients about financial assistance program at intake and discharge.	Prior efforts included a face-to-face discussion with patients if alerted by clinical staff. New materials are included in discharge documents.	Ease of use is increased; the documents are in the take-home packet and can be reviewed later.
	Work with Studer group to enhance employee retention at RMH.	Senior leadership implemented rounding to staff, conducted an engagement survey, and thank you notes to staff for recognition.	After the work with the Studer group was complete, many of the tools that proved effective have been maintained or evolved to be appropriate for our staff.
Strategy 1.3: Continue recruitment and retention efforts to ensure access to healthcare services.	Explore opportunities to expand available specialty services (on-site or via telehealth) at RMH.	Support from Billings Clinic and an onsite point of contact was identified. A targeted marketing campaign educated the community about visiting specialists.	Both telehealth and visiting specialists' appointments increased.

Goal 2: Increase awareness of services available at RMH.

	Activities	Accomplishments	Community Impact/Outcomes
Strategy 2.1: Improve and expand marketing and advertising efforts.	Explore development of monthly newsletter (including monthly topics, visiting specialists, health topics).	A monthly newsletter was created and focused on upcoming events, visiting specialists, and news of interest to staff.	Staff provided positive feedback for this communication method. It was terminated due to a software change over.
	Develop method for community members to sign up for electronic newsletter and create marketing campaign.	Determined it was too cost-prohibitive to pursue.	RMH will reconsider at another time if the feasibility of cost is reduced.
	Develop a mechanism to capture patient testimonials to share with community.	The original intent was to share testimonials on the RMH website and social media. Technical barriers were discovered with the hosted website.	Efforts to move the RMH website continue at present to allow for the autonomy of editing content. Testimonials are still a goal.

	Continue weekly CEO community radio show/chat.	Continued radio chat until CEO departure in 2019	A new format was utilized after the CEO transition, which encouraged senior leadership to join the show.
Strategy 2.2: Improve community coordination of services to enhance awareness of local resources.	Determine feasibility of forming a community health coalition to share and coordinate local resources.	Feasibility was not found to be appropriate due to the redundancy of efforts. The LAC and LEPC committees have all of the other health partners and cover trending issues.	RMH maintains appropriate representation at both committees to ensure hospital efforts are included and the partnerships grow.
	Determine potential partners and stakeholders who would participate in community health coalition (public health, senior center, police, EMS, schools, etc.).	See update of preceding activity- efforts were determined to be redundant.	RMH will revisit this strategy in the future if the other committees disband or no longer focus on community health.

Goal 3: Enhance community knowledge of available health and wellness programs/efforts in Musselshell County.

	Activities	Accomplishments	Community Impact/Outcomes
Strategy 3.1: Continue promoting health and wellness services available locally.	Host and promote RMH Annual Health Fair.	RMH has held its annual Health Fair each year, with 2020 being the only exception.	The RMH Health Fair has been a great success, with 2020 being canceled due to COVID.
	Explore additional community sponsors, booths, etc. to expand educational and service offerings.	Each health fair has been bigger than the last, with more community participation and more vendors.	Each year RMH has been able to secure more donations from local businesses and add new vendors to the next year.
	Sponsor a 5k community fun run.	Sponsored the fun run each year.	Due to COVID-19, the fun run in 2020 was the only one canceled.
	Continue offering preventative screenings, blood draws and other resources at health fair.	The health fair offered discounted screenings and blood draws every year.	Each year, our screenings and blood draws increased in utilization.

<p>Strategy 3.2: Continue to provide chronic disease and diabetic management program at RMH.</p>	Continue to educate and promote program to potential participants and community.	The diabetes education program was implemented and certified through summer 2020.	The nurse charged with running this program left RMH and was not replaced. The program has been put on hold for now.
	Obtain Diabetic Management accreditation.	This activity did not occur since our nurse running the program returned to school.	The nurse completed her schooling and left RMH for another position.
<p>Strategy 3.3: Continue to provide RMH support and leadership in local health and wellness efforts in Musselshell County.</p>	Explore opportunities to enhance community engagement in community coalitions, work groups, etc.	It was determined that opportunities to represent RMH on community boards are available.	Many of the RMH senior leadership sit on a variety of community boards.
	Continue RMH staff participation in LAC, Mental Health Council, and Local Emergency Preparedness Council.	RMH staff have maintained participation on the LAC and LEPC committees.	RMH continues to partner with the LAC and LEPC, as well as the Roundup Community Partners (RCP) and Chamber of Commerce.
<p>Strategy 3.4: Promote health and wellness in partnership with local schools.</p>	Provide RMH staff at local schools to offer sports physicals 1x/year.	RMH staff conducted sports physicals at local schools each year.	RMH staff and providers continue to provide sports physicals, at a discounted rate, to local schools.
	Support health and safety programs for local youth (ex. Texting and driving, drinking and driving, seatbelt use).	RMH maintains a partnership with the school to offer health and safety education.	Stop the Bleed courses have been provided as well as hand washing during the pandemic.



APPENDICES

Appendix A- Steering Committee

<i>Steering Committee Member</i>	<i>Organization Affiliation</i>
<i>Holly Wolff</i>	CEO – Roundup Memorial Healthcare (RMH)
<i>Terra Kellum</i>	HR/Executive Assistant – RMH
<i>Sue Woods</i>	Public Health Director, Central Montana Health District – Musselshell County
<i>Val Russell</i>	Physicians Assistant (PA) & Vice Chief of Staff – RMH
<i>Dave Ponte</i>	Owner, Roundup Record Tribune and Winnett Times
<i>Cindi Goffena</i>	Counselor, Roundup High School
<i>Scott Christie</i>	Owner, Autumn’s Inn and Pizza
<i>Marcy Brookie</i>	Director-Area 2 Agency on Aging
<i>Sandy Jones</i>	Mayor – Roundup, MT



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

Holly Wolff – CEO, Roundup Memorial Healthcare

Terra Kellum – HR/Executive Assistant, Roundup Memorial Healthcare

Sue Woods – Public Health Director, Central Montana Health District – Musselshell County

Val Russell – Physicians Assistant (PA) & Vice Chief of Staff, Roundup Memorial Healthcare

Dave Ponte – Owner, Roundup Record Tribune and Winnett Times

Cindi Goffena – Counselor, Roundup High School

Scott Christie – Owner, Autumn’s Inn and Pizza

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

Steering Committee

February 22, 2021

Key Informant Interviews

March 2021

Public and Community Health

- We have a lot of women who smoke while pregnant.
- Mental health issues are big in the county. We send a lot of people out for mental health issues.
- Most of our car accidents involve people not wearing seatbelts.
- We had a pertussis outbreak (perhaps around 2015), so I’m wondering if that is skewing our rate of vaccine preventable diseases.
- We treat a lot of people for Stroke and COPD, so I’m surprised that the stroke rate isn’t significantly higher.
- Our mental health HPSA score seems way too low. I know that since we are close to Billings Heights, we score lower, particularly for primary care, even though we have a pretty high need.
- Due to COVID-19, we had to stop all of our visiting doctors appointments for at least 6 months.

Population: Low-Income, Underinsured

- Unfortunately, we don't have an Office of Public Assistance in Musselshell County anymore. But I think we have an issue in the county with accessing things like health care and services.
- I know a lot of people aren't sure where to turn for questions about things like health insurance enrollment.

Population: Seniors

- We have a lot of patients and community members needing orthopedic care. It would be nice to gauge in the survey if this is truly a need locally and then try and bring in the specialty.

Population: Youth

- The free and reduced lunch count feels really low compared to what is actually happening. I think we have a waiver now so virtually all kids should be on the free and reduced lunch (~85% of kids in the county).
- We do a lot of weight checks for children. It is a requirement for WIC participation.

Population: Tribal/American Indian

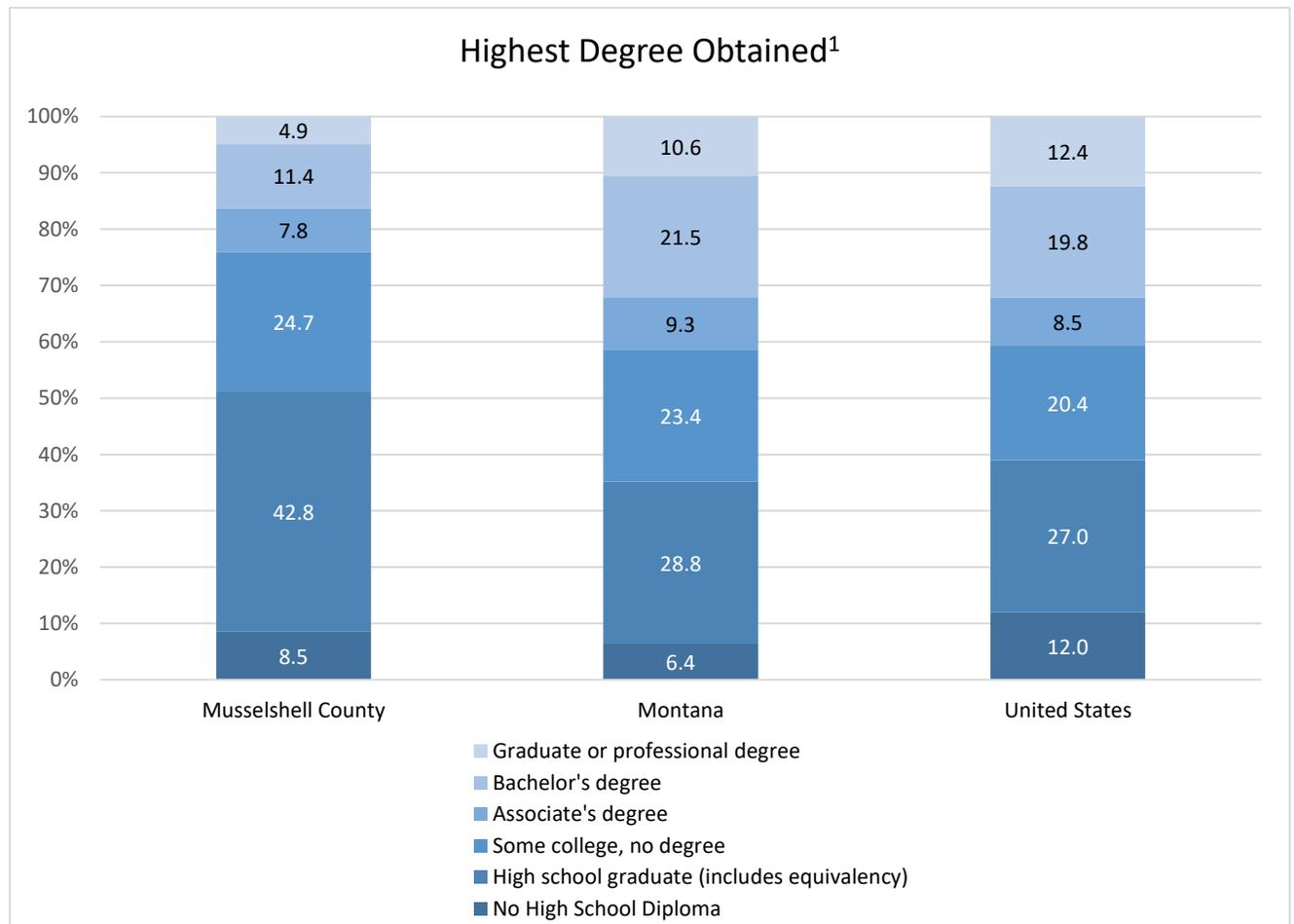
- We have some residents that have to travel for care at IHS.

Appendix C- Musselshell Co. Secondary Data

Demographic Measure (%)		County			Montana			Nation		
Population ¹		4,766			1,050,649			324,697,795		
Population Density ¹		2.5			7.1			85.5		
Veteran Status ¹		13.6%			10.4%			7.3%		
Disability Status ¹		14.1%			13.6%			12.6%		
Age ¹		<5	18-64	65+	<5	18-64	65+	<5	18-64	65+
		4.0%	54.2%	25.9%	5.8%	60.1%	18.2%	5.9%	61.7%	16.4%
Gender ¹		Male		Female	Male		Female	Male		Female
		49.9%		50.1%	50.3%		49.7%	49.2%		50.8%
Race/Ethnic Distribution ¹		White			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	\$43,274	\$54,970	\$62,843
Unemployment Rate ¹	5.3%	4.0%	5.3%
Persons Below Poverty Level ¹	12.7%	13.1%	13.4%
Uninsured Adults (Age <65) ^{3,4}	14%	12.0%	14.7%
Uninsured Children (Age <18) ^{3,4}	8%	6.0%	5.1%
Children in Poverty ¹	17.3%	15.8%	18.5%
Enrolled in Medicaid ^{5,6}	10.0%	8.6%	20.2%
Enrolled in Free/Reduced Lunch ⁷ <i>Pre-k through 12th grade</i>	291	64,148	-
SNAP Participants ⁷ <i>All ages</i>	578	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>	69.0	59.6
Total Fertility Rate ⁸ <i>Per 1,000 Women</i>	82.6	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>	29.8	32.0
Smoking during pregnancy ^{15, 20}	25.1%	16.5%
Low and very low birth weight infants (less than 2500 grams) ⁸	N/A	7.4%
Childhood Immunization Up-To-Date (UTD) % Coverage ^{§ 9}	N/A	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	18%	17%	14%
Excessive Drinking ³	18%	21%	13%
Adult Obesity ³	28%	26%	26%
Poor Mental Health Days (Past 30 days) ³	3.9	3.7	3.4
Physical Inactivity ³	28%	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>	305.0	241.3	-
Mental Disorders Hospitalization Rate ¹⁰ <i>Per 100,000 population</i>	326.0	372.5	-
Drug Use Hospitalization Rate ¹⁰ <i>Per 100,000 population</i>	18%	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*	65.4	80.1
Hepatitis C virus	73.2	93.4
Sexually Transmitted Diseases (STD) [†]	130.8	551.6
Vaccine Preventable Diseases (VPD) [§]	130.8	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

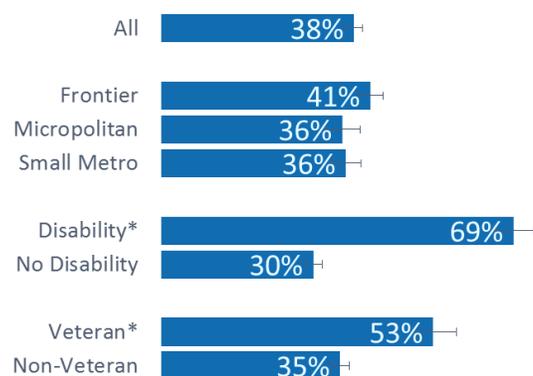
Chronic Conditions ¹⁰	County	Montana
Stroke Hospitalization Rate <i>Per 100,000 population</i>	158.0	152.0
Diabetes Hospitalization Rate <i>Per 100,000 population</i>	981.7	1058.9
COPD Emergency Department Visit Rate <i>Per 100,000 population</i>	N/A	669.9
Acute Myocardial Infarction (MI) Hospitalization Rate <i>Per 100,000 population</i>	134.5	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>	481.9	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>	53.6	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- Musselshell County, Montana		
Discipline	HPSA Score	HPSA
Primary Care	17	✓ Geographic population
Dental Health	16	✓ Low-income population
Mental Health	15	✓ High needs 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)

Provider Supply and Access to Care				
Measure	Description	Musselshell Co. (N = 1) *	Montana (N = 48) *	National (N = 1344) *
Primary care physicians	Ratio of population to primary care physicians	-	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	1146:1	1041:1	726:1
Dentists	Ratio of population to dentists	-	1482:1	1280:1
Mental health providers	Ratio of population to mental health providers	4582:1	409:1	330:1

*Total number of CAHs, - No data available

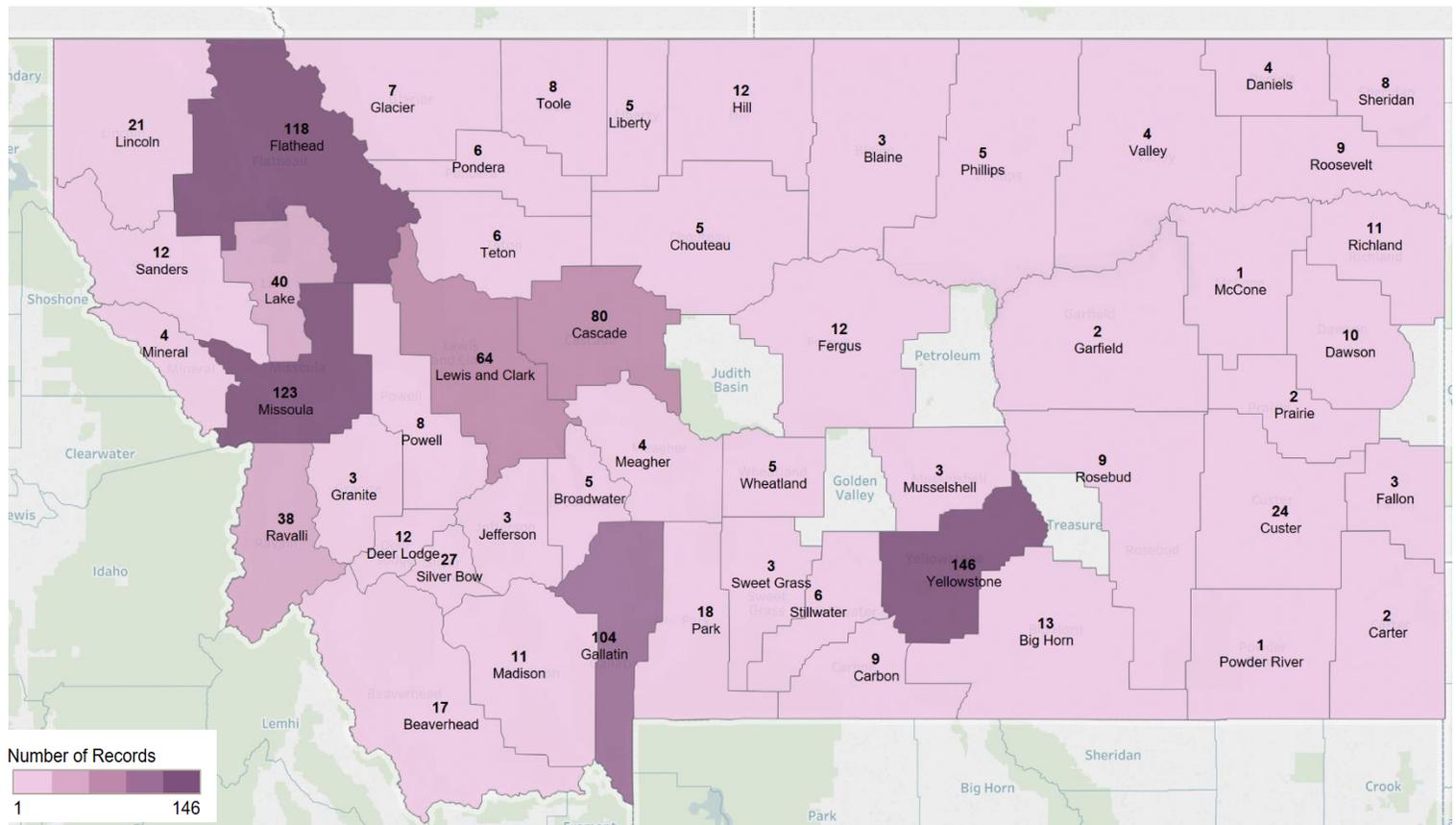
² CAHMPAS - FLEX Monitoring (2017)

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.

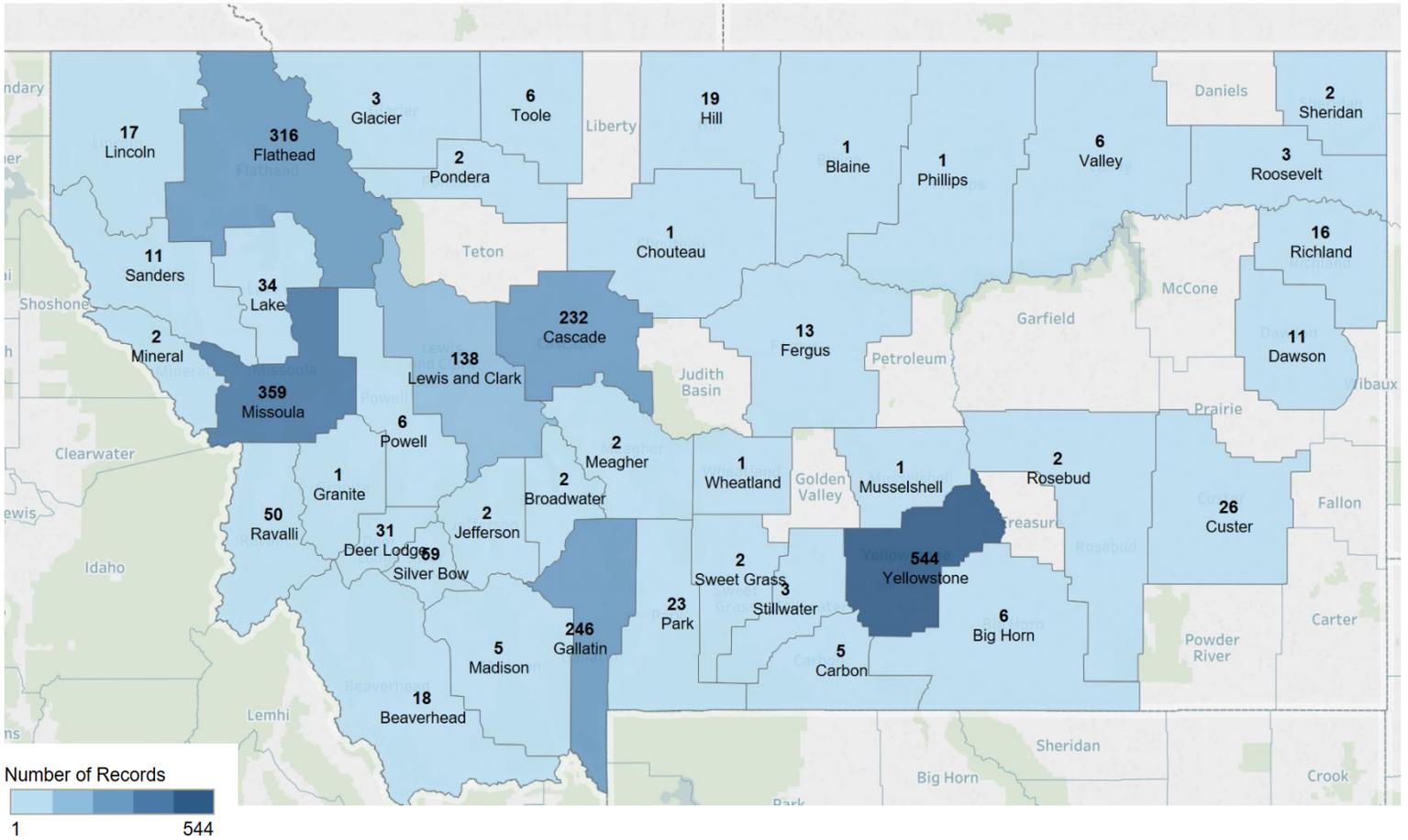
- Counts only include actively practicing providers.
- Counts do not include providers at limited access facilities (VA, Malstrom AFB, Indian Health Services, Montana State Prison, Montana State Hospital, therapeutic boarding schools)
- Counts only include primary practice locations. Locum Tenens providers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



ROUNDUP MEMORIAL
HEALTHCARE

March 19, 2021

Dear [LASTNAME] household:

Participate in our Community Health Needs Assessment survey for a chance to **WIN one of three \$25 local grocery gift cards, two \$50 gas cards, or one \$100 Visa gift card!**

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

1. Due date to complete survey: April 23, 2021
2. Complete the enclosed survey and return it in the envelope provided - no stamp needed.
3. You can also access the survey at <http://helpslab.montana.edu/survey.html>. Select "Roundup Memorial Healthcare Survey." Your access code is [CODED]
4. The winners of the gift cards will be contacted the week of May 3rd.

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

Thank you for your assistance. We appreciate your time.

Sincerely,

A handwritten signature in black ink that reads "Holly Wolff".

Holly Wolff, CEO



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

Appendix E- Survey Instrument

Community Health Services Development Survey Roundup, Montana

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

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

- Very healthy Healthy Somewhat healthy Unhealthy Very unhealthy

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

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

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

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

4. How do you rate your knowledge of the health services that are available through Roundup Memorial Healthcare?

- Excellent Good Fair Poor

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

- | | | |
|--|--|---|
| <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"/> Other: _____ |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Social media/Facebook | |

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Area Agency on Aging | <input type="checkbox"/> Mental health | <input type="checkbox"/> VA |
| <input type="checkbox"/> Chiropractor | <input type="checkbox"/> Optometrist | <input type="checkbox"/> WIC (Women, Infant, and Children) |
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Hospice | <input type="checkbox"/> Public health | |
| <input type="checkbox"/> In home personal assistant | <input type="checkbox"/> Senior center | |

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

- | | | |
|---|---|--|
| <input type="checkbox"/> Greater health education services | <input type="checkbox"/> Interpreter services/cultural sensitivity | <input type="checkbox"/> More primary care providers (MD/DO) |
| <input type="checkbox"/> Health costs financial assistance | <input type="checkbox"/> More information about available services | <input type="checkbox"/> More specialists |
| <input type="checkbox"/> Healthcare navigator (i.e. Assistance signing up for insurance, Medicare, or Medicaid) | <input type="checkbox"/> More Nurse Practitioners/ Physician Assistants | <input type="checkbox"/> Outpatient services expanded hours |
| <input type="checkbox"/> Improved quality of care | | <input type="checkbox"/> Telemedicine |
| | | <input type="checkbox"/> Transportation assistance |
| | | <input type="checkbox"/> Other: _____ |

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

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

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

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

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

- | | | |
|---|---|--|
| <input type="checkbox"/> Alternative Medicine | <input type="checkbox"/> Home health | <input type="checkbox"/> Orthopedic services |
| <input type="checkbox"/> Cancer care | <input type="checkbox"/> Mammography | <input type="checkbox"/> Pediatrician |
| <input type="checkbox"/> Colonoscopy | <input type="checkbox"/> Massage therapy | <input type="checkbox"/> Respiratory health |
| <input type="checkbox"/> Diabetic clinic | <input type="checkbox"/> Mental & behavioral health services/counseling | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Dermatology | <input type="checkbox"/> OB/GYN | |
| <input type="checkbox"/> Endocrinologist (diabetes) | | |

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

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

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

- Yes No (If no, skip to question 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/PAs | <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 or a household member seen a primary healthcare provider such as a family physician, physician assistant or nurse practitioner for healthcare services?

- Yes No (If no, skip to question 17)

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

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Billings Clinic | <input type="checkbox"/> Harlowton | <input type="checkbox"/> VA |
| <input type="checkbox"/> Billings - St. Vincent's | <input type="checkbox"/> Indian Health Services | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Billings - Riverstone Health | <input type="checkbox"/> Lewistown | |
| <input type="checkbox"/> Billings (other) | <input type="checkbox"/> Roundup Memorial Healthcare | |

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"/> VA/Military requirement |
| <input type="checkbox"/> Cost of care | <input type="checkbox"/> Recommended by family or friends | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Indian Health Services | | |

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

- Yes No (If no, skip to question 20)

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

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Billings Clinic | <input type="checkbox"/> Indian Health Services | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Billings - St. Vincent's | <input type="checkbox"/> Lewistown | |
| <input type="checkbox"/> Harlowton | <input type="checkbox"/> Roundup Memorial Healthcare | |

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 provider |
| <input type="checkbox"/> Closest to work | <input type="checkbox"/> Marketing/advertising | <input type="checkbox"/> Required by insurance plan |
| <input type="checkbox"/> Cost of care | <input type="checkbox"/> Prior experience with hospital | <input type="checkbox"/> VA/Military requirement |
| <input type="checkbox"/> Emergency, no choice | <input type="checkbox"/> Privacy/confidentiality | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Financial assistance programs | <input type="checkbox"/> Recommended by family or friends | |

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

- Yes No (If no, skip to question 23)

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

- Billings Clinic Harlowton Roundup Memorial Healthcare
 Billings - St. Vincent's Lewistown VA
 Billings (other) Ortho Montana Other: _____

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

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

23. The following services are available through Roundup Memorial Healthcare. 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
Audiologist	4	3	2	1	N/A	DK
Chronic conditions management	4	3	2	1	N/A	DK
Clinical services	4	3	2	1	N/A	DK
CT Scan	4	3	2	1	N/A	DK
Emergency room	4	3	2	1	N/A	DK
Extended Care Unit (nursing home)	4	3	2	1	N/A	DK
Hospital care (in-patient)	4	3	2	1	N/A	DK
IV infusion services	4	3	2	1	N/A	DK
Laboratory	4	3	2	1	N/A	DK
Mobile mammography	4	3	2	1	N/A	DK
Physical therapy	4	3	2	1	N/A	DK
Podiatrist – visiting specialist	4	3	2	1	N/A	DK
Radiology (x-ray/ultrasound)	4	3	2	1	N/A	DK
Rehabilitation (skilled/swing bed)	4	3	2	1	N/A	DK
Visiting nurse	4	3	2	1	N/A	DK

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

- Yes No

25. 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

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

- A great deal Somewhat A little Not at all

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

- High Moderate Low Unsure/rather not say

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

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

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

- Yes No Not applicable

30. 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
30.1) I can get the healthcare I need in Musselshell 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
30.2) 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
30.3) 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
30.4) There are places to be physically active near my home. Consider parks, trails, places to walk, and playgrounds.	4	3	2	1	DK
30.5) I have enough financial resources to meet my basic needs. Consider income for purchasing food, clothing, shelter, and utilities.	4	3	2	1	DK
30.6) 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
30.7) 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

31. What type of health insurance covers the **majority** of your household’s 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: _____

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

- Excellent
- Good
- Fair
- Poor

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

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

34. 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.

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

- 59046 Lavina
- 59054 Melstone
- 59059 Musselshell
- 59072 Roundup
- 59074 Ryegate
- 59087 Winnett
- Other: _____

36. What is your gender?

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

37. What age range represents you?

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

38. What is your employment status?

- Work full time
- Work part time
- Retired
- Reduced hours due to COVID-19
- Student
- Collect disability
- Unemployed, but looking
- Unemployed due to COVID-19
- 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 Roundup Memorial Healthcare Services by How Respondents Learn About Healthcare Services

	Excellent	Good	Fair	Poor	Total
Friends/family	12.6% (11)	54.0% (47)	28.7% (25)	4.6% (4)	87
Word of mouth/reputation	10.6% (9)	49.4% (42)	34.1% (29)	5.9% (5)	85
Healthcare provider	24.0% (12)	50.0% (25)	22.0% (11)	4.0% (2)	50
Social media/Facebook	13.2% (5)	47.4% (18)	28.9% (11)	10.5% (4)	38
Newspaper	19.4% (6)	45.2% (14)	29.0% (9)	6.5% (2)	31
Website/internet	12.5% (2)	31.3% (5)	37.5% (6)	18.8% (3)	16
Radio	-	36.4% (4)	45.5% (5)	18.2% (2)	11
Mailings/newsletter	14.3% (1)	57.1% (4)	28.6% (2)	-	7
Presentations	33.3% (1)	33.3% (1)	33.3% (1)	-	3
Public Health Nurse	50.0% (1)	-	50.0% (1)	-	2
Other	36.4% (4)	27.3% (3)	27.3% (3)	9.1% (1)	11

Delay or Did Not Get Need Healthcare Services by Residence

	Yes	No	Total
59072 Roundup	37.5% (45)	62.6% (75)	120
59046 Lavina	40.0% (2)	60.0% (3)	5
59059 Musselshell	-	100.0% (4)	4
59054 Melstone	-	100.0% (2)	2
59087 Winnett	100.0% (1)	-	1
Other	-	100.0% (1)	1
TOTAL	36.1% (48)	63.9% (85)	133

*** Ryegate removed due to non-response**

Location of primary care clinic most utilized by residence

	Billings Clinic	Roundup Memorial Healthcare	Billings – St. Vincent's	Billings (other)	VA	Billings – Riverstone Health	Lewistown	Other	TOTAL
59072 Roundup	28.3% (32)	25.7% (29)	13.3% (15)	4.4% (5)	2.7% (3)	1.8% (2)	0.9% (1)	23.0% (26)	113
59046 Lavina	40.0% (2)	-	40.0% (2)	-	20.0% (1)	-	-	-	5
59059 Musselshell	-	-	33.3% (1)	-	-	33.3% (1)	-	33.3% (1)	3
59054 Melstone	-	-	50.0% (1)	-	-	-	-	50.0% (1)	2
59087 Winnett	-	100.0% (1)	-	-	-	-	-	-	1
Other	100.0% (1)	-	-	-	-	-	-	-	1
TOTAL	28.0% (35)	24.0% (30)	15.2% (19)	4.0% (5)	3.2% (4)	2.4% (3)	0.8% (1)	22.4% (28)	125

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

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

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

	Billings Clinic	Billings - St. Vincent's	Billings - Riverstone Health	Billings (other)	Lewistown	Roundup Memorial Healthcare	VA	Other	TOTAL
Prior experience with clinic	34.7% (17)	14.3% (7)	4.1% (2)	4.1% (2)	-	16.3% (8)	4.1% (2)	22.4% (11)	49
Clinic/provider's reputation for quality	34.8% (16)	15.2% (7)	-	2.2% (1)	2.2% (1)	15.2% (7)	-	30.4% (14)	46
Closest to home	3.2% (1)	3.2% (1)	-	3.2% (1)	-	77.4% (24)	-	12.9% (4)	31
Appointment availability	36.7% (11)	13.3% (4)	3.3% (1)	3.3% (1)	3.3% (1)	20.0% (6)	3.3% (1)	16.7% (5)	30
Recommended by family or friends	44.4% (8)	38.9% (7)	-	-	-	11.1% (2)	-	5.6% (1)	18
Referred by physician or other provider	27.8% (5)	11.1% (2)	-	11.1% (2)	-	-	5.6% (1)	44.4% (8)	18
Cost of care	23.1% (3)	23.1% (3)	23.1% (3)	-	-	-	15.4% (2)	15.4% (2)	13
VA/Military requirement	8.3% (1)	-	-	-	-	8.3% (1)	33.3% (4)	50.0% (6)	12
Privacy/confidentiality	27.3% (3)	9.1% (1)	-	9.1% (1)	-	9.1% (1)	18.2% (2)	27.3% (3)	11
Required by insurance plan	50.0% (5)	10.0% (1)	-	-	-	10.0% (1)	-	30.0% (3)	10
Length of waiting room time	25.0% (2)	-	12.5% (1)	-	-	25.0% (2)	-	37.5% (3)	8
Other	40.0% (4)	10.0% (1)	10.0% (1)	10.0% (1)	-	-	-	30.0% (3)	10

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

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

Location of most utilized hospital by residence

	Billings Clinic	Billings – St. Vincent's	Roundup Memorial Healthcare	Other	Total
59072 Roundup	51.9% (41)	21.5% (17)	13.9% (11)	12.7% (10)	79
59059 Musselshell	33.3% (1)	33.3% (1)	-	33.3% (1)	3
59046 Lavina	-	100.0% (2)	-	-	2
59087 Winnett	100.0% (1)	-	-	-	1
Other	100.0% (1)	-	-	-	1
Total	51.2% (44)	23.3% (20)	12.8% (11)	12.8% (11)	86

* Harlowton, Indian Health Services and Lewistown removed from hospital location (top row) due to non-response.

** Melstone and Ryegate removed from residence (first column) due to nonresponse.

Location of most recent hospitalization by reasons for hospital selection

	Billings Clinic	Billings – St. Vincent's	Roundup Memorial Healthcare	Other	Total
Hospital's reputation for quality	57.4% (27)	29.8% (14)	6.4% (3)	6.4% (3)	47
Prior experience with hospital	58.7% (27)	23.9% (11)	15.2% (7)	2.2% (1)	46
Referred by physician or other provider	64.3% (18)	21.4% (6)	3.6% (1)	10.7% (3)	28
Emergency, no choice	44.4% (12)	18.5% (5)	18.5% (5)	18.5% (5)	27
Closest to home	23.5% (4)	-	58.8% (10)	17.6% (3)	17
Required by insurance plan	53.8% (7)	15.4% (2)	15.4% (2)	15.4% (2)	13
Recommended by family or friends	66.7% (6)	22.2% (2)	11.1% (1)	-	9
Privacy/confidentiality	50.0% (4)	25.0% (2)	25.0% (2)	-	8
VA/Military requirement	16.7% (1)	33.3% (2)	-	50.0% (3)	6
Financial assistance programs	80.0% (4)	-	-	20.0% (1)	5
Cost of care	33.3% (1)	66.7% (2)	-	-	3
Closest to work	100.0% (1)	-	-	-	1
Other	50.0% (4)	25.0% (2)	-	25.0% (2)	8

* Harlowton, Indian Health Services and Lewistown removed from hospital location (top row) due to non-response.

** Marketing/advertising removed from reason selected (first column) due to nonresponse.

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)

- No one wants to work!!! There are jobs!
- Compassionate staff and management
- Poor water
- Old age
- Roundup water and crooked cops/noise and fireworks
- Unhealthy diet
- Very poor hygiene especially male population
- NA

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

- Alcohol/substance abuse (5)
- Alzheimer's/dementia (1)
- Cancer (2)
- COPD/Asthma/respiratory disorders (1)
- Diabetes (3)
- Heart disease (1)
- High blood pressure (2)
- Hunger (1)
- Lack of access to healthcare (1)
- Lack of exercise (2)
- Mental health (depression, anxiety, PTSD, etc.) (4)
- Motor vehicle accidents (1)
- Overweight/obesity (4)
- Social isolation/loneliness (3)
- Suicide (2)
- Tobacco use (cigarettes/cigars, vaping, smokeless) (5)
- Work/economic stress (3)

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

- Better justice system
- God in your life. Not the same as going to church on Sunday or Religious or spiritual values
- Honest cops. Roundup cops are criminals
- All choices
- NA

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

- Access to healthcare services (1)
- Affordable housing (1)
- Community involvement (1)
- Good jobs and a health economy (1)
- Low crime/safe neighborhoods (1)
- Parks and recreation (1)
- Religious or spiritual values (1)
- Strong family life (1)
- Water quality (1)

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

- Spouse works with RMH
- Calling Roundup Healthcare
- Poor experiences!
- Senior Center
- Phone book
- Living in the same neighborhood
- TV
- Senior Center Local
- Work
- Was employed there for 20 years (retired)
- Daughter worked there
- Billings Doctors

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

- None
- Physical therapy (2)
- PT
- AA meetings/support groups
- Ft. Riley Kansas Base Hospital
- Food bank
- Health fair, acupuncturist

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

- Doctors
- More preferred insurance providers We go to Billings so our costs are less.
- Less coercion/funneling, wrong appointments
- Ok- been there when I needed them ever @ 3AM
- M.D. D.O.
- Become a Billings Clinic so we don't have to go to Billings
- Easier and faster access to emergency room in case of, God forbid, an emergency

- Make it easier to get into the clinic. Old people ramp- none
- When anyone has serious problems, heart attack, stroke etc. you might as well go to Billings first. Roundup sends you there anyway
- Better trained front desk help
- Less gossip at RMH clinic - too much insecure attitude
- ?
- More Drs
- Quality city water

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

- Nope
- The cost of dental and medical is not in most peoples reach.
- Due to the pandemic, my mother has stayed away from going at all.
- Without prejudice or stigma
- Fear makes people do things! Think without checking!! People need to use common sense!
- I go to Billings, MT for healthcare
- I worked the whole pandemic- assisted living
- Scheduling is so far out. My son has been waiting for months for an appointment with a therapist.
- A psychiatrist able to prescribe medications ie: for bipolar disorder is needed for this area. Billings Clinic has almost no Dr. for a person needing monthly monitoring
- We got good medical care and services
- None apply
- I will say due to COVID it has been difficult to go to the doctor if someone is sick with a non-COVID illness

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

- I'm too old for most
- N/A
- None of the above
- None (3)
- Urban survival
- ?
- Computer for older adult

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

- None
- If needed, all when needed
- Spine surgeon

- Bionics lab for DOD experiments (military)
- My primary doctor is at Riverstone
- Physical therapy
- Rheumatology (2)
- Too much attitude in R-Up regardless
- ?
- VA office/clinic

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

- If you were a preferred provider, we would consider using your services. Right now we only will use RMH for emergencies
- We go to Billings
- Blood tests
- COVID Vaccine
- ?

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

- Cost of taking off of work to go to specialist in Billings
- Recluse spider bite no local specialists - had to ask Kentucky nurse friend for treatment "was successful"

*Responses when more than 3 were selected (7 participants):

- Could not get an appointment (1)
- COVID-19 concerns/barriers (6)
- Don't like doctors/PAs (3)
- Don't understand healthcare system (1)
- It cost too much (2)
- My insurance didn't cover it (5)
- Not treated with respect (2)
- Qualified provider not available (4)
- Too long to wait for an appointment (4)
- Too nervous or afraid (2)
- Transportation problems (2)
- Unsure if services were available (2)

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

- Yellowstone Naturopathic Clinic, Billings
- Forsyth
- Billings Flex Family Healthcare
- Kentucky

*Responses when more than 1 was selected (26 participants):

- Billings Clinic (25)
- Billings – St. Vincent’s (11)
- Billings – Riverstone Health (2)
- Billings (other) (1)
- Roundup Memorial Healthcare (17)
- VA (6)

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

- They are preferred providers and had good reviews. Really wanted to find care in Roundup. However, we did not want to pay more out-of-pocket cost!
- Been going to same doctor for years
- Established primary care elsewhere as you could not keep a primary provider here
- Seen for years
- I'm a military reservist free medical, dental, and optical!
- I've had the same Dr. for 15 years- don't have to see anyone else
- Lived in Billings at the time. Comfortable still
- Comes to Roundup
- Cost of clinic versus Roundup Memorial

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

- Kaiser San Diego / Scripps Memorial San Diego
- VA
- VA clinic Billings and military bases

***Responses when more than 1 option was selected (9 participants):**

- Billings Clinic (7)
- Billings – St. Vincent’s (4)
- Roundup Memorial Healthcare (8)

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

- Required by Workers Comp
- It's Catholic
- Qualification and specialists not available in Roundup
- Transferred by the hospital to Billings clinic
- Surgery
- Specialist

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

- Closest to home (1)
- Cost of care (1)
- Emergency, no choice (1)
- Financial assistance programs (1)
- Hospital's reputation for quality (2)

- Prior experience with hospital (2)

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

- Kaiser San Diego, Many in the San Diego area for workers comp
- Roundup (2)
- Forsyth
- Missoula
- Telecom to nurse in Kentucky military bases
- Whitefish
- Yellowstone GI chiropractor
- Chiropractor
- Great Falls Benefis
- MHC
- Yellowstone

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

- Pain specialist
- X-rays
- Vein specialist
- Pain management. Vascular surgeon
- Telecom to RN in Kentucky (arachnid specialist) Bionics Technician
- Mammogram

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

- Tri Care Prime
- Tri Care
- Christian Healthcare Ministry (2)
- Navy reserves
- Healthcare Newsletter
- Supplement

***Responses when more than 1 was selected (31 participants):**

- Employer sponsored (2)
- Health Insurance Marketplace (2)
- Health Savings Account (1)
- Medicaid (6)
- Medicare (24)
- Private insurance/private plan (14)
- VA/military (8)

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

- I have just enough to cover major medical
- Healthcare Newsletter

- N/A (3)
- Obama care is a joke, and should be removed. Way too expensive

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

- Bull, MT

36. What is your gender?

- Male, Straight celibate
- Male and Female [**Data entry note:** It is believed that this survey respondent answered for both adults in the household.]

42. What is your employment status?

- Military retirement /VA/Social security Disability
- Homemaker, self-employed
- Self-employed full time
- Own own business
- Seasonal
- Self-employed
- Inactive naval reservist
- Trying for 100% through VA
- Not Lazy

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

- Work full time (1)
- Work part time (2)
- Retired (4)
- Collect disability (4)
- Not currently seeking employment (2)

General comments

- (Q8.4)
 - Circled 3 and wrote “without prejudice or stigma”
- (Q15) Selected Billings (other) and wrote “Cardiovascular consultants”
- (Q23)
 - Chronic conditions management – selected 1; CT Scan selected N/A; Radiology selected N/A and wrote “refused service sent to Billings”
 - Clinical services – selected 1 and wrote “Customer service stinks”
- (Q24) Marked No but wrote “somewhat not all three months”
- (Q25) Did not make a selection of the available options and wrote “Severe and extreme PTSD and nerves”
- (Q27) Marked Unsure/rather not say and wrote “However damned PTSD extreme!”
- (Q30.1) Did not make a selection and wrote “Not Specialty Dr’s”
- (Q30.2)
 - Marked DK and wrote “Don’t live in town”

- Marked 4 and wrote “I own a gun! NRA course certified!”
- (Q30.3) Marked 2 and wrote “Crooked cops, worthless!”
- (Q30.4) Marked 4 and wrote “The Musselshell creek is an “unsung” world class kayak course!”
- (Q30.6) Marked 3 and wrote “If you own a gun!”
- (Q30.7) Marked 1 and wrote “Not for PTSD veterans too many barking dogs and those damned fireworks that torment us PTSD vets and pets and are a fire threat in town. And Crooked cops!”
- (Q38) Selected Work full time and wrote “Essential worker”
- Other:
 - I’m 95 and macular degeneration no read! (and didn’t fill out survey)
 - Their billing sucks. By the time they send out a bill, it’s past due. Now that is wonderful service.

Appendix H- Key Informant Interview - Questions

Key Informant Interview Questions

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

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

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

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

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

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

Appendix I- Key Informant Interviews - Transcript

Key Informant Interview #1

Tuesday, March 16, 2021

Anonymous – Via phone interview

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

- I feel that the health of our community is pretty good overall. But COVID has made for an interesting year.
- We are a community that really takes care of one another.
- We have a nice walking trail, but it is occasionally flooded and borders private property, so it's hard to utilize.

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

- Hospital/clinic
 - I have a positive view of both the hospital and clinic.
 - My experience with both have been great. They do a good job of coordinating care with the elderly population too.
 - We're lucky to have a resource like Roundup Memorial Healthcare in our community.
 - My only wish is that we could have more local providers and not as many traveling.
- EMS Services (ER/Ambulance)
 - Thankfully, I haven't had to use ambulance, so I can't speak to that service.
 - But the ER is good with triaging. They also call providers to come in if non-emergent care is needed after typical clinic hours.
- Public/County Health Department
 - I don't really have experience or knowledge of them, so I cannot speak to this service.
- Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
 - We have a great senior center in Roundup! They have a Meals on Wheels program and offer rides to Billings.
 - There is a Council for Aging that provides housekeeping and can bill Medicaid.
 - We also have three nursing homes, and a facility providing more extensive care located at hospital.
 - In general, Roundup has a lot of services for aging population, which is wonderful.
- Services for Low-Income Individuals/Families

- We have a wonderful food bank and a business called the Golden Thimble that has donated clothes and goods for the home.
- Our schools also have a well utilized Backpack Program providing food for about 22 kids this year.
- With COVID, one unique service we have had this year is a surplus food drive occurring almost every month. It's pretty well publicized beforehand and people can just drive up, no questions asked, and get boxes of produce and nonperishable goods. There have been different groups sponsoring it, and I think the products are actually coming up from Billings.
- We also have coat drives sponsored by the Retired Senior Volunteer Program (RSVP).

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

- Well, there is a lot of alcohol and drug use in Musselshell County. This includes smoking and vaping, too. It would really be nice to have more preventive education programs, particularly for some of the younger kids who engage in these activities.

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

- As I said earlier, access to more health education to prevent the use of alcohol and drugs would be nice.
- In general, we just don't have a lot for kids to do around here. We have a free outdoor pool, but this is obviously only open in the summer months. But there has been talk about getting a skate park built. There is someone is open to donating land for the project and it would be covered under city insurance. I really hope it continues to move forward because it could provide another activity to keep our kids moving.

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

- I'm having a hard time thinking of an answer to this one. There are just lots of small things that need to be done.

Key Informant Interview #2

Wednesday, March 17, 2021

Anonymous—Via phone interview

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

- I think its o.k. but we do have an older population. And with that, they have more health concerns.
- Despite that though, I think we do a pretty good job of taking care of them.

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

- Hospital/clinic:
 - I think they both are good. But I will say that with COVID, its inconvenient that you can't just walk in anymore. Everything requires an appointment first. Which I understand that they have to do what's necessary to keep folks safe, but its just an added consideration.
- EMS Services (ER/Ambulance)
 - Good – they both are great
 - Recently, there was a situation where an RN in ER was very rude to EMT's and the patient. It was a pretty isolated incident though and I think she is done working there pretty soon. It just sounded like an unfortunate situation.
 - Other than that, I think there is good rapport between the ambulance and ER.
 - The ambulance has about three full time EMTs (one of which is a paramedic), plus one EMT that occasionally travels from Idaho and stays in the Barn while they are visiting.
 - The ambulance has a large service area. They cover everything to Melstone, even though they have an ambulance. Several of the surrounding communities in the county don't have EMS with the same skill level as that of Roundup.
 - So even if there are two calls at the same time or a comparable situation, the EMS is good about planning for a backup.
- Public/County Health Department
 - I haven't had to deal with them much so I can't speak to this one.
- Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
 - I think the senior services we have in Musselshell County are pretty good.
 - We have new senior center that is more accessible and hosts more lunches. They provide a lot of other services too like help preparing taxes and things.
 - I think we do a great job at providing services in the County so folks don't have to always drive to Billings.
- Services for Low-Income Individuals/Families
 - You know, our Office of Public Assistance (OPA) office was closed down about two years ago when the state was closing a lot of offices in more remote areas.
 - I know that the Area II Agency on Aging helps out with Medicaid enrollment for disabled and seniors.

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

- Honestly, due to the rural nature of the county, we are just limited on what we can do at our hospital. Due to this, we have a lot of patients needing to travel or be transferred to Billings.

- Along with this, I'm not sure if a facility like RMH is perhaps equipped to deliver a baby should there be complications. I think a lot of mothers hit the ninth month and must really consider what their options are for delivering. It's likely that they need to be prepared to give birth in a place like Billings.

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

- I don't know if we need or can afford much more than we already provide. I mean we already have things like physical therapy.
- The only thing I can really think of gets back to what I previously said and that is to perhaps be better equipped to respond to more serious health emergencies such as pregnancy complications.

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

- This is such a hard question to answer since we are a relatively healthy community and have access to so many great resources already.
- If I had to choose one thing though, I would say that it's hard to find good produce in the community, particularly produce that is affordable for the low income groups. We have two grocery stores in Roundup, but it's still hard to get produce here.
- In addition to access to affordable produce, I think it would be important to show people different ways to incorporate the foods, so they aren't just thinking it has to be eaten raw.

Key Informant Interview #3

Wednesday, March 17, 2021

Anonymous—Via phone interview

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

- I would give Musselshell County an average rating. I think they really do a good job in Roundup.

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

- Hospital/clinic:
 - I would say the hospital and clinic in Roundup provide above average care.
 - I've been fortunate to see the same local provider for several years. And I've never had experience with any traveling providers.
 - They do a great job at coordinating care with providers outside of the county. So say, someone needs blood drawn for an ailment that is being treated by a provider in Billings, a person could just go to Roundup and they will take the blood and send it to the provider. It's very handy to have them!

- EMS Services (ER/Ambulance)
 - We have a darn good volunteer ambulance service in Melstone.
 - There is a good collaboration with the Roundup and Forsyth EMS just in case they are already called out or need reinforcements. And since we don't have an airport in Melstone, we also can call St. Vincent's health flight which is a helicopter if need be.
 - As for the emergency room in Roundup, a provider isn't typically there over night, but when patients come in with emergent needs, they do a great job at bringing one in quickly.
- Public/County Health Department
 - Oh man. I don't have any experience with them or knowledge of them.
- Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
 - We just don't have any of these services in Melstone so I can't speak to them.
- Services for Low-Income Individuals/Families
 - Melstone is a very small town of about 60 people, so if you are here, you probably have to have a job since we don't have any services here. We have a lot of folks working agriculture jobs or even in oil fields.

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

- I think we just need to continue prioritizing access to a good facility, such as Roundup Memorial Healthcare. And along with this, is maintaining availability of local providers and staff that care about the patients and community they are serving.
- We have a really top notch physical therapy facility and new MRI equipment that has been great for community.

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

- You'd like to have a lot of things, but for it to pay off in a rural area like this, it's just not feasible. So because of that, I just can't think of anything more that we need.

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

- Just making sure that everybody has good access to healthcare and their preferred provider.
- When our community ages, hospice is there to provide care. We also have an eye doctor and if worse comes to worse, Billings isn't too far away!

Key Informant Interview #4

Thursday, March 18, 2021

Anonymous—Via phone interview

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

- I have a hard time answering this question. I think we probably have our share of illnesses though.

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

- Hospital/clinic:
 - I think they are really professional at Roundup Memorial Healthcare. They have great doctors and nurses.
- EMS Services (ER/Ambulance)
 - Well the ambulance is really timely if you call them, even if you live in the country!
 - You go into the ER and the services are just phenomenal. They work very well with the other hospitals in Billings.
- Public/County Health Department
 - I don't know anything about them, so I have to skip this one.
- Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
 - I think they do an awesome job at senior center. They pick seniors up from their homes and take them to the senior center to socialize and eat. It's been really great to have with COVID.
 - We also have a wonderful nursing home attached to Roundup Memorial. A lot of people actually want to be in there or have their family members in there.
- Services for Low-Income Individuals/Families
 - I don't think I've ever heard of a problem with the services available or that we don't have something.
 - They don't turn anyone away at hospital, which is incredible.
 - I know we also have WIC available in the Roundup area
 - One nice thing that has happened the last year is that they have been giving away food boxes to anyone in need. I'm not sure who sponsors it, but you can pick up the boxes at the Cookie Factory on the date advertised.

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

- I'm really not in there at the hospital, but I imagine there are a lot of heart conditions. And I don't think we've had many COVID cases, though I'm not sure we would hear if they do.
- Other than that, I just think we have the typical issues like colds and flu.

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

- I really can't answer this one either because we already have so many services available.
- A mammogram machine would be nice so patients don't have to drive to Billings.

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

- It's unfortunate that quite a few people are sent to Billings on ambulance. But if you just have cuts and scrapes, they can sew you up in town.
- It would be nice to have a bone specialist come to town say twice a week so folks don't have to go to Billings.
- I appreciate the work Katie Shero is doing to get Roundup Memorial up to where it needs to be.

Key Informant Interview #5

Thursday, March 18, 2021

Anonymous—Via phone interview

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

- Oh gosh, I would say it's iffy at the moment. We have older population and that's scary with something like COVID!

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

- Hospital/clinic:
 - They both just do a wonderful job. They are a kind, open, honest group of people.
 - I'm so thankful we have them in town. I always tell people that it's comforting to know they are there, but I just don't want to have to be in a position where I need to use them.
- EMS Services (ER/Ambulance)
 - I've never had to use either the ER or Ambulance, but they are very professional!
- Public/County Health Department
 - I've never had to deal with them, so I can't really answer this one.
- Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
 - I think we do a good job with providing for the aging population in Roundup, particularly at the senior center. They even have a bus that seniors can schedule to take them to medical appointments in Billings!
 - We recently got a new physical therapy service at Roundup Memorial, so this has saved a ton of seniors from having to travel to Billings.
 - We also have two assisted facilities that I think the Roundup Memorial Healthcare coordinates care with or even provides support.
- Services for Low-Income Individuals/Families
 - This community is considered low income. We have some subsidized housing and plenty of food programs.

- There is a youth group that provides does meals for kids in summer when school isn't in session.
- For the most part, I think we take care of our neighbors.

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

- I just think keeping Roundup Memorial Healthcare open is a concern and not transfer too many patients to Billings for care.
- We also need to be able to recruit and retain providers here in town. There are a lot that just aren't small town minded and don't stay here long.
- The final piece of this is that we need to keep staff, equipment and facilities current. And what I mean here is that staff should be continually trained, equipment is functioning and efficient, and facilities are well maintained.

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

- Oh man. We already have a local dentist, the new physical therapy, a clinic, and hospital.
- So with that said, I just think we need to maintain the great resource we already have in Roundup Memorial Hospital.

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

- We are working on getting different water in town. The current source has a lot of minerals in it, so a lot of residents buy water bottles.
- So as I said before, I think we just need to find a way to maintain what we have and be able to recruit and retain more medical professionals.

Key Informant Interview #6

Monday, March 22, 2021

Anonymous—Via phone interview

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

- I would say it's pretty good- even all the way out in Melstone!
- This is an area of the state that if you don't hear from your neighbors regularly, you check in and make sure they are ok.

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

- Hospital/clinic:
 - Roundup Memorial Healthcare has improved greatly over the years. It's really come a long way under Holly's leadership.

- While this is not Roundup Memorial's fault by any means, our family and many others we know choose to seek pediatric care in Billings. It's not Roundup Memorial's fault that we don't have a local provider with a specialty in pediatrics. Everyone realizes that it's hard to sustain specialties like that locally, especially in rural areas.
- EMS Services (ER/Ambulance)
 - I have just always loved ambulance service!
 - They have a reasonable response time even in more remote areas like Melstone which has it's own volunteer ambulance.
- Public/County Health Department
 - I don't think I know anything about them, so I can't share an opinion.
- Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
 - I've heard great things with the assisted living facility in Roundup.
 - I will say that I disagreed with the COVID procedures at the nursing home. I just didn't think it was right to be further isolating it's residents.
 - I've heard the Meals on Wheels in Roundup is a great service!
 - There is also a senior center in Melstone that hosts things like weekly dinners and they might provide takeout meals too, but I'm not certain.
- Services for Low-Income Individuals/Families
 - We are one of the poorest counties in the state of Montana, so one would assume that we have plenty of services.
 - Several years ago the public assistance office closed in Musselshell County, so that has posed inherent challenges and barriers.

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

- In my opinion, I think we do great with our elderly population.
- But I think it would be nice to work on providing local care to expecting mothers and younger kids.

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

- We have a lot of little kids in our county, so I think it would be nice to have a pediatrics provider come up to Roundup, perhaps once per week.
- I think Roundup Memorial stopped delivering babies back around 1979. It would be a stretch I'm sure, but it would also be nice if expecting mothers could deliver their babies closer to home rather than having to plan to deliver in a place like Billings.
- While other bringing in other specialists would be nice, I also realize we can't have everything.

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

- I think we are already doing O.K. for a rural area. I think my family and our community are already pretty healthy, so I can't really think of anything more that we need here.

Key Informant Interview #7

Monday, March 29, 2021

Anonymous–Via phone interview

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

- I feel like it's pretty good for the most part!
- Roundup is just the lifeblood of this county. So many of the smaller, outlying towns rely on resources such as our two grocery stores.

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

- Hospital/clinic:
 - I personally like that we are able to have them in our town. I've had nothing but great experiences at Roundup Memorial Healthcare.
 - Because we are in a rural area, there are obviously things that we still have to travel for. For example, because of insurance, we have to travel for dental and vision appointments.
- EMS Services (ER/Ambulance)
 - I've never had to use either, but I feel like they are good. I have only heard good things from others who have used them and really nothing bad.
 - For a small community, we are just so lucky to have them.
- Public/County Health Department
 - I don't know anything about them, so I don't have an opinion.
- Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
 - I think that we have a lot of great senior programs locally! The senior center is particularly valued in this area since it provides meals and a place for seniors to socialize. COVID has been so hard on the senior population, so it's essential that they have places to socialize – it really helps them thrive!
- Services for Low-Income Individuals/Families
 - I'm not sure how familiar you are with the area, but immediately in Roundup, we have a lot of seniors and low-income individuals. Then, it feels like there is a very small population of middle income.
 - We have a food bank, which I think is good. We also have a Golden Thimble, which is like a Goodwill. But I think we could always do more for the low-income population; I'm just not sure what, though.

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

- There definitely is some substance abuse in the area, but there aren't treatments locally. If you need treatment, you have to drive to Billings.
- The number one issue I think we have is cancer. It feels like every time you turn around, someone new has cancer. I swear it's the water.

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

- Because we have many people with cancer, I think it would be nice to have some sort of small cancer center. I think it would just improve patient's experience if they could stay closer to home for care.
- Like all rural areas, there is always a need for more providers.
- But aside from that, we really need an independent living facility (not another assisted living facility). I know that we have Tri-County Housing, but they aren't that nice. There just isn't a place between home and the assisted living or nursing home for our seniors to go. Some just don't need that level of care yet. And with the baby boomers getting older, I think we should have a plan for taking care of them.

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

- Clean water! Our water is not good- we can't even drink it out of the faucet! We have very expensive water for not being able to drink it. The base price for water is \$92 per month. I'm not sure whether the hang up is with policy or funding, but it needs to be fixed. Water is essential to living.
- It would also be nice to have better produce in two grocery stores. A lot of the produce we are getting is on it's last days. Something like a community garden could be helpful!

Appendix J- Request for Comments

Written comments on this 2021 Community Health Needs Assessment Report can be submitted to Holly Wolff, CEO at Roundup Memorial Healthcare:

Attn: Administration

Roundup Memorial Healthcare
1202 3rd St. W
PO Box 40
Roundup, MT 59072

Contact Terra Kellum, Executive Assistant/HR
406-323-4913 or tkellum@rmhmt.org with questions.

