COMMUNITY HEALTH NEEDS ASSESSMENT 2019

Wheatland Memorial Healthcare

Quality Healthcare Close to Home

ASSESSMENT CONDUCTED BY WHEATLAND MEMORIAL HEALTHCARE

IN COOPERATION WITH THE MONTANA OFFICE OF RURAL HEALTH

MONTANA STATE UNIVERSITY | Office of Rural Health Area Health Education Center

HARLOWTON, MONTANA

Wheatland Memorial Healthcare
Community Health Needs Assessment
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Community Health Services Development
November 2019

I. Introduction

Wheatland Memorial Healthcare (WMH) is a 25-bed nonprofit Critical Access Hospital (CAH) and rural health clinic based in Harlowton, Montana. Wheatland Memorial Healthcare provides medical services to approximately 3,200 people which includes residents in Wheatland County, and portions of Judith Basin, Golden Valley, Sweet Grass and Meagher Counties. Wheatland Memorial Healthcare is the only hospital in Wheatland County and houses both clinic and hospital services in the same facility. Wheatland Memorial Healthcare's primary service area includes the communities of Harlowton, Judith Gap, Shawmut, and Two Dot; with most of the County's populated communities located along US 12 or US 191. Wheatland County has a low population density and is considered a Frontier (six or less people per square mile) by the US Department of Health and Human Services. For further demographic, socioeconomic and other related county and state data, please see Appendix C to review the Secondary Data Analysis.

Wheatland Memorial Healthcare

In addition to clinic appointments, Wheatland Memorial Healthcare's family medicine practitioners also staff the Emergency Department. WMH offers a range of services including emergency care, diagnostic imaging, mental health services, physical therapy, laboratory and a visiting outreach physician who specializes in general surgery.

Wheatland Memorial Healthcare
Quality Healthcare Close to Home

Mission: Responsive to the healthcare needs of the communities we serve, Wheatland Memorial Healthcare is dedicated to providing sustainable quality care with respect, compassion and teamwork.

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

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

II. Health Assessment Process

A Steering Committee was convened to assist Wheatland 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 July 2019. For a list of all Steering Committee members and their affiliations, see Appendix A. The Steering Committee met twice during the CHSD process; first to discuss health concerns in the community and offer their perspective in designing the survey instrument, and again to review results of the survey and to assist in the prioritization of health needs to address.

III. Survey Methodology

Survey Instrument

In August 2019, surveys were mailed out to the residents in Wheatland 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

By DaleSteinhauser - Own work, CC0, https://commons.wikimedia.org/w/index.php?curid=24099918

Sampling

Wheatland 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 630 residents was then selected with the assistance of the MSU HELPS lab. Residence was stratified in the initial sample selection so that each area would be represented in proportion to the overall served population and the proportion of past admissions. (Note: although the survey samples were proportionately selected, actual surveys returned from each population area varied which may result in slightly less proportional results.) See survey distribution table below.

Zip Code	Population	Community Name	Survey Distribution
59036	992	Harlowton	466
59453	126	Judith Gap	64
59074	233	Ryegate	30
59053	65	Martinsdale	30
59078	42	Shawmut	20
59085	88	Two Dot	20
TOTAL	**1546**		**630**

Two 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 (CDC), is used to identify regional trends in health-related behaviors. The fact that many health indices for rural and frontier counties are reported regionally makes it impossible to set the target population aside from the five more-developed Montana counties.

Limitations in Survey & Key Informant Interview Methodology

A common approach to survey research is the mailed survey. However, this approach is not without limitations. There is always the concern of non-response as it may affect the representativeness of the sample. Thus, a mixture of different data collection methodologies is recommended. Conducting community interviews in addition to the random sample survey allows for a more robust sample and, ultimately, these efforts help to increase the community response

rate. Partnering with local community organizations such as public health, community health centers, and senior centers, just to name a few, helps to reach segments of the population that might not otherwise respond to a survey.

While key informant interview data can offer invaluable insight into the perception of a community or group of individuals, qualitative data can be difficult to analyze. To better understand these themes, please review the full transcript in section VII on page 56. MORH staff facilitated key informant interviews for WMH to ensure impartiality. However, given the small size of the community, participants may still be hesitant to express their opinions freely. Personal identifiers are not included in the transcripts.

Survey Implementation

In August 2019, a survey, cover letter on Wheatland Memorial Healthcare letterhead with the Chief Executive Officer's signature, and postage paid envelope was mailed out to 630 randomly selected residents in the hospital's service area. A news release was sent to local newspaper as well as social media postings prior to the survey distribution announcing that Wheatland Memorial Healthcare would be conducting a community health services survey throughout the region in cooperation with the Montana Office of Rural Health.

Montanapictures.net

One hundred forty-eight surveys were returned out of 630. Of those 630 surveys, 59 surveys were returned undeliverable for a 25.9% response rate. From this point on, the total number of surveys will be out of 571. Based upon the sample size, we can be 95% confident that the responses to the survey questions are representative of the service area population, plus or minus 7.7%.

IV. Survey Respondent Demographics

A total of 571 surveys were distributed amongst Wheatland Memorial Healthcare's service area. One hundred forty-eight were completed for a 25.9% response rate. The following tables indicate the demographic characteristics of the survey respondents. Information on location, gender, age, and employment is included. Percentages indicated on the tables and graphs are based upon the total number of responses for each individual question, as some respondents did not answer all questions.

Place of Residence (Question 37)

2019 N= 148
2016 N= 158
2013 N= 192

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

		2013		2016		2019	
Location	**Zip code**	**Count**	**Percent**	**Count**	**Percent**	**Count**	**Percent**
Harlowton	59036	**154**	**80.2%**	**126**	**79.7%**	**116**	**78.4%**
Judith Gap	59453	**19**	**9.9%**	**10**	**6.3%**	**10**	**6.8%**
Two Dot	59085	6	3.1%	**7**	**4.4%**	**7**	**4.7%**
Ryegate	59074	**7**	**3.6%**	5	3.2%	6	4.1%
Shawmut	59078	3	1.6%	**7**	**4.4%**	5	3.4%
Martinsdale	59403	3	1.6%	3	1.9%	3	2.0%
Other		0	0.0%	0	0.0%	1	0.7%
TOTAL		**192**	**100%**	**158**	**100%**	**148**	**100%**

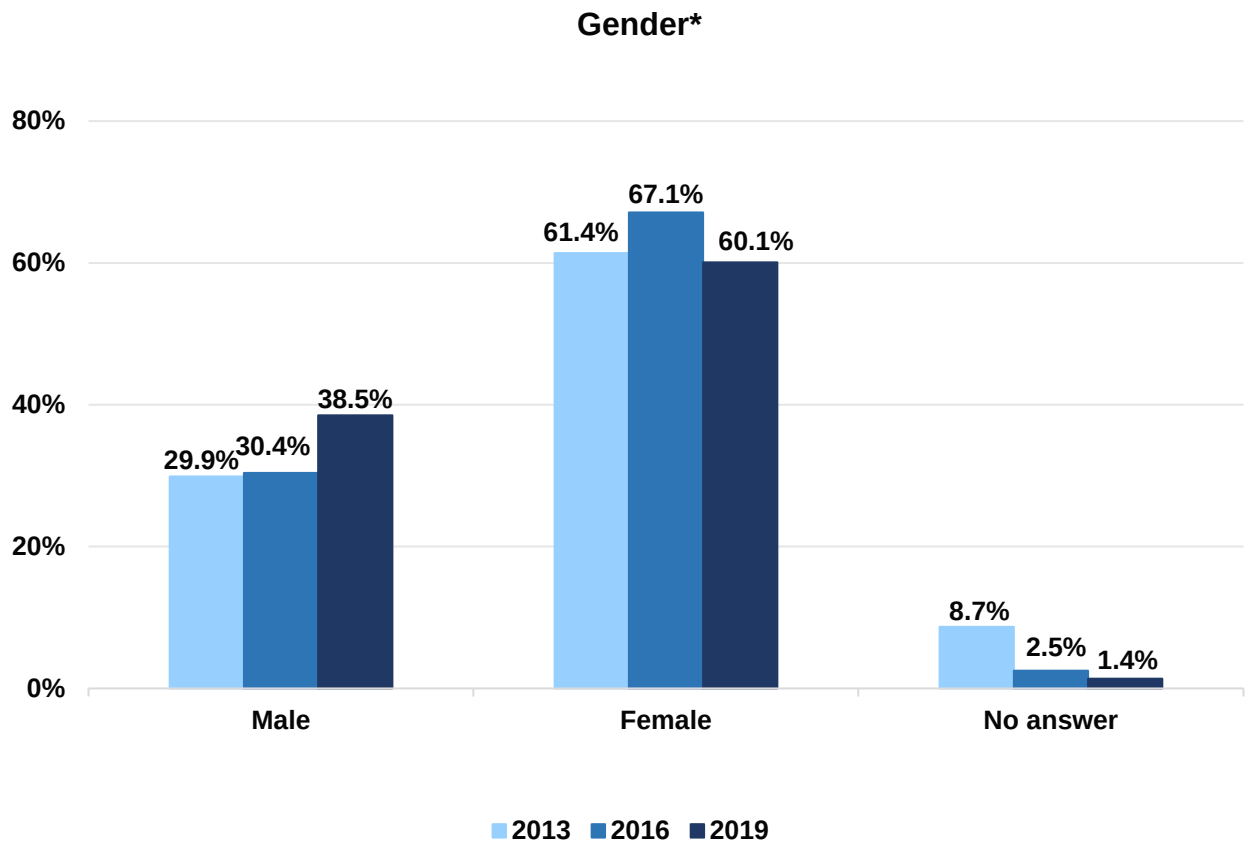
"Other" comments:

- 59442

Gender (Question 38)

2019 N= 148
2016 N= 161
2013 N= 197

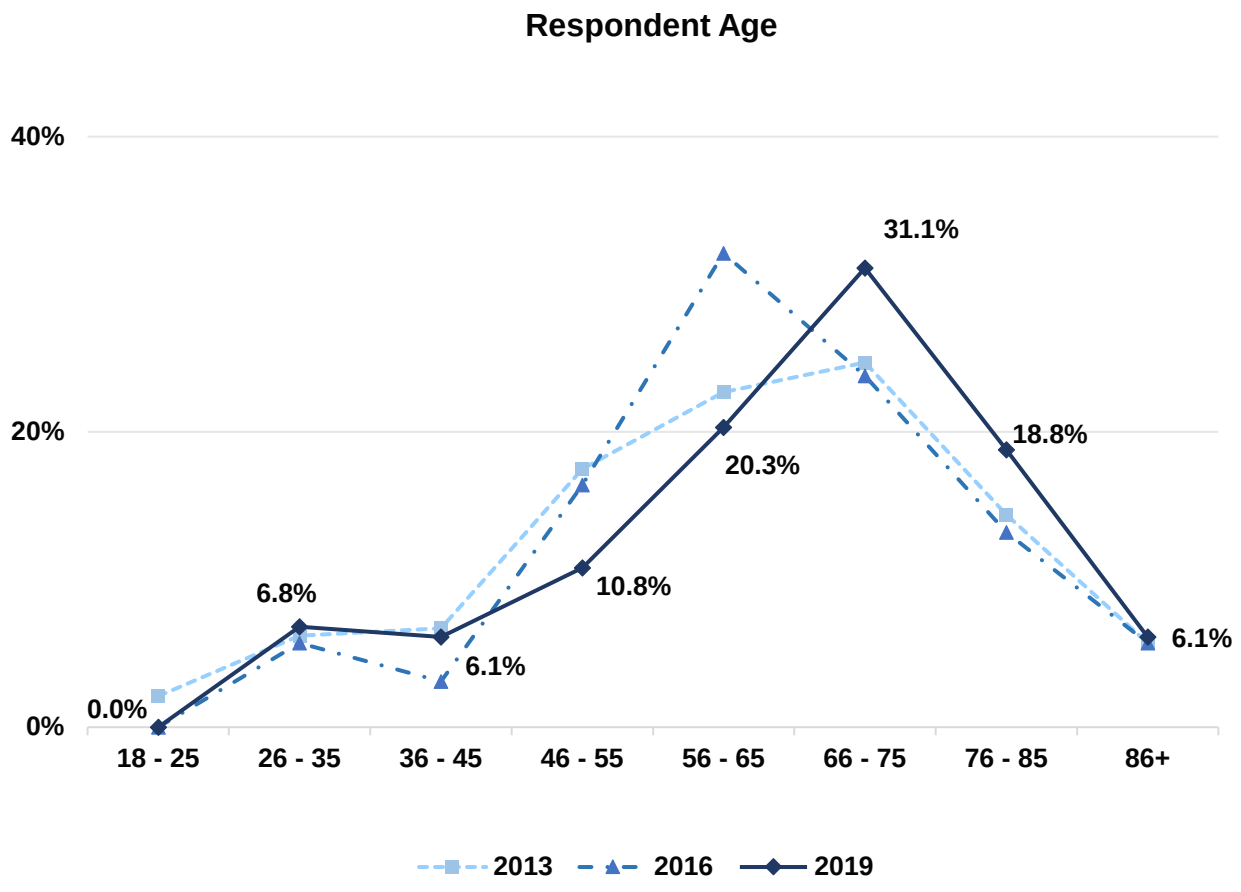
Of the 148 surveys returned, 60.1% (n=89) of survey respondents were female, 38.5% (n=57) were male, and 1.4% (n=2) chose not to answer this question. It is not unusual for survey respondents to be predominantly female, particularly when the survey is healthcare-oriented since women are frequently the healthcare decision makers for families.



Age of Respondents (Question 39)

2019 N= 148
2016 N= 159
2013 N= 194

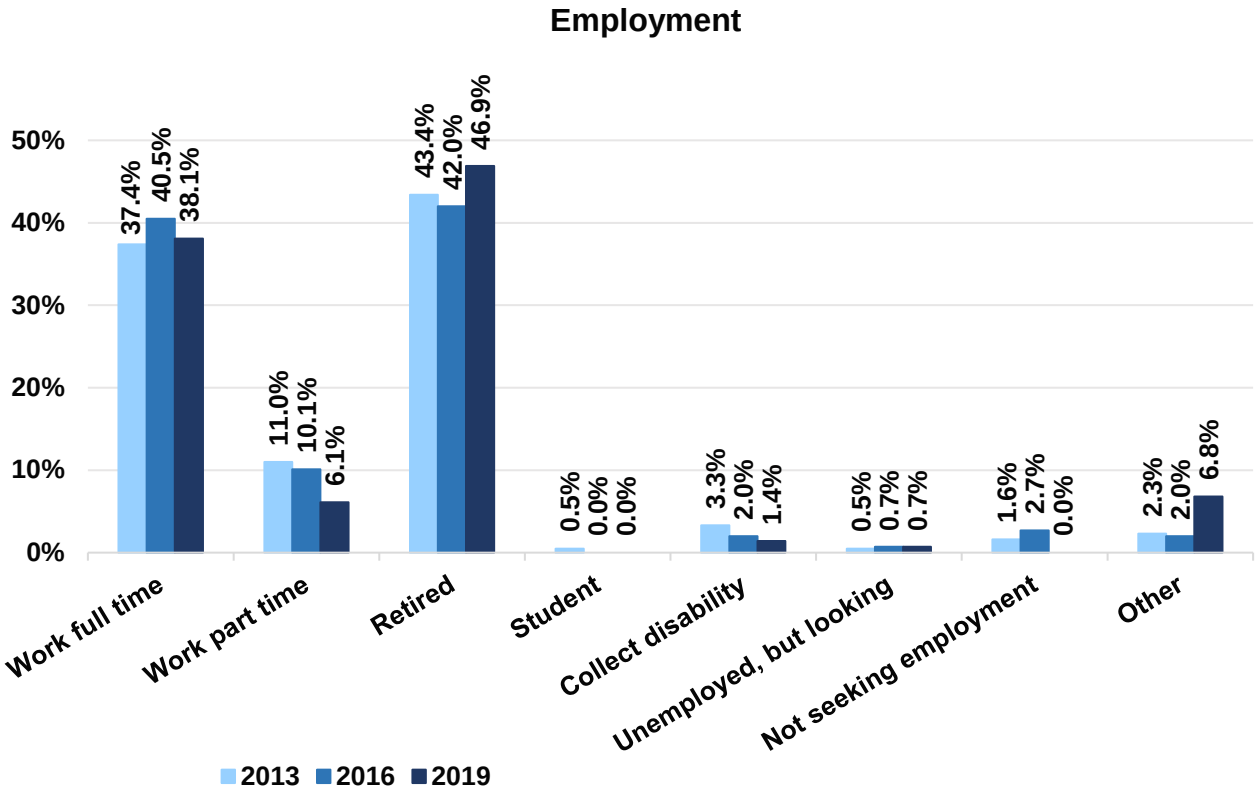
Thirty-one percent of respondents (n=46) were between the ages of 66-75. Twenty percent of respondents (n=30) were between the ages of 56-65, and 18.8% of respondents (n=28) were between the ages of 76-85. This statistic is comparable to other Critical Access Hospital demographics. The increasing percentage of aging residents in rural communities is a trend which is seen throughout Montana and will likely have a significant impact on the need for healthcare services during the next 10-20 years. Older residents are also more invested in healthcare decision making and are more likely to respond to healthcare surveys, as reflected by this graph. It is important to note that the survey was targeted to adults, and therefore, no respondents are under age 18.



Employment status (Question 40)

2019 N= 147
2016 N= 148
2013 N= 182

Respondents were asked to indicate their employment status. Forty-seven percent (n=69) reported they are retired, while 38.1% (n=56) work full time. Respondents could check all that apply, so the percentages do not equal 100%.



"Other" comments:

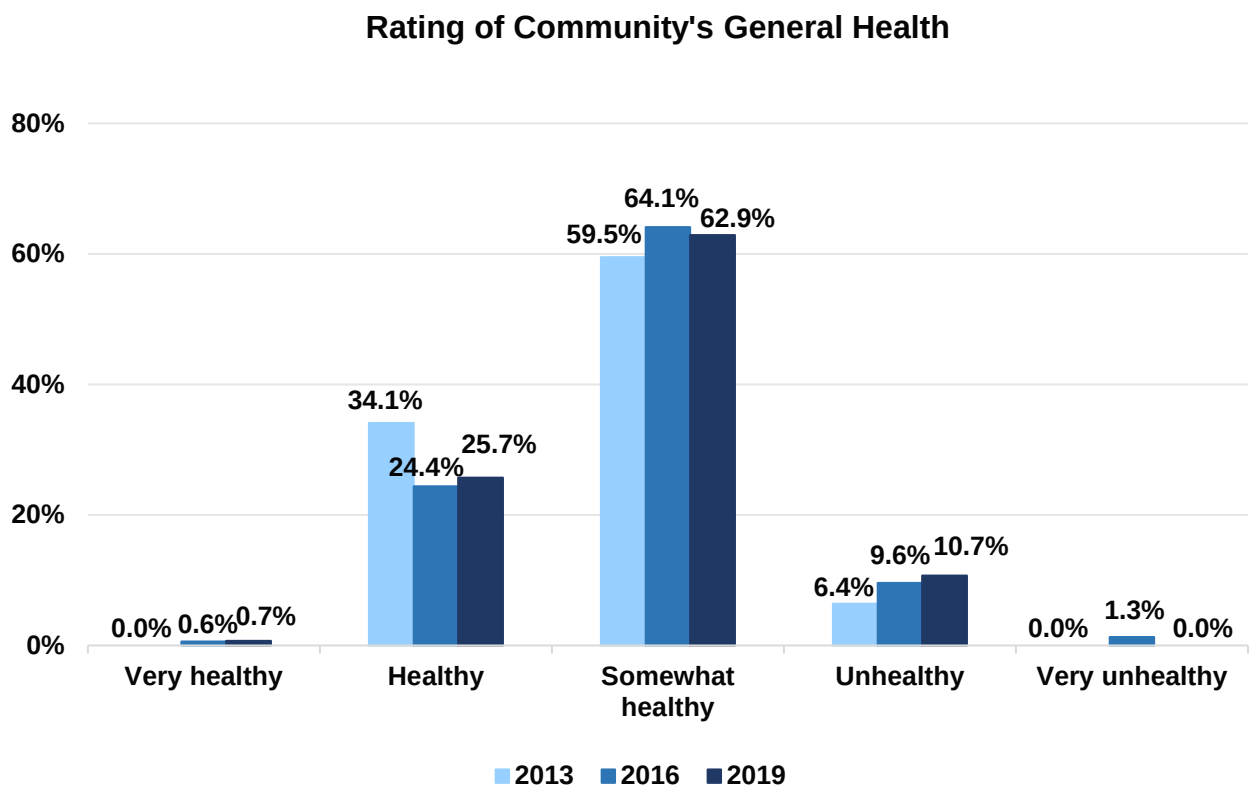
- Retired, Not currently seeking employment
- Injured working, on disability
- Retired & Works PT
- Work full time, Self Employed
- Retired, Collect disability
- Work part time, student
- Work part time, retired (3)
- Retired

V. Survey Findings – Community Health

Impression of Community (Question 1)

2019 N= 140
2016 N= 156
2013 N= 185

Respondents were asked to indicate how they would rate the general health of their community. Sixty-three percent of respondents (n=88) rated their community as "Somewhat healthy", and 25.7% of respondents (n=36) felt their community was "Healthy." No respondents indicated they felt their community was "Very unhealthy."



Health Concerns for Community (Question 2)

2019 N= 148
2016 N= 161
2013 N= 197

Respondents were asked what they felt the three most serious health concerns were in their community. The top identified health concern was "Drug abuse" with 64.2% (n=95). "Alcohol abuse" was also a high priority at 48% (n=71), followed by "Cancer" at 20.9% (n=31). Respondents were asked to pick their top three serious health concerns, so percentages do not equal 100%.

	2013		2016		2019	
Health Concern	**Count**	**Percent**	**Count**	**Percent**	**Count**	**Percent**
Drug abuse	Not asked - 2013		Not asked - 2016		**95**	**64.2%**
Alcohol abuse	Not asked - 2013		**68**	**42.2%**	**71**	**48.0%**
Cancer*	**93**	**47.2%**	**48**	**29.8%**	**31**	**20.9%**
Depression/anxiety	22	11.2%	17	10.6%	28	18.9%
Tobacco use	41	20.8%	20	12.4%	28	18.9%
Overweight/obesity*	**78**	**39.6%**	**51**	**31.7%**	26	17.6%
Mental health issues	20	10.2%	20	12.4%	16	10.8%
Lack of exercise*	38	19.3%	25	15.5%	14	9.5%
Diabetes	32	16.2%	17	10.6%	13	8.8%
Social isolation/loneliness	Not asked - 2013		Not asked - 2016		13	8.8%
Lack of access to healthcare	13	6.6%	18	11.2%	11	7.4%
Heart disease*	**49**	**24.9%**	26	16.1%	10	6.8%
Prescription drug abuse	Not asked - 2013		Not asked - 2016		10	6.8%
Alzheimer's/Dementia	Not asked - 2013		Not asked - 2016		8	5.4%
Child abuse/neglect	12	6.1%	14	8.7%	7	4.7%
Respiratory diseases (COPD/asthma)	21	10.7%	16	9.9%	7	4.7%
Lack of dental care	10	5.1%	16	9.9%	6	4.1%
Domestic violence	3	1.5%	8	5.0%	4	2.7%
Work related accidents/injuries*	6	3.0%	4	2.5%	3	2.0%
Motor vehicle accidents*	9	4.6%	0	0.0%	2	1.4%
Recreation related accidents/injuries	5	2.5%	3	1.9%	2	1.4%
Self-harm	Not asked - 2013		Not asked - 2016		2	1.4%
Suicide	Not asked - 2013		Not asked - 2016		2	1.4%
Stroke	6	3.0%	4	2.5%	0	0.0%
Hunger	Not asked - 2013		Not asked - 2016		0	0.0%
Other*	4	2.0%	8	5.0%	13	8.8%

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

“Other” comments:

- Respiratory disease (COPD, asthma) - specifically asthma
- Excessive cost of health care, health insurance
- Lack of senior citizen programs exercise, good eating, etc.
- No hometown, regular healthcare providers- no more interims!
- Methamphetamine
- Alcohol abuse, cancer, depression/anxiety, Drug abuse, Lack of exercise, Overweight/obesity
- Lack of exercise, Social isolation/loneliness, Tobacco use
- All of the above
- Lack of personal responsibility

Components of a Healthy Community (Question 3)

2019 N= 148
2016 N= 161
2013 N= 197

Respondents were asked to identify the three most important things for a healthy community. Forty-nine percent of respondents (n=73) indicated that "Access to healthcare services" is important for a healthy community. "Good jobs and a healthy economy" was the second most indicated component at 43.9% (n=65), and third was "Strong family life" at 27.0% (n=40). Respondents were asked to identify their top three choices, so percentages do not equal 100%.

	2013		2016		2019	
Important Component	**Count**	**Percent**	**Count**	**Percent**	**Count**	**Percent**
Access to healthcare services*	**144**	**73.1%**	**88**	**54.7%**	**73**	**49.3%**
Good jobs and a healthy economy	**94**	**47.7%**	**75**	**46.6%**	**65**	**43.9%**
Strong family life*	**73**	**37.1%**	**65**	**40.4%**	**40**	**27.0%**
Healthy behaviors and lifestyles*	69	35.0%	60	37.3%	36	24.3%
Good schools	52	26.4%	41	25.5%	38	25.7%
Religious or spiritual values	43	21.8%	35	21.7%	35	23.6%
Low crime/safe neighborhoods	30	15.2%	31	19.3%	23	15.5%
Affordable/available housing*	20	10.2%	22	13.7%	29	19.6%
Community involvement	27	13.7%	21	13.0%	24	16.2%
Access to childcare/after school programs	Not asked - 2013		Not asked - 2016		18	12.2%
Clean environment	26	13.2%	18	11.2%	13	8.8%
Access to healthy foods	Not asked - 2013		Not asked - 2016		9	6.1%
Transportation services	Not asked - 2013		Not asked - 2016		7	4.7%
Tolerance for diversity	4	2.0%	9	5.6%	3	2.0%
Low death and disease rates	3	1.5%	3	1.9%	3	2.0%
Parks and recreation	5	2.5%	3	1.9%	2	1.4%
Arts and cultural/social events	0	0.0%	0	0.0%	2	1.4%
Low level of domestic violence	1	0.5%	5	3.1%	1	0.7%
Other	3	1.5%	0	0.0%	5	3.4%
*Indicates a significant change between years ($p \leq 0.05$). Bold: Top 3 responses						

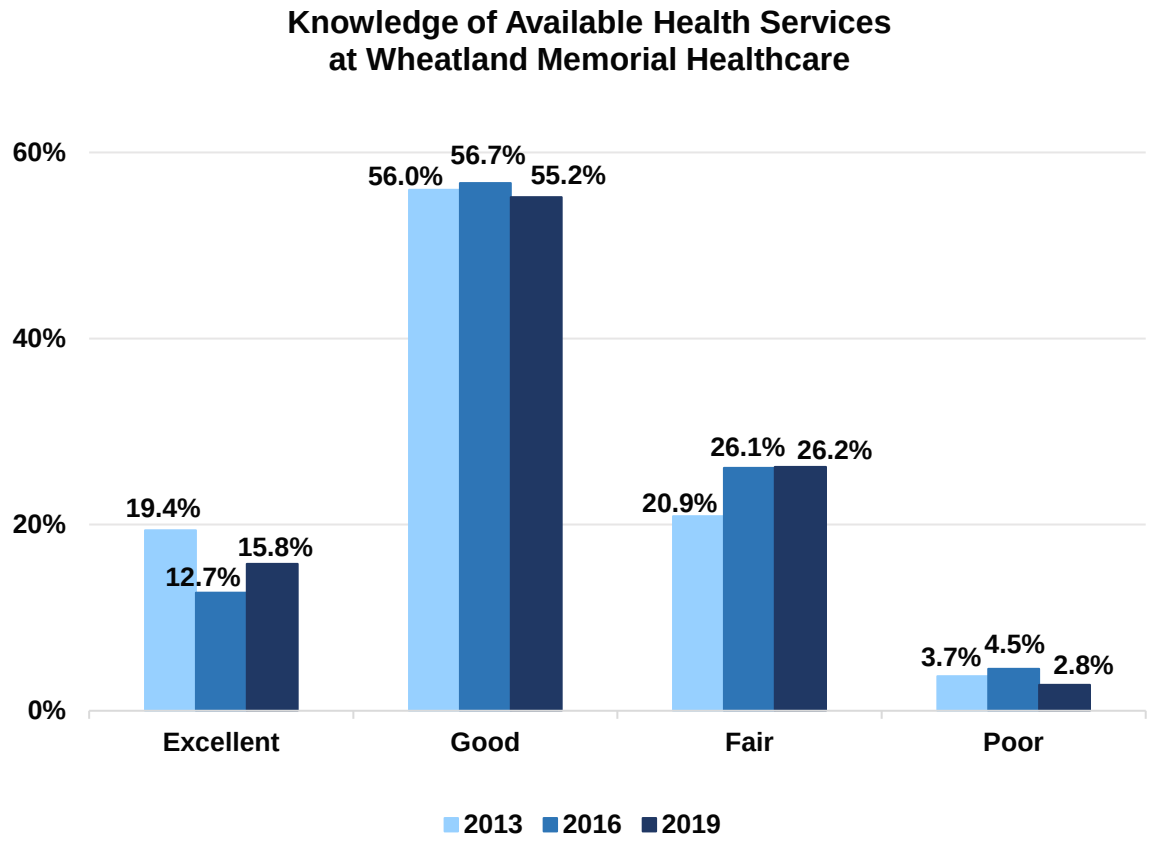
"Other" comments:

- Good paying jobs
- Buy local!
- Work against drug and alcohol abuse

Awareness of Health Services (Question 4)

2019 N= 145
2016 N= 157
2013 N= 191

Respondents were asked to rate their knowledge of the health services available at Wheatland Memorial Healthcare. Fifty-five percent (n=80) of respondents rated their knowledge of health services as “Good”, “Fair” was selected by 26.2% percent (n=38), and “Excellent” was selected by 15.8% (n=23) of respondents. Three respondents chose not to answer this question.



How Respondents Learn of Healthcare Services (Question 5)

2019 N= 148
2016 N= 161
2013 N= 197

The most frequently indicated method of learning about available services was "Word of mouth/reputation" at 62.2% (n=92). "Friends/family" was the second most frequent response at 57.4% (n=85), followed by "Healthcare provider" at 36.5% (n=54). Respondents could select more than one method, so percentages do not equal 100%.

	2013		2016		2019	
Method	**Count**	**Percent**	**Count**	**Percent**	**Count**	**Percent**
Word of mouth/reputation	**116**	**58.9%**	**91**	**56.5%**	**92**	**62.2%**
Friends/family	**99**	**50.3%**	**83**	**51.6%**	**85**	**57.4%**
Healthcare provider*	89	45.2%	46	28.6%	**54**	**36.5%**
Newspaper	73	37.1%	62	38.5%	46	31.1%
Hospital mailings/newsletter*	**116**	**58.9%**	**72**	**44.7%**	43	29.1%
Social media*	20	10.2%	34	21.1%	34	23.0%
Community billboards/posters*	4	2.0%	8	5.0%	17	11.5%
Website/internet	Not asked - 2013		Not asked - 2016		11	7.4%
Health fair*	39	19.8%	19	11.8%	7	4.7%
Presentations	4	2.0%	2	1.2%	1	0.7%
Public Health	Not asked - 2013		Not asked - 2016		1	0.7%
Radio	Not asked - 2013		Not asked - 2016		0	0.0%
Other	3	1.5%	9	5.6%	7	4.7%
*Indicates a significant change between years ($p \leq 0.05$). Bold: Top 3 responses						

"Other" comments:

- Health fair is non-existent
- Call and ask!!
- Used to work there
- Employment

Cross Tabulation of Service Knowledge and Learning about Services

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

KNOWLEDGE RATING OF WHEATLAND MEMORIAL HEALTHCARE SERVICES
BY
HOW RESPONDENTS LEARN ABOUT HEALTHCARE SERVICES

	Excellent	Good	Fair	Poor	Total
Word of mouth/reputation	15 16.7%	46 51.1%	26 28.9%	3 3.3%	90
Friends/family	10 11.9%	49 58.3%	22 26.2%	3 3.6%	84
Healthcare provider	10 18.5%	33 61.1%	10 18.5%	1 1.9%	54
Newspaper	8 18.2%	28 63.6%	8 18.2%		44
Hospital mailings/newsletter	7 16.3%	25 58.1%	11 25.6%		43
Social media	4 11.8%	22 64.7%	7 20.6%	1 2.9%	34
Community billboards/posters	2 11.8%	8 47.0%	7 41.2%		17
Website/internet	3 27.3%	7 63.6%	1 9.1%		11
Health fair	1 14.3%	4 57.1%	2 28.6%		7
Presentations			1 100%		1
Public Health		1 100%			1
Radio					0
Other	3 50.0%	2 33.3%		1 16.7%	6

Utilized Community Health Resources (Question 6)

2019 N= 148
2016 N= 161
2013 N= 197

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 72.3% (n=107). "Dentist" was utilized by 31.8% (n=47), and the "Senior Center" was utilized by 16.9% (n=25) of respondents. Respondents could select more than one resource, so percentages do not equal 100%.

	2013		2016		2019	
Resource	**Count**	**Percent**	**Count**	**Percent**	**Count**	**Percent**
Pharmacy	**150**	**76.1%**	**116**	**72.0%**	**107**	**72.3%**
Dentist	**62**	**31.5%**	**46**	**28.6%**	**47**	**31.8%**
Senior Center	**44**	**22.3%**	**26**	**16.1%**	**25**	**16.9%**
Public Health	16	8.1%	10	6.2%	8	5.4%
HRDC/WIC	Not asked - 2013		11	6.8%	6	4.1%
Counseling	6	3.0%	4	2.5%	2	1.4%
Other*	5	2.5%	6	3.7%	18	12.2%
*Indicates a significant change between years ($p \leq 0.05$). Bold: Top 3 responses						

"Other" comments:

- Immunization clinic at the school
- None (8)
- Ambulance service
- Physical therapy
- Walk in Clinic
- VA
- Eye doctor (2)
- Out of town health resources
- None- go to Billings

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

2019 N= 148
2016 N= 161
2013 N= 197

Respondents were asked to indicate what they felt would improve their community's access to healthcare. Fifty percent of respondents (n=74) reported that "Access to a doctor (MD/DO)" would make the greatest improvement. Forty percent of respondents (n=59) indicated "More primary care providers" would improve access, and "Improved quality of care" was selected by 31.1% (n=46). Respondents could select more than one method, so percentages do not equal 100%.

	2013		2016		2019	
Improvement	**Count**	**Percent**	**Count**	**Percent**	**Count**	**Percent**
Access to a doctor (MD/DO)	Not asked - 2013		Not asked - 2016		**74**	**50.0%**
More primary care providers	**66**	**33.5%**	**59**	**36.6%**	**59**	**39.9%**
Improved quality of care	44	22.3%	**37**	**23.0%**	**46**	**31.1%**
More information about available services	Not asked - 2013		Not asked - 2016		36	24.3%
More specialists	**48**	**24.4%**	30	18.6%	32	21.6%
Expanded local services	Not asked - 2013		Not asked - 2016		28	18.9%
Greater health education services	**45**	**22.8%**	**37**	**23.0%**	22	14.9%
Transportation assistance	26	13.2%	22	13.7%	22	14.9%
Telemedicine/virtual health	14	7.1%	16	9.9%	13	8.8%
Clinic services open longer	29	14.7%	13	8.1%	13	8.8%
Cultural sensitivity	7	3.6%	0	0.0%	3	2.0%
Interpreter services	5	2.5%	5	3.1%	1	0.7%
Other	15	7.6%	24	14.9%	21	14.2%
*Indicates a significant change between years ($p \leq 0.05$). Bold: Top 3 responses						

"Other" comments:

- More access for deaf
- Permanent MD's
- Same Dr- not someone new each time
- Naturopathic services
- Need a steady General Practitioner (GP) (2)
- Lower cost of healthcare + health insurance
- Stable management- it's a circus up there
- Continuity of care. No more interims!
- Local Dr. (2)
- Become in-network provider for state employees
- Mental health providers
- Continuity in care- keeping doctors for longer
- Need physician locally not futile
- The same provider; I don't like going to a different provider every trip
- Home healthcare
- More help for seniors
- Consistent healthcare providers/doctors, doctors working regular days of the week
- Doctors!

Interest in Educational Classes or Programs (Question 8)

2019 N= 148
2016 N= 161
2013 N= 197

Respondents were asked if they would be interested in any educational classes/programs made available to the community. The most highly indicated class/program was "Health and wellness" at 24.3% of respondents (n=36). "Group fitness classes" and "Weight loss" were each selected by 23.6% of respondents (n=35 each). Respondents could select more than one interest, so percentages do not equal 100%.

	2013		2016		2019	
Educational Class/Program	**Count**	**Percent**	**Count**	**Percent**	**Count**	**Percent**
Health and wellness	**43**	**21.8%**	**35**	**21.7%**	**36**	**24.3%**
Group fitness classes	**64**	**32.5%**	**55**	**34.2%**	**35**	**23.6%**
Weight loss	**56**	**28.4%**	**44**	**27.3%**	**35**	**23.6%**
Women's health	41	20.8%	35	21.7%	32	21.6%
Living will/estate planning	28	14.2%	26	16.1%	32	21.6%
First aid/CPR	28	14.2%	20	12.4%	30	20.3%
Men's health	21	10.7%	19	11.8%	18	12.2%
Nutrition*	30	15.2%	33	20.5%	14	9.5%
Adult skills/vocational training	Not asked - 2013		Not asked - 2016		14	9.5%
Mental health	12	6.1%	12	7.5%	13	8.8%
Heart disease	21	10.7%	8	5.0%	13	8.8%
Support groups	10	5.1%	13	8.1%	12	8.1%
Cancer	23	11.7%	12	7.5%	10	6.8%
Alzheimer's*	30	15.2%	22	13.7%	9	6.1%
Grief counseling	14	7.1%	9	5.6%	9	6.1%
Smoking/tobacco cessation	9	4.6%	8	5.0%	8	5.4%
Parenting	7	3.6%	7	4.3%	6	4.1%
Alcohol abuse	Not asked - 2013		6	3.7%	4	2.7%
Drug/prescription abuse	Not asked - 2013		4	2.5%	4	2.7%
Lactation/breastfeeding support	Not asked - 2013		Not asked - 2016		3	2.0%
Prenatal	4	2.0%	1	0.6%	0	0.0%
Other	5	2.5%	3	1.9%	6	4.1%
*Indicates a significant change between years ($p \leq 0.05$). Bold: Top 3 responses						

"Other" comments:

- None
- I don't do classes
- A place to go bowling/no smoking
- None (2)
- Diabetes

Utilization of Preventative Services (Question 9)

2019 N= 148
2016 N= 161
2013 N= 197

Respondents were asked if they had utilized any of the preventative services listed in the past year. "Lab check" was selected by 60.1% of respondents (n=89). Fifty-one percent of respondents (n=76) indicated they received a "Flu shot/immunizations", and 48.0% of respondents (n=71) had a "Health checkup." Respondents could select all that apply, thus the percentages do not equal 100%.

	2013		2016		2019	
Preventative Service	**Count**	**Percent**	**Count**	**Percent**	**Count**	**Percent**
Lab check (blood screening)*	80	40.6%	**70**	**43.5%**	**89**	**60.1%**
Flu shot/immunizations	**102**	**51.8%**	**66**	**41.0%**	**76**	**51.4%**
Health checkup	**88**	**44.7%**	**59**	**36.6%**	**71**	**48.0%**
Blood pressure check*	**83**	**42.1%**	53	32.9%	70	47.3%
Cholesterol screening	72	36.5%	48	29.8%	54	36.5%
Dental Exam	Not asked - 2013		Not asked - 2016		48	32.4%
Mammography	50	25.4%	48	29.8%	35	23.6%
None	26	13.2%	32	19.9%	17	11.5%
Pap smear	30	15.2%	16	9.9%	16	10.8%
Colonoscopy	16	8.1%	8	5.0%	12	8.1%
Prostate (PSA)*	26	13.2%	10	6.2%	9	6.1%
Children's checkup/Well baby	8	4.1%	7	4.3%	8	5.4%
Other	6	3.0%	11	6.8%	8	5.4%
*Indicates a significant change between years ($p \leq 0.05$). Bold: Top 3 responses						

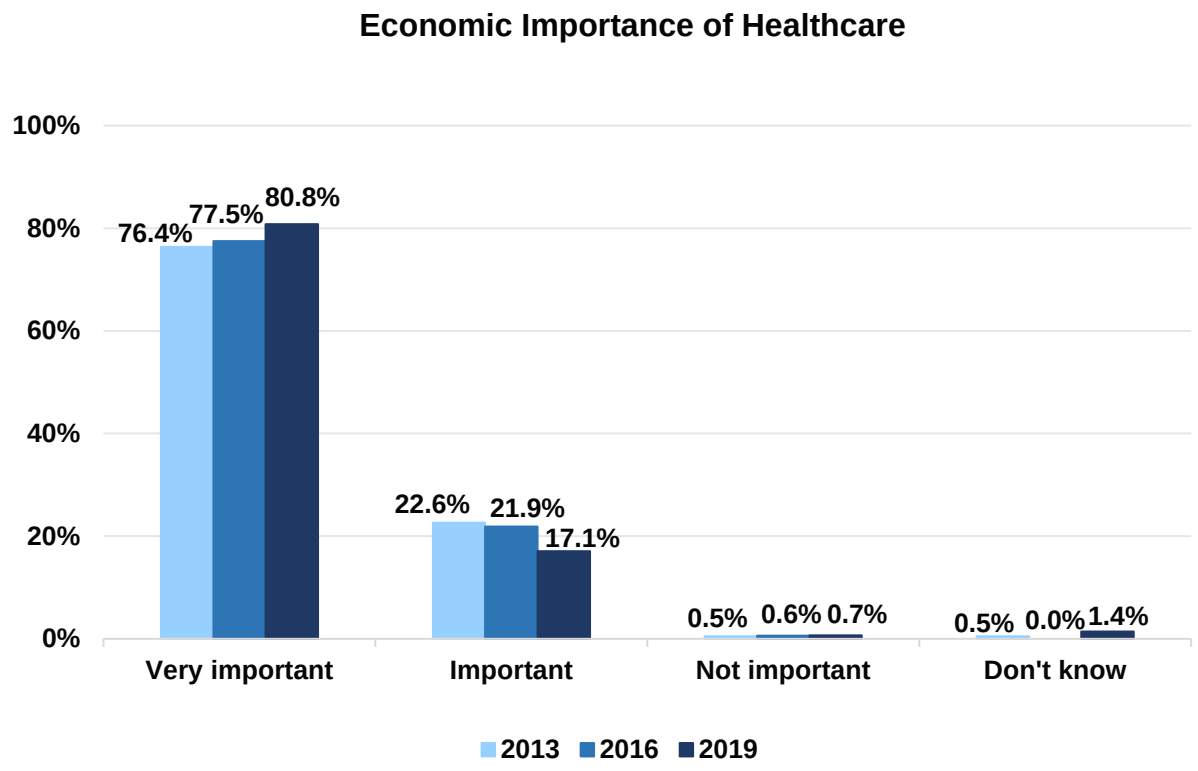
"Other" comments:

- Mammography- had to go to Billings, ours was down
- When I become sick- will go there
- At VA clinic
- Lab work
- Physical therapy
- None, because out of network provider
- Stress test/cardio

Economic Importance of Local Healthcare Providers and Services (Question 10)

2019 N= 145
2016 N= 157
2013 N= 195

The majority of respondents (80.8%, n=118), indicated that local healthcare providers and services (i.e. hospitals, clinics, nursing homes, assisted living, etc.) are 'Very important' to the economic wellbeing of the area. Seventeen percent of respondents (n=25) indicated they are "Important" and two respondents, or 1.4% indicated they "Don't know."

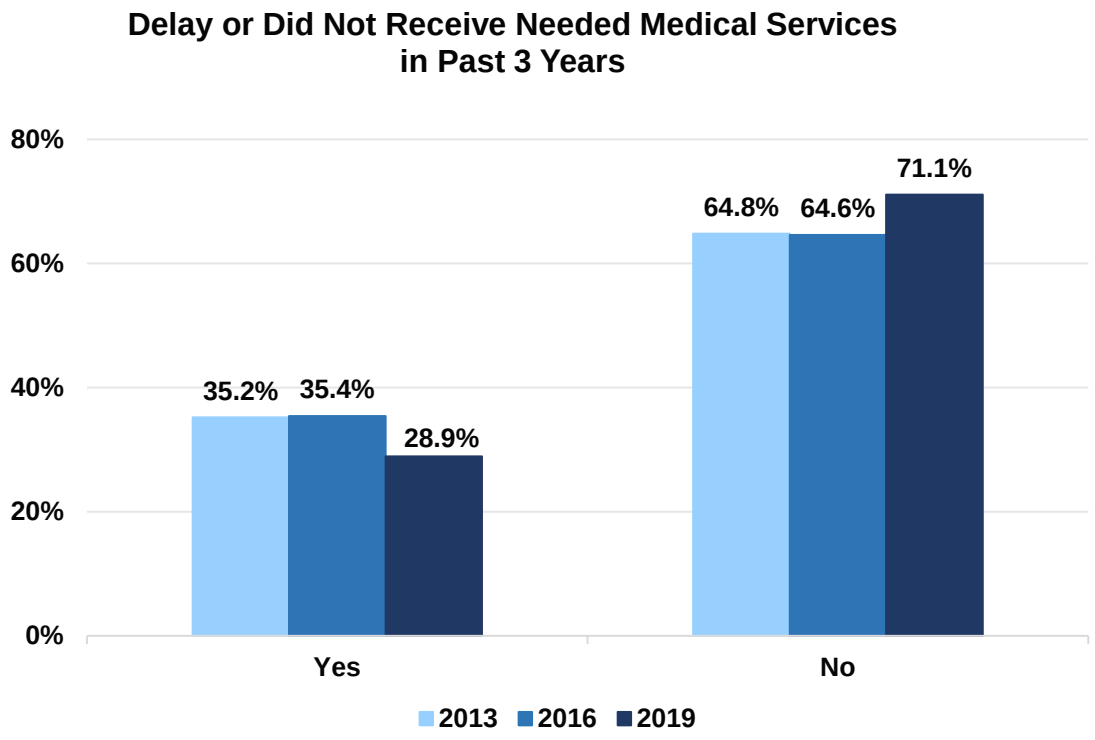


Survey Findings – Use of Healthcare Services

Needed/Delayed Hospital Care During the Past Three Years (Question 11)

2019 N= 142
2016 N= 144
2013 N= 179

Twenty-nine percent of respondents (n=41) 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. Seventy-one percent of respondents (n=101) felt they were able to get the healthcare services they needed without delay. Six respondents chose not to answer this question.



Reasons for NOT Being Able to Receive Services or Delay in Receiving Healthcare Services (Question 12)

2019 N= 41
2016 N= 51
2013 N= 63

For those who indicated they were unable to receive or had to delay services (n=41), the reasons most cited were: "It cost too much" (39.0%, n=16), "Service not available locally" (31.7%, n=13), and "Other" (26.8%, n=11). Respondents were asked to indicate their top three choices, so percentages do not equal 100%.

	2013		2016		2019	
Reason	**Count**	**Percent**	**Count**	**Percent**	**Count**	**Percent**
It cost too much	**29**	**46.0%**	**22**	**43.1%**	**16**	**39.0%**
Service not available locally	Not asked - 2013		Not asked - 2016		**13**	**31.7%**
Billing issues	Not asked - 2013		**12**	**23.5%**	10	24.4%
Confidentiality/privacy	7	11.1%	3	5.9%	8	19.5%
Pharmacy not open weekends/afterhours*	3	4.8%	10	19.6%	8	19.5%
Qualified provider not available	Not asked - 2013		Not asked - 2016		8	19.5%
My insurance didn't cover it	10	15.9%	10	19.6%	7	17.1%
Don't like doctors	10	15.9%	3	5.9%	5	12.2%
Too long to wait for an appointment*	**15**	**23.8%**	4	7.8%	4	9.8%
Could not get an appointment	11	17.5%	7	13.7%	2	4.9%
It was too far to go	4	6.3%	3	5.9%	2	4.9%
Not treated with respect	8	12.7%	5	9.8%	2	4.9%
Unsure if services were available	2	3.2%	4	7.8%	2	4.9%
Office wasn't open when I could go	8	12.7%	2	3.9%	1	2.4%
Transportation problems	1	1.6%	1	2.0%	1	2.4%
Could not get off work	4	6.3%	3	5.9%	0	0.0%
Didn't know where to go	1	1.6%	1	2.0%	0	0.0%
Had no childcare	0	0.0%	0	0.0%	0	0.0%
Language barrier	0	0.0%	0	0.0%	0	0.0%
No insurance*	**13**	**20.6%**	3	5.9%	0	0.0%
Too nervous or afraid	3	4.8%	2	3.9%	0	0.0%
Don't understand the healthcare system	Not asked - 2013		Not asked - 2016		0	0.0%
Other*	3	4.8%	**11**	**21.6%**	**11**	**26.8%**

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

"Other" comments:

- Interpreter ASL signing
- Cheaper in Billings
- Problems getting prescriptions to the correct pharma, resulting in more than 10 days without my medication
- Weather
- No trust or bond w/ interims!
- Not an in-network provider; drove to Billings Clinic in Billings

Cross Tabulation of Delay of Services and Residence

Analysis was done to examine if respondents delayed getting services, with where they live by zip code. The chart below shows the results of the cross tabulation. Delay of services (yes, no) is across the top of the table, and residents' zip codes are along the side.

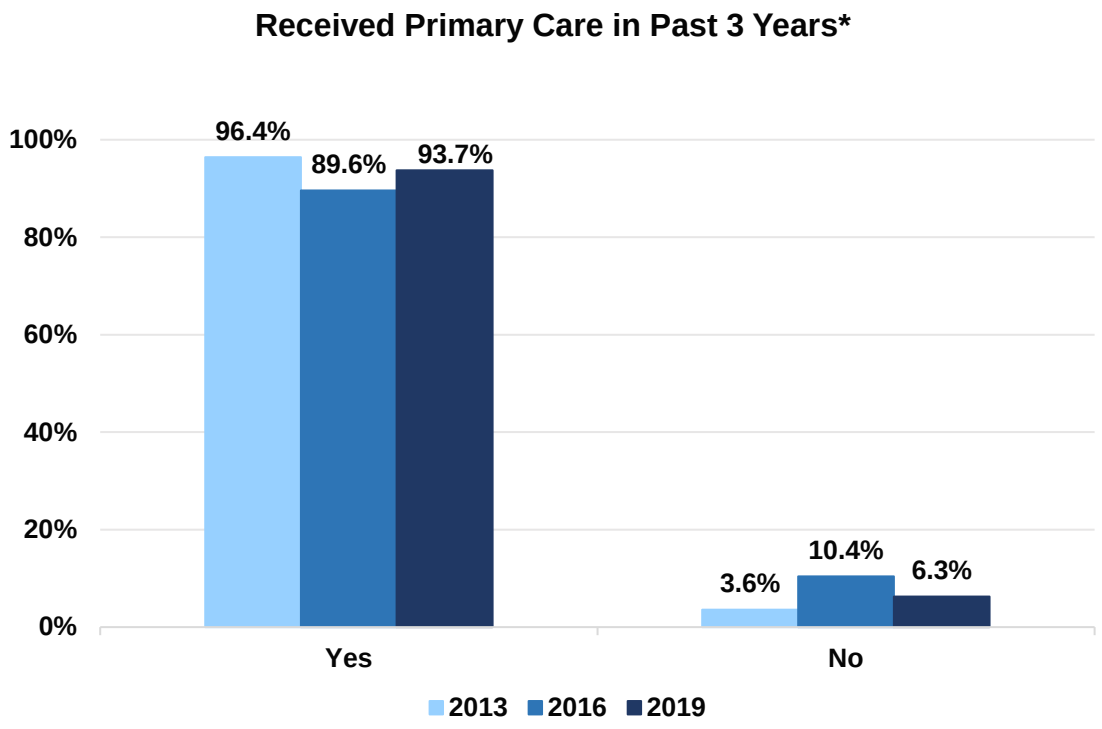
DELAY OR DID NOT GET NEEDED HEALTHCARE SERVICES BY RESIDENCE

	Yes	No	Total
Harlowton 59036	33 29.5%	79 70.5%	**112**
Judith Gap 59453	5 55.6%	4 44.4%	**9**
Two Dot 59085	1 14.3%	6 85.7%	**7**
Ryegate 59074	1 20.0%	4 80.0%	**5**
Shawmut 59078	1 20.0%	4 80.0%	**5**
Martinsdale 59053		3 100%	**3**
Other		1 100%	**1**
TOTAL	**41**	**101**	**142**

Primary Care Received in the Past Three Years (Question 13)

2019 N= 142
2016 N= 154
2013 N= 192

Ninety-four percent of respondents (n=133) indicated they or someone in their household had been seen by a primary care provider (such as a family physician, physician assistant, or nurse practitioner) for healthcare services in the past three years, and 6.3% respondents (n=9) indicated they or someone in their household had not. Six respondents chose not to answer this question.



*Significantly fewer 2016 respondents saw a primary care provider.

Location of Primary Care Provider (Question 14)

2019 N= 131
2016 N= 124
2013 N= 176

Of the 133 respondents who indicated receiving primary care services in the previous three years, 50.4% (n=66) reported receiving care in Harlowton, 26.7% percent of respondents (n=35) went to Billings, and 13.7% (n=18) went to another location not listed. Two of the 133 respondents who reported they had utilized primary care services in the past three years did not indicate where they received those services.

	2013		2016		2019	
Clinic Location	**Count**	**Percent**	**Count**	**Percent**	**Count**	**Percent**
Harlowton*	**131**	**74.4%**	**89**	**71.8%**	**66**	**50.4%**
Billings*	**25**	**14.2%**	**21**	**16.9%**	**35**	**26.7%**
Lewistown	7	4.0%	**7**	**5.6%**	7	5.3%
Bozeman	Not asked - 2013		0	0.0%	3	2.3%
VA	6	3.4%	2	1.6%	1	0.8%
Big Timber	Not asked - 2013		Not asked - 2016		1	0.8%
Roundup	Not asked - 2013		Not asked - 2016		0	0.0%
Great Falls	0	0.0%	1	0.8%	0	0.0%
White Sulphur Springs	Not asked - 2013		Not asked - 2016		0	0.0%
Other*	7	4.0%	4	3.2%	**18**	**13.7%**
TOTAL	**176**	**100%**	**124**	**100%**	**131**	**100%**
*Indicates a significant change between years ($p \leq 0.05$). Bold: Top 3 responses						

"Other" comments:

- Harlowton, Billings (8)
- Billings, VA
- Big Timber, Billings, Lewistown, White Sulphur Springs, Townsend
- Harlowton, Billings, VA
- Missoula
- Townsend (2)
- Billings, Roundup
- Harlowton, Bozeman, Billings
- Ennis, MT
- Red Lodge
- Billings, Lewistown

Reasons for Selection of Primary Care Provider (Question 15)

2019 N= 133
2016 N= 138
2013 N= 185

Those respondents who indicated they or someone in their household had been seen by a primary care provider within the past three years, were asked to indicate why they chose that primary care provider. "Closest to home" was the most frequently selected reason at 43.6% (n=58), followed by "Prior experience with clinic" at 39.8% (n=53), and "Clinic/provider's reputation for quality" at 33.1% (n=44). Respondents were asked to check all that apply, so the percentages do not equal 100%.

	2013		2016		2019	
Reason	**Count**	**Percent**	**Count**	**Percent**	**Count**	**Percent**
Closest to home*	**122**	**65.9%**	**78**	**56.5%**	**58**	**43.6%**
Prior experience with clinic	**87**	**47.0%**	**61**	**44.2%**	**53**	**39.8%**
Clinic/provider's reputation for quality*	44	23.8%	18	13.0%	**44**	**33.1%**
Appointment availability	**64**	**34.6%**	**43**	**31.2%**	40	30.1%
Recommended by family or friends	22	11.9%	25	18.1%	20	15.0%
Referred by physician or other provider	22	11.9%	11	8.0%	19	14.3%
Confidentiality/privacy	12	6.5%	8	5.8%	14	10.5%
Length of waiting room time	27	14.6%	11	8.0%	12	9.0%
Cost of care	10	5.4%	5	3.6%	10	7.5%
VA/Military requirement	10	5.4%	7	5.1%	8	6.0%
Required by insurance plan	6	3.2%	7	5.1%	6	4.5%
Shopping in that town	8	4.3%	2	1.4%	5	3.8%
Indian Health Services	1	0.5%	0	0.0%	0	0.0%
Other	10	5.4%	14	10.1%	16	12.0%
*Indicates a significant change between years ($p \leq 0.05$). Bold: Top 3 responses						

"Other" comments:

- Just see the one available...
- Moved to Harlowton- didn't transfer to here
- Specific provider great!!
- They don't gossip like Harlowton + they treat you better
- Naturopathy
- He is an MD-Internist - I need this for diabetes. Travelling PA's are not specialists in diabetes
- Naturopathic Dr.
- Billings Clinic is an in-network provider for state employees
- Live in Billings during the week
- Because of surgeries in Billings, check up with oncology and ENT
- An actual MD
- Insurance plan pays better
- Provider since 1962
- Same provider for many years
- Can't get an RX filled by clinic!
- No longer have the same health care provider at local clinic. They are always someone different

Cross Tabulation of Primary Care and Residence

Analysis was done to examine where respondents went most often for primary care with where they live by zip code. The chart below shows the results of the cross tabulation. Clinic location is across the top of the table and residents' zip codes are along the side. White Sulphur Springs, Great Falls, and Roundup were removed from the table due to non-response.

LOCATION OF PRIMARY CARE PROVIDER MOST UTILIZED BY RESIDENCE

	Harlowton	**Billings**	**Bozeman**	**Lewistown**	**Big Timber**	**VA**	**Other**	**TOTAL**
Harlowton 59036	54 51.4%	28 26.7%	3 2.9%	4 3.8%	1 1.0%	1 1.0%	14 13.2%	**105**
Judith Gap 59453	3 30.0%	2 20.0%		3 30.0%			2 20.0%	**10**
Shawmut 59078	2 40.0%	2 40.0%					1 20.0%	**5**
Ryegate 59074	1 25.0%	2 50.0%					1 25.0%	**4**
Two Dot 59085	4 100%							**4**
Martinsdale 59053	1 50.0%	1 50.0%						**2**
Other	1 100%							**1**
TOTAL	**66**	**35**	**3**	**7**	**1**	**1**	**18**	**131**

Cross Tabulation of Clinic and Reason Selected

Analysis was done to examine where respondents went most often for primary care services with why they selected that clinic/provider. The chart below shows the results of the cross tabulation. Reason clinic/provider was selected was a multiple response item, thus totals do not add up to 100%. White Sulphur Springs, Great Falls, and Roundup were removed from the table due to non-response.

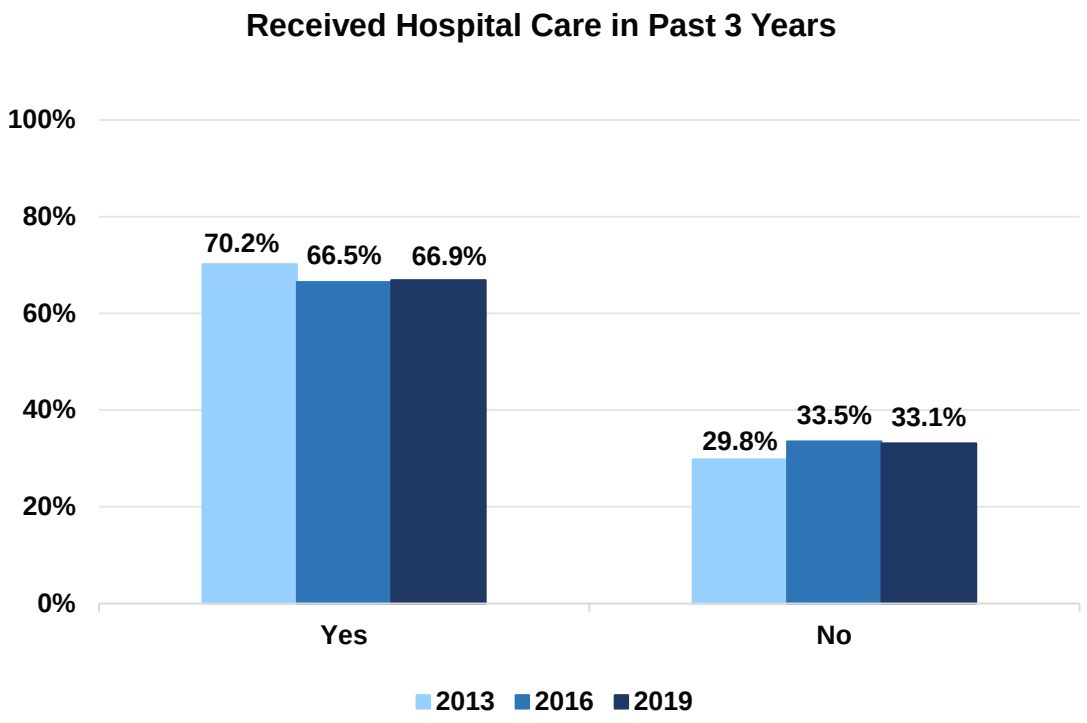
LOCATION OF PRIMARY CARE PROVIDER BY REASONS CLINIC SELECTED

	Harlowton	Billings	Bozeman	Lewistown	Big Timber	VA	Other	TOTAL
Closest to home	47 81.0%	2 3.4%		1 1.7%			8 13.8%	58
Prior experience with clinic	28 53.8%	13 25.0%	2 3.8%	2 3.8%	1 1.9%	1 1.9%	5 9.6%	52
Clinic/provider's reputation for quality	18 40.9%	14 31.8%	2 4.5%	1 2.3%		1 2.3%	8 18.2%	44
Appointment availability	25 62.5%	7 17.5%		2 5.0%			6 15.0%	40
Recommended by family or friends	10 50.0%	4 20.0%		2 10.0%			4 20.0%	20
Referred by physician or other provider		12 63.2%	1 5.3%	1 5.3%			5 26.3%	19
Confidentiality/privacy	5 38.5%	4 30.8%	1 7.7%	1 7.7%			2 15.4%	13
Length of waiting room time	10 83.3%		1 8.3%				1 8.3%	12
Cost of care		4 40.0%	1 10.0%		1 10.0%	1 10.0%	3 30.0%	10
VA/Military requirement	2 25.0%	2 25.0%		1 12.5%		1 12.5%	2 25.0%	8
Required by insurance plan/ in-network provider	3 50.0%	3 50.0%						6
Shopping in that town		4 80.0%		1 20.0%				5
Other	3 18.8%	8 50.0%	1 6.3%	2 12.5%			2 12.5%	16

Hospital Care Received in the Past Three Years (Question 16)

2019 N= 142
2016 N= 155
2013 N= 191

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-seven percent of respondents (n=95) reported that they or a member of their family had received hospital care during the previous three years, and 33.1% (n=47) had not received hospital services. Six respondents chose not to answer this question.



Hospital Used Most in the Past Three Years (Question 17)

2019 N= 92
2016 N= 91
2013 N= 113

Of the 95 respondents who indicated receiving hospital care in the previous three years, 38.0% (n=35) reported receiving care at St. Vincent Healthcare. Twenty-three percent of respondents (n=21 each) received services at Wheatland Memorial Healthcare and Billings Clinic. In 2019, three of the 95 respondents who reported they had been to a hospital in the past three years did not indicate which hospital they had utilized.

	2013		2016		2019	
Hospital	**Count**	**Percent**	**Count**	**Percent**	**Count**	**Percent**
St. Vincent Healthcare	**31**	**27.4%**	**30**	**33.0%**	**35**	**38.0%**
Wheatland Memorial Healthcare	**40**	**35.4%**	**28**	**30.8%**	**21**	**22.8%**
Billings Clinic	**28**	**24.8%**	**20**	**22.0%**	**21**	**22.8%**
Central Montana Medical Center	5	4.4%	2	2.2%	3	3.3%
VA	5	4.4%	2	2.2%	3	3.3%
Benefis Health System	1	0.9%	3	3.3%	2	2.2%
Bozeman Health	Not asked - 2013		Not asked - 2016		1	1.1%
Other	3	2.7%	6	6.6%	6	6.5%
TOTAL	**113**	**100%**	**91**	**100%**	**92**	**100%**
*Indicates a significant change between years ($p \leq 0.05$). Bold: Top 3 responses						

"Other" comments:

- Wheatland Memorial Healthcare, Billings Clinic, Central Montana Medical Center
- Billings Yellowstone Surgery Center Outpatient
- Billings Clinic, St. Vincent Healthcare
- Wheatland Memorial Healthcare, St. Vincent Healthcare
- Wheatland Memorial Healthcare and VA
- Wheatland Memorial Healthcare, Billings Clinic

Reasons for Selecting the Hospital Used (Question 18)

2019 N= 95
2016 N= 103
2013 N= 134

Of the 95 respondents who had a personal or family experience at a hospital within the past three years, the primary reason given for selecting the facility used most often was "Prior experience with hospital" at 54.7% (n=52). "Hospital/provider's reputation for quality" was selected by 43.2% of the respondents (n=41), and 36.8% (n=35) selected "Referred by physician or other provider." Note that respondents were asked to select the top three answers which influenced their choices, so the percentages do not equal 100%.

	2013		2016		2019	
Reason	**Count**	**Percent**	**Count**	**Percent**	**Count**	**Percent**
Prior experience with hospital	**61**	**45.5%**	**53**	**51.5%**	**52**	**54.7%**
Hospital/provider's reputation for quality	47	35.1%	28	27.2%	**41**	**43.2%**
Referred by physician or other provider	**68**	**50.7%**	**49**	**47.6%**	**35**	**36.8%**
Closest to home	**50**	**37.3%**	**29**	**28.2%**	30	31.6%
Emergency, no choice	42	31.3%	25	24.3%	21	22.1%
Recommended by family or friends	15	11.2%	7	6.8%	12	12.6%
Required by insurance plan	10	7.5%	9	8.7%	6	6.3%
Financial assistance programs	Not asked - 2013		Not asked - 2016		4	4.2%
Closest to work	8	6.0%	6	5.8%	3	3.2%
Cost of care	10	7.5%	5	4.9%	3	3.2%
VA/Military requirement	10	7.5%	6	5.8%	3	3.2%
Other	8	6.0%	7	6.8%	10	10.5%
*Indicates a significant change between years ($p \leq 0.05$). Bold: Top 3 responses						

"Other" comments:

- Been going to my Dr since Jan 2003. Refuse to transfer to Harlowton, they don't have what provider has in Billings
- They are friendly + very clean + the staff doesn't stand around gossiping as Harlowton does
- Billings is nicer
- Prior experience with hospital, required by insurance plan
- Services were not available in Harlow
- Surgeries
- Insurance pays better
- Treatment needed
- Mental capability

Cross Tabulation of Hospital and Residence

Analysis was done to examine where respondents utilized hospital services the most in the past three years, with where they live by zip code. The chart below shows the results of the cross tabulation. Hospital location is across the top of the table and residents' zip codes are along the side.

LOCATION OF MOST OFTEN UTILIZED HOSPITAL BY RESIDENCE

	St. Vincent Healthcare	Wheatland Memorial	Billings Clinic	Central Montana Medical Center	VA	Benefis Health System	Bozeman Health	Other	TOTAL
Harlowton 59036	27 38.0%	19 26.8%	15 21.1%	1 1.4%	2 2.8%	1 1.4%	1 1.4%	5 7.1%	**71**
Shawmut 59078		1 20.0%	3 60.0%		1 20.0%				**5**
Judith Gap 59453	2 40.0%		1 20.0%	2 40.0%					**5**
Ryegate 59074	3 100%								**3**
Martinsdale 59053	1 50.0%		1 50.0%						**2**
Two Dot 59085		1 50.0%				1 50.0%			**2**
Other									**0**
TOTAL	**33**	**21**	**20**	**3**	**3**	**2**	**1**	**5**	**88**

Cross Tabulation of Hospital and Reason Selected

Analysis was done to assess respondents' most utilized hospital with why they selected that hospital. The chart below shows the results of the cross tabulation. Reason hospital was selected was a multiple response item, thus totals do not add up to 100%. Hospital location is across the top of the table and reason for selection is along the side.

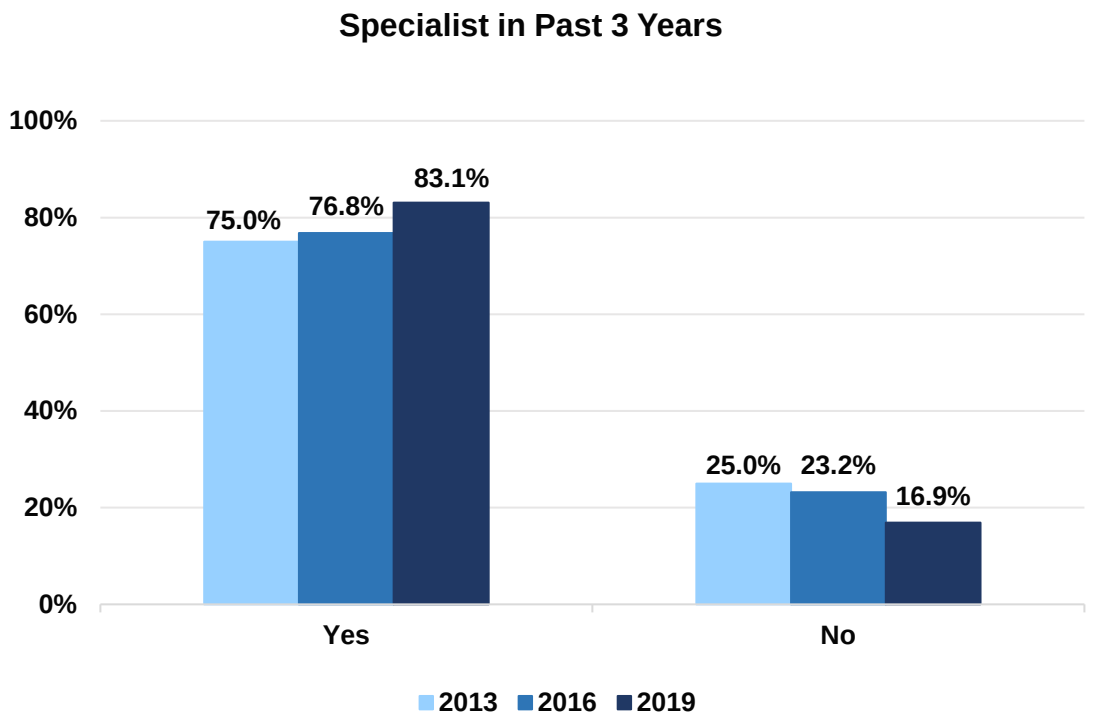
LOCATION OF MOST UTILIZED HOSPITAL BY REASONS HOSPITAL SELECTED

	St. Vincent Healthcare	Wheatland Memorial	Billings Clinic	Central Montana Medical Center	VA	Benefis Health System	Bozeman Health	Other	TOTAL
Prior experience with hospital	21 40.4%	13 25.0%	11 21.2%	2 3.8%	1 1.9%		1 1.9%	3 5.8%	52
Hospital/provider's reputation for quality	22 57.9%	5 13.3%	4 10.5%	1 2.6%	1 2.6%	1 2.6%	1 2.6%	3 7.9%	38
Referred by a physician or other provider	15 48.4%	1 3.2%	10 32.3%	2 6.5%		1 3.2%	1 3.2%	1 3.2%	31
Closest to home	2 7.1%	20 71.5%	3 10.7%		1 3.6%			2 7.1%	28
Emergency, no choice	3 15.8%	10 52.6%	4 21.0%	1 5.3%		1 5.3%			19
Recommended by family or friends	10 76.9%		1 7.7%	1 7.7%				1 7.7%	13
Required by insurance plan	2 40.0%		3 60.0%						5
VA/Military requirement					3 100%				3
Closest to work		1 50.0%						1 50.0%	2
Cost of care	1 50.0%		1 50.0%						2
Financial assistance programs		1 50.0%	1 50.0%						2
Other	3 33.3%	1 11.1%	3 33.3%	1 11.1%		1 11.1%			9

Use of Healthcare Specialists during the Past Three Years (Question 19)

2019 N= 142
2016 N= 155
2013 N= 192

Eighty-three percent of the respondents (n=118) indicated they or a household member had seen a healthcare specialist during the past three years, while 16.9% (n=24) indicated they had not. Six respondents chose not to answer this question.



Location of Healthcare Specialist (Question 20)

2019 N= 118
2016 N= 119
2013 N= 144

Of the 118 respondents who indicated they saw a healthcare specialist in the past three years, 89.8% (n=16) saw one in Billings. Harlowton specialty services were utilized by 19.5% of respondents (n=23), and Lewistown was reported by 16.9% (n=20). Respondents could select more than one location, so percentages do not equal 100%.

	2013		2016		2019	
Specialist Location	**Count**	**Percent**	**Count**	**Percent**	**Count**	**Percent**
Billings	**122**	**84.7%**	**94**	**79.0%**	**106**	**89.8%**
Harlowton	**20**	**13.9%**	**25**	**21.0%**	**23**	**19.5%**
Lewistown	**14**	**9.7%**	**17**	**14.3%**	**20**	**16.9%**
Bozeman	Not asked - 2013		Not asked - 2016		12	10.2%
VA	9	6.3%	4	3.4%	7	5.9%
Great Falls	2	1.4%	7	5.9%	4	3.4%
Other	11	7.6%	11	9.2%	9	7.6%
*Indicates a significant change between years ($p \leq 0.05$). Bold: Top 3 responses						

"Other" comments:

- Livingston
- Helena (5)
- Big Timber
- Helena, Missoula

Type of Healthcare Specialist Seen (Question 21)

2019 N= 118
2016 N= 119
2013 N= 144

The respondents (n=118) saw a wide array of healthcare specialists in the past three years. The most frequently indicated specialist was "Eye doctor" at 46.6% of respondents (n=55) having utilized their services. "Dentist" was the second most utilized specialist at 38.1% (n=45), and "Cardiologist" and "Dermatologist" were third at 30.5% (n=36 each). Respondents were asked to choose all that apply, so percentages do not equal 100%.

	2013		2016		2019	
Specialist Type	**Count**	**Percent**	**Count**	**Percent**	**Count**	**Percent**
Eye doctor	Not asked - 2013		Not asked - 2016		**55**	**46.6%**
Dentist	**50**	**34.7%**	**42**	**35.3%**	**45**	**38.1%**
Cardiologist (heart)	**43**	**29.9%**	24	20.2%	**36**	**30.5%**
Dermatologist (skin)	31	21.5%	**31**	**26.1%**	**36**	**30.5%**
Orthopedist	**48**	**33.3%**	**40**	**33.6%**	32	27.1%
Radiologist (x-ray)*	12	8.3%	30	25.2%	32	27.1%
Physical therapist	20	13.9%	21	17.6%	28	23.7%
Chiropractor	27	18.8%	22	18.5%	20	16.9%
ENT (ear/nose/throat)	16	11.1%	11	9.2%	20	16.9%
Podiatrist (foot)*	6	4.2%	14	11.8%	19	16.1%
General surgeon	12	8.3%	12	10.1%	17	14.4%
Oncologist (cancer)	12	8.3%	10	8.4%	15	12.7%
Rheumatologist (arthritis)*	7	4.9%	2	1.7%	15	12.7%
Neurologist	13	9.0%	8	6.7%	14	11.9%
OB/GYN	19	13.2%	16	13.4%	14	11.9%
Urologist (kidneys, etc.)	20	13.9%	11	9.2%	14	11.9%
Audiologist (hearing)	Not asked - 2013		Not asked - 2016		13	11.0%
Gastroenterologist (stomach)	22	15.3%	14	11.8%	11	9.3%
Pulmonologist (lungs)	5	3.5%	7	5.9%	11	9.3%
Allergist	5	3.5%	2	1.7%	6	5.1%
Endocrinologist (hormones)	8	5.6%	8	6.7%	6	5.1%
Mental health counselor	7	4.9%	4	3.4%	5	4.2%
Pediatrician (children)	4	2.8%	4	3.4%	4	3.4%
Psychiatrist (M.D.)	2	1.4%	2	1.7%	4	3.4%
Dietician	4	2.8%	6	5.0%	2	1.7%

Geriatrician	0	0.0%	2	1.7%	1	0.8%
Occupational therapist*	2	1.4%	7	5.9%	1	0.8%
Psychologist	3	2.1%	3	2.5%	1	0.8%
Neurosurgeon	3	2.1%	5	4.2%	0	0.0%
Social worker	0	0.0%	2	1.7%	0	0.0%
Speech therapist	2	1.4%	1	0.8%	0	0.0%
Substance abuse counselor	1	0.7%	0	0.0%	0	0.0%
Other	7	4.9%	4	3.4%	9	7.6%
*Indicates a significant change between years ($p \leq 0.05$). Bold: Top 3 responses						

"Other" comments:

- Sleep apnea
- Thyroid
- Orthopedic
- Midwife
- Replacement surgery orthopedic
- Maternal Fetal Medicine
- Spine
- Vein specialist

Overall Quality of Care at Wheatland Memorial Healthcare (Question 22)

2019 N= 148
2016 N= 161
2013 N= 197

Respondents were asked to rate a variety of aspects of the overall care provided at Wheatland Memorial Healthcare using the scale of 4=Excellent, 3=Good, 2=Fair, 1=Poor, and Don't Know. The sums of the average scores were then calculated with laboratory, physical therapy, and radiology services receiving the top average score of 3.4 out of 4.0. The total average score of 2.9, indicates the overall services of the hospital as "Fair" to "Good."

2019	**Excellent (4)**	**Good (3)**	**Fair (2)**	**Poor (1)**	**Haven't used**	**Don't know**	**No ans.**	**N**	**Avg**
Laboratory	53	43	5	4	29	4	10	148	**3.4**
Physical therapy	39	29	9	1	50	12	8	148	**3.4**
Radiology (x-ray/CT scan/ultrasound)	34	31	8	0	56	10	9	148	**3.4**
Emergency room	29	40	8	1	50	11	9	148	3.2
Ambulance services	13	25	6	1	83	10	10	148	3.1
Visiting orthopedist	7	9	2	2	92	22	14	148	3.1
Acute/skilled care (inpatient hospitalization)	8	21	13	0	84	12	10	148	2.9
Bair Memorial Clinic	26	64	23	6	19	3	7	148	2.9
Visiting general surgeon	4	6	3	3	97	25	10	148	2.7
Visiting podiatrist	5	6	6	2	95	22	12	148	2.7
Cardiology services	3	7	6	4	97	21	10	148	2.5
Health education programs	3	7	6	4	90	27	11	148	2.5
Long term care/nursing home/swing intermediate	3	12	7	4	93	17	12	148	2.5
Pulmonology Function Testing	3	3	6	2	102	21	11	148	2.5
Billing/financial services	11	38	25	28	31	5	10	148	2.3
Speech therapy	1	0	3	1	109	23	11	148	2.2
Telemedicine/virtual health	1	2	4	2	105	22	12	148	2.2
Dietician/nutrition services	2	2	8	6	96	18	16	148	2.0
TOTAL	**245**	**345**	**148**	**71**					**2.9**

2016	Excellent (4)	Good (3)	Fair (2)	Poor (1)	Don't know/ Haven't used	No Ans	N	Avg
Physical therapy	47	26	6	1	68	13	161	**3.5**
Laboratory	64	50	13	1	22	11	161	**3.4**
Ambulance services	20	9	5	1	111	15	161	**3.4**
Radiology	42	41	4	2	59	13	161	**3.4**
Emergency room	35	48	19	3	48	8	161	3.1
Bair Clinic	40	69	19	7	16	10	161	3.1
Long term care/nursing home	17	12	7	3	109	13	161	3.1
Acute/skilled care	13	16	7	1	108	16	161	3.1
Pastoral care	9	6	6	3	121	16	161	2.9
Telemedicine/virtual health	4	4	6	1	132	14	161	2.7
Pulmonary Function Testing	2	13	3	3	123	17	161	2.7
Cardiology services	11	17	7	8	104	14	161	2.7
Health education programs	3	6	5	5	126	16	161	2.4
TOTAL	**307**	**317**	**107**	**39**				**3.2**

2013	Excellent (4)	Good (3)	Fair (2)	Poor (1)	Don't know	No Ans	N	Avg
Physical therapy	63	25	5	1	80	23	197	**3.6**
Laboratory	91	62	7	2	24	11	197	**3.5**
Emergency room	58	64	16	2	47	10	197	**3.3**
Radiology	49	36	11	2	72	27	197	**3.3**
Bair Clinic	62	86	23	3	17	6	197	3.2
Ambulance services	30	26	7	4	105	25	197	3.2
Long term care/nursing home	14	19	3	1	127	33	197	3.2
Acute/skilled care	19	27	3	2	118	28	197	3.2
Pulmonary Function Testing	9	15	2	1	137	33	197	3.2
Pastoral care	11	21	5	2	127	31	197	3.1
Cardiology services	12	27	9	2	120	27	197	3.0
Telemedicine/virtual health	11	11	8	5	133	29	197	2.8
Health education programs	7	9	5	4	140	32	197	2.8
TOTAL	**436**	**428**	**104**	**31**				**3.3**

Desired Local Healthcare Services (Question 23)

2019 N= 148
2016 N= 161
2013 N= 197

Respondents were asked to indicate which additional healthcare services would they utilize if available locally. Respondents indicated the most interest in having "Alternative medicine" at 34.5% (n=51), followed by "Women's health/screenings" at 23.0% (n=34), and "Colonoscopy" at 20.3% (n=30). Respondents were asked to select all that apply, so percentages do not equal 100%.

	2019	
Desired Service	**Count**	**Percent**
Alternative medicine (naturopath, chiropractor, acupuncture, etc.)	**51**	**34.5%**
Women's health/screenings	**34**	**23.0%**
Colonoscopy	**30**	**20.3%**
Sleep studies	15	10.1%
Chronic pain management	14	9.5%
Diagnostic services (dexa scan)	12	8.1%
Wound care	10	6.8%
Cardiac rehabilitation	6	4.1%
Chemotherapy	6	4.1%
Neurology	6	4.1%
Pediatrics	6	4.1%
Occupational therapy	4	2.7%
Prenatal (pregnancy) services	3	2.0%
Other	13	8.8%
Bold: Top 3 responses		

"Other" comments:

- Won't go to Harlowton
- Full time physician
- Dr.
- None. Too expensive here!
- None (4)
- Mammography (2)
- Not sure at this time
- None of these. Why go here when these services are available in a short drive + they have experience

Desired Senior Services (Question 24)

2019 N= 148

Respondents were asked to indicate which additional senior services would they utilize if available in the Harlowton area. Respondents indicated the most interest in having an "Assisted living facility" at 28.4% (n=42), followed by "Senior retirement housing/community" at 23.6% (n=35), and "Hospice" at 17.6% (n=26). Respondents were asked to select all that apply, so percentages do not equal 100%.

	2019	
Desired Service	**Count**	**Percent**
Assisted living facility	**42**	**28.4%**
Senior retirement housing/community	**35**	**23.6%**
Hospice	**26**	**17.6%**
Personal care services	17	11.5%
Senior respite care	13	8.8%
Adult daycare	9	6.1%
Other	9	6.1%
Bold: Top 3 responses		

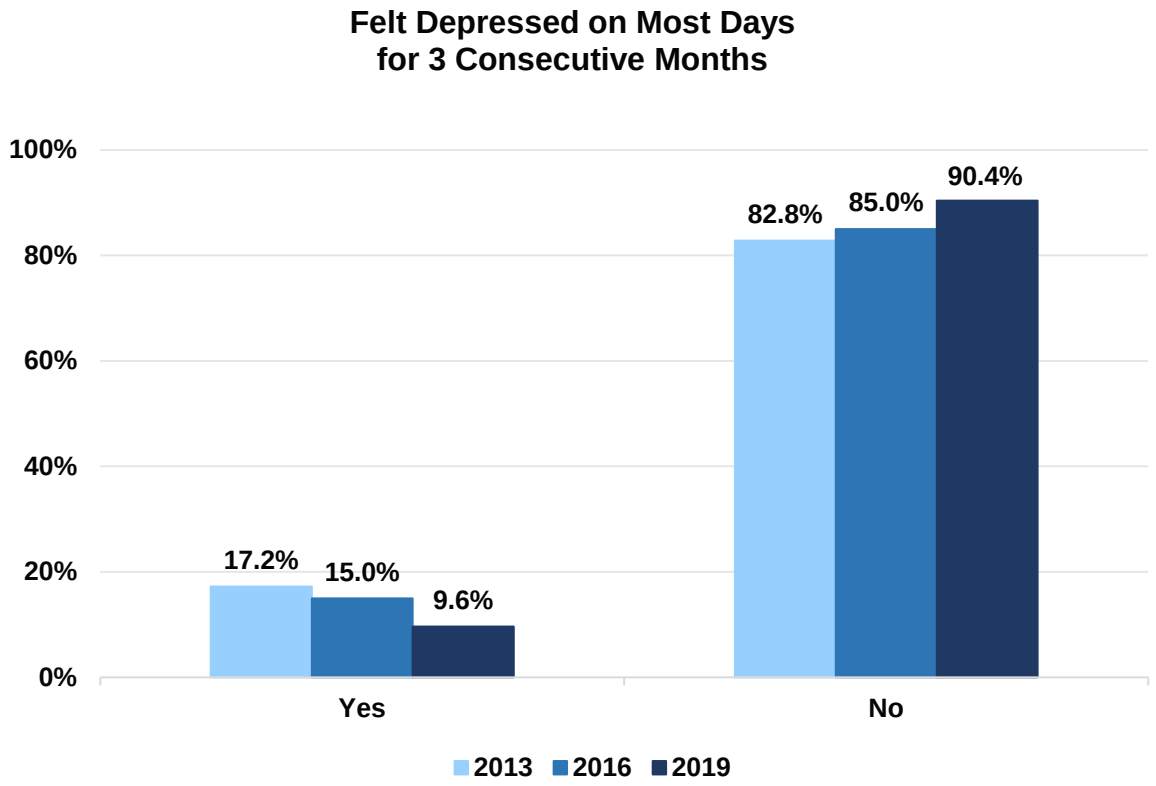
"Other" comments:

- N/A currently
- None (2)
- Exercise\correct eating
- Not sure at this time
- Don't know
- All of the above are much needed!
- ??

Prevalence of Depression (Question 25)

2019 N= 146
2016 N= 153
2013 N= 192

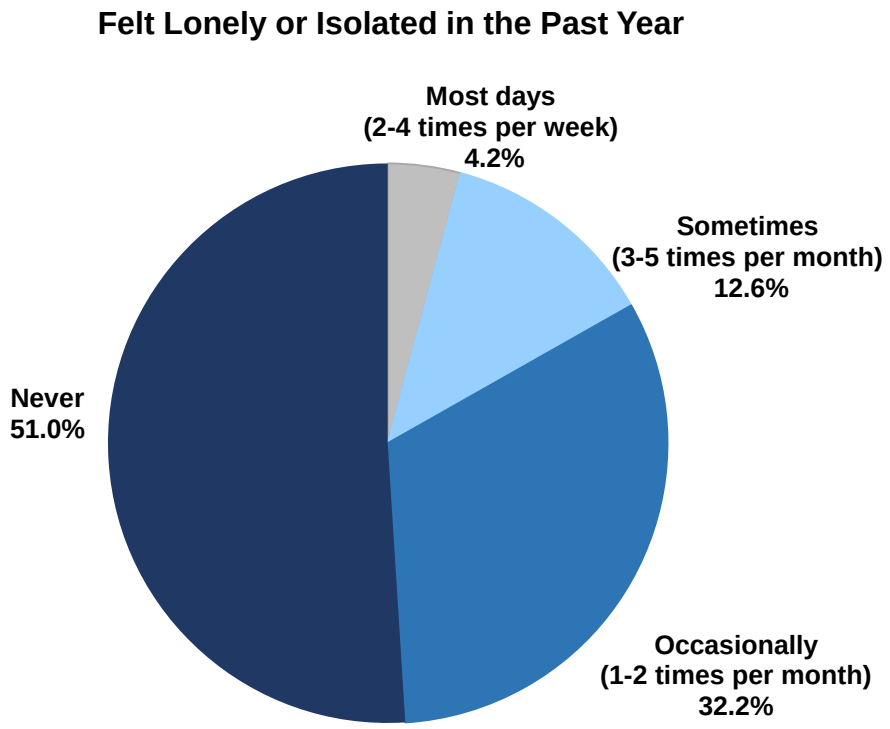
Respondents were asked to indicate if there were periods of at least three consecutive months in the past three years where they felt depressed on most days. Ten percent of respondents (n=14) indicated they had experienced periods of depression, and 90.4% of respondents (n=132) indicated they had not. Two respondents chose not to answer this question.



Social Isolation (Question 26)

2019 N= 143

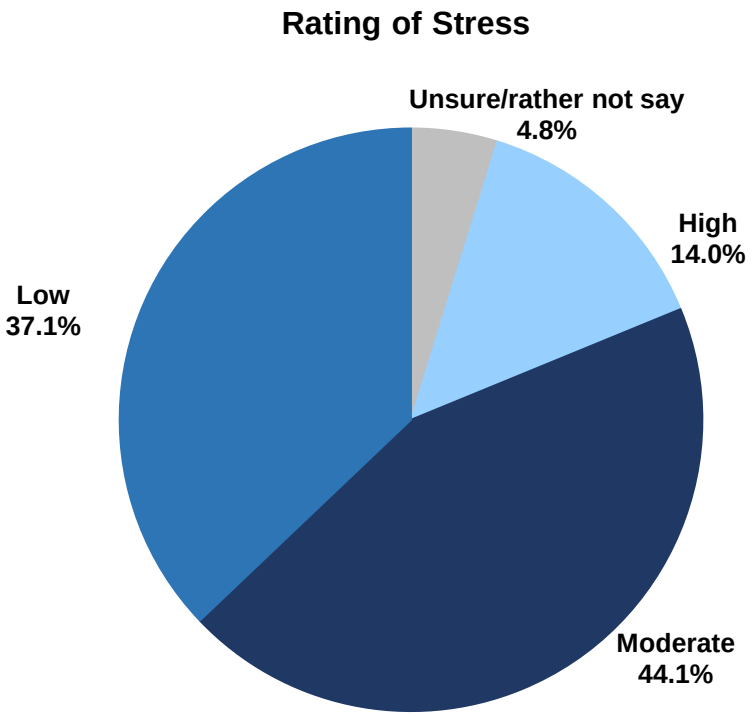
Respondents were asked to indicate how often they felt lonely or isolated in the past year. Fifty-one percent of respondents (n=73) indicated they never felt lonely or isolated, 32.2% of respondents (n=46) indicated they had occasionally felt lonely or isolated, and 12.6% (n=18) reported they sometimes felt lonely or isolated. Five respondents chose not to answer this question.



Perception of Stress (Question 27)

2019 N= 136

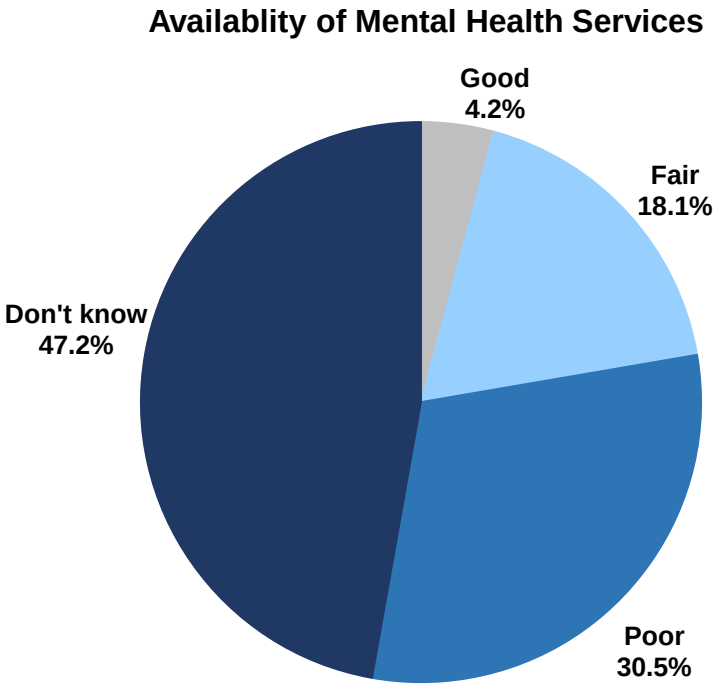
Respondents were asked to indicate how they would describe their stress level over the past year. Forty-four percent of respondents (n=63) indicated they experienced a moderate level of stress, 37.1% (n=53) had a low level of stress, and 14.0% of respondents (n=20) indicated they had experienced a high level of stress. Twelve respondents chose not to answer this question.



Rating of Mental Health Service Availability (Question 28)

2019 N= 144

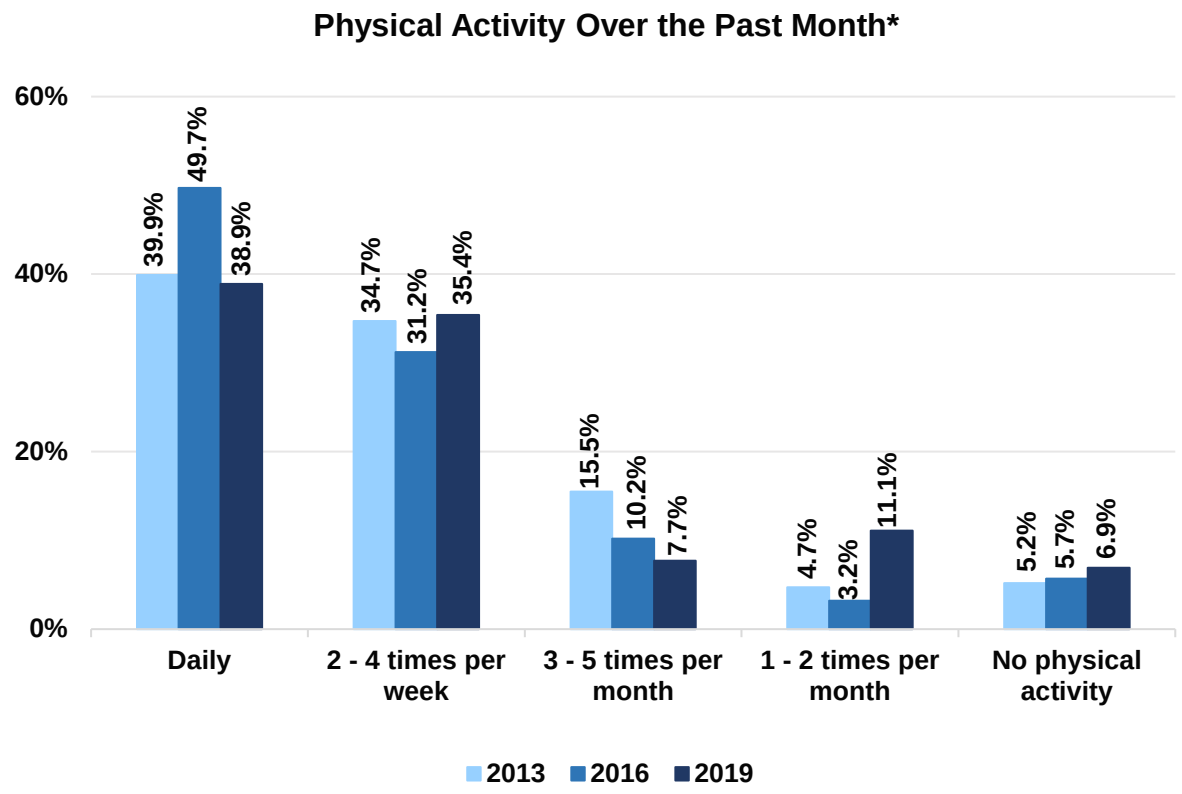
Respondents were asked to rate the availability of mental health services in the community. Forty-seven percent of respondents (n=68) indicated they “Don’t know” about the availability of mental health services, 30.5% (n=44) indicated they are “Poor”, and 18.1% of respondents (n=26) indicated they are “Fair”. Four respondents chose not to answer this question.



Physical Activity (Question 29)

2019 N= 144
2016 N= 157
2013 N= 193

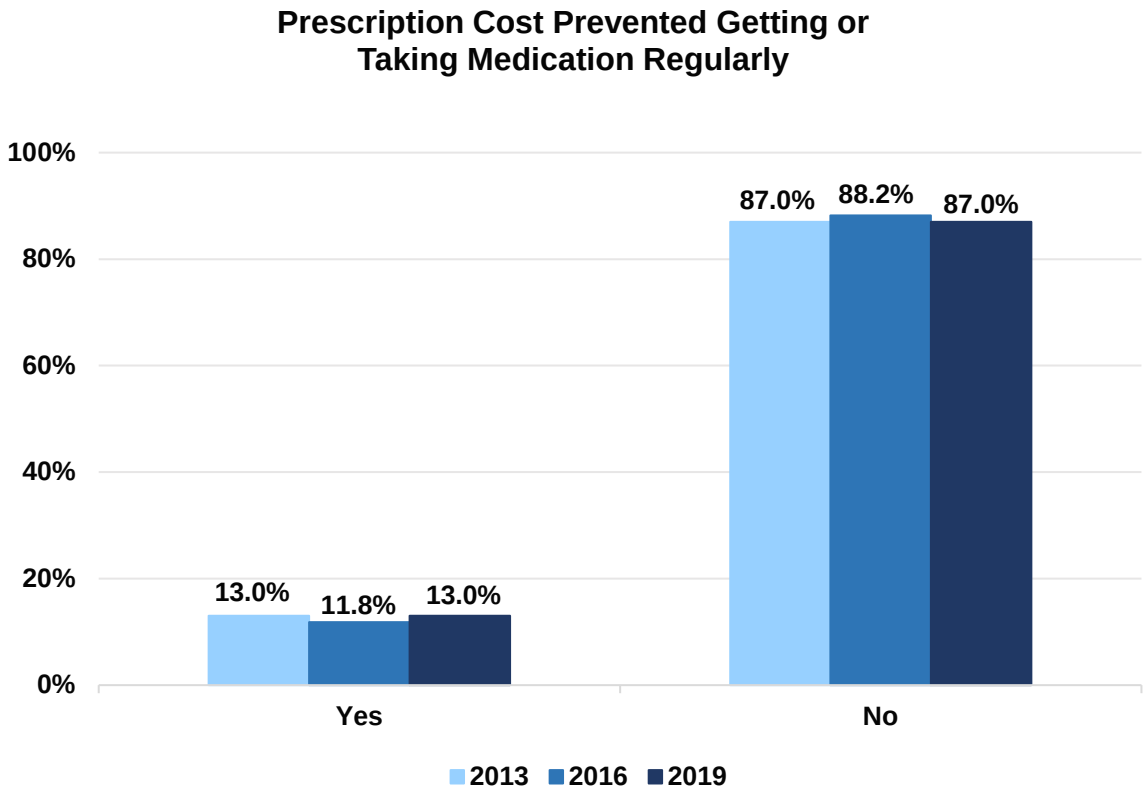
Respondents were asked to indicate how frequently they had physical activity for at least twenty minutes over the past month. Thirty-nine percent of respondents (n=56) indicated they had "Daily" physical activity, and 35.4% (n=51) indicated they had physical activity of at least twenty minutes "2-4 times per week". Seven percent of respondents (n=11) indicated they had "No physical activity". Four respondents chose not to answer this question.



Cost and Prescription Medications (Question 30)

2019 N= 146
2016 N= 153
2013 N= 193

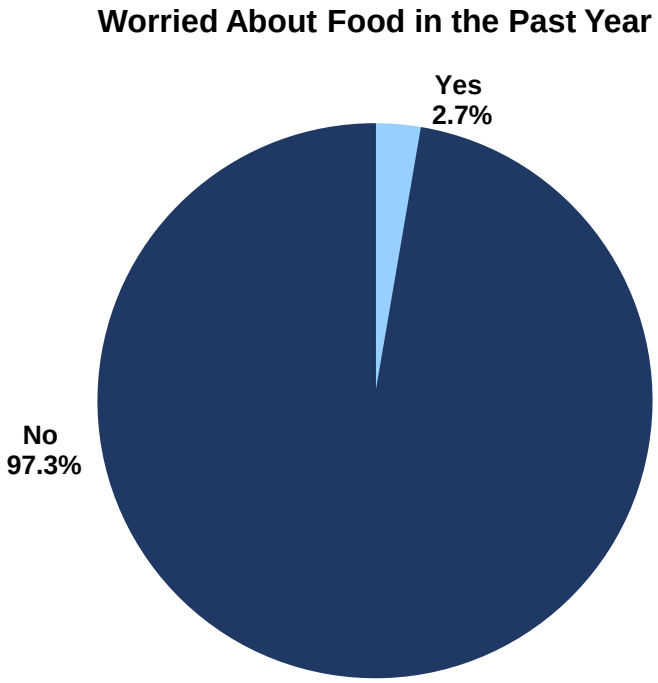
Respondents were asked to indicate if during the last year medication costs had prohibited them from getting a prescription or taking their medication regularly. Thirteen percent of respondents (n=19) indicated that in the last year cost had prohibited them from getting a prescription or taking their medication regularly. Eighty-seven percent of respondents (n=127) indicated that cost had not prohibited them. Two respondents chose not to answer this question.



Food Insecurity (Question 31)

2019 N= 146

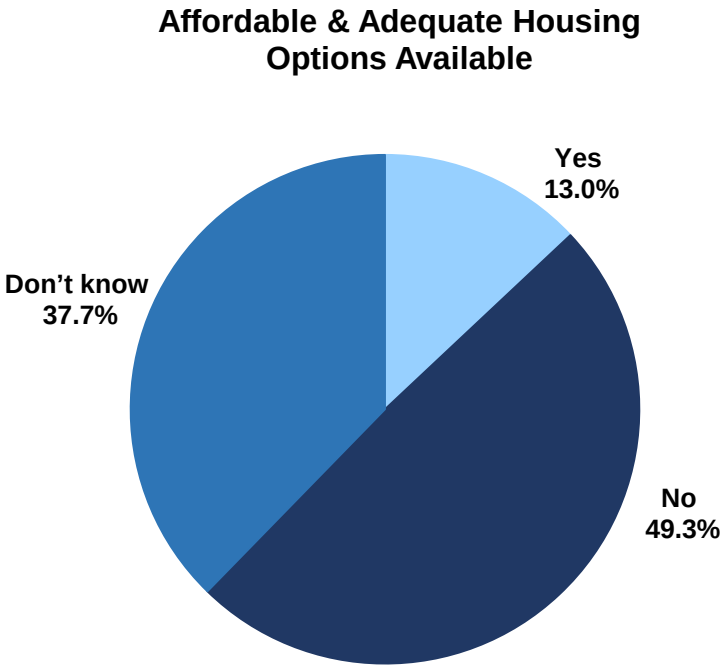
Respondents were asked to indicate if during the last year they had worried that they would not have enough food to eat. Three percent of respondents (n= 4) indicated that in the last year they did worry about having enough food.



Housing (Question 32)

2019 N= 146

Respondents were asked to indicate if they felt the community has adequate and affordable housing options available. Forty-nine percent of respondents (n=72) indicated that there are not adequate and affordable housing options available in in the community, and 37.7% (n=55) don't know.



Medical Insurance Type (Question 33)

2019 N= 147
2016 N= 132
2013 N= 164

Respondents were asked to indicate what type of medical insurance covers the majority of their medical expenses. Thirty-one percent (n=46) indicated they have "Medicare" coverage. Twenty-two percent (n=32) indicated they have an "Employer offered plan", and "Other" was selected by 18.4% of respondents (n=27).

	2013		2016		2019	
Insurance Type	**Count**	**Percent**	**Count**	**Percent**	**Count**	**Percent**
Medicare*	**64**	**39.0%**	**47**	**35.6%**	**46**	**31.3%**
Employer offered plan	**39**	**23.8%**	**38**	**28.8%**	**32**	**21.8%**
Private insurance/private plan*	**28**	**17.1%**	**18**	**13.6%**	16	10.9%
Medicaid	1	0.6%	4	3.0%	9	6.1%
VA/Military	8	4.9%	8	6.1%	7	4.8%
Health Insurance Marketplace	Not asked - 2013		7	5.3%	6	4.1%
Healthy MT Kids/CHIP	2	1.2%	1	0.8%	2	1.4%
None/Pay out of pocket*	18	11.0%	3	2.3%	2	1.4%
Health Savings Account	1	0.6%	3	2.3%	0	0.0%
Indian Health Services	0	0.0%	0	0.0%	0	0.0%
State/Other	0	0.0%	1	0.8%	Not asked - 2019	
Other*	3	1.8%	2	1.5%	**27**	**18.4%**
TOTAL	**164**	**100%**	**132**	**100%**	**147**	**100%**
*Indicates a significant change between years ($p \leq 0.05$). Bold: Top 3 responses						

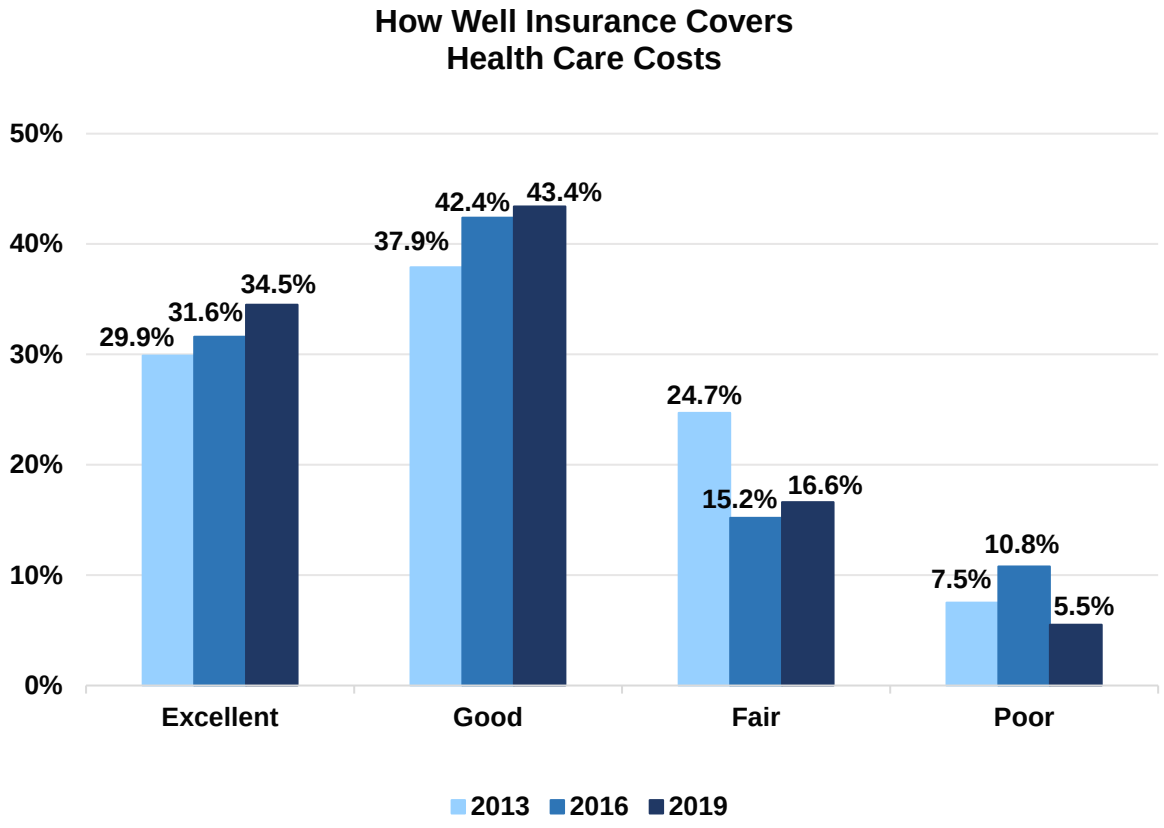
"Other" comments:

- Medicare, VA/military (5)
- Medicare, Private insurance/private plan (9)
- Medicare and a supplement (2)
- Employer offered plan, Medicare
- Healthy MT Kids/CHIP, Medicaid (2)
- Humana (2)
- Employer offered plan, Medicare, VA/military
- Medicaid, Medicare (2)
- Healthcare share ministry
- Employer offered plan, VA/military
- Health Insurance Marketplace, Medicare, Private insurance/private plan

Insurance and Healthcare Costs (Question 34)

2019 N= 154
2016 N= 158
2013 N= 174

Respondents were asked to indicate how well they felt their health insurance covers their healthcare costs. Forty-three percent of respondents (n=63) indicated they felt their insurance covers a "Good" amount of their healthcare costs. Thirty-five percent of respondents (n=50) indicated they felt their insurance was "Excellent", and 16.6% of respondents (n=24) indicated they felt their insurance was "Fair."



Barriers to Having Health Insurance (Question 35)

2019 N= 2
2016 N= 3
2013 N= 18

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

	2013		2016		2019	
Barriers	**Count**	**Percent**	**Count**	**Percent**	**Count**	**Percent**
Cannot afford to pay for medical insurance	12	66.7%	1	33.3%	1	50.0%
Choose not to have medical insurance	3	16.7%	2	66.7%	0	0.0%
Employer does not offer insurance	1	5.6%	0	0.0%	0	0.0%
Too complicated/didn't know how to apply	Not asked - 2013		Not asked - 2016		0	0.0%
Other	2	11.1%	0	0.0%	0	0.0%

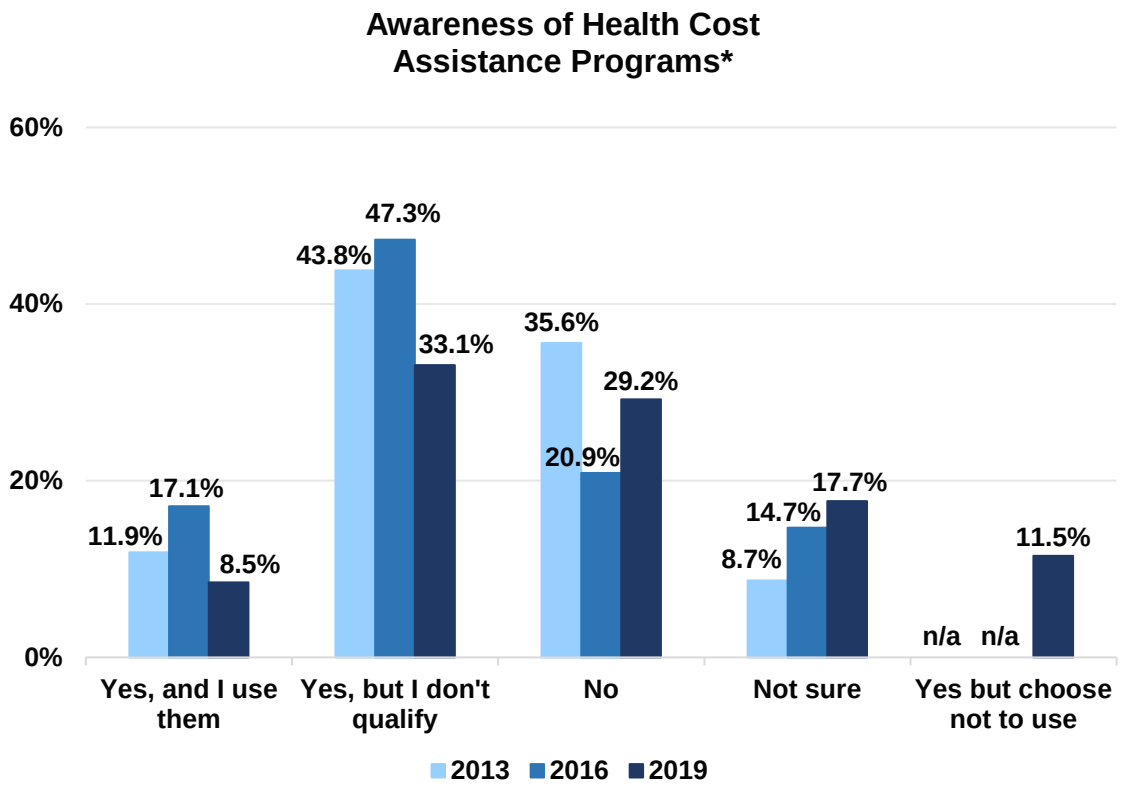
"Other" comments:

- Very expensive
- Medicare supplement
- Have health insurance

Awareness of Health Cost Assistance Programs (Question 36)

2019 N= 130
2016 N= 129
2013 N= 160

Respondents were asked to indicate their awareness of programs that help people pay for healthcare bills. Thirty-three percent of respondents (n=43) indicated they were aware of these types of programs but did not qualify to utilize them. Twenty-nine percent (n=38) indicated that they were not aware of these programs, and 17.7% of respondents (n=23) indicated they are "Not sure".



*All 2019 options have changed significantly, however "Yes, but choose not to use" was not an option in previous years.

VI. Key Informant Interview Methodology

Two key informant interviews were conducted in September and October of 2019. Participants were identified as people living in Wheatland Memorial Healthcare's service area.

The key informant interviews were designed to represent various consumer groups of healthcare including senior citizens, local community members, and community leaders. The questions and discussions were led by Montana Office of Rural Health staff.

VII. Key Informant Interviews

Key Informant Interview 1

Friday, October 4, 2019- Anonymous–Via phone interview

1. How do you feel about the general health of your community?
    - There are pockets of people that are very healthy and have access to healthy food and are physically active, but there are also pockets in the community that are very unhealthy – economics is a barrier to healthy food and exercise options. The armory fitness center offers classes for seniors and eventually there will be classes for everyone – I'm very excited about this opening up. Extension is offering several physical activity classes as well.
    - The community accesses the clinic fairly regularity and people are comfortable using the clinic, so we have access to medical care.
    - We have that weather component here - so as the weather gets bad, people get more isolated and can't get outside for physical activity.

2. What do you think are the most important local healthcare issues?
    - The community suffers from a lot of mental health issues and there isn't really access to services. A lot of depression, anxiety and everything that goes along with those. I am curious if there are some things around the weather – not just seasonal depression but there seems to be a lot of anxiety and panic around the extreme weather that we have.
    - I feel like there might be an attitude of neglect around healthcare maintenance and the prevention of illness - people may neglect their health until they are really sick.

- They are having a really hard time staffing emergency services. There are not enough volunteers. This is a huge need in the community because we are so remote.

3. What other healthcare services are needed in the community?
    - It would be nice if we have some mental health counselors – people that you can connect with. There are some youth that really need mental health services.
    - The clinic meets most of my needs. I know they lost their mammogram though.
    - I know they struggle with having the staff available - you can't go back and see the same provider, so you don't really develop a rapport with that provider.

4. What would make your community a healthier place to live?
    - So many things. I think working on creating that attitude of health – that physical activity isn't just something that you do in high school and that there are a lot of opportunities in our community around healthy eating and physical activity.
    - Around mental health – we shouldn't ignore our neighbors when they are in a crisis – we need to check in on those we worry about. Addressing the mental health issue is really important.
    - Developing inclusive relationships in our community would be really good. We know each other but we don't know a lot about each other - so more opportunities to connect and engage with those in our community and build relationships.
    - Our clinic and hospital our extremely important. A lot of people live here because we have access to healthcare services.

<u>Key Informant Interview #2</u>
Monday October 21, 2019- Anonymous –Via phone interview

1. How do you feel about the general health of your community?
    - Pretty poor. We haven't had a permanent physician for twenty years, high suicide, high addiction, and lots of obesity.

2. What do you think are the most important local healthcare issues?
    - Probably consistency of care and availability of mental health professionals.
    - Not having a permanent physician so you see a difference person every time you come in.
    - There is one mental health professional that comes ones a week and he is booked six weeks out - I don't like him
    - There is no availability of telehealth.
    - There is a lot of meth and alcohol as addiction.

3. What other healthcare services are needed in the community?
    - Starting with the ones we don't have is a good step – full time physician and a mental health professional.

4. What would make your community a healthier place to live?
    - Better paying jobs.
    - For a town of this size I think we have a lot.

VIII. Executive Summary

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

Areas of Opportunity Identified Through Assessment	Secondary Data	Survey	Interviews
Access to Healthcare Services	✔	✔	✔
• **Barriers to Access**		✔	✔
o **Consistency in primary care providers**		✔	✔
o **Primary healthcare workforce shortage**	✔	✔	✔
o Lack of awareness of available services		✔	
• **Senior services (high proportion of 65+ in county)**	✔	✔	
• **Access to alternative medicine, women's health screenings, colonoscopy and mental health services**		✔	✔
• EMS – shortage of volunteers			✔
Wellness and Prevention		✔	✔
• **Overweight & Obesity**	✔	✔	✔
o **Lack of physical activity**	✔	✔	✔
o Access to indoor recreational opportunities		✔	
o High rate of childhood obesity	✔		
• **Chronic Disease**		✔	✔
o **Leading cause of death: Heart disease, Cancer, CLRD**	✔	✔	
o **Desire for increased prevention outreach/education**		✔	✔
Behavioral Health		✔	✔
• Lack of Mental health services			✔
• **Anxiety, depression, social isolation**		✔	✔
• **Suicide**	✔		✔
• **Alcohol, drug and tobacco use**		✔	✔
Housing and Economy	✔	✔	✔
• Lack of affordable and adequate housing available		✔	
o Senior housing- assisted living/retirement		✔	
• Higher rates of uninsured adults (<65 years)	✔		
• Higher rates of persons below poverty level	✔		

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

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

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

- Access to healthcare services
- Chronic disease prevention and management
- Social determinants of health

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

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

Resources

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

- Al-Anon
- Alcoholics Anonymous
- Central Montana Health District
- Billings Clinic
- Harlowton Chamber of Commerce
- Harlowton Public Schools
- Wheatland County Extension (MSU)
- Montana Nutrition and Physical Activity (NAPA)
- NAMI
- Public Assistance & Child and Family Services
- The Mental Health Center of Central MT
- Wheatland County Senior Center
- WIC
- Montana Office of Rural Health and Area Health Education Center (MORH/AHEC)

X. Evaluation of Activity Impacts from Previous CHNA

Wheatland Memorial Healthcare provided the Montana Office of Rural Health with an update on their Implementation Plan activities from their previous CHNA process. The WMH Board of Directors approved its previous implementation plan on December 13, 2016. The plan prioritized the following health issues:

- Access to Specialty Services
- Health Education and Outreach
- Awareness of Services
- Community Care Coordination

The following tables include completed activities, accomplishments and impacts/outcomes within the facility's proposed goals. To view WMH's full Implementation Plan visit: http://www.wheatlandmemorial.org/resources/chna-implementation-plan/

Goal 1: Improve access to specialty care services in Wheatland County.

	Activities	Accomplishments	Community Impact/Outcomes
Strategy 1.1: Expand mental/behavioral health services at Wheatland Memorial Healthcare (WMH)	Explore opportunities to expand mental and behavioral health services via telemedicine.	Contact information received on Virtual Health. Working to get a meeting set up to identify opportunities Partnering with Billings health for expanded behavior health services in Harlowton – initial meeting August 2019 with Sarah Brinton	
	Convene regional hospital and clinic partners to discuss barriers and possible solutions to expand outpatient telemedicine programs.	Signed a contract with Billings Clinic Telemed T1 Line access. Wheatland Memorial Healthcare Leadership team also meet with Community care grant through CMMC	
	Research educational offerings related to mental and behavioral health for WMH providers.	Project ECHO presented at Med staff. Providers can present mental Health cases for review.	Providers can present mental health cases for review and sit on cases.
	Research best practices and develop protocol to better manage patients with acute mental health needs.	CEO and Chief of Staff working on contracts with BC and CMMC	

Strategy 1.2: Explore expansion of other specialty services via telehealth.	Research educational offerings for clinic nurses to better facilitate telemedicine provider needs.	Brooke met with Billings Clinic to discuss geriatric provider telemed options.	
	Explore other potential specialty providers and services for WMH.	Brooke met with BC to look at geriatrics and dermatology	
	Conduct feasibility study for expansion of specialty offerings.		
	Determine equipment, space, and staffing needs for specialty service expansion.	Need new equipment	

Goal 2: Improve health education and outreach offerings to WMH's service area.

	Activities	**Accomplishments**	**Community Impact/Outcomes**
Strategy 2.1: Expand pipeline programs to enhance education offered to students related to health and health careers.	Meet with Montana AHEC program to learn about pipeline programs for Wheatland County.	Peggy in contact with the resources that will help us get an internal CNA program going at WMH. She has also been connected to a program that assists community members that are interested in becoming an LPN through an online program with very minimal travel to Billings. In 2018 an apprenticeship program was started for Medication Aides and a Coder. Two CNA's have become certified as Medication Aides with one more ready to test while the Medical Records tech is going through the coding apprenticeship that continues into 2019. One student working on prerequisites for LPN program	Increased job opportunities Economic growth within community
	Meet with local schools to discuss potential partnership for pipeline programs for ongoing health education programs and scholarship programs.	Professional Development Committee with the High School (Jan.13 2017) Peggy- High School twice in the 2016 school year to talk with the Juniors and Seniors about healthcare opportunities. She has had five students show interest in either working as an NA or taking a CNA class to prepare them for nursing school. As of June 2017, three of the five CNA students have started working and at	Increased job opportunities Economic growth within community. Hoping to recruit and retain locals to community

		least one more plans to be working within the next couple of weeks. Peggy and Allison helped with mock interviews with the high school seniors in their senior strategies class. (December 14th &18th 2017. Peggy and Allison went to the high school on October 5th, 2018 and talked to the Senior Strategies class about an upcoming CNA class and job shadowing at the hospital. Peggy went and did mock interviews with the Seniors at the High School on November 27th Two of the mock interviews were for health-related jobs and I had an opportunity to talk to the students afterwards.	
	Promote and facilitate expanding student shadowing and clinical rotation offering at WMH.	Clinical rotations scheduled for CNA classes with MCC, will start March 2017. 5 students participating. The class was completed in May and currently three of the students are now employed. We had two nursing students completed rotations. There is a contract in place that will allow students from University of Montana Northern to do shadowing and clinical rotations at WMH. A contract was put in place in September of 2018 to allow a student from Providence College out of Great Falls to do rotations at WMH. Peggy filled out the paperwork to proctor her tests locally. 2 nursing students from University of Providence – Lewistown did clinical rotations here in 2019 One LPN student did clinical rotations here in 2018-2019 Nurses offered nursing preceptor program to facilitate with students are here	Increased job opportunities Economic growth within community. Hoping to recruit and retain locals to community. Positive interaction between school/families/patients/hospital

Strategy 2.2: Continue health education classes and program efforts at WMH.	Continue offering and co-sponsoring programs related to community health (ex. drinking and driving, texting and driving, helmet safety, impact testing, etc.)	Texting & Driving Drivers Ed Class. Stop the Bleed Classes have been held in the community.	Community members better prepared for emergencies
	Explore opportunities to partner with institutional programs aging, MSU Extension, or others on new classes and programs.	Contact with Mark Shurer AHEC/ORF onsite visit will be scheduled with community partners and Extension Office.	
	Determine feasibility of expanding immunization and education outreach to local schools.	Clinic director meet with principal	Not feasible currently. Looking to partner with CMHD.
	Promote community newspaper editorials and social medial posts related to chronic disease, health and wellness.	Publishing 1-2 articles in the newspaper monthly. Cervical Cancer Awareness and Staying Warm in the Winter. DOT, Osteoporosis and RSV articles have been run.	Community Awareness for common problems at WMH
	Host community health and wellness event (health fair or new updated event) to promote health, wellness, prevention, and local health resources.	October 5k fun run held Oct. 14th, 2017. Community Active Shooter drill	Raised awareness for community safety gaps for LEPC.
Strategy 2.3: Improve community dialogue and awareness of health and wellness needs in Harlowton and Wheatland County.	Determine community stakeholders working on, or with an interest in, building health and wellness in WMH service area.	3 Staff members to participated with a local ASSIST Program. Met with local business woman about feasibility in gym. Hoping to partner	Trained to identified possible risks of mental instability. No room at local gym for PT space but when it is up and running, we will use for employee benefit promoting benefit.

	Convene community stakeholder group to discuss health and wellness efforts and needs in WHM service area.	Same as above	Same as above
	Identify champions and set schedule for community workgroup meetings.		
	Develop workgroup strategy to continue work on health and wellness efforts in Harlowton and Wheatland County.	We are participating in local discussions lead by other community groups	We are participating in local discussions lead by other community groups

Goal 3: Improve awareness of available healthcare services at WMH.

	Activities	**Accomplishments**	**Community Impact/Outcomes**
Strategy 3.1: Create community directory resource to map out available health services.	Convene/consult with community partners to assess currently available community health resources.	Clinic Director joined the Chamber of Commerce. Another employee board member on Community Foundation Board.	Active in community
	Create community resource directory.	List of services updated on website	Increased community awareness
	Create community resource tab/page on WMH website to host directory.	Added the Chamber of Commerce Resource page to Website	
	Develop media campaign to share new resource with community and WMH staff.	"Dog Gone Tired campaign"	Educate on Sleep
Strategy 3.2: Create new marketing campaign to increase awareness of WMH services.	Create a quarterly newsletter highlighting available specialty services (including information related to their bios, service offerings and schedule).	Quarterly Newsletter Mailer	Increased community awareness
	Increase promotion of WMH services with mixed media approaches (ex. Social media, magnet campaigns, Walk with a Doc).	Employee Spotlight campaign summer of 2017. Partnered with local Chamber and hosted three annual chalk night/open house show casing new pharmacy cabinet, CT Scan,	Increased community awareness

		eEmergency, DR, and PT exam rooms.	
	Continue to present to various community groups about services available and discuss any needs identified.	Spoke to the Kiwanis group on the Foundation and Clinic providers. Kiwanis discussion on chalk night August 2017. Took CEO to the Martinsdale Colony to visit. CEO led Sleep Study community forum. CEO participated in Community Pool Issue meeting	Increased community awareness

Goal 4: Expand Community Care Coordination efforts to enhance coordinated, comprehensive and personalized care for all WMH patients.

	Activities	Accomplishments	Community Impact/Outcomes
Strategy 4.1: Assess care coordination workforce at WMH.	Determine staffing needs (FTE).		
	Expand community care coordination staff (Community Care Coordinator; Community Health Worker).	Community care grant through CMMC started working at WMH – Patty Carr now seeing 1 (maybe 2) patients	Community members offered care coordination services at this time
	Determine WHM provider and clinical services champion for program implementation.	None Changeover in Clinic Leadership and Chief of Staff	
Strategy 4.2: Increase knowledge of Community Care Coordination program and benefits.	Educate staff and providers on new Community Care Coordination program.	Lewistown came in to do training with staff and providers	Staff aware of coordinators referring to Pattie
	Create education and outreach information to educate community on new program.		
	Determine marketing campaign and modalities to share Community Care Coordination information.		
	Develop protocol and process to identify and manage various chronic disease patients.		
	Educate clinic staff on new case management protocol.	This has been done	Seamless referral process

	Create information specific to post-acute services available at WMH to reduce community burden/need for travel for both WMH providers and patients.	Implementation of Hospital Care management/refine process for referral and pt. acceptance process	Increase number of pt. returning to WMH for care in local community
	Discuss and coordinate referral information for post-acute patients with hospital and specialty partners.	Same as above	Same as above
	Develop protocol for a WMH designated staff to offer information related to care coordination and post-acute services for patients in the clinic.	Work in progress new program. Loss of program champion	
	Determine WMH staff responsible for providing education to patients.	Huddles being held daily PT/Nursing/ provider to determine PT in need of post-acute services	Better coordinated care for PT in community
	Educate staff and providers on new Community Care Coordination program.	Work in progress with development of new program	

Appendix A – Steering Committee

Steering Committee Member	Organization Affiliation
Rick Poss, CEO	Wheatland Memorial Healthcare (WMH)
Brooke Stagner, Interim Clinic Supervisor	WMH
Dr. McMahon, Chief of Staff	WMH
Karen Tomlinson, Lab	WMH
Patty Morris, Radiology	WMH
Jane Moe, Marketing	WMH
Allison Fenley, DON	WMH
Audrey Min, PT	WMH
Katie Rein	WMH Board Member
Audrey Miller	WMH Board Member
Shandy Songer, MHA -Health Promotion Specialist	Central Montana Health District
Rachel Moore	Community representative

Appendix B – Public Health and Populations Consultation

Public Health

a. Name/Organization
   Sue Woods RN Director- Central Montana Health Director; Allison Fenley, RN DON- Wheatland Memorial Healthcare; Rick Poss, Administrator- Wheatland Memorial Healthcare

b. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
   First Steering Committee Meeting: July 23, 2019

c. Input and Recommendations from Consultation
   - We have a lack of mental health services in our region.
   - High unintentional injury rate- has to do some with farming/ranching, but mostly motor vehicle accidents.
   - Would be interesting to look into information from Golden Valley. We share that area with Musselshell County- but they are somewhat overlooked. We could explore secondary data as well as maybe doing focus groups or key informant interviews in that area.
   - I think we could simplify the language of the cover letter to make it easier for people to understand.
   - It might be beneficial on the survey to separate out "drugs" from prescription abuse. People think of abusing pills, or something more like meth.
   - We've had issues with trying to connect our community with chronic pain management services.

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

<u>Population: Low-Income, Underinsured</u>

a. Name/Organization
   Katie Rein, DVM- Crazy Mountain Veterinary; Rachel Moore; Sue Woods RN, Director- Central Montana Health District

b. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
   First Steering Committee Meeting: July 23,2019

c. Input and Recommendations from Consultation
   - We have much higher rates of no high school degree. We have a large discrepancy of middle class. Lots of low income and higher, but not the middle group.
   - We have employees we are trying to advance professionally and realized the base educational need was lacking so we've had to re-think how we approach out workforce need.
   - We have a higher Hutterite population which influences educational attainment.

- There are usually 10-12 families on WIC for Wheatland County- but this number is probably low. Some choose to visit the WIC office in Lewistown.

Population: Seniors

a. Name/Organization
   Bobbie Hansen, Informatics/QI- Wheatland Memorial Healthcare; Audrey Min, PT- Wheatland Memorial Healthcare

b. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
   First Steering Committee Meeting: July 23, 2019

c. Input and Recommendations from Consultation
   - We have a very high proportion of seniors in our county.
   - Home Health and Hospice are a big need in our community, with the number of seniors we have in our area.
   - I think there's an opportunity to explore opportunities for Adult Daycare.
   - We should consider including naturopathic services as an option on the survey (ex. Chiropractor, acupuncture, naturopath) as many people may be leaving the community to obtain these services that are not available here.
   - We should add in a question on the survey specific to senior services not available that people would like (ex. Senior housing, assisted living, hospice, home health, etc.).

Population: Youth

a. Name/Organization
   Allison Fenley RN, DON- Wheatland Memorial Healthcare; Rachel Moore, Chamber member, local schools, community representative; Aubrey Miller, Principal- Harlowton Public Schools

b. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
   First Steering Committee Meeting: July 23, 2019

c. Input and Recommendations from Consultation
   - Because we have little mental health services here, when kids have issues they drop out and never go back.
   - We hear that this is a good place to live if on welfare. The feds are trying to stimulate the economy here and in Meagher County. We are considered an "opportunity zone."
   - We are seeing more self-harm related issues presenting in the ER.

Appendix C – Secondary Data

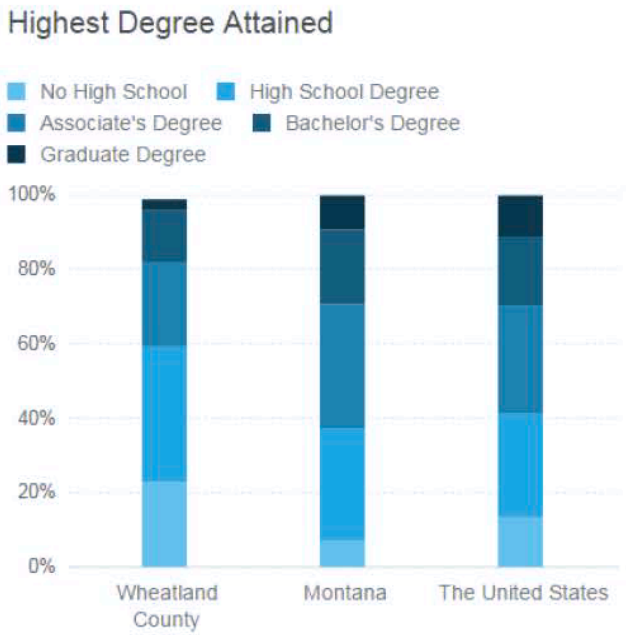
Wheatland County
Secondary Data Analysis

MONTANA STATE UNIVERSITY | Office of Rural Health Area Health Education Center

Demographic Measure (%)		County			Montana			Nation		
Population[1]		2,168			1,032,949			308,745,538		
Population Density[1]		1.8			6.8			*87.4*		
Veteran Status[1]		9.4%			10.6%			7.7%		
Disability Status[1]		16.2%			16.6%			15.3%		
Age[1]		<5	18-64	65+	<5	18-64	65+	<5	18-64	65+
		6.7%	52.7%	24.4%	6%	54.9%	17.2%	6.2%	56%	14.9%
Gender[1]		Male	Female		Male	Female		Male	Female	
		49.8%	50.2%		50.3%	49.7%		49.2%	50.8%	
Race/Ethnic Distribution[1]	White	96.2%			89.2%			77.1%		
	American Indian or Alaska Native	1.3%			6.6%			1.2%		
	Other †	2.6%			5.1%			36.7%		

1 US Census Bureau Fact Finder (2016)

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



Wheatland County

No High School	22.79%
High School Degree	36.36%
Associate's Degree	22.79%
Bachelor's Degree	13.97%
Graduate Degree	2.81%

Montana

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

The United States

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

2 National Center for Education Statistics

Socioeconomic Measures (%)	County	Montana	Nation
Median Income[1]	$37,222	$50,801	$57,652
Unemployment Rate[1]	3.4%	4.8%	6.6%
Persons Below Poverty Level[1]	19.8%	14.4%	14.6%
Uninsured Adults (Age <65)[3,4]	18%	12%	10.7%
Uninsured Children (Age <18)[3,4]	7%	5%	5%
Children in Poverty[1]	30.4%	23.3%	20.3%
Enrolled in Medicaid[5,6]	12.8%	9.4%	1 in 7
Enrolled in Free/Reduced Lunch[7] *Pre-k through 12th grade*	151	62,951	-
SNAP Participants[7] *All ages, FY 2015*	211	118,704	-

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

Maternal Child Health	County*	Montana
Births[8] *Between 2011-2013*	604	35,881
Born less than 37 weeks[8]	9.1%	9.1%
Teen Birth Rate (females age 15-19)[8] *Per 1,000 years 2009-2013*	19.3	32.0
Smoking during pregnancy[8]	16.8%	16.3%
Receiving WIC[8]	30.3%	34.6%
Children (2-5 years of age) overweight or obese[8]	25.7%	27.9%
Childhood Immunization Up-To-Date (UTD) % Coverage*[9]	N/A	63.6%

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

*Central Montana Health District - Fergus, Golden Valley, Judith Basin, Musselshell, Petroleum, Wheatland

Behavioral Health	County	Montana	Top U.S. Performers
Adult Smoking[3]	17%	19%	14%
Excessive Drinking[3]	18%	21%	13%
Adult Obesity[3]	27%	25%	26%
Poor Mental Health Days (Past 30 days)[3]	3.5	3.5	3.1
Physical Inactivity[3]	23%	21%	20%
Drug Use Hospitalization Rate[10] *Per 100,000 population*	N/A	372.5	-

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

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

11 Montana State Health Assessment (2017)

Communicable Diseases *(per 100,000 people)*[8]	County*	Montana
Chlamydia	133.9	366.2
Hepatitis C	84.6	123
Pertussis	38.5	44.6

8 County Health Profiles, DPPHS (2015)

*Central Montana Health District - Fergus, Golden Valley, Judith Basin, Musselshell, Petroleum, Wheatland

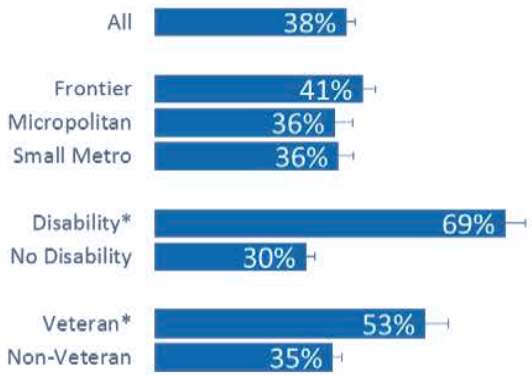
Chronic Conditions[10]	County	Montana
Stroke Hospitalization Rate *Per 100,000 population*	N/A	152
Diabetes Hospitalization Rate *Per 100,000 population*	853.4	1058.9
COPD Emergency Department Visit Rate *Per 100,000 population*	N/A	669.9
Acute Myocardial Infarction (MI) Hospitalization ***Rate** Per 100,000 population*	N/A	118.1

10 IBIS Community Snapshot, MT- DPPHS

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

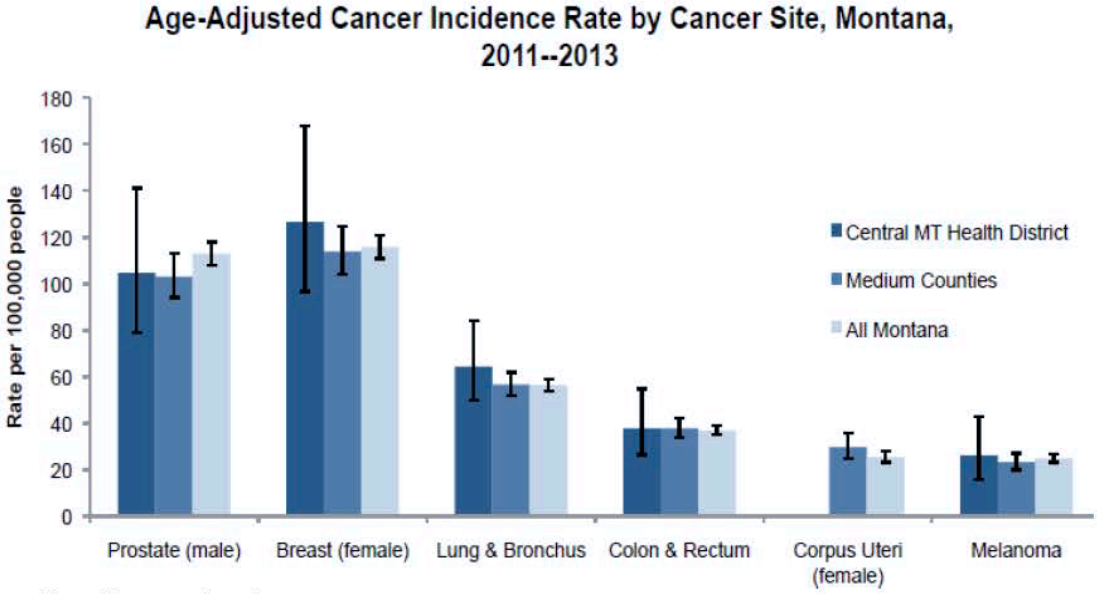
11 Montana State Health Assessment (2017)

Percent of Montana Adults with Two or More Chronic Conditions



Cancer Prevalence	County	Montana	Nation
All Sites Cancer[10] *Per 100,000 population*	329.7	441.6	444

10 IBIS Community Snapshot, MT- DPPHS



8 County Health Profiles, DPPHS (2015)

Mortality	County	Montana	Nation
Suicide Rate[12] *Per 100,000 population*	N/A	22.5	13.9
Leading Causes of Death[13, 14]	-	1. Heart Disease 2. Cancer 3. CLRD*	1. Heart Disease 2. Cancer 3. Unintentional injuries
Unintentional Injury Death Rate[15] *Per 100,000 population*	50.5	41.3	41.3
Diabetes Mellitus [13, 16] *Per 100,000 population*	-	21.3	21.5
Alzheimer's Disease[13, 17] *Per 100,000 population*	-	20.9	37.3
Pneumonia/Influenza Mortality[13, 18] *Per 100,000 population*	-	13.5	14.3

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

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- Wheatland County, Montana		
Discipline	***HPSA Score**	**HPSA**
Primary Care	16	✔ Low income population
Dental Health	17	✔ Geographic population
Mental Health	13	✔ 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**	**Wheatland 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	528:1	1041:1	726:1
Dentists	Ratio of population to dentists	2110:0	1482:1	1280:1
Mental health providers	Ratio of population to mental health providers	2110:1	409:1	330:1

*Total number of CAHs, - No data available

2 CAHMPAS - FLEX Monitoring

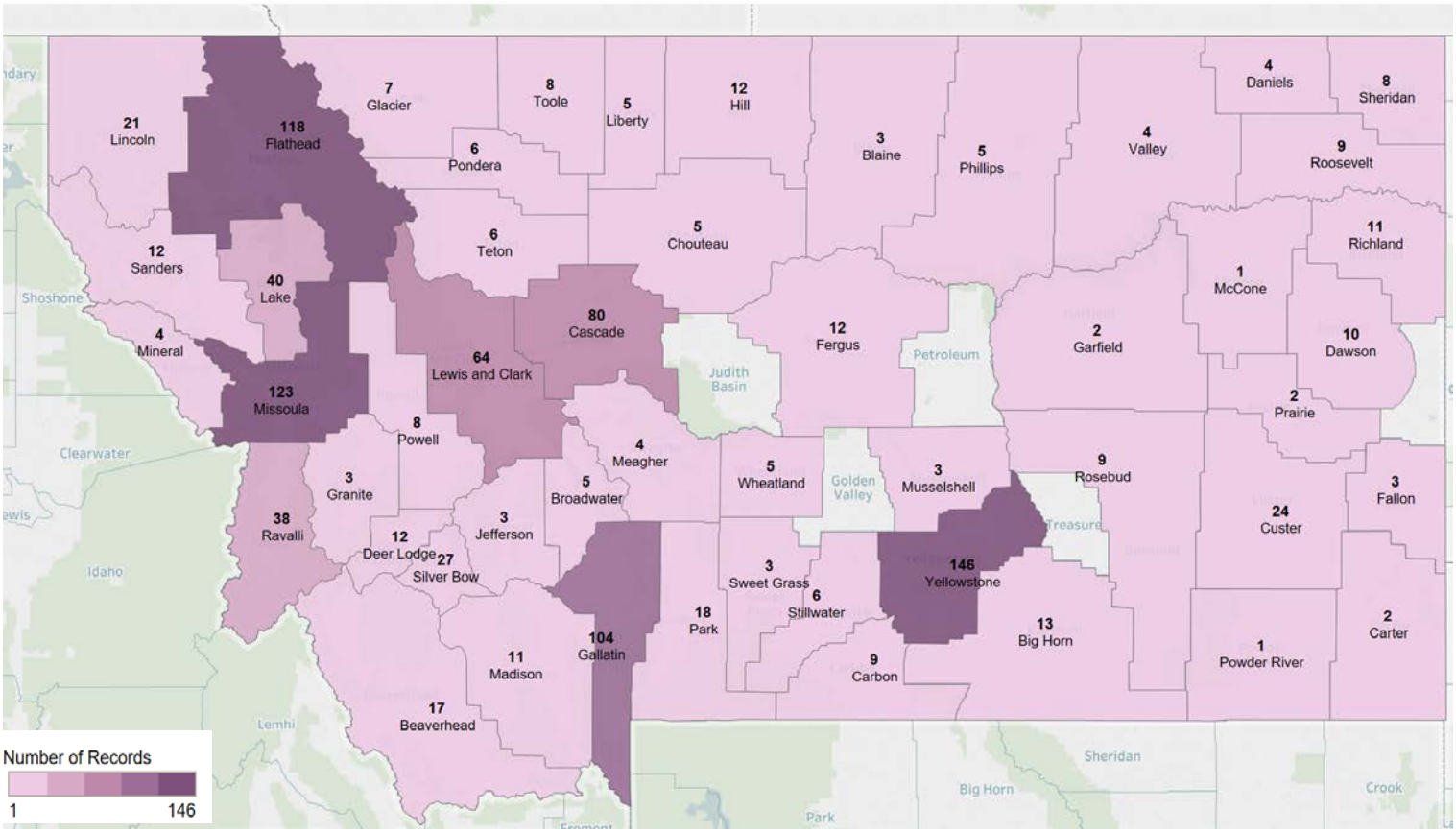
Healthcare workforce Distribution Maps

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.

Map Information:

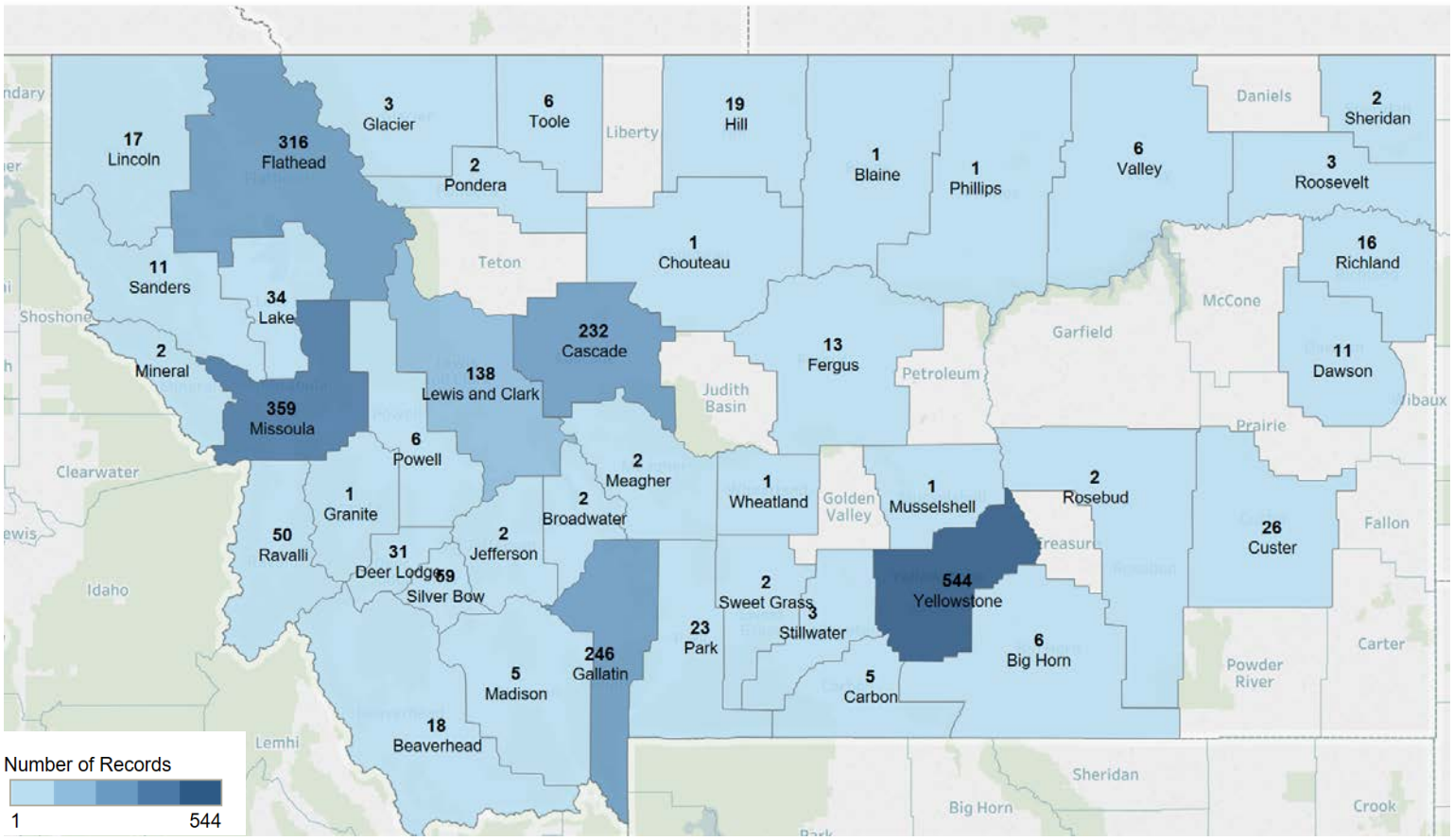
- Counts only include actively practicing providers.
- Counts do not include providers at limited access facilities (VA, Malstrom AFB, Indian Health Services, Montana State Prison, Montana State Hospital, therapeutic boarding schools)
- Counts only include primary practice locations. Locum Tenens providers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



Maps by WIM Tracking LLC - 3/19/19

Appendix D – Survey Cover Letter

August 23, 2019

Dear [LASTNAME] household:

Participate in our Community Health Needs Assessment survey for a chance to
WIN a $50 Mid Town Market gift certificate!

Wheatland Memorial Healthcare (WMH) 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 and services 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 WMH 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: October 4, 2019
2. Complete the enclosed survey and return it in the envelope provided - no stamp needed.
3. You can also access the survey at **http://helpslab.montana.edu/survey.html.** Select "Wheatland Memorial Healthcare Survey." Your access code is [CODED]
4. The winner of the $50 Mid Town Market gift certificate will be contacted the week of October 7th.

All survey responses will go to HELPS Lab at Montana State University in Bozeman, MT, the organization that is assisting the Montana Office of Rural Health 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,

Rick Poss, CEO

Wheatland Memorial Healthcare · 530 3rd ST NW · Harlowton, Montana · 59036

Appendix E – Survey Instrument

Community Health Services Development Survey
Harlowton, Montana

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

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

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

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

☐ Alcohol abuse
☐ Alzheimer's/dementia
☐ Cancer
☐ Child abuse/neglect
☐ Depression/anxiety
☐ Diabetes
☐ Domestic violence
☐ Drug abuse
☐ Heart disease
☐ Hunger
☐ Lack of access to healthcare
☐ Lack of dental care
☐ Lack of exercise
☐ Mental health issues
☐ Motor vehicle accidents
☐ Overweight/obesity
☐ Prescription drug abuse
☐ Recreation related accidents/injuries
☐ Respiratory diseases (COPD, asthma)
☐ Self-harm
☐ Social isolation/loneliness
☐ Stroke
☐ Suicide
☐ Tobacco use (cigarettes/cigars, vaping, smokeless)
☐ Work related accidents/injuries
☐ Other: _____

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

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

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

☐ Excellent ☐ Good ☐ Fair ☐ Poor

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

☐ Community billboards/posters
☐ Friends/family
☐ Health fair
☐ Healthcare provider
☐ Hospital mailings/newsletter
☐ Newspaper
☐ Presentations
☐ Public Health
☐ Radio
☐ Social media
☐ Website/internet
☐ Word of mouth/reputation
☐ Other: _____

Turn to BACK of page to continue

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

☐ Counseling
☐ Dentist
☐ HRDC/WIC
☐ Pharmacy
☐ Public Health
☐ Senior Center
☐ Other: _____

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

☐ Access to a doctor (MD/DO)
☐ Clinic services open longer
☐ Cultural sensitivity
☐ Expanded local services
☐ Greater health education services
☐ Improved quality of care
☐ Interpreter services
☐ More information about available services
☐ More primary care providers
☐ More specialists
☐ Telemedicine/virtual health
☐ Transportation assistance
☐ Other: _____

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

☐ Adult skills/vocational training
☐ Alcohol abuse
☐ Alzheimer's
☐ Cancer
☐ Drug/prescription abuse
☐ First aid/CPR
☐ Grief counseling
☐ Group fitness classes
☐ Health and wellness
☐ Heart disease
☐ Lactation/breastfeeding support
☐ Living will/estate planning
☐ Men's health
☐ Mental health
☐ Nutrition
☐ Parenting
☐ Prenatal
☐ Smoking/tobacco cessation
☐ Support groups
☐ Weight loss
☐ Women's health
☐ Other: _____

9. Which of the following preventative services have you used in the past year?
(Select ALL that apply)

☐ Blood pressure check
☐ Child checkup/Well baby
☐ Cholesterol check
☐ Colonoscopy
☐ Dental exam
☐ Flu shot/immunizations
☐ Health checkup
☐ Lab check (blood screening)
☐ Mammography
☐ Pap smear
☐ Prostate (PSA)
☐ None
☐ Other: _____

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

☐ Very important ☐ Important ☐ Not important ☐ Don't know

11. 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 services?

☐ Yes ☐ No (**If no, skip to question 13**)

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

- ☐ Billing issues
- ☐ Confidentiality/privacy
- ☐ Could not get an appointment
- ☐ Could not get off work
- ☐ Didn't know where to go
- ☐ Don't like doctors
- ☐ Don't understand healthcare system
- ☐ Had no childcare
- ☐ It cost too much
- ☐ It was too far to go
- ☐ Language barrier
- ☐ My insurance didn't cover it
- ☐ No insurance
- ☐ Not treated with respect
- ☐ Office wasn't open when I could go
- ☐ Pharmacy not open weekends/afterhours
- ☐ Service not available locally
- ☐ Too long to wait for an appointment
- ☐ Too nervous or afraid
- ☐ Transportation problems
- ☐ Unsure if services were available
- ☐ Qualified provider not available
- ☐ Other: _____

13. 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 16)**

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

- ☐ Harlowton
- ☐ Big Timber
- ☐ Billings
- ☐ Bozeman
- ☐ Great Falls
- ☐ Lewistown
- ☐ Roundup
- ☐ VA
- ☐ White Sulphur Springs
- ☐ Other: _____

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

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

16. 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 19)**

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

- ☐ Wheatland Memorial Healthcare
- ☐ Benefis Health System
- ☐ Billings Clinic
- ☐ Bozeman Health
- ☐ Central Montana Medical Center
- ☐ St. Vincent Healthcare
- ☐ VA
- ☐ Other: _____

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

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

Turn to BACK of page to continue

19. 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 22)**

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

☐ Harlowton ☐ Billings ☐ Great Falls ☐ Other: _____
☐ Lewistown ☐ Bozeman ☐ VA

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

☐ Allergist
☐ Audiologist (hearing)
☐ Cardiologist (heart)
☐ Chiropractor
☐ Dentist
☐ Dermatologist (skin)
☐ Dietician
☐ Endocrinologist (hormones)
☐ ENT (ear/nose/throat)
☐ Eye doctor
☐ Gastroenterologist (stomach)
☐ General surgeon
☐ Geriatrician (seniors)
☐ Mental health counselor
☐ Neurologist
☐ Neurosurgeon
☐ OB/GYN
☐ Occupational therapist
☐ Oncologist (cancer)
☐ Orthopedist
☐ Pediatrician (children)
☐ Physical therapist
☐ Podiatrist (foot)
☐ Psychiatrist (M.D.)
☐ Psychologist
☐ Pulmonologist (lungs)
☐ Radiologist (x-ray)
☐ Rheumatologist (arthritis)
☐ Social worker
☐ Speech therapist
☐ Substance abuse counselor
☐ Urologist (kidneys, etc.)
☐ Other: _____

22. The following services are available at Wheatland 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
Acute/skilled care (inpatient care/hospitalization)	4	3	2	1	N/A	DK
Ambulance services	4	3	2	1	N/A	DK
Bair Memorial Clinic	4	3	2	1	N/A	DK
Billing/financial services	4	3	2	1	N/A	DK
Cardiology services	4	3	2	1	N/A	DK
Dietician/nutrition services	4	3	2	1	N/A	DK
Emergency room	4	3	2	1	N/A	DK
Health education programs	4	3	2	1	N/A	DK
Laboratory	4	3	2	1	N/A	DK
Long term care/nursing home/swing intermediate	4	3	2	1	N/A	DK
Physical therapy	4	3	2	1	N/A	DK
Pulmonology Function Testing (measure how well lungs work)	4	3	2	1	N/A	DK
Radiology (x-ray/CT scan/ultrasound)	4	3	2	1	N/A	DK
Speech therapy	4	3	2	1	N/A	DK
Telemedicine/virtual health	4	3	2	1	N/A	DK
Visiting general surgeon	4	3	2	1	N/A	DK
Visiting orthopedist	4	3	2	1	N/A	DK
Visiting podiatrist	4	3	2	1	N/A	DK

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

- ☐ Alternative medicine (naturopath, chiropractor, acupuncture, etc.)
- ☐ Cardiac rehabilitation
- ☐ Chemotherapy
- ☐ Chronic pain management
- ☐ Colonoscopy
- ☐ Diagnostic services (dexa scan)
- ☐ Neurology
- ☐ Occupational therapy
- ☐ Pediatrics
- ☐ Prenatal (pregnancy) services
- ☐ Sleep studies
- ☐ Women's health/screenings
- ☐ Wound care
- ☐ Other: _____

24. Would you or a family member be interested in any of the following senior services if available in the Harlowton area? **(Select ALL that apply)**

- ☐ Adult daycare
- ☐ Assisted living facility
- ☐ Hospice
- ☐ Personal care services
- ☐ Senior respite care
- ☐ Senior retirement housing/community
- ☐ Other: _____

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

☐ Yes ☐ No

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

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

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

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

28. How would you rate the availability of mental health services in our area?

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Don't know

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

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

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No ☐ Don't know

Turn to BACK of page to continue

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

☐ Employer offered plan
☐ Health Insurance Marketplace
☐ Health Savings Account
☐ Healthy MT Kids/CHIP
☐ Indian Health Services
☐ Medicaid
☐ Medicare
☐ Private insurance/private plan
☐ VA/military
☐ None/pay out of pocket
☐ Other: _____

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

☐ Excellent ☐ Good ☐ Fair ☐ Poor

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

☐ Can't afford to pay for medical insurance
☐ Choose not to have medical insurance
☐ Employer does not offer insurance
☐ Too complicated/didn't know how to apply
☐ Other: _____

36. Are you aware of programs that help people pay for healthcare expenses? (sliding fee, compassion care, etc.)

☐ 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.

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

☐ 59036 Harlowton
☐ 59053 Martinsdale
☐ 59074 Ryegate
☐ 59078 Shawmut
☐ 59453 Judith Gap
☐ 59085 Two Dot
☐ Other: _____

38. What is your gender?

☐ Male ☐ Female ☐ Other

39. What age range represents you?

☐ 18-25
☐ 26-35
☐ 36-45
☐ 46-55
☐ 56-65
☐ 66-75
☐ 76-85
☐ 86+

40. What is your employment status?

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

[CODED]

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

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

THANK YOU VERY MUCH FOR YOUR TIME

Please note that all information will remain confidential

Appendix F – Responses to Other and Comments

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

- Respiratory disease (COPD, asthma) - specifically asthma
- Excessive cost of health care, health insurance
- Lack of senior citizen programs exercise, good eating, etc.
- No hometown, regular healthcare providers- no more interims!
- Methamphetamine
- Alcohol abuse, cancer, depression/anxiety, Drug abuse, Lack of exercise, Overweight/obesity
- Lack of exercise, Social isolation/loneliness, Tobacco use
- All of the above
- Lack of personal responsibility

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

- Good paying jobs
- Buy local!
- Work against drug and alcohol abuse

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

- Health fair is non-existent
- Call and ask!!
- Used to work there
- Employment

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

- Immunization clinic at the school
- None (8)
- Ambulance service
- Physical therapy
- Walk in Clinic
- VA
- Eye doctor (2)
- Out of town health resources
- None- go to Billings

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

- More access for deaf
- Permanent MD's
- Same Dr- not someone new each time
- Naturopathic services

- Need a steady General Practitioner (GP) (2)
- Lower cost of healthcare + health insurance
- Stable management- it’s a circus up there
- Continuity of care. No more interims!
- Local Dr. (2)
- Become in-network provider for state employees
- Mental health providers
- Continuity in care- keeping doctors for longer
- Need physician locally not futile
- The same provider; I don't like going to a different provider every trip
- Home healthcare
- More help for seniors
- Consistent healthcare providers/doctors, doctors working regular days of the week
- Doctors!

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

- None
- I don't do classes
- A place to go bowling/no smoking
- None (2)
- Diabetes

9. Which of the following preventative services have you used in the past year?

- Mammography- had to go to Billings, ours was down
- When I become sick- will go there
- At VA clinic
- Lab work
- Physical therapy
- None, because out of network provider
- Stress test/cardio

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

- Interpreter ASL signing
- Cheaper in Billings
- Problems getting prescriptions to the correct pharma, resulting in more than 10 days without my medication
- Weather
- No trust or bond w/ interims!
- Not an in-network provider; drove to Billings Clinic in Billings

14. Where was that primary healthcare provider located?

- Harlowton, Billings (8)
- Billings, VA
- Big Timber, Billings, Lewistown, White Sulphur Springs, Townsend
- Harlowton, Billings, VA
- Missoula
- Townsend (2)
- Billings, Roundup
- Harlowton, Bozeman, Billings
- Ennis, MT
- Red Lodge
- Billings, Lewistown

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

- Just see the one available...
- Moved to Harlowton- didn't transfer to here
- Specific provider great!!
- They don't gossip like Harlowton + they treat you better
- Naturopathy
- He is an MD-Internist - I need this for diabetes. Travelling PA's are not specialists in diabetes
- Naturopathic Dr.
- Billings Clinic is an in-network provider for state employees
- Live in Billings during the week
- Because of surgeries in Billings, check up with oncology and ENT
- An actual MD
- Insurance plan pays better
- Provider since 1962
- Same provider for many years
- Can’t get an RX filled by clinic!
- No longer have the same health care provider at local clinic. They are always someone different

17. Which hospital does your household use MOST for hospital care?

- Wheatland Memorial Healthcare, Billings Clinic, Central Montana Medical Center
- Billings Yellowstone Surgery Center Outpatient
- Billings Clinic, St. Vincent Healthcare
- Wheatland Memorial Healthcare, St. Vincent Healthcare
- Wheatland Memorial Healthcare and VA
- Wheatland Memorial Healthcare, Billings Clinic

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

- Been going to my Dr since Jan 2003. Refuse to transfer to Harlowton, they don't have what provider has in Billings
- They are friendly + very clean + the staff doesn't stand around gossiping as Harlowton does
- Billings is nicer
- Prior experience with hospital, required by insurance plan
- Services were not available in Harlow
- Surgeries
- Insurance pays better
- Treatment needed
- Mental capability

20. Where was the healthcare specialist seen?
- Livingston
- Helena (5)
- Big Timber
- Helena, Missoula

21. What type of healthcare specialist was seen?
- Sleep apnea
- Thyroid
- Orthopedic
- Midwife
- Replacement surgery orthopedic
- Maternal Fetal Medicine
- Spine
- Vein specialist

23. What additional healthcare services would you use if available locally?
- Won't go to Harlowton
- Full time physician
- Dr.
- None. Too expensive here!
- None (4)
- Mammography (2)
- Not sure at this time
- None of these. Why go here when these services are available in a short drive + they have experience

24. Would you or a family member be interested in any of the following senior services if available in the Harlowton area?
- N/A currently

- None (2)
- Exercise\correct eating
- Not sure at this time
- Don't know
- All of the above are much needed!
- ??

33. What type of health insurance covers the majority of your household's medical expenses?
- Medicare, VA/military (5)
- Medicare, Private insurance/private plan (9)
- Medicare and a supplement (2)
- Employer offered plan, Medicare
- Healthy MT Kids/CHIP, Medicaid (2)
- Humana (2)
- Employer offered plan, Medicare, VA/military
- Medicaid, Medicare (2)
- Healthcare share ministry
- Employer offered plan, VA/military
- Health Insurance Marketplace, Medicare, Private insurance/private plan

35. If you do NOT have medical insurance, why?
- Very expensive
- Medicare supplement
- Have health insurance

37. Where do you currently live, by zip code?
- 59442

40. What is your employment status?
- Retired, Not currently seeking employment
- Injured working, on disability
- Retired & Works PT
- Work full time, Self Employed
- Retired, Collect disability
- Work part time, student
- Work part time, retired (3)
- Retired

Appendix G – Request for Comments

Written comments on this 2019 Community Health Needs Assessment Report can be submitted to Jane Moe at Wheatland Memorial Healthcare:

Marketing/Public Relations
Wheatland Memorial Healthcare
P.O. Box 287
530 3rd Street NW
Harlowton, Montana 59036

Contact Wheatland Memorial Healthcare's Marketing and Public Relations at 406-632-3176 or jane.moe@wheatlandmemorial.org with and questions.