



COMMUNITY HEALTH NEEDS ASSESSMENT 2020



ASSESSMENT CONDUCTED BY
McCONE COUNTY HEALTH CENTER

IN COOPERATION WITH
THE MONTANA OFFICE OF
RURAL HEALTH



CIRCLE, MONTANA

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INTRODUCTION

Introduction

McCone County Health Center (MCHC) in Circle, Montana is a licensed 25-bed Critical Access Hospital (CAH) and clinic. The CAH's 25-beds may be used interchangeably for acute or swing bed services. MCHC utilizes approximately 21 beds for long-term care residents. Besides McCone Clinic, other services available at MCHC include the following:

Inpatient, outpatient, emergency, acute, skilled nursing facility, nursing facility (long-term care), observation, in-patient pharmacy, x-ray, laboratory, physical therapy and telehealth.



McCone County is the owner of the facilities housing McCone County Health Center, which include McCone Clinic and the surrounding grounds. McCone County contracts management and operation of such facilities to MCHC. MCHC has a service area of just over 2,600 square miles and offers medical services to the McCone County population of approximately 1,701 people.

McCone County Health Center's primary service area includes the communities of Circle, Brockway, Vida and Richey; and residents living in Dawson County along US 200. McCone 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.



Mission: McCone County Health Center is dedicated to providing our residents and patients with optimal and achievable health care services, implementing programs and services that will provide for the overall health and well-being of its service area, and centralize health care services.

McCone County Health Center participated in the Community Health Services Development (CHSD) Project administrated by the Montana Office of Rural Health (MORH). Community involvement in steering committee meetings, focus groups and key informant interviews enhance community engagement in the assessment process.

In the spring of 2020, MCHC'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 2020 survey data with data from previous surveys conducted in partnership with the Montana Office of Rural Health in 2017 and 2014. If any statistical significance exists, it will be reported. The significance level was set at 0.05.

Health Assessment Process



A steering committee was convened to assist McCone County Health Center in conducting CHSD. A diverse group of community members representing various organizations and populations within the community (ex. public health, elderly, uninsured) came together in March 2020. 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 focus groups and to assist in the prioritization of health needs.

Survey Methodology

Survey Instrument

In April 2020, surveys were mailed out to the residents in McCone County, Montana. Survey respondents had the ability to complete the survey mailed to them, or via an online survey hosted at Montana State University's HELPS Lab web portal. The survey was based on a design that has been used extensively in the states of Washington, Wyoming, Alaska, Montana, and Idaho. The survey was designed to provide each facility with information from local residents regarding:

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

Sampling

McCone County Health Center provided a list of outpatient and inpatient admissions. Those zip codes with the greatest number of admissions were selected to be included in the survey. A random list of 749 residents was then selected with the assistance of the MSU HELPS lab. Residence was stratified in the initial sample selection so that each area would be represented in proportion to the overall served population and the proportion of past admissions. (Note: although the survey samples were

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

Zip Code	Population	Community Name	Total Distribution	# Female	# Male	#Unknown
59215	623	Circle	496	203	219	74
59259	176	Richey	108	54	54	0
59214	140	Brockway	54	23	20	11
59274	287	Vida	32	16	16	0
59330	623	Glendive	20	10	10	0
59339	176	Lindsay	14	7	7	0
59243	140	Lambert	10	5	5	0
59262	287	Savage	8	4	4	0
59315	4935	Bloomfield	8	4	4	0
Total	7232		749	326	339	85

Two focus group interviews and a key informant interview 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 BRFS [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 & Focus Group Methodology

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

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



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

Survey Implementation

In April 2020, a survey, cover letter on McCone County Health Center letterhead with the Chief Executive Officer's signature, and a postage paid envelope was mailed to 749 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 McCone County Health Center would be conducting a community health services survey throughout the region in cooperation with the Montana Office of Rural Health.

Two-hundred seventy-two surveys were returned out of 749. Of those 749 surveys, 35 surveys were returned undeliverable for a 38.1% response rate. From this point on, the total number of surveys will be out of 714. 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 5.86%.

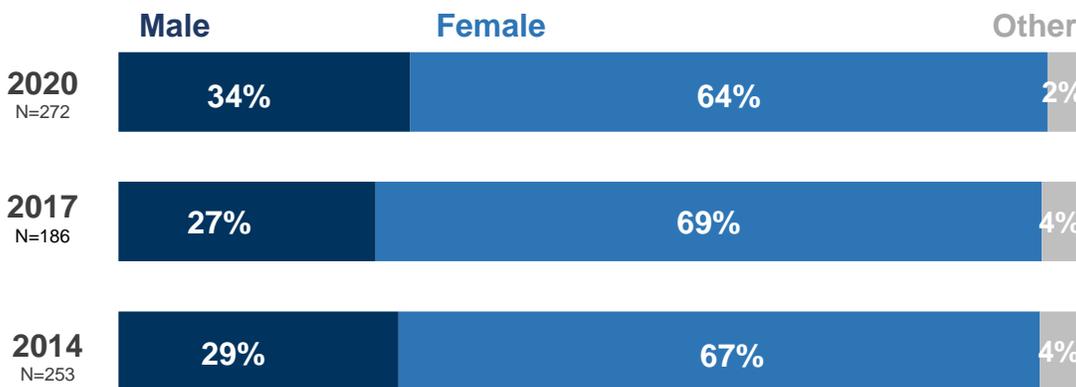
Survey Respondent Demographics

A total of 749 surveys were distributed amongst McCone County Health Center’s service area. Two-hundred seventy-two were completed for a 38.1% response rate. The following tables indicate the demographic characteristics of the survey respondents. Information on location, gender, age, and employment is included. Percentages indicated on the tables and graphs are based upon the total number of responses for each individual question, as some respondents did not answer all questions.

Place of Residence	2014 %(n)	2017 %(n)	2020 %(n)	SIGNIFICANT CHANGE
Number of respondents	249	186	268	
Circle 59215	71.5% (178)	84.4% (157)	70.1% (188)	■
Richey 59259	12.9% (32)	4.8% (9)	12.7% (34)	■
Brockway 59214	8.8% (22)	5.4% (10)	6.0% (16)	□
Vida 59274	5.2% (13)	3.8% (7)	5.6% (15)	□
Lindsay 59339		1.6% (3)	2.2% (6)	□
Jordan 59337	0.0% (0)	0.0% (0)	0.0% (0)	□
Terry 59349			0.0% (0)	□
Wolf Point 59201	0.0% (0)	0.0% (0)	0.0% (0)	□
Other	1.6% (4)	0.0% (0)	3.4% (9)	□
TOTAL	100% (249)	100% (186)	100% (268)	

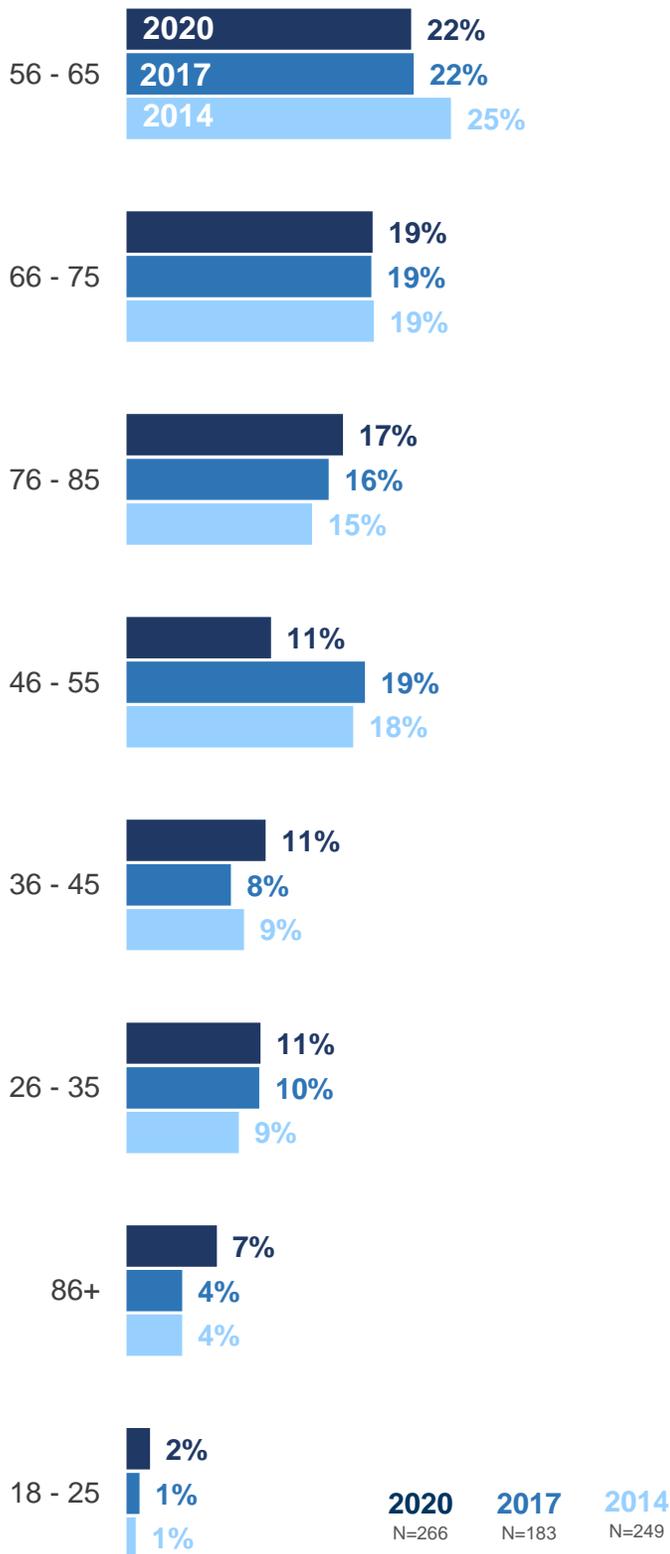
A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Grayed out cells indicate the question was not asked that year.

Gender



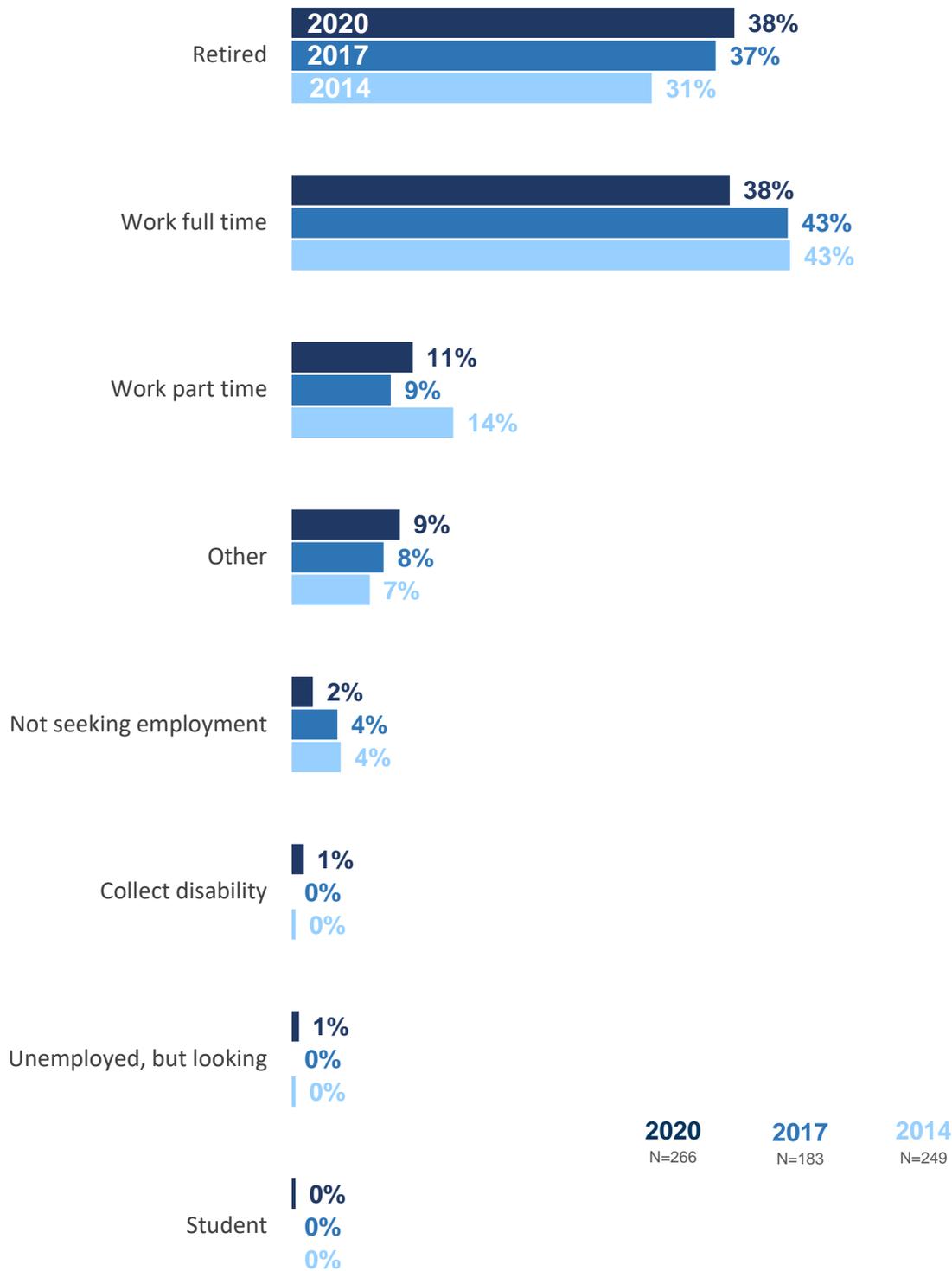
Women are frequently the healthcare decision makers for their families and more likely to respond to a health-related survey.

Age of respondents for all three years of the survey



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

Employment Status for all 3 years of the survey



“Other” comments included: Self-employed, housewife/stay at home mom, farm/ranch.



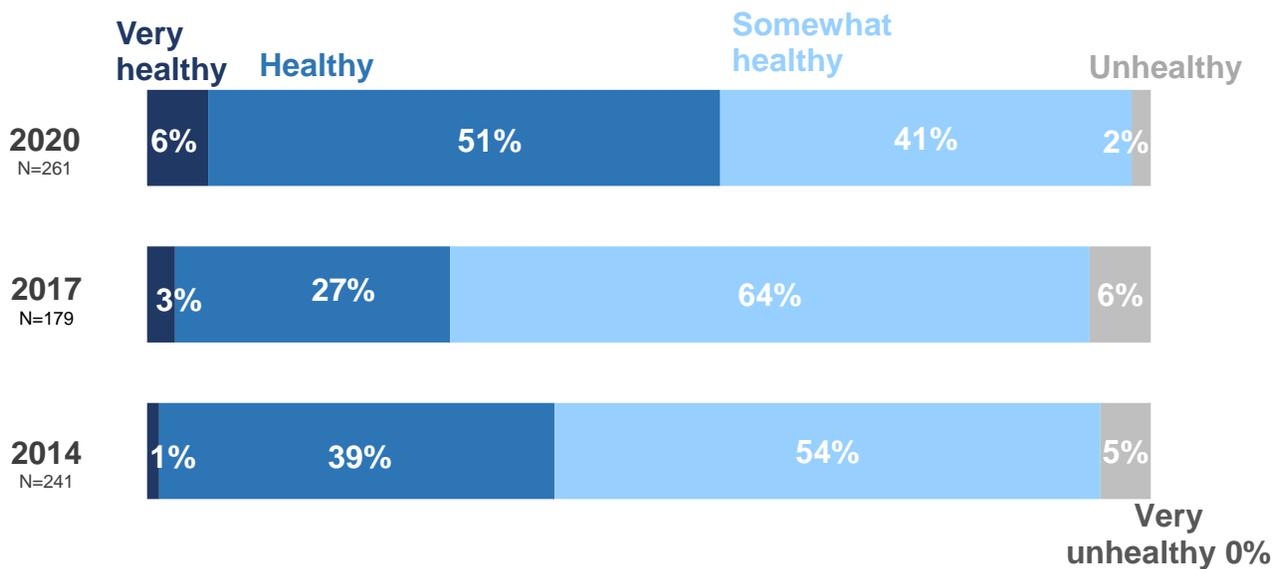
SURVEY RESULTS

Survey Results

Rating of Healthy Community (Question 1)

Respondents were asked to indicate how they would rate the general health of their community. Fifty-one percent of respondents (n=133) rated their community as “Healthy”, and 41% of respondents (n=107) felt their community was “Somewhat healthy.” No respondents indicated they felt their community was “Very unhealthy.”

Significantly more 2020 respondents rate the health of their community as **Healthy*



Health Concerns for Community (Question 2)

Respondents were asked what they felt the three most serious health concerns were in their community. The top identified health concern was “Cancer” at 41.2% (n=112). “Alcohol abuse/substance abuse” was also a high priority at 26.8% (n=73), followed by “Overweight/obesity” at 25.7% (n=70).

“Other” comments included: lack of nutrition education, health issues related to chemical exposure, aging, agriculture-toxins, lifestyle/priorities related stress. (View all comments in Appendix G)

Health Concern	2014 %(n)	2017 %(n)	2020 %(n)	SIGNIFICANT CHANGE
Number of respondents	253	186	272	
Cancer	49.0% (124)	78.0% (145)	41.2% (112)	■
Alcohol abuse/substance abuse	40.7% (103)	37.6% (70)	26.8% (73)	■
Overweight/obesity	25.3% (64)	26.9% (50)	25.7% (70)	□
Heart disease	28.1% (71)	31.2% (58)	24.6% (67)	□
Diabetes	14.6% (37)	16.7% (31)	21.3% (58)	□
Lack of access to healthcare	9.9% (25)	10.2% (19)	15.4% (42)	□
Depression/anxiety	19.0% (48)	24.7% (46)	14.7% (40)	■
Lack of dental care	20.2% (51)	15.6% (29)	14.3% (39)	□
Work/economic stress			14.3% (39)	□
Tobacco use	11.1% (28)	9.1% (17)	13.2% (36)	□
Mental health issues	4.7% (12)	7.0% (13)	9.6% (26)	□
Social isolation/loneliness			9.6% (26)	□
Lack of exercise	13.4% (34)	14.5% (27)	9.2% (25)	□
Alzheimer's/dementia			7.4% (20)	□
Stroke	9.1% (23)	8.1% (15)	7.0% (19)	□
Respiratory issues/ illnesses			6.6% (18)	□
Work related accidents/injuries	7.1% (18)	3.8% (7)	4.0% (11)	□
Motor vehicle accidents	4.7% (12)	4.3% (8)	3.3% (9)	□
Recreation related accidents/injuries	3.6% (9)	1.1% (2)	1.8% (5)	□
Suicide			1.5% (4)	□
Domestic violence	0.4% (1)	0.5% (1)	0.4% (1)	□
Child abuse/neglect	1.6% (4)	0.5% (1)	0.0% (0)	□
Hunger			0.0% (0)	□
Other*	2.0% (5)	1.1% (2)	3.7% (10)	□

A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to pick their top three most serious health concerns, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year. *Respondents (N=3) who selected over the allotted amount were moved to "Other".

Components of a Healthy Community (Question 3)

Respondents were asked to identify the three most important things for a healthy community. Fifty-eight percent of respondents (n=157) indicated that “Access to healthcare services” is important for a healthy community, followed by “Good jobs and a healthy economy” at 44.1% (n=120), and “Religious or spiritual values” at 30.5% (n=83).

Components of Healthy Community	2014 %(n)	2017 %(n)	2020 %(n)	SIGNIFICANT CHANGE
Number of respondents	253	186	272	
Access to healthcare services	69.2% (175)	73.1% (136)	57.7% (157)	■
Good jobs and a healthy economy	31.2% (79)	36.0% (67)	44.1% (120)	■
Religious or spiritual values	35.2% (89)	32.8% (61)	30.5% (83)	□
Strong family life	36.0% (91)	32.8% (61)	29.8% (81)	□
Healthy behaviors and lifestyles	37.5% (95)	38.7% (72)	29.0% (79)	■
Good schools	24.9% (63)	24.2% (45)	22.1% (60)	□
Access to healthy foods			17.3% (47)	□
Low crime/safe neighborhoods	14.6% (37)	18.3% (34)	10.3% (28)	■
Community involvement	6.3% (16)	7.0% (13)	8.5% (23)	□
Access to childcare/after school programs			7.4% (20)	□
Affordable housing	23.3% (59)	13.4% (25)	7.0% (19)	■
Clean environment	9.1% (23)	8.6% (16)	5.9% (16)	□
Opportunities for physical activity			5.1% (14)	□
Transportation services			4.0% (11)	□
Low death and disease rates	4.3% (11)	5.4% (10)	2.6% (7)	□
Tolerance for diversity	2.0% (5)	1.1% (2)	1.8% (5)	□
Low level of domestic violence	1.2% (3)	0.0% (0)	1.1% (3)	□
Parks and recreation	2.8% (7)	5.4% (10)	0.4% (1)	■
Arts and cultural events	0.4% (1)	0.0% (0)	0.0% (0)	□
Other*	0.0% (0)	1.1% (2)	2.2% (6)	□

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

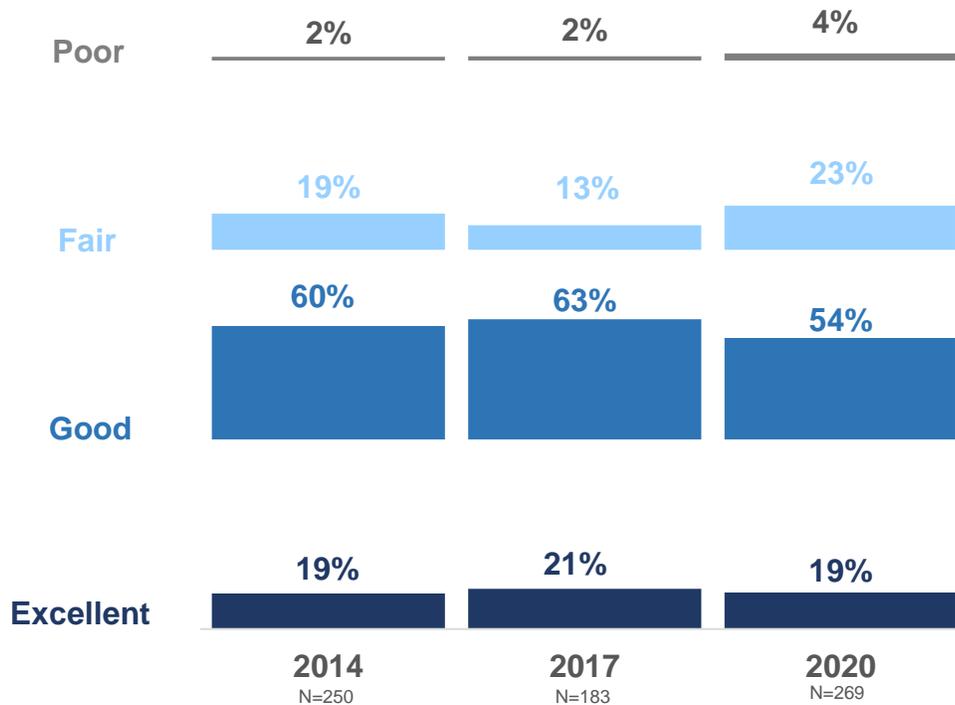
*Respondents (N=4) who selected over the allotted amount were moved to “Other”.

“Other” comments included: single payer, grocery store.

Knowledge of Health Services (Question 4)

Respondents were asked to rate their knowledge of the health services available at McCone County Health Center. Fifty-four percent (n=144) of respondents rated their knowledge of health services as “Good.” “Fair” was selected by 23% percent (n=63), and “Excellent” was selected by 19% (n=52) of respondents.

Fewer 2020 respondents rated their knowledge of health services as **Good** and more rated thier knowledge as **Fair**



How Respondents Learn of Health Services (Question 5)

The most frequently indicated method of learning about available services was the “Circle Banner” at 56.6% (n=154). “Friends/family” and “Word of mouth/reputation” were the second most frequent responses at 52.6% (n=143 each).

How Respondents Learn About Community Health Services	2014 %(n)	2017 %(n)	2020 %(n)	SIGNIFICANT CHANGE
Number of respondents	176	173	122	
Circle Banner			56.6% (154)	<input type="checkbox"/>
Friends/family	66.4% (168)	62.4% (116)	52.6% (143)	<input checked="" type="checkbox"/>
Word of mouth/reputation	73.1% (185)	67.2% (125)	52.6% (143)	<input checked="" type="checkbox"/>
Healthcare provider	45.1% (114)	54.3% (101)	46.0% (125)	<input type="checkbox"/>
Social media/Facebook			37.9% (103)	<input type="checkbox"/>
Public Health	10.3% (26)	15.1% (28)	23.2% (63)	<input checked="" type="checkbox"/>
Senior Center	17.4% (44)	22.6% (42)	21.3% (58)	<input type="checkbox"/>
Newspaper	55.3% (140)	45.7% (85)	15.1% (41)	<input checked="" type="checkbox"/>
Mailings/newsletter	10.7% (27)	9.7% (18)	12.9% (35)	<input type="checkbox"/>
Billboards/posters			8.5% (23)	<input type="checkbox"/>
Website/internet	1.2% (3)	10.2% (19)	8.1% (22)	<input checked="" type="checkbox"/>
Radio	3.2% (8)	4.8% (9)	4.8% (13)	<input type="checkbox"/>
Presentations	2.0% (5)	2.2% (4)	2.2% (6)	<input type="checkbox"/>
Other	3.2% (8)	3.8% (7)	2.6% (7)	<input type="checkbox"/>

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

“Other” comments included: personal need, I am an EMT, I don’t use services in McCone County, previously employed, volunteer, TV, Board member.

View a cross tabulation of how respondents learn with how they rate their knowledge on pg. 80

Utilized Community Health Resources (Question 6)

Respondents were asked which community health resources, other than the hospital or clinic, they had used in the last three years. “Eye doctor” was the most frequently utilized community health resource cited by respondents at 48.5% (n=132). The “Dentist” was utilized by 47.4% (n=129) of respondents, followed by “Chiropractor” at 36.4% (n=99).

Use of Community Health Resources	2014 %(n)	2017 %(n)	2020 %(n)	SIGNIFICANT CHANGE
Number of respondents	253	186	272	
Eye doctor			48.5% (132)	<input type="checkbox"/>
Dentist			47.4% (129)	<input type="checkbox"/>
Chiropractor	36.8% (93)	39.8% (74)	36.4% (99)	<input type="checkbox"/>
Public Health	28.9% (73)	31.2% (58)	33.8% (92)	<input type="checkbox"/>
Senior Center	25.3% (64)	30.1% (56)	23.9% (65)	<input type="checkbox"/>
Massage therapy	22.1% (56)	24.7% (46)	21.3% (58)	<input type="checkbox"/>
Meals on Wheels	2.4% (6)	3.2% (6)	7.4% (20)	<input checked="" type="checkbox"/>
Mental health	2.8% (7)	2.2% (2)	3.3% (9)	<input type="checkbox"/>
Other	5.5% (14)	7.0% (13)	7.7% (21)	<input type="checkbox"/>

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

“Other” comments included: None, dentist/eye doctor out of town, ER, specialists in Billings, physical therapy, community park access, cancer center.

Improve Community’s Access to Healthcare (Question 7)

Respondents were asked to indicate what they felt would improve their community’s access to healthcare. Forty-nine percent of respondents (n=132) reported that “Walk-in Clinic/Urgent Care (weekend hours)” would make the greatest improvement. Forty-five percent of respondents (n=121) indicated “More visiting specialists” would improve access, and “More primary care providers” was selected by 41.5% (n=113).

“Walk-in Clinic/Urgent Care (weekend hours)” would make the greatest improvement

What Would Improve Community Access to Healthcare	2014 %(n)	2017 %(n)	2020 %(n)	SIGNIFICANT CHANGE
Number of respondents	250	186	272	
Walk-In Clinic/Urgent Care (weekend hours)			48.5% (132)	<input type="checkbox"/>
More visiting specialists	27.7% (70)	23.1% (43)	44.5% (121)	<input checked="" type="checkbox"/>
More primary care providers	27.7% (70)	43.5% (81)	41.5% (113)	<input checked="" type="checkbox"/>
Telemedicine	15.8% (40)	20.4% (38)	24.3% (66)	<input type="checkbox"/>
More information about available services			22.8% (62)	<input type="checkbox"/>
Outpatient services expanded hours	19.8% (50)	12.9% (24)	13.6% (37)	<input type="checkbox"/>
Improved quality of care	10.3% (26)	11.8% (22)	11.8% (32)	<input type="checkbox"/>
Payment assistance programs (healthcare expenses)			11.4% (31)	<input type="checkbox"/>
Transportation assistance	11.5% (29)	14.0% (26)	10.7% (29)	<input type="checkbox"/>
Greater health education services	9.5% (24)	10.2% (19)	9.6% (26)	<input type="checkbox"/>
Interpreter services			1.1% (3)	<input type="checkbox"/>
Cultural sensitivity	0.4% (1)	0.0% (0)	0.4% (1)	<input type="checkbox"/>
Other	6.7% (17)	4.8% (9)	7.7% (21)	<input type="checkbox"/>

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

“Other” comments included: wellness education and services, getting appointments easier, preventative health a higher priority, single payer coverage, whirlpool- hot tub and pool for therapy, midwife services/prenatal care, better communication between providers and patients.

Interest in Educational Classes/Programs (Question 8)

Respondents were asked if they would be interested in any educational classes/programs made available to the community. The most highly indicated class/program was “Weight loss” at 30.9% (n=84), followed by “Women’s health” at 27.6% (n=75), and “Fitness” and “Health and wellness” at 27.2% (n=74 each).

Interest in Classes or Programs	2014 %(n)	2017 %(n)	2020 %(n)	SIGNIFICANT CHANGE
Number of respondents	253	186	272	
Weight loss	27.7% (70)	35.5% (66)	30.9% (84)	<input type="checkbox"/>
Women's health	25.3% (64)	29.0% (54)	27.6% (75)	<input type="checkbox"/>
Fitness	26.5% (67)	33.9% (63)	27.2% (74)	<input type="checkbox"/>
Health and wellness	29.2% (74)	37.1% (69)	27.2% (74)	<input type="checkbox"/>
First aid/CPR	17.0% (43)	16.7% (31)	23.2% (63)	<input type="checkbox"/>
Living will	16.6% (42)	17.7% (33)	21.7% (59)	<input type="checkbox"/>
Nutrition	16.2% (41)	25.3% (47)	20.2% (55)	<input type="checkbox"/>
Diabetes	16.6% (42)	11.3% (21)	13.2% (36)	<input type="checkbox"/>
Men's health	9.9% (25)	8.1% (15)	12.9% (35)	<input type="checkbox"/>
Cancer	13.8% (35)	15.6% (29)	12.1% (33)	<input type="checkbox"/>
Mental health	8.7% (22)	8.6% (16)	11.8% (32)	<input type="checkbox"/>
Alzheimer's	15.0% (38)	14.0% (26)	11.4% (31)	<input type="checkbox"/>
Heart disease	15.4% (39)	9.7% (18)	11.0% (30)	<input type="checkbox"/>
Parenting	4.0% (10)	4.8% (9)	7.4% (20)	<input type="checkbox"/>
Support groups	7.9% (20)	4.3% (8)	6.6% (18)	<input type="checkbox"/>
Care giver support			5.9% (16)	<input type="checkbox"/>
Grief counseling	8.3% (21)	6.5% (12)	5.5% (15)	<input type="checkbox"/>
Alcohol/substance abuse	4.0% (10)	1.6% (3)	4.0% (11)	<input type="checkbox"/>
Prenatal	2.0% (5)	2.2% (4)	2.9% (8)	<input type="checkbox"/>
Smoking/tobacco cessation	2.4% (6)	3.2% (6)	2.9% (8)	<input type="checkbox"/>
Lactation/breastfeeding support			1.5% (4)	<input type="checkbox"/>
Other	2.0% (5)	1.1% (2)	1.8% (5)	<input type="checkbox"/>

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

“Other” comments included: none, CPR, Child first aid, physical therapy.

Desired Local Health Services (Question 9)

Respondents were asked to indicate which additional services would they utilize if available locally. Respondents indicated the most interest in “Pharmacy” at 65.4% (n=178), followed by a “Dental services” (62.9%, n=171) and “Vision services” at 59.9% (n=163).

Desired Local Healthcare Services	2014 % (n)	2017 % (n)	2020 % (n)	SIGNIFICANT CHANGE
Number of respondents	253	186	272	
Pharmacy	59.7% (151)	65.6% (122)	65.4% (178)	<input type="checkbox"/>
Dental services	60.9% (154)	54.8% (102)	62.9% (171)	<input type="checkbox"/>
Vision services	59.7% (151)	49.5% (92)	59.9% (163)	<input checked="" type="checkbox"/>
Visiting specialists	47.8% (121)	43.0% (80)	46.0% (125)	<input type="checkbox"/>
Podiatrist (foot doctor)	9.9% (25)	13.4% (25)	14.3% (39)	<input type="checkbox"/>
Transportation services	3.2% (8)	3.8% (7)	6.3% (17)	<input type="checkbox"/>
Other	2.4% (6)	1.6% (3)	3.3% (9)	<input type="checkbox"/>

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

“Other” comments included: pharmacy, pediatrics, dermatology, cardiology, cancer doctor, mental health therapist.

Over half of respondents feel “Pharmacy”, “Dental” & “Vision” services are needed locally

Desired Senior Services (Question 10)

Respondents were asked if they or a household member would utilize additional senior services if available locally. Respondents indicated the most interest in having “Assisted living” available locally at 22.4% (n=61). “Home health” was selected by 21.3% (n=58) of respondents, followed by “In home personal assistance” services at 20.6% (n=56).

Desired Senior Services	2020 %(n)
Number of respondents	272
Assisted living	22.4% (61)
Home health	21.3% (58)
In home personal assistance	20.6% (56)
Senior retirement housing/community	19.1% (52)
Transportation services	11.0% (30)
Hospice	9.2% (25)
Senior respite care	3.7% (10)
Other	5.5% (15)

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

“Other” comments included: assisted living if privately owned, mental health, housekeeping, yard work, special needs day program.

Top desired senior service was “Assisted living”

Economic Importance of Healthcare (Question 11)

The majority of respondents (79%, n=208), indicated that local healthcare providers and services (i.e. hospitals, clinics, nursing homes, assisted living, etc.) are ‘Very important’ to the economic wellbeing of the area. Twenty-one percent of respondents (n=55) indicated they are “Important”, and no respondents felt they are not important.

Majority of respondents feel healthcare services and providers are Very Important to economic wellbeing



Utilization of Preventative Services (Question 12)

Respondents were asked if they had utilized any of the preventative services listed in the past year. “Blood pressure check” was selected by 63.2% of respondents (n=172). Sixty percent of respondents (n=163) indicated they received a “Flu shot”, and 56.3% of respondents (n=153) had a “Vision check.”

Use of Preventative Services	2014 %(n)	2017 %(n)	2020 %(n)	SIGNIFICANT CHANGE
Number of respondents	253	186	272	
Blood pressure check	43.5% (110)	39.2% (73)	63.2% (172)	■
Flu shot	48.6% (123)	53.8% (100)	59.9% (163)	■
Vision check			56.3% (153)	□
Dental check			54.4% (148)	□
Health checkup	48.6% (123)	56.5% (105)	51.1% (139)	□
Health fair			48.5% (132)	□
Cholesterol check	47.8% (121)	43.0% (80)	40.8% (111)	□
Mammography	27.7% (70)	27.4% (51)	29.8% (81)	□
Prostate (PSA)	22.1% (56)	21.0% (39)	25.0% (68)	□
Pap smear	25.7% (65)	21.0% (39)	20.6% (56)	□
Colonoscopy	13.0% (33)	14.0% (26)	17.6% (48)	□
Skin check			17.6% (48)	□
Hearing check			14.7% (40)	□
Children's checkup/Well baby	7.1% (18)	9.1% (17)	13.2% (36)	□
None	9.9% (25)	5.9% (11)	2.6% (7)	■
Other	5.5% (14)	14.0% (26)	1.8% (5)	■

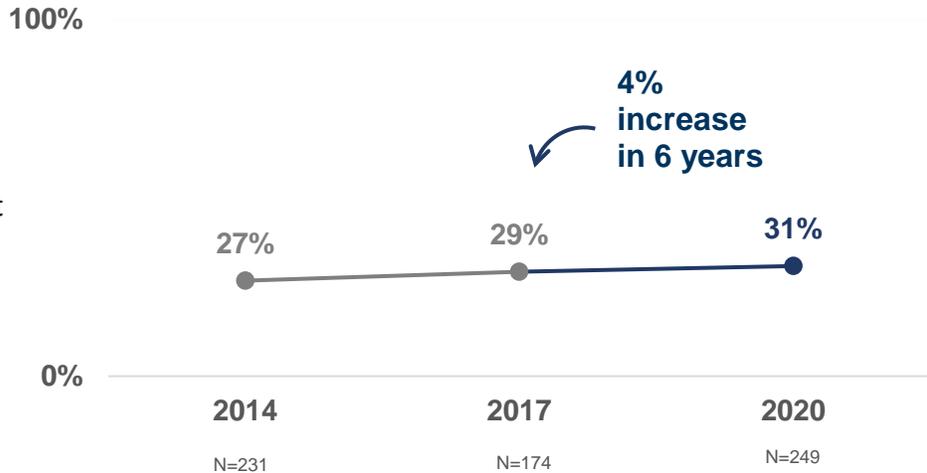
A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents could select any of the preventative services listed, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year.

“Other” comments included: MRI, VA, not in Circle.

Delay of Services (Question 13)

Thirty-one percent of respondents (n=77) reported that they or a member of their household thought they needed healthcare services but did not get them or had to delay getting them. Sixty-nine percent of respondents (n=172) felt they were able to get the healthcare services they needed without delay.

More people report that they delayed or did not receive needed medical services in 2020, compared to 2014



[View a cross tabulation of where respondents live and 'delay of healthcare services' on pg. 81](#)

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

For those who indicated they were unable to receive or had to delay services (n=77), the reason most cited was “Could not get an appointment” (32.5%, n=25). “Could not get an appointment with provider of choice” was selected by 31.2% (n=24) and “Too long to wait for an appointment” was selected by 28.6% (n=22).

Reasons for Delay in Receiving Needed Healthcare	2014 %(n)	2017 %(n)	2020 %(n)	SIGNIFICANT CHANGE
Number of respondents	62	51	77	
Could not get an appointment	53.2% (33)	58.8% (30)	32.5% (25)	■
Could not get an appointment with my provider of choice			31.2% (24)	□
Too long to wait for an appointment	30.6% (19)	52.9% (27)	28.6% (22)	■
It cost too much	24.2% (15)	19.6% (10)	16.9% (13)	□
My insurance didn't cover it	9.7% (6)	15.7% (8)	10.4% (8)	□
Office wasn't open when I could go	24.2% (15)	19.6% (10)	10.4% (8)	□
Could not get off work	4.8% (3)	7.8% (4)	9.1% (7)	□
It was too far to go	11.3% (7)	9.8% (5)	9.1% (7)	□
No insurance	11.3% (7)	5.9% (3)	6.5% (5)	□

Want to see a doctor (MD/DO)	19.4 (12)	9.8% (5)	6.5% (5)	<input type="checkbox"/>
Didn't know where to go	3.2% (2)	2.0% (1)	5.2% (4)	<input type="checkbox"/>
Unsure if services were available	8.1% (5)	3.9% (2)	3.9% (3)	<input type="checkbox"/>
Don't like medical providers	3.2% (2)	11.8% (6)	2.6% (2)	<input type="checkbox"/>
Had no childcare	1.6% (1)	0.0% (0)	2.6% (2)	<input type="checkbox"/>
Not treated with respect	4.8% (3)	5.9% (3)	2.6% (2)	<input type="checkbox"/>
Don't understand healthcare system			1.3% (1)	<input type="checkbox"/>
Too nervous or afraid	3.2% (2)	5.9% (3)	1.3% (1)	<input type="checkbox"/>
Transportation problems	1.6% (1)	2.0% (1)	1.3% (1)	<input type="checkbox"/>
Language barrier			0.0% (0)	<input type="checkbox"/>
Other*	9.7% (6)	7.8% (4)	18.2% (14)	<input type="checkbox"/>

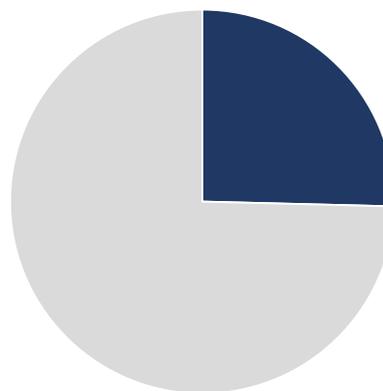
A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to indicate the top three reasons for delay in seeking healthcare, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year. *Respondents (N=8) who selected over the allotted amount were moved to "Other".

"Other" comments included: not available in Circle, COVID-19, billing issues, waited until I could not ignore, heart surgeon, didn't respect visiting provider, could not make an appointment.

Difficulty Getting or Obtaining Prescriptions (Question 15)

Respondents were asked to indicate if during the last year they or a member of their household had difficulty getting a prescription or taking a prescription regularly.

Twenty-five percent of respondents (n=65) indicated that in the last year they had difficulty getting a prescription or taking their medication regularly. Seventy-five percent of respondents (n=191) indicated that they did not have trouble getting/taking prescriptions. Three respondents chose not to answer this question.



A quarter of respondents have had trouble getting a prescription in the past year

N=256

Reason for Not Receiving/Delaying prescriptions (Question 16)

For those who indicated they were unable to receive or had to delay needed prescription medication (n=65), the reason most cited was “Mail-order prescriptions took too long” (40%, n=26), followed by “Pharmacy did not have prescription when I arrived” (32.3%, n=21), and “It was too far to go” (21.5%, n=14).

Reasons for Not Getting or Taking Prescriptions	2020 %(n)
Number of respondents	65
Mail-order prescriptions took too long	40.0% (26)
Pharmacy did not have prescription when I arrived	32.3% (21)
It was too far to go	21.5% (14)
It costs too much	15.4% (10)
My insurance didn’t cover it	13.8% (9)
Pharmacy wasn’t open when I could go	13.8% (9)
No insurance	3.1% (2)
Had trouble remembering to take pills	1.5% (1)
Transportation problems	1.5% (1)
Other*	24.6% (16)

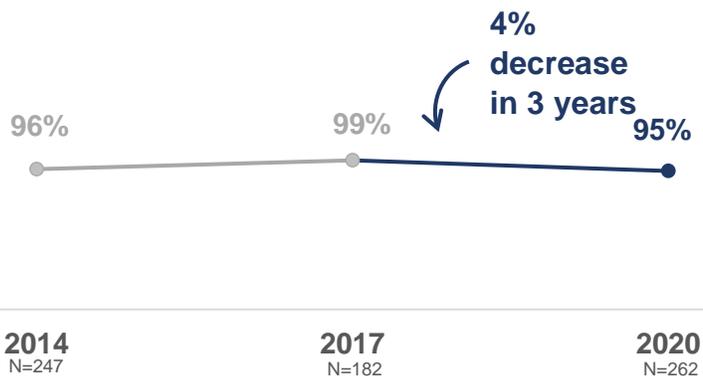
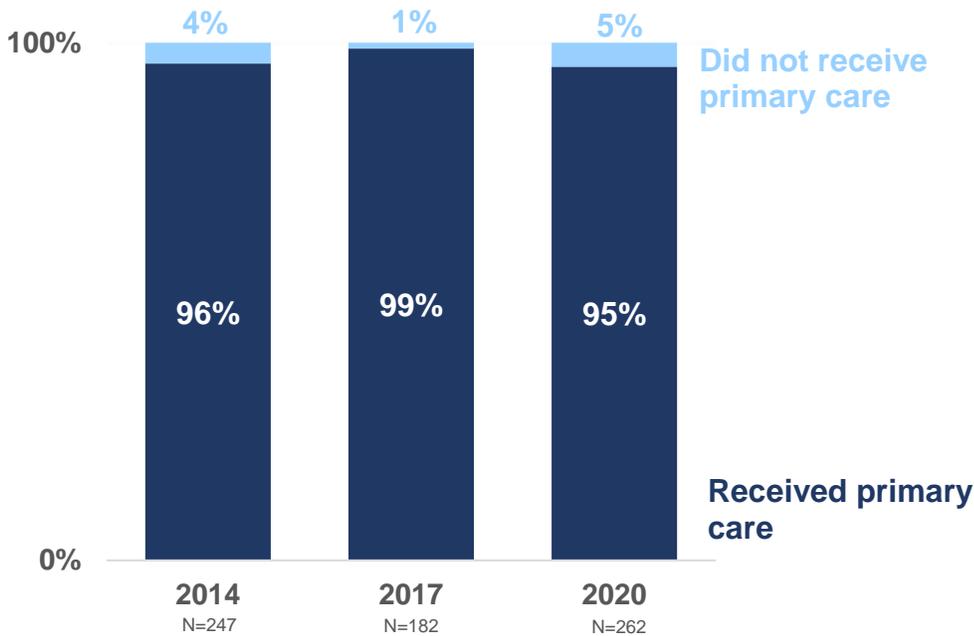
A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to indicate the top three reasons for delay in seeking healthcare, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year. *Respondents (N=2)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

“Other” comments included: mail order prescriptions never got to me when I needed them, trouble with clinic calling pharmacy/not good communication between clinic and pharmacy, costs are outrageous, CVS mail order is difficult and unreliable, daughter had to get it out of town 100 miles one way, could not be mailed, mail problems.

Primary Care Services (Question 17)

Ninety-five percent of respondents (n=250) 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 5% respondents (n=12) indicated they had not.

Nearly all respondents received primary care in past 3 years



Location of Primary Care Services (Question 18)

Of the 250 respondents who indicated receiving primary care services in the previous three years, 61.2% (n=153) reported receiving care in Circle, 15.2% percent of respondents (n=38) went to an “Other” location not listed, and 13.2% (n=33) went to Miles City.

Location of Primary Care Provider	2014 %(n)	2017 %(n)	2020 %(n)	SIGNIFICANT CHANGE
Number of respondents	196	158	250	
Circle	75.0% (147)	73.4% (116)	61.2% (153)	■
Miles City	6.1% (12)	5.1% (8)	13.2% (33)	■
Sidney	6.1% (12)	1.3% (2)	4.4% (11)	□
Glendive	3.6% (7)	5.1% (8)	4.0% (10)	□
Billings	4.1% (8)	6.3% (10)	2.0% (5)	□
Other*	5.1% (10)	8.9% (14)	15.2% (38)	■
TOTAL	100% (196)	100% (158)	100% (250)	

A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Grayed out cells indicate the question was not asked that year. *Respondents (N=22) who selected over the allotted amount were moved to “Other”.

“Other” comments included: Glasgow, Wolf Point, Great Falls, Bismarck, ND, Williston, Jordan, VA (Billings and Miles City).

View a cross tabulation of where respondents live with where they utilize primary care services on pg. 82

Reasons for Primary Care Provider Selection (Question 19)

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 63.2% (n=158), followed by “Prior experience with clinic” at 48.4% (n=121), and “Clinic/provider’s reputation for quality” at 38% (n=95).

Reasons for Selecting Primary Care Provider	2014 %(n)	2017 %(n)	2020 %(n)	SIGNIFICANT CHANGE
Number of respondents	237	180	250	
Closest to home	69.6% (165)	68.9% (124)	63.2% (158)	<input type="checkbox"/>
Prior experience with clinic	56.1% (133)	56.7% (102)	48.4% (121)	<input type="checkbox"/>
Clinic/provider's reputation for quality	27.4% (65)	25.0% (45)	38.0% (95)	<input checked="" type="checkbox"/>
Appointment availability	34.6% (82)	27.2% (49)	30.4% (76)	<input type="checkbox"/>
Privacy/confidentiality			13.6% (34)	<input type="checkbox"/>
Recommended by family or friends	11.4% (27)	7.2% (13)	12.4% (31)	<input type="checkbox"/>
Wanted to see a doctor (MD/DO)	7.2% (17)	8.9% (16)	12.4% (31)	<input type="checkbox"/>
Length of waiting room time	3.4% (8)	5.0% (9)	6.8% (17)	<input type="checkbox"/>
Referred by physician or other provider	12.2% (29)	5.0% (9)	6.8% (17)	<input checked="" type="checkbox"/>
Cost of care	6.3% (15)	6.1% (11)	6.4% (16)	<input type="checkbox"/>
VA/Military requirement	1.3% (3)	1.7% (3)	1.2% (3)	<input type="checkbox"/>
Required by insurance plan	1.3% (3)	3.9% (7)	0.8% (2)	<input checked="" type="checkbox"/>
Indian Health Services	0.4% (1)	0.0% (0)	0.4% (1)	<input type="checkbox"/>
Other	5.5% (13)	6.7% (12)	5.2% (13)	<input type="checkbox"/>

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

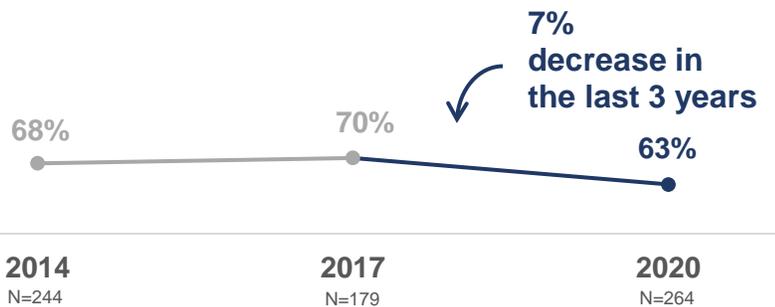
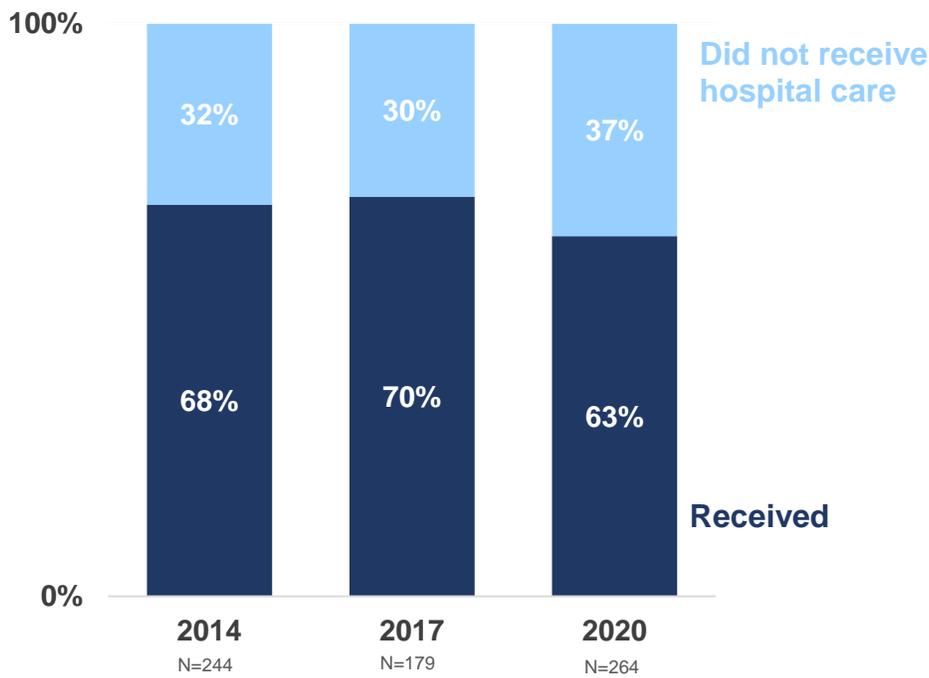
“Other” comments included: have always seen Patti Whittkopp, program less expensive, moved to Glasgow, work at the hospital, knows my history, needed OB/GYN services, pediatrician.

View a cross tabulation of where respondents utilize primary care services with their reasons for selecting their provider on pg. 83

Hospital Care Services (Question 20)

Respondents were asked if they or someone in their household had received hospital care in the last three years. Hospitalization was quantified as hospitalized overnight, day surgery, obstetrical care, rehabilitation, radiology, or emergency care. Sixty-three percent of respondents (n=166) reported that they or a member of their family had received hospital care during the previous three years, and 37% (n=98) had not received hospital services.

Fewer respondents received hospital care in past three years when compared to 2014 and 2017



Location of Hospital Services (Question 21)

Of the 166 respondents who indicated receiving hospital care in the previous three years, 22.5% (n=36) reported receiving care at McCone County Health Center. Sixteen percent of respondents (n=26) received services at Holy Rosary Healthcare, and 15.6% of respondents (n=25) reported utilizing services at Billings Clinic in Billings. Six of the 166 respondents who reported they had been to a hospital in the past three years did not indicate which hospital they had utilized.

Hospital Used Most Often	2014 %(n)	2017 %(n)	2020 %(n)	SIGNIFICANT CHANGE
Number of respondents	133	104	160	
McCone County Health Center (Circle)	33.1% (44)	40.4% (42)	22.5% (36)	■
Holy Rosary Healthcare (Miles City)	24.1% (32)	14.4% (15)	16.3% (26)	■
Billings Clinic (Billings)	19.5% (26)	19.2% (20)	15.6% (25)	□
St. Vincent's (Billings)	11.3% (15)	13.5% (14)	13.1% (21)	□
Glendive Medical Center (Glendive)	6.8% (9)	2.9% (3)	10.6% (17)	■
Sidney Health Center (Sidney)	3.0% (4)	2.9% (3)	5.0% (8)	□
Frances Mahon Deaconess Hospital (Glasgow)	1.5% (2)	2.9% (3)	1.9% (3)	□
Other*	0.8% (1)	3.8% (4)	15.0% (24)	■
TOTAL	100% (133)	100% (104)	100% (160)	

A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Grayed out cells indicate the question was not asked that year. *Respondents (N=14) who selected over the allotted amount were moved to "Other".

"Other" comments included: depends on service needed, NEMHS, University of Washington, Glendive, Billings, Bismarck, ND, Cody, WY, surgery, VA, Missoula.

View a cross tabulation of where respondents live with where they utilize hospital services on pg. 84

Reasons for Hospital Selection (Question 22)

Of the 166 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 “Closest to home” at 41.6% (n=69). “Prior experience with hospital” was selected by 40.4% of the respondents (n=67), and 39.2% (n=65) selected “Referred by physician or other provider.”

Reasons for Selecting Hospital	2014 %(n)	2017 %(n)	2020 %(n)	SIGNIFICANT CHANGE
Number of respondents	167	125	166	
Closest to home	44.9% (75)	49.6% (62)	41.6% (69)	<input type="checkbox"/>
Prior experience with hospital	43.7% (73)	40.8% (51)	40.4% (67)	<input type="checkbox"/>
Referred by physician or other provider	45.5% (76)	41.6% (52)	39.2% (65)	<input type="checkbox"/>
Emergency, no choice	19.2% (32)	28.0% (35)	29.5% (49)	<input type="checkbox"/>
Hospital's reputation for quality	32.3% (54)	22.4% (28)	25.9% (43)	<input type="checkbox"/>
Recommended by family or friends	6.6% (11)	9.6% (12)	10.8% (18)	<input type="checkbox"/>
VA/Military requirement	1.2% (2)	2.4% (3)	3.0% (5)	<input type="checkbox"/>
Privacy/confidentiality			2.4% (4)	<input type="checkbox"/>
Required by insurance plan	1.8% (3)	1.6% (2)	2.4% (4)	<input type="checkbox"/>
Closest to work	2.4% (4)	2.4% (3)	1.8% (3)	<input type="checkbox"/>
Cost of care	2.4% (4)	1.6% (2)	1.8% (3)	<input type="checkbox"/>
Financial assistance programs			1.2% (2)	<input type="checkbox"/>
Other*	0.6% (1)	4.0% (5)	6.0% (10)	<input checked="" type="checkbox"/>

A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to pick their top three reasons for selecting a hospital, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year. *Respondents (N=3) who selected over the allotted amount were moved to “Other”.

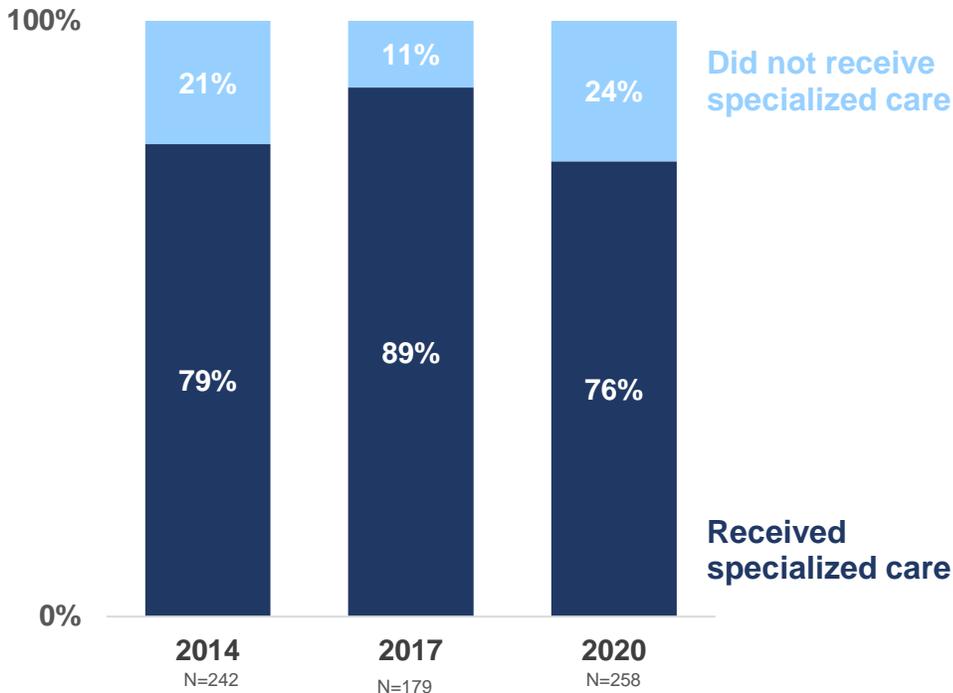
“Other” comments included: family’s primary care provider location, place to stay with family, provided services needed, no other choice.

View a cross tabulation of where respondents utilize hospital services with their reasons for selecting that facility pg. 85

Specialty Care Services (Question 23)

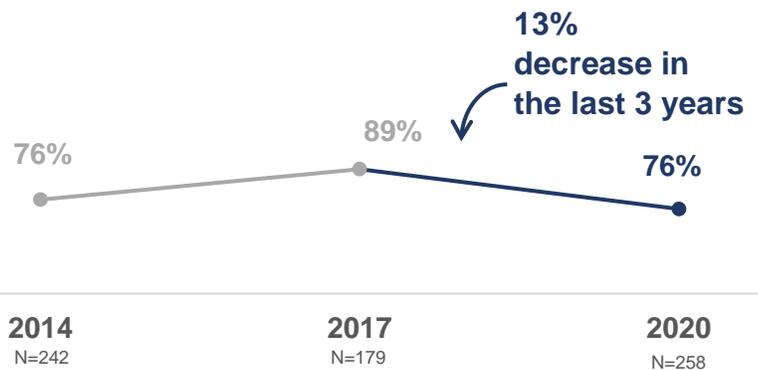
Seventy-six percent of the respondents (n=197) indicated they or a household member had seen a healthcare specialist during the past three years, while 24% (n=61) indicated they had not.

Most people saw a specialist in the past 3 years



***Statistically fewer respondents saw a healthcare specialist in 2020**

*Significantly fewer respondents saw a specialist in 2020



Location of Healthcare Specialist(s) (Question 24)

Of the 197 respondents who indicated they saw a healthcare specialist in the past three years, 42.1% (n=83) went to Billings Clinic. Holy Rosary Healthcare specialty services were utilized by 34% of respondents (n=67), and 25.4% (n=50) went to Glendive Medical Center. Respondents could select more than one location, so percentages do not equal 100%.

Location of Specialist	2014 %(n)	2017 %(n)	2020 %(n)	SIGNIFICANT CHANGE
Number of respondents	192	159	197	
Billings Clinic (Billings)	44.3% (85)	48.4% (77)	42.1% (83)	<input type="checkbox"/>
Holy Rosary Healthcare (Miles City)	29.2% (56)	28.9% (46)	34.0% (67)	<input type="checkbox"/>
Glendive Medical Center (Glendive)	25.0% (48)	27.0% (43)	25.4% (50)	<input type="checkbox"/>
Ortho Montana (Orthopedic surgery)			24.9% (49)	<input type="checkbox"/>
St. Vincent's (Billings)	22.4% (43)	22.6% (36)	22.3% (44)	<input type="checkbox"/>
Billings Clinic (Miles City)	18.8% (36)	22.0% (35)	18.3% (36)	<input type="checkbox"/>
Sidney Health Center (Sidney)	9.9% (19)	8.8% (14)	16.2% (32)	<input type="checkbox"/>
Frances Mahon Deaconess Hospital (Glasgow)	4.7% (9)	6.3% (10)	6.1% (12)	<input type="checkbox"/>
Telemedicine consult (Circle)	3.1% (6)	5.0% (8)	4.1% (8)	<input type="checkbox"/>
Other	21.9% (42)	22.0% (35)	17.8% (35)	<input type="checkbox"/>

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

“Other” comments included: Bismarck, VA, Great Falls, Williston, Billings, Miles City, Glendive, Livingston, Cody, Arizona, Seattle, Denver, Sidney.

Type of Healthcare Specialist Seen (Question 25)

The respondents (n=197) saw a wide array of healthcare specialists in the past three years. The most frequently utilized specialists were the “Dentist” and “Orthopedic surgeon” at 28.9% (n=57 each), followed by “Cardiologist” at 26.9% (n=53). Respondents were asked to choose all that apply, so percentages do not equal 100%.

Type of Specialists Seen	2014 %(n)	2017 %(n)	2020 %(n)	SIGNIFICANT CHANGE
Number of respondents	192	159	197	
Dentist	60.9% (117)	66.7% (106)	28.9% (57)	■
Orthopedic surgeon	22.9% (44)	30.2% (48)	28.9% (57)	□
Cardiologist	18.8% (36)	23.9% (38)	26.9% (53)	□
Dermatologist	22.9% (44)	24.5% (39)	22.8% (45)	□
Optometrist			17.8% (35)	□
Physical therapist	14.1% (27)	20.8% (33)	16.2% (32)	□
General surgeon	14.1% (27)	20.8% (33)	15.7% (31)	□
OB/GYN	16.1% (31)	18.9% (30)	13.7% (27)	□
Gastroenterologist	9.9% (19)	5.0% (8)	12.7% (25)	■
Chiropractor	33.9% (65)	35.8% (57)	12.2% (24)	■
ENT (ear/nose/throat)	14.1% (27)	14.5% (23)	11.7% (23)	□
Ophthalmologist	17.2% (33)	17.6% (28)	10.7% (21)	□
Neurologist	7.8% (15)	11.9% (19)	10.2% (20)	□
Radiologist	16.1% (31)	18.9% (30)	17.8% (35)	□
Oncologist	9.9% (19)	6.3% (10)	8.1% (16)	□
Pediatrician	5.7% (11)	5.7% (9)	8.1% (16)	□
Audiologist			7.6% (15)	□
Urologist	14.6% (28)	13.2% (21)	14.2% (28)	□
Endocrinologist	2.6% (5)	6.3% (10)	6.6% (13)	□
Mental health counselor	2.6% (5)	5.0% (8)	6.6% (13)	□
Podiatrist	6.8% (13)	7.5% (12)	5.6% (11)	□

Pulmonologist	3.6% (7)	5.7% (9)	5.6% (11)	<input type="checkbox"/>
Occupational therapist	2.1% (4)	2.5% (4)	4.6% (9)	<input type="checkbox"/>
Allergist	3.6% (7)	5.7% (9)	4.1% (8)	<input type="checkbox"/>
Rheumatologist	5.2% (10)	8.2% (13)	3.6% (7)	<input type="checkbox"/>
Nephrologist			3.6% (7)	<input type="checkbox"/>
Neurosurgeon	3.1% (6)	3.1% (5)	3.0% (6)	<input type="checkbox"/>
Psychiatrist (M.D.)	2.1% (4)	4.4% (7)	3.0% (6)	<input type="checkbox"/>
Speech therapist	2.6% (5)	6.3% (10)	1.5% (3)	<input checked="" type="checkbox"/>
Dietician	1.6% (3)	3.1% (5)	1.0% (2)	<input type="checkbox"/>
Psychologist	0.5% (1)	2.5% (4)	1.0% (2)	<input type="checkbox"/>
Substance abuse counselor		2.5% (4)	0.5% (1)	<input type="checkbox"/>
Geriatrician		0.0% (0)	0.0% (0)	<input type="checkbox"/>
Social worker	0.5% (1)	1.9% (3)	0.0% (0)	<input type="checkbox"/>
Other	4.7% (9)	3.1% (5)	7.6% (15)	<input type="checkbox"/>

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

“Other” comments included: sleep apnea, knee surgeon, colon, heart, back and pain, pediatrician-diabetes, plastic surgeon, bariatric, eye, vascular.

Overall Quality of Care in McCone County (Question 26)

Respondents were asked to rate various services available in McCone County. Respondents were asked to rate the services using the scale of 4= Excellent, 3= Good, 2= Fair, 1=Poor and Haven't Used. The service that received the highest score was the senior center (3.6 out of 4.0), followed by ambulance services, and laboratory, which received a 3.5 out of 4.0. Overall, the average rating on quality and availability of the health services listed was a 3.4 out of 4.0

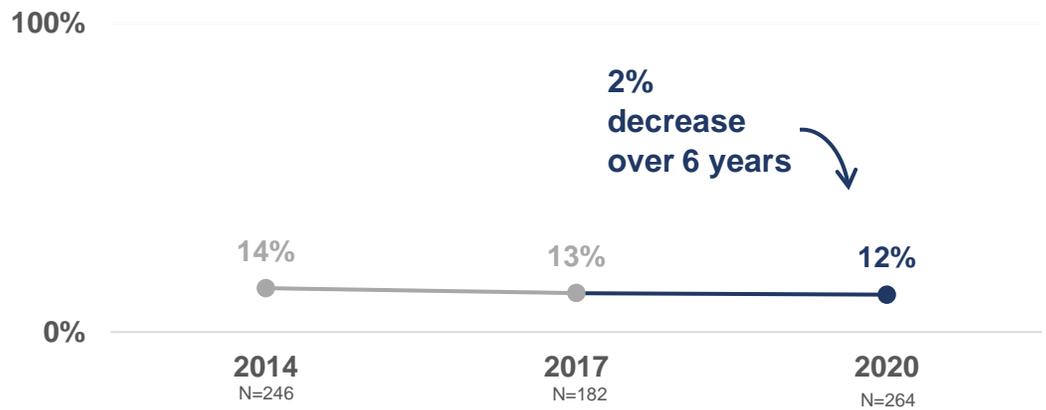
Quality of Care Rating	2014 Average(n)	2017 Average(n)	2020 Average(n)	SIGNIFICANT CHANGE
4 Point Scale: Poor = 1, Fair = 2, Good = 3, Excellent = 4				
Total number of respondents	253	186	272	
Senior Center	3.5	3.4	3.6	<input type="checkbox"/>
Ambulance services	3.5	3.3	3.5	<input type="checkbox"/>
Laboratory	3.5	3.5	3.5	<input type="checkbox"/>
Clinic services	3.4	3.2	3.3	<input checked="" type="checkbox"/>
Emergency room	3.5	3.3	3.3	<input type="checkbox"/>
Home visits (Public Health			3.2	<input type="checkbox"/>
Public health	3.1	3.0	3.2	<input type="checkbox"/>
X-rays	3.3	3.2	3.2	<input type="checkbox"/>
Inpatient/hospital care	3.3	3.2	3.1	<input type="checkbox"/>
Long term care (nursing home)	3.2	2.9	3.1	<input type="checkbox"/>
Physical therapy	3.1	3.1	3.1	<input type="checkbox"/>
Overall average	3.4	3.3	3.4	<input type="checkbox"/>

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

Prevalence of Depression (Question 27)

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. Twelve percent of respondents (n=32) indicated they had experienced periods of depression, and 88% of respondents (n=232) indicated they had not.

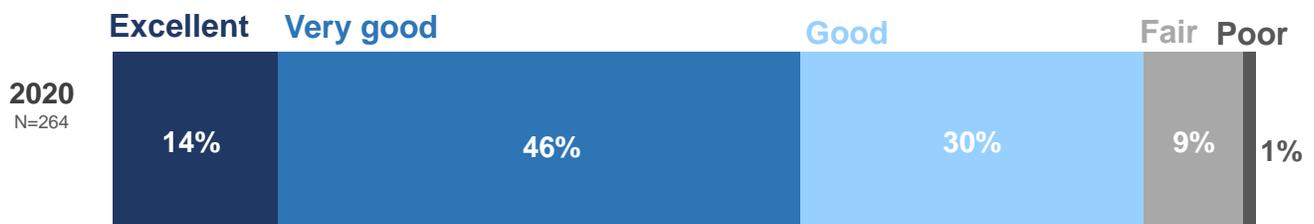
12% of 2020 respondents felt depressed on most days for 3 consecutive months



Rating of Mental Health (Question 28)

Respondents were asked to indicate how they would describe their mental health in general when considering stress, anxiety, depression and emotional problems. Forty-six percent of respondents (n=120) felt their mental health was “Very good”, 30% (n=79) rated their mental health as “Good”, and 14% of respondents (n=38) felt their mental health was “Excellent”.

10% of respondents describe overall mental health as Poor or Fair



Social Isolation (Question 29)

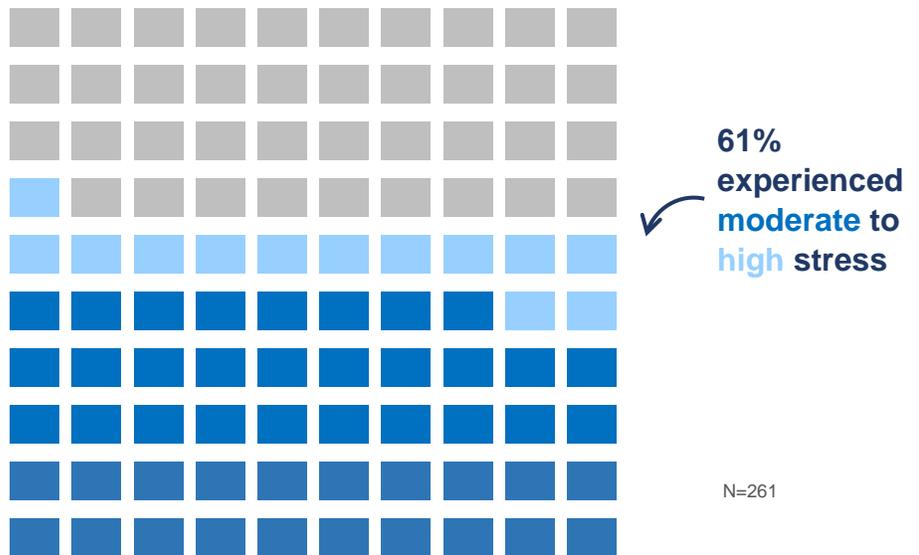
Respondents were asked to indicate how often they felt lonely or isolated in the past year. Forty-eight percent of respondents (n=124) indicated they never felt lonely or isolated, 34% of respondents (n=89) indicated they occasionally felt lonely or isolated, and 14% (n=35) reported they felt lonely or isolated sometimes.

In the past year, 53% of respondents felt lonely or isolated



Perception of Stress (Question 30)

Respondents were asked to indicate how they would describe their stress level over the past year. Forty-eight percent of respondents (n=126) indicated they experienced a moderate level of stress, 37% (n=96) had a low level of stress, and 13% of respondents (n=33) indicated they had experienced a high level of stress.



Impact of Substance Abuse (Question 31)

Respondents were asked to indicate to what degree their life has been negatively affected by their own or someone else’s substance abuse issues, including alcohol, prescription or other drugs. Sixty-eight percent of respondents (n=176) indicated their life was “Not at all” affected. Eighteen percent (n=47) were “A little” affected, and 10% (n=25) indicated they were “Somewhat” negatively affected.

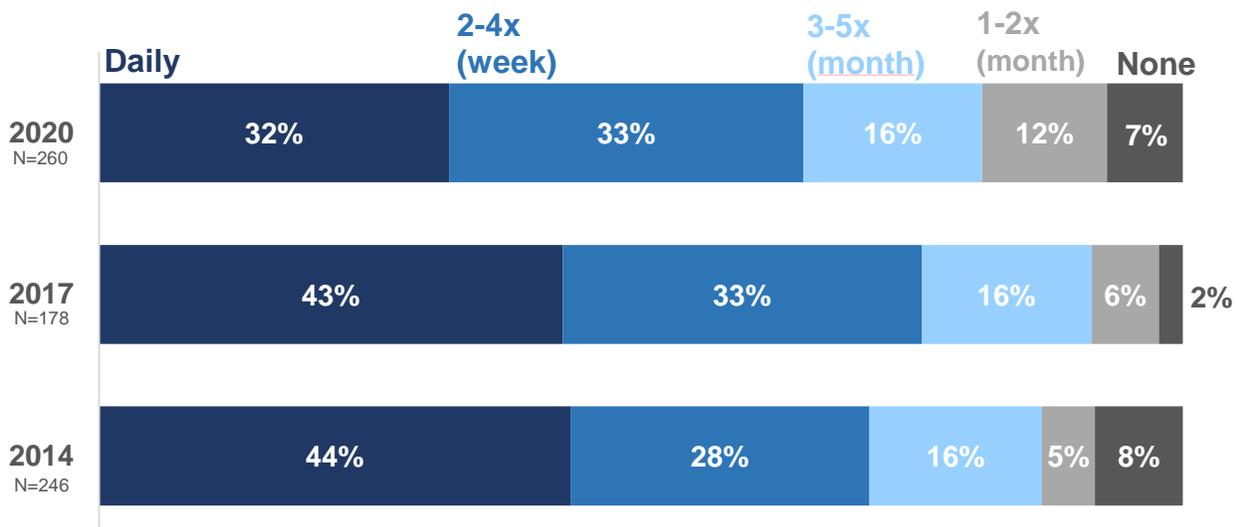
15% of respondents have been negatively affected a great deal or somewhat by their or someone else's substance abuse



Physical Activity (Question 32)

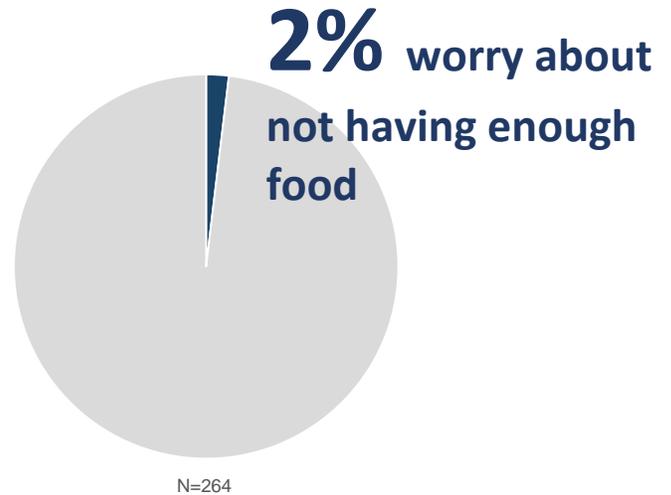
Respondents were asked to indicate how frequently they had physical activity for at least twenty minutes over the past month. Thirty-three percent of respondents (n=85) indicated they had physical activity “2-4 times per week”, and 32% (n=84) indicated they had physical activity of at least twenty minutes “Daily”. Seven percent of respondents (n=18) indicated they had “No physical activity”.

***Significantly fewer 2020 respondents exercise daily**



Food Insecurity (Question 33)

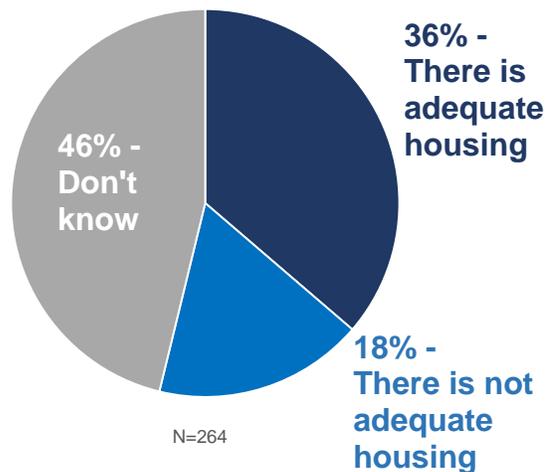
Respondents were asked to indicate if during the last year, they had worried that they would not have enough food to eat. The majority, 98%, were not worried about having enough food to eat (n=259), but 2% (n=5) were worried about not having enough to eat.



Housing (Question 34)

Respondents were asked to indicate if they felt the community has adequate and affordable housing options available. Forty-six percent of respondents (n=121) indicated that they don't know if there are adequate and affordable housing options available in the community, 36% (n=95) felt there was adequate housing, and 18% (n=46) indicated that there was not.

46% of respondents do not know if there is adequate housing available in the community



Medical Insurance Type (Question 35)

Respondents were asked to indicate what type of medical insurance covers the majority of their medical expenses. Thirty-four percent (n=90) indicated they have “Employer sponsored” coverage. Twenty-eight percent (n=75) indicated they have “Medicare” coverage, and 16.7% (n=44) indicated they had insurance coverage “Other” than those options listed.

Type of Health Insurance	2014 %(n)	2017 %(n)	2020 %(n)	SIGNIFICANT CHANGE
Number of respondents	214	153	264	
Employer sponsored	32.2% (69)	37.9% (58)	34.1% (90)	<input type="checkbox"/>
Medicare	31.8% (68)	32.0% (49)	28.4% (75)	<input type="checkbox"/>
Health Insurance Marketplace	0.9% (2)	7.2% (11)	6.8% (18)	<input checked="" type="checkbox"/>
Healthy MT Kids	2.8% (6)	1.3% (2)	3.8% (10)	<input type="checkbox"/>
Private insurance/private plan	22.0% (47)	9.8% (15)	3.0% (8)	<input checked="" type="checkbox"/>
Medicaid	0.9% (2)	4.6% (7)	2.7% (7)	<input type="checkbox"/>
VA/military	2.3% (5)	1.3% (2)	1.9% (5)	<input type="checkbox"/>
None/pay out of pocket	3.3% (7)	2.6% (4)	1.9% (5)	<input type="checkbox"/>
Health Savings Account	1.9% (4)	0.0% (0)	0.8% (2)	<input type="checkbox"/>
Indian Health	0.0% (0)	0.0% (0)	0.0% (0)	<input type="checkbox"/>
Agricultural Co-op paid	1.4% (3)			<input type="checkbox"/>
State/Other	0.5% (1)	1.3% (2)		<input type="checkbox"/>
Other*	0.0% (0)	2.0% (3)	16.7% (44)	<input checked="" type="checkbox"/>
TOTAL	100% (214)	100% (153)	100% (264)	

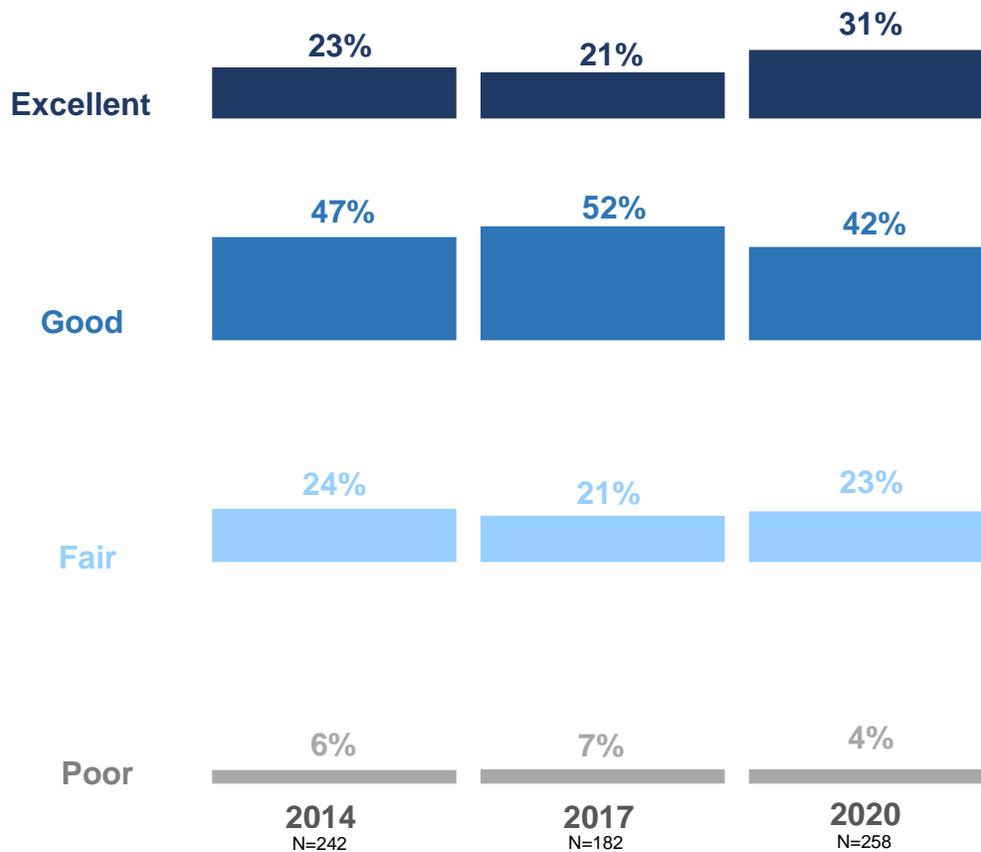
A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Grayed out cells indicate the question was not asked that year. *Respondents (N=40) who selected over the allotted amount were moved to “Other”.

“Other” comments included: co-pay, self-insured, high deductible, health share ministry.

Insurance and Healthcare Costs (Question 36)

Respondents were asked to indicate how well they felt their health insurance covers their healthcare costs. Forty-two percent of respondents (n=109) indicated they felt their insurance covers a “Good” amount of their healthcare costs. Thirty-one percent of respondents (n=80) indicated they felt their insurance covered an “Excellent” amount, and 23% of respondents (n=59) indicated they felt their insurance covered a “Fair” amount of their health costs.

More people in 2020 feel that their health insurance offers Excellent coverage.



Barriers to Having Insurance (Question 37)

For those who indicated they did not have insurance (n=5), the top reason selected for not having insurance was “Cannot afford to pay for medical insurance.” Respondents could select all that apply.

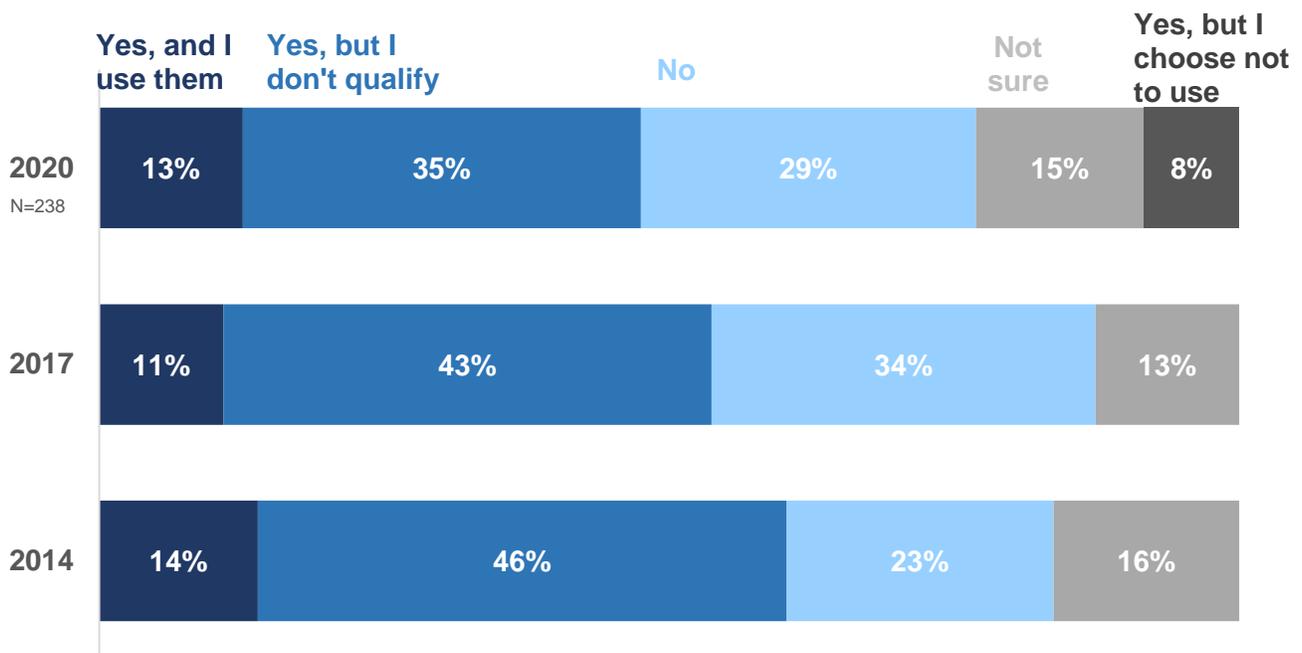
Reasons for No Health Insurance	2014 %(n)	2017 %(n)	2020 %(n)	SIGNIFICANT CHANGE
Number of respondents	7	4	5	
Can't afford to pay for medical insurance	0.0% (0)	100.0% (4)	60.0% (3)	■
Choose not to have medical insurance	0.0% (0)	0.0% (0)	20.0% (1)	□
Employer does not offer insurance	0.0% (0)	0.0% (0)	20.0% (1)	□
Too confusing/don't know how to apply			0.0% (0)	□
Other	0.0% (0)	0.0% (0)	0.0% (0)	□

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

Awareness of Health Cost Assistance Programs (Question 38)

Respondents were asked to indicate their awareness of programs that help people pay for healthcare bills. Thirty-five percent of respondents (n=83) indicated they were aware of these types of programs but did not qualify to utilize them and 29% (n=70) indicated that they were not.

44% of respondents are not aware of programs that help people pay for healthcare bills





FOCUS GROUP RESULTS

Focus Group & Key Informant Interview- Methodology

Two focus groups and one key informant interview was conducted in March of 2020. Participants were identified as people living in McCone County Health Center’s service area.

Twenty-eight people participated in the focus groups and key informant interviews. The focus groups were designed to represent various consumer groups of healthcare including senior citizens, local community members, and community leaders. The focus groups were held at the Circle Courthouse and the Senior Center. The meetings lasted up to 90 minutes in length and followed the same line of questioning. Interview transcripts can be found in Appendix I. Focus groups and interviews were facilitated by Amy Royer with the Montana Office of Rural Health.



Focus Group Themes

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

SENIOR SERVICES



Additional Senior services were discussed as a need in the community. Specifically, transportation services, access to prescriptions, and home health services to help seniors with their medication. It was noted there will be expanded access to assisted living, but participants were not sure it will be accessible to lower income seniors.

It was stated that there is a van available for seniors, but there is no formalized transportation program or services. Participants were thankful for the community services that help seniors to stay at home longer.

ACCESS TO HEALTH CARE SERVICES



Generally, access to primary care services was perceived as good. However, it was noted, “For one provider, the wait is 6-8 weeks. For the other provider, it is only about a day or so.” It was mentioned that having a second provider in the community will help to improve healthcare access and alleviate some of the workload on the long-standing provider.

There was also expressed need for expanded services to reduce the need to travel - Access to mental health services, VA healthcare services, and increased utilization of telemedicine services were all mentioned. Pharmacy access was a significant concern in the community. As there is no local pharmacy, participants indicated that they have to travel to obtain prescriptions, or wait for them via mail. It was suggested that a delivery service for seniors to obtain their prescriptions may be helpful.

Participants mentioned a desire for veteran care services available locally to reduce the travel burden. One participant stated, “I have to go to the VA in Miles City. It would be nice to stay here.”

HEALTH EDUCATION & FITNESS



Although some fitness opportunities exist, many participants felt the community would benefit from better access to year-round and low/no cost options to stay active. Additionally, participants noted a need for outdoor exercise access such as a walking trail.

There was expressed need for more access to healthier foods, specifically better produce. Participants stated, “the produce available in our community isn’t great. It is a great store, they have great sales, but produce is an issue.”



SERVICES NEEDED IN THE COMMUNITY

- More mental health resources
- Local Pharmacy or prescription delivery
- Transportation
- Increased health outreach and fitness opportunities
- Access to healthy food
- Affordable senior housing options



EXECUTIVE SUMMARY

Executive Summary

The table below shows a summary of results from the McCone County Health Center 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 through focus groups; and the potential impact of a given issue.

Areas of Opportunity	Secondary Data	Survey	Focus Groups
Access to Healthcare Services			
Barriers to access			
<i>Additional provider</i>	⊗	✓	☑
<i>Specialty services</i>		✓	☑
<i>Services: Dental, pharmacy, vision, mental health</i>	⊗	✓	☑
<i>Walk-in clinic/Urgent Care (weekend hours)</i>		✓	
Special populations			
<i>Seniors</i>	⊗		☑
<i>Veterans</i>	⊗		
<i>Uninsured Children (age<18 years)</i>	⊗		
Wellness and Prevention			
Physical activity			
<i>Access to recreational opportunities</i>		✓	
<i>Overweight/obesity/physical inactivity</i>	⊗	✓	☑
<i>Health education- weight loss, fitness, health & wellness</i>		✓	☑
Behavioral Health			
<i>Mental health services/resources</i>	⊗		☑
<i>Alcohol/drug abuse</i>		✓	☑
<i>Stress management</i>		✓	

Health Measures

Chronic Conditions

Rates of 2+ chronic conditions highest in MT frontier

- *Higher with Veteran status*



Cancer



Mortality

Risky behaviors: texting and driving, seatbelt use



Unintentional injury death rate





NEXT STEPS & RESOURCES

Prioritization of Health Needs

The community steering committee, comprised of staff leaders from McCone County Health Center (MCHC) and community members from McCone 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
- Mental and behavioral health
- Health, wellness, and prevention

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

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

Available Community Resources

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

- The McCone County Public Health Department provides health and prevention services to the area.
- The McCone County Senior Center enhances the lives of senior citizens living in the community. The center provides educational resources and serves as a gathering place for community members of all ages.
- The Circle Chamber of Commerce is a voluntary organization created to meet and advance the civic needs of the community. The Chamber organizes the annual Town and Country Day event in the community, as well as other events throughout the year.
- The Montana Health Network (MHN) is a consortium of healthcare organizations collaborating to develop products and services needed to make healthcare more stable, efficient and cost effective. MCHC is a MHN shareholder.
- Billings Clinic provides educational resources, reference lab services, x-ray overread services and Group Purchasing to MCHC.
- Holy Rosary Healthcare provides educational resources and support to MCHC.
- Rocky Mountain Health Network (RMHN) is a Montana, tax paying, not-for-profit company organized as a Physician Hospital Organization offering administrative services to its members. MCHC is a member of RMHN.
- The Eastern Montana Telemedicine Network (EMTN) is a consortium of not-for-profit medical and mental health facilities linking health care providers and their patients throughout Montana and Wyoming.
- The Montana Hospital Association (MHA) is a nonprofit organization and offers a variety of services, including advocacy of members' interests with state and federal governmental agencies and legislative bodies, regulatory assistance, comparative data products, purchasing programs, education and communications.
- The Great Northern Development Corporation (GNDC) provides grant and business development support and services to empower the Northeast Montana region to reach their economic goals.
- Montana Facility Finance Authority provides tax-exempt bond financing, low interest loans and limited planning grants for non-for-profit healthcare organizations.
- Montana State University Extension provides unbiased research-based education and information that integrates learning, discovery, and engagement to strengthen the social, economic, and environmental well-being of individuals, families, and communities.
- The Montana Office of Rural Health is dedicated to improving access to quality health care for rural Montana by providing collaborative leadership and resources to healthcare and community organizations.

- The Economic Development Administration (EDA) provides funding for local economic development planning, infrastructure for economic development projects, and capitalization of local and regional revolving loan funds for businesses.
- The Centers for Medicare & Medicaid Services (CMS) administers the Medicare, Medicaid and CHIP programs and is committed to strengthening and modernizing the nation's health care system to provide access to high quality care and improved health at lower cost.

Evaluation of Previous CHNA & Implementation Plan

McCone County Health Center provided the Montana Office of Rural Health with an update on their Implementation Plan activities from their previous CHNA process. The MCHC Board of Directors approved its previous implementation plan on September 28, 2017. The plan prioritized the following health issues:

- Workforce development
- Health and wellness
- Access to healthcare services

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

www.mcconehealth.org

Goal 1: Continue to develop McCone County Health Center’s workforce pipeline programs to improve access to healthcare

	Activities	Accomplishments	Community Impact/Outcomes
Strategy 1.1: Engage in pipeline efforts to support local workforce development	Continue offering pipeline programs for local high school students (AHEC Reach Camps).	Yes	None have participated but school is aware of offering
	Continue offering nursing clinical rotations for students.	High school & college students work at MCHC	Work around their school/sports schedules
	Continue offering students stipends and continuing education (CE) opportunities for employees.	Residents aides have completed CNA course on-line through MHN opportunities. Students are paid if completing on-line during regular work schedule. All staff have access & required to complete training/education via Relias.	

	Continue to provide resources to providers for training and continuing education opportunities.	Through MHN, MHA, Holy Rosary Healthcare, SCL Health & Billings Clinic. MCHC & Anderson Scholarships available including larger amount for staff wanting to become APPs.	
	Determine feasibility of attending 'Meet the Residents' event (offered annually).	Attended at MHA conference	
Strategy 1.2: Explore methods to encourage local healthcare workforce to stay and practice in McCone County.	Convene with other frontier/rural CAH's to discuss workforce needs and retention of regional healthcare workforce.	MHN has Special Projects Facility meetings which includes frontier CAH CEOs (Circle, Terry, Jordan, Ekalaka, Culbertson, Baker, Broadus). We are now the Frontier Committee & looking at options for frontier CAHs to be separate from larger CAHs, such as the FCHIP which ended 7/31/2019. Through MHN & another frontier CAH.	Participating in grants projects through MHN: Behavioral Health & Eastern Montana Care Coordination Consortium (EM3C) - created a regional care coordination model serving patients in frontier eastern Montana to jointly share in the management of diabetes and other chronic conditions of patients in local communities to improve population health.
	Convene staff provider/nurse workgroup to develop survey to determine why workforce practices locally (benefits/barriers).	Have not developed a survey as don't see need for one. Benefits: Competitive wages & benefits/teamwork Barriers: Sole APP for on-call & only 1 nurse per shift	Employee Longevity No problem getting locum APPs to work at MCHC – their families don't want to move to Circle due to location & size
	Designate staff person to analyze and report findings.		
	Convene workforce group to share survey findings.		
	Determine next steps with provider/nurse workgroup.	We know what we need to do & are doing the best we can with limited resources & time. MCHC PAs don't have time for meetings during regular business hours as they are busy providing care to patients.	

Goal 2: Enhance health and wellness efforts to improve health in McCone County.

	Activities	Accomplishments	Community Impact/Outcomes
Strategy 2.1: Expand worksite wellness efforts at McCone County Health Center.	Explore worksite wellness programs at other CAHs of similar size.	Local Fitness Center opened & In-House Walking Program w/residents	COVID-19 closed Fitness Center & LTC in isolation
	Explore worksite wellness resources through DPHHS.		
	Organize quarterly health and wellness challenges for employees.		
	Explore offering wellness challenge incentives to enhance employee participation and retention.		
Strategy 2.2: Improve outreach and education of health and wellness programs in McCone County.	Partner with Public Health Department to convene community focus groups to further determine community health and wellness needs/desires.		
	Analyze results and determine facility based and community-based needs/desires and opportunities for collaboration.		
	Explore creating a health and wellness resource tab on MCHC website.	Changed web designer	
	Explore adding current events and announcement slider/ticker to MCHC home page of website to share wellness programs and current health and wellness events in community.	COVID-19 is consuming us right now	
	Enhance social media marketing and education on health and wellness offerings (i.e. Facebook).		

Goal 3: Improve access to healthcare through expansion of telehealth services.

	Activities	Accomplishments	Community Impact/Outcomes
Strategy 3.1: Improve utilization of existing telehealth services	Continue participation in 3-year FCHIP/CMS demonstration project to enhance telehealth services.	Ended 7/31/2019	
	Develop community education regarding use and benefits of telehealth.	Still promoting & now finally during COVID - better reimbursement & SCL Health is willing to look into providing service via telehealth at MCHC	
	Develop marketing plan to advertise telehealth services available at MCHC.	Has been done	
	Develop referral protocol for staff to determine if telehealth specialty services are appropriate/convenient for patient.	Completed in clinic setting	
	Develop social media campaign to educate community on telehealth options.		
	Hold telehealth open house for community members to demonstrate services.	Can't w/COVID-19	
Strategy 3.2: Explore expansion of telehealth services.	Explore opportunities to expand specialty services via telehealth (i.e. pharmacy, mental health, follow-up consultants)	Have been doing & pharmacy – can't afford but looking into options through the clinic setting.	
	Continue providing telehealth/Avera eEmergency continuing education for staff and EMTs.	Due to cost, will be changing from Avera eEmergency to SCL Health telehealth emergency consultation on September 1, 2020	
	Continue to provide resources for provider training for telehealth utilization.	Yes	



APPENDICES

Appendix A- Steering Committee

Steering Committee Member	Organization Affiliation
nancy rosaaen, CEO	CEO- McCone County Health Center (MCHC)
Rachel moos, Board Member	MCHC
Alan stempel, Commissioner, EMT	McCone County; Redwater Valley Ambulance Service
Patti Schipman, director	McCone County Senior Center
Sue Good, RN- Director	McCone County Health Department
Kim Bradley, EMT- President	Redwater Valley Ambulance Service
LaToya Gardner, RN- DON	MCHC
Bridget schmidt, activities director	MCHC
Tami gunsch, dietary manager	MCHC
Keri Taylor, Lab manager	MCHC; DES Coordinator, McCone County



**McCone County
Health Center**



Appendix B- Public Health & Populations Consultation

Public Health

a. Name/Organization

- Sue Good – Director, McCone County Health Department
- Kim Bradley – President & EMT, Redwater Valley Ambulance Services
- Tami Gunsch – Dietary Manager, McCone County Health Center
- Alan Stempel – Commissioner, McCone County & EMT – Redwater Valley Ambulance Service
- Keri Taylor – Lab Manager, McCone County Health Center & DES Coordinator, McCone County

b. Type of Consultation (Interview, Steering Committee, Focus Group, etc.) Steering Committee March 3, 2020

c. Input and Recommendations from Consultation

- Physical inactivity rate may go down since we opened the fitness center.
- Our unsafe drivers in the community are scary. There are a lot of people that drive with their kids on their laps.
- Four-wheeler safety is an issue as well. I see lots of young kids riding without protection or supervision.
- Farm accidents are big. We are agriculturally based community and it is a dangerous job. Since we have a high rate of people that drive without a seatbelt, that adds to it. The county has had a lot of vehicle ejections lately.
- Many people in the community only want to see our long-term provider, who has a long wait time to get an appointment. Typically, the other provider has same-day availability. It is also hard to keep new providers if they don't get to see anyone. That is not incentive for anyone to build a practice here. It is really an issue.
- Some of the providers that I see in Billings won't do telemedicine. It makes it a challenge when I have to drive to Billings for an appointment. It is frustrating when we are not able to utilize what we have here in the community.
- It wouldn't be a bad idea for the hospital to list of all the services in our community and advertise that in the community.
- Overall, we have too much drinking, not much exercising, and we eat the wrong things.
- Mental health is always a health concern, everywhere.
- There is a mental health provider that comes to school. But there isn't anything specifically for other community members around mental health. Our long-term PA

does a lot, but it would be nice if there was another provider with a focus on mental health.

- We have nothing in the event of a crisis. We are not prepared for that.

Population: Low-Income, Under-Insured

- a. Name/Organization
 - Keri Taylor – Lab Manager, McCone County Health Center & DES Coordinator, McCone County
 - Alan Stempel – Commissioner, McCone County & EMT – Redwater Valley Ambulance Service
- b. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
First Steering Committee Meeting: March 3, 2020
- c. Input and Recommendations from Consultation
 - Our unemployment rate is low, and we have job openings everywhere.
 - One third of our students are on free and reduced lunches, so the higher income level is surprising to me.

Population: Seniors

- a. Name/Organization
 - Keri Taylor – Lab Manager, McCone County Health Center & DES Coordinator, McCone County
 - Nancy Rosaaen – CEO, McCone County Health Center
 - Patti Schipman – Director, McCone County Senior Center
 - Sue Good – Director, McCone County Health Department
- b. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
First Steering Committee Meeting: March 3, 2020
- c. Input and Recommendations from Consultation
 - The interest in Meals on Wheels has decreased from three years ago. The interest ebbs and flows.
 - Access to a pharmacy is a big concern in our community, especially among our seniors. Some of their prescriptions cannot be mailed and that is an issue. I often get asked to pick up prescriptions for other people.
 - We have tried to meet all of the goals to have hospice care here, sponsored by Glendive. We have people that are performing the hospice care in the community, but it is not designated hospice, so the medications aren't covered. This is a huge need in our community, and we are working on it.
 - Our community is great. The public health home care for our seniors allows people to stay at home longer.

- A CNA goes into homes for blood pressure checks and things like that. Not skilled nursing, but just to help.

Population: Youth

- a. Name/Organization
 - Keri Taylor – Lab Manager, McCone County Health Center & DES Coordinator, McCone County
 - Kim Bradley – President & EMT, Redwater Valley Ambulance Services
 - Sue Good – Director, McCone County Health Department
- b. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
First Steering Committee Meeting: March 3, 2020
- c. Input and Recommendations from Consultation
 - I am impressed with our high school degree completion rate.
 - I didn't realize that our immunization rate is so low.
 - Vaping has really dropped at the school over the last year. It was an epidemic, but the media coverage really helped to drop that. It was really good information for the kids to receive.
 - We have kids in the 4th grade that are starting snus.
 - Vaping in the junior high/ high school property has been a problem.
 - We have a decent number of people in the community that don't vaccinate their children.

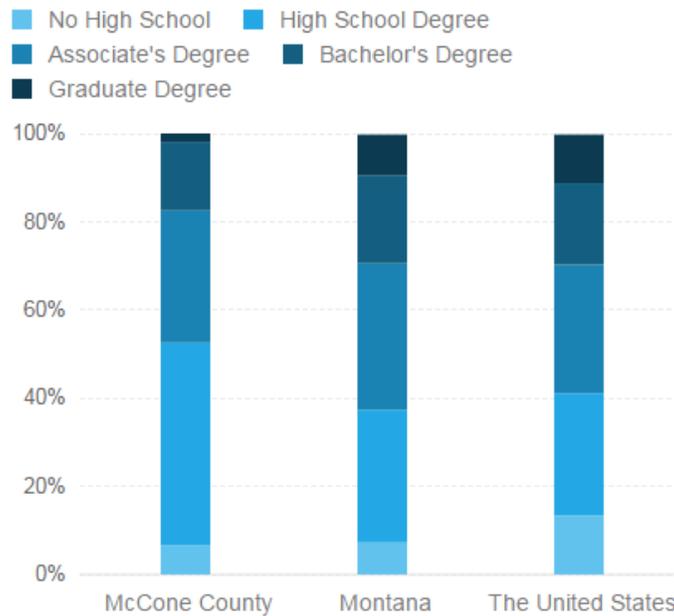
Appendix C- McCone Co. Secondary Data

Demographic Measure (%)		County			Montana			Nation		
Population ¹		1,734			1,032,949			308,745,538		
Population Density ¹		0.7			6.8			87.4		
Veteran Status ¹		11.4%			10.6%			7.7%		
Disability Status ¹		18.4%			16.6%			15.3%		
Age ¹		<5	18-64	65+	<5	18-64	65+	<5	18-64	65+
		4.2%	58.1%	22.5%	6%	54.9%	17.2%	6.2%	56%	14.9%
Gender ¹		Male		Female	Male		Female	Male		Female
		50.8%		49.2%	50.3%		49.7%	49.2%		50.8%
Race/Ethnic Distribution ¹		White			89.2%			77.1%		
		American Indian or Alaska Native			6.6%			1.2%		
		Other †			5.1%			36.7%		

¹ US Census Bureau Fact Finder (2016)

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

Highest Degree Attained



² National Center for Education Statistics

McCone County

No High School	6.67%
High School Degree	45.86%
Associate's Degree	29.98%
Bachelor's Degree	15.57%
Graduate Degree	2.46%

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%

Socioeconomic Measures (%)	County	Montana	Nation
Median Income ¹	\$46,193	\$50,801	\$57,652
Unemployment Rate ¹	1.2%	4.8%	6.6%
Persons Below Poverty Level ¹	7.7%	14.4%	14.6%
Uninsured Adults (Age <65) ^{3,4}	15%	12%	10.7%
Uninsured Children (Age <18) ^{3,4}	15%	5%	5%
Children in Poverty ¹	2%	23.3%	20.3%
Enrolled in Medicaid ^{5,6}	4.2%	9.4%	1 in 7
Enrolled in Free/Reduced Lunch ⁷ <i>Pre-k through 12th grade</i>	71	62,951	-
SNAP Participants ⁷ <i>All ages, FY 2018</i>	28	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 <i>Between 2011-2013</i>	37	35,881
Born less than 37 weeks ^{8**}	9.6%	9.1%
Teen Birth Rate (females age 15-19) ⁸ <i>Per 1,000 years 2009-2013</i>	n/a	32.0
Smoking during pregnancy ^{8**}	14.7%	16.3%
Receiving WIC ^{8**}	26.1%	34.6%
Children (2-5 years of age) overweight or obese ^{8**}	30.4%	27.9%
Childhood Immunization Up-To-Date (UTD) % Coverage ^{*9}	53.8%	63.6%

⁸ County Health Profiles, DPPHS (2015), ⁹ MT-DPHHS Clinic Immunization Results (2017-2018)

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

** frontier County Data

Behavioral Health	County	Montana	Top U.S. Performers
Adult Smoking ³	15%	19%	14%
Excessive Drinking ³	21%	21%	13%
Adult Obesity ³	25%	25%	26%
Poor Mental Health Days (Past 30 days) ³	3.1	3.5	3.1
Physical Inactivity ³	27%	21%	20%
Drug Use Hospitalization Rate ¹⁰ <i>Per 100,000 population</i>	n/a	372.5	-
Mental Disorders Hospitalization Rate <i>Per 100,000 population</i>	n/a	241.3	-

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 9-12 th grade	25.3%	9.5%
Drink and Drive – Adults	2.7%	1.9%
Text and Drive – Students 9-12 th grade	54.6%	41.5%

¹¹ Montana State Health Assessment (2017)

Communicable Diseases (per 100,000 people) ⁸	County	Montana
Chlamydia	195.5	366.2
Hepatitis C	39.1	123
Pertussis*	17.3	44.6

⁸ County Health Profiles, DPPHS (2015)

* frontier County Data

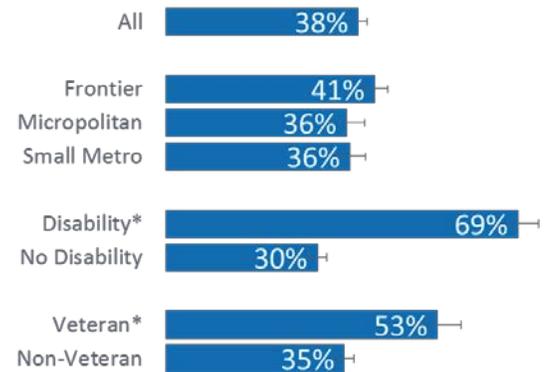
Chronic Conditions ¹⁰	County	Montana
Stroke Hospitalization Rate <i>Per 100,000 population</i>	n/a	152
Diabetes Hospitalization Rate <i>Per 100,000 population</i>	486.8	1058.9
COPD Emergency Department Visit Rate <i>Per 100,000 population</i>	n/a	669.9
Acute Myocardial Infarction (MI) Hospitalization Rate <i>Per 100,000 population</i>	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)

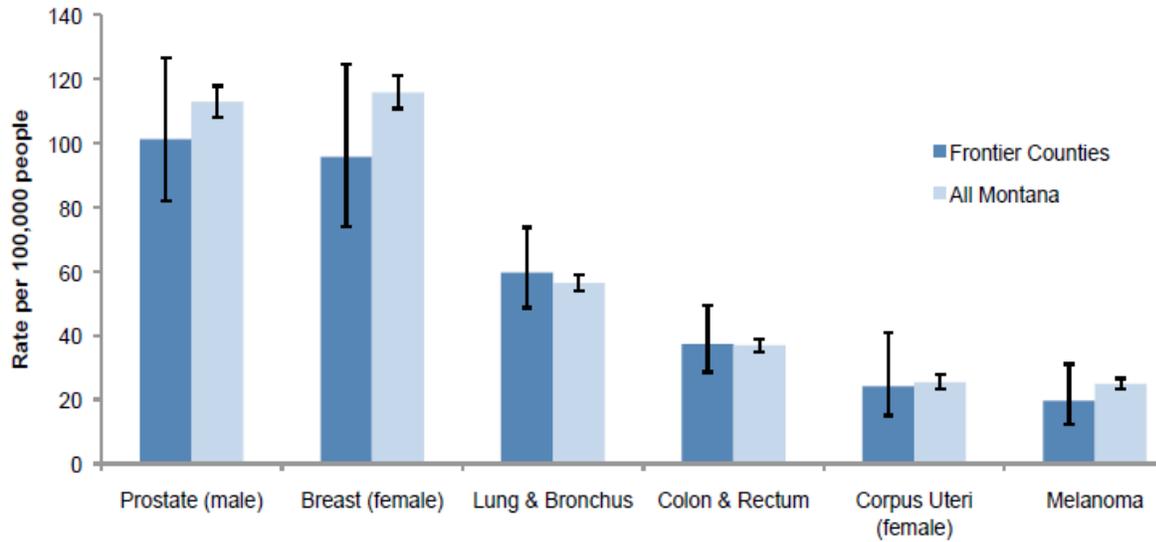
Percent of Montana Adults with Two or More Chronic Conditions



Cancer Prevalence	County	Montana	Nation
All Sites Cancer ¹⁰ Per 100,000 population	308.1	441.6	444

¹⁰ IBIS Community Snapshot, MT- DPPHS

Age-Adjusted Cancer Incidence Rate by Cancer Site, Montana, 2011--2013



⁸ County Health Profiles, DPPHS (2015)

Mortality	County	Montana	Nation
Suicide Rate ¹² Per 100,000 population	n/a	22.5	13.9
Veteran Suicide Rate ¹² Per 100,000 population	-	65.7	38.4
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	57.1	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

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

Montana Health Disparities	White, non-Hispanic	American Indian/Alaska Native	Low Income*	Disability
Poor Mental Health Days¹⁹ <i>Past 30 days</i>	9.8	15.4	27.5	22.9
Poor Physical Health Days¹⁹ <i>Past 30 days</i>	11.4	16.5	26.7	32
Mean number of Unhealthy Days¹⁹ <i>Poor physical health days and poor mental health days combined in the past 30 days</i>	5.9	8.4	12.6	12.9
No Health Care Coverage¹⁹	11.5%	16.2%	18.7%	14.4%
No Personal Health Care Provider¹⁹	25.5%	34.9%	29.4%	16.6%
No Routine Checkup in the Past Year¹⁹	34.3%	36.1%	38.6%	27.1%
No Leisure Time for Physical Activity¹⁹ <i>In the past 30 days</i>	19.3%	25.6%	33%	33.6%
Obese¹⁹ (BMI ≥ 30.0)	25.2%	31.6%	31.2%	34.4%
Tobacco Use - Current Smokers¹⁹	16.6%	38.2%	35.7%	26.2%
Does Not Always Wear a Seat Belt¹⁹	25.2%	31.2%	30.6%	27.3%

¹⁹ Behavioral Risk Factor Surveillance System (2016)

*Annual household income < \$15,000

Montana Youth (9 th -12 th grade)	White, non-Hispanic	American Indian/Alaska Native
Felt Sad or Hopeless²⁰ <i>Almost every day for two weeks or more in a row, during the past 12 months</i>	29.3%	42.6%
Attempted Suicide²⁰ <i>During the past 12 months</i>	8%	18.3%
Lifetime Cigarette Use²⁰ <i>Students that have ever tried smoking</i>	30.5%	57.8%
Lifetime Alcohol Use²⁰ <i>Students that have had at least one drink of alcohol on one or more days during their life</i>	68.7%	61.4%
Lifetime Marijuana Use²⁰ <i>Students that have used marijuana one or more times during their life</i>	32.6%	54.3%
Texting and Driving²⁰ <i>Among students who drove a car in the past 30 days</i>	55.5%	47.2%
Carried a Weapon on School Property²⁰ <i>In the last 30 days</i>	6.4%	8.4%

²⁰ Montana Youth Risk Behavior Survey (2017)

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- McCone County, Montana		
Discipline	HPSA Score	HPSA
Primary Care	11	✓ Geographic population
Dental Health	15	✓ Low-income population
Mental Health*	20	✓ High Needs population
HPSA Scores range from 0 to 26 where the higher the score, the greater the priority		

¹ Health Resources and Services Administration (2019)

*HPSA score for Eastern MT

Provider Supply and Access to Care				
Measure	Description	McCone 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	1683:1	1041:1	726:1
Dentists	Ratio of population to dentists	-	1482:1	1280:1
Mental health providers	Ratio of population to mental health providers	-	409:1	330:1

*Total number of CAHs, - No data available

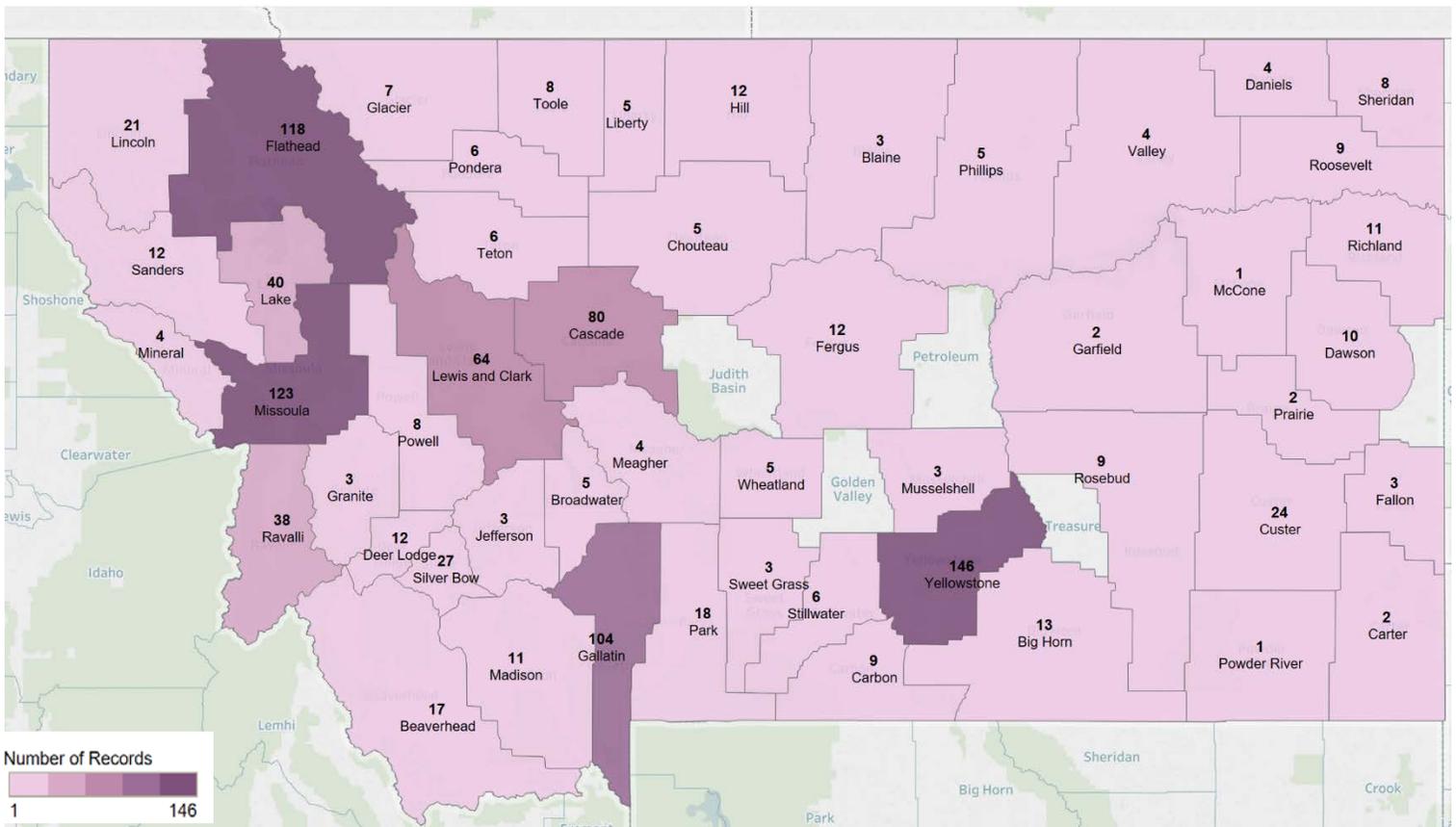
² CAHMPAS - FLEX Monitoring (2017)

Healthcare workforce Distribution Maps

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

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

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



Maps by WIM Tracking LLC - 3/19/19

Appendix D- Survey Cover Letter

McCone County Health Center

Website: www.mcconehealth.org

Dear [LASTNAME] household:

Participate in our Community Health Needs Assessment survey for a chance to
Win one of two (2) \$50 "Chamber Bucks" certificates

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

Your name has been randomly selected as a resident who lives in the MCHC 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 tried 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: **May 15, 2020**
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 "McCone County Health Center Survey." Your access code is [CODED]
4. The winners of the \$50 Chamber Bucks will be contacted the week of May 25th.

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

Thank you for your assistance. We appreciate your time.

Sincerely,

N. Rosaaen

Nancy Rosaaen, Chief Executive Officer

605 Sullivan Avenue
P. O. Box 48
Circle, Montana 59215
nrosaaen@mcconehealth.org

Telephone #
(406)485-3381
Fax #
(406)485-3383

Appendix E- Survey Instrument

Community Health Services Development Survey Circle, Montana

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

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

- Very healthy Healthy Somewhat healthy Unhealthy Very unhealthy

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

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

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

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

4. How do you rate your knowledge of the health services that are available through McCone County Health Center?

- Excellent Good Fair Poor

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

- | | | |
|--|--|---|
| <input type="checkbox"/> Billboards/posters | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Social media/Facebook |
| <input type="checkbox"/> Circle Banner | <input type="checkbox"/> Presentations | <input type="checkbox"/> Website/internet |
| <input type="checkbox"/> Friends/family | <input type="checkbox"/> Public Health | <input type="checkbox"/> Word of mouth/reputation |
| <input type="checkbox"/> Healthcare provider | <input type="checkbox"/> Radio | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Mailings/newsletter | <input type="checkbox"/> Senior Center | |

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

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Chiropractor | <input type="checkbox"/> Massage Therapy | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Meals on Wheels | <input type="checkbox"/> Senior Center |
| <input type="checkbox"/> Eye doctor | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Other: _____ |

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

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

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)**

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

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

- | | | |
|--|---|---|
| <input type="checkbox"/> Dental services | <input type="checkbox"/> Podiatrist (foot doctor) | <input type="checkbox"/> Vision services (eye doctor) |
| <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Visiting specialists | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> Transportation services | |

10. Would you or a family member be interested in any of the following senior services if they were made available in the Circle area? **(Select ALL that apply)**

- | | |
|--|--|
| <input type="checkbox"/> Assisted living facility | <input type="checkbox"/> Senior respite care |
| <input type="checkbox"/> Home health | <input type="checkbox"/> Senior retirement housing/community |
| <input type="checkbox"/> Hospice | <input type="checkbox"/> Transportation services |
| <input type="checkbox"/> In home personal assistance | <input type="checkbox"/> Other: _____ |

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

- | | | | |
|---|------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Very important | <input type="checkbox"/> Important | <input type="checkbox"/> Not important | <input type="checkbox"/> Don't know |
|---|------------------------------------|--|-------------------------------------|

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

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

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

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

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

- | | | |
|--|---|--|
| <input type="checkbox"/> Could not get an appointment | <input type="checkbox"/> Had no childcare | <input type="checkbox"/> Office wasn't open when I could go |
| <input type="checkbox"/> Could not get an appointment with my provider of choice | <input type="checkbox"/> It cost too much | <input type="checkbox"/> Too long to wait for an appointment |
| <input type="checkbox"/> Could not get off work | <input type="checkbox"/> It was too far to go | <input type="checkbox"/> Too nervous or afraid |
| <input type="checkbox"/> Didn't know where to go | <input type="checkbox"/> Language barrier | <input type="checkbox"/> Transportation problems |
| <input type="checkbox"/> Don't like medical providers | <input type="checkbox"/> My insurance didn't cover it | <input type="checkbox"/> Unsure if services were available |
| <input type="checkbox"/> Don't understand healthcare system | <input type="checkbox"/> No insurance | <input type="checkbox"/> Want to see a doctor (MD/DO) |
| | <input type="checkbox"/> Not treated with respect | <input type="checkbox"/> Other: _____ |

15. In the past year, was there a time when you or a member of your household had difficulty getting a prescription or taking a prescription regularly?

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

16. What were the **three** most important reasons why you or a member of your household did not get or take your medications/prescriptions (as prescribed by your provider)? (**Select ONLY 3**)

- | | | |
|--|---|---|
| <input type="checkbox"/> Pharmacy did not have prescription when I arrived | <input type="checkbox"/> It was too far to go | <input type="checkbox"/> Pharmacy wasn't open when I could go |
| <input type="checkbox"/> Had trouble remembering to take pills | <input type="checkbox"/> Mail-order prescriptions took too long | <input type="checkbox"/> Transportation problems |
| <input type="checkbox"/> It cost too much | <input type="checkbox"/> My insurance didn't cover it | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> No insurance | |

17. In the past three years, have you or a member of your household 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 20**)

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

- | | | |
|-----------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Circle | <input type="checkbox"/> Glendive | <input type="checkbox"/> Sidney |
| <input type="checkbox"/> Billings | <input type="checkbox"/> Miles City | <input type="checkbox"/> Other: _____ |

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

- | | |
|---|--|
| <input type="checkbox"/> Appointment availability | <input type="checkbox"/> Cost of care |
| <input type="checkbox"/> Clinic/provider's reputation for quality | <input type="checkbox"/> Indian Health Services |
| <input type="checkbox"/> Closest to home | <input type="checkbox"/> Length of waiting room time |

- Prior experience with clinic/provider
- Privacy/confidentiality
- Recommended by family or friends
- Referred by physician or other provider
- Required by insurance plan
- VA/Military requirement
- Wanted to see a doctor (MD/DO)
- Other: _____

20. 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 23)**

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

- McCone County Health Center (Circle)
- Billings Clinic (Billings)
- Glendive Medical Center (Glendive)
- Frances Mahon Deaconess Hospital (Glasgow)
- Holy Rosary Healthcare (Miles City)
- Sidney Health Center (Sidney)
- St. Vincent's (Billings)
- Other: _____

22. 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's reputation for quality
- Prior experience with hospital
- Privacy/confidentiality
- Recommended by family or friends
- Referred by physician or other provider
- Required by insurance plan
- VA/Military requirement
- Other: _____

23. 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 26)**

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

- Telemedicine consult (Circle)
- Billings Clinic (Billings)
- Billings Clinic (Miles City)
- Frances Mahon Deaconess Hospital (Glasgow)
- Glendive Medical Center (Glendive)
- Holy Rosary Healthcare (Miles City)
- Ortho Montana (Orthopedic surgery)
- Sidney Health Center (Sidney)
- St. Vincent's (Billings)
- Other: _____

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

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

26. The following services are available in McCone County. Please rate the overall quality for each service by circling your answer. **(Please circle N/A if you have not used the service)**

	Excellent	Good	Fair	Poor	Haven't used/ Don't know
Ambulance services	4	3	2	1	N/A
Clinic services	4	3	2	1	N/A
Emergency room	4	3	2	1	N/A
Home visits (Public Health)	4	3	2	1	N/A
Inpatient/hospital care Long-Term Care (nursing home)	4	3	2	1	N/A
Laboratory	4	3	2	1	N/A
Physical Therapy	4	3	2	1	N/A
Public Health	4	3	2	1	N/A
Senior Center	4	3	2	1	N/A
X-Rays	4	3	2	1	N/A

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

- Yes No

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

- Excellent Very good Good Fair Poor

29. 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)

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

- High Moderate Low Unsure/rather not say

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

- A great deal Somewhat A little Not at all

32. 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

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

- Yes No

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

- Yes No Don't know

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

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

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

- Excellent Good Fair Poor

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

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

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

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

Demographics

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

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

- | | | |
|---|--|---|
| <input type="checkbox"/> 59215 Circle | <input type="checkbox"/> 59274 Vida | <input type="checkbox"/> 59349 Terry |
| <input type="checkbox"/> 59214 Brockway | <input type="checkbox"/> 59337 Jordan | <input type="checkbox"/> 59201 Wolf Point |
| <input type="checkbox"/> 59259 Richey | <input type="checkbox"/> 59339 Lindsay | <input type="checkbox"/> Other: _____ |

40. What is your gender?

- Male Female _____

41. What age range represents you?

- | | | |
|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> 18-25 | <input type="checkbox"/> 46-55 | <input type="checkbox"/> 76-85 |
| <input type="checkbox"/> 26-35 | <input type="checkbox"/> 56-65 | <input type="checkbox"/> 86+ |
| <input type="checkbox"/> 36-45 | <input type="checkbox"/> 66-75 | |

42. What is your employment status?

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

[CODED]

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

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

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

Appendix F- Cross Tabulation Analysis

Knowledge Rating of McCone County Health Center Services by How Respondents Learn About Healthcare Services

	EXCELLENT	GOOD	FAIR	POOR	TOTAL
Circle Banner	18.3% (28)	61.4% (94)	19.6% (30)	0.7% (1)	153
Friends/Family	16.2% (23)	54.9% (78)	26.8% (38)	2.1% (3)	142
Word of Mouth/Reputation	19.1% (27)	53.2% (75)	23.4% (33)	4.3% (6)	141
Healthcare Provider	29.6% (37)	56.8% (71)	12.8% (16)	0.8% (1)	125
Social Media/Facebook	23.3% (24)	48.5% (50)	23.3% (24)	4.9% (5)	103
Public Health	27.0% (17)	58.7% (37)	14.3% (9)		63
Senior Center	24.6% (14)	56.1% (32)	17.5% (10)	1.8% (1)	57
Newspaper	22.5% (9)	52.5% (21)	22.5% (9)	2.5% (1)	40
Mailings/Newsletter	17.1% (6)	54.3% (19)	20.0% (7)	8.6% (3)	35
Billboards/Posters	26.1% (6)	47.8% (11)	17.4% (4)	8.7% (2)	23
Website/Internet	36.4% (8)	31.8% (7)	27.3% (6)	4.5% (1)	22
Radio	23.1% (3)	53.8% (7)	23.1% (3)		13
Presentations	50.0% (3)	33.3% (2)	16.7% (1)		6
Other	42.9% (3)	28.6% (2)	28.6% (2)		7

Delay or Did Not Get Need Healthcare Services by Residence

	YES	NO	TOTAL
Circle 59215	32.9% (57)	67.1% (116)	173
Richey 59259	13.8% (4)	86.2% (25)	29
Brockway 59214	40.0% (6)	60.0% (9)	15
Vida 59274	46.7% (7)	53.3% (8)	15
Lindsay 59339	20.0% (1)	80.0% (4)	5
Jordan 59337			0
Terry 59349			0
Wolf Point 59201			0
Other	11.1% (1)	88.9% (8)	9
TOTAL	76	170	246

Location of primary care provider most utilized by Residence

	Circle	Miles City	Sidney	Glendive	Billings	Other	TOTAL
Circle 59215	67.8% (120)	14.1% (25)	0.6% (1)	2.3% (4)	1.7% (3)	13.6% (24)	177
Richey 59259	59.3% (16)	7.4% (2)	25.9% (7)			7.4% (2)	27
Brockway 59214	50.0% (8)	31.3% (5)				18.8% (3)	16
Vida 59274	38.5% (5)		7.7% (1)		7.7% (1)	46.2% (6)	13
Lindsay 59339	33.3% (2)	16.7% (1)		33.3% (2)		16.7% (1)	6
Jordan 59337							0
Terry 59349							0
Wolf point 59201							0
Other	11.1% (1)		22.2% (2)	44.4% (4)		22.2% (2)	9
TOTAL	152	33	11	10	4	38	248

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

	Circle	Miles City	Sidney	Glendive	Billings	Other	Total
Closest to home	83.5% (132)	2.5% (4)	1.9% (3)	3.2% (5)	0.6% (1)	8.2% (13)	158
Prior experience with clinic/provider	72.7% (88)	9.1% (11)	5.0% (6)	2.5% (3)		10.7% (13)	121
Clinic/provider's reputation for quality	72.6% (69)	11.6% (11)		1.1% (1)	3.2% (3)	11.6% (11)	95
Appointment availability	57.9% (44)	17.1% (13)	1.3% (1)	3.9% (3)	2.6% (2)	17.1% (13)	76
Privacy/ confidentiality	73.5% (25)	17.6% (6)	2.9% (1)		2.9% (1)	2.9% (1)	34
Recommended by family or friends	29.0% (9)	32.3% (10)	9.7% (3)	3.2% (1)	3.2% (1)	22.6% (7)	31
Wanted to see a doctor (MD/DO)	9.7% (3)	48.4% (15)	3.2% (1)	6.5% (2)	3.2% (1)	29.0% (9)	31
Length of waiting room time	47.1% (8)	23.5% (4)				29.4% (5)	17
Referred by physician or other provider	11.8% (2)	29.4% (5)	5.9% (1)	5.9% (1)		47.1% (8)	17
Cost of care	75.0% (12)	6.3% (1)		6.3% (1)		12.5% (2)	16
VA/Military requirement	33.3% (1)	33.3% (1)				33.3% (1)	3
Required by insurance plan	50.0% (1)	50.0% (1)					2
Indian Health Services						100% (1)	1
Other	30.8% (4)	23.1% (3)	7.7% (1)	7.7% (1)		30.8% (4)	13

Location of most utilized hospital by
Residence

	McCone County	Miles City	Billings Clinic	St. Vincent's	Glendive	Sidney	Glasgow	Other	TOTAL
Circle 59215	24.1% (28)	19.0% (22)	13.8% (16)	12.1% (14)	11.2% (13)	0.9% (1)	1.7% (2)	17.2% (20)	116
Richey 59259	18.8% (3)		18.8% (3)	18.8% (3)		37.5% (6)		6.3% (1)	16
Brockway 59214	25.0% (3)	25.0% (3)	8.3% (1)	25.0% (3)	8.3% (1)		8.3% (1)		12
Vida 59274	14.3% (1)	14.3% (1)	28.6% (2)			14.3% (1)		28.6% (2)	7
Lindsay 59339	20.0% (1)			20.0% (1)	40.0% (2)			20.0% (1)	5
Terry 59349									0
Jordan 59337									0
Wolf Point 59201									0
Other			66.7% (2)		33.3% (1)				3
TOTAL	36	26	24	21	17	8	3	24	159

Location of most utilized hospital by
Reasons for hospital selection

	McCone County	Miles City	Billings Clinic	St. Vincent's	Glendive	Sidney	Glasgow	Other	TOTAL
Closest to home	49.3% (34)	15.9% (11)			17.4% (12)	4.3% (3)	1.4% (1)	11.6% (8)	69
Prior experience with hospital	25.8% (17)	15.2% (10)	19.7% (13)	12.1% (8)	4.5% (3)	6.1% (4)	1.5% (1)	15.2% (10)	66
Referred by physician/provider	6.3% (4)	12.5% (8)	31.3% (20)	20.3% (13)	14.1% (9)	1.6% (1)		14.1% (9)	64
Emergency, no choice	28.8% (19)	4.1% (2)	18.4% (9)	8.2% (4)	10.2% (5)	6.1% (3)	2.0% (1)	12.2% (6)	49
Hospital's reputation for quality	16.3% (7)	20.9% (9)	14.0% (6)	18.6% (8)	2.3% (1)	9.3% (4)	4.7% (2)	14.0% (6)	43
Recommended by family or friends	17.8% (3)	41.2% (7)	11.8% (2)		11.8% (2)		5.9% (1)	11.8% (2)	17
VA/Military requirement	40.0% (2)			20.0% (1)				40.0% (2)	5
Privacy/confidentiality		25.0% (1)		50.0% (2)	25.0% (1)				4
Required by insurance plan			25.0% (1)	50.0% (2)				25.0% (1)	4
Closest to work	33.1% (1)					33.3% (1)		33.3% (1)	3
Cost of care	66.7% (2)			33.3% (1)					3
Financial assistance programs				50.0% (1)		50.0% (1)			2
Other	10.0% (1)	20.0% (2)			20.0% (2)			50.0% (5)	10

Appendix G- Responses to Other & Comments

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

- Lack of nutrition education
- Health issues related to chemical exposure
- Anything NOT Coronavirus-19 = Joke
- Aging community
- Agri-toxins
- Accidents and injuries
- Lifestyle/priorities related stress

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

- Stroke (2)
- Tobacco use
- Work related accidents/injuries
- Alzheimer's/dementia (2)
- Cancer (2)
- Depression/anxiety
- Heart disease (2)
- Diabetes

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

- SINGLE PAYER!!!!
- Grocery store

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

- Access to healthcare services (3)
- Good jobs and a healthy economy (3)
- Religious or spiritual values (3)
- Transportation services
- Access to childcare/after school programs
- Access to healthy foods (3)
- Healthy behaviors and lifestyles
- Strong family life (2)
- Clean environment (2)

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

- Personal need
- I am an EMT
- I have used 0 health care services in McCone County

- Employee previously, volunteer presently
- Visiting with providers, nurses, board members
- TV
- Board member

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

- None (6)
- Dentist and eye doctor out of town- not offered here (7)
- ER
- Specialists in Billings and Physical Therapy in Circle
- Dentist, kidney
- Clinic
- Community park access
- Not available
- Cancer Center

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

- Wellness education and services (food, exercise)
- Getting an appointment seems to depend on who you know
- Preventative health should have a higher priority
- NO QUESTION SINGLE PAYER!! Stop voting against your own best interest
- Circle needs a whirlpool – hot tub for therapy, a pool for water therapy
- Midwife services/prenatal care
- Better communication between patients and providers
- I feel it's covered
- Dentist, eye doctor
- Travelling mammogram, hearing check, traveling eye doctor & dentist, better reimbursement to MCHC
- Need different administrator, need new manager, need new billing system, will not go to McCone Health Center as billing system is never correct!
- I am limited on knowledge of service
- Dentist
- I use VA 99% of the time
- For the size of our town they do very well
- Wellness programs
- Pharmacy (3)
- No small community to support
- When I really needed to get an appt, I could not. So, more appts available

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

- None
- CPR – Child first aid
- Physical therapy
- NA

9. What additional healthcare services would you use if available locally?

- Pharmacy not available. I do not need pills, but many people do, and many would use a pharmacy. It's needed.
- Pediatrics
- Cardiologist, cancer doctor
- Dermatology (2)
- No way!
- Therapist (mental health)

10. Would you or a family member be interested in any of the following senior services if they were made available in the Circle area?

- We are closer to Glendive/Richey
- NA (4)
- Assisted living facility if private owned
- I do not use any service in McCone. I use services in Redland Co.
- Mental Health
- Housekeeping, yard work
- All applicable
- Not now, but there are people in our town who could use them
- As needed
- Special needs day program
- Cleaning home

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

- All applicable
- Not in Circle
- MRI
- I use the VA

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

- Knew Circle could not do the testing necessary
- COVID-19 (4)
- Go tired of bills not coming for 9 months or more. And then being told that you were late paying.

- Simply waited until I couldn't ignore the problem
- Does not like the billing system
- Heart surgeon
- Didn't respect visiting PA
- The Circle Clinic will not make appt; they say call after 8:00
- NA

*Responses when more than 3 were selected (8 participants):

- Could not get an appointment (6)
- Don't understand the healthcare system
- Could not get an appointment with my provider of choice (6)
- Didn't know where to go (3)
- It cost too much (2)
- It was too far to go (3)
- My insurance didn't cover it (3)
- Too long to wait for an appointment (5)
- Transportation problems (2)
- Too nervous or afraid (2)
- Could not get off work
- Office wasn't open when I could go
- Want to see doctor (MD/DO)

16. What were the three most important reasons why you or a member of your household did not get or take your medications/prescriptions (as prescribed by your provider)?

- Mail order prescriptions never got to me when I needed them
- Trouble with clinic calling into the pharmacy/clinic doesn't communicate with pharmacy well (5)
- OUTRAGEOUS COST!! Again the Govt. has been full captured by oligarchs!
- CVS mail order is difficult and unreliable
- Had trouble getting there. There is no pharmacy in Circle. Had my daughter get it in Glasgow 100 miles away one way.
- Was not a type available to be mailed
- Mail problems
- Too many side effects
- Prescription ran out, couldn't get appointment with doctor
- Ordering online is a hassle
- Pharmacy would not mail

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

- Pharmacy didn't have prescription when I arrived (2)
- Mail order prescriptions took too long
- My insurance didn't cover it (2)
- Pharmacy wasn't open when I could go
- Transportation problems

18. Where is the primary healthcare provider that your household uses MOST located?

- Wolf Point (11)
- Great Falls
- Bismarck, ND
- Glasgow (4)
- Williston
- Jordan
- Both VA (selected Billings & Miles City)

*Responses when more than 1 was selected (22 participants):

- Billings (13)
- Circle (17)
- Glendive (5)
- Miles City (16)
- Sidney (4)

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

- Where my parents are so I always have someone close
- Always have seen Patti Wittkopp/Like Patti Wittkopp (2)
- Program for far less expensive
- Moved closer to Glasgow
- Work at the hospital
- She knows my history
- Been going for 10+ years, love the clinic
- Needed OBGYN services (2)
- Pediatrician
- Use an intern

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

- Depends on the service needed
- NEMHS [North Eastern Montana Health Services]
- Sanford, Bismarck, ND
- West Park – Cody, WY
- Univ Washington
- Glendive for small stuff and Billings for big
- Surgery
- Wolf point (2)
- VA Glendive
- St. Patrick's (Missoula)
- Williston St. Alexius
- Billings Clinic through VA and VA Glendive in Miles City
- Billings clinic only because sent there
- Yellowstone Surgery Center in Billings

*Responses when more than 1 option was selected (14 participants):

- McCone County Health Center (7)
- Billings Clinic (8)
- Glendive Medical Center (3)
- Holy Rosary (4)
- Sidney Health Center (2)
- St. Vincent's (4)

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

- Family's primary care provider location
- Place to stay with my daughter/Daughter able to care for me (2)
- They would do the work that needed to be done. Tests, surgery, competent doctors
- PA on duty in Circle would not see patient
- No other choice
- My internist goes there for exams

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

- Closest to home (3)
- Prior experience with hospital
- Recommended by family or friends (2)
- Cost of care
- Financial assistance programs
- Referred by physician or other provider (3)
- Required by insurance plan
- Quick access

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

- Bismarck (2)
- VA Services (2)
- Derm-Tallman, Dentist-Yerser, Eye -Watson
- Gentle Beginnings/Great Falls
- Dentist in Williston
- Cardiovascular of Montana
- Trinity Eyecare Williston, ND
- Eye physician & surgeons Billings
- Belgrade, Miles City
- Yellowstone Medical Center Billings
- Glendive Counseling
- Sandcreek Family Dentistry
- Livingston Healthcare
- Great Falls Ortho
- Sanford, Bismarck

- Cody WY West Park Hospital
- Arizona
- Seattle
- Children’s Hospital Denver
- Sam’s Club, Church, Walmart
- St. Alexius Williston ND
- Cardiovascular Consultant Billings
- Dentist in Glendive
- Seattle Children’s Hospital (Great Falls)
- Private practice
- Billings independent doctor
- Williston
- Williston Urology CHI St. Alexius
- Sidney Cancer Center
- Out of state

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

- Sleep apnea
- Skilled knee surgeon
- Sleep, colon
- Cardiac surgeon
- Heart doctor
- Back and pain
- Pediatrician-diabetes
- Plastic surgeon
- MRI and back doctor
- Bariatric
- Eye physicians and surgeons
- Vascular surgeon

35. What types of health insurance cover the majority of your household’s medical expenses?

- Co-pay
- Self-insured
- High deductible
- Health share ministry (2)
- CSI
- Public health TriCare
- Medicare supplement (2)
- BCBS
- Humana

*Responses when more than 1 was selected (40 participants):

- Medicare (33)

- Health insurance marketplace (2)
- Healthy MT Kids (2)
- VA military (6)
- Private insurance (22)
- Health savings account (2)
- Medicaid (5)
- Indian health

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

- We absolutely must have single payer. If the oligarchs do not get out of our way, we will take their heads.
- VA covers 100%
- Medicaid

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

- 59315
- 59330
- 85374
- We lived in Vida until April 1, 2020. Because of our long residency in that area I filled this out
- 59215 Circle; Weldon
- 59262 Savage
- 59315 Bloomfield

42. What is your employment status?

- Self-employed (7)
- Farm/ranch
- Self-employed farm
- Housemaker
- Housemother, kindship foster provider
- Housewife/stay at home mom (2)
- Ranchers (2)

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

- Retired (8)
- Work Part-time (8)
- Work full-time
- Student
- Collect disability

General comments

- Had my husband in Circle for 3 weeks where he died from cancer. His care was excellent.
- We doctor in Sidney, MT. We have never used Circle Medical Services.
- We live in Billings, MT for nine months of the year. During the past four summers my son did allergy shots at the Circle Clinic. He received excellent care and I am grateful Circle has a clinic with great staff. Circle, MT may be small, but they have wonderful, kind, people! Survey doesn't really apply to me since I don't live in Circle, or the surrounding area year-round!

Appendix H- Focus Group & Key Informant Interview - Questions

Focus Group Interview Questions

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

1. What do you think are the most serious health issues or concerns in your community?
2. We are now going to ask you for your views about the hospital. What do you think of the hospital in terms of:
 - Availability
 - Quality of Care
 - Number of Services
 - Financial Health of the Hospital
3. Are any of the local providers your personal provider or personal provider to your family members? Why?
4. What do you think about these local services:
 - Public/County Health Department
 - Healthcare Services for Low-Income Individuals/Families
 - Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
 - Pharmacy
 - EMS Services (ER/Ambulance)
5. Why might people leave the community for healthcare?
6. What would make this community a healthier place to live? (What additional services would you like to see?)
7. Any additional comments you'd like to provide, or things you would like to praise/see continued?

Key Informant Interview Questions

1. How do you feel about the general health of your community?
2. What do you think are the most important local healthcare issues?
3. What other healthcare services are needed in the community?
4. What would make your community a healthier place to live?

Appendix I- Focus Group & Key Informant Interviews- Transcript

Focus Group #1

Monday, March 2, 2020 @ 2:00 PM

Location: Court House – Circle, MT

6 participants (3 male, 3 female)

1. What do you think are the most serious health issues or concerns in your community?

- Lack of providers and access to primary care.
- Tobacco use is still an issue.
- Vaping was taking off, but that has been cut back on. It is still an issue within the schools.
- Smokeless tobacco is a big deal. And kids are using it too.
- Diabetes is big one.
- There is going to be assisted living soon, which is good. We have an older population. Some folks that aren't ready for the nursing home, so we are going to see how that works out. It is all private pay.
 - It would be great if they could have Medicaid beds.
- Long term care is available at the hospital.
- Finding hospital employees (CNAs, nurses, housekeeping, all position) can be difficult. I am worried that 24/7 care in the assisted living place will take away employees from the hospital.
- We currently have two PAs. One resigned in December and the main PA is in her 60s.

2. We are now going to ask you for your views about the hospital. What do you think of the hospital in terms of:

Availability

- You must go to the ER if you don't have the appointment
 - No matter what though they will talk to you over the phone and try to help you out.
- My kid did get seen eventually when I didn't have an appointment.
- It depends on the condition that you are in. If it is an emergency, they will get you in.
- If they are swamped, it can be a long wait.
- For one provider, the wait is 6-8 weeks. For the other provider, it is only about a day or so.
- Having the second provider has been huge for our community.
- Walk-in clinics on Thursdays and Fridays started in November, which has been good.

Quality of Care

- Very good whether it is the local ones or the travelers. I have never had bad care.
- Most locums come back multiple times a month – one from Glendive comes every Monday and Tuesday
- Some people will wait for the locums until they are coming back if they can't get in to see their preferred PA provider.
- There are some families in town that say things like, "If I don't get in today, then I am going somewhere else."
- People are going to have issues with specific providers, but I don't see that being any different in larger communities than it is here.
- I prefer my teenage girls see a woman. Nothing against the males, but they are more comfortable with the female providers.

Number of Services

- I would like to see CT Scan – that would be huge for the community.
- Being able to send out X-Rays has been huge.
- Communication is good between the hospital, EMS, etc. which has been great.
- Avera has been good for our community. It has saved lives.
- Our facility is really dedicated.
- Our nurses are fantastic – we are very fortunate. LPNs and RNs alike.

Financial Health of the hospital

- I don't hear anything.
- You don't hear people say that it is going out of business.
- Numbers are low – but that is good thing and a bad thing.
- We went from one provider to two.
- Building improvements and providing housing has been good.
- We are going to have to have travelers no matter what.
- The community sees the housing getting used, which is good. This has been a cost savings of about \$5000 a month.
- \$100,000 levy every four years to help support the hospital – passes no problem.

3. Are any of the local providers your personal provider or personal provider to your family members? Why?

- Medical history is here
- A big part is the history
- We have two teenagers. They know everyone there and feel comfortable. They are less likely to have an honest conversation with those that they don't know. You can't replicate that that comfortableness in another clinic.
- They care!
- It is a long way to any other clinic.
- We have a good lab here.

- The full lab is huge – we have two lab scientists.
- The walk-in clinic has been huge.
- Physical therapy has been great too. They are really good. They come from Glendive.
 - If they have to be in Circle the first time in order to continue to be seen here.

4. What do you think about these local services:

Public/County Health Department

- Public health does a good job for us.
- The public health nurse has been at it for so long. She knows everyone that comes through the door.
- She travels to nearby communities to help there too, which is great.
- She strongly advocates for immunizations, which can be controversial among some community members.
- She puts on the health fair in the community.
 - The community would like to see more at the health fair and it is something that we need.
- Very active in the community
- Facebook page that is well read. Good source of information. She does quite a bit of public education.
- Emergency management – full emergency run through in May.
- I feel bad because my parents used to get someone to come fill the pills for them and that doesn't happen anymore.
- Public health has been ahead of the game with a community health worker – they go to the Conoco station, post office, and other community locations for blood pressure checks.

Healthcare and Community services for low-income individuals/families

- *Not asked.*

Senior services (Nursing homes, assisted living, home health, senior center, etc.)

- We have home health out of Glendive Medical Center.
- In home personal assistance with meds would be great. Some of the seniors aren't capable of coming in for help.
- Transportation to appointments is a huge need, especially to out of town appointments.
 - Hospital loans out van if people want to drive it. We don't charge for it.
 - Trying to find someone to drive the van is the biggest issue.
 - Someone has cracked the code on transportation – I see other counties with vehicles.
- We currently have a low census in the nursing home
- The community takes care of people to allow them to stay at home longer. The senior center checks on people. We are fortunate when you see the people that are still at home.

Pharmacy

- We need one! The in-patient and long-term care uses the hospital one. Most people have to get them mailed or drive to Glendive.
 - It hasn't been cost effective to bring on a pharmacy when we work it out.

EMS Services (ER/Ambulance)

- We have two ambulances and are in the process of going to the third. We want to trade one off for a transport van. It is bouncy, which it can hurt. Can only go 20 miles an hour sometimes because of the condition of the roads.
- 15 EMTs – The county let the EMTs move into the old fire hall. They can park and have storage in there, which has been good.
- Good relationship with the MCHC. Training back and forth.
- Some EMTs are allowed to do IVs, most do not. Nurses help with that if needed.
- Run another EMT class soon to hopefully increase the numbers.
- Average age of our EMTs is on the wrong side of 40.
 - We have upgraded to a lifting cot in the ambulance that helps with lifting people in and out.
- ER only has two beds, the EMTs have brought them four patients before.
- All of the EMTs also have other jobs. Sometimes we call out for an ambulance and no one is available. I have had to close the clinic to send folks out from there. That takes away from the health center quite a bit. The clinic is not making money on that, but that is what we do here. We help each other out.
- There is concern every time the pager goes off, because you just never know.

5. Why might people leave the community for healthcare?

- Some chose to leave for VA.
 - If you can harness that so that the VA pays for their appointments here, that would be great. VA choice
 - It would be great to have a place for those on VA to go locally. The paperwork and time is cumbersome. It is really sad that they make it so that clinics can't do it.
 - It would be a win-win for the community.
 - The VA doesn't assign someone to our county. The hospital works with a variety of different VA representatives.
 - Our local PA is going to better with a diagnosis of our veterans because she has known them.
 - People should be able to stay instead of going to the VA nursing home
- People go elsewhere because we don't have all of the services.
- We saw a decline in our numbers when we didn't have the 24/7 x-ray. That is back now, and people are starting to come back to us.

6. What would make this community a healthier place to live? What additional services would you like to see in the community?

- We do have a fitness center now and that has been very beneficial.
- We do a lot of education.
- An indoor track would be nice.
- We have to look at more services because long term care isn't always full. We need more services to take its place. We can't do that without additions to the building.
- Someone to help aid with Medicare/Medicaid applications would be great.

7. Any additional comments you'd like to provide or things you would like to praise/see continued?

- We have a very good volunteer fire department in our community.
 - They help in the ER when we need them for lifting.
- EMS education is great for the community

Focus Group #2

Tuesday, March 3, 2020

Location: Senior Center – Circle, MT

21 participants (7 male, 14 female)

1. What do you think are the most serious health issues or concerns in your community?

- We are old and we are wearing out.
- If you have to go out of town, there is no transportation to get there.
- There are people that don't have friends or family to take them out of town for appointments.
- We used to have a car for seniors, but that is gone, and it hasn't been replaced.
- It would be well utilized to get transportation to these larger communities.
- Trouble getting prescriptions is a problem since we don't have a pharmacy.
- The health center bought the van from the senior center. If you have a driver's license, we do let people use it. The driver has to use their insurance to cover the other people in the van.
- We need transportation.
- Mental health is a problem, but I don't think that people want to admit that it is a problem.
- I am worried about a replacement for our long-term PA.
- Is there a reason why you have to go to the ER first before you see someone?
 - If it is after 5:00.

2. We are now going to ask you for your views about the hospital. What do you think of the hospital in terms of:

- Availability
 - [Nods, no comments]
 - The walk-in clinic has been nice

- Quality of Care
 - Excellent quality
 - I think that they are excellent as well.
 - I like the providers and nurses.
 - They are good nurses!

- Number of Services
 - We need more services.
 - I don't use a lot of it, because I am in very good health. I am sure that there are people that could use more services because of the distance to get to other places is tough.
 - I have to go to the VA in Miles City. It would be nice to stay here.
 - I wish there was a pharmacy here.
 - Eye doctor and dentist would be nice, but the pharmacy would be the in #1 in my opinion.
 - There could be more opportunities for telemedicine.
 - There are a limited number of providers that are eligible to do that in Circle.
 - More mental health services.
 - We are working getting our long-term PA trained to do counseling.
 - I am trying to deal with getting older, but I am dealing with more depression and things like that.

- Financial Health of the Hospital
Not asked.

3. Are any of the local providers your personal provider or personal provider to your family members? Why?

- She knows our history and she takes time for you. Instead of coming in quickly and asking how you are then walking out the door.
- I don't want to drive anywhere.
- The fellow from Miles City is good. He has a great bedside manner.

4. What do you think about these local services:

- Public/County Health Department
 - She does a good job.

- Healthcare and Community services for low-income individuals/families
 - We just go to the senior center for help.
 - Charity Care at the clinic.
 - I am not sure that people can afford the healthcare in this community.

- That is the issue with having to go to the ER at certain times. It costs more to go.
- Senior services (Nursing homes, assisted living, home health, senior center, etc.)
 - I think that people are able to access them if they are interested. We don't have to turn anyone away at this point. We have to service low income folks first, but we have never reached our threshold, so it hasn't been an issue.
 - We can make sure that people have help seven days a week.
 - Public health can go into the homes as well.
 - We are helping people shelter in place and it is working well.
 - I am worried about future funding. That is always a risk. It don't want to lose these services.
- Pharmacy
 - If we can't get a pharmacy, can there be someone that we can call for help with our prescriptions? We have a hard time getting a response and help. There are times when the prescription never shows up. It sometimes it has been a week or more before I get my prescription in the mail. They tell you it has been mailed, but it never has been.
 - There are problems with prescriptions not being called in by the time you drive to Glendive or prescriptions taking a long time to be mailed.
- EMS Services (ER/Ambulance)
 - They hit every bump that they can. Even when you ask them that not to.
 - You should get picked up in the country in a field and see how that feels.
 - Would you like something for pain? Sure! Oh, we don't have anything.
 - When you travel 50-60 miles to pick up a fisherman who fell over, that is pretty good service.
 - They are awesome. They do a really good job.

5. Why might people leave the community for healthcare?

- They want to keep it private, so they go elsewhere.
- We don't actually have a physician in town so if you want to see a physician you have to leave.
- It is too much for the people that we have. We need more access. The few providers that we have are overburdened.

6. What would make this community a healthier place to live? What additional services would you like to see in the community?

- Pharmacy is at the top of this list
- A dentist - an affordable dentist - would be nice.
- Assisted living place that accepts a financial sliding scale would be nice. I hear that we are getting a place, but the cost is a barrier for me.
 - \$115 per day is a lot of money.

7. Any additional comments you'd like to provide or things you would like to praise/see continued?

- I get along just fine with the telemedicine and then I don't have to travel to Billings. That has been nice. They didn't spend more time with me when I drove to Billings to see them.
- Going to the telemed has been perfectly alright for me.

Key Informant Interview #1

Tuesday, March 2, 2020

Sue Good-Brown, Public Health Nurse

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

- Decent overall
- We have a couple programs that allows the elderly to stay in their homes longer.
 - Blood testing health fair
 - I have a CNA helping me out. She goes into homes for blood pressure checks and things like that. Not skilled nursing, but just to help.
 - Health fair funds CNA's salary.
- Overall, we have too much drinking, not much exercising, and we eat the wrong things.
- Mental health is always a health concern, everywhere.

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

- It is still the same after 25 years – too much drinking.
- People always say that access to primary care is a problem, but that is not true. It always has been. Access to eye and dental may be a problem, but there no excuse for people to not seek primary care in the clinic. It doesn't matter what ER you go into when you need care.

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

- Mental health – there is a provider that comes to school. But there isn't anything specifically for other community members around mental health. Our long-term PA does a lot, but it would be nice if there was another provider with a focus on mental health.
- We have nothing in the event of a crisis. We are not prepared for that.
- I would love to offer cessation from tobacco classes, but the grant we had said you couldn't spend grant funds on cessation classes.
 - We had to focus on age groups – Junior high and above only. But it is a problem here sooner than that. We have kids in the 4th grade that are starting snus.

- Vaping is horrible among the kids. Better here locally due to local administration, but still concerning.
- Vaping in the junior high/ high school property has been a problem.
- There are not a lot of mental health providers and you want the one that fits you, so that can be hard. And it is expensive.

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

- If more kids received vaccinations – we have a decent number of people in the community that don't vaccinate their children.
- My pie in the sky would be a walking trail.
- We used to open up the gym at noon, but that fell through.
- There is a new fitness center in town – no walking track, but they do have treadmills.
- How do you keep people out of the bar?
- Food access is not as good as it should be, and the grocery store is for sale.
 - The produce available in our community isn't great.
 - We can't live without the grocery store.
 - It is a great store. They have great sales, but produce is an issue.
 - Bountiful baskets was competition so they stepped up their game, but that has seen gone away.
- It is hard to find nurses. That is huge concern.

Appendix J- Request for Comments

Written comments on this 2020 Community Health Needs Assessment Report can be submitted to McCone County Health Center at:

McCone County Health Center
Administration
PO Box 48
605 Sullivan Avenue
Circle, Montana
59215



Please contact MCHC's CEO Nancy Rosaaen at: 406-485-9981 or nrosaaen@mcconehealth.org with questions.