



# 2026 COMMUNITY HEALTH NEEDS ASSESSMENT

Dillon, Montana

*Assessment conducted by **Barrett Hospital & HealthCare**  
and **Beaverhead County Health Department** in  
cooperation with the **Montana Office of Rural Health***



Office of Rural Health  
Area Health  
Education Center

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# INTRODUCTION

# Introduction

In the spring of 2026, Barrett Hospital & HealthCare (BHH) and Beaverhead County Public Health Department (BCHD) collaborated on a joint community health needs assessment. This report covers the results of the Community Health Services Development (CHSD) program.

Barrett Hospital & HealthCare, located in Dillon, Montana is a fourteen-time national TOP 100 Critical Access Hospital (CAH). Barrett Hospital & HealthCare offers the following services: Integrated Behavioral Health, Cancer Care, Cardiac/Pulmonary Rehabilitation, Diagnostic Imaging, Dietician Services, Disease and Medication Management, Emergency Department, General Surgery, Geriatrics, Gynecology, Infusion, Internal Medicine, Laboratory Services, Men’s Health, Obstetrics, Occupational Therapy, Orthopedics and Sports Medicine, Pediatrics, Podiatry, Physical Therapy, Sleep Studies, Speech and Language Pathology, Transitional Care, Surgery, Urology, Walk-in Clinic, Wellness Program, Women’s Health, and Wound Care.



**BARRETT**  
HOSPITAL & HEALTHCARE



**Mission:** Improving lives by providing local healthcare.

**Vision:** To be the trusted choice of patients, providers and employers.

**Values:**

- **Kindness:** demonstrate genuine concern for the well-being of others
- **Adaptability:** respond positively to changing conditions
- **Integrity:** be honest and reliable in all our interactions
- **Teamwork:** contribute to the collective success of the organization
- **Excellence:** commit to consistent high-quality results and exemplary behavior
- **Respect:** show appreciation for and consideration of other



Beaverhead County Public Health Department is comprised of four (4) full-time public health staff, one (1) part-time temporary Behavioral Health Coordinator, and one (1) part-time Breastfeeding Peer Counselor. The Medical Director also serves as the Beaverhead County Health Officer. Although small, much work is accomplished with limited resources. Public health services include family planning, immunizations, facilitation of the PREP program within the Dillon schools, emergency preparedness, communicable disease prevention/investigation, WIC, car seat checks and installations, and rural school health fairs. Tobacco prevention services are provided to the county through the Tobacco Prevention Specialist in Madison County. Beaverhead County Public Health works very closely with law enforcement, disaster and emergency services, the schools, UM Western, EMS, the fire department, Barrett Hospital, Blacktail Medical, the local Mental Health Advisory Council, and the local Emergency Planning Committee.

**Vision:** Fostering Healthy Generations: Healthy you, Healthy me, Healthy us

**Mission:** The Beaverhead County Public Health Department is committed to strengthening our community by assessing community needs, promoting physical and mental health, preventing disease, and preparedness planning through community collaboration.

Barrett Hospital & HealthCare and the Beaverhead County Public Health Department have a primary service area of over 9,700 residents and serve the largest geographic county in Montana (Beaverhead) and part of Madison County. Beaverhead County has a low population density and is considered 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.

The Hospital and Health Department 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.

Over the spring of 2026, Beaverhead County 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 2026 survey data with data from previous surveys conducted in partnership with the Montana Office of Rural Health in 2020 and 2023. 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 Barrett Hospital & HealthCare and Beaverhead County Public Health 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 January 2026. For a list of all steering committee members and their affiliations, see Appendix A. The Steering Committee met twice during the CHSD process; first to discuss health concerns in the community and offer their perspective in designing the survey instrument, and again to review results of the CHNA and to assist in the prioritization of health needs.



## Survey Methodology

### Survey Instrument

In February 2026, surveys were mailed out to the residents in Beaverhead County. Survey respondents had the ability to complete the survey mailed to them, or via an online survey hosted at Social Data Collection and Analysis Services (Social Data), previously known as the 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

Barrett Hospital & HealthCare provided a list of aggregated outpatient and inpatient admissions. Those zip codes with the greatest number of admissions were selected to be included in the survey. A random list of 800 residents was then selected with the assistance of MSU Social Data. 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 table below for the survey distribution. Additionally, 100 printed surveys were handed out in the community. Half of the hand delivered surveys were printed in Spanish.

Zip Code	Population <sup>1</sup>	Community Name	Total Distribution	# Male	# Female
59725	3,882	Dillon	634	317	317
59749	694	Sheridan	46	23	23
59754	330	Twin Bridges	30	15	15
59701	34,494	Butte	24	12	12
59739	212	Lima	20	10	10
59746	100	Polaris	10	5	5
59732	28	Glen	8	4	4
59710	1,006	Whitehall	8	4	4
59743	175	Melrose	8	4	4
<b>Total</b>	<b>41,007</b>		<b>800</b>	<b>400</b>	<b>400</b>

<sup>1</sup> US Census Bureau - American Community Survey (2023)

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

### Information Gaps – Data

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

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

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

makes it impossible to set the target population aside from the five more-developed Montana counties.

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

Focus group data can offer invaluable insight into the perception of a community or group of individuals. It is coded and grouped into common themes. To better understand these themes, please review the detailed notes in Appendix I. MORH staff facilitated focus groups for CHA to ensure impartiality. However, given the small size of the community, participants may still be hesitant to express their opinions freely. Personal identifiers are not included in the notes.



## Survey Implementation

In February 2026, a survey, cover letter with representative's signatures for the Hospital and Public Health Department, and a postage paid envelope were mailed to 800 randomly selected residents in the hospital's service area. Additionally, a convenience sample of 100 surveys (50 in English, 50 in Spanish) were distributed throughout the community. A news release was sent to the local newspaper as well as social media postings prior to the survey distribution announcing that Barrett Hospital & HealthCare and Beaverhead County Public Health Department would be conducting a community health needs assessment survey throughout the region in cooperation with the Montana Office of Rural Health.

A total of 97 surveys were completed and returned out of 800. Of those 800 surveys, 96 surveys were returned undeliverable for a 13.78% response rate. From this point on, the total number of surveys will be out of 704. 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 9.94%.

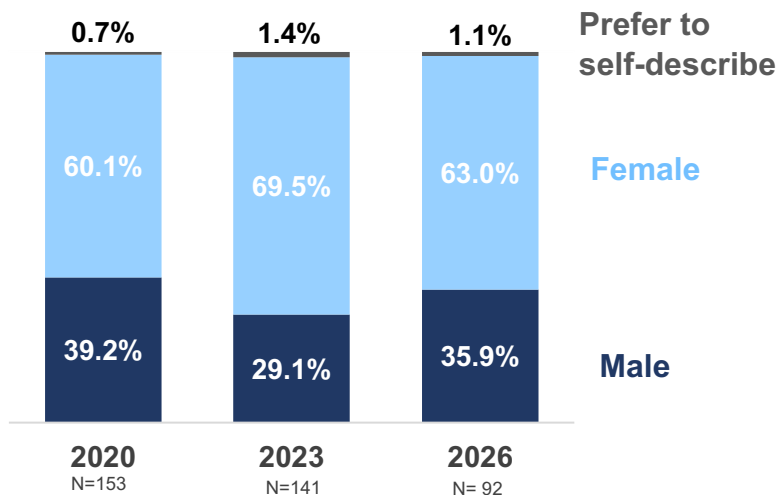
# Survey Respondent Demographics

A total of 704 surveys were distributed amongst Beaverhead County. Ninety-seven surveys were completed for a 13.78% response rate. The following table and graphs 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.

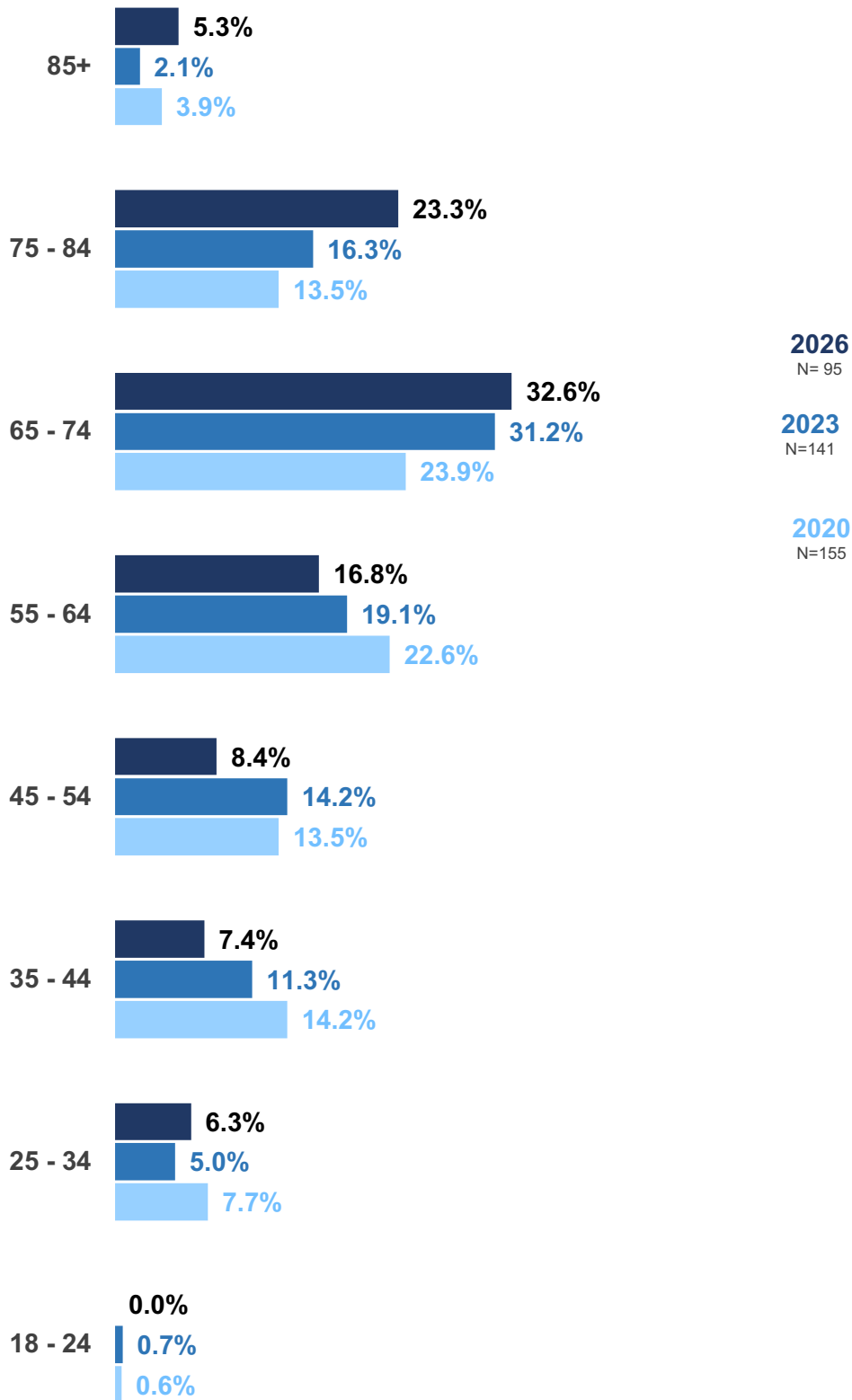
Place of Residence	2020 % (n)	2023 % (n)	2026 % (n)
<b>Number of respondents</b>	155	141	97
59725 - Dillon	79.4% (123)	85.8% (121)	81.4% (79)
59754 - Twin Bridges	3.9% (6)	3.5% (5)	5.2% (5)
59739 - Lima	6.5% (10)	3.5% (5)	3.1% (3)
59749 - Sheridan	5.8% (9)	3.5% (5)	3.1% (3)
59701 - Butte			2.1% (2)
59732 - Glen	0.6% (1)	1.4% (2)	2.1% (2)
59746 - Polaris	1.9% (3)	0.7% (1)	2.1% (2)
59759 - Whitehall			1.0% (1)
59710 - Alder			0% (0)
59743 - Melrose	0.6% (1)	0.0% (0)	0% (0)
Other	0.6% (1)	0.0% (0)	0% (0)

Note that options that were asked in prior years but removed for the current survey are not included in the table, which means the individual counts, n, may not necessarily add up to the total listed for number of respondents.

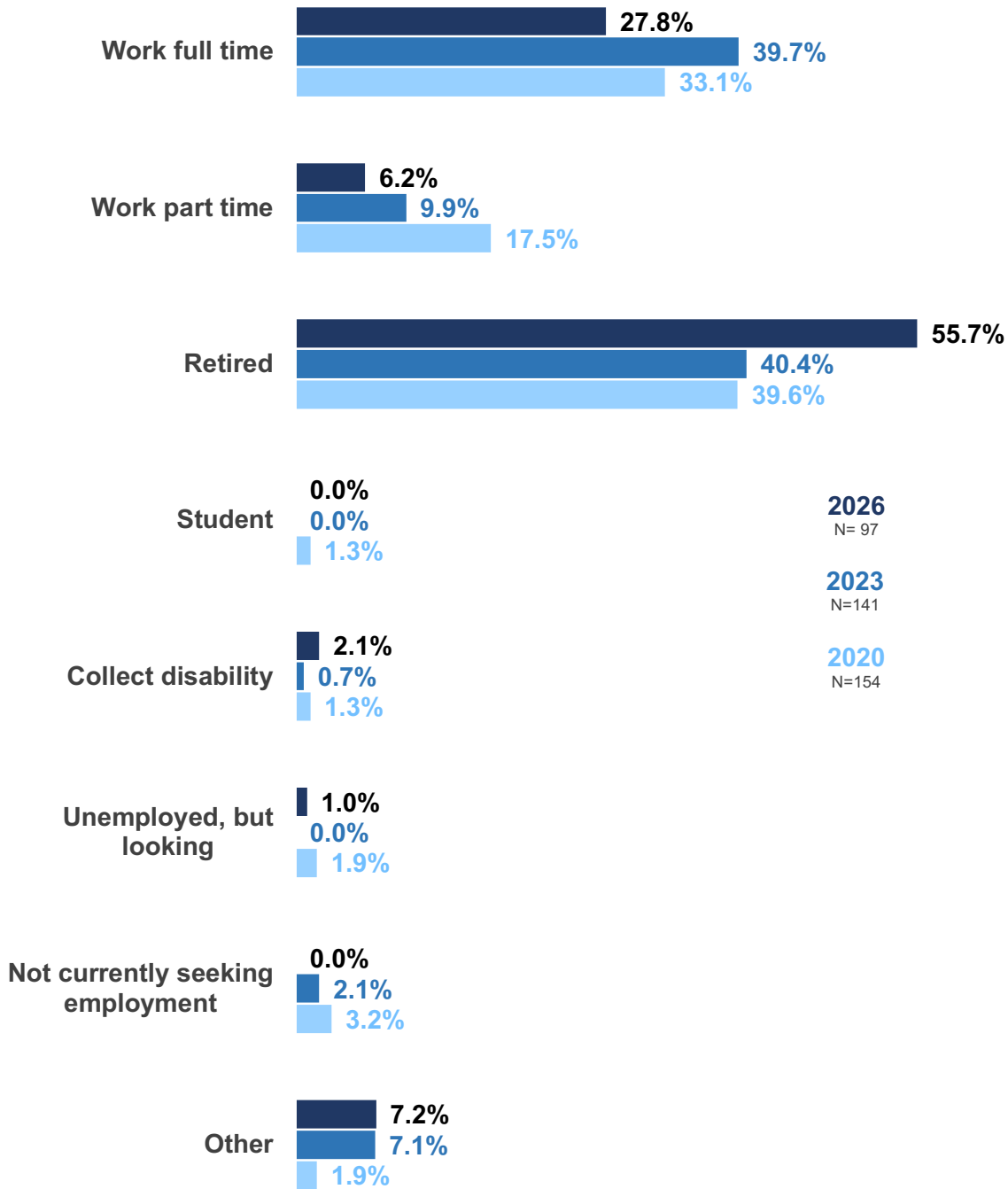
## Gender



## Age



## Employment Status



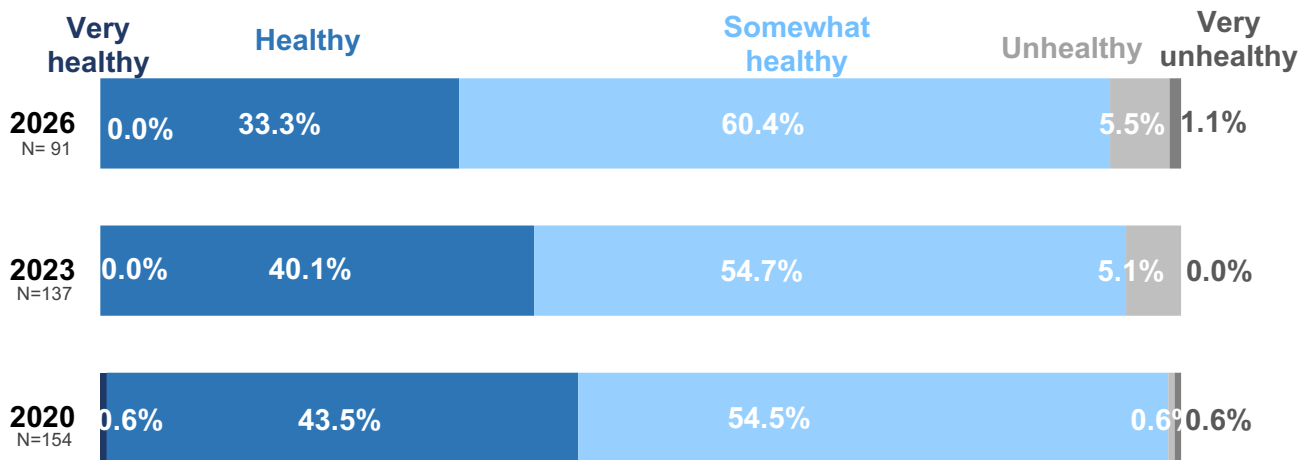


# **SURVEY RESULTS**

# Survey Results

## Rating of Healthy Community (Question 1)

Respondents were asked to indicate how they would rate the general health of their community. 60.4% of respondents (n=55) rated their community as “Somewhat healthy,” and 33.3% (n=30) felt their community was “Healthy.” Only 1.1% of respondents (n=1) rated their community as “Very unhealthy” and no respondents rated the community as “Very healthy.”



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

## Health Concerns for Community (Question 2)

Respondents were asked what they felt the three most serious health concerns were in their community. The top identified health concern was “Alcohol abuse/substance abuse” at 60% (n=57), followed by “Mental health issues (depression, anxiety, PTSD, etc.)” at 47.4% (n=45) and “Overweight/obesity” at 38.9% (n=37).

Health Concern	2020 % (n)	2023 % (n)	2026 % (n)	SIGNIFICANT CHANGE
Number of respondents	156	141	95	■
Alcohol/substance use	55.1% (86)	61.0% (86)	60.0% (57)	□
Mental health issues (depression, anxiety, PTSD, etc.)	28.2% (44)	44.7% (63)	47.4% (45)	■
Overweight/obesity	28.8% (45)	32.6% (46)	38.9% (37)	□
Cancer	30.8% (48)	25.5% (36)	32.6% (31)	□
Diabetes	10.9% (17)	14.2% (20)	18.9% (18)	□
Tobacco use (cigarettes/cigars, vaping, smokeless)	17.9% (28)	17.7% (25)	18.9% (18)	□
Work/economic stress	11.5% (18)	13.5% (19)	18.9% (18)	□
Domestic, family, and sexual violence	1.9% (3)	3.5% (5)	12.6% (12)	■
Heart disease	14.1% (22)	11.3% (16)	12.6% (12)	□
Alzheimer’s/dementia	7.7% (12)	10.6% (15)	8.4% (8)	□
Suicide	10.9% (17)	12.1% (17)	7.4% (7)	□
Other	6.4% (10)	4.3% (6)	5.3% (5)	□

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

“Other” comments included: “Cost,” “Laziness”

***(View all comments in Appendix G)***

## Components of a Healthy Community (Question 3)

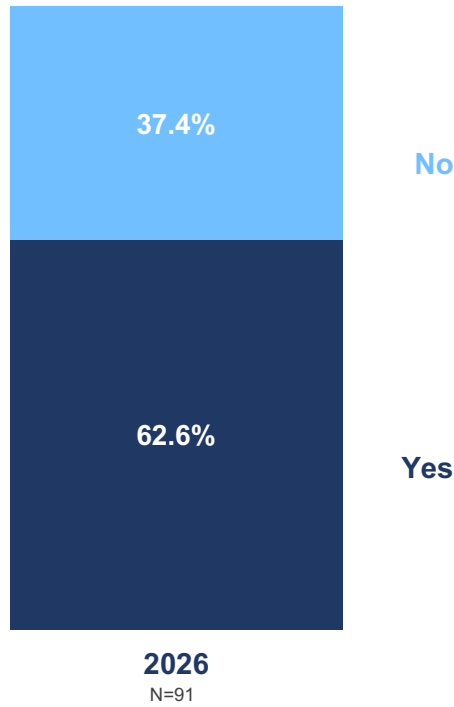
Respondents were asked to identify the three most important things for a healthy community. 64.9% of respondents (n=63) indicated that “Access to healthcare services” is important for a healthy community, which saw a significant increase in importance this cycle, followed by “Good jobs and a healthy economy” at 37.1% (n=36), and “Healthy behaviors and lifestyles” at 36.1% (n=35).

Components of a Healthy Community	2020 % (n)	2023 % (n)	2026 % (n)	SIGNIFICANT CHANGE
Number of respondents	156	142	97	■
Access to healthcare services	40.4% (63)	40.8% (58)	64.9% (63)	■
Good jobs and a healthy economy	34.6% (54)	34.5% (49)	37.1% (36)	□
Healthy behaviors and lifestyles	27.6% (43)	23.9% (34)	36.1% (35)	□
Affordable housing	20.5% (32)	28.9% (41)	35.1% (34)	■
Clean environment (water, air, etc.)	9.6% (15)	14.8% (21)	26.8% (26)	■
Access to mental health services	24.4% (38)	26.8% (38)	20.6% (20)	□
Access to healthy foods	10.9% (17)	12.0% (17)	19.6% (19)	□
Strong family life	23.7% (37)	20.4% (29)	17.5% (17)	□
Religious or spiritual values	14.1% (22)	15.5% (22)	14.4% (14)	□
Good schools	17.3% (27)	16.9% (24)	12.4% (12)	□
Other	1.9% (3)	3.5% (5)	4.1% (4)	□

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.”

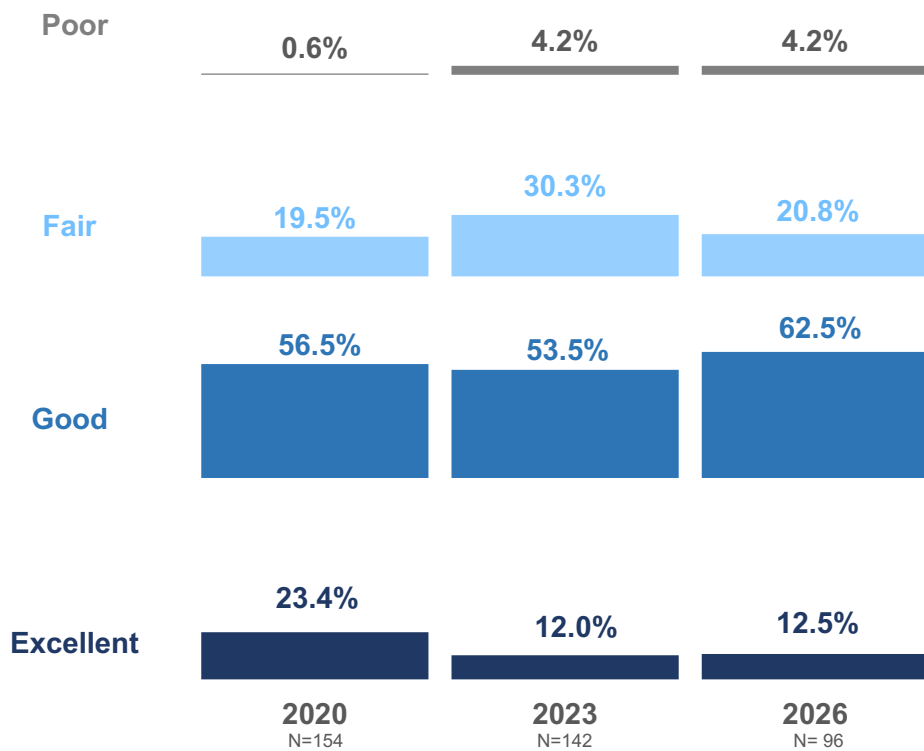
## Opportunities to Enjoy a Healthy Community (Question 4)

Respondents were asked if they felt there was adequate opportunities to enjoy a healthy community in Dillon. 62.6% (n=57) felt there were adequate opportunities to enjoy a healthy community in Dillon, and 37.4% (n=34) felt there were not.



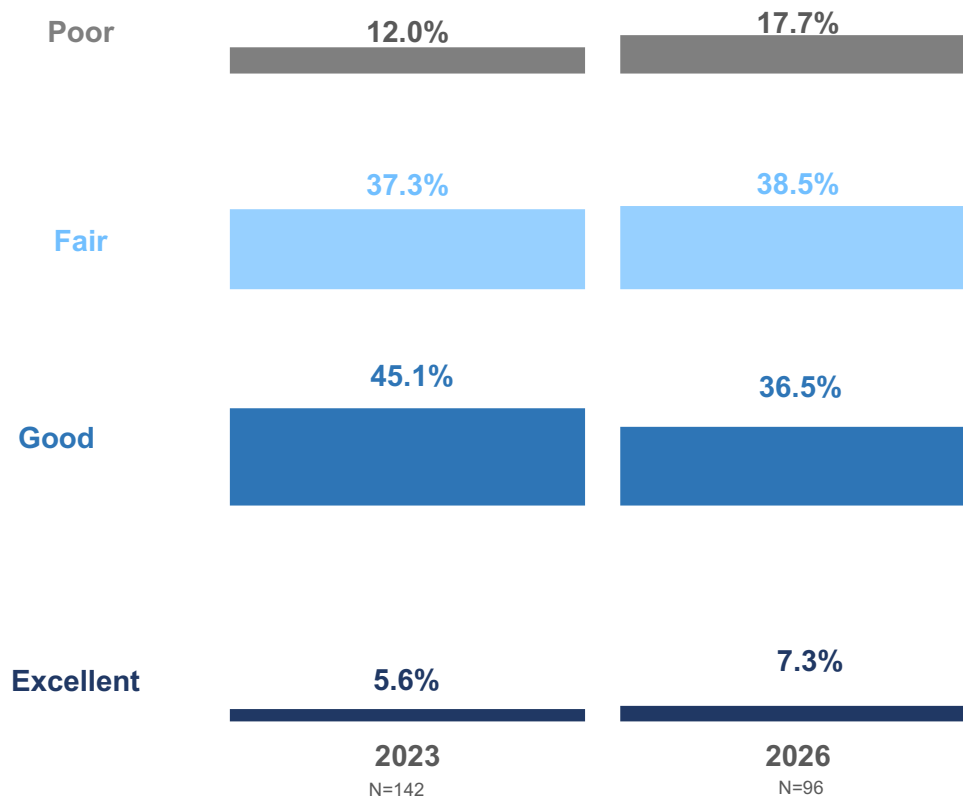
## Knowledge of Health Services- in Community (Question 5)

Respondents were asked to rate their knowledge of the health services available in the community. 62.5% of respondents (n=60) rated their knowledge of health services as “Good,” which has increased since the last cycle. 20.8% percent (n=20) rated their knowledge as “Fair,” and 12.5% of respondents (n=12) said their knowledge was “Excellent.”



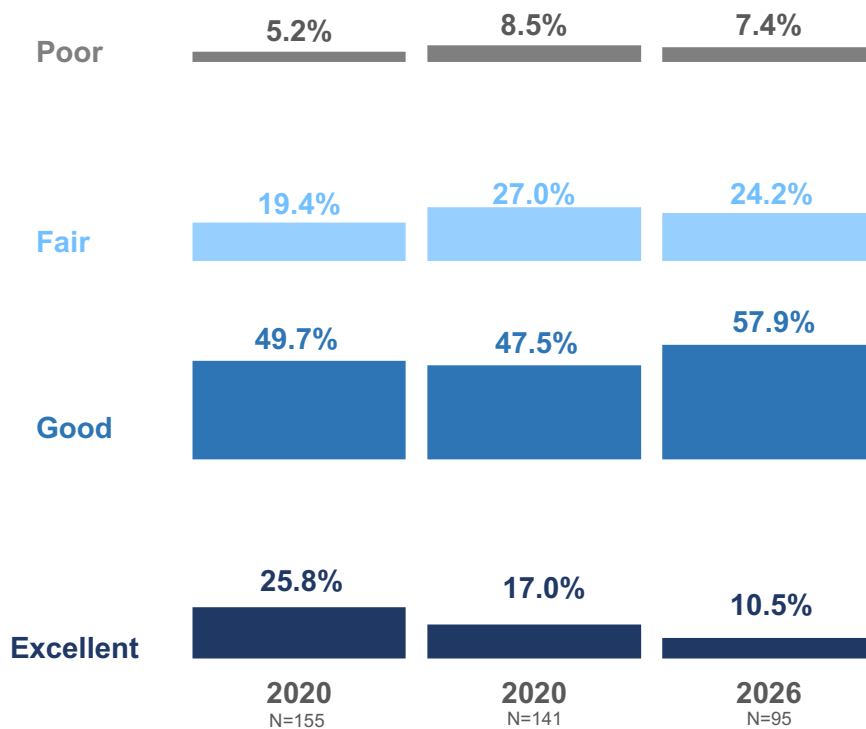
## Knowledge of Health Services- at Public Health (Question 6)

Respondents were asked to rate their knowledge of the health services available through Beaverhead County Public Health. 38.5% of respondents (n=37) rated their knowledge of health services as “Fair,” and 36.5% percent (n=35) said “Good.” 17.7% of respondents (n=17) said their knowledge was “Poor,” which has increased since the last cycle.



## Knowledge of Health Services- at Hospital (Question 7)

Respondents were asked to rate their knowledge of the health services available through Barrett Hospital & HealthCare. 57.9% of respondents (n=55) rated their knowledge of health services as “Good,” which has increased since the last assessment. 24.2% percent (n=23) rated their knowledge as “Fair,” and 10.5% of respondents (n=10) rated their knowledge as “Excellent.”



## How Respondents Learn of Health Services (Question 8)

When asked how survey respondents learn about health services available in the community, the most frequently indicated method of learning was “Healthcare provider” at 66.7% (n=64), followed by “Friends/family” at 65.6% (n=63) and “Word of mouth/reputation” at 59.4% (n=57).

How Respondents Learn About Community Health Services	2020 % (n)	2023 % (n)	2026 % (n)	SIGNIFICANT CHANGE
Number of respondents	156	142	96	■
Healthcare provider	66.0% (103)	66.9% (95)	66.7% (64)	<input type="checkbox"/>
Friends/family	62.2% (97)	62.0% (88)	65.6% (63)	<input type="checkbox"/>
Word of mouth/reputation	61.5% (96)	57.7% (82)	59.4% (57)	<input type="checkbox"/>
The Dillonite Daily	39.7% (62)	35.2% (50)	28.1% (27)	<input type="checkbox"/>
Newspaper	28.2% (44)	26.8% (38)	25.0% (24)	<input type="checkbox"/>
Website/internet	14.7% (23)	23.9% (34)	21.9% (21)	<input type="checkbox"/>
Social media (Facebook, etc.)	19.2% (30)	21.1% (30)	17.7% (17)	<input type="checkbox"/>
Public Health	11.5% (18)	21.1% (30)	15.6% (15)	<input type="checkbox"/>
Billboards/posters	16.0% (25)	16.2% (23)	14.6% (14)	<input type="checkbox"/>
Google ads/search		9.9% (14)	9.4% (9)	<input type="checkbox"/>
Radio	12.2% (19)	19.0% (27)	9.4% (9)	<input type="checkbox"/>
Other	5.8% (9)	6.3% (9)	6.3% (6)	<input type="checkbox"/>

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

“Other” comments included: “I work at hospital,” “Necessity,” “Research,” “My insurance”

*(View all comments in Appendix G)*

**View a cross tabulation of how respondents learn with how they rate their knowledge on p. 91**

## Utilized Community Health Resources (Question 9)

Respondents were asked which community health resources, other than the hospital or clinic, they had used in the last three years. “Pharmacy” was the most frequently utilized community health resource cited at 79.8% (n=75). The “Dentist” was utilized by 66.0% (n=62) of respondents, followed by “Optometrist” at 58.5% (n=55).

Use of Community Health Resources	2020 % (n)	2023 % (n)	2026 % (n)	SIGNIFICANT CHANGE
Number of respondents	156	133	94	■
Pharmacy	77.6% (121)	79.7% (106)	79.8% (75)	<input type="checkbox"/>
Dentist	73.1% (114)	75.9% (101)	66.0% (62)	<input type="checkbox"/>
Optometrist (eyes)	64.1% (100)	70.7% (94)	58.5% (55)	<input type="checkbox"/>
Urgent Care / Walk-in Clinic	11.5% (18)	24.1% (32)	50.0% (47)	■
Blacktail Medical	16.0% (25)	21.1% (28)	34.0% (32)	■
Medical supply/DME	10.9% (17)	18.0% (24)	25.5% (24)	■
Physical/Occupational/ Speech therapy		24.8% (33)	23.4% (22)	<input type="checkbox"/>
Naturopath/chiropractor	12.8% (20)	21.8% (29)	21.3% (20)	<input type="checkbox"/>
Massage therapy	16.7% (26)	21.1% (28)	18.1% (17)	<input type="checkbox"/>
Public Health (WIC, Family Planning, Immunizations)	10.9% (17)	18.8% (25)	14.9% (14)	<input type="checkbox"/>
Migrant/Ag Worker Health and Services	0.0% (0)	0.8% (1)	2.1% (2)	<input type="checkbox"/>
Other	3.2% (5)	3.8% (5)	7.4% (7)	<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 (3), “Ophthalmologist”

***(View all comments in Appendix G)***

## Improve Community’s Access to Healthcare (Question 10)

Respondents were asked to indicate what they felt would improve their community’s access to healthcare. Over half of the respondents (53.3%, n=49) reported that “More specialists” would make the greatest improvement, which saw a significant increase this cycle, followed by “More information about available services” at 40.2% (n=37), which also saw a significant increase this cycle, and “More primary care providers” at 39.1% (n=36) which saw a significant decrease this cycle.

What Would Improve Community Access to Healthcare	2020 % (n)	2023 % (n)	2026 % (n)	SIGNIFICANT CHANGE
Number of respondents	156	139	92	■
More specialists	26.3% (41)	37.4% (52)	53.3% (49)	■
More information about available services	24.4% (38)	35.3% (49)	40.2% (37)	■
More primary care providers	21.8% (34)	41.0% (57)	39.1% (36)	■
Outpatient services expanded hours (evenings/weekends)	19.9% (31)	33.1% (46)	38.0% (35)	■
More mental health providers		32.4% (45)	28.3% (26)	□
Improved access to health and human services programs/resources		22.3% (31)	26.1% (24)	□
More health education	15.4% (24)	18.7% (26)	22.8% (21)	□
Improved quality of care	14.7% (23)	32.4% (45)	14.1% (13)	■
Telemedicine	13.5% (21)	16.5% (23)	9.8% (9)	□
Interpreter/Bicultural			4.3% (4)	□
Other	6.4% (10)	5.8% (8)	15.2% (14)	□

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: “Lower cost health services,” “Free healthcare,” “Not having to wait so long to see your provider,” “Education of how to be healthy”

***(View all comments in Appendix G)***

## Interest in Educational Classes/Programs (Question 11)

Respondents were asked if they would be interested in any educational classes/programs made available to the community. The most frequently selected class/programs were “Senior citizen health” (44.4%, n=40), which saw a significant increase this cycle, “Fitness” (38.9%, n=35), and “First aid/CPR” (37.8%, n=34).

Interest in Classes or Programs	2020 % (n)	2023 % (n)	2026 % (n)	SIGNIFICANT CHANGE
Number of respondents	156	126	90	■
Senior citizen health	17.3% (27)	30.2% (38)	44.4% (40)	■
Fitness	25.6% (40)	36.5% (46)	38.9% (35)	□
First aid/CPR	19.2% (30)	27.8% (35)	37.8% (34)	■
Chronic pain management	21.8% (34)	24.6% (31)	33.3% (30)	□
Health and wellness	26.9% (42)	33.3% (42)	33.3% (30)	□
Women’s health	15.4% (24)	30.2% (38)	30.0% (27)	■
Health insurance education/navigation	16.0% (25)	22.2% (28)	28.9% (26)	□
Weight loss	17.9% (28)	28.6% (36)	25.6% (23)	□
Living will	19.9% (31)	23.0% (29)	15.6% (14)	□
Mental health	15.4% (24)	20.6% (26)	14.4% (13)	□
Suicide awareness/prevention	11.5% (18)	16.7% (21)	5.6% (5)	■
Domestic, family, and sexual violence	5.8% (9)	4.8% (6)	3.3% (3)	□
Other	5.8% (9)	3.2% (4)	6.7% (6)	□

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: “Can’t afford it,” “Nutrition, healthy cooking, growing healthy food,” “birth classes (preparation)”

***(View all comments in Appendix G)***

## Desired Local Services (Question 12)

Respondents were asked to indicate which additional services they or a family member would utilize if available locally. Respondents indicated the most interest in “Dermatology” at 59.0% (n=46), then “ENT (ear/nose/throat)” at 34.6% (n=27), which has significantly fluctuated over the cycles, then “Cardiology” at 29.5% (n=23).

Desired Local Services	2020 % (n)	2023 % (n)	2026 % (n)	SIGNIFICANT CHANGE
Number of respondents	156	117	78	■
Dermatology	53.8% (84)	51.3% (60)	59.0% (46)	<input type="checkbox"/>
ENT (ear/nose/throat)	29.5% (46)	44.4% (52)	34.6% (27)	■
Cardiology		23.1% (27)	29.5% (23)	<input type="checkbox"/>
Neurology	9.0% (14)	18.8% (22)	20.5% (16)	■
Rheumatology	13.5% (21)	20.5% (24)	20.5% (16)	<input type="checkbox"/>
Oncology		14.5% (17)	15.4% (12)	<input type="checkbox"/>
Ophthalmology	10.3% (16)	17.1% (20)	15.4% (12)	<input type="checkbox"/>
VA health services	14.1% (22)	15.4% (18)	14.1% (11)	<input type="checkbox"/>
Lung cancer screening			11.5% (9)	<input type="checkbox"/>
Psychology/psychiatry (adult/child)	7.1% (11)	17.1% (20)	10.3% (8)	■
Orthodontics	17.9% (28)	17.1% (20)	7.7% (6)	<input type="checkbox"/>
Other	5.8% (9)	8.5% (10)	7.7% (6)	<input type="checkbox"/>

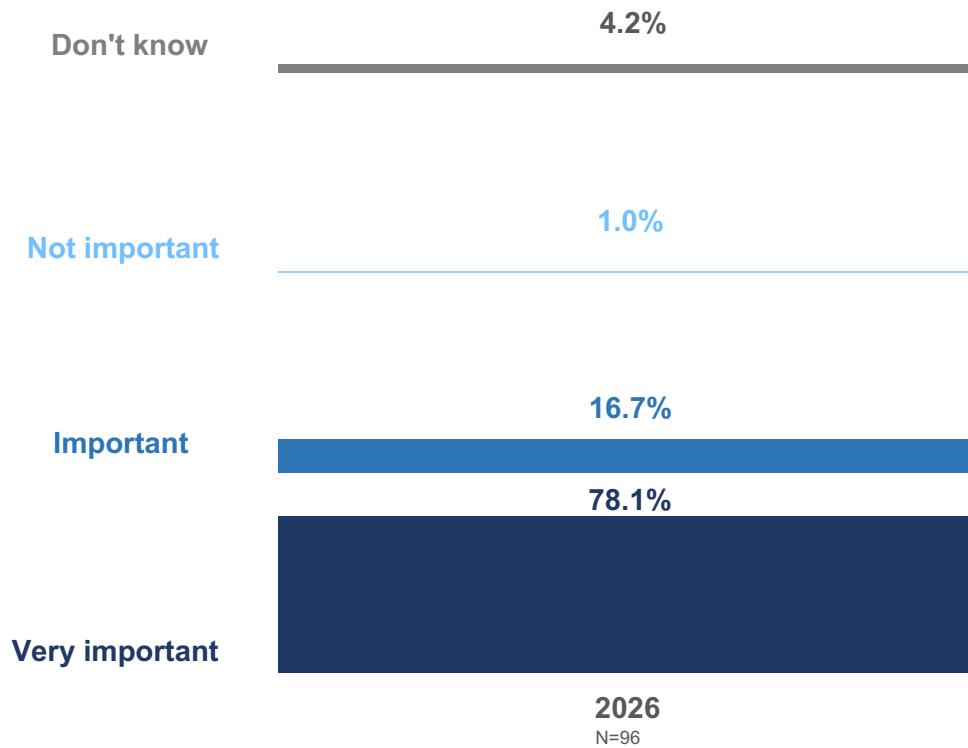
Respondents could select any of the local services listed, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year.

“Other” comments included: “Chiropractor,” “Nephrology,” “Pulmonology”

***(View all comments in Appendix G)***

## Economic Importance of Healthcare (Question 13)

Respondents were asked how important local healthcare providers and services (i.e. hospitals, clinics, nursing homes, assisted living, etc.) are to the economic well-being of the area. The majority of respondents (78.1%, n=75) said healthcare is “Very important” to the local economy. Only 1.0% of respondents (n=1) said it was “Not important,” and 4.2% (n=4) respondents said they “Don’t know.”



## Utilization of Preventive Services (Question 14)

Respondents were asked if they had utilized any of the preventive services listed in the past year. “Blood pressure check” was selected by 67.4% of respondents (n=64), followed by “Wellness/yearly physical,” by 65.3% (n=62), and “Dental check,” at 63.2% (n=60). Survey respondents could select all services that applied.

Use of Preventive Services	2020 % (n)	2023 % (n)	2026 % (n)	SIGNIFICANT CHANGE
Number of respondents	156	140	95	■
Blood pressure check	61.5% (96)	60.7% (85)	67.4% (64)	<input type="checkbox"/>
Wellness/yearly physical	50.6% (79)	60.7% (85)	65.3% (62)	<input type="checkbox"/>
Dental check	71.2% (111)	73.6% (103)	63.2% (60)	<input type="checkbox"/>
Flu shot	76.3% (119)	69.3% (97)	61.1% (58)	■
Adult immunizations	64.7% (101)	70.7% (99)	60.0% (57)	<input type="checkbox"/>
Vision check	66.7% (104)	70.7% (99)	57.9% (55)	<input type="checkbox"/>
Cholesterol check	39.7% (62)	44.3% (62)	41.1% (39)	<input type="checkbox"/>
Mammography	35.9% (56)	44.3% (62)	38.9% (37)	<input type="checkbox"/>
Dermatology (mole/skin check)	17.3% (27)	27.9% (39)	31.6% (30)	■
Bone density scan (DEXA)	17.9% (28)	29.3% (41)	29.5% (28)	■
Prostate (PSA)	16.0% (25)	23.6% (33)	23.2% (22)	<input type="checkbox"/>
Colonoscopy	21.8% (34)	27.1% (38)	22.1% (21)	<input type="checkbox"/>
Weight/BMI check			22.1% (21)	<input type="checkbox"/>
Hearing check	14.7% (23)	14.3% (20)	16.8% (16)	<input type="checkbox"/>
Pap test	23.7% (37)	20.7% (29)	15.8% (15)	<input type="checkbox"/>
Lab health fair	17.9% (28)	20.7% (29)	11.6% (11)	<input type="checkbox"/>
Depression screening	7.7% (12)	16.4% (23)	9.5% (9)	■
Employer wellness screenings			8.2% (8)	<input type="checkbox"/>
Child immunizations	20.5% (32)	10.7% (15)	7.4% (7)	■
None	0.0% (0)	0.7% (1)	4.2% (4)	■
Other	1.3% (2)	2.9% (4)	2.1% (2)	<input type="checkbox"/>

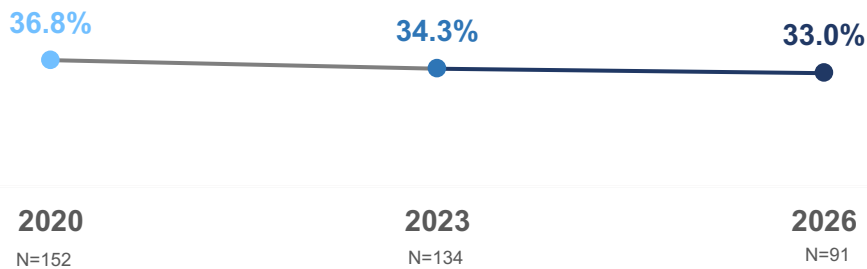
A solid blue square indicates a statistically significant change between years ( $p \leq 0.05$ ). Respondents could select any of the preventive services listed, so percentages do not equal 100%. Grayed out cells indicate the question was not asked.

“Other” comments included: “Mental health services,” “Weight loss GLP-1 prescription”

*(View all comments in Appendix G)*

## Delay of Services (Question 15)

33.0% of respondents (n=30) 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, while 67.0% of respondents (n=61) felt they were able to get the healthcare services they needed without delay.



## Reason for Not Receiving/Delaying Needed Services (Question 16)

30 respondents shared their top three reasons for not receiving or delaying needed services. The reason most cited was “It cost too much” (46.7%, n=14), which significantly increased this cycle. “Qualified provider not available” was selected by 36.7% (n=11), while 26.7% of respondents (n=8) selected “Too long to wait for an appointment.”

Reasons for Delay in Receiving Needed Healthcare	2020 % (n)	2023 % (n)	2026 % (n)	SIGNIFICANT CHANGE
Number of respondents	56	46	30	■
It cost too much	51.8% (29)	19.6% (9)	46.7% (14)	■
Qualified provider not available	21.4% (12)	28.3% (13)	36.7% (11)	□
Too long to wait for an appointment	17.9% (10)	23.9% (11)	26.7% (8)	□
Could not get an appointment	8.9% (5)	30.4% (14)	20.0% (6)	■
Not treated with respect	0.0% (0)	10.9% (5)	13.3% (4)	■
Privacy/confidentiality			6.7% (2)	□
Other	17.9% (10)	37.0% (17)	26.7% (8)	□

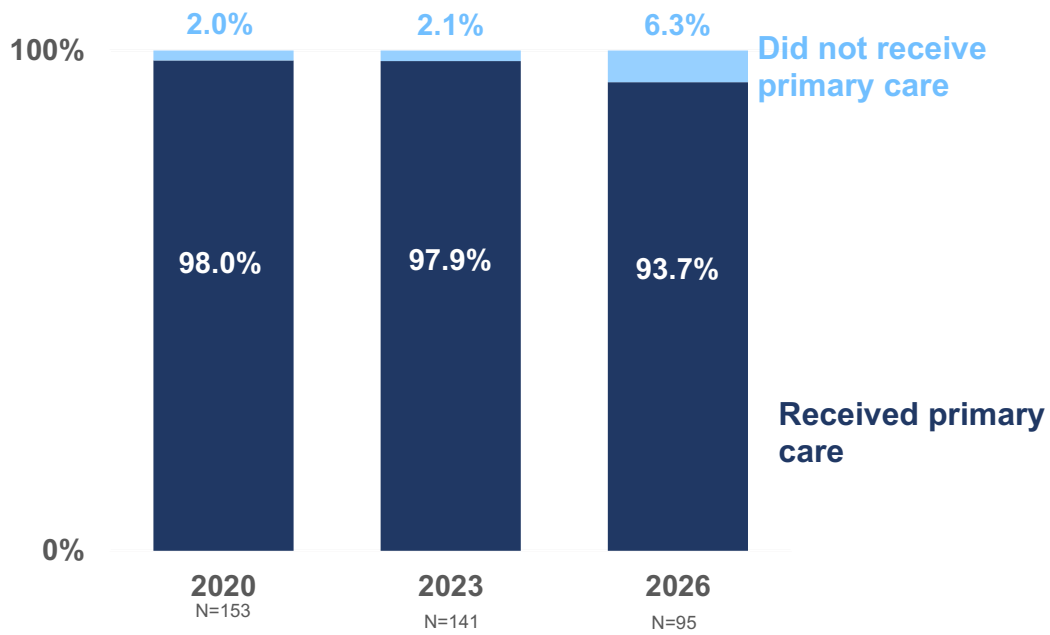
A solid blue square indicates a statistically significant change between years ( $p \leq 0.05$ ). Respondents were asked to indicate the top three reasons for a delay in seeking or receiving healthcare, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year.

“Other” comments included: “No local services,” “Cost too much!” “After hours/no one on staff to help”

***(View all comments in Appendix G)***

## Primary Care Services (Question 17)

93.7% of respondents (n=89) 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. 6.3% of respondents (n=6) indicated they had not received primary care.



## Location of Primary Care Services (Question 18)

Among those who indicated receiving primary care services in the previous three years, all survey participants shared the location where they received services. Most (83.7%, n=72) reported receiving care in Dillon, and 4.7% (n=4) received care in Sheridan/Twin Bridges. Four respondents were moved to “other” due to selecting more than one primary care provider location.

Location of Primary Care Provider	2020 % (n)	2023 % (n)	2026 % (n)
Number of respondents	149	138	86
Dillon	81.2% (121)	85.5% (118)	83.7% (72)
Sheridan/Twin Bridges			4.7% (4)
Butte	2.0% (3)	1.4% (2)	3.5% (3)
Helena			2.3% (2)
Bozeman	2.7% (4)	2.2% (3)	0 (0)
Idaho Falls			0 (0)
Missoula			0 (0)
Other	14.1% (21)	10.9% (15)	5.8% (5)

Grayed out cells indicate the question was not asked that year. Note that options that were asked in prior years but removed for the current survey are not included in the table, which means the individual counts, n, may not add up to the total number of respondents. 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: “Ft Harrison VA,” “Anaconda,” “Deer Lodge”

*(View all comments in Appendix G)*

**View a cross-tabulation of where respondents live with where they utilize primary care services on p. 93**

## Reasons for Primary Care Provider Selection (Question 19)

86 of the 89 respondents who had seen a primary care provider indicated why they chose that provider. The majority of respondents (45.2%, n=38) stated that “Closest to home” was their reason for selecting a provider. “Established patient” was selected by 44.0% of the respondents (n=37), and 39.3% (n=33) chose “Covered by insurance plan,” which significantly increased over the assessment cycles.

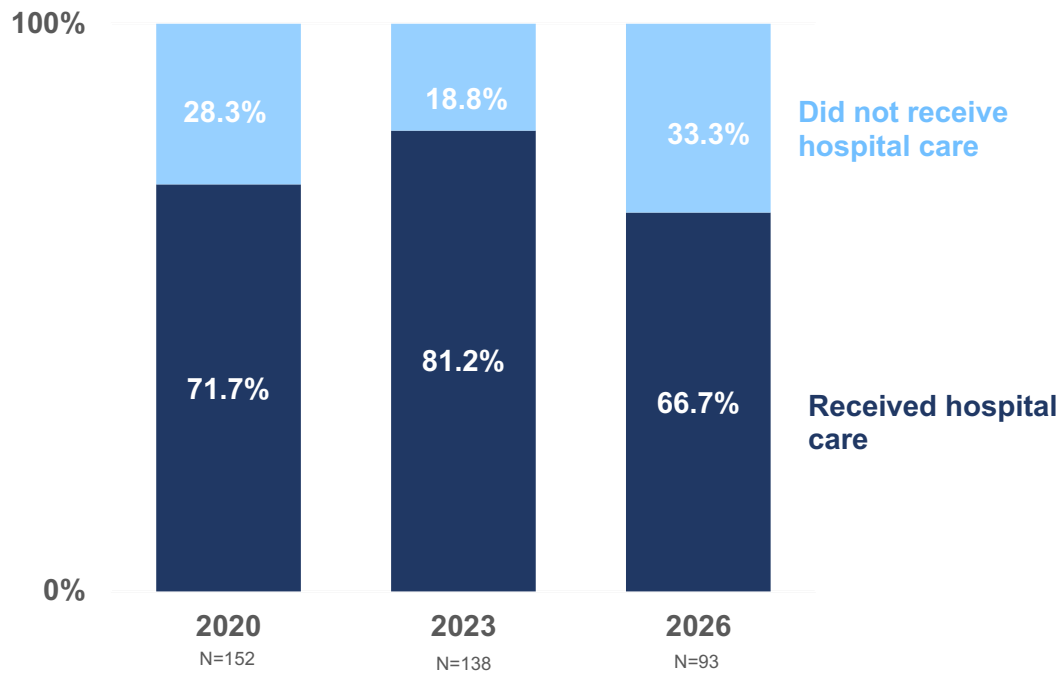
Reasons for Selecting Primary Care Provider	2020 % (n)	2023 % (n)	2026 % (n)	SIGNIFICANT CHANGE
Number of respondents	150	138	86	■
Closest to home	37.3% (56)	40.6% (56)	45.2% (38)	□
Established patient	48.7% (73)	44.2% (61)	44.0% (37)	□
Covered by insurance plan	4.7% (7)	34.8% (48)	39.3% (33)	■
Prior experience with clinic	21.3% (32)	23.9% (33)	39.3% (33)	■
Appointment availability	24.7% (37)	26.8% (37)	35.7% (30)	□
Clinic/provider’s reputation for quality	32.0% (48)	32.6% (45)	29.8% (25)	□
Referred by physician or other provider	14.7% (22)	15.9% (22)	17.9% (15)	□
Recommended by family or friends	18.0% (27)	18.8% (26)	14.3% (12)	□
Privacy/confidentiality	6.7% (10)	8.7% (12)	6.0% (5)	□
Other	10.0% (15)	7.2% (10)	6.0% (5)	□

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

“Other” comments included: “Retired Military,” “No local choices,” “My daughter works there”

## 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. 66.7% of respondents (n=62) reported that they or a member of their family had received hospital care during the previous three years, and 33.3% (n=31) had not received hospital services.



## Location of Hospital Services (Question 21)

62 of the 93 respondents who indicated receiving hospital care in the last three years shared the location of the hospital. 74.2% of respondents (n=46) reported receiving care at Barrett Hospital (Dillon) and 8.1% of respondents (n=5) received services at Bozeman Health (Bozeman). 3 respondents were moved to the “Other” category for selecting more than one hospital location.

Hospital Used Most Often	2020 % (n)	2023 % (n)	2026 % (n)
Number of respondents	109	112	62
Barrett Hospital (Dillon)	77.1% (84)	67.0% (75)	74.2% (46)
Bozeman Health (Bozeman)	3.7% (4)	2.7% (3)	8.1% (5)
St. Patrick Hospital (Missoula)	0.9% (1)	3.6% (4)	4.8% (3)
St. James Healthcare (Butte)	1.8% (2)	7.1% (8)	3.2% (2)
Community Hospital of Anaconda (Anaconda)	0.0% (0)	3.6% (4)	0% (0)
Other	10.1% (11)	14.3% (16)	9.7% (6)

Grayed out cells indicate the question was not asked that year. Note that options that were asked in prior years but removed for the current survey are not included in the table, which means the individual counts, n, may not add up to the total number of respondents. \*Respondents (N=3) who selected over the allotted amount were moved to “Other.”

“Other” comments included: “Mayo Clinic Rochester, MN,” “Ruby Valley Medical Center, Sheridan”

*(View all comments in Appendix G)*

**View a cross tabulation of where respondents live with where they utilize hospital services on p. 95**

## Reasons for Hospital Selection (Question 22)

62 of the 93 respondents who had personal or family experience at a hospital within the past three years shared their top three reasons for selecting the facility used most often. The majority of respondents (71.0%, n=44) stated that “Closest to home” was their reason for selecting a facility. “Prior experience with hospital” was selected by 46.8% of the respondents (n=29), and 37.1% (n=23) chose “Emergency, no choice.”

Reasons for Selecting Hospital	2020 % (n)	2023 % (n)	2026 % (n)	SIGNIFICANT CHANGE
Number of respondents	109	112	62	■
Closest to home	70.6% (77)	60.7% (68)	71.0% (44)	<input type="checkbox"/>
Prior experience with hospital	34.9% (38)	29.5% (33)	46.8% (29)	<input type="checkbox"/>
Emergency, no choice	24.8% (27)	25.9% (29)	37.1% (23)	<input type="checkbox"/>
Referred by physician or other provider	44.0% (48)	32.1% (36)	33.9% (21)	<input type="checkbox"/>
Quality of clinical staff	16.5% (18)	20.5% (23)	27.4% (17)	<input type="checkbox"/>
Hospital’s reputation for quality	23.9% (26)	21.4% (24)	12.9% (8)	<input type="checkbox"/>
Other	5.5% (6)	10.7% (12)	8.1% (5)	<input type="checkbox"/>

A solid blue square indicates a statistically significant change between years ( $p \leq 0.05$ ). Respondents were asked to pick their top three reasons for selecting a hospital, so percentages do not equal 100%. 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: “Underlying condition,” “Family member’s familiarity with staff”

*(View all comments in Appendix G)*

**View a cross tabulation of where respondents utilize hospital services with their reasons for selecting that facility p. 96**

## Overall Quality of Care Through BHH (Questions 23 & 24)

Respondents were asked to rate various services available through Barrett Hospital & HealthCare using the scale of 4= Excellent, 3= Good, 2= Fair, 1=Poor, and Haven't Used. The services receiving the highest scores were "Hospital birth services/obstetrics" (which saw a significant increase), "Oncology services," and "Urology care" (3.6 out of 4.0). Overall, the average rating on quality and availability of the health services listed was 3.4 out of 4.0.

Quality of Care Rating at Barrett Hospital & HealthCare	2020 Average (n)	2023 Average (n)	2026 Average (n)	SIGNIFICANT CHANGE
Total number of respondents	149	134	88	■
Hospital birth services/obstetrics	3.6 (21)	2.9 (20)	3.6 (11)	■
Oncology services			3.6 (7)	□
Urology care	3.4 (19)	3.1 (24)	3.6 (14)	□
Infusion services	3.8 (8)	3.0 (16)	3.5 (12)	□
Physician clinics/office visit (primary care)	3.6 (121)	3.4 (113)	3.5 (69)	■
Laboratory services	3.5 (119)	3.4 (117)	3.5 (70)	□
Radiology services	3.6 (80)	3.4 (84)	3.5 (59)	□
General surgery	3.7 (40)	3.2 (60)	3.4 (33)	■
Pharmacy clinics (medication management, etc.)	3.3 (35)	3.1 (30)	3.4 (22)	□
Walk in clinic	3.4 (86)	3.0 (82)	3.4 (66)	■
Wound management		2.7 (14)	3.4 (13)	□
Chronic Care Management		2.6 (19)	3.3 (17)	■
Emergency room	3.5 (97)	3.2 (92)	3.3 (63)	■
Nutrition/Diabetes counseling	3.1 (30)	3.0 (27)	3.3 (22)	□
Orthopedics	3.3 (43)	3.1 (40)	3.3 (22)	□
Outpatient senior psychiatry services			3.3 (3)	□
Rehabilitation services (physical, occupational, speech)	3.4 (36)	3.2 (39)	3.3 (25)	
Cardiac, Pulmonary Rehabilitation services	3.5 (15)	2.8 (26)	3.2 (12)	□
Cardiopulmonary services (stress tests, sleep lab)	3.3 (36)	3.0 (32)	3.2 (28)	□

Continued on next page

Gynecologic services	3.5 (34)	2.9 (35)	3.2 (21)	■
Inpatient services/hospital stay	3.4 (57)	3.2 (55)	3.2 (34)	□
Podiatry			3.1 (18)	□
Transitional care (post-acute care)	3.6 (10)	2.9 (13)	3.0 (4)	□
Behavioral health services	3.2 (17)	2.5 (18)	2.9 (10)	□
Pain Management		2.5 (31)	2.8 (21)	□
Tele-psychiatry	3.6 (7)	3.0 (6)	2.8 (4)	□
<b>Overall average</b>	<b>3.4 (149)</b>	<b>3.2 (134)</b>	<b>3.4 (88)</b>	<b>■</b>

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. Note that options that were asked in prior years but removed for the current survey are not included in the table, which means the individual counts, n, will not add up to the total listed for the overall average.

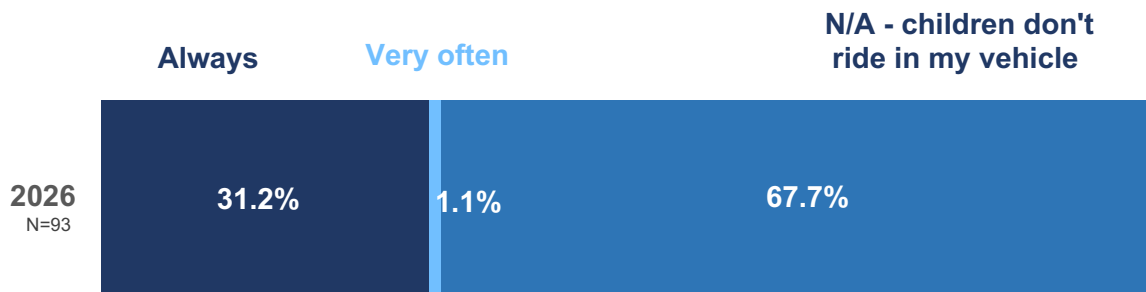
## Overall Quality of Care Through BCPHD (Question 25)

Respondents were asked to rate various services available through Beaverhead County Public Health Department using the scale of 4= Excellent, 3= Good, 2= Fair, 1= Poor, and Haven't Used. The services receiving the highest score of 3.8 out of 4.0 was "Family Planning (reproductive health care)", followed by "Flu Vaccination Clinics" (3.7 out of 4.0) and "Vaccination clinics" (3.6 out of 4.0). Overall, the average rating on quality and availability of the health services listed was 3.6 out of 4.0.

Quality of Care Rating at Beaverhead County Public Health Department	2023 Average (n)	2026 Average (n)	SIGNIFICANT CHANGE
Total number of respondents	92	43	■
Family Planning (reproductive health care)	3.2 (11)	3.8 (4)	□
Flu Vaccination Clinics (drive-thru, Care van, off-site)	3.6 (62)	3.7 (32)	□
Vaccination clinics	3.4 (55)	3.6 (28)	□
Car seat/Booster seat services		3.5 (4)	
Disease Investigation (COVID, STI, Salmonella, etc.)	2.9 (33)	3.4 (9)	□
Public health education	2.9 (29)	3.4 (16)	□
WIC (Women, Infant, and Child supplemental nutrition program)	3.3 (12)	3.4 (7)	□
<b>Overall average</b>	<b>3.4 (92)</b>	<b>3.6 (43)</b>	<b>□</b>

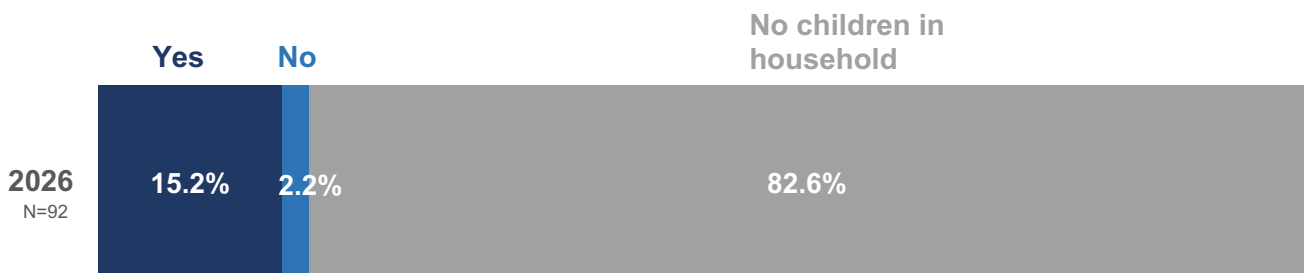
## Child Safety Seat (Question 26)

Respondents were asked if a child was riding in their vehicle, how often they ride in a size-appropriate child safety seat. The majority of respondents reported children do not ride in their vehicle (67.7%, n=63). 31.2% (n=29) of respondents indicated they always had children riding in their safety seat, and 1.1% (n=1) indicated Very often.



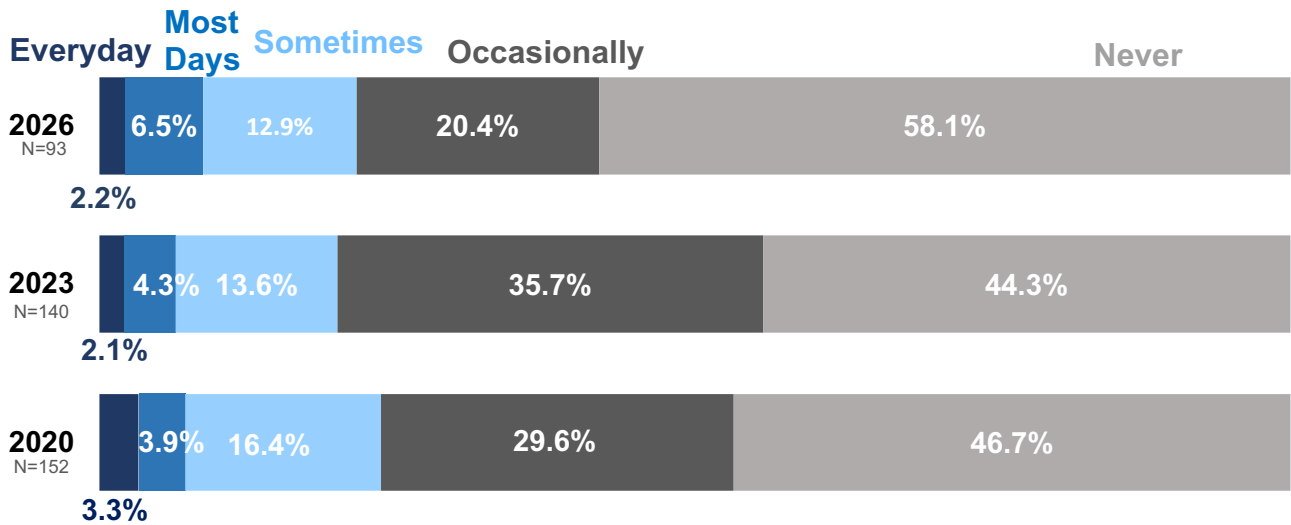
## Safe and Responsible Internet Use (Question 27)

Respondents were asked if they had children in their household, have they or someone else discussed online safety and responsible internet use with the children. The majority of respondents reported they do not have children in their household (82.6%, n=76). 15.2% (n=14) of respondents indicated they had discussed online safety and 2.2% (n=2) had not.



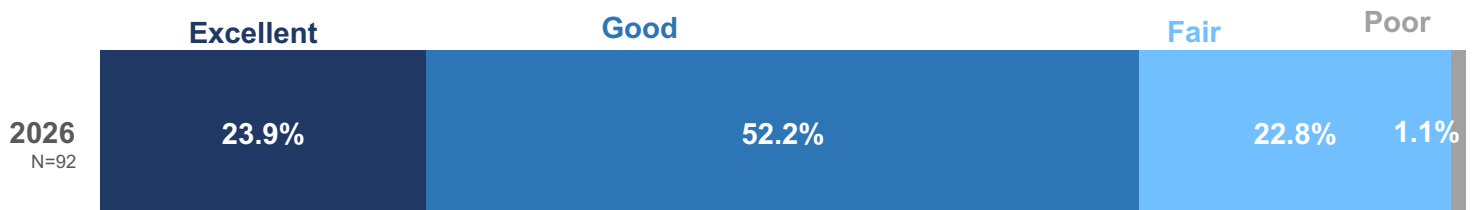
## Social Isolation (Question 28)

Respondents were asked to indicate how often they felt lonely or isolated in the past year. Over half, 58.1% percent of respondents (n=54), indicated they “Never” felt lonely or isolated; 20.4% (n=19) indicated they “Occasionally (1-2 days per month)” felt lonely or isolated; 12.9% (n=12) reported they felt lonely or isolated “Sometimes (3-5 days per month);” 6.5% (n=6) indicated they felt lonely or isolated on “Most days (3-5 days per week);” and 2.2% (n=2) reported they felt lonely or isolated “Every day.”



## Rating of Mental Health (Question 29)

Respondents were asked to indicate how they would describe their mental health in general when considering stress, anxiety, depression, and emotional problems. 52.2% of respondents (n=48) felt their mental health was “Good,” 23.9% (n=22) said theirs was “Excellent,” 22.8% of respondents (n=21) felt their mental health was “Fair,” and 1.1% of respondents (n=1) rated their mental health as “Poor.”



## Ways to Promote Mental Health in the County (Question 30)

Respondents were asked to indicate what they felt were the best ways to promote mental health awareness in the county. The majority of respondents (61.9%, n=60) felt “Education and public awareness” was the best way to promote mental health awareness. “Combatting misinformation” was selected by 39.2% of the respondents (n=38), and 34.0% (n=33) chose “School and workplace initiatives.”

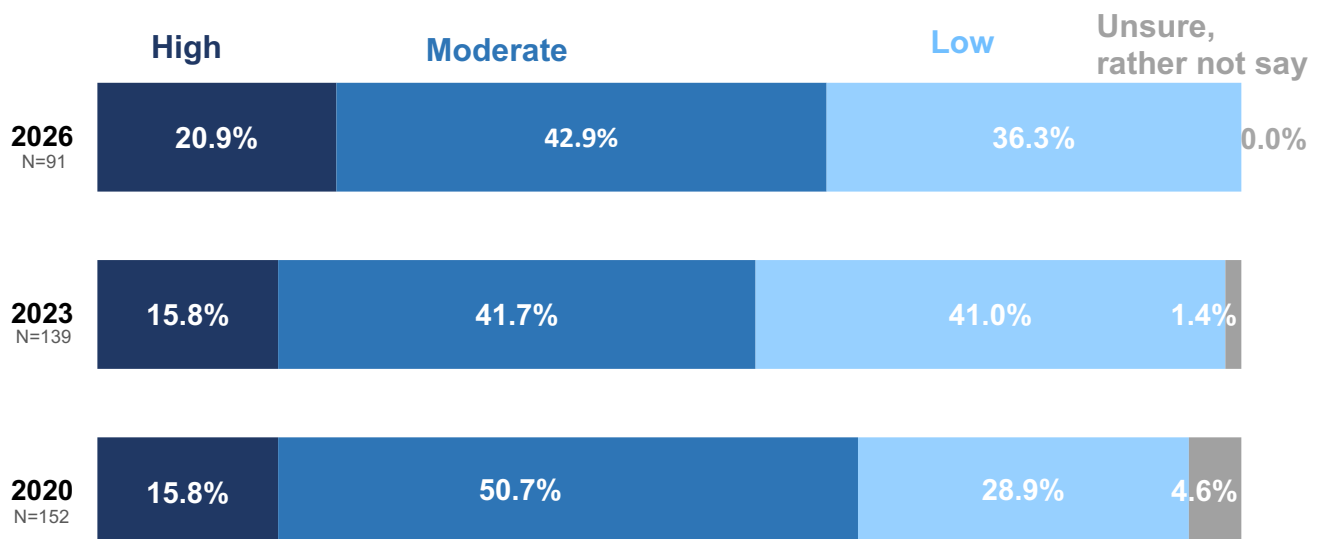
Best Ways to Promote Mental Health Awareness	2026 % (n)
Number of respondents	86
Education and public awareness	61.9% (60)
Combatting misinformation	39.2% (38)
School and workplace initiatives	34.0% (33)
Community engagement and events	32.0% (31)
Normalizing conversations	32.0% (31)
Other	13.4% (13)

Respondents were asked to select any methods they thought were best for promoting mental health awareness, so percentages do not equal 100%.

“Other” comments included: “Gym,” “All of the above,” “Limit screen time + social media use”

## Perception of Stress (Question 31)

Respondents were asked to indicate how they would describe their stress level over the past year. 42.9% of respondents (n=39) indicated they experienced a “Moderate” level of stress, 36.3% (n=33) had a “Low” level of stress, and 20.9% (n=19) indicated they had experienced a “High” level of stress.



## How to Manage Stress (Question 32)

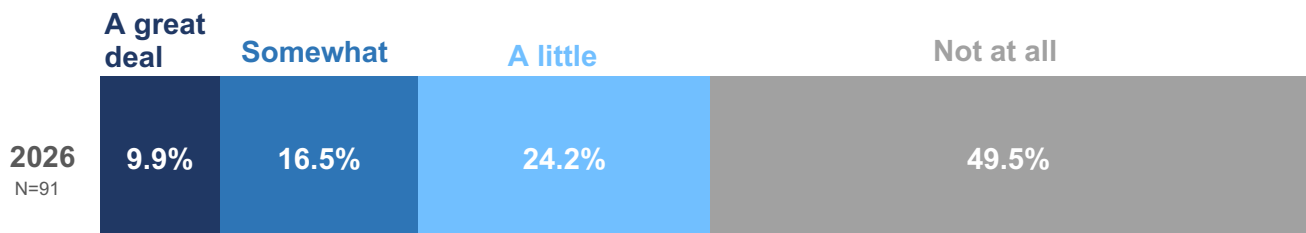
Respondents were asked when they experience stress in their lives, how they manage it. The majority of respondents (59.8%, n=58) indicated that “Walk or exercise” was the best way to manage their stress. “Get enough sleep” was selected by 40.2% of the respondents (n=39), and 38.1% (n=37) chose “Talking to a friend or relative.”

How do you manage stress	2026 % (n)
Number of respondents	90
Walk or exercise	59.8% (58)
Get enough sleep	40.2% (39)
Talking to a friend or relative	38.1% (37)
Meditation and/or prayer	32.0% (31)
Counseling	9.3% (9)
Medication	6.2% (6)
Do not manage it	6.2% (6)
Other	13.4% (13)

Respondents were asked to select any strategies they employ for stress management, so percentages do not equal 100%. “Other” comments included: “Soothing music,” “Alone time farming and fishing,” “Church”

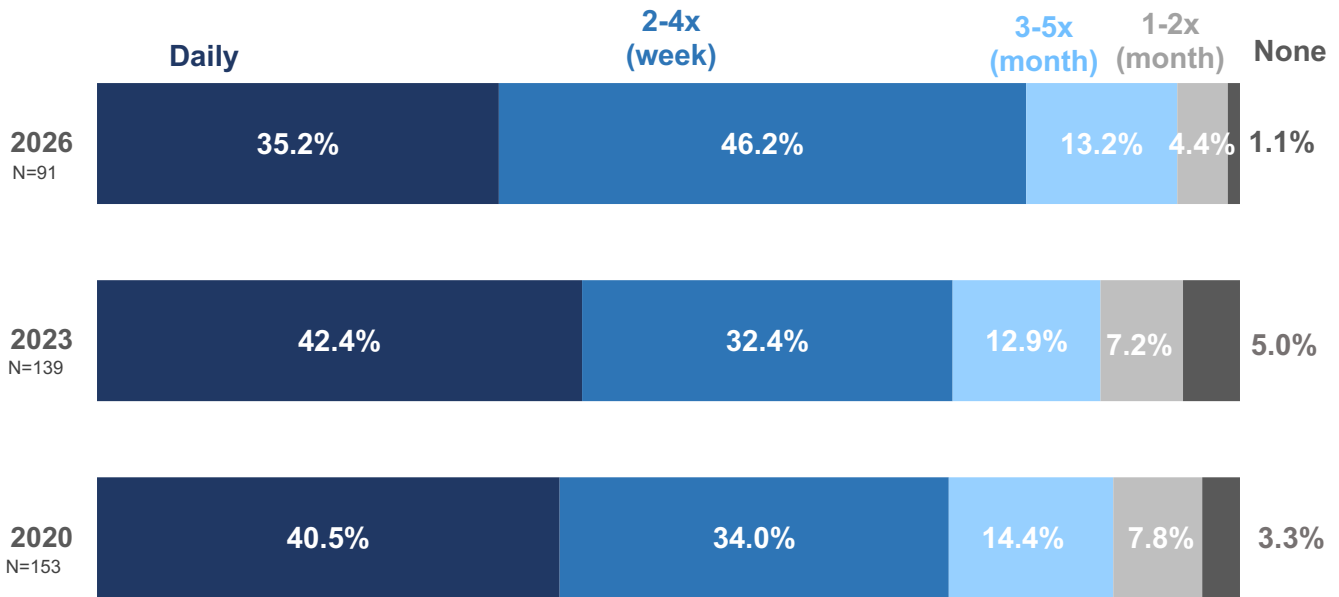
## Impact of Substance Abuse (Question 33)

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. 49.5% of respondents (n=45) indicated their life was “Not at all” affected. 24.2% (n=22) were “A little” affected, 16.5% (n=15) were “Somewhat” affected, and 9.9% (n=9) indicated they were “A great deal” negatively affected.



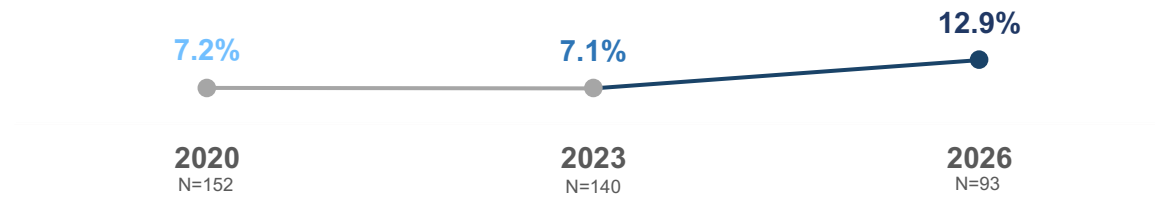
## Physical Activity (Question 34)

Respondents were asked to indicate how frequently they had physical activity for at least twenty minutes over the past month. 46.2% of respondents (n=42) indicated they had physical activity “2-4 times per week,” and 35.2% (n=32) said “Daily.” 13.2% of respondents (n=12) indicated they had physical activity “3-5 times per month,” 4.4% (n=4) indicated they had physical activity “1-2 times per month,” and 1.1% (n=1) indicated they had “No physical activity.”



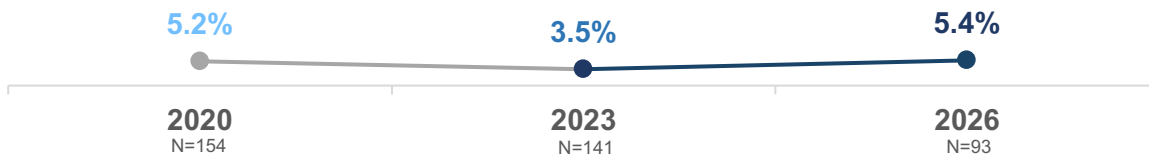
## Difficulty Getting Prescriptions (Question 35)

Respondents were asked to indicate if, during the last year, medication costs had prohibited them from getting a prescription or taking their medication regularly. 12.9% of respondents (n=12) indicated that they had difficulty getting a prescription or taking their medication regularly in the last year, which is a marked increase. 71.0% of respondents (n=66) indicated that they did not have trouble getting or taking prescriptions, while 16.1% (n=15) stated it was not a pertinent question for them.



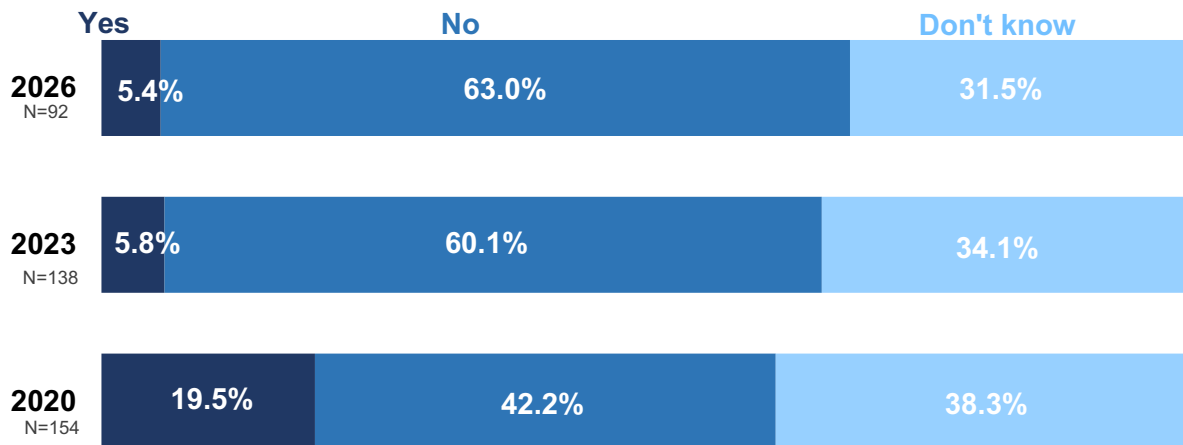
## Food Insecurity (Question 36)

Respondents were asked to indicate if, during the last year, they had worried that they would not have enough food to eat. Most, 94.6% (n=88), were not worried, but 5.4% (n=5) were concerned about not having enough to eat.



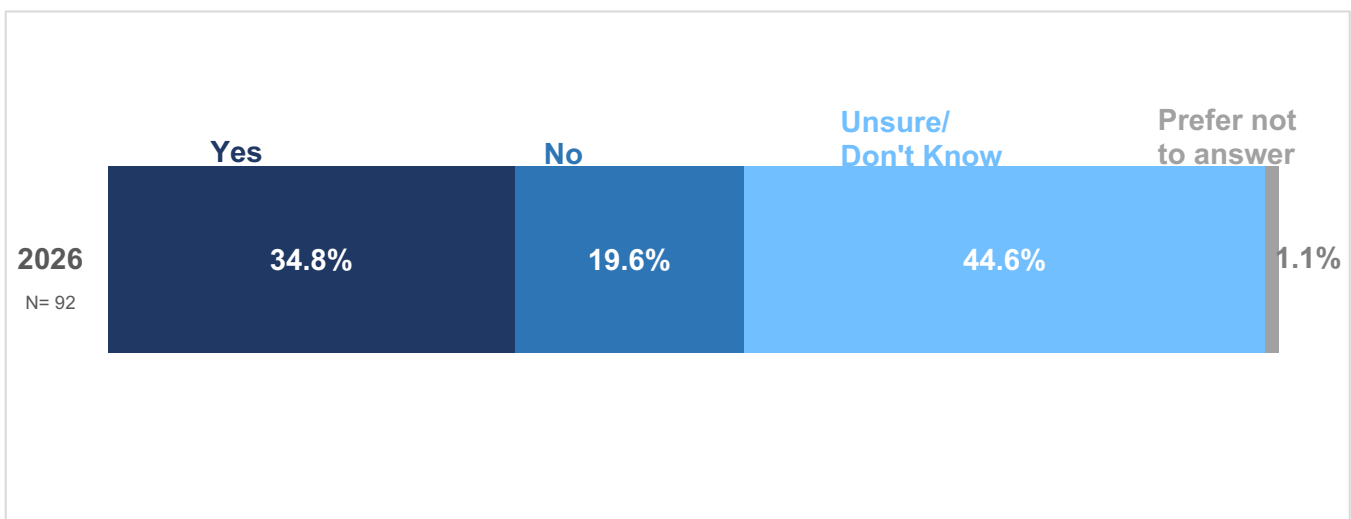
## Housing (Question 37)

Respondents were asked if they thought that the community had adequate and affordable housing options available. The majority of respondents (63.0%, n=58) thought there were not adequate and affordable housing options available, 31.5% (n=29) did not know, and 5.4% (n=5) thought there was adequate and affordable housing options available.



## Social Activities (Question 38)

Respondents were asked whether they felt the community had social activities or support groups that targeted their age/demographics or those of their family. The majority of respondents (44.6%, n=41) were unsure or didn't know. 34.8% (n=32) thought the community had social activities or support groups that target them or their family, and 19.6% (n=18) felt there was not.



## Rating of Community (Question 39)

Respondents were asked to rate various community-based statements using the scale of 4= Excellent, 3= Good, 2= Fair, 1=Poor, and Haven't Used. The statements receiving the highest score were "I feel safe at home" (3.6 out of 4.0) and "I feel I have enough financial resources to meet my needs" (3.4 out of 4.0). Overall, the average rating on quality and availability of the health services listed was 3.4 out of 4.0.

Rating of Community	2020 Average (n)	2023 Average (n)	2026 Average (n)	SIGNIFICANT CHANGE
Total number of respondents	154	141	92	■
I feel safe at home (consider everything that makes you feel safe (such as neighbors, presence of law enforcement, etc.) and everything that could make you feel unsafe (including family violence, robbery, housing conditions, etc.)	3.6 (154)	3.5 (140)	3.6 (92)	<input type="checkbox"/>
I have enough financial resources to meet my needs (consider food, clothing, shelter, and utilities)	3.4 (154)	3.4 (140)	3.4 (91)	<input type="checkbox"/>
I feel my community is a good place to raise children (consider quality and safety of schools and childcare, after-school care, and places to play in your neighborhood)	3.4 (147)	3.3 (129)	3.3 (80)	<input type="checkbox"/>
I feel prepared for an emergency (consider everything that makes you feel prepared, such as toolkits, go kits, smoke alarms, fire extinguisher, etc.)	3.1 (150)	3.2 (140)	3.3 (92)	<input type="checkbox"/>
I feel my community is a good place to grow old (consider elder-friendly housing, transportation to medical services, access to shopping and businesses, recreation, and services for the elderly)	3.1 (150)	3.1 (138)	3.3 (90)	<input type="checkbox"/>
<b>Overall average</b>	<b>3.3 (154)</b>	<b>3.3 (141)</b>	<b>3.4 (92)</b>	<input type="checkbox"/>

## Health Insurance Type (Question 40)

Respondents were asked to indicate what type of health insurance covers the majority of their medical expenses. 41.2% (n=40) indicated they have “Medicare” coverage, and 23.7% (n=23) indicated they have “Employer-sponsored” coverage. 8 respondents were moved to “Other” for selecting more than the allotted one medical insurance type.

Type of Health Insurance	2020 % (n)	2023 % (n)	2026 % (n)
Number of respondents	156	138	97
Medicare	32.1% (50)	30.4% (42)	41.2% (40)
Employer-sponsored	30.1% (47)	29.0% (40)	23.7% (23)
Health Insurance Marketplace	2.6% (4)	7.2% (10)	7.2% (7)
Private insurance/private plan	5.8% (9)	2.9% (4)	5.2% (5)
Medicaid	7.1% (11)	3.6% (5)	4.1% (4)
VA/Military	1.9% (3)	2.2% (3)	3.1% (3)
None/pay out of pocket	3.2% (5)	1.4% (2)	3.1% (3)
Healthy MT Kids	1.3% (2)	2.2% (3)	2.1% (2)
Other	15.4% (24)	16.7% (23)	10.3% (10)
<b>TOTAL</b>	<b>100.0% (156)</b>	<b>100.0% (138)</b>	<b>100.0% (97)</b>

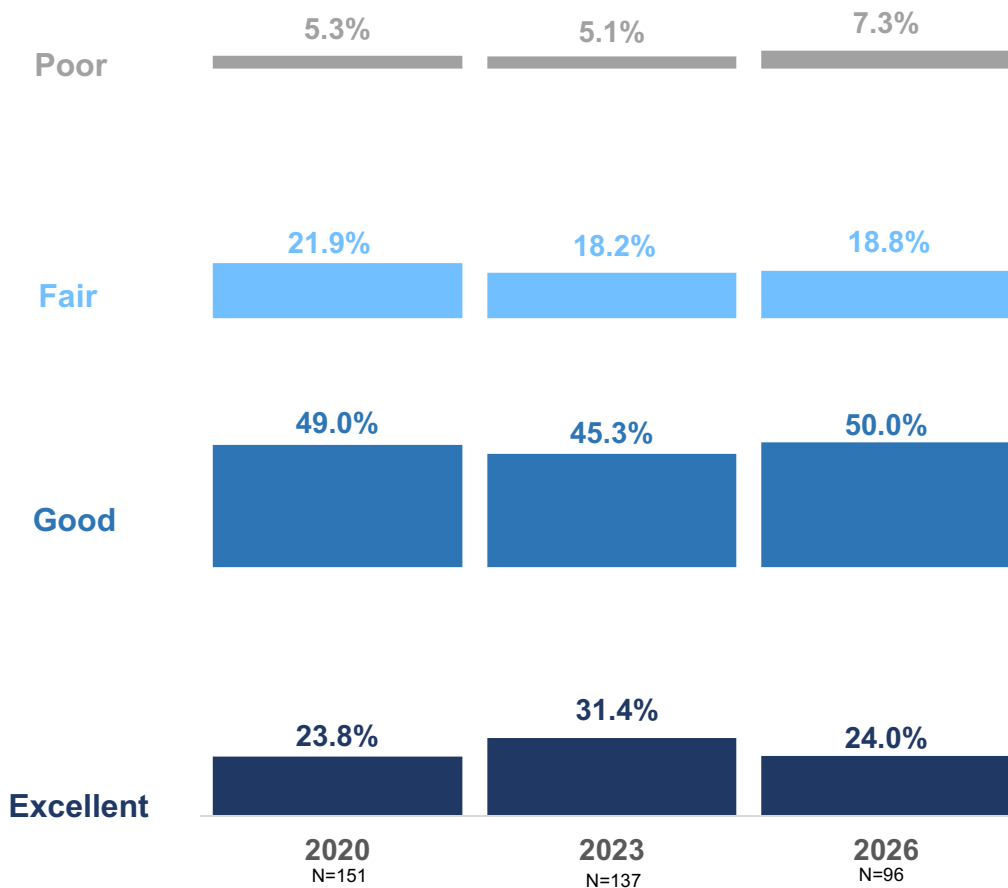
Note that options that were asked in prior years but removed for the current survey are not included in the table, which means the individual counts, n, may not necessarily add up to the total listed for number of respondents. \*Respondents (N=8) who selected over the allotted amount were moved to “Other.”

“Other” comments included: “Senior Advantage Program Policy,” “Only Medicare, can’t afford any else”

***(View all comments in Appendix G)***

## Insurance and Healthcare Costs (Question 41)

Respondents were asked to indicate how well they felt their health insurance covers their healthcare costs. Half of the respondents (50.0%, n=48) indicated they felt their insurance covers a “Good” amount of their healthcare costs, 24.0% (n=23) said “Excellent,” 18.8% (n=18) said they had “Fair” coverage, and 7.3% (n=7) said, “Poor.”



## Barriers to Having Insurance (Question 42)

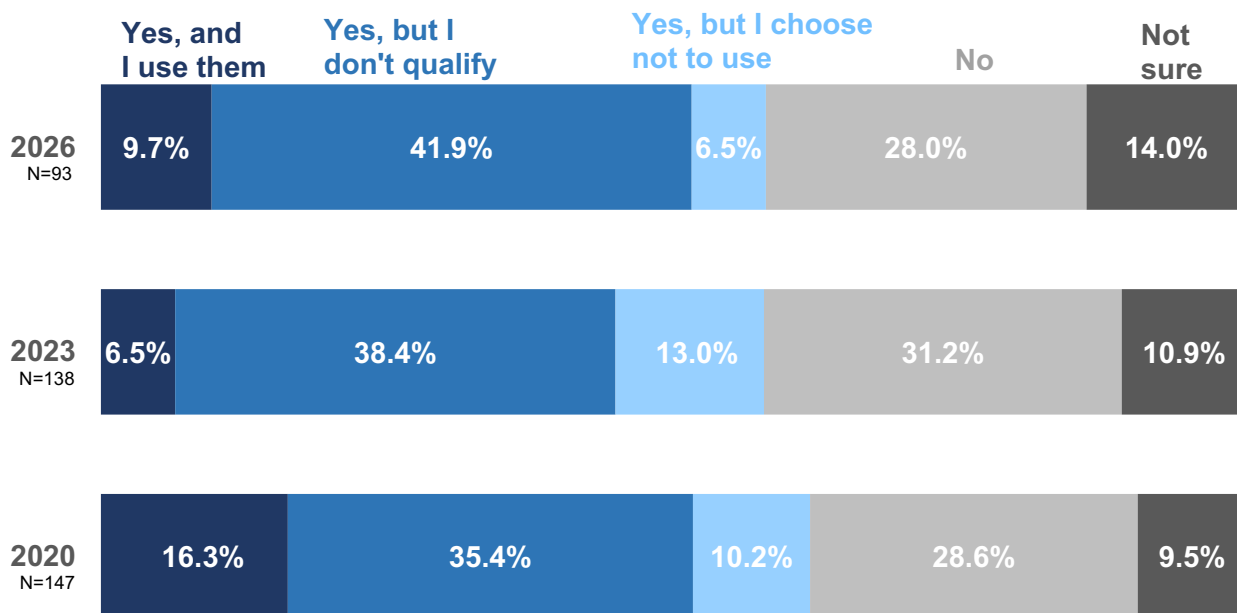
Survey respondents who indicated they did not have health insurance were asked their reasons for not having health insurance. The top reasons indicated were “Can't afford to pay for health insurance,” “Choose not to have health insurance,” and “Other” each with 33.3% (n=1).

Reasons for No Health Insurance	2020 % (n)	2026 % (n)
Number of respondents	5	3
Can't afford to pay for health insurance	80.0% (4)	33.3% (1)
Choose not to have health insurance	0.0% (0)	33.3% (1)
Employer does not offer insurance	20.0% (1)	0.0% (0)
Too confusing/don't know how to apply	0.0% (0)	0.0% (0)
Other	0.0% (0)	33.3% (1)

Respondents were asked to indicate reason(s) for no health insurance, so percentages do not equal 100%.

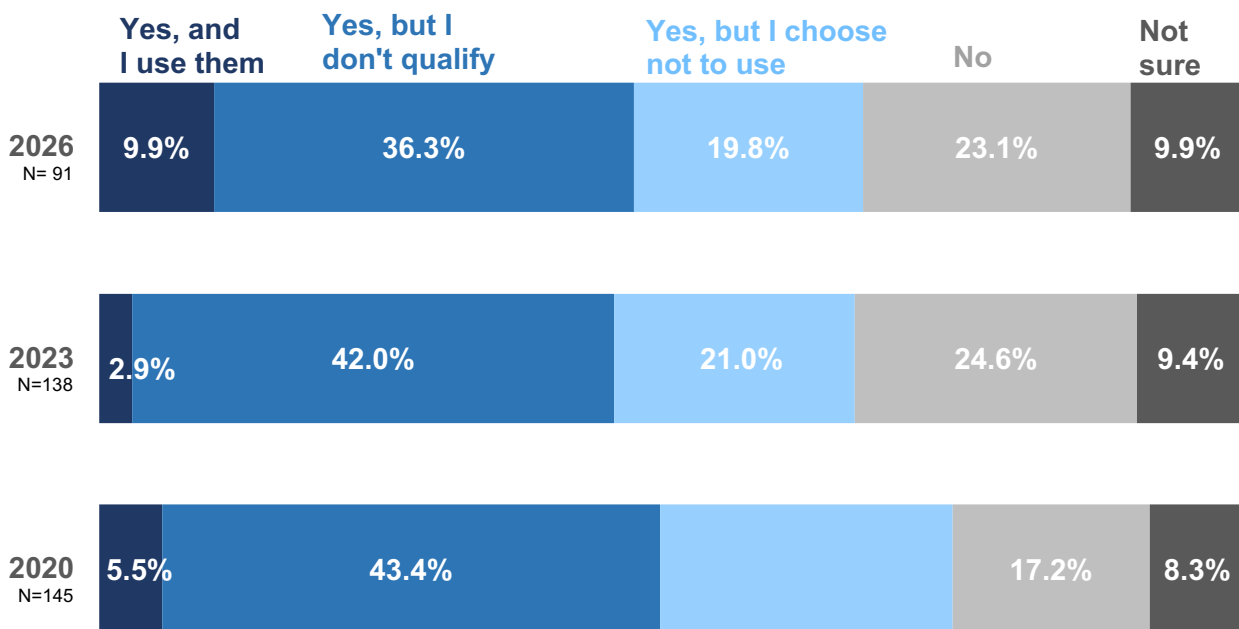
## Awareness of Health Cost Assistance Programs (Question 43)

Respondents were asked to indicate their awareness of programs that help people pay for healthcare bills. 41.9% of respondents (n=39) indicated they were aware of these programs but did not qualify to use them, and 28.0% (n=26) said they were not aware.



## Awareness of Assistance Programs for Essential Services (Question 44)

Respondents were asked to indicate their awareness of programs that help people pay for essential services (food, utilities, housing, etc.). 36.3% of respondents (n=33) indicated they were aware of these programs but did not qualify to use them, 23.1% (n=21) said they were not aware, and 19.8% (n=18) were aware but choose not to use.





# FOCUS GROUP RESULTS

# Focus Groups & Key Informant Interviews

## Methodology

Five focus groups and four key informant interviews were conducted between March and April of 2026. Participants were identified as people living in the Beaverhead County service area.

The focus groups were conducted in person at the Dillon LAC, Dillon High School, Jaycees, elementary/middle school, and a local church. The meetings lasted up to 1 hour in length. The four key informant interviews were conducted over the telephone. All interviews lasted up to 15 minutes in length. The focus groups and key informant interviews followed the same line of questioning and were facilitated by Montana Office of Rural Health staff. Focus group and key informant interview transcripts can be found in Appendix I.



## Themes

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



### MENTAL & BEHAVIORAL HEALTH

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Behavioral and mental health concerns emerged as the most consistent and urgent theme across nearly all interviews and focus groups. Participants described rising mental health needs among youth and adults, limited access to providers, lack of crisis services, stigma, and barriers related to affordability and navigation.

Community members consistently described major gaps in behavioral health infrastructure and support systems. Participants emphasized the need for more crisis response options, increased provider availability, stronger youth behavioral health services, and better systems to help families navigate care. Specifically, participants noted the absence of a local crisis stabilization center or short-term behavioral health placement option. Participants also noted insufficient numbers of counselors, therapists, and pediatric behavioral specialists. Another concern mentioned was a perceived increase in behavioral and mental health challenges among children and adolescents.

Participants linked these concerns to social media use, increased screen time, COVID-19 disruptions, and parenting stress and lack of support. Across interviews, residents described behavioral health as one of the community’s most urgent and visible concerns, affecting youth, families, schools, healthcare systems, and public safety.

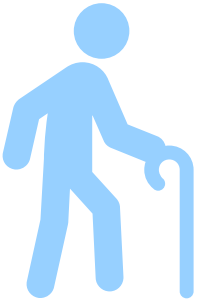
### AFFORDABILITY

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Financial barriers to healthcare were repeatedly identified as a major obstacle for residents across all age groups and income levels. Participants described situations in which individuals delayed care, traveled elsewhere for services, or avoided treatment entirely due to cost concerns. Even residents with insurance expressed frustration with medical bills, appointment fees, ambulance costs, and behavioral health expenses. Many participants also noted a lack of guidance around financial assistance programs and healthcare navigation.

Many participants noted that large portions of the community are uninsured or underinsured. Additionally, for those seeking Medicaid access, it was described as difficult due to limited office hours, staffing shortages, and enrollment barriers. Seniors reported difficulty affording healthcare, medications, transportation, and food. Others noted they felt there was a lack of information about programs that help pay for healthcare costs or navigating billing systems and obtaining financial guidance. These discussions indicate that any cost-saving or cost-assistance programs the hospital and community partners can support would be gratefully received in the community.



## SENIOR & LOW INCOME SERVICES

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Transportation barriers significantly affect healthcare access, particularly for seniors, low-income individuals, and rural residents.

Transportation challenges were described as a significant barrier to healthcare access throughout the community. Rural geography, winter travel conditions, limited public transit, and inadequate accessibility services create obstacles for seniors, low-income individuals, people with disabilities, and families seeking specialty or behavioral healthcare. Participants emphasized that transportation issues often prevent residents from accessing available services, even when care technically exists within or outside the community.

Barriers discussed with regards to senior transportation and access were things such as long wait times, appointment-only systems, no evening service, and limited accessibility support. Other accessibility limitations noted were poor sidewalks, potholes, and lack of ADA-compliant infrastructure.

In addition to senior transportation, participants repeatedly emphasized the needs of the growing senior population, especially regarding dementia care, home health, and social supports.

## SERVICES NEEDED IN THE COMMUNITY

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- Safe walking paths/sidewalks
- Expanded specialty services
  - ENT, Neurology, Cardiac, Orthopedic, Behavioral health
- Enhanced community outreach/knowledge of services
- Behavioral health and crisis services
- School-based mental health services
- Early childhood support services
- Affordable childcare
- Expanded transportation or medical transportation assistance
- Healthcare financial navigation support
- Access to healthy, affordable food
- Prevention-focused programs
  - Youth education, parenting support, mental health awareness, healthy behaviors



# **EXECUTIVE SUMMARY**

# Executive Summary

The table below shows a summary of results from the Barrett Hospital & HealthCare and Beaverhead County Public Health Department’s Community Health Needs Assessment. Areas of opportunity were determined after consideration of various criteria, including a comparison to data from local, state, and federal sources (Secondary data); survey results; those issues of greatest concern identified by the community stakeholders through focus groups and key informant interviews; and the potential impact of a given issue.

Areas of Opportunity	Secondary Data	Survey	Focus Groups/ KIs
<b>Access to Healthcare Services</b>			
<i>Cost assistance programs</i>	⊗	✓	☑
<i>Information about available services</i>		✓	☑
<i>Specialty care</i>		✓	☑
<b>Health Conditions &amp; Behaviors</b>			
<i>Alcohol/substance use</i>		✓	☑
<i>Mental &amp; behavioral health</i>	⊗	✓	☑
<i>Vaccination rates</i>	⊗		
<b>Other</b>			
<i>Transportation</i>		✓	☑
<i>Senior care &amp; services</i>	⊗	✓	☑
<i>Food security</i>	⊗	✓	☑



# **NEXT STEPS & RESOURCES**

# Prioritization of Health Needs

The community steering committee, comprised of staff leaders from Barrett Hospital & HealthCare (BHH), Beaverhead County Public Health Department leadership, and community members from Beaverhead County, convened to begin an implementation planning process to systematically and thoughtfully respond to all issues and opportunities identified through the Community Health Services Development (CHSD) Process.

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

- Mental/Behavioral Health Services
- Improving Vaccination Rates
- Alcohol/Substance Use Disorder
- Community Outreach & Education

Barrett Hospital & HealthCare and Beaverhead County Health Department will determine which needs or opportunities could be addressed considering both organizations 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.

- Barrett Hospital & HealthCare
  - Clinic (including Walk-in)
  - Hospital inpatient (including transitional care) and outpatient services
- Beaverhead County Public Health
  - Beaverhead Family Planning, WIC & Immunization Clinics
- Other healthcare providers:
  - Beaverhead Emergency Medical Services
  - Dillon Medical Supply
  - Local optometrists, dentists, and chiropractors
  - Local pharmacies
  - Montana Migrant & Seasonal Farmworkers Council
  - Local OT and PT providers
  - Outlying ambulance and QRU services
  - Blacktail Medical Clinic (formerly known as Southwest Montana Community Health Center)
  - AG Workers Health & Services
  - Honeybee Hospice
- Long Term Care Facilities
  - Pioneer Care & Rehabilitation Center
  - Tobacco Root Mountain Care Center
- Assisted Living facilities
  - BeeHive Homes of Dillon
  - Renaissance
- Mental Health/ Disability Services
  - Beaverhead County Local Advisory Committee for Mental Health
  - BSW, Inc. Dillon Division
  - Dillon Alano Club
  - Local LCPC and LCSW providers
  - Southwest Chemical Dependency Program
  - Yellowstone Boys and Girls Ranch
  - Youth Dynamics
- Affiliations for training future healthcare providers
  - Medical, physician assistant, and nursing schools, schools of pharmacy and physical therapy, schools that train radiology and lab techs, and residency programs.

- Schools:
  - Beaverhead County High School
  - District 10 (Parkview Elementary and Dillon Middle School)
  - Lima, Twin Bridges, and Sheridan Schools
  - Montana Youth Challenge Academy
  - Beaverhead County Superintendent (Rural schools)
  - University of Montana Western
- Community Resources:
  - Beaverhead ACES Task Force
  - Beaverhead Community Food Bank
  - Beaverhead County Early Childhood Coalition
  - Beaverhead Crisis Diversion
  - Beaverhead DUI Task Force
  - Beaverhead Project Aware
  - Beaverhead Resource Assistance Center
  - Beaverhead Senior Citizens
  - Beaverhead Wood Bank
  - Dillon Volunteer Fire Department
  - Just Serve
  - Low income/ disabled/ senior housing
  - Montana Be the Change Coalition
  - New Hope Pregnancy Support Center of Dillon
  - St. Rose Community Basement
  - Veteran Services including Beaverhead American Legion, Beaverhead White Hat Coalition, Joining Community Forces, Patriot Guard Riders of Montana, Veterans & Military Exchange, and VFW Post 9040.
  - Women's Resource Center
- Service Organizations:
  - Jaycees
  - Kiwanis
  - Lions
  - Rotary
  - Soroptimists
  - United Way
  - Elks
- Government Resources:
  - Adult Protective Services
  - Beaverhead County Disaster & Emergency Services/ Local Emergency Planning Committee (LEPC)
  - Beaverhead County government including Beaverhead County Sheriff's Dept
  - Child Protective Services
  - Dillon city government including Dillon Police Department and City Bus
  - Montana Department of Public Health & Human Services (MT DPHHS)
  - Montana Office of Rural Health/Area Health Education Center (MORH/AHEC)

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- Fitness Resources:
  - 24/7 Summit Strength Gym
  - American Legion Baseball
  - Bair Foot Gym
  - Beaverhead Amateur Hockey Association
  - Beaverhead Golf Course
  - Beaverhead Sno-Riders
  - Beaverhead Trails Coalition
  - Bike/Walk Southwest Montana
  - Boy Scouts
  - Topo Fitness
  - Dillon Little Guy Wrestling
  - Dillon Youth Flag Football League
  - Girl Scouts
  - Jaycee's Little Skier Program
  - Little League Baseball
  - Maverick Mountain Ski Area
  - Montana Running Co.
  - Safe Routes to School Program/ Walking School Bus Program
  - Shine Dance Studio
  - Southwestern Montana Family YMCA
  - Youth 4-H Programs
- Regional & National Affiliations
  - Association of Montana Public Health Officers (AMPHO)
  - Wellvana Accountable Care Organization
  - HealthTech
  - Montana Environmental Health Association (MEHA)
  - Montana Public Health Association (MPHA)
  - Montana Public Health Institute (MPHI)
  - Mountain Pacific Quality Health
  - Providence Health & Services Community Connect EMR
  - The Montana Hospital Association (MHA)
  - The Montana Rural Healthcare Performance Improvement Network

# Evaluation of Previous CHNA & Implementation Plan

Barrett Hospital & HealthCare (BHH) provided the Montana Office of Rural Health with an update on their Implementation Plan activities from their previous CHNA process. The BHH Board of Directors approved its previous implementation plan on June 28, 2023. The plan prioritized the following health issues:

- Access to health services and resources
- Social determinants of health (SDOH)
- Mental and behavioral health

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

<https://www.barrethospital.org>

**Goal 1: Improve access to health services and resources throughout Beaverhead County.**

	Activities	Accomplishments	Community Impact/Outcomes
<b>Strategy 1.1: Enhance access to health services and resources locally to reduce the burden associated with traveling for care.</b>	Expand walk-in clinic hours.	Not completed	NA
	Increase access to primary care services by recruiting additional mid-level, family medicine, and internal medicine providers.	BHH has completed this goal by adding an additional mid-level family medicine provider, increased the slots for a fourth Family Medicine with Obstetrics provider, and has three full-time Internal Medicine providers.	Primary care has been recruited and fully staffed at this time.  Decrease in % of survey respondents reporting that more primary care providers would improve the community’s access to healthcare 2026 CHNA. This decreased from 41.0% to 39.1%
	Increase access to specialty services locally (i.e., oncology,	BHH has started oncology, orthopedics, podiatry, and urology programs. Cardiology	Expanded specialty care has been brought to our community.

	cardiology, orthopedics, etc.).	is currently not being provided locally by BHH.	Decrease in % of survey respondents reporting that more specialists would improve the community’s access to healthcare 2026 CHNA. This increased from 37.4% to 53.3%
<b>Strategy 1.2: Enhance services, resources, and systems that support population health initiatives.</b>	Champion opportunities to improve communication and collaboration among the local health system thereby enhancing the community’s access to quality resources to promote a healthy life. Meet regularly among organizations to share updates and remain apprised of opportunities for collaboration, etc. Prioritize opportunities to foster a relationship with the new Federally Qualified Health Center (FQHC) administration and extend an invitation to participate in working group.	<ul style="list-style-type: none"> <li>- BHH created opportunities through Senior health fairs in collaboration with Beehive homes and the YMCA.</li> <li>- BHH has been offering Heart Saver, BLS, Stop the Bleed classes to the community.</li> <li>- BHH has been offering “What to do while you’re waiting” how to help in emergencies in rural areas while awaiting emergency help.</li> </ul>	<p>BHH received positive feedback regarding the education offered to the community.</p> <p>Decrease in % of respondents rating knowledge of health services in community as fair or poor 2026 CHNA survey. This decreased from 34.5% to 25.0%</p>
	Sustain the new EHR system at Beaverhead County Public Health Department (i.e., staff training,	In March 2022, the Beaverhead County Public Health Department transitioned to the AllegianceMD EHR	The EHR system’s Telehealth capabilities help expand patient reach and improve access to services for community members

	<p>community education for accessing, opportunities for information sharing between local health orgs, etc.).</p>	<p>system, and department staff underwent training to ensure successful implementation and continued use. The EHR provides a secure and efficient way to maintain and access patient records while supporting communication and information sharing with local healthcare partners. Continuing the department’s public health programs also helps support ongoing funding for the EHR system, including maintenance, updates, and continued operations.</p>	<p>in rural areas and those with limited availability in general. Continued staff training, technical support, and community education help ensure the system remains sustainable, accessible, and effective in supporting public health services throughout the community.</p>
	<p>Determine sustainability plan of the Community Health Worker (CHW) position beyond current grant funding.</p>	<p>BHH right sized the CCM department, through a restructuring, to adapt to the needs of the population creating a new sustainable plan to continue forward.</p>	<p>CHW grant deliverables completed. CHW remains in place post funding to serve the community.</p>
	<p>Explore the feasibility of re-invigorating a local community health fair.</p>	<p>BHH completed a Senior Health Fair in collaboration with other community programs to help launch community health care services.</p>	<p>BHH received positive feedback on the Senior health fair.  Decrease in % of respondents rating knowledge of health services in community as fair or poor 2026</p>

			CHNA survey. This decreased from 34.5% to 25.0%
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**Goal 2: Improve health outcomes throughout Beaverhead County by addressing social determinants of health.**

	<b>Activities</b>	<b>Accomplishments</b>	<b>Community Impact/Outcomes</b>
<b>Strategy 2.1: Champion initiatives to address social determinants of health.</b>	Foster partnership with City Council, Commissioners, and elected officials to build awareness of the local community health needs and opportunities for collaboration/support.	BHH Chief Clinical Officer serves on the Beaverhead County Board of Health and the Beaverhead County LEPC (Local Emergency Planning Committee).	BHH involvement in community health planning.  Decrease in % of respondents rating knowledge of health services in community as fair or poor 2026 CHNA survey. This decreased from 34.5% to 25.0%
	Host educational opportunities on timely and relevant topics to improve health outcomes. Record and disseminate presentations for the public to view on demand to remove barriers to accessing information (i.e., working individuals, etc.).	- BHH participates yearly in a breast cancer awareness campaign through a presentation to the public during the “Pink Balloon Walk” - BHH has published free to watch videos that are available to the public to assist in the education of medical procedures, pre-procedure information, Post Operative education, and Post Delivery Expectations.	BHH received very positive feedback on breast cancer awareness and medical-related classes for the community.  Decrease in % of respondents rating knowledge of health services in community as fair or poor 2026 CHNA survey. This decreased from 34.5% to 25.0%

		- BHH is offering Heart Saver, BLS, Stop the Bleed, TNCC classes to the community.	
	Sponsor community building events with the intent to bring individuals together in a healthy environment rather than solely having a relationship with them in illness or crisis.	BHH has brought individuals together throughout the community in ways outside of crisis and illness through giving away helmets at the local ski hill, hosting a Rodeo tent (Med Tent), creating a special day for high school students to visit the hospital, creating special holiday events for families to safely trick or treat and see/get photos with Santa.	BHH provided services for special populations both within the hospital campus and outside.  Decrease in % of respondents rating knowledge of health services in community as fair or poor 2026 CHNA survey. This decreased from 34.5% to 25.0%
	Explore additional opportunities to support local strategies aimed at reducing food insecurity.	BHH hosted several food drives within the hospital to help reduce food insecurity in the community.	As a major employer, BHH contributed to local food access resources.  Decrease in % of respondents rating knowledge of health services in community as fair or poor 2026 CHNA survey. This decreased from 34.5% to 25.0%

**Goal 3: Improve access to mental and behavioral health services and resources.**

	<b>Activities</b>	<b>Accomplishments</b>	<b>Community Impact/Outcomes</b>
<b>Strategy 3.1: Champion opportunities to enhance mental and behavioral health throughout Beaverhead County.</b>	Foster partnership with City Council, Commissioners, and elected officials to build awareness of the local community health needs and opportunities for collaboration/support.	<ul style="list-style-type: none"> <li>- BHH Director of Outpatient Services serves on the Mental Health LAC board. This is a subsidy of the commissioner’s office, and board members include Commissioner, County Attorney, Elected Undersheriff, Behavior Health Coordinator of Silverbow County, etc.</li> <li>- Our IBH (Integrated Behavior Health Grant) included involvement on a state level, and connecting &amp; advocating with federal and state funding sources and representatives.</li> </ul>	<p>Communication fostered with community leaders through these connections.</p> <p>Decrease % of survey respondents identifying mental health as a top health concern for the area 2026 CHNA. This increased from 44.7% to 47.4%</p>
	Implement outpatient behavioral health program for seniors.	BHH has completed this and currently has a running program.	<p>Access to outpatient behavioral health for seniors has been achieved.</p> <p>Decrease % of survey respondents identifying mental health as a top health concern for the area 2026 CHNA. This increased from 44.7% to 47.4%</p>



# APPENDICES

## Appendix A – Steering Committee

Steering Committee Member	Organization Affiliation
Lilia Guillen-Sanchez	Beaverhead County Public Health (BCPH)
Damian Guillen	Barrett Hospital & HealthCare (BHH)
Rebecca Jones	BHF
Kayla Hatfield	BHH, Clinic
Katie Hawkins	MD, BHH
Sandra McIntyre	MD, BHH
Randy Shipman	Dillon Elementary Schools
Stephanie Wayman	BHH, Revenue Cycle Manager
Carolyn Hansen	BHH, CCO
Sue Priebe	Psychologist, Retired
Cory Birkenbuel	Community member
Taylor Rose	BHH, CEO
Rachel Heuer	MD, BHH
Susan Briggs	Community member
Elaine Spicer	BCPH
Sue Hansen	Community member
Kelly Graham	BHH
Tammy McGinley	Patient/Family Advisory Council
Carol Dickinson	Patient/Family Advisory Council
Izzi Simonsen	Women’s Resource Center
Megan Evans	BCPH



The Women's  
Resource  
Center



BARRETT  
HOSPITAL & HEALTHCARE

# Appendix B – Public Health & Populations Consultation

**Public Health & Populations Consultation** - a leader or representative of populations such as medically underserved, low-income, minority, and/or populations with chronic disease.

### Name/Organization

- Lilia Guillen-Sanchez- Beaverhead County Public Health Department (BCPHD)
- Damian Guillen- Barrett Hospital and HealthCare (BHH)
- Kayla Hatfield, BHH
- Katie Hwkins, MD- BHH
- Sandra McIntyre, MD- BHH
- Sue Priebe- Retired Psychologist
- Taylor Rose, CEO- BHH
- Rachel Heuer, MD- BHH
- Elaine Spicer, BCPH
- Megan Evans, BCPH

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

First Steering Committee Meeting	January 7, 2026
Focus Groups	Spring 2026
Second Steering Committee Meeting	May 27, 2026

### Public and Community Health

- Doctors and the hospital have to solve problems about kids, poverty, food insecurity, houselessness, access to care, etc. – these issues do show up and matter
- Food insecurity vs healthy food insecurity
- You have Coordinated Care Management? You should advertise that more
- CMS is expanding what they’re willing to cover around SDOH, but it’s really hard to identify what qualifies someone for help
- There’s a lot of pride here, and we see that in melanoma rates, mental health care, firearm deaths, etc.
- The Spanish-speaking community in Dillon/Beaverhead is often overlooked
- LGBTQ community is also often overlooked
- There have been so many surveys in this community recently; people are surveyed out

### Population: Low income, underinsured

- There are unhoused people here using pockets of help and neighbors, but who are slipping through institutional cracks; they’re not being accounted for in many ways

- There is lots of unacknowledged houselessness here
- WRC is the only shelter in Beaverhead & Madison Counties – and can only assist people experiencing domestic or sexual violence
- I'm curious about unhoused children, how many there are
- How many people slip through the cracks

### Population: Seniors

- Nursing home & assisted living beds always have wait lists
- If everyone who should be in the nursing home or assisted living was there would definitely be bed shortages
- There are lots of elderly people here without resources, without family
- There is probably a large population of vulnerable and lonely elderly folks
- There is Meals on Wheels, but going to the grocery store and getting food when you're old is really hard – we could probably do more there as a community
- There is psychiatric outpatient services for the elderly – this program provides lunch and often it's the only real or healthy meal the patients eat all week

### Population: Youth

- I'm curious about unhoused children, how many there are
- In school 38% is on free & reduced lunch – actual need is probably around 50%, but people don't sign up because of pride – but that's free *and* reduced, not sure how it's broken up within that
- This is a really generous community – beef and pork were just donated to the school
- We do breakfast, lunch, and backpack programs to feed kids
- We recently redefined homelessness for kids – there is a network of care for kids and adults without stable housing – there is a big grey area
- College kids come to the hospital sometimes, especially about communicable diseases/STIs – we should do a focus group with them

### Population: Veterans

- We have a lot of veterans here
- I think we should prioritize veteran care

# Appendix C – Beaverhead County Secondary Data

This data was primarily pulled from Montana DPHHS Community Health Insights (<https://dphhs.mt.gov/publichealth/epidemiology/CommunityHealthInsights>)

Demographic Measure		County			Montana		
Population		9,590			1,137,000		
Population Density		1.7			7.7		
Veteran Status		8.9%			7.5%		
Disability Status		31.5%			31.9%		
Age		<18	18-64	65+	<18	18-64	65+
		17%	59%	24%	19.6%	59.1%	17.8%
Gender		Male		Female	Male		Female
		52%		48%	50.8%		49.2%
Race/Ethnic Distribution	White	90%			84.1%		
	American Indian or Alaska Native	2%			5.5%		

Social Drivers of Health	County	Montana
Median Household Income	\$58,072	\$70,804
Unemployment Rate	1.56%	2.8%
Adults with a High School Diploma	93.0%	94.6%
Owner-Occupied Housing Units	67.3%	69.4%
Persons Below Poverty Level	14.0%	11.8%
Children in Poverty	12.5%	13.5%
Internet at Home	87.8%	88.7%
Households Without a Vehicle	0.6%	4.6%
Uninsured Adults <i>Age 18-64</i>	6.0%	10.7%

Health Behaviors	County	Montana
Adult Smoking	13.6%	12.4%
Adult Obesity	30.2%	30.5%
Physical Inactivity	24.3%	19.6%

<b>Chronic Conditions</b> <i>2019-2023</i>	<b>County</b>	<b>Montana</b>
<b>Hypertension</b>	32.6%	32.3%
<b>High Cholesterol</b>	31.2%	34.0%
<b>Heart disease</b> <i>Hospitalization rate per 100,000</i>	132.1	149.7
<b>Kidney disease</b> <i>Hospitalization rate per 100,000</i>	-	10.5
<b>Diabetes</b> <i>Hospitalization rate per 100,000</i>	20.0	21.8
<b>Chronic Obstructive Pulmonary Disease (COPD)</b> <i>Hospitalization rate per 100,000</i>	317.2	343.8
<b>Asthma</b> <i>Hospitalization rate per 100,000</i>	157.4	301.3
<b>Chronic liver disease and cirrhosis</b> <i>Hospitalization rate per 100,000</i>	133.1	282.6
<b>Stroke</b> <i>Hospitalization rate per 100,000</i>	158.0	226.6

<b>Cancers</b> <i>Diagnosis rates per 100,000; 2019-2023</i>	<b>County</b>	<b>Montana</b>
<b>All invasive cancers</b>	382.5	434.4
<b>Prostate cancer</b>	130.4	131.9
<b>Female breast cancer</b>	112.3	137.2
<b>Lung cancer</b>	38.5	44.8
<b>Colorectal cancer</b>	27.4	36.3
<b>Melanoma</b>	32.9	27.1

<b>Maternal &amp; Infant Health</b> <i>2019-2023</i>	<b>County</b>	<b>Montana</b>
<b>General Fertility Rate</b> <i>Per 1,000 women ages 15-44</i>	45.5	54.2
<b>Teen Fertility Rate</b> <i>Per 1,000 girls ages 15-19</i>	-	13.3
<b>Total births (count)</b>	410	55,342
<b>Tobacco use during pregnancy</b>	5.1%	10.4%
<b>Gestational diabetes</b>	8.8%	6.6%
<b>Low birth weight births</b>	5.4%	7.6%
<b>Preterm births</b>	8.0%	9.6%

<b>Injuries &amp; Violence</b> <i>Count (2019-2023)</i>	<b>County</b>	<b>Montana</b>
<b>Suicide Deaths</b>	7	1576
<b>Suicidal ideation and self-harm ED visits</b>	76	3197
<b>Unintentional injury deaths</b>	28	3809
<b>Non-fatal motor vehicle crash ED visits</b>	192	21,580
<b>Assault ED visits</b>	70	12,574

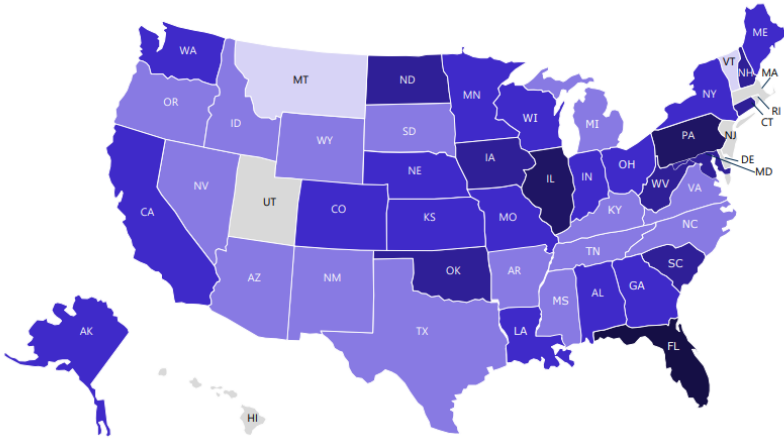
<b>Mental/Behavioral Health &amp; Substance Use</b> <i>For counts &lt;16, rate is suppressed</i>	<b>County</b>	<b>Montana</b>
<b>Frequent mental distress (2023)</b>	32.6%	32.2%
<b>Binge drinking among adults (2023)</b>	31.2%	34.0%
<b>Ever diagnosed with depression (2023)</b>	30.2%	30.5%
<b>ED encounter for all drug overdose</b> <i>Rate per 100,000 (2019-2023)</i>	206.9	179.2
<b>ED encounter for cannabis use</b> <i>Rate per 100,000 (2019-2023)</i>	95.7	264.2
<b>ED encounters for alcohol use</b> <i>Rate per 100,000 (2019-2023)</i>	783.4	1126.5

<b>Communicable &amp; Enteric Diseases</b> <i>Rate per 100,000 people (2019-2023)</i>	<b>County</b>	<b>Montana</b>
<b>Total Count of Reportable Disease Cases (count)</b>	386	-
<b>Chlamydia</b>	417.5	375.0
<b>Gonorrhea</b>	-	123.3
<b>Hepatitis C (chronic)</b>	-	97.0
<b>E. coli</b>	33.2	9.5
<b>Salmonellosis</b>	-	14.1
<b>Campylobacteriosis</b>	97.6	31.6

Data pulled 12/29/2025

## National Rural Health Indicators

### Diminishing Access to Rural Obstetrics Care



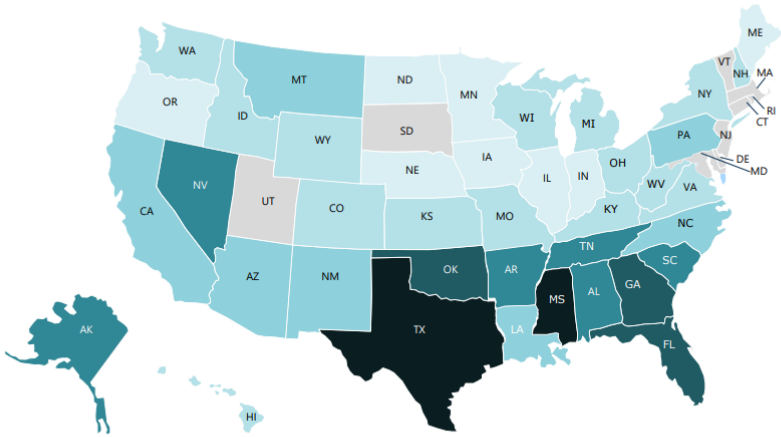
Between 2011 and 2023, **293** rural hospitals ceased to provide OB services.

States such as FL and PA had the highest % of rural hospitals stop offering OB at 57% and 42% respectively.



Source: The Chartis Center for Rural Health, December 2024.  
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### Dwindling Access to Chemotherapy in Rural Communities



In Texas and Mississippi, **51%** of rural hospitals in each state offering chemo stopped providing the service.

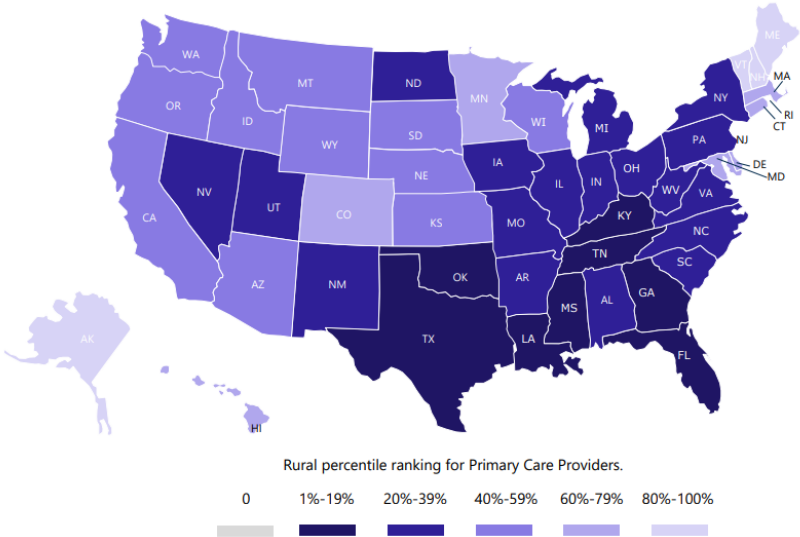
In Texas, **61** rural hospitals stopped offering chemo during our review period.



Source: The Chartis Center for Rural Health, December 2024.  
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# Where is Primary Care the Scarcest in Rural America?

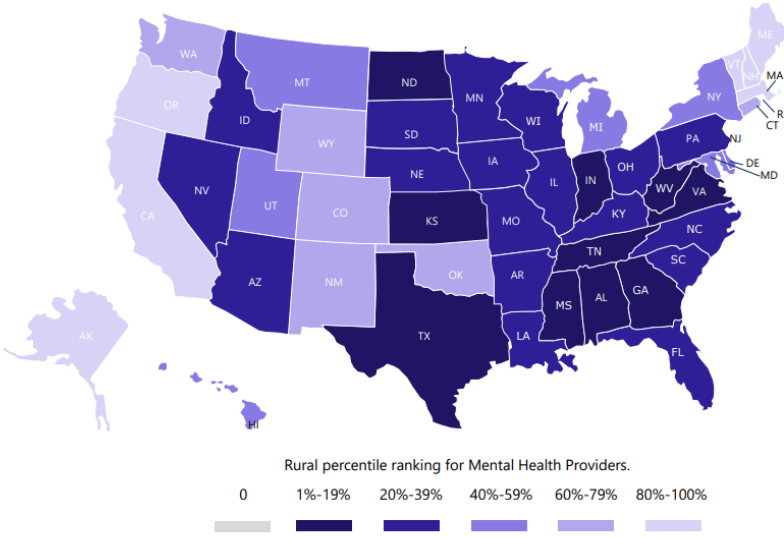
**Access to primary care** providers in rural communities is scarcest in Mississippi, Florida, Oklahoma and Tennessee.



Source: The Chartis Center for Rural Health, October 2024

# Where is Behavioral Health Care the Scarcest in Rural America?

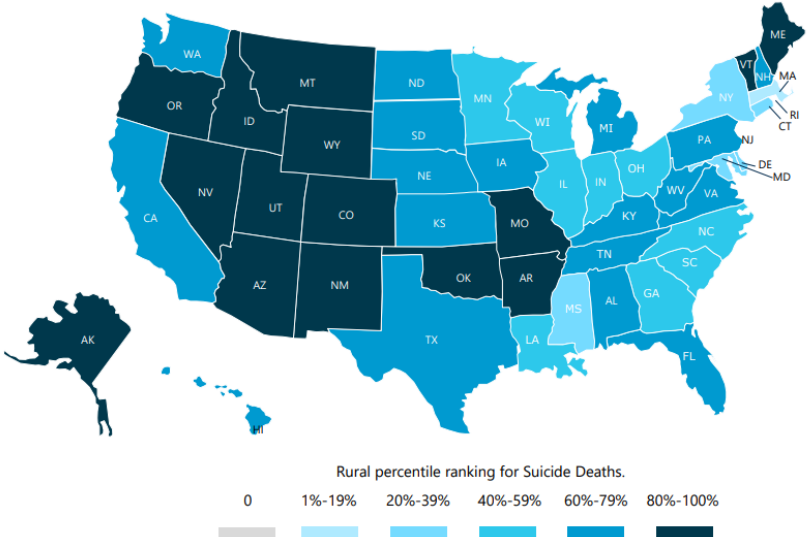
**Access to behavioral health** providers in rural hospital service areas is at its lowest in North Dakota, followed by Georgia, Tennessee, and Texas.



Source: The Chartis Center for Rural Health, October 2024

## Where are Suicide Rates Highest in Rural Communities?

**Suicide-related deaths** in rural communities are **at their highest** in Montana, Wyoming, and Arizona.



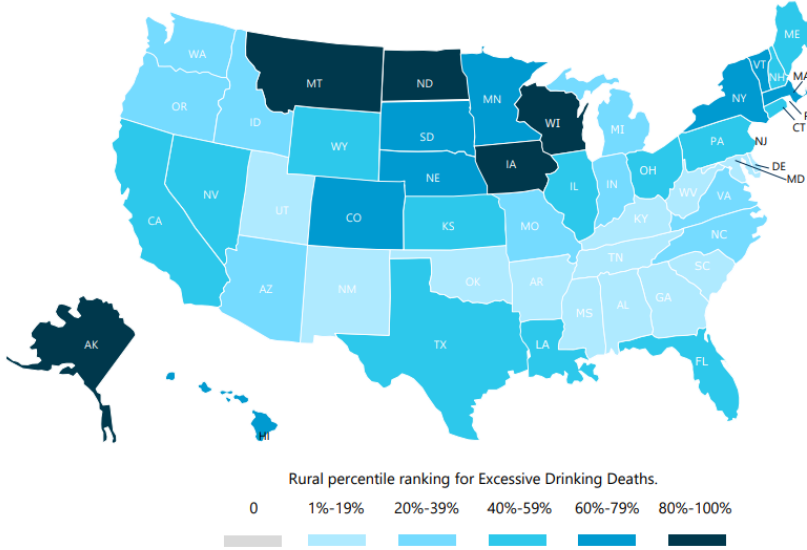
Source: The Chartis Center for Rural Health, October 2024

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## Where are Excessive Drinking Deaths Rates Highest in Rural?

**Excessive drinking** is **most prevalent** within rural communities in Wisconsin, Montana and Alaska.



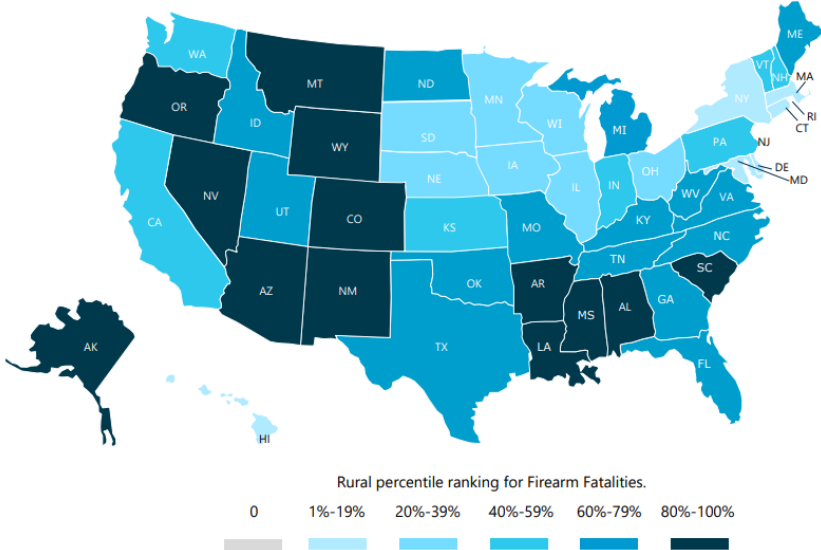
Source: The Chartis Center for Rural Health, October 2024

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## Where are Firearm Fatalities Highest in Rural America?

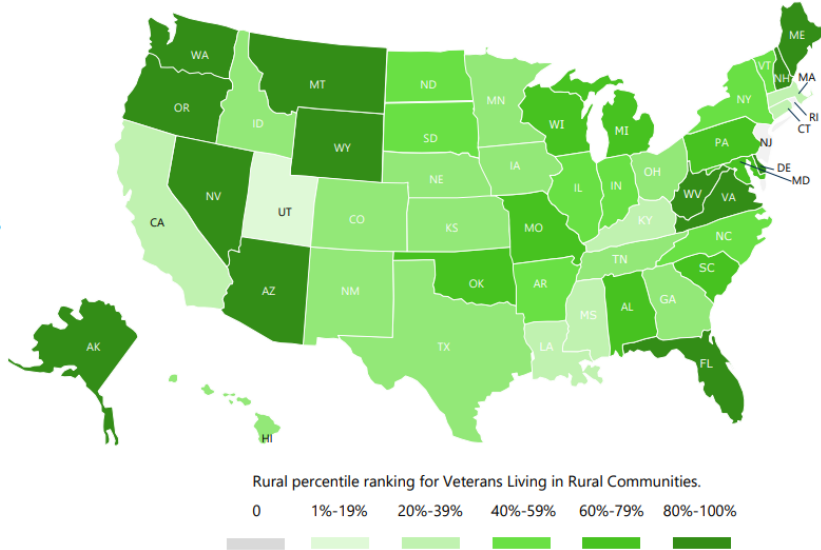
The **highest rates of firearms fatalities** in rural settings are in Mississippi, Wyoming, New Mexico, Nevada, and Montana.



Source: The Chartis Center for Rural Health, October 2024

## Which States have the Highest Concentration of Veterans Living in Rural Communities?

Arizona has the **highest concentration of veterans living in rural communities** followed closely by Maine, Wyoming, Arkansas, Oregon and Florida.



Source: The Chartis Center for Rural Health, October 2024

## Appendix D – Survey Cover Letter (English & Spanish)



February 13, 2026



Dear [LASTNAME] household:

Participate in our Community Health Needs Assessment survey for a chance to  
**WIN one of four (4) \$25 Visa gift cards!**

Barrett Hospital & HealthCare (BHHC) and Beaverhead County Health Department (BCHD) are partnering with the Montana Office of Rural Health (MORH) to administer a joint 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 future health priorities and planning.

Your name has been randomly selected as a resident who lives in the BHHC and/or BCHD service area. The survey covers topics such as: use of health care services, awareness of services, community health, health insurance, and demographics. We know your time is valuable, so we have made an effort to keep the survey to about 15 minutes. Participating in this survey is completely voluntary and your identity and answers will remain confidential.

1. Due date to complete survey: March 20, 2026
2. Complete the enclosed survey and return it in the envelope provided - no stamp needed.
3. You can also access the survey at <https://www.montana.edu/socialdata/currentsurveys.html>. Select "Barrett Hospital & HealthCare & Beaverhead County Public Health Survey." Your access code is [CODED]
4. The winners of the \$25 Visa gift cards will be contacted the week of March 30th.

**Una versión en español de la encuesta puede encontrarse en línea en:**

<https://www.montana.edu/socialdata/currentsurveys.html>

All survey responses will go to Social Data Collection and Analysis Services (Social Data), previously known as the HELPS Lab, at Montana State University in Bozeman, Montana, the organization that is assisting MORH with this project. If you have any questions about the survey, please call MORH at 406-994-6986. We believe, with your help, we can continue to improve healthcare services in our region.

Thank you for your assistance. We appreciate your time.

In good health,

A handwritten signature in black ink, appearing to read "Taylor Rose".

Taylor Rose, CEO  
Barrett Hospital & HealthCare

A handwritten signature in black ink, appearing to read "Lilia Guillen-Sanchez".

Lilia Guillen-Sanchez, Director  
Beaverhead County Health Department



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



13 de febrero de 2026

Estimado hogar del condado de Beaverhead:

¡Participa en nuestra encuesta de Evaluación de Necesidades de Salud de la Comunidad y tendrás la oportunidad de **GANAR una de las cuatro (4) tarjetas de regalo Visa de \$25!**

Barrett Hospital & HealthCare (BHHC) y el Departamento de Salud del Condado de Beaverhead (BCHD) están colaborando con la Oficina de Salud Rural de Montana (MORH) para realizar una encuesta conjunta de evaluación de necesidades de salud comunitaria. El propósito de la encuesta es obtener información de una amplia variedad de participantes para ayudar en la planificación de nuestros programas, servicios e instalaciones, con el fin de servir mejor a nuestra comunidad. Su ayuda es fundamental para determinar las prioridades de salud futuras y la planificación.

Su nombre ha sido seleccionado al azar como residente que vive en el área de servicio de BHHC y/o BCHD. La encuesta cubre temas tales como: uso de servicios de salud, conocimiento de los servicios, salud comunitaria, seguro de salud y datos demográficos. Sabemos que su tiempo es valioso, por lo que hemos hecho un esfuerzo para que la encuesta dure aproximadamente 15 minutos. Participar en esta encuesta es completamente voluntario y su identidad y respuestas permanecerán confidenciales.

1. Fecha límite para completar la encuesta: 20 de marzo de 2026
2. Complete la encuesta adjunta y envíela en el sobre proporcionado - no necesita estampilla.
3. También puedes acceder a la encuesta en <https://www.montana.edu/socialdata/currentsurveys.html>. Seleccione "Barrett Hospital & HealthCare & Beaverhead County Public Health Survey." Su código de acceso es [CODED].
4. Los ganadores de las tarjetas de regalo Visa de \$25 serán contactados la semana de 30 de marzo.

Todas las respuestas de la encuesta se enviarán a los Servicios de Recolección y Análisis de Datos Sociales (Social Data), anteriormente conocidos como el Laboratorio HELPS, en la Universidad Estatal de Montana en Bozeman, Montana, la organización que está ayudando a MORH con este proyecto. Si tiene alguna pregunta sobre la encuesta, por favor llame a MORH al 406-994-6986. Creemos que, con su ayuda, podemos seguir mejorando los servicios de atención médica en nuestra región.

Gracias por su ayuda. Agradecemos su tiempo.

Con buena salud,

A handwritten signature in black ink, appearing to read "Taylor Rose".

Taylor Rose, Director Ejecutivo  
Barrett Hospital & HealthCare

A handwritten signature in black ink, appearing to read "Lilia Guillen-Sanchez".

Lilia Guillen-Sanchez, Director  
Beaverhead County Health Department



Accede a la encuesta en tu  
teléfono inteligente: Usa tu  
cámara para escanear el código  
QR

# Appendix E – Survey Instrument- English & Spanish

## Community Health Needs Assessment Survey Beaverhead County, Montana and surrounding areas

**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 406-994-6986. Participation is voluntary; 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 use	<input type="checkbox"/> Heart disease	<input type="checkbox"/> Tobacco use
<input type="checkbox"/> Alzheimer's/dementia	<input type="checkbox"/> Mental health issues (depression, anxiety, PTSD, etc.)	(cigarettes/cigars, vaping, smokeless)
<input type="checkbox"/> Cancer	<input type="checkbox"/> Overweight/obesity	<input type="checkbox"/> Work/economic stress
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Suicide	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Domestic, family, and sexual violence		
  
3. Select the **three** items below that you believe are **most important** for a healthy community (**select ONLY 3**):  

<input type="checkbox"/> Access to healthcare services	<input type="checkbox"/> Affordable housing	<input type="checkbox"/> Healthy behaviors and lifestyles
<input type="checkbox"/> Access to healthy foods	<input type="checkbox"/> Clean environment (water, air, etc.)	<input type="checkbox"/> Religious or spiritual values
<input type="checkbox"/> Access to mental health services	<input type="checkbox"/> Good jobs and a healthy economy	<input type="checkbox"/> Strong family life
	<input type="checkbox"/> Good schools	<input type="checkbox"/> Other: _____
  
4. Considering your responses to **Question 3**, are there adequate opportunities to enjoy a healthy community in Dillon?  
 Yes       No
  
5. How do you rate your knowledge of the health services that are available in our community?  
 Excellent       Good       Fair       Poor
  
6. How do you rate your knowledge of the health services that are available through Beaverhead County Public Health?  
 Excellent       Good       Fair       Poor
  
7. How do you rate your knowledge of the health services that are available through Barrett Hospital & HealthCare?  
 Excellent       Good       Fair       Poor
  
8. 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"/> The Dillonite Daily
<input type="checkbox"/> Friends/family	<input type="checkbox"/> Public Health	<input type="checkbox"/> Website/internet
<input type="checkbox"/> Healthcare provider	<input type="checkbox"/> Radio	<input type="checkbox"/> Word of mouth/reputation
<input type="checkbox"/> Google ads/ search	<input type="checkbox"/> Social media (Facebook, etc.)	<input type="checkbox"/> Other: _____
  
9. 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"/> Blacktail Medical	<input type="checkbox"/> Naturopath/chiropractor	<input type="checkbox"/> Public Health (WIC, Family Planning, Immunizations)
<input type="checkbox"/> Dentist	<input type="checkbox"/> Optometrist (eyes)	<input type="checkbox"/> Urgent Care / Walk-in Clinic
<input type="checkbox"/> Massage therapy	<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Medical supply/DME	<input type="checkbox"/> Physical/Occupational/Speech Therapy	
<input type="checkbox"/> Migrant / Ag Worker Health and Services		

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

- |  |   |
|--|---|
| <input type="checkbox"/> Improved access to health and human services programs/resources | <input type="checkbox"/> More primary care providers                            |
| <input type="checkbox"/> Improved quality of care  | <input type="checkbox"/> More specialists                                       |
| <input type="checkbox"/> Interpreter/Bicultural  | <input type="checkbox"/> Outpatient services expanded hours (evenings/weekends) |
| <input type="checkbox"/> More health education   | <input type="checkbox"/> Telemedicine   |
| <input type="checkbox"/> More information about available services                       | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> More mental health providers                                    |   |

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

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Chronic pain management               | <input type="checkbox"/> Health and wellness                   | <input type="checkbox"/> Senior citizen health        |
| <input type="checkbox"/> Domestic, family, and sexual violence | <input type="checkbox"/> Health insurance education/navigation | <input type="checkbox"/> Suicide awareness/prevention |
| <input type="checkbox"/> First aid/CPR                         | <input type="checkbox"/> Living will                           | <input type="checkbox"/> Weight loss                  |
| <input type="checkbox"/> Fitness                               | <input type="checkbox"/> Mental health                         | <input type="checkbox"/> Women's health               |
|  |  | <input type="checkbox"/> Other: _____                 |

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

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Cardiology            | <input type="checkbox"/> Psychology/psychiatry (adult/child) | <input type="checkbox"/> Rheumatology       |
| <input type="checkbox"/> Dermatology           | <input type="checkbox"/> Oncology                            | <input type="checkbox"/> VA health services |
| <input type="checkbox"/> ENT (ear/nose/throat) | <input type="checkbox"/> Ophthalmology                       | <input type="checkbox"/> Other: _____       |
| <input type="checkbox"/> Lung cancer screening | <input type="checkbox"/> Orthodontics                        |   |
| <input type="checkbox"/> Neurology             |  |   |

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

- Very important       Important       Not important       Don't know

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

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Adult immunizations      | <input type="checkbox"/> Depression screening          | <input type="checkbox"/> Pap test                 |
| <input type="checkbox"/> Blood pressure check     | <input type="checkbox"/> Dermatology (mole/skin check) | <input type="checkbox"/> Prostate (PSA)           |
| <input type="checkbox"/> Bone density scan (DEXA) | <input type="checkbox"/> Employer wellness screenings  | <input type="checkbox"/> Vision check             |
| <input type="checkbox"/> Child immunizations      | <input type="checkbox"/> Flu shot                      | <input type="checkbox"/> Weight/BMI check         |
| <input type="checkbox"/> Cholesterol check        | <input type="checkbox"/> Hearing check                 | <input type="checkbox"/> Wellness/yearly physical |
| <input type="checkbox"/> Colonoscopy              | <input type="checkbox"/> Lab health fair               | <input type="checkbox"/> None                     |
| <input type="checkbox"/> Dental check             | <input type="checkbox"/> Mammography                   | <input type="checkbox"/> Other: _____             |

**15. 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 17)

**16. 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"/> Not treated with respect         | <input type="checkbox"/> Too long to wait for an appointment |
| <input type="checkbox"/> It cost too much             | <input type="checkbox"/> Privacy/confidentiality          | <input type="checkbox"/> Other: _____                        |
|   | <input type="checkbox"/> Qualified provider not available |  |

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

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





- 31. Thinking over the past year, how would you describe your stress level?**  
 High                       Moderate                       Low                       Unsure/rather not say
- 32. When you experience stress in your life, how do you manage it?**  
 Counseling                       Walk or exercise  
 Get enough sleep                       Medication  
 Meditation and/or prayer                       Do not manage it  
 Talking to a friend or relative                       Other: \_\_\_\_\_
- 33. To what degree has your life been negatively affected by your own or someone else’s substance use issues, including alcohol, prescription or other drugs?**  
 A great deal                       Somewhat                       A little                       Not at all
- 34. 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
- 35. Has cost prohibited you from getting a prescription or taking your medication regularly?**  
 Yes                       No                       Not applicable
- 36. In the past year, did you worry that you would not have enough food?**  
 Yes                       No
- 37. Do you feel that the community has adequate and affordable housing options available?**  
 Yes                       No                       Don’t know
- 38. Do you feel like your community has social activities or support groups that target your age/demographic or that of your family?**  
 Yes                       No                       Unsure/Don’t Know                       Prefer not to answer
- 39. Please rate your agreement with the following statements.**

	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>Don’t Know</b>
I have enough financial resources to meet my needs (consider food, clothing, shelter, and utilities)	4	3	2	1	DK
I feel safe at home (consider everything that makes you feel safe (such as neighbors, presence of law enforcement, etc.) and everything that could make you feel unsafe (including family violence, robbery, housing conditions, etc.))	4	3	2	1	DK
I feel my community is a good place to raise children (consider quality and safety of schools and childcare, after school care, and places to play in your neighborhood)	4	3	2	1	DK
I feel prepared for an emergency (consider everything that makes you feel prepared, such as toolkits, go kits, smoke alarms, fire extinguisher, etc.)	4	3	2	1	DK
I feel my community is a good place to grow old (consider elder-friendly housing, transportation to medical services, access to shopping and businesses, recreation, and services for the elderly)	4	3	2	1	DK

**40. 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"/> Medicaid                       | <input type="checkbox"/> None/pay out of pocket |
| <input type="checkbox"/> Health Insurance Marketplace | <input type="checkbox"/> Medicare                       | <input type="checkbox"/> Other: _____           |
| <input type="checkbox"/> Healthy MT Kids              | <input type="checkbox"/> Private insurance/private plan |   |
|   | <input type="checkbox"/> VA/Military                    |   |

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

- Excellent       Good       Fair       Poor

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

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

**43. 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

**44. Are you aware of programs that help people pay for essential services (food, utilities, housing, etc.)?**

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

**Demographics**

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

**45. Where do you currently live, by zip code?**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> 59701 – Butte  | <input type="checkbox"/> 59739 – Lima     | <input type="checkbox"/> 59754 – Twin Bridges |
| <input type="checkbox"/> 59710 – Alder  | <input type="checkbox"/> 59743 – Melrose  | <input type="checkbox"/> 59759 - Whitehall    |
| <input type="checkbox"/> 59725 – Dillon | <input type="checkbox"/> 59746 – Polaris  | <input type="checkbox"/> Other: _____         |
| <input type="checkbox"/> 59732 – Glen   | <input type="checkbox"/> 59749 – Sheridan |   |

**46. What is your gender? \_\_\_\_\_**

**47. What age range represents you?**

- |                                |                                |                                |                                |
|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> 18-24 | <input type="checkbox"/> 35-44 | <input type="checkbox"/> 55-64 | <input type="checkbox"/> 75-84 |
| <input type="checkbox"/> 25-34 | <input type="checkbox"/> 45-54 | <input type="checkbox"/> 65-74 | <input type="checkbox"/> 85+   |

**48. What is your employment status?**

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

**[CODED]**

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

Social Data Collection and Analysis Services  
Montana State University  
PO Box 172245  
Bozeman, MT 59717

**THANK YOU VERY MUCH FOR YOUR TIME**

**Please note that all information will remain confidential**

## Encuesta de evaluación de las necesidades de salud de la comunidad Beaverhead County, Montana y áreas cercanas

**INSTRUCCIONES:** Complete esta encuesta marcando las casillas correspondientes y devuélvala en el sobre con sello prepagado incluido. Si necesita ayuda, comuníquese con la Oficina de Salud Rural de Montana al 406-994-6986. La participación es voluntaria; sus respuestas serán confidenciales. Puede optar por no responder a ninguna pregunta y puede retirarse en cualquier momento.

- ¿Cómo calificaría la salud general de nuestra comunidad?  
 Muy saludable     Saludable     Algo saludable     Insalubre     Muy insalubre
- En la siguiente lista, ¿cuáles considera que son los tres problemas de salud **más graves**? (**Seleccione SOLO 3**)  
 Consumo de alcohol/sustancias     Enfermedad del corazón     Tabaquismo  
 Alzheimer/demencia     Problemas de salud mental (depresión, ansiedad, TEPT, etc.)     (cigarrillos/puros, vapeo, masticación, cigarrillos electrónicos, sin humo)  
 Cáncer     Sobrepeso/obesidad     Estrés laboral/económico  
 Diabetes     Suicidio     Otro: \_\_\_\_\_  
 Violencia doméstica, familiar y sexual
- Seleccione las **tres** opciones siguientes que considere que son **más importantes** para una comunidad saludable (**seleccione SOLO 3**)  
 Acceso a servicios de salud     Vivienda asequible     Comportamientos y estilos de vida saludables  
 Acceso a alimentos saludables     Medioambiente limpio (agua, aire, etc.)     Valores religiosos o espirituales  
 Acceso a los servicios de salud mental     Buenos empleos y una economía saludable     Vida familiar segura  
 Buenas escuelas     Otro: \_\_\_\_\_
- Teniendo en cuenta tus respuestas a la Pregunta 3, ¿hay oportunidades suficientes para disfrutar de una comunidad saludable en Dillon?  
 Sí     No
- ¿Cómo calificas tu conocimiento sobre los servicios de salud disponibles en nuestra comunidad?  
 Excelente     Bien     Aceptable     Malo
- ¿Cómo calificaría su conocimiento sobre los servicios de salud que están disponibles a través del Departamento de Salud Pública del Condado de Beaverhead?  
 Excelente     Bien     Aceptable     Malo
- ¿Cómo calificaría su conocimiento sobre los servicios de salud que están disponibles a través de Barrett Hospital & HealthCare?  
 Excelente     Bien     Aceptable     Malo
- ¿Cómo te informas sobre los servicios de salud disponibles en nuestra comunidad? (**Selecciona TODAS las que correspondan**)  
 Carteles/posters     Periódico     El Dillonite Daily  
 Amigos/familia     Salud Pública     Sitio web/internet  
 Proveedor de atención médica     Radio     Boca a boca/reputación  
 Anuncios de Google/búsqueda     Redes sociales (Facebook, etc.)     Otro: \_\_\_\_\_
- ¿Qué recursos de salud comunitaria, aparte del hospital o la clínica, ha utilizado en los últimos tres años? (**Seleccione TODAS las que correspondan**)  
 Blacktail Medical     Naturópata/ Quiropráctico     Salud Pública (WIC, Planificación Familiar, Vacunaciones)  
 Dentista     Optometrista (ojos)  
 Terapia de Masaje     Farmacia     Clínica sin cita previa / Clínica de Atención Inmediata  
 Suministro médico/DME     Fisioterapia / Ocupacional / Logopedia  
 Clínica Migrante / Ag Worker Health and Services     Otro: \_\_\_\_\_

Turn to **BACK** of page to continue

- 10. En su opinión, ¿qué mejoraría el acceso de nuestra comunidad a la atención médica? (Seleccione TODAS las opciones que correspondan)**
- |  |   |
|--|---|
| <input type="checkbox"/> Mejorar el acceso a programas y recursos de salud y servicios humanos | <input type="checkbox"/> Más proveedores de atención primaria                                       |
| <input type="checkbox"/> Mejorar la calidad de la atención                                     | <input type="checkbox"/> Más especialistas  |
| <input type="checkbox"/> Intérprete/Bicultural   | <input type="checkbox"/> Los servicios ambulatorios con su horario extenso (tardes/fines de semana) |
| <input type="checkbox"/> Más educación de salud  | <input type="checkbox"/> Telemedicina   |
| <input type="checkbox"/> Más información sobre los servicios disponibles                       | <input type="checkbox"/> Otro: _____  |
| <input type="checkbox"/> Más proveedores de salud mental                                       |   |
- 11. Si alguna de las siguientes clases/programas se pusiera a disposición de la comunidad, ¿cuál le interesaría más asistir? (Seleccione TODAS las opciones que correspondan)**
- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Manejo del dolor crónico               | <input type="checkbox"/> Salud y bienestar                        | <input type="checkbox"/> Salud de los mayores                |
| <input type="checkbox"/> Violencia doméstica, familiar y sexual | <input type="checkbox"/> Educación/navegación en seguros de salud | <input type="checkbox"/> Conciencia/prevencción del suicidio |
| <input type="checkbox"/> Primeros auxilios/RCP                  | <input type="checkbox"/> Testamento vital                         | <input type="checkbox"/> Pérdida de peso                     |
| <input type="checkbox"/> Aptitud Física                         | <input type="checkbox"/> Salud mental                             | <input type="checkbox"/> Salud de la mujer                   |
|   |   | <input type="checkbox"/> Otro: _____                         |
- 12. ¿Qué servicios de salud adicionales utilizarías si estuvieran disponibles localmente? (Seleccione TODOS los que correspondan)**
- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Cardiología  | <input type="checkbox"/> Neurología                           | <input type="checkbox"/> Reumatología                      |
| <input type="checkbox"/> Dermatología   | <input type="checkbox"/> Psicología/psiquiatría (adulto/niño) | <input type="checkbox"/> Servicios de salud para Veteranos |
| <input type="checkbox"/> Otorrinolaringología (otorrinolaringología/nariz/garganta) | <input type="checkbox"/> Oncología                            | <input type="checkbox"/> Otro: _____                       |
| <input type="checkbox"/> Detección del cáncer de pulmón                             | <input type="checkbox"/> Oftalmología                         |  |
|   | <input type="checkbox"/> Ortodoncia                           |  |
- 13. ¿Qué importancia tienen los proveedores y servicios de salud locales (es decir, hospitales, clínicas, residencias de ancianos, residencias asistidas, etc.) para el bienestar económico de la zona?**
- Muy importante     Importante     No es importante     No sé
- 14. ¿Cuáles de los siguientes servicios de atención médica preventiva han utilizado usted o alguien de su hogar en el último año? (Seleccione todas las opciones que correspondan)**
- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Vacunas en adultos            | <input type="checkbox"/> Prueba de la depresión                  | <input type="checkbox"/> Prueba de Papanicolaou        |
| <input type="checkbox"/> Prueba de la presión arterial | <input type="checkbox"/> Dermatología (revisión de lunares/piel) | <input type="checkbox"/> Próstata (PSA)                |
| <input type="checkbox"/> Densidad ósea (DEXA)          | <input type="checkbox"/> Evaluaciones de bienestar del empleador | <input type="checkbox"/> Prueba de visión              |
| <input type="checkbox"/> Vacunas infantiles            | <input type="checkbox"/> Vacuna contra la influenza              | <input type="checkbox"/> Comprobación de peso/IMC      |
| <input type="checkbox"/> Prueba del colesterol         | <input type="checkbox"/> Prueba de audición                      | <input type="checkbox"/> Bienestar/examen físico anual |
| <input type="checkbox"/> Colonoscopia                  | <input type="checkbox"/> Feria de salud de laboratorios          | <input type="checkbox"/> Ninguno                       |
| <input type="checkbox"/> Revisión dental               | <input type="checkbox"/> Mamografía                              | <input type="checkbox"/> Otro: _____                   |
- 15. En los últimos tres años, ¿hubo algún momento en que usted (o un miembro de su familia) pensó que necesitaba servicios de atención médica, pero NO los recibió o se demoró en recibirlos?**
- Sí     No (Si la respuesta es no, pase a la pregunta 17)
- 16. En caso afirmativo, ¿cuáles fueron las tres razones más importantes por las que no recibió servicios de atención médica? (Seleccione SOLO 3)**
- |   |  |   |
|---|--|---|
| <input type="checkbox"/> No pude conseguir una cita | <input type="checkbox"/> No fui tratado con respeto          | <input type="checkbox"/> Demasiado tiempo para esperar una cita |
| <input type="checkbox"/> Costó demasiado            | <input type="checkbox"/> Privacidad/confidencialidad         | <input type="checkbox"/> Otro: _____                            |
|   | <input type="checkbox"/> Proveedor cualificado no disponible |   |

17. En los últimos tres años, ¿usted o un miembro de su familia ha visto a un proveedor de atención médica primaria, como un médico de familia, un asistente médico o un enfermero practicante, para obtener servicios de atención médica?  
 Sí  No **(Si la respuesta es no, pase a la pregunta 20)**
18. ¿Dónde se encontraba ese proveedor de atención médica primaria? **(Seleccione SOLO 1)**  
 Dillon  Helena  Sheridan/Twin Bridges  
 Butte  Idaho Falls  Otro: \_\_\_\_\_  
 Bozeman  Missoula
19. ¿Por qué seleccionó el proveedor de atención primaria que está viendo actualmente? **(Seleccione TODAS las opciones que correspondan)**  
 Disponibilidad de citas  Cubierto por un plan de seguro  Recomendado por familia o amigos  
 Reputación de la clínica/proveedor por la calidad  Paciente establecido  Referido por un médico u otro proveedor  
 Lo más cercano a casa  Experiencia previa en la clínica  Privacidad/confidencialidad  Otro: \_\_\_\_\_
20. En los últimos tres años, ¿alguien en su hogar ha recibido atención en un hospital? ( es decir , hospitalizado durante la noche, cirugía de día, atención obstétrica, rehabilitación, radiología o atención de emergencia)  
 Sí  No **(Si no, pase a la pregunta n.23)**
21. En caso afirmativo, ¿qué hospital utiliza con mayor frecuencia su hogar para recibir atención hospitalaria? **(Seleccione SOLO 1)**  
 Barrett Hospital (Dillon)  Community Hospital of Anaconda (Anaconda)  St. Patrick Hospital (Missoula)  
 Bozeman Health (Bozeman)  St. James Healthcare (Butte)  Otro: \_\_\_\_\_
22. Piensa en el hospital que utilizaste con más frecuencia, ¿cuáles fueron las tres razones más importantes para elegirlo? ( **Selecciona SOLO 3** )  
 Más cerca de casa  Experiencia previa con el hospital  Otro: \_\_\_\_\_  
 Emergencia, sin opción  Calidad del personal clínico  
 Reputación de calidad de el hospital  Referido por un médico u otro proveedor
23. Los siguientes servicios están disponibles a través del **Barrett Hospital & HealthCare**. Por favor, valora la calidad general de cada servicio rodeando tu respuesta. **(Por favor, marca N/A si no has utilizado el servicio)**

	Excelente	Bien	Aceptable	Malo	No he usado	No sé
Servicios de salud conductual	4	3	2	1	N/A	NS
Servicios de rehabilitación cardíaca y pulmonar	4	3	2	1	N/A	NS
Servicios cardiopulmonares (pruebas de esfuerzo, laboratorio de sueño)	4	3	2	1	N/A	NS
Gestión de la Atención Crónica	4	3	2	1	N/A	NS
Urgencias	4	3	2	1	N/A	NS
Cirugía general	4	3	2	1	N/A	NS
Servicios ginecológicos	4	3	2	1	N/A	NS
Servicios hospitalarios de parto/obstetricia	4	3	2	1	N/A	NS
Servicios de infusión	4	3	2	1	N/A	NS
Servicios de hospitalización/estancia hospitalaria	4	3	2	1	N/A	NS
Servicios de laboratorio	4	3	2	1	N/A	NS
Asesoramiento en nutrición/diabetes	4	3	2	1	N/A	NS
Servicios oncológicos	4	3	2	1	N/A	NS
Ortopedia	4	3	2	1	N/A	NS
Servicios ambulatorios de psiquiatría para mayores	4	3	2	1	N/A	NS
Manejo del dolor	4	3	2	1	N/A	NS



- 30. ¿Cuáles son las mejores formas de promover la concienciación sobre la salud mental en nuestro condado?**  
 Combatiendo la desinformación  Normalización de conversaciones  
 Participación comunitaria y eventos  Iniciativas escolares y laborales  
 Educación y concienciación pública  Otro: \_\_\_\_\_
- 31. Pensando en los últimos 3 meses, ¿cómo describiría su nivel de estrés?**  
 Alto  Moderado  Bajo  No estoy seguro/prefiero no contestar
- 32. Cuando sientes estrés en tu vida, ¿cómo lo manejas?**  
 Asesoramiento  Caminar o hacer ejercicio  
 Dormir lo suficiente  Medicación  
 Meditación y/o oración  No lo manejo  
 Hablar con un amigo o familiar  Otro: \_\_\_\_\_
- 33. ¿Hasta qué punto tu vida se ha sido afectada negativamente por tu propio problema de consumo de sustancias o por el de otra persona, incluyendo alcohol, medicamentos recetados u otras drogas?**  
 Mucho  Más o menos  Un poco  Para nada
- 34. Durante el último mes, ¿con qué frecuencia ha realizado actividad física durante al menos 20 minutos?**  
 A diario  3-5 veces al mes  No hice actividad física  
 2-4 veces a la semana  1-2 veces al mes
- 35. ¿El costo le ha prohibido surtir una receta o tomar un medicamento regularmente?**  
 Sí  No  No aplicable
- 36. ¿Te preocupaba no tener suficiente comida en el último año?**  
 Sí  No
- 37. ¿Siente que la comunidad tiene opciones de vivienda adecuadas y asequibles disponibles?**  
 Sí  No  No sé
- 38. ¿Sientes que tu comunidad tiene actividades sociales o grupos de apoyo que se dirigen a tu edad/demográfica o a la de tu familia?**  
 Sí  No  No estoy seguro/No lo sé  Prefiero no responder
- 39. Por favor, valora tu acuerdo con las siguientes afirmaciones.**

	Totalmente de acuerdo	De acuerdo	No estar de acuerdo	Totalmente en desacuerdo	No sé
Tengo suficientes recursos económicos para cubrir mis necesidades (piensa en comida, ropa, alojamiento y servicios)	4	3	2	1	NS
Me siento seguro en casa (Considera todo lo que te hace sentir seguro (como vecinos, presencia de la policía, etc.) y todo lo que podría hacerte sentir inseguro (incluyendo violencia familiar, robos, condiciones de vivienda, etc.)	4	3	2	1	NS
Siento que mi comunidad es un buen lugar para criar a los niños (ten en cuenta la calidad y seguridad de las escuelas y guarderías, el cuidado después de clase y los lugares para jugar en tu vecindario)	4	3	2	1	NS
Me siento preparado para una emergencia (Considera todo lo que te haga sentir preparado, como kits de herramientas, kits de emergencia, detectores de humo, extintores, etc.)	4	3	2	1	NS
Siento que mi comunidad es un buen lugar para envejecer (considera viviendas amigables para personas mayores, transporte a servicios médicos, acceso a tiendas y negocios, recreación, y servicios para mayores).	4	3	2	1	NS

Turn to BACK of page to continue

**40. ¿Qué tipo de seguro de salud cubre la mayoría de los gastos médicos de su hogar? (Seleccione SOLO 1)**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Patrocinado por el empleador | <input type="checkbox"/> Medicaid                     | <input type="checkbox"/> Ninguno/pago de su bolsillo |
| <input type="checkbox"/> Mercado de seguros médicos   | <input type="checkbox"/> Medicare                     | <input type="checkbox"/> Otro: _____                 |
| <input type="checkbox"/> Healthy MT Kids              | <input type="checkbox"/> Seguro privado/plan privado  |  |
|   | <input type="checkbox"/> Asuntos de Veteranos/militar |  |

**41. ¿Qué tan buena considera la cobertura de sus costos de atención médica por parte de su seguro de salud?**

- |                                    |                                |                                   |                               |
|------------------------------------|--------------------------------|-----------------------------------|-------------------------------|
| <input type="checkbox"/> Muy buena | <input type="checkbox"/> Buena | <input type="checkbox"/> Adecuada | <input type="checkbox"/> Mala |
|------------------------------------|--------------------------------|-----------------------------------|-------------------------------|

**42. Si usted NO tiene seguro médico, ¿por qué? (Seleccione TODAS las opciones que correspondan)**

- |  |  |                                      |
|--|--|--------------------------------------|
| <input type="checkbox"/> No puede pagar el seguro de salud | <input type="checkbox"/> El empleador no ofrece seguro                 | <input type="checkbox"/> Otro: _____ |
| <input type="checkbox"/> Elige no tener seguro médico      | <input type="checkbox"/> Es demasiado confuso/no sabe cómo solicitarlo |                                      |

**43. ¿Conoce programas que ayudan a las personas a pagar los gastos de atención médica?**

- |  |   |  |                             |  |
|--|---|--|-----------------------------|--|
| <input type="checkbox"/> Sí, y los uso | <input type="checkbox"/> Sí, pero no califico | <input type="checkbox"/> Sí, pero elijo no usarlos | <input type="checkbox"/> No | <input type="checkbox"/> No estoy seguro |
|--|---|--|-----------------------------|--|

**44. ¿Conoces programas que ayuden a la gente a pagar servicios esenciales (comida, servicios, vivienda, etc.)?**

- |  |   |  |                             |  |
|--|---|--|-----------------------------|--|
| <input type="checkbox"/> Sí, y los uso | <input type="checkbox"/> Sí, pero no califico | <input type="checkbox"/> Sí, pero elijo no usarlos | <input type="checkbox"/> No | <input type="checkbox"/> No estoy seguro |
|--|---|--|-----------------------------|--|

**Demografía**

*Toda la información se mantiene confidencial y tu identidad no está asociada a ninguna respuesta.*

**45. ¿Cuál es el código postal del lugar donde vive actualmente?**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> 59701 – Butte  | <input type="checkbox"/> 59739 – Lima     | <input type="checkbox"/> 59754 – Twin Bridges |
| <input type="checkbox"/> 59710 – Alder  | <input type="checkbox"/> 59743 – Melrose  | <input type="checkbox"/> 59759 - Whitehall    |
| <input type="checkbox"/> 59725 – Dillon | <input type="checkbox"/> 59746 – Polaris  | <input type="checkbox"/> Otro: _____          |
| <input type="checkbox"/> 59732 – Glen   | <input type="checkbox"/> 59749 – Sheridan |   |

**46. ¿Cuál es su identidad de género/sexo? \_\_\_\_\_**

**47. ¿Cuál grupo de edad te representa?**

- |                                |                                |                                |                                |
|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> 18-24 | <input type="checkbox"/> 35-44 | <input type="checkbox"/> 55-64 | <input type="checkbox"/> 75-84 |
| <input type="checkbox"/> 25-34 | <input type="checkbox"/> 45-54 | <input type="checkbox"/> 65-74 | <input type="checkbox"/> 85+   |

**48. ¿Cuál es su estado de empleo?**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Trabajo a tiempo completo | <input type="checkbox"/> Estudiante                         | <input type="checkbox"/> Actualmente no estoy buscando empleo |
| <input type="checkbox"/> Trabajo a medio tiempo    | <input type="checkbox"/> Cobro subsidio por discapacidad    | <input type="checkbox"/> Otro: _____                          |
| <input type="checkbox"/> Retirado                  | <input type="checkbox"/> Desempleado, pero buscando trabajo |   |

**[CODED]**

**Por favor, devuélvelo en el sobre con sello incluido en esta encuesta o envíelo por correo a:**

Social Data Collection and Analysis Services  
Montana State University  
PO Box 172245  
Bozeman, MT 59717

**MUCHAS GRACIAS POR SU TIEMPO**

**Tenga en cuenta que toda la información se mantendrá confidencial**

## Appendix F – Cross Tabulation Analysis

Knowledge rating of health services in community  
 by How respondents learn about healthcare services

	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>	<b>Total</b>
<b>Billboards/posters</b>	1 (7.7%)	7 (53.8%)	5 (38.5%)	-	<b>13</b>
<b>Friends/family</b>	7 (11.3%)	38 (61.3%)	15 (24.2%)	2 (3.2%)	<b>62</b>
<b>Healthcare provider</b>	6 (9.7%)	43 (69.4%)	12 (19.4%)	1 (1.6%)	<b>62</b>
<b>Google ads/search</b>	4 (44.4%)	4 (44.4%)	1 (11.1%)	-	<b>9</b>
<b>Newspaper</b>	2 (8.3%)	19 (79.2%)	3 (12.5%)	-	<b>24</b>
<b>Public Health</b>	1 (6.7%)	13 (86.7%)	-	1 (6.7%)	<b>15</b>
<b>Radio</b>	1 (11.1%)	5 (55.6%)	3 (33.3%)	-	<b>9</b>
<b>Social media (Facebook, etc.)</b>	4 (23.5%)	10 (58.8%)	2 (11.8%)	1 (5.9%)	<b>17</b>
<b>The Dillonite Daily</b>	4 (15.4%)	14 (53.8%)	7 (26.9%)	1 (3.8%)	<b>26</b>
<b>Website/internet</b>	2 (9.5%)	15 (71.4%)	3 (14.3%)	1 (4.8%)	<b>21</b>
<b>Word of mouth/reputation</b>	6 (10.9%)	30 (54.5%)	14 (25.5%)	5 (9.1%)	<b>55</b>
<b>Other</b>	1 (16.7%)	3 (50.0%)	2 (33.3%)	-	<b>6</b>

### Delay or did not get need healthcare services by residence

	<b>Yes</b>	<b>No</b>	<b>Total</b>
<b>59701 - Butte</b>	-	2 (100%)	<b>2</b>
<b>59725 - Dillon</b>	26 (34.7%)	49 (65.3%)	<b>75</b>
<b>59732 - Glen</b>	1 (50.0%)	1 (50.0%)	<b>2</b>
<b>59739 - Lima</b>	1 (33.3%)	2 (66.7%)	<b>3</b>
<b>59746 - Polaris</b>	-	2 (100%)	<b>2</b>
<b>59749 - Sheridan</b>	1 (33.3%)	2 (66.7%)	<b>3</b>
<b>59754 - Twin Bridges</b>	1 (20.0%)	4 (80.0%)	<b>5</b>
<b>TOTAL</b>	<b>30 (33.0%)</b>	<b>61 (67.0%)</b>	<b>91</b>

\*59701 Alder, 59743 Melrose, 59759 Whitehall and Other were removed from residence (first column) due to non-response.

### Location of primary care clinic used by residence

	Dillon	Butte	Helena	Sheridan/ Twin Bridges	Other	TOTAL
<b>59701 - Butte</b>	-	1 (50.0%)	-	-	1 (50.0%)	<b>2</b>
<b>59725 - Dillon</b>	64 (90.1%)	1 (1.4%)	2 (2.8%)	1 (1.4%)	3 (4.2%)	<b>71</b>
<b>59732 - Glen</b>	2 (100%)	-	-	-	-	<b>2</b>
<b>59739 - Lima</b>	2 (100%)	-	-	-	-	<b>2</b>
<b>59746 - Polaris</b>	1 (100%)	-	-	-	-	<b>1</b>
<b>59749 - Sheridan</b>	1 (33.3%)	-	-	2 (66.7%)	-	<b>3</b>
<b>59754 - Twin Bridges</b>	2 (40.0%)	1 (20.0%)	-	1 (20.0%)	1 (20.0%)	<b>5</b>
<b>TOTAL</b>	<b>72 (83.7%)</b>	<b>3 (3.5%)</b>	<b>2 (2.3%)</b>	<b>4 (4.7%)</b>	<b>5 (5.8%)</b>	<b>86 (100%)</b>

Bozeman, Idaho Falls, and Missoula were removed from clinic location (top row) due to non-response. 59710 Alder, 59743 Melrose, 59759 Whitehall and Other were removed from residence (first column) due to non-response.

## Location of primary care clinic by reason for primary care selection

	Dillon	Butte	Helena	Sheridan/ Twin Bridges	Other	TOTAL
<b>Appointment availability</b>	29 (96.7%)	-	-	1 (3.3%)	-	<b>30</b>
<b>Clinic/provider's reputation for quality</b>	19 (76.0%)	1 (4.0%)	1 (4.0%)	3 (12.0%)	1 (4.0%)	<b>25</b>
<b>Closest to home</b>	36 (94.7%)	-	-	1 (2.6%)	1 (2.6%)	<b>38</b>
<b>Covered by insurance plan</b>	30 (90.9%)	1 (3.0%)	-	1 (3.0%)	1 (3.0%)	<b>33</b>
<b>Established patient</b>	31 (86.1%)	-	1 (2.8%)	1 (2.8%)	3 (8.3%)	<b>36</b>
<b>Prior experience with clinic</b>	30 (90.9%)	-	-	1 (3.0%)	2 (6.1%)	<b>33</b>
<b>Privacy/confidentiality</b>	4 (80.0%)	-	-	-	1 (20.0%)	<b>5</b>
<b>Recommended by family or friends</b>	9 (75.0%)	1 (8.3%)	-	1 (8.3%)	1 (8.3%)	<b>12</b>
<b>Referred by physician or other provider</b>	14 (93.3%)	-	-	-	1 (6.7%)	<b>15</b>
<b>Other</b>	1 (20.0%)	2 (40.0%)	1 (20.0%)	-	1 (20.0%)	<b>5</b>

Bozeman, Idaho Fall and Missoula were removed from clinic location (top row) due to non-response

## Location of most recent hospitalization by residence

	Barrett Hospital (Dillon)	Bozeman Health (Bozeman)	St. James Healthcare (Butte)	St. Patrick Hospital (Missoula)	Other	Total
<b>59701 - Butte</b>	-	1 (50.0%)	1 (50.0%)	-	-	<b>2</b>
<b>59725 - Dillon</b>	40 (78.4%)	4 (7.8%)	1 (2.0%)	2 (3.9%)	4 (7.8%)	<b>51</b>
<b>59732 - Glen</b>	1 (50.0%)	-	-	1 (50.0%)	-	<b>2</b>
<b>59739 - Lima</b>	3 (100%)	-	-	-	-	<b>3</b>
<b>59746 - Polaris</b>	1 (100%)	-	-	-	-	<b>1</b>
<b>59749 - Sheridan</b>	-	-	-	-	1 (100%)	<b>1</b>
<b>59754 - Twin Bridges</b>	1 (50.0%)	-	-	-	1 (50.0%)	<b>2</b>
<b>TOTAL</b>	<b>46 (74.2%)</b>	<b>5 (8.1%)</b>	<b>2 (3.2%)</b>	<b>3 (4.8%)</b>	<b>6 (9.7%)</b>	<b>62 (100%)</b>

Community Hospital of Anaconda was removed from hospital location (top row) due to non-response. 59710 Alder, 59743 Melrose, 59759 Whitehall and Other were removed from residence (first column) due to non-response.

## Location of hospitalization by reason for hospital selection

	Barrett Hospital (Dillon)	Bozeman Health (Bozeman)	St. James Healthcare (Butte)	St. Patrick Hospital (Missoula)	Other	Total
<b>Closest to home</b>	38 (86.4%)	1 (2.3%)	1 (2.3%)	-	4 (9.1%)	44
<b>Emergency, no choice</b>	21 (91.3%)	1 (4.3%)	-	-	1 (4.3%)	23
<b>Hospital's reputation for quality</b>	6 (75.0%)	-	-	1 (12.5%)	1 (12.5%)	8
<b>Prior experience with hospital</b>	25 (86.2%)	2 (6.9%)	-	1 (3.4%)	1 (3.4%)	29
<b>Quality of clinical staff</b>	13 (76.5%)	2 (11.8%)	-	-	2 (11.8%)	17
<b>Referred by physician or other provider</b>	13 (61.9%)	4 (19.0%)	1 (4.8%)	2 (9.5%)	1 (4.8%)	21
<b>Other</b>	2 (40.0%)	-	-	1 (20.0%)	2 (40.0%)	5

Community Hospital of Anaconda (Anaconda) was removed from hospital location (top row) due to non-response

## Appendix G – Responses to Other & Comments

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

- Cost!
- UNKNOWN
- Laziness

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

- Alcohol/substance use (1)
- Alzheimer's/dementia (2)
- Cancer (1)
- Diabetes (2)
- Heart disease (2)
- Mental health issues (depression, anxiety, PTSD, etc.) (2)
- Overweight/obesity (3)
- Tobacco use (cigarettes/cigars, vaping, smokeless) (2)
- Work/economic stress (1)

•

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

- *No other responses*

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

- Access to healthcare services (2)
- Access to healthy foods (2)
- Access to mental health services (1)
- Affordable housing (2)
- Clean environment (water, air, etc.) (2)
- Good jobs and a healthy economy (2)
- Good schools (1)
- Religious or spiritual values (2)
- Strong family life (2)

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

- I work at the hospital
- Necessity
- Past employment
- Billboards

- Research
- My insurance

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

- None (3 participants)
- Ophthalmologist
- Mental health > Barrett
- Barrett hospital

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

- Lower cost health services
- Free healthcare
- No opinion
- Socialized healthcare Medicare for all!
- Affordable
- Ultrasound technology at hospitals to be able to remove large 5cm kidney stones- PCNL
- Not having to wait so long to see your provider.
- Lower costs
- Stronger faith communities
- Education of how to be healthy
- Radiologists
- Qualified podiatrist (traveling one a quack)
- Less mistakes at hospital/lab would keep more community members using Barret Hospital
- Affordable options

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

- Free consultation anonymous
- NONE
- Can't afford it
- Nutrition, healthy cooking, growing healthy food
- Birth classes (preparation)
- Domestic homecare

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

- Chiropractor
- Can't afford any

- Nephrology
- Can't afford it
- Pulmonology
- Home health

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

- Mental health services
- Weight loss GLP-1 prescription

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

- No local services
- Cost too much!
- Dr. Readal referral to Dr. Konazy(sp?) for PCNL surgery since hospital does not have capability to remove large kidney stones.
- Breakdown of equipment
- Covid rules
- Hard to keep relationships w/ a primary care provider and/or not accepting new patients
- Not available in town (dermatology)
- After hours/no one on staff to help

\*Responses when more than 3 were selected (0 participants)

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

- Ft Harrison VA
- Anaconda
- Deer Lodge

\*Responses when more than 1 was selected (4 participants):

- Dillon (2)
- Helena (2)
- Sheridan/Twin Bridges (2)

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

- Retired Military
- No local choices
- VA
- Daughter works there
- My primary care that I loved left
- One of the few available in the area

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

- Missoula/Bone and joint
- Mayo Clinic Rochester, MN
- Ruby Valley Medical Center, Sheridan

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

- Barrett Hospital (Dillon) (3)
- Bozeman Health (Bozeman) (2)
- St. Patrick Hospital (Missoula) (1)

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

- Underlying condition
- Family member's familiarity with staff
- N/A

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

- Closest to home (2)
- Emergency, no choice (2)
- Hospital's reputation for quality (1)
- Prior experience with hospital (3)
- Quality of clinical staff (2)
- Referred by physician or other provider (2)

**30. What are the best ways to promote mental health awareness in our county?**

- Gym
- Normalize compassion not bigotry + condemnation
- Get outside
- All of the above!
- Getting people off the dole & back to work- allowing good paying jobs& into Bvrhd. CO.
- Don't know
- Limit screen time+ social media use
- Don't live here- Leave move
- Telepathy Education
- Beautifying natural areas+ making town walkable
- Provide accurate books on this topic
- Would like to know what practitioners are trained to do; most seemed unlicensed.
- Promoting resilience

**32. When you experience stress in your life, how do you manage it?**

- Soothing music
- Gardening
- Outdoor exposure, forgiveness
- Crafting
- Breath
- CHURCH
- Pray to God
- Keep moving forward
- Ride horses
- Careful diet. Avoid sugar!
- Eat ice cream
- Alone time farming and fishing

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

- Senior Advantage Program Policy
- Only Medicare, can't afford any else

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

- Employer sponsored (1)
- Medicaid (2)
- Medicare (8)
- Private insurance/private plan (6)
- VA/Military (1)

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

- Too Expensive
- N/A (2 participants)

**45. Where do you currently live, by zip code?**

- *No "Other" responses*

•

- **46. What is your gender? Responses other than "Male" or "Female"**
  - husband+ wife= m+f

#### 48. What is your employment status?

- Homemaker
- Substitute teach

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

- Work full-time (1)
- Work part-time (3)
- Retired (4)
- Unemployed, but looking (1)
- Not currently seeking employment (1)

#### General comments

- (Q1)
  - Did not make a selection and wrote “Not a clue” next to the question.
- (Q2)
  - Selected “Alcohol/substance use” and underlined “substance use.”
  - Selected “Work/economic stress” and underlined “economic stress.”
  - Selected “Alcohol/substance use” and drew two stars next to it.
- (Q3)
  - Selected “Access to healthcare services” and wrote “Affordable” next to it.
- (Q4)
  - Did not select either choice and created their own choice “In between.”
  - Selected both “Yes” and “No” and wrote “and” in between the choices.
- (Q9)
  - Selected “Physical/Occupational/Speech Therapy” and wrote “hospital” next to it.
  - Selected “Urgent Care/Walk-in Clinic” and wrote “Barrett” next to it.
  - Selected “Dentist” and wrote “Dillon Family Dental” next to it.
  - Selected “Optometrist (eyes)” and wrote “Vision Source” next to it.
  - Selected “Naturopath/chiropractor” and circled “chiropractor.”
  - Selected “Dentist” and wrote “Sheridan, MT” next to it.
  - Selected “Urgent Care / Walk-in Clinic” and underlined “Walk-in Clinic.”
  - Selected “Physical/Occupational/Speech Therapy” and circled “Physical.” (2 participants did this.)
  - Selected “Urgent Care / Walk-in Clinic” and circled “Walk-in Clinic.” (2 participants did this.)
  -
- (Q10)
  - Selected “More mental health providers” and wrote “qualified” next to it.
- (Q11)
  - Selected “First aid/CPR” and drew a line under it and added “!” next to it.
  - Did not select “Health insurance education/navigation”, circled “Health insurance” in the choice text, and wrote “counterproductive” next to it.

- (Q12)
  - Selected “Dermatology” and drew three stars next to it.
- (Q14)
  - Selected “Wellness/yearly physical” and circled “yearly physical.”
  - Did not select “Bone density scan (DEXA” and wrote “scheduled after [Date in April 2026 redacted]” next to it.
  - Selected “Dental check” and wrote “+ treatment” next to it.
- (Q15)
  - Selected “Yes” and wrote “Covid – clinic was nonfunctional” below it.
  - Selected “Yes” and wrote “Due to communication with insurance or VA” below the question, and wrote “See above” for the following question (Q16).
- (Q18)
  - Selected three towns including “Helena” and wrote “primary” next to “Helena.”
- (Q20)
  - Selected “Yes” and underlined “emergency care” in the question text.
  - Selected both “Yes” and “No” and circled “radiology” in the question text.
- (Q21)
  - Answered even though selected “No” for Question 20, wrote in “Avoid hospitals cost too much. Infection crossroads” in the other choice.
- (Q22)
  - Answered even though selected “No” for Question 20, wrote in “No other choice. No accurate cost info” in the other choice.
- (Q23)
  - Selected both “Haven’t used” and “Don’t know” for all but two services.
  - Selected “4” for all services and wrote “all good” underneath the question.
  - For “Cardiopulmonary services” selected “3” and wrote “no follow-up” next to the service.
  - For the “Cardiac, Pulmonary Rehabilitation services” service selected “4” and wrote “Bozeman” next to the service.
  - For “Laboratory” service selected both “3” and “1” and wrote wat appears to be “time” next to the “1” rating.
  - For the “Cardiopulmonary services” selected “N/A” and wrote “Cost!” next to the service.
  - For the “Nutrition/Diabetes counseling” service selected “N/A” and wrote “denied by cost!” next to the service.
- (Q24)
  - Selected both “Haven’t used” and “Don’t know” for “Tele-psychiatry” and “Transitional care.
  - For “Podiatry” service selected “N/A” and wrote “I go out of town” next to the service.
  - For “Urology care” selected “4” and wrote “Dr. Readal” next to the service.
  - For the “Physician clinics/office visit (primary care)” service selected “3” and wrote “\$190 = 15 min after insurance” next to it.

- (Q25)
  - Selected both “Haven’t used” and “Don’t know” for all but two services.
  - For “Flu vaccination clinics” selected “4” and underlined “drive-thru” in the service description.
  - For the “Public health education” service selected “N/A” and wrote “not available for free” next to the service.
- (Q28)
  - Selected “Most days (3-5 days per week)” and crossed off “3-5 days” and wrote in “2-4 days,” and wrote “a couple of days a week” next to the choices.
- (Q29)
  - Selected both “Fair” and “Poor.”
- (Q31)
  - Selected both “High” and “Moderate.”
- (Q32)
  - Selected “Meditation and/or prayer” and circled “prayer.”
- (Q33)
  - Selected “A little” and wrote “with concern for them” next to it.
  - Selected “Somewhat” and circled “someone else’s substance” in the question text.
  - Selected “Not at all” and underlined “use issues” and “alcohol” in the question text and wrote “past – doesn’t apply at this time” below the question.
  - Selected “A great deal” and circled “someone else’s” in the question text.
- (Q34)
  - Selected “2-4 times per week” and lightly checked “Daily” and wrote “most when weather okay” next to it.
  - Selected both “3-5 times per month” and “1-2 times per month” and wrote “summer” next to “3-5 times per month.”
- (Q37)
  - Selected “No” and wrote “Dillon rates high on cost of rents and purchase of a house” next to it.
  - Selected “No” and circled “housing options” in the question text.
- (Q38)
  - Selected “Yes” and wrote “some” next to it.
  - Selected both “No” and “Unsure/Don’t Know.”

- (Q39)
  - For “I have enough financial resources...” selected “3” and wrote “+” next to the value.
  - For “I feel safe at home...” selected “3” and wrote “+” next to the value.
  - For “I feel my community is a good place...” selected “3” and wrote “-” next to the value.
  - For “I feel prepared for an emergency...” selected “3” and wrote “-” next to the value.
  - For “I feel safe at home...” selected “1” and added “un” before “safe” and wrote “violation of privacy [name redacted]” next to the statement.
- (Q41)
  - Selected both “Good” and “Fair” and wrote “Co-pays are too high” next to the choices.
  - Selected “Fair” and wrote “They take their profit from between me and my care” next to it.
- (Q43)
  - Selected both “Yes, and I use them” and “Yes, but I do not qualify” and underlined “I use the” in the first choice.
  - Selected “No” and wrote “threshold for help too low to mean anything” next to it.
- Additional Comments:
  - “This survey is designed to reinforce existing structures of profit taken from the poor and government programs. Not serve social needs.”
  - Circled the survey log-in code and wrote “Confidential? :)” next to it.

# Appendix H – Focus Group and Key Informant Interview Questions

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

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

# Appendix I – Focus Group & Key Informant Interview Notes

## Focus Group #1

**Date: March 12, 2026**

**Dillon LAC**

What are you all seeing in the community? What are your concerns?

- Crisis Stabilization Center
- Short term crisis stabilization – folks don't have any place to go when they come into the system which is usually through the jail – the jail isn't the place they belong – but besides the ER there is nowhere else to go
- MH services aren't there
- Dream is a short term stabilization place – think they have one in Polson – 3 or 5 days stay for suicide or crisis or psychotic break – time to make further decision about resources, where to go, affordability
- If someone is out on bail, they can be court ordered to the hospital and that's not really a helpful place for them – we can do MH eval, have a psychiatrist come talk to them – but not resources to facilitate a plan for them going forward
- Youth challenges – a lot of psychiatric illnesses and the hospital doesn't always have updated meds – some fear and consequence involved with changing meds
- Community isn't super suited for \_\_\_\_ - folks who have to stay at home don't have mental and behavioral health services – place to learn life skills, engage with people – need a place for them – we don't have a lot of services around that for all ages – high needs/lower functioning but can be at home but there's not a lot there
- BH Community Center – not a drop-in center because that has a certain feel and take – I wanted to call it a community center where individuals could go to check in to get back on track – place people could go to be connected to correct resources – could be BH Peer support specialists to meet people where they're at – addressing things that could escalate into crisis before they do – could have MOUs with therapists in town they could reach out to
- Case management services – help folks get connected
- BHCC imagined as physical building with all those resources in it – community collaborating to make those resources available in it – orgs and professionals would come there to provide services – everyone could use this, everywhere in Montana – drop in centers are available but this would be different, would be bigger scope of work – drop in centers seem to only attract only certain parts of population – community should buy in and know it's for all of them not just for *those* people – BH resources get stigmatized

- Should maybe start with something that's part of an umbrella organization – hard to go 0 to 100 – should start with something
- This could be something that could serve all folks – in an ideal world it would handle the addiction aspect of MH and those peer supporters
- What is needed to make this a reality? Providers, trainings?
  1. Unsure of answer
  2. Might need to be collaborative approach with 2 or 3 orgs collaborating on operating a BHCC – city, county, private – need multiple orgs to stand up infrastructure
  3. Hospital would have substantial role
- At school – virtual therapist – two rooms with dedicated computer where kids can connect with therapist online – depending on situation they can also be brought to hospital – but the rural schools don't have counselors, they can connect with these sources sometimes, but they rely on the teachers – they have one distance counselor (not immediate)
- We have strong coalition for early childhood – very strong
- We could do quite a bit more for our seniors
- Middle aged adults too
- Theme is transportation to get places – we have ER, walk in clinic, BH specialist who is available for crisis – but how do people actually get there – how do kids get to those resources from the school? – you often can't get kids out of the school at times of crisis so we do need virtual support

### **Focus Group #2**

**Date: March 24, 2026**

**Dillon HS Teachers**

1. How do you feel about the general health of your community?
  - That is a hard question. I could say that in the school, we are doing a health screener initiative. Thus far, the results have been pretty positive. Kids are feeling healthy, no flagging for anxiety or depression. It has improved from the fall.
  - Physical health- this winter was tough for us. Kiddos were gone for an extended period of time. Illnesses.
2. What are your views/opinions about these local services:
  - Hospital/clinic
    - EMS if there is an emergency. WE have a good relationship with the hospital. Share athletic trainer. That has always been a good thing. We've had physician students come through the school.

- EMS Services (ER/Ambulance)
    - Quick response with ambulance, very professional.
    - We have had to send a few kids with them. We contract out for athletic activities.
  - Public/County Health Department
    - We have our CPT (CHILD PROTECTIVE TEAMS) meetings, so we work together.
  - Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
    - Not asked
  - Services for Young Adults/Families
    - In our school, we have YGBR
    - I've made referrals for community-based therapists.
    - 988 number and the MT Cares App. It would be helpful for more immediate help for crisis or long-term problems.
  - Services for Low-Income Individuals
    - Not asked
- 3. What do you think are the most important local healthcare issues?**
- Cost of services. That hinders people from reaching out and getting those services.
  - Quite a few families that do not have health insurance
  - Stigma in accessing care. People don't talk about our problems.
- 4. What other healthcare services are needed in the community?**
- There isn't really a way people learn about services locally.
  - Jumping online and googling or word of mouth.
- 5. What would make your community a healthier place to live?**
- More resources for families in need
    - Access to food- it's hard to keep our school community pantry stocked (Probably about 20% of kiddos need help)
    - The food bank is only open a couple of days a week
    - Basic hygiene resources were donated by one of the "family" stores, and that has been so helpful for our students.
    - Flyers or information about available resources would be helpful for us to disseminate around the schools.

Reproductive health- I'm not sure what is available around here. I'm not sure where students could access services or resources, but I know some students would benefit from that.

- Public health has some resources available

We don't have a school nurse. I don't know if there is any way we could have an MOU with the clinic or some way to assist with referrals or support for students.

**Focus Group #3**  
**Date: March 25, 2026**  
**Jaycees**

1. How do you feel about the general health of your community?
  - Mental health is a big issue in the community
  - Cost of living is so high these days, medical expenses included. That's really hard
2. What are your views/opinions about these local services:
  - Hospital/clinic
    - Cost of care is way too high. Barrett charges more than anyone else around.
    - I second that. Barrett is too expensive. It's cheaper to drive somewhere else than get care here often
    - I worry about the cost of care because when my kid is sick I want to take them in, I hate not taking them in, but what if that bill breaks us? It's an awful place to be
  - EMS Services (ER/Ambulance)
    - Everything is flown out
  - Public/County Health Department
    - Don't really know what they do
    - They do flu shots and stuff, that's nice. We use that
  - Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
    - Not asked
  - Services for Young Adults/Families
    - We need more pediatricians, or providers who can do pediatrics. Right now we drive to Butte or Bozeman for that care.
  - Services for Low-Income Individuals
    - Not asked

3. What do you think are the most important local healthcare issues?
  - Pediatrics
  - Mental health – the stigma around it, and the lack of privacy around care in a small town
  - But I think more people would go see help if it were here
4. What other healthcare services are needed in the community?
  - More counselors for adults and kids
  - Help paying bills
  - More things for kids to do – activities, jobs, etc
5. What would make your community a healthier place to live?
  - Not asked

**Focus Group #4**  
**Date: April 8, 2026**  
**Dillon School District**

1. How do you feel about the general health of your community?
  - I think that we can all agree there has been an increase in mental health and behavioral issues in kids that we don't know what to attribute it to. Maybe changing parenting styles or COVID.
  - I started 18 years ago, where we saw 75% were ready to come to school. Now we are looking at maybe 35%. It's just a reality. There has been an erosion in the ability of a regular household to be able to stay home with a kid and help them. I don't know how many are able to do that financially. This is a real problem for these kids not having these skills. I'm not blaming the daycares with their workloads, but kids 0-4 year-old are not getting what they need. They are not meeting the standards for kindergarten screenings. We are just playing catch up. Now it's just drop your kids off and let the teachers help them. We have good preschools, but the number of kids attending is far too low. This gap has been seen since the last five years with COVID happening.
  - Mental health with teens, associated with devices and social media. Parents are overwhelmed and don't even know where to start (monitoring devices etc.) Social media appears to be the root cause of the issues that we see with teens now. We are a phone free school in the middle school, collecting phones, smart watches, and headphones at the door. This helps take the distraction away from them, but there are kids who try to hide it.
  - Vapes have been a huge thing. Illicit drugs haven't appeared in this school. We have had our first weed case here. I haven't seen alcohol recently in the past 3-4 years. Each group brings their own situation. Coming out of COVID vaping was extremely bad, but I think it's gotten better. We have a lost and found and air quality sensors in the bathroom that have helped. I talk to our kids all the time, explaining that they are living

under a microscope where everything is broadcast on social media. I talk to our kids a lot about this and am giving a talk today.

- Vaping has become more accessible. Look at the marketing used in Town Pump. We had a trend of melatonin vapes from Amazon, and the kids claimed to be vaping to be cool. If a kid wanted to get a vape in Dillon, it wouldn't be that hard.
- Zyn has not been an issue in middle school. There have been a couple but not as many as vapes. Chewing and cigarettes happen but vapes are more consistent.
- For us, the mental health problem stems from social media. Parents don't know or don't have the resources to combat this issue.
- I don't think there is the same stigma around mental health. Parents need the help but they don't know how to access it. Its either punitive or restorative, and I feel comfortable telling parents that. I would rather have these kids move forward with mental health care than disciplinary action. Stigma can happen in isolated situations. There are just not enough options and that's where parents struggle. Parents don't want their kids to be the bad kid. The more help the better. We couldn't get 20 therapists here but we still need more.
- Kids accessing prohibited sites at school less than before. Maybe due to new filtering system. Pretty minimal from my end. Most searches are curiosity rather than something else. Our teachers do a good job of keeping kids on task. High school has less lockdown on the browsers.
- We have a great school in a great community. Our teachers are very in tune with what's going on with the kids. We have good kids and good families, it's more those isolated instances. Its those isolated instances that we could use more assistance with.
- Our school works hard to bring in speakers and get grants to promote mental health.
- If they have therapist resources to provide for us, that would help us cater to the needs of our parents. We have no options right now. One at twin bridges and one in town. If we had a place to refer parents that would be great.
- When grant lost funding, we lost the ability to have those mental health services. We were able to close gaps with grants, but gap has returned when funding went away. Check in check out program has went away, as well as staff mental health. We had an extra guidance counsellor, we had book clubs, and other programs for staff and students. Now that funding has been gone, this gap has returned.
- Our staff has been given a ton of mental health opportunities, partly with book clubs. Our school tries to cater to the needs of our employees. You can always do more but we also got criticism of too much.
- COVID ties into these issues. When COVID funding was released, we had an influx of technology all over schools. What happened after, was state agencies started requiring testing through the technology, which removes the paper and pencil learning. This increases youth screen time where it was never that way before. It helps get quick results, but kids aren't learning the same way. We also have to have increased device upkeep. Pen and paper teaching needs to come back. Young parents stick devices in front of kids, and that doesn't seem to work. All homework is on computers as a game.

What we are now forced to teach through the state is now geared towards that and I don't know if that is a positive thing.

- Some parents have expressed concern over screen time. We have staff who try to not utilize them, but it's a necessary component, I guess.

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

- Public/County Health Department
  - Our school is frequently in touch with county health. It would be nice to have a few more resources on where we can refer kids.
- EMS Services
  - Not asked.
- Services for Young Adults/Families
  - There are preschools, but cost is an issue, so they find whoever can watch them.
  - We do have Early Childhood Coalition that have offered parenting classes. It may be just a certain group who are interested. Not sure.
  - There is parenting tips or links to therapists on our website for parents, but we don't see a lot of parent engagement.
  - I think I touched on the positive aspects being more support for parents. If you have kids you have to raise them, but that gets lost on some people. They don't think they have to continue to be a part of the process.
  - More support for parents. My household has clear screen boundaries which helps regulate. More access to mental health. The school provides information about avenues to go when they have trouble. More support for kids.
  - I think a resource to give out to parents about avenues to go with mental health resources.
  - It's hard to find mental health resources for kids in this area. Besides googling, it's hard to locate them and find out who to go to. A resource for parents could be nice.
  - There are 12-15 providers in the community, but there is also the issue of cost. Do they take insurance or do they even have insurance? This creates a barrier.
  - A person to help people who need to navigate mental health issues could be nice.
  - Hours for mental health providers is an issue as parents don't want to take kids out of school for a mental health appointment and take the kid to the appointment.
  - The services on site at the school used to help. YBGR can't hire anyone. It's like a continual opening because it is not private sector.
  - Kids may go to daycare and not get much interaction. They are put in a room with no feedback. I am trying not to discount the parents burden, but it's

become drop them off and hope for the best. Our test scores have begun to erode the middle ground. Only high and low performers.

- Often times, the ones who don't need it as much attend those parenting classes as opposed to the ones who really need it. There are 40-50% low income. Those who need it either don't have time, don't have resources, or aren't equipped. This is a concern of mine.
  - I think there could be a place for a kid's mindfulness class, but the parents would have to be sent the information for an opt in program. There is usually a place for everything, but parents' rights are huge, so they would need to have a say in the matter.
- Services for Low-Income Individuals
- Not asked.

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

- We are short of behavioral therapists. There are great ones in town, but we just don't have enough. We used to have not had as many kids who needed that, but now we do. It used to be just defiance, but this has escalated to throwing chairs, rocks, destroying doors etc. The problem is now that with the toxic stress, kids have seen this behavior in their peers, and now I must manage the ripple effect of these behavioral issues. Parenting has changed. They aren't what they used to be. There is an increased reliance on technology with kids. Studies have shown exposing these kids to screens is harmful. 0-4 age is so critical, and people just don't seem to have time or don't want to do it
- More mental health professionals. Our budget only allows for one, but even if we have three, I don't think that would even be enough. There are some providers in the community but having more in the community would not be bad. Some are trained to work with pediatrics and adolescents. Some are only adults.
- There is a need for youth counsellors. Children's mental health needs in this community are great. The closest one is in Twin Bridges. Our school counsellor will be moving to private practice soon.
- I hear lots of trying to get my kid into counselling but are waitlisted.
- There are some in middle school who use it, but provider compatibility is huge. Being behind a screen via teletherapy is hard. It depends on the age. It seems that younger populations do not work well with telehealth.
- We have a check in check out program for mental health, but we are still understaffed for that. Some of the kids who need it don't get it. There are not enough people, and the people we had have now went to private practice which can make it hard for parents to access.

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

- Touched on previously.

**Focus Group #5**

**Date: April 8, 2026**

**Church (food pantry and senior center member)**

1. How do you feel about the general health of your community?
  - Not Asked
  
2. What are your views/opinions about these local services:
  - Hospital/clinic
    - Cost of care here is so ridiculous. Blood work done here is 1200 bucks. If I do it through a private resource, it is just over 100. It's a beautiful hospital, and some providers are great. I have full insurance and full benefits, but I will always outsource. I will always outsource my doctoring.
    - Prices seem overinflated. This year I had to sign an agreement that Medicare may not pay for two of my treatments. I have never seen this for basic blood tests. Maybe overinflating prices? It just seemed weird.
    - I think it comes down to what is available, how much is available, and what the cost is. Fees for a therapist are far too large to consider care here for consistent appointments. I just think the cost-prohibitiveness is the greatest barrier.
    - I have a very good doctor here who is very thorough.
    - I have a great primary. She takes her time and is great. I do find it irritating that the cost of my appointment will increase dramatically if I go overtime and my doctor and she agree that the cost of the appointment goes up immensely. People aren't aware of this, and it can make people hesitant to come in. They only deal with one issue at a time. The more issues the more the cost of the appointment. That or they make you come back again. I worry about the cost constantly.
    - In general, it would be helpful to know if there are outside resources to fund procedures. Medical bills can rack up with all the fees and people can need something extra to help people out. I haven't come across anything here in Dillon to see if you can tap into any other funding that can help pay for their care needs without entering debt. Providing connections to resources and providers would help.
    - I would go to Barret more if the cost was lowered. It's nice to have one close but we face other barriers other than cost.
    - Kids facing sports injuries – families have faced issues that have caused them to outsource care.
  
  - EMS Services (ER/Ambulance)
    - Not asked
  
  - Public/County Health Department
    - Not asked

- Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
  - There is no dementia trained individuals at the overnight hospitals. A gentleman with dementia did not receive help when he had overnight needs, and she has to escalate care at her own expense.
  - One other lady with dementia had to be moved from the hospital to a better facility. There seems to be not enough training or knowledge on how to work with and deal with dementia patients consistently. Maybe just overnight staff?
  - Lady with knee replacement had no overnight support when at the hospital. I don't know if there are staffing issues overnight.
  - Renaissance – Provider said working with the hospital was difficult, as the hospital claimed that they did not have enough resources. This was at the detriment of the patients. It's interesting that overnight and senior care has been poor across these cases. The hospital seems to ship out senior patients as soon as possible. The bill was excessive for the care they felt they had received. Medicare helps, but there will still be a bill.
  - I think the care and availability at the hospital for dementia patients is not met by the hospital. Rather than the hospital saying that they cannot handle that, they intake them and ship them out quickly
  - We do see a rising number of senior clientele at the food bank. Some of the gaps that we are seeing are that knowing that the option is there and then having access to it. Seniors face the challenge that they can make it to the food pantry if they do want to. We are making strides in getting knowledge of the food bank out into the community. We are building our social media presence, but how do we fill that gap to let seniors know. With the rising cost of groceries and healthcare, seniors have needs, but it's harder and harder to meet them
  - There is no bus to take seniors anywhere. Early Childhood Coalition has a bus but we need someone to get the ADA component installed, and I find it odd the hospital is not helping. We need a special mechanic to do the ADA bus installation. We would like to partner with the hospital, maybe have the senior center open more. We have three ladies taking people to appointments right now alone and that is not right. ECC is trying to use this bus to help with child transport, and a separate one for seniors. We need help from the hospital. If we get that, then the senior center could serve as a collection place. The kids bus is running. The ADA lift was free, but we need it installed before it can be used. It will be a dedicated bus for seniors.
  - We have an older community and that number is rising. We have at least 6 people with macular degeneration. Hospital tries to send them to Bozeman, but they can't see to drive. The bus is a true need in the community.
  - No dementia staff.
  - There is a big gap in transport in mobility. We do have a place in Dillon to give oxygen and wheelchairs. They are wonderful and help deliver. I want to give them praise but they have their limitations. Again, we need to partner with the bus.

- There is a city run senior bus, but it is by appointment only. Wait time can be excessive. This bus is separate from ECC. There is no bus after 5 and they also take an hour lunch at the same time of senior lunches. The only bus will be dedicated to seniors' things if we get the ADA lift installed. I have a driver who would do it for free one day a week. We could even see if they could drive to Bozeman, Butte. Could encompass social needs (Pantry, appointments). I have one driver willing!
- We have a monthly grief support group that a community member wanted to access. She has a wheelchair, but bus staff won't help her onto the bus, so she can't go to any of the meetings.
- My generation learns from posts online, which is why the pantry is trying to increase their social media presence. With older populations, we need to connect to more old school methods, like newspapers and bulletin boards. This is hard to consider what to do when we also have folks who don't leave their home much and can't see these ads. How can we connect these resources across town, like a resources page, when people are not all able to go online. Not many places to post bulletins, and if you do, you may not come across the ad anyways. How can we service the diverse population we have in Dillon.
- The senior's center doesn't actually do anything for seniors. They serve lunch and let you play cards and that's it. Seniors need more. Community has to step up to make up for their shortcomings. There are a couple of people who are stuck in tradition.
- Services for Young Adults/Families
  - We have had a great experience raising kids here. Gymnastics community has been great. The park has been a great contribution through private donations. We have all these resources and nonprofits that should be stepping in, but private organizations have been forced to step up.
  - I homeschool my kids and would never use the school here. There is no food there. There are unusable areas in the school due to safety concerns. Programs at the school are lacking. On the other hand, it is the only place to get high school sports. The Y has sports program for littles, cut off is around 6th grade. Otherwise I would have to take my son to Butte to play sports. The kids are able to play on the Dillon school teams. The homeschool population is massive for our town due to the education system issues.
  - Youth jobs are hard to get here due to competition from college students. There are some other jobs but there are lots that serve alcohol which kids can't do. It's been a concern for other parents too.
  - There are too few jobs in this community for the need for jobs. These jobs also don't pay enough to live in this community.
  - Summertime activities are plenty. Outdoor recreation is huge for families, but for those who can't, more summer programs could be good. Programs usually work on a school-calendar.
  - There are younger families who also utilize the foodbank

- We offer a backpack program for the middle school, but there is a noted gap in food security for high school students. Possibly partner food bank with high school? Dollar school and gas stations are only options for cheap foods. High school students would have to order a lunch from the elementary school, which is clunky and can be embarrassing. During the noon hour in high school, there are a group of students sitting outside not eating.
  - Services for Low-Income Individuals
    - More college students are coming to the food pantry. There is a mini food pantry at the college.
    - Averaging 2-4 new food pantry applicants per week. People can come in once a week where they can pick up so much depending on the size of their family. Around 150 families per week. More families have begun to come as food prices increase.
- 3. What do you think are the most important local healthcare issues?**
- Tradition is hard to break in this community. “This is the way it’s always been done so that is how it will be.”
  - Mental health. Talking with my provider has been great but it falls into either here is medication or we can get you into contact with a counselor.
  - I don’t see emergency mental health services here. I wouldn’t know what to do or where to go in this community.
  - Education around mental health has a gap around here. Like warning signs, where to go, etc. Who can you call? For the younger generation this could be an online resource, but it comes down to organizing resources and being able to distribute it to the community across the board.
  - This is a rural community with strong conservative ties. Talking about mental health is hard.
- 4. What other healthcare services are needed in the community?**
- There is a shortage of specialty doctors. No ear, nose, and throat doctors. They may be hard to come by though. There are two travelling orthopedic providers who are very good, but it would be nice to have a permanent one.
  - Its really hard to get care here. Imaging is horrible and was sent home with only Tylenol. Have been sent to Butte for a simple wrist x-ray. Could be a staffing issue?
  - I know they are short staffed in the lab. I had to wait 55 minutes when I got tested at open. It doesn’t make people happy to wait all day for test results. Could help with staffing.
  - Wait times are horrible for lab. There were 20 people fasting and waiting egregiously long times for their results.

5. What would make your community a healthier place to live?
  - We had a grant come through with the pantry to try and get more nutritious food. We have two options for stores, but healthy food is so pricey. The processed groceries are far easier to turn to. When travelling, we must try and get healthy foods cheaper, but it's hard to do so if you can't leave Dillon. Clients coming into the pantry from the hospital have said they need to eat xyz but can't afford to eat healthily because of the cost. This lack of access to nutritious food is hurting the community. Donations of fruits and veggies are mostly coming from the grocery store donations. Some MT food bank orders of fruits have been inedible.
  - There is a walking path around the hospital and the north end of town, but these are not accessible for any sort of people who have needs.
  - The infrastructure in Dillon is horrible. Sidewalks are not ADA compliant. Trying to get around in a wheelchair is not possible. We are missing stop signs and have large potholes in the road.
  - There is a unique commutation gap that is present in our rural community.
    - Ranching population aren't aware of the happenings and resources in town. Could help with class attendance.
    - Hospital has no community bulletin board. TV bulletin in hospital is not accessible for everyone. If you are there, then you may see. It's just something you walk by. No TV bulletin in the waiting area.
    - There is no place to find resources. Calling the financial department is miserable. It's hard to get a call back. They also don't provide any resources.
    - There is a free newspaper, but they don't deliver and they probably never will.
    - It is hard to get information (voting, tax). Local library doesn't carry information. Getting access from town hall is difficult and convoluted. You must travel all around to get information which is not convenient.

### **Key Informant Interview #1**

**Date: February 26, 2026**

**Via phone**

1. How do you feel about the general health of your community?
  - I feel it's pretty good. It's a small community, and it's getting elderly. It's pretty normal for a small town. I don't think it's better or worse.
2. What are your views/opinions about these local services:
  - Hospital/clinic
    - We love having it here. We are very happy with the hospital and clinic. We've only had good experiences with them.

- In a lot of other places, you can't just walk into the clinic and see someone. You can do that here, walk in, and see someone within 30 minutes.
  - EMS Services (ER/Ambulance)
    - Fortunately, we have not used them.
  - Public/County Health Department
    - We get our vaccinations there all the time. They are great.
    - They were good during Covid; they did a super job.
  - Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
    - We have an active senior center. They just got a new kitchen.
    - We have home health; fortunately, we haven't had to use it yet.
    - We have three senior homes. They are ok. Not luxurious, but they are fine.
  - Services for Young Adults/Families
    - We are both retired, so we don't have any young kids at home.
    - Smaller kids have a fair amount of activities available to them. I don't know about the older kids. Seems like there are a lot of sports options.
    - The Y is great. Pickleball, basketball, and tennis courts.
  - Services for Low-Income Individuals
    - We do have that. I don't know if it's adequate.
    - We have a women's resource center, a food bank.
    - There seems like there is always a need here.
    - United Way helps and has a special fund for emergencies.
- 3. What do you think are the most important local healthcare issues?**
- Oh, there is a lot of drug use. Meth and I don't know- it's grapevine, you know. We don't really see any of it, though. We don't go out at night.
  - The community is getting older.
  - As a whole, people are pretty healthy. They get outside and hike and walk. Ranchers working- all ages.
- 4. What other healthcare services are needed in the community?**
- I don't think we have ENT. Some other specialties would be nice.
  - Hearing aids- hearing services.
  - Eye surgery, we can go to Butte or Bozeman, and it seems like it's fairly easy to get done.
  - The hospital is very good at assessing people and sending them to specialists as necessary.
- 5. What would make your community a healthier place to live?**
- Our community in general is pretty healthy. It's a beautiful place to live. Not a whole lot of crime.
  - We know each other and keep an eye out.
  - We are thankful to have the hospital and clinic. We have great access.

- There are opportunities to exercise if you need and want them.

### **Key Informant Interview #2**

**Date: March 24, 2026**

**Via phone**

1. How do you feel about the general health of your community?
  - Generally, it's not bad, but it could be better. We do have a lot of doctors coming in and out. We have to leave the area to receive decent medical care.
2. What are your views/opinions about these local services:
  - Hospital/clinic
    - The hospital is generally okay. They seem to have to refer outside to the bigger city hospitals. We have ran into sending people out for heart conditions. We are not the best prepared for heart issues.
  - EMS Services (ER/Ambulance)
    - Overpriced. When we had my roommate taken up to the hospital it was 1200 bucks. The response time was fantastic. The ER, if not a busy night, you can get in and out. Some nights, not enough staff or rooms are available. Everybody was all hands on deck in my experience; that was a slow night. You can sit there for hours for simple tests.
  - Public/County Health Department
    - I don't know, I have used many of their services.
  - Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
    - There isn't a lot of good home health. There is a company from Butte that will come out but you have to pay for it. There are nursing homes available, but kind of spendy. Out of reach for the average retiree. Another one goes through the staff a lot. One that anyone can get into is Pioneer; it is bad.
  - Services for Young Adults/Families
    - The services aren't too bad; a lot of people complain but I don't think they are putting effort into finding the services. It does take an effort, however, the services do provide well. The office hours are limited. Medicaid runs through the DMV, only open every other Wednesday. Family planning is only open three days a week. It is an effort to get in but it is there.
  - Services for Low-Income Individuals
    - We do have a few clinics with sliding fee scales for people who don't have Medicaid. Like I said the Medicaid office can be hard to get into. We don't have a dedicated office. It is easier to go to Butte. It is nearly impossible to get anyone on the phone. The food bank is awesome. They try to help people find services.
3. What do you think are the most important local healthcare issues?

- Mental health is a big one here. A lot of it is we can't keep specialists in the area. We have shipped out multiple orthopedic surgeons. We have people retiring and traveling specialists come in, but they are only here for a few months. Traveling can be hard in the winter with road closures. The specialists don't usually last very long.
4. What other healthcare services are needed in the community?
    - We definitely need better mental health services. Most of our issues, doctors send out referrals. People have to leave the area. Cardiac specialists are lacking; we don't have any neurologists anymore. One retired and was never replaced.
  5. What would make your community a healthier place to live?
    - I really don't know; it's not a huge community. We don't have a lot of everything, but we do have what we need for the majority of the problem. More hours and specialties. More hours for Medicaid access. Whether it's funding or staffing that limits hours.

### **Key Informant Interview #3**

**Date: March 24, 2026**

**Via phone**

1. How do you feel about the general health of your community?
  - I feel that it is good, my concerns are behavioral health, attitudes, and addictive substance use and abuse, particularly among youth.
2. What are your views/opinions about these local services:
  - Hospital/clinic
    - I think we have a great array of primary care providers
    - Clinic services are good/fine
    - I am a big supporter of the clinic
  - EMS Services (ER/Ambulance)
    - I think our EMS services are remarkable, fearful for continuous based on volunteer, limited access to funds, as well as paid employees, I mean I know that their workforce is shrinking, the ER we have had lots of experiences in the emergency room, one drawback, there is not always a serious approach with chronic conditions, not always treated with empathy, concerns and conditions were dismissed and that was very frustrating. There is a need for advocacy for patients.
  - Public/County Health Department
    - I think it is amazing, understaffed, and overworked. I think they work very well in making an impact in the community. They are understaffed and underfunded.
  - Senior Services (Nursing homes, assisted living, home health, senior center, etc.)

- Senior Solutions is associated with the hospital, an amazing addition to the community. Home health used to be sponsored through the hospital it is now eliminated, and that is a great concern. Home health is a fundamental need in a community such as ours, aging. Hospice services there is a great need. The senior center is, unfortunately, a social group exclusively; there are not a lot of services that come through it other than occasional blood pressure checks.
  - Services for Young Adults/Families
    - I think the fact that we have an array of primary care providers is a huge benefit for our community. We have providers choosing to come to rural health and stay. I would love more education for families and kids, such as types of challenges kids are facing, instead of just doing sports physicals. Talking more about substance use. Sports physicals are great opportunities to connect with young folks in the community. There needs to be more activism in the community. I think we are very blessed that we have the physicians and referrals to specialties when needed.
  - Services for Low-Income Individuals
    - I think that folks who are low-income are limited in many ways. We have a hospital that supports Medicaid expansion which is great. Transportation is an issue for these folks in order to receive care. Low income is a tough challenge, such as access to medication, ongoing access to Medicaid. I would like to see more of a robust commitment from the hospital to help folks get set up on Medicaid. The Beaverhead resource assistance center does help with enrollment with Medicaid. The center is a grassroots organization in Dillion that helps get people enrolled in Medicaid. The hospital needs to be more supportive.
3. What do you think are the most important local healthcare issues?
- I think substance use and misuse is a top priority in our community. Especially as it pertains to our youth becoming addicted to substance use. And I think behavioral health services are not prioritized as much as they should be. Stigma remains with behavioral health. PHQ screenings at the hospital is wonderful and need to continue. More outreach is needed to get rid of stigma around mental health services.
4. What other healthcare services are needed in the community?
- Medical-related transportation is a real challenge, providing financial support for those who need to travel. Other unmet needs, again it all stems from behavioral health and substance-related issues. I would like to see the hospital take a lead on dangers with tobacco and marijuana use, especially for kids. Prevention with a capital P. Support for our EMS system is another hiccup. We're not getting that resurgence of young volunteers that we need. Support the ambulance and volunteers.
5. What would make your community a healthier place to live?
- A really strong focus on prevention and realizing that prevention is better than treatment. Caring for kids from the ground up. String preventative measures.

Networking with our schools. For some reason, we have a very relaxed approach to kids and substance use, and this sets kids up for major health issues in the future.

#### **Key Informant Interview #4**

**Date: March 30, 2026**

**Via phone**

1. How do you feel about the general health of your community?
  - I think there are resources available; however, for many individuals, it is not accessible. Cost is the main factor, as most of the community is not insured or underinsured.
2. What are your views/opinions about these local services:
  - Hospital/clinic
    - I think there are a number of great services; however the cost isolates a large portion of the community.
  - EMS Services (ER/Ambulance)
    - The ER definitely the cost inhibits some from getting care, some go to Butte to avoid this
    - EMS is volunteer, so the response time is not quick enough sometimes, and not adequate care.
  - Public/County Health Department
    - I personally love them; they do the best with what they can. There is a lack of funding, which impacts client access to care.
  - Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
    - We have a huge lack of services available, which comes back to cost, for our seniors who are low income have low resources. Only one apartment complex for them. The Big Sky waiver is a long process and waitlist for citizens to get assistance. A big portion of our homeless population is seniors.
  - Services for Young Adults/Families
    - I think we have more of those, however always room for more.
    - WIC does a great job
    - Access to care for the uninsured or underinsured is difficult
  - Services for Low-Income Individuals
    - We have the blacktail clinic, which has services on a sliding scale
    - Overrun
    - We also have a ton of non-profits supporting them
    - Housing is a huge issue that a large portion of the community face
3. What do you think are the most important local healthcare issues?
  - I think access to affordable healthcare is the largest issue
4. What other healthcare services are needed in the community?
  - We definitely need services for our older population

- As well as things for individuals who are well below the poverty line
- No resources for unhoused, or families struggling to feed themselves

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

- Affordable housing!

## Appendix J – Request for Comments

Written comments on this 2026 Community Health Needs Assessment Report can be submitted to Barrett Hospital & HealthCare or to the Beaverhead County Public Health Department:

Barrett Hospital & HealthCare  
Compliance Department  
600 MT Hwy 91 S  
Dillon, MT 59725



Contact Barrett Hospital & Healthcare’s Chief Quality & Compliance Officer at 406-683-3190 or [compliance@barrethospital.org](mailto:compliance@barrethospital.org) with questions.

Beaverhead County Public Health Department  
327 East Helena Street  
Dillon, MT 59725



Contact Beaverhead County Public Health Department’s Director at 406-683-4771 or [lguillen@beaverheadcountymt.gov](mailto:lguillen@beaverheadcountymt.gov) with questions.