



2023

COMMUNITY HEALTH NEEDS ASSESSMENT

Dillon, Montana

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



Table of Contents

- Introduction 4
- Health Assessment Process 6
- Survey Methodology..... 6
- Survey Respondent Demographics..... 9
- Survey Results 14
- Focus Group & Key Informant Interview Methodology 45
- Executive Summary..... 50
- Prioritization of Health Needs 53
- Available Community Resources 54
- Evaluation of Previous CHNA & Implementation Plan 57
- Appendix A- Steering Committee 64
- Appendix B- Public Health & Populations Consultation 65
- Appendix C- Beaverhead Co. Secondary Data 68
- Appendix D- Survey Cover Letter..... 77
- Appendix E- Survey Instrument 78
- Appendix F- Cross Tabulation Analysis 84
- Appendix G- Responses to Other & Comments..... 90
- Appendix H – Focus Group and Key Informant Interview - Questions..... 98
- Appendix I – Focus Group and Key Informant Interviews - Transcripts 99
- Appendix J – Request for Comments..... 120



INTRODUCTION

Introduction

In the winter of 2023, 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 twelve-time national TOP 100 Critical Access Hospital (CAH). Barrett Hospital & HealthCare offers the following services: Integrated Behavioral Health, Cancer Care, Cardiac Rehabilitation, Diagnostic Imaging, Dietician Services, Disease and Medication Management, Emergency Department, Geriatrics, Gynecology, Infusion, Internal Medicine, Laboratory Services, Men’s Health, Obstetrics, Occupational Therapy, Orthopedics and Sports Medicine, Pediatrics, Physical Therapy, Sleep Studies, Speech and Language Pathology, Transitional Care, Surgery, Urology, Walk-in Clinic, Wellness Program, Women’s Health, and Wound Care.



Arches - Photo taken by Jim Kyle



Mission: Barrett Hospital & HealthCare provides compassionate care, healing, and health-improving service to all community members throughout life’s journey.

Vision: To be the model in rural healthcare delivery for the United States in all facets of primary health services.

Values: We value and make a personal commitment to “I CARE” by demonstrating...

“I” = Integrity: honesty and commitment to agreements made and/or with standards required.

“C” = Compassion: empathy and understanding of the problems of others, with a desire to show mercy and give assistance.

“A” = Adaptability: the ability to positively adjust actions and positions held in response to changing conditions.

“R” = Respect: appreciation and consideration of others.

“E” = Excellence: commitment to working and acting exceptionally well, individually and with others.



Beaverhead County Public Health Department is comprised of four (4) full-time public health staff 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, 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, SW Montana Community Health Center, 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 Beaverhead County Public Health Department have a primary service area of 8,000 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) and funded in part through the Montana Health Research and Education Foundation (MHREF) Flex Grant and the State of Montana’s Department of Health and Human Services (DPHHS), Public Health and Safety Division (PHSD) in partnership with the Montana Healthcare Foundation. Community involvement in steering committee meetings, focus groups, and key informant interviews enhance community engagement in the assessment process.

In the winter of 2023, 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 as 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 every question asked. Please note we are able to compare some of the 2023 survey data with data from previous surveys conducted in partnership with the Montana Office of Rural Health in 2017 and 2020. 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 Department in conducting CHSD. A diverse group of community members representing various organizations and populations within the community (ex. elderly, young families, uninsured) came together in January 2023. For a list of all steering committee members and their affiliations, see Appendix A. The Steering Committee met twice during the CHSD process; first to discuss health concerns in the community and offer their perspective in designing the survey instrument, and again to review results of the CHNA and to assist in the prioritization of health needs.



Survey Methodology

Survey Instrument

In February 2023, surveys were mailed out to the residents in Beaverhead County, Montana. Survey respondents had the ability to complete the survey mailed to them, or via an online survey hosted at Montana State University's HELPS Lab web portal. The survey was based on a design that has been used extensively in the states of Washington, Wyoming, Alaska, Montana, and Idaho. The survey was designed to provide each facility with information from local residents regarding:

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

Sampling

Barrett Hospital & HealthCare and Beaverhead County Public Health Department provided aggregated lists of outpatient and inpatient encounters and information regarding service area zip codes. Those zip

codes with the greatest number of encounters were selected to be included in the survey. A random list of 800 residents was then selected with the assistance of the MSU HELPS lab. Residence was stratified in the initial sample selection so that each area would be represented in proportion to the overall served population and the proportion of past encounters. 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.

Zip Code	Population ¹	Community Name	Total Distribution	# Male	# Female
59725	7,805	Dillon	658	329	329
59749	2,059	Sheridan	34	17	17
59754	1,075	Twin Bridges	32	16	16
59739	316	Lima	22	11	11
59743	175	Melrose	10	5	5
59761	360	Wisdom	8	4	4
59732	276	Glen	8	4	4
59746	142	Polaris	8	4	4
59736	158	Jackson	8	4	4
59724	90	Dell	6	3	3
59762	253	Wise River	6	3	3
Total	12,709		800	400	400

¹ US Census Bureau - American Community Survey (2021)

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, Focus Groups, and Key Informant Interview Methodology

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

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

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



Survey Implementation

In February 2023, 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. 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.

One-hundred forty-two surveys were returned out of 800. Of those 800 surveys, 73 surveys were returned undeliverable for a 19.5% response rate. From this point on, the total number of surveys will be out of 727. 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 11.5%.

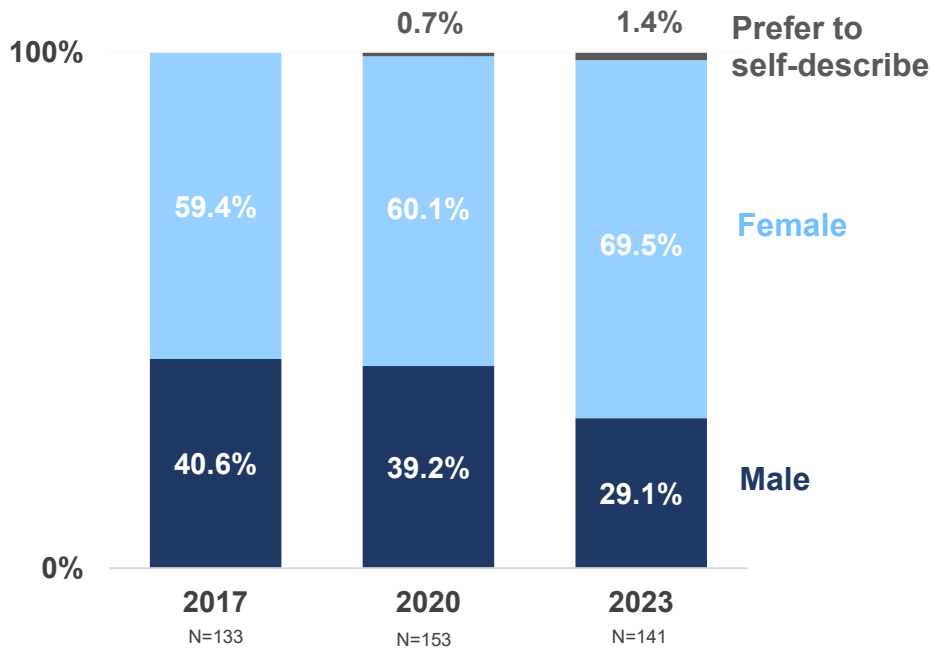
Survey Respondent Demographics

A total of 727 surveys were distributed throughout Beaverhead County. One-hundred forty-four surveys were completed for a 19.5% 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	2017 % (n)	2020 % (n)	2023 % (n)
Number of respondents	139	155	141
59725 Dillon	82.0% (114)	79.4% (123)	85.8% (121)
59739 Lima	2.9% (4)	6.5% (10)	3.5% (5)
59749 Sheridan	7.2% (10)	5.8% (9)	3.5% (5)
59754 Twin Bridges	2.2% (3)	3.9% (6)	3.5% (5)
59732 Glen	0.0% (0)	0.6% (1)	1.4% (2)
59724 Dell	0.0% (0)	0.0% (0)	0.7% (1)
59746 Polaris	0.7% (1)	1.9% (3)	0.7% (1)
59762 Wise River			0.7% (1)
59710 Alder	1.4% (2)		
59736 Jackson	1.4% (2)	0.0% (0)	0.0% (0)
59743 Melrose		0.6% (1)	0.0% (0)
59761 Wisdom	0.0% (0)	0.6% (1)	0.0% (0)
Other	2.2% (3)	0.6% (1)	0.0% (0)
TOTAL	100.0% (139)	100.0% (155)	100.0% (141)

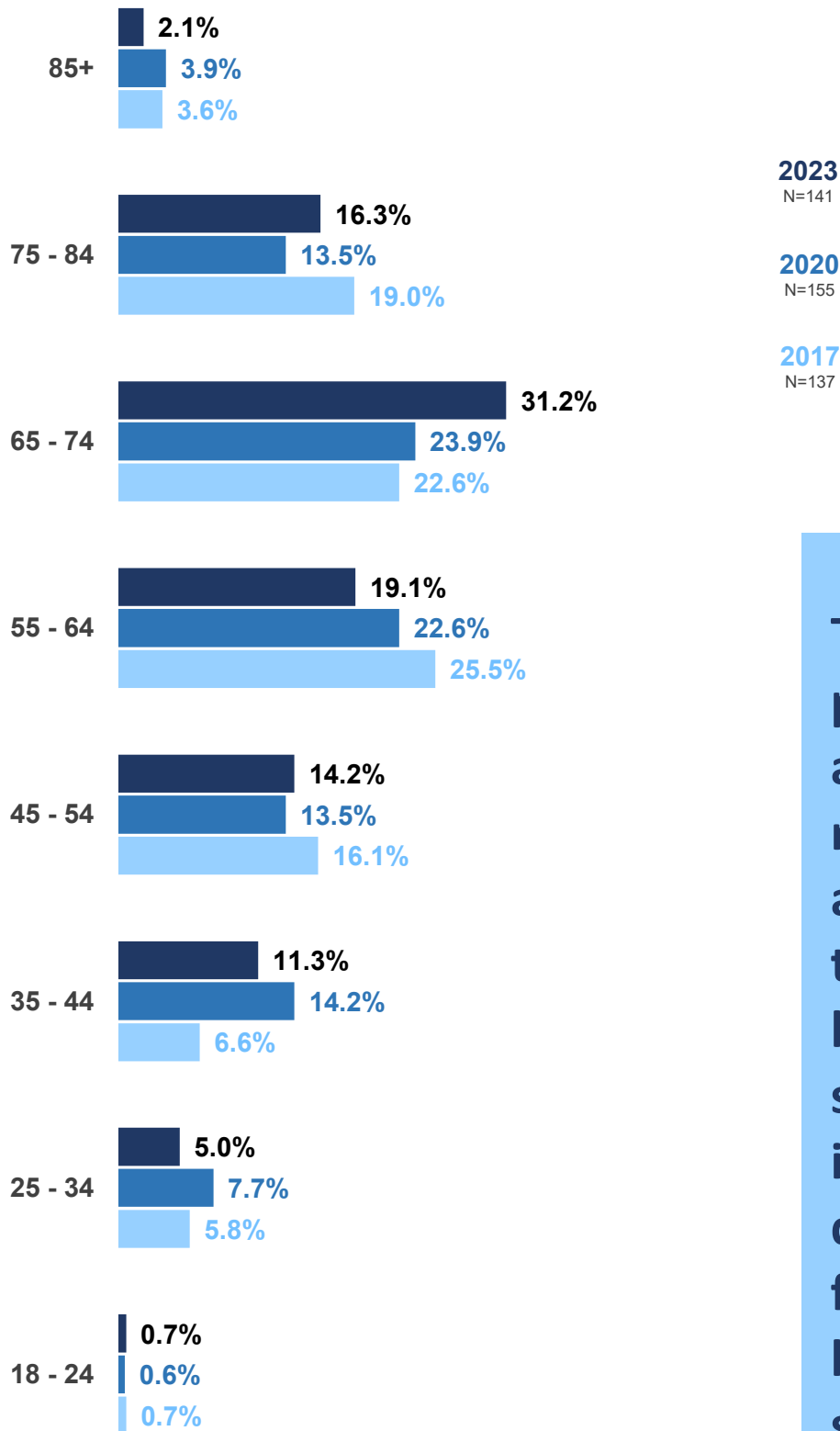
Statistical significance was not measured as reporting differed between 2023 and the two previous years. A larger number of missing values in 2023 compared to previous years would result in a skewed test for significance, indicating a meaningful change when one may not exist. Grayed out cells indicate the question was not asked that year.

Gender



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

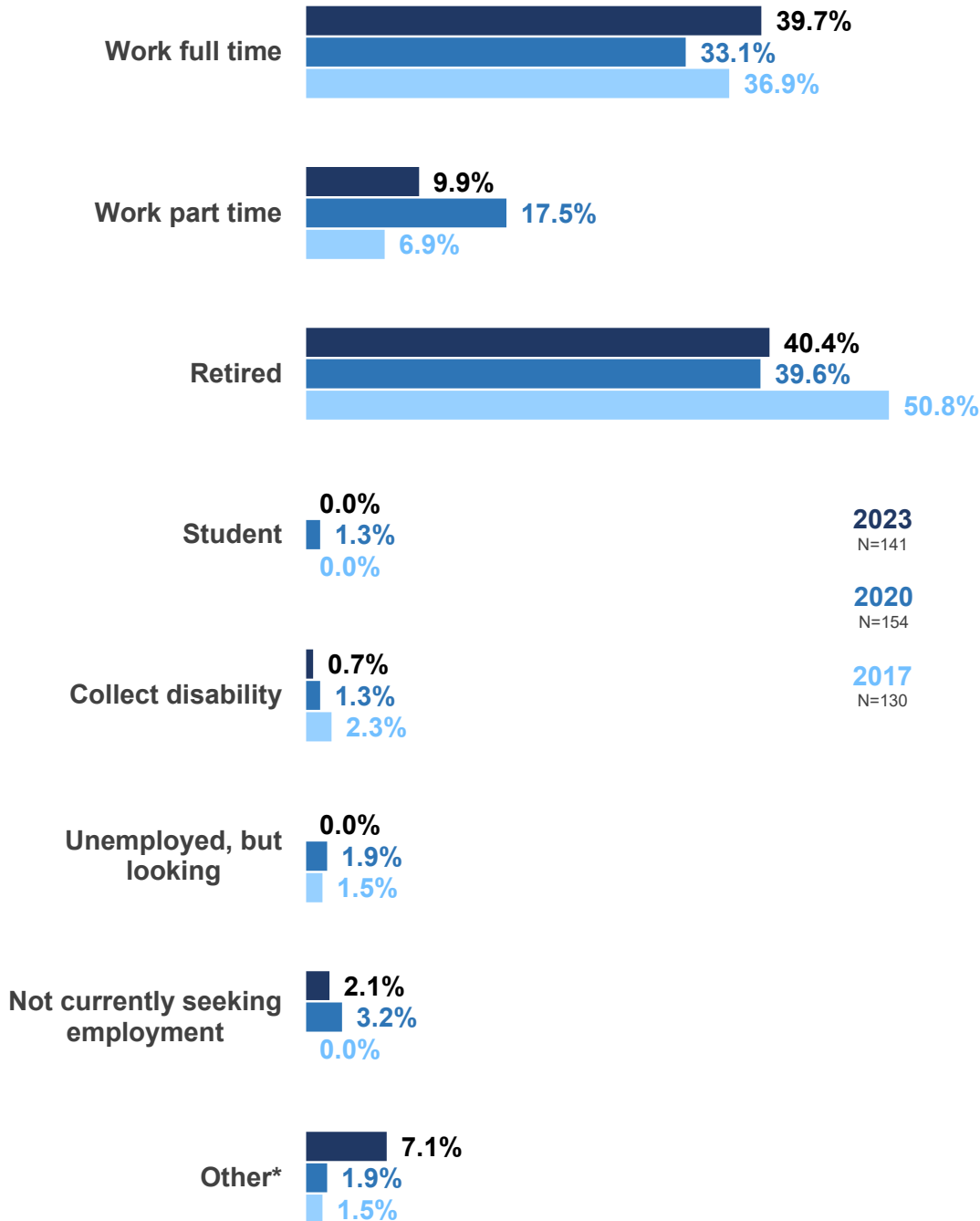
Age of respondents for all years of the survey



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

Employment status

The majority of 2023 respondents are retired or work full time.



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

"Other" comments included: "I work a side gig," Self-Employed, and Homemaker/Stay-at-home mom



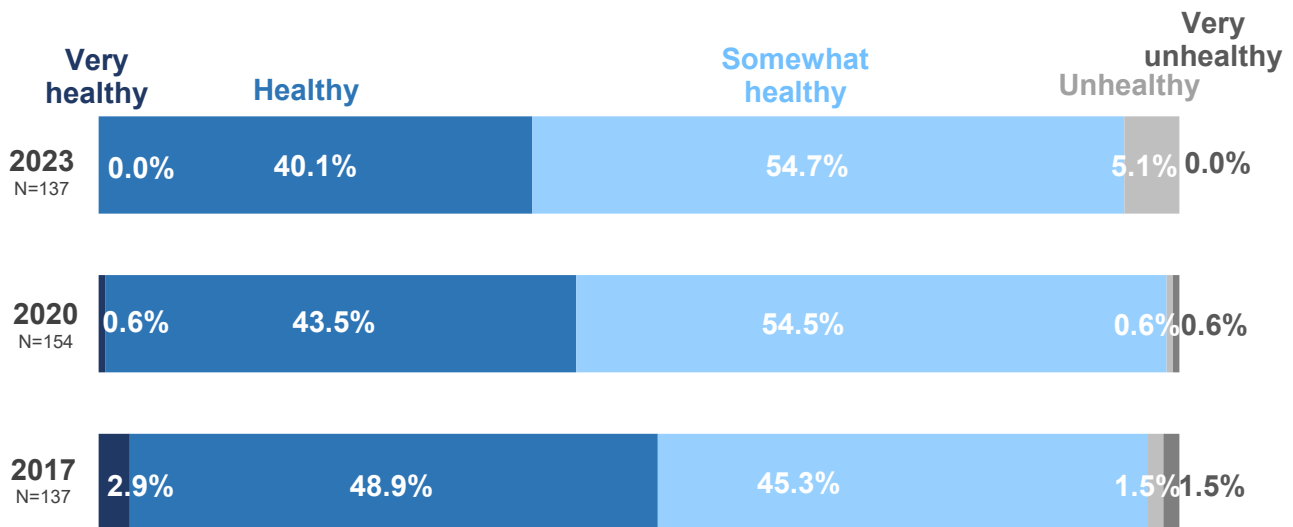
SURVEY RESULTS

Survey Results

Rating of Healthy Community (Question 1)

Respondents were asked to indicate how they would rate the general health of their community. Fifty-four point seven percent of respondents (n=75) rated their community as “Somewhat healthy,” and 40.1% of respondents (n=55) felt their community was “Healthy.” Five point one percent of respondents (n=7) indicated they felt their community was “Unhealthy.” No respondents rated their community as “Very healthy” or “Very unhealthy.”

More 2023 respondents rate their community as **somehwat healthy** compared to 2020 and 2017.



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 61.0% (n=86). “Depression/anxiety” was also a high priority at 44.7% (n=63), which experienced a significant change over the last three assessments.

“Other” comments included: COVID-19 and Services for seniors (*View all comments in Appendix G*)

Health Concern	2017 % (n)	2020 % (n)	2023 % (n)	SIGNIFICANT CHANGE
Number of respondents	139	156	141	
Alcohol abuse/substance abuse	58.3% (81)	55.1% (86)	61.0% (86)	<input type="checkbox"/>
Depression/anxiety	20.1% (28)	28.2% (44)	44.7% (63)	<input checked="" type="checkbox"/>
Overweight/obesity	33.1% (46)	28.8% (45)	32.6% (46)	<input type="checkbox"/>
Cancer	38.1% (53)	30.8% (48)	25.5% (36)	<input type="checkbox"/>
Tobacco use (cigarettes/cigars, vaping, smokeless)	19.4% (27)	17.9% (28)	17.7% (25)	<input type="checkbox"/>
Diabetes	15.1% (21)	10.9% (17)	14.2% (20)	<input type="checkbox"/>
Work/economic stress	7.2% (10)	11.5% (18)	13.5% (19)	<input type="checkbox"/>
Suicide	21.6% (30)	10.9% (17)	12.1% (17)	<input checked="" type="checkbox"/>
Heart disease	22.3% (31)	14.1% (22)	11.3% (16)	<input checked="" type="checkbox"/>
Alzheimer’s/dementia		7.7% (12)	10.6% (15)	<input type="checkbox"/>
Respiratory issues/illness		3.2% (5)	9.9% (14)	<input checked="" type="checkbox"/>
Social isolation/loneliness		9.6% (15)	7.8% (11)	<input type="checkbox"/>
Bullying		3.8% (6)	5.0% (7)	<input type="checkbox"/>
Child abuse/neglect	5.8% (8)	6.4% (10)	3.5% (5)	<input type="checkbox"/>
Domestic violence	2.9% (4)	1.9% (3)	3.5% (5)	<input type="checkbox"/>
Motor vehicle accidents	3.6% (5)	1.9% (3)	3.5% (5)	<input type="checkbox"/>
Eating disorders			2.8% (4)	<input type="checkbox"/>
Homelessness		1.9% (3)	2.1% (3)	<input type="checkbox"/>
Recreation related accidents/injuries	9.4% (13)	2.6% (4)	1.4% (2)	<input checked="" type="checkbox"/>
Hunger		0.6% (1)	0.7% (1)	<input type="checkbox"/>
Stroke	3.6% (5)	1.3% (2)	0.7% (1)	<input type="checkbox"/>
Work related accidents/injuries	4.3% (6)	0.0% (0)	0.7% (1)	<input checked="" type="checkbox"/>
Other*	1.4% (2)	6.4% (10)	4.3% (6)	<input type="checkbox"/>

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

Components of a Healthy Community (Question 3)

Respondents were asked to identify the three most important things for a healthy community. Forty point eight percent of respondents (n=58) indicated that “Access to healthcare and other services” is important for a healthy community, followed by “Good jobs and a healthy economy” at 34.5% (n=49).

Components of a Healthy Community	2017 % (n)	2020 % (n)	2023 % (n)	SIGNIFICANT CHANGE
Number of respondents	139	156	142	
Access to healthcare and other services	50.4% (70)	40.4% (63)	40.8% (58)	<input type="checkbox"/>
Good jobs and a healthy economy	46.0% (64)	34.6% (54)	34.5% (49)	<input type="checkbox"/>
Affordable housing	12.9% (18)	20.5% (32)	28.9% (41)	<input checked="" type="checkbox"/>
Access to mental health services		24.4% (38)	26.8% (38)	<input type="checkbox"/>
Healthy behaviors and lifestyles	46.0% (64)	27.6% (43)	23.9% (34)	<input checked="" type="checkbox"/>
Strong family life	35.3% (49)	23.7% (37)	20.4% (29)	<input checked="" type="checkbox"/>
Good schools	12.2% (17)	17.3% (27)	16.9% (24)	<input type="checkbox"/>
Religious or spiritual values	20.1% (28)	14.1% (22)	15.5% (22)	<input type="checkbox"/>
Clean environment (water, air, etc.)	12.9% (18)	9.6% (15)	14.8% (21)	<input type="checkbox"/>
Access to healthy foods	11.5% (16)	10.9% (17)	12.0% (17)	<input type="checkbox"/>
Low crime/safe neighborhoods	9.4% (13)	10.3% (16)	11.3% (16)	<input type="checkbox"/>
Access to senior services		8.3% (13)	9.9% (14)	<input type="checkbox"/>
Access to childcare/after school programs		4.5% (7)	9.2% (13)	<input type="checkbox"/>
Outdoor activities and recreation	6.5% (9)	10.9% (17)	7.0% (10)	<input type="checkbox"/>
Community involvement	5.8% (8)	8.3% (13)	5.6% (8)	<input type="checkbox"/>
Walking/biking paths	9.4% (13)	4.5% (7)	4.9% (7)	<input type="checkbox"/>
Tolerance for diversity	4.3% (6)	5.8% (9)	4.2% (6)	<input type="checkbox"/>
Youth recreational activities		6.4% (10)	2.1% (3)	<input type="checkbox"/>
Low level of domestic violence	5.0% (7)	0.6% (1)	1.4% (2)	<input checked="" type="checkbox"/>
Arts and cultural events	0.7% (1)	2.6% (4)	0.7% (1)	<input type="checkbox"/>
Transportation services		0.6% (1)	0.7% (1)	<input type="checkbox"/>
Low death and disease rates	7.9% (11)	1.3% (2)	0.0% (0)	<input checked="" type="checkbox"/>

Table continued on the next page.

Other*	2.9% (4)	1.9% (3)	3.5% (5)	<input type="checkbox"/>
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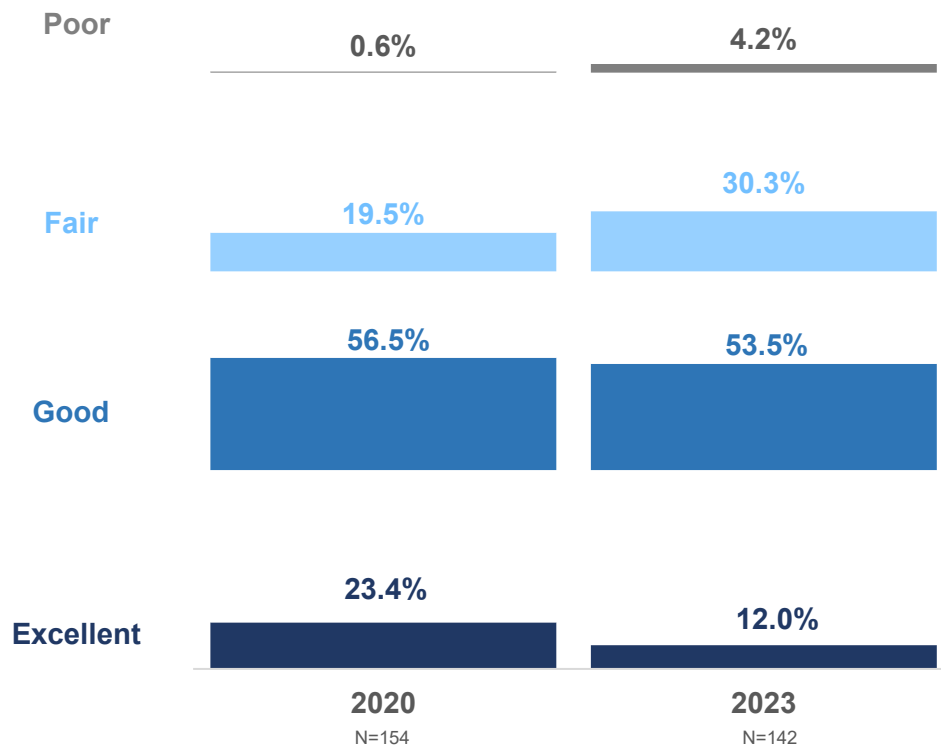
A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to pick their top three components of a healthy community, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year. *Respondents (N=3) who selected over the allotted amount were moved to "Other."

"Other" comments included: No homeless animals and Church attendance

Knowledge of Health Services in the Community (Question 4)

Respondents were asked to rate their knowledge of the health services available in the community. Fifty-three point five percent of respondents (n=76) rated their knowledge of health services as "Good." "Fair" was selected by 30.3% percent (n=43), "Excellent" was chosen by 12.0% of respondents (n=17), and "Poor" was selected by 4.2% (n=6).

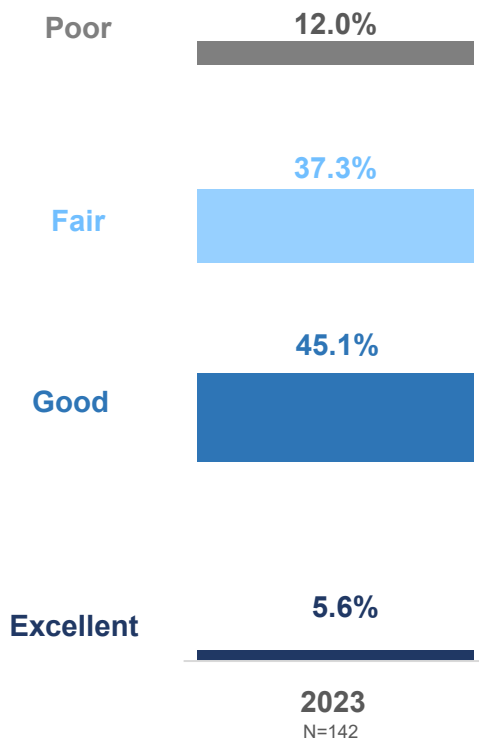
Fewer 2023 respondents rate their knowledge of community health services as Excellent or Good compared to 2020.



Knowledge of Health Services through Beaverhead County Public Health Department (Question 5)

Respondents were asked to rate their knowledge of the health services available through the Beaverhead County Public Health Department. Forty-five point one percent of respondents (n=64) rated their knowledge of health services as “Good.” “Fair” was selected by 37.3% (n=53), “Poor” was chosen by 12.0% of respondents (n=17), and “Excellent” was selected by 5.6% (n=8).

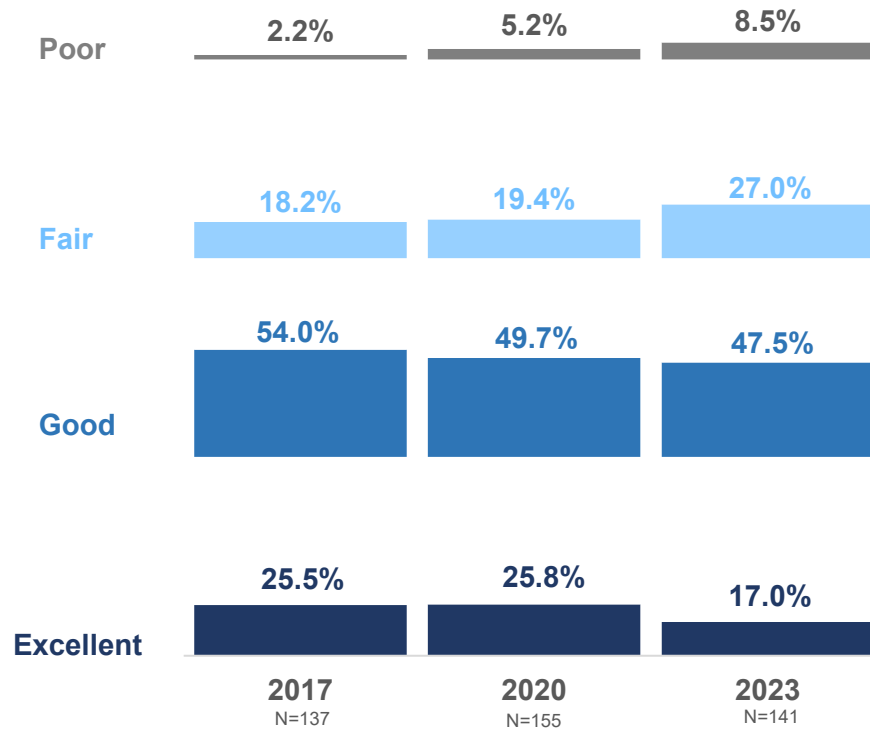
Over half of 2023 respondents rate their knowledge of services through Beaverhead County Public Health Department as Excellent or Good.



Knowledge of Health Services through Barrett Hospital & HealthCare (Question 6)

Respondents were asked to rate their knowledge of the health services available through Barrett Hospital & HealthCare. Forty-seven point five percent of respondents (n=67) rated their knowledge of health services as “Good.” “Fair” was selected by 27.0% percent (n=38), “Excellent” was chosen by 17.0% of respondents (n=24), and “Poor” was selected by 8.5% (n=12).

More 2023 respondents rated their knowledge of services through Barrett Hospital & HealthCare as Fair or Poor compared to 2017 and 2020.



How Respondents Learn of Health Services (Question 7)

When asked how survey respondents learn about health services available in the community, the most frequently indicated methods of learning was “Healthcare provider” at 66.9% (n=95), followed closely by “Friends/family” at 62.0% (n=88).

How Respondents Learn About Community Health Services	2017 % (n)	2020 % (n)	2023 % (n)	SIGNIFICANT CHANGE
Number of respondents	139	156	142	
Healthcare provider	71.2% (99)	66.0% (103)	66.9% (95)	<input type="checkbox"/>
Friends/family	61.2% (85)	62.2% (97)	62.0% (88)	<input type="checkbox"/>
Word of mouth/reputation	51.8% (72)	61.5% (96)	57.7% (82)	<input type="checkbox"/>
The Dillonite Daily		39.7% (62)	35.2% (50)	<input type="checkbox"/>
Newspaper	38.1% (53)	28.2% (44)	26.8% (38)	<input type="checkbox"/>
Website/internet	13.7% (19)	14.7% (23)	23.9% (34)	<input checked="" type="checkbox"/>
Public Health	9.4% (13)	11.5% (18)	21.1% (30)	<input checked="" type="checkbox"/>
Social media (Facebook, etc.)		19.2% (30)	21.1% (30)	<input type="checkbox"/>
Radio	15.1% (21)	12.2% (19)	19.0% (27)	<input type="checkbox"/>
Billboards/posters	10.1% (14)	16.0% (25)	16.2% (23)	<input type="checkbox"/>
Mailings/newsletters	38.8% (54)	21.8% (34)	14.1% (20)	<input checked="" type="checkbox"/>
Google ads/search			9.9% (14)	<input type="checkbox"/>
Senior Center	4.3% (6)	5.1% (8)	2.8% (4)	<input type="checkbox"/>
Presentations	5.0% (7)	4.5% (7)	0.7% (1)	<input type="checkbox"/>
Other	4.3% (6)	5.8% (9)	6.3% (9)	<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: T.V. News, Research, and “Call if I need it.”

View a cross tabulation of how respondents learn with how they rate their knowledge on p. 84

Utilized Community Health Resources (Question 8)

Respondents were asked which community health resources, other than the hospital or hospital clinic, they had used in the last three years. “Pharmacy” was the most frequently utilized community health resource cited by respondents at 79.7% (n=106). The “Dentist” was utilized by 75.9% (n=101) of respondents followed by “Optometrist (Eyes)” at 70.7% (n=94).

Use of Community Health Resources	2017 % (n)	2020 % (n)	2023 % (n)	SIGNIFICANT CHANGE
Number of respondents	139	156	133	
Pharmacy	82.0% (114)	77.6% (121)	79.7% (106)	<input type="checkbox"/>
Dentist	74.1% (103)	73.1% (114)	75.9% (101)	<input type="checkbox"/>
Optometrist (Eyes)	65.5% (91)	64.1% (100)	70.7% (94)	<input type="checkbox"/>
Physical/Occupational/Speech Therapy			24.8% (33)	<input type="checkbox"/>
Urgent Care		11.5% (18)	24.1% (32)	<input checked="" type="checkbox"/>
Naturopath/Chiropractor	17.3% (24)	12.8% (20)	21.8% (29)	<input type="checkbox"/>
Massage therapy		16.7% (26)	21.1% (28)	<input type="checkbox"/>
SWMT Community Health Center	15.8% (22)	16.0% (25)	21.1% (28)	<input type="checkbox"/>
Public Health (WIC, Family Planning, Immunizations)	5.0% (7)	10.9% (17)	18.8% (25)	<input checked="" type="checkbox"/>
Medical supply/DME		10.9% (17)	18.0% (24)	<input type="checkbox"/>
Mental health counseling	2.9% (4)	8.3% (13)	15.0% (20)	<input checked="" type="checkbox"/>
Audiologist (Hearing)	15.1% (21)	10.3% (16)	7.5% (10)	<input type="checkbox"/>
Medicinal Marijuana Dispensary			6.0% (8)	<input type="checkbox"/>
Family/marriage counseling	2.9% (4)	1.3% (2)	3.0% (4)	<input type="checkbox"/>
Migrant Health Services		0.0% (0)	0.8% (1)	<input type="checkbox"/>
Pregnancy support services		0.0% (0)	0.8% (1)	<input type="checkbox"/>
Other	5.8% (8)	3.2% (5)	3.8% (5)	<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 (2), Crossfit, and YMCA

Improve Community’s Access to Healthcare (Question 9)

Respondents were asked to indicate what they felt would improve their community’s access to healthcare. The majority of respondents (64.0%, n=89) reported that “Lower cost of health insurance” would make the greatest improvement. Fifty-nine percent of respondents (n=82) indicated that an “Lower cost of care” would improve access, followed by “More primary care providers” at 41.0% (n=57) both of which experienced a significant change over the last three assessments.

Lower cost of health insurance would make the greatest improvement to healthcare access.

What Would Improve Community Access to Healthcare	2017 % (n)	2020 % (n)	2023 % (n)	SIGNIFICANT CHANGE
Number of respondents	139	156	139	
Lower cost of health insurance		70.5% (110)	64.0% (89)	<input type="checkbox"/>
Lower cost of care	77.0% (107)	68.6% (107)	59.0% (82)	<input checked="" type="checkbox"/>
More primary care providers	18.7% (26)	21.8% (34)	41.0% (57)	<input checked="" type="checkbox"/>
More specialists	36.7% (51)	26.3% (41)	37.4% (52)	<input type="checkbox"/>
More information about available services		24.4% (38)	35.3% (49)	<input checked="" type="checkbox"/>
Outpatient services expanded hours (evenings/weekends)	21.6% (30)	19.9% (31)	33.1% (46)	<input checked="" type="checkbox"/>
Improved quality of care	12.2% (17)	14.7% (23)	32.4% (45)	<input checked="" type="checkbox"/>
More mental health providers			32.4% (45)	<input type="checkbox"/>
Payment assistance programs (healthcare expenses)		31.4% (49)	26.6% (37)	<input type="checkbox"/>
Improved access to health and human services programs/resources			22.3% (31)	<input type="checkbox"/>
More health education	19.4% (27)	15.4% (24)	18.7% (26)	<input type="checkbox"/>
Telemedicine	7.2% (10)	13.5% (21)	16.5% (23)	<input type="checkbox"/>
Transportation assistance	12.2% (17)	13.5% (21)	15.1% (21)	<input type="checkbox"/>
Cultural sensitivity	1.4% (2)	5.1% (8)	9.4% (13)	<input checked="" type="checkbox"/>
Interpreter services	2.2% (3)	4.5% (7)	1.4% (2)	<input type="checkbox"/>
Other	2.9% (4)	6.4% (10)	5.8% (8)	<input type="checkbox"/>

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

“Other” comments included: Urgent care available on weekends and Empowering people in preventive care

Interest in Educational Classes/Programs (Question 10)

Respondents were asked which topics they would be most interested in learning about. The most frequently selected topic was “Fitness” at 36.5% (n=46), while interest in “Health and wellness” followed with 33.3% (n=42).

Interest in Classes or Programs	2017 % (n)	2020 % (n)	2023 % (n)
Number of respondents	139	156	126
Fitness	32.4% (45)	25.6% (40)	36.5% (46)
Health and wellness	28.1% (39)	26.9% (42)	33.3% (42)
Senior citizen health		17.3% (27)	30.2% (38)
Women’s health	18.7% (26)	15.4% (24)	30.2% (38)
Weight loss	19.4% (27)	17.9% (28)	28.6% (36)
First aid/CPR	18.0% (25)	19.2% (30)	27.8% (35)
Chronic pain management	23.7% (33)	21.8% (34)	24.6% (31)
Living will	20.9% (29)	19.9% (31)	23.0% (29)
Health insurance education/navigation		16.0% (25)	22.2% (28)
Mental health	10.1% (14)	15.4% (24)	20.6% (26)
Nutrition	23.0% (32)	18.6% (29)	17.5% (22)
Diabetes	11.5% (16)	10.3% (16)	16.7% (21)
Suicide awareness/prevention	10.8 (15)	11.5% (18)	16.7% (21)
Fraud/scam prevention (email, phone, mail, etc.)		12.8% (20)	15.9% (20)
Risk prevention for youth		9.6% (15)	13.5% (17)
Grief counseling	5.0% (7)	8.3% (13)	12.7% (16)
Men’s health	13.7% (19)	10.3% (16)	12.7% (16)
Alzheimer’s/dementia	11.5% (16)	11.5% (18)	11.1% (14)
Heart health	8.6% (12)	10.3% (16)	9.5% (12)
Cancer	18.0% (25)	14.7% (23)	7.9% (10)
Alcohol/substance misuse	4.3% (6)	5.1% (8)	4.8% (6)
Domestic abuse			4.8% (6)
Lactation/breastfeeding support		1.9% (3)	3.2% (4)
Parenting	5.0% (7)	10.3% (16)	3.2% (4)
Smoking/tobacco cessation	3.6% (5)	5.1% (8)	3.2% (4)
Prenatal	1.4% (2)	1.3% (2)	2.4% (3)

Table continued on the next page.

Other	2.9% (4)	5.8% (9)	3.2% (4)
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Statistical significance was not measured as reporting differed between 2023 and the two previous years. A larger number of missing values in 2023 compared to previous years would result in a skewed test for significance, indicating a meaningful change when one may not exist. Respondents were asked to pick all classes or programs that are of interest, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year.

“Other” comments included: None (2), Feral cat rescue, and Home Health

Desired Local Health Services (Question 11)

Respondents were asked to indicate which additional services they would utilize if available locally. Respondents indicated the most interest in “Dermatology” at 51.3% (n=60). Forty-four point four percent (n=52) of respondents were interested in “ENT (ear/nose/throat),” while 23.1% (n=27) desire “Cardiology” locally.

Desired Local Services	2017 % (n)	2020 % (n)	2023 % (n)
Number of respondents	139	156	117
Dermatology	30.9% (43)	53.8% (84)	51.3% (60)
ENT (ear/nose/throat)	22.3% (31)	29.5% (46)	44.4% (52)
Cardiology			23.1% (27)
Rheumatology	13.7% (19)	13.5% (21)	20.5% (24)
Neurology	8.6% (12)	9.0% (14)	18.8% (22)
Psychology/psychiatry (adult/child)	1.4% (2)	7.1% (11)	17.1% (20)
Ophthalmology		10.3% (16)	17.1% (20)
Orthodontics		17.9% (28)	17.1% (20)
VA health services		14.1% (22)	15.4% (18)
Oncology			14.5% (17)
Mental health crisis stabilization		8.3% (13)	12.0% (14)
Other	4.3% (6)	5.8% (9)	8.5% (10)

Statistical significance was not measured as reporting differed between 2023 and the previous years. A larger number of missing values in 2023 compared to previous years would result in a skewed test for significance, indicating a meaningful change when one may not exist. Respondents were asked to pick all desired local healthcare services that are of interest, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year.

“Other” comments included: A female gynecologist, Podiatrist, Orthopedics, and Dental Surgeon

Utilization of Preventive Services (Question 12)

Respondents were asked if they or someone in their household had utilized any of the preventive services listed in the past year. “Dental check” was selected by 73.6% of respondents (n=103) which experienced a significant change over the last three assessments. “Adult immunizations” and “Vision check” followed with 70.7% (n=99, each). Survey respondents could select all services that applied.

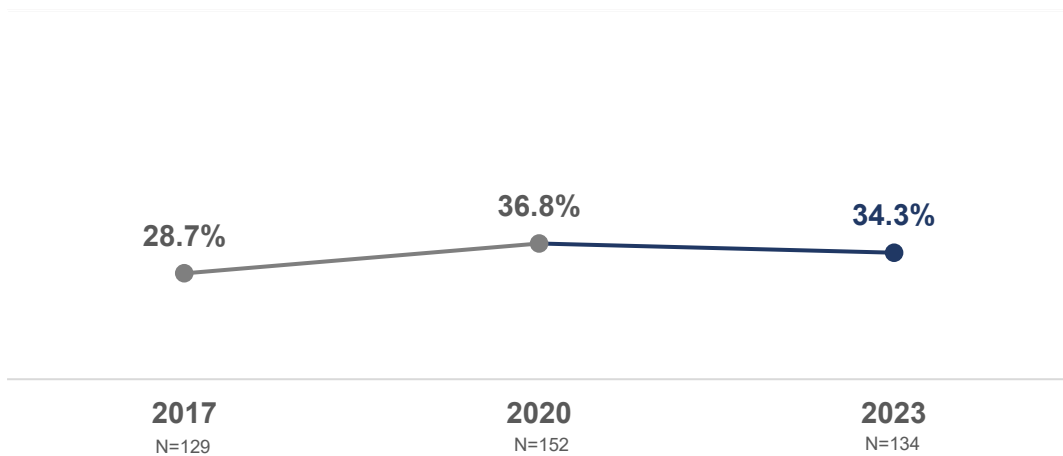
Use of Preventive Services	2017 % (n)	2020 % (n)	2023 % (n)	SIGNIFICANT CHANGE
Number of respondents	139	156	140	
Dental check	56.1% (78)	71.2% (111)	73.6% (103)	■
Adult immunizations	57.6% (80)	64.7% (101)	70.7% (99)	□
Vision check	61.9% (86)	66.7% (104)	70.7% (99)	□
Flu shot	75.5% (105)	76.3% (119)	69.3% (97)	□
Blood pressure check	47.5% (66)	61.5% (96)	60.7% (85)	■
Physical/health checkup	64.7% (90)	50.6% (79)	60.7% (85)	■
Cholesterol check	41.0% (57)	39.7% (62)	44.3% (62)	□
Mammography	44.6% (62)	35.9% (56)	44.3% (62)	□
Bone density scan (DEXA)		17.9% (28)	29.3% (41)	■
Dermatology (mole/skin check)	15.8% (22)	17.3% (27)	27.9% (39)	■
Colonoscopy	15.1% (21)	21.8% (34)	27.1% (38)	■
Prostate (PSA)	24.5% (34)	16.0% (25)	23.6% (33)	□
Lab health fair	18.0% (25)	17.9% (28)	20.7% (29)	□
Pap test	25.2% (35)	23.7% (37)	20.7% (29)	□
Depression screening		7.7% (12)	16.4% (23)	■
Hearing check	17.3% (24)	14.7% (23)	14.3% (20)	□
Child immunizations	9.4% (13)	20.5% (32)	10.7% (15)	■
Children’s checkup/Well baby	10.8% (15)	16.7% (26)	7.1% (10)	■
Sports physical	7.2% (10)	9.0% (14)	4.3% (6)	□
None	5.0% (7)	0.0% (0)	0.7% (1)	■
Other	1.4% (2)	1.3% (2)	2.9% (4)	□

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 that year. “Other” comments included: Wellness check and Cologuard

Delay of Services (Question 13)

Thirty-four point three percent of respondents (n=46) 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 in the last three years. Sixty-five point seven percent of respondents (n=88) felt they were able to get the healthcare services they needed without delay.

Slightly fewer 2023 respondents delayed or did not receive needed services compared to the 2020 assessment



View a cross tabulation of where respondents live and 'delay of healthcare services' on p. 85

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

Of the survey respondents (n=46) who indicated they were unable to receive or had to delay services in the last three years, the reason most cited was “Could not get an appointment” (30.4%, n=14) which experienced a significant increase since the last assessment. “Qualified provider not available” was the next most cited reason at 28.3% (n=13).

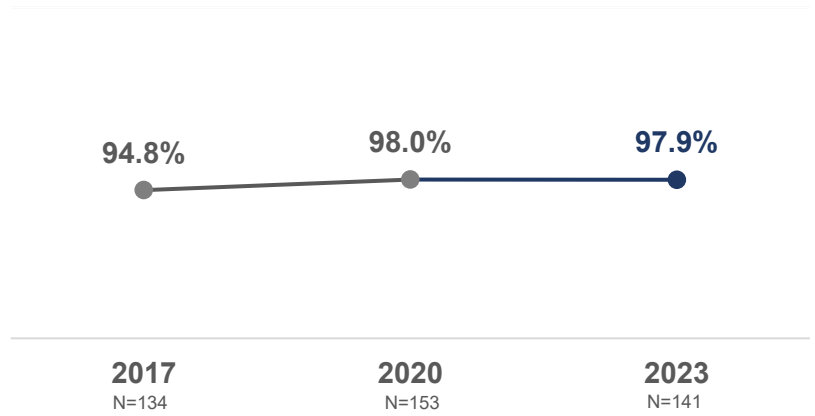
Reasons for Delay in Receiving Needed Healthcare	2017 % (n)	2020 % (n)	2023 % (n)	SIGNIFICANT CHANGE
Number of respondents	37	56	46	
Could not get an appointment	21.6% (8)	8.9% (5)	30.4% (14)	■
Qualified provider not available		21.4% (12)	28.3% (13)	□
Too long to wait for an appointment	24.3% (9)	17.9% (10)	23.9% (11)	□
It cost too much	62.2% (23)	51.8% (29)	19.6% (9)	■
Not treated with respect	5.4% (2)	0.0% (0)	10.9% (5)	■
It was too far to go	16.2% (6)	16.1% (9)	8.7% (4)	□
Office wasn't open when I could go	5.4% (2)	10.7% (6)	8.7% (4)	□
Could not get off work	2.7% (1)	10.7% (6)	6.5% (3)	□
My insurance didn't cover it	40.5% (15)	8.9% (5)	6.5% (3)	■
No insurance	8.1% (3)	19.6% (11)	6.5% (3)	□
Too nervous or afraid	8.1% (3)	14.3% (8)	4.3% (2)	□
Didn't know where to go	2.7% (1)	14.3% (8)	2.2% (1)	■
Don't like doctors	13.5% (5)	7.1% (4)	2.2% (1)	□
Unsure if services were available	2.7% (1)	7.1% (4)	2.2% (1)	□
Don't understand healthcare system		0.0% (0)	0.0% (0)	□
Had no childcare	5.4% (2)	1.8% (1)	0.0% (0)	□
Language barrier	0.0% (0)	0.0% (0)	0.0% (0)	□
Transportation problems	10.8% (4)	3.6% (2)	0.0% (0)	□
Other*	5.4% (2)	17.9% (10)	37.0% (17)	■

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. *Respondents (N=9) who selected over the allotted amount were moved to “Other.”

“Other” comments included: COVID-19 (2), Thought it would get better, Phone calls didn't get returned, and Couldn't get a timely appointment

Primary Care Services (Question 15)

Ninety-seven point nine percent of respondents (n=138) 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. Two point one percent of respondents (n=3) indicated they had not received primary care.



Location of Primary Care Services (Question 16)

Of those who indicated receiving primary care services in the previous three years (n=138), the majority of respondents (85.5%, n=118) reported receiving care in Dillon. Seven respondents were moved to “other” due to selecting more than one primary care provider location.

Location of Primary Care Provider	2017 % (n)	2020 % (n)	2023 % (n)
Number of respondents	120	149	138
Dillon	88.3% (106)	81.2% (121)	85.5% (118)
Bozeman		2.7% (4)	2.2% (3)
Butte	0.8% (1)	2.0% (3)	1.4% (2)
Other*	10.8% (13)	14.1% (21)	10.9% (15)
TOTAL	100.0% (120)	100.0% (149)	100.0% (138)

Statistical significance was not measured as reporting differed between 2023 and the two previous years. A larger number of missing values in 2023 compared to previous years would result in a skewed test for significance, indicating a meaningful change when one may not exist. Grayed out cells indicate the question was not asked that year. *Respondents (N=7) who selected over the allotted amount were moved to “Other.”

“Other” comments included: Anaconda (4), Sheridan (3), Twin Bridges (3), and Missoula (2)

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

Reasons for Primary Care Provider Selection (Question 17)

Survey respondents who indicated they or someone in their household had been seen by a primary care provider within the past three years (n=138) were asked to share why they chose that primary care provider. “Established patient” was the most frequently selected reason at 44.2% (n=61), followed by “Closest to home” at 40.6% (n=56). “Covered by insurance plan” was chosen by 34.8% (n=48) of respondents, which experienced a significant increase over the last three assessments.

Reasons for Selecting Primary Care Provider	2017 % (n)	2020 % (n)	2023 % (n)	SIGNIFICANT CHANGE
Number of respondents	127	150	138	
Established patient	55.9% (71)	48.7% (73)	44.2% (61)	<input type="checkbox"/>
Closest to home	46.5% (59)	37.3% (56)	40.6% (56)	<input type="checkbox"/>
Covered by insurance plan	4.7% (6)	4.7% (7)	34.8% (48)	<input checked="" type="checkbox"/>
Clinic/provider’s reputation for quality	19.7% (25)	32.0% (48)	32.6% (45)	<input checked="" type="checkbox"/>
Appointment availability	24.4% (31)	24.7% (37)	26.8% (37)	<input type="checkbox"/>
Prior experience with clinic	24.4% (31)	21.3% (32)	23.9% (33)	<input type="checkbox"/>
Recommended by family or friends	14.2% (18)	18.0% (27)	18.8% (26)	<input type="checkbox"/>
Referred by physician or other provider	13.4% (17)	14.7% (22)	15.9% (22)	<input type="checkbox"/>
Privacy/confidentiality		6.7% (10)	8.7% (12)	<input type="checkbox"/>
Length of waiting room time	7.1% (9)	4.0% (6)	5.8% (8)	<input type="checkbox"/>
VA/Military requirement	3.1% (4)	3.3% (5)	5.1% (7)	<input type="checkbox"/>
Cost of care	6.3% (8)	7.3% (11)	3.6% (5)	<input type="checkbox"/>
Hours of operation			3.6% (5)	<input type="checkbox"/>
Online rating of provider		1.3% (2)	0.7% (1)	<input type="checkbox"/>
Other	5.5% (7)	10.0% (15)	7.2% (10)	<input type="checkbox"/>

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

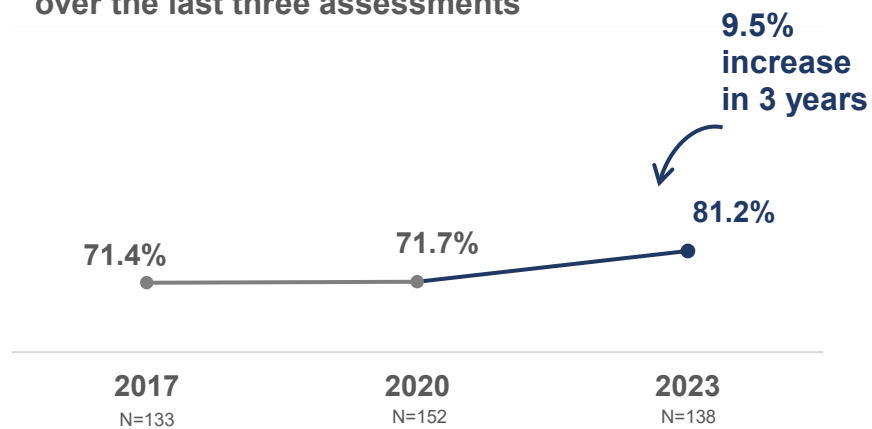
“Other” comments included: They are female, Accepting new patients, and “Could not find a female Obstetrician/Gynecologist (OB/GYN), so settled for a female Physician’s Assistant (PA) with a good reputation.”

View a cross tabulation of where respondents utilize primary care services with their reasons for selecting their provider on p. 87

Hospital Care Services (Question 18)

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. Eighty-one point two percent of respondents (n=112) reported that they or a member of their family had received hospital care during the previous three years, and 18.8% (n=26) had not received hospital services.

Utilization of hospital services has increased over the last three assessments



Location of Hospital Services (Question 19)

Of the survey respondents who indicated receiving hospital care in the last three years (n=112), the majority (67.0%, n=75) report utilizing “Barrett Hospital (Dillon)” most often. Eleven respondents were moved to “Other” for selecting more than one hospital location.

Hospital Used Most Often	2017 % (n)	2020 % (n)	2023 % (n)
Number of respondents	85	109	112
Barrett Hospital (Dillon)	77.6% (66)	77.1% (84)	67.0% (75)
St. James (Butte)	4.7% (4)	1.8% (2)	7.1% (8)
Community Hospital of Anaconda		0.0% (0)	3.6% (4)
St. Patrick (Missoula)	4.7% (4)	0.9% (1)	3.6% (4)
Bozeman Health (Bozeman)	4.7% (4)	3.7% (4)	2.7% (3)
Community Medical Center (Missoula)	2.4% (2)	2.8% (3)	0.9% (1)
Ruby Valley (Sheridan)	3.5% (3)	0.9% (1)	0.9% (1)
Billings Clinic (Billings)	0.0% (0)	0.9% (1)	0.0% (0)
Eastern Idaho Regional Medical Center (Idaho Falls)		1.8% (2)	0.0% (0)
Other*	2.4% (2)	10.1% (11)	14.3% (16)
TOTAL	100.0% (85)	100.0% (109)	100.0% (112)

Statistical significance was not measured as reporting differed between 2023 and the two previous years. A larger number of missing values in 2023 compared to previous years would result in a skewed test for significance, indicating a meaningful change when one may not exist. Grayed out cells indicate the question was not asked that year. *Respondents (N=11) who selected over the allotted amount were moved to “Other.”

“Other” comments included: University of Utah in Salt Lake City, Helena, University of Colorado Health in Aurora, CO, Missoula Bone and Joint, Spokane, and “VA; Blackfoot Idaho Outpatient”

View a cross tabulation of where respondents live with where they utilize hospital services on p. 88

Reasons for Hospital Selection (Question 20)

Of the survey respondents who indicated receiving hospital care in the last three years (n=112), the majority of respondents (60.7%, n=68) stated that “Closest to home” was their top reason for selecting the facility they used most often, which experienced a significant change over the last three assessments. “Referred by physician/provider” followed with 32.1% (n=36).

Reasons for Selecting Hospital	2017 % (n)	2020 % (n)	2023 % (n)	SIGNIFICANT CHANGE
Number of respondents	95	109	112	
Closest to home	81.1% (77)	70.6% (77)	60.7% (68)	■
Referred by physician or other provider	34.7% (33)	44.0% (48)	32.1% (36)	□
Prior experience with hospital	46.3% (44)	34.9% (38)	29.5% (33)	■
Emergency, no choice	36.8% (35)	24.8% (27)	25.9% (29)	□
Hospital’s reputation for quality	28.4% (27)	23.9% (26)	21.4% (24)	□
Quality of clinical staff		16.5% (18)	20.5% (23)	□
Recommended by family or friends	9.5% (9)	4.6% (5)	8.9% (10)	□
Closest to work	6.3% (6)	8.3% (9)	4.5% (5)	□
Required by insurance plan	6.3% (6)	3.7% (4)	4.5% (5)	□
VA/Military requirement	4.2% (4)	2.8% (3)	2.7% (3)	□
Cost of care	6.3% (6)	3.7% (4)	0.9% (1)	□
Financial assistance programs		0.9% (1)	0.9% (1)	□
Privacy/confidentiality		2.8% (3)	0.0% (0)	□
Other*	2.1% (2)	5.5% (6)	10.7% (12)	■

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=5) who selected over the allotted amount were moved to “Other.”

“Other” comments included: Loyalty to hometown workers, Car accident, Only option in town, and Specialty of physician

View a cross tabulation of where respondents utilize hospital services with their reasons for selecting that facility p. 89

Overall Quality of Care of Services through Barrett Hospital & HealthCare (Question 21)

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 Don't know/Haven't used. The services that received the highest rating were "Laboratory services," "Physician clinics/office visit," and "Radiology services" (3.4 out of 4.0, each). Overall, the average rating on quality and availability of the health services listed was 3.2 out of 4.0.

Quality of Care Rating at Barrett Hospital & HealthCare	2017 Average (n)	2020 Average (n)	2023 Average (n)	SIGNIFICANT CHANGE
Total number of respondents	125	149	134	
Laboratory services	3.7 (105)	3.5 (119)	3.4 (117)	■
Physician clinics/office visit	3.6 (109)	3.6 (121)	3.4 (113)	■
Radiology services	3.6 (78)	3.6 (80)	3.4 (84)	□
Emergency room	3.6 (94)	3.5 (97)	3.2 (92)	■
General surgery	3.8 (51)	3.7 (40)	3.2 (60)	■
Inpatient services/hospital stay	3.6 (49)	3.4 (57)	3.2 (55)	■
Rehabilitation services (physical, occupational, speech)		3.4 (36)	3.2 (39)	□
Orthopedics	3.2 (38)	3.3 (43)	3.1 (40)	□
Pharmacy clinics (medication management, etc.)	3.5 (29)	3.3 (35)	3.1 (30)	□
Urology services		3.4 (19)	3.1 (24)	□
Walk in clinic	3.5 (67)	3.4 (86)	3.0 (82)	■
Cardiopulmonary services (stress tests, sleep lab)		3.3 (36)	3.0 (32)	□
Nutrition/Diabetes counseling		3.1 (30)	3.0 (27)	□
Infusion services	3.0 (19)	3.8 (8)	3.0 (16)	□
Tele-psychiatry	1.0 (4)	3.6 (7)	3.0 (6)	■
Gynecologic services	3.3 (36)	3.5 (34)	2.9 (35)	■
Hospital birth services/obstetrics	2.8 (17)	3.6 (21)	2.9 (20)	■
Transitional care (post-acute care)		3.6 (10)	2.9 (13)	□
Cardiac, Pulmonary Rehabilitation services	3.2 (36)	3.5 (15)	2.8 (26)	□

Table continued on the next page.

Wound management			2.7 (14)	<input type="checkbox"/>
Chronic Care Management			2.6 (19)	<input type="checkbox"/>
Pain Management			2.5 (31)	<input type="checkbox"/>
Behavioral health services	3.1 (17)	3.2 (17)	2.5 (18)	<input type="checkbox"/>
Overall average	3.5 (125)	3.4 (149)	3.2 (134)	■

Respondents were asked to rate the quality of hospital services on a 4-point Likert Scale, with 1 corresponding with poor, 2 corresponding with Fair, 3 corresponding with Good, and 4 corresponding with Excellent. 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.

Overall Quality of Care of Services through Beaverhead County Public Health Department (Question 22)

Respondents were asked to rate various services available through the Beaverhead County Public Health Department using the scale of 4= Excellent, 3= Good, 2= Fair, 1=Poor, and Don't know/Haven't used. The service that received the highest score was "Flu Vaccination Clinics (drive-thru, Care Van, off-site)" (3.6 out of 4.0). Overall, the average rating on quality and availability of the services listed was 3.4 out of 4.0.

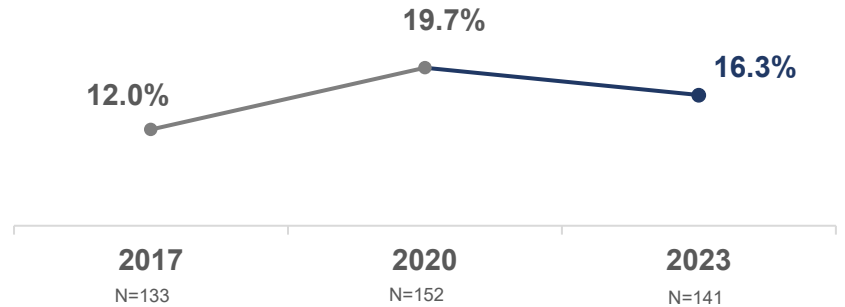
Quality of Care Rating at Beaverhead County Public Health Department	2023 Average (n)
Total number of respondents	92
Flu Vaccination Clinics (drive-thru, Care Van, off-site)	3.6 (62)
COVID Vaccination Clinics	3.5 (78)
Immunization Clinics	3.4 (55)
WIC (Women, Infant, and Child Supplemental Nutrition Program)	3.3 (12)
Family Planning (reproductive health care)	3.2 (11)
Disease Investigation (COVID, STI, Salmonella, etc.)	2.9 (33)
Public Health Education	2.9 (29)
WIC in Madison County (Sheridan)	2.7 (3)
Overall average	3.4 (92)

Respondents were asked to rate the quality of hospital services on a 4-point Likert Scale, with 1 corresponding with poor, 2 corresponding with Fair, 3 corresponding with Good, and 4 corresponding with Excellent.

Prevalence of Depression (Question 23)

Respondents were asked to indicate if there were periods of at least three consecutive months in the past three years where they felt depressed on most days. Sixteen point three percent of respondents (n=23) indicated they had experienced periods of depression, and 83.7% of respondents (n=118) indicated they had not.

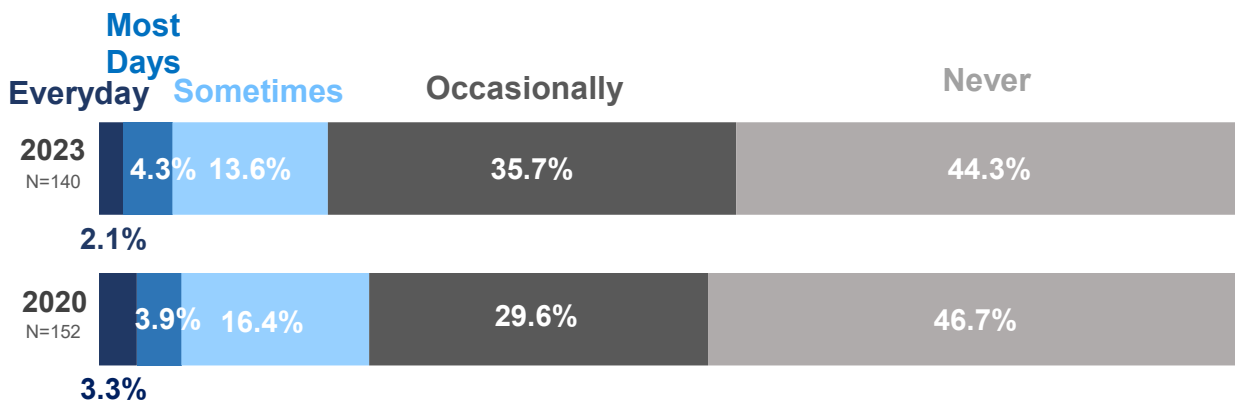
Fewer respondents report experiencing periods of depression since the last assessment



Social Isolation (Question 24)

Respondents were asked to indicate how often they felt lonely or isolated in the past year. Forty-four point three percent of respondents (n=62) indicated they never felt lonely or isolated, and 35.7% of respondents (n=50) indicated they “Occasionally (1-2 days per month)” felt lonely or isolated. Thirteen point six percent (n=19) reported they felt lonely or isolated “Sometimes (3-5 days per month),” 4.3% (n=6) indicated they felt lonely or isolated on “Most days (3-5 days per week),” and 2.1% (n=3) reported they felt lonely or isolated “Everyday.”

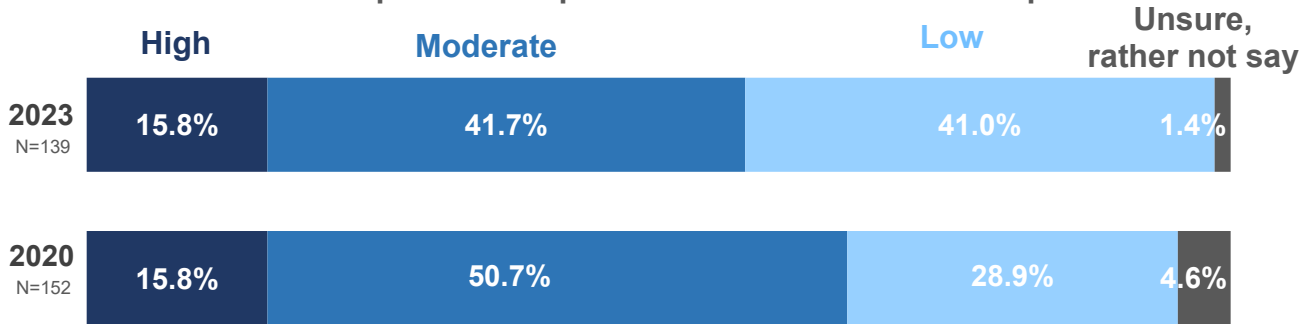
More 2023 survey respondents felt lonely or isolated compared to 2020



Perception of Stress (Question 25)

Respondents were asked to indicate how they would describe their stress level over the past year. Forty-one point seven percent of respondents (n=58) indicated they experienced a “moderate” level of stress, 41.0% (n=57) had a “low” level of stress, 15.8% of respondents (n=22) indicated they had experienced a “high” level of stress. One point four percent of respondents (n=2) indicated they were “Unsure/rather not say.”

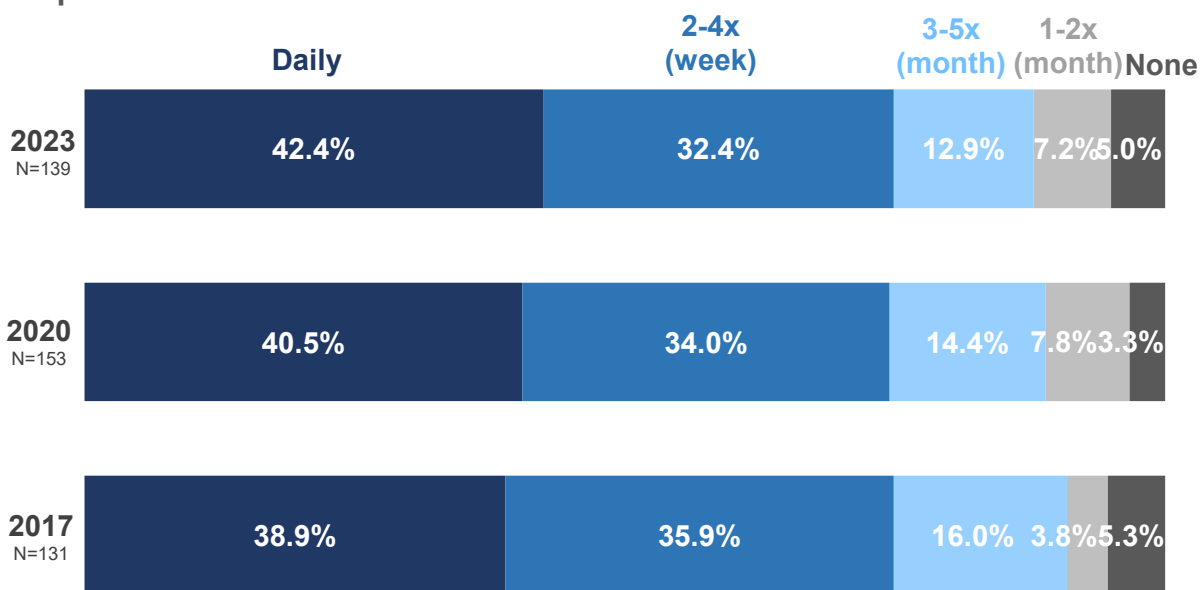
2023 respondents reported lower stress levels compared to 2020



Physical Activity (Question 26)

Respondents were asked to indicate how frequently they had physical activity for at least twenty minutes over the past month. Forty-two point four percent of respondents (n=59) indicated they had physical activity “Daily,” and 32.4% (n=45) indicated they had physical activity “2-4 times per week.” Twelve point nine percent of respondents (n=18) indicated they had physical activity “3-5 times per month,” 7.2% (n=10) indicated they had physical activity “1-2 times per month,” and 5.0% (n=7) indicated they had “No physical activity.”

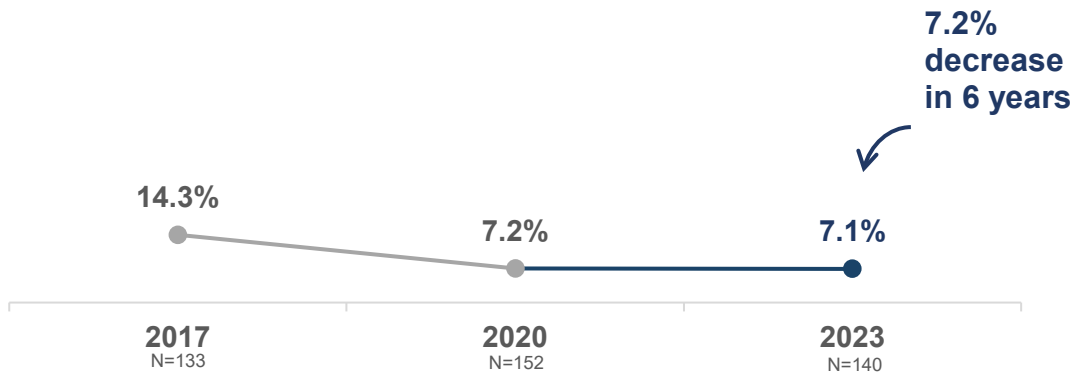
Respondents report more daily physical activity compared to the previous two assessments



Difficulty Getting Prescriptions (Question 27)

Respondents were asked to indicate if, during the last year, medication costs had prohibited them from getting a prescription or taking their medication regularly. Seven point one percent of respondents (n=10) indicated that they had difficulty getting a prescription or taking their medication regularly in the last year. Eighty-two point nine percent of respondents (n=116) indicated that they did not have trouble getting or taking prescriptions, while 10.0% of respondents (n=14) stated it was not a pertinent question for them.

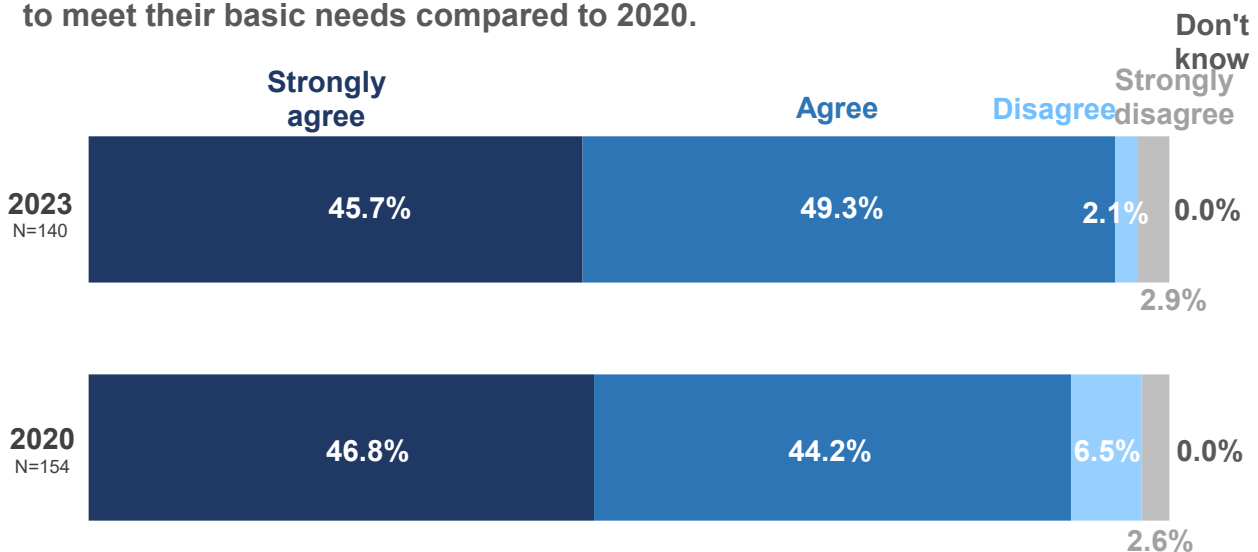
Cost as a barrier to taking medications continues to decline since the 2019 assessment



Basic Needs (Question 28)

Respondents were asked to indicate the level of their agreement of if they felt they had enough financial resources to meet their basic needs such as food, clothing, shelter and utilities. The majority, 49.3% agreed that their basic needs were met (n=69) and 45.7% (n=64) strongly agreed that their needs were met.

More 2023 respondents report they have enough financial resources to meet their basic needs compared to 2020.



Food Insecurity (Question 29)

Respondents were asked to indicate if, during the last year, they had worried that they would not have enough food to eat. The majority, 96.5% (n=136), were not worried, but 3.5% (n=5) were concerned about not having enough to eat.

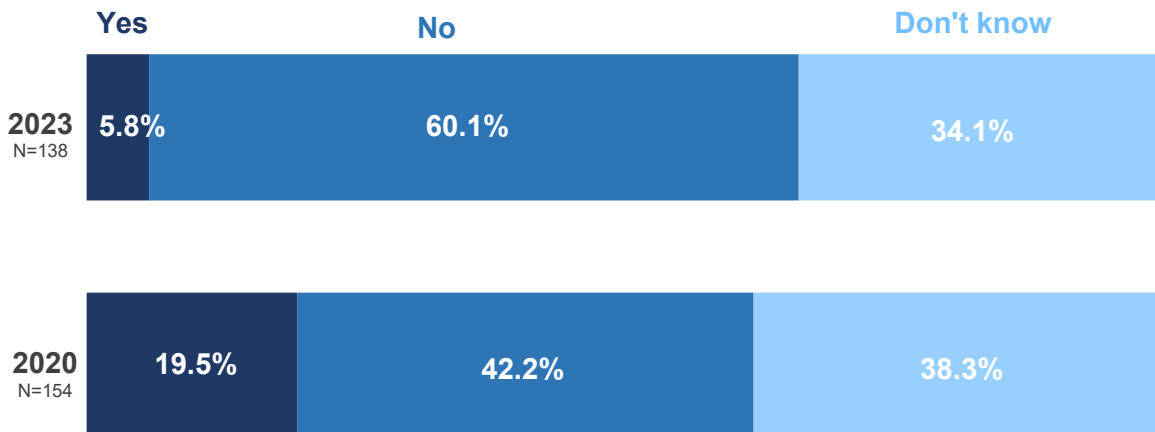
The majority of respondents did not worry about having enough food



Housing (Question 30)

Respondents were asked to indicate if they felt the community has adequate and affordable housing options available. Sixty point one percent of respondents (n=83) indicated that they feel there are not adequate and affordable housing options available in the community, 5.8% (n=8) felt there are adequate and affordable options available, and 34.1% (n=47) didn't know.

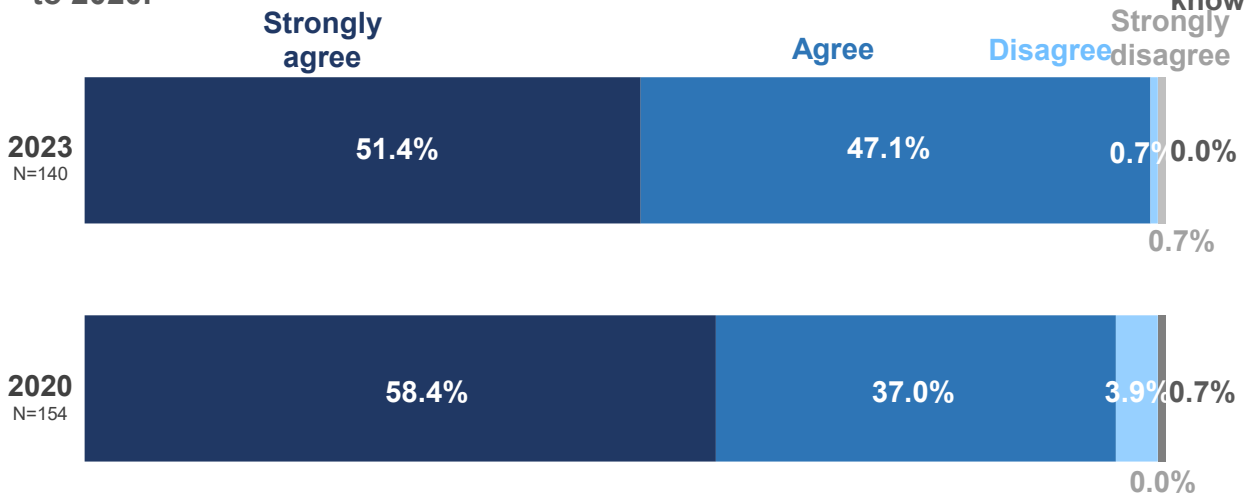
Fewer survey respondents feel the community has adequate and affordable housing options available compared to 2020.



Safety in the Home (Question 31)

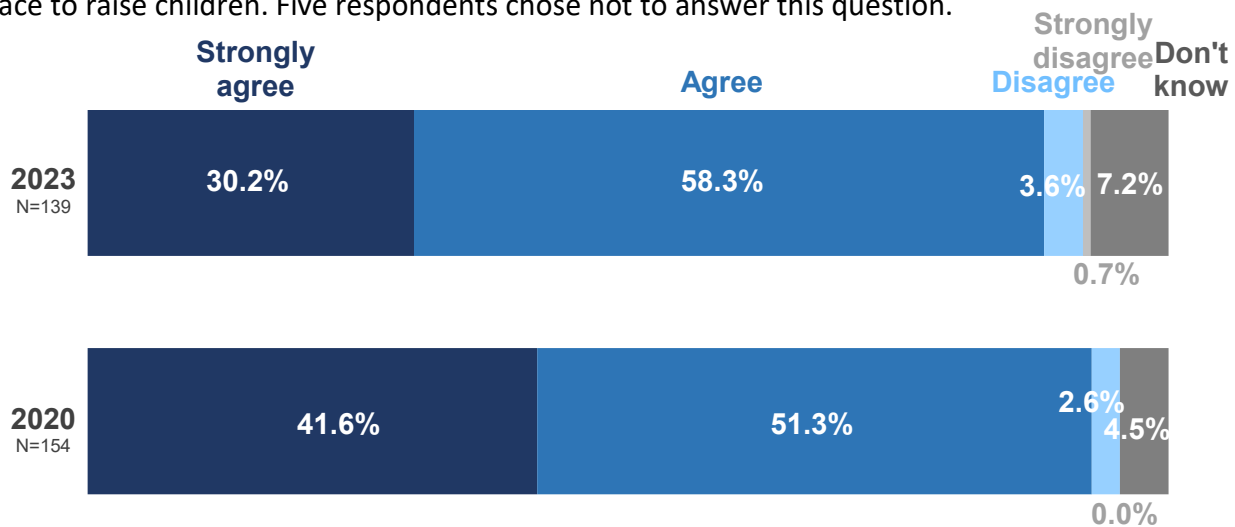
Respondents were asked to indicate the level of their agreement of feeling safe at home. Safety in the home included various attributes that could make someone feel safe, or unsafe such as neighborhood, family violence, housing conditions, etc. Fifty-one point four percent of respondents (n=72) agreed strongly that they felt safe at home and 47.1% (n=66) agreed. Point seven percent (n=1, each) disagreed and strongly disagreed with feeling safe at home. Four respondents chose not to answer this question.

More 2023 respondents report they feel safe in their home compared to 2020.



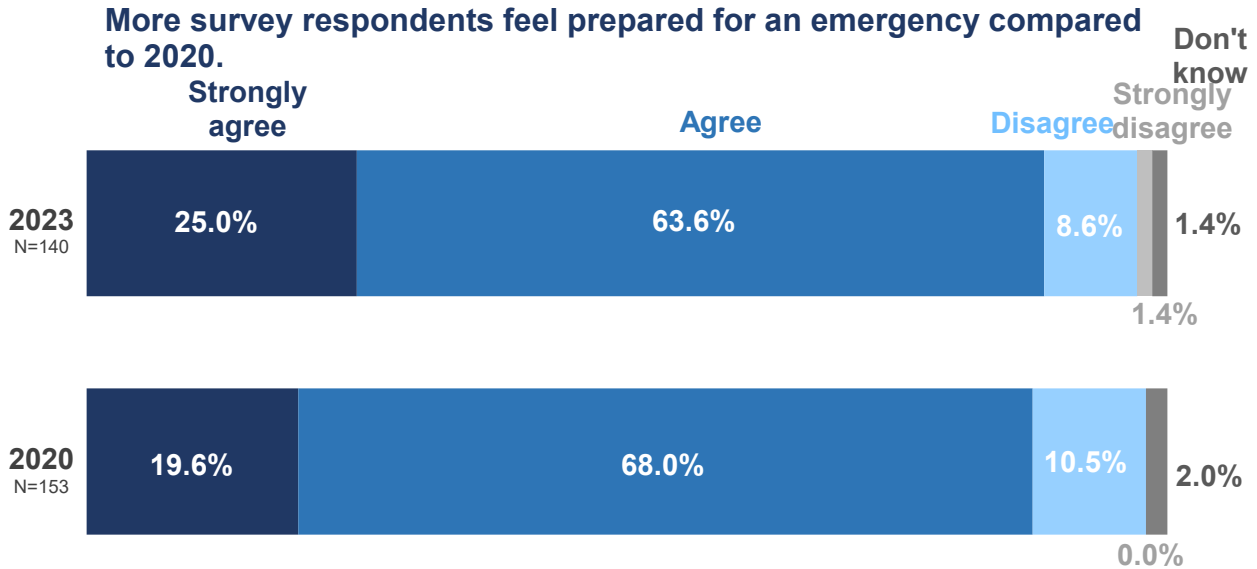
Good Place to Raise Children (Question 32)

Respondents were asked to indicate their level of agreement that the community was a good place to raise their children. Attributes describing a healthy community were quality and safety of schools and childcare, after school care, places to play in their neighborhood, etc. Over half of respondents (58.3%, n=81), agreed it was a good place to raise children, 30.2% (n=42) strongly agreed, 3.6% (n=5) disagreed, 0.7% (n=1) strongly disagreed, and 7.2% (n=10) didn't know if the community was a good place to raise children. Five respondents chose not to answer this question.



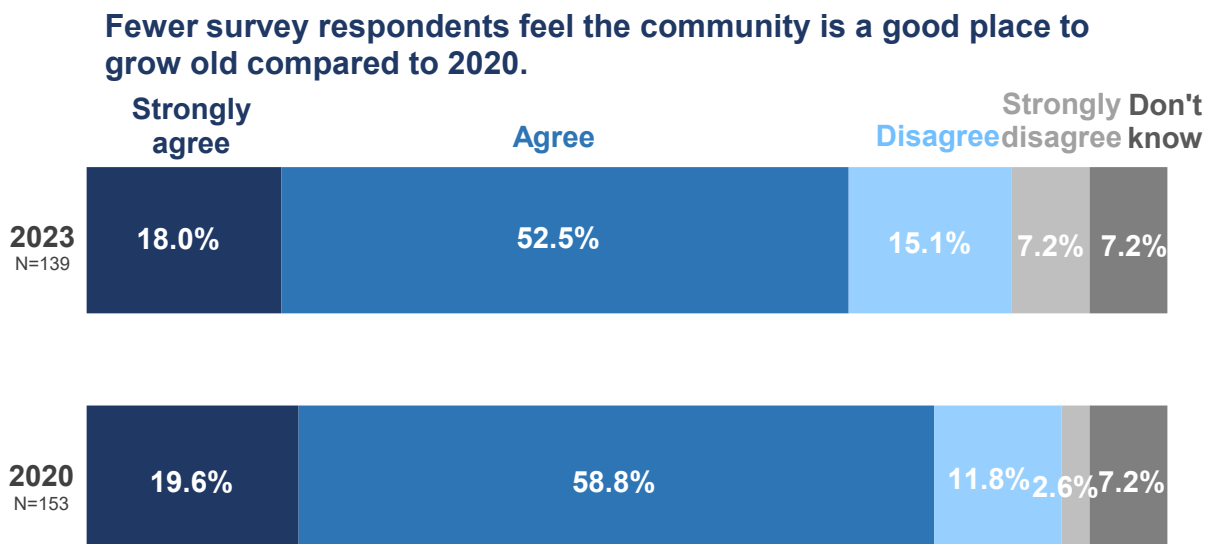
Emergency Preparedness (Question 33)

Respondents were asked to indicate their level of agreement that they feel prepared for an emergency. Attributes of being prepared included toolkits, go kits, smoke alarms, fire extinguisher, etc. Sixty-three point six percent of respondents (n=89) agreed that they were prepared for an emergency, 25.0% (n=35) strongly agreed, 8.6% (n=12) disagreed, and 1.4% (n=2, each) strongly disagreed or didn't know. Four respondents chose not to answer this question.



Good Location to Grow Old (Question 34)

Respondents were asked to indicate their level of agreement that the community is a good place to grow old. Attributes that describe an elder-friendly community include housing, transportation, recreation, etc. Fifty-two point five percent of respondents (n=73) agreed that the community was a good place to grow old, 18.0% (n=25) strongly agreed, 15.1% (n=21) disagreed, and 7.2% (n=10, each) strongly disagreed or didn't know. Five respondents chose not to answer this question.



Health Insurance Type (Question 35)

Respondents were asked to indicate what type of health insurance covers the majority of their medical expenses. Thirty point four percent (n=42) indicated they have “Medicare” coverage. Twenty-nine percent (n=40) indicated they have “Employer sponsored” coverage. Twenty-one respondents were moved to “Other” for selecting over the allotted one health insurance type.

Type of Health Insurance	2017 % (n)	2020 % (n)	2023 % (n)
Number of respondents	115	156	138
Medicare	35.7% (41)	32.1% (50)	30.4% (42)
Employer sponsored	37.4% (43)	30.1% (47)	29.0% (40)
Health Insurance Marketplace	5.2% (6)	2.6% (4)	7.2% (10)
Medicaid	4.3% (5)	7.1% (11)	3.6% (5)
Private insurance/private plan	3.5% (4)	5.8% (9)	2.9% (4)
Health Savings Account	2.6% (3)	0.6% (1)	2.2% (3)
Healthy MT Kids	1.7% (2)	1.3% (2)	2.2% (3)
Medicare Advantage			2.2% (3)
VA/Military	2.6% (3)	1.9% (3)	2.2% (3)
None/pay out of pocket	4.3% (5)	3.2% (5)	1.4% (2)
Indian Health	0.0% (0)	0.0% (0)	0.0% (0)
Other*	2.6% (3)	15.4% (24)	16.7% (23)
TOTAL	100.0% (115)	100.0% (156)	100.0% (138)

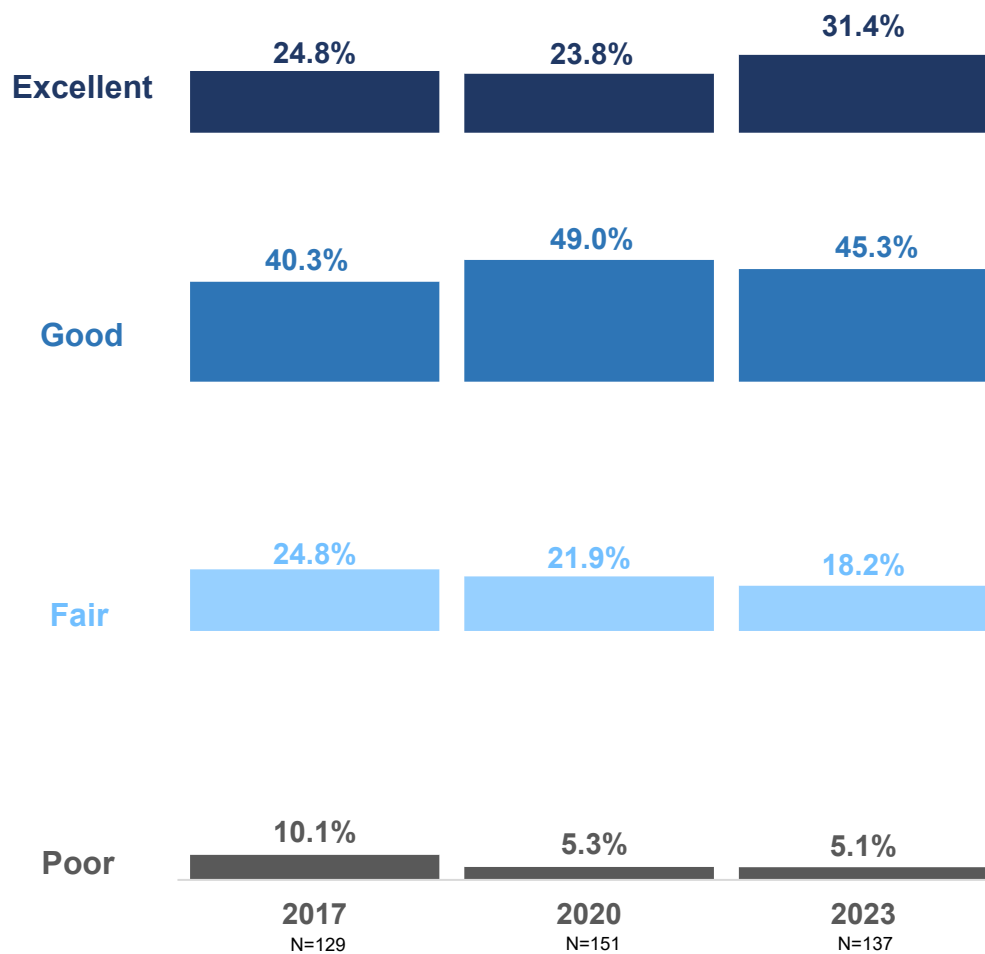
Statistical significance was not measured as reporting differed between 2023 and the two previous years. A larger number of missing values in 2023 compared to previous years would result in a skewed test for significance, indicating a meaningful change when one may not exist. Grayed out cells indicate the question was not asked that year. *Respondents (N=21) who selected over the allotted amount were moved to “Other.”

“Other” comments included: No insurance and Montana Co-Op

Insurance and Healthcare Costs (Question 36)

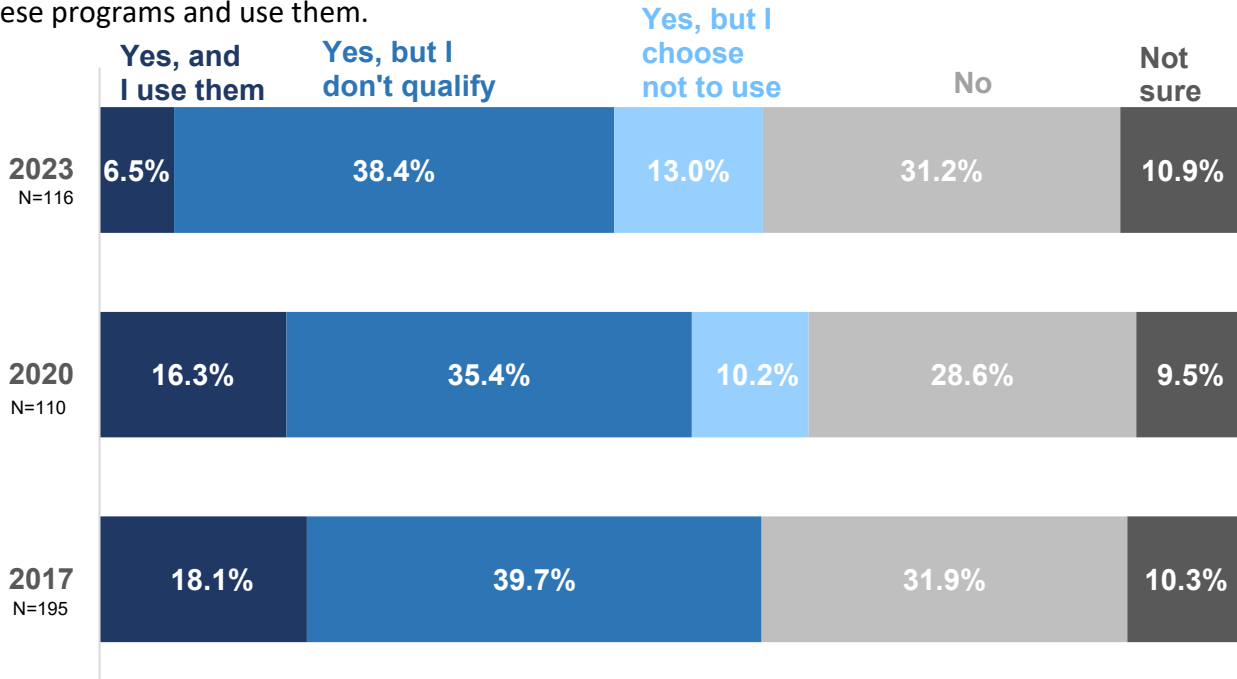
Respondents were asked to indicate how well they feel their health insurance covers their healthcare costs. Forty-five point three percent of respondents (n=62) indicated they felt their insurance covers a “Good” amount of their healthcare costs. Thirty-one point four percent of respondents (n=43) indicated they feel their insurance was “Excellent,” 18.2% of respondents (n=25) indicated they felt their insurance was “Fair,” and 5.1% of respondents (n=7) feel that their insurance covers a “Poor” amount of their healthcare costs.

Over 3/4 of respondents feel that their health insurance offers excellent or good coverage



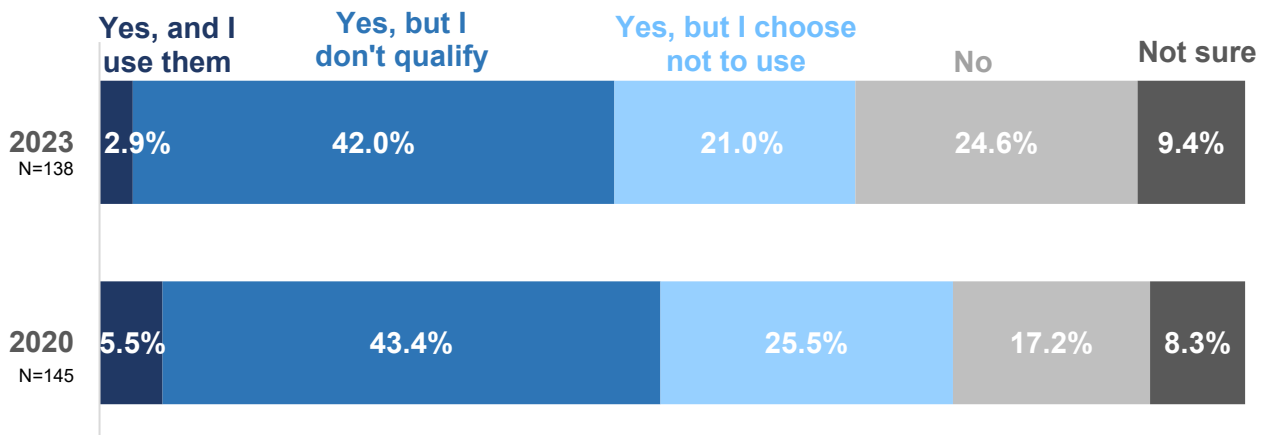
Awareness of Health Cost Assistance Programs (Question 37)

Respondents were asked to indicate their awareness of programs that help people pay for healthcare expenses. The majority of respondents (38.4%, n=53) shared that they are aware of these programs but do not qualify. Thirty-one point two percent of respondents (n=43) indicated they were not aware of these programs, 13.0% (n=18) are aware of the programs, but choose not to use them, 10.9% (n=15) were not sure if they were aware of health cost assistance programs, and 6.5% (n=9) were aware of these programs and use them.



Awareness of Essential Service Assistance Programs (Question 38)

Respondents were asked to indicate their awareness of programs that help people pay for essential services such as food, utilities, housing, etc. Forty-two percent of respondents (n=58) indicated they were aware of these types of programs but did not qualify to utilize them and 24.6% (n=34) indicated they were unaware of these programs, 21.0% (n=29) indicated they were aware but chose not to utilize them, and 9.4% (n=13) weren't sure if they were aware of these programs, and 2.9% (n=4) shared that they are aware of the programs and utilize them.





**FOCUS GROUP &
KEY INFORMANT
INTERVIEW
RESULTS**

Focus Group & Key Informant Interview Methodology

Two focus groups and five key informant interviews were conducted between December 2022 and March 2023. Participants were identified as people living in Beaverhead County.

In total, 20 people participated in the focus groups and key informant interviews. Each of the focus groups lasted 60 minutes in length and were hosted at Barrett Hospital & HealthCare. Four key informant interviews were conducted over the telephone and one was conducted in person. All five 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.



Focus Group and Key Informant Interview Themes

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



AWARENESS OF SERVICES & RESOURCES

The most common thread of interviews was a desire for more outreach and awareness of available services and resources. Specifically, there was a desire for more information on the availability of local services/resources and the promotion and recruitment of volunteering with local organizations.

While community members were generally pleased with the local health organizations, several expressed that even as a seasoned Beaverhead County resident, it can often be hard to know exactly what services are offered, what the hours might be, and where and how to access them. It was acknowledged that such a challenge is exacerbated for newer community members. A particular challenge facing residents was seemingly the identification of which health organizations are associated with one another and who offers which of the services and/or resources. One individual pointed out that, “Social media

is the only way to access a lot of this information right now and I am personally trying to do less social media, so that's hard!"

There was much discussion throughout the interviews and focus groups regarding misconceptions with Barrett Hospital & HealthCare. In a focus group, one community member shared that in general, if you visit a hospital you often want everything to be solved and fixed right then. In a rural area such as Dillon, however, the reality is that not all cases can be handled locally and require either a referral to a health specialist or a transport to a larger health system. The individual felt that the lack of awareness among fellow community members for simply what a critical access hospital designation means and an appreciation for some of the limitations on such a facility, may be where some of the negative views come from.

The final subtheme discussed was fostering a culture of volunteering and civic mindedness. Overall, community members shared an affection for Dillon and desire to help their neighbors. As with locating available services and resources, it was shared that it can be hard to know how to get involved in local organizations through the donation of time and resources. To promote a culture of volunteering, it was suggested to consider using a central platform, such as JustServe.org, to recruit volunteers either for one-time events or long-term commitments.

MENTAL & BEHAVIORAL HEALTH



Mental and behavioral health was another top theme identified among community members. They identified limited access to mental health services/providers and a culture of acceptance for substance use as particular challenges.

In terms of mental health, a community member shared optimism since they believed the stigma was reducing among women accessing the mental health care that they need, nevertheless they haven't observed the same shift among men. Moreover, there was a genuine concern expressed for the limited availability of local providers for children needing mental health care. There was a mutual desire among community members to work across organizations in connecting and supporting the local children and adolescents who need to access critical mental health services.

Substance use, be it through alcohol, opioids, vaping, etc., was frequently mentioned as a challenge for the area. Numerous community members reported concerns of children as young as fourth graders using substances,

such as vaping. In general, community members shared a desire for more prevention and treatment resources related to substance use.



BUILT ENVIRONMENT

As described in subsequent sections, community members shared an affinity for the beauty that surrounds the area and the positive momentum among community members to be more active in recent years. Yet, they acknowledged opportunities to further improve the quality of life and connectedness of Beaverhead County residents.

Nearly all community members mentioned a desire to improve the local sidewalk systems and an absence of winter snowplowing. It was discussed that many areas of town either don't have sidewalks installed or have sidewalks that need significant improvements. Examples provided through the discussions were that it can be incredibly challenging to push a stroller in many of the neighborhoods or for elderly community members or those with a disability to get out for a walk around the neighborhood on a nice day. It was shared that these walkability challenges can be further exacerbated in the winter months.

Community members expressed an appreciation for the investments that have been made in the local trail system. There was a particular appreciation for the private donor who helped connect the trails, the Beaverhead Trail Coalition, and Barrett Hospital & HealthCare.

Internet accessibility and reliability throughout Beaverhead County continues to be a challenge. Despite the availability of telehealth services, an individual shared that some community members don't have the ability to access these at home, so they rely on the hospital and/or clinic to supply the technology so they are able to access them.

SERVICES NEEDED IN THE COMMUNITY



- EMS workforce and funding
- Enhanced internet services throughout Beaverhead County
- Mental health providers who see children (i.e., Child psychiatrist, counselors, etc.)
- Home health
- Hospice
- Sustained nutrition program for elderly
- Expanded transportation services
- Expanded walk-in clinic hours on the weekends
- More outreach and awareness of local services and resources
- Volunteer recruitment
- Affordable housing
- Dentists
- Specialty services (i.e., Orthopedics, Women’s health, Pediatrics, ENT, cardiac rehabilitation, etc.)
- Free or low-cost adult education/ life skill opportunities
- Snow removal
- Enhanced sidewalks
- Parenting resources (i.e., classes, support systems, etc.)
- Expanded food bank hours
- Childcare
- Mental and behavioral health services and resources (including alcohol and substance use prevention/resources, etc.)
- More community activities such as pickleball, kickball, etc.



EXECUTIVE SUMMARY

Executive Summary

The table below shows a summary of results from the Barrett Hospital & HealthCare and Beaverhead County Public Health Department 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 partners through focus groups and key informant interviews; and the potential impact of a given issue.

Areas of Opportunity	Secondary Data	Survey	Focus Groups & Interviews
Access to Healthcare Services			
Barriers to access			
<i>Specialty services (i.e., Orthopedics, Women’s health, Pediatrics, ENT, cardiac rehabilitation, etc.)</i>	⊗	✓	☑
<i>More primary care providers</i>	⊗	✓	☑
<i>Expanded walk-in clinic hours on the weekends</i>		✓	☑
<i>Awareness of health services and resources</i>		✓	☑
Senior Services			
<i>High percentage of population 65+</i>	⊗	✓	☑
<i>Enhanced aging in place services (i.e., home health, hospice, sustained nutrition program, more workforce, etc.)</i>		✓	☑
Chronic Disease Management & Prevention			
<i>Chronic pain management</i>		✓	
<i>Healthy behaviors and lifestyle promotion- weight loss, fitness, health & wellness, nutrition</i>	⊗	✓	☑
Mental and Behavioral Health			
<i>More mental and behavioral health services/resources</i>	⊗	✓	☑
<i>Alcohol/substance use</i>	⊗	✓	☑

Summary continued on the next page.

Socioeconomic & Built Environment

<i>Housing accessibility and affordability</i>		✓	☑
<i>Improved sidewalks and snow removal</i>		✓	☑
<i>Enhanced broadband internet service throughout Beaverhead County</i>	⊗		☑
<i>Community supports for parents</i>		✓	☑



NEXT STEPS & RESOURCES

Prioritization of Health Needs

The community steering committee, comprised of staff leaders from Barrett Hospital & HealthCare and Beaverhead County Public Health Department 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 and behavioral health
- Access to care
- Social determinants of health

Barrett Hospital & HealthCare and Beaverhead County Public Health Department will determine which needs or opportunities could be addressed considering their organization's parameters of resources and limitations. The committee will prioritize the needs/opportunities using the additional parameters of the organizational vision, mission, and/or values, as well as existing and potential community partners.

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

Available Community Resources

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

- 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
 - Beaverhead Urgent Care
 - Dillon Medical Supply
 - Local optometrists, dentists, and chiropractors
 - Local pharmacies
 - Montana Migrant & Seasonal Farmworkers Council
 - Ortho Rehab, Inc.
 - 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
 - Crisis Response Team of Western Montana Mental Health
 - 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
 - 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
 - LOVE, INC.
 - 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
- 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)

- Fitness Resources:
 - 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 (formerly known as CrossFit Dillon)
 - 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)
 - Caravan Health 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
 - MT Hospital Quality Improvement Collaborative (HQIC) [formerly known as MHA Hospital Improvement Innovation Network (HIIN)]
 - The Montana Hospital Association (MHA)
 - The Montana Rural Healthcare Performance Improvement Network

Evaluation of Previous CHNA & Implementation Plan

Barrett Hospital & HealthCare and Beaverhead County Public Health Department 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 Oct. 28, 2020. The plan prioritized the following health issues:

- Access to healthcare
- Mental and behavioral health

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

Goal 1: Improve access to healthcare services

	Activities	Accomplishments	Community Impact/Outcomes
Strategy 1.1: Expand telehealth services.	Investigate EMR-integrated home monitoring as an addition to telehealth provider visits at BHH.	Utilizing remote patient monitoring (RPM) in coordinated care department. Monitoring BP currently and reviewing opportunities for weight scales and blood sugars	Outcomes realized in prevention of emergency department (ED) visits and hospital readmissions
	Explore feasibility of developing and implementing tele-family planning services at Beaverhead County Health Department.	Implement tele-family planning during the peak of COVID. Received funding to purchase iPads for the visual telehealth calls but have never used them. Currently all patients come in for services and will need to evaluate if we want to pursue telehealth as a regular service. Contract with CHC providers, and they will be moving their location next spring/summer. Telehealth may need to be utilized because of distance.	Increased access for patients

	Market telehealth services and educate the community on availability and access options.	Digital and print ad campaigns completed. Added web development and content.	Increased access for patients. Improved communication, guidelines, and access to telehealth care.
	Determine feasibility of expanding child tele-behavioral health services in partnership with Shodair Children’s Hospital.	Partnered with Frontier Psychiatry who does tele-psychiatry in ED and will refer when necessary for follow up consultation. Several clinicians in Dillon are offering tele-behavioral health for children; replaced Frontier Psychiatry Services with Providence in Sept. 2022; Contract with Eastern Idaho Regional Medical Center (EIRMC) to provide 24/7 telepsych services in the ED. Expanded psych evaluations services to child, adolescent, as well as, adult. Added SW evaluation all age groups. EIRMC contract includes placement assistance.	Reduction in delays of care, improved quality and outcomes
Strategy 1.2: Expand pain management services.	Implement a pain management program at BHH.	Transcendent Anesthesia and Pain Service is treating on average, 25-35 patients per month.	Improved local access for patients
	Market pain management services and educate the community on availability and access options.	Reached potential patients through multiple ad venues. Recently reviewed this service line and based on patient feedback and surveys, revamped promotional materials to make these services more relatable to the general public.	Increased community awareness of services
Strategy 1.3: Expand resources and support programs that address population health needs and champion prevention.	Continue active participation in ACO MSSP to promote wellness care and better manage chronic illness	Increased FTE in coordinated care department for chronic care management and population health initiatives, added community health worker	Better management of chronic illness with resulting fewer ED visits and IP stays. With the addition of community health worker, we have increased capacity to assist with social determinants of health.

	<p>Develop patient recruitment/referral process for community partners and clinic to improve community wide participation in Health Improvement Program.</p>	<p>Health Improvement Program (HIP) discontinued 1/2021. COVID pandemic, Unanticipated lack of capacity of HIP coaches. In-person meetings suspended.</p>	
	<p>Continue participation in other (e.g., BCBS) population health management programs and explore additional options for clinically integrated networks (CIN) with a focus on wellness promotion and chronic care management</p>	<p>Initiated CIN with Monida Healthcare Network. Working with third party vendor, FigMD, for data mining. Added additional programs in coordinated care, in partnership with local YMCA, to promote health and well-being.</p>	<p>Better management of chronic illness with resulting fewer ED visits and inpatient stays. Increase in chronic care management services and overall community benefit.</p>
	<p>Explore options for Beaverhead County Public Health to assist in promoting wellness activities and chronic care management</p>	<p>Have not explored any options with any other entities. It is still a realistic activity to discuss. Once Public health is fully staffed, hoping to meet with the appropriate people at the hospital.</p>	<p>Better management of chronic illness with resulting fewer ED visits and inpatient stays</p>
<p>Strategy 1.4: Reduce barriers to accessing care through strategic partnership with community organizations.</p>	<p>Enhance collaboration between BHH, Beaverhead County Public Health and other social service organizations (such as the Community Resource Center) to better address area socioeconomic needs.</p>	<p>Public Health has not initiated any collaboration to look into this area. I can't remember why this was chosen and will need to discuss with the hospital more specifics regarding where we were going with this. Starting in December 2022, we met with the Women's Resource Center, the Early Childhood Coalition, Love INC, and New Hope programs to learn about each other's services and how we can refer clients from both our program and their program for services. We are working on a collaboration with the Early Childhood Coalition to promote healthy eating and assist in cooking classes as well as provide mini presentations on childhood topics that we educate on in</p>	<p>Address local socioeconomic needs</p>

		<p>WIC. Met with the hospital clinic to discuss and share information that is provided to new obstetrics patients. Found that there is not any local service information given to the patient and we developed packets for the clinic with information on WIC, Family Planning, Immunizations, and local social service programs as well as lists of mental health providers. We hope to get this information on our website and provide a QR code to make it easier to access the information and also to update it.</p>	
	<p>Collaborate with community partners to Identify and catalogue social services in Beaverhead County.</p>	<p>Community Support Center services list obtained</p>	<p>Improve community awareness</p>
	<p>Work with partners to streamline referral process to area social services. Explore utilization of the Connect program offered through DPHHS. https://connectmontana.org/</p>	<p>This is an area that public health will look into. They (Connect) have reached out to us wanting to partner with us. However, there is now a cost to this service. This has not been budgeted. I need to discuss the service with local people who are using it to see if it is something they feel is worth the commitment/funding. We met with the Connect staff in February regarding information and found there were not any health departments. We felt that for the cost and the very few instances we might use it, the service was not needed. We feel we have access to information using Epic and our positive relationships with our partners.</p>	

	Develop and disseminate community and service provider education on new/updated community resources and referral processes.	No progress made on this activity.	
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Goal 2: Improve access to mental and behavioral health services

	Activities	Accomplishments	Community Impact/Outcomes
Strategy 2.1: Engage with community and regional partners to improve access to mental health services.	Continue to support area committees and activities that address mental and behavioral health in Beaverhead County (i.e., LAC for Mental health, Resource Assistance Center Committee, ACES).	Remain active in LAC and ACES; participating in grant for community crisis response and exploring another grant for a MACT team; LAC promotional campaigns for mental health awareness	Improved access to mental health resources
	Work to coordinate/implement the COVID-19 Behavioral Health Crisis grant, administered by DPHHS Addictive and Mental Disorders Division	Utilized funds for tele-behavioral health equipment, safety/infection control; books, and other supplies	Allowed us to still deliver care during the pandemic
	Re-engage with local school health counselors to discuss current screening and resources as well as areas for collaboration or support	Dinner w/ BHH and School counselors scheduled. Cancelled due to COVID closures 3/20	Improve continuity of care
	Partner with Public Health to conduct an environmental scan and update available mental health providers and services.	Starting with Community Support Center to identify local MH providers. Complete per Executive Summary	Increase awareness & access to mental health services
	Continue to offer Integrated Behavioral Health care into primary care	Behavioral Health services fully integrated into primary care; continue to develop tools and workflows for screening and follow up care	Improved access to mental health resources

	<p>Improve Crisis Response in ED</p>	<p>Periodic virtual meeting with Western Montana Mental Health Center (WMMHC) leads to improve communication Contract with EIRMC to provide 24/7 telepsych services in the ED. Expanded psych evaluations services to child, adolescent, as well as, adult. Added SW evaluation all age groups. EIRMC contract includes placement assistance.</p>	<p>Improved access to acute mental health resources</p>
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APPENDICES

Appendix A- Steering Committee

<i>Steering Committee Member</i>	<i>Organization Affiliation</i>
<i>Anna Loge, MD</i>	Barrett Hospital & HealthCare (BHH) Provider
<i>Brooke Erb</i>	Executive Director Barrett Hospital Foundation
<i>Carol Dickinson</i>	Retired School Teacher BHH Patient/Family Advisory Council
<i>Carolyn Hansen</i>	BHH Chief Clinical Officer
<i>Christie Trapp</i>	BHH Marketing Manager
<i>Cory Birkenbuel</i>	MT Running Company BHH Patient/Family Advisory Council
<i>Joy Arbour</i>	Hair Care Unlimited BHH Patient/Family Advisory Council
<i>Kim Martinell</i>	Be the Change 406 Coalition
<i>Leigh Smith</i>	BHH Human Resources Director BHH Patient/Family Advisory Council
<i>Lesli Cottom</i>	BHH Mammographer BHH Patient/Family Advisory Council
<i>Maria Emmer-Aanes</i>	Crisis Response – Beaverhead County
<i>Maria Koslosky</i>	BHH Chief Quality and Compliance Officer
<i>Michael Reid</i>	Chancellor, University of Montana Western
<i>Patti Mitchell</i>	BHH Board of Directors President
<i>Randy Shipman</i>	Superintendent, Beaverhead County School District #10
<i>Stephanie Wayman</i>	BHH Patient Financial Services BHH Patient/Family Advisory Council
<i>Sue Hansen</i>	Beaverhead County Public Health Department Director
<i>Susan Briggs</i>	BHH Board of Directors
<i>Tammy Baker</i>	BHH Patient/Family Advisory Council
<i>Taylor Rose</i>	BHH Chief Executive Officer
<i>Tennie Beitler</i>	Retired Registered Nurse (RN) BHH Patient/Family Advisory Council
<i>Thomas Schumacher</i>	BHH Director of Clinic Operations
<i>Tina Giem</i>	BHH Chief Financial Officer
<i>Victoria Tomaryn</i>	BHH Compliance Specialist BHH Patient/Family Advisory Council



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

Anna Loge, MD – Barrett Hospital & HealthCare (BHH) Provider
Brooke Erb – Executive Director Barrett Hospital Foundation
Carol Dickinson – Retired School Teacher and BHH Patient/Family Advisory Council
Carolyn Hansen – BHH Chief Clinical Officer
Christie Trapp – BHH Marketing Manager
Cory Birkenbuel – MT Running Company and BHH Patient/Family Advisory Council
Joy Arbour – Hair Care Unlimited and BHH Patient/Family Advisory Council
Kim Martinell – Be the Change 406 Coalition
Leigh Smith – BHH Human Resources Director and BHH Patient/Family Advisory Council
Lesli Cottom – BHH Mammographer and BHH Patient/Family Advisory Council
Maria Emmer-Aanes – Crisis Response – Beaverhead County
Maria Koslosky – BHH Chief Quality and Compliance Officer
Michael Reid – Chancellor, University of Montana Western
Patti Mitchell – BHH Board of Directors President
Randy Shipman – Superintendent, Beaverhead County School District #10
Stephanie Wayman – BHH Patient Financial Services and BHH Patient/Family Advisory Council
Sue Hansen – Beaverhead County Public Health Department Director
Susan Briggs – BHH Board of Directors
Tammy Baker – BHH Patient/Family Advisory Council
Taylor Rose – BHH Chief Executive Officer (CEO)
Tennie Beitler – Retired Registered Nurse (RN) and BHH Patient/Family Advisory Council
Thomas Schumacher – BHH Director of Clinic Operations
Tina Giem – BHH Chief Financial Officer
Victoria Tomaryn – BHH Compliance Specialist and BHH Patient/Family Advisory Council

Type of Consultation (Steering Committee Meetings, Focus Groups, Key Informant Interviews, etc.)

First Steering Committee Meeting	January 24, 2023
Key Informant Interviews	December 2022 - March 2023
Focus Groups	March 14-15, 2023
Second Steering Committee Meeting	May 30, 2023

Public and Community Health

- I think there is a demand for translated surveys and tools.
- It would be nice if there were a texting function to reach the younger demographic, but it's understandable if that is not feasible at this time.
- Given that we have University of Montana Western locally, I think it would also be good to capture student needs of the area.
- I would love to see improved and consistent sidewalks in town. It is really hard to get around, especially with a stroller.
- I hear all the time that there are a lot of resources available, but those are not communicated well, and people don't know about them. That is a barrier to care. Information sharing needs to be a priority. One place with everything in there would be nice.
- Regarding the housing survey data, it seems like the rating of personal needs is being met in one question yet housing needs say not affordable/adequate, which is a basic need. This doesn't seem to reconcile for me.
- Food insecurity survey data doesn't make sense to me. I think they are low. The food bank has gone from serving about 40 people per week to 140. Most food insecure people don't have permanent housing so they wouldn't receive/take the survey.
- It's interesting to me that sidewalks or bad sidewalks was brought up in the report. Walking in Dillon is a challenge. So how will this data be used to inform change-since sidewalks is a city issue? Perhaps we can use this data as a tool to educate/inform others to help steer change and even grant writing.
- Maybe next time we could ask about language spoken at home or consider a way to improve responses from non-English speaking residents.

Population: Low-Income, Underinsured

- I think our services for low-income individuals are pretty good locally, but I'm not sure everyone is quite aware of everything that's available to them and our community.
- A couple of local churches do different drives and events to help those in need.
- There are some apartments for low-income individuals. They seem to be kept up pretty well.
- We have a food bank, although I'm not sure if it's supported locally or the statewide food bank, but they always have a line out the door on Wednesday's.
- I think there are a lot of people in the community who are struggling and there is not enough help. Its not the folks who are really low income and qualify for Medicaid, but the people who do not qualify for most of these services and are barely making it.
- For families with young kids there is a lot of hidden homelessness and living out of vehicles or RVs. There is not a local homeless shelter, so it is hard to see but the bus goes around the campground, which to me is an indicator that it is an issue.

- There is a lack of acknowledgement with the working poor, and I think we need to look at that a little closer and find a way to help them out.

Population: Seniors

- I think the local home health and hospice services are excellent!
- I knew someone who was in the local nursing home and they seemed to have good care despite the short staffing. Everyone seems to be short staffed anymore, though!
- The local senior citizens center is quite active with card games and meals.
- The senior center is nice but it doesn't function like a lot of senior centers. It is really only a space for playing cards and socializing. I think the services and resources could be expanded a little more to better support our aging population.
- We have a community with a lot of elderly people. There is a lack of resources for the elderly. There is a gap between our generation pushing to be active and activities for the elderly. There is only one funeral home here, so some families have to go to Butte when a loved one passes, which is not ideal. There are not enough local resources for end-of-life care.

Population: Youth

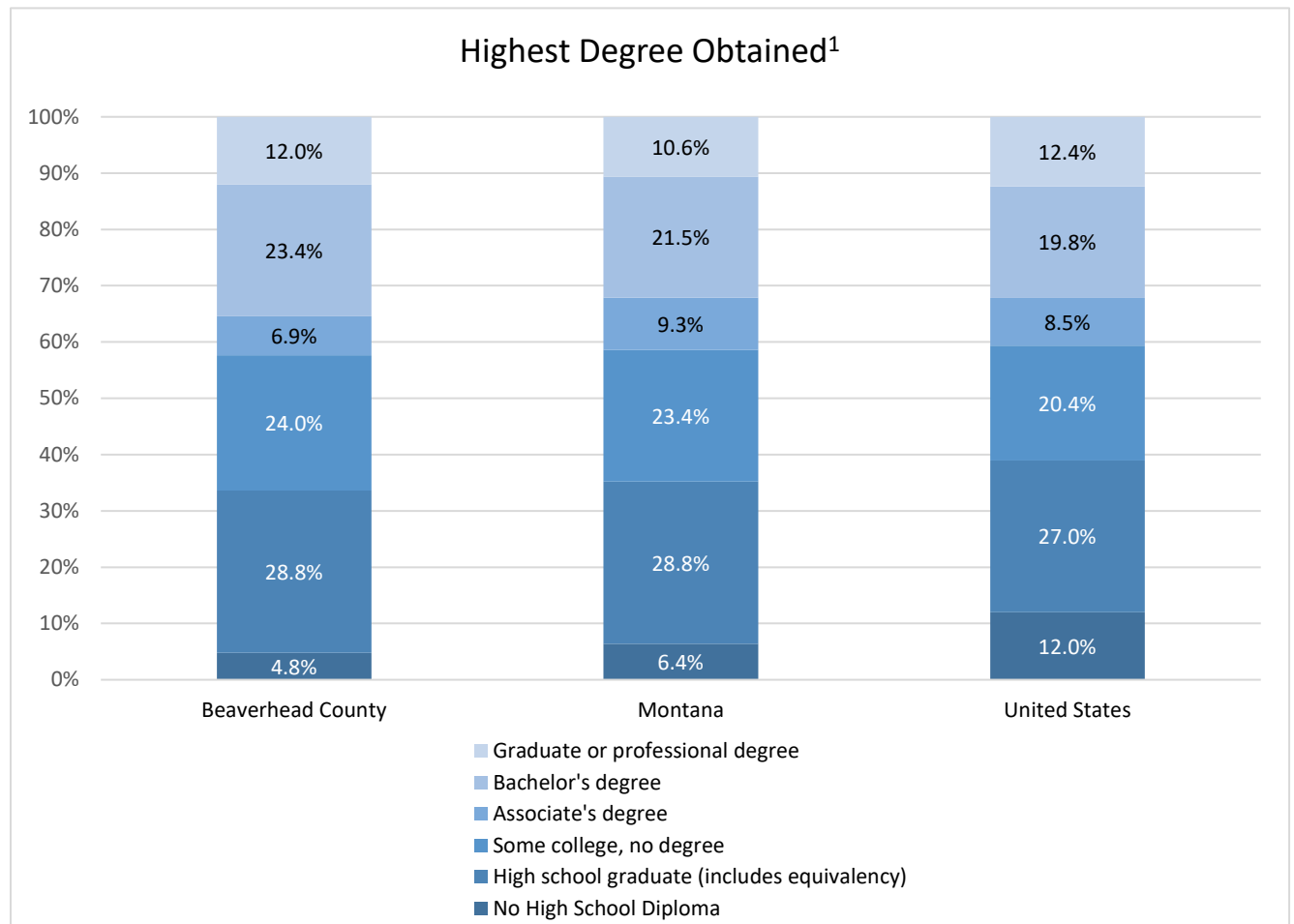
- Childcare, and availability in preschools, in particular, is missing here. We need more space and more help for those who need financial assistance to get their kid into a preschool.
- Lunches at the school. There are so many people who are just above qualifying for the free and reduced lunch and \$4 for a lunch is a lot.
- At the middle school we are seeing mental health as a problem for 4th and 5th graders. Vaping and cigarettes are happening at these grade levels. A lot of it is social acceptance. Parents are smoking or vaping in the house, and it is more socially acceptable. I have seen melatonin vape pens in schools because parents are using them at home and their kids think it is safe for them, too. I wish we had more resources at the school for our youth from ages 10 to high school. I think this needs to be prioritized at the state level.
- The more we can support parents to support their kids, the better I think we can help prevent some of the trauma kids are encountering. All the way from youth to high school age. There seems to be places where parents get stuck and don't know how to support and have a hard time finding resources to navigate the situation. I'd like to see some sort of local group that can figure out how to support our kids better.

Appendix C- Beaverhead Co. Secondary Data

Demographic Measure (%)		County				Montana				Nation			
Population ¹		9,415				1,050,649				324,697,795			
Population Density ¹		1.7				7.1				85.5			
Veteran Status ¹		9.5%				10.4%				7.3%			
Disability Status ¹		17.1%				13.6%				12.6%			
Age ¹		<5	5-17	18-64	65+	<5	5-17	18-64	65+	<5	5-17	18-64	65+
		4.8%	12.8%	61.1%	21.3%	5.8%	15.9%	60.1%	18.2%	6.1%	16.6%	61.7%	15.6%
Gender ¹		Male		Female		Male		Female		Male		Female	
		49.7%		50.3%		50.3%		49.7%		49.2%		50.8%	
Race/Ethnic Distribution ¹		White				91.4%				75.3%			
		American Indian or Alaska Native				8.3%				1.7%			
		Other [†]				3.7%				26.5%			

¹ US Census Bureau - American Community Survey (2019)

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



Socioeconomic Measures (%)	County	Montana	Nation
Median Income ¹	\$43,201	\$54,970	\$62,843
Unemployment Rate ¹	3.8%	4.0%	5.3%
Persons Below Poverty Level ¹	17.7%	13.1%	13.4%
Children in Poverty ¹	11.3%	15.8%	18.5%
Internet at Home ²	76.9%	81.5%	-
Households with Population Age 65+ Living Alone ²	554	52,166	-
Households Without a Vehicle ²	200	21,284	-
Households Receiving SNAP ²	345	56,724	-
Eligible Recipients of Free or Reduced Price Lunch ³ <i>2019/2020 school year</i>	34.3%	42.9%	-
Enrolled in Medicaid ^{4, 1}	8.1%	9.7%	19.8%
Uninsured Adults ^{5, 6} <i>Age <65</i>	13.0%	12.0%	12.1%
Uninsured Children ^{5, 6} <i>Age <18</i>	8.0%	6.0%	5.1%

¹ US Census Bureau - American Community Survey (2019)

¹ US Census Bureau - American Community Survey (2019), ² US Census Bureau - COVID-19 Impact Planning Report (2021), ³ Kids Count Data Center, Annie E. Casey Foundation (2020), ⁴ Medicaid Expansion Dashboard, MT-DPHHS (2020), ⁵ County Health Ranking, Robert Wood Johnson Foundation (2020), ⁶ Health Insurance Coverage, Centers for Disease Control and Prevention (CDC) (2019)

Maternal Child Health	County	Montana	Nation
General Fertility Rate* ⁷ <i>Per 1,000 Women 15-44 years of age (2017-2019)</i>	44.5	59.3	-
Preterm Births ⁷ <i>Born less than 37 weeks (2017-2019)</i>	NA	9.4%	-
Adolescent Birth Rate ⁷ <i>Per 1,000 years females 15-19 years of age (2017-2019)</i>	NA	18.3	-
Smoking during pregnancy ^{3, 8}	9.7%	16.5%	7.2%
Kotelchuck Prenatal Care** ⁷ <i>Adequate or Adequate-Plus (2017-2019)</i>	84.6%	75.7%	-
Low and very low birth weight infants ⁷ <i>Less than 2500 grams (2017-2019)</i>	NA	7.6%	-
Childhood Immunization Up-To-Date (UTD) ^{§ 9}	82.8%	64.8%	-

⁷ IBIS Birth Data Query, MT-DPPHS (2020), ³ Kids Count Data Center, Annie E. Casey Foundation (2020), ⁸ National Center for Health Statistics (NCHS), CDC (2016), ⁹ Clinic Immunization Results, MT-DPHHS (2020)

* General fertility rate is the number of live births per 1,000 females of childbearing age between the ages of 15-44 years.

**The Kotelchuck Index, also called the Adequacy of Prenatal Care Utilization (APNCU) Index, uses two crucial elements obtained from birth certificate data-when prenatal care began (initiation) and the number of prenatal visits from when prenatal care began until delivery (received services). The Kotelchuck index classifies the adequacy of initiation as follows: pregnancy months 1 and 2; months 3 and 4; months 5 and 6; and months 7 to 9. A ratio of observed to expected visits is calculated and grouped into four categories: Inadequate (received less than 50% of expected visits); Intermediate (50%-79%); Adequate (80%-109%); Adequate Plus (110% or more).

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

Behavioral Health	County	Montana	Nation
Adult Smoking ⁵	19.0%	19.0%	16.0%
Excessive Drinking ⁵	23.0%	22.0%	15.0%
Adult Obesity ⁵	27.0%	27.0%	26.0%
Poor Mental Health Days ⁵ (Past 30 days)	4.1	3.9	3.8
Physical Inactivity ⁵	20.0%	22.0%	19.0%
Do NOT wear seatbelts ¹⁰ State Age-Adjusted Prevalence (2018) Nation Crude Prevalence (2018)	-	10.3%	6.3%
Drink and Drive ¹⁰ State Age-Adjusted Prevalence (2018) Nation Crude Prevalence (2018)	-	3.7%	3.1%

⁵ County Health Ranking, Robert Wood Johnson Foundation (2020), ¹⁰ Behavioral Risk Factor Surveillance System, CDC (2019)

Cancer prevention & screening	County	Montana	Nation
Human Papillomavirus (HPV) vaccination UTD ^{†† 11, 12} Adolescents 13-17 years of age (2020)	21.7%	54.4%	58.6%
Cervical cancer screening in past 3 years ^{13, 10} Age adjusted (county/state) and crude (nation) prevalence among adult women aged 21-65 years (2018)	84.7%	76.8%	80.1%
Mammography in past 2 years ^{13, 10} Age adjusted (county/state) and crude (nation) prevalence among women 50-74 years (2018)	68.1%	73.4%	78.3%
Colorectal Cancer Screening ^{13, 10} Age adjusted (county) and crude (state/nation) prevalence among adults age 50-75 years (2018)	59.2%	64.5%	69.7%

¹¹ Adolescent Immunization Coverage by County, MT-DPHHS (2020), ¹² National Center for Immunization and Respiratory Diseases, CDC (2021), ¹³ PLACES Project, CDC (2020), ¹⁰ Behavioral Risk Factor Surveillance System, CDC (2019)

^{††} An up-to-date HPV vaccination measure assesses the completion of the HPV vaccine series (2 doses separated by 5 months [minus 4 days] for immunocompetent adolescents initiating the HPV vaccine series before their 15th birthday, and 3 doses for all others).

Infectious Disease Incidence Rates ¹⁴ Per 100,000 people (2015-2017)	County	Montana
Enteric Diseases *	209.9	80.1
Hepatitis C virus	28.2	93.4
Sexually Transmitted Diseases (STD) †	448.4	551.6
Vaccine Preventable Diseases (VPD) §	103.2	91.5

¹⁴ IBIS Community Snapshot, MT-DPPHS

* Foodborne illness † STD analyses include chlamydia, gonorrhea, and primary/secondary syphilis

§ VPD analyses include: Chickenpox, *Haemophilus influenzae*, Meningococcal disease, Mumps, Pertussis, *Streptococcus pneumoniae*, Tetanus

Chronic Conditions ¹⁰	County	Montana	Nation
Cardiovascular Disease (CVD) prevalence <i>Adults aged 18 years and older (2014-2016)</i>	**	7.9	8.6
Chronic Obstructive Pulmonary Disease (COPD) prevalence <i>Adults aged 18 years and older (2014-2016)</i>	**	6.6	6.4
Diabetes Prevalence <i>Adults aged 18 years and older (2014-2016)</i>	**	8.3	10.6
Breast Cancer Incidence Rate <i>Age-Adjusted Per 100,000 population (2014-2016)</i>	105.3	125.0	124.1
Cervical Cancer Incidence Rate <i>Age-Adjusted Per 100,000 population (2014-2016)</i>	**	7.9	7.4
Colon and Rectum Cancer (CRC) Incidence Rate <i>Age-Adjusted Per 100,000 population (2014-2016)</i>	**	37.1	38.9
Lung Cancer Incidence Rate <i>Age-Adjusted Per 100,000 population (2014-2016)</i>	52.3	52.2	60.0
Melanoma Cancer Incidence Rate <i>Age-Adjusted Per 100,000 population (2014-2016)</i>	**	26.3	21.0
Prostate Cancer Incidence Rate <i>Age-Adjusted Per 100,000 population (2014-2016)</i>	97.8	109.6	103.0

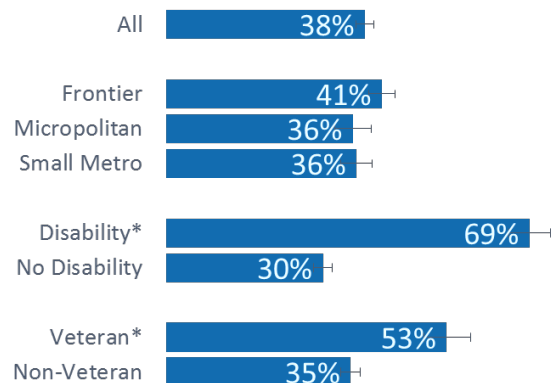
¹⁴ IBIS Community Snapshot, MT-DPPHS

** Data were suppressed to protect privacy.

Montana Adults with Self-Reported Chronic Condition ¹⁰	
1. Arthritis	29.0%
2. Depression	24.1%
3. Asthma	10.0%
4. Diabetes	7.6%
5. COPD	6.8%
6. Cardiovascular disease	3.9%
7. Kidney disease	2.4%

¹⁰ Behavioral Risk Factor Surveillance System, CDC (2019)

Percent of Montana Adults with Two or More Chronic Conditions



Mortality	County	Montana	Nation
Suicide Rate¹⁵ <i>Per 100,000 population (2009-2018)</i>	24.1	23.9	-
Veteran Suicide Rate¹⁵ <i>Per 100,000 population (2009-2018)</i>	-	65.7	38.4
Alzheimer's Disease Mortality Rate¹⁶ <i>Age-Adjusted per 100,000 population (2017- 2019)</i>	-	21.7	-
Pneumonia/Influenza Mortality Rate¹⁷ <i>Age-Adjusted per 100,000</i>	-	10.5	12.3
Leading Causes of Death^{16, 18}	-	1. Heart Disease 2. Cancer 3. Chronic Lower Respiratory Disease (CLRD)	1. Heart Disease 2. Cancer 3. Unintentional injuries

¹⁵ Suicide in Montana, MT-DPHHS (2021), ¹⁶ IBIS Mortality Query, MT- DPPHS (2019), ¹⁷ Kaiser State Health Facts, National Pneumonia Death Rate (2019), ¹⁸ National Vital Statistics, CDC (2019)

** Data were suppressed to protect privacy.

Montana Health Disparities ¹⁰	White, non-Hispanic	American Indian/Alaska Native	Low Income*
14+ Days when physical health status was NOT good <i>Crude prevalence (2019)</i>	13.0%	17.9%	28.9%
14+ Days when mental health status was NOT good <i>Crude prevalence (2019)</i>	13.2%	19.2%	30.0%
Current smoker <i>Crude prevalence (2019)</i>	14.5%	41.5%	32.9%
Routine checkup in the past year <i>Crude prevalence (2019)</i>	72.8%	74.1%	81.1%
No personal doctor or health care provider <i>Crude prevalence (2019)</i>	26.5%	28.8%	23.8%
No dental visit in the last year for any reason <i>Crude prevalence (2020)</i>	34.9%	41.6%	48.1%
Consumed fruit less than one time per day <i>Crude prevalence (2019)</i>	40.5%	46.8%	49.5%
Consumed vegetables less than one time per day <i>Crude prevalence (2019)</i>	16.7%	18.0%	22.0%
Does not always wear a seat belt <i>Crude prevalence (2020)</i>	10.8%	15.9%	16.0%

¹⁰ Behavioral Risk Factor Surveillance System, CDC (2019)

*Annual household income < \$15,000

Youth Risk Behavior ¹⁹	Montana		Nation
	White, non-Hispanic	American Indian/Alaska Native	
Felt Sad or Hopeless <i>Almost every day for two weeks or more in a row, during the past 12 months</i>	35.3%	39.6%	36.7%
Attempted Suicide <i>During the past 12 months</i>	8.7%	15.4%	8.9%
Lifetime Cigarette Use <i>Students that have ever tried smoking</i>	28.3%	48.9%	24.1%
Currently Drink Alcohol <i>Students that have had at least one drink of alcohol on at least one day during the past 30 days</i>	34.3%	25.3%	29.2%
Lifetime Marijuana Use <i>Students that have used marijuana one or more times during their life</i>	36.9%	58.9%	36.8%
Texting and Driving <i>Among students who drove a car in the past 30 days</i>	55.2%	39.6%	39.0%
Carried a Weapon on School Property <i>In the last 30 days</i>	7.2%	3.2%	2.8%

¹⁹ Montana Youth Risk Behavior Survey (2019)

Secondary Data – Healthcare Workforce Data 2021

Health Professional Shortage Area & Medically Underserved Areas/Populations

The uneven geographic distribution of health system resources has long been a problem in the United States. As a result, many individuals do not have adequate access to health services in their community. State and Federal programs have been put in place to attempt to ameliorate this problem and reduce the barriers to access healthcare. The Health Professional Shortage Area (HPSA) program and the Medically Underserved Areas/Populations (MUA/P) are among the tools used to increase the supply, capacity, and distribution of health professionals to areas of greatest need. HPSA designations indicate shortages of healthcare professionals who provide primary care, dental, and mental health services. Designation may help communities attract new healthcare workforce and it may increase Medicare and Medicaid reimbursement to already existing healthcare providers.

Health Professional Shortage Area Designation ¹ – Beaverhead County, Montana		
Discipline	HPSA Score	HPSA
Primary Care	15	✓ Low income population
Dental Health	17	✓ Low income population
Mental Health	17	✓ High needs geographic population
HPSA Scores range from 0 to 25 (primary care and mental health) and 0 to 26 (dental health) where the higher the score, the greater the priority		

¹ Health Resources and Services Administration (2021)

Provider Supply and Access to Care ²				
Measure	Description	Beaverhead Co. (N=1) **	Montana (N = 49) **	National (N = 1347) **
Primary care physicians	Ratio of population to primary care physicians	783:1	1349:1	1050:1
Other primary care providers	Ratio of population to other primary care providers including nurse practitioners, physician assistants, and clinical nurse specialists	1572:1	878:1	726:1
Dentists	Ratio of population to dentists	1572:1	1388:1	1260:1
Mental health providers	Ratio of population to mental health providers	524:1	356:1	310:1

² Critical Access Hospital Measurement and Performance Assessment System (CAHMPAS) - FLEX Monitoring (2019)

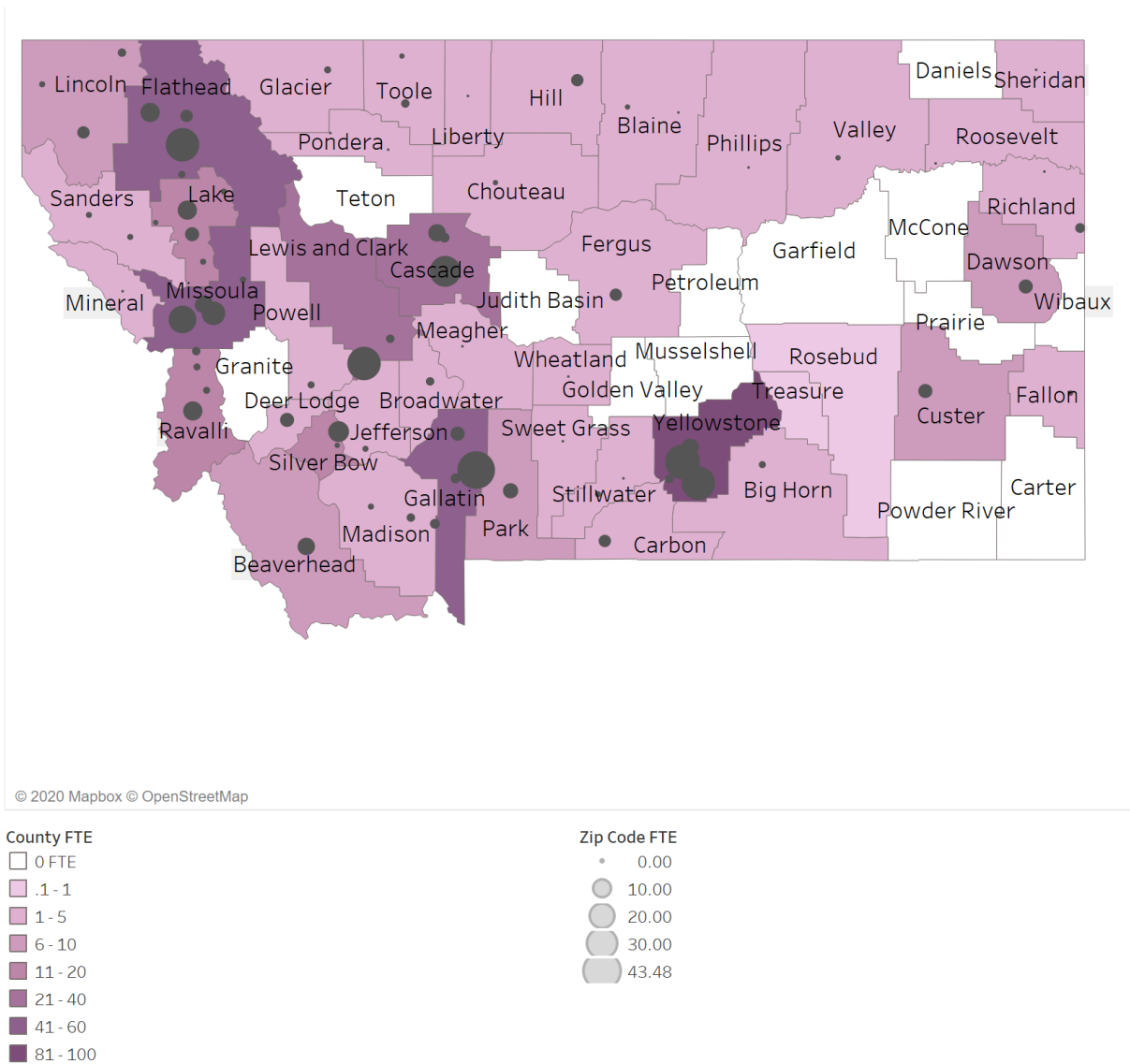
** Total number of CAHs in region

Healthcare workforce Distribution Maps

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

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

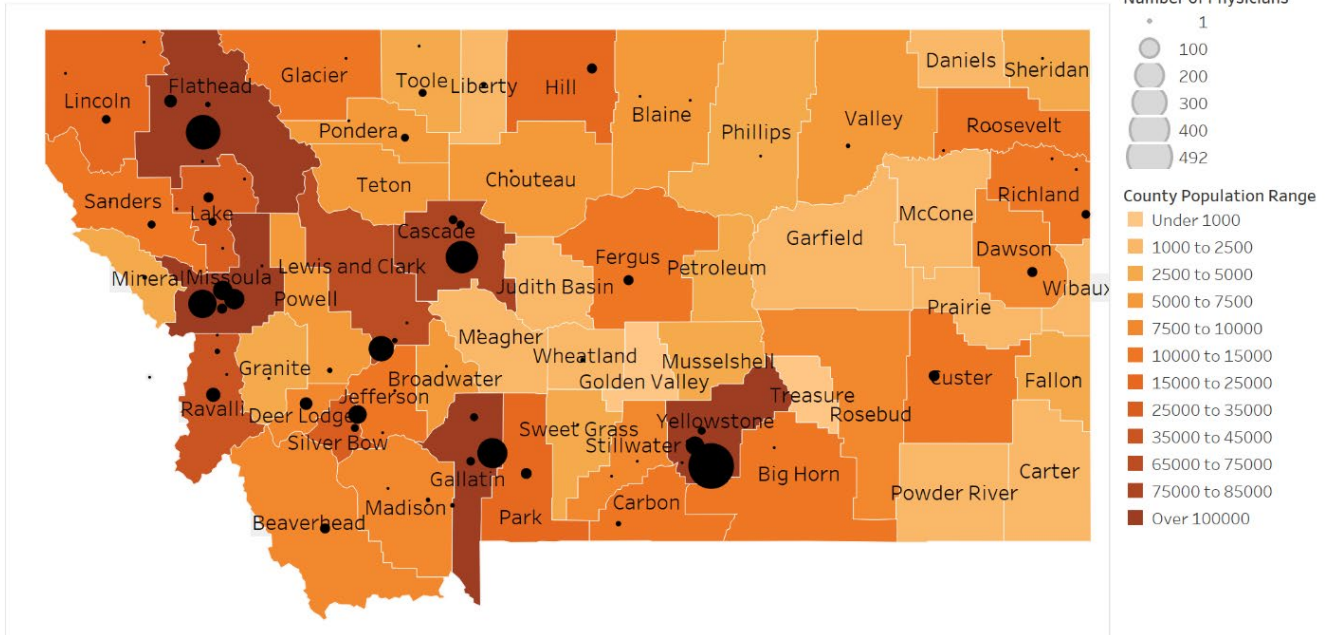
Primary Care Physician FTE: Practice Locations Plotted by Zip Code



Data Source: Montana Primary Care Office data (2020) compiled and analyzed by WIM Tracking (Sept. 2020)

*Note: Does not include IHS or Tribal Health physicians.

Physicians (All Specialties) by County Population Range



Data Source: Montana Primary Care Office data (2020) and WIM Tracking (Sept. 2020)

*Note: Does not include IHS or Tribal Health physicians.

Appendix D- Survey Cover Letter



February 24, 2023

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 health priorities and planning for future needs.

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 31, 2023
2. Complete the enclosed survey and return it in the envelope provided - no stamp needed.
3. You can also access the survey at <http://helpslab.montana.edu/survey.html>. Select "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 April 10th.

All survey responses will go to the Human Ecology Learning and Problem Solving (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 health care 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 "Sue P. Hansen".

Sue Hansen, Director
Beaverhead County Health Department

Appendix E- Survey Instrument

Community Health Needs Assessment Survey Dillon, Montana

INSTRUCTIONS: Please complete this survey by marking the appropriate boxes and then return it in the enclosed postage-paid envelope. If you need assistance, please contact the Montana Office of Rural Health at 406-994-6986. Participation is voluntary, and your responses will remain confidential. You can choose not to answer any question and can stop at any time.

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

- Very healthy Healthy Somewhat healthy Unhealthy Very unhealthy

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

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Alcohol/drug use | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Overweight/obesity | <input type="checkbox"/> Tobacco use (cigarettes/
cigars, vaping,
smokeless) |
| <input type="checkbox"/> Alzheimer's/dementia | <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Recreation related
accidents/injuries | <input type="checkbox"/> Work/economic stress |
| <input type="checkbox"/> Bullying | <input type="checkbox"/> Eating disorders | <input type="checkbox"/> Respiratory issues/
illness | <input type="checkbox"/> Work related
accidents/injuries |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Heart disease | <input type="checkbox"/> Social isolation/loneliness | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Child abuse/neglect | <input type="checkbox"/> Homelessness | <input type="checkbox"/> Stroke | |
| <input type="checkbox"/> Depression/anxiety/
mental health | <input type="checkbox"/> Hunger | <input type="checkbox"/> Suicide | |
| <input type="checkbox"/> Motor vehicle accidents | | | |

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

- | | | |
|---|---|--|
| <input type="checkbox"/> Access to childcare/after school
programs | <input type="checkbox"/> Community involvement | <input type="checkbox"/> Religious or spiritual values |
| <input type="checkbox"/> Access to healthcare services | <input type="checkbox"/> Good jobs and a healthy
economy | <input type="checkbox"/> Strong family life |
| <input type="checkbox"/> Access to healthy foods | <input type="checkbox"/> Good schools | <input type="checkbox"/> Tolerance for diversity |
| <input type="checkbox"/> Access to mental health services | <input type="checkbox"/> Healthy behaviors and lifestyles | <input type="checkbox"/> Transportation services |
| <input type="checkbox"/> Access to senior services | <input type="checkbox"/> Low crime/safe neighborhoods | <input type="checkbox"/> Walking/biking paths |
| <input type="checkbox"/> Affordable housing | <input type="checkbox"/> Low death and disease rates | <input type="checkbox"/> Youth recreational activities |
| <input type="checkbox"/> Arts and cultural events | <input type="checkbox"/> Low level of domestic violence | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Clean environment (water, air,
etc.) | <input type="checkbox"/> Outdoor activities and recreation | |

4. How do you rate your knowledge of the health services that are available in our community?

- Excellent Good Fair Poor

5. How do you rate your knowledge of the health services that are available through Beaverhead County Health Department?

- Excellent Good Fair Poor

6. How do you rate your knowledge of the health services that are available through Barrett Hospital & HealthCare?

- Excellent Good Fair Poor

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

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Billboards/posters | <input type="checkbox"/> Mailings/newsletters | <input type="checkbox"/> Radio | <input type="checkbox"/> The Dillonite Daily |
| <input type="checkbox"/> Google ads/search | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Senior center | <input type="checkbox"/> Website/internet |
| <input type="checkbox"/> Friends/family | <input type="checkbox"/> Presentations | <input type="checkbox"/> Social media (Facebook,
etc.) | <input type="checkbox"/> Word of mouth/reputation |
| <input type="checkbox"/> Healthcare provider | <input type="checkbox"/> Public health | | <input type="checkbox"/> Other: _____ |

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

- | | | |
|---|---|--|
| <input type="checkbox"/> Audiologist (Hearing) | <input type="checkbox"/> Mental health counseling | <input type="checkbox"/> Pregnancy support services |
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Migrant Health Services | <input type="checkbox"/> Public health (WIC, Family Planning, Immunizations) |
| <input type="checkbox"/> Family/marriage counseling | <input type="checkbox"/> Naturopath/Chiropractor | <input type="checkbox"/> SWMT Community Health Center |
| <input type="checkbox"/> Massage therapy | <input type="checkbox"/> Optometrist (Eyes) | <input type="checkbox"/> Urgent Care |
| <input type="checkbox"/> Medical supply/DME | <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Medicinal Marijuana Dispensary | <input type="checkbox"/> Physical/Occupational/Speech therapy | |

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

- | | | |
|--|--|--|
| <input type="checkbox"/> Cultural sensitivity | <input type="checkbox"/> Lower cost of health insurance | <input type="checkbox"/> Outpatient services expanded hours (evenings/ weekends) |
| <input type="checkbox"/> Improved access to health and human services programs/resources | <input type="checkbox"/> More health education | <input type="checkbox"/> Payment assistance programs (healthcare expenses) |
| <input type="checkbox"/> Improved quality of care | <input type="checkbox"/> More information about available services | <input type="checkbox"/> Telemedicine |
| <input type="checkbox"/> Interpreter services | <input type="checkbox"/> More mental health providers | <input type="checkbox"/> Transportation assistance |
| <input type="checkbox"/> Lower cost of care | <input type="checkbox"/> More primary care providers | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> More specialists | |

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

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Alcohol/substance misuse | <input type="checkbox"/> Fitness | <input type="checkbox"/> Lactation/breastfeeding support | <input type="checkbox"/> Risk prevention for youth |
| <input type="checkbox"/> Alzheimer's/dementia | <input type="checkbox"/> Fraud/scam prevention (email, phone, mail, etc.) | <input type="checkbox"/> Living will | <input type="checkbox"/> Senior citizen health |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Grief counseling | <input type="checkbox"/> Men's health | <input type="checkbox"/> Smoking/tobacco cessation |
| <input type="checkbox"/> Chronic pain management | <input type="checkbox"/> Health and wellness | <input type="checkbox"/> Mental health | <input type="checkbox"/> Suicide awareness/prevention |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart disease | <input type="checkbox"/> Nutrition | <input type="checkbox"/> Weight loss |
| <input type="checkbox"/> Domestic abuse | <input type="checkbox"/> Health insurance education/navigation | <input type="checkbox"/> Parenting | <input type="checkbox"/> Women's health |
| <input type="checkbox"/> First aid/CPR | | <input type="checkbox"/> Prenatal | <input type="checkbox"/> Other: _____ |

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

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

12. 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"/> Children's checkup/Well baby | <input type="checkbox"/> Dermatology (mole/skin check) | <input type="checkbox"/> Physical/health checkup |
| <input type="checkbox"/> Blood pressure check | <input type="checkbox"/> Cholesterol check | <input type="checkbox"/> Flu shot | <input type="checkbox"/> Prostate (PSA) |
| <input type="checkbox"/> Bone density scan (DEXA) | <input type="checkbox"/> Colonoscopy | <input type="checkbox"/> Lab health fair | <input type="checkbox"/> Sports physical |
| <input type="checkbox"/> Child immunizations | <input type="checkbox"/> Dental check | <input type="checkbox"/> Hearing check | <input type="checkbox"/> Vision check |
| | <input type="checkbox"/> Depression screening | <input type="checkbox"/> Mammography | <input type="checkbox"/> None |
| | | <input type="checkbox"/> Pap test | <input type="checkbox"/> Other: _____ |

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

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

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

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

15. 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 18)

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

- Dillon Butte Bozeman Other: _____

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

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Appointment availability | <input type="checkbox"/> Covered by insurance plan | <input type="checkbox"/> Online rating of provider | <input type="checkbox"/> Referred by physician or other provider |
| <input type="checkbox"/> Clinic/provider's reputation for quality | <input type="checkbox"/> Established patient | <input type="checkbox"/> Prior experience with clinic | <input type="checkbox"/> VA/Military requirement |
| <input type="checkbox"/> Closest to home | <input type="checkbox"/> Hours of operation | <input type="checkbox"/> Privacy/confidentiality | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Cost of care | <input type="checkbox"/> Length of waiting room time | <input type="checkbox"/> Recommended by family or friends | |

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

- Yes No (If no, skip to question 21)

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

- | | | |
|---|--|---|
| <input type="checkbox"/> Barrett Hospital (Dillon) | <input type="checkbox"/> Community Medical Center (Missoula) | <input type="checkbox"/> St. James (Butte) |
| <input type="checkbox"/> Billings Clinic (Billings) | <input type="checkbox"/> Eastern Idaho Regional Medical Center (Idaho Falls) | <input type="checkbox"/> St. Patrick (Missoula) |
| <input type="checkbox"/> Bozeman Health (Bozeman) | <input type="checkbox"/> Ruby Valley (Sheridan) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Community Hospital of Anaconda | | |

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

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Closest to home | <input type="checkbox"/> Hospital's reputation for quality | <input type="checkbox"/> Recommended by family or friends | <input type="checkbox"/> VA/Military requirement |
| <input type="checkbox"/> Closest to work | <input type="checkbox"/> Prior experience with hospital | <input type="checkbox"/> Referred by physician or other provider | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Cost of care | <input type="checkbox"/> Privacy/confidentiality | <input type="checkbox"/> Required by insurance plan | |
| <input type="checkbox"/> Emergency, no choice | <input type="checkbox"/> Quality of clinical staff | | |
| <input type="checkbox"/> Financial assistance programs | | | |

21. The following services are available through Barrett Hospital & HealthCare. Please rate the overall quality for each service by circling your answer. **(Please circle N/A if you have not used the service)**

	Excellent	Good	Fair	Poor	Haven't Used	Don't Know
Behavioral health services	4	3	2	1	N/A	DK
Cardiac, Pulmonary Rehabilitation services	4	3	2	1	N/A	DK
Cardiopulmonary services (stress tests, sleep lab)	4	3	2	1	N/A	DK
Chronic Care Management	4	3	2	1	N/A	DK
Emergency room	4	3	2	1	N/A	DK
General surgery	4	3	2	1	N/A	DK
Gynecologic services	4	3	2	1	N/A	DK
Hospital birth services/obstetrics	4	3	2	1	N/A	DK
Infusion services	4	3	2	1	N/A	DK
Inpatient services/hospital stay	4	3	2	1	N/A	DK
Laboratory services	4	3	2	1	N/A	DK
Nutrition/Diabetes counseling	4	3	2	1	N/A	DK
Orthopedics	4	3	2	1	N/A	DK
Pain Management	4	3	2	1	N/A	DK
Pharmacy clinics (medication management, etc.)	4	3	2	1	N/A	DK
Physician clinics/office visit	4	3	2	1	N/A	DK
Radiology services	4	3	2	1	N/A	DK
Rehabilitation services (physical, occupational, speech)	4	3	2	1	N/A	DK
Tele-psychiatry	4	3	2	1	N/A	DK
Transitional care (post-acute care)	4	3	2	1	N/A	DK
Urology services	4	3	2	1	N/A	DK
Walk in clinic	4	3	2	1	N/A	DK
Wound management	4	3	2	1	N/A	DK

22. The following services are available through Beaverhead County Public Health Department. Please rate the overall quality for each service by circling your answer. **(Please circle N/A if you have not used the service)**

	Excellent	Good	Fair	Poor	Haven't Used	Don't Know
COVID Vaccination Clinics	4	3	2	1	N/A	DK
Disease Investigation (COVID, STI, Salmonella, etc.)	4	3	2	1	N/A	DK
Family Planning (reproductive health care)	4	3	2	1	N/A	DK
Flu Vaccination Clinics (drive-thru, Care Van, off-site)	4	3	2	1	N/A	DK
Immunization Clinics	4	3	2	1	N/A	DK
Public Health Education	4	3	2	1	N/A	DK
WIC (Women, Infant, and Child Supplemental Nutrition Program)	4	3	2	1	N/A	DK
WIC in Madison County (Sheridan)	4	3	2	1	N/A	DK

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

Yes No

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

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

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

High Moderate Low Unsure/rather not say

26. 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

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

Yes No Not applicable

28. Do you have enough financial resources to meet your basic needs (food, clothing, shelter and utilities)?

(Rate your agreement)

Strongly agree Agree Disagree Strongly disagree Don't know

29. In the past year, did you worry that you or your family would not have enough food?

Yes No

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

Yes No Don't know

31. Do you 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 at home, including family violence, robbery, housing conditions, etc. (Rate your agreement)

Strongly agree Agree Disagree Strongly disagree Don't know

32. Do you feel your 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. (Rate your agreement)

Strongly agree Agree Disagree Strongly disagree Don't know

33. Do you feel prepared for an emergency? Consider everything that makes you feel prepared, such as toolkits, go kits, smoke alarms, fire extinguisher, etc. (Rate your agreement)

Strongly agree Agree Disagree Strongly disagree Don't know

34. Do you feel your community is a good place to grow old? Consider elder-friendly housing, transportation to medical services, access to shopping centers and businesses, recreation, and services for the elderly. (Rate your agreement)

Strongly agree Agree Disagree Strongly disagree Don't know

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

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

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

- Excellent Good Fair Poor

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

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

38. 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.

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

- | | | | |
|---------------------------------------|--|---|---|
| <input type="checkbox"/> 59725 Dillon | <input type="checkbox"/> 59736 Jackson | <input type="checkbox"/> 59746 Polaris | <input type="checkbox"/> 59761 Wisdom |
| <input type="checkbox"/> 59724 Dell | <input type="checkbox"/> 59739 Lima | <input type="checkbox"/> 59749 Sheridan | <input type="checkbox"/> 59762 Wise River |
| <input type="checkbox"/> 59732 Glen | <input type="checkbox"/> 59743 Melrose | <input type="checkbox"/> 59754 Twin Bridges | <input type="checkbox"/> Other: _____ |

40. What is your gender?

- Male Female Prefer to self-describe: _____

41. 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+ |

42. 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:

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

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

Appendix F- Cross Tabulation Analysis

Knowledge Rating of Health Services in Community by How Respondents Learn About Healthcare Services

	Excellent	Good	Fair	Poor	Total
Healthcare provider	10.5% (10)	61.1% (58)	28.4% (27)	-	95
Friends/family	12.5% (11)	56.8% (50)	25.0% (22)	5.7% (5)	88
Word of mouth/reputation	8.5% (7)	56.1% (46)	31.7% (26)	3.7% (3)	82
The Dillonite Daily	8.0% (4)	48.0% (24)	40.0% (20)	4.0% (2)	50
Newspaper	5.3% (2)	55.3% (21)	39.5% (15)	-	38
Website/internet	14.7% (5)	61.8% (21)	20.6% (7)	2.9% (1)	34
Public Health	20.0% (6)	63.3% (19)	16.7% (5)	-	30
Social media (Facebook, etc.)	6.7% (2)	60.0% (18)	33.3% (10)	-	30
Radio	3.7% (1)	63.0% (17)	33.3% (9)	-	27
Billboards/posters	21.7% (5)	56.5% (13)	17.4% (4)	4.3% (1)	23
Mailings/newsletters	10.0% (2)	50.0% (10)	35.0% (7)	5.0% (1)	20
Google ads/search	14.3% (2)	50.0% (7)	35.7% (5)	-	14
Senior center	-	25.0% (1)	75.0% (3)	-	4
Presentations	-	100.0% (1)	-	-	1
Other	44.4% (4)	22.2% (2)	22.2% (2)	11.1% (1)	9

Delay or Did Not Get Need Healthcare Services by Residence

	Yes	No	Total
59725 Dillon	36.8% (42)	63.2% (72)	114
59739 Lima	-	100.0% (5)	5
59749 Sheridan	20.0% (1)	80.0% (4)	5
59754 Twin Bridges	40.0% (2)	60.0% (3)	5
59732 Glen	-	100.0% (2)	2
59724 Dell	100.0% (1)	-	1
59746 Polaris	-	100.0% (1)	1
TOTAL	34.6% (46)	65.4% (87)	133

59736 Jackson, 59743 Melrose, 59761 Wisdom, 59762 Wise River, and Other removed from residence (first column) due to non-response.

Location of primary care clinic most utilized by residence

	Dillon	Butte	Bozeman	Other	TOTAL
59725 Dillon	87.2% (102)	0.9% (1)	2.6% (3)	9.4% (11)	117
59739 Lima	80.0% (4)	-	-	20.0% (1)	5
59749 Sheridan	60.0% (3)	-	-	40.0% (2)	5
59754 Twin Bridges	80.0% (4)	-	-	20.0% (1)	5
59732 Glen	50.0% (1)	50.0% (1)	-	-	2
59724 Dell	100.0% (1)	-	-	-	1
59746 Polaris	100.0% (1)	-	-	-	1
59762 Wise River	100.0% (1)	-	-	-	1
TOTAL	85.4% (117)	1.5% (2)	2.2% (3)	10.9% (15)	137

59736 Jackson, 59743 Melrose, 59761 Wisdom, and Other removed from residence (first column) due to non-response.

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

	Dillon	Butte	Bozeman	Other	TOTAL
Established patient	91.8% (56)	-	-	8.2% (5)	61
Closest to home	87.5% (49)	-	-	12.5% (7)	56
Covered by insurance plan	85.4% (41)	2.1% (1)	4.2% (2)	8.3% (4)	48
Clinic/provider's reputation for quality	84.4% (38)	2.2% (1)	-	13.3% (6)	45
Appointment availability	89.2% (33)	2.7% (1)	-	8.1% (3)	37
Prior experience with clinic	90.9% (30)	-	3.0% (1)	6.1% (2)	33
Recommended by family or friends	88.5% (23)	-	3.8% (1)	7.7% (2)	26
Referred by physician or other provider	90.9% (20)	-	4.5% (1)	4.5% (1)	22
Privacy/confidentiality	83.3% (10)	-	-	16.7% (2)	12
Length of waiting room time	75.0% (6)	-	-	25.0% (2)	8
VA/Military requirement	57.1% (4)	14.3% (1)	-	28.6% (2)	7
Cost of care	80.0% (4)	-	-	20.0% (1)	5
Hours of operation	60.0% (3)	-	-	40.0% (2)	5
Other	60.0% (6)	10.0% (1)	-	30.0% (3)	10

Location of most utilized hospital by residence

	Barrett Hospital (Dillon)	Bozeman Health (Bozeman)	Community Hospital of Anaconda	Community Medical Center (Missoula)	Ruby Valley (Sheridan)	St. James (Butte)	St. Patrick (Missoula)	Other	Total
59725 Dillon	66.3% (65)	3.1% (3)	4.1% (4)	1.0% (1)	-	7.1% (7)	3.1% (3)	15.3% (15)	98
59754 Twin Bridges	75.0% (3)	-	-	-	25.0% (1)	-	-	-	4
59739 Lima	66.7% (2)	-	-	-	-	-	-	33.3% (1)	3
59732 Glen	50.0% (1)	-	-	-	-	50.0% (1)	-	-	2
59749 Sheridan	100.0% (2)	-	-	-	-	-	-	-	2
59724 Dell	-	-	-	-	-	-	100.0% (1)	-	1
59746 Polaris	100.0% (1)	-	-	-	-	-	-	-	1
59762 Wise River	100.0% (1)	-	-	-	-	-	-	-	1
TOTAL	67.0% (75)	2.7% (3)	3.6% (4)	0.9% (1)	0.9% (1)	7.1% (8)	3.6% (4)	14.3% (16)	112

59736 Jackson, 59743 Melrose, 59761 Wisdom, and Other removed from residence (first column) due to non-response. Billings Clinic (Billings) and Eastern Idaho Regional Medical Center (Idaho Falls) removed from hospital location (first row) due to non-response.

Location of most recent hospitalization by reasons for hospital selection

	Barrett Hospital (Dillon)	Bozeman Health (Bozeman)	Community Hospital of Anaconda	Community Medical Center (Missoula)	Ruby Valley (Sheridan)	St. James (Butte)	St. Patrick (Missoula)	Other	Total
Closest to home	89.7% (61)	-	1.5% (1)	-	-	1.5% (1)	-	7.4% (5)	68
Referred by physician or other provider	55.6% (20)	2.8% (1)	2.8% (1)	2.8% (1)	2.8% (1)	13.9% (5)	2.8% (1)	16.7% (6)	36
Prior experience with hospital	72.7% (24)	3.0% (1)	6.1% (2)	-	-	3.0% (1)	6.1% (2)	9.1% (3)	33
Emergency, no choice	82.8% (24)	-	-	-	-	6.9% (2)	-	10.3% (3)	29
Hospital’s reputation for quality	33.3% (8)	8.3% (2)	16.7% (4)	4.2% (1)	4.2% (1)	8.3% (2)	4.2% (1)	20.8% (5)	24
Quality of clinical staff	52.2% (12)	13.0% (3)	4.3% (1)	-	-	4.3% (1)	8.7% (2)	17.4% (4)	23
Recommended by family or friends	50.0% (5)	-	10.0% (1)	-	-	10.0% (1)	10.0% (1)	20.0% (2)	10
Closest to work	100.0% (5)	-	-	-	-	-	-	-	5
Required by insurance plan	80.0% (4)	-	-	-	-	20.0% (1)	-	-	5
VA/Military requirement	66.7% (2)	-	-	-	-	-	-	33.3% (1)	3
Cost of care	100.0% (1)	-	-	-	-	-	-	-	1
Financial assistance programs	-	-	-	-	-	-	-	100.0% (1)	1
Other	50.0% (6)	-	8.3% (1)	-	-	-	8.3% (1)	33.3% (4)	12

Privacy/confidentiality removed from reason hospital selected (first column) due to non-response. Billings Clinic (Billings) and Eastern Idaho Regional Medical Center (Idaho Falls) removed from hospital location (first 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)

- COVID-19
- Services for seniors
- Unreliable health care

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

- Alcohol/drug use (2)
- Bullying (2)
- Child abuse/neglect (3)
- Depression/anxiety/mental health (2)
- Domestic violence (3)
- Heart disease (1)
- Homelessness (1)
- Hunger (2)
- Overweight/obesity (1)
- Social isolation/loneliness (1)
- Suicide (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 homeless animals
- Church attendance

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

- Access to healthy foods (1)
- Access to mental health services (2)
- Affordable housing (2)
- Arts and cultural events (1)
- Clean environment (water, air, etc.) (1)
- Good jobs and a healthy economy (1)
- Good schools (1)
- Low crime/safe neighborhoods (1)
- Outdoor activities and recreation (1)
- Religious or spiritual values (1)
- Strong family life (1)
- Walking/biking paths (2)

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

- I work in community healthcare
- Tribune
- Research
- BHH employee
- I am a health care professional and educator
- Call if I need it
- Work @ hospital
- Nurse who worked at Barrett
- T.V. News

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

- Crossfit
- YMCA
- TOPO Fitness gym, Vibrant Lives Yoga, Bair Foot Gym
- None (2)

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

- More dentists that take new patients or will take emergency patients
- Less COVID paranoia
- Urgent care available on weekends
- Better communication within the hospital/clinic
- No employer-based insurance
- In home health care
- Empowering people in preventive care
- Home health and hospice

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

- None (2)
- Feral cat rescue
- Home Health

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

- Orthopedics
- Dental Surgeon
- A female gynecologist!
- Podiatrist
- Additional surgical services
- Colon MRI
- Home Health, Outpatient Surgery & Local Providers
- None
- Not needed at this time
- Pulmonologist

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

- Wellness check
- Cologuard
- I don't use services here as I think they misdiagnose, overcharge, overmedicate, and don't listen to the patient.
- Pacemaker check

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

- COVID-19 (2)
- Wouldn't see me because I had had COVID symptoms in the past 3 months
- Thought it would get better.
- Go to Anaconda
- Phone calls didn't get returned.
- Haven't made the time. My own decision folly.
- Alcohol treatment denied by provider
- My spouse ruptured their gall bladder; no doctor would see them until they had a COVID test.
- Couldn't get a timely appointment

*Responses when more than 3 were selected (9 participants):

- Could not get an appointment (4)
- Could not get off work (1)
- Didn't know where to go (2)
- Don't like doctors (1)
- Don't understand healthcare system (3)
- It cost too much (7)
- It was too far to go (1)
- My insurance didn't cover it (5)

- No insurance (1)
- Not treated with respect (2)
- Office wasn't open when I could go (2)
- Qualified provider not available (3)
- Too long to wait for an appointment (6)
- Too nervous or afraid (1)
- Unsure if services were available (3)

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

- Sheridan (3)
- Deer Lodge
- Missoula (2)
- Anaconda (4)
- Twin Bridges (3)
- Billings
- VA
- VA Helena
- Wisconsin

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

- Dillon (6)
- Butte (2)
- Bozeman (1)

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

- They are female
- No other option
- Only one that would take new patients.
- They actually help me with my problem.
- Could not find a female Obstetrician/Gynecologist (OB/GYN), so settled for a female Physician's Assistant (PA) with a good reputation
- We were assigned primary care providers when our previous providers retired
- They listen
- Office precautions, respecting informed consent decisions.
- Was not given any choice.
- Accepting new patients.

19. Which hospital does your household use MOST for hospital care? (Select ONLY 1)

- University of Utah in Salt Lake City
- Helena
- University of Colorado Health in Aurora, CO
- Missoula Bone and Joint
- Spokane
- VA; Blackfoot Idaho Outpatient

***Responses when more than 1 was selected (11 participants):**

- Barrett Hospital (Dillon) (5)
- Billings Clinic (Billings) (1)
- Bozeman Health (Bozeman) (6)
- Community Hospital of Anaconda (2)
- Community Medical Center (Missoula) (2)
- St. James (Butte) (3)
- St. Patrick (Missoula) (2)

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

- Only hospital doctors that worked out of for the surgery I needed.
- Loyalty to hometown workers.
- Communication was far better (they don't make you do their jobs).
- Only option in town
- Specialty of physician
- Car accident

***Responses when more than 3 were selected (5 participants):**

- Closest to home (3)
- Closest to work (1)
- Cost of care (1)
- Emergency, no choice (1)
- Financial assistance programs
- Hospital's reputation for quality (3)
- Prior experience with hospital (4)
- Other:
- Privacy/confidentiality (1)
- Quality of clinical staff (5)
- Recommended by family or friends (1)
- Referred by physician or other provider (2)
- Required by insurance plan
- VA/Military requirement (1)

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

- No insurance
- Montana Co-Op

***Responses when more than 1 was selected (21 participants):**

- Employer sponsored (6)
- Health Insurance Marketplace (1)
- Health Savings Account (2)
- Healthy MT Kids (1)
- Medicare (16)
- Medicare Advantage (4)
- Private insurance/private plan (7)
- VA/Military (7)

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

- (No “other” responses)

40. What is your gender? Prefer to self-describe:

- Male; Female - We worked on this together (2)

42. What is your employment status?

- Just started process to get disability
- Self-Employed
- Homemaker
- Homemaker/Stay-at-home mom
- Disabled
- I work a side gig

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

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

General comments

- (Q3)
 - Selected “Walking/biking paths” and wrote “Would like ‘Complete streets’ plan for pedestrians, bikes, horses...”
 - Selected “Access to healthcare services” and wrote “In home” next to it.
 - Selected “Access to childcare/after school programs”, “Access to senior services”, and “Affordable housing”, but wrote “All of them” next to the question.
- (Q8)
 - Selected “Urgent Care” and wrote “ER” next to it.
 - Selected “Public health (WIC, Family Planning, Immunizations)” and circled “Immunizations.”
- (Q9)
 - Selected “More specialists” and wrote “Dentists” next to it.
- (Q10)
 - Selected “Fitness” and “Health and wellness” and drew lines from several other choices to these two items, then wrote “Fitness + health + wellness assist in treating/preventing so many of these :)”
- (Q12)
 - Did not select “Lab health fair” but circled it and wrote “Need more notification of these!!”
- (Q21)
 - For “Rehabilitation services (physical, occupational, speech)” selected “1” and circled “physical” in the item text.
- (Q25)
 - Selected both “High” and “Moderate” and drew an arrow between the two choices.
- (Q26)
 - Selected “3-5 times per month” and wrote “In physical therapy.”
- (Q30)
 - Did not select any choices and wrote “What a load of crap. If you can’t afford a place to live, work more/harder.”
- (Q34)
 - Selected “Agree” and wrote “Very few services here.”
 - Did not select any choices and wrote “Not Lima.”
 - Selected “Agree” and wrote “Would like sidewalks and options to walk and bike safely as I age, especially on Highway 91 South and connecting neighborhoods to town and businesses.”
 - Selected “Strongly disagree” and circled “shopping centers.”
 - Selected “Disagree” and wrote “Losing Home Health Hospice.”

- (Q35)
 - In the question text, crossed out “health” and wrote “medical.”
 - Selected “None/pay out of pocket” and wrote “Trying to apply.”
- (Q36)
 - In the question text, crossed out “health” and “healthcare” and wrote “medical” for both.
 - Selected “Good” and wrote “But who can tell? The ‘costs’ appear fictitious, opaque, flat out dishonest. It’s like organized crime.”
- (Q38)
 - Selected “Yes, and I use them” and wrote “Senior center’s food programs.”
- (Q42)
 - Selected “Work full time” and wrote “+” after it.
- General:
 - 1. We need “Local Providers”, 2. Better Primary Care.
 - Note: I have completely given up on the healthcare in Dillon, MT. I go to Billings or Bozeman where you are treated like a customer not a burden. I take my child to Twin Bridges for colds, etc. We can never get into our regular doctor that we have had for 20 years. And there is zero communications. So frustrating!! The patient ends up doing all the tracking of labs, records, \$\$, etc. Sucks!
 - Barrett Hospital/Clinic needs help!! :(

Appendix H – Focus Group and Key Informant Interview - Questions

Purpose: The purpose of focus groups and key informant interviews are 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 and Key Informant Interviews - Transcripts

Focus Group #1

Tuesday, March 14, 2023

Barrett Hospital and HealthCare Conference Room

7 people

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

- I feel people are getting far more active than they used to be. Everyone is working together on the physical health of the community. More trails are being built through the Beaverhead trails coalition. They started with small pieces of trail and then just secured a donor to help connect them. The hospital has been key to making this happen and I have seen lots of people using them.
- I would love to see improved and consistent sidewalks in town. It is really hard to get around, especially with a stroller.
- There is a huge lack of mental health facilities, with my job I run into this every day. Specifically with drugs, addiction etc. If I order a mental health assessment it has to come out of Butte which is hard to make happen.
- The stigma is lessening some for women with getting help for mental health, but I don't feel like I hear the same from men.
- At the middle school we are seeing mental health as a problem for 4th and 5th graders. Vaping and cigarettes are happening at these grade levels. A lot of it is social acceptance. Parents are smoking or vaping in the house, and it is more socially acceptable. I have seen melatonin vape pens in schools because parents are using them at home and their kids think it is safe for them, too. I wish we had more resources at the school for our youth from ages 10 to high school. I think this needs to be prioritized at the state level.
- We do have a great community with great kids and great parents but that doesn't mean mental health is not an issue.
- Alcoholism is a huge problem. Culturally people drink a lot in Dillon.
- Over the last couple of years, I'd say directly related to COVID-19, the acceptability of not going to work sick is better. For example, before COVID, you used to go no matter what and suffer through the day. I think this has been a very positive change.

- We have a community with a lot of elderly people. Our grandparents are still here and there is a lack of resources for the elderly. There is a gap between our generation pushing to be active and activities for the elderly. There is only one funeral home here, so some families have to go to Butte when a loved one passes, which is not ideal. There are not enough local resources for end-of-life care.

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

- Hospital/clinic:
 - We just had a baby and had an excellent experience at Barrett Hospital. We had a planned c-section and great care during and after.
 - There are no pediatricians here. In Bozeman, I had options for breastfeeding support and unfortunately, have not had this same opportunity and support locally.
 - I feel like when I take my infant in for checkups, I am the one prompting the doctor. I find myself suggesting things like “should you maybe weigh them? Etc.”
 - I also had great support when delivering my babies, but I had my last one well before COVID, so I wonder if some of these challenges are more recent staffing issues.
 - We are satisfied with our family care physician, but if we needed specialty care or there was an emergency, it is scary to think about what might happen.
 - I am also from the Bozeman area, and you were taught to always look for the specialists (we were spoiled), but now being in Dillon, one provider does everything for you. Our family still goes to Bozeman to see our pediatrician because I just haven’t been able to make that switch yet for our child.
 - Not having weekend options for healthcare is hard. If my kid is sick Friday afternoon it is hard to make the call on whether to try to get them in immediately or not. The only care available on weekends is the Emergency Room (ER). And if you don’t have a car or something this can be even tougher.
 - I had my first child in Washington and the directions on how to get to the labor and delivery department were so complicated. Here in Dillon, I felt so much more welcome. Although, I think some problems are due to staffing issues for example I had a planned c-section and the day of was great, but the next day the hospital was much busier and had a hard time even getting a towel for a shower.

- We go to Bozeman for our primary care. We are already established with the provider which is part of the reason, but also there is a lack of resources here.
- EMS Services (ER/Ambulance)
 - Aren't they volunteers with the Ambulance? I believe they all were at one point, but now they have some paid staff. The hospital used to staff an ambulance during weekdays (9 a.m. – 5 p.m.) and the rest were volunteers but now they have someone to cover outside those hours. A community member had an injury near the church recently and ambulance was there in 3 minutes which was amazing.
 - My 2-year-old was having trouble breathing and this isn't to say it's necessarily the hospital's fault, but it was during COVID, and they showed up in full hazmat gear which was really terrifying for a child. But they did take really good care of us during that visit.
 - My child split their chin open on a Sunday, so I brought them into the ER because there was nowhere else to go. The staff was really nice and great throughout our visit.
 - We had to call in EMS to the University for an incident and they came fairly quickly, but there seemed to be a lack of communication of who was in charge. They were all very nice and trying to help, but they seemed a little disorganized.
 - I'd say that the EMS arrival time has greatly improved. I can hear the sirens from where I work, and the police used to go by quite a bit ahead of the ambulance, but now they seem to go by around the same time.
 - We have had farming accidents out in the Twin Bridges area, and they are doing a good job of arriving at a decent time and taking care of folks.
 - We are fortunate in our schools. One of the EMS volunteers also works in the school.
 - I have had instances where ER staff without name tags have started talking to my kids without introducing themselves. I think bedside manner could be improved.
 - One to five times a week we are sending kids to the ER to get evaluated for mental health assessments. We often don't hear any follow-up from the parents or the hospital. I know they are privacy and HIPAA concerns, but I want to know if we need to have other protocols in place to follow-up with these kids and support them during the school day.

- There seems to be a broken system where there isn't follow-up for these things like mental health assessments, and it is universal because I had the same experience in Seattle.
- Public/County Health Department
 - I don't really work with county health department very much. I think they really got hit hard during COVID and they got blamed for things that were out of their control. There was a lot of Facebook shaming which wasn't fair during COVID.
 - I think the immunization clinics are a great resource for the area.
 - We worked closely with them through the schools. There were times we disagreed, but they were very professional and stuck around through a lot which is amazing. All my interactions with them have been phenomenal. They really got torn apart during COVID, though.
 - County sanitarian is very energetic about providing education for the community which is nice to see.
 - If you don't know where the county public health department is located, they can be very hard to find.
 - We have worked with them for car seat installation/fittings and other education. All my experiences have been great, but I would love to see more.
 - What days do they do shots? Maybe they need a resource that shows when and what they are offering other than just a sticky note on the door.
 - They have been awesome about the vaccination clinic with kids and getting parents involved.
- Senior Services (i.e., Nursing homes, assisted living, home health, senior center, etc.)
 - I am continually shocked that elderly people choose to live in Dillon when it is really hard to get around six months out of the year. Snow removal is nonexistent in some places around town. A woman fell getting out of her car to come into the church and now has nine months of recovery time.
 - The city infrastructure is not adequate at providing all community members the ability to leave their homes in the winter.
 - Lots of community members are in a situation where they can't maintain their homes but don't have other options. We do have one assisted living facility but there is need for more. It also surprises me that there isn't more rehabilitation care.
 - The nursing home is constantly looking for staff and volunteers. Are universities encouraging students to go into elderly care? Because there sure seems to be need.

- I am trying to help the Meals on Wheels program in town but haven't figured out how to best to support yet. The Beaverhead Association Senior Services (BASS) has several elderly community members serving on the board and it really seems like they could use some younger energy to make some progress and improve their reach. There is a big opportunity for volunteers! To my knowledge, the Meals on Wheels funding goes to BASS, but the city provides the drivers to deliver the meals. Right now, the program appears to be in flux because the meals were being made by the hospital, but they aren't anymore. BASS is working with the City and the University to make the meals for a lower cost. The hospital used to make these for about \$4 a meal and it's up to about \$8/meal without them so it's a pretty steep difference in cost.
- The bus doesn't take appointments so people sometimes will wait a long time for the bus. If the driver is busy, they may not be able to get a ride. This is hard since they may be late or missing important medical appointments. I think they are having trouble finding drivers.
- Services for Low-Income Individuals/Families
 - I love the early childhood coalition. They have a free Sunday play group and parenting courses. And they provide food, child care, and education all for free! In Bozeman, you had to pay for this type of education, and they were very expensive. I think I verified the "free" cost multiple times because I thought there had to be some catch!
 - From what I have heard the food bank is fantastic. I don't know what access low-income families have to quality healthcare, but I think there could be more resources available.
 - Blacktail Dental which I believe is a federally qualified health center has a sliding scale that is great for our area. They do emergency and walk-in care a few days a week, which is nice when you are desperate to get in since most dental care is booked out way in advance.

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

- *Not asked.*

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

- A good ear, nose and throat (ENT) specialist in town would be nice. But even a visiting one would be better than nothing since the closest ENT currently is located in Butte.
- A pediatrician would be great, even if they visited one time a week.

- A women's health specialist would be really nice to see here.
- More mental health services than just relying on the ER.
- With kids, things tend to always happen Saturday night. There needs to be something open on weekends for these situations other than depending on the ER.
- Sometimes you know exactly what your kid needs and a telehealth appointment for a prescription would even be a good option.
- We have a walk-in primary care clinic available, so our family almost never needs to make an appointment to see the doctor. And they are very effective about getting you in/out and subsequently, scheduling follow-ups.
- Counseling services would be really nice to see. The people who fall into more of the middle income often do not have accessibility for these services. They don't qualify for Medicaid, but also can't afford to pay for these types of services out of pocket.
- Having counselors who are willing to see kids is needed. There are only two in the community, and they also see adults so are stretched a little thin.

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

- Less snow in the winter.
- Snow removal in the city. We used to have snow removal and then because we didn't have a lot of snow in the last few years, all the snow removal equipment was sold.
- We need better sidewalks and not just for beautification purposes, but also for safety. We get a lot of sunshine and there's so many opportunities to get out here, but the sidewalks need to work for our community members of all ages.
- Mental Health is so paramount in rural Montana and especially in Dillon. There are some cool opportunities, such as LiveWell49 in Livingston, that I think we could really learn from and model locally.
- I hear all the time that there are a lot of resources available, but those are not communicated well, and people don't know about them. That is a barrier to care. Information sharing needs to be a priority. One place with everything in there would be nice. Social media is the only way to access a lot of this information right now and I am personally trying to do less social media so that's hard!

- Greater support for parents as a general statement. The more we can support parents to support their kids, the better I think we can help prevent some of the trauma kids are encountering. All the way from youth to high school age. There seems to be places where parents get stuck and don't know how to support and have a hard time finding resources to navigate the situation. I'd like to see some sort of local group that can figure out how to support our kids better.

Focus Group #2

Wednesday, March 15, 2023

Barrett Hospital and HealthCare Conference Room

8 people

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

- Overall, I think it is good.
- I think it is limited because there are a lot of communities outside of Dillon that struggle to access what they need.
- I'd say we have limited resources, but the health of community is good overall.
- I suppose my response would be that it's mixed. For many, their needs are met; but for others, they are not being met so they've had to move to a different town where there are resources to meet their needs.
- I think there are lot of needs for the local elderly and children. Access to services is not something that they are often aware of. Substance abuse is also a problem with the community, and it is a blend of ages across the county. From grandparents to younger parents that are struggling with addiction.
- It is hard to know what is available to whom. What is offered through public health versus the community health center versus the hospital/clinic. I've heard of people choosing to go to Butte simply because they understand the system up there better.

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

- Hospital/clinic:
 - I think the walk-in clinic has limited hours for a walk-in appointment. They just have regular clinic hours. They had started with being open on Saturdays but now it is just the regular Monday through Friday hours.
 - There is limited staff and resources through the clinic and hospital. Options are limited on who you see and where you go for care, but part of that is because where we choose to live.
 - Sometimes you have to wait a long time when you go to the walk-in clinic.

- I think we have an excellent hospital for the size of the community. We have some specialists which is great but also, they do have limited hours and availability. We don't have services like cardiac rehabilitation or hospice.
- The providers are excellent personally and professionally.
- We have people who use the ER as a walk-in clinic because oftentimes there isn't anywhere else to go that's available and/or open.
- I think there is a misconception out there about the hospital. If you have to go to the hospital, you want everything to be solved and made better right then and there, but oftentimes the hospital has to send you somewhere else because they are a critical access hospital. I think that the hospital could be better about communicating that to the community. That may be where some of the negative comments come from. I don't think people realize that it is a critical access hospital and there are inherent limitations. Generally, most of us do not know what a critical access hospital does or the term means!
- EMS Services (ER/Ambulance)
 - Terrible.
 - It is a volunteer service that is private, so it's not supported through the hospital. They are in transition to hire two full time staff members, but there is a national shortage of EMS workforce that impacts them. They have to do a lot of transfers out to Missoula since a lot of cases can't be handled here. There are always two people on a shift but if one is transferring a patient, there may be a delay in response.
 - Dillon has grown enough that Ambulance needs to be an essential service. We have to do something; we can't continue being a fully volunteer service, especially being that we are an aging population.
 - Wise River doesn't have any EMS services/volunteers anymore and we have to cover a large area. There is a school in Wise River and there is only one teacher, and she is out there without any medical services/training. They are contracted with Missoula and Butte but that is a long trip from any of those places.
 - I think the EMS staff are phenomenal, but the geographic area and staff shortage is tough. We need to pay people and we need more staffing.
 - Volunteerism and civic mindedness isn't the same anymore. The younger population doesn't seem to view volunteering as important, so finding volunteers is hard and our current volunteers are aging themselves.
 - Demand on our EMS is on the rise. I think they are at over 800 runs but a lot of them are termed "Über" rides because people just need a ride to the

- hospital. There are also a lot more behavioral health transfers out of the area.
- Public/County Health Department
 - I think our local county public health department is great. I work closely with them, and they have been great through the pandemic and working with schools. They are doing Narcan training with teachers and good about providing the flu shot outreach clinics.
 - I like the traveling clinic which provides the outlying communities the opportunity to get their flu shots, etc.
 - If we call them, they make time to do training for our staff and our crew.
 - From the school standpoint, I like that they are not political. I appreciate and respect that – I think a lot of our community does as well.
 - It is nice to be around them. It is clear that they respect each other as colleagues and work well together. I think some people may not know all that the public county health department does. I am often surprised about all the services they offer, and some people are not even sure where they are located. It may be helpful to clarify what they have to offer, even just explaining the names of things which can be confusing for some. It is confusing what the difference is between public health and the federally qualified health center. Even if you are trying to look into stuff on the website, it is not updated regularly.
 - They attend our school meetings and helped us plan for COVID. They've provided hearing screenings.
 - The County Public Health Department has a lot of vital relationships with people/organizations in the community and I sure hope that continues into the future.
 - Senior Services (i.e., Nursing homes, assisted living, home health, senior center, etc.)
 - I like that there is a city bus for those who cannot drive. It is too bad that there is not more available locally in terms of home health, hospice, or cardiac rehabilitation.
 - There is a gal who is starting a hospice service in Dillon.
 - I think we need to look into better services for the elderly.
 - The senior center is nice but it doesn't function like a lot of senior centers. It is really only a space for playing cards and socializing. I think the services and resources could be expanded a little more to better support our aging population.

- My mom went to the Renaissance. As her health deteriorated, the ambulance was great to get her to hospital when she had a stroke. But the facility did the best they could for residents and their family members. The staff were nice but needed more workforce and a better facility.
- The nursing home is operated by an outside agency, so nothing is local anymore and they are severely understaffed. I think most places just can't find anybody.
- Dillon seems to get a lot of older people moving here because other community's facilities are full.
- Services for Low-Income Individuals/Families
 - I think we have a very charitable area, to the point that people will move here because of the number of services/resources we have. I am not sure if this is a rumor or true, but I have heard this since the 70s. It is quite amazing the scope of the services we have, but there seems to be a lot of abuse of these services.
 - I think our dental clinic accessibility could improve.
 - We have lost a lot of services over the years and a lot of people struggle with affordable housing.
 - I think we see both sides to it. There are people who have everything and then others who can't stay here because there not enough resources. For example, there is no Office of Public Assistance (OPA) located here.
 - For families with young kids there is a lot of hidden homelessness and living out of vehicles or RVs. There is not a local homeless shelter, so it is hard to see but the bus goes around the campground, which to me is an indicator that it is an issue.
 - There is a lack of acknowledgement with the working poor, and I think we need to look at that a little closer and find a way to help them out.
 - I think there are a lot of resources and a lot of jobs out there that no one is taking. Our schools offer so many services like a backpack program, hygiene kits, etc. We do see a lot of abuse of these programs, but on a smaller scale.
 - Around the holidays, we have some families who call me up and ask for a list of kid's names who might need food. The families then arrange everything to pay for food for them.

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

- Mental Health.
- Availability of dentist, doctors, orthopedic.
- Accepted culture of drinking.

- The hospital has specialists come in and I think they need to be advertised better so folks like me know when they are going to be here so we don't have to go Bozeman all the time.
- We do have problems sometimes even with the visiting specialists if something is an emergency. But we have telepsychiatry which I hope is better because we can get them in on the same day.
- I'd consider communication as a health issue in this community. A lot of things from 12 years ago are still being talked about. People are fixed on an opinion and they tell everyone they know and so the hospital needs to continuously reintroduce themselves and talk about what they do and the value they offer to this area.
- Child Psychiatrist, more counselors - we seem to have a lot more of these providers now, but they are all full and don't always take Medicaid coverage.
- Perhaps more communication around telehealth, especially for kids. Kids are used to interacting with people on screens, so telehealth might work better for kids than others.
- I think access to internet services continues to be a huge challenge. I have a lot of people who have to come into the clinic to do tele-appointments even though it is telehealth. We do need better and faster internet in the county.

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

- Substance use issues (such as opioids) and alcohol are a problem in the community. We lost services we used to have and don't really have anything for these folks.
- The perception is that opioid use is not an issue is because that data was not being brought up to the top and brought attention to. It is in small numbers, but it is definitely there. I think we need to address the opioid problem before it becomes a huge problem.
- I see this in the schools. Kids are naïve and very easily persuaded into things like drugs and vaping. Vaping is so prevalent – I see it everywhere.
- Opportunities for empowerment and education. There are many resource poor families that may not be able to go to college, but having a resume writing class or credit education would make a big difference for them. These adult education classes (life skills) could help remove barriers, but these need to be free to the public and be accessible to everyone. I realize the college can't likely do it because they need to charge money, but maybe this is something public health can partner on!

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

- Housing accessibility and affordability. If people have shelter, they have everything.
- Our community could be more walkable. You have to drive everywhere. We have some groups trying to make improvements in this arena.
- The weather is a problem.
- We need the willingness from the city to sustain better infrastructure. The streets are a mess, and I haven't seen a snow plow this entire year. We pay taxes, so why isn't anything getting done?
- I think we have a high number of bars and liquor licenses. From morning to evening, drinking is such a problem here.
- I think there is a resistance to change, we are going to keep doing the same thing because it has always been done that way.
- I live in Dillon because I love Dillon and chose to raise my kids here because I like the way our town is. So sure, we can improve some things, but we don't want to change too much because most of us love Dillon as it is and we don't want it to turn into Bozeman.
- The biggest change I can see needing is better ambulance, fire services, and law enforcement. They have to deal with a lot and could use more staff.
- There is definitely a culture change that has occurred in the last decade or so where people move in and do not want to be part of the community. We haven't seen new long-term families in a while. This has caused there to be less volunteers. A lot of people come here for a few years and move away. The values and ethics of these folks are different from the culture of Beaverhead County.
- Improved awareness and communication could go a long way towards improving some of the things we've talked about today. People move here, but don't understand the culture of how things run, and organizations here don't do a good job of asking for help or explaining what they need. There is a website called JustServe.org, where organizations can list who they are, what they do, and can recruit volunteers. There needs to be a central place for people to go look up this information and get involved. A lot of people moving here don't know where to start so something like JustServe.org could help.

Key Informant Interview #1

Tuesday, December 27, 2022

Anonymous –Via phone interview

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

- It's hard to judge, but I think overall the health of our area is pretty good.

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

- Hospital/clinic:
 - My experience has been excellent from my primary care provider to interactions with the facility staff.
- EMS Services (ER/Ambulance)
 - I don't have any experience with the local ambulance service.
 - My experience in the emergency room was fabulous considering the circumstances.
- Public/County Health Department
 - I'm very impressed with them.
 - I thought they did excellent job, even though they took so much criticism throughout the COVID pandemic. Many of the criticisms were from those consuming unreliable information sources.
 - I think they do a great job of communicating with the community.
 - They're easy to find. Their offices are small, but I think they're moving to an old dentist's office so that should give them a bit more room to expand.
- Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
 - I think the local home health and hospice services are excellent!
 - I knew someone who was in the local nursing home and they seemed to have good care despite the short staffing. Everyone seems to be short staffed anymore, though!
 - I don't know anything about Legacy, our local assisted living facility, so I can't share an opinion.
 - I do know the local senior citizens center is quite active with card games and meals, but outside of that, I'm not sure of much more.
- Services for Low-Income Individuals/Families
 - I think our services for low-income individuals are pretty good locally, but I'm not sure everyone is quite aware of everything that's available to them and our community.

- We have the Southwest Montana Community Health Center (SWMTCHC) that provides primary care and I think some other services too. I know the Blacktail Dental office will be opening soon, so that's exciting for the area since they are busy. They just remodeled their pharmacy and it's very nice. I think the physician at SWMTCHC is even on the county health board and recently got some sort of award.

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

- I'm not really sure! I think we have a problem with alcohol and drug abuse. I don't really have a way of actually knowing, though.
- Cardiac rehabilitation at the hospital was shut down during COVID. This closure forced those patients to travel to Butte to access this service. If it's not back up and running yet, I think it's something that needs to be!

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

- This is a tough question. We likely need more mental health services, but I'm honestly not sure what's already available locally.

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

- I'm not fully aware of the needs of our younger population, so I don't feel well versed enough to answer this question.

Key Informant Interview #2

Friday, January 27, 2023

Anonymous –Via phone interview

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

- Overall, I think our health in Beaverhead County is good.

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

- Hospital/clinic:
 - I'd give Barrett Hospital an overall "good" rating.
 - Appointment availability can be a challenge, but they try hard to fit you in as soon as possible.

- EMS Services (ER/Ambulance)
 - I believe the emergency room at Barrett Hospital is incredible – Dr. Moore is great!
 - I would say our EMS is outstanding as far as the workforce and service they provide. Unfortunately, they struggle with a lack of funding and volunteers. There was recently an article about this in the Dillon Tribune.
- Public/County Health Department
 - I think the services they provide are great and Sue Hansen is great. During COVID, I think they were a little too liberal. Most organizations were able to use common sense and were able to stay open.
 - I realize that the COVID-19 pandemic brought very polarizing views – either very conservative or very liberal – Sue sure was balancing it all.
- Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
 - All in all, I would say they are good, but I don't know enough to say for sure.
 - You hear bad rumors. Like every industry, they struggle recruiting and retaining workforce.
- Services for Low-Income Individuals/Families
 - I think this community is unbelievable caring and highly involved in helping their community be it by supporting those with low income or stepping up if someone gets a diagnosis like Cancer.

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

- Availability of providers like dentists, primary care providers, and specialists. Affordability is also a bit of a challenge and barrier to accessing needed care.
- You also hear about a lot of mistakes being made and maybe they're anecdotal. For example, they might be diagnosed with something at Barrett Hospital, come to find out they get another horrible diagnosis elsewhere. I've never known of so many people getting their gallbladders removed than I have here.

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

- More dentists!
- More specialists like child psychology and orthopedics would be helpful. But continuity of care with specialists can be hard here since things like radiation have to be done in Butte.

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

- Getting rid of drugs would help – the whole fentanyl thing is a big issue here.
- We have lots of alcohol and drug usage.
- Better healthcare, water, and air would be great too.

Key Informant Interview #3

Thursday, February 2, 2023

Anonymous –Via phone interview

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

- I would say it's very good – I think its positive overall.
- Beaverhead County seems to have moved on from the pandemic and associated bureaucracy, which is great.

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

- Hospital/clinic:
 - In my opinion, Barrett Hospital isn't great for quality of service, billing (delayed/incorrect), and those with medical needs. I know you can have surgeries and procedures locally, but I'm not comfortable with it personally.
 - I do like my primary care provider here though. They are good about referring out if there are any questions or concerns and then willing to do follow up when I come back to town.
- EMS Services (ER/Ambulance)
 - I wouldn't rate them together, so I'll break each one out.
 - I think our EMS and EMTs are awesome. They are all around outstanding people and community members.
 - The emergency room has long wait times. It often feels slow and a little disorganized. This is to say that it's nothing against nurses and staff, I think it comes down to procedures and policy that they have in place. I know a lot of folks will go up to Butte if they have the opportunity.
- Public/County Health Department
 - Overall, I have a positive view of the county public health department.
 - Community wise, I don't hear a lot from them, which could be good or bad. They keep accurate immunization records!
- Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
 - I would say our senior services are fair in general, but I don't have direct experience.
 - I knew someone who worked at assisted living facility some time ago, but they didn't have a glowing experience to share.
 - I know the local nursing home has been struggling recently.
- Services for Low-Income Individuals/Families
 - I have very little knowledge of these services. There's not a lot around here.
 - A couple of local churches do different drives and events to help those in need.

- There are some apartments for low-income individuals. They seem to be kept up pretty well.
- We have a food bank, although I'm not sure if it's supported locally or the statewide food bank, but they always have a line out the door on Wednesday's.

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

- I don't know – I don't generally worry about the general health of the community.

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

- More specialty care like ENT's and Rheumatology!

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

- Fewer bars downtown and more restaurant options would probably be the most help.
- Growing our local university might also help the area, too.

Key Informant Interview #4

Tuesday, March 14, 2023

Anonymous – via in person interview

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

- I would say 50/50 – some areas seem to be relatively healthy, while other pockets of the community seem to be less healthy. From my experience, I think a lot of it is based on income.

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

- Hospital/clinic:
 - I have always had good care at both places, but my doctor is leaving, and I plan on following her, so I don't know how it is going to go after that. I'm a little frustrated with how they've handled her situation. From what I've understood, there wasn't a lot of effort on the hospital's part to remedy the situation (overworked/unhappiness) and she was instead told to go elsewhere. Her and her family are a large part of the community and have been here for quite some time. She's played a huge part in getting me the help I need. There are countless other patients of hers that feel the same

way. I understand that people get unhappy and leave but her being such a great doctor, having an above average patient load, and being a part of the community, I would have thought that the hospital would have seen the value in her staying and put forth more of an effort. To me this says a lot about how other staff are possibly treated, more as a body to do a job and not really a person, which means more staff are probably unhappy and makes me lose faith in their ability to treat patients.

- I have seen a lot of downhill momentum where things are not going as smoothly and I've been hearing more negative things. I can't really pinpoint a time this started a negative trend because four years ago everything was great for me. Someone I know recently had a baby and having the baby was fine, but the postnatal care was lacking.
- EMS Services (ER/Ambulance)
 - I have never had to deal with the ambulance service. The ER [emergency room] was good when I used it a few years ago, but last year a family member went to the ER with chest pains and was isolated while waiting for their COVID test results. I thought it was a little weird that we were notified of the test results through MyChart before anyone came back and talked to us about them.
- Public/County Health Department
 - I don't really deal with them too much. I know they do flu shots around the area every year and are doing Narcan training within the local schools.
- Senior Services (i.e., Nursing homes, assisted living, home health, senior center, etc.)
 - I don't have any experience with these services so I can't share an opinion.
- Services for Low-Income Individuals/Families
 - I don't think there are enough of them! I think there are a lot of people in the community who are struggling and there is not enough help. Its not the folks who are really low income and qualify for Medicaid, but the people who do not qualify for most of these services and are barely making it. They are struggling.

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

- Childcare is an issue in the community.
- Mental health is a big issue. In the schools, they are trying to do more but that is only for children and there is a need for adults and parents.
- My primary care provider is moving to Helena, and I think a lot of people are going to go elsewhere or follow her because she was a trusted provider.

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

- Childcare, and availability in preschools, in particular, is missing here. We need more space and more help for those who need financial assistance to get their kid into a preschool.
- Lunches at the school. There are so many people who are just above qualifying for the free and reduced lunch and \$4 for a lunch is a lot.
- Along similar lines, I would like to see more collaboration between doctors, parents, and teachers. Teachers can see so much in students that doctors and/or parents don't see or might even be in denial about. If there is a student that the school is struggling with, there is a "team" of people assembled to work with them. It would be nice to include the general physician in this team since teachers cannot make diagnoses. The only time schools get input is if a form is sent to the school to fill out in regard to things such as ADHD, Autism, etc., but I don't think it gives the teacher enough voice and/or support. I understand that there are privacy protections like FERPA and HIPAA, but teachers get left out of so much, yet spend the most time with these kids during the school year.
- Mental health services, but I don't know what that would look like since there is such a stigma around that. They do have support groups for parents, but I think there needs to be more.
- I think something that would help the community is better access to urgent care. The clinic's urgent care is open from 7:30-4:00 or 4:30 and it can be pretty hard for working people to get there during those hours especially if it is for something minor that doesn't require immediate attention. Longer hours some days would be helpful and even weekend hours would help. There is no healthcare in Dillon on the weekend except for the emergency room and that's expensive! My insurance covers tele-health so I am lucky in that way, but I don't know how many in our community have access to something like that.

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

- I don't really have an answer. We are a pretty outdoorsy community and there are lots of things you can go out and do that don't cost anything.
- More access to nutritional food. Especially for those on food stamps. You see things marked EBT in the grocery stores and it is always the frozen and processed foods.
- They do have a farmers' market, but it is small and mostly crafts. We do have a Hutterite colony and bountiful baskets, but you get a ton of weird vegetables with that and no one knows how to use them.

Key Informant Interview #5

Monday, March 20, 2023

Anonymous –Via phone interview

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

- From my experience, I believe that Beaverhead County is healthy in physical way. I'd say obesity rate is low and there doesn't seem to be a high child poverty rate compared to other counties which is good! People seem to eat a lot of local foods which is great to see.
- Alcohol is probably our biggest issue locally.

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

- Hospital/clinic:
 - I've had great experiences with Barrett's clinic. I really only hear good things about them and it's so easy to get an appointment when you need one.
 - I have no experience at hospital though so I cannot provide an opinion about those services.
- EMS Services (ER/Ambulance)
 - I don't have any experience with either the emergency room or ambulance, so I can't share an opinion.
- Public/County Health Department
 - Joyce, the sanitarian is very helpful!
- Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
 - I don't have any experience with the local senior services, so I can't share an opinion.
- Services for Low-Income Individuals/Families
 - I think the food pantry could be open more days and have greater presence online and even out in the community.
 - I'm unfamiliar of other local programs for low-income individuals, though.

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

- Mental health, especially among our ranchers and farmers is an issue.
- Another issue is probably the importance of not driving everywhere and getting those steps in.
- Perhaps promoting the consumption of healthier foods and even more homemade foods is an area for opportunity.

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

- More mental health services are needed in Beaverhead County (i.e., counselors, etc.).
- I think we only have an optometrist here; I don't think there's an ophthalmologist. The closest ophthalmologist would be in Butte, which is about an hour away, one way.

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

- I'd like to see more farm to school programs in Beaverhead County.
- A greater emphasis on biking and using sidewalks would also be great; not driving everywhere!
- Even the availability of more activities for all ages that's not limited to YMCA members (i.e., pickleball and kickball, etc.).

Appendix J – Request for Comments

Written comments on this 2023 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 with questions.

Beaverhead County Public Health Department
41 Barrett Street
Dillon, MT 59725



Contact Beaverhead County Public Health Department’s Director at 406-683-3179 or shansen@beaverheadcounty.org with questions.