



COMMUNITY HEALTH NEEDS ASSESSMENT 2020



BARRETT
HOSPITAL & HEALTHCARE



CONDUCTED IN PARTNERSHIP BY
BARRETT HOSPITAL & HEALTHCARE
& BEAVERHEAD COUNTY PUBLIC HEALTH

IN COOPERATION WITH
THE MONTANA OFFICE OF
RURAL HEALTH



MONTANA
STATE UNIVERSITY

Office of Rural Health
Area Health
Education Center

DILLON, MONTANA

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INTRODUCTION

Introduction

In the winter of 2020, Barrett Hospital & HealthCare (BHH) and Beaverhead County 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 nine-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, Home Health, Hospice, Infusion, Internal Medicine, Laboratory Services, Men’s Health, Obstetrics, Occupational Therapy, Ophthalmology, Orthopedics and Sports Medicine, Pediatrics, Physical Therapy, Sleep Studies, Speech and Language Pathology, Transitional Care, Surgery, Urology, Walk-in Clinic, Wellness Program, Western Vein Care Center, Women’s Health, and Wound Care.



Where People Come First. *Always.*

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 is comprised of 3 full-time public health staff and 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.



Mission: The mission of public health is to promote physical and behavioral health and prevent disease, injury, and disability by assessing the community's health needs in Beaverhead County and partnering with other entities to best meet those needs.

Barrett Hospital & HealthCare and Beaverhead County Health Department have a primary service area of 8,000 residents and serve the largest geographic county in Montana (Beaverhead) and parts of Madison County. Beaverhead County has a low population density and is considered frontier (six or less people per square mile) by the US Department of Health and Human Services. For further demographic, socioeconomic and other related county and state data, please see Appendix C to review the Secondary Data Analysis.

The Hospital and Health Department participated in the Community Health Services Development (CHSD) Project administrated by the Montana Office of Rural Health (MORH). Community involvement in steering committee meetings and key informant interviews enhance community engagement in the assessment process.

In the winter of 2020, BHH's and BCHD's service area was surveyed about its healthcare system. This report shows the results of the survey in both narrative and chart formats. A copy of the survey instrument is included at the end of this report (Appendix F). Readers are invited to familiarize themselves with the survey instrument and the subsequent findings. The narrative report touches on the highlights while the charts present data for virtually every question asked. Please note, we are able to compare some of the 2020 survey data with data from previous surveys conducted in partnership with the Montana Office of Rural Health in 2017 and 2014. If any statistical significance exists, it will be reported. The significance level was set at 0.05.

Health Assessment Process



A steering committee was convened to assist Barrett Hospital & HealthCare and Beaverhead County Health Department in conducting CHSD. A diverse group of community members representing various organizations and populations within the community (ex. public health, elderly, uninsured) came together in January 2020. For a list of all steering committee members and their affiliations, see Appendix A. The Steering Committee met twice during the CHSD process; first to discuss health concerns in the community and offer their perspective in designing the survey instrument, and again to review results of the survey and key informant interviews and to assist in the prioritization of health needs.

Survey Methodology

Survey Instrument

In February 2020, surveys were mailed out to residents in Beaverhead County and Madison 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 Human Ecology Learning and Problem Solving (HELPS) 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
- Overall health of the community

Sampling

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

Zip Code	Population	Community Name	Total Distribution	# Male	# Female
59725	7963	Dillon	646	323	323
59749	1513	Sheridan	46	23	23
59754	964	Twin Bridges	34	17	17
59739	340	Lima	25	12	12
59743	134	Melrose	10	5	5
59761	265	Wisdom	8	4	4
59732	128	Glen	8	4	4
59746	92	Polaris	8	4	4
59736	127	Jackson	8	4	4
59724	128	Dell	7	4	4
Total	11654		800	400	400

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

Information Gaps- Data

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



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

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

Limitations in Survey & Key Informant Interview Methodology

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

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

While key informant interview data can offer invaluable insight into the perception of a community or group of individuals, qualitative data can be difficult to analyze. For this reason, interview data are grouped into

common themes based on our interpretation of the transcript. To better understand these themes, please review the full transcript in Appendix I. MORH staff conducted key informant interviews for BHH and BCHD to ensure impartiality.



Arches – Photo taken by Jim Kyle

Survey Implementation

In February 2020, a survey, a joint cover letter on BHH and BCHD’s letterhead, and postage paid envelope was mailed out to 800 randomly selected residents in the hospital and health department’s service area. A news release was sent to local newspaper as well as social media postings prior to the survey distribution announcing that Barrett Hospital & HealthCare and Beaverhead County Health Department would be conducting a community health services survey throughout the region in cooperation with the Montana Office of Rural Health.

One-hundred fifty-six surveys were returned out of 800. Of those 800 surveys, 82 surveys were returned undeliverable for a 21.76% response rate. From this point on, the total number of surveys will be out of 718. Based upon the sample size, we can be 95% confident that the responses to the survey questions are representative of the service area population, plus or minus 7.79%.

Survey Respondent Demographics

A total of 718 surveys were distributed amongst Barrett Hospital & HealthCare’s and Beaverhead County Health Department’s service area. One-hundred fifty-six were completed for a 21.76% response rate. The following tables indicate the demographic characteristics of the survey respondents. Information on location, gender, age, and employment is included. Percentages

indicated on the tables and graphs are based upon the total number of responses for each individual question, as some respondents did not answer all questions.

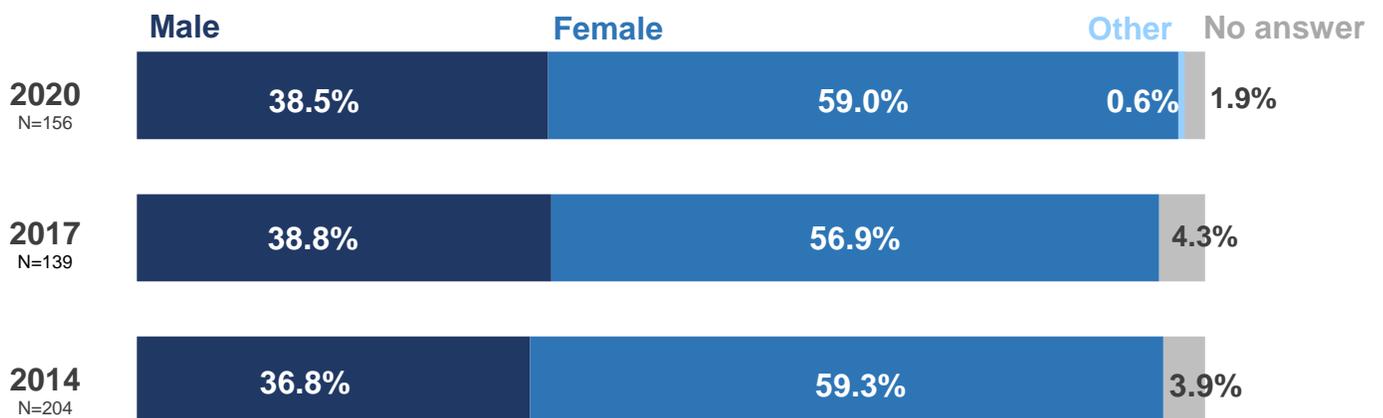
Place of Residence	2014 %(n)	2017 %(n)	2020 %(n)	SIGNIFICANT CHANGE
Number of respondents				
59725 Dillon	88.4% (175)	82.0% (114)	79.4% (123)	■
59739 Lima	2.0% (4)	2.9% (4)	6.5% (10)	■
59749 Sheridan		7.2% (10)	5.8% (9)	□
59754 Twin Bridges	0.5% (1)	2.2% (3)	3.9% (6)	□
59746 Polaris		0.7% (1)	1.9% (3)	□
59761 Wisdom	1.5% (3)	0.0% (0)	0.6% (1)	□
59743 Melrose	0.5% (1)		0.6% (1)	□
59732 Glen	1.5% (3)	0.0% (0)	0.6% (1)	□
59724 Dell		0.0% (0)	0.0% (0)	□
59736 Jackson	1.0% (2)	1.4% (2)	0.0% (0)	□
59762 Wise River	1.0% (2)			□
59710 Alder		1.4% (2)		□
Other	3.5% (7)	2.2% (3)	0.6% (1)	□
TOTAL	100% (198)	100% (139)	100% (155)	

A solid blue square indicates a statistically significant change between years ($p \leq 0.05$).

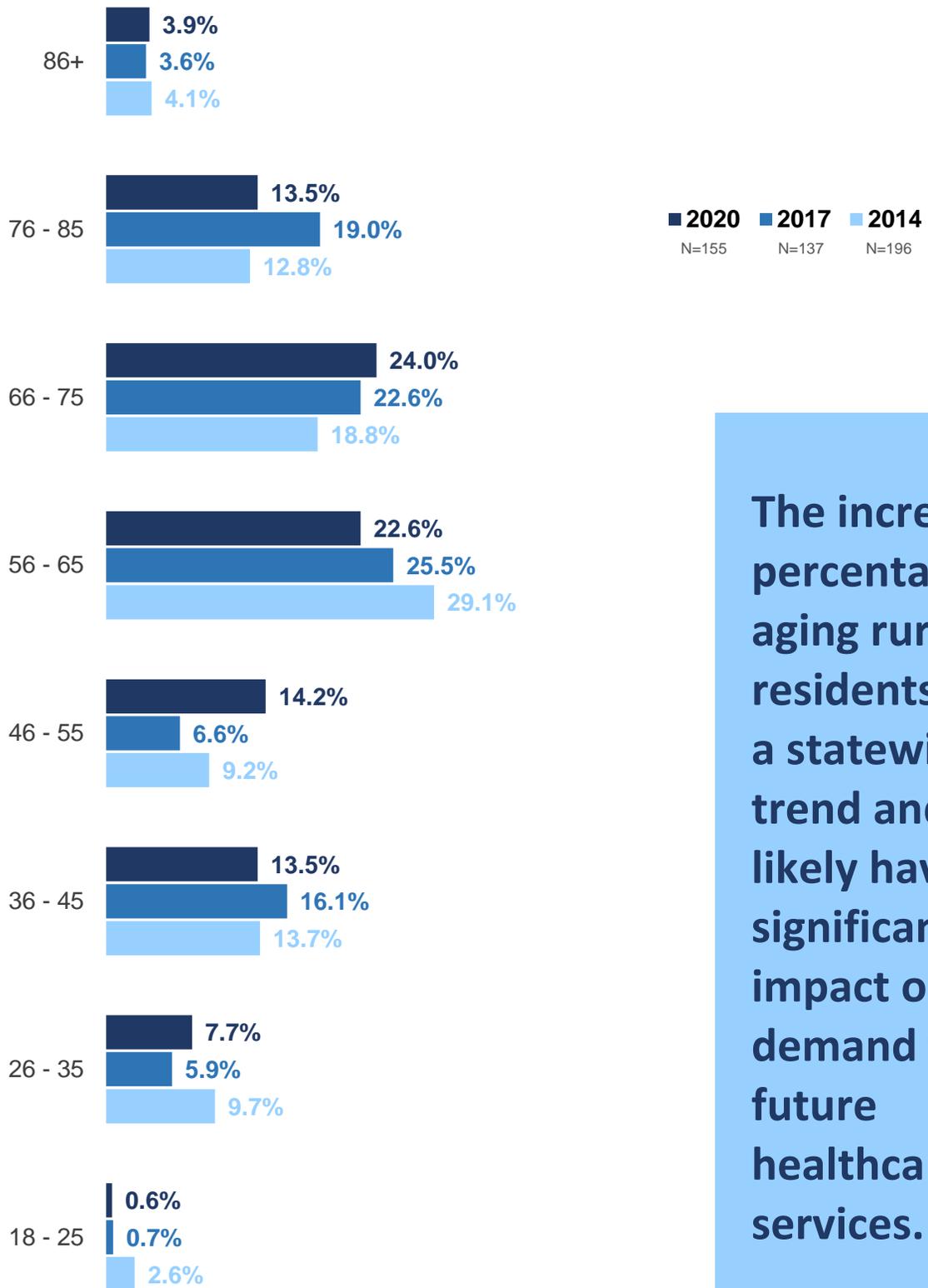
“Other” - 59710 Alder

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

Gender

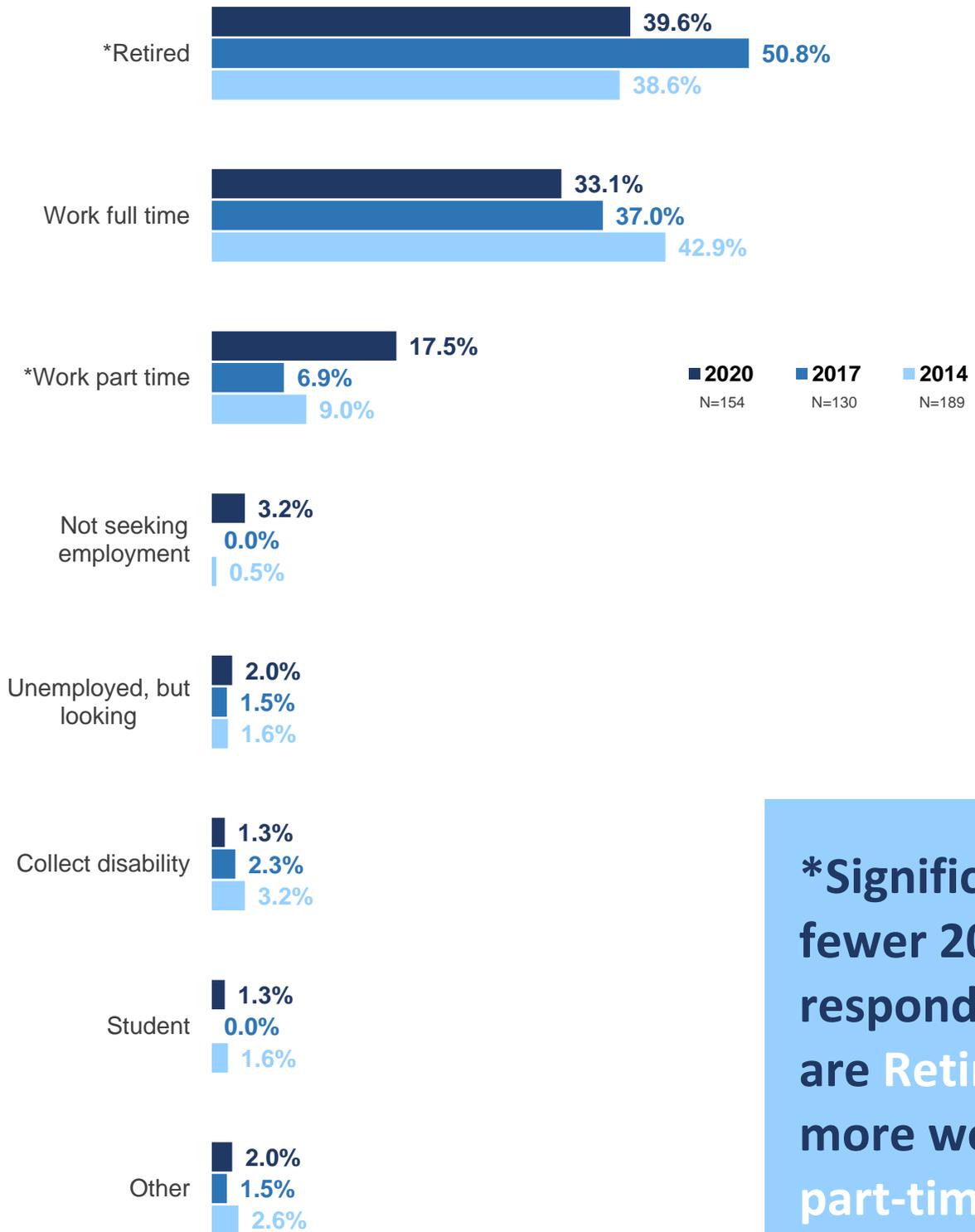


Age of respondents for all three years of the survey



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

Employment Status for all 3 years of the survey



***Significantly fewer 2020 respondents are Retired & more work part-time.**

“Other” comments included self-employed and work on-call basis.



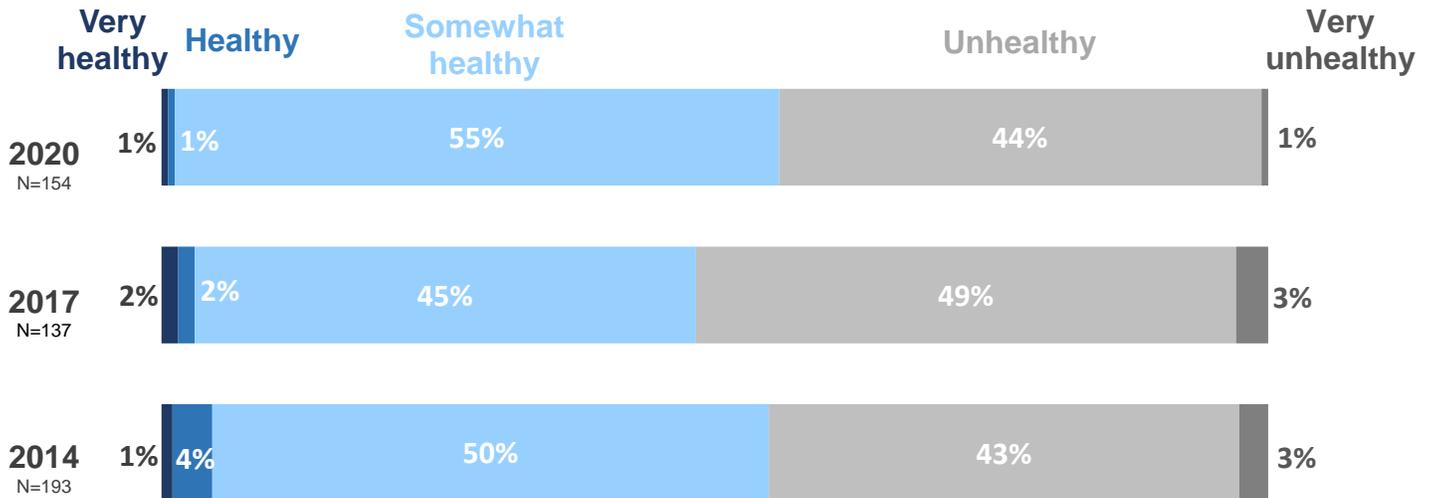
SURVEY RESULTS

Survey Results

Rating of Healthy Community (Question 1)

Respondents were asked to indicate how they would rate the general health of their community. Fifty-five percent of respondents (n=84) rated their community as “Somewhat healthy” and 44% of respondents (n=67) felt their community was “Healthy.” One respondent indicated they feel their community is “Very unhealthy”.

The majority of respondents feel their community is **somewhat healthy**



Over half of respondents feel their community is “Somewhat healthy”

Health Concerns for Community (Question 2)

Respondents were asked what they felt the three most serious health concerns were in their community. The top identified health concern was “Alcohol/substance abuse” at 55.1% (n=86). “Cancer” was also a high priority at 30.8% (n=48), followed by “Overweight/obesity” at 28.8% (n=45).

Health Concern	2014 %(n)	2017 %(n)	2020 %(n)	SIGNIFICANT CHANGE
Number of respondents	204	139	156	
Alcohol/substance abuse	54.4% (111)	58.3% (81)	55.1% (86)	<input type="checkbox"/>
Cancer	45.1% (92)	38.1% (53)	30.8% (48)	<input checked="" type="checkbox"/>
Overweight/obesity	29.9% (61)	33.1% (46)	28.8% (45)	<input type="checkbox"/>
Depression/anxiety/mental illness	22.1% (45)	20.1% (28)	28.2% (44)	<input type="checkbox"/>
Lack of mental health services	11.3% (23)	10.8% (15)	21.8% (34)	<input checked="" type="checkbox"/>
Tobacco use (cigarettes/cigars, vaping, smokeless)	18.6% (38)	19.4% (27)	17.9% (28)	<input type="checkbox"/>
Heart disease	16.7% (34)	22.3% (31)	14.1% (22)	<input type="checkbox"/>
Work/economic stress	10.3% (21)	7.2% (10)	11.5% (18)	<input type="checkbox"/>
Diabetes	15.7% (32)	15.1% (21)	10.9% (17)	<input type="checkbox"/>
Suicide	10.8% (22)	21.6% (30)	10.9% (17)	<input checked="" type="checkbox"/>
Social isolation/loneliness			9.6% (15)	<input type="checkbox"/>
Alzheimer's/dementia			7.7% (12)	<input type="checkbox"/>
Lack of exercise	13.7% (28)	10.8% (15)	7.1% (11)	<input type="checkbox"/>
Child abuse/neglect	7.8% (16)	5.8% (8)	6.4% (10)	<input type="checkbox"/>
Bullying			3.8% (6)	<input type="checkbox"/>
Respiratory issues/illness			3.2% (5)	<input type="checkbox"/>
Recreation related accidents/injuries	3.4% (7)	9.4% (13)	2.6% (4)	<input checked="" type="checkbox"/>
Domestic violence	4.9% (10)	2.9% (4)	1.9% (3)	<input type="checkbox"/>
Homelessness			1.9% (3)	<input type="checkbox"/>
Lack of healthcare education	4.9% (10)	3.6% (5)	1.9% (3)	<input type="checkbox"/>
Motor vehicle accidents	4.9% (10)	3.6% (5)	1.9% (3)	<input type="checkbox"/>
Lack of access to healthcare	6.9% (14)	5.8% (8)	1.3% (2)	<input checked="" type="checkbox"/>
Lack of dental care	2.5% (5)	3.6% (5)	1.3% (2)	<input type="checkbox"/>
Stroke	2.5% (5)	3.6% (5)	1.3% (2)	<input type="checkbox"/>
Hunger			0.6% (1)	<input type="checkbox"/>
Work related accidents/injuries	4.9% (10)	4.3% (6)	0.0 (0)	<input checked="" type="checkbox"/>
Other*	4.4% (9)	1.4% (2)	6.4% (10)	<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 most serious health concerns, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year. *Respondents (N=4) who selected over the allotted amount were moved to "Other".

"Other" comments included lack of healthy food, affordable healthcare, lack of doctors and sexual abuse.

Components of a Healthy Community (Question 3)

Respondents were asked to identify the three most important things for a healthy community. Forty percent of respondents (n=63) indicated that “Access to healthcare services” is important for a healthy community, followed by “Good jobs and a healthy economy” at 34.6% (n=54), and “Healthy behaviors and lifestyles” at 27.6% (n=43).

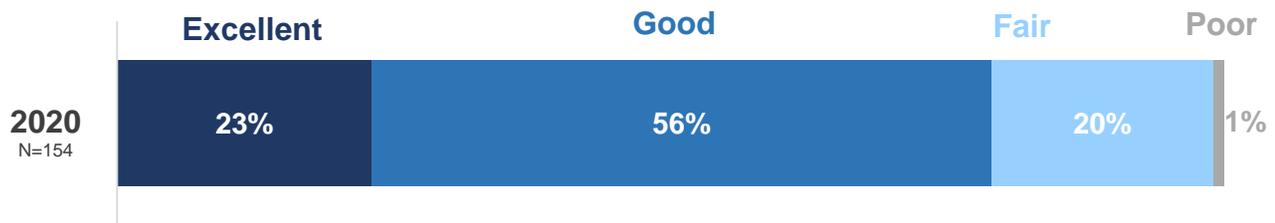
Components of Healthy Community	2014 %(n)	2017 %(n)	2020 %(n)	SIGNIFICANT CHANGE
Number of respondents	204	139	156	
Access to healthcare services	60.3% (123)	50.4% (70)	40.4% (63)	■
Good jobs and a healthy economy	43.6% (89)	46.0% (64)	34.6% (54)	□
Healthy behaviors and lifestyles	38.2% (78)	46.0% (64)	27.6% (43)	■
Access to mental health services			24.4% (38)	□
Strong family life	30.9% (63)	35.3% (49)	23.7% (37)	□
Affordable housing	11.8% (24)	12.9% (18)	20.5% (32)	□
Good schools	27% (55)	12.2% (17)	17.3% (27)	■
Religious or spiritual values	18.6% (38)	20.1% (28)	14.1% (22)	□
Access to fresh produce	4.4% (9)	11.5% (16)	10.9% (17)	■
Outdoor activities and recreation	2.9% (6)	6.5% (9)	10.9% (17)	■
Low crime/safe neighborhoods	12.3% (25)	9.4% (13)	10.3% (16)	□
Clean environment	15.2% (31)	12.9% (18)	9.6% (15)	□
Access to senior services			8.3% (13)	□
Community involvement	8.8% (18)	5.8% (8)	8.3% (13)	□
Youth recreational activities			6.4% (10)	□
Tolerance for diversity	4.4% (9)	4.3% (6)	5.8% (9)	□
Access to childcare/after school programs			4.5% (7)	□
Promotion of local business/services	2.9% (6)	5.8% (8)	4.5% (7)	□
Walking/biking paths	8.8% (18)	9.4% (13)	4.5% (7)	□
Arts and cultural events	1.0% (2)	0.7% (1)	2.6% (4)	□
Low death and disease rates	3.9% (8)	7.9% (11)	1.3% (2)	■
Low level of domestic violence	2.5% (5)	5.0% (7)	0.6% (1)	□
Transportation services			0.6% (1)	□
Other*	1.5% (3)	2.9% (4)	1.9% (3)	□

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

Knowledge of Health Services in Community (Question 4)

Respondents were asked to rate their knowledge of the health services available in the community. Fifty-six percent (n=103) of respondents rated their knowledge of health services as “Good.” “Excellent” was selected by 23% percent (n=36), and “Fair” was selected by 20% (n=30) of respondents.

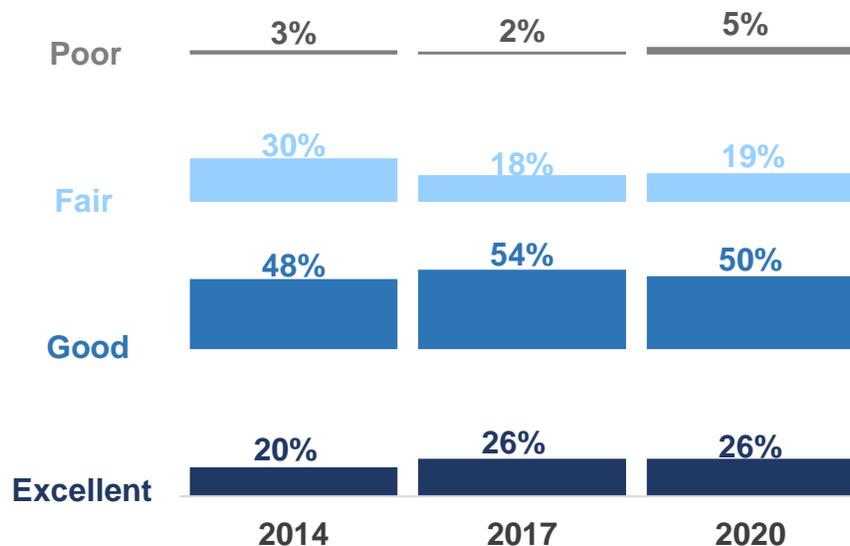
Over half of the respondents felt they had a **good** knowledge of community services



Knowledge of Health Services at Barrett Hospital & HealthCare (Question 5)

Respondents were asked to rate their knowledge of the health services available through Barrett Hospital & HealthCare. Fifty percent (n=77) of respondents rated their knowledge of health services as “Good.” “Excellent” was selected by 26% percent (n=40), and “Fair” was selected by 19% (n=30) of respondents.

Good and excellent ratings of health service knowledge have increased since 2014



How Respondents Learn of Health Services (Question 6)

The most frequently indicated method of learning about available services was “Healthcare provider” at 66% (n=103). “Friends/family” was the second most frequent response at 62.2% (n=97), followed by “Word of mouth/reputation” at 61.5% (n=96).

How Learn about Community Health Services	2014 %(n)	2017 %(n)	2020 %(n)	SIGNIFICANT CHANGE
Number of respondents	204	139	156	
Healthcare provider	65.7% (134)	71.2% (99)	66.0% (103)	<input type="checkbox"/>
Friends/family	74.0% (151)	61.2% (85)	62.2% (97)	<input checked="" type="checkbox"/>
Word of mouth/reputation	52.5% (107)	51.8% (72)	61.5% (96)	<input type="checkbox"/>
The Dillonite Daily			39.7% (62)	<input type="checkbox"/>
Newspaper	41.7% (85)	38.1% (53)	28.2% (44)	<input checked="" type="checkbox"/>
Mailings/newsletter	15.2% (31)	38.8% (54)	21.8% (34)	<input checked="" type="checkbox"/>
Social media			19.2% (30)	<input type="checkbox"/>
Billboards/posters		10.1% (14)	16.0% (25)	<input type="checkbox"/>
Website/internet	3.9% (8)	13.7% (19)	14.7% (23)	<input checked="" type="checkbox"/>
Radio	18.6% (38)	15.1% (21)	12.2% (19)	<input type="checkbox"/>
Public Health	10.3% (21)	9.4% (13)	11.5% (18)	<input type="checkbox"/>
Senior Center	2.5% (5)	4.3% (6)	5.1% (8)	<input type="checkbox"/>
Presentations	4.9% (10)	5.0% (7)	4.5% (7)	<input type="checkbox"/>
Other	4.4% (9)	4.3% (6)	5.8% (9)	<input type="checkbox"/>

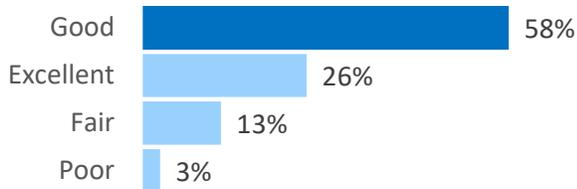
A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to indicate all methods of receiving information, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year

“Other” comments included personal research or experience, ski patrol, employer, EMS, hospital and the Dillon Tribune.

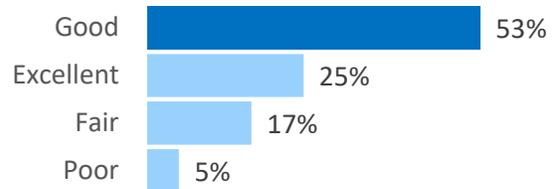
Cross Tabulation - Service Knowledge by How Respondents Learn about Services

Analysis was done to assess respondents' knowledge of services available through Barrett Hospital & HealthCare, with how they learn about services available in their community.

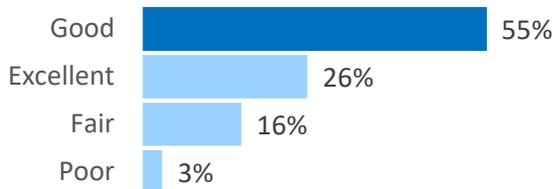
Healthcare provider (N=103)



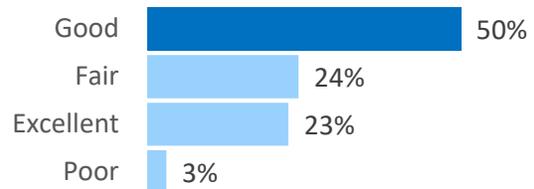
Friends/family (N=96)



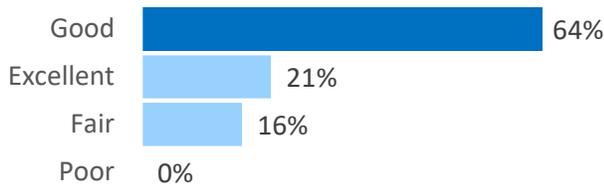
Word of mouth/reputation (N=95)



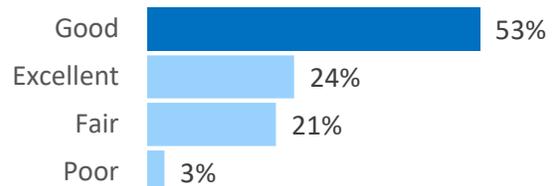
The Dillonite Daily (N=62)



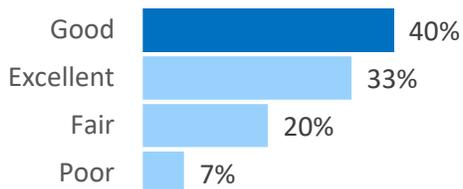
Newspaper (N=44)



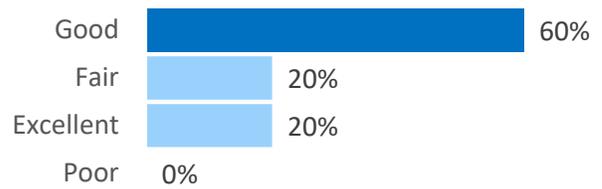
Mailings/newsletters (N=34)



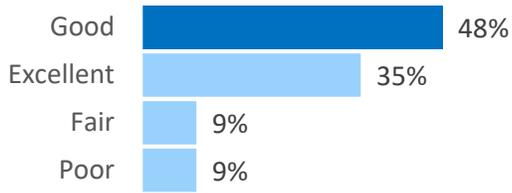
Social media (N=30)



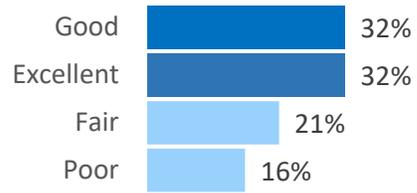
Billboards/posters (N=25)



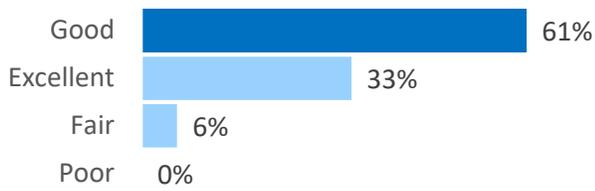
Website/internet (N=23)



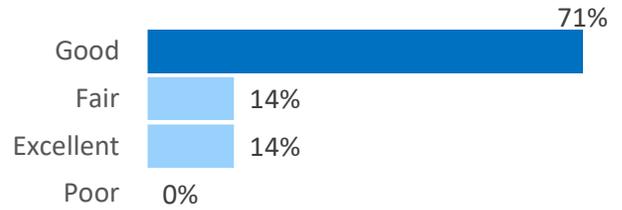
Radio (N=19)



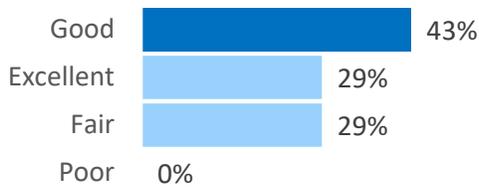
Public Health (N=18)



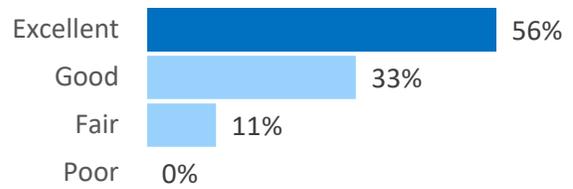
Presentations (N=7)



Senior center (N=7)



Other (N=9)



Utilized Community Health Resources (Question 7)

Respondents were asked which community health resources, other than the hospital or clinic, they had used in the last three years. “Pharmacy” was the most frequently utilized community health resource cited by respondents at 77.6% (n=121). The “Dentist” was utilized by 73.1% (n=114) of respondents, followed by “Optometrist” at 64.1% (n=100).

Use of Other Community Health Resources	2014 %(n)	2017 %(n)	2020 %(n)	SIGNIFICANT CHANGE
Number of respondents	204	139	156	
Pharmacy	89.7% (183)	82.0% (114)	77.6% (121)	■
Dentist	76.0% (155)	74.1% (103)	73.1% (114)	□
Optometrist (Eyes)	72.5% (148)	65.5% (91)	64.1% (100)	□
Massage therapy			16.7% (26)	□
SWMT Community Health Center		15.8% (22)	16.0% (25)	□
Naturopath/Chiropractor	23.0% (47)	17.3% (24)	12.8% (20)	■
Ortho Rehab Inc.		18.7% (26)	12.8% (20)	□
Beaverhead Urgent Care			11.5% (18)	□
Medical supply/DME			10.9% (17)	□
Public Health (WIC, Family Planning, Immunizations)	17.6% (36)	5.0% (7)	10.9% (17)	■
Audiologist (Hearing)	9.3% (19)	15.1% (21)	10.3% (16)	□
Mental health counseling	7.4% (15)	2.9% (4)	8.3% (13)	□
Speech therapy			3.2% (5)	□
Family & marriage counseling	1.5% (3)	2.9% (4)	1.3% (2)	□
Migrant Health Services			0.0% (0)	□
Pregnancy services			0.0% (0)	□
Other	6.4% (13)	5.8% (8)	3.2% (5)	□

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

“Other” comments included physical therapy, allergist, oncology, midwife, audiology, and chiropractor.

Improve Community’s Access to Healthcare (Question 8)

Respondents were asked to indicate what they felt would improve their community’s access to healthcare. Seventy-one percent of respondents (n=110) reported that “Lower cost of health insurance” would make the greatest improvement. Sixty-nine percent of respondents (n=107) indicated “Lower cost of care” would improve access, and “Payment assistance programs” was selected by 31.4% (n=49).

“Lower cost of health insurance” would make the greatest improvement

What Would Improve Community Access to Healthcare	2014 %(n)	2017 %(n)	2020 %(n)	SIGNIFICANT CHANGE
Number of respondents	204	139	156	
Lower cost of health insurance			70.5% (110)	<input type="checkbox"/>
Lower cost of care		77.0% (107)	68.6% (107)	<input type="checkbox"/>
Payment assistance programs (healthcare expenses)			31.4% (49)	<input type="checkbox"/>
More specialists	40.2% (82)	36.7% (51)	26.3% (41)	<input checked="" type="checkbox"/>
More information about available services			24.4% (38)	<input type="checkbox"/>
More primary care providers	44.1% (90)	18.7% (26)	21.8% (34)	<input checked="" type="checkbox"/>
Outpatient services expanded hours	23.5% (48)	21.6% (30)	19.9% (31)	<input type="checkbox"/>
Greater health education services	29.4% (60)	19.4% (27)	15.4% (24)	<input checked="" type="checkbox"/>
Improved quality of care	21.6% (44)	12.2% (17)	14.7% (23)	<input type="checkbox"/>
Telemedicine	6.4% (13)	7.2% (10)	13.5% (21)	<input checked="" type="checkbox"/>
Transportation assistance	13.7% (28)	12.2% (17)	13.5% (21)	<input type="checkbox"/>
Cultural sensitivity	2.9% (6)	1.4% (2)	5.1% (8)	<input type="checkbox"/>
Interpreter services	2.9% (6)	2.2% (3)	4.5% (7)	<input type="checkbox"/>
Other	11.8% (24)	2.9% (4)	6.4% (10)	<input checked="" 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 a full-time ambulance service operated by the hospital, midwife, prevention, lower healthcare prices, Medicare for all, and doctors available on Fridays, in the afternoon or weekend care outside of ER.

Interest in Educational Classes/Programs (Question 9)

Respondents were asked if they would be interested in the following educational classes/programs if they were made available to the community. The most highly indicated class/program was “Health and wellness” at 26.9% (n=42), followed by “Fitness” at 25.6% (n=40), and “Chronic pain management” at 21.8% (n=34).

Interest in Classes or Programs	2014 %(n)	2017 %(n)	2020 %(n)	SIGNIFICANT CHANGE
Number of respondents	204	139	156	
Health and wellness	26.0% (53)	28.1% (39)	26.9% (42)	<input type="checkbox"/>
Fitness	28.4% (58)	32.4% (45)	25.6% (40)	<input type="checkbox"/>
Chronic pain management	17.6% (36)	23.7% (33)	21.8% (34)	<input type="checkbox"/>
Living will	16.7% (34)	20.9% (29)	19.9% (31)	<input type="checkbox"/>
First aid/CPR	29.4% (60)	18.0% (25)	19.2% (30)	<input checked="" type="checkbox"/>
Nutrition	19.6% (40)	23.0% (32)	18.6% (29)	<input type="checkbox"/>
Weight loss	24.0% (49)	19.4% (27)	17.9% (28)	<input type="checkbox"/>
Senior citizen health			17.3% (27)	<input type="checkbox"/>
Health insurance education/navigation			16.0% (25)	<input type="checkbox"/>
Mental health	8.3% (17)	10.1% (14)	15.4% (24)	<input type="checkbox"/>
Women's health	21.6% (44)	18.7% (26)	15.4% (24)	<input type="checkbox"/>
Cancer	15.7% (32)	18.0% (25)	14.7% (23)	<input type="checkbox"/>
Fraud/scam prevention (email, phone, mail, etc.)			12.8% (20)	<input type="checkbox"/>
Alzheimer's/dementia	16.7% (34)	11.5% (16)	11.5% (18)	<input type="checkbox"/>
Suicide awareness/prevention	10.3% (21)	10.8 (15)	11.5% (18)	<input type="checkbox"/>
Diabetes	11.3% (23)	11.5% (16)	10.3% (16)	<input type="checkbox"/>
Heart disease	11.8% (24)	8.6% (12)	10.3% (16)	<input type="checkbox"/>
Men's health	12.3% (25)	13.7% (19)	10.3% (16)	<input type="checkbox"/>
Parenting	8.8% (18)	5.0% (7)	10.3% (16)	<input type="checkbox"/>
Risk prevention for youth			9.6% (15)	<input type="checkbox"/>
Support groups	11.8% (24)	5.8% (8)	9.6% (15)	<input type="checkbox"/>
Grief counseling	8.3% (17)	5.0% (7)	8.3% (13)	<input type="checkbox"/>
Alcohol/substance abuse	2.0% (4)	4.3% (6)	5.1% (8)	<input type="checkbox"/>
Smoking/tobacco cessation	6.4% (13)	3.6% (5)	5.1% (8)	<input type="checkbox"/>
Lactation/breastfeeding support			1.9% (3)	<input type="checkbox"/>
Prenatal	4.4% (9)	1.4% (2)	1.3% (2)	<input type="checkbox"/>
Other	4.4% (9)	2.9% (4)	5.8% (9)	<input type="checkbox"/>

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

“Other” comments included “would not attend”, permaculture group, and depends on cost.

Desired Local Health Services (Question 10)

Respondents were asked to indicate which additional services they would utilize if available locally. Respondents indicated the most interest in “Dermatology/skin check” at 53.8% (n=84), followed by a “ENT (ear/nose/throat)” at 29.5% (n=46), and “Pain management” at 20.5% (n=32).

Interest in Additional Services	2014 %(n)	2017 %(n)	2020 %(n)	SIGNIFICANT CHANGE
Number of respondents	204	139	156	
Dermatology/skin check	32.4% (66)	30.9% (43)	53.8% (84)	■
ENT (ear/nose/throat)		22.3% (31)	29.5% (46)	□
Pain Management			20.5% (32)	□
Orthodontics			17.9% (28)	□
VA health services			14.1% (22)	□
Rheumatology		13.7% (19)	13.5% (21)	□
Ophthalmology			10.3% (16)	□
Neurology		8.6% (12)	9.0% (14)	□
Mental health crisis stabilization			8.3% (13)	□
Neuropsychology/psychiatry		1.4% (2)	7.1% (11)	■
Other	10.3% (21)	4.3% (6)	5.8% (9)	□

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

“Other” comments included endocrinology, birthing center, mental health stabilization services and pediatric specialists.

Over half of respondents would utilize dermatology services if they were available locally

Utilization of Preventative Services (Question 11)

Respondents were asked if they had utilized any of the preventative services listed in the past year. “Flu shot” was selected by 76.3% of respondents (n=119). Seventy-one percent of respondents (n=111) indicated they received a “Dental check”, and 66.7% of respondents (n=104) had a “Vision check.”

Use of Preventative Services	2014 %(n)	2017 %(n)	2020 %(n)	SIGNIFICANT CHANGE
Number of respondents	204	139	156	
Flu shot	72.1% (147)	75.5% (105)	76.3% (119)	<input type="checkbox"/>
Dental check		56.1% (78)	71.2% (111)	<input checked="" type="checkbox"/>
Vision check	59.3% (121)	61.9% (86)	66.7% (104)	<input type="checkbox"/>
Adult immunizations	45.6% (93)	57.6% (80)	64.7% (101)	<input checked="" type="checkbox"/>
Blood pressure check	52.5% (107)	47.5% (66)	61.5% (96)	<input checked="" type="checkbox"/>
Physical/health checkup	59.8% (122)	64.7% (90)	50.6% (79)	<input checked="" type="checkbox"/>
Cholesterol check	45.1% (92)	41.0% (57)	39.7% (62)	<input type="checkbox"/>
Mammography	37.7% (77)	44.6% (62)	35.9% (56)	<input type="checkbox"/>
Pap smear	27.0% (55)	25.2% (35)	23.7% (37)	<input type="checkbox"/>
Colonoscopy	18.1% (37)	15.1% (21)	21.8% (34)	<input type="checkbox"/>
Child immunizations	14.7% (30)	9.4% (13)	20.5% (32)	<input checked="" type="checkbox"/>
Bone density scan (DEXA)			17.9% (28)	<input type="checkbox"/>
Health fair	19.1% (39)	18.0% (25)	17.9% (28)	<input type="checkbox"/>
Dermatology (mole/skin check)	18.6% (38)	15.8% (22)	17.3% (27)	<input type="checkbox"/>
Children's checkup/Well baby	9.3% (19)	10.8% (15)	16.7% (26)	<input type="checkbox"/>
Prostate (PSA)	19.1% (39)	24.5% (34)	16.0% (25)	<input type="checkbox"/>
Hearing check	8.3% (17)	17.3% (24)	14.7% (23)	<input checked="" type="checkbox"/>
Sports physical		7.2% (10)	9.0% (14)	<input type="checkbox"/>
Depression screening			7.7% (12)	<input type="checkbox"/>
Other	5.4% (11)	1.4% (2)	1.3% (2)	<input checked="" type="checkbox"/>
None	4.9% (10)	5.0% (7)	0.0% (0)	<input checked="" type="checkbox"/>

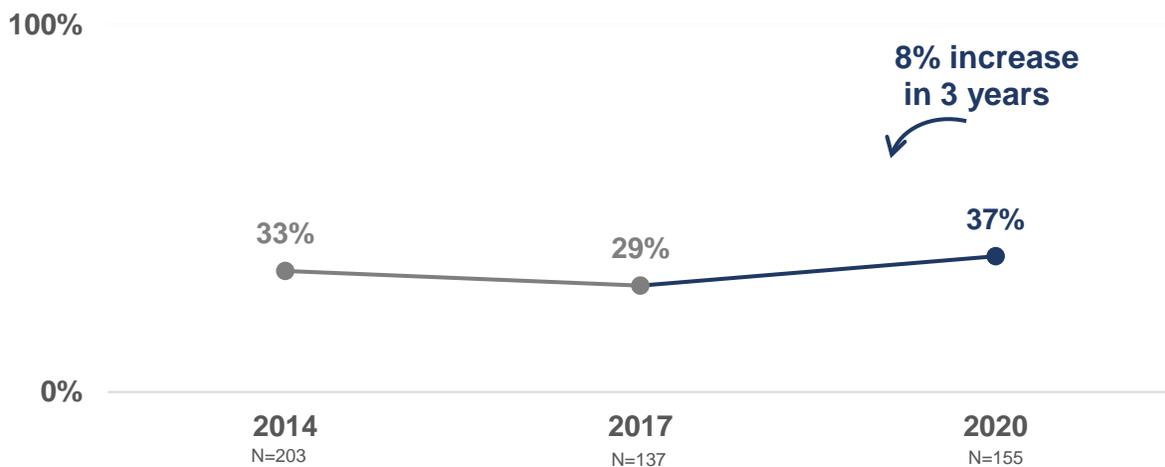
A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents could select any of the preventative services listed, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year.

“Other” comments included ENT [Ear/Nose/Throat] and CDL [Commercial Driver’s License] physical.

Delay of Services (Question 12)

Thirty-seven percent of respondents (n=56) reported that they or a member of their household thought they needed healthcare services but did not get them or had to delay getting them. Sixty-three percent of respondents (n=96) felt they were able to get the healthcare services they needed without delay.

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



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

For those who indicated they were unable to receive or had to delay services (n=56), the reason most cited was “It cost too much” (51.8%, n=29).

Reasons for Delay in Receiving Needed Healthcare	2014 %(n)	2017 %(n)	2020 %(n)	SIGNIFICANT CHANGE
Number of respondents	64	37	56	
It cost too much	65.6% (42)	62.2% (23)	51.8% (29)	<input type="checkbox"/>
Qualified provider not available			21.4% (12)	<input type="checkbox"/>
No insurance	31.3% (20)	8.1% (3)	19.6% (11)	<input checked="" type="checkbox"/>
Too long to wait for an appointment	14.1% (9)	24.3% (9)	17.9% (10)	<input type="checkbox"/>
It was too far to go	9.4% (6)	16.2% (6)	16.1% (9)	<input type="checkbox"/>
Didn't know where to go	4.7% (3)	2.7% (1)	14.3% (8)	<input type="checkbox"/>

Too nervous or afraid	4.7% (3)	8.1% (3)	14.3% (8)	<input type="checkbox"/>
Could not get off work	12.5% (8)	2.7% (1)	10.7% (6)	<input type="checkbox"/>
Office wasn't open when I could go	12.5% (8)	5.4% (2)	10.7% (6)	<input type="checkbox"/>
Could not get an appointment	17.2% (11)	21.6% (8)	8.9% (5)	<input type="checkbox"/>
My insurance didn't cover it	25.0% (16)	40.5% (15)	8.9% (5)	<input checked="" type="checkbox"/>
Don't like doctors	9.4% (6)	13.5% (5)	7.1% (4)	<input type="checkbox"/>
Unsure if services were available	6.3% (4)	2.7% (1)	7.1% (4)	<input type="checkbox"/>
Transportation problems	4.7% (3)	10.8% (4)	3.6% (2)	<input type="checkbox"/>
Had no childcare	3.1% (2)	5.4% (2)	1.8% (1)	<input type="checkbox"/>
Don't understand healthcare system			0.0% (0)	<input type="checkbox"/>
Not treated with respect	10.9% (7)	5.4% (2)	0.0% (0)	<input checked="" type="checkbox"/>
Language barrier	0.0% (0)	0.0% (0)	0.0% (0)	<input type="checkbox"/>
Other*	9.4% (6)	5.4% (2)	17.9% (10)	<input type="checkbox"/>

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

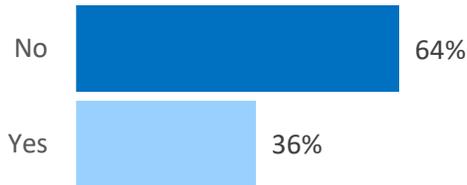
"Other" comments included bad roads- snow & ice, high deductible, and "assumed they could not give me medicine anyway".

Over half of respondents who delayed seeking services, did so because "Cost" of care was a barrier

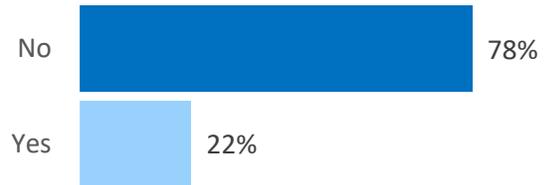
Cross Tabulation - Delay/Did Not Get Services & Residence

Analysis was done to examine if respondents delayed getting healthcare services (yes/no), with where they live by zip code.

Dillon 59725 (N=120)



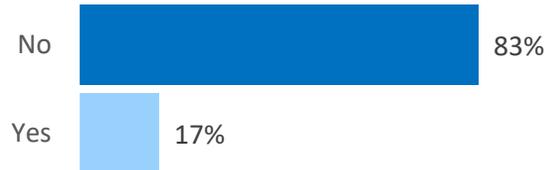
Sheridan 59749 (N=9)



Lima 59739 (N=9)



Twin Bridges 59754 (N=6)



Polaris 59746 (N=3)



Melrose 59743 (N=1)



Glen 59732 (N=1)



Wisdom 59761 (N=1)



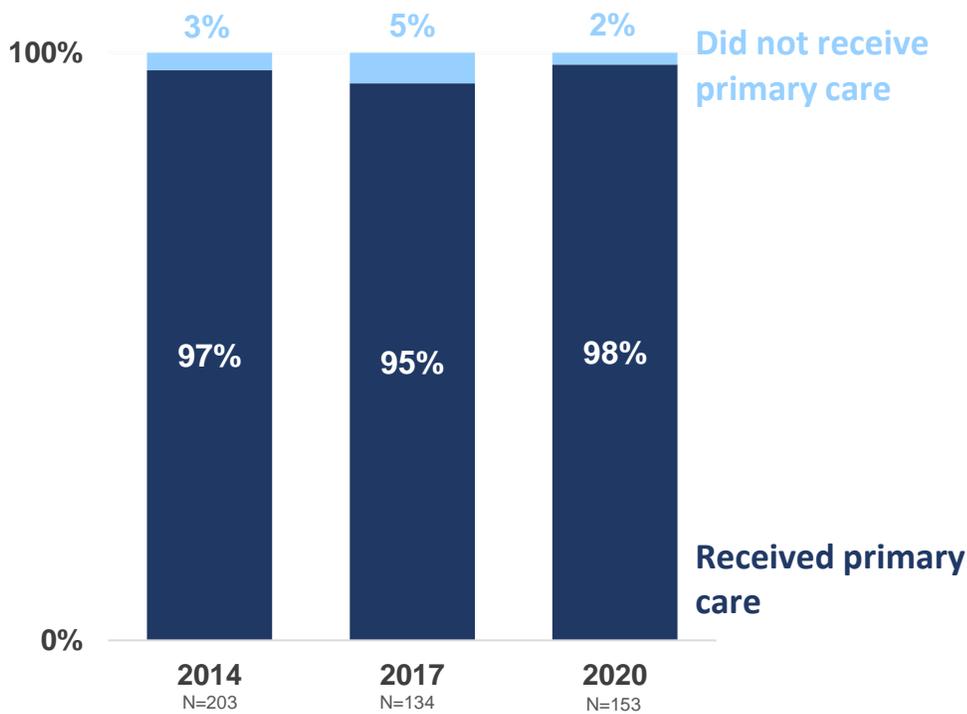
Other (N=1)



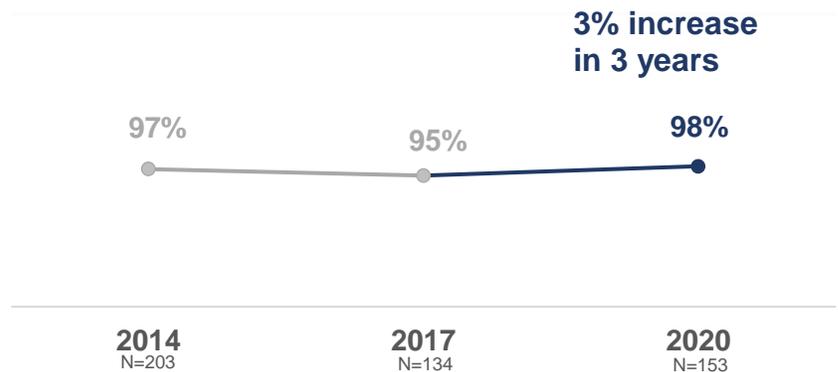
Primary Care Services (Question 14)

Ninety-eight percent of respondents (n=150) indicated they or someone in their household had been seen by a primary care provider (such as a family physician, physician assistant, or nurse practitioner) for healthcare services in the past three years, and 2% respondents (n=3) indicated they had not.

Nearly all respondents received primary care in past 3 years



More people reported utilizing clinic services in 2020



Location of Primary Care Services (Question 15)

Of the 150 respondents who indicated receiving primary care services in the previous three years, 81.2% (n=121) reported receiving care in Dillon, 14.1% percent of respondents (n=21) went to an “Other” location not listed, and 2.7% (n=4) went to Bozeman. One of the 150 respondents who reported they had utilized primary care services in the past three years did not indicate where they received those services.

Location of Primary Care Provider	2014 %(n)	2017 %(n)	2020 %(n)	SIGNIFICANT CHANGE
Number of respondents	203	134	153	
Dillon	90.9% (170)	88.3% (106)	81.2% (121)	■
Bozeman			2.7% (4)	□
Butte	2.7% (5)	0.8% (1)	2.0% (3)	□
Other*	6.4% (12)	10.8% (13)	14.1% (21)	■
TOTAL	100% (187)	100% (120)	100% (149)	

A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Grayed out cells indicate the question was not asked that year. *Respondents (N=6) who selected over the allotted amount were moved to “Other”.

“Other” comments included Sheridan, Deer Lodge, Whitehall, Ft. Harrison, Missoula and Idaho Falls, ID.

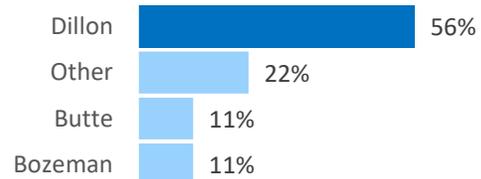
Cross Tabulation - Primary Care Location and Residence

Analysis was done to examine where respondents went most often for primary care with where they live by zip code.

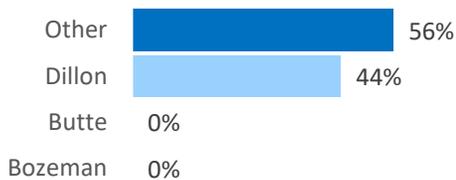
Dillon 59725 (N=118)



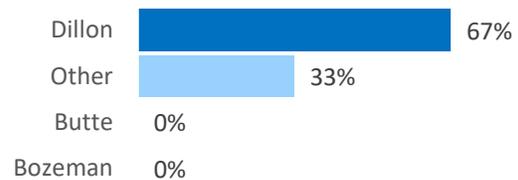
Lima 59739 (N=9)



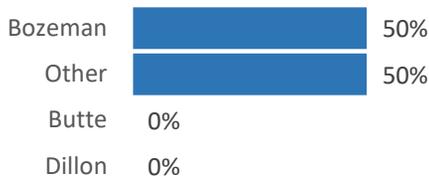
Sheridan 59749 (N=9)



Twin Bridges 59754 (N=6)



Polaris 59746 (N=2)



Melrose 59743 (N=1)



59761 Wisdom (N=1)



Glen 59732 (N=1)



Other (N=1)



Reasons for Primary Care Provider Selection (Question 16)

Those respondents who indicated they or someone in their household had been seen by a primary care provider within the past three years, were asked to indicate why they chose that primary care provider. “Established patient” was the most frequently selected reason at 48.7% (n=73), followed by “Closest to home” at 37.3% (n=56), and “Clinic/provider’s reputation for quality” at 32% (n=48).

Reasons for Selecting Primary Care Provider	2014 %(n)	2017 %(n)	2020 %(n)	SIGNIFICANT CHANGE
Number of respondents	197	127	150	
Established patient		55.9% (71)	48.7% (73)	<input type="checkbox"/>
Closest to home	50.8% (100)	46.5% (59)	37.3% (56)	<input checked="" type="checkbox"/>
Clinic/provider's reputation for quality	21.3% (42)	19.7% (25)	32.0% (48)	<input checked="" type="checkbox"/>
Appointment availability	27.4% (54)	24.4% (31)	24.7% (37)	<input type="checkbox"/>
Prior experience with clinic	45.2% (89)	24.4% (31)	21.3% (32)	<input checked="" type="checkbox"/>
Recommended by family or friends	24.4% (48)	14.2% (18)	18.0% (27)	<input type="checkbox"/>
Referred by physician or other provider	13.2% (26)	13.4% (17)	14.7% (22)	<input type="checkbox"/>
Cost of care	10.2% (20)	6.3% (8)	7.3% (11)	<input type="checkbox"/>
Privacy/confidentiality			6.7% (10)	<input type="checkbox"/>
Required by insurance plan	3.0% (6)	4.7% (6)	4.7% (7)	<input type="checkbox"/>
Length of waiting room time	6.6% (13)	7.1% (9)	4.0% (6)	<input type="checkbox"/>
VA/Military requirement	1.5% (3)	3.1% (4)	3.3% (5)	<input type="checkbox"/>
Online rating of provider			1.3% (2)	<input type="checkbox"/>
Indian Health Services	0.0% (0)	0.0% (0)	0.0% (0)	<input type="checkbox"/>
Other	13.2% (26)	5.5% (7)	10.0% (15)	<input type="checkbox"/>

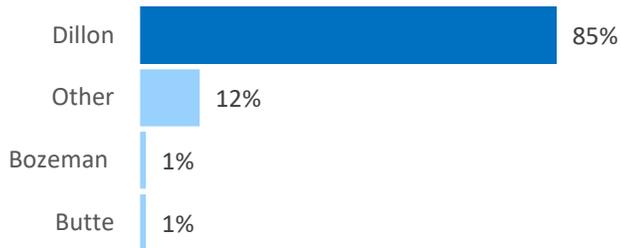
A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to pick the reasons for selection of their primary care provider, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year.

“Other” comments included Dr. retired and new one took over practice, for low-income, family friend and word of mouth.

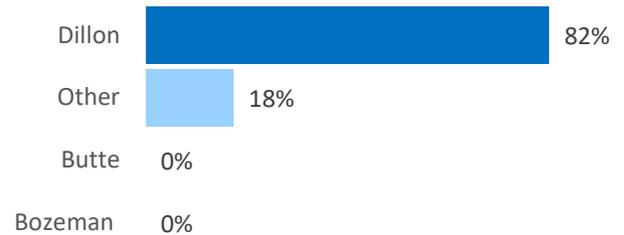
Cross Tabulation - Primary Care Location and Reason Selected

Analysis was done to examine where respondents went most often for primary care services with why they selected that clinic/provider.

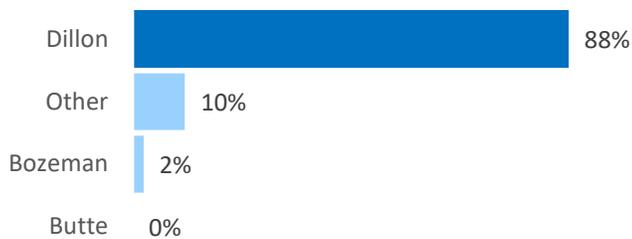
Established patient (N=73)



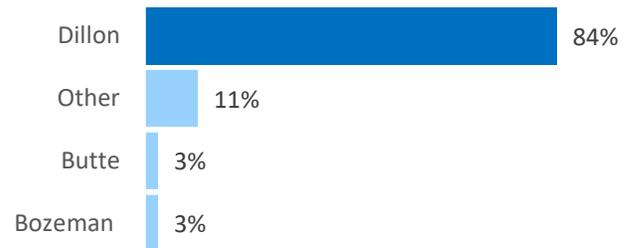
Closest to home (N=56)



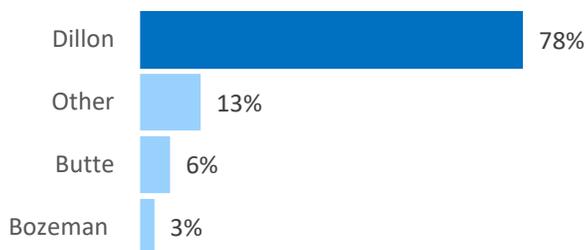
Clinic/provider's reputation for quality (N=38)



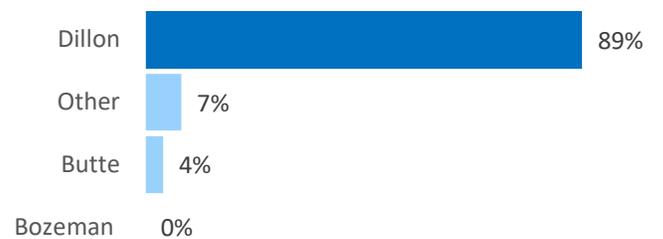
Appointment availability (N=37)



Prior experience with clinic (N=32)



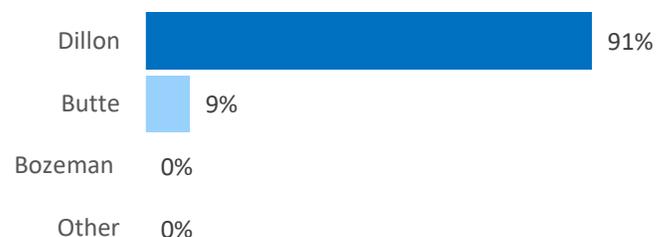
Recommended by family or friends (N=27)



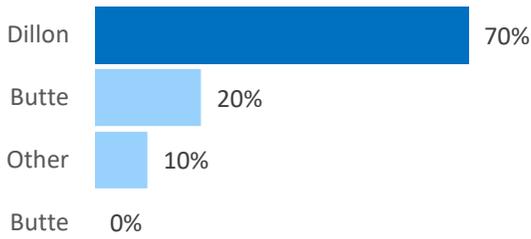
Referred by physician or other provider (N=22)



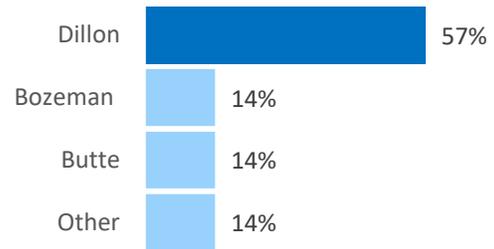
Cost of care (N=11)



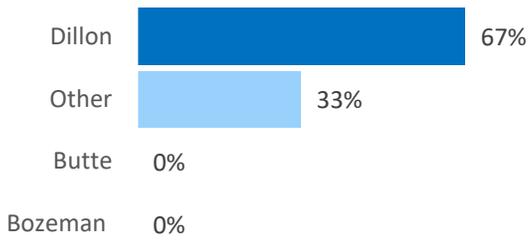
Privacy/confidentiality (N=10)



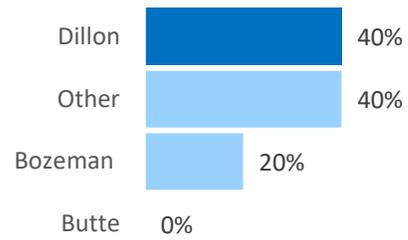
Required by insurance plan (N=7)



Length of waiting room time (N=6)



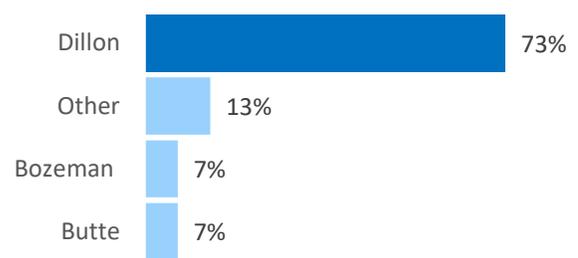
VA/Military requirement (N=5)



Online rating of provider (N=2)



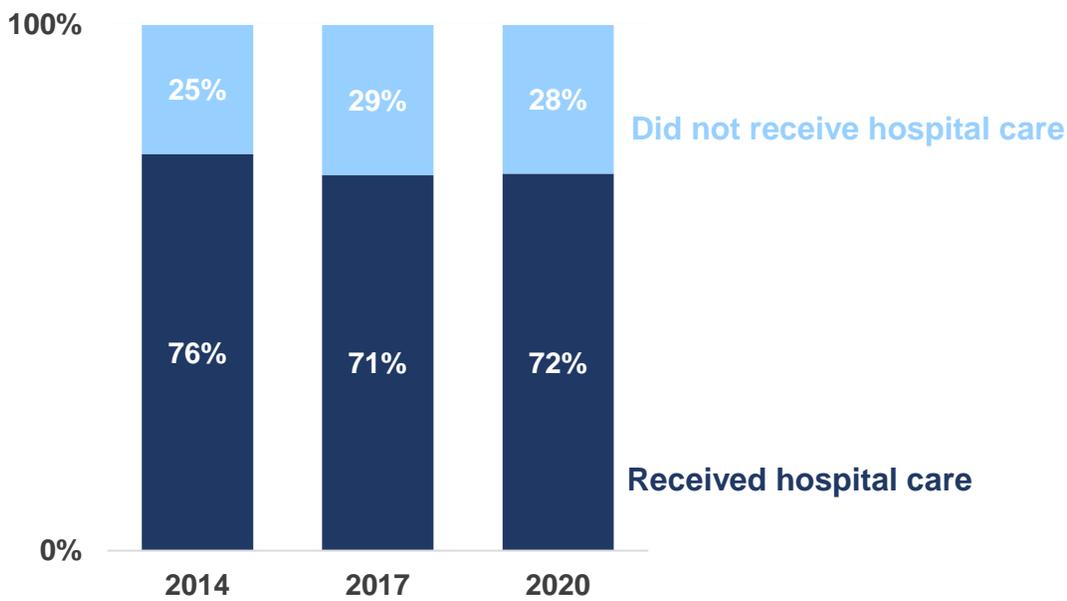
Other (N=15)



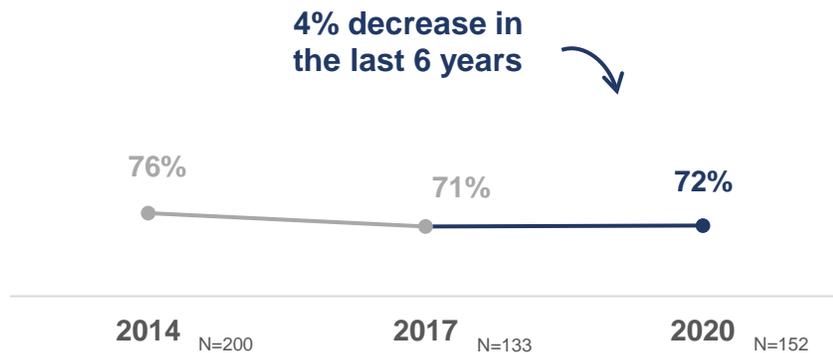
Hospital Care Services (Question 17)

Respondents were asked if they or someone in their household had received hospital care in the last three years. Hospitalization was quantified as hospitalized overnight, day surgery, obstetrical care, rehabilitation, radiology, or emergency care. Seventy-two percent of respondents (n=109) reported that they or a member of their family had received hospital care during the previous three years, and 28% (n=43) had not received hospital services.

There was little change in the percentage of respondents receiving hospital care over the 6 year period



More people reported receiving hospital care in 2020



Location of Hospital Services (Question 18)

Of the 109 respondents who indicated receiving hospital care in the previous three years, 77.1% (n=84) reported receiving care at Barrett Hospital. Ten percent of respondents (n=11) received services at a location “other” than those listed, and 3.7% of respondents (n=4) reported utilizing services at Bozeman Health.

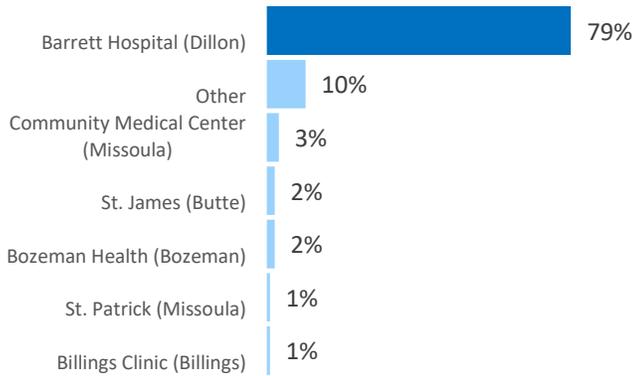
Hospital Used Most Often	2014 %(n)	2017 %(n)	2020 %(n)	SIGNIFICANT CHANGE
Number of respondents	135	85	109	
Barrett Hospital (Dillon)	84.4% (114)	77.6% (66)	77.1% (84)	<input type="checkbox"/>
Bozeman Health (Bozeman)	3.7% (5)	4.7% (4)	3.7% (4)	<input type="checkbox"/>
Community Medical Center (Missoula)	3.0% (4)	2.4% (2)	2.8% (3)	<input type="checkbox"/>
Eastern Idaho Medical Center (Idaho Falls)			1.8% (2)	<input type="checkbox"/>
St. James (Butte)	2.2% (3)	4.7% (4)	1.8% (2)	<input type="checkbox"/>
Billings Clinic (Billings)	1.5% (2)	0.0% (1)	0.9% (1)	<input type="checkbox"/>
Ruby Valley (Sheridan)	0.0% (1)	3.5% (3)	0.9% (1)	<input type="checkbox"/>
St. Patrick (Missoula)	2.2% (3)	4.7% (4)	0.9% (1)	<input type="checkbox"/>
Community Hospital of Anaconda			0.0% (1)	<input type="checkbox"/>
Other*	3.0% (4)	2.4% (2)	10.1% (11)	<input type="checkbox"/>
TOTAL	100% (135)	100% (85)	100% (109)	

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

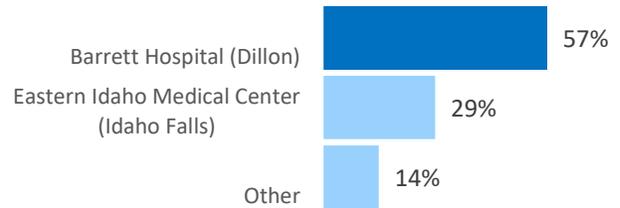
Cross Tabulation - Location of Hospital Care and Residence

Analysis was done to examine where respondents went most often for hospital care with where they live by zip code. Hospital locations with no responses have been excluded.

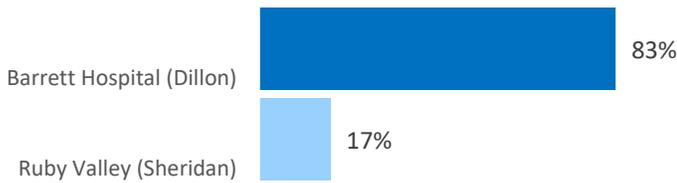
Dillon 59725 (N=87)



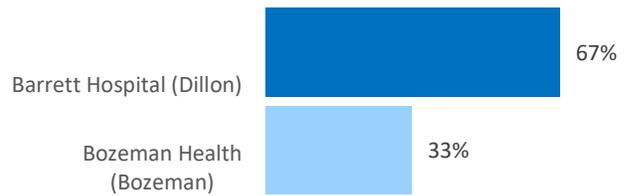
Lima 59739 (N=7)



Sheridan 59749 (N=6)



Polaris 59746 (N=3)



Twin Bridges 59754 (N=2)



Melrose 59743 (N=1)



Wisdom 59761 (N=1)



Other (N=1)



Reasons for Hospital Selection (Question 19)

Of the 109 respondents who had a personal or family experience at a hospital within the past three years, the primary reason given for selecting the facility used most often was “Closest to home” at 70.6% (n=77). “Referred by physician or other provider” was selected by 44.0% of the respondents (n=48), and 34.9% (n=38) selected “Prior experience with hospital.”

Reasons for Selecting Hospital	2014 %(n)	2017 %(n)	2020 %(n)	SIGNIFICANT CHANGE
Number of respondents	151	95	109	
Closest to home	78.8% (119)	81.1% (77)	70.6% (77)	<input type="checkbox"/>
Referred by physician or other provider	43.7% (66)	34.7% (33)	44.0% (48)	<input type="checkbox"/>
Prior experience with hospital	41.1% (62)	46.3% (44)	34.9% (38)	<input type="checkbox"/>
Emergency, no choice	38.4% (58)	36.8% (35)	24.8% (27)	<input type="checkbox"/>
Hospital's reputation for quality	29.1% (44)	28.4% (27)	23.9% (26)	<input type="checkbox"/>
Quality of clinical staff			16.5% (18)	<input type="checkbox"/>
Closest to work	7.3% (11)	6.3% (6)	8.3% (9)	<input type="checkbox"/>
Recommended by family or friends	6.0% (9)	9.5% (9)	4.6% (5)	<input type="checkbox"/>
Cost of care	6.0% (9)	6.3% (6)	3.7% (4)	<input type="checkbox"/>
Required by insurance plan	4.6% (7)	6.3% (6)	3.7% (4)	<input type="checkbox"/>
Privacy/confidentiality			2.8% (3)	<input type="checkbox"/>
VA/Military requirement	3.3% (5)	4.2% (4)	2.8% (3)	<input type="checkbox"/>
Financial assistance programs			0.9% (1)	<input type="checkbox"/>
Other	4.0% (6)	2.1% (2)	5.5% (6)	<input type="checkbox"/>

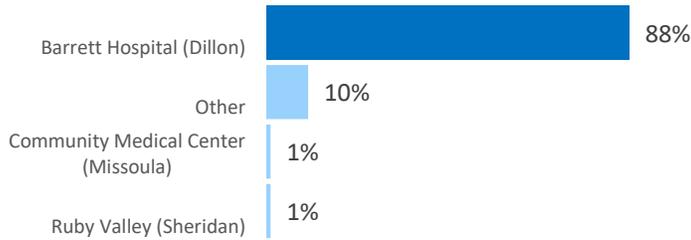
A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to pick their top three reasons for selecting a hospital, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year.

“Other” comments included service not available locally, emergency, prior experience with doctor and closest to home.

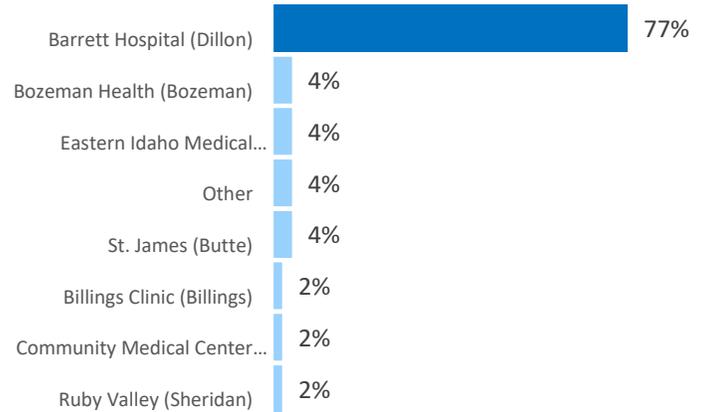
Cross Tabulation – Hospital Location and Reason Selected

Analysis was done to examine where respondents went most often for hospital services with why they selected that hospital. Hospital locations with no responses have been excluded.

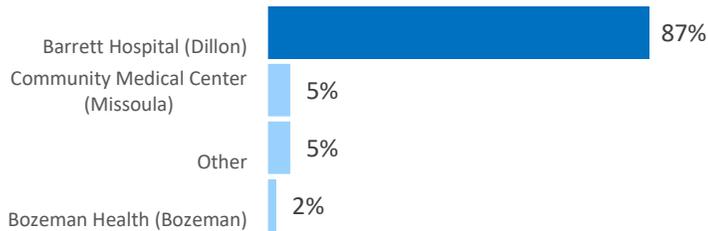
Closest to home (N=77)



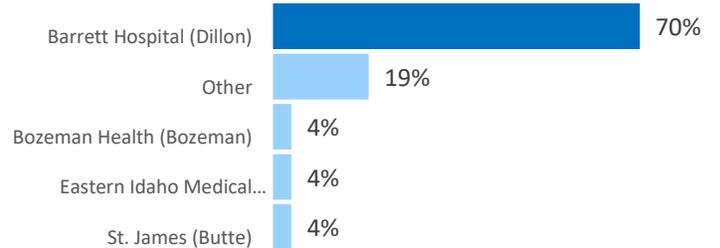
Referred by physician or other provider (N=48)



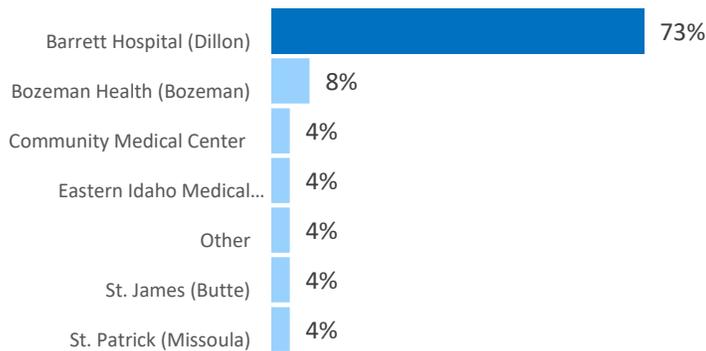
Prior experience with hospital (38)



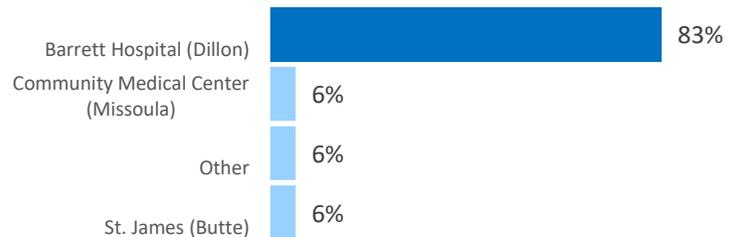
Emergency, no choice (N=27)



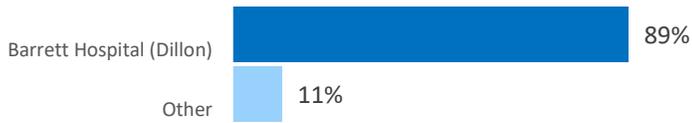
Hospital's reputation for quality (N=26)



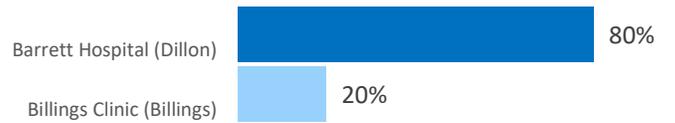
Quality of clinical staff (18)



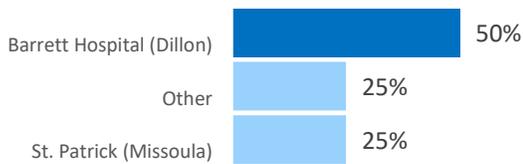
Closest to work (N=9)



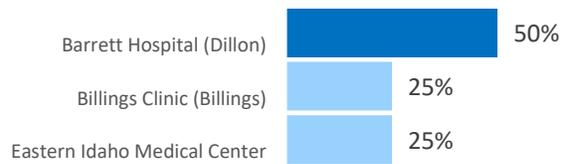
Recommended by family or friends (N=5)



Cost of care (N=4)



Required by insurance plan (N=4)



VA/Military requirement (N=3)



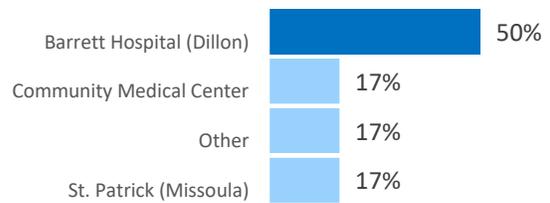
Privacy/confidentiality (3)



Financial assistance programs (N=1)



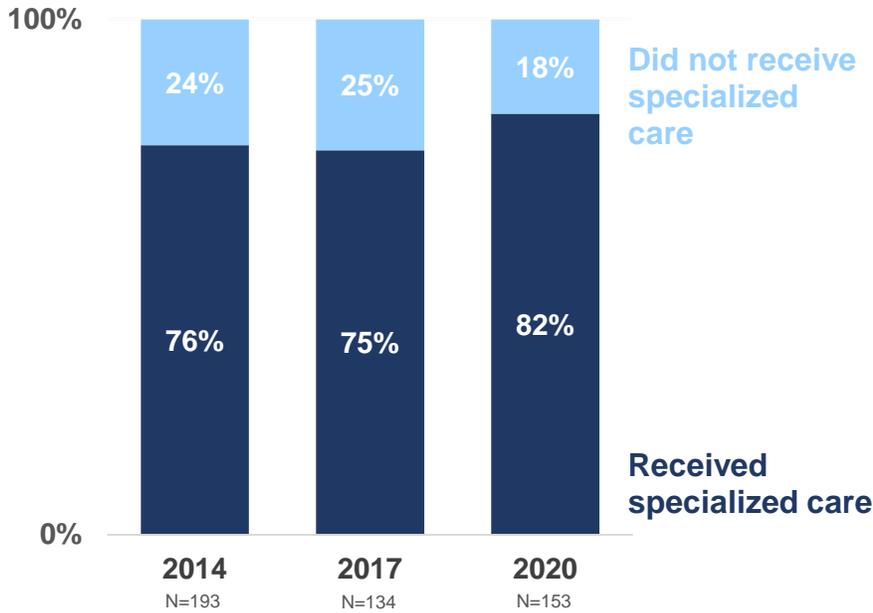
Other (N=6)



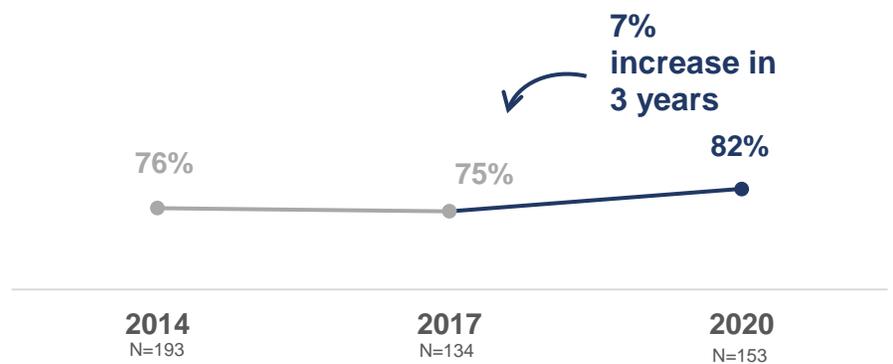
Specialty Care Services (Question 20)

Eighty-two percent of the respondents (n=125) indicated they or a household member had seen a healthcare specialist during the past three years, while 18.3% (n=28) indicated they had not.

Most people saw a specialist in the past 3 years



More people reported receiving specialty care in 2020



Location of Healthcare Specialist(s) (Question 21)

Of the 125 respondents who indicated they saw a healthcare specialist in the past three years, 40% (n=50) went to Butte. Bozeman specialty services were utilized by 37.6% of respondents (n=47), and 36% utilized services in Dillon.

Location of Specialist	2014 %(n)	2017 %(n)	2020 %(n)	SIGNIFICANT CHANGE
Number of respondents	146	100	125	
Butte	38.4% (56)	40.0% (40)	40.0% (50)	<input type="checkbox"/>
Bozeman	32.9% (48)	48.0% (48)	37.6% (47)	<input type="checkbox"/>
Dillon	47.3% (69)	37.0% (37)	36.0% (45)	<input type="checkbox"/>
Missoula	37.0% (54)	24.0% (24)	28.0% (35)	<input type="checkbox"/>
Billings	2.7% (4)	5.0% (5)	6.4% (8)	<input type="checkbox"/>
Anaconda			5.6% (7)	<input type="checkbox"/>
Helena	6.2% (9)	11.0% (11)	4.8% (6)	<input type="checkbox"/>
Idaho Falls			4.8% (6)	<input type="checkbox"/>
Other	15.1% (22)	15.0% (15)	10.4% (13)	<input type="checkbox"/>

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

“Other” comments included Salt Lake City, Deer Lodge, through telemedicine, Sheridan, Hamilton, Blackfoot ID, and Florida.

Type of Healthcare Specialist Seen (Question 22)

The respondents (n=125) saw a wide array of healthcare specialists in the past three years. The most frequently indicated specialist was “Dentist” with 31.2% of respondents (n=39) having utilized their services. “Dermatologist” was the second most utilized specialist at 27.2% (n=34), followed by “Orthopedic surgeon” at 21.6% (n=27). Respondents were asked to choose all that apply, so percentages do not equal 100%.

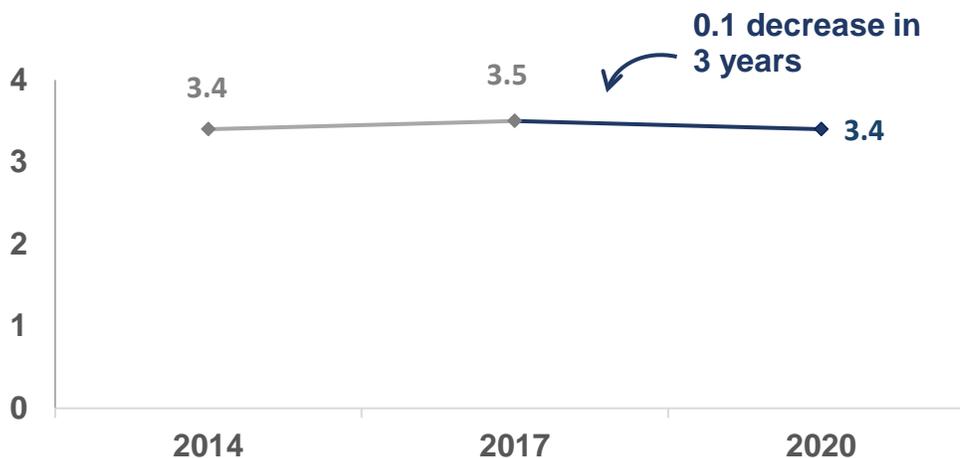
Type of Specialists Seen	2014 %(n)	2017 %(n)	2020 %(n)	SIGNIFICANT CHANGE
Number of respondents	146	100	125	
Dentist	33.6% (49)	20.0% (20)	31.2% (39)	<input type="checkbox"/>
Dermatologist	24.7% (36)	26.0% (26)	27.2% (34)	<input type="checkbox"/>
Orthopedic surgeon	22.6% (33)	30.0% (30)	21.6% (27)	<input type="checkbox"/>
Optometrist			20.0% (25)	<input type="checkbox"/>
Cardiologist	18.5% (27)	17.0% (17)	17.6% (22)	<input type="checkbox"/>
Chiropractor	14.4% (21)	10.0% (10)	12.0% (15)	<input type="checkbox"/>
Physical therapist	12.3% (18)	9.0% (9)	12.0% (15)	<input type="checkbox"/>
ENT (ear/nose/throat)	13.7% (20)	14.0% (14)	10.4% (13)	<input type="checkbox"/>
Ophthalmologist	15.8% (23)	16.0% (16)	10.4% (13)	<input type="checkbox"/>
General surgeon	15.1% (22)	15.0% (15)	9.6% (12)	<input type="checkbox"/>
Gastroenterologist	8.2% (12)	5.0% (5)	8.0% (10)	<input type="checkbox"/>
Urologist	11.0% (16)	13.0% (13)	8.0% (10)	<input type="checkbox"/>
OB/GYN	11.6% (17)	10.0% (10)	7.2% (9)	<input type="checkbox"/>
Audiologist			6.4% (8)	<input type="checkbox"/>
Allergist	11.6% (17)	5.0% (5)	5.6% (7)	<input type="checkbox"/>
Oncologist	11.0% (16)	12.0% (12)	5.6% (7)	<input type="checkbox"/>
Radiologist	13.7% (20)	12.0% (12)	5.6% (7)	<input type="checkbox"/>
Rheumatologist	3.4% (5)	5.0% (5)	5.6% (7)	<input type="checkbox"/>
Mental health counselor	7.5% (11)	2.0% (2)	4.8% (6)	<input type="checkbox"/>
Neurologist	7.5% (11)	9.0% (9)	4.8% (6)	<input type="checkbox"/>
Podiatrist	5.5% (8)	9.0% (9)	4.0% (5)	<input type="checkbox"/>
Neurosurgeon	3.4% (5)	2.0% (2)	3.2% (4)	<input type="checkbox"/>

Pediatrician	3.4% (5)	6.0% (6)	3.2% (4)	<input type="checkbox"/>
Psychiatrist (M.D)	4.1% (6)	4.0% (4)	3.2% (4)	<input type="checkbox"/>
Pulmonologist	4.1% (6)	2.0% (2)	2.4% (3)	<input type="checkbox"/>
Psychologist	2.1% (3)	2.0% (2)	1.6% (2)	<input type="checkbox"/>
Endocrinologist	6.8% (10)	1.0% (1)	0.8% (1)	<input checked="" type="checkbox"/>
Occupational therapist	3.4% (5)	3.0% (3)	0.8% (1)	<input type="checkbox"/>
Social worker	0.7% (1)	0.0% (0)	0.8% (1)	<input type="checkbox"/>
Speech therapist	2.1% (3)	0.0% (0)	0.8% (1)	<input type="checkbox"/>
Dietician	2.1% (3)	1.0% (1)	0.0% (0)	<input type="checkbox"/>
Geriatrician	0.0% (0)	0.0% (0)	0.0% (0)	<input type="checkbox"/>
Substance abuse counselor	0.0% (0)	1.0% (1)	0.0% (0)	<input type="checkbox"/>
Other	8.2% (12)	7.0% (7)	8.8% (11)	<input type="checkbox"/>

Overall Quality of Care at Barrett Hospital & HealthCare (Question 23)

Respondents were asked to rate various services available at Barrett Hospital & HealthCare. Respondents were asked to rate the services using the scale of 4= Excellent, 3= Good, 2= Fair, 1=Poor and Haven't Used. The service(s) that received the highest score were Home health/Hospice, and Infusion services/chemotherapy both receiving a 3.8 out of 4.0, followed by general surgery, which received a 3.7 out of 4.0. Overall, the average rating on quality and availability of the health services listed was a 3.4 out of 4.0.

Overall Ranking (2014-2020)



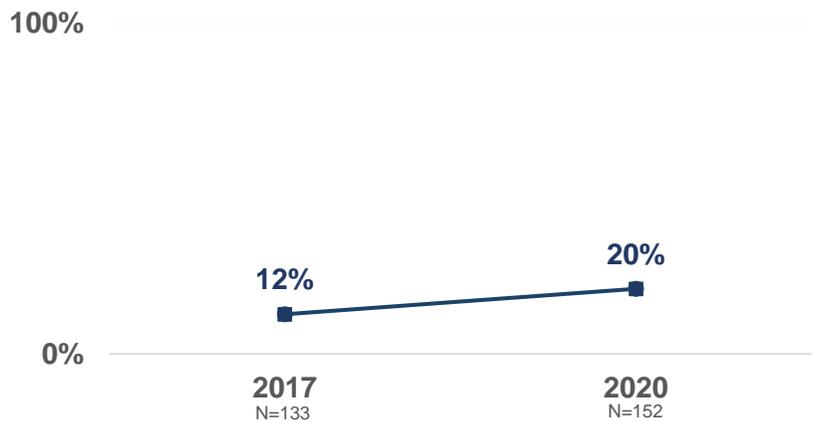
Quality of Care Rating	2014 Average(n)	2017 Average(n)	2020 Average(n)	SIGNIFICANT CHANGE
4 Point Scale: Poor = 1, Fair = 2, Good = 3, Excellent = 4				
Total number of respondents	204	139	156	
Home health/Hospice	3.5	3.2	3.8	<input type="checkbox"/>
Infusion services/chemotherapy		3.0	3.8	<input type="checkbox"/>
General surgery	3.5	3.8	3.7	<input checked="" type="checkbox"/>
Hospital birth services/obstetrics	3.1	2.8	3.6	<input type="checkbox"/>
Physician clinics/office visit	3.4	3.6	3.6	<input checked="" type="checkbox"/>
Radiology services	3.5	3.6	3.6	<input type="checkbox"/>
Tele-psychiatry		1.0	3.6	<input checked="" type="checkbox"/>
Transitional care (post-acute care)			3.6	<input type="checkbox"/>
Emergency room	3.4	3.6	3.5	<input type="checkbox"/>
Gynecologic services	2.9	3.3	3.5	<input checked="" type="checkbox"/>
Laboratory services	3.4	3.7	3.5	<input checked="" type="checkbox"/>
Rehabilitation services (cardiac, pulmonary)	3.5	3.2	3.5	<input type="checkbox"/>
Inpatient services/hospital stay	3.3	3.6	3.4	<input type="checkbox"/>
Rehabilitation services (physical, occupational)			3.4	<input type="checkbox"/>
Urology services			3.4	<input type="checkbox"/>
Walk in clinic		3.5	3.4	<input type="checkbox"/>
Cardiopulmonary services (stress tests, sleep lab)			3.3	<input type="checkbox"/>
Eye (cataract) surgery			3.3	<input type="checkbox"/>
Orthopedics	3.4	3.2	3.3	<input type="checkbox"/>
Pharmacy clinics		3.5	3.3	<input type="checkbox"/>
Behavioral health services		3.1	3.2	<input type="checkbox"/>
Nutrition/dietician services			3.1	<input type="checkbox"/>
Overall average	3.4	3.5	3.4	<input type="checkbox"/>

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

Prevalence of Depression (Question 24)

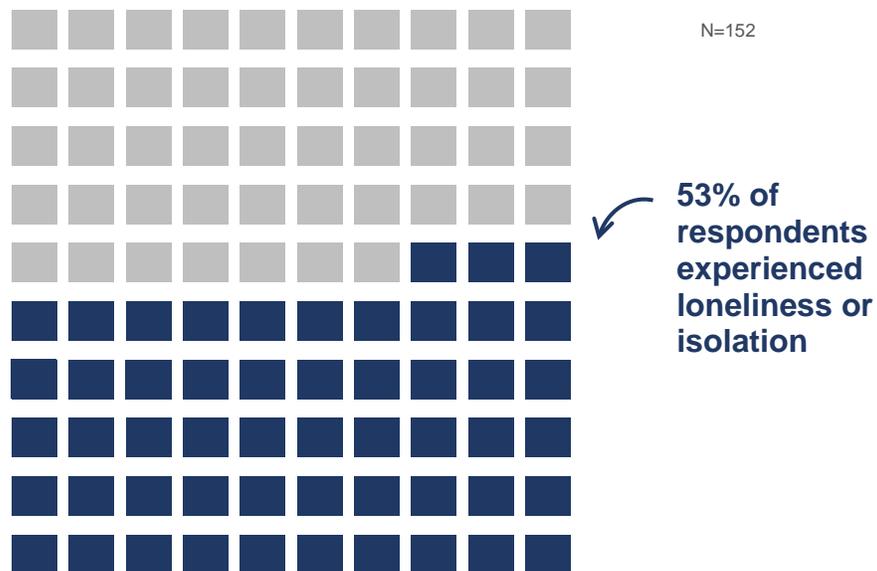
Respondents were asked to indicate if there were periods of at least three consecutive months in the past three years where they felt depressed on most days. Twenty percent of respondents (n=30) indicated they had experienced periods of depression, and 80% of respondents (n=122) indicated they had not.

20% of 2020 respondents felt depressed on most days for 3 consecutive months



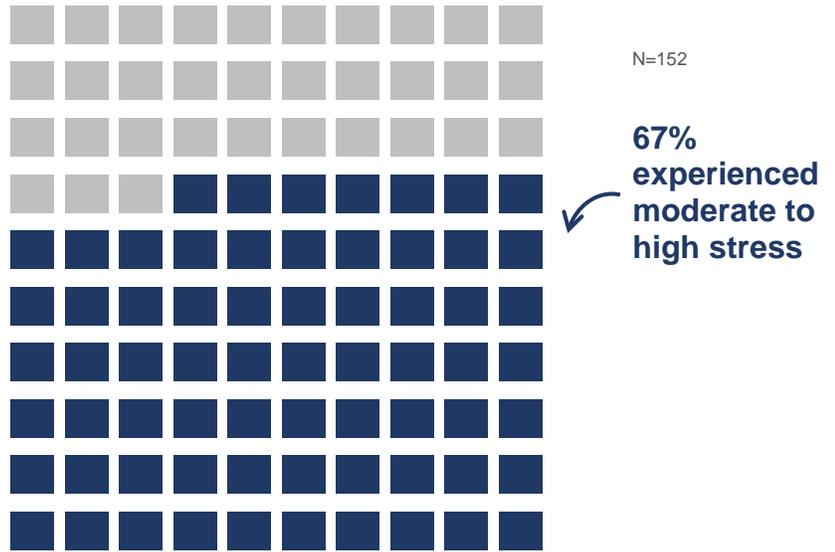
Social Isolation (Question 25)

Respondents were asked to indicate how often they felt lonely or isolated in the past year. Forty-seven percent of respondents (n=71) indicated they never felt lonely or isolated. Thirty percent of respondents (n=45) indicated they occasionally felt lonely or isolated, and 7% (n=11) reported they felt lonely or isolated most days or every day. Four respondents chose not to answer this question



Perception of Stress (Question 26)

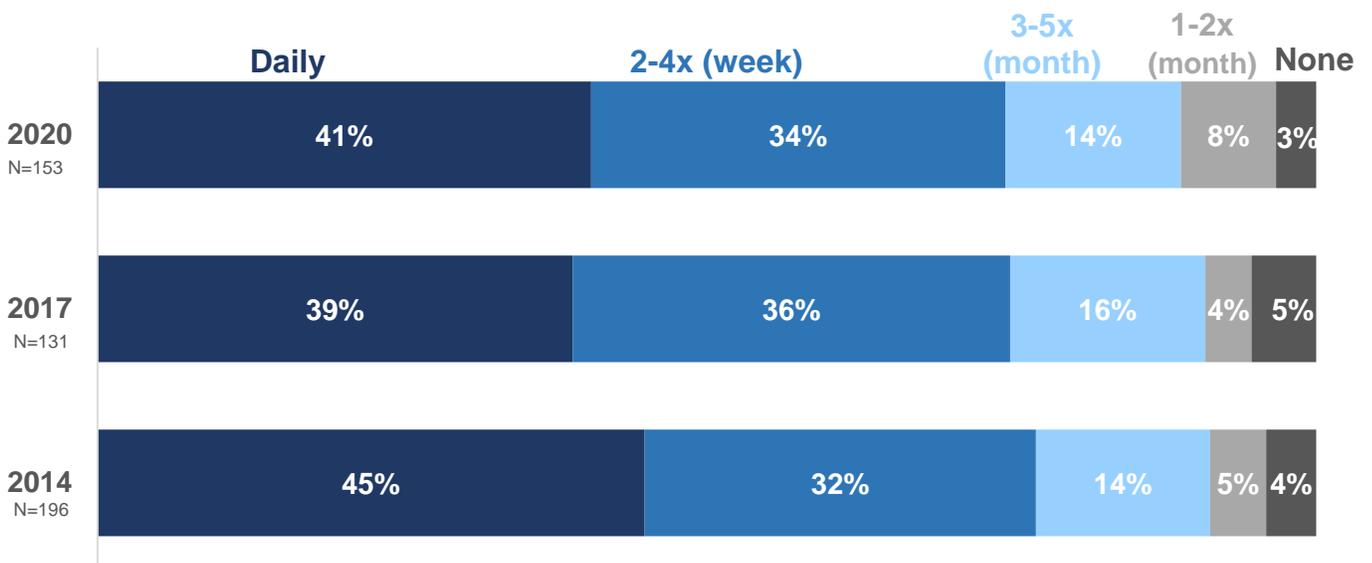
Respondents were asked to indicate how they would describe their stress level over the past year. Fifty-one percent of respondents (n=77) indicated they experienced a moderate level of stress, 29% (n=44) had a low level of stress, and 16% of respondents (n=24) indicated they had experienced a high level of stress. Four respondents chose not to answer this question.



Physical Activity (Question 27)

Respondents were asked to indicate how frequently they had physical activity for at least twenty minutes over the past month. Forty-one percent of respondents (n=62) indicated they had physical activity “Daily”, and 34% percent (n=52) indicated they had physical activity of at least twenty minutes “2-4 times per week”. Three percent of respondents (n=5) indicated they had “No physical activity”.

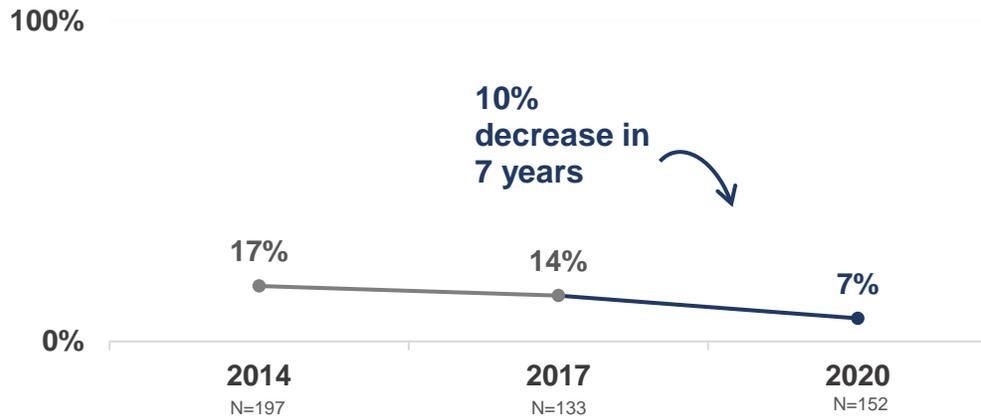
The majority of respondents have daily physical activity



Cost and Prescription Medications (Question 28)

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 percent of respondents (n=11) indicated that in the last year cost had prohibited them from getting a prescription or taking their medication regularly. Ninety-three percent of respondents (n=141) indicated that cost had not prohibited them.

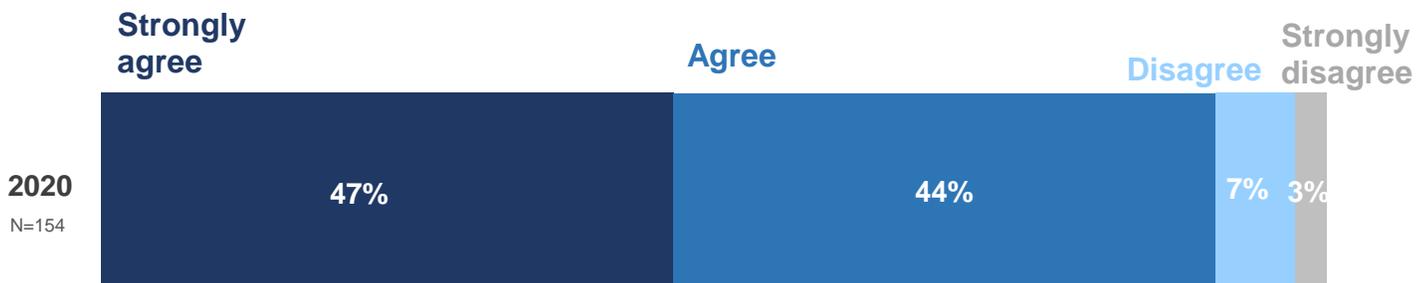
***Significantly fewer respondents report that prescription cost prevented them from getting or taking medication regularly in 2020 as compared to 2014 and 2017**



Basic Needs (Question 29)

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, 47% strongly agreed that their basic needs were met (n=72), 44% agreed their needs were met.

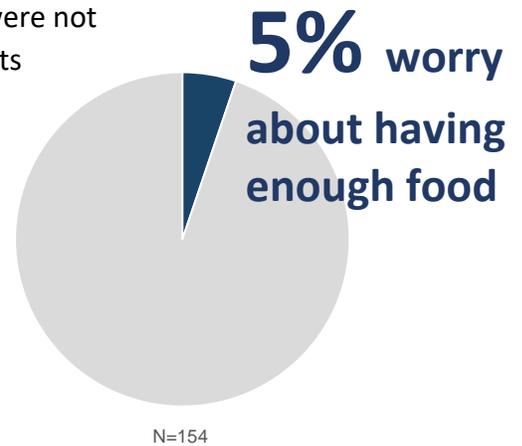
90% of respondents have the financial resources to meet their basic needs



10% of respondents disagreed or strongly disagreed that their basic needs were being met

Food Insecurity (Question 30)

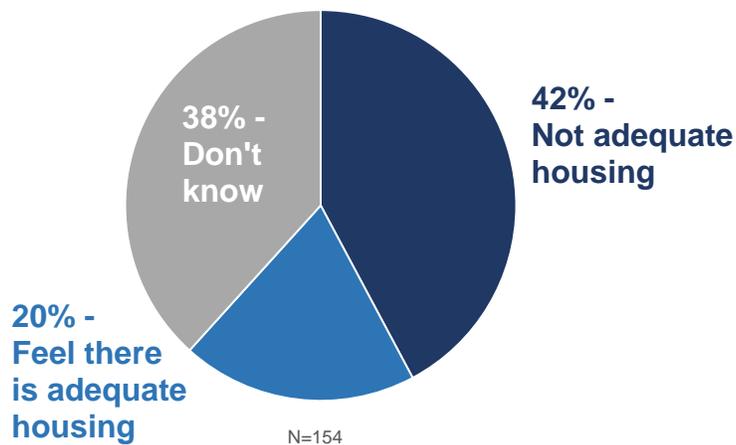
Respondents were asked to indicate if during the last year, they had worried that they would not have enough food to eat. The majority, 95% were not worried about having enough food to eat (n=146). Two respondents chose not to answer this question.



Housing (Question 31)

Respondents were asked to indicate if they felt the community has adequate and affordable housing options available. Forty-two percent of respondents (n=65) indicated that there is not adequate and affordable housing options available in the community, 38% (n=59) indicated they were unsure, and 20% (n=30) indicated that there was.

42% of respondents do not feel there is adequate housing available in the community



Safety in the Home (Question 32)

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-eight percent of respondents (n=90) agreed strongly that they felt safe at home and 37% (n=57) agreed. Four percent (n=6) indicated they did not feel safe at home. Two respondents chose not to answer this question.

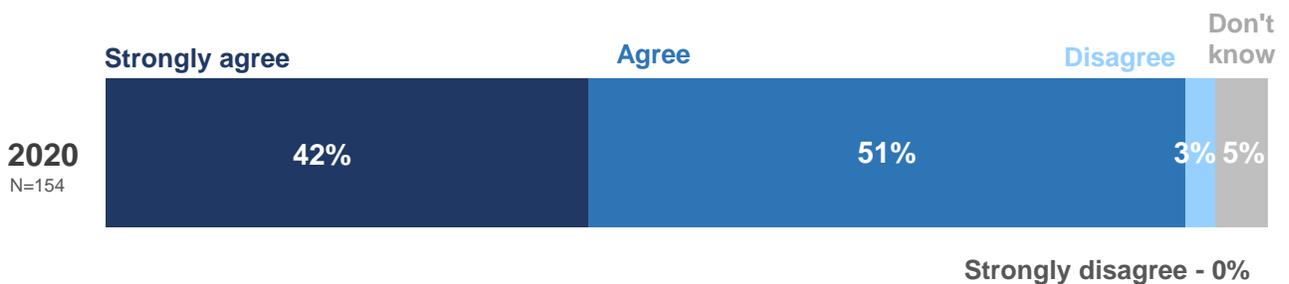
58% of the respondents strongly agree they feel safe at home



Good Place to Raise Children (Question 33)

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 (51%, n= 79), agreed it was a good place to raise children. Three percent (n=4) disagreed that the community is a good place to raise children. Two respondents chose not to answer this question.

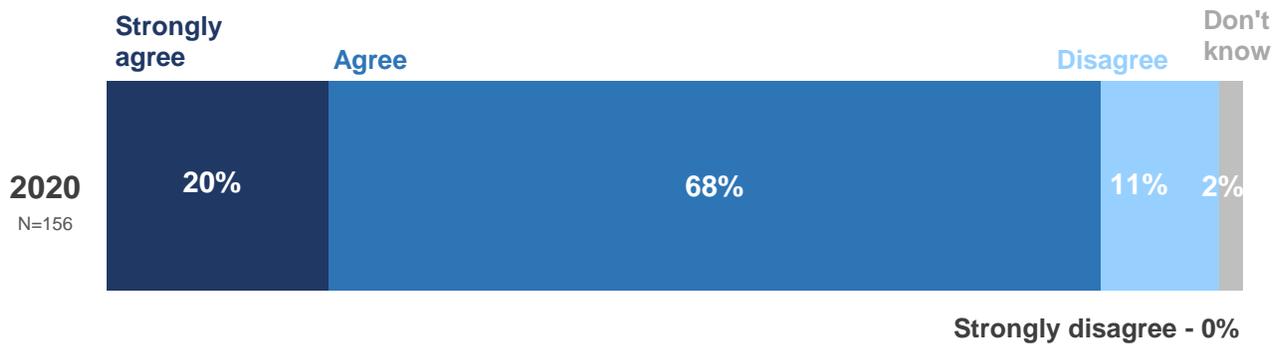
93% of the respondents strongly agree or agree that their community is a good place to raise children



Emergency Preparedness (Question 34)

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. Nearly 90% (n=134) agreed/strongly agreed that they were prepared for an emergency. Eleven percent (n=16) disagreed that they were prepared for an emergency.

Close to 90% of respondents strongly agree or agree they are prepared for an emergency



Good Location to Grow Old (Question 35)

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-nine percent of respondents (n=90) agreed that the community was a good place to grow old, 20% (n=30) strongly agreed, and 12% (n=18) disagreed. Three respondents chose not to answer this question.

Nearly 80% of respondents strongly agree or agree the community is a good place to grow old



Medical Insurance Type (Question 36)

Respondents were asked to indicate what type of medical insurance covers the majority of their medical expenses. Thirty-two percent (n=50) indicated they have “Medicare” coverage. Thirty percent (n=47) indicated they have “Employer sponsored” coverage, and 15.4% (n=24) indicated they had insurance coverage “Other” than those options listed.

Type of Health Insurance	2014 %(n)	2017 %(n)	2020 %(n)	SIGNIFICANT CHANGE
Number of respondents	204	139	156	
Medicare	28.6% (48)	35.7% (41)	32.1% (50)	<input type="checkbox"/>
Employer sponsored	39.9% (67)	37.4% (43)	30.1% (47)	<input checked="" type="checkbox"/>
Medicaid	0.0% (0)	4.3% (5)	7.1% (11)	<input checked="" type="checkbox"/>
Private insurance/private plan	12.5% (21)	3.5% (4)	5.8% (9)	<input checked="" type="checkbox"/>
None/pay out of pocket	8.3% (14)	4.3% (5)	3.2% (5)	<input type="checkbox"/>
Health Insurance Marketplace		5.2% (6)	2.6% (4)	<input type="checkbox"/>
VA/military	0.6% (1)	2.6% (3)	1.9% (3)	<input type="checkbox"/>
Healthy MT Kids	4.2% (7)	1.7% (2)	1.3% (2)	<input type="checkbox"/>
Health Savings Account	1.8% (3)	2.6% (3)	0.6% (1)	<input type="checkbox"/>
Indian Health	0.0% (0)	0.0% (0)	0.0% (0)	<input type="checkbox"/>
State	3.6% (6)			<input type="checkbox"/>
Other*	0.6% (1)	2.6% (3)	15.4% (24)	<input checked="" type="checkbox"/>
TOTAL	100% (168)	100% (115)	100% (156)	

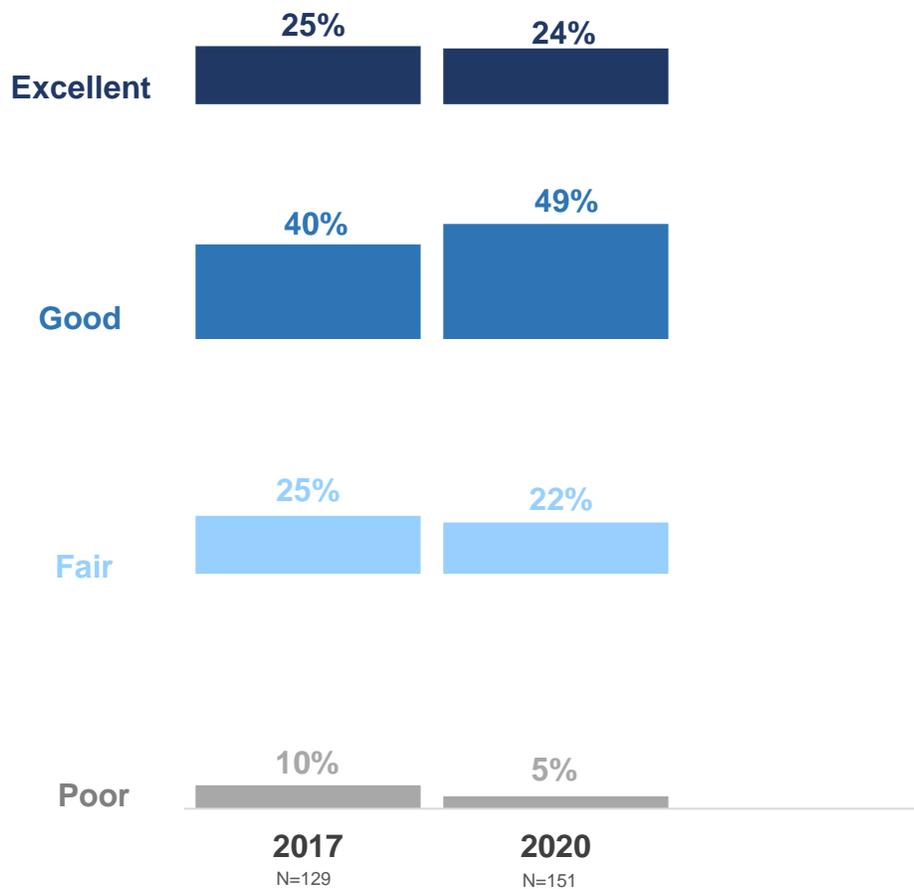
A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Grayed out cells indicate the question was not asked that year. *Respondents (N=20) who selected over the allotted amount were moved to “Other”.

“Other” comments included Medicare supplements and Christian Healthcare cost sharing program.

Insurance and Healthcare Costs (Question 37)

Respondents were asked to indicate how well they feel their health insurance covers their healthcare costs. Forty-nine percent of respondents (n=74) indicated they felt their insurance covers a “Good” amount of their healthcare costs. Twenty-four percent of respondents (n=36) indicated they feel their insurance was “Excellent”, and 22% of Respondents (n=33) indicated they felt their insurance was “Fair.”

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



Barriers to Having Insurance (Question 38)

For those who indicated they did not have insurance (n=5), the main reasons selected for not having insurance were “Cannot afford to pay for medical insurance” and “Employer does not offer insurance”. Respondents could select all that apply.

Reasons for No Health Insurance	2014 %(n)	2017 %(n)	2020 %(n)	SIGNIFICANT CHANGE
Number of respondents	14	5	5	
Can't afford to pay for medical insurance	100% (14)	80% (4)	80% (4)	<input type="checkbox"/>
Employer does not offer insurance	42.9% (6)	0.0% (0)	20% (1)	<input type="checkbox"/>
Choose not to have medical insurance	0.0% (0)	40% (2)	0.0% (0)	<input type="checkbox"/>
Too confusing/don't know how to apply			0.0% (0)	<input type="checkbox"/>
Other	0.0% (0)	20% (1)	0.0% (0)	<input type="checkbox"/>

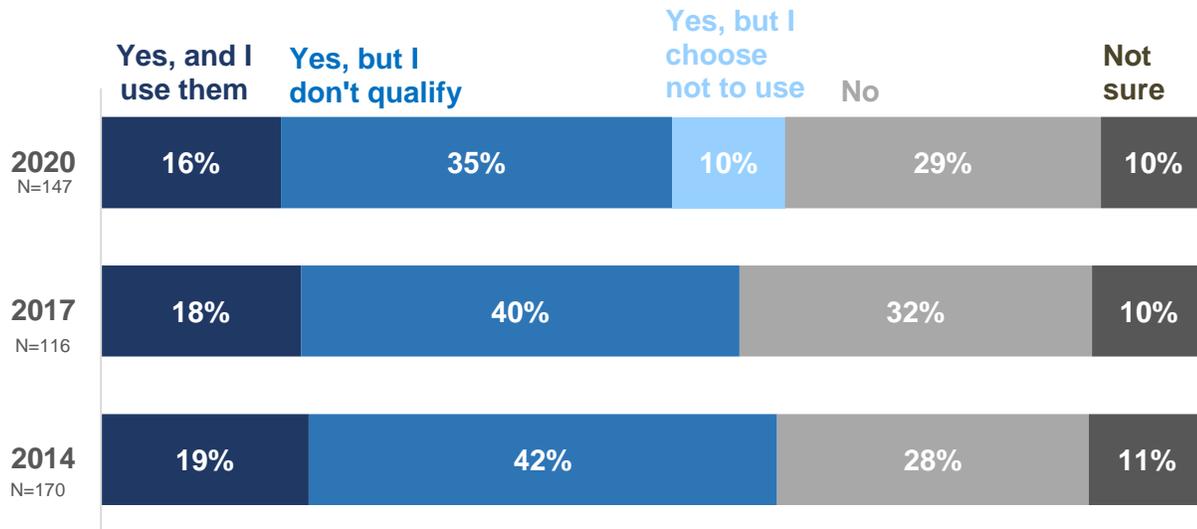
A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Grayed out cells indicate the question was not asked that year.

“Other” comments included prefer healthcare sharing program

Awareness of Health Cost Assistance Programs (Question 39)

Respondents were asked to indicate their awareness of programs that help people pay for healthcare bills. Thirty-five percent of respondents (n=52) indicated they were aware of these types of programs but did not qualify to utilize them and 29% (n=42) indicated that they were not.

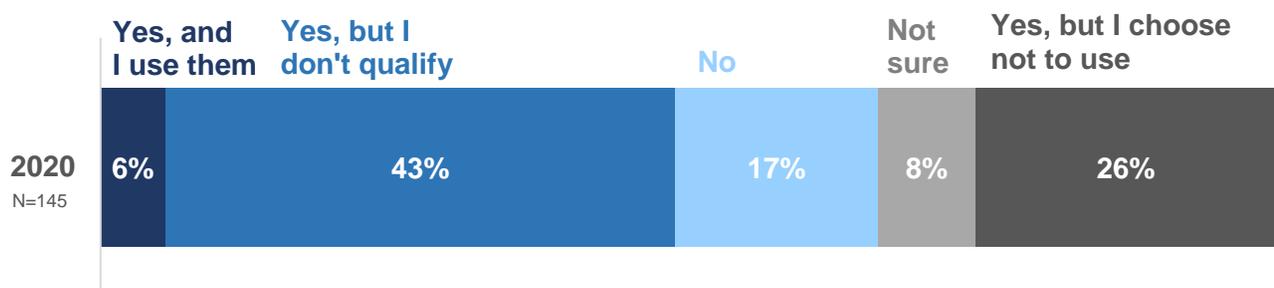
The majority of respondents are aware of cost assistance programs



Awareness of Essential Service Assistance Programs (Question 40)

Respondents were asked to indicate their awareness of programs that help people pay for essential services such as food, utilities, housing, etc. Forty-three percent of respondents (n=63) indicated they were aware of these types of programs but did not qualify to utilize them and 26% (n=37) indicated they were aware but chose not to utilize them and 17% (n=25) indicated they were unaware. Eleven respondents chose not to answer this question.

Awareness of programs that help pay for essential services





KEY INFORMANT INTERVIEW RESULTS

Key Informant Interview Methodology

Fifteen key informant interviews were conducted in March and April of 2020. Participants were identified as people living in Barrett Hospital & Healthcare’s and the Beaverhead County Health Department’s service area.

The key informant interviews were designed to represent various consumer groups of healthcare including senior citizens, local community members, and community leaders. The interviews lasted up to 15 minutes in length and followed the same line of questioning. Key informant interview transcripts can be found in Appendix H. Interviews were conducted and transcribed by staff of the Montana Office of Rural Health.



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 G.

ACCESS TO HEALTH CARE SERVICES



Interviewees were thankful for the hospital and clinical services available locally. Generally, access to healthcare services and affordability were identified as concerns. Most areas of access were related to insurance and healthcare affordability. This ranged from the loss of the Public Assistance Office to difficulty accessing Veteran’s care.

While most interviewees obtained their healthcare services locally, reasons discussed for why people leave town were related to needing access to specialty care not available locally. However, some indicated they choose to obtain healthcare services out of town due to prior experiences and impression of local services. Another access point discussed was at the Walk-in-Clinic. While very appreciative to have a walk-in-clinic available, it was noted that an adjustment in hours could enhance access for those who cannot leave work or need Saturday services.

A desire for additional specialists providing care locally was mentioned, recognizing this may be best achieved utilizing visiting specialists. One key informant discussed a desire for enhanced access to naturopathic or eastern practices such as massage and acupuncture to enhance the healing process.

MENTAL & BEHAVIORAL HEALTH



Mental health services were overwhelmingly identified as a need in the community. Specifically, counseling, family and couples' therapy, and addiction/rehabilitation services. It was also noted there are concerns related to isolation, depression and suicide.

Participants additionally acknowledged the prevailing mentality of self-sufficiency or "pulling yourself up by your bootstraps" rather than reaching out for help or accepting assistance.

HEALTH & WELLNESS



Generally, key informant interviewees felt the Dillon community was relatively healthy. They noted the larger retired/senior population and the services and different needs they may have.

Areas of opportunity identified were encouraging better utilization of available local resources such as the trail systems, ice rink, etc. Interviewees were interested in promoting wellness and enhancing access to healthy foods.

One comment was related to the Dillon community infrastructure noting the need for "better streets and sidewalks" to encourage people to walk or ride their bikes rather than drive.

SERVICES NEEDED IN THE COMMUNITY

- More mental health resources
- Affordable healthcare
- Paid staff for EMS
- Economic growth
- Support services for low-income individuals/families
- General/basic retail





EXECUTIVE SUMMARY

Executive Summary

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

Areas of Opportunity	Secondary Data	Survey	Key Informants
Access to Healthcare Services			
Barriers to access			
<i>Higher rates of persons (adults & children) below poverty level</i>	⊗	✓	☑
- <i>Cost of care, Insurance & payment assistance</i>			
<i>Hours of access- walk-in clinic</i>			☑
<i>Veteran's services</i>			☑
Specialty services		✓	☑
EMS			☑
Behavioral Health			
Mental health services/resources			
<i>Higher rates of poor mental health days</i>	⊗	✓	☑
<i>Stress/social isolation/depression/suicide</i>		✓	☑
Alcohol & substance abuse			
<i>Addiction & rehabilitation services</i>		✓	☑
<i>Counseling & therapy services</i>		✓	☑
Health Measures			
Chronic Conditions			
<i>Rates of 2+ chronic conditions highest in MT frontier</i>	⊗		
<i>Higher asthma related emergency department visit rate</i>	⊗		
<i>Higher myocardial infarction hospitalization rate</i>	⊗		

Health & wellness- education & opportunities



Injury prevention & safety

Higher rates of no seatbelt use



Higher rates of drinking & driving



Higher rates of texting & driving



Higher rates of unintentional injury death rate





NEXT STEPS & RESOURCES

Prioritization of Health Needs

The community steering committee, comprised of staff leaders from Barrett Hospital & HealthCare (BHH) and Beaverhead County Health Department (BCHD), begin an implementation planning process to systematically and thoughtfully respond to addressable 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 healthcare services

Barrett Hospital & HealthCare and Beaverhead County Health Department will determine which needs or opportunities could be addressed considering their 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
 - Hospital inpatient (including transitional care) and outpatient services
 - Clinic (including Walk-in)
 - Home Health & Hospice

- Beaverhead County Public Health
 - Beaverhead Family Planning & Immunization Clinic

- Other healthcare providers:
 - Southwest Montana Community Health Center
 - Montana Migrant & Seasonal Farmworkers Council
 - Local optometrists, dentists, and chiropractors
 - Local pharmacies
 - Beaverhead Emergency Medical Services
 - Outlying ambulance and QRU services (Lima, Polaris, Wisdom, Ruby Valley)
 - Beaverhead Urgent Care
 - Ortho Rehab, Inc.
 - Dillon Medical Supply

- Long Term Care Facilities
 - Pioneer Care & Rehabilitation Center
 - Tobacco Root Mountain Care Center

- Assisted Living facilities
 - Renaissance
 - Legacy

- Mental Health/ Disability Services
 - Local LCPC and LCSW providers
 - BSW, Inc. Dillon Division
 - Beaverhead County Local Advisory Committee for Mental Health
 - Crisis Response Team of Western Montana Mental Health
 - Southwest Chemical Dependency Program
 - Dillon Alanon Club
 - 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:
 - District 10 (Parkview Elementary and Dillon Middle School)
 - Beaverhead County High School
 - Lima, Twin Bridges, and Sheridan Schools
 - Rural schools
 - University of Montana Western
 - Montana Youth Challenge Academy

- Community Resources:
 - Dillon Volunteer Fire Department
 - Women’s Resource/ Community Support Center
 - New Hope Pregnancy Support Center of Dillon
 - Beaverhead DUI Task Force
 - Montana Be the Change Coalition
 - LOVE, INC.
 - Beaverhead Wood Bank
 - Beaverhead Community Food Bank
 - Meals on Wheels
 - St. Rose Community Basement
 - Beaverhead Senior Citizens
 - Low income/ disabled/ senior housing
 - 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.

- Service Organizations:
 - Soroptomists
 - Rotary
 - Kiwanis
 - Lions
 - Jaycees
 - United Way

- Government Resources:
 - Dillon city government including Dillon Police Department and City Bus
 - Beaverhead County government including Beaverhead County Sheriff’s Dept
 - Beaverhead County Disaster & Emergency Services/ Local Emergency Planning Committee (LEPC)
 - Adult Protective Services
 - Child Protective Services

- Montana Department of Public Health & Human Services (MT DPHHS)
- Montana Office of Rural Health/Area Health Education Center (MORH/AHEC)

- Fitness Resources:
 - Beaverhead Trails Coalition
 - Safe Routes to School Program/ Walking School Bus Program
 - Southwestern Montana Family YMCA
 - CrossFit Dillon
 - Bike/Walk Southwest Montana
 - Montana Running Co.
 - Beaverhead Amateur Hockey Association
 - Dillon Little Guy Wrestling
 - Jaycee's Little Skier Program
 - Dillon Youth Flag Football League
 - Shine Dance Studio
 - Youth 4-H Programs
 - Girl Scouts
 - Boy Scouts
 - Beaverhead Sno-Riders
 - Beaverhead Golf Course
 - Maverick Mountain Ski Area

- Regional & National Affiliations
 - The Montana Rural Healthcare Performance Improvement Network
 - Mountain Pacific Quality Health
 - The MHA Hospital Improvement Innovation Network (HIIN)
 - The Montana Hospital Association (MHA)
 - Providence Health & Services Community Connect EMR
 - HealthTechS3
 - Caravan Health Accountable Care Organization

Evaluation of Previous CHNA & Implementation Plan

Barrett Hospital & HealthCare 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 September 26, 2017. The plan prioritized the following health issues:

- Awareness, outreach and education
- Health, wellness and promoting healthy lifestyles
- Drug and alcohol abuse
- Mental health and suicide

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

<https://www.barrethospital.org/>

Goal 1: Improve awareness of services and practices at BHHHC.

	Activities	Accomplishments	Community Impact/Outcomes
Strategy 1.1: Improve community perception and understanding of hospital billing processes.	Explore offering educational programs for community members regarding hospital’s billing process.	<ul style="list-style-type: none"> • Promoted PFS billing processes in Annual Community Benefit Report/ Elevate Magazine Summer edition 9/17 • Follow up with proposed Patient Financial Advocate ad campaign with Patient & Family Advisory Council 1/18 • PAC reviewing pt. education materials re understanding and choosing insurance 11/18 • Price transparency program up and running on new website 1/19 	<p><i>Improved patient satisfaction survey scores of patient financial services over baseline conducted in Fall 2017.</i></p> <p><i>Question 1: 64% strongly agree, 32% agree, 4% neutral</i></p> <p><i>Question 2: 48% strongly agree, 40% agree, 12% neutral</i></p> <p><i>Question 3: 52% strongly agree, 40% agree, 8% neutral</i></p> <p>2020=</p> <p><i>Question 1: 90% strongly agree, 10% agree, 0% neutral</i></p> <p><i>Question 2: 45% strongly agree, 29% agree, 23% neutral, strongly disagree 3%</i></p> <p><i>Question 3: 74% strongly agree, 26% agree, 0% neutral</i></p>
	Advertise financial counseling services to community.	<ul style="list-style-type: none"> • Promoted Financial Assistance Policy in Annual Community Benefit Report/ Elevate Magazine Summer edition 9/17 • Financial Assistance flyers updated and redistributed to schools, churches, assistance offices, food banks, etc. throughout Beaverhead and Western Madison County 1/18 • FA screening and info on new hospital website 1/19 	<p><i>Improved % of CHNA respondents with knowledge of BHH health services & awareness of financial assistance in 2020 CHNA.</i></p> <p><i>Knowledge of services good/excellent</i></p> <p><i>2017=79.6% - 2020= 76%</i></p> <p><i>Awareness of financial assistance</i></p> <p><i>2017=57.8% - 2020=61%</i></p>

	<p>Improve BHHC staff and provider knowledge of billing process to better communicate billing process to patients.</p>	<ul style="list-style-type: none"> Designed internal ads explaining the role of PFS as Patient Financial Advocates 1/18 	
<p>Strategy 1.2: Help patients better maximize and understand their medical benefits.</p>	<p>Explore offering community education on medical benefits including private insurance, Medicare and Medicaid.</p>	<ul style="list-style-type: none"> Developed educational flyers: "Questions to Consider when Selecting an Insurance Plan" and "Is My Provider/ Hospital in Network with my Insurance Plan?" and distributed throughout Beaverhead and Western Madison Counties with Financial Assistance program flyers 1/18 Updated educational flyers with the assistance of the PAC 3/19 	<p><i>Decreased number of negative comments regarding billing process in 2020 CHNA focus groups.</i></p> <p>2017= 8 - 2020= 0</p>
	<p>Collaborate with insurance companies to explore offering pre-authorization of services education for the community. If feasible, develop new pre-authorization education protocol for BHHC patients.</p>	<ul style="list-style-type: none"> BCBS representative on-site to review pre-authorization process 12/17 	
<p>Strategy 1.3: Strengthen advertising and outreach efforts at BHHC.</p>	<p>Evaluate current BHHC website effectiveness and user- friendliness; prioritize and implement changes as indicated.</p>	<ul style="list-style-type: none"> BCBS representative on-site to review pre-authorization process 12/17 	<p><i>Increased utilization of BHH and visiting specialist services and lower % of CHNA respondents requesting more specialists.</i></p> <p><i>Visiting Specialist Visits 2016/2017</i> 2016=2119</p> <p><i>Butte Urology - 0/112/240/296</i> <i>Bozeman Urology - 603/571/258/177</i> <i>Bozeman Cancer Center: Dr. Castillo - 132/155/133/106</i> <i>Bridger Ortho: Dr. Slocum - 123/118/55/43</i> <i>GYN Dr Lifson - 793/746/761/714</i> <i>Oncology CHA: Dr. Hueftle - 6/49/69/77</i> <i>Podiatry Dr. Dickemore - 432/610/457/542</i> <i>Butte Oncology - 0/0/23/7</i> <i>Providence Telepsychiatry - 0/0/95/194</i></p>
	<p>Add calendar of events and schedules of visiting specialist to website, BHHC social media sites and International Newsletter.</p>	<ul style="list-style-type: none"> Implemented monthly tracking report for volumes of visits being seen here by our visiting specialists. 1/18 Calendar of events on new web site 1/19 	
	<p>Evaluate BHHC marketing plan and revise as needed.</p>	<ul style="list-style-type: none"> Hired new Marketing Manager 10/17 Updated Marketing Plan and priorities with Marketing Manager and Legato marketing partner June 2018 	<p>2019=2156</p> <p><i>% respondents requesting more specialists</i> 2017=36.7% - 2020= 26.3%</p>

		<ul style="list-style-type: none"> • Mid-year update and review of marketing priorities with Marketing Manager and Leadership 12/18 • FY20 Marketing Plan developed and approved 6/19 	
	Share results of Community Health Needs Assessment and BHC Implementation Plan with community member via social media, website and/or other media.	<ul style="list-style-type: none"> • Completed website posting 9/17 	

Goal 2: Promote health, wellness and healthy lifestyles in Beaverhead County.

	Activities	Accomplishments	Community Impact/Outcomes
<p>Strategy 2.1: Enhance BHC’s presence in the community as a leader in health and wellness programs/initiatives.</p>	<p>Continue to offer/promote BHC community health and wellness programs: The Health Improvement Program (HIP), free sports physicals for students, Trails RX, diabetes education classes, worksite wellness program for BHC employees, South West Montana Mammography Program, child birth classes, lactation education, health fair, lab screenings, car seat safety, trauma prevention education, cancer support group, cardiac and pulmonary rehab programs, etc.</p>	<ul style="list-style-type: none"> • Cardiac Rehab Nurse and Inpatient Physical Therapist presented the Cardiac Rehab Program to Rotary 9/17 • OB Nurse scheduled to present Baby Friendly Designation to Rotary 10/17 • HIP starts fall session with 20 participants. 2017 • Cardio-Pulmonary department begins post-sleep study CPAP education • School District 10 – gym for indoor walking 12/17 • HIP starts January 2018 session with 20 participants. • 5 members of BHC administrative team completed March 17 10K run/walk. • 26 staff and community members participated in “Stop the Bleed” course. • 5 BHC staff completed MT Women’s Triathlon 7/18 • ED Tech/Pediatric Auto Seat Specialist provided community car seat safety education. • Medical Tent staffed by BHC for Beaverhead inaugural Marathon/Half Marathon. • H.I.P. advertising on local grocery carts • H.I.P. fall 2018 class of 23 participants. • Trauma Nurse Coordinator has led 5 community classes on “Stop the Bleed”. • Allevant, Post-acute services specialists, enlisted to expand Swing Bed program to meet transitional care needs. • H.I.P. New Year 2019 class of 21 participants. • Employee Wellbeing Committee promotes activity and educational calendars and awards monthly beginning June 2019. 	<p><i>Decreased % of 2020 CHNA respondents rating the general health of the community as “unhealthy” or “very unhealthy”.</i></p> <p>2017=52% - 2020= 45%</p>

<p>Strategy 2.2: Improve community awareness of existing health and wellness resources in the community.</p>	<p>Develop strategy for disseminating and advertising community resource list</p>	<ul style="list-style-type: none"> • Facebook post of existing known fitness resources in conjunction with Beaverhead County Public Health 1/19 • Transitional Care presentations on KVBD, Rotary, PEO group, St. Pat's. • H.I.P. Fall 2019 class supporting 16 participants. 	<p><i>Decreased % of 2020 CHNA respondents rating the general health of the community as "unhealthy" or "very unhealthy".</i></p> <p><i>2017=52% - 2020= 45%</i></p>
	<p>Partner with Public Health to hold meetings of community health and wellness stakeholders to update resources and continue community-wide discussion on health and wellness.</p>	<ul style="list-style-type: none"> • Facebook post of existing known fitness resources in conjunction with Beaverhead County Public Health with call out to community to add to the list 1/19 • Partnering with Public Health to do combined CHNA in 2020 	
<p>Strategy 2.3: Explore expanding BHC worksite wellness program to include local employers/community members.</p>	<p>Evaluate EEOC "wellness" requirements for employers.</p>	<ul style="list-style-type: none"> • Continuing to watch legislation by the U.S. government, specifically surrounding EEOC Wellness Regulations and the agency's goals of revising its wellness rules. (January 2018 ruling by U.S. court in Washington D.C. vacated the EEOC's plan and required the EEOC to update and redefine the plan). 	<p><i>Additional local employers/ community groups participating in wellness initiatives connected with BHH.</i></p> <p><i>2017= 3</i> <i>Vigilante Electric (lab)</i> <i>Barrett Minerals (lab and RT)</i> <i>School District 10 (PT)</i></p> <p><i>2020= 6</i> <i>Vigilante Electric (lab)</i> <i>Barrett Minerals (lab and RT)</i> <i>School District 10 (PT)</i> <i>KCI (ergonomic assessment)</i> <i>Bank of Commerce (ergonomic assessment)</i> <i>Matador Cattle Company (lab screening and physicals)</i></p>
<p>Quantify BHC wellness services that could feasibly be offered to local employers/businesses and community members</p>		<ul style="list-style-type: none"> • Consulted in June 2018 with Gallagher Benefits to complete a Wellbeing Inventory of current state to determine opportunities to offer to current BHH and potentially external interest in services. • Wellness survey conducted with results returned to confirm current internal state and employee interest in services or self-improvement activities. • Internal BHH Wellbeing Committee created (led by Carol Kennedy), first meeting successful. • Corporate discount for gym membership with YMCA negotiated by Wellness Committee. • Free BHH trail use for Parkview School Parent Council for Fun Color Runs fundraising for playground equipment 	
	<p>Determine local employer/community interest in participating in BHC wellness services.</p>	<ul style="list-style-type: none"> • Awaiting results from Gallagher Benefits on Wellbeing Inventory to determine feasibility of external offerings of BHH Wellness program. 	

Goal 3: Decrease alcohol and drug abuse in Beaverhead County by enhancing preventative strategies and programs.

	Activities	Accomplishments	Community Impact/Outcomes
Strategy 3.1: Support alcohol and drug abuse prevention programs for youth in Beaverhead County.	Support Public Health’s efforts to explore partnering with schools and SWCDP Prevention Specialist Lead to restart a ‘DARE’ like program in the schools.	<ul style="list-style-type: none"> BHH participation in Community Forum for drug & alcohol abuse prevention in adolescents and “Be the Change” 406 Montana Coalition grant Contacted Beaverhead County Drug and Alcohol Prevention Specialist to learn about existing activities & resulting info shared with leadership 1/19 Provided SAMSHA youth prevention activities website to Public Health and Prevention Specialist 1/19 Hosted community meeting to discuss youth alcohol and drug abuse prevention needs with state attorney general, city and county law enforcement, CPS, Be the Change, CHC, Schools, UMW 1/20 	Decrease in % of 2020 CHNA respondents identifying alcohol/ substance abuse as top health concern for the community. 2017=58.3% 2020= 55.1%
	Support the continuation of the ACES program in Beaverhead County.	<ul style="list-style-type: none"> Established standing agenda item for Jana Barnes to report updates of ACES Community activities to PCP meeting. 1/18 LC Approved “Informed Trauma Community training for Clinic and ED”. That will begin in May 2018 12 BHH Staff and community members attended evening showing of “Resilience” movie with members of ACES Task Force. ACES presentation to Clinical Managers ACES presentation to PAC 7/18 Plan to add ACES information to prenatal classes 7/19 Amy Wellborn, LCSW will represent BHH at ACES Community Committee 12/19 	
	Advertise available alcohol and drug abuse prevention programs as identified.	<ul style="list-style-type: none"> Offered to use BHH Facebook exposure to promote Coalition Prevention Activities 1/19 Explore vaping education opportunities for providers and public 2/20 	
Strategy 3.2: Improve BHHC chronic pain management strategies and community awareness of chronic pain services.	Explore strategies for offering Chronic Pain Management education for community members and providers and implement if feasible.	<ul style="list-style-type: none"> Article by Physical Therapist on local newspaper on the benefits of PT over opioids 10/18/18 Exploring Pain Management service line with various providers during 4th quarter, CY 2019. Conversations are ongoing. Hosted community meeting to discuss opioid abuse prevention needs with state attorney general, city and county law enforcement, CPS, Be the Change, CHC, Schools, UMW 1/20 	Decrease in % of 2020 CHNA respondents identifying alcohol/ substance abuse as top health concern for the community. 2017=58.3% 2020= 55.1%
	Explore Strategies for assessing likelihood of addiction with emergency department patients.	<ul style="list-style-type: none"> Chronic pain management policy developed and approved with opioid contracts and system for sharing pain management plan between PCP and ED 11/17 Added EHR capability for electronic prescribing of controlled substances and integrated access to Montana Prescription Drug Registry 12/19 	
	Consider providing on-call physical therapist screening of injuries for emergency department visits.	<ul style="list-style-type: none"> Process in place for ED providers to call therapists when needed. 12/2018 	

Goal 4: Improve access to mental health services and suicide prevention resources in Beaverhead County.

	Activities	Accomplishments	Community Impact/Outcomes
<p>Strategy 4.1: Address cost as a barrier for community members seeking out mental health services.</p>	<p>Explore ways to collaborate with local health providers.</p>	<ul style="list-style-type: none"> • Exploring the potential of leasing space to community providers for tele-psych/tele-case management for previous WMMH clients. 1/18 • Closing of WMMH health services in Dillon could result in more patients accessing care in ED in crisis. Meeting occurred on 12/22/17 with stakeholders • Lists of impacted patients from MMHC closure along with their records was received on 1/2/18. All patients have had appointments with PCP to define ongoing care needs • LAC has received some funding and has opened a Help and Resource center that will be staffed 4 hours every day. • CCO joined LAC as a member in February 2019 • Clinic Director will join LAC as member in February 2020 • EIRMC visited with leadership and reviewed available telehealth and telebehavioral health service offerings. • BHH representation at local Community Health Summit 	<p><i>Fewer focus groups identify need for more mental and behavioral health services in 2020 CHNA. 2017=2/3</i></p> <p><i>2020= 7/15 key informants (focus groups not done due to COVID-19)</i></p>
	<p>Explore feasibility of alternative delivery models for behavioral health services.</p>	<ul style="list-style-type: none"> • Grant Proposal will be submitted May 2018 with decision about funded grants in June 2018 • Ken Westman and Jenny Given attended Integrated Behavioral Health Summit in Missoula in November 2018. Exploring grant opportunities to further develop integrated behavioral health at Barrett Hospital & HealthCare • In discussion with United Healthcare regarding alternative telemedicine crisis counseling model 6/19 • Submitted grant application for Integrated Behavioral Health to the Montana Healthcare Foundation June 2019 • Grant proposal approved for funding July 1, 2019 • Hired second LCSW November 2019 	
	<p>Continue to advocate for patients by addressing cost as a barrier to seeking mental health services through legislative contacts.</p>	<ul style="list-style-type: none"> • Met with Lt. Gov. Clooney and Sen. Welborn to discuss Governor’s proposed budget cuts including possible cuts/impacts to mental health services 10/17 • Discussion topic at MHA Region 4 meeting 10/17 • CEO discussed this topic with legislator at Montana Hospital Association Mid-Year CEO meeting in Bigfork, MT and was also a panelist presenter on behavioral health services and challenges at BHH and in Dillon • Senior leadership met with Rep Tom Welch and Sen Jeff Welborn December 18, 2018 to discuss multiple topics, including behavioral health prior to the 2019 legislative session. • Numerous hospital staff and providers voiced support for 2019 legislative session Medicaid expansion with resulting passage of legislation 	

<p>Strategy 4.2: Collaborate with local community organizations on addressing mental health issues.</p>	<p>Continue BHHC participation in Mental Health Local Advisory Council and partnership in Mental Health Summit action committees.</p>	<ul style="list-style-type: none"> Beaverhead County LAC Crisis Committee met 12/8 to discuss crisis coverage at jail, Youth Challenge, and ED in face of WMMHC budget cuts and office closure. 	<p><i># suicides in Beaverhead County:</i> 2014-2016=12 2014 =3 (2 males, 1 female) 2015=3 (3 males) 2016=1 (1 male)</p> <p>2017-2019=9 2017 =4 (4 male) 2018=3 (3 males) 2019=2 (2 females)</p>
	<p>Continue supporting Mental Health First Aid and Suicide Prevention classes through in-kind services such as meeting room space, advertisement, etc. and advocate for training of local schoolteachers/ educators and church pastors and support staff.</p>	<ul style="list-style-type: none"> Exploring with MT FLEX program about providing Mental Health First Aid course in Dillon 10/18/18 	
	<p>Include mental health screening in annual free sports physicals for local schools.</p>	<ul style="list-style-type: none"> BCHS Sports Physicals were provided two nights in May 2018 and a total of 43 students participated BCHS Sports Physicals were provided in June and August 2019, a total of 60+ students participated Behavioral/mental screening has been incorporated in annual sports physical screening by providers. 	
	<p>Host periodic meetings to foster positive relationships and continuity of care between hospital providers and school counselors.</p>	<ul style="list-style-type: none"> Meeting has yet to be scheduled. 	
	<p>Continue to support the AHEC Heads Up Camp mental health career awareness for high school students.</p>	<ul style="list-style-type: none"> Committed support during 2017-18 school year but Heads Up Camp did not occur- anticipate this will occur in 2018-19 school year and will support. Co-sponsored Heads Up camp November 8-9, 2018 in Dillon. On 1/16/19 verbally committed to co-sponsor Heads Up Camp again in Dillon fall of 2019 Committed support during 2019-2020 school year for Heads Up Camp scheduled for October 17-18, 2019 	
	<p>Support the continuation of the ACES program in Beaverhead County.</p>	<ul style="list-style-type: none"> Jana Barnes is a participant on the local planning committee. Jana requested to schedule brief presentation at a Board of Directors meeting. ACES team members presented to Clinical Managers group Jana Barnes presented to Patient & Family Advisory Council 7/10/18 Plan to add ACES information to prenatal classes 7/19 LCSW added to ACES Task Force to represent BHH 	

<p>Strategy 4.3: Improve access to mental health services at BHHC.</p>	<p>Explore expanding tele-psychiatry services including greater access to child psychiatry (finding more providers and expanding hours)</p>	<ul style="list-style-type: none"> • Added Providence telepsychiatry services but unable to specify child psychiatry • Added second LCSW with experience from Yellowstone Boys & Girls Ranch 	<p>Utilization of telepsychiatry services: Providence Telepsychiatry: 2016/2017/2018/2019 0/0/95/194 CRT referrals & issues: Multiple turnover at WMMH CRT; inconsistent data sharing; continued issue</p>
	<p>Continue to offer integrated behavioral health services at BHHC and monitor/ improve contracted Western Montana Mental Health Crisis Response Team Services.</p>	<ul style="list-style-type: none"> • Numerous meetings and correspondence with CRT to improve services • Addition of telehealth option with CRT • Exploration of alternative crisis response options from Idaho Falls • Secured integrated behavioral health grant allowing hire of second LCSW 	



APPENDICES

Appendix A- Steering Committee

STEERING COMMITTEE MEMBER	ORGANIZATION AFFILIATION
KEN WESTMAN	Chief Executive Officer, Barrett Hospital & HealthCare (BHHC)
MARIA KOSLOSKY, RN	Chief Quality & Compliance Officer, BHHC
KELLY SMITH, MD	Medical Staff President, BHHC
LAURA BRUNZELL	Local day care; Patient/Family Advisory Council, BHHC
CORY BIRKENBUEL	Local business owner; Patient/ Family Advisory Council, BHCC
DON PETERSON	Retired pharmacist; Patient/Family Advisory Council, BHHC
CAROL DICKINSON	Retired teacher; Patient/ Family Advisory Council, BHHC
TENNIE BEITLER, RN	Retired nurse; Patient/Family Advisory Council, BHHC
STEVE KRAMER	Patient/Family Advisory Council, BHHC
CAROL KENNEDY, RN	Chief Clinical Officer, BHHC
STEPHANIE BINGHAM	Manager, Patient Financial Advocates, BHHC; Patient/ Family Advisory Council, BHHC
BROOKE ERB	Director, Barrett Hospital Foundation; local rancher; Patient/ Family Advisory Council, BHHC
LEIGH SMITH	Director, Human Resources, BHHC; Patient/ Family Advisory Council, BHHC
TODD ROUSE	Chief Executive Officer, Southwestern YMCA
JENNIFER MALONE	Southwest Montana Community Health Center
SUE HANSEN, RN	Director, Beaverhead County Public Health
NATE FINCH	Local rancher; Board of Directors, BHHC
RANDY SHIPMAN	Superintendent, District #10 Dillon Elementary School
CELINE BEAUCAMP-STOUT	Beaverhead Trails Coalition; UMW Environmental Sciences
BETH WEATHERBY	Chancellor, University of Montana Western
KERSTIN LORENZEN	Volunteer BHHC & other organizations
VICTORIA TOMARYN	Compliance Specialist, BHHC
PAT CARRICK	Beaverhead Trails Coalition; Mental Health LAC
KELLY GRAHAM	President of local United States Junior Chamber (Jaycees)
HEIDI GJEFLE, LCPC	Local Advisory Council, Student Counselor



Appendix B- Public Health & Populations Consultation

Public Health

- a. Name/Organization
 - Sue Hansen, RN, Director – Beaverhead County Public Health
 - Ken Westman, CEO – Barrett Hospital & HealthCare (BHHC)
 - Carol Dickenson – BHHC Patient Family Advisory Council
 - Beth Weatherby, Chancellor – University of Montana Western
- b. Date and Type of Consultation
 - First Steering Committee Meeting: 01/14/2020
- c. Input and Recommendations from Consultation
 - Influenza rates are lower, which is related to the work the health department is doing, but the rates are still not very good.
 - Would be interesting to see current asthma related disease data since the secondary data source is from 2014.
 - There is a way lower cancer rate, but much higher prostate cancer rate, maybe we need to promote men's health. It seems we have been very women's health focused in the past.
 - 2019 numbers are higher for HPSA scores than seen in the past.
 - One thing we targeted on our last survey was mental health and we have done a lot of work in those areas.
 - Is there any access to helping a family choose a healthcare plan? I've noticed a lot of confusion about that.

Population: Low-Income, Under-Insured

- a. Name/Organization
 - Steve Kramer – BHHC Patient Family Advisory Council
 - Pat Carrick – Beaverhead Trails Coalition; Local Advisory Committee on Mental Health
- b. Date and Type of Consultation
 - First Steering Committee Meeting: 01/14/2020
- c. Input and Recommendations from Consultation
 - Surprised that homelessness is not on question 2 as it is a huge issue in this country.
 - We see a lot of people at the CHC who may not be officially homeless but don't have an address.

Population: Seniors

- a. Name/Organization
 - Maria Koslosky, CQCO – Barrett Hospital & HealthCare
 - Carol Dickenson – BHHC Patient Family Advisory Council
 - Ken Westman, CEO – Barrett Hospital & Healthcare
- b. Date and Type of Consultation
 - First Steering Committee Meeting: 01/14/2020
- c. Input and Recommendations from Consultation
 - Our county has a higher percentage of people 65 and older.
 - There seems to be a problem with people getting scammed over the phone, email and mail, especially the elderly. Maybe we should look into prevention classes for these types of things.

Population: Youth

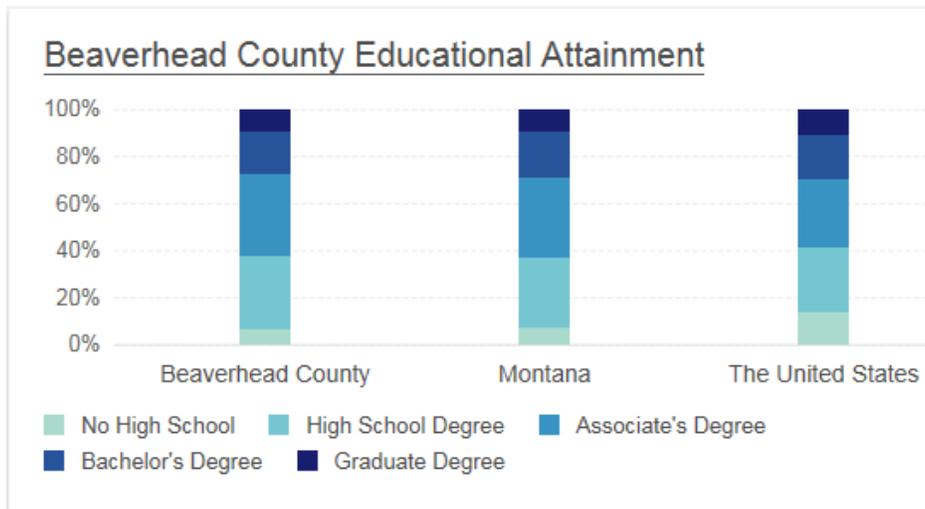
- a. Name/Organization
 - Maria Koslosky, CQCO – Barrett Hospital & HealthCare
 - Beth Weatherby, Chancellor – University of Montana Western
 - Carol Dickenson – BHHC Patient Family Advisory Council
- b. Date and Type of Consultation
 - First Steering Committee Meeting: 01/14/2020
- c. Input and Recommendations from Consultation
 - Beaverhead county data shows that children in poverty here is a lot lower than the state average.
 - High school students seem to have unsafe driving habits.
 - Bullying is an issue in schools.

Appendix C- Beaverhead County Secondary Data

Demographic Measure (%)		County			Montana			Nation		
Population ¹		9,246			1,032,949			308,745,538		
Population Density ¹		1.7			6.8			87.4		
Veteran Status ¹		9.0%			10.6%			7.7%		
Disability Status ¹		17.6%			16.6%			15.3%		
Age ¹		<5	18-64	65+	<5	18-64	65+	<5	18-64	65+
		4.7%	56.9%	20.6%	6%	54.9%	17.2%	6.2%	56%	14.9%
Gender ¹		Male		Female	Male		Female	Male		Female
		51.0%		49.0%	50.3%		49.7%	49.2%		50.8%
Race/Ethnic Distribution ¹		White			89.2%			77.1%		
		American Indian or Alaska Native			6.6%			1.2%		
		Other †			5.1%			36.7%		

¹ US Census Bureau Fact Finder (2016)

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



Beaverhead County

No High School	6.44%
High School Degree	31.70%
Associate's Degree	34.67%
Bachelor's Degree	17.57%
Graduate Degree	9.62%

Montana

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

The United States

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

² National Center for Education Statistics

Socioeconomic Measures (%)	County	Montana	Nation
Median Income ¹	\$43,880	\$50,801	\$57,652
Unemployment Rate ¹	4.6%	4.8%	6.6%
Persons Below Poverty Level ¹	16.1%	14.4%	14.6%
Uninsured Adults (Age <65) ^{3,4}	12%	12%	10.7%
Uninsured Children (Age <18) ^{3,4}	6%	5%	5%
Children in Poverty ¹	9.4%	23.3%	20.3%
Enrolled in Medicaid ^{5,6}	8.4%	9.4%	1 in 7
Enrolled in Free/Reduced Lunch ⁷ <i>Pre-k through 12th grade</i>	346	62,951	-
SNAP Participants ⁷ <i>All ages, FY 2015</i>	767	118,704	-

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

Maternal Child Health	County	Montana
Births ⁸ <i>Between 2011-2013</i>	272	35,881
Born less than 37 weeks ⁸	8.1%	9.1%
Teen Birth Rate (females age 15-19) ⁸ <i>Per 1,000 years 2009-2013</i>	12.6	32.0
Smoking during pregnancy ⁸	14.0%	16.3%
Receiving WIC ⁸	32.4%	34.6%
Children (2-5 years of age) overweight or obese ⁸	15.9%	27.9%
Childhood Immunization Up-To-Date (UTD) % Coverage ^{*9}	79.3%	63.6%

⁸ County Health Profiles, DPPHS (2015), ⁹ MT-DPHHS Clinic Immunization Results (2016-2017)

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

Behavioral Health	County	Montana	Top U.S. Performers
Adult Smoking ³	16%	19%	14%
Excessive Drinking ³	21%	21%	13%
Adult Obesity ³	25%	25%	26%
Poor Mental Health Days (Past 30 days) ³	3.3	3.5	3.1
Physical Inactivity ³	19%	21%	20%
Drug Use Hospitalization Rate ¹⁰ <i>Per 100,000 population</i>	184.8	372.5	-

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

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

¹¹ Montana State Health Assessment (2017)

Communicable Diseases (per 100,000 people) ⁸	County	Montana
Chlamydia	354.36	366.2
Hepatitis C	78.75	123
Pertussis	10.74	44.6

⁸ County Health Profiles, DPPHS (2015)

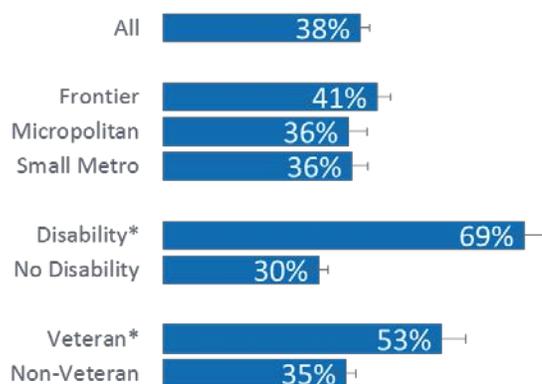
Chronic Conditions ¹⁰	County	Montana
Stroke Hospitalization Rate <i>Per 100,000 population</i>	111.3	152
Diabetes Hospitalization Rate <i>Per 100,000 population</i>	906.7	1058.9
COPD Emergency Department Visit Rate <i>Per 100,000 population</i>	653.6	669.9
Acute Myocardial Infarction (MI) Hospitalization Rate <i>Per 100,000 population</i>	127.9	118.1
Asthma Related Emergency Department Visit Rate <i>Per 100,000 population, 2012-2014</i>	433.0	253.4

¹⁰ IBIS Community Snapshot, MT- DPPHS

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

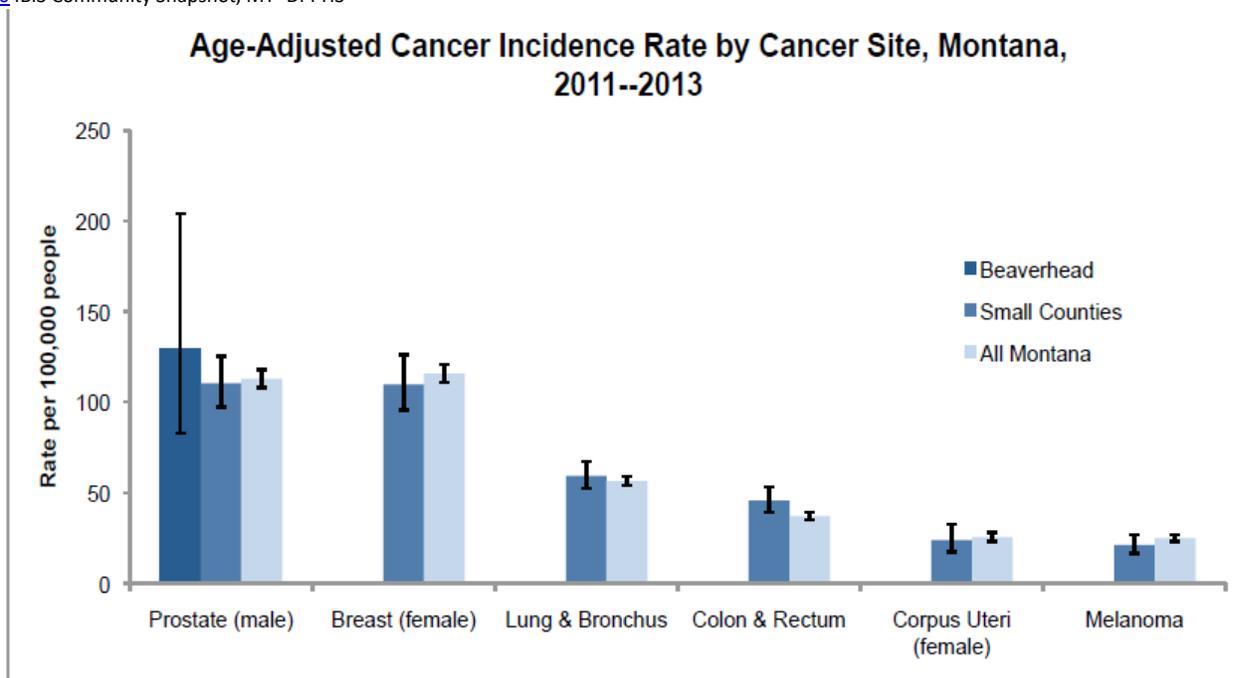
¹¹ Montana State Health Assessment (2017)

Percent of Montana Adults with Two or More Chronic Conditions



Cancer Prevalence	County	Montana	Nation
All Sites Cancer ¹⁰ Per 100,000 population	388.9	441.6	444

¹⁰ IBIS Community Snapshot, MT- DPPHS



⁸ County Health Profiles, DPPHS (2015)

Mortality	County	Montana	Nation
Suicide Rate ¹² Per 100,000 population	19.5	22.5	13.9
Veteran Suicide Rate ¹² Per 100,000 population	-	65.7	38.4
Leading Causes of Death ^{13, 14}	-	1. Heart Disease 2. Cancer 3. CLRD*	1. Heart Disease 2. Cancer 3. Unintentional injuries
Unintentional Injury Death Rate ¹⁵ Per 100,000 population	47.1	41.3	41.3
Diabetes Mellitus ^{13, 16} Per 100,000 population	-	21.3	21.5
Alzheimer's Disease ^{13, 17} Per 100,000 population	-	20.9	37.3
Pneumonia/Influenza Mortality ^{13, 18} Per 100,000 population	-	13.5	14.3

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

*Chronic Lower Respiratory Disease

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

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

¹⁹ Behavioral Risk Factor Surveillance System (2016)

*Annual household income < \$15,000

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

²⁰ Montana Youth Risk Behavior Survey (2017)

Secondary Data – Healthcare Workforce Data 2019

Health Professional Shortage Area & Medically Underserved Areas/Populations

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

Health Professional Shortage Area Designation- Beaverhead County, Montana		
Discipline	*HPSA Score	HPSA
Primary Care	17	✓ Low income population
Dental Health	17	✓ Low income population
Mental Health	17	✓ High needs geographic
*HPSA Scores range from 0 to 26 where the higher the score, the greater the priority		

1 Health Resources and Services Administration (2019)

Provider Supply and Access to Care				
Measure	Description	Beaverhead Co. (N = 1) *	Montana (N = 48) *	National (N = 1344) *
Primary care physicians	Ratio of population to primary care physicians	779:1	1312:1	1030:1
Other primary care providers	Ratio of population to other primary care providers including nurse practitioners, physician assistants, and clinical nurse specialists	2325:1	1041:1	726:1
Dentists	Ratio of population to dentists	1860:1	1482:1	1280:1
Mental health providers	Ratio of population to mental health providers	581:1	409:1	330:1

*Total number of CAHs, - No data available

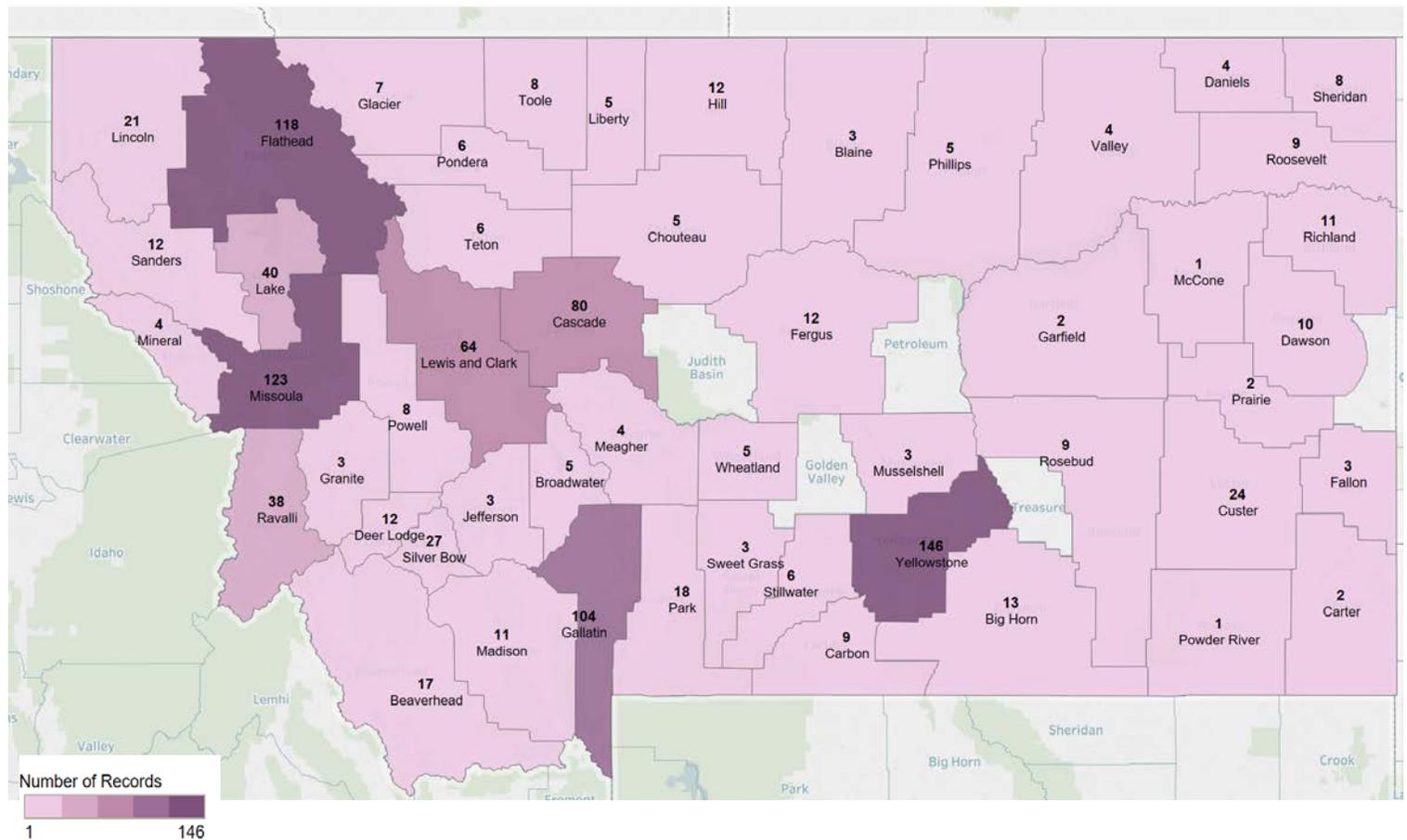
2 CAHMPAS - FLEX Monitoring

Healthcare workforce Distribution Maps

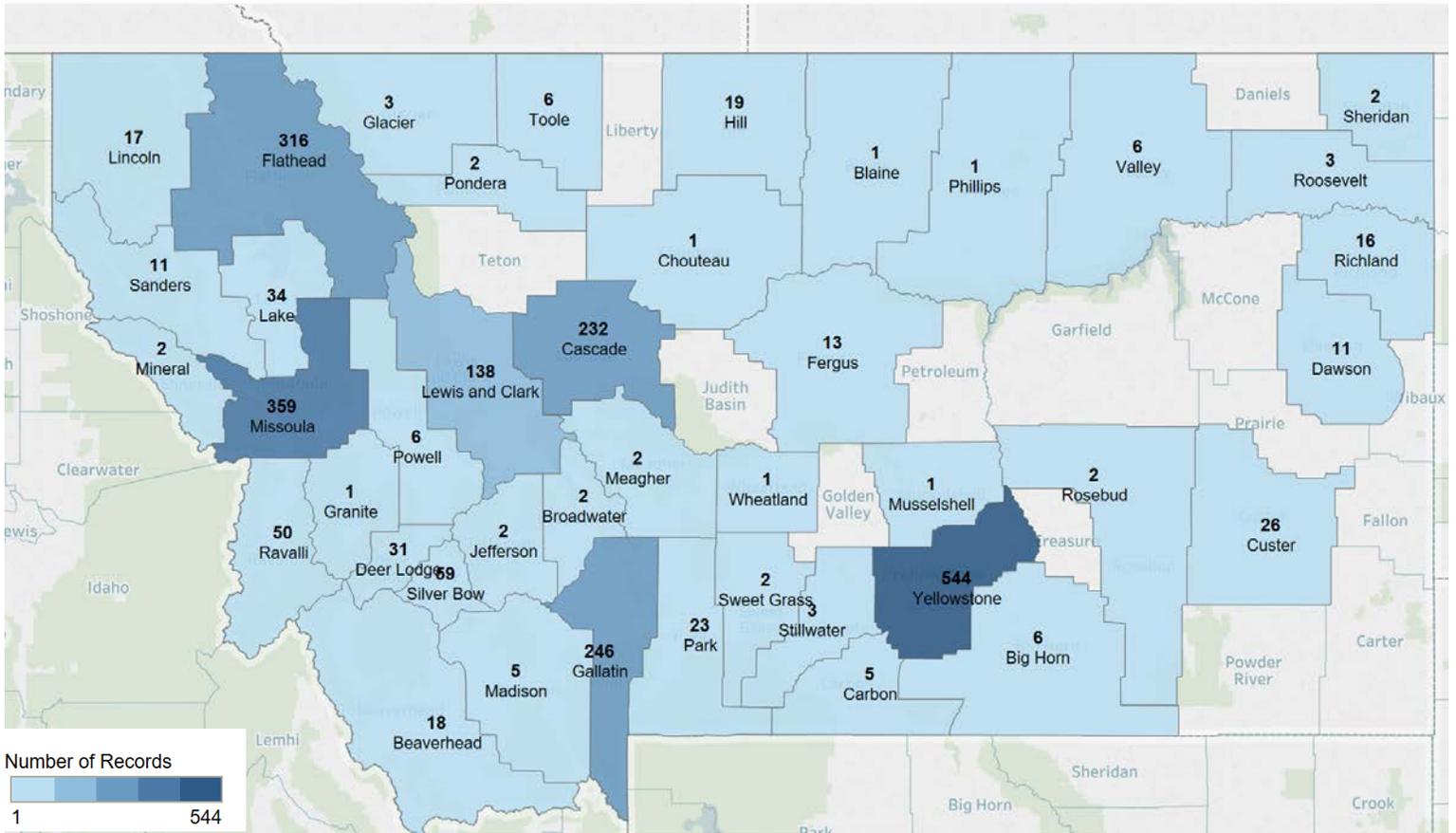
WIM Tracking is a Montana-based health workforce research company. WIM Tracking proactively monitors the movement of healthcare professionals in Wyoming, Idaho and Montana and maintains the data within a relational database.

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

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



Montana Physician Distribution - Primary Locations - All Specialties



Appendix D- Survey Cover Letter



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 27, 2020
2. Complete the enclosed survey and return it in the envelope provided - no stamp needed.
3. You can also access the survey at <http://helpslab.montana.edu/survey.html>. Select "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 6th.

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 Amy Royer at 406-994-5627. We believe, with your help, we can continue to improve health care services in our region.

Thank you for your assistance. We appreciate your time.

In good health,

A handwritten signature in black ink, appearing to read "Ken Westman".

Ken Westman, 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 Services Development 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 406-994-5627. Participation is voluntary, and your responses will remain confidential. You can choose not to answer any question and can stop at any time.

1. How would you rate the general health of our community?
 Very healthy Healthy Somewhat healthy Unhealthy Very unhealthy

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

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

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

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

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 Barrett Hospital & HealthCare?
 Excellent Good Fair Poor

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

<input type="checkbox"/> Billboards/posters	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Social media
<input type="checkbox"/> Friends/family	<input type="checkbox"/> Presentations	<input type="checkbox"/> The Dillonite Daily
<input type="checkbox"/> Healthcare provider	<input type="checkbox"/> Public Health	<input type="checkbox"/> Website/internet
<input type="checkbox"/> Mailings/newsletters	<input type="checkbox"/> Radio	<input type="checkbox"/> Word of mouth/reputation
	<input type="checkbox"/> Senior center	<input type="checkbox"/> Other: _____

Turn to **BACK** of page to continue

7. 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"/> Migrant Health Services | <input type="checkbox"/> Pregnancy services |
| <input type="checkbox"/> Beaverhead Urgent Care | <input type="checkbox"/> Mental health counseling | <input type="checkbox"/> Public health (WIC, Family Planning, Immunizations) |
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Naturopath/Chiropractor | <input type="checkbox"/> Speech therapy |
| <input type="checkbox"/> Family/marriage counseling | <input type="checkbox"/> Pharmacy | <input type="checkbox"/> SWMT Community Health Center |
| <input type="checkbox"/> Massage therapy | <input type="checkbox"/> Optometrist (Eyes) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Medical supply/ DME | <input type="checkbox"/> Ortho Rehab Inc. | |

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

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

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

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

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

- | | | |
|-------------------------------------------------------------|-----------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Dermatology/skin check | <input type="checkbox"/> Neurology | <input type="checkbox"/> Pain Management |
| <input type="checkbox"/> ENT (ear/nose/throat) | <input type="checkbox"/> Neuropsychology/psychiatry | <input type="checkbox"/> Rheumatology |
| <input type="checkbox"/> Mental health crisis stabilization | <input type="checkbox"/> Ophthalmology | <input type="checkbox"/> VA health services |
| | <input type="checkbox"/> Orthodontics | <input type="checkbox"/> Other: _____ |

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

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

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

- Yes No (If no, skip to question 14)

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

- | | | |
|-------------------------------------------------------------|-------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Could not get an appointment | <input type="checkbox"/> It cost too much | <input type="checkbox"/> Too long to wait for an appointment |
| <input type="checkbox"/> Could not get off work | <input type="checkbox"/> It was too far to go | <input type="checkbox"/> Too nervous or afraid |
| <input type="checkbox"/> Didn't know where to go | <input type="checkbox"/> Language barrier | <input type="checkbox"/> Transportation problems |
| <input type="checkbox"/> Don't like doctors | <input type="checkbox"/> My insurance didn't cover it | <input type="checkbox"/> Unsure if services were available |
| <input type="checkbox"/> Don't understand healthcare system | <input type="checkbox"/> No insurance | <input type="checkbox"/> Qualified provider not 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 | |

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

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

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

- Dillon Butte Bozeman Other: _____

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

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

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

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

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

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

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

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

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

- Yes No

25. 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)

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

- High Moderate Low Unsure/rather not say

27. 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

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

- Yes No

29. 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

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

- Yes No

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

- Yes No Don't know

32. 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

33. 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

34. 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

35. 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

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

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

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

- Excellent
- Good
- Fair
- Poor

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

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

39. 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

40. 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.

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

- 59725 Dillon
- 59724 Dell
- 59732 Glen
- 59736 Jackson
- 59739 Lima
- 59743 Melrose
- 59746 Polaris
- 59749 Sheridan
- 59754 Twin Bridges
- 59761 Wisdom
- Other: _____

42. What is your gender?

- Male
- Female
- Other

43. What age range represents you?

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

44. What is your employment status?

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

[CODED]

Please return in the postage-paid envelope enclosed with this survey or mail to:
HELPS Lab, Montana State University, PO Box 172245
Bozeman, MT 59717

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

Appendix F- Responses to Other & Comments

2. In the following list, what do you think are the three most serious health concerns in our community?
 - Sexual abuse
 - People creating disease in their own bodies. People not realizing they have the ability to heal themselves with their own minds.
 - Lack healthy foods
 - Affordable healthcare
 - Lack of doctors
 - None of these
 - Smokers that stand outside restaurant doors yuck

3. Select 3 items that you believe are the most important for a healthy community
 - Access to fresh meat

6. How do you learn about the health services available in our community?
 - My own investigation and research
 - Employer
 - Ski patrol
 - My own knowledge
 - EMS
 - Hospital stays
 - Dillon Tribune

7. Which community health resources, other than the hospital or clinic, have you used in the last three years?
 - Physical Therapy
 - Allergist
 - Oncology (visiting)
 - Have used services in other communities: dentist in Sheridan, midwife in Bozeman, audiologist/chiropractor in Butte, PT [physical therapy] in Butte.

8. In your opinion, what would improve our community's access to healthcare?
 - Prevention!
 - It would be great to see everything improve
 - In-house services vs. outsourced expensive everything
 - Midwife

- Doctors available on Fridays, in the afternoon.
- Full-time ambulance service should be operated by the hospital
- Lower the prices; lots of people are driving to other hospitals because they are way cheaper. More economical to go elsewhere.
- Medicine doesn't work with capitalism well
- Medicare for all
- Weekend care outside ER

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

- Prevention! Prevention! Prevention!
- Many of these are already available and I have already attended them.
- Depends on cost
- Permaculture group
- Do not need any of these classes, already control personally.
- Would not attend

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

- Endocrinology (2)
- Birthing center
- Local not Butte (for mental health stabilization)
- Pediatric specialists
- Decent orthopedic care

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

- ENT [Ear/Nose/Throat]
- CDL [Commercial Driver's License] Physical

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

- Workers comp claim OWCP needed to see orthopedic doctor
- Assumed they could not give me medicine anyway
- Bad roads- snow/ice
- High deductible

15. Where was that primary healthcare provider located?

- Deer Lodge (4)
- Sheridan (8)
- Ft. Harrison
- Whitehall (2)

- Missoula
- Idaho Falls, ID

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

- Dr. Smith, Tipton, Rasch and others are top notch.
- Doctor retired and this one took over practice. Other doctors are not accepting new patients. So, by default, stayed with new doctor.
- Was told doctor was a real digger to find answers.
- Type of physician
- For low-income
- Husband's doctor, he has passed away.
- Dr. Lifson is a great Doctor of Medicine.
- Dr. retired
- VA choice program
- Flight physical MD
- Medical school attendant
- Dr. retired, needed new Dr.
- Our doctor for several years
- My PA no longer accepting patients, chose another who was accepting new patients.
- Family friend

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

- Service not available in Dillon
- Emergency staff and my primary doctor are superb
- Prior experience with doctor
- Closest to home and doctor
- Family member works there

21. Where was the healthcare specialist seen?

- Salt Lake City (2)
- Do not remember; was done on TV monitor
- Kalispell
- Hamilton
- Deer Lodge (2)
- Sheridan (5)
- Blackfoot, ID
- Florida

22. What type of healthcare specialist was seen?

- Vascular surgeon
- Injections for pain

- PA/Family practice
- Pediatric surgeon
- Functional medicine
- Back pain
- Urgent care
- Cataract surgeon
- Cardiology (in Anaconda & Deer Lodge), Gastroenterologist (in Deer Lodge), Physical Therapist and Urologist (in Dillon).
- Midwife
- Colorectal surgeon

36. What type of health insurance covers the majority of your household’s medical expenses?

- Medicare supplements (2)
- DPHHS [Department of Health & Human Services]
- Christian Healthcare Ministries cost sharing program (2)
- Solidarity
- None. Healthcare sharing, not insurance

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

- I just got on my husband’s insurance but couldn’t afford it until this month.
- Prefer healthcare sharing program

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

- 59710 Alder

44. What is your employment status?

- Self employed
- Work on-call basis

Appendix G- Key Informant Interview - Questions

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

1. 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 H- Key Informant Interview Notes

Key Informant Interview 1

February 19, 2020- Anonymous–Via phone interview

1. How do you feel about the general health of your community?
 - I think it is good. In general, it is good. The small size of the community and that it is fairly easy to reach out to people and to reach out to your neighbors and the small business owners. I am not going to say the health is excellent, because I do hear people talking about how the community is too rural. In some people this can lead to depression. The fact that we don't have much in town people don't like but if we had big stores, we wouldn't be a strong small community.
 - There is also an impression that there is nothing to do in Dillon. But that is not true - there is a lot to do but people do not know how to access the information. For instance, there is a new hockey rink and a lot of people don't know about it or they are too shy to use the facility. I run into a lot of people who don't know that we have a large trail system. There are a lot of things, but the message doesn't go through. Somehow information won't reach some populations in Dillon.

2. What do you think are the most important local healthcare issues?
 - Depression. People might be depression because of the isolation and the small size of the community, and with how conservative the community is. Sometimes there are rifts in the community between the liberals and the conservatives.
 - It is difficult to walk around in Dillon because of the poor quality of the roads – it is up to the homeowner to fix it, but people cannot afford it. If we had better streets and sidewalks, it would encourage people to get out more and use their cars less.

3. What other healthcare services are needed in the community?
 - There are some mental health providers and women's health centers that help people, but we do lack in couples' therapy that is not linked to any churches.
 - Also, there is a lack of community groups that are not affiliated with church groups. It is difficult to be connected in this community if you are not affiliated with a church. There could be more groups for adults and youths that are not associated with the church.
 - Anything related to natural care – perhaps a naturopath or and osteo-path. We have excellent healthcare providers here, but their training is so focused on treating just symptoms with medications. I wish there was a little more wholistic care. The doctors and nurses are great, but I wish more was done to address the cause of

illness and not just the symptoms. There was almost a midwife, but she left. The hospital is doing great with supporting natural birth and breast feeding. I wish they would take this approach with the rest of their services.

- We have great eye doctors and dentists.
- I can't complain about any of the doctors, but I know some people drive hours to go elsewhere. There is an impression you cannot get quality care in Dillon.

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

- To encourage people to change themselves.
- Access to better food. We have no stores with good vegetables - somehow, we don't have access to good quality vegetables that were grown locally. People have no interest in eating vegetables that don't taste good – when tomatoes are raised far away, they don't taste good. Better local and fresher food. The farmers market has only a little bit of food – it is mostly crafts.
- The city has a good program where they pay for half of the trees – they could plant trees that could provide food- apples and pears for instance.
- Dillon is heavily run by non-profits, but more money – grants (locally, state and federal) are needed to support these groups. The organization greatly improve the health and wellbeing of the community – just because you may not access one of these services, it benefits the entire community – people don't understand this. It is difficult for people to see beyond their first needs.

Key Informant Interview 2

Monday, April 06, 2020- Anonymous –Via phone interview

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

- I would say it's pretty on average for a community this size.
- Barrett is pretty update as a facility. We are fortunate to have them for as advanced as they are.

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

Hospital/clinic:

- I interact with the facility in a number of different situations. They always do really well, and we work well together.
- The clinic is open with rotating doctors. VA situations can sometimes be more difficult. I had worked with one person who was a veteran. We had done the pre-paperwork for them to see a provider locally (months before the appointment), and when we got there the VA still hadn't approved it/sent in the paperwork. To this day, they [VA] still haven't.

EMS Services (ER/Ambulance)

- They have 4 ambulances in town. It is still a volunteer service, but my impression so far is they've been very good.
- We've dealt with a couple of accidents; one major one on I-15. Everyone worked in tandem and was truly excellent. We were all able to do a debriefing after as well. The hospital Director of Nursing even opened up mother's house to let the family (from the accident) stay for a bit (they were traveling up north). Above and beyond- they were truly above and beyond.

Public/County Health Department

- Not too familiar.

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

- We have a number of care facilities in Dillon. And we have independent living. It's a great facility.
- I think we have good services available.

Services for Low-Income Individuals/Families

- Not sure if I'm familiar with the services and the system enough to answer.

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

- Probably the only thing that would be lacking, which is pretty typically found in rural Montana, would be mental health services. Basic mental health care- psychiatrists, psychologists, counselors. Apart from the one at the facility, there are no practitioners in town. At all.
- Suicide and attempted suicide rates are strikingly high in Montana. It's a multifaceted problem and how do we address that?

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

- Hospital is pretty comprehensive and have the ability to do many services in town. ER is good and have ability to transport as needed.
- Not sure what prenatal care they have... I guess I'm not too familiar with what's available.

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

- Retail is a little tough. We have two grocery stores but not a whole lot of retail for basic household things. That would be helpful for things like pots and pans, socks, underwear- basic things.
- We are a tightknit town and there are many events that bring us together.

Key Informant Interview 3

Tuesday, April 07, 2020- Anonymous –Via phone interview

1. How do you feel about the general health of your community?
 - Good. I feel we are a relatively healthy community.

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

- Excellent.

EMS Services (ER/Ambulance)

- I don't know about ambulance.
- Emergency room is excellent. I've used it.

Public/County Health Department

- I'm sure its excellent. I've really appreciated the videos they've been posting about the virus (COVID-19), they are really good at putting out information for the community. Other than that, I've not used them.

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

- I only know about home health. When I had back surgery, they came to help me. They were excellent. Offered physical therapy and occupational therapy.

Services for Low-Income Individuals/Families

- I know about food pantry, which is very helpful.
- Community Health Center is very active in the community for folks who are low-income. They have providers, dentists, pharmacy. I think they are very active and available for people who know how to access it.

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

- I think access to mental healthcare is probably a concern.
- We had an office here who offered help for people who needed assistance in that area, but I don't know if it's opened (again) or if that service is available any longer.

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

- Mental health services.

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

- All my friends and I are all in same economic position in our lives and can get what we need, when we want it.
- Having expanded surgery services available now has been nice.
- We have lots of opportunities for walking outside, trails, parks for kids. I can't think of anything.

Key Informant Interview 4

Tuesday, April 07, 2020-Anonymous–Via phone interview

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

- So far so good. I'd say it's pretty normal.
- Although better than most of MT with the virus!

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

Hospital/clinic:

- I believe the hospital is capable of handling far more here locally than what they do. So far, my experience has been great.

EMS Services (ER/Ambulance)

- Based on where I live, I know the ambulance wait time is far more than what it should be.
- The ER I think they could handle far more than they do. I think they life flight way too many to Missoula.

Public/County Health Department

- I really have no experience with that.

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

- No experience.

Services for Low-Income Individuals/Families

- My experience is based on my kids. I'd say its moderate. It could be improved. My daughter in-law, her bills (healthcare) were sent to billing/collections. She's low-income and pregnant.

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

- Most traumas are sent out of town. We have the facilities to handle them, and they're still sent out of town.

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

- Probably better trauma response. Our hospital serves a huge area. I think they could/should do more locally.

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

- More opportunities for physical fitness.
- Obesity is kind of a nationwide issue. We need to address it culturally.

Key Informant Interview 5

Tuesday, April 07, 2020- Anonymous –Via phone interview

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

- I think it's very good.

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

Hospital/clinic:

- They are excellent.
- Clinic is invaluable to our community. They always got me in or told me what I needed to do (going to ER vs clinic).

EMS Services (ER/Ambulance)

- Don't know much about them. I think they are good.

Public/County Health Department

- Don't get much interaction from them, but they're good.

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

- They're good.

Services for Low-Income Individuals/Families

- I think that's good. There are a lot of opportunities.

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

- I don't think there are any great concerns. We have excellent medical services here.

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

- I had prostate cancer and it would have been more convenient to do that treatment here, but I don't know if they [Barrett] could justify it [having service available locally].
- I met a nice doctor from San Francisco who would fly into Butte for a few days. It would great if we could have additional services like that.
- For serious problems, a lot of people go to Salt Lake. For those who need chemo they can go to Butte which is only 60 miles away.
- Hospital is fairly sophisticated and well equipped. I have no complaints.
- In fact, my wife and I have been participating in cardio rehab which was nice. It's a great program.

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

- I think if we could bring in other stable businesses that would be good for the area. I'd like to see Dillon grow some more. Half the population of Beaverhead County is within the city of Dillon. The other half is just outside Dillon.

- City services are great. Good water and wastewater system. We have everything here.
- Lots of potholes!

Key Informant Interview 6

Tuesday, April 07, 2020- Anonymous –Via phone interview

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

- I think generally it's probably average compared to the rest of Montana, which is probably not as good as it could be. We are not going to be known as the "fittest town in America" like some communities in Colorado.

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

Hospital/clinic:

- I think they do a great job. Very innovative and progressive. Especially compared to other CAH- nationally even. The hospital is constantly looking for ways to provide better services, control cost and tighten budgets.

EMS Services (ER/Ambulance)

- I think they do a nice job for a small town. Great people who volunteer and we are lucky to have people who are willing to do those jobs and do them well. We have a really good EMS service.

Public/County Health Department

- I think she does a nice job too. Works really hard at it. I don't know enough about their financial status, but with what they have she does a really nice job. Very serious about her job and cares about the overall health of the community. She is up on the most current issues and helps to prepare the community for those kinds of things.

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

- Don't really know much about them. I know they exist, but don't know if they are meeting all the needs of the community or not.

Services for Low-Income Individuals/Families

- Don't know much about that either.
- The hospital does provide a lot of charity care- services they are not being reimbursed for, and Medicaid.
- There is a migrant worker program that is available to agricultural workers as well. I believe it's pretty helpful too.

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

- I think sustainability for small hospitals. As Medicare/Medicaid, commercial insurance, etc. gets tighter and tighter; being able to make the bottom line work out.

4. What other healthcare services are needed in the community?
 - In the past we've had shortages in areas such as orthopedics etc. which they [BHHC] were able to expand, and it has been successful.
 - I think for a community our size the hospital's done a good job at meeting basic needs. I don't know that I feel there are any other services we lack for a community our size.

5. What would make your community a healthier place to live?
 - I think people being more responsible for their own health. I don't know how to address and encourage people to take their health upon themselves. There are things we can't control, and things we can. We need to be better about working on those things we can control like diet, health

Key Informant Interview 7

Tuesday, April 07, 2020- Anonymous –Via phone interview

1. How do you feel about the general health of your community?
 - I think it's pretty good. We never seem to see a lot of sick people when at the hospital or the emergency room. Doesn't ever appear to be overcrowded.

2. What are your views/opinions about these local services:
Hospital/clinic:
 - As far as the hospital goes, I think their check-in/registration procedure takes a lot longer than it should. You go there, they know who you are... seems like you have to go through the same old stuff every time. From the patient standpoint it seems lengthier than normal.
 - At the clinic it's [registration] much faster. They call you, you come in and go. Not all the questions (under normal conditions).

EMS Services (ER/Ambulance)

- Fortunately, I've never had to use the ambulance.
- The ER is very good. Quick to get you in. Their bedside manner is very pleasant and thorough. Doctors in there have all been top notch.

Public/County Health Department

- Once we went to get shots for Yellow Fever (traveling to Africa) and it all went fine. Other than that, I haven't had much interaction with them.

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

- Never had any dealing with those services, even though I'm a senior.

Services for Low-Income Individuals/Families

- I guess they're fine. No one ever seems to be turned away. Medicaid is available in this state.
3. What do you think are the most important local healthcare issues?
 - That's a hard one to answer.
 - If you exclude COVID-19, I don't know. I don't see any issues. We are very fortunate here in Dillon to have the hospital and medical facilities that we have. Very responsive. Lucky to be here. Top notch doctors.
 4. What other healthcare services are needed in the community?
 - When I had prostate cancer, I had to go to Bozeman all the time for radiation. That was a number of years ago, so I don't know if that is available here now. There are a lot of people who have had that and had to travel. I know I'm not alone in that.
 5. What would make your community a healthier place to live?
 - Less wind haha. It's always windy out here.
 - I'm not sure there's anything in particular. I know there are drug issues in parts of town. Use of illegal drugs and periodically you hear about it in the paper, but that's common everywhere.

Key Informant Interview 8

Wednesday, April 08, 2020- Anonymous–Via phone interview

1. How do you feel about the general health of your community?
 - I think we are pretty healthy with the exception of the elderly population; there are the typical issues that come with being older that we tend to see.
 - As a whole I think we are ok.
2. What are your views/opinions about these local services:
Hospital/clinic:
 - I view the hospital as a good emergency medical situation. I don't have a lot of confidence with them on the day to day basis. If I were sick, I think I would keep going.
 - I think the clinic is fairly available. Given a choice, I'm not sure that would be my choice.

- Confidentiality is a portion of it. The feel I get from the community is that they don't have a lot of confidence in the medical staff and the decisions they are making for them.

EMS Services (ER/Ambulance)

- I think we are in really good shape with the ER. People get good immediate care locally.
- We have a volunteer ambulance service. I think they do a good job. Every once in a while, there may be a gap in available workforce. In general, I think there are enough committed volunteers.

Public/County Health Department

- I have quite a bit of confidence in them. I think they could do better reaching out to the outlying communities (outside of Dillon). In their role as public health, they do a good job.

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

- I don't know if I can answer that question- I don't have much involvement in that area yet.

Services for Low-Income Individuals/Families

- I think we could work on that a little bit. Especially mental health and those types of areas. Mental health is the biggest pull that we have locally.

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

- Mental health.

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

- Mental health. It's the main hole we have for services in southwestern Montana.

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

- Any type of activity for folks- wellness opportunities would be helpful.
- Walking trails, those types of things. With our weather/climate 9-10 months of the year, it's tough for people to get out of the house.
- Transportation can be a hardship- distances we have to travel. It's a long way for people to go from Lima/Dell to Dillon.
- Education for folks to help them better navigate the system I think would be helpful. It can be very complicated.

Key Informant Interview 9

Wednesday, April 08, 2020- Anonymous –Via phone interview

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

- I think generally we are a healthy community. We have a lot of access to outdoors and local food production. We have the hospital right here in our neighborhood which is a great benefit.
- Generally speaking, the stigma against and mentality in our community of “pull yourself up by your bootstraps” people who may be in need just won’t ask for help. They end up delaying until it’s a much bigger deal.

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

Hospital/clinic:

- I think for a small rural hospital, it’s an amazing facility. The doctors are top notch. I’ve had a couple of overnight stays and delivered my baby there. I felt like I was in good hands. Food service is phenomenal. You can tell they take extra care- food is an important component of healing.

EMS Services (ER/Ambulance)

- We have a volunteer ambulance staff and what I know of them, they all seem very competent and skilled individuals. I haven’t ever had to utilize the ambulance services myself.
- I have been in the ER and I’ve recognized that maybe because of staffing availability, at times it seems like with the amount of people in the ER and the types of conditions they were dealing with, it seemed maybe they were a bit overwhelmed or short staffed.

Public/County Health Department

- I think that the public health department, the services they provide are essential and they do a great job at providing those services. But as a citizen of the community, I don’t see a ton of outreach in the community from the public health department. They could be doing it [outreach], but I feel like I am pretty well informed and seek out that information, and I think their presence in the community is not enough for folks to identify them as an initial go-to resource.

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

- I think we have some resources. I would not say they are extensive. We have a large senior population in our community. It doesn’t feel like there are enough services for them. Not a lot of options. There is the perception that the care is not at the standard that it should be.

- Senior Center- seems like they are trying to do more. They are challenged with a failing facility [building]. A lot of people don't know where it is. Not a lot of outreach and I am not sure the seniors that could benefit from those services are not getting reached.
- Transportation- we do have a little city bus people can use (per request). This could be increased.
- I think linking information through home health to other social services would be helpful. Those seniors who don't have transportation or need services are isolated. Having someone who is a community health worker would really benefit folks.

Services for Low-Income Individuals/Families

- We are really severely lacking low-income resources in our community. Public Assistance Office, Job Services, Western MT Mental Health, chemical dependency, rehab – all have either closed or have been greatly reduced. As a community we've tried to start a community resource desk to bridge that gap.
- There are very few low-income housing options available. If someone has any kind of record, they can't access HUD housing.
- Foodbank is open for a handful of people, 1 day a week. People wait in line (first come first served). Sometimes it seems like some take advantage of it. For those who come later in the day, everything can be gone.
- We do have a ministerial alliance that can sometimes provide support, but they do background checks and can be limiting. Love INC. as well. They also have another background check component. Seems like such a barrier for folks to access those resources.

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

- Mental health is an extensively important issue that has limited resources made available to support individuals in our community with limited needs. Again, the stigma piece is a barrier and increases the severity and isolation.
- General education for youth is lacking (mental health, interpersonal relationships, physical activity, substance abuse). We need better education and personal empowerment for our community youth.
- There was a youth survey done around risky behaviors and our youth in Beaverhead County seem to exceed those risky behaviors when compared to other Montana Counties.

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

- We are a mental health shortage area. We don't have many services available to us.
- A community health worker program could be such an important connective resource for folks.

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

- We have a lot of agencies and organizations that are doing a lot of really good work in our community. But having one entity that could help pull these groups together and have leadership and direction to engage all these different organizations could reduce duplication and do more with funding that is available. Connectivity at a deeper level would be super beneficial.
- This relationship and connectivity with the COVID-19 pandemic going on has really highlighted this need.

Key Informant Interview 10

Wednesday, April 08, 2020- Anonymous –Via phone interview

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

- We are super fortunate here to have the resources we need (hospital and health center) as well as recreational opportunities. I feel we are one of the healthier places in the world.

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

Hospital/clinic:

- For a town as small as Dillon is, the number and scope of services available is astounding. Quality of providers is also unmatched in other similar sized communities.
- I'm so impressed with the nationwide move to the outdoors. People seem to really be so much more appreciative of the wonderful outdoor resources we have in our area hiking, fishing, trails, etc. It's so wonderful to see people just get out.

EMS Services (ER/Ambulance)

- Fingers crossed; we haven't had to use [ambulance]. But from what I understand from other's, is that it's top notch. EMS is still volunteer and so it's somewhat sporadic.
- We have used the ER because of our kiddos. They are wonderful. They get to the bottom of the problem quickly and do through assessments instead of just jumping to a solution.

Public/County Health Department

- The only time I've used them is for flu shots. I have been very impressed with how their office is run. I've been extremely impressed with how they're handling the COVID-19 pandemic currently. They provide timely, informative information- great videos and data from national resources.

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

- We are most familiar with assisted living. We live close to one in Dillon. From what we've seen for their seniors and those seniors we know from church who live there, people seem happy.

Services for Low-Income Individuals/Families

- From my understanding the CHC is a great resource for those who need a sliding fee scale. They offer a wide array of services, from NPs to dental.
 - And the hospital will never turn anyone away, no matter what.
3. What do you think are the most important local healthcare issues?
 - Number one, I'm sure you'll hear, is mental/behavioral health. Severely underserved here. There are a lot of counselors and resources but the mentality, and stigma for behavioral/mental health.... People won't reach out and ask for help.
 4. What other healthcare services are needed in the community?
 - I wish we had midwifery care as an alternative to hospital or home births.
 - Dermatology. We've had visiting providers in the past, but it would be nice to have available locally again.
 5. What would make your community a healthier place to live?
 - Dillon is growing and we are seeing lots of new construction, which is great to see, but there is only a certain sector of people who can build homes here. We would benefit from some planning around income disparity.
 - Housing for lower income folks. With the University here- it's a great asset, but it has also screwed up our rental market. Rentals are really tough to get into.

Key Informant Interview 11

Thursday, April 09, 2020- Anonymous –Via phone interview

1. How do you feel about the general health of your community?
 - I feel really good about it. It's probably a reflection of my participation in work going on in the community. Love the collaboration that is going with the schools, hospital, university, public health etc. Lots of collaboration.
2. What are your views/opinions about these local services:
Hospital/clinic:
 - Generally, my experience (as a patient) has been great. When I need healthcare at the clinic, it's been great.
 - I did get pretty sick a few weeks back and ended up being sent to the ER. The professionalism, grace, and kindness I was shown was phenomenal.

EMS Services (ER/Ambulance)

- My experience has been working with law enforcement and EMTs to provide mental health Crisis Intervention Training (CIT). I have worked with EMTs and first responders to assist in responding to a mental health crisis. It's been terrific.

Public/County Health Department

- They are great. A wonderful collaborator; just terrific. I work with them though Western and providing student services. It's been a great relationship.

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

- I really don't know.

Services for Low-Income Individuals/Families

- The LAC [Local Advisory Council] does work in this area. We lost a lot of services in Beaverhead County. We've worked hard to set up a place to assist people in accessing various programs. It's called the RAC (Resource Assistance Center).
- I'm also on the board for United Way. Great program for providing assistance for folks in need.

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

- Access of course. Insurance, service availability.
- Affordability. Most of my clients are Medicaid. It's extremely difficult to work with Medicaid for both the patient and the provider.
- Awareness around mental health issues. Suicide is high in Montana and Beaverhead Co.

4. What other services are needed in the community?

- Anything that promotes wellness. We have a wonderful ACES taskforce, addressing trauma. Things that encourage people to live healthy lifestyles- nutrition, physically active, wellness in general.

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

- I think we are on a good track. I'd like to see community gardens for people to grow and share food.
- Events that build community- we do have some amazing events; I'd like to see that expanded.
- Trails to run/walk. Green spaces.

Key Informant Interview 12

Friday, April 10, 2020- Anonymous –Via phone interview

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

- I feel like it's pretty healthy around here. I do think the lack of affordable healthcare is probably an issue; but for the most part people are pretty healthy.

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

Hospital/clinic:

- So, I don't know. I guess I have a lot of opinions. We got this big new hospital and we still have to send patients off to other places. We don't have enough availability to provide the services that we need to. Overall though it's not a terrible place.
- The clinic is super helpful. I'm very grateful they have the clinic and walk-in clinic. Makes it much easier for us.

EMS Services (ER/Ambulance)

- ER, I mean, I guess it's just like any emergency room. Takes time to be seen. For the most part they do a really great job there. There are a few providers I'd rather not see if I had a choice. But when it's an emergency you do what you need to.
- Ambulance services- They do a good job. A lot of them [ambulance staff] are volunteers. They are great, do the best they can.

Public/County Health Department

- They do a great job. Especially right now (with COVID-19) at keeping everyone updated on what's going on.
- They are doing a good job with community outreach and making sure everyone is informed.

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

- We have several around here. I haven't dealt with them too much. And I haven't been in there since they were bought by another company. But one thing I've heard is its extremely expensive.

Services for Low-Income Individuals/Families

- That's definitely one area in which we struggle, but that's most places. A lot of folks do have Medicaid, but it is quite the process to get through the Office of Public Assistance (to sign up). The OPA does have some folks come down [to Dillon] two times a month from Butte. However, with the shelter in place, it has been a bigger barrier.
- There are folks who are low-income but make too much to qualify for Medicaid. That gets to be pretty hard. There is the Community Health Center, but there are people who have insurance but still can't afford to get healthcare.

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

- Access and affordability.

4. What other healthcare services are needed in the community?
 - I think we are doing pretty good. We have a few walk-in clinics and the Community Health Center. We have the coverage we need locally, it's just if people have the ability to access them.
5. What would make your community a healthier place to live?
 - We do pretty good with walking paths and trails, but I think more of them would be nice.
 - Shop-Ko closed and now there's nowhere to really get basic things.
 - We have a YMCA but it's not extremely affordable for families. They do offer scholarships, but I think some people don't want to use a scholarship out of pride.

Key Informant Interview 13

Tuesday, April 14, 2020- Anonymous –Via phone interview

1. How do you feel about the general health of your community?
 - I think the general health is pretty good. Most people have access to healthcare. I do believe there is a demographic that does not have great access due to financial restrictions.
2. What are your views/opinions about these local services:
 - Hospital/clinic:
 - I think the hospital and clinic are amazing and I think that's due to the staff. They are fantastic providers.
 - I would say that it seems like there are a lot of people that are transferred away. It would be good to be able to handle more things locally.
 - EMS Services (ER/Ambulance)
 - I think ambulance services would be better if they were connected, or a part of the hospital. With a volunteer service, sometimes it's hard to keep up with all the need. They could be better financially supported and staffed.
 - We have a very dedicated ambulance team, but we have run into the experience of not having someone able to respond to a call.
 - Assistance from the hospital to the ambulance team to ensure stability and make sure someone is always there.
 - Public/County Health Department
 - Amazing. They are understaffed but do an amazing job with what they have.
 - I don't know if there is another community who is doing more and providing so much information with everything going on (Covid-19).

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

- I think they are pretty good. We have quite a few senior citizens in our aging community; more services would always be utilized.
- There are a lot of private and public groups. They all seem pretty accessible.
- You know, we are lacking adult protective services in Dillon, due to isolation and geographical spread.

Services for Low-Income Individuals/Families

- We are in a desperate need for more. Since the State has pulled Public Assistance and other services like that, it's caused a strain. Many have tried to step in and fill gap, but it's still not nearly enough.
- I think Food Stamps and WIC need some set [office] hours and with someone physically working there.
- Mental health is a huge problem. Especially with cuts from State, Government.

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

- Mental health resources are just not here and available. If we could get people aware of what's available and improve access for our community, it would really benefit us. So many people are trying to work on this issue jails, addiction treatment, courts, mental health advocates...
- People without insurance. Dillon is an interesting demographic and there are a lot of people who are concerned about cost, but out of pride, won't access care or utilize those programs designed to assist people.
- We do have a Hispanic population in our community so access might be a little more difficult. Whether it be financial, immigration, or just language barriers.

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

- Addiction and ability of court services to enact some of those functions to help folks access those services (anger management, addiction counseling, etc.)
- Any kind of therapists/counselors- even for things like family counseling for the low-income group.
- I'm anxious to see what happens with the outcome of Corona virus issues. In terms of mental health needs, what will happen with the economy, etc.? People may or may not reach out for help.
- Hopefully the tele-doc stuff will help folks' access but not everyone has home internet access. It's another barrier for those who can't afford those kinds of services.
- New pharmacy in town has helped.
- Mental health, it's a statewide problem. Even for those who get involuntarily committed because they are off their meds. Once they get let out again, once medicated and stable, they start down the road again to those issues that had them off their medications in the first place. It's a vicious cycle. It would be great to have transitional services... there is a cool program out west. Almost like a social worker or case manager who helps track and support folks once they are let out.

5. What would make your community a healthier place to live?
 - More work, more businesses. If we had a bigger/stronger economy. We would benefit from more business in town to build a more vibrant economy.
 - I wish more people would get involved in their city government. More people who have interests what's going on in our town and participate in making it better... that would benefit our community.

Key Informant Interview 14

Tuesday, April 14, 2020- Anonymous –Via phone interview

1. How do you feel about the general health of your community?
 - I think for a community that primarily a farming/ranching area (really rural Montana), I think it's pretty good. Many people spend their lives in the sun- we know a bunch of people who have had skin cancer.
 - Other than that, it's the typical things that happen in small communities. Nothing unusual.
2. What are your views/opinions about these local services:
 - Hospital/clinic:
 - Thank goodness we have both the hospital and clinic. If we didn't have it, we'd be going to Butte for medical services.
 - The hospital- I think they do a good job. Like most small businesses, they operate of a pretty thin margin.
 - The staff are competent and friendly. They do a good job. I know they care and work really hard. Not just nurses and physicians either. Maintenance, custodial, dietary, administration, etc. They do a really good job.
 - Clinic- I would say the same thing. Good caring people. Honestly, I think a couple of Physicians seem a little burnt out; overextended in what they do.
 - Very few are taking new clients and one of the long-time physicians is retiring. That makes it harder to get in. I think that's true for some of the nurses too. But no doubt about it, they provide excellent clinical services.
 - They also don't hesitate one second to reach out and contact a specialist to address questions or obtain a consult if they need it. I think that's a strength.
 - EMS Services (ER/Ambulance)
 - ER is good. However, if you call ahead, they won't tell you who's there working. We've had occasions to go in a number of times in the last few years. There are some of the Physicians and PAs [Physician Assistants] that are much, much better in our experience. There are some inconsistencies in who's providing.
 - They can get busy, but usually they get you right in.
 - The ambulance service- I've only had to use once. It wasn't the best experience.

- I know they are volunteer and that's too bad. The County should hire at least one full-time.
- The ambulance team, they are dedicated and good people.

Public/County Health Department

- You know, I've not had much contact with them. I know Sue Hansen she's a wonderful person. I don't have much I could share about their services.

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

- Home health- my wife needed that. They were excellent, the nurses that came to our house. I've known other people who have used home health services as well and had good experiences. The woman who runs it is so, so competent. Great program.

Services for Low-Income Individuals/Families

- I really don't know much about that. We are fortunate that we haven't had to utilize. My daughter is disabled and has an awful time with Medicare and Medicaid. She's had a horrible experience accessing medications, disability services etc.

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

- They just built a brand new, beautiful hospital. We appreciate that they're here. They're doing the best they can.
- I'm guessing they are really struggling to make ends meet. I think it's pretty common for all small hospitals.

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

- Dermatologist. We used to have one visiting from Butte. It would be nice and helpful to have available locally. Even if it's only every so often.
- My wife and I, we end up going to Missoula, to Bozeman, to Butte to get things done. Different kinds of surgery, cancer treatment, chemotherapy. People have to drive back and forth. It's a lot of traveling. However, I recognize we are a small town and can only do so much.

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

- You know, I really don't know, nothing really comes to mind.
- Would be nice if the powers that be would fund them [rural hospitals] better.
- We are a farm/ranch community; those folks are tough.

Key Informant Interview 15

Wednesday, April 15, 2020- Anonymous-Via phone interview

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

- I think it's probably somewhere in the middle, because we are an aging community.

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

Hospital/clinic:

- The clinic- I think that we have good doctors. I think that they are concerned, and I think they go that extra mile to try to figure out something. I do think that sometimes there are times when the folks who answer the phones are not as professional as they could be. When you try to make an appointment or reach a provider. They give you this attitude that feels like they know more than you and can decide what you need. Don't know if it's just the person answering the telephone or the providers not wanting to deal with it/you at that time.
- The hospital- I've had very good care there; I could also go on for an hour and a half on one really bad experience. During the bad experience, I did not have any confidence in the person caring for me. If I hadn't been so sick, I think my husband would have taken me anywhere else to not have that doctor.
- I did make a call to discuss my concerns with the hospital and I do not feel like they were responsive at all.
- Yes, I recognize I had a bad experience, but beyond that, people at the hospital and clinic work hard and are constrained by rules and regulations. I feel as if some of the humanity has been lost with the way healthcare is run now and it's unfortunate.

EMS Services (ER/Ambulance)

- With that one bad experience in the ER- the nurse, the tech, radiology- once we got past that physician, my experience was greatly improved. Once I wasn't dealing with that individual, then things happened in a way that I knew I was being cared for appropriately.

Public/County Health Department

- I've had no experience with them.
- However, through this pandemic, I've had really excellent responses from them when I reached out for more information. They have responded quickly; they are forthright and very helpful.

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

- Not a lot of experience there.
- I do think the person driving the senior citizens bus, from what I see with him picking up and dropping off folks- he's incredible. I've visited folks in the Legacy, I feel like it's very clean and those people are being cared for in a very respectful way.
- I am worried that through this pandemic, seniors are not getting those social opportunities and communal meals that they are used to. People are feeling pretty isolated.

Services for Low-Income Individuals/Families

- Mental health is no longer here, neither is the Office of Public Assistance. I am involved with a couple of non-profits and we have seen folks who are trying to assist with that.
 - I think the Community Health Center may be overwhelmed with the mental health needs and what's sad with these departments being closed, they [community member's needing services] don't have the resources to get to Butte where they are located so they end up going without.
3. What do you think are the most important local healthcare issues?
- Mental health.
 - Access with insurance etc. If you're self-employed, the deductibles are outrageous. I think sometimes people don't realize how hard it can be without better insurance coverage.
 - Because of health insurance, having to balance work, bills, and general costs- many of us avoid getting care. There isn't a safety net. Many people fall through the cracks.
4. What other healthcare services are needed in the community?
- Quite honestly, our walk-in clinic is kind of a joke. It's not the staff, it's how it's set up. It's not opened on Saturdays and only 8am-5pm. There needs to be some kind of buffer between ER and our primary care doctor. I think it's missed the mark for our community.
5. What would make your community a healthier place to live?
- A larger acceptance of the traditional medicine to maybe look at naturopathic/eastern medicine alternatives. The oncologist I saw didn't make you see a naturopath, but they recommended it. Because of the oncologist and internist, I saw, because they embraced some of the eastern medicine traditions (massage, acupuncture, visualization, etc.), I was able to recover as well as I did. I believe the blend of the two is so important. I wish that was more practiced here.

Appendix I- Request for Comments

Written comments on this 2020 Community Health Needs Assessment Report can be submitted to the Barrett Hospital & HealthCare or to Beaverhead County Health Department.

Barrett Hospital & HealthCare

Compliance Department
600 MT Hwy 91 S
Dillon, Montana
59725



Contact Barrett Hospital & Healthcare’s Chief Quality & Compliance Officer at 406-683-3190 or mkoslosky@barrethospital.org with questions.

Beaverhead County Health Department

41 Barrett Street
Dillon, Montana
59725



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