



COMMUNITY HEALTH NEEDS ASSESSMENT 2020



**ASSESSMENT CONDUCTED BY
ROSEBUD HEALTH CARE CENTER**

**IN COOPERATION WITH
THE MONTANA OFFICE OF
RURAL HEALTH**



MONTANA
STATE UNIVERSITY

Office of Rural Health
Area Health
Education Center

FORSYTH, MONTANA

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INTRODUCTION

Introduction

Rosebud Health Care Center (RHCC) is a 24-bed Critical Access Hospital (CAH), Rural Health Clinic and Long-Term Care Facility based in Forsyth, Montana. Rosebud Health Care Center offers inpatient, outpatient, emergency, respite and extended care for the entire family. The 4th largest county in Montana by land area, Rosebud County consists of just over 5,000 square miles of land area and is home to approximately 9,383 people.



Rosebud Health Care Center’s primary service area includes the communities of Forsyth, Colstrip, Hysham, Ashland, Birney, Lame Deer and Rosebud; with most of the County’s populated communities located along I-94, US 12 and US 212. Rosebud 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.



Vision: Rosebud Health Care Center provides a safe, caring environment for patients, residents and staff. We are conscientious, exemplary stewards of all resources. Our compassionate and professional staff, through strong partnerships, will provide quality, affordable healthcare for the whole family. Our ongoing commitment to serving the needs of our community is in keeping with the spirit of our organization.

Mission: Employees of RHCC are committed to high quality, efficient and patient-centered care for our family, friends and community.

Values:

- Accountability: We will always be accountable for our patients.
- Attitude: Our staff will always provide patient-centered service with a pleasant, positive attitude.
- Confidentiality: We will always protect each patient’s privacy and record confidentiality.
- Integrity: We will always be honest and truthful in our communications with patients and community members.
- Quality: We will provide quality care close to home.
- Unity: We are unified in one purpose.
- Commitment: We demonstrate a dedication to our work and improve the services we provide by staying current with modern treatments, moving forward with technology and dedication to prevention and wellness.

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

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

Health Assessment Process



A steering committee was convened to assist Rosebud Health Care Center in conducting CHSD. A diverse group of community members representing various organizations and populations within the community (ex. public health, elderly, uninsured) came together in February 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 March 2020, surveys were mailed out to the residents in Rosebud County, Montana. Survey respondents had the ability to complete the survey mailed to them, or via an online survey hosted at Montana State University's HELPS Lab web portal. The survey was based on a design that has been used extensively in the states of Washington, Wyoming, Alaska, Montana, and Idaho. The survey was designed to provide each facility with information from local residents regarding:

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

Sampling

Rosebud Health Care Center provided a list of outpatient and inpatient admissions. Those zip codes with the greatest number of admissions were selected to be included in the survey. A random list of 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
59327	2945	Forsyth	653	326	326
59038	656	Hysham	58	29	29
59347	321	Rosebud	38	19	19
59323	2294	Colstrip	37	19	19
59043	2950	Lame Deer	8	4	4
59039	28	Ingomar	6	3	3
59003	1160	Ashland	1	1	1
Total	10354		800	400	400

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



While 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, key informant interview data are grouped into common themes based on our interpretation of the transcript. To better understand these themes, please review the full transcript in Appendix I. MORH staff facilitated key informant interviews for RHCC to ensure impartiality. However, given the small size of the community, interview participants may still be hesitant to express their opinions freely. Personal identifiers are not included in the interview transcripts; however, we are unable to ensure anonymity amongst focus group participants.

Survey Implementation

In March 2020, a survey, cover letter on Rosebud Health Care Center letterhead with the Chief Executive Officer's signature, and postage paid envelope was mailed out to 800 randomly selected residents in the hospital's service area. A news release was sent to local newspaper as well as social media postings prior to the survey distribution announcing that Rosebud Health Care Center would be conducting a community health services survey throughout the region in cooperation with the Montana Office of Rural Health.

Two hundred forty-nine surveys were returned out of 800. Of those 800 surveys, 37 surveys were returned undeliverable for a 32.6% response rate. From this point on, the total number of surveys will be out of 763. 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 6.14%.

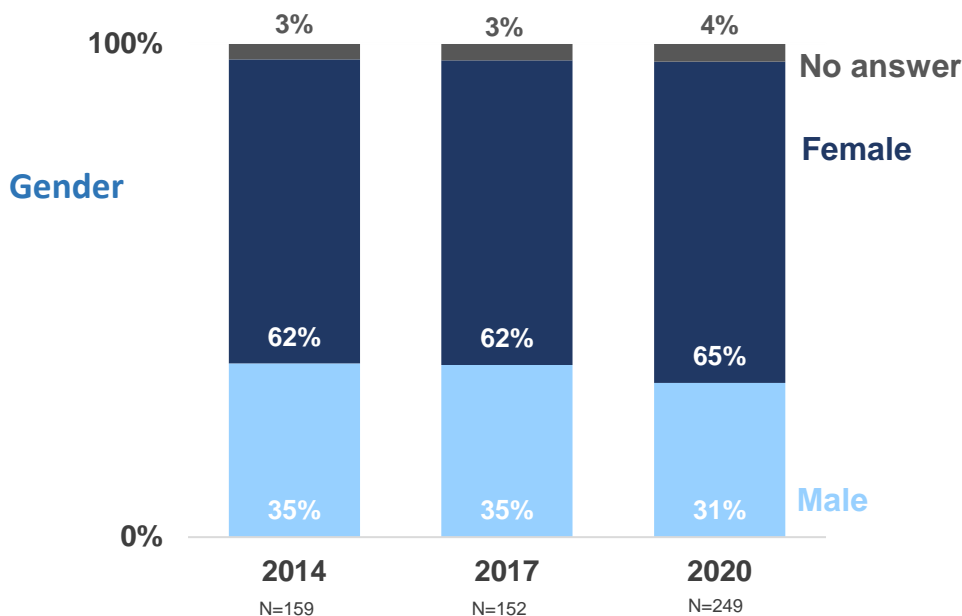
Survey Respondent Demographics

A total of 763 surveys were distributed amongst Rosebud Health Care Center's service area. Two-hundred forty-nine were completed for a 32.6% 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	156	151	242	
Forsyth 59327	76.9% (120)	84.8% (128)	82.6% (200)	<input type="checkbox"/>
Rosebud 59347	7.1% (11)		6.6% (16)	<input type="checkbox"/>
Hysham 59038	8.3% (13)	7.9% (12)	5.8% (14)	<input type="checkbox"/>
Colstrip 59323	6.4% (10)	4.0% (6)	3.3% (8)	<input type="checkbox"/>
Ingomar 59039		2.0% (3)	0.4% (1)	<input type="checkbox"/>
Ashland 59003	0.6% (1)	1.3% (2)	0.0% (0)	<input type="checkbox"/>
Lame Deer 59043			0.0% (0)	<input type="checkbox"/>
Other	0.6% (1)		1.2% (3)	<input type="checkbox"/>
TOTAL	100% (156)	100% (151)	100% (242)	

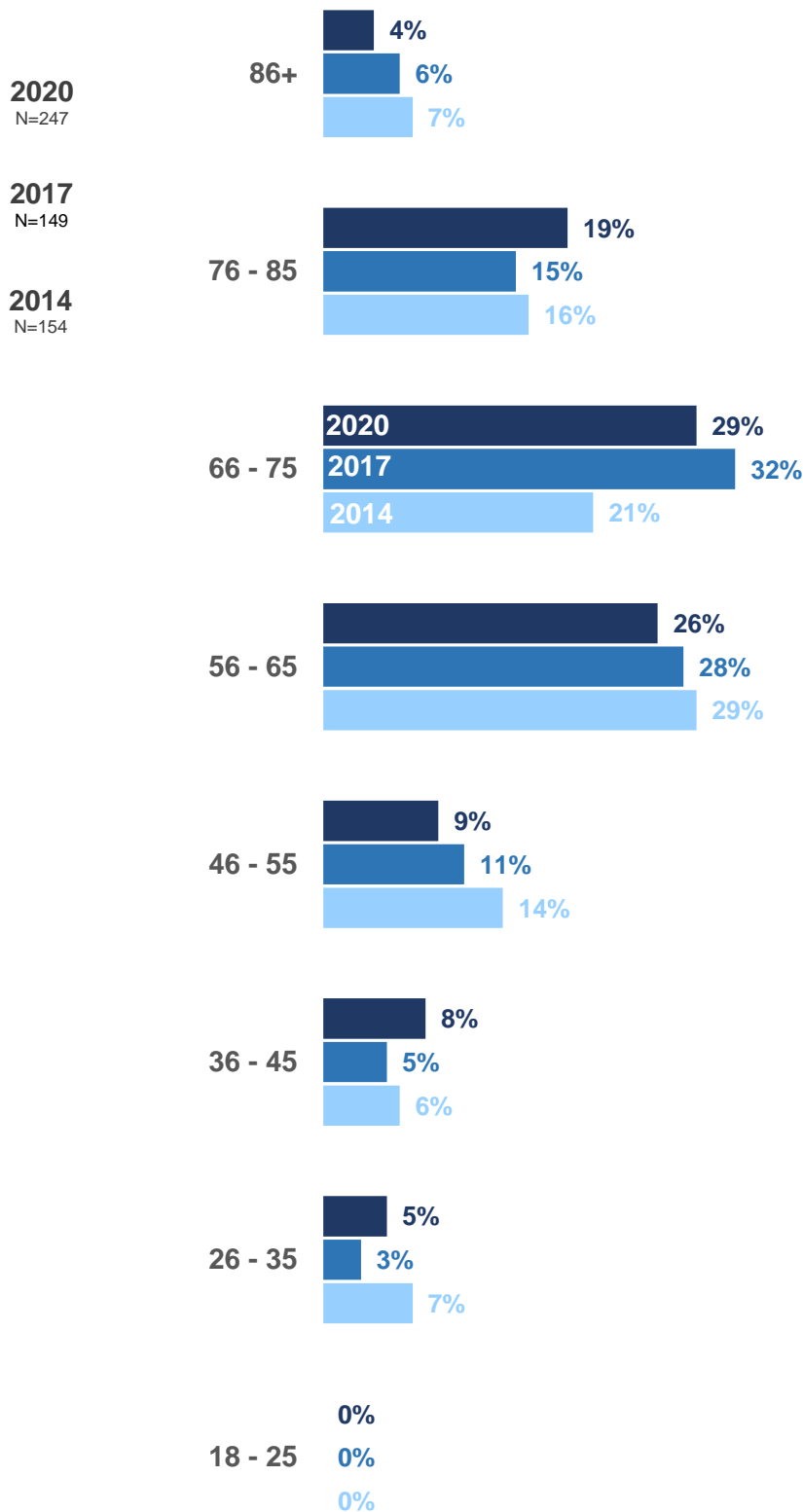
A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Grayed out cells indicate the question was not asked that year.

"Other" comments included: 59327 but 55 miles out of town and Forsyth zip code, but live closer to Ashland.



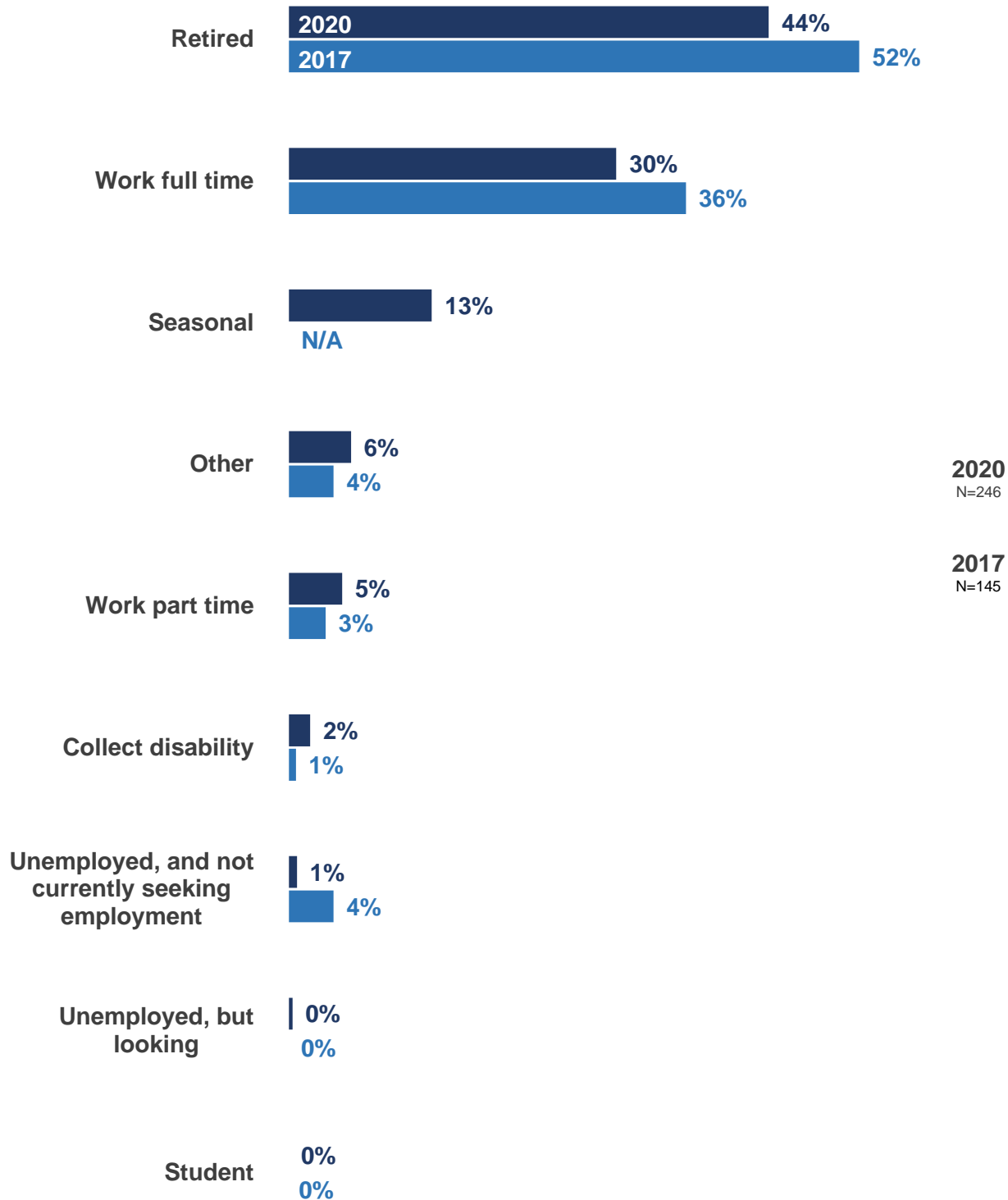
Women are frequently the healthcare decision makers for their families and are more likely to respond to a health-related survey.

Age of respondents (2014-2020)



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

*Emploment Status



“Other” comments included: unemployed due to COVID-19, work-full time but non-essential, homemaker, and retired and own a motel.



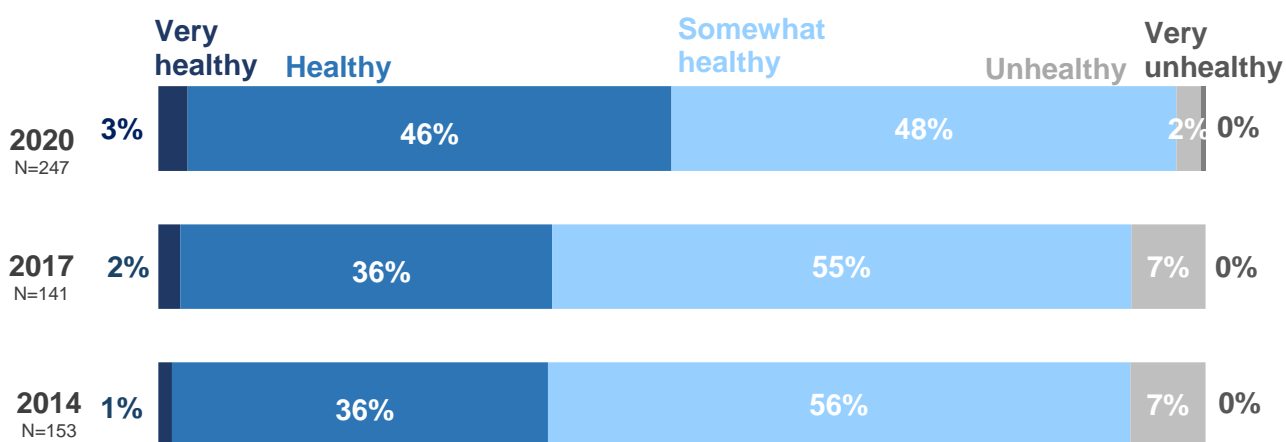
SURVEY RESULTS

Survey Results

Rating of Healthy Community (Question 1)

Respondents were asked to indicate how they would rate the general health of their community. Forty-eight percent of respondents (n=119) rated their community as “Somewhat healthy”, and 46% of respondents (n=114) felt their community was “Healthy.” No respondents indicated they felt their community was “Very unhealthy.”

In 2020, more people rate their community as **very healthy** or **healthy**.



“Other” comments included: lots of obesity, and increased access to prevention.

Nearly all respondents rate their community as “Healthy” or “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 concerns were “Alcohol use” and “Cancer” at 36.9% (n=92 each). “Drug use” was also a high priority at 35.7% (n=89).

“Other” comments included: COVID-19/Coronavirus (2), gossip, aging related issues (3), gambling, prescription medication/drug abuse, welfare and vision services.

Health Concern	2014 %(n)	2017 %(n)	2020 %(n)	SIGNIFICANT CHANGE
Number of respondents	159	152	249	
Alcohol use			36.9% (92)	<input type="checkbox"/>
Cancer	46.5% (74)	44.1% (67)	36.9% (92)	<input type="checkbox"/>
Drug use			35.7% (89)	<input type="checkbox"/>
Overweight/obesity	41.5% (66)	37.5% (57)	22.1% (55)	<input checked="" type="checkbox"/>
Tobacco use (cigarettes/cigars, vaping, smokeless)	26.4% (42)	13.2% (20)	20.5% (51)	<input checked="" type="checkbox"/>
Mental health issues	8.8% (14)	14.5% (22)	15.7% (39)	<input type="checkbox"/>
Work/economic stress			14.5% (36)	<input type="checkbox"/>
Diabetes	17.0% (27)	24.3% (37)	14.1% (35)	<input checked="" type="checkbox"/>
Alzheimer's/dementia			11.2% (28)	<input type="checkbox"/>
Heart disease	23.3% (37)	30.3% (46)	10.8% (27)	<input checked="" type="checkbox"/>
Lack of exercise	22.0% (35)	14.5% (22)	10.4% (26)	<input checked="" type="checkbox"/>
Depression/anxiety	12.6% (20)	9.9% (15)	9.2% (23)	<input type="checkbox"/>
Lack of access to healthcare	5.7% (9)	11.2% (17)	8.4% (21)	<input type="checkbox"/>
Social isolation/loneliness			6.4% (16)	<input type="checkbox"/>
Respiratory issues/illness			4.0% (10)	<input type="checkbox"/>
Stroke	3.1% (5)	9.2% (14)	3.2% (8)	<input checked="" type="checkbox"/>
Child abuse/neglect	7.5% (12)	5.3% (8)	2.8% (7)	<input type="checkbox"/>
Lack of dental care	1.9% (3)	5.9% (9)	2.8% (7)	<input type="checkbox"/>
Motor vehicle accidents	5.0% (8)	5.3% (8)	2.4% (6)	<input type="checkbox"/>
Domestic violence	1.9% (3)	1.3% (2)	2.0% (5)	<input type="checkbox"/>
Work related accidents/injuries	3.1% (5)	3.3% (5)	2.0% (5)	<input type="checkbox"/>
Suicide			1.6% (4)	<input type="checkbox"/>
Hunger			1.2% (3)	<input type="checkbox"/>
Recreation related accidents/injuries	1.9% (3)	0.0% (0)	0.4% (1)	<input type="checkbox"/>
Other*	4.4% (7)	3.9% (6)	8.8% (22)	<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=11) who selected over the allotted amount were moved to "Other".

Components of a Healthy Community (Question 3)

Respondents were asked to identify the three most important things for a healthy community. Fifty-one percent of respondents (n=128) indicated that “Access to healthcare services” is important for a healthy community, followed by “Good jobs and a healthy economy” at 50.2% (n=125), and “Healthy behaviors and lifestyles” at 26.9% (n=67).

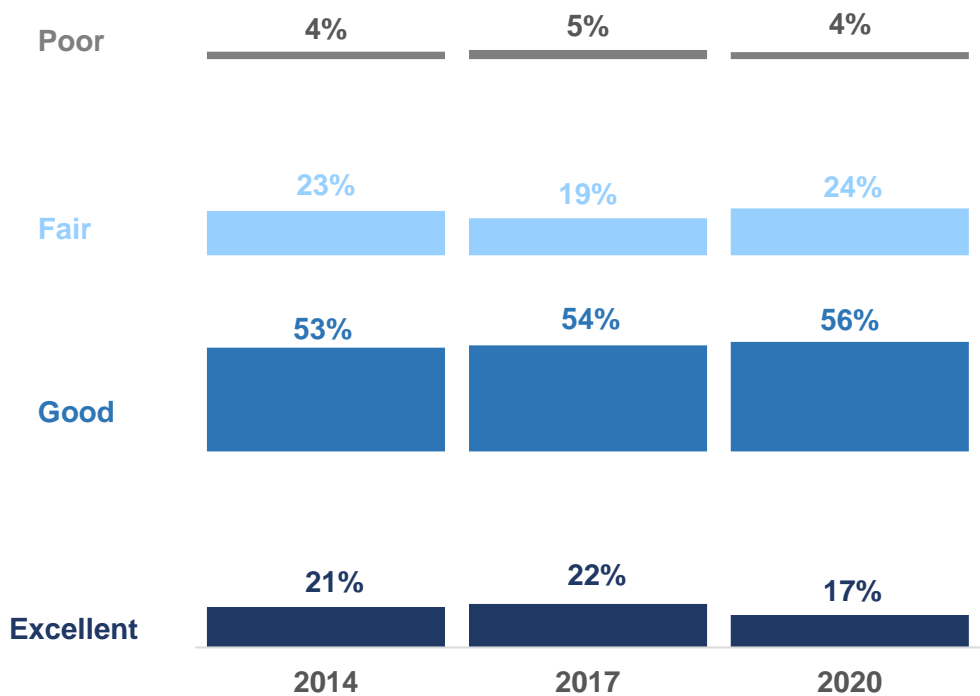
Components of Healthy Community	2014 %(n)	2017 %(n)	2020 %(n)	SIGNIFICANT CHANGE
Number of respondents	159	152	249	
Access to healthcare services	62.3% (99)	68.6% (104)	51.4% (128)	■
Good jobs and a healthy economy	38.4% (61)	53.3% (81)	50.2% (125)	■
Healthy behaviors and lifestyles	41.5% (66)	34.9% (53)	26.9% (67)	■
Strong family life	33.3% (53)	28.3% (43)	23.7% (59)	□
Good schools	23.9% (38)	23.0% (35)	23.3% (58)	□
Religious or spiritual values	28.9% (46)	25.7% (39)	22.1% (55)	□
Low crime/safe neighborhoods	20.1% (32)	20.4% (31)	15.3% (38)	□
Access to healthy foods			13.7% (34)	□
Affordable housing	13.2% (21)	11.8% (18)	13.3% (33)	□
Community involvement	6.9% (11)	7.2% (11)	12.9% (32)	□
Access to childcare/after school programs			10.0% (25)	□
Clean environment	13.2% (21)	12.5% (19)	7.6% (19)	□
Transportation services			6.4% (16)	□
Tolerance for diversity	4.4% (7)	1.3% (2)	5.2% (13)	□
Parks and recreation	3.1% (5)	3.3% (5)	4.0% (10)	□
Low death and disease rates	5.0% (8)	3.9% (6)	2.0% (5)	□
Arts and cultural events	2.5% (4)	1.3% (2)	1.2% (3)	□
Low level of domestic violence	0.0% (0)	2.6% (4)	1.2% (3)	□
Other*	1.9% (3)	0.7% (1)	2.8% (7)	□

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

Knowledge of Health Services (Question 4)

Respondents were asked to rate their knowledge of the health services available at Rosebud Healthcare Center. Fifty-six percent (n=138) of respondents rated their knowledge of health services as “Good.” “Fair” was selected by 24% percent (n=59), and “Excellent” was selected by 17% (n=41) of respondents.

Majority of respondents rated thier knowledge as **Good**.



“Other” comments included:

- Fair to poor

How Respondents Learn of Health Services (Question 5)

The most frequently indicated method of learning about available services was “Word of mouth/reputation” at 59% (n=147). “Friends/family” was the second most frequent response at 55.8% (n=139), followed by “Healthcare provider” at 42.6% (n=106).

How Learn about Community Health Services	2014 %(n)	2017 %(n)	2020 %(n)	SIGNIFICANT CHANGE
Number of respondents	159	152	249	
Word of mouth/reputation	68.6% (109)	61.2% (93)	59.0% (147)	<input type="checkbox"/>
Friends/family	55.3% (88)	56.6% (86)	55.8% (139)	<input type="checkbox"/>
Healthcare provider	49.1% (78)	48.0% (73)	42.6% (106)	<input type="checkbox"/>
Mailings/newsletter	32.1% (51)	34.2% (52)	33.7% (84)	<input type="checkbox"/>
Newspaper	48.4% (77)	40.1% (61)	31.3% (78)	<input checked="" type="checkbox"/>
Public Health	8.8% (14)	15.1% (23)	24.1% (60)	<input checked="" type="checkbox"/>
Social media	3.8% (6)	5.9% (9)	20.9% (52)	<input checked="" type="checkbox"/>
Senior center			19.7% (49)	<input type="checkbox"/>
Community bulletin board	16.4% (26)	11.8% (18)	17.7% (44)	<input type="checkbox"/>
Radio	14.5% (23)	18.4% (28)	17.3% (43)	<input type="checkbox"/>
Website/internet	5.0% (8)	2.6% (4)	16.9% (42)	<input checked="" type="checkbox"/>
Presentations	3.1% (5)	7.2% (11)	1.6% (4)	<input checked="" type="checkbox"/>
Other	1.9% (3)	5.9% (9)	4.4% (11)	<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:

- EMS
- Worked at RHCC
- Longtime community resident
- Health fair
- Foundation board
- Lived here since 1950
- I go there if I have a question
- Work health fair
- Suggestion: Mailers to everyone listing providers, contact numbers, including telephone numbers, services

Utilized Community Health Resources (Question 6)

Respondents were asked which community health resources, other than the hospital or clinic, they had used in the last three years. “Pharmacy/tele-pharmacy” was the most frequently utilized community health resource cited by respondents at 72.3% (n=180). The “Dentist” was utilized by 61% (n=152) of respondents, followed by “Public health” at 34.5% (n=86).

Use of Other Community Health Resources	2014 %(n)	2017 %(n)	2020 %(n)	SIGNIFICANT CHANGE
Number of respondents	159	152	249	
Pharmacy/tele-pharmacy	79.9% (127)	80.9% (123)	72.3% (180)	<input type="checkbox"/>
Dentist	62.3% (99)	61.2% (93)	61.0% (152)	<input type="checkbox"/>
Public health	26.4% (42)	27.0% (41)	34.5% (86)	<input type="checkbox"/>
Senior center	16.4% (26)	20.4% (31)	22.1% (55)	<input type="checkbox"/>
Ask a nurse			10.8% (27)	<input type="checkbox"/>
Nursing home		2.6% (4)	4.4% (11)	<input type="checkbox"/>
Mental health	5.0% (8)	4.6% (7)	2.0% (5)	<input type="checkbox"/>
Assisted living	0.6% (1)	1.3% (2)	1.6% (4)	<input type="checkbox"/>
Other	3.8% (6)	3.3% (5)	7.2% (18)	<input type="checkbox"/>

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

“Other” comments included:

- Dentist
- Transportation
- Chiropractor (2)
- Clinic visits (2)
- Food bank
- VA
- Swimming pool!
- Blood tests, flu & pneumonia shots with public health

Improve Community's Access to Healthcare (Question 7)

Respondents were asked to indicate what they felt would improve their community's access to healthcare. Sixty-three percent of respondents (n=156) reported that "More primary care providers" would make the greatest improvement. Forty-five percent of respondents (n=113) indicated "Affordability of services" would improve access, and "More specialists" was selected by 32.5% (n=81).

"More primary care providers" would make the greatest improvement

What Would Improve Community Access to Healthcare	2014 %(n)	2017 %(n)	2020 %(n)	SIGNIFICANT CHANGE
Number of respondents	159	152	249	
More primary care providers	50.9% (81)	34.2% (52)	62.7% (156)	■
Affordability of services	50.3% (80)	52.6% (80)	45.4% (113)	□
More specialists	30.8% (49)	29.6% (45)	32.5% (81)	□
More information about available services			26.9% (67)	□
Payment assistance programs (healthcare expenses)			22.9% (57)	□
Improved quality of care	24.5% (39)	22.4% (34)	21.3% (53)	□
Telemedicine	14.5% (23)	7.9% (12)	14.9% (37)	□
Greater health education services	22.6% (36)	13.2% (20)	12.9% (32)	■
Transportation assistance	20.8% (33)	12.5% (19)	11.6% (29)	■
Assistance making appointments and finding services			10.8% (27)	□
Outpatient services expanded hours	24.5% (39)	13.8% (21)	10.0% (25)	■
Online scheduling			6.0% (15)	□
Cultural sensitivity	1.9% (3)	1.3% (2)	2.0% (5)	□
Interpreter services	0.0% (0)	0.0% (0)	0.8% (2)	□
Other	4.4% (7)	4.6% (7)	4.0% (10)	□

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: more MD's, a full-time doctor, home health services, mental health, health education in schools, transportation services.

Interest in Educational Classes/Programs (Question 8)

Respondents were asked if they would be interested in any educational classes/programs made available to the community. The most highly indicated class/program was “Health and wellness” at 34.5% (n=86), followed by “Senior wellness” at 28.5% (n=71), and “Fitness” at 27.3% (n=68).

Interest in Classes or Programs	2014 %(n)	2017 %(n)	2020 %(n)	SIGNIFICANT CHANGE
Number of respondents	159	152	249	
Health and wellness	32.7% (52)	28.9% (44)	34.5% (86)	<input type="checkbox"/>
Senior wellness			28.5% (71)	<input type="checkbox"/>
Fitness	35.8% (57)	25.7% (39)	27.3% (68)	<input type="checkbox"/>
Women's health	32.7% (52)	21.7% (33)	23.3% (58)	<input checked="" type="checkbox"/>
Weight loss	30.2% (48)	19.7% (30)	22.1% (55)	<input type="checkbox"/>
Living will	22.0% (35)	15.1% (23)	20.5% (51)	<input type="checkbox"/>
First aid/CPR	18.9% (30)	17.1% (26)	18.9% (47)	<input type="checkbox"/>
Alzheimer's	10.7% (17)	15.8% (24)	16.1% (40)	<input type="checkbox"/>
Nutrition	35.2% (56)	23.0% (35)	15.7% (39)	<input checked="" type="checkbox"/>
Cancer	12.6% (20)	13.2% (20)	15.3% (38)	<input type="checkbox"/>
Diabetes	14.5% (23)	16.4% (25)	12.9% (32)	<input type="checkbox"/>
Men's health	11.9% (19)	9.9% (15)	12.0% (30)	<input type="checkbox"/>
Mental health	5.0% (8)	7.9% (12)	11.6% (29)	<input type="checkbox"/>
Heart disease	8.2% (13)	11.2% (17)	8.4% (21)	<input type="checkbox"/>
Grief counseling	3.8% (6)	5.9% (9)	6.4% (16)	<input type="checkbox"/>
Support groups	3.8% (6)	5.9% (9)	6.4% (16)	<input type="checkbox"/>
Parenting	2.5% (4)	3.9% (6)	5.6% (14)	<input type="checkbox"/>
Smoking/tobacco cessation	3.1% (5)	4.6% (7)	4.8% (12)	<input type="checkbox"/>
Alcohol/substance abuse	0.6% (1)	3.3% (5)	2.8% (7)	<input type="checkbox"/>
Lactation/breastfeeding support			1.2% (3)	<input type="checkbox"/>
Prenatal	2.5% (4)	2.0% (3)	0.8% (2)	<input type="checkbox"/>
Other	3.1% (5)	2.6% (4)	3.2% (8)	<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: care for elderly, living will, counselling, Parkinson’s.

Desired Local Health Services (Question 9)

Respondents were asked to indicate which additional services would they utilize if available locally. Respondents indicated the most interest in a “Hearing aid clinic” at 30.5% (n=76), followed by a “Foot care clinic” at 21.7% (n= 54, and “Home health” at 18.5% (n=46).

Desired Local Healthcare Services	2014 %(n)	2017 %(n)	2020 %(n)	SIGNIFICANT CHANGE
Number of respondents	159	152	249	
Hearing clinic/test			30.5% (76)	<input type="checkbox"/>
Foot care clinic	15.1% (24)	18.4% (28)	21.7% (54)	<input type="checkbox"/>
Home health	9.4% (15)	8.6% (13)	18.5% (46)	<input checked="" type="checkbox"/>
Sleep studies	13.8% (22)	7.9% (12)	13.7% (34)	<input type="checkbox"/>
Diabetes education	11.9% (19)	8.6% (13)	13.3% (33)	<input type="checkbox"/>
Hospice	6.9% (11)	10.5% (16)	13.3% (33)	<input type="checkbox"/>
Cardiac rehabilitation	5.7% (9)	6.6% (10)	9.2% (23)	<input type="checkbox"/>
Mental health/tele-psych	3.1% (5)	5.9% (9)	8.0% (20)	<input type="checkbox"/>
Crisis services	1.9% (3)	2.6% (4)	7.2% (18)	<input checked="" type="checkbox"/>
Dialysis	1.3% (2)	2.0% (3)	1.6% (5)	<input type="checkbox"/>
Other	5.0% (8)	6.6% (10)	6.4% (16)	<input type="checkbox"/>

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

“Other” comments included:

- NA or none (6)
- Optometrist (2)
- Not sure
- Walk-in
- Stable physician availability in clinic
- Dealing with multi-medical problems at the same time
- No qualified providers

Desired Senior Services (Question 10)

Respondents were asked if they or a household member would be interested in additional senior services if available locally. Respondents indicated the most interest in having “Home health (skilled nursing)” services at 43% (n=107), and “In home personal assistance” at 41.4% (n=103), followed by “Age in place services/assistance” at 31.7% (n=79).

Needed Senior Services	2020 %(n)
Number of respondents	249
Home health (skilled nursing)	43.0% (107)
In home personal assistance	41.4% (103)
Age in place services/assistance	31.7% (79)
Hospice	30.9% (77)
Senior retirement housing	20.9% (52)
Senior respite care	19.3% (48)
Transportation	16.1% (40)
Assisted living facility	15.7% (39)
Palliative care	8.0% (20)
Other	4.0% (10)

Respondents could select any of the listed senior services, so percentages do not equal 100%.

“Other” comments included:

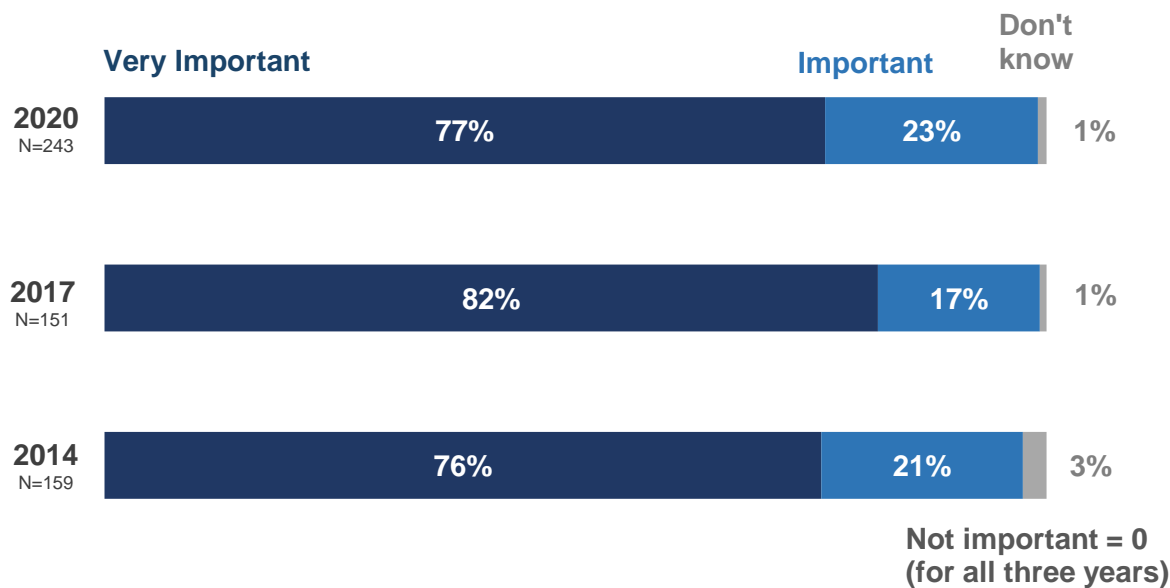
- Don’t know of issues
- We have all of these (2)
- Don’t know (4)
- Hospice
- Not sure, I’m new to the community

Top desired senior services are “Home health (skilled nursing)” and “In home personal assistance”

Economic Importance of Healthcare (Question 11)

The majority of respondents (77%, n=186), indicated that local healthcare providers and services (i.e. hospitals, clinics, nursing homes, assisted living, etc.) are “Very important” to the economic wellbeing of the area. Twenty-three percent of respondents (n=55) indicated they are “Important”, and two respondents, or 1% indicated they “Don’t know.”

Most respondents feel local healthcare services are **Important** or **very Important**



Utilization of Preventative Services (Question 12)

Respondents were asked if they had utilized any of the preventative services listed in the past year. “Blood pressure check” was selected by 67.9% of respondents (n=169). Sixty-five percent of respondents (n=162) indicated they received a “Flu shot/immunizations”, and 64.3% of respondents (n=160) had a “Dental checkup.”

Use of Preventative Services	2014 %(n)	2017 %(n)	2020 %(n)	SIGNIFICANT CHANGE
Number of respondents	159	152	249	
Blood pressure check	44.0% (70)	48.0% (73)	67.9% (169)	■
Flu shot/immunizations	54.1% (86)	59.2% (90)	65.1% (162)	□
Dental check			64.3% (160)	□
Health checkup	48.4% (77)	50.7% (77)	59.8% (149)	■
Cholesterol check	40.3% (64)	40.1% (61)	53.0% (132)	■
Vision check			46.6% (116)	□
Mammography	24.5% (39)	33.6% (51)	36.1% (90)	■
Diabetic/glucose screening	23.3% (37)	23.7% (36)	28.1% (70)	□
Prostate (PSA)	12.6% (20)	10.5% (16)	20.5% (51)	■
Hearing check			17.7% (44)	□
Colonoscopy	4.4% (7)	15.8% (24)	16.1% (40)	■
Pap smear	14.5% (23)	7.2% (11)	13.3% (33)	□
Children's checkup/Well baby	5.0% (8)	3.3% (5)	6.0% (15)	□
None	9.4% (15)	10.5% (16)	2.4% (6)	■
Other	6.3% (10)	2.6% (4)	1.6% (4)	■

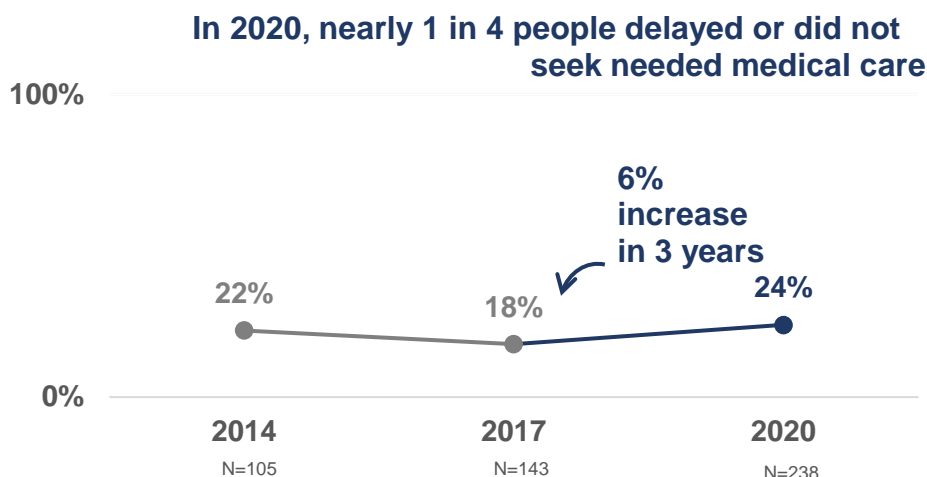
A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents could select any of the preventative services listed, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year.

“Other” comments included:

- Chiropractor
- Kidney CAT Scan
- All in Billings, MT
- Use not in this town

Delay of Services (Question 13)

Twenty-four percent of respondents (n=57) reported that they or a member of their household thought they needed healthcare services but did not get them or had to delay getting them. Seventy-six percent of respondents (n=181) felt they were able to get the healthcare services they needed without delay. Nine respondents chose not to answer this question.



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

For those who indicated they were unable to receive or had to delay services (n=57), the reason most cited was “Qualified provider not available” (38.6%, n=22). “It cost too much” was selected by 36.8% (n=21) and “My insurance didn’t cover it” by 28.1% (n=16).

Reasons for Delay in Receiving Needed Healthcare	2014 %(n)	2017 %(n)	2020 %(n)	SIGNIFICANT CHANGE
Number of respondents	33	25	57	
Qualified provider not available			38.6% (22)	<input type="checkbox"/>
It cost too much	30.3% (10)	40.0% (10)	36.8% (21)	<input type="checkbox"/>
My insurance didn't cover it	9.1% (3)	32.0% (8)	28.1% (16)	<input type="checkbox"/>
Don't like doctors/providers	24.2% (8)	36.0% (9)	17.5% (10)	<input type="checkbox"/>
It was too far to go	9.1% (3)	4.0% (1)	14.0% (8)	<input type="checkbox"/>
Could not get an appointment	3.0% (1)	16.0% (4)	8.8% (5)	<input type="checkbox"/>

Too nervous or afraid	9.1% (3)	4.0% (1)	8.8% (5)	<input type="checkbox"/>
Too long to wait for an appointment	18.2% (6)	20.0% (5)	7.0% (4)	<input type="checkbox"/>
Could not get off work	15.2% (5)	8.0% (2)	5.3% (3)	<input type="checkbox"/>
No insurance	15.2% (5)	0.0% (0)	5.3% (3)	<input type="checkbox"/>
Not treated with respect	3.0% (1)	24.0% (6)	5.3% (3)	<input checked="" type="checkbox"/>
Transportation problems	3.0% (1)	0.0% (0)	3.5% (2)	<input type="checkbox"/>
Didn't know where to go	9.1% (3)	12.0% (3)	1.8% (1)	<input type="checkbox"/>
Had no childcare	9.1% (3)	0.0% (0)	1.8% (1)	<input type="checkbox"/>
Don't understand healthcare system			0.0% (0)	<input type="checkbox"/>
Language barrier	0.0% (0)	0.0% (0)	0.0% (0)	<input type="checkbox"/>
Office wasn't open when I could go	12.1% (4)	4.0% (1)	0.0% (0)	<input checked="" type="checkbox"/>
Unsure if services were available	12.1% (4)	8.0% (2)	0.0% (0)	<input checked="" type="checkbox"/>
Other*	24.2% (8)	24.0% (6)	21.1% (12)	<input type="checkbox"/>

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

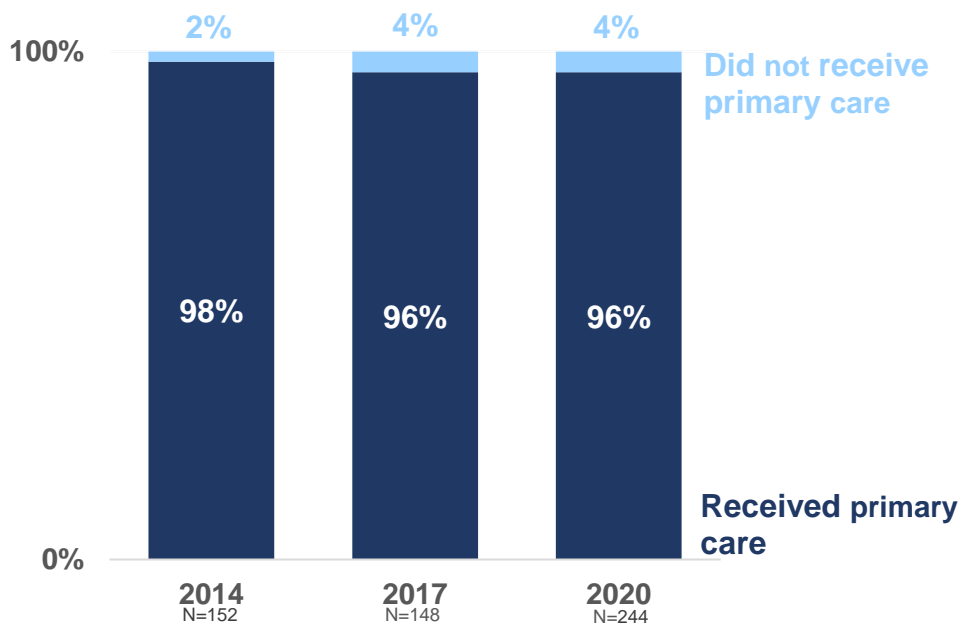
"Other" comments included:

- Self diagnoses
- COVID-19
- Felt providers not thorough enough on symptoms
- Misdiagnosed
- ER too expensive with insurance. Waited till next day to go to clinic.

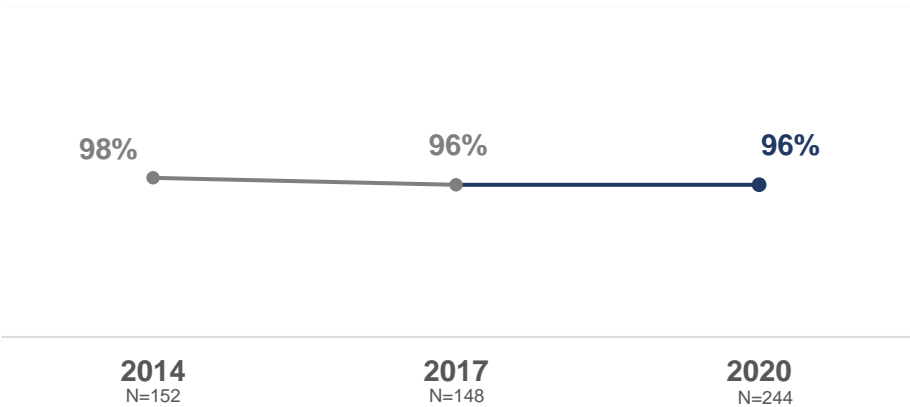
Primary Care Services (Question 15)

Ninety-six percent of respondents (n=234) 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 4% respondents (n=10) indicated they had not.

Most respondents received primary care in past 3 years



The percentage of people seeking primary care has remained constant for the past 6 years



Location of Primary Care Services (Question 16)

Of the 234 respondents who indicated receiving primary care services in the previous three years, 44% (n=102) reported receiving care in Forsyth, 18.1% percent of respondents (n=42) went to an “Other” location not listed, and 17.2% (n=40) went to Billings. Two of the 234 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	127	129	232	
Forsyth	55.1% (70)	62.8% (81)	44.0% (102)	■
Billings	20.5% (26)	17.8% (23)	17.2% (40)	□
Miles City	20.5% (26)	12.4% (16)	13.4% (31)	■
Colstrip	3.1% (4)	5.4% (7)	5.2% (12)	□
VA Hospital			1.3% (3)	□
Hardin	0.8% (1)	0.0% (0)	0.4% (1)	□
Indian Health Services (IHS)			0.4% (1)	□
Ashland	0.0% (0)	0.8% (1)	0.0% (0)	□
Other*	0.0% (0)	0.8% (1)	18.1% (42)	■
TOTAL	100% (127)	100% (129)	100% (232)	

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

“Other” comments included: Hysham (3)

Reasons for Primary Care Provider Selection (Question 17)

Those respondents who indicated they or someone in their household had been seen by a primary care provider within the past three years, were asked to indicate why they chose that primary care provider. “Closest to home” was the most frequently selected reason at 48.3% (n=113), followed by “Prior experience with clinic” at 44% (n=103), and “Clinic/provider’s reputation for quality” at 33.8% (n=79).

Reasons for Selecting Primary Care Provider	2014 %(n)	2017 %(n)	2020 %(n)	SIGNIFICANT CHANGE
Number of respondents	127	129	232	
Closest to home	52.3% (78)	57.0% (81)	48.3% (113)	<input type="checkbox"/>
Prior experience with clinic	59.7% (89)	59.2% (84)	44.0% (103)	<input checked="" type="checkbox"/>
Clinic/provider's reputation for quality	28.9% (43)	26.1% (37)	33.8% (79)	<input type="checkbox"/>
Appointment availability	33.6% (50)	30.3% (43)	26.9% (63)	<input type="checkbox"/>
Recommended by family or friends	10.7% (16)	16.2% (23)	10.7% (25)	<input type="checkbox"/>
Privacy/confidentiality			10.3% (24)	<input type="checkbox"/>
Referred by physician or other provider	12.1% (18)	7.0% (10)	9.0% (21)	<input type="checkbox"/>
Length of waiting room time	9.4% (14)	3.5% (5)	6.8% (16)	<input type="checkbox"/>
Cost of care	4.0% (6)	4.2% (6)	5.6% (13)	<input type="checkbox"/>
Required by insurance plan	1.3% (2)	4.2% (6)	4.7% (11)	<input type="checkbox"/>
VA/Military requirement	4.7% (7)	2.1% (3)	3.8% (9)	<input type="checkbox"/>
Indian Health Services	0.0% (0)	0.0% (0)	1.3% (3)	<input type="checkbox"/>
Other	8.1% (12)	9.9% (14)	7.7% (18)	<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.

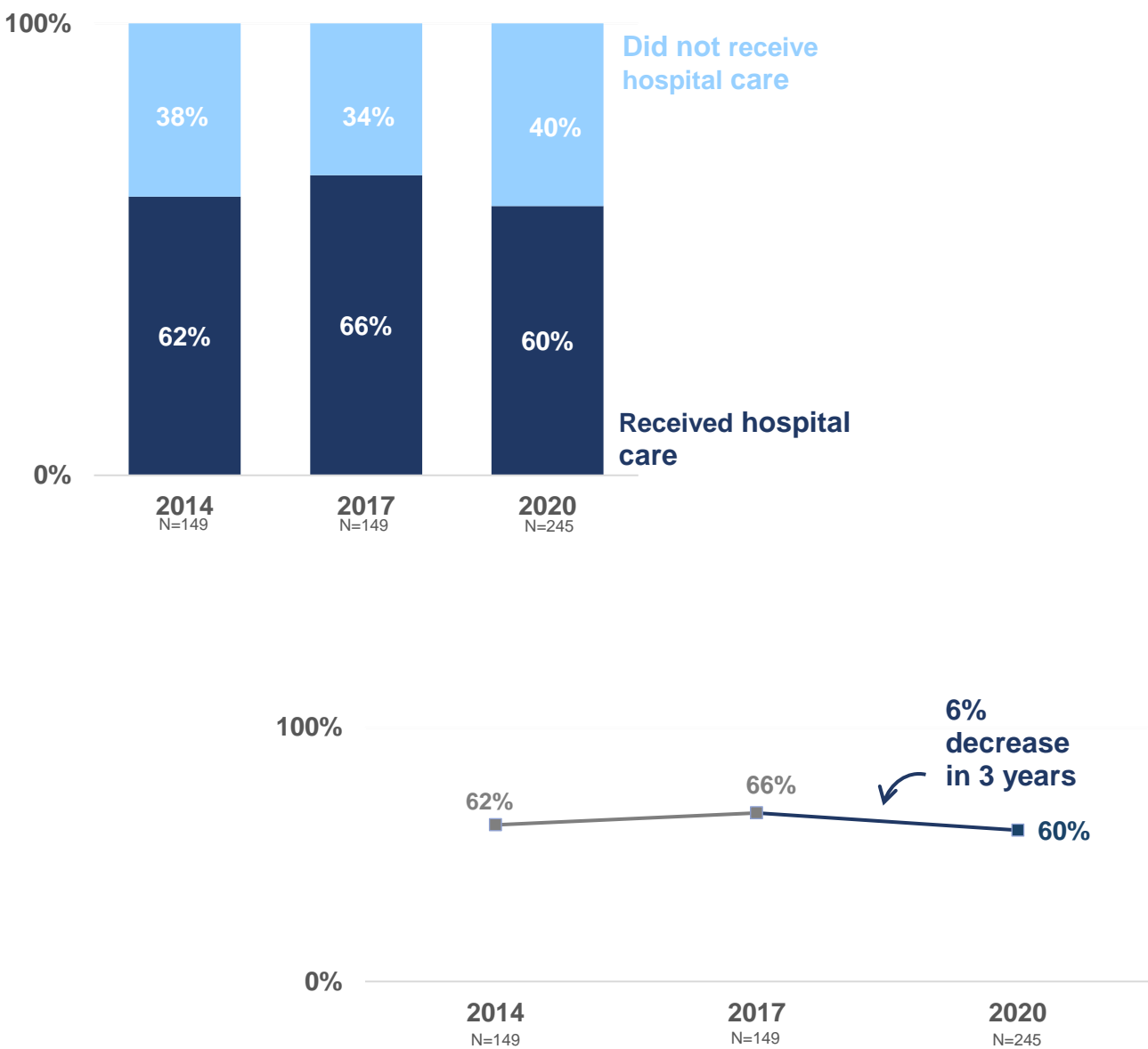
“Other” comments included:

- Relate well with provider/trust (6)
- VA
- Physicians keep leaving
- We don’t have a choice
- Autoimmune
- Doctor/female
- OB/GYN
- Specialist (2)
- Have excellent doctor

Hospital Care Services (Question 18)

Respondents were asked if they or someone in their household had received hospital care in the last three years. Hospitalization was quantified as hospitalized overnight, day surgery, obstetrical care, rehabilitation, radiology, or emergency care. Sixty percent of respondents (n=146) reported that they or a member of their family had received hospital care during the previous three years, and 40% (n=99) had not received hospital services.

60% of 2020 respondents received hospital care in the past 3 years.



Location of Hospital Services (Question 19)

Of the 146 respondents who indicated receiving hospital care in the previous three years, 32.2% (n=47) reported receiving care at Billings Clinic. Twenty-three percent of respondents (n=34) received services at St. Vincent Healthcare, and 22.6% of respondents (n=33) reported utilizing services at Rosebud Healthcare Center.

Hospital Used Most Often	2014 %(n)	2017 %(n)	2020 %(n)	SIGNIFICANT CHANGE
Number of respondents	75	82	146	
Billings Clinic	32.0% (24)	35.4% (29)	32.2% (47)	<input type="checkbox"/>
St. Vincent Healthcare	13.3% (10)	18.3% (15)	23.3% (34)	<input checked="" type="checkbox"/>
Rosebud Health Care Center	42.7% (32)	31.7% (26)	22.6% (33)	<input checked="" type="checkbox"/>
Holy Rosary Healthcare	6.7% (5)	8.5% (7)	6.8% (10)	<input type="checkbox"/>
IHS – Crow Agency	0.0% (0)	0.0% (0)	0.0% (0)	<input type="checkbox"/>
VA Hospital	4.0% (3)	2.4% (2)	0.0% (0)	<input type="checkbox"/>
Other*	1.3% (1)	3.7% (3)	15.1% (22)	<input checked="" type="checkbox"/>
TOTAL	100% (75)	100% (82)	100% (146)	

A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). *Respondents (N=16) who selected over the allotted amount were moved to "Other".

"Other" comments included:

- St. Vincent's but we use RHC as much as we can
- Billings Clinic because Rosebud didn't provide service
- Ortho MT
- Yellowstone Surgery Center
- Boston Mass General

Reasons for Hospital Selection (Question 20)

Of the 146 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 “Doctor/provider preference” at 52.1% (n=76). “Prior experience with hospital” was selected by 36.3% of respondents (n=53), and 35.6% (n=52) selected “Referred by physician or other provider.”

Reasons for Selecting Hospital	2014 %(n)	2017 %(n)	2020 %(n)	SIGNIFICANT CHANGE
Number of respondents	92	99	146	
Doctor/provider preference	46.7% (43)	57.6% (57)	52.1% (76)	<input type="checkbox"/>
Prior experience with hospital	52.2% (48)	49.5% (49)	36.3% (53)	<input checked="" type="checkbox"/>
Referred by physician or other provider	26.1% (24)	32.3% (32)	35.6% (52)	<input type="checkbox"/>
Hospital's reputation for quality	27.2% (25)	31.3% (31)	30.1% (44)	<input type="checkbox"/>
Closest to home	43.5% (40)	38.4% (38)	25.3% (37)	<input checked="" type="checkbox"/>
Emergency, no choice	31.5% (29)	18.2% (18)	24.0% (35)	<input type="checkbox"/>
VA/Military requirement	5.4% (5)	3.0% (3)	4.8% (7)	<input type="checkbox"/>
Closest to work	4.3% (4)	5.1% (5)	2.7% (4)	<input type="checkbox"/>
Required by insurance plan	3.3% (3)	2.0% (2)	2.7% (4)	<input type="checkbox"/>
Cost of care	6.5% (6)	2.0% (2)	2.1% (3)	<input type="checkbox"/>
Financial assistance programs			1.4% (2)	<input type="checkbox"/>
Recommended by family or friends	5.4% (5)	4.0% (4)	1.4% (2)	<input type="checkbox"/>
Privacy/confidentiality			0.7% (1)	<input type="checkbox"/>
Other*	4.3% (4)	6.1% (6)	11.0% (16)	<input type="checkbox"/>

A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to pick their top three reasons for selecting a hospital, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year. *Respondents (N=11) who selected over the allotted amount were moved to “Other”.

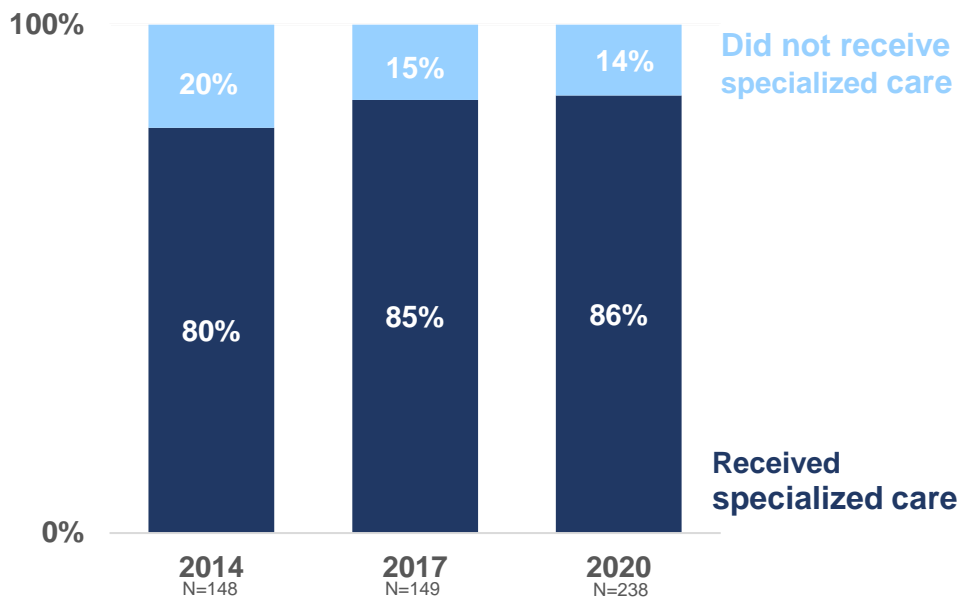
“Other” comments included:

- Not for profit hospital
- Insurance contract
- Services available
- RA Infusion
- Wife has ALS
- Offered services not available in Forsyth (Neurologist, Dermatologist)

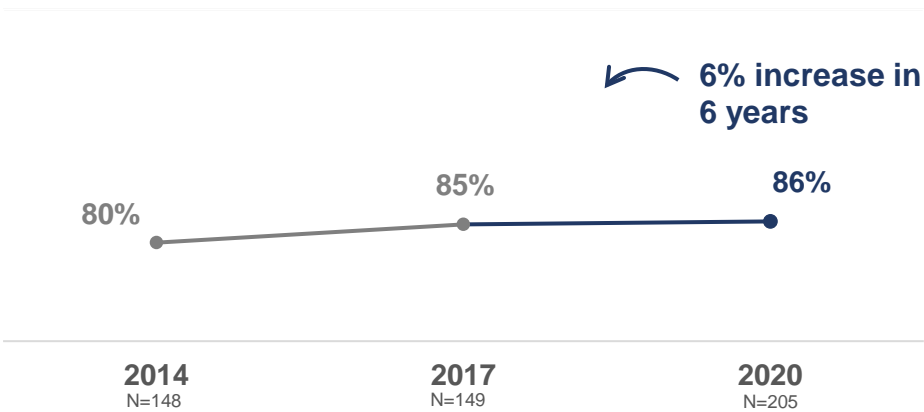
Specialty Care Services (Question 21)

Eighty-six percent of the respondents (n=205) indicated they or a household member had seen a healthcare specialist during the past three years, while 14% (n=33) indicated they had not. Five respondents chose not to answer this question.

Most people saw a specialist in the past 3 years



Specialty use has increased over the last 6 years



Location of Healthcare Specialist(s) (Question 22)

Of the 205 respondents who indicated they saw a healthcare specialist in the past three years, 89.3% (n=183) went to Billings. Miles City specialty services were utilized by 26.8% of respondents (n=55), and 18.5% went to Forsyth. Respondents could select more than one location, so percentages do not equal 100%.

Location of Specialist	2014 %(n)	2017 %(n)	2020 %(n)	SIGNIFICANT CHANGE
Number of respondents	118	127	205	
Billings	83.9% (99)	89.0% (113)	89.3% (183)	<input type="checkbox"/>
Miles City	30.5% (36)	29.9% (38)	26.8% (55)	<input type="checkbox"/>
Forsyth	20.3% (24)	15.7% (20)	18.5% (38)	<input type="checkbox"/>
VA Hospital			6.8% (14)	<input type="checkbox"/>
Colstrip			3.9% (8)	<input type="checkbox"/>
Indian Health Services (IHS)	0.0% (0)	0.0% (0)	1.0% (2)	<input type="checkbox"/>
Hardin	0.0% (0)	0.0% (0)	0.5% (1)	<input type="checkbox"/>
Ashland	0.0% (0)	0.8% (1)	0.0% (0)	<input type="checkbox"/>
Other	5.1% (6)	4.7% (6)	3.9% (8)	<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:

- Minneapolis
- Internal medicine associate in Billings
- Seattle (2)
- Los Angeles, CA
- Hysham
- Telemedicine Forsyth

Type of Healthcare Specialist Seen (Question 23)

The respondents (n=205) saw a wide array of healthcare specialists in the past three years. The most frequently indicated specialist was an “Optometrist” with 34.1% of respondents (n=70) having utilized their services. “Dentist” was the second most utilized specialist at 33.2% (n=68), followed by “Orthopedic surgeon” at 30.2% (n=62). 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	118	127	205	
Optometrist (eye doctor)			34.1% (70)	<input type="checkbox"/>
Dentist	36.4% (43)	29.1% (37)	33.2% (68)	<input type="checkbox"/>
Orthopedic surgeon	19.5% (23)	22.0% (28)	30.2% (62)	<input type="checkbox"/>
Ophthalmologist (eye specialist)	26.3% (31)	27.6% (35)	24.9% (51)	<input type="checkbox"/>
Dermatologist (skin)	25.4% (30)	31.5% (40)	22.4% (46)	<input type="checkbox"/>
Radiologist (x-ray)	9.3% (11)	10.2% (13)	21.0% (43)	<input checked="" type="checkbox"/>
Chiropractor	20.3% (24)	15.7% (20)	19.5% (40)	<input type="checkbox"/>
Cardiologist (heart)	23.7% (28)	17.3% (22)	19.0% (39)	<input type="checkbox"/>
Physical therapist	13.6% (16)	15.0% (19)	19.0% (39)	<input type="checkbox"/>
Urologist	11.0% (13)	15.0% (19)	12.2% (25)	<input type="checkbox"/>
Oncologist (cancer)	8.5% (10)	7.1% (9)	11.7% (24)	<input type="checkbox"/>
Neurologist	7.6% (9)	7.9% (10)	11.2% (23)	<input type="checkbox"/>
OB/GYN (birth/women’s health)	20.3% (24)	13.4% (17)	11.2% (23)	<input type="checkbox"/>
ENT (ear/nose/throat)	11.0% (13)	15.0% (19)	10.7% (22)	<input type="checkbox"/>
Gastroenterologist (stomach)	6.8% (8)	13.4% (17)	10.7% (22)	<input type="checkbox"/>
General surgeon	11.0% (13)	11.0% (14)	10.7% (22)	<input type="checkbox"/>
Audiologist (ear)			10.2% (21)	<input type="checkbox"/>
Rheumatologist (autoimmune/arthritis)	4.2% (5)	4.7% (6)	7.8% (16)	<input type="checkbox"/>

Podiatrist (feet)	3.4% (4)	4.7% (6)	6.3% (13)	<input type="checkbox"/>
Pulmonologist (lungs)	5.9% (7)	3.9% (5)	5.4% (11)	<input type="checkbox"/>
Endocrinologist (hormones)	5.1% (6)	10.2% (13)	4.9% (10)	<input type="checkbox"/>
Neurosurgeon	3.4% (4)	2.4% (3)	4.9% (10)	<input type="checkbox"/>
Allergist	6.8% (8)	6.3% (8)	2.9% (6)	<input type="checkbox"/>
Pediatrician (child specialist)	2.5% (3)	3.1% (4)	2.9% (6)	<input type="checkbox"/>
Mental health counselor	7.6% (9)	3.9% (5)	2.4% (5)	<input type="checkbox"/>
Occupational therapist	2.5% (3)	1.6% (2)	2.0% (4)	<input type="checkbox"/>
Dietician	0.8% (1)	1.6% (2)	1.5% (3)	<input type="checkbox"/>
Speech therapist	1.7% (2)	2.4% (3)	1.5% (3)	<input type="checkbox"/>
Psychiatrist (M.D.)	2.5% (3)	3.9% (5)	1.0% (2)	<input type="checkbox"/>
Psychologist	1.7% (2)	1.6% (2)	1.0% (2)	<input type="checkbox"/>
Geriatrician (aging)	0.8% (1)	0.8% (1)	0.5% (1)	<input type="checkbox"/>
Social worker	0.0% (0)	0.0% (0)	0.5% (1)	<input type="checkbox"/>
Substance abuse counselor	0.0% (0)	0.0% (0)	0.0% (0)	<input type="checkbox"/>
Other	8.5% (10)	11.0% (14)	10.2% (21)	<input type="checkbox"/>

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

“Other” comments included:

- Kidney specialist (2)
- Hepatitis C
- Naturopathic physician (2)
- Surgeon (2)
- Lymphedema, vascular specialist
- Wound care (2)
- Dermatology
- Sleep study
- Periodontist
- Hernia doctor
- Gout
- Colonoscopy
- Heart specialist
- Cataracts

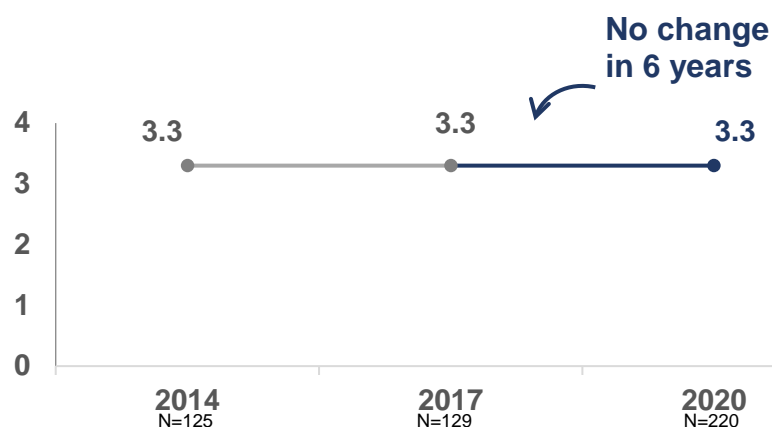
Overall Quality of Care at Rosebud Health Care Center

(Question 24)

Overall Ranking (2014-2020)

Respondents were asked to rate various services available at Rosebud Health Care Center.

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 clinic services, diagnostic imaging, inpatient services, laboratory, and physical therapy services, which all received a 3.3 out of 4.0. Overall, the average rating on quality of the health services listed was a 3.3 out of 4.0.



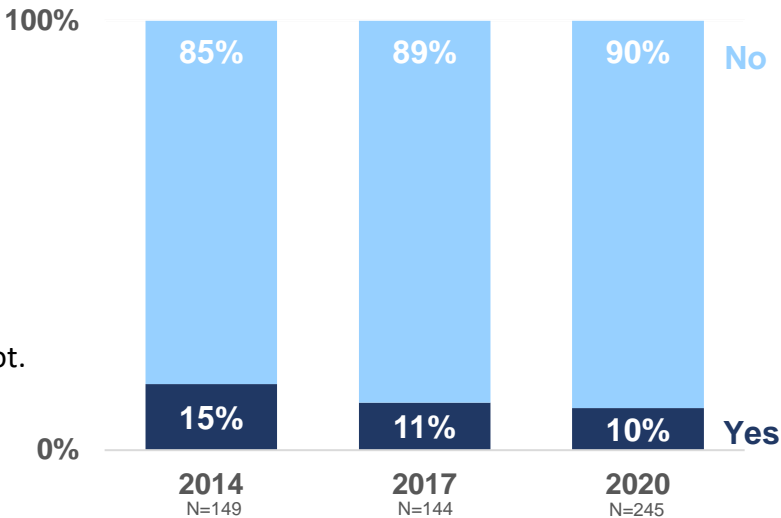
Quality of Care Rating	2014 Average(n)	2017 Average(n)	2020 Average(n)	SIGNIFICANT CHANGE
4 Point Scale: Poor = 1, Fair = 2, Good = 3, Excellent = 4				
Total number of respondents	125	129	220	
Clinic services	3.3	3.3	3.4	<input type="checkbox"/>
Diagnostic imaging (CT/x-ray/ultrasound)	3.3	3.3	3.4	<input type="checkbox"/>
Hospital/inpatient services	3.3	3.3	3.4	<input type="checkbox"/>
Laboratory	3.3	3.4	3.4	<input type="checkbox"/>
Physical therapy	3.3	3.4	3.4	<input type="checkbox"/>
Emergency room	3.3	3.3	3.3	<input type="checkbox"/>
Telemedicine	3.2	3.3	3.3	<input checked="" type="checkbox"/>
Nursing home			3.2	<input type="checkbox"/>
Personal Assisted Living Services (PALS)	3.0	3.2	3.2	<input type="checkbox"/>
Overall average	3.3	3.3	3.3	<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 25)

The number of respondents reporting they felt depressed has been decreasing over the last 6 years

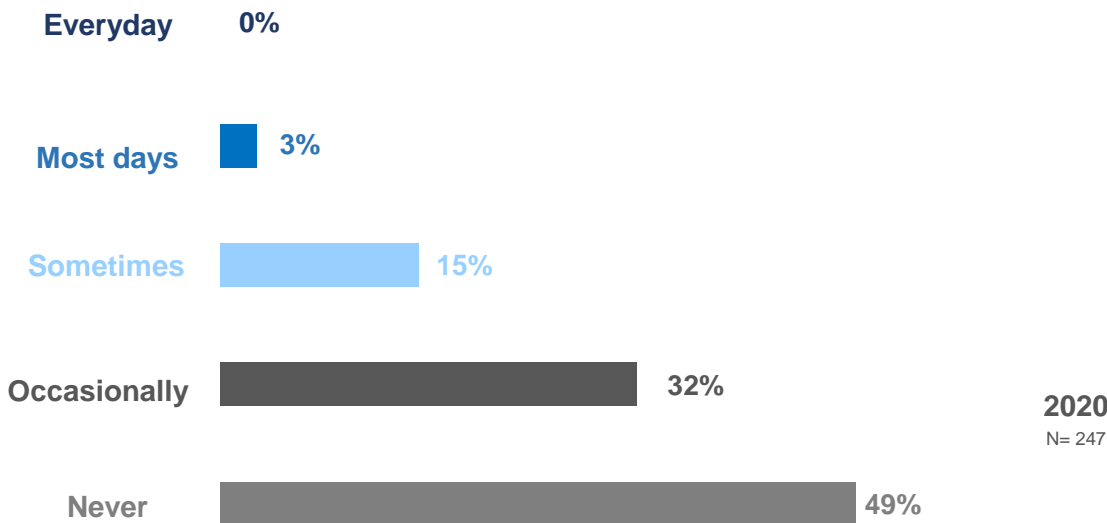
Respondents were asked to indicate if there were periods of at least three consecutive months in the past three years where they felt depressed on most days. Ten percent of respondents (n=24) indicated they had experienced periods of depression, and 90% of respondents (n=221) indicated they had not.



Social Isolation (Question 26)

Respondents were asked to indicate how often they felt lonely or isolated in the past year. Forty-nine percent of respondents (n=122) indicated they never felt lonely or isolated, 32% of respondents (n=80) indicated they occasionally felt lonely or isolated, and 3% (n=7) reported they felt lonely or isolated most days. Two respondents chose not to answer this question.

18% of 2020 respondents reported feeling more frequent isolation

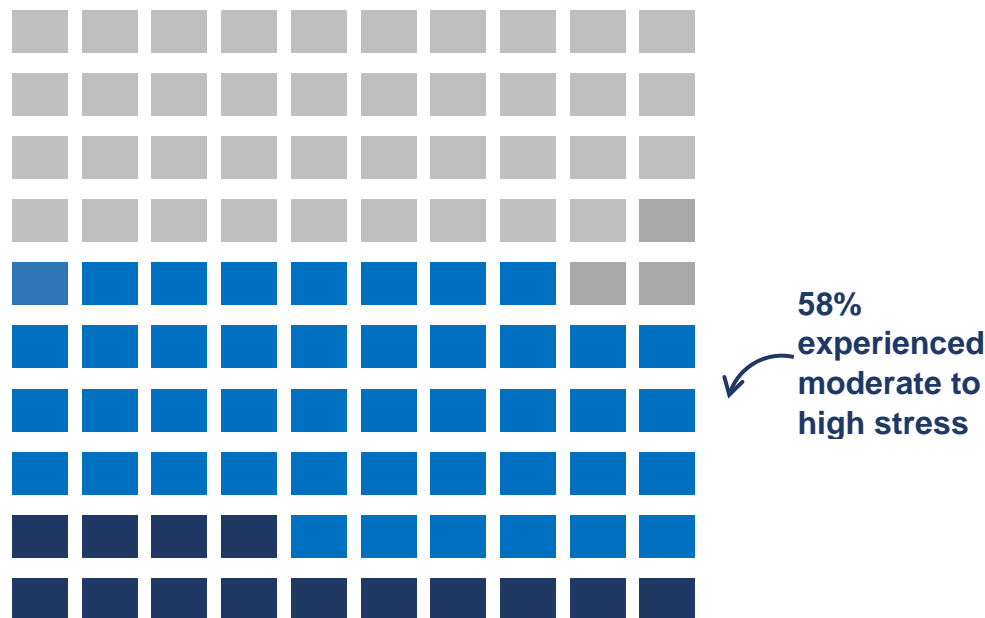
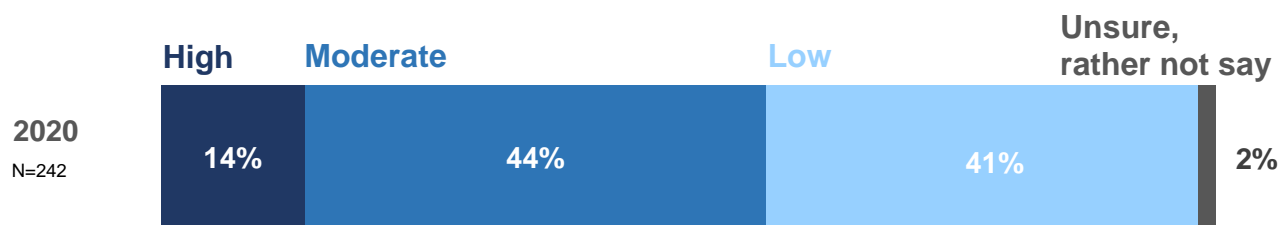


“Other” comments included: Coronavirus isolation (3)

Perception of Stress (Question 27)

Respondents were asked to indicate how they would describe their stress level over the past year. Forty-four percent of respondents (n=106) indicated they experienced a moderate level of stress, 41% (n=99) had a low level of stress, and 14% of respondents (n=33) indicated they had experienced a high level of stress. Seven respondents chose not to answer this question.

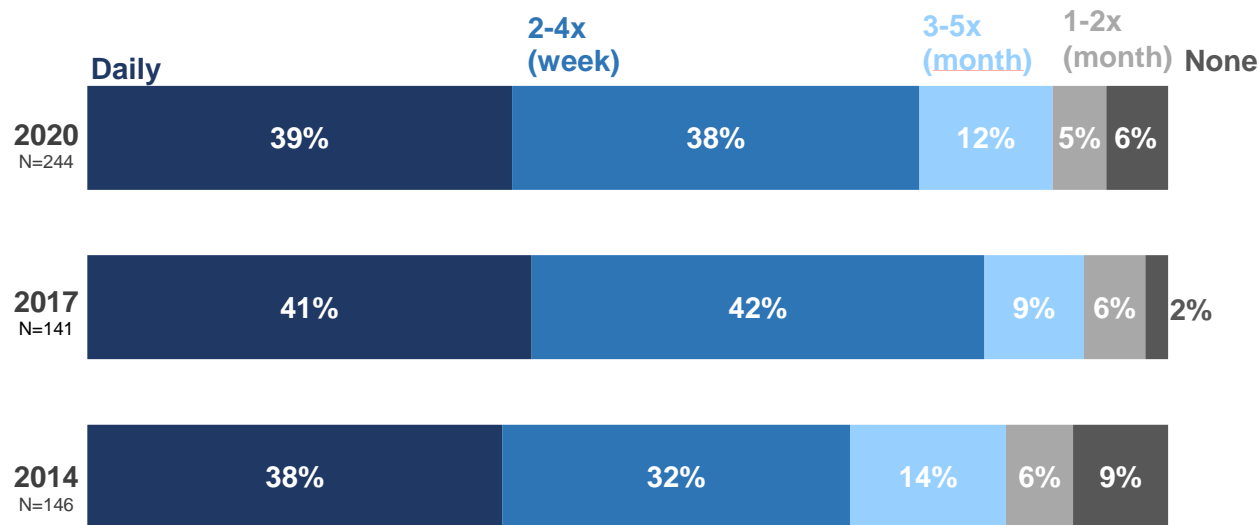
58% of respondents describe their stress level in the past year as **Moderate** or **High**



Physical Activity (Question 28)

Respondents were asked to indicate how frequently they had physical activity for at least twenty minutes over the past month. Thirty-nine percent of respondents (n=96) indicated they had physical activity “Daily”. Thirty-eight percent (n=92) indicated they had physical activity of at least twenty minutes “2-4 times per week” and 12% reported “3-5 times per month”. Six percent of respondents (n=14) indicated they had “No physical activity”.

The percentage of people who exercise daily has remained consistent over the past 6 years

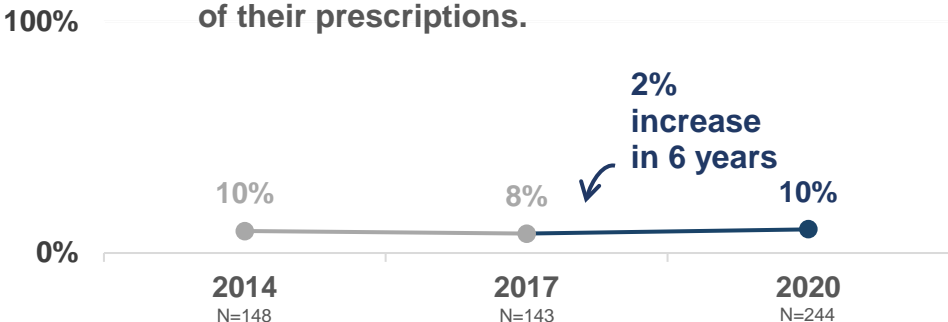


Cost and Prescription Medications (Question 29)

Respondents were asked to indicate if during the last year medication costs had prohibited them from getting a prescription or taking their medication regularly. Ten percent of respondents (n=25) indicated that in the last year cost had prohibited them from getting a prescription or taking their medication regularly. Ninety percent of respondents (n=219) indicated that cost had not prohibited them.

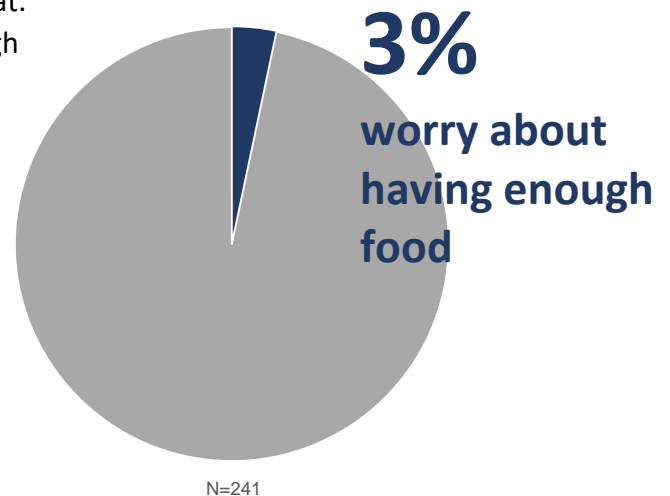
“Other” comments included:
“not just cost – I ration”,
“I would have had I not sought help in the form of a foundation that helps people who cannot afford a particular drug”, specific medications are very expensive.

There has been little change in the percentage of people who have had trouble paying for the cost of their prescriptions.



Food Insecurity (Question 30)

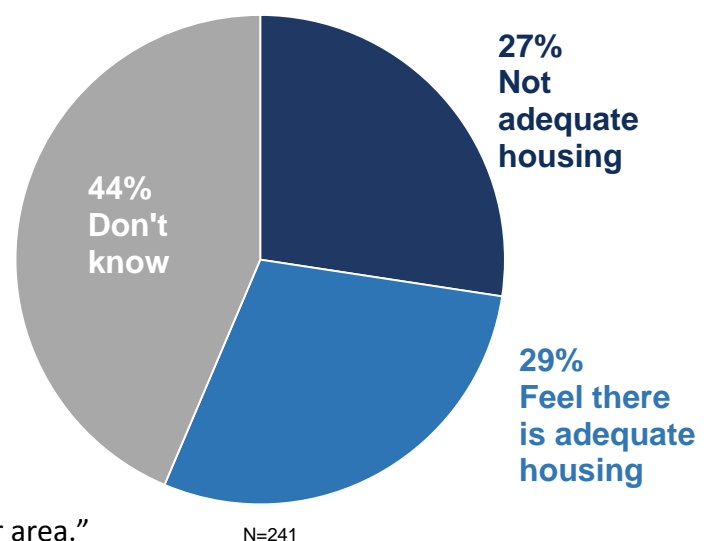
Respondents were asked to indicate if during the last year, they had worried that they would not have enough food to eat. The majority, 97% were not worried about having enough food to eat (n=233), while 3% (n=7) indicated they were worried. Eight respondents chose not to answer this question.



Housing (Question 31)

Respondents were asked to indicate if they felt the community has adequate and affordable housing options available. Forty-four percent of respondents (n=105) indicated that they don't know if there are adequate and affordable housing options available in the community, 29% (n=70) felt there was adequate housing, and 27% (n=66) indicated that there was not.

27% of respondents feel there is not adequate housing available in the community



“Other” comments included: “rent is too high for area.”

Medical Insurance Type (Question 32)

Respondents were asked to indicate what type of healthcare insurance covers the majority of their medical expenses. Thirty-four percent (n=81) indicated they have “Medicare” coverage. Twenty-eight percent (n=68) indicated they have “Employer sponsored” coverage, and 17.4% (n=42) 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	125	116	242	
Medicare	31.2% (39)	44.0% (51)	33.5% (81)	■
Employer sponsored	37.6% (47)	34.5% (40)	28.1% (68)	■
Private insurance/private plan	19.2% (24)	10.3% (12)	5.4% (13)	■
Health Insurance Marketplace		1.7% (2)	3.7% (9)	□
Medicaid	0.8% (1)	0.9% (1)	3.7% (9)	□
VA/military	3.2% (4)	3.4% (4)	3.7% (9)	□
Health Savings Account	1.6% (2)	0.0% (0)	2.1% (5)	□
None/pay out of pocket	4.0% (5)	0.9% (1)	2.1% (5)	□
Healthy MT Kids	0.8% (1)	0.9% (1)	0.4% (1)	□
Indian Health	0.8% (1)	0.0% (0)	0.0% (0)	□
State/other	0.0% (0)	1.7% (2)		□
Other*	0.8% (1)	1.7% (2)	17.4% (42)	■
TOTAL	100% (125)	100% (116)	100% (242)	

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=37) who selected over the allotted amount were moved to “Other”.

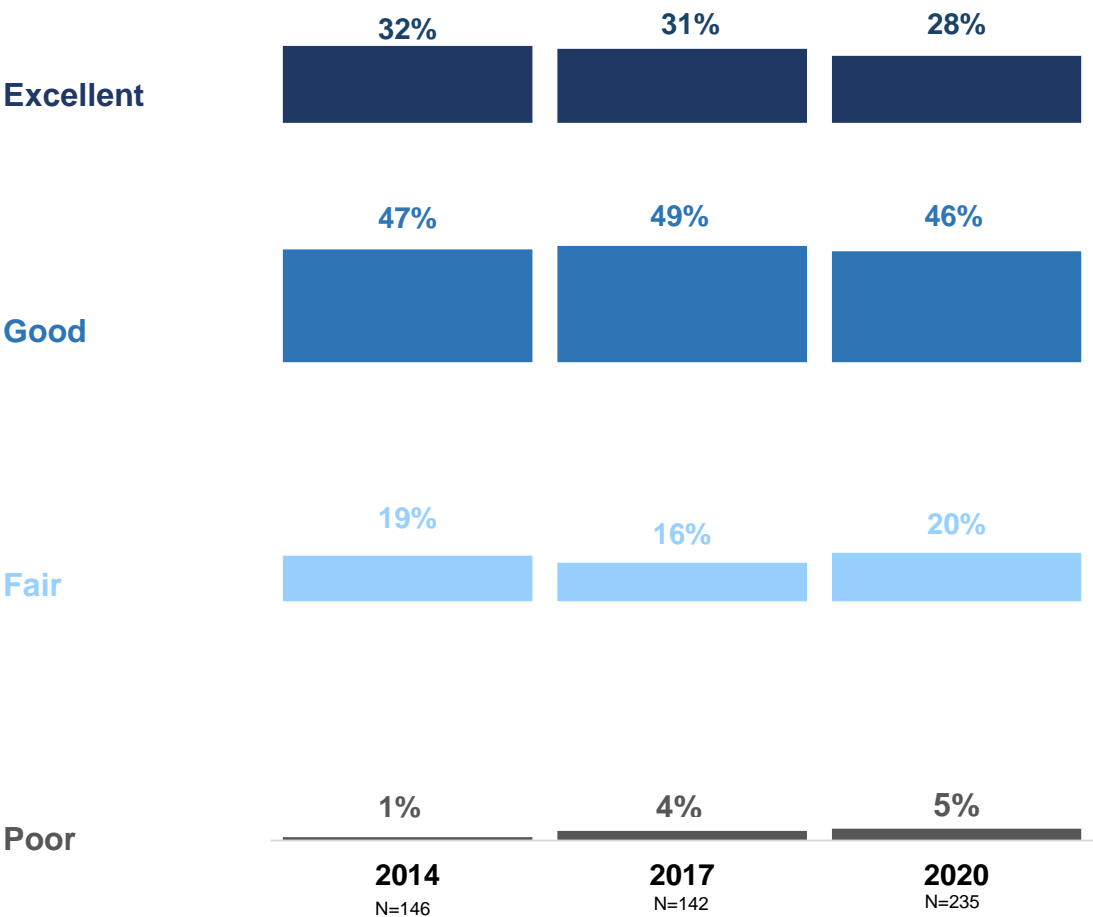
“Other” comments included:

- Wife has IHS [Indian Health Services]
- Retiree FSI
- None
- BCBS for daughter. I don’t have insurance.
- GEHA
- Med share type
- Medicare supplement (4)

Insurance and Healthcare Costs (Question 33)

Respondents were asked to indicate how well they felt their health insurance covers their healthcare costs. Forty-six percent of respondents (n=109) indicated they felt their insurance covers a “Good” amount of their healthcare costs. Twenty-eight percent of respondents (n=66) indicated they felt their insurance covered an “Excellent” amount, and 20% of Respondents (n=48) selected “Fair.”

74% of the 2020 respondents feel that their health insurance offers **Good** or **Excellent** coverage



“Other” comments included: “Would prefer single payer universal health care for all”.

Barriers to Having Insurance (Question 34)

For those who indicated they did not have insurance (n=5), the top 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.

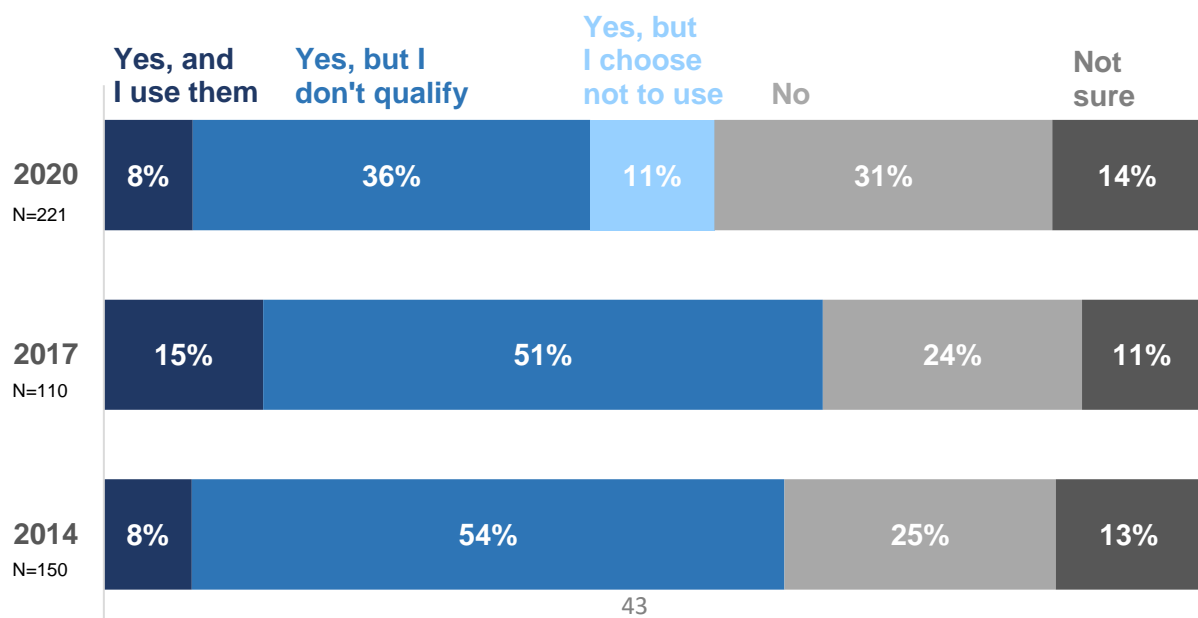
Reasons for No Health Insurance	2017 %(n)	2020 %(n)	SIGNIFICANT CHANGE
Number of respondents	1	5	
Can't afford to pay for medical insurance	0.0% (0)	60.0% (3)	<input type="checkbox"/>
Employer does not offer insurance	0.0% (0)	60.0% (3)	<input type="checkbox"/>
Choose not to have medical insurance	0.0% (0)	20.0% (1)	<input type="checkbox"/>
Too confusing/don't know how to apply		0.0% (0)	<input type="checkbox"/>
Other	100% (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.

Awareness of Health Cost Assistance Programs (Question 35)

Respondents were asked to indicate their awareness of programs that help people pay for healthcare bills. Thirty-six percent of respondents (n=80) indicated they were aware of these types of programs but did not qualify to utilize them and 31% (n=68) indicated that they were not aware.

***Significantly fewer 2020 respondents are aware of health cost assistance programs**





KEY INFORMANT INTERVIEW RESULTS

Key Informant Interview Methodology

Ten key informant interviews were conducted in April of 2020. Participants were identified as people living in Rosebud Health Care Center 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 I. Interviews were facilitated 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 H.

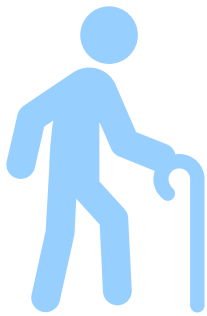
LOCAL PROVIDERS



Overall, the community was optimistic regarding the overall health of Rosebud County as well as the hospital services that were accessible. However, a concern in all interviews was the retirement of the long-time local physician. Community members were concerned about the recruitment and retention of a new local provider - “We need some sort of program for our hospital to compete with these big hospitals that are paying off the student’s debt. Cause we are a great community with a lot of amenities – there is no reason why a doctor wouldn’t love to live here. “

Some participants were concerned with the quality of care, as well as people leaving the community for care due to the lack of physicians, stating: “We just have an NP or PA here – a doctor carries a lot of weight with the community. I know a lot of people travel out of the community to get care.”

AGE IN PLACE SERVICES



Participants were all very positive regarding senior services available in the community. It was mentioned that an increase in home health and in-home assistance could benefit the community. Participants felt that home health care would help bridge the aging community to stay in their homes longer. One participant said, “There are not a lot of options if people want to stay in their home when they aren’t quite ready for an assisted living or nursing home”.

A lack of hospice care was also a concern. Participants were happy with the services that were provided at RHHC but felt that hospice care could benefit the community - “The hospital doesn’t have hospice, but they become as such when your loved one is about to go. They were phenomenal with my family members. They went the extra mile. The only thing that would be better would be if we did have a hospice program so that people can die at home.”

HEALTH & WELLNESS



Generally, key informant interviewees felt the Forsyth community was relatively healthy. Participants would like to see more opportunities for people to stay healthy and prevent illness.

Areas of opportunity identified were having more wellness programs available to all community members, better accessibility to walking paths, enhancing access to healthy foods and more education/outreach about healthy lifestyles.

SERVICES NEEDED IN THE COMMUNITY



- Recreation opportunities.
- Hospice.
- In home help for seniors.
- Increase access to mental health services.
- Collaboration between clinics and hospital.
- Funding for senior services and community programs.
- Physical therapy.
- Preventative health.
- Local doctor.



EXECUTIVE SUMMARY

Executive Summary

The table below shows a summary of results from the Rosebud Health Care Center Community Health Assessment. Areas of opportunity were determined after consideration of various criteria including comparison to data from local, state and federal sources (Secondary data); survey results; those issues of greatest concern identified by the community stakeholders through focus groups; and the potential impact of a given issue.

Areas of Opportunity	Secondary Data	Survey	Key Informant Interviews
Access to Healthcare Services			
MD/DO			
<i>Physician services (retired provider)</i>	⊗	✓	☑
<i>Specialty services</i>		✓	☑
Senior services			
<i>Home health, hospice</i>		✓	☑
<i>Wellness, hearing, foot care</i>		✓	
Cost of services		✓	
Affordability, insurance, unemployment rate	⊗	✓	
Medicaid enrollment	⊗		
Poverty rate	⊗		
Behavioral Health			
Alcohol/drug abuse	⊗	✓	☑
Stress management		✓	
Social isolation		✓	☑
Mental health disorders hospitalization rate	⊗		
Access to mental health services			☑
Health and wellness			
Overweight/obesity (youth and adult)	⊗	✓	☑

Health Measures

Chronic Conditions

Rates of 2+ chronic conditions highest in MT frontier



Diabetes, heart failure, stroke



Cancer



Communicable disease

Chlamydia, Hepatitis C, Pertussis



Teen birth rate



Mortality

Suicide rates



Unintentional injury death rate





NEXT STEPS & RESOURCES

Prioritization of Health Needs

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

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

- Mental and Behavioral Health
- Health, Wellness, and Prevention
- Access to Healthcare Services and Resources

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

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

Available Community Resources

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

- Healthy Lifestyles is a program available at Holy Rosary Healthcare in Miles City that utilizes a registered dietician and a certified athletic trainer to offer coaching support for individuals interested in losing weight, increasing physical activity, and decreasing risk factors for diabetes and cardiovascular disease. RHCC has a dietician, providing onsite direction for those participating in the Healthy Lifestyles Program.
- Rosebud Co. Public Health Dept. helps promote and maintain individual, group, and community health.
 - Increasing awareness by hosting and attending health fairs, provide updates on social media, safety fairs, school education and have a monthly education table with handouts available.
 - Provide free nurse consults and vaccines to uninsured adults or children
 - Do drug testing and promotes healthy parenting and partnerships as well as make referrals of substance abuse support to mental health
 - Provide the signs of suicide (SOS) program towards helping students learn skills to identify and get help for themselves or a friend
- Senior Citizen Center and Rosebud County Public Health Department provide free or low-cost services for our seniors such as foot clinics and nurse consults and medication set up. The Senior Citizen Center also hosts meals on wheels and aerobics.
- Montana Health Network (MHN) aids with health insurance patient navigators.
- The Rosebud County MSU Extension Office participates in the community's health fair, Strong Woman Program, and they have a piece of equipment that measures the amount of body fat in an individual which has been useful during the Strong Woman Program so participants can track their progress.
- Rosebud Health Care Center and Rosebud Co. Public Health Dept. are sharing resources to provide primary care to all people within the community.
 - Title X Services: is for men and women of reproductive age that provides no or low-cost services for contraceptive information and services, gynecological exams and basic lab tests, screening and treatment for STDs, HIV and high blood pressure, pregnancy testing and planning and community outreach and education and adolescent counseling.
- We also have the additional services available in and around Forsyth:
 - Action for Eastern Montana
 - AWARE
 - DEAP
 - Eastern Montana Mental Health
 - Well-Home Health – Miles City
 - TLC Assisted Living – Forsyth
 - Hospice – Billings
 - VA – Miles City
 - Dementia Support Group
 - AA Meetings
 - Gym/Pool: School weight room, the Circuit, Forsyth Pool
 - Christian Women's Weight Loss Program/Weight Watchers/TOPs

Evaluation of Previous CHNA & Implementation Plan

Rosebud Health Care Center provided the Montana Office of Rural Health with an update on their Implementation Plan activities from their previous CHNA process. The RHCC Board of Directors approved its previous implementation plan in August 2017. The plan prioritized the following health issues:

1. Awareness of Services
2. Collaboration of community health efforts
3. Alcohol and substance abuse
4. Mental health and suicide prevention

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

<http://www.rosebudhcc.org/community-health-survey/>

Goal 1: Increase awareness of available services in Rosebud County.

	Activities	Accomplishments	Community Impact/Outcomes
Strategy 1.1: Increase community awareness and utilization of available health and wellness resources in Rosebud County.	Meet with local businesses to determine wellness benefits for their employees and record benefits.	<ul style="list-style-type: none"> Met with First State Bank President to discuss 7/12/17 	
	Create marketing campaign to advertise available health and wellness services available at RHCC (per community benefits programs) and promote with local business as appropriate.	<ul style="list-style-type: none"> Dietician has a section in the quarterly newsletter regarding wellness 1/2018 Dietician working with Yellowstone Pharmacy on Diabetes Group 	<ul style="list-style-type: none"> Newsletter goes out to all mailboxes on a quarterly basis Pharmacy has started a diabetes group available to all community members
	Create health, wellness and prevention newsletter/handout for community members at large.	<ul style="list-style-type: none"> County and MSU Extension Office put together a local services guide 	<ul style="list-style-type: none"> Lists available services for community members RHCC provides a "did you know" section on Facebook that lists different services available
	Explore offering free/reduced-cost prevention screenings and tests (i.e. vitals, blood pressure, mole checks) at	<ul style="list-style-type: none"> RHCC changed the Health Fair Labs to be available at the reduced prices all year long 	<ul style="list-style-type: none"> Health Fair Labs available all year-long to all members of the community

	RHCC health fairs, Soup dinners, Healthy Lifestyles program, etc.	<ul style="list-style-type: none"> Public Health provides free vaccines to uninsured adults and children and free or low-cost services for our seniors 	<ul style="list-style-type: none"> RHCC added five new tests in 2019 to the health fair rates Free blood pressure checks available thru the hospital all year long Healthy Lifestyles offered 2019-2020
	Create staff education regarding health and wellness opportunities available through Employee Assistance Counseling and Staff benefit program.	<ul style="list-style-type: none"> Dietician hosted a shape up for employees and community 2/18 New Directions provided 24-hour assistance available for all employees 	
	Deliver/disseminate staff benefit program offerings.	<ul style="list-style-type: none"> All benefit information is relayed to employees on a yearly basis (Nov/Dec) with representatives available to discuss with set appointments 	<ul style="list-style-type: none"> Staff had an opportunity to visit with the representatives regarding our benefit offerings HR is available to answer any questions from staff
Strategy 1.2: Increase awareness and utilization of senior services available in Rosebud County.	Convene senior stakeholder group to catalogue available senior services in Rosebud County.	<ul style="list-style-type: none"> Cyndi Dubois participated in Dementia Series at Senior Citizen Center Lorraine Ackerman discussed Advanced Care Planning at the Garden Club Pamela Longmeier presented Positive Approach to Care 4/11/2018 to employees and Public Health nurses Linda Roers provided a simulation of diagnosis often found in nursing home for RHCC, Public Health and Senior Citizen Center employees on 6/18/18 	
	Develop a marketing strategy to disseminate senior resources (meet with senior center, host a card party, newsletter, Bingo nights, post office bulletin board).	<ul style="list-style-type: none"> RHCC Facebook page forwards all Senior Citizen updates RHCC adds the fliers for events at Senior Citizen Center to the community bulletin boards within the facility 	<ul style="list-style-type: none"> Facebook and Community bulletin boards provide offerings from the Senior Citizen Center Transportation Fliers are available at the Senior Citizen Center

		<ul style="list-style-type: none"> • RHCC works with Senior Citizen Center to provide transportation to Rosebud County members who are members of the Center 	<ul style="list-style-type: none"> • Senior Citizen Center employee is an active member of the Transportation Advisory Council at RHCC
	Explore adding a community resource tab on website to showcase available resource findings.	<ul style="list-style-type: none"> • We've updated our webpage with community information • Transportation brochure has been developed and located thru out the community 	<ul style="list-style-type: none"> • Community has access to our web page that now includes available resources • Transportation Brochures available to all

Goal 2: Improve community collaboration and collective impact in addressing health needs in Rosebud County.

	Activities	Accomplishments	Community Impact/Outcomes
Strategy 2.1: Develop a collaborative community group to combine efforts and resources to collectively tackle health issues in Rosebud County.	Identify community stakeholders.	<ul style="list-style-type: none"> • RHCC CEO attends Public Health quarterly meetings • Public Health and EMS representatives attend the monthly Medical Staff meetings • RHCC Employees attend the LEPC meeting monthly with EMS 	<ul style="list-style-type: none"> • Public Health provides RHCC car seats for MVA accident victims for immediate replacement after treatment at RHCC • Groups work together to share one consistent message to the community
	Convene community stakeholder group and determine focus and structure for group.	<ul style="list-style-type: none"> • Twice a year TAC Meetings are held with representatives from Senior Citizen Center, Public Health, Commissioners Office, TLC, RHCC Nursing Home and Transportation to discuss needs within the community • Public Health and EMS representatives attend Medical Staff meetings monthly • RHCC CEO attends Public Health quarterly meetings • RHCC Employees attend the LEPC meeting monthly with EMS 	<ul style="list-style-type: none"> • Discuss transportation within the Community • Stakeholder group works together on issues facing Rosebud County as they arise

	Identify and catalogue common interests and crossover of projects.	<ul style="list-style-type: none"> Transports were overlapping between RHCC transportation and the Senior Citizen Center 	<ul style="list-style-type: none"> Senior Citizen employee part of Transportation TAC. We have worked together to provide transportation to the communities; without overlapping services
	Meet with DPHHS BACI representative to determine feasibility and interest in participating in BACI program in Forsyth.		

Goal 3: Increase access to substance abuse resources in Rosebud County.

	Activities	Accomplishments	Community Impact/Outcomes
Strategy 3.1: Continue to support substance abuse recovery and other programs as well as increase awareness of available resources in Rosebud County.	Continue to provide meeting space for AA and NA groups.	<ul style="list-style-type: none"> RHCC provides telemedicine and conference room space for AA and NA groups 	<ul style="list-style-type: none"> Community has accessibility for services they wouldn't otherwise have
	Continue needle disposal program and market service through public health and Rosebud County.	<ul style="list-style-type: none"> Disposal boxes have been placed at several different locations within the community 	<ul style="list-style-type: none"> The community has safe disposal areas within the community
	Explore better ways to better support and market community prescription drop-off boxes at police station and pharmacy.	<ul style="list-style-type: none"> Drop off boxes were distributed 	<ul style="list-style-type: none"> Locations are available to community members for old prescriptions to be securely and safely dispensed of
	Explore opportunities to expand educational offerings on substance abuse prevention/support (ALANON, School events, etc.)	<ul style="list-style-type: none"> Public Health provided SOS (signs of suicide) to county schools 	<ul style="list-style-type: none"> This program is geared towards helping students learn skills to identify and get help for themselves and/or a friend

Goal 4: Improve access and awareness of mental health services in Rosebud County.

	Activities	Accomplishments	Community Impact/Outcomes
Strategy 4.1: Improve access to mental health services available at RHCC.	Continue to explore expansion of tele-psychiatry services at RHCC.	<ul style="list-style-type: none"> Have been working with Holy Rosary and SE MT Mental Health for options Going thru credentialing process for the Billings Clinic providers to have appointments scheduled thru tele-psychiatry services 	<ul style="list-style-type: none"> Still work in progress
	Research grant opportunities to support tele-psych.	<ul style="list-style-type: none"> Currently working on an Inter Behavioral Health Grant (IBH) 	<ul style="list-style-type: none"> Grant has been received and RHCC is currently working on implementing tele-psych services
	Create educational materials for the Employee Assistance Counseling program specific to mental health resources for staff and family.	<ul style="list-style-type: none"> RHCC switched from New Directions to EAP thru ACI RSLI 	<ul style="list-style-type: none"> Human Resources shared information with all employees regarding the change in programs All employees have a direct link on their computers to the site. ACI RSLI also provide an online app and a phone app for convenience
	Create mental health resource page for providers to support with patient referrals.	<ul style="list-style-type: none"> Per the IBH Grant, the clinic manager is working with Dr. Arzubi to put together a resource page for the nurses/providers 	
	Explore offering suicide prevention/Mental Health First Aid or other prevention/crisis management education for providers and front-line staff.	<ul style="list-style-type: none"> As part of the IBH Grant, Dr. Arzubi has been scheduled to come to RHCC to train our nurses/providers 	
	Determine feasibility of offering prevention/crisis training for area communities, business, schools and police, etc. as appropriate.	<ul style="list-style-type: none"> Public Health does drug testing and then refers to mental health for substance abuse support Public Health provided SOS (signs of suicide) to county schools 	



APPENDICES

Appendix A- Steering Committee

STEERING COMMITTEE MEMBER	ORGANIZATION AFFILIATION
DIXIE SELEG	Principal, Forsyth Elementary School
JENNY KING, RN	Rosebud County Health Department
SHELLEY RICKETT, NP	Rosebud Health Care Center (RHCC)
CELEST ROHRICH	Board Member, RHCC
ANA THOMPSON	Senior Center & Council on Aging
MINDY PRICE	CEO, RHCC
DEE RAYMOND	Human Resources Director, RHCC
JERRAE KUNTZ	Administration, RHCC



Appendix B- Public Health & Populations Consultation

Public Health

- a. Name/Organization
Jenny King, Public Health Nurse – Rosebud County Health Department
Mindy Price, CEO – RHCC
Shelley Rickett, Nurse Practitioner – RHCC
Celeste Rohrich, Board of Director Member – RHCC
- b. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
Steering Committee February 3, 2020
- c. Input and Recommendations from Consultation
 - Our high suicide rate is alarming. This shows the needs for integrated behavioral health programs.
 - Our hospital rates for drug use were way higher than the rest of Montana.
 - The impact of law enforcement may be important to think about when it comes to having a healthy community.
 - The unintentional death rate for our county is surprising

Population: Low-Income, Under-Insured

- a. Name/Organization
Mindy Price, CEO – RHCC
Jerrae Kuntz, Administration – RHCC
- b. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
First Steering Committee Meeting: February 3, 2020
- c. Input and Recommendations from Consultation
 - Our county is unique in that it includes both the reservation and Colstrip which mixes low and high incomes.
 - 55% are in WIC. If our median income is that high, it seems weird to see that happen. This is evidence of the income disparities in our county.

Population: Seniors

- a. Name/Organization
Ana Thompson, Senior Citizen Center & Council on Aging
Dixie Seleg, Principal – Forsyth Grade School
Jenny King, Public Health Nurse – Rosebud County Health Department
- b. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
First Steering Committee Meeting: February 3, 2020
- c. Input and Recommendations from Consultation
 - There is a strong interest from our seniors in having a hearing clinic locally.
 - Home health is a huge community need with the aging population in our community.
 - Many of our seniors have no idea what the community offers. We need to improve our communication about what services we offer locally and how to pay for it. I know that paperwork can often be difficult for them as well.
 - I don't think that the community truly understands what hospice is, but I know that the community members are interested in having those services.
 - Education is needed about what they (seniors) can receive, how they cover the costs - the paperwork is difficult. Many people don't know where to start. The seniors a lot of time don't know what the community offers.

Appendix C- Rosebud Co. Secondary Data

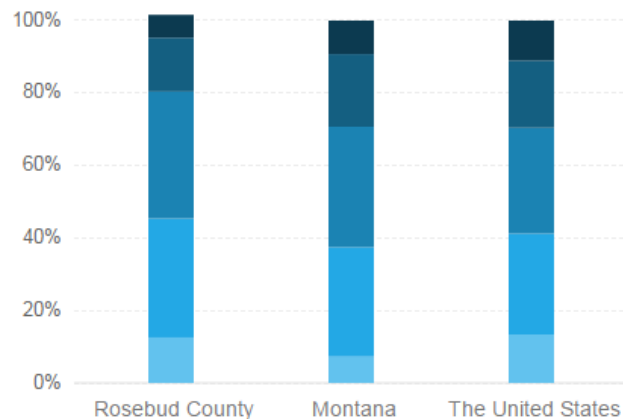
Demographic Measure (%)		County			Montana			Nation		
Population ¹		9,233			1,032,949			308,745,538		
Population Density ¹		1.8			6.8			87.4		
Veteran Status ¹		8.2%			10.6%			7.7%		
Disability Status ¹		17.7%			16.6%			15.3%		
Age ¹		<5	18-64	65+	<5	18-64	65+	<5	18-64	65+
		8.1%	58.0%	13.0%	6%	54.9%	17.2%	6.2%	56%	14.9%
Gender ¹		Male		Female	Male		Female	Male		Female
		49.6%		50.4%	50.3%		49.7%	49.2%		50.8%
Race/Ethnic Distribution ¹	White	60.4%			89.2%			77.1%		
	American Indian or Alaska Native	35.6%			6.6%			1.2%		
	Other †	5.0%			5.1%			36.7%		

¹ US Census Bureau Fact Finder (2016)

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

Highest Degree Attained

■ No High School
 ■ High School Degree
 ■ Associate's Degree
 ■ Bachelor's Degree
 ■ Graduate Degree



Rosebud County

No High School	12.54%
High School Degree	32.73%
Associate's Degree	34.94%
Bachelor's Degree	14.83%
Graduate Degree	6.30%

Montana

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

The United States

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

Socioeconomic Measures (%)	County	Montana	Nation
Median Income ¹	\$54,709	\$50,801	\$57,652
Unemployment Rate ¹	8.6%	4.8%	6.6%
Persons Below Poverty Level ¹	19.1%	14.4%	14.6%
Uninsured Adults (Age <65) ^{3,4}	16%	12%	10.7%
Uninsured Children (Age <18) ^{3,4}	7%	5%	5%
Children in Poverty ¹	25.8%	17.6%	20.3%
Enrolled in Medicaid ^{5,6}	11.9%	9.4%	1 in 7
Enrolled in Free/Reduced Lunch ⁷ <i>Pre-k through 12th grade</i>	945	62,951	-
SNAP Participants ⁷ <i>All ages, FY 2015</i>	2,027	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>	497	35,881
Born less than 37 weeks ⁸	12.9%	9.1%
Teen Birth Rate (females age 15-19) ⁸ <i>Per 1,000 years 2009-2013</i>	64.6	32
Smoking during pregnancy ⁸	13.8%	16.3%
Receiving WIC ⁸	55.4%	34.6%
Children (2-5 years of age) overweight or obese ⁸	40.1%	27.9%
Childhood Immunization Up-To-Date (UTD) % Coverage ⁹	67.8%	66.2%

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

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

Behavioral Health	County	Montana	Top U.S. Performers
Adult Smoking ³	21%	19%	14%
Excessive Drinking ³	21%	21%	13%
Adult Obesity ³	31%	25%	26%
Poor Mental Health Days (Past 30 days) ³	3.9	3.5	3.1
Physical Inactivity ³	23%	21%	20%
Intentional Self-Harm ED Visit Rate ¹⁰ <i>Per 100,000 population</i>	114.0	126.9	-
Mental Disorders Hospitalization Rate ¹⁰ <i>Per 100,000 population</i>	374.7	241.3	-
Drug Use Hospitalization Rate ¹⁰ <i>Per 100,000 population</i>	845.0	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	975.0	366.2
Hepatitis C	188.6	123
Pertussis	142.3	44.6

⁸ County Health Profiles, DPPHS (2015)

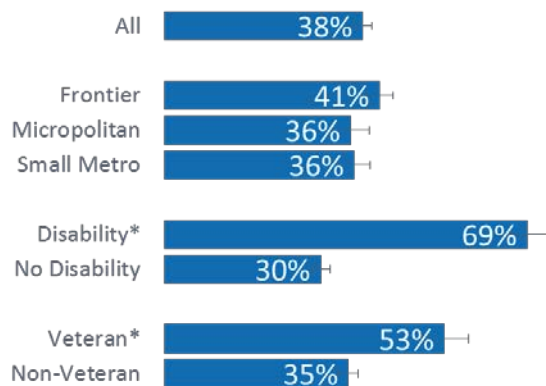
Chronic Conditions ¹⁰	County	Montana
Stroke Hospitalization Rate <i>Per 100,000 population</i>	166.0	152
Diabetes Hospitalization Rate <i>Per 100,000 population</i>	2,183.0	1058.9
COPD Emergency Department Visit Rate <i>Per 100,000 population</i>	478.7	669.9
Acute Myocardial Infarction (MI) Hospitalization Rate <i>Per 100,000 population</i>	115.4	118.1
Heart Failure Hospitalization Rate Rate <i>Per 100,000 population</i>	1,426.6	857.4
Asthma Related Emergency Department Visit Rate <i>Per 100,000 population</i>	139.1	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)

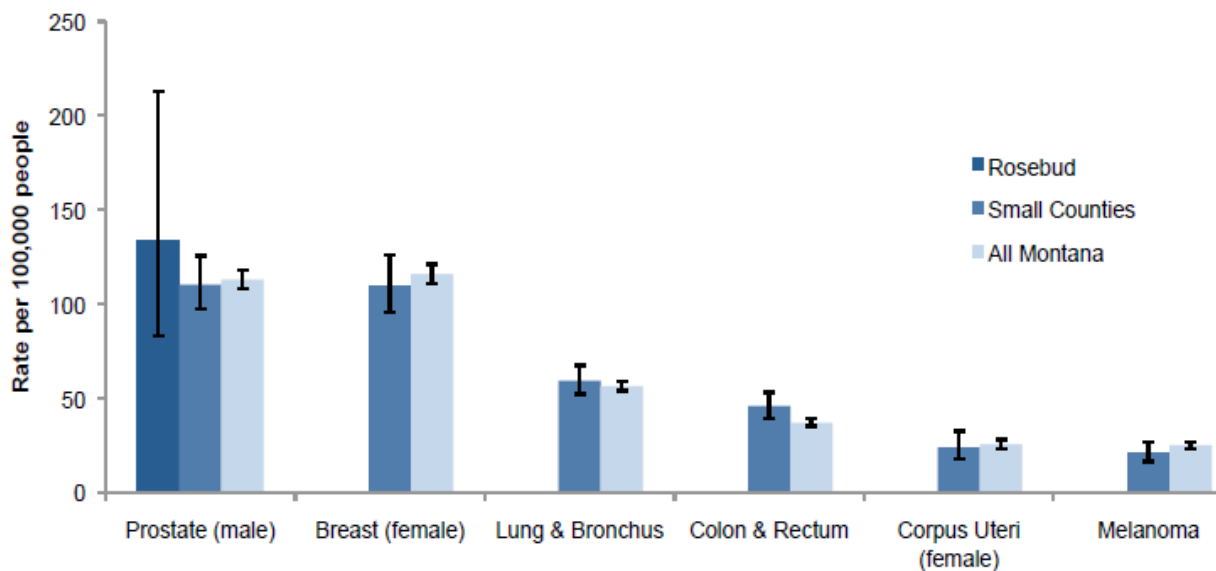
Percent of Montana Adults with Two or More Chronic Conditions



Cancer Prevalence	County	Montana	Nation
All Sites Cancer ¹⁰ <i>Per 100,000 population</i>	500.0	441.6	444

¹⁰ IBIS Community Snapshot, MT- DPPHS

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



⁸ County Health Profiles, DPPHS (2015)

Mortality	County	Montana	Nation
Suicide Rate ¹² <i>Per 100,000 population</i>	39.2	22.5	13.9
Veteran Suicide Rate ¹² <i>Per 100,000 population</i>	-	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} <i>Per 100,000 population</i>	82.0	41.3	41.3
Diabetes Mellitus ^{13, 16} <i>Per 100,000 population</i>	-	21.3	21.5
Alzheimer's Disease ^{13, 17} <i>Per 100,000 population</i>	-	20.9	37.3
Pneumonia/Influenza Mortality ^{13, 18} <i>Per 100,000 population</i>	-	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- Rosebud County, Montana		
Discipline	*HPSA Score	HPSA
Primary Care	17	✓ Geographic population
Dental Health	17	✓ Low income population
Mental Health	13	✓ Rural Health Clinic
*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	Rosebud Co. (N = 1) *	Montana (N = 48) *	National (N = 1344) *
Primary care physicians	Ratio of population to primary care physicians	1554:1	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	783:1	1041:1	726:1
Dentists	Ratio of population to dentists	1880:1	1482:1	1280:1
Mental health providers	Ratio of population to mental health providers	448:1	409:1	330:1

*Total number of CAHs, - No data available

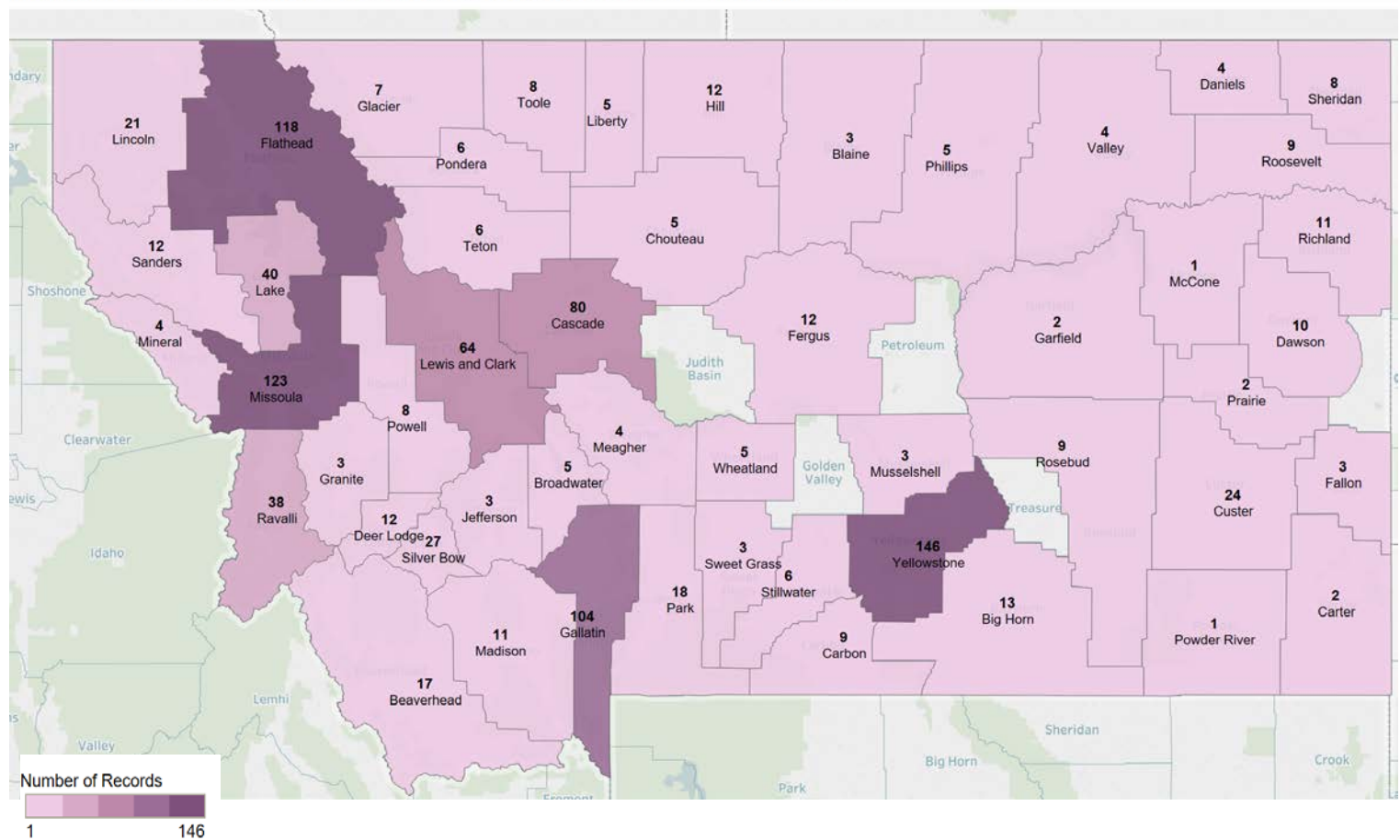
2 CAHMPAS - FLEX Monitoring (2017)

Healthcare workforce Distribution Maps

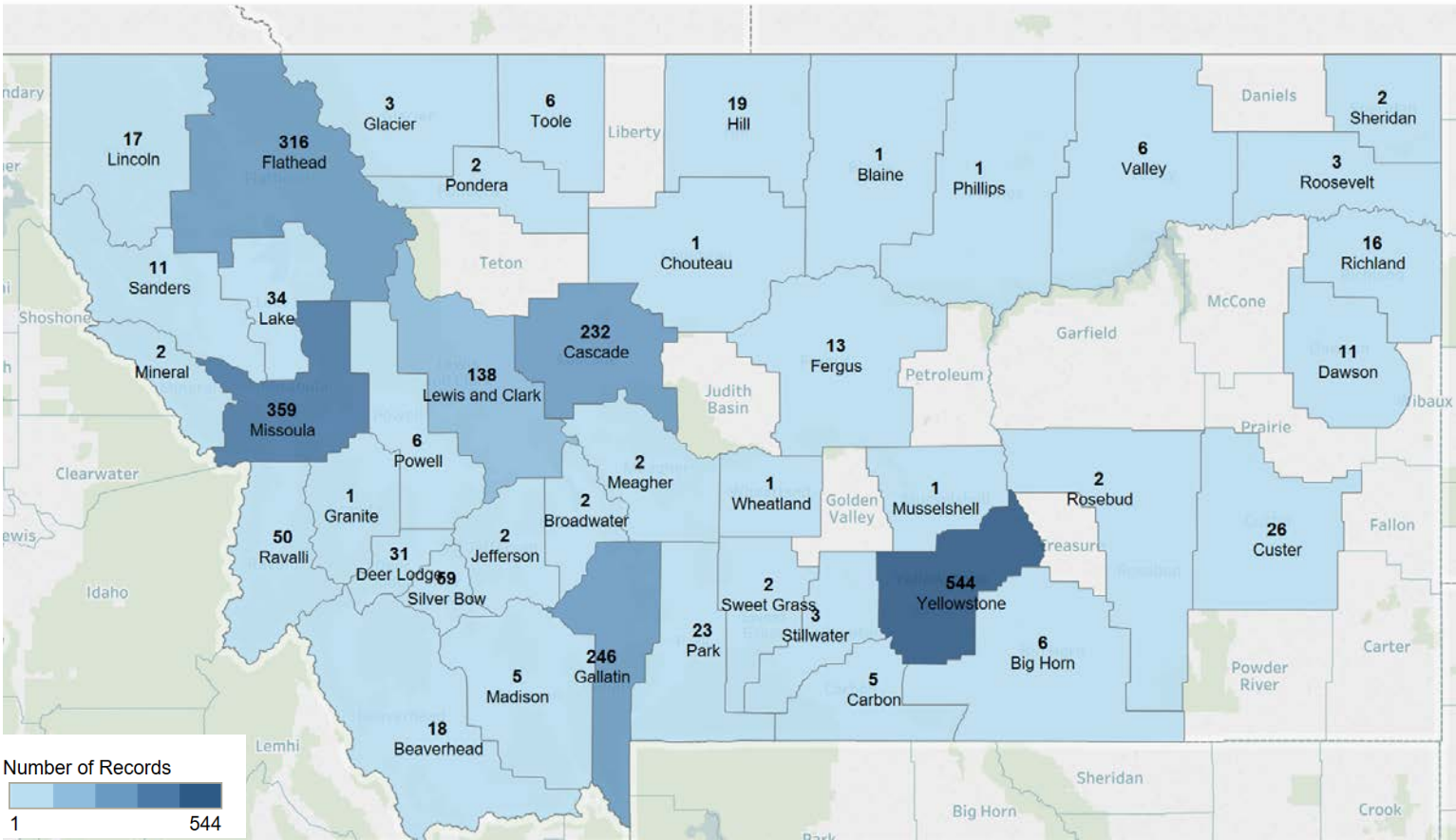
WIM Tracking is a Montana-based health workforce research company. WIM Tracking proactively monitors the movement of healthcare professionals in Wyoming, Idaho and Montana and maintains the data within a relational database.

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

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



Montana Physician Distribution - Primary Locations - All Specialties



Appendix D- Survey Cover Letter



DATE, 2020

Dear [LASTNAME] household:

Participate in our Community Health Needs Assessment survey for a chance to
Win \$100 Chamber Cash or one of two (2) \$25 Visa Gift Cards

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

Your name has been randomly selected as a resident who lives in the RHCC 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: DATE, 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 "Rosebud Health Care Center Survey." Your access code is [CODED]
4. The winners of the \$100 Chamber Cash and \$25 Visa gift cards will be contacted the week of DATE.

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

Thank you for your assistance. We appreciate your time.

Sincerely,

Mindy Price, CEO

Appendix E- Survey Instrument

Community Health Services Development Survey Forsyth, 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 use	<input type="checkbox"/> Hunger	<input type="checkbox"/> Social isolation/loneliness
<input type="checkbox"/> Alzheimer's/dementia	<input type="checkbox"/> Lack of access to healthcare	<input type="checkbox"/> Stroke
<input type="checkbox"/> Cancer	<input type="checkbox"/> Lack of dental care	<input type="checkbox"/> Suicide
<input type="checkbox"/> Child abuse/neglect	<input type="checkbox"/> Lack of exercise	<input type="checkbox"/> Tobacco use
<input type="checkbox"/> Depression/anxiety	<input type="checkbox"/> Mental health issues	(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"/> Drug use	<input type="checkbox"/> Recreation related accidents/injuries	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Heart disease	<input type="checkbox"/> Respiratory issues/illness	
3. Select the **three** items below that you believe are **most important** for a healthy community (**select ONLY 3**)

<input type="checkbox"/> Access to childcare/after school programs	<input type="checkbox"/> Community involvement	<input type="checkbox"/> Low level of domestic violence
<input type="checkbox"/> Access to healthcare services	<input type="checkbox"/> Good jobs and a healthy economy	<input type="checkbox"/> Parks and recreation
<input type="checkbox"/> Access to healthy foods	<input type="checkbox"/> Good schools	<input type="checkbox"/> Religious or spiritual values
<input type="checkbox"/> Affordable housing	<input type="checkbox"/> Healthy behaviors and lifestyles	<input type="checkbox"/> Strong family life
<input type="checkbox"/> Arts and cultural events	<input type="checkbox"/> Low crime/safe neighborhoods	<input type="checkbox"/> Tolerance for diversity
<input type="checkbox"/> Clean environment	<input type="checkbox"/> Low death and disease rates	<input type="checkbox"/> Transportation services
		<input type="checkbox"/> Other: _____
4. How do you rate your knowledge of the health services that are available through Rosebud Health Care Center?
☐ Excellent ☐ Good ☐ Fair ☐ Poor
5. How do you learn about the health services available in our community? (**Select ALL that apply**)

<input type="checkbox"/> Community bulletin board	<input type="checkbox"/> Presentations	<input type="checkbox"/> Website/internet
<input type="checkbox"/> Friends/family	<input type="checkbox"/> Public Health	<input type="checkbox"/> Word of mouth/reputation
<input type="checkbox"/> Healthcare provider	<input type="checkbox"/> Radio	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Mailings/newsletter	<input type="checkbox"/> Senior center	
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Social media	
6. Which community health resources, other than the hospital or clinic, have you used in the last three years?
(**Select ALL that apply**)

<input type="checkbox"/> Ask a nurse	<input type="checkbox"/> Mental health	<input type="checkbox"/> Public health
<input type="checkbox"/> Assisted living	<input type="checkbox"/> Nursing home	<input type="checkbox"/> Senior center
<input type="checkbox"/> Dentist	<input type="checkbox"/> Pharmacy/tele-pharmacy	<input type="checkbox"/> Other: _____

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

- | | |
|--|--|
| <input type="checkbox"/> Affordability of services | <input type="checkbox"/> More specialists |
| <input type="checkbox"/> Assistance making appointments and finding services | <input type="checkbox"/> Online scheduling |
| <input type="checkbox"/> Cultural sensitivity | <input type="checkbox"/> Outpatient services expanded hours |
| <input type="checkbox"/> Greater health education services | <input type="checkbox"/> Payment assistance programs (healthcare expenses) |
| <input type="checkbox"/> Improved quality of care | <input type="checkbox"/> Telemedicine |
| <input type="checkbox"/> Interpreter services | <input type="checkbox"/> Transportation assistance |
| <input type="checkbox"/> More information about available services | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> More primary care providers | |

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

- | | | |
|--|--|--|
| <input type="checkbox"/> Alcohol/substance abuse | <input type="checkbox"/> Health and wellness | <input type="checkbox"/> Parenting |
| <input type="checkbox"/> Alzheimer's | <input type="checkbox"/> Heart disease | <input type="checkbox"/> Prenatal |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Lactation/breastfeeding support | <input type="checkbox"/> Senior wellness |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Living will | <input type="checkbox"/> Smoking/tobacco cessation |
| <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"/> Grief counseling | <input type="checkbox"/> Nutrition | <input type="checkbox"/> Women's health |
| | | <input type="checkbox"/> Other: _____ |

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

- | | | |
|---|---|--|
| <input type="checkbox"/> Cardiac rehabilitation | <input type="checkbox"/> Hearing clinic/test | <input type="checkbox"/> Sleep studies |
| <input type="checkbox"/> Crisis services | <input type="checkbox"/> Home health | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Diabetes education | <input type="checkbox"/> Hospice | |
| <input type="checkbox"/> Foot care clinic | <input type="checkbox"/> Mental health/tele-psych | |

10. What senior services are needed in your community? (select ALL that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Age in place services/ assistance | <input type="checkbox"/> Hospice | <input type="checkbox"/> Senior retirement housing |
| <input type="checkbox"/> Assisted living facility | <input type="checkbox"/> In home personal assistance | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Home health (skilled nursing) | <input type="checkbox"/> Palliative care | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> Senior respite care | |

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

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

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

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

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

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

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

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

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

- ☐ Yes ☐ No (If no, skip to question 18)

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

- | | | |
|-----------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Ashland | <input type="checkbox"/> Forsyth | <input type="checkbox"/> Miles City |
| <input type="checkbox"/> Billings | <input type="checkbox"/> Hardin | <input type="checkbox"/> VA Hospital |
| <input type="checkbox"/> Colstrip | <input type="checkbox"/> Indian Health Services (IHS) | <input type="checkbox"/> Other: _____ |

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

- | | | |
|---|---|--|
| <input type="checkbox"/> Appointment availability | <input type="checkbox"/> 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"/> Prior experience with clinic | <input type="checkbox"/> VA/Military requirement |
| <input type="checkbox"/> Cost of care | <input type="checkbox"/> Privacy/confidentiality | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> Recommended by family or friends | |

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

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

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

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Billings Clinic | <input type="checkbox"/> Rosebud Health Care Center | <input type="checkbox"/> VA Hospital |
| <input type="checkbox"/> Holy Rosary Healthcare | <input type="checkbox"/> St. Vincent Healthcare | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> IHS- Crow Agency | | |

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

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

21. In the past three years, have you or a household member seen a healthcare specialist (other than your primary care provider/family doctor) for healthcare services?

- ☐ Yes ☐ No (If no, skip to question 24)

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

- ☐ Ashland ☐ Hardin ☐ Other: _____
☐ Billings ☐ Indian Health Services (IHS)
☐ Colstrip ☐ Miles City
☐ Forsyth ☐ VA Hospital

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

- ☐ Allergist ☐ Mental health counselor ☐ Psychiatrist (M.D.)
☐ Audiologist (ear) ☐ Neurologist ☐ Psychologist
☐ Cardiologist (heart) ☐ Neurosurgeon ☐ Pulmonologist (lungs)
☐ Chiropractor ☐ OB/GYN (birth/women's health) ☐ Radiologist (x-ray)
☐ Dentist ☐ Occupational therapist ☐ Rheumatologist (autoimmune/arthritis)
☐ Dermatologist (skin) ☐ Oncologist (cancer) ☐ Social worker
☐ Dietician ☐ Ophthalmologist (eye specialist) ☐ Speech therapist
☐ Endocrinologist (hormones) ☐ Optometrist (eye doctor) ☐ Substance abuse counselor
☐ ENT (ear/nose/throat) ☐ Orthopedic surgeon ☐ Urologist
☐ Gastroenterologist (stomach) ☐ Pediatrician (child specialist) ☐ Other: _____
☐ General surgeon ☐ Physical therapist
☐ Geriatrician (aging) ☐ Podiatrist (feet)

24. The following services are available through Rosebud Health Care Center. Please rate the overall quality for each service by circling your answer. (Please circle N/A if you have not used the service)

	Excellent	Good	Fair	Poor	Haven't used	Don't Know
Clinic services	4	3	2	1	N/A	DK
Diagnostic imaging (CT/x-ray/ultrasound)	4	3	2	1	N/A	DK
Emergency room	4	3	2	1	N/A	DK
Hospital/inpatient services	4	3	2	1	N/A	DK
Laboratory	4	3	2	1	N/A	DK
Nursing home	4	3	2	1	N/A	DK
Personal Assisted Living Services (PALS)	4	3	2	1	N/A	DK
Physical therapy	4	3	2	1	N/A	DK
Telemedicine	4	3	2	1	N/A	DK

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

- ☐ Yes ☐ No

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

- ☐ Everyday ☐ Most days ☐ Sometimes ☐ Occasionally ☐ Never

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

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

28. 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

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

- ☐ Yes ☐ No

30. In the past year, did you worry that you 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. What type of health insurance covers the **majority** of your household's medical expenses? (**Select ONLY 1**)

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

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

- ☐ Excellent ☐ Good ☐ Fair ☐ Poor

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

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

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

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

Demographics

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

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

- ☐ 59003 Ashland ☐ 59038 Hysham ☐ 59347 Rosebud
☐ 59323 Colstrip ☐ 59039 Ingomar ☐ Other: _____
☐ 59327 Forsyth ☐ 59043 Lame Deer

37. What is your gender?

- ☐ Male ☐ Female ☐ Other

38. What age range represents you?

☐ 18-25

☐ 46-55

☐ 76-85

☐ 26-35

☐ 56-65

☐ 86+

☐ 36-45

☐ 66-75

39. What is your employment status?

☐ Work full time

☐ Collect disability

☐ Self employed

☐ Unemployed, but looking

☐ Work part time

☐ Not currently seeking employment

☐ Retired

☐ Other _____

☐ Student

[CODED]

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

HELPS Lab

Montana State University

PO Box 172245

Bozeman, MT 59717

THANK YOU VERY MUCH FOR YOUR TIME

Please note that all information will remain confidential

Appendix F- Cross Tabulation Analysis

Knowledge Rating of Rosebud Health Care Center Services by How Respondents Learn About Healthcare Services

	Excellent	Good	Fair	Poor	Total
Word of mouth/reputation	18.5% (27)	54.1% (79)	23.3% (34)	4.1% (6)	146
Friends/family	16.7% (23)	52.9% (73)	25.4% (35)	5.1% (7)	138
Healthcare provider	23.1% (24)	63.5% (66)	13.5% (14)		104
Mailings/newsletter	16.7% (14)	61.9% (52)	20.2% (17)	1.2% (1)	84
Newspaper	15.6% (12)	61.0% (47)	19.5% (15)	3.9% (3)	77
Public Health	26.7% (16)	63.3% (38)	10.0% (6)		60
Social media	17.3% (9)	53.8% (28)	23.1% (12)	5.8% (3)	52
Senior center	20.8% (10)	68.8% (33)	8.3% (4)	2.1% (1)	48
Community Bulletin board	18.2% (8)	59.1% (26)	20.5% (9)	2.3% (1)	44
Radio	11.9% (5)	59.5% (25)	23.8% (10)	4.8% (2)	42
Website/internet	19.0% (8)	57.1% (24)	19.0% (8)	4.8% (2)	42
Presentations		75.0% (3)	25.0% (1)		4
Other	27.3% (3)	63.6% (7)	9.1% (1)		11

Delay or Did Not Get Need Healthcare Services by Residence

	Yes	No	Total
Forsyth 59327	23.3% (44)	76.7% (145)	189
Rosebud 59347	37.5% (6)	62.5% (10)	16
Hysham 59038	21.4% (3)	78.6% (11)	14
Colstrip 59323	25.0% (2)	75.0% (6)	8
Ingomar 59039		100% (1)	1
Ashland 59003			0
Lame Deer 59043			0
Other	33.3% (1)	66.7% (2)	3
TOTAL	56	175	231

Location of primary care provider most utilized by Residence

	Forsyth	Billings	Miles City	Colstrip	VA Hospital	Hardin	Indian Health	Other	Total
Forsyth 59327	48.1% (90)	14.4% (27)	12.8% (24)	3.2% (6)	1.6% (3)		0.5% (1)	19.3% (36)	187
Rosebud 59347	46.7% (7)	20.0% (3)	26.7% (4)					6.7% (1)	15
Hysham 59038	25.0% (3)	41.7% (5)	8.3% (1)			8.3% (1)		16.7% (2)	12
Colstrip 59323		12.5% (1)	25.0% (2)	50.0% (4)				12.5% (1)	8
Ingomar 59039		100% (1)							1
Ashland 59003									0
Lame Deer 59043									0
Other	33.3% (1)	66.7% (2)							3
TOTAL	101	39	31	10	3	1	1	40	226

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

	Forsyth	Billings	Miles City	Colstrip	Hardin	Indian Health	VA Hospital	Other	Total
Closest to home	65.2% (73)	1.8% (2)	3.6% (4)	7.1% (8)		0.9% (1)		21.4% (24)	112
Prior experience with clinic	49.0% (50)	16.7% (17)	14.7% (15)	3.9% (4)	1.0% (1)	1.0% (1)		13.7% (14)	102
Clinic/provider's reputation for quality	37.7% (29)	24.7% (19)	20.8% (16)			1.3% (1)		15.6% (12)	77
Appointment availability	63.5% (40)	9.5% (6)	9.5% (6)	4.8% (3)		1.6% (1)		11.1% (7)	63
Recommended by family or friends	32.0% (8)	36.0% (9)	12.0% (3)	4.0% (1)				16.0% (4)	25
Privacy/confidentiality	37.5% (9)	41.7% (10)	12.5% (3)					8.3% (2)	24
Referred by physician or other provider	23.8% (5)	38.1% (8)	14.3% (3)					23.8% (5)	21
Length of waiting room time	56.3% (9)	18.8% (3)	6.3% (1)					18.8% (3)	16
Cost of care	15.4% (2)	7.7% (1)	15.4% (2)			7.7% (1)	15.4% (2)	38.5% (5)	13
Required by insurance plan	27.3% (3)	27.3% (3)	36.4% (4)	9.1% (1)					11
VA/Military requirement	12.5% (1)		12.5% (1)				25.0% (2)	50.0% (4)	8
Indian Health Services						33.3% (1)		66.7% (2)	3
Other	33.3% (6)	22.2% (4)	27.8% (5)	5.6% (1)				11.1% (2)	18

*Ashland was removed from table due to non-response

Location of most utilized hospital by Residence

	Billings Clinic	St. Vincent	Rosebud Health Care	Holy Rosary	IHS – Crow Agency	VA Hospital	Other	Total
Forsyth 59327	30.5% (36)	22.0% (26)	28.0% (33)	5.9% (7)			13.6% (16)	118
Rosebud 59347	50.0% (5)	10.0% (1)		20.0% (2)			20.0% (2)	10
Hysham 59038	11.1% (1)	77.8% (7)					11.1% (1)	9
Colstrip 59323	75.0% (3)						25.0% (1)	4
Ingomar 59039							100% (1)	1
Ashland 59003								0
Lame Deer 59043								0
Other	50.0% (1)			50.0% (1)				2
TOTAL	46	34	33	10	0	0	21	144

Location of most utilized hospital by
Reasons for hospital selection

	Billings Clinic	St. Vincent	Rosebud Health Care	Holy Rosary	IHS – Crow Agency	VA Hospital	Other	Total
Doctor/provider preference	39.5% (30)	23.7% (18)	18.4% (14)	7.9% (6)			10.5% (8)	76
Prior experience with hospital	30.2% (16)	35.8% (19)	18.9% (10)	5.7% (3)			9.4% (5)	53
Referred by physician or other provider	40.4% (21)	36.5% (19)	3.8% (2)	3.8% (2)			15.4% (8)	52
Hospital's reputation for quality	45.5% (20)	27.3% (12)	11.4% (5)				15.9% (7)	44
Closest to home	5.4% (2)	10.8% (4)	64.9% (24)	8.1% (3)			10.8% (4)	37
Emergency, no choice	20.0% (7)	17.1% (6)	42.9% (15)	11.4% (4)			8.6% (3)	35
VA/Military requirement		28.6% (2)		14.3% (1)			57.1% (4)	7
Closest to work			75.0% (3)	25.0% (1)				4
Required by insurance plan	50.0% (2)	25.0% (1)					25.0% (1)	4
Cost of care		100% (3)						3
Financial assistance programs	100% (2)							2
Recommended by family or friends	100% (2)							2
Privacy/confidentiality		100% (1)						1
Other	25.0% (4)	12.5% (2)	25.0% (4)	18.8% (3)			18.8% (3)	16

Appendix G- Responses to Other & Comments

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

- Lots of obesity
- In general, we could use more access to prevention: developing good healthy habits (using indoor swim pool is only one example of a wonderful amenity that is underused!)

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

- COVID-19/Coronavirus (2)
- Gossip!
- Age related (3)
- Gambling
- Prescription pain medication abuse
- None
- DRUGS
- Vision care
- Welfare

*Responses when more than 3 were selected (N=11):

- Diabetes (3)
- Drug use (8)
- Overweight/obesity (3)
- Lack of access to healthcare (2)
- Respiratory issues/illnesses (4)
- Social isolation/loneliness
- Stroke (5)
- Tobacco use (3)
- Work/economic stress (3)
- Work related accidents/injuries
- Alcohol use (4)
- Cancer (3)
- Domestic violence
- Recreation related accidents
- Suicide
- Alzheimer's/dementia
- Depression/anxiety (2)
- Heart disease (3)
- Mental health issues (2)
- Hunger
- Lack of exercise

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

- None
- Friends

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

- Affordable housing (2)
- Good jobs and a healthy economy (3)
- Good schools (3)
- Healthy behaviors and lifestyles (3)
- Low crime/safe neighborhoods (2)
- Parks and recreation (2)
- Religious or spiritual values (2)
- Strong family life (3)
- Transportation services (3)
- Arts and cultural events
- Low level of domestic violence
- Clean environment
- Community involvement

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

- Fair to poor

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

- EMS [Emergency Medical Services]
- Only facility here
- Worked at RHCC (4)
- Lived here since 1950
- I go there if I have a question
- Work health fair
- Have tried before
- Foundation board
- Suggest: Mailers to everyone listing providers, contact numbers, including telephone numbers, services, (I know there are “turn-overs” in rural settings) ... not everyone receives the newspapers, e-mails, etc. Transportation contacts (if any) would also be good for people to have. Thank you for the chance to comment and in-put!

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

- We just moved back here in July we will use dentist.
- Clinic visits (2)
- None (7)
- Transportation

- Chiropractor (2)
- Out of network provider – surgery (blood tests, flu & pneumonia shots with public health)
- Food bank
- VA
- Swimming pool!

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

- More MDs
- More availability to elders to have home health services
- None, access is good (2)
- Eye doctor
- Counselors/psychiatrists
- Having real doctors and PT people
- Need doctor
- A full-time doctor (2)
- Greater health education services in schools
- Transportation assistance to whatever – but at times, senior citizens having to drive on “winter roads” to physical therapy or appointments
- Not all of us are “online” or have “smart” phones

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

- Counselor
- Care for the elderly
- Living will for average person
- None (2)
- Parkinson's
- NA, can't due to health issues

9. What additional healthcare services would you or a family member use if available locally?

- NA or none (6)
- Optometrist (2)
- Not sure
- Walk-in
- Stable physician availability in clinic
- Dealing with multi-medical problems at the same time
- No qualified providers

10. What senior services are needed in your community?

- Don't know of issues
- We have all of these (2)

- Don't know (4)
- Hospice
- Not sure, I'm new to the community

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

- Chiropractor
- Kidney CAT Scan
- All in Billings, MT
- Use not in this town
- Hysterectomy not recommended (pointed toward pap smear)

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

- Self diagnoses
- COVID-19
- Felt providers not thorough enough on symptoms
- Misdiagnosed
- ER too expensive with insurance. Waited till next day to go to clinic.

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

- Office wasn't open when I could go
- Qualified provider not available (2)
- Too long to wait for an appointment (4)
- Unsure if services were available (3)
- Didn't know where to go (2)
- Don't like doctors/providers (3)
- It cost too much (3)
- My insurance didn't cover it (4)
- It was too far to go
- Not treated with respect
- Had no childcare
- Transportation problems
- Too nervous or afraid

16. Where was that primary care provider located?

- Hysham (3)

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

- Miles City (24)
- Forsyth (26)
- Colstrip (7)
- VA hospital (5)
- Indian Health Services (2)

- Billings (27)

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

- Relate well with provider/trust (2)
- VA
- Physicians keep leaving
- We don't have a choice
- Knew previously
- Contract with state of MT, would go to Forsyth if same contract was available through pharmacy
- Just like our doctors & staff
- Close to work (2)
- Autoimmune
- More years of experience in providers
- Doctor/female
- OB/GYN
- Specialist (2)
- Have excellent doctors
- Knew the doctor

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

- (St. Vincent) but we use RHC as much as we can
- (Billings Clinic) because Rosebud didn't provide service
- Yellowstone Surgery Center
- Ortho MT
- Went to Rosebud, did NOT receive quality care. Got out went directly to Billings Clinic.
- Boston Mass General

*Responses when more than 1 option was selected (N=16):

- Rosebud Health Care Center (8)
- St. Vincent Healthcare (8)
- Billings Clinic (11)
- Holy Rosary Healthcare (4)
- VA Hospital (2)

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

- Not for profit hospital
- Insurance contract
- Services available
- RA Infusion
- Wife has ALS
- Offered services not available in Forsyth (Neurologist, Dermatologist)

*Responses when more than 3 were selected (N=11):

- Hospital's reputation for quality (6)
- Prior experience with hospital (6)
- Privacy/confidentially (5)
- Recommended by family or friends (2)
- Referred by physician or other provider (5)
- Closest to home (2)
- Doctor/provider preference (8)
- Cost of care
- Required by insurance plan
- Financial assistance program (2)

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

- Minneapolis
- Internal medicine associate in Billings
- Seattle (2)
- Los Angeles, CA
- Hysham
- Telemedicine Forsyth

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

- Kidney specialist (2)
- Hep C specialist, Hep C free check up
- They are what I was doing there
- Naturopathic physician
- Surgeon
- Heart specialist
- Colonoscopy
- Lymphedema therapist, vascular specialist; wound care specialist.
- Cataracts
- Orthopedic
- Dermatologist
- Oral surgeon
- Sleep study
- Periodontist
- Lab testing for bone density
- Hernia doctor
- AME
- For gout, liver, kidneys
- General doctor
- Naturopath

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

- Coronavirus isolation (3)

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

- Not just cost – ration the bladder pill. Use on days away from home but benefit from the routine as the side effects are not good. The “dehydrating” effect of bladder meds causes imbalances in the body which brings about other problems – hence – best to take only when away from home!
- It would have had I not sought help in the form of a foundation that helps people who cannot afford a particular drug
- ALS meds are darn expensive

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

- Rent is too high for the area
- Own my own home

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

- Wife has IHS [Indian Health Services]
- 0 currently covered
- Retiree FSI
- None
- BCBS for daughter. I don’t have insurance.
- GEHA
- Med share type
- Medicare supplement (4)

*Responses when more than 1 was selected (N=37):

- Medicare (32)
- VA/Military (5)
- Private plan (21)
- Medicaid (4)
- Healthy MT Kids
- Health Insurance Marketplace (3)
- Employer (7)
- Indian Health (2)

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

- Would prefer single payer universal health care for all

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

- No Medicaid now, I haven’t applied for any
- VA Medicare
- I thought Blue Cross would cover everything!!!

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

- 59323 Colstrip and 59327 Forsyth
- 59327 but 55 miles from town
- Forsyth zip code, but live closer to Ashland

39. What is your employment status?

- Unemployed due to COVID-19
- I own a motel, retired from LAFD
- VA living community Miles City, MT
- Homemaker (2)
- Work full-time but COVID-19 non-essential

***Responses when more than 1 was selected (N=8):**

- Retired (6)
- Collect disability
- Work full-time (2)
- Self-employed (2)
- Work part-time (5)

Other Comments:

- Trying to answer “pre” coronavirus
- We moved here four years ago and are quite healthy so have not used the local health care much!!

Appendix H- Key Informant Interview - Questions

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

Appendix I- Key Informant Interview - Notes

Key Informant Interview #1

April 13, 2020-Anonymous–Via phone interview

1. How do you feel about the general health of your community?
 - It's good. I think there is always someone who is trying to improve it, whether it be groups or individuals.
2. What are your views/opinions about these local services:
Hospital/clinic:
 - It's important to our community and serves a purpose. I am a little concerned about not having a physician. We have an excellent PA and a nurse practitioner, but no doctor so that would be my biggest concern.

EMS Services (ER/Ambulance)

- There are well trained and well-funded. We have a good ambulance service. They are well coordinated and have a good director. There isn't high turnover so there is a lot of experience.

Public/County Health Department

- Haven't had to use for a long time. When I had young kids, they were great with vaccines and well-baby checks. They have great availability for young families. They do a lot of community outreach. The last day of school they did a community health fair for the school aged kids, the whole community came together and educated the kids about health issues they might encounter during the summer. I think that was the health department that did that, so they do a great job with community outreach.

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

- We have an active senior citizens center. The new director is a spark plug – she always has new activities for them. A couple of months ago they did a video of the seniors that highlighted who they are and their interests. The new staff has really included a lot of new activities.

Services for Low-Income Individuals/Families

- We do have services available. We have the food pantry and the ambulance services does an event at Halloween. The school does a canning drive during the Brawl of the Wild. The churches do a lot too.

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

- Right now, it's covid-19.
- Otherwise it is wellness. We have the hospital where people go when there are sick, but we need more opportunities or programs for people to stay healthy. We don't have a bike trail. There are some gyms but there needs to be more accessible options. A wellness program through the hospital or county health would be good. I know the county extension agent does some wellness programs that are geared for the elderly but more of that for all age groups would be nice.

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

- More wellness opportunities.
- Another doctor would be good.
- We try to do as much here as possible to support the community. If you go to Billings you are just a number, so if we can we go here. It's not realistic to have specialists here.

5. What would make your community a healthier place to live?
- Having more activities wellness activities. A walking path, it's really not safe to walk on the streets here, if it's not the vehicles it's the dogs at large. There have been a couple of dog attacks. It would be nice if there was accessibility to paths, so it was safer to walk.
 - I am so thankful to have this hospital because they saved my family member. Without the hospital they would have died. It is important that it is here.

Key Informant Interview #2

April 13, 2020- Anonymous - Via phone interview

1. How do you feel about the general health of your community?
- We are very fortunate to have a clinic and hospital here. We are in pretty good health.
2. What are your views/opinions about these local services:
- Hospital/clinic:
- I think they are exceptional and have received great care there. They refer to exceptional care in Billings when they need.
 - They have an excellent physical therapy department.
- EMS Services (ER/Ambulance)
- I have no complaints. They were here quickly and did their job professionally. It is nice to see a family face on the EMS services.
- Public/County Health Department
- I have used them to monitor my blood pressure. They have given me a couple of vaccines through the years. They are very helpful.
- Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
- I have friends in the nursing home and assisted living, and they received excellent care. When I visited everything seemed fine. The nurses and CNAs were very attentive and caring.
- Services for Low-Income Individuals/Families
- I have no idea. I don't believe anyone is ever turned away though.
3. What do you think are the most important local healthcare issues?
- Being a rural community, our major problem is finding a doctor. We have NPs who are excellent. I just wonder how long a rural clinic can stay open without a doctor. It concerns me and it concerns the community as well. We were fortunate to have someone for many years but her retired. We have excellent

services, but I don't know how long we can stay open without a doctor – From a legal and liability standpoint. The staff has to refer when necessary.

4. What other healthcare services are needed in the community?
 - Full time doctor- this is the priority.
 - Out local pharmacy is excellent.
 - We are lucky here. We are lucky to have what we have for a town of this size. My concern is keeping what we have.
5. What would make your community a healthier place to live?
 - Conquer covid-19. That would be helpful.
 - We have excellent facilities and they are well maintained – Colstrip was instrumental to getting the new facility up and running. We are very fortunate with what we have – I just want to keep it and the economy isn't good these days, so I am very concerned about keeping the services we have.

Key Informant Interview #3

April 13, 2020- Anonymous - Via phone interview

1. How do you feel about the general health of your community?
 - I feel it is good. I see lots of people out walking and exercising. Having the hospital and clinic here is a plus ... and the pharmacy.
2. What are your views/opinions about these local services:
Hospital/clinic:
 - I have been really happy with the care I have gotten here. I saw someone here who was really good, but she moved.
 - I was in the hospital for a couple of days and the care I received was great.
 - Turnover seems to be a bit of an issue. There is a bit of turnover with the providers.

EMS Services (ER/Ambulance)

- Haven't had any ambulance needs.
- I was pleased with the Emergency room, but when my husband went, he wasn't pleased. It was an issue with a visiting nurse.

Public/County Health Department

- Haven't heard anything negative. I haven't used their services lately.

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

- They have exercise programs at the senior center. Now you call in and they do a takeout service for seniors. There is a lot of community involvement with the nursing home.

Services for Low-Income Individuals/Families

- I can't speak to that.

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

- Drug use in town and the availability of services here in town. You hear about meth and marijuana here.
- Mental health issues. I think we have counselors in town, I worry about this more now with everyone at home and isolated.
- Turnover of healthcare providers – more consistency in primary care providers.

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

- More providers – we only have a PA right now.
- Perhaps more counseling - I don't know if people know that we have those services. And if people are low income, I don't know if they qualify for these services.
- I don't think a lot of people buy the local paper, so, I don't know how you get the word out about services.
- They are very accommodating at the facility.

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

- I guess I go back to if we had a doctor in town. People like to have options. We have had some turnover lately – we just need consistency; it doesn't really matter if they are an MD or a PA as long as they stick around.

Key Informant Interview #4

April 13, 2020- Anonymous –Via phone interview

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

- I think it is good. Everyone in my little social realm is healthy and cared for. The law enforcement seems to have thing in control. There is a good balance here.

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

Hospital/clinic:

- We've always been satisfied there. It is concerning that we don't have a full-time doctor. We have an NP and another one – not sure what the other one is.
- I believe they need a doctor – because the PAs need to be under supervision. My family would also like there to be a male option for a provider.

EMS Services (ER/Ambulance)

- We have never used them personally, but since it is a small community, I know them. I feel very confident should we need them.
- We have utilized the ER twice and the service was excellent.

Public/County Health Department

- Anytime I have had to go in they seem very professional. They seem like a very well-run office. My children are all older, so I don't really utilize them. They communicate about the meals for at risk children.

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

- As far as our nursing home goes - we are really pleased with them. They really provide a lot of interaction for the residents there.
- Senior center really seems to be utilized. Prior to the whole pandemic thing there were very active.
- I know the hospital had a PALS, home health, and transpiration service a couple of years ago. I am assuming that they still do that.

Services for Low-Income Individuals/Families

- Other than the summer lunches for kids – and the hospital runs the food pantry, I don't really know.
- The churches work quite a bit within the community.

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

- Our concern is having a doctor available.
- I know they are always trying to pull budget out of a hat so that kind of concerns us.
- Just having the hospital period. We want to have the facility available to.

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

- We had an optometrist here, so it would be incredible to have one again. Rural community can't really support a lot of these services. We do have a really great new dentist in town.
- A doctor.

5. What would make your community a healthier place to live?
- We are so pleased with this town and all the community type things that we have here. This is the nature of eastern Montana towns. They do an excellent job here.

Key Informant Interview #5

April 13, 2020- Name, Organization–Via phone interview

1. How do you feel about the general health of your community?
- I am not sure that we are different in this community than any. We have received good care here. We have assisted living and a rest home here. We serve those needs pretty well. The facility serves the elderly community pretty well.

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

Hospital/clinic:

- We had doctor Anderson for 100 years and he has been pretty hard to replace. We have three physician assistants there – I think Dr. Anderson is still overseeing those PAs. The hospital is excellent, and they treated me really well. The clinic is brand new does a great job. We have an outstanding clinic. The general diagnosis that need to be done can be done here. If it is a serious situation they have to go to Billings for MRIs or Miles City.
- I assume they are trying to continue to have one physician and a few PAs to run the clinic. The basic needs of the community are met well.

EMS Services (ER/Ambulance)

- Ambulance service can get you to Billings very well. Hysham has a great team of trained people and certainly the ambulance in Forsyth too. We are well covered. I think we are pretty well covered health wise.

Public/County Health Department

- I think they are doing a good job, but I don't really know. I see there building and lots of people going into it – I haven't heard anything bad.

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

- We have excellent senior services coming out of Forsyth into Hysham. They even let me go to the meals even though I am much too young at 74. They do a good job with the meals here. Great people here. I haven't been to the Forsyth senior center, but I hear good things.

Services for Low-Income Individuals/Families

- *Not asked.*
3. What do you think are the most important local healthcare issues?
- We have kind of an emergency unit at the hospital here but it's nowhere near what it would be at a bigger facility. Here you are treated by the nurses and they call out the PAs to come in. There is a transition going on here because we lack a fulltime physician. It is kind of a disadvantaged in a small town like this. The emergencies get handled fairly well.
 - The biggest thing is not having a doctor. It is hard to attract a physician to a little community like this because they are on call 24/7 – you've got to have it in your heart.
 - This is the same issue with the teachers and churches – it is hard to get permanent positions in this small community.
 - Fortunately, a lot of the nursing staff stays around.
4. What other healthcare services are needed in the community?
- Back in the day when we had two physicians in Forsyth, one of them would go out and spend a day in the outlying communities, so they didn't have to travel to see a physician. In this modern world I don't really think this is realistic. This is a disadvantage for the doctors to not have another doctor to lean on and talk shop. It would be nice if our providers could link up with the bigger facilities to talk shop.
5. What would make your community a healthier place to live?
- From an emergency standpoint – it would be nice to have all the services in Forsyth but that isn't going to happen. Luckily Billings isn't too far and there are helicopters. We live where we live, and we live this way on purpose. They stabilize people here before they have to go. So, if they just get one doctor here, we will be in good shape.

Key Informant Interview #6

April 16, 2020- Anonymous –Via phone interview

1. How do you feel about the general health of your community?
- I would say good for our community.
 - I know we do have mental health resources, but I am not aware of what we really offer here.

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

Hospital/clinic:

- I think our hospital here is doing the best job they can under the circumstances of what rural hospitals have to work with.

EMS Services (ER/Ambulance)

- I've never heard any complaints about them. I don't know.

Public/County Health Department

- Great access to our public health department.

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

- Our senior center has really turned into a community education, and health program resource. It is wonderful.
- The nursing home is great.

Services for Low-Income Individuals/Families

- That's a problem everywhere, I think. There are a lot of people at or below the poverty level here. They get left out a lot of things especially with dental health. I know the hospital accepts Medicaid.
- There is a food pantry here and it is really well utilized in Forsyth. We have the food pantry, the senior center does commodities, and one more group gives out food at holidays. These programs are really well supported by the community.

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

- I really think it probably is that people who are lower income cannot get decent healthcare and dental care. It isn't that we don't have it here, but I think people don't understand to get signed up for these programs. Maybe they don't read the newspaper and local bulletins and don't know where the services are. My friends say they are lazy, and I think it's just a matter of being undereducated on this topic. I think it is true of all of Montana.

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

- What we don't have is a primary care physician. We have a traveling PA and two nurse practitioners. Nothing against the NPs or PAs, but I really think we need a physician. Doctors don't want to come to a small town like this. Hopefully with the family health program in Billings now, perhaps people will come back and practice in eastern Montana.
- I am not totally aware of what mental health services we have.
- The nursing home isn't at full capacity. We need more CNAs and LPNs. There is a shortage.

- Physical therapy – there might be a shortage there too - and an occupational therapist has to come from out of town.
 - I do most of my doctoring in Billings because I go to a specialist, but my husband goes here for primary care.
5. What would make your community a healthier place to live?
- They could spruce up the main street to make it look better. There are lot of bars and people smoking out on the sidewalk. We need more tobacco education.
 - There are quite a few obese people in this town but there is access to healthy opportunities/gyms and people aren't taking advantage. Motivation is tough – it's hard to get people motivated. Maybe it has to do with education.
 - The middle school is now being used as a day care.
 - Again, a primary care physician/ full time doctor is needed. Maybe we need to make the community more welcoming to get doctors and nurses to stay.

Key Informant Interview #7

April 16, 2020-Anonymous–Via phone interview

1. How do you feel about the general health of your community?
- I would say it is probably ok to good.
2. What are your views/opinions about these local services:
- Hospital/clinic:
- Our local system is essential. I think they do a good job with what they can here. I don't have any negative feeling towards our healthcare here. They provide great services in what they are able to do. If we lost them, it would cause a huge economic hole in our community.
- EMS Services (ER/Ambulance)
- They do a good job. This relates to the health and wealth of the county – it helps when they are able to afford a full-time emergency services coordinator who goes on a lot of the calls - and a lot community calls. I worry about what will happen if the wealth of the county changes. Not every county is able to provide what we do here.
- Public/County Health Department
- Same – I think they do a great job. It isn't as widely known what they do or everything that they are involved in.

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

- What we have does a great job. We need more home health – there is a lack of resources. There are not a lot of options if people want to stay in their home when they aren't quite ready for an assisted living or nursing home.
- The senior center provides a lot of great programming.

Services for Low-Income Individuals/Families

- I am less aware of this. There are services – there probably could be more. There is a lack of non-profits. I think we do a good job with what we have.

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

- Prior to covid-19 – physical disease type issues. Like diabetes, heart disease – your traditional health issues.
- The first thing that pops to my head in mental health, and I think it is going to get even worse because of the current health situation in our country and because of the economic situation in our county. It is going to have a ripple effect. We have a lot of high-income level jobs in Forsyth and this is going to change as the economy worsens and poverty issues will become worse.

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

- Wish that we had more health and wellness – recreation outlets.
- More after school programs for our kids.
- All the organizations in town are really proactive and work really well at providing things to the community. When we see need, we do what we can to offer programs.

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

- More resources. From a community health perspective – lack of nonprofits, lack of financial resources, lack of sidewalks. When you live in rural communities there is an innate lack of resources. This also includes human capital – a lack of people who are doing things for the greater good of the community.

Key Informant Interview #8

April 17, 2020- Anonymous–Via phone interview

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

- I think it is ok, I guess. I know our family is healthy and thriving.
- I think they have lots of great groups for the community - boosters for the schools, an economic development group, and grant writing opportunities – so I think we are healthy in this way.

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

Hospital/clinic:

- I think is a great resource. It is a little sad they aren't able to have a full-time doctor. When we are making decision in an emergency situation we would rather go to Billings because the hospital here is only staffed with nurses and PAs.
- They have great staff and they do they best they can with what they have.

EMS Services (ER/Ambulance)

- As far as I know they have two ambulances (Hysham)– I don't know about their response time because we haven't been in a situation like that. They stay up to date on their trainings.

Public/County Health Department

- I think they have it together. I know they have flu shots there and everyone is friendly. I haven't heard any complaints – they provide the services that they are able to.

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

- I don't know a lot about that. The nursing home staff seem to be friendly and the residents seem to be comfortable.
- There is a lack of resources, especially in Hysham. You have to do everything in Forsyth.

Services for Low-Income Individuals/Families

- In our area there is an apartment building and that is the extent of what I know about low income resources.

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

- I don't know. I am an advocate of exercising and staying as healthy as you can. There are occasional heart attacks and the occasional cancer.

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

- There used to be a clinic open one day a week on Hysham, I know it isn't feasible to have a clinic here, but maybe some transportation to take those who can't get there easily to Forsyth.
- A general practitioner doctor would be nice.

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

- I've always thought it would be neat to have some sort of organization to get help with wellness and fitness. So that people can be proactive with their health and gain knowledge on ways to stay healthy and healthier food options.

Key Informant Interview #9

April 17, 2020- Anonymous –Via phone interview

1. How do you feel about the general health of your community?
 - I would say good. I think that a lot of people are out and about – they aren't just sitting at home. We have a lot of ranchers that are very active, there are a lot of access points for outdoor recreation. Not as much air pollution here.
2. What are your views/opinions about these local services:
Hospital/clinic:
 - We are lacking here. I travel for primary care because I think the quality is better in other communities. We don't have a doctor here. We just have an NP or PA here – a doctor carries a lot of weight with the community. I've seen the providers in Forsyth and felt they didn't meet my expectations. I know a lot of people travel out of the community to get care – part of this is because you know them as individuals and maybe you don't trust their character.

EMS Services (ER/Ambulance)

- They are capable – living in a small town you know them, and you have to put your life in their hands. I thought they did a good job in my experience.
- They seem really capable.

Public/County Health Department

- I think they do everything they can to keep people educated in the community. It can be difficult to get your foot in the door to provide education in the community. Sometimes the school isn't the most welcoming to the public health – not letting them provide education and such.
- Their big focus is immunizations. They collaborate with a lot of other departments and community groups.

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

- We have awesome programs here – the senior center is amazing. They do yoga and outings and daily meals.
- They also have transportation services -I am not sure if they still collaborate with the clinic here.
- I don't know too much about the nursing home here.

Services for Low-Income Individuals/Families

- There is a food pantry once a week.
- I think there are a lot of kids who rely on the schools a lot for their meals. They are doing backpack programs for food now that kids are at home all the time.

- Public health provides information of how to get signed up for assistance programs.
 - The churches to do help people out as well.
 - We have a really good community – the community really comes together when people need assistance.
3. What do you think are the most important local healthcare issues?
- Our emergency room could use improvement. Access to care is an issue – they do life flight. The communication between Billings and Forsyth could be better so that people don't accrue as much cost. Some of the staff could use better training. Some of the staff could have better bedside manner.
4. What other healthcare services are needed in the community?
- Child protective services is located in Miles city. They have tried to set that up here, but it has fallen through. We need this service locally.
 - A fulltime doctor.
 - Public health will do home visits and medicine services – I'm not sure if the hospital does this – it is an area that could use some help.
 - Home visits are needed or even more services for seniors who are shut in and need assistance.
5. What would make your community a healthier place to live?
- A recreation center – something for kids. Kids don't really have a place to go to hang out. We used to have a pool hall – not that these are the best either – but places where people can socialize in a healthy way. Getting kids off video games to a place where they can interact socially is good for their mental health.
 - We don't have a lot of retail here so much people travel to Billings for shopping.

Key Informant Interview #10

April 20, 2020- Anonymous–Via phone interview

1. How do you feel about the general health of your community?
- I think it is good. We have our share of obesity, which I see as a long-term health issue, but generally speaking, I think we have a healthy community.
2. What are your views/opinions about these local services:
- Hospital/clinic:
- I have heard nothing but good and I have experience nothing but good. They are excellent. It is a combination of feeling comfortable with them, their knowledge and expertise and their compassion – feeling like you are a person there.

- The only thing they could really improve on is they aren't given specific training on how to communicate when people are actively dying to the family. This didn't occur when I had a family member pass. Rural facilities need to offer more training to their staff on hospice and active dying – they need to zero in on the last stages and learn how to educate caregivers and patients. Some of the life saving measures can be just devastating on an older person – and people don't know this. There needs to be more discussion about end of life directives. When I was there with a family member, they just handed you a form and didn't explain all the medical terms.

EMS Services (ER/Ambulance)

- Absolutely top notch. I have dealt with them before and those people were here for us every time we needed them. They are our friends, so when you open the door to the EMS you are opening it to friends. They are very professional and very good at their jobs.

Public/County Health Department

- I haven't had as much to do with them, but I go to them for my shots – that's public health, right? They are caring and competent.

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

- I have used the PALS for a family member, and they were excellent. Toni Pots runs the program and she is so professional – and the staff are very efficient and really cared about the work. They were pleasant and knowledgeable - they did everything they were asked to do.
- Home health – I don't think we have this. You have to use a service out of Miles City.
- The physical therapist came to my parent's house to teach us how to make the house safer for my family.
- The hospital doesn't have hospice – but they become as such when your loved one is about to go. They were phenomenal with my family members. They went the extra mile. The only thing that would be better would be if we did have a hospice program so that people can die at home. I realize in a community this small it may not be possible.
- I know the senior center was good. You can go and borrow things for your family members when they are need – like walkers and such. It is a wonderful service. The food is excellent and the volunteers who drop it off are so delightful. They have exercise programs and activities for seniors.

Services for Low-Income Individuals/Families

- I think there are things available. I know the ER refuses no one. I have seen low income people utilizing the facility. They do lab tests for a reduced-price year-round. And at Christmas they do a food drive and the hospital does lab work.
- Anyone can use the food bank.

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

- We need a doctor. Dr. Anderson is retired and is seeing us through right now – but we could use two more NPs or PAs. We also need a fulltime physical therapist. He's about to retire – we are on borrowed time with both these providers.
- We need some sort of program for our hospital to compete with these big hospitals that are paying off the student's debt. Cause we are a great community with a lot of amenities – there is no reason why a doctor wouldn't love to live here.
- We will be dead in the water if we don't get a doctor.

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

- I would like to see more use of the swimming pool by the health community. They run a healthy lifestyles program and they allow you to use the pool, but I would like to see more coordination between the pool and the hospital – with physical therapy and guided water therapy in the pool
- It is hard to get the word out – things could be better publicized. They run a van to Billings and Miles city and people might not know about it.
- The hospital does an excellent job.
- A doctor.
- Hospice.
- They could offer classes on health issues – Alzheimer and dementia etc. and what resources are available.

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

- A never-ending effort for education.
- There are no naturopathic services available here. I would be nice to see more coordination between traditional healthcare and naturopathic – prevention is the top thing. There needs to be more emphasis on healthy lifestyles.
- Traditional medicine needs to be better coordinated with prevention – this would be tremendous.

Appendix J- Request for Comments

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

Executive Office
Rosebud Health Care Center
PO Box 268
Forsyth, Montana
59327



Please contact Jerrae Kuntz, Administrative Assistant at: 406-346-4259 or jkuntz@rosebudhealthcare.com with questions.