

COMMUNITY HEALTH NEEDS ASSESSMENT 2019



Big Horn Hospital Association
Big Horn Hospital · Big Horn Senior Living

CHOOSE HEALTH

ASSESSMENT CONDUCTED BY
BIG HORN HOSPITAL ASSOCIATION

IN COOPERATION WITH
THE MONTANA OFFICE OF
RURAL HEALTH



MONTANA
STATE UNIVERSITY

Office of Rural Health
Area Health
Education Center

HARDIN, MONTANA

**Big Horn Hospital Association
Community Health Needs Assessment
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Community Health Services Development Report

June 2019

I. Introduction

Big Horn Hospital Association (BHHA) is a 25-bed Critical Access Hospital (CAH) and 56-bed senior living facility based in Hardin, Montana. BHHA serves approximately 13,000 residents in Big Horn County spread out over five thousand square miles. Big Horn County is the fifth-largest county in Montana by land area and is also home to the Crow and Northern Cheyenne Indian Reservations. Coal mining and agriculture play major roles in Big Horn County's economy with many farms and ranches producing beef cattle, sugar beets, alfalfa, and small grains. Big Horn County has a low population density and is considered a Frontier (six or less people per square mile) by the US Department of Health and Human Services. For further demographic, socioeconomic and other related county and state data, please see Appendix C to review the Secondary Data Analysis.



Big Horn Hospital Association provides a wide array of medical services including: 24-hour emergency department; general, orthopedic, podiatry and cataract surgery; diagnostic imaging; laboratory; physical therapy; nutritional counselling; social services; and education and outreach.



Mission: Big Horn Hospital Association provides quality services and promotes responsible choices to enhance the health of our communities.

Vision: Big Horn Hospital Association will individualize the healthcare experience, embodying an organization of people working together, promoting a culture of personal accountability to improve the health and well-being of those we serve.

Values:

- Compassion: We treat our patients, communities, and colleagues with sensitivity and empathy.
- Accountability: We promote individual and organizational responsibility.
- Respect: We honor the dignity of patients, communities and colleagues.
- Empowering: We create an environment for individuals to make confident decisions and health choices.

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

In the spring of 2019, Big Horn Hospital Association'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 2019 survey data with data from previous surveys conducted in partnership with the Montana Office of Rural Health in 2016 and 2013. If any statistical significance exists, it will be reported. The significance level was set at 0.05.

II. Health Assessment Process

A Steering Committee was convened to assist Big Horn Hospital Association in conducting CHSD.



Hardin, MT – hardinmt.com

A diverse group of community members representing various organizations and populations within the community (ex. public health, elderly, uninsured) came together in January 2019. For a list of all Steering Committee members and their affiliations, see Appendix A.

The Steering Committee met twice during the CHSD process; first to discuss health concerns in the community and offer their perspective in designing the survey instrument, and again to review results of the survey and focus groups and to assist in the prioritization of health needs to address.

III. Survey Methodology

Survey Instrument

In March 2019, surveys were mailed out to the residents in Big Horn Hospital Association's service area. 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

Big Horn Hospital Association 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 765 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.)

Three focus group 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 & Focus Group Methodology

A common approach to survey research is the mailed survey. However, this approach is not without limitations. There is always the concern of non-response as it may affect the

representativeness of the sample. Thus, a mixture of different data collection methodologies is recommended. Conducting community focus groups 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, helps to reach segments of the population that might not otherwise respond to a survey.



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

Survey Implementation

In March 2019, a survey, cover letter on Big Horn Hospital Association letterhead with the Chief Executive Officer's signature, and postage paid envelope was mailed out to 765 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 Beartooth Billings Clinic would be conducting a community health services survey throughout the region in cooperation with the Montana Office of Rural Health.

One hundred twenty-six surveys were returned out of 765. Of those 765 surveys, 85 surveys were returned undeliverable for a 18.5% response rate. From this point on, the total number of surveys will be out of 680. 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 8.66%.

IV. Survey Respondent Demographics

A total of 680 surveys were distributed amongst Big Horn Hospital Association's service area. One-hundred twenty-six were completed for a 18.5% 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 (Question 36)

2019 N= 123

2016 N= 133

2013 N= 136

The returned surveys are skewed toward the Hardin population, which is reasonable given that this is where most of the services are located.

		2013		2016		2019	
Location	Zip code	Count	Percent	Count	Percent	Count	Percent
Hardin*	59034	129	94.9%	94	70.7%	104	84.6%
Crow Agency	59022	6	4.4%	10	7.5%	10	8.1%
Lodge Grass*	59050	Not asked - 2013		20	15.0%	5	4.1%
Lame Deer	59043	Not asked - 2013		Not asked - 2016		3	2.4%
Fort Smith	59035	0	0.0%	5	3.8%	0	0.0%
Custer	59024	1	0.7%	3	2.3%	0	0.0%
Other		0	0.0%	1	0.8%	1	0.8%
TOTAL		136	100%	133	100%	123	100%

*Indicates a significant change between years ($p \leq 0.05$). **Bold:** Top 3 responses

“Other” comments:

- Wyola, Crow Agency

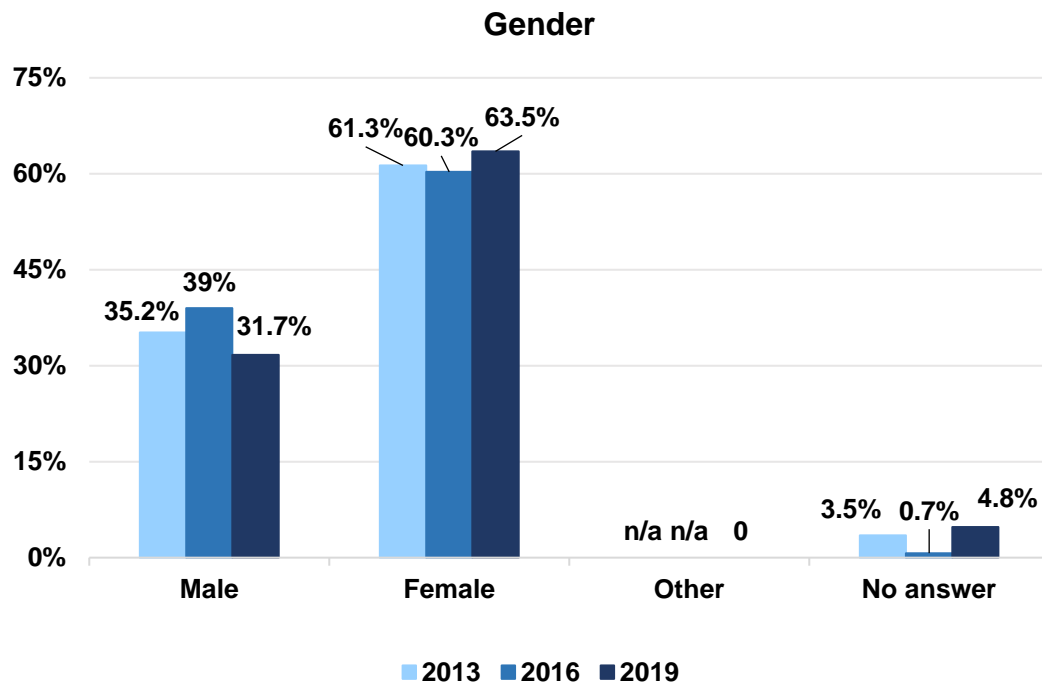
Gender (Question 37)

2019 N= 126

2016 N= 136

2013 N= 142

Of the 126 surveys returned, 63.5% (n=80) of survey respondents were female, 31.7% (n=40) were male, and 4.8% (n=6) chose not to answer this question. It is not unusual for survey respondents to be predominantly female, particularly when the survey is healthcare-oriented since women are frequently the healthcare decision makers for families.



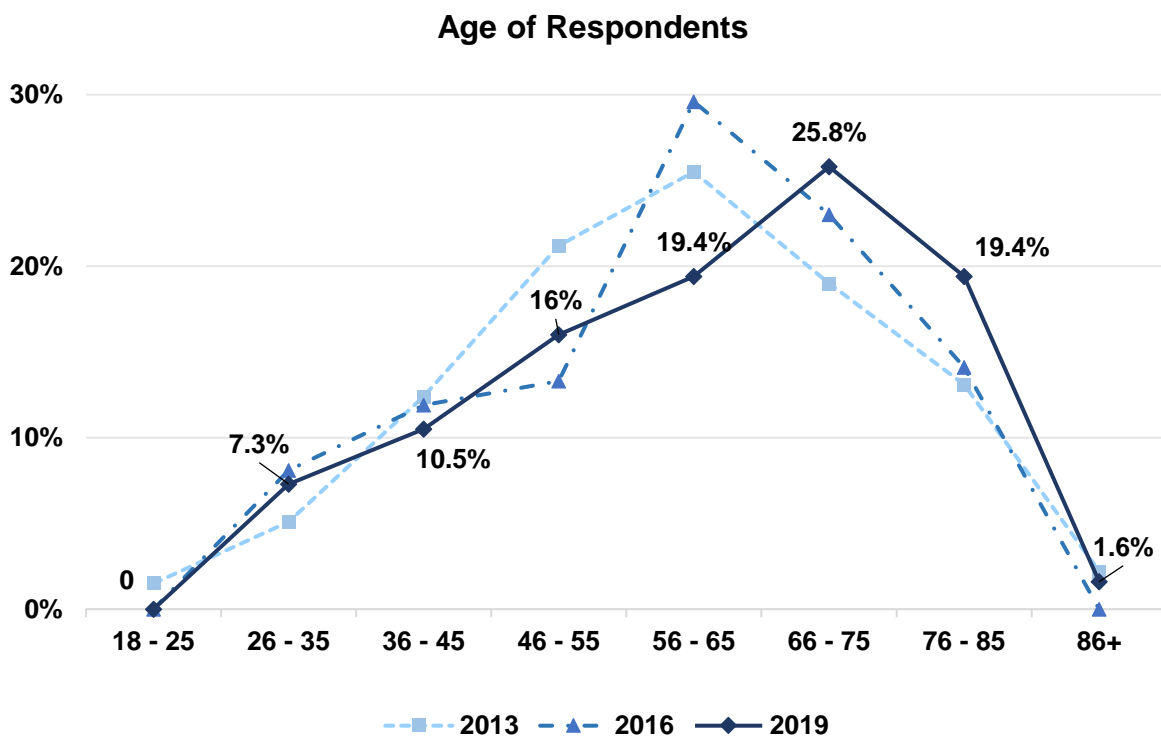
Age of Respondents (Question 38)

2019 N= 124

2016 N= 135

2013 N= 137

Twenty-six percent of respondents (n=32) were between the ages of 66-75. Nineteen percent of respondents (n=24 each) were between the ages of 56-65 and 76-85. This statistic is comparable to other Critical Access Hospital demographics. The increasing percentage of aging residents in rural communities is a trend which is seen throughout Montana and will likely have a significant impact on the need for healthcare services during the next 10-20 years. However, it is important to note that the survey was targeted to adults, and therefore, no respondents are under age 18. Older residents are also more invested in healthcare decision making and are more likely to respond to healthcare surveys, as reflected by this graph.



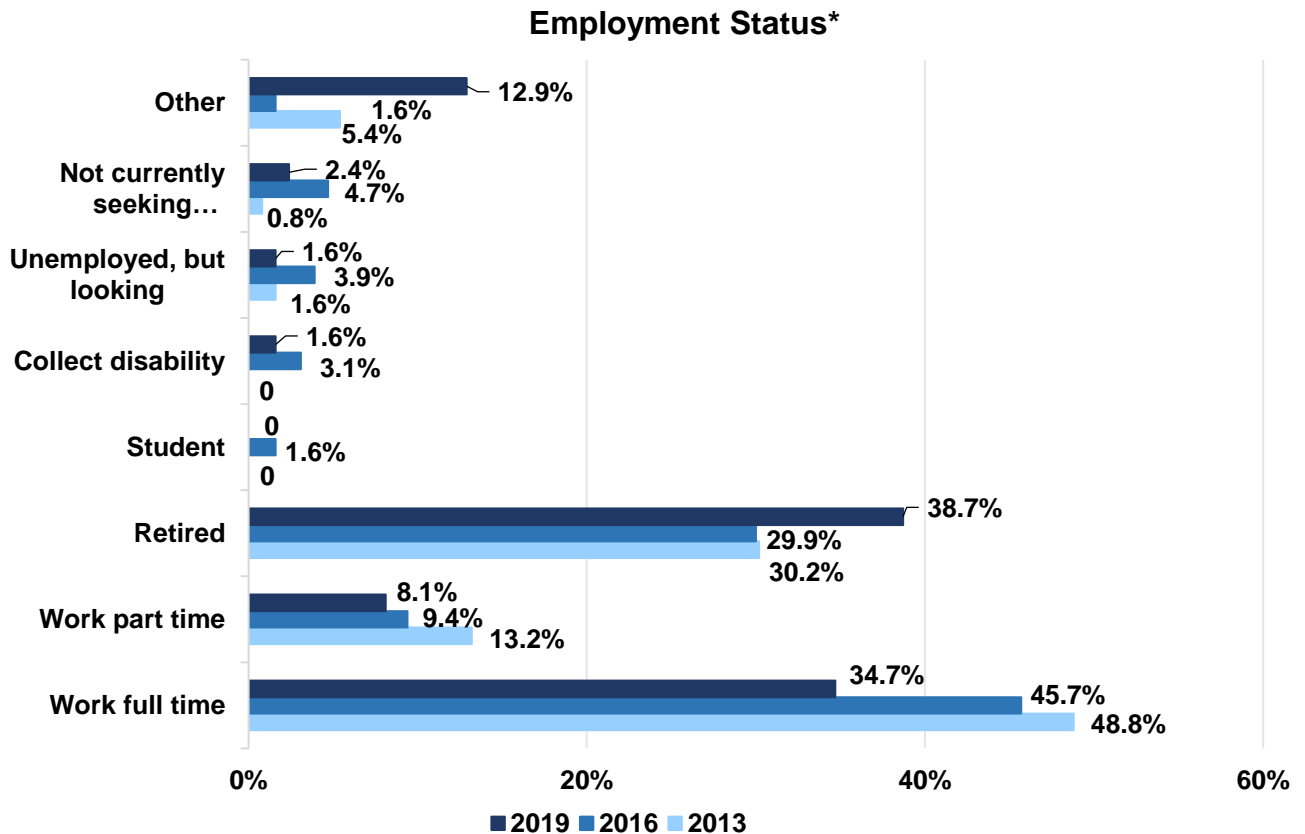
Employment status (Question 39)

2019 N= 124

2016 N= 127

2013 N= 129

Respondents were asked to indicate their employment status. Thirty-nine percent (n=48) reported they are retired, while 34.7% (n=45) work full time. Respondents could check all that apply, so the percentages do not equal 100%.



* In 2019, significantly more respondents reported they are retired, and fewer indicated they work full-time. Significantly more indicated an employment status other than those listed.

“Other” comments:

- Homemaker
- Full time volunteer
- Retired, self employed
- Work when a job is available - or called on to work my line of occupation
- Self-employed
- Health problems
- Farmwife
- Collect social security, Work full time

V. Survey Findings – Community Health

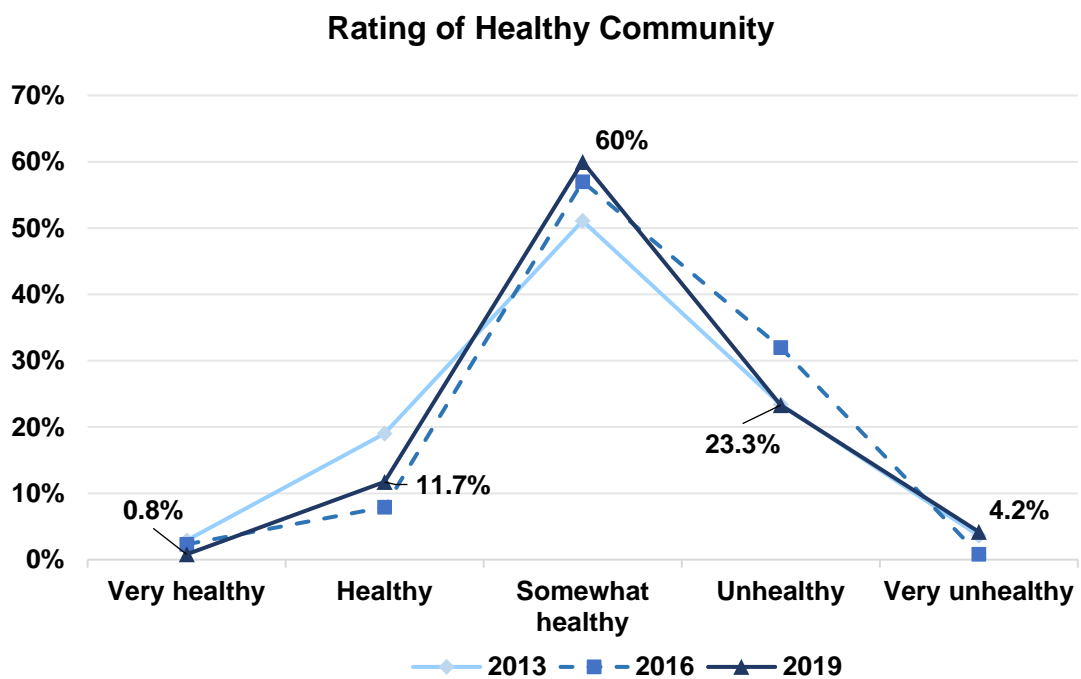
Impression of Community (Question 1)

2019 N= 120

2016 N= 128

2013 N= 137

Respondents were asked to indicate how they would rate the general health of their community. Sixty percent of respondents (n=72) rated their community as “Somewhat healthy”, 23.3% of respondents (n=28) felt their community was “Unhealthy” and 11.7% rated their community as “Healthy”. Five respondents feel their community is “Very unhealthy”.



Health Concerns for Community (Question 2)

2019 N= 126

2016 N= 136

2013 N= 142

Respondents were asked what they felt the three most serious health concerns were in their community. The top identified health concern was “Alcohol abuse/substance abuse” with 85.7% (n=108). “Diabetes” was also a high priority at 31.7% (n=40) followed by “Overweight/obesity” at 26.2% (n=33). Respondents were asked to pick their top three serious health concerns, so percentages do not equal 100%.

Health Concern	2013		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
Alcohol abuse/substance abuse	132	93.0%	120	88.2%	108	85.7%
Diabetes	62	43.7%	59	43.4%	40	31.7%
Overweight/obesity*	72	50.7%	58	42.6%	33	26.2%
Child abuse/neglect	33	23.2%	34	25.0%	29	23.0%
Lack of affordable and safe housing	Not asked in 2013		Not asked in 2013		23	18.3%
Cancer	24	16.9%	17	12.5%	20	15.9%
Domestic violence	17	12.0%	13	9.6%	17	13.5%
Mental health issues	6	4.2%	12	8.8%	14	11.1%
Lack of access to healthcare	4	2.8%	7	5.1%	11	8.7%
Depression/anxiety	10	7.0%	9	6.6%	10	7.9%
Heart disease	21	14.8%	15	11.0%	9	7.1%
Lack of exercise	15	10.6%	16	11.8%	8	6.3%
Motor vehicle accidents*	19	13.4%	26	19.1%	8	6.3%
Tobacco use (cigarettes, vaping, smokeless)	7	4.9%	8	5.9%	8	6.3%
Hunger	Not asked in 2013		Not asked in 2016		4	3.2%
Alzheimer’s/dementia	Not asked in 2013		Not asked in 2016		3	2.4%
Suicide	Not asked in 2013		Not asked in 2016		3	2.4%
Lack of dental care	2	1.4%	3	2.2%	1	0.8%
Social isolation/loneliness	Not asked in 2013		Not asked in 2016		1	0.8%
Recreation related accidents/injuries	1	0.7%	0	0.0%	0	0.0%
Stroke*	6	4.2%	2	1.5%	0	0.0%
Work related accidents/injuries	0	0.0%	0	0.0%	0	0.0%
Other*	1	0.7%	6	4.4%	8	6.3%
*Indicates a significant change between years ($p \leq 0.05$). Bold: Top 3 responses						

“Other” comments:

- Drugs

- Our sheriff department

- Crime

Components of a Healthy Community (Question 3)

2019 N= 126

2016 N= 136

2013 N= 142

Respondents were asked to identify the three most important things for a healthy community. Forty-seven percent of respondents (n=59) indicated that “Good jobs and a healthy economy” is important for a healthy community. “Healthy behaviors and lifestyles” was the second most indicated component at 38.9% (n=49) and third was “Access to health care and other services” at 34.9% (n=44). Respondents were asked to identify their top three choices, so percentages do not equal 100%.

Important Component	2013		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
Good jobs and a healthy economy	57	40.1%	53	39.0%	59	46.8%
Healthy behaviors and lifestyles	66	46.5%	71	52.2%	49	38.9%
Access to health care and other services	62	43.7%	61	44.9%	44	34.9%
Strong family life	47	33.1%	36	26.5%	43	34.1%
Affordable housing	24	16.9%	25	18.4%	27	21.4%
Religious or spiritual values	29	20.4%	30	22.1%	24	19.0%
Low crime/safe neighborhoods	28	19.7%	30	22.1%	20	15.9%
Access to childcare/after school programs*	Not asked - 2013		5	3.7%	20	15.9%
Clean environment	Not asked - 2013		19	14.0%	14	11.1%
Good schools	21	14.8%	16	11.8%	13	10.3%
Community involvement	14	9.9%	11	8.1%	11	8.7%
Access to fresh produce	14	9.9%	8	5.9%	8	6.3%
Low level of domestic violence	8	5.6%	6	4.4%	7	5.6%
Tolerance for diversity	8	5.6%	11	8.1%	5	4.0%
Walking/biking paths	7	4.9%	3	2.2%	4	3.2%
Low death and disease rates	8	5.6%	7	5.1%	1	0.8%
Parks and recreation	1	0.7%	4	2.9%	1	0.8%
Arts and cultural events	0	0.0%	1	0.7%	0	0.0%
Safe routes to school/work	Not asked - 2013		2	1.5%	0	0.0%
Transportation services	Not asked - 2013		Not asked - 2016		0	0.0%
Other*	2	1.4%	2	1.5%	8	6.3%

*Indicates a significant change between years ($p \leq 0.05$). **Bold:** Top 3 responses

“Other” comments:

- Public transportation cab/bus

- Swimming pool

- More gyms

- We need more stores

- Keeping our aquatic center open

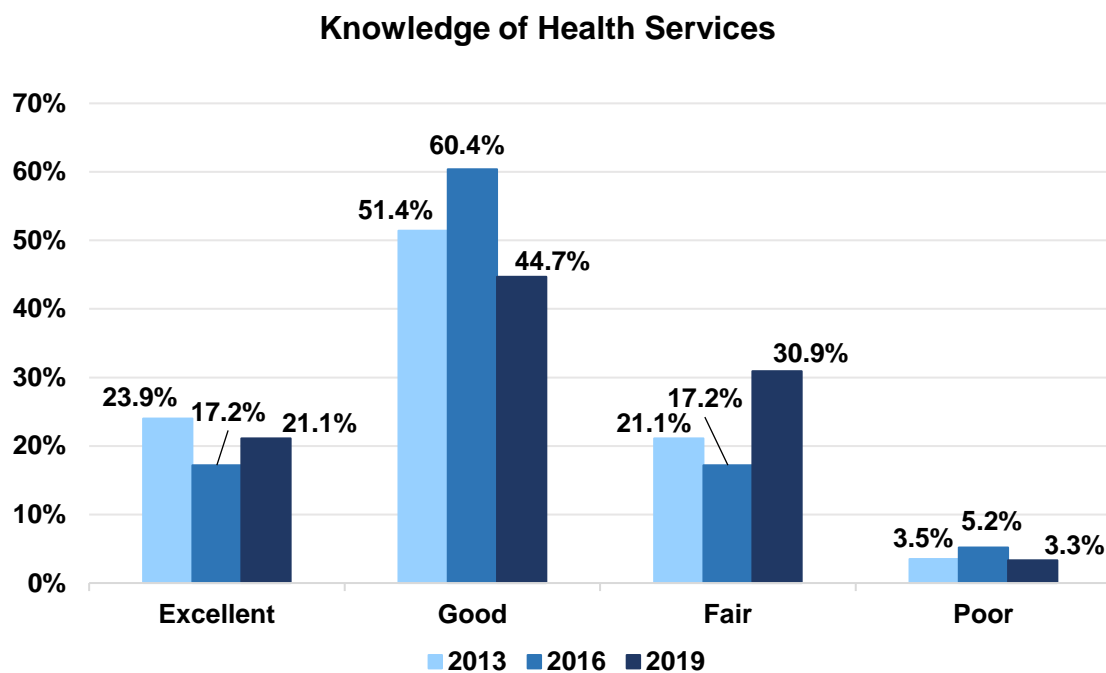
Awareness of Health Services (Question 4)

2018 N= 123

2016 N= 134

2013 N= 142

Respondents were asked to rate their knowledge of the health services available at Big Horn Hospital Association. Forty-five percent (n=55) of respondents rated their knowledge of health services as “Good”, “Fair” was selected by 30.9% percent (n=38), and “Excellent” was selected by 21.1% (n=26) of respondents.



How Respondents Learn of Healthcare Services (Question 5)

2019 N= 126

2016 N= 136

2013 N= 142

The most frequently indicated method of learning about available services was “Friends/family” at 70.6% (n=89). “Word of mouth/reputation” was the second most frequent response at 65.9% (n=83), followed by “Healthcare provider” at 58.7% (n=74). Respondents could select more than one method, so percentages do not equal 100%.

	2013		2016		2019	
Method	Count	Percent	Count	Percent	Count	Percent
Friends/family	83	58.5%	86	63.2%	89	70.6%
Word of mouth/reputation	83	58.5%	94	69.1%	83	65.9%
Healthcare provider	86	60.6%	76	55.9%	74	58.7%
Public health	22	15.5%	21	15.4%	24	19.0%
Newspaper*	48	33.8%	43	31.6%	21	16.7%
Social media	Not asked - 2013		Not asked - 2016		19	15.1%
Mailings/newsletter	15	10.6%	21	15.4%	14	11.1%
Website/internet	6	4.2%	8	5.9%	12	9.5%
Presentations	3	2.1%	4	2.9%	8	6.3%
Radio	10	7.0%	3	2.2%	6	4.8%
Other	6	4.2%	4	2.9%	8	6.3%
*Indicates a significant change between years ($p \leq 0.05$). Bold: Top 3 responses						

“Other” comments:

- I work in health care in the community
- Phonebook
- Check out for ourselves (2)
- Work in the field
- Living in Hardin all my life
- Found them
- Previously employed there

Cross Tabulation of Service Knowledge and Learning about Services

Analysis was done to assess respondents' knowledge of services available at Big Horn Hospital Association, with how they learn about services available in their community. The chart below shows the results of the cross tabulation. How respondents learned of healthcare services was a multiple response item, thus totals do not add up to 100%.

KNOWLEDGE RATING OF BIG HORN HOSPITAL ASSOCIATION SERVICES BY HOW RESPONDENTS LEARN ABOUT HEALTHCARE SERVICES

	Excellent	Good	Fair	Poor	Total
Friends/family	22 (25.3%)	37 (42.5%)	25 (28.7%)	3 (3.4%)	87
Word of mouth/reputation	19 (23.2%)	30 (39%)	28 (34.1%)	3 (3.7%)	82
Healthcare provider	18 (24.7%)	36 (49.3%)	19 (26%)		73
Public Health	8 (33.3%)	10 (41.7%)	5 (20.8%)	1 (4.2%)	24
Newspaper	5 (23.8%)	9 (42.9%)	7 (33.3%)		21
Social media	3 (16.7%)	8 (44.4%)	7 (38.9%)		18
Mailings/newsletter	4 (28.6%)	5 (35.7%)	5 (35.7%)		14
Website/internet	1 (8.3%)	6 (50%)	4 (33.3%)	1 (8.3%)	12
Presentations	5 (62.5%)	1 (12.5%)	2 (25%)		8
Radio	1 (16.7%)	4 (66.7%)	1 (16.7%)		6
Other	3 (37.5%)	4 (50%)	1 (12.5%)		8

Utilized Community Health Resources (Question 6)

2019 N= 126

2016 N= 136

2013 N= 142

Respondents were asked which community health resources, other than the hospital or clinic, they had used in the last three years. “Pharmacy” was the most frequently utilized community health resource cited by respondents at 68.3% (n=86). “Dentist” was utilized by 56.3% (n=71) and “SCL Hardin Clinic” utilized by 54% (n=68) of respondents. Respondents could select more than one resource, so percentages do not equal 100%.

Resource	2013		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
Pharmacy*	116	81.7%	94	69.1%	86	68.3%
Dentist	71	50.0%	78	57.4%	71	56.3%
SCL Hardin Clinic	Not asked - 2013		Not asked - 2016		68	54.0%
Big Horn Valley Health Center*	Not asked - 2013		37	27.2%	65	51.6%
Eye doctor	64	45.1%	58	42.6%	49	38.9%
Chiropractor	40	28.2%	32	23.5%	38	30.2%
Physical therapy	Not asked - 2013		Not asked - 2016		32	25.4%
Public health	34	23.9%	27	19.9%	28	22.2%
Senior center	15	10.6%	17	12.5%	16	12.7%
Food bank	Not asked - 2013		Not asked - 2016		9	7.1%
Mental health	11	7.7%	4	2.9%	8	6.3%
WIC (Women Infant & Children)	7	4.9%	5	3.7%	1	0.8%
Other	7	4.9%	8	5.9%	6	4.8%
*Indicates a significant change between years ($p \leq 0.05$). Bold: Top 3 responses						

“Other” comments:

- Rehab
- IHS (2)
- Hospital Lab
- Hospital Emergency

Improvement for Community's Access to Healthcare (Question 7)

2019 N= 126

2016 N= 136

2013 N= 142

Respondents were asked to indicate what they felt would improve their community's access to healthcare. Sixty-three percent of respondents (n=80) reported that "More primary care providers" would make the greatest improvement. Fifty-one percent of respondents (n=64) indicated "Availability of walk-in clinic/longer hours" would improve access, and "Availability of visiting specialists" was selected by 45.2% (n=57). Respondents could select more than one method, so percentages do not equal 100%.

Improvement	2013		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
More primary care providers*	46	32.4%	58	42.6%	80	63.5%
Availability of walk-in clinic/longer hours	72	50.7%	73	53.7%	64	50.8%
Availability of visiting specialists	61	43.0%	58	42.6%	57	45.2%
Improved quality of care	32	22.5%	38	27.9%	30	23.8%
Transportation assistance	34	23.9%	28	20.6%	25	19.8%
More information about available services	Not asked - 2013		Not asked - 2016		25	19.8%
Health education resources*	40	28.2%	44	32.4%	16	12.7%
Cultural sensitivity	16	11.3%	21	15.4%	9	7.1%
Telemedicine	9	6.3%	8	5.9%	8	6.3%
Interpreter services	4	2.8%	3	2.2%	2	1.6%
Other	9	6.3%	3	2.2%	9	7.1%
*Indicates a significant change between years ($p \leq 0.05$). Bold: Top 3 responses						

"Other" comments:

- More Drs. in clinic (2)
- MDs at SCL Hardin Clinic
- When get sick then to wait at clinic forever or make an appointment for 3/4 days in future.
- Waiting time
- More behavioral health providers
- Another pharmacy
- Male physicians (2)

Interest in Educational Classes or Programs (Question 8)

2019 N= 126

2016 N= 136

2013 N= 142

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 “Fitness” at 45.2% of respondents (n=57). “Health and wellness” was selected by 31.7% of respondents (n=40), and “Weight loss” followed at 31% (n=39). Respondents could select more than one interest, so percentages do not equal 100%.

Educational Class/Program	2013		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
Fitness	50	35.2%	48	35.3%	57	45.2%
Health and wellness	50	35.2%	45	33.1%	40	31.7%
Weight loss*	64	45.1%	40	29.4%	39	31.0%
Women's health	51	35.9%	39	28.7%	31	24.6%
First aid/CPR*	22	15.5%	40	29.4%	27	21.4%
Nutrition	29	20.4%	27	19.9%	27	21.4%
Diabetes	42	29.6%	31	22.8%	23	18.3%
Living will	Not asked - 2013		31	22.8%	21	16.7%
Men's health	31	21.8%	23	16.9%	19	15.1%
Cancer	28	19.7%	16	11.8%	14	11.1%
Grief counseling	13	9.2%	11	8.1%	14	11.1%
Mental health	17	12.0%	15	11.0%	12	9.5%
Support groups	16	11.3%	14	10.3%	12	9.5%
Smoking/tobacco cessation*	23	16.2%	3	2.2%	11	8.7%
Heart disease*	26	18.3%	16	11.8%	10	7.9%
Alcohol/substance abuse	23	16.2%	18	13.2%	9	7.1%
Parenting	18	12.7%	9	6.6%	7	5.6%
Alzheimer's*	30	21.1%	16	11.8%	6	4.8%
Prenatal/childbirth*	7	4.9%	2	1.5%	0	0.0%
Other	5	3.5%	2	1.5%	3	2.4%
*Indicates a significant change between years ($p \leq 0.05$). Bold: Top 3 responses						

“Other” comments:

- Cooking classes
- None
- Physical therapy open to public

Interest in Senior Services (Question 9)

2019 N= 126

2016 N= 136

2013 N= 142

Respondents were asked to indicate which senior services they believe are needed or could be expanded in the community. The most highly indicated senior service was “Personal care home services” at 49.2% of respondents (n=62). “Assisted living facility” was selected by 45.2% of respondents (n=57), and “Senior retirement housing/community” followed at 44.4% (n=56). Respondents could select more than one interest, so percentages do not equal 100%.

	2013		2016		2019	
Service	Count	Percent	Count	Percent	Count	Percent
Personal care home services*	66	46.5%	84	61.8%	62	49.2%
Assisted living facility	51	35.9%	50	36.8%	57	45.2%
Senior retirement housing/community	72	50.7%	72	52.9%	56	44.4%
Aging in place services/assistance	Not asked - 2013		Not asked - 2016		42	33.3%
Adult day care*	58	40.8%	48	35.3%	30	23.8%
Social engagement/connectivity	Not asked - 2013		Not asked - 2016		29	23.0%
Senior respite care	32	22.5%	33	24.3%	19	15.1%
Other	9	6.3%	10	7.4%	5	4.0%
*Indicates a significant change between years ($p \leq 0.05$). Bold: Top 3 responses						

“Other” comments:

- Physical activities for seniors
- Encouragement & seminars - they are OK and welcome - include better transportation service
- I don’t know
- Hospice care
- Financial planning

Utilization of Preventative Services (Question 10)

2019 N= 126

2016 N= 136

2013 N= 142

Respondents were asked if they had utilized any of the preventative services listed in the past year. “Flu shot/immunizations” was selected by 61.9% of respondents (n=78). Fifty-six percent of respondents (n=71 each) indicated they received a “Routine health checkup” and a “Dental exam.” Respondents could select all that apply, thus the percentages do not equal 100%.

Service	2013		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
Flu shot/immunizations	79	55.6%	86	63.2%	78	61.9%
Routine health checkup	72	50.7%	78	57.4%	71	56.3%
Dental exam	Not asked - 2013		Not asked - 2016		71	56.3%
Routine blood pressure check	63	44.4%	71	52.2%	70	55.6%
Vision check	Not asked - 2013		Not asked - 2016		56	44.4%
Cholesterol check	69	48.6%	55	40.4%	54	42.9%
Mammography	46	32.4%	42	30.9%	40	31.7%
Blood sugar screening	42	29.6%	41	30.1%	38	30.2%
Prostate (PSA)	25	17.6%	18	13.2%	22	17.5%
Colonoscopy	18	12.7%	23	16.9%	20	15.9%
Pap smear*	37	26.1%	24	17.6%	18	14.3%
Bone density scan (Dexa scan)	16	11.3%	9	6.6%	13	10.3%
Children’s checkup/Well baby	17	12.0%	12	8.8%	12	9.5%
Mental health counseling	Not asked - 2013		Not asked - 2016		10	7.9%
Hearing check	Not asked - 2013		Not asked - 2016		9	7.1%
None	8	5.6%	6	4.4%	2	1.6%
Other	4	2.8%	6	4.4%	3	2.4%
*Indicates a significant change between years ($p \leq 0.05$). Bold: Top 3 responses						

“Other” comments:

- Chiropractor and dentist only done in Hardin though
- DOT exam
- Cut right eye

Desired Local Healthcare Services (Question 11)

2019 N= 126

2016 N= 136

2013 N= 142

Respondents were asked to indicate which additional healthcare services would they utilize if available locally. Respondents indicated the most interest in having a “Pharmacy” at 46% of respondents (n=58) followed by an “ENT (ear/nose/throat)” at 23.8% (n=30), and “Dermatology” and “General surgeon” both at 22.2% (n=28). Respondents were asked to select all that apply, so percentages do not equal 100%.

	2013		2016		2019	
Service	Count	Percent	Count	Percent	Count	Percent
Pharmacy	Not asked - 2013		Not asked - 2016		58	46.0%
ENT (ear/nose/throat)	50	35.2%	40	29.4%	30	23.8%
Dermatology	42	29.6%	45	33.1%	28	22.2%
General surgeon*	21	14.8%	15	11.0%	28	22.2%
Ophthalmology (eye doctor)	31	21.8%	34	25.0%	25	19.8%
Orthopedic surgeon	21	14.8%	21	15.4%	22	17.5%
Cardiac rehab services*	Not asked - 2013		9	6.6%	18	14.3%
Urology	Not asked - 2013		14	10.3%	16	12.7%
Podiatry	21	14.8%	29	21.3%	14	11.1%
OB/GYN	10	7.0%	12	8.8%	14	11.1%
Dialysis	Not asked - 2013		12	8.8%	12	9.5%
Labor/delivery services	Not asked - 2013		5	3.7%	11	8.7%
Occupational therapy	Not asked - 2013		4	2.9%	10	7.9%
Speech/language therapy	Not asked - 2013		6	4.4%	7	5.6%
Other	4	2.8%	7	5.1%	4	3.2%
*Indicates a significant change between years ($p \leq 0.05$). Bold: Top 3 responses						

“Other” comments:

- None
- Endocrine (Peds Diabetes)
- I don’t know
- I am a Veteran

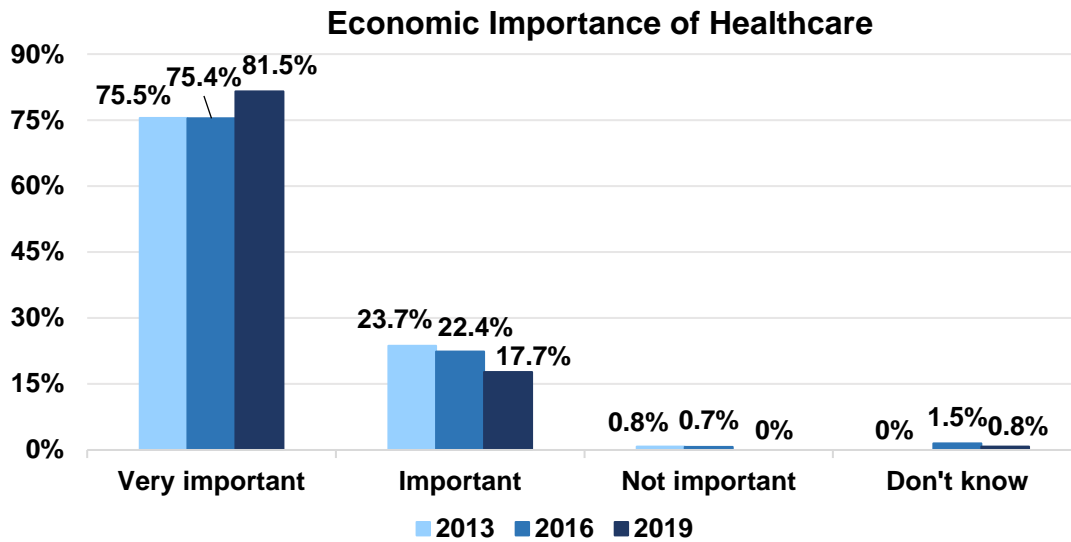
Economic Importance of Local Healthcare Providers and Services (Question 12)

2019 N= 124

2016 N= 134

2013 N= 139

The majority of respondents (81.5%, n=101), 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. Eighteen percent of respondents (n=22) indicated they are "Important" and one respondent, or 0.8% indicated they "Don't know."



Survey Findings – Use of Healthcare Services

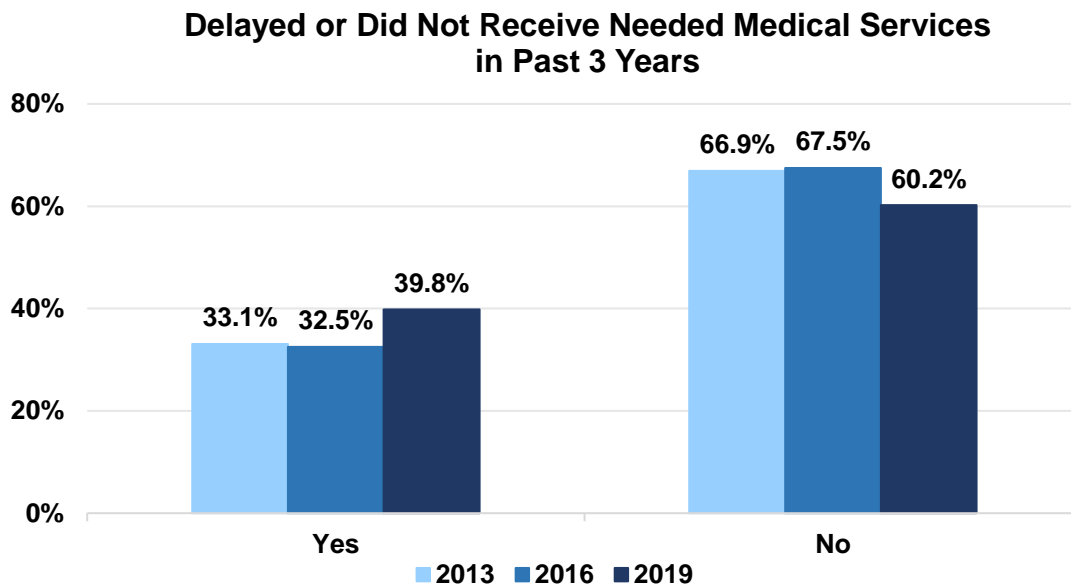
Needed/Delayed Hospital Care During the Past Three Years (Question 13)

2019 N= 118

2016 N= 123

2013 N= 130

Forty percent of respondents (n=47) reported that they or a member of their household thought they needed healthcare services but did not get them or had to delay getting them. Sixty percent of respondents (n=71) felt they were able to get the healthcare services they needed without delay.



Reasons for NOT Being Able to Receive Services or Delay in Receiving Healthcare Services (Question 14)

2019 N= 47

2016 N= 40

2013 N= 43

For those who indicated they were unable to receive or had to delay services (n=47), the reasons most cited were: “Could not get an appointment” (48.9%, n=23), “Too long to wait for an appointment” (34%, n=16), “It costs too much” and “Not treated with respect” (17%, n=8 each). Respondents were asked to indicate their top three choices, so percentages do not equal 100%.

Reason	2013		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
Could not get an appointment*	10	23.3%	12	30.0%	23	48.9%
Too long to wait for an appointment	12	27.9%	11	27.5%	16	34.0%
It costs too much*	22	51.2%	16	40.0%	8	17.0%
Not treated with respect	4	9.3%	10	25.0%	8	17.0%
My insurance didn't cover it	10	23.3%	8	20.0%	7	14.9%
Office wasn't open when I could go	11	25.6%	3	7.5%	7	14.9%
Unsure if services were available	2	4.7%	5	12.5%	5	10.6%
Could not get off work	5	11.6%	4	10.0%	4	8.5%
Didn't know where to go	0	0.0%	0	0.0%	3	6.4%
No insurance*	10	23.3%	13	32.5%	3	6.4%
Pharmacy wasn't open when I could go*	6	14.0%	10	25.0%	3	6.4%
Transportation problems	2	4.7%	4	10.0%	3	6.4%
Don't like doctors	5	11.6%	4	10.0%	2	4.3%
Too nervous or afraid	2	4.7%	4	10.0%	2	4.3%
Had no one to care for the children	0	0.0%	1	2.5%	1	2.1%
It was too far to go	0	0.0%	2	5.0%	1	2.1%
Language barrier	0	0.0%	1	2.5%	0	0.0%
Other	2	4.7%	6	15.0%	5	10.6%
*Indicates a significant change between years ($p \leq 0.05$). Bold: Top 3 responses						

“Other” comments:

- ER Services - VERY RUDE - Was sent on to Billings
- Wanted Doctor, not PA [Physician Assistant]
- Had to be referred to Orthopedics in Billings.
- UTI [Urinary Tract Infection]- on Friday did not get meds until Tues/Lab Heritage etc.

Cross Tabulation of Delay of Services and Residence

Analysis was done to examine those respondents who delayed or did not get needed services, with where they live by zip code. The chart below shows the results of the cross tabulation. Delay of care (yes, no) is across the top of the table and residents' zip codes are along the side.

DELAY OR DID NOT GET NEEDED HEALTHCARE SERVICES BY RESIDENCE

	Yes	No	Total
Hardin 59034	42 (42%)	58 (58%)	100
Crow Agency 59022	5 (55.6%)	4 (44.4%)	9
Lodge Grass 59050		4 (100%)	4
Lame Deer 59043		3 (100%)	3
Custer 59024			0
Fort Smith 59035			0
Other		1 (100%)	1
TOTAL	47	70	

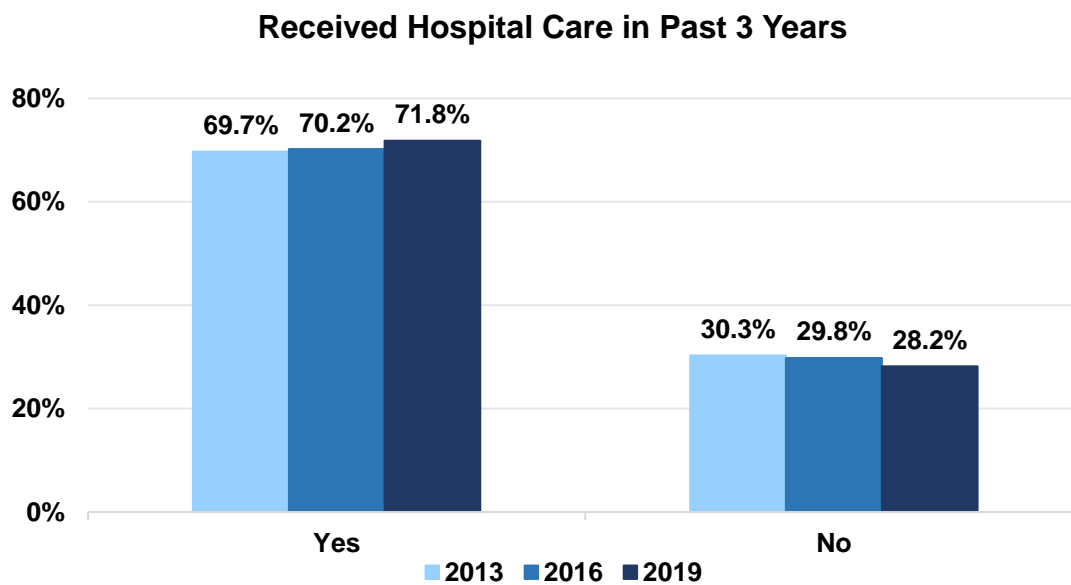
Hospital Care Received in the Past Three Years (Question 15)

2019 N= 117

2016 N= 131

2013 N= 132

Respondents were asked if they or someone in their household had received hospital care in the last three years. Hospitalization was quantified as hospitalized overnight, day surgery, obstetrical care, rehabilitation, radiology, or emergency care. Seventy-two percent of respondents (n=84) reported that they or a member of their family had received hospital care during the previous three years, and 28.2% (n=33) had not received hospital services.



Hospital Used Most in the Past Three Years (Question 16)

2018 N= 84

2016 N= 79

2013 N= 76

Of the 84 respondents who indicated receiving hospital care in the previous three years, 34.5% (n=29) reported receiving care at Big Horn Hospital Association. Twenty-eight percent of respondents (n=24) received services at St, Vincent's Healthcare (Billings), and 17.9% of respondents (n=15) reported utilizing services from a location other than those listed.

Hospital	2013		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
Big Horn Hospital Association*	41	53.9%	28	35.4%	29	34.5%
St. Vincent's Healthcare (Billings)	24	31.6%	22	27.8%	24	28.6%
Billings Clinic*	6	7.9%	24	30.4%	11	13.1%
Crow Agency (IHS)	4	5.3%	3	3.8%	5	6.0%
VA Hospital	Not asked - 2013		Not asked - 2016		0	0.0%
Other*	1	1.3%	2	2.5%	15	17.9%
TOTAL	76	100%	79	100%	84	100%

"Other" comments:

- In another state
- Yellowstone Medical Center
- None - didn't use any

Reasons for Selecting the Hospital Used (Question 17)

2019 N= 84

2016 N= 92

2013 N= 92

Of the 84 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 “Prior experience with hospital” at 52.4% (n=44). “Closest to home” was selected by 46.4% of the respondents (n=39), and 45.2% (n=38) selected “Referred by physician or other provider.” Note that respondents were asked to select the top three answers which influenced their choices, so the percentages do not equal 100%.

Reason	2013		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
Prior experience with hospital	47	51.1%	44	47.8%	44	52.4%
Closest to home	54	58.7%	40	43.5%	39	46.4%
Referred by physician or other provider	40	43.5%	48	52.2%	38	45.2%
Emergency, no choice	30	32.6%	31	33.7%	32	38.1%
Hospital’s reputation for quality	33	35.9%	38	41.3%	27	32.1%
Closest to work	6	6.5%	3	3.3%	7	8.3%
Recommended by family or friends	9	9.8%	8	8.7%	7	8.3%
Cost of care	7	7.6%	5	5.4%	4	4.8%
Required by insurance plan*	13	14.1%	7	7.6%	3	3.6%
VA/Military requirement*	2	2.2%	6	6.5%	0	0.0%
Financial assistance programs	Not asked - 2013		Not asked - 2016		3	3.6%
Other	1	1.1%	4	4.3%	5	6.0%
*Indicates a significant change between years ($p \leq 0.05$). Bold: Top 3 responses						

“Other” comments:

- Met our requirements
- Labor & delivery
- Best Doctors
- IHS

Cross Tabulation of Hospital and Residence

Analysis was done to examine where respondents utilized hospital services the most in the past three years, with where they live by zip code. The chart below shows the results of the cross tabulation. Hospital location is across the top of the table and residents' zip codes are along the side.

LOCATION OF MOST OFTEN UTILIZED HOSPITAL BY RESIDENCE

	Big Horn Hospital Association	St. Vincent Healthcare (Billings)	Billings Clinic	Crow Agency (IHS)	VA Hospital	Other	Total
Hardin 59034	26 (37.7%)	19 (27.5%)	10 (14.5%)	3 (4.3%)		11 (15.9%)	69
Crow Agency 59022	2 (22.2%)	4 (44.4%)	1 (11.1%)	2 (22.2%)			9
Lodge Grass 59050		1 (33.3%)				2 (66.7%)	3
Fort Smith 59035							0
Lame Deer 59043							0
Custer 59024							0
Other						1 (100%)	1
TOTAL	28 (34.1%)	24 (29.3%)	11 (13.4%)	5 (6.1%)	0 (0.0%)	14 (17.1%)	82

Cross Tabulation of Hospital and Reason Selected

Analysis was done to assess respondents' most utilized hospital with why they selected that hospital. The chart below shows the results of the cross tabulation. Reason hospital was selected was a multiple response item, thus totals do not add up to 100%. Hospital location is across the top of the table and reason for selection is along the side.

LOCATION OF MOST UTILIZED HOSPITAL BY REASONS HOSPITAL SELECTED

	Big Horn Hospital Association	St. Vincent Healthcare (Billings)	Billings Clinic	Crow Agency (IHS)	VA Hospital	Other	Total
Prior experience with hospital	13 (29.5%)	12 (27.3%)	7 (15.9%)	5 (11.4%)		7 (15.9%)	44
Closest to home	27 (69.2%)	5 (12.8%)		2 (5.1%)		5 (12.8%)	39
Referred by physician or other provider	8 (21.1%)	15 (39.5%)	6 (15.8%)			9 (23.7%)	38
Emergency, no choice	17 (53.1%)	7 (21.9%)		1 (3.1%)		7 (21.9%)	32
Hospital's reputation for quality	3 (11.1%)	10 (37%)	10 (37%)			4 (14.8%)	27
Closest to work	5 (71.4%)	1 (14.3%)		1 (14.3%)			7
Recommended by family or friends	1 (14.3%)	1 (14.3%)	3 (42.9%)	1 (14.3%)		1 (14.3%)	7
Cost of care		1 (25%)		3 (75%)			4
Financial assistance programs		2 (66.7%)		1 (33.3%)			3
Required by insurance plan	1 (33.3%)	1 (33.3%)				1 (33.3%)	3
VA/Military requirement							0
Other		1 (20%)	2 (40%)	1 (20%)		1 (20%)	5

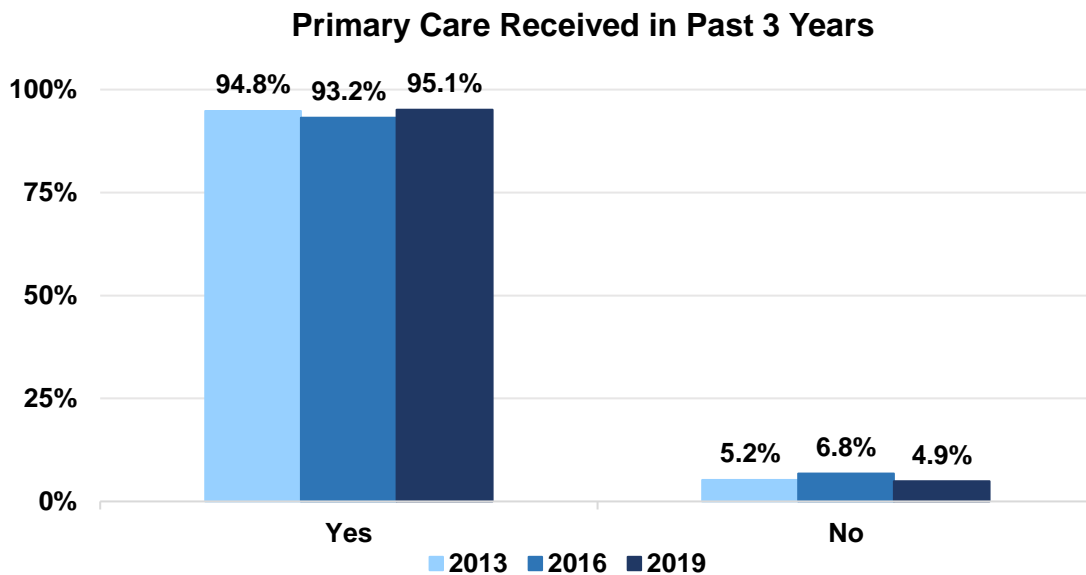
Primary Care Received in the Past Three Years (Question 18)

2019 N= 123

2016 N= 132

2013 N= 134

Ninety-five percent of respondents (n=117) 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. Five percent of respondents (n=6) indicated they or someone in their household had not.



Location of Primary Care Provider (Question 19)

2019 N= 117

2016 N= 114

2013 N= 118

Of the 117 respondents who indicated receiving primary care services in the previous three years, 71.8% (n=84) reported receiving care in Hardin, 11.1% percent of respondents (n=13) went to a location other than those listed, and 9.4% (n=11) went to Billings.

	2013		2016		2019	
Clinic Location	Count	Percent	Count	Percent	Count	Percent
Hardin*	102	86.4%	86	75.4%	84	71.8%
Billings	11	9.3%	14	12.3%	11	9.4%
Crow Agency	5	4.3%	10	8.8%	9	7.7%
Lame Deer	Not asked - 2013		Not asked - 2016		0	0.0%
Lodge Grass	Not asked - 2013		Not asked - 2016		0	0.0%
Sheridan, WY	0	0.0%	0	0.0%	0	0.0%
VA clinic	Not asked - 2013		Not asked - 2016		0	0.0%
Other*	0	0.0%	4	3.5%	13	11.1%
TOTAL	118	100%	114	100%	117	100%
*Indicates a significant change between years ($p \leq 0.05$). Bold: Top 3 responses						

“Other” comments:

- Hardin, Billings (5)
- Billings, Lame Deer (2)
- Hardin, Lodge Grass
- Crow Agency, VA Clinic
- Hardin, Crow Agency
- Crow Agency, Lodge Grass
- Hardin, VA Clinic
- Billings, Crow Agency

Reasons for Selection of Primary Care Provider (Question 20)

2019 N= 117

2016 N= 123

2013 N= 127

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” and “Prior experience with clinic” were the most frequently selected reasons at 47.9% (n=56 each), followed by “Clinic/providers reputation for quality” at 42.7% (n=50). Respondents were asked to check all that apply, so the percentages do not equal 100%.

Reason	2013		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
Closest to home	73	57.5%	67	54.5%	56	47.9%
Prior experience with clinic	70	55.1%	70	56.9%	56	47.9%
Clinic/providers reputation for quality*	29	22.8%	39	31.7%	50	42.7%
Appointment availability	42	33.1%	49	39.8%	35	29.9%
Recommended by family or friends	21	16.5%	22	17.9%	16	13.7%
Referred by physician or other provider	13	10.2%	16	13.0%	16	13.7%
Indian Health Services	10	7.9%	19	15.4%	14	12.0%
Cost of care	6	4.7%	16	13.0%	11	9.4%
Length of waiting room time	15	11.8%	10	8.1%	9	7.7%
Required by insurance plan	8	6.3%	6	4.9%	2	1.7%
VA/Military requirement	4	3.1%	4	3.3%	2	1.7%
Other	10	7.9%	14	11.4%	6	5.1%
*Indicates a significant change between years ($p \leq 0.05$). Bold: Top 3 responses						

“Other” comments:

- Did not want to use BHVHC
- Kim Caprata, she is great with her patients, she listens
- Wanted to have same Dr next visit (2)
- Provide assistance
- Not currently seeing a primary Doctor - NO Physician in Hardin

Cross Tabulation of Primary Care and Residence

Analysis was done to examine where respondents went most often for primary care with where they live by zip code. The chart below shows the results of the cross tabulation. Clinic location is across the top of the table and residents' zip codes are along the side.

LOCATION OF PRIMARY CARE PROVIDER MOST UTILIZED BY RESIDENCE

	Hardin	Billings	Crow Agency	Lame Deer	Lodge Grass	Sheridan, WY	VA Clinic	Other	Total
Hardin 59034	78 (78%)	11 (11%)	6 (6%)					5 (5%)	100
Crow Agency 59022	3 (37.5%)		3 (37.5%)					2 (25%)	8
Lodge Grass 59050	1 (25%)							3 (75%)	4
Lame Deer 59043								2 (100%)	2
Fort Smith 59035									0
Custer 59024									0
Other								1 (100%)	1
TOTAL	82 (71.3%)	11 (9.6%)	9 (7.8%)	0 (0.0%)	0 (0.05)	0 (0.0%)	0 (0.0%)	13 (11.3%)	115

Cross Tabulation of Clinic and Reason Selected

Analysis was done to examine where respondents went most often for primary care services with why they selected that clinic/provider. The chart below shows the results of the cross tabulation. Reason clinic/provider was selected was a multiple response item, thus totals do not add up to 100%.

LOCATION OF PRIMARY CARE PROVIDER BY REASONS CLINIC SELECTED

	Hardin	Billings	Crow Agency	Lame Deer	Lodge Grass	Sheridan, WY	VA Clinic	Other	Total
Closest to home	47 (83.9%)		3 (5.4%)					6 (10.7%)	56
Prior experience with clinic	46 (82.1%)	3 (5.4%)	3 (5.4%)					4 (7.1%)	56
Clinic/provider's reputation for quality	38 (76%)	4 (8%)	4 (8%)					4 (8%)	50
Appointment availability	29 (82.9%)	2 (5.7%)	2 (5.7%)					2 (5.7%)	35
Recommended by family or friends	10 (62.5%)	3 (18.8%)	1 (6.3%)					2 (12.5%)	16
Referred by physician or other provider	10 (62.5%)	4 (25%)						2 (12.5%)	16
Indian Health Services		2 (14.3%)	6 (42.9%)					6 (42.9%)	14
Cost of care	5 (45.5%)		3 (27.3%)					3 (27.3%)	11
Length of waiting room time	4 (44.4%)	1 (11.1%)	2 (22.2%)					2 (22.2%)	9
Other	4 (66.7%)	2 (33.3%)							6
Required by insurance plan	1 (50%)		1 (50%)						2
VA/Military requirement								2 (100%)	2

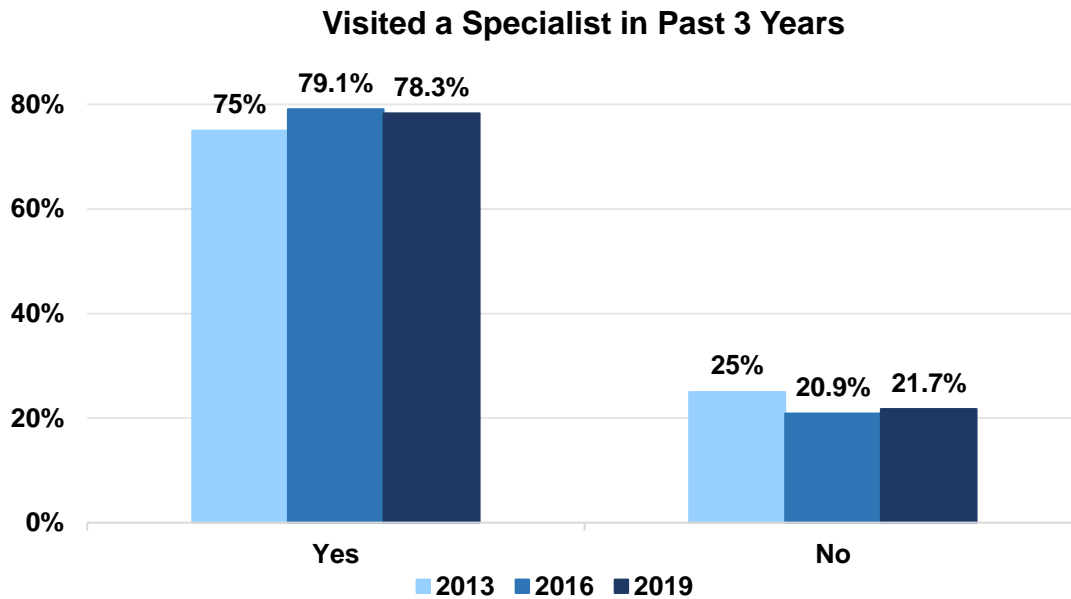
Use of Healthcare Specialists during the Past Three Years (Question 21)

2019 N= 120

2016 N= 129

2013 N= 132

Seventy-eight percent of the respondents (n=94) indicated they or a household member had seen a healthcare specialist during the past three years, 21.7% (n=26) indicated they had not.



Location of Healthcare Specialist (Question 22)

2019 N= 94

2016 N= 102

2013 N= 99

Of the 94 respondents who indicated they saw a healthcare specialist in the past three years, 91.5% (n=86) saw one in Billings. Hardin specialty services were utilized by 20.2% of respondents (n=19), and Crow Agency was reported by 5.3% (n=5). Respondents could select more than one location, so percentages do not equal 100%.

	2013		2016		2019	
Location	Count	Percent	Count	Percent	Count	Percent
Billings	90	90.9%	86	84.3%	86	91.5%
Hardin	29	29.3%	31	30.4%	19	20.2%
Crow Agency	6	6.1%	8	7.8%	5	5.3%
VA Hospital	Not asked - 2013		Not asked - 2016		1	1.1%
Other*	2	2.0%	11	10.8%	3	3.2%
*Indicates a significant change between years ($p \leq 0.05$). Bold: Top 3 responses						

“Other” comments:

- Germany
- Livingston - Billings Clinic
- Sheridan

Type of Healthcare Specialist Seen (Question 23)

2019 N= 94

2016 N= 102

2013 N= 99

The respondents (n=94) saw a wide array of healthcare specialists in the past three years. The most frequently indicated specialist was “Dentist” at 36.2% of respondents (n=34) having utilized their services. “Cardiologist” and “Orthopedic surgeon” were the second most utilized specialist at 28.7% (n=27 each), and “Dermatologist” was third at 32.6% (n=44). Respondents were asked to choose all that apply, so percentages do not equal 100%.

Healthcare Specialist	2013		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
Dentist*	51	51.5%	62	60.8%	34	36.2%
Cardiologist	30	30.3%	21	20.6%	27	28.7%
Orthopedic surgeon	22	22.2%	18	17.6%	27	28.7%
Optometrist	Not asked - 2013		Not asked - 2016		23	24.5%
Physical therapist	25	25.3%	24	23.5%	20	21.3%
Chiropractor	22	22.2%	23	22.5%	18	19.1%
Urologist	9	9.1%	13	12.7%	17	18.1%
Dermatologist	18	18.2%	25	24.5%	14	14.9%
OB/GYN	11	11.1%	14	13.7%	14	14.9%
Ophthalmologist	10	10.1%	22	21.6%	14	14.9%
Neurologist	8	8.1%	13	12.7%	13	13.8%
Radiologist	13	13.1%	14	13.7%	13	13.8%
Gastroenterologist	9	9.1%	11	10.8%	11	11.7%
General surgeon	8	8.1%	12	11.8%	9	9.6%
Podiatrist	4	4.0%	11	10.8%	9	9.6%
Rheumatologist	4	4.0%	7	6.9%	9	9.6%
ENT (ear/nose/throat)	14	14.1%	15	14.7%	8	8.5%
Mental health counselor	9	9.1%	2	2.0%	7	7.4%
Neurosurgeon	5	5.1%	5	4.9%	7	7.4%
Endocrinologist	4	4.0%	3	2.9%	6	6.4%
Oncologist	6	6.1%	8	7.8%	6	6.4%
Allergist	7	7.1%	6	5.9%	5	5.3%
Pulmonologist	8	8.1%	8	7.8%	5	5.3%
Speech therapist	4	4.0%	2	2.0%	5	5.3%
Psychologist	2	2.0%	2	2.0%	4	4.3%

Occupational therapist	3	3.0%	6	5.9%	3	3.2%
Pediatrician	4	4.0%	2	2.0%	3	3.2%
Psychiatrist (M.D.)	3	3.0%	0	0.0%	3	3.2%
Audiologist	Not asked - 2013		Not asked - 2016		3	3.2%
Social worker	3	3.0%	2	2.0%	2	2.1%
Substance abuse counselor	2	2.0%	0	0.0%	1	1.1%
Geriatrician	2	2.0%	0	0.0%	0	0.0%
Other	6	6.1%	6	5.9%	9	9.6%
*Indicates a significant change between years ($p \leq 0.05$). Bold: Top 3 responses						

“Other” comments:

- Sleep specialist
- Functional Medicine Doctor
- Pediatric Diabetes
- Nephrologist (3)
- Cancer
- Carbon monoxide poisoning
- Emergency

Overall Quality of Care at Big Horn Hospital Association (Question 24)

2019 N= 125

2016 N= 136

2013 N= 142

Respondents were asked to rate a variety of aspects of the overall care provided at Big Horn Hospital Association using the scale of 4=Excellent, 3=Good, 2=Fair, 1=Poor, and Don't Know. The sums of the average scores were then calculated with Radiology services receiving the top average score of 3.5 out of 4.0. Laboratory, Physical therapy, and Occupational therapy all received a score of 3.2 out of 4.0. The total average score 3.5, indicates the overall services of the hospital as "Excellent" to "Good."

2019	Excellent (4)	Good (3)	Fair (2)	Poor (1)	Don't know	Haven't used	No Ans	N	Avg
Radiology	45	30	3	1	6	31	10	126	3.5
Laboratory	27	44	10	0	9	26	10	126	3.2
Physical therapy	21	19	5	4	7	55	15	126	3.2
Occupational therapy	3	9	1	0	10	87	16	126	3.2
Emergency room	31	33	15	9	2	28	8	126	3.0
TOTAL	48	39	4	1					3.5

2016	Excellent (4)	Good (3)	Fair (2)	Poor (1)	Don't know	Haven't used	No Ans	N	Avg
Emergency room	32	41	10	9	9	26	9	136	3.0
Laboratory	37	41	11	2	12	23	10	136	3.2
Occupational therapy	4	12	2	2	27	71	18	136	2.9
Physical therapy	26	17	5	3	16	55	14	136	3.3
Radiology	35	27	2	1	15	42	14	136	3.5
TOTAL	134	138	30	17					3.2

2013	Excellent (4)	Good (3)	Fair (2)	Poor (1)	Don't know	No Ans	N	Avg
Emergency room	40	42	13	10	30	7	142	3.1
Laboratory	41	55	8	0	28	10	142	3.3
Occupational therapy	8	11	4	1	100	18	142	3.1
Physical therapy	43	20	5	3	59	12	142	3.5
Radiology	44	28	5	2	51	12	142	3.4
TOTAL	176	156	35	16				3.3

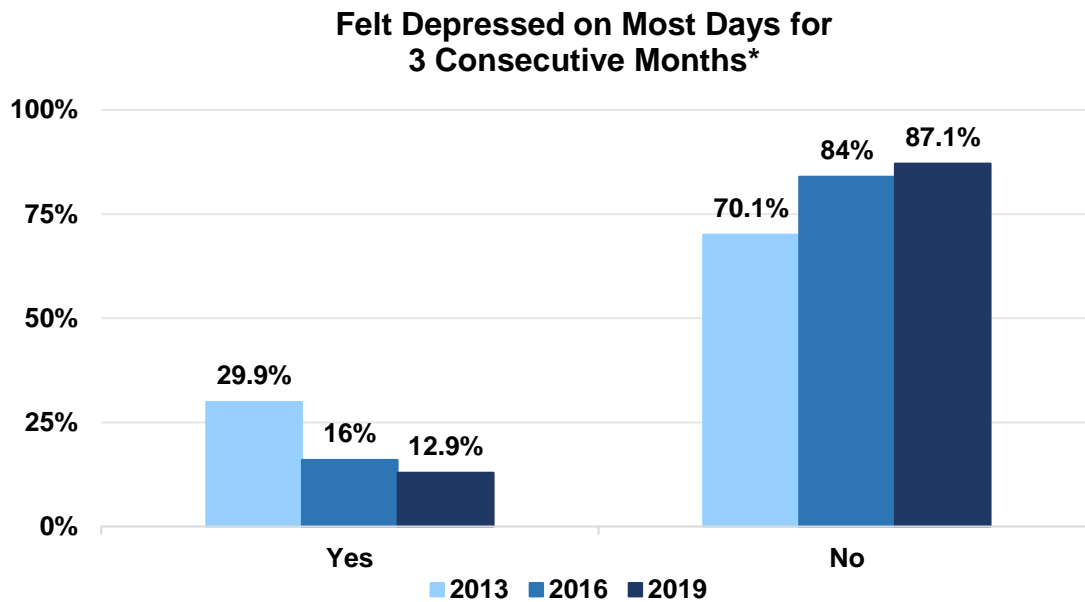
Prevalence of Depression (Question 25)

2019 N= 116

2016 N= 131

2013 N= 127

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. Thirteen percent of respondents (n=15) indicated they had experienced periods of depression, and 87.1% of respondents (n=101) indicated they had not.



*Over the past three assessments, significantly fewer respondents are reporting periods of depression.

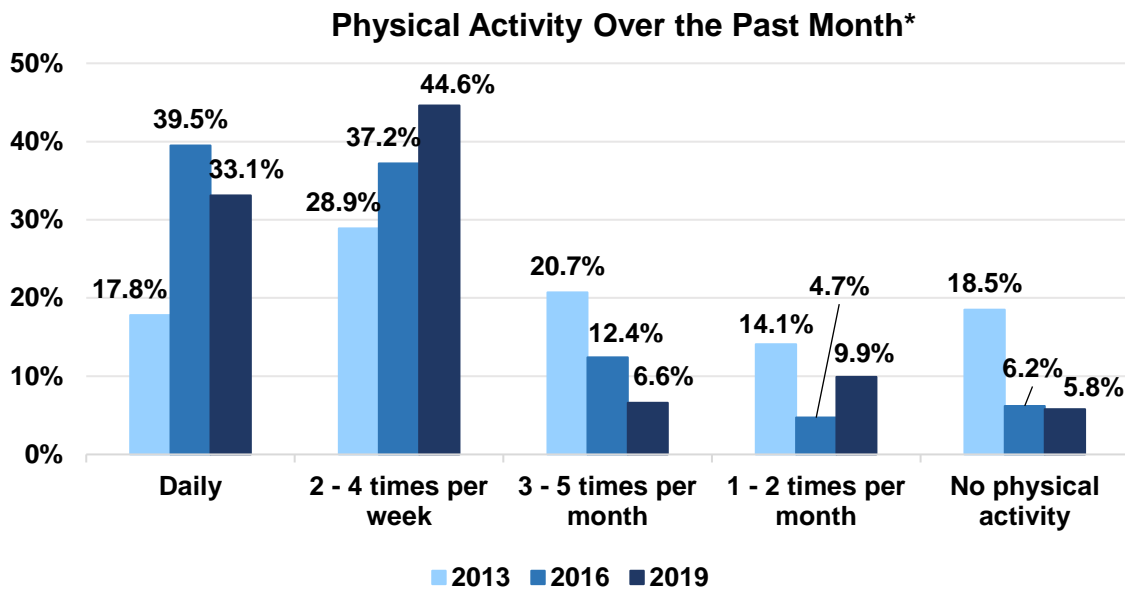
Physical Activity (Question 26)

2019 N= 121

2016 N= 129

2013 N= 135

Respondents were asked to indicate how frequently they had physical activity for at least twenty minutes over the past month. Forty-four percent of respondents (n=54) indicated they had physical activity “2-4 times per week”, and 33.1% (n=40) indicated they had physical activity “Daily”. Six percent of respondents (n=7) indicated they had “No physical activity”.



*There has been a significant increase in the amount of physical activity reported over the last three assessments.

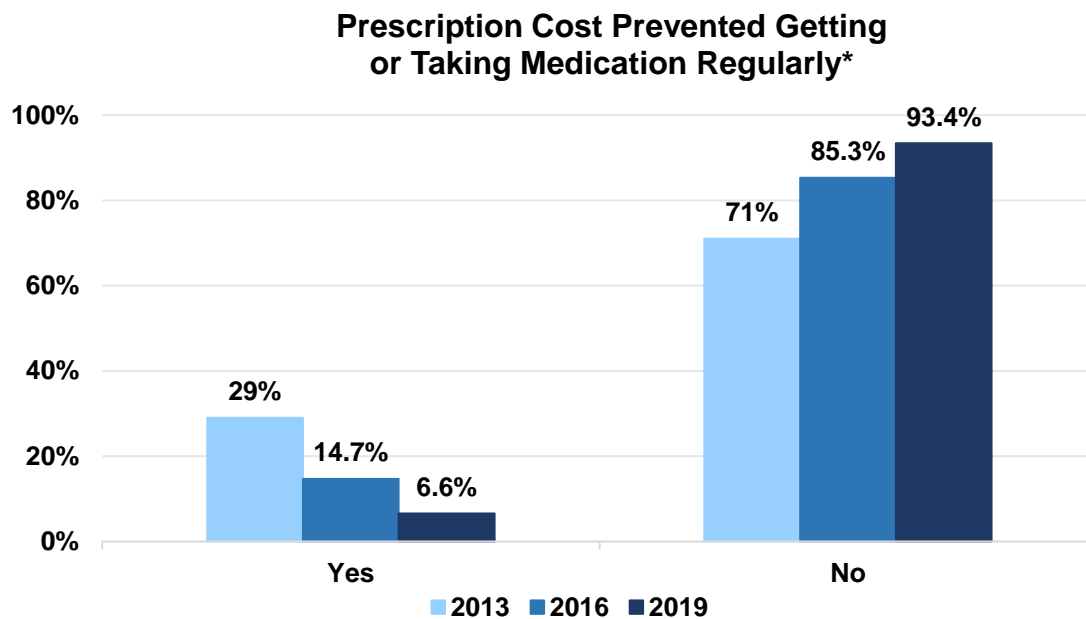
Cost and Prescription Medications (Question 27)

2019 N= 122

2016 N= 129

2013 N= 138

Respondents were asked to indicate if during the last year medication costs had prohibited them from getting a prescription or taking their medication regularly. Seven percent of respondents (n=8) indicated that in the last year cost had prohibited them from getting a prescription or taking their medication regularly. Ninety-three percent of respondents (n=114) indicated that cost had not prohibited them. Four respondents chose not to answer this question.

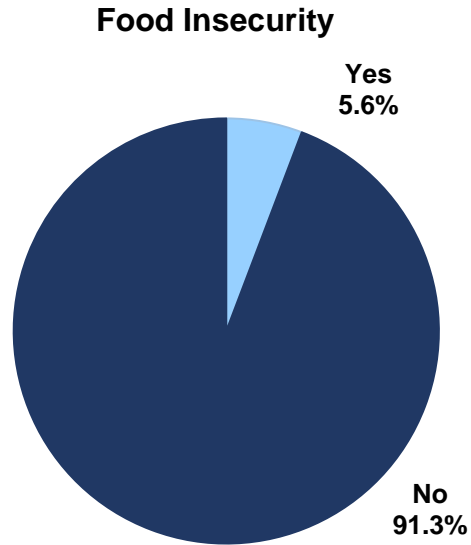


*There has been a significant decrease in the number of respondents who reported cost as a barrier for prescription medications.

Food Insecurity (Question 28)

2019 N= 122

Respondents were asked to indicate if, during the last year, they had worried that they would not have enough food to eat. Five percent of respondents (n= 7) indicated that, in the last year, they did worry about having enough food.

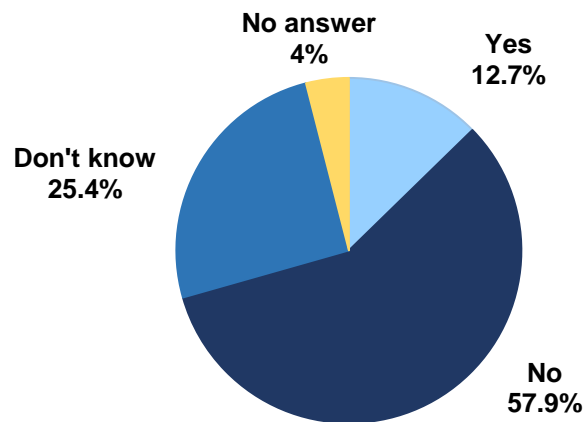


Housing (Question 29)

2019 N= 126

Respondents were asked to indicate if they felt the community had adequate and affordable housing options available. Fifty-eight percent (n=73) felt there was not enough affordable and adequate housing available. Twenty-five percent (n=32) indicated they did not know and 12.7% (n=16) felt the housing was adequate and available.

Affordable and Adequate Housing Available



Injury Prevention Measures (Question 30)

2019 N= 126

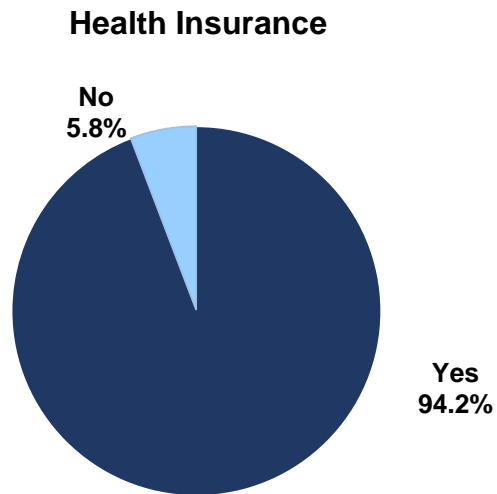
Respondents were asked to indicate which, if any, injury prevention measures they engage in. Eighty-eight percent of respondents (n=111) indicated they use a seat belt. Forty-seven percent (n=60) reported they regularly exercise, and 14.3% (n=18) reported they use a child car seat/booster.

Measure Used	2019	
	Count	Percent
Seat belt	111	88.1%
Regular exercise	60	47.6%
Child car seat/booster	18	14.3%
Designated driver	15	11.9%
Helmet	10	7.9%
Mobility assistance devices	5	4.0%
None	4	3.2%

Insurance Coverage (Question 31)

2019 N= 121

Respondents were asked to indicate they have health insurance. Ninety-four percent (n=114) reported they did have health coverage, 5.8% (n=7) did not.



Medical Insurance Type (Question 32)

2019 N= 114

2016 N= 102

2013 N= 117

Respondents were asked to indicate what type of medical insurance covers the majority of their medical expenses. Thirty-one percent (n=35) indicated they have insurance “Other” than those listed. Twenty-nine percent (n=33) indicated they have “Employer sponsored” coverage, and “Medicaid” was selected by 21.9% of respondents (n=25).

Insurance Type	2013		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
Employer sponsored	46	39.3%	34	33.3%	33	28.9%
Medicare	30	25.6%	28	27.5%	25	21.9%
Medicaid*	5	4.3%	3	2.9%	9	7.9%
Private insurance/private plan	8	6.8%	9	8.8%	4	3.5%
Indian Health	4	3.4%	6	5.9%	2	1.8%
Healthy MT Kids	5	4.3%	4	3.9%	1	0.9%
VA/Military	3	2.6%	2	2.0%	1	0.9%
Health Insurance Marketplace	Not asked - 2013		6	5.9%	4	3.5%
Health Savings Account	0	0.0%	0	0.0%	0	0.0%
None/Pay out of pocket	10	8.5%	4	3.9%	0	0.0%
Other*	6	5.2%	6	5.9%	35	30.7%
TOTAL	117	100%	102	100%	114	100%
*Indicates a significant change between years ($p \leq 0.05$). Bold: Top 3 responses						

“Other” comments:

- Humana (2)
- Medicare, Nat of Omaha, high deductible - low premium.
- Kids medicine
- Retired - not eligible for Medicare yet, so buy from former employer

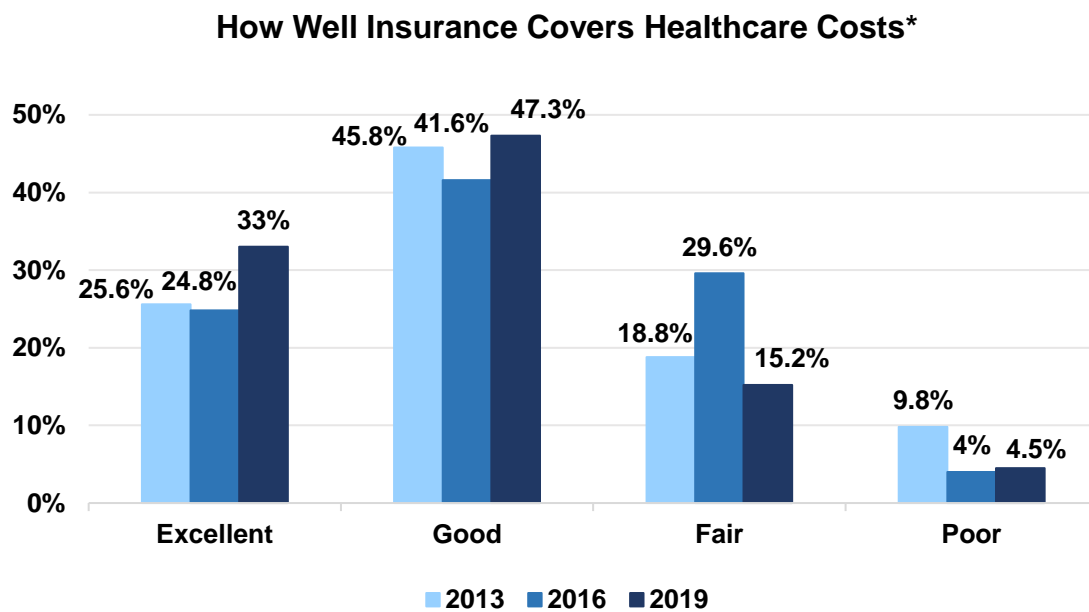
Insurance and Healthcare Costs (Question 33)

2019 N= 112

2016 N= 125

2013 N= 133

Respondents were asked to indicate how well they felt their health insurance covers their healthcare costs. Forty-seven percent of respondents (n=53) indicated they felt their insurance covers a “Good” amount of their healthcare costs. Thirty-three percent of respondents (n=37) indicated they felt their insurance was “Excellent”, and 15.2 % of respondents (n=17) indicated they felt their insurance was “Fair.”



*There was a significant increase in the rating of health insurance coverage in 2019.

Barriers to Having Health Insurance (Question 34)

2019 N= 7

The reasons selected for not having insurance were “Cannot afford to pay for medical insurance” (n=6) and “Choose not to have health insurance” (n=2). Respondents could select all that apply, so percentages do not equal 100%.

Barriers	2019	
	Count	Percent
Cannot afford to pay for medical insurance	6	85.7%
Choose not to have health insurance	2	28.6%
Employer does not offer insurance	0	0.0%
Other	1	14.3%

“Other” comments:

- Stupid price for never having any claims

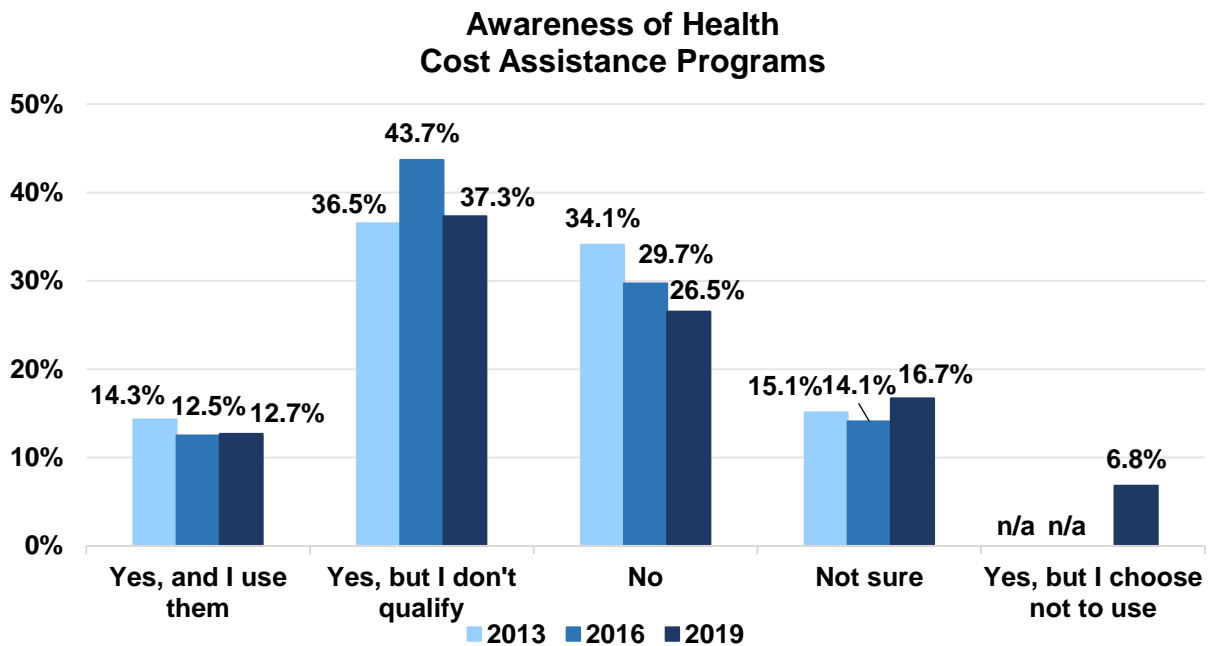
Awareness of Health Cost Assistance Programs (Question 35)

2019 N= 102

2016 N= 128

2013 N= 126

Respondents were asked to indicate their awareness of programs that help people pay for healthcare bills. Thirty-seven percent of respondents (n=38) indicated they were aware of these types of programs but did not qualify to utilize them. Twenty-six percent (n=27) indicated that they were not aware of these programs, and 16.7% of respondents (n=17) indicated they were unsure.



VI. Focus Group Interview Methodology





Three focus group interviews were conducted in May of 2019. Participants were identified as people living in Big Horn Hospital Association's service area.




Ten people participated in the focus group interviews. The focus groups were designed to represent various consumer groups of healthcare including senior citizens, local community members, and community leaders. The focus groups were held at Big Horn Hospital Association. The

meetings lasted up to 90 minutes in length and followed the same line of questioning. Focus group interview questions can be found in Appendix G. The questions and discussions were led by Amy Royer with the Montana Office of Rural Health.

VII. Focus Group Themes

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

 Health & Wellness	<ul style="list-style-type: none">• A desire for more opportunities to be fit was mentioned in almost every focus group.• Participants mentioned that a downtown gym exists, but that it is small.• Promoting use of walking and biking trails was mentioned to encourage a healthier community.• Many participants mentioned diabetes and obesity as major concerns. They proposed health and wellness education as a potential solution.
 Access to Healthcare	<ul style="list-style-type: none">• Participants utilize the local healthcare services for primary care, because the quality of care is seen as good, but many indicated that waitlists to see providers can be long.• Appointment availability is a main concern. - "You used to be able to schedule a visit at the clinic and get in within 2-3 days but now it is a walk-in clinic, so they won't schedule those days. It can be up to 3 weeks before you get in now."• Multiple focus group participants mentioned a shortage of doctors and concern for the number of doctors retiring.• Participants mentioned that specialty services appear to be diminishing in the community. Specifically, the loss of OB/GYN services was mentioned, "They used to deliver babies and they don't anymore. It was really nice to have that service here when they did."• Pharmacy access was a concern mentioned in all focus groups. With the closure of the Shopko pharmacy, wait times at the remaining pharmacy have increased,

	and participants indicated that many community members now go to Billings or use mail order.	
 <p>Senior Needs</p>	<ul style="list-style-type: none"> Alzheimer's and dementia care and health issues related to the aging population were frequently mentioned - "Alzheimer's and dementia will be an issue in the future because people are living longer. We don't currently have the right doctors/medical providers to handle this problem. Participants also mentioned that more education regarding Alzheimer's and dementia would be helpful. A need for more dementia living-units, respite care, and physicians for elderly were also mentioned. - "We are desperately in need of more assisted living and senior housing; they are completely booked with a long waiting list." 	
 <p>Alcohol and Drug Abuse</p>	<ul style="list-style-type: none"> Participants indicated that alcohol and drug abuse are major concerns within the community. - "More services for mental health and substance abuse are needed." While more support and services are needed to address substance abuse, participants also acknowledged that progress is being made. - "As a county, we are looking at different ways to address mental health and substance abuse. There are school counselors and other programs becoming available to youth in schools." 	
 <p>Services Needed in the Community</p>	<ul style="list-style-type: none"> Additional mental health services More respite care and living units for seniors More medical practitioners More focus on preventative care Orthopedic care Another pharmacy 	<ul style="list-style-type: none"> Health education classes and more opportunities to be physical active Visiting specialists Eye doctor Substance abuse services Cardiology OB/GYN

VIII. Executive Summary

The table below shows a summary of results from the 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. Those items in bold were found in multiple data sources.

Areas of Opportunity Identified Through Assessment	Secondary Data	Survey	Focus Groups
Access to Healthcare Services <ul style="list-style-type: none"> Primary Care services <ul style="list-style-type: none"> Appointment availability in clinic Expanded primary care service hours Higher than state average unemployment rate 26.8% persons below poverty level Uninsured/Under-insured <ul style="list-style-type: none"> 25% of adults (<65 years) uninsured 8% of children (<18 years) uninsured Higher rates of persons below poverty level Higher percentage of persons receiving WIC services 17% enrolled in Medicaid Expanded Specialty Care services 	 X X X X X	 X X X	 X X X
Other Health Related Measures <ul style="list-style-type: none"> Chronic Diseases <ul style="list-style-type: none"> Rates of 2+ chronic conditions highest in MT frontier communities (41%) Desire for increased prevention outreach/education Higher rates of hospitalization for stroke, diabetes acute myocardial infarctions, COPD ER visits Higher prevalence of Cancer (prostate & breast) Diabetes Communicable Diseases <ul style="list-style-type: none"> Higher rates of chlamydia, hepatitis C, pertussis Higher teen birth rate Higher unintentional injury death rate Housing (inadequate) 	X X X X X	X X X	X X

Wellness and Prevention			
<ul style="list-style-type: none"> • Overweight & Obesity <ul style="list-style-type: none"> ○ Higher rates of adult obesity ○ Higher rates of childhood obesity ○ Interest in education related to health and wellness and weight loss • Opportunities for active living <ul style="list-style-type: none"> ○ Higher rates of reported physical inactivity ○ Interest in education related to fitness 	X	X	X
	X	X	X
Behavioral Health			
<ul style="list-style-type: none"> • Mental health services • Alcohol/drug use <ul style="list-style-type: none"> ○ Higher drug use hospitalization rate • Higher reported poor mental health days 		X	X
	X	X	X
	X		

IX. Prioritization of Health Needs, Available Resources, and Implementation Planning Process

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

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

- Access to healthcare services
- Behavioral health
- Social determinants of health

Big Horn Hospital Association will determine which needs or opportunities could be addressed considering BHHA'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.

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.

- South Central Mental Health (SCMH)
- Alcoholics Anonymous
- Big Horn Council on Aging & Big Horn Senior Center
- Hardin Food Access Task Force/Healthy Hardin
- Big Horn County
- Rural Health Opioid Coalition/Big Horn County
- Eastern Service Area Authority Mental Health
- Big Horn County Extension Office
- Big Horn Valley Health Center (BHVHC)
- Indian Health Service (IHS)
- Kiwanis
- Hardin Public Schools
- Hardin Community Center
- Shape Up Montana
- Montana Mental Health Trust Settlement
- Montana Nutrition and Physical Activity program
- Agency for Healthcare Research and Quality (AHRQ)
- Montana Office of Rural Health and Area Health Education Center (MORH/AHEC)
- Montana Department of Health and Human Services (MT DPHHS)

X. Evaluation of Activity Impacts from Previous CHNA

Big Horn Hospital Association (BHHA) provided the Montana Office of Rural Health with an update on their Implementation Plan activities from their previous CHNA process. The BHHA Board of Directors approved its previous implementation plan on September 22, 2016. The plan prioritized the following health needs:

- Alcohol/drug abuse
- Community health and wellness
- Mental health
- Senior needs (age in place services)

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

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

Goal 1: Improve community health and wellness through education and outreach.

Strategy	Activities	Accomplishments	Community Impact/Outcomes
1.1 Educate county commissioners and elected officials about health and wellness needs in the community.	Convene BHHA work group to develop education and outreach materials for elected officials about the health and wellness needs of the community.	Routine meeting scheduled	Pending Analysis
	Develop outreach strategy to deliver health and wellness message with commissioners and elected officials.	Identified Community Task Force/Healthy Hardin	Pending Analysis
	Hold various meetings with elected officials to present the health and wellness needs and educate on opportunities to improve community health.	Well received by elected Officials/Health Board	Pending Analysis
1.2 Educate community on health and wellness needs of the community.	Convene BHHA work group to develop education and outreach materials for community presentations.	Pending Specific Arenas of Interest	Pending
	Develop outreach strategy to deliver health and wellness message with community.	Quarterly Strategic Meeting with Healthy Hardin Coalition.	Pending ranking of Community Health Initiatives. I.e. Affordable Housing, Walking Paths, Food Deserts/Farmers Market
	Convene community stakeholder groups (i.e. Kiwanis, Chamber of Commerce, schools etc.) to present health needs of the community and opportunities for partnership to improve community health.	Engagement of Community Stakeholders	
	Hold community forums and meetings to discuss and educate about the health needs of the community.	Identification of Focus Groups	
1.3 Partner with Healthy Hardin Coalition to develop a health a wellness resource list.	Research health and wellness programs and resources available in community.	Incomplete	
	Develop a health and wellness resource list.		
	Develop marketing plan to advertise programs and resources available in the community. (Social media, local paper, newsletters, BHHA website)		

1.4 Continue supporting health in wellness in the community through sponsorship of events and programs.	Continue sponsoring community events centered around health and wellness: Rainbow Walk, Cardiac readiness, Alzheimer's walk, breast cancer walks, Race for a Cure and EMS classes.	Routine community events calendar for community participation	Community awareness
	Explore enhancing outreach and advertising efforts around existing health and wellness programs	Routine wellness local media ads	Community attendance at Wellness Events
1.5 Explore new opportunities for outreach and education	Enhance DPHHS Cardiac Readiness program with testimonies from heart attack survivors who live in the community.	Incomplete	
	Explore partnering with local healthcare organizations to provide a community health fair and blood draws.	Incomplete	
	Partner with schools to discuss the possibility of providing blood pressure checks at parent teacher conferences and high school games.	Incomplete	
	Host a Reach Camp.	Reach Camp was offered	
	Develop outreach/advertising strategy for all new health and wellness educational programs. (Social media, local paper, newsletters, BHHA website)	Initial stages of development	Improved community knowledge of wellness programs and resources
	Check with website IT to make the BHHA website more accessible and visible via Google or other website search mechanisms.	Initial stages of development	Community Recognition
1.6 Explore expansion of patient navigator position	Conduct feasibility study on expansion of Patient Navigator position.	Incomplete	
	Research and develop job description for desired patient navigator position.		

Goal 2: Improve access to mental and behavioral health services.

Strategy	Activities	Accomplishments	Community Impact/Outcomes
2.1 Educate staff about existing mental health resources within the community.	Conduct environmental scan of currently available mental health resources in Big Horn County.	Incomplete	
	Develop mental health resource list.	Incomplete	
	Develop an education and dissemination plan for new resource list (ex. Nurse's meetings).	BHHA hired an education nurse	
	Add mental health resources to website.	Incomplete	
	Enhance outreach and advertising strategies about mental health resources (social media, local paper, poster/bulletins, newsletters etc.)	Incomplete	
2.2 Explore training BHHA staff for critical case management	Develop protocol for critical management training.	Pending staff scheduling for training – June 2019	
	Hold staff debriefing about protocol	Incomplete	
	Disseminate mental health resource list and refer as necessary.	Incomplete	
2.3 Partner with community organizations related to mental health.	Continue participation on the Hardin Mental Health Advisory Committee.	BHHA staff routinely meet with MHAC	Enhanced community awareness of available mental health resources

Goal 3: Enhance senior services and outreach to assist Big Horn County's aging community to age in place.

Strategy	Activities	Accomplishments	Community Impact/Outcomes
3.1 Enhance senior care training for staff at BHHA.	Research training opportunities regarding dementia/memory education.	Big Horn Senior Living Center for Tactile Devices, a program that is being offered at LTC/Big Horn Senior Living.	Community awareness
	Develop training schedule for staff.	Routine CAN/Direct Care Giver Training offered at BHHA	
	Implement staff training.	Trainings offered annually	
3.2 Continue exploring funding opportunities for expanding senior services.	Research grant funding opportunities and community foundation campaigns etc. for senior living expansion and renovation.	Incomplete	
	Explore providing respite care for low income individuals.	Incomplete	
3.3 Enhance wellness programs and resources for seniors.	Explore supplying a "safe trails" walking map for seniors.	Incomplete	
	Explore BHHA registered dietitian offering cooking and nutritional classes for seniors	Incomplete	
	Research potential partnerships for providing senior fall prevention programs.	Incomplete	

Appendix A – Steering Committee

Steering Committee Member	Organization Affiliation
Kristi Gatrell, CEO	Big Horn Hospital Association (BHHA)
Bill Hodges, Outreach Services Director & Public Health Director	BHHA, Big Horn County Public Health
Joe Purcell, Mayor	City of Hardin
Gail Flack, President	BHHA Auxiliary
Shelly Sutherland, Ed.D. CCDO- Chief Com. Dev. Officer	Big Horn Valley Health Center
Shirley Margheim, Auxillary Board Member	Heritage Acres
Harry Kautzman, City Councilman, Ward 3	City of Hardin



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Appendix B – Public Health and Populations Consultation

Public Health and Populations Consultation Worksheet

1. Public Health

- a. Name/Organization
Bill Hodges - Outreach Services Director, BHHA & Big Horn County Public Health
Harry Kautzman - City Councilman, Ward 3
Shelly Sutherland, Ed.D. CCDO - Chief Com. Dev. Officer
- b. Date of Consultation
First Steering Committee Meeting: 01/30/2019
- c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
Steering Committee
- d. Input and Recommendations from Consultation
 - Poor mental health days. How do we quantify this?
 - Substance abuse and chemical abuse was really high in the last few surveys/CHNAs and that has been a real challenge for our county to address because we lack resources.
 - It seems like the excessive drinking rate is very low too (in the secondary data). I feel that number should be much higher.
 - We see high rates of adult obesity and diabetes in this county.
 - Do we have any data on substance use disorder rates? I wonder if law enforcement would have numbers on number of substance abuse arrests?
 - We should add something about substance abuse treatment on the survey.
 - We should add a question about how important it is for people to live in a healthy community. I think it's important for us to gauge the importance of this from very important to not at all important.
 - I recently learned that alcohol and meth use are still above opioid use. – the kids prefer opioids though, so this is expected to change in our state too.

2. Populations Consultation (a leader or representative of populations such as medically underserved, low-income, minority and/or populations with chronic disease)

Population: Low-Income, Underinsured

- a. Name/Organization
Shirley Margheim - Auxillary Board Member, Heritage Acres
- b. Date of Consultation
First Steering Committee Meeting: 01/30/2019
- c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)

Steering Committee

d. Input and Recommendations from Consultation

- The unemployment rate seems very low for the county. We're usually high for the state. We have a high unemployment rate.
- People may not understand "medical insurance" on the survey so we should change it to "Health insurance"
- I am wondering if we should ask about housing? It seems like homelessness is an issue in the community.
- A lot of kids in the community 'couch surf' - I think that falls under the definition of homeless. Some of their housing situations may not be safe.
- It would be nice to show some economic information on homeless to back this up.
- Healthy Hardin Coalition meets regularly, and they would be a great group to engage with to get some information.

Population: Seniors

a. Name/Organization

Bill Hodges - Outreach Services Director, BHHA & Big Horn County Public Health

Harry Kautzman - City Councilman, Ward 3

Kristi Gatrell – CEO, BHHA

Gail Flack – President, BHHA Auxiliary

b. Date of Consultation

First Steering Committee Meeting: 01/30/2019

c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)

Steering Committee

d. Input and Recommendations from Consultation

- We're interested in what senior services are needed in the community. This is still an issue.
- We're losing a lot of seniors to Yellowstone county because they can't get a bed here – the waitlist is too long.
- One thing I'm hearing a lot of is more needed care giving for seniors, and support for those who are aging and their care givers.
- There are a lot of lonely seniors out there. Those who deliver the meals-on-wheels have mentioned this. We should ask if people would be interesting in social services for seniors.
- We should also ask about having pharmacy services and groceries delivered- things that help seniors stay in their home safely.

Appendix C – Secondary Data

Big Horn County Secondary Data Analysis



MONTANA
STATE UNIVERSITY

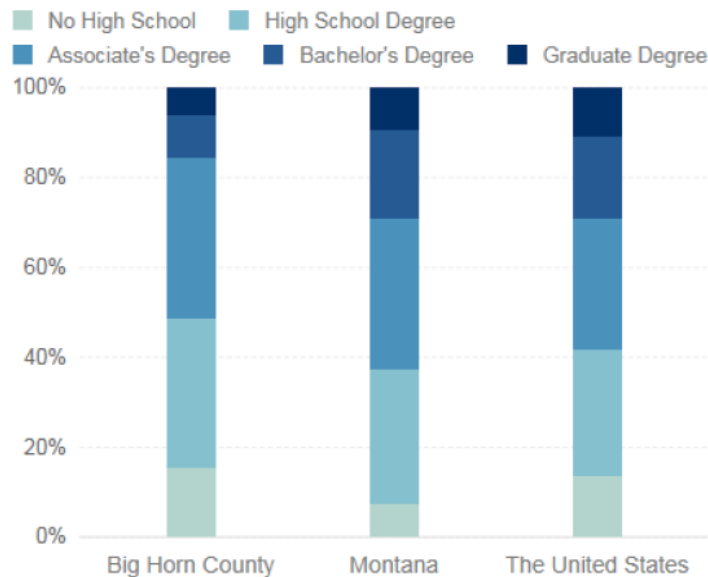
Office of Rural Health
Area Health
Education Center

Demographic Measure (%)		County			Montana			Nation		
Population ¹		12,865			1,032,949			308,745,538		
Population Density ¹		2.6			6.8			87.4		
Veteran Status ¹		8.7%			10.6%			7.7%		
Disability Status ¹		13.7%			16.6%			15.3%		
Age ¹		<5	18-64	65+	<5	18-64	65+	<5	18-64	65+
		10.3%	55.7%	10.9%	6%	54.9%	17.2%	6.2%	56%	14.9%
Gender ¹		Male		Female	Male		Female	Male		Female
		49.7%		50.3%	50.3%		49.7%	49.2%		50.8%
Race/Ethnic Distribution ¹	White	31.6%			89.2%			77.1%		
	American Indian or Alaska Native	64.8%			6.6%			1.2%		
	Other †	5.9%			5.1%			36.7%		

¹ US Census Bureau Fact Finder (2016)

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

Highest Degree Attained



Big Horn County

No High School	15.51%
High School Degree	32.95%
Associate's Degree	35.76%
Bachelor's Degree	9.50%
Graduate Degree	6.28%

Montana

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

The United States

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

² National Center for Education Statistics



Socioeconomic Measures (%)	County	Montana	Nation
Median Income ¹	\$47,276	\$50,801	\$57,652
Unemployment Rate ¹	9.8%	4.8%	6.6%
Persons Below Poverty Level ¹	26.8%	14.4%	14.6%
Uninsured Adults (Age <65) ^{3,4}	25%	12%	10.7%
Uninsured Children (Age <18) ^{3,4}	8%	5%	5%
Children in Poverty ¹	34.3%	17.6%	20.3%
Enrolled in Medicaid ^{5,6}	17%	9.4%	1 in 7
Enrolled in Free/Reduced Lunch ⁷ <i>Pre-k through 12th grade</i>	2,473	62,951	-
SNAP Participants ⁷ <i>All ages, FY 2015</i>	4,038	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>	803	35,881
Born less than 37 weeks ⁸	9.1%	9.1%
Teen Birth Rate (females age 15-19) ⁸ <i>Per 1,000 years 2009-2013</i>	103.0	32.0
Smoking during pregnancy ⁸	12.3%	16.3%
Receiving WIC ⁸	59.0%	34.6%
Children (2-5 years of age) overweight or obese ⁸	36.1%	27.9%
Childhood Immunization Up-To-Date (UTD) % Coverage ^{*9}	51.3%	63.6%

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

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

Behavioral Health	County	Montana	Top U.S. Performers
Adult Smoking ³	26%	19%	14%
Excessive Drinking ³	17%	21%	13%
Adult Obesity ³	37%	25%	26%
Poor Mental Health Days (Past 30 days) ³	4.5	3.5	3.1
Physical Inactivity ³	22%	21%	20%
Drug Use Hospitalization Rate ¹⁰ <i>Per 100,000 population</i>	684.0	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	1114.38	366.2
Hepatitis C	125.53	123
Pertussis	102.47	44.6

⁸ County Health Profiles, DPPHS (2015)

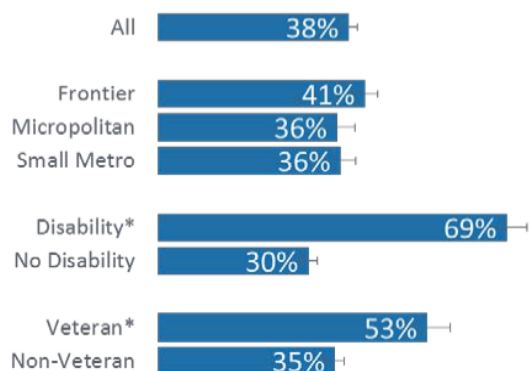
Chronic Conditions ¹⁰	County	Montana
Stroke Hospitalization Rate Per 100,000 population	210.3	152
Diabetes Hospitalization Rate Per 100,000 population	3,089.8	1058.9
COPD Emergency Department Visit Rate Per 100,000 population	1,080.2	669.9
Acute Myocardial Infarction (MI) Hospitalization Rate Per 100,000 population	165.8	118.1

¹⁰ IBIS Community Snapshot, MT- DPPHS

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

¹¹ Montana State Health Assessment (2017)

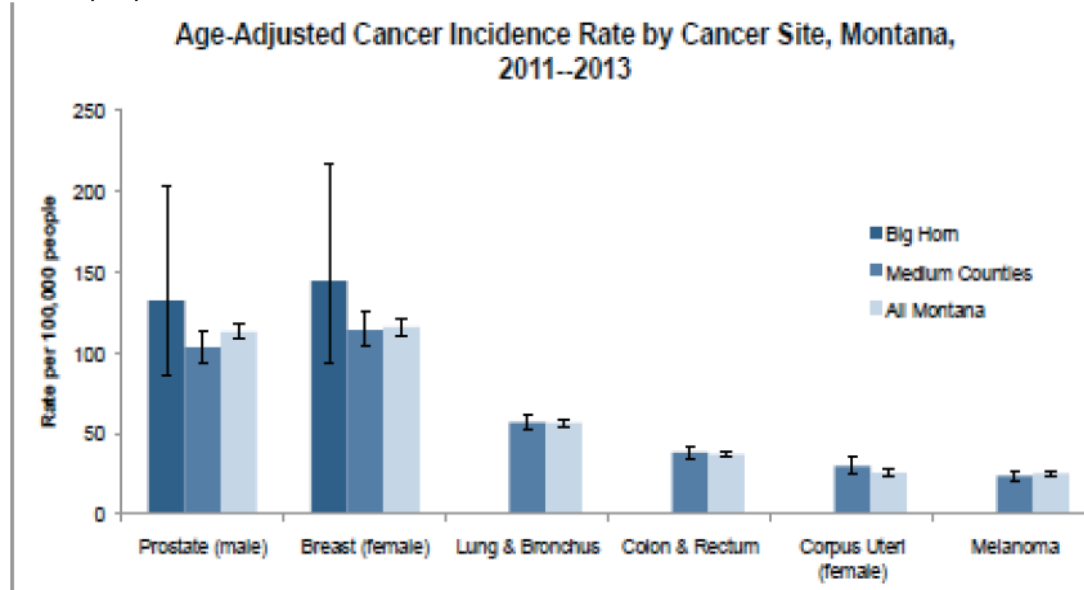
Percent of Montana Adults with Two or More Chronic Conditions





Cancer Prevalence	County	Montana	Nation
All Sites Cancer ¹⁰ <i>Per 100,000 population</i>	469.3	441.6	444

¹⁰ IBIS Community Snapshot, MT- DPPHS



⁸ County Health Profiles, DPPHS (2015)

Mortality	County	Montana	Nation
Suicide Rate ¹² <i>Per 100,000 population</i>	18.6	22.5	13.9
Leading Causes of Death ^{13, 14}	N/A	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>	110.7	41.3	41.3
Diabetes Mellitus ^{13, 16} <i>Per 100,000 population</i>	N/A	21.3	21.5
Alzheimer's Disease ^{13, 17} <i>Per 100,000 population</i>	N/A	20.9	37.3
Pneumonia/Influenza Mortality ^{13, 18} <i>Per 100,000 population</i>	N/A	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

Appendix D – Survey Cover Letter



Big Horn Hospital Association

Big Horn County Memorial Hospital • Heritage Acres

Choose Health

March 8, 2019

Dear [LASTNAME] household:

Participate in our Community Health Needs Assessment survey for a chance to
WIN one of two \$50 gas cards!

Big Horn Hospital Association (BHHA) 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 BHHA 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: April 12, 2019
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 "Big Horn Hospital Association." Your access code is [CODED]
4. The winners of the \$50 gas cards will be contacted the week of April 15th.

All survey responses will go to The Human Ecology Learning and Problem Solving (HELPS) Lab at Montana State University in Bozeman, Montana, the organization that is assisting MORH with this project. If you have any questions about the survey, please call Natalie Claiborne at 406-994-6001. 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,

Kristi Gatrell, CEO

Appendix E – Survey Instrument

Community Health Services Development Survey Hardin, 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 406-994-6001. 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 abuse/substance abuse	<input type="checkbox"/> Hunger	<input type="checkbox"/> Recreation related accidents/injuries
<input type="checkbox"/> Alzheimer's/dementia	<input type="checkbox"/> Lack of access to healthcare	<input type="checkbox"/> Social isolation/loneliness
<input type="checkbox"/> Cancer	<input type="checkbox"/> Lack of affordable and safe housing	<input type="checkbox"/> Stroke
<input type="checkbox"/> Child abuse/neglect	<input type="checkbox"/> Lack of dental care	<input type="checkbox"/> Suicide
<input type="checkbox"/> Depression/anxiety	<input type="checkbox"/> Lack of exercise	<input type="checkbox"/> Tobacco use
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Mental health issues	(cigarettes, vaping, smokeless)
<input type="checkbox"/> Domestic violence	<input type="checkbox"/> Motor vehicle accidents	<input type="checkbox"/> Work related accidents/injuries
<input type="checkbox"/> Heart disease	<input type="checkbox"/> Overweight/obesity	<input type="checkbox"/> Other: _____

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

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

4. How do you rate your knowledge of the health services that are available at Big Horn Hospital Association?
☐ Excellent ☐ Good ☐ Fair ☐ Poor

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

<input type="checkbox"/> Friends/family	<input type="checkbox"/> Presentations	<input type="checkbox"/> Website/internet
<input type="checkbox"/> Healthcare provider	<input type="checkbox"/> Public Health	<input type="checkbox"/> Word of mouth/reputation
<input type="checkbox"/> Mailings/newsletter	<input type="checkbox"/> Radio	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Social media	

6. Which community health resources, other than the hospital, have you used in the last three years? **(Select ALL that apply)**
- | | | |
|--|--|---|
| <input type="checkbox"/> Big Horn Valley Health Center | <input type="checkbox"/> Food bank | <input type="checkbox"/> Physical therapy |
| <input type="checkbox"/> Chiropractor | <input type="checkbox"/> Mental health | <input type="checkbox"/> SCL Hardin Clinic |
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Senior center |
| <input type="checkbox"/> Eye doctor | <input type="checkbox"/> Public health | <input type="checkbox"/> WIC (Women, Infant & Children) |
| | | <input type="checkbox"/> Other: _____ |
7. In your opinion, what would improve our community's access to healthcare? **(Select ALL that apply)**
- | | |
|--|--|
| <input type="checkbox"/> Availability of visiting specialists | <input type="checkbox"/> More information about available services |
| <input type="checkbox"/> Availability of walk-in clinic/longer hours | <input type="checkbox"/> More primary care providers |
| <input type="checkbox"/> Cultural sensitivity | <input type="checkbox"/> Telemedicine |
| <input type="checkbox"/> Health education resources | <input type="checkbox"/> Transportation assistance |
| <input type="checkbox"/> Improved quality of care | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Interpreter services | |
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"/> Prenatal/childbirth |
| <input type="checkbox"/> Alzheimer's | <input type="checkbox"/> Heart disease | <input type="checkbox"/> Smoking/tobacco cessation |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Living will | <input type="checkbox"/> Support groups |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Men's health | <input type="checkbox"/> Weight loss |
| <input type="checkbox"/> First aid/CPR | <input type="checkbox"/> Mental health | <input type="checkbox"/> Women's health |
| <input type="checkbox"/> Fitness | <input type="checkbox"/> Nutrition | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Grief counseling | <input type="checkbox"/> Parenting | |
9. Which of the following senior services are needed/could be expanded in our community? **(Select ALL that apply)**
- | | | |
|---|--|---|
| <input type="checkbox"/> Aging in place services/assistance | <input type="checkbox"/> Personal care home services | <input type="checkbox"/> Social engagement/connectivity |
| <input type="checkbox"/> Adult day care | <input type="checkbox"/> Senior respite care | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Assisted living facility | <input type="checkbox"/> Senior retirement housing/community | |
10. Which of the following preventative services have you used in the past year? **(Select ALL that apply)**
- | | | |
|--|---|---|
| <input type="checkbox"/> Blood sugar screening | <input type="checkbox"/> Flu shot/immunizations | <input type="checkbox"/> Routine blood pressure check |
| <input type="checkbox"/> Bone density scan (Dexa scan) | <input type="checkbox"/> Hearing check | <input type="checkbox"/> Routine health checkup |
| <input type="checkbox"/> Children's checkup/Well baby | <input type="checkbox"/> Mammography | <input type="checkbox"/> Vision check |
| <input type="checkbox"/> Cholesterol check | <input type="checkbox"/> Mental health counseling | <input type="checkbox"/> None |
| <input type="checkbox"/> Colonoscopy | <input type="checkbox"/> Pap smear | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Dental exam | <input type="checkbox"/> Prostate (PSA) | |
11. What additional healthcare services would you use if available locally? **(Select ALL that apply)**
- | | | |
|---|---|---|
| <input type="checkbox"/> Cardiac rehab services | <input type="checkbox"/> Speech/language therapy | <input type="checkbox"/> Orthopedic surgeon |
| <input type="checkbox"/> Dermatology | <input type="checkbox"/> Labor/delivery services | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Dialysis | <input type="checkbox"/> OB/GYN | <input type="checkbox"/> Podiatry |
| <input type="checkbox"/> ENT (ear/nose/throat) | <input type="checkbox"/> Occupational therapy | <input type="checkbox"/> Urology |
| <input type="checkbox"/> General surgeon | <input type="checkbox"/> Ophthalmology (eye doctor) | <input type="checkbox"/> Other: _____ |

12. 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

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

15. 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 18**)

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

- | | |
|--|--|
| <input type="checkbox"/> Big Horn Hospital Association | <input type="checkbox"/> St. Vincent Healthcare (Billings) |
| <input type="checkbox"/> Crow Agency (IHS) | <input type="checkbox"/> VA Hospital |
| <input type="checkbox"/> Billings Clinic | <input type="checkbox"/> Other: _____ |

17. 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"/> Emergency, no choice | <input type="checkbox"/> Recommended by family or friends | <input type="checkbox"/> Other: _____ |

18. 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 21**)

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

- | | |
|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Hardin | <input type="checkbox"/> Lodge Grass |
| <input type="checkbox"/> Billings | <input type="checkbox"/> Sheridan, WY |
| <input type="checkbox"/> Crow Agency | <input type="checkbox"/> VA Clinic |
| <input type="checkbox"/> Lame Deer | <input type="checkbox"/> Other: _____ |

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

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

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**)

- | | |
|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Hardin | <input type="checkbox"/> VA Hospital |
| <input type="checkbox"/> Crow Agency | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Billings | |

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

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

24. The following services are available at Big Horn Hospital Association. 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
Emergency room	4	3	2	1	N/A	DK
Laboratory	4	3	2	1	N/A	DK
Physical therapy	4	3	2	1	N/A	DK
Radiology (mammography, x-ray, CT scan, MRI)	4	3	2	1	N/A	DK
Occupational therapy	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.** Over the past month, how often have you had physical activity for at least 20 minutes?
- ☐ Daily ☐ 3-5 times per month ☐ No physical activity
☐ 2-4 times per week ☐ 1-2 times per month
- 27.** Has cost prohibited you from getting a prescription or taking your medication regularly?
- ☐ Yes ☐ No
- 28.** In the past year, did you worry that you would not have enough food?
- ☐ Yes ☐ No
- 29.** Do you feel that the community has adequate and affordable housing options available?
- ☐ Yes ☐ No ☐ Don't know
- 30.** Which of the following injury prevention measures do you use regularly? **(Select ALL that apply)**
- ☐ Child car seat/booster ☐ Helmet ☐ Regular exercise
☐ Designated driver ☐ Mobility assistance devices ☐ Seat belt
☐ None
- 31.** Do you have health insurance?
- ☐ Yes ☐ No **(If no, skip to question 34)**
- 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 health insurance ☐ Choose not to have health insurance
☐ Employer does not offer insurance ☐ Other: _____
- 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?
- ☐ 59034 Hardin ☐ 59050 Lodge Grass ☐ Other _____
☐ 59022 Crow Agency ☐ 59043 Lane Deer
☐ 59035 Fort Smith ☐ 59024 Custer
- 37.** What is your gender?
- ☐ Male ☐ Female ☐ Other

Turn to BACK of page to continue

5

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

☐ Work part time

☐ Unemployed, but looking

☐ Retired

☐ Not currently seeking employment

☐ Student

☐ Other _____

[CODED]

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

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

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

Appendix F – Responses to Other and Comments

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

- Drugs
- Our sheriff department
- Crime

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

- Public transportation cab/bus
- More gyms
- Keeping our aquatic center open
- Swimming pool
- We need more Stores

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

- I work in health care in the community
- Phonebook
- Check out for ourselves (2)
- Work in the field
- Living in Hardin all my life
- Found them
- Previously employed there

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

- Rehab
- IHS (2)
- Hospital Lab
- Hospital Emergency

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

- More Drs. in clinic (2)
- MDs at SCL Hardin Clinic
- When get sick then to wait at clinic forever or make an appointment for 3/4 days in future.
- Waiting time
- More behavioral health providers
- Another pharmacy
- Male physicians (2)

- 8.** If any of the following classes/programs were made available to the community, which would you be most interested in attending?
- Cooking classes
 - None
 - Physical therapy open to public.
- 9.** Which of the following senior services are needed/could be expanded in our community?
- Physical activities for seniors
 - Encouragement & seminars - they are OK and welcome - include better transportation service
 - I don't know
 - Hospice care
 - Financial planning
- 10.** Which of the following preventative services have you used in the past year?
- Chiropractor and dentist only done in Hardin though
 - DOT exam
 - Cut right eye
- 11.** What additional healthcare services would you use if available locally?
- None
 - Endocrine (Peds Diabetes)
 - I don't know
 - I am a Veteran
- 14.** If yes, what were the three most important reasons why you did not receive healthcare services?
- ER Services - VERY RUDE - Was sent on to Billings
 - Wanted Doctor, not PA [Physician Assistant]
 - Had to be referred to Orthopedics in Billings.
 - UTI [Urinary Tract Infection]- on Friday did not get meds until Tues/Lab Heritage etc.
- 16.** Which hospital does your household use MOST for hospital care?
- In another state
 - Yellowstone Medical Center
 - None - didn't use any
- 17.** Thinking about the hospital you were at most frequently, what were the three most important reasons for selecting that hospital?
- Met our requirements
 - Labor & delivery
 - Best Doctors
 - IHS

19. Where was that primary healthcare provider located?

- Hardin, Billings (5)
- Billings, Lame Deer (2)
- Hardin, Lodge Grass
- Crow Agency, VA Clinic
- Hardin, Crow Agency
- Crow Agency, Lodge Grass
- Hardin, VA Clinic
- Billings, Crow Agency

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

- Did not want to use BHVHC
- Kim Caprata, she is great with her patients, she listens
- Wanted to have same Dr next visit (2)
- Provide assistance
- Not currently seeing a primary Doctor - NO Physician in Hardin

22. Where was the healthcare specialist seen?

- Germany
- Livingston - Billings Clinic
- Sheridan

23. What type of healthcare specialist was seen?

- Sleep specialist
- Functional Medicine Doctor
- Pediatric Diabetes
- Nephrologist (3)
- Cancer
- Carbon monoxide poisoning
- Emergency

31. What type of health insurance covers the majority of your household's medical expenses?

- Humana (2)
- Medicare, Nat of Omaha, high deductible - low premium.
- Kids medicine
- Retired - not eligible for Medicare yet, so buy from former employer

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

- Stupid price for never having any claims

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

- Wyola, Crow Agency

39. What is your employment status?

- Homemaker
- Full time volunteer
- Retired, self employed
- Work when a job is available - or called on to work my line of occupation
- Self-employed
- Health problems
- Farmwife
- Collect social security, Work full time

Additional Comments:

- Just started Medicare + Supplements in the past year
- Sorry I couldn't be more help!!

Appendix G –Focus Group Interview Questions

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

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

Appendix H – Focus Group Interview Notes

Focus Group #1

Wednesday, May 22, 2019 – 10:00am – 11:00am – Big Horn Medical Center – Hardin, MT
3 participants (2 male, 1 female)

1. What do you think are the most serious health issues or concerns in your community?
 - Diabetes
 - Lack of dialysis, people have to travel to Billings.
 - I think there aren't very many preventative measures for drugs and alcohol. Also, because the reservation is a dry reservation it leads to more alcohol abuse.
 - Alcohol and drug abuse are a big deal.
2. We are now going to ask you for your views about the hospital. What do you think of the hospital in terms of:

Availability

- We have had some issues with people saying the ER is full. They had to go Bozeman because Billings was full too. I think was during the influenza outbreak.
- In the remodel, they targeted the ER as major area to improve.

Quality of Care

- I think we have an excellent facility, and excellent staff

Number of Services

- For the size it is adequate, but I think there are still some services that we need like dialysis which is brought up a lot as a big concern in the community.

EMS Services (ER/Ambulance)

- We think our Ambulance service is stellar. They are paid county employees.
- Also part of the remodel is a covered entry for the ambulance that will be heated and a controlled e
- Environment to take patients out of the ambulance. This is also a concern when the family is in the way of the paramedics trying to transport the patient inside.

Financial Health of the Hospital

- They must be doing well.
- They are holding their own, there are issues with Medicaid and Medicare payments though.
- I have heard that there is some delay in getting the bill. I know someone who has not gotten a bill in 3 months.

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

- No, I go to IHS.
- Yes, I use the local provider at the Big Horn Valley Clinic.
- I think most people do stay within the county, either Big Horn Valley Clinic or IHS. IHS is located in Crow Agency and access is not an issue.
- I used to go to Lame Deer but now I can just go to Crow.

4. What do you think about these local services:

Healthcare Services for Senior Citizens

- The county has 2 senior centers, one is 5 days a week and the one in Lodge Grass is 3 days a week. They put a lot of money into it.
- We don't have specialty physicians, like cardiology here. My parents have to go to Billings for those services.
- Home health is available, but it is limited, part time and out of Billings.
- Our ambulance service has been certified for home health visits. They can go and change bandages and other things. I think this is called "Community paramedicine". They are still trying to get the billing sorted out but the paramedics can provide that service.
- Long-term/nursing care: the one in town here is a palace. They are full and have a waiting list.
- We need more independent/assisted living because they have a really long waitlist. They are the same facility as the nursing home and both are full. They are also not very affordable only get X amount of beds, etc. the rate is the same no matter what insurance you have.

Public/County Health Department

- o The county contracts with Big Horn and I believe they do a very good job. I think they are utilized for immunizations, STDs, and other information. It is off hospital property.

Healthcare Services for Low-Income Individuals/Families

- o Quite a few, HRDC, office of public systems. They have been doing a lot of downsizing though – there is a large amount of folks that use them though
- o We have a food bank. HIS also has a grant that offers services.
- o 2 reservations in this county. I would say there is a disconnect between tribes and public. The demographics of our county is still widespread but sometimes people complain about where they put HRDC.

Pharmacy

- o Terrible and very limited.
- o Located at Big Horn Valley, they have too much volume, so it takes a long time. I think they still have a pharmacy in Crow at IHS.

5. Why might people leave the community for healthcare?

- People leave for specialty services, cardiology, dialysis, etc. People sometimes have to go to Billings 2x a week for this specialty care.
 - I would like to see dialysis, cardiology and a birthing center. No babies are born in Big Horn County anymore.
 - They don't do surgery here. They do have an x-ray tech and do colonoscopies.
6. What would make this community a healthier place to live?
- Prevention type stuff offered, both screening and education.
 - As a county, we are looking at different ways to address mental health and substance abuse. There are school counselors and other programs becoming available to youth in schools.
 - More services for mental health and substance abuse.
 - More ways to fund preventative care.
7. Any additional comments you'd like to provide, or things you would like to praise/see continued?
- Eye doctors. There is only one in town.
 - Orthopedic is a high need. We used to have one that would come down and he had seen everyone. Dr. Elliot from Ortho MT. He retired though.
 - Primary care access is also very limited. They have a lot of doctors working at Big Horn Valley Clinic. Maybe 4?
 - They are expanding the hospital; Big Horn Valley is really an outstanding facility and doing plenty of outreach. They are also trying to address some of the youth mental health needs.
 - The pool and track are great. Long term maintenance concerns with the pool and gym building. It is currently operated by the school for \$125/person a year.

Focus Group #2

Wednesday, May 22, 2019 – 12:00pm – 1:00pm – Big Horn Hospital – Hardin, MT

5 participants (1 male, 4 female)

1. What do you think are the most serious health issues or concerns in your community?
 - Alcohol
 - Drugs, almost anything, a wide variety of them unfortunately, meth is a big one.
2. We are now going to ask you for your views about the hospital. What do you think of the hospital in terms of:

Availability

- Not an issue
- They don't have doctors on call. They have PAs and NPs but I think the community would prefer doctors.

- They always have someone on staff, but they usually refer you to Billings because they can't do much here.

Quality of Care

- I've never been in there, they always send you to Billings, they don't do nothing down here, we don't have any doctors down here.
- Care at the hospital was very good.
- There is now a doctor coming down who came out of retirement to work one week on and one week off. That will help with some of the situations that some people have. He should be starting in June, a general practitioner. I don't know if he will be taking patients at the hospital or not.

Number of Services

- It has decreased, they used to do a lot of surgeries like appendectomy and tonsillectomy, but now they refer you to Billings.
- They do mammograms, colonoscopies and MRIs here.
- They don't deliver babies here anymore. Although, quite a few don't make the one-hour drive to Billings, so they are born here.
- I think we all kind of know what the hospital does.
- I feel like they could advertise more so people know what they do and don't do.

EMS Services (ER/Ambulance)

- One of the best.
- Top notch.
- I used them several times in the last 3 years and they were there and very skilled.
- The only drawback is that it is such a large county that they could be on the other side of the county when you need them here. They have adequate vehicles, but they only have so much staff.
- We had to wait until the ambulance came from Lodge Grass. I don't think they need more people it's just that sometimes things happen at the same time miles apart.

Financial Health of the Hospital

- I don't know anything about that.
- I haven't heard anything.
- They have a nice facility and are working on remodeling to help draw more doctors to our community.

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

- I stay here, I've lived here all my life and I have had good service, I also used to work at the clinic.
- I've stayed local for the convenience, I know them, I like them.
- I go here unless there is something they can't do here.
- I prefer it down here.

4. What do you think about these local services:

Healthcare Services for Senior Citizens

- I think we have a good senior center, they do blood pressure, pedicures and once in a while they have people come and talk.
- Usually 25-30 come to regular meals but on Birthday meals they have up to 65 people. They do have meals on wheels too.
- I don't know if they have home health anymore. They might have one downtown, but I don't know anything about them because they don't use them.
- We desperately need more assisted living and senior housing because they are completely booked with a long waiting list. The assisted living and nursing home are connected. There are 8 assisted living apartments that are very reasonably priced.

Public/County Health Department

- o My experience has been really positive.
- o They are great, really great.

Healthcare Services for Low-Income Individuals/Families

- o I don't know.
- o I don't know other than social services or the food bank which is really well used.
- o There is an HRDC center here, but I don't know what services they offer.

Pharmacy

- o I don't know when they move and get their new building they may have more staff, but I don't use them because my insurance isn't accepted. It was unheard of to get medication shipped to me, so I gave up and I use CVS now.
- o The only one in town is at Big Horn Valley Health, at first, they were really overwhelmed, but they are pretty much organized now. They just didn't have a lot of the medications that they had at Shopko at first.
- o There is talk that IGA was going to bring back a pharmacy there.
- o I use Big Horn Valley because it is more convenient, but then I got an email saying you could go through St Vs clinic to have orders mailed from Billings, so I do that.
- o The Shopko closed without much notice
- o Having two pharmacies would be very beneficial. It would be nice to have it at the grocery store, so you can get everything in one place.

5. Why might people leave the community for healthcare?

- Because they have been referred or need specialty care.
- They have established doctors elsewhere, there are not MDs here in town.
- We have an optometrist but if you need an ophthalmologist you have to go elsewhere.
- I wish we had a general surgeon here to do basic things like tonsil removal.
- My son had his tonsils removed here many years ago and it would have been way worse for me if he would have had to have it done in Billings.

- Some of the doctors at Big Horn County in Crow did do these types of surgeries so I don't know why they don't do them here. Maybe it is an anesthesiologist issue. I think they have a nurse anesthesiologist here... we are not really sure what they have.
 - Of the two doctors that did surgery, one doctor died and the other one had a heart issue, so he transferred to Billings because it was a slower pace for him there.
6. What would make this community a healthier place to live?
- Promotion of walking trails, bike trails. We do have a little gym now as well.
7. Any additional comments you'd like to provide, or things you would like to praise/see continued?
- The primary concern is the lack/loss of doctors at the hospital and that we don't know what they do or don't do.
 - You used to be able to schedule a visit at the clinic and get in in 2-3 days but now it is a walk-in clinic, so they won't schedule those days. It can be 3 weeks now before you get in.
 - They suggest people go to the fairgrounds for the walking trail and around the swimming pool.
 - They have a swimming pool and exercise class that people can go to.
 - Valley health has a yoga class at the gym and so does the extension office.
 - We have a summertime farmers market.

Focus Group #3

Thursday, May 23, 2019 – 12:00pm – 1:00pm – Hardin, MT

2 participants (2 female)

8. What do you think are the most serious health issues or concerns in your community?
- Alcoholism
 - Diabetes
 - Sometimes these 2 go together
 - Obesity
 - Drug Abuse
 - There is a shortage of doctors, but they are getting a new one that will help that. They explained to me the cost of bringing in candidates and it is expensive. We used to have good doctors who really liked the area and stayed around but they are all retired now. The one coming to the clinic is just a retired doctor filling in part time, but I think it will help. The hospital is really glad because that will be the only doctor at the hospital. With elderly people, they get a doctor and want to keep them for life, it is hard for these folks to get used to a hospitalist.
 - If you want a doctor, instead of a PA or NP, it is a long wait. I have a PA and she is my doctor for most things.

- At the clinic they have certain days that are just walk-in and even walking in at 8 o'clock there is a wait. They seem to have more days for walk-ins than appointments.

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

Availability

- o They got me in immediately, not a long wait.

Quality of Care

- o Every time I have been there it has been good

Number of Services

- o I'm not even aware what they all are. I have been there for mammogram and colonoscopies, but other than regular hospital stays I don't know what else they do.
- o They used to deliver babies and they don't anymore. It was really nice to have that service here when they did.

EMS Services (ER/Ambulance)

- o The only experience I had, we had to wait for the Crow ambulance because the Hardin one was busy. But they were excellent.
- o My husband had an accident a few years ago and he said the staff, and everyone did a really good job. Now I don't even know who is on the staff.
- o The emergency room gets terribly overcrowded, and then they don't seem to take the time with everyone because there are so many people.
- o Every time we would go to the emergency room you would go in the back and walk all the way down the hall and it would be dark without anyone there, so you would have to go find someone. Maybe the new remodel with address this, because it also seems like a security issue.

Financial Health of the Hospital

- o I don't think people think about.
- o They just did a drive to raise money for the hospital, my family signed up to help but others were of the opinion that the hospital does not need money, so they wouldn't give to the hospital.
- o So many people who work here drive in from Billings anymore, so they are unlikely to give since they don't live here. Teachers are the big one and they don't care about the hospital. One third of the employment is teaching.

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

- Yes, because you don't have to drive.
- Its hard to get to Billings if you have an 8am appointment or have to go three days in a row, so it is just easier to go here.

- The dentist and the eye doctor are really nice to have here.
- I have always been very happy with the medical care we have here.

11. What do you think about these local services:

Healthcare Services for Senior Citizens

- The nursing home and the assisted living are above average, even though people complain about them.
- There is a waiting list for senior living/assisted living.
- I don't know about if they have home health or not.

Public/County Health Department

- o They have counseling. Mostly court ordered.
- o They also have a retired doctor who works there with the public health nurse.
- o Other than that, we go there for our shots, I don't know what else they do. But they are very pleasant.
- o The ambulance service is housed there.

Healthcare Services for Low-Income Individuals/Families

- o I don't know what there is. There is counseling at the public health office, but they are court ordered to go.
- o I don't know what the hospital has.

Pharmacy

- o That is a sore subject, we could go on and on.
- o My husband goes all the time and he had to wait even when we had 2-3 in town. Dealing with my mom in another state though is the same, you have to wait a long time.
- o Now with Shoko gone people have to wait 3-4 hours.
- o I get my prescriptions in Billings now. I will probably start going to Billings for my doctor too since I am already there.

12. Why might people leave the community for healthcare?

- Other people may go to Billings because they think the care is better up there, but I don't think that is right, they aren't even nice to you there.
- If one person has a bad experience here it gets around in a small town to not go there.

13. What would make this community a healthier place to live?

- If they could get the drug problem taken care of.
- There is a lot more poverty which leads to drinking and drugs. It is a cycle they learn from their parents and never get out of here because no one encourages them.
- OB is a big one we would like to see here.
- Optometrist when the one here retires
- Psychiatric/mental health, I know people who would drive to Billings to talk to someone because they don't want to someone here in a small town. Also, there are more options in Billings. I don't even know if they have anyone here.

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

- The most negative thing I hear is why are they building a new hospital when they don't even have doctors here.
- Are they building the ambulance area into the hospital? They added more rehab to the clinic and the perception is that they don't need to build more rehab into the hospital.
- Alzheimer's/dementia will be an issue in the future because people are living longer. We don't have the right doctors/medical providers to handle this.

Appendix I – Request for Comments

Written comments on this 2019 Community Health Needs Assessment Report can be submitted to:

Big Horn Hospital Association
17 N. Miles Ave.
Hardin, MT 59034

Or contact Bill Hodges, Outreach/Foundation Director at BHHA with any questions at:

Phone: 406-665-2310

Email: bhodges@bighornhospital.org