



# 2022

## COMMUNITY HEALTH NEEDS ASSESSMENT

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**Hardin**, Montana

*Assessment conducted by **Big Horn Hospital Association** in cooperation with the Montana Office of Rural Health*



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

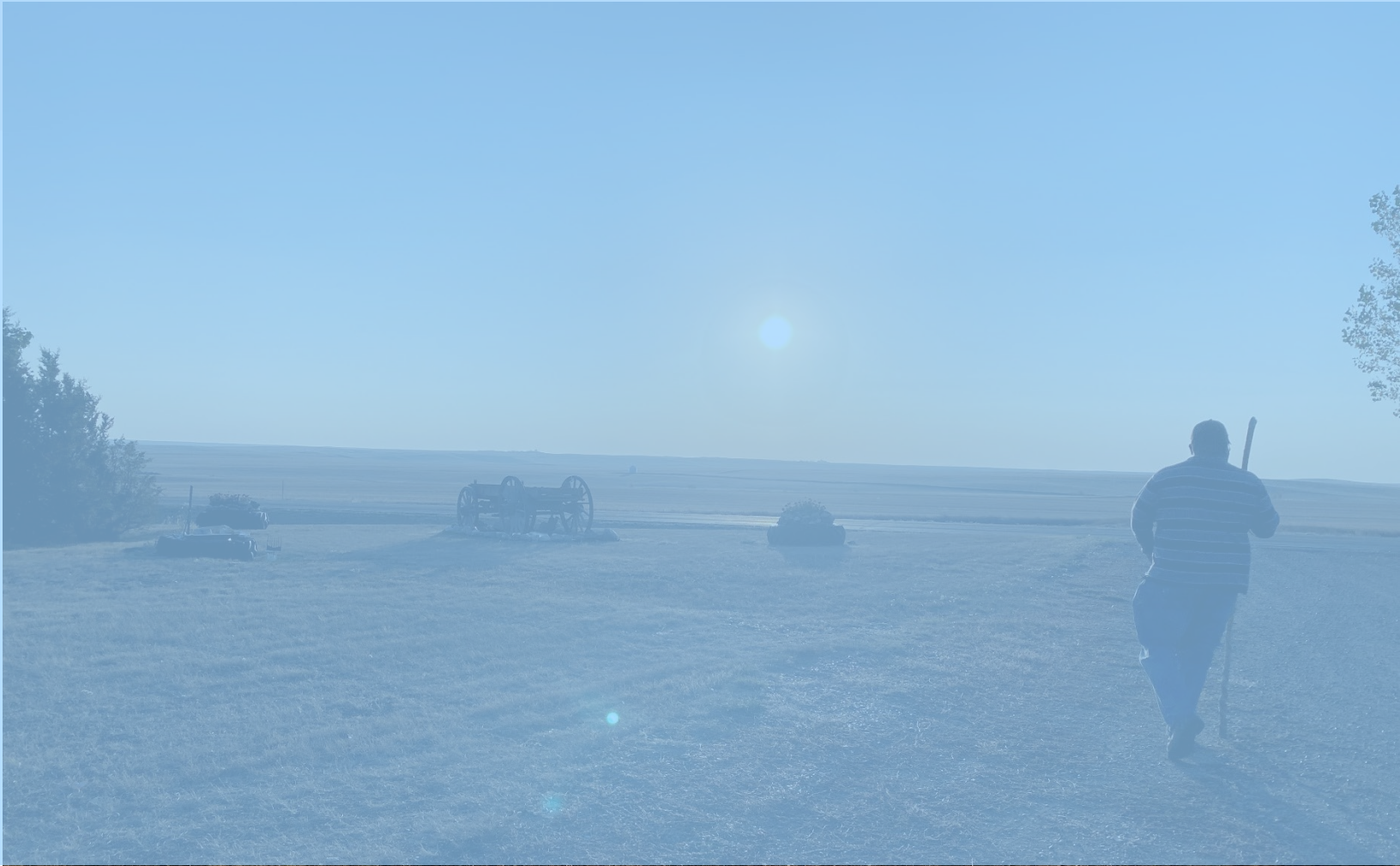


**MONTANA**  
STATE UNIVERSITY

Office of Rural Health  
Area Health  
Education Center

## Table of Contents

Introduction .....	4
Health Assessment Process .....	5
Survey Methodology.....	5
Survey Respondent Demographics.....	8
Survey Results .....	13
Key Informant Interview Methodology .....	46
Executive Summary.....	50
Prioritization of Health Needs .....	53
Available Community Resources .....	54
Evaluation of Previous CHNA & Implementation Plan .....	55
Appendix A- Steering Committee .....	60
Appendix B- Public Health & Populations Consultation .....	61
Appendix C- Big Horn Co. Secondary Data .....	63
Appendix D- Survey Cover Letter.....	72
Appendix E- Survey Instrument .....	73
Appendix F- Cross Tabulation Analysis .....	79
Appendix G- Responses to Other & Comments.....	85
Appendix H- Key Informant Interview - Questions.....	89
Appendix I- Key Informant Interview - Transcripts.....	90
Appendix J- Request for Comments .....	105



# INTRODUCTION



# Introduction

Big Horn Hospital Association (BHHA) is a 18-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 (MORH). Community involvement in steering committee meetings and key informant interviews enhance community engagement in the assessment process.

Over the months of April and May 2022, 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 2022 survey data with data from previous surveys conducted in partnership with the Montana Office of Rural Health in 2016 and 2019. If any statistical significance exists, it will be reported. The significance level was set at 0.05.

## Health Assessment Process

A steering committee was convened to assist Big Horn Hospital Association in conducting CHSD. A diverse group of community members representing various organizations and populations within the community (ex. public health, elderly, uninsured) came together in March 2022. For a list of all steering committee members and their affiliations, see Appendix A. The Steering Committee met twice during the CHSD process; first to discuss health concerns in the community and offer their perspective in designing the survey instrument, and again to review results of the CHNA and to assist in the prioritization of health needs.



## Survey Methodology

### Survey Instrument

In April 2022, surveys were mailed out to the residents in Big Horn County, Montana. Survey respondents had the ability to complete the survey mailed to them, or via an online survey hosted at Montana State University's HELPS Lab web portal. The survey was based on a design that has been used extensively in the states of Washington, Wyoming, Alaska, Montana, and Idaho. The survey was designed to provide each facility with information from local residents regarding:

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

### Sampling

Big Horn Hospital Association provided a list of aggregated outpatient and inpatient admissions. Those zip codes with the greatest number of admissions were selected to be included in the survey. A random list of 800 residents was then selected with the assistance of the MSU HELPS lab. Residence was stratified in the initial sample selection so that each area would be represented in proportion to

the overall served population and the proportion of past admissions. Note: although the survey samples were proportionately selected, actual surveys returned from each population area varied, which may result in slightly less proportional results. See table below for the survey distribution.

Zip Code	Population <sup>1</sup>	Community Name	Total Distribution	# Male	# Female
59034	3808	Hardin	466	233	233
59022	2010	Crow Agency	192	96	96
59050	456	Lodge Grass	70	35	35
59043	2086	Lame Deer	48	24	24
59035	119	Fort Smith	12	6	6
59024	120	Custer	12	6	6
<b>Total</b>	<b>8599</b>		<b>800</b>	<b>400</b>	<b>400</b>

<sup>1</sup> US Census Bureau - American Community Survey (2019)

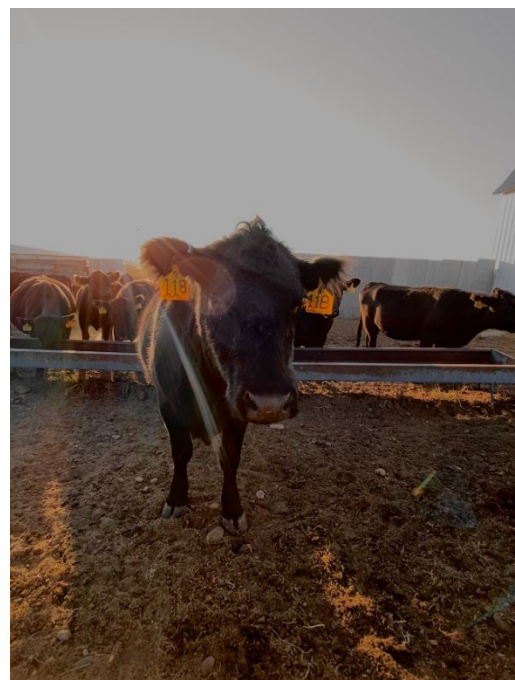
Key informant interviews were conducted to identify important local healthcare issues, how to improve the health of the community, and gaps in health services. It was intended that this research would help determine the awareness of local programs and services, as well as the level of satisfaction with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

### Information Gaps- Data

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

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

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

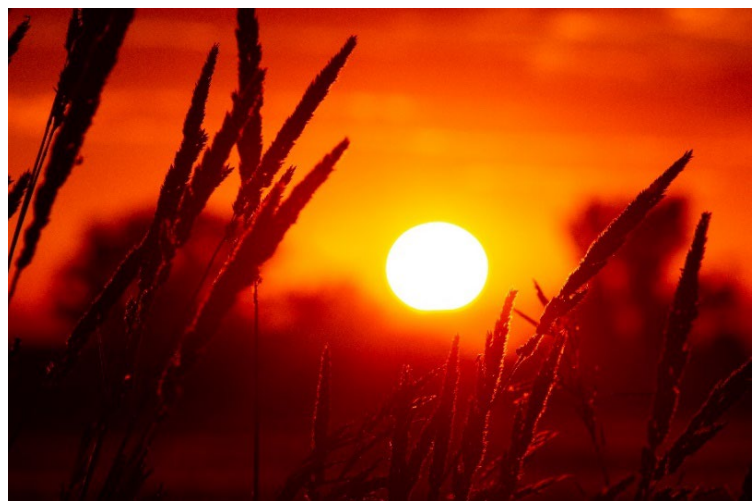


## Limitations in Survey and Key Informant Interview Methodology

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

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

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



## Survey Implementation

In April 2022, a survey, cover letter on Big Horn Hospital Association's letterhead with the Chief Executive Officer's signature, and a postage paid envelope were mailed to 800 randomly selected residents in the hospital's service area. A news release was sent to the local newspaper as well as social media postings prior to the survey distribution announcing that Big Horn Hospital Association would be conducting a community health services survey throughout the region in cooperation with the Montana Office of Rural Health.

Ninety-three surveys were returned out of 800. Of those 800 surveys, 77 surveys were returned undeliverable for a 12.9% response rate. From this point on, the total number of surveys will be out of 723. 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 10.1%.

## Survey Respondent Demographics

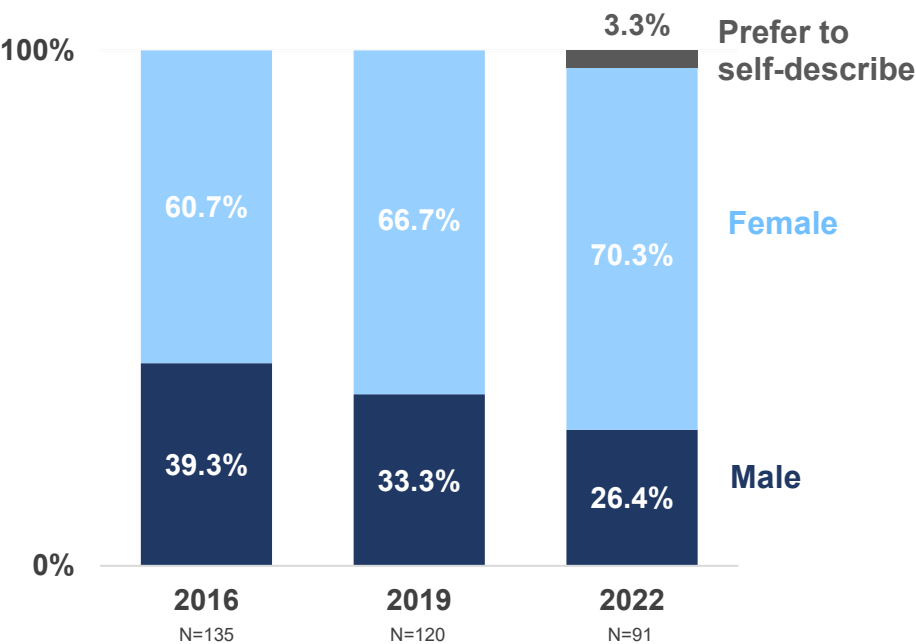
A total of 723 surveys were distributed amongst Big Horn Hospital Association's service area. Ninety-three surveys were completed for a 12.9% response rate. The following table and graphs indicate the demographic characteristics of the survey respondents. Information on location, gender, age, and employment is included. Percentages indicated on the tables and graphs are based upon the total number of responses for each individual question, as some respondents did not answer all questions.

Place of Residence	2016 % (n)	2019 % (n)	2022 % (n)
Number of respondents	133	123	91
59034 Hardin	70.7% (94)	84.6% (104)	81.3% (74)
59022 Crow Agency	7.5% (10)	8.1% (10)	6.6% (6)
59050 Lodge Grass	15.0% (20)	4.1% (5)	3.3% (3)
59043 Lame Deer		2.4% (3)	3.3% (3)
59035 Fort Smith	3.8% (5)	0.0% (0)	2.2% (2)
59024 Custer	2.3% (3)	0.0% (0)	2.2% (2)
59323 Colstrip	0.8% (1)		
Other		0.8 (1)	1.1% (1)
<b>TOTAL</b>	<b>100.0% (133)</b>	<b>100.0% (123)</b>	<b>100.0% (91)</b>

Statistical significance was not measured as reporting differed between 2022 and the two previous years. A larger number of missing values in 2022 compared to previous years would result in a skewed test for significance, indicating a meaningful change when one may not exist. Grayed out cells indicate the question was not asked that year.

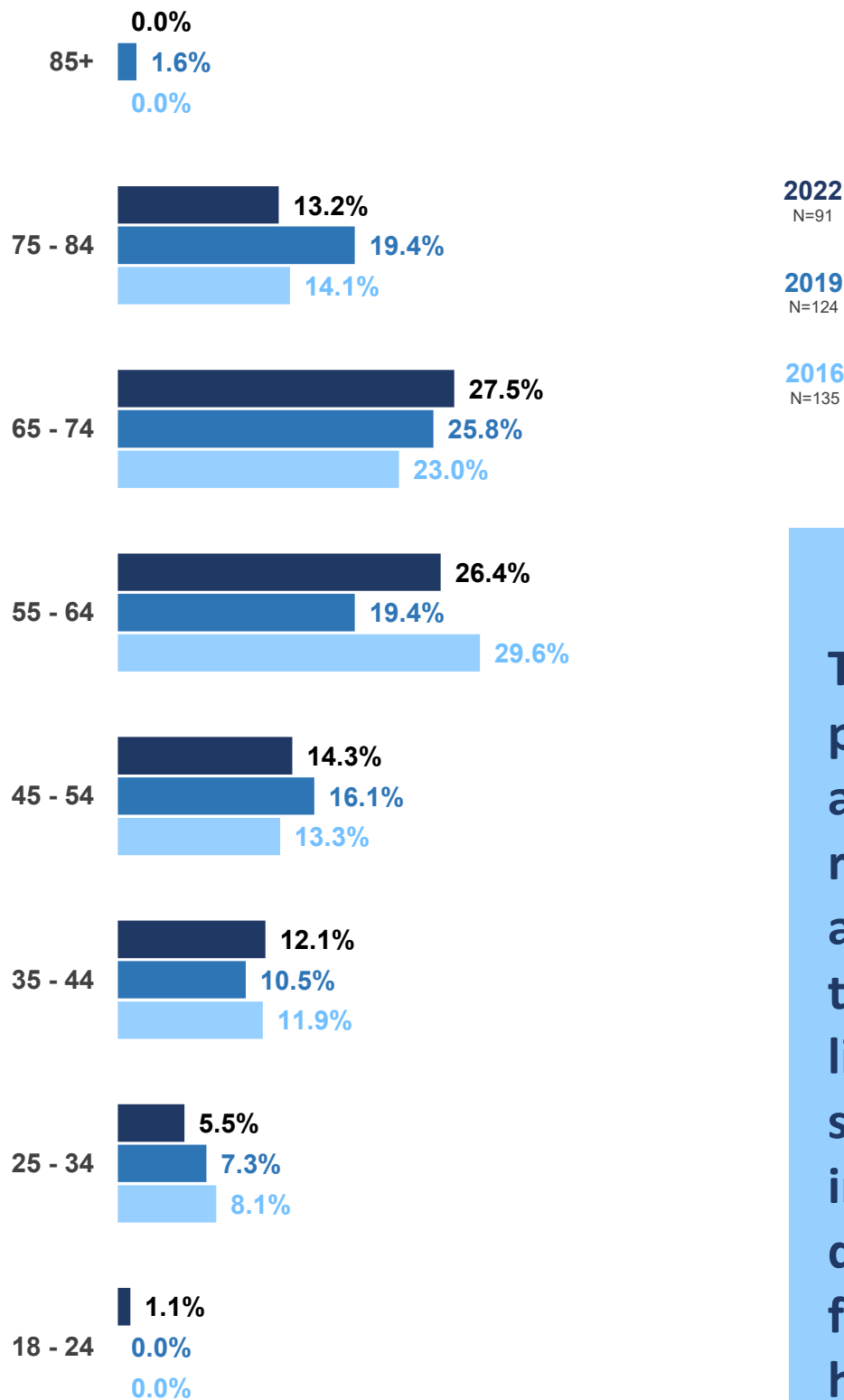


Gender for all years of the survey



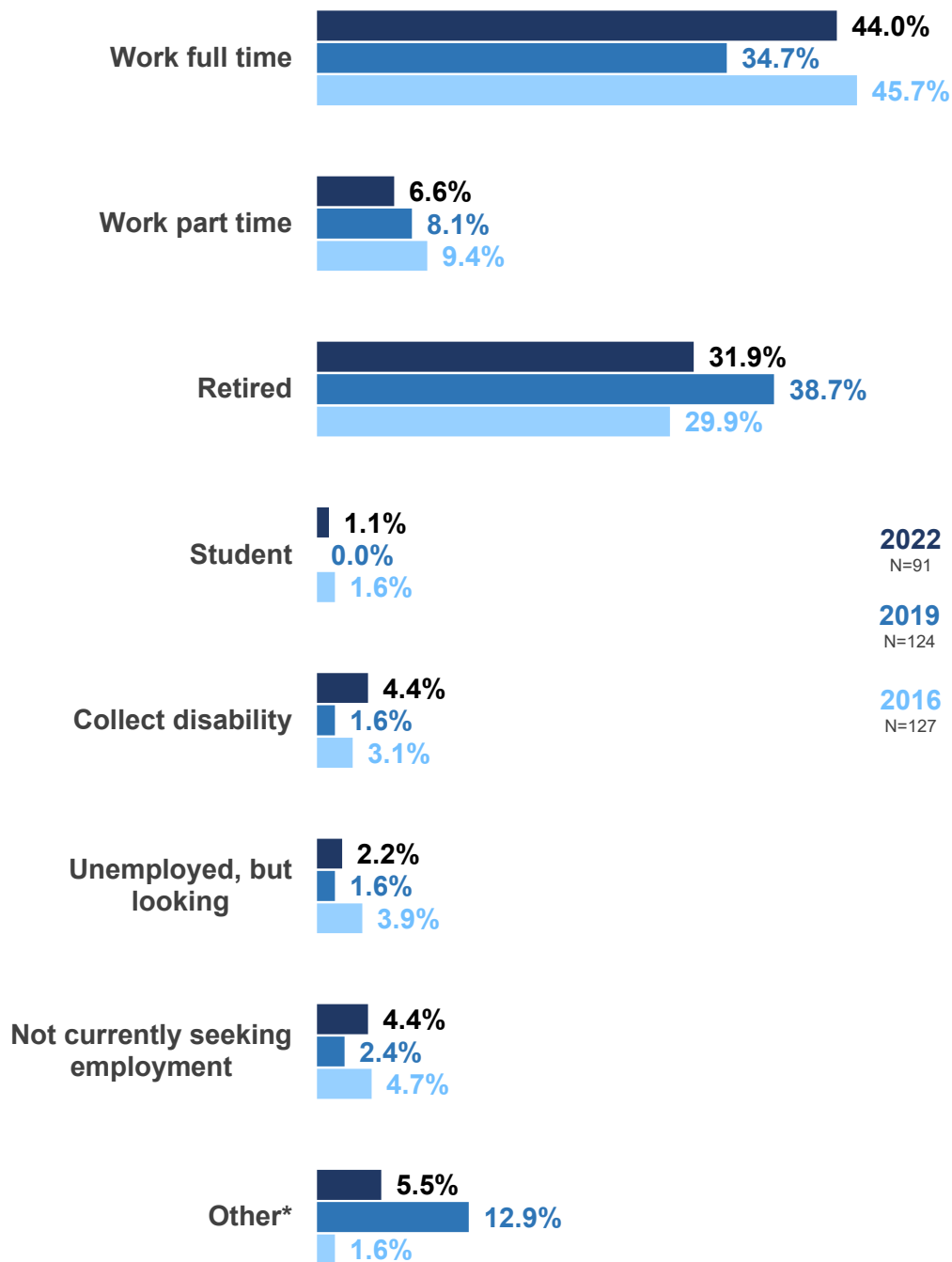
Women are frequently the healthcare decision makers for their families and more likely to respond to a health-related survey.

## Age of respondents for all years of the survey



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

## The majority of 2022 respondents work full time or are retired.



\*Respondents (N=3) who selected over the allotted amount were moved to "Other."

**"Other"** comments included: "Seasonal worker April 1 to October 31," Self-employed



# **SURVEY RESULTS**

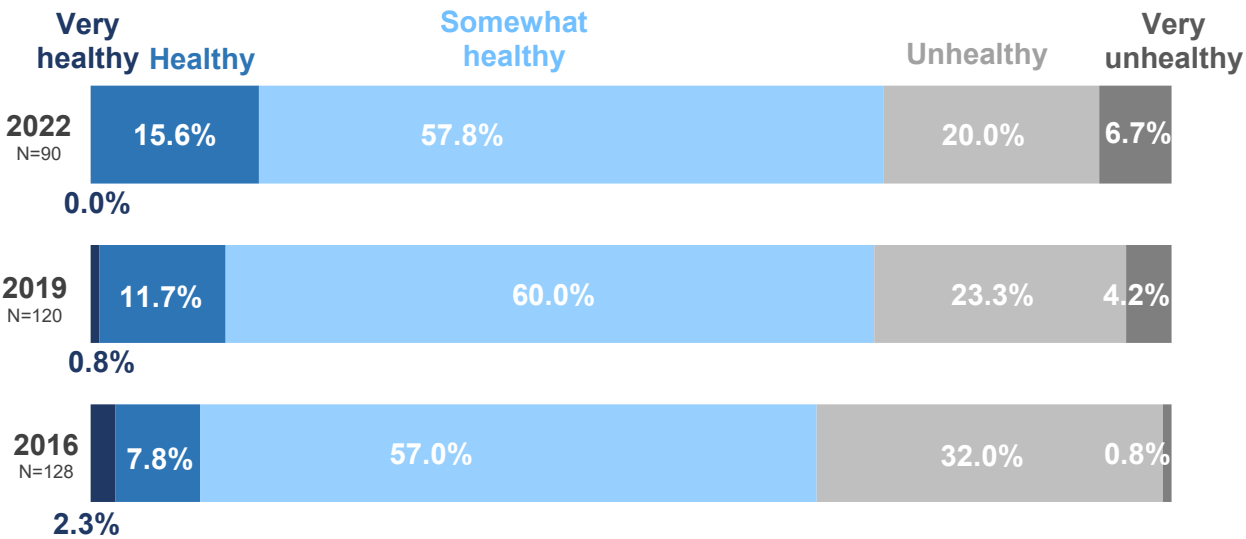


# Survey Results

## Rating of Healthy Community (Question 1)

Respondents were asked to indicate how they would rate the general health of their community. Fifty-seven point eight percent of respondents (n=52) rated their community as “Somewhat healthy,” and 20.0% of respondents (n=18) felt their community was “Unhealthy.” Fifteen point six percent of respondents (n=14) indicated they felt their community was “Healthy,” and 6.7% of respondents (n=6) rated their community as “Very unhealthy.” No respondents rated their community “Very healthy.”

More 2022 respondents rate their community as **healthy** compared to 2019 and 2016.



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

## Health Concerns for Community (Question 2)

Respondents were asked what they felt the three most serious health concerns were in their community. The top identified health concern was “Alcohol abuse/substance abuse” at 91.4% (n=85). “Diabetes” was also a high priority at 44.1% (n=41), followed by “Overweight/obesity” at 24.7% (n=23).

“Other” comments included: All above and “Drug use, meth”

*(View all comments in Appendix G)*

Health Concern	2016 % (n)	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	136	126	93	
Alcohol abuse/substance abuse	88.2% (120)	85.7% (108)	91.4% (85)	<input type="checkbox"/>
Diabetes	43.4% (59)	31.7% (40)	44.1% (41)	<input type="checkbox"/>
Overweight/obesity	42.6% (58)	26.2% (33)	24.7% (23)	<input checked="" type="checkbox"/>
Child abuse/neglect	25.0% (34)	23.0% (29)	17.2% (16)	<input type="checkbox"/>
Lack of affordable and safe housing		18.3% (23)	16.1% (15)	<input type="checkbox"/>
Trauma/Adverse Childhood Experiences (ACES)			12.9% (12)	<input type="checkbox"/>
Mental health issues	8.8% (12)	11.1% (14)	11.8% (11)	<input type="checkbox"/>
Cancer	12.5% (17)	15.9% (20)	10.8% (10)	<input type="checkbox"/>
Domestic violence	9.6% (13)	13.5% (17)	8.6% (8)	<input type="checkbox"/>
Tobacco use (cigarettes, vaping, smokeless)	5.9% (8)	6.3% (8)	8.6% (8)	<input type="checkbox"/>
Depression/anxiety	6.6% (9)	7.9% (10)	6.5% (6)	<input type="checkbox"/>
Motor vehicle accidents	19.1% (26)	6.3% (8)	6.5% (6)	<input checked="" type="checkbox"/>
Lack of exercise	11.8% (16)	6.3% (8)	5.4% (5)	<input type="checkbox"/>
Social isolation/loneliness		0.8% (1)	4.3% (4)	<input type="checkbox"/>
Suicide		2.4% (3)	4.3% (4)	<input type="checkbox"/>
Work/economic stress			4.3% (4)	<input type="checkbox"/>
Alzheimer's/dementia		2.4% (3)	3.2% (3)	<input type="checkbox"/>
Heart disease	11.0% (15)	7.1% (9)	3.2% (3)	<input type="checkbox"/>
Lack of access to healthcare	5.1% (7)	8.7% (11)	3.2% (3)	<input type="checkbox"/>
Lack of dental care	2.2% (3)	0.8% (1)	2.2% (2)	<input type="checkbox"/>
Hunger		3.2% (4)	1.1% (1)	<input type="checkbox"/>
Stroke	1.5% (2)	0.0% (0)	1.1% (1)	<input type="checkbox"/>

*Table continued on the next page.*

Recreation related accidents/injuries	0.0% (0)	0.0% (0)	0.0% (0)	<input type="checkbox"/>
Work related accidents/injuries	0.0% (0)	0.0% (0)	0.0% (0)	<input type="checkbox"/>
Other*	4.4% (6)	6.3% (8)	4.3% (4)	<input type="checkbox"/>

A solid blue square indicates a statistically significant change between years ( $p \leq 0.05$ ). Respondents were asked to pick their top three serious health concerns, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year. \*Respondents (N=2) who selected over the allotted amount were moved to "Other."

## Components of a Healthy Community (Question 3)

Respondents were asked to identify the three most important things for a healthy community. Thirty-seven percent of respondents (n=34) indicated that "Access to healthcare and other services" is important for a healthy community, followed by "Good jobs and a healthy economy" and "Healthy behaviors and lifestyles" at 33.7% (n=31, each).

Components of a Healthy Community	2016 % (n)	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	136	126	92	
Access to healthcare and other services	44.9% (61)	34.9% (44)	37.0% (34)	<input type="checkbox"/>
Good jobs and a healthy economy	39.0% (53)	46.8% (59)	33.7% (31)	<input type="checkbox"/>
Healthy behaviors and lifestyles	52.2% (71)	38.9% (49)	33.7% (31)	<input checked="" type="checkbox"/>
Low crime/safe neighborhoods	22.1% (30)	15.9% (20)	30.4% (28)	<input checked="" type="checkbox"/>
Strong family life	26.5% (36)	34.1% (43)	28.3% (26)	<input type="checkbox"/>
Affordable housing	18.4% (25)	21.4% (27)	26.1% (24)	<input type="checkbox"/>
Good schools	11.8% (16)	10.3% (13)	19.6% (18)	<input type="checkbox"/>
Clean environment	14.0% (19)	11.1% (14)	17.4% (16)	<input type="checkbox"/>
Access to childcare/after school programs	3.7% (5)	15.9% (20)	16.3% (15)	<input checked="" type="checkbox"/>
Religious or spiritual values	22.1% (30)	19.0% (24)	9.8% (9)	<input type="checkbox"/>
Tolerance for diversity	8.1% (11)	4.0% (5)	9.8% (9)	<input type="checkbox"/>
Access to fresh produce	5.9% (8)	6.3% (8)	8.7% (8)	<input type="checkbox"/>
Community involvement	8.1% (11)	8.7% (11)	5.4% (5)	<input type="checkbox"/>
Low death and disease rates	5.1% (7)	0.8% (1)	5.4% (5)	<input type="checkbox"/>
Low level of domestic violence	4.4% (6)	5.6% (7)	4.3% (4)	<input type="checkbox"/>
Transportation services		0.0% (0)	3.3% (3)	<input checked="" type="checkbox"/>

Table continued on the next page.

Walking/biking paths	2.2% (3)	3.2% (4)	3.3% (3)	<input type="checkbox"/>
Parks and recreation	2.9% (4)	0.8% (1)	1.1% (1)	<input type="checkbox"/>
Safe routes to school/work	1.5% (2)	0.0% (0)	1.1% (1)	<input type="checkbox"/>
Arts and cultural events	0.7% (1)	0.0% (0)	0.0% (0)	<input type="checkbox"/>
Other	1.5% (2)	6.3% (8)	2.2% (2)	<input type="checkbox"/>

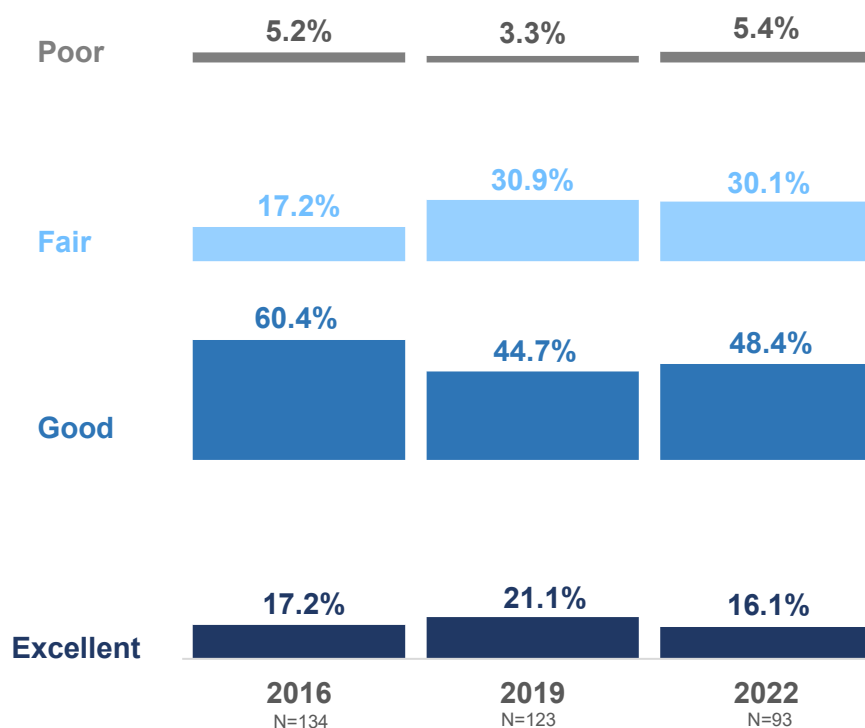
A solid blue square indicates a statistically significant change between years ( $p \leq 0.05$ ). Respondents were asked to pick their top three components of a healthy community, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year.

“Other” comments included: All above

## Knowledge of Health Services (Question 4)

Respondents were asked to rate their knowledge of the health services available through Big Horn Hospital Association. Forty-eight point four percent of respondents (n=45) rated their knowledge of health services as “Good.” “Fair” was selected by 30.1 percent (n=28), “Excellent” was chosen by 16.1% of respondents (n=15), and “Poor” was selected by 5.4% (n=5).

**Fewer 2022 respondents rated their knowledge of services as excellent compared to 2016 and 2019.**





## How Respondents Learn of Health Services (Question 5)

The most frequently indicated method of learning about available services was “Friends/family” at 67.7% (n=63). “Healthcare provider” was also frequently used to learn about health services at 61.3% (n=57), followed closely by “Word of mouth/reputation” at 60.2% (n=56).

How Respondents Learn about Community Health Services	2016 % (n)	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	136	126	93	
Friends/family	63.2% (86)	70.6% (89)	67.7% (63)	<input type="checkbox"/>
Healthcare provider	55.9% (76)	58.7% (74)	61.3% (57)	<input type="checkbox"/>
Word of mouth/reputation	69.1% (94)	65.9% (83)	60.2% (56)	<input type="checkbox"/>
Public health	15.4% (21)	19.0% (24)	29.0% (27)	<input checked="" type="checkbox"/>
Social media		15.1% (19)	23.7% (22)	<input type="checkbox"/>
Website/internet	5.9% (8)	9.5% (12)	19.4% (18)	<input checked="" type="checkbox"/>
Mailings/newsletter	15.4% (21)	11.1% (14)	18.3% (17)	<input type="checkbox"/>
Newspaper	31.6% (43)	16.7% (21)	7.5% (7)	<input checked="" type="checkbox"/>
Presentations	2.9% (4)	6.3% (8)	3.2% (3)	<input type="checkbox"/>
Radio	2.2% (3)	4.8% (6)	3.2% (3)	<input type="checkbox"/>
Other	2.9% (4)	6.3% (8)	3.2% (3)	<input type="checkbox"/>

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

“Other” comments included: “Through self-use,” “I don’t,” and “Quite by accident”

**View a cross tabulation of how respondents learn with how they rate their knowledge on p. 79**

## Utilized Community Health Resources (Question 6)

Respondents were asked which community health resources, other than Big Horn Hospital, they had used in the last three years. “Pharmacy” was the most frequently utilized community health resource cited by respondents at 69.9% (n=65). The “Dentist” was utilized by 54.8% (n=51) of respondents followed by “Eye doctor” at 51.6% (n=48).

Use of Community Health Resources	2016 % (n)	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	136	126	93	
Pharmacy	69.1% (94)	68.3% (86)	69.9% (65)	<input type="checkbox"/>
Dentist	57.4% (78)	56.3% (71)	54.8% (51)	<input type="checkbox"/>
Eye doctor	42.6% (58)	38.9% (49)	51.6% (48)	<input type="checkbox"/>
SCL Hardin Clinic		54.0% (68)	46.2% (43)	<input type="checkbox"/>
One Health	27.2% (37)	51.6% (65)	38.7% (36)	<input checked="" type="checkbox"/>
Chiropractor	23.5% (32)	30.2% (38)	31.2% (29)	<input type="checkbox"/>
Public health	19.9% (27)	22.2% (28)	29.0% (27)	<input type="checkbox"/>
IHS			21.5% (20)	<input type="checkbox"/>
Physical therapy		25.4% (32)	20.4% (19)	<input type="checkbox"/>
Food bank		7.1% (9)	15.1% (14)	<input type="checkbox"/>
Pool/gym			14.0% (13)	<input type="checkbox"/>
Mental health	2.9% (4)	6.3% (8)	12.9% (12)	<input checked="" type="checkbox"/>
Senior center	12.5% (17)	12.7% (16)	11.8% (11)	<input type="checkbox"/>
WIC (Women, Infant & Children)	3.7% (5)	0.8% (1)	3.2% (3)	<input type="checkbox"/>
Other	5.9% (8)	4.8% (6)	7.5% (7)	<input type="checkbox"/>

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

“Other” comments included: Hearing test, Eye Bozeman, Billings Clinic, and “I don’t do my medical in Hardin, I go to Billings Clinic”

## Improve Community's Access to Healthcare (Question 7)

Respondents were asked to indicate what they felt would improve their community's access to healthcare. The majority of respondents (54.9%, n=50) reported that "Availability of visiting specialists" would make the greatest improvement. Fifty-three point eight percent of respondents (n=49) indicated "More primary care providers" followed by "Availability of walk-in clinic/longer hours" at 47.3% (n=43) would improve access.

**Availability of visiting specialists would make the greatest improvement to healthcare access.**

What Would Improve Community Access to Healthcare	2016 % (n)	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	136	126	91	
Availability of visiting specialists	42.6% (58)	45.2% (57)	54.9% (50)	<input type="checkbox"/>
More primary care providers	42.6% (58)	63.5% (80)	53.8% (49)	<input checked="" type="checkbox"/>
Availability of walk-in clinic/longer hours	53.7% (73)	50.8% (64)	47.3% (43)	<input type="checkbox"/>
More information about available services		19.8% (25)	40.7% (37)	<input checked="" type="checkbox"/>
Transportation assistance	20.6% (28)	19.8% (25)	31.9% (29)	<input type="checkbox"/>
Improved quality of care	27.9% (38)	23.8% (30)	20.9% (19)	<input type="checkbox"/>
Telemedicine	5.9% (8)	6.3% (8)	16.5% (15)	<input checked="" type="checkbox"/>
Health education resources	32.4% (44)	12.7% (16)	12.1% (11)	<input checked="" type="checkbox"/>
Cultural sensitivity	15.4% (21)	7.1% (9)	11.0% (10)	<input type="checkbox"/>
Interpreter services	2.2% (3)	1.6% (2)	5.5% (5)	<input type="checkbox"/>
Other	2.2% (3)	7.1% (9)	4.4% (4)	<input type="checkbox"/>

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

**"Other"** comments included: A doctor or two and "Lack of money or insurance prevents seeking care for many folks."

## Interest in Educational Classes/Programs (Question 8)

Respondents were asked if they would be interested in any educational classes/programs made available to the community. The most frequently selected class/program was “Fitness” at 50.0% (n=43). Interest in “Weight loss” followed with 46.5% (n=40), while 39.5% of respondents (n=34, each) were interested in “Health and wellness” and “Women’s health.”

Interest in Classes or Programs	2016 % (n)	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	136	126	86	
Fitness	35.3% (48)	45.2% (57)	50.0% (43)	<input type="checkbox"/>
Weight loss	29.4% (40)	31.0% (39)	46.5% (40)	<input checked="" type="checkbox"/>
Health and wellness	33.1% (45)	31.7% (40)	39.5% (34)	<input type="checkbox"/>
Women’s health	28.7% (39)	24.6% (31)	39.5% (34)	<input type="checkbox"/>
First aid/CPR	29.4% (40)	21.4% (27)	32.6% (28)	<input type="checkbox"/>
Nutrition	19.9% (27)	21.4% (27)	30.2% (26)	<input type="checkbox"/>
Diabetes	22.8% (31)	18.3% (23)	26.7% (23)	<input type="checkbox"/>
Pain management			24.4% (21)	<input type="checkbox"/>
Support groups	10.3% (14)	9.5% (12)	19.8% (17)	<input type="checkbox"/>
Living will/Advanced directives	22.8% (31)	16.7% (21)	18.6% (16)	<input type="checkbox"/>
Men’s health	16.9% (23)	15.1% (19)	18.6% (16)	<input type="checkbox"/>
Mental health	11.0% (15)	9.5% (12)	18.6% (16)	<input type="checkbox"/>
Alcohol/substance abuse	13.2% (18)	7.1% (9)	17.4% (15)	<input type="checkbox"/>
Grief counseling	8.1% (11)	11.1% (14)	17.4% (15)	<input type="checkbox"/>
Cancer	11.8% (16)	11.1% (14)	15.1% (13)	<input type="checkbox"/>
Heart disease	11.8% (16)	7.9% (10)	15.1% (13)	<input type="checkbox"/>
Smoking/tobacco cessation	2.2% (3)	8.7% (11)	14.0% (12)	<input checked="" type="checkbox"/>
Alzheimer’s	11.8% (16)	4.8% (6)	12.8% (11)	<input type="checkbox"/>
Early childhood development			10.5% (9)	<input type="checkbox"/>
Parenting	6.6% (9)	5.6% (7)	10.5% (9)	<input type="checkbox"/>
Lactation/breastfeeding			5.8% (5)	<input type="checkbox"/>

Table continued on the next page.



Prenatal/childbirth	1.5% (2)	0.0% (0)	3.5% (3)	<input type="checkbox"/>
Other	1.5% (2)	2.4% (3)	2.3% (2)	<input type="checkbox"/>

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

**“Other”** comments included: None and “My personal needs are met - I have very good insurance and use Billings too.”

## Interest in Senior Services (Question 9)

Respondents were asked to indicate which senior services they believe are needed or could be expanded in the community. The most highly indicated senior services were “Personal care home services” and “Senior retirement housing/community” at 55.7% of respondents (n=49, each). “Aging in place services/assistance” was selected by 47.7% of respondents (n=42) which was a significant increase compared to the 2019 assessment. “Assisted living facility” followed at 44.3% (n=39). Respondents could select more than one interest, so percentages do not equal 100%.

Senior services needed/expanded	2016 % (n)	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	136	126	88	
Personal care home services	61.8% (84)	49.2% (62)	55.7% (49)	<input type="checkbox"/>
Senior retirement housing/community	52.9% (72)	44.4% (56)	55.7% (49)	<input type="checkbox"/>
Aging in place services/assistance		33.3% (42)	47.7% (42)	<input checked="" type="checkbox"/>
Assisted living facility	36.8% (50)	45.2% (57)	44.3% (39)	<input type="checkbox"/>
Access to healthy food			36.4% (32)	<input type="checkbox"/>
Social engagement/connectivity		23.0% (29)	36.4% (32)	<input checked="" type="checkbox"/>
Adult day care	35.3% (48)	23.8% (30)	30.7% (27)	<input type="checkbox"/>
Senior respite care	24.3% (33)	15.1% (19)	17.0% (15)	<input type="checkbox"/>
Other	7.4% (10)	4.0% (5)	3.4% (3)	<input type="checkbox"/>

A solid blue square indicates a statistically significant change between years ( $p \leq 0.05$ ). Respondents were asked to pick all senior services that they feel are needed or could be expanded in the community, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year.

**“Other”** comments included: More specialist appointments that are local, Respect, and Transportation low cost or free

## Utilization of Preventive Services (Question 10)

Respondents were asked if they had utilized any of the preventive services listed in the past year. “Dental exam” and “Flu shot/immunizations” were selected by 60.0% of respondents (n=54, each), followed by “Routine health checkup” at 57.8% (n=52). Fifty percent of respondents (n=45) indicated they had a “Routine blood pressure check.” Survey respondents could select all services that applied.

Use of Preventive Services	2016 % (n)	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	136	126	90	
Dental exam		56.3% (71)	60.0% (54)	<input type="checkbox"/>
Flu shot/immunizations	63.2% (86)	61.9% (78)	60.0% (54)	<input type="checkbox"/>
Routine health checkup	57.4% (78)	56.3% (71)	57.8% (52)	<input type="checkbox"/>
Routine blood pressure check	52.2% (71)	55.6% (70)	50.0% (45)	<input type="checkbox"/>
Vision check		44.4% (56)	44.4% (40)	<input type="checkbox"/>
Cholesterol check	40.4% (55)	42.9% (54)	38.9% (35)	<input type="checkbox"/>
Blood sugar screening	30.1% (41)	30.2% (38)	35.6% (32)	<input type="checkbox"/>
Mammography	30.9% (42)	31.7% (40)	32.2% (29)	<input type="checkbox"/>
Pap test	17.6% (24)	14.3% (18)	16.7% (15)	<input type="checkbox"/>
Behavioral health screening			12.2% (11)	<input type="checkbox"/>
Colonoscopy	16.9% (23)	15.9% (20)	12.2% (11)	<input type="checkbox"/>
Bone density scan (Dexa scan)	6.6% (9)	10.3% (13)	11.1% (10)	<input type="checkbox"/>
Children’s checkup/Well baby	8.8% (12)	9.5% (12)	11.1% (10)	<input type="checkbox"/>
Hearing check		7.1% (9)	7.8% (7)	<input type="checkbox"/>
Mental health counseling		7.9% (10)	7.8% (7)	<input type="checkbox"/>
Prostate (PSA)	13.2% (18)	17.5% (22)	7.8% (7)	<input type="checkbox"/>
None	4.4% (6)	1.6% (2)	6.7% (6)	<input type="checkbox"/>
Other	4.4% (6)	2.4% (3)	4.4% (4)	<input type="checkbox"/>

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

“Other” comments included: COVID Shots, Pain management/weight management, and Rheumatologist

## Desired Local Health Services (Question 11)

Respondents were asked to indicate which additional services they would utilize if available locally. Respondents indicated the most interest in “Dermatology” at 48.8% (n=40). Forty-five point one percent (n=37) respondents were interested in “ENT (ear/nose/throat),” while 34.1% (n=28) desire a “General surgeon” available locally.

Desired health services	2016 % (n)	2019 % (n)	2022 % (n)
Number of respondents	136	126	82
Dermatology	33.1% (45)	22.2% (28)	48.8% (40)
ENT (ear/nose/throat)	29.4% (40)	23.8% (30)	45.1% (37)
General surgeon	11.0% (15)	22.2% (28)	34.1% (28)
Orthopedic surgeon	15.4% (21)	17.5% (22)	22.0% (18)
Podiatry	21.3% (29)	11.1% (14)	22.0% (18)
OB/GYN	8.8% (12)	11.1% (14)	15.9% (13)
Cardiac rehab services	6.6% (9)	14.3% (18)	14.6% (12)
Urology	10.3% (14)	12.7% (16)	14.6% (12)
Dialysis	8.8% (12)	9.5% (12)	13.4% (11)
Labor/delivery services	3.7% (5)	8.7% (11)	12.2% (10)
Speech/language therapy	4.4% (6)	5.6% (7)	6.1% (5)
Other	5.1% (7)	3.2% (4)	4.9% (4)

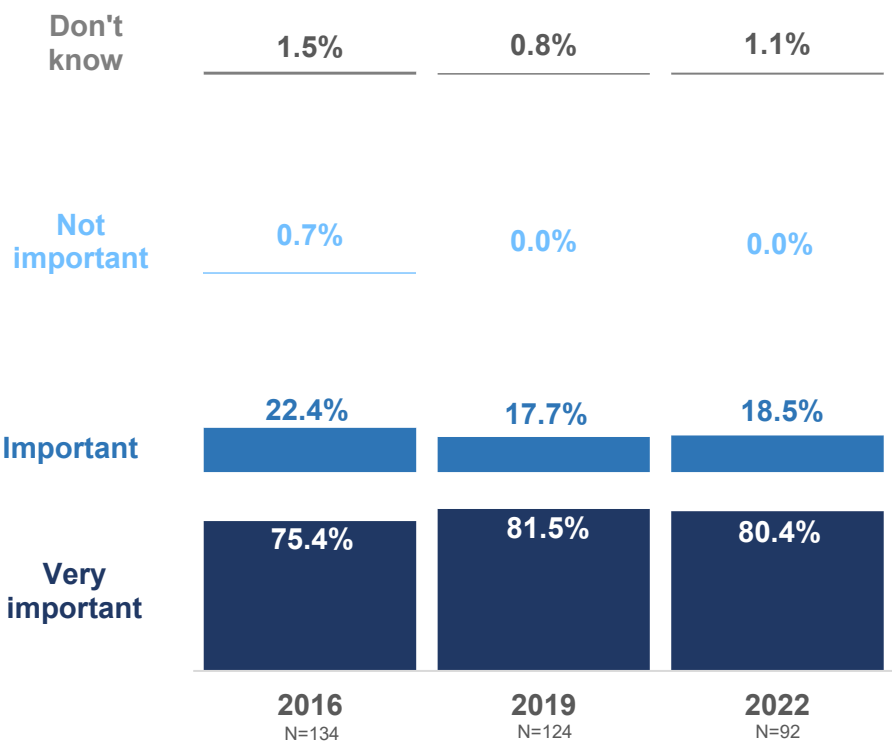
Statistical significance was not measured as reporting differed between 2022 and the two previous years. A larger number of missing values in 2022 compared to previous years would result in a skewed test for significance, indicating a meaningful change when one may not exist. Respondents were asked to pick all desired local healthcare services that are of interest, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year.

“Other” comments included: Mammography and Workout facility

### Economic Importance of Healthcare (Question 12)

The majority of respondents (80.4%, n=74) indicated that local healthcare providers and services (i.e., hospitals, clinics, nursing homes, assisted living, etc.) are “Very important” to the economic well-being of the area. Eighteen point five percent of respondents (n=17) indicated they are “Important,” and 1.1% of respondents (n=1) said they “Don’t know.” No respondents felt they are not important to the economic well-being of the area.

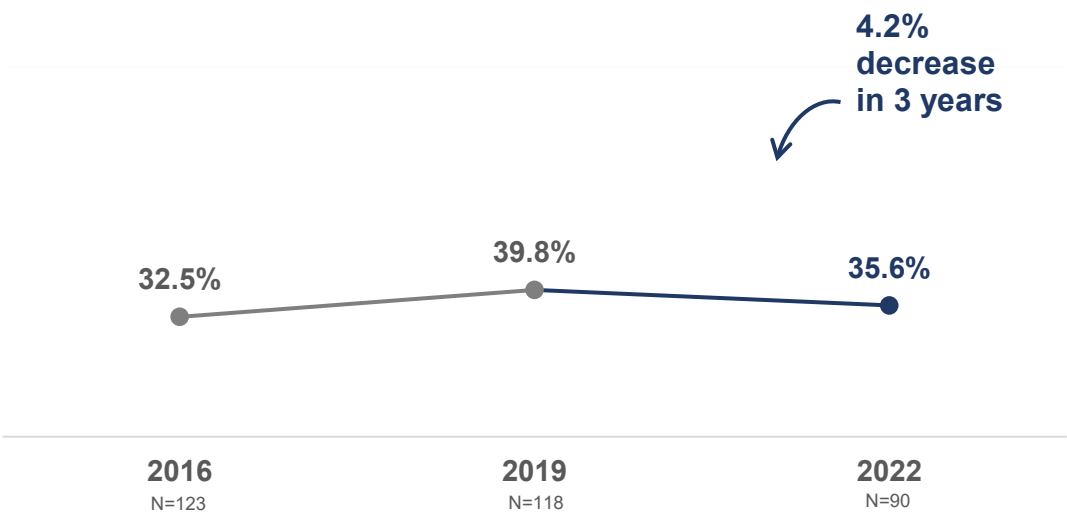
Nearly all 2022 respondents thought local healthcare providers and services were **Very important** or **Important** to the economic well-being of the area.





### Delay of Services (Question 13)

Thirty-five point six percent of respondents (n=32) 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-four point four percent of respondents (n=58) felt they were able to get the healthcare services they needed without delay.



View a cross tabulation of where respondents live and ‘delay of healthcare services’ on p. 80

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

Thirty of the 32 survey respondents who indicated they were unable to receive or had to delay services, shared their top three reasons for not receiving or delaying needed services. The reason most cited was that “Could not get an appointment” (46.7%, n=14). “Qualified provider not available” and “Too long to wait for an appointment” were selected by 23.3% (n=7, each), while 16.7% of respondents (n=5) indicated “It cost too much.”

Reasons for Delay in Receiving Needed Healthcare	2016 % (n)	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	40	47	30	
Could not get an appointment	30.0% (12)	48.9% (23)	46.7% (14)	<input type="checkbox"/>
Qualified provider not available			23.3% (7)	<input type="checkbox"/>
Too long to wait for an appointment	27.5% (11)	34.0% (16)	23.3% (7)	<input type="checkbox"/>
It cost too much	40.0% (16)	17.0% (8)	16.7% (5)	<input checked="" type="checkbox"/>
My insurance didn't cover it	20.0% (8)	14.9% (7)	13.3% (4)	<input type="checkbox"/>
Not treated with respect	25.0% (10)	17.0% (8)	10.0% (3)	<input type="checkbox"/>
Too nervous or afraid	10.0% (4)	4.3% (2)	10.0% (3)	<input type="checkbox"/>
Transportation problems	10.0% (4)	6.4% (3)	10.0% (3)	<input type="checkbox"/>
Don't like doctors	10.0% (4)	4.3% (2)	6.7% (2)	<input type="checkbox"/>
No insurance	32.5% (13)	6.4% (3)	6.7% (2)	<input checked="" type="checkbox"/>
Office wasn't open when I could go	7.5% (3)	14.9% (7)	6.7% (2)	<input type="checkbox"/>
Could not get off work	10.0% (4)	8.5% (4)	3.3% (1)	<input type="checkbox"/>
Don't understand healthcare system			3.3% (1)	<input type="checkbox"/>
Had no one to care for the children	2.5% (1)	2.1% (1)	3.3% (1)	<input type="checkbox"/>
It was too far to go	5.0% (2)	2.1% (1)	3.3% (1)	<input type="checkbox"/>
Pharmacy wasn't open when I could go	25.0% (10)	6.4% (3)	3.3% (1)	<input checked="" type="checkbox"/>
Didn't know where to go	0.0% (0)	6.4% (3)	0.0% (0)	<input type="checkbox"/>
Language barrier	2.5% (1)	0.0% (0)	0.0% (0)	<input type="checkbox"/>
Unsure if services were available	12.5% (5)	10.6% (5)	0.0% (0)	<input type="checkbox"/>
Other	15.0% (6)	10.6% (5)	6.7% (2)	<input type="checkbox"/>

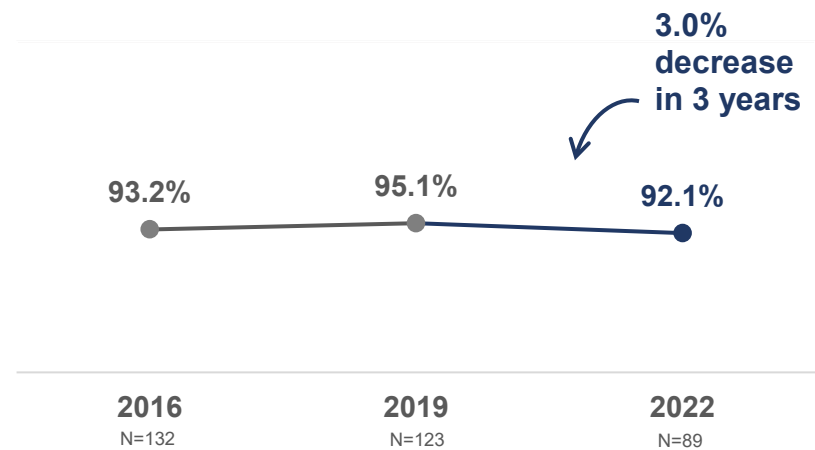
A solid blue square indicates a statistically significant change between years ( $p \leq 0.05$ ). Respondents were asked to indicate the top three reasons for a delay in seeking healthcare, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year.

“Other” comments included: “Need more specialized help” and “Just put it off”

## Primary Care Services (Question 15)

Ninety-two point one percent of respondents (n=82) 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. Seven point nine percent of respondents (n=7) indicated they had not received primary care.

Primary care utilization has declined among survey respondents since the 2019 assessment



## Location of Primary Care Services (Question 16)

Among those who indicated receiving primary care services in the previous three years (n=82), we asked them to share the location where they received services. The majority of respondents (62.2%, n=51) reported receiving care in Hardin, and 13.4% of respondents (n=11) received care in Billings. Ten respondents were moved to “other” due to selecting more than one primary care provider location.

Location of Primary Care Provider	2016 % (n)	2019 % (n)	2022 % (n)
Number of respondents	114	117	82
Hardin	75.4% (86)	71.8% (84)	62.2% (51)
Billings	12.3% (14)	9.4% (11)	13.4% (11)
Crow Agency	8.8% (10)	7.7% (9)	8.5% (7)
Lodge Grass		0.0% (0)	1.2% (1)
Sheridan, WY	0.0% (0)	0.0% (0)	1.2% (1)
VA Clinic		0.0% (0)	1.2% (1)
Lame Deer		0.0% (0)	0.0% (0)
Pryor			0.0% (0)
Other*	3.5% (4)	11.1% (13)	12.2% (10)
<b>TOTAL</b>	<b>100.0% (114)</b>	<b>100.0% (117)</b>	<b>100.0% (82)</b>

Statistical significance was not measured as reporting differed between 2022 and the two previous years. A larger number of missing values in 2022 compared to previous years would result in a skewed test for significance, indicating a meaningful change when one may not exist. Grayed out cells indicate the question was not asked that year. \*Respondents (N=10) who selected over the allotted amount were moved to “Other.”

**View a cross tabulation of where respondents live with where they utilize primary care services on p. 81**

## Reasons for Primary Care Provider Selection (Question 17)

Eighty-one of the 82 respondents who indicated they or someone in their household had been seen by a primary care provider within the past three years, shared why they chose that primary care provider. “Closest to home” was the most frequently selected reason at 51.9% (n=42), followed by “Prior experience with clinic” at 50.6% (n=41), and “Appointment availability” at 40.7% (n=33).

Reasons for Selecting Primary Care Provider	2016 % (n)	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	123	117	81	
Closest to home	54.5% (67)	47.9% (56)	51.9% (42)	<input type="checkbox"/>
Prior experience with clinic	56.9% (70)	47.9% (56)	50.6% (41)	<input type="checkbox"/>
Appointment availability	39.8% (49)	29.9% (35)	40.7% (33)	<input type="checkbox"/>
Clinic/provider’s reputation for quality	31.7% (39)	42.7% (50)	33.3% (27)	<input type="checkbox"/>
Privacy/confidentiality			18.5% (15)	<input type="checkbox"/>
Recommended by family or friends	17.9% (22)	13.7% (16)	16.0% (13)	<input type="checkbox"/>
Referred by physician or other provider	13.0% (16)	13.7% (16)	14.8% (12)	<input type="checkbox"/>
Indian Health Services	15.4% (19)	12.0% (14)	13.6% (11)	<input type="checkbox"/>
Length of waiting room time	8.1% (10)	7.7% (9)	8.6% (7)	<input type="checkbox"/>
VA/Military requirement	3.3% (4)	1.7% (2)	4.9% (4)	<input type="checkbox"/>
Cost of care	13.0% (16)	9.4% (11)	2.5% (2)	<input checked="" type="checkbox"/>
Required by insurance plan	4.9% (6)	1.7% (2)	2.5% (2)	<input type="checkbox"/>
Other	11.4% (14)	5.1% (6)	6.2% (5)	<input type="checkbox"/>

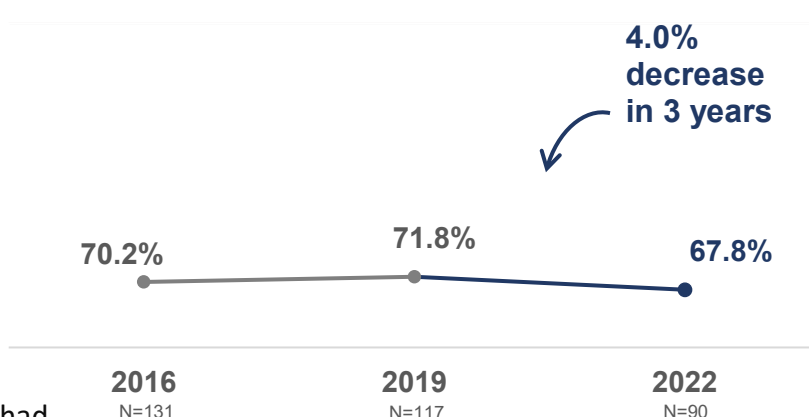
A solid blue square indicates a statistically significant change between years ( $p \leq 0.05$ ). Respondents were asked to pick the reasons for selection of their primary care provider, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year.

“Other” comments included: “Great rapport with my primary care,” Quality of care provided, and No doctor here

**View a cross tabulation of where respondents utilize primary care services with their reasons for selecting their provider on p. 82**

## Hospital Care Services (Question 18)

Respondents were asked if they or someone in their household had received hospital care in the last three years. Hospitalization was quantified as hospitalized overnight, day surgery, obstetrical care, rehabilitation, radiology, or emergency care. Sixty-seven point eight percent of respondents (n=61) reported that they or a member of their family had received hospital care during the previous three years, and 32.2% (n=29) had not received hospital services.



## Location of Hospital Services (Question 19)

Sixty of the 61 respondents who indicated receiving hospital care in the last three years, shared the location of the hospital. Forty-one point seven percent of respondents (n=25) reported receiving care at St. Vincent Healthcare (Billings) and 25.0% of respondents (n=15) received services at Big Horn Hospital Association.

Hospital Used Most Often	2016 % (n)	2019 % (n)	2022 % (n)
Number of respondents	79	84	60
St. Vincent Healthcare (Billings)	27.8% (22)	28.6% (24)	41.7% (25)
Big Horn Hospital Association	35.4% (28)	34.5% (29)	25.0% (15)
Billings Clinic	30.4% (24)	13.1% (11)	16.7% (10)
Crow Agency (IHS)	3.8% (3)	6.0% (5)	1.7% (1)
VA Hospital		0.0% (0)	0.0% (0)
Other*	2.5% (2)	17.9% (15)	15.0% (9)
<b>TOTAL</b>	<b>100.0% (79)</b>	<b>100.0% (84)</b>	<b>100.0% (60)</b>

Statistical significance was not measured as reporting differed between 2022 and the two previous years. A larger number of missing values in 2022 compared to previous years would result in a skewed test for significance, indicating a meaningful change when one may not exist. Grayed out cells indicate the question was not asked that year. \*Respondents (N=8) who selected over the allotted amount were moved to "Other."

"Other" comments included: MT Ortho

**View a cross tabulation of where respondents live with where they utilize hospital services on p. 83**



## Reasons for Hospital Selection (Question 20)

Sixty of the 61 respondents who had a personal or family experience at a hospital within the past three years, shared their top three reasons for selecting the facility used most often. The majority of respondents (51.7%, n=31) stated that “Prior experience with hospital” was their reason for selecting the facility they used most often. “Referred by physician or other provider” was selected by 38.3% of the respondents (n=23), and 35.0% (n=21) chose “Closest to home.” One individual chose not to answer this question.

Reasons for Selecting Hospital	2016 % (n)	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	92	84	60	
Prior experience with hospital	47.8% (44)	52.4% (44)	51.7% (31)	<input type="checkbox"/>
Referred by physician or other provider	52.2% (48)	45.2% (38)	38.3% (23)	<input type="checkbox"/>
Closest to home	43.5% (40)	46.4% (39)	35.0% (21)	<input type="checkbox"/>
Emergency, no choice	33.7% (31)	38.1% (32)	33.3% (20)	<input type="checkbox"/>
Hospital’s reputation for quality	41.3% (38)	32.1% (27)	30.0% (18)	<input type="checkbox"/>
Privacy/confidentiality			8.3% (5)	<input type="checkbox"/>
Recommended by family or friends	8.7% (8)	8.3% (7)	8.3% (5)	<input type="checkbox"/>
Financial assistance programs		3.6% (3)	6.7% (4)	<input type="checkbox"/>
Closest to work	3.3% (3)	8.3% (7)	5.0% (3)	<input type="checkbox"/>
Cost of care	5.4% (5)	4.8% (4)	3.3% (2)	<input type="checkbox"/>
Required by insurance plan	7.6% (7)	3.6% (3)	3.3% (2)	<input type="checkbox"/>
VA/Military requirement	6.5% (6)	0.0% (0)	1.7% (1)	<input checked="" type="checkbox"/>
Other	4.3% (4)	6.0% (5)	8.3% (5)	<input type="checkbox"/>

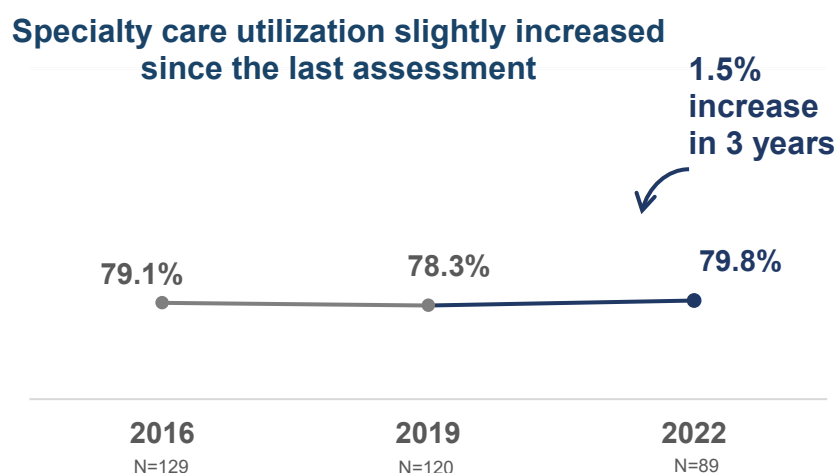
A solid blue square indicates a statistically significant change between years ( $p \leq 0.05$ ). Respondents were asked to pick their top three reasons for selecting a hospital, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year.

“Other” comments included: Labor/delivery, Follow through for ortho problem, and Hospital referral

**View a cross tabulation of where respondents utilize hospital services with their reasons for selecting that facility p. 84**

## Specialty Care Services (Question 21)

Respondents were asked if they or someone in their household had seen a healthcare specialist in the last three years. Specialty care was quantified as a health provider other than their primary care provider or family doctor. Seventy-nine point eight percent of the respondents (n=71) indicated they or a household member had seen a healthcare specialist during the past three years, while 20.2% (n=18) indicated they had not.



## Location of Healthcare Specialist(s) (Question 22)

Among the respondents who indicated they saw a healthcare specialist in the past three years (n=71), the majority (90.1%, n=64) sought specialty care in Billings. Fourteen point one percent of respondents (n=10) utilized specialty services in Hardin, which experienced a significant change over the last three assessments. Respondents could select more than one location, so percentages do not equal 100%.

Location of Specialist	2016 % (n)	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	102	94	71	
Billings	84.3% (86)	91.5% (86)	90.1% (64)	<input type="checkbox"/>
Hardin	30.4% (31)	20.2% (19)	14.1% (10)	<input checked="" type="checkbox"/>
Crow Agency	7.8% (8)	5.3% (5)	4.2% (3)	<input type="checkbox"/>
VA Hospital		1.1% (1)	2.8% (2)	<input type="checkbox"/>
Other	10.8% (11)	3.2% (3)	2.8% (2)	<input checked="" type="checkbox"/>

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

“Other” comments included: Denver – UCHHealth, Video conference, and “Billings and Mayo Clinic”

## Type of Healthcare Specialist Seen (Question 23)

The most frequently utilized specialist was the “Dentist” at 35.2% (n=25), which experienced a significant change over the last three needs assessments. An “Orthopedic surgeon” was seen by 31.0% of respondents (n=22) followed by “Cardiologist” at 26.8% (n=19). Respondents were asked to choose all that apply, so percentages do not equal 100%.

Type of Specialists Seen	2016 % (n)	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	102	94	71	
Dentist	60.8% (62)	36.2% (34)	35.2% (25)	■
Orthopedic surgeon	17.6% (18)	28.7% (27)	31.0% (22)	□
Cardiologist	20.6% (21)	28.7% (27)	26.8% (19)	□
Dermatologist	24.5% (25)	14.9% (14)	23.9% (17)	□
Gastroenterologist	10.8% (11)	11.7% (11)	22.5% (16)	□
Physical therapist	23.5% (24)	21.3% (20)	22.5% (16)	□
Optometrist		24.5% (23)	19.7% (14)	□
Radiologist	13.7% (14)	13.8% (13)	19.7% (14)	□
Urologist	12.7% (13)	18.1% (17)	19.7% (14)	□
Chiropractor	22.5% (23)	19.1% (18)	16.9% (12)	□
Neurologist	12.7% (13)	13.8% (13)	15.5% (11)	□
ENT (ear/nose/throat)	14.7% (15)	8.5% (8)	14.1% (10)	□
Ophthalmologist	21.6% (22)	14.9% (14)	12.7% (9)	□
Podiatrist	10.8% (11)	9.6% (9)	12.7% (9)	□
OB/GYN	13.7% (14)	14.9% (14)	9.9% (7)	□
Allergist	5.9% (6)	5.3% (5)	8.5% (6)	□
Endocrinologist	2.9% (3)	6.4% (6)	8.5% (6)	□
Oncologist	7.8% (8)	6.4% (6)	8.5% (6)	□
Pulmonologist	7.8% (8)	5.3% (5)	8.5% (6)	□
Audiologist		3.2% (3)	7.0% (5)	□
Rheumatologist	6.9% (7)	9.6% (9)	7.0% (5)	□

Table continued on the next page.

Pediatrician	2.0% (2)	3.2% (3)	5.6% (4)	<input type="checkbox"/>
Neurosurgeon	4.9% (5)	7.4% (7)	4.2% (3)	<input type="checkbox"/>
Dietician	4.9% (5)		2.8% (2)	<input type="checkbox"/>
Mental health counselor	2.0% (2)	7.4% (7)	2.8% (2)	<input type="checkbox"/>
General surgeon	11.8% (12)	9.6% (9)	1.4% (1)	<input checked="" type="checkbox"/>
Occupational therapist	5.9% (6)	3.2% (3)	1.4% (1)	<input type="checkbox"/>
Psychiatrist (M.D.)	0.0% (0)	3.2% (3)	1.4% (1)	<input type="checkbox"/>
Social worker	2.0% (2)	2.1% (2)	1.4% (1)	<input type="checkbox"/>
Speech therapist	2.0% (2)	5.3% (5)	1.4% (1)	<input type="checkbox"/>
Substance abuse counselor	0.0% (0)	1.1% (1)	1.4% (1)	<input type="checkbox"/>
Geriatrician	0.0% (0)	0.0% (0)	0.0% (0)	<input type="checkbox"/>
Psychologist	2.0% (2)	4.3% (4)	0.0% (0)	<input type="checkbox"/>
Other	5.9% (6)	9.6% (9)	11.3% (8)	<input type="checkbox"/>

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

**“Other”** comments included: Pain management (2), Abdominal surgeon, Cancer center, Hormone therapy, Blood doctor, Bariatrics, and Sports medicine

## Overall Quality of Care through Big Horn Hospital (Question 24)

Respondents were asked to rate various services available through Big Horn Hospital using the scale of 4= Excellent, 3= Good, 2= Fair, 1=Poor, and Haven't Used. The services that received the highest score were Radiology (mammography, x-ray, CT scan, MRI) and Physical therapy (3.4 out of 4.0). Overall, the average rating on quality and availability of the health services listed was 3.2 out of 4.0.

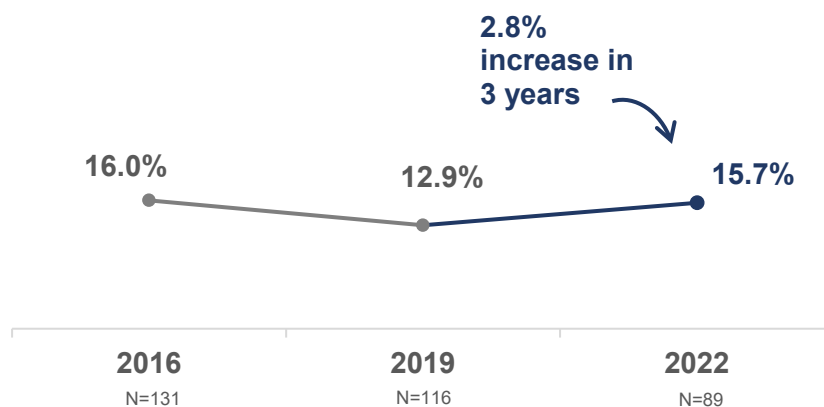
Quality of Care Rating at Big Horn Hospital	2016 Average (n)	2019 Average (n)	2022 Average (n)	SIGNIFICANT CHANGE
4 Point Scale: Poor = 1, Fair = 2, Good = 3, Excellent = 4				
Total number of respondents	108	106	78	
Radiology (mammography, x-ray, CT scan, MRI)	3.5 (65)	3.5 (79)	3.4 (60)	<input type="checkbox"/>
Physical therapy	3.3 (51)	3.2 (49)	3.4 (42)	<input type="checkbox"/>
Laboratory	3.2 (91)	3.2 (81)	3.3 (59)	<input type="checkbox"/>
Occupational therapy	2.9 (20)	3.2 (13)	3.2 (13)	<input type="checkbox"/>
Emergency room	3.0 (92)	3.0 (88)	3.0 (62)	<input type="checkbox"/>
<b>Overall average</b>	<b>3.2 (108)</b>	<b>3.2 (106)</b>	<b>3.2 (78)</b>	<input type="checkbox"/>

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

## Prevalence of Depression (Question 25)

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. Fifteen point seven percent of respondents (n=14) indicated they had experienced periods of depression, and 84.3% of respondents (n=75) indicated they had not.

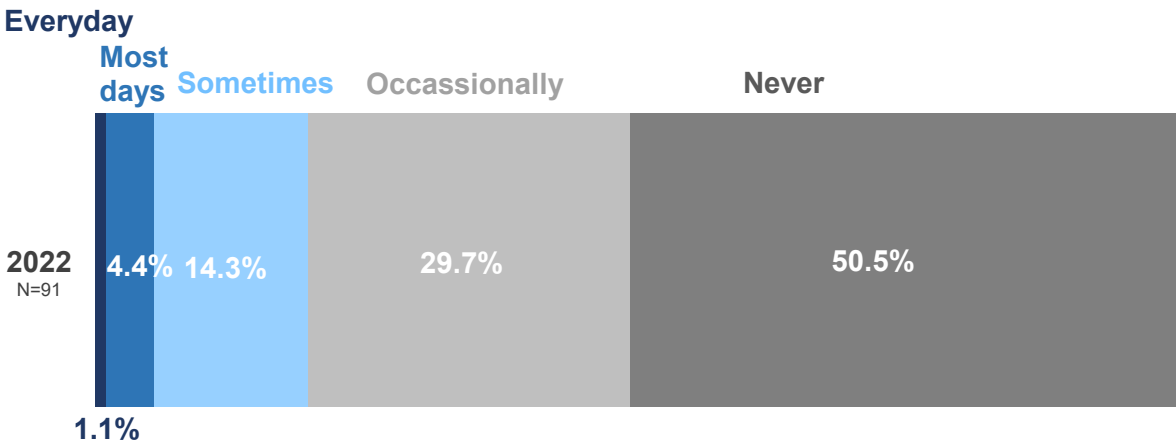
**More respondents report experiencing periods of depression since the 2019 assessment**



### Social Isolation (Question 26)

Respondents were asked to indicate how often they felt lonely or isolated in the past year. Fifty point five percent of respondents (n=46) indicated they never felt lonely or isolated, and 29.7% of respondents (n=27) indicated they “Occasionally (1-2 days per month)” felt lonely or isolated. Fourteen point three percent (n=13) reported they felt lonely or isolated “Sometimes (3-5 days per month),” 4.4% (n=4) indicated they felt lonely or isolated on “Most days (3-5 days per week),” and 1.1% (n=1) reported they felt lonely or isolated “Everyday.”

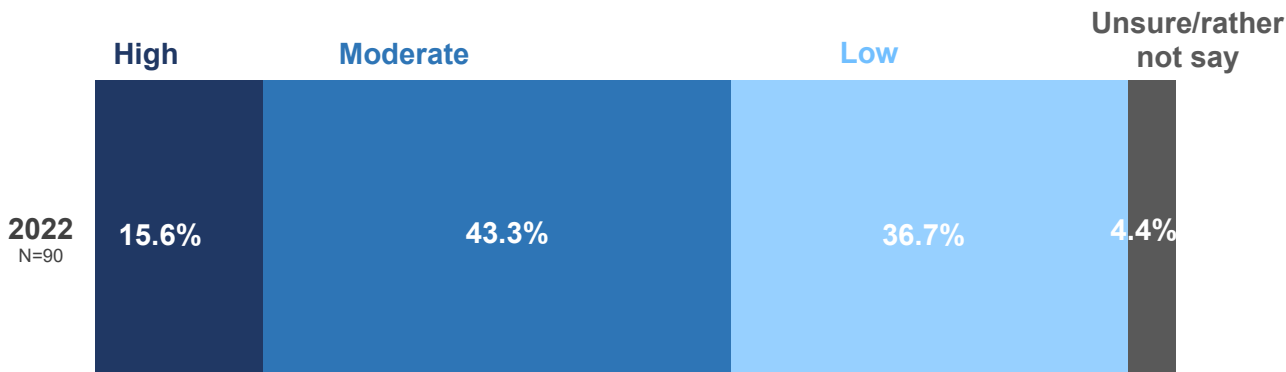
Over a third of 2022 respondents shared that they experience loneliness or isolation **Sometimes** or **Occasionally**.



### Perception of Stress (Question 27)

Respondents were asked to indicate how they would describe their stress level over the past year. Forty three point three percent of respondents (n=39) indicated they experienced a moderate level of stress, 36.7% (n=33) had a low level of stress, 15.6% of respondents (n=14) indicated they had experienced a high level of stress, and 4.4% (n=4) indicated they were “Unsure/rather not say.”

Over half of 2022 respondents shared that they experience a **High** or **Moderate** level of stress.

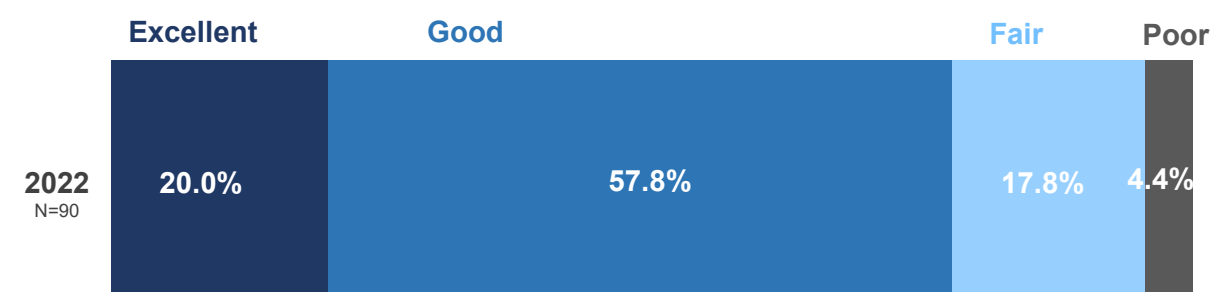




### Rating of Mental Health (Question 28)

Respondents were asked to indicate how they would describe their mental health in general when considering stress, anxiety, depression, and emotional problems. Fifty-seven point eight percent of respondents (n=52) felt their mental health was “Good,” 20.0% (n=18) rated their mental health as “Excellent,” 17.8% of respondents (n=16) felt their mental health was “Fair,” and 4.4% of respondents (n=4) rated their mental health as “Poor.”

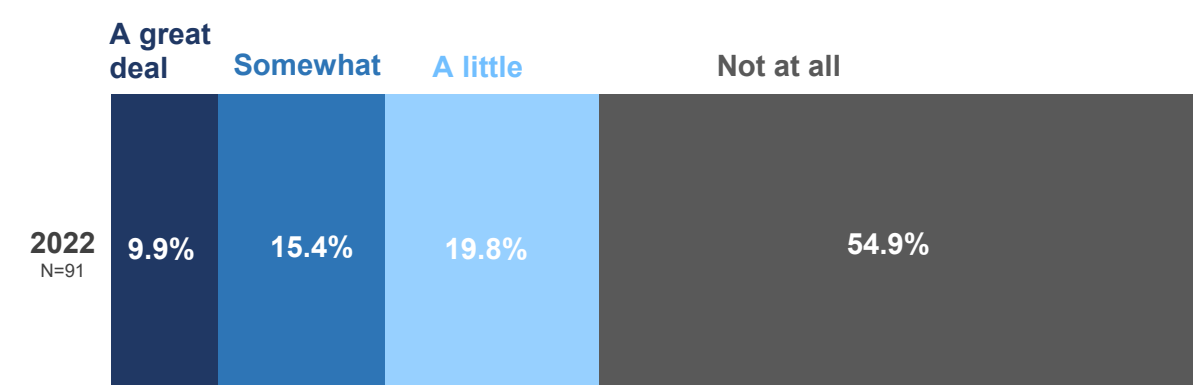
Nearly a quarter of 2022 respondents rate their mental health in general as Fair or Poor.



### Impact of Substance Abuse (Question 29)

Respondents were asked to indicate to what degree their life has been negatively affected by their own or someone else’s substance abuse issues including alcohol, prescription, or other drugs. Fifty-four point nine percent of respondents (n=50) indicated their life was “Not at all” affected. Nineteen point eight percent (n=18) were “A little” affected, 15.4% (n=14) were “Somewhat” affected, and 9.9% (n=9) indicated they were “A great deal” negatively affected.

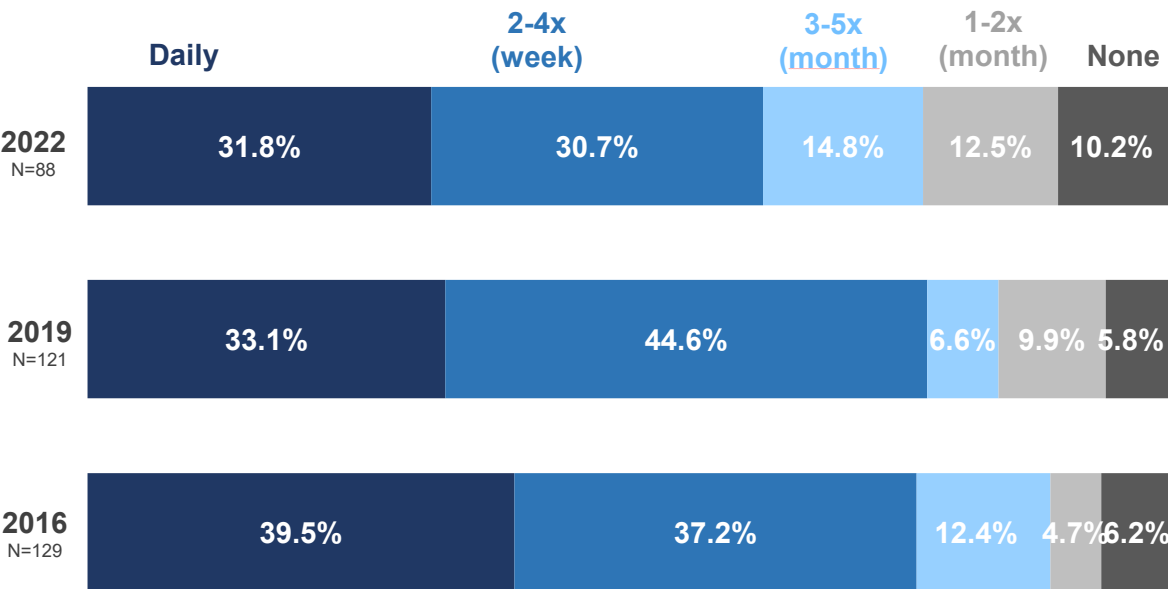
45.1% of 2022 respondents shared that they are negatively impacted to some degree by their own or someone else's substance use



## Physical Activity (Question 30)

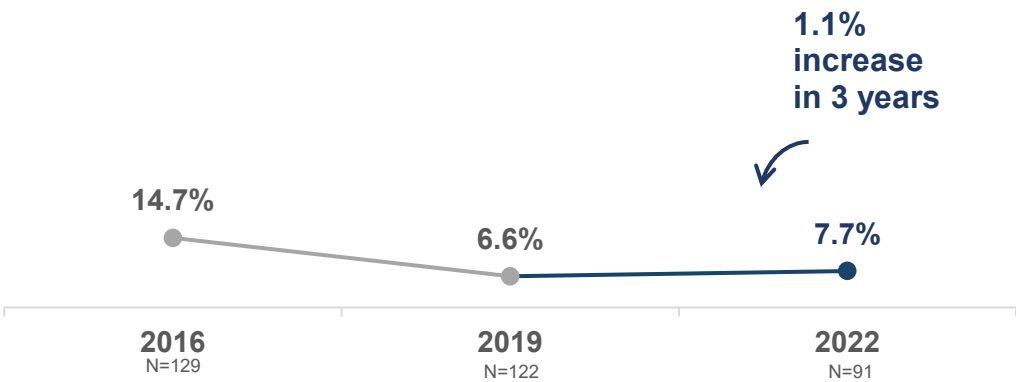
Respondents were asked to indicate how frequently they had physical activity for at least twenty minutes over the past month. Thirty-one point eight percent of respondents (n=28) indicated they had physical activity “Daily,” and 30.7% (n=27) indicated they had physical activity of at least twenty minutes “2-4 times per week.” Fourteen point eight percent of respondents (n=13) indicated they had physical activity “3-5 times per month,” 12.5% (n=11) indicated they had physical activity “1-2 times per month,” and 10.2% (n=9) indicated they had “No physical activity.”

### Respondents report being less physically active in 2022 compared to previous assessments



### Difficulty Getting Prescriptions (Question 31)

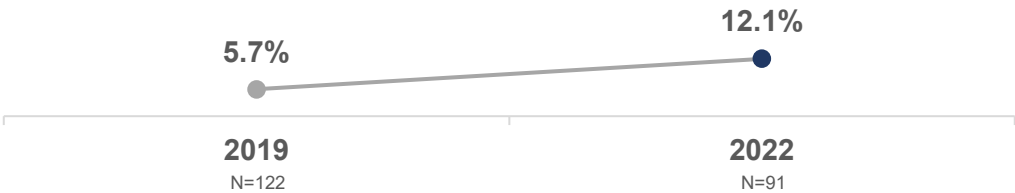
Respondents were asked to indicate if, during the last year, medication costs had prohibited them from getting a prescription or taking their medication regularly. Seven point seven percent of respondents (n=7) indicated that they had difficulty getting a prescription or taking their medication regularly in the last year. Seventy-eight percent of respondents (n=71) indicated that they did not have trouble getting or taking prescriptions, while 14.3% of respondents (n=13) stated it was not a pertinent question for them.



### Food Insecurity (Question 32)

Respondents were asked to indicate if, during the last year, they had worried that they would not have enough food to eat. The majority, 87.9% (n=80), were not worried, but 12.1% (n=11) were concerned about not having enough to eat.

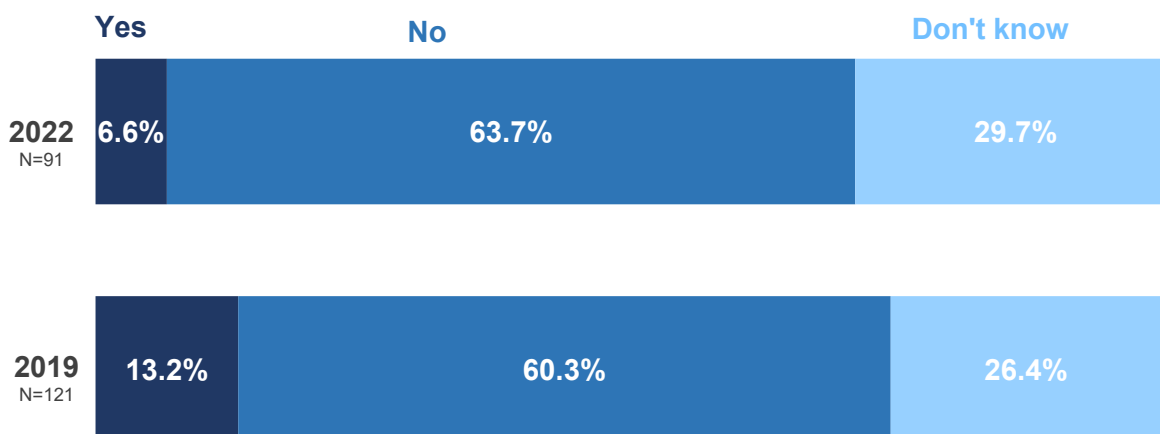
**The majority of respondents did not worry about having enough food**



## Housing (Question 33)

Respondents were asked to indicate if they felt the community has adequate and affordable housing options available. Sixty-three point seven percent of respondents (n=58) indicated that they feel there are not adequate and affordable housing options available in the community, 6.6% (n=6) felt there are adequate and affordable options available, and 29.7% (n=27) didn't know.

**More respondents feel the community does not have adequate and affordable housing options compared to the 2019 assessment**



## Injury Prevention Measures (Question 34)

Respondents were asked to indicate which, if any, injury prevention measures they utilize. Eighty point seven percent of respondents (n=71) indicated they use a seat belt and 46.6% (n=41) reported they regularly exercise.

Prevention devices	2016 % (n)	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	0	126	88	
Seat belt		88.1% (111)	80.7% (71)	<input type="checkbox"/>
Regular exercise		47.6% (60)	46.6% (41)	<input type="checkbox"/>
Child car seat/booster		14.3% (18)	19.3% (17)	<input type="checkbox"/>
Designated driver		11.9% (15)	18.2% (16)	<input type="checkbox"/>
Balance Improvement Classes/Exercises			12.5% (11)	<input type="checkbox"/>
Mobility assistance devices		4.0% (5)	9.1% (8)	<input type="checkbox"/>
Helmet		7.9% (10)	4.5% (4)	<input type="checkbox"/>
None		3.2% (4)	11.4% (10)	<input checked="" type="checkbox"/>

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

## Health Insurance Type (Question 35)

Respondents were asked to indicate what type of health insurance covers the majority of their medical expenses. Thirty two point two percent (n=29) indicated they have “Employer sponsored” coverage. Twenty-one point one percent (n=19) indicated they have “Medicare” coverage. Fifteen respondents were moved to “Other” for selecting over the allotted one medical insurance type.

Type of Health Insurance	2016 % (n)	2019 % (n)	2022 % (n)
Number of respondents	102	121	90
Employer sponsored	33.3% (34)	27.3% (33)	32.2% (29)
Medicare	27.5% (28)	20.7% (25)	21.1% (19)
Indian Health	5.9% (6)	1.7% (2)	8.9% (8)
Medicaid	2.9% (3)	7.4% (9)	7.8% (7)
Health Insurance Marketplace	5.9% (6)	3.3% (4)	5.6% (5)
Private insurance/private plan	8.8% (9)	3.3% (4)	2.2% (2)
Health Savings Account	0.0% (0)	0.0% (0)	1.1% (1)
Healthy MT Kids	3.9% (4)	0.8% (1)	1.1% (1)
VA/Military	2.0% (2)	0.8% (1)	1.1% (1)
None/pay out of pocket	3.9% (4)	5.8% (7)	1.1% (1)
State/Other	1.0% (1)		
Other*	4.9% (5)	28.9% (35)	17.8% (16)
<b>TOTAL</b>	<b>100.0% (102)</b>	<b>100.0% (121)</b>	<b>100.0% (90)</b>

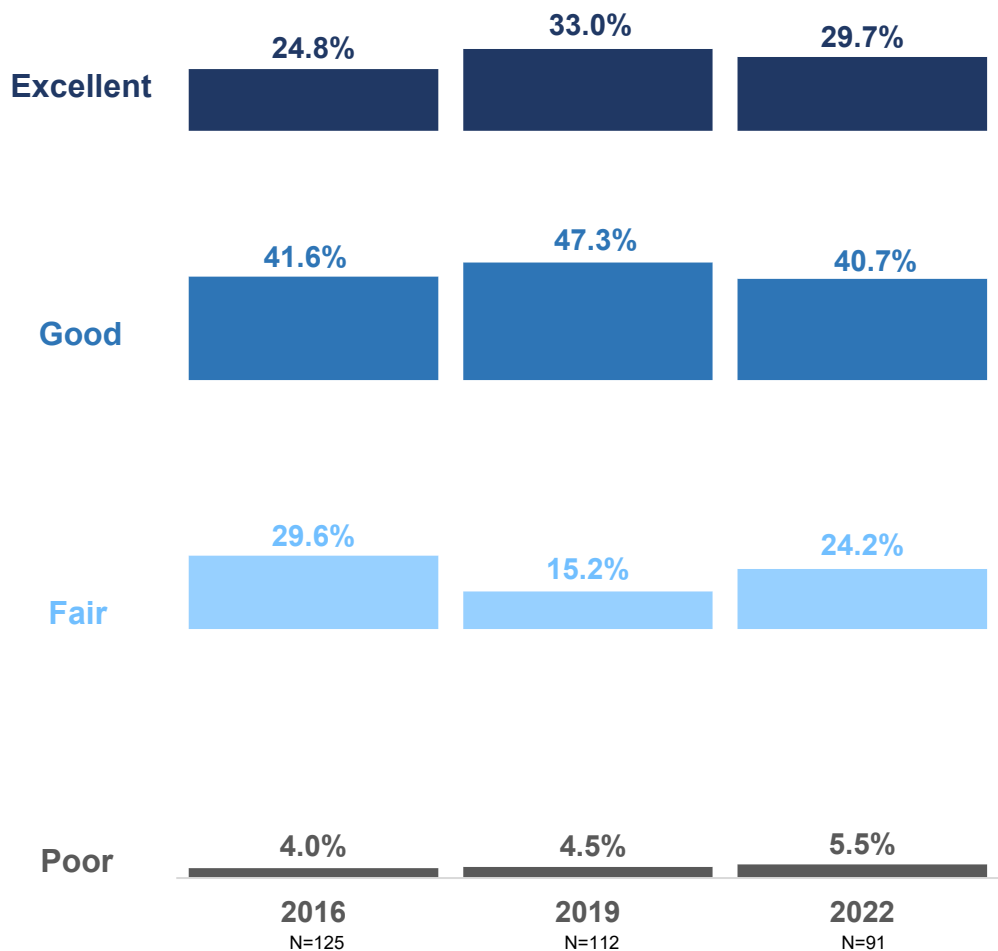
Statistical significance was not measured as reporting differed between 2022 and the two previous years. A larger number of missing values in 2022 compared to previous years would result in a skewed test for significance, indicating a meaningful change when one may not exist. Grayed out cells indicate the question was not asked that year. \*Respondents (N=15) who selected over the allotted amount were moved to “Other.”

“Other” comments included: Christian Healthcare Ministry

## Insurance and Healthcare Costs (Question 36)

Respondents were asked to indicate how well they felt their health insurance covers their healthcare costs. Forty point seven percent of respondents (n=37) indicated they felt their insurance covers a “Good” amount of their healthcare costs. Twenty-nine point seven percent of respondents (n=27) indicated they felt their insurance covered an “Excellent” amount, 24.2% of respondents (n=22) felt their insurance covered a “Fair” amount, and 5.5% of respondents (n=5) stated their insurance covered a “Poor” amount of their health costs.

Over half of respondents feel that their health insurance offers excellent or good coverage





## Barriers to Having Insurance (Question 37)

There was one respondent who indicated they did not have insurance (n=1). No one responded to this question, however one individual wrote in “Chose a health sharing ministry.” Respondents could select all barriers that applied.

Reasons for No Health Insurance	2016 % (n)	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	4	7	0	
Can't afford to pay for health insurance	50.0% (2)	85.7% (6)	0.0% (0)	<input type="checkbox"/>
Choose not to have health insurance	0.0% (0)	28.6% (2)	0.0% (0)	<input type="checkbox"/>
Employer does not offer insurance	25.0% (1)	0.0% (0)	0.0% (0)	<input type="checkbox"/>
Other	25.0% (1)	14.3% (1)	0.0% (0)	<input type="checkbox"/>

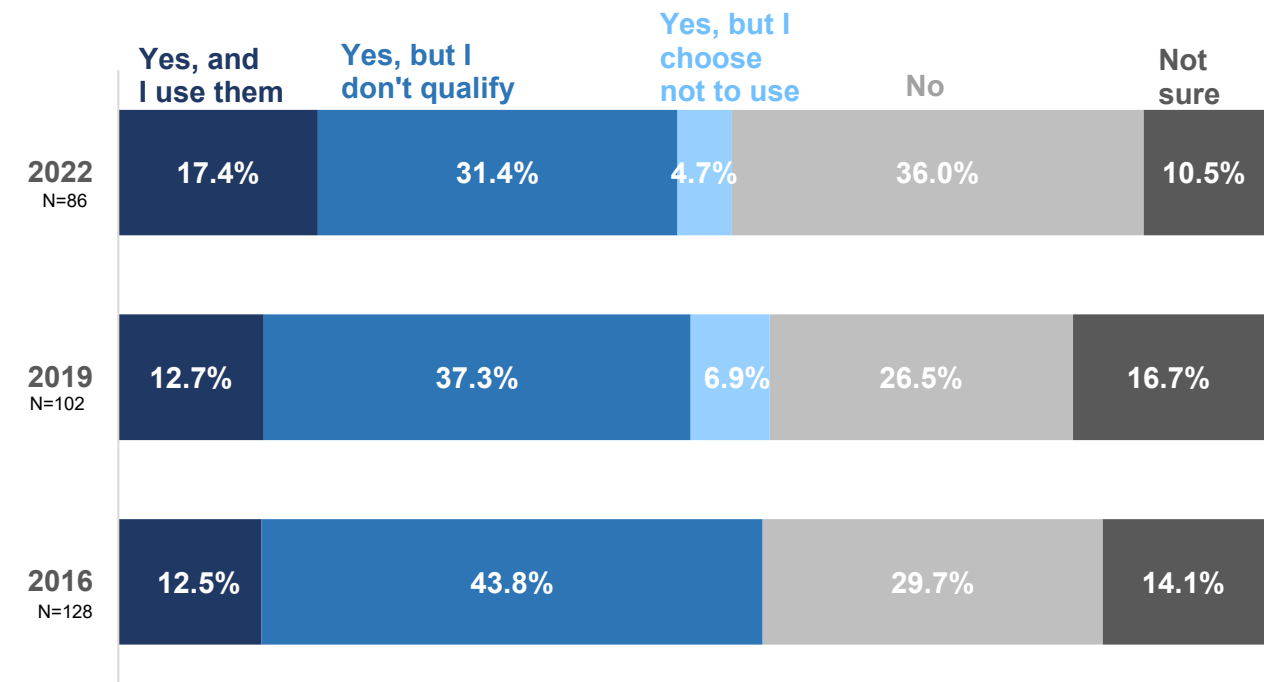
A solid blue square indicates a statistically significant change between years ( $p \leq 0.05$ ). Grayed out cells indicate the question was not asked that year.

“Other” comments included: Chose a health sharing ministry

### Awareness of Health Cost Assistance Programs (Question 38)

Respondents were asked to indicate their awareness of programs that help people pay for healthcare bills. The majority of respondents (36.0%, n=31) shared that they are not aware of these programs. Thirty-one point four percent of respondents (n=27) indicated they were aware of these programs but did not qualify to utilize them, 17.4% (n=15) indicated that they were aware and use them, and 4.7% (n=4) were aware of the programs, but choose not to utilize them. Ten point five percent of respondents (n=9) weren't sure if they were aware of health cost assistance programs.

More survey respondents are not aware of programs that help people pay for healthcare expenses compared to 2019 and 2016





# **KEY INFORMANT INTERVIEW RESULTS**

## Key Informant Interview Methodology

Six key informant interviews were conducted between May and June 2022. Participants were identified as people living in Big Horn Hospital Association's service area.

The six interviews were conducted over the telephone. The meetings lasted up to 15 minutes in length and followed the same line of questioning. Interview transcripts can be found in Appendix I. Interviews were facilitated by Montana Office of Rural Health staff.



## Key Informant Interview Themes

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

### ACCESS TO HEALTHCARE SERVICES

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The most common thread of the key informant interviews was access to healthcare services. Specifically, a concern for a lack of local providers, specialty outreach clinics, and transportation to necessary appointments were highlighted throughout the phone conversations. Overall, interview participants were grateful for having access to the Big Horn Hospital Association.

While community members were generally pleased with the local health organizations, one participant shared that they have a desire to establish care and develop a relationship with a consistent primary care provider over time. Community members described that with the passage of time, their three physicians either retired or moved away from the area.

Several community members were concerned transportation as it relates to accessing medical appointments. One key informant interview shared that “if more and more services are moved to Billings, transportation is going to become an even bigger issue.” They continued that “even though Medicaid reimburses for transportation to necessary appointments, it’s not used much.” Conversely, several participants described how dialysis used to be

available locally and how it's a challenge to travel to Billings for such a service so frequently.

## MENTAL & BEHAVIORAL HEALTH

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Mental and behavioral health was another top theme identified among community members. They identified poor mental health and substance abuse as noteworthy concerns.

One key informant interview participant described their apprehension with the lack of mental health resources in the area. They reflected that “if you’re hurting inside, how are you going to go to the gym and even prepare healthy meals?” They went on to describe that they think people struggling with mental and behavioral health issues need more support and shouldn’t be worried about shelter or other basic needs.

Substance use was another key theme associated with mental and behavioral health. Key informant interview participants shared a concern for generational pain and trauma leading to alcohol and substance abuse.

## HEALTHY LIFESTYLES

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A desire for additional healthy lifestyle opportunities was the final key theme among the telephone interviews. Nearly all participants described a concern for the prevalence of diabetes among indigenous populations. It was shared that in order to access affordable produce, community members generally need to drive to Billings – assuming they have the means to make the trip. Notably, there was a desire for more active, outdoor opportunities.

A participant shared that they’d like to see more walking clubs or other opportunities to encourage community members to get outside when the weather is good. They shared that “pregnant women around here have big challenges with staying active which makes having babies of healthy weights difficult.”

## SERVICES NEEDED IN THE COMMUNITY

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- Primary care providers
- Specialty outreach clinics (i.e., dermatology, rheumatology, etc.)
- Internet access
- More advertising and awareness of local services
- Mental and behavioral health services and resources (i.e., counselors, alcohol and substance abuse prevention, etc.)
- Strengthened collaboration among local community health providers and services
- Transportation to out of town appointments
- Enhanced access to affordable produce
- Outdoor activity opportunities such as walking clubs, park programming, etc.





# **EXECUTIVE SUMMARY**



# Executive Summary

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

Areas of Opportunity	Secondary Data	Survey	Interviews
<b>Access to Healthcare Services</b>			
<b>Barriers to access</b>			
<i>Consistent primary care providers</i>	⊗	✓	☑
<i>Transportation</i>	⊗	✓	☑
<i>Specialty services (i.e., dialysis, dermatology, rheumatology, etc.)</i>	⊗	✓	☑
<i>Affordability and insurance coverage</i>	⊗	✓	☑
<b>Senior Services</b>			
<i>High percentage of population 65+</i>	⊗	✓	☑
<i>Aging in place services (i.e., home health, senior retirement community, etc.)</i>		✓	☑
<b>Chronic Disease Prevention</b>			
<i>Diabetes</i>	⊗	✓	☑
<i>Cancer</i>	⊗	✓	☑
<i>Healthy behaviors and lifestyles- weight loss, fitness, health &amp; wellness, nutrition</i>	⊗	✓	☑
<b>Mental and Behavioral Health</b>			
<i>More mental and behavioral health services/resources</i>	⊗	✓	☑
<i>Alcohol/substance use</i>	⊗	✓	☑

Summary continued on the next page.

**Socioeconomic & Health Measures***Housing accessibility and affordability**Percentage of uninsured children and adults**Vaccination [i.e., HPV up-to-date (UTD) and vaccine preventable diseases]*



# **NEXT STEPS & RESOURCES**

## Prioritization of Health Needs

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:

- Aging in place
- Chronic disease management
- Transportation

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.

## Available Community Resources

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

- Alcoholics Anonymous
- Big Horn Council on Aging & Big Horn Senior Center
- Hardin Food Access Task Force/Healthy Hardin
- Big Horn County
- PRO TECT Coalition
- Eastern Service Area Authority Mental Health
- Big Horn County Extension Office
- One Health/Big Horn Valley
- 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 Hospital Association
- Montana Department of Health and Human Services (MT DPHHS)

## Evaluation of Previous CHNA & Implementation Plan

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 Oct. 24, 2019. The plan prioritized the following health issues:

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

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

### ***Goal 1: Improve access to healthcare services in Big Horn County.***

	Activities	Accomplishments	Community Impact/Outcomes
<b>Strategy 1.1:</b> Enhance primary care service availability in Big Horn County.	Explore feasibility of enhancing primary care services in Big Horn County (walk-in clinic, expanded hours, etc.).	Continued relationship building with existing rural clinics in Hardin.	Improved referrals and improved local patient outcomes.
	Convene community primary care provider partners to create education and outreach on appropriate utilization of healthcare services and capability of healthcare provider team (where to go/when/for what).	Meetings with local healthcare providers is evident with monthly medical staff meetings with providers from both Rural Health Clinics.	Improved patient outcomes.
	Enhance BHHA healthcare workforce training (CNA courses, CPR/First Aid, ACLS, Stop the Bleed, etc.) opportunities for	Relationships have been established with local EMS staff. ACLS classes are offered to Big Horn Hospital Association (BHHA) Staff. Certified Nursing Assistant (CNA) classes are	Improved hospital staff training for local training opportunities.

	community partners and stakeholders	being coordinated with local school resources.	
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***Goal 2: Enhance access to and knowledge of behavioral health services in Big Horn County.***

	Activities	Accomplishments	Community Impact/Outcomes
<b>Strategy 2.1:</b> Expand awareness and availability of behavioral health resources in Big Horn County.	Convene community mental/behavioral/substance abuse partners to assess current community services and create a resource for community and area stakeholders.	Attendance at local behavioral health coalitions by BHHA management staff.	Improved community resource awareness.
	Explore feasibility of offering behavioral health services at BHHA via telemedicine.	Established a contract through regional psychiatric resource, but later amended.	Efficient behavioral health screening through an improved referral process.
	Continue to promote, provide, and explore opportunities to expand education for local youth related to substance use prevention, suicide prevention, and promoting healthy mental health practices (Senior night, Mental Health 1st Aid, “YAM” Youth Awareness of Mental Health, etc.).	Regional attendance at behavioral health meetings for access to local resources.	Local training for improved awareness.
	Continue to host and chair Mental Health Local Advisory Council.	Ongoing. Suspended during COVID-19 pandemic.	
<b>Strategy 2.2:</b> Strengthen substance use disorder programs and services in Big Horn County.	Explore opportunities to encourage safe medication and need exchange/disposal programs in Big Horn County.	BHHA explored this activity, but has not had consistent follow up.	
	Continue to participate in the Rural Health Opioid Prevention (RHOP) consortium to enhance opioid prevention and training in Big Horn County.	BHHA sustained staff attendance on the opioid group, which is now the PROTECT Coalition.	Strengthened community resource network.

**Goal 3: Engage in efforts to address the social determinants of health in Big Horn County.**

	Activities	Accomplishments	Community Impact/Outcomes
<b>Strategy 3.1:</b> Enhance Big Horn Hospital Association efforts influencing social determinants of health.	Explore opportunities to assist in advocacy and education with the City/County in addressing housing needs in Big Horn County (City/County Planning Board, Hardin Revitalization Group).	Attendance at Housing Meetings chaired by Community Development Block Grant (CDBG) Program.	Improved opportunity for local medical staff to remain in community.
	Expand BHHA services related to dietary and nutrition outreach/education.	This activity is ongoing with assistance from local Women, Infant and Children (WIC) Clinic.	
	Develop a diabetic outpatient education program.	Ongoing with BHHA staff coordination.	
	Partner with the City, Big Horn County Extension Agent, and Big Horn County Public Health to assess current local health and physical activity activities/opportunities and create a community calendar to highlight opportunities. Develop outreach and marketing plan for community calendar.	Ongoing. No firm, consistent commitments.	
	Partner with local schools to sponsor annual walking/steps challenge.	Established by schools. Monetary contribution by BHHA.	
	Host/sponsor breast cancer, diabetes and Alzheimer's walk/5k run events that promote health, wellness and prevention.	Sponsored by BHHA in spring of each year.	Improved community awareness.
	Partner with Big Horn County Public Health to host a Family Fun Day that provides health promotion, education and resources to	Coordinated each year in the spring for community members.	



	area families and community members.		
	Explore expanding caregiver support and education regarding Alzheimer's and dementia care.	Ongoing. No formal program established at this juncture.	
	Continue to support/supplement senior transportation services – one day a week to and from appointments.	Intact. Upgrade to Senior/Local Transport Services.	



# APPENDICES

## Appendix A- Steering Committee

<i>Steering Committee Member</i>	<i>Organization Affiliation</i>
<i>Kristi Gatrell</i>	CEO, Big Horn Hospital
<i>Bill Hodges</i>	Big Horn Hospital and Big Horn County Public Health
<i>Judy Nelson</i>	Long-Term Care (LTC) Auxiliary Member
<i>Vera Ostahowski</i>	Hospital Auxiliary Member
<i>Laurel Slattery</i>	Hospital Auxiliary Member
<i>Ariel Hawthorne</i>	Pharmacist
<i>Rock Massine</i>	City Council Member
<i>Anna Hein</i>	Nurse Practitioner, Clinic Provider
<i>Raichell Dorland-Roan</i>	Registered Dietician-Indian Health Services



**Big Horn Hospital Association**  
Big Horn Hospital • Big Horn Senior Living

## Appendix B- Public Health & Populations Consultation

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

### Name/Organization

Kristi Gatrell, CEO Big Horn Hospital  
Bill Hodges, Big Horn Hospital and Big Horn County Public Health  
Judy Nelson, Long-Term Care (LTC) Auxiliary Member  
Vera Ostahowski, Hospital Auxiliary Member  
Laurel Slattery, Hospital Auxiliary Member  
Ariel Hawthorne, Pharmacist  
Rock Massine, City Council Member  
Anna Hein, Nurse Practitioner, Clinic Provider  
Raichell Dorland-Roan, Registered Dietician-Indian Health Services

### Type of Consultation (Steering Committee, Key Informant Interviews, etc.)

First Steering Committee Meeting	March 17, 2022
Key informant interviews	May-June 2022
Second Steering Committee Meeting	June 22, 2022

### Public and Community Health

- It's really important that a potential survey respondent has an online option to complete it; last time completing it online wasn't an option and I think it will make a big difference.
- We should have a full time nurse doing contact tracing for STI cases. It's been running rampant in the last 60 days.
- COVID has been a challenge for our area. January alone had 1240 COVID-19 cases.
- I think it's important to see if there would be interest in lactation and breastfeeding classes.
- We have a lot of people that don't take a lot of the preventive measures – its more survival out here.

### Population: Seniors

- We should add an option for living will under the interest in classes and programs question on the survey.

- I think it would be good to continue asking about what senior services are needed or could be enhanced. There are a lot of elderly that move to Billings as they age. It would be nice to keep them here.
- The Crow Nation has a local nursing home. The residents are even able to speak Crow and people will understand them!

### Population: Youth

- In Big Horn County we've had several teen suicides. Adolescent suicides seem to be increasing so I think it is very important to keep the options for ACES, trauma, and stress variables on the survey.
- Internet can be a challenge here. The library has about five computers and some staff that can support navigating computers. Once out of Hardin though, Wi-Fi is horrific. When schools closed during COVID and children transitioned to distance learning, empty school buses would bring Wi-Fi hot spots to neighborhoods at scheduled times and kids could bring out their school issued laptops to access what they needed.

### Population: Tribal/American Indian

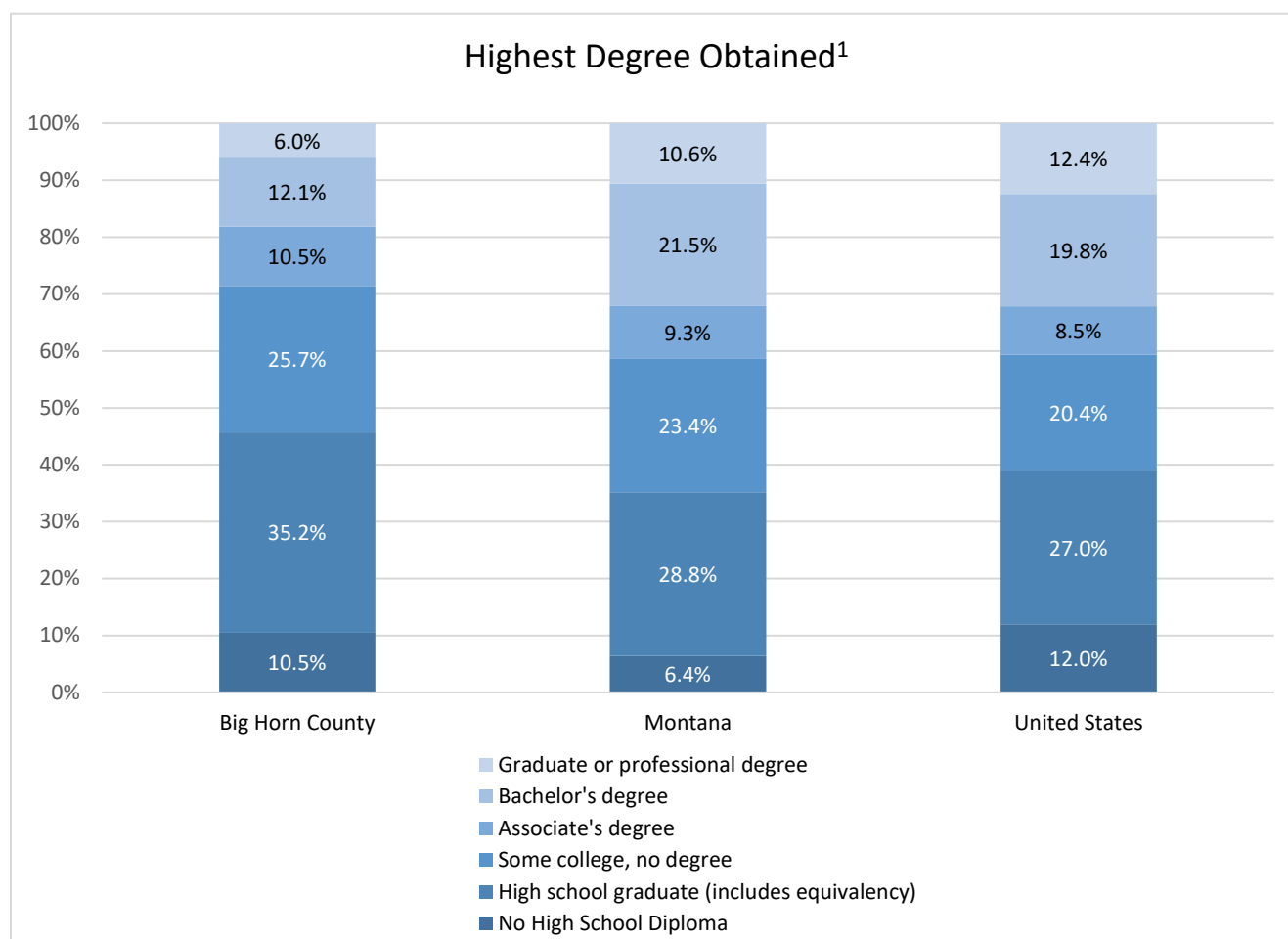
- Diabetes among the native population is really challenging here.
- Indian Health Services (IHS) is also a local healthcare option for tribal members. It's over on the Northern Cheyenne Reservation.

## Appendix C- Big Horn Co. Secondary Data

Demographic Measure (%)		County			Montana			Nation		
Population <sup>1</sup>		13,387			1,050,649			324,697,795		
Population Density <sup>1</sup>		2.7			7.1			85.5		
Veteran Status <sup>1</sup>		8.1%			10.4%			7.3%		
Disability Status <sup>1</sup>		9.0%			13.6%			12.6%		
Age <sup>1</sup>		<5	18-64	65+	<5	18-64	65+	<5	18-64	65+
		8.7%	53.9%	12.1%	5.8%	60.1%	18.2%	6.1%	61.7%	15.6%
Gender <sup>1</sup>		Male		Female	Male		Female	Male		Female
		49.9%		50.1%	50.3%		49.7%	49.2%		50.8%
Race/Ethnic Distribution <sup>1</sup>	White	33.9%			91.4%			75.3%		
	American Indian or Alaska Native	67.1%			8.3%			1.7%		
	Other <sup>†</sup>	5.1%			3.7%			26.5%		

<sup>1</sup> US Census Bureau - American Community Survey (2019)

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



<sup>1</sup> US Census Bureau - American Community Survey (2019)

Socioeconomic Measures (%)	County	Montana	Nation
Median Income <sup>1</sup>	\$49,859	\$54,970	\$62,843
Unemployment Rate <sup>1</sup>	12.0%	4.0%	5.3%
Persons Below Poverty Level <sup>1</sup>	25.5%	13.1%	13.4%
Children in Poverty <sup>1</sup>	30.2%	15.8%	18.5%
Internet at Home <sup>2</sup>	67.4%	81.5%	-
Households with Population Age 65+ Living Alone <sup>2</sup>	309	52,166	-
Households Without a Vehicle <sup>2</sup>	193	21,284	-
Households Receiving SNAP <sup>2</sup>	522	56,724	-
Eligible Recipients of Free or Reduced Price Lunch <sup>3</sup> 2019/2020 school year	99.8%	42.9%	-
Enrolled in Medicaid <sup>4, 1</sup>	16.6%	9.7%	19.8%
Uninsured Adults <sup>5, 6</sup> Age <65	21.0%	12.0%	12.1%
Uninsured Children <sup>5, 6</sup> Age <18	8.0%	6.0%	5.1%

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

Maternal Child Health	County	Montana	Nation
General Fertility Rate* <sup>7</sup> Per 1,000 Women 15-44 years of age (2017-2019)	94.2	59.3	-
Preterm Births <sup>7</sup> Born less than 37 weeks (2017-2019)	12.2%	9.4%	-
Adolescent Birth Rate <sup>7</sup> Per 1,000 years females 15-19 years of age (2017-2019)	72.6	18.3	-
Smoking during pregnancy <sup>3, 8</sup>	18.0%	16.5%	7.2%
Kotelchuck Prenatal Care** <sup>7</sup> Adequate or Adequate-Plus (2017-2019)	38.1%	75.7%	-
Low and very low birth weight infants <sup>7</sup> Less than 2500 grams (2017-2019)	8.5%	7.6%	-
Childhood Immunization Up-To-Date (UTD) <sup>§ 9</sup>	47.4%	64.8%	-

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

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

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

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

Behavioral Health	County	Montana	Nation
Adult Smoking <sup>5</sup>	29.0%	19.0%	16.0%
Excessive Drinking <sup>5</sup>	19.0%	22.0%	15.0%
Adult Obesity <sup>5</sup>	39.0%	27.0%	26.0%
Poor Mental Health Days <sup>5</sup> (Past 30 days)	5.1	3.9	3.8
Physical Inactivity <sup>5</sup>	25.0%	22.0%	19.0%
Do NOT wear seatbelts <sup>10</sup> State Age-Adjusted Prevalence (2018) Nation Crude Prevalence (2018)	-	10.3%	6.3%
Drink and Drive <sup>10</sup> State Age-Adjusted Prevalence (2018) Nation Crude Prevalence (2018)	-	3.7%	3.1%

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

Cancer prevention & screening	County	Montana	Nation
Human Papillomavirus (HPV) vaccination UTD <sup>†† 11, 12</sup> Adolescents 13-17 years of age (2020)	46.6%	54.4%	58.6%
Cervical cancer screening in past 3 years <sup>13, 10</sup> Age adjusted (county/state) and crude (nation) prevalence among adult women aged 21–65 years (2018)	78.9%	76.8%	80.1%
Mammography in past 2 years <sup>13, 10</sup> Age adjusted (county/state) and crude (nation) prevalence among women 50-74 years (2018)	66.7%	73.4%	78.3%
Colorectal Cancer Screening <sup>13, 10</sup> Age adjusted (county) and crude (state/nation) prevalence among adults age 50-75 years (2018)	48.1%	64.5%	69.7%

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

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

Infectious Disease Incidence Rates <sup>14</sup> Per 100,000 people (2015-2017)	County	Montana
Enteric Diseases *	107.7	80.1
Hepatitis C virus	65.7	93.4
Sexually Transmitted Diseases (STD) †	5484.9	551.6
Vaccine Preventable Diseases (VPD) §	142.8	91.5

<sup>14</sup> IBIS Community Snapshot, MT-DPPHS

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

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



Chronic Conditions <sup>10</sup>	County	Montana	Nation
<b>Cardiovascular Disease (CVD) prevalence</b> <i>Adults aged 18 years and older (2014-2016)</i>	10.7	7.9	8.6
<b>Chronic Obstructive Pulmonary Disease (COPD) prevalence</b> <i>Adults aged 18 years and older (2014-2016)</i>	4.4	6.6	6.4
<b>Diabetes Prevalence</b> <i>Adults aged 18 years and older (2014-2016)</i>	12.8	8.3	10.6
<b>Breast Cancer Incidence Rate</b> <i>Age-Adjusted Per 100,000 population (2014-2016)</i>	**	125.0	124.1
<b>Cervical Cancer Incidence Rate</b> <i>Age-Adjusted Per 100,000 population (2014-2016)</i>	**	7.9	7.4
<b>Colon and Rectum Cancer (CRC) Incidence Rate</b> <i>Age-Adjusted Per 100,000 population (2014-2016)</i>	74.1	37.1	38.9
<b>Lung Cancer Incidence Rate</b> <i>Age-Adjusted Per 100,000 population (2014-2016)</i>	**	52.2	60.0
<b>Melanoma Cancer Incidence Rate</b> <i>Age-Adjusted Per 100,000 population (2014-2016)</i>	**	26.3	21.0
<b>Prostate Cancer Incidence Rate</b> <i>Age-Adjusted Per 100,000 population (2014-2016)</i>	142	109.6	103.0

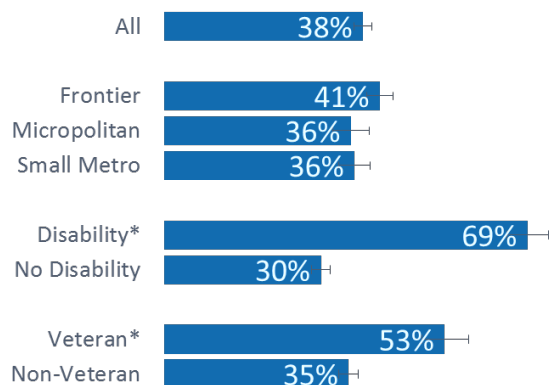
<sup>14</sup> IBIS Community Snapshot, MT-DPPHS

\*\* Data were suppressed to protect privacy.

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

<sup>10</sup> Behavioral Risk Factor Surveillance System, CDC (2019)

### Percent of Montana Adults with Two or More Chronic Conditions



Mortality	County	Montana	Nation
<b>Suicide Rate<sup>15</sup></b> <i>Per 100,000 population (2009-2018)</i>	24.4	23.9	-
<b>Veteran Suicide Rate<sup>15</sup></b> <i>Per 100,000 population (2009-2018)</i>	-	65.7	38.4
<b>Alzheimer's Disease Mortality Rate<sup>16</sup></b> <i>Age-Adjusted per 100,000 population (2017- 2019)</i>	-	21.7	-
<b>Pneumonia/Influenza Mortality Rate<sup>17</sup></b> <i>Age-Adjusted per 100,000</i>	-	10.5	12.3
<b>Leading Causes of Death<sup>16, 18</sup></b>	-	1. Heart Disease 2. Cancer 3. Chronic Lower Respiratory Disease (CLRD)	1. Heart Disease 2. Cancer 3. Unintentional injuries

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

\*\* Data were suppressed to protect privacy.

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

<sup>10</sup> Behavioral Risk Factor Surveillance System, CDC (2019)

\*Annual household income < \$15,000

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

<sup>19</sup> Montana Youth Risk Behavior Survey (2019)

## Secondary Data – Healthcare Workforce Data 2021

### Health Professional Shortage Area & Medically Underserved Areas/Populations

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

Health Professional Shortage Area Designation <sup>1</sup> – Big Horn County, Montana		
Discipline	HPSA Score	HPSA
Primary Care	12	✓ Low income population
Dental Health	17	✓ Low income population
Mental Health	21	✓ High needs geographic population
HPSA Scores range from 0 to 25 (primary care and mental health) and 0 to 26 (dental health) where the higher the score, the greater the priority		

<sup>1</sup> Health Resources and Services Administration (2021)

Provider Supply and Access to Care <sup>2</sup>				
Measure	Description	Big Horn Co. (N = 1) **	Montana (N = 49) **	National (N = 1347) **
Primary care physicians	Ratio of population to primary care physicians	1334:1	1349:1	1050:1
Other primary care providers	Ratio of population to other primary care providers including nurse practitioners, physician assistants, and clinical nurse specialists	1113:1	878:1	726:1
Dentists	Ratio of population to dentists	2227:1	1388:1	1260:1
Mental health providers	Ratio of population to mental health providers	1909:1	356:1	310:1

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

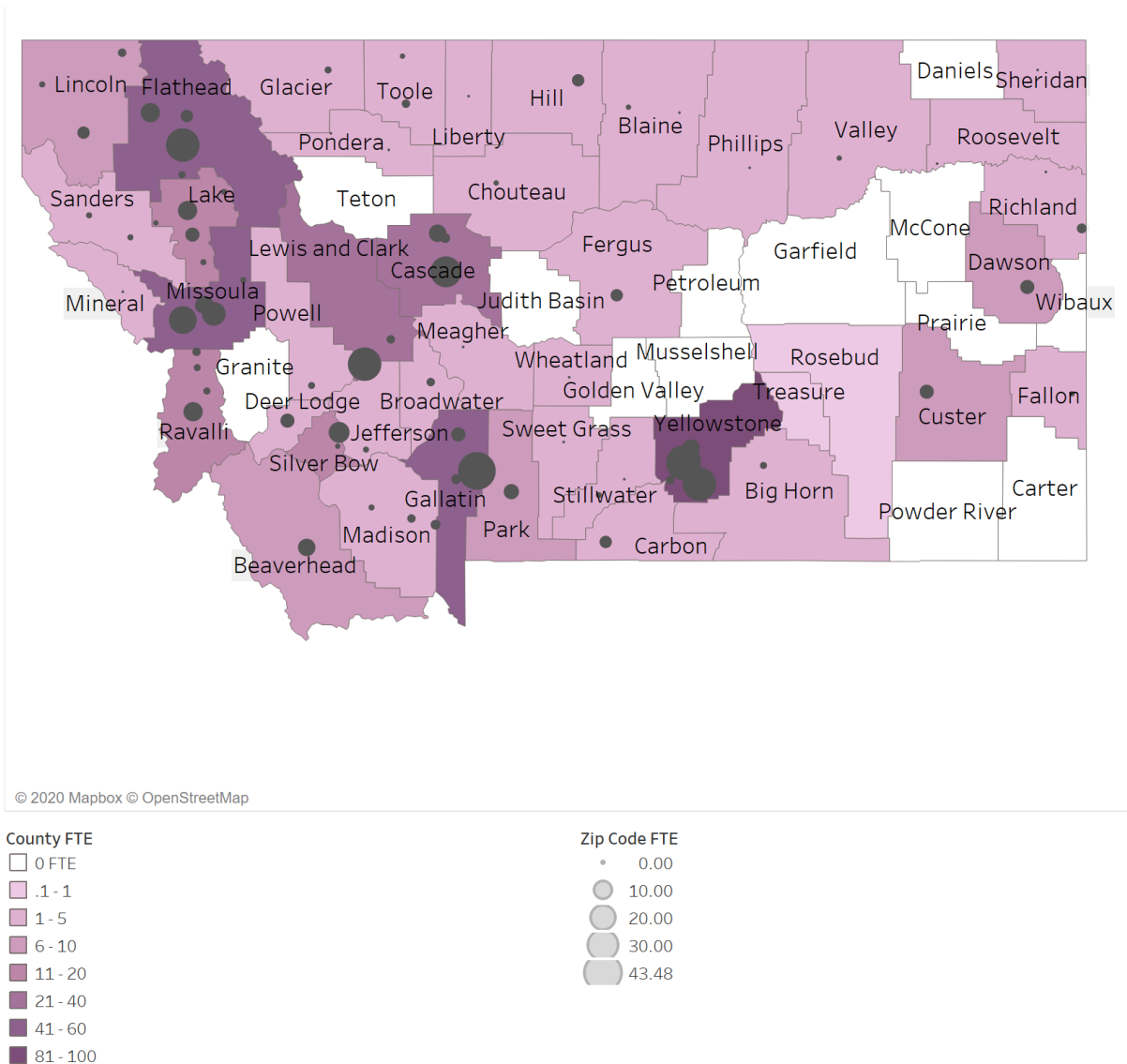
\*\* Total number of CAHs in region

## Healthcare workforce Distribution Maps

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

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

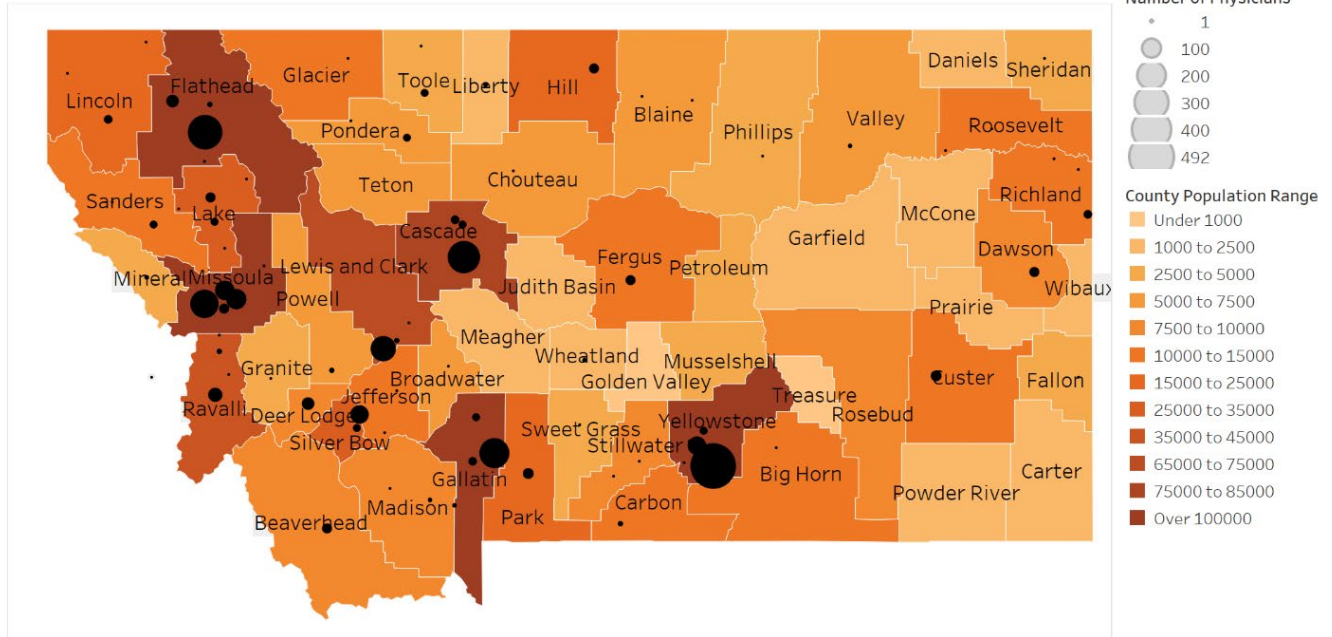
## Primary Care Physician FTE: Practice Locations Plotted by Zip Code



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

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

## Physicians (All Specialties) by County Population Range



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

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

## Appendix D- Survey Cover Letter

April 15, 2022

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 (BHH) 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 BHH 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: May 20, 2022
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 Survey." Your access code is [CODED]
4. The winners of the gift cards will be contacted the week of May 31<sup>st</sup>.

All survey responses will go to HELPS Lab at Montana State University in Bozeman, Montana, the organization that is assisting MORH with this project. If you have any questions about the survey or need assistance, please call MORH at 406-994-6986. We believe, with your help, we can continue to improve health care services in our region.

Thank you for your assistance. We appreciate your time.

Sincerely,

A handwritten signature in blue ink that reads "Kristi Gatrell, CEO". The signature is fluid and cursive, with the first name "Kristi" and last name "Gatrell" clearly legible, followed by "CEO" in a slightly more formal but still handwritten style.

Kristi Gatrell, CEO

# Appendix E- Survey Instrument

## Community Health Needs Assessment 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 406-994-6986. Participation is voluntary, and your responses will remain confidential. You can choose not to answer any question and can stop at any time.

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

- ☐ Very healthy      ☐ Healthy      ☐ Somewhat healthy      ☐ Unhealthy      ☐ Very unhealthy

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

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Alcohol abuse/substance abuse | <input type="checkbox"/> Lack of access to healthcare          | <input type="checkbox"/> Social isolation/loneliness                 |
| <input type="checkbox"/> Alzheimer's/dementia          | <input type="checkbox"/> Lack of affordable and safe housing   | <input type="checkbox"/> Stroke                                      |
| <input type="checkbox"/> Cancer                        | <input type="checkbox"/> Lack of dental care                   | <input type="checkbox"/> Suicide                                     |
| <input type="checkbox"/> Child abuse/neglect           | <input type="checkbox"/> Lack of exercise                      | <input type="checkbox"/> Tobacco use                                 |
| <input type="checkbox"/> Depression/anxiety            | <input type="checkbox"/> Mental health issues                  | <input type="checkbox"/> (cigarettes, vaping, smokeless)             |
| <input type="checkbox"/> Diabetes                      | <input type="checkbox"/> Motor vehicle accidents               | <input type="checkbox"/> Trauma/Adverse Childhood Experiences (ACES) |
| <input type="checkbox"/> Domestic violence             | <input type="checkbox"/> Overweight/obesity                    | <input type="checkbox"/> Work/economic stress                        |
| <input type="checkbox"/> Heart disease                 | <input type="checkbox"/> Recreation related accidents/injuries | <input type="checkbox"/> Work related accidents/injuries             |
| <input type="checkbox"/> Hunger                        |  | <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 through 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 Big Horn Hospital, have you used in the last three years? **(Select ALL that apply)**

- |                                       |   |   |
|---------------------------------------|---|---|
| <input type="checkbox"/> Chiropractor | <input type="checkbox"/> Mental health    | <input type="checkbox"/> Pool/gym                       |
| <input type="checkbox"/> Dentist      | <input type="checkbox"/> One Health       | <input type="checkbox"/> SCL Hardin Clinic              |
| <input type="checkbox"/> Eye doctor   | <input type="checkbox"/> Pharmacy         | <input type="checkbox"/> Senior center                  |
| <input type="checkbox"/> Food bank    | <input type="checkbox"/> Public health    | <input type="checkbox"/> WIC (Women, Infant & Children) |
| <input type="checkbox"/> IHS          | <input type="checkbox"/> Physical therapy | <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"/> Improved quality of care                  | <input type="checkbox"/> More primary care providers |
| <input type="checkbox"/> Availability of walk-in clinic/longer hours | <input type="checkbox"/> Interpreter services                      | <input type="checkbox"/> Telemedicine                |
| <input type="checkbox"/> Cultural sensitivity                        | <input type="checkbox"/> More information about available services | <input type="checkbox"/> Transportation assistance   |
| <input type="checkbox"/> Health education resources                  |  | <input type="checkbox"/> Other: _____                |

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

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Alcohol/substance abuse     | <input type="checkbox"/> Health and wellness             | <input type="checkbox"/> Parenting                 |
| <input type="checkbox"/> Alzheimer's                 | <input type="checkbox"/> Heart disease                   | <input type="checkbox"/> Prenatal/childbirth       |
| <input type="checkbox"/> Cancer                      | <input type="checkbox"/> Lactation/breastfeeding         | <input type="checkbox"/> Smoking/tobacco cessation |
| <input type="checkbox"/> Diabetes                    | <input type="checkbox"/> Living will/Advanced directives | <input type="checkbox"/> Support groups            |
| <input type="checkbox"/> Early childhood development | <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"/> Pain management                 |  |

9. Which of the following senior services are needed/could be expanded in our community? **(Select ALL that apply)**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Access to healthy food             | <input type="checkbox"/> Personal care home services         | <input type="checkbox"/> Social engagement/connectivity |
| <input type="checkbox"/> Aging in place services/assistance | <input type="checkbox"/> Senior respite care                 | <input type="checkbox"/> Other: _____                   |
| <input type="checkbox"/> Adult day care                     | <input type="checkbox"/> Senior retirement housing/community |   |
| <input type="checkbox"/> Assisted living facility           |  |   |

10. Which of the following preventive services have you used in the past year? **(Select ALL that apply)**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Behavioral health screening   | <input type="checkbox"/> Dental exam              | <input type="checkbox"/> Prostate (PSA)               |
| <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 test                 | <input type="checkbox"/> Other: _____                 |

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

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Cardiac rehab services | <input type="checkbox"/> General surgeon         | <input type="checkbox"/> Orthopedic surgeon |
| <input type="checkbox"/> Dermatology            | <input type="checkbox"/> Speech/language therapy | <input type="checkbox"/> Podiatry           |
| <input type="checkbox"/> Dialysis               | <input type="checkbox"/> Labor/delivery services | <input type="checkbox"/> Urology            |
| <input type="checkbox"/> ENT (ear/nose/throat)  | <input type="checkbox"/> OB/GYN                  | <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"/> It was too far to go                 | <input type="checkbox"/> Qualified provider not available    |
| <input type="checkbox"/> Could not get off work              | <input type="checkbox"/> Language barrier                     | <input type="checkbox"/> Too long to wait for an appointment |
| <input type="checkbox"/> Didn't know where to go             | <input type="checkbox"/> My insurance didn't cover it         | <input type="checkbox"/> Too nervous or afraid               |
| <input type="checkbox"/> Don't like doctors                  | <input type="checkbox"/> No insurance                         | <input type="checkbox"/> Transportation problems             |
| <input type="checkbox"/> Don't understand healthcare system  | <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 |  |

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

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

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

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

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

- |   |  |
|---|--|
| <input type="checkbox"/> Appointment availability                 | <input type="checkbox"/> Privacy/confidentiality                 |
| <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: _____                            |
| <input type="checkbox"/> Prior experience with clinic             |  |

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

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

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

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

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

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

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

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

24. The following services are available through 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. In the past year, how often have you felt lonely or isolated?
- ☐ Everyday ☐ Sometimes (3-5 days per month) ☐ Never  
☐ Most days (3-5 days per week) ☐ Occasionally (1-2 days per month)
27. Thinking over the past year, how would you describe your stress level?
- ☐ High ☐ Moderate ☐ Low ☐ Unsure/rather not say
28. Thinking about your mental health (which includes stress, anxiety, depression, thoughts of suicide, and problems with emotions), how would you rate your mental health in general?
- ☐ Excellent ☐ Good ☐ Fair ☐ Poor
29. To what degree has your life been negatively affected by your own or someone else's substance abuse issues, including alcohol, prescription or other drugs?
- ☐ A great deal ☐ Somewhat ☐ A little ☐ Not at all
30. 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
31. Has cost prohibited you from getting a prescription or taking your medication regularly?
- ☐ Yes ☐ No ☐ Not applicable
32. In the past year, did you worry that you would not have enough food?
- ☐ Yes ☐ No
33. Do you feel that the community has adequate and affordable housing options available?
- ☐ Yes ☐ No ☐ Don't know
34. Which of the following injury prevention measures do you use regularly? **(Select ALL that apply)**
- ☐ Balance Improvement Classes/Exercises ☐ Designated driver ☐ Regular exercise  
☐ Child car seat/booster ☐ Helmet ☐ Seat belt  
☐ Mobility assistance devices ☐ None
35. 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
36. How well do you feel your health insurance covers your healthcare costs?
- ☐ Excellent ☐ Good ☐ Fair ☐ Poor
37. If you **do NOT** have health insurance, why? **(Select ALL that apply)**
- ☐ Can't afford to pay for health insurance ☐ Employer does not offer insurance  
☐ Choose not to have health insurance ☐ Other: \_\_\_\_\_

**38.** 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.*

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

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> 59034 Hardin      | <input type="checkbox"/> 59050 Lodge Grass | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> 59022 Crow Agency | <input type="checkbox"/> 59043 Lame Deer   |                                       |
| <input type="checkbox"/> 59035 Fort Smith  | <input type="checkbox"/> 59024 Custer      |                                       |

**40.** What is your gender?

- ☐ Male      ☐ Female      ☐ Prefer to self-describe: \_\_\_\_\_

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

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

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

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

**[CODED]**

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

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

**THANK YOU VERY MUCH FOR YOUR TIME**

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

## Appendix F- Cross Tabulation Analysis

### Knowledge Rating of Big Horn Hospital Association Services by How Respondents Learn About Healthcare Services

	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>	<b>Total</b>
<b>Friends/family</b>	15.9% (10)	49.2% (31)	33.3% (21)	1.6% (1)	<b>63</b>
<b>Healthcare provider</b>	17.5% (10)	57.9% (33)	22.8% (13)	1.8% (1)	<b>57</b>
<b>Word of mouth/reputation</b>	12.5% (7)	44.6% (25)	39.3% (22)	3.6% (2)	<b>56</b>
<b>Public health</b>	18.5% (5)	63.0% (17)	14.8% (4)	3.7% (1)	<b>27</b>
<b>Social media</b>	13.6% (3)	40.9% (9)	40.9% (9)	4.5% (1)	<b>22</b>
<b>Website/internet</b>	16.7% (3)	61.1% (11)	11.1% (2)	11.1% (2)	<b>18</b>
<b>Mailings/newsletter</b>	5.9% (1)	70.6% (12)	23.5% (4)	-	<b>17</b>
<b>Newspaper</b>	28.6% (2)	42.9% (3)	28.6% (2)	-	<b>7</b>
<b>Presentations</b>	-	100.0% (3)	-	-	<b>3</b>
<b>Radio</b>	-	66.7% (2)	-	33.3% (1)	<b>3</b>
<b>Other</b>	33.3% (1)	-	-	66.7% (2)	<b>3</b>

## Delay or Did Not Get Need Healthcare Services by Residence

	<b>Yes</b>	<b>No</b>	<b>Total</b>
<b>59034 Hardin</b>	36.1% (26)	63.9% (46)	<b>72</b>
<b>59022 Crow Agency</b>	16.7% (1)	83.3% (5)	<b>6</b>
<b>59050 Lodge Grass</b>	33.3% (1)	66.7% (2)	<b>3</b>
<b>59043 Lame Deer</b>	33.3% (1)	66.7% (2)	<b>3</b>
<b>59035 Fort Smith</b>	50.0% (1)	50.0% (1)	<b>2</b>
<b>59024 Custer</b>	-	100.0% (2)	<b>2</b>
<b>Other</b>	100.0% (1)	-	<b>1</b>
<b>TOTAL</b>	<b>34.8% (31)</b>	<b>65.2% (58)</b>	<b>89</b>

## Location of primary care clinic most utilized by residence

	Billings	Crow Agency	Hardin	Lodge Grass	Sheridan, WY	VA Clinic	Other	TOTAL
<b>59034 Hardin</b>	11.9% (8)	3.0% (2)	74.6% (50)	-	1.5% (1)	-	9.0% (6)	<b>67</b>
<b>59022 Crow Agency</b>	-	83.3% (5)	16.7% (1)	-	-	-	-	<b>6</b>
<b>59050 Lodge Grass</b>	33.3% (1)	-	-	33.3% (1)	-	-	33.3% (1)	<b>3</b>
<b>59035 Fort Smith</b>	50.0% (1)	-	-	-	-	-	50.0% (1)	<b>2</b>
<b>59024 Custer</b>	50.0% (1)	-	-	-	-	50.0% (1)	-	<b>2</b>
<b>59043 Lame Deer</b>	-	-	-	-	-	-	100.0% (1)	<b>1</b>
<b>Other</b>	-	-	-	-	-	-	100.0% (1)	<b>1</b>
<b>TOTAL</b>	<b>13.4% (11)</b>	<b>8.5% (7)</b>	<b>62.2% (51)</b>	<b>1.2% (1)</b>	<b>1.2% (1)</b>	<b>1.2% (1)</b>	<b>12.2% (10)</b>	<b>82</b>

Lame Deer and Pryor removed from primary care clinic location (top row) due to non-response.



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

	<b>Billings</b>	<b>Crow Agency</b>	<b>Hardin</b>	<b>Lodge Grass</b>	<b>Sheridan, WY</b>	<b>VA Clinic</b>	<b>Other</b>	<b>TOTAL</b>
<b>Closest to home</b>	-	7.1% (3)	76.2% (32)	2.4% (1)	-	-	14.3% (6)	<b>42</b>
<b>Prior experience with clinic</b>	14.6% (6)	4.9% (2)	65.9% (27)	-	2.4% (1)	-	12.2% (5)	<b>41</b>
<b>Appointment availability</b>	9.1% (3)	9.1% (3)	69.7% (23)	3.0% (1)	-	-	9.1% (3)	<b>33</b>
<b>Clinic/provider's reputation for quality</b>	22.2% (6)	-	70.4% (19)	3.7% (1)	-	-	3.7% (1)	<b>27</b>
<b>Privacy/ confidentiality</b>	20.0% (3)	6.7% (1)	53.3% (8)	-	-	-	20.0% (3)	<b>15</b>
<b>Recommended by family or friends</b>	15.4% (2)	-	61.5% (8)	-	-	-	23.1% (3)	<b>13</b>
<b>Referred by physician or other provider</b>	25.0% (3)	-	50.0% (6)	-	-	-	25.0% (3)	<b>12</b>
<b>Indian Health Services</b>	-	63.6% (7)	-	9.1% (1)	-	-	27.3% (3)	<b>11</b>
<b>Length of waiting room time</b>	14.3% (1)	-	85.7% (6)	-	-	-	-	<b>7</b>
<b>VA/Military requirement</b>	25.0% (1)	-	25.0% (1)	-	-	25.0% (1)	25.0% (1)	<b>4</b>
<b>Cost of care</b>	-	-	100.0% (2)	-	-	-	-	<b>2</b>
<b>Required by insurance plan</b>	-	-	100.0% (2)	-	-	-	-	<b>2</b>
<b>Other</b>	20.0% (1)	20.0% (1)	60.0% (3)	-	-	-	-	<b>5</b>

Lame Deer and Pryor removed from primary care clinic location (top row) due to non-response.

## Location of most utilized hospital by residence

	Big Horn Hospital Association	Billings Clinic	Crow Agency (IHS)	St. Vincent Healthcare (Billings)	Other	Total
<b>59034 Hardin</b>	29.8% (14)	17.0% (8)	-	40.4% (19)	12.8% (6)	<b>47</b>
<b>59022 Crow Agency</b>	-	-	25.0% (1)	25.0% (1)	50.0% (2)	<b>4</b>
<b>59050 Lodge Grass</b>	33.3% (1)	33.3% (1)	-	-	33.3% (1)	<b>3</b>
<b>59035 Fort Smith</b>	-	50.0% (1)	-	50.0% (1)	-	<b>2</b>
<b>59043 Lame Deer</b>	-	-	-	100.0% (2)	-	<b>2</b>
<b>59024 Custer</b>	-	-	-	100.0% (1)	-	<b>1</b>
<b>Other</b>	-	-	-	100.0% (1)	-	<b>1</b>
<b>TOTAL</b>	<b>25.0% (15)</b>	<b>16.7% (10)</b>	<b>1.7% (1)</b>	<b>41.7% (25)</b>	<b>15.0% (9)</b>	<b>60</b>

VA Hospital removed from hospital location (top row) due to non-response.

## Location of most recent hospitalization by reasons for hospital selection

	Big Horn Hospital Association	Billings Clinic	Crow Agency (IHS)	St. Vincent Healthcare (Billings)	Other	Total
Prior experience with hospital	30.0% (9)	16.7% (5)	-	53.3% (16)	-	30
Referred by physician or other provider	17.4% (4)	17.4% (4)	-	47.8% (11)	17.4% (4)	23
Closest to home	57.1% (12)	4.8% (1)	4.8% (1)	23.8% (5)	9.5% (2)	21
Emergency, no choice	40.0% (8)	10.0% (2)	5.0% (1)	30.0% (6)	15.0% (3)	20
Hospital's reputation for quality	11.8% (2)	23.5% (4)	-	58.8% (10)	5.9% (1)	17
Privacy/ confidentiality	40.0% (2)	-	-	60.0% (3)	-	5
Recommended by family or friends	20.0% (1)	20.0% (1)	-	60.0% (3)	-	5
Financial assistance programs	-	75.0% (3)	-	25.0% (1)	-	4
Closest to work	33.3% (1)	-	33.3% (1)	33.3% (1)	-	3
Cost of care	-	50.0% (1)	-	-	50.0% (1)	2
Required by insurance plan	-	-	-	-	100.0% (2)	2
VA/Military requirement	-	-	-	-	100.0% (1)	1
Other	-	20.0% (1)	-	40.0% (2)	40.0% (2)	5

VA Hospital removed from hospital location (top row) due to non-response.

## Appendix G- Responses to Other & Comments

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

- Drug use, meth
- All above

\*Responses when more than 3 were selected (2 participants):

- Alcohol abuse/substance abuse (2)
- Child abuse/neglect (1)
- Depression/anxiety (1)
- Diabetes (2)
- Domestic violence (1)
- Lack of affordable and safe housing (1)
- Overweight/obesity (2)
- Tobacco use (cigarettes, vaping, smokeless) (1)
- Trauma/Adverse Childhood Experiences (ACES) (1)

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

- All above

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

- Through self use
- I don't
- Quite by accident

6. Which community health resources, other than Big Horn Hospital, have you used in the last three years?

- I don't do my medical in Hardin, I go to Billings Clinic
- Hearing test
- Pain management, weight management
- X-ray
- Eye Bozeman
- Billings Clinic

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

- I don't do anything medical in Hardin
- A doctor or two
- Lack of money or insurance prevents seeking care for many folks
- Try stopping ER visits for clinic appointments

**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)

- My personal needs are met - I have very good insurance and use Billings too.
- None

**9.** Which of the following senior services are needed/could be expanded in our community? (Select ALL that apply)

- More specialist appointments that are local
- Respect
- Transportation low cost or free

**10.** Which of the following preventive services have you used in the past year? (Select ALL that apply)

- COVID Shots
- Pain management/weight management
- Rheumatologist
- n/a

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

- Mammography
- Workout facility

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

- Need more specialized help
- Just put it off

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

- *No "Other" responses were written on the survey.*

\*Responses when more than 1 was selected (10 participants):

- Billings (9)
- Crow Agency (3)
- Hardin (8)
- Lame Deer (1)
- Lodge Grass

- Pryor
- Sheridan, WY
- VA Clinic (1)

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

- Great rapport with my primary care
- Quality of care provided
- Selected for me by Billings Clinic
- VA
- No doctor here

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

- MT Ortho

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

- Big Horn Hospital Association (6)
- Billings Clinic (6)
- St. Vincent Healthcare (Billings) (6)

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

- I liked the doctor there
- Labor/delivery
- Follow through for ortho problem
- Therapy
- Hospital referral

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

- Denver - UCHHealth
- Video conference
- Billings and Mayo Clinic

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

- Abdominal surgeon
- Cancer center
- Hormone therapy
- Pain management (2)
- Blood doctor
- Bariatrics
- Sports medicine

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

- Christian Healthcare Ministry

\*Responses when more than 1 was selected (15 participants):

- Employer sponsored (2)
- Health Insurance Marketplace (3)
- Healthy MT Kids (2)
- Indian Health (5)
- Medicaid (3)
- Medicare (11)
- Private insurance/private plan (8)
- VA/Military (2)

**37. If you **do NOT** have health insurance, why?**

- Chose a health sharing ministry
- Teeth? When you get old, you need dental and eye care, retirement not covered
- I have health insurance

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

- 59031 Garryowen

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

- Male, female (3)

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

- Seasonal worker April 1 to October 31
- Self-employed

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

- Work full time (1)
- Work part time (1)
- Retired (2)
- Collect disability (1)
- Unemployed, but looking (1)

### **General comments**

- (Q12)
  - Selected “Don’t know” and wrote “They aren’t available”
- General comments
  - Please note: My husband is enrolled Crow. I am not, so some responses were about him (as a ‘family member’) and some were about me.

# Appendix H- Key Informant Interview - Questions

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

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



# Appendix I- Key Informant Interview - Transcripts

## **Key informant interview #1**

Monday, May 16, 2022 – Anonymous

Via phone interview

1. How do you feel about the general health of your community?
  - I think for general health of community, I unfortunately need to break this out into two categories. Diabetes among the native population is really challenging here. As for the rest of Big Horn County's population, I would say the general health is not bad.
2. What are your views/opinions about these local services:
  - Hospital/clinic:
    - I actually think the hospital and clinic are great considering the latest remodel and the new equipment they've added. I've been very impressed.
    - Aside from that, it sure would be nice to have consistent, local provider though.
    - I know One Health, the local community health center, has at least one provider on staff.
    - We even have a trauma center here.
  - EMS Services (ER/Ambulance)
    - In the emergency room, we have one or two actual doctors that still work with community. They do a lot of telehealth and a lot with the health information exchange.
    - As for the ambulance, we have 5-6 ambulances sitting and waiting for calls!
    - If you're local in our community of Hardin, response times can be good, but I'm not sure how adequate the response times are out of town. Big Horn County is a very large county.
  - Public/County Health Department
    - You know, I just recently did something with the public health department!
    - I used to know the Public Health Director. She was in the position for a long time!
    - They offer wonderful services! You can get immunization's here and they also help with monitoring things like blood pressure.

- Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
  - I've heard wonderful things about Heritage Acres, which is our local nursing home.
  - The County coordinates a hot lunch delivery program for seniors. I'm not sure how far out of Hardin they can deliver, but I assume it's within a mile or so of city limits.
  - The MSU Extension supports the local community center, which is located across from the courthouse.
  - There used to be two home health services, but now I think we only have one. I know they used to be good, but I haven't had experience or heard about them recently to have much of an opinion.
- Services for Low-Income Individuals/Families
  - My understanding is that our community does a lot to provide services and supports for low-income individuals.
  - Especially with One Health here, there's healthcare options for those with low incomes.
  - There are organizations around town that provide lots of opportunities for food giveaways throughout the year as well as more regular food boxes.
  - Think we still have an Office of Public Assistance (OPA), I think it recently moved though!

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

- Emergency services can be a local challenge, but I think we already seem to be addressing this issue.
- The other issue that is top of mind for me is diabetes among native populations.

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

- Dialysis is a service that we don't have anymore, but I have heard such a need for!
- I think we already have great services locally. I'm a strong believer in that we have what we need here, it's just making sure to connect people to the right services.

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

- I believe that everybody has choices in their lives. I made the conscious decision to make lifestyle changes, but there are a lot that don't make those choices.
- I think there are great programs already available here.

## **Key informant interview #2**

Tuesday, May 17, 2022 – Anonymous

Via phone interview

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

- Considering socioeconomic status, we are not Bozeman – we're at the other end of that.
- We have a lot of people that don't take a lot of the preventive measures – its more survival out here.
- If you don't have the means to get to Billings, it's a food desert. There are some gas stations that have small sections of produce, but it's very limited.
- Considering physical activity, we have gyms, but they aren't free. You also can't walk outside eight months of year due to bad weather.
- In general, there are some community members that are very healthy, but the majority of people are doing what they can to survive.

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

- Hospital/clinic:
  - We have the hospital and two clinics. One of the clinics is obviously associated with Big Horn Hospital Association, and the other is a community health clinic, called One Health.
  - I think access and care is very good at the hospital. But I also know there are some that feel they are not treated with same open and welcomeness as others of different races.
  - I think general emergency room care is good too.
  - As for the clinics, I really want to support both of them! But the biggest problem is transportation. If more and more services are moved to Billings, transportation is going to become an even bigger issue. Even though Medicaid reimburses for transportation to necessary appointments, it's not used much.
  - I know Crow Agency has a tribal bus to take tribal members to Billings.
  - Crow Transit is back up and running, and there's a Dialysis bus available.
  - Indian Health Services (IHS) is also a local healthcare option for tribal members. It's over on the Northern Cheyenne Reservation.
  - There's been an increase in mental health services through both local primary care clinics, which is great.

- There was a taskforce that was working on a taxi service. But the business went into bankruptcy. The taskforce talked to Uber, but because of our rural geography it was not deemed feasible.
- At least with dental appointments, we can give out gas cards. Dentists are great about asking about the patient's transportation to the next appointment. I think One Health might even ask about transportation to their next appointments as well.
- EMS Services (ER/Ambulance)
  - We have one of the best EMS/ambulance services in State of Montana. They are such a committed group and have an excellent Director! Since they are associated with Big Horn County, the County Commissioners are the one's watching their budget.
  - They have all paid staff members. COVID was very challenging with quarantines and having enough coverage.
  - We don't have enough rigs to cover the entire county, so sometimes one will be out in Lodge Grass and if there's a need in Hardin, you start getting into a bad situation. Oftentimes, you might have to transport yourself if you have access to car and gas.
  - Our ambulance often gets called to check-in on homeless populations. They can help deescalate situations.
- Public/County Health Department
  - If the County Health Department had more funding, they could probably have more staff and support more programming. I know that sometimes staff have volunteered hours due to going over their standard 40 hours per week.
  - We still don't have sanitarian, so the Public Health Nurse is having to cover that too.
  - I think they've been really good about partnering and starting coalitions when needs arise.
- Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
  - There's only one home health service locally, and they only have home health aides. It would be nice to have a local organization provide skilled nursing, too. We've had some Billings organizations stating they will provide these services, but they often end up dropping Big Horn County. These home health services often fall to the public health nurse and community volunteers to provide, but neither can get reimbursement for providing the service.

- IHS has community health aides, but if you're non-native, you fall through cracks.
- Nursing home is an asset to have here. It's great to keep folks in town when possible!
- The Crow Nation has a local nursing home. The residents are even able to speak Crow and people will understand them!
- Unlike other areas of the state and nation, we don't have long waiting lists for these nursing home services.
- Transportation is another piece I should touch on here. If you are wheelchair bound and you need help getting to an appointment, there's no ADA accessible bus to take you to said appointment.
- Services for Low-Income Individuals/Families
  - Women, Infants, and Children (WIC) does an excellent job. There are WIC offices in Hardin, Lodge Grass, and Crow Agency. It's also feasible to get support over the telephone and Zoom due to COVID.
  - The HRDC has a good contingent that's been built up in last three years. They do a lot around advocacy and community awareness of things such as day care.
  - There is a need for more affordable housing options.
  - The Office of Public Assistance (OPA) is a disaster. During COVID, the number of employees shrunk. Now, the OPA office is located in the old Dairy Queen building, but I think they are moving back to main street in an old restaurant building. People are having a hard time physically locating them.
  - Internet can be a challenge here. The library has about five computers and some staff that can support navigating computers. Once out of Hardin though, Wi-Fi is horrific. When schools closed during COVID and children transitioned to distance learning, empty school buses would bring Wi-Fi hot spots to neighborhoods at scheduled times and kids could bring out their school issued laptops to access what they needed.
  - YWCA was able to bring a domestic violence shelter to the area, so that has been great for this area.

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

- Mental health is a pretty significant issue here.
- Aside from that, there's just a lot of generational pain leading to alcohol and drug use. Lots of kids here are being raised by their grandparents. We need to come up with more ways to help people cope. Perhaps things like group trainings, talk with 4th graders about stress, etc.

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

- I would love to see more traveling specialists like dermatology, rheumatologists, etc. come to the area.
- This isn't a specific services per say, but I think there could be a better coordination of care for our community members. There seems to be a lack of coordination between Billings health systems and the home community of the patient. For example, it would be nice if more could be done to intervene and provide support if a pediatrician in Billings sees a child for an appointment and their parent appears to be under the influence of a substance.
- Another example might be the health system alerting the appropriate local health department if a baby is sent home on something like a feeding tube. These can be high stress situations and a lot to take in in the moment. A local health nurse is more than equipped to visit the home and make sure the baby is getting the right dosage when they're settled at home and the family is comfortable with the feeding tube.

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

- I think we could be healthier if we had access to more fruits and vegetables at affordable rates. Currently, you have to travel to Billings.
- I'd like to see more walking clubs or really anything to encourage folks to get out when the weather is good. Perhaps even a free or subsidized place to be active and healthy when the weather is not as good. Pregnant women around here have big challenges with staying active which makes having babies of healthy weights difficult.
- Mental health also needs to be addressed here. If you're hurting inside, how are you going to go to the gym and even prepare healthy meals? We need to support people more! They shouldn't be worried about shelter and basic needs.

**Key informant interview #3**

Wednesday, May 18, 2022 – Anonymous

Via phone interview

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

- I think we have relatively good health services in Big Horn County.
- There are probably mental health needs that are difficult to meet due to limited resources locally.

- I think we have a clean and healthful environment. Which is healthier than most places!
- I've heard about huge drug problem here though with people using meth and other substances.

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

- Hospital/clinic:
  - I think hospital is excellent! It has been great when I've had to use it. For things like blood draws, if you don't want to run it through insurance, they are reasonably priced.
  - We have two clinics locally. I really haven't had experience with One Health, so I'll remain neutral on that one.
  - As for the Hardin Clinic, I think it's been hampered by fact that they only have mid-level providers. We might be spoiled though. We used to have three physicians, but then St. Vincent's bought out and opened a clinic. With passage of time, our physicians retired or moved away from the area.
  - I think the clinic has always been great though.
  - It's often hard to get an appointment in Billings though. They often have a long wait.
- EMS Services (ER/Ambulance)
  - I've heard our ambulance is great! But response times can be challenging if there are multiple events at the same time.
  - I don't have any emergency room experience, so I can't provide an opinion.
- Public/County Health Department
  - I think the local health department tried really hard during the COVID-19 pandemic. There were a lot of people questioning their authority, but I thought they had our best interests at heart.
  - If you're new to Hardin might be challenging to find their location.
- Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
  - We have a really nice senior center. It's in such a great facility.
  - I have a positive view of the nursing home. The employees are great!
- Services for Low-Income Individuals/Families
  - Based on what I know, people with low income have just as good of services as anyone else here. I could be wrong, but with the expansion of Medicaid, if anyone wants to jump through hoops, I think they can access health services.
  - By and large people seem to have pretty good access to health services around here. The biggest issues are likely insurance costs. I think those in the

middle income bracket of America may have a bigger barrier because of a lack of support available to them.

3. What do you think are the most important local healthcare issues?
  - Drug use is a pretty big issue here.
  - Mental health is also challenging. We unfortunately have many suicides by young people.
4. What other healthcare services are needed in the community?
  - We could probably use additional mental health resources and services. Some local counselors might be nice.
5. What would make your community a healthier place to live?
  - If drug use was curbed, I think there would be less crime and it would be healthy for all of us.

#### **Key informant interview #4**

Thursday, May 26, 2022 – Anonymous

Via phone interview

1. How do you feel about the general health of your community?
  - Within my circle, I think we're in good health.
  - As for the community, I think generally we have good health, but the homeless population might not be as healthy.
2. What are your views/opinions about these local services:
  - Hospital/clinic:
    - I don't have any experience with One Health, so I can't have an opinion. I do know that their hours run later into the night which is nice.
    - I think the doctors and nurses at St. Vincent's Hardin Clinic are great. Currently, there isn't a doctor on staff though, they are all Physicians Assistants or Nurse Practitioners. This is hard if you prefer to see a doctor.
    - As for the hospital, I think it's real nice for small community.
  - EMS Services (ER/Ambulance)



- For a community of our size and geography, I think our ambulance and paramedics are well educated and run really well in this community. I think they have adequate response times too.
- I've been pleased with hospital so I think the emergency room is fine; but I'm not sure how they collaborate with One Health. I think we primarily get traveling nurses in the emergency room.
- Public/County Health Department
  - I think they're fine too. They were active during COVID. I think it's sufficient and adequate given our area.
- Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
  - We have a nursing home with assisted living on one side. It's called Big Horn Senior Living. I hear great things! They have a bus to take folks to dentist, etc.
  - The Hospital used to have nursing home, but think they've gotten out of the business.
  - Council on Aging has the Meals on Wheels program and provides daily meals. There is space for socializing there throughout the day and a bus available for local needs.
- Services for Low-Income Individuals/Families
  - The reservations themselves have their own programs, so there's services available if a need is identified.
  - I know the food bank in Hardin is heavily used.

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

- The most important issue that I see is homelessness. Alcohol issues around here are also not improving. It would be nice if they had a place to go to! Having a Montana Rescue Mission locally would be nice so they could be off the streets and have access to things like showers, clothes, meals, etc.

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

- At one point the hospital had dialysis, but I don't think they offer that service that anymore. It's hard for folks to travel to Billings frequently for a service like this.
- In general, we always get referred to Billings. It would be nice if the specialists would come here once in a while because transportation can be a real issue here.
- I would also like to see an advocate to work with elderly population. Someone who could do things like take notes during medical appointments or help ask questions.

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

- I don't think there's any place that's a utopia. I think so much of health and accessing services is self-motivated. If you need them, use them.
- I don't know that there's anything more we can do to make our area healthier.

**Key informant interview #5**

Thursday, May 26, 2022 – Anonymous

Via phone interview

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

- I would say our health is mainly good, but we have a lack of medical doctors (MDs) in Hardin. There's only one at One Health and there might be another part time MD too.

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

- Hospital/clinic:
  - I think the local hospital has excellent care and staff. But again, there isn't an MD on duty.
  - Our Clinic is under St. Vincent's. One day is walk-in only appointments. For some things, people might still need an appointment. I know there's challenges with getting appointments.
- EMS Services (ER/Ambulance)
  - I don't know much about our ambulance except that it's very busy and efficient!
  - I know the emergency room staff is excellent. They have great nurses.
- Public/County Health Department
  - I think they're doing well. I think they could put more public information out and host more health fairs. I know people keep asking for these things.
  - Right now, they are in a building that's not ADA accessible, so that could be seen as a challenge. They'll be moving to the county building soon, so that should help.
- Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
  - Our senior center doesn't have transportation services any longer. They've been gone for about two years. The cost of personnel and a smaller vehicle was out of the budget.

- Transportation is such a need here and because of that, some of our elderly are moving to Billings.
- The nursing home offers in town medical transport during the weekdays.
- We also have a Meals on Wheels program that runs Monday through Friday.
- Services for Low-Income Individuals/Families
  - I guess we have an Office of Public Assistance (OPA) locally, but I don't have a lot of knowledge on anyone that's there.
  - We have a food bank locally!

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

- Getting an appointment with regular medical doctor is probably our biggest issue.
- Transportation is another big issue that I've already discussed!
- Housing might be another challenge for our area. Single-level senior housing would be a need that I've heard. Most apartments we have here are in poor shape or have stairs/elevators.

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

- More MDs would be great!
- Any specialists coming on certain days of the week could really help to alleviate travel barriers.
- They already offer physical therapy at the Clinic, but they don't have cardiac and respiratory rehabilitation. Community members are having to travel up to Billings for these services.
- Other than that, I think OPA takes care of a lot!

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

- This community has an issue with crime. There are a lot of elders that have people just walking into their home in broad daylight and robbing them even when they're home. There's a county sheriff and newly formed city police that they're hoping helps with these issues. But I think they need to better align the two groups. Currently, there isn't any follow up or repercussions for these crimes.
- One final note I'd like to make is that I know of people that got the survey, but forgot to fill it out!

### **Key informant interview #6**

Friday, June 3, 2022 – Anonymous

Via phone interview

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

- I would say generally we're way under par.
- It's serious. There's a neglect toward group health, towards general population, and even into the schools. I'd say it's mostly because of lifestyles.
- I've noticed standards at the local school are not as high as one might hope for. Kids aren't as challenged as they could be. There are extra classes and programs for those that are struggling, but not those who are on the other side of the spectrum and hungry for more of a challenge.

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

- Hospital/clinic:
  - I think our local hospital does a pretty good job servicing the community. I have a positive view of them.
  - I've noticed some inconsistency with staff. They've been losing professionals and had workforce challenges, but I know this isn't unique to just our area. The longevity in our hospital staff is just not there anymore.
  - There is a major disconnect between the Hardin Clinic and Hospital since they're lacking a provider. There is also a challenge since the hospital connects more with Billings Clinic, while the Clinic is associated with St. Vincent's.
  - Something that the hospital could do to help employees is support a place where employees could go to de-stress (i.e., provide exercise equipment, etc.).
  - I'm not sure much about One Health, so I can't provide an opinion.
- EMS Services (ER/Ambulance)
  - I feel like they do a good job in the emergency room. It's been much better after the remodel in servicing the ambulance and patients more efficiently. Staffing can be challenging though. It's primarily staffed with nurse practitioners and physicians assistants, with physicians on call.
  - In the past, we've had a very good and renowned paramedic and critical care team. They are run by Big Horn County. They have a large service area. I think it's been challenging for them to find workforce. Response times can be long if the call is outside of Hardin.

- They station one rig in Hardin and another in Lodge Grass. The crux comes when one is out on a transport to Billings.
- Public/County Health Department
  - I think the health department does a very good job for small community like ours. The public health nurse is fairly new.
  - I think they need a better process for home health services. They are not really provided through here.
  - I thought their process was very good during COVID.
- Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
  - I don't know much in this area, but I have heard good things about the senior center! I know they do the Meals on Wheels program.
  - We have Big Horn Senior Living, which is our nursing home.
  - We need some better housing for senior living – something between an apartment and the nursing home. Ideally something more independent and not associated with hospital. We have a number of elderly who have had to leave the area to find adequate housing for their needs.
- Services for Low-Income Individuals/Families
  - I do believe One Health provides a lot of low-income health services, so that's a great asset to have locally!
  - I don't know about comparable services at the hospital, but they would be good to know about to spread the word.
  - It would be good to have a central place where all services are accessible or someone can guide and direct to needed services. I wouldn't even know where to go either. How do people know about services?
  - We have an Office of Public Assistance (OPA), but I don't know how you contact them. I've tried to call before and it's really challenging. You can't call a local person, it goes to some call center.
  - The food bank does well! They are open Tuesdays and Thursdays. They have a great director and garden on the side of the building. There are volunteers who help out with stocking and inventory.
  - We have Big Horn Industries which provides a green house and plotted garden spaces. People can rent a spot to grow their own produce!
  - I think the local schools are doing some farm to table programming as well.

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

- I would say just people being healthy is an issue. That includes both fitness and diets.

- We do have quite a bit of homelessness which is difficult for those who live and visit here.
- I think there are programs supporting healthy lifestyles, but I don't know what you do to get people to utilize them more.
- There are some pockets of our population that are very health conscious already! The MSU Extension has a free program, now called Strong People. They have expanded into the church basement since I think they get about 30-40 participants!
- There's a gym in town that's run by it's members. There is a cost to keep things running.

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

- I would like to see manicured walking tracks or walking/biking trails.
- I'm not sure of their status, but there was a group at one time called Healthy Hardin who was trying to improve streets and sidewalks throughout the community.
- A parks program would also be nice. We've never had a good summer parks programs providing healthy activities in parks (i.e., exercise in general, exercise for elderly, games, art, books, etc.). I think kids especially might benefit from healthy and productive activities like a parks program.
- As for illnesses, I think we have a lot that drive a long way for dialysis and other appointments. I think our community would be well served if we had more central services.
- We have some access to specialties at satellite clinics such as wound care, but dermatology, orthopedics, pediatrics, etc. would be great!
- There's one bus that comes from Crow Agency but I'm not sure if they deliver people to appointments in Billings.
- The Hospital or maybe even the senior center has bus for seniors to arrange to get a ride to Billings area appointments.

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

- I think I've already touched on what's important to me.
- It would be great to have places to go, that aren't costly, that promote health. Especially those incorporating the outdoors like parks and trails!
- This is off the beaten path of our conversation so far, but it could also be great to have city ordinances that were really maintained and the standard. I'm thinking things to ensure properties and streets looked good, not people wandering around town, park maintenance. I've unfortunately seen this go downhill – the community is

not as vibrant as it used to be. A sense of pride doesn't seem to be here anymore. I'm not sure how to address that aside from standards that you maintain.

## Appendix J- Request for Comments

Written comments on this 2022 Community Health Needs Assessment Report can be submitted to:

Big Horn Hospital Association  
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