



2023

COMMUNITY HEALTH NEEDS ASSESSMENT

Harlowton, Montana

*Assessment conducted by **Wheatland Memorial
Healthcare** in cooperation with the Montana
Office of Rural Health*



Wheatland
Memorial
Healthcare

Quality Healthcare Close to Home



MONTANA
STATE UNIVERSITY

Office of Rural Health
Area Health
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INTRODUCTION

Introduction

Wheatland Memorial Healthcare (WMH) is a 25-bed nonprofit Critical Access Hospital (CAH) and rural health clinic based in Harlowton, Montana. Wheatland Memorial Healthcare provides medical services to approximately 3,200 people which includes residents in Wheatland County, and portions of Judith Basin, Golden Valley, Sweet Grass and Meagher Counties. Wheatland Memorial Healthcare is the only hospital in Wheatland County and houses both clinic and hospital services in the same facility.

Wheatland Memorial Healthcare’s primary service area includes the communities of Harlowton, Judith Gap, Shawmut, and Two Dot; with most of the County’s populated communities located along US 12 or US 191. Wheatland 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.



In addition to clinic appointments, Wheatland Memorial Healthcare’s family medicine practitioners also staff the Emergency Department. WMH offers a range of services including emergency care, diagnostic imaging, mental health services, physical therapy, laboratory and a visiting outreach physician who specializes in general surgery.

Mission: Responsive to the healthcare needs of the communities we serve, Wheatland Memorial Healthcare is dedicated to providing sustainable quality care with respect, compassion and teamwork.

Wheatland Memorial Healthcare participated in the Community Health Services Development (CHSD) Project administrated by the Montana Office of Rural Health (MORH) and funded in part through the Montana Health Research and Education Foundation (MHREF) Flex Grant. Community involvement in steering committee meetings, focus groups, and key informant interviews enhance community engagement in the assessment process.

In the winter of 2023, Wheatland County was surveyed about its healthcare system. This report shows the results of the survey in both narrative and chart formats. A copy of the survey instrument is included 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 2023 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 Wheatland Memorial Healthcare 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 December 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 January 2023, surveys were mailed out to the residents in Wheatland 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

Wheatland Memorial Healthcare 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 549 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. It was intended to include Shawmut in the survey sampling; however the vendor was not able to provide addresses for that zip code thus surveys were not sent to the zip code. Note: although the survey samples were proportionately selected, actual surveys returned from each population area varied, which may result in slightly less proportional results. See table below for the survey distribution.

Zip Code	Population ¹	Community Name	Total Distribution	# Male	# Female
59036	1,505	Harlowton	353	177	176
59074	490	Ryegate	86	43	43
59053	354	Martinsdale	66	33	33
59453	362	Judith Gap	22	11	11
59085	88	Two Dot	22	11	11
Total	2,799		549	275	274

Focus groups 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 Focus Group Methodology

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

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

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

Survey Implementation

In January 2023, a survey, cover letter on Wheatland Memorial Healthcare’s letterhead with the Chief Executive Officer’s signature, and a postage paid envelope were mailed to 549 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 Wheatland Memorial Healthcare would be conducting a community health services survey throughout the region in cooperation with the Montana Office of Rural Health.

Ninety-five surveys were returned out of 549. Of those 549 surveys, 85 surveys were returned undeliverable for a 20.5% response rate. From this point on, the total number of surveys will be out of 464. 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 9.89%.

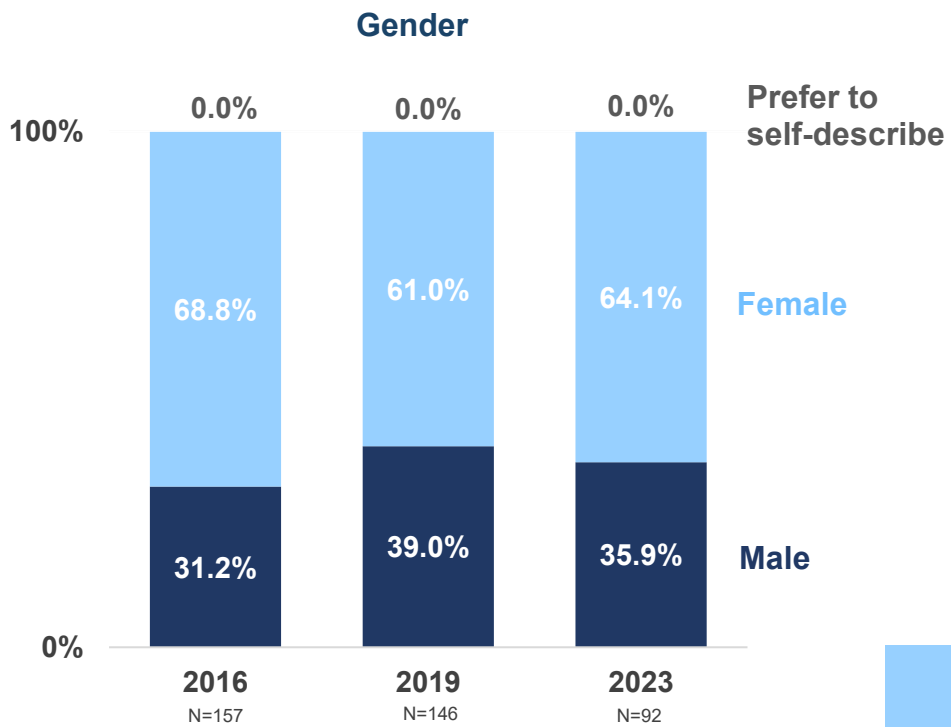
Survey Respondent Demographics

A total of 464 surveys were distributed amongst Wheatland Memorial Healthcare’s service area. Ninety-five surveys were completed for a 20.5% response rate. The following table and graphs indicate the demographic characteristics of the survey respondents. Information on location, gender, age, and employment is included. Percentages indicated on the tables and graphs are based upon the total number of responses for each individual question, as some respondents did not answer all questions.

Place of Residence	2016 % (n)	2019 % (n)	2023 % (n)
Number of respondents	158	148	94
59036 Harlowton	79.7% (126)	78.4% (116)	61.7% (58)
59074 Ryegate	3.2% (5)	4.1% (6)	12.8% (12)
59053 Martinsdale	1.9% (3)	2.0% (3)	9.6% (9)
59453 Judith Gap	6.3% (10)	6.8% (10)	7.4% (7)
59085 Two Dot	4.4% (7)	4.7% (7)	7.4% (7)
59078 Shawmut	4.4% (7)	3.4% (5)	0.0% (0)
Other		0.7% (1)	1.1% (1)
TOTAL	99.9% (158)	100.1% (148)	100.0% (94)

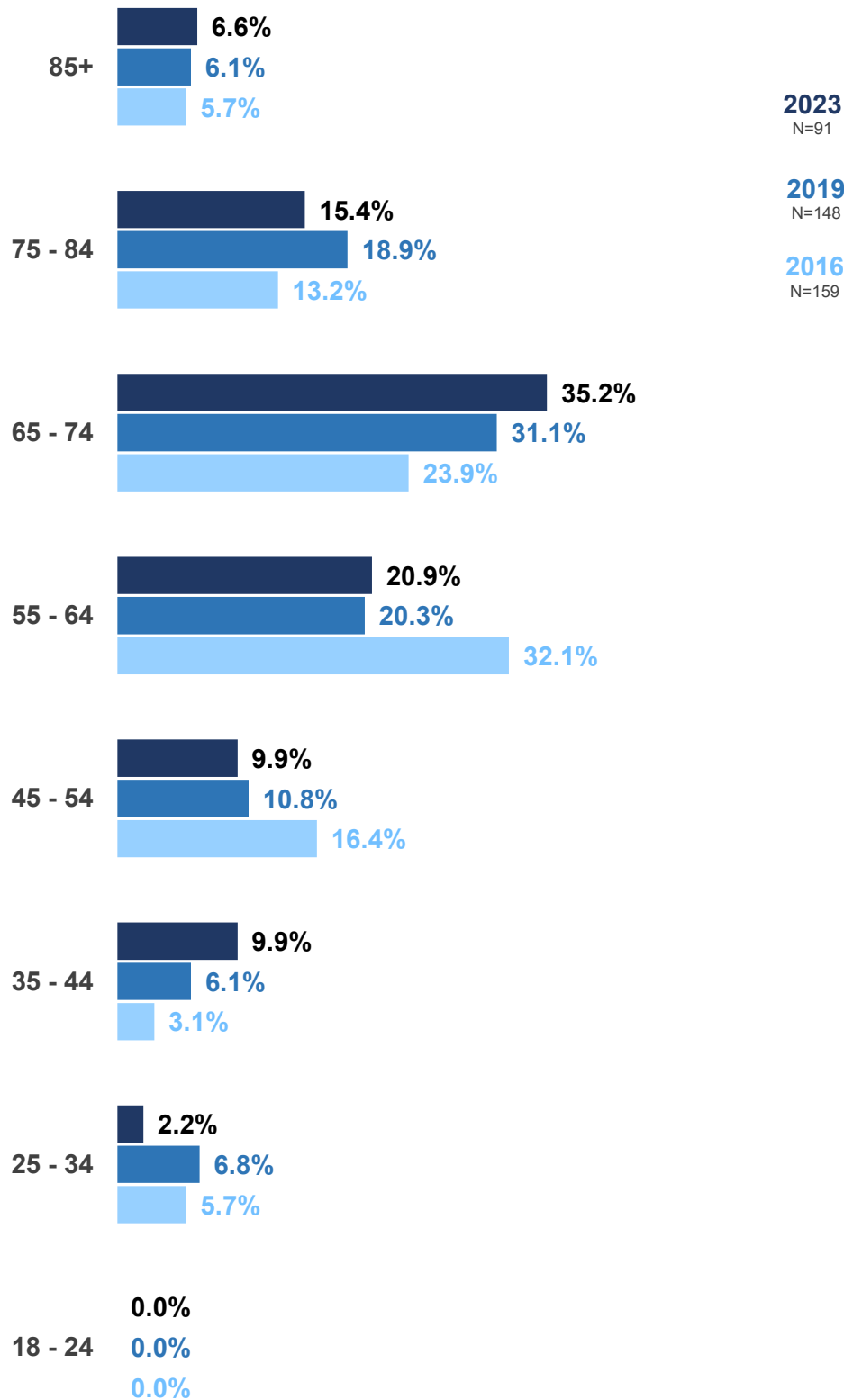
Statistical significance was not measured as reporting differed between 2023 and the two previous years. A larger number of missing values in 2023 compared to previous years would result in a skewed test for significance, indicating a meaningful change when one may not exist. Grayed out cells indicate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

Gender of survey respondents



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

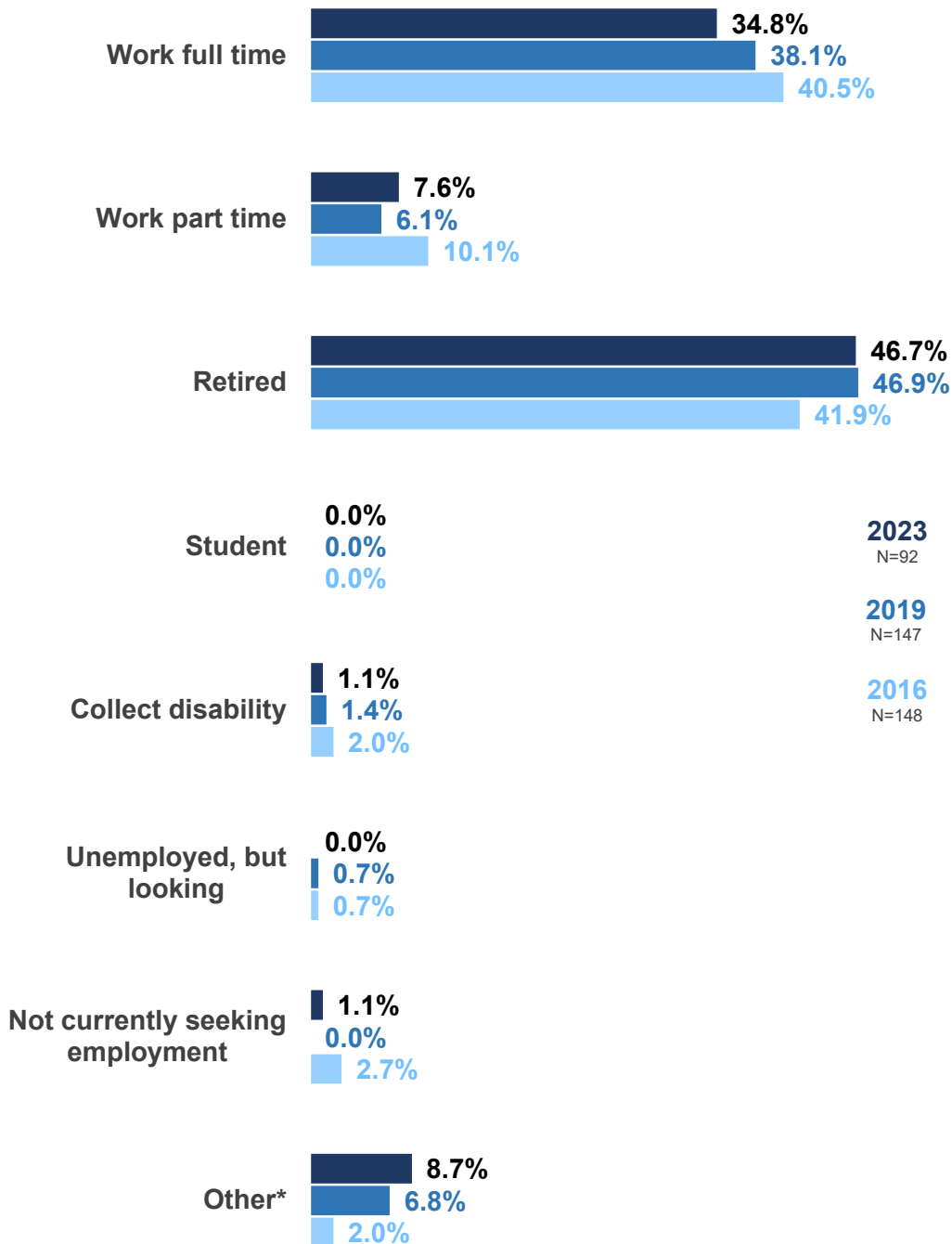
Age of respondents for all years of the survey



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

Employment status

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



*Respondents (N=4) who selected over the allotted amount were moved to "Other."

"Other" comments included: Stay at home mom (2) and Rancher



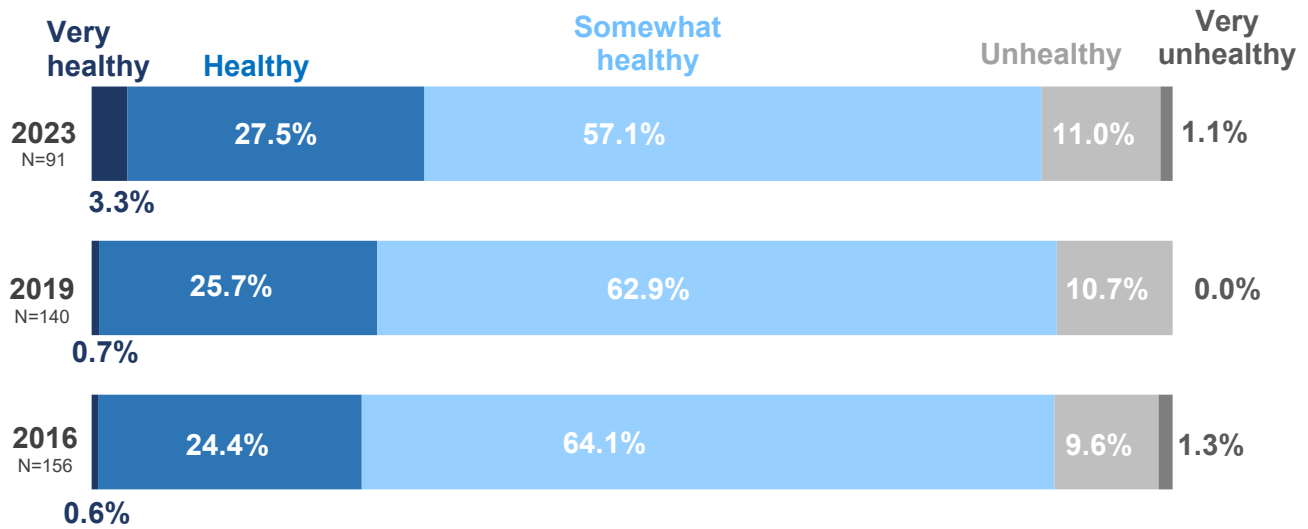
SURVEY RESULTS

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 one percent of respondents (n=52) rated their community as “Somewhat healthy,” and 27.5% of respondents (n=25) felt their community was “Healthy.” Eleven percent of respondents (n=10) indicated they felt their community was “Unhealthy,” and 3.3% of respondents (n=3) rated their community as “Very healthy.”

More 2023 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/substance abuse” at 51.1% (n=47). “Drug abuse” was also a high priority at 44.6% (n=41), which experienced a significant change since 2011.

Health Concern	2016 % (n)	2019 % (n)	2023 % (n)	SIGNIFICANT CHANGE
Number of respondents	161	148	92	
Alcohol/substance abuse	42.2% (68)	48.0% (71)	51.1% (47)	<input type="checkbox"/>
Drug abuse		64.2% (95)	44.6% (41)	<input checked="" type="checkbox"/>
Cancer	29.8% (48)	20.9% (31)	25.0% (23)	<input type="checkbox"/>
Overweight/obesity	31.7% (51)	17.6% (26)	21.7% (20)	<input checked="" type="checkbox"/>
Depression/anxiety	10.6% (17)	18.9% (28)	16.3% (15)	<input type="checkbox"/>
Mental health issues	12.4% (20)	10.8% (16)	13.0% (12)	<input type="checkbox"/>
Heart disease	16.1% (26)	6.8% (10)	12.0% (11)	<input checked="" type="checkbox"/>
Stroke	2.5% (4)	0.0% (0)	10.9% (10)	<input checked="" type="checkbox"/>
Tobacco use (cigarettes/cigars, vaping, smokeless)	12.4% (20)	18.9% (28)	10.9% (10)	<input type="checkbox"/>
Work/economic stress			8.7% (8)	<input type="checkbox"/>
Diabetes	10.6% (17)	8.8% (13)	7.6% (7)	<input type="checkbox"/>
Lack of access to healthcare	11.2% (18)	7.4% (11)	7.6% (7)	<input type="checkbox"/>
Respiratory diseases (COPD, asthma)	9.9% (16)	4.7% (7)	7.6% (7)	<input type="checkbox"/>
Lack of exercise	15.5% (25)	9.5% (14)	6.5% (6)	<input type="checkbox"/>
Alzheimer’s/dementia		5.4% (8)	5.4% (5)	<input type="checkbox"/>
Social isolation/loneliness		8.8% (13)	5.4% (5)	<input type="checkbox"/>
Child abuse/neglect	8.7% (14)	4.7% (7)	4.3% (4)	<input type="checkbox"/>
Domestic violence	5.0% (8)	2.7% (4)	2.2% (2)	<input type="checkbox"/>
Lack of dental care	9.9% (16)	4.1% (6)	2.2% (2)	<input checked="" type="checkbox"/>
Motor vehicle accidents	0.0% (0)	1.4% (2)	2.2% (2)	<input type="checkbox"/>
Trauma/Adverse Childhood Experiences (ACES)			2.2% (2)	<input type="checkbox"/>
Work related accidents/injuries	2.5% (4)	2.0% (3)	2.2% (2)	<input type="checkbox"/>
Hunger		0.0% (0)	1.1% (1)	<input type="checkbox"/>
Prescription drug abuse		6.8% (10)	1.1% (1)	<input checked="" type="checkbox"/>
Recreation related accidents/injuries	1.9% (3)	1.4% (2)	0.0% (0)	<input type="checkbox"/>

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Self-harm		1.4% (2)	0.0% (0)	<input type="checkbox"/>
Suicide		1.4% (2)	0.0% (0)	<input type="checkbox"/>
Other	5.0% (8)	8.8% (13)	8.7% (8)	<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=6) who selected over the allotted amount were moved to “Other.”

“Other” comments included: Gambling and other addictions

(View all comments in Appendix G)

Components of a Healthy Community (Question 3)

Respondents were asked to identify the three most important things for a healthy community. Fifty-two point one percent of respondents (n=49) indicated that “Access to healthcare services” is important for a healthy community, followed by “Good jobs and a healthy economy” at 36.2% (n=34), and “Affordable/available housing” at 30.9% (n=29).

Components of a Healthy Community	2016 % (n)	2019 % (n)	2023 % (n)	SIGNIFICANT CHANGE
Number of respondents	161	148	94	
Access to healthcare services	54.7% (88)	49.3% (73)	52.1% (49)	<input type="checkbox"/>
Good jobs and a healthy economy	46.6% (75)	43.9% (65)	36.2% (34)	<input type="checkbox"/>
Affordable/available housing	13.7% (22)	19.6% (29)	30.9% (29)	<input checked="" type="checkbox"/>
Healthy behaviors and lifestyles	37.3% (60)	24.3% (36)	27.7% (26)	<input checked="" type="checkbox"/>
Religious or spiritual values	21.7% (35)	23.6% (35)	22.3% (21)	<input type="checkbox"/>
Strong family life	40.4% (65)	27.0% (40)	21.3% (20)	<input checked="" type="checkbox"/>
Good schools	25.5% (41)	25.7% (38)	19.1% (18)	<input type="checkbox"/>
Access to childcare/after school programs		12.2% (18)	16.0% (15)	<input type="checkbox"/>
Access to healthy foods		6.1% (9)	12.8% (12)	<input type="checkbox"/>
Community involvement	13.0% (21)	16.2% (24)	12.8% (12)	<input type="checkbox"/>
Low crime/safe neighborhoods	19.3% (31)	15.5% (23)	12.8% (12)	<input type="checkbox"/>
Transportation services		4.7% (7)	6.4% (6)	<input type="checkbox"/>
Clean environment	11.2% (18)	8.8% (13)	5.3% (5)	<input type="checkbox"/>

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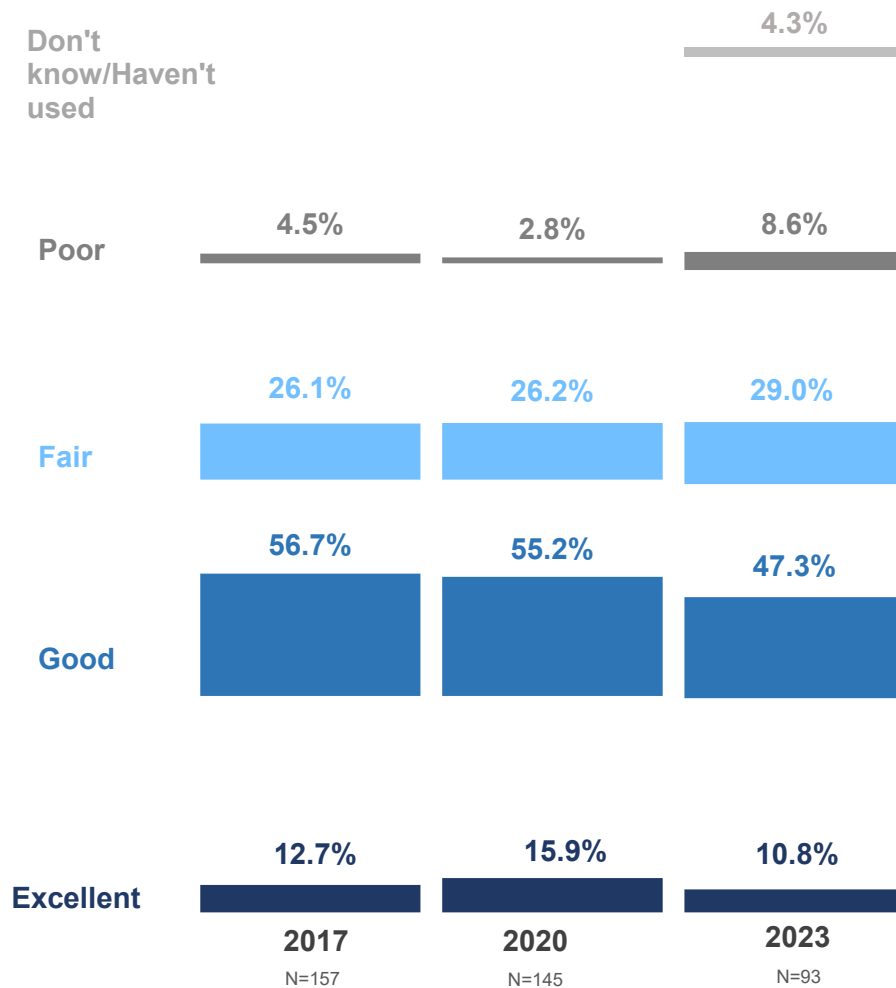
Low death and disease rates	1.9% (3)	2.0% (3)	4.3% (4)	<input type="checkbox"/>
Tolerance for diversity	5.6% (9)	2.0% (3)	4.3% (4)	<input type="checkbox"/>
Low level of domestic violence	3.1% (5)	0.7% (1)	2.1% (2)	<input type="checkbox"/>
Parks and recreation	1.9% (3)	1.4% (2)	2.1% (2)	<input type="checkbox"/>
Arts and cultural events	0.0% (0)	1.4% (2)	1.1% (1)	<input type="checkbox"/>
Other	0.0% (0)	3.4% (5)	2.1% (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. *Respondents (N=2) who selected over the allotted amount were moved to "Other."

Knowledge of Health Services (Question 4)

Respondents were asked to rate their knowledge of the health services available through Wheatland Memorial Healthcare. Forty-seven point three percent of respondents (n=44) rated their knowledge of health services as "Good." "Fair" was selected by 29.0% percent (n=27) of respondents.

58.1% of 2023 respondents rated their knowledge of services as Good or Excellent



How Respondents Learn of Health Services (Question 5)

When asked how survey respondents learn about health services available in the community, the most frequently indicated method of learning was “Word of mouth/reputation” at 73.1% (n=68). “Friends/family” was also frequently used to learn about health services at 57.0% (n=53), followed by “Healthcare provider” at 31.2% (n=29).

How Respondents Learn about Community Health Services	2016 % (n)	2019 % (n)	2023 % (n)	SIGNIFICANT CHANGE
Number of respondents	161	148	93	
Word of mouth/reputation	56.5% (91)	62.2% (92)	73.1% (68)	■
Friends/family	51.6% (83)	57.4% (85)	57.0% (53)	□
Healthcare provider	28.6% (46)	36.5% (54)	31.2% (29)	□
Newspaper	38.5% (62)	31.1% (46)	24.7% (23)	□
Social media		23.0% (34)	24.7% (23)	□
Community posters	5.0% (8)	11.5% (17)	17.2% (16)	■
Website/internet		7.4% (11)	14.0% (13)	□
Health fair	11.8% (19)	4.7% (7)	5.4% (5)	■
Presentations	1.2% (2)	0.7% (1)	4.3% (4)	□
Public Health		0.7% (1)	3.2% (3)	□
Other	5.6% (9)	4.7% (7)	5.4% (5)	□

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: Phonebook and research

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

Utilized Community Health Resources (Question 6)

Respondents were asked which community health resources, other than Wheatland Memorial Healthcare, they had used in the last three years. “Pharmacy” was the most frequently utilized community health resource cited by respondents at 71.6% (n=58). The “Dentist” was utilized by 38.3% (n=31) of respondents followed by “Armory (Gym)” at 27.2% (n=22).

Use of Community Health Resources	2016 % (n)	2019 % (n)	2023 % (n)
Number of respondents	161	148	81
Pharmacy	72.0% (116)	72.3% (107)	71.6% (58)
Dentist	28.6% (46)	31.8% (47)	38.3% (31)
Armory (Gym)			27.2% (22)
Church/Food truck			16.0% (13)
Senior Center	16.1% (26)	16.9% (25)	16.0% (13)
Public Health	6.2% (10)	5.4% (8)	12.3% (10)
Chiropractic services			11.1% (9)
Counseling	2.5% (4)	1.4% (2)	3.7% (3)
HRDC/WIC	6.8% (11)	4.1% (6)	2.5% (2)
Migrant health services			0.0% (0)
Other	3.7% (6)	12.2% (18)	6.2% (5)

Respondents were asked to select all other community health resources used, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year.

“Other” comments included: Physical Therapy and Shot 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 (64.4%, n=58) reported that “Access to a doctor (MD/DO)” would make the greatest improvement. Fifty-five point six percent of respondents (n=50) indicated “More primary care providers” followed by “More information about available services” at 41.1% (n=37) would improve access.

Access to a doctor (MD/DO) would make the greatest improvement to healthcare access.

What Would Improve Community Access to Healthcare	2016 % (n)	2019 % (n)	2023 % (n)	SIGNIFICANT CHANGE
Number of respondents	161	148	90	
Access to a doctor (MD/DO)		50.0% (74)	64.4% (58)	■
More primary care providers	36.6% (59)	39.9% (59)	55.6% (50)	■
More information about available services		24.3% (36)	41.1% (37)	■
Improved quality of care	23.0% (37)	31.1% (46)	34.4% (31)	□
More specialists	18.6% (30)	21.6% (32)	26.7% (24)	□
Expanded local services		18.9% (28)	22.2% (20)	□
Payment assistance programs (healthcare expenses)			21.1% (19)	□
Transportation assistance	13.7% (22)	14.9% (22)	17.8% (16)	□
Greater health education services	23.0% (37)	14.9% (22)	14.4% (13)	□
Telemedicine/virtual health	9.9% (16)	8.8% (13)	8.9% (8)	□
Clinic services open longer	8.1% (13)	8.8% (13)	4.4% (4)	□
Cultural sensitivity	0.0% (0)	2.0% (3)	2.2% (2)	□
Interpreter services	3.1% (5)	0.7% (1)	0.0% (0)	□
Other	14.9% (24)	14.2% (21)	11.1% (10)	□

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

“Other” comments included: Retention of doctors and hospital staff (7)

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 “Weight loss” at 36.0% (n=27). Interest in “Women’s health” followed with 25.3% (n=19), while 24.0% of respondents (n=18) were interested in “First aid/CPR.”

Interest in Classes or Programs	2016 % (n)	2019 % (n)	2023 % (n)
Number of respondents	161	148	75
Weight loss	27.3% (44)	23.6% (35)	36.0% (27)
Women’s health	21.7% (35)	21.6% (32)	25.3% (19)
First aid/CPR	12.4% (20)	20.3% (30)	24.0% (18)
Health and wellness	21.7% (35)	24.3% (36)	22.7% (17)
Living will/estate planning	16.1% (26)	21.6% (32)	22.7% (17)
Nutrition	20.5% (33)	9.5% (14)	21.3% (16)
Group fitness classes	34.2% (55)	23.6% (35)	20.0% (15)
Men’s health	11.8% (19)	12.2% (18)	20.0% (15)
Mental health	7.5% (12)	8.8% (13)	20.0% (15)
Alzheimer’s	13.7% (22)	6.1% (9)	18.7% (14)
Chronic pain			18.7% (14)
Heart disease	5.0% (8)	8.8% (13)	17.3% (13)
Diabetes	10.6% (17)		13.3% (10)
Cancer	7.5% (12)	6.8% (10)	10.7% (8)
Grief counseling	5.6% (9)	6.1% (9)	10.7% (8)
Walk with Ease			10.7% (8)
Adult skills/vocational training		9.5% (14)	8.0% (6)
Worksite Wellness			8.0% (6)
Smoking/tobacco cessation	5.0% (8)	5.4% (8)	5.3% (4)
Parenting	4.3% (7)	4.1% (6)	4.0% (3)
Support groups	8.1% (13)	8.1% (12)	4.0% (3)
Alcohol abuse	3.7% (6)	2.7% (4)	2.7% (2)
Drug/prescription abuse	2.5% (4)	2.7% (4)	1.3% (1)

Table continued on next page

Lactation/breastfeeding support		2.0% (3)	0.0% (0)
Prenatal	0.6% (1)	0.0% (0)	0.0% (0)
Other	1.9% (3)	4.1% (6)	0.0% (0)

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.

Utilization of Preventive Services (Question 9)

Respondents were asked if they had utilized any of the preventive services listed in the past year. “Lab check (blood screening)” was selected by 60.4% of respondents (n=55), followed by “Blood pressure check” at 57.1% (n=52). Fifty-four point nine percent of respondents (n=50) indicated they had a “Dental exam.” Survey respondents could select all services that applied.

Use of Preventive Services	2016 % (n)	2019 % (n)	2023 % (n)	SIGNIFICANT CHANGE
Number of respondents	161	148	91	
Lab check (blood screening)	43.5% (70)	60.1% (89)	60.4% (55)	■
Blood pressure check	32.9% (53)	47.3% (70)	57.1% (52)	■
Dental exam		32.4% (48)	54.9% (50)	■
Flu shot/immunizations	41.0% (66)	51.4% (76)	46.2% (42)	□
Health checkup	36.6% (59)	48.0% (71)	44.0% (40)	□
Vision check			44.0% (40)	□
Cholesterol check	29.8% (48)	36.5% (54)	35.2% (32)	□
Mammography	29.8% (48)	23.6% (35)	28.6% (26)	□
Colonoscopy	5.0% (8)	8.1% (12)	19.8% (18)	■
Prostate (PSA)	6.2% (10)	6.1% (9)	15.4% (14)	■
Hearing check			11.0% (10)	□
Pap test	9.9% (16)	10.8% (16)	8.8% (8)	□
None	19.9% (32)	11.5% (17)	7.7% (7)	■
Child checkup/Well baby	4.3% (7)	5.4% (8)	5.5% (5)	□

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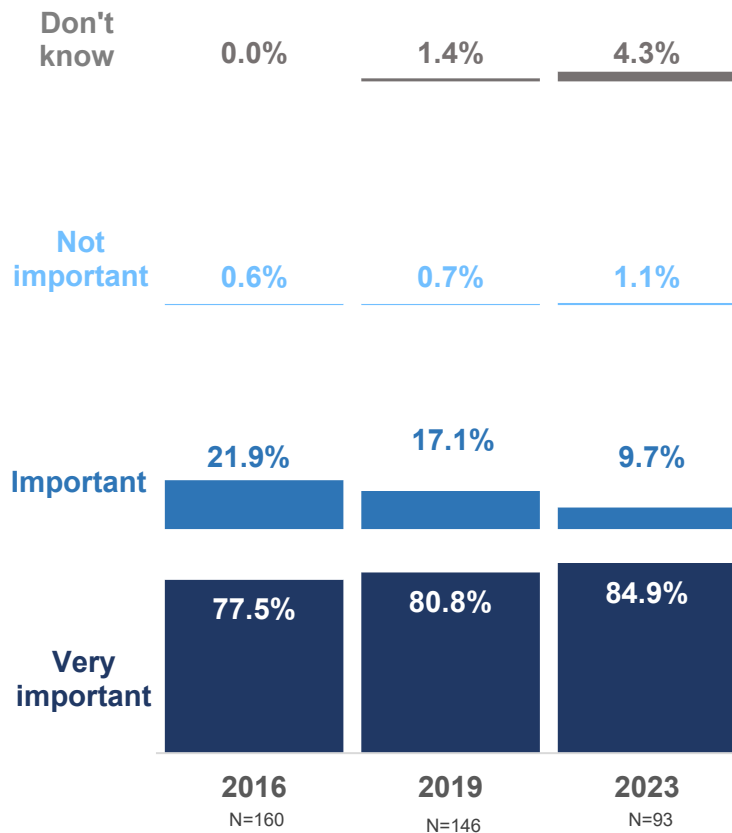
Weight loss services			2.2% (2)	<input type="checkbox"/>
Other	6.8% (11)	5.4% (8)	3.3% (3)	<input type="checkbox"/>

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.

Economic Importance of Healthcare (Question 10)

The majority of respondents (84.9%, n=79) 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. Nine point seven percent of respondents (n=9) indicated they are “Important,” and 1.1% (n=1) respondent felt they are “Not important.”

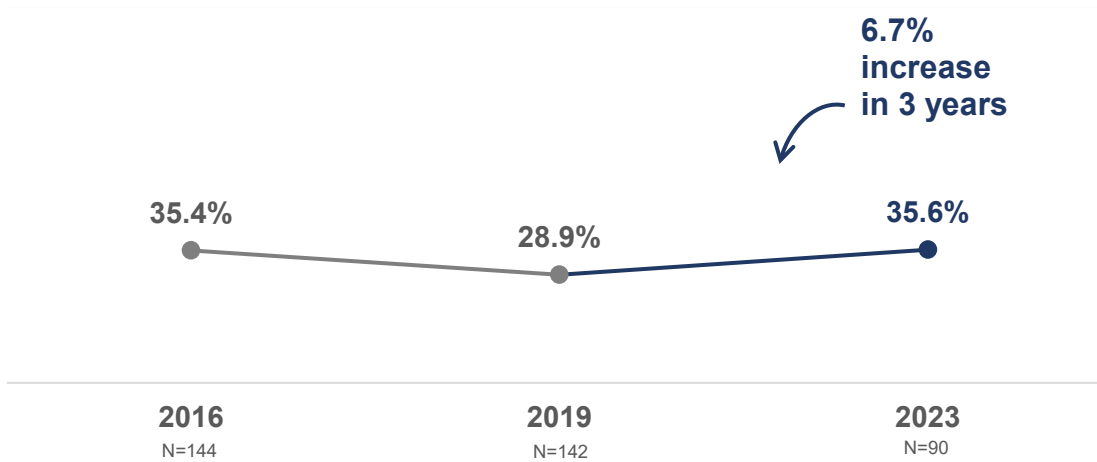
Majority of 2023 respondents indicated that local healthcare providers and services are very important to the economic well-being of the area.



Delay of Services (Question 11)

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.

More 2023 respondents delayed or did not receive needed services compared to the previous assessments



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

Reason for Not Receiving/Delaying Needed Services (Question 12)

Twenty-nine 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 reasons most cited were “COVID-19 barriers/concerns,” “Qualified provider not available,” and “Service not available locally” at (20.7%, n=6 each).

Reasons for Delay in Receiving Needed Healthcare	2016 % (n)	2019 % (n)	2023 % (n)	SIGNIFICANT CHANGE
Number of respondents	51	41	29	
COVID-19 barriers/concerns			20.7% (6)	<input type="checkbox"/>
Qualified provider not available		19.5% (8)	20.7% (6)	<input type="checkbox"/>
Service not available locally		31.7% (13)	20.7% (6)	<input type="checkbox"/>
Confidentiality/privacy	5.9% (3)	19.5% (8)	10.3% (3)	<input type="checkbox"/>
Could not get an appointment	13.7% (7)	4.9% (2)	10.3% (3)	<input type="checkbox"/>
Billing issues	23.5% (12)	24.4% (10)	6.9% (2)	<input type="checkbox"/>
Could not get off work	5.9% (3)	0.0% (0)	6.9% (2)	<input type="checkbox"/>
It cost too much	43.1% (22)	39.0% (16)	6.9% (2)	<input checked="" type="checkbox"/>
It was too far to go	5.9% (3)	4.9% (2)	6.9% (2)	<input type="checkbox"/>
Not treated with respect	9.8% (5)	4.9% (2)	6.9% (2)	<input type="checkbox"/>
Office wasn't open when I could go	3.9% (2)	2.4% (1)	6.9% (2)	<input type="checkbox"/>
Transportation problems	2.0% (1)	2.4% (1)	6.9% (2)	<input type="checkbox"/>
Unsure if services were available	7.8% (4)	4.9% (2)	6.9% (2)	<input type="checkbox"/>
Didn't know where to go	2.0% (1)	0.0% (0)	3.4% (1)	<input type="checkbox"/>
Don't like doctors	5.9% (3)	12.2% (5)	3.4% (1)	<input type="checkbox"/>
Don't understand healthcare system		0.0% (0)	3.4% (1)	<input type="checkbox"/>
Pharmacy not open weekends/ afterhours	19.6% (10)	19.5% (8)	3.4% (1)	<input type="checkbox"/>
Had no childcare	0.0% (0)	0.0% (0)	0.0% (0)	<input type="checkbox"/>
Language barrier	0.0% (0)	0.0% (0)	0.0% (0)	<input type="checkbox"/>
My insurance didn't cover it	19.6% (10)	17.1% (7)	0.0% (0)	<input checked="" type="checkbox"/>
No insurance	5.9% (3)	0.0% (0)	0.0% (0)	<input type="checkbox"/>
Too long to wait for an appointment	7.8% (4)	9.8% (4)	0.0% (0)	<input type="checkbox"/>

Table continued on next page

Too nervous or afraid	3.9% (2)	0.0% (0)	0.0% (0)	<input type="checkbox"/>
Other	21.6% (11)	26.8% (11)	31.0% (9)	<input type="checkbox"/>

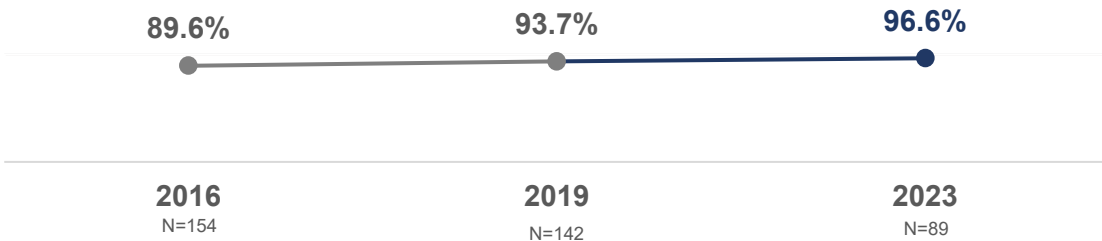
A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to indicate the top three reasons for a delay in seeking or receiving healthcare, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year. *Respondents (N=6) who selected over the allotted amount were moved to "Other."

"Other" comments included: "Didn't think anything could be done" and "no answer on ER phone"

Primary Care Services (Question 13)

Ninety-six point six percent of respondents (n=86) 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. Three point four percent of respondents (n=3) indicated they had not received primary care.

More 2023 respondents saw a primary care provider in the last three years compared to the previous assessments



Location of Primary Care Services (Question 14)

Eighty-five of the 86 who indicated receiving primary care services in the previous three years shared the location where they received services. The majority of respondents (37.6%, n=32) reported receiving care in Harlowton, and 29.4% of respondents (n=25) received care in Billings. Twelve respondents were moved to “other” due to selecting more than one primary care provider location.

Location of Primary Care Provider	2016 % (n)	2019 % (n)	2023 % (n)
Number of respondents	124	131	85
Harlowton	71.8% (89)	50.4% (66)	37.6% (32)
Billings	16.9% (21)	26.7% (35)	29.4% (25)
Bozeman	0.0% (0)	2.3% (3)	5.9% (5)
Lewistown	5.6% (7)	5.3% (7)	3.5% (3)
White Sulphur Springs		0.0% (0)	3.5% (3)
VA	1.6% (2)	0.8% (1)	2.4% (2)
Big Timber		0.8% (1)	1.2% (1)
Great Falls	0.8% (1)	0.0% (0)	1.2% (1)
Roundup		0.0% (0)	0.0% (0)
Other	3.2% (4)	13.7% (18)	15.3% (13)
TOTAL	99.9% (124)	100.0% (131)	100.0% (85)

Statistical significance was not measured as reporting differed between 2023 and the two previous years. A larger number of missing values in 2023 compared to previous years would result in a skewed test for significance, indicating a meaningful change when one may not exist. Grayed out cells indicate the question was not asked that year. *Respondents (N=12) who selected over the allotted amount were moved to “Other.”

“Other” comments included: Columbus and Crow Agency

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

Reasons for Primary Care Provider Selection (Question 15)

All survey 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 38.4% (n=33), followed by “Clinic/provider’s reputation for quality” at 30.2% (n=26), and “Appointment availability” at 27.9% (n=24).

Reasons for Selecting Primary Care Provider	2016 % (n)	2019 % (n)	2023 % (n)	SIGNIFICANT CHANGE
Number of respondents	138	133	86	
Closest to home	56.5% (78)	43.6% (58)	38.4% (33)	■
Clinic/provider’s reputation for quality	13.0% (18)	33.1% (44)	30.2% (26)	■
Appointment availability	31.2% (43)	30.1% (40)	27.9% (24)	□
Prior experience with clinic	44.2% (61)	39.8% (53)	25.6% (22)	■
Recommended by family or friends	18.1% (25)	15.0% (20)	14.0% (12)	□
Referred by physician or other provider	8.0% (11)	14.3% (19)	12.8% (11)	□
Shopping in that town	1.4% (2)	3.8% (5)	12.8% (11)	■
Confidentiality/privacy	5.8% (8)	10.5% (14)	9.3% (8)	□
Required by insurance plan	5.1% (7)	4.5% (6)	8.1% (7)	□
Cost of care	3.6% (5)	7.5% (10)	7.0% (6)	□
VA/Military requirement	5.1% (7)	6.0% (8)	4.7% (4)	□
Length of waiting room time	8.0% (11)	9.0% (12)	3.5% (3)	□
Indian Health Services	0.0% (0)	0.0% (0)	2.3% (2)	■
Other	10.1% (14)	12.0% (16)	16.3% (14)	□

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.

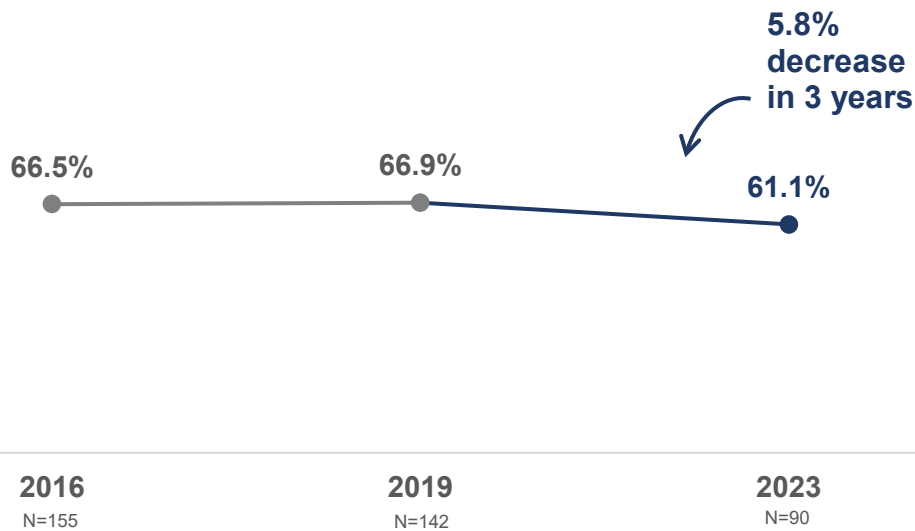
“Other” comments included: “Wanted a consistent provider” and “We see whoever is available”

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

Hospital Care Services (Question 16)

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-one point one percent of respondents (n=55) reported that they or a member of their family had received hospital care during the previous three years, and 38.9% (n=35) had not received hospital services.

Hospital utilization increased slightly since the last assessment



Location of Hospital Services (Question 17)

Of the survey respondents who indicated receiving hospital care in the last three years (n=55), the majority (29.1%, n=16) report utilizing “Billings Clinic” most often. Twenty-five point five percent of respondents (n=14) received services at “St. Vincent Healthcare.”

Hospital Used Most Often	2016 % (n)	2019 % (n)	2023 % (n)
Number of respondents	91	92	55
Billings Clinic	22.0% (20)	22.8% (21)	29.1% (16)
St. Vincent Healthcare	33.0% (30)	38.0% (35)	25.5% (14)
Wheatland Memorial Healthcare	30.8% (28)	22.8% (21)	14.5% (8)
Benefis Health System	3.3% (3)	2.2% (2)	5.5% (3)
Bozeman Health		1.1% (1)	3.6% (2)
Central Montana Medical Center	2.2% (2)	3.3% (3)	3.6% (2)
Mountainview Medical Center			0.0% (0)
Pioneer Medical Center			0.0% (0)
VA	2.2% (2)	3.3% (3)	0.0% (0)
Other	6.6% (6)	6.5% (6)	18.2% (10)
TOTAL	100.1% (91)	100.0% (92)	100.0% (55)

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

“Other” comments included: “Blackfoot Medical Center”

View a cross tabulation of where respondents live with where they utilize hospital services on p. 89

Reasons for Hospital Selection (Question 18)

Of the survey respondents who indicated receiving hospital care in the last three years (n=55), the majority of respondents (49.1%, n=27, each) stated that “Hospital/provider’s reputation for quality” and “Prior experience with hospital” were their top reasons for selecting the facility they used most often. “Referred by physician or other provider” was selected by 36.4% of the respondents (n=20).

Reasons for Selecting Hospital	2016 % (n)	2019 % (n)	2023 % (n)	SIGNIFICANT CHANGE
Number of respondents	103	95	55	
Hospital/provider’s reputation for quality	27.2% (28)	43.2% (41)	49.1% (27)	■
Prior experience with hospital	51.5% (53)	54.7% (52)	49.1% (27)	□
Referred by physician or other provider	47.6% (49)	36.8% (35)	36.4% (20)	□
Closest to home	28.2% (29)	31.6% (30)	30.9% (17)	□
Emergency, no choice	24.3% (25)	22.1% (21)	27.3% (15)	□
Closest to work	5.8% (6)	3.2% (3)	9.1% (5)	□
Cost of care	4.9% (5)	3.2% (3)	5.5% (3)	□
Recommended by family or friends	6.8% (7)	12.6% (12)	5.5% (3)	□
Required by insurance plan	8.7% (9)	6.3% (6)	5.5% (3)	□
Financial assistance programs		4.2% (4)	1.8% (1)	□
VA/Military requirement	5.8% (6)	3.2% (3)	1.8% (1)	□
Other	6.8% (7)	10.5% (10)	14.5% (8)	□

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

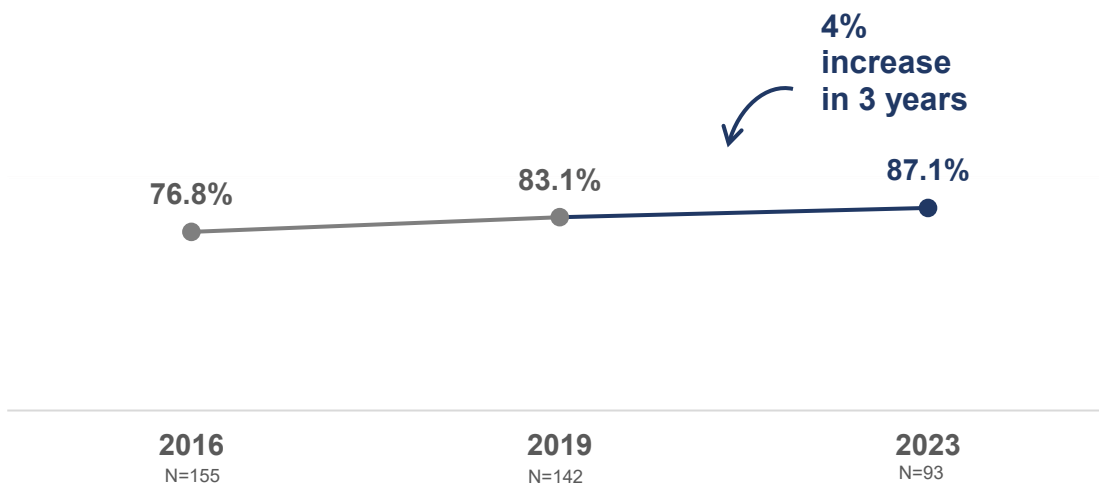
“Other” comments included: “Same provider all the time” and “Unable to get services closer (2)”

View a cross tabulation of where respondents utilize hospital services with their reasons for selecting that facility p. 90

Specialty Care Services (Question 19)

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. Eighty-seven point one percent of the respondents (n=81) indicated they or a household member had seen a healthcare specialist during the past three years, while 12.9% (n=12) indicated they had not.

Specialist visits have increased since the previous assessments



Location of Healthcare Specialist(s) (Question 20)

All survey respondents who indicated that they or someone in their household had seen a healthcare specialist in the last three years shared where they received services. The majority (85.2%, n=69) sought specialty care in Billings. Sixteen percent of respondents (n=13) utilized specialty services at Lewistown. Respondents could select more than one location, so percentages do not equal 100%.

Location of Specialist	2016 % (n)	2019 % (n)	2023 % (n)	SIGNIFICANT CHANGE
Number of respondents	119	118	81	
Billings	79.0% (94)	89.8% (106)	85.2% (69)	<input type="checkbox"/>
Lewistown	14.3% (17)	16.9% (20)	16.0% (13)	<input type="checkbox"/>
Bozeman		10.2% (12)	13.6% (11)	<input type="checkbox"/>
Harlowton	21.0% (25)	19.5% (23)	9.9% (8)	<input type="checkbox"/>
Great Falls	5.9% (7)	3.4% (4)	6.2% (5)	<input type="checkbox"/>
VA	3.4% (4)	5.9% (7)	1.2% (1)	<input type="checkbox"/>
Other	9.2% (11)	7.6% (9)	13.6% (11)	<input type="checkbox"/>

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

“Other” comments included: Helena (5), Butte, and Missoula

Type of Healthcare Specialist Seen (Question 21)

The most frequently utilized specialist was the “Eye doctor” at 45.7% (n=37). A “Dentist” was seen by 44.4% of respondents (n=36) followed by “Orthopedist” at 28.4% (n=23). Respondents were asked to choose all that apply, so percentages do not equal 100%.

Type of Specialists Seen	2016 % (n)	2019 % (n)	2023 % (n)	SIGNIFICANT CHANGE
Number of respondents	119	118	81	
Eye doctor	19.3% (23)	46.6% (55)	45.7% (37)	■
Dentist	35.3% (42)	38.1% (45)	44.4% (36)	□
Orthopedist	33.6% (40)	27.1% (32)	28.4% (23)	□
Dermatologist (skin)	26.1% (31)	30.5% (36)	27.2% (22)	□
Cardiologist (heart)	20.2% (24)	30.5% (36)	23.5% (19)	□
Radiologist (x-ray)	25.2% (30)	27.1% (32)	21.0% (17)	□
Chiropractor	18.5% (22)	16.9% (20)	14.8% (12)	□
Physical therapist	17.6% (21)	23.7% (28)	14.8% (12)	□
Podiatrist (foot)	11.8% (14)	16.1% (19)	14.8% (12)	□
General surgeon	10.1% (12)	14.4% (17)	13.6% (11)	□
Pulmonologist (lungs)	5.9% (7)	9.3% (11)	13.6% (11)	□
ENT (ear/nose/throat)	9.2% (11)	16.9% (20)	12.3% (10)	□
OB/GYN	13.4% (16)	11.9% (14)	12.3% (10)	□
Oncologist (cancer)	8.4% (10)	12.7% (15)	12.3% (10)	□
Neurologist	6.7% (8)	11.9% (14)	9.9% (8)	□
Urologist (kidneys, etc.)	9.2% (11)	11.9% (14)	9.9% (8)	□
Audiologist (hearing)		11.0% (13)	8.6% (7)	□
Gastroenterologist (stomach)	11.8% (14)	9.3% (11)	8.6% (7)	□
Endocrinologist (hormones)	6.7% (8)	5.1% (6)	7.4% (6)	□
Allergist	1.7% (2)	5.1% (6)	6.2% (5)	□
Mental health counselor	3.4% (4)	4.2% (5)	4.9% (4)	□
Occupational therapist	5.9% (7)	0.8% (1)	4.9% (4)	□
Pediatrician (children)	3.4% (4)	3.4% (4)	4.9% (4)	□

Table continued on the next page.

Neurosurgeon	4.2% (5)	0.0% (0)	3.7% (3)	<input type="checkbox"/>
Rheumatologist (arthritis)	1.7% (2)	12.7% (15)	3.7% (3)	<input checked="" type="checkbox"/>
Psychiatrist (M.D.)	1.7% (2)	3.4% (4)	2.5% (2)	<input type="checkbox"/>
Dietician	5.0% (6)	1.7% (2)	1.2% (1)	<input type="checkbox"/>
Speech therapist	0.8% (1)	0.0% (0)	1.2% (1)	<input type="checkbox"/>
Geriatrician (seniors)	1.7% (2)	0.8% (1)	0.0% (0)	<input type="checkbox"/>
Psychologist	2.5% (3)	0.8% (1)	0.0% (0)	<input type="checkbox"/>
Social worker	1.7% (2)	0.0% (0)	0.0% (0)	<input type="checkbox"/>
Substance abuse counselor	0.0% (0)	0.0% (0)	0.0% (0)	<input type="checkbox"/>
Other	3.4% (4)	7.6% (9)	7.4% (6)	<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.

Overall Quality of Care through Wheatland Memorial Healthcare (Question 22)

Respondents were asked to rate various services available through Wheatland Memorial Healthcare using the scale of 4= Excellent, 3= Good, 2= Fair, 1=Poor, and Haven't Used. The services that received the highest score were "Physical therapy," "Radiology (x-ray/CT scan/ultrasound," and Visiting podiatrist." (3.4 out of 4.0). Overall, the average rating on quality and availability of the health services listed was 3.0 out of 4.0.

Quality of Care Rating at Wheatland Memorial Healthcare	2016 Average (n)	2019 Average (n)	2023 Average (n)	SIGNIFICANT CHANGE
Total number of respondents	147	129	86	<input checked="" type="checkbox"/>
Physical therapy	3.5 (80)	3.4 (78)	3.4 (35)	<input type="checkbox"/>
Radiology (x-ray/CT scan/ultrasound)	3.4 (89)	3.4 (73)	3.4 (50)	<input type="checkbox"/>
Visiting podiatrist		2.8 (19)	3.4 (13)	<input checked="" type="checkbox"/>
Laboratory	3.4 (128)	3.4 (105)	3.2 (65)	<input type="checkbox"/>
Visiting orthopedist		3.1 (20)	3.2 (10)	<input type="checkbox"/>
Acute/skilled care (inpatient care/hospitalization)	3.1 (37)	2.9 (42)	3.1 (23)	<input type="checkbox"/>

Table continued on the next page.

Emergency room	3.1 (105)	3.2 (78)	3.1 (50)	<input type="checkbox"/>
Bair Memorial Clinic	3.1 (135)	2.9 (119)	3.0 (68)	<input type="checkbox"/>
Pulmonology Function Testing (measures how well lungs work)	2.7 (21)	2.5 (14)	3.0 (12)	<input type="checkbox"/>
Sleep Studies			3.0 (6)	<input type="checkbox"/>
Visiting general surgeon		2.7 (16)	3.0 (7)	<input type="checkbox"/>
Ambulance services	3.4 (35)	3.1 (45)	2.9 (31)	<input type="checkbox"/>
Health education programs	2.4 (19)	2.5 (20)	2.9 (9)	<input type="checkbox"/>
Dietician/nutrition services		2.0 (18)	2.8 (9)	<input type="checkbox"/>
Long term care/nursing home/ swing intermediate	3.1 (39)	2.5 (26)	2.8 (14)	<input type="checkbox"/>
Cardiology services	2.7 (43)	2.5 (20)	2.7 (10)	<input type="checkbox"/>
Telemedicine/virtual health	2.7 (15)	2.2 (9)	2.7 (6)	<input type="checkbox"/>
Visiting mental health provider			2.7 (3)	<input type="checkbox"/>
Speech therapy		2.2 (5)	2.5 (4)	<input type="checkbox"/>
Billing/financial services		2.3 (102)	2.3 (55)	<input type="checkbox"/>
Overall average	3.2 (147)	3.0 (129)	3.0 (86)	<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.

Desired Local Services (Question 23)

Respondents were asked to indicate which additional services they would utilize if available locally. Respondents indicated the most interest in a “Dermatologist” at 50.8% (n=30). Thirty-seven point three percent (n=22) respondents were interested in “Colonoscopy” services and 28.8% (n=17) desired “Cardiology.”

Desired Health Services	2019 % (n)	2023 % (n)
Number of respondents	148	59
Dermatology		50.8% (30)
Colonoscopy	20.3% (30)	37.3% (22)
Cardiology	4.1% (6)	28.8% (17)
Chronic pain management	9.5% (14)	20.3% (12)
Wound care	6.8% (10)	16.9% (10)
Urology		13.6% (8)
Neurology	4.1% (6)	11.9% (7)
Nutrition services		11.9% (7)
Occupational therapy	2.7% (4)	10.2% (6)
Prenatal (pregnancy) services	2.0% (3)	6.8% (4)
Other	8.8% (13)	16.9% (10)

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

“Other” comments included: “Consistent General Practitioner (2)”

Desired Senior Services (Question 24)

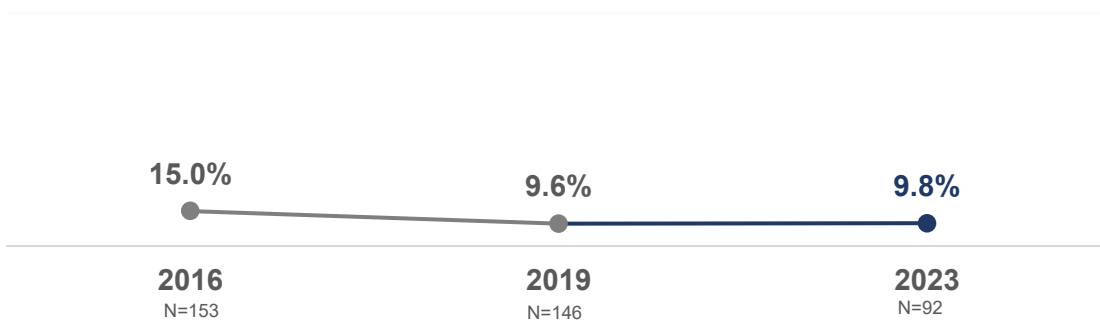
Respondents were asked to indicate which additional senior services would they utilize if available in the Harlowton area. Respondents indicated the most interest in having an “Visiting nurse services” at 60.9% (n=28), followed by “Hospice” at 58.7% (n=27), and “Senior retirement housing/community” at 52.2% (n=24). Respondents were asked to select all that apply, so percentages do not equal 100%.

Desired Senior Residential Services	2019 Average (n)	2023 Average (n)
Total number of respondents	148	46
Visiting nurse services		60.9% (28)
Hospice	17.6% (26)	58.7% (27)
Senior retirement housing/community	23.6% (35)	52.2% (24)
Senior respite care	8.8% (13)	32.6% (15)
Other	6.1% (9)	8.7% (4)

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. Nine point eight percent of respondents (n=9) indicated they had experienced periods of depression, and 90.2% of respondents (n=83) indicated they had not.

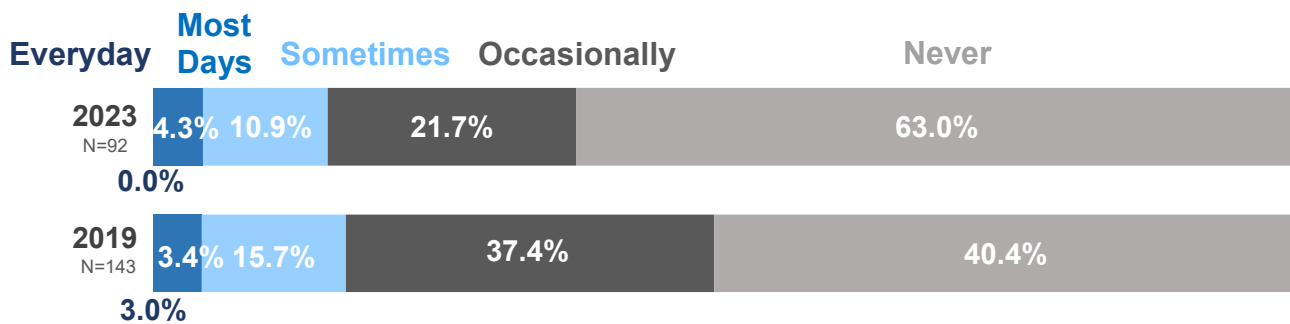
Prevalence of depression has slightly increased since the 2019 assessment



Social Isolation (Question 26)

Respondents were asked to indicate how often they felt lonely or isolated in the past year. Sixty-three percent of respondents (n=58) indicated they never felt lonely or isolated, and 21.7% of respondents (n=20) indicated they “Occasionally (1-2 days per month)” felt lonely or isolated. Ten point nine percent (n=10) reported they felt lonely or isolated “Sometimes (3-5 days per month),” 4.3% (n=4) indicated they felt lonely or isolated on “Most days (3-5 days per week),” and no respondents reported they felt lonely or isolated “Everyday.”

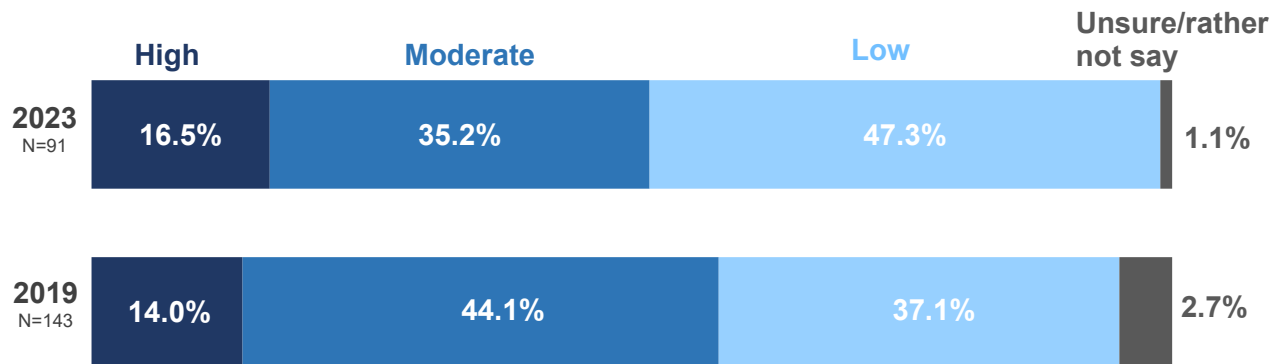
84.7% of respondents either never felt lonely or occasionally felt lonely (1-2 days per month) in the past year



Perception of Stress (Question 27)

Respondents were asked to indicate how they would describe their stress level over the past year. Forty-seven point three percent of respondents (n=43) indicated they experienced a low level of stress, 35.2% (n=32) had a moderate level of stress, 16.5% of respondents (n=15) indicated they had experienced a high level of stress, and 1.1% (n=1) of respondents were “Unsure/rather not say.”

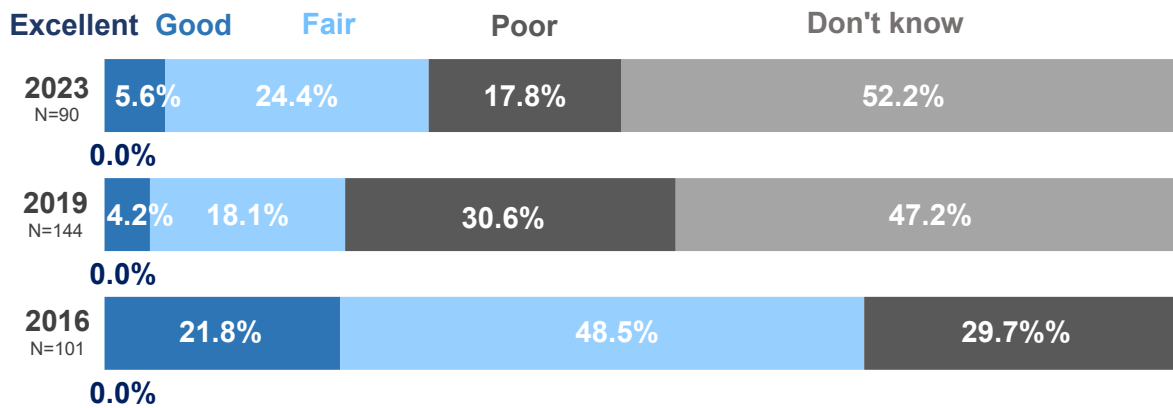
Over half of survey respondents report High or Moderate stress levels



Rating of Mental Health Service Availability (Question 28)

Respondents were asked to rate the availability of mental health services in the community. Fifty-two point two percent of respondents (n=47) indicated they “Don’t know” about the availability of mental health services, 24.4% (n=22) indicated “fair” availability, and 17.8% of respondents (n=16) “Poor” availability. Four respondents chose not to answer this question.

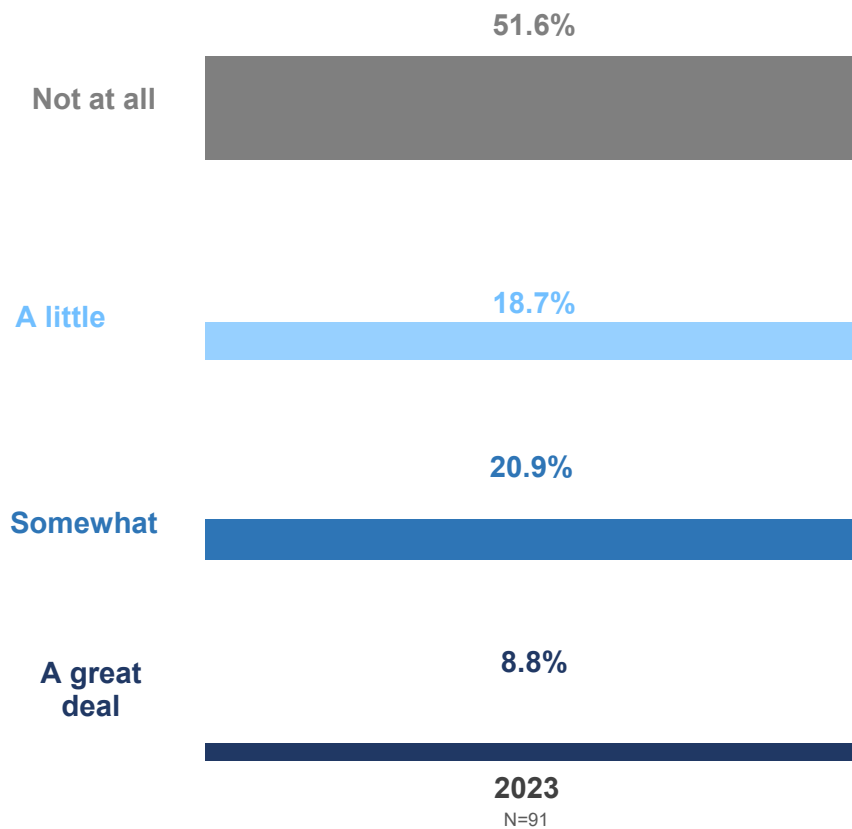
Over half of 2023 survey respondents don't know about mental health service availability in the community.



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-one point six percent of respondents (n=47) indicated their life was "Not at all" affected. Twenty point nine percent (n=19) were "Somewhat" affected, 18.7% (n=17) were "A little" affected, and 8.8% (n=8) indicated they were "A great deal" negatively affected.

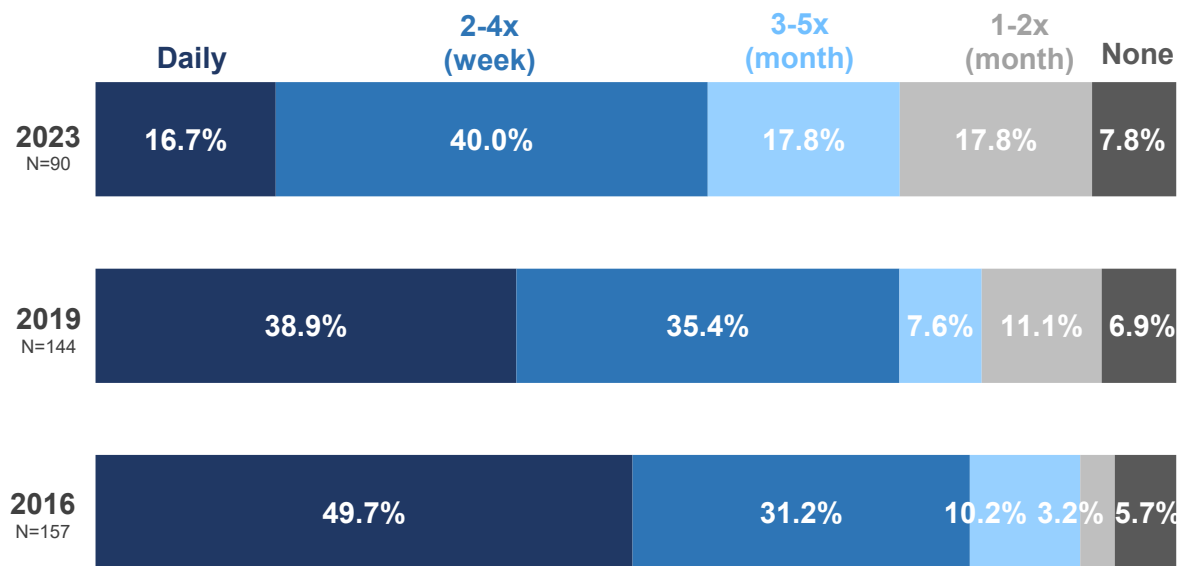
Nearly 30% of 2023 respondents are a great deal or somewhat affected by their own or someone else's substance abuse issues



Physical Activity (Question 30)

Respondents were asked to indicate how frequently they had physical activity for at least twenty minutes over the past month. Forty percent of respondents (n=36) indicated they had physical activity “2-4 times per week,” 17.8% (n=16, each) indicated they had physical activity of at least twenty minutes “3-5 times per month” and “1-2 times per month.” Sixteen point seven percent of respondents (n=15) indicated they had physical activity “Daily,” 7.8% (n=7) indicated they had “No physical activity.”

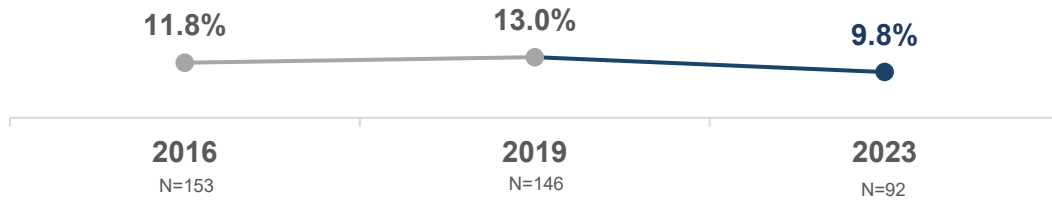
Respondents report being less physically active in 2023 compared to previous assessments



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. Nine point eight percent of respondents (n=9) indicated that they had difficulty getting a prescription or taking their medication regularly in the last year. Seventy-nine point three percent of respondents (n=73) indicated that they did not have trouble getting or taking prescriptions, while 10.9% of respondents (n=10) stated it was not a pertinent question for them.

Cost as a barrier to taking medications has slightly decreased since the 2019 assessment



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, 94.7% (n=89), were not worried, but 5.3% (n=5) were concerned about not having enough to eat.

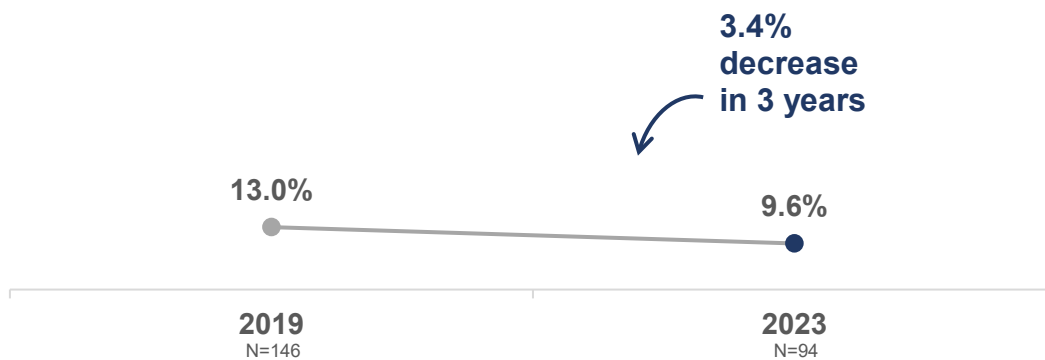
More survey respondents worry about having enough food to eat compared to 2019



Housing (Question 33)

Respondents were asked to indicate if they felt the community has adequate and affordable housing options available. Sixty-one point seven percent of respondents (n=58) indicated that they feel there are not adequate and affordable housing options available in the community, 9.6% (n=9) felt there are adequate and affordable options available, and 28.7% (n=27) didn't know.

Fewer survey respondents feel the community has affordable housing options compared to 2019



Health Insurance Type (Question 34)

Respondents were asked to indicate what type of health insurance covers the majority of their medical expenses. Thirty point four percent (n=28) indicated they have “Medicare” coverage. Twenty-six point one percent (n=24) indicated they have an “Employer offered plan.” Nineteen respondents were moved to “Other” for selecting over the allotted one health insurance type.

Type of Medical Insurance	2016 % (n)	2019 % (n)	2023 % (n)
Number of respondents	132	147	92
Medicare	35.6% (47)	31.3% (46)	30.4% (28)
Employer offered plan	28.8% (38)	21.8% (32)	26.1% (24)
Health Insurance Marketplace	5.3% (7)	4.1% (6)	4.3% (4)
Private insurance/private plan	13.6% (18)	10.9% (16)	4.3% (4)
Medicaid	3.0% (4)	6.1% (9)	3.3% (3)
VA/Military	6.1% (8)	4.8% (7)	3.3% (3)
None/pay out of pocket	2.3% (3)	1.4% (2)	3.3% (3)
Healthy MT Kids/CHIP	0.8% (1)	1.4% (2)	2.2% (2)
Health Savings Account	2.3% (3)	0.0% (0)	0.0% (0)
Indian Health Services	0.0% (0)	0.0% (0)	0.0% (0)
State/Other	0.8% (1)		
Other	1.5% (2)	18.4% (27)	22.8% (21)
TOTAL	100.1% (132)	100.2% (147)	100.0% (92)

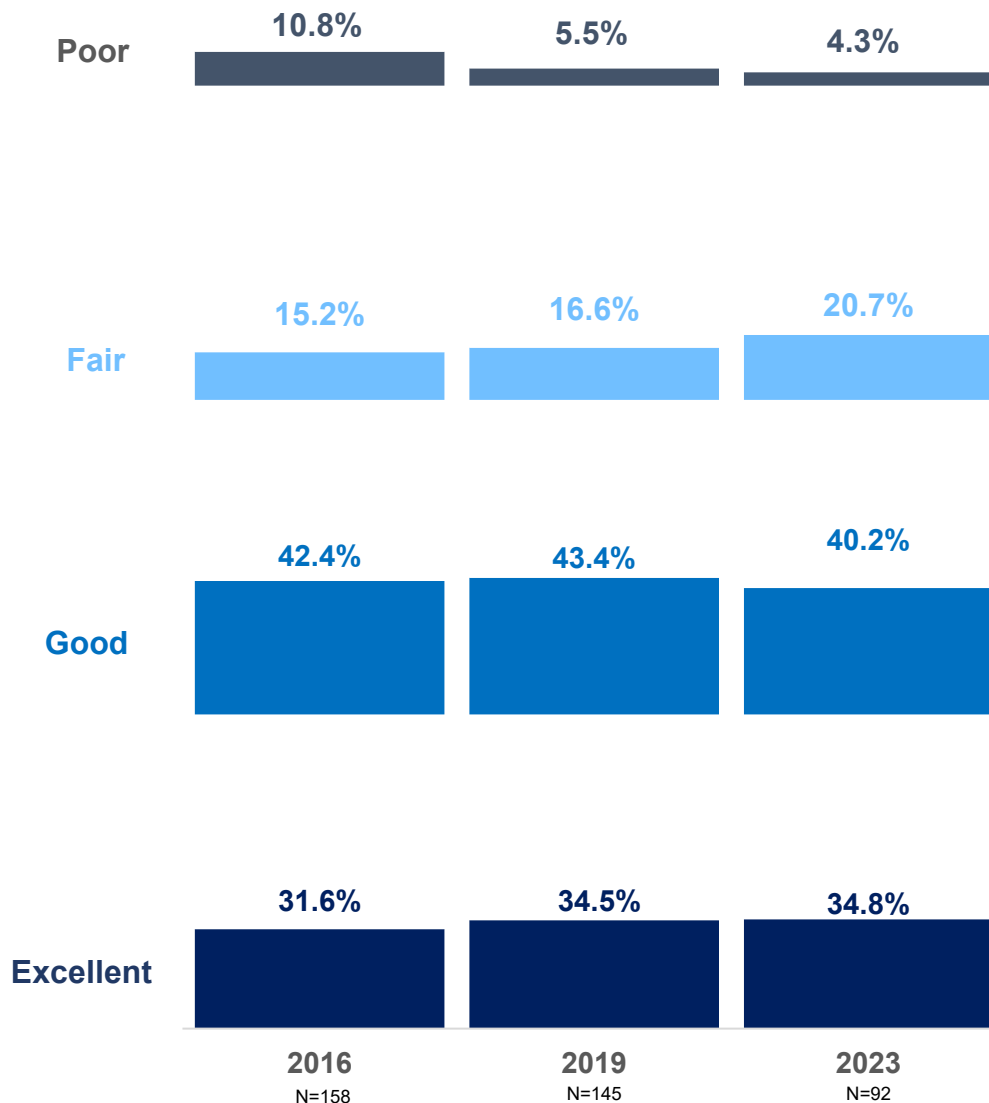
Statistical significance was not measured as reporting differed between 2023 and the two previous years. A larger number of missing values in 2023 compared to previous years would result in a skewed test for significance, indicating a meaningful change when one may not exist. Grayed out cells indicate the question was not asked that year. *Respondents (N=19) who selected over the allotted amount were moved to “Other.”

“Other” comments included: Christian Healthcare Ministries (2) and Medicare supplement (3)

Insurance and Healthcare Costs (Question 35)

Respondents were asked to indicate how well they felt their health insurance covers their healthcare costs. Forty point two percent of respondents (n=37) indicated they felt their insurance covers a “Good” amount of their healthcare costs. Thirty-four point eight percent of respondents (n=32) indicated they felt their insurance covered an “Excellent” amount, 20.7% of respondents (n=19) felt their insurance covered a “Fair” amount, and 4.3% of respondents (n=4) stated their insurance covered a “Poor” amount of their health costs.

75% of 2023 respondents feel that their health insurance offers excellent or good coverage



Barriers to Having Insurance (Question 36)

Among the survey respondents who indicated they did not have insurance (n=3), the top reason for not having health insurance was “Can’t afford to pay for health insurance” (66.7%, n=3). Respondents could select all barriers that applied.

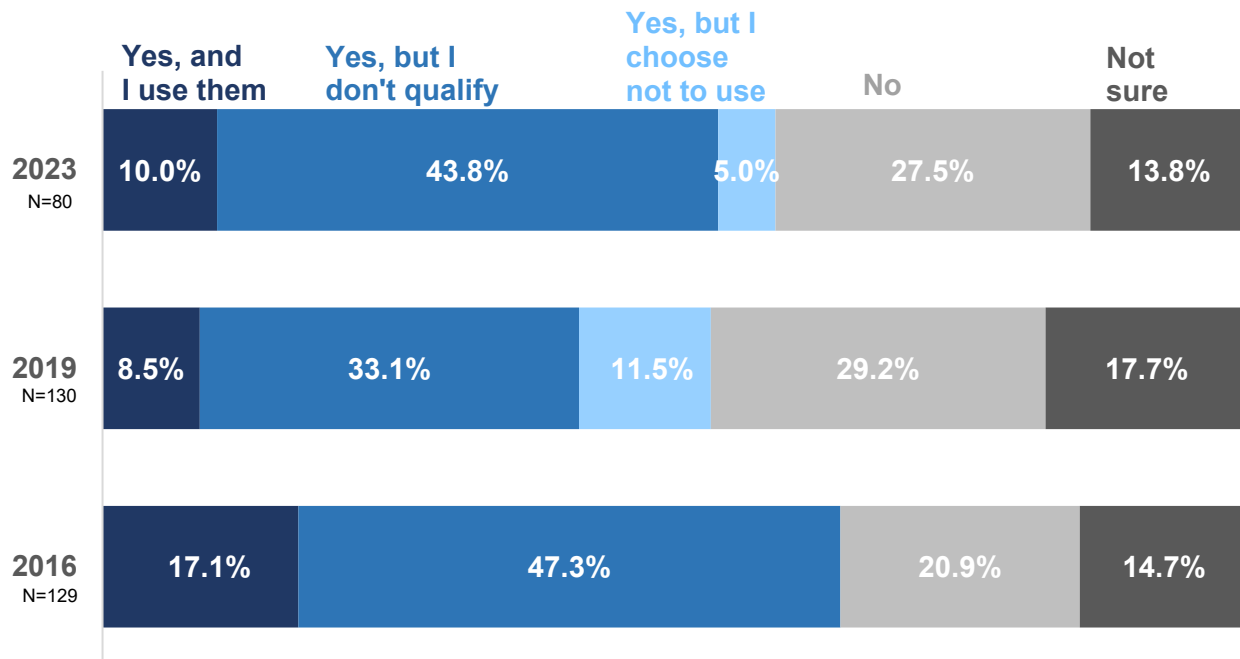
Reasons for No Health Insurance	2016 % (n)	2019 % (n)	2023 % (n)	SIGNIFICANT CHANGE
Number of respondents	3	2	3	
Can’t afford to pay for health insurance	33.3% (1)	50.0% (1)	66.7% (2)	<input type="checkbox"/>
Choose not to have health insurance	66.7% (2)	0.0% (0)	33.3% (1)	<input type="checkbox"/>
Employer does not offer insurance	0.0% (0)	0.0% (0)	0.0% (0)	<input type="checkbox"/>
Too complicated/didn’t know how to apply		0.0% (0)	0.0% (0)	<input type="checkbox"/>
Other	0.0% (0)	0.0% (0)	33.3% (1)	<input type="checkbox"/>

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

Awareness of Health Cost Assistance Programs (Question 37)

Respondents were asked to indicate their awareness of programs that help people pay for healthcare bills. The majority of respondents (43.8%, n=35) shared that they are aware of these programs, but they do not qualify to utilize them. Twenty-seven point five percent of respondents (n=22) indicated they were not aware of these programs, 13.8% (n=11) were not sure if they were aware of health cost assistance programs, and 10.0% (n=8) were aware of these programs and use them. Five percent (n=4) were aware of the programs, but choose not to utilize them.

Fewer 2023 respondents are not aware of programs that help people pay for healthcare expenses compared to 2019.





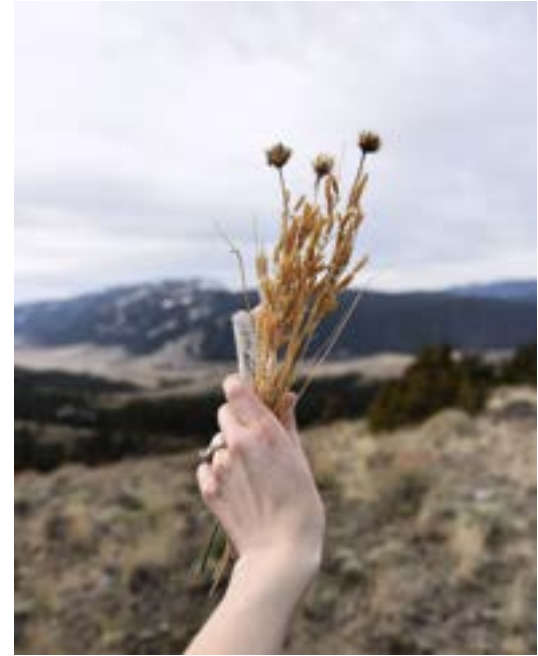
FOCUS GROUP RESULTS

Focus Group Methodology

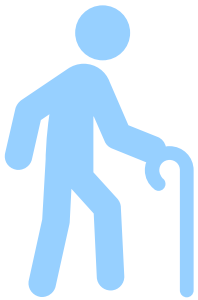
One focus group was conducted in February 2023. Participants were identified as people living in Wheatland Memorial Healthcare’s service area. The focus group transcript can be found in Appendix I. Interviews were facilitated by Montana Office of Rural Health staff.

Focus Group Themes

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



SENIOR SERVICES



The most consistent theme mentioned among focus group participants was the aging community in the Wheatland Memorial Healthcare (WMH) service area. Specifically, participants wanted to see additional services and resources surrounding home health and hospice care. They highlighted the difficulties of aging in place due to the lack of these services and that some of the more rural residents really struggle.

As the community ages, the interviewees mentioned their appreciation for the services of the Senior Center and the majority mentioned being willing to support further expansion of senior services. The participants added that the senior center does provide some transportation for out-of-town appointments but that it is on a case-by-case basis.



MENTAL HEALTH

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

One participant expressed their concern with alcohol and drug use in the community, particularly among younger adults. Another verbalized concern with a lack of mental health services among the veteran and senior populations. Another member stated “We have a CHW who does telehealth appointments with therapists and will even visit schools as needed. The CHW program is relatively new, but we have some large goals that I think will help address some mental health issues.”

SERVICES NEEDED IN THE COMMUNITY



- More easily accessible counseling/behavioral health services
- Education on substance abuse
- Home health and hospice care
- Services for low-income individuals/families
- Transportation services
- Expanded speech therapy
- Access to healthy and affordable foods
- Health education outreach



EXECUTIVE SUMMARY

Executive Summary

The table below shows a summary of results from the Wheatland Memorial Healthcare’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 partners through focus groups; and the potential impact of a given issue.

Areas of Opportunity	Secondary Data	Survey	Focus Groups
Access to Healthcare Services			
Barriers to access			
<i>More primary care providers</i>	⊗	✓	☑
<i>Transportation</i>	⊗	✓	☑
<i>Specialty services (i.e., eye care, dermatology, etc.)</i>		✓	☑
<i>Awareness of health services and resources</i>		✓	☑
Senior Services			
<i>High percentage of population 65+</i>	⊗	✓	☑
<i>Enhanced aging in place services (i.e., exercise opportunities, more workforce, etc.)</i>		✓	☑
Chronic Disease Prevention			
<i>Diabetes</i>	⊗	✓	☑
<i>Cancer</i>	⊗	✓	☑
<i>Healthy behaviors and lifestyles- weight loss, fitness, health & wellness, nutrition</i>	⊗	✓	☑
Mental and Behavioral Health			
<i>More mental and behavioral health services/resources</i>	⊗	✓	☑
<i>Alcohol/substance use</i>	⊗	✓	☑
Socioeconomic & Health Measures			
<i>Housing accessibility and affordability</i>		✓	☑

Summary continued on the next page.

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 Wheatland Memorial Healthcare (WMH) and community members from Wheatland 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:

- Community engagement and partner collaboration
- Chronic care management and prevention
- Access to mental health services

Wheatland Memorial Healthcare will determine which needs or opportunities could be addressed considering WMH'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.

- Al-Anon
- Alcoholics Anonymous
- Central Montana Health District
- Billings Clinic
- Harlowton Chamber of Commerce
- Harlowton Public Schools
- Wheatland County Extension (MSU)
- Montana Nutrition and Physical Activity (NAPA)
- NAMI
- Public Assistance & Child and Family Services
- The Mental Health Center of Central MT
- Wheatland County Senior Center
- WIC
- Montana Office of Rural Health and Area Health Education Center (MORH/AHEC)
- Montana Hospital Association

Evaluation of Previous CHNA & Implementation Plan

Wheatland Memorial Healthcare provided the Montana Office of Rural Health with an update on their Implementation Plan activities from their previous CHNA process. The WMH Board of Directors approved its previous implementation plan in January 2020. The plan prioritized the following health issues:

- Access to healthcare services
- Chronic disease prevention and management
- Social determinants of health

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

wheatlandmemorial.org

Goal 1: Enhance access to healthcare services in the Wheatland Memorial Healthcare service area.

	Activities	Accomplishments	Community Impact/Outcomes
Strategy 1.1: Increase access to primary care and emergency services.	Continue to actively recruit for a stable, community-based provider.	We have successfully hired 2 full time APP’s. Chief of Staff seeing clinic patients and recruited a MD starting in 2024	Provider Stabilization for continuity of care.
	Create a community education campaign to engage community in recruitment efforts, barriers, and to educate about provider scope of work.	Held Focus Groups CEO Met with American Legion Group and Kiwanis.	Engagement of Community. Positive relationship building with community rebuilding trust.
	Collaborate with regional partners to reduce transport expenses, enhance and stabilize EMS workforce, and improve access to care.	New trauma coordinator hired, New Medical Director for EMS.	The 2021 County EMT class saw five EMT graduates
	Continue efforts to promote healthcare careers and explore opportunities enhance pipeline efforts (Reach Camp,	WMH held an 8-week CNA class in March 2020. A single Nurse Assistant (NA) was able to complete an online CNA course in December of 2021.	Hired two NA’s that went on to become certified.

	CNA, and EMS courses) and shadowing experiences.	Advertising was done on-line, paper, social media and at the high school. HR Director and DON went to the MSUB City College Career Fair on 2/12/20 and the MSUB/Rocky Career Fair on 2/20/20. The HR Director met with the high school seniors about interviewing and healthcare jobs on 11/19/2019 & 11/23/21.	
Strategy 1.2: Explore opportunities to expand access to specialty care services at WMH.	Explore feasibility of expanding telehealth offerings with regional or state partners.	In progress	Delayed due to COVID-19 pandemic.
	Explore feasibility of expanding on-site specialty services (sleep studies, colonoscopy, other).	Developed Accredited Sleep Study Program	Accredited Sleep Study Lab. Currently seeing onsite so they do not have to travel.
Strategy 1.3: Enhance access and knowledge of mental and behavioral health services.	Conduct environmental scan of available local mental and behavioral health providers and services.	Identified 3 mental health providers in our area	Provide office space with ADA access. Identifying and referring patients for mental health support.
	Reach out to local partners (public health, M/BH providers, EMS, police, schools, Extension, etc.) and gauge interest in development of a local mental health advisory committee.	Partnered with Catalyst For Change. Helped support CHW program.	Making Mental Health Care Accessible to All Montanans, Especially Rural Communities.
	Develop standardized screening protocols for behavioral risk assessment and implement facility wide.	Developed in Electronic Medical Record	Identify at risk patients

Goal 2: Enhance chronic disease prevention and care coordination at WMH.

	Activities	Accomplishments	Community Impact/Outcomes
Strategy 2.1: Enhance preventative programs and resources available through WMH.	Develop a community health fair to enhance access to preventative screenings and education.	Delayed due to COVID-19 pandemic.	Delayed due to COVID-19 pandemic.
	Reach out to community and regional partners to support and enhance the health fair’s reach and sustainability.	Delayed due to COVID-19 pandemic.	Delayed due to COVID-19 pandemic.
	Conduct environmental scan to assess local programs and resources available that enhance and promote healthy lifestyles (Fitness Center, Head Start, Extension, schools, etc.).	Supported	New fitness center opened
	Explore opportunities to support and promote healthy behaviors and activities locally (fun runs, health challenges).	N/A	Paid portion of gym membership fee’s for employee’s promoting health and supporting local gym.
	Explore developing nutritional cooking and dietary education through WMH and in collaboration with regional partners.	N/A	Developed a nutritional service line for patients needing access to a dietician.
Strategy 2.2: Enhance care coordination programs and resources at WMH.	Research and determine feasibility of implementing a care coordination program at WMH or in partnership with regional partners. If found to be feasible: Determine staffing needs (FTE).	Nurse Practitioner identified partner	Nurse Practitioner/APP identified partner
	Explore opportunities to expand community care coordination staff (Community Care Coordinator; Community Health Worker (CHW)).	County received Grants for CHW.	We have partnered with County to support CHW. 2 CHW hired. Seamless collaboration for better outcomes for patients.
	Determine WHM provider and clinical services champion for program implementation.	APP Identified and developed program	Developed referral Program Access to mental health and follow up

Educate staff and providers on new Community Care Coordination program.	Education/Marketing	Awareness of resources and program
Create education and outreach materials to educate community on new program.	Education/ Marketing	Awareness of resources and program

Goal 3: Engage in efforts to address the social determinants of health in Wheatland County.

	Activities	Accomplishments	Community Impact/Outcomes
Strategy 3.1: Enhance WMH efforts in influencing social determinants of health	Explore opportunities to partner with schools on adult education and skills training to promote literacy and G.E.D attainment.	Delayed due to COVID-19 pandemic.	Delayed due to COVID-19 pandemic.
	Continue to offer CNA other health skills trainings. Explore opportunities to support and incentivize local learners.	An 8 week CNA course was held in 2020 with assistance from Miles City Community College. In 2021 an arrangement was made with MHN to allow any students to sign up for online classes that started the first of each month. There wasn't a limit to the number of students. Most of the course is online but skills can be done through a trainer at WMH or the students can go to Miles City for a 3 day skills training and to take their test.	We have had NA's successfully complete this new option. Providing good jobs and clinical ladder opportunity. Continuity of patient care.
	Meet with County Commissioners to discuss housing needs and opportunities. Explore state and federal resources, funding, and relevant data.	CEO meet with Commissioners to discuss housing crisis on Dec. 2nd 2019	County Commissioners working on Committee.

<p>Explore review of electronic medical record patient discharge information to assess literacy level and update as appropriate to enhance patient understanding.</p>	<p>Delayed due to COVID-19 pandemic.</p>	<p>Delayed due to COVID-19 pandemic.</p>
<p>Create and market an “Insurance Payor 101” resource(s) to assist community in accessing and understanding benefits.</p>	<p>Delayed due to COVID-19 pandemic.</p>	<p>Delayed due to COVID-19 pandemic.</p>
<p>Establish a patient assistance representative at WMH to support navigation of healthcare system and learn of available local, state and federal cost assistance resources.</p>	<p>Delayed due to COVID-19 pandemic.</p>	<p>Delayed due to COVID-19 pandemic.</p>



APPENDICES

Appendix A- Steering Committee

<i>Steering Committee Member</i>	Organization Affiliation
<i>Kelley Evans</i>	CEO - Wheatland Memorial Healthcare (WMH)
<i>Jane Moe</i>	Marketing Director – WMH
<i>Cindy Swan</i>	Family Nurse Practitioner (FNP) – WMH
<i>Mandie Smith</i>	Laboratory – WMH
<i>Patty Morris</i>	Radiology – WMH
<i>Leann Fisk</i>	One Montana Health District
<i>Susan Woods</i>	One Montana Health District
<i>Emily Shoup</i>	Director of Nursing - WMH



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

Kelley Evans, CEO - Wheatland Memorial Healthcare (WMH)
Jane Moe, Director - WMH
Cindy Swan, FNP- WMH
Mandie Smith, Lab - WMH
Patty Morris, Radiology - WMH
Leann Fisk, One Montana Health District
Susan Woods, One Montana Health District

Type of Consultation (Steering Committee, Focus group, etc.)

First Steering Committee Meeting	December 20, 2022
Focus Group	February 7, 2023
Second Steering Committee Meeting	May 8, 2023

Public and Community Health

- We would like to include Shawmut in the survey distribution as several members were contacted for COVID related symptoms and treatment at WMH
- I think there's a lot of substance and alcohol use around here, so I suppose we should include alcohol/substance abuse as an option for community concerns
- Work/economic stress are big issues locally, so we should also include that as an option for top community concerns
- We have a local gym in Harlowton, so we should include it as an option for community resources since it's a great place to be physically active.
- The public health department over in Lewistown conducted a mobile health fair in Ryegate and it was fairly well received! While there aren't any health fairs in Harlowton, it would be interesting to see if what survey respondents thought of the health fair.

Population: Low income, Underinsured

- One of the churches also runs a food truck type service that provides food to those who need it.

Population: Seniors

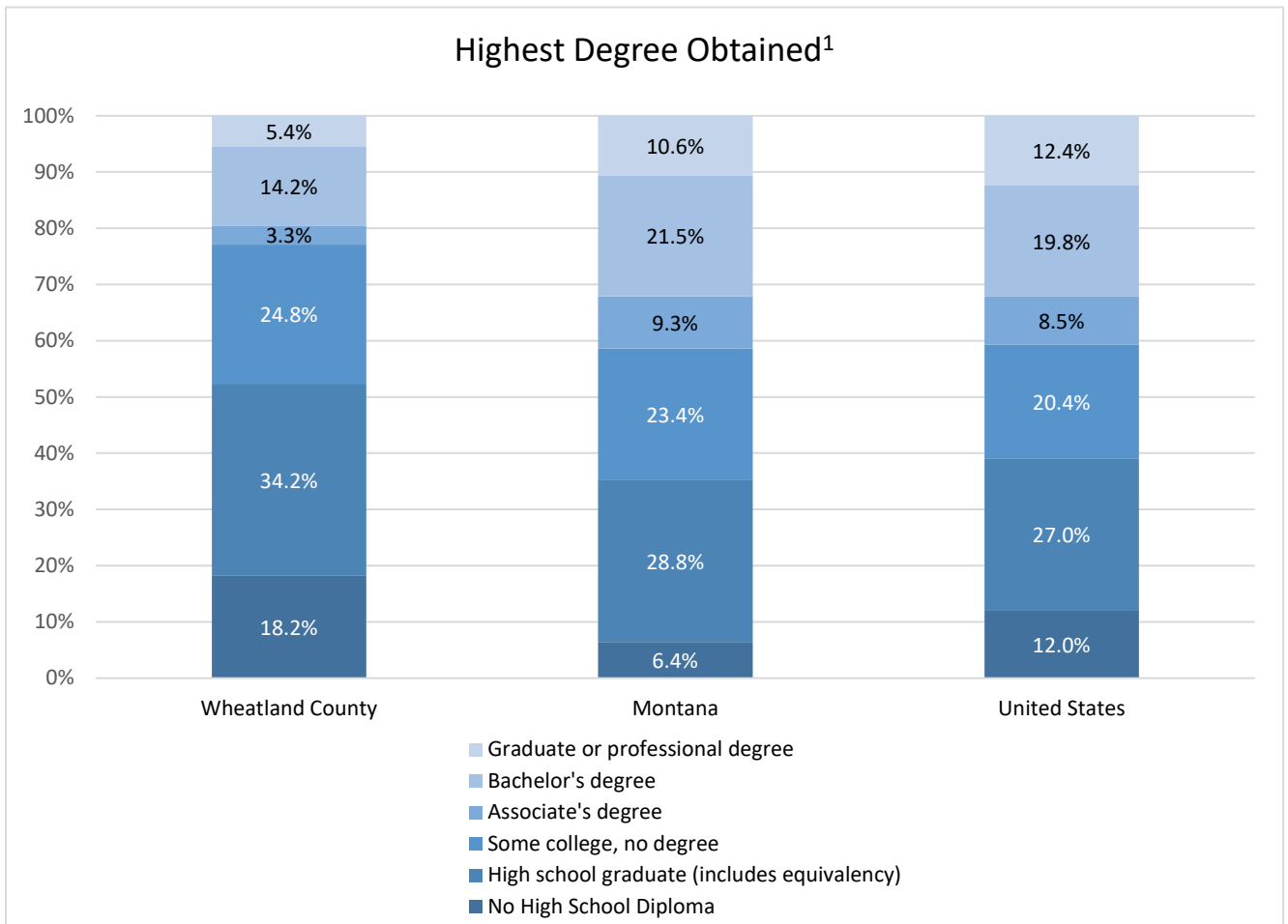
- A lot of our local seniors get hearing and vision checks annually, so we should include those as preventive services on the survey..

Appendix C- Wheatland Co. Secondary Data

Demographic Measure (%)		County			Montana			Nation		
Population ¹		2,142			1,050,649			324,697,795		
Population Density ¹		1.5			7.1			85.5		
Veteran Status ¹		7.2%			10.4%			7.3%		
Disability Status ¹		11.5%			13.6%			12.6%		
Age ¹		<5	18-64	65+	<5	18-64	65+	<5	18-64	65+
		6.1%	54.7%	20.2%	5.8%	60.1%	18.2%	6.1%	61.7%	15.6%
Gender ¹		Male		Female	Male		Female	Male		Female
		48.2%		51.8%	50.3%		49.7%	49.2%		50.8%
Race/Ethnic Distribution ¹		White			91.4%			75.3%		
		American Indian or Alaska Native			8.3%			1.7%		
		Other [†]			3.7%			26.5%		

¹ US Census Bureau - American Community Survey (2019)

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



¹ US Census Bureau - American Community Survey (2019)

Socioeconomic Measures (%)	County	Montana	Nation
Median Income ¹	\$39,655	\$54,970	\$62,843
Unemployment Rate ¹	3.2%	4.0%	5.3%
Persons Below Poverty Level ¹	15.3%	13.1%	13.4%
Children in Poverty ¹	22.9%	15.8%	18.5%
Internet at Home ²	72.5%	81.5%	-
Households with Population Age 65+ Living Alone ²	153	52,166	-
Households Without a Vehicle ²	50	21,284	-
Households Receiving SNAP ²	69	56,724	-
Eligible Recipients of Free or Reduced Price Lunch ³ 2019/2020 school year	62.9%	42.9%	-
Enrolled in Medicaid ^{4, 1}	12.8%	9.7%	19.8%
Uninsured Adults ^{5, 6} Age <65	21.0%	12.0%	12.1%
Uninsured Children ^{5, 6} Age <18	12.0%	6.0%	5.1%

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

Maternal Child Health	County	Montana	Nation
General Fertility Rate* ⁷ Per 1,000 Women 15-44 years of age (2017-2019)	89.9	59.3	-
Preterm Births ⁷ Born less than 37 weeks (2017-2019)	NA	9.4%	-
Adolescent Birth Rate ⁷ Per 1,000 years females 15-19 years of age (2017-2019)	NA	18.3	-
Smoking during pregnancy ^{3, 8}	14.7%	16.5%	7.2%
Kotelchuck Prenatal Care** ⁷ Adequate or Adequate-Plus (2017-2019)	55.8%	75.7%	-
Low and very low birth weight infants ⁷ Less than 2500 grams (2017-2019)	NA	7.6%	-
Childhood Immunization Up-To-Date (UTD) ^{§ 9}	0.0%	64.8%	-

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

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

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

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

Behavioral Health	County	Montana	Nation
Adult Smoking ⁵	24.0%	19.0%	16.0%
Excessive Drinking ⁵	21.0%	22.0%	15.0%
Adult Obesity ⁵	32.0%	27.0%	26.0%
Poor Mental Health Days ⁵ (Past 30 days)	4.6	3.9	3.8
Physical Inactivity ⁵	23.0%	22.0%	19.0%
Do NOT wear seatbelts ¹⁰ State Age-Adjusted Prevalence (2018) Nation Crude Prevalence (2018)	-	10.3%	6.3%
Drink and Drive ¹⁰ State Age-Adjusted Prevalence (2018) Nation Crude Prevalence (2018)	-	3.7%	3.1%

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

Cancer prevention & screening	County	Montana	Nation
Human Papillomavirus (HPV) vaccination UTD ^{†† 11, 12} Adolescents 13-17 years of age (2020)	50.0%	54.4%	58.6%
Cervical cancer screening in past 3 years ^{13, 10} Age adjusted (county/state) and crude (nation) prevalence among adult women aged 21-65 years (2018)	81.4%	76.8%	80.1%
Mammography in past 2 years ^{13, 10} Age adjusted (county/state) and crude (nation) prevalence among women 50-74 years (2018)	65.9%	73.4%	78.3%
Colorectal Cancer Screening ^{13, 10} Age adjusted (county) and crude (state/nation) prevalence among adults age 50-75 years (2018)	53.8%	64.5%	69.7%

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

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

Infectious Disease Incidence Rates ¹⁴ Per 100,000 people (2015-2017)	County	Montana
Enteric Diseases *	173.4	80.1
Hepatitis C virus	45.9	93.4
Sexually Transmitted Diseases (STD) †	204.9	551.6
Vaccine Preventable Diseases (VPD) §	47.3	91.5

¹⁴ IBIS Community Snapshot, MT-DPPHS

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

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

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

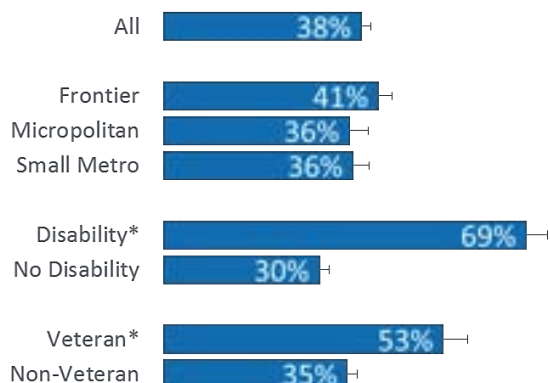
¹⁴ IBIS Community Snapshot, MT-DPPHS

** Data were suppressed to protect privacy.

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

¹⁰ Behavioral Risk Factor Surveillance System, CDC (2019)

Percent of Montana Adults with Two or More Chronic Conditions



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

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

** Data were suppressed to protect privacy.

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

¹⁰ Behavioral Risk Factor Surveillance System, CDC (2019)

*Annual household income < \$15,000

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

¹⁹ Montana Youth Risk Behavior Survey (2019)

Secondary Data – Healthcare Workforce Data 2021

Health Professional Shortage Area & Medically Underserved Areas/Populations

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

Health Professional Shortage Area Designation ¹ – Wheatland County, Montana		
Discipline	HPSA Score	HPSA
Primary Care	8	✓ Low income population
Dental Health	13	✓ Geographic
Mental Health	12	✓ Rural Health Clinic
HPSA Scores range from 0 to 25 (primary care and mental health) and 0 to 26 (dental health) where the higher the score, the greater the priority		

¹ Health Resources and Services Administration (2021)

Provider Supply and Access to Care ²				
Measure	Description	Wheatland Co. (N = 1) **	Montana (N = 49) **	National (N = 1347) **
Primary care physicians	Ratio of population to primary care physicians	-	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	713:1	878:1	726:1
Dentists	Ratio of population to dentists	2:1	1388:1	1260:1
Mental health providers	Ratio of population to mental health providers	2140:1	356:1	310:1

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

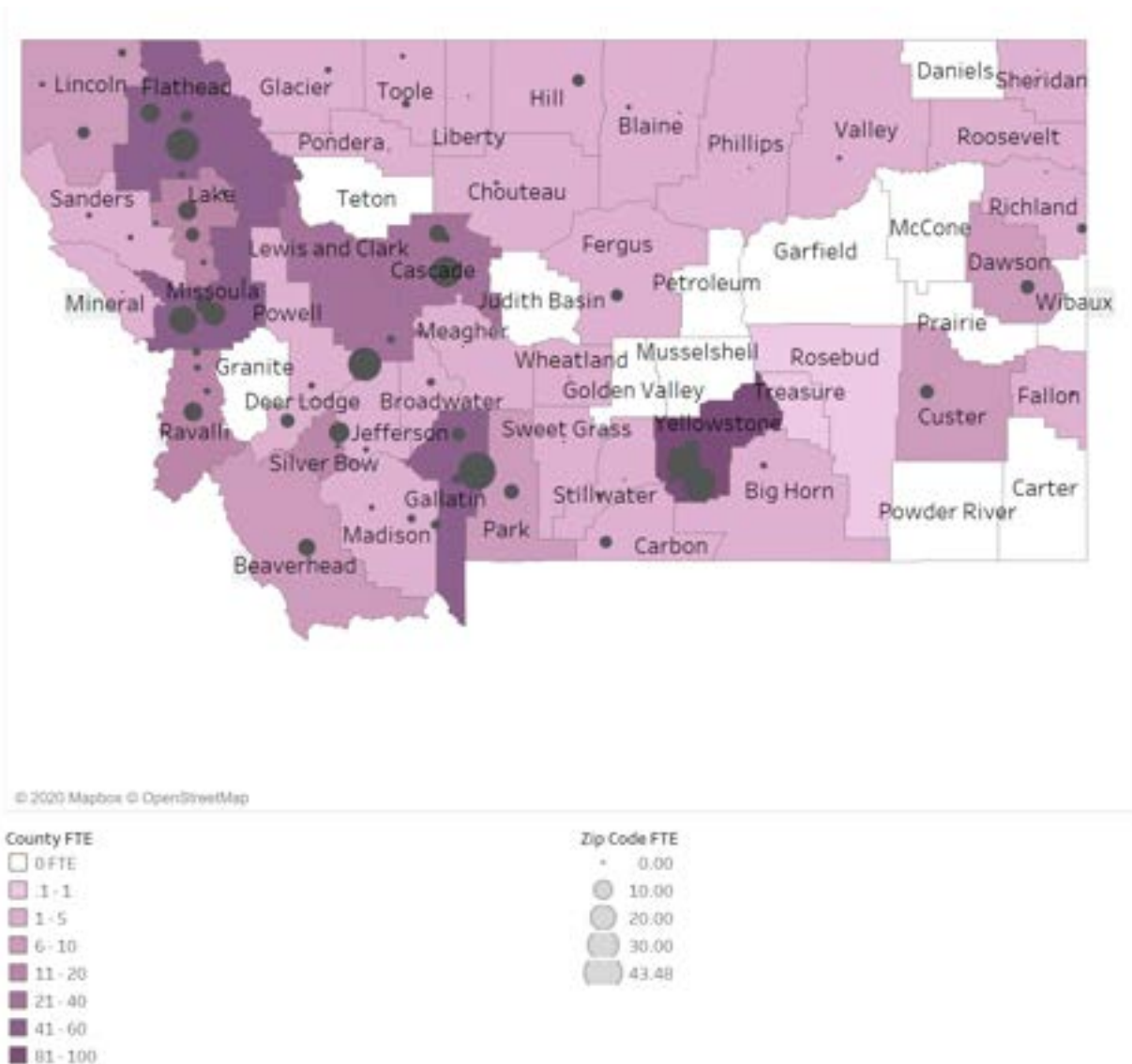
** Total number of CAHs in region

Healthcare workforce Distribution Maps

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

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

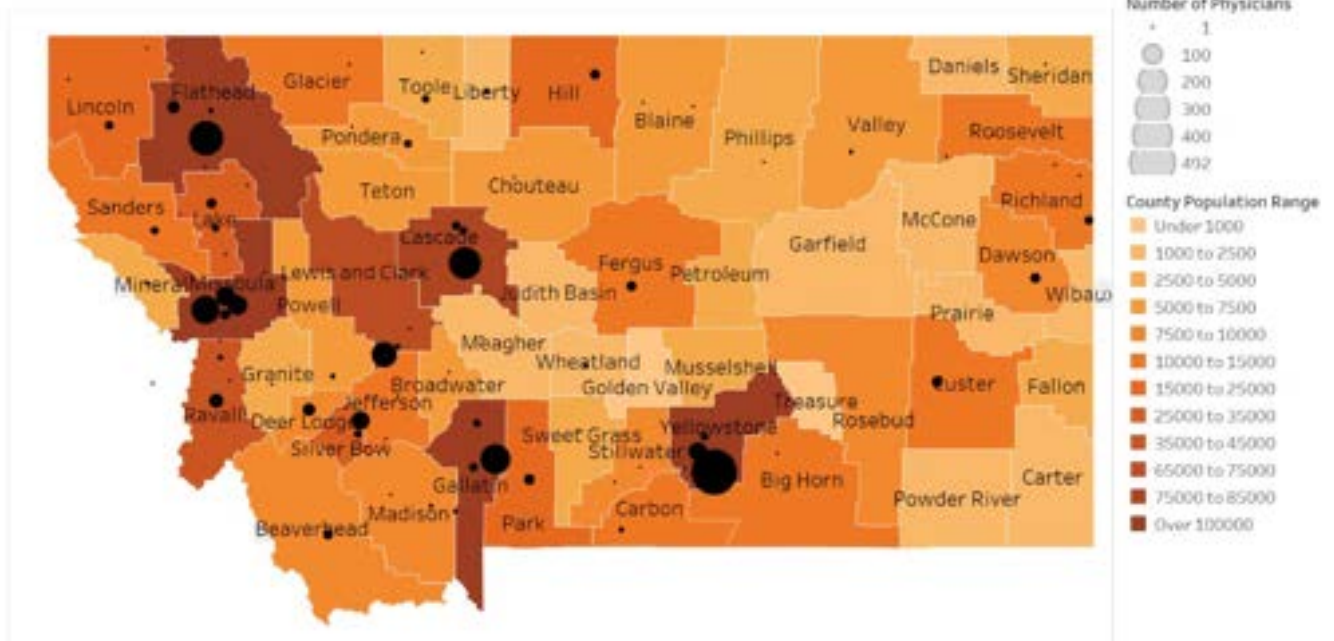
Primary Care Physician FTE: Practice Locations Plotted by Zip Code



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

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

Physicians (All Specialties) by County Population Range



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

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

Appendix D- Survey Cover Letter

January 27, 2023

Dear [LASTNAME] household:



Participate in our Community Health Needs Assessment survey for a chance to **WIN a \$100 Midtown Market II gift card!**

Wheatland Memorial Healthcare (WMH) 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 WMH service area. The survey covers topics such as: use of health care services, awareness of services, community health, health insurance and demographics. We know your time is valuable, so we have made an effort to keep the survey to about 15 minutes. Participating in this survey is completely voluntary and your identity and answers will remain confidential.

1. Due date to complete survey: March 3, 2023
2. Complete the enclosed survey and return it in the envelope provided - no stamp needed.
3. You can also access the survey at <http://helpslab.montana.edu/survey.html>. Select "Wheatland Memorial Healthcare Survey." Your access code is [CODED]
4. The winner of the \$100 gift card will be contacted the week of March 13th.

All survey responses will go to HELPS Lab at Montana State University in Bozeman, Montana, the organization that is assisting MORH with this project. If you have any questions about the survey, please call 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,



Kelley Evans, CEO

Appendix E- Survey Instrument

Community Health Needs Assessment Survey Harlowton, 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/substance abuse | <input type="checkbox"/> Lack of dental care | <input type="checkbox"/> Social isolation/loneliness |
| <input type="checkbox"/> Alzheimer's/dementia | <input type="checkbox"/> Lack of exercise | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Mental health issues | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Child abuse/neglect | <input type="checkbox"/> Motor vehicle accidents | <input type="checkbox"/> Tobacco use |
| <input type="checkbox"/> Depression/anxiety | <input type="checkbox"/> Overweight/obesity | (cigarettes/cigars, vaping, smokeless) |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Prescription drug abuse | <input type="checkbox"/> Trauma/Adverse Childhood Experiences (ACES) |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Recreation related accidents/injuries | <input type="checkbox"/> Work/economic stress |
| <input type="checkbox"/> Drug abuse | <input type="checkbox"/> Respiratory diseases (COPD, asthma) | <input type="checkbox"/> Work related accidents/injuries |
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> Self-harm | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Hunger | | |
| <input type="checkbox"/> Lack of access to healthcare | | |

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

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

4. How do you rate your knowledge of the health services that are available through Wheatland Memorial Healthcare?

- Excellent Good Fair Poor Don't know/Haven't used

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

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Community posters | <input type="checkbox"/> Healthcare provider | <input type="checkbox"/> Public health | <input type="checkbox"/> Word of mouth/reputation |
| <input type="checkbox"/> Friends/family | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Social media | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Health fair | <input type="checkbox"/> Presentations | <input type="checkbox"/> Website/internet | |

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

- | | | |
|--|--|--|
| <input type="checkbox"/> Armory (Gym) | <input type="checkbox"/> Dentist | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Church/Food truck | <input type="checkbox"/> HRDC/WIC | <input type="checkbox"/> Public health |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Migrant health services | <input type="checkbox"/> Senior center |
| <input type="checkbox"/> Chiropractic services | | <input type="checkbox"/> Other: _____ |

7. In your opinion, what would improve our community's access to healthcare? (**Select ALL that apply**)
- | | |
|--|--|
| <input type="checkbox"/> Access to a doctor (MD/DO) | <input type="checkbox"/> More information about available services |
| <input type="checkbox"/> Clinic services open longer | <input type="checkbox"/> More primary care providers |
| <input type="checkbox"/> Cultural sensitivity | <input type="checkbox"/> More specialists |
| <input type="checkbox"/> Expanded local services | <input type="checkbox"/> Payment assistance programs (healthcare expenses) |
| <input type="checkbox"/> Greater health education services | <input type="checkbox"/> Telemedicine/virtual health |
| <input type="checkbox"/> Improved quality of care | <input type="checkbox"/> Transportation assistance |
| <input type="checkbox"/> Interpreter services | <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"/> Adult skills/vocational training | <input type="checkbox"/> Group fitness classes | <input type="checkbox"/> Prenatal |
| <input type="checkbox"/> Alcohol abuse | <input type="checkbox"/> Health and wellness | <input type="checkbox"/> Smoking/tobacco cessation |
| <input type="checkbox"/> Alzheimer's | <input type="checkbox"/> Heart disease | <input type="checkbox"/> Support groups |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Lactation/breastfeeding support | <input type="checkbox"/> Walk with Ease |
| <input type="checkbox"/> Chronic pain | <input type="checkbox"/> Living will/estate planning | <input type="checkbox"/> Weight loss |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Men's health | <input type="checkbox"/> Women's health |
| <input type="checkbox"/> Drug/prescription abuse | <input type="checkbox"/> Mental health | <input type="checkbox"/> Worksite Wellness |
| <input type="checkbox"/> First aid/CPR | <input type="checkbox"/> Nutrition | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Grief counseling | <input type="checkbox"/> Parenting | |

9. Which of the following preventive services have you or someone in your household used in the past year? (**Select ALL that apply**)
- | | | |
|--|--|---|
| <input type="checkbox"/> Blood pressure check | <input type="checkbox"/> Health checkup | <input type="checkbox"/> Weight loss services |
| <input type="checkbox"/> Child checkup/Well baby | <input type="checkbox"/> Hearing check | <input type="checkbox"/> Vision check |
| <input type="checkbox"/> Cholesterol check | <input type="checkbox"/> Lab check (blood screening) | <input type="checkbox"/> None |
| <input type="checkbox"/> Colonoscopy | <input type="checkbox"/> Mammography | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Dental exam | <input type="checkbox"/> Pap test | |
| <input type="checkbox"/> Flu shot/immunizations | <input type="checkbox"/> Prostate (PSA) | |

10. 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

11. 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 services?
- Yes No (**If no, skip to question 13**)

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

- | | | |
|---|---|--|
| <input type="checkbox"/> Billing issues | <input type="checkbox"/> Had no childcare | <input type="checkbox"/> Pharmacy not open weekends/afterhours |
| <input type="checkbox"/> Confidentiality/privacy | <input type="checkbox"/> It cost too much | <input type="checkbox"/> Qualified provider not available |
| <input type="checkbox"/> Could not get an appointment | <input type="checkbox"/> It was too far to go | <input type="checkbox"/> Service not available locally |
| <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"/> COVID-19 barriers/concerns | <input type="checkbox"/> My insurance didn't cover it | <input type="checkbox"/> Too nervous or afraid |
| <input type="checkbox"/> Didn't know where to go | <input type="checkbox"/> No insurance | <input type="checkbox"/> Transportation problems |
| <input type="checkbox"/> Don't like doctors | <input type="checkbox"/> Not treated with respect | <input type="checkbox"/> Unsure if services were available |
| <input type="checkbox"/> Don't understand healthcare system | <input type="checkbox"/> Office wasn't open when I could go | <input type="checkbox"/> Other: _____ |

13. 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 16**)

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

- | | | | |
|-------------------------------------|--------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Big Timber | <input type="checkbox"/> Great Falls | <input type="checkbox"/> Roundup | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Billings | <input type="checkbox"/> Harlowton | <input type="checkbox"/> VA | |
| <input type="checkbox"/> Bozeman | <input type="checkbox"/> Lewistown | <input type="checkbox"/> White Sulphur Springs | |

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

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

16. 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 19**)

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Benefis Health System | <input type="checkbox"/> Mountainview Medical Center | <input type="checkbox"/> Wheatland Memorial Healthcare |
| <input type="checkbox"/> Billings Clinic | <input type="checkbox"/> Pioneer Medical Center | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Bozeman Health | <input type="checkbox"/> St. Vincent Healthcare | |
| <input type="checkbox"/> Central Montana Medical Center | <input type="checkbox"/> VA | |

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

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

19. 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 22)

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

- Billings Great Falls Lewistown Other: _____
 Bozeman Harlowton VA

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

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Allergist | <input type="checkbox"/> ENT (ear/nose/throat) | <input type="checkbox"/> Occupational therapist | <input type="checkbox"/> Rheumatologist (arthritis) |
| <input type="checkbox"/> Audiologist (hearing) | <input type="checkbox"/> Eye doctor | <input type="checkbox"/> Oncologist (cancer) | <input type="checkbox"/> Social worker |
| <input type="checkbox"/> Cardiologist (heart) | <input type="checkbox"/> Gastroenterologist (stomach) | <input type="checkbox"/> Orthopedist | <input type="checkbox"/> Speech therapist |
| <input type="checkbox"/> Chiropractor | <input type="checkbox"/> General surgeon | <input type="checkbox"/> Pediatrician (children) | <input type="checkbox"/> Substance abuse counselor |
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Geriatrician (seniors) | <input type="checkbox"/> Physical therapist | <input type="checkbox"/> Urologist (kidneys, etc.) |
| <input type="checkbox"/> Dermatologist (skin) | <input type="checkbox"/> Mental health counselor | <input type="checkbox"/> Podiatrist (foot) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Dietician | <input type="checkbox"/> Neurologist | <input type="checkbox"/> Psychiatrist (M.D.) | |
| <input type="checkbox"/> Endocrinologist (hormones) | <input type="checkbox"/> Neurosurgeon | <input type="checkbox"/> Psychologist | |
| | <input type="checkbox"/> OB/GYN | <input type="checkbox"/> Pulmonologist (lungs) | |
| | | <input type="checkbox"/> Radiologist (x-ray) | |

22. The following services are available through Wheatland Memorial Healthcare. Please rate the overall quality for each service by circling your answer. (Please circle N/A if you have not used the service)

	Excellent	Good	Fair	Poor	Haven't used	Don't Know
Acute/skilled care (inpatient care/hospitalization)	4	3	2	1	N/A	DK
Ambulance services	4	3	2	1	N/A	DK
Bair Memorial Clinic	4	3	2	1	N/A	DK
Billing/financial services	4	3	2	1	N/A	DK
Cardiology services	4	3	2	1	N/A	DK
Dietician/nutrition services	4	3	2	1	N/A	DK
Emergency room	4	3	2	1	N/A	DK
Health education programs	4	3	2	1	N/A	DK
Laboratory	4	3	2	1	N/A	DK
Long term care/nursing home/swing intermediate	4	3	2	1	N/A	DK
Physical therapy	4	3	2	1	N/A	DK
Pulmonology Function Testing (measures how well lungs work)	4	3	2	1	N/A	DK
Radiology (x-ray/CT scan/ultrasound)	4	3	2	1	N/A	DK
Sleep Studies	4	3	2	1	N/A	DK
Speech therapy	4	3	2	1	N/A	DK
Telemedicine/virtual health	4	3	2	1	N/A	DK
Visiting general surgeon	4	3	2	1	N/A	DK
Visiting mental health provider	4	3	2	1	N/A	DK
Visiting orthopedist	4	3	2	1	N/A	DK
Visiting podiatrist	4	3	2	1	N/A	DK

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

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Neurology | <input type="checkbox"/> Urology |
| <input type="checkbox"/> Chronic pain management | <input type="checkbox"/> Nutrition services | <input type="checkbox"/> Wound care |
| <input type="checkbox"/> Colonoscopy | <input type="checkbox"/> Occupational therapy | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Dermatology | <input type="checkbox"/> Prenatal (pregnancy) services | |

24. Would you or a family member be interested in any of the following senior services if available in the Harlowton area? (Select ALL that apply)

- | | |
|--|--|
| <input type="checkbox"/> Hospice | <input type="checkbox"/> Visiting nurse services |
| <input type="checkbox"/> Senior respite care | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Senior retirement housing/community | |

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?

- | | | |
|--|--|--------------------------------|
| <input type="checkbox"/> Everyday | <input type="checkbox"/> Sometimes (3-5 days per month) | <input type="checkbox"/> Never |
| <input type="checkbox"/> Most days (3-5 days per week) | <input type="checkbox"/> 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. How would you rate the availability of mental health services in our area?

- Excellent Good Fair Poor Don't know

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 moderate to vigorous physical activity for at least 20 minutes? Moderate-intensity activities cause moderate increases in breathing or heart rate whereas vigorous-intensity activities cause large increases in breathing or heart rate.

- | | | |
|---|--|---|
| <input type="checkbox"/> Daily | <input type="checkbox"/> 3-5 times per month | <input type="checkbox"/> No physical activity |
| <input type="checkbox"/> 2-4 times per week | <input type="checkbox"/> 1-2 times per month | |

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

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

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

- Excellent Good Fair Poor

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

- | | |
|---|---|
| <input type="checkbox"/> Can't afford to pay for health insurance | <input type="checkbox"/> Too complicated/didn't know how to apply |
| <input type="checkbox"/> Choose not to have health insurance | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Employer does not offer insurance | |

37. Are you aware of programs that help people pay for healthcare expenses? (sliding fee, financial aid, etc.)

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

Demographics

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

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

- | | | | |
|--|--|---|---------------------------------------|
| <input type="checkbox"/> 59036 Harlowton | <input type="checkbox"/> 59074 Ryegate | <input type="checkbox"/> 59453 Judith Gap | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> 59053 Martinsdale | <input type="checkbox"/> 59078 Shawmut | <input type="checkbox"/> 59085 Two Dot | |

39. What is your gender?

- Male Female Prefer to self-describe: _____

40. What age range represents you?

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

41. What is your employment status?

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

[CODED]

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

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

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

Appendix F- Cross Tabulation Analysis

Knowledge Rating of Wheatland Memorial Healthcare Services by How Respondents Learn About Healthcare Services

	Excellent	Good	Fair	Poor	Don't know/ Haven't Used	Total
Word of mouth/reputation	8.8% (6)	48.5% (33)	27.9% (19)	8.8% (6)	5.9% (4)	68
Friends/family	13.2% (7)	43.4% (23)	26.4% (14)	11.3% (6)	5.7% (3)	53
Healthcare provider	10.7% (3)	57.1% (16)	21.4% (6)	7.1% (2)	3.6% (1)	28
Newspaper	4.3% (1)	65.2% (15)	21.7% (5)	8.7% (2)	-	23
Social media	8.7% (2)	43.5% (10)	34.8% (8)	8.7% (2)	4.3% (1)	23
Community posters	12.5% (2)	50.0% (8)	37.5% (6)	-	-	16
Website/internet	7.7% (1)	53.8% (7)	30.8% (4)	7.7% (1)	-	13
Health fair	20.0% (1)	60.0% (3)	20.0% (1)	-	-	5
Presentations	-	50.0% (2)	25.0% (1)	25.0% (1)	-	4
Public Health	-	66.7% (2)	-	-	33.3% (1)	3
Other	20.0% (1)	60.0% (3)	20.0% (1)	-	-	5

Delay or Did Not Get Need Healthcare Services by Residence

	Yes	No	Total
59036 Harlowton	40.4% (23)	59.6% (34)	57
59074 Ryegate	10.0% (1)	90.0% (9)	10
59053 Martinsdale	44.4% (4)	55.6% (5)	9
59085 Two Dot	42.9% (3)	57.1% (4)	7
59453 Judith Gap	16.7% (1)	83.3% (5)	6
Other	-	100.0% (1)	1
TOTAL	35.6% (32)	64.4% (58)	90

59078 Shawmut removed from residence (first column) due to non-response.

Location of primary care clinic most utilized by residence

	Big Timber	Billings	Bozeman	Great Falls	Harlowton	Lewistown	VA	White Sulphur Springs	Other	TOTAL
59036 Harlowton	1.9% (1)	27.8% (15)	1.9% (1)	1.9% (1)	44.4% (24)	1.9% (1)	1.9% (1)	-	18.5% (10)	54
59074 Ryegate	-	54.5% (6)	-	-	27.3% (3)	-	-	-	18.2% (2)	11
59053 Martinsdale	-	11.1% (1)	33.3% (3)	-	11.1% (1)	11.1% (1)	-	33.3% (3)	-	9
59453 Judith Gap	-	40.0% (2)	-	-	20.0% (1)	20.0% (1)	20.0% (1)	-	-	5
59085 Two Dot	-	20.0% (1)	-	-	60.0% (3)	-	-	-	20.0% (1)	5
Other	-	-	100.0% (1)	-	-	-	-	-	-	1
TOTAL	1.2% (1)	29.4% (25)	5.9% (5)	1.2% (1)	37.6% (32)	3.5% (3)	2.4% (2)	3.5% (3)	15.3% (13)	85

59078 Shawmut removed from residence (first column) due to non-response.

Roundup removed from location of primary care (first row) due to non-response.

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

	Big Timber	Billings	Bozeman	Great Falls	Harlowton	Lewistown	VA	White Sulphur Springs	Other	TOTAL
Closest to home	-	3.1% (1)	-	-	81.3% (26)	3.1% (1)	-	6.3% (2)	6.3% (2)	32
Clinic/provider's reputation for quality	-	50.0% (13)	3.8% (1)	-	19.2% (5)	3.8% (1)	-	3.8% (1)	19.2% (5)	26
Appointment availability	-	25.0% (6)	8.3% (2)	-	45.8% (11)	-	-	4.2% (1)	16.7% (4)	24
Prior experience with clinic	-	22.7% (5)	4.5% (1)	-	40.9% (9)	-	-	4.5% (1)	27.3% (6)	22
Recommended by family or friends	-	8.3% (1)	16.7% (2)	8.3% (1)	41.7% (5)	-	-	16.7% (2)	8.3% (1)	12
Referred by physician or other provider	-	54.5% (6)	-	-	27.3% (3)	-	-	-	18.2% (2)	11
Shopping in that town	-	45.5% (5)	9.1% (1)	9.1% (1)	18.2% (2)	-	-	-	18.2% (2)	11
Confidentiality/privacy	-	37.5% (3)	-	-	37.5% (3)	-	-	-	25.0% (2)	8
Required by insurance plan	-	42.9% (3)	14.3% (1)	-	28.6% (2)	-	-	-	14.3% (1)	7
Cost of care	-	66.7% (4)	-	-	16.7% (1)	-	-	-	16.7% (1)	6
VA/Military requirement	-	-	-	25.0% (1)	-	-	50.0% (2)	-	25.0% (1)	4
Length of waiting room time	-	33.3% (1)	-	-	66.7% (2)	-	-	-	-	3
Indian Health Services	-	-	-	-	-	-	-	-	100.0% (2)	2

Other	7.1% (1)	28.6% (4)	14.3% (2)	-	14.3% (2)	7.1% (1)	-	-	28.6% (4)	14
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Roundup removed from location of primary care (first row) due to non-response.

Location of most utilized hospital by residence

	Benefis Health System	Billings Clinic	Bozeman Health	Central Montana Medical Center	St. Vincent Healthcare	Wheatland Memorial Healthcare	Other	TOTAL
59036 Harlowton	2.5% (1)	35.0% (14)	-	2.5% (1)	17.5% (7)	20.0% (8)	22.5% (9)	40
59453 Judith Gap	20.0% (1)	20.0% (1)	-	20.0% (1)	40.0% (2)	-	-	5
59053 Martinsdale	25.0% (1)	-	50.0% (2)	-	-	-	25.0% (1)	4
59074 Ryegate	-	25.0% (1)	-	-	75.0% (3)	-	-	4
59085 Two Dot	-	-	-	-	100.0% (2)	-	-	2
TOTAL	5.5% (3)	29.1% (16)	3.6% (2)	3.6% (2)	25.5% (14)	14.5% (8)	18.2% (10)	55

59078 Shawmut and "Other" removed from residence (first column) due to non-response.
Mountainview Medical Center, Pioneer Medical Center, and VA removed from location of most recent hospitalization (first row) due to non-response.

Location of most recent hospitalization by reasons for hospital selection

	Benefis Health System	Billings Clinic	Bozeman Health	Central Montana Medical Center	St. Vincent Healthcare	Wheatland Memorial Healthcare	Other	Total
Hospital/provider's reputation for quality	-	25.9% (7)	3.7% (1)	7.4% (2)	37.0% (10)	7.4% (2)	18.5% (5)	27
Prior experience with hospital	3.7% (1)	29.6% (8)	7.4% (2)	7.4% (2)	29.6% (8)	3.7% (1)	18.5% (5)	27
Referred by physician or other provider	5.0% (1)	35.0% (7)	-	-	30.0% (6)	-	30.0% (6)	20
Closest to home	5.9% (1)	23.5% (4)	11.8% (2)	5.9% (1)	5.9% (1)	41.2% (7)	5.9% (1)	17
Emergency, no choice	13.3% (2)	33.3% (5)	-	6.7% (1)	13.3% (2)	33.3% (5)	-	15
Closest to work	-	-	20.0% (1)	-	-	80.0% (4)	-	5
Cost of care	-	33.3% (1)	-	-	33.3% (1)	33.3% (1)	-	3
Recommended by family or friends	-	33.3% (1)	-	-	33.3% (1)	33.3% (1)	-	3
Required by insurance plan	33.3% (1)	33.3% (1)	-	-	33.3% (1)	-	-	3
Financial assistance programs	-	100.0% (1)	-	-	-	-	-	1
VA/Military requirement	100.0% (1)	-	-	-	-	-	-	1
Other	12.5% (1)	12.5% (1)	-	-	25.0% (2)	-	50.0% (4)	8

Mountainview Medical Center, Pioneer Medical Center, and VA removed from location of most recent hospitalization (first row) due to non-response.

Appendix G- Responses to Other & Comments

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

- Gambling and other addictions
- I don't know

*Responses when more than 3 were selected (6 participants)

- Alcohol/substance abuse (4)
- Cancer (1)
- Child abuse/neglect (1)
- Depression/anxiety (1)
- Diabetes (2)
- Domestic violence (1)
- Drug abuse (5)
- Heart disease (1)
- Lack of access to healthcare (2)
- Lack of dental care (3)
- Lack of exercise (2)
- Mental health issues (1)
- Overweight/obesity (2)
- Respiratory diseases (COPD, asthma) (1)
- Self-harm (1)
- Social isolation/loneliness (1)
- Suicide (1)
- Work/economic stress (1)

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

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

- Access to childcare/after school programs (1)
- Access to healthcare services (2)
- Access to healthy foods (1)
- Affordable/available housing (2)
- Clean environment (1)
- Good jobs and a healthy economy (1)
- Good schools (1)
- Low crime/safe neighborhoods (1)
- Strong family life (1)

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

- research
- phonebook
- multiple visits
- personal/direct
- Don't bother

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

- Church
- golfing
- none
- physical therapy
- shot clinic

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

- keep the good ones
- local doctors, PA's, NP, do not like travelers, want community members
- More stable workforce
- consistent providers
- consistent doctors not just travelers
- New hospital/clinic board; more openness
- consistency in providers
- Holistic health care combined mental & physical
- Only been at the emergency clinic area have been pleased with the care received.
- Consistency in healthcare providers

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

- (no "Other" responses)

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

- Emergency room
- Billings VA
- WHC

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

- didn't think anything could be done, didn't think my broken finger was a big deal
- no answer on ER phone - Labor day 2021
- blood pressure check
- Just didn't

*Responses when more than 3 were selected (6 participants):

- Billing issues (1)
- Confidentiality/privacy (2)
- Could not get an appointment (4)
- Don't like doctors (1)
- Don't understand healthcare system (1)
- It cost too much (4)
- It was too far to go (1)
- Not treated with respect (1)
- Pharmacy not open weekends/afterhours (4)
- Qualified provider not available (3)
- Service not available locally (4)
- Too long to wait for an appointment (1)
- Unsure if services were available (1)

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

- Rochester-Mayo
- Crow Agency
- Columbus

*Responses when more than 1 was selected (12 participants):

- Big Timber (1)
- Billings (10)
- Bozeman (1)
- Harlowton (7)
- Lewistown (4)
- Roundup (2)
- VA (1)
- White Sulphur Springs (1)

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

- I see no reason to pay WMH for just a "referral" because they are ill-equipped
- They get my insurance; Billing correct in a timely manner
- have a primary doctor
- we've always had problems with our insurances paying WMH
- had no choice- got whoever was available
- Reside in Harlowton and Bozeman; own a home in both towns
- complex medical history; who I was seeing prior to moving to the area
- specialization
- we see whoever is available
- Wanted to use Wheatland Memorial but physician wouldn't give me a codine medication for a chronic cough that I've been taking
- naturopathic medicine
- unable to get services closer
- have not been in after McKenzie Kemper Left
- Wanted consistency in care provider- not changing every 6 months

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

- specialist SLC
- Ortho Montana
- Blackfoot medical center
- out of state
- CHI ST Alexis

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

- Billings Clinic (5)
- Central Montana Medical Center (1)
- St. Vincent Healthcare (3)
- Wheatland Memorial Healthcare (2)

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

- specialty services not available in HARLO
- they get billing done correct
- better care/ same doctor all the time
- surgeon specialized in replacing battery of gastric stimulator
- closest specialist
- unable to get services closer - rotating/ inconsistent providers

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

- Financial assistance programs (1)
- Hospital/provider's reputation for quality (2)
- Prior experience with hospital (2)
- Recommended by family or friends (2)
- Referred by physician or other provider (2)
- Required by insurance plan (1)

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

- Helena (5)
- Thailand
- online telemed
- Big Timber
- Missoula
- Anaconda
- Butte
- Billings Clinic, Mayo Clinic
- Mayo Clinic Rochester, MI
- Columbus

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

- colon-exam mammogram
- colonoscopy not sure what to call him
- hip doctor
- orthopedic surgeon
- Internal med Dr
- vein

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

- A consistent G.P. you almost never see the same doctor twice at WMH
- None (2)
- OBGYN
- bone density test
- General doctor
- chiropractor
- oncology
- depends on the severity
- None- current management is too bad to consider

24. Would you or a family member be interested in any of the following senior services if available in the Harlowton area? (Select ALL that apply)

- not at this time (2)
- no
- when the time comes-all

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

- Medicare supplement (2)
- Christian Healthcare Ministries (2)
- HUMANA
- Medicare replacement
- advance plan
- wife works at hospital

*Responses when more than 1 was selected (19 participants):

- Employer offered plan (2)
- Health Insurance Marketplace (4)
- Health Savings Account (2)
- Indian Health Services (1)
- Medicaid (3)
- Medicare (17)
- Private insurance/private plan (9)
- VA/Military (2)
- None/pay out of pocket (1)

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

- Use Crow Agency IHHS Indian

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

- 59718

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

- (no responses)

40. What is your employment status?

- Rancher
- mom/housewife
- stay at home mom of 4
- self
- disability

*Responses when more than 1 was selected (4 participants):

- Work full time (3)
- Work part time (1)
- Retired (3)

General comments

- (Q2)
 - Selected “Alcohol/substance abuse” and wrote “/addiction” after it.
 - Did not select these choices, but drew arrows between “Diabetes” and “Lack of exercise” and “Overweight/obesity” and “Lack of exercise”.
 - Selected “Alcohol/substance abuse”, “Child abuse/neglect”, and “Drug abuse” and wrote “Really should be top 5, not 3. Obesity, tobacco, trauma, isolation.”
- (Q3)
 - Selected “Access to healthy foods” and wrote “affordable”.
- (Q6)
 - Did not select any choices and wrote “None at all”.
- (Q10)
 - Did not make a selection and wrote “Only important if there is a high quality of care”
- (Q12)
 - Selected “Could not get an appointment” and wrote “Recording about high number of calls? So went to Billings.”
 - Selected more than 3 choices and wrote “Sorry, but WMH has more than 3 issues.”
- (Q13)
 - Selected “Yes” and wrote “but not here.”
- (Q18)
 - Selected “Hospital/provider’s reputation for quality” and “Referred by physician or other provider” and wrote “Fantastic all around!”.
- (Q22)
 - Selected “N/A” for all services and wrote “Within 3 years” above the list of services.
 - Did not circle any answers for any service, and wrote “Nothing good here I heard. Did not like when I went to emergency about 6 years ago.”
- (Q26)
 - Selected “Never” and wrote “[Never] say ‘never’ but I rarely feel lonely or isolated.”
- (Q28)
 - Selected “Poor” and wrote “Very poor” next to it.
- (Q29)
 - Selected “Somewhat” and wrote “Like most families in America!”

- (Q30)
 - Did not make a selection, but wrote “3-4 week” under “No physical activity”
- (Q31)
 - Did not make a selection and wrote “Not yet”
- (Q34)
 - Selected “Health Insurance Marketplace” and wrote “Private doctor” below the question.
 - Selected “Medicare” and “None/pay out of pocket” and wrote “for Rx” next to “None/pay out of pocket”.
- (Q37)
- Selected “Yes, and I use them” and wrote “Not at WHM” and drew an arrow to “Yes, but I do not qualify”.

Appendix H- Focus Group - Questions

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

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

2. What are your views/opinions about these local services:
 - Hospital/clinic
 - EMS Services (ER/Ambulance)
 - Public/County Health Department
 - Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
 - Services for Low-Income Individuals/Families

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

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

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

Appendix I- Focus Group - Transcript

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

- The last two months we have been pretty sick, the general health is fine (not good and not great).

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

Hospital/clinic:

- We've always had good luck at the hospital and we have used the services many times.
- My family has used the hospital a lot since June and we have received great care from top to bottom.
- I have a love hate relationship with the hospital. I've had some really good experiences and some really bad experiences. Some of my bad experiences were with prior staff but I've heard newer staff members are great. I would like to see better staff retention; it is very difficult bouncing back and forth between providers that come and go.
- It seems to be harder to get same day appointments
- It is nice that you can rely on community members (on call) at the hospital or clinic if appointments are full on a given day.
- The hospital does save about 4 slots for same day appointments each day. It varies based on what is going around in the community (covid/flu).

EMS Services (ER/Ambulance)

- There is a big problem with EMTs answering calls, we have had people come down from Judith gap sometimes because Harlowton EMS will not take calls.
- We had excellent EMTs when my grandmother was picked up this summer, it seems like response times are quite good. Excellent care.
- I haven't had to utilize these services much, but I have heard many out of town EMTs are answering calls for Harlowton.
- EMS is entirely volunteer, but they do receive maybe \$40 per trip through the county.
- I have heard response times can vary greatly depending on the day.
- There are two new EMTs in town this year and that has been a huge help.
-

Public/County Health Department

- I do not really know much about their services.
- They do the covid clinics but now that covid is not talked about as much we don't see their outreach as much.
- They could do a lot more outreach about available services
- They have a 5-county district and I know they are very understaffed

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

- I would love to see home health services in the community.
- The nursing home does well, and I think the senior center does as well.
- I agree, home health and hospice are huge needs in the community
- The senior center does transportations to billings for a small fee (although they will waive the fee for low-income individuals). The transportation is on a case-by-case basis.
- There is a program called silver sneakers that encourages exercise at the gym for elderly individuals
-

Services for Low-Income Individuals/Families

- There is a food bank in town.
- We have some ladies from WIC come and talk to us at the chamber about what they can offer
- We have a Headstart program and preschool at the daycare
- The hospital does offer a sliding fee scale
-

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

- Mental health is a big concern in the community
- We have seen a large number of individuals with diabetes and elevated blood pressures
- We have a CHW who does telehealth appointments with therapists and will even visit schools as needed. The CHW program is relatively new, but we have some large goals that I think will help address some mental health issues.
- We are very fortunate to have our physical therapy department

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

- Home health and hospice
- Mental health resources
- Speech therapy (currently only does 5 patients a week)
-

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

- We now have a local gym that is widely used, it has been very helpful for the elderly and individuals wanting a place to exercise during the winter
- Access to healthy and affordable foods
- We have a local farm that tries but we do not have many options
- Some health education outreach from the hospital would go a long way in the community
- The hospital and high school offer discounts for gym memberships (for employees)

- We have a dentist that comes once a week from Lewistown. Although he is not often in network for people's insurance I have heard.
- We have a chiropractor that also comes in twice a month but that seems to be sort of random.
- Many community members mentioned not using telehealth services as they want to see a provider in person. Although, I think telehealth could be utilized at the hospital much more for mental health resources and even dermatology.

Appendix J- Request for Comments

Written comments on this 2023 Community Health Needs Assessment Report can be submitted to Jane Moe at Wheatland Memorial Healthcare:

Marketing & Public Relations Department
Wheatland Memorial Healthcare
PO Box 287
530 3rd Street Northwest
Harlowton, MT 59036

Contact Wheatland Memorial Healthcare's Marketing and Public Relations Department at 406-632-3176 or jane.moe@wheatlandmemorial.org with questions.