



COMMUNITY HEALTH NEEDS ASSESSMENT 2019

ASSESSMENT CONDUCTED BY
RUBY VALLEY MEDICAL CENTER



IN COOPERATION WITH
THE MONTANA OFFICE OF
RURAL HEALTH



SHERIDAN, MONTANA

**Ruby Valley Medical Center
Community Health Needs Assessment
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Community Health Services Development Report May 2019

I. Introduction

Ruby Valley Medical Center (RVMC) is a public hospital district, five bed licensed and 2 observation bed, non-profit Critical Access Hospital (CAH) based in Sheridan, Montana. Additionally, RVMC operates two outpatient medical clinics in Sheridan and Twin Bridges. RVMC primarily serves the Ruby Valley, located in western Madison County. The Ruby Valley is nestled between four mountain ranges: the Tobacco Root Mountains, the Ruby Range, the Greenhorn Range and the McCartney Mountains. Ruby Valley Medical Center's primary service area includes the communities of Virginia City, Alder, Sheridan, Laurin, Twin Bridges, Silver Star, and Waterloo; with most of the communities located along US 287. Madison 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.



RVMC is a MT DPHHS designated Level V Trauma receiving facility. In addition to clinic appointments, RVMC offers radiology, laboratory, physical and speech therapy, 24-hour emergency care, a Transitional Care (Swing Bed) Program, and a highly qualified nursing staff.



Mission: The Ruby Valley Medical Center is committed to fulfilling the healthcare needs of our community with quality and compassion in a safe, comfortable, and therapeutic environment.

Vision: The Ruby Valley Medical Center will continuously strive to be the community's first choice for health care.

Values: In all our relationships, we will exhibit:

- I**ntegrity- Honesty in all that we do
- C**ompassion- Empathy and understanding of the needs of others
- A**ccountability- Responsibility for all our actions and decisions
- R**espect- Appreciation and consideration of others
- E**xcellence- Commitment to being the best

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

In the winter of 2019, RVMC’s service area was surveyed about its healthcare system. This report shows the results of the survey in both narrative and chart formats. A copy of the survey instrument is included at the end of this report (Appendix E). Readers are invited to familiarize themselves with the survey instrument and the subsequent findings. The narrative report touches on the highlights while the charts present data for virtually every question asked. Please note: we are able to compare some of the 2019 survey data with data from previous surveys conducted in partnership with the Montana Office of Rural Health in 2011. If any statistical significance exists, it will be reported. The significance level was set at 0.05.

II. Health Assessment Process



A Steering Committee was convened to assist RVMC 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 November 2019. For a list of all Steering Committee members and their affiliations, see Appendix A. The Steering Committee met twice during

the CHSD process; first to discuss health concerns in the community and offer their perspective in designing the survey instrument, and again to review results of the survey and key informant interviews and to assist in the prioritization of health needs to address.

III. Survey Methodology

Survey Instrument

In February 2019, surveys were mailed out to the residents in RVMC’s service area. Survey respondents had the ability to complete the survey mailed to them, or via an online survey hosted at Montana State University’s HELPS Lab web portal. The survey was based on a design that has been used extensively in the states of Washington, Wyoming, Alaska, Montana, and Idaho. The survey was designed to provide each facility with information from local residents regarding:

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

Sampling

Ruby Valley Medical Center provided a list of outpatient and inpatient admissions. Those zip codes with the greatest number of admissions were selected to be included in the survey. A random list of 778 residents was then selected with the assistance of the MSU HELPS lab. Residence was stratified in the initial sample selection so that each area would be represented in proportion to the overall served population and the proportion of past admissions. (Note: although the survey samples were proportionately selected, actual surveys returned from each population area varied which may result in slightly less proportional results.)



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

Information Gaps Data

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



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

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

Limitations in Survey & Focus Group Methodology

A common approach to survey research is the mailed survey. However, this approach is not without limitations. There is always the concern of non-response as it may affect the representativeness of the sample. Thus, a mixture of different data collection methodologies is recommended. Conducting community key informant interviews in addition to the random sample survey allows for a more robust sample and, ultimately, these efforts help to increase the community response rate. Partnering with local community organizations such as public health, community health centers, and senior centers, just to name a few, helps to reach segments of the population that might not otherwise respond to a survey.

While key informant interview data can offer invaluable insight into the perception of a community, qualitative data can be difficult to analyze. For this reason, key informant interview data are grouped into common themes based on our interpretation of the transcript. To better understand these themes, please review the full transcript in Appendix C. MORH staff facilitated key informant interviews for RVMC to ensure impartiality. Personal identifiers are not included in the key informant interviews.



Autumn in Montana's Ruby Valley – Bruce Gourley Photography

Survey Implementation

In February 2019 a survey, cover letter on Ruby Valley Medical Center letterhead with the Administrator's signature, and postage paid envelope was mailed out to 778 randomly selected residents in the hospital's service area. A news release was sent to local newspaper as well as social media postings prior to the survey distribution announcing that RVMC would be conducting a community health services survey throughout the region in cooperation with the Montana Office of Rural Health.

Two-hundred eleven surveys were returned out of 778. Of those 778 surveys, 27 surveys were returned undeliverable for a 28.1% response rate. From this point on the total number of surveys will be out of 751. Based upon the sample size we can be 95% confident that the responses to the survey questions are representative of the service area population, plus or minus 6.73%.

IV. Survey Respondent Demographics

A total of 751 surveys were distributed amongst Ruby Valley Medical Center's service area. Two-hundred eleven were completed for a 28.1% response rate. The following tables indicate the demographic characteristics of the survey respondents. Information on location, gender, age, and employment is included. Percentages indicated on the tables and graphs are based upon the total number of responses for each individual question, as some respondents did not answer all questions.

Place of Residence (Question 35)

2019 N= 205

2011 N= 259

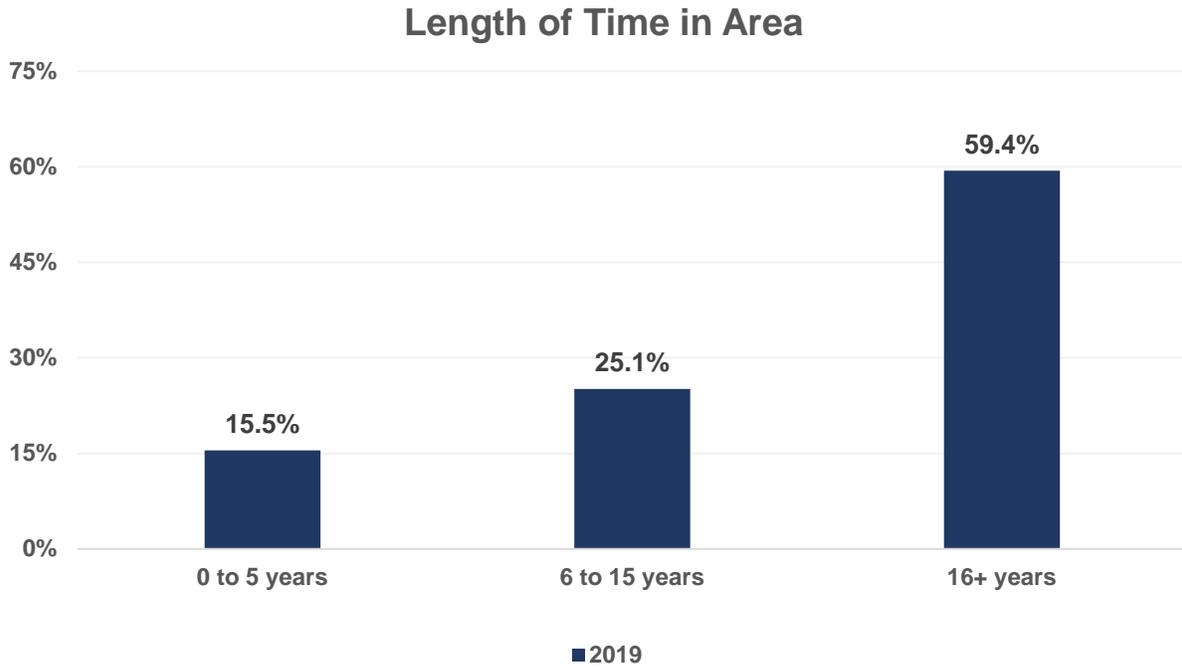
The returned surveys are skewed toward the Sheridan population, which is reasonable given that this is where most of the services are located. Six respondents chose not to answer this question.

		2011		2019	
Area	Zip code	Count	Percent	Count	Percent
Sheridan	59749	188	72.6%	154	75.1%
Twin Bridges	59754	42	16.2%	25	12.2%
Alder	59710	19	7.3%	12	5.9%
Whitehall	59759	Not asked in 2011		6	2.9%
Virginia City	59755	4	1.5%	2	1.0%
Ennis	59729	Not asked in 2011		2	1.0%
Dillon	59725	Not asked in 2011		1	0.5%
Silver Star*	59751	6	2.3%	1	0.5%
Anaconda	59711	Not asked in 2011		0	0.0%
Butte	59701	Not asked in 2011		0	0.0%
Other		0	0.0%	2	1.0%
TOTAL		259	100.0%	205	100.0%
*Indicates a significant change between years ($p \leq 0.05$). Bold: Top 3 responses					

Years Lived in the Community (Question 36)

2019 N= 207

Fifty-nine percent of respondents (n=123) indicated they have lived in the community “16+ years”. Twenty-five percent (n=52) have lived in the community “6-15 years” and 15.5% (n=32) “0-5 years”.

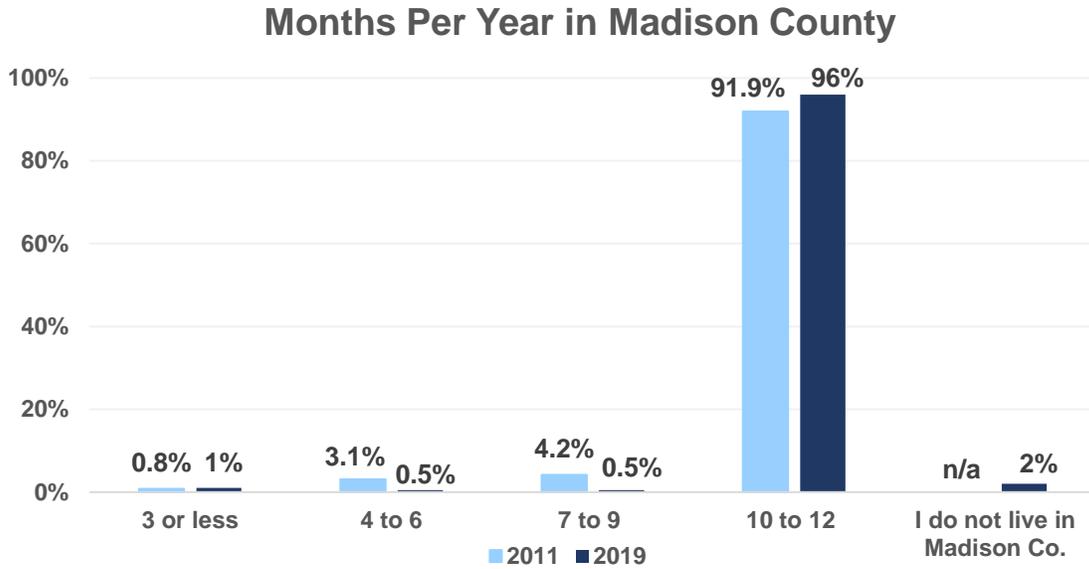


Number of Months Lived in Madison County Each Year (Question 37)

2019 N= 204

2011 N= 259

The majority of respondents, 96% (n=196), indicated they spend “10-12 months” each year in Madison County.

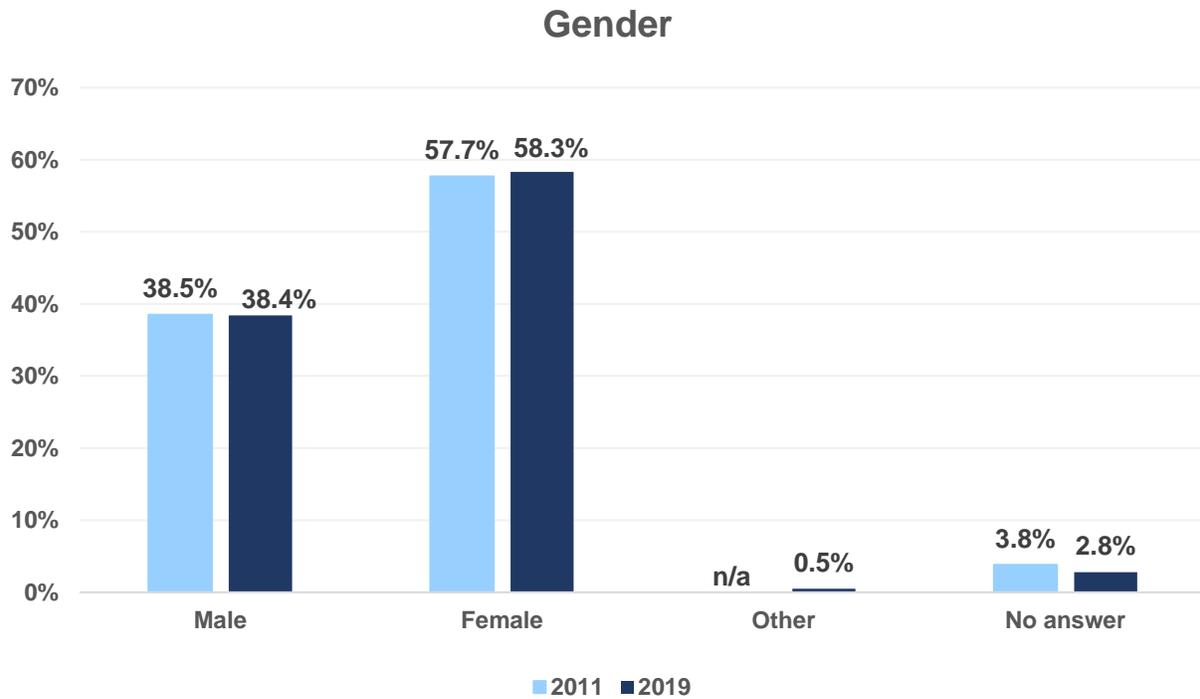


Gender (Question 38)

2019 N= 211

2011 N= 265

Of the 211 surveys returned, 58.3% (n=123) of survey respondents were “female”, 38.4% (n=81) were “male”, and 2.8% (n=6) chose not to answer this question. It is not unusual for survey respondents to be predominantly female, particularly when the survey is healthcare-oriented, since women are frequently the healthcare decision makers for families.

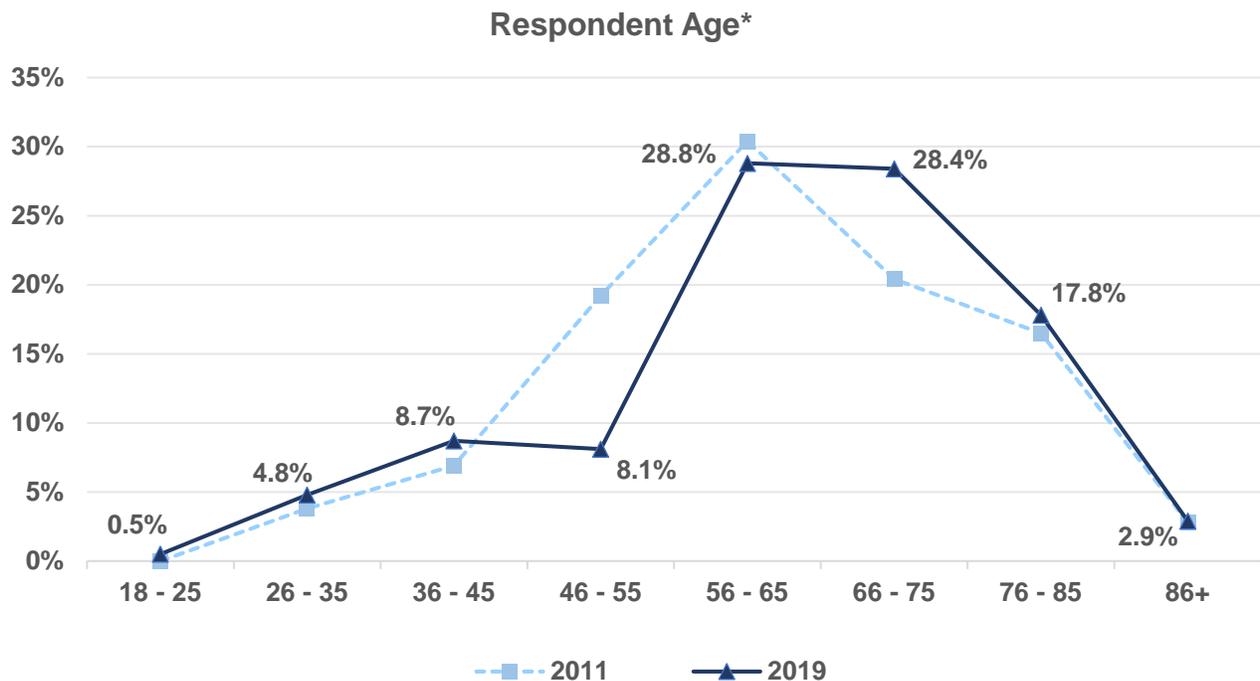


Age of Respondents (Question 39)

2019 N= 208

2011 N= 260

Twenty-nine percent of respondents (n=60) were between the ages of “56-65”. Twenty-eight percent of respondents (n=59) were between the ages of “66-75” and 17.8% (n=37) were between the ages of “76-85”. This statistic is comparable to other Critical Access Hospital demographics. The increasing percentage of aging residents in rural communities is a trend which is seen throughout Montana and will likely have a significant impact on the need for healthcare services during the next 10-20 years. However, it is important to note that the survey was targeted to adults, and therefore, no respondents are under age 18. Older residents are also more invested in healthcare decision making and are more likely to respond to healthcare surveys, as reflected by this graph.

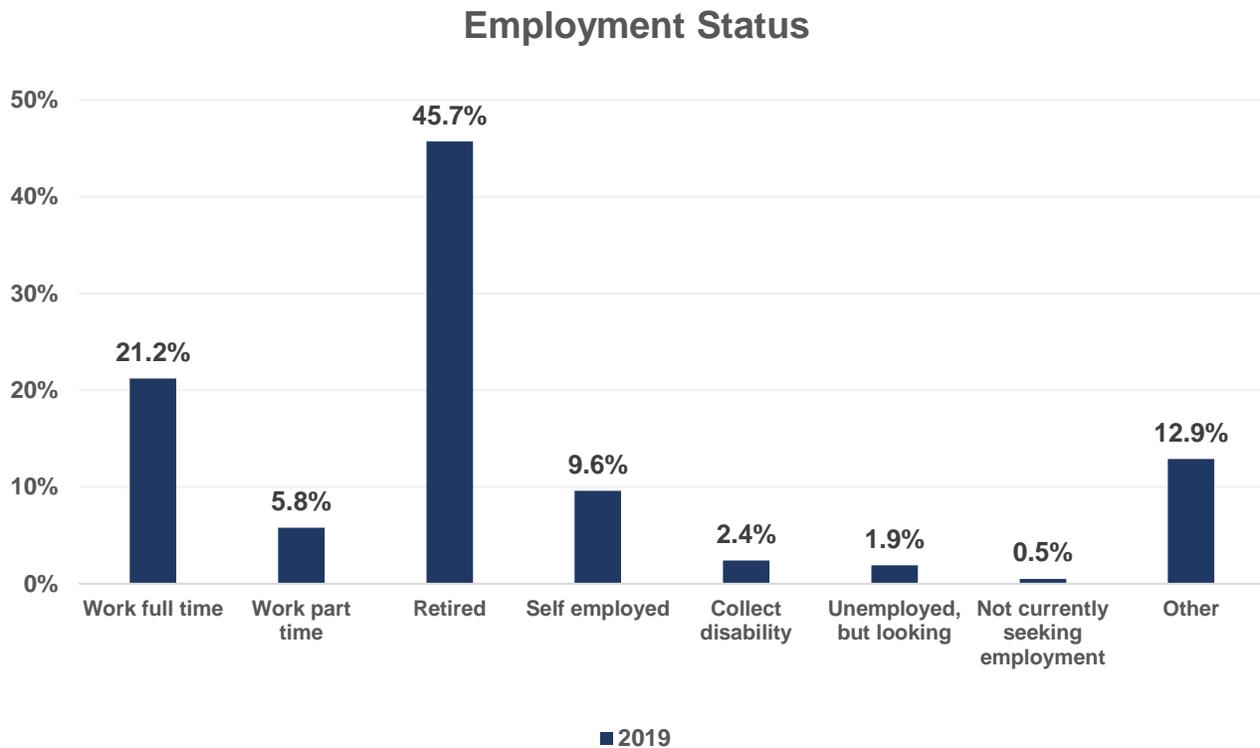


*In 2019, significantly fewer respondents were between the 46-55 and more were between the ages of 66-75.

Employment status (Question 40)

2019 N= 208

Respondents were asked to indicate their employment status. Forty-six percent (n=95) reported they are “retired”, while 21.2% (n=44) “work full time”. Respondents could check all that apply, so the percentages do not equal 100%.



“Other” comments:

- Trying to get disability
- Work full-time and part-time jobs, self-employed (have more than one job)
- Full-time self-employed (5)
- Stay at home Mom (3)
- Self-employed, retired
- Work part-time and retired (3)
- Student and work full-time
- Work full-time, retired (2)
- Retired, self-employed (2)
- Disabled
- Work part-time, retired
- Work full-time, retired, student
- Volunteer
- Seasonal, full-time
- Retired, Not currently seeking employment
- VA pension
- Work part time, self employed

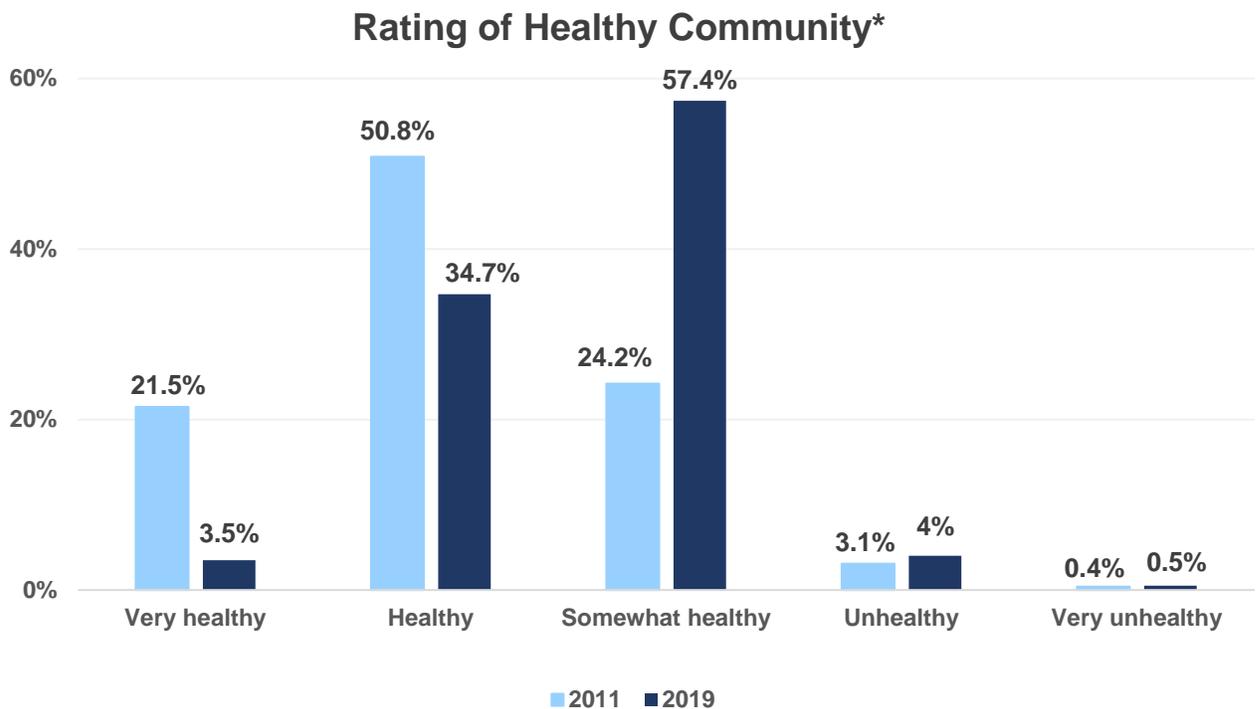
V. Survey Findings – Community Health

Impression of Community (Question 1)

2019 N= 202

2011 N= 256

Respondents were asked to indicate how they would rate the general health of their community. Fifty-seven percent of respondents (n=116) rated their community as “Somewhat healthy” and 34.7% of respondents (n=70) feel their community is “Healthy.” One respondent (0.5%) indicated they feel their community is “Very unhealthy.”



*In 2019, there was a significant downward shift in rating indicating a perception of a less healthy community.

Health Concerns for Community (Question 2)

2019 N= 211

2011 N= 265

Respondents were asked what they felt the three most serious health concerns were in their community. The top identified health concern was “Alcohol/drug abuse” with 58.3% (n=123). “Mental health issues” was also a high priority at 35.1% (n=74) followed by “Cancer” at 34.1% (n=72). Respondents were asked to pick their top three serious health concerns, so percentages do not equal 100%.

Health Concern	2011		2019	
	Count	Percent	Count	Percent
Alcohol/drug abuse	131	49.4%	123	58.3%
Mental health issues (depression, anxiety, suicide, etc.)*	27	10.2%	74	35.1%
Cancer	109	41.1%	72	34.1%
Obesity	62	23.4%	52	24.6%
Heart disease	68	25.7%	44	20.9%
Lack of exercise	49	18.5%	41	19.4%
Tobacco use (cigarettes, vaping, smokeless)	47	17.7%	36	17.1%
Alzheimer’s/dementia	Not asked in 2011		33	15.6%
Social isolation/loneliness	Not asked in 2011		28	13.3%
Diabetes	53	20.0%	28	13.3%
Lack of access to healthcare services*	15	5.7%	23	10.9%
Motor vehicle accidents*	40	15.1%	15	7.1%
Lack of dental care	6	2.3%	6	2.8%
Work related accidents/injuries*	30	11.3%	6	2.8%
Stroke*	27	10.2%	5	2.4%
Child abuse/neglect	8	3.0%	4	1.9%
Recreational related accidents/injuries*	39	14.7%	3	1.4%
Domestic violence	9	3.4%	2	0.9%
Hunger	Not asked in 2011		2	0.9%
Other	14	5.3%	14	6.6%

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

“Other” comments:

- Underage drinking
- Impossible to rank issues. When it’s your issue, it is the most important. Almost all on the list are present in our valley.
- Lack of dental care and lack of exercise

- Lack of affordable insurance
- Cost (2)
- Diabetes and heart disease
- Alzheimer's/dementia, Cancer, Heart disease, Motor vehicle accidents, Social isolation/loneliness
- Aging in general
- Nutrition choices
- Diabetes, heart disease, stroke, tobacco use, and overweight/obesity
- Heart disease, lack of dental care, lack of exercise, mental health issues, motor vehicle accidents, overweight/obesity, recreation related accidents/injuries, social isolation/loneliness, tobacco use, and work-related accidents/injuries
- Illegal drugs
- Lack of being able to AFFORD healthcare

Components of a Healthy Community (Question 3)

2019 N= 211

2011 N= 265

Respondents were asked to identify the three most important components for a healthy community. Fifty-one percent of respondents (n=108 each) indicated that “Access to health care and other services” and “Good jobs and a healthy economy” are important for a healthy community. “Healthy behaviors and lifestyles” was selected by 33.2% (n=70) and “Affordable housing” by 32.7% (n=69). Respondents were asked to identify their top three choices, so percentages do not equal 100%.

Method	2011		2019	
	Count	Percent	Count	Percent
Access to health care and other services*	163	61.5%	108	51.2%
Good jobs and a healthy economy	127	47.9%	108	51.2%
Healthy behaviors and lifestyles	96	36.2%	70	33.2%
Affordable housing*	47	17.7%	69	32.7%
Strong family life	68	25.7%	49	23.2%
Good schools	63	23.8%	49	23.2%
Religious or spiritual values	44	16.6%	32	15.2%
Low crime/safe neighborhoods*	62	23.4%	26	12.3%
Clean environment*	51	19.2%	24	11.4%
Access to childcare/after school programs	Not asked in 2011		14	6.6%
Community involvement*	32	12.1%	13	6.2%
Tolerance for diversity	11	4.2%	10	4.7%
Low death and disease rates	8	3.0%	9	4.3%
Parks and recreation	8	3.0%	8	3.8%
Transportation services	Not asked in 2011		7	3.3%
Low level of domestic violence	6	2.3%	3	1.4%
Arts and cultural events*	0	0.0%	4	1.9%
Other	5	1.9%	7	3.3%

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

“Other” comments:

- Access to local fresh food sources, not just grocery store
- Again, impossible to select a certain number. Balance in all aspects: access, transportation, knowledge, life stability
- Affordable housing and religious or spiritual values

- Affordability
- clean environment, community involvement, good schools, low crime/safe neighborhoods
- Cost
- Access to childcare/after school programs, access to healthcare and other services, Good jobs and a healthy economy, Good schools, Religious or spiritual values

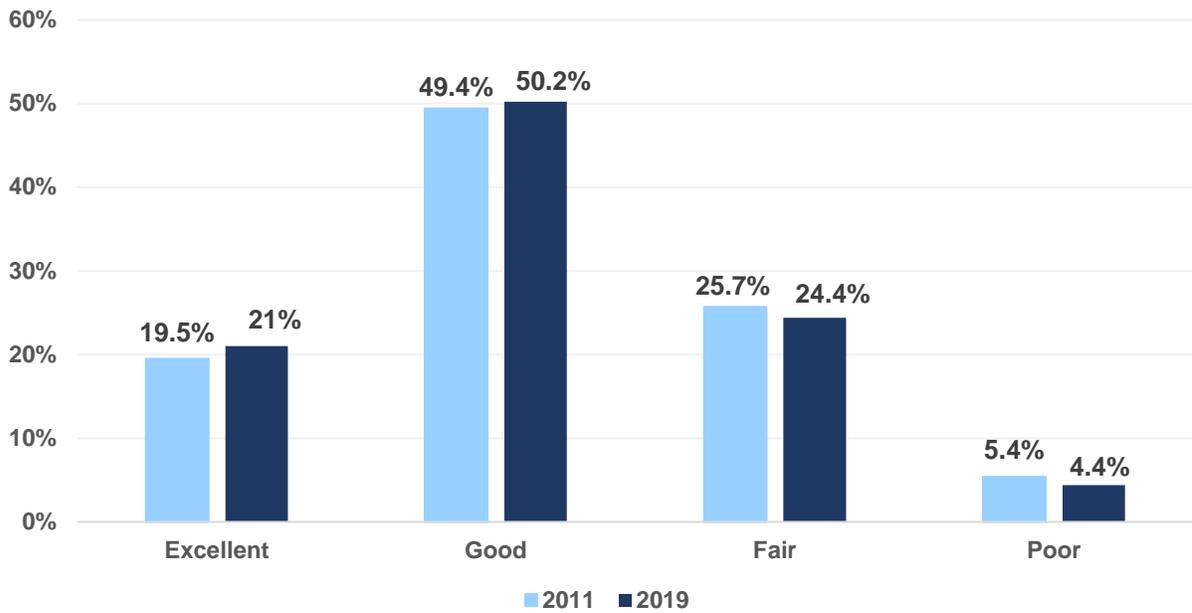
Awareness of Health Services (Question 4)

2019 N= 205

2011 N= 257

Respondents were asked to rate their knowledge of the health services available at Ruby Valley Medical Center. Fifty percent (n=103) of respondents rated their knowledge of health services as “Good”, “Fair” was selected by 24.4% percent (n=50), and “Excellent” was selected by 21% (n=43).

Knowledge of Health Services at Ruby Valley Medical Center



How Respondents Learn of Healthcare Services (Question 5)

2019 N= 211

2011 N= 265

The most frequently indicated method of learning about available services was “Friends/family” at 76.3% (n=161). “Word of mouth/reputation” was the second most frequent response at 63.5% (n=134), followed by “Healthcare provider” at 49.3% (n=104). Respondents could select more than one method, so percentages do not equal 100%.

Method	2011		2019	
	Count	Percent	Count	Percent
Friends/family	Not asked in 2011		161	76.3%
Word of mouth/reputation*	217	81.9%	134	63.5%
Healthcare provider	Not asked in 2011		104	49.3%
Madisonian	71	26.8%	62	29.4%
Public postings/bulletins	Not asked in 2011		46	21.8%
Mailings/newsletter	Not asked in 2011		39	18.5%
Ruby Valley Nugget	Not asked in 2011		27	12.8%
Social media	Not asked in 2011		26	12.3%
Website/internet*	12	4.5%	22	10.4%
Radio	Not asked in 2011		12	5.7%
Public Health	24	9.1%	12	5.7%
Presentations	13	4.9%	5	2.4%
Other	33	12.5%	11	5.2%

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

“Other” comments:

- Work (2)
- Personal experience and interaction
- Use of the facility
- Live here
- Required!
- Lived here forever (2)
- EMS

Cross Tabulation of Service Knowledge and Learning about Services

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

KNOWLEDGE RATING OF RUBY VALLEY MEDICAL CENTER SERVICES BY HOW RESPONDENTS LEARN ABOUT HEALTHCARE SERVICES

	Excellent	Good	Fair	Poor	Total
Friends/family	33 (20.9%)	78 (49.4%)	39 (24.7%)	8 (5.1%)	158
Radio	31 (22.6%)	69 (50.4%)	33 (24.1%)	4 (2.9%)	137
Word of mouth/reputation	26 (19.8%)	69 (52.7%)	31 (23.7%)	5 (3.8%)	131
Healthcare provider	27 (26.5%)	54 (52.9%)	19 (18.6%)	2 (2%)	102
Madisonian	15 (24.2%)	38 (61.3%)	8 (12.9%)	1 (1.6%)	62
Public postings/bulletins	11 (23.9%)	26 (56.5%)	9 (19.6%)		46
Mailings/newsletter	10 (25.6%)	19 (48.7%)	8 (20.5%)	2 (5.1%)	39
Ruby Valley Nugget	9 (33.3%)	15 (55.6%)	3 (11.1%)		27
Social media	4 (15.4%)	13 (50%)	7 (26.9%)	2 (7.7%)	26
Website/internet	5 (23.8%)	11 (52.4%)	4 (19%)	1 (4.8%)	21
Public health	5 (45.5%)	4 (36.4%)	2 (18.2%)		11
Presentations	2 (40%)	3 (60%)			5
Other	5 (50%)	4 (40%)	1 (10%)		10

Utilized Community Health Resources (Question 6)

2019 N= 211

Respondents were asked which community health resources, other than the hospital or clinic, they had used in the last three years. “Pharmacy” was the most frequently utilized community health resource at 83.4% (n=176). “Dentist” was utilized by 61.1% (n=129) and “Senior center” was utilized by 13.7% (n=29) of respondents. Respondents could select more than one resource, so percentages do not equal 100%.

Resource	2019	
	Count	Percent
Pharmacy	176	83.4%
Dentist	129	61.1%
Senior center	29	13.7%
EMS/ambulance	28	13.3%
Fitness center/classes	16	7.6%
Meals on Wheels	15	7.1%
Public health	14	6.6%
Senior Companion Program	10	4.7%
Mental health	9	4.3%
Food banks	7	3.3%
Home care services	6	2.8%
Substance abuse services	4	1.9%
Greif support group	0	0.0%
Other	13	6.2%

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

2019 N= 265

2011 N= 211

Respondents were asked to indicate what they felt would improve their community’s access to healthcare. Forty-five percent of respondents (n=94) reported “More specialists” would make the greatest improvement. Forty percent of respondents (n=84) indicated “Improved access to health insurance” would improve access, and “More information about available services” was selected by 39.3% (n=83). Respondents could select more than one method, so percentages do not equal 100%.

Improvement	2011		2019	
	Count	Percent	Count	Percent
More specialists	96	36.2%	94	44.5%
Improved access to health insurance	Not asked in 2011		84	39.8%
More information about available services	Not asked in 2011		83	39.3%
More primary care providers	75	28.3%	75	35.5%
Improved quality of care	51	19.2%	54	25.6%
Transportation assistance*	24	9.1%	44	20.9%
Greater health education services	42	15.8%	37	17.5%
Outpatient services expanded hours*	19	7.2%	29	13.7%
Telemedicine	17	6.4%	21	10.0%
Cultural sensitivity	3	1.1%	8	3.8%
Interpreter services	3	1.1%	5	2.4%
Other	23	8.7%	24	11.4%

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

“Other” comments:

- Naturopathic Medicines
- I think we have great access to healthcare in the Ruby Valley
- I think it is already good for the size of our community
- Better doctors
- Access to mental health professionals
- Affordability
- Low insurance deductibles
- All is good
- Provide eating healthy education - informing of dangers in preservatives and chemicals added to food
- Better social services
- Speedier referrals

- Affordability - we're all insurance poor. Premiums exhaust income. So many visits before specialists, consultations
- Lower cost
- A gym/work out facility
- Medical billing needs work. Doesn't seem to want to work with the VA
- New hospital administrator and hospital supervisors
- Child birth
- Access to doctors
- More careful physician selection
- Affordability, cost transparency!
- Offer discounts on bills paid in full
- Clinic open on weekends

Interest in Educational Classes or Programs (Question 8)

2019 N= 211

Respondents were asked if they would be interested in any educational classes/programs made available to the community. The most highly indicated class/program was “Fitness” at 39.3% of respondents (n=83). “Health and wellness” was selected by 38.9% of respondents (n=82), and “Weight loss” followed at 31.8% (n=67). Respondents could select more than one interest, so percentages do not equal 100%.

Educational Class/Program	2019	
	Count	Percent
Fitness	83	39.3%
Health and wellness	82	38.9%
Weight loss	67	31.8%
Women’s health	59	28.0%
Nutrition	48	22.7%
First aid/CPR	45	21.3%
Diabetes	38	18.0%
Living will	36	17.1%
Alzheimer’s	33	15.6%
Heart disease	26	12.3%
Men’s health	25	11.8%
Mental health	24	11.4%
Cancer	22	10.4%
Support groups	16	7.6%
Smoking/tobacco cessation	14	6.6%
Parenting	13	6.2%
Alcohol/drug abuse	11	5.2%
Grief counseling	10	4.7%
Prenatal	4	1.9%
Other	8	3.8%

“Other” comments:

- Exercise for 55 +
- None (2)
- Fitness
- Hidden poisons in food
- Tai chi
- Wouldn't use

Utilization of Preventative Services (Question 9)

2019 N= 211

Respondents were asked if they had utilized any of the preventative services listed in the past year. “Dental exam” was selected by 62.1% of respondents (n=131). Fifty-eight percent of respondents (n=122) indicated they received a “Flu shot/immunizations”, and 54% of respondents (n=114) had a “Routine health checkup.” Respondents could select all that apply thus the percentages do not equal 100%.

Service	2019	
	Count	Percent
Dental exam	131	62.1%
Flu shot/immunizations	122	57.8%
Routine health checkup	114	54.0%
Routine blood pressure check	106	50.2%
Vision check	100	47.4%
Cholesterol check	88	41.7%
Mammography	56	26.5%
Colonoscopy	39	18.5%
Prostate (PSA)	36	17.1%
Hearing check	35	16.6%
Pap smear	21	10.0%
None	14	6.6%
Children’s checkup/Well Baby	13	6.2%
Mental health counseling	8	3.8%
Other	11	5.2%

“Other” comments:

- My provider is in Dillon
- VA Fort Harrison
- OB/GYN check-up, pap every year
- YMCA gym
- AA meetings
- Use services in Bozeman
- DEXA, MRI
- Skin
- Need eye doctor
- VA medical center

Desired Local Healthcare Services (Question 10)

2019 N= 211

Respondents were asked to indicate which additional healthcare services would they utilize if available locally. Respondents indicated the most interest in having “Ophthalmologist (eye)” services at 35.5% of respondents (n= 75), followed by a “Bone density scan (DEXA)” at 22.3% (n=47), and “MRI” at 20.4% (n=43). Respondents were asked to select all that apply, so percentages do not equal 100%.

Service	2019	
	Count	Percent
Ophthalmologist (eye)	75	35.5%
Bone density scan (DEXA)	47	22.3%
MRI	43	20.4%
Audiology	32	15.2%
Outpatient surgery	32	15.2%
Naturopathy	31	14.7%
OB/GYN	28	13.3%
Ultrasound	27	12.8%
Mental/behavioral health/counseling	25	11.8%
Cancer care	19	9.0%
Pain management	17	8.1%
Psychiatrist	14	6.6%
Medication management	12	5.7%
Pediatrician	11	5.2%
Other	9	4.3%

“Other” comments:

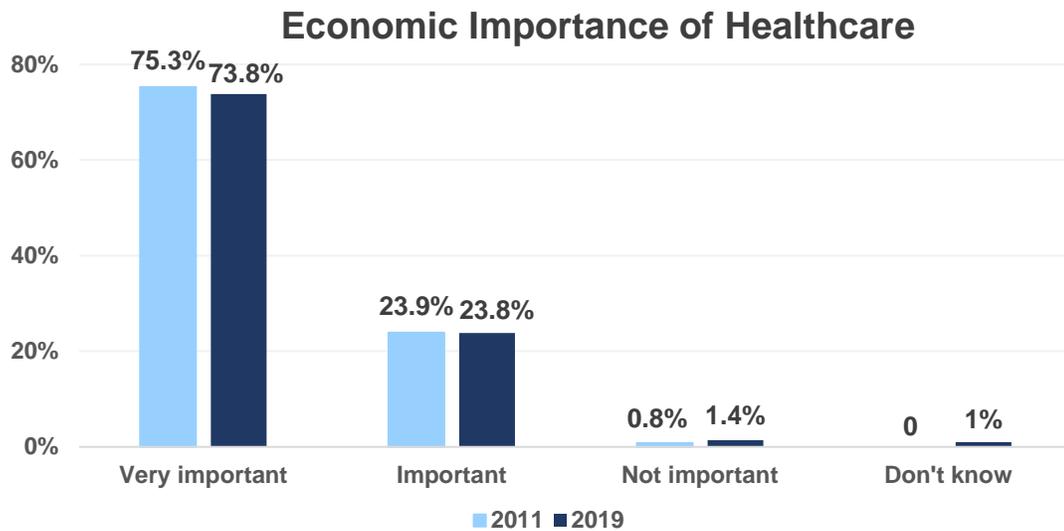
- Dermatologist
- Podiatrist
- None
- Hypnotherapy
- None, won't go there
- Dental
- Most are already available in short commuting distance: Dillon, Whitehall, etc.
- Personal trainer

Economic Importance of Local Healthcare Providers and Services (Question 11)

2019 N= 210

2011 N= 255

Most respondents (73.8%, n=155), indicated that local healthcare providers and services (i.e. hospitals, clinics, nursing homes, assisted living, etc.) are “Very important” to the economic wellbeing of the area. Twenty-four percent of respondents (n=50) indicated they are “Important” and three respondents (1.4%) indicated they are “Not important.”



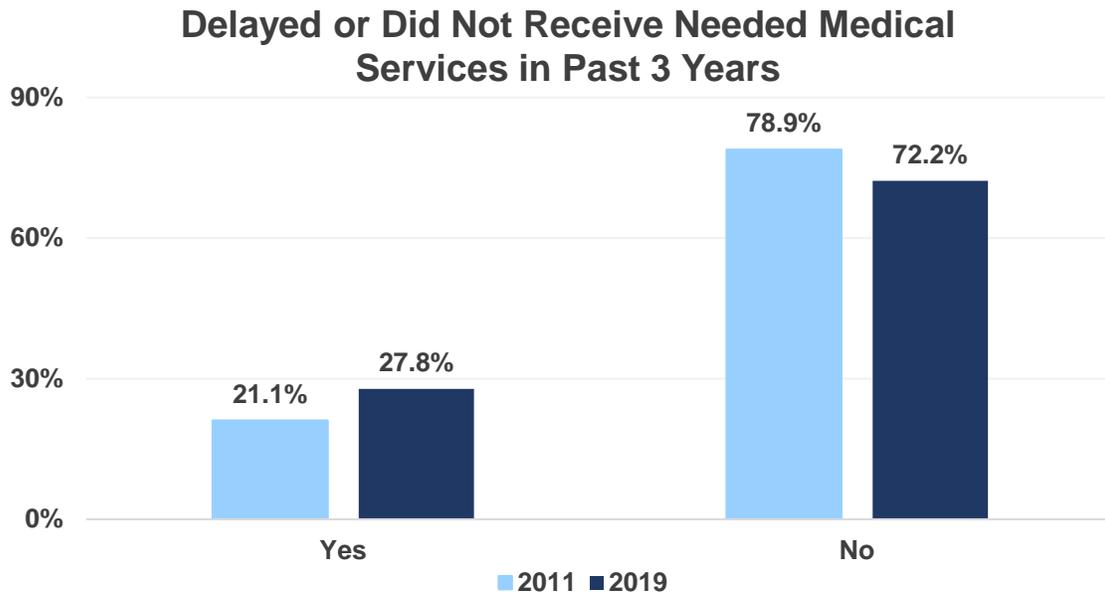
Survey Findings – Use of Healthcare Services

Needed/Delayed Hospital Care During the Past Three Years (Question 12)

2019 N= 205

2011 N= 246

Twenty-eight percent of respondents (n=57) reported that they or a member of their household thought they needed healthcare services but did not get them or had to delay getting them. Seventy-two percent of respondents (n=148) felt they were able to get the healthcare services they needed without delay. Eight respondents chose not to answer this question.



Reasons for NOT Being Able to Receive Services or Delay in Receiving Healthcare Services (Question 13)

2019 N= 57

2011 N= 52

For those who indicated they were unable to receive or had to delay services (n=57), the reasons most cited were: “It cost too much” (33.3%, n=19), “Services were not available locally” (31.6%, n=18), and “Don’t like doctors” (24.6%, n=14). Respondents were asked to indicate their top three choices, so percentages do not equal 100%.

Reason	2011		2019	
	Count	Percent	Count	Percent
It cost too much*	35	67.3%	19	33.3%
Services were not available locally	Not asked in 2011		18	31.6%
Don’t like doctors	9	17.3%	14	24.6%
My insurance didn’t cover it	19	36.5%	14	24.6%
It was too far to go*	1	1.9%	9	15.8%
Didn’t know where to go*	1	1.9%	7	12.3%
No insurance	14	26.9%	7	12.3%
Too long to wait for an appointment	8	15.4%	7	12.3%
Could not get off work	4	7.7%	5	8.8%
Not treated with respect	4	7.7%	4	7.0%
Office wasn’t open when I could go	1	1.9%	3	5.3%
Too nervous or afraid	5	9.6%	3	5.3%
Could not get an appointment	1	1.9%	2	3.5%
Had no one to care for the children	1	1.9%	1	1.8%
Worried about privacy/confidentiality	Not asked in 2011		3	5.3%
Language barrier	0	0.0%	0	0.0%
Transportation problems	2	3.8%	0	0.0%
Other	9	17.3%	8	14.0%
*Indicates a significant change between years ($p \leq 0.05$). Bold: Top 3 responses				

“Other” comments:

- It cost too much, My insurance didn't cover it, Office wasn't open when I could go, and Services were not available locally
- Don’t like doctors at RVH and Not treated with respect
- Bad doctor
- It was too far to go, office wasn't open when I could go, and worried about privacy/confidentiality
- Don't like doctors, my insurance didn't cover it, no insurance
- Too busy

Cross Tabulation of Delay of Services and Residence

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

DELAY OR DID NOT GET NEEDED HEALTHCARE SERVICES BY RESIDENCE

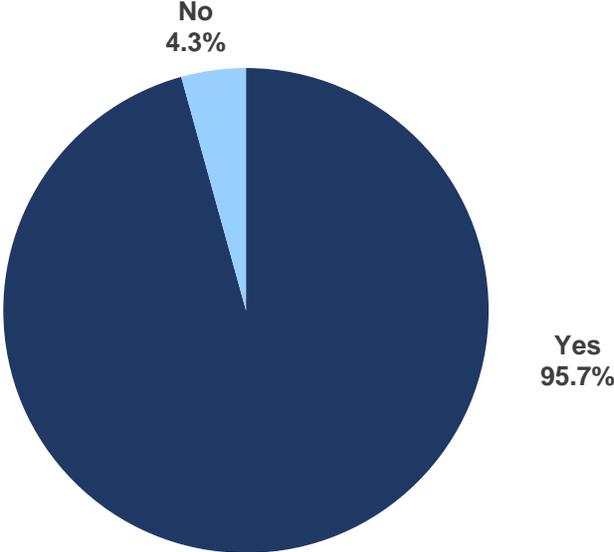
	Delay 'Yes'	Delay 'No'	Total
Sheridan 59749	39 (26.2%)	110 (73.8%)	149
Twin Bridges 59754	11 (44%)	14 (56%)	25
Alder 59710	4 (33.3%)	8 (66.7%)	12
Whitehall 59759	1 (16.7%)	5 (83.3%)	6
Ennis 59729		2 (100%)	2
Virginia City 59755		2 (100%)	2
Dillon 59725	1 (100%)		1
Silver Star 59751	1 (100%)		1
Anaconda 59711			0
Butte 59701			0
Other		2 (100%)	2
TOTAL	57 (28.5%)	143 (71.5%)	200

Primary Care Received in the Past Three Years (Question 14)

2019 N= 207

Ninety-six percent of respondents (n=198) 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, 4.3% respondents (n=9) indicated they or someone in their household had not.

Primary Care Received in Past 3 Years



Location of Primary Care Provider (Question 15)

2019 N= 197

Of the 198 respondents who indicated receiving primary care services in the previous three years, 46.7% (n=92) reported receiving care in “Sheridan/Twin Bridges”, 22.8% percent of respondents (n=45) received care in “Dillon”, and 17.8% (n=35) received care in a location “Other” than those listed. One of the 198 respondents who reported they had utilized primary care services in the past three years did not indicate where they received those services.

Clinic	2019	
	Count	Percent
Sheridan/Twin Bridges	92	46.7%
Dillon	45	22.8%
Bozeman	17	8.6%
Ennis	3	1.5%
VA	3	1.5%
Butte	2	1.0%
Other	35	17.8%
TOTAL	197	100%

“Other” comments:

- Livingston
- Bozeman, Butte, Dillon, Sheridan/Twin Bridges (2)
- Bozeman and Dillon (4)
- Bozeman, Sheridan/Twin Bridges, VA (2)
- Ortho Montana
- Bozeman, Dillon, Ennis, Missoula
- Dillon and Sheridan/Twin Bridges (3)
- Bozeman and Ennis (3)
- Bozeman, Dillon, Ennis
- Butte and Dillon (2)
- Sheridan/Twin Bridges and VA (3)
- Bozeman, Sheridan/Twin Bridges
- Whitehall (6)
- Bozeman, VA (2)
- Bozeman, Dillon, VA
- Butte, Dillon, Sheridan/Twin Bridges

Reasons for Selection of Primary Care Provider (Question 16)

2019 N= 198

Those respondents who indicated they or someone in their household had been seen by a primary care provider within the past three years, were asked to indicate why they chose that primary care provider. “Closest to home” was the most frequently selected reason at 50.5% (n=100), followed by “Prior experience with clinic” at 42.4% (n=84), and “Clinic/provider’s reputation for quality” at 38.9% (n=77). Respondents were asked to check all that apply, so the percentages do not equal 100%.

Reason	2019	
	Count	Percent
Closest to home	100	50.5%
Prior experience with clinic	84	42.4%
Clinic/provider’s reputation for quality	77	38.9%
Appointment availability	56	28.3%
Recommended by family or friends	36	18.2%
Prefer to see doctor (MD/DO)	34	17.2%
Referred by physician or other provider	26	13.1%
Cost of care	14	7.1%
Length of waiting room time	14	7.1%
Required by insurance plan	10	5.1%
VA/Military requirement	10	5.1%
Indian Health Services	0	0.0%
Other	21	10.6%

“Other” comments:

- Compatibility and confidence with their care
- Wanted to be seen outside my immediate community for confidentiality
- Long time Doctor
- Reputation/previous experience
- Established relationship with provider - do they listen to me?
- I experienced that RVH did an unnecessary Cat scan and overbilled for P.T. [Physical Therapy]. Trust issue, no follow-up survey to improve. RVH has a reputation in this community to perform unnecessary tests as to be able to pay the bills.
- Emergency Room
- Feel Doctor is higher qualified
- Top of the line doctors
- Bad experiences in Sheridan with current staff
- Naturopath
- When local Doc. died, I had to look elsewhere, and Dillon was closest
- I needed an OB so she became our primary.
- Know them, excellent skills (NP)
- Don't have primary care provider
- Used to be in Sheridan with different Doctor
- Support local services

Cross Tabulation of Primary Care and Residence

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

LOCATION OF PRIMARY CARE PROVIDER MOST UTILIZED BY RESIDENCE

	Sheridan / Twin Bridges	Dillon	Bozeman	Ennis	VA	Butte	Other	Total
Sheridan 59749	76 (52.4%)	33 (22.8%)	8 (5.5%)	2 (1.4%)	2 (1.4%)	2 (1.4%)	22 (15.2%)	145
Twin Bridges 59754	7 (30.4%)	8 (34.8%)	2 (8.7%)		1 (4.3%)		5 (21.7%)	23
Alder 59710	5 (45.5%)	1 (9.1%)	4 (36.4%)				1 (9.1%)	11
Whitehall 59759			1 (16.7%)				5 (83.3%)	6
Ennis 59729				1 (50%)			1 (50%)	2
Virginia City 59755			2 (100%)					2
Dillon 59725		1 (100%)						1
Silver Star 59751		1 (100%)						1
Anaconda 59711								0
Butte 59701								0
Other	1 (50%)						1 (50%)	2
TOTAL	89 (46.1%)	44 (22.8%)	17 (8.8%)	3 (1.6%)	3 (1.6%)	2 (1%)	35 (18.1%)	193 (100%)

Cross Tabulation of Clinic and Reason Selected

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

LOCATION OF PRIMARY CARE PROVIDER BY REASONS CLINIC SELECTED

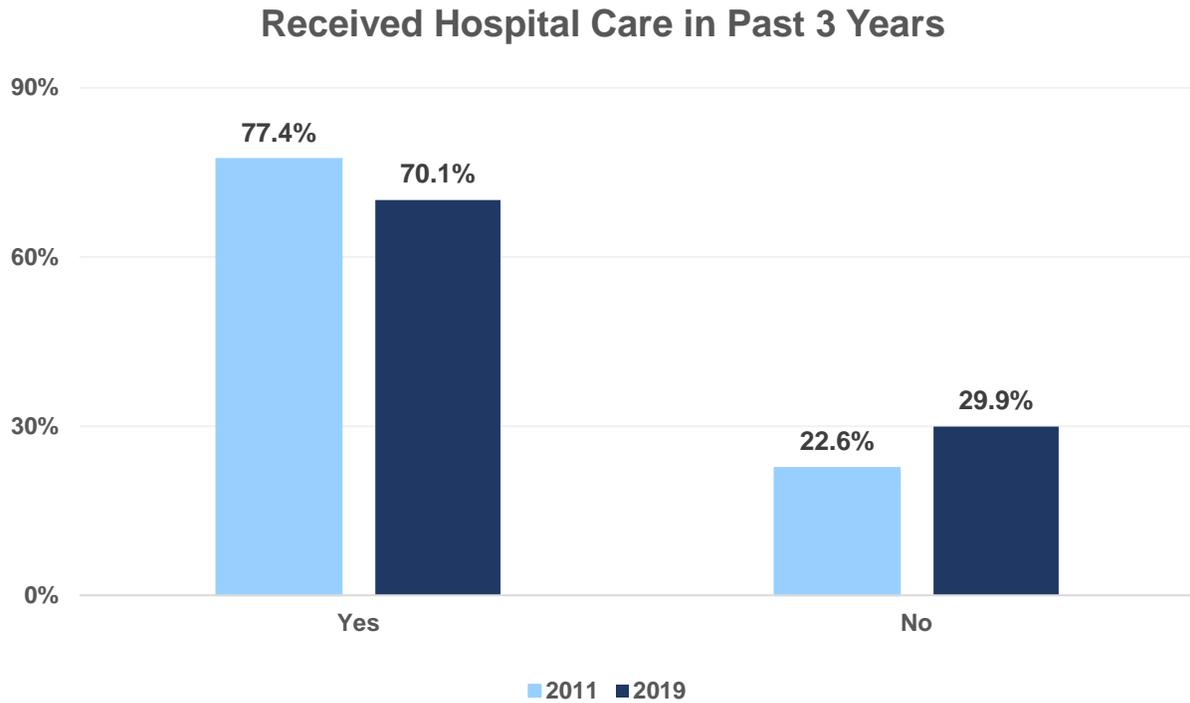
	Sheridan/ Twin Bridges	Dillon	Bozeman	Ennis	VA	Butte	Other	Total
Closest to home	72 (72%)	7 (7%)	1 (1%)	1 (1%)	1 (1%)	1 (1%)	17 (17%)	100
Prior experience with clinic	48 (57.1%)	17 (20.2%)	4 (4.8%)			1 (1.2%)	14 (16.7%)	84
Clinic/provider's reputation for quality	27 (35.1%)	26 (33.8%)	8 (10.4%)			1 (1.3%)	15 (19.5%)	77
Appointment availability	41 (73.2%)	4 (7.1%)	1 (1.8%)	1 (1.8%)			9 (16.1%)	56
Recommended by family or friends	16 (44.4%)	11 (30.6%)	1 (2.8%)				8 (22.2%)	36
Prefer to see a doctor (MD/DO)	12 (35.3%)	10 (29.4%)	3 (8.8%)				9 (26.5%)	34
Referred by physician or other provider	5 (19.2%)	4 (15.4%)	6 (23.1%)	1 (3.8%)	1 (3.8%)	1 (3.8%)	8 (30.8%)	26
Cost of care	7 (50%)	3 (21.4%)	1 (7.1%)		1 (7.1%)		2 (14.3%)	14
Length of waiting room time	12 (85.7%)	1 (7.1%)					1 (7.1%)	14
Required by insurance plan	5 (50%)	1 (10%)		1 (10%)			3 (30%)	10
VA/Military requirement	1 (10%)				3 (30%)		6 (60%)	10
Indian Health Services								0
Other	7 (33.3%)	6 (28.6%)	3 (14.3%)	1 (4.8%)			4 (19%)	21

Hospital Care Received in the Past Three Years (Question 17)

2019 N= 204

2011 N= 261

Respondents were asked if they or someone in their household had received hospital care in the last three years. Hospitalization was quantified as hospitalized overnight, day surgery, obstetrical care, rehabilitation, radiology, or emergency care. Seventy percent of respondents (n=143) reported that they or a member of their family had received hospital care during the previous three years and 29.9% (n=61) had not.



Hospital Used Most in the Past Three Years (Question 18)

2019 N= 142

2011 N= 177

Of the 143 respondents who indicated receiving hospital care in the previous three years, 29.6% (n=42) reported receiving care at “Ruby Valley Medical Center- Sheridan”. Twenty-five percent of respondents (n=35) received services at “Barrett Hospital- Dillon”, and 21.8% of respondents (n=31) reported utilizing services from a location “Other” than those listed. In 2019, one of the 143 respondents who reported they had been to a hospital in the past three years did not indicate which hospital they had utilized.

Hospital	2011		2019	
	Count	Percent	Count	Percent
Ruby Valley Medical Center – Sheridan*	81	45.8%	42	29.6%
Barrett Hospital – Dillon	52	29.4%	35	24.6%
Bozeman Health – Bozeman*	15	8.5%	27	19.0%
St. James Healthcare – Butte	9	5.1%	5	3.5%
Madison Valley Medical Center – Ennis	1	0.6%	1	0.7%
VA Hospital	6	3.4%	1	0.7%
Other*	13	7.3%	31	21.8%
TOTAL	177	100.0%	142	100.0%
*Indicates a significant change between years ($p \leq 0.05$). Bold: Top 3 responses				

Reasons for Selecting the Hospital Used (Question 19)

2019 N= 143

2011 N= 202

Of the 143 respondents who had a personal or family experience at a hospital within the past three years, the primary reason given for selecting the facility used most often was “Prior experience with hospital” at 46.9% (n=67). “Closest to home” was selected by 43.4% of the respondents (n=62) and 42.7% (n=61) selected “Hospital’s reputation for quality.” Note that respondents were asked to select the top three answers which influenced their choices, so the percentages do not equal 100%.

Reason	2011		2019	
	Count	Percent	Count	Percent
Prior experience with hospital	100	49.5%	67	46.9%
Closest to home	109	54.0%	62	43.4%
Hospital’s reputation for quality	68	33.7%	61	42.7%
Referred by physician or other provider	82	40.6%	60	42.0%
Emergency, no choice	50	24.8%	30	21.0%
Recommended by family or friends	21	10.4%	25	17.5%
Cost of care*	19	9.4%	4	2.8%
Financial assistance programs	Not asked in 2011		4	2.8%
Required by insurance plan	6	3.0%	3	2.1%
VA/Military requirement	12	5.9%	3	2.1%
Closest to work*	16	7.9%	1	0.7%
Other	18	8.9%	20	14.0%

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

Cross Tabulation of Hospital and Residence

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

LOCATION OF MOST OFTEN UTILIZED HOSPITAL BY RESIDENCE

	Ruby Valley Medical Center Sheridan	Barrett Hospital Dillon	Bozeman Health Bozeman	St. James Healthcare Butte	VA Hospital	Madison Valley Medical Center Ennis	Other	Total
Sheridan 59749	35 (33%)	24 (22.6%)	18 (17%)	3 (2.8%)	1 (0.9%)		25 (23.6%)	106
Twin Bridges 59754	2 (10.5%)	9 (47.4%)	3 (15.8%)	1 (5.3%)			4 (21.1%)	19
Alder 59710	2 (40%)		3 (60%)					5
Whitehall 59759				1 (50%)			1 (50%)	2
Ennis 59729			1 (50%)				1 (50%)	2
Virginia City 59755			2 (100%)					2
Dillon 59725		1 (100%)						1
Silver Star 59751								0
Anaconda 59711								0
Butte 59701								0
Other	1 (100%)							1
TOTAL	40 (29%)	34 (24.6%)	27 (19.6%)	5 (3.6%)	1 (0.7%)	0 (0.0%)	31 (22.5%)	138

Cross Tabulation of Hospital and Reason Selected

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

LOCATION OF MOST UTILIZED HOSPITAL BY REASONS HOSPITAL SELECTED

	Ruby Valley Medical Center Sheridan	Barrett Hospital Dillon	Bozeman Health Bozeman	St. James Healthcare Butte	Madison Valley Medical Center Ennis	VA Hospital	Other	Total
Prior experience with hospital	19 (28.4%)	18 (26.9%)	16 (23.9%)	1 (1.5%)			13 (19.4%)	67
Closest to home	38 (61.3%)	11 (17.7%)	3 (4.8%)	2 (3.2%)	1 (1.6%)		7 (11.3%)	62
Hospital's reputation for quality	9 (14.8%)	19 (31.1%)	15 (24.6%)	1 (1.6%)	1 (1.6%)		16 (26.2%)	61
Referred by physician or other provider	10 (16.7%)	13 (21.7%)	19 (31.7%)	2 (3.3%)			16 (26.7%)	60
Emergency, no choice	18 (60%)	4 (13.3%)	4 (13.3%)				4 (13.3%)	30
Recommended by family or friends	1 (4%)	8 (32%)	5 (20%)	1 (4%)	1 (4%)	1 (4%)	8 (32%)	25
Cost of care	3 (75%)						1 (25%)	4
Financial assistance programs	2 (50%)	1 (25%)		1 (25%)				4
Required by insurance plan	1 (33.3%)	1 (33.3%)				1 (33.3%)		3
VA/Military requirement	2 (66.7%)	1 (33.3%)						3
Closest to work		1 (100%)						1
Other	6 (30%)	5 (25%)	5 (25%)	1 (5%)			3 (15%)	20

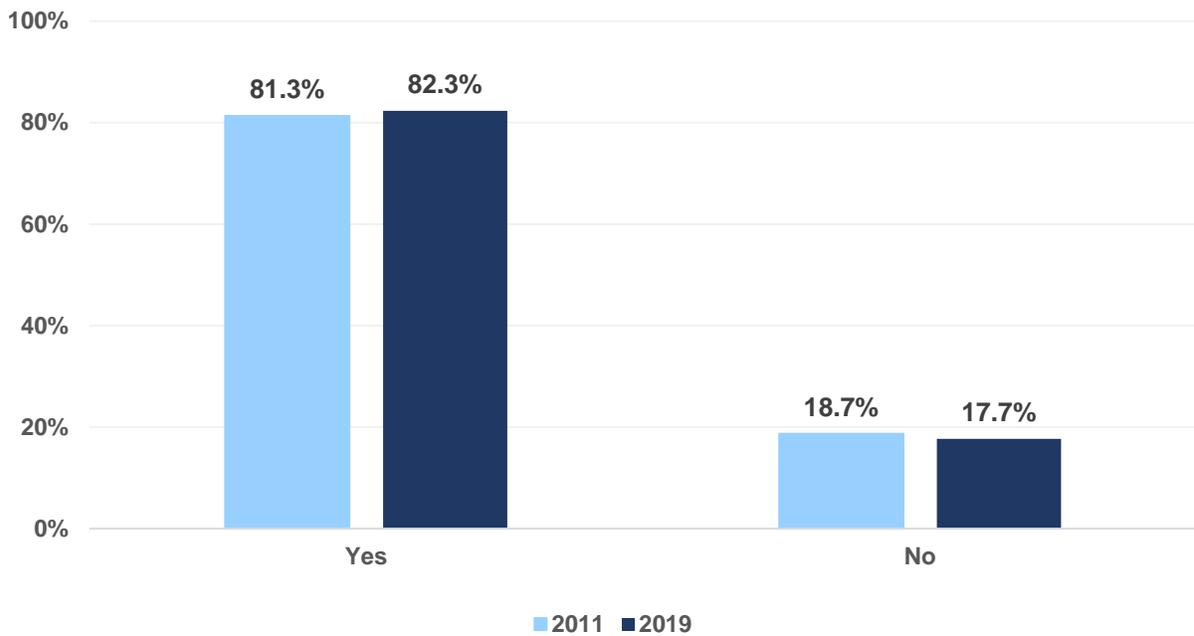
Use of Healthcare Specialists during the Past Three Years (Question 20)

2019 N= 209

2011 N= 257

The majority of respondents indicated they or a household member had seen a healthcare specialist in the last three years (82.3%, n=172). Eighteen percent (n=37) indicated they or a household member had not.

Visited a Specialist in Past 3 Years



Location of Healthcare Specialist (Question 21)

2019 N= 172

2011 N= 209

Of the 172 respondents who indicated they saw a healthcare specialist in the past three years, 51.7% (n=89) saw one at “Bozeman Health - Bozeman”. “Barrett Hospital - Dillon” was utilized by 41.3% of respondents (n=71), and a location “Other” than those listed was reported by 37.8% (n=65). Respondents could select more than one location, so percentages do not equal 100%.

Location	2011		2019	
	Count	Percent	Count	Percent
Bozeman Health – Bozeman*	65	31.1%	89	51.7%
Barrett Hospital – Dillon	98	46.9%	71	41.3%
St. James Healthcare – Butte*	93	44.5%	35	20.3%
Ruby Valley Medical Center – Sheridan*	70	33.5%	26	15.1%
VA Hospital	Not asked in 2011		11	6.4%
Madison Valley Medical Center - Ennis	4	1.9%	7	4.1%
Other*	57	27.3%	65	37.8%

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

Type of Healthcare Specialist Seen (Question 22)

2019 N= 172

2011 N= 209

The respondents (n=172) saw a wide array of healthcare specialists in the past three years. The most frequently indicated specialist was a “Dentist” at 32.6% of respondents (n=56) having utilized their services. “Orthopedic surgeon” was the second most utilized specialist at 29.1% (n=50), and “Dermatologist” was third at 23.3% (n=40). Respondents were asked to choose all that apply, so percentages do not equal 100%.

Health Care Specialist	2011		2019	
	Count	Percent	Count	Percent
Dentist*	100	47.8%	56	32.6%
Orthopedic surgeon	72	34.4%	50	29.1%
Dermatologist	47	22.5%	40	23.3%
Physical therapist	46	22.0%	37	21.5%
Optometrist	Not asked in 2011		37	21.5%
General surgeon	54	25.8%	35	20.3%
Cardiologist	32	15.3%	34	19.8%
Ophthalmologist	36	17.2%	30	17.4%
Gastroenterologist*	16	7.7%	27	15.7%
Radiologist	37	17.7%	27	15.7%
Urologist	28	13.4%	26	15.1%
Chiropractor	37	17.7%	19	11.0%
ENT (ear/nose/throat)	16	7.7%	19	11.0%
OB/GYN*	39	18.7%	19	11.0%
Oncologist	11	5.3%	18	10.5%
Audiologist	Not asked in 2011		15	8.7%
Neurologist	20	9.6%	14	8.1%
Podiatrist	14	6.7%	13	7.6%
Mental health counselor	10	4.8%	12	7.0%
Occupational therapist	7	3.3%	8	4.7%
Rheumatologist	7	3.3%	8	4.7%
Pulmonologist	Not asked in 2011		8	4.7%
Allergist*	24	11.5%	7	4.1%
Psychiatrist (M.D.)	5	2.4%	5	2.9%
Endocrinologist	7	3.3%	4	2.3%
Pediatrician	6	2.9%	4	2.3%

Speech therapist	5	2.4%	4	2.3%
Social worker	3	1.4%	3	1.7%
Geriatrician	2	1.0%	2	1.2%
Neurosurgeon*	11	5.3%	2	1.2%
Naturopath	Not asked in 2011		2	1.2%
Psychologist	6	2.9%	1	0.6%
Substance abuse counselor	1	0.5%	1	0.6%
Other	16	7.7%	16	9.3%
*Indicates a significant change between years ($p \leq 0.05$). Bold: Top 3 responses				

Overall Quality of Care at Ruby Valley Medical Center (Question 23)

2019 N= 211

2011 N= 265

Respondents were asked to rate a variety of aspects of the overall care provided at Ruby Valley Medical Center using the scale of 4=Excellent, 3=Good, 2=Fair, 1=Poor, and Don't Know. The sums of the average scores were then calculated with "CT scan/MRI/x-ray services" receiving the top average score of 3.5 out of 4.0. "Clinical services", "Visiting specialist/specialty clinics," and "Swing bed/transitional care programs" all received a score of 3.4 out of 4.0. The total average score of 3.3 indicates the overall services of the hospital to be "Excellent" to "Good."

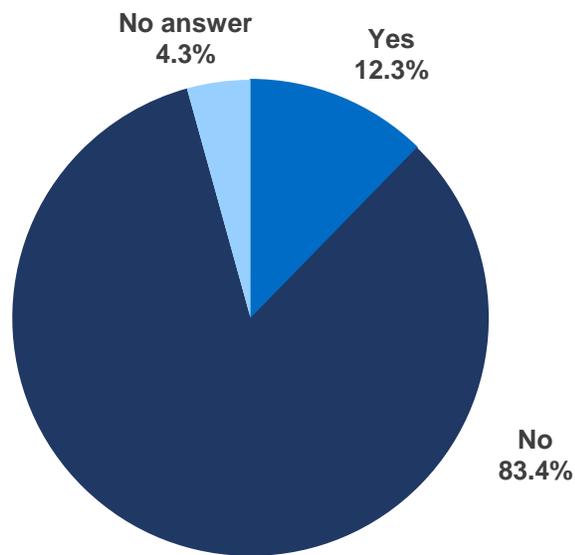
2019	Excellent (4)	Good (3)	Fair (2)	Poor (1)	Haven't used	Don't know	Total	Avg
CT scan/MRI/x-ray	52	40	3	2	97	7	211	3.5
Clinical services	36	21	5	3	135	7	211	3.4
Visiting specialist/specialty clinics	38	21	6	3	124	5	211	3.4
Swing bed/transitional care program	17	12	3	0	152	9	211	3.4
Emergency room	57	61	10	3	68	2	211	3.3
Care coordination/ referral assistance	46	39	10	3	99	5	211	3.3
Ambulance services	61	60	9	4	66	5	211	3.3
Diabetes education	31	27	7	4	118	8	211	3.2
Rehabilitation services (Physical/ speech/occupational therapies)	11	15	1	2	153	10	211	3.2
Laboratory	4	7	6	5	158	16	211	2.5
Mental health crisis response	1	5	5	1	168	14	211	2.5
TOTAL	354	308	65	30				3.3
2011	Excellent (4)	Good (3)	Fair (2)	Poor (1)	Don't know	Total	Avg	
Ambulance service (volunteer)	91	25	2	0	147	265	3.8	
Laboratory	109	66	13	1	76	265	3.5	
Physical therapy	69	43	10	0	143	265	3.5	
Tobacco Root Mountains Care Center	34	17	3	2	209	265	3.5	
Emergency room	78	56	14	5	112	265	3.4	
Radiology	53	46	11	1	154	265	3.4	
Clinic visits	79	63	19	4	100	265	3.3	
Inpatient services/hospital stay	43	35	9	2	176	265	3.3	
Cardiac rehabilitation	10	9	1	2	243	265	3.2	
TOTAL	566	360	82	17			3.4	

Prevalence of Depression (Question 24)

2019 N= 211

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. Twelve percent of respondents (n=26) indicated they had experienced periods of depression, and 83.4% of respondents (n=176) indicated they had not.

Felt Depressed on Most Days for 3 Consecutive Months

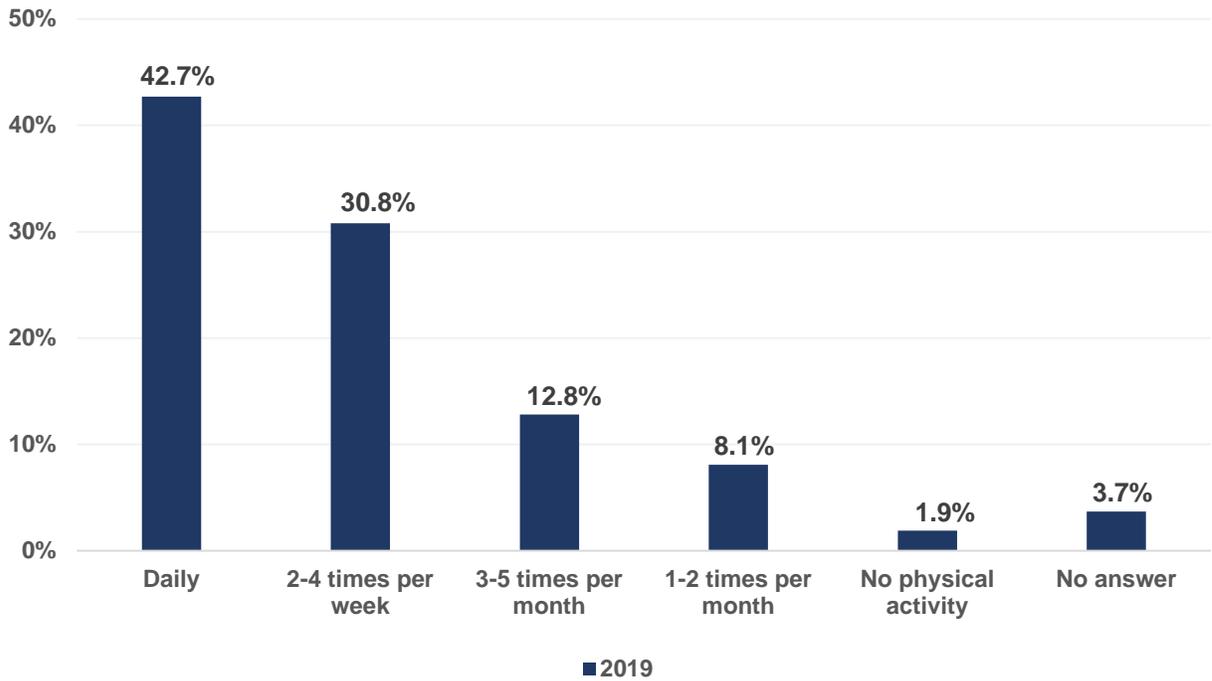


Physical Activity (Question 25)

2019 N= 211

Respondents were asked to indicate how frequently they had physical activity for at least twenty minutes over the past month. Forty-three percent of respondents (n=90) indicated they had “Daily” physical activity. Thirty-one percent (n=65) indicated they had physical activity of at least twenty minutes “2-4 times per week”. Two percent of respondents (n=4) indicated they had “No physical activity”.

Physical Activity Over the Past Month

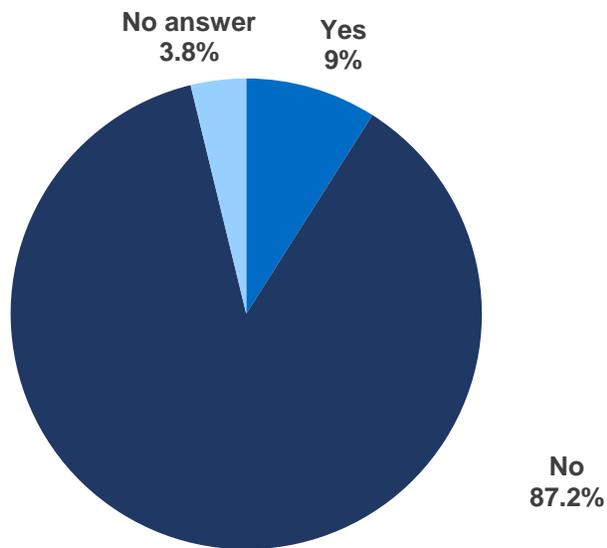


Cost and Prescription Medications (Question 26)

2019 N= 211

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 percent of respondents (n=19) indicated that in the last year cost had prohibited them from getting a prescription or taking their medication regularly. Eighty-seven percent of respondents (n=184) indicated that cost had not prohibited them.

Prescription Cost Prevented Getting or Taking Medication Regularly

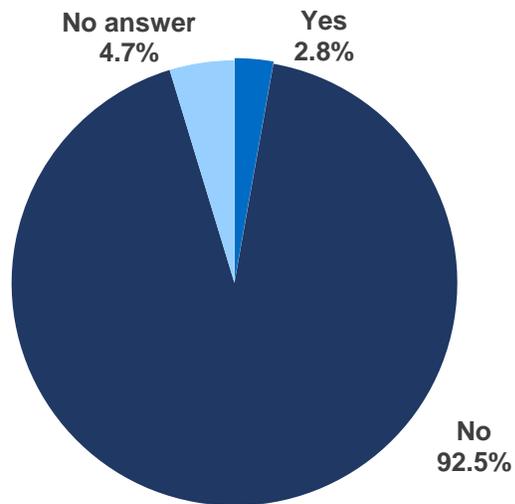


Food Insecurity (Question 27)

2019 N= 211

Respondents were asked to indicate if during the last year they had worried that they would not have enough food to eat. Three percent of respondents (n= 6) indicated that in the last year they did worry about having enough food. Ninety-three percent of respondents did not.

Worried About Enough Food to Eat

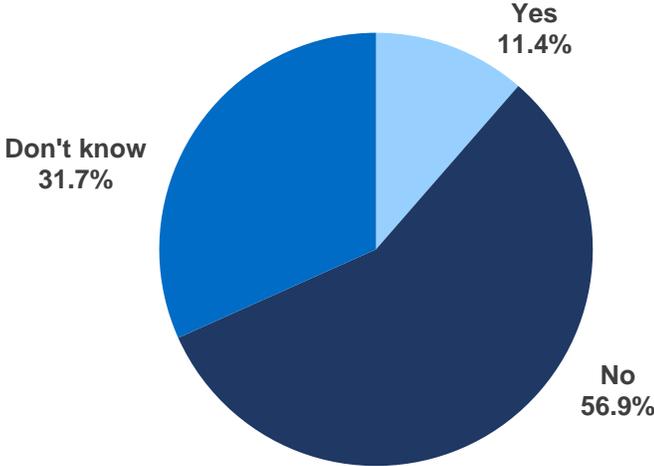


Housing (Question 28)

2019 N= 202

Respondents were asked to indicate if they felt the community has adequate and affordable housing options available. Fifty-seven percent of respondents (n= 115) indicated that they felt there was not adequate, affordable housing options available in in the community. Thirty-two percent indicated they did not know (n= 64).

Adequate and Affordable Housing Available



Injury Prevention Measures (Question 29)

2019 N= 211

Respondents were asked to indicate which, if any, injury prevention measures they engage in. Ninety-one percent of respondents (n=192) indicated they use a “Seat belt”. Fifty-nine percent (n=124) reported they “Regularly exercise”, and 33.6% (n=124) reported they use a “Gun lock/safe”.

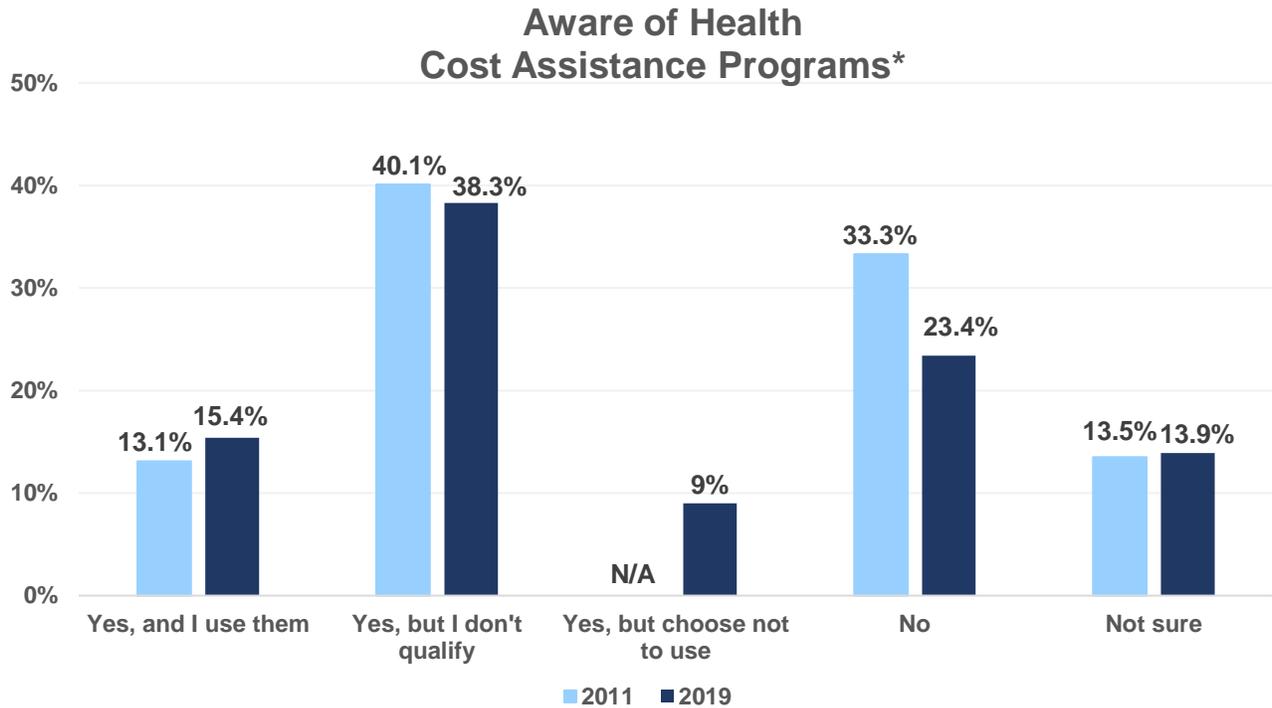
Prevention Measures	2019	
	Count	Percent
Seat belt	192	91.0%
Regular exercise	124	58.8%
Gun lock/safe	71	33.6%
Recreational activity helmet use	41	19.4%
Designated driver	35	16.6%
Child car seat/booster	33	15.6%
None	6	2.8%

Awareness of Health Cost Assistance Programs (Question 30)

2019 N= 201

2011 N= 222

Respondents were asked to indicate their awareness of programs that help people pay for healthcare bills. Thirty-eight percent of respondents (n=77) indicated they were aware of these types of programs but did not qualify to utilize them. Twenty-three percent (n=47) indicated that they were not aware of these programs, and 15.4% of respondents (n=31) indicated they are aware of the programs and utilize them.



*Significantly fewer 2019 respondents indicated that they are not aware of cost assistance programs.

Insurance Coverage (Question 31)

2019 N= 211

Respondents were asked to indicate which type of services they have insurance coverage for. The majority of respondents, ninety-one percent, reported having medical insurance coverage (n=191). Thirty percent of respondents (n= 63 each) reported they had vision and dental coverage. Respondents were asked to choose all that apply, so percentages do not equal 100%.

Insurance Coverage	2019	
	Count	Percent
Medical	191	90.5%
Vision	63	29.9%
Dental	63	29.9%
I do not have insurance	11	5.2%

Medical Insurance Type (Question 32)

2019 N= 203

Respondents were asked to indicate what type of medical insurance covers the majority of their medical expenses. Twenty-nine percent (n=59) indicated they have “Medicare” coverage. Twenty-three percent (n=47) selected “Other”, and “Employer sponsored” was selected by 17.2% of respondents (n=35).

Insurance Type	2019	
	Count	Percent
Medicare	59	29.1%
Employer sponsored	35	17.2%
Private insurance/private plan	23	11.3%
Health Insurance Marketplace	18	8.9%
VA/Military	8	3.9%
Medicaid	5	2.5%
Healthy MT Kids	4	2.0%
Health Savings Account	3	1.5%
None/Pay out of pocket	1	0.5%
Agricultural Corp. Paid	0	0.0%
Indian Health	0	0.0%
Other	47	23.2%
TOTAL	203	100.0%

“Other” comments:

- Medicare and Private insurance/private plan (18)
- Health insurance marketplace and Medicare
- Medicaid, Medicare, VA/Military
- Health insurance marketplace, health savings account, Medicare, private insurance/private plan
- Christian Healthcare Ministries
- VA/Military and Employer sponsored
- Health Savings Account and private insurance/private plan
- Health Insurance Marketplace and Medicare (2)
- Medicare and VA/Military (5)
- Medicaid and Medicare (5)
- Health insurance marketplace, Medicare, and private insurance/private plan
- Medicare, private insurance/private plan, and VA/military
- Employer Sponsored and Medicare (2)
- Healthy MT Kids, Medicaid, Medicare, Humana
- Medicaid, VA/military
- Health Insurance Marketplace, Health Savings Account
- Employer sponsored, Medicaid, and VA/military
- AARP and Medicare
- Employer sponsored, Health Savings Account, Healthy MT Kids, Medicare, Private insurance/private plan
- Medicare, Gov't Employees

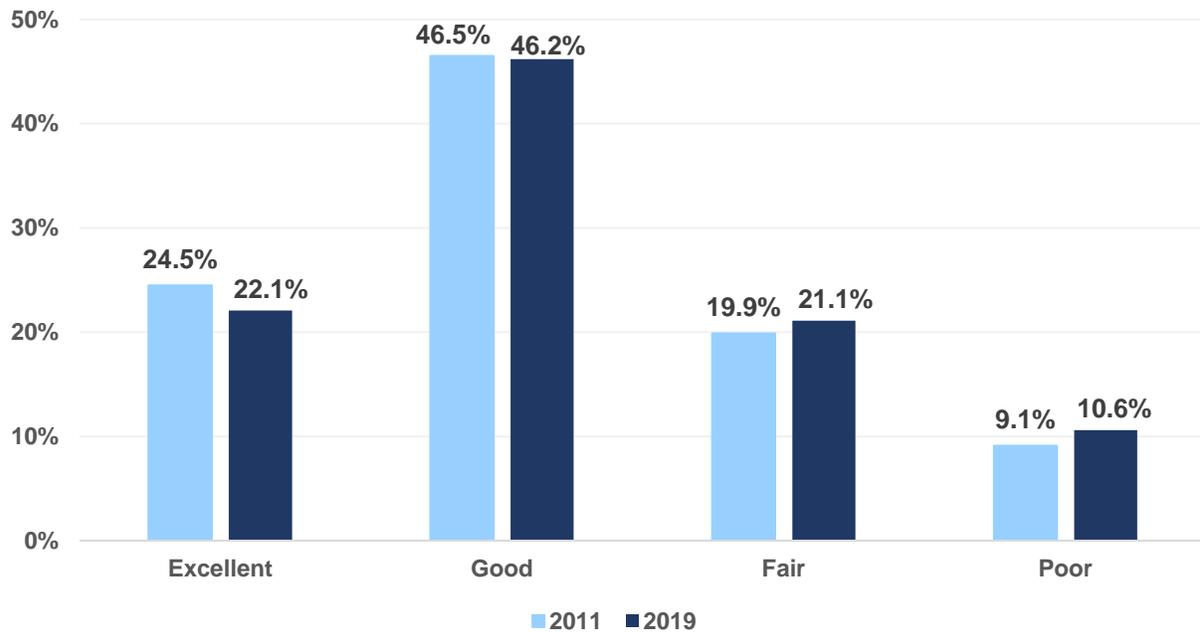
Insurance and Healthcare Costs (Question 33)

2019 N= 199

2011 N= 241

Respondents were asked to indicate how well they felt their health insurance covers their healthcare costs. Forty-six percent of respondents (n=92) indicated they felt their insurance covers a “Good” amount of their healthcare costs. Twenty-two percent of respondents (n=44) indicated they felt their insurance was “Excellent”, and 21.1% of respondents (n=42) indicated they felt their insurance was “Fair.”

How Well Insurance Covers Healthcare Costs



Barriers to Having Health Insurance (Question 34)

2019 N= 11

The top reason identified for not having insurance was “Cannot afford to pay for medical insurance” (n=6). Respondents could select all that apply, so percentages do not equal 100%.

Reason	2019	
	Count	Percent
Cannot afford to pay for medical insurance	6	54.5%
Employer does not offer insurance	1	9.1%
Choose not to have medical insurance	1	9.1%
Other	4	36.4%

“Other” comments:

- Retired
- Eat and live healthy
- (Spouse)
- Does not pay anything! Too high deductible
- Medicare
- VA Military

VI. Key Informant Interview Methodology



Nine key informant interviews were conducted in March and April of 2019. Participants were identified as people living in Ruby Valley Medical Center’s service area.

The key informant interviews were designed to represent various consumer groups of healthcare including senior citizens, local community members, and community leaders. The interviews lasted approximately 15 minutes in length and followed the same line of questioning. Key

informant interview questions can be found in Appendix G. The interviews were conducted by Natalie Claiborne with the Montana Office of Rural Health.

VII. Key Informant Interview Themes

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

 <p>Mental & Behavioral Health</p>	<ul style="list-style-type: none"> • Increase mental/behavioral health resources for both youth and adults. • One participant stated, “There has been a good effort made to increase access to mental health services and suicide prevention”- however a need for additional services was identified. • Youth drug abuse and a need for increased education and prevention.
 <p>Access to Healthcare</p>	<ul style="list-style-type: none"> • Access to pharmacy and high prescription costs. • Enhanced pediatric services. • Concerns regarding diminishing primary care services. • Participants indicated that it would be nice to expand services locally to reduce need for travel. • Many expressed appreciation for the new hospital and emergency services available. “Thinking about how we sustain it as the community grows. We need to monitor it and grow with the population.” • Desire for additional specialty services provided locally (visiting providers). Services mentioned: pediatrician, mental health, OB/GYN, dermatology, dentist, oncology, podiatry • Walk-in clinic • Workforce- ensuring staff enough to cover demand/needs. • A navigator to assist in accessing information related to Medicaid/Medicare or learning of other available resources.

 <p>Senior Needs</p>	<ul style="list-style-type: none"> • Social isolation. • Madison County has a larger senior population in the county- services to assist them to age in place. • Enhanced home health services. • Transportation services.
 <p>Health and Wellness</p>	<ul style="list-style-type: none"> • Interviewees discussed a desire for more opportunities to be physically active. <ul style="list-style-type: none"> ○ Local gyms ○ Yoga classes ○ Free-weights ○ Recreational opportunities for young adults ○ Parks/playground equipment ○ Dance studios/classes ○ Disc golf • Community appreciates having the local pool.
 <p>Community Needs/Services</p>	<ul style="list-style-type: none"> • Housing/rental shortage. • School nurses. • Early childhood education. One participant mentioned that space is limited at the preschool. • Programs and services for low-income community members. • The health fair is viewed as a great service and resource. Would like to see it expanded. • Desire to enhance main street economic vitality. Expanding job opportunities. • Enhanced transportation services. • A desire for enhanced education on available services. “Gosh, sometimes you don’t know what is, or is not available until you need something.”

VIII. Executive Summary

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

Areas of Opportunity Identified Through Assessment	Secondary Data	Survey	Key Informant Interviews/Consults
Access to Healthcare Services			
• Desire for enhanced outreach on available services		X	X
• Expanded specialty services		X	X
• Senior services (high proportion of 65+ in county)	X	X	X
• Higher rates of persons with Veterans status	X		
• Higher rates of uninsured children (<18 years)	X		
• Access to medications/prescription costs		X	X
Wellness and Prevention			
• Access to recreational opportunities- enhance physical activity	X	X	X
Behavioral Health			
• Mental health services		X	X
• Suicide		X	
• Alcohol/drug use	X	X	X
• Drinking/impaired driving	X		X
Chronic Disease			
• Rates of 2+ chronic conditions highest in MT frontier communities (41%)	X		
• Cancer	X	X	

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

The community steering committee, comprised of staff leaders from Ruby Valley Medical Center (RVMC) and community members from RVMC service area, 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:

- Senior services
- Access to healthcare services
- Health and wellness
- Mental and behavioral health

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

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

Resources

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

- Aging and Senior Services
- Alcoholics Anonymous
- Centers for Medicaid and Medicare Services (CMS)
- Community Support Center (domestic violence, victim support)
- Disability Rights of Montana
- Kid Country Learning Center
- Lil Dickens Daycare
- Madison County Community Services Referral Center
- Madison County Senior Bus
- Montana Breast and Cervical Cancer Screening
- Montana Department of Health and Human Services (MT DPHHS)
- Montana Independent Living Project
- Mountain-Pacific Quality Health
- New Kids on the Block Daycare
- Ready Set Grow Preschool
- Ruby Valley Food Pantry
- Senior Companions
- Sheridan Senior Center & Meals on Wheels
- Shodair Hospital
- Teton Peaks Residential Treatment Center
- Twin Bridges Senior & Community Center
- Veteran's Affairs
- Western Montana Mental Health Center
- Yellowstone Boys and Girls Ranch
- Youth Dynamics

X. Evaluation of Activity Impacts from Previous CHNA

Ruby Valley Medical Center was previously affiliated with a governmental unit; as such RVMC was exempt from filing tax Form 990 and conducting a Community Health Needs Assessment and Implementation Plan every three years. Thus, for the purpose of the 2019 CHNA report, RVMC does not have previous Implementation Plan activities to report.

Appendix A – Steering Committee

Steering Committee Member	Organization Affiliation
John Semington, Chief Executive Officer	Ruby Valley Medical Center (RVMC)
Christine Partelow, Director of Human Resources	RVMC
Brenda Green, RN- CNO	RVMC
Billy Jo Rowberry, Director of Revenue Cycle	RVMC
Emilie Saylor, Patient Accounts	RVMC
Doris Fischer, Secretary	Madison Co. Mental Health Local Advisory Council
Carol Braach	Sheridan Senior Center
Joy Day, Agent	Novich Insurance- Twin Bridges
Michelle Vandyke, Broker	Montana Ranch Properties
Marilyn Ross, Chair	Montana Heritage Committee/HRDC
Brian Curtis, Owner	Beacon Business Center
Vicki Tilstra, CFO	Madison County
Missy Wood, Administrator	Madison County Detention
Rachel Rossiter, RN	Madison County Board of Health



Appendix B – Public Health and Populations Consultation

Public Health and Populations Consultation Worksheet

1. Public Health

a. Name/Organization

Melissa Brummell, RN, Director – Madison County Public Health
Missy Wood, Administrator – Madison County Detention
Emilie Saylor, Patient Accounts – RVMC
Brenda Green, CNO – RVMC

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

Steering Committee Meeting	11/15/2019
Key Informant Interview	05/07/2019

c. Input and Recommendations from Consultation

- Veterans in the county are much higher than the state.
- Another interesting statistic is number of residents with medical marijuana card. The largest group using for chronic pain is 25-35. I wonder if there is a correlation between medical marijuana and other drug use.
- Drinking and driving has to be much higher in our county. Impaired driving is the highest reason for arrest.
- What about the other impaired drivers – some don't "drink" but may be under the influence of drugs.
- Where do opioids fit in, and what percentage are using opioids that are not prescribed to them? – and training with Narcan – who is trained and what does this do?
- Are suicide attempts recorded somewhere?
- Maybe there would be a way to gather suicide data from hospitals other than depending on folks to self-report – mental health data is not something people track but maybe we should, going forward.
- We need some kind of support group for mental health. There are a lot more counselors available now than there were in the past. I think we need resources on what to do after a crisis has happened – how to reintegrate into the community and training for the community members. A safety network for people.

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

Population: Low-Income, Underinsured

a. Name/Organization

Emilie Saylor, Patient Accounts – RVMC
Joy Day, Insurance Agent – Novich Insurance
Melissa Brummell, RN, Director – Madison County Public Health

- b. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
- | | |
|----------------------------|------------|
| Steering Committee Meeting | 11/15/2019 |
| Key Informant Interview | 05/07/2019 |

- c. Input and Recommendations from Consultation
- We have a lot of self-employed people in this county, which could affect insurance coverage.
 - Support services are needed – getting people connected with services. Specifically, someone to help people filling our TANF paperwork or Snap.

Population: Seniors

- a. Name/Organization

Carol Braach, Representative – Sheridan Senior Center
 Melissa Brummell, RN, Director – Madison County Public Health

- b. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
- | | |
|-----------------------------|------------|
| Steering Committee Meeting: | 11/15/2019 |
| Key Informant Interview | 05/07/2019 |

- c. Input and Recommendations from Consultation
- People come to this community to retire.
 - There is a larger population of part-time retirees, who have summer homes here, will they get the survey if they are not living here currently?
 - Aging services. We don't have very supportive home health; it is hard to get someone if you live out of town. There needs to be more support to let people age in place. There are meals on wheels and transportation services to appointments. The transportation services are pretty limited though.

Population: Youth

- a. Name/Organization

Emilie Saylor, Patient Accounts – RVMC
 Brenda Green, CNO – RVMC
 Joy Day, Insurance Agent – Novich Insurance
 John Semingson, CEO – Ruby Valley Medical Center (RVMC)
 Melissa Brummell, RN, Director – Madison County Public Health

- b. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
- | | |
|----------------------------|------------|
| Steering Committee Meeting | 11/15/2019 |
| Key Informant Interview | 05/07/2019 |

c. Input and Recommendations from Consultation

- Is there no data for uninsured children for this area?
- I think almost all children are under CHIP now; even those folks with average income have full coverage for their children under CHIP.
- We do see some children who do not qualify under CHIP, and those usually fall under Obamacare but very few.
- Really good in Maternal child health for immunizations – we are up to 98% so our public county health nurse is doing a good job of catching all those kids.
- For behavioral health, the percentage who have considered suicide in youth is very common like 1:9 in Montana. Our county is usually top 10 for this in our state.
- Early childhood education is also a big gap as well. On the Ruby Valley side there is only one preschool and they are usually full. People have to be put on a wait list. If they can't get in parents keep them home or send them to day care. I hear that getting kids into day care is also a struggle.
- Madison county doesn't have school nurses. There is just a part-time one in Ennis. Because of this, I think there is a big preventative gap in the school system.

Appendix C – Secondary Data

Madison County
Secondary Data Analysis



Office of Rural Health
Area Health
Education Center

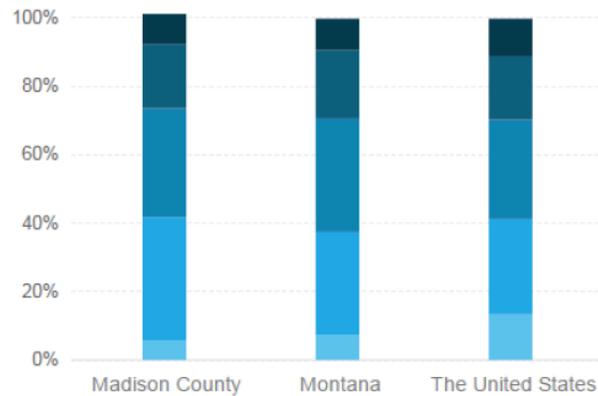
Demographic Measure (%)		County			Montana			Nation		
Population ¹		7,691			1,032,949			308,745,538		
Population Density ¹		2.1			6.8			87.4		
Veteran Status ¹		11.8%			10.6%			7.7%		
Disability Status ¹		14.9%			16.6%			15.3%		
Age ¹		<5	18-64	65+	<5	18-64	65+	<5	18-64	65+
		4.0%	59.1%	24.7%	6%	54.9%	17.2%	6.2%	56%	14.9%
Gender ¹		Male		Female	Male		Female	Male		Female
		51.8%		48.2%	50.3%		49.7%	49.2%		50.8%
Race/Ethnic Distribution ¹		White			89.2%			77.1%		
		American Indian or Alaska Native			6.6%			1.2%		
		Other †			5.1%			36.7%		

¹ US Census Bureau Fact Finder (2016)

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

Highest Degree Attained

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



Madison County

No High School	5.82%
High School Degree	35.95%
Associate's Degree	31.79%
Bachelor's Degree	18.78%
Graduate Degree	8.81%

Montana

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

The United States

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

² National Center for Education Statistics

Madison County
Secondary Data Analysis



Office of Rural Health
Area Health
Education Center

Socioeconomic Measures (%)	County	Montana	Nation
Median Income ¹	\$47,900	\$50,801	\$57,652
Unemployment Rate ¹	2.0%	4.8%	6.6%
Persons Below Poverty Level ¹	10.6%	14.4%	14.6%
Uninsured Adults (Age <65) ^{3,4}	12%	12%	10.7%
Uninsured Children (Age <18) ^{3,4}	8%	5%	5%
Children in Poverty ¹	13.8%	17.6%	20.3%
Enrolled in Medicaid ^{5,6}	5%	9.4%	1 in 7
Enrolled in Free/Reduced Lunch ⁷ <i>Pre-k through 12th grade</i>	269	62,951	-
SNAP Participants ⁷ <i>All ages, FY 2015</i>	298	118,704	-

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

Maternal Child Health	County	Montana
Births ⁸ <i>Between 2011-2013</i>	174	35,881
Born less than 37 weeks ⁸	N/A	9.1%
Teen Birth Rate (females age 15-19) ⁸ <i>Per 1,000 years 2009-2013</i>	N/A	32.0
Smoking during pregnancy ⁸	13.2%	16.3%
Receiving WIC ⁸	22.7%	34.6%
Children (2-5 years of age) overweight or obese ⁸	N/A	27.9%
Childhood Immunization Up-To-Date (UTD) % Coverage* ⁹	85.7%	63.6%

⁸ County Health Profiles, DPPHS (2015), ⁹ MT-DPHHS Clinic Immunization Results (2016-2017)
* UTD = 4 DTaP, 3 Polio, 1 MMR, 3/4 Hib, 3 Hep B, 1 Var, 4 PCV by 24 – 35-month-old children.

Behavioral Health	County	Montana	Top U.S. Performers
Adult Smoking ³	14%	19%	14%
Excessive Drinking ³	20%	21%	13%
Adult Obesity ³	22%	25%	26%
Poor Mental Health Days (Past 30 days) ³	2.9	3.5	3.1
Physical Inactivity ³	19%	21%	20%
Drug Use Hospitalization Rate ¹⁰ <i>Per 100,000 population</i>	N/A	372.5	-

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

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

¹¹ Montana State Health Assessment (2017)

Communicable Diseases (per 100,000 people) ⁸	County	Montana
Chlamydia	103.7	366.2
Hepatitis C	34.6	123
Pertussis	4.3	44.6

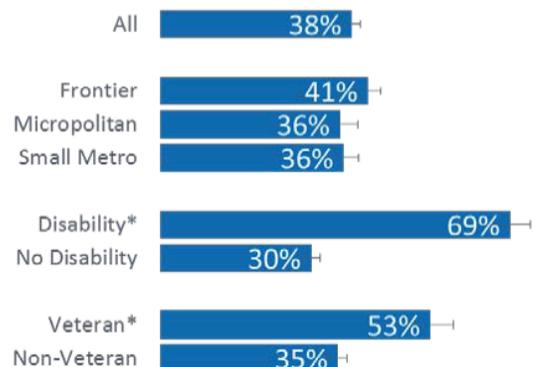
⁸ County Health Profiles, DPPHS (2015)

Chronic Conditions ¹⁰	County	Montana
Stroke Hospitalization Rate <i>Per 100,000 population</i>	99.4	152
Diabetes Hospitalization Rate <i>Per 100,000 population</i>	486.9	1058.9
COPD Emergency Department Visit Rate <i>Per 100,000 population</i>	N/A	669.9
Acute Myocardial Infarction (MI) Hospitalization <i>Rate Per 100,000 population</i>	117.3	118.1

¹⁰ IBIS Community Snapshot, MT- DPPHS

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

Percent of Montana Adults with Two or More Chronic Conditions

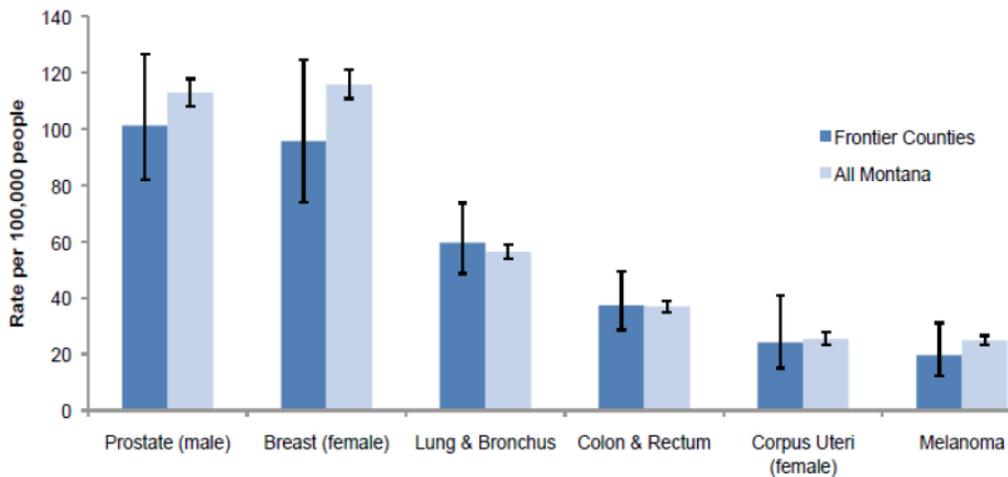


¹¹ Montana State Health Assessment (2017)

Cancer Prevalence	County	Montana	Nation
All Sites Cancer ¹⁰ <i>Per 100,000 population</i>	332.4	441.6	444

¹⁰ IBIS Community Snapshot, MT- DPPHS

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



⁸ County Health Profiles, DPPHS (2015)

Mortality	County	Montana	Nation
Suicide Rate ¹² <i>Per 100,000 population</i>	N/A	22.5	13.9
Leading Causes of Death ^{13, 14}	N/A	1. Heart Disease 2. Cancer 3. CLRD*	1. Heart Disease 2. Cancer 3. Unintentional injuries
Unintentional Injury Death Rate ¹⁵ <i>Per 100,000 population</i>	65	41.3	41.3
Diabetes Mellitus ^{13, 16} <i>Per 100,000 population</i>	N/A	21.3	21.5
Alzheimer's Disease ^{13, 17} <i>Per 100,000 population</i>	N/A	20.9	37.3
Pneumonia/Influenza Mortality ^{13, 18} <i>Per 100,000 population</i>	N/A	13.5	14.3

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

*Chronic Lower Respiratory Disease

Appendix D – Survey Cover Letter



February 13, 2019

Dear [LASTNAME] household:

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

Ruby Valley Medical Center (RVMC) 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 RVMC 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 25, 2019
2. Complete the enclosed survey and return it in the envelope provided - no stamp needed.
3. You can also access the survey at <http://helpslab.montana.edu/survey.html>. Select "Ruby Valley Medical Center Survey." Your access code is [CODED]
4. The winners of the \$50 gas cards will be contacted the week of April 1st.

All survey responses will go to The Human Ecology Learning and Problem Solving (HELPS) Lab at Montana State University in Bozeman, Montana, the organization that is assisting MORH with this project. If you have any questions about the survey, please call Natalie Claiborne at 406-994-6001. We believe, with your help, we can continue to improve health care services in our region.

Thank you for your assistance. We appreciate your time.

Sincerely,

A handwritten signature in blue ink, appearing to read 'John Semingson', with a stylized flourish at the end.

John Semingson, CEO

Appendix E – Survey Instrument

Community Health Services Development Survey Sheridan, Montana

INSTRUCTIONS: Please complete this survey by marking the appropriate boxes and then return it in the enclosed postage-paid envelope. If you need assistance, please contact the Montana Office of Rural Health at 406-994-6001. Participation is voluntary, and your responses will remain confidential. You can choose not to answer any question and can stop at any time.

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

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

<input type="checkbox"/> Alcohol/drug use	<input type="checkbox"/> Lack of access to healthcare services	<input type="checkbox"/> Recreation related accidents/injuries
<input type="checkbox"/> Alzheimer's/dementia	<input type="checkbox"/> Lack of dental care	<input type="checkbox"/> Social isolation/loneliness
<input type="checkbox"/> Cancer	<input type="checkbox"/> Lack of exercise	<input type="checkbox"/> Stroke
<input type="checkbox"/> Child abuse/neglect	<input type="checkbox"/> Mental health issues (depression, anxiety, suicide, etc.)	<input type="checkbox"/> Tobacco use (cigarettes, vaping, smokeless)
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Motor vehicle accidents	<input type="checkbox"/> Work related accidents/injuries
<input type="checkbox"/> Domestic violence	<input type="checkbox"/> Overweight/obesity	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Heart disease		
<input type="checkbox"/> Hunger		

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

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

4. How do you rate your knowledge of the health services that are available at Ruby Valley Medical Center?
 Excellent Good Fair Poor

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

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

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

<input type="checkbox"/> Dentist	<input type="checkbox"/> Grief support group	<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Substance abuse services
<input type="checkbox"/> EMS/ambulance	<input type="checkbox"/> Home care services	<input type="checkbox"/> Public health	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Fitness center/classes	<input type="checkbox"/> Meals on Wheels	<input type="checkbox"/> Senior center	
<input type="checkbox"/> Food banks	<input type="checkbox"/> Mental health	<input type="checkbox"/> Senior Companion Program	

Turn to BACK of page to continue

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

- | | |
|--|---|
| <input type="checkbox"/> Cultural sensitivity | <input type="checkbox"/> More primary care providers |
| <input type="checkbox"/> Greater health education services | <input type="checkbox"/> More specialists |
| <input type="checkbox"/> Improved access to health insurance | <input type="checkbox"/> Outpatient services expanded hours |
| <input type="checkbox"/> Improved quality of care | <input type="checkbox"/> Telemedicine |
| <input type="checkbox"/> Interpreter services | <input type="checkbox"/> Transportation assistance |
| <input type="checkbox"/> More information about available services | <input type="checkbox"/> Other: _____ |

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Alcohol/drug abuse | <input type="checkbox"/> Health and wellness | <input type="checkbox"/> Prenatal |
| <input type="checkbox"/> Alzheimer's | <input type="checkbox"/> Heart disease | <input type="checkbox"/> Smoking/tobacco cessation |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Living will | <input type="checkbox"/> Support groups |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Men's health | <input type="checkbox"/> Weight loss |
| <input type="checkbox"/> First aid/CPR | <input type="checkbox"/> Mental health | <input type="checkbox"/> Women's health |
| <input type="checkbox"/> Fitness | <input type="checkbox"/> Nutrition | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Grief counseling | <input type="checkbox"/> Parenting | |

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

- | | | |
|---|---|---|
| <input type="checkbox"/> Children's checkup/Well baby | <input type="checkbox"/> Hearing check | <input type="checkbox"/> Routine blood pressure check |
| <input type="checkbox"/> Cholesterol check | <input type="checkbox"/> Mammography | <input type="checkbox"/> Routine health checkup |
| <input type="checkbox"/> Colonoscopy | <input type="checkbox"/> Mental health counseling | <input type="checkbox"/> Vision check |
| <input type="checkbox"/> Dental exam | <input type="checkbox"/> Pap smear | <input type="checkbox"/> None |
| <input type="checkbox"/> Flu shot/immunizations | <input type="checkbox"/> Prostate (PSA) | <input type="checkbox"/> Other: _____ |

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

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Audiology | <input type="checkbox"/> MRI | <input type="checkbox"/> Pediatrician |
| <input type="checkbox"/> Bone density scan (DEXA) | <input type="checkbox"/> Naturopathy | <input type="checkbox"/> Psychiatrist |
| <input type="checkbox"/> Cancer care | <input type="checkbox"/> OB/GYN | <input type="checkbox"/> Ultrasound |
| <input type="checkbox"/> Medication management | <input type="checkbox"/> Outpatient surgery | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Mental/behavioral health/counseling | <input type="checkbox"/> Ophthalmologist (eye) | |
| | <input type="checkbox"/> Pain management | |

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

- Very important Important Not important Don't know

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

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

- 13.** If yes, what were the **three** most important reasons why you did not receive healthcare services? (**Select ONLY 3**)
- | | | |
|--|--|--|
| <input type="checkbox"/> Could not get an appointment | <input type="checkbox"/> Language barrier | <input type="checkbox"/> Transportation problems |
| <input type="checkbox"/> Could not get off work | <input type="checkbox"/> My insurance didn't cover it | <input type="checkbox"/> Services were not available locally |
| <input type="checkbox"/> Didn't know where to go | <input type="checkbox"/> No insurance | <input type="checkbox"/> Worried about privacy/confidentiality |
| <input type="checkbox"/> Don't like doctors | <input type="checkbox"/> Not treated with respect | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Had no one to care for the children | <input type="checkbox"/> Office wasn't open when I could go | |
| <input type="checkbox"/> It cost too much | <input type="checkbox"/> Too long to wait for an appointment | |
| <input type="checkbox"/> It was too far to go | <input type="checkbox"/> Too nervous or afraid | |
- 14.** In the past three years, have you or a household member seen a primary healthcare provider such as a family physician, physician assistant or nurse practitioner for healthcare services?
- Yes No (**If no, skip to question 17**)
- 15.** Where was the primary healthcare provider that you visited most often located? (**Select ONLY 1**)
- | | |
|----------------------------------|--|
| <input type="checkbox"/> Bozeman | <input type="checkbox"/> Sheridan/Twin Bridges |
| <input type="checkbox"/> Butte | <input type="checkbox"/> VA |
| <input type="checkbox"/> Dillon | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Ennis | |
- 16.** Why did you select the primary care provider you are currently seeing? (**Select ALL that apply**)
- | | |
|---|--|
| <input type="checkbox"/> Appointment availability | <input type="checkbox"/> Prior experience with clinic |
| <input type="checkbox"/> Clinic/provider's reputation for quality | <input type="checkbox"/> Recommended by family or friends |
| <input type="checkbox"/> Closest to home | <input type="checkbox"/> Referred by physician or other provider |
| <input type="checkbox"/> Cost of care | <input type="checkbox"/> Required by insurance plan |
| <input type="checkbox"/> Indian Health Services | <input type="checkbox"/> VA/military requirement |
| <input type="checkbox"/> Length of waiting room time | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Prefer to see a doctor (MD/DO) | |
- 17.** In the past three years, has anyone in your household received care in a hospital? (i.e. hospitalized overnight, day surgery, obstetrical care, rehabilitation, radiology or emergency care)
- Yes No (**If no, skip to question 20**)
- 18.** If yes, which hospital does your household use MOST for hospital care? (**Select ONLY 1**)
- | | |
|--|---|
| <input type="checkbox"/> Barrett Hospital – Dillon | <input type="checkbox"/> St. James Healthcare – Butte |
| <input type="checkbox"/> Bozeman Health – Bozeman | <input type="checkbox"/> VA Hospital |
| <input type="checkbox"/> Madison Valley Medical Center – Ennis | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Ruby Valley Medical Center – Sheridan | |
- 19.** Thinking about the hospital you were at most frequently, what were the **three** most important reasons for selecting that hospital? (**Select ONLY 3**)
- | | | |
|--|--|---|
| <input type="checkbox"/> Closest to home | <input type="checkbox"/> Hospital's reputation for quality | <input type="checkbox"/> Required by insurance plan |
| <input type="checkbox"/> Closest to work | <input type="checkbox"/> Prior experience with hospital | <input type="checkbox"/> VA/military requirement |
| <input type="checkbox"/> Cost of care | <input type="checkbox"/> Recommended by family or friends | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Emergency, no choice | <input type="checkbox"/> Referred by physician or other provider | |
| <input type="checkbox"/> Financial assistance programs | | |

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25. Over the past month, how often have you had physical activity for at least 20 minutes?
- Daily 3-5 times per month No physical activity
 2-4 times per week 1-2 times per month

26. Has cost prohibited you from getting a prescription or taking your medication regularly?
- Yes No

27. In the past year, did you worry that you would not have enough food?
- Yes No

28. Do you feel that the community has adequate and affordable housing options available?
- Yes No Don't know

29. Which of the following injury prevention measures do you use regularly? **(Select ALL that apply)**

- Child car seat/booster Regular exercise
 Designated driver Seat belt
 Gun lock/safe None
 Recreational activity helmet use

30. Are you aware of programs that help people pay for healthcare expenses?
- Yes, I use them Yes, but I do not qualify Yes, but choose not to use No Don't know

31. Which of the following services do you have insurance coverage for? **(Select ALL that apply)**

- Medical Vision Dental I do not have insurance

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

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

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

- Excellent Good Fair Poor

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

- Can't afford to pay for medical insurance Choose not to have medical insurance
 Employer does not offer insurance Other: _____

Demographics

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

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

- 59710 Alder 59729 Ennis 59755 Virginia City
 59711 Anaconda 59751 Silver Star 59759 Whitehall
 59701 Butte 59749 Sheridan Other: _____
 59725 Dillon 59754 Twin Bridges

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36. How long have you lived in your community?
 0-5 years 6-15 years 16+ years
37. If you live in Madison County, how many months do you live in the county each year?
 3 or less 4-6 months 7-9 months 10-12 months I do not live in Madison County
38. What is your gender?
 Male Female Other
39. What age range represents you?
 18-25 46-55 76-85
 26-35 56-65 86+
 36-45 66-75
40. What is your employment status?
 Work full time Student Not currently seeking employment
 Work part time Collect disability
 Retired Unemployed Other _____
 Self employed

[CODED]

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

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

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

Appendix F – Responses to Other and Comments

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

- Underage drinking
- Impossible to rank issues. When it's your issue, it is the most important. Almost all on the list are present in our valley.
- Lack of dental care and lack of exercise
- Lack of affordable insurance
- Cost (2)
- Diabetes and heart disease
- Alzheimer's/dementia, Cancer, Heart disease, Motor vehicle accidents, Social isolation/loneliness
- Aging in general
- Nutrition choices
- Diabetes, heart disease, stroke, tobacco use, and overweight/obesity
- Heart disease, lack of dental care, lack of exercise, mental health issues, motor vehicle accidents, overweight/obesity, recreation related accidents/injuries, social isolation/loneliness, tobacco use, and work-related accidents/injuries
- Illegal drugs
- Lack of being able to AFFORD healthcare

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

- Access to local fresh food sources, not just grocery store
- Again, impossible to select a certain number. Balance in all aspects: access, transportation, knowledge, life stability
- Affordable housing and religious or spiritual values
- Affordability
- clean environment, community involvement, good schools, low crime/safe neighborhoods
- Cost
- Access to childcare/after school programs, access to healthcare and other services, Good jobs and a healthy economy, Good schools, Religious or spiritual values

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

- Work (2)
- Personal experience and interaction
- Use of the facility
- Live here
- Required!
- Lived here forever (2)
- EMS

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

- We live here part time only and haven't needed services so far!
- None (4)
- Physical Therapy
- Annual blood test
- Orthodontist
- I am a senior companion
- Dermatologist, Cancer

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

- Naturopathic Medicines
- I think we have great access to healthcare in the Ruby Valley
- I think it is already good for the size of our community
- Better doctors
- Access to mental health professionals
- Affordability
- Low insurance deductibles
- All is good
- Provide eating healthy education - informing of dangers in preservatives and chemicals added to food
- Better social services
- Speedier referrals
- Affordability - we're all insurance poor. Premiums exhaust income. So many visits before specialists, consultations
- Lower cost
- A gym/work out facility
- Medical billing needs work. Doesn't seem to want to work with the VA
- New hospital administrator and hospital supervisors
- Child birth
- Access to doctors
- More careful physician selection
- Affordability, cost transparency!
- Offer discounts on bills paid in full
- Clinic open on weekends

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

- Exercise for 55 +
- None (2)
- Fitness
- Hidden poisons in food
- Tai chi
- Wouldn't use

9. Which of the following preventative services have you used in the past year?

- My provider is in Dillon
- VA Fort Harrison
- OB/GYN check-up, pap every year
- YMCA gym
- AA meetings
- Use services in Bozeman
- DEXA, MRI
- Skin
- Need eye doctor
- VA medical center

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

- Dermatologist
- Podiatrist
- None
- Hypnotherapy
- None, won't go there
- Dental
- Most are already available in short commuting distance: Dillon, Whitehall, etc.
- Personal trainer

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

- It cost too much, My insurance didn't cover it, Office wasn't open when I could go, and Services were not available locally
- Don't like doctors at RVH and Not treated with respect
- Bad doctor
- It was too far to go, office wasn't open when I could go, and worried about privacy/confidentiality
- Don't like doctors, my insurance didn't cover it, no insurance
- Too busy

15. Where was that primary healthcare provider located?

- Livingston
- Bozeman, Butte, Dillon, Sheridan/Twin Bridges (2)
- Bozeman and Dillon (4)
- Bozeman, Sheridan/Twin Bridges, VA (2)
- Ortho Montana
- Bozeman, Dillon, Ennis, Missoula
- Dillon and Sheridan/Twin Bridges (3)
- Bozeman and Ennis (3)
- Bozeman, Dillon, Ennis
- Butte and Dillon (2)
- Sheridan/Twin Bridges and VA (3)
- Whitefish
- Bozeman, Sheridan/Twin Bridges
- Whitehall (6)
- Bozeman, VA (2)
- Bozeman, Dillon, VA
- Butte, Dillon, Sheridan/Twin Bridges

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

- Compatibility and confidence with their care
- Wanted to be seen outside my immediate community for confidentiality
- Long time Doctor
- Reputation/previous experience
- Established relationship with provider - do they listen to me?
- I experienced that RVH did an unnecessary Cat scan and overbilled for P.T. [Physical Therapy]. Trust issue, no follow-up survey to improve. RVH has a reputation in this community to perform unnecessary tests as to be able to pay the bills.
- Emergency Room
- Feel Doctor is higher qualified
- Top of the line doctors
- Specialist - Whitefish
- Bad experiences in Sheridan with current staff
- Naturopath
- When local Doc. died, I had to look elsewhere, and Dillon was closest
- I needed an OB so she became our primary.
- Know them, excellent skills (NP)
- Don't have primary care provider
- Used to be in Sheridan with different Doctor
- Support local services

18. Which hospital does your household use MOST for hospital care?

- Barrett Hospital and Bozeman Health (3)
- Barrett Hospital and St. James Healthcare (2)
- Barrett Hospital, Bozeman Health, St. James Healthcare (2)
- Bozeman Surgery Centers (OP)
- Ruby Valley Medical Center and Community Hospital Missoula
- Billings (3)
- Barrett Hospital, Bozeman Health, Missoula
- Ruby Valley Medical Center and St. James Healthcare. Wife had major back surgery, was not possible in Sheridan
- Wherever they tell us to go
- Barrett Hospital, Bozeman Health, and Madison Valley Medical Center
- Bozeman Health, Madison Valley Medical Center, Ruby Valley Medical Center
- Barrett Hospital and Mayo- PHX [Phoenix]
- Barrett Hospital and Madison Valley Medical Center
- St. Peters
- Bozeman Health - Bozeman, Ruby Valley Medical Center – Sheridan (4)
- Barrett Hospital -- Dillon, VA Hospital
- Providence St. Pat's - Missoula and Big Sky Surgery - Missoula
- St Pat's - Missoula
- Bozeman Foot & Ankle
- Barrett Hospital -- Dillon, Ruby Valley Medical Center -- Sheridan
- Inter-Mountain Healthcare, Salt Lake City, UT
- Ruby Valley Medical Center - Sheridan, St. James Healthcare - Butte
- Seattle Children's

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

- Don't trust Local providers (2)
- Didn't think Ruby Valley could handle it without an ambulance ride or helicopter
- Closest to home and prior experience with hospital (2)
- Orthopedic surgery
- No services locally
- I like the care givers there
- Closest to get to; pain too bad to travel further
- Quality M.D.
- Prior experience with hospital and emergency (no choice)
- Top of line ER Doctors
- The tests I required are not available here
- Needed OB
- Had specialist

- Hospital's reputation for quality, prior experience with hospital, recommended by family or friends, referred by physician or other provider
- None
- MT. Skin Cancer
- Services available

21. Where was the healthcare specialist seen?

- Dr. Dixon, Butte MT
- Idaho (2)
- Bozeman: Bridger Orthopedic, Ophthalmologist, and Skin Care
- Twin Bridges Dental
- Butte (5)
- Dillon Eyecare, Butte Eyecare, Butte ENT
- Private/root canal (Butte)
- Ortho Montana (2)
- ENT Butte
- Missoula (10)
- Missoula International Heart Institute (2)
- Lantz-Helena, Butte child counseling
- Billings (4)
- Rapid City, SD and Chadron, NE
- Missoula and Kalispell
- Anaconda (2)
- Private offices in Bozeman
- ENT Bozeman (2)
- Whitehall Clinic, MT
- Individual practice: Twin Bridges, Butte, Bozeman
- Billings Clinic, Mayo Clinic PHX [Phoenix]
- Western Montana Clinic Missoula, Dental Practice Dillon, Eye Doctors (3) Bozeman
- Butte Dermatology
- Came in from Salt Lake City, UT
- Missoula - Eye Surgery
- Butte; Bozeman Bridger Orthopedic, Dillon, Twin Bridges
- Whitefish
- Butte Ophthalmologist
- Missoula, Helena
- Missoula and Bozeman
- Big Sky Dermatology
- Dentist/Sheridan
- Dermatologist appointment, Missoula
- Bozeman - Belgrade, Big Sky Integrative
- Allergy Specialist in Bozeman

- Billings ortho
- Inter-Mountain Hospital, Salt Lake, UT
- Dermatologist - Bozeman
- Summit Eye Care
- Bozeman dermatologist, Butte ENT, Dillon Chiropractor, Bozeman. Alpine Orthopedic
- Advanced Dermatology
- Seattle Children's

22. What type of healthcare specialist was seen?

- Proctologist (2)
- Nephrologist
- Plastic surgeon
- Nurse Practitioner
- Rectal Prolapse
- Food allergy; auto immune
- Respiratory
- Diabetes
- Not sure of his title, but got injections in my back
- Psychiatrist
- Emergency room
- Heart
- Orthodontist
- Retinologist
- Vein Specialist

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

- Medicare and Private insurance/private plan (18)
- Health insurance marketplace and Medicare
- Medicaid, Medicare, VA/Military
- Health insurance marketplace, health savings account, Medicare, private insurance/private plan
- Christian Healthcare Ministries
- VA/Military and Employer sponsored
- Health Savings Account and private insurance/private plan
- Health Insurance Marketplace and Medicare (2)
- Medicare and VA/Military (5)
- Medicaid and Medicare (5)
- Health insurance marketplace, Medicare, and private insurance/private plan
- Medicare, private insurance/private plan, and VA/military
- Employer Sponsored and Medicare (2)
- Healthy MT Kids, Medicaid, Medicare, Humana
- Medicaid, VA/military

- Health Insurance Marketplace, Health Savings Account
- Employer sponsored, Medicaid, and VA/military
- AARP and Medicare
- Employer sponsored, Health Savings Account, Healthy MT Kids, Medicare, Private insurance/private plan
- Medicare, Gov't Employees

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

- Retired
- Eat and live healthy
- (Spouse)
- Does not pay anything! Too high deductible
- Medicare
- VA Military

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

- 59749 Sheridan and 69337 Chadron, NE
- 59751 [Silver Star]

40. What is your employment status?

- Trying to get disability
- Work full-time and part-time jobs, self-employed (have more than one job)
- Full-time self-employed (5)
- Stay at home Mom (3)
- Self-employed, retired
- Work part-time and retired (3)
- Student and work full-time
- Work full-time, retired (2)
- Retired, self-employed (2)
- Disabled
- Work part-time, retired
- Work full-time, retired, student
- Volunteer
- Seasonal, full-time
- Retired, Not currently seeking employment
- VA pension
- Work part time, self employed

Appendix G – Key Informant Interview Questions

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

Appendix H – Key Informant Interview Notes

Key Informant Interview #1

Tuesday, March 12, 2019- Name, Organization–Via phone interview

1. What would make your community a healthier place to live?
 - Having good, stable rental housing in the area. People are renting dumpy trailers that really should be burnt down if we're being honest.
 - I think there's a need for mental health, for both youth and adults.
 - Stress! We're all too busy.
 - Pharmacy and ambulance services are good. The new hospital is nice. Actually, pharmacy costs can be high, and access can be a problem too. People can't always commute to town to get their medications. Or even if they are mail ordered people can't get into the post office to pick them up. Especially when you consider the weather lately, snow drifts... it can be hard.
 - It would be nice to have a little more variety in choice with regards to primary care providers. A few more to choose from.
 - Checking in on our elderly. Someone knocking on their doors, especially those who don't have someone who is able to check on them.
 - We had a gentleman in our community who is deaf and needed help. He put a sign in his window asking for help. Thankfully a neighbor noticed and was able to get him help. We need to be able to be there to help out folks like this who may not have resources to do so on their own.

2. What do you think are the most important local healthcare issues?
 - Elderly population. Taking care of them. Making sure we have the services we need to take care of them. We do have a lot of elderly in our community.
 - Having good care for our children. We have a PA, but don't have a pediatrician in the valley to take our kids to. We drive an hour away to see a pediatrician.

3. What other healthcare services are needed in the community?
 - I think just the pediatrician and senior services.
 - Specialty care/visiting specialists- dermatology would be nice. Maybe an OB/GYN- so people don't have to drive out of town for that appointment.

Key Informant Interview #2

Tuesday, March 12, 2019- Via phone interview

1. What would make your community a healthier place to live?
 - It would be great to have a gym. There used to be one in Sheridan, but it's been gone for a few years now. Wellness classes would be great as well- yoga classes
 - We do some yoga and Pilates offerings locally, but nothing with free weights.
 - The health fair is terrific. Would be nice to see it expand, to be on a semi-annual basis.

2. What do you think are the most important local healthcare issues?
 - I think there is some drug abuse with the kids in the Sheridan and Twin Bridges areas. We need more drug awareness. Education.
 - Aging in place. The community here is getting older. It's a challenge to care for our loved ones, an elderly parent, things like that. To coordinate how they get to places like the store and appointments, housing, etc.

3. What other healthcare services are needed in the community?
 - Would be nice to have a visiting dentist. To get a broader offering. I think there's only one in Sheridan and it's a way away for people to go.

Key Informant Interview #3

Wednesday, March 13, 2019- Via phone interview

1. What would make your community a healthier place to live?
 - Housing is always an issue. We have people moving into the area that cannot find a place to live.
 - I work with a lot of Medicaid clients who need HUD or section 8 and there isn't enough.
 - More services to those who don't have financial means to cover it- Medicaid expansion is so important for things like SNAP, health services in general because money is going away, potentially being cut.
 - How do we create more jobs in our area, so people can have the means to support themselves and not have to rely on these social programs?
 - It's such a big picture issue and we have to start somewhere- but how do we fix it? How do we start? Is it a grass root thing we can all work toward? I don't know.

2. What do you think are the most important local healthcare issues?
 - I think they are all important. We have two hospitals in our county, and that's huge. They both continue to grow and offer more services which is great.

- With new hospital in Sheridan they have the opportunity to offer more services- things like MRI.
 - As far as mental health services go, I think we are doing great. We have two therapists in the Ruby Valley, and three in Ennis. So, on both sides of the mountain people have access.
 - Referrals [to mental health providers] could be continued to be made which is great. We are meeting needs at this point (I hope, I think).
 - We have a mental health local advisory council which really helps to bolster support and provide services. Very engaged.
3. What other healthcare services are needed in the community?
- I think we could bring in more visiting specialists- especially with the new hospital. Cancer services- oncologists, foot doctors, etc. Always new opportunities.
 - Transportation is a huge barrier and bringing services in locally would be wonderful, especially with our elderly population.

Key Informant Interview #4

Wednesday, March 13, 2019- Via phone interview

1. What would make your community a healthier place to live?
- I think it's healthy environmentally and what not. We feel it's pretty good.
 - There is a pretty major problem with keeping our Main Street businesses open. We need to keep jobs here. Environmental groups are always fighting against ag [agriculture] and fighting using forest for feeding cows, mining concerns about ruining water. They [environmental groups] are turning Montana into a National State Park. They are taking away all or historical land uses and there's nothing left but fishing and travel [tourism]. We need to be able to support ourselves. So many little towns are shutting down. People travel and spend some money- but it's not sustainable in our little rural communities.
2. What do you think are the most important local healthcare issues?
- Lack of availability. We have clinic in town that I hear they may close, which would be a huge detriment to our community. It would make it much harder to get to see a doctor.
 - Would be nice to have labs and such done locally, but it's not too bad traveling to Sheridan or Dillon.
 - I know rural hospitals and facilities are struggling. We do what we can to support them. It's so important to our small town.

- I don't know how they handle home health and what not. I know a few people who get it locally. One couple has been trying so hard to get it and they don't seem to be available (they [the couple] got the run around). Dillon says they don't serve us, and Sheridan doesn't have any available. We have needs and we have to go to Dillon or Butte if you have a housing problem. We need to do something to address those issues. Help people stay in the homes and community.
3. What other healthcare services are needed in the community?
- Not having been involved in that (thank goodness), I am not sure. But again, housing and when you're a senior and you can't drive anymore... They need some place around here. Sheridan has an assisted living and it's nice, but we need something around here. It's a real tragic thing to have our seniors having to move away from everything they're familiar with. It's a drastic change and we need to find some way to help them stay in their community.

Key Informant Interview #5

Wednesday, March 13, 2019- Via phone interview

1. What would make your community a healthier place to live?
- I feel like it's pretty healthy. We are a health community. I hope everybody feels that way.
2. What do you think are the most important local healthcare issues?
- At this point it would be emergency care. It's huge. Thinking about how we sustain it and as the community grows. We need to monitor it and grow with the population.
 - The ambulance services and the ER are very good. I don't want it to sound like there's a problem. Just thinking ahead and being prepared. Monitoring it and growing it as the community grows.
 - There are a lot of ranchers and outdoor folks in our area. Ranchers and construction (as the community grows), they are the more high-risk folks who would be needing emergency services.
3. What other healthcare services are needed in the community?
- I think a good basic walk-in clinic. I have been very fortunate and my family to be healthy, but as far as a walk-in clinic, it could be helpful. If it would work for our community.

Key Informant Interview #6

Wednesday, March 13, 2019–Via phone interview

1. What would make your community a healthier place to live?
 - I think there's a walking trail and tons of opportunities for outdoor activities. We're so close to fishing and camping. Nicely located.
 - I think there could be more community involvement and engagement with younger folks. The thing that has been missing, is that it's a retirement community. Not many of the people who grow up here stay.
 - There's not a lot of programs for younger people (20's-40's). Recreational activities, soft ball group, things for families, etc. would be nice.
 - Economically, new/more jobs. Things that will attract college graduates or keep people here.
 - Housing is very tight. Not a lot of options that are reasonably priced.
 - There has been a little bit of a resurgence in population. People are starting to come back which is nice to see.
 - It would be nice to redo parks, playground equipment, etc. It takes special interest groups to raise money. Some social service group usually. We are grateful for all the projects they do in the community, but it just takes money and it not usually from the city.
 - We always need volunteers for the fire department. Ambulance was all volunteer, but now that it's incorporated into the hospital, it's been good. It is hard to recruit volunteers.

2. What do you think are the most important local healthcare issues?
 - For me personally it's exercise. It's hard in Sheridan. It's such a retirement community. We were the second oldest county in the state for a bit. There's not a lot of options.
 - I think we need a bigger senior center. It's an older house and has been converted, but it would be nice to be bigger. We need more senior oriented services in town.
 - There is a senior companion program that helps to transport folks to and from appointments. But if we could have more visiting specialists to help cut down on travel for folks.

3. What other healthcare services are needed in the community?
 - There's not much for younger adults, teenagers. There are some school sports opportunities, but you do have to travel.
 - No dance studios or other activities. I think there could always be more opportunities. Not a lot to do for kids once they hit junior high.
 - The pool is a huge staple for the kids in town.

- I think a disc golf course would be fun. It's very affordable and good exercise. It could be good for the community.
- I think it would be good to have mental health services for youth. They have their guidance counselor at school, but someone else for kids to go talk to.
- My family sees one of the providers, Dayna Thergesen, a CPNP [Certified Pediatric Nurse Practitioner] is doing more locally. She travels around the valley. She's fantastic.
- My son has had great care at the facility [Ruby Valley Medical Center]. They set protocols to help him and know how to handle it when he needed to come in. They had what they needed on hand to take care of him and he always got great care.

Key Informant Interview #7

Friday, March 15, 2019—Via phone interview

1. What would make your community a healthier place to live?
 - Our community does not have a gym, limited walking paths. We have an older town and there is a lot of our ADA accessibility issues for the older folks. We have an older community.

2. What do you think are the most important local healthcare issues?
 - Mental health. It's the whole state of Montana, honestly. Pretty much you have to travel for mental healthcare needs. RVMC will help as much as they can, but in my experience, you are generally sent on for services needed. Especially if it's something bigger.
 - I've been dealing with something with my teenage daughter and we have to go see specialists out of town, and it's hard. There are not many providers who can deal with adolescence issues.
 - We are very fortunate to have the hospital, but it can be frustrating to have to travel.

3. What other healthcare services are needed in the community?
 - Gosh, sometimes you don't know what is, or is not available until you need something.
 - A navigator- Medicaid/Medicare assistance in terms of how to sign up for services, how to access services. We used to have more of those types of services, but they've all been cut.
 - Transportation- it's very limited. Especially if people have to travel out of town.

Key Informant Interview #8

Monday, March 18, 2019–Via phone interview

1. What would make your community a healthier place to live?
 - I don't know. I do feel like we live in a pretty healthy place.
 - Lots of opportunities to walk and enjoy the fresh air.
2. What do you think are the most important local healthcare issues?
 - Well, for sure Emergency room. For Access. So glad we have it. Otherwise we'd have to transport to Butte. Helipad makes it easy too.
 - Senior care. Geriatric services are very important. Diabetes healthcare services.
3. What other healthcare services are needed in the community?
 - We need better in-home health services in Sheridan. We had traveling services from Butte, but it wasn't enough. There is a huge need for home health.
 - The new hospital is wonderful. I wish we had more beds, but we need to have resources to help cover it (workforce).
 - I'm glad they have a rehab place (Physical therapy). I've heard nothing but good things.

Key Informant Interview #9

Tuesday, May 7, 2019–Melissa Brummell, RN, Director- Madison County Public Health
Via phone interview

1. What would make your community a healthier place to live?
 - Maddison county doesn't have school nurses. There is just a part-time one in Ennis. Because of this, I think there is a big preventative gap in the school system.
2. What do you think are the most important local healthcare issues?
 - Mental health is a big one. We have been working really hard on this issue in the county.
 - Support services – getting people connected with services. Specifically, someone to help people filling our TANF paper work or Snap.
 - Aging services. We don't have very supportive home health, it is hard to get someone if you live out of town. There needs to be more support to let people age in place. There are meals on wheels and transportation services to appointments. The transportation services are pretty limited though.

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

- We need some kind of a support group for mental health. There are a lot more counselors available now than there were in the past. I think we need resources on what to do after a crisis has happened – how to reintegrate into the community and training for the community members. A safety network for people.
- Teen pregnancy resources – from education, birth control and pregnancy resources.
- Early childhood education is also a big gap as well. On the Ruby Valley side there is only one preschool and they are usually full. People have to be put on a wait list. If they can't get in parents keep them home or send them to day care. I hear that getting kids into day care is also a struggle.