



COMMUNITY HEALTH NEEDS ASSESSMENT

Malta, Montana

*Assessment conducted by **Phillips County Hospital** in
cooperation with the Montana Office of Rural Health*

Table of Contents

Introduction 4

Health Assessment Process 5

Survey Methodology..... 5

Survey Respondent Demographics..... 7

Survey Results 12

Key Informant Interview Methodology 49

Executive Summary..... 53

Prioritization of Health Needs 56

Available Community Resources 57

Evaluation of Previous CHNA & Implementation Plan 58

Appendix A- Steering Committee 64

Appendix B- Public Health & Populations Consultation 65

Appendix C- Phillips Co. Secondary Data 67

Appendix D- Survey Cover Letter..... 75

Appendix E- Survey Instrument 76

Appendix F- Cross Tabulation Analysis 82

Appendix G- Responses to Other & Comments..... 88

Appendix H –Key Informant Interview - Questions 88

Appendix I – Key Informant Interviews - Transcripts 99

Appendix J – Request for Comments..... 111



INTRODUCTION

Introduction

Phillips County Hospital (PCH) is a 6-bed Critical Access Hospital with an attached Rural Health Clinic (RHC) located in Malta which is on the northeastern plains of Montana. Phillips County Hospital has a service area of just over fifty-one hundred square miles and provides medical services to their defined community of Phillips County which has a population of approximately 4,192 people as well as to the adjacent counties of Blaine, Valley and Fergus. Phillips County is designated by the US Department of Health and Human Services as a health professional shortage area due to its high-needs demographic population and is considered a frontier county.

Phillips County Hospital's key services include Emergency Department, Inpatient and Outpatient services, Skilled Swing Bed, Laboratory, Radiology, Physical and Occupational Therapy and Durable Medical Equipment. The Family Health Clinic includes services such as primary care, telehealth, and outreach providers.

Phillips County Hospital's primary service area includes the communities of Malta, Dodson, Saco, as well as smaller, unincorporated, and census-designated communities with most of the County's populated communities located along US 2 & 191. Phillips County has a low population density and is considered a frontier (six or fewer 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.



Mission: To make a difference in health care.

Vision: To be a leader in health care

Value Statements: Be the Provider of Choice by recognizing, understanding, and respecting our community's need for quality care.
Be the Employer of Choice by respecting and engaging our employees while providing a compassionate, family-oriented environment.

Phillips County Hospital participated in the Community Health Services Development (CHSD) Project administrated by the Montana Office of Rural Health (MORH) and funded in part through the Montana Health Research and Education Foundation (MHREF) Flex Grant. Community involvement in steering committee meetings and key informant interviews enhances community engagement in the assessment process.

In January 2024, PCH's service area was surveyed about its healthcare system. This report shows survey results 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 every question asked.

Health Assessment Process

A steering committee was convened to assist Phillips County Hospital in conducting CHSD. A diverse group of community members representing various organizations and populations within the community (e.g., public health, elderly, young families, uninsured) came together in November 2023. See Appendix A for a list of all steering committee members and their affiliations. The Steering Committee met twice during the CHSD process; first to discuss health concerns in the community and offer their perspective in designing the survey instrument, and again to review results of the CHNA and to assist in the prioritization of health needs.



Survey Methodology

Survey Instrument

In January 2024, surveys were mailed out to the residents in the PCH service area. Survey respondents could complete the survey sent 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 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

Phillips County Hospital provided an aggregated list of outpatient and inpatient admissions and information regarding service area zip codes. Those zip codes with the greatest number of admissions were selected to be included in the survey. A random list of 800 residents was then selected with the assistance of the MSU HELPS lab. Residence was stratified in the initial sample selection so that each area would be represented in proportion to the overall served population and the proportion of past

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

Zip Code	Population ¹	Community Name	Total Distribution	# Male	# Female
59524	889	Dodson	36	18	18
59546	136	Loring	18	9	9
59544	179	Whitewater	24	12	12
59261	520	Saco	32	16	16
59546	136	Zortman	10	5	5
59538	3,037	Malta	680	340	340
Total	4,897		800	400	400

¹ US Census Bureau - American Community Survey (2021)

Key informant interviews were conducted to identify significant 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 difficult 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 remains challenging in Montana.

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, analysis of available data 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 major health indices, including chronic disease burden and behavior health indices. The Montana BRFSS (Behavioral Risk Factor Surveillance System), through a cooperative agreement with the Center for Disease Control and Prevention (CDC), is used to identify regional trends in health-related behaviors. The fact that



many health indices for rural and frontier counties are reported regionally makes it impossible to set the target population aside from the five more-developed Montana counties.

Limitations in Survey and Key Informant Interview Methodology

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

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

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

Survey Implementation

In January 2024, a survey and cover letter with the PCH CEO’s signature, and a postage-paid envelope were mailed to 800 randomly selected residents in the hospital’s service area. A news release was sent to the local newspaper, social media postings were completed before the survey distribution announcing that Phillips County Hospital would conduct a community health needs assessment survey throughout the region in cooperation with the Montana Office of Rural Health.

One hundred and seventy-five surveys were returned out of 800. Of those 800 surveys, 50 were returned undeliverable, for a 23.33% response rate. From this point on, the total number of surveys will be out of 750. Based on 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 7.28%.

Survey Respondent Demographics

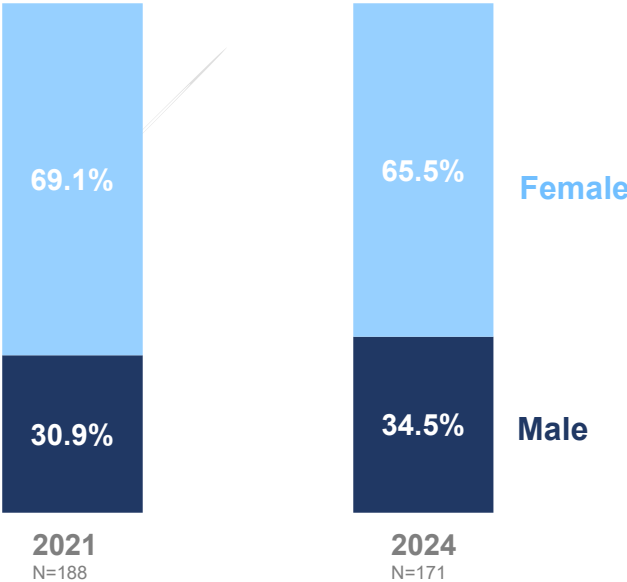
A total of 750 surveys were distributed throughout the PCH service area. 175 surveys were completed for a 23.33% response rate. The following table and graphs indicate the demographic characteristics of the survey respondents. Information on location, gender, age, and employment is included. The percentages indicated on the tables and graphs are based upon the total number of responses for each question, as some respondents did not answer all questions.

Place of Residence	2021 % (n)	2024 % (n)
Number of respondents	188	174
59538 - Malta	85.6% (161)	58.6% (102)
59261 - Saco	3.2% (6)	21.8% (38)
59524 - Dodson	5.3% (10)	8.0% (14)
59546 - Zortman	1.1% (2)	4.6% (8)
59544 - Whitewater	2.7% (5)	3.4% (6)
59537 - Loring		1.7% (3)
59241 - Hinsdale		0.0% (0)
Other	2.1% (4)	1.7% (3)
TOTAL	100.0% (188)	100.0% (174)

Respondents were asked to select their primary residence. Grayed out cells indicate the question was not asked that year.

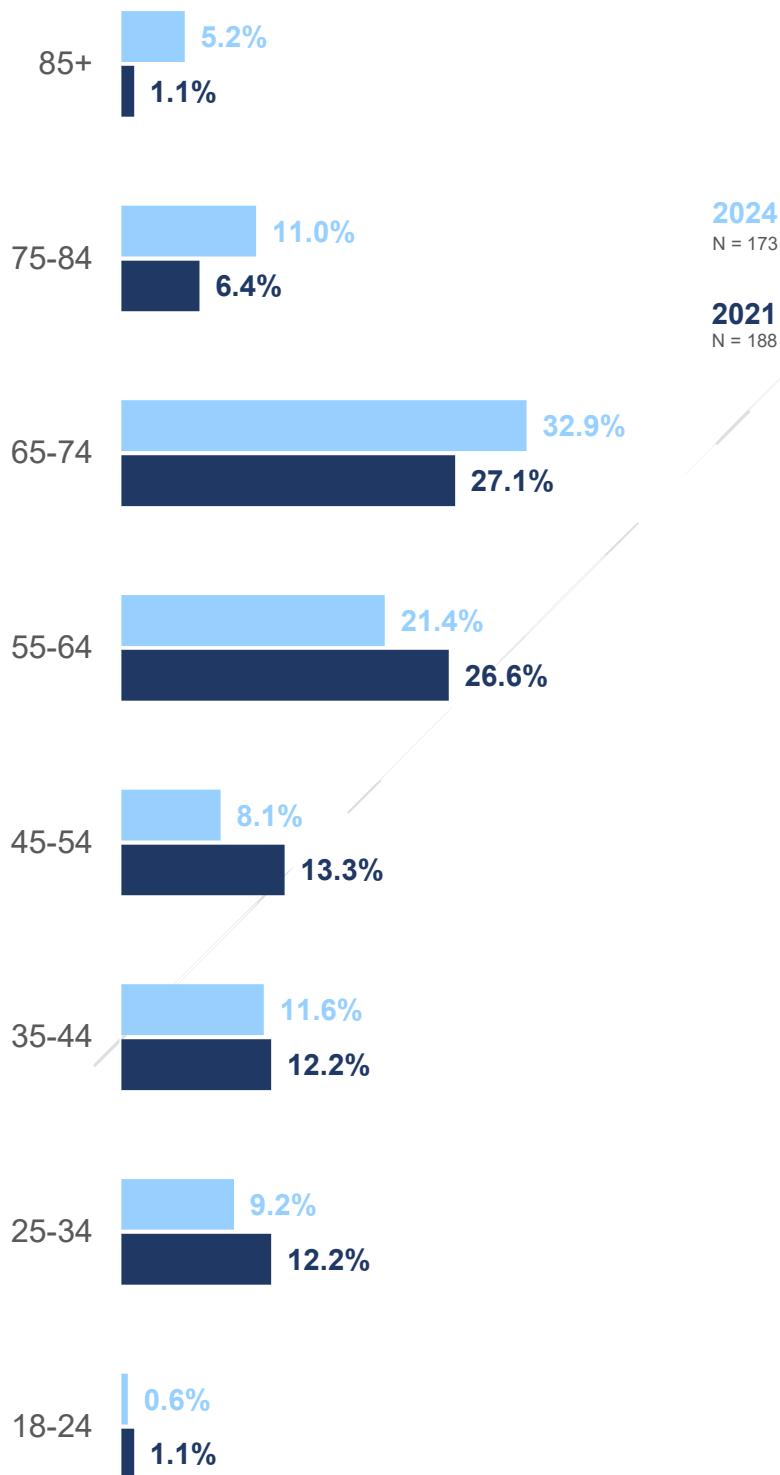
Gender

Most of the respondents were **female**



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

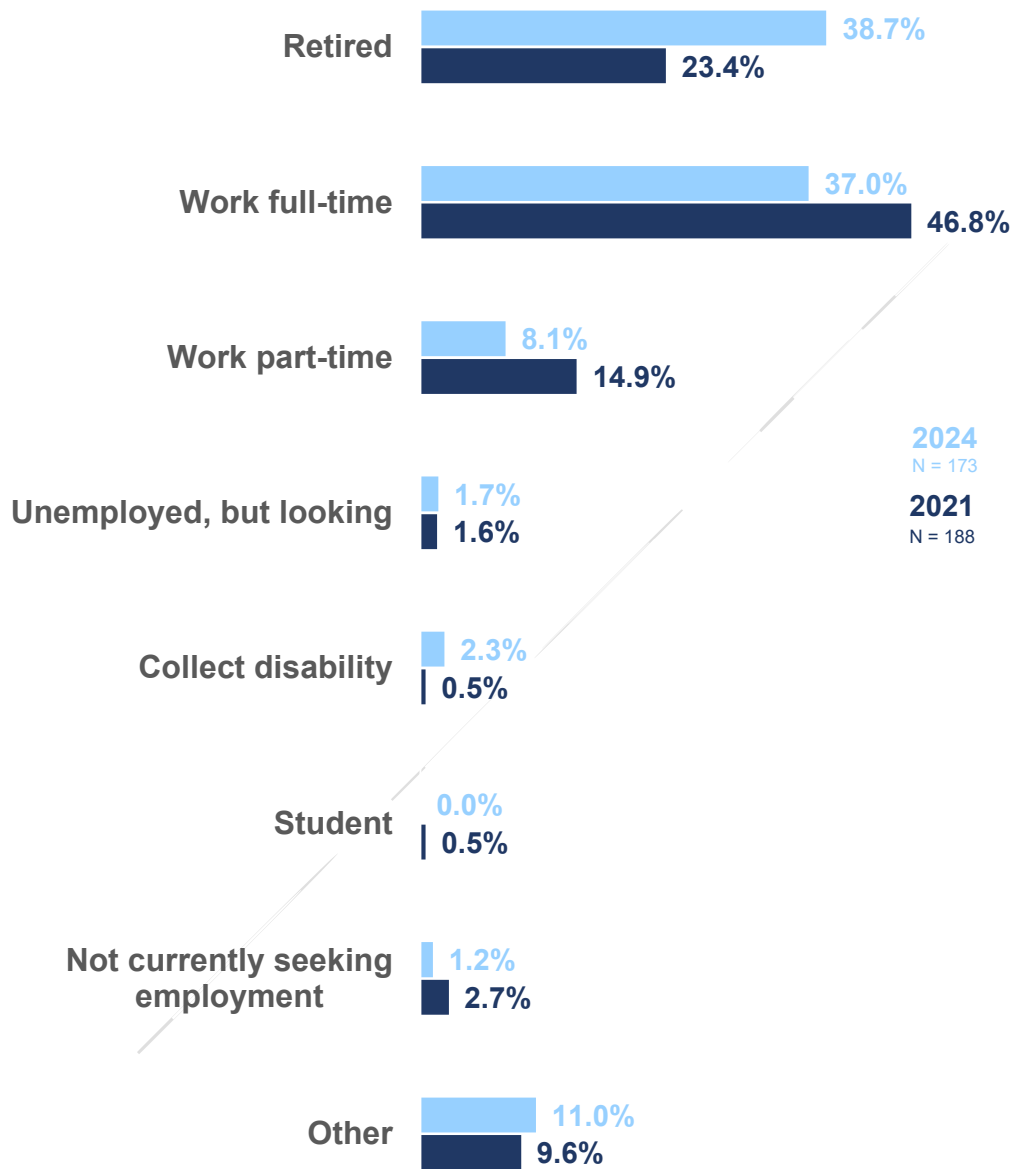
Age of respondents for all years of the survey



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

Employment status

Most 2024 respondents are **retired**, though a similar percentage **work full-time**



*Respondents (N=12) who selected over the allotted amount were moved to “Other.”

“Other” comments included: Self Employed, Full-time mom, Rancher (3)



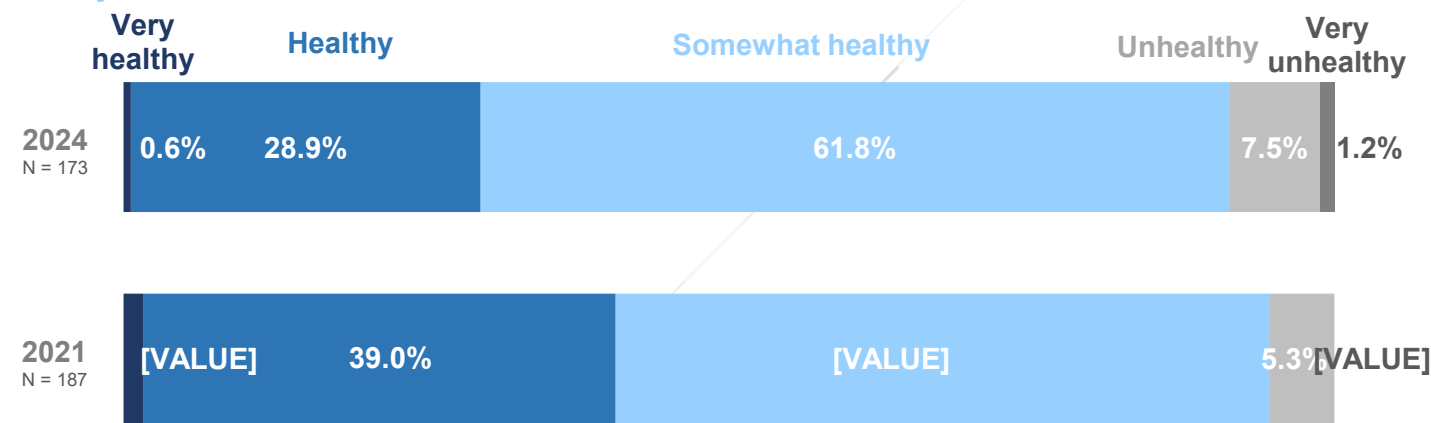
SURVEY RESULTS

Survey Results

Rating of Healthy Community (Question 1)

Respondents were asked to indicate how they would rate the general health of their community. Sixty-one point eight percent of respondents (n=107) rated their community as “Somewhat healthy,” and 28.9% of respondents (n=50) felt their community was “Healthy.” Seven point five percent of respondents (n=13) indicated they felt their community was “Unhealthy,” 1.2% of respondents (n=2) rated their community as “Very unhealthy,” and 0.6% (n=1) responded that their community was “Very healthy.”

The majority of respondents feel their community is healthy or somewhat healthy.

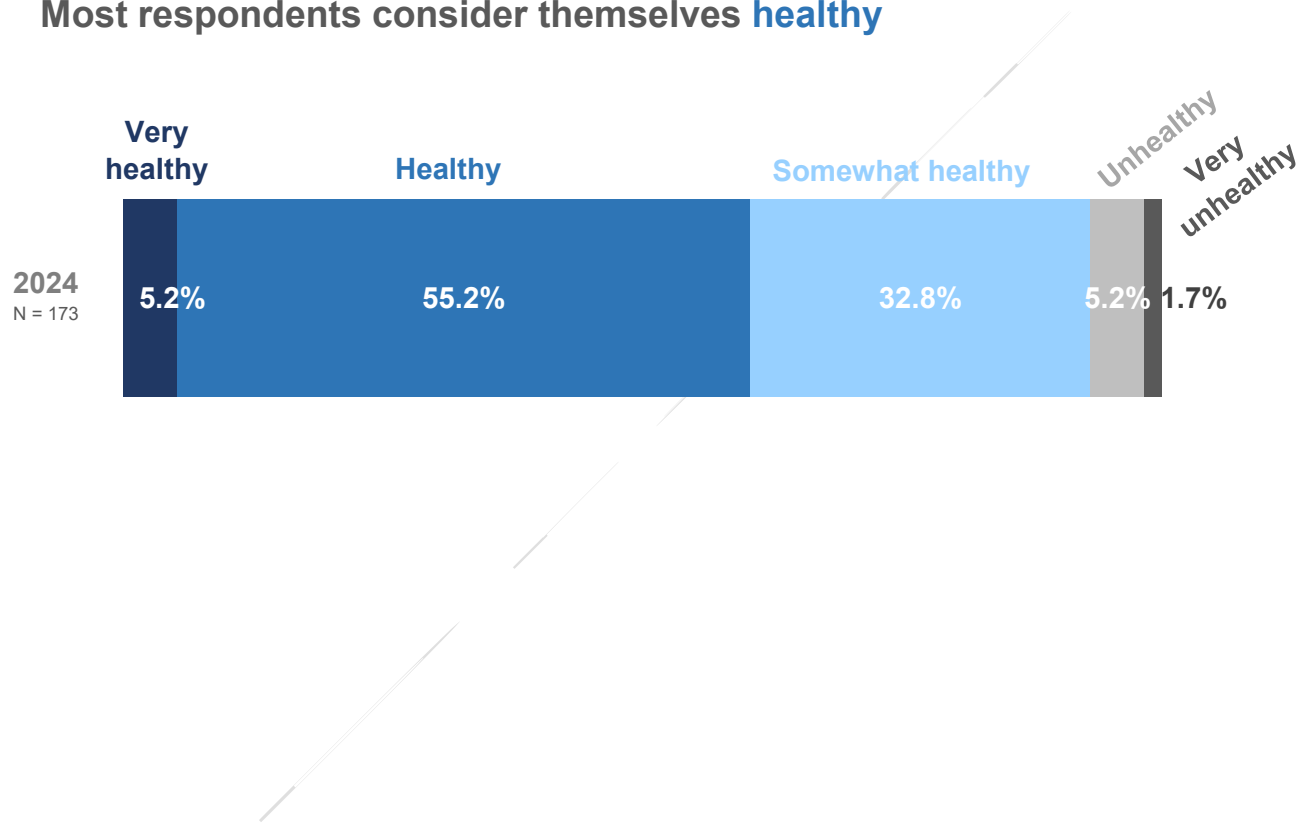


Most survey respondents feel their community is somewhat healthy.

Rating of Personal Health (Question 2)

Respondents were asked to indicate how they would rate their personal health. Fifty-five point two percent of respondents (n=96) rated their personal health as “Healthy,” and 32.8% of respondents (n=57) felt they were “Somewhat Healthy.” Five point two percent of respondents (n=9) indicated they felt themselves to be “Very healthy,” and the same amount (5.2%; n=9) rated themselves as “Unhealthy.” One point seven percent of respondents (n=3) rated their personal health as “Very unhealthy.”

Most respondents consider themselves healthy



Health Concerns for Community (Question 3)

Respondents were asked what they felt were their community's three most serious health concerns. The top identified health concern was "Alcohol abuse/substance abuse" at 47.7% (n=83).

Health Concern	2021 % (n)	2024 % (n)	SIGNIFICANT CHANGE
Number of respondents	190	174	
Alcohol/substance abuse	52.1% (99)	47.7% (83)	<input type="checkbox"/>
Cancer	36.3% (69)	29.3% (51)	<input type="checkbox"/>
Mental health issues	17.9% (34)	27.0% (47)	<input checked="" type="checkbox"/>
Lack of access to healthcare	8.9% (17)	24.7% (43)	<input checked="" type="checkbox"/>
Depression/anxiety	18.4% (35)	21.3% (37)	<input type="checkbox"/>
Lack of affordable dental care	21.6% (41)	19.0% (33)	<input type="checkbox"/>
Overweight/obesity	18.9% (36)	16.7% (29)	<input type="checkbox"/>
Suicide	5.8% (11)	14.4% (25)	<input checked="" type="checkbox"/>
Heart disease	16.3% (31)	13.8% (24)	<input type="checkbox"/>
Diabetes	18.4% (35)	10.9% (19)	<input checked="" type="checkbox"/>
Tobacco use (cigarettes/cigars, vaping, smokeless)	12.1% (23)	10.9% (19)	<input type="checkbox"/>
Alzheimer's/dementia	7.4% (14)	9.2% (16)	<input type="checkbox"/>
Lack of exercise	3.7% (7)	8.6% (15)	<input checked="" type="checkbox"/>
Work/economic stress	10.0% (19)	6.9% (12)	<input type="checkbox"/>
Social isolation/loneliness	5.8% (11)	4.6% (8)	<input type="checkbox"/>
Respiratory issues/illness	5.8% (11)	4.0% (7)	<input type="checkbox"/>
Child abuse/neglect	6.8% (13)	2.3% (4)	<input checked="" type="checkbox"/>
Trauma/Adverse Childhood Experiences (ACES)	0.5% (1)	1.7% (3)	<input type="checkbox"/>
Domestic violence	1.1% (2)	1.7% (3)	<input type="checkbox"/>
Recreation related accidents/injuries	0.0% (0)	1.1% (2)	<input type="checkbox"/>
Stroke	2.6% (5)	1.1% (2)	<input type="checkbox"/>
Work related accidents/injuries	1.6% (3)	1.1% (2)	<input type="checkbox"/>
Hunger	0.5% (1)	0.6% (1)	<input type="checkbox"/>
Motor vehicle accidents	3.2% (6)	0.6% (1)	<input type="checkbox"/>
Other	7.9% (15)	6.3% (11)	<input type="checkbox"/>

Respondents were asked to pick their top three serious health concerns, so percentages do not equal 100%. A solid blue square indicates a statistically significant change between years ($p \leq 0.05$).

*Respondents (N=5) who selected over the allotted amount were moved to "Other."

Components of a Healthy Community (Question 4)

Respondents were asked to identify the three most important things for a healthy community. Fifty-seven point seven percent of respondents (n=101) indicated that “Access to healthcare services” is important for a healthy community, which was also the top component identified in 2021.

Components of Healthy Community	2021 % (n)	2024 % (n)	SIGNIFICANT CHANGE
Number of respondents	190	175	
Access to healthcare services	57.9% (110)	57.7% (101)	<input type="checkbox"/>
Good jobs and a healthy economy	44.7% (85)	37.1% (65)	<input type="checkbox"/>
Healthy behaviors and lifestyles	24.7% (47)	33.1% (58)	<input type="checkbox"/>
Strong family life	26.8% (51)	33.1% (58)	<input type="checkbox"/>
Religious or spiritual values	18.9% (36)	26.3% (46)	<input type="checkbox"/>
Good schools	26.8% (51)	18.3% (32)	<input type="checkbox"/>
Affordable housing	11.1% (21)	16.6% (29)	<input type="checkbox"/>
Access to healthy foods	12.1% (23)	14.3% (25)	<input type="checkbox"/>
Access to childcare/after school programs	12.6% (24)	13.1% (23)	<input type="checkbox"/>
Low crime/safe neighborhoods	12.1% (23)	13.1% (23)	<input type="checkbox"/>
Community involvement	11.1% (21)	10.3% (18)	<input type="checkbox"/>
Clean environment	8.4% (16)	6.3% (11)	<input type="checkbox"/>
Transportation services	2.6% (5)	5.7% (10)	<input type="checkbox"/>
Low death and disease rates	4.2% (8)	1.7% (3)	<input type="checkbox"/>
Low level of domestic violence	3.7% (7)	1.7% (3)	<input type="checkbox"/>
Parks and recreation	5.3% (10)	1.7% (3)	<input type="checkbox"/>
Tolerance for diversity	3.7% (7)	1.1% (2)	<input type="checkbox"/>
Arts and cultural events	0.0% (0)	0.6% (1)	<input type="checkbox"/>
Other	3.2% (6)	2.3% (4)	<input type="checkbox"/>

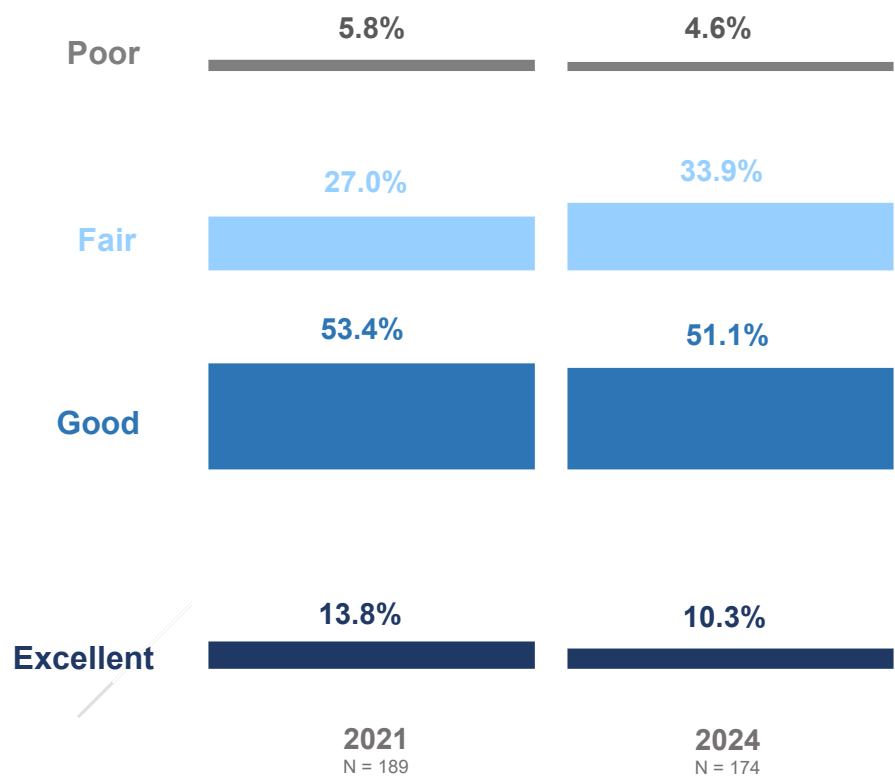
Respondents were asked to pick their top three components of a healthy community, so percentages do not equal 100%. A solid blue square indicates a statistically significant change between years ($p \leq 0.05$).

*Respondents (N=2) who selected over the allotted amount were moved to “Other.”

Knowledge of Health Services (Question 5)

Respondents were asked to rate their knowledge of the health services available through Phillips County Hospital. Fifty-one point one percent of respondents (n=89) rated their knowledge of health services as “Good.” “Fair” was selected by 33.9% percent (n=59), “Excellent” was chosen by 10.3% of respondents (n=18), and “Poor” was selected by 4.6% (n=8).

Just over half of respondents rated their knowledge of local health services as **good**



How Respondents Learn of Health Services in the Community (Question 6)

When asked how survey respondents learn about health services available in the community, the most frequently indicated method of learning is “Word of mouth/reputation” at 60.7% (n=105). “Friends/family” is another top method of learning about community health services (59.0%, n=102). The respondents who learned about health services in the community from “Newspapers” decreased to 43.9% (n=76) in 2024, compared to 60.0% (n=114) in 2021.

How Learn about Community Health Services	2021 % (n)	2024 % (n)	SIGNIFICANT CHANGE
Number of respondents	190	173	
Word of mouth/reputation	58.9% (112)	60.7% (105)	<input type="checkbox"/>
Friends/family	60.0% (114)	59.0% (102)	<input type="checkbox"/>
Newspaper	60.0% (114)	43.9% (76)	<input checked="" type="checkbox"/>
Healthcare provider	41.1% (78)	38.2% (66)	<input type="checkbox"/>
Radio	39.5% (75)	31.2% (54)	<input type="checkbox"/>
Social media	34.7% (66)	29.5% (51)	<input type="checkbox"/>
Public Health nurse	25.3% (48)	20.8% (36)	<input type="checkbox"/>
Website/internet	11.6% (22)	15.0% (26)	<input type="checkbox"/>
Mailings/newsletter	5.8% (11)	11.6% (20)	<input checked="" type="checkbox"/>
Billboards/posters	2.6% (5)	5.8% (10)	<input type="checkbox"/>
Presentations	1.6% (3)	1.7% (3)	<input type="checkbox"/>
Other	3.7% (7)	1.7% (3)	<input type="checkbox"/>

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

*Respondents (N=2) who selected over the allotted amount were moved to “Other.”

“Other” comments included: Council and Super Shopper

(View all comments in Appendix G)

View a cross tabulation of how respondents learn
with how they rate their knowledge on p. 81

Utilized Community Health Resources (Question 7)

Respondents were asked which community health resources, other than the hospital or clinic, they had used in the last three years. “Public health department” was the most frequently utilized community health resource cited by respondents at 48.4% (n=74). The “Chiropractor” was utilized by 30.7% (n=47) of respondents, followed closely by “Malta Medical Associates” at 30.1% (n=46).

Use of Other Community Health Resources	2021 % (n)	2024 % (n)
Number of respondents	190	153
Public Health Department	47.4% (90)	48.4% (74)
Chiropractor	27.9% (53)	30.7% (47)
Malta Medical Associates		30.1% (46)
Dentist	32.6% (62)	24.2% (37)
Active Solutions	35.8% (68)	21.6% (33)
Eastern MT Community Mental Health Center	5.3% (10)	2.6% (4)
Youth Dynamics		1.3% (2)
Other	8.4% (16)	9.8% (15)

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

“Other” comments included: None (4), N/A (3), Great Falls Clinic Doctors, Glendive Medical Benefis, County health services, Valley Drug

(View all comments in Appendix G)

Improve Community’s Access to Healthcare (Question 8)

Respondents were asked to indicate what they felt would improve their community’s access to healthcare. An equal number of respondents (50.9%, n=85, each) reported that “More primary care providers” and “More specialists” would make the greatest improvement. Thirty-seven point one percent of respondents (n=62) indicated that “Improved quality of care” followed by “More information about available services” at 32.3% (n=54) would improve access.

More primary care providers and more specialists would make the greatest improvement to healthcare access.

What Would Improve Community Access to Healthcare	2021 % (n)	2024 % (n)	SIGNIFICANT CHANGE
Number of respondents	190	167	
More primary care providers	53.7% (102)	50.9% (85)	<input type="checkbox"/>
More specialists	48.4% (92)	50.9% (85)	<input type="checkbox"/>
Improved quality of care	30.5% (58)	37.1% (62)	<input type="checkbox"/>
More information about available services	31.1% (59)	32.3% (54)	<input type="checkbox"/>
Payment assistance programs (healthcare expenses)	25.3% (48)	24.6% (41)	<input type="checkbox"/>
Telemedicine	22.6% (43)	22.8% (38)	<input type="checkbox"/>
Outpatient services expanded hours	23.2% (44)	16.2% (27)	<input type="checkbox"/>
Transportation assistance	10.5% (20)	13.8% (23)	<input type="checkbox"/>
Greater health education services	14.7% (28)	10.8% (18)	<input type="checkbox"/>
Cultural sensitivity	2.6% (5)	2.4% (4)	<input type="checkbox"/>
Interpreter services	0.5% (1)	0.0% (0)	<input type="checkbox"/>
Other	5.8% (11)	7.8% (13)	<input type="checkbox"/>

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

“Other” comments included: Better communication with other hospitals and insurance companies, A facility with up to date technology, and Reasonable prices
(View all comments in Appendix G)

Interest in Educational Classes/Programs (Question 9)

Respondents were asked to identify classes and programs in which they would be most interested. The most frequently selected topic was “Health and wellness” at 40.3% (n=58), followed closely by “Women’s health” with 32.6% (n=47) and “Weight loss” with 31.3% (n=45).

Interest in Classes or Programs	2021 % (n)	2024 % (n)
Number of respondents	190	144
Health and wellness	31.1% (59)	40.3% (58)
Women's health	27.4% (52)	32.6% (47)
Weight loss	30.5% (58)	31.3% (45)
Fitness	26.3% (50)	29.2% (42)
Mental health	14.2% (27)	26.4% (38)
Nutrition	18.4% (35)	25.7% (37)
First aid/CPR	17.9% (34)	25.0% (36)
Diabetes	16.8% (32)	20.1% (29)
Men's health	19.5% (37)	20.1% (29)
Living will	23.2% (44)	19.4% (28)
Grief counseling	11.1% (21)	12.5% (18)
Alzheimer's	8.9% (17)	11.1% (16)
Cancer	11.1% (21)	11.1% (16)
Support groups	8.4% (16)	11.1% (16)
Smoking/tobacco cessation	5.8% (11)	6.3% (9)
Alcohol/substance abuse	4.7% (9)	5.6% (8)
Heart disease	15.8% (30)	5.6% (8)
Parenting	7.9% (15)	4.2% (6)
Job search support		2.1% (3)
Lactation/breastfeeding support	4.7% (9)	0.7% (1)
Prenatal	4.2% (8)	0.7% (1)
Other	2.1% (4)	2.8% (4)

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

Desired Local Health Services (Question 10)

Respondents were asked to indicate which additional services they would utilize if available locally. Respondents indicated the most interest in both “Dentist” and “Optometry (eye)” at 70.8% (n=109) for each.

Desired Local Health Services	2021 % (n)	2024 % (n)
Number of respondents	190	154
Dentist	62.1% (118)	70.8% (109)
Optometry (eye)	60.5% (115)	70.8% (109)
Chiropractor	30.0% (57)	29.2% (45)
Medicaid/Medicare enrollment support		26.6% (41)
Nursing home		24.0% (37)
Other	3.7% (7)	6.5% (10)

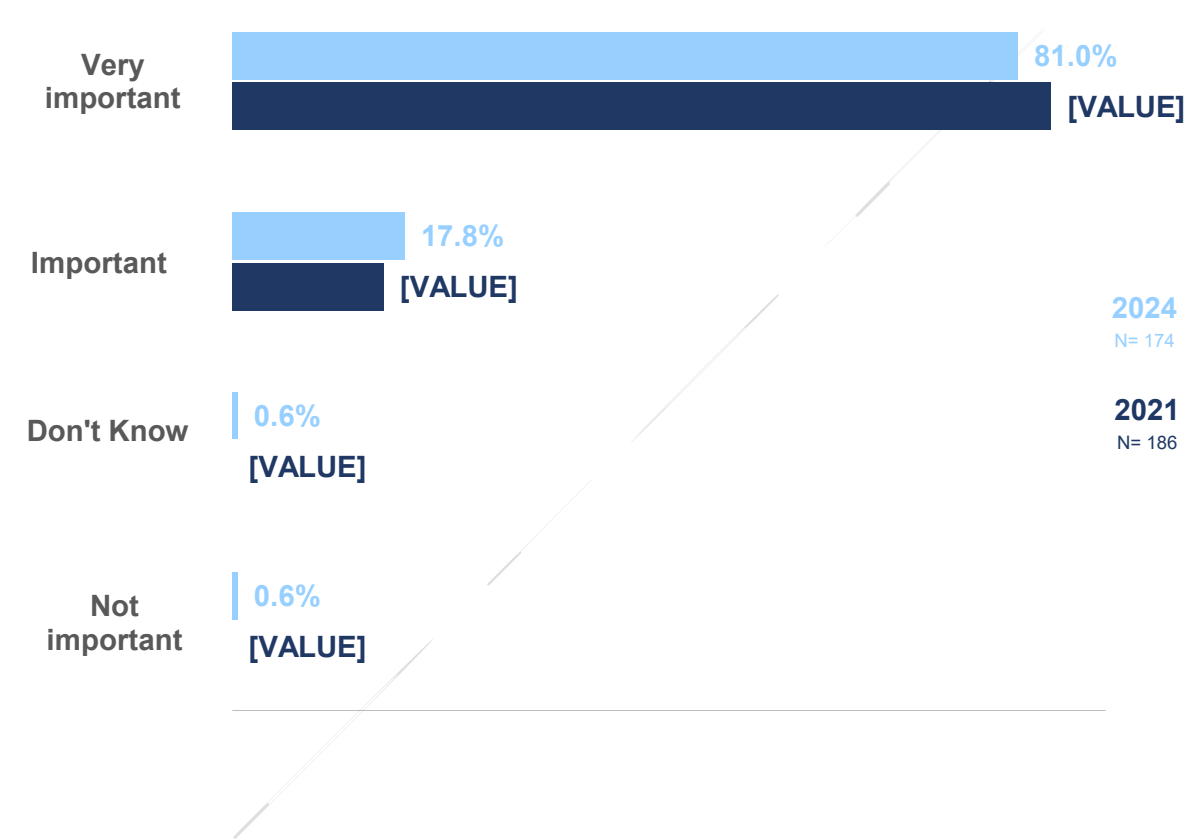
Respondents were asked to pick all additional services that would be of use if available locally, so percentages do not equal 100%. A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Grayed out cells indicate the question was not asked that year.

“Other” comments included: Cardiology, OBGYN, Acupuncture

Economic Importance of Healthcare (Question 11)

The majority of respondents (81.0%, n=141), indicated that local healthcare providers and services (i.e. hospitals, clinics, nursing homes, assisted living, etc.) are “Very important” to the economic well-being of the area. Seventeen point eight percent of respondents (n=31) indicated they are “Important,” and 0.6% (n=1, each) selected “Don’t know” and “Not important.”

The majority of respondents say that local healthcare providers are **very important** to the community's economic well-being



Utilization of Preventive Services (Question 12)

Respondents were asked if they had utilized preventive services listed in the past year. “Blood pressure check” was selected by 54.2% of respondents (n=91) and “Flu shot-immunizations” utilized by 53.0% of respondents (n=89). Forty-eight point two percent of respondents (n=81) indicated they received a “Vision check,” and 47.6% (n=80) received a “Health checkup.”

Use of Preventative Services	2021 % (n)	2024 % (n)	SIGNIFICANT CHANGE
Number of respondents	190	168	
Blood pressure check	59.5% (113)	54.2% (91)	<input type="checkbox"/>
Flu shot/immunizations	62.1% (118)	53.0% (89)	<input type="checkbox"/>
Vision check	46.8% (89)	48.2% (81)	<input type="checkbox"/>
Health checkup	46.8% (89)	47.6% (80)	<input type="checkbox"/>
Dental check	51.1% (97)	44.0% (74)	<input type="checkbox"/>
Cholesterol check	39.5% (75)	38.1% (64)	<input type="checkbox"/>
Mammography	31.6% (60)	35.1% (59)	<input type="checkbox"/>
Colonoscopy	11.6% (22)	20.8% (35)	<input checked="" type="checkbox"/>
Prostate (PSA)	16.3% (31)	15.5% (26)	<input type="checkbox"/>
Hearing check	11.1% (21)	14.9% (25)	<input type="checkbox"/>
Pap test	24.7% (47)	13.1% (22)	<input checked="" type="checkbox"/>
Children's checkup/Well baby	11.6% (22)	10.7% (18)	<input type="checkbox"/>
Health fair	8.9% (17)	7.7% (13)	<input type="checkbox"/>
None	3.2% (6)	5.4% (9)	<input type="checkbox"/>
Other	3.7% (7)	4.8% (8)	<input type="checkbox"/>

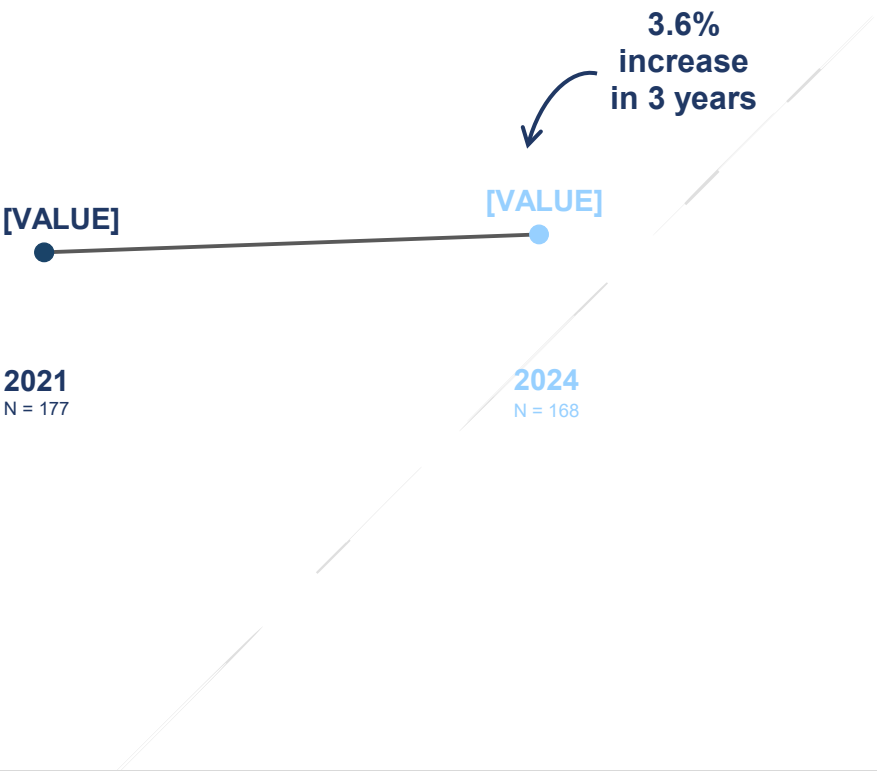
Respondents could select any of the preventative services listed, so percentages do not equal 100%. A solid blue square indicates a statistically significant change between years ($p \leq 0.05$).

“Other” comments included: Physical therapy, Blood tests, Dermatology

Delay of Services (Question 13)

Thirty-eight point one percent of respondents (n=64) reported that they or a household member thought they needed healthcare services but did not get them or had to delay getting them. Sixty-one point nine percent of respondents (n=104) felt they could get the healthcare services they needed without delay.

The number of respondents who had to delay treatment or who did not get treatment increased slightly from 2021.



View a cross tabulation of where respondents live and rates of delay of healthcare services on p. 82

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

Of the 64 survey respondents who indicated they could not receive or had to delay services, their top three reasons for not receiving or delaying needed services are listed below. The two most-cited reasons were that respondents “Could not get an appointment” and that a “Qualified provider was not available” (26.6%, n=17, each).

Reasons for Delay in Receiving Needed Healthcare	2021 % (n)	2024 % (n)	SIGNIFICANT CHANGE
Number of respondents	61	64	
Could not get an appointment	26.2% (16)	26.6% (17)	<input type="checkbox"/>
Qualified provider not available	13.1% (8)	26.6% (17)	<input type="checkbox"/>
It cost too much	31.1% (19)	25.0% (16)	<input type="checkbox"/>
Too long to wait for an appointment	23.0% (14)	23.4% (15)	<input type="checkbox"/>
Not treated with respect	3.3% (2)	17.2% (11)	<input checked="" type="checkbox"/>
Don't like doctors	8.2% (5)	14.1% (9)	<input type="checkbox"/>
Office wasn't open when I could go	11.5% (7)	14.1% (9)	<input type="checkbox"/>
It was too far to go	16.4% (10)	12.5% (8)	<input type="checkbox"/>
Transportation problems	1.6% (1)	7.8% (5)	<input type="checkbox"/>
Unsure of costs		7.8% (5)	<input type="checkbox"/>
No insurance	11.5% (7)	6.3% (4)	<input type="checkbox"/>
Could not get off work	4.9% (3)	4.7% (3)	<input type="checkbox"/>
Didn't know where to go	1.6% (1)	4.7% (3)	<input type="checkbox"/>
My insurance didn't cover it	14.8% (9)	4.7% (3)	<input type="checkbox"/>
Too nervous or afraid	4.9% (3)	4.7% (3)	<input type="checkbox"/>
Unsure if services were available	0.0% (0)	4.7% (3)	<input type="checkbox"/>
Don't understand healthcare system	0.0% (0)	3.1% (2)	<input type="checkbox"/>
Had no childcare	4.9% (3)	1.6% (1)	<input type="checkbox"/>
Language barrier	0.0% (0)	0.0% (0)	<input type="checkbox"/>
Other	21.3% (13)	15.6% (10)	<input type="checkbox"/>

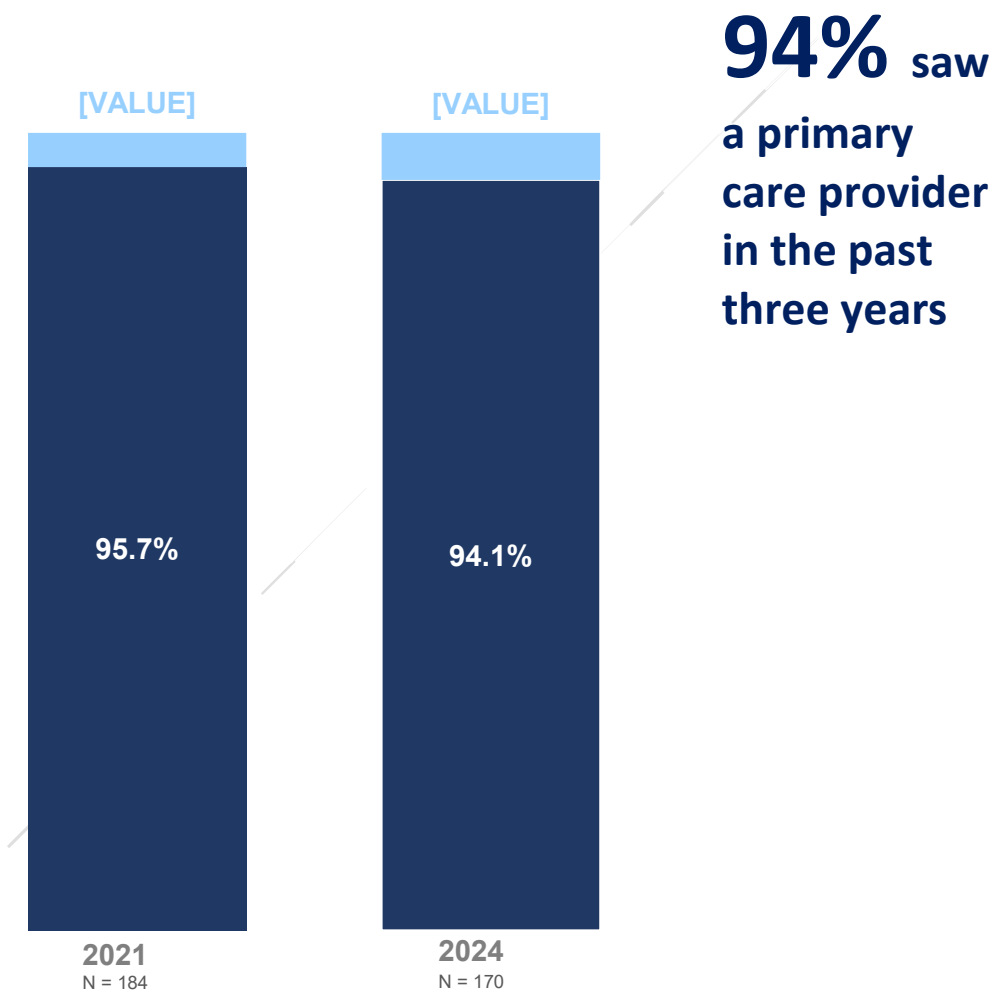
Respondents were asked to indicate the top three reasons for delay in seeking healthcare, so percentages do not equal 100%. A solid blue square indicates a statistically significant change between years ($p \leq 0.05$).

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

(View all comments in Appendix G)

Primary Care Services (Question 15)

Ninety-four point one percent of respondents (n=160) indicated they or someone in their household had been seen by a primary care provider (such as a family physician, physician assistant, or nurse practitioner) for healthcare services in the past three years. Five point nine percent of respondents (n=10) indicated they had not received primary care.



Location of Primary Care Services (Question 16)

Though 160 respondents indicated they had utilized a primary care service in the last three years, 2 declined to specify the location of the facility they visited. Out of the 158 respondents who did specify a location, the majority (30.4%, n=48) reported receiving care at “Phillips County Family Health Clinic - Malta.” Fifteen point eight percent of respondents (n=25) received care at the “FMDH Glasgow Clinic Primary Care,” and 7.0% of respondents (n=11) visited “Malta Medical Associates” for primary care services.

Location of Primary Care Provider	2021 % (n)	2024 % (n)
Number of respondents	176	158
Phillips County Family Health Clinic - Malta	48.3% (85)	30.4% (48)
FMDH Glasgow Clinic Primary Care	9.7% (17)	15.8% (25)
Malta Medical Associates		7.0% (11)
Northern MT Family Medical Center	8.0% (14)	4.4% (7)
Billings Clinic		4.4% (7)
Indian Health Services (IHS)	0.6% (1)	1.9% (3)
Great Falls - Benefits		1.3% (2)
VA		1.3% (2)
Great Falls Clinic		0.6% (1)
St. Vincent's - Billings		0.6% (1)
SCL Health Medical Group - Lewistown	0.6% (1)	0.0% (0)
Billings	10.8% (19)	
Great Falls	1.7% (3)	
Other	20.5% (36)	32.3% (51)
TOTAL	100.0% (176)	100.0% (158)

Respondents were asked to indicate their main primary care provider over the past 3 years. Grayed out cells indicate the question was not asked that year.

*Respondents (N=38) who selected over the allotted amount were moved to “Other.”

“Other” comments included: Havre (2), Glendive Medical, Colorado, Riverstone Health Billings
(View all comments in Appendix G)

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

Reasons for Primary Care Provider Selection (Question 17)

Out of the 160 respondents who indicated that a primary care provider had seen them or someone in their household within the past three years, 2 declined to answer further questions about their primary care experience. From the 158 respondents who answered these following questions, “Prior experience with clinic” was the most frequently selected reason at 39.9% (n=63), followed by “Closest to home” at 38.0% (n=60). “Clinic/provider’s reputation for quality” and “Appointment availability” were also top reasons, with 29.1% (n=46) and 28.5% (n=45) respectively.

Reasons for Selecting Primary Care Provider	2021 % (n)	2024 % (n)	SIGNIFICANT CHANGE
Number of respondents	176	158	
Prior experience with clinic	38.6% (68)	39.9% (63)	<input type="checkbox"/>
Closest to home	49.4% (87)	38.0% (60)	<input checked="" type="checkbox"/>
Clinic/provider’s reputation for quality	31.8% (56)	29.1% (46)	<input type="checkbox"/>
Appointment availability	25.0% (44)	28.5% (45)	<input type="checkbox"/>
Recommended by family or friends	11.4% (20)	13.9% (22)	<input type="checkbox"/>
Referred by physician or other provider	15.9% (28)	10.1% (16)	<input type="checkbox"/>
Required by insurance plan	4.5% (8)	5.7% (9)	<input type="checkbox"/>
Cost of care	4.0% (7)	5.1% (8)	<input type="checkbox"/>
Privacy/confidentiality	6.8% (12)	5.1% (8)	<input type="checkbox"/>
Length of waiting room time	1.7% (3)	3.8% (6)	<input type="checkbox"/>
VA/Military requirement	5.1% (9)	3.2% (5)	<input type="checkbox"/>
Indian Health Services	1.7% (3)	2.5% (4)	<input type="checkbox"/>
Other	7.4% (13)	15.2% (24)	<input checked="" type="checkbox"/>

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

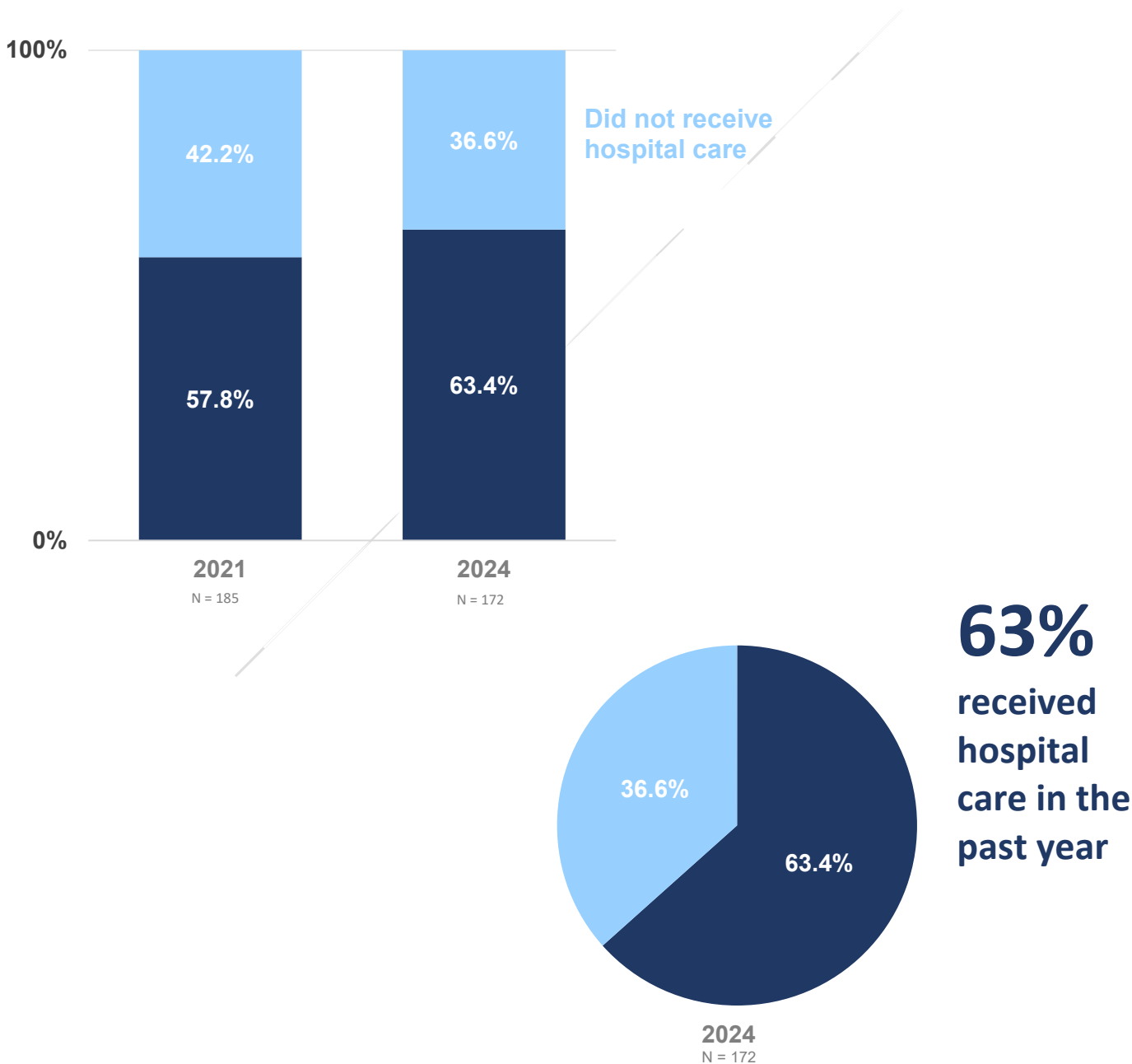
“Other” comments included: Specialist availability (2), Want to stay with provider, You take what you can get

View a cross tabulation of where respondents utilize primary care services with their reasons for selecting their provider on p. 84

Hospital Care Services (Question 18)

Respondents were asked if they or someone in their household had received hospital care in the last three years. Hospitalization was quantified as hospitalized overnight, day surgery, obstetrical care, rehabilitation, radiology, or emergency care. Sixty-three point four percent of respondents (n=109) reported that they or a member of their family had received hospital care during the previous three years, and 36.6% (n=63) had not received hospital services.

Compared to 2021, more respondents in 2024 had recieved care in a hospital in the prior three years.



Location of Hospital Services (Question 19)

Of the survey respondents who indicated receiving hospital care in the last three years (n=109), the most respondents (26.9%, n=29) report utilizing “Phillips County Hospital – Malta” most often. Twenty-three point one percent of respondents (n=25) received services at “Frances Mahon Deaconess – Glasgow,” and 20 respondents (18.5%) visited “Northern MT Hospital – Havre.”

Hospital Used Most Often	2021 % (n)	2024 % (n)
Number of respondents	107	108
Phillips County Hospital - Malta	21.5% (23)	26.9% (29)
Frances Mahon Deaconess - Glasgow	13.1% (14)	23.1% (25)
Northern MT Hospital - Havre	15.9% (17)	18.5% (20)
VA		1.9% (2)
IHS - Fort Belknap	0.0% (0)	0.9% (1)
Billings area hospital	21.5% (23)	
Central Montana Medical Center – Lewistown	0.0% (0)	
Great Falls area hospital	14.0% (15)	
Other	14.0% (15)	28.7% (31)
TOTAL	100.0% (107)	100.0% (108)

Respondents were asked to indicate their primary hospital over the past 3 years. Grayed out cells indicate the question was not asked that year.

*Respondents (N=6) who selected over the allotted amount were moved to “Other.”

“Other” comments included: Billings Clinic (9), Billings (5), Great Falls Benefis (3), Great Falls (2)

(View all comments in Appendix G)

View a cross tabulation of where respondents live with where they utilize hospital services on p. 85

Reasons for Hospital Selection (Question 20)

One hundred and eight of the 109 survey respondents who indicated receiving hospital care in the last three years shared their top three reasons for selecting the facility used most often. The majority of respondents (49.1%, n=53) stated that “Prior experience with hospital” was their top reason for selecting the facility they used most often. “Closest to home” was the reason for 35.2% (n=38) of respondent’s reason for selection, and “Referred by physician or other provider” was chosen by 34.3% of respondents (n=37).

Reasons for Selecting Hospital	2021 % (n)	2024 % (n)	SIGNIFICANT CHANGE
Number of respondents	107	108	
Prior experience with hospital	41.1% (44)	49.1% (53)	<input type="checkbox"/>
Closest to home	34.6% (37)	35.2% (38)	<input type="checkbox"/>
Referred by physician or other provider	41.1% (44)	34.3% (37)	<input type="checkbox"/>
Emergency, no choice	29.9% (32)	31.5% (34)	<input type="checkbox"/>
Hospital's reputation for quality	34.6% (37)	31.5% (34)	<input type="checkbox"/>
In network for insurance plan	3.7% (4)	14.8% (16)	<input checked="" type="checkbox"/>
Recommended by family or friends	14.0% (15)	8.3% (9)	<input type="checkbox"/>
Privacy/confidentiality	3.7% (4)	3.7% (4)	<input type="checkbox"/>
VA/Military requirement	0.9% (1)	3.7% (4)	<input type="checkbox"/>
Financial assistance programs	3.7% (4)	2.8% (3)	<input type="checkbox"/>
Closest to work	1.9% (2)	0.9% (1)	<input type="checkbox"/>
Cost of care	0.0% (0)	0.9% (1)	<input type="checkbox"/>
Other	10.3% (11)	11.1% (12)	<input type="checkbox"/>

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

*Respondents (N=2) who selected over the allotted amount were moved to “Other.”

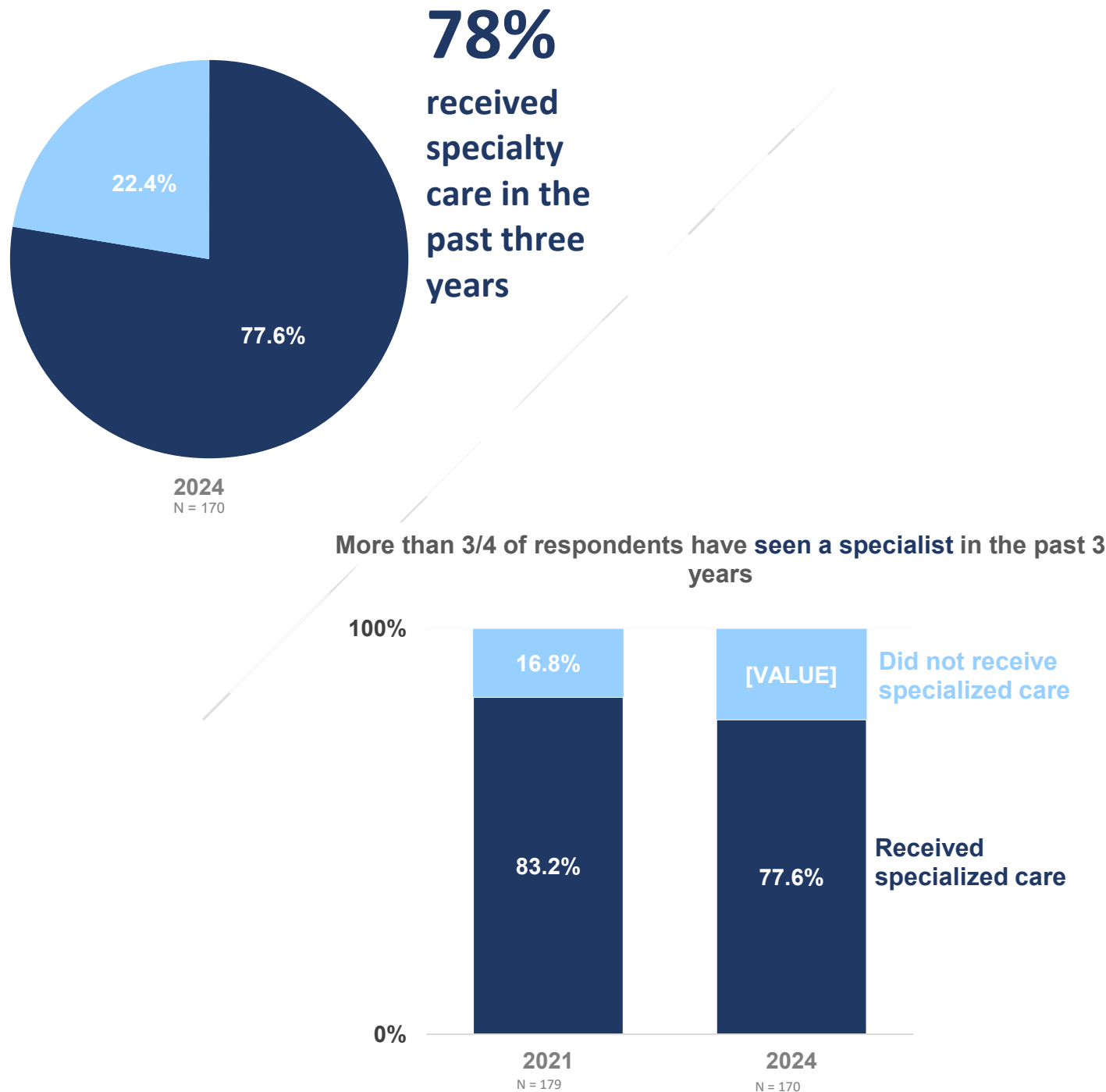
“Other” comments included: Familiar doctor, Specialty care provided (3), Closer to big city

(View all comments in Appendix G)

View a cross tabulation of where respondents utilize hospital services with their reasons for selecting that facility p. 86

Specialty Care Services (Question 21)

Seventy-seven point six percent of the respondents (n=132) indicated they or a household member had seen a healthcare specialist during the past three years, while 22.4% (n=38) indicated they had not.



Location of Healthcare Specialist(s) (Question 22)

Of the 131 respondents who indicated where they saw a healthcare specialist in the past three years, 42.0% (n=55) reported receiving services through the “Billings Clinic.” “Northern MT Family Medical Center” specialty services were utilized by 29.8% of respondents (n=39), and 22.1% (n=29) received services through “FMDH Glasgow Clinic Primary Care,” both of which saw a decrease in respondent visits since 2021. Respondents could select multiple locations, so percentages do not equal 100%.

Location of Specialist	2021 % (n)	2024 % (n)	SIGNIFCANT CHANGE
Number of respondents	149	131	
Billings Clinic		42.0% (55)	<input type="checkbox"/>
Northern MT Family Medical Center	45.6% (68)	29.8% (39)	<input checked="" type="checkbox"/>
FMDH Glasgow Clinic Primary Care	34.9% (52)	22.1% (29)	<input checked="" type="checkbox"/>
Phillips County Hospital - Malta		16.0% (21)	<input type="checkbox"/>
Great Falls - Benefits		14.5% (19)	<input type="checkbox"/>
St. Vincent’s - Billings		12.2% (16)	<input type="checkbox"/>
Great Falls Clinic		11.5% (15)	<input type="checkbox"/>
CMMC - Lewistown		1.5% (2)	<input type="checkbox"/>
Other	16.8% (25)	27.5% (36)	<input checked="" type="checkbox"/>

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

“Other” comments included: Havre (3), Ortho Montana (3), Chiropractor (2)

(View all comments in Appendix G)

Type of Healthcare Specialist Seen (Question 23)

Of the 132 respondents who indicated they or their household had seen a healthcare specialist in the past three years, 130 specified the type of specialist seen. The most frequently indicated specialist was the “Dentist” with 28.5% of respondents (n=37) utilizing their services, which saw significant change from the 2021 survey. “Orthopedic surgeon” was the second most utilized specialist at 26.2% (n=34), followed by “Optometrist” at 23.8% (n=31), which also saw significant change since 2021. Respondents were asked to choose all that apply, so percentages do not equal 100%.

Type of Specialists Seen	2021 % (n)	2024 % (n)	SIGNIFICANT CHANGE
Number of respondents	149	130	
Dentist	62.4% (93)	28.5% (37)	■
Orthopedic surgeon	21.5% (32)	26.2% (34)	□
Optometrist	43.0% (64)	23.8% (31)	■
Cardiologist	22.1% (33)	21.5% (28)	□
Dermatologist	26.2% (39)	17.7% (23)	□
Physical therapist	23.5% (35)	16.2% (21)	□
Radiologist	19.5% (29)	16.2% (21)	□
General surgeon	12.8% (19)	14.6% (19)	□
OB/GYN	27.5% (41)	12.3% (16)	■
Gastroenterologist	12.8% (19)	11.5% (15)	□
Oncologist	8.7% (13)	10.0% (13)	□
Ophthalmologist	11.4% (17)	10.0% (13)	□
Chiropractor	30.2% (45)	9.2% (12)	■
Neurologist	3.4% (5)	9.2% (12)	■
Podiatrist	8.7% (13)	9.2% (12)	□
Urologist	12.1% (18)	9.2% (12)	□
Endocrinologist	7.4% (11)	6.9% (9)	□
ENT (ear/nose/throat)	12.8% (19)	6.2% (8)	□
Pulmonologist	4.0% (6)	5.4% (7)	□
Audiologist	6.0% (9)	4.6% (6)	□

Table continued on the next page.

Mental health counselor	4.0% (6)	4.6% (6)	<input type="checkbox"/>
Rheumatologist	3.4% (5)	4.6% (6)	<input type="checkbox"/>
Allergist	8.1% (12)	2.3% (3)	<input checked="" type="checkbox"/>
Neurosurgeon	2.0% (3)	2.3% (3)	<input type="checkbox"/>
Pediatrician	6.7% (10)	1.5% (2)	<input checked="" type="checkbox"/>
Occupational therapist	2.0% (3)	0.8% (1)	<input type="checkbox"/>
Psychologist	4.0% (6)	0.8% (1)	<input type="checkbox"/>
Speech therapist	2.7% (4)	0.8% (1)	<input type="checkbox"/>
Dietician	0.7% (1)	0.0% (0)	<input type="checkbox"/>
Geriatrician	0.0% (0)	0.0% (0)	<input type="checkbox"/>
Psychiatrist (M.D.)	2.0% (3)	0.0% (0)	<input type="checkbox"/>
Social worker	0.0% (0)	0.0% (0)	<input type="checkbox"/>
Substance abuse counselor	0.0% (0)	0.0% (0)	<input type="checkbox"/>
Other	4.7% (7)	10.0% (13)	<input type="checkbox"/>

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

“Other” comments included: Surgeon (2), Mental health, General health, Kidney

(View all comments in Appendix G)

Overall Quality of Care of Services through Phillips County Hospital (Question 24)

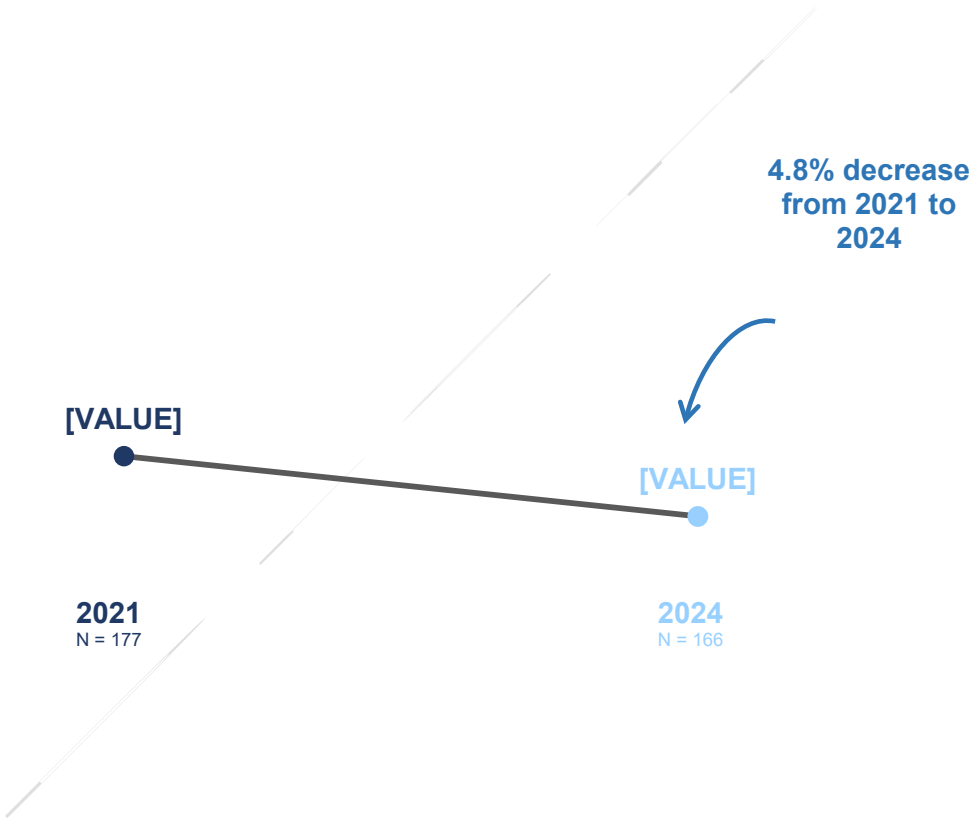
Respondents were asked to rate various services available through Phillips County Hospital using a scale of 4= Excellent, 3= Good, 2= Fair, 1=Poor, and Don't know/Haven't used. The service that received the highest score was "Therapy (physical, occupational)" (3.4 out of 4.0). Overall, the average rating on the quality of health services was 3.0 out of 4.0.

Quality of Care Rating at Phillips County Hospital	2021 Average (n)	2024 % (n)
Total number of respondents	174	147
Therapy (physical, occupational)	3.4 (124)	3.4 (62)
Radiology services (x-ray, ultrasound, CT scan, mammography)		3.2 (103)
Laboratory	3.2 (159)	3.1 (130)
Emergency room	3.0 (147)	3.0 (106)
Durable Medical Equipment/Oxygen		3.0 (38)
Clinic services	3.0 (172)	2.9 (131)
MRI		2.9 (49)
Specialty outreach clinics		2.9 (31)
Visiting nurse		2.9 (27)
Acute/skill care (in patient/hospitalization)	2.9 (67)	2.8 (58)
Telemedicine		2.7 (16)
Mental health services (counselling)		2.3 (21)
Overall average	3.1 (799)	3.0 (772)

Respondents were asked to rate the quality of care at Phillips County Hospital on a scale of 1 to 4 with 1 being Poor, 2 being Fair, 3 being Good and 4 being Excellent. A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Grayed out cells indicate the question was not asked that year.

Prevalence of Depression (Question 25)

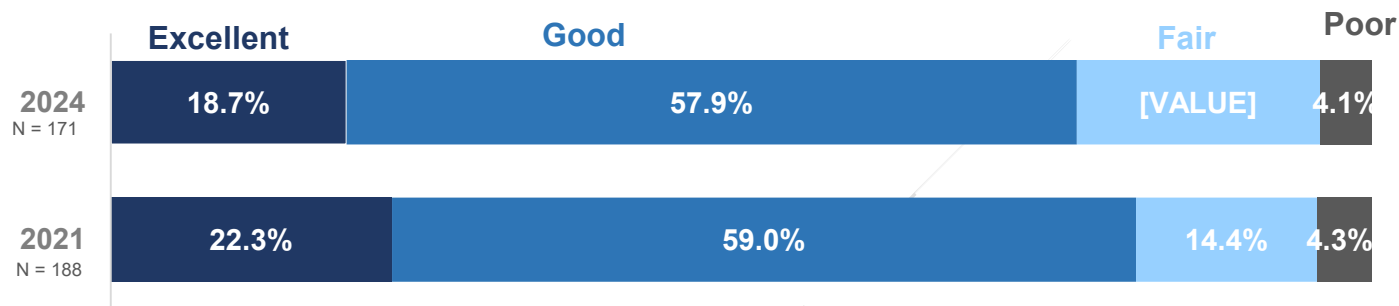
Respondents were asked if within the past three years they experienced periods of at least three consecutive months where they felt depressed on most days. Thirteen point nine percent of respondents (n=23) indicated they had experienced periods when they felt depressed on most days, while 86.1% of respondents (n=143) indicated they had not.



Rating of Mental Health (Question 26)

Respondents were asked to indicate how they would describe their mental health in general when considering stress, anxiety, depression, and emotional problems. Fifty-seven point nine percent of respondents (n=99) felt their mental health was “Good,” and 19.3% (n=33) perceived their mental health as “Fair.” Eighteen point seven percent of respondents (n=32) rated their mental health as “Excellent” and 4.1% of respondents (n=7) felt their mental health was “Poor.”

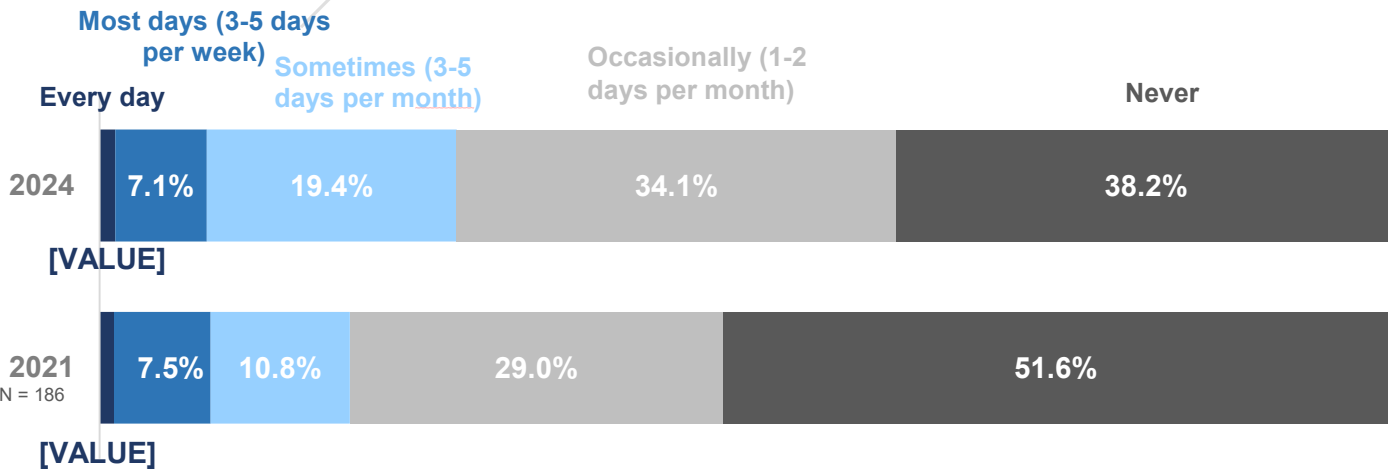
Most respondents rate their mental health as **good**.



Social Isolation (Question 27)

Respondents were asked to indicate how often they felt lonely or isolated in the past year. Thirty-eight point two percent of respondents (n=65) indicated they “Never” felt lonely or isolated. Thirty-four point one percent (n=58) indicated they “Occasionally (1-2 days per month)” felt lonely or isolated, 19.4% (n=33) reported they felt lonely or isolated “Sometimes (3-5 days per month),” and 7.1% of respondents (n=12) felt lonely or isolated on “Most days (3-5 days per week).” One point two percent of respondents (n=2) reported they felt lonely or isolated “Every day.”

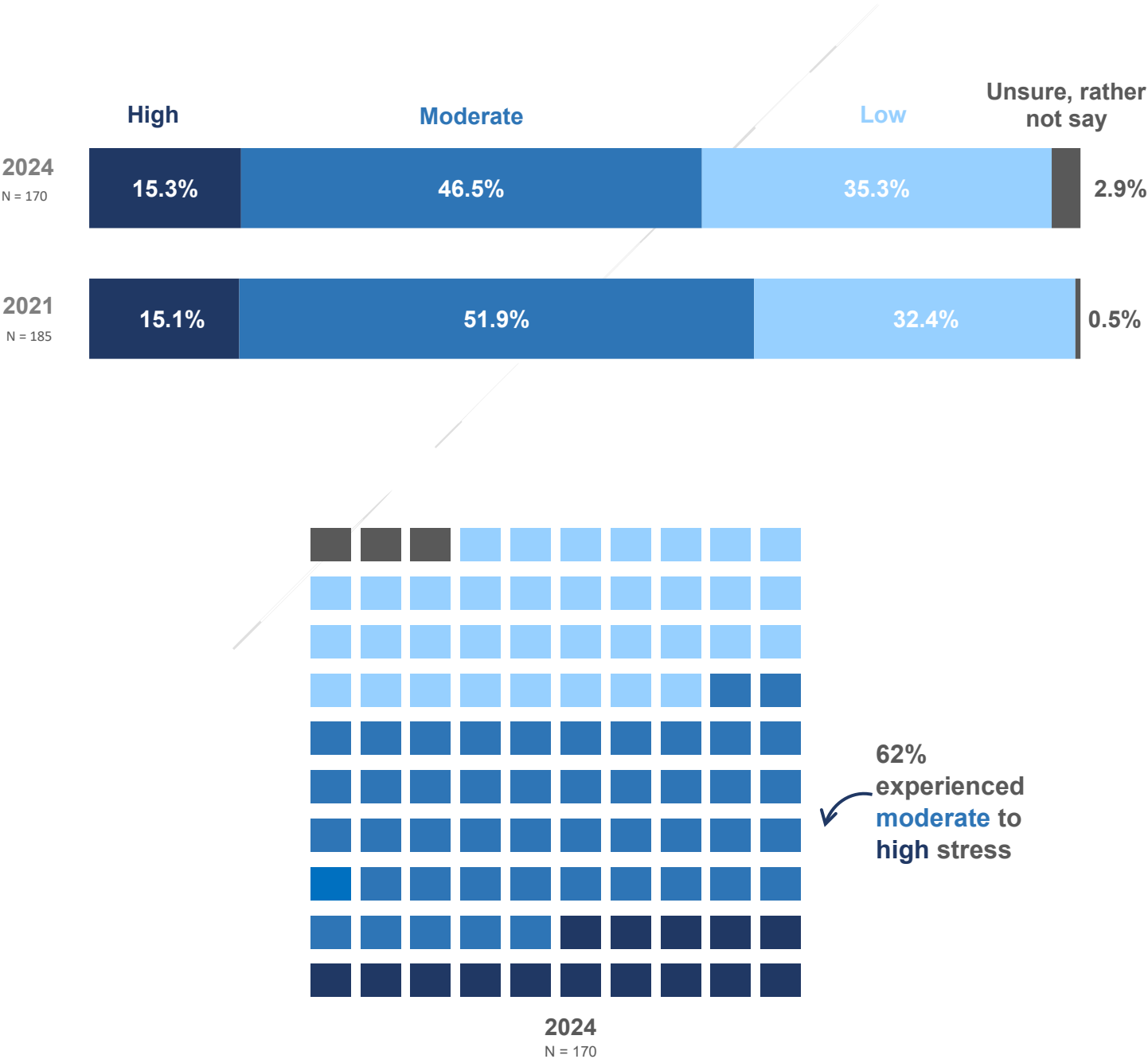
53.5% of respondents **sometimes** or **occasionally** felt lonely or isolated in the last year



Perception of Stress (Question 28)

Respondents were asked to indicate how they would describe their stress level over the past year. Forty-six point five percent of respondents (n=79) indicated they experienced a “Moderate” level of stress, 35.3% (n=60) had a “Low” level of stress, 15.3% of respondents (n=26) indicated they had experienced a “High” level of stress. Two point nine percent of respondents (n=5) indicated they were “Unsure/rather not say.”

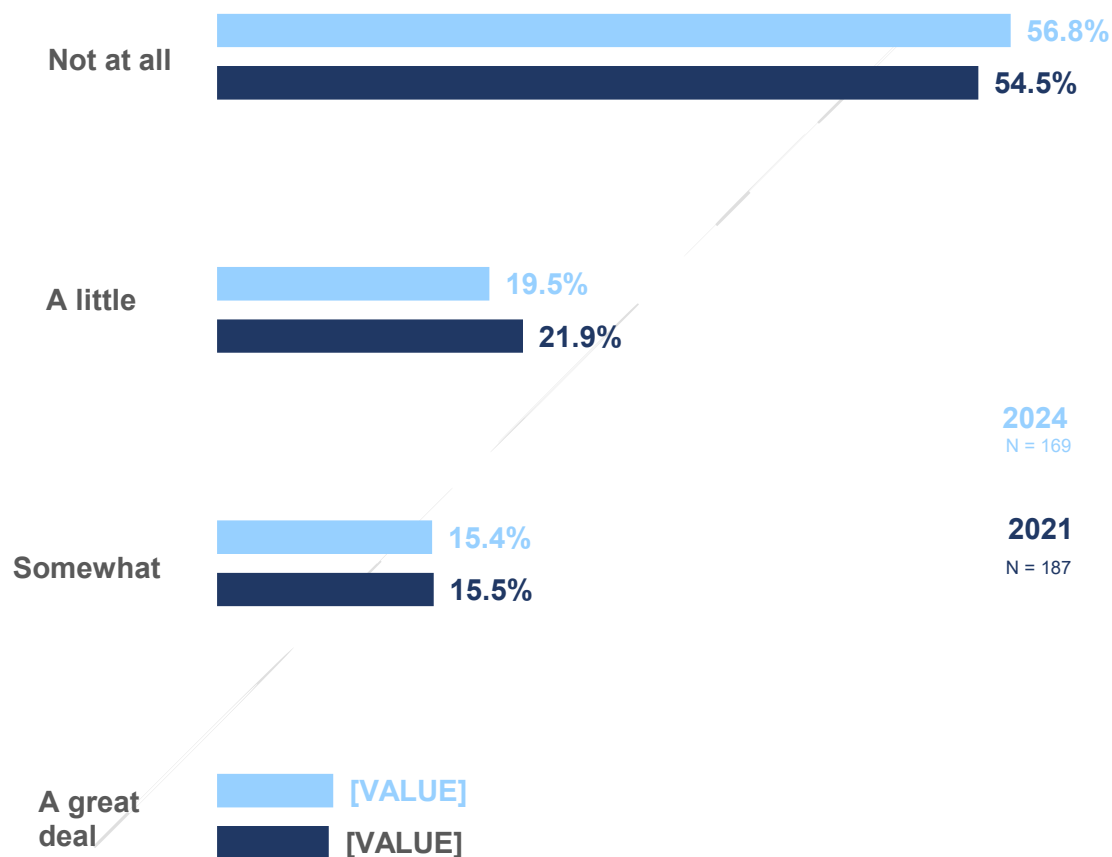
Most respondents describe their stress level in the past year as moderate



Impact of Substance Abuse (Question 29)

Respondents were asked to indicate to what degree their life has been negatively affected by their own or someone else’s substance abuse issues including alcohol, prescription, or other drugs. Fifty-six point eight percent of respondents (n=96) indicated their life was “Not at all” affected. Nineteen point five percent (n=33) were “A little” affected, 15.4% (n=26) were “Somewhat” affected, and 8.3% (n=14) were “A great deal” negatively affected.

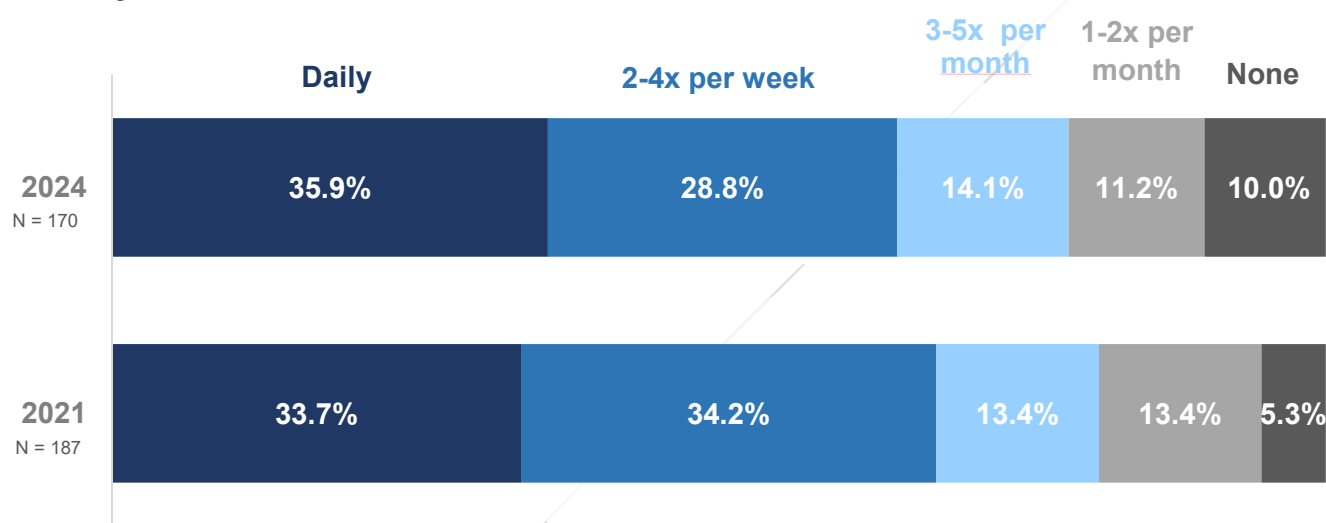
43.2% of respondents were impacted by substance abuse to some extent



Physical Activity (Question 30)

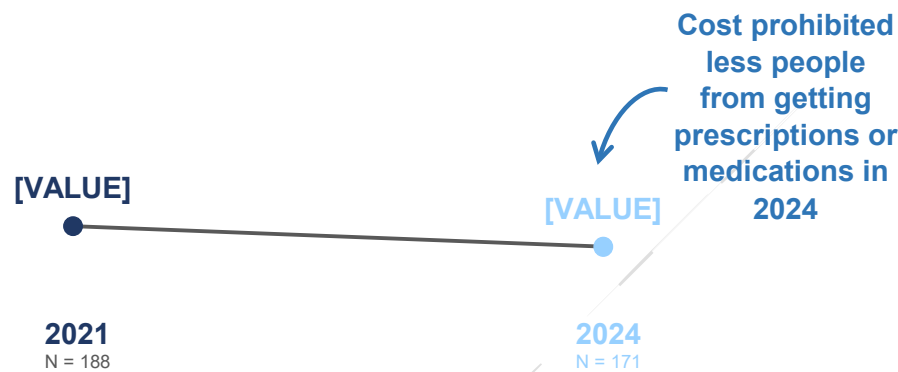
Respondents were asked to indicate how frequently they had physical activity for at least twenty minutes over the past month. Thirty-five point nine percent of respondents (n=61) indicated they had physical activity “Daily,” and 28.8% (n=49) indicated they had physical activity “2-4 times per week.” Fourteen point one percent of respondents (n=24) indicated they had physical activity “3-5 times per month,” 11.2% (n=19) indicated they had physical activity “1-2 times per month,” and 10% (n=17) indicated they had “None.”

Most respondents exercise daily or 2-4 times per week for at least twenty minutes



Cost and Prescription Medications (Question 31)

Respondents were asked to indicate if, during the last year, cost had prohibited them from getting a prescription or taking their medication regularly. Seven point six percent of respondents (n=13) indicated that in the last year cost had prohibited them from getting a prescription or taking their medication regularly. Eighty-one point three percent of respondents (n=139) indicated that cost had not prohibited them. Nineteen respondents shared that this question was not applicable to them.



Food Insecurity (Question 32)

Respondents were asked to indicate if, during the last year, they had worried that they would not have enough food to eat. Most respondents (93.5%, n=159), were not worried, but 6.5% (n=11) did express concern about not having enough to eat.

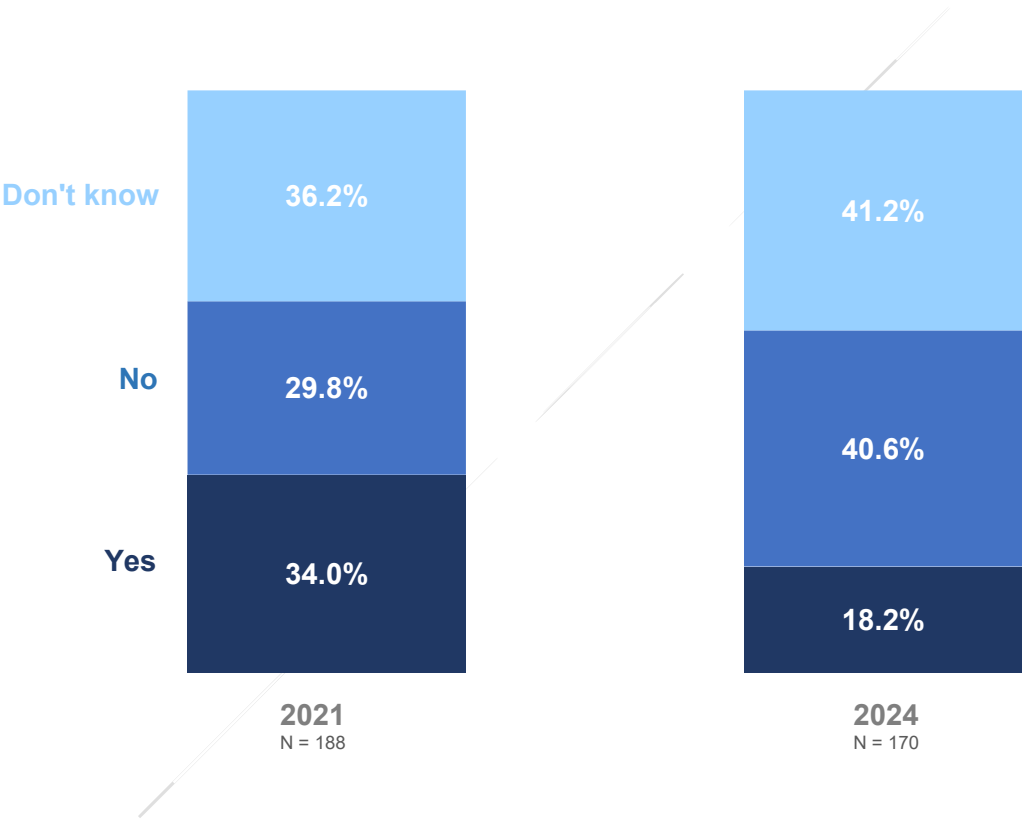
The number of respondents who were concerned about having enough food to eat increased slightly compared to 2021



Housing (Question 33)

Respondents were asked to indicate if they felt the community had adequate and affordable housing options. Most respondents (41.2%, n=70) expressed that they “Don’t know” if their community has affordable housing, 40.6% (n=69) indicated that they feel there are not adequate and affordable housing options available in the community, and 18.2% (n=31) felt there are adequate and affordable options available.

Many respondents feel there is **not adequate/affordable housing** available in the community



Health Insurance Type (Question 34)

Respondents were asked to indicate what type of health insurance covers the majority of their medical expenses. Thirty-one point six percent (n=54) indicated they have “Medicare” coverage, and 22.8% have “Employer sponsored” insurance. “Medicaid” was chosen by 7% of respondents (n=12), and 5.8% (n=10) used “Private insurance/private plan.”

Type of Health Insurance	2021 % (n)	2024 % (n)
Number of respondents	188	171
Medicare	19.1% (36)	31.6% (54)
Employer sponsored	33.5% (63)	22.8% (39)
Medicaid	5.9% (11)	7.0% (12)
Private insurance/private plan	5.9% (11)	5.8% (10)
None/pay out of pocket	4.8% (9)	5.3% (9)
Health Insurance Marketplace	5.9% (11)	4.7% (8)
VA/military	2.7% (5)	2.9% (5)
Healthy MT Kids	2.7% (5)	2.3% (4)
Health Savings Account	0.5% (1)	0.6% (1)
Indian Health	1.6% (3)	0.6% (1)
Other	17.6% (33)	16.4% (28)

Respondents were asked to indicate their primary source of health insurance. Grayed out cells indicate the question was not asked that year.

*Respondents (N=27) who selected over the allotted amount were moved to “Other.”

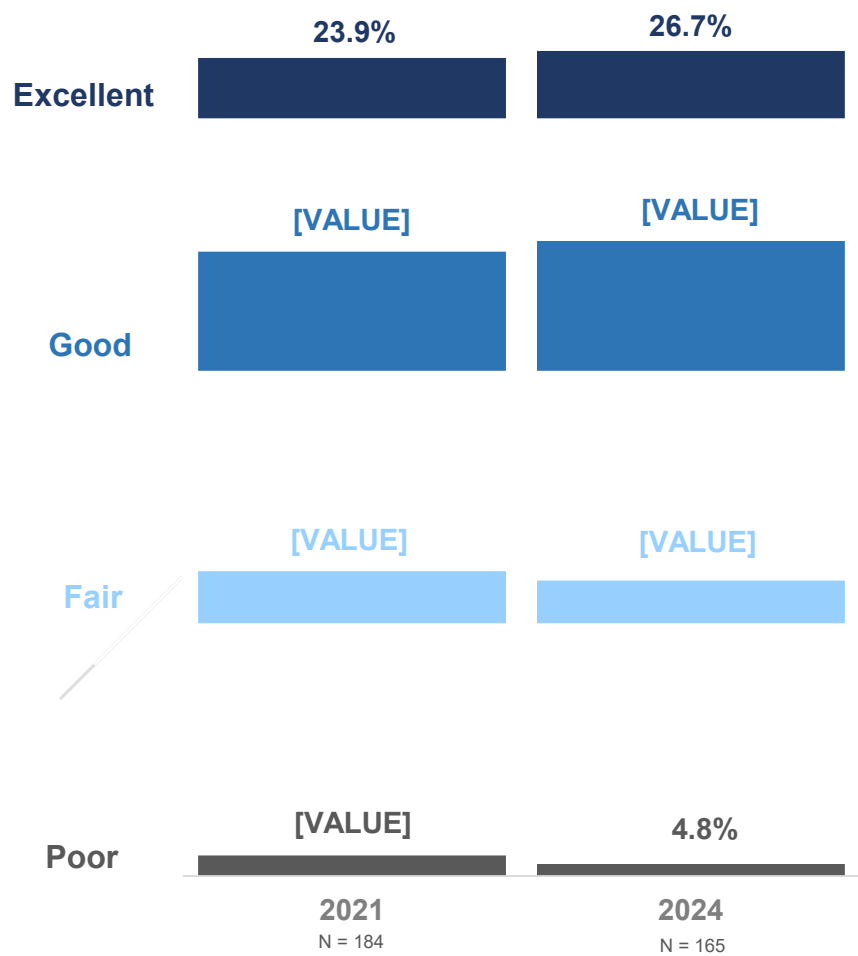
“Other” comments included: Supplemental (3), Christian Healthcare Ministries

(View all comments in Appendix G)

Insurance and Healthcare Costs (Question 35)

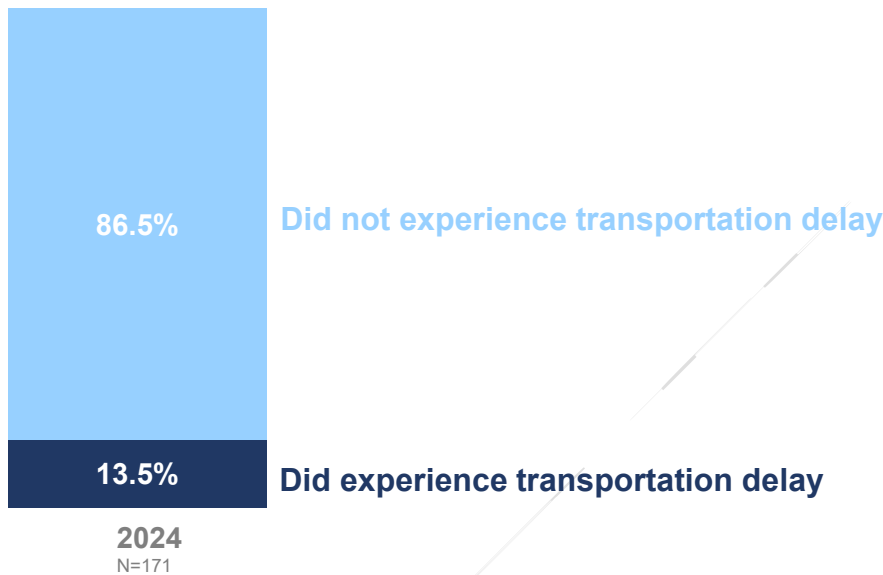
Respondents were asked to indicate how well they feel their health insurance covers their healthcare costs. Fifty-one point five percent of respondents (n=85) indicated they feel their insurance covers a “Good” amount of their healthcare costs. Twenty-six point seven percent of respondents (n=44) indicated they feel their insurance coverage was “Excellent,” 17.0% (n=28) feel it covers a “Fair” amount, and 4.8% of respondents (n=8) indicated they feel their insurance covers a “Poor” portion of their healthcare costs.

More than 3/4 of respondents feel that their health insurance offers excellent or good coverage.



Transportation Barriers (Question 36)

Respondents were asked if they have ever missed a medical appointment due to a transportation issue. Though many respondents (86.5%, n=148) indicated they had not, 13.5% (n=23) said they had experienced delays with transportation to medical appointments.



Barriers to Having Insurance (Question 37)

Eight of the nine respondents who indicated they did not have insurance shared the top reasons for not having insurance coverage. The top barrier among these respondents (87.5%, n=7) was “Can’t afford to pay for health insurance.” Respondents could select all that apply.

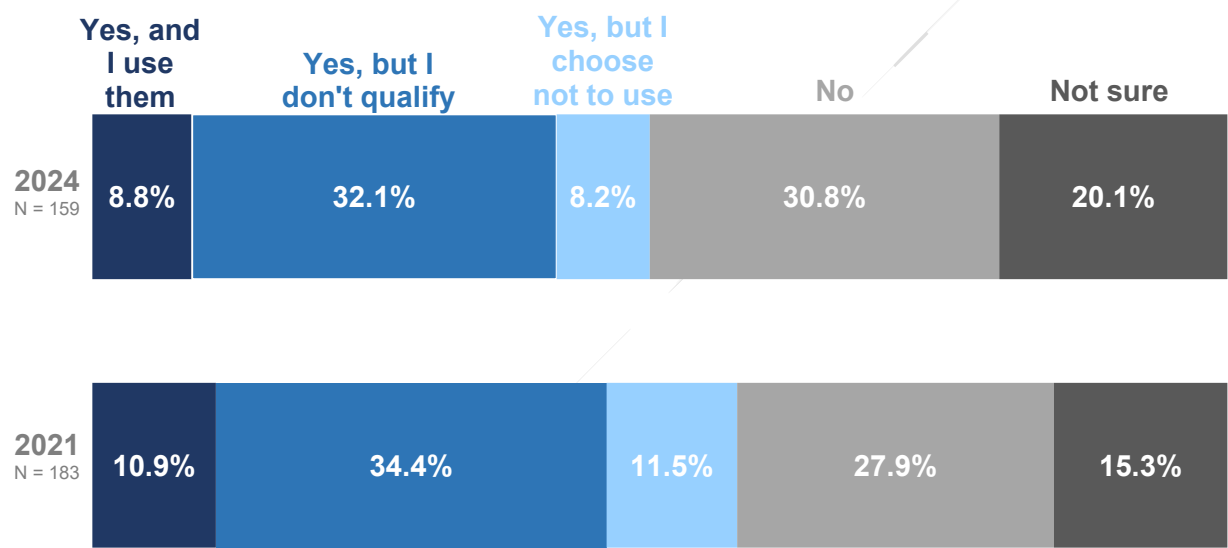
Reasons for No Health Insurance	2021 % (n)	2024 % (n)	SIGNIFCANT CHANGE
Number of respondents	9	8	
Can't afford to pay for medical insurance	77.8% (7)	87.5% (7)	<input type="checkbox"/>
Employer does not offer insurance	22.2% (2)	25.0% (2)	<input type="checkbox"/>
Choose not to have medical insurance	11.1% (1)	12.5% (1)	<input type="checkbox"/>
Too confusing/don't know how to apply	11.1% (1)	12.5% (1)	<input type="checkbox"/>
Other	0.0% (0)	0.0% (0)	<input type="checkbox"/>

Respondents who did not have health insurance were asked to indicate from any of the options provided why they did not have health insurance, so percentages do not equal 100%.

Awareness of Health Cost Assistance Programs (Question 38)

Respondents were asked to indicate their awareness of programs that help people pay for healthcare expenses. The majority of respondents (32.1%, n=51) shared that they are aware of these programs but do not qualify. Thirty point eight percent of respondents (n=49) indicated they are not aware of these programs, 20.1% (n=32) are not sure if they’re aware of health cost assistance programs, and 8.8% (n=14) are aware of these programs and use them. Eight point two percent of respondents (n=13) are aware of the programs but choose not to use them.

More respondents in 2024 than in 2021 were not aware of or were not sure they knew of programs that help people pay for healthcare expenses



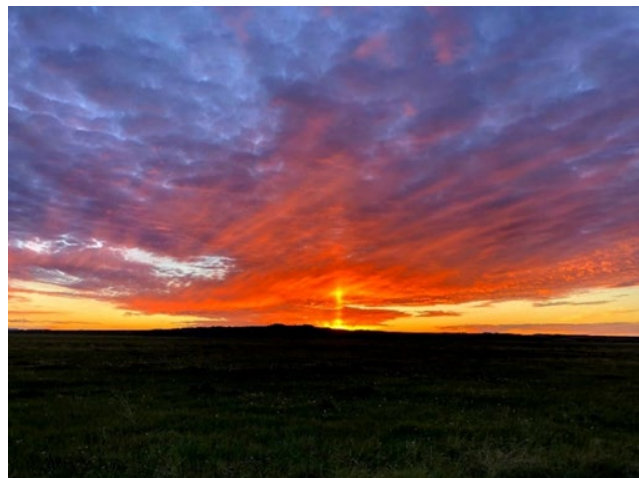


KEY INFORMANT INTERVIEW RESULTS

Key Informant Interview Methodology

Eight key informant interviews were conducted in February/March 2024. Participants were identified as people living in Phillips County Hospital's service area.

The key informant interviews were conducted over the telephone and lasted up to 15 minutes. The key informant interviews followed the same line of questioning and were facilitated by the Montana Office of Rural Health staff. Key informant interview transcripts can be found in Appendix I.



Key Informant Interview Themes

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



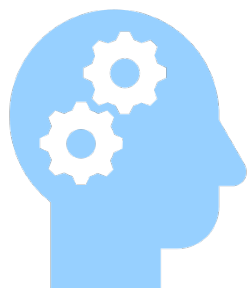
MEDICAL PERSONNEL

The most common thread between interviews was a desire for more personnel to support EMS and hospital staff.

Community members emphasized repeatedly that they were satisfied with and very proud of the work that hospital, clinic, and ambulance staff do currently. Many then expressed how short-staffed these roles are and the pressing need for more people to help to provide these services. Community members identified the need for more providers at the hospital and continued trainings for these providers, more specialists to address a variety of issues present in the community, and more ambulance personnel to take some work burden from the existing small crew. Barriers to hiring and retaining more personnel included lack of funding available, how rural Phillips County is, and time constraints for volunteers.

Communication between the hospital/clinic personnel and patients, especially in following up after appointments, was also a concern expressed by multiple interview participants.

MENTAL & BEHAVIORAL HEALTH



Mental health services was a common theme throughout participant interviews. Many identified limited access to mental health services/providers as the largest barrier to improving mental health in the community.

Multiple community members expressed the need for more counselors in the area so people can access in-person therapy, saying that telehealth works but everyone deserves to see a mental health counselor in person. Participants also expressed the desire to see more community professionals, such as school teachers and police officers, get trainings in how to deal with mental health crises. A center for people having a mental health crisis was also brought up.

Alcohol and substance use was also discussed, a challenge that is frequently impacting adolescents and young adults in the community. In general, community members shared a desire for more prevention and treatment resources related to alcohol use, and for the creation of alternative activities for young people.



SENIOR SERVICES

Most interview participants identified the need for more staffing and resources for existing senior care services, as well as the need for more options and services.

Many community members expressed pride in existing senior services, such as the new assisted living facility, home health care services, the Council on Aging, Phillips County Transit, and senior meals, for example. However, many also stressed the need for more care options for local seniors, saying that the need overwhelms what these services can currently provide.

A few participants said that they would like to see more staffing for home health services, so seniors can stay in their homes as long as possible. Ways to get seniors outside and stay active was another desire voiced, as was the need for more medical providers and specialists who can attend to senior-specific medical issues.



SERVICES NEEDED IN THE COMMUNITY

- Mental and behavioral health services and providers (including crisis centers, in-person therapy options, and trainings for teachers and parents)
- Visiting specialty services (i.e., Pediatrics, Geriatrics, Mental Health, etc.)
- More opportunities for physical fitness, exercise classes, etc.
- Community health education programs, healthy lifestyle programs, etc. (especially those directed at seniors specifically)
- More long term care options
- Advanced medical care/emergency providers
- More trainings for providers to keep them current on new studies and practices
- In-person assistance for filling out WIC/Medicaid/Medicare/etc. applications



EXECUTIVE SUMMARY

Executive Summary

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

Areas of Opportunity	Secondary Data	Survey	Interviews
Access to Healthcare Services			
Barriers to access			
<i>More primary care providers</i>	⊗	✓	☑
<i>Specialty services (i.e. dental, eye care, pediatrics, etc.)</i>		✓	☑
<i>Enhanced follow-up communication</i>			☑
<i>Awareness of health services and resources</i>		✓	☑
<i>Improved quality of care</i>		✓	
<i>More telemedicine options/accessibility</i>	⊗	✓	
<i>Improved assistance for federal program applications</i>	⊗	✓	☑
Senior Services			
<i>High percentage of population 65+</i>	⊗		☑
<i>Increased aging services (i.e. home health, assisted living, etc.)</i>		✓	☑
Chronic Disease Management & Prevention			
<i>Cancer</i>	⊗	✓	
<i>Diabetes</i>		✓	
<i>Obesity</i>	⊗		
<i>Healthy behaviors and lifestyles – health & wellness, women’s health, weight loss, etc.</i>	⊗	✓	☑

Summary continued on the next page.

Mental and Behavioral Health

<i>More mental and behavioral health services/resources</i>	⊗	✓	☑
---	---	---	---

<i>Alcohol/substance use</i>	⊗	✓	☑
------------------------------	---	---	---

Socioeconomic & Built Environment

<i>Housing accessibility and affordability</i>		✓	
--	--	---	--

<i>More options/locations for youth and senior activities</i>			☑
---	--	--	---



NEXT STEPS & RESOURCES

Prioritization of Health Needs

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

The community steering committee determined the most critical health needs to be addressed by reviewing the CHNA, secondary data, community demographics, and feedback 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 and education
- Awareness of health care resources
- Access to health care services

Phillips County Hospital will determine which needs or opportunities could be addressed considering their organization's parameters of resources and limitations. The committee will prioritize the needs/opportunities using the additional parameters of the organizational vision, mission, values, and existing and potential community partners.

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

Available Community Resources

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

- River's Bend Assisted Living- local, independently owned and operated, yet physically attached to PCH
- County/Public Health Nurse – for population and chronic care health aims
- Malta Medical Associates, Dr. Edwin Medina – local independent/private practice
- Coalition for Healthy Choices – community awareness and prevention
- Phillips County EMS – Ambulance service
- Dr. Cade Taylor, Chiropractor – local independent/private practice Chiropractor

Evaluation of Previous CHNA & Implementation Plan

Phillips County Hospital (PCH) provided the Montana Office of Rural Health with an update on their Implementation Plan activities from their previous CHNA process. The PCH Board of Directors approved its previous implementation plan on October 26, 2021. The plan prioritized the following health issues:

- Mental and behavioral health
- Access to health care services
- Youth and family resources

The following tables include completed activities, accomplishments and impacts/outcomes within the facility’s proposed goals. To view the complete Implementation Plan visit https://ypo496.a2cdn1.secureserver.net/wp-content/uploads/2022/01/Implementation-Plan-Report_2021-FINAL.pdf.

Goal 1: Improve access to mental and behavioral health resources in Phillips County.

	Activities	Accomplishments	Community Impact/Outcomes
Strategy 1.1: Continue robust participation, collaboration, and awareness efforts with local committees/programs that address mental and behavioral health issues.	Continue involvement in community coalitions that address mental health and suicide prevention.	Active participant in planning activities with local advisory council and suicide prevention groups	Increased awareness of mental health issues within community and planning objectives to meet needs to address issues
	Continue promotion and partnering on community events that address alcohol/substance use among youth.	Promoted and partnered with local groups to provide education to community on substance use among youth	Increased awareness of substance use issues and tools to deter substance use among youth

	Explore the feasibility of partnering with the local health department on outreach and awareness efforts associated with tele-mental health services.	Activity was not accomplished- will revisit in the future	N/A
	Sustain support and promotion of referral protocol with licensed addictions counselors (LAC) in Havre.	Promotion of LAC services located in Havre and through EMMHC in Glasgow, developed referral process to these services	Patients had increased awareness of LAC services offered, referrals sent for services to be completed
Strategy 1.2: Explore opportunities to enhance PCH behavioral health resources and services.	Continue exploring the feasibility of recruiting a licensed clinical social worker (LCSW).	Recruited an LCSW candidate in 2022, fully licensed as LCSW in 2024	Increased availability for therapy services within community and plan of care developed for patients through visits with LCSW
	Explore MORH/AHEC's Behavioral health training pertinence to PCH staff and area providers in enhancing mental and behavioral health skills, knowledge, and training (http://healthinfo.montana.edu/bhwet/trainings.html).	Primary care provider completed behavioral health trainings offered by MORH/AHEC	Increased skills and knowledge of provider to help develop efficient treatment plans for patients with behavioral health needs

Goal 2: Ensure continued access to healthcare services in Phillips County.

	Activities	Accomplishments	Community Impact/Outcomes
Strategy 2.1: Enhance access to health care services.	Recruit a primary care provider to expand appointment availability in the clinic.	PCH recruited 5 primary care providers between 2022-2024. PCH currently has 3 primary care providers.	Increased availability for primary care and urgent care needs and increased available appointments for patients

	Champion and improve awareness of available telehealth services to enhance access and reduce travel and other burdens for our community.	Promoted current available telehealth services and implemented E-Emergency and E-Pharmacy telehealth services	Increased availability of telehealth pharmacist support as well as telehealth for Emergency Department use to increase outcomes
	Sustain a strong relationship with the Phillips County Transit to enhance access to transportation in Phillips County.	Increased awareness of transit services through CHW work between 2022-2023	Patients who need travel arrangements are referred to PC Transit authority
	Work with County to provide reserved local parking for local area EMS to enhance timely EMS response in Phillips County.	Activity was not accomplished- will revisit in the future	N/A
Strategy 2.2: Expand PCH's presence in the community as a source for health education, outreach, and resources.	Work with partners to disseminate the community resource booklet to ensure the accuracy of current local health services and enhance community reach.	Updated local resource list and made this available on QR code post cards that were dispersed to community	Increased awareness of local resources that the community has access to
	Continue to build on outreach efforts highlighting patient resources, timely health information, and important community announcements. Work with PCH departments (ex. PT, nutrition) to develop a Healthy Living social media series.	Activity was not accomplished- will revisit in the future	N/A
	Improve patient access to health records through the migration of electronic health records (EHR) system. Create a community education campaign to assist in patient navigation and utilization of the	Migrated to new EHR with new patient portal access. Patients can enroll for access to their health information in a few easy steps	Increased use of patient portal and ease of use with patients obtaining their own health information

	new EHR patient portal.		
--	-------------------------	--	--

Goal 3: Improve access to resources for youth and families in Phillips County.

	Activities	Accomplishments	Community Impact/Outcomes
Strategy 3.1: Enhance PCH's relationship with and presence in the local schools.	Determine the feasibility of partnering with the local schools to reinvigorate the backpack food program improving access to nutritious foods to area families.	Provided funding and food for the local school backpack food program	Increased availability for students in need to have access to nutritious snacks during non-school times
	Continue to provide clinical shadowing experiences with local high school students interested in pursuing a career in the health sciences	Developed a job shadowing program for local high schools students interested in pursuing a healthcare career	Job shadowing experience increased opportunity for local recruitment for career in healthcare
	Continue unwavering presence at the high school career fair (i.e., all career levels and all departments).	Attended two high school career fairs between 2022-2024. Departments included PT, Lab/Xray, Clinic and Hospital Nursing	Increased awareness of potential job opportunities available at PCH to local youth
	Explore the viability of providers providing pertinent health education at local schools (e.g., handwashing, STEM presentations).	Activity was not accomplished- will revisit in the future	N/A

Strategy 3.2: Continue PCH's promotion of health and wellness efforts in Phillips County.	Continue to promote and sponsor community health and wellness activities such as a Fun Run with the Rec Department.	Sponsored Mental Health Awareness Walk with local departments as well as participated in Color Fun Run between 2022-2024	Increased presence with community activities and commitment to promotion of health in wellness in Phillips County.
	Partner with the Physical Therapy department on their established healthy eating and active living initiatives. Develop social media campaign highlighting Health Living efforts.	Activity was not accomplished- will revisit in the future	N/A



APPENDICES

Appendix A – Steering Committee

<i>Steering Committee Member</i>	<i>Organization Affiliation</i>
<i>Jo Tharp</i>	CEO, Phillips County Hospital (PCH)
<i>Randi Kelly</i>	Operations, PCH
<i>Mendy Estill</i>	HR, PCH
<i>Angela Wotring</i>	Director of Nursing, PCH
<i>Susan Bibbs</i>	Director of Revenue, PCH
<i>Morgan Streeter</i>	Mental Health Counselor, PCH
<i>Dina Meneely</i>	Board Member, PCH
<i>Rick Starkey</i>	Board Member, PCH
<i>Kaitlyn Inderland</i>	Counselor, Malta Jr High/High School
<i>Philip Munoz</i>	Community member
<i>Betty Hasler</i>	Manager, Phillips County Transit- Transportation
<i>Steve Anderson</i>	Pastor, Little White Church
<i>Jenny Tollefson</i>	Nurse, Malta County Public Health Department
<i>Gina Lamb</i>	Director, Malta Kids Club



Appendix B – Public Health & Populations Consultation

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

Name/Organization

- Jo Tharp – CEO, Phillips County Hospital (PCH)
- Randi Kelly– Operations, PCH
- Mendy Estill – HR, PCH
- Angela Wotring – Director of Nursing, PCH
- Susan Bibbs – Director of Revenue, PCH
- Morgan Streeter– Mental Health Counselor, PCH
- Dina Meneely – Board Member, PCH
- Rick Starkey – Board Member, PCH
- Kaitlyn Inderland – Counselor, Malta Jr High/High School
- Philip Munoz- Community member
- Betty Hasler- Manager, Phillips County Transit
- Steve Anderson- Pastor, Little White Church
- Jenny Tollefson- Nurse, Malta County Public Health Department
- Gina Lamb- Director, Malta Kids Club

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

- | | |
|----------------------------------|------------------|
| First Steering Committee Meeting | November 2, 2023 |
| Key Informant Interviews | February 2024 |

Public and Community Health

- Alcohol use is really high
- The numbers for physical inactivity is high
- Our unemployment rate is high too
- The fertility rate in our county is high!
- Sexually transmitted diseases is incredibly high in Montana
- We should include a question in the survey related to transportation

Population: Seniors

- Include Medicare enrollment as a service that’s needed locally. Especially since we lost the Office of Public Assistance a few years ago.

Population: Youth

- Are immunizations really a serious health concern locally? Specifically within the schools? No one would really know the immunization records other than the schools or health facilities.
- Social media use among youth/young people may be contributing to poorer mental health for those groups as well.

Population: Low-Income, Underinsured

- We should include job search support or job readiness as a class or program people might be interested in.
- Include Medicaid enrollment as a service that's needed locally. Especially since we lost the Office of Public Assistance a few years ago
- Did we include a question related to food insecurity?

Population: Veterans

- Important to add VA as locations to seek services for both primary care and hospitalization.

Population: Tribal/American Indian

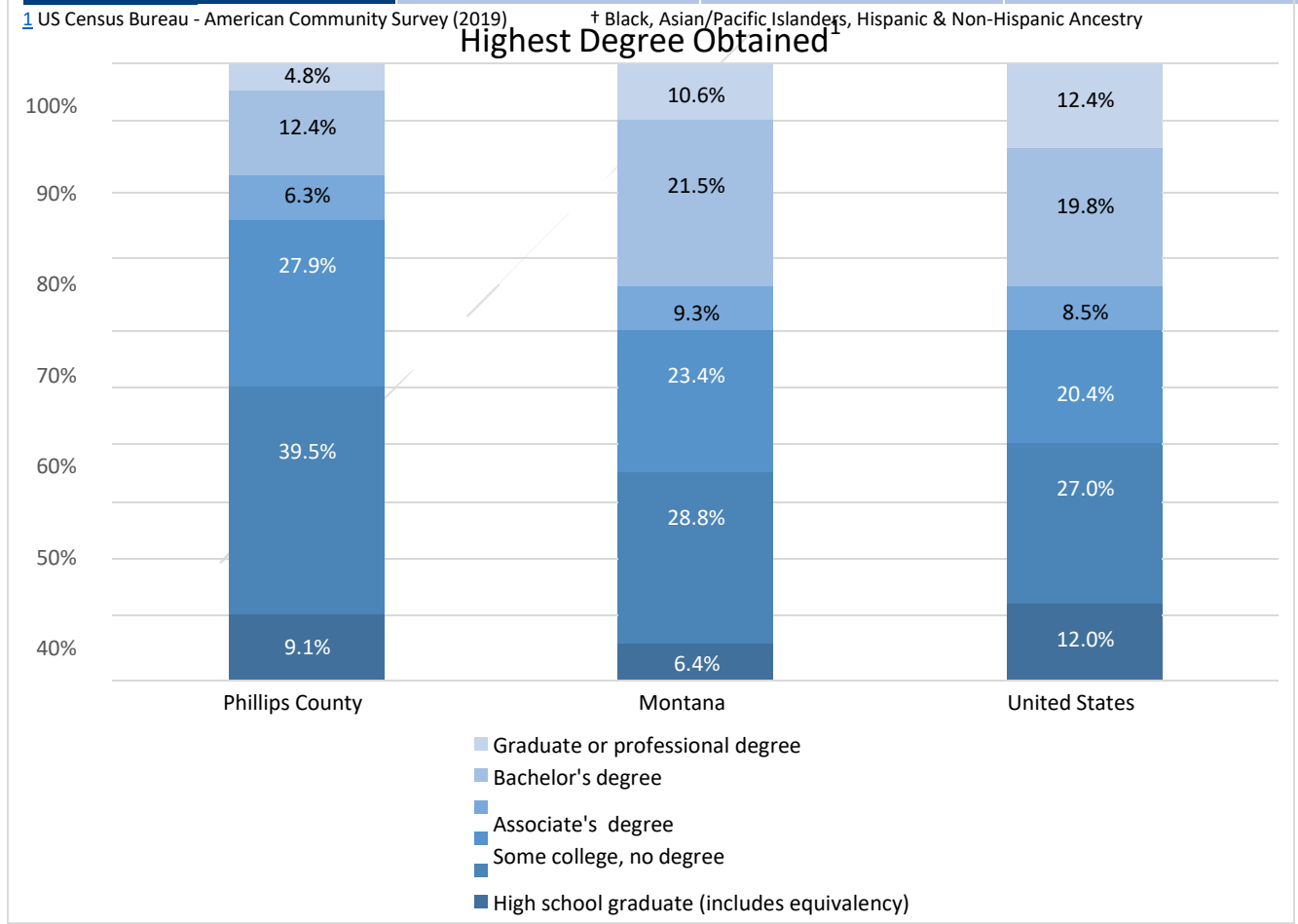
- Important to add HIS as locations to seek services for both primary care and hospitalization.

Appendix C – Phillips Co. Secondary Data

Demographic Measure (%)		County			Montana			Nation		
Population ¹		4,077			1,050,649			324,697,795		
Population Density ¹		0.8			7.1			85.5		
Veteran Status ¹		11.2%			10.4%			7.3%		
Disability Status ¹		17.8%			13.6%			12.6%		
Age ¹		<5	18-64	65+	<5	18-64	65+	<5	18-64	65+
		6.8%	54.3%	22.3%	5.8%	60.1%	18.2%	6.1%	61.7%	15.6%
Gender ¹		Male		Female	Male		Female	Male		Female
		51.2%		48.8%	50.3%		49.7%	49.2%		50.8%
Race/Ethnic Distribution ¹	White	89.7%			91.4%			75.3%		
	American Indian or Alaska Native	13.7%			8.3%			1.7%		
	Other [†]	2.0%			3.7%			26.5%		

¹ US Census Bureau - American Community Survey (2019)

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



Socioeconomic Measures (%)	County	Montana	Nation
Median Income ¹	\$46,212	\$54,970	\$62,843
Unemployment Rate ¹	7.0%	4.0%	5.3%
Persons Below Poverty Level ¹	12.4%	13.1%	13.4%
Children in Poverty ¹	9.9%	15.8%	18.5%
Internet at Home ²	71.4%	81.5%	-
Households with Population Age 65+ Living Alone ²	275	52,166	-
Households Without a Vehicle ²	69	21,284	-
Households Receiving SNAP ²	87	56,724	-
Eligible Recipients of Free or Reduced Price Lunch ³ 2019/2020 school year	55.4%	42.9%	-
Enrolled in Medicaid ^{4, 1}	10.1%	9.7%	19.8%
Uninsured Adults ^{5, 6} Age <65	17.0%	12.0%	12.1%
Uninsured Children ^{5, 6} Age <18	10.0%	6.0%	5.1%

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

Maternal Child Health	County	Montana	Nation
General Fertility Rate* ⁷ Per 1,000 Women 15-44 years of age (2017-2019)	81.5	59.3	-
Preterm Births ⁷ Born less than 37 weeks (2017-2019)	NA	9.4%	-
Adolescent Birth Rate ⁷ Per 1,000 years females 15-19 years of age (2017-2019)	NA	18.3	-
Smoking during pregnancy ^{3, 8}	14.6%	16.5%	7.2%
Kotelchuck Prenatal Care** ⁷ Adequate or Adequate-Plus (2017-2019)	60.0%	75.7%	-
Low and very low birth weight infants ⁷ Less than 2500 grams (2017-2019)	NA	7.6%	-
Childhood Immunization Up-To-Date (UTD) ^{5, 9}	82.1%	64.8%	-

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

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

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

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

Behavioral Health	County	Montana	Nation
Adult Smoking ⁵	22.0%	19.0%	16.0%
Excessive Drinking ⁵	23.0%	22.0%	15.0%
Adult Obesity ⁵	36.0%	27.0%	26.0%
Poor Mental Health Days ⁵ (Past 30 days)	4.5	3.9	3.8
Physical Inactivity ⁵	34.0%	22.0%	19.0%
Do NOT wear seatbelts ¹⁰ State Age-Adjusted Prevalence (2018) Nation Crude Prevalence (2018)	-	10.3%	6.3%
Drink and Drive ¹⁰ State Age-Adjusted Prevalence (2018) Nation Crude Prevalence (2018)	-	3.7%	3.1%

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

Cancer prevention & screening	County	Montana	Nation
Human Papillomavirus (HPV) vaccination UTD ^{++ 11, 12} Adolescents 13-17 years of age (2020)	35.4%	54.4%	58.6%
Cervical cancer screening in past 3 years ^{13, 10} Age adjusted (county/state) and crude (nation) prevalence among adult women aged 21–65 years (2018)	83.5%	76.8%	80.1%
Mammography in past 2 years ^{13, 10} Age adjusted (county/state) and crude (nation) prevalence among women 50-74 years (2018)	68.0%	73.4%	78.3%
Colorectal Cancer Screening ^{13, 10} Age adjusted (county) and crude (state/nation) prevalence among adults age 50-75 years (2018)	57.8%	64.5%	69.7%

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

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

Infectious Disease Incidence Rates ¹⁴ Per 100,000 people (2015-2017)	County	Montana
Enteric Diseases *	56.3	80.1
Hepatitis C virus	0.0	93.4
Sexually Transmitted Diseases (STD) †	80.4	551.6
Vaccine Preventable Diseases (VPD) §	48.3	91.5

¹⁴ IBIS Community Snapshot, MT-DPPHS

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

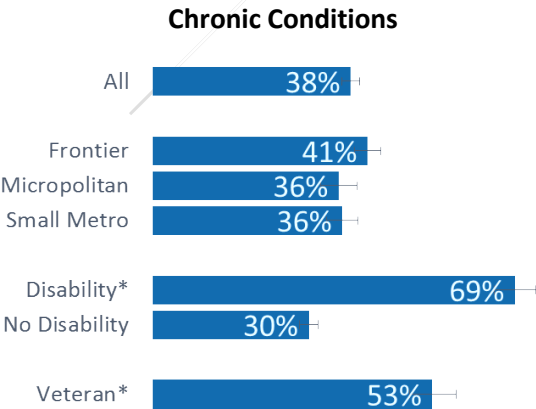
§ VPD analyses include: Chickenpox, *Haemophilus influenzae*, Meningococcal disease, Mumps, Pertussis, *Streptococcus pneumoniae*, Tetanus

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

¹⁴ IBIS Community Snapshot, MT-DPPHS

** Data were suppressed to protect privacy.

Percent of Montana Adults with Two or More



¹⁰ Behavioral Risk Factor Surveillance System, CDC (2019)

Chronic Condition	Percentage
1. Arthritis	29.0%
2. Depression	24.1%
3. Asthma	10.0%
4. Diabetes	7.6%
5. COPD	6.8%
6. Cardiovascular disease	3.9%
7. Kidney disease	2.4%

Mortality	County	Montana	Nation
-----------	--------	---------	--------

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

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

** Data were suppressed to protect privacy.

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

¹⁰ Behavioral Risk Factor Surveillance System, CDC (2019)
\$15,000

*Annual household income <

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

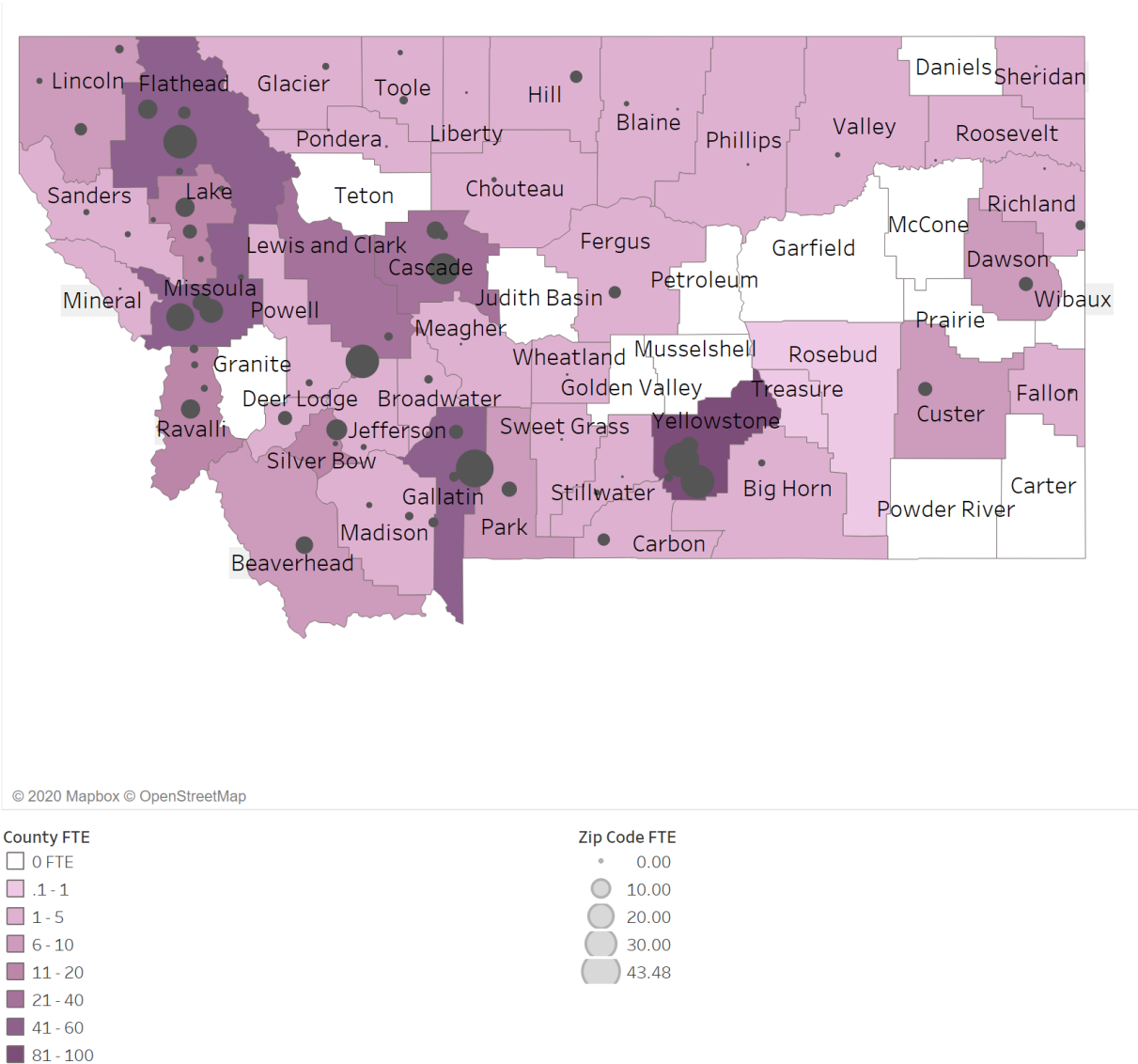
¹⁹ Montana Youth Risk Behavior Survey (2019)

Healthcare Workforce Distribution Maps

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

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

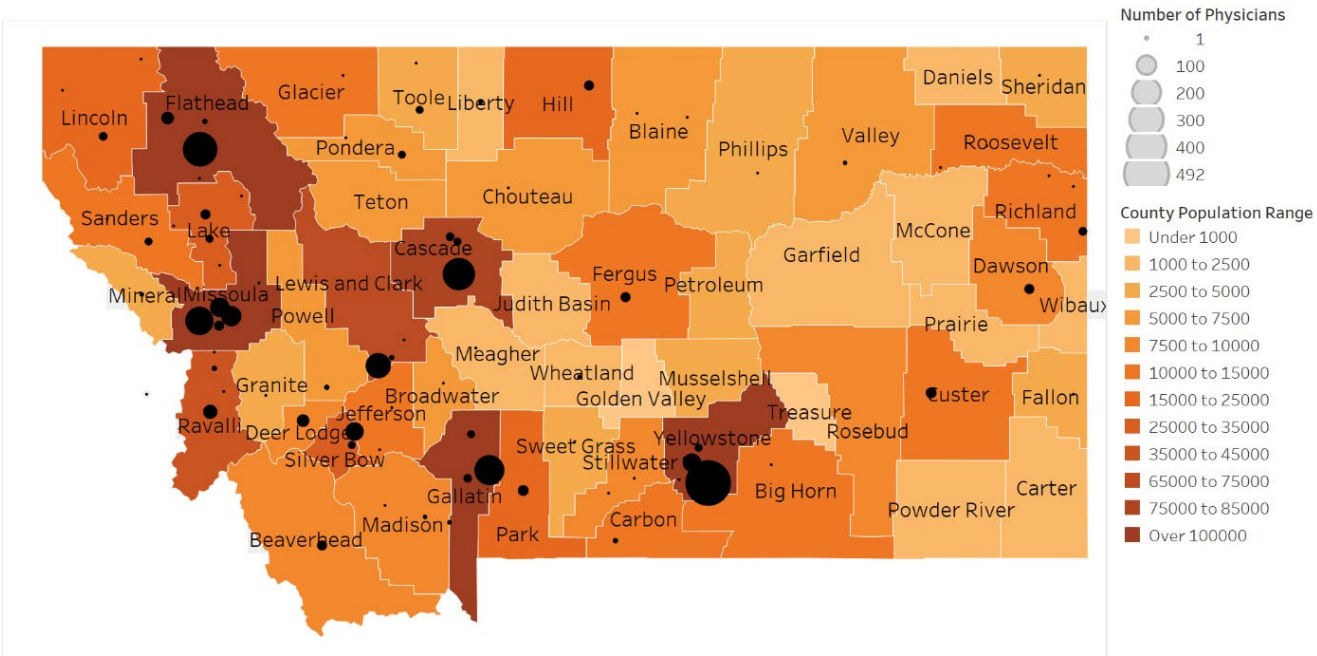
Primary Care Physician FTE: Practice Locations Plotted by Zip Code



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

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

Physicians (All Specialties) by County Population Range



Data Source: Montana Primary Care Office data (2020) and WIM Tracking (Sept. 2020)
*Note: Does not include IHS or Tribal Health physicians.

Appendix D – Survey Cover Letter

January 3, 2024

Dear [LASTNAME] household:

Participate in our Community Health Needs Assessment survey for a chance to
WIN one \$100 gas card or one of 4 \$25 Dino Dollars!

Phillips County Hospital (PCH) 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 PCH 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: February 2, 2024
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 "Phillips County Hospital Survey." Your access code is [CODED]
4. The winners of the \$100 gas card or 4 \$25 Dino Dollars will be contacted the week of February 12th.

All survey responses will go to HELPS Lab at Montana State University in Bozeman, Montana, the organization that is assisting MORH with this project. If you have any questions about the survey, please call MORH at 406-994-6001. 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,

Jo Tharp, CEO



Access the survey on your smart phone:
Use your camera to scan the QR code

Appendix E – Survey Instrument

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. How would you rate your own personal health?

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

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

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

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

5. How do you rate your knowledge of the health services that are available through Phillips County Hospital?

☐ Excellent ☐ Good ☐ Fair ☐ Poor

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

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

7. 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"/> Active Solutions | <input type="checkbox"/> Eastern MT Community Mental Health Center | <input type="checkbox"/> Public Health Department |
| <input type="checkbox"/> Chiropractor | <input type="checkbox"/> Malta Medical Associates | <input type="checkbox"/> Youth Dynamics |
| <input type="checkbox"/> Dentist | | <input type="checkbox"/> Other: _____ |

8. 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 specialists |
| <input type="checkbox"/> Greater health education services | <input type="checkbox"/> Outpatient services expanded hours |
| <input type="checkbox"/> Improved quality of care | <input type="checkbox"/> Payment assistance programs (healthcare expenses) |
| <input type="checkbox"/> Interpreter services | <input type="checkbox"/> Telemedicine |
| <input type="checkbox"/> More information about available services | <input type="checkbox"/> Transportation assistance |
| <input type="checkbox"/> More primary care providers | <input type="checkbox"/> Other: _____ |

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

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

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

- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Chiropractor | <input type="checkbox"/> Medicaid/Medicare enrollment support | <input type="checkbox"/> Optometry (eye) |
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Nursing home | <input type="checkbox"/> Other: _____ |

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

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

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

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

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

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

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

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

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

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

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

- | | | |
|---|---|---|
| <input type="checkbox"/> Billings Clinic | <input type="checkbox"/> Malta Medical Associates | <input type="checkbox"/> SCL Health Medical Group-Lewistown |
| <input type="checkbox"/> FMDH Glasgow Clinic Primary Care | <input type="checkbox"/> Northern MT Family Medical Center | <input type="checkbox"/> St. Vincent's – Billings |
| <input type="checkbox"/> Great Falls Clinic | <input type="checkbox"/> Phillips County Family Health Clinic – Malta | <input type="checkbox"/> VA |
| <input type="checkbox"/> Great Falls – Benefis | | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Indian Health Services (IHS) | | |

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

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

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

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

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

- | | |
|--|---|
| <input type="checkbox"/> Frances Mahon Deaconess – Glasgow | <input type="checkbox"/> Phillips County Hospital – Malta |
| <input type="checkbox"/> IHS – Fort Belknap | <input type="checkbox"/> VA |
| <input type="checkbox"/> Northern MT Hospital – Havre | <input type="checkbox"/> Other: _____ |

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

- | | | |
|--|--|---|
| <input type="checkbox"/> Closest to home | <input type="checkbox"/> Emergency, no choice | <input type="checkbox"/> Prior experience with hospital |
| <input type="checkbox"/> Closest to work | <input type="checkbox"/> Financial assistance programs | <input type="checkbox"/> Privacy/confidentiality |
| <input type="checkbox"/> Cost of care | <input type="checkbox"/> Hospital's reputation for quality | <input type="checkbox"/> Recommended by family or friends |

- ☐ Referred by physician or other provider
 ☐ In network for insurance plan
 ☐ Other: _____
- ☐ VA/Military requirement

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

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

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

- ☐ Billings Clinic
 ☐ Great Falls Clinic
 ☐ Phillips County Hospital – Malta
- ☐ CMMC – Lewistown
 ☐ Great Falls – Benefis
 ☐ St. Vincent's – Billings
- ☐ FMDH Glasgow Clinic Primary Care
 ☐ Northern MT Family Medical Center
 ☐ Other: _____

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

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

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

	Excellent	Good	Fair	Poor	Haven't used	Don't Know
Acute/skill care (in patient/hospitalization)	4	3	2	1	N/A	DK
Clinic services	4	3	2	1	N/A	DK
Durable medical equipment/oxygen	4	3	2	1	N/A	DK
Emergency room	4	3	2	1	N/A	DK
Laboratory	4	3	2	1	N/A	DK
Mental health services (counseling)	4	3	2	1	N/A	DK
MRI	4	3	2	1	N/A	DK
Radiology services (x-ray, ultrasound, CT scan, mammography)	4	3	2	1	N/A	DK
Specialty outreach clinics	4	3	2	1	N/A	DK
Telemedicine	4	3	2	1	N/A	DK
Therapy (physical, occupational)	4	3	2	1	N/A	DK
Visiting nurse	4	3	2	1	N/A	DK

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

Turn to BACK of page to continue

☐ Yes☐ No

26. Thinking about your mental health (which includes stress, anxiety, depression and problems with emotions), how would you rate your mental health in general?

☐ Excellent☐ Good☐ Fair☐

Poor

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

☐ Everyday☐ Most days☐ Sometimes☐ Occasionally☐ Never

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

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

29. To what degree has your life been negatively affected by your own or someone else's substance abuse issues, including alcohol, prescription or other drugs?

☐ A great deal☐ Somewhat☐ A little☐ Not at all

30. Over the past month, how often have you had physical activity for at least 20 minutes?

☐ Daily☐ 3-5 times per month☐ No physical activity☐ 2-4 times per week☐ 1-2 times per month

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

☐ Yes☐ No☐ N/A

32. In the past year, did you worry that you would not have enough food?

☐ Yes☐ No

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

☐ Yes☐ No☐ Don't know

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

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

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

☐ Excellent☐ Good☐ Fair☐ Poor

36. Have you ever missed a medical appointment due to a transportation issue?

☐ Yes☐ No

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

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

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

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

Demographics

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

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

☐ 59538 – Malta

☐ 59261 – Saco

☐ 59524 – Dodson

☐ 59537 – Loring

☐ 59546 – Zortman

☐ Other: _____

☐ 59241 – Hinsdale

☐ 59544 – Whitewater

40. What is your gender?

☐ Male

☐ Female

☐ Non-binary

☐ Prefer to self-describe: _____

41. What age range represents you?

☐ 18-24

☐ 45-54

☐ 75-84

☐ 25-34

☐ 55-64

☐ 85+

☐ 35-44

☐ 65-74

42. What is your employment status?

☐ Work full-time

☐ Work part-time

☐ Retired

☐ Student

☐ Collect disability

☐ Unemployed, but looking

☐ Not currently seeking employment

☐ Other: _____

[CODED]

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

HELPS Lab

Montana State University

PO Box 172245

Bozeman, MT 59717

THANK YOU VERY MUCH FOR YOUR TIME

Please note that all information will remain confidential

Appendix F – Cross Tabulation Analysis

Knowledge Rating of Phillips County Hospital by How Respondents Learn About Healthcare Services

	Excellent	Good	Fair	Poor	Total
Word of mouth/reputation	9.5% (10)	48.6% (51)	39.0% (41)	2.9% (3)	105
Friends/family	6.9% (7)	57.8% (59)	29.4% (30)	5.9% (6)	102
Newspaper	11.8% (9)	52.6% (40)	32.9% (25)	2.6% (2)	76
Healthcare provider	18.2% (12)	65.2% (43)	15.2% (10)	1.5% (1)	66
Radio	9.3% (5)	63.0% (34)	24.1% (13)	3.7% (2)	54
Social media	15.7% (8)	70.6% (36)	11.8% (6)	2.0% (1)	51
Public Health nurse	19.4% (7)	52.8% (19)	27.8% (10)	-	36
Website/internet	15.4% (4)	69.2% (18)	11.5% (3)	3.8% (1)	26
Mailings/newsletter	10.0% (2)	45.0% (9)	40.0% (8)	5.0% (1)	20
Billboards/posters	20.0% (2)	60.0% (6)	20.0% (2)	-	10
Presentations	33.3% (1)	66.7% (2)	-	-	3
Other	33.3% (1)	66.7% (2)	-	-	3

Delay or Did Not Get Need Healthcare Services by Residence

	Yes	No	Total
59538 - Malta	45.4% (44)	54.6% (53)	97
59261 - Saco	21.6% (8)	78.4% (29)	37
59524 - Dodson	30.8% (4)	69.2% (9)	13
59546 - Zortman	37.5% (3)	62.5% (5)	8
59544 - Whitewater	50.0% (3)	50.0% (3)	6
59537 - Loring	66.7% (2)	33.3% (1)	3
Other	-	100.0% (3)	3
TOTAL	38.3% (64)	61.7% (103)	167

59241 - Hinsdale removed from residence (first column) due to non-response.

Location of Primary Care Clinic Most Utilized by Residence

	Billings Clinic	FMDH Glasgow Clinic Primary Care	Great Falls Clinic	Great Falls – Benefis	Indian Health Services (IHS)	Malta Medical Associates	Northern MT Family Medical Center	Phillips County Family Health Clinic - Malta	St. Vincent's - Billings	VA	Other	TOTAL
59538 - Malta	5.4% (5)	6.5% (6)	-	2.2% (2)	-	10.9% (10)	6.5% (6)	35.9% (33)	1.1% (1)	-	31.5% (29)	92
59261 - Saco	3.0% (1)	51.5% (17)	3.0% (1)	-	-	-	-	9.1% (3)	-	-	33.3% (11)	33
59524 - Dodson	7.7% (1)	7.7% (1)	-	-	15.4% (2)	-	-	38.5% (5)	-	-	30.8% (4)	13
59546 - Zortman	-	-	-	-	14.3% (1)	-	14.3% (1)	28.6% (2)	-	28.6% (2)	14.3% (1)	7
59544 - Whitewater	-	-	-	-	-	16.7% (1)	-	33.3% (2)	-	-	50.0% (3)	6
59537 - Loring	-	-	-	-	-	-	-	66.7% (2)	-	-	33.3% (1)	3
Other	-	33.3% (1)	-	-	-	-	-	33.3% (1)	-	-	33.3% (1)	3
TOTAL	4.5% (7)	15.9% (25)	0.6% (1)	1.3% (2)	1.9% (3)	7.0% (11)	4.5% (7)	30.6% (48)	0.6% (1)	1.3% (2)	31.8% (50)	157

SCL Health Medical Group - Lewiston removed from primary care clinic location (first row) due to non-response.

59241 - Hinsdale removed from residence (first column) due to non-response.

Location of Primary Care Provider Most Utilized by Reasons for Clinic/Provider Selection

	Billings Clinic	FMDH	GF Clinic	Benefis	IHS	MMA	NMTFMC	Phillips	St. Vincent's	VA	Other	Total
Prior experience with clinic	3.2% (2)	25.8% (16)	-	-	-	8.1% (5)	4.8% (3)	21.0% (13)	1.6% (1)	-	35.5% (22)	62
Closest to home	1.7% (1)	3.3% (2)	-	-	5.0% (3)	8.3% (5)	1.7% (1)	51.7% (31)	-	-	28.3% (17)	60
Clinic/provider's reputation for quality	-	31.1% (14)	-	-	-	11.1% (5)	8.9% (4)	13.3% (6)	2.2% (1)	-	33.3% (15)	45
Appointment availability	4.5% (2)	13.6% (6)	-	-	-	4.5% (2)	4.5% (2)	38.6% (17)	-	-	34.1% (15)	44
Recommended by family or friends	-	19.0% (4)	-	-	-	9.5% (2)	4.8% (1)	28.6% (6)	-	-	38.1% (8)	21
Referred by physician or other provider	12.5% (2)	12.5% (2)	-	6.3% (1)	-	-	6.3% (1)	18.8% (3)	-	-	43.8% (7)	16
Required by insurance plan	11.1% (1)	11.1% (1)	11.1% (1)	-	-	-	11.1% (1)	44.4% (4)	-	-	11.1% (1)	9
Cost of care	-	-	-	-	12.5% (1)	-	-	-	-	12.5% (1)	75.0% (6)	8
Privacy/confidentiality	12.5% (1)	12.5% (1)	-	-	-	25.0% (2)	12.5% (1)	25.0% (2)	12.5% (1)	-	-	8
Length of waiting room time	16.7% (1)	16.7% (1)	-	-	-	33.3% (2)	16.7% (1)	-	-	-	16.7% (1)	6
VA/Military requirement	-	-	-	-	-	-	-	20.0% (1)	-	20.0% (1)	60.0% (3)	5
Indian Health Services	25.0% (1)	-	-	-	50.0% (2)	-	-	25.0% (1)	-	-	-	4
Other	-	16.7% (4)	-	4.2% (1)	-	8.3% (2)	4.2% (1)	25.0% (6)	-	-	41.7% (10)	24

SCL Health Medical Group - Lewiston removed from primary care clinic location (first row) due to non-response.

Location of Most Utilized Hospital by Residence

	Frances Mahon Deaconess – Glasgow	IHS – Fort Belknap	Northern MT Hospital – Havre	Phillips County Hospital – Malta	VA	Other	Total
59538 - Malta	3.4% (2)	-	25.4% (15)	37.3% (22)	1.7% (1)	32.2% (19)	59
59261 - Saco	77.8% (21)	-	-	3.7% (1)	3.7% (1)	14.8% (4)	27
59524 - Dodson	11.1% (1)	11.1% (1)	33.3% (3)	22.2% (2)	-	22.2% (2)	9
59546 - Zortman	-	-	16.7% (1)	16.7% (1)	-	66.7% (4)	6
59544 - Whitewater	20.0% (1)	-	20.0% (1)	40.0% (2)	-	20.0% (1)	5
59537 - Loring	-	-	-	-	-	100.0% (1)	1
Other	-	-	-	100.0% (1)	-	-	1
Total	23.1% (25)	0.9% (1)	18.5% (20)	26.9% (29)	1.9% (2)	28.7% (31)	108

59241 - Hinsdale removed from residence (first column) due to non-response.

Location of Most Recent Hospitalization by Reasons for Hospital Selection

	Frances Mahon Deaconess – Glasgow	IHS – Fort Belknap	Northern MT Hospital – Havre	Phillips County Hospital – Malta	VA	Other	Total
Prior experience with hospital	30.8% (16)	-	21.2% (11)	21.2% (11)	-	26.9% (14)	52
Closest to home	5.4% (2)	2.7% (1)	16.2% (6)	67.6% (25)	-	8.1% (3)	37
Referred by physician or other provider	21.6% (8)	-	27.0% (10)	8.1% (3)	-	43.2% (16)	37
Hospital's reputation for quality	35.3% (12)	-	20.6% (7)	5.9% (2)	-	38.2% (13)	34
Emergency, no choice	9.1% (3)	3.0% (1)	12.1% (4)	57.6% (19)	-	18.2% (6)	33
In network for insurance plan	25.0% (4)	-	25.0% (4)	12.5% (2)	-	37.5% (6)	16
Recommended by family or friends	55.6% (5)	-	22.2% (2)	11.1% (1)	-	11.1% (1)	9
Privacy/confidentiality	-	25.0% (1)	25.0% (1)	25.0% (1)	-	25.0% (1)	4
VA/Military requirement	25.0% (1)	-	-	-	50.0% (2)	25.0% (1)	4
Financial assistance programs	33.3% (1)	-	-	33.3% (1)	-	33.3% (1)	3
Closest to work	-	-	-	100.0% (1)	-	-	1
Cost of care	-	-	-	-	-	100.0% (1)	1
Other	16.7% (2)	-	16.7% (2)	8.3% (1)	8.3% (1)	50.0% (6)	12

Appendix G – Responses to Other & Comments

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

- Drugs
- Ability to keep doctors and ambulance personnel
- Lack of eye care/doctor (3)
- I have no idea
- No long term care facility

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

- Alcohol/substance abuse (3)
- Alzheimer's/dementia (1)
- Cancer (2)
- Depression/anxiety (2)
- Diabetes (2)
- Lack of access to healthcare (1)
- Lack of dental care (3)
- Lack of exercise (1)
- Mental health issues (3)
- Motor vehicle accidents
- Overweight/obesity (2)
- Social isolation/loneliness (1)
- Stroke (1)
- Suicide (2)
- Tobacco use (cigarettes/cigars, vaping, smokeless) (3)
- Trauma/Adverse Childhood Experiences (ACES) (2)
- Work/economic stress (1)
- Work related accidents/injuries (1)

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

- A MD at hospital
- Long term care facility

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

- Access to healthy foods (1)
- Affordable housing (1)
- Good jobs and a healthy economy (1)
- Healthy behaviors and lifestyles (1)
- Low crime/safe neighborhoods (1)

- Religious or spiritual values (1)
- Strong family life (1)

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

- Council
- Super Shopper
- Go in there and ask

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

- None (4)
- N/A (3)
- Great Falls Clinic Doctors
- Glendive Medical Benefis
- IHS
- County health services
- Massage, Vision
- Great Falls, Billings VA
- Valley Drug

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

- An improved facility/ with technology up to date
- New board members
- Better communication with other hospitals and insurance companies
- More access to local care – not having to travel
- Reasonable prices
- Western health screening every October but stopped in 2020
- Neuropathic doctor
- Retention of MDs (2)
- Bring in Montana primary care providers and treat them good
- Long term care facility located where it used to be
- More doctors

9. 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)

- None
- Anti bullying
- The role of spiritual beliefs in healthy lifestyle
- Unfortunately you're too far away

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

(Select ALL that apply)

- Cardiology
- Full-time chiropractor, dentist, eye care provider would be excellent for this community so we don't have to travel so far
- Insurance options support
- Public assistance office
- None
- OBGYN & Functional Medicine provider
- Acupuncture
- Doctors
- NA
- Primary doctors, weekend pharmacy

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

- Made to go to Glasgow :(
- ER
- Physical therapy
- Blood tests
- Dermatology
- VA

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

- Covid mandates
- Haven't got referral to get treated/looked at
- Unhappy with the standard of care in Malta
- Provider wouldn't treat issue
- Doctors keep leaving and new ones coming in. As soon as you start getting comfortable with a doctor they leave and you have to start all over
- Too busy on Ranch
- Sent away and asked to come back. Unmentioned emergency in ER
- I need ambulance to go anywhere

*Responses when more than 3 were selected (4 participants):

- Could not get an appointment (2)
- Don't understand healthcare system (1)
- It cost too much (2)
- It was too far to go (2)
- My insurance didn't cover it (1)
- No insurance (1)
- Too long to wait for an appointment (1)

- Unsure of costs (2)
- Unsure if services were available (1)
- Qualified provider not available (2)

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

- Scobey
- I am a vet, the VA is horrible
- St. V's Laurel Med Center
- Havre (2)
- Phillips County Hospital
- Surgery at Billings Clinic
- Sweet Medical One Health
- Chester - Logan Health
- Riverstone Health Billings
- Sugg Clinic
- Yellowstone Naturopathic Clinic - Billings
- Office of Kristen McColly, Hinsdale, MT
- Colorado
- Glendive Medical
- MT Health Center Billings
- Bullhook
- Yellowstone Dermatology
- Kalispell Glacier Eye Clinic (glaucoma)
- Rapid City Medicare Center
- Cancer in Havre
- CMMC Lewistown
- Billings Clinic (Bozeman)

***Responses when more than 1 was selected (38 participants):**

- Billings Clinic (10)
- FMDH Glasgow Clinic Primary Care (8)
- Great Falls Clinic (6)
- Great Falls – Benefis (7)
- Indian Health Services (IHS) (6)
- Malta Medical Associates (14)
- Northern MT Family Medical Center (9)
- Philips County Family Health Clinic – Malta (25)
- St. Vincent's – Billings (5)
- VA (3)

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

- Only one available/with fairly updated technology

- The only actual MD available in Phillips County
- Vehicle not good enough to go out of town
- Used to work there
- Knowledge
- Treat the whole person, not a symptom
- Very Friendly & knowledgeable
- CDL provider
- He is the only real doctor in town
- MT state employee
- Specialist availability (2)
- Within 100 miles
- Don't have one
- Our divine + hospital is very important to our community.
- Sick
- You take what you get
- Went when I worked in the town
- RCMC - for pump specialty
- Life time with clinic, child also
- Want to stay with provider
- Cancer
- Billing dept dependable and accurate
- They fill RXS in timely manner

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

- Billings Clinic (9)
- Benefis
- Great Falls Benefis (3)
- Billings (5)
- Livingston health care
- CHI Bergan Mery in Omaha
- St.Vincent - Billings
- SCL Health Billings
- Glendive
- Billings Clinic for serious
- Baker-Fallon County Hospital
- Great Falls (2)
- Seattle Children's
- SCL- St. Vincent's
- Deaconess Billings
- CMMC

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

- Frances Mahon Deaconess – Glasgow (1)

- Northern MT Hospital – Havre (4)
- Phillips County Hospital – Malta (4)
- VA (2)

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

- Familiar doctor
- Specialty care provided there (3)
- Specialist Dr from Sidney was in Glasgow once a month.
- Dr. Openatual there
- VA
- Closer to bigger city (Great Falls)
- Oncology doctor comes from Billings & I can get chemo there
- Cardiology
- U of Utah Cardiology

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

- Closest to home (1)
- Emergency, no choice (1)
- Hospital's reputation for quality (1)
- Prior experience with hospital (2)
- Recommended by family or friends (1)
- Referred by physician or other provider (2)

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

- Jennifer Durward (2)
- Ortho Montana (3)
- Rocky Mountain Vein Clinic
- Active solutions Dr.Crowl , dentist
- Great Falls optometrist, Chinook dentist
- Havre (3)
- Yellowstone Dermatology, Thomas Smile Design Billings
- Chiropractor (2)
- Livingston Healthcare MT
- Texas
- VA Billings
- Havre/Chinook
- CHI Bergan Mercy in Omaha
- Rim Rock Pediatric (Glasgow)
- Sidney MT hospital
- Dental
- Yellowstone Radiologist
- VA

- SCCA Seattle, WA
- Mayo Clinic
- Glendive
- Casper WY Neurologic
- Chinook Dental
- Hower ortho surgery
- Out of state
- Slehon Havre Cancer
- Malta Active Solutions
- Donills Memorial

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

- Mental health
- Hematologist vein specialist
- Naturopath
- General health
- Back surgeon
- Surgeon (2)
- Wound care
- Kidney
- MA
- Sleep disorder
- Internal Medicine
- Diabetes kidney doctor

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

- Christian Healthcare Ministries (a healthcare sharing)
- Supplemental (3)

***Responses when more than 1 was selected (27 participants):**

- Employer sponsored (5)
- Health Insurance Marketplace (1)
- Health Savings Account (1)
- Healthy MT Kids (4)
- Indian Health (2)
- Medicaid (1)
- Medicare (21)
- Private insurance/private plan (12)
- VA/Military (6)
- None/pay out of pocket (1)

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

- N/A (2)
- Have some but too expensive
- I have VA (2)

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

- Billings 59106
- Malta, Zortman

42. What is your employment status?

- Have health issues, trying to get Hi-Set
- Full time mom
- Social Security
- Partially retired, ranching
- Self Employed Rancher (2)
- Have own business
- Work when I can at [redacted]

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

- Work full-time (1)
- Work part-time (6)
- Retired (9)
- Collect disability (4)
- Not currently seeking employment (2)

General comments

- (Q2)
 - Selected “Somewhat healthy” and wrote “I could lose 30 pounds and have COPD from years of sawdust and perfataping” below the question.
- (Q4)
 - Under the choices wrote “Fear of god -> Morality/Accountability -> Freedom -> Peace & prosperity.”
- (Q7)
 - Selected “Malta Medical Associates” and wrote a question mark next to it.
 - Selected “Malta Medical Associates” and wrote “Nurse practitioner – Jess” under it.
- (Q10)
 - Did not select any choices and wrote “specific insurance” below the question.
 - Selected “Chiropractor” and “Dentist” and wrote “If they were good” below the choices.
- (Q12)
 - Selected three choices and wrote “None in Phillips County” below the question.

- (Q14)
 - Selected “Not treated with respect” and wrote “Doctor claimed it was all in my head. (COPD!)” under the question.
- (Q24)
 - For “Durable medical equipment” wrote “Lincare” next to it but did not rate the service.
- (Q27)
 - Selected “Occasionally” and wrote “Never bored” next to it.
- (Q29)
 - Selected “Somewhat” and wrote “Close friend” next to it.
- (Q30)
 - Selected “3-5 times per month” and wrote “Doing some construction. I don’t get as much as I need – lazy” next to it.
- (Q31)
 - Selected “No” and wrote “we take supplements no drugs” next to it.
- (Q32)
 - Selected “No” and wrote “Eat too much!” next to it.
- (Q33)
 - Missouri River Realty and other realities in Malta need to quit driving up realty prices. Way higher than other parts of the state!
- (Q34)
 - Selected “Medicare” but circled “Pay out of pocket” as well.
 - Selected “Medicare” but wrote “Waiting on ->” next to Medicaid.
 - Selected “Employer sponsored” and wrote “wife” next to it, and selected “Medicare” and wrote “Me” next to it, and also wrote “Rarely use it” below the question.
 - Selected “Medicare” and “Private insurance/private plan” and wrote “Supplement” under the latter.
- (Q35)
 - Selected “Poor” and wrote “N/A” above it.
- (Q36)
 - Selected “Yes” and wrote “if you include weather” next to it.
- (Q37)
 - Selected “Choose not to have medical insurance” and wrote “other than medicare” next to it.
- (Q38)
 - Did not select any choices and wrote “N/A for our household” next to the question.
 - Did not select any choices and wrote “I can cover what my insurance doesn’t. I don’t need welfare” below the question.

- (Q40)
 - Selected “Male” and wrote “There are only two!” next to it.
- General:
 - I have just moved to Billings, Affinity for 55+. So I tried to answer as a PC resident. I moved in October of 2023.
 - I was on Hiline Retirement Board and while we were struggling to keep it open we found out the Malta Clinic people were working with the state to close us and take over the facility. I was so angry. We did have to close but I didn’t go to the clinic for a long time and several people had left the clinic.
 - A gas card would be very helpful. Thank you.
 - Frankly, I think the “Healthcare”/sickness industry in this country has become a racket. It is less about health and more about money. There isn’t much money in cures. Big pharma in particular is a criminal enterprise.

And the so-called “plandemic” with its bogus “vaccines” was/is a genocidal travesty designed to reduce the world population, psychologically condition the gullible, destroy the economy, subvert our constitutional rights, relinquish our national sovereignty to the WHO, and make Bill Gates, Fauci, and other public enemies even more filthy rich. We did not comply with the ridiculous mandates nor will we.

No rational person would ever allow a clinically untested substance to be injected into their body, it is assault. And the hundreds of thousands of injuries, miscarriages, and “mystery deaths” are evidence.
Heads need to roll!

Appendix H – Key Informant Interview Questions

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

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

Appendix I – Key Informant Interview

Transcripts

Key Informant Interview #1

Monday, Feb. 26, 2024- Anonymous–Via phone interview

1. How do you feel about the general health of your community?
 - I think we could use more mental health options. Whether that be in person or virtually. We are getting better with PAs and what not at the local clinic (workforce).
2. What are your views/opinions about these local services:
 - Hospital/clinic:
 - Trying hard to get more providers. It's a definite need. It's sometimes hard to get in and when you're sick that's a definite problem.
 - EMS Services (ER/Ambulance)
 - EMS services are fully staffed, and I don't hear anything bad about them. I think they are doing well with what they have.
 - Public/County Health Department
 - They are great. They have managed to keep the same employees for a while. They do weight loss and other things in the community. They do a good job of breaching out into the community.
 - Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
 - We do not have nursing home anymore. Just assisted living. That is really sad for our community. Many residents had to leave about a year and a half ago. Job loss, more money going out of town, not supporting our local economy. People having to travel out of the community to see their loved ones.
 - Services for Low-Income Individuals/Families
 - I don't know as much about this. Montana Family dentistry has a satellite clinic that comes to town. There are not really options for low income for dentistry and optometry. We have a good person in WIC positions that help out in the community. Food bank does a good job. They have a good number of resources.
3. What do you think are the most important local healthcare issues?
 - Mental health services for veterans. We had an office set up in Malta (virtual option) for maybe 3 months. Not sure who facilitated that. Thought it was a

great idea, but it didn't stick around long. Not sure why. Its hard for folks to travel.

- Mental health crisis services. Getting people trained in how to be a family, parents. There is a local nonprofit working with youth and families to help learn how to deal with youth in crisis.
- We need more training for police. Maybe like an 811 for local providers. Suicide prevention.
- More training for our teachers for mental health awareness. They are such a huge part of kids lives. Training in a crisis situation would be great. Supporting a parent who has a kid in need.

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

- We have two Physical Therapy, Occupational Therapy at hospital, a psychology type therapist at the hospital. Seems like they are staffed with Pas and Nurses. I go back to the mental health aspect. Those who deal with the school kids, that has dissolved in the last through years. More services for youth would be great.

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

- More programs that are encouraging (Parks and rec do a great job for youth and young adults) but I think for seniors (sit and be fit), get together to make senior meals, I think seniors could have more funding for more community togetherness. More options for physical activity which helps with mental health.

Key Informant Interview #2

Monday, Feb. 26, 2024- Anonymous–Via phone interview

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

- Could be better. I ants to see more competence in the hospital, in knowing people will be taken care of there. I feel there is a lack of confidence in hospital personnel on part of community members.

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

Hospital/clinic:

- Probably need to do a better job of marketing and public awareness of what they do. Could be more visible to public/in community—they're down here on edge of town and they need to spread what they do and how.

EMS Services (ER/Ambulance)

- Don't know that much about them. I used them once and they were professional and did good job. They're short on volunteers; in Sheridan they have paid paramedics—that might need to happen here. It's hard to run a hospital without an ambulance.

Public/County Health Department

- They do a good job. They helped assisted living facility out on things, which was nice. I see some competition between county and hospital, and I know a nurse who worked at county who has sour opinion of hospital.

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

- There is no nursing home attached to hospital anymore and this is bad. I'm trying to convince hospital to turn into a 25 bed critical access hospital that would have assisted living and nursing home and hospital facilities because this would fix everything that broke a year ago when nursing home shut down.

Services for Low-Income Individuals/Families

- Services are just like any other place's. County health does a good job. The hospital probably doesn't concentrate on that because it's not a money maker. At the assisted living facility they take Medicaid. Overall people can get help if they choose to.

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

- Geriatrics and taking care of people that are older. We need to provide for their medical needs and long term care.

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

- Long term care for seniors. Also mental health, though no community has that figured out. There aren't enough workers or trained professionals here.

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

- If people paid more attention to their diet--obesity is a huge problem. This is something people could actually do but it ain't easy.
- If we decided to take care of each other and support the local hospital instead of farming it out to Glasgow or Havre. The hospital needs to figure out how to supply telemedicine and specialists. Or advertise their services more.

Key Informant Interview #3

Wednesday, Feb. 28, 2024- Tasha Hines with PC Health Department--Via phone interview

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

- As a whole our health is decent. There are definitely areas of improvement, such as people needing follow-up appointments for heart problems/cancer have to travel so many miles. The hospital tries to bring in specialists and rotate them to get them in.

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

Hospital/clinic:

- There is stigma with hospital where people would rather travel a long way to see someone else. The stigma is a result of slow snowballing. There is a lack of relationships between providers and patients because providers come and go so often; some providers that have been here for a while have trust, but there are lots new providers and in and out. Lots of people have no relationship with their provider. The odds of going in to get workup with someone with no relationship or trust are lower, and you're more likely to only go in if you're sick.
- Revolving door of care providers. The ER is not always best atmosphere, and this stigma carries over into the clinic. In the clinic 9 times out of 10 you meet someone you know and who cares about you and it's different, but people see the 2 as 1. The stigma of not friendliest encounters might roll into clinic from the ER.
- Morale of staff in clinic and hospital could be better, but that's always a challenge.

EMS Services (ER/Ambulance)

- ER is not always the best atmosphere despite very capable nurses. This stigma may carry over into clinic.
- Morale of staff could be better but it's hard to do.
- We do depend on ER—it's a very needed service.
- EMS struggling with finding people to fill roles. It's a volunteer force through the county and there is lots of turn over on funding side and personnel side. It's hard to find people who are interested in/capable of (time-wise) filling those roles, which goes back to funding and how the county is struggling with funding.

Public/County Health Department

- I think we're doing a good job at getting people covered for preventive medicine, like aging, and preventive stuff. Family planning has struggled because they're run through satellite and they've made that harder to run (it's area of growth, but not easy).
- I think they are doing the best they can, trying to create a friendly no-pressure atmosphere and trying to enable people to make own decisions by giving information without swaying them.
- They're good at flexibility in scheduling for appointments.

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

- Very much needed area of improvement. The state is making it so hard to run these nursing homes because it's nearly impossible to meet state requirements and hoops. Rural communities have aging population but no increasing services. Our services aren't keeping up. There are 2 home makers through PC health department, but home makers can't offer personal care, just a little bit of help, but as we age we need more help. Some families are moving and not coming back and leaving their aging seniors alone, so their care the has fallen on

community. The Council on Aging can help a little bit but for many their care needs exceeds services available. We're trying to find ways to fill holes but it's hard.

Services for Low-Income Individuals/Families

- This is hard. We get a lot of people asking for applications for Medicaid/WIC, and lots are aging seniors who need help and everything is online and people don't have access to that. If everything is on the internet aging seniors or low income people have difficulty with access and knowledge of how to do that. Rural places don't really have an office so you give phone number, then that takes forever. In sum, people who need help can't access help.
 - It's hard to get people connected to services, and there are also gaps in services themselves, like their physical presence (offices, personnel) in Malta
 - There are lots of holes, and people slip through cracks. It's hard to reach people to help them if they're not in your area--face to face is much more effective for services and there aren't offices in Malta, it's not like a city where there is an office to go to. It's also hard to get into an office that is hours away.
3. What do you think are the most important local healthcare issues?
 - We need good communication (with other clinics, with patients) and good morale in facilities.
 - We need to support our seniors.
 - All relates to what I said up until now.
 - Transportation is also an issue.
 4. What other healthcare services are needed in the community?
 - Nursing home, senior care facilities/services.
 - Hospital was talking about getting swings beds to get people back on their feet.
 - Communication between care provider and patient could be better, like when you're waiting for referral or appointment, etc. Constant communication is needed.
 - Mental health. People are trying to get this. Facilities don't exist here for all these kinds of issues.
 5. What would make your community a healthier place to live?
 - It all goes under the same umbrella.
 - Can't think of more to add that hasn't been said.

Key Informant Interview #4

Wednesday, Feb. 28, 2024- Betty Hasler with PC Transit–Via phone interview

1. How do you feel about the general health of your community?
 - We are an aging community, and there are lots of health issues and needs because of that aging population.
2. What are your views/opinions about these local services:
 - Hospital/clinic:
 - Personally I don't go here because my long-term doctor died and he referred me elsewhere. I have been here before though, and I'm glad the facility is here.
 - People have to go in person and pay monthly to get prescriptions refilled and this is frustrating.
 - Follow-up from doctors/appointments is not good--you have to follow up yourself, they don't contact you.
 - EMS Services (ER/Ambulance)
 - In dire need of ambulance personnel. The people there do a great job but we need more people.
 - Public/County Health Department
 - Jenny & staff do a wonderful job servicing this area and all of Phillips county. Jenny is very organized and gets things done which is awesome. They stay up to date on latest diseases/shots/etc.
 - We've taken some riders there, mostly the elderly.
 - Great, good service.
 - Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
 - Nursing home closed and facility turned into assisted living, which is really good to have. The people in the nursing home had to move elsewhere though and a lot of them needed full-time care, and they have not moved back despite their families being near the new facility.
 - We help deliver meals on wheels and that has increased immensely because the assisted living facility's new owners cook the senior meals (balanced meals) and those have improved greatly. We have 20-30 new clients for senior's meal program.
 - The senior center hosts activities, and the Council on Aging meetings/facility is well attended.
 - I think most elderly people go to hospital but don't know for sure.
 - Services for Low-Income Individuals/Families
 - I think the services are overwhelming. I don't think anyone has a problem with food, transport, clothing, etc.

- PC transit takes people to senior center/food bank to get food. Medicaid and SNAP are used here.
3. What do you think are the most important local healthcare issues?
- There used to be a lot of cancer in our area, people were trying to find out why. Cancer rates were high, but I don't know now.
 - Follow-up from doctors/appointments is frustrating--you have to follow up yourself, they don't contact you.
4. What other healthcare services are needed in the community?
- PALS program does a great job, out of hospital, and this is so important because it allows seniors to stay in home longer instead of going to nursing home/assisted living facility. They are having some problems with funding.
 - There is a shortage of people helping seniors in homes.
5. What would make your community a healthier place to live?
- If we didn't have to spray for mosquitoes and if we didn't have to treat our water with chlorine.
 - Other than that we're healthy.

Key Informant Interview #5

Friday March 1, 2024 – anonymous - Via phone interview

1. How do you feel about the general health of your community?
- It's not very good. There are very few people who walk, everyone drives even though Malta is small. There is a heavy amount of drinking, smoking, drug use.
 - There are not many people here that I would qualify as healthy.
2. What are your views/opinions about these local services:
- Hospital/clinic:
- The hospital is referred to as "first aid station" -- people who can patch holes and move you forwards. The staff is amazing just not a lot of resources there.
- EMS Services (ER/Ambulance)
- Running themselves ragged. There are 3 people who take every call.
 - They tried to put on classes and get people certified and I'm not sure if there's no one here or if people are changing and don't want to serve their community but they're really struggling to get more people.
- Public/County Health Department
- I don't hear/know much about them.

- I think they did fantastic job during Covid, and they're always there to answer questions.

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

- Just opened Riverbend Assisted Living again. There is a program that goes to check on the elderly. Most elderly people are seen at the hospital.
- I think we do a good job by our elderly. We have transit for them, people to call and check in. There are some resources for them.

Services for Low-Income Individuals/Families

- We have 2 low income apartments, and counseling available through YDI.
- We do a pretty good job with this.

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

- Mental health. Maybe connected to drinking and drug use, which is a huge problem. There are not a lot of things for youth to get involved in, especially on weekends/at night. We seem to have epidemic of self harm and people not being healthy mentally.

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

- Our one in-person counselor is probably overworked—we could use another position or two. Also we need to make counseling accessible for low income folks, because everyone deserves in-person therapy. Telehealth is better than nothing but in-person is probably more beneficial.

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

- If people found a way to celebrate and mourn and express all their feelings without the assistance of alcohol, I think we'd be a healthier place.

Key Informant Interview #6

Tuesday, March 5, 2024- Anonymous—Via phone interview

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

- Overall we are probably right in the middle because we do have a good hospital/ambulance/law enforcement and their respective resources.

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

Hospital/clinic:

- With the resources they have available they do an excellent job. We do need more personnel - where to get them from though?
- Can always use more resources.

EMS Services (ER/Ambulance)

- Ambulance service only has 5 people who run all the time. They do what they can, and the hospital is understanding and helpful with situation.

Public/County Health Department

- County health department is pretty involved in the community. They stay abreast of what's going on with patients and with how things are going generally in the county. They are involved to the best of their abilities.

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

- I don't know much about because I'm not too involved
- We have home health care that provides services to some seniors. They are short staffed but do wonderful job with who they do have.

Services for Low-Income Individuals/Families

- I do not know anything about that because I've never been involved.

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

- Mental health. There are lots of young and old people with mental health issues. Also alcohol and drug use.

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

- Mental health resources. We get these people and there's no place to put them and we can't just sit on them. We don't have the resources to get them the help they need.
- Crisis services and readily-available counselors (there is only one counselor here and she can only handle so many patients). Many people use counselors in Glasgow but since they're not local people get lost in the system.

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

- That I don't really know because there's not a quick answer.
- More staffing, more personnel, more specialists in peds or geriatrics or mental health.

Key Informant Interview #7

Tuesday, March 5, 2024- City Fire Chief–Via phone interview

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

- We're an aging community, so there's a lot of health problems and needs associated with that.

- There is a lack of advanced medical care in our area beyond something a small hospital can provide. We ship so many people out to deal with advanced problems.

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

Hospital/clinic:

- It's gotten better than it was. They are working hard to provide services needed with limited resources/people/funds.
- It's hard to bring in providers needed with salary they can provide and given the rurality of the area, hard to get people.
- They're doing good job with what they have.

EMS Services (ER/Ambulance)

- ER and ambulance are separate here because ambulance is private. The ER is really good, staff is good at providing what they can and then getting people ready to go elsewhere if that's needed. The ambulance is voluntary and plugs along hard. They work hard to provide that very needed service for the community.

Public/County Health Department

- They've always been good to work with. They work hard at staying trained, informed, sharing resources, knowing what's going on in the community.

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

- We had the nursing home that shut down, and that was hard for the community. We have a small assisted living center for disabilities, but not one just for seniors.
- I haven't dealt with new assisted living center very much. The old one had some mismanagement but the employees running it did a great job.

Services for Low-Income Individuals/Families

- We are fairly lacking in this area. General medical (fire, EMS, law enforcement) has never been any issue for anyone, and EMS writes off money for those who can't pay, and the hospital probably does the same. People are treated and taken care of.
- There is a food bank in town. We have a couple services but not a lot, not like in a metro area.

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

- Capability gaps. We don't have much advanced medical care or providers in the area, and it's hard to draw people here because it's so rural and funding is so hard. The small number of people that are here try to stay proficient in disciplines and training, but it is hard. People are filling many roles. As a whole they do a really good job. It's great that the hospital is maintaining relationship with Stat Air so people can get flown to care needed.

4. What other healthcare services are needed in the community?
 - Advanced medical care and training for individuals.
 - Hospital needs more staff and diversity and funding so they can provide array of care for people.
 - Emergency doctors are expensive – need time and training, and people are hard to get here.
5. What would make your community a healthier place to live?
 - Not a lot to be done that isn't trying to be done already.
 - Everyone is trying to get training they need, to get supplies and funds. It's the same as every rural place these days--everyone needs those funds, everyone is making progress.
 - Funds are a huge part, grant writing is huge. It's hard to fund needed necessary equipment, to have people trained up is expensive (staff and expenses—cover what they lose in working, money for travel. It's hard to cover shifts and hours when we're bare bones in many ways), and hard to send people for training, hard to fund training/equipment

Key Informant Interview #8

Tuesday, March 5, 2024- Anonymous–Via phone interview

1. How do you feel about the general health of your community?
 - It's an elderly community so we have those health issues.
 - We're probably about normal or average compared to the other Montana community I've been in.
2. What are your views/opinions about these local services:
 - Hospital/clinic:
 - The hospital is a godsend for our area. My mom had an extended stay in the hospital so I spent a lot of time there and I was shocked at how busy the hospital in general is. We are very lucky to have it. Most of the community probably doesn't know how much goes on there.
 - EMS Services (ER/Ambulance)
 - The ER is very busy and a godsend. People probably don't realize how much they do.
 - Public/County Health Department
 - We're really fortunate to have this in our area. That whole office does a great job at getting information out and different vaccination clinics and things like that.

It's a great addition to the community, and I've used it quite a bit with my younger children. Everyone is always very helpful.

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

- We are lacking a little bit here with that. We need more elderly care services because it is such an elderly community. I know they're trying but that would be one thing we're lacking in.

Services for Low-Income Individuals/Families

- I don't really know what services are available.

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

- Senior services/care.
- Mental health services, for all ages. It's hard to find mental health services locally for kids especially.

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

- Mental health services.
- Senior services.

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

- Mental health resources—more children's therapy options (play therapy, etc).
- Also suicide prevention/crisis resources.

Appendix J – Request for Comments

Written comments on this 2024 Community Health Needs Assessment (CHNA) Report can be submitted to Phillips County Hospital at:

Phillips County Hospital

Administration
311 S. 8th Avenue E
Malta, MT 59538

Please contact PCH administration at: 406-654-1100 ext. 5004 or jtharp@pchospital365.us with questions.

