



2022

COMMUNITY HEALTH NEEDS ASSESSMENT

Plentywood, Montana

*Assessment conducted by **Sheridan Memorial Hospital Association** in cooperation with the Montana Office of Rural Health*

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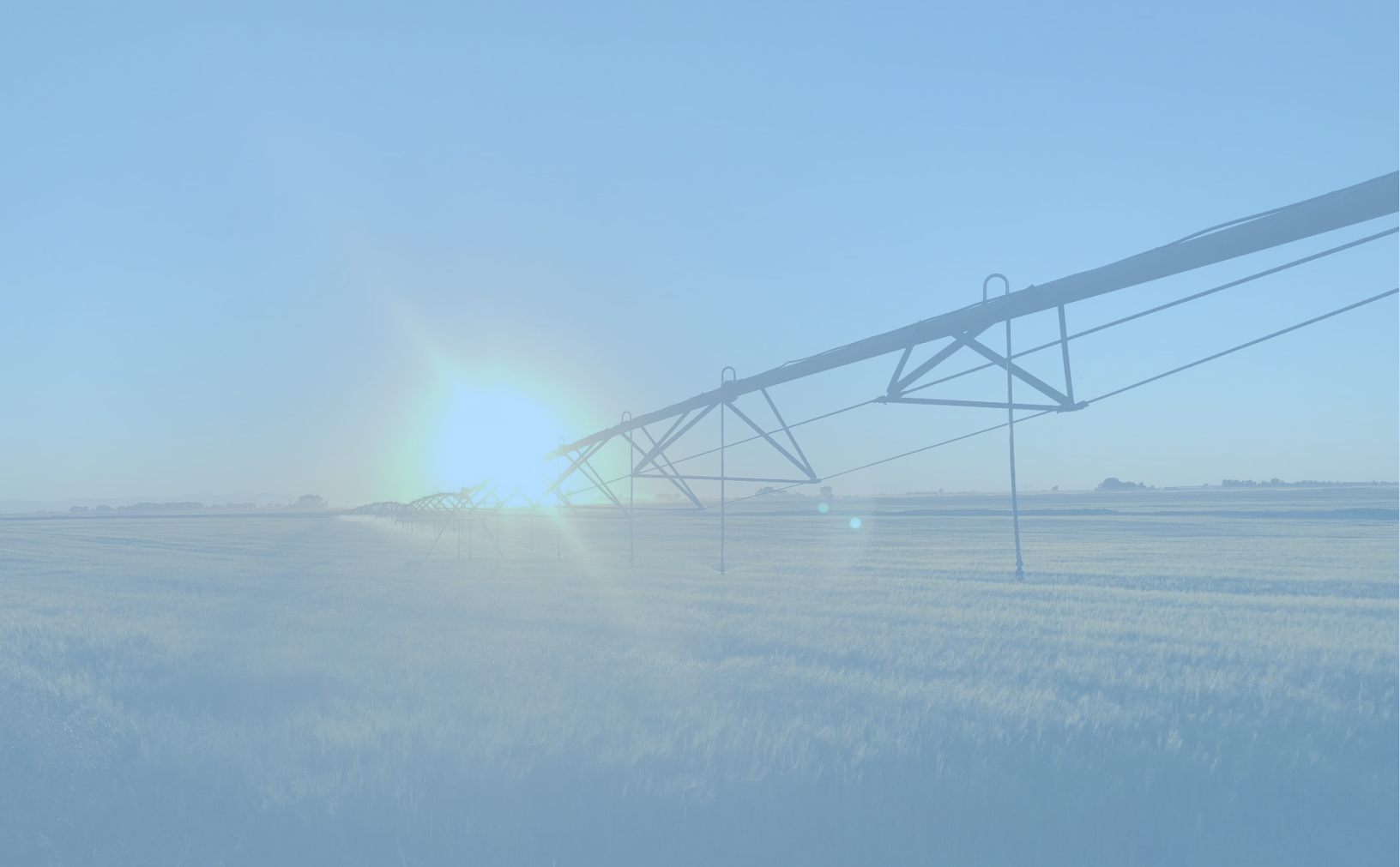
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INTRODUCTION

Introduction

Sheridan Memorial Hospital Association (SMHA) in Plentywood, Montana is a licensed 19 bed Critical Access Hospital (CAH), 45 bed Long Term Care facility and Rural Health Clinic. SMHA has a primary service area of approximately 1700 square miles and provides medical services to a base population of approximately 3500 residents from Redstone to Homestead as well as surrounding communities in Daniels and Roosevelt Counties and North Dakota.

Sheridan County and adjacent counties have a low population density and is considered a Frontier (six or less people per square mile) by the US Department of Health and Human Services. For further demographic, socioeconomic, and other related county and state data, please see Appendix C to review the Secondary Data Analysis.



Mission: Providing quality care to improve the health and well-being of the people and communities we serve.

Vision: SMHA endeavors to be a leader and innovator in providing high quality, cost effective healthcare services.

Sheridan Memorial Hospital Association 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 enhance community engagement in the assessment process.

Over the months of April and May 2022, SMHA's service area was surveyed about its healthcare system. This report shows the results of the survey in both narrative and chart formats. A copy of the survey instrument is included at the end of this report (Appendix E). Readers are invited to familiarize themselves with the survey instrument and the subsequent findings. The narrative report touches on the highlights while the charts present data for virtually every question asked.

Health Assessment Process

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



Survey Methodology

Survey Instrument

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

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

Sampling

Sheridan Memorial Hospital Association provided a list of aggregated outpatient and inpatient admissions. Those zip codes with the greatest number of admissions were selected to be included in the survey. A random list of 800 residents was then selected with the assistance of the MSU HELPS lab. Residence was stratified in the initial sample selection so that each area would be represented in proportion to the overall served population and the proportion of past admissions. Although the survey samples were proportionately selected, actual surveys returned from each population area varied, which may result in slightly less proportional results.

| Zip Code | Population ¹ | Community Name | Total Distribution | # Male | # Female |
|--------------|-------------------------|----------------|--------------------|------------|------------|
| 59254 | 1825 | Plentywood | 552 | 276 | 276 |
| 59275 | 134 | Westby | 64 | 32 | 32 |
| 59247 | 242 | Medicine Lake | 40 | 20 | 20 |
| 59211 | 68 | Antelope | 36 | 18 | 18 |
| 59219 | 241 | Dagmar | 30 | 15 | 15 |
| 59252 | 82 | Outlook | 22 | 11 | 11 |
| 59258 | 35 | Reserve | 20 | 10 | 10 |
| 59256 | 43 | Raymond | 16 | 8 | 8 |
| 59242 | 64 | Homestead | 10 | 5 | 5 |
| 59257 | 58 | Redstone | 10 | 5 | 5 |
| Total | 2797 | | 800 | 400 | 400 |

¹ US Census Bureau - American Community Survey (2019)

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

Information Gaps- Data

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

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

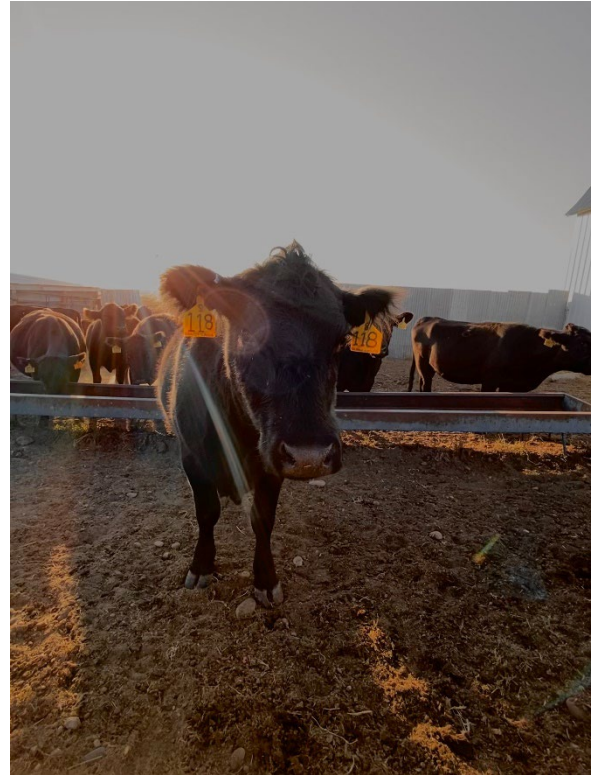
The low population density of rural and frontier communities often requires regional reporting of many major health indices, including chronic disease burden and behavior health indices. The Montana BRFSS (Behavioral Risk Factor Surveillance System), through a cooperative agreement with the Center for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

Limitations in Survey & Key Informant Methodology

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

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

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



Survey Implementation

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

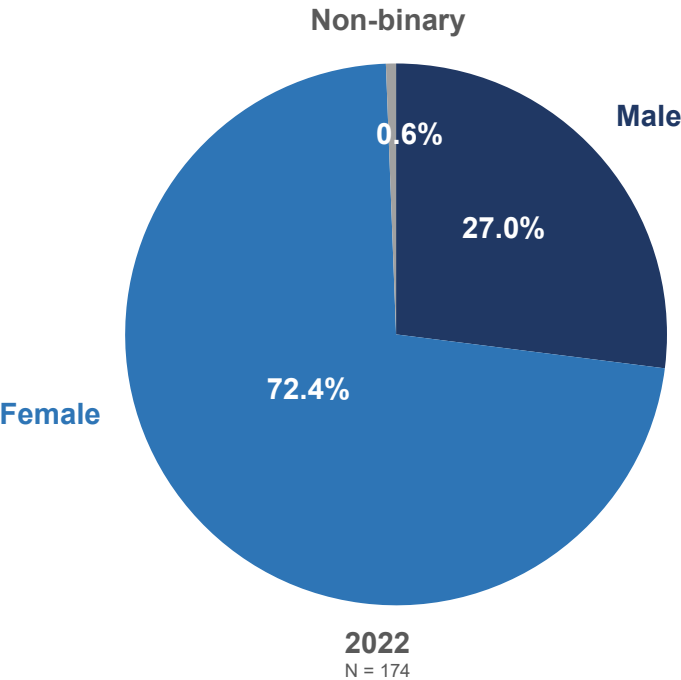
One hundred seventy-seven surveys were returned out of 800. Of those 800 surveys, 46 surveys were returned undeliverable for a 23.5% response rate. From this point on, the total number of surveys will be out of 754. Based upon the sample size, we can be 95% confident that the responses to the survey questions are representative of the service area population, plus or minus 7.1%.

Survey Respondent Demographics

A total of 754 surveys were distributed amongst Sheridan Memorial Hospital Association's service area. One hundred seventy-seven were completed for a 23.5% response rate. The following tables and visualizations indicate the demographic characteristics of the survey respondents. Information on location, gender, age, and employment is included. Percentages indicated on the tables and graphs are based upon the total number of responses for each individual question, as some respondents did not answer all questions.

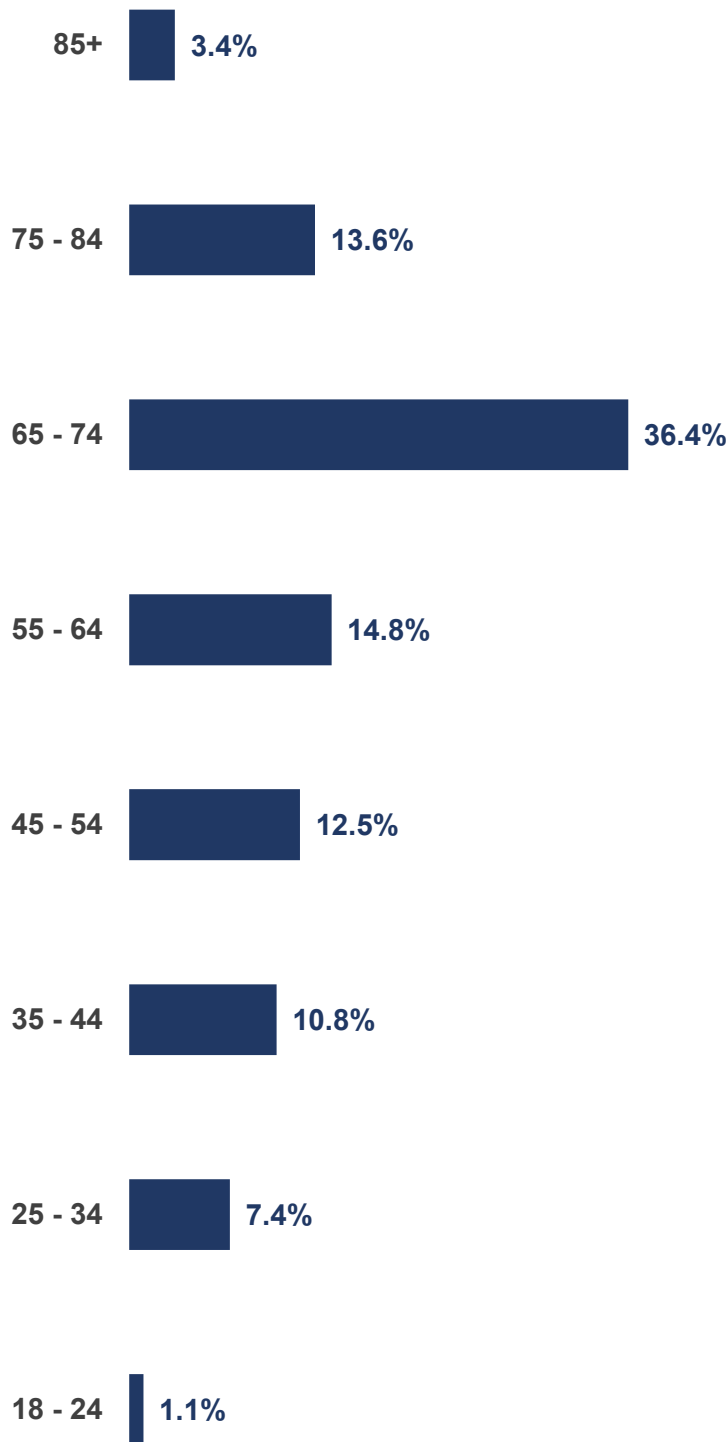
| Place of Residence | 2022 % (n) |
|------------------------------|-----------------------|
| Number of respondents | 173 |
| 59254 Plentywood | 69.9% (121) |
| 59275 Westby | 9.2% (16) |
| 59247 Medicine Lake | 5.2% (9) |
| 59252 Outlook | 3.5% (6) |
| 59258 Reserve | 3.5% (6) |
| 59211 Antelope | 2.9% (5) |
| 59219 Dagmar | 2.3% (4) |
| 59257 Redstone | 1.7% (3) |
| 59256 Raymond | 1.2% (2) |
| 59242 Homestead | 0.6% (1) |
| 59263 Scobey | 0.0% (0) |
| Other | 0.0% (0) |
| TOTAL | 100.0% (173) |

Gender



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

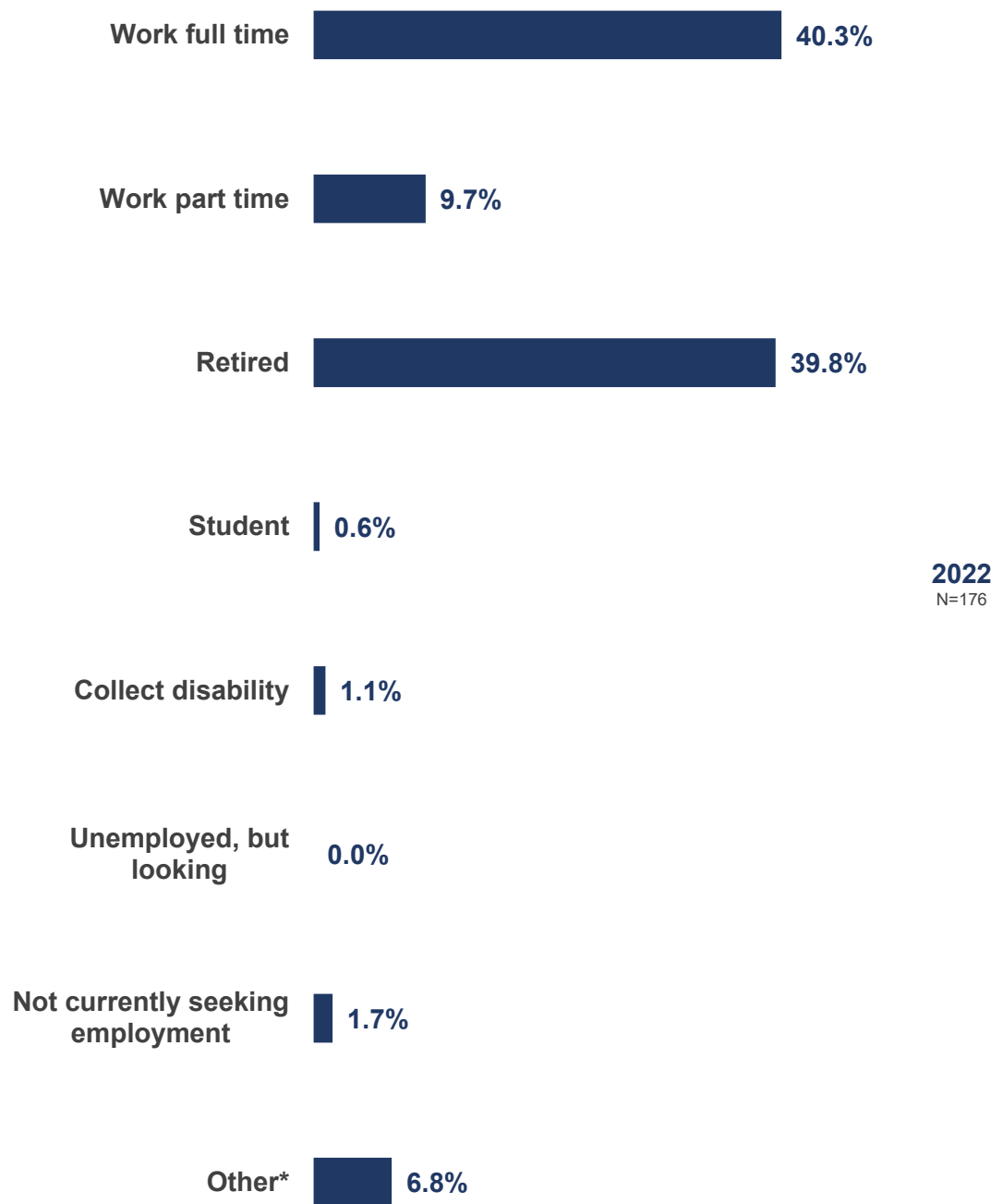
Age of 2022 survey respondents



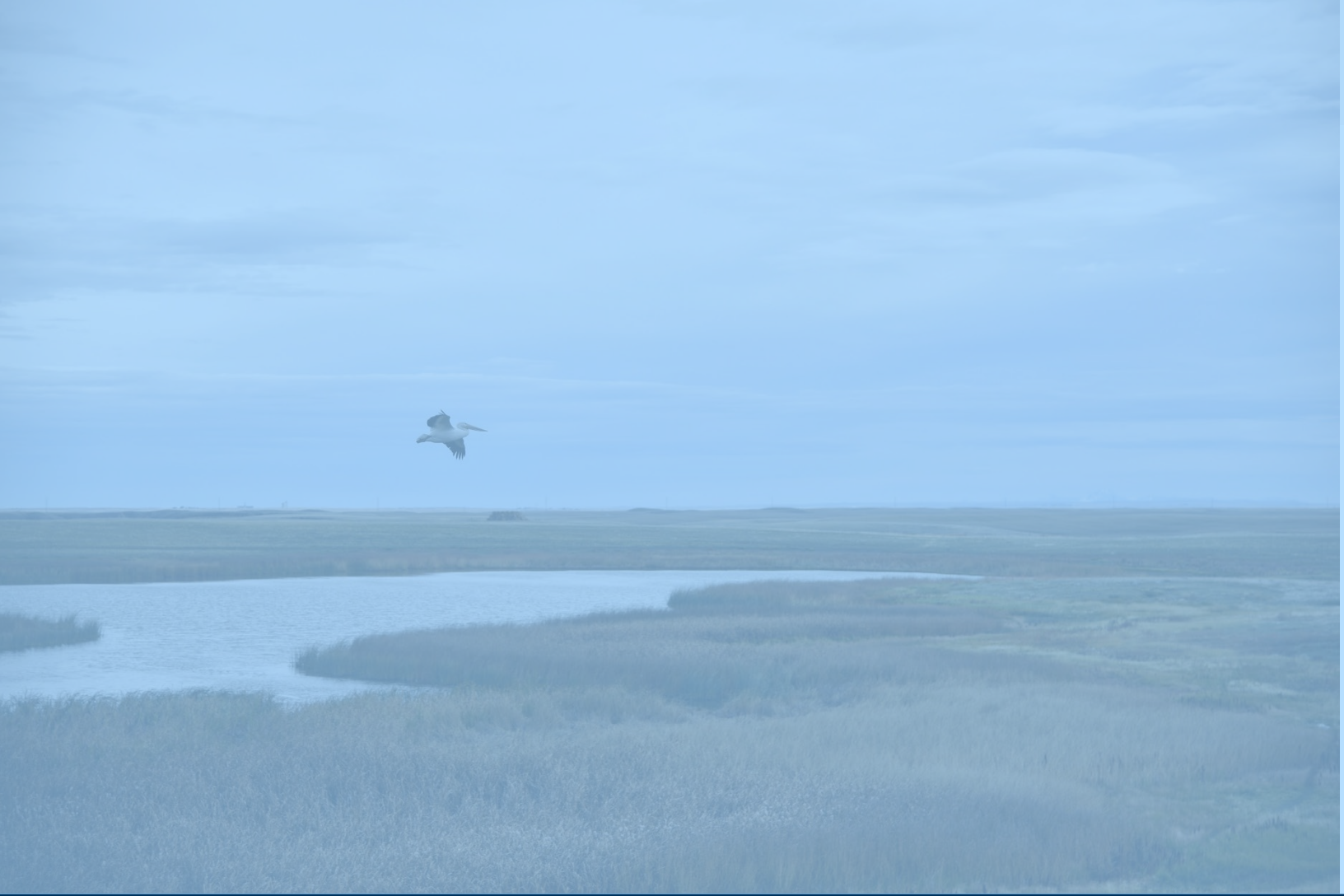
2022
N=176

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

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



*Respondents (N=4) who selected over the allotted amount were moved to “Other.”
“Other” comments included: Self-employed (4), Volunteer (2), and Seasonal/Self Employed



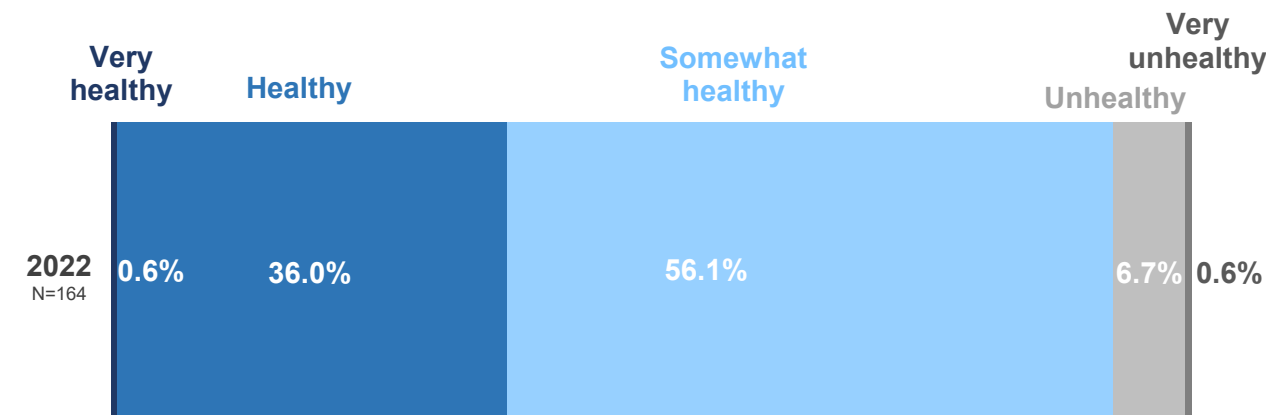
SURVEY RESULTS

Survey Results

Rating of Healthy Community (Question 1)

Respondents were asked to indicate how they would rate the general health of their community. Fifty-six point one percent of respondents (n=92) rated their community as “Somewhat healthy,” 36.0% of respondents (n=59) felt their community was “Healthy,” and 6.7% (n=11) rated it “Unhealthy.” Point six percent of respondents (n=1, each) rated their community “Very healthy” or “Very unhealthy.”

Over half of 2022 respondents rate their community as **somewhat healthy**



Majority of survey respondents feel their community is **somewhat healthy**.

Health Concerns for Community (Question 2)

Respondents were asked what they felt the three most serious health concerns were in their community. The top identified health concern was “Alcohol/substance abuse” at 66.3% (n=114). “Cancer” was also of concern at 43.6% (n=75), followed by “Mental health issues” at 25.6% (n=44).

“Other” comments included: Lack of optometry, Drugs, and Distance to medical specialists.

(View all comments in Appendix G)

| Health Concern | 2022 % (n) |
|--|---------------|
| Number of respondents | 172 |
| Alcohol/substance abuse | 66.3% (114) |
| Cancer | 43.6% (75) |
| Mental health issues | 25.6% (44) |
| Overweight/obesity | 23.3% (40) |
| Lack of access to healthcare | 22.1% (38) |
| Heart disease | 16.3% (28) |
| Depression/anxiety | 15.1% (26) |
| Alzheimer’s/dementia | 14.0% (24) |
| Diabetes | 12.2% (21) |
| Social isolation/loneliness | 8.7% (15) |
| Lack of exercise | 8.1% (14) |
| Tobacco use (cigarettes/cigars, vaping, smokeless) | 7.0% (12) |
| Work/economic stress | 5.8% (10) |
| Child abuse/neglect | 4.1% (7) |
| Suicide | 4.1% (7) |
| Stroke | 3.5% (6) |
| Lack of dental care | 2.3% (4) |
| Respiratory issues/illness | 2.3% (4) |
| Trauma/Adverse Childhood Experiences (ACES) | 1.7% (3) |
| Domestic violence | 0.6% (1) |
| Motor vehicle accidents | 0.6% (1) |
| Hunger | 0.0% (0) |
| Recreation related accidents/injuries | 0.0% (0) |
| Work related accidents/injuries | 0.0% (0) |
| Other* | 4.1% (7) |

Respondents were asked to pick their top three serious health concerns, so percentages do not equal 100%.

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

Components of a Healthy Community (Question 3)

Respondents were asked to identify the three most important things for a healthy community. Sixty-two point five percent of respondents (n=110) indicated that “Access to healthcare services” is important for a healthy community, followed by “Good jobs and a healthy economy” at 35.2% (n=62), and “Healthy behaviors and lifestyles” at 31.8% (n=56).

| Components of Healthy Community | 2022 % (n) |
|---|---------------|
| Number of respondents | 176 |
| Access to healthcare services | 62.5% (110) |
| Good jobs and a healthy economy | 35.2% (62) |
| Healthy behaviors and lifestyles | 31.8% (56) |
| Strong family life | 27.8% (49) |
| Good schools | 24.4% (43) |
| Religious or spiritual values | 17.0% (30) |
| Access to healthy foods | 16.5% (29) |
| Access to childcare/after school programs | 15.3% (27) |
| Low crime/safe neighborhoods | 13.1% (23) |
| Affordable housing | 10.8% (19) |
| Community involvement | 9.7% (17) |
| Tolerance for diversity | 6.3% (11) |
| Transportation services | 5.7% (10) |
| Low death and disease rates | 5.1% (9) |
| Parks and recreation | 3.4% (6) |
| Clean environment | 2.8% (5) |
| Low level of domestic violence | 2.8% (5) |
| Arts and cultural events | 1.7% (3) |
| Other* | 1.7% (3) |

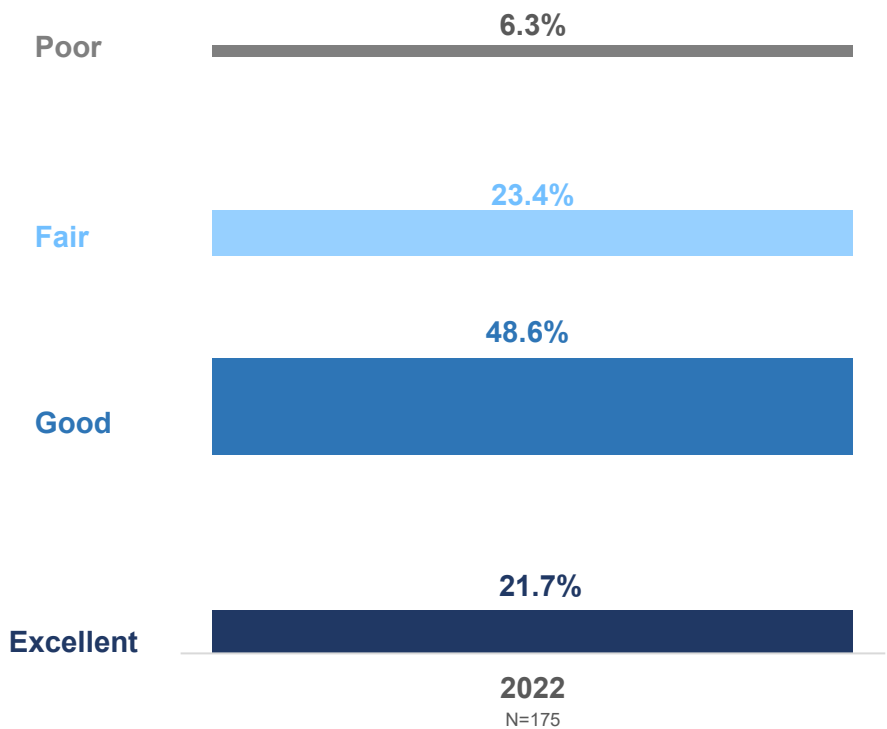
Respondents were asked to pick their top three components of a healthy community, so percentages do not equal 100%. *Respondents (N=2) who selected over the allotted amount were moved to “Other.”

“Other” comments included: No cliques – there is so much of this in towns around here - kids to adults

Knowledge of Health Services (Question 4)

Respondents were asked to rate their knowledge of the health services available through Sheridan Memorial Hospital. Forty-eight point six percent (n=85) of respondents rated their knowledge of health services as “Good.” “Fair” was selected by 23.4% (n=41), “Excellent” was chosen by 21.7% (n=38), and 6.3% of respondents (n=11) rated their knowledge of health services as “Poor.”

Nearly half of 2022 respondents rated their knowledge of services as **good**



How Respondents Learn of Health Services (Question 5)

When asked about modes for learning of local health services, the most frequently indicated method was “Friends/family” at 63.6% (n=112). “Word of mouth/reputation” was also frequently used to learn about health services at 55.7% (n=98), followed by “Newspaper” at 50.6% (n=89).

| How Respondents Learn about Community Health Services | 2022 % (n) |
|---|---------------|
| Number of respondents | 176 |
| Friends/family | 63.6% (112) |
| Word of mouth/reputation | 55.7% (98) |
| Newspaper | 50.6% (89) |
| Healthcare provider | 47.2% (83) |
| Social media | 36.9% (65) |
| Mailings/newsletter | 18.2% (32) |
| Radio | 15.3% (27) |
| Website/internet | 15.3% (27) |
| Public Health Nurse | 9.7% (17) |
| Billboards/posters | 2.3% (4) |
| Presentations | 1.1% (2) |
| Other | 5.7% (10) |

Respondents were asked to indicate all methods of receiving information, so percentages do not equal 100%.

“**Other**” comments included: Work, Personal experiences, and Hospital/Clinic visits

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

Utilized Community Health Resources (Question 6)

Respondents were asked which community health resources, other than the hospital or clinic, they had used in the last three years. “Local pharmacy” was the most frequently utilized community health resource cited by respondents at 93.1% (n=161). The “Sheridan Dental Clinic” was utilized by 56.6% (n=98) of respondents, followed by “Sheridan County Public Health” at 36.4% (n=63).

| Use of Other Community Health Resources | 2022 % (n) |
|---|---------------|
| Number of respondents | 173 |
| Local pharmacy | 93.1% (161) |
| Sheridan Dental Clinic | 56.6% (98) |
| Sheridan County Public Health | 36.4% (63) |
| Marijuana dispensaries | 8.7% (15) |
| Hi-Line Health & Fitness | 8.1% (14) |
| Plains Adventures Fitness Center | 8.1% (14) |
| Whole and Well Co. | 6.4% (11) |
| Food Bank | 5.8% (10) |
| Turning Leaf Counseling | 5.8% (10) |
| VA clinic | 2.3% (4) |
| La Casa Personal Care | 1.7% (3) |
| Eastern MT Community Mental Health Services | 1.2% (2) |
| Other | 4.0% (7) |

Respondents were asked to select all other community health resources used, so percentages do not equal 100%.

“Other” comments included: Billings Clinic, Internet research, and “Sandy Overgaard - 5 wishes”

Improve Community's Access to Healthcare (Question 7)

Respondents were asked to indicate what they felt would improve their community's access to healthcare. The majority of respondents (65.5%, n=112) reported that "More primary care providers" would make the greatest improvement. Forty-two point seven percent of respondents (n=73) indicated "More specialists," followed closely by "Transportation assistance (out of Sheridan County)" at 33.9% (n=58) would improve access to healthcare.

More primary care providers would make the greatest improvement

| What Would Improve Community Access to Healthcare | 2022 % (n) |
|--|---------------|
| Number of respondents | 171 |
| More primary care providers | 65.5% (112) |
| More specialists | 42.7% (73) |
| Transportation assistance (out of Sheridan County) | 33.9% (58) |
| Improved quality of care | 32.7% (56) |
| More information about available services | 31.0% (53) |
| Telemedicine | 22.8% (39) |
| Payment assistance programs (healthcare expenses) | 18.1% (31) |
| Greater health education services | 17.5% (30) |
| Outpatient services expanded hours | 17.0% (29) |
| Cultural sensitivity | 0.6% (1) |
| Interpreter services | 0.6% (1) |
| Other | 7.6% (13) |

Respondents were asked to select any items that would improve community access to healthcare, so percentages do not equal 100%.

"Other" comments included:

- Optometrist
- Less midlevel providers who just refer you elsewhere; patients pay here at home and then pay to go elsewhere for same problem
- Doctor/medical staff that stay in the community long term and works Monday-Friday

Interest in Educational Classes/Programs (Question 8)

Respondents were asked if they would be interested in any educational classes/programs made available to the community. The most frequently selected class/program was “Health and wellness” at 39.9% (n=57). Interest in “Women’s health” followed with 35.7% (n=51), while 30.1% of respondents (n=43) were interested in “Weight loss.”

| Interest in Classes or Programs | 2022 % (n) |
|---------------------------------|---------------|
| Number of respondents | 143 |
| Health and wellness | 39.9% (57) |
| Women's health | 35.7% (51) |
| Weight loss | 30.1% (43) |
| Fitness | 29.4% (42) |
| Nutrition | 27.3% (39) |
| Mental health | 23.1% (33) |
| Alzheimer's | 22.4% (32) |
| Living will | 22.4% (32) |
| Diabetes | 21.0% (30) |
| Cancer | 17.5% (25) |
| First aid/CPR | 17.5% (25) |
| Men's health | 15.4% (22) |
| Grief counseling | 14.0% (20) |
| Support groups | 12.6% (18) |
| Heart disease | 11.9% (17) |
| Parenting | 10.5% (15) |
| Alcohol/substance abuse | 7.0% (10) |
| Smoking/tobacco cessation | 4.9% (7) |
| Lactation/breastfeeding support | 3.5% (5) |
| Prenatal | 2.8% (4) |
| Other | 2.1% (3) |

Respondents were asked to pick all classes or programs that are of interest, so percentages do not equal 100%.

“**Other**” comments included: Affordable and None of the above

Desired Local Health Services (Question 9)

Respondents were asked to indicate which additional services they would utilize if available locally. Respondents indicated the most interest in “Eye/Vision Clinic” at 93.2% (n=137). Sixteen point three percent (n=24) of respondents were interested in “Obstetrics/Pediatrics,” while 9.5% (n=14) desire “Body Sculpting” locally.

| Desired Local Health Services | 2022 % (n) |
|-------------------------------|---------------|
| Number of respondents | 147 |
| Eye/Vision Clinic | 93.2% (137) |
| Obstetrics/Pediatrics | 16.3% (24) |
| Body Sculpting | 9.5% (14) |
| Dialysis | 3.4% (5) |
| Flight Physicals | 2.7% (4) |
| Immigration Physicals | 0.0% (0) |
| Other | 4.8% (7) |

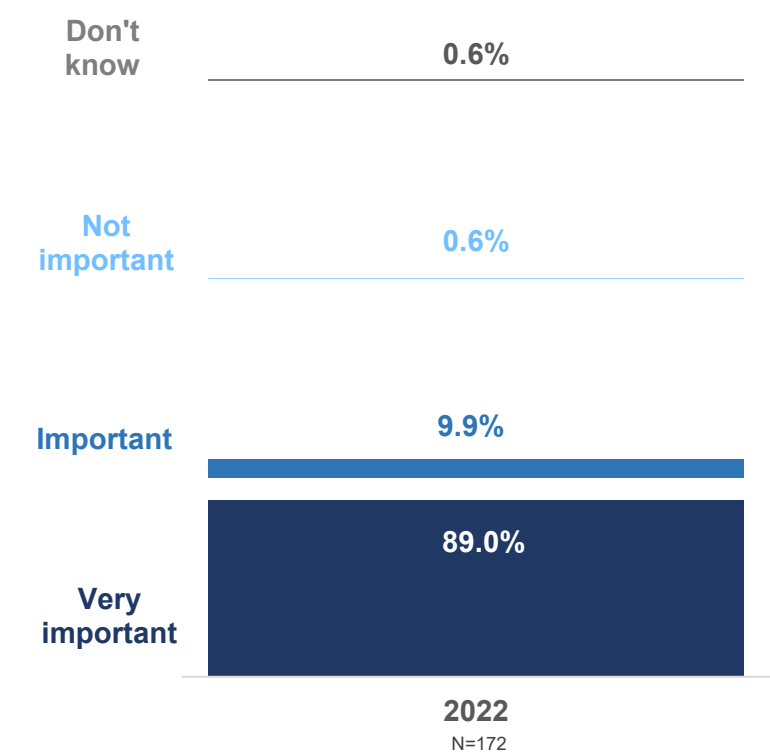
Respondents were asked to pick all desired local healthcare services that are of interest, so percentages do not equal 100%.

“**Other**” comments included: Clinic with medical doctors, Exercise for seniors, Massage therapy, Acupuncture, and “Weight loss clinic, exercise classes”

Economic Importance of Healthcare (Question 10)

The majority of respondents (89.0 %, n=153) indicated that local healthcare providers and services (i.e., hospitals, clinics, nursing homes, assisted living, etc.) are “Very important” to the economic well-being of the area. Nine point nine percent of respondents (n=17) indicated they are “Important,” and 0.6% (n=1, each) respondents felt they are “Not important” or didn’t know.

Majority of 2022 respondents indicated that local healthcare providers and services are very important to the economic well-being of the area.



Utilization of Preventive Services (Question 11)

Respondents were asked if they had utilized any of the preventive services listed in the past year. “Flu shot/immunization” was selected by 69.7% of respondents (n=122), followed by “Dental check” at 63.4% (n=111). Survey respondents could select all services that applied.

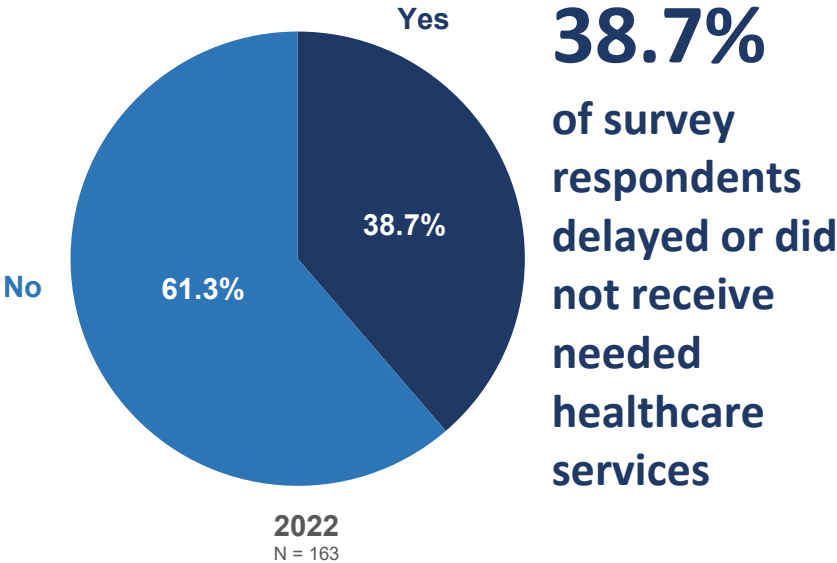
| Use of Preventive Services | 2022 % (n) |
|------------------------------|---------------|
| Number of respondents | 175 |
| Flu shot/immunizations | 69.7% (122) |
| Dental check | 63.4% (111) |
| Health checkup | 56.6% (99) |
| Blood pressure check | 53.7% (94) |
| Vision check | 44.6% (78) |
| Cholesterol check | 38.9% (68) |
| Annual/Community blood draw | 36.0% (63) |
| Mammography | 36.0% (63) |
| Colonoscopy | 20.0% (35) |
| Prostate (PSA) | 16.6% (29) |
| Pap test | 16.0% (28) |
| Hearing check | 11.4% (20) |
| Children's checkup/Well baby | 9.7% (17) |
| None | 5.1% (9) |
| Other | 2.9% (5) |

Respondents could select any of the preventive services listed, so percentages do not equal 100%.

“**Other**” comments included: Annual birthday labs at the hospital, Diabetic support for Type 1, Physical therapy, and COVID booster shots.

Delay of Services (Question 12)

Thirty-eight point seven percent of respondents (n=63) reported that they or a member of their household thought they needed healthcare services but did not get them or had to delay getting them. Sixty-one point three percent of respondents (n=100) felt they were able to get the healthcare services they needed without delay.



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

Reason for Not Receiving/Delaying Needed Services (Question 13)

For those who indicated they were unable to receive or had to delay services (n=63), the reason most cited was “Qualified provider not available” (34.9%, n=22). “It cost too much” followed with 30.2% (n=19). Eight respondents were moved to “Other” for selecting more than three reasons for not receiving or delaying healthcare services.

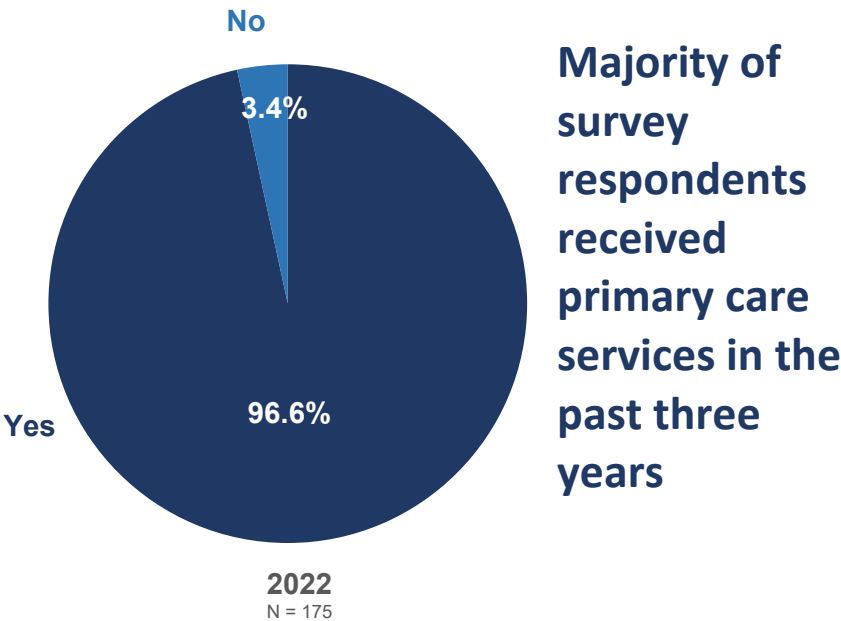
| Reasons for Delay in Receiving Needed Healthcare | 2022 % (n) |
|--|---------------|
| Number of respondents | 63 |
| Qualified provider not available | 34.9% (22) |
| It cost too much | 30.2% (19) |
| Could not get an appointment | 19.0% (12) |
| Scheduling difficulty due to pandemic | 19.0% (12) |
| Too long to wait for an appointment | 19.0% (12) |
| Frequency of out of area follow up appointments | 15.9% (10) |
| It was too far to go | 15.9% (10) |
| My insurance didn't cover it | 9.5% (6) |
| Could not get off work | 4.8% (3) |
| Didn't know where to go | 4.8% (3) |
| Office wasn't open when I could go | 4.8% (3) |
| Privacy/confidentiality | 4.8% (3) |
| Don't like doctors | 3.2% (2) |
| Too nervous or afraid | 3.2% (2) |
| Transportation problems | 3.2% (2) |
| Don't understand healthcare system | 1.6% (1) |
| No insurance | 1.6% (1) |
| Not treated with respect | 1.6% (1) |
| Unsure if services were available | 1.6% (1) |
| Had no childcare | 0.0% (0) |
| Language barrier | 0.0% (0) |
| Other* | 28.6% (18) |

Respondents were asked to indicate the top three reasons for a delay in seeking healthcare, so percentages do not equal 100%. *Respondents (N=8) who selected over the allotted amount were moved to “Other.”

“Other” comments included: COVID-19 (2), Busy caregiving, and COVID-19 policies

Primary Care Services (Question 14)

Ninety-six point six percent of respondents (n=169) indicated they or someone in their household had been seen by a primary care provider (such as a family physician, physician assistant, or nurse practitioner) for healthcare services in the past three years. Three point four percent of respondents (n=6) indicated they had not received primary care.



Location of Primary Care Services (Question 15)

Of the respondents who indicated receiving primary care services in the previous three years (n=169), the majority (58.6%, n=99) reported receiving care in Plentywood. Thirty respondents were moved to “Other” due to selecting more than one primary care provider location.

| Location of Primary Care Provider | 2022 % (n) |
|-----------------------------------|---------------------|
| Number of respondents | 169 |
| Plentywood | 58.6% (99) |
| Sidney | 8.3% (14) |
| Billings | 4.1% (7) |
| Scobey | 4.1% (7) |
| Williston, ND | 2.4% (4) |
| Culbertson | 0.6% (1) |
| Glasgow | 0.0% (0) |
| Minot, ND | 0.0% (0) |
| Other* | 21.9% (37) |
| TOTAL | 100.0% (169) |

*Respondents (N=30) who selected over the allotted amount were moved to “Other.”

“Other” comments included: Bismarck, ND (2), Minnesota, Fairview, Helena, Bozeman, and Poplar Riverside Clinic

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 16)

Those respondents who indicated they or someone in their household had been seen by a primary care provider within the past three years were asked to indicate why they chose that primary care provider. “Closest to home” was the most frequently selected reason at 56.2% (n=95), followed by “Prior experience with clinic” at 33.7% (n=57), and “Clinic/provider’s reputation for quality” at 32.0% (n=54).

| Reasons for Selecting Primary Care Provider | 2022 % (n) |
|---|---------------|
| Number of respondents | 169 |
| Closest to home | 56.2% (95) |
| Prior experience with clinic | 33.7% (57) |
| Clinic/providers reputation for quality | 32.0% (54) |
| Appointment availability | 26.6% (45) |
| Recommended by family or friends | 20.1% (34) |
| Referred by physician or other provider | 11.2% (19) |
| Privacy/confidentiality | 4.1% (7) |
| Length of waiting room time | 2.4% (4) |
| Cost of care | 1.2% (2) |
| Required by insurance plan | 1.2% (2) |
| VA/Military requirement | 1.2% (2) |
| Indian Health Services | 0.6% (1) |
| Other | 8.3% (14) |

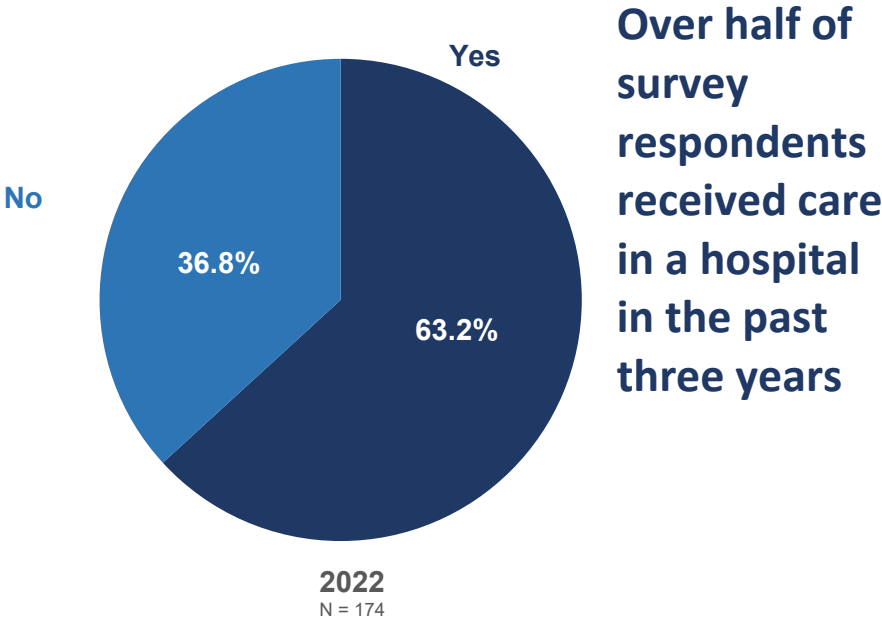
Respondents were asked to pick their top three reasons for selection of their primary care provider, so percentages do not equal 100%.

“Other” comments included: Telemedicine, Close to kids, Had her in Plentywood and followed her to Scobey, and Support local

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 17)

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 two percent of respondents (n=110) reported that they or a member of their family had received hospital care during the previous three years, and 36.8% (n=64) had not received hospital services.



Location of Hospital Services (Question 18)

Among respondents who indicated receiving hospital care in the last three years (n=110), they were then asked to share the location of the hospital that their household used most often. The majority (39.1%, n=43) of respondents reported receiving care at “Sheridan Memorial Hospital – Plentywood.” Twenty-one point eight percent of respondents (n=24) received services at “Sidney Health Center – Sidney,” and 12.7% of respondents (n=14) reported utilizing services at “Billings Clinic – Billings.” Ten respondents were moved to “Other” for selecting more than one location.

| Hospital Used Most Often | 2022 % (n) |
|---|---------------------|
| Number of respondents | 110 |
| Sheridan Memorial Hospital – Plentywood | 39.1% (43) |
| Sidney Health Center – Sidney | 21.8% (24) |
| Billings Clinic – Billings | 12.7% (14) |
| Mercy Medical Center – Williston, ND | 4.5% (5) |
| St. Vincent Healthcare - Billings | 4.5% (5) |
| Roosevelt Memorial – Culbertson | 0.9% (1) |
| Daniels Memorial Healthcare – Scobey | 0.0% (0) |
| Other* | 16.4% (18) |
| TOTAL | 100.0% (110) |

*Respondents (N=10) who selected over the allotted amount were moved to “Other.”

“Other” comments included: St. Patrick’s, Missoula, St. Peters Health- Helena, Hospital in MN, St. Alexis, Williston, ND, Sanford (Fargo)

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

Reasons for Hospital Selection (Question 19)

Among respondents who indicated receiving hospital care in the last three years (n=110), 109 shared the top three reasons for their selection. The primary reason given for selecting the hospital used most often was “Closest to home” at 56.0% (n=61). “Prior experience with hospital” was selected by 39.4% of the respondents (n=43), and 33.9% (n=37, each) indicated “Emergency, no choice” and “Referred by physician or other provider.”

| Reasons for Selecting Hospital | 2022 % (n) |
|---|---------------|
| Number of respondents | 109 |
| Closest to home | 56.0% (61) |
| Prior experience with hospital | 39.4% (43) |
| Emergency, no choice | 33.9% (37) |
| Referred by physician or other provider | 33.9% (37) |
| Hospital's reputation for quality | 31.2% (34) |
| Recommended by family or friends | 11.9% (13) |
| Closest to work | 6.4% (7) |
| Required by insurance plan | 3.7% (4) |
| Cost of care | 1.8% (2) |
| Financial assistance programs | 0.9% (1) |
| Privacy/confidentiality | 0.9% (1) |
| VA/Military requirement | 0.9% (1) |
| Other* | 7.3% (8) |

Respondents were asked to pick their top three reasons for selecting a hospital, so percentages do not equal 100%.

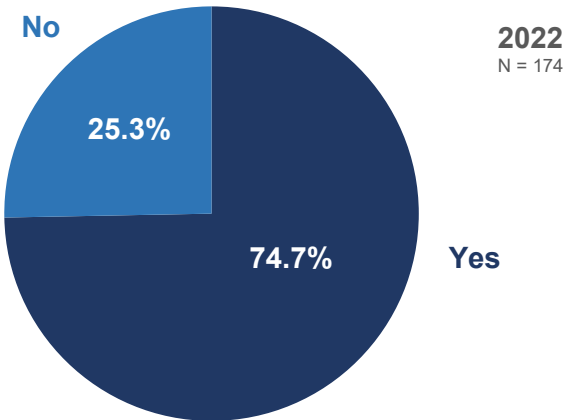
*Respondents (N=2) who selected over the allotted amount were moved to “Other.”

“**Other**” comments included: “Not talked down to; advised of all test results,” Telemedicine, Obstetrics not available in Plentywood, and Delivers babies

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

Specialty Care Services (Question 20)

Respondents were asked if they or someone in their household had seen a healthcare specialist in the last three years. Specialty care was quantified as a health provider other than their primary care provider or family doctor. Seventy-four point seven percent of the respondents (n=130) indicated they or a household member had seen a healthcare specialist during the past three years, while 25.3% (n=44) indicated they had not.



Location of Healthcare Specialist(s) (Question 21)

Of the respondents who indicated they saw a healthcare specialist in the past three years (n=130), the majority of respondents (59.2%, n=77) sought care in Billings. Forty-five point five percent of respondents (n=59) utilized specialty services in Sidney, while 35.4% of respondents (n=46) received specialty care in Williston, ND. Respondents could select more than one location, so percentages do not equal 100%.

| Location of Specialist | 2022 % (n) |
|------------------------|---------------|
| Number of respondents | 130 |
| Billings | 59.2% (77) |
| Sidney | 45.4% (59) |
| Williston, ND | 35.4% (46) |
| Plentywood | 17.7% (23) |
| Minot, ND | 6.9% (9) |
| Glasgow | 4.6% (6) |
| Other | 17.7% (23) |

Respondents were asked to indicate the location of any specialist seen in the past three years, so percentages do not equal 100%.

“Other” comments included: Scobey (11), Virtual, Denver, CO, Missoula, Bozeman, Helena, and Fargo

Type of Healthcare Specialist Seen (Question 22)

Among the respondents who saw a healthcare specialist in the last three years (n=130), 129 shared the type of specialist they saw. The most frequently utilized specialist was the “Optometrist (eye)” at 35.7% (n=46), followed by “Dentist” at 27.1% (n=35). Respondents were asked to choose all that apply, so percentages do not equal 100%.

| Type of Specialists Seen | 2022 % (n) |
|--|---------------|
| Number of respondents | 129 |
| Optometrist (eye) | 35.7% (46) |
| Dentist | 27.1% (35) |
| Cardiologist (heart) | 24.8% (32) |
| General surgeon | 21.7% (28) |
| Ophthalmologist (eye) | 21.7% (28) |
| Chiropractor | 20.2% (26) |
| Radiologist (reads X-rays) | 19.4% (25) |
| Dermatologist (skin) | 18.6% (24) |
| ENT (ear/nose/throat) | 17.1% (22) |
| Orthopedic surgeon | 17.1% (22) |
| Oncologist (cancer) | 14.7% (19) |
| Urologist (diseases of urinary tract, kidneys, bladder, and urethra) | 14.7% (19) |
| Gastroenterologist (throat, stomach, bowels) | 14.0% (18) |
| Physical therapist | 13.2% (17) |
| Endocrinologist (thyroid, diabetes, infertility, cancers) | 11.6% (15) |
| Neurologist | 9.3% (12) |
| OB/GYN | 9.3% (12) |
| Audiologist (hearing) | 8.5% (11) |
| Pulmonologist (lung) | 8.5% (11) |
| Rheumatologist (arthritis, bone/joint concerns) | 7.8% (10) |
| Podiatrist (feet) | 7.0% (9) |
| Nephrologist (kidney) | 3.9% (5) |

Table continued on the next page.

| | |
|--|----------|
| Pediatrician (child) | 3.9% (5) |
| Allergist | 3.1% (4) |
| Neurosurgeon | 3.1% (4) |
| Mental health counselor | 2.3% (3) |
| Occupational therapist | 1.6% (2) |
| Psychiatrist (M.D.) | 1.6% (2) |
| Psychologist | 1.6% (2) |
| Speech therapist | 1.6% (2) |
| Dietician | 0.0% (0) |
| Geriatrician (specialist for elderly care) | 0.0% (0) |
| Social worker | 0.0% (0) |
| Substance abuse counselor | 0.0% (0) |
| Other | 6.2% (8) |

Respondents were asked to indicate each type of specialist seen, so percentages do not equal 100%.

“Other” comments included: Arthritis- cortisone water therapy at SMH, Fertility, PA for Bells Palsy, Internal medicine, Retina specialist and surgeon, and Vein Clinic

Overall Quality of Care through Sheridan Memorial Hospital (Question 23)

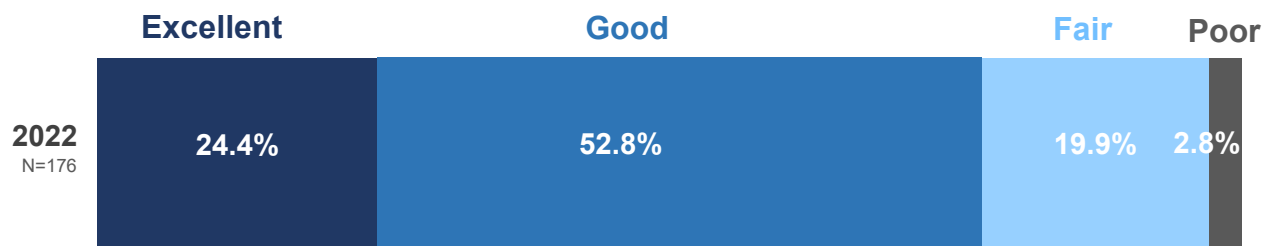
Respondents were asked to rate various services available through Sheridan Memorial Hospital using the scale of 4= Excellent, 3= Good, 2= Fair, 1=Poor, and Haven't Used. The service that received the highest score was "Therapy (physical, occupational, speech)" with a rating of 3.6 (n=90) out of 4.0. Overall, the average rating on quality and availability of the health services listed was 3.3 out of 4.0.

| Quality of Care Rating at Sheridan Memorial Hospital | 2022 Average (n) |
|---|---------------------|
| 4 Point Scale: Poor = 1, Fair = 2, Good = 3, Excellent = 4 | |
| Total number of respondents | 173 |
| Therapy (physical, occupational, speech) | 3.6 (90) |
| Radiology Services (x-ray, ultrasound, CT scan, mammogram, DEXA, MRI) | 3.5 (133) |
| Ambulance Services | 3.4 (57) |
| Laboratory | 3.4 (151) |
| DME/Home Oxygen | 3.2 (38) |
| Specialty Outreach Clinics | 3.2 (31) |
| Clinic Services | 3.2 (155) |
| Visiting Nurse Services | 3.1 (29) |
| Telemedicine/Telehealth | 3.1 (29) |
| Hospital Stay | 3.0 (48) |
| Emergency room | 2.9 (117) |
| Overall average | 3.3 (173) |

Rating of Mental Health (Question 24)

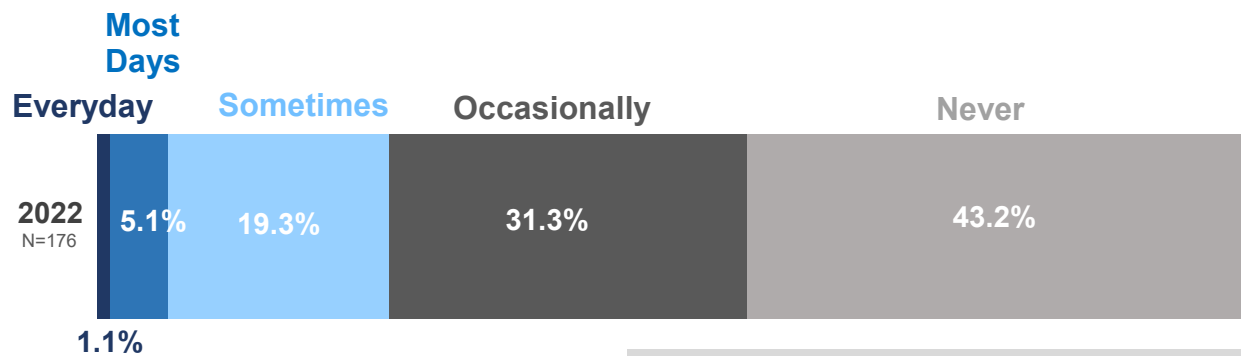
Respondents were asked to indicate how they would describe their mental health in general when considering stress, anxiety, depression, and emotional problems. Fifty-two point eight percent of respondents (n=93) felt their mental health was “Good,” 24.4% (n=43) rated their mental health as “Excellent,” 19.9% of respondents (n=35) felt their mental health was “Fair,” and 2.8% of respondents (n=5) rated their mental health as “Poor.”

Majority of respondents describe their mental health in general as Excellent or Good.



Social Isolation (Question 25)

Respondents were asked to indicate how often they felt lonely or isolated in the past year. Forty-three point two percent of respondents (n=76) indicated they never felt lonely or isolated, and 31.3% of respondents (n=55) indicated they “Occasionally (1-2 days per month)” felt lonely or isolated. Nineteen point three percent (n=34) reported they felt lonely or isolated “Sometimes (3-5 days per month),” 5.1% (n=9) indicated they felt lonely or isolated on “Most days (3-5 days per week),” and 1.1% (n=2) reported they felt lonely or isolated “Everyday.”

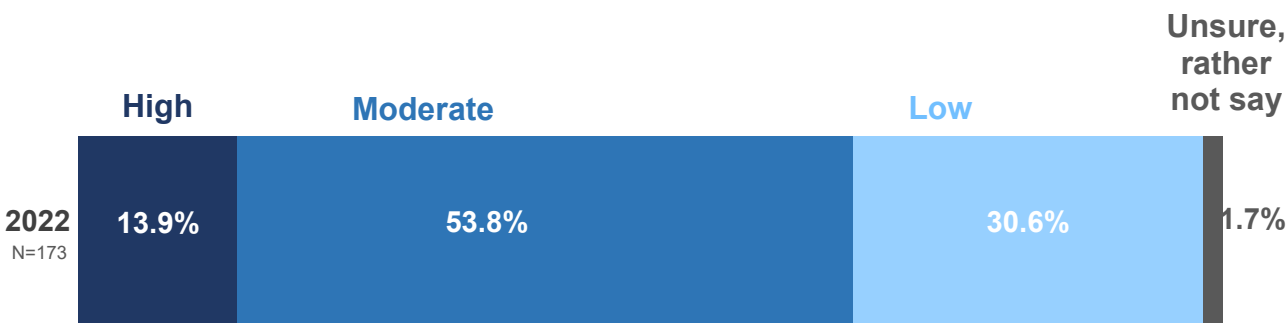


View a cross tabulation of how respondents rate their feelings of social isolation with their age range p. 87

Perception of Stress (Question 26)

Respondents were asked to indicate how they would describe their stress level over the past year. Fifty-three point eight percent of respondents (n=93) indicated they experienced a “moderate” level of stress, 30.6% (n=53) had a “low” level of stress, 13.9% of respondents (n=24) indicated they had experienced a “high” level of stress. One-point seven percent of respondents (n=3) indicated they were “Unsure/rather not say.”

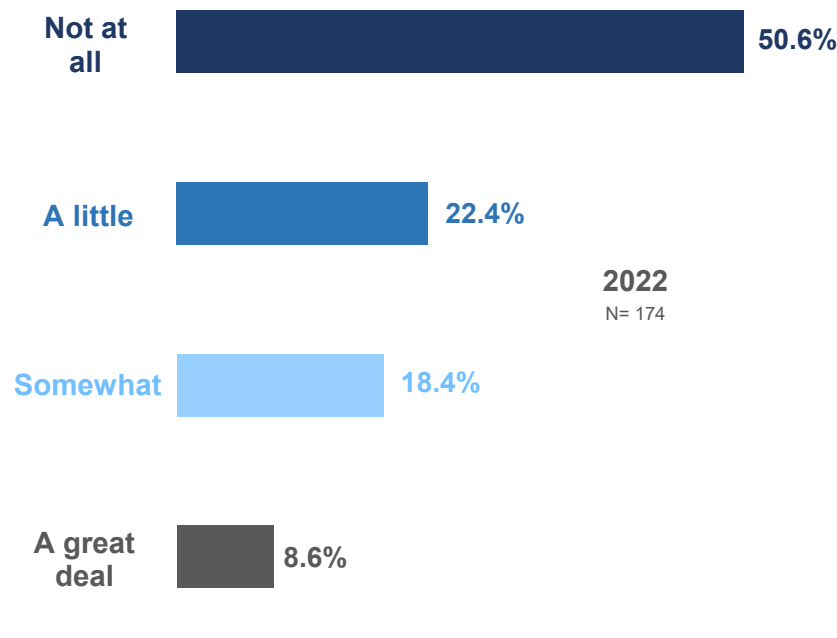
Majority of respondents describe their stress level in the past year as **Moderate** or **Low**.



Impact of Substance Abuse (Question 27)

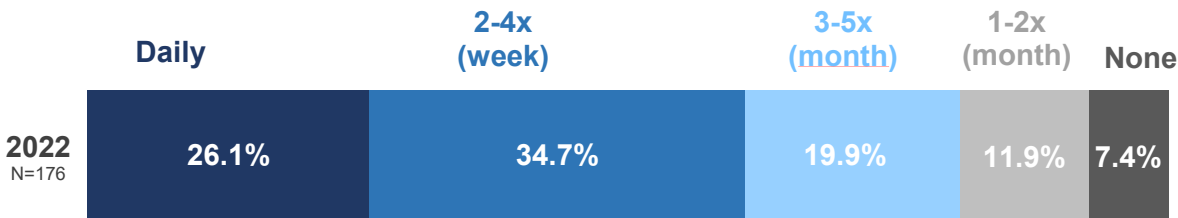
Respondents were asked to indicate to what degree their life has been negatively affected by their own or someone else’s substance abuse issues including alcohol, prescription, or other drugs. Fifty point six percent of respondents (n=88) indicated their life was “Not at all” affected. Twenty-two point four percent (n=39) were “A little” affected, 18.4% (n=32) were “Somewhat” affected, and 8.6% (n=15) indicated they were “A great deal” negatively affected.

Over a quarter of respondents were a great deal or **somewhat** affected by their own or someone else's substance use issues



Physical Activity (Question 28)

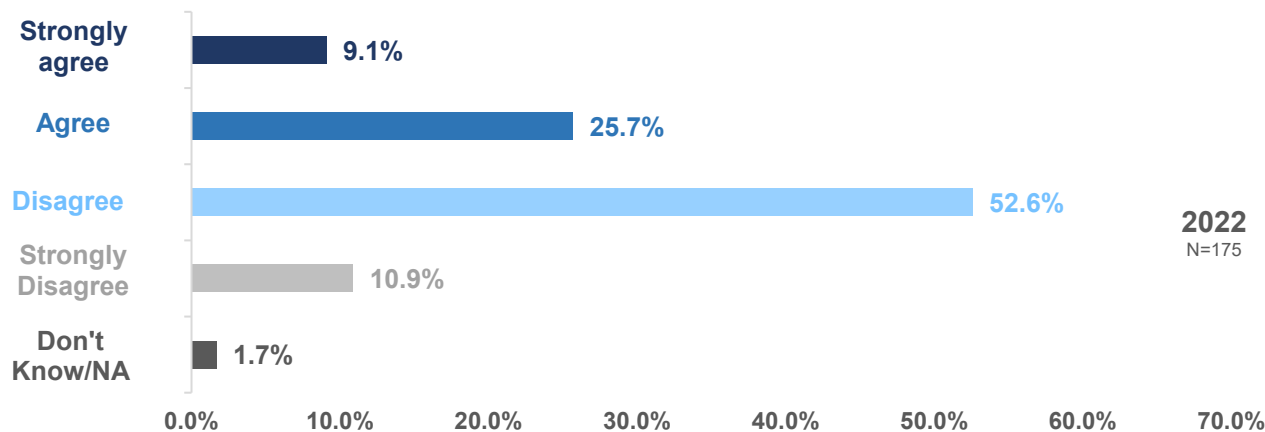
Respondents were asked to indicate how frequently they had physical activity for at least twenty minutes over the past month. Thirty-four point seven percent of respondents (n=61) indicated they had physical activity of at least twenty minutes “2-4 times per week,” 26.1% (n=46) indicated they had physical activity “Daily,” 19.9% (n=35) said they had physical activity “3-5 times per month,” and 11.9% (n=21) shared that they had physical activity “1-2 times per month.” Seven point four percent of respondents (n=13) indicated they had physical “No physical activity.”



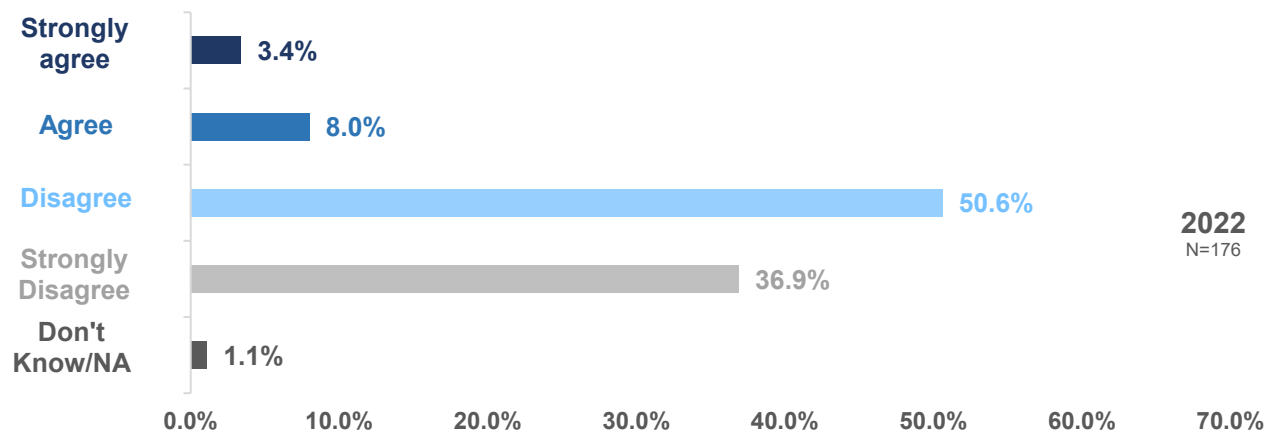
Aspects of Community (Question 29)

Respondents were asked to indicate their level of agreement with statements about various aspects of their community. See the subsequent graphs for more detail.

1. I can get the health care I need in Sheridan County.

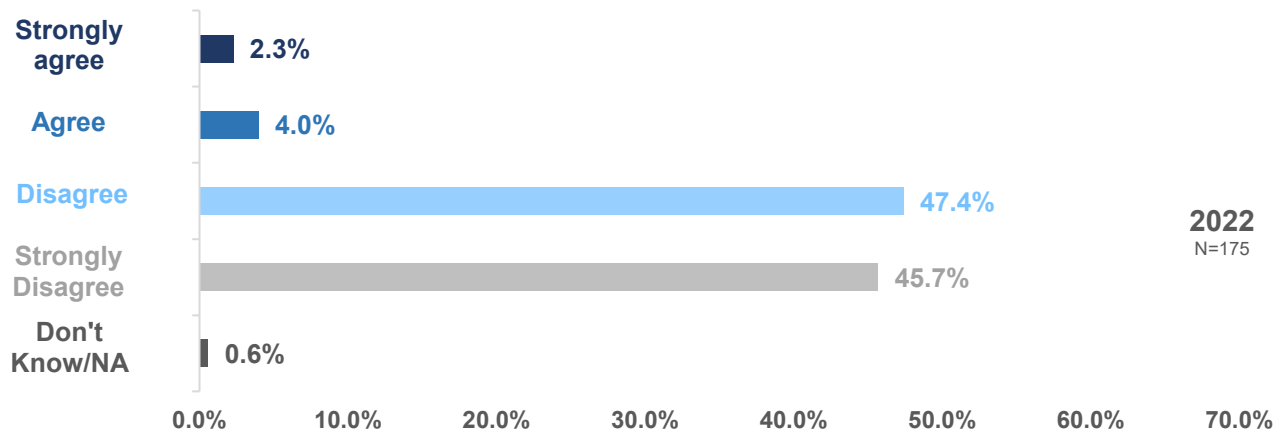


2. There are places to be physically active near my home.

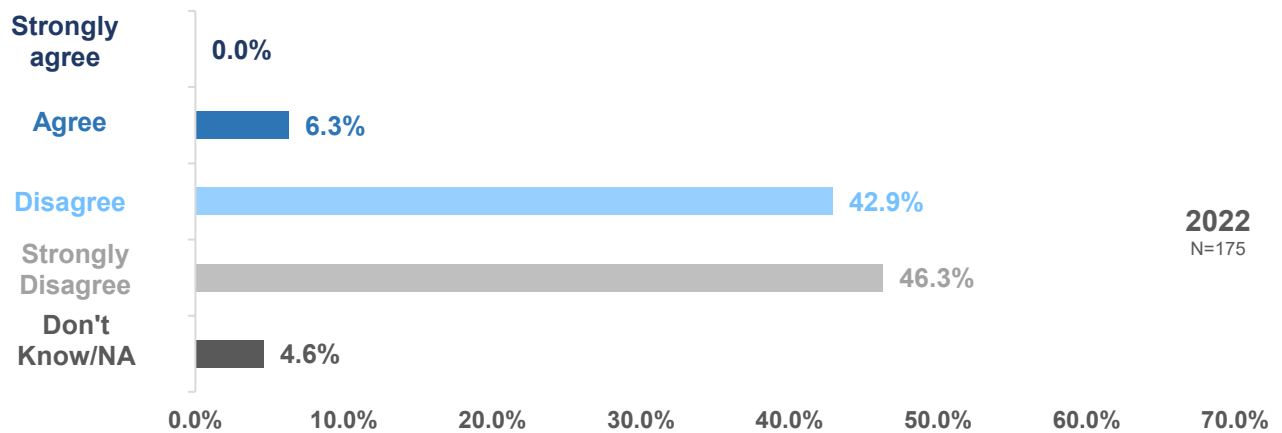


“Other” comments included: Walk on gravel roads when weather permits

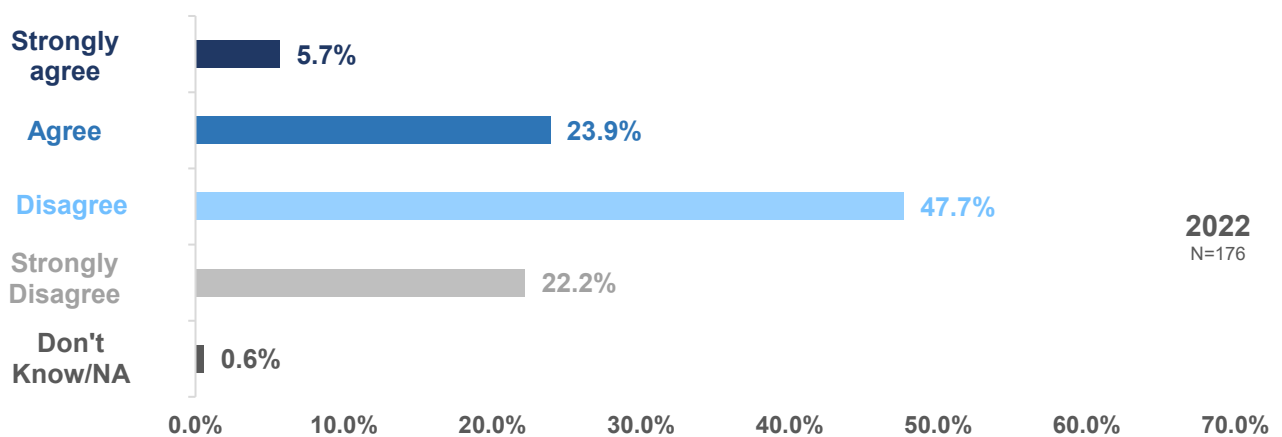
3. I have enough financial resources to meet my basic needs.



4. My community is a good place to raise children.



5. My community is a good place to grow old.

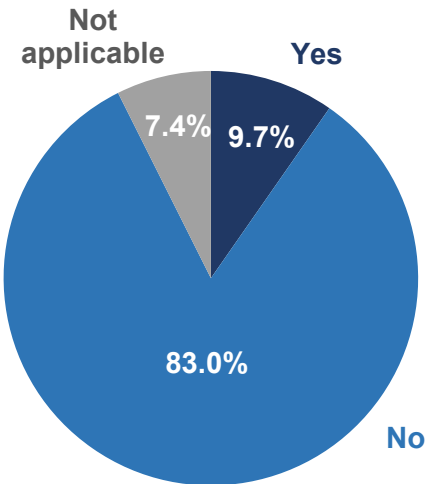


“Other” comments included: Easy to get drugs and No shopping

Difficulty Getting Prescriptions (Question 30)

Respondents were asked to indicate if, during the last year, costs had prohibited them from getting a prescription or taking their medication regularly. Nine point seven percent of respondents (n=17) indicated that they had difficulty getting a prescription or taking their medication regularly in the last year. Eighty-three percent of respondents (n=146) indicated that they did not have trouble getting or taking prescriptions, while 7.4% of respondents (n=13) stated it was not a pertinent question for them.

9.7%
of survey
respondents said
cost had been a
barrier to them
getting a
prescription or
taking it regularly.

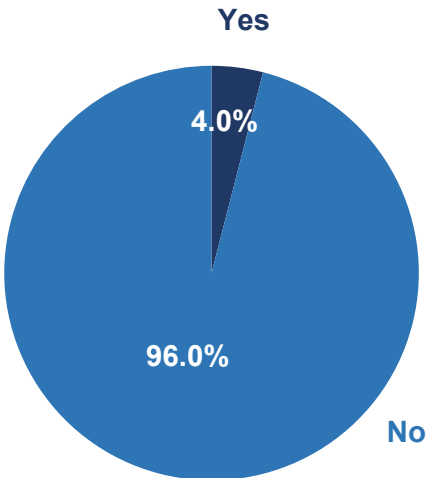


2022
N = 176

Food Insecurity (Question 31)

Respondents were asked to indicate if, during the last year, they had worried that they would not have enough food to eat. The majority, 96.0% (n=169), were not worried, but 4.0% (n=7) were concerned about not having enough to eat.

4.0%
of survey
respondents
were worried
about having
enough food
in the last
year

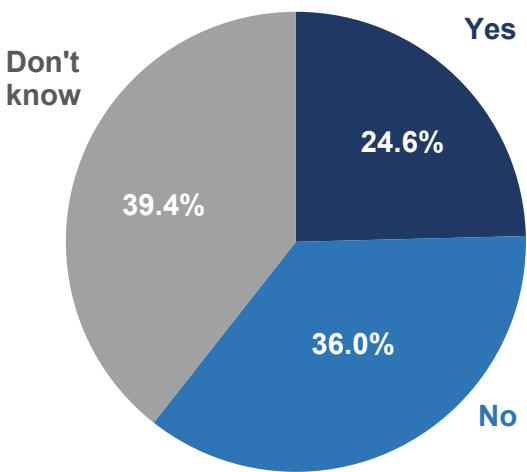


2022
N = 176

Housing (Question 32)

Respondents were asked to indicate if they felt the community has adequate and affordable housing options available. Thirty-six percent of respondents (n=63) indicated that they feel there are not adequate and affordable housing options available in the community, 24.6% (n=43) felt there are adequate and affordable options available, and 39.4% (n=69) didn't know.

36.0%
of survey
respondents feel
that the
community does
not have
adequate and
affordable
housing options



2022
N= 176

Health Insurance Type (Question 33)

Respondents were asked to indicate what type of health insurance covers the majority of their medical expenses. Thirty-three point three percent (n=59) indicated they have “Medicare” coverage, followed by “Employer sponsored” coverage at 29.9% (n=53). Twenty-six respondents were moved to “Other” for selecting more than one health insurance type.

| Type of Health Insurance | 2022 % (n) |
|--------------------------------|---------------------|
| Number of respondents | 177 |
| Medicare | 33.3% (59) |
| Employer sponsored | 29.9% (53) |
| Private insurance/private plan | 7.3% (13) |
| Health Insurance Marketplace | 5.6% (10) |
| Medicaid | 2.8% (5) |
| Health Savings Account | 1.7% (3) |
| VA/military | 1.7% (3) |
| Healthy MT Kids | 0.6% (1) |
| Indian Health | 0.6% (1) |
| None/pay out of pocket | 0.6% (1) |
| Other* | 15.8% (28) |
| TOTAL | 100.0% (177) |

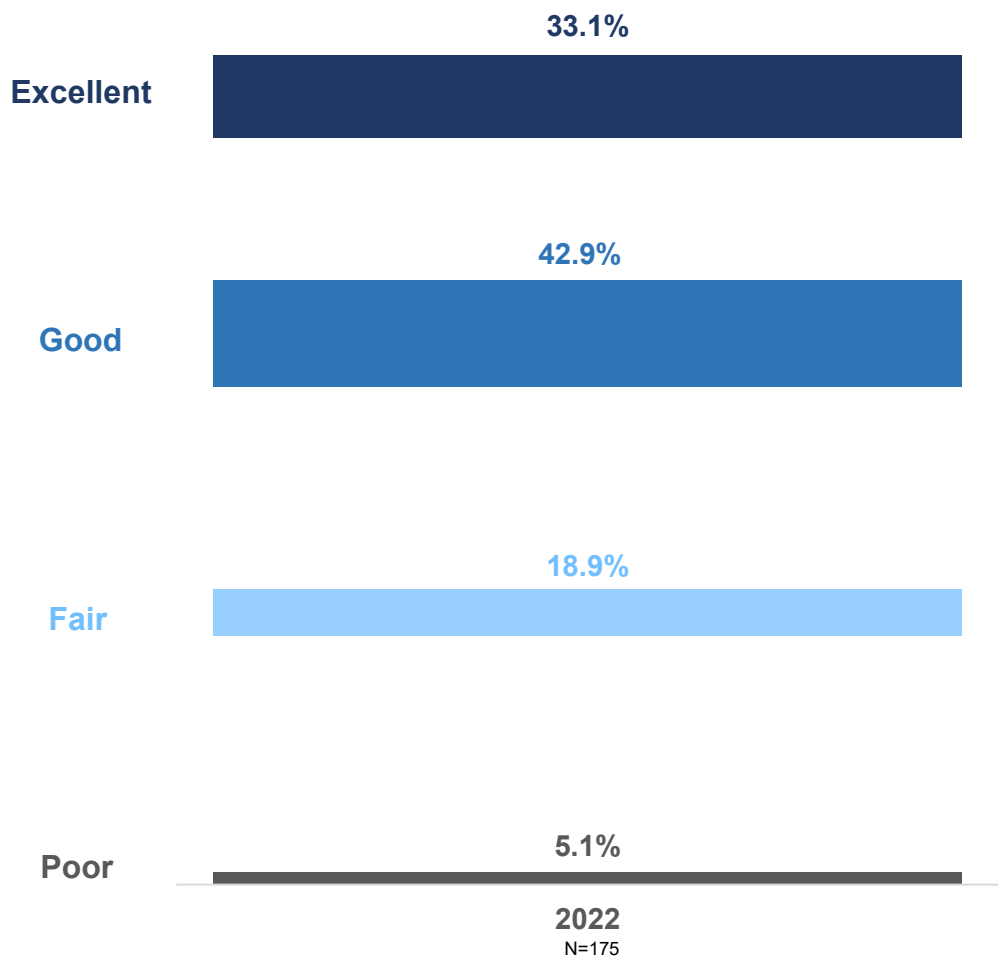
*Respondents (N=26) who selected over the allotted amount were moved to “Other.”

“Other” comments included: Medicare supplement policy and United

Insurance and Healthcare Costs (Question 34)

Respondents were asked to indicate how well they felt their health insurance covers their healthcare costs. Forty-two point nine percent of respondents (n=75) indicated they felt their insurance covers a “Good” amount of their healthcare costs. Thirty-three point one percent of respondents (n=58) indicated they felt their insurance covered an “Excellent” amount, 18.9% of respondents (n=33) indicated they felt their insurance covered a “Fair” amount, and 5.1% (n=9) thought their insurance covered a “Poor” amount of their health costs.

Most people feel that their health insurance offers excellent or good coverage



Barriers to Having Insurance (Question 35)

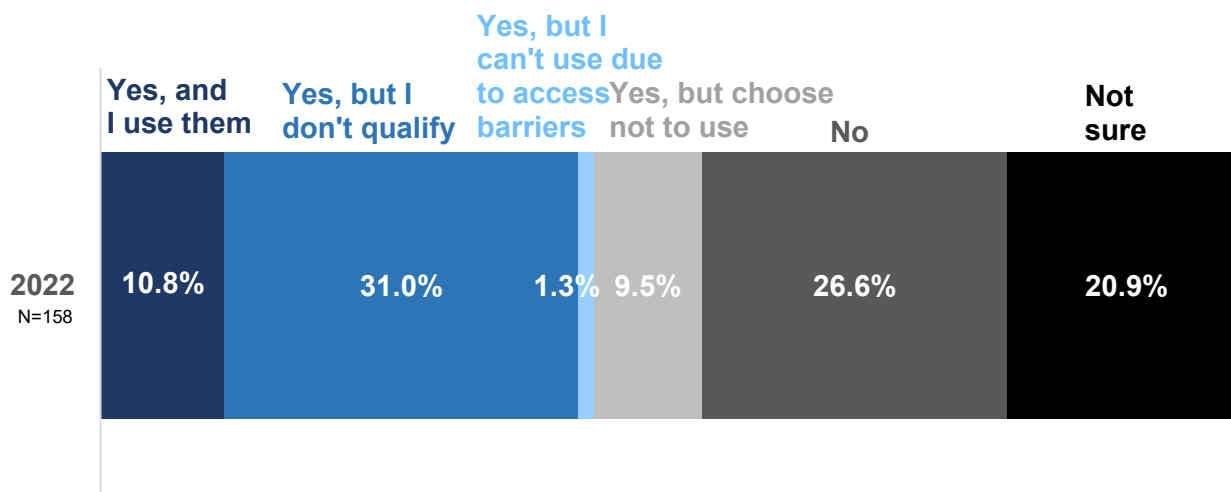
For those who indicated they did not have insurance (n=1), the top reasons selected for not having insurance was “Can’t afford to pay for health insurance” and “Employer does not offer insurance.” Respondents could select all that apply.

| Reasons for No Health Insurance | 2022 % (n) |
|--|---------------|
| Number of respondents | 1 |
| Can't afford to pay for health insurance | 100.0% (1) |
| Employer does not offer insurance | 100.0% (1) |
| Employer high premiums | 0.0% (0) |
| Choose not to have health insurance | 0.0% (0) |
| Too confusing/don't know how to apply | 0.0% (0) |
| Other | 0.0% (0) |

Respondents were asked to indicate all barriers to having health insurance, so percentages do not equal 100%.

Awareness of Health Cost Assistance Programs (Question 36)

Respondents were asked to indicate their awareness of programs that help people pay for healthcare bills. Thirty-one percent of respondents (n=49) indicated they were aware of these programs but did not qualify to utilize them, 26.6% (n=42) indicated that they were not aware of these programs, 20.9% (n=33) were not sure if they are aware of the programs, 10.8% (n=17) stated they were aware of the programs, and use them, while 9.5% (n=15) shared that they were aware of these health cost assistance programs, but choose not to use them. One point three percent of respondents (n=2) shared that they are aware of the programs, but can't use them due to barriers accessing them.





KEY INFORMANT RESULTS

Key Informant Interview Methodology

Seven key informant interviews were conducted in April 2022. Participants were identified as people living in Sheridan Memorial Hospital Association's service area.

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



Key Informant Interview Themes

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

ACCESS TO HEALTHCARE SERVICES



The most common thread of the key informant interviews was access to healthcare services. Specifically, a concern for consistent local providers and workforce, and transportation to necessary appointments were highlighted throughout the phone conversations. Overall, interview participants were grateful for having access to and ensuring the success of Sheridan Memorial Hospital Association.

While community members were generally pleased with the facility, several shared that they have a deep desire to establish care and develop a relationship with a consistent primary care provider over time. One key informant interview shared that “consistency in providers in, both the clinic and emergency room, is perhaps our biggest issue.” They continued, “along with that, there’s also the issue of availability for providers - our only MD [Medical Doctor] practices in clinic on Mondays, if you need to be seen outside of Monday’s, you’re likely seeing a Physicians Assistant (PA) or Family Nurse Practitioner (FNP).”

Several community members were concerned about transportation as it relates to accessing medical appointments. One key informant stated that “if

there are follow up appointments for certain services, I'm not sure if our community is following through, particularly if they are required to travel out of the area." While another shared that "I would say one of our biggest issues is probably access to specialty care services and the distances we have to travel - even consultations have to be in person which can be a real strain and challenge on our community." They shared that while, "there are some telehealth options, that's also tricky since a service like labs can't always be done locally."

MENTAL & BEHAVIORAL HEALTH



Mental and behavioral health was another top theme identified among community members. They identified a lack of providers and substance use as noteworthy concerns.

Community members seemed to think accessing mental health services was a challenge across the lifespan and not isolated in one particular pocket of the population. A community member shared that "our MDs aren't always comfortable with prescribing or monitoring mental health prescriptions, so a lot of these needs are referred out to other providers or there are even some telehealth options through Billings and the VA."

One key informant interview participant described their apprehension with the lack of mental health counseling in the area. They shared that "the school psychiatrist is retiring, who is also the school counselor - I worry that they won't be able to replace her. It's not just a need for a school counselor though. There's only one private counselor in town." They went on to describe the implications of limited mental health providers, including a strain on parents to have to travel outside of the area to access necessary counseling for their children. They finished by saying that "this is not an easy task though - it can be financially problematic, cause kids to miss school, etc."

Substance use was another key theme associated with mental and behavioral health. Key informant interview participants shared that most socialization among adults occurs around alcohol, including sporting events, and there are limited resources locally for substance abuse treatment or resources.

HEALTHY LIFESTYLES



A desire for additional healthy lifestyle opportunities was the final key theme among the telephone interviews. Notably, there was a desire for more opportunities for diabetes education, outdoor activities, and community gardens.

A community member shared that perhaps the most persistent issue for the service area is diabetes. They shared that “our closest diabetic educator is in Sidney, which is 90 miles away from Plentywood.”

As noted in the preceding theme, it was shared that much of the socialization among adults includes alcohol. There was a desire throughout the interviews to explore additional outdoor activities for adults as well as children. Ideas such as walking trails, bike paths, park equipment and community gardens were shared.

SERVICES NEEDED IN THE COMMUNITY



- Primary care providers
- Pediatrics
- Healthcare workforce recruitment and retention
- More advertising and awareness of local services
- Support groups such as Alcoholics Anonymous
- Mental and behavioral health services and resources (including alcohol and substance abuse prevention)
- Better access to enrollment in resources like Medicaid and Supplemental Nutrition Assistance Program (SNAP) benefits
- Preventive health education (Diabetes education, healthy eating, active living, etc.)
- Outdoor activity opportunities such as walking trails, bike paths, community gardens, park equipment, etc.



EXECUTIVE SUMMARY

Executive Summary

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

| Areas of Opportunity | Secondary Data | Survey | Interviews |
|---|----------------|--------|------------|
| Access to Healthcare Services | | | |
| <i>Consistent primary care providers</i> | ⊗ | ✓ | ☑ |
| <i>Specialty services (i.e., mental health, pediatrics, eye doctor)</i> | | | ☑ |
| <i>Transportation to medical appointments (including out of Sheridan County)</i> | | ✓ | ☑ |
| <i>Healthcare navigator (i.e., Assistance signing up for/navigating insurance, Medicare, or Medicaid)</i> | | ✓ | ☑ |
| <i>Awareness of available healthcare services</i> | | ✓ | ☑ |
| Chronic Disease Prevention | | | |
| <i>Cancer</i> | ⊗ | ✓ | ☑ |
| <i>Diabetes</i> | | ✓ | ☑ |
| <i>Healthy behaviors and lifestyles- weight loss, fitness, health & wellness, nutrition</i> | | ✓ | ☑ |
| Mental and Behavioral Health | | | |
| <i>More mental health services/resources</i> | ⊗ | ✓ | ☑ |
| <i>Alcohol/substance abuse</i> | ⊗ | ✓ | ☑ |
| Health and Community Measures | | | |
| <i>Housing accessibility and affordability</i> | | ✓ | ☑ |
| <i>Access to programs such as Medicaid and Supplemental Nutrition Assistance Program (SNAP) benefits</i> | ⊗ | ✓ | ☑ |



NEXT STEPS & RESOURCES

Prioritization of Health Needs

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

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

- Awareness of healthcare services
- Behavioral health
- Social determinants of health

Sheridan Memorial Hospital Association will determine which needs or opportunities could be addressed considering SMHA's parameters of resources and limitations. The committee will prioritize the needs/opportunities using the additional parameters of the organizational vision, mission, and/or values, as well as existing and potential community partners.

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

Available Community Resources

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

- Sheridan County Care
 - Pioneer Manor – Joni Brensdal
 - 406-765-1400
 - pioneermanor@gmail.com
 - LaCasa Personal Care – Ben or Leah Richardson
 - 406-765-1669
 - lacasapersonalcare@yahoo.com
 - Glenwood Inc – Ann Hoyer
 - 406-765-2040
 - Glenwood1@nemont.net
 - Plentywood Rexall Drug – Marv Eberling
 - 406-765-1810
 - pwddrug@nemont.net
 - Sheridan County Behavioral Health Coalition – Joan Nelson
 - 406-765-1410
 - scbhcoalition@nemont.net
 - Sheridan County Council on Aging – Vicki Ruby
 - 406-765-3412
 - vruby@co.sheridan.mt.us
 - Sheridan County Public Health – Luann Tangedal
 - 406-765-3410
 - ltangedal@co.sheridan.mt.us
- City/County Officials
 - City of Medicine Lake – Kory Opp
 - 406-765-7081
 - townofml@nemont.net
 - City of Plentywood – Randy Rice
 - 406-765-1700
 - ctypwood@nemont.net
 - City of Westby – Jeff Eckness
 - 406-385-2445
 - townofwestby@nemont.net
 - Sheridan County Sheriff – Heidi Visocan
 - 406-765-1200 x471
 - hvisocan@co.sheridan.mt.us

- County Commissioner – Jessica Shackelford
 - 406-765-3445
 - jshackelford@co.sheridan.mt.us
- County Commissioner – Jon Bolstad
 - 406-765-3445
 - jbolstad@co.sheridan.mt.us
- County Commissioner – Chris Westergard
 - 406-765-3445
 - cwestergard@co.sheridan.mt.us
- Sheridan County School Officials
 - Medicine Lake School – Aaron Webster
 - 406-789-2211
 - awebster@medicinelake.k12.mt.us
 - Plentywood School – Rob Pedersen
 - 406-765-1803
 - pederr@plentywood.k12.mt.us
 - Westby School – Dylan MacLean
 - 406-385-2225
 - dmaclean@westbyschool.k12.mt.us
- Sheridan County Mental Health Services
 - Turning Leaf Counseling – Gina Aasheim
 - 406-765-1277
 - turningleaf@nemont.net
 - Eastern Montana Community Mental Health – Sheri Hilyard
 - 406-765-2550
 - shilyard@emcmhc.org
 - Debbie Johnson, MSW Clinical Psychologist Plentywood Schools
 - 406-765-1803
 - johnsond@plentywood.k12.mt.us
 - Kristin McColly, NP, PLLC
 - 406-648-5432
 - admin@montana-hope.com
- State resources
 - Montana Hospital Association
 - Montana Office of Rural Health and Area Health Education Center

Evaluation of Previous CHNA & Implementation Plan

Sheridan Memorial Hospital Association (SMHA) provided the Montana Office of Rural Health with an update on their Implementation Plan activities from their previous CHNA process. The SMHA Board of Directors approved its previous implementation plan in 2019. The plan prioritized the following health issues:

- Access to healthcare services
- Continuity of care
- Awareness of services
- Population health
- Mental and behavioral health
- Substance abuse outreach and education

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

Goal 1: Improve patient access to care.

| | Activities | Accomplishments |
|--|---|---|
| Strategy 1.1: Recruit a physician. | Network with Plentywood, Med Lake, Westby, Froid Alumni. | - Recruited Dr. David Shahbodaghi. - Recruited Brit Nyby, PA |
| | Evaluate Resident sponsorship. | Attempted to build relationships, but was unable to move forward due to logistics. SMHA will revisit this activity as feasible and a need arises. |
| Strategy 1.2: Recruit Visiting Specialists. | Explore opportunities to recruit a visiting podiatrist. | - Dr. Peter Deveaux, General Surgery - Kristin McColly, NP Psych |
| Strategy 1.3: Evaluate Chemo Treatment Services. | Discuss satellite opportunity with Cancer Care @ Sidney Health Center. Would they mix and let us infuse? Advantage – would not require a hood. | NA |
| Strategy 1.4: Evaluate Evolving Healthcare Delivery Models. | Evaluate the Primary Care Medical Home program. | SMHA is currently reviewing possibilities with Caravan. |
| Strategy 1.5: Evaluate Clinic Access and Productivity. | Implement a wRVU productivity measure. | SMHA is adding a productivity requirement into all new provider contracts. |
| | Implement a “next third appointment” access measure. | Increased open clinic hours to improve access and availability. |

| | | |
|---|---|---|
| Strategy 1.6: Evaluate Strategic Partnerships to Provide Services in our Community | Evaluate opportunities to co-op with Scobey and Culbertson. | SMHA has active physical therapy and speech-language pathology (PT/SLP) contracts with both facilities. SMHA is evaluating shared services possibilities. |
| | Evaluate additional opportunities to co-op with Sidney. | Hired a care coordinator to work with Sidney to manage referrals. |
| Strategy 1.7: Grow Telehealth Services | Develop and Implement an infrastructure plan. | SMHA has been increasing telehealth opportunities with Billings Clinic. SMHA has increased Cardiology consultations via telehealth. |

Goal 2: Improve the continuity of care.

| | Activities | Accomplishments |
|--|--|--|
| Strategy 2.1: Increase Employee Engagement in Quality Initiatives. | Implement Quality Board for all Departments. | SMHA departments have Quality Boards in their specific areas. |
| | Implement Leadership Rounding of Quality Boards. | Due to COVID this process was stopped. The Leadership team is looking at restarting this process as feasible. SMHA started having weekly facility safety huddles with all the departments. |
| Strategy 2.2: Promote Patient Satisfaction/Patient Engagement in own health. | NA | SMHA implemented patient satisfaction surveys in the rural health clinic (RHC). |
| Strategy 2.3: Evaluate Behavioral Health Crisis Stabilization through Tele-psych. | NA | SMHA developed and implemented an Integrated Behavioral Health model of care in the Clinic. The Social Worker was moved in to the Clinic for continuity of care. |

Goal 3: Improve service awareness.

| | Activities | Accomplishments |
|---|--|--|
| Strategy 3.1: Increase Public Relations Opportunities. | NA | The COVID-19 pandemic limited activity on this strategy. SMH will revisit as feasible. |
| Strategy 3.2: Increase Post-Acute Care Utilization. | Track patient transfers for local follow-up. | NA |

| | | |
|--|---|----|
| | Track clinic referrals to surgical services; i.e., to ortho for joint replacement, etc. | NA |
| | Request providers give or set up referrals to SWS services at time of consult referral. | NA |
| | Feature rehab department/SWS program in marketing campaign – newspaper / Facebook. Interview past patients/success stories? | NA |

Goal 4: Improve population health of the community.

| | Activities | Accomplishments |
|--|------------|---|
| Strategy 4.1: Develop a Center for Community Health Coalition. | NA | NA |
| Strategy 4.2: Enhance SMHA outreach and education offerings focused on improving community health and wellness. | NA | NA |
| Strategy 4.3: Develop a Community Health Worker program. | NA | The RHC has hired a CHW as part of the Vaccine Confidence Grant to assist with clinical operations in particular immunizations. |
| Strategy 4.4: Develop a Community Health EMT program. | NA | NA |

Goal 5: Improve access to mental and behavioral health services in Sheridan County.

| | Activities | Accomplishments |
|--|--|--|
| Strategy 5.1: Increase mental and behavioral health training for SMHA staff. | NA | The Integrated Behavioral Health Grant provided education and support to the clinic staff and providers. |
| Strategy 5.2: Improve access to mental and behavioral health services in the community. | Participating in Billings Clinic Integrated Behavioral Health program through the Rural Health Clinic. | SMHA offered Mental Health via Telemed services with Kristin McColly until her resignation. |

| | | |
|--|---|----|
| | Sponsor training for Community Access to Mental Health First Aid Resources. | NA |
|--|---|----|

Goal 6: Improve substance abuse outreach and education available in Sheridan County.

| | Activities | Accomplishments |
|--|------------|---|
| Strategy 6.1: Enhance opportunities for substance abuse education in the community. | NA | SMHA staff attended Mental Health First Aide classes offered by the Behavioral Health Coalition. SMHA employees periodically attend Coalition meetings. |



APPENDICES

Appendix A- Steering Committee

| Steering Committee Member | Organization Affiliation |
|---------------------------|--|
| Kody Nelson | CEO – Sheridan Memorial Hospital Association (SMHA) |
| Connie Anderson | Marketing Director – SMHA |
| Jessica Brusven | Clinic Director – SMHA |
| Kathy Tangedal | Chief Nursing Officer (CNO) – SMHA |
| Roxy Kleppen | Human Resources (HR) Director – SMHA |
| Vicki Ruby | Sheridan County Public Health, Coordinator for Council on Aging Services |
| Luanne Tangedal | Sheridan County Public Health Nurse |
| Brenda Nee | Sheridan County Public Health |
| Dr. David Shahbodaghi | Chief Medical Officer – SMHA |
| Leana Kolbeck | Rehab Director – SMHA |



Appendix B- Public Health & Populations Consultation

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

Name/Organization

Kody Nelson – Sheridan Memorial Hospital Association (SMHA), CEO

Connie Anderson –SMHA, Marketing Director

Vicky Ruby – Sheridan County Public Health and Coordinator for the Council on Aging

Brenda Nee – Sheridan County Public Health

Kathleen Tangedal – SMHA, Chief Nursing Officer

Jessica Brusven – SMHA, Clinic Manager

Roxy Kleppen – SMHA, Human Resources (HR) Director

Luanne Tangedal – Sheridan County Public Health, Public Health Nurse

Dr. David Shahbodaghi – SMHA, Chief Medical Officer

Leana Kolbeck – SMHA, Rehab Director

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

| | |
|-----------------------------------|-------------------|
| First Steering Committee Meeting | February 17, 2022 |
| Key Informant Interviews | April 2022 |
| Second Steering Committee Meeting | June 14, 2022 |

Public and Community Health

- Median income seems skewed given that we have a big section of our population that works in the service industry. But if this was 2019 data, it might be taking into account and influenced by those working in the oil fields.
- The HPV up-to-date rate seem low for Sheridan County considering we recently asked providers if they are encouraging/providing education on vaccination with their patients. They said they provide education consistently, so it's odd that our rate for Sheridan County is so low.
- The local pharmacy is now doing vaccinations, which is a service they never offered before this year.
- I would like to increase the survey distribution from 600 individuals to 800 to hopefully capture more community members who would be willing to fill out the survey.

- It is very difficult for those who cannot drive to get to a specialty care appointment out of town. Because of this, I would like to see a response option for transportation services outside of the county.
- If we would like to capture more of the veteran population, I think we should add “VA clinic” as a response for question 6 asking about utilized community health resources.
- We would like to see a privacy/confidentiality option for the question asking about reasons for delaying healthcare services.
- Also, out of area follow up appointments can be a big issue for community members as they may not be able to find transportation for each appointment.

Population: Low-Income, Underinsured

- Our Office of Public Assistance (OPA) was recently moved out of our county since we were too small. The next closest office is Sidney, Wolf-Point, or Glasgow. It has been a huge loss for this area!

Population: Seniors

- La Casa Personal Care is a fantastic community health resource that should be included on the survey.

Population: Youth

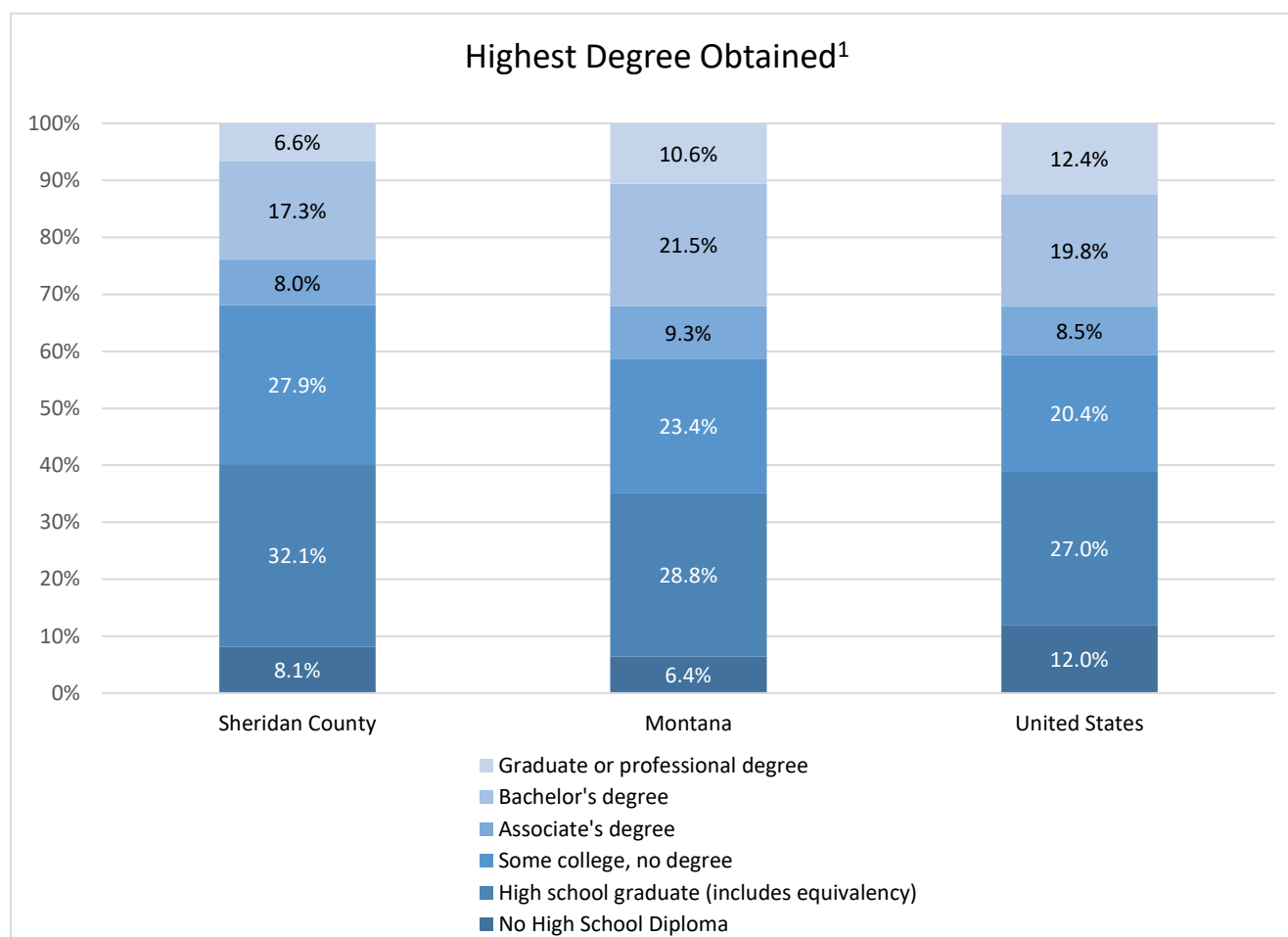
- With our school psychiatrist retiring, parents will likely have to travel outside of the area to access counseling for their kids. This is not an easy task though – it can be financially problematic, cause kids to miss school, etc.

Appendix C- Sheridan Co. Secondary Data

| Demographic Measure (%) | | County | | | Montana | | | Nation | | |
|---------------------------------------|----------------------------------|--------|-------|--------|-----------|-------|--------|-------------|-------|--------|
| Population ¹ | | 3,483 | | | 1,050,649 | | | 324,697,795 | | |
| Population Density ¹ | | 2.0 | | | 7.1 | | | 85.5 | | |
| Veteran Status ¹ | | 8.9% | | | 10.4% | | | 7.3% | | |
| Disability Status ¹ | | 14.0% | | | 13.6% | | | 12.6% | | |
| Age ¹ | | <5 | 18-64 | 65+ | <5 | 18-64 | 65+ | <5 | 18-64 | 65+ |
| | | 6.7% | 56.5% | 23.2% | 5.8% | 60.1% | 18.2% | 6.1% | 61.7% | 15.6% |
| Gender ¹ | | Male | | Female | Male | | Female | Male | | Female |
| | | 50.2% | | 49.8% | 50.3% | | 49.7% | 49.2% | | 50.8% |
| Race/Ethnic Distribution ¹ | White | 98.5% | | | 91.4% | | | 75.3% | | |
| | American Indian or Alaska Native | 3.0% | | | 8.3% | | | 1.7% | | |
| | Other [†] | 3.5% | | | 3.7% | | | 26.5% | | |

¹ US Census Bureau - American Community Survey (2019)

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



¹ US Census Bureau - American Community Survey (2019)

| Socioeconomic Measures (%) | County | Montana | Nation |
|--|----------|----------|----------|
| Median Income ¹ | \$55,521 | \$54,970 | \$62,843 |
| Unemployment Rate ¹ | 2.1% | 4.0% | 5.3% |
| Persons Below Poverty Level ¹ | 10.1% | 13.1% | 13.4% |
| Children in Poverty ¹ | 11.2% | 15.8% | 18.5% |
| Internet at Home ² | 83.5% | 81.5% | - |
| Households with Population Age 65+ Living Alone ² | 178 | 52,166 | - |
| Households Without a Vehicle ² | 74 | 21,284 | - |
| Households Receiving SNAP ² | 88 | 56,724 | - |
| Eligible Recipients of Free or Reduced Price Lunch ³ 2019/2020 school year | 34.2% | 42.9% | - |
| Enrolled in Medicaid ^{4, 1} | 6.3% | 9.7% | 19.8% |
| Uninsured Adults ^{5, 6} Age <65 | 12.0% | 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) | 70.9 | 59.3 | - |
| Preterm Births ⁷ Born less than 37 weeks (2017-2019) | NA | 9.4% | - |
| Adolescent Birth Rate ⁷ Per 1,000 years females 15-19 years of age (2017-2019) | NA | 18.3 | - |
| Smoking during pregnancy ^{3, 8} | 16.7% | 16.5% | 7.2% |
| Kotelchuck Prenatal Care** ⁷ Adequate or Adequate-Plus (2017-2019) | 75.2% | 75.7% | - |
| Low and very low birth weight infants ⁷ Less than 2500 grams (2017-2019) | NA | 7.6% | - |
| Childhood Immunization Up-To-Date (UTD) ^{§ 9} | 73.1% | 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 | 19.0% | 19.0% | 16.0% |
| Excessive Drinking ⁵ | 22.0% | 22.0% | 15.0% |
| Adult Obesity ⁵ | 36.0% | 27.0% | 26.0% |
| Poor Mental Health Days ⁵ (Past 30 days) | 4.1 | 3.9 | 3.8 |
| Physical Inactivity ⁵ | 31.0% | 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) | 15.7% | 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) | 85.0% | 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) | 68.1% | 73.4% | 78.3% |
| Colorectal Cancer Screening ^{13, 10} Age adjusted (county) and crude (state/nation) prevalence among adults age 50-75 years (2018) | 57.9% | 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 * | 27.3 | 80.1 |
| Hepatitis C virus | 0.0 | 93.4 |
| Sexually Transmitted Diseases (STD) † | 245.8 | 551.6 |
| Vaccine Preventable Diseases (VPD) § | 18.2 | 91.5 |

¹⁴ IBIS Community Snapshot, MT-DPPHS

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

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

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

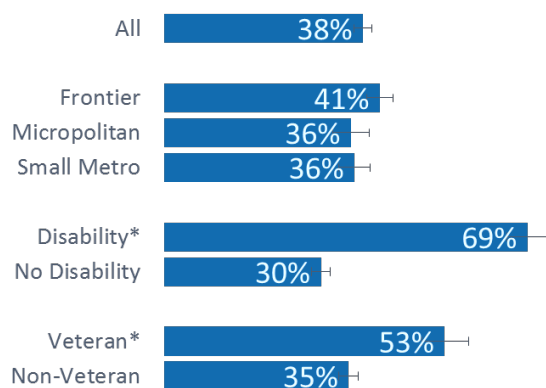
¹⁴ IBIS Community Snapshot, MT-DPPHS

** Data were suppressed to protect privacy.

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

¹⁰ Behavioral Risk Factor Surveillance System, CDC (2019)

Percent of Montana Adults with Two or More Chronic Conditions



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

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

** Data were suppressed to protect privacy.

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

¹⁰ Behavioral Risk Factor Surveillance System, CDC (2019)

*Annual household income < \$15,000

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

¹⁹ Montana Youth Risk Behavior Survey (2019)

Secondary Data – Healthcare Workforce Data 2021

Health Professional Shortage Area & Medically Underserved Areas/Populations

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

| Health Professional Shortage Area Designation ¹ - Sheridan County, Montana | | |
|--|------------|---------------------------------------|
| Discipline | HPSA Score | HPSA |
| Primary Care | 10 | ✓ Low income population |
| Dental Health | 7 | ✓ Low income population |
| Mental Health | 18* | ✓ High needs geographic population |
| HPSA Scores range from 0 to 25 (primary care and mental health) and 0 to 26 (dental health) where the higher the score, the greater the priority | | |

¹ Health Resources and Services Administration (2021)

* HPSA score for Eastern Montana (Carter, Custer, Daniels, Dawson, Fallon, Garfield, McCone, Phillips, Powder River, Prairie, Richland, Roosevelt, Rosebud, Sheridan, Treasure, Valley and Wibaux counties)

| Provider Supply and Access to Care ² | | | | |
|---|---|----------------------------|------------------------|---------------------------|
| Measure | Description | Sheridan Co. (N = 1) ** | Montana (N = 49) ** | National (N = 1347) ** |
| Primary care physicians | Ratio of population to primary care physicians | 1824:1 | 1349:1 | 1050:1 |
| Other primary care providers | Ratio of population to other primary care providers including nurse practitioners, physician assistants, and clinical nurse specialists | 1156:1 | 878:1 | 726:1 |
| Dentists | Ratio of population to dentists | 3469:1 | 1388:1 | 1260:1 |
| Mental health providers | Ratio of population to mental health providers | 1156:1 | 356:1 | 310:1 |

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

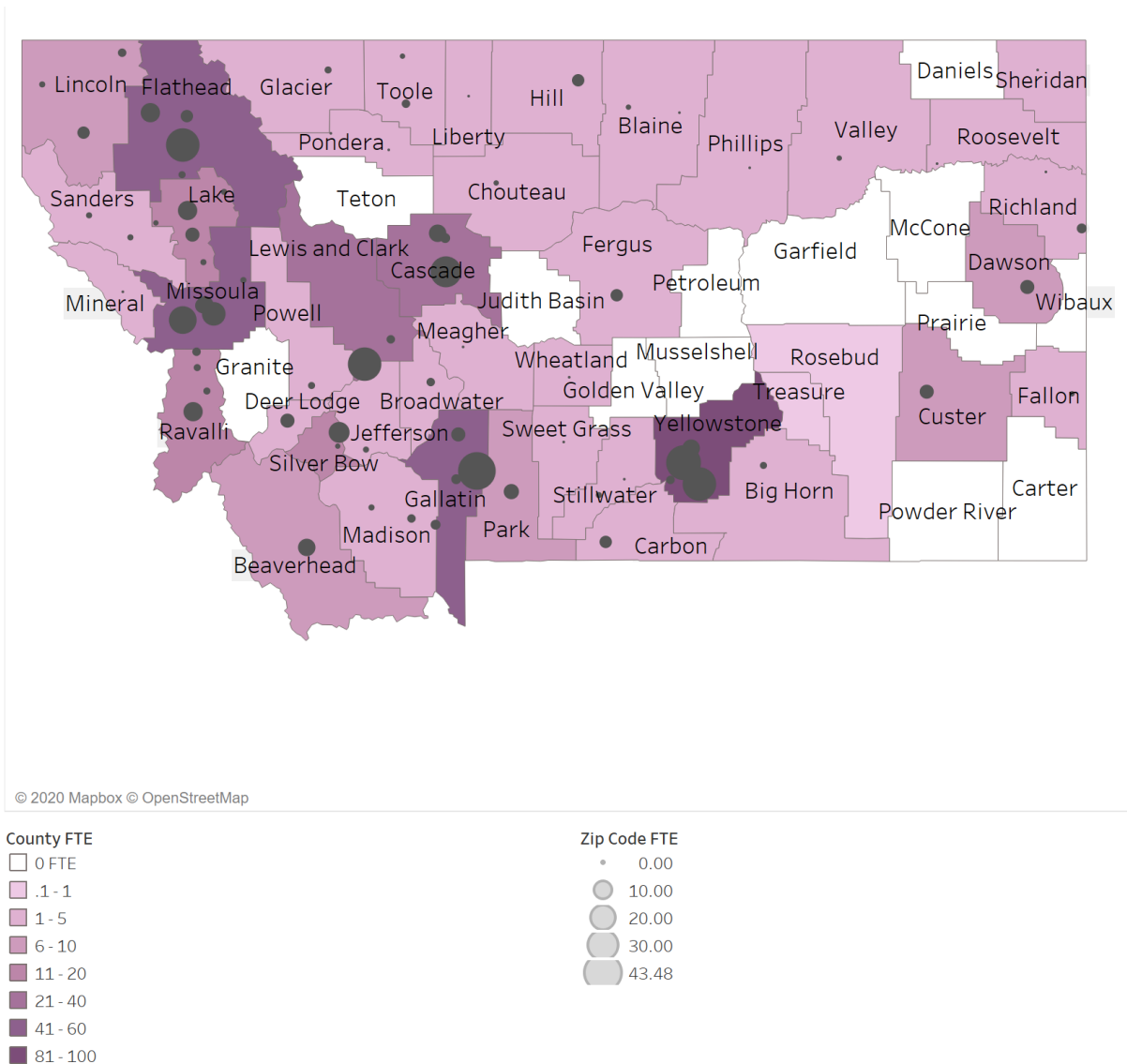
** Total number of CAHs in region

Healthcare workforce Distribution Maps

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

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

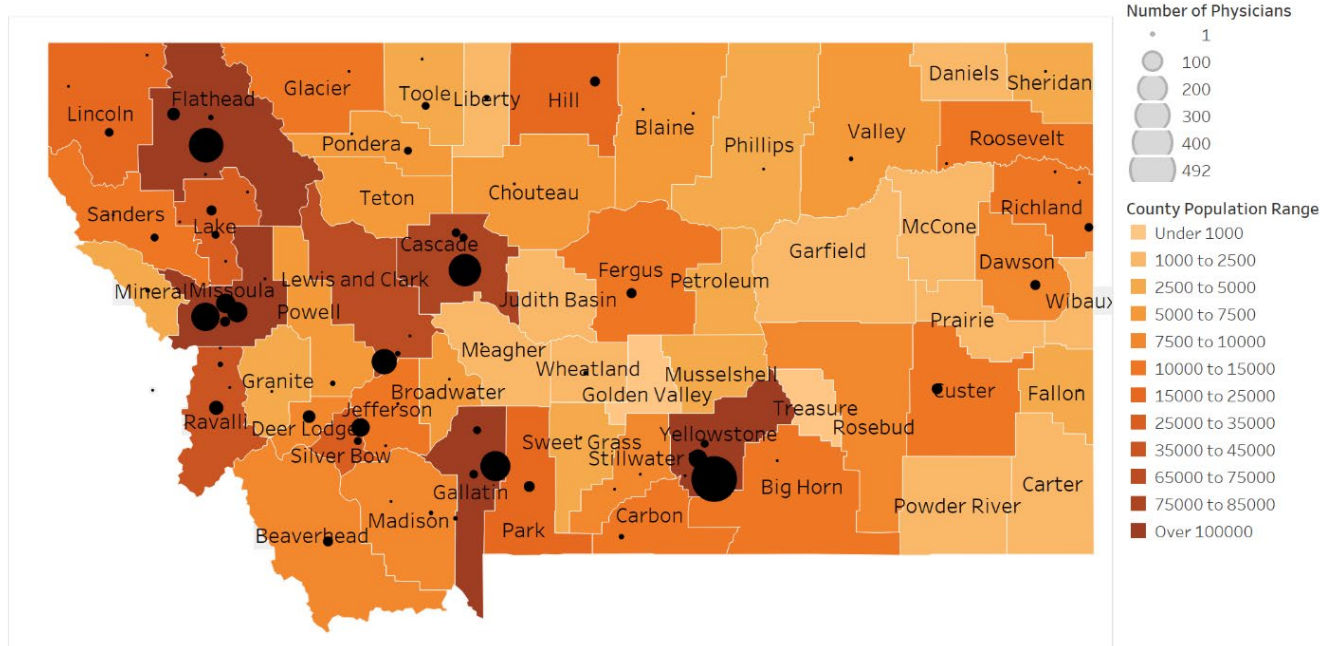
Primary Care Physician FTE: Practice Locations Plotted by Zip Code



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

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

Physicians (All Specialties) by County Population Range



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

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

Appendix D- Survey Cover Letter

April 8, 2022



Dear [LASTNAME] household:

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

1. Due date to complete survey: May 13, 2022
2. Complete the enclosed survey and return it in the envelope provided - no stamp needed.
3. You can also access the survey at <http://helpslab.montana.edu/survey.html>. Select "Sheridan Memorial Hospital Association Survey." Your access code is [CODED]

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

Thank you for your assistance. We appreciate your time.

Sincerely,

A handwritten signature in black ink, appearing to read 'Kody Nelson', with a long horizontal flourish extending to the right.

Kody Nelson, CEO

Appendix E- Survey Instrument

Community Health Needs Assessment Survey Plentywood, Montana

INSTRUCTIONS: Please complete this survey by marking the appropriate boxes and then return it in the enclosed postage-paid envelope. If you need assistance, please contact the Montana Office of Rural Health at 406-994-6986. Participation is voluntary, and your responses will remain confidential. You can choose not to answer any question and can stop at any time.

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

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

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

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

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

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

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

- ☐ Excellent ☐ Good ☐ Fair ☐ Poor

5. 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: _____ |

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

- | | | |
|---|---|---|
| <input type="checkbox"/> Eastern MT Community Mental Health Services | <input type="checkbox"/> La Casa Personal Care | <input type="checkbox"/> Plains Adventures Fitness Center |
| <input type="checkbox"/> Food Bank | <input type="checkbox"/> Local pharmacy | <input type="checkbox"/> Sheridan County Public Health |
| <input type="checkbox"/> Hi-Line Health & Fitness | <input type="checkbox"/> Marijuana dispensaries | <input type="checkbox"/> Sheridan Dental Clinic |

- ☐ Turning Leaf Counseling
 ☐ VA clinic
☐ Whole and Well Co.
 ☐ Other: _____

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

- | | |
|--|---|
| <input type="checkbox"/> Cultural sensitivity | <input type="checkbox"/> More 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 (out of Sheridan County) |
| <input type="checkbox"/> More primary care providers | <input type="checkbox"/> Other: _____ |

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

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

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

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Body Sculpting | <input type="checkbox"/> Flight Physicals | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Dialysis | <input type="checkbox"/> Immigration Physicals | |
| <input type="checkbox"/> Eye/Vision Clinic | <input type="checkbox"/> Obstetrics/Pediatrics | |

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

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

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

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

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

- 13. If yes, what were the **three** most important reasons why you did not receive healthcare services? (Select ONLY 3)**
- | | | |
|--|---|--|
| <input type="checkbox"/> Could not get an appointment | <input type="checkbox"/> It cost too much | <input type="checkbox"/> Scheduling difficulty due to pandemic |
| <input type="checkbox"/> Could not get off work | <input type="checkbox"/> It was too far to go | <input type="checkbox"/> Too long to wait for an appointment |
| <input type="checkbox"/> Didn't know where to go | <input type="checkbox"/> Language barrier | <input type="checkbox"/> Too nervous or afraid |
| <input type="checkbox"/> Don't like doctors | <input type="checkbox"/> My insurance didn't cover it | <input type="checkbox"/> Transportation problems |
| <input type="checkbox"/> Don't understand healthcare system | <input type="checkbox"/> No insurance | <input type="checkbox"/> Unsure if services were available |
| <input type="checkbox"/> Frequency of out of area follow up appointments | <input type="checkbox"/> Not treated with respect | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Had no childcare | <input type="checkbox"/> Office wasn't open when I could go | |
| | <input type="checkbox"/> Privacy/confidentiality | |
| | <input type="checkbox"/> Qualified provider not available | |
- 14. In the past three years, have you or a household member seen a primary healthcare provider such as a family physician, physician assistant or nurse practitioner for healthcare services?**
- ☐ Yes ☐ No (If no, skip to question 17)
- 15. Where was that **primary** healthcare provider located? (Select ONLY 1)**
- | | | |
|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Billings | <input type="checkbox"/> Minot, ND | <input type="checkbox"/> Sidney |
| <input type="checkbox"/> Culbertson | <input type="checkbox"/> Plentywood | <input type="checkbox"/> Williston, ND |
| <input type="checkbox"/> Glasgow | <input type="checkbox"/> Scobey | <input type="checkbox"/> Other: _____ |
- 16. Why did you select the primary care provider you are currently seeing? (Select ALL that apply)**
- | | | |
|---|---|--|
| <input type="checkbox"/> Appointment availability | <input type="checkbox"/> Indian Health Services | <input type="checkbox"/> Referred by physician or other provider |
| <input type="checkbox"/> Clinic/provider's reputation for quality | <input type="checkbox"/> Length of waiting room time | <input type="checkbox"/> Required by insurance plan |
| <input type="checkbox"/> Closest to home | <input type="checkbox"/> Prior experience with clinic | <input type="checkbox"/> VA/Military requirement |
| <input type="checkbox"/> Cost of care | <input type="checkbox"/> Privacy/confidentiality | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> Recommended by family or friends | |
- 17. In the past three years, has anyone in your household received care in a hospital? (i.e. hospitalized overnight, day surgery, obstetrical care, rehabilitation, radiology or emergency care)**
- ☐ Yes ☐ No (If no, skip to question 20)
- 18. If yes, which hospital does your household use MOST for hospital care? (Select ONLY 1)**
- | | | |
|---|--|--|
| <input type="checkbox"/> Billings Clinic – Billings | <input type="checkbox"/> Roosevelt Memorial – Culbertson | <input type="checkbox"/> St. Vincent Healthcare – Billings |
| <input type="checkbox"/> Daniels Memorial Healthcare – Scobey | <input type="checkbox"/> Sheridan Memorial Hospital – Plentywood | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Mercy Medical Center – Williston, ND | <input type="checkbox"/> Sidney Health Center – Sidney | |
- 19. Thinking about the hospital you were at most frequently, what were the **three** most important reasons for selecting that hospital? (Select ONLY 3)**
- | | | |
|--|--|--|
| <input type="checkbox"/> Closest to home | <input type="checkbox"/> Hospital's reputation for quality | <input type="checkbox"/> Referred by physician or other provider |
| <input type="checkbox"/> Closest to work | <input type="checkbox"/> Prior experience with hospital | <input type="checkbox"/> Required by insurance plan |
| <input type="checkbox"/> Cost of care | <input type="checkbox"/> Privacy/confidentiality | <input type="checkbox"/> VA/Military requirement |
| <input type="checkbox"/> Emergency, no choice | <input type="checkbox"/> Recommended by family or friends | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Financial assistance programs | | |

20. 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 23)

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

- ☐ Billings ☐ Minot, ND ☐ Sidney ☐ Other: _____
☐ Glasgow ☐ Plentywood ☐ Williston, ND

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

- | | | |
|--|---|---|
| <input type="checkbox"/> Allergist | <input type="checkbox"/> Geriatrician (specialist for elderly care) | <input type="checkbox"/> Podiatrist (feet) |
| <input type="checkbox"/> Audiologist (hearing) | <input type="checkbox"/> Mental health counselor | <input type="checkbox"/> Psychiatrist (M.D.) |
| <input type="checkbox"/> Cardiologist (heart) | <input type="checkbox"/> Nephrologist (kidney) | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Chiropractor | <input type="checkbox"/> Neurologist | <input type="checkbox"/> Pulmonologist (lung) |
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Neurosurgeon | <input type="checkbox"/> Radiologist (reads X-rays) |
| <input type="checkbox"/> Dermatologist (skin) | <input type="checkbox"/> OB/GYN | <input type="checkbox"/> Rheumatologist (arthritis, bone/joint concerns) |
| <input type="checkbox"/> Dietician | <input type="checkbox"/> Occupational therapist | <input type="checkbox"/> Social worker |
| <input type="checkbox"/> Endocrinologist (thyroid, diabetes, infertility, cancers) | <input type="checkbox"/> Oncologist (cancer) | <input type="checkbox"/> Speech therapist |
| <input type="checkbox"/> ENT (ear/nose/throat) | <input type="checkbox"/> Ophthalmologist (eye) | <input type="checkbox"/> Substance abuse counselor |
| <input type="checkbox"/> Gastroenterologist (throat, stomach, bowels) | <input type="checkbox"/> Optometrist (eye) | <input type="checkbox"/> Urologist (diseases of urinary tract, kidneys, bladder, and urethra) |
| <input type="checkbox"/> General surgeon | <input type="checkbox"/> Orthopedic surgeon | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> Pediatrician (child) | |
| | <input type="checkbox"/> Physical therapist | |

23. The following services are available through Sheridan Memorial 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 |
|---|-----------|------|------|------|--------------|------------|
| Emergency Room | 4 | 3 | 2 | 1 | N/A | DK |
| Clinic Services | 4 | 3 | 2 | 1 | N/A | DK |
| Laboratory | 4 | 3 | 2 | 1 | N/A | DK |
| Therapy (physical, occupational, speech) | 4 | 3 | 2 | 1 | N/A | DK |
| Radiology Services (x-ray, ultrasound, CT scan, mammogram, DEXA, MRI) | 4 | 3 | 2 | 1 | N/A | DK |
| Ambulance Services | 4 | 3 | 2 | 1 | N/A | DK |
| Hospital Stay | 4 | 3 | 2 | 1 | N/A | DK |
| Specialty Outreach Clinics | 4 | 3 | 2 | 1 | N/A | DK |
| DME/Home Oxygen | 4 | 3 | 2 | 1 | N/A | DK |
| Visiting Nurse Services | 4 | 3 | 2 | 1 | N/A | DK |
| Telemedicine/Telehealth | 4 | 3 | 2 | 1 | N/A | DK |

24. 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

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

- ☐ Everyday
 ☐ Sometimes (3-5 days per month)
 ☐ Never
☐ Most days (3-5 days per week)
 ☐ Occasionally (1-2 days per month)

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

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

27. 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

28. 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

29. The following questions focus on aspects of your community. Please rate your level of agreement with each of these statements thinking specifically about your community as you see it. Please circle the number that best represents your opinion of each statement below.

| | Strongly Agree | Agree | Disagree | Strongly Disagree | Don't Know |
|--|----------------|-------|----------|-------------------|------------|
| 29.1) I can get the healthcare I need in Sheridan County. Consider the cost and quality, number of options, and availability of healthcare within a reasonable distance to your home. | 4 | 3 | 2 | 1 | DK |
| 29.2) There are places to be physically active near my home. Consider parks, trails, places to walk, and playgrounds. | 4 | 3 | 2 | 1 | DK |
| 29.3) I have enough financial resources to meet my basic needs. Consider income for purchasing food, clothing, shelter, and utilities. | 4 | 3 | 2 | 1 | DK |
| 29.4) My community is a good place to raise children. Consider the quality and safety of schools and childcare, after school care, and places to play in your neighborhood.) | 4 | 3 | 2 | 1 | DK |
| 29.5) My community is a good place to grow old. Consider elder-friendly housing, transportation to medical services, access to shopping centers and businesses, recreation, and services for the elderly. | 4 | 3 | 2 | 1 | DK |

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

- ☐ Yes
 ☐ No
 ☐ Not applicable

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

- ☐ Yes
 ☐ No

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

- ☐ Yes
 ☐ No
 ☐ Don't know

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

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

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

- | | | | |
|------------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
|------------------------------------|-------------------------------|-------------------------------|-------------------------------|

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

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

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

- | | | |
|--|--|-----------------------------------|
| <input type="checkbox"/> Yes, and I use them | <input type="checkbox"/> Yes, but can't use due to access barriers | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes, but I do not qualify | <input type="checkbox"/> Yes, but choose not to use | <input type="checkbox"/> Not sure |

Demographics

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

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

- | | | |
|---|--|--|
| <input type="checkbox"/> 59211 Antelope | <input type="checkbox"/> 59247 Medicine Lake | <input type="checkbox"/> 59275 Westby |
| <input type="checkbox"/> 59252 Outlook | <input type="checkbox"/> 59263 Scobey | <input type="checkbox"/> 59242 Homestead |
| <input type="checkbox"/> 59256 Raymond | <input type="checkbox"/> 59258 Reserve | <input type="checkbox"/> 59257 Redstone |
| <input type="checkbox"/> 59219 Dagmar | <input type="checkbox"/> 59254 Plentywood | <input type="checkbox"/> Other: _____ |

38. What is your gender?

- | | | | |
|-------------------------------|---------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Non-binary | <input type="checkbox"/> Prefer to self-describe: _____ |
|-------------------------------|---------------------------------|-------------------------------------|---|

39. What age range represents you?

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

40. What is your employment status?

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

[CODED]

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

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

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

Appendix F- Cross Tabulation Analysis

Knowledge Rating of Sheridan Memorial Hospital by How Respondents Learn About Healthcare Services

| | Excellent | Good | Fair | Poor | Total |
|---------------------------------|------------------|---------------|---------------|--------------|--------------|
| Friends/family | 20.9% (23) | 48.2% (53) | 26.4% (29) | 4.5% (5) | 110 |
| Word of mouth/reputation | 21.9% (21) | 43.8% (42) | 29.2% (28) | 5.2% (5) | 96 |
| Newspaper | 20.2% (18) | 56.2% (50) | 20.2% (18) | 3.4% (3) | 89 |
| Healthcare provider | 24.1% (20) | 55.4% (46) | 18.1% (15) | 2.4% (2) | 83 |
| Social media | 20.3% (13) | 45.3% (29) | 29.7% (19) | 4.7% (3) | 64 |
| Mailings/newsletter | 28.1% (9) | 46.9% (15) | 21.9% (7) | 3.1% (1) | 32 |
| Radio | 14.8% (4) | 51.9% (14) | 25.9% (7) | 7.4% (2) | 27 |
| Website/internet | 22.2% (6) | 48.1% (13) | 25.9% (7) | 3.7% (1) | 27 |
| Public health nurse | 35.3% (6) | 29.4% (5) | 29.4% (5) | 5.9% (1) | 17 |
| Billboards/posters | 50.0% (2) | 25.0% (1) | 25.0% (1) | - | 4 |
| Presentations | 50.0% (1) | - | 50.0% (1) | - | 2 |
| Other | 70.0% (7) | 10.0% (1) | 10.0% (1) | 10.0% (1) | 10 |

Delay or Did Not Get Need Healthcare Services by Residence

| | Yes | No | Total |
|----------------------------|-----------------------|-----------------------|--------------|
| 59254 Plentywood | 36.3% (41) | 63.7% (72) | 113 |
| 59275 Westby | 28.6% (4) | 71.4% (10) | 14 |
| 59247 Medicine Lake | 50.0% (4) | 50.0% (4) | 8 |
| 59258 Reserve | 83.3% (5) | 16.7% (1) | 6 |
| 59211 Antelope | 60.0% (3) | 40.0% (2) | 5 |
| 59252 Outlook | 40.0% (2) | 60.0% (3) | 5 |
| 59219 Dagmar | - | 100.0% (3) | 3 |
| 59257 Redstone | 33.3% (1) | 66.7% (2) | 3 |
| 59256 Raymond | 50.0% (1) | 50.0% (1) | 2 |
| 59242 Homestead | - | 100.0% (1) | 1 |
| TOTAL | 38.1% (61) | 61.9% (99) | 160 |

59263 Scobey and Other removed from residence (first column) due to non-response.

Location of primary care clinic most utilized by residence

| | Billings | Culbertson | Plentywood | Scobey | Sidney | Williston, ND | Other | TOTAL |
|----------------------------|---------------------|---------------------|-----------------------|---------------------|----------------------|---------------------|-----------------------|------------|
| 59254 Plentywood | 1.7% (2) | 0.9% (1) | 65.2% (75) | 5.2% (6) | 6.1% (7) | 1.7% (2) | 19.1% (22) | 115 |
| 59275 Westby | 6.7% (1) | - | 53.3% (8) | - | 20.0% (3) | - | 20.0% (3) | 15 |
| 59247 Medicine Lake | 11.1% (1) | - | 22.2% (2) | - | 11.1% (1) | 11.1% (1) | 44.4% (4) | 9 |
| 59252 Outlook | 16.7% (1) | - | 16.7% (1) | - | 16.7% (1) | 16.7% (1) | 33.3% (2) | 6 |
| 59258 Reserve | - | - | 83.3% (5) | - | 16.7% (1) | - | - | 6 |
| 59211 Antelope | - | - | 60.0% (3) | - | 20.0% (1) | - | 20.0% (1) | 5 |
| 59219 Dagmar | - | - | 50.0% (2) | - | - | - | 50.0% (2) | 4 |
| 59257 Redstone | - | - | 33.3% (1) | 33.3% (1) | - | - | 33.3% (1) | 3 |
| 59256 Raymond | - | - | 100.0% (2) | - | - | - | - | 2 |
| 59242 Homestead | 100.0% (1) | - | - | - | - | - | - | 1 |
| TOTAL | 3.6% (6) | 0.6% (1) | 59.6% (99) | 4.2% (7) | 8.4% (14) | 2.4% (4) | 21.1% (35) | 166 |

Glasgow and Minot, ND removed from primary care clinic location (top row) due to non-response. 59263 Scobey and Other removed from residence (first column) due to non-response.

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

| | Billings | Culbertson | Plentywood | Scobey | Sidney | Williston, ND | Other | TOTAL |
|---|-----------------|-------------------|-------------------|---------------|---------------|----------------------|---------------|--------------|
| Closest to home | 2.1% (2) | - | 77.9% (74) | - | 1.1% (1) | 1.1% (1) | 17.9% (17) | 95 |
| Prior experience with clinic | 3.5% (2) | - | 66.7% (38) | 5.3% (3) | 8.8% (5) | - | 15.8% (9) | 57 |
| Clinic/provider's reputation for quality | 5.6% (3) | 1.9% (1) | 38.9% (21) | 9.3% (5) | 9.3% (5) | 3.7% (2) | 31.5% (17) | 54 |
| Appointment availability | - | - | 75.6% (34) | - | - | - | 24.4% (11) | 45 |
| Recommended by family or friends | 2.9% (1) | 2.9% (1) | 55.9% (19) | - | 2.9% (1) | 2.9% (1) | 32.4% (11) | 34 |
| Referred by physician or other provider | 10.5% (2) | - | 31.6% (6) | - | 15.8% (3) | - | 42.1% (8) | 19 |
| Privacy/confidentiality | - | - | 14.3% (1) | 28.6% (2) | - | 14.3% (1) | 42.9% (3) | 7 |
| Length of waiting room time | - | - | 50.0% (2) | 25.0% (1) | - | - | 25.0% (1) | 4 |
| Cost of care | - | - | 50.0% (1) | - | - | - | 50.0% (1) | 2 |
| Required by insurance plan | - | - | 50.0% (1) | 50.0% (1) | - | - | - | 2 |
| VA/Military requirement | - | - | 100.0% (2) | - | - | - | - | 2 |
| Indian Health Services | - | - | - | - | - | - | 100.0% (1) | 1 |
| Other | - | 7.1% (1) | 57.1% (8) | 14.3% (2) | 7.1% (1) | 7.1% (1) | 7.1% (1) | 14 |

Glasgow and Minot, ND removed from primary care clinic location (top row) due to non-response.

Location of most utilized hospital by residence

| | Billings Clinic – Billings | Mercy Medical Center – Williston, ND | Roosevelt Memorial – Culbertson | Sheridan Memorial Hospital – Plentywood | Sidney Health Center – Sidney | St. Vincent Healthcare – Billings | Other | Total |
|----------------------------|----------------------------|---|------------------------------------|--|----------------------------------|--------------------------------------|-----------------------|------------|
| 59254 Plentywood | 11.5% (9) | 5.1% (4) | 1.3% (1) | 43.6% (34) | 21.8% (17) | 3.8% (3) | 12.8% (10) | 78 |
| 59275 Westby | 11.1% (1) | - | - | 44.4% (4) | 22.2% (2) | 11.1% (1) | 11.1% (1) | 9 |
| 59247 Medicine Lake | 40.0% (2) | - | - | - | 20.0% (1) | - | 40.0% (2) | 5 |
| 59211 Antelope | 25.0% (1) | 25.0% (1) | - | - | 25.0% (1) | - | 25.0% (1) | 4 |
| 59252 Outlook | 33.3% (1) | - | - | 33.3% (1) | - | - | 33.3% (1) | 3 |
| 59258 Reserve | - | - | - | 33.3% (1) | 33.3% (1) | 33.3% (1) | - | 3 |
| 59219 Dagmar | - | - | - | - | 50.0% (1) | - | 50.0% (1) | 2 |
| 59257 Redstone | - | - | - | - | 50.0% (1) | - | 50.0% (1) | 2 |
| 59256 Raymond | - | - | - | 100.0% (1) | - | - | - | 1 |
| 59242 Homestead | - | - | - | 100.0% (1) | - | - | - | 1 |
| TOTAL | 13.0% (14) | 4.6% (5) | 0.9% (1) | 38.9% (42) | 22.2% (24) | 4.6% (5) | 15.7% (17) | 108 |

Daniels Memorial Healthcare – Scobey removed from hospital location (top row) due to non-response. 59263 Scobey and Other removed from residence (first column) due to non-response.

Location of most recent hospitalization by reasons for hospital selection

| | Billings Clinic – Billings | Mercy Medical Center – Williston, ND | Roosevelt Memorial – Culbertson | Sheridan Memorial Hospital – Plentywood | Sidney Health Center – Sidney | St. Vincent Healthcare – Billings | Other | Total |
|--|----------------------------|--------------------------------------|---------------------------------|---|-------------------------------|-----------------------------------|--------------|-----------|
| Closest to home | - | 4.9% (3) | - | 63.9% (39) | 19.7% (12) | - | 11.5% (7) | 61 |
| Prior experience with hospital | 7.0% (3) | - | - | 46.5% (20) | 25.6% (11) | 9.3% (4) | 11.6% (5) | 43 |
| Emergency, no choice | 8.1% (3) | 2.7% (1) | - | 62.2% (23) | 13.5% (5) | 2.7% (1) | 10.8% (4) | 37 |
| Referred by physician or other provider | 27.0% (10) | 5.4% (2) | 2.7% (1) | - | 32.4% (12) | 8.1% (3) | 24.3% (9) | 37 |
| Hospital's reputation for quality | 14.7% (5) | 2.9% (1) | 2.9% (1) | 11.8% (4) | 32.4% (11) | 8.8% (3) | 26.5% (9) | 34 |
| Recommended by family or friends | 23.1% (3) | - | 7.7% (1) | 38.5% (5) | 15.4% (2) | - | 15.4% (2) | 13 |
| Closest to work | - | - | - | 85.7% (6) | 14.3% (1) | - | - | 7 |
| Required by insurance plan | 25.0% (1) | 25.0% (1) | - | 25.0% (1) | - | - | 25.0% (1) | 4 |
| Cost of care | - | - | - | 50.0% (1) | 50.0% (1) | - | - | 2 |
| Financial assistance programs | - | - | - | 100.0% (1) | - | - | - | 1 |
| Privacy/confidentiality | - | - | - | 100.0% (1) | - | - | - | 1 |
| VA/Military requirement | - | - | - | - | 100.0% (1) | - | - | 1 |
| Other | - | 12.5% (1) | - | - | 37.5% (3) | 12.5% (1) | 37.5% (3) | 8 |

Daniels Memorial Healthcare – Scobey removed from hospital location (top row) due to non-response.

Rating of social isolation by age range of survey respondent

| | Everyday | Most days (3-5 days per week) | Sometimes (3-5 days per month) | Occasionally (1-2 days per month) | Never | Total |
|--------------|---------------------|----------------------------------|-----------------------------------|--------------------------------------|-----------------------|------------|
| 18-24 | - | - | 100.0% (1) | - | - | 1 |
| 25-34 | - | 18.2% (2) | 9.1% (1) | 27.3% (3) | 45.5% (5) | 11 |
| 35-44 | 6.7% (1) | 13.3% (2) | 6.7% (1) | 40.0% (6) | 33.3% (5) | 15 |
| 45-54 | - | - | 21.4% (3) | 42.9% (6) | 35.7% (5) | 14 |
| 55-64 | - | 6.3% (1) | 18.8% (3) | 31.3% (5) | 43.8% (7) | 16 |
| 65-74 | - | - | 24.2% (8) | 45.5% (15) | 30.3% (10) | 33 |
| 75-84 | - | - | 18.8% (3) | 12.5% (2) | 68.8% (11) | 16 |
| 85+ | - | - | 33.3% (1) | 66.7% (2) | - | 3 |
| TOTAL | 0.9% (1) | 4.6% (5) | 19.3% (21) | 35.8% (39) | 39.4% (43) | 109 |

Rating the statement “My community is a good place to raise children” by age range of survey respondent

| | Strongly agree | Agree | Disagree | Strongly disagree | Don't know | Total |
|--------------|-----------------------|-----------------------|-----------------------|--------------------------|---------------------|--------------|
| 18-24 | - | - | 100.0% (1) | - | - | 1 |
| 25-34 | 9.1% (1) | 9.1% (1) | 45.5% (5) | 36.4% (4) | - | 11 |
| 35-44 | - | 6.7% (1) | 53.3% (8) | 40.0% (6) | - | 15 |
| 45-54 | 14.3% (2) | 7.1% (1) | 50.0% (7) | 28.6% (4) | - | 14 |
| 55-64 | 6.3% (1) | 12.5% (2) | 43.8% (7) | 37.5% (6) | - | 16 |
| 65-74 | - | 12.1% (4) | 54.5% (18) | 30.3% (10) | 3.0% (1) | 33 |
| 75-84 | - | 13.3% (2) | 46.7% (7) | 40.0% (6) | - | 15 |
| 85+ | - | - | 33.3% (1) | 33.3% (1) | 33.3% (1) | 3 |
| TOTAL | 3.7% (4) | 10.2% (11) | 50.0% (54) | 34.3% (37) | 1.9% (2) | 108 |

Appendix G- Responses to Other & Comments

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

- Lack of Optometry
- Drugs
- Distance to medical specialists
- Family doctor, MD
- Most of the above could be marked for our rural community

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

- Alcohol/substance abuse (1)
- Cancer (1)
- Diabetes (1)
- Heart disease (1)
- Lack of access to healthcare (2)
- Overweight/obesity (2)
- Social isolation/loneliness (1)
- Suicide (1)
- Work/economic stress (2)

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

- No cliques – there is so much of this in towns around here - kids to adults
- A new CEO!

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

- Access to healthcare services (1)
- Clean environment (1)
- Community involvement (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)

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

- I work at the hospital
- Personal experiences
- I am on the Foundation Board
- I work there

- Work at SMH as RN
- I worked at the local hospital
- Work
- Used to work there
- Hospital/Clinic visits.
- We use all we can

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

- Internet research
- Billings Clinic
- Sheridan Memorial Hospital (SMH)
- Sandy Overgaard - 5 wishes
- Durable Medical Goods
- Zoom
- Scobey - vision & dental

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

- Less midlevel providers who just refer you elsewhere; patients pay here at home and then pay to go elsewhere for same problem.
- Getting Dr. Stoner out of retirement
- Remove mask mandate at clinic and hospital
- I went to Dr. Martha or Kerr and it took over 2 hours-they need more Dr.'s
- More medical doctors and less nurse practitioners (NP) and physicians assistants (PA)
- Affordable prescriptions, pharmacists are legalized criminals
- Health care providers being more accessible- at least 4 days a week
- Physician services locally
- Paying staff decent wages
- Optometrist
- Care providers working more days for continued care
- Doctor/medical staff that stay in the community long term and works Monday-Friday
- Outside doctors coming here so many of us don't have to make the many, many trips to Sidney or Billings.

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

- None of the above
- Affordable
- I find I don't want to drive to Plentywood anymore for classes

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

- Massage therapy
- Clinic with medical doctors
- Acupuncture
- Affordable
- Exercise for seniors
- Weight loss clinic, exercise classes
- A doctor

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

- Annual birthday labs at the hospital
- Diabetic support for Type 1
- Physical therapy
- Not at Sheridan Memorial Hospital (SMH)
- COVID booster shots.

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

- COVID-19 (2)
- Dr. Stoner was the best we had and gave treatment according to each individual's preferences, not what the one-shoe-fits all mentality like the clinic is now.
- COVID-19 policies
- Doctors in the United States charge way more than they deserve. It's criminal!
- I called and was told to not come to the emergency room
- Billing department had trouble getting coding correct and our insurance agent has advised us to try to go to a different hospital.
- Incorrect information. Told there was no medication that would work and sent to out of town ER.
- Hospital wouldn't admit me when I had COVID.
- Busy caregiving

***Responses when more than 3 were selected (8 participants):**

- Could not get an appointment (1)
- Don't like doctors (2)
- Frequency of out of area follow up appointments (1)
- It cost too much (3)
- My insurance didn't cover it (1)
- Not treated with respect (6)
- Privacy/confidentiality (6)
- Qualified provider not available (5)
- Scheduling difficulty due to pandemic (3)
- Too long to wait for an appointment (2)

- Too nervous or afraid (1)
- Transportation problems (1)
- Unsure if services were available (2)

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

- Fairview, MT
- Crosby, ND
- Helena
- Bozeman
- Minnesota
- Poplar Riverside Clinic
- Bismarck, ND (2)
- Trenton

***Responses when more than 1 was selected (30 participants):**

- Billings (12)
- Culbertson (2)
- Glasgow (1)
- Minot, ND (2)
- Plentywood (19)
- Scobey (9)
- Sidney (7)
- Williston, ND (12)

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

- We receive an employee discount
- Worked 4 days/week
- Had her in Plentywood and followed her to Scobey
- Support local
- New doctor to area
- Not clinic's reputation
- ER follow-up
- Had no choice but to go locally
- Telemedicine
- Lack of a doctor here. They came and then left.
- We use Plentywood all we can
- You fired my doctor.
- Treated better/Better care.
- Close to kids

18. Where is the hospital that your household used MOST for hospital care located? (Select ONLY 1)

- St. Patrick's, Missoula
- St. Peters Health- Helena
- Hospital in MN
- Sanford-Bismarck
- St. Alexis, Williston, ND
- Bismarck-Mercy Medical Center
- Sanford (Fargo)

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

- Billings Clinic – Billings (5)
- Daniels Memorial Healthcare – Scobey (2)
- Mercy Medical Center - Williston, ND
- Roosevelt Memorial - Culbertson
- Sheridan Memorial Hospital – Plentywood (7)
- Sidney Health Center – Sidney (6)
- St. Vincent Healthcare – Billings (1)

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

- Not talked down to; advised of all test results
- Telemedicine
- Only recently moved back to Montana
- Obstetrics not available in Plentywood.
- Delivers babies
- Amazing hospital for us and our insurance. No problems with our insurance in Sidney

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

- Closest to home (1)
- Hospital's reputation for quality (1)
- Prior experience with hospital (2)
- Recommended by family or friends (2)
- Referred by physician or other provider (1)
- Required by insurance plan (1)

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

- Scobey (11)
- Virtual
- Missoula
- Bozeman
- Helena
- Miles City, Scobey

- Sanford-Bismarck-Trinity Minot
- Bismarck
- Fargo
- Denver, CO
- Great Falls

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

- Plastic surgeon for mastectomy
- Thoracic surgeon
- Arthritis- cortisone water therapy at SMH
- Fertility
- PA for Bells Palsy
- Internal medicine
- Retina specialist and surgeon
- Vein Clinic

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

- Medicare supplement policy
- United
- State of Montana

***Responses when more than 1 was selected (26 participants):**

- Employer sponsored (3)
- Health Insurance Marketplace (1)
- Health Savings Account (1)
- Healthy MT Kids (2)
- Indian Health
- Medicaid (6)
- Medicare (20)
- Private insurance/private plan (15)
- VA/Military (2)

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

- *There were no "other" responses.*

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

- *There were no "other" responses.*

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

- *There were no "Prefer to self-describe" responses.*

40. What is your employment status?

- Seasonal/Self Employed
- Disabled
- Volunteer (2)
- Self-employed (4)
- Retired

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

- Work full time
- Work part time (1)
- Retired (4)
- Student
- Collect disability (1)
- Unemployed, but looking
- Not currently seeking employment (1)

General comments

- (Q6)
 - Did not select “Whole and Well Co.” and wrote “I would not consider this a community health resource”
 - Did not select “Sheridan Dental Clinic” and wrote “Too expensive – go to Williston, ND”
- (Q9)
 - Selected “Eye/Vision Clinic” and wrote “go every three years”
- (Q10)
 - Selected “Dental check” and wrote “locally”
-
- (Q11)
 - Selected “Colonoscopy” and “Vision check” and next to both wrote “out of area”
- (Q15)
 - Selected “Plentywood” and wrote “then sent on”
 - Selected “Plentywood” and wrote “Primary”
- (Q16)
 - Selected “Referred by physician or other provider” and wrote “Sheridan Memorial Hospital Doctor”
- (Q19)
 - Made three selections and then wrote “live in Missoula in the winter”
- (Q21)
 - Selected “Plentywood” and wrote “then sent on”
- (Q22)
 - Selected “Radiologist” and wrote “Needle biopsy of Thyroid”

- Selected “Cardiologist” and wrote “Telemedicine”
- (Q26)
 - Did not select any choices and wrote “Don’t have stress”
 - Did not select any choices, created their own option “None”
- (Q28)
 - Selected both “2-4 times per week” and “3-5 times per month” and wrote “It’s winter”
- (Q29.1)
 - Selected “3” and wrote “then sent on”
- (Q29.2)
 - Selected “3”, circled “trails” in the question and wrote “wish we had!!”
 - Selected “3” and wrote “Walk on gravel roads when weather permits”
- (Q29.4)
 - Selected “2” and wrote “Easy to get drugs”
- (Q29.5)
 - Selected “3” and wrote “No shopping”
- (Q30)
 - Selected “Not applicable” and wrote “Don’t take any prescriptions”
- (Q33)
 - Selected “Medicare” and wrote “very poor coverage”
 - Selected “Medicare” and wrote “Also” next to “Indian Health”
- (Q34)
 - Selected “Excellent” and wrote “They don’t cover well in Plentywood because of the way the billing department works.”
 - Selected “Fair” and wrote “Meds are too expensive!”
- General comments
 - Get Mental Health out of the dungy basement (in Plentywood)!!!
 - It would benefit our area to have an indoor recreation facility for all ages.

Appendix H- Key Informant Interview - Questions

Key Informant Interview Questions

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

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

Appendix I- Key Informant Interviews - Transcript

Key Informant Interview #1

Tuesday, April 5, 2022

Anonymous – Via phone interview

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

- I feel good about the health of our community. I don't have much concern with it.

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

- Hospital/clinic
 - I guess I have a positive or favorable view of Sheridan Memorial. I thought it was top notch for community our size when Dr. Stoner was practicing. When he retired about 4 or 5 years ago, it really left a void. I know they've worked hard to get physicians to come live here but its hit and miss.
 - I think they've offered a contract to a new physician but are having a hard time with finding housing here.
- EMS Services (ER/Ambulance)
 - I think the local ambulance service is very good. Most places our size would like to have more staff. There are a couple paid staff, but it relies heavily on volunteers.
- Public/County Health Department
 - I think our local health department is very good. Through COVID, the county nurse did an admirable job and it was even her first year on the job! She eventually took another position. Our new nurse is great too. The requirements for COVID have loosened which has been helpful.
 - They do well with communication and are very helpful if you ever have questions.
- Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
 - I really don't have much experience with these services so I can't share an opinion.
 - I haven't heard of any concerns though, which must mean they're fine.
- Services for Low-Income Individuals/Families
 - I don't really know about these services either.
 - I know there are community organizations that offer financial assistance, but that's about it.

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

- I would say the lack of mental health counseling is a big issue for this area of the state.

- The school psychiatrist is retiring, who is also the school counselor. I worry that they won't be able to replace her. It's not just a need for a school counselor though. There's only one private counselor in town.
- Parents will likely have to travel outside of the area to access counseling for their kids. This is not an easy task though – it can be financially problematic, cause kids to miss school, etc.

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

- We already have a dentist and chiropractor.
- Finding social workers for resources like child protective services (CPS) is challenging for this area. There's someone from Glendive that travels up periodically, but you don't see them very often. Unless there are clear signs of abuse, like physical abuse, the hotline doesn't do much. The school psychiatrist used to fill this role in the court house but they are retiring as I mentioned earlier.
- Glenwood, a local organization, houses disabled adults (mentally and physically) which is a great asset to this area. They also offer transit service to essentially anyone who has a need. They frequently take trips to Williston for appointments.

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

- It would really help if we had a consistent doctor that was established with positive relationships and provided a good level of care.

Key Informant Interview #2

Tuesday, April 5, 2022

Anonymous – Via phone interview

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

- Overall, it seems like we have a lot of older adults compared to some areas of the state.
- I think we still have a high percentage of cancer. And have some smokers, although not as many as used to be.
- Aside from those though, I would say we're a generally healthy area.

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

- Hospital/clinic:
 - To be honest, I think most of our community is doctoring outside of the area. But I do think there is a desire to seek care locally if it's available.
- EMS Services (ER/Ambulance)
 - The ambulance has been pretty good even outside of the town of Plentywood. The response time is about 30 minutes.

- I know some people would like the Quick Response Unit better staffed. There are only two on currently which makes it tough.
- I think the first responders are paid.
- Public/County Health Department
 - I think our local health department is really great. The information sharing is quick!
 - In recent years, the county health nurses have turned over a couple of times. I think this position was initially part time, but now it seems to be closer to full time.
 - They're doing blood pressure checks and administered flu shots even in COVID.
- Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
 - It seems like there's been availability for anyone looking to get into the Manor and nursing home. Which I think is good – I think the Manor used to have a waiting list!
 - La Casa, our assisted living facility, has a waiting list.
 - We have a great transportation service locally. Riders are picked up in outlying communities too.
 - We also have a Senior Citizens group that organizes weekly card games and lunches that include things like a sandwich and dessert.
- Services for Low-Income Individuals/Families
 - We just got involved with the new wastewater assistance program through MT DPHHS. The program helps pay water/sewer bills for those with low incomes. It sounds like there's been a low response rate though.
 - Access and awareness of resources is challenging in this area!

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

- I think it's most important that our local ambulance services can continue to support this area.
- Also I think it's important to keep Sheridan Memorial Hospital thriving.

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

- I think we could use a better staffed quick response unit (QRU).

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

- I would like to see a community garden started locally.

Key Informant Interview #3

Wednesday, April 6, 2022

Anonymous – Via phone interview

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

- This is a tough question. We could really use more basic preventive care among our community members.
- We also need access to specialists.

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

- Hospital/clinic:
 - I think the local hospital has a friendly staff, but they're not always the best trained. That's not their fault though, since they don't have much volume, it's hard to get the experience.
 - I would say the same goes for the clinic. The turnover in medical providers has caused a disruption.
- EMS Services (ER/Ambulance)
 - The EMTs and paramedics are always very responsive and knowledgeable about community members that may need extra assistance.
 - I think the emergency room is prompt with triage time. The wait typically comes for waiting on the provider to get to the hospital.
- Public/County Health Department
 - Our local health department has had lots of turnover recently. It's been a challenge for them with the constant changes in COVID messaging and then sharing with the community.
 - Aside from all that though, they have a very nice staff – even the ones who left were very friendly and available even after hours!
- Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
 - I don't know enough about these services to be able to share an opinion.
- Services for Low-Income Individuals/Families
 - I think the community itself has great resources, except for housing.
 - The community and hospital has a lot of dignity and respect for those on Medicaid.
 - We even had a local food bank and transportation service – both of which are operated under a local organization called Glenwood. The transportation service is door to door and also free for most, if not all riders.

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

- A consistency in providers in both the clinic and emergency room is perhaps our biggest issue.
- Along with that, there's also the issue of availability for providers. Our only MD practices in clinic on Mondays, if you need to be seen outside of Monday's, you're likely seeing a Physicians Assistant (PA) or Family Nurse Practitioner (FNP).

- Aside from those two, politics can be an issue around here.

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

- We really need more mental health services locally!! We have one Family Nurse Practitioner (FNP) that's now doing more mental health appointments, but she's already packed. If she's unavailable, community members are having to drive two hours to Sidney or Glendive.
- There's a lot of challenges around mood and addiction across lifespan that I don't think people necessarily think to seek out support for or know it's available!
- As for more of the preventive care services, if you need to access eye care, the closest provider is about an hour away. Or in the case of Ear Nose Throat (ENTs) and hearing doctors, most have to go to Billings which is about a 5.5 hour drive one way.
- I know there's not enough patients here to sustain these services, but it would sure be nice to have more rotating providers or increased telehealth access.
- There's not many support groups available for things like Alcoholics Anonymous (AA) or healthy lifestyles which could be nice resources.

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

- I think the easiest solution to making our community a healthier place is consistency. And by that I mean enough staff and people to stay consistent across the entire community.

Key Informant Interview #4

Thursday, April 7, 2022

Anonymous – Via phone interview

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

- I think the health of our area is probably as good as any other community of our size.
- I believe that we have all of the pieces locally to help people live a long and active life. I would consider it above average for a rural or frontier area.

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

- Hospital/clinic:
 - My views are that the hospital and clinic are improving. Like any little hospital, you get peaks and ebbs. There always seem to be employees leaving and coming. If there aren't any ties to the area, it's hard to keep people happy. But I really feel like we're on the upswing! I'm so happy!
 - It's been two years since we lost one of our doctors. We usually have good consistency with providers who were born here, but we've been in a slump recently where the doctors don't have ties here.
 - We have hospice which has been a great asset for our area!

- EMS Services (ER/Ambulance)
 - I think our ambulance services is very good. The ones we've had employed are really good though! I think some have been around for 5-10 years.
 - For a remote area, response times are good. It seems that it was 10-20 years ago that they used to have hard time responding to calls. GPS has really helped this area!
- Public/County Health Department
 - I think the public health department has had issues with retirements and turnover. But they've taken lead on a lot of the response to the COVID-19 pandemic.
 - I think they've done a good job. I believe Sheridan County was #3 or #4 in percentage of Montana counties vaccinated against COVID.
 - The local health department is easy to access in courthouse. But it could be seen as barrier though too since it is in the basement.
- Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
 - In Plentywood, we have a step-by-step approach, especially as it relates to long term care.
 - Seniors are able to stay at home as long as they can, which is always the first choice. The pharmacy coordinates weekly medication trays for those in need.
 - If home is no longer feasible, a long-term care setting would be the next step. The Pioneer Manor is an independent care setting. They even have a kitchen so seniors don't have to worry about meals.
 - After the Manor, we have La Casa which is an assisted living facility that provides more hands-on care.
 - The nursing home is the final option for seniors. I think they do a very good job and seem to have a good reputation. They do seem to rely more heavily on traveling workforce, particularly in the last five years.
- Services for Low-Income Individuals/Families
 - Services for low-income families is definitely a concern for this area.
 - We have different organizations around town who will anonymously pay for people who cannot pay. They'll pay extra for others that cannot afford things like copays, utilities, etc.
 - I know we have a 340B program available at hospital which helps people access necessary prescriptions at discounted prices. I think it's so great that the hospital has this program.
 - We also have a Meals on Wheels program that's run by Glenwood. There's a Golden Years program through the County that provides meals to seniors in need.

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

- The most persistent issue for our area has got to be diabetes. Our closest diabetic educator is in Sidney, which is 90 miles away from Plentywood.

- Mental health is also an issue. We don't have access to a lot of these services, resources, and providers given our frontier area. But we have access to telehealth. I think we even have a VA outreach clinic locally.
- Mental health is just harder in a rural setting. We need to get people to counseling services. I don't think some take telemedicine visits seriously enough unless they are face to face with a provider.

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

- Any services or resources that might improve mental health would be great.
- As I mentioned earlier, we could use diabetes education locally.

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

- Again, anything that deals with improving mental health would make our area healthier. There's a lot of mental strain from the last two years with COVID. It was really a downer for a lot of people. We need to give them some hope!

Key Informant Interview #5

Wednesday, April 13, 2022

Anonymous – Via phone interview

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

- I think the health of our community is good since we have healthcare in our corner. As long as COVID stays away, we're good!

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

- Hospital/clinic:
 - Considering most parts of the clinic and hospital, I think we get pretty good services. They even do things like drug tests. All in all, I think Sheridan Memorial Hospital is pretty good.
 - It would be nice to have a consistent doctor, though. Without one, we have limited access to routine check-ups. I think some parts of our community may be open to more telemedicine opportunities if they were made available so we don't have to drive out of the area. This wouldn't replace a desire for a local doctor though.
 - As for specialty care for things like asthma, I think you would always have to go to Billings or something.
- EMS Services (ER/Ambulance)
 - For a while there, we were short workforce, but I think there are three volunteers now. Some may receive some compensation though.
 - I think they are doing a great job in terms of availability and readiness.

- Public/County Health Department
 - I think our local health department tries their best. During COVID, they were putting out daily reports. Weekends were a little quieter, though.
- Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
 - I know some are pretty happy with the senior services available in Plentywood. We have a staged approach to aging here which makes the transitions pretty easy.
 - But once you get away from Plentywood and into some of the smaller surrounding areas, its more challenging.
 - In Medicine Lake, they have a program that provides seniors with weekday meals. I think she even delivers some around the town. This program may be supported by County, but I'm not confident.
 - We had a pretty good transit service before COVID.
- Services for Low-Income Individuals/Families
 - I believe there's a food bank in Plentywood.
 - There's also one in Culbertson, but it was shut down for some time though.

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

- We have an aging community, so I think that should be taken into account.
- Getting services and doctors is also an issue here. Retention of providers and workforce is hard in this area.
- I believe the doctor they are currently working to recruit hasn't been able to find a home and I know some in the community are worried that they, too, might leave.

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

- Mental health continues to be a challenge in northeastern Montana. I think it's an issue across the lifespan.
- Substance abuse is also challenging to address here. I'm not sure there's many local resources that are currently available.
- Other than that, we could use an eye doctor. Williston has the closest eye doctor for our area.
- We have a dentist and chiropractor – so that's great!

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

- If we could get more people to come here, I think we would be better off.
- Just to even have a good doctor locally would be an improvement. When Dr. Stoner was here, we were spoiled. He retired a year ago, though.
- Some of the stuff I'd personally like and be interested in are more outdoor activities. Things like walking trails, bike paths, park equipment, etc. But I know that a lot of communities are having challenges sustaining their pools.

Key Informant Interview #6

Wednesday, April 13, 2022

Anonymous – Via phone interview

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

- I feel like we're a very geriatric community, not that that is a bad thing by any means. But it's worth noting that an elderly population tends to have greater health issues to address.
- Cancers seem to be prevalent here.
- Our community also does a ton of socializing around alcohol.

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

- Hospital/clinic:
 - I'm grateful to have both the hospital and clinic that we do for such rural community!
 - I know it's been tricky to maintain an MD (medical doctor). Therefore, I feel like we have to send more patients out of the area for care than one would normally expect.
 - I can't help but wonder what it would be like if we had consistent provider.
 - Our most recent MD had private practice for several years. This was Dr. Stoner. But I want to say that in the last decade we've had more than ten MDs rotate through our area.
- EMS Services (ER/Ambulance)
 - From my understanding we only have two salaried employees with the ambulance and everyone else is a volunteer.
 - I'm grateful to have them in our back pocket if we ever need them. I've heard nothing negative about them.
 - We have a Quick Response team, that has pickups with toppers in the smaller surrounding communities. They have a triage team that can help out quicker than the EMS can – I want to say that depending on where you are, they can respond about a half hour before an ambulance could.
- Public/County Health Department
 - COVID has really created a lot of turnout or burnout opportunities.
 - We've had two county health nurses since onset of COVID.
 - I hear the one we have now is doing well in her position, but it sounds like she's a temporary or interim status. So I'm not sure if she'll stay on.
 - I've only had positive interactions with them though.
- Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
 - For a population of our size, considering they are a large portion of our population, I think we serve our seniors well.
 - We have a nursing home, assisted living facility and the Manor, which is more of an independent living facility.

- There's also a free transit system in Plentywood and the senior center provides free meals.
- The biggest disadvantage for seniors in our area are accessing specialty care services. The bus will take folks to Williston once per week, but if referred to a specialist in Billings, transportation can be a challenge to coordinate.
- Services for Low-Income Individuals/Families
 - Our Office of Public Assistance (OPA) was recently moved out of our county since we were too small. The next closest office is Sidney, Wolf-Point, or Glasgow. It has been a huge loss for this area!
 - Even though we no longer have the OPA, we have some low-income housing and food pantry options available locally.

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

- I would say one of our biggest issues is probably access to specialty care services and the distances we have to travel. Even consultations have to be in person which can be a real strain and challenge on our community.
- There are some telehealth options. But that's tricky since a service like labs can't always be done locally.

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

- Well obviously we need a lot of things, but I think it really comes down to what's feasible for an area like ours.
- It would be nice to have someone in pediatrics. The amount of time young kids have to miss school in order to see their doctors is a real concern.
- Things like delivering babies happens out of the area in Sidney or Williston and I don't think it's feasible for us to get that service back. Wolf Point has midwives though!
- I would like to see more confidentiality with the Sheridan Memorial Hospital, particularly around sensitive topic areas such as STD's or mental health. There are components of accessing STD testing and mental health services where patients aren't only interfacing with the providers and nurses, but the entire staff.
- Psychiatry services are a challenge around here. Our MDs aren't always comfortable with prescribing or monitoring mental health prescriptions. So a lot of these needs are referred out to other providers or there are even some telehealth options through Billings and the VA.
- There's a new mental health provider that's about done obtaining their Licensure over in Scobey that we're really hopeful will improve our access.
- As I mentioned earlier, with cancers being prevalent here, care can be challenging since most requires daily infusions.

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

- That's a hard question! Where should I start!

- The first thing that comes to mind are healthy eating options. If you go out to eat around here, everything is fried or precooked. We have an amazing grocery store that gives us access to fresh fruits and vegetables. But even in a family like ours, we can only buy fruit on sale because it tends to be so expensive.
- We have a farmer's market that's getting better, but it's not what you'd typically expect from one. It's a lot of locally grown beef, baked goods, arts, and crafts. I rarely have the opportunity to buy the produce that I would want to buy from a farmer's market.
- As for physical activity, a crossfit gym has opened recently which attracts a specific population in the community. We don't have a recreation center for children – really just a place to take kids to be kids. If you want something like this, you have to go to the schools, but that's not always ideal. And if it doesn't operate around alcohol for adults, even sporting events, we don't have it.

Key Informant Interview #7

Thursday, April 14, 2022

Anonymous – Via phone interview

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

- I say overall it's really good.

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

- Hospital/clinic:
 - I like Sheridan Memorial Hospital just fine. They seem to be going through staff changes, but seem to be good!
- EMS Services (ER/Ambulance)
 - I think our ambulance service is really good. But we probably experience the same issues with workforce that they do across the state. It's hard to find volunteers, so we're thankful that we have a core crew. Recruitment is hard!
- Public/County Health Department
 - Our county health department has also experienced staffing changes.
 - One year into the COVID-19 pandemic and our nurse left. We had another come in and now I think we have an interim. It's hard to recruit for these positions!
- Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
 - I don't know a ton about these services, but I've never heard anything bad!
 - I'm sure they experience the same workforce and staffing challenges as the hospital, EMS, and health department.

- Home health is active with our older population. We have a Meals on Wheels program that I've heard is really good. And they even do things like welfare checks.
- Services for Low-Income Individuals/Families
 - I know our local health department has the Women, Infants, and Children (WIC) program.
 - There are some subsidized apartments available and two food pantries.
 - We have a local organization called the Angel Tree who coordinates assistance for things like gas money, heating bills, rent, hotel room for the evening, and meals just to name a few.

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

- Mental health is a challenge. We are severely limited on resources locally. There's a lot of kids that need a little more than just a school counselor. There's also a lot of undiagnosed behavioral issues.
- Like other remote areas, we also struggle with things like substance abuse.
- As I mentioned earlier, recruitment and retention of the hospital workforce has been challenging, but I think it's getting better.

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

- I would like to see more behavioral health options locally. Currently, it's pretty limited in where folks can go to access these services – we're primarily referred to Billings Clinic.
- If there are follow up appointments for certain services, I'm not sure if our community is following through, particularly if they are required to travel out of the area. We might need case workers for things like general health, medication adherence, psychiatry appointments, etc. We could probably even use things like peer support coaches.
- If we could have something like a Crisis Intervention Team (CIT) program, that could really help with some of our local mental health challenges. Perhaps even something like peer-to-peer support for first responders. Having these available, might help to the remove stigma around folks seeking help.

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

- It would be great to have more money to support staff for the various positions across the board. But recruitment is hard!
- Getting rid of all the drugs would also make us healthier. It seems like it's an uphill battle every day, though.

Appendix J- Request for Comments

Written comments on this 2022 Community Health Needs Assessment Report can be submitted to the Connie Anderson, Marketing at Sheridan Memorial Hospital Association:

Marketing
Sheridan Memorial Hospital Association
440 West Laurel Avenue
Plentywood, Montana 59254

Contact Connie Anderson, Marketing Specialist at (406) 765-3709 or CAnderson@SheridanMemorial.net with questions.

