



2025

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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INTRODUCTION

Introduction

Sheridan Memorial Hospital Association (SMHA) in Plentywood, Montana is a licensed 19 bed Critical Access Hospital (CAH), 35 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, North Dakota and Canada.

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: To provide exceptional and compassionate care to enhance the health, wellbeing, and quality of life for the people and communities we serve.

Vision: Sheridan Memorial Hospital Association strives to be the regional leader in rural healthcare.

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.

Through spring 2025, 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 January 2025. 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 February 2025, 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 Social Data Collection and Analysis Services (Social Data), previously known as the 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 MSU Social Data. 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	1937	Plentywood	501	251	251
59275	337	Westby	65	32	32
59247	331	Medicine Lake	39	20	20
59211	178	Antelope	36	18	18
59219	230	Dagmar	28	14	14
59252	173	Outlook	32	16	16
59258	160	Reserve	23	12	12
59256	95	Raymond	15	7	7
59242	107	Homestead	7	4	4
59257	62	Redstone	9	5	5
59222	203	Flaxville	10	5	5
59226	411	Froid	17	9	9
59263	1284	Scobey	18	9	9
Total	5508		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

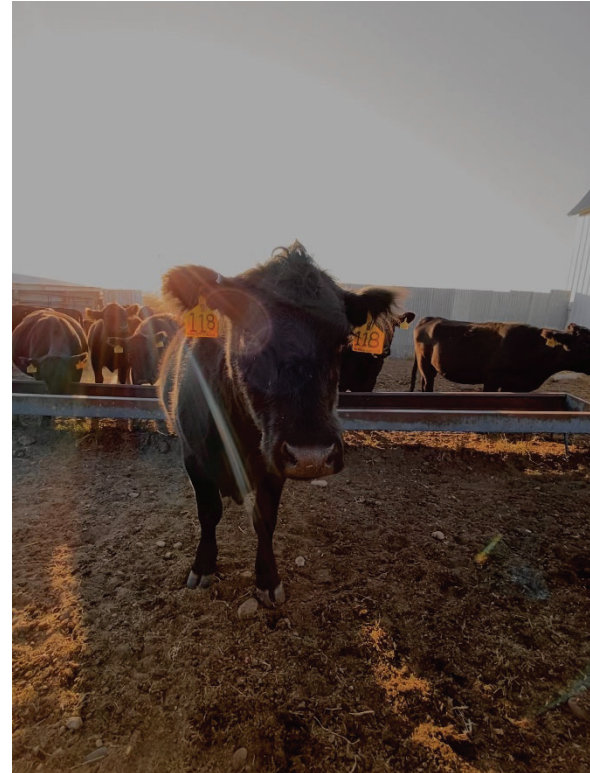
makes it impossible to set the target population aside from the five more-developed Montana counties.

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 February 2025, 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.

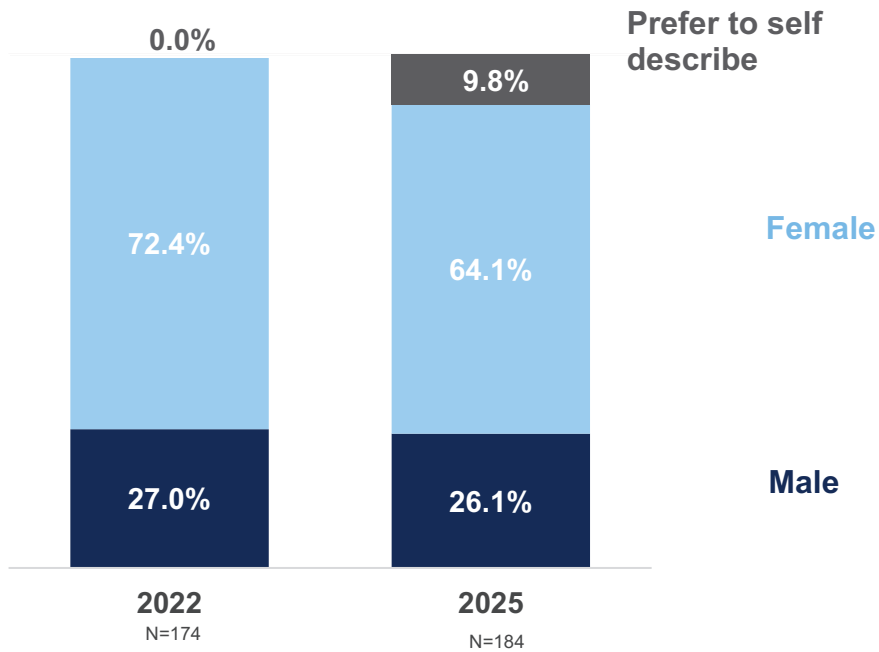
From the 800 surveys sent out, 67 surveys were returned undeliverable. 185 survey responses were received for a 25.24% response rate. From this point on, the total number of surveys will be out of 733. Based upon the sample size, we can be 95% confident that the responses to the survey questions are representative of the service area population, plus or minus 7.08%.

Survey Respondent Demographics

A total of 733 surveys were distributed amongst Sheridan Memorial Hospital Association’s service area. One hundred seventy-seven were completed for a 25.24% 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.

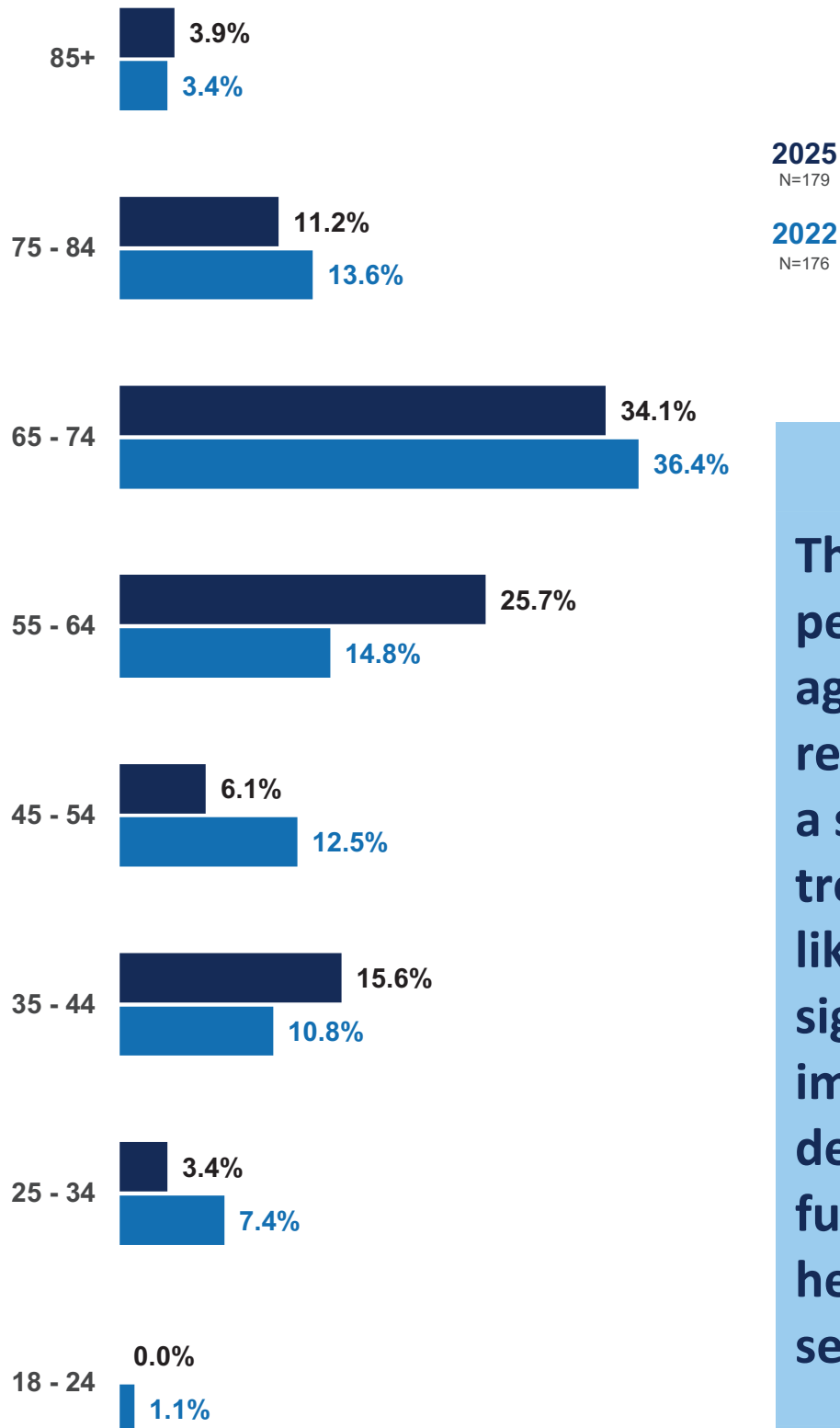
Place of Residence	2022 % (n)	2025 % (n)
Number of respondents	173	179
59254 Plentywood	69.9% (121)	62.0% (111)
59275 Westby	9.2% (16)	8.9% (16)
59219 Dagmar	2.3% (4)	5.6% (10)
59252 Outlook	3.5% (6)	5.0% (9)
59211 Antelope	2.9% (5)	4.5% (8)
59258 Reserve	3.5% (6)	4.5% (8)
59256 Raymond	1.2% (2)	2.8% (5)
59247 Medicine Lake	5.2% (9)	2.8% (5)
59242 Homestead	0.6% (1)	2.2% (4)
59257 Redstone	1.7% (3)	0.6% (1)
59263 Scobey	0.0% (0)	0.0% (0)
Other	0.0% (0)	1.1% (2)

Gender



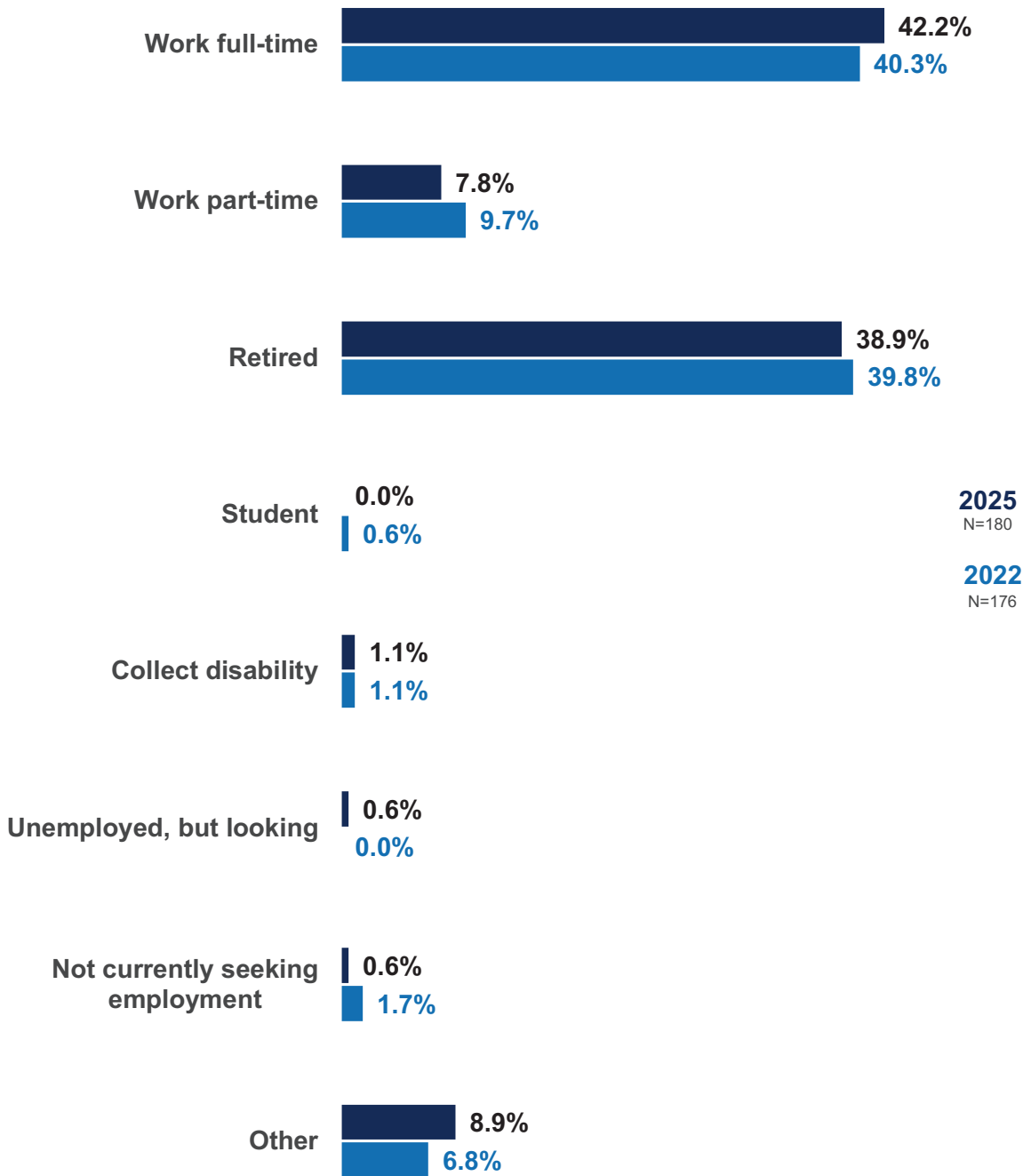
Women are frequently the healthcare decision makers for their families and more likely to respond to a health-related survey.

Age



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

Employment



*Respondents (N=8) who selected over the allotted amount were moved to “Other.”
 “Other” comments included: Self-employed (4), Farmer, and Stay at home mom

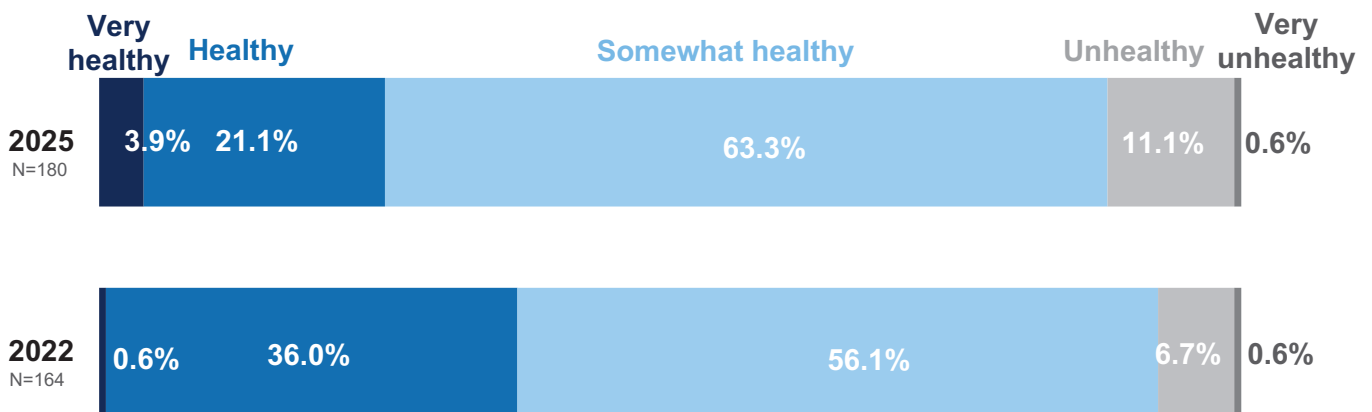


SURVEY RESULTS

Survey Results

Rating of Healthy Community (Question 1)

Respondents were asked to indicate how they would rate the general health of their community. 63.3% of respondents (n=114) rated their community as “Somewhat healthy,” 21.2% (n=38) felt their community was “Healthy,” and 11.1% (n=20) rated it “Unhealthy.” The amount of people who thought the community was “Healthy” decreased over the last 3 years.



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 concerns were “Alcohol/substance abuse” at 61.3% (n=111), “Cancer” at 39.2% (n=71), and “Mental and behavioral health issues” at 28.7% (n=52).

Health Concern	2022 % (n)	2025 % (n)	SIGNIFICANT CHANGE
Number of respondents	172	181	
Alcohol/substance use	66.3% (114)	61.3% (111)	<input type="checkbox"/>
Cancer	43.6% (75)	39.2% (71)	<input type="checkbox"/>
Mental and behavioral health issues (depression, anxiety, PTSD, etc.)		28.7% (52)	<input type="checkbox"/>
Overweight/obesity	23.3% (40)	25.4% (46)	<input type="checkbox"/>
Heart disease	16.3% (28)	19.9% (36)	<input type="checkbox"/>
Alzheimer’s/dementia	14.0% (24)	15.5% (28)	<input type="checkbox"/>
Lack of exercise	8.1% (14)	14.9% (27)	<input checked="" type="checkbox"/>
Diabetes	12.2% (21)	14.4% (26)	<input type="checkbox"/>
Social isolation/loneliness	8.7% (15)	13.3% (24)	<input type="checkbox"/>
Lack of access to healthcare	22.1% (38)	12.7% (23)	<input checked="" type="checkbox"/>
Tobacco use (cigarettes/cigars, vaping, smokeless)	7.0% (12)	9.4% (17)	<input type="checkbox"/>
Work/economic stress	5.8% (10)	8.3% (15)	<input type="checkbox"/>
Suicide	4.1% (7)	4.4% (8)	<input type="checkbox"/>
Lack of dental care	2.3% (4)	3.3% (6)	<input type="checkbox"/>
COPD/asthma/respiratory disorders	2.3% (4)	3.3% (6)	<input type="checkbox"/>
Motor vehicle accidents	0.6% (1)	2.2% (4)	<input type="checkbox"/>
Child abuse/neglect	4.1% (7)	1.7% (3)	<input type="checkbox"/>
Work related accidents/injuries	0.0% (0)	1.1% (2)	<input type="checkbox"/>
Hunger	0.0% (0)	0.6% (1)	<input type="checkbox"/>
Recreation related accidents/injuries	0.0% (0)	0.6% (1)	<input type="checkbox"/>
Domestic violence	0.6% (1)	0.0% (0)	<input type="checkbox"/>
Trauma/Adverse Childhood Experiences (ACES)	1.7% (3)	0.0% (0)	<input type="checkbox"/>
Other	4.1% (7)	5.5% (10)	<input type="checkbox"/>

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

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

View “Other” comments in Appendix G

Components of a Healthy Community (Question 3)

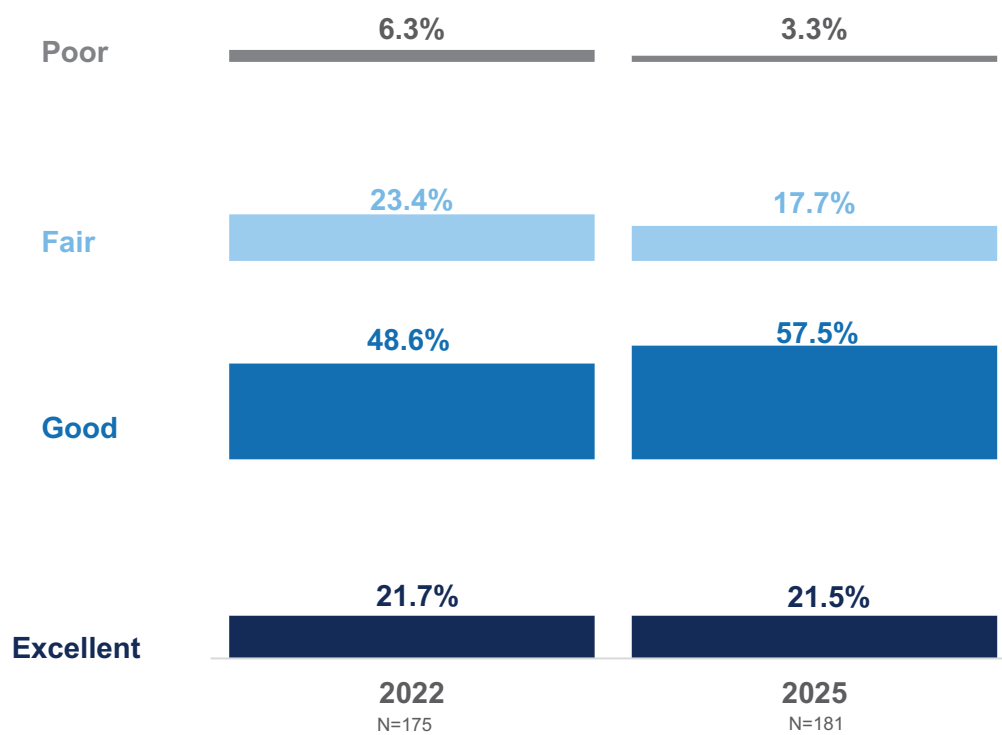
Respondents were asked to identify the three most important things for a healthy community. 61.1% of respondents (n=110) indicated that “Access to healthcare services” is most important, followed by “Healthy behaviors and lifestyles” at 38.9% (n=70). And “Good jobs and a healthy economy” at 37.2%.

Components of a Healthy Community	2022 % (n)	2025 % (n)	SIGNIFICANT CHANGE
Number of respondents	176	180	
Access to healthcare services	62.5% (110)	61.1% (110)	<input type="checkbox"/>
Healthy behaviors and lifestyles	31.8% (56)	38.9% (70)	<input type="checkbox"/>
Good jobs and a healthy economy	35.2% (62)	37.2% (67)	<input type="checkbox"/>
Good schools	24.4% (43)	22.2% (40)	<input type="checkbox"/>
Strong family life	27.8% (49)	20.6% (37)	<input type="checkbox"/>
Access to healthy foods	16.5% (29)	18.9% (34)	<input type="checkbox"/>
Religious or spiritual values	17.0% (30)	16.1% (29)	<input type="checkbox"/>
Access to childcare/after school programs	15.3% (27)	12.2% (22)	<input type="checkbox"/>
Low crime/safe neighborhoods	13.1% (23)	11.7% (21)	<input type="checkbox"/>
Affordable housing	10.8% (19)	11.1% (20)	<input type="checkbox"/>
Office of Public Assistance (supports/assists families and communities)		11.1% (20)	<input type="checkbox"/>
Community involvement	9.7% (17)	9.4% (17)	<input type="checkbox"/>
Clean environment	2.8% (5)	4.4% (8)	<input type="checkbox"/>
Transportation services	5.7% (10)	4.4% (8)	<input type="checkbox"/>
Parks and recreation	3.4% (6)	3.9% (7)	<input type="checkbox"/>
Low death and disease rates	5.1% (9)	3.3% (6)	<input type="checkbox"/>
Tolerance for diversity	6.3% (11)	2.8% (5)	<input type="checkbox"/>
Arts and cultural events	1.7% (3)	0.6% (1)	<input type="checkbox"/>
Low level of domestic violence	2.8% (5)	0.6% (1)	<input type="checkbox"/>
Other*	1.7% (3)	1.7% (3)	<input type="checkbox"/>

A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to pick their top three components of a healthy community, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year. *Respondents (N=3) who selected over the allotted amount were moved to “Other.”

Knowledge of Health Services (Question 4)

Respondents were asked to rate their knowledge of the health services available through Sheridan Memorial Hospital. 57.7% of respondents (n=104) rated their knowledge as “Good” and 21.5% (n=39) said theirs was “Excellent.” Only 3.3% of respondents (n=6) felt they had a “Poor” knowledge of SHMA’s health services.



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 72.1% (n=132). “Healthcare provider” was also frequently used to learn about health services at 62.3% (n=114), a significant increase since last assessment. “Newspaper” and “Public health nurse” both decreased in usage since last assessment.

How Respondents Learn about Community Health Services	2022 % (n)	2025 % (n)	SIGNIFICANT CHANGE
Number of respondents	176	183	
Friends/family	63.6% (112)	72.1% (132)	<input type="checkbox"/>
Healthcare provider	47.2% (83)	62.3% (114)	<input checked="" type="checkbox"/>
Word of mouth/reputation	55.7% (98)	55.2% (101)	<input type="checkbox"/>
Social media (Facebook)	36.9% (65)	37.7% (69)	<input type="checkbox"/>
Newspaper	50.6% (89)	35.0% (64)	<input checked="" type="checkbox"/>
Website/internet	15.3% (27)	16.9% (31)	<input type="checkbox"/>
Mailings/newsletter	18.2% (32)	15.3% (28)	<input type="checkbox"/>
Radio	15.3% (27)	10.4% (19)	<input type="checkbox"/>
Posters/flyers		9.3% (17)	<input type="checkbox"/>
Public health nurse	9.7% (17)	3.8% (7)	<input checked="" type="checkbox"/>
Presentations	1.1% (2)	3.3% (6)	<input type="checkbox"/>
Other	5.7% (10)	2.7% (5)	<input type="checkbox"/>

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

“Other” comments included: “Employed at SMHA” (3), “Council aging rep,” “I didn’t”

View “Other” comments in Appendix G

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

Utilized Community Health Resources (Question 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 91.0% (n=161), and the “Dental Clinic” was utilized by 62.1% (n=110).

Use of Community Health Resources	2022 % (n)	2025 % (n)	SIGNIFICANT CHANGE
Number of respondents	173	177	
Local pharmacy	93.1% (161)	91.0% (161)	<input type="checkbox"/>
Dental Clinic		62.1% (110)	<input type="checkbox"/>
Chiropractor		21.5% (38)	<input type="checkbox"/>
Fitness Center		16.9% (30)	<input type="checkbox"/>
Sheridan County Public Health	36.4% (63)	14.7% (26)	<input checked="" type="checkbox"/>
Marijuana dispensaries	8.7% (15)	8.5% (15)	<input type="checkbox"/>
Counseling		6.8% (12)	<input type="checkbox"/>
Holistic therapy		6.8% (12)	<input type="checkbox"/>
Food Bank	5.8% (10)	4.5% (8)	<input type="checkbox"/>
Assisted/retirement living		4.0% (7)	<input type="checkbox"/>
VA clinic	2.3% (4)	3.4% (6)	<input type="checkbox"/>
Other	4.0% (7)	3.4% (6)	<input type="checkbox"/>

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

“Other” comments included: Massage therapy (3)

View “Other” comments in Appendix G

Improve Community’s Access to Healthcare (Question 7)

Respondents were asked to indicate what they felt would improve their community’s access to healthcare. Many respondents (42.1%, n=72) reported that “More primary care providers” would make the greatest improvement. 39.2% of respondents (n=67) indicated “More specialists,” followed by “Transportation assistance (out of Sheridan County)” at 31.6% (n=54).

More primary care providers would make the greatest improvement

What Would Improve Community Access to Healthcare	2022 % (n)	2025 % (n)	SIGNIFICANT CHANGE
Number of respondents	171	171	
More primary care providers	65.5% (112)	42.1% (72)	■
More specialists	42.7% (73)	39.2% (67)	□
Transportation assistance (out of Sheridan County)	33.9% (58)	31.6% (54)	□
More information about available services	31.0% (53)	30.4% (52)	□
Health Navigator (i.e. assistance signing up for insurance, Medicare, or Medicaid)		26.9% (46)	□
Office of Public Assistance (supports/assists families and communities)		26.3% (45)	□
Payment assistance programs (healthcare expenses)	18.1% (31)	26.3% (45)	□
Telemedicine	22.8% (39)	22.2% (38)	□
Improved quality of care	32.7% (56)	20.5% (35)	■
Outpatient services expanded hours	17.0% (29)	17.5% (30)	□
Greater health education services	17.5% (30)	17.0% (29)	□
Interpreter services/cultural sensitivity		0.6% (1)	□
Other	7.6% (13)	4.7% (8)	□

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

“Other” comments included: “More doctors,” “Improved confidentiality,” “Broader range of services”

View “Other” comments in Appendix G

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 were “Women’s health” at 43.0% (n=68), “Health and wellness” at 40.5% (n=64), and “Weight loss” at 36.1% (n=57).

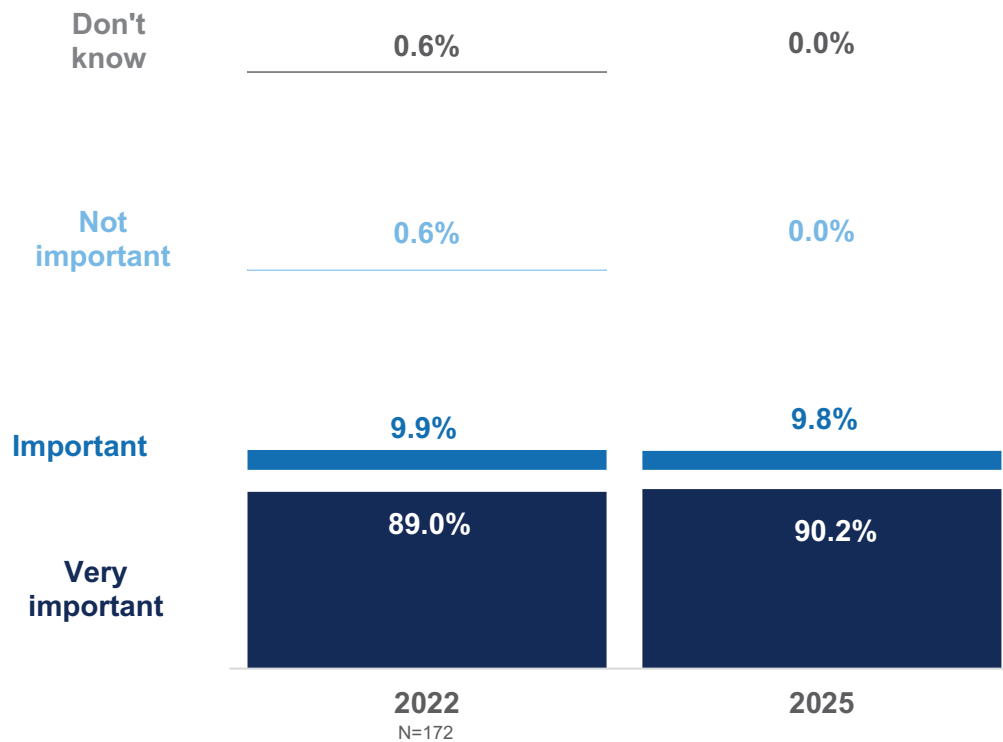
Interest in Classes or Programs	2022 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	143	158	
Women's health	35.7% (51)	43.0% (68)	<input type="checkbox"/>
Health and wellness	39.9% (57)	40.5% (64)	<input type="checkbox"/>
Weight loss	30.1% (43)	36.1% (57)	<input type="checkbox"/>
Fitness	29.4% (42)	34.2% (54)	<input type="checkbox"/>
Living will	22.4% (32)	25.9% (41)	<input type="checkbox"/>
Nutrition	27.3% (39)	25.9% (41)	<input type="checkbox"/>
Mental health	23.1% (33)	21.5% (34)	<input type="checkbox"/>
Cancer	17.5% (25)	19.6% (31)	<input type="checkbox"/>
Alzheimer's/dementia	22.4% (32)	18.4% (29)	<input type="checkbox"/>
Diabetes/diabetes prevention	21.0% (30)	18.4% (29)	<input type="checkbox"/>
Men's health	15.4% (22)	17.1% (27)	<input type="checkbox"/>
Grief counseling	14.0% (20)	16.5% (26)	<input type="checkbox"/>
Heart disease	11.9% (17)	15.8% (25)	<input type="checkbox"/>
First aid/CPR	17.5% (25)	15.2% (24)	<input type="checkbox"/>
Alcohol/substance cessation	7.0% (10)	8.2% (13)	<input type="checkbox"/>
Support groups	12.6% (18)	7.6% (12)	<input type="checkbox"/>
Parenting	10.5% (15)	5.7% (9)	<input type="checkbox"/>
Smoking/tobacco cessation	4.9% (7)	3.2% (5)	<input type="checkbox"/>
Prenatal	2.8% (4)	2.5% (4)	<input type="checkbox"/>
Lactation/breastfeeding support	3.5% (5)	1.3% (2)	<input type="checkbox"/>
Other	2.1% (3)	3.2% (5)	<input type="checkbox"/>

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

View “Other” comments in Appendix G

Economic Importance of Healthcare (Question 9)

The majority of respondents (90.2%, n=166) 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, and 9.8% (n=18) indicated they are “Important.” No respondents felt they are “Not important” or didn’t know.



Utilization of Preventive Services (Question 10)

Respondents were asked if they had utilized any of the preventive services listed in the past year. “Routine blood pressure check,” “Routine health checkup,” and “Dental check” were all highly utilized.

Use of Preventive Services	2022 % (n)	2025 % (n)	SIGNIFICANT CHANGE
Number of respondents	175	181	
Routine blood pressure check (yearly)	53.7% (94)	69.1% (125)	■
Routine health checkup (yearly)	56.6% (99)	67.4% (122)	■
Dental check (every 6 months)	63.4% (111)	64.1% (116)	□
Flu shot/immunizations	69.7% (122)	59.7% (108)	■
Vision check (every 1-2 years)	44.6% (78)	59.1% (107)	■
Mammography (every 1-2 years)	36.0% (63)	55.2% (100)	■
Cholesterol check (every 1-5 years)	38.9% (68)	54.1% (98)	■
Colonoscopy (every 5-10 years)	20.0% (35)	38.1% (69)	■
Annual/Community blood draw	36.0% (63)	35.9% (65)	□
Medicare wellness visit (yearly)		23.8% (43)	□
Pap test (every 3-5 years)	16.0% (28)	22.7% (41)	□
Prostate (PSA) (every 1-2 years)	16.6% (29)	22.7% (41)	□
Hearing check (every 3-5 years)	11.4% (20)	18.2% (33)	□
Children's checkup/Well baby	9.7% (17)	11.0% (20)	□
Mental health counseling		7.2% (13)	□
None	5.1% (9)	1.7% (3)	□
Other	2.9% (5)	1.7% (3)	□

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

“Other” comments included: “Breast MRI,” “Dermatology,” “Therapeutic massage”

View “Other” comments in Appendix G

Delay of Services (Question 11)

31.1% of respondents (n=52) 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. 68.9% of respondents (n=115) 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 12)

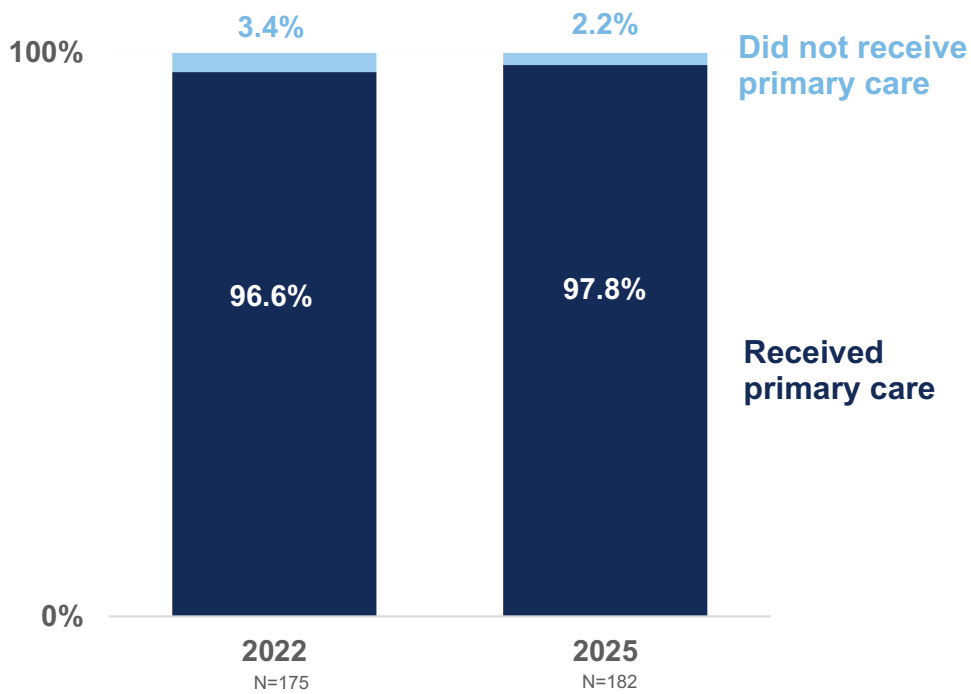
For the 52 respondents who indicated they were unable to receive or had to delay services, 51 answered why. The reason most cited was “It cost too much” (29.4%, n=15), followed by “Too long to wait for an appointment” at 25.5% (n=13). Nine respondents were moved to “Other” for selecting more than three reasons for not receiving or delaying healthcare services.

Reasons for Delay in Receiving Needed Healthcare	2022 % (n)	2025 % (n)	SIGNIFICANT CHANGE
Number of respondents	63	51	
It cost too much	30.2% (19)	29.4% (15)	<input type="checkbox"/>
Too long to wait for an appointment	19.0% (12)	25.5% (13)	<input type="checkbox"/>
Could not get an appointment	19.0% (12)	23.5% (12)	<input type="checkbox"/>
It was too far to go	15.9% (10)	19.6% (10)	<input type="checkbox"/>
My insurance didn't cover it	9.5% (6)	15.7% (8)	<input type="checkbox"/>
Qualified provider not available	34.9% (22)	15.7% (8)	<input checked="" type="checkbox"/>
No insurance	1.6% (1)	9.8% (5)	<input type="checkbox"/>
Office wasn't open when I could go	4.8% (3)	9.8% (5)	<input type="checkbox"/>
Could not get off work	4.8% (3)	7.8% (4)	<input type="checkbox"/>
Didn't know where to go	4.8% (3)	5.9% (3)	<input type="checkbox"/>
Don't like doctors/providers	3.2% (2)	5.9% (3)	<input type="checkbox"/>
Not treated with respect	1.6% (1)	5.9% (3)	<input type="checkbox"/>
Unsure if services were available	1.6% (1)	5.9% (3)	<input type="checkbox"/>
Privacy/confidentiality	4.8% (3)	3.9% (2)	<input type="checkbox"/>
Transportation problems	3.2% (2)	3.9% (2)	<input type="checkbox"/>
Too nervous or afraid	3.2% (2)	2.0% (1)	<input type="checkbox"/>
Don't understand healthcare system	1.6% (1)	2.0% (1)	<input type="checkbox"/>
Had no childcare	0.0% (0)	0.0% (0)	<input type="checkbox"/>
Language barrier	0.0% (0)	0.0% (0)	<input type="checkbox"/>
Other*	28.6% (18)	19.6% (10)	<input type="checkbox"/>

A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to indicate the top three reasons for delay in seeking healthcare, so percentages do not equal 100%. *Respondents (N=9) who selected over the allotted amount were moved to “Other.”

Primary Care Services (Question 13)

97.8% of respondents (n=178) 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. 2.2% of respondents (n=4) indicated they had not received primary care.



Location of Primary Care Services (Question 14)

Of the respondents who indicated receiving primary care services in the previous three years (n=178), the majority (65.26%, n=116) reported receiving care in Plentywood. 29 respondents were moved to “Other” due to selecting more than one primary care provider location.

Location of Primary Care Provider	2022 % (n)	2025 % (n)
Number of respondents	169	178
Plentywood	58.6% (99)	65.2% (116)
Williston, ND	2.4% (4)	6.7% (12)
Sidney	8.3% (14)	3.9% (7)
Scobey	4.1% (7)	3.4% (6)
Billings	4.1% (7)	1.7% (3)
Culbertson	0.6% (1)	1.7% (3)
Glasgow	0.0% (0)	0.0% (0)
Minot, ND	0.0% (0)	0.0% (0)
Other*	21.9% (37)	17.4% (31)

*Respondents (N=29) who selected over the allotted amount were moved to “Other.”

“Other” comments included: “Yuma, AZ,” “Bozeman,” “Bismarck, ND,” “Great Falls”

View “Other” comments in Appendix G

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

Reasons for Primary Care Provider Selection (Question 15)

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 55.4% (n=98), followed by “Clinic/provider’s reputation for quality” at 42.9% (n=76).

Reasons for Selecting Primary Care Provider	2022 % (n)	2025 % (n)	SIGNIFICANT CHANGE
Number of respondents	169	177	
Closest to home	56.2% (95)	55.4% (98)	<input type="checkbox"/>
Clinic/provider’s reputation for quality	32.0% (54)	42.9% (76)	<input checked="" type="checkbox"/>
Appointment availability	26.6% (45)	39.5% (70)	<input checked="" type="checkbox"/>
Prior experience with clinic	33.7% (57)	39.5% (70)	<input type="checkbox"/>
Recommended by family or friends	20.1% (34)	21.5% (38)	<input type="checkbox"/>
Referred by physician or other provider	11.2% (19)	8.5% (15)	<input type="checkbox"/>
Privacy/confidentiality	4.1% (7)	6.2% (11)	<input type="checkbox"/>
Length of waiting room time	2.4% (4)	5.6% (10)	<input type="checkbox"/>
Required by insurance plan	1.2% (2)	2.8% (5)	<input type="checkbox"/>
VA/Military requirement	1.2% (2)	2.8% (5)	<input type="checkbox"/>
Cost of care	1.2% (2)	0.6% (1)	<input type="checkbox"/>
Indian Health Services	0.6% (1)	0.0% (0)	<input type="checkbox"/>
Other	8.3% (14)	7.9% (14)	<input type="checkbox"/>

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

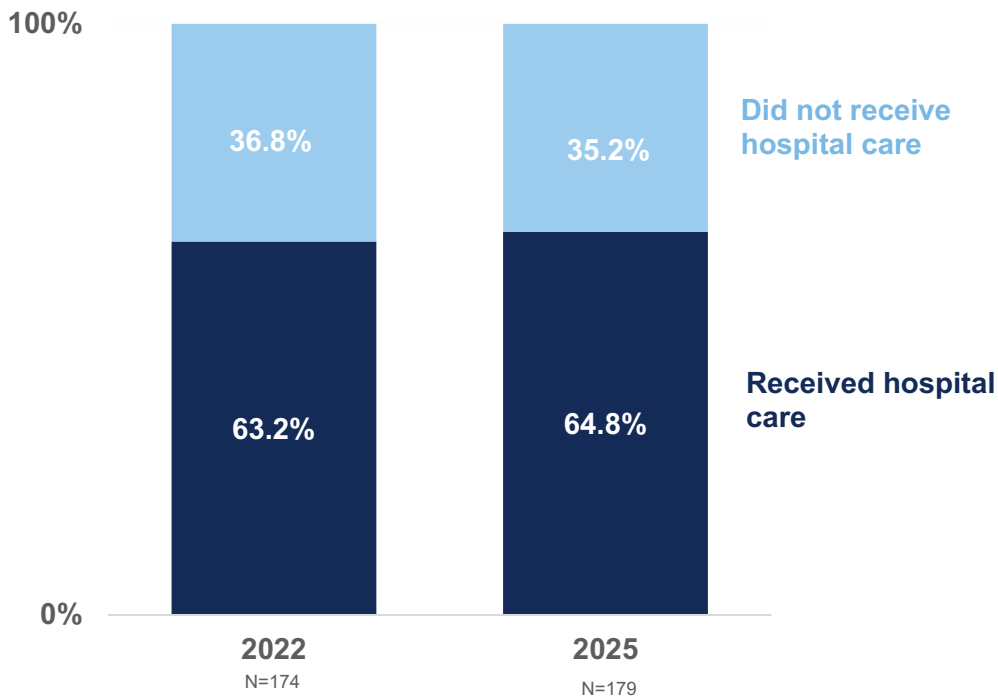
“Other” comments included: “Service not offered in Plentywood,” “Better health services”

View “Other” comments in Appendix G

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 16)

Respondents were asked if they or someone in their household had received hospital care in the last three years. Hospitalization was quantified as hospitalized overnight, day surgery, obstetrical care, rehabilitation, radiology, or emergency care. 64.8% of respondents (n=116) reported that they or a member of their family had received hospital care during the previous three years, and 35.2% (n=63) had not received hospital services.



Location of Hospital Services (Question 17)

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. More respondents (35.7%, n=13) reported receiving care at “Sheridan Memorial Hospital – Plentywood.” 18.3% of respondents (n=21) received services at “Sidney Health Center – Sidney,” and 15.7% (n=18) reported utilizing services at “Billings Clinic – Billings.” 15 respondents were moved to “Other” for selecting more than one location.

Hospital Used Most Often	2022 % (n)	2025 % (n)
Number of respondents	110	115
Sheridan Memorial Hospital - Plentywood	39.1% (43)	35.7% (41)
Sidney Health Center - Sidney	21.8% (24)	18.3% (21)
Billings Clinic - Billings	12.7% (14)	15.7% (18)
Mercy Medical Center - Williston, ND	4.5% (5)	5.2% (6)
St. Vincent Healthcare - Billings	4.5% (5)	5.2% (6)
McKenzie Health - Watford City, ND		2.6% (3)
Daniels Memorial Healthcare - Scobey	0.0% (0)	0.0% (0)
Roosevelt Memorial - Culbertson	0.9% (1)	0.0% (0)
Other*	16.4% (18)	17.4% (20)

Grayed out cells indicate the question was not asked that year. Note that options that were asked in prior years but removed for the current survey are not included in the table, which means the individual counts, n, may not add up to the total number of respondents. *Respondents (N=15) who selected over the allotted amount were moved to “Other.”

“Other” comments included: Glendive, AZ, Fargo, Ortho Montana (2)

View “Other” comments in Appendix G

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

Reasons for Hospital Selection (Question 18)

Among respondents who indicated receiving hospital care in the last three years (n=116), the primary reason given for selecting the hospital used most often was “Closest to home” at 50.9% (n=59). “Referred by provider” was selected by 36.2% of the respondents (n=42), and “Emergency, no choice” by 33.6% (n=39).

Reasons for Selecting Hospital	2022 % (n)	2025 % (n)	SIGNIFICANT CHANGE
Number of respondents	109	116	
Closest to home	56.0% (61)	50.9% (59)	<input type="checkbox"/>
Referred by provider	33.9% (37)	36.2% (42)	<input type="checkbox"/>
Emergency, no choice	33.9% (37)	33.6% (39)	<input type="checkbox"/>
Prior experience with hospital	39.4% (43)	32.8% (38)	<input type="checkbox"/>
Hospital's reputation for quality	31.2% (34)	24.1% (28)	<input type="checkbox"/>
Recommended by family or friends	11.9% (13)	12.9% (15)	<input type="checkbox"/>
Privacy/confidentiality	0.9% (1)	3.4% (4)	<input type="checkbox"/>
Required by insurance plan	3.7% (4)	3.4% (4)	<input type="checkbox"/>
Closest to work	6.4% (7)	2.6% (3)	<input type="checkbox"/>
Cost of care	1.8% (2)	2.6% (3)	<input type="checkbox"/>
VA/Military requirement	0.9% (1)	0.9% (1)	<input type="checkbox"/>
Financial assistance programs	0.9% (1)	0.0% (0)	<input type="checkbox"/>
Other*	7.3% (8)	8.6% (10)	<input type="checkbox"/>

A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to pick their top three reasons for selecting a hospital, so percentages do not equal 100%. *Respondents (N=6) who selected over the allotted amount were moved to “Other.”

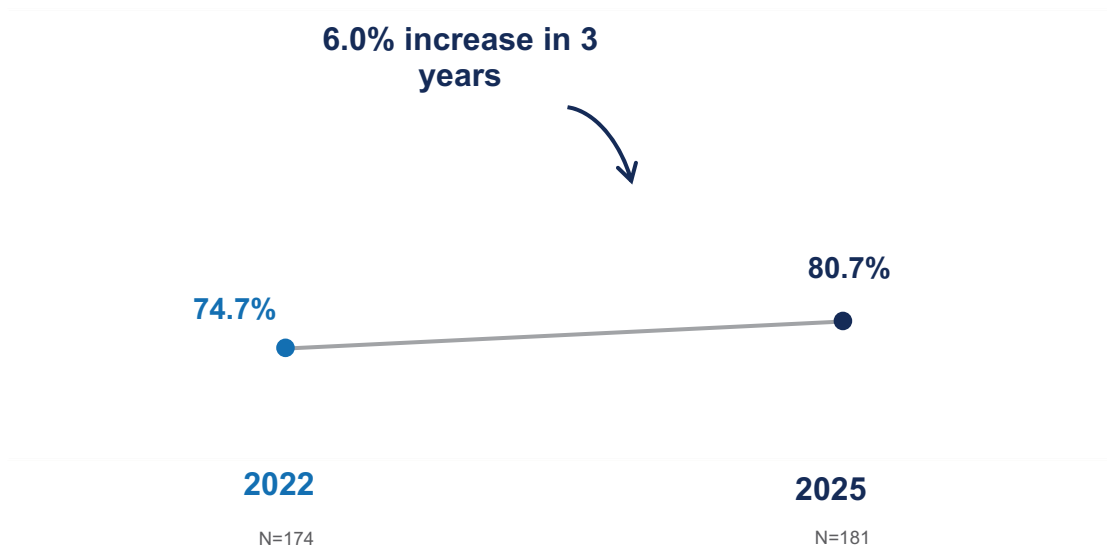
“Other” comments included: Better OB/GYN services (2), “Best insurance coverage/payment”

View “Other” comments in Appendix G

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

Specialty Care Services (Question 19)

Respondents were asked if they or someone in their household had seen a healthcare specialist in the last three years. Specialty care was quantified as a health provider other than their primary care provider or family doctor. 80.7% of the respondents (n=146) indicated they or a household member had seen a healthcare specialist during the past three years, while 19.3% (n=35) had not.



Location of Healthcare Specialist(s) (Question 20)

Of the 146 respondents who indicated they saw a healthcare specialist in the past three years, 145 answered where. The majority of respondents (64.1%, n=93) sought care in Billings, 45.5% (n=66) utilized specialty services in Sidney, while 29.0% of respondents (n=42) went to Williston, ND. Respondents could select more than one location, so percentages do not equal 100%.

Location of Specialist	2022 % (n)	2025 % (n)	SIGNIFICANT CHANGE
Number of respondents	130	145	
Billings	59.2% (77)	64.1% (93)	<input type="checkbox"/>
Sidney	45.4% (59)	45.5% (66)	<input type="checkbox"/>
Williston, ND	35.4% (46)	29.0% (42)	<input type="checkbox"/>
Plentywood	17.7% (23)	15.2% (22)	<input type="checkbox"/>
Watford City, ND		9.0% (13)	<input type="checkbox"/>
Glasgow	4.6% (6)	6.9% (10)	<input type="checkbox"/>
Minot, ND	6.9% (9)	4.8% (7)	<input type="checkbox"/>
Glendive		2.1% (3)	<input type="checkbox"/>
Miles City		1.4% (2)	<input type="checkbox"/>
Other	17.7% (23)	11.0% (16)	<input type="checkbox"/>

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

“Other” comments included: Scobey (4), Arizona (2), Bozeman (2), Mayo, Denver, Wyoming

View “Other” comments in Appendix G

Type of Healthcare Specialist Seen (Question 21)

Among the 143 respondents who saw a healthcare specialist outside of Sheridan County in the last three years, the most frequently utilized specialist was the “Optometrist (eye)” at 42.7% (n=61), followed by “Dentist” at 26.6% (n=38). “OB/GYN” has increased significantly in utilization since 2022, while “Physical therapist” usage has decreased. Respondents were asked to choose all that apply, so percentages do not equal 100%.

Type of Specialists Seen	2022 % (n)	2025 % (n)	SIGNIFICANT CHANGE
Number of respondents	129	143	
Optometrist (eye)	35.7% (46)	42.7% (61)	<input type="checkbox"/>
Dentist	27.1% (35)	26.6% (38)	<input type="checkbox"/>
Ophthalmologist (eye)	21.7% (28)	25.9% (37)	<input type="checkbox"/>
Orthopedic surgeon	17.1% (22)	25.9% (37)	<input type="checkbox"/>
Cardiologist (heart)	24.8% (32)	24.5% (35)	<input type="checkbox"/>
Dermatologist (skin)	18.6% (24)	18.2% (26)	<input type="checkbox"/>
General surgeon	21.7% (28)	17.5% (25)	<input type="checkbox"/>
OB/GYN	9.3% (12)	17.5% (25)	<input checked="" type="checkbox"/>
Urologist (urinary tract, kidneys, bladder, and urethra)	14.7% (19)	17.5% (25)	<input type="checkbox"/>
Gastroenterologist (throat, stomach, bowels)	14.0% (18)	16.8% (24)	<input type="checkbox"/>
Chiropractor	20.2% (26)	15.4% (22)	<input type="checkbox"/>
Neurologist	9.3% (12)	14.7% (21)	<input type="checkbox"/>
ENT (ear/nose/throat)	17.1% (22)	14.0% (20)	<input type="checkbox"/>
Radiologist (reads X-rays)	19.4% (25)	14.0% (20)	<input type="checkbox"/>
Audiologist (hearing)	8.5% (11)	11.9% (17)	<input type="checkbox"/>
Oncologist (cancer)	14.7% (19)	9.1% (13)	<input type="checkbox"/>
Pulmonologist (lung)	8.5% (11)	8.4% (12)	<input type="checkbox"/>
Endocrinologist (thyroid, diabetes, infertility, cancers)	11.6% (15)	6.3% (9)	<input type="checkbox"/>
Neurosurgeon	3.1% (4)	6.3% (9)	<input type="checkbox"/>
Physical therapist	13.2% (17)	5.6% (8)	<input checked="" type="checkbox"/>

Table continued on the next page.

Pediatrician (child)	3.9% (5)	4.9% (7)	<input type="checkbox"/>
Podiatrist (feet)	7.0% (9)	4.9% (7)	<input type="checkbox"/>
Rheumatologist	7.8% (10)	4.9% (7)	<input type="checkbox"/>
Allergist	3.1% (4)	3.5% (5)	<input type="checkbox"/>
Nephrologist (kidney)	3.9% (5)	3.5% (5)	<input type="checkbox"/>
Mental health counselor	2.3% (3)	2.1% (3)	<input type="checkbox"/>
Psychiatrist	1.6% (2)	2.1% (3)	<input type="checkbox"/>
Occupational therapist	1.6% (2)	1.4% (2)	<input type="checkbox"/>
Dietician	0.0% (0)	0.7% (1)	<input type="checkbox"/>
Geriatrician (specialist for elderly care)	0.0% (0)	0.7% (1)	<input type="checkbox"/>
Psychologist	1.6% (2)	0.7% (1)	<input type="checkbox"/>
Licensed Addiction Counselor	0.0% (0)	0.0% (0)	<input type="checkbox"/>
Social worker	0.0% (0)	0.0% (0)	<input type="checkbox"/>
Speech therapist	1.6% (2)	0.0% (0)	<input type="checkbox"/>
Other	6.2% (8)	9.1% (13)	<input type="checkbox"/>

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

“Other” comments included: “Spinal injection,” “Leg veins,” “Colonoscopy,” “Ultrasound”

View “Other” comments in Appendix G

Overall Quality of Care through Sheridan Memorial Hospital (Question 22)

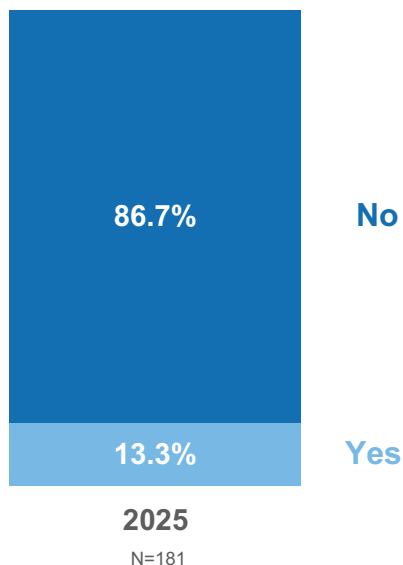
Respondents were asked to rate various services available through Sheridan Memorial Hospital using the scale of 4= Excellent, 3= Good, 2= Fair, 1=Poor, and Haven't Used. The service that received the highest score was "Therapy (physical, occupational, speech)" with a rating of 3.7 (n=103) out of 4.0. Overall, the average rating on quality and availability of the health services listed was 3.5 out of 4.0.

Quality of Care Rating at Sheridan Memorial Hospital	2022 Average (n)	2025 Average (n)	SIGNIFICANT CHANGE
Total number of respondents	173	178	
Therapy (physical, occupational, speech)	3.6 (90)	3.7 (103)	<input type="checkbox"/>
Laboratory	3.4 (151)	3.6 (161)	<input type="checkbox"/>
Radiology Services (x-ray, ultrasound, CT scan, mammogram, DEXA, MRI)	3.5 (133)	3.5 (155)	<input type="checkbox"/>
Ambulance Services	3.4 (57)	3.5 (55)	<input type="checkbox"/>
DME/Home Oxygen	3.2 (38)	3.5 (39)	<input type="checkbox"/>
Emergency room	2.9 (117)	3.4 (131)	<input checked="" type="checkbox"/>
Clinic Services	3.2 (155)	3.4 (168)	<input checked="" type="checkbox"/>
Telemedicine/Telehealth	3.1 (29)	3.4 (31)	<input type="checkbox"/>
Hospital Stay	3.0 (48)	3.3 (57)	<input type="checkbox"/>
Specialty Outreach Clinics	3.2 (31)	3.3 (43)	<input type="checkbox"/>
Visiting Nurse Services	3.1 (29)	3.3 (25)	<input type="checkbox"/>
Counseling (behavioral/mental health)		3.1 (21)	<input type="checkbox"/>
VA Clinic		3.1 (17)	<input type="checkbox"/>
Overall average	3.3 (173)	3.5 (178)	<input checked="" type="checkbox"/>

Note that options that were asked in prior years but removed for the current survey are not included in the table, which means the individual counts, n, will not add up to the total listed for the overall average. Grayed out cells indicate the question was not asked that year.

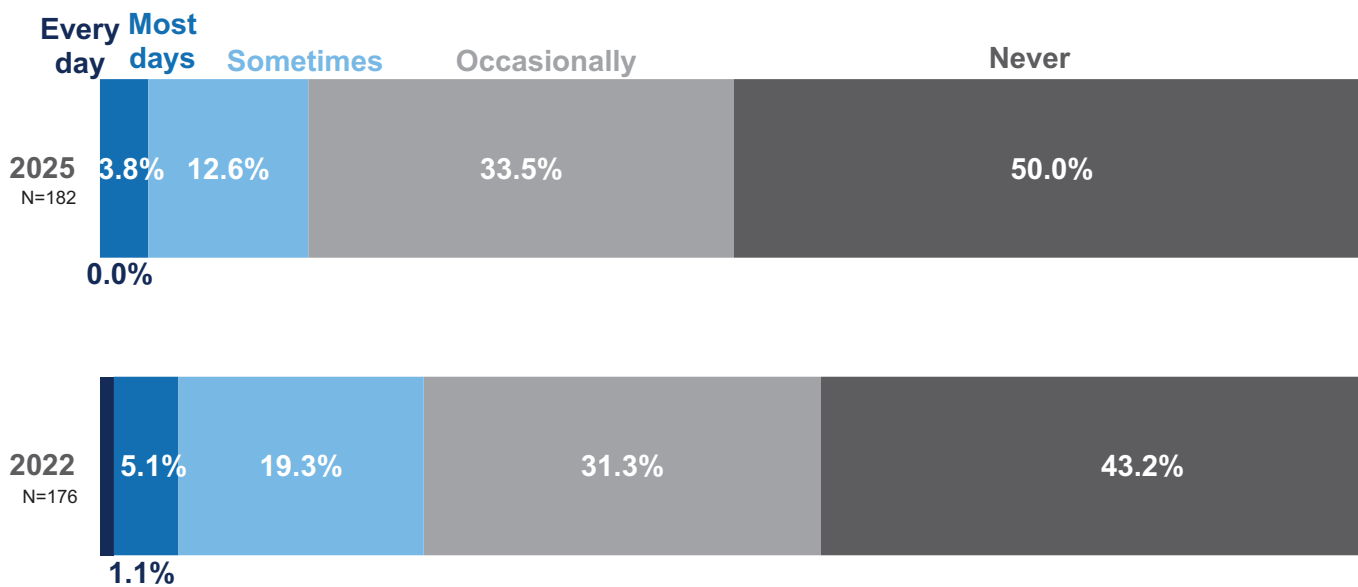
Depression (Question 23)

Respondents were asked to indicate if in the past 3 years there have been periods of at least three consecutive months where they felt depressed on most days. Most respondents (86.7%, n=157) said they did not feel depressed in the last 3 years, but 13.3% (n=24) indicated they had.



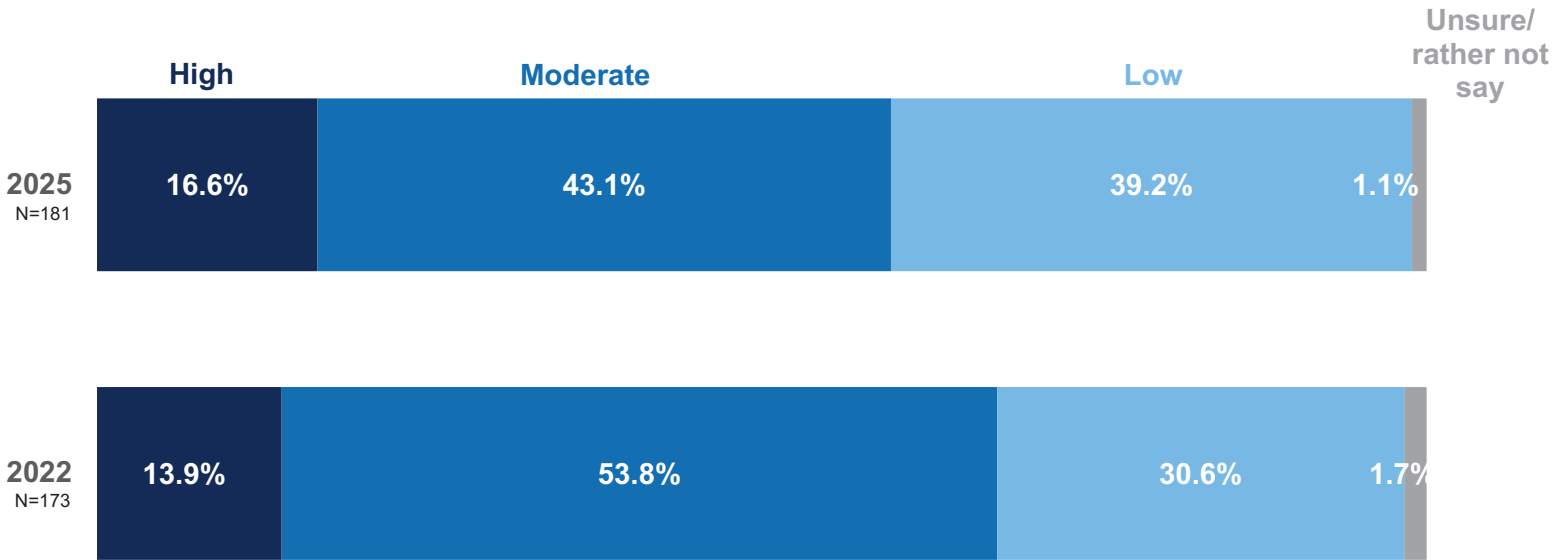
Social Isolation (Question 24)

Respondents were asked to indicate how often they felt lonely or isolated in the past year. 50.0% of respondents (n=91) indicated they “Never” felt lonely or isolated, but 3.8% (n=7) said they felt isolated “Most days” and 12.6% (n=23) said “Most days.”



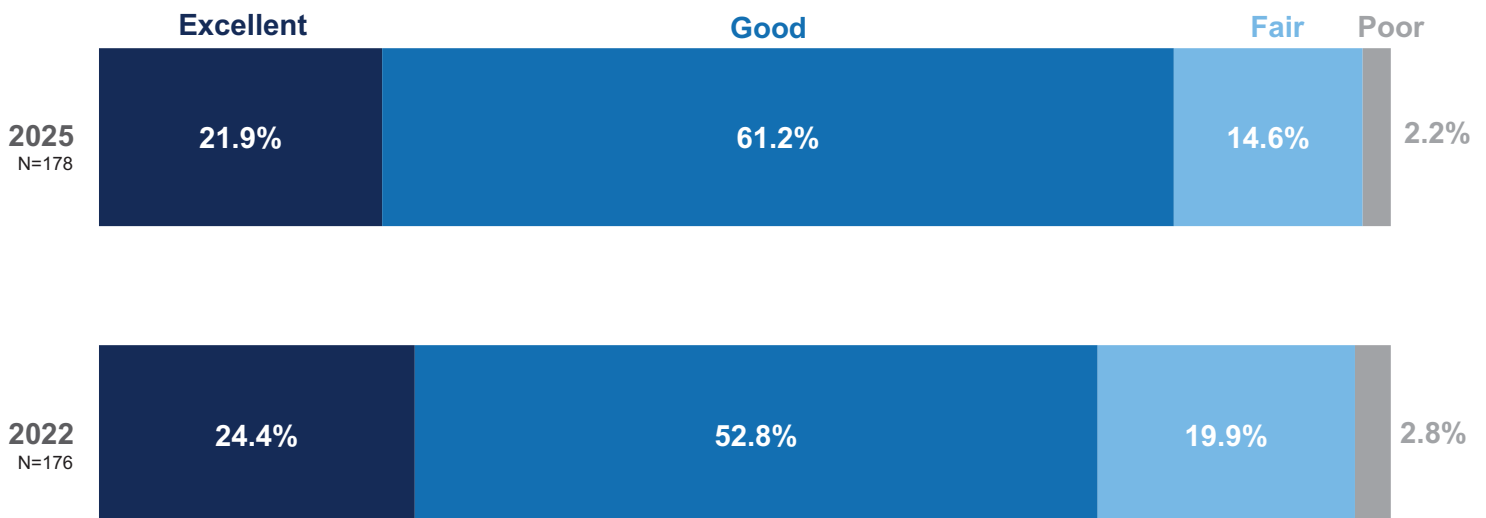
Perception of Stress (Question 25)

Respondents were asked to indicate how they would describe their stress level over the past year. 43.1% of respondents (n=78) indicated they experienced a “Moderate” level of stress, 39.2% (n=71) had a “Low” level of stress, and 16.6% (n=30) had a “High” level of stress.



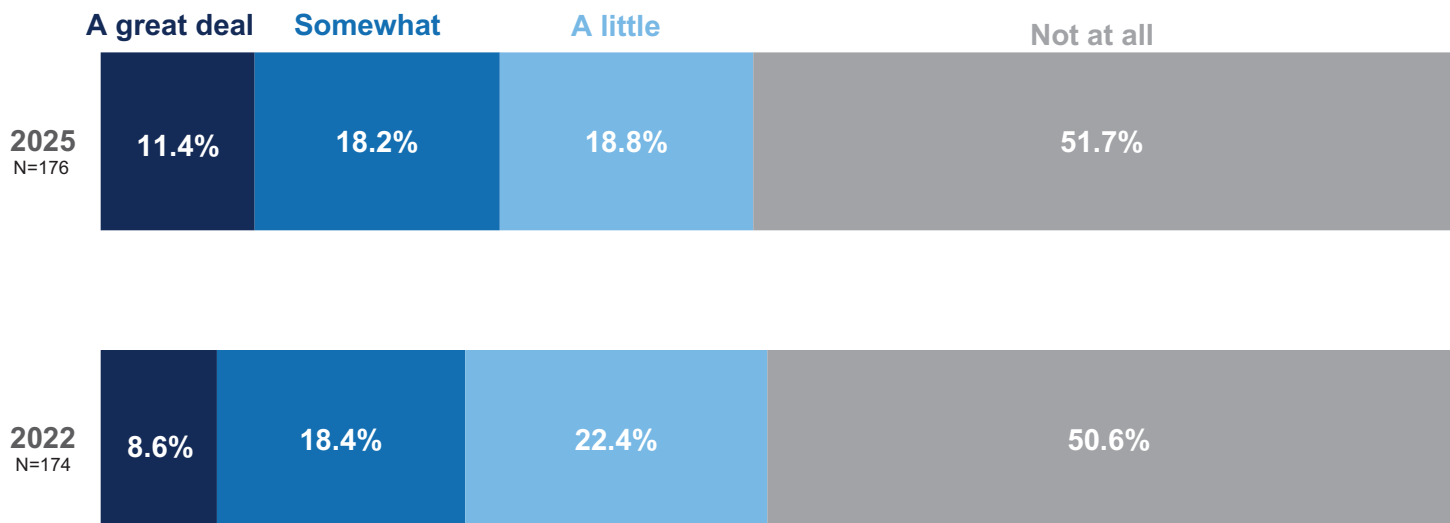
Rating of Mental Health (Question 26)

Respondents were asked to indicate how they would describe their mental health in general when considering stress, anxiety, depression, and emotional problems. 61.2% of respondents (n=109) felt their mental health was “Good” and 21.9% (n=39) felt theirs was “Excellent.” 2.2% of respondents (n=4) rated their mental health as “Poor.”



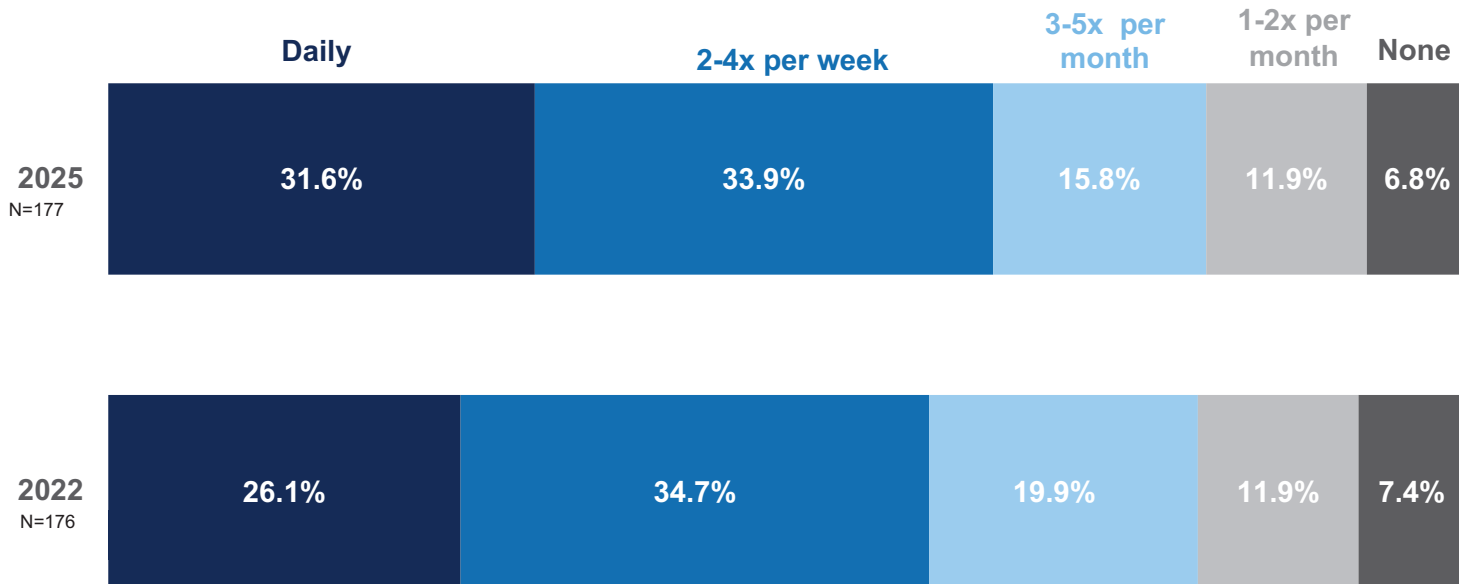
Impact of Substance Abuse (Question 27)

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. 51.7% of respondents (n=891) indicated their life was “Not at all” affected, leaving 48.3% whose lives were negatively affected by substance use. 18.8% (n=33) were “A little” affected, 18.2% (n=32) were “Somewhat” affected, and 11.4% (n=20) indicated they were “A great deal” negatively affected.



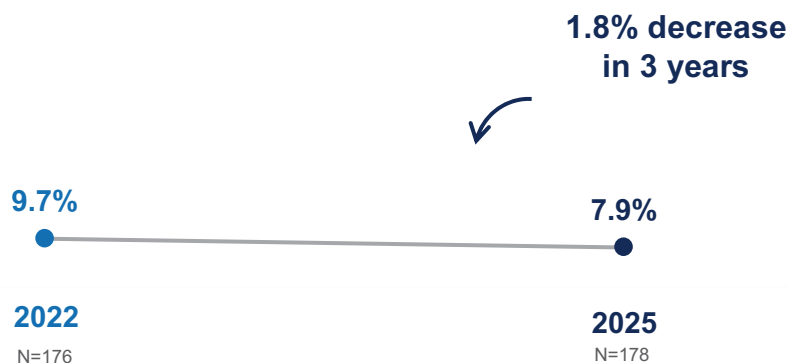
Physical Activity (Question 28)

Respondents were asked to indicate how frequently they had physical activity for at least twenty minutes over the past month. 65.5% of respondents (n=116) indicated they had physical activity of at least twenty minutes either ‘Daily’ or ‘2-4 times per week.’ 11.9% of respondents (n=21) said they had physical activity only ‘1-2x per month,’ and 6.8% (n=12) said they got no physical activity.



Difficulty Getting Prescriptions (Question 29)

Respondents were asked to indicate if, during the last year, costs had prohibited them from getting a prescription or taking their medication regularly. 7.9% of respondents (n=14) indicated that they had difficulty getting a prescription or taking their medication regularly in the last year, 80.9% (n=144) said they did not, and 11.2% (n=20) said the question was not applicable.



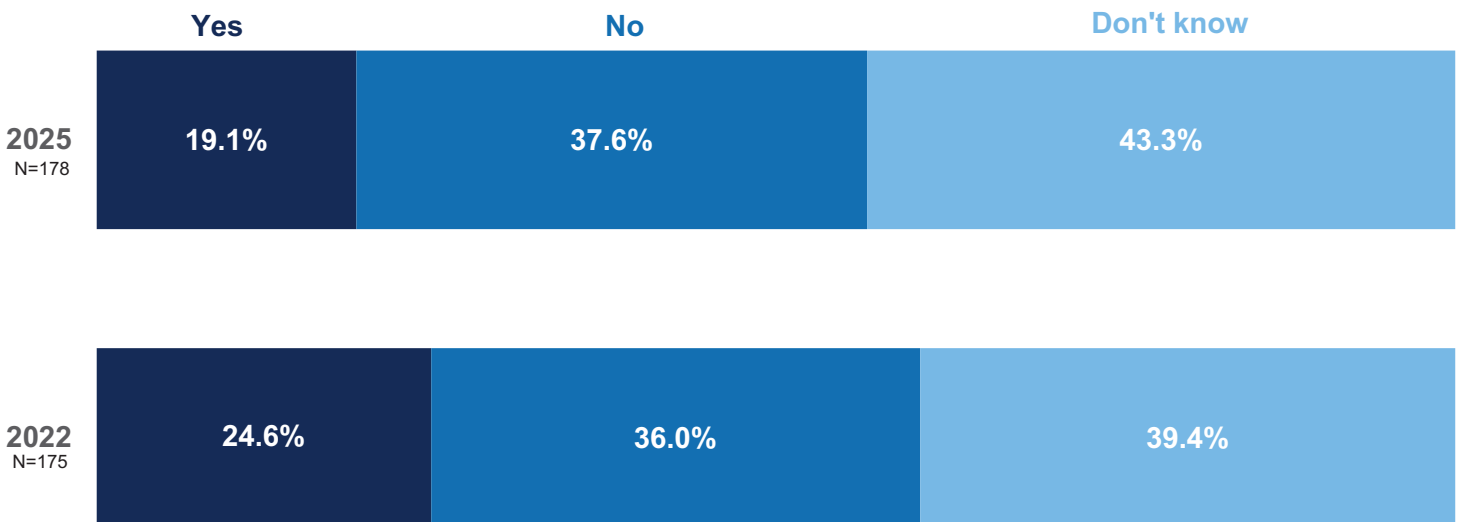
Food Insecurity (Question 30)

Respondents were asked to indicate if, during the last year, they had worried that they would not have enough food to eat. The majority, 95.0% (n=170), were not worried, but 5.0% (n=9) were concerned about not having enough to eat.



Housing (Question 31)

Respondents were asked to indicate if they felt the community has adequate and affordable housing options available. 43.3% of respondents (n=77) indicated that they did not know, but 37.6% (n=67) felt there were not adequate and affordable housing options available. 19.1% (n=34) felt there were appropriate housing options.



Aspects of Community (Question 32)

Respondents were asked to indicate their level of agreement with statements about various aspects of their community using the scale of 4= Excellent, 3= Good, 2= Fair, and 1=Poor.

Rate Community	2022 % (n)	2025 % (n)	SIGNIFICANT CHANGE
Total number of respondents	177	179	
My community is a good place to raise children	3.4 (167)	3.4 (174)	<input type="checkbox"/>
I have enough financial resources to meet my basic needs	3.4 (174)	3.3 (178)	<input type="checkbox"/>
There are places to be physically active near my home	3.2 (174)	3.1 (176)	<input type="checkbox"/>
My community is a good place to grow old	2.9 (175)	3.0 (176)	<input type="checkbox"/>
I can get the healthcare I need in Sheridan County	2.7 (172)	2.9 (178)	<input checked="" type="checkbox"/>
Overall average	3.1 (177)	3.1 (179)	<input type="checkbox"/>

A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Note that options that were asked in prior years but removed for the current survey are not included in the table, which means the individual counts, n, will not add up to the total listed for the overall average.

Health Insurance Type (Question 33)

Respondents were asked to indicate what type of health insurance covers the majority of their medical expenses. 35.8% (n=64) indicated they have “Medicare” coverage, followed by “Employer sponsored” coverage at 27.9% (n=53). 29 respondents were moved to “Other” for selecting more than one health insurance type.

Type of Medical Insurance	2022 % (n)	2025 % (n)
Number of respondents	177	179
Medicare	33.3% (59)	35.8% (64)
Employer sponsored	29.9% (53)	27.9% (50)
Private insurance/private plan	7.3% (13)	8.9% (16)
Health Insurance Marketplace	5.6% (10)	6.1% (11)
VA/military	1.7% (3)	1.7% (3)
None/pay out of pocket	0.6% (1)	1.1% (2)
Healthy MT Kids	0.6% (1)	0.6% (1)
Medicaid	2.8% (5)	0.6% (1)
Health Savings Account	1.7% (3)	0.0% (0)
Indian Health	0.6% (1)	0.0% (0)
Other*	15.8% (28)	17.3% (31)

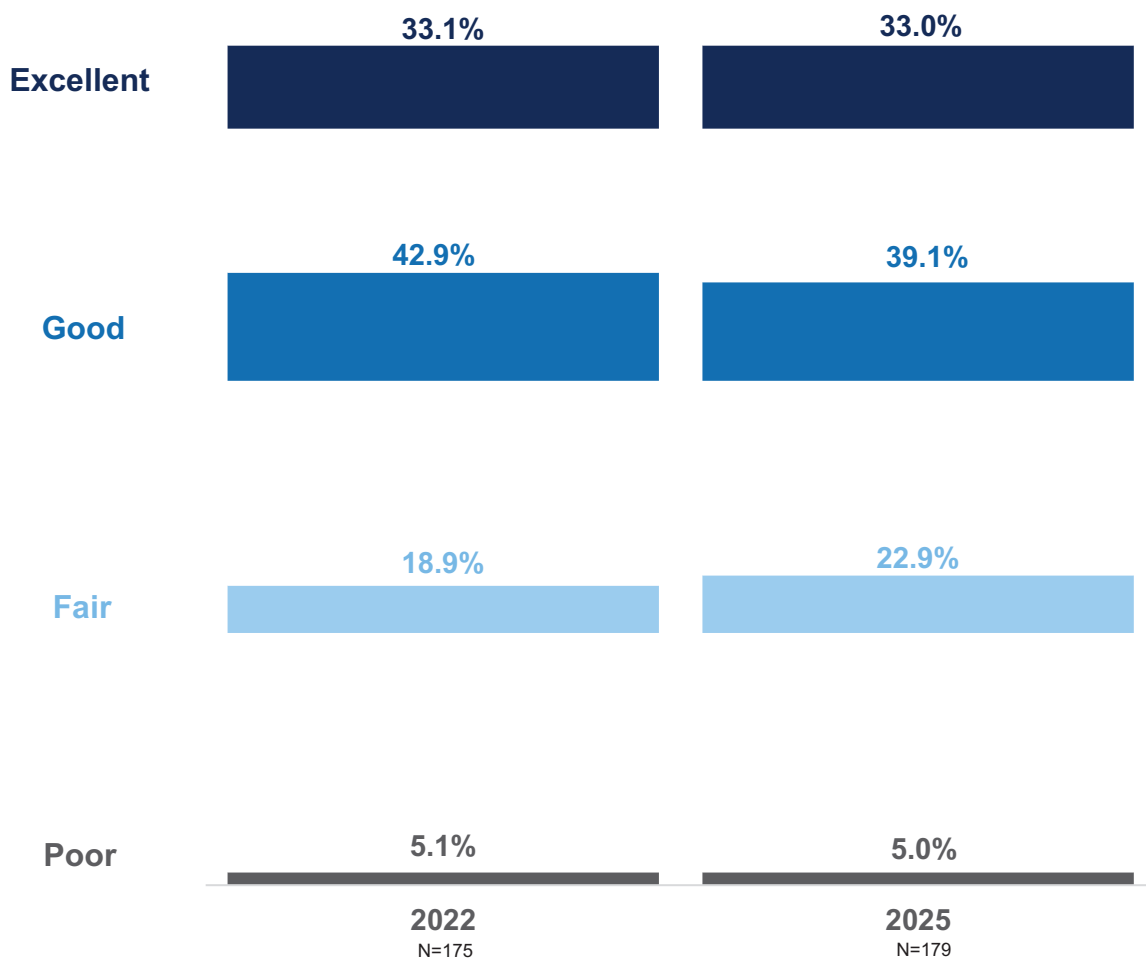
Note that options that were asked in prior years but removed for the current survey are not included in the table, which means the individual counts, n, may not add up to the total number of respondents. *Respondents (N=29) who selected over the allotted amount were moved to “Other.”

“Other” comments included: “CHM,” “Tri Care,” “Sharing plan”

View “Other” comments in Appendix G

Insurance and Healthcare Costs (Question 34)

Respondents were asked to indicate how well they felt their health insurance covers their healthcare costs. 39.1% of respondents (n=70) indicated they felt their insurance covers a “Good” amount of their healthcare costs, and 33.0% (n=59) answered “Excellent.” Only 5.0% of respondents (n=9) felt their insurance covered a “Poor” amount of their healthcare costs.



Barriers to Having Insurance (Question 35)

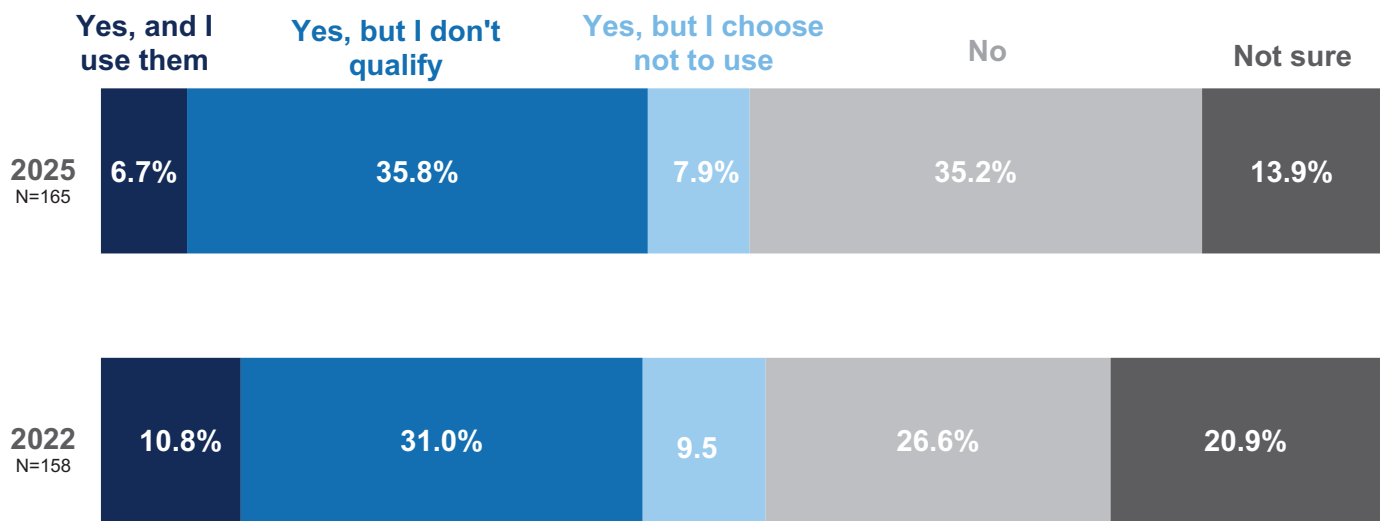
For those who indicated they did not have insurance (n=2), the reasons selected for not having insurance were “Can’t afford to pay for health insurance,” “Employer does not offer insurance,” “Employer high premiums,” and “Recently lost insurance coverage.” Respondents could select all that apply.

Reasons for No Health Insurance	2022 % (n)	2025 % (n)
Number of respondents	1	2
Can't afford to pay for health insurance	100.0% (1)	50.0% (1)
Employer does not offer insurance	100.0% (1)	50.0% (1)
Employer high premiums	0.0% (0)	50.0% (1)
Recently lost insurance coverage		50.0% (1)
Choose not to have health insurance	0.0% (0)	0.0% (0)
Too confusing/don't know how to apply	0.0% (0)	0.0% (0)
Other	0.0% (0)	50.0% (1)

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

Awareness of Health Cost Assistance Programs (Question 36)

Respondents were asked to indicate their awareness of programs that help people pay for healthcare bills. 35.8% of respondents (n=59) indicated they were aware of these programs but did not qualify to utilize them while 35.2% (n=58) indicated they were not aware of them. The share of respondents utilizing these programs decreased since 2022, as did the share of participants who were unsure of their existence.





KEY INFORMANT RESULTS

Key Informant Interview Methodology

Two key informant interviews were conducted in April/May 2025. Participants were identified as people living in Sheridan Memorial Hospital Association's service area.

The interviews were conducted over the telephone. The meetings lasted approximately 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.

GRATITUDE FOR AVAILABLE SERVICES



The most common thread of the key informant interviews was acknowledging that for the size and remoteness of Plentywood, that there are a lot of health and healthcare resources, both at the hospital and in the community.

For recreation, there are plenty of spaces for walking. Medicine Lake and Plentywood both have pools, and the community can access the school gyms. There are a variety of mental health resources at the school, hospital, and private practices. The hospital and clinic are appropriately staffed for the size and demand of Plentywood.

One factor that did come up was confidentiality, and how in a small town it's not always possible to keep hospital and clinic visits private. Respondents said they would still visit SMH rather than traveling for care, but that sometimes the lack of privacy is deterring.

MENTAL HEALTH



Informants identified that there are many mental health resources in Plentywood as far as counselors; there are school counselors, private practices, and counseling through the hospital. Thus many mental health needs could be met, but interviewees expressed that more people need help than just those who access it currently. There is a lot of stigma around mental health, and combined with the lack of confidentiality often found in small towns, mental health remains an issue despite the resources available. Efforts to reduce stigma and to encourage people to reach out and use the available resources would be beneficial.

Additionally, though there are many counseling resources, having someone who could prescribe medications for mental health, such as a Psychiatric Nurse Practitioner, would be beneficial. More psychiatric resources in general are also in need. So though the community does have a lot, there are still areas of improvement.

SERVICES NEEDED IN THE COMMUNITY



- Provider retention
- Recreation opportunities in the winter
- Improved school lunches
- Healthier food options
- More affordable food options
- Psychiatric mental health resources
- Mental health awareness/education



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>Primary care providers</i>	⊗	✓	
<i>Specialty services</i>	⊗		
<i>Appointment availability/expanded hours</i>		✓	
<i>Cost assistance programs</i>	⊗	✓	
<i>Transportation assistance</i>		✓	
<i>Information about available services</i>		✓	☑
<i>Increased telehealth</i>		✓	
<i>Healthcare navigator</i>		✓	
Health Conditions & Behaviors			
<i>Alcohol/substance use</i>	⊗	✓	
<i>Cancer</i>		✓	
<i>Mental health issues (i.e. stigma around care, medication availability)</i>		✓	☑
<i>Nutrition/exercise/weight</i>	⊗	✓	☑
Other			
<i>Senior care services</i>	⊗	✓	
<i>Women's health</i>		✓	
<i>Affordable housing</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 services and resources
- Access to services and resources

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 – Charell Anderson
 - 406-765-1400
 - pioneermanor@gmail.com
 - LaCasa Personal Care – Ben or Leah Richardson
 - 406-765-1669
 - lacasapersonalcare@yahoo.com
 - Glenwood Inc – Ann Hoye
 - 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 – Angie Manly
 - 406-765-3412
 - amanley@sheridancountymt.gov
 - Sheridan County Public Health – Cherie Duncan
 - 406-765-3410
 - cduncan@sheridancountymt.gov
 - Hi-Line Home Program, Plentywood, MT
 - 406-765-1282
- 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

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-
- Sheridan County Sheriff – Lonnie Johnson
 - 406-765-1200 x471
 - ljohnson@sheridancountymt.gov
- County Commissioner – Liselle Reed
 - 406-765-3445
 - lreed@sheridancountymt.gov
- County Commissioner – Jon Bolstad
 - 406-765-3445
 - jbolstad@sheridancountymt.gov
- County Commissioner – Chris Westergard
 - 406-765-3445
 - cwestergard@sheridancounty.mt.gov
- Sheridan County School Officials
 - Medicine Lake School – Aaron Webster
 - 406-789-2211
 - awebster@medicinelake.k12.mt.us
 - Plentywood School – Nate Olson
 - 406-765-1803
 - Nate.olson@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
 - Pastor Tammy Craker, PrT Coaching Life Loss Grief
 - 406-765-1371 or 605-765-4043
- Transportation Services
 - Quality Transport, Plentywood Montana
 - 406-765-1018

- Food Assistance
 - Harvest Food Pantry
 - 406-478-1016
 - Sheridan County Food Bank
 - 406-765-2040

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 2022. The plan prioritized the following health issues:

- Awareness of and access to healthcare services
- Mental and behavioral health services

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 awareness of and access to healthcare services throughout Sheridan County.

	Activities	Accomplishments	Community Impact/Outcomes
Strategy 1.1: Enhance SMHA’s presence in the community as a resource for health education and partnerships.	Enhance Sheridan Memorial Healthcare Association’s (SMHA) presence in the community as a vital partner to advance population health efforts regionally. This includes, but is not limited to providing staff representatives to participate and support efforts of the local Council on Aging, etc.	Multiple staff participating on local health boards, including Glenwood Board, Sheridan County Behavioral Health Coalition, LEAPC, and others.	Staff participation on these committees has help build stronger relationships with outside organizations and provides an opportunity for community members on these boards to ask questions to SMHA staff.
	Increase SMHA’s outreach throughout the region, highlighting providers and available services. Create a community outreach and education campaign that leverages existing tools such as social media, community events, etc.	Implemented SAIL, Stepping On, and Walk With Ease programs to help community members learn exercises to help prevent falls and received education on other fall preventions.	40 community members impacted by this education, and this number will continue to grow as the SAIL, Stepping On, and Walk With Ease programs are continuing to be offered to community members.

	<p>Sustain SMHA’s post-acute care utilization. Specifically, by tracking patient transfers for local follow up, tracking referrals to surgical services (i.e., to an orthopedic surgeon for joint replacement, etc.), requesting providers to sustain referrals to SWS services at time of consultation referral, and featuring the rehabilitation department and SWS program in an outreach campaign. The possibility of transporting swing bed patient back to SMH. The revenue of a patient in house outweighs the cost of transportation.</p>	<p>Transportation services were reviewed, and it was found that SMHA could not financially implement a program like this due to the cost of the vehicle, staff, insurance, etc.</p> <p>We have connected with outside transportation companies, such as Montana Health Network, who has started a transportation company in Billings.</p>	<p>Created working relationship with MHN to provide transportation services on request.</p>
	<p>Nurture SMHA’s relationship with the Sheridan County Public Health Nurse to sustain and continually align local efforts that advance population health.</p>	<p>Built workflows between the county and SMHA to share vaccines to improve availability in the community and lower the number of outdated.</p>	<p>Improved vaccine availability in the county.</p>
	<p>Continue to advance telehealth services locally in order to reduce the travel and coordination burden experienced by Sheridan County residents traveling out of the area to access routine and preventive services. This includes developing an education and outreach plan intended to communicate how community members can access and utilize services.</p>	<p>Update Telehealth services to include all services in the RHC, Speech, and Dietician. We updated our equipment through the Eastern Montana Telemedicine Network.</p>	<p>We continue to see increased utilization of our Telehealth/Medicine offerings, both in the clinic and in our outpatient services.</p>

<p>Strategy 1.2: Explore opportunities that enhance access to healthcare services and resources locally.</p>	<p>Stay apprised of additional funding sources that would improve health services and resources locally.</p>	<p>Partnership with the Montana Office of Rural Health.</p> <p>USDA Grant to educate and train SMHA staff as Community Health Workers, Community Health Paramedics, and Family Support Program. This program allows SMHA staff to help community members gain access to community resources, example being mental health support.</p>	<p>Increased community members access to health resources that are available in the community.</p>
	<p>Continue to work with community partners to explore the feasibility of a local vision clinic thereby reducing the travel burden experienced by Sheridan County residents traveling out of the area to access these routine and preventive services.</p>	<p>We have attempted to reach out to a local provider, but have been unsuccessful in gaining traction.</p>	<p>NA</p>
	<p>Explore the integration of diabetes education at SMHA to improve chronic disease prevention and management locally.</p>	<p>Hired a Dietician and have implemented a Diabetes prevention program and medical nutrition therapy.</p>	<p>Community now has these as services.</p>
	<p>Enhance services for area women and children by conducting a feasibility study of implementing pediatric and/or obstetric services locally.</p>	<p>We have analyzed possibly delivering again at the facility, and the expense is too great to offer.</p>	<p>NA</p>
	<p>Explore the enhancement of care coordination activities through SMHA (i.e., tobacco cessation, referral protocols, etc.).</p>	<p>Working on implementing a Chronic Care program to assist patients with multiple co-morbidities.</p> <p>Implemented referral workflows and staff to assist with coordinating outside patient visits.</p>	<p>Increased patient assistance with coordinating their visits.</p>

	Support continuous provider recruitment and retention efforts at SMHA based on the feasibility and needs of the service area.	Hired multiple providers over the three-year period and continue actively recruit for open positions. Implemented retention bonuses for staff.	Increased clinic availability and employed provider coverage in the hospital.
	Develop and implement the Patient/Family Engagement Program to involve community members to serve as volunteers on a hospital committee, such as the Quality Committee or Safety Committee.	This has been implemented as a single community member who participates on our Quality Committee.	Community member participation on the Quality Committee.

Goal 2: Enhance access to mental and behavioral health services in Sheridan County.

	Activities	Accomplishments	Community Impact/Outcomes
Strategy 2.1: Support local and regional efforts that address the mental and behavioral health needs throughout Sheridan County.	Participate in regional behavioral health activities and initiatives by sustaining SMHA’s active participation on the regional Behavioral Health Coalition. This includes, but is not limited to providing staff representatives to participate and support efforts of the Coalition, disseminating community outreach and education, etc.	SMHA participates in the Sheridan County Behavioral Health Coalition.	Continued discussion on how behavioral health services can be provided to Sheridan County residents.

	<p>Continue to implement the crisis management intake questionnaire (PHQ-9) throughout SMHA’s clinic and hospital settings. Monitor the utilization of the questionnaire and provider routine education to SMHA staff and providers to ensure consistent usage.</p>	<p>Complete. We have implemented anxiety, depression, and suicide screenings during registration and intake.</p>	<p>Increased awareness and prevention capabilities in the facility.</p>
	<p>Train and equip SMHA staff of all levels with the tools and knowledge so they are prepared to adequately respond to mental and behavioral health patients (i.e., presenting in crisis, resources, routine care, etc.).</p>	<p>De-escalation training provided to all patient facing staff, and offered to all staff. Installed additional cameras for security and implemented additional building security measures.</p>	<p>Staff able to de-escalate situations and are able to better monitor the facility.</p>
	<p>Explore substance abuse prevention and resources based on the needs of the region (i.e., partnership with the local behavioral health coalition, utilizing stigma reduction messaging, educational campaigns, etc.).</p>	<p>Clinic has completed mental and behavioral health training to improve their ability to assist patients.</p>	<p>Increased facility capability to educate, diagnose, and treat patients who are struggling with substance abuse.</p>



APPENDICES

Appendix A – Steering Committee

Steering Committee Member	Organization Affiliation
Kody Nelson	CEO – Sheridan Memorial Hospital Association (SMHA)
Connie Anderson	Foundation/Marketing – SMHA
Jessica Brusven	Clinic Director – SMHA
Roxy Kleppen	Human Resources (HR) Director – SMHA
Angie Manley	Sheridan County Aging Services
Chad Sylvestre	CAH, 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
Jessica Brusven – SMHA, Clinic Manager
Roxy Kleppen – SMHA, Human Resources (HR) Director
Angie Manley – Sheridan County Aging Services
Chad Sylvestre – CAH, SMHA

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

First Steering Committee Meeting	January 30, 2025
Key Informant Interviews	April/May 2025
Second Steering Committee Meeting	May 13, 2025

Public and Community Health

- We think of having a geriatric community but 53.7% are 18-64 and that's encouraging
- It would be interesting to see what population/age numbers now
- Still older population than state and nation, but feels older than maybe it actually is
- Patient volumes and patients seen are definitely older
- Hospital deals with lots of geriatric needs, but also full spectrum family care
- Medicare is 42%
- Younger don't use hospital as much
- What is 18-64 looking for for care? What will draw them in?
- Truly surprised about 74 households without a vehicle; thankful for Quality Transit (recently extended hours); probably here in town, or in Westby; probably not out in the country
- QT is busy; will take folks to Watford, Williston, Wolf Point, Sidney
- There is a fee for out of town; people can carpool and share cost (\$25 to Will/Sid, \$50 to Watford)
- QT used by folks of all ages
- Low HPV vaccination rates
- MT is high in alcohol consumption

- Poverty at 10% but people receiving SNAP/FRL is 40%
- Poverty rate is higher than the 10% given, probably 20-25%
- Lower Medicaid population here; 8-10% would qualify for Medicaid (even w expansion, 1-2% more, not super significant)
- Have had to increase self-pay adjustments because of lack of insurance
- 2 food banks here
- Low Hep C rates is probably not true; not a huge issue though
- Mental health is not great here; need for mental health providers has increased
- Need for counselors, LCSW, psychiatrists
- IBH program set up 3 years ago
- LCSW in house now
- Added counseling at the school
- Counseling turns people away because they're so full

Population: Low-Income, Underinsured

- Need OPA
- Can't get answer from Medicare ever

Population: Seniors

- Go to Scobey for eye clinic; vision is high need
- We have optometrist in town but she won't set up anything here
- Hard to navigate Medicare and Medicaid overlap

Population: Youth

- Teen drinking rates are probably right – state data probably counts here
- Extracurriculars (4H, FFA, FBP, sports) and church groups are it for teens; there used to be a lot more (roller rink, pool, racquetball courts)
- Vaping is an issue, it's the cool thing to do
- School is getting new all-weather track
- Not sure lack of childcare is issue here; haven't heard a ton about it after move to 4 day school week

Population: Veterans

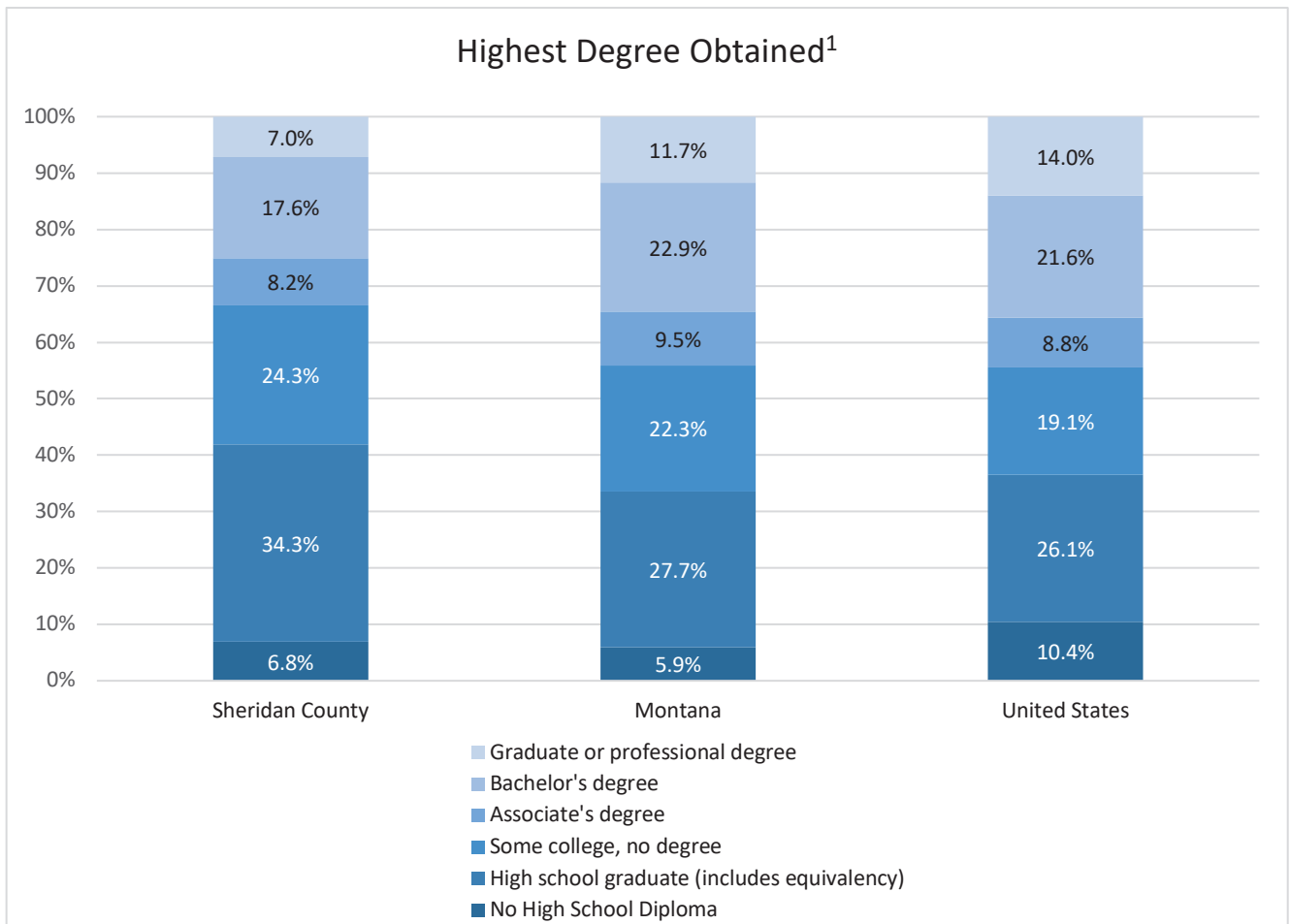
- 120 here
- VA satellite here

Appendix C – Sheridan Co. Secondary Data

Demographic Measure (%)		County			Montana			Nation		
Population ¹		3,498			1,084,225			331,449,281		
Population Density ¹		2.1			7.1			93.3		
Veteran Status ¹		6.2%			9.6%			7.0%		
Disability Status ¹		15.8%			13.8%			13.5%		
Age ¹		<5	18-64	65+	<5	18-64	65+	<5	18-64	65+
		5.4%	53.7%	25.6%	5.1%	74.9%	20.0%	6.1%	61.7%	15.6%
Gender ¹		Male		Female	Male		Female	Male		Female
		52.5%		47.5%	50.7%		49.3%	49.2%		50.8%
Race/Ethnic Distribution ¹		White			86.4%			75.3%		
		American Indian or Alaska Native			5.8%			1.7%		
		Other †			7.8%			26.5%		

¹ US Census Bureau - American Community Survey (2022)

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



Socioeconomic Measures (%)	County	Montana	Nation
Median Income ¹	\$ 63,654	\$ 70,804	\$ 74,755
Unemployment Rate ¹	2.5%	2.6%	5.4%
Persons Below Poverty Level ¹	10.0%	11.7 %	12.6%
Children in Poverty ¹	10.4%	13.4%	16.3%
Internet at Home ²	91.6%	81.5%	-
Households with Population Age 65+ Living Alone ²	178	52,166	-
Households Without a Vehicle ²	74	21,284	-
Households Receiving SNAP ³	83	42,109	-
Eligible Recipients of Free or Reduced Price Lunch ³ <i>2023/2024 school year</i>	40.7%	46.6%	-
Enrolled in Medicaid ^{4, 1}	19.8%	20.5%	18.0%
Uninsured Adults ⁵ <i>Age <65</i>	11%	12.0%	16.3%
Uninsured Children ¹ <i>Age <18</i>	10.1%	7.0%	6.0%

¹ US Census Bureau - American Community Survey (2022)

¹ US Census Bureau - American Community Survey (2022), ² US Census Bureau – COVID-19 Impact Report (2019), ³ Kids Count Data Center, Annie E. Casey Foundation (2024), ⁴ Medicaid Expansion Dashboard, MT-DPHHS (2024), ⁵ County Health Ranking, Robert Wood Johnson Foundation (2024)

Maternal Child Health	County	Montana	Nation
General Fertility Rate* ¹ <i>Per 1,000 Women 15-50 years of age (2022)</i>	38	54	-
Preterm Births ⁷ <i>Born less than 37 weeks (2017-2019)</i>	-	9.4%	-
Adolescent Birth Rate ⁵ <i>Per 1,000 years females 15-19 years of age (2019-2023)</i>	-	17	-
Smoking during pregnancy ^{3, 8} (2019-2023)	-	16.5%	7.2%
Kotelchuck Prenatal Care** ⁷ <i>Adequate or Adequate-Plus (2017-2019)</i>	75.2%	75.7%	-
Low and very low birth weight infants ⁵ <i>Less than 2500 grams (2016-2022)</i>	7%	8%	-
Childhood Immunization Up-To-Date (UTD) ^{§ 9}	73.1%	64.8%	-

¹ IBIS Birth Data Query, MT-DPPHS (2020), ³ Kids Count Data Center, Annie E. Casey Foundation (2020), ⁵ County Health Ranking, Robert Wood Johnson Foundation (2024), ⁸ National Center for Health Statistics (NCHS), CDC (2024), ⁹ Clinic Immunization Results, MT-DPHHS (2020)

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

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

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

Behavioral Health	County	Montana	Nation
Adult Smoking ⁵	17%	15%	16.0%
Excessive Drinking ⁵	21%	24%	19.0%
Adult Obesity ⁵	33%	32%	32.0%
Poor Mental Health Days ⁵ (Past 30 days)	4.8	4.9	4.8
Physical Inactivity ⁵	23%	20%	22.0%
Do NOT wear seatbelts ¹⁰	-	11%	5.8%
Drink and Drive ¹⁰	-	4.0%	2.3%

⁵ County Health Ranking, Robert Wood Johnson Foundation (2024), ¹⁰ Behavioral Risk Factor Surveillance System, CDC (2024)

Cancer prevention & screening	County	Montana	Nation
Human Papillomavirus (HPV) vaccination UTD ^{†† 11, 12} Adolescents 13-17 years of age (2020)	15.7%	48.4%	51.1%
Cervical cancer screening in past 3 years ^{13, 10, 11} Age adjusted (county/state) and crude (nation) prevalence among adult women aged 21–65 years (2020)	-	56.1%	51.6%
Mammography in past 2 years ^{13, 10} Crude prevalence among women 50-74 years (2022)	72.7%	73.4%	76.5%
Colorectal Cancer Screening ^{13, 10} Crude prevalence among adults 45-75 years (2022)	65.8%	64.5%	66.3%

¹¹ State Cancer Profiles – CDC/NIH (2024), ¹² Adolescent Immunization Coverage – MT DPHHS (2024), ¹³ PLACES Project, CDC (2024), ¹⁰ Behavioral Risk Factor Surveillance System, CDC (2024)

^{††} 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 Per 100,000 people	County	Montana
Enteric Diseases * (2015-2017)	27.3	80.1
Hepatitis C virus (2015-2017)	0.0	93.4
Sexually Transmitted Infections (STI) ⁵ † (2021)	245.8	364.9
Vaccine Preventable Diseases (VPD) [§] (2015-2017)	18.2	91.5

⁵ County Health Ranking, Robert Wood Johnson Foundation (2024), 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

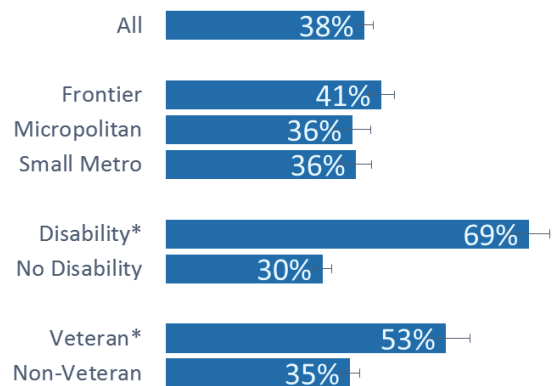
Chronic Conditions	Montana	Nation
Cardiovascular Disease (CVD) prevalence ¹⁰ <i>Adults aged 18 years and older (2023)</i>	3.6%	4.0%
Chronic Obstructive Pulmonary Disease (COPD) prevalence ¹⁰ <i>Adults aged 18 years and older (2023)</i>	7.3%	6.3%
Diabetes Prevalence ¹⁰ <i>Adults aged 18 years and older (2023)</i>	11.8%	11.8%
Breast Cancer Incidence Rate ¹¹ <i>Age-Adjusted Per 100,000 population (2017-2021)</i>	136.3	129.8
Cervical Cancer Incidence Rate ¹¹ <i>Age-Adjusted Per 100,000 population (2017-2021)</i>	6.7	7.5
Colon and Rectum Cancer (CRC) Incidence Rate ¹¹ <i>Age-Adjusted Per 100,000 population (2017-2021)</i>	36.7	36.4
Lung Cancer Incidence Rate ¹¹ <i>Age-Adjusted Per 100,000 population (2017-2021)</i>	46.2	53.1
Melanoma Cancer Incidence Rate ¹¹ <i>Age-Adjusted Per 100,000 population (2017-2021)</i>	27.9	22.7
Prostate Cancer Incidence Rate ¹¹ <i>Age-Adjusted Per 100,000 population (2017-2021)</i>	131.4	113.2

¹⁰ Behavioral Risk Factor Surveillance System, CDC (2023), ¹¹ State Cancer Profiles – CDC/NIH (2024)

Montana Adults with Self-Reported Chronic Condition ¹⁰	
1. Arthritis	29.1%
2. Depression	24.4%
3. Asthma	11.7%
4. Diabetes	9.4%
5. COPD	7.3%
6. Cardiovascular disease	3.6%
7. Kidney disease	3.2%

¹⁰ Behavioral Risk Factor Surveillance System, CDC (2023)

Percent of Montana Adults with Two or More Chronic Conditions



Mortality	County	Montana	Nation
Suicide Rate ¹⁵ <i>Per 100,000 population (2022)</i>	<20 (count)	28.9	14.2
Veteran Suicide Rate ¹⁵ <i>Per 100,000 population (2021)</i>	-	51.2	33.9
Alzheimer's Disease Mortality Rate ¹⁶ <i>Age-Adjusted per 100,000 population (2021)</i>	0	30.9	36.0
Pneumonia/Influenza Mortality Rate ¹⁷ <i>Age-Adjusted per 100,000</i>	-	7.4	11.3
Leading Causes of Death ¹⁸	-	1. Heart Disease 2. Cancer 3. Accidents	1. Heart Disease 2. Cancer 3. Accidents

¹⁵ Suicide in Montana, MT-DPHHS (2024), ¹⁶ Selected Vital Statistics - DPPHS (2021), ¹⁷ Kaiser State Health Facts, National Pneumonia Death Rate (2022), ¹⁸ National Vital Statistics, CDC (2022)

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 (2022)</i>	12.6%	22.4%	35.6%
14+ Days when mental health status was NOT good <i>Crude prevalence (2022)</i>	15.5%	26.0%	34.5%
Current smoker <i>Crude prevalence (2022)</i>	13.1%	35.0%	36.7%
Routine checkup in the past year <i>Crude prevalence (2022)</i>	74.0%	75.7%	74.3%
No personal doctor or health care provider <i>Crude prevalence (2022)</i>	19.3%	20.4%	21.0%
No dental visit in the last year for any reason <i>Crude prevalence (2022)</i>	34.4%	47.0%	57.0%
Consumed fruit less than one time per day <i>Crude prevalence (2021)</i>	40.1%	41.4%	46.6%
Consumed vegetables less than one time per day <i>Crude prevalence (2021)</i>	16.0%	24.8%	23.8%
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 (2022)

*Annual household income < \$15,000

Youth Risk Behavior ¹⁹	Montana		Nation
	All respondents	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>	41.4%	49.0%	42.3%
Attempted Suicide <i>During the past 12 months</i>	10.2%	17.6%	10.2%
Lifetime Cigarette Use <i>Students that have ever tried smoking</i>	27.8%	52.2%	17.8%
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>	31.4%	24.4%	22.7%
Lifetime Marijuana Use <i>Students that have used marijuana one or more times during their life</i>	37.0%	55.1%	27.8%
Texting and Driving <i>Among students who drove a car in the past 30 days</i>	57.1%	37.0%	36.1%
Carried a Weapon on School Property <i>In the last 30 days</i>	9.1%	7.4%	3.1%

¹⁹ Montana Youth Risk Behavior Survey (2022)

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

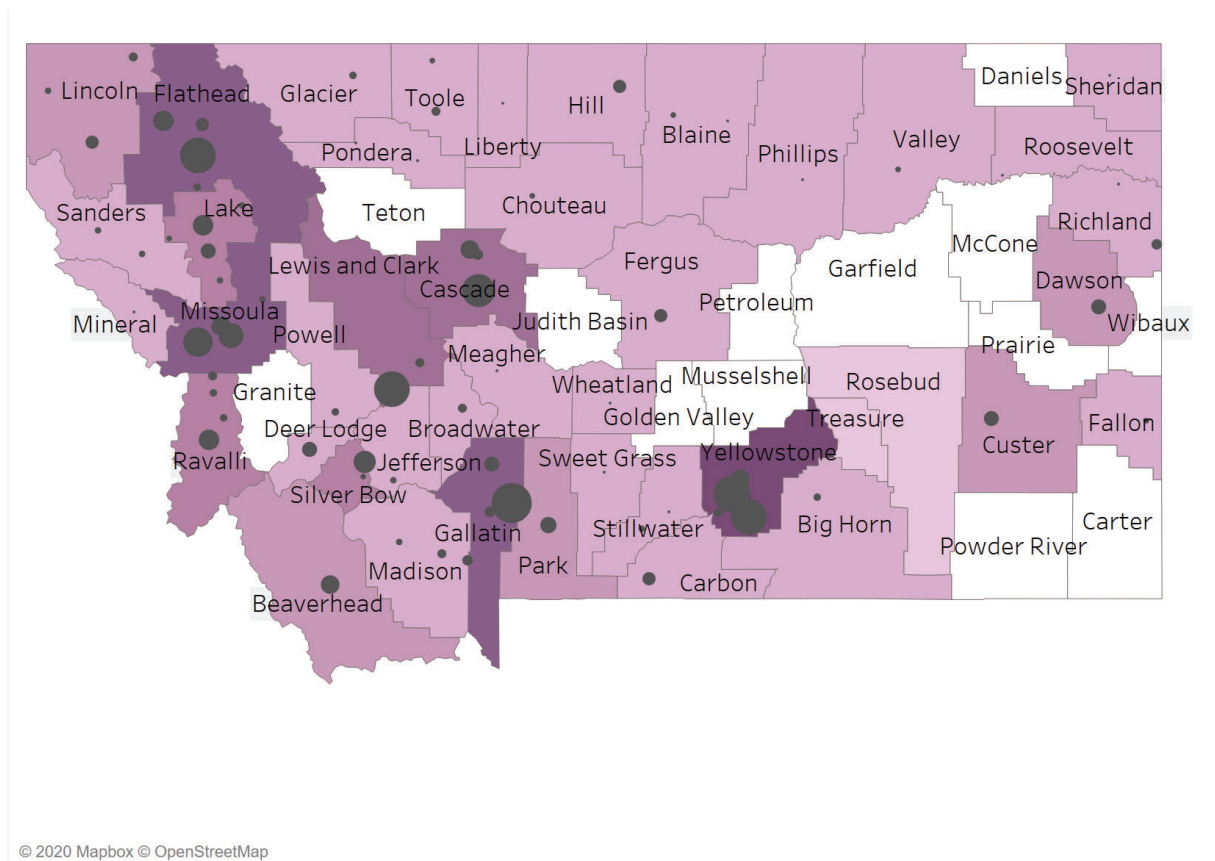
² Critical Access Hospital Measurement and Performance Assessment System (CAHMPAS) - FLEX Monitoring (2019)
 ** Total number of CAHs in region

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



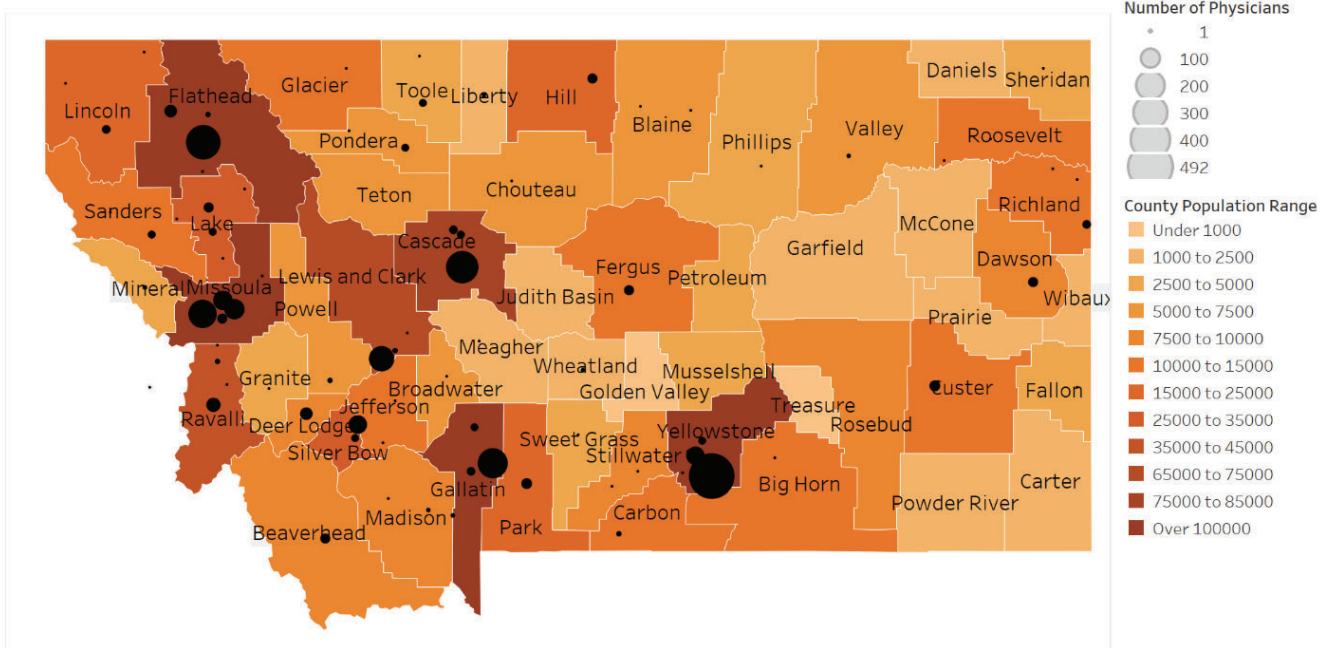
© 2020 Mapbox © OpenStreetMap



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

February 28, 2025



Dear [XX] 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: April 4, 2025
2. Complete the enclosed survey and return it in the envelope provided - no stamp needed.
3. You can also access the survey at <https://www.montana.edu/socialdata/currentsurveys.html>. Select "Sheridan Memorial Hospital Association Survey." Your access code is [CODED]

All survey responses will go to Social Data Collection and Analysis Services (Social Data), previously known as the 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', is written over a horizontal line.

Kody Nelson, CEO

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

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; 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 use | <input type="checkbox"/> Lack of access to healthcare | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Alzheimer's/dementia | <input type="checkbox"/> Lack of dental care | <input type="checkbox"/> Tobacco use |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Lack of exercise | (cigarettes/cigars, vaping, smokeless) |
| <input type="checkbox"/> Child abuse/neglect | <input type="checkbox"/> Mental and behavioral health issues (depression, anxiety, PTSD, etc.) | <input type="checkbox"/> Trauma/Adverse Childhood Experiences (ACES) |
| <input type="checkbox"/> COPD/asthma/respiratory disorders | <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"/> Social isolation/loneliness | |
| <input type="checkbox"/> Hunger | | |

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

- | | | |
|--|---|--|
| <input type="checkbox"/> Access to childcare/after school programs | <input type="checkbox"/> Good jobs and a healthy economy | <input type="checkbox"/> Office of Public Assistance (supports/assists families and communities) |
| <input type="checkbox"/> Access to healthcare services | <input type="checkbox"/> Good schools | <input type="checkbox"/> Parks and recreation |
| <input type="checkbox"/> Access to healthy foods | <input type="checkbox"/> Healthy behaviors and lifestyles | <input type="checkbox"/> Religious or spiritual values |
| <input type="checkbox"/> Affordable housing | <input type="checkbox"/> Low crime/safe neighborhoods | <input type="checkbox"/> Strong family life |
| <input type="checkbox"/> Arts and cultural events | <input type="checkbox"/> Low death and disease rates | <input type="checkbox"/> Tolerance for diversity |
| <input type="checkbox"/> Clean environment | <input type="checkbox"/> Low level of domestic violence | <input type="checkbox"/> Transportation services |
| <input type="checkbox"/> Community involvement | | <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"/> Friends/family | <input type="checkbox"/> Posters/flyers | <input type="checkbox"/> Social media (Facebook) |
| <input type="checkbox"/> Healthcare provider | <input type="checkbox"/> Presentations | <input type="checkbox"/> Website/internet |
| <input type="checkbox"/> Mailings/newsletter | <input type="checkbox"/> Public health nurse | <input type="checkbox"/> Word of mouth/reputation |
| <input type="checkbox"/> Newspaper | <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"/> Assisted/retirement living | <input type="checkbox"/> Counseling | <input type="checkbox"/> Fitness center |
| <input type="checkbox"/> Chiropractor | <input type="checkbox"/> Dental Clinic | <input type="checkbox"/> Food Bank |

- Holistic therapy
- Local pharmacy
- Marijuana dispensaries
- Sheridan County Public Health
- VA clinic
- Other: _____

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

- Greater health education services
- Health Navigator (i.e., assistance signing up for insurance, Medicare, or Medicaid)
- Improved quality of care
- Interpreter services/cultural sensitivity
- More information about available services
- More primary care providers
- More specialists
- Office of Public Assistance (supports/assists families and communities)
- Outpatient services expanded hours
- Payment assistance programs (healthcare expenses)
- Telemedicine
- Transportation assistance (out of Sheridan County)
- 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)

- Alcohol/substance cessation
- Alzheimer’s/dementia
- Cancer
- Diabetes/diabetes prevention
- First aid/CPR
- Fitness
- Grief counseling
- Health and wellness
- Heart disease
- Lactation/breastfeeding support
- Living will
- Men’s health
- Mental health
- Nutrition
- Parenting
- Prenatal
- Smoking/tobacco cessation
- Support groups
- Weight loss
- Women’s health
- Other: _____

9. 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

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

- Annual/Community blood draw
- Children’s checkup/Well baby
- Cholesterol check (every 1-5 years)
- Colonoscopy (every 5-10 years)
- Dental check (every 6 months)
- Flu shot/immunizations
- Hearing check (every 3-5 years)
- Mammogram (every 1-2 years)
- Medicare wellness visit (yearly)
- Mental health counseling
- Pap test (every 3-5 years)
- Prostate (PSA) (every 1-2 years)
- Routine blood pressure check (yearly)
- Routine health checkup (yearly)
- Vision check (every 1-2 years)
- None
- Other: _____

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

- Yes
- No (If no, skip to question 13)

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

- Could not get an appointment
- Could not get off work
- Didn’t know where to go
- Don’t like doctors/providers
- Don’t understand healthcare system
- Had no childcare
- It cost too much
- It was too far to go
- Language barrier
- My insurance didn’t cover it
- No insurance
- Not treated with respect
- Office wasn’t open when I could go

- Privacy/confidentiality appointment Unsure if services were available
- Qualified provider not available Too nervous or afraid Other: _____
- Too long to wait for an Transportation problems

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

- Yes No (If no, skip to question 16)

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

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

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

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

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

- Yes No (If no, skip to question 19)

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

- Billings Clinic – Billings Mercy Medical Center – Williston, ND Sidney Health Center – Sidney
- Daniels Memorial Healthcare – Scobey Roosevelt Memorial – Culbertson St. Vincent Healthcare – Billings
- McKenzie Health – Watford City, ND Sheridan Memorial Hospital – Plentywood Other: _____

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

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

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

- Yes No (If no, skip to question 22)

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

- Billings Miles City Sidney
- Glasgow Minot, ND Watford City, ND
- Glendive Plentywood Williston, ND

Other: _____

21. If you traveled out of Sheridan County for specialty care, 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"/> Pediatrician (child) |
| <input type="checkbox"/> Audiologist (hearing) | <input type="checkbox"/> Licensed Addiction Counselor | <input type="checkbox"/> Physical therapist |
| <input type="checkbox"/> Cardiologist (heart) | <input type="checkbox"/> Mental health counselor | <input type="checkbox"/> Podiatrist (feet) |
| <input type="checkbox"/> Chiropractor | <input type="checkbox"/> Nephrologist (kidney) | <input type="checkbox"/> Psychiatrist |
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Neurologist | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Dermatologist (skin) | <input type="checkbox"/> Neurosurgeon | <input type="checkbox"/> Pulmonologist (lungs) |
| <input type="checkbox"/> Dietician | <input type="checkbox"/> OB/GYN | <input type="checkbox"/> Radiologist (reads X-rays) |
| <input type="checkbox"/> Endocrinologist (thyroid, diabetes, infertility, cancers) | <input type="checkbox"/> Occupational therapist | <input type="checkbox"/> Rheumatologist |
| <input type="checkbox"/> ENT (ear/nose/throat) | <input type="checkbox"/> Oncologist (cancer) | <input type="checkbox"/> Social worker |
| <input type="checkbox"/> Gastroenterologist (throat, stomach, bowels) | <input type="checkbox"/> Ophthalmologist (eye) | <input type="checkbox"/> Speech therapist |
| <input type="checkbox"/> General surgeon | <input type="checkbox"/> Optometrist (eye) | <input type="checkbox"/> Urologist (urinary tract, kidneys, bladder, and urethra) |
| | <input type="checkbox"/> Orthopedic surgeon | <input type="checkbox"/> Other: _____ |

22. 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
Counseling (behavioral/mental health)	4	3	2	1	N/A	DK
VA Clinic	4	3	2	1	N/A	DK

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

- Yes No

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

- | | | |
|--|--|--------------------------------|
| <input type="checkbox"/> Every day | <input type="checkbox"/> Sometimes (3-5 days per month) | <input type="checkbox"/> Never |
| <input type="checkbox"/> Most days (3-5 days per week) | <input type="checkbox"/> Occasionally (1-2 days per month) | |

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

- High Moderate Low Unsure/rather not say

- 26.** Thinking about your mental health (which includes stress, anxiety, depression and problems with emotions), how would you rate your mental health in general?
 Excellent Good Fair Poor
- 27.** To what degree has your life been negatively affected by your own or someone else’s substance use 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.** Has cost prohibited you from getting a prescription or taking your medication regularly?
 Yes No Not applicable
- 30.** In the past year, did you worry that you would not have enough food?
 Yes No
- 31.** Do you feel that the community has adequate and affordable housing options available?
 Yes No Don’t know

32. 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
32.1) 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
32.2) There are places to be physically active near my home. Consider parks, trails, places to walk, playgrounds, and fitness centers.	4	3	2	1	DK
32.3) I have enough financial resources to meet my basic needs. Consider income for purchasing food, clothing, shelter, and utilities.	4	3	2	1	DK
32.4) My community is a good place to raise children. Consider the quality and safety of schools and after school care, and places to play in your neighborhood.	4	3	2	1	DK
32.5) 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

- 33.** What type of health insurance covers the **majority** of your household’s medical expenses? (**Select ONLY 1**)
- Employer sponsored Healthy MT Kids Medicare
 Health Insurance Marketplace Indian Health Private insurance/private plan
 Health Savings Account Medicaid VA/Military

None/pay out of pocket Other: _____

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

Excellent Good Fair Poor

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

Can't afford to pay for health insurance Recently lost insurance coverage
 Choose not to have health insurance Too confusing/don't know how to apply
 Employer does not offer insurance Other: _____
 Employer high premiums

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

Yes, and I use them Yes, but can't use due to access barriers No
 Yes, but I do not qualify Yes, but choose not to use Not sure

37. If there was an Office of Public Assistance in Sheridan County (to assist with applications for Medicaid, TANF, SNAP, Medicare Savings Plans, heating/energy assistance, etc.), would you use it?

Yes No Don't know

Demographics

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

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

59211 Antelope 59247 Medicine Lake 59242 Homestead
 59252 Outlook 59258 Reserve 59257 Redstone
 59256 Raymond 59254 Plentywood Other: _____
 59219 Dagmar 59275 Westby

39. What is your gender? _____

40. What age range represents you?

18-24 45-54 75-84
 25-34 55-64 85+
 35-44 65-74

41. What is your employment status?

Work full-time Student Not currently seeking employment
 Work part-time Collect disability Other: _____
 Retired Unemployed, but looking

[CODED]

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

Social Data Collection and Analysis Services
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	16.2% (21)	64.6% (84)	16.2% (21)	3.1% (4)	130
Healthcare provider	24.8% (28)	61.1% (69)	12.4% (14)	1.8% (2)	113
Mailings/newsletter	32.1% (9)	42.9% (12)	17.9% (5)	7.1% (2)	28
Newspaper	30.2% (19)	49.2% (31)	19.0% (12)	1.6% (1)	63
Posters/flyers	6.3% (1)	68.8% (11)	25.0% (4)	-	16
Presentations	66.7% (4)	33.3% (2)	-	-	6
Public health nurse	14.3% (1)	85.7% (6)	-	-	7
Radio	15.8% (3)	57.9% (11)	21.1% (4)	5.3% (1)	19
Social media (Facebook)	20.6% (14)	54.4% (37)	22.1% (15)	2.9% (2)	68
Website/internet	29.0% (9)	54.8% (17)	16.1% (5)	-	31
Word of mouth/reputation	21.2% (21)	55.6% (55)	21.2% (21)	2.0% (2)	99
Other	60.0% (3)	20.0% (1)	20.0% (1)	-	5

Delay or Did Not Get Need Healthcare Services by Residence

	Yes	No	Total
59211 Antelope	12.5% (1)	87.5% (7)	8
59252 Outlook	22.2% (2)	77.8% (7)	9
59256 Raymond	33.3% (1)	66.7% (2)	3
59219 Dagmar	40.0% (4)	60.0% (6)	10
59247 Medicine Lake	25.0% (1)	75.0% (3)	4
59258 Reserve	42.9% (3)	57.1% (4)	7
59254 Plentywood	33.0% (33)	67.0% (67)	100
59275 Westby	42.9% (6)	57.1% (8)	14
59242 Homestead	25.0% (1)	75.0% (3)	4
59257 Redstone	-	100.0% (1)	1
Other	-	100.0% (2)	2
TOTAL	32.1% (52)	67.9% (110)	162

Location of primary care clinic most utilized by residence

	Billings Clinic	Culbertson	Plentywood	Scobey	Sidney	Williston, ND	Other	Total
59211 Antelope	-	-	87.5% (7)	-	-	-	12.5% (1)	8
59252 Outlook	-	-	55.6% (5)	11.1% (1)	-	11.1% (1)	22.2% (2)	9
59256 Raymond	-	-	60.0% (3)	-	-	-	40.0% (2)	5
59219 Dagmar	-	-	40.0% (4)	-	10.0% (1)	50.0% (5)	-	10
59247 Medicine Lake	-	-	75.0% (3)	-	25.0% (1)	-	-	4
59258 Reserve	-	12.5% (1)	62.5% (5)	-	12.5% (1)	12.5% (1)	-	8
59254 Plentywood	1.9% (2)	-	70.1% (75)	3.7% (4)	3.7% (4)	2.8% (3)	17.8% (19)	107
59275 Westby	6.7% (1)	-	53.3% (8)	6.7% (1)	-	13.3% (2)	20.0% (3)	15
59242 Homestead	-	50.0% (2)	50.0% (2)	-	-	-	-	4
59257 Redstone	-	-	-	-	-	-	100.0% (1)	1
Other	-	-	50.0% (1)	-	-	-	50.0% (1)	2
TOTAL	1.7% (3)	1.7% (3)	65.3% (113)	3.5% (6)	4.0% (7)	6.9% (12)	16.8% (29)	173

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

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

	Billings Clinic	Culbertson	Plentywood	Scobey	Sidney	Williston, ND	Other	Total
Appointment availability	2.9% (2)	-	74.3% (52)	2.9% (2)	1.4% (1)	2.9% (2)	15.7% (11)	70
Clinic/provider's reputation for quality	1.3% (1)	2.6% (2)	56.6% (43)	1.3% (1)	5.3% (4)	6.6% (5)	26.3% (20)	76
Closest to home	2.0% (2)	-	84.7% (83)	-	1.0% (1)	1.0% (1)	11.2% (11)	98
Cost of care	-	-	100.0% (1)	-	-	-	-	1
Length of waiting room time	-	-	70.0% (7)	-	-	-	30.0% (3)	10
Prior experience with clinic	1.4% (1)	-	70.0% (49)	4.3% (3)	1.4% (1)	8.6% (6)	14.3% (10)	70
Privacy/confidentiality	-	-	36.4% (4)	9.1% (1)	9.1% (1)	9.1% (1)	36.4% (4)	11
Recommended by family or friends	2.6% (1)	5.3% (2)	52.6% (20)	-	2.6% (1)	10.5% (4)	26.3% (10)	38
Referred by physician or other provider	6.7% (1)	-	33.3% (5)	-	6.7% (1)	6.7% (1)	46.7% (7)	15
Required by insurance plan	20.0% (1)	-	60.0% (3)	-	-	20.0% (1)	-	5
VA/Military requirement	-	-	60.0% (3)	-	40.0% (2)	-	-	5
Other	7.1% (1)	-	50.0% (7)	-	7.1% (1)	7.1% (1)	28.6% (4)	14

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

Location of most utilized hospital by residence

	Billings Clinic - Billings	McKenzie Health - Watford City, ND	Mercy Medical Center - Williston, ND	Sheridan Memorial Hospital - Plentywood	Sidney Health Center - Sidney	St. Vincent Healthcare - Billings	Other	Total
59211 Antelope	16.7% (1)	-	-	16.7% (1)	16.7% (1)	16.7% (1)	33.3% (2)	6
59252 Outlook	33.3% (2)	-	-	33.3% (2)	-	-	33.3% (2)	6
59256 Raymond	-	-	-	-	50.0% (2)	-	50.0% (2)	4
59219 Dagmar	20.0% (1)	-	-	20.0% (1)	20.0% (1)	-	40.0% (2)	5
59247 Medicine Lake	-	-	-	50.0% (1)	-	50.0% (1)	-	2
59258 Reserve	-	25.0% (1)	-	-	75.0% (3)	-	-	4
59254 Plentywood	18.8% (13)	2.9% (2)	5.8% (4)	42.0% (29)	15.9% (11)	4.3% (3)	10.1% (7)	69
59275 Westby	9.1% (1)	-	9.1% (1)	45.5% (5)	9.1% (1)	9.1% (1)	18.2% (2)	11
59242 Homestead	-	-	50.0% (1)	50.0% (1)	-	-	-	2
59257 Redstone	-	-	-	-	100.0% (1)	-	-	1
Other	-	-	-	-	-	-	100.0% (1)	1
TOTAL	16.2% (18)	2.7% (3)	5.4% (6)	36.0% (40)	18.0% (20)	5.4% (6)	16.2% (18)	111

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

Location of most recent hospitalization by reasons for hospital selection

	Billings Clinic - Billings	McKenzie Health - Watford City, ND	Mercy Medical Center - Williston, ND	Sheridan Memorial Hospital - Plentywood	Sidney Health Center - Sidney	St. Vincent Healthcare - Billings	Other	Total
Closest to home	3.4% (2)	3.4% (2)	3.4% (2)	58.6% (34)	19.0% (11)	-	12.1% (7)	58
Closest to work	-	-	-	100.0% (3)	-	-	-	3
Cost of care	-	-	33.3% (1)	33.3% (1)	33.3% (1)	-	-	3
Emergency, no choice	21.1% (8)	-	2.6% (1)	52.6% (20)	2.6% (1)	5.3% (2)	15.8% (6)	38
Hospital's reputation for quality	10.7% (3)	3.6% (1)	3.6% (1)	28.6% (8)	28.6% (8)	10.7% (3)	14.3% (4)	28
Prior experience with hospital	5.3% (2)	2.6% (1)	7.9% (3)	34.2% (13)	28.9% (11)	5.3% (2)	15.8% (6)	38
Privacy/confidentiality	-	-	-	-	50.0% (2)	25.0% (1)	25.0% (1)	4
Recommended by family or friends	-	7.1% (1)	7.1% (1)	28.6% (4)	28.6% (4)	-	28.6% (4)	14
Referred by provider	33.3% (14)	4.8% (2)	2.4% (1)	19.0% (8)	14.3% (6)	4.8% (2)	21.4% (9)	42
Required by insurance plan	75.0% (3)	-	25.0% (1)	-	-	-	-	4
VA/Military requirement	-	-	-	-	-	100.0% (1)	-	1
Other	-	-	10.0% (1)	40.0% (4)	10.0% (1)	-	40.0% (4)	10

Daniels Memorial Healthcare – Scobey and Roosevelt Memorial – Culbertson removed from hospital location (top row) due to non-response. Financial assistance programs removed from first column due to non-response.

Appendix G – Responses to “Other” & Comments

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

- Aging population without affordable housing with assistance
- Autoimmune
- Physicians + family practitioners always leave
- Meddling people causing stress for others
- Lack of eye care optometrist

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

- Alcohol/substance use (4)
- Alzheimer's/dementia (1)
- Cancer (3)
- Child abuse/neglect (1)
- COPD/asthma/respiratory disorders (1)
- Diabetes (1)
- Heart disease (1)
- Lack of access to healthcare (2)
- Lack of dental care (1)
- Lack of exercise (2)
- Overweight/obesity (2)
- Suicide (1)
- Tobacco use (cigarettes/cigars, vaping, smokeless) (3)
- Work/economic stress (1)

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

- Access to jobs that allow more time with children when not in school

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

- Access to childcare/after school programs (2)
- Access to healthcare services (2)
- Access to healthy foods (1)
- Affordable housing (2)
- Good jobs and a healthy economy (2)
- Good schools (2)
- Healthy behaviors and lifestyles (1)
- Low crime/safe neighborhoods (1)
- Office of Public Assistance (supports/assists families and communities) (1)
- Strong family life (1)

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

- Employed at SMHA (3)
- Council aging rep
- I didn't

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

- Massage therapy (3)
- We don't use health care providers here. They overlook conditions for too long and don't have qualified providers
- X-rays, lab through hospital
- Senior meals blood pressure - flu shot

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

- For my family, and our needs, I'm so proud of what we have available. Obviously I would wish for more services, and more providers, but given where we live I think we are very fortunate to get care and services that Sheridan Memorial provides!
- More Dr's
- Qualified providers and less arrogant old nurses who feel they already know everything
- Maybe having a doctor at the hospital
- Natural path/ holistic
- Improved confidentiality
- Get providers that listen and don't assume
- Broader range of services

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)

- None in this community
- Help with exercise for lung patient
- I am relying on the knowledge I already have because of my age and a good life
- Senior care/ caregiving
- Chaplain in school. I just read that Texas is putting Chaplains in some of their schools. It has decreased: bullying, bad behavior, teen pregnancy, provide support for children in broken homes and more. Montana should consider this.

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

- Breast MRI
- Dermatology
- Therapeutic massage

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

- The local hospital will charge you the maximum amount for a simple visit and you will not get anything taken care of
- Don't do anything anyway
- Waiting once you get an appointment

*Responses when more than 3 were selected (9 participant):

- Could not get an appointment (3)
- Could not get off work (2)
- Didn't know where to go (2)
- Don't like doctors/providers
- Had no childcare (1)
- It cost too much (7)
- It was too far to go (6)
- My insurance didn't cover it (5)
- No insurance (2)
- Office wasn't open when I could go (1)
- Privacy/confidentiality (3)
- Qualified provider not available (4)
- Too long to wait for an appointment (2)
- Transportation problems (1)

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

- Yuma AZ
- Natural path Billings
- Bozeman
- Bismarck, ND
- Great Falls

*Responses when more than 1 was selected (29 participants):

- Billings (10)
- Culbertson (1)
- Glasgow (1)
- Minot, ND (1)
- Plentywood (26)
- Scobey (2)
- Sidney (20)
- Williston, ND (8)

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

- Better health services
- VA tele med option
- Likely to see same Dr for follow up - stability in the current clinic

- Excellent providers here
- Saw the provider in the ER
- Service not offered in Plentywood
- SMHA employee with direct contact to providers – choose accordingly
- They worked days I was free to go to appointments off work
- Family doctor
- Research + he was the best + only MD all others are PA's
- Dr. retirement
- Don't have one
- Only one available
- Dr. Shohbodaghi (sp) is so good

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

- Glendive
- AZ
- Fargo children's hospital
- Yuma AZ
- Ortho Montana (2)

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

- Billings Clinic – Billings (10)
- Daniels Memorial Healthcare - Scobey
- McKenzie Health - Watford City, ND
- Mercy Medical Center - Williston, ND (3)
- Roosevelt Memorial – Culbertson (1)
- Sheridan Memorial Hospital – Plentywood (9)
- Sidney Health Center – Sidney (10)
- St. Vincent Healthcare – Billings (1)

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

- OBGYN for pregnancies only available place to go
- Best insurance coverage/payment
- Offered OBGYN care and do ultrasound work
- Qualified surgeon

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

- Closest to home (5)
- Emergency, no choice (1)
- Hospital's reputation for quality (6)
- Prior experience with hospital (6)
- Privacy/confidentiality (2)
- Recommended by family or friends (2)
- Referred by provider (2)

- Required by insurance plan (1)

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

- Dickinson
- Fargo, ND
- Scobey (4)
- Phoenix, AZ
- Arizona (2)
- Bozeman (2)
- Mayo, Rochester
- Denver, CO
- Bismark ND
- Great Falls
- Wyoming

21. If you traveled out of Sheridan County for specialty care, what type of healthcare specialist was seen? (Select ALL that apply)

- Mammary Gland specialist
- Spinal injection
- Leg veins
- Retinal specialist and oral/maxillary surgeon
- Colonoscopy
- Ultrasound
- Phlebotomist for various veins
- Cataract surgery
- Oral surgeon
- Primary care
- Fertility specialist & CCRM
- Breast Center
- Pain

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

- CHM
- Tri Care
- Sharing plan

*Responses when more than 1 was selected (29 participants):

- Employer sponsored (8)
- Health Insurance Marketplace (3)
- Health Savings Account (6)
- Healthy MT Kids (2)
- Indian Health

- Medicaid (3)
- Medicare (21)
- Other:
- Private insurance/private plan (15)
- VA/Military (1)
- None/pay out of pocket

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

- OBAMACARE screwed me. Fined for not having it, then paid high premiums and high deductions. Covered nothing
- We are part of a sharing plan
- N/A Veteran

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

- Froid
- 59044

39. What is your gender? Responses other than "Male" or "Female" or related terms:

- Both m and f and answers apply to both
- Male (survey was filled out as husband to wife))
- 1 male + (1 female recently died)

41. What is your employment status?

- Stay at home mom
- SELP EMPLOYED-FARMER (3)
- Home school
- Work 2 other jobs
- Full time self employed
- Volunteer
- Quilter
- Self employed (2)
- Volunteer

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

- Work full-time (1)
- Work part-time (4)
- Retired (6)

General comments

- (Q3)
 - Selected "Affordable housing" and wrote "\$800+/month not affordable on \$16/hour" next to it.
- (Q4)

- Selected both “Fair” and “Poor” choices.
- (Q6)
 - Selected “Assisted/retirement living” and wrote “my mom” next to it.
- (Q9)
 - Selected “Prenatal” and wrote “Need provider here for checkups. Have to drive at least 3 hours roundtrip every month then every two weeks. Hard on body and job” next to it.
- (Q12)
 - Selected both “Couldn’t get off work” and “It was too far to go” and wrote “tied together” and drew a line connecting the two choices.
- (Q13)
 - Selected “Yes” and wrote “only type offered” next to it.
- (Q21)
 - Selected “Radiologist” and wrote “ultrasounds for pregnancy” next to it.
- (Q22)
 - For the “Radiology” service selected both “Haven’t Used” and “Don’t know” choices.
 - For the “Ambulance” service selected both “Haven’t Used” and “Don’t know” choices.
- (Q25)
 - Selected both “High” and “Moderate” choices.
- (Q26)
 - Selected both “Good” and “Fair” choices.
- (Q31)
 - Selected “Yes” and wrote “to buy is too expensive” next to it.
 - Selected “Don’t know” and created their own choice “No – affordable food especially fresh produce” below the question.
- (Q33)
 - Selected both “Employer sponsored” and “Health Savings Account” and wrote “Employee still pays high premiums with employer insurance. High deductible is cheapest but still expensive plus a high deductible and out of pocket” next to the question.
- (Q37)
 - Selected “No” and wrote “make too much money to qualify for programs” next to it.
- (Q41)
 - Selected “Unemployed, but looking” and wrote “Unemployed due to felony and CMS rule that states don’t hire felons and bigotry and retaliation” next to it.
- General comments:
 - “It would be nice if Sheridan Memorial did not have such a turnover and travelers. Maybe pay your employees more and focus on morale.”

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 Young Adults/Families
 - Services for Low-Income Individuals

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

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

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

Appendix I – Key Informant Interview Notes

Key Informant Interview #1

Date: May 2025

Anonymous

Via phone

1. How do you feel about the general health of your community?
 - We're such a geriatric community
 - I'm not quite sure how to answer it
 - I don't think we're the healthiest or the least healthy
 - People talk about their health all the time
 - Cancer is one of the things you hear about a lot
 - Deterioration from aging/complications of aging are also mentioned a lot
 - Substance use is also a big issue; there are a lot of implications from it in the area as well

2. What are your views/opinions about these local services:
 - Hospital/clinic
 - I'm thrilled that we have a hospital and clinic in our community
 - Rural healthcare is very challenging because we can't have specialists here
 - We're kind of a triage center – things come through but very little gets attended to here; you get referred out for almost everything
 - I don't think that's a negative for a town the size of Plentywood; the alternative is not having a hospital and that would be horrible
 - I think there is a fear of treating people in our tiny hospital; people are flown out for a lot of things
 - Williston and Sidney can offer outpatient day surgeries, more routine medical treatments
 - Geographical location is a hindrance to some people in getting care that specialists aren't there
 - Visiting specialists can only do so much – serious issues need more continuous care/tests/diagnosis
 - Awesome that they bring specialists up here, especially for folks who are home-bound; but there is expectations and need to travel for appointments
 - I doctor in Sidney if I need an MD because the ones here have been inconsistent; hard to get into an actual doctor here
 - EMS Services (ER/Ambulance)
 - Grateful that we have them (up to 3 paid employees now)
 - Recently someone needed ambulance and response time was 40 minutes
 - It's hard to realize you live somewhere where if there is an emergency we likely wouldn't make it

- Grateful for staff that we have
- I struggle with lack of confidentiality, since Plentywood is a small town and everyone knows everyone; you can't keep an ER visit private here even if you want to
- I personally have avoided the ER if at all possible because the confidentiality piece is really difficult
- Even the way the ER is set up – if you walk yourself in, your room is right off the nurse's desk and right there for the world to see
- The room right off the nurse's desk to triage everyone is not private
- The few times I've needed to use the ER the attention and the care is good; they're not oversaturated very often, so they can pay attention to you when you're there
- Flip side of the same coin is that you get good and individual attention and care from multiple staff members there
- I would never want to go to the ER in Williston because you sit for hours
- Public/County Health Department
 - Haven't had to use them in a while
 - Kids got vaccinations with them when they were younger
 - Experiences have been positive; I haven't heard anything really negative
 - Pretty neutral in the community
 - Got hit hard during Covid; I think they're recovered now
- Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
 - We're a very geriatric county
 - We have assisted living, manor with two levels of care, and nursing home and hospital
 - Lots of resources for such a small community – speaks to how geriatric we are
 - Senior meals here, meals on wheels here and in Medicine Lake (not sure about Westby)
 - Seniors volunteer program here at the developmentally disabled group home
 - Home health as well
 - There could always be more, but we're doing okay
- Services for Young Adults/Families
 - Athletics is the biggest draw for families
 - We have a swimming pool (Medicine Lake and Plentywood)
 - Plentywood is trying to fundraise for a splash pad
 - Both schools (& Westby too probably) allow people to check out keys so they can use the school gym – adults and kids (as long as they have an adult with them) (24h access)
 - During the school year the community involvement for kids is anything with the schools and athletics; during the summer the Lutheran Church does a VBC
 - Golf course does kids lessons in the summer
 - Baseball and softball (club teams) through the summer
 - How far we have to drive to get access to anything is a hurdle
 - We have one grocery store here and it's really good but it's insanely expensive

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

- The grocery store is so expensive
- It's hard to buy healthy, fresh things – they're not affordable
- I refuse to buy produce not on sale because it's so expensive
- It's hard to eat as healthy as I would like to eat because of prices and availability
- Right now we have an MD on staff, but it has always been a chronic issue of retaining an MD; we have PAs and FMPs but keeping an MD is hard

- Continuity of care is an issue
 - When people need a doctor and the doctor is a revolving door it gets frustrating
4. What other healthcare services are needed in the community?
- Eye doctor
 - More psychiatric mental healthcare/resources
 - Someone to prescribe for mental health issues (e.g. Psychiatric NP)
5. What would make your community a healthier place to live?
- Walking track – somewhere to walk inside in the winter (you can walk in the hospital, but that’s not ideal)
 - Indoor recreation for the winter months (not here outside of the high schools)
 - A lot of our community activities are based around alcohol; there’s a lot going on but it seems like it doesn’t draw people unless there’s alcohol involved
 - High school sports draws the community
 - I do hear that the quality of food in the schools is sometimes less desirable; not across the board – depends on school and day; if there was a way to improve school lunch programs that would be positive

Mental health resources (6 total):

Mental health center

Private practice

2 new young therapists here (still under supervision) – primary doing telehealth – how much of this community are they serving?

School psychologist who is also licensed mental health professional (hired by co-op); Scobey, Plentywood, Westby, Medicine Lake – she can carry caseload when she’s not at the schools

Someone licensed and based out of hospital

Mental health services and treatment are always going to be an issue

People have to be willing to seek services

We don’t have people who are well-versed in prescribing mental health meds (we have one Psych NP who comes once a month and prescribes)

For psychiatry we are underserved; people are getting it via telehealth

In-patient care/safe place – we don’t have those resources

Commitment laws in MT are pretty ridiculous

We struggle to provide resources and help for transient population – not a huge population, but the second we get someone transient with MH issues it puts the whole community in uproar

There are no soup kitchens, no shelters here – resources for low income/homeless folks don’t exist here

You hear a lot that the hospital can't expand because of their location in town; seems like hospital doesn't have the ability to add stuff if they were excited/if the community wanted it
Everyone is really aware that we don't have it all

Key Informant Interview #2

Date: May 2025

Anonymous

Via phone

6. How do you feel about the general health of your community?
 - Overall health of Plentywood is pretty good
 - We do have an older community – there are health issue with that
 - Younger people moving in
 - What little I know seems pretty good
 - Pretty active community, which is healthy
 - In a small community it takes a lot of hands to do things, so people are pretty active

7. What are your views/opinions about these local services:
 - Hospital/clinic
 - I think we're pretty fortunate to have thee facility we do have here
 - A lot of small towns don't have ER or hospital/clinic
 - Having that here and not having to travel to at least get help or a diagnosis is huge
 - Overall our clinic and hospital is very good asset for small community
 - EMS Services (ER/Ambulance)
 - I do think our EMS is pretty good
 - It's growing; it's been down when it was volunteer, but now there are some paid people
 - We're very fortunate to be able to pay people
 - They're trying to include young people to be cadets/EMTs
 - There are lots of people who are EMS who show up to bigger events
 - They cover a large area in the area
 - Public/County Health Department
 - Not a lot of experience
 - They do have flu shots, etc that they offer especially at the school
 - Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
 - Quality transit - bus service – takes people to Williston, etc for appointments and around town
 - Nursing home at the hospital, Manor center; these are really important so people who can't live on their own can still live in the community
 - We do have a Meals on Wheels service
 - I do think we have services available if they're willing to reach out or need it
 - Services for YA/Families

- Childcare – there are a few daycares in town and that’s very important for this small, working community
- There is lots to do – play groups for kids, community events, 4H
- I do think our small community has quite a few offerings
- Services for Low-Income Individuals
 - Meals on Wheels
 - We have food pantries
 - There are a few offerings for food assistance
 - We do have some low-income housing (limited but it exists)
 - The thrift store offers low-cost clothing and other options

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

- I don’t think we really need more doctors, we’re well-staffed
- Mental health is bad in the winter especially, it is an issue
- Mental health is the biggest area of need
- Getting people to reach out and use the resources available is an issue – there are a lot of counselors, etc in the area, but getting people to use them is hard
- A lot of people are working people and don’t have time for counseling, or try to tough it out
- The staffing for mental health is there; it’s just getting people to understand and be willing to do things
- People should be as active and social as they can be to help with mental health
- We have sicknesses that go around – that’s inevitable really; maybe tied to lack of sleep/rest and prevalence of technology

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

- Mental health staffing is there
- We are pretty well-staffed for doctors
- For how small we are and the facility we have and the capacity we can handle I think we have what we need
- OB services, traveling for those big things, you still have to do – but that’s just living in a small town (Sidney or Williston for births)

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

- I think that being healthier is a choice rather than a result of amenities available; I don’t need a lot to be healthy and active
- I can’t come up with xyz that would make it a healthier community
- There are healthy options for food, we have a grocery store
- I don’t feel that we need anything more to be healthy; being healthy is a choice that you make

Appendix J – Request for Comments

Written comments on this 2025 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.

