# COMMUNITY HEALTH NEEDS ASSESSMENT
# 2019

## ASSESSMENT CONDUCTED BY SIDNEY HEALTH CENTER

**MONTANA STATE UNIVERSITY** | Office of Rural Health
Area Health Education Center

## IN COOPERATION WITH THE MONTANA OFFICE OF RURAL HEALTH

**SIDNEY HEALTH CENTER**

*Exceptional Care for Life*

SIDNEY, MONTANA

**Sidney Health Center**
**Community Health Needs Assessment**
**Table of Contents**

## I. Introduction

Sidney Health Center (SHC) is a nonprofit community based 25-bed Critical Access Hospital (CAH) based in Sidney, Montana. SHC serves Richland County of approximately 2,100 square miles and provides medical services to a service population of approximately 11,000 people. SHC is the only hospital in Richland County and houses both clinic and hospital services in the same facility as well as providing outreach clinic services in Fairview at the MonDak Family Clinic. SHC's primary service area includes the communities of


*Sidney Health Center*

Sidney, Fairview, Crane, Savage and Lambert; with most of the County's populated communities located along US 200 or US 16. Richland County has a low population density and is considered a Frontier (six or less people per square mile) by the US Department of Health and Human Services. For further demographic, socioeconomic and other related county and state data, please see Appendix C to review the Secondary Data Analysis.

Sidney Health Center provides a complete range of healthcare services to the residents of Richland County and surrounding areas. In addition to their clinic appointments, SHC campus offers hospital, cancer care center, sleep center, retail pharmacy with durable medical equipment and extended care facility offering services from birth to end-of-life. SHC also oversees The Lodge, an assisted living facility, and outreach services include Richland County Ambulance services.



**Mission:** To help you achieve your highest level of health and well-being.

**Vision:** To redefine rural healthcare through patient centered innovation and collaboration.

**Core Values:** Sidney Health Center will be guided by the following principles:
- Integrity
- Compassion
- Accountability
- Respect
- Excellence

Sidney Health Center participated in the Community Health Services Development (CHSD) Project administrated by the Montana Office of Rural Health. Community involvement in steering

committee meetings, focus groups and key informant interviews enhance community engagement in the assessment process.

In the spring of 2019, Sidney Health Center's service area was surveyed about its healthcare system. This report shows the results of the survey in both narrative and chart formats. A copy of the survey instrument is included at the end of this report (Appendix E). Readers are invited to familiarize themselves with the survey instrument and the subsequent findings. The narrative report touches on the highlights while the charts present data for virtually every question asked. Please note: we are able to compare some of the 2019 survey data with data from the previous survey conducted in partnership with the Montana Office of Rural Health in 2013. If any statistical significance exists, it will be reported. The significance level was set at 0.05.

## II. Health Assessment Process

A Steering Committee was convened to assist Sidney Health Center 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 2019. For a list of all Steering Committee members and their affiliations, see Appendix A. The Steering Committee met twice during the CHSD process; first to discuss health concerns in the community and offer their perspective in designing the survey instrument, and again to review results of the survey and focus groups and to assist in the prioritization of health needs to address.

## III. Survey Methodology

### Survey Instrument

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

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

## Sampling

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

Three focus group 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



*MDU Plant- Sidney, Montana*

frontier communities in Montana, utilizing what is available is done with an understanding of access to care in rural and frontier Montana communities and barriers of disease surveillance in this setting.

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

## Limitations in Survey & Focus Group Methodology

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

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

## Survey Implementation

In March 2019, a survey, cover letter on Sidney Health Center letterhead with the Chief Executive Officer's signature, and postage paid envelope was mailed out to 800 randomly selected residents in the hospital's service area. A news release was sent to local newspaper as well as social media postings prior to the survey distribution announcing that Beartooth Billings Clinic would be conducting a community health services survey throughout the region in cooperation with the Montana Office of Rural Health.

One-hundred thirty-seven surveys were returned out of 800. Of those 800 surveys, 67 surveys were returned undeliverable for a 18.7% 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 8.32%.

## IV. Survey Respondent Demographics

A total of 733 surveys were distributed amongst Sidney Health Center's service area. One-hundred thirty-seven were completed for a 18.7% response rate. The following tables indicate the demographic characteristics of the survey respondents. Information on location, gender, age, and employment is included.  Percentages indicated on the tables and graphs are based upon the total number of responses for each individual question, as some respondents did not answer all questions.

## Place of Residence (Question 37)

2019 N= 136
2013 N= 165

The returned surveys are skewed toward the Sidney population, which is reasonable given that this is where most of the services are located. One 2019 respondent chose not to answer this question.
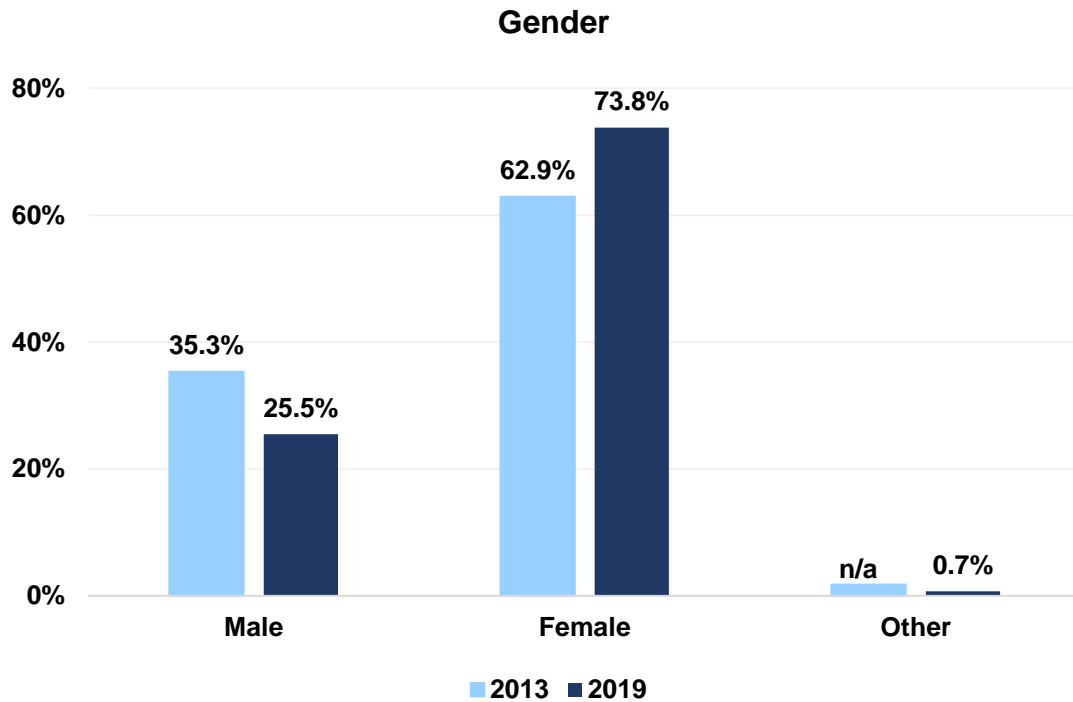
| Location | Zip code | 2013 | | 2019 | |
|---|---|---|---|---|---|
| | | Count | Percent | Count | Percent |
| **Sidney** | 59270 | **131** | **79.4%** | 95 | **69.9%** |
| **Fairview** | 59221 | **22** | **13.3%** | 24 | **17.6%** |
| **Savage** | 59262 | **8** | **4.8%** | 6 | **4.4%** |
| **Culbertson** | 59218 | Not asked - 2013 | | 6 | **4.4%** |
| Lambert | 59243 | 3 | 1.8% | 5 | 3.7% |
| Other | | 1 | 0.6% | 0 | 0.0% |
| **TOTAL** | | **165** | **100%** | **136** | **100%** |
| *Indicates a significant change between years (p ≤ 0.05). **Bold**: Top 3 responses | | | | | |

## Gender (Question 38)

2019 N= 137
2013 N= 170

Of the 137 surveys returned, 73.8% (n=101) of survey respondents were female, 25.5% (n=35) were male, and 0.7% (n=1) indicated other. It is not unusual for survey respondents to be predominantly female, particularly when the survey is healthcare-oriented since women are frequently the healthcare decision makers for families.

**Gender**

| Gender | 2013 | 2019 |
|--------|------|------|
| Male | 35.3% | 25.5% |
| Female | 62.9% | 73.8% |
| Other | n/a | 0.7% |

■ 2013  ■ 2019

**Age of Respondents (Question 39)**

2019 N= 136
2013 N= 170

Twenty-one percent of respondents (n=29) were between the ages of 56-65.  Twenty percent of respondents (n=62) were between the ages of 46-55 and 14% of respondents (n=19 each) were between the ages of 36-45 and 66-75. The increasing percentage of aging residents in rural communities is a trend which is seen throughout Montana and will likely have a significant impact on the need for healthcare services during the next 10-20 years.  However, it is important to note that the survey was targeted to adults, and therefore, no respondents are under age 18.  Older residents are also more invested in healthcare decision making and are more likely to respond to healthcare surveys, as reflected by this graph.
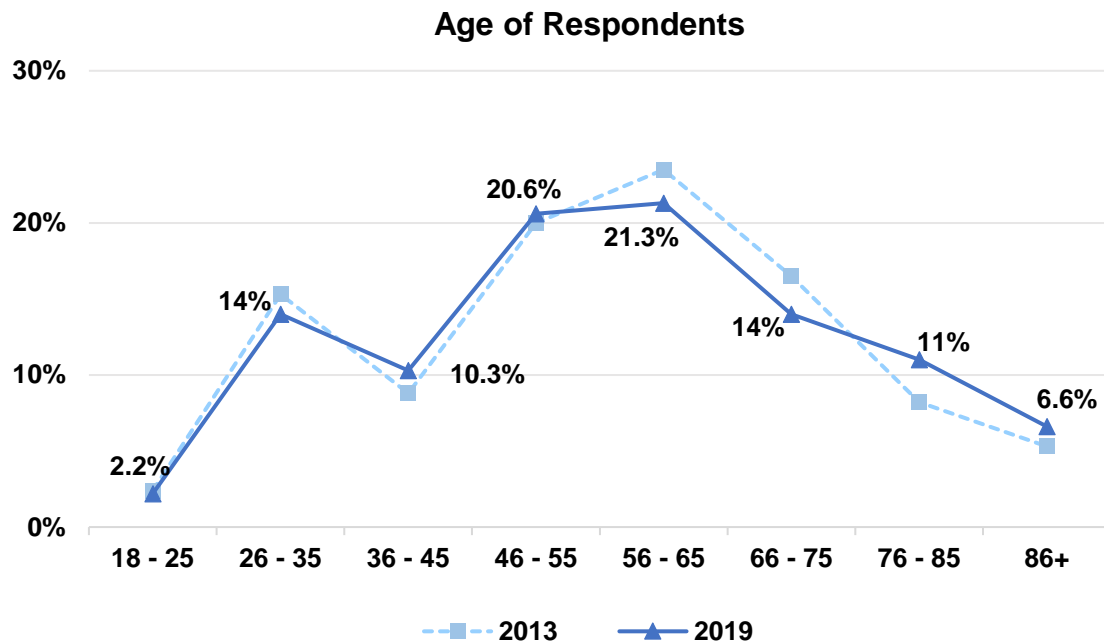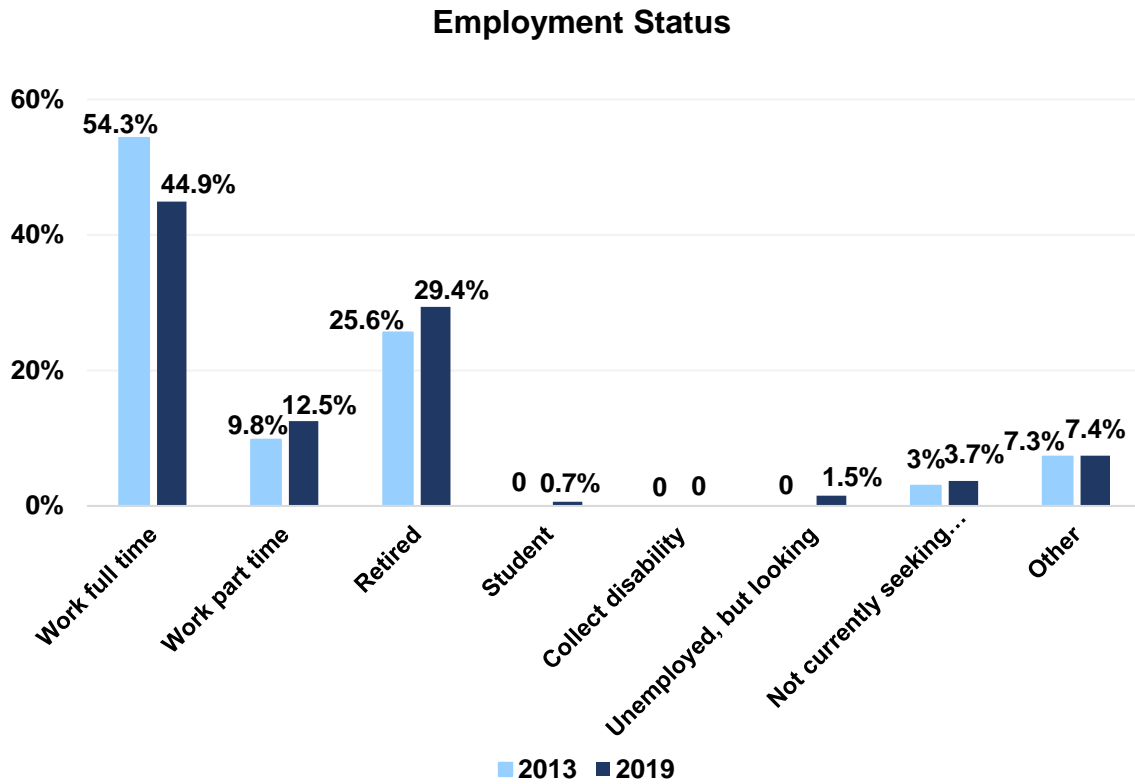
**Age of Respondents**

## Employment status (Question 40)

2019 N= 136
2013 N= 164

Respondents were asked to indicate their employment status. Forty-five percent (n=61) reported they work full time, while 29.4% (n=40) are retired. Respondents could check all that apply, so the percentages do not equal 100%.

### Employment Status



"Other" comments:
- Full-time Rancher
- Retired, I volunteer
- Stay at home mom (3)
- Volunteer Good Cents and Nursing home
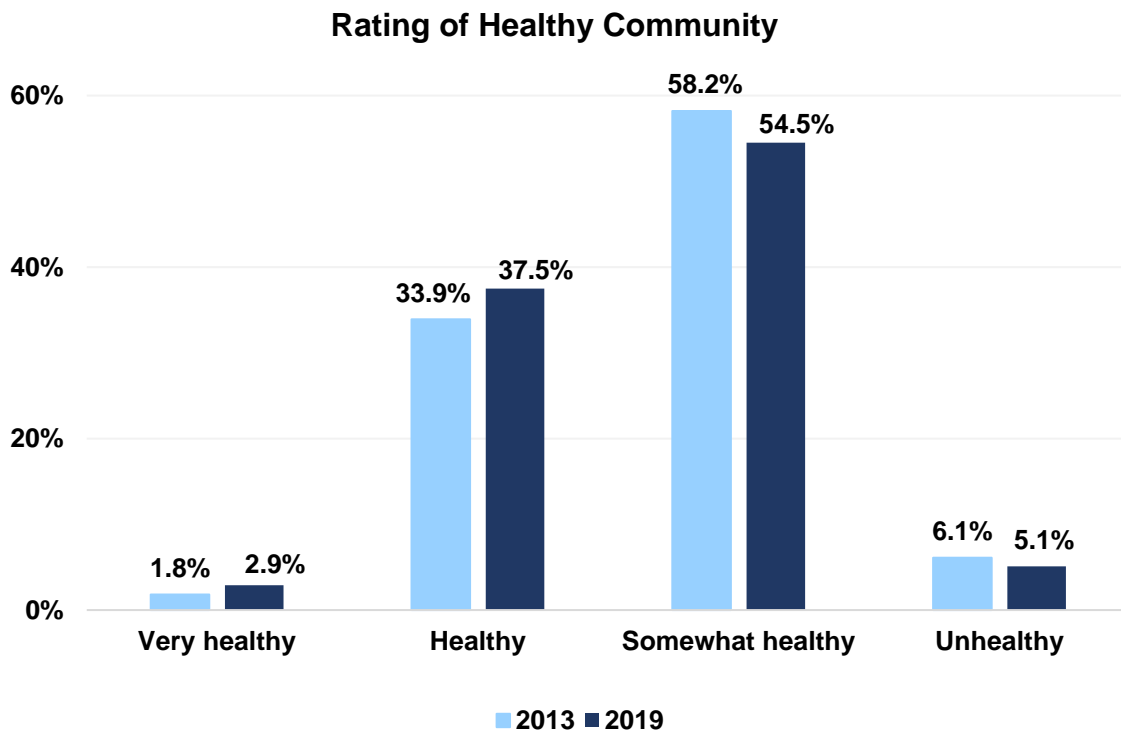
## V. Survey Findings – Community Health

**Impression of Community (Question 1)**

2019 N= 136
2013 N= 165

Respondents were asked to indicate how they would rate the general health of their community. Fifty-four percent of respondents (n=74) rated their community as "Somewhat healthy", and 37.5% of respondents (n=51) felt their community was "Healthy."

**Rating of Healthy Community**



| | Very healthy | Healthy | Somewhat healthy | Unhealthy |
|---|---|---|---|---|
| 2013 | 1.8% | 33.9% | 58.2% | 6.1% |
| 2019 | 2.9% | 37.5% | 54.5% | 5.1% |

■2013 ■2019

## Health Concerns for Community (Question 2)

2019 N= 137
2013 N= 170

Respondents were asked what they felt the three most serious health concerns were in their community.  The top identified health concern was "Cancer" with 47.4% (n=65).  "Alcohol abuse" was also a high priority at 39.4% (n=54) followed by "Suicide" at 21.9% (n=30).  Respondents were asked to pick their top three serious health concerns, so percentages do not equal 100%.

| Health Concern | 2013 | | 2019 | |
|---|---|---|---|---|
| | Count | Percent | Count | Percent |
| **Cancer** | **88** | **51.8%** | **65** | **47.4%** |
| **Alcohol abuse*** | **97** | **57.1%** | **54** | **39.4%** |
| **Suicide** | Not asked - 2013 | | **30** | **21.9%** |
| Drug abuse* | 56 | 32.9% | 29 | 21.2% |
| Lack of mental health professionals* | 16 | 9.4% | 28 | 20.4% |
| Overweight/obesity* | **60** | **35.3%** | 28 | 20.4% |
| Depression/anxiety* | 10 | 5.9% | 21 | 15.3% |
| Diabetes | 24 | 14.1% | 20 | 14.6% |
| Mental health issues | 14 | 8.2% | 20 | 14.6% |
| Heart disease | 19 | 11.2% | 18 | 13.1% |
| Tobacco use (cigarettes, vaping, smokeless) | 30 | 17.6% | 15 | 10.9% |
| Lack of exercise | 21 | 12.4% | 12 | 8.8% |
| Lack of access to healthcare | 15 | 8.8% | 7 | 5.1% |
| Alzheimer's/dementia | Not asked - 2013 | | 7 | 5.1% |
| Motor vehicle accidents* | 36 | 21.2% | 6 | 4.4% |
| Social isolation/loneliness | Not asked - 2013 | | 4 | 2.9% |
| Respiratory disease (asthma, COPD) | Not asked - 2013 | | 3 | 2.2% |
| Child abuse/neglect | 4 | 2.4% | 2 | 1.5% |
| Poor air/water quality | 8 | 4.7% | 2 | 1.5% |
| Stroke | 3 | 1.8% | 2 | 1.5% |
| Lack of dental care | 3 | 1.8% | 1 | 0.7% |
| Work-related accidents/injuries* | 21 | 12.4% | 1 | 0.7% |
| Trauma (domestic violence, PTSD, sexual assault, elder abuse) | Not asked - 2013 | | 1 | 0.7% |
| Hunger | Not asked - 2013 | | 0 | 0.0% |
| Recreation-related accidents/injuries | 4 | 2.4% | 0 | 0.0% |
| Other* | 1 | 0.6% | 8 | 5.8% |
| *Indicates a significant change between years (p ≤ 0.05).  **Bold**: Top 3 responses | | | | |

"Other" comments:
- Depression/suicide
- Lack of healthy lifestyle, a lot of contributing factors

## Components of a Healthy Community (Question 3)

2019 N= 137
2013 N= 170

Respondents were asked to identify the three most important things for a healthy community. Forty-four percent of respondents (n=61) indicated that "Access to healthcare and other services" is important for a healthy community. "Good jobs and a healthy economy" was the second most indicated component at 42.3% (n=58) and third was a "Strong family life" at 35% (n=48). Respondents were asked to identify their top three choices, so percentages do not equal 100%.

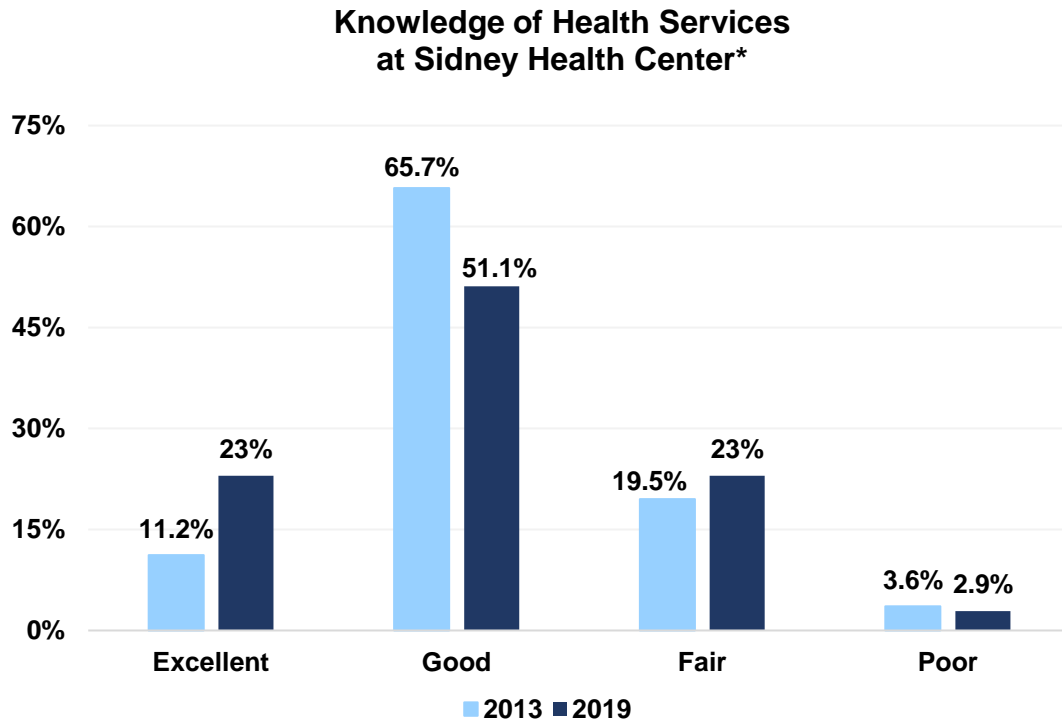| Important Component | 2013 | | 2019 | |
|---|---|---|---|---|
| | Count | Percent | Count | Percent |
| **Access to healthcare and other services*** | **98** | **57.6%** | **61** | **44.5%** |
| **Good jobs and a healthy economy*** | 51 | 30.0% | **58** | **42.3%** |
| **Strong family life** | 50 | 29.4% | **48** | **35.0%** |
| Affordable housing* | **62** | **36.5%** | 32 | 23.4% |
| Healthy behaviors and lifestyles | **54** | **31.8%** | 37 | 27.0% |
| Good schools | 31 | 18.2% | 35 | 25.5% |
| Religious or spiritual values | 40 | 23.5% | 29 | 21.2% |
| Low crime/safe neighborhoods* | 44 | 25.9% | 22 | 16.1% |
| Clean environment (air/water) | 29 | 17.1% | 18 | 13.1% |
| Access to childcare/after school programs | Not asked - 2013 | | 13 | 9.5% |
| Community involvement | 11 | 6.5% | 10 | 7.3% |
| Parks and recreation | 5 | 2.9% | 9 | 6.6% |
| Tolerance for diversity | 8 | 4.7% | 6 | 4.4% |
| Healthy food choices* | 20 | 11.8% | 5 | 3.6% |
| Transportation services | 2 | 1.2% | 3 | 2.2% |
| Low levels of domestic violence | 5 | 2.9% | 3 | 2.2% |
| Low death and disease rates | 1 | 0.6% | 2 | 1.5% |
| Arts and cultural events | 2 | 1.2% | 1 | 0.7% |
| Other | 3 | 1.8% | 2 | 1.5% |

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

## Awareness of Health Services (Question 4)

2019 N= 135
2013 N= 169

Respondents were asked to rate their knowledge of the health services available at Sidney Health Center. Fifty-one percent (n=69) of respondents rated their knowledge of health services as "Good", "Excellent" and "Fair" were both selected by 23% percent (n=31 each).

**Knowledge of Health Services
at Sidney Health Center***

| | Excellent | Good | Fair | Poor |
|---|---|---|---|---|
| 2013 | 11.2% | 65.7% | 19.5% | 3.6% |
| 2019 | 23% | 51.1% | 23% | 2.9% |

*Significantly more 2019 respondents reported their knowledge of Sidney Health Center services as "Excellent".

**How Respondents Learn of Healthcare Services (Question 5)**

2019 N= 137
2013 N= 170

The most frequently indicated method of learning about available services was "Friends/family" at 65% (n=89). "Word of mouth/reputation" was the second most frequent response at 57.7% (n=79), followed by "Healthcare provider" at 55.5% (n=76). Respondents could select more than one method, so percentages do not equal 100%.

| Method | 2013 | | 2019 | |
| --- | --- | --- | --- | --- |
| | Count | Percent | Count | Percent |
| **Friends/family** | **113** | **66.5%** | **89** | **65.0%** |
| **Word of mouth/reputation** | **93** | **54.7%** | **79** | **57.7%** |
| **Healthcare provider*** | 74 | 43.5% | **76** | **55.5%** |
| Newspaper | **79** | **46.5%** | 66 | 48.2% |
| Social media* | 5 | 2.9% | 39 | 28.5% |
| Mailings/newsletters* | 23 | 13.5% | 36 | 26.3% |
| Website/internet | 20 | 11.8% | 26 | 19.0% |
| Public health | 18 | 10.6% | 24 | 17.5% |
| Radio | 19 | 11.2% | 13 | 9.5% |
| Television | 22 | 12.9% | 12 | 8.8% |
| Chamber of Commerce | Not asked - 2013 | | 6 | 4.4% |
| Presentations | 8 | 4.7% | 5 | 3.6% |
| Other | 8 | 4.7% | 5 | 3.6% |
| *Indicates a significant change between years ($p \leq 0.05$).  **Bold**: Top 3 responses | | | | |

"Other" comments:
- Call and ask
- I work at the hospital
- Referrals
- Experience
- Work at SHC

## Cross Tabulation of Service Knowledge and Learning about Services

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

**KNOWLEDGE RATING OF SIDNEY HEALTH CENTER SERVICES**
**BY**
**HOW RESPONDENTS LEARN ABOUT HEALTHCARE SERVICES**

|  | Excellent | Good | Fair | Poor | Total |
|---|---|---|---|---|---|
| **Friends/family** | 16 (18.4%) | 45 (51.7%) | 23 (26.4%) | 3 (3.4%) | 87 |
| **Word of mouth/reputation** | 22 (28.2%) | 40 (51.3%) | 14 (17.9%) | 2 (2.6%) | 78 |
| **Healthcare provider** | 19 (25%) | 43 (56.6%) | 13 (17.1%) | 1 (1.3%) | 76 |
| **Newspaper** | 20 (31.3%) | 30 (46.9%) | 12 (18.8%) | 2 (3.1%) | 64 |
| **Social media** | 14 (35.9%) | 19 (48.7%) | 6 (15.4%) |  | 39 |
| **Mailings/newsletter** | 11 (30.6%) | 17 (47.2%) | 6 (16.7%) | 2 (5.6%) | 36 |
| **Website/internet** | 13 (50%) | 10 (38.5%) | 3 (11.5%) |  | 26 |
| **Public Health** | 9 (39.1%) | 11 (47.8%) | 2 (8.7%) | 1 (4.3%) | 23 |
| **Radio** | 4 (30.8%) | 9 (69.2%) |  |  | 13 |
| **Television** | 4 (36.4%) | 5 (45.5%) | 2 (18.2%) |  | 11 |
| **Chamber of Commerce** | 1 (16.7%) | 3 (50%) | 2 (33.3%) |  | 6 |
| **Presentations** | 4 (80%) | 1 (20%) |  |  | 5 |
| **Other** | 1 (20%) | 3 (60%) | 1 (20%) |  | 5 |

## Utilized Community Health Resources (Question 6)

2019 N= 137

Respondents were asked which community health resources, other than the hospital or clinic, they had used in the last three years. "Pharmacy" was the most frequently utilized community health resource cited by respondents at 78.1% (n=107). "Eye doctor" was utilized by 77.4% (n=106), and a "Dentist" utilized by 76.6% (n=105) of respondents. Respondents could select more than one resource, so percentages do not equal 100%.

| Resource | 2019 | |
| --- | --- | --- |
|  | Count | Percent |
| **Pharmacy** | **107** | **78.1%** |
| **Eye doctor** | **106** | **77.4%** |
| **Dentist** | **105** | **76.6%** |
| Chiropractor | 50 | 36.5% |
| Massage | 41 | 29.9% |
| Fitness center | 36 | 26.3% |
| Public Health | 25 | 18.2% |
| Mental health | 12 | 8.8% |
| Senior center | 11 | 8.0% |
| Acupuncture | 6 | 4.4% |
| Naturopath | 5 | 3.6% |
| Home care services | 4 | 2.9% |
| Substance abuse services/AA, NA | 4 | 2.9% |
| Certified health coach | 2 | 1.5% |
| Food bank | 2 | 1.5% |
| Medical spa | 2 | 1.5% |
| Meals on Wheels | 1 | 0.7% |
| Other | 6 | 4.4% |

"Other" comments:
- General Medicine Doctor
- Domestic violence support
- VA Winston, ND
- Physical Therapy
- Ear DOCTOR

**Improvement for Community's Access to Healthcare (Question 7)**

2019 N= 137
2013 N= 170

Respondents were asked to indicate what they felt would improve their community's access to healthcare. Sixty-three percent of respondents (n=86) reported that "Availability of visiting specialists" would make the greatest improvement. Fifty-seven percent of respondents (n=78) indicated "More primary care providers" would improve access and 47.4% (n=65) selected "Expanded walk-in clinic availability".  Respondents could select more than one method, so percentages do not equal 100%.

| Improvement | 2013 | | 2019 | |
|---|---|---|---|---|
| | Count | Percent | Count | Percent |
| **Availability of visiting specialists** | **99** | **58.2%** | **86** | **62.8%** |
| **More primary care providers** | **110** | **64.7%** | **78** | **56.9%** |
| **Expanded walk-in clinic availability** | **93** | **54.7%** | **65** | **47.4%** |
| More information about available services | Not asked - 2013 | | 32 | 23.4% |
| Access to health insurance | Not asked - 2013 | | 30 | 21.9% |
| Improved health insurance education | Not asked - 2013 | | 26 | 19.0% |
| Improved quality of care* | 48 | 28.2% | 25 | 18.2% |
| Telemedicine | 12 | 7.1% | 17 | 12.4% |
| Transportation assistance | 9 | 5.3% | 15 | 10.9% |
| Health education resources | 19 | 11.2% | 11 | 8.0% |
| Interpreter services | 3 | 1.8% | 4 | 2.9% |
| Cultural sensitivity | 2 | 1.2% | 3 | 2.2% |
| Other | 8 | 4.7% | 9 | 6.6% |
| *Indicates a significant change between years ($p \leq 0.05$).  **Bold**: Top 3 responses | | | | |

"Other" comments:
- Specialists coming in
- Mental health professionals
- Smarter people
- Transparent pricing
- Need more Doctors, NPs for Primary Care
- Lower Cost Health Care (2)
- More available parking
- Additional pediatricians

**Interest in Educational Classes or Programs (Question 8)**

2019 N= 137
2013 N= 170

Respondents were asked if they would be interested in any educational classes/programs made available to the community. The most highly indicated class/program was "Women's health" at 31.4% of respondents (n=43). "Weight loss" was selected by 28.5% of respondents (n=39), and "Fitness" followed at 27.7% (n=38). Respondents could select more than one interest, so percentages do not equal 100%.

| Educational Class/Program | 2013 | | 2019 | |
|---|---|---|---|---|
| | Count | Percent | Count | Percent |
| **Women's health** | 39 | 22.9% | **43** | **31.4%** |
| **Weight loss** | **56** | **32.9%** | **39** | **28.5%** |
| **Fitness** | **62** | **36.5%** | **38** | **27.7%** |
| Health & wellness | **52** | **30.6%** | 37 | 27.0% |
| Nutrition | 47 | 27.6% | 37 | 27.0% |
| Health insurance education (Medicare/Medicaid/Private) | 38 | 22.4% | 35 | 25.5% |
| First aid/CPR | 47 | 27.6% | 27 | 19.7% |
| Mental health | 15 | 8.8% | 21 | 15.3% |
| Cancer | 29 | 17.1% | 19 | 13.9% |
| Living will/Advanced directives | Not asked - 2013 | | 17 | 12.4% |
| Grief counseling | 19 | 11.2% | 16 | 11.7% |
| Parenting | 13 | 7.6% | 16 | 11.7% |
| Caregiver training | Not asked - 2013 | | 15 | 10.9% |
| Diabetes* | 33 | 19.4% | 14 | 10.2% |
| Alzheimer's* | 28 | 16.5% | 12 | 8.8% |
| Chronic disease management | Not asked - 2013 | | 9 | 6.6% |
| Men's health* | 28 | 16.5% | 7 | 5.1% |
| Heart disease* | 24 | 14.1% | 6 | 4.4% |
| Pulmonary health | 17 | 10.0% | 6 | 4.4% |
| Breast feeding/Lactation support | Not asked - 2013 | | 6 | 4.4% |
| Alcohol/substance abuse* | 17 | 10.0% | 5 | 3.6% |
| Prenatal | 8 | 4.7% | 5 | 3.6% |
| Smoking/tobacco cessation* | 17 | 10.0% | 5 | 3.6% |
| Other | 3 | 1.8% | 3 | 2.2% |
| *Indicates a significant change between years (p ≤ 0.05). **Bold**: Top 3 responses | | | | |

*Continued on next page…*

"Other" comments:
- Early childhood development
- Food aid
- None

**Interest in Support Groups (Question 9)**

2019 N= 137

Respondents were asked if they would be interested in support groups if available locally. The most highly selected focus group was "Stress management" at 23.4% of respondents (n=32). "Weight loss" was selected by 21.9% of respondents (n=30), and "Depression/anxiety" followed at 20.4% (n=28). Respondents could select more than one interest, so percentages do not equal 100%.

|  | 2019 | |
| --- | --- | --- |
| Group | Count | Percent |
| **Stress management** | **32** | **23.4%** |
| **Weight loss** | **30** | **21.9%** |
| **Depression/anxiety** | **28** | **20.4%** |
| Cancer | 17 | 12.4% |
| Grief | 16 | 11.7% |
| Caregivers | 15 | 10.9% |
| Diabetes | 11 | 8.0% |
| Suicide survivor | 10 | 7.3% |
| Veterans | 9 | 6.6% |
| Disability | 7 | 5.1% |
| Other | 10 | 7.3% |

"Other" comments:
- N/A (3)
- For family members of Alzheimer's patients
- Domestic violence
- None of the above (3)

## Utilization of Preventative Services (Question 10)

2019 N= 137
2013 N= 170

Respondents were asked if they had utilized any of the preventative services listed in the past year. "Dental exam" was selected by 65.7% of respondents (n=90). Fifty-eight percent of respondents (n=79) indicated they had a "Vision check", and 56.9% of respondents (n=78) had "Birthday lab work." Respondents could select all that apply, thus the percentages do not equal 100%.

| Service | 2013 | | 2019 | |
|---|---|---|---|---|
| | Count | Percent | Count | Percent |
| **Dental exam** | Not asked - 2013 | | **90** | **65.7%** |
| **Vision check** | Not asked - 2013 | | **79** | **57.7%** |
| **Birthday lab work** | **87** | **51.2%** | **78** | **56.9%** |
| Flu shot/immunizations | **91** | **53.5%** | 77 | 56.2% |
| Routine health checkup* | **75** | **44.1%** | 77 | 56.2% |
| Routine blood pressure check* | 51 | 30.0% | 56 | 40.9% |
| Mammography* | 41 | 24.1% | 48 | 35.0% |
| Cholesterol check* | 34 | 20.0% | 44 | 32.1% |
| Pap smear | 33 | 19.4% | 32 | 23.4% |
| Colonoscopy* | 14 | 8.2% | 25 | 18.2% |
| Prostate (PSA) | 28 | 16.5% | 19 | 13.9% |
| Hearing check | Not asked - 2013 | | 19 | 13.9% |
| Children's checkup/Well baby | 11 | 6.5% | 14 | 10.2% |
| Mental health counseling | Not asked - 2013 | | 9 | 6.6% |
| None* | 20 | 11.8% | 5 | 3.6% |
| Other | 3 | 1.8% | 3 | 2.2% |
| *Indicates a significant change between years (p ≤ 0.05).  **Bold**: Top 3 responses | | | | |

"Other" comments:
- None here; all services out of town
- Wellness screening and lab work by employer
- V.A.

## How Respondents Prefer to Learn of Healthcare Services (Question 11)

2019 N= 137

Respondents indicated the method in which they prefer to learn about available classes, programs, or services was "Mailings/newsletters" at 54.7% (n=75). "Newspaper" was the second most frequent method at 48.9% (n=67), followed by "Healthcare provider" at 35% (n=48). Respondents could select more than one method, so percentages do not equal 100%.

| Method | 2019 | |
|---|---|---|
| | Count | Percent |
| **Mailings/newsletter** | **75** | **54.7%** |
| **Newspaper** | **67** | **48.9%** |
| **Healthcare provider** | **48** | **35.0%** |
| Social media | 40 | 29.2% |
| Website/internet | 34 | 24.8% |
| Television | 15 | 10.9% |
| Presentations | 12 | 8.8% |
| On-line module | 11 | 8.0% |
| Other | 2 | 1.5% |

"Other" comments:
- Radio
- Email

**Desired Local Healthcare Services (Question 12)**

2019 N= 137
2013 N= 170

Respondents were asked to indicate which additional healthcare services would they utilize if available locally. Respondents indicated the most interest in having "Dermatology" services at 39.4% of respondents (n=54) followed by "Acupuncture" at 20.4% (n=28), and "Oral surgery" at 15.3% (n=21). Respondents were asked to select all that apply, so percentages do not equal 100%.

| Service | 2013 | | 2019 | |
|---|---|---|---|---|
| | Count | Percent | Count | Percent |
| **Dermatology** | **49** | **28.8%** | **54** | **39.4%** |
| **Acupuncture** | **34** | **20.0%** | **28** | **20.4%** |
| **Oral surgery** | Not asked - 2013 | | **21** | **15.3%** |
| Chronic pain management | Not asked - 2013 | | 20 | 14.6% |
| Cardiology | 22 | 12.9% | 18 | 13.1% |
| Vein doctor | **24** | **14.1%** | 16 | 11.7% |
| Urology | Not asked - 2013 | | 15 | 10.9% |
| Occupational health | 11 | 6.5% | 7 | 5.1% |
| Other | 5 | 2.9% | 9 | 6.6% |
| *Indicates a significant change between years (p ≤ 0.05).  **Bold**: Top 3 responses | | | | |

"Other" comments:
- None (4)
- Child psychologist
- Advanced eye care for glaucoma and retinal detachment
- Depends on condition that I have at the time
- VA
- Psychiatrist

**Economic Importance of Local Healthcare Providers and Services (Question 13)**

2019 N= 134
2013 N= 168

The majority of respondents (78.4%, n=105), indicated that local healthcare providers and services (i.e. hospitals, clinics, nursing homes, assisted living, etc.) are 'Very important' to the economic wellbeing of the area. Twenty-one percent of respondents (n=28) indicated they are "Important" and one respondent, or 0.7% indicated they "Don't know."

### Economic Importance of Healthcare



Legend: 2013, 2019
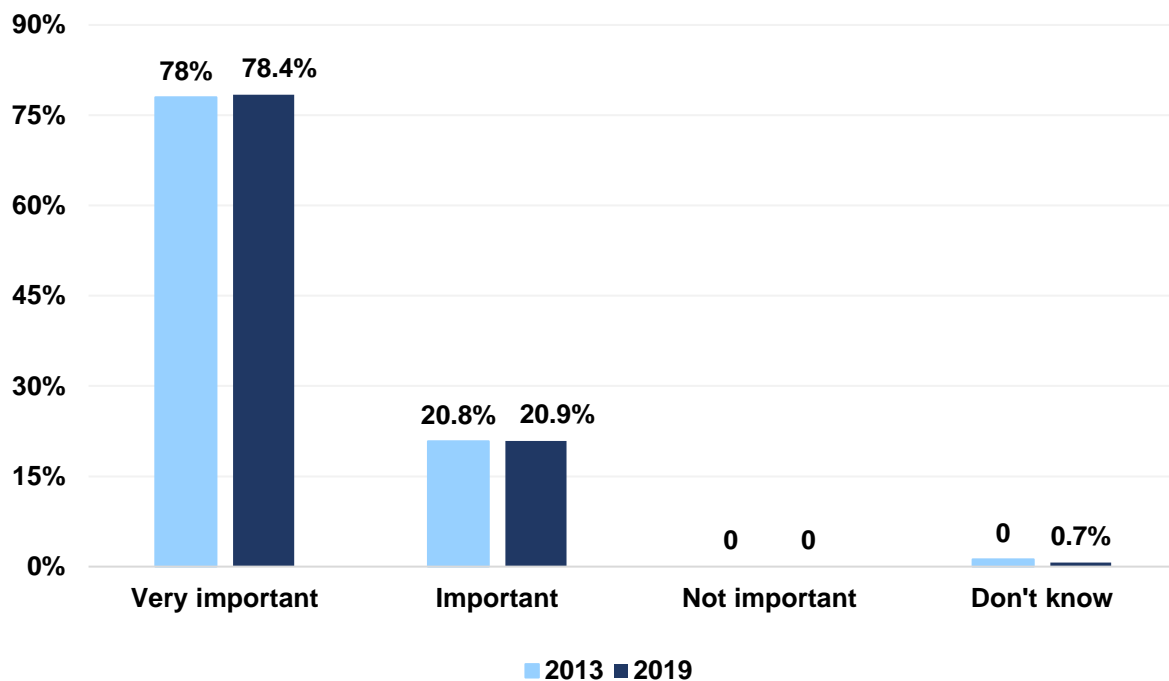
### Needed/Delayed Hospital Care During the Past Three Years (Question 14)

2019 N= 137
2013 N= 170

Over a third of respondents, 38% (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. Fifty-six percent of respondents (n=77) felt they were able to get the healthcare services they needed without delay.

**Delayed or Did Not Receive Needed Medical Services in Past 3 Years**
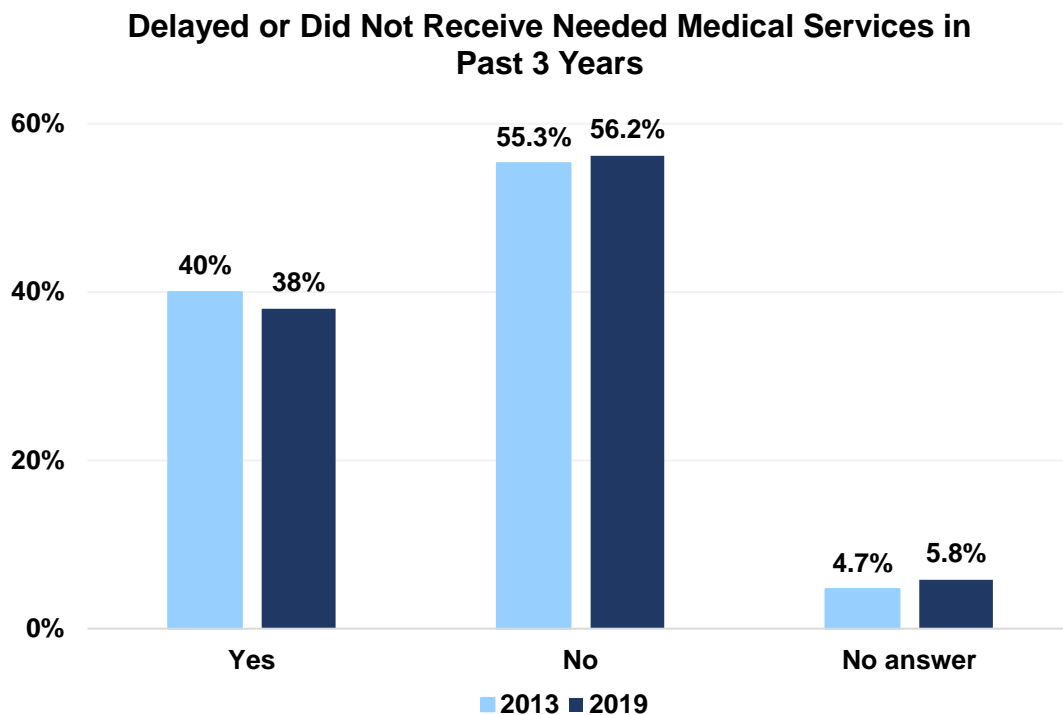
**Reasons for NOT Being Able to Receive Services or Delay in Receiving Healthcare Services (Question 15)**

2019 N= 52
2013 N= 68

For those who indicated they were unable to receive or had to delay services (n=52), the reasons most cited were: "Too long to wait for an appointment" (51.9%, n=27), "Could not get an appointment" (46.2%, n=24), "It costs too much" (25%, n=13). Respondents were asked to indicate their top three choices, so percentages do not equal 100%.

| Reason | 2013 | | 2019 | |
|---|---|---|---|---|
| | Count | Percent | Count | Percent |
| **Too long to wait for an appointment** | **29** | **42.6%** | **27** | **51.9%** |
| **Could not get an appointment** | **39** | **57.4%** | **24** | **46.2%** |
| **It costs too much*** | **33** | **48.5%** | **13** | **25.0%** |
| Did not know where to go* | 2 | 2.9% | 7 | 13.5% |
| Do not like doctors or other providers | 8 | 11.8% | 7 | 13.5% |
| My insurance didn't cover it | 6 | 8.8% | 7 | 13.5% |
| Office wasn't open when I could go | 12 | 17.6% | 6 | 11.5% |
| Too nervous or afraid | 3 | 4.4% | 4 | 7.7% |
| Could not get off work | 1 | 1.5% | 3 | 5.8% |
| No insurance* | 13 | 19.1% | 3 | 5.8% |
| Not treated with respect | 6 | 8.8% | 3 | 5.8% |
| It was too far to go | Not asked - 2013 | | 3 | 5.8% |
| Too busy, not a priority | Not asked - 2013 | | 3 | 5.8% |
| Had no one to care for children | 2 | 2.9% | 2 | 3.8% |
| Unsure if services were available | 3 | 4.4% | 1 | 1.9% |
| Language barrier | 1 | 1.5% | 0 | 0.0% |
| Transportation problems | 2 | 2.9% | 0 | 0.0% |
| Other | 11 | 16.2% | 10 | 19.2% |
| *Indicates a significant change between years (p ≤ 0.05). **Bold**: Top 3 responses | | | | |

"Other" comments:
- Poor billing procedures
- No specialists
- Not quality care
- Walk-in Clinic was insufficient
- In waiting room too long (MRI)
- No specialist local

## Cross Tabulation of Delay of Services and Residence

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

**DELAY OR DID NOT GET NEEDED HEALTHCARE SERVICES BY RESIDENCE**

|  | Yes | No | No Response | Total |
|---|---|---|---|---|
| **Sidney 59270** | 39 (41.1%) | 49 (51.6%) | 7 (7.4%) | **95** |
| **Fairview 59221** | 7 (29.2%) | 17 (70.8%) |  | **24** |
| **Savage 59262** |  | 6 (100%) |  | **6** |
| **Culbertson 59218** | 5 (83.3%) | 1 (16.7%) |  | **6** |
| **Lambert 59243** |  | 4 (80%) | 1 (20%) | **5** |
| **Other** |  |  |  | **0** |
| **TOTAL** | **51 (37.5%)** | **77 (56.6%)** | **8 (5.9%)** | **136** |

28

**Hospital Care Received in the Past Three Years (Question 16)**

2019 N= 137
2013 N= 170

Respondents were asked if they or someone in their household had received hospital care in the last three years. Hospitalization was quantified as hospitalized overnight, day surgery, obstetrical care, rehabilitation, radiology, or emergency care. Seventy-one percent of respondents (n=98) reported that they or a member of their family had received hospital care during the previous three years, and 25.5% (n=35) had not received hospital services.

**Received Hospital Care in Past 3 Years**



Chart data:
- Yes: 2013 = 69.4%, 2019 = 71.5%
- No: 2013 = 29.4%, 2019 = 25.5%
- No answer: 2013 = 1.2%, 2019 = 2.9%

■ 2013  ■ 2019
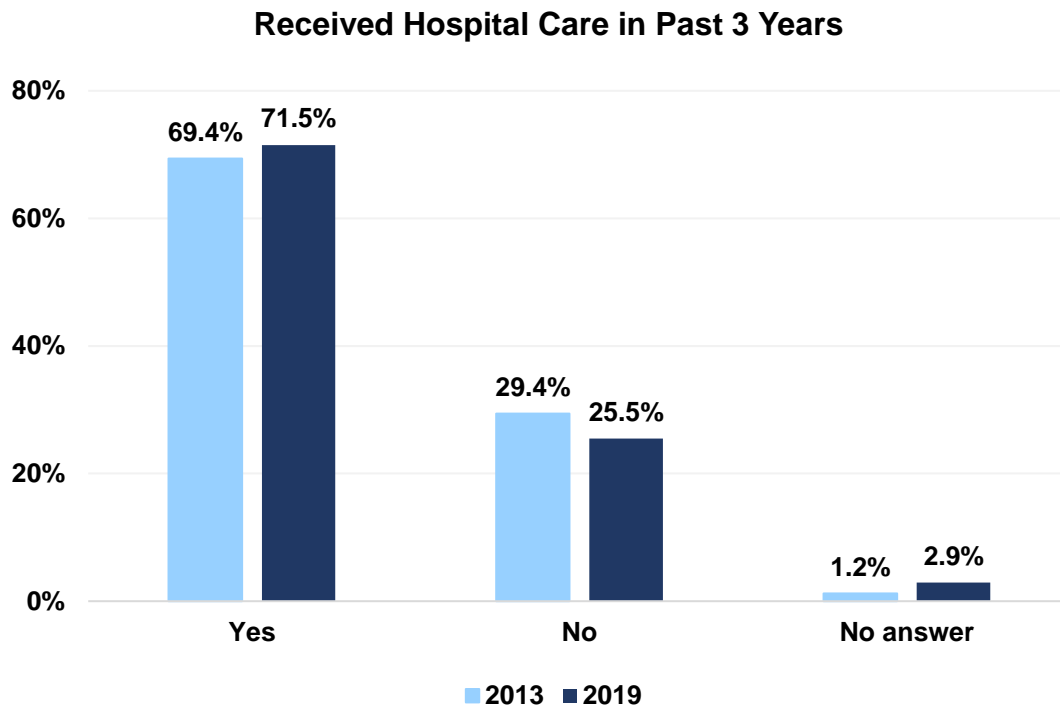
**Hospital Used Most in the Past Three Years (Question 17)**

2019 N= 96
2013 N= 115

Of the 98 respondents who indicated receiving hospital care in the previous three years, 75% (n=72) reported receiving care in Sidney. Eleven percent of respondents (n=11) received services at a location other than those listed, and 8.3% of respondents (n=8) reported utilizing services in Billings. In 2019, two of the 98 respondents who reported they had been to a hospital in the past three years did not indicate which hospital they had utilized.

| Hospital | 2013 | | 2019 | |
|---|---|---|---|---|
| | Count | Percent | Count | Percent |
| **Sidney** | **78** | **67.8%** | **72** | **75.0%** |
| **Billings\*** | **18** | **15.7%** | **8** | **8.3%** |
| Glendive | 5 | 4.3% | 2 | 2.1% |
| Williston, ND\* | **11** | **9.6%** | 2 | 2.1% |
| VA | Not asked - 2013 | | 1 | 1.0% |
| Bismarck, ND | Not asked - 2013 | | 0 | 0.0% |
| Miles City | Not asked - 2013 | | 0 | 0.0% |
| Minot, ND | Not asked - 2013 | | 0 | 0.0% |
| Watford City, ND | Not asked - 2013 | | 0 | 0.0% |
| **Other\*** | 3 | 2.6% | **11** | **11.5%** |
| **TOTAL** | **115** | **100%** | **96** | **100%** |
| *Indicates a significant change between years (p ≤ 0.05). **Bold**: Top 3 responses | | | | |

"Other" comments:
- Culbertson (2)
- Denver CO

**Reasons for Selecting the Hospital Used (Question 18)**

2019 N= 98
2013 N= 118

Of the 98 respondents who had a personal or family experience at a hospital within the past three years, the primary reason given for selecting the facility used most often was "Closest to home" at 71.4% (n=70). "Emergency, no choice" was selected by 36.7% of the respondents (n=36), and 31.6% (n=31) selected "Prior experience with hospital." Note that respondents were asked to select the top three answers which influenced their choices, so the percentages do not equal 100%.

| | 2013 | | 2019 | |
|---|---|---|---|---|
| **Reason** | **Count** | **Percent** | **Count** | **Percent** |
| **Closest to home** | **86** | **72.9%** | **70** | **71.4%** |
| **Emergency, no choice** | **45** | **38.1%** | **36** | **36.7%** |
| **Prior experience with hospital** | **49** | **41.5%** | **31** | **31.6%** |
| Hospital's reputation for quality | 34 | 28.8% | 26 | 26.5% |
| Referred by physician or other provider | 40 | 33.9% | 24 | 24.5% |
| Closest to work | 17 | 14.4% | 13 | 13.3% |
| Recommended by family or friends | 15 | 12.7% | 11 | 11.2% |
| Cost of care | 7 | 5.9% | 4 | 4.1% |
| Required by insurance plan/in-network hospital | 9 | 7.6% | 4 | 4.1% |
| VA/Military requirement | 1 | 0.8% | 1 | 1.0% |
| Financial assistance programs | Not asked - 2013 | | 1 | 1.0% |
| Indian Health Services | Not asked - 2013 | | 1 | 1.0% |
| Other | 8 | 6.8% | 9 | 9.2% |
| *Indicates a significant change between years (p ≤ 0.05). **Bold**: Top 3 responses | | | | |

"Other" comments:
- Easier to get in and to make appointments
- Doctor quality/trust, attentive with patient concerns
- My physician is there
- More experienced doctors
- Treated quickly and with respect. Privacy when checking in. They were kind and non-judgmental. Don't have to wait long periods of time for the doctor or to get into the ER beds
- Doctor

## Cross Tabulation of Hospital and Residence

Analysis was done to examine where respondents utilized hospital services the most in the past three years, with where they live by zip code. The chart below shows the results of the cross tabulation. Hospital location is across the top of the table and residents' zip codes are along the side. Miles City, Bismarck, ND, Minot, ND, and Watford City, ND hospital locations were all removed from the table due to non-response.

### LOCATION OF MOST OFTEN UTILIZED HOSPITAL BY RESIDENCE

|  | Sidney | Billings | Glendive | Willison, ND | VA | Other | Total |
|---|---|---|---|---|---|---|---|
| **Sidney 59270** | 47 (72.3%) | 7 (10.8%) | 2 (3.1%) |  | 1 (1.5%) | 8 (12.3%) | **65** |
| **Fairview 59221** | 14 (87.5%) | 1 (6.3%) |  | 1 (6.3%) |  |  | **16** |
| **Culbertson 59218** | 2 (33.3%) |  |  | 1 (16.7%) |  | 3 (50%) | **6** |
| **Savage 59262** | 5 (100%) |  |  |  |  |  | **5** |
| **Lambert 59243** | 3 (100%) |  |  |  |  |  | **3** |
| **Other** |  |  |  |  |  |  | **0** |
| **TOTAL** | **71 (74.7%)** | **8 (8.4%)** | **2 (2.1%)** | **2 (2.1%)** | **1 (1.1%)** | **11 (11.6%)** | **95** |

## Cross Tabulation of Hospital and Reason Selected

Analysis was done to assess respondents' most utilized hospital with why they selected that hospital. The chart below shows the results of the cross tabulation. Reason hospital was selected was a multiple response item, thus totals do not add up to 100%. Hospital location is across the top of the table and reason for selection is along the side. Miles City, Bismarck, ND, Minot, ND, and Watford City, ND hospital locations were all removed from the table due to non-response.

**LOCATION OF MOST UTILIZED HOSPITAL BY REASONS HOSPITAL SELECTED**

|  | Sidney | Billings | Glendive | Willison, ND | VA | Other | Total |
|---|---|---|---|---|---|---|---|
| **Closest to home** | 67 (97.1%) | 1 (1.4%) |  |  |  | 1 (1.4%) | **69** |
| **Emergency, no choice** | 30 (83.3%) | 3 (8.3%) |  |  | 1 (2.8%) | 2 (5.6%) | **36** |
| **Prior experience with hospital** | 25 (83.3%) | 2 (6.7%) | 1 (3.3%) | 1 (3.3%) |  | 1 (3.3%) | **30** |
| **Hospital's reputation for quality** | 16 (61.5%) | 5 (19.2%) | 1 (3.8%) | 1 (3.8%) |  | 3 (11.5%) | **26** |
| **Referred by physician or other provider** | 15 (65.2%) | 2 (8.7%) |  |  |  | 6 (26.1%) | **23** |
| **Closest to work** | 13 (100%) |  |  |  |  |  | **13** |
| **Recommended by family or friends** | 5 (50%) | 1 (10%) | 1 (10%) | 1 (10%) |  | 2 (20%) | **10** |
| **Cost of care** | 1 (25%) | 2 (50%) | 1 (25%) |  |  |  | **4** |
| **Required by insurance plan/ in-network hospital** | 4 (100%) |  |  |  |  |  | **4** |
| **Financial assistance programs** |  |  |  |  |  | 1 (100%) | **1** |
| **Indian Health Services** | 1 (100%) |  |  |  |  |  | **1** |
| **VA/Military requirement** | 1 (100%) |  |  |  |  |  | **1** |
| **Other** | 2 (25%) | 2 (25%) | 1 (12.5%) |  |  | 3 (37.5%) | **8** |

**Primary Care Received in the Past Three Years (Question 19)**

2019 N= 137
2013 N= 170

Ninety-three percent of respondents (n=128) 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, 5.8% respondents (n=8) indicated they or someone in their household had not.

## Primary Care Received in Past 3 Years

| | Yes | No | No answer |
|---|---|---|---|
| 2013 | 93.5% | 5.3% | 1.2% |
| 2019 | 93.4% | 5.8% | 0.8% |

2013 ■ 2019
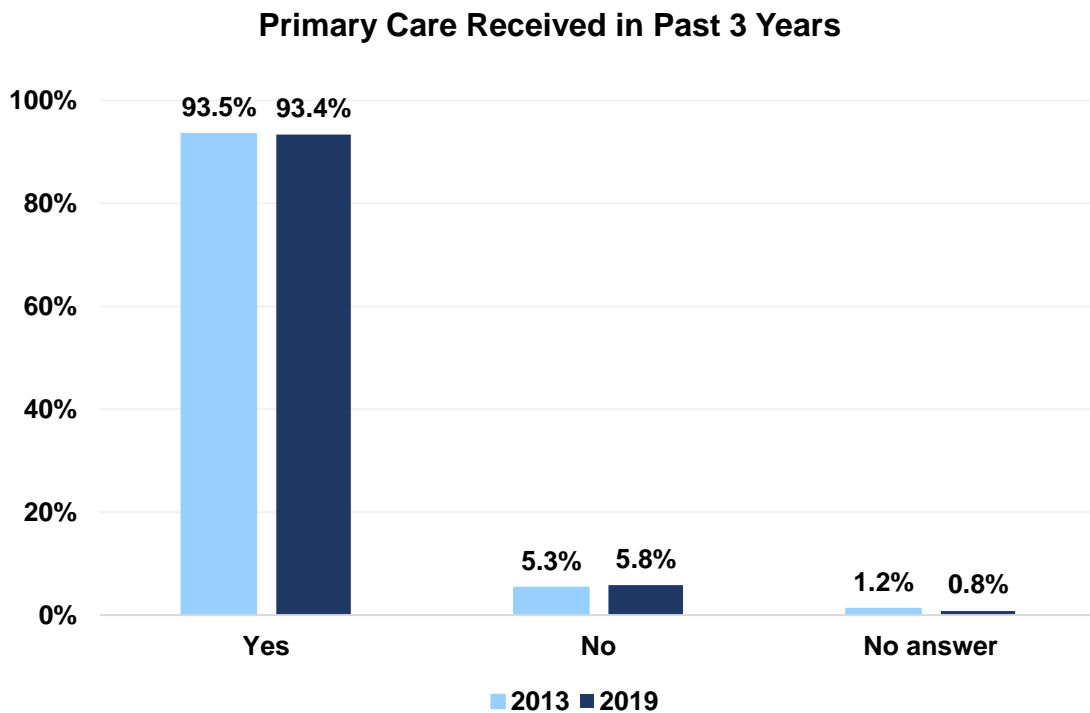
## Location of Primary Care Provider (Question 20)

2019 N= 127
2013 N= 148

Of the 128 respondents who indicated receiving primary care services in the previous three years, 73.2% (n=93) reported receiving care in Sidney, 10.2% of respondents (n=13) reported a clinic location other than those listed, and 8.7% (n=11) utilized a primary care provider in Fairview. One of the 218 respondents who reported they had utilized primary care services in the past three years did not indicate where they received those services.

| | 2013 | | 2019 | |
|---|---|---|---|---|
| **Clinic** | **Count** | **Percent** | **Count** | **Percent** |
| **Sidney** | **123** | **83.1%** | 93 | 73.2% |
| **Fairview** | **9** | **6.1%** | 11 | 8.7% |
| Williston, ND | **7** | **4.7%** | 4 | 3.1% |
| Glendive | 4 | 2.7% | 1 | 0.8% |
| Culbertson | Not asked - 2013 | | 2 | 1.6% |
| Bismarck, ND | Not asked - 2013 | | 1 | 0.8% |
| Miles City | Not asked - 2013 | | 1 | 0.8% |
| VA | Not asked - 2013 | | 1 | 0.8% |
| Minot, ND | Not asked - 2013 | | 0 | 0.0% |
| Watford City, ND | Not asked - 2013 | | 0 | 0.0% |
| **Other** | 5 | 3.4% | **13** | **10.2%** |
| **TOTAL** | **148** | **100%** | **127** | **100%** |

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

"Other" comments:
- Billings, MT (3)
- Culbertson
- Sidney, Culbertson

**Reasons for Selection of Primary Care Provider (Question 21)**

2019 N= 128
2013 N= 159

Those respondents who indicated they or someone in their household had been seen by a primary care provider within the past three years, were asked to indicate why they chose that primary care provider. "Closest to home" was the most frequently selected reason at 50% (n=64), followed by "Prior experience with clinic" at 49.2% (n=63), and "Clinic/provider's reputation for quality" at 42.2% (n=54). Respondents were asked to check all that apply, so the percentages do not equal 100%.

| | 2013 | | 2019 | |
|---|---|---|---|---|
| **Reason** | **Count** | **Percent** | **Count** | **Percent** |
| **Closest to home** | **77** | **48.4%** | **64** | **50.0%** |
| **Prior experience with clinic** | **65** | **40.9%** | **63** | **49.2%** |
| **Clinic/provider's reputation for quality*** | 33 | 20.8% | **54** | **42.2%** |
| Appointment availability | **58** | **36.5%** | 44 | 34.4% |
| Recommended by family or friends | 38 | 23.9% | 25 | 19.5% |
| Referred by physician or other provider | 21 | 13.2% | 17 | 13.3% |
| Length of waiting room time | 13 | 8.2% | 13 | 10.2% |
| Cost of care | 6 | 3.8% | 5 | 3.9% |
| Required by insurance plan/in-network provider | 7 | 4.4% | 4 | 3.1% |
| VA/Military requirement | 1 | 0.6% | 2 | 1.6% |
| Indian Health Services | 0 | 0.0% | 0 | 0.0% |
| Other | 12 | 7.5% | 9 | 7.0% |

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

"Other" comments:
- Better provider
- Only female provider insurance covered
- Family recommended
- Only one available when I needed one
- Liked the Dr./Nurse
- Take's my concerns seriously
- Did not like Sidney or Glendive
- Son is the Nurse

## Cross Tabulation of Primary Care and Residence

Analysis was done to examine where respondents went most often for primary care with where they live by zip code. The chart below shows the results of the cross tabulation. Clinic location is across the top of the table and residents' zip codes are along the side. Minot, ND and Watford City, ND clinic locations were removed from the table due to non-response.

**LOCATION OF PRIMARY CARE PROVIDER MOST UTILIZED BY RESIDENCE**

| | Sidney | Fairview | Williston, ND | Culbertson | Glendive | Miles City | VA | Bismarck, ND | Other | Total |
|---|---|---|---|---|---|---|---|---|---|---|
| **Sidney 59270** | 72 (81.8%) | 4 (4.5%) | 2 (2.3%) | | 1 (1.1%) | | 1 (1.1%) | | 8 (9.1%) | 88 |
| **Fairview 59221** | 12 (52.2%) | 7 (30.4%) | 1 (4.3%) | | | | | 1 (4.3%) | 2 (8.7%) | 23 |
| **Culbertson 59218** | 1 (16.7%) | | 1 (16.7%) | 2 (33.3%) | | | | | 2 (33.3%) | 6 |
| **Savage 59262** | 3 (75%) | | | | | 1 (25%) | | | | 4 |
| **Lambert 59243** | 4 (80%) | | | | | | | | 1 (20%) | 5 |
| **Other** | | | | | | | | | | 0 |
| **TOTAL** | 92 (73%) | 11 (8.7%) | 4 (3.2%) | 2 (1.6%) | 1 (0.8%) | 1 (0.8%) | 1 (0.8%) | 1 (0.8%) | 13 (10.3%) | 126 |

## Cross Tabulation of Clinic and Reason Selected

Analysis was done to examine where respondents went most often for primary care services with why they selected that clinic/provider. The chart below shows the results of the cross tabulation. Reason clinic/provider was selected was a multiple response item, thus totals do not add up to 100%. Minot, ND and Watford City, ND clinic locations were removed from the table due to non-response.

**LOCATION OF PRIMARY CARE PROVIDER BY REASONS CLINIC SELECTED**

|  | Sidney | Fairview | Williston, ND | Culbertson | Glendive | Miles City | VA | Bismarck, ND | Other | Total |
|---|---|---|---|---|---|---|---|---|---|---|
| **Closest to home** | 52 (81.3%) | 4 (6.3%) | 1 (1.6%) | 2 (3.1%) |  |  |  |  | 5 (7.8%) | **64** |
| **Prior experience with clinic** | 47 (74.6%) | 5 (7.9%) | 1 (1.6%) | 2 (3.2%) | 1 (1.6%) |  |  |  | 7 (11.1%) | **63** |
| **Clinic/provider's reputation for quality** | 38 (70.4%) | 6 (11.1%) | 2 (3.7%) | 1 (1.9%) | 1 (1.9%) |  |  |  | 6 (11.1%) | **54** |
| **Appointment availability** | 29 (65.9%) | 5 (11.4%) | 2 (4.5%) | 2 (4.5%) |  |  |  |  | 6 (13.6%) | **44** |
| **Recommended by family or friends** | 17 (68%) | 2 (8%) | 1 (4%) | 1 (4%) |  |  |  |  | 4 (16%) | **25** |
| **Referred by physician or other provider** | 15 (88.2%) | 1 (5.9%) |  |  |  |  |  |  | 1 (5.9%) | **17** |
| **Length of waiting room time** | 9 (69.2%) | 1 (7.7%) | 1 (7.7%) |  |  |  |  |  | 2 (15.4%) | **13** |
| **Cost of care** | 2 (40%) | 1 (20%) | 1 (20%) |  |  |  |  |  | 1 (20%) | **5** |
| **Required by insurance plan/ in-network provider** | 4 (100%) |  |  |  |  |  |  |  |  | **4** |
| **VA/Military requirement** |  |  |  |  |  |  | 1 (50%) |  | 1 (50%) | **2** |
| **Indian Health Services** |  |  |  |  |  |  |  |  |  | **0** |
| **Other** | 3 (33.3%) | 2 (22.2%) | 1 (11.1%) |  | 1 (11.1%) | 1 (11.1%) |  | 1 (11.1%) |  | **9** |

**Use of Healthcare Specialists during the Past Three Years (Question 22)**

2019 N= 137
2013 N= 170

Seventy-three percent of the respondents (n= 100) indicated they or a household member had seen a healthcare specialist during the past three years, 25.5% (n=35) indicated they had not.

**Visited a Specialist in Past 3 Years**



| | Yes | No | No answer |
|---|---|---|---|
| 2013 | 72.9% | 23% | 4.1% |
| 2019 | 73% | 25.5% | 1.5% |
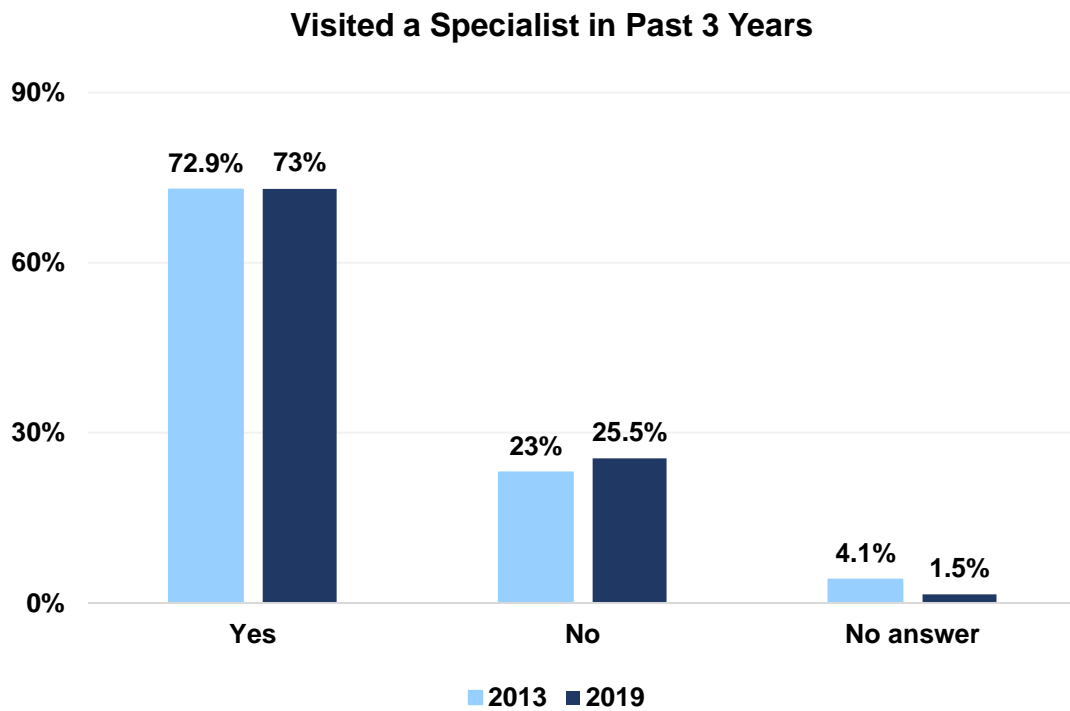
## Location of Healthcare Specialist (Question 23)

2019 N= 100
2013 N= 124

Of the 100 respondents who indicated they saw a healthcare specialist in the past three years, 59% (n=59) saw one in Billings. Sidney specialty services were utilized by 44% of respondents (n=44), and Williston, ND was reported by 14% (n=14). Respondents could select more than one location, so percentages do not equal 100%.

| Location | 2013 | | 2019 | |
|---|---|---|---|---|
| | Count | Percent | Count | Percent |
| **Billings** | **62** | **50.0%** | **59** | **59.0%** |
| **Sidney*** | **73** | **58.9%** | **44** | **44.0%** |
| **Williston, ND*** | **34** | **27.4%** | **14** | **14.0%** |
| Bismarck, ND* | 5 | 4.0% | 13 | 13.0% |
| Glendive | Not asked - 2013 | | 10 | 10.0% |
| Minot, ND | Not asked - 2013 | | 6 | 6.0% |
| VA | Not asked - 2013 | | 2 | 2.0% |
| Miles City | Not asked - 2013 | | 1 | 1.0% |
| Watford City, ND | Not asked - 2013 | | 1 | 1.0% |
| Other | 23 | 18.5% | 8 | 8.0% |
| *Indicates a significant change between years (p ≤ 0.05). **Bold**: Top 3 responses | | | | |

"Other" comments:
- Kalispell, MT
- Mayo Clinic- Rochester
- Phoenix, AZ, Scobey, MT
- Minot, ND
- New York City
- Great Falls, MT
- Denver, CO

**Type of Healthcare Specialist Seen (Question 24)**

2019 N= 100
2013 N= 124

The respondents (n=100) saw a wide array of healthcare specialists in the past three years. The most frequently indicated specialist was a "Dentist" at 23% of respondents (n=23) having utilized their services. "Cardiologist" was the second most utilized specialist at 20% (n=20), and "Dermatologist", "General surgeon", and "Orthopedic surgeon" were third at 18% (n=18 each). Respondents were asked to choose all that apply, so percentages do not equal 100%.

| Health Care Specialist | 2013 | | 2019 | |
|---|---|---|---|---|
| | Count | Percent | Count | Percent |
| **Dentist*** | **56** | **45.2%** | **23** | **23.0%** |
| **Cardiologist** | 20 | 16.1% | **20** | **20.0%** |
| **Dermatologist** | 14 | 11.3% | **18** | **18.0%** |
| **General surgeon** | 22 | 17.7% | **18** | **18.0%** |
| **Orthopedic surgeon** | 19 | 15.3% | **18** | **18.0%** |
| Optometrist | Not asked - 2013 | | 17 | 17.0% |
| OB/GYN | **23** | **18.5%** | 15 | 15.0% |
| ENT (ear/nose/throat) | 10 | 8.1% | 13 | 13.0% |
| Physical therapist | 17 | 13.7% | 13 | 13.0% |
| Urologist | 14 | 11.3% | 12 | 12.0% |
| Ophthalmologist | 12 | 9.7% | 11 | 11.0% |
| Chiropractor* | **35** | **28.2%** | 10 | 10.0% |
| Neurologist | 10 | 8.1% | 9 | 9.0% |
| Podiatrist | 7 | 5.6% | 8 | 8.0% |
| Radiologist | 19 | 15.3% | 8 | 8.0% |
| Allergist | 4 | 3.2% | 7 | 7.0% |
| Endocrinologist | 8 | 6.5% | 7 | 7.0% |
| Mental health counselor | 4 | 3.2% | 7 | 7.0% |
| Audiologist | 7 | 5.6% | 6 | 6.0% |
| Gastroenterologist | 7 | 5.6% | 6 | 6.0% |
| Oncologist | 12 | 9.7% | 5 | 5.0% |
| Psychiatrist (MD) | 5 | 4.0% | 5 | 5.0% |
| Pulmonologist | 2 | 1.6% | 5 | 5.0% |
| Pediatrician | 8 | 6.5% | 4 | 4.0% |
| Neurosurgeon | 7 | 5.6% | 3 | 3.0% |
| Rheumatologist | 5 | 4.0% | 3 | 3.0% |
| Geriatrician | 0 | 0.0% | 2 | 2.0% |
| Occupational therapist | 2 | 1.6% | 2 | 2.0% |
| Social worker | 0 | 0.0% | 2 | 2.0% |
| Psychologist | 2 | 1.6% | 1 | 1.0% |

| | | | | |
|---|---|---|---|---|
| Speech therapist | 0 | 0.0% | 1 | 1.0% |
| Substance abuse counselor | 1 | 0.8% | 0 | 0.0% |
| Other | 6 | 4.8% | 5 | 5.0% |
| *Indicates a significant change between years (p ≤ 0.05).  **Bold**: Top 3 responses | | | | |

"Other" comments:
- Orthodontist, orthopedic surgeon
- General - yearly check up
- Lactation consultant
- Oral surgeon

**Overall Quality of Care at Sidney Health Center (Question 25)**

2019 N= 137
2013 N= 170

Respondents were asked to rate a variety of aspects of the overall care provided at Sidney Health Center using the scale of 4=Excellent, 3=Good, 2=Fair, 1=Poor, and Don't Know.  The sums of the average scores were then calculated with "Cancer care" services receiving the top average score of 3.8 out of 4.0.  "Ambulance services" received a score of 3.6, and "Cardiac rehabilitation", "Surgical services", and "Visiting nurse/Hospice/Personal" care all received a 3.5 out of 4.0.  The total average score 3.3, indicates the overall services of the hospital as "Good".

| **2019** | **Excellent** (4) | **Good** (3) | **Fair** (2) | **Poor** (1) | **Haven't used** | **Don't know** | **No Ans.** | **Total** | **Avg** |
|---|---|---|---|---|---|---|---|---|---|
| **Cancer care** | 19 | 6 | 0 | 0 | 103 | 7 | 2 | 137 | **3.8** |
| **Ambulance services** | 27 | 17 | 1 | 0 | 86 | 4 | 2 | 137 | **3.6** |
| **Cardiac rehabilitation** | 11 | 6 | 0 | 1 | 106 | 8 | 5 | 137 | **3.5** |
| **Surgical services** | 39 | 29 | 3 | 0 | 58 | 4 | 4 | 137 | **3.5** |
| **Visiting nurse/Hospice/ Personal care** | 15 | 4 | 3 | 0 | 102 | 9 | 4 | 137 | **3.5** |
| Laboratory | 53 | 53 | 6 | 1 | 18 | 2 | 4 | 137 | 3.4 |
| Physical therapy | 28 | 27 | 1 | 1 | 72 | 6 | 2 | 137 | 3.4 |
| Radiology services (x-ray, CT-scan, MRI) | 52 | 38 | 7 | 1 | 31 | 5 | 3 | 137 | 3.4 |
| Sleep center | 13 | 9 | 4 | 1 | 99 | 6 | 5 | 137 | 3.3 |
| Emergency room | 42 | 39 | 16 | 4 | 31 | 2 | 3 | 137 | 3.2 |
| Clinic services | 38 | 55 | 20 | 5 | 11 | 3 | 5 | 137 | 3.1 |
| Nursing home | 10 | 14 | 6 | 3 | 93 | 6 | 5 | 137 | 2.9 |
| Telemedicine | 5 | 7 | 6 | 2 | 108 | 6 | 3 | 137 | 2.8 |
| **TOTAL** | **352** | **304** | **73** | **19** | | | | | **3.3** |

| **2013** | **Excellent** (4) | **Good** (3) | **Fair** (2) | **Poor** (1) | **Don't Know** | **Haven't Used** | **No Ans.** | **N** | **Avg.** |
|---|---|---|---|---|---|---|---|---|---|
| **Cancer care** | 21 | 17 | 0 | 0 | 29 | 87 | 16 | 170 | **3.6** |
| **Ambulance services** | 34 | 25 | 4 | 2 | 20 | 73 | 12 | 170 | **3.4** |
| **Physical therapy** | 25 | 30 | 3 | 1 | 28 | 70 | 13 | 170 | **3.3** |
| **Telemedicine** | 7 | 11 | 1 | 0 | 43 | 93 | 15 | 170 | **3.3** |
| Laboratory | 44 | 69 | 9 | 4 | 11 | 21 | 12 | 170 | 3.2 |
| Clinical services | 29 | 67 | 30 | 2 | 8 | 18 | 16 | 170 | 3.0 |
| Emergency room | 37 | 56 | 22 | 11 | 12 | 25 | 7 | 170 | 2.9 |
| Sleep center | 4 | 15 | 7 | 1 | 33 | 95 | 15 | 170 | 2.8 |
| Extended care | 8 | 22 | 11 | 11 | 23 | 79 | 16 | 170 | 2.5 |
| **TOTAL** | **209** | **312** | **87** | **32** | | | | | **3.1** |

**Prevalence of Depression (Question 26)**

2019 N= 137
2013 N= 170

Respondents were asked to indicate if there were periods of at least three consecutive months in the past three years where they felt depressed on most days. Fifteen percent of respondents (n=21) indicated they had experienced periods of depression, and 83.2% of respondents (n=114) indicated they had not.

**Felt Depressed on Most Days for 3 Consecutive Months**



Legend: ■ 2013  ■ 2019
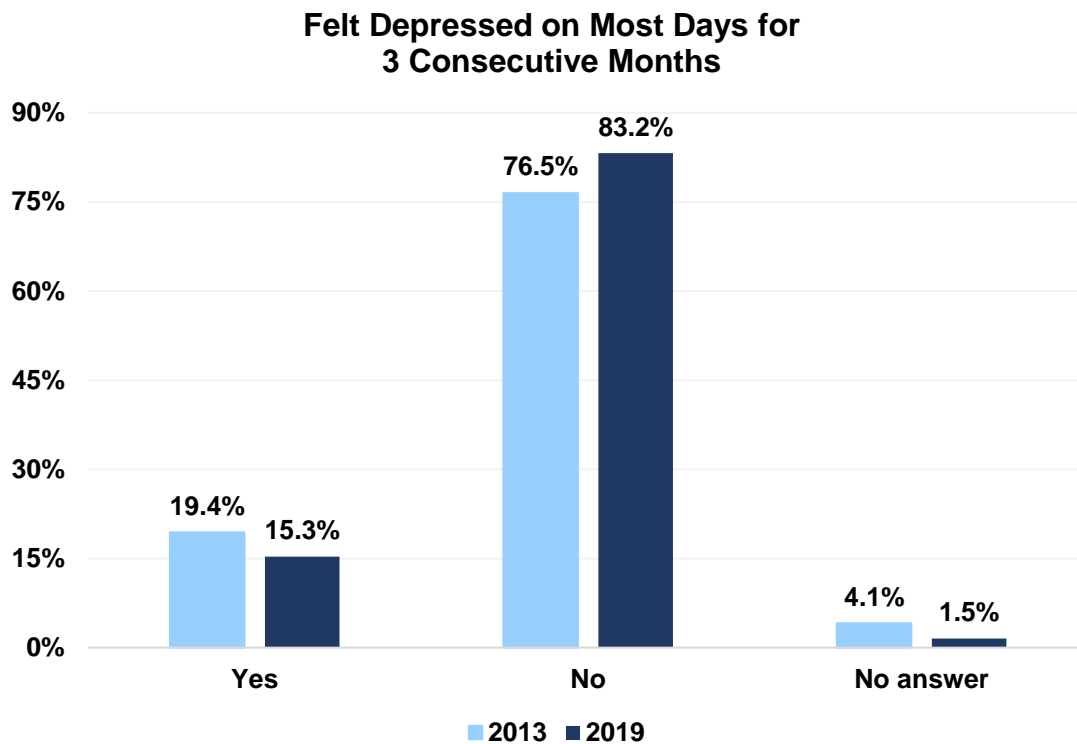
## Physical Activity (Question 27)

2019 N= 133
2013 N= 167

Respondents were asked to indicate how frequently they had physical activity for at least twenty minutes over the past month. Thirty-eight percent of respondents (n=50) indicated they had "Daily" physical activity, 30.8% (n=41) indicated they had physical activity of at least twenty minutes "2-4 times per week", and 5.3% of respondents (n=7) indicated they had "No physical activity".

**Physical Activity Over the Past Month**



| Category | 2013 | 2019 |
|---|---|---|
| Daily | 31.7% | 37.6% |
| 2 - 4 times per week | 32.9% | 30.8% |
| 3 - 5 times per month | 18.3% | 16.5% |
| 1 - 2 times per month | 11.6% | 9.8% |
| No physical activity | 5.5% | 5.3% |
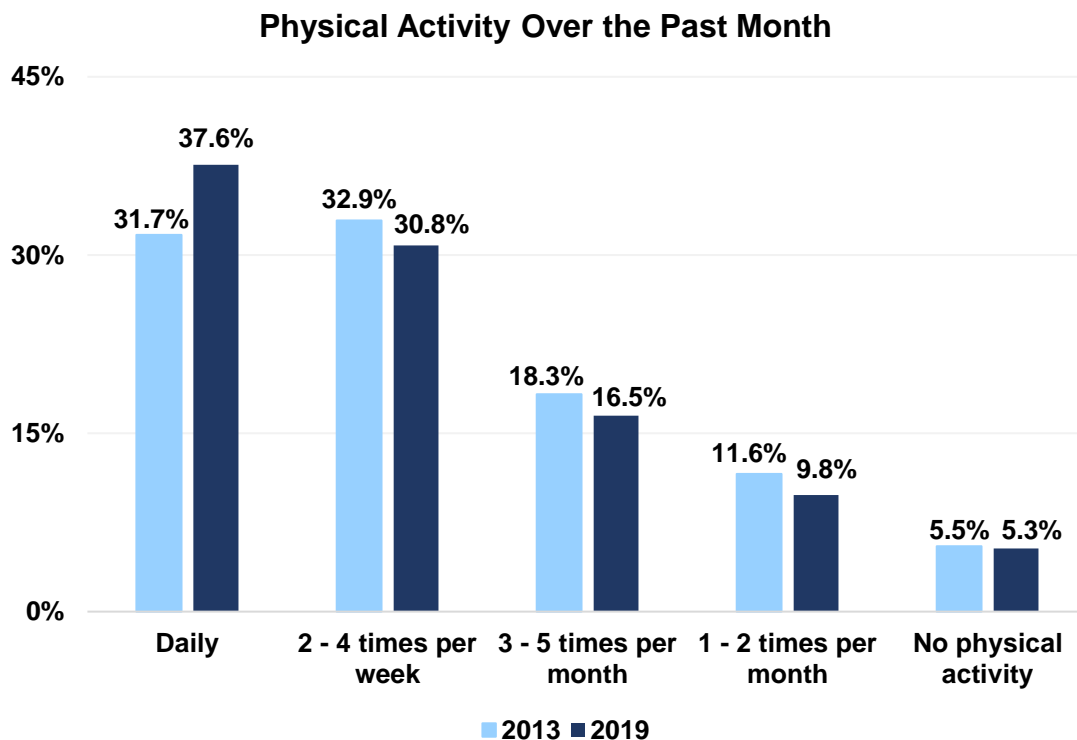
## Tobacco Use (Question 28)

2019 N= 137

Respondents were asked to indicate if in the past twelve months, they had utilized tobacco products. Six percent of respondents (n=9) indicated they had used cigarettes, and 5.8% (n=8) indicated they had utilized smokeless/chew/snuff/snus. The majority of respondents, 83.2% (n=114), indicated they had not used any tobacco products in the last twelve months.

|  | 2019 | |
| --- | --- | --- |
| **Tabaco Product** | **Count** | **Percent** |
| **None** | **114** | **83.2%** |
| **Cigarettes** | **9** | **6.6%** |
| **Smokeless/chew/snuff/snus** | **8** | **5.8%** |
| Vaping/e-cigarettes | 1 | 0.7% |
| Cigars | 0 | 0.0% |
| Pipe | 0 | 0.0% |

**Cost and Prescription Medications (Question 29)**

2019 N= 137
2013 N= 170

Respondents were asked to indicate if during the last year medication costs had prohibited them from getting a prescription or taking their medication regularly.  Nine percent of respondents (n=13) indicated that in the last year cost had prohibited them from getting a prescription or taking their medication regularly. Eighty-nine percent of respondents (n=122) indicated that cost had not prohibited them and two respondents (1.5%) chose not to answer this question.

### Prescription Cost Prevented Getting
### or Taking Medication Regularly

No answer
1.5%

Yes
9.5%

No
89.1%
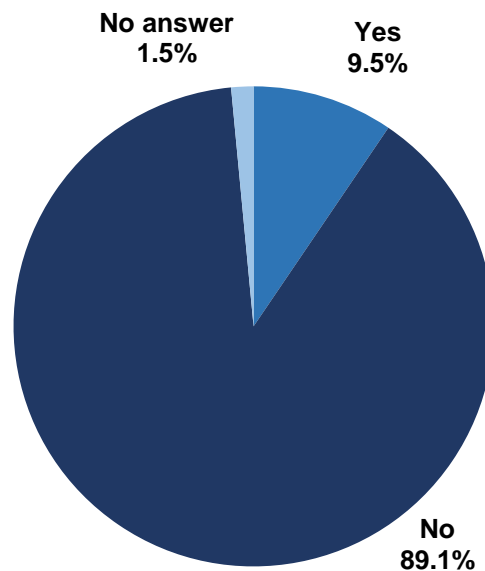
## Food Insecurity (Question 30)

2019 N= 137

Respondents were asked to indicate if during the last year they had worried that they would not have enough food to eat. Two percent of respondents (n= 3) indicated that in the last year they did worry about having enough food.

**Worried About Food**



No answer
2.2%

Yes
2.2%

No
95.6%
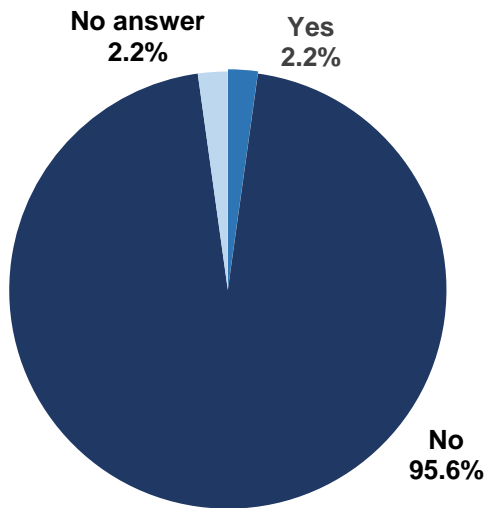
## Injury Prevention Measures (Question 31)

2019 N= 137

Respondents were asked to indicate which, if any, injury prevention measures they engage in. Eighty-three percent of respondents (n=114) indicated they use a seat belt. Fifty-two percent (n=71) reported they regularly exercise, and 21.9% (n=30) reported they use personal protection equipment.

| Prevention Measures | 2019 | |
| --- | --- | --- |
| | Count | Percent |
| **Seat belt** | **114** | **83.2%** |
| **Regular exercise** | **71** | **51.8%** |
| **Personal protection equipment (PPE)** | **30** | **21.9%** |
| Designated driver | 26 | 19.0% |
| Child car seat/booster | 25 | 18.2% |
| Helmet | 10 | 7.3% |
| None | 10 | 7.3% |
| Child car seat installation inspection | 4 | 2.9% |

**Insurance Coverage (Question 32)**

2019 N= 137

Respondents were asked to indicate they have health insurance. Ninety-four percent (n=129) reported they did have health coverage, 2.9% (n=4) did not, and an additional 2.9% (n=4) chose not to answer this question.

## Insurance Coverage
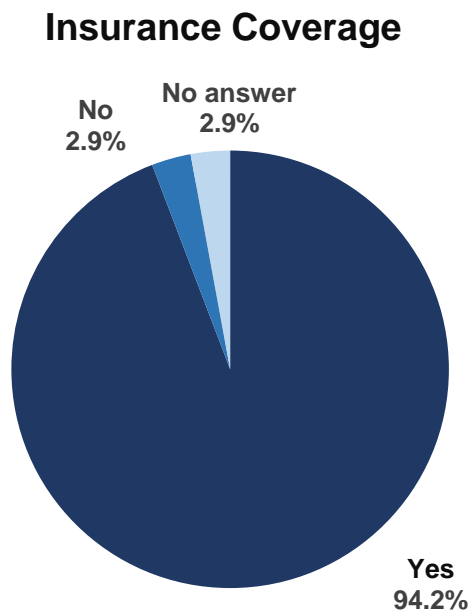
**Medical Insurance Type (Question 33)**

2019 N= 130
2013 N= 137

Respondents were asked to indicate what type of medical insurance covers the majority of their medical expenses. Forty-four percent (n=57) indicated they have "Employer-sponsored" coverage. Eighteen percent (n=24) indicated they coverage other than those types listed, and "Medicare" was selected by 15.4% of respondents (n=20).

| | 2013 | | 2019 | |
|---|---|---|---|---|
| **Insurance Type** | **Count** | **Percent** | **Count** | **Percent** |
| **Employer-sponsored*** | **73** | **53.3%** | **57** | **43.8%** |
| **Medicare** | **26** | **19.0%** | **20** | **15.4%** |
| Private insurance/private plan | **16** | **11.7%** | 15 | 11.5% |
| Health Savings Account | 1 | 0.7% | 4 | 3.1% |
| Medicaid | 2 | 1.5% | 4 | 3.1% |
| Health Insurance Marketplace | Not asked - 2013 | | 4 | 3.1% |
| Healthy MT Kids | 0 | 0.0% | 2 | 1.5% |
| Indian Health | 0 | 0.0% | 0 | 0.0% |
| None/pay out of pocket* | **16** | **11.7%** | 0 | 0.0% |
| Health expense shared group | Not asked - 2013 | | 0 | 0.0% |
| **Other*** | 3 | 2.2% | **24** | **18.5%** |
| **TOTAL** | **137** | **100%** | **130** | **100%** |
| *Indicates a significant change between years (p ≤ 0.05). **Bold**: Top 3 responses | | | | |

**Insurance and Healthcare Costs (Question 34)**

2019 N= 137
2013 N= 170

Respondents were asked to indicate how well they felt their health insurance covers their healthcare costs. Forty-five percent of respondents (n=62) indicated they felt their insurance covers a "Good" amount of their healthcare costs. Twenty-four percent of respondents (n=33) indicated they felt their insurance was "Excellent", and 20.4% of respondents (n=28) indicated they felt their insurance was "Fair."

**How Well Insurance Covers Healthcare Costs**

| | Excellent | Good | Fair | Poor | No answer |
|---|---|---|---|---|---|
| 2013 | 19.4% | 43.5% | 20.6% | 8.8% | 7.6% |
| 2019 | 24.1% | 45.3% | 20.4% | 5.1% | 5.1% |

■2013 ■2019
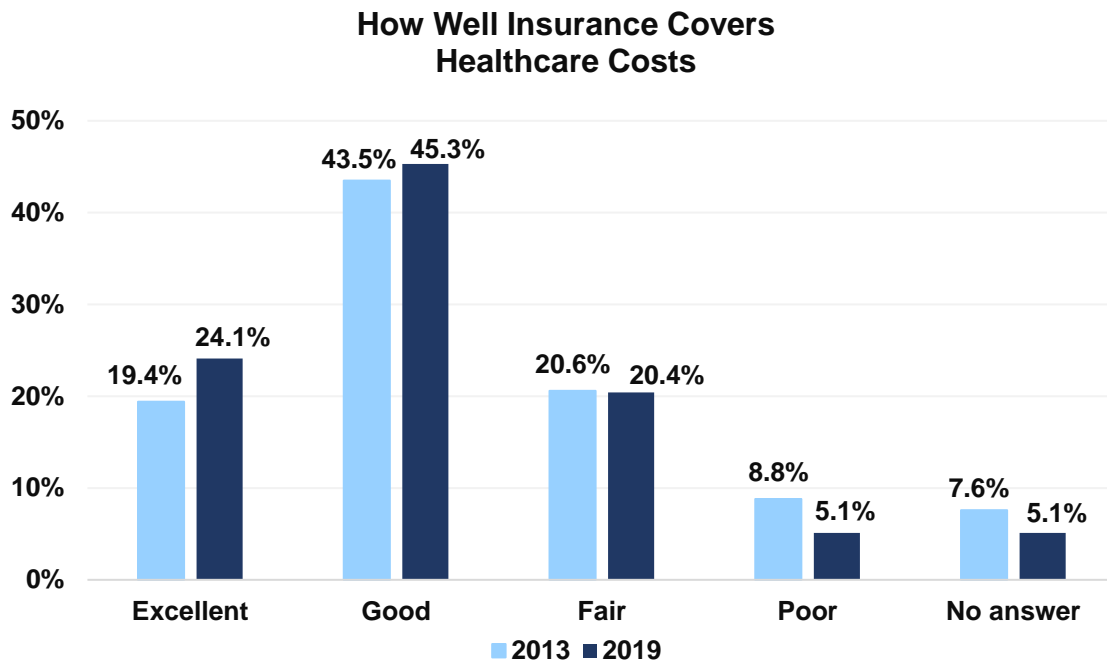
**Barriers to Having Health Insurance (Question 35)**

2019 N= 4

The top cited reasons for not having insurance were "Cannot afford to pay for medical insurance," and "Employer does not offer insurance." Respondents could select all that apply, so percentages do not equal 100%.

| Reason | 2019 | |
|---|---|---|
| | Count | Percent |
| **Can't afford to pay for health insurance** | **3** | **75.0%** |
| Employer does not offer insurance | 1 | 25.0% |
| Choose not to have medical insurance | 0 | 0.0% |
| Other | 2 | 50.0% |

"Other" comments:
- VA
- Use a Christian Sharing Network

**Awareness of Health Cost Assistance Programs (Question 36)**

2019 N= 137

Respondents were asked to indicate their awareness of programs that help people pay for healthcare bills. Thirty-three percent of respondents (n=45) indicated they were aware of these types of programs but did not qualify to utilize them. Twenty-five percent (n=34) indicated that they were not aware of these programs, and 13.1% of respondents (n=18) indicated they were not sure.

**Aware of Health
Cost Assistance Programs**
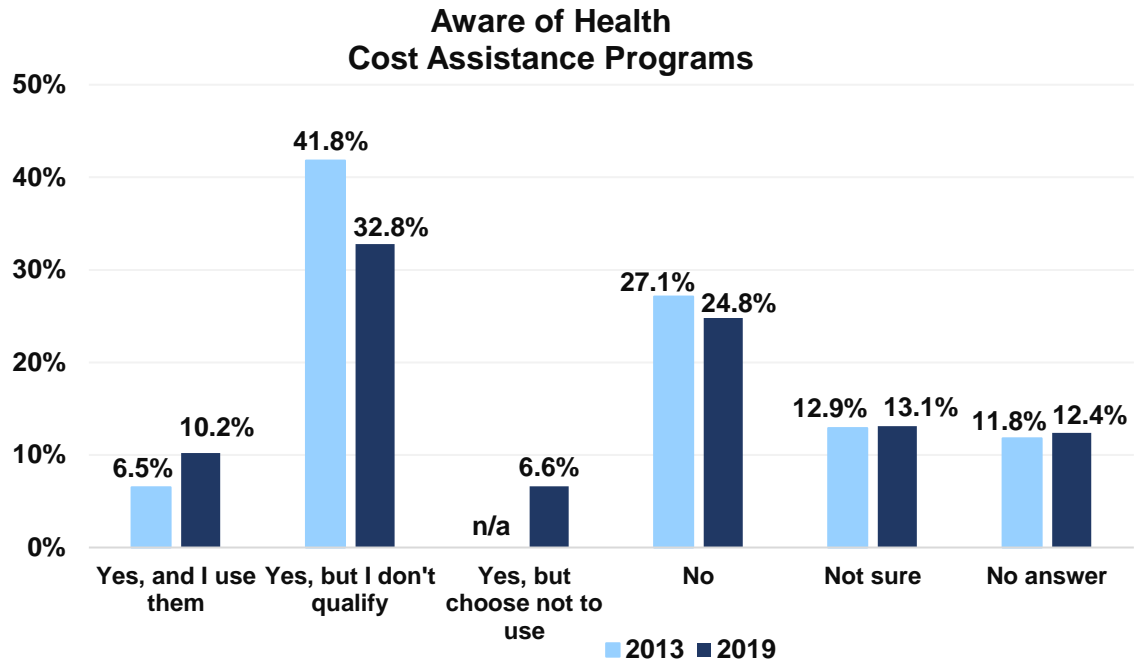
## VI. Focus Group Interview Methodology

Three focus group interviews were conducted in April of 2019. Participants were identified as people living in Sidney Health Center's service area.

Twenty-four people participated in the focus group interviews. The focus groups were designed to represent various consumer groups of healthcare including senior citizens, local community members, and community leaders. The focus groups were held at Sidney Health Center and the Meadowlark. The meetings lasted up to 90 minutes in length and followed the same line of questioning. Focus group interview questions can be found in Appendix G. Focus group questions and staff of the Montana Office of Rural Health led discussions.

## VII. Focus Group Themes

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

| | |
|---|---|
| **Mental Health** | • The community expressed that depression, suicide, and anxiety are all issues that are being experienced, yet treatment options and resources are limited.<br>• "Mental health resources are something that the community really needs. The closest place you can transport a child that is experiencing these issues is in Billings. This is extremely difficult for families". |
| **Access to Healthcare Services** | • Access to care, specifically in terms of appointment availability for primary care providers, specialist availability, and lack of knowledge of available services, were mentioned frequently.<br>• Many utilize the clinic for primary care, but indicated that wait times even with an appointment, can be long. One participant mentioned, "The wait time in the clinic is really long. When you get in the waiting room you wait and when you get in the room you wait".<br>• Another participant added, "It would be nice if we had more visiting specialists. Or if they had a better way to let the community know which specialists are here and when".<br>• OB, Pediatric, and Geriatric services were mentioned as important services.<br>• When discussing the lack of knowledge of available services, one participant said, "It would be nice if there was a patient liaison that could help get you referred to services and providers. Just help navigating the system".<br>• Parking at the facility was mentioned multiple times as a concern.<br>• Many participants expressed frustration with billing services.<br>• Participants expressed their appreciation for the walk-in clinic services but noted it can be difficult to get into. |

| | |
|---|---|
| **Affordable Housing** | • Concerns about a lack of housing were mentioned in most focus groups. This issue was expressed as an overlapping reason for lack of providers – "It's hard to get doctors here because of the lack of housing. The cost of living is very high".<br>• Participants also noted that housing is very expensive for seniors in the area, specifically the nursing home and assisted living facilities. |
| **Health Education & Fitness** | • Although some fitness opportunities exist, many participants felt there were more of these opportunities in the past (including a baseball team and health education-based programs (lunch and learns) at the hospital), and that it would be beneficial to have these programs in place again.<br>• Desired education and fitness opportunities mentioned: guidance and resources for parents, a recreation center, improved quality and cost of produce to encourage healthy diets, adult recreational leagues, bike/walking paths, and educational classes on topics such as diabetes and other chronic conditions. |
| **Services Needed in the Community** | • More mental health resources<br>• Dermatologist<br>• Better access to care and provider availability<br>• Improved wait times and privacy experience in the clinic and ER<br>• Access to primary care services<br><br>• Increased health education and fitness opportunities<br>• Affordable housing options for all populations<br>• A centralized person/location for information related to health services and community resources |

## VIII. Executive Summary

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

| Areas of Opportunity Identified Through Assessment | Secondary Data | Survey | Focus Groups |
|---|---|---|---|
| **Access to Healthcare Services** | | | |
| • Barriers to Access | | | |
|     o **Appointment availability in clinic** | | X | X |
| • **Primary healthcare workforce shortage** | | X | X |
| • **Awareness of services at SHC & in community** | | X | X |
| • **Access to and cost of prescription medications** | | X | X |
| **Wellness and Prevention** | | | |
| • **Overweight & Obesity** | | | |
|     o **Access to recreational opportunities** | | X | X |
|     o **High rates of adult obesity – inactivity** | X | X | |
|     o **Health education** | | X | X |
| **Behavioral Health** | | | |
| • Mental health services/resources | | | X |
| • **Depression/anxiety (poor mental health days)** | X | X | X |
| • **Alcohol/drug abuse** | X | X | |
| • Stress management | | X | |
| **Health Measures** | | | |
| • **Women's Health** | | X | X |
|     o Higher percent of babies born at less than 37 weeks | X | | |
|     o Higher teen birthrate (females age 15-19 yrs) | X | | |
|     o Reported smoking during pregnancy | X | | |
| • **Chronic Conditions** | | | |
|     o **Rates of 2+ chronic conditions highest in MT frontier communities (41%)** | X | | X |
|     o Higher rates of COPD Emergency Department Visits | X | | |
|     o Higher rates of Diabetes Hospitalization | X | | |
|     o Higher rates of Asthma Hospitalization | X | | |
|     o **Cancer** | X | X | |
| • **Mortality** | | | |
|     o **Suicide rates** | X | X | X |
|     o Unintentional injury death rate | X | | |

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

The community steering committee, comprised of staff leaders from Sidney Health Center (SHC) and community members from Richland 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:

- Access to healthcare services
- Behavioral health
- Community engagement and collaboration

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

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

**Resources**

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

- Agency for Healthcare Research & Quality (AHRQ)
- Alanon, Alcoholics Anonymous [AA]
- Area Medical Providers Sidney Health Center medical providers and visiting specialists (complete current listing located on SHC's Website)
- Boys and Girls Club of Richland County
- Civic Organizations – Sidney Lions Club and Kiwanis
- District II Alcohol & Drug Program
- Eastern Montana Mental Health Center
- Eastern Montana Telemedicine Network (EMTN).
- Local Law Enforcement - Richland County Sheriff's Department, Sidney and Fairview Police Departments
- Ministerial Association
- MonDak Stock Growers Association
- Montana Nutrition and Physical Activity program (NAPA)
- Montana Office of Rural Health/Area Health Education Center (MORH/AHEC)
- MSU Extension Service
- National Alliance for the Mentally Ill
- Prairie Hills Recovery
- Regional Healthcare Facilities
- Richland County Cancer Coalition
- Richland County Coalition Against Domestic Violence
- Richland County Commissioners
- Richland County Health Department
- Richland County Nutrition Coalition
- Richland County Public Schools (Sidney, Fairview, Savage, Lambert, Rau and Brorson)
- Richland County Transportation Advisory Council
- Sidney Area Chamber of Commerce and Agriculture
- Sidney Parks and Recreation Board
- The Montana Department of Public Health and Human Services (MT DPHHS)

## X. Evaluation of Activity Impacts from Previous CHNA

Sidney Health Center (SHC) provided the Montana Office of Rural Health with an update on their Implementation Plan activities from their previous CHNA process. The SHC Board of Directors approved its previous implementation plan on October 26, 2016. The plan prioritized the following health needs:

- Chronic illness
- Cancer services
- Mental and behavioral health
- Access to healthcare services and resources

The following tables include completed activities, accomplishments and impacts/outcomes within the facility's proposed goals. To view SHC's full Implementation Plan visit:
https://www.sidneyhealth.org/About/Community-Health-Assessment-Implementation-Plan

*Goal 1: Be a community leader in reducing chronic illness (including stroke, obesity, heart disease, diabetes and respiratory related illnesses)*

| Strategy | Activities | Accomplishments | Community Impact/Outcomes |
|---|---|---|---|
| **1.1** Promote healthy lifestyles through community engagement activities. | Continue to have SHC staff participate in healthy lifestyle-focused county action groups which may be created in response to county health needs i.e. Communities in Action | Local Advisory Council was created | Mental Health Development; Community response; classes implemented; integrating Mental Health into primary care clinic with assistance from Americorp volunteer |
| | Continue sponsoring wellness events in the community, such as the Fun Run and Walk to Wellness. | Community Run Club developed and is promoted through HealthWorks | We no longer coordinate our own walk/run events; however, we sponsor several community ones throughout the year |
| | Offer additional ways to engage a younger demographic in healthy choices, organizing activities specific to that are group (i.e. Poke walk, Kids Marathon, Boys and Girls Club Kids Carnival) | SHC is a sponsor for the Boys & Girls Club Color Run | |
| | Continue providing public access to HealthWorks (fitness center) | Ongoing | |

*Goal 1 continued on next page...*

| Strategy | Activities | Accomplishments | Community Impact/Outcomes |
|---|---|---|---|
| **1.2** Provide educational resources and services to the community in order to prevent chronic illness. | Continue offering and promoting birthday lab draws and employee health fairs | SHC provided birthday month screenings at a reduced rate | 2200 labs annually including 10 businesses |
| | Continue sponsoring/organizing the Community Health Fair and provide blood/glucose screening, as well as blood pressure screening | SHC utilized fair week to provide screenings. | |
| | Continue providing blood pressure screenings at community events (i.e. Ag days, Richland County Fair) | SHC no longer does Ag Days due to lack of participation | |
| | Continue offering tours to elementary school students that provide education on health and wellness topics | SHC provides education about 911, hand-washing, and hospital | Impacts about 100 students each year |
| | Continue sponsoring/organizing Live It Up (a women's health event) | SHC sponsored Live It Up | 150 women attended event |
| | Continue offering sports physicals, sport injury assessments, and free injury evaluations | | |
| | | | |
| **1.3** Provide educational support to the community in order to improve disease management. | Continue offering reduced pricing for those who need stage 3 cardiac/pulmonary rehabilitation | Ongoing | Increased access to program for low income individuals |
| | Continue providing screenings, blood pressure checks, and lab draws in various community events | Ongoing | |
| | Continue outreach efforts concerning clinic availability, visiting specialists, and care provided through telemedicine | Expanded Walk-In Clinic hours in 2018 and 2019 | SHC now has 2 providers on weekdays; in 2018, 301 patients were seen via telemedicine with cost savings of $17,838 |
| | Continue participation in the Nutrition Coalition program in conjunction with community groups | SHC dietitian attends Nutrition Coalition meetings | |
| | Continue providing community education through community events, such as the Cattleman's Ball and Live It Up | No longer have Live It Up; Cattlemen's Ball just wrapped up its 7th annual event | |
| | Continue providing Certified Diabetes Education | SHC started a Diabetes Support Group in 2018 | 40 participants/year ongoing |
| | Continue to employ an RN Patient Care Coordinator to | Ongoing | Increased Care management for patients |

| | aid community members in managing their chronic illnesses | | |
|---|---|---|---|
| | Continue work with the Communities in Action Steering Committee to assess area needs and implement county wide healthcare strategies | SHC participated in the CASPER 2018 Survey Process | Representative for CIA is currently the Senior Executive of Marketing; Foundation Director no longer attending |
| | | | |
| **1.4** Provide support to the community for educating residents on fall/accident prevention. | Participate with community groups in implementing a 'Stepping On' program for elderly fall prevention in the community | Incomplete - SHC continues to have representation on the Injury Prevention Coalition | |

### Goal 2: Improve overall awareness of cancer services and outcomes for patients.

| Strategy | Activities | Accomplishments | Community Impact/Outcomes |
|---|---|---|---|
| **2.1** Improve access to cancer care services for community members who have cancer. | Maintain weekly availability of a visiting oncologist and work to increase the number of days that the oncologist is available | Recruited a full-time medical oncologist who has been on-site since Nov 2017 | In 2018, the medical oncologist served 207 patients |
| | Continue a marketing strategy in order to increase awareness of cancer care services provided by SHC | Cancer Care commercials featured on TV and Radio; Billboards in area | Cancer Care volume continues to show growth from one year to the next |
| | Continue contact with referring providers and regional facilities as identified in the marketing strategy | Direct mailings to area providers announcing changes occurring at SHC | |
| | Continue exploring the purchase of more advanced cancer care technology through the Foundation for Community Care | In 2018 a tomotherapy upgrade was launched for improved planning capabilities and calculation speed | |
| | Offer additional Cancer Care Services as those services become available, i.e. onsite physicist and stereotactic services | On-site physicist on a rotating basis | Now offering Stereotactic Body Radiotherapy (SBRT) and Stereotactic Radiosurgery (SRS), which are non-surgical treatment solutions for tumors that require extreme precision while protecting normal structures nearby |
| | | | |
| **2.2** Improve quality of care for community members who have cancer. | Assign care coordinators to cancer patients | Incomplete -SHC continues to evaluate feasibility of coordinators | |
| | Promote the 'Colonoscopy Buddies' program to the community | Posters located in exam rooms; Facebook posts, etc. | |

| | | | |
|---|---|---|---|
| | Fund/create a resource library for cancer patients and their families through Foundation for Community Care fundraising | In process of developing a new patient binder with individualized resources | SHC is a member of American Society of Clinical Oncology (ASCO) with several resources available. Ability to refer patients to Cancer.net |
| | Explore improving housing options for patients and their families to eliminate the need to travel long distances for care | Two rooms at Extended Care facility designated for Cancer patients | |
| | Conduct focus groups to identify priorities of current and former cancer patients | Incomplete | |
| | Promote Cancer Coalition funds to aid cancer patients | SHC has promoted several events including Rock Painting Class, Annual Direct Mailing, etc. | Direct Mail Campaign completed in Spring 2018 |
| | | | |
| **2.3** Participate in community events and be engaged in community groups specific to cancer. | Continue promoting cancer awareness activities in the community, such as Breast Cancer Awareness Month, Bra Auction, Pack it in Pink, Shut out Cancer and other events. | SHC was a Tough Enough to Wear Pink Rodeo Sponsor in 2018; Pack it in Pink continues | Raised $1,500 from rodeo sponsorship. |
| | Evaluate and implement Support Groups as needed and as requested, utilizing care coordinator services | Applied for a grant in 2019 with Richland County Health Department | |
| | Continue serving as a member of the Cancer Coalition in order to keep the facility involved in the community's cancer initiatives | Foundation continues to be involved in the coalition as well as several SHC staff | |
| | Continue to offer retreats and a children's camp for those affected by grief due to such things as cancer | Ongoing | 20/30 participants per year |
| | Continue promoting cancer awareness activities in the community, such as Breast Cancer Awareness Month, Relay for Life,and Light the Park events | Men's Health Screening held in April; Women's Health Screening held in October; Light the Park held in July | 25 men participated in free prostate and DRE exam; 15 women attended October breast screening; |

**Goal 3: Better serve the mental health and behavioral health (i.e. alcohol abuse, illegal drug use, prescription drug abuse) needs of the community by connecting community members to available resources and services in the area.**

| Strategy | Activities | Accomplishments | Community Impact/Outcomes |
|---|---|---|---|
| **3.1** Participate in community groups/initiatives concerning mental health and/or behavioral health issues. | Continue providing a SHC staff members as a representatives to community programs targeting drug education and use prevention i.e. task forces and Red Ribbon activities | | Refocus on Mental Health and suicide prevention; Foundation no longer involved with this |
| | Continue having a SHC staff member represent the facility on the Mental Health Center's local advisory council | 2-3 SHC participants on LAC | |
| | Continue to work with the Richland County Coalition Against Domestic Violence | Incomplete- Limited resources to maintain the SANE program (no staff interested in providing this service) | No longer have SANE program |
| | | | |
| **3.2** Provide resources and support to the community to address mental health and/or behavioral health issues. | Continue to offer bereavement programs and hospice support groups | Ongoing | approx. 20-30 participants per year |
| | • Continue to offer Chaplain services • Participate in providing MHFA and YMHFA Training in the community | Offering Mental Health First Aid | |
| | Continue to sponsor or support various community events related to mental/behavioral health, such as After Prom/Graduation parties | SHC sponsors area schools after prom parties donating $50 -$100 per school. | |
| | Continue to provide meeting room space for organizations such as Alcoholics Anonymous (AA) and the National Alliance for the Mentally Ill | Ongoing | Area organizations utilize conference rooms on a regular basis at no charge. |
| | | | |
| **3.3** Increase access to mental/behavioral health services and resources. | Continue to work with the county to provide free transportation to mental health facilities through a partnership with the county commissioners | Incomplete | |
| | Continue covering all costs (including providing the mental health professional) | Additional partners include District II Drug & Alcohol; Prairie Hills Recovery | |

| | | | |
|---|---|---|---|
| | related to emergent mental health visits | | |
| | Continue providing space, technology, and staff for community members to receive mental health services via telemedicine | Ongoing | |
| | Continue to offer provider training related to treating mental/behavioral health issues through regional mental health programs | Support provided for new trainer | |

**Goal 4: Provide access to services and resources so that community members can receive needed health care.**

| Strategy | Activities | Accomplishments | Community Impact/Outcomes |
|---|---|---|---|
| **4.1** Provide access to needed health care services. | Continue operating the walk-in clinic | Expanded hours added in January 2019 | Seeing increased number of patients since expanded hours |
| | Develop a marketing/outreach strategy to increase community awareness to establish care with a Primary Care Provider | Continued advertising regarding the walk-in clinic and new providers as they start | Promoting the primary care clinic hours, etc. |
| | Continue providing medication assistance services to community members who are unable to afford them | | Assist approximately 60 individuals per year filling 170 prescriptions |
| | Continue offering Patient Care Coordination, which provides support and counseling to those who may need home health services | | Currently 28 participants enrolled |
| | Continue offering interpreter services | SHC clinic and hospital added video chat interpreter services | |
| | Continue as a member of the Richland County Transportation Advisory Council | Extended Care representative continues to attend meetings | SHC continues to provide a driver for the Richland County Transportation through Extended Care and The Lodge (assisted living facility) |
| | Continue recruitment activities to retain Primary Care Providers to meet the community needs | Recruitment success includes family medicine physician and PA-C in last two years. New family medicine physician set to start in August 2019 | |

## Appendix A – Steering Committee

| Steering Committee Member | Organization Affiliation |
|---|---|
| Jennifer Doty, CEO | Sidney Health Center (SHC) |
| Rita Steinbeisser, Senior Executive, Marketing | SHC |
| Patti Iverson, APRN FNP-C | SHC |
| Kelly Wilkinson, Extended Care- Social Services | SHC |
| Angela Zaur, Behavior Health program | SHC - AmeriCorps Volunteer |
| Marie Logan, LCPC | Eastern Montana Community Mental Health Center |
| Judy LaPan, MS, MBA- Administrator | Richland County Public Health |
| Elaine Stedman, CEO | Boys & Girls Club of Richland County |
| Lance Averett, President | SHC Board of Directors |
| Susan Joy, Executive Director | Sidney Chamber of Commerce |
| Angie Nelson, Superintendent | Savage Public Schools |
| Duane Mitchell, Commissioner | Richland County |
| Stephanie Ler, Sanitarian | Richland County Public Health |
| Carl Dynneson, Assistant Principal | Sidney High School |
| Dave Huskamp, Pastor | Shepard of the Valley Lutheran Church |
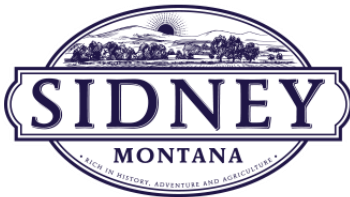
## Appendix B – Public Health and Populations Consultation

**Public Health and Populations Consultation Worksheet**

1. **Public Health**
   a. Judy LaPan, MS, MBA - Director Richland County Public Health
      Angela Zaar - AmeriCorps Volunteer, Richland County
      Patti Iversen, APRN FNP-C - Sidney Health Center
      Stephanie Ler, Sanitarian- Richland County Public Health

   b. Type of Consultation
      Steering Committee:                                01/29/2019
      Focus Group:                                      04/17/2019

   c. Input and Recommendations from Consultation
      - I think it would be beneficial to find out what type of tobacco people are using, as we are seeing more vaping. People don't really smoke cigarettes as much anymore.
      - Unintentional injury is a huge issue around here. People don't wear their seatbelts.
      - There is a large proportion of people with chronic conditions in our area. It's largely due to lifestyle choices.
      - Richland County Public Health Department conducted a health assessment and quality of life assessment in July which I think would be helpful information in this process.

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

   Population: Seniors
   a. Marie Logan, LCPC- Eastern Montana Community Mental Health Center

   b. Type of Consultation
      Steering Committee Meeting:                       01/29/2019

   c. Input and Recommendations from Consultation
      - Trauma in general, I think is a concern. Thinking of: elder abuse, child abuse/neglect, domestic violence, etc.

Population: Low-Income, Underinsured
a. Patti Iversen, APRN FNP-C - Sidney Health Center

b. Type of Consultation
    First Steering Committee Meeting:                                     01/29/2019

c. Input and Recommendations from Consultation
- I think it would be helpful to include information in the cover letter which lets the community know the data goes straight to MSU and not the facility, so they know their information is anonymous.
- I think we should add respiratory disease as a top health concern given its high mortality rates for our County.
- Trauma in general, I think is a concern. Thinking of: Elder abuse, child abuse/neglect, domestic violence, etc.


Population: Youth
a. Carl Dynneson, Assistant Principal - Sidney High School
   Angie Nelson, Superintendent – Savage Public Schools

b. Type of Consultation
    Steering Committee Meeting:                                   01/29/2019
    Focus Group:                                                  04/17/2019

c. Input and Recommendations from Consultation
- Vaping is growing in popularity, especially with our youth population

## Appendix C – Secondary Data

**Richland County**
Secondary Data Analysis

**Office of Rural Health**
**Area Health Education Center**
MONTANA STATE UNIVERSITY

| Demographic Measure (%) | | County | | | Montana | | | Nation | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Population[1] | | 9,746 | | | 1,032,949 | | | 308,745,538 | | |
| Population Density[1] | | 4.7 | | | 6.8 | | | 87.4 | | |
| Veteran Status[1] | | 8.3% | | | 10.6% | | | 7.7% | | |
| Disability Status[1] | | 14.5% | | | 16.6% | | | 15.3% | | |
| Age[1] | | <5 | 18-64 | 65+ | <5 | 18-64 | 65+ | <5 | 18-64 | 65+ |
| | | 7.2% | 62.7% | 13.2% | 6% | 54.9% | 17.2% | 6.2% | 56% | 14.9% |
| Gender[1] | | Male | | Female | Male | | Female | Male | | Female |
| | | 52.1% | | 47.9% | 50.3% | | 49.7% | 49.2% | | 50.8% |
| Race/Ethnic Distribution [1] | White | 95.0% | | | 89.2% | | | 77.1% | | |
| | American Indian or Alaska Native | 1.8% | | | 6.6% | | | 1.2% | | |
| | Other † | 5.5% | | | 5.1% | | | 36.7% | | |

[1] US Census Bureau Fact Finder (2016)     †Black, Asian/Pacific Islanders, Hispanic & Non-Hispanic Ancestry

## Highest Degree Attained
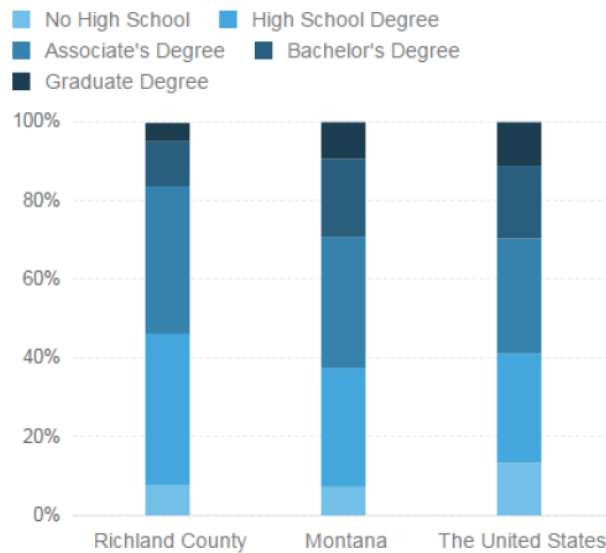


**Richland County**

| | |
|---|---|
| No High School | 7.62% |
| High School Degree | 38.48% |
| Associate's Degree | 37.42% |
| Bachelor's Degree | 11.35% |
| Graduate Degree | 4.70% |

**Montana**

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

**The United States**

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

[2] National Center for Education Statistics

**Richland County**
Secondary Data Analysis

Office of Rural Health
Area Health
Education Center

MONTANA
STATE UNIVERSITY

| Socioeconomic Measures (%) | County | Montana | Nation |
|---|---|---|---|
| Median Income[1] | $66,572 | $50,801 | $57,652 |
| Unemployment Rate[1] | 2.6% | 4.8% | 6.6% |
| Persons Below Poverty Level[1] | 5.9% | 14.4% | 14.6% |
| Uninsured Adults (Age <65)[3,4] | 10% | 12% | 10.7% |
| Uninsured Children (Age <18)[3,4] | 6% | 5% | 5% |
| Children in Poverty[1] | 3.7% | 23.3% | 20.3% |
| Enrolled in Medicaid[5,6] | 5.4% | 9.4% | 1 in 7 |
| Enrolled in Free/Reduced Lunch[7] Pre-k through 12th grade | 451 | 62,951 | - |
| SNAP Participants[7] All ages, FY 2015 | 479 | 118,704 | - |

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

| Maternal Child Health | County | Montana |
|---|---|---|
| Births[8] Between 2011-2013 | 346 | 35,881 |
| Born less than 37 weeks[8] | 10.1% | 9.1% |
| Teen Birth Rate (females age 15-19)[8] Per 1,000 years 2009-2013 | 44.2 | 32.0 |
| Smoking during pregnancy[8] | 17.7% | 16.3% |
| Receiving WIC[8] | 21.2% | 34.6% |
| Children (2-5 years of age) overweight or obese[8] | 13.3% | 27.9% |
| Childhood Immunization Up-To-Date (UTD) % Coverage*[9] | 75.8% | 63.6% |

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

| Behavioral Health | County | Montana | Top U.S. Performers |
|---|---|---|---|
| Adult Smoking[3] | 17% | 19% | 14% |
| Excessive Drinking[3] | 24% | 21% | 13% |
| Adult Obesity[3] | 30% | 25% | 26% |
| Poor Mental Health Days (Past 30 days)[3] | 3.0 | 3.5 | 3.1 |
| Physical Inactivity[3] | 27% | 21% | 20% |
| Drug Use Hospitalization Rate[10] Per 100,000 population | 240.2 | 372.5 | - |

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

Office of Rural Health
Area Health
Education Center

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

11 Montana State Health Assessment (2017)

| Communicable Diseases (per 100,000 people)[8] | County | Montana |
|---|---|---|
| Chlamydia | 453.8 | 366.2 |
| Hepatitis C | 59.1 | 123 |
| Pertussis | 46.6 | 44.6 |

8 County Health Profiles, DPPHS (2015)

| Chronic Conditions[10] | County | Montana |
|---|---|---|
| Asthma Hospitalization Rate Per 100,000 population | 80.2 | 47.5 |
| Stroke Hospitalization Rate Per 100,000 population | 129.8 | 152 |
| Diabetes Hospitalization Rate Per 100,000 population | 1338.3 | 1058.9 |
| COPD Emergency Department Visit Rate Per 100,000 population | 1297.1 | 669.9 |
| Acute Myocardial Infarction (MI) Hospitalization Rate Per 100,000 population | 114.7 | 118.1 |

10 IBIS Community Snapshot, MT- DPPHS

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

11 Montana State Health Assessment (2017)

**Percent of Montana Adults with Two or More Chronic Conditions**

| | |
|---|---|
| All | 38% |
| Frontier | 41% |
| Micropolitan | 36% |
| Small Metro | 36% |
| Disability* | 69% |
| No Disability | 30% |
| Veteran* | 53% |
| Non-Veteran | 35% |

Office of Rural Health
Area Health
Education Center
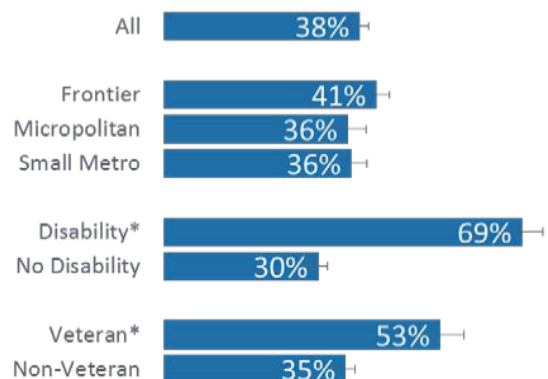
| Cancer Prevalence | County | Montana | Nation |
|---|---|---|---|
| All Sites Cancer[10] <br> *Per 100,000 population* | 427.6 | 441.6 | 444 |

[10] IBIS Community Snapshot, MT- DPPHS



Age-Adjusted Cancer Incidence Rate by Cancer Site, Montana, 2011--2013
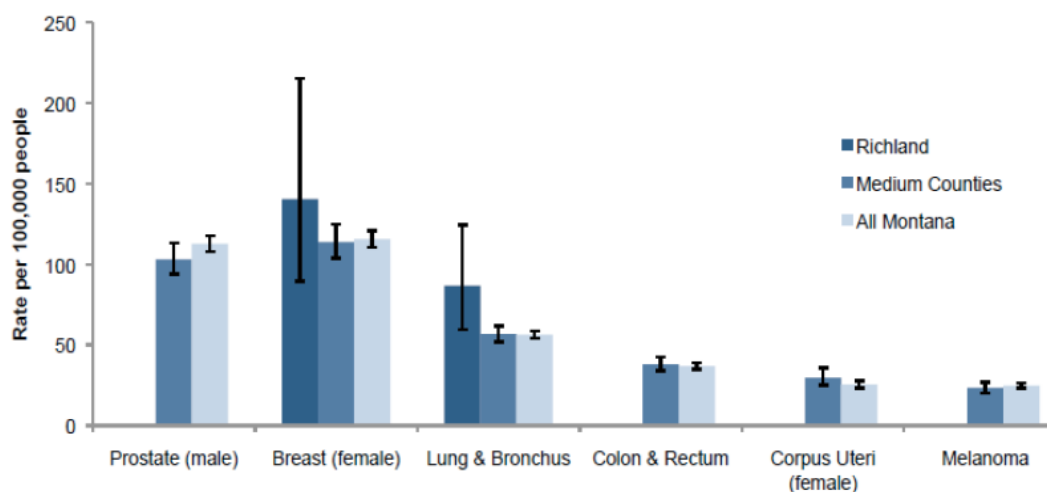
[8] County Health Profiles, DPPHS (2015)

| Mortality | County | Montana | Nation |
|---|---|---|---|
| Suicide Rate[12] <br> *Per 100,000 population* | 24.7 | 22.5 | 13.9 |
| Leading Causes of Death[13, 14] | N/A | 1. Heart Disease <br> 2. Cancer <br> 3. CLRD* | 1. Heart Disease <br> 2. Cancer <br> 3. Unintentional injuries |
| Unintentional Injury Death Rate[15] <br> *Per 100,000 population* | 62.8 | 41.3 | 41.3 |
| Diabetes Mellitus [13, 16] <br> *Per 100,000 population* | N/A | 21.3 | 21.5 |
| Alzheimer's Disease[13, 17] <br> *Per 100,000 population* | N/A | 20.9 | 37.3 |
| Pneumonia/Influenza Mortality[13, 18] <br> *Per 100,000 population* | N/A | 13.5 | 14.3 |

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

## Appendix D – Survey Cover Letter

**SIDNEY HEALTH CENTER**

*Exceptional Care for Life*

March 1, 2019

Dear «LASTNAME» household:

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

Sidney Health Center (SHC) 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 SHC 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 5, 2019
2. Complete the enclosed survey and return it in the envelope provided - no stamp needed.
3. You can also access the survey at
   **http://helpslab.montana.edu/survey.html**. Select "Sidney Health Center Survey." Your access code is «CODED»
4. The winners of the $50 gas cards will be contacted the week of April 8th.

All survey responses will go to 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 Natalie Claiborne at 406-994-6001. We believe, with your help, we can continue to improve health care services in our region.

Thank you for your assistance. We appreciate your time.

Sincerely,

Jennifer Doty, CEO

## Appendix E – Survey Instrument

**Community Health Services Development Survey**
**Sidney, Montana**

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

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

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

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

   ☐ Alcohol abuse
   ☐ Alzheimer's/dementia
   ☐ Cancer
   ☐ Child abuse/neglect
   ☐ Depression/anxiety
   ☐ Diabetes
   ☐ Drug abuse
   ☐ Heart disease
   ☐ Hunger
   ☐ Lack of access to healthcare

   ☐ Lack of dental care
   ☐ Lack of exercise
   ☐ Lack of mental health professionals
   ☐ Mental health issues
   ☐ Motor vehicle accidents
   ☐ Overweight/obesity
   ☐ Poor air/water quality
   ☐ Recreation related accidents/injuries
   ☐ Respiratory disease (asthma, COPD)

   ☐ Social isolation/loneliness
   ☐ Stroke
   ☐ Suicide
   ☐ Tobacco use (cigarettes, vaping, smokeless)
   ☐ Trauma (domestic violence, PTSD, sexual assault, elder abuse)
   ☐ Work related accidents/injuries
   ☐ Other: _____

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

   ☐ Access to childcare/after school programs
   ☐ Access to healthcare and other services
   ☐ Affordable housing
   ☐ Arts and cultural events
   ☐ Clean environment (air/water)
   ☐ Community involvement

   ☐ Good jobs and a healthy economy
   ☐ Good schools
   ☐ Healthy behaviors and lifestyles
   ☐ Healthy food choices
   ☐ Low crime/safe neighborhoods
   ☐ Low death and disease rates
   ☐ Low level of domestic violence

   ☐ Parks and recreation
   ☐ Religious or spiritual values
   ☐ Strong family life
   ☐ Tolerance for diversity
   ☐ Transportation services
   ☐ Other: _____

4. How do you rate your knowledge of the health services that are available at Sidney Health Center?

   ☐ Excellent      ☐ Good      ☐ Fair      ☐ Poor

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

   ☐ Chamber of Commerce
   ☐ Friends/family
   ☐ Healthcare provider
   ☐ Mailings/newsletter
   ☐ Newspaper

   ☐ Presentations
   ☐ Public Health
   ☐ Radio
   ☐ Social media

   ☐ Television/TV
   ☐ Website/internet
   ☐ Word of mouth/reputation
   ☐ Other: _____

74

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

- ☐ Acupuncture
- ☐ Certified health coach
- ☐ Chiropractor
- ☐ Dentist
- ☐ Eye doctor
- ☐ Fitness center

- ☐ Food bank
- ☐ Home care services
- ☐ Massage
- ☐ Meals on Wheels
- ☐ Medical spa
- ☐ Mental health

- ☐ Naturopath
- ☐ Pharmacy
- ☐ Public Health
- ☐ Senior center
- ☐ Substance abuse services/AA, NA
- ☐ Other: _____

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

- ☐ Access to health insurance
- ☐ Availability of visiting specialists
- ☐ Cultural sensitivity
- ☐ Expanded walk-in clinic availability
- ☐ Health education resources
- ☐ Improved health insurance education
- ☐ Improved quality of care

- ☐ Interpreter services
- ☐ More information about available services
- ☐ More primary care providers
- ☐ Telemedicine
- ☐ Transportation assistance
- ☐ 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 abuse
- ☐ Alzheimer's
- ☐ Cancer
- ☐ Caregiver training
- ☐ Chronic disease management
- ☐ Diabetes
- ☐ First aid/CPR
- ☐ Fitness

- ☐ Grief counseling
- ☐ Health and wellness
- ☐ Health insurance education (Medicare/Medicaid/Private)
- ☐ Heart disease
- ☐ Breast feeding/Lactation support
- ☐ Living will/Advanced directives
- ☐ Men's health
- ☐ Mental health

- ☐ Nutrition
- ☐ Parenting
- ☐ Prenatal
- ☐ Pulmonary health
- ☐ Smoking/tobacco cessation
- ☐ Weight loss
- ☐ Women's health
- ☐ Other: _____

9. Which of the following support groups would you be most interested in if available locally? (**Select ALL that apply**)

- ☐ Cancer
- ☐ Caregivers
- ☐ Depression/anxiety
- ☐ Diabetes

- ☐ Disability
- ☐ Grief
- ☐ Stress management
- ☐ Suicide survivor

- ☐ Veterans
- ☐ Weight loss
- ☐ Other: _____

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

- ☐ Birthday lab work
- ☐ Children's checkup/Well baby
- ☐ Cholesterol check
- ☐ Colonoscopy
- ☐ Dental exam
- ☐ Flu shot/immunizations

- ☐ Hearing check
- ☐ Mammography
- ☐ Mental health counseling
- ☐ Pap smear
- ☐ Prostate (PSA)
- ☐ Routine blood pressure check

- ☐ Routine health checkup
- ☐ Vision check
- ☐ None
- ☐ Other: _____

2

11. How would you prefer to learn about available classes, programs, or services available in our community? (**Select ALL that apply**)

☐ Healthcare provider  ☐ On-line module  ☐ Television/TV
☐ Mailings/newsletter  ☐ Presentations  ☐ Website/internet
☐ Newspaper  ☐ Social media  ☐ Other: _____

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

☐ Acupuncture  ☐ Dermatology  ☐ Urology
☐ Cardiology  ☐ Occupational health  ☐ Vein doctor
☐ Chronic pain management  ☐ Oral surgery  ☐ Other: _____

13. 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

14. 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 16**)

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

☐ Could not get an appointment  ☐ It was too far to go  ☐ Too busy, not a priority
☐ Could not get off work  ☐ Language barrier  ☐ Too long to wait for an appointment
☐ Didn't know where to go  ☐ My insurance didn't cover it  ☐ Too nervous or afraid
☐ Don't like doctors or other providers  ☐ No insurance  ☐ Transportation problems
☐ Had no one to care for the children  ☐ Not treated with respect  ☐ Unsure if services were available
☐ It cost too much  ☐ Office wasn't open when I could go  ☐ Other: _____

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)**

☐ Sidney  ☐ Miles City  ☐ Williston, ND
☐ Billings  ☐ Minot, ND  ☐ Other: _____
☐ Bismarck, ND  ☐ VA
☐ Glendive  ☐ Watford City, ND

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/in-network hospital
☐ Closest to work  ☐ Indian Health Services  ☐ VA/Military requirement
☐ Cost of care  ☐ Prior experience with hospital  ☐ Other: _____
☐ Emergency, no choice  ☐ Recommended by family or friends
☐ Financial assistance programs  ☐ Referred by physician or other provider

3

**19.** 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 22)**

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

| | | |
|---|---|---|
| ☐ Sidney | ☐ Glendive | ☐ Watford City, ND |
| ☐ Bismarck, ND | ☐ Miles City | ☐ Williston, ND |
| ☐ Culbertson | ☐ Minot, ND | ☐ Other: _____ |
| ☐ Fairview | ☐ VA | |

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

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

**22.** 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 25)**

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

| | | |
|---|---|---|
| ☐ Sidney | ☐ Glendive | ☐ VA |
| ☐ Billings | ☐ Miles City | ☐ Watford City, ND |
| ☐ Bismarck, ND | ☐ Minot, ND | ☐ Williston, ND |
| | | ☐ Other: _____ |

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

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

4

**25.** The following services are available at Sidney Health Center. 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 |
|---|---|---|---|---|---|---|
| Ambulance services | 4 | 3 | 2 | 1 | N/A | DK |
| Cancer care | 4 | 3 | 2 | 1 | N/A | DK |
| Clinic services | 4 | 3 | 2 | 1 | N/A | DK |
| Emergency room | 4 | 3 | 2 | 1 | N/A | DK |
| Cardiac rehabilitation | 4 | 3 | 2 | 1 | N/A | DK |
| Laboratory | 4 | 3 | 2 | 1 | N/A | DK |
| Nursing home | 4 | 3 | 2 | 1 | N/A | DK |
| Physical therapy | 4 | 3 | 2 | 1 | N/A | DK |
| Radiology services (x-ray, CT-scan, MRI) | 4 | 3 | 2 | 1 | N/A | DK |
| Sleep center | 4 | 3 | 2 | 1 | N/A | DK |
| Surgical services | 4 | 3 | 2 | 1 | N/A | DK |
| Telemedicine | 4 | 3 | 2 | 1 | N/A | DK |
| Visiting nurse/Hospice/Personal care | 4 | 3 | 2 | 1 | N/A | DK |

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

☐ Yes         ☐ No

**27.** 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

**28.** During the past twelve (12) months, have you used any of the following tobacco products? **(Select ALL that apply)**

☐ Smokeless/chew/snuff/snus          ☐ Pipe

☐ Cigarettes                          ☐ Vaping/e-cigarettes

☐ Cigars                              ☐ None

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

☐ Yes         ☐ No

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

☐ Yes         ☐ No

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

☐ Child car seat/booster                        ☐ Personal protection equipment (PPE)

☐ Child car seat installation inspection         ☐ Regular exercise

☐ Designated driver                             ☐ Seat belt

☐ Helmet                                         ☐ None

**32.** Do you have health insurance?

☐ Yes         ☐ No **(If no, skip to question 35)**

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

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

**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 ☐ Choose not to have health insurance
☐ Employer does not offer insurance ☐ Other: _____

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

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

## Demographics

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

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

☐ 59270 Sidney ☐ 59221 Fairview ☐ 59243 Lambert
☐ 59262 Savage ☐ 59218 Culbertson ☐ Other: _____

**38.** What is your gender?

☐ Male ☐ Female ☐ Other

**39.** What age range represents you?

☐ 18-25 ☐ 46-55 ☐ 76-85
☐ 26-35 ☐ 56-65 ☐ 86+
☐ 36-45 ☐ 66-75

**40.** What is your employment status?

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

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

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

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

6

## Appendix F – Responses to Other and Comments

**2**. In the following list, what do you think are the three most serious health concerns in our community?
- Depression/suicide
- Lack of healthy lifestyle, a lot of contributing factors

**5.** How do you learn about the health services available in our community?
- Call and ask
- I work at the hospital
- Referrals
- Experience
- Work at SHC [Sidney Health Center]

**6.** Which community health resources, other than the hospital or clinic, have you used in the last three years?
- General Medicine Doctor
- Domestic violence support
- VA Winston, N.D.
- Physical Therapy
- Ear DOCTOR

**7.** In your opinion, what would improve our community's access to healthcare?
- Specialists coming in
- Mental health professionals
- Smarter people
- Transparent pricing
- Need more Doctors, NP's for Primary Care
- Lower Cost Health Care (2)
- More available parking
- Additional pediatricians

**8.** If any of the following classes/programs were made available to the community, which would you be most interested in attending?
- Early childhood development
- Food aid
- None

**9.** Which of the following support groups would you be most interested in if available locally?
- N/A (3)
- For family members of Alzheimer's patients
- Domestic violence
- None of the above (3)

**10.** Which of the following preventative services have you used in the past year?
- None here; all services out of town
- Wellness screening and lab work by employer
- V.A.

**11**. How would you prefer to learn about available classes, programs, or services available in our community?
- Radio
- Email

**12.** What additional healthcare services would you use if available locally?
- None (4)
- Child psychologist
- Advanced eye care for glaucoma and retinal detachment
- Depends on condition that I have at the time
- VA
- Psychiatrist

**15.** If yes, what were the three most important reasons why you did not receive healthcare services?
- Poor billing procedures
- No specialists
- Not quality care
- Walk-in Clinic was insufficient
- In waiting room to long (MRI)
- No specialist local

**17.** Which hospital does your household use MOST for hospital care?
- Culbertson (2)
- Denver CO

**18.** Thinking about the hospital you were at most frequently, what were the three most important reasons for selecting that hospital?
- Easier to get in and to make appointments
- Doctor quality/trust, attentive with patient concerns
- My physician is there

- More experienced doctors
- Treated quickly and treated with respect. Privacy when checking in. They were kind and non-judgmental. Don't have to wait long periods of time for the doctor or to get into the ER beds
- Doctor

**20.** Where was that primary healthcare provider located?
- Billings, MT (3)
- Culbertson
- Sidney, Culbertson

**21.** Why did you select the primary care provider you are currently seeing?
- Better provider
- Only female provider insurance covered
- Family recommended
- Only one available when I needed one
- Liked the Dr./Nurse
- Take's my concerns seriously
- Did not Like Sidney or Glendive
- Son is the Nurse

**23.** Where was the healthcare specialist seen?
- Kalispell, MT
- Mayo Clinic- Rochester
- Phoenix, AZ, Scobey MT
- Minot, ND
- New York City
- Great Falls, MT
- Denver, CO

**24.** What type of healthcare specialist was seen?
- Orthodontist, orthopedic surgeon
- General- yearly check up
- Lactation consultant
- Oral Surgeon

**35.** If you do NOT have medical insurance, why?
- VA
- Use a Christian Sharing Network

**40.** What is your employment status?
- Full-time Rancher
- Retired, I volunteer
- Stay at home mom (3)
- Volunteer Good Cents and Nursing home

Additional Comments:
- Emergency room: 1$^{st}$ time poor, 2$^{nd}$ time Excellent

## Appendix G –Focus Group Interview Questions

1.  What would make this community a healthier place to live?

2.  What do you think are the most important local healthcare issues?  (Probe question:  What do you think are the biggest issues facing local healthcare services?)

3.  We are now going to ask you for your views about the hospital. What do you think of the hospital in terms of:
    *   Quality of care
    *   Number of services
    *   Hospital staff (style of care, competence)
    *   Hospital board and leadership (good leaders, trustworthy)
    *   Business office
    *   Condition of facility and equipment
    *   Financial health of the hospital
    *   Cost
    *   Office/clinic staff
    *   Availability

4.  Are any of the local providers your personal provider or personal provider to your family members?  Why?

5.  What do you think about these local services:
    *   Emergency Room
    *   Ambulance service
    *   Healthcare services for Senior Citizens
    *   Public/County Health Department
    *   Healthcare services for low-income individuals/families
    *   Nursing Home/Assisted Living Facility
    *   Pharmacy

6.  Why might people leave the community for healthcare?

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

**Focus Group #1**
Tuesday, April 16, 2019 –Sidney Health Center – Sidney, MT
10 participants

1. What would make this community a healthier place to live?
   - It would be nice if we had more visiting specialists. Or if they had a better way to let the community know which specialists are here and when.
   - Workforce; we need more doctors and nursing staff.
   - I think we have a lot of services, but people just don't know where to look.
   - I wonder about mental health. Do we have adequate services?
     - I don't know if we have anything anymore.
     - It seems like only Miles City has services for eastern Montana.
     - There is some mental health at the community services building.
   - Maybe would could progress/improve with suicide prevention and mental health services because it is coming to be such an issue.

2. What do you think are the most important local healthcare issues?
   - More doctors. We need more primary care doctors, but also there is a lack specialists as well. Cardiology and urology.
   - Nursing staff. A lot of the nurse's contracts are up and there are leaving. They [SHC] are so short staffed that they aren't able to provide the care that patients need.
   - The one complaint that I hear the most is about time sensitive issues. Sometimes people have appointments but still end up waiting a couple of hours. Sometimes people just get up and leave. In both the clinic and ER.
   - It's hard to get ahold of your doctor in the office to get information. With older people, they don't know who to call aside from their doctor and they can't get ahold of them.
   - I think we [SHC] have lost the personal touch. They shuffle you around, all over, and you don't know when your test is coming, or who it is coming from. You need to get on your computer to check your lab results and older patients can't/won't do this.
   - We lost a pharmacy; they [SHC based pharmacy] are very busy and seem to have trouble catching up.
   - They are operating as a big hospital even though they are a small hospital. There are great people here, but are very short handed.  People from all over the region come here, so we need more staff.
   - Because we are in the oil field, there is a higher cost of living here.
   - It's hard to get doctors here because the lack of housing. Also, the cost of living is very high.
   - Economically, Sidney is in a really strange place. Shops are closing down. There isn't a lot of diversity and cultural things here either. I think this plays a lot into it [recruitment/retention].

3. What do you think of the hospital in terms of:

Quality of Care
- Excellent.
- I agree with that.
- It's very rare to hear a complaint about the quality in Sidney. The nurses are exceptional – they are just short staffed.

Number of Services
- For a small community I think we are doing well. Diabetes and dialysis services are areas that we could really expand. Many people have to travel for this.
- When we first moved here, I was surprised with how many services are available. I was amazed with what they offer given the size of the community.

Hospital Staff
- It's really hard to get primary care providers to come here.
- A recent event here at the hospital really open my eyes to how caring the staff is and how blessed we're are to have them.
- There are always people willing to help you around the facility.
- In the past, when people were in the hospital, they use to ask each patient if they would like pastoral services. I don't know if they ask anymore; and if they do, they may not actually call and let us know who has asked.

Hospital Board and Leadership
- I feel they are trustworthy.
- There is a lot of responsibility and they are on top of it, and doing really well.
- If the community isn't talking, it means they [board/leadership] are doing a good job.

Business Office
- The timeliness is an issue that they have been addressing. Wait times for bills has gone from 80 days to 40 days.
- I think a lot of the holdup has to do with Medicare.
- It seems like they are confused about sending bills. I will get two back to back after I've have already paid.

Condition of Facility and Equipment
- Overall all its good.
- I hear the beds aren't good.
- It's nicely kept.
- I think they have up to date equipment.
- They need more parking though.
- People from out of town are often really impressed.
- This hospital is way better than the one in Williston.

Financial Health of the Hospital
- *Not asked*

Cost
- I feel it is in-line with other places.

Office/Clinic Staff
- Very helpful.

Availability
- You may have to wait because they are often short staffed.

4. Are any of the local providers your personal provider or personal provider to your family members? Why?
    - We really like our doctor.
    - I only travel for specialty services like dermatology. Apparently, Glasgow has a visiting dermatologist.
    - A lot of people from the Plentywood area come here even though it is easier to go to Williston.

5. What do you think about these local services:
Emergency Room
    - We brought family here; they got him right in and did a great job.
    - A lot of the visiting docs are amazing.
    - Sometimes people wait for hours and other times people get in right away. You never know how long it might be.
    - When people can't get in with their doctor, they go to the walk-in clinic and then they get sent to the ER because they are too busy.
    - I worry with how busy the doctors are, I worry they will get burned out.
    - Privacy is an issue. There is only a thin little curtain, so everyone can hear everything.
    - From my experience, when there are long wait times, they [staff] make sure to check on you frequently and make sure you are ok.

Ambulance Service
    - The response is immediate. It was wonderful.
    - They are volunteers, so they have to stop working to come. They are committed and really doing an amazing job.
    - Biggest challenge is the cost of being flown out. It's outrageous what they charge.

Healthcare Services for Senior Citizens
    - The Counsel on Aging does a great job.
    - It is limited to get people to come into the house for in home health and other in-home services. They are only available for a few hours a week.

- The County has a bus that is really well utilized. They can help people get to appointments. It used to be just for seniors but now it is open to everyone.
- There is Meals on Wheels too.

Public/County Health Department
- They have some good programs there.
- We have an awesome public health program because they have people who can write grants.

Healthcare Services for Low-Income Individuals/Families
- I think there are assistance programs that are available, but people may not know where to look. A lot of it is shared through word of mouth.
- Public health has WIC.
- You can get help paying for Part B Medicare through the Council on Aging.
- The hospital foundation assists with reimbursement to help low-income individuals who have to travel from out of town.

Nursing Home/Assisted Living Facility
- There is a program through the nursing home that does respite care.
- For a while there was a waiting list. They are also short staffed.
- I don't hear many complaints from the people that live there.
- The cost at The Lodge is more than what some people can afford.
- There is another facility that goes by income.

Pharmacy
- One just closed so there is a demand.

6. Why might people leave the community for healthcare?
   - If the specialty isn't available here.
   - Sometimes there is a long wait time.
   - There is limited mental health.
   - A lot of us live here because we like the small community but on the other hand we want the healthcare that is available in a bigger community.

7. What other healthcare services are needed in the community?
   - There is a need for dialysis.
   - It's wonderful that there is a cancer center now.
   - Dermatology would be nice. A lot of people travel for dermatology.
   - Shortage of primary care providers.
   - Mental health.
   - We could use more age-in-place services for seniors.
   - Matthew House is a place for transient people; its not as busy as it was, but it seems like there is often a need for short-term housing.

- We are little limited on intramural sports and activity space. The recreation league doesn't have an actual field.
- I feel very fortunate with the facility here and the kind of community that helps each other out.
- The volunteerism in our community is fantastic.

## Focus Group #2
Wednesday, April 26, 2019 – Sidney Health Center – Sidney, MT
8 participants

1. What would make this community a healthier place to live?
   - A recreation center would be really good.
   - The grocery store in Watford is awesome. They do grocery delivery. That would be nice to have at Reynolds.
   - Cost and quality of produce could be improved. If you want to eat healthy, you have to pay up.
   - We could reduce barriers that prevent people from accessing preventative services.
   - Also, there could be better education in the community about how to feed your children healthy food. There is so much sugar in the food that we think is healthy, and you just don't know until you start looking into it.
   - The older kids' baseball went away and it's really sad. I think there aren't enough parents to volunteer and kids would rather play video games.
   - A lot of parents could use more guidance and resources. A couple of years ago there was a Love and Logic class but only a few people showed up.
   - I have been impressed with the improved suicide prevention.
   - Mental health was so taboo and people really weren't talking about it. People are still so hesitant to go talk to someone.
   - I think most people learn about resources through word of mouth and social media.
   - Someone was trying to get a community calendar together, but people have to go and submit their events. It makes it hard so people don't bother to submit the events that are happening.
   - There could be a centralized place for service referrals. I don't know how it gets put together or maintained, but we definitely need someone to be knowable about what services are available in the community.

2. What do you think are the most important local healthcare issues?
   - The needs of an aging community – the home health, extended care
   - I have little kids and I am always worried about the pediatrician. There is just one and he might retire soon. We have to travel to Billings sometimes.
   - The OB availability needs improvement.
   - It can take three weeks get a follow-up appointment after they find something questionable. That can feel like forever.
   - It is really nice to have a walk-in-clinic.

- I bet it is really hard to recruit doctors to this town. There isn't a lot of shopping options, and limited resources. Also, if you want to fly out you have to drive all the way to Billings. The cost of living here is a lot.


3. What do you think of the hospital in terms of:
Quality of Care
- It varies a little depending on who you see.
- A lot of it is patient preference as well.
- Some of the doctors are getting older so they will be retiring soon.

Number of Services
- It would be nice to have more traveling specialists, like dermatology.
- I think there is a shortage with family practice and internists.

Hospital Staff
- Good.

Hospital Board and Leadership
- I think Jen [Administrator] being here is really good for the facility.
- The Board is fantastic.

Business Office
- They are getting better.
- Now that they outsource, I think it is better. They have had a lot of turnover in that office.
- The online bill pay doesn't work very well; but when you talk to someone in person or on the phone, they are great.
- It would be great to have a family account so that you don't have to make multiple payments. We thought we were paying on our "family" account, only to learn we were paying for only "one" person's expenses.
- They send multiple bills even after you have payed. It has been a little confusing.
- I like the 15% discount for paying within 30 days. I think there are a lot of people that don't know about the discount.

Condition of Facility and Equipment
- The new clinic is really nice – it was very needed.
    - I've heard that that it is a really long way to walk for the elderly.
    - I've also heard that the privacy is an issue – supposedly you can hear in the room next to you.
    - Parking is an issue.

Financial Health of the Hospital
- I think it is getting better. The Cancer Center helps.

Cost
- Comparable.
- I would love for it to be cheaper.

Office/Clinic Staff
- When your due for an appointment, they call and let you know. That is really convenient.
- I really like the MyChart app.

Availability
- The wait time in the clinic is really long. When you get in the waiting room you wait and when you get in the room you wait.
- It depends on who your primary care provider is. A lot of them don't work on Fridays. Doctors used to keep one appointment open for urgent cases but I don't think they do this anymore.
- It used to be more difficult to schedule.


4. Are any of the local providers your personal provider or personal provider to your family members? Why?
- I go to Glendive because I had my kids during the boom here, I felt it was better to leave the community.
- It would be convenient to have time slots at the walk-in clinic instead of a wait line. I opt instead to go to Glendive because I can know I can get in right away.


5. What do you think about these local services:
Emergency Room
- It is really good.
- Sometimes privacy is an issue; you can pretty much hear everything they are saying about the other patients in the ER.
- Just curtains are not enough to protect privacy and you don't feel comfortable.
- The nursing staff is really great.
- The check in process to really an issue. I felt like they were judging at the check-in that it wasn't urgent enough, when it really was. I don't think they took the time to understand.

Ambulance Service
- I don't really know.

Healthcare Services for Senior Citizens
- I think the Lodge does a good job.

Public/County Health Department
- We use it a lot because it's so easy to get in for immunizations. It's really convenient and they do a great job.
- I've always been impressed with the public health office.
- They really cater to the needs of all age groups.
- They have a lot of information and programs available.
- They do good work with school districts all across the county as well.

Healthcare Services for Low-Income Individuals/Families
- They closed the Office of Public Assistance. People haven't realized they are closed and they keep referring others there. This has been an enormous gap. When you call the hotline, you can sit on the phone for hours and don't get any useful information.
- We [public health] do see gaps in the community, and we are working on filling them. We have been working on expanded transportation services.

Nursing Home/Assisted Living Facility
- They are really nice, but super expensive.
- Everyone gets private rooms now which is nice, but I think is has caused a shortage of rooms.
- There are lots of programs and activities at the Lodge.

Pharmacy
- All good. The health center pharmacy is great.
- I love that you can call in a do automatic refills.
- They are really good about calling the physicians when you let your prescription lapse. They will even call and get you an appointment to see your doctor for the new prescription.

6. Why might people leave the community for healthcare?
   - Some leave and go to Billings for shopping or other things in the same trip.
   - Disappointment with a physician, or provider preference.

7. What other healthcare services are needed in the community?
   - Dermatology. Even a traveling once would be nice.
   - People come from all over for the cancer services here.
   - Does anyone know if the hospital is able to use the pools in town for rehab services?
     - They are talking about putting a pool in the basement of Health Works.
     - Health Works is an amazing facility. They do a really good job there.
     - It's just unfortunate that it is in the basement of the facility.

**Focus Group #3**
Thursday, April 17, 2018 – Sidney Health Center – Sidney, MT
6 participants

1. What would make this community a healthier place to live?
   - It would be nice if there was a patient liaison that could help get you referred to services and providers. Just help navigating the system.
   - Mental health is something that the community really needs. In a school setting especially. Depression, suicide, and anxiety are all issues.
     - The closest place you can transport a child that is experiencing these issues is in Billings. This is extremely difficult for families.
   - Easily accessible urgent care.
     - Right now you will sit in the ER for three hours.
   - Would it be possible to call into a central booking office where they can line you up with a primary care provider who is available?
     - In Williston, they have everyone's schedules and they can line you up with who is available.
     - Or even someone who can point you in the right direction and who to call.
   - We have a lot of fast food and bars here.
   - There aren't a lot of recreation leagues for adults here.
   - Bike paths and walking paths are lacking here. Our walking path, even though there is not a lot to it, is very popular.
   - It seems like the hospital used to do a lot more education things, like lunch and learns. This would be useful on topics like diabetes and other chronic conditions.

2. What do you think are the most important local healthcare issues?
   - Availability of healthcare services. Especially for urgent things. There is a walk-in clinic but it is very hard to get into.
   - If you are sick on Friday you have to wait until Monday or go to the emergency room.
   - Access, access, access is the biggest issue here.
   - If you are new to town and don't have an established relationship with a provider it is extremely difficult to get an appointment. I have a provider but needed an MD to sign off for a specific service. I couldn't break through with anyone here and the closest thing I could get into was in Baker.

3. What do you think of the hospital in terms of:
   Quality of Care
   - It has been excellent. The nurses and surgeon are exceptional
   - I have no complaints about the quality and competency of the providers and nursing. They are top notch.
   - The nurses are incredible.
   - Sometimes I question the traveling doctors. The doctors we have here are good though.

93

Number of Services
- The services are great. It's just the waiting that is so difficult.

Hospital Staff
- I feel like there is a good amount of doctors criticizing each other publicly, and I feel like this is really tacky. People are talking about this in the community.
  - It doesn't look good to be disparaging the services in this community.
  - I've had issues with doctors telling my parents things that they should not have told him. They thought something wasn't serious, when in fact it was very serious. The doctor here should have never weighed in on the situation. It caused them a lot of emotional distress.

Hospital Board and Leadership
- I don't have much experience with them.
- They are easily accessible and they will take the time to talk with you.
- A+ across the board.

Business Office
- The billing has improved but it can still be frustrating.
- I think they had a bigger mess when they were sending the bill through Denver.
- They were very helpful in helping get the discount. She even told me how to get the discount when you pay online.
- It is a lot better, but if you call the number on the bill and they answer it is good, but if you leave a message, they don't call you back.
- MyChart is excellent.

Condition of Facility and Equipment
- It's nice.
- The Cancer Center is impressive.
- Having an MRI here is awesome.
- It would be nice if the rooms in extended care were bigger.

Financial Health of the Hospital
- I don't know, but I wonder how it is doing when it took them 6 months to a year to get the bills out. It seems to be stabilizing now.
- You can't help but think about the whole picture when they aren't submitting to insurance for months.
- Things have really changed for the better with the new CEO. In a short amount of time there has been a big turnaround.

Cost
- They are always high.
- How do you even compare?
- Cost of healthcare in general to me is absolutely insane.

Office/Clinic Staff
- It's gotten a lot better. There was a time when it was very unprofessional but is so much better. They used to eat at the font desk and wear non-professional clothes.
- Once a person in the clinic left in the middle of working with me to go get coffee for everyone in the office. She left me waiting for 15 minutes. I was so angry.
- I think it would be nice to have all SHC staff wearing branded clothing so you know who to ask questions or talk to. Sometimes you come up to the front desk and someone's just in their street clothes and you wouldn't know if they work there or just sitting there. I couldn't tell.

Availability
- It used to take months to get into appointments and I think this is getting better with the oil field dying down.

4. Are any of the local providers your personal provider or personal provider to your family members? Why?
- It was easier to go to Glendive when my kids were younger because they had an urgent clinic that was open in the evenings.
- I go to wherever the service is so sometimes it is in Glendive, Williston or in Sidney.
- I go to Williston because I am established with a provider there.
- I have always doctored here.
- I used to go to Patty but she is so booked up, so it is really difficult to get seen with her.

5. What do you think about these local services:
Emergency Room
- There are privacy issues. You can hear everything in there. Even what they are transcribing.
- Yeah, I feel like the center area where the doctors and nurses talk needs to be more private.
- They need to better communicate how long it will take you to be seen.

Ambulance Service
- They do a good job but there is a shortage of volunteers.
- That must be a Sidney thing. In Savage we have almost an overflow of volunteers.
- The air transport is ridiculous.

Healthcare Services for Senior Citizens
- Getting assistance in the house was difficult with my parents. They needed someone to help with medication and such; it took like five months. The woman who comes does a great job, but has over 60 clients so she is very busy.
- There used to be someone who would help seniors with insurance, but this has disappeared.
    - Yes, they need an advocate.

Public/County Health Department
- We have great access with them. They are very active and do a lot with the local schools.

Healthcare Services for Low-Income Individuals/Families
- My perception is that SHC would never turn anyone away.
- You need to have a way to pay if you go in for a non-critical event.

Nursing Home/Assisted Living Facility
- *No comments.*

Pharmacy
- I've heard that with Shopko closing everyone goes to White Drug. There is less availability now because they are not open on Sunday.
- White Drug is now overburdened. This has been a struggle for seniors in the community.
- They are good, but there is limited access.

6. Why might people leave the community for healthcare?
- For specialists.
- Again, because it can be difficult to be seen here.
- They get leave for a second opinion or because it is a more specialized issue.
- Sometimes, if your health insurance doesn't cover certain providers.
- A lot of people go to Williston because they say there are no good doctors here, but then we get people coming here from Williston saying the same thing about their providers.

7. What other healthcare services are needed in the community?
- We need more mental health resources.
- Dermatology.
- Mental health counseling is really deficient here.
  - Even marriage counseling is needed.
- We are really missing that behavioral health piece.
- People really don't know what is available for mental health in the area.
- I think generally people feel very happy and fortunate to have the healthcare system here. We are very fortunate to have such good doctors.

## Appendix I – Request for Comments

Written comments on this 2019 Community Health Needs Assessment Report can be submitted to the Administration Department at Sidney Health Center:

Administration

Sidney Health Center

216 14th Ave SW.

Sidney, MT 59270

Or contact Kaila Dally, Executive Assistant at 406.488.2364 or kaila.dally@sidneyhealth.org with any questions.