



# 2024

## COMMUNITY HEALTH NEEDS ASSESSMENT

**Roundup, Montana**

*Assessment conducted by **Roundup Memorial Healthcare**  
in cooperation with the Montana Office of Rural Health*



Office of Rural Health  
Area Health  
Education Center

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# INTRODUCTION

# Introduction

Roundup Memorial Healthcare is a 25-bed Critical Access Hospital (CAH) and rural health clinic based in Roundup, Montana. Roundup Memorial Healthcare serves Musselshell County of almost 1,800 square miles and provides medical services to the Musselshell County population of just over 4,582 people. Neighboring counties that do not have medical services also contribute to the RMH service area.



Musselshell County is designated by the US Department of Health and Human Services (HHS) as a health professional shortage area due to its geographic and low-income population and is considered a rural frontier county. For further demographic, socioeconomic, and other related county and state data, please see Appendix C to review the Secondary Data Analysis.



**ROUNDUP MEMORIAL  
HEALTHCARE**

**Mission:** To deliver safe, patient-centered care with the kindness we would want for ourselves and our family.

**Vision:** To offer quality care and programs that meet community needs, exceed patients' expectations, and are provided in a caring, convenient, cost-effective, and accessible manner.

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

Between April and May 2024, RMH'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 2024 survey data with data from previous surveys conducted in partnership with the Montana Office of Rural Health in 2021 and 2018. If any statistical significance exists, it will be reported. The significance level was set at 0.05.

# Health Assessment Process

A steering committee was convened to assist Roundup Memorial Healthcare 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 March of 2024. For a list of all steering committee members and their affiliations, see Appendix A. The Steering Committee met twice during the CHSD process; first to discuss health concerns in the community and offer their perspective in designing the survey instrument, and again to review results of the CHNA and to assist in the prioritization of health needs.



## Survey Methodology

### Survey Instrument

In March 2024, surveys were mailed out to the residents in Musselshell 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

Roundup Memorial Healthcare 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.). See survey distribution table on the next page.

Zip Code	Population	Community Name	Total Distribution	# Male	# Female
59072	1805	Roundup	718	359	359
59054	131	Melstone	20	10	10
59087	194	Winnett	14	7	7
59046	153	Lavina	36	18	18
59059	23	Musselshell	12	6	6
<b>Total</b>	<b>2340</b>		<b>800</b>	<b>400</b>	<b>400</b>

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

### Information Gaps- Data

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

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

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



### Limitations in Survey & Key Informant Methodology

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

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

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

### Survey Implementation

In March 2024, a survey, cover letter on Roundup Memorial Healthcare letterhead with the Chief Executive Officer’s signature, and a postage paid envelope were mailed to 800 randomly selected residents in the hospital’s service area. A news release was sent to the local newspaper as well as social media postings prior to the survey distribution announcing that Roundup Memorial Healthcare would be conducting a community health services survey throughout the region in cooperation with the Montana Office of Rural Health.

128 surveys were returned out of 800. Of those 800 surveys, 87 surveys were returned undeliverable for a 17.95% response rate. From this point on, the total number of surveys will be out of 713. 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 8.30%.

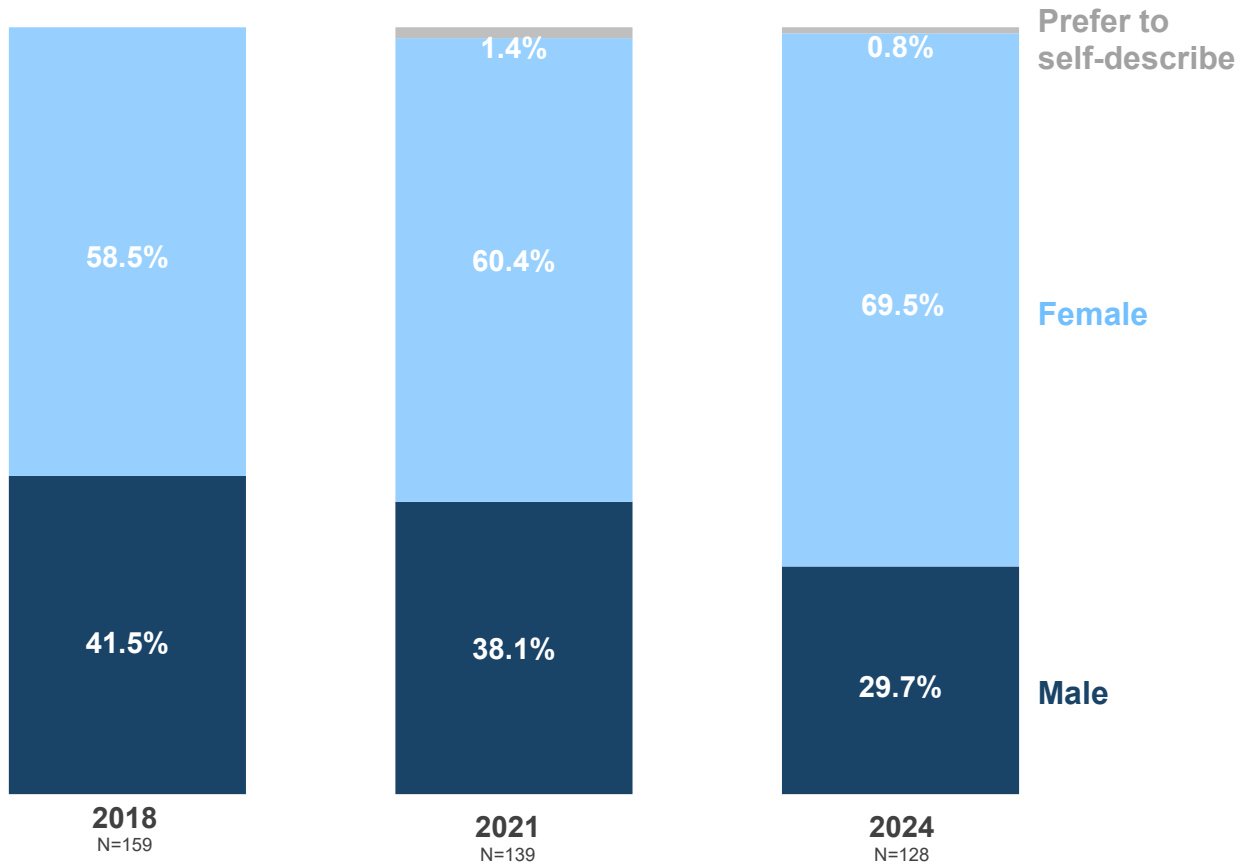
## Survey Respondent Demographics

A total of 713 surveys were distributed amongst Roundup Memorial Healthcare’s service area. One-hundred forty-one were completed for a 17.95% 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.

<b>Place of Residence</b>	<b>2018 % (n)</b>	<b>2021 % (n)</b>	<b>2024 % (n)</b>
<b>Number of respondents</b>	162	139	128
59072 Roundup	90.1% (146)	89.9% (125)	86.7% (111)
59046 Lavina	2.5% (4)	3.6% (5)	5.5% (7)

59059 Musselshell	1.9% (3)	3.6% (5)	3.1% (4)
59054 Melstone	3.1% (5)	1.4% (2)	2.3% (3)
59087 Winnett	1.9% (3)	0.7% (1)	0.8% (1)
59074 Ryegate	0.0% (0)	0.0% (0)	0.0% (0)
Other	0.6% (1)	0.7% (1)	1.6% (2)
<b>TOTAL</b>	<b>100.0% (162)</b>	<b>100.0% (139)</b>	<b>100.0% (128)</b>

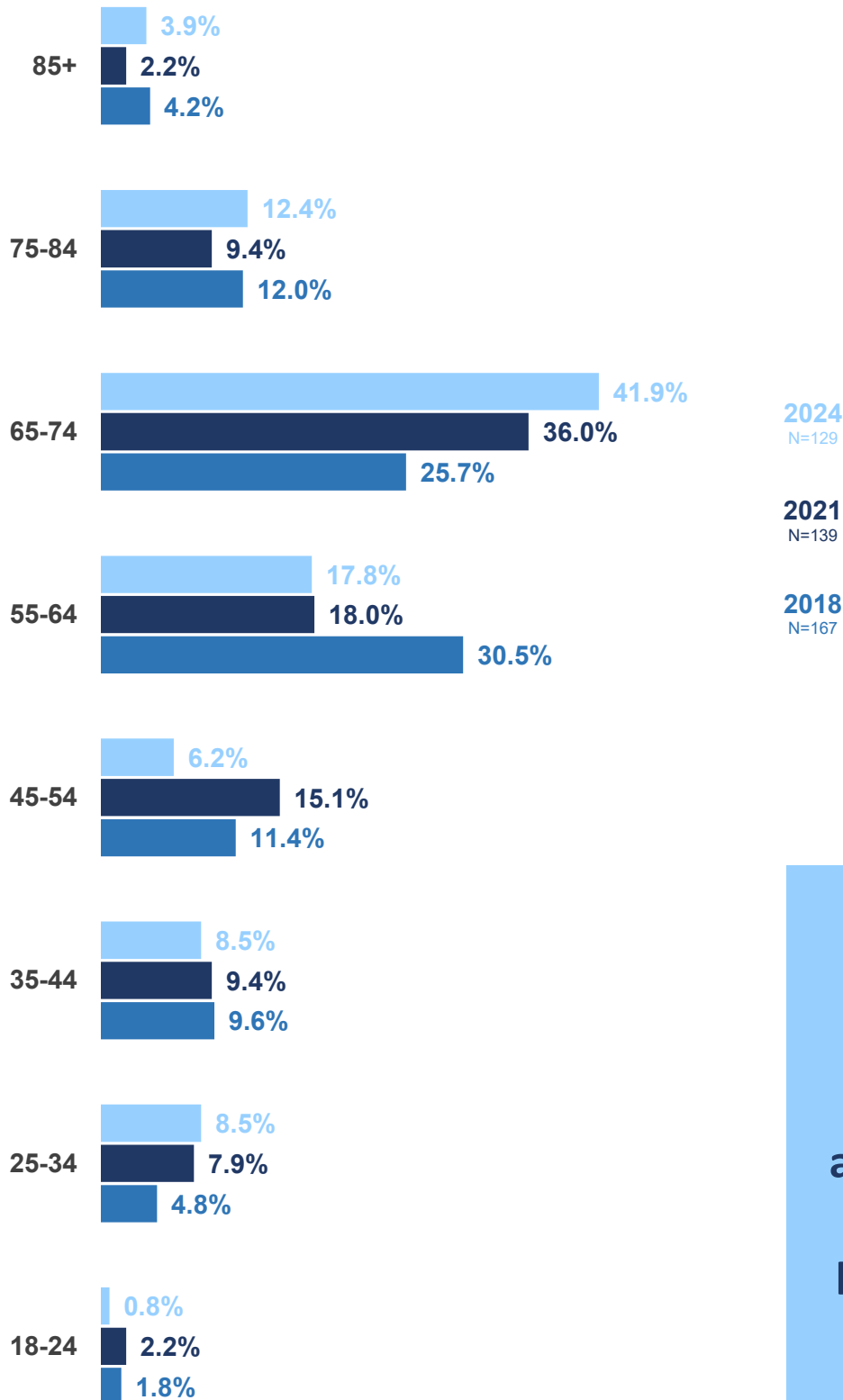
**GENDER OF RESPONDENTS:**



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

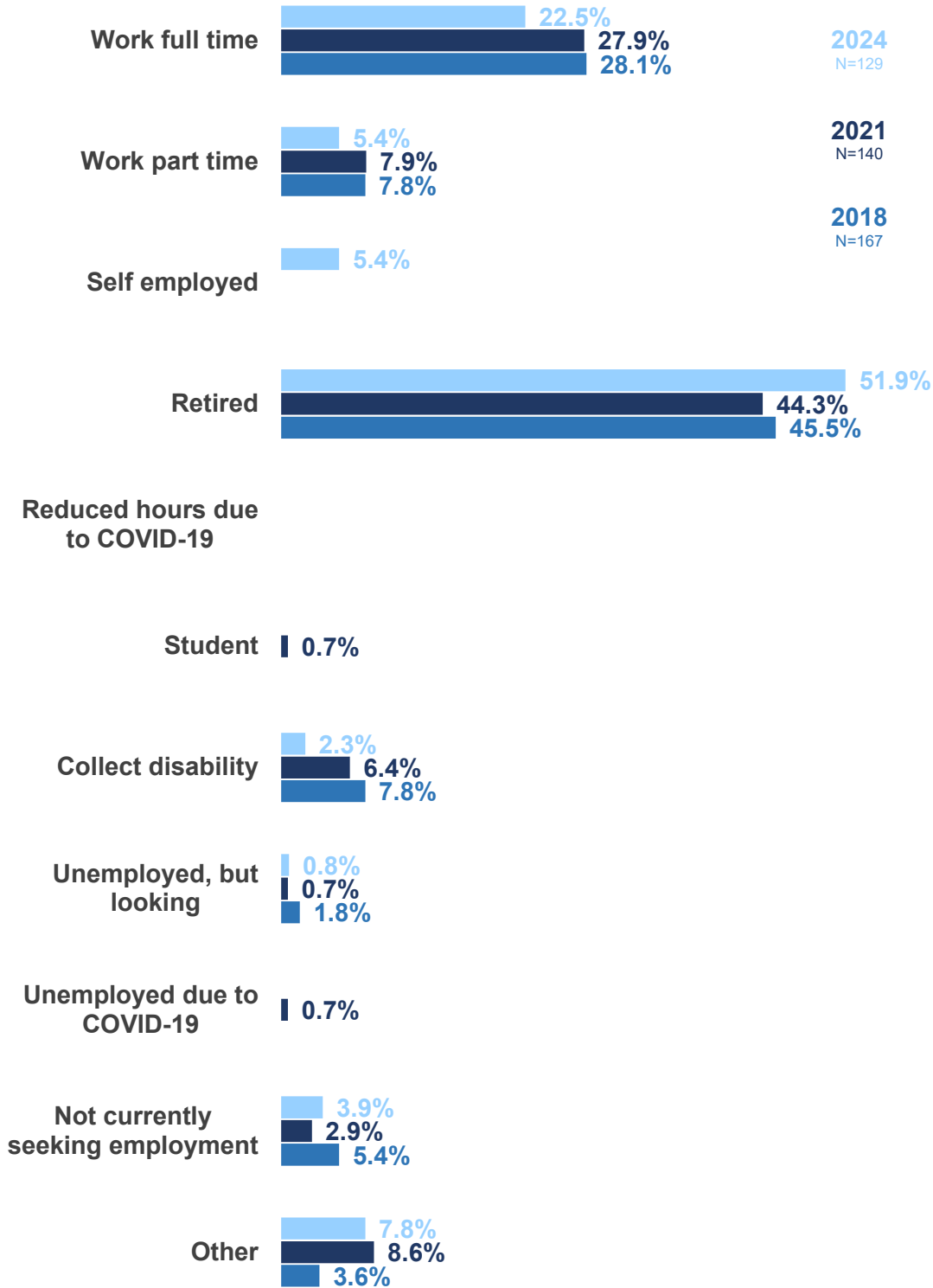


### AGE OF RESPONDENTS:



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

## EMPLOYMENT STATUS:



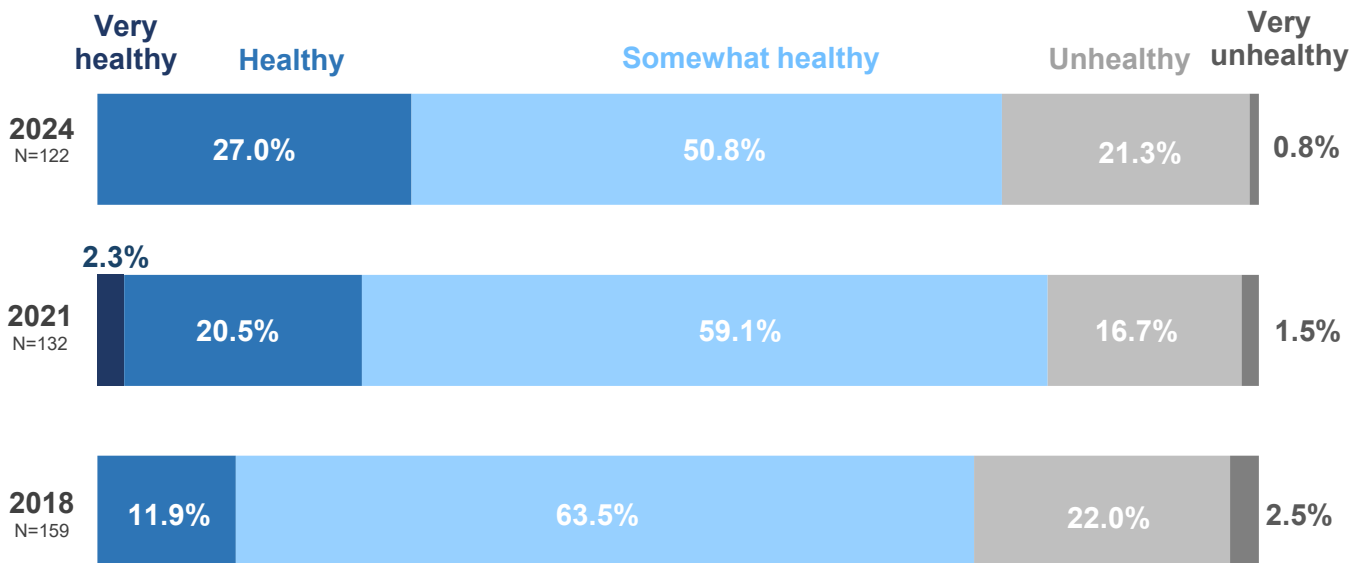


# **SURVEY RESULTS**

# Survey Results

## Rating of Healthy Community (Question 1)

Respondents were asked to indicate how they would rate the general health of their community. 50.8% of respondents (n=62) rated their community as “Somewhat healthy,” and 27.0% of respondents (n=33) felt their community was “Healthy.” 21.3% (n=26) of respondents indicated they felt their community was “Unhealthy,” while 0.8% (n=1) responded with “Very unhealthy.”



**Over half of survey respondents feel their community is somewhat healthy.**

## Health Concerns for Community (Question 2)

Respondents were asked what they felt the three most serious health concerns were in their community. The top identified health concern was “Alcohol/substance abuse” at 59.4% (n=76). “Mental health issues (depression, anxiety, PTSD, etc.)” was also a high priority at 36.7% (n=47), which has increased since the last survey. Concerns about “Overweight/obesity” was also high priority at 25.0% (n=32). Concerns about “Lack of exercise,” “High blood pressure,” “Suicide,” and “COPD/asthma/respiratory illnesses” all increased in prevalence since 2021 as well.

Health Concern	2018 % (n)	2021 % (n)	2024 % (n)	SIGNIFICANT CHANGE
Number of respondents	169	140	128	
Alcohol/substance use	71.0% (120)	63.6% (89)	59.4% (76)	<input type="checkbox"/>
Mental health issues (depression, anxiety, PTSD, etc.)		27.1% (38)	36.7% (47)	<input type="checkbox"/>
Overweight/obesity	34.9% (59)	25.0% (35)	25.0% (32)	<input type="checkbox"/>
Tobacco use (cigarettes/cigars, vaping, smokeless)	22.5% (38)	18.6% (26)	18.8% (24)	<input type="checkbox"/>
Cancer	24.9% (42)	23.6% (33)	18.0% (23)	<input type="checkbox"/>
Lack of exercise	16.0% (27)	7.1% (10)	14.1% (18)	<input type="checkbox"/>
Heart disease	10.7% (18)	10.0% (14)	13.3% (17)	<input type="checkbox"/>
Work/economic stress		12.1% (17)	11.7% (15)	<input type="checkbox"/>
Child abuse/neglect	8.3% (14)	10.0% (14)	9.4% (12)	<input type="checkbox"/>
Lack of access to healthcare	10.1% (17)	12.1% (17)	9.4% (12)	<input type="checkbox"/>
Diabetes	13.6% (23)	10.0% (14)	7.8% (10)	<input type="checkbox"/>
Lack of dental care	4.7% (8)	5.7% (8)	7.8% (10)	<input type="checkbox"/>
Social isolation/loneliness		10.0% (14)	7.8% (10)	<input type="checkbox"/>
High blood pressure	14.2% (24)	6.4% (9)	7.0% (9)	<input checked="" type="checkbox"/>
Suicide		2.1% (3)	7.0% (9)	<input type="checkbox"/>
COPD/asthma/respiratory illnesses	14.2% (24)	4.3% (6)	6.3% (8)	<input checked="" type="checkbox"/>
Alzheimer’s/dementia		2.1% (3)	4.7% (6)	<input type="checkbox"/>
Hunger		2.9% (4)	4.7% (6)	<input type="checkbox"/>
Domestic violence	1.2% (2)	2.1% (3)	3.1% (4)	<input type="checkbox"/>
Trauma/Adverse Childhood Experiences (ACES)		5.7% (8)	3.1% (4)	<input type="checkbox"/>
Work related accidents/injuries	1.2% (2)	0.0% (0)	3.1% (4)	<input type="checkbox"/>
Stroke	1.8% (3)	1.4% (2)	2.3% (3)	<input type="checkbox"/>

Motor vehicle accidents	2.4% (4)	2.1% (3)	1.6% (2)	<input type="checkbox"/>
Recreation related accidents/injuries	0.0% (0)	0.0% (0)	0.0% (0)	<input type="checkbox"/>
Other	2.4% (4)	8.6% (12)	5.5% (7)	<input type="checkbox"/>

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

“Other” comments included: Drugs (3), Drug use/alcohol addiction, Danger of denial and ignorance of adults regarding real issues

***(View all comments in Appendix G)***

### Components of a Healthy Community (Question 3)

Respondents were asked to identify the three most important things for a healthy community. 41.9% of respondents (n=54) indicated that “Good jobs and a healthy economy” is most important for a healthy community, followed by “Access to healthcare services” at 34.1% (n=44), and “Affordable housing” at 29.5% (n=38). “Access to healthcare services” and “Water quality” both decreased significantly as a component of a health community since 2021, while “Affordable housing” increased significantly since then.

Components of a Healthy Community	2018 % (n)	2021 % (n)	2024 % (n)	SIGNIFICANT CHANGE
Number of respondents	169	140	129	
Good jobs and a healthy economy	42.6% (72)	42.9% (60)	41.9% (54)	<input type="checkbox"/>
Access to healthcare services	65.7% (111)	42.1% (59)	34.1% (44)	<input checked="" type="checkbox"/>
Affordable housing	16.0% (27)	20.0% (28)	29.5% (38)	<input checked="" type="checkbox"/>
Healthy behaviors and lifestyles	27.8% (47)	26.4% (37)	25.6% (33)	<input type="checkbox"/>
Low crime/safe neighborhoods	16.6% (28)	17.1% (24)	23.3% (30)	<input type="checkbox"/>
Water quality	34.9% (59)	33.6% (47)	21.7% (28)	<input checked="" type="checkbox"/>
Strong family life	21.9% (37)	27.9% (39)	20.9% (27)	<input type="checkbox"/>
Access to healthy foods		10.0% (14)	17.8% (23)	<input type="checkbox"/>
Good schools	16.6% (28)	16.4% (23)	17.8% (23)	<input type="checkbox"/>

Religious or spiritual values	16.6% (28)	16.4% (23)	17.8% (23)	<input type="checkbox"/>
Access to childcare/ after school programs		7.9% (11)	11.6% (15)	<input type="checkbox"/>
Arts and cultural events	0.6% (1)	0.0% (0)	0.8% (1)	<input type="checkbox"/>
Clean environment	11.8% (20)	7.1% (10)	5.4% (7)	<input type="checkbox"/>
Community involvement	10.1% (17)	8.6% (12)	5.4% (7)	<input type="checkbox"/>
Parks and recreation	4.1% (7)	2.9% (4)	3.9% (5)	<input type="checkbox"/>
Tolerance for diversity	2.4% (4)	5.7% (8)	3.9% (5)	<input type="checkbox"/>
Transportation services	1.2% (2)	3.6% (5)	3.1% (4)	<input type="checkbox"/>
Low level of domestic violence	1.2% (2)	1.4% (2)	2.3% (3)	<input type="checkbox"/>
Low death and disease rates	3.0% (5)	0.0% (0)	1.6% (2)	<input type="checkbox"/>
Other	2.4% (4)	3.6% (5)	3.9% (5)	<input type="checkbox"/>

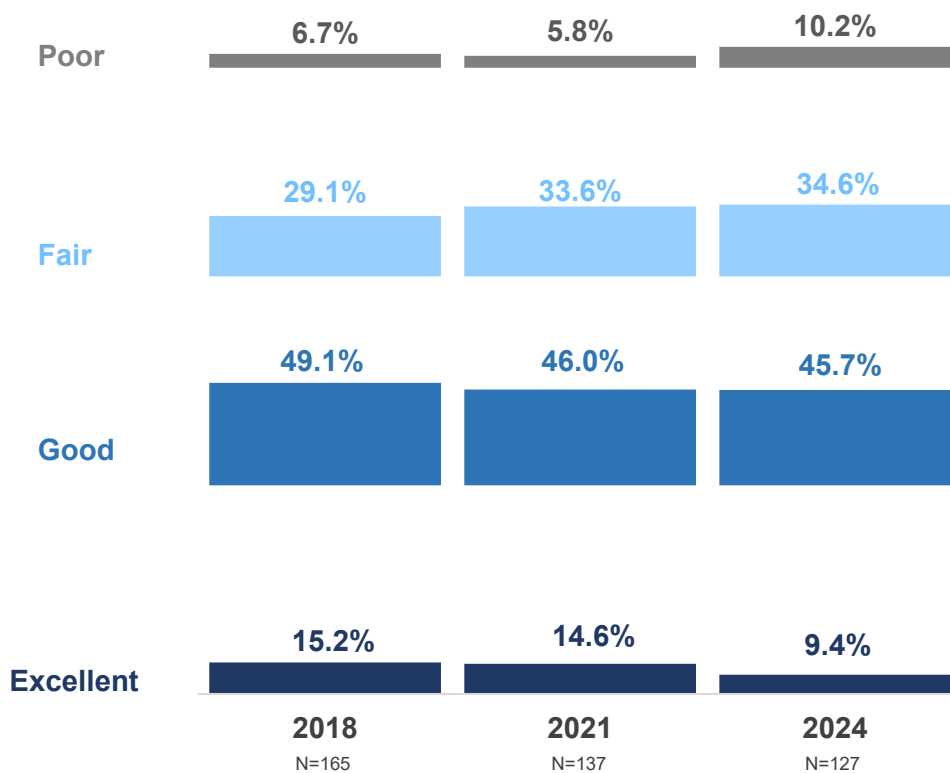
A solid blue square indicates a statistically significant change between years ( $p \leq 0.05$ ). Respondents were asked to pick their top three components of a healthy community, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year.

“Other” comments included: More than 3 w/ some in place it takes care of others

***(View all comments in Appendix G)***

## Knowledge of Health Services (Question 4)

Respondents were asked to rate their knowledge of the health services available at Roundup Memorial Healthcare. 45.7% of respondents (n=58) rated their knowledge of health services as “Good.” “Fair” was selected by 34.6% percent (n=44), “Poor” by 10.2% (n=13), and “Excellent” was selected by 9.4% of respondents (n=12).





## How Respondents Learn of Health Services (Question 5)

The most frequently indicated method of learning about available services was “Word of mouth/reputation” at 61.7% (n=79), with “Friend/family” as a close second at 50.8% (n=65), despite its significant decrease since the last survey. “Healthcare provider” was also a top method of learning about services for 32.8% of respondents (n=42). “Presentations” decreased notably in utilization since 2021.

How Respondents Learn About Community Health Services	2018 % (n)	2021 % (n)	2024 % (n)	SIGNIFICANT CHANGE
Number of respondents	169	140	128	
Word of mouth/reputation	65.7% (111)	62.1% (87)	61.7% (79)	<input type="checkbox"/>
Friends/family	64.5% (109)	63.6% (89)	50.8% (65)	<input checked="" type="checkbox"/>
Healthcare provider	35.5% (60)	35.7% (50)	32.8% (42)	<input type="checkbox"/>
Social media/Facebook	9.5% (16)	27.9% (39)	25.0% (32)	<input checked="" type="checkbox"/>
Newspaper	38.5% (65)	22.9% (32)	20.3% (26)	<input checked="" type="checkbox"/>
Website/internet	3.0% (5)	11.4% (16)	10.9% (14)	<input checked="" type="checkbox"/>
Mailings/newsletter	11.2% (19)	5.7% (8)	8.6% (11)	<input type="checkbox"/>
Radio	8.3% (14)	7.9% (11)	7.8% (10)	<input type="checkbox"/>
Billboards/posters			6.3% (8)	<input type="checkbox"/>
Public Health nurse	3.0% (5)	1.4% (2)	1.6% (2)	<input type="checkbox"/>
Presentations	5.3% (9)	2.1% (3)	0.8% (1)	<input type="checkbox"/>
Other	8.9% (15)	8.6% (12)	10.2% (13)	<input type="checkbox"/>

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

“Other” comments included: Health fair, EMS, Internet search, Personal experience, and Do not see anything at all

***(View all comments in Appendix G)***

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

## Utilized Community Health Resources (Question 6)

Respondents were asked which community health resources, other than the hospital or clinic, they had used in the last three years. “Pharmacy” remained the most frequently utilized community health resource cited by respondents at 73.8% (n=90). The “Dentist” was utilized by 37.7% (n=46) of respondents, followed by “Area Agency on Aging” at 30.3% (n=37). Utilization of the “Optometrist” decreased significantly since 2021 to 17.2% (n=21).

Use of Community Health Resources	2018 % (n)	2021 % (n)	2024 % (n)	SIGNIFICANT CHANGE
Number of respondents	169	140	122	
Pharmacy	67.5% (114)	65.7% (92)	73.8% (90)	<input type="checkbox"/>
Dentist	42.0% (71)	39.3% (55)	37.7% (46)	<input type="checkbox"/>
Area Agency on Aging	27.8% (47)	32.9% (46)	30.3% (37)	<input type="checkbox"/>
Chiropractor	29.0% (49)	25.0% (35)	29.5% (36)	<input type="checkbox"/>
Senior center	13.0% (22)	19.3% (27)	23.8% (29)	<input type="checkbox"/>
Optometrist	25.4% (43)	33.6% (47)	17.2% (21)	<input checked="" type="checkbox"/>
VA	9.5% (16)	10.7% (15)	9.8% (12)	<input type="checkbox"/>
Mental health	5.3% (9)	4.3% (6)	4.1% (5)	<input type="checkbox"/>
Hospice	2.4% (4)	2.1% (3)	1.6% (2)	<input type="checkbox"/>
In home personal assistant	1.8% (3)	2.1% (3)	1.6% (2)	<input type="checkbox"/>
Public health	6.5% (11)	3.6% (5)	1.6% (2)	<input type="checkbox"/>
WIC (Women, Infant, and Children)		2.9% (4)	1.6% (2)	<input type="checkbox"/>
Other	7.1% (12)	5.7% (8)	16.4% (20)	<input checked="" type="checkbox"/>

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

“Other” comments included: None (9), Physical therapy (3), Food bank, Church

***(View all comments in Appendix G)***

## Improve Community’s Access to Healthcare (Question 7)

Respondents were asked to indicate what they felt would improve their community’s access to healthcare. The majority of respondents (45.6%, n=57) reported that “More primary care providers (MD/DO)” would make the greatest improvement. 36.8% (n=46) indicated “More information about available services” followed by “More NPs/PAs” at 28.0% (n=35) would improve access. “Transportation assistance” saw a notable increase since the last survey, while interest in “Payment assistance programs” decreased.

**“More primary care providers (MD/DO)” would make the greatest improvement**

What Would Improve Community Access to Healthcare	2018 % (n)	2021 % (n)	2024 % (n)	SIGNIFICANT CHANGE
Number of respondents	169	140	125	
More primary care providers (MD/DO)	56.2% (95)	48.6% (68)	45.6% (57)	<input type="checkbox"/>
More information about available services		34.3% (48)	36.8% (46)	<input type="checkbox"/>
More Nurse Practitioners/ Physical Assistants	21.9% (37)	27.9% (39)	28.0% (35)	<input type="checkbox"/>
Payment assistance programs (healthcare expenses)	37.9% (64)	30.0% (42)	26.4% (33)	<input type="checkbox"/>
Improved quality of care	31.4% (53)	27.1% (38)	25.6% (32)	<input type="checkbox"/>
Healthcare Navigator (i.e. assistance signing up for insurance, Medicare, or Medicaid)		26.4% (37)	24.0% (30)	<input type="checkbox"/>
Transportation assistance	14.8% (25)	10.7% (15)	20.8% (26)	<input type="checkbox"/>
More specialists	28.4% (48)	20.0% (28)	20.0% (25)	<input type="checkbox"/>
Telemedicine	13.0% (22)	13.6% (19)	12.8% (16)	<input type="checkbox"/>
Greater health education services	20.1% (34)	17.1% (24)	12.0% (15)	<input type="checkbox"/>
Outpatient services expanded hours	20.1% (34)	15.7% (22)	12.0% (15)	<input type="checkbox"/>
Interpreter services/cultural sensitivity	0.6% (1)	1.4% (2)	1.6% (2)	<input type="checkbox"/>
Other	8.9% (15)	10.0% (14)	6.4% (8)	<input type="checkbox"/>

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

**“Other”** comments included: Home healthcare services, Insurance services, Optometrist  
**(View all comments in Appendix G)**

## Interest in Educational Classes/Programs (Question 8)

Respondents were asked if they would be interested in any educational classes/programs made available to the community. The most frequently selected class/program was “Fitness” at 39.8% (n=43), followed by “Weight loss” at 31.5% (n=34) and “Health and wellness” at 30.6% (n=33). Interest in education around “Women’s health” and “Alzheimer’s/dementia” increased notably since the 2021 survey, while interest in “Mental health” education decreased notably.

Interest in Classes or Programs	2018 % (n)	2021 % (n)	2024 % (n)
Number of respondents	169	140	108
Fitness	38.5% (65)	40.0% (56)	39.8% (43)
Weight loss	33.1% (56)	28.6% (40)	31.5% (34)
Health and wellness	30.8% (52)	29.3% (41)	30.6% (33)
First aid/CPR	17.8% (30)	20.7% (29)	26.9% (29)
Women's health	19.5% (33)	19.3% (27)	25.0% (27)
Living will	21.3% (36)	19.3% (27)	21.3% (23)
Nutrition	19.5% (33)	15.7% (22)	20.4% (22)
Meal planning/healthy cooking			19.4% (21)
Alzheimer’s/dementia	16.0% (27)	7.9% (11)	14.8% (16)
Diabetes/diabetes prevention	14.2% (24)	10.7% (15)	13.0% (14)
Mental health	11.2% (19)	19.3% (27)	13.0% (14)
Support groups	5.3% (9)	8.6% (12)	9.3% (10)
Grief counseling	5.3% (9)	7.9% (11)	8.3% (9)
Men's health	11.2% (19)	13.6% (19)	8.3% (9)
Cancer	8.9% (15)	7.1% (10)	7.4% (8)
Alcohol/substance use	2.4% (4)	2.9% (4)	5.6% (6)
Heart disease	9.5% (16)	6.4% (9)	5.6% (6)
Quit smoking/tobacco	8.3% (14)	5.0% (7)	3.7% (4)
Lactation/breastfeeding support		0.7% (1)	1.9% (2)
Parenting	4.7% (8)	4.3% (6)	1.9% (2)
Prenatal	2.4% (4)	1.4% (2)	0.9% (1)

Other	2.4% (4)	6.4% (9)	7.4% (8)
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Respondents were asked to pick all classes or programs that are of interest, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year.

“Other” comments included: None(4), Natural healing, Physical trainer

**(View all comments in Appendix G)**

## Desired Local Health Services (Question 9)

Respondents were asked to indicate which additional services they would utilize if available locally. Respondents indicated the most interest in “Dermatology” at 34.3% (n=37), which is a significant increase since the 2021 CHNA. 34.3% of respondents (n=37) also were interested in “Massage therapy,” while 33.3% (n=36) desire “Optometrist” services locally. Interest in local “Mental & behavioral health services/counseling” and “Cancer care” have both decreased significantly since the 2021 survey.

Desired Local Healthcare Services	2018 % (n)	2021 % (n)	2024 % (n)
Number of respondents	169	149	108
Dermatology	20.7% (35)	21.4% (30)	34.3% (37)
Massage therapy	32.5% (55)	35.0% (49)	34.3% (37)
Optometrist			33.3% (36)
Alternative Medicine	27.8% (47)	33.6% (47)	30.6% (33)
Mammography	9.5% (16)	17.1% (24)	18.5% (20)
Orthopedic services		24.3% (34)	17.6% (19)
Podiatrist			16.7% (18)
Colonoscopy	10.7% (18)	16.4% (23)	14.8% (16)
Home health	10.1% (17)	8.6% (12)	14.8% (16)
Endocrinologist (hormones)	7.1% (12)	7.1% (10)	12.0% (13)
Mental & behavioral health services/counseling	7.1% (12)	17.9% (25)	12.0% (13)
OB/GYN	8.3% (14)	11.4% (16)	10.2% (11)
Respiratory health	11.8% (20)	13.6% (19)	10.2% (11)

Diabetic clinic	8.9% (15)	8.6% (12)	5.6% (6)
Occupational therapy			5.6% (6)
Pediatric dentist			4.6% (5)
Cancer care	4.7% (8)	10.7% (15)	3.7% (4)
Pediatrician	7.7% (13)	10.0% (14)	3.7% (4)
Speech therapy			2.8% (3)
Other	3.6% (6)	7.9% (11)	9.3% (10)

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

“Other” comments included: None(4), Rheumatology/Rheumatologist (2), More specialists made available, Acupuncture, Audiology

***(View all comments in Appendix G)***

## Utilization of Preventative Services (Question 10)

Respondents were asked if they had utilized any of the preventative services listed in the past year, and they could select all services that applied. “Blood pressure check” was utilized by 56.6% of respondents (n=69), followed by “Dental check” at 50.0% (n=61). 47.5% of respondents (n=58) indicated they utilized “Health checkup.” The number of respondents who utilized “No” preventative services increased notably since the 2021 CHNA, while utilization of “Prostate/PSA” services decreased notably since then.

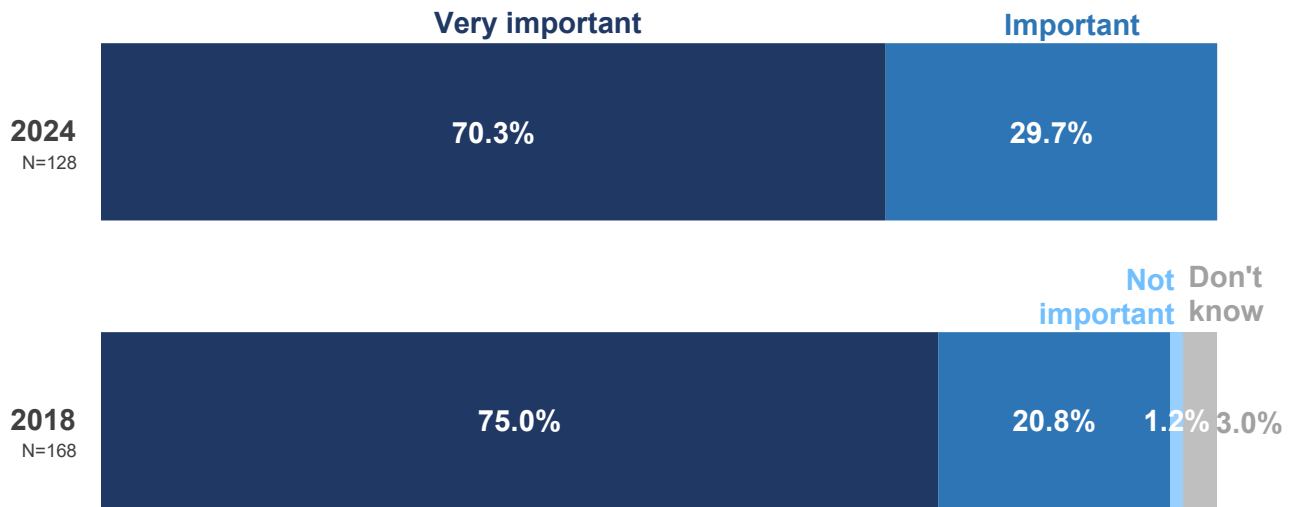
Use of Preventative Services	2018 % (n)	2021 % (n)	2024 % (n)	SIGNIFICANT CHANGE
Number of respondents	169	140	122	
Blood pressure check	45.0% (76)	56.4% (79)	56.6% (69)	<input type="checkbox"/>
Dental check		55.7% (78)	50.0% (61)	<input type="checkbox"/>
Health checkup	51.5% (87)	47.9% (67)	47.5% (58)	<input type="checkbox"/>
Flu shot/immunizations			40.2% (49)	<input type="checkbox"/>
Cholesterol check	32.0% (54)	42.1% (59)	36.1% (44)	<input type="checkbox"/>
Vision check		44.3% (62)	36.1% (44)	<input type="checkbox"/>
Mammography	20.1% (34)	27.1% (38)	21.3% (26)	<input type="checkbox"/>
Weight/BMI check		21.4% (30)	19.7% (24)	<input type="checkbox"/>
None	16.0% (27)	7.1% (10)	12.3% (15)	<input type="checkbox"/>
Hearing check		12.9% (18)	10.7% (13)	<input type="checkbox"/>
Colonoscopy	10.1% (17)	9.3% (13)	9.8% (12)	<input type="checkbox"/>
Children's checkup/Well baby	6.5% (11)	10.0% (14)	8.2% (10)	<input type="checkbox"/>
Pap test	11.2% (19)	14.3% (20)	8.2% (10)	<input type="checkbox"/>
Prostate (PSA)	12.4% (21)	16.4% (23)	7.4% (9)	<input type="checkbox"/>
Health fair		6.4% (9)	4.9% (6)	<input type="checkbox"/>
Other	4.7% (8)	4.3% (6)	5.7% (7)	<input type="checkbox"/>

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

“Other” comments included: None, Infusion, MRIs, Blood HMW, Direct labs  
**(View all comments in Appendix G)**

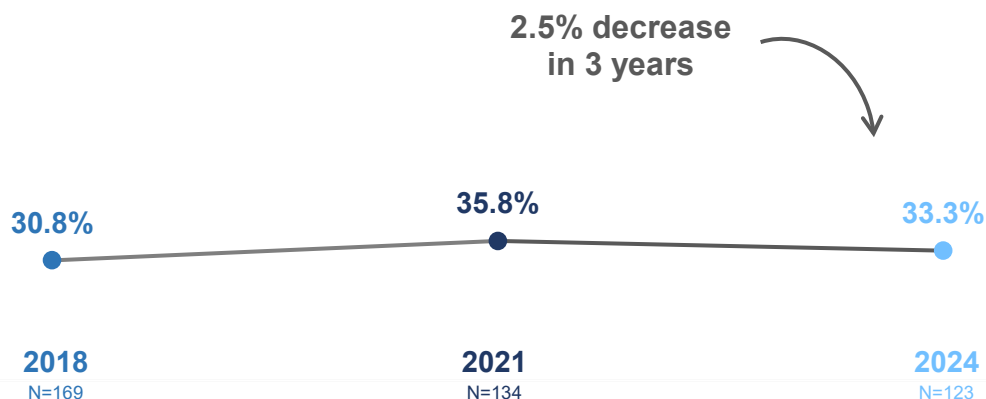
## Economic Importance of Healthcare (Question 11)

Respondents were asked how important they thought local healthcare providers and services, including hospitals, clinics, nursing homes, assisted living, etc., were to the economic wellbeing of the area. 70.3% of respondents (n=90) thought healthcare was “Very important” economically, and the remaining 29.7% (n=38) thought it was “Important” economically.



## Delay of Services (Question 12)

33.3% of respondents (n=41) 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. 66.7% of respondents (n=82) felt they were able to get the healthcare services they needed without delay.





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

For those who indicated they were unable to receive or had to delay services (n=41), the reason most cited was “Qualified provider not available” (34.1%, n=14), which increased significantly since the 2021 survey. “Too long to wait for an appointment” was second at 26.8% (n=11), while 24.4% of respondents (n=10) indicated that “It cost too much.” Notable increases in reasons for delaying services since the 2021 survey include “Don’t like doctors/PAs,” “Unsure if services were available,” “Didn’t know where to go,” and “Transportation problems.”

Reasons for Delay in Receiving Needed Healthcare	2018 % (n)	2021 % (n)	2024 % (n)	SIGNIFICANT CHANGE
Number of respondents	52	48	41	
Qualified provider not available		12.5% (6)	34.1% (14)	■
Too long to wait for an appointment	15.4% (8)	16.7% (8)	26.8% (11)	□
It cost too much	34.6% (18)	39.6% (19)	24.4% (10)	□
Could not get an appointment	13.5% (7)	12.5% (6)	19.5% (8)	□
My insurance didn't cover it	19.2% (10)	18.8% (9)	14.6% (6)	□
Don't like doctors/PAs	19.2% (10)	4.2% (2)	12.2% (5)	□
It was too far to go	3.8% (2)	4.2% (2)	12.2% (5)	□
Too nervous or afraid	9.6% (5)	8.3% (4)	12.2% (5)	□
Unsure if services were available	5.8% (3)	2.1% (1)	12.2% (5)	□
Didn't know where to go	1.9% (1)	2.1% (1)	9.8% (4)	□
Transportation problems	7.7% (4)	0.0% (0)	9.8% (4)	□
No insurance	13.5% (7)	12.5% (6)	7.3% (3)	□
Could not get off work	3.8% (2)	8.3% (4)	4.9% (2)	□
Not treated with respect	21.2% (11)	6.3% (3)	4.9% (2)	■
Don't understand healthcare system		0.0% (0)	2.4% (1)	□
Office wasn't open when I could go	13.5% (7)	6.3% (3)	2.4% (1)	□
Had no childcare	1.9% (1)	2.1% (1)	0.0% (0)	□
Language barrier	0.0% (0)	0.0% (0)	0.0% (0)	□
Other	19.2% (10)	16.7% (8)	22.0% (9)	□

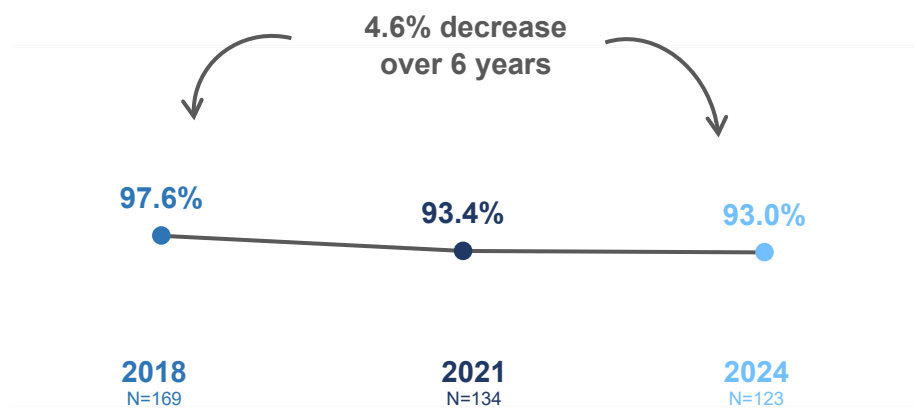
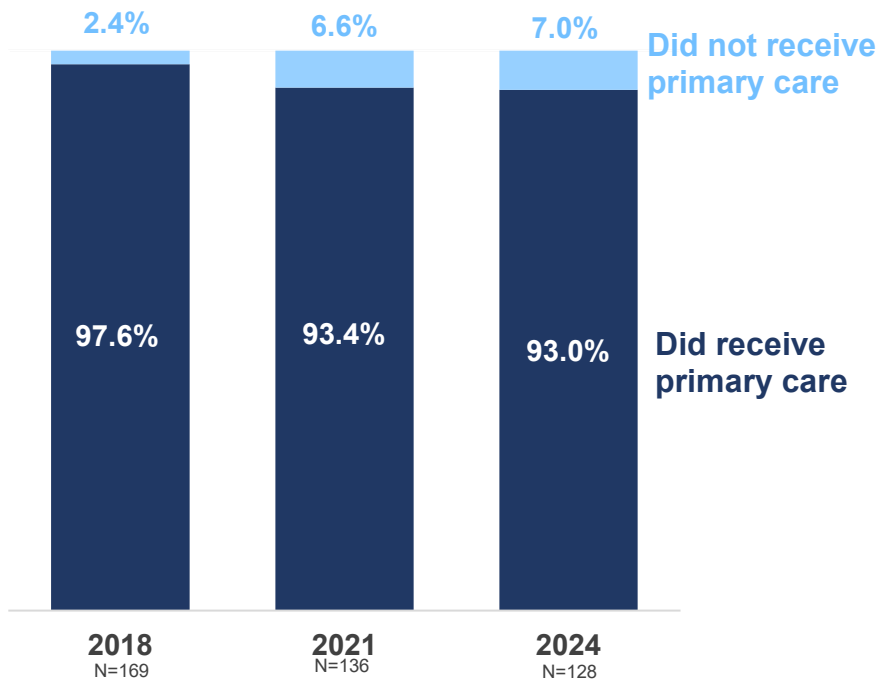
A solid blue square indicates a statistically significant change between years ( $p \leq 0.05$ ). Respondents were asked to indicate the top three reasons for delay in seeking healthcare, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year.

**“Other”** comments included: Not having a lot of trust in care I might receive at Roundup Memorial, No pain management, Weekend services emergency room only

***(View all comments in Appendix G)***

## Primary Care Services (Question 14)

93.0% of respondents (n=119) 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. 7.0% percent of respondents (n=9) indicated they had not received primary care.



## Location of Primary Care Services (Question 15)

Of the 119 respondents who indicated receiving primary care services in the previous three years, 26.9% (n=32) reported receiving care at Billings Clinic, 26.1% of respondents (n=31) went to Roundup Memorial Healthcare, and 24.4% (n=29) received care at Billings – St. Vincent’s. Nineteen respondents were moved to “other” due to selecting more than one primary care provider location.

Location of Primary Care Provider	2018 % (n)	2021 % (n)	2024 % (n)
Number of respondents	164	126	119
Billings Clinic	29.9% (49)	27.8% (35)	26.9% (32)
Roundup Memorial Healthcare	36.0% (59)	23.8% (30)	26.1% (31)
Billings - St. Vincent’s	17.1% (28)	15.1% (19)	24.4% (29)
Billings - Riverstone Health		2.4% (3)	2.5% (3)
Billings (other)	11.0% (18)	4.0% (5)	2.5% (3)
VA	4.9% (8)	3.2% (4)	0.8% (1)
Harlowton	0.0% (0)	0.0% (0)	0.0% (0)
Indian Health Services		0.0% (0)	0.0% (0)
Jordan			0.0% (0)
Lewistown	0.0% (0)	0.8% (1)	0.0% (0)
Other	1.2% (2)	23.0% (29)	16.8% (20)
<b>TOTAL</b>	<b>100.0% (164)</b>	<b>100.0% (126)</b>	<b>100.0% (119)</b>

Grayed out cells indicate the question was not asked that year. \*Respondents (N=19) who selected over the allotted amount were moved to “Other.”

“Other” comments included: Podiatrist, Ortho MT, Livingston

*(View all comments in Appendix G)*

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

## Reasons for Primary Care Provider Selection (Question 16)

Those respondents who indicated they or someone in their household had been seen by a primary care provider within the past three years were asked to indicate why they chose that primary care provider. “Clinic/provider’s reputation for quality” was the most frequently selected reason at 34.5% (n=41), followed by “Closest to home” at 31.9% (n=38), and “Prior experience with clinic” at 30.3% (n=36). Reasons with significant decreases since 2021 include “Prior experience with clinic,” “Referred by physician or other provider,” and “Cost of care”; “VA/Military requirement also decreased notably.

Reasons for Selecting Primary Care Provider	2018 % (n)	2021 % (n)	2024 % (n)	SIGNIFICANT CHANGE
Number of respondents	165	127	119	
Clinic/provider's reputation for quality	38.2% (63)	36.2% (46)	34.5% (41)	<input type="checkbox"/>
Closest to home	29.1% (48)	24.4% (31)	31.9% (38)	<input type="checkbox"/>
Prior experience with clinic	46.1% (76)	38.6% (49)	30.3% (36)	<input checked="" type="checkbox"/>
Appointment availability	23.6% (39)	23.6% (30)	22.7% (27)	<input type="checkbox"/>
Recommended by family or friends	20.6% (34)	14.2% (18)	16.8% (20)	<input type="checkbox"/>
Privacy/confidentiality		8.7% (11)	8.4% (10)	<input type="checkbox"/>
Referred by physician or other provider	23.0% (38)	14.2% (18)	8.4% (10)	<input checked="" type="checkbox"/>
Required by insurance plan	10.9% (18)	7.9% (10)	8.4% (10)	<input type="checkbox"/>
Cost of care	3.0% (5)	10.2% (13)	6.7% (8)	<input checked="" type="checkbox"/>
Length of waiting room time	6.1% (10)	6.3% (8)	5.0% (6)	<input type="checkbox"/>
VA/Military requirement	6.7% (11)	9.4% (12)	2.5% (3)	<input type="checkbox"/>
Indian Health Services	0.6% (1)	0.0% (0)	0.0% (0)	<input type="checkbox"/>
Other	6.7% (11)	7.9% (10)	16.0% (19)	<input checked="" type="checkbox"/>

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

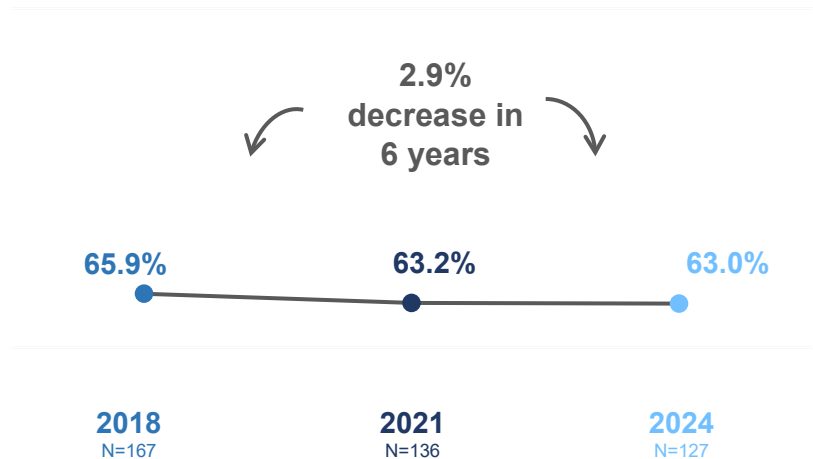
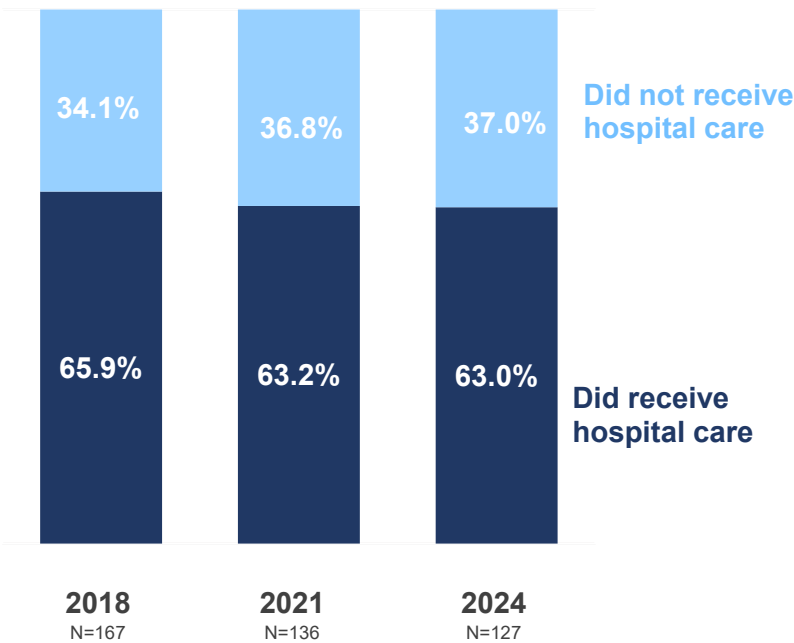
“Other” comments included: Close to work (2), Better pricing than RMH, Continuity of care

**(View all comments in Appendix G)**

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

## Hospital Care Services (Question 17)

Respondents were asked if they or someone in their household had received hospital care in the last three years. Hospitalization was quantified as hospitalized overnight, day surgery, obstetrical care, rehabilitation, radiology, or emergency care. 63.0% of respondents (n=80) reported that they or a member of their family had received hospital care during the previous three years, and 37.0% (n=47) had not received hospital services.



## Location of Hospital Services (Question 18)

Of the 80 respondents who indicated receiving hospital care in the last three years, 40.0% (n=32) reported receiving care at Billings Clinic. 35.0% of respondents (n=28) received services at “Billings – St. Vincent’s,” and 17.5% of respondents (n=14) reported utilizing services at “Roundup Memorial Healthcare.”

Hospital Used Most Often	2018 % (n)	2021 % (n)	2024 % (n)
Number of respondents	110	86	80
Billings Clinic	44.5% (49)	51.2% (44)	40.0% (32)
Billings St. Vincent’s	22.7% (25)	23.3% (20)	35.0% (28)
Roundup Memorial Healthcare	29.1% (32)	12.8% (11)	17.5% (14)
Harlowton	0.0% (0)	0.0% (0)	0.0% (0)
Indian Health Services		0.0% (0)	0.0% (0)
Jordan			0.0% (0)
Lewistown	0.0% (0)	0.0% (0)	0.0% (0)
Other	3.6% (4)	12.8% (11)	7.5% (6)
<b>TOTAL</b>	<b>100.0% (110)</b>	<b>100.0% (86)</b>	<b>100.0% (80)</b>

Grayed out cells indicate the question was not asked that year. \*Respondents (N=5) who selected over the allotted amount were moved to “Other.”

“Other” comments included: ER while traveling, St. Vincent Healthcare

*(View all comments in Appendix G)*

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

## Reasons for Hospital Selection (Question 19)

Of the 80 respondents who had a personal or family experience at a hospital within the past three years, 78 indicated a reason for their hospital selection. The primary reason given was “Prior experience with hospital” at 50.0% (n=39), followed by “Hospital’s reputation for quality” at 43.6% (n=34). “Required by insurance plan” decreased notably as a reason since 2021.

Reasons for Selecting Hospital	2018 % (n)	2021 % (n)	2024 % (n)	SIGNIFICANT CHANGE
Number of respondents	110	86	78	
Prior experience with hospital	53.6% (59)	53.5% (46)	50.0% (39)	<input type="checkbox"/>
Hospital's reputation for quality	50.0% (55)	54.7% (47)	43.6% (34)	<input type="checkbox"/>
Closest to home	28.2% (31)	19.8% (17)	33.3% (26)	<input type="checkbox"/>
Referred by provider	36.4% (40)	32.6% (28)	32.1% (25)	<input type="checkbox"/>
Emergency, no choice	26.4% (29)	31.4% (27)	21.8% (17)	<input type="checkbox"/>
Recommended by family/friends	10.0% (11)	10.5% (9)	10.3% (8)	<input type="checkbox"/>
Closest to work	2.7% (3)	1.2% (1)	6.4% (5)	<input type="checkbox"/>
Privacy/confidentiality		9.3% (8)	6.4% (5)	<input type="checkbox"/>
VA/Military requirement	8.2% (9)	7.0% (6)	6.4% (5)	<input type="checkbox"/>
Financial assistance programs		5.8% (5)	5.1% (4)	<input type="checkbox"/>
Cost of care	3.6% (4)	3.5% (3)	3.8% (3)	<input type="checkbox"/>
Required by insurance plan	10.9% (12)	15.1% (13)	3.8% (3)	<input type="checkbox"/>
Marketing/advertising		0.0% (0)	0.0% (0)	<input type="checkbox"/>
Other	5.5% (6)	9.3% (8)	7.7% (6)	<input type="checkbox"/>

A solid blue square indicates a statistically significant change between years ( $p \leq 0.05$ ). Respondents were asked to pick their top three reasons for selecting a hospital, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year. \*Respondents (N=1) who selected over the allotted amount were moved to “Other.”

“Other” comments included: Access to expanded services, Availability of specialists

***(View all comments in Appendix G)***

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



## Overall Quality of Care in Musselshell County (Question 20)

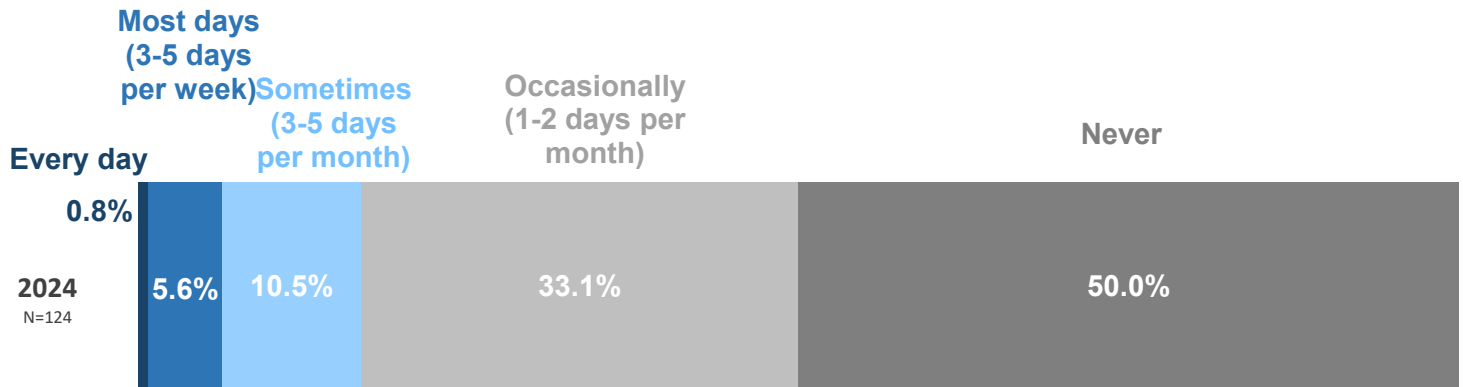
Respondents were asked to rate various services available through Roundup Memorial Healthcare using the scale of 4= Excellent, 3= Good, 2= Fair, 1=Poor, and Haven't Used. The services that received the highest score were "Ambulance services" and "Radiology (x-ray, ultrasound)," each at 3.6 out of 4.0. "CT Scan," "Emergency room," "Immunizations," and "Laboratory" all received a rating of 3.5 out of 4.0. Overall, the average rating on quality and availability of the health services listed was 3.1 out of 4.0.

Quality of Care Rating at Roundup Memorial Hospital	2018 Average (n)	2021 Average (n)	2024 Average (n)	SIGNIFICANT CHANGE
Number of respondents	149	118	103	
Ambulance services	3.6 (68)	3.6 (60)	3.6 (42)	<input type="checkbox"/>
Radiology (x-ray/ultrasound)	3.3 (68)	3.2 (53)	3.6 (45)	<input type="checkbox"/>
CT Scan	3.2 (32)	3.2 (44)	3.5 (36)	<input type="checkbox"/>
Emergency room	3.2 (99)	3.0 (76)	3.5 (65)	<input checked="" type="checkbox"/>
Immunizations			3.5 (45)	<input type="checkbox"/>
Laboratory	3.5 (105)	3.2 (84)	3.5 (71)	<input checked="" type="checkbox"/>
IV infusion services	2.7 (18)	2.9 (18)	3.4 (12)	<input type="checkbox"/>
Well Child Checks			3.3 (3)	<input type="checkbox"/>
Chronic conditions management	3.4 (16)	2.4 (21)	3.2 (18)	<input checked="" type="checkbox"/>
Clinical services	3.1 (98)	2.9 (77)	3.2 (76)	<input type="checkbox"/>
Mobile mammography	3.6 (27)	3.2 (30)	3.2 (20)	<input type="checkbox"/>
Physical therapy	3.5 (54)	3.1 (44)	3.2 (52)	<input type="checkbox"/>
Hospital care (in-patient)	3.0 (44)	3.0 (32)	3.1 (32)	<input type="checkbox"/>
Rehabilitation (skilled/swing bed)	3.3 (16)	2.8 (14)	3.1 (8)	<input type="checkbox"/>
Extended Care Unit (nursing home)	2.6 (22)	2.8 (20)	3.0 (14)	<input type="checkbox"/>
Visiting nurse	3.1 (14)	2.8 (16)	3.0 (8)	<input type="checkbox"/>
Telemedicine			2.8 (6)	<input type="checkbox"/>
<b>Overall average</b>	<b>3.2 (717)</b>	<b>3.1 (613)</b>	<b>3.3 (553)</b>	<input checked="" type="checkbox"/>

A solid blue square indicates a statistically significant change between years ( $p \leq 0.05$ ). Respondents were asked to rate the quality of services offered at Roundup Memorial Hospital on a scale of 1 to 4 with 1 being Poor, 2 being Fair, 3 being Good, and 4 being Excellent. Note that options that were asked in prior years but removed for the current survey are not included in the table, which means the individual counts, n, will not add up to the total listed for the overall average.

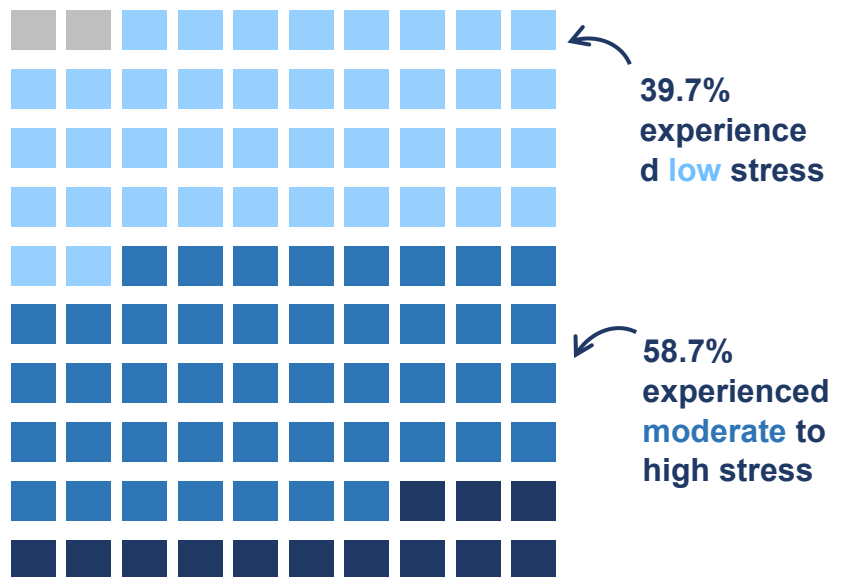
## Prevalence of Loneliness (Question 21)

Respondents were asked to indicate how often in the past year have they felt lonely or isolated. 33.1% of respondents (n=41) indicated that they had felt lonely or isolated “Occasionally,” 10.5% (n=13) said “Sometimes,” 5.6% (n=7) said “Most days,” and 0.8% of respondents (n=1) said they felt lonely or isolated “Every day.”



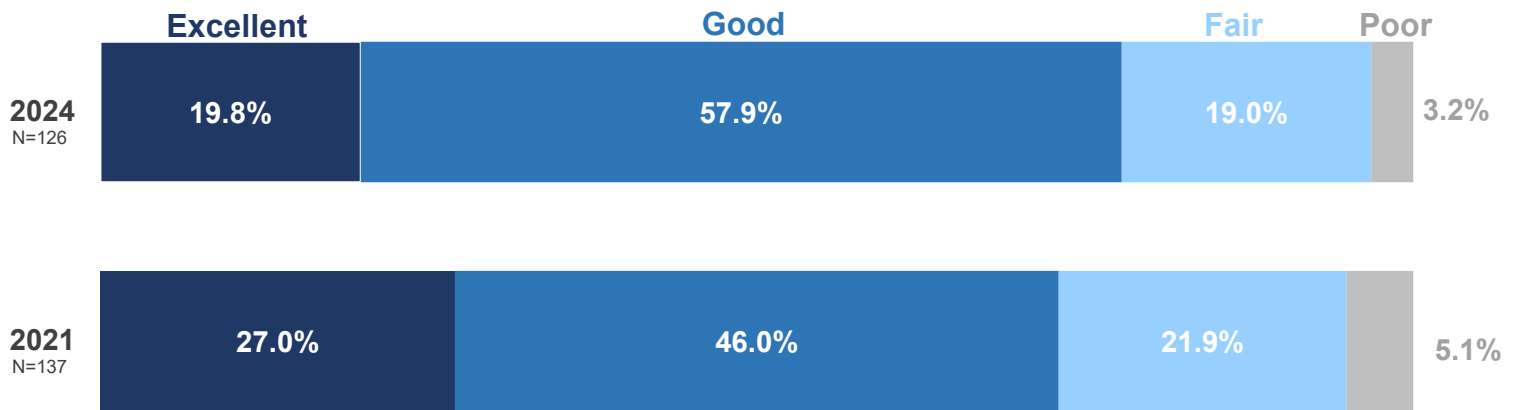
## Perception of Stress (Question 22)

Respondents were asked to indicate how they would describe their stress level over the past year. 45.2% of respondents (n=57) indicated they experienced a “Moderate” level of stress, 39.7% (n=50) had a “Low” level of stress, and 13.5% (n=17) indicated they had experienced a “High” level of stress. 1.6% of respondents (n=2) indicated they were “Unsure or would rather not say.”



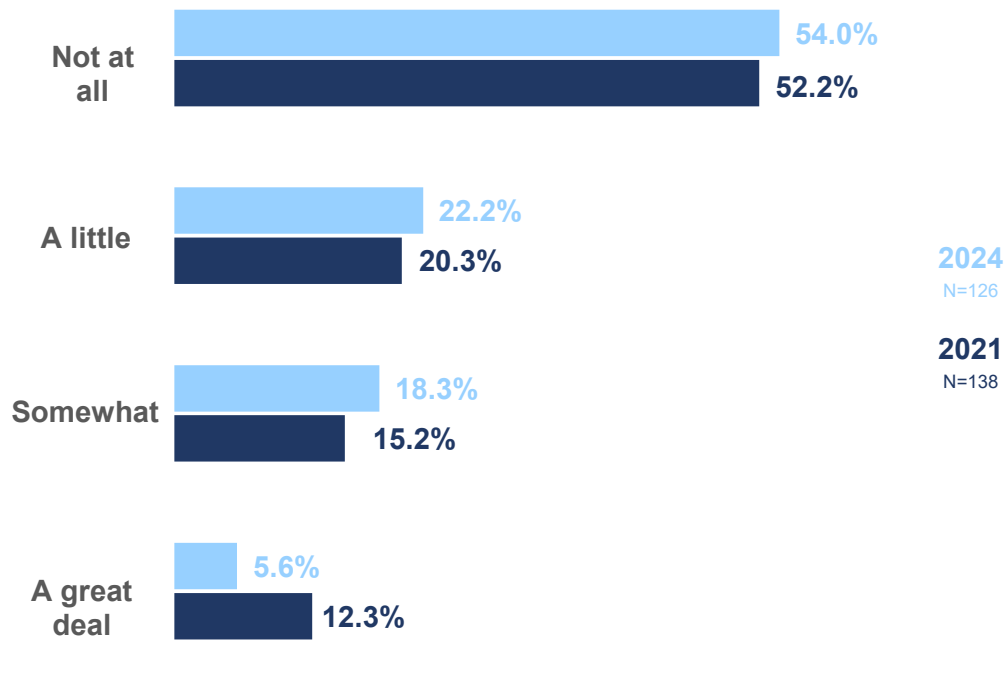
## Rating of Mental Health (Question 23)

Respondents were asked to indicate how they would describe their mental health in general when considering stress, anxiety, depression, and emotional problems. 57.9% of respondents (n=73) felt their mental health was “Good,” 19.8% (n=25) rated their mental health as “Excellent,” 19.0% of respondents (n=24) felt their mental health was “Fair,” and 3.2% (n=4) said their mental health was “Poor.”



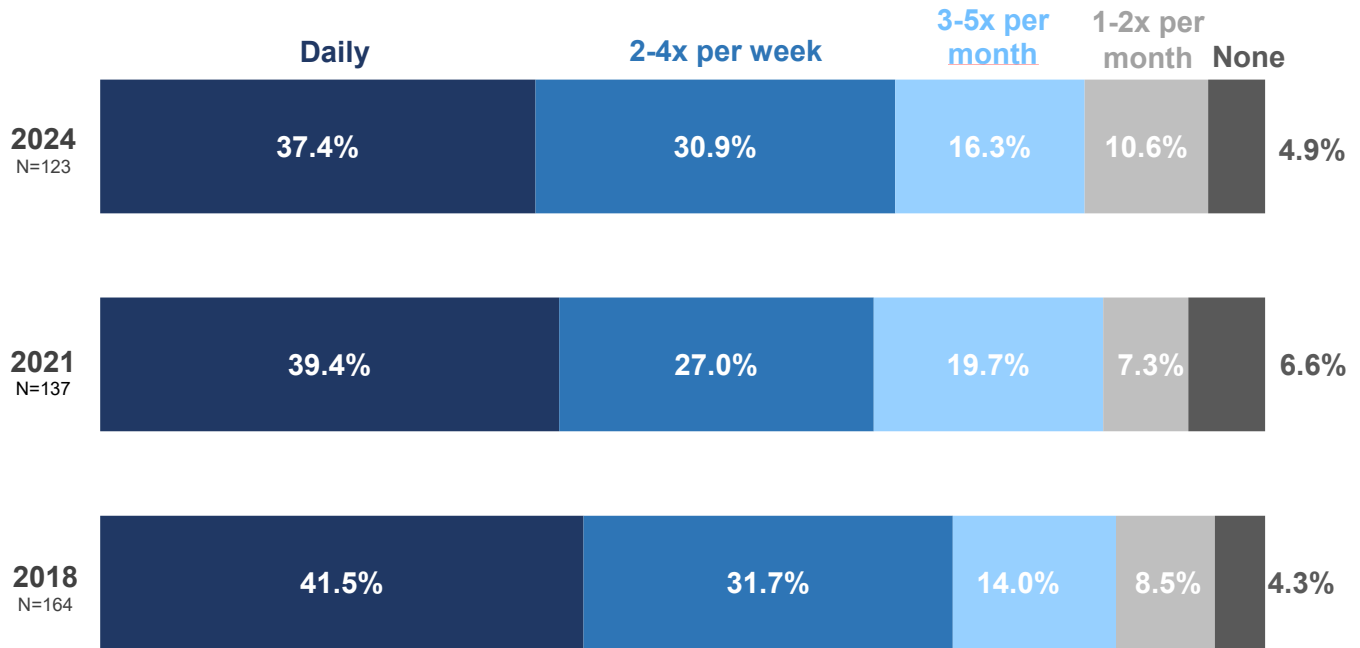
## Impact of Substance Abuse (Question 24)

Respondents were asked to indicate to what degree their life has been negatively affected by their own or someone else’s substance abuse issues, including alcohol, prescription, or other drugs. 54.0% of respondents (n=68) indicated their life was “Not at all” affected. 22.2% of respondents (n=28) were “A little” affected, 18.3% (n=23) indicated they were “Somewhat” negatively affected, and 5.6% (n=7) were affected “A great deal.”



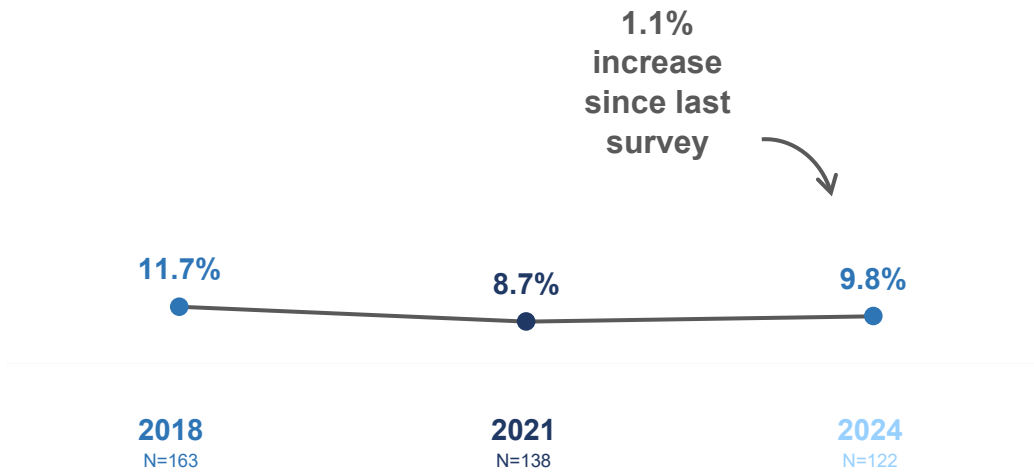
## Physical Activity (Question 25)

Respondents were asked to indicate how frequently they had physical activity for at least twenty minutes over the past month. 37.4% of respondents (n=46) indicated they had physical activity “Daily,” and 30.9% (n=38) indicated they had physical activity of at least twenty minutes “2-4 times per week.” 4.9% of respondents (n=9) indicated they had “No physical activity” in the last months that exceeded 20 minutes.



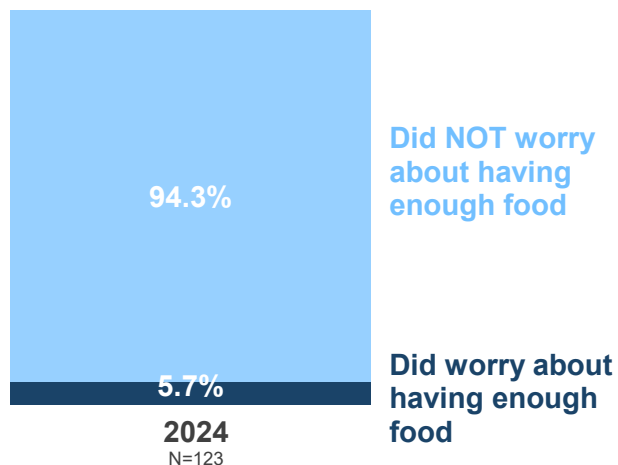
## Difficulty Getting Prescriptions (Question 26)

Respondents were asked to indicate if, during the last year, medication costs had prohibited them from getting a prescription or taking their medication regularly. 9.8% of respondents (n=12) indicated that they had difficulty getting a prescription or taking their medication regularly in the last year. 75.4% of respondents (n=92) indicated that they did not have trouble getting or taking prescriptions, while 14.8% of respondents (n=18) stated it was not an applicable question for them.



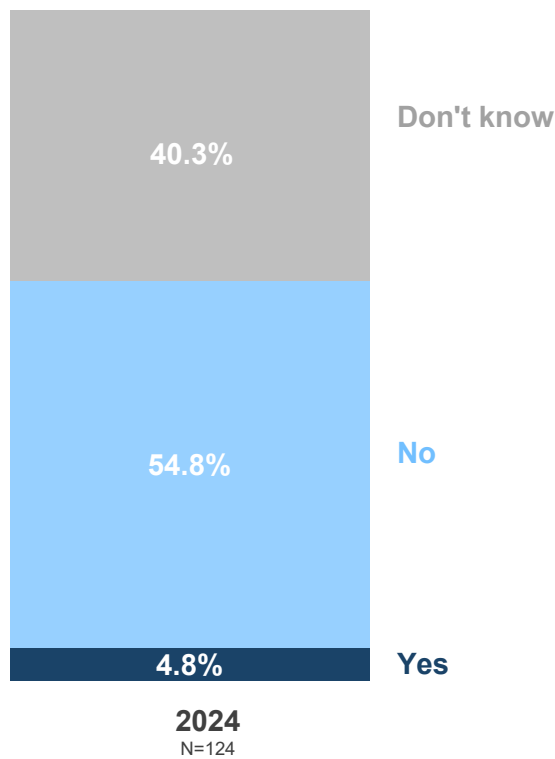
## Food Insecurity (Question 27)

Respondents were asked if in the last year they worried that they would not have enough food. Though 94.3% of respondents (n=116) did not worry about having enough food, 5.7% (n=7) did have this worry in the last year.



## Housing Security (Question 28)

Respondents were asked if they felt that the community has adequate and affordable housing options available. 54.8% of respondents (n=68) felt that there were not good housing options while 4.8% (n=6) said that there were. 40.3% of respondents (n=50) said they did not know if there were adequate and affordable housing options available in Roundup.



## Aspects of Community (Question 29)

Respondents were asked to indicate their level of agreement with statements about various aspects of their community using the scale of 4=“Strongly Agree,” 3=“Agree,” 2=“Disagree,” 1=“Strongly Disagree,” and “Don’t Know.” The most respondents agreed that they “Feel safe in their home” and the least respondents agreed that they “can get the health care they need in Musselshell County.”

Community Rating of Musselshell County	2021 Average (n)	2024 Average (n)	SIGNIFICANT CHANGE
Number of respondents	138	124	
I feel safe in my home	3.6 (136)	3.7 (123)	<input type="checkbox"/>
I feel safe in my community	3.4 (138)	3.4 (123)	<input type="checkbox"/>
I have enough financial resources to meet my basic needs	3.3 (137)	3.3 (121)	<input type="checkbox"/>
There are places to be physically active near my home	3.1 (133)	3.2 (121)	<input type="checkbox"/>
I can get the health care I need	2.4 (122)	3.0 (115)	<input checked="" type="checkbox"/>
<b>Overall average</b>	<b>3.1 (907)</b>	<b>3.3 (603)</b>	<input checked="" type="checkbox"/>

A solid blue square indicates a statistically significant change between years ( $p \leq 0.05$ ). Respondents were asked to rate Musselshell County along s metrics on a scale of 1 to 4 with 1 being Strongly Disagree, 2 being Disagree, 3 being Agree, and 4 being Strongly Agree. Note that options that were asked in prior years were removed for the current survey are not included in the table, which means the individual counts, n, will not add up to the total listed for the overall average.



## Medical Insurance Type (Question 30)

Respondents were asked to indicate what type of medical insurance covers the majority of their medical expenses. 42.6% of respondents (n=52) indicated they have “Medicare” coverage, 15.6% (n=19) indicated they have “Employer sponsored” coverage, and 9.0% (n=11) said they were covered by “Medicaid.” Employer sponsored insurance coverage experienced a sustained decrease over the last six years of assessments.

Type of Health Insurance	2018 % (n)	2021 % (n)	2024 % (n)
Number of respondents	162	140	122
Medicare	34.6% (56)	32.9% (46)	42.6% (52)
Employer sponsored	25.9% (42)	19.3 (27)	15.6% (19)
Medicaid	5.6% (9)	4.3% (6)	9.0% (11)
VA/Military	6.2% (10)	4.3% (6)	4.1% (5)
Health Insurance Marketplace	4.3% (7)	2.1% (3)	3.3% (4)
Healthy MT Kids	3.7% (6)	4.3% (6)	2.5% (3)
None/pay out of pocket	4.9% (8)	4.3% (6)	1.6% (2)
Private insurance/private plan	9.9% (16)	5.0% (7)	0.8% (1)
Health Savings Account	1.9% (3)	1.4% (2)	0.0% (0)
Indian Health	0.6% (1)	0.0% (0)	0.0% (0)
State/other	1.2% (2)		
Other	1.2% (2)	22.1% (31)	20.5% (25)
<b>TOTAL</b>	<b>100.0% (162)</b>	<b>100.0% (140)</b>	<b>100% (122)</b>

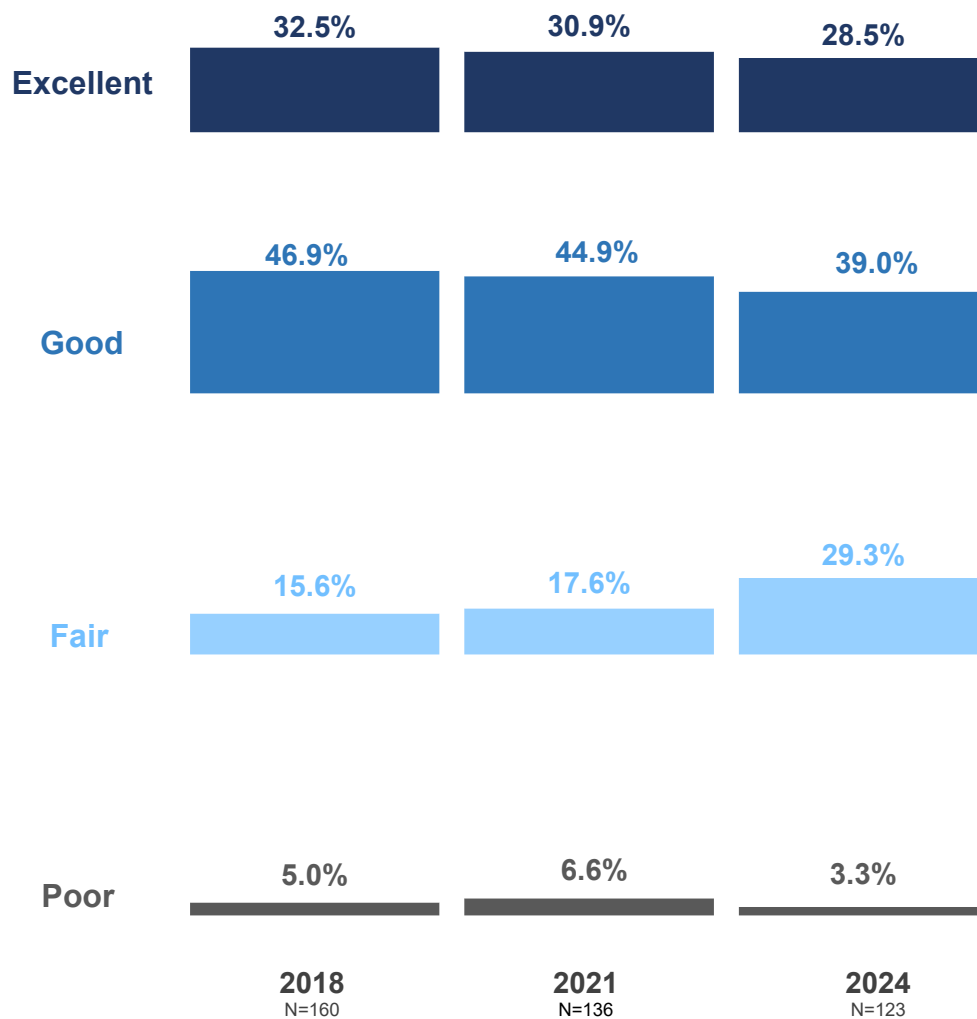
Grayed out cells indicate the question was not asked that year. \*Respondents (N=22) who selected over the allotted amount were moved to “Other.”

“Other” comments included: Humana, Co-pay for insurance, Supplemental plan

***(View all comments in Appendix G)***

## Insurance and Healthcare Costs (Question 31)

Respondents were asked to indicate how well they felt their health insurance covers their healthcare costs. 39.0% of respondents (n=48) indicated they felt their insurance covers a “Good” amount of their healthcare costs, 29.3% of respondents (n=36) indicated they felt their insurance covered a “Fair” amount, and 28.5% (n=35) indicated they felt their insurance covered an “Excellent” amount of their health costs. 3.3% of respondents (n=4) felt their insurance provided them with “Poor” cost coverage.



## Barriers to Having Insurance (Question 32)

For those who indicated they did not have insurance (n=2), the top reason selected for not having insurance was “Choose not to have health insurance” and “Other.” Respondents could select all that apply.

Reasons for No Health Insurance	2018 % (n)	2021 % (n)	2024 % (n)	SIGNIFICANT CHANGE
Number of respondents	8	6	2	
Choose not to have health insurance	0.0% (0)	0.0% (0)	50.0% (1)	■
Can't afford to pay for health insurance	75.0% (6)	100.0% (6)	0.0% (0)	■
Employer does not offer insurance	25.0% (2)	83.3% (5)	0.0% (0)	■
Too confusing/don't know how to apply		33.3% (2)	0.0% (0)	□
Other	12.5% (1)	16.7% (1)	50.0% (1)	□

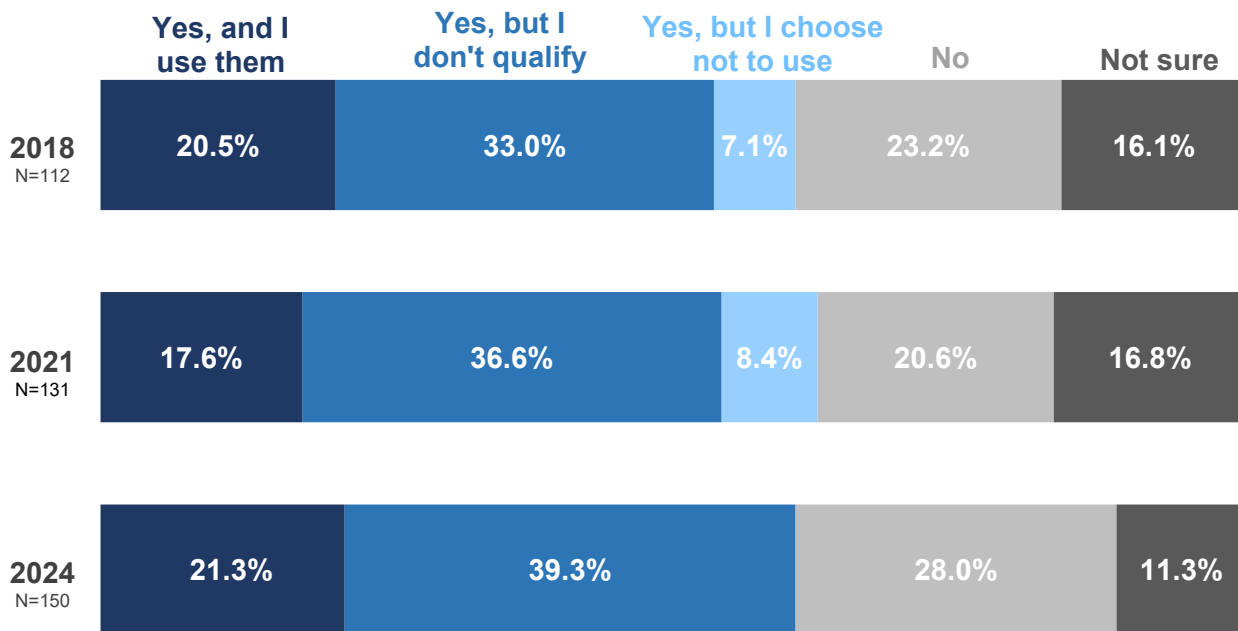
A solid blue square indicates a statistically significant change between years ( $p \leq 0.05$ ). Grayed out cells indicate the question was not asked that year.

“Other” comments included: N/A (4), Self-employed

***(View all comments in Appendix G)***

## Awareness of Health Cost Assistance Programs (Question 33)

Respondents were asked to indicate their awareness of programs that help people pay for healthcare bills. 33.0% of respondents (n=37) indicated they were aware of these programs but did not qualify to utilize them, and 23.2% (n=26) indicated that they were not aware of health cost assistance programs.





# KEY INFORMANT RESULTS

## Key Informant Interviews

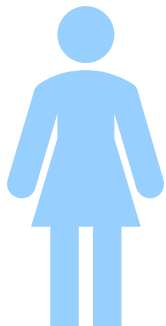
Two key informant interviews were conducted in May 2024. Participants were identified as people living in Roundup Memorial Healthcare's service area.

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



### Key Informant Interview Themes

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



#### MENTAL AND BEHAVIORAL HEALTH

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A common thread of the key informant interviews pertained to mental health needs and pervasive substance use. Interviewees noted the need for more people (e.g. psychiatrists, counselors) and groups (e.g. grief support groups) in the community to act as outlets and as ways for people to connect with one another.

Interview participants also brought up issues of drug and alcohol use in the community, saying that drug users are the unhealthiest part of the community but many of them aren't concerned with being ill or getting help.

#### TRANSPORTATION

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It was gleaned from the interviews that many folks in Roundup utilize services and providers in other communities, especially Billings. There is a need for public transportation to get people to Billings for both healthcare services and other errands, like there used to be. One respondent said that "bus services would connect small communities" and make them better places for everyone.

## COMMUNICATION

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Concerns regarding communication from and among RMH staff were brought up, as well as the desire for there to be more communication around activities available in the community.

One participant brought up concerns about communication between staff affecting patient care; they said that internal communication especially at shift changes could be improved significantly. The participant also mentioned poor communication and care regarding referrals from physicians, saying that doctors answer only to Billings Clinic and don't feel responsible to RMH.

Another participant mentioned the plethora of activities, especially those directed at seniors, that exist in the community but remain relatively unknown. They mentioned the need for increased communication regarding health activities in Roundup.

## SERVICES NEEDED IN THE COMMUNITY

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- Audio-visual setup at the senior center
- Public transportation
- Support groups/systems
- More satellite care options



# EXECUTIVE SUMMARY



## Executive Summary

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

Areas of Opportunity	Secondary Data	Survey	Interviews
<b>Access to Healthcare Services</b>			
<b>Barriers to access</b>			
<i>More primary care providers (MD/DO)</i>	⊗	✓	☑
<i>Specialty services (i.e., pediatrics and women's health)</i>	⊗	✓	☑
<i>Awareness of available services</i>		✓	☑
<b>Cost of services</b>			
<i>Affordability, insurance, unemployment rate</i>	⊗	✓	
<i>Healthcare navigator (i.e., Assistance signing up for insurance, Medicare, or Medicaid)</i>		✓	
<i>Poverty rate</i>	⊗		
<b>Wellness and Prevention</b>			
<i>Nutrition: Access to affordable produce and education</i>		✓	
<b>Physical activity</b>			
<i>Overweight/obesity/physical inactivity</i>	⊗	✓	☑
<i>Health education- weight loss, fitness, health &amp; wellness</i>		✓	☑
<b>Behavioral Health</b>			
<i>Lack of mental and behavioral health services/resources</i>	⊗	✓	☑
<i>Alcohol/substance abuse</i>	⊗	✓	☑
<i>Stress management</i>		✓	

**Health Measures**

<i>Rates of 2+ chronic conditions highest in MT frontier</i>	⊗	✓
<i>Cancer</i>	⊗	✓
<i>Risky behaviors: texting and driving, seatbelt use</i>	⊗	

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# **NEXT STEPS & RESOURCES**

## Prioritization of Health Needs

The community steering committee, comprised of staff leaders from Roundup Memorial Healthcare (RMH) and community members from Musselshell 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:

- Mental and behavioral health
- Awareness of health resources and services
- Access to specialty care

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

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

# Available Community Resources

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

- 3RNet
- Al-Anon
- Alcoholics Anonymous
- Centers for Medicaid and Medicare Services (CMS)
- Montana Department of Health and Human Services (MT DPHHS)
- Area II Agency on Aging
- Senior Center
- County Public Health
- County Sheriff's Department
- Montana Office of Rural Health and Area Health Education Center
- County Extension- Montana State University
- Performance Improvement Network (PIN)
- Mountain-Pacific Quality Health
- Veteran's Affairs
- HRDC
- Food bank
- WIC
- Roundup Mental Health Center
- St. Vincent's Mobile mammography
- General conditions management
- Chiropractor (Bull Mountain Chiropractic- Dr. Brian Bushman )
- Dentist (Elite Dental Center- Mark Rosebush, DDS)
- Fitness Center (A Healthy Life)
- Saves INC. (To help victims of domestic violence and sexual assault)
- Golden Thimble (Provides clothing to community members in need)
- Narcotics Anonymous
- Smoking cessation through CMHD
- Massage Therapy
- Public Recreation and Parks (Riverwalk)
- Youth Cares

# Evaluation of Previous CHNA & Implementation Plan

Roundup Memorial Healthcare provided the Montana Office of Rural Health with an update on their Implementation Plan activities from their previous CHNA process. The RMH Board of Directors approved its previous implementation plan on August 5, 2021. The plan prioritized the following health issues:

- Mental and behavioral health
- Outreach and education
- Chronic disease management and prevention

The following tables include completed activities, accomplishments, and impacts/outcomes within the facility’s proposed goals. To view RMH’s full Implementation Plan visit: [rmhmt.org](http://rmhmt.org).

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

	Activities	Accomplishments	Community Impact/Outcomes
<b>Strategy 1.1: Enhance the capacity of the mental and behavioral health workforce at RMH.</b>	Recruit a chronic conditions manager that will inherently also champion mental and behavioral health initiatives at RMH.	RMH leadership determined it was cost prohibited to employ a chronic conditions nurse. Decision to focus on hiring a parttime LCSW.	LCSW hired 04/2024. Significant impact noted, 79 patients seen since hire. Increased hours from 20hrs/week to 30hrs/week.
	Explore MORH/AHEC's Behavioral health training pertinence to RMH staff and area providers in enhancing mental and behavioral health skills, knowledge, and training ( <a href="http://healthinfo.montana.edu/bhwet/trainings">healthinfo.montana.edu/bhwet/trainings</a> ).	RMH completed staff trainings: 1. Non-Violent Crisis Intervention (2022) 2. Community Health Worker trainings (2022-23) 3. Suicide Prevention Training (04/24)	Improved overall employee knowledge of how to handle mental/behavioral health concerns. Improved communication amongst staff noted since trainings provided.
	Examine the various mental health models that have been implemented regionally.	RMH utilizes regional mental health practices	Improved mental health services are now

	Assess the feasibility for integrating a complementary model into RMH practice.	in both the clinic and LTC via Frontier Psychiatry. RMH leadership explored an inpatient psychiatry contract but was prohibited by cost.	provided to individuals in the community and RMH LTC unit. Residents are much happier with their individual sessions locally.
	Develop protocol and best practices for both the RMH clinic and hospital settings regarding screening and referrals for a mental health crisis.	RMH clinic employs best practice screening with evaluation of the PHQ, GAD-7, and the AUDIT C. The hospital also screens all new patients for mental health crisis upon arrival.	Best Practice screens in both the clinic and hospital has provided staff with an improved safety net for mental health needs of the patient. Providers now have direct access to a LCSW for follow-up referrals.
<b>Strategy 1.2:</b> <b>Leverage regional partnerships to align mental and behavioral health resources and initiatives locally.</b>	Foster relationships with commissioners participating in Billings Mental Health Board and other regional mental health coalitions. Support RMH participation on these boards and coalitions.	Activity was not accomplished as the Local Advisory Council dismantled.	RMH will explore current who the current mental health commissioner is and then determine next steps.
	Partner with the local schools to explore opportunities that improve mental and behavioral health outcomes for area youth. Nurture a resilient relationship with the new guidance counselor at Roundup High School.	The original intent was to provide mental health trainings to the school educators but was not received well. RMH has worked with the schools and now has a “Mental Health Walk-in-clinic” if needed.	RMH providers now have direct contact with the LCSW for all local mental health referrals from the local schools.
<b>Strategy 1.3:</b> <b>Improve awareness of available mental and behavioral health resources through enhanced outreach and</b>	Explore evidence-based strategies that the community could adopt for reducing the stigma associated with accessing mental and behavioral health resources.	RMH clinic provides a great opportunity for those needing mental health services. The community is not aware of “why” they are being seen, thus decreasing the stigma. Employment of a Community Health Worker in the clinic has also added community-	RMH clinic can help individuals with mental health needs by normalizing the illness, like all other chronic medical diseases and promote caring for oneself is a sign of strength.

<b>education initiatives.</b>		based service, which allows the individual to be seen in the community.	
	Create and document a strategy to educate RMH staff on the mental health referrals, protocol, and available resources developed in activity 1.1.4.	This activity has not been completed.	RMH leadership will take this to their medical staff committees for Follow-up.
	Develop a community outreach and education campaign for mental health resources that are available locally.	RMH community health worker has developed a local resource manual for all providers and staff.	Improved staff understanding of community outreach services and mental health services available in our region.

**Goal 2: Enhance awareness of health resources in Musselshell County through the improvement of outreach and education efforts.**

	<b>Activities</b>	<b>Accomplishments</b>	<b>Community Impact/Outcomes</b>
<b>Strategy 2.1: Enhance RMH outreach efforts of available health services and resources.</b>	Develop a comprehensive health communication plan for RMH that prioritizes avenues such as web presence and social media.	Activity not accomplished at this time.	RMH will revisit in the future.
	Explore opportunities to enhance the RMH website's operability and patient/user-friendliness, streamlining access to local health information and resources.	RMH created their own web page with a consulting firm in 2023. RMH web page is now more user friendly by allowing patients to ask questions and be directed to the subject matter expert.	The new website has received less complaints than the previous website. RMH leadership will explore other health related topics and available services in the future.
<b>Strategy 2.2: Reinvigorate RMH's presence in the community as a source for health education and resources, particularly related to preventive services and chronic</b>	Design educational campaigns tailored to the community and RMH providers that describe RMH's partnership with the Eastern Montana Telemedicine Network, enhancing access, reducing healthcare travel burden and costs for the community.	Activity not accomplished at this time, but RMH will revisit in the future.	RMH has experienced poor attendance with current telehealth sessions since the lifting of the pandemic. Dated software has been identified as the key issue. Many community residents now have access to more private telehealth options via phone or computer at home.



<b>disease management.</b>	Host and promote an annual health fair. If the need is determined among community members, RMH will consider sponsoring targeted health fairs in the spring and fall. In addition, continue collaborating with local partners to highlight community-based resources at the health fair(s).	RMH has not accomplished this activity since the pandemic. RMH understands the importance of this event and will focus their effort to have a Health Fair in Sept 2025. RMH does have 4 scheduled health events during the Roundup main street market gatherings year 2024.	RMH goal is to have health fair in Fall 2025. RMH has an outstanding engagement committee that has agreed to take on this task.
	Explore and implement preventive health programming including, but not limited to, Walk with Ease, elderly fall prevention, Stop the Bleed, and an Arthritis Foundation program.	RMH has conducted several community trainings on Walk with Ease and Stop the Bleed in 2022-23. This year we are focusing on preventing injuries by providing helmets free for bicycle, ATV and equestrian youth riders.	Good participation and positive feedback from the community for the Walk with Ease and Stop the Bleed educational events.
	Preserve RMH's presence in the community as a trusted partner in addressing emergent health issues, such as COVID-19. Continue sponsoring timely efforts such as providing hand sanitizer, handwashing education, vaccination confidence, etc., to the community.	During the covid outbreak RMH provided many educational updates on the RMH Facebook page. Many attempts were made to promote the available vaccines but was seen with much resistance. RMH has provided free hand sanitizer, mask to community members and low housing areas. Many nurses and providers found themselves at the community stores providing individual education.	RMH was primarily viewed as handling the emergent situation by the community as a positive. The hospital was able to manage the pandemic with few covid deaths within the county. Vaccinations in general continue to be a struggle.

**Goal 3: Revive chronic disease management and prevention efforts in Musselshell County.**

	<b>Activities</b>	<b>Accomplishments</b>	<b>Community Impact/Outcomes</b>
<b>Strategy 3.1: Leverage partnership with</b>	Develop a protocol to identify and refer to the chronic disease management program. Begin by	RMH determined that it was not feasible to hire a nurse to manage chronic	RMH providers have noticed improved medication compliance

<p><b>Billings Clinic to enhance chronic disease management and prevention.</b></p>	<p>including heart failure prevention, community health worker, care coordination, medication adherence, and education components in the RMH clinic. Then, as deemed feasible, RMH will explore expanding the program into the hospital.</p>	<p>conditions and chose to refocus our strategy. Our CHW was hired 7/22 and now assist with medication compliance in the community as well as conducting B/P checks at Homes on the Range. RMH also has an outreach nurse who conducts home visits.</p>	<p>and fewer clinic follow-ups are necessary. The change in strategy has allowed the clinic providers to have an improved pulse on the current status of the patient.</p>
	<p>Utilize evidence-based resources to develop outreach materials that educate and refer eligible patients to the chronic disease management program.</p>	<p>Activity was not accomplished at this time.</p>	<p>RMH leadership will re-evaluate this in the future.</p>
<p><b>Strategy 3.2: Collaborate with community partners to alleviate barriers to healthy eating.</b></p>	<p>Explore how best to partner with community organizations in offering healthier food options as well as within the hospital [RHI toolkits, conversations with community partners (new community market, food bank, etc.)].</p>	<p>RMH began a contract with Forefront dietary services in 2022. The dietary options are much healthier food choices to our patients and employees. Forefront also provides “Meals on Wheels” for the community. RMH also donated canned food items to the local food pantry for the annual Cats vs Grizzly game.</p>	<p>Hospital patients and staff have enjoyed the new healthier food choices.</p> <p>RMH and forefront will conduct the Health Fair together in 2025 , focusing on healthy food choices available to the community.</p>
	<p>Explore opportunities for disseminating healthy eating and nutrition education at local events such as the community market.</p>	<p>Activity was not accomplished.</p>	<p>RMH and Forefront dietary services will focus these efforts for the 2025 Health Fair.</p>



# APPENDICES

# Appendix A – Steering Committee

Steering Committee Member	Organization Affiliation
Maicy Blookie	Area II on Aging
Rachel Brewer	HR/Marketing, Roundup Memorial Healthcare (RMH)
<b>Velma Bulcher</b>	Director of Nursing, RMH
Leann Fistic	CMHD
Natalie Goodwin	Community Health Worker, RMH
Stephanie Graben	Community member, Business owner (“Fat Straw”)
Megan Griffith	RN/Clinic lead, RMH
Amy Johnson	Practice Admin, RMH
Terra Kellum	HR/Executive Assistant, RMH
Dave Liggett	Community member
Kurt Lowartz	MD, RMH
Cindy Moore	Retired Director of Nursing, community member
<b>Lucia Montez</b>	Social Services Point Coordinator, RMH
Maria Owen	Acute Care Manager, RMH
Paula Snider	Homes on the Range
Heather Welch	Business Office Manager, RMH



ROUNDUP MEMORIAL  
HEALTHCARE



**Public Health**  
Prevent. Promote. Protect.



# Appendix B – Public Health & Populations Consultation

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

## Name/Organization

- Paula Snider – Homes on the Range
- Terra Kellum – HR/Executive Assistant, Roundup Memorial Healthcare (RMH)
- Dave Liggett – Community member
- Cindy Moore – Retired Director of Nursing, community member
- Rachel Brewer – HR/Marketing, RMH
- Leann Fistic – CMHD
- Megan Griffith – RN/Clinic lead, RMH
- Kurt Lowartz – MD, RMH
- Maicy Blookie – Area II on Aging
- Natalie Goodwin – Community Health Worker, RMH
- Lucia Monterez – Social Services Point Coordinator, RMH
- Velma Bulcher – Director of Nursing, RMH
- Heather Welch – Business Office Manager, RMH
- Stephanie Graben – Community member, Business owner (“Fat Straw”)
- Amy Johnson – Practice Admin, RMH
- Maria Owen – Acute Care Manager, RMH

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

- Steering Committee March 7, 2024
- Key Informant Interviews May 2024

## Public and Community Health

- High prevalence of smoking during pregnancy
- Internet at home levels are disappointing
- Bad HPV vaccination numbers; not for lack of trying (not getting buy-in from schools, can’t even get foot in the door)
- Could do better in colorectal screening numbers (wouldn’t bank on given number for accuracy—clinic does a lot more cologards than cited; or at least people sign up for them a lot)

### Population: Low-Income, Underinsured

- High underinsured children population—reflected in free lunch program
- High Medicaid enrollment

### Population: Seniors

- High rates of arthritis—limits physical and thus mental health

### Population: Youth

- Youth attempted suicide is very high, alarming
- Can be difficult to do health prevention/education in the schools
- High number of uninsured children

### Population: Tribal/American Indian

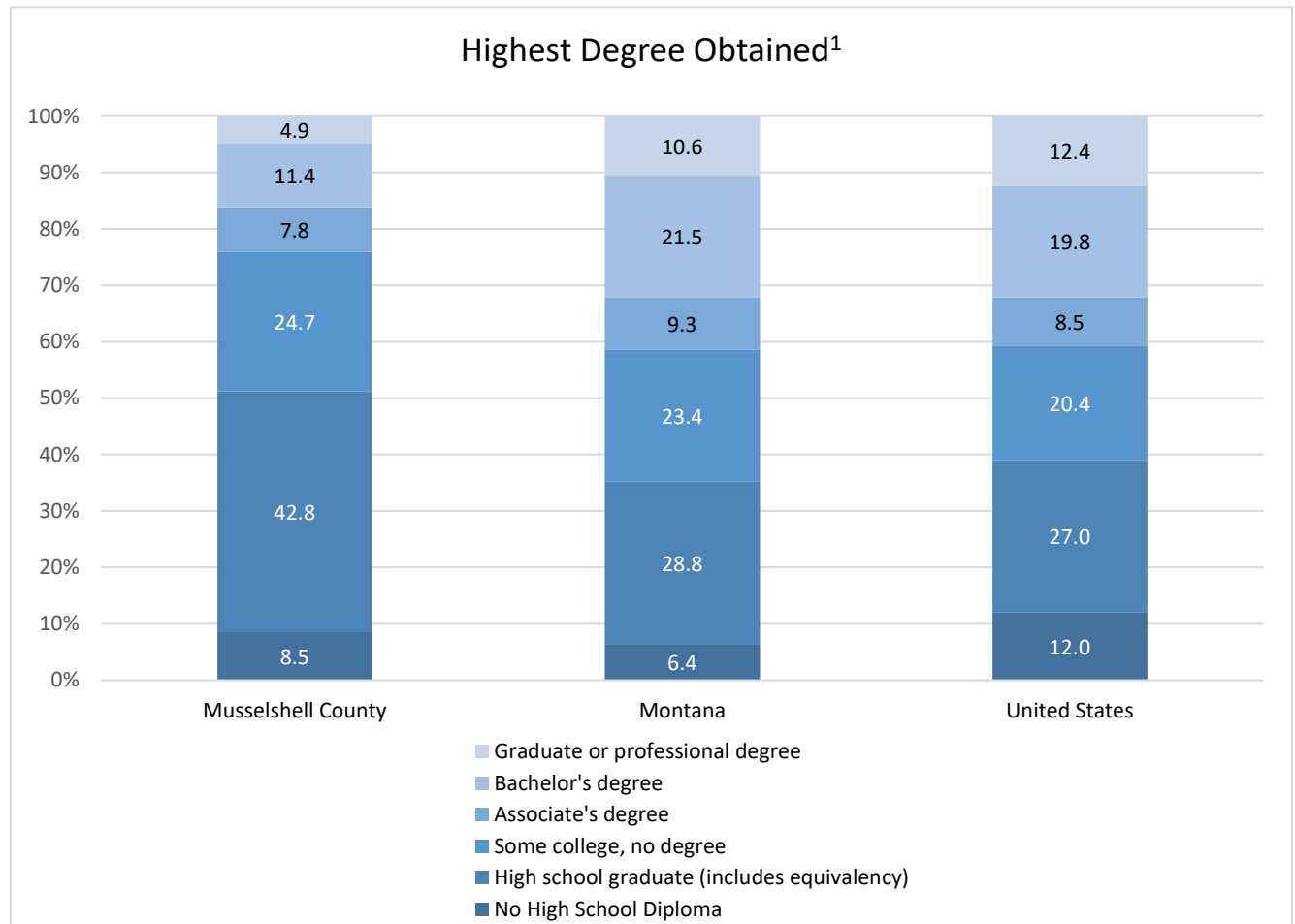
- Large Veteran population
- Lots of disabled veterans

# Appendix C – Musselshell Co. Secondary Data

Demographic Measure (%)		County			Montana			Nation		
Population <sup>1</sup>		4,766			1,050,649			324,697,795		
Population Density <sup>1</sup>		2.5			7.1			85.5		
Veteran Status <sup>1</sup>		13.6%			10.4%			7.3%		
Disability Status <sup>1</sup>		14.1%			13.6%			12.6%		
Age <sup>1</sup>		<5	18-64	65+	<5	18-64	65+	<5	18-64	65+
		4.0%	54.2%	25.9%	5.8%	60.1%	18.2%	5.9%	61.7%	16.4%
Gender <sup>1</sup>		Male		Female	Male		Female	Male		Female
		49.9%		50.1%	50.3%		49.7%	49.2%		50.8%
Race/Ethnic Distribution <sup>1</sup>		White			88.5%			72.5%		
		American Indian or Alaska Native			6.4%			0.8%		
		Other †			5.1%			26.7%		

<sup>1</sup> US Census Bureau - American Community Survey (2019)

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



[1](#) US Census Bureau - American Community Survey (2019)

Socioeconomic Measures (%)	County	Montana	Nation
Median Income <sup>1</sup>	\$43,274	\$54,970	\$62,843
Unemployment Rate <sup>1</sup>	5.3%	4.0%	5.3%
Persons Below Poverty Level <sup>1</sup>	12.7%	13.1%	13.4%
Uninsured Adults (Age <65) <sup>3,4</sup>	14%	12.0%	14.7%
Uninsured Children (Age <18) <sup>3,4</sup>	8%	6.0%	5.1%
Children in Poverty <sup>1</sup>	17.3%	15.8%	18.5%
Enrolled in Medicaid <sup>5,6</sup>	10.0%	8.6%	20.2%
Enrolled in Free/Reduced Lunch <sup>7</sup> <i>Pre-k through 12<sup>th</sup> grade</i>	291	64,148	-
SNAP Participants <sup>7</sup> <i>All ages</i>	578	109,497	39,194,450

[1](#) US Census Bureau - American Community Survey (2019), [3](#) County Health Ranking, Robert Wood Johnson Foundation (2020), [4](#) Center for Disease Control and Prevention (CDC), Health Insurance Coverage (2019), [5](#) MT-DPHHS Medicaid Expansion Dashboard (2020), [6](#) Medicaid.gov (2018), [7](#) Kids Count Data Center, Annie E. Casey Foundation (2020)

Maternal Child Health	County	Montana
General Fertility Rate* <sup>8</sup> <i>Per 1,000 Women 15-44 years of age</i>	69.0	59.6
Total Fertility Rate <sup>8</sup> <i>Per 1,000 Women</i>	82.6	59.5
Born less than 37 weeks <sup>8</sup>	N/A	9.1%
Adolescent Birth Rate (females age 15-19) <sup>21</sup> <i>Per 1,000 years 1999-2018</i>	29.8	32.0
Smoking during pregnancy <sup>15, 20</sup>	25.1%	16.5%
Low and very low birth weight infants (less than 2500 grams) <sup>8</sup>	N/A	7.4%
Childhood Immunization Up-To-Date (UTD) % Coverage <sup>5,9</sup>	N/A	66.2%

[8](#) IBIS Birth Data Query, MT-DPPHS (2020), [9](#) MT-DPHHS Clinic Immunization Results (2017-2018), [15](#) IBIS - Births with Mother who Smoked during Pregnancy, [20](#) Center for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS) 2016, [21](#) IBIS - Adolescent Births, Girls Age 15-19

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

† The total fertility rate is the sum of the age-specific birth rates of women in five-year age groups multiplied by five. This rate estimates the number of children a cohort of 1,000 women would bear if they all went through their childbearing years exposed to the same age-specific birth rates in effect for a particular time.

§ 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 <sup>3</sup>	18%	17%	14%
Excessive Drinking <sup>3</sup>	18%	21%	13%
Adult Obesity <sup>3</sup>	28%	26%	26%
Poor Mental Health Days (Past 30 days) <sup>3</sup>	3.9	3.7	3.4
Physical Inactivity <sup>3</sup>	28%	22%	20%
Liver Disease and Cirrhosis Mortality <sup>10</sup> <i>Per 100,000 population</i>	N/A	150.9	-
Intentional Self-Harm ED Visit Rate <sup>10</sup> <i>Per 100,000 population</i>	305.0	241.3	-
Mental Disorders Hospitalization Rate <sup>10</sup> <i>Per 100,000 population</i>	326.0	372.5	-
Drug Use Hospitalization Rate <sup>10</sup> <i>Per 100,000 population</i>	18%	17%	14%

<sup>3</sup> County Health Ranking, Robert Wood Johnson Foundation (2020), <sup>10</sup> IBIS Community Snapshot, MT-DPPHS

Unsafe Driving	Montana	Nation
Do NOT wear seatbelts – Adults <sup>11</sup>	10.2%	6.3%
Do NOT wear seatbelts – Students 9-12 <sup>th</sup> grade <sup>12</sup>	7.5%	6.5%
Drink and Drive – Adults <sup>11</sup>	3.7%	3.1%
Text and Drive – Students 9-12 <sup>th</sup> grade <sup>12</sup>	53.3%	39.0%

<sup>11</sup> Behavioral Risk Factor Surveillance System (2019), <sup>12</sup> Youth Risk Behavior Survey (2019)

Infectious Disease Incidence Rates (2015-2017) <sup>10</sup> <i>Per 100,000 people</i>	County	Montana
Enteric Diseases*	65.4	80.1
Hepatitis C virus	73.2	93.4
Sexually Transmitted Diseases (STD) <sup>†</sup>	130.8	551.6
Vaccine Preventable Diseases (VPD) <sup>§</sup>	130.8	91.5

<sup>10</sup> IBIS Community Snapshot, MT-DPPHS

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

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

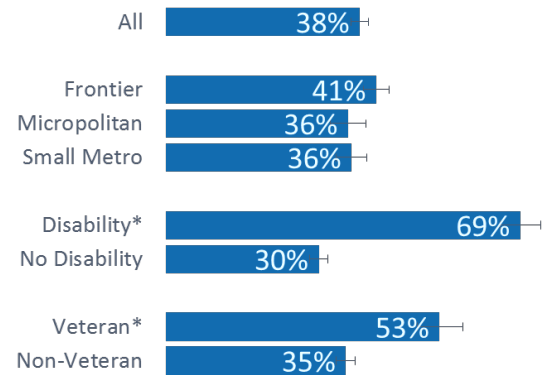
Chronic Conditions <sup>10</sup>	County	Montana
Stroke Hospitalization Rate <i>Per 100,000 population</i>	158.0	152.0
Diabetes Hospitalization Rate <i>Per 100,000 population</i>	981.7	1058.9
COPD Emergency Department Visit Rate <i>Per 100,000 population</i>	N/A	669.9
Acute Myocardial Infarction (MI) Hospitalization Rate <i>Per 100,000 population</i>	134.5	118.1

<sup>10</sup> IBIS Community Snapshot, MT- DPPHS

Montana Adults with Self-Reported Chronic Condition <sup>11</sup>	
1. Arthritis	29.0%
2. Depression	24.1%
3. Asthma	10.0%
4. Diabetes	7.6%
5. COPD	6.8%
6. Cardiovascular disease	3.9%
7. Kidney disease	2.4%

<sup>11</sup> Behavioral Risk Factor Surveillance System (2019)

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



Cancer Incidence	County	Montana	Nation
All Sites Cancer <sup>10</sup> <i>Per 100,000 population</i>	481.9	441.6	444

<sup>10</sup> IBIS Community Snapshot, MT- DPPHS

Mortality	County	Montana	Nation
Suicide Rate <sup>13</sup> <i>Per 100,000 population</i>	N/A	22.5	13.9
Veteran Suicide Rate <sup>13</sup> <i>Per 100,000 population</i>	-	65.7	38.4
Leading Causes of Death <sup>14</sup>	-	1. Cancer 2. Heart disease 3. Unintentional injuries	1. Heart Disease 2. Cancer 3. CLRD*
Unintentional Injury Death Rate <sup>16</sup> <i>Per 100,000 population</i>	53.6	53.4	51.1
Diabetes Mellitus <sup>14, 17</sup> <i>Per 100,000 population</i>	-	19.0	21.4
Alzheimer's Disease <sup>14, 18</sup> <i>Per 100,000 population</i>	-	21.6	37.3
Pneumonia/Influenza Mortality <sup>14, 19</sup> <i>Per 100,000 population</i>	-	10.7	14.9

<sup>13</sup> Suicide in Montana, MT-DPPHS (2018), <sup>14</sup> IBIS Mortality Query, MT- DPPHS, <sup>16</sup> Injury Deaths in Montana (2018), <sup>17</sup> Kaiser State Health Facts, National Diabetes Death Rate (2018), <sup>18</sup> Statista (2018), <sup>19</sup> Kaiser State Health Facts, National Pneumonia Death Rate (2018)

\*Chronic Lower Respiratory Disease

\*\*Unintentional Injury Death Rate - motor vehicle crashes, falls, poisonings, etc.

Montana Health Disparities	White, non-Hispanic	American Indian/Alaska Native	Low Income*	Disability <sup>22</sup>
<b>Poor Mental Health Days<sup>22</sup></b> <i>Past 30 days</i>	9.8	15.4	27.5	22.9
<b>Poor Physical Health Days<sup>22</sup></b> <i>Past 30 days</i>	11.4	16.5	26.7	32
<b>Mean number of Unhealthy Days<sup>22</sup></b> <i>Poor physical health days and poor mental health days combined in the past 30 days</i>	5.9	8.4	12.6	12.9
<b>No Health Care Coverage<sup>11</sup></b>	9.5%	7.8%	11.5%	14.4%
<b>No Personal Health Care Provider<sup>11</sup></b>	26.5%	28.8%	23.8%	16.6%
<b>No Routine Checkup in the Past Year<sup>11</sup></b>	27.2%	23.9%	18.1%	27.1%
<b>No Leisure Time for Physical Activity<sup>22</sup></b> <i>In the past 30 days</i>	19.3%	25.6%	33%	33.6%
<b>Obese<sup>11</sup> (BMI ≥ 30.0)</b>	27.4%	40.7%	35.4%	34.4%
<b>Tobacco Use - Current Smokers<sup>11</sup></b>	14.5%	41.4%	32.9%	26.2%
<b>Does Not Always Wear a Seat Belt<sup>11</sup></b>	9.9%	16.4%	15.6%	27.3%

<sup>11</sup> Behavioral Risk Factor Surveillance System (2019), <sup>22</sup> Behavioral Risk Factor Surveillance System (2016)

\*Annual household income < \$15,000

Montana Youth (9 <sup>th</sup> -12 <sup>th</sup> grade) <sup>12</sup>	White, non-Hispanic	American Indian/Alaska Native
<b>Felt Sad or Hopeless</b> <i>Almost every day for two weeks or more in a row, during the past 12 months</i>	35.3%	39.6%
<b>Attempted Suicide</b> <i>During the past 12 months</i>	8.7%	15.4%
<b>Lifetime Cigarette Use</b> <i>Students that have ever tried smoking</i>	28.3%	48.9%
<b>Lifetime Alcohol Use</b> <i>Students that have had at least one drink of alcohol on one or more days during their life</i>	34.3%	25.3%
<b>Lifetime Marijuana Use</b> <i>Students that have used marijuana one or more times during their life</i>	36.9%	58.9%
<b>Overweight</b> <i>≥ 85th percentile but &lt;95th percentile for BMI, based on sex- and age-specific reference data from the 2000 CDC growth charts.</i>	12.5%	17.5%
<b>Texting and Driving</b> <i>Among students who drove a car in the past 30 days</i>	55.2%	39.6%
<b>Carried a Weapon on School Property</b> <i>In the last 30 days</i>	7.2%	3.2%

<sup>12</sup> Youth Risk Behavior Survey (2019)

## Secondary Data – Healthcare Workforce Data 2019

### Health Professional Shortage Area & Medically Underserved Areas/Populations

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

Health Professional Shortage Area Designation- Musselshell County, Montana		
Discipline	HPSA Score	HPSA
Primary Care	17	✓ Geographic population
Dental Health	16	✓ Low-income population
Mental Health	15	✓ High needs geographic population
HPSA Scores range from 0 to 26 where the higher the score, the greater the priority		

1 Health Resources and Services Administration (2019)

Provider Supply and Access to Care				
Measure	Description	Musselshell Co. (N = 1) *	Montana (N = 48) *	National (N = 1344) *
Primary care physicians	Ratio of population to primary care physicians	-	1312:1	1030:1
Other primary care providers	Ratio of population to other primary care providers including nurse practitioners, physician assistants, and clinical nurse specialists	1146:1	1041:1	726:1
Dentists	Ratio of population to dentists	-	1482:1	1280:1
Mental health providers	Ratio of population to mental health providers	4582:1	409:1	330:1

\*Total number of CAHs, - No data available

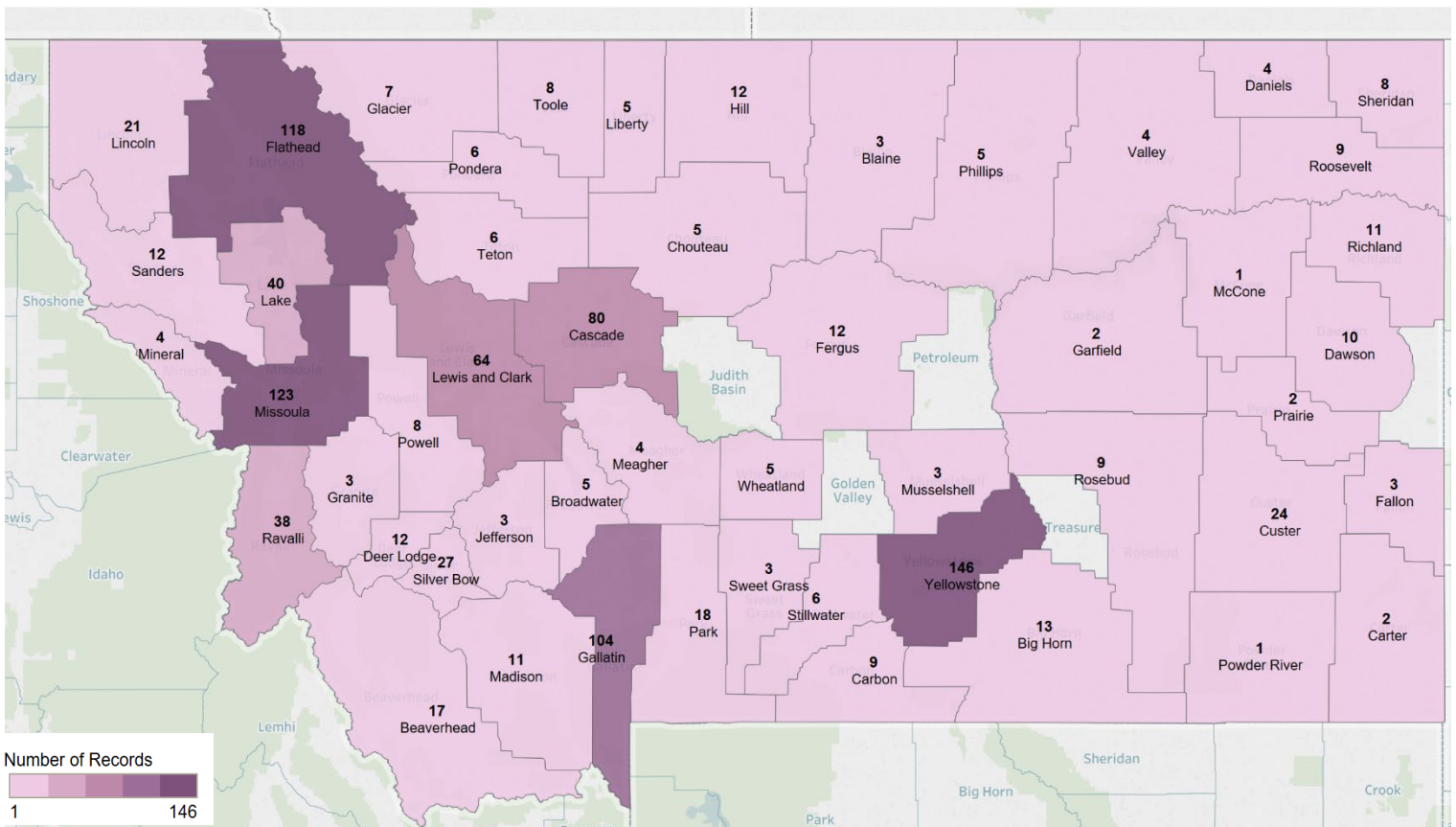
2 CAHMPAS - FLEX Monitoring (2017)

## Healthcare workforce Distribution Maps

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

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

Montana Physician, PA, APRN Distribution - Primary Locations - Primary Care



Maps by WIM Tracking LLC - 3/19/19



# Appendix D – Survey Cover Letter

March 29, 2024

Dear [LASTNAME] household:

Participate in our Community Health Needs Assessment survey for a chance to **WIN one of 3 \$25 local grocery gift cards, 2 \$50 gas cards or 1 \$100 Visa Gift Card!**

Roundup Memorial Healthcare (RMH) 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 RMH 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 tried to keep the survey to about 15 minutes. Participating in this survey is completely voluntary and your identity and answers will remain confidential.

1. Due date to complete survey: May 3, 2024
2. Complete the enclosed survey and return it in the envelope provided - no stamp needed.
3. You can also access the survey at <http://helpslab.montana.edu/survey.html>. Select "Roundup Memorial Healthcare Survey." Your access code is [CODED]
4. The winners of the Gift Cards will be contacted the week of May 20th

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

Thank you for your assistance. We appreciate your time.

Sincerely,



Rick Schroeder, Interim CEO



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

Community Health Needs Assessment Survey  
Roundup, Montana

# Appendix E – Survey Instrument

Community Health Needs Assessment Survey  
Roundup, Montana

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

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

- Very healthy       Healthy       Somewhat healthy       Unhealthy       Very unhealthy

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

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

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

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

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

- Excellent       Good       Fair       Poor

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

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

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



**(Select ALL that apply)**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Area Agency on Aging       | <input type="checkbox"/> Mental health | <input type="checkbox"/> Senior center                     |
| <input type="checkbox"/> Chiropractor               | <input type="checkbox"/> Optometrist   | <input type="checkbox"/> VA                                |
| <input type="checkbox"/> Dentist                    | <input type="checkbox"/> Pharmacy      | <input type="checkbox"/> WIC (Women, Infant, and Children) |
| <input type="checkbox"/> Hospice                    | <input type="checkbox"/> Public health | <input type="checkbox"/> Other: _____                      |
| <input type="checkbox"/> In home personal assistant |  |  |

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

- |   |  |
|---|--|
| <input type="checkbox"/> Greater health education services  | <input type="checkbox"/> More primary care providers (MD/DO)               |
| <input type="checkbox"/> Health Navigator (i.e. assistance signing up for insurance, Medicare, or Medicaid) | <input type="checkbox"/> More specialists                                  |
| <input type="checkbox"/> Improved quality of care   | <input type="checkbox"/> Outpatient services expanded hours                |
| <input type="checkbox"/> Interpreter services/cultural sensitivity  | <input type="checkbox"/> Payment assistance programs (healthcare expenses) |
| <input type="checkbox"/> More information about available services  | <input type="checkbox"/> Telemedicine                                      |
| <input type="checkbox"/> More Nurse Practitioners/Physician Assistants                                      | <input type="checkbox"/> Transportation assistance                         |
|   | <input type="checkbox"/> Other: _____                                      |

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

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Alcohol/substance use        | <input type="checkbox"/> Health and wellness             | <input type="checkbox"/> Parenting            |
| <input type="checkbox"/> Alzheimer’s/dementia         | <input type="checkbox"/> Heart disease                   | <input type="checkbox"/> Prenatal             |
| <input type="checkbox"/> Cancer                       | <input type="checkbox"/> Lactation/breastfeeding support | <input type="checkbox"/> Quit smoking/tobacco |
| <input type="checkbox"/> Diabetes/diabetes prevention | <input type="checkbox"/> Living will                     | <input type="checkbox"/> Support groups       |
| <input type="checkbox"/> First aid/CPR                | <input type="checkbox"/> Meal planning/healthy cooking   | <input type="checkbox"/> Weight loss          |
| <input type="checkbox"/> Fitness                      | <input type="checkbox"/> Men’s health                    | <input type="checkbox"/> Women’s health       |
| <input type="checkbox"/> Grief counseling             | <input type="checkbox"/> Mental health                   | <input type="checkbox"/> Other: _____         |
|   | <input type="checkbox"/> Nutrition                       |   |

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

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Alternative Medicine       | <input type="checkbox"/> Mammography                                    | <input type="checkbox"/> Orthopedic services |
| <input type="checkbox"/> Cancer care                | <input type="checkbox"/> Massage therapy                                | <input type="checkbox"/> Pediatric dentist   |
| <input type="checkbox"/> Colonoscopy                | <input type="checkbox"/> Mental & behavioral health services/counseling | <input type="checkbox"/> Pediatrician        |
| <input type="checkbox"/> Diabetic clinic            | <input type="checkbox"/> OB/GYN   | <input type="checkbox"/> Podiatrist          |
| <input type="checkbox"/> Dermatology                | <input type="checkbox"/> Occupational therapy                           | <input type="checkbox"/> Respiratory health  |
| <input type="checkbox"/> Endocrinologist (hormones) | <input type="checkbox"/> Optometrist                                    | <input type="checkbox"/> Speech therapy      |
| <input type="checkbox"/> Home health                |   | <input type="checkbox"/> Other: _____        |

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

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

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

- Very important                       Important                                       Not important                                       Don't know

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

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

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

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

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

- Yes                       No (If no, skip to question 17)

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

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Billings Clinic              | <input type="checkbox"/> Harlowton              | <input type="checkbox"/> Roundup Memorial Healthcare |
| <input type="checkbox"/> Billings – St. Vincent's     | <input type="checkbox"/> Indian Health Services | <input type="checkbox"/> VA                          |
| <input type="checkbox"/> Billings – Riverstone Health | <input type="checkbox"/> Jordan                 | <input type="checkbox"/> Other: _____                |
| <input type="checkbox"/> Billings (other)             | <input type="checkbox"/> Lewistown              |  |

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

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

**17. In the past three years, have you received care in a hospital? (i.e. hospitalized overnight, day surgery, obstetrical care, rehabilitation, radiology or emergency care)**

- Yes                       No (If no, skip to question 20)

**18. If yes, which hospital do you use MOST for hospital care? (Select ONLY 1)**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Billings Clinic          | <input type="checkbox"/> Indian Health Services | <input type="checkbox"/> Roundup Memorial Healthcare |
| <input type="checkbox"/> Billings – St. Vincent's | <input type="checkbox"/> Jordan                 | <input type="checkbox"/> Other: _____                |
| <input type="checkbox"/> Harlowton                | <input type="checkbox"/> Lewistown              |  |

**19. 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
- Closest to work
- Cost of care
- Emergency, no choice
- Financial assistance programs
- Hospital's reputation for quality
- Marketing/advertising
- Prior experience with hospital
- Privacy/confidentiality
- Recommended by family or friends
- Referred by provider
- Required by insurance plan
- VA/Military requirement
- Other: \_\_\_\_\_

**20.** The following services are available through Roundup Memorial Healthcare. 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
Chronic conditions management	4	3	2	1	N/A	DK
Clinical services	4	3	2	1	N/A	DK
CT Scan	4	3	2	1	N/A	DK
Emergency room	4	3	2	1	N/A	DK
Extended Care Unit (nursing home)	4	3	2	1	N/A	DK
Hospital care (in-patient)	4	3	2	1	N/A	DK
Immunizations	4	3	2	1	N/A	DK
IV infusion services	4	3	2	1	N/A	DK
Laboratory	4	3	2	1	N/A	DK
Mobile mammography	4	3	2	1	N/A	DK
Physical therapy	4	3	2	1	N/A	DK
Radiology (x-ray/ultrasound)	4	3	2	1	N/A	DK
Rehabilitation (skilled/swing bed)	4	3	2	1	N/A	DK
Telemedicine	4	3	2	1	N/A	DK
Visiting nurse	4	3	2	1	N/A	DK
Well Child Checks	4	3	2	1	N/A	DK

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

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

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

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

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

- Excellent
- Good
- Fair
- Poor

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

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

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

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

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

- Yes  No  Not applicable

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

- Yes  No

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

- Yes  No  Don't know

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

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
<b>29.1) I can get the health care I need.</b> Consider the cost and quality, number of options, and availability of healthcare within a reasonable distance to your home.	4	3	2	1	DK
<b>29.2) I feel safe in my home.</b> Consider everything that makes you feel safe, such as neighbors, presence of law enforcement, etc. and everything that could make you feel unsafe at home, including family violence, robbery, housing conditions, etc.	4	3	2	1	DK
<b>29.3) I feel safe in my community.</b> Consider how safe you feel in and around your neighborhood, schools, playgrounds, parks, businesses, and shopping centers.	4	3	2	1	DK
<b>29.4) There are places to be physically active near my home.</b> Consider parks, trails, places to walk, and playgrounds.	4	3	2	1	DK
<b>29.5) I have enough financial resources to meet my basic needs.</b> Consider income for purchasing food, clothing, shelter, and utilities.	4	3	2	1	DK

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

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

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

- Excellent  Good  Fair  Poor

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

- Can't afford to pay for health insurance
- Employer does not offer insurance
- Choose not to have health insurance
- Too confusing/don't know how to apply
- Other: \_\_\_\_\_

**33. 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.*

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

- 59046 Lavina
- 59054 Melstone
- 59059 Musselshell
- 59072 Roundup
- 59074 Ryegate
- 59087 Winnett
- Other: \_\_\_\_\_

**35. What is your gender?**

- Male
- Female
- Non-binary
- Prefer to self-describe: \_\_\_\_\_

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

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

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

- Work full-time
- Work part-time
- Self employed
- Retired
- Student
- Collect disability
- Unemployed, but looking
- Not currently seeking employment
- Other: \_\_\_\_\_

**[CODED]**

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

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

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

## Appendix F – Cross Tabulation Analysis

### Knowledge Rating of Roundup Memorial Healthcare Services by How Respondents Learn About Healthcare Services

	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>	<b>Total</b>
<b>Billboards/posters</b>	12.5% (1)	37.5% (3)	25.0% (2)	25.0% (2)	<b>8</b>
<b>Friends/family</b>	10.8% (7)	46.2% (30)	36.9% (24)	6.2% (4)	<b>65</b>
<b>Healthcare provider</b>	16.7% (7)	52.4% (22)	23.8% (10)	7.1% (3)	<b>42</b>
<b>Mailings/newsletter</b>	-	36.4% (4)	36.4% (4)	27.3% (3)	<b>11</b>
<b>Newspaper</b>	7.7% (2)	46.2% (12)	34.6% (9)	11.5% (3)	<b>26</b>
<b>Presentations</b>	-	100.0% (1)	-	-	<b>1</b>
<b>Public Health nurse</b>	-	50.0% (1)	50.0% (1)	-	<b>2</b>
<b>Radio</b>	20.0% (2)	60.0% (6)	10.0% (1)	10.0% (1)	<b>10</b>
<b>Social media/Facebook</b>	6.3% (2)	40.6% (13)	34.4% (11)	18.8% (6)	<b>32</b>
<b>Website/internet</b>	15.4% (2)	46.2% (6)	-	38.5% (5)	<b>13</b>
<b>Word of mouth/reputation</b>	8.9% (7)	44.3% (35)	40.5% (32)	6.3% (5)	<b>79</b>
<b>Other</b>	8.3% (1)	50.0% (6)	25.0% (3)	16.7% (2)	<b>12</b>

## Delay or Did Not Get Need Healthcare Services by Residence

	<b>Yes</b>	<b>No</b>	<b>Total</b>
<b>59046 Lavina</b>	28.6% (2)	71.4% (5)	<b>7</b>
<b>59054 Melstone</b>	-	100.0% (3)	<b>3</b>
<b>59059 Musselshell</b>	25.0% (1)	75.0% (3)	<b>4</b>
<b>59072 Roundup</b>	33.3% (35)	66.7% (70)	<b>105</b>
<b>59087 Winnett</b>	100.0% (1)	-	<b>1</b>
<b>Other</b>	50.0% (1)	50.0% (1)	<b>2</b>
<b>TOTAL</b>	<b>32.8%</b> <b>(40)</b>	<b>67.2%</b> <b>(82)</b>	<b>122</b>

**\*Ryegate removed due to non-response**

## Location of primary care clinic most utilized by residence

	Billings Clinic	Billings – St. Vincent's	Billings – Riverstone Health	Billings (other)	Roundup Memorial Healthcare	VA	Other	TOTAL
<b>59046 Lavina</b>	-	71.4% (5)	-	-	14.3% (1)	14.3% (1)	-	<b>7</b>
<b>59054 Melstone</b>	-	100.0% (2)	-	-	-	-	-	<b>2</b>
<b>59059 Musselshell</b>	75.0% (3)	-	25.0% (1)	-	-	-	-	<b>4</b>
<b>59072 Roundup</b>	25.5% (26)	21.6% (22)	2.0% (2)	2.9% (3)	29.4% (30)	-	18.6% (19)	<b>102</b>
<b>59087 Winnett</b>	100.0% (1)	-	-	-	-	-	-	<b>1</b>
<b>Other</b>	100.0% (2)	-	-	-	-	-	-	<b>2</b>
<b>TOTAL</b>	<b>27.1% (32)</b>	<b>24.6% (29)</b>	<b>2.5% (3)</b>	<b>2.5% (3)</b>	<b>26.3% (31)</b>	<b>0.8% (1)</b>	<b>16.1% (19)</b>	<b>118</b>

\* Harlowton, Indian Health Services, Jordan, and Lewistown removed from primary care clinic location (top row) due to non-response.

\*\*59074 Ryegate removed from residence (first column) due to non-response.



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

	Billings Clinic	Billings – St. Vincent's	Billings – Riverstone Health	Billings (other)	Roundup Memorial Healthcare	VA	Other	TOTAL
<b>Appointment availability</b>	11.1% (3)	22.2% (6)	3.7% (1)	7.4% (2)	29.6% (8)	-	25.9% (7)	<b>27</b>
<b>Clinic/provider's reputation for quality</b>	26.8% (11)	31.7% (13)	2.4% (1)	2.4% (1)	19.5% (8)	-	17.1% (7)	<b>41</b>
<b>Closest to home</b>	7.9% (3)	-	-	-	68.4% (26)	-	23.7% (9)	<b>38</b>
<b>Cost of care</b>	-	25.0% (2)	12.5% (1)	-	37.5% (3)	12.5% (1)	12.5% (1)	<b>8</b>
<b>Length of waiting room time</b>	-	33.3% (2)	16.7% (1)	-	-	-	50.0% (3)	<b>6</b>
<b>Prior experience with clinic</b>	27.8% (10)	33.3% (12)	8.3% (3)	2.8% (1)	13.9% (5)	-	13.9% (5)	<b>36</b>
<b>Privacy/confidentiality</b>	30.0% (3)	30.0% (3)	-	-	20.0% (2)	-	20.0% (2)	<b>10</b>
<b>Recommended by family or friends</b>	30.0% (6)	30.0% (6)	-	5.0% (1)	30.0% (6)	-	5.0% (1)	<b>20</b>
<b>Referred by physician or other provider</b>	40.0% (4)	20.0% (2)	-	-	-	-	40.0% (4)	<b>10</b>
<b>Required by insurance plan</b>	40.0% (4)	30.0% (3)	-	10.0% (1)	10.0% (1)	-	10.0% (1)	<b>10</b>

<b>VA/Military requirement</b>	33.3% (1)	33.3% (1)	-	-	-	-	33.3% (1)	<b>3</b>
<b>Other</b>	42.1% (8)	31.6% (6)	-	-	5.3% (1)	-	21.1% (4)	<b>19</b>

**\*Harlowton, Indian Health Services, Jordan, and Lewistown removed from primary care clinic location (top row) due to non-response.**

### Location of most recent hospitalization by residence

	<b>Billings Clinic</b>	<b>Billings St. Vincents</b>	<b>Roundup Memorial Healthcare</b>	<b>Other</b>	<b>Total</b>
<b>59046 Lavina</b>	-	100.0% (4)	-	-	<b>4</b>
<b>59054 Melstone</b>	-	100.0% (2)	-	-	<b>2</b>
<b>59059 Musselshell</b>	100.0% (2)	-	-	-	<b>2</b>
<b>59072 Roundup</b>	39.1% (27)	31.9% (22)	20.3% (14)	8.7% (6)	<b>69</b>
<b>Other</b>	100.0% (2)	-	-	-	<b>2</b>
<b>Total</b>	<b>39.2% (31)</b>	<b>35.4% (28)</b>	<b>17.7% (14)</b>	<b>7.6% (6)</b>	<b>79</b>

**\* Harlowton, Indian Health Services, Jordan, and Lewistown removed from hospital location (top row) due to non-response.**

**\*\*59074 Ryegate and 59087 Winnett removed from residence (first column) due to nonresponse.**

## Location of most recent hospitalization by reasons for hospital selection

	Billings Clinic	Billings St. Vincents	Roundup Memorial Healthcare	Other	Total
<b>Closest to home</b>	34.6% (9)	7.7% (2)	46.2% (12)	11.5% (3)	<b>26</b>
<b>Closest to work</b>	40.0% (2)	-	60.0% (3)	-	<b>5</b>
<b>Cost of care</b>	33.3% (1)	66.7% (2)	-	-	<b>3</b>
<b>Emergency, no choice</b>	29.4% (5)	29.4% (5)	29.4% (5)	11.8% (2)	<b>17</b>
<b>Financial assistance programs</b>	50.0% (2)	50.0% (2)	-	-	<b>4</b>
<b>Hospital's reputation for quality</b>	32.4% (11)	55.9% (19)	8.8% (3)	2.9% (1)	<b>34</b>
<b>Prior experience with hospital</b>	35.9% (14)	43.6% (17)	15.4% (6)	5.1% (2)	<b>39</b>
<b>Privacy/confidentiality</b>	60.0% (3)	40.0% (2)	-	-	<b>5</b>
<b>Recommended by family or friends</b>	25.0% (2)	62.5% (5)	12.5% (1)	-	<b>8</b>
<b>Referred by physician or other provider</b>	60.0% (15)	24.0% (6)	12.0% (3)	4.0% (1)	<b>25</b>
<b>Required by insurance plan</b>	66.7% (2)	33.3% (1)	-	-	<b>3</b>
<b>VA/Military requirement</b>	40.0% (2)	60.0% (3)	-	-	<b>5</b>
<b>Other</b>	33.3% (2)	50.0% (3)	-	16.7% (1)	<b>6</b>

\* Harlowton, Indian Health Services, Jordan and Lewistown removed from hospital location (top row) due to non-response.

\*\* Marketing/advertising removed from reason selected (first column) due to nonresponse.

## Appendix G – Responses to Other & Comments

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

- Drugs (3)
- Drug use/alcohol addiction
- Only been here 2 1/2 years
- Danger of denial and ignorance of adults regarding real issues

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

- Alcohol/substance abuse (1)
- Cancer (1)
- Heart disease (1)
- Lack of dental care (1)
- Lack of exercise (1)
- Mental health issues (depression, anxiety, PTSD, etc. ) (1)
- Overweight/obesity (2)
- Suicide (1)
- Tobacco use (cigarettes/cigars, vaping, smokeless) (2)

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

- More than 3 w/ some in place it takes care of others

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

- Access to healthcare services (3)
- Access to healthy foods (3)
- Affordable housing (2)
- Clean environment (2)
- Community involvement (2)
- Good jobs and a healthy economy (3)
- Good schools (2)
- Healthy behaviors and lifestyles (2)
- Low crime/safe neighborhoods (1)
- Parks and recreation (1)
- Strong family life (2)
- Transportation services (1)
- Water quality (1)

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

- Always been here
- Experience
- EMS
- Health fair
- Internet search
- Proximity only show in town
- Worked there
- Do not see anything at all
- Long-time resident
- Our health care said doctor at Roundup MT, and part of Billings Clinic
- Personal experience
- Trial and error

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

- Emergency Room
- Food bank
- A healthy life gym
- Physical therapy (3)
- Rescue
- None (9)
- Church
- Most of my medical care is in Billings. Emergencies & minor problems, I use Roundup
- None -> go to Billings for health care needs
- VNN, Vet Center, adaptive perf. center

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

- Home healthcare services
- Insurance possibilities
- None
- Homeopathy
- People taking care of their bodies
- Optometrist
- Fair fee schedule
- Not all vets are over 65, Not all PTS are the same, physical therapy more than 2x a week

**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)

- Natural healing
- Physical trainer
- None (4)

- General health
- Vet groups, Emotions Anonymous, Alanon – Alateen

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

(Select ALL that apply)

- More specialists made available
- Acupuncture
- None (4)
- Rheumatology/Rheumatologist (2)
- Audiology

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

- Infusion
- None
- MRI's
- Been a good year
- Direct labs
- Blood HMW
- Orthopedic, mental health, (most in Billings)

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

- No EMT or ambulance equipment- Lavina area
- Not having a lot of trust in care I might receive at Roundup Memorial
- No pain management
- Weather
- Weekend services emergency room only
- Uncertain if it was an issue
- Don't trust care given
- Hard head
- VA Hot Mess

\*Responses when more than 3 were selected (1 participants):

- Could not get off work (1)
- Don't understand healthcare system (1)
- My insurance didn't cover it (1)

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

- Podiatrist
- Ortho MT
- Livingston
- Past 3yrs VA &Roundup

\*Responses when more than 1 was selected (19 participants):

- Billings Clinic (13)
- Billings – St. Vincent's (6)
- Billings – Riverstone Health (1)
- Billings (other) (4)
- Roundup Memorial Healthcare (13)
- VA (2)

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

- Has been my Primary provider for many years
- VA referral
- I worked in Billings before I retired.
- Close to work (2)
- I chose to try a new one
- My PAC is open to my wholistic approach to healthcare
- Don't have a new one since previous left- none available in Billings
- Best service most confident
- Mayo affiliation, assumed better care was wrong- poor quality
- Better pricing than RMH
- HIV services
- Accepts children insurance
- Excellent provider
- Continuity of care
- Met the provider at an urgent care appointment and wanted her
- Access to specialist x other: MD or DO available
- Great service
- Our doctor left Billings Clinic and there was no other to see sooner or at all.

**18.** If yes, which hospital do you use MOST for hospital care? (Select ONLY 1)

- ER while traveling
- St. Vincent Healthcare

\*Responses when more than 1 was selected (5 participants):

- Billings Clinic (5)
- Billings – St. Vincent's (1)
- Roundup Memorial Healthcare (4)

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

- Access to expanded services
- Most confidence best service
- Availability of specialists

- Habit
- Ortho specific

\*Responses when more than 3 were selected (1 participants):

- Hospital's reputation for quality (1)
- Prior experience with hospital (1)
- Referred by provider (1)
- VA/Military requirement (1)

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

- We have employer sponsored, market place, healthy MT kids and Medicaid, 4 insurance plans for 5 people
- Co-pay for insurance
- Supplemental plan
- Medicare advantage plan
- Cost sharing ministry
- Humana
- Cost sharing

\*Responses when more than 1 was selected (22 participants):

- Employer sponsored (1)
- Health Insurance Marketplace (5)
- Healthy MT Kids (1)
- Medicaid (5)
- Medicare (20)
- Private insurance/private plan (6)
- VA/Military (5)

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

- I have it
- N/A (4)
- IHS is a scam
- Self-employed
- Just signed up for it
- Utilizing cost share as a more affordable option
- Pre-Package Plans

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

- 59079 Shepherd

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

- Male and female; (answered as a couple)



### 37. What is your employment status?

- Elected office

\*Responses when more than 1 was selected (9 participants):

- Work full-time (6)
- Work part-time (1)
- Self employed (6)
- Retired (1)
- Student (2)
- Collect disability (1)
- Not currently seeking employment (1)

### General comments

- (Q2)
  - Selected “Lack of exercise” and wrote “Seniors programs” next to it.
  - Selected “Lack of access to healthcare” and wrote “good” next to it.
- (Q7)
  - Selected “More primary care providers (MD/DO)” and wrote “MDs not just NP” next to it.
- (Q10)
  - Selected several services and wrote “None in Roundup” below the choices.
  - Did not select “Health fair” and wrote “Have not seen this offered in Roundup in several years” next to it.
- (Q13)
  - Selected “It cost too much” and wrote “dentist” next to it.
- (Q18)
  - Selected “Roundup Memorial Healthcare” and wrote “However using limited services” next to it.
- (Q20)
  - Did not rate any services and wrote “Do not use” next to the services.
- (Q21)
  - Did not select any of the given choices and created their own choice “Not enough.”
- (Q24)
  - Selected “None at all” and wrote “No exposure” next to it.
  - Selected “A little” and wrote “Can’t fix others but I care... Not insensitive” next to it.
- (Q25)
  - Did not select any of the choices and wrote “Had surgery 2 weeks ago, daily exercises” next to it.
- (Q27)
  - Selected “Yes” and wrote “(Fresh, good, food)” next to it.

- Did not select either of the given choices and created their own choice “Infrequently.”
- (Q29.2)
  - Did not answer the question and wrote “Badly worded question” over the question text.
  - Selected “4” and wrote “one makes sure!” below it.
- (Q29.4)
  - Selected “4” and wrote “My own property!” below it.
  - Selected “1” and wrote “I’m a senior” next to the question text.
- (Q29.5)
  - Selected “3” and wrote “Rising costs – hits us all right now – hard” below it.
- (Q30)
  - Selected “VA/Military” and wrote “/ out of pocket” next to it.
  - Selected “Health Insurance Marketplace” and wrote “Secondary supplemental insurance – on Medicare” below it.
- (Q37)
  - Selected “Self-employed” and “Not currently seeking employment” and wrote “self” next to the second choice and “husband” next to the question text.
  - Selected “Retired” and wrote “but I keep working and active somewhat” next to it.
  
- General:
  - To Roundup Memorial Healthcare (RMH) “committee”  
Rick Schroder, Interim CEO  
To whomever this concerns,  
I received the enclosed Community Health Needs Assessment Survey which I was looking over and was going to fill out.  
Then I saw the last page, under Demographics question #35.  
I DO NOT and WILL NOT participate in anything that is NOT INTELLIGENT ENOUGH or SCIENTIFIC ENOUGH to know that there are ONLY TWO GENDERS, Male or Female.  
This is MONTANA, we Montanan’s KNOW there is only TWO GENDERS, TWO SEXES. There is NO DIFFERENCE.  
PLEASE return to the West or East Coast or Chicago to further destroy their society and leave us logical thinking Montana’s alone.  
You should be ashamed of yourselves for promoting a mental illness as a legitimate classification.  
[Name redacted]

# Appendix H – Key Informant Interview Questions

## Key Informant Interview Questions

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

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

# Appendix I – Key Informant Interview

## Transcripts

### Key Informant Interview #1

May 13, 2024

Edith Sloan

Via phone interview

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

- We're just below average or about average. Probably because of the income level of the community—thinking about whether everyone has insurance and can go for medical help when they need it. Economic levels make me wonder if people don't have the wherewithal to take advantage of what the community has to offer for healthcare. There are opportunities to move and exercise, and we're getting more. There are so many activities offered in the community—pickleball, tai chi, ball fields/courts, running/walking. Maybe people don't hear about it all, but people need to be aware of it. Much of it isn't available in the winter though.

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

- **Hospital/clinic:**
  - I'm very happy that they're here. There are many rural hospitals that haven't been able to make it, so I'm very thankful they're both here. I've used both and have not had to be transferred into Billings. My primary care is in Billings, but it's nice to have options here when I need it. It's a very useful and appreciated service.
  - The therapist at the clinic is great, I've taken advantage of that. At some point there was a support group for people grieving loss or health difficulties that I think was done here through MSUB, but it was very helpful. More group therapy would be great, it can provide support one person can't sometimes.
- **EMS Services (ER/Ambulance)**
  - I've used them once and it was above average service. It took a while for them to come, but they got there as fast as they could make it. I had good reception in the ER also.
- **Public/County Health Department**
  - I don't know much about them. I'm not familiar with what their mission is. During the pandemic they were overwhelmed and overloaded and that was pretty ridiculous.
  - There is a need for them, but I'm not exactly sure what they do.

- **Senior Services (Nursing homes, assisted living, home health, senior center, etc.)**
  - There are lots of recreational activities directed at seniors.
  - There have been moves to improve the senior center, like serving lunches more days. The facility could be improved to some extent (i.e. audio-visual computer setup could be improved to facilitate more recreational activities).
  - Thankful we have the senior center so we have space to eat lunches and meet and do activities.
- **Services for Low-Income Individuals/Families**
  - There are many free recreational activities (pickleball, tai chi, running & walking).
  - Don't know about more than that. We don't have too many places to eat out and maybe that's a problem.
  - We have a good setup with groceries I think. Our grocery stores sometimes sell kale.

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

- I'm a little ignorant of some of the local healthcare issues.
- There is a psychiatric need. People need to be connected and have people to talk to. There are churches and bars but not much else, which is why I've started movement groups.

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

- More support group systems (e.g. grief, AA, drug support groups)
- A bus service would be great so people who couldn't drive could get to Billings to do shopping, meetings, etc. Free or lower fare would be great. There used to be one but not anymore. Bus services would connect small communities.

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

- More groups, people to talk to. Connections with other people is so important. We need to be able to depend on people around us, but to depend on them we have to get to know them. What can get people to come together? We need things to bring people together and make connections.

**Key Informant Interview #2**

May 13, 2024

Anonymous

Via phone interview

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

- I don't really know. It's a community where you have a lot of money or nothing, no in between.

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

- **Hospital/clinic:**
  - For long-term care I feel like they have a lack of communication among staff (e.g. at shift changes); they could do a lot better with internal communication. The patient care is decent for the most part, the patients get what they need. But it would be better if the staff communicated better. There is also room for improvement for communication with family.
  - There are some problems with doctors denying referrals for specialists. Some poor patient care and communication, and doctors who only answer to Billings Clinic and aren't held accountable in Roundup.
- **EMS Services (ER/Ambulance)**
  - I've had little experience with them but they've seemed great so far in my experience. They've been timely, kind, and supportive.
- **Public/County Health Department**
  - I don't know
- **Senior Services (Nursing homes, assisted living, home health, senior center, etc.)**
  - I don't know
- **Services for Low-Income Individuals/Families**
  - I don't know too much. A greater part of our community is low income and they seem to have care and services they need.

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

- Substance use issues and mental health issues are big.
- We live in such a small community that transportation to Billings would be helpful for cancer treatments.
- It would be nice to have more satellite options, more treatments/specialists/services here in Roundup instead of having to go to Billings.

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

- More satellite options, care options here in Roundup.

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

- The community has a big problem with drugs and with welfare. People who are using the system are abusing the system and want to stick with it because it's easy. Drug users are the unhealthiest part of the community. People who are having the biggest problem with being ill are those who don't give a darn.

## Appendix J – Request for Comments

Written comments on this 2024 Community Health Needs Assessment Report can be submitted to Rachel Brewer, HR & Marketing Director at Roundup Memorial Healthcare:

*Attn: Administration*

Roundup Memorial Healthcare  
1202 3rd St. W  
PO Box 40  
Roundup, MT 59072

Contact Rachel Brewer, HR & Marketing Director at (406) 323-4938 or [Rbrewer2@rmhmt.org](mailto:Rbrewer2@rmhmt.org) with questions.

