2022
COMMUNITY HEALTH NEEDS ASSESSMENT

Baker, Montana

*Assessment conducted by **Fallon Medical Complex** in cooperation with the Montana Office of Rural Health*

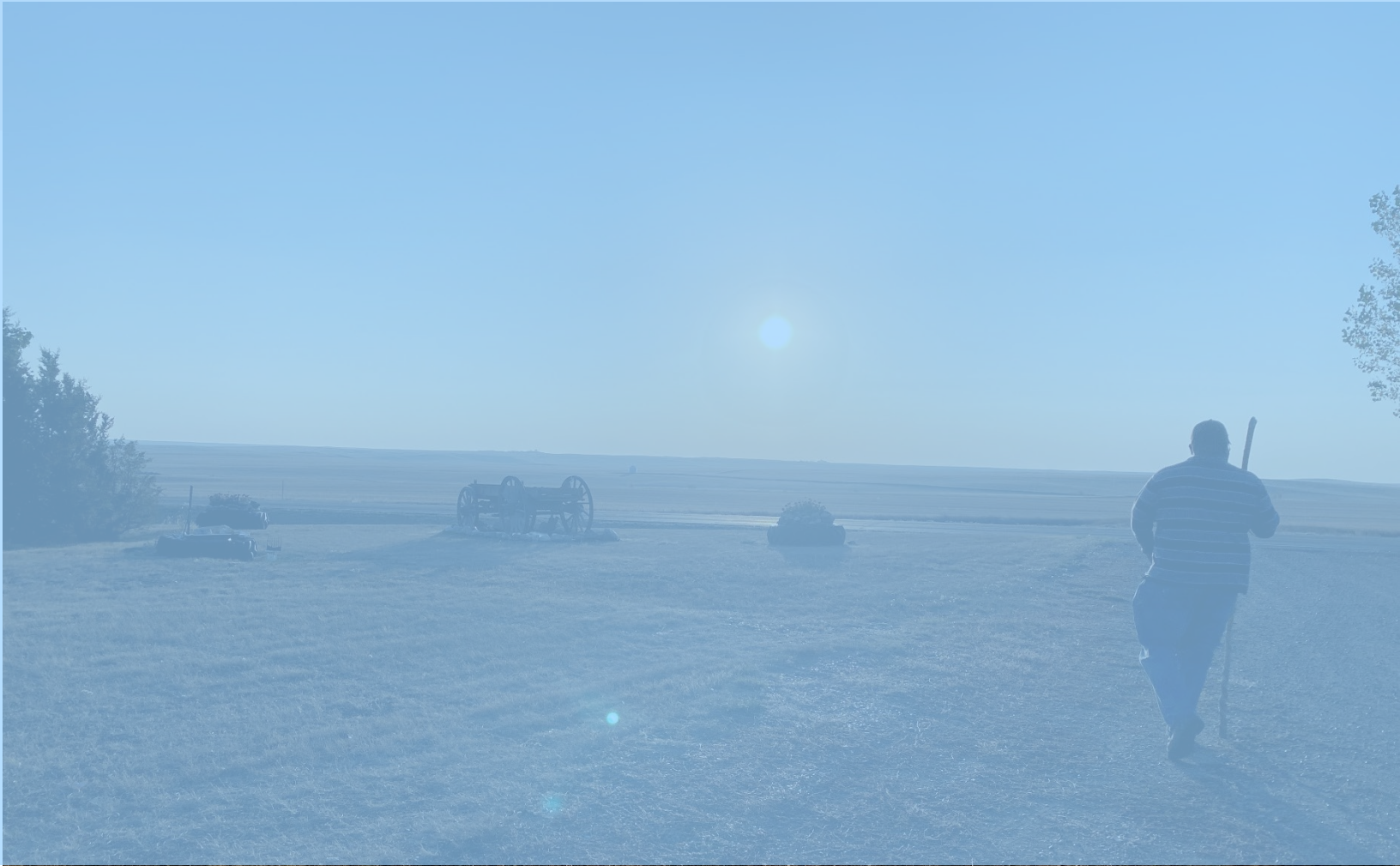FALLON MEDICAL COMPLEX

"Friends Healing Friends"

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

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INTRODUCTION

Introduction

Fallon Medical Complex (FMC) is a 25-bed Critical Access Hospital (CAH) and Rural Health Clinic based in Baker, Montana. FMC is the sole community health care provider for a population of approximately 7,200 people spread over seven counties. Fallon Medical Complex is the only hospital in Fallon County and houses both clinic and hospital services in the same facility. FMC, located in southeastern Montana, provides medical services to Fallon County and the bordering Montana counties of Carter, Wibaux, and part of Custer; as well as adjacent North Dakota counties of Slope, Golden Valley and part of Bowman. Fallon County and adjacent counties have a low population density and is considered a Frontier (six or less people per square mile) by the US Department of Health and Human Services. For further demographic, socioeconomic, and other related county and state data, please see Appendix C to review the Secondary Data Analysis.

Fallon Medical Complex, in addition to clinic appointments, offers preventative health, routine hospital and fully digital diagnostic services, 24-hour emergency services, long-term care, dental services, home-based skilled and personal care, and physical and occupational therapy.

Mission: Fallon Medical Complex, in its innovative pursuit of "Friends Healing Friends" provides comfort, compassion, and excellence in the promotion of quality of life to all individuals.

Fallon Medical Complex 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.

In March 2022, Fallon Medical Complex'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 2022 survey data with data from previous surveys conducted in partnership with the Montana Office of Rural Health in 2016 and 2019. 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 Fallon Medical Complex in conducting CHSD. A diverse group of community members representing various organizations and populations within the community (ex. public health, elderly, uninsured) came together in February 2022. For a list of all steering committee members and their affiliations, see Appendix A. The Steering Committee met twice during the CHSD process; first to discuss health concerns in the community and offer their perspective in designing the survey instrument, and again to review results of the CHNA and to assist in the prioritization of health needs.

Survey Methodology

Survey Instrument

In March 2022, surveys were mailed out to the residents in Fallon 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

Fallon Medical Complex provided a list of aggregated outpatient and inpatient admissions. Those zip codes with the greatest number of admissions were selected to be included in the survey. A random list of 600 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 table on next page for survey distribution.

Zip Code	Population[1]	Community Name	Total Distribution	# Male	# Female
59313	1756	Baker	494	247	247
59344	334	Plevna	40	20	20
59353	600	Wibaux	24	12	12
59324	363	Ekalaka	24	12	12
59643	91	Marmath, ND	12	6	6
59336	17	Ismay	6	3	3
Total	3161		600	300	300

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

Focus Groups and 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.
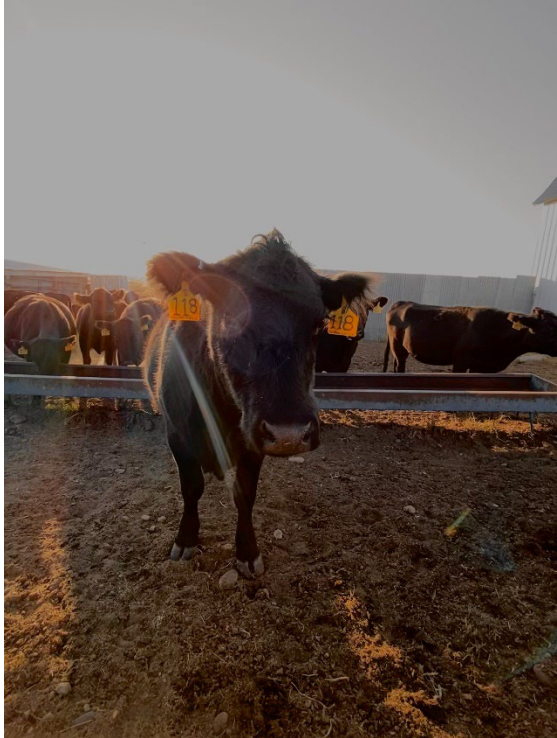
Limitations in Survey, Focus Group, and Key Informant Interview Methodology

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

Conducting focus groups and 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 focus groups and 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, focus group and key informant interview data are grouped into common themes based on our interpretation of the transcript. To better understand these themes, please review the full transcripts in Appendix I. MORH staff facilitated the focus groups and key informant interviews for FMC to ensure impartiality. However, given the small size of the community, focus group and 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 2022, a survey, cover letter on Fallon Medical Complex's letterhead with the Chief Executive Officer's signature, and a postage paid envelope were mailed to 600 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 Fallon Medical Complex would be conducting a community health services survey throughout the region in cooperation with the Montana Office of Rural Health.

One hundred seventeen surveys were returned out of 600. Of those 600 surveys, 59 surveys were returned undeliverable for a 21.6% response rate. From this point on, the total number of surveys will be out of 541. 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 8.9%.

Survey Respondent Demographics

A total of 541 surveys were distributed amongst Fallon Medical Complex's service area. One-hundred seventeen were completed for a 21.6% response rate. The following table and graphs indicate the demographic characteristics of the survey respondents. Information on location, gender, age, and employment is included. Percentages indicated on the tables and graphs are based upon the total number of responses for each individual question, as some respondents did not answer all questions.
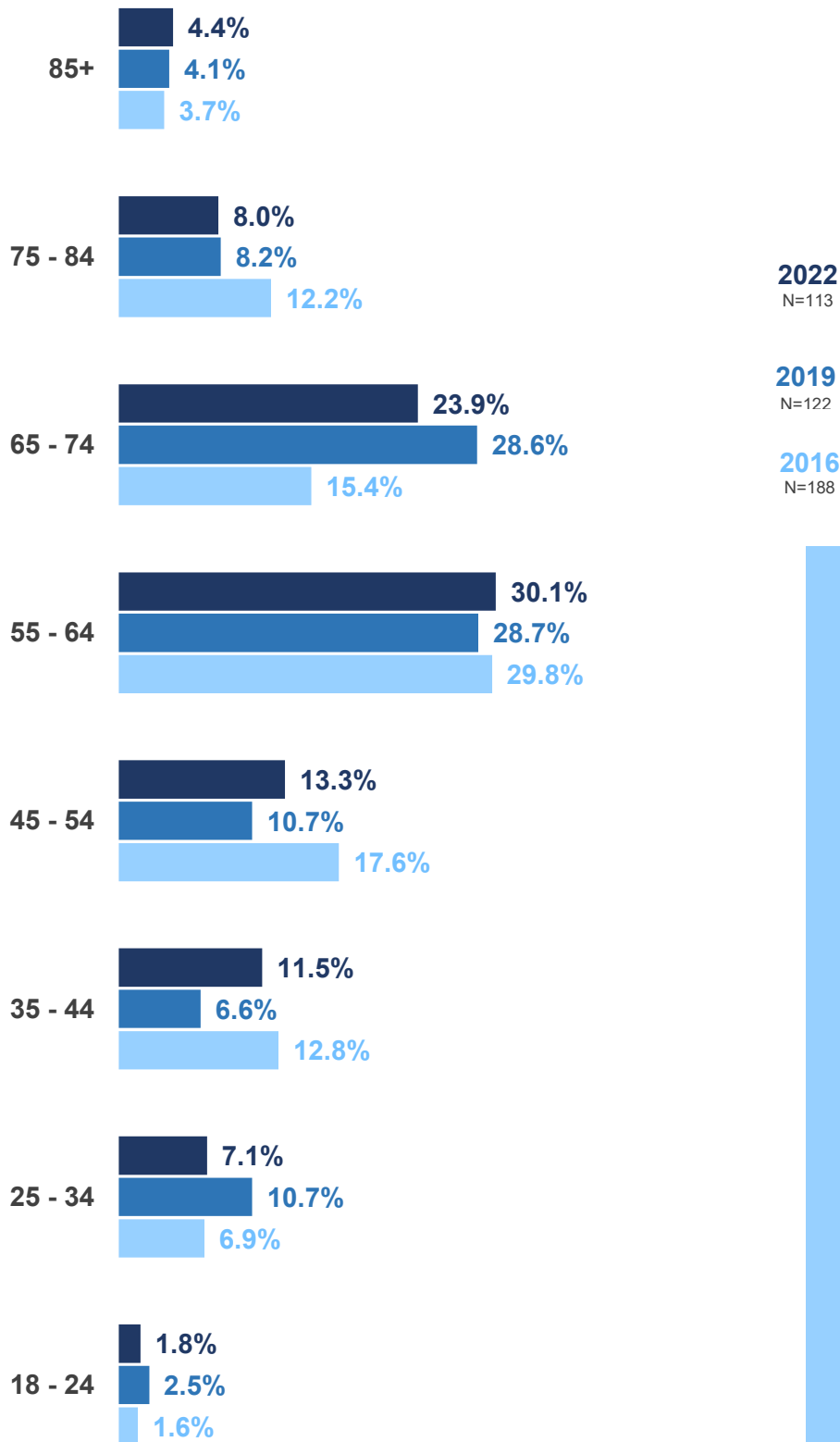
Place of Residence	2016 % (n)	2019 % (n)	2022 % (n)
Number of respondents	188	123	112
59313 Baker	72.3% (136)	77.2% (95)	83.9% (94)
59344 Plevna	8.5% (16)	8.9% (11)	6.3% (7)
59353 Wibaux	11.7% (22)	1.6% (2)	3.6% (4)
59324 Ekalaka	4.8% (9)	5.7% (7)	1.8% (2)
58643 Marmath, ND	2.1% (4)	4.1% (5)	1.8% (2)
59336 Ismay	0.5% (1)	1.6% (2)	1.8% (2)
59354 Willard		0.8% (1)	0.0% (0)
Other		0.0% (0)	0.9% (1)
TOTAL	100.0% (188)	100.0% (123)	100.0% (112)

Statistical significance was not measured as reporting differed between 2022 and the two previous years. A larger number of missing values in 2022 compared to previous years would result in a skewed test for significance, indicating a meaningful change when one may not exist. Grayed out cells indicate the question was not asked that year.

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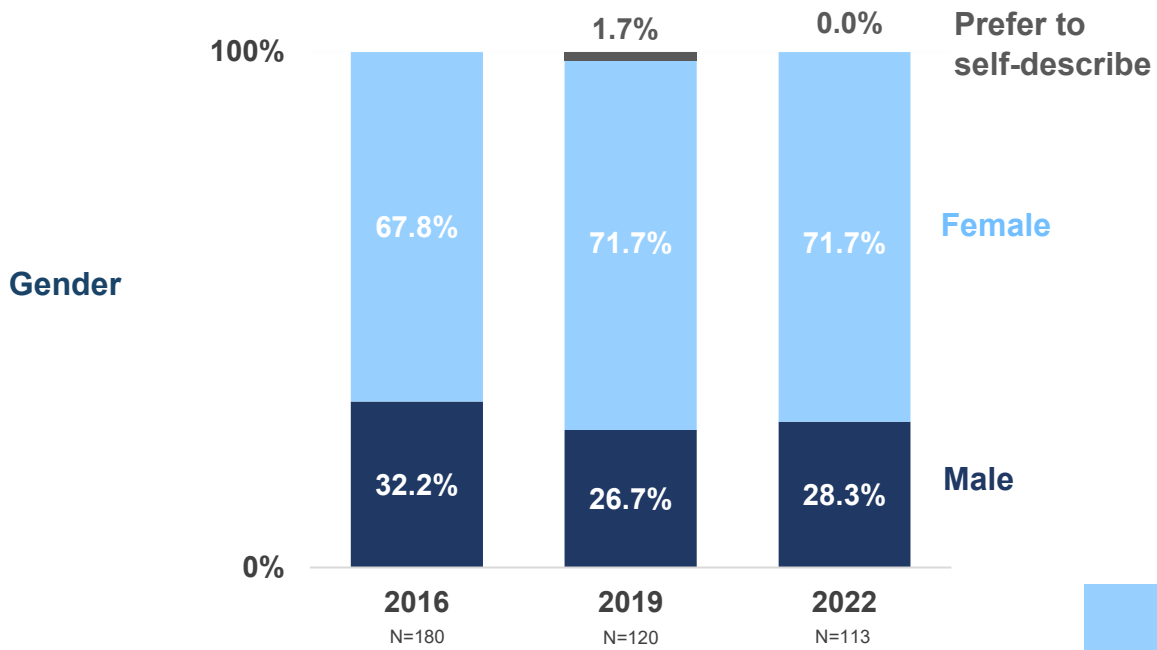
Women are frequently the healthcare decision makers for their families and more likely to respond to a health-related survey.

Age of respondents for all years of the survey

85+
4.4%
4.1%
3.7%

75 - 84
8.0%
8.2%
12.2%

2022
N=113

2019
N=122

65 - 74
23.9%
28.6%
15.4%

2016
N=188

55 - 64
30.1%
28.7%
29.8%

45 - 54
13.3%
10.7%
17.6%

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

35 - 44
11.5%
6.6%
12.8%

25 - 34
7.1%
10.7%
6.9%

18 - 24
1.8%
2.5%
1.6%

The majority of 2022 respondents are retired or work full time.
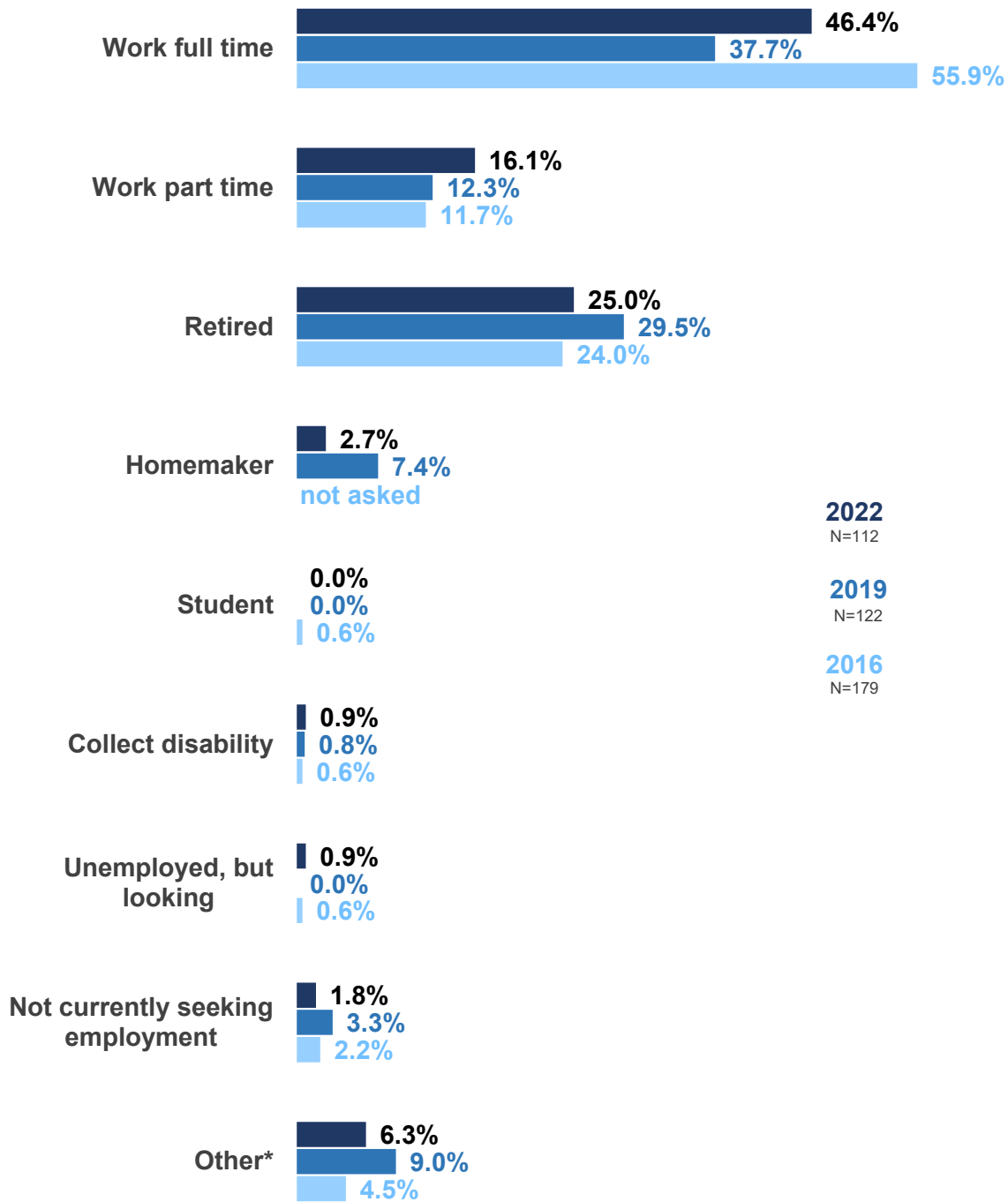
Work full time
46.4%
37.7%
55.9%

Work part time
16.1%
12.3%
11.7%

Retired
25.0%
29.5%
24.0%

Homemaker
2.7%
7.4%
not asked

2022
N=112

Student
0.0%
0.0%
0.6%

2019
N=122

2016
N=179

Collect disability
0.9%
0.8%
0.6%

Unemployed, but looking
0.9%
0.0%
0.6%

Not currently seeking employment
1.8%
3.3%
2.2%

Other*
6.3%
9.0%
4.5%

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

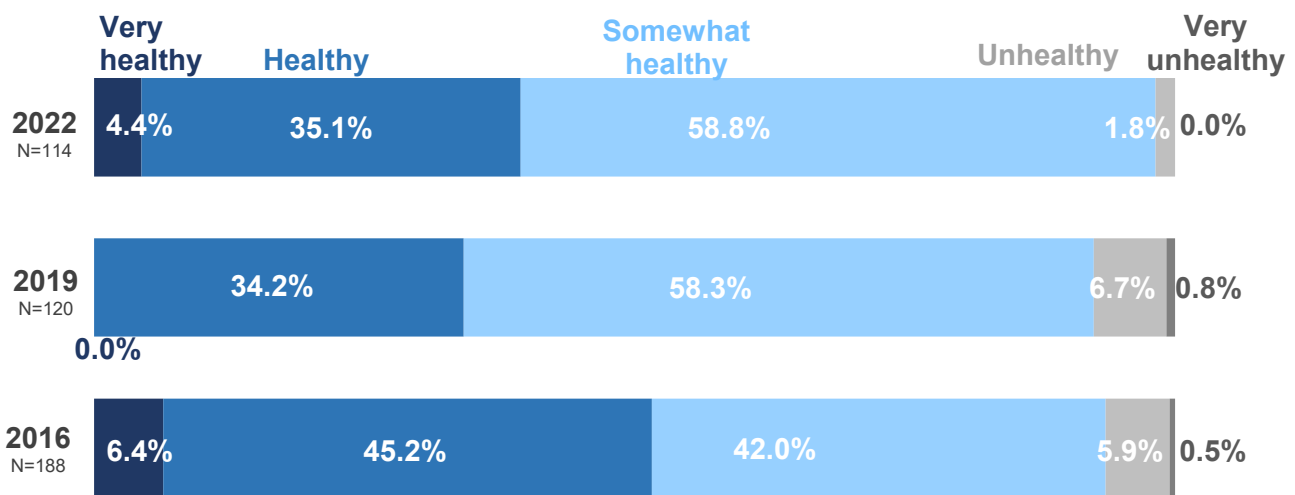**"Other"** comments included: Self-employed (2), Social security, Semi-retired, and Seasonal

SURVEY RESULTS

Survey Results

Rating of Healthy Community (Question 1)

Respondents were asked to indicate how they would rate the general health of their community. Fifty-eight point eight percent of respondents (n=67) rated their community as "Somewhat healthy," and 35.1% of respondents (n=40) felt their community was "Healthy." Four point four percent of respondents (n=5) indicated they felt their community was "Very healthy," 1.8% of respondents (n=2) rated their community as "Unhealthy." No respondents thought their community was "Very unhealthy."

	Very healthy	Healthy	Somewhat healthy	Unhealthy	Very unhealthy
2022 N=114	4.4%	35.1%	58.8%	1.8%	0.0%
2019 N=120	0.0%	34.2%	58.3%	6.7%	0.8%
2016 N=188	6.4%	45.2%	42.0%	5.9%	0.5%

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 "Cancer" at 46.0% (n=52). "Alcohol abuse/substance abuse" was also a high priority at 31.9% (n=36), followed closely by "Depression/anxiety" at 28.3% (n=32).

"**Other**" comments included: Child-care/Daycare and Lack of decent healthcare

(View all comments in Appendix G)

Health Concern	2016 % (n)	2019 % (n)	2022 % (n)	SIGNIFCANT CHANGE
Number of respondents	191	124	113	
Cancer	70.7% (135)	66.1% (82)	46.0% (52)	■
Alcohol abuse/substance abuse	55.0% (105)	45.2% (56)	31.9% (36)	■
Depression/anxiety		9.7% (12)	28.3% (32)	■
Mental health issues	12.0% (23)	12.1% (15)	25.7% (29)	■
Overweight/obesity	24.1% (46)	21.0% (26)	22.1% (25)	☐
Work/economic stress			16.8% (19)	☐
Diabetes	23.6% (45)	21.0% (26)	15.9% (18)	☐
Heart disease	31.4% (60)	29.0% (36)	15.9% (18)	■
Tobacco use (cigarettes, vaping, smokeless)	19.9% (38)	19.4% (24)	11.5% (13)	☐
Lack of access to healthcare	14.7% (28)	10.5% (13)	9.7% (11)	☐
Suicide		0.0% (0)	8.8% (10)	■
Stroke	12.0% (23)	0.0% (0)	8.0% (9)	■
Alzheimer's/dementia		16.9% (21)	6.2% (7)	■
Lack of exercise		4.8% (6)	5.3% (6)	☐
Social isolation/loneliness		5.6% (7)	4.4% (5)	☐
Trauma/Adverse Childhood Experiences (ACES)			3.5% (4)	☐
Lack of dental care	3.1% (6)	2.4% (3)	2.7% (3)	☐
Recreation related accidents/injuries	2.6% (5)	0.8% (1)	2.7% (3)	☐
COPD – Lung health	7.3% (14)	4.8% (6)	1.8% (2)	☐
Domestic violence	5.2% (10)	0.8% (1)	1.8% (2)	☐
Motor vehicle accidents	4.7% (9)	2.4% (3)	0.9% (1)	☐

Table continued on the next page.

Child abuse/neglect	3.7% (7)	1.6% (2)	0.0% (0)	☐
Hunger		0.0% (0)	0.0% (0)	☐
Work related accidents/injuries	9.9% (19)	7.3% (9)	0.0% (0)	■
Other*	8.9% (17)	4.0% (5)	4.4% (5)	☐

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. *Respondents (N=3) who selected over the allotted amount were moved to "Other."

Components of a Healthy Community (Question 3)

Respondents were asked to identify the three most important things for a healthy community. Fifty-three point nine percent of respondents (n=62) indicated that "Access to healthcare and other services" is important for a healthy community, followed by "Good jobs and a healthy economy" at 43.5% (n=50), and "Affordable housing" at 31.3% (n=36).

Components of a Healthy Community	2016 % (n)	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	191	124	115	
Access to healthcare and other services	63.9% (122)	58.9% (73)	53.9% (62)	☐
Good jobs and a healthy economy	40.3% (77)	31.5% (39)	43.5% (50)	☐
Affordable housing	16.2% (31)	18.5% (23)	31.3% (36)	■
Religious or spiritual values	25.1% (48)	27.4% (34)	25.2% (29)	☐
Access to childcare/after school programs		16.9% (21)	22.6% (26)	☐
Strong family life	35.6% (68)	37.1% (46)	20.0% (23)	■
Healthy behaviors and lifestyles	38.7% (74)	26.6% (33)	19.1% (22)	■
Good schools	23.0% (44)	20.2% (25)	18.3% (21)	☐
Low crime/safe neighborhoods	17.8% (34)	16.1% (20)	14.8% (17)	☐
Access to healthy foods			11.3% (13)	☐
Community involvement	13.1% (25)	5.6% (7)	9.6% (11)	☐
Clean environment	16.2% (31)	11.3% (14)	7.0% (8)	☐
Transportation services		4.8% (6)	6.1% (7)	☐
Parks and recreation	7.3% (14)	3.2% (4)	4.3% (5)	☐
Low death and disease rates	3.7% (7)	3.2% (4)	2.6% (3)	☐

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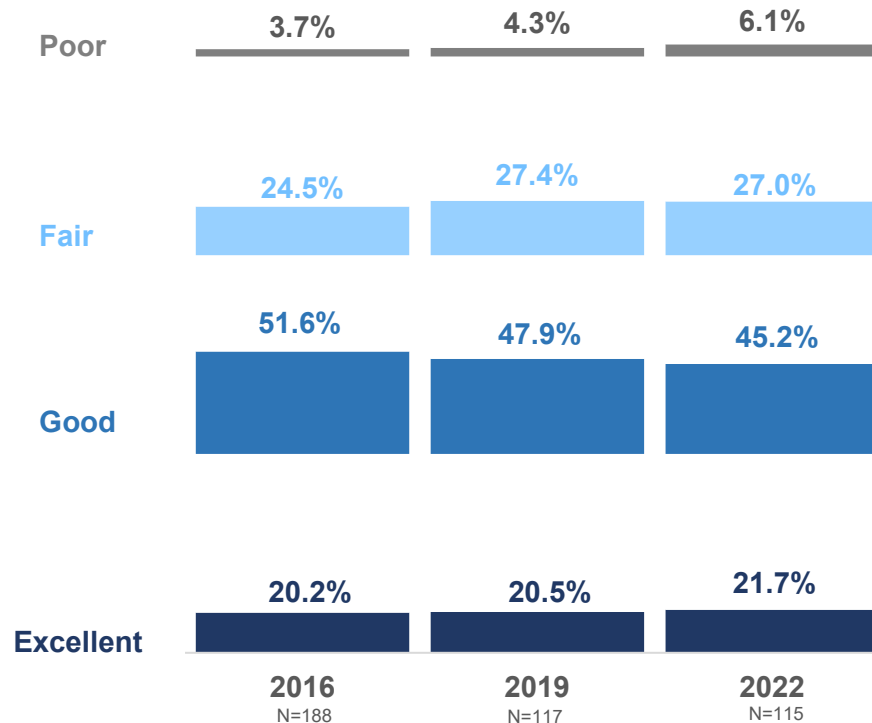|				
Low level of domestic violence	2.6% (5)	2.4% (3)	2.6% (3)	☐
Arts and cultural events	1.0% (2)	0.8% (1)	0.9% (1)	☐
Tolerance for diversity	5.8% (11)	1.6% (2)	0.9% (1)	■
Other*	0.5% (1)	0.0% (0)	1.7% (2)	☐

A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to pick their top three components of a healthy community, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year. *Respondents (N=2) who selected over the allotted amount were moved to "Other."

"**Other**" comments included: Less government

Knowledge of Health Services (Question 4)

Respondents were asked to rate their knowledge of the health services available through Fallon Medical Complex. Forty five point two percent of respondents (n=52) rated their knowledge of health services as "Good." "Fair" was selected by 27.0% percent (n=31), "Excellent" was chosen by 21.7% of respondents (n=25), and "Poor" was selected by 6.1% (n=7).

Nearly half of 2022 responents rated their knowledge of services as good

	2016	2019	2022
Poor	3.7%	4.3%	6.1%
Fair	24.5%	27.4%	27.0%
Good	51.6%	47.9%	45.2%
Excellent	20.2%	20.5%	21.7%
	2016 N=188	**2019** N=117	**2022** N=115

How Respondents Learn of Health Services (Question 5)

The most frequently indicated method of learning about available services was "Word of mouth/reputation" at 60.5% (n=69). "Friends/family" was also frequently used to learn about health services at 57.0% (n=65), followed by "Healthcare provider" at 48.2% (n=55).

How Respondents Learn about Community Health Services	2016 % (n)	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	191	124	114	
Word of mouth	72.8% (139)	63.7% (79)	60.5% (69)	☐
Friends/family		65.3% (81)	57.0% (65)	☐
Healthcare provider	51.8% (99)	37.1% (46)	48.2% (55)	■
Newspaper	44.5% (85)	48.4% (60)	43.9% (50)	☐
Social media		27.4% (34)	43.9% (50)	■
Health fair	52.9% (101)	46.0% (57)	36.0% (41)	■
Public Health		14.5% (18)	20.2% (23)	☐
Website/internet	16.2% (31)	13.7% (17)	15.8% (18)	☐
Radio	20.4% (39)	25.0% (31)	14.9% (17)	☐
Mailings/newsletter		8.1% (10)	7.0% (8)	☐
Posters/flyers	6.3% (12)	7.3% (9)	5.3% (6)	☐
Presentations	3.7% (7)	3.2% (4)	1.8% (2)	☐
City kiosk (SMART)		1.6% (2)	0.9% (1)	☐
Yellow Pages	2.6% (5)	2.4% (3)	0.0% (0)	☐
Other	7.3% (14)	3.2% (4)	3.5% (4)	☐

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: Work (2) and Past experience

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" was the most frequently utilized community health resource cited by respondents at 70.9% (n=78). The "Adult immunizations" was utilized by 54.5% (n=60) of respondents followed by "Public health" at 49.1% (n=54).

Use of Community Health Resources	2016 % (n)	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	191	124	110	
Pharmacy	85.3% (163)	72.6% (90)	70.9% (78)	■
Adult immunizations		39.5% (49)	54.5% (60)	■
Public health	46.1% (88)	30.6% (38)	49.1% (54)	■
Dentist	38.7% (74)	39.5% (49)	41.8% (46)	☐
Chiropractor	33.5% (64)	47.6% (59)	39.1% (43)	■
Senior Center	25.1% (48)	29.8% (37)	21.8% (24)	☐
Fitness center		23.4% (29)	17.3% (19)	☐
Telemedicine/video appointment	14.1% (27)	4.8% (6)	13.6% (15)	■
Childhood immunizations		12.1% (15)	11.8% (13)	☐
Childhood screenings		4.8% (6)	8.2% (9)	☐
Community Cupboard		3.2% (4)	4.5% (5)	☐
Home care services		2.4% (3)	4.5% (5)	☐
Mental health	2.6% (5)	1.6% (2)	4.5% (5)	☐
Meals on Wheels		4.0% (5)	2.7% (3)	☐
Women, Infant, and Children (WIC)		0.8% (1)	0.9% (1)	☐
Certified passenger safety technician (car seat training)		0.8% (1)	0.0% (0)	☐
Domestic violence resources			0.0% (0)	☐
Family planning		0.8% (1)	0.0% (0)	☐
Substance abuse services		0.0% (0)	0.0% (0)	☐
Other	4.7% (9)	4.8% (6)	3.6% (4)	☐

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: Physical therapy (PT) and None

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 (84.1%, n=90) reported that "Consistent primary care providers" would make the greatest improvement. Forty two point one percent of respondents (n=45) indicated "More primary care providers" followed by "More specialists" at 34.6% (n=37) would improve access.

Consistent primary care providers would make the greatest improvement

What Would Improve Community Access to Healthcare	2016 % (n)	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	191	124	109	
Consistent primary care providers		85.5% (106)	84.1% (90)	☐
More primary care providers	60.2% (115)		42.1% (45)	■
More specialists	36.6% (70)	30.6% (38)	34.6% (37)	☐
Improved quality of care	31.4% (60)	25.8% (32)	30.8% (33)	☐
More information about available services		29.0% (36)	23.4% (25)	☐
Payment assistance programs (healthcare expenses)			20.6% (22)	☐
Outpatient services expanded hours	14.7% (28)	25.0% (31)	15.9% (17)	☐
Telemedicine/video appointments		18.5% (23)	12.1% (13)	☐
Greater health education services	16.8% (32)	10.5% (13)	10.3% (11)	☐
Transportation assistance (to and from)	7.9% (15)	11.3% (14)	3.7% (4)	☐
Cultural sensitivity	0.5% (1)		0.9% (1)	☐
Interpreter services	0.0% (0)	0.8% (1)	0.0% (0)	☐
Other		5.6% (7)	7.5% (8)	☐

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

"**Other**" comments included: Hire local providers, Walk-in Clinic – Saturdays, and More services available

Interest in Educational Classes/Programs (Question 8)

Respondents were asked if they would be interested in any educational classes/programs made available to the community. The most frequently selected class/program was "Health fair" at 51.0% (n=52). Interest in "Health and wellness" followed with 36.3% (n=37), while 31.4% of respondents (n=32) were interested in "Weight loss."

Interest in Classes or Programs	2016 % (n)	2019 % (n)	2022 % (n)
Number of respondents	191	124	102
Health fair	23.6% (45)	34.7% (43)	51.0% (52)
Health and wellness	39.8% (76)	26.6% (33)	36.3% (37)
Weight loss	38.2% (73)	32.3% (40)	31.4% (32)
Living will		16.1% (20)	27.5% (28)
Mental health	9.4% (18)	9.7% (12)	25.5% (26)
Women's health	33.0% (63)	25.0% (31)	24.5% (25)
Fitness	31.4% (60)	24.2% (30)	22.5% (23)
Nutrition	28.8% (55)	16.9% (21)	22.5% (23)
First aid/CPR		21.0% (26)	17.6% (18)
Diabetes	25.1% (48)	18.5% (23)	16.7% (17)
Alzheimer's	19.4% (37)	16.9% (21)	13.7% (14)
Cancer	27.7% (53)	15.3% (19)	13.7% (14)
Men's health	13.6% (26)	5.6% (7)	13.7% (14)
Grief counseling		11.3% (14)	12.7% (13)
Parenting	12.6% (24)	8.9% (11)	12.7% (13)
Heart disease	19.9% (38)	13.7% (17)	10.8% (11)
Support groups		8.1% (10)	9.8% (10)
Lactation/breastfeeding support			4.9% (5)
Prenatal		4.0% (5)	4.9% (5)
Smoking/tobacco cessation	6.3% (12)	7.3% (9)	4.9% (5)
Alcohol/substance abuse	9.4% (18)	4.0% (5)	2.9% (3)
Coumadin clinic		1.6% (2)	2.9% (3)

Table continued on the next page.

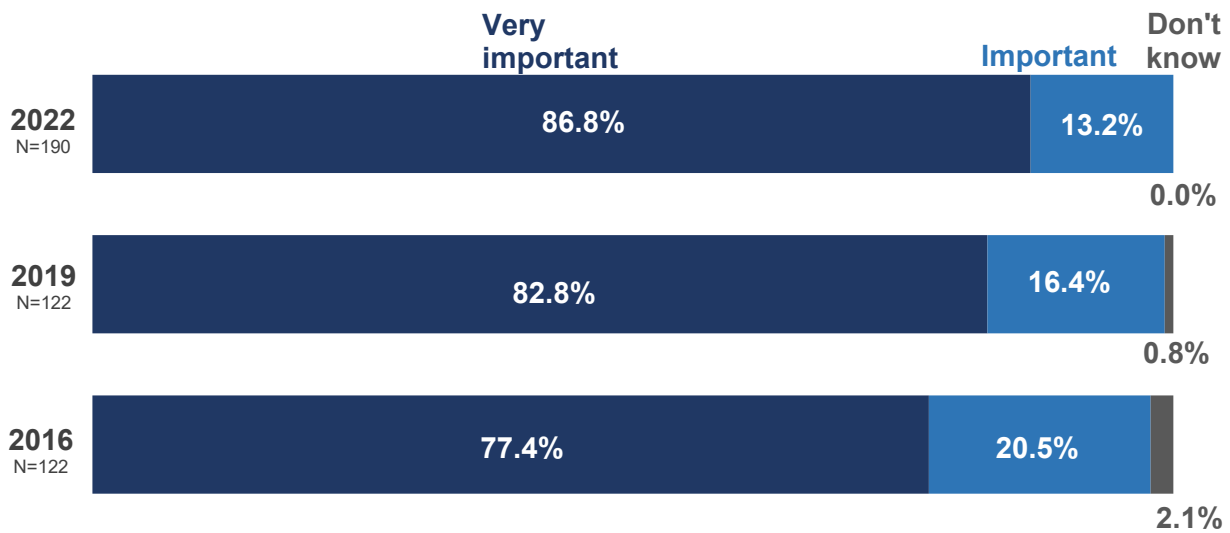|	2016	2019	2022
Multiple sclerosis/MS	2.1% (4)	0.8% (1)	2.0% (2)
Domestic violence		4.8% (6)	1.0% (1)
Other	3.1% (6)	0.8% (1)	2.9% (3)

Statistical significance was not measured as reporting differed between 2022 and the two previous years. A larger number of missing values in 2022 compared to previous years would result in a skewed test for significance, indicating a meaningful change when one may not exist. 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: Coffee social time and "Suicide presentation in our schools"

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 "Walk-in clinic" at 82.8% (n=77). Thirty three point three percent (n=31) respondents were interested in "Outpatient surgery," while 25.8% (n=24) desire "Counseling" available locally.

Desired Local Healthcare Services	2016 % (n)	2019 % (n)	2022 % (n)
Number of respondents	191	124	93
Walk-in clinic		51.6% (64)	82.8% (77)
Outpatient surgery		21.8% (27)	33.3% (31)
Counseling	12.0% (23)	10.5% (13)	25.8% (24)
Pediatrician	13.6% (26)	12.1% (15)	21.5% (20)
Podiatry	13.6% (26)	19.4% (24)	20.4% (19)
Cardiac rehabilitation			12.9% (12)
Drug and alcohol counseling	3.7% (7)	2.4% (3)	6.5% (6)
Other	7.3% (14)	1.6% (2)	2.2% (2)

Statistical significance was not measured as reporting differed between 2022 and the two previous years. A larger number of missing values in 2022 compared to previous years would result in a skewed test for significance, indicating a meaningful change when one may not exist. 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: Home health services

Economic Importance of Healthcare (Question 10)

The majority of respondents (86.8%, n=99) indicated that local healthcare providers and services (i.e., hospitals, clinics, nursing homes, assisted living, etc.) are "Very important" to the economic well-being of the area. Thirteen point two percent of respondents (n=15) indicated they are "Important," and no respondents felt they are not important or didn't know.

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

	Very important	Important	Don't know
2022 N=190	86.8%	13.2%	0.0%
2019 N=122	82.8%	16.4%	0.8%
2016 N=122	77.4%	20.5%	2.1%

Utilization of Preventive Services (Question 11)

Respondents were asked if they had utilized any of the preventive services listed in the past year. "Flu shot/immunizations" was selected by 65.8% of respondents (n=73), followed by "Blood pressure check" at 62.2% (n=69). Forty-seven point seven percent of respondents (n=53) indicated they had a "Dental exam." Survey respondents could select all services that applied.

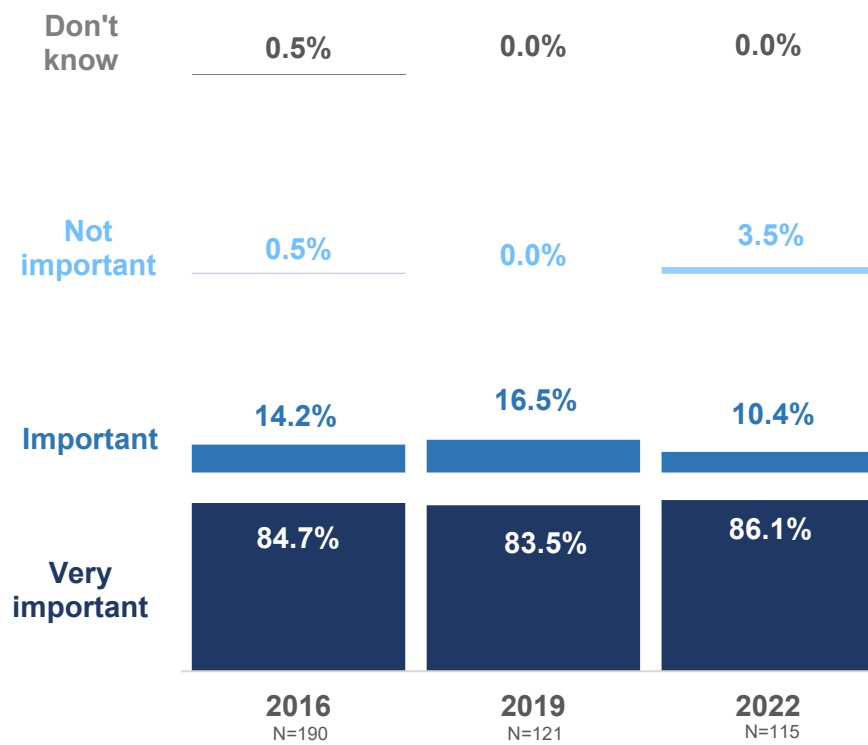| Use of Preventive Services	2016 % (n)	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	191	124	111	
Flu shot/immunizations		53.2% (66)	65.8% (73)	☐
Blood pressure check	42.4% (81)	39.5% (49)	62.2% (69)	■
Dental exam		50.8% (63)	47.7% (53)	☐
Health fair	60.2% (115)	50.8% (63)	43.2% (48)	■
Cholesterol check	35.1% (67)	44.4% (55)	41.4% (46)	☐
Health checkup		36.3% (45)	39.6% (44)	☐
Vision check		38.7% (48)	38.7% (43)	☐
Mammography	38.2% (73)	44.4% (55)	28.8% (32)	■
Diabetes screening (A1C)	15.7% (30)	26.6% (33)	25.2% (28)	■
Prostate (PSA)	18.3% (35)	21.0% (26)	15.3% (17)	☐
Hearing check		10.5% (13)	14.4% (16)	☐
Colonoscopy	14.1% (27)	17.7% (22)	11.7% (13)	☐
Pap test		18.5% (23)	10.8% (12)	☐
Skin check	7.9% (15)	16.9% (21)	10.8% (12)	■
Children's checkup/Well baby		10.5% (13)	9.0% (10)	☐
Mental health counseling		1.6% (2)	6.3% (7)	☐
None		4.8% (6)	4.5% (5)	☐
Point of care test (Pro Time test)	7.3% (14)	2.4% (3)	3.6% (4)	☐
Dietary consultation	2.1% (4)	2.4% (3)	0.9% (1)	☐
Other	2.6% (5)	4.0% (5)	2.7% (3)	☐

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

"**Other**" comments included: EKG, Echo and "Blood and urine tests"

Importance of Local Hospital Remaining Open (Question 12)

Respondents were asked to indicate how important they felt it is that the local hospital remains open within their community. The majority of respondents (86.1%, n=99) indicated it was "Very important" the local hospital remains open within the community, followed by "Important" with 10.4% (n=12), and "Not important" with 3.5% (n=4).

Majority of 2022 responents feel it's very important that Fallon Medical Complex remain open

	2016 N=190	2019 N=121	2022 N=115
Don't know	0.5%	0.0%	0.0%
Not important	0.5%	0.0%	3.5%
Important	14.2%	16.5%	10.4%
Very important	84.7%	83.5%	86.1%

Delay of Services (Question 13)

Thirty two point four percent of respondents (n=35) reported that they or a member of their household thought they needed healthcare services but did not get them or had to delay getting them. Sixty-seven point six percent of respondents (n=73) felt they were able to get the healthcare services they needed without delay.

Less than a third of respondents delayed or did not receive needed services

26.6%   32.5%   32.4%

2016   **2019**   **2022**
N=177   N=120   N=108
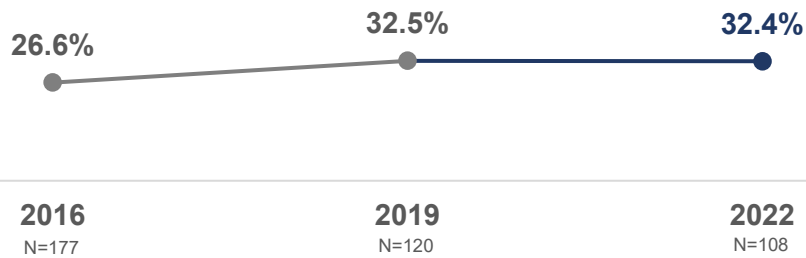
View a cross tabulation of where respondents live and 'delay of healthcare services' on p. 84

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

Thirty-two of the 35 survey respondents who indicated they were unable to receive or had to delay services, shared their top three reasons for not receiving or delaying needed services. The reason most cited was that "Could not get an appointment" (37.5%, n=12). "Qualified provider not available" was selected by 31.3% (n=10), while 25.0% of respondents (n=8, each) indicated "It cost too much," and "Too long to wait for an appointment."

| Reasons for Delay in Receiving Needed Healthcare	2016 % (n)	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	47	39	32	
Could not get an appointment		38.5% (15)	37.5% (12)	☐
Qualified provider not available			31.3% (10)	☐
It cost too much	38.3% (18)	17.9% (7)	25.0% (8)	☐
Too long to wait for an appointment		35.9% (14)	25.0% (8)	☐
My insurance didn't cover it	19.1% (9)	10.3% (4)	15.6% (5)	☐
Don't like doctors in general	14.9% (7)	10.3% (4)	12.5% (4)	☐
Could not get off work	12.8% (6)	5.1% (2)	9.4% (3)	☐
It was too far to go	4.3% (2)	7.7% (3)	9.4% (3)	☐
Not treated with respect	12.8% (6)	5.1% (2)	9.4% (3)	☐
Office wasn't open when I could go	27.7% (13)	25.6% (10)	9.4% (3)	☐
Unsure if services were available	8.5% (4)	5.1% (2)	9.4% (3)	☐
Too nervous or afraid	8.5% (4)	2.6% (1)	6.3% (2)	☐
Didn't know where to go	2.1% (1)	7.7% (3)	3.1% (1)	☐
Had no one to care for the children	0.0% (0)	2.6% (1)	3.1% (1)	☐
No insurance	2.1% (1)	5.1% (2)	3.1% (1)	☐
Language barrier	0.0% (0)	0.0% (0)	0.0% (0)	☐
Transportation problems	6.4% (3)	0.0% (0)	0.0% (0)	☐
Other	42.6% (20)	25.6% (10)	18.8% (6)	☐

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 a delay in seeking healthcare, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year.

"**Other**" comments included: COVID and Doubt usefulness

Primary Care Services (Question 15)

Ninety-eight point two percent of respondents (n=108) 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. One point eight percent of respondents (n=2) indicated they had not received primary care.

Primary care utilization has increased since the 2019 assessment

2.3% increase in 3 years

96.8%   95.9%   98.2%

2016   **2019**   **2022**
N=185   N=124   N=110
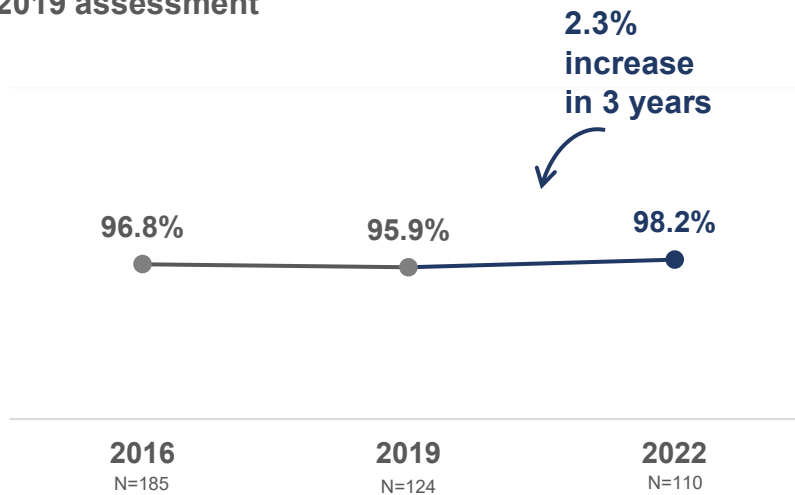
Location of Primary Care Services (Question 16)

One hundred seven of the 108 who indicated receiving primary care services in the previous three years, shared the location of where they received services. The majority of respondents (45.8%, n=49) reported receiving care at Fallon Medical Complex, and 12.1% of respondents (n=13) received care at Holy Rosary. Twenty respondents were moved to "other" due to selecting more than one primary care provider location.

Location of Primary Care Provider	2016 % (n)	2019 % (n)	2022 % (n)
Number of respondents	162	116	107
Fallon Medical Complex	69.8% (113)	60.3% (70)	45.8% (49)
Holy Rosary	4.3% (7)	8.6% (10)	12.1% (13)
Billings Clinic (Miles City)	5.6% (9)	8.6% (10)	8.4% (9)
Dahl Memorial (Ekalaka)		3.4% (4)	2.8% (3)
Dickinson, ND	3.1% (5)	1.7% (2)	2.8% (3)
Rapid City, SD	1.9% (3)	0.0% (0)	1.9% (2)
Billings Clinic (Billings)	2.5% (4)	1.7% (2)	0.9% (1)
Bismarck, ND	0.6% (1)	0.9% (1)	0.9% (1)
Bowman, ND	1.9% (3)	2.6% (3)	0.9% (1)
Glendive	0.6% (1)	1.7% (2)	0.9% (1)
Spearfish, SD	0.6% (1)	0.0% (0)	0.9% (1)
St. Vincent Healthcare	2.5% (4)	0.0% (0)	0.0% (0)
VA			0.0% (0)
Other*	6.8% (11)	10.3% (12)	21.5% (23)
TOTAL	**100.0% (162)**	**100.0% (116)**	**100.0% (107)**

Statistical significance was not measured as reporting differed between 2022 and the two previous years. A larger number of missing values in 2022 compared to previous years would result in a skewed test for significance, indicating a meaningful change when one may not exist. Grayed out cells indicate the question was not asked that year. *Respondents (N=20) who selected over the allotted amount were moved to "Other."

"**Other**" comments included: Sidney, MT, Beach, ND, and Fort Collins, CO

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

Reasons for Primary Care Provider Selection (Question 17)

Those respondents who indicated they or someone in their household had been seen by a primary care provider within the past three years were asked to indicate why they chose that primary care provider. "Closest to home" was the most frequently selected reason at 53.3% (n=57), followed by "Appointment availability" at 36.4% (n=39), and "Prior experience with clinic" at 35.5% (n=38).

Reasons for Selecting Primary Care Provider	2016 % (n)	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	182	118	107	
Closest to home	62.6% (114)	53.4% (63)	53.3% (57)	☐
Appointment availability	33.5% (61)	36.4% (43)	36.4% (39)	☐
Prior experience with clinic	36.8% (67)	39.8% (47)	35.5% (38)	☐
Clinic/provider's reputation for quality	24.2% (44)	27.1% (32)	33.6% (36)	☐
Recommended by family or friends	11.5% (21)	9.3% (11)	16.8% (18)	☐
Referred by physician or other provider	6.6% (12)	8.5% (10)	12.1% (13)	☐
Privacy/confidentiality			9.3% (10)	☐
Cost of care	1.1% (2)	0.8% (1)	3.7% (4)	☐
Required by insurance plan	1.6% (3)	0.8% (1)	2.8% (3)	☐
Indian Health Services	1.1% (2)	0.0% (0)	0.0% (0)	☐
VA/Military requirement	1.6% (3)	0.8% (1)	0.0% (0)	☐
Other	6.6% (12)	11.0% (13)	7.5% (8)	☐

A solid blue square indicates a statistically significant change between years ($p \le 0.05$). 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: Lower cost/Copay, My other left, Only PA's in Baker, Previous doctor retired, They actually listen to me, and "Consistent care and knowledge of me and my health."

Future Primary Care Services (Question 18)

Respondents were asked to indicate which facility they would use if they needed primary care services in the future. Fifty point nine percent of respondents (n=56) indicated they would use Fallon Medical Complex for future primary care services, 10.0% (n=11) indicated they would use Holy Rosary. Fifteen respondents were moved to "other" due to selecting more than one future primary care provider location.

| Location of Future Primary Care Provider	2016 % (n)	2019 % (n)	2022 % (n)
Number of respondents	171	119	110
Fallon Medical Complex	62.0% (106)	52.9% (63)	50.9% (56)
Holy Rosary	11.1% (19)	10.9% (13)	10.0% (11)
Billings Clinic (Miles City)		9.2% (11)	7.3% (8)
Dickinson, ND	2.9% (5)	3.4% (4)	5.5% (6)
Dahl Memorial (Ekalaka)		3.4% (4)	2.7% (3)
Billings Clinic (Billings)	5.8% (10)	2.5% (3)	1.8% (2)
Bowman, ND	1.2% (2)	3.4% (4)	1.8% (2)
Glendive	0.6% (1)	0.8% (1)	1.8% (2)
Bismarck, ND	1.8% (3)	0.8% (1)	0.9% (1)
Rapid City, SD	2.9% (5)	0.0% (0)	0.9% (1)
Spearfish, SD	0.6% (1)	0.0% (0)	0.9% (1)
St. Vincent Healthcare	2.9% (5)	0.8% (1)	0.0% (0)
Other*	8.2% (14)	11.8% (14)	15.5% (17)
TOTAL	**100.0% (171)**	**100.0% (119)**	**100.0% (110)**

Statistical significance was not measured as reporting differed between 2022 and the two previous years. A larger number of missing values in 2022 compared to previous years would result in a skewed test for significance, indicating a meaningful change when one may not exist. Grayed out cells indicate the question was not asked that year. *Respondents (N=15) who selected over the allotted amount were moved to "Other."

"**Other**" comments included: "The closest - depends on needed care," Beach, ND, and Benefis Health System Great Falls

Hospital Care Services (Question 19)

Respondents were asked if they or someone in their household had received hospital care in the last three years. Hospitalization was quantified as hospitalized overnight, day surgery, obstetrical care, rehabilitation, radiology, or emergency care. Sixty nine percent of respondents (n=78) reported that they or a member of their family had received hospital care during the previous three years, and 31.0% (n=35) had not received hospital services.

The majority of respondents report utilization of hospital services

2.9% increase in 3 years

70.8%	**66.1%**	**69.0%**
2016	**2019**	**2022**
N=185	N=124	N=113
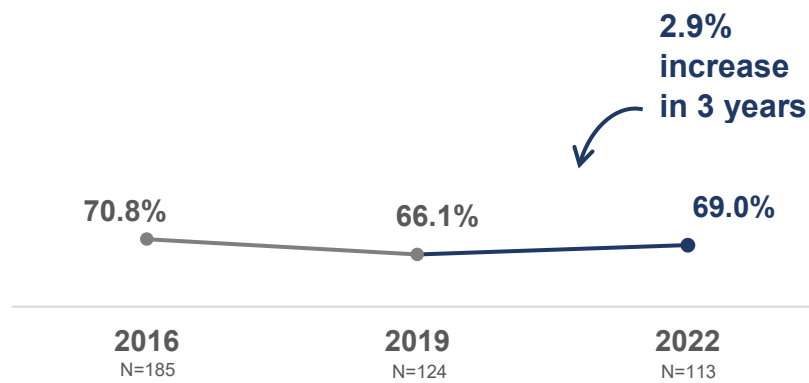
Location of Hospital Services (Question 20)

Seventy-five of the 78 respondents who indicated receiving hospital care in the last three years, shared the location of the hospital. Thirty-two percent of respondents (n=24) reported receiving care at Fallon Medical Complex and 18.7% of respondents (n=14) received services at Billings Clinic (Billings). Eleven respondents were moved to "other" due to selecting more than one hospital location. Three individuals chose not to answer this question.

Hospital Used Most Often	2016 % (n)	2019 % (n)	2022 % (n)
Number of respondents	106	81	75
Fallon Medical Complex	41.5% (44)	30.9% (25)	32.0% (24)
Billings Clinic (Billings)	13.2% (14)	17.3% (14)	18.7% (14)
Holy Rosary	16.0% (17)	17.3% (14)	12.0% (9)
St. Vincent Healthcare	5.7% (6)	7.4% (6)	5.3% (4)
Glendive	0.9% (1)	1.2% (1)	4.0% (3)
Bismarck, ND	4.7% (5)	3.7% (3)	2.7% (2)
Spearfish, SD	0.9% (1)	1.2% (1)	2.7% (2)
Billings Clinic (Miles City)	4.7% (5)	0.0% (0)	1.3% (1)
Dickinson, ND	2.8% (3)	2.5% (2)	1.3% (1)
Bowman, ND	0.0% (0)	1.2% (1)	0.0% (0)
Rapid City, SD	3.8% (4)	0.0% (0)	0.0% (0)
Other*	5.7% (6)	17.3% (14)	20.0% (15)
TOTAL	100.0% (106)	100.0% (81)	100.0% (75)

Statistical significance was not measured as reporting differed between 2022 and the two previous years. A larger number of missing values in 2022 compared to previous years would result in a skewed test for significance, indicating a meaningful change when one may not exist. Grayed out cells indicate the question was not asked that year. *Respondents (N=11) who selected over the allotted amount were moved to "Other."

"**Other**" comments included: Dahl Memorial (Ekalaka) (3), Sidney, MT (2), "Was Holy Rosary, switching to Dickinson," and Ortho Montana

Reasons for Hospital Selection (Question 21)

Seventy six of the 78 respondents who had a personal or family experience at a hospital within the past three years, shared their primary reason for selecting the facility used most often. The majority of respondents (52.6%, n=40) stated that "Prior experience with hospital" was their reason for selecting the facility they used most often. "Referred by physician or other provider" was selected by 40.8% of the respondents (n=31), and 39.5% (n=30) chose "Closest to home." Two individuals chose not to answer this question.

Reasons for Selecting Hospital	2016 % (n)	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	131	82	76	
Prior experience with hospital	38.2% (50)	32.9% (27)	52.6% (40)	■
Referred by physician or other provider	31.3% (41)	45.1% (37)	40.8% (31)	☐
Closest to home	51.1% (67)	42.7% (35)	39.5% (30)	☐
Emergency, no choice	29.8% (39)	30.5% (25)	31.6% (24)	☐
Hospital's reputation for quality	26.7% (35)	23.2% (19)	31.6% (24)	☐
Recommended by family or friend	9.9% (13)	3.7% (3)	11.8% (9)	☐
Closest to work	6.9% (9)	1.2% (1)	6.6% (5)	☐
More privacy	5.3% (7)	1.2% (1)	6.6% (5)	☐
Required by insurance plan	4.6% (6)	1.2% (1)	3.9% (3)	☐
Financial assistance programs		1.2% (1)	2.6% (2)	☐
Cost of care	0.8% (1)	1.2% (1)	1.3% (1)	☐
VA/Military requirement	4.6% (6)	0.0% (0)	0.0% (0)	■
Other*	5.3% (7)	12.2% (10)	18.4% (14)	■

A solid blue square indicates a statistically significant change between years ($p \le 0.05$). 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=2) who selected over the allotted amount were moved to "Other."

"**Other**" comments included: Access to inpatient mental health services, Specialist practices there (surgery), and Closest surgeon

Hospital Services Utilized (Question 22)

Respondents were asked to indicate which hospital services they utilized during their hospital visit. Sixty point eight percent of respondents (n=45) indicated they had utilized the "Emergency room," 56.8% (n=42) selected "Laboratory tests," and 35.1% (n=26) selected "Inpatient stay." Four individuals chose not to answer this question.

Hospital Services Utilized	2016 % (n)	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	131	82	74	
Emergency room	57.3% (75)	53.7% (44)	60.8% (45)	☐
Laboratory tests	51.1% (67)	67.1% (55)	56.8% (42)	☐
Inpatient stay	32.1% (42)	39.0% (32)	35.1% (26)	☐
Radiology	27.5% (36)	22.0% (18)	32.4% (24)	☐
General surgery	19.1% (25)	30.5% (25)	28.4% (21)	☐
Outpatient surgery	26.0% (34)	23.2% (19)	20.3% (15)	☐
Physical therapy	21.4% (28)	14.6% (12)	18.9% (14)	☐
Observation	11.5% (15)	20.7% (17)	16.2% (12)	☐
Orthopedic surgery	9.2% (12)	15.9% (13)	13.5% (10)	☐
OB/GYN	12.2% (16)	9.8% (8)	12.2% (9)	☐
ICU	3.1% (4)	12.2% (10)	8.1% (6)	■
Occupational therapy	3.8% (5)	8.5% (7)	6.8% (5)	☐
Oncology		6.1% (5)	5.4% (4)	☐
Hospice	0.8% (1)	0.0% (0)	1.4% (1)	☐
Respite care	0.8% (1)	1.2% (1)	1.4% (1)	☐
Other	6.1% (8)	6.1% (5)	9.5% (7)	☐

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.

"**Other**" comments included: Colonoscopy, Cardiac, and Inpatient mental health facility

Future Emergency Medical Services (Question 23)

Seventy six of the 78 individuals shared which facility they would use if they needed emergency services in the future. Fifty one point three percent of respondents (n=39) indicated they would use Fallon Medical Complex for future emergency medical services, 9.2% (n=7) indicated they would use Holy Rosary. Seven respondents were moved to "other" due to selecting more than one future hospital location. Two respondents chose not to answer this question.

Location of Future Emergency Services	2016 % (n)	2019 % (n)	2022 % (n)
Number of respondents	176	122	76
Fallon Medical Complex	71.6% (126)	59.8% (73)	51.3% (39)
Holy Rosary	6.3% (11)	8.2% (10)	9.2% (7)
Billings Clinic (Billings)	5.7% (10)	1.6% (2)	5.3% (4)
St. Vincent Healthcare	4.0% (7)	3.3% (4)	5.3% (4)
Billings Clinic (Miles City)		3.3% (4)	3.9% (3)
Dahl Memorial (Ekalaka)		4.1% (5)	3.9% (3)
Glendive	2.8% (5)	2.5% (3)	3.9% (3)
Dickinson, ND	2.3% (4)	2.5% (3)	2.6% (2)
Rapid City, SD	1.1% (2)	0.8% (1)	1.3% (1)
Bismarck, ND	1.7% (3)	1.6% (2)	0.0% (0)
Bowman, ND	1.7% (3)	0.8% (1)	0.0% (0)
Spearfish, SD	0.6% (1)	0.0% (0)	0.0% (0)
Other*	2.3% (4)	11.5% (14)	13.2% (10)
TOTAL	**100.0% (176)**	**100.0% (122)**	**100.0% (76)**

Statistical significance was not measured as reporting differed between 2022 and the two previous years. A larger number of missing values in 2022 compared to previous years would result in a skewed test for significance, indicating a meaningful change when one may not exist. Grayed out cells indicate the question was not asked that year. *Respondents (N=7) who selected over the allotted amount were moved to "Other."

Specialty Care Services (Question 24)

Respondents were asked if they or someone in their household had seen a healthcare specialist in the last three years. Specialty care was quantified as a health provider other than their primary care provider or family doctor. Seventy seven point seven percent of the respondents (n=87) indicated they or a household member had seen a healthcare specialist during the past three years, while 22.3% (n=25) indicated they had not.

Specialty care utilization continues to decrease among survey respondents

3.4% decrease in 3 years

84.1%   81.1%   77.7%

2016	2019	2022
N=182	N=122	N=112
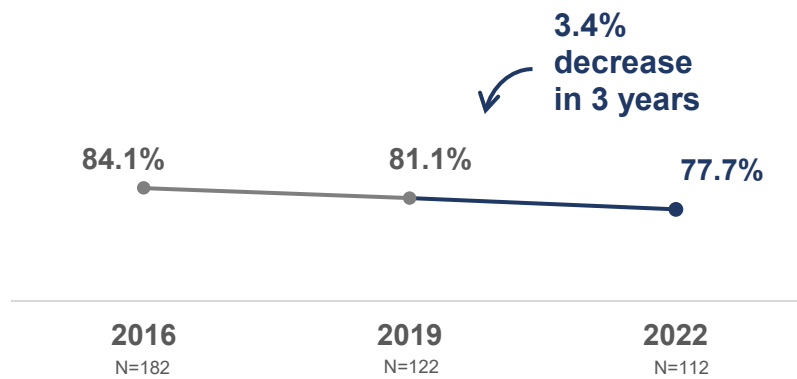
Location of Healthcare Specialist(s) (Question 25)

Eighty five of the 87 respondents who indicated they saw a healthcare specialist in the past three years shared where they sought such services. Forty nine point four percent of respondents (n=42) sought care at Billings Clinic. Twenty-one point two percent of respondents (n=18) utilized specialty services in Miles City, which experienced a significant change over the last three assessments. Respondents could select more than one location, so percentages do not equal 100%.

Location of Specialist	2016 % (n)	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	153	99	85	
Billings Clinic	43.1% (66)	48.5% (48)	49.4% (42)	☐
Miles City	44.4% (68)	31.3% (31)	21.2% (18)	■
St. Vincent Healthcare	11.8% (18)	20.2% (20)	18.8% (16)	☐
Fallon Medical Complex	20.3% (31)	11.1% (11)	12.9% (11)	☐
Rapid City, SD	14.4% (22)	8.1% (8)	10.6% (9)	☐
Bismarck, ND	7.8% (12)	10.1% (10)	9.4% (8)	☐
Spearfish, SD	5.9% (9)	4.0% (4)	9.4% (8)	☐
Dickinson, ND	8.5% (13)	7.1% (7)	8.2% (7)	☐
Glendive	5.2% (8)	4.0% (4)	8.2% (7)	☐
Bowman, ND	11.8% (18)	10.1% (10)	5.9% (5)	☐
VA			0.0% (0)	☐
Other	13.1% (20)	22.2% (22)	21.2% (18)	☐

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

"**Other**" comments included: Sidney (3), Ortho Montana (2), Gillette, WY, and Livingston Healthcare

Type of Healthcare Specialist Seen (Question 26)

Of the 87 respondents who indicated they had seen a specialist in the last three years, 85 shared the type of specialist they saw. The most frequently utilized specialist was the "Cardiologist" at 34.1% (n=29). A "Dentist" and "OB/GYN" were each seen by 25.9% of respondents (n=22) followed closely by the "Orthopedic surgeon" at 24.7% (n=21). Two individuals chose not to answer this question. Respondents were asked to choose all that apply, so percentages do not equal 100%.

Type of Specialists Seen	2016 % (n)	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	153	99	85	
Cardiologist	22.2% (34)	26.3% (26)	34.1% (29)	☐
Dentist	51.6% (79)	38.4% (38)	25.9% (22)	■
OB/GYN	20.9% (32)	22.2% (22)	25.9% (22)	☐
Orthopedic surgeon	22.2% (34)	26.3% (26)	24.7% (21)	☐
General surgeon	22.9% (35)	16.2% (16)	20.0% (17)	☐
Physical therapist	17.6% (27)	7.1% (7)	17.6% (15)	■
Radiologist		12.1% (12)	16.5% (14)	☐
Dermatologist		13.1% (13)	14.1% (12)	☐
Optometrist	42.5% (65)	24.2% (24)	12.9% (11)	■
Chiropractor	26.8% (41)	18.2% (18)	10.6% (9)	■
Neurologist		12.1% (12)	10.6% (9)	☐
Ophthalmologist		7.1% (7)	10.6% (9)	☐
Pediatrician	7.8% (12)	11.1% (11)	10.6% (9)	☐
Gastroenterologist	13.1% (20)	12.1% (12)	9.4% (8)	☐
Endocrinologist		6.1% (6)	8.2% (7)	☐
ENT (ear/nose/throat)	18.3% (28)	17.2% (17)	8.2% (7)	☐
Audiologist		7.1% (7)	7.1% (6)	☐
Mental health counselor	5.2% (8)	1.0% (1)	7.1% (6)	☐
Neurosurgeon		3.0% (3)	7.1% (6)	☐
Occupational therapist	3.3% (5)	4.0% (4)	7.1% (6)	☐
Urologist	10.5% (16)	10.1% (10)	7.1% (6)	☐

Table continued on the next page.

Oncologist	7.8% (12)	6.1% (6)	5.9% (5)	☐
Rheumatologist	5.2% (8)	5.1% (5)	5.9% (5)	☐
Podiatrist	5.2% (8)	12.1% (12)	4.7% (4)	☐
Allergist		4.0% (4)	3.5% (3)	☐
Pulmonologist		3.0% (3)	3.5% (3)	☐
Dietician			2.4% (2)	☐
Speech therapist	3.3% (5)	0.0% (0)	2.4% (2)	☐
Psychiatrist (M.D.)		1.0% (1)	1.2% (1)	☐
Psychologist		2.0% (2)	1.2% (1)	☐
Social worker		1.0% (1)	1.2% (1)	☐
Geriatrician		0.0% (0)	0.0% (0)	☐
Substance abuse counselor		0.0% (0)	0.0% (0)	☐
Other	15.0% (23)	10.1% (10)	4.7% (4)	■

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

"**Other**" comments included: Sleep study, Internal medicine, and Vascular

Overall Quality of Care through Fallon Medical Complex (Question 27)

Respondents were asked to rate various services available through Fallon Medical Complex using the scale of 4= Excellent, 3= Good, 2= Fair, 1=Poor, and Haven't Used. The service that received the highest score was the Life Line (3.6 out of 4.0), followed closely by the Laboratory (3.5 out of 4.0). Overall, the average rating on quality and availability of the health services listed was 3.2 out of 4.0.

Quality of Care Rating at Fallon Medical Center	2016 Average (n)	2019 Average (n)	2022 Average (n)	SIGNIFICANT CHANGE
4 Point Scale: Poor = 1, Fair = 2, Good = 3, Excellent = 4				
Total number of respondents	178	112	104	
Life Line		3.2 (14)	3.6 (11)	☐
Laboratory	3.5 (155)	3.6 (95)	3.5 (88)	☐
Physical/Occupational Therapy	3.5 (90)	3.5 (62)	3.3 (53)	☐
Wibaux Clinic	3.4 (27)	3.5 (4)	3.3 (4)	☐
Mammography	3.6 (90)	3.7 (58)	3.3 (39)	■
Telemedicine (video)	3.3 (45)	3.3 (16)	3.3 (18)	☐
Health fair	3.5 (128)	3.6 (79)	3.2 (68)	■
X-ray	3.6 (139)	3.5 (74)	3.2 (66)	■
Fallon County Health Department	3.5 (113)	3.6 (68)	3.1 (84)	■
Community Clinic	3.3 (156)	3.3 (105)	3.0 (95)	■
Hospital	3.1 (84)	3.3 (61)	3.0 (66)	☐
Long Term Care (LTC)	2.6 (65)	3.1 (16)	3.0 (20)	☐
Emergency room	3.4 (133)	3.3 (84)	2.9 (79)	■
Overall average	**3.4 (178)**	**3.4 (112)**	**3.2 (104)**	■

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

Prevalence of Depression (Question 28)

Respondents were asked to indicate if there were periods of at least three consecutive months in the past three years where they felt depressed on most days. Twenty one point six percent of respondents (n=24) indicated they had experienced periods of depression, and 78.4% of respondents (n=87) indicated they had not.

More respondents report experiencing periods of depression since the last assessment

11.5% increase in 3 years

21.6%

14.8%

10.1%

2016	2019	2022
N=182	N=119	N=111
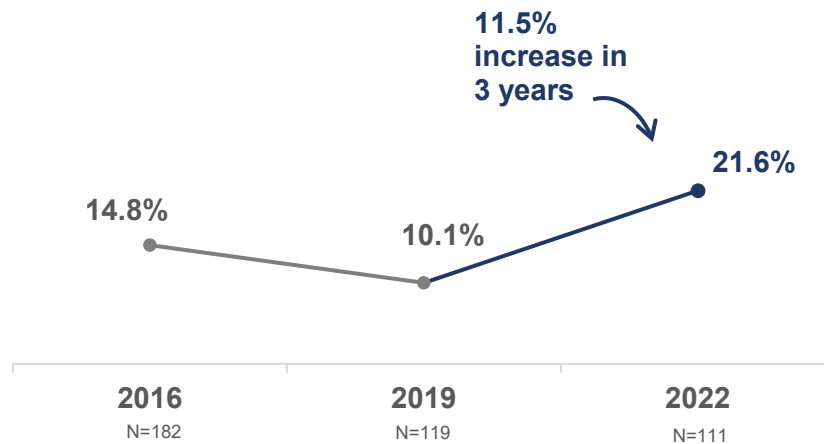
Social Isolation (Question 29)

Respondents were asked to indicate how often they felt lonely or isolated in the past year. Forty-four point four percent of respondents (n=48) indicated they never felt lonely or isolated, and 29.6% of respondents (n=32) indicated they "occasionally (1-2 days per month)" felt lonely or isolated. Sixteen point seven percent (n=18) reported they felt lonely or isolated "sometimes (3-5 days per month)," 9.3% (n=10) indicated they felt lonely or isolated on "Most days (3-5 days per week)," and no reported they felt lonely or isolated "Everyday."

Nearly 1/3 of 2022 respondents indicated that they felt lonely or isolated occassionally in the past year.

Most days (3-5 days per week)

Sometimes (3-5 days per month)

Occassionally (1-2 days per month)

Every day

Never

2022 N=108	9.3%	16.7%	29.6%	44.4%

0.0%
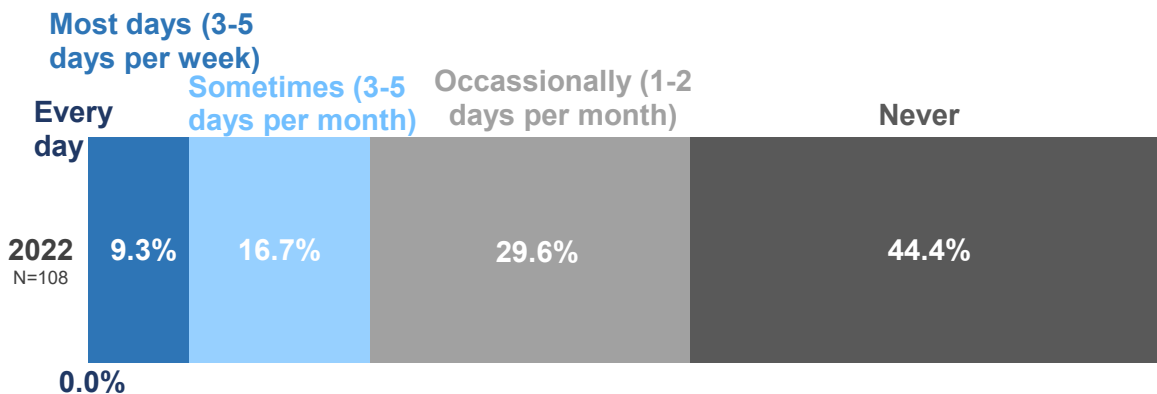
Perception of Stress (Question 30)

Respondents were asked to indicate how they would describe their stress level over the past year. Forty two percent of respondents (n=47) indicated they experienced a moderate level of stress, 35.7% (n=40) had a low level of stress, 19.6% of respondents (n=22) indicated they had experienced a high level of stress, and 2.7% (n=3) indicated they were "Unsure/rather not say."

Over half of 2022 respondents indicated that they experienced high or moderate stress over the last year

	High	Moderate	Low	Unsure/ rather not say
2022 N=112	19.6%	42.0%	35.7%	2.7%
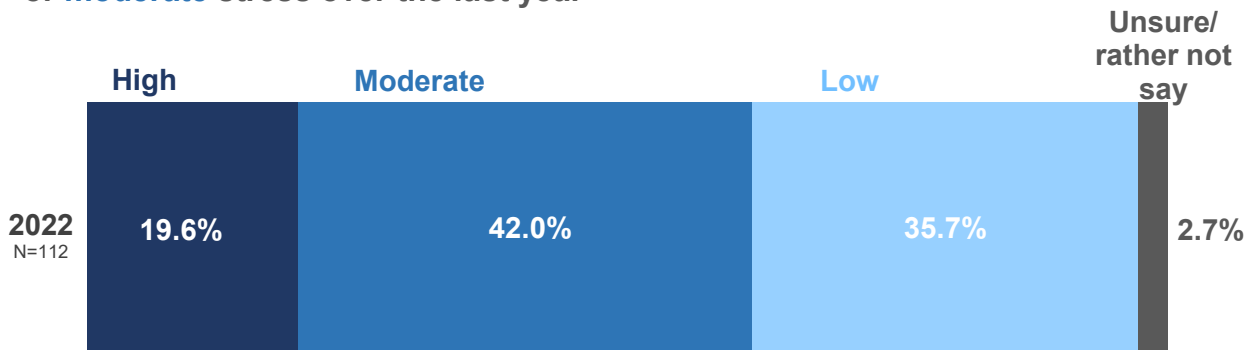
Rating of Mental Health (Question 31)

Respondents were asked to indicate how they would describe their mental health in general when considering stress, anxiety, depression, and emotional problems. Sixty four point three percent of respondents (n=72) felt their mental health was "Good," 17.9% (n=20) rated their mental health as "Fair," 13.4% of respondents (n=15) felt their mental health was "Excellent," and 4.5% of respondents (n=5) rated their mental health as "Poor."

Over half of 2022 respondents indicated that their mental health overall was good

	Excellent	Good	Fair	Poor
2022 N=112	13.4%	64.3%	17.9%	4.5%
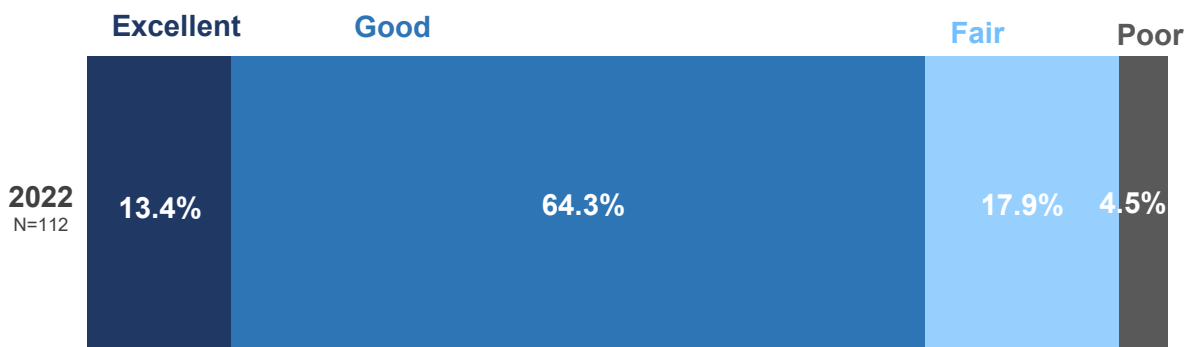
Impact of Substance Abuse (Question 32)

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. Sixty three point three percent of respondents (n=69) indicated their life was "Not at all" affected. Fifteen point six percent (n=17) were "A little" affected, 11.9% (n=13) were "Somewhat" affected, and 9.2% (n=10) indicated they were "A great deal" negatively affected.

Over 1/4 of 2022 respondents shared that they were somewhat or a little affected by their own or someone elses substance abuse issues

	A great deal	Somewhat	A little	Not at all
2022 N=109	9.2%	11.9%	15.6%	63.3%
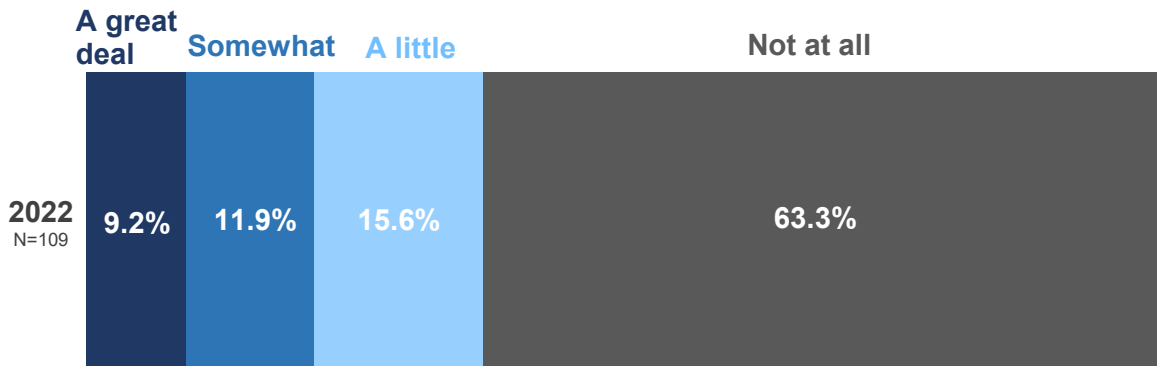
Physical Activity (Question 33)

Respondents were asked to indicate how frequently they had physical activity for at least twenty minutes over the past month. Thirty five point one percent of respondents (n=39) indicated they had physical activity "2-4 times per week," and 27.9% (n=31) indicated they had physical activity of at least twenty minutes "Daily." Eighteen percent of respondents (n=20) indicated they had physical activity "3-5 times per month," 9.9% (n=11) indicated they had physical activity "1-2 times per month," and 9.0% (n=10) indicated they had "No physical activity."

2022 survey respondents were less physically activity compared to 2019

	Daily	2-4x (week)	3-5x (month)	1-2x (month)	None
2022 N=111	27.9%	35.1%	18.0%	9.9%	9.0%
2019 N=121	44.6%	39.7%	7.4%	4.1%	4.1%
2016 N=183	42.6%	36.1%	13.1%	6.6%	1.6%
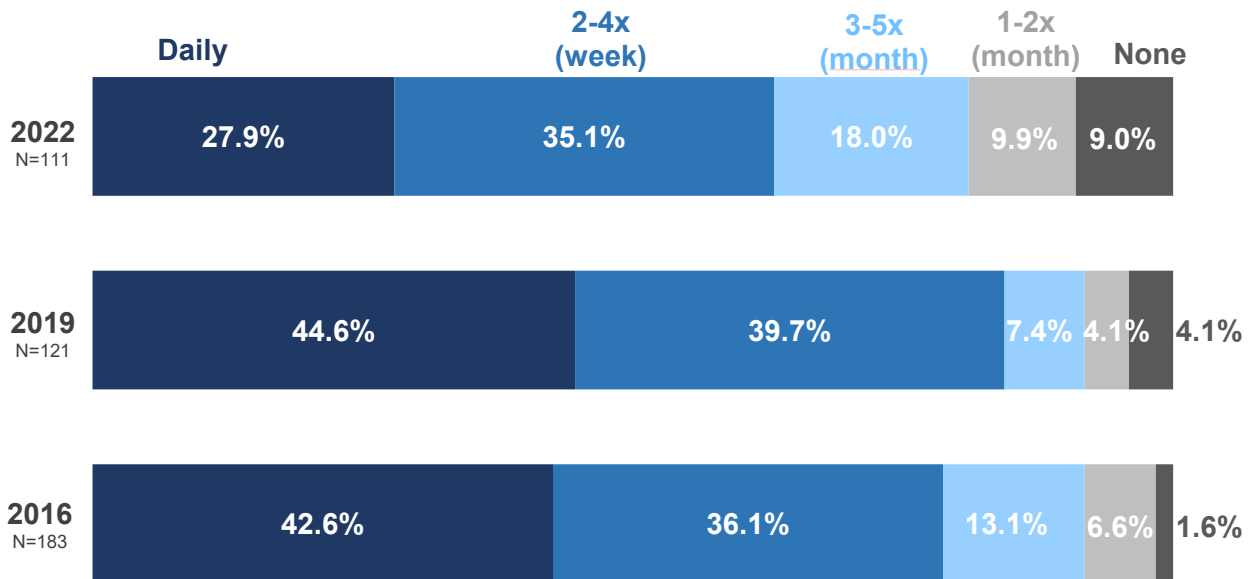
Difficulty Getting Prescriptions (Question 34)

Respondents were asked to indicate if, during the last year, medication costs had prohibited them from getting a prescription or taking their medication regularly. Ten point six percent of respondents (n=12) indicated that they had difficulty getting a prescription or taking their medication regularly in the last year. Seventy nine point six percent of respondents (n=90) indicated that they did not have trouble getting or taking prescriptions, while 9.7% of respondents (n=11) stated it was not a pertinent question for them.

Cost as a barrier to taking medications has increased since the last assessment

4.1% increase in 3 years

10.8%	6.5%	10.6%
2016 N=185	**2019** N=123	**2022** N=113
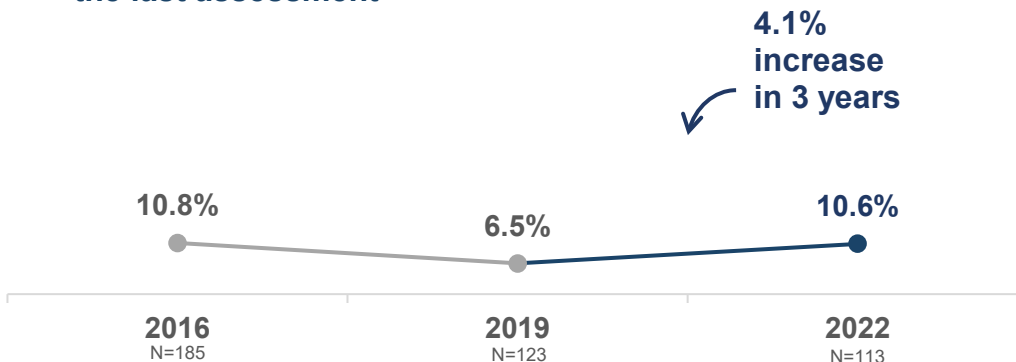
Health Insurance Type (Question 35)

Respondents were asked to indicate what type of health insurance covers the majority of their medical expenses. Fifty two point two percent (n=59) indicated they have "Employer sponsored" coverage. Twenty-three point nine percent (n=27) indicated they have "Medicare" coverage. Twelve respondents were moved to "Other" for selecting over the allotted one medical insurance type.

Type of Health Insurance	2016 % (n)	2019 % (n)	2022 % (n)
Number of respondents	155	119	113
Employer sponsored	49.0% (76)	41.2% (49)	52.2% (59)
Medicare	23.9% (37)	26.9% (32)	23.9% (27)
Health Insurance Marketplace		4.2% (5)	3.5% (4)
Private insurance/private plan	13.5% (21)	4.2% (5)	3.5% (4)
Medicaid	1.9% (3)	0.8% (1)	2.7% (3)
Health Savings Account	2.6% (4)	0.8% (1)	0.9% (1)
Healthy MT Kids	0.0% (0)	0.8% (1)	0.9% (1)
None/pay out of pocket	2.6% (4)	5.0% (6)	0.9% (1)
Agricultural Corp. Paid	0.6% (1)		0.0% (0)
Indian Health	0.0% (0)	0.0% (0)	0.0% (0)
State plan	1.3% (2)	0.8% (1)	0.0% (0)
VA/military	0.6% (1)	0.0% (0)	0.0% (0)
Other*	3.9% (6)	15.1% (18)	11.5% (13)
TOTAL	**100.0% (155)**	**100.0% (119)**	**100.0% (113)**

Statistical significance was not measured as reporting differed between 2022 and the two previous years. A larger number of missing values in 2022 compared to previous years would result in a skewed test for significance, indicating a meaningful change when one may not exist. Grayed out cells indicate the question was not asked that year. *Respondents (N=12) who selected over the allotted amount were moved to "Other."

"**Other**" comments included: Christian Health Ministries (CHM)

Insurance and Healthcare Costs (Question 36)

Respondents were asked to indicate how well they felt their health insurance covers their healthcare costs. Forty-five point five percent of respondents (n=51) indicated they felt their insurance covers a "Good" amount of their healthcare costs. Thirty one point three percent of respondents (n=35) indicated they felt their insurance covered an "Excellent" amount, 17.0% of respondents (n=19) felt their insurance covered a "Fair" amount, and 6.3% of respondents (n=7) stated their insurance covered a "Poor" amount of their health costs.

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

	2016 N=184	2019 N=115	2022 N=112
Excellent	30.4%	43.5%	31.3%
Good	45.1%	35.7%	45.5%
Fair	21.2%	17.4%	17.0%
Poor	3.3%	3.5%	6.3%
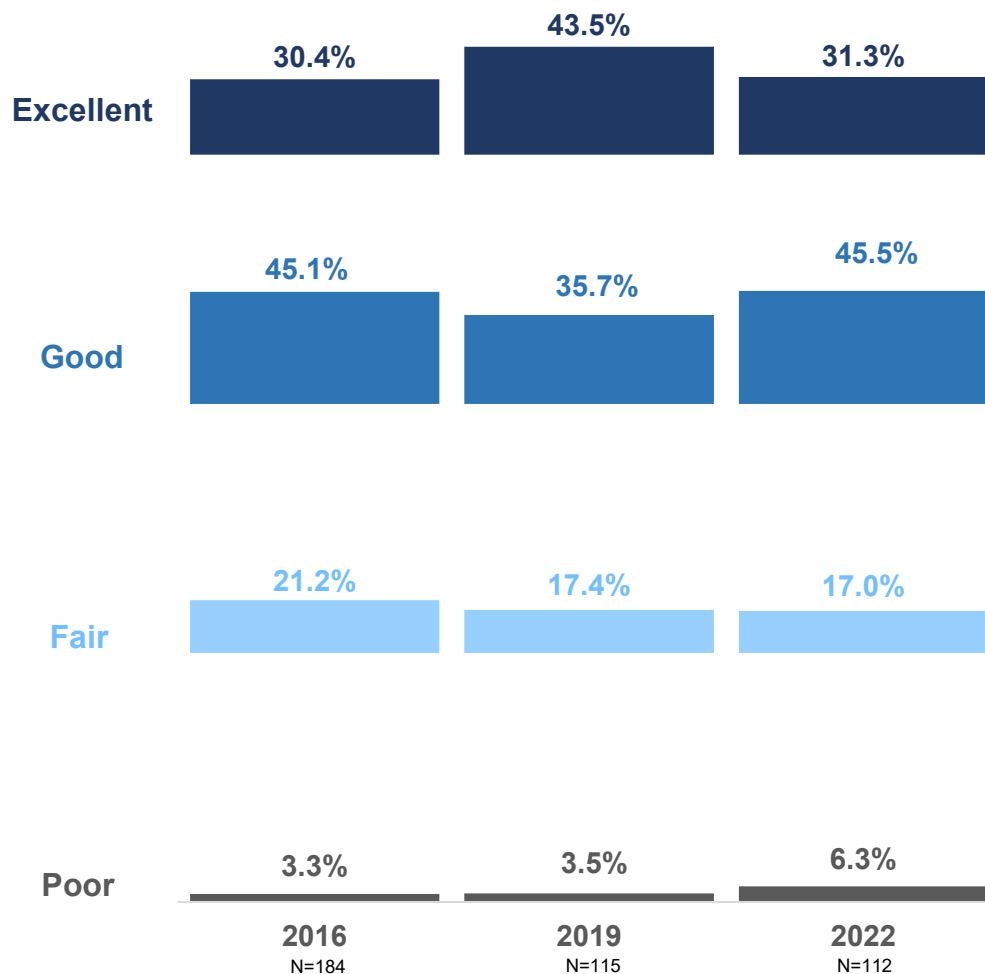
Barriers to Having Insurance (Question 37)

For the respondent who indicated they did not have insurance (n=1), the top reason selected for not having insurance was "Other." Respondents could select all barriers that applied.

Reasons for No Health Insurance	2016 % (n)	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	4	6	1	
Can't afford to pay for health insurance	0.0% (0)	66.7% (4)	0.0% (0)	☐
Employer does not offer insurance	0.0% (0)	16.7% (1)	0.0% (0)	☐
Choose not to have health insurance	25.0% (1)	0.0% (0)	0.0% (0)	☐
Too confusing/don't know how to apply			0.0% (0)	☐
Other	25.0% (1)	33.3% (22)	100.0% (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: "Health Insurance is too expensive self/pay/cost sharing program is better" and "Self employed- share system for medical bias"

Awareness of Health Cost Assistance Programs (Question 38)

Respondents were asked to indicate their awareness of programs that help people pay for healthcare bills. Forty point nine percent of respondents (n=38) indicated they were aware of these programs but did not qualify to utilize them, and 28.0% (n=26) indicated that they were not aware of health cost assistance programs.

Over a quarter of 2022 respondents are not aware of programs that help people pay for healthcare expenses

	Yes, and I use them	Yes, but I don't qualify	Yes, but I choose not to use	No	Not sure
2022 N=93	7.5%	40.9%	12.9%	28.0%	10.8%
2019 N=102	11.8%	39.2%	11.8%	27.5%	9.8%
2016 N=152	9.2%	53.9%		27.0%	9.9%
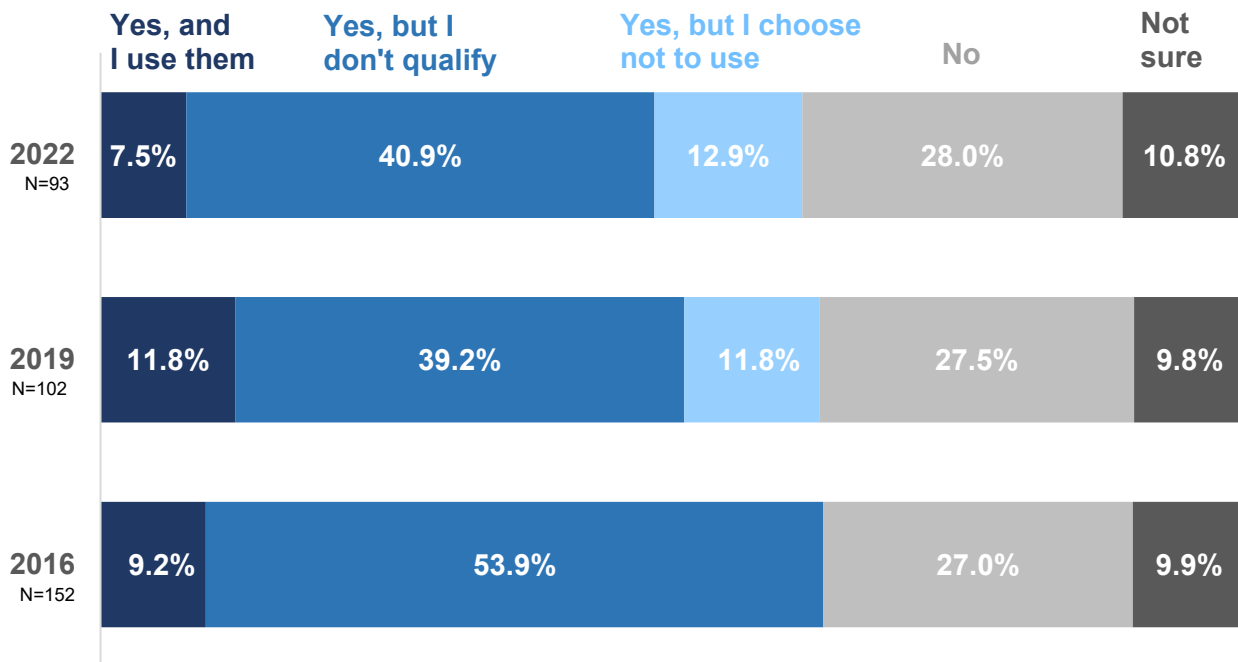
FOCUS GROUP & KEY INFORMANT INTERVIEW RESULTS

Focus Group and Key Informant Interview Methodology

Two focus groups and three key informant interviews were conducted in April 2022. Participants were identified as people living in Fallon Medical Complex's (FMC) service area.

In total, 13 people participated in the focus groups and key informant interviews. The focus groups lasted between 30-90 minutes in length. The three key informant interviews were conducted over the telephone and lasted up to 15 minutes in length. The focus groups and key informant interviews followed the same line of questioning and were facilitated by Montana Office of Rural Health staff. Focus group and key informant interview transcripts can be found in Appendix I.

Focus Group and 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 HEALTH

Access to mental health resources and services was one of the top themes identified among community members. Community members seemed to think this was a challenge across the lifespan and not isolated in one particular pocket of the population.

A focus group participant noted that "suicide has been an issue among our youth and mental health in general has been a huge concern across the nation." They continued that in order to access necessary services, "mental health support often requires travel outside of the community and some of these younger people don't have the ability to drive/travel."

Community members shared that while improving mental health access has mainly been supported through the public health department, they think Fallon Medical Complex could be a partner in moving the needle. While funding was noted as a challenge to recruiting mental health professionals, many noted the advances telehealth capabilities have made in recent years to accessing support such as mental health appointments. Particularly in a frontier area such as Fallon County, many community members were quick to disclose that people may be more likely to utilize mental health support if they didn't have to worry about the stigma associated with accessing a physical office.

ENHANCED ACCESS TO PRIMARY CARE

The second most common thread of interviews was a desire for enhanced access to primary care services. Specifically, there was a concern for the retention of healthcare workforce, but also enhancing telemedicine capabilities. Overall, interview participants were grateful for having access to and ensuring the success of Fallon Medical Complex.

While community members were generally pleased with the facility, several shared that they have a desire to establish care and develop a relationship with a consistent primary care provider over time. One key informant interview shared that "we have a few full-time mid-levels, but only have traveling higher level providers." They continued, "That is something that many people in our small community miss - as we had one doctor who started and then retired here - we don't have the continuity of care like we used to."

As to the piece about enhanced telemedicine capabilities, a community member shared that it's been helpful for continuity of care that Fallon Medical Complex is connected to Billings Clinic. That to say, if you see a Billings Clinic provider, you can visit FMC and do your telemedicine visit. However, they shared that many community members also access care through St. Vincent's providers as that is where Miles City refers patients. The community member thought it would be helpful to enhance telemedicine capabilities for those also accessing care through St. Vincent's providers.

SERVICES NEEDED IN THE COMMUNITY

- Primary care providers
- Home health and hospice
- Outpatient speech therapy
- Respiratory therapy
- Healthcare workforce recruitment and retention
- Cardiac rehabilitation
- Childcare/daycare services
- Increasing locally grown produce
- More advertising and awareness of local services
- Mental and behavioral health services and resources (including alcohol and substance abuse prevention and resources)
- Better access to enrollment in resources like Medicaid and Supplemental Nutrition Assistance Program (SNAP) benefits
- Low-income housing
- Preventive health education (healthy eating, active living, smoking cessation, weight management, etc.)
- Community center for recreational and health education opportunities

EXECUTIVE SUMMARY

Executive Summary

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

Areas of Opportunity	Secondary Data	Survey	Focus Groups & Interviews
Access to Healthcare Services			
Barriers to access			
Consistent primary care providers	⊗	✓	☑
Specialty services (i.e., outpatient speech therapy, respiratory therapy, cardiac rehabilitation, etc.)	⊗	✓	☑
Cost of services			
Affordability and insurance coverage	⊗	✓	☑
Healthcare navigator (i.e., Assistance signing up for/navigating insurance, Medicare, or Medicaid)		✓	☑
Senior Services			
High percentage of population 65+	⊗	✓	☑
Home health and hospice		✓	☑
Chronic Disease Prevention			
Cancer	⊗	✓	☑
Physical activity	⊗	✓	☑
Health education (health and wellness, health fair, fitness, nutrition, etc.)		✓	☑
Mental and Behavioral Health			
More mental and behavioral health services/resources	⊗	✓	☑
Alcohol/substance use	⊗	✓	☑

Summary continued on the next page.

Socioeconomic & Health Measures			
Housing accessibility and affordability		✓	☑
Access to programs such as Medicaid and Supplemental Nutrition Assistance Program (SNAP) benefits	⊗	✓	☑
Percentage of uninsured children	⊗		
Vaccination [i.e., HPV up-to-date (UTD) and vaccine preventable diseases]	⊗		

NEXT STEPS & RESOURCES

Prioritization of Health Needs

The community steering committee, comprised of staff leaders from Fallon Medical Complex (FMC) and community members from Fallon 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

- Access to healthcare services

- Chronic care prevention and management

Fallon Medical Complex will determine which needs or opportunities could be addressed considering FMC'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.

- Baker Chamber of Commerce
- Baker Housing Board
- Southeastern Montana Revitalization Team
- South Eastern Montana Health Fair
- Local Emergency Preparedness Committee (LEPC)
- Montana Health Network
- Eastern Montana Chronic Care Management
- Eastern Montana Integrated Behavior Health
- Montana Hospital Association
- Eastern Montana Telemedicine Network (EMTN)
- Mountain-Pacific Quality Health Foundation
- Montana Area Health Education Center (AHEC)
- Montana Office of Rural Health
- Fallon County Public Health
- Fallon County Council on Aging
- Health Board

Evaluation of Previous CHNA & Implementation Plan

Fallon Medical Complex provided the Montana Office of Rural Health with an update on their Implementation Plan activities from their previous CHNA process. The FMC Board of Directors approved its previous implementation plan in August 2019. The plan prioritized the following health issues:

- Chronic care management
- Population and behavioral health
- Access to healthcare services

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

Goal 1: Improve population health in the Fallon Medical Complex service area.

	Activities	Accomplishments	Community Impact/Outcomes
Strategy 1.1: Enhance chronic care services and prevention outreach at FMC.	Participate in Chronic Care Management HRSA grant with regional partners to develop and implement chronic care program.	We stepped up our participation in the Chronic Care Management HRSA grant offered by the Montana Health Network (MHN) in an effort to increase enrollment and better management our target population.	FMC patient enrollees increased from 11 to 24 during fiscal year 2021. This program received additional funding to continue it through fiscal year 2023, with the intent of introducing Community Health Workers to assist with patient management.
	Continue and expand regular Lunch and Learns to enhance chronic disease and population health education.	We continued to offer Lunch and Learns on relevant topics, including chronic disease management, during the winter months.	The Lunch and Learns were posted on Facebook for the community to view at their convenience due to COVID-19.
	Create outreach materials (newsletters, videos, patient testimonials) highlighting importance of prevention and chronic care management.	The MHN HRSA grant provided chronic care outreach materials for patient distribution.	Materials were distributed to the public through the FMC website as well as in printed form in the FMC clinic. Providers routinely discuss the program with their eligible patients.

	Explore development of community wellness program promoting healthy behaviors in FMC service area (Walk with a Doc, Trails Rx, etc.).	FMC has not been able to develop a community wellness program promoting healthy behaviors due to the burden of COVID-19 and its associated restrictions.	Even though a program was not developed, the work that was conducted on it internally laid a foundation for future efforts. For instance, a 5k run is being planned for the community.

Goal 2: Enhance behavioral health services (mental/behavioral/SUD) in the Fallon Medical Complex service area.

	Activities	**Accomplishments**	**Community Impact/Outcomes**
Strategy 2.1: Foster development and coordination of behavioral health resources.	Convene community stakeholder group to assess available local, state, and regional behavioral/mental/SUD resources, gaps, and opportunities.	FMC convened community stakeholders in 2019/2020 to assess available behavioral, mental, and SUD resources, gaps, and opportunities. Unfortunately, the lead employee on this group moved out-of-town and then COVID-19 hit the community, which demanded FMC attention.	FMC did, however, agree to participate in an established integrated behavioral health grant through the Montana Health Network. A provider champion and lead manager have been attending ramp-up sessions and monthly steering committee meetings. They are in the process of developing our screening and intake forms as well as program policies. FMC's intent is to screen all patients in the clinic, referring those with certain indicators to a counselor.
	Create a resource list for FMC staff, partners, and community (website, Lunch and Learn, other).	FMC developed a resource guide for the community, which was included in a more comprehensive document of local services.	The list is distributed freely in the community. It served as a template for fellow Critical Access Hospitals.
	Explore opportunities to expand behavioral health services via telemedicine.	Patients with more acute needs will be referred to a Bozeman psychiatrist who works with patients remotely over telemedicine.	Patients will not need to travel out-of-town for these types of services. They can be accessed through a computer in the FMC facility or in a patient's home.

	Explore feasibility of developing detox (DT) services at FMC.	FMC has not been able to pursue the feasibility of offering detox services, or enhanced training for staff, due to COVID-19 demands.	All of FMC's excess capacity, both in patient rooms and nursing workforce, are dedicated to combating COVID-19. Many of the FMC nurses are travelers, who provide no guarantee of returning.
	Continue to provide and promote community medication disposal and needle disposal/exchange programs.	FMC has also continued to provide and promote medication and needle disposal at the facility to the community.	FMC stores these items in a secure room awaiting proper disposal by a biomedical waste company.
	Explore enhancing staff training through opportunities offered by various state partners (Mental Health First Aid, MOAB, PTSD debriefing, etc.).	FMC hosted a Mental Health First Aid Class that was open to the public.	Eighteen individuals representing various agencies and groups from Fallon County participated in the two-day class.

Goal 3: Improve access to health care services and enhance continuity of care at Fallon Medical Complex

		Activities	Accomplishments	Community Impact/Outcomes
Strategy 3.1: Enhance access to specialty services.		Expand therapy services and outreach by developing occupational therapy (OT) program at FMC.	Just prior to the start of FY2020, FMC hired a full-time occupational therapist (OT). Up until that point, FMC was receiving part-time services from a contract OT.	During fiscal year 2021, the FMC OT continued to build her business, which has been thriving. Her annual volume of business in two years is nearly that of an established Physical Therapist.
		Explore opportunities to expand specialty and diagnostic services either on-site or via telemedicine.	We have partnered with SCL Holy Rosary Healthcare in Miles City to offer regular OB/GYN clinics at our facility.	A visiting OB/GYN physician sees patients at the FMC clinic twice a month.
		Explore feasibility to add optometry tech-like services (glasses adjustments/repairs) to enhance access and reduce travel burden.	FMC has not been able to find a capable individual to provide these services.	FMC will continue to pursue options that enhance the community's access to eye care services.

	Create community education related to use of and applications of telemedicine services for consults and follow-up locally to enhance access and reduce travel burden.	FMC has continued to seek out opportunities to expand onsite and telemedicine specialty services. The increased use of Zoom during COVID-19 has enhanced acceptance by providers of providing remote services, which increases access. FMC staff made a video posted on Facebook to inform the public about the telemedicine capabilities available locally.	FMC has expanded the list of specialists available from Billings Clinic. FMC also frequently uses Avel's eEmergency and ePharmacy programs in the hospital to enhance the effectiveness of our patient care.
Strategy 3.2: Enhance access to primary care services.	Explore feasibility of implementing a staggered staffing model to expand available clinic appointments.	FMC hired a full-time clinic supervisor to act as a liaison between the clinic and remainder of the facility. That individual is responsible for the scheduling of providers and nurses, exploring alternative models of provider staffing, as well as coordinating resource allocation and usage.	Unfortunately, providers are only one part of a staggered staffing model. We need to be sure that we have nurses available during those hours, as well as lab and x-ray techs, receptionists, business office personnel, etc. Given workforce shortages, FMC does not have the capacity to offer services outside of regular business hours.
	Explore alternative models in clinic to enhance outpatient service hours (weekend hours or urgent care/walk-in clinic like models).	FMC has not been able to explore these opportunities further due to COVID-19 restrictions and workforce constraints.	Similar to a staggered staffing model, FMC's capacity constraints extend well beyond the providers.
	Develop FMC protocol for patient appointment reminders and follow-up post clinic appointments and discharge in ED to enhance care coordination.	The clinic supervisor is working with the clinic staff to define workflow processes and propose alternatives to improve them.	This activity is highly reliant on the capabilities of FMC's Electronic Medical Record (EMR). FMC is in the process of evaluating new EMR's and would prefer to wait to continue the pursuit of this activity until after we know the capabilities of our new EMR.

	Develop community education related to available clinic services and provider scope of work (i.e., pediatric, well baby services).	FMC has communicated some of the capabilities through our Lunch and Learn programs. FMC also offers a listing of clinic services on the website and in our community resource guide.	Admittedly, FMC needs to do more community outreach to provide consistent education about the scope of services locally. FMC expects our newly hired clinic supervisor to develop a plan in the coming months.
	Explore expansion of primary care workforce.	FMC increased our employed providers to three mid-levels and hired an additional locum physician.	With two physicians and three mid-levels, FMC is generally able to staff the clinic with three or more providers each clinic day.
Strategy 3.3: Enhance education and outreach related to available community services.	Redesign FMC website to better inform community of available services and resources in a more user-friendly, patient focused manner.	FMC engaged a third-party vendor to redesign the website to make it more user-friendly and patient focused. They are working to increase the amount of information about healthcare related resources, including FMC's own services. The new site is ready for review and should be published on the Internet prior to the start of FY2023.	The new website is in final review by FMC staff. This will enhance the community's access to local health services and resources.
	Design a new FMC services and programs calendar for website.	The new website will incorporate a more effective calendar of upcoming programs and available services.	The new website is in final review by FMC staff.
	Partner with community stakeholders to update and disseminate community resources manual.	FMC developed a comprehensive resource manual through collaboration with community stakeholders, which included a listing of services available locally.	Paper copies were disseminated in the community, and an electronic version will be posted on FMC's newly redesigned website.
	Explore opportunities to provide community educational presentations for various community groups.	FMC has not been able to provide in-person educational presentations due to the COVID-19 restrictions. However, FMC has published presentations developed by our staff on Facebook.	Facebook appeals to a broader audience, so its recipients are hit-or-miss. It is FMC's hope to provide more focused education when the burden of COVID-19 has lessened.

APPENDICES

Appendix A- Steering Committee

Steering Committee Member	Organization Affiliation
David Espeland	CEO, Fallon Medical Complex
Judy McWilliams	Quality Improvement Coordinator, FMC
Jeanne Sullivan	BSW, Social Worker
Donna Halmans	Community member
Kim Bryant	Department Administrator, Fallon County Health Department
Mindi Murnion	Emergency Preparedness Coordinator, Fallon County Health Department
Peggy Smith	Community member
Spring Nacey	Manager of Rehabilitation Services
Karol Zachmann	Community member
MiKenna O'Donnell	Occupational Therapist
Jessica Hastig	Community member

FALLON MEDICAL COMPLEX

"Friends Healing Friends"

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

Judy McWilliams, Quality Improvement Coordinator Fallon Medical Complex
David Espeland, CEO Fallon Medical Complex
Jeanne Sullivan, BSW, Social Worker
Donna Halmans, Young Family, Community Member
Jessica Hastig, Young Family, Behavioral Health and Chronic Care Assistant
Kim Bryant, RN – Department Administrator, Fallon County Health Department
Mindi Murnion – Emergency Preparedness Coordinator, Fallon County Health Department
Peggy Smith, RN – Retired, Community Member
MiKenna O'Donnell, OTR, Registered Occupational Therapist
Spring Nacey, Manager of Rehabilitation Services
Karol Zachmann, Community Volunteer, Activist

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

First Steering Committee Meeting   Feb. 2, 2022
Focus Groups and key informant interviews   April 2022
Second Steering Committee Meeting   May 12, 2022

Public and Community Health

- Accessing healthy foods is very expensive for community members. I do believe that this is a problem for the area. It would be nice to ask about it on the survey so we can identify opportunities.
- We do not have any billboards within the community. It would be more appropriate to change to posters/flyers since we often use those to share health information and opportunities.
- We have a domestic violence program locally that community members can call into and they will aid individuals in escaping their harmful situations. This is such a good resource for our area.
- We no longer have any eye care within Fallon County. Community members are now having to travel out to access this type of care.
- If we could bring any sort of cardiac rehab into the community that would be quite beneficial. So many are impacted and having to travel out for this level of care.

- We have quite a few veterans who travel to Fort Meade in South Dakota for veteran services.

Population: Youth

- Our community has had plenty of trauma experiences so I think it would be good to keep the adverse childhood experiences on the survey.

Appendix C- Fallon Co. Secondary Data

Demographic Measure (%)		County			Montana			Nation		
Population[1]		2,921			1,050,649			324,697,795		
Population Density[1]		1.8			7.1			85.5		
Veteran Status[1]		4.6%			10.4%			7.3%		
Disability Status[1]		16.4%			13.6%			12.6%		
Age[1]		<5	18-64	65+	<5	18-64	65+	<5	18-64	65+
		6.2%	57.3%	17.8%	5.8%	60.1%	18.2%	6.1%	61.7%	15.6%
Gender[1]		Male		Female	Male		Female	Male		Female
		50.2%		49.8%	50.3%		49.7%	49.2%		50.8%
Race/Ethnic Distribution[1]	White	97.2%			91.4%			75.3%		
	American Indian or Alaska Native	2.8%			8.3%			1.7%		
	Other †	1.8%			3.7%			26.5%		

[1] US Census Bureau - American Community Survey (2019)   † Black, Asian/Pacific Islanders, Hispanic & Non-Hispanic Ancestry

Highest Degree Obtained[1]
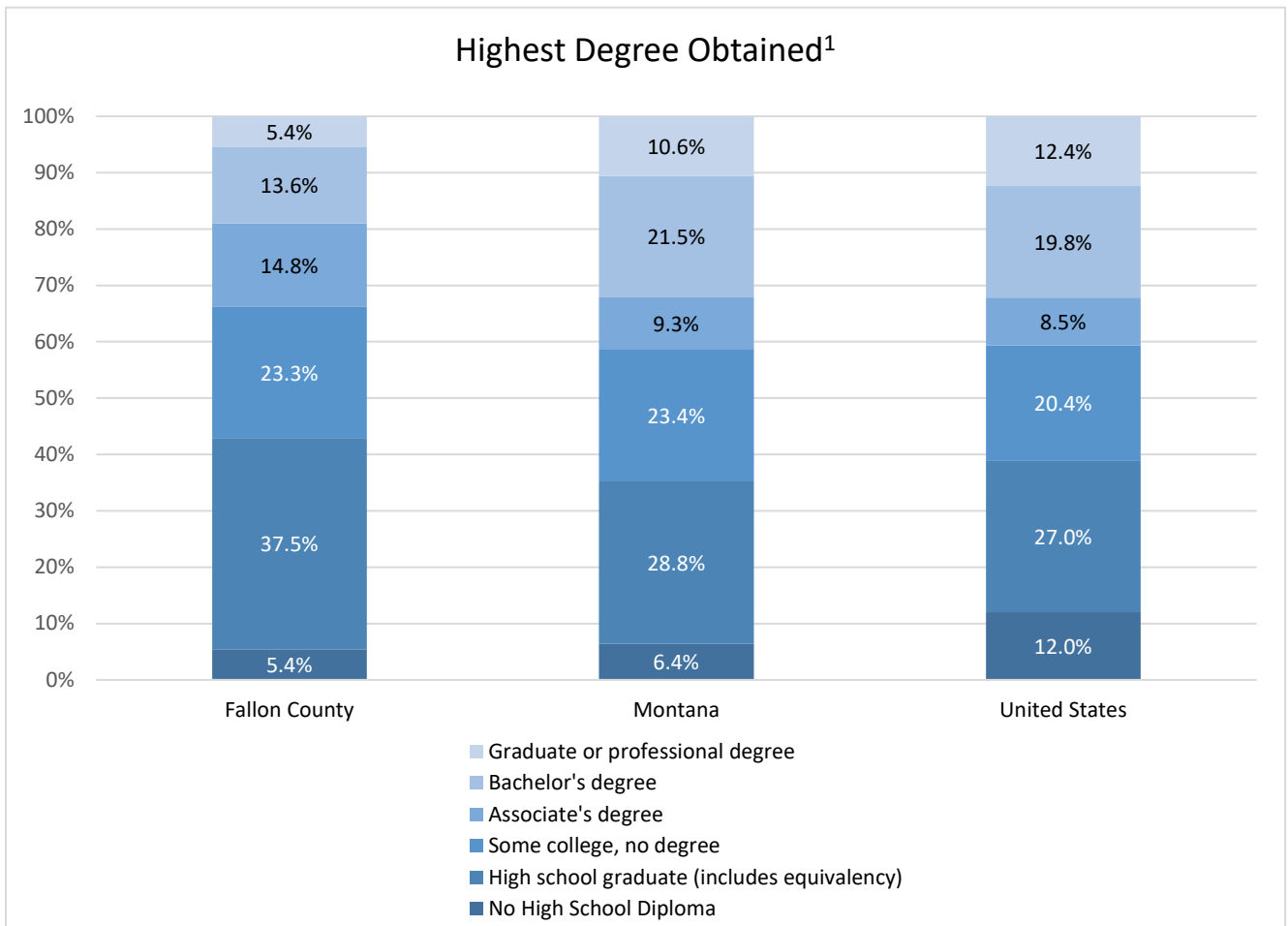
[1] US Census Bureau - American Community Survey (2019)

Socioeconomic Measures (%)	County	Montana	Nation
Median Income[1]	$64,545	$54,970	$62,843
Unemployment Rate[1]	1.1%	4.0%	5.3%
Persons Below Poverty Level[1]	8.9%	13.1%	13.4%
Children in Poverty[1]	9.4%	15.8%	18.5%
Internet at Home[2]	81.2%	81.5%	-
Households with Population Age 65+ Living Alone[2]	159	52,166	-
Households Without a Vehicle[2]	39	21,284	-
Households Receiving SNAP[2]	37	56,724	-
Eligible Recipients of Free or Reduced Price Lunch[3] *2019/2020 school year*	21.9%	42.9%	-
Enrolled in Medicaid[4, 1]	4.8%	9.7%	19.8%
Uninsured Adults[5, 6] *Age <65*	10.0%	12.0%	12.1%
Uninsured Children[5, 6] *Age <18*	8.0%	6.0%	5.1%

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

Maternal Child Health	County	Montana	Nation
General Fertility Rate*[7] *Per 1,000 Women 15-44 years of age (2017-2019)*	81.2	59.3	-
Preterm Births[7] *Born less than 37 weeks (2017-2019)*	NA	9.4%	-
Adolescent Birth Rate[7] *Per 1,000 years females 15-19 years of age (2017-2019)*	NA	18.3	-
Smoking during pregnancy[3, 8]	10.6%	16.5%	7.2%
Kotelchuck Prenatal Care**[7] *Adequate or Adequate-Plus (2017-2019)*	83.8%	75.7%	-
Low and very low birth weight infants[7] *Less than 2500 grams (2017-2019)*	NA	7.6%	-
Childhood Immunization Up-To-Date (UTD)§ [9]	70.6%	64.8%	-

[7] IBIS Birth Data Query, MT-DPPHS (2020), [3] Kids Count Data Center, Annie E. Casey Foundation (2020), [8] National Center for Health Statistics (NCHS), CDC (2016), [9] Clinic Immunization Results, MT-DPHHS (2020)
* General fertility rate is the number of live births per 1,000 females of childbearing age between the ages of 15-44 years.
**The Kotelchuck Index, also called the Adequacy of Prenatal Care Utilization (APNCU) Index, uses two crucial elements obtained from birth certificate data-when prenatal care began (initiation) and the number of prenatal visits from when prenatal care began until delivery (received services). The Kotelchuck index classifies the adequacy of initiation as follows: pregnancy months 1 and 2; months 3 and 4; months 5 and 6; and months 7 to 9. A ratio of observed to expected visits is calculated and grouped into four categories: Inadequate (received less than 50% of expected visits); Intermediate (50%-79%); Adequate (80%-109%); Adequate Plus (110% or more).
§ UTD = 4 DTaP, 3 Polio, 1 MMR, 3/4 HIB, 3 Hep B, 1 Var, 4 PCV by 24 – 35-month-old children.

Behavioral Health	County	Montana	Nation
Adult Smoking[5]	20.0%	19.0%	16.0%
Excessive Drinking[5]	24.0%	22.0%	15.0%
Adult Obesity[5]	39.0%	27.0%	26.0%
Poor Mental Health Days[5] *(Past 30 days)*	4.1	3.9	3.8
Physical Inactivity[5]	25.0%	22.0%	19.0%
Do NOT wear seatbelts[10] *State Age-Adjusted Prevalence (2018)* *Nation Crude Prevalence (2018)*	-	10.3%	6.3%
Drink and Drive[10] *State Age-Adjusted Prevalence (2018)* *Nation Crude Prevalence (2018)*	-	3.7%	3.1%

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

Cancer prevention & screening	County	Montana	Nation
Human Papillomavirus (HPV) vaccination UTD †† [11, 12] *Adolescents 13-17 years of age (2020)*	17.9%	54.4%	58.6%
Cervical cancer screening in past 3 years[13, 10] *Age adjusted (county/state) and crude (nation) prevalence among adult women aged 21–65 years (2018)*	84.5%	76.8%	80.1%
Mammography in past 2 years[13, 10] *Age adjusted (county/state) and crude (nation) prevalence among women 50-74 years (2018)*	69.4%	73.4%	78.3%
Colorectal Cancer Screening[13, 10] *Age adjusted (county) and crude (state/nation) prevalence among adults age 50-75 years (2018)*	60.4%	64.5%	69.7%

[11] Adolescent Immunization Coverage by County, MT-DPHHS (2020), [12] National Center for Immunization and Respiratory Diseases, CDC (2021), [13] PLACES Project, CDC (2020), [10] Behavioral Risk Factor Surveillance System, CDC (2019)
†† An up-to-date HPV vaccination measure assesses the completion of the HPV vaccine series (2 doses separated by 5 months [minus 4 days] for immunocompetent adolescents initiating the HPV vaccine series before their 15th birthday, and 3 doses for all others).

Infectious Disease Incidence Rates[14] *Per 100,000 people (2015-2017)*	County	Montana
Enteric Diseases *	31.8	80.1
Hepatitis C virus	27.1	93.4
Sexually Transmitted Diseases (STD) †	116.6	551.6
Vaccine Preventable Diseases (VPD) §	95.4	91.5

[14] IBIS Community Snapshot, MT-DPPHS
* Foodborne illness   † STD analyses include chlamydia, gonorrhea, and primary/secondary syphilis
§ VPD analyses include: Chickenpox, *Haemophilus influenzae*, Meningococcal disease, Mumps, Pertussis, *Streptococcus pneumoniae*, Tetanus

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

14 IBIS Community Snapshot, MT-DPPHS
** Data were suppressed to protect privacy.

Percent of Montana Adults with Two or More Chronic Conditions

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

10 Behavioral Risk Factor Surveillance System, CDC (2019)

All — 38%
Frontier — 41%
Micropolitan — 36%
Small Metro — 36%
Disability* — 69%
No Disability — 30%
Veteran* — 53%
Non-Veteran — 35%
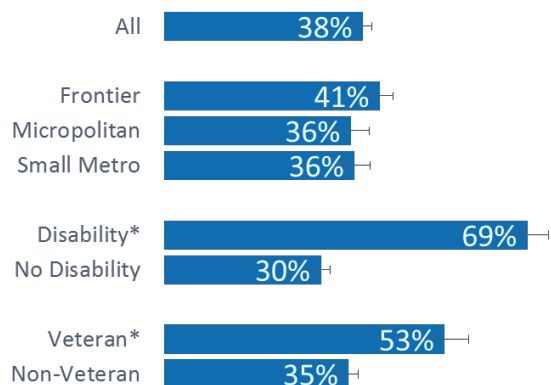
Mortality	County	Montana	Nation
Suicide Rate[15] *Per 100,000 population (2009-2018)*	**	23.9	-
Veteran Suicide Rate[15] *Per 100,000 population (2009-2018)*	-	65.7	38.4
Alzheimer's Disease Mortality Rate[16] *Age-Adjusted per 100,000 population (2017- 2019)*	-	21.7	-
Pneumonia/Influenza Mortality Rate[17] *Age-Adjusted per 100,000*	-	10.5	12.3
Leading Causes of Death[16, 18]	-	1. Heart Disease 2. Cancer 3. Chronic Lower Respiratory Disease (CLRD)	1. Heart Disease 2. Cancer 3. Unintentional injuries

[15] Suicide in Montana, MT-DPHHS (2021), [16] IBIS Mortality Query, MT- DPPHS (2019), [17] Kaiser State Health Facts, National Pneumonia Death Rate (2019), [18] National Vital Statistics, CDC (2019)
** Data were suppressed to protect privacy.

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

[10] Behavioral Risk Factor Surveillance System, CDC (2019)   *Annual household income < $15,000

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

[19] Montana Youth Risk Behavior Survey (2019)

Secondary Data – Healthcare Workforce Data 2021

Health Professional Shortage Area & Medically Underserved Areas/Populations
The uneven geographic distribution of health system resources has long been a problem in the United States. As a result, many individuals do not have adequate access to health services in their community. State and Federal programs have been put in place to attempt to 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[1] - Fallon County, Montana		
Discipline	**HPSA Score**	**HPSA**
Primary Care	14	✔ Geographic
Dental Health	10	✔ Geographic
Mental Health	18*	✔ High needs geographic population
HPSA Scores range from 0 to 25 (primary care and mental health) and 0 to 26 (dental health) where the higher the score, the greater the priority		

[1] Health Resources and Services Administration (2021)
* HPSA score for Eastern Montana (Carter, Custer, Daniels, Dawson, Fallon, Garfield, McCone, Phillips, Powder River, Prairie, Richland, Roosevelt, Rosebud, Sheridan, Treasure, Valley and Wibaux counties)

Provider Supply and Access to Care[2]				
Measure	**Description**	**Fallon Co. (N = 1) ****	**Montana (N = 49) ****	**National (N = 1347) ****
Primary care physicians	Ratio of population to primary care physicians	1560:1	1349:1	1050:1
Other primary care providers	Ratio of population to other primary care providers including nurse practitioners, physician assistants, and clinical nurse specialists	752:1	878:1	726:1
Dentists	Ratio of population to dentists	3009:1	1388:1	1260:1
Mental health providers	Ratio of population to mental health providers	-	356:1	310:1

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

Healthcare workforce Distribution Maps

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

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

Primary Care Physician FTE: Practice Locations Plotted by Zip Code
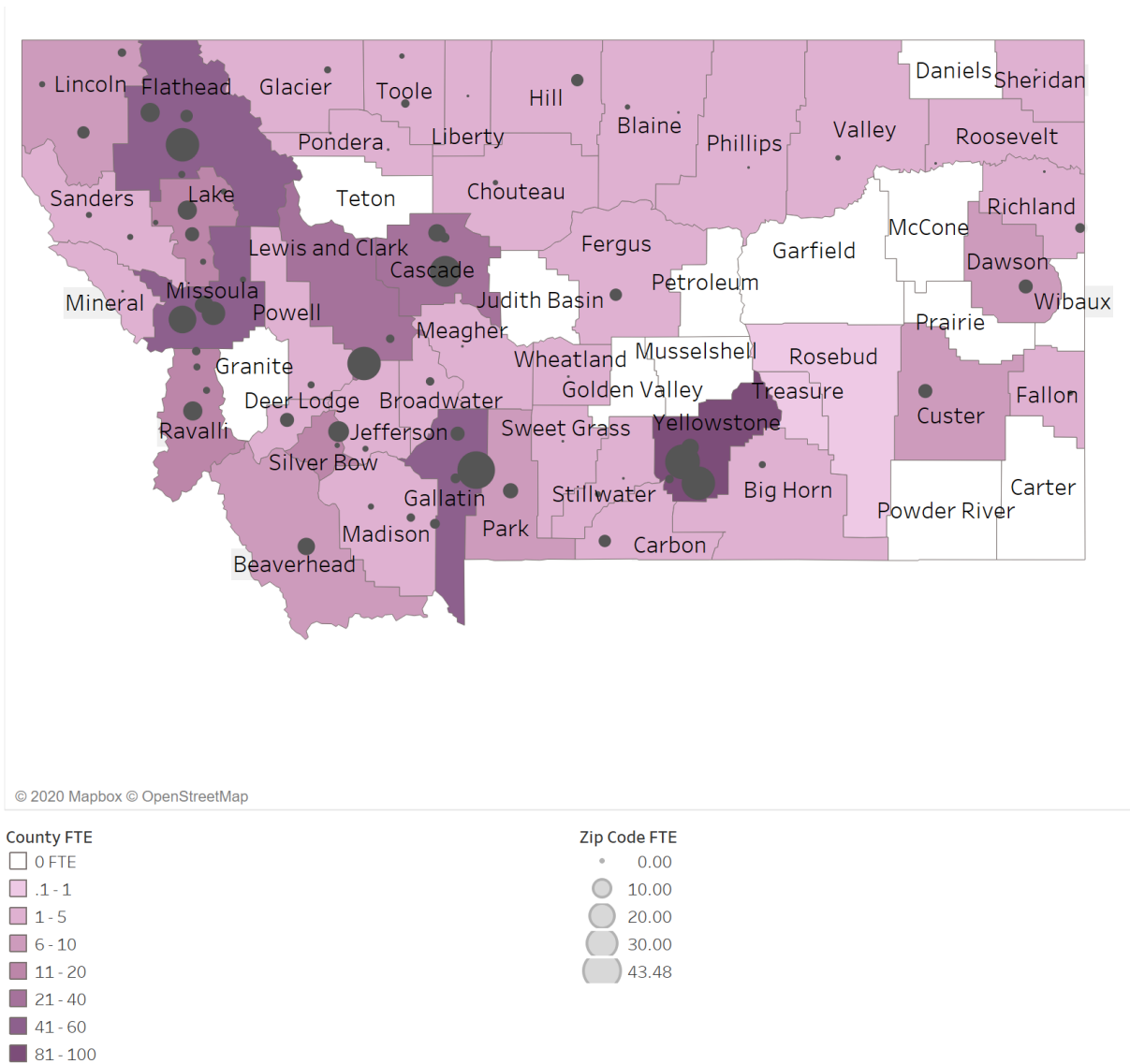
Data Source: Montana Primary Care Office data (2020) compiled and analyzed by WIM Tracking (Sept. 2020)
Note: Does not include IHS or Tribal Health physicians.

Physicians (All Specialties) by County Population Range
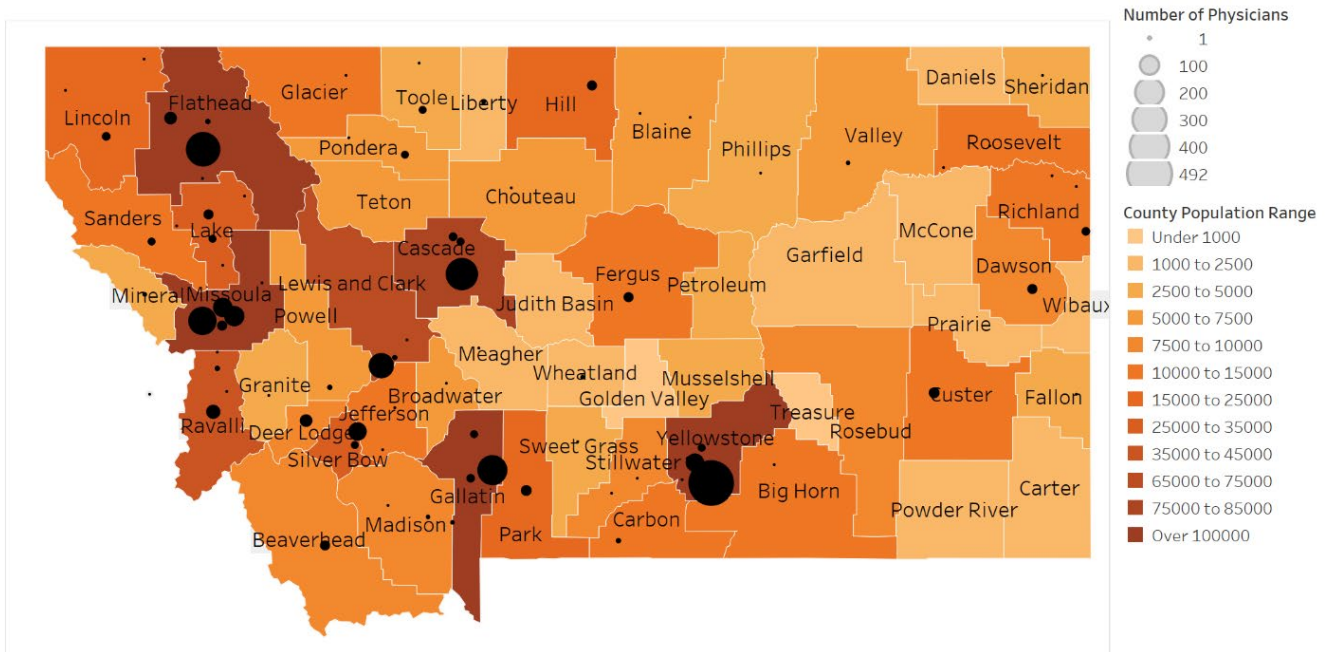
Data Source: Montana Primary Care Office data (2020) and WIM Tracking (Sept. 2020)
Note: Does not include IHS or Tribal Health physicians.

Appendix D- Survey Cover Letter

March 11, 2022

FALLON MEDICAL COMPLEX
"Friends Healing Friends"

Dear [LASTNAME] household:

Fallon Medical Complex in collaboration with the Fallon County Health Department are 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 your local hospital's health priorities and planning for future needs.

Your name has been randomly selected as a resident who lives in Fallon Medical Complex's service area. The survey covers topics such as: use of health care services, awareness of services, community health, health insurance and demographics. We know your time is valuable, so we have made an effort to keep the survey to about 15 minutes. Participating in this survey is completely voluntary and your identity and answers will remain confidential.

1. Due date to complete survey: April 15, 2022
2. Complete the enclosed survey and return it in the envelope provided - no stamp needed.
3. You can also access the survey at **http://helpslab.montana.edu/survey.html**. Select "Fallon Medical Complex Survey." Your access code is [CODED]

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

David Espeland

David Espeland, CEO

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

Appendix E- Survey Instrument

Community Health Needs Assessment Survey Baker, 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**)

   ☐ Alcohol abuse/substance abuse
   ☐ Alzheimer's/dementia
   ☐ Cancer
   ☐ Child abuse/neglect
   ☐ COPD- Lung health
   ☐ Depression/anxiety
   ☐ Diabetes
   ☐ Domestic violence
   ☐ Heart disease

   ☐ Hunger
   ☐ Lack of access to healthcare
   ☐ Lack of dental care
   ☐ Lack of exercise
   ☐ Mental health issues
   ☐ Motor vehicle accidents
   ☐ Overweight/obesity
   ☐ Recreation related accidents/injuries

   ☐ Social isolation/loneliness
   ☐ Stroke
   ☐ Suicide
   ☐ Tobacco use (cigarettes, vaping, smokeless)
   ☐ Trauma/Adverse Childhood Experiences (ACES)
   ☐ Work/economic stress
   ☐ Work related accidents/injuries
   ☐ Other: _____

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

   ☐ Access to childcare/after school programs
   ☐ Access to healthcare and other services
   ☐ Access to healthy foods
   ☐ Affordable housing
   ☐ Arts and cultural events
   ☐ Clean environment

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

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

4. How do you rate your knowledge of the health services that are available through Fallon Medical Complex?

   ☐ Excellent ☐ Good ☐ Fair ☐ Poor

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

   ☐ City kiosk (SMART)
   ☐ Friends/family
   ☐ Healthcare provider
   ☐ Health fair
   ☐ Mailings/newsletter

   ☐ Newspaper
   ☐ Posters/flyers
   ☐ Presentations
   ☐ Public health
   ☐ Radio

   ☐ Social media
   ☐ Website/internet
   ☐ Word of mouth
   ☐ Yellow Pages
   ☐ Other: _____

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

- ☐ Adult immunizations
- ☐ Certified passenger safety technician (car seat training)
- ☐ Childhood immunizations
- ☐ Childhood screenings
- ☐ Chiropractor
- ☐ Community Cupboard
- ☐ Dentist
- ☐ Domestic violence resources
- ☐ Family planning
- ☐ Fitness center
- ☐ Home care services
- ☐ Meals on Wheels
- ☐ Mental health
- ☐ Pharmacy
- ☐ Public health
- ☐ Senior center (Council on Aging)
- ☐ Substance abuse services
- ☐ Telemedicine/video appointment
- ☐ Women, Infant, and Children (WIC)
- ☐ Other: _____

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

- ☐ Consistent primary care providers
- ☐ Cultural sensitivity
- ☐ Greater health education services
- ☐ Improved quality of care
- ☐ Interpreter services
- ☐ More information about available services
- ☐ More primary care providers
- ☐ More specialists
- ☐ Outpatient services expanded hours
- ☐ Payment assistance programs (healthcare expenses)
- ☐ Telemedicine/video appointments
- ☐ Transportation assistance (to and from)
- ☐ Other: _____

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

- ☐ Alcohol/substance abuse
- ☐ Alzheimer's
- ☐ Cancer
- ☐ Coumadin clinic
- ☐ Diabetes
- ☐ Domestic violence
- ☐ First aid/CPR
- ☐ Fitness
- ☐ Grief counseling
- ☐ Health and wellness
- ☐ Health fair
- ☐ Heart disease
- ☐ Lactation/breastfeeding support
- ☐ Living will
- ☐ Men's health
- ☐ Mental health
- ☐ Multiple sclerosis/MS
- ☐ Nutrition
- ☐ Parenting
- ☐ Prenatal
- ☐ Smoking/tobacco cessation
- ☐ Support groups
- ☐ Weight loss
- ☐ Women's health
- ☐ Other: _____

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

- ☐ Cardiac rehabilitation
- ☐ Counseling
- ☐ Drug and alcohol counseling
- ☐ Outpatient surgery
- ☐ Pediatrician
- ☐ Podiatry
- ☐ Walk-in clinic
- ☐ Other: _____

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

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

11. Preventive testing and services help to prolong lifespan and can lead to early diagnosis of serious health problems. Which of the following services have you used in the past year? (**Select ALL that apply**)

- ☐ Blood pressure check
- ☐ Children's checkup/Well baby
- ☐ Cholesterol check
- ☐ Colonoscopy
- ☐ Dental exam
- ☐ Diabetes screening (A1C)
- ☐ Dietary consultation
- ☐ Flu shot/immunizations
- ☐ Health checkup
- ☐ Health fair
- ☐ Hearing check
- ☐ Mammography
- ☐ Mental health counseling
- ☐ Pap test
- ☐ Point of care test (Pro Time test)
- ☐ Prostate (PSA)
- ☐ Skin check
- ☐ Vision check

☐ None   ☐ Other: _____

12. How important do you feel it is that our hospital remains open within our community?

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

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

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

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

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

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

☐ Yes   ☐ No (**If no, skip to question 19**)

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

☐ Billings Clinic (Billings)   ☐ Dickinson, ND   ☐ Spearfish, SD
☐ Billings Clinic (Miles City)   ☐ Fallon Medical Complex ☐ St. Vincent Healthcare
☐ Bismarck, ND   ☐ Glendive   ☐ VA
☐ Bowman, ND   ☐ Holy Rosary   ☐ Other: _____
☐ Dahl Memorial (Ekalaka)   ☐ Rapid City, SD

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

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

18. If you needed primary care services in the future, which facility would you use? (**Select ONLY 1**)

☐ Billings Clinic (Billings)   ☐ Dickinson, ND   ☐ Spearfish, SD
☐ Billings Clinic (Miles City)   ☐ Fallon Medical Complex ☐ St. Vincent Healthcare
☐ Bismarck, ND   ☐ Glendive   ☐ Other: _____
☐ Bowman, ND   ☐ Holy Rosary
☐ Dahl Memorial (Ekalaka)   ☐ Rapid City, SD

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

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

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

☐ Billings Clinic (Billings)   ☐ Dickinson, ND   ☐ Rapid City, SD

☐ Billings Clinic (Miles City)   ☐ Fallon Medical Complex   ☐ Spearfish, SD

☐ Bismarck, ND   ☐ Glendive   ☐ St. Vincent Healthcare

☐ Bowman, ND   ☐ Holy Rosary   ☐ Other: _____

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

☐ Closest to home   ☐ Hospital's reputation for quality   ☐ Referred by physician or other provider

☐ Closest to work   ☐ More privacy

☐ Cost of care   ☐ Prior experience with hospital   ☐ Required by insurance plan

☐ Emergency, no choice   ☐ Recommended by family or friend   ☐ VA/Military requirement

☐ Financial assistance programs   ☐ Other: _____

22. What hospital services were utilized during your hospital care? **(Select ALL that apply)**

☐ Emergency room   ☐ OB/GYN   ☐ Physical therapy

☐ General surgery   ☐ Observation   ☐ Radiology

☐ Hospice   ☐ Occupational therapy   ☐ Respite care

☐ ICU   ☐ Oncology   ☐ Other: _____

☐ Inpatient stay   ☐ Orthopedic surgery

☐ Laboratory tests   ☐ Outpatient surgery

23. If you needed emergency medical services in the future, which facility would you use? **(Select ONLY 1)**

☐ Billings Clinic (Billings)   ☐ Bismarck, ND   ☐ Fallon Medical Complex   ☐ Spearfish, SD

   ☐ Bowman, ND   ☐ Glendive   ☐ St. Vincent Healthcare

☐ Billings Clinic (Miles City)   ☐ Dahl Memorial (Ekalaka)   ☐ Holy Rosary   ☐ Other:

   ☐ Dickinson, ND   ☐ Rapid City, SD   _____

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

☐ Yes   ☐ No **(If no, skip to question 27)**

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

☐ Billings Clinic   ☐ Fallon Medical Complex   ☐ Spearfish, SD   ☐ Other:

☐ Bismarck, ND   ☐ Glendive   ☐ St. Vincent Healthcare   _____

☐ Bowman, ND   ☐ Miles City   ☐ VA

☐ Dickinson, ND   ☐ Rapid City, SD

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

☐ Allergist   ☐ Gastroenterologist   ☐ Ophthalmologist   ☐ Radiologist

☐ Audiologist   ☐ General surgeon   ☐ Optometrist   ☐ Rheumatologist

☐ Cardiologist   ☐ Geriatrician   ☐ Orthopedic surgeon   ☐ Social worker

☐ Chiropractor   ☐ Mental health counselor   ☐ Pediatrician   ☐ Speech therapist

☐ Dentist   ☐ Neurologist   ☐ Physical therapist   ☐ Substance abuse counselor

☐ Dermatologist   ☐ Neurosurgeon   ☐ Podiatrist

☐ Dietician   ☐ OB/GYN   ☐ Psychiatrist (M.D.)   ☐ Urologist

☐ Endocrinologist   ☐ Occupational therapist   ☐ Psychologist   ☐ Other: _____

☐ ENT(ear/nose/throat)   ☐ Oncologist   ☐ Pulmonologist

27. The following services are available through Fallon Medical Complex. 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
Community Clinic	4	3	2	1	N/A	DK
Emergency room	4	3	2	1	N/A	DK
Fallon County Health Department	4	3	2	1	N/A	DK
Health fair	4	3	2	1	N/A	DK
Hospital	4	3	2	1	N/A	DK
Laboratory	4	3	2	1	N/A	DK
Life Line	4	3	2	1	N/A	DK
Long Term Care (LTC)	4	3	2	1	N/A	DK
Mammography	4	3	2	1	N/A	DK
Physical/Occupational Therapy	4	3	2	1	N/A	DK
Telemedicine (video)	4	3	2	1	N/A	DK
Wibaux Clinic	4	3	2	1	N/A	DK
X-ray	4	3	2	1	N/A	DK

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

☐ Yes   ☐ No

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

☐ Everyday   ☐ Sometimes (3-5 days per month)   ☐ Never

☐ Most days (3-5 days per week)   ☐ Occasionally (1-2 days per month)

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

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

31. 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

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

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

33. 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

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

☐ Yes   ☐ No   ☐ Not applicable

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

☐ Employer sponsored   ☐ Indian Health   ☐ State plan

☐ Health Insurance Marketplace   ☐ Medicaid   ☐ VA/military

☐ Health Savings Account   ☐ Medicare   ☐ None/pay out of pocket

☐ Healthy MT Kids   ☐ Private insurance/private plan   ☐ Other: _____

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

☐ Excellent   ☐ Good   ☐ Fair   ☐ Poor

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

☐ Can't afford to pay for health insurance   ☐ Too confusing/don't know how to apply

☐ Employer does not offer insurance   ☐ Other: _____

☐ Choose not to have health insurance

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

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

Demographics

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

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

☐ 59313 Baker   ☐ 59344 Plevna   ☐ 59354 Willard

☐ 59324 Ekalaka   ☐ 59336 Ismay   ☐ Other: _____

☐ 58643 Marmath, ND   ☐ 59353 Wibaux

40. What is your gender?

☐ Male   ☐ Female   ☐ Non-binary   ☐ Prefer to self-describe: _____

41. What age range represents you?

☐ 18-24   ☐ 45-54   ☐ 75-84

☐ 25-34   ☐ 55-64   ☐ 85+

☐ 35-44   ☐ 65-74

42. What is your employment status?

☐ Work full time   ☐ Homemaker   ☐ Unemployed, but looking   ☐ Other: _____

☐ Work part time   ☐ Student   ☐ Not currently seeking

☐ Retired   ☐ Collect disability   employment

[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 Fallon Medical Complex Services by How Respondents Learn About Healthcare Services

	Excellent	Good	Fair	Poor	Total
Word of mouth	22.1% (15)	45.6% (31)	27.9% (19)	4.4% (3)	**68**
Friends/family	24.6% (16)	43.1% (28)	29.2% (19)	3.1% (2)	**65**
Healthcare provider	31.5% (17)	50.0% (27)	14.8% (8)	3.7% (2)	**54**
Newspaper	18.0% (9)	50.0% (25)	24.0% (12)	8.0% (4)	**50**
Social media	20.4% (10)	44.9% (22)	30.6% (15)	4.1% (2)	**49**
Health fair	31.7% (13)	48.8% (20)	19.5% (8)	-	**41**
Public Health	26.1% (6)	47.8% (11)	26.1% (6)	-	**23**
Website/internet	27.8% (5)	38.9% (7)	33.3% (6)	-	**18**
Radio	35.3% (6)	23.5% (4)	41.2% (7)	-	**17**
Mailings/newsletter	25.0% (2)	37.5% (3)	37.5% (3)	-	**8**
Posters/flyers	33.3% (2)	33.3% (2)	33.3% (2)	-	**6**
Presentations	50.0% (1)	50.0% (1)	-	-	**2**
City kiosk (SMART)	-	100.0% (1)	-	-	**1**
Other	50.0% (2)	-	-	50.0% (2)	**4**

Yellow Pages removed from method of learning about services (first column) due to non-response.

Delay or Did Not Get Need Healthcare Services by Residence

	Yes	No	Total
59313 Baker	35.6% (31)	64.4% (56)	**87**
59344 Plevna	-	100.0% (6)	**6**
59353 Wibaux	25.0% (1)	75.0% (3)	**4**
59324 Ekalaka	-	100.0% (2)	**2**
58643 Marmath, ND	-	100.0% (2)	**2**
59336 Ismay	50.0% (1)	50.0% (1)	**2**
Other	-	100.0% (1)	**1**
TOTAL	**31.7% (33)**	**68.3% (71)**	**104**

59354 Willard removed from residence (first column) due to non-response.

Location of primary care clinic most utilized by residence

	Billings Clinic (Billings)	Billings Clinic (Miles City)	Bismarck, ND	Bowman, ND	Dahl Memorial (Ekalaka)	Dickinson, ND	Fallon Medical Complex	Glendive	Holy Rosary	Rapid City, SD	Spearfish, SD	Other	TOTAL
59313 Baker	-	10.1% (9)	1.1% (1)	1.1% (1)	3.4% (3)	3.4% (3)	47.2% (42)	-	10.1% (9)	2.2% (2)	-	21.3% (19)	**89**
59344 Plevna	-	-	-	-	-	-	83.3% (5)	-	16.7% (1)	-	-	-	**6**
59353 Wibaux	-	-	-	-	-	-	25.0% (1)	25.0% (1)	-	-	-	50.0% (2)	**4**
59324 Ekalaka	50.0% (1)	-	-	-	-	-	-	-	-	-	50.0% (1)	-	**2**
59336 Ismay	-	-	-	-	-	-	-	-	50.0% (1)	-	-	50.0% (1)	**2**
58643 Marmath, ND	-	-	-	-	-	-	-	-	-	-	-	100.0% (1)	**1**
TOTAL	**1.0% (1)**	**8.7% (9)**	**1.0% (1)**	**1.0% (1)**	**2.9% (3)**	**2.9% (3)**	**46.2% (48)**	**1.0% (1)**	**10.6% (11)**	**1.9% (2)**	**1.0% (1)**	**22.1% (23)**	**100.0% (104)**

St. Vincent Healthcare and VA removed from primary care clinic location (top row) due to non-response. 59354 Willard and Other removed from residence (first column) due to non-response.

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

	Billings Clinic	Billings Clinic (Miles City)	Bismarck, ND	Bowman, ND	Dahl Memorial (Ekalaka)	Dickinson, ND	Fallon Medical Complex	Glendive	Holy Rosary	Rapid City, SD	Spearfish, SD	Other	TOTAL
Closest to home	-	5.3% (3)	-	-	3.5% (2)	1.8% (1)	64.9% (37)	-	3.5% (2)	1.8% (1)	-	19.3% (11)	57
Appointment availability	-	5.1% (2)	2.6% (1)	-	2.6% (1)	-	56.4% (22)	2.6% (1)	12.8% (5)	2.6% (1)	-	15.4% (6)	39
Prior experience with clinic	-	5.3% (2)	2.6% (1)	-	2.6% (1)	-	55.3% (21)	-	15.8% (6)	2.6% (1)	2.6% (1)	13.2% (5)	38
Clinic/ provider's reputation for quality	-	11.4% (4)	2.9% (1)	-	5.7% (2)	-	31.4% (11)	-	20.0% (7)	2.9% (1)	-	25.7% (9)	35
Recommended by family or friends	-	5.9% (1)	5.9% (1)	-	-	11.8% (2)	52.9% (9)	-	11.8% (2)	-	-	11.8% (2)	17
Referred by physician or other provider	-	7.7% (1)	7.7% (1)	-	-	7.7% (1)	30.8% (4)	-	-	7.7% (1)	7.7% (1)	30.8% (4)	13
Privacy/ confidentiality	10.0% (1)	10.0% (1)	-	-	-	-	20.0% (2)	-	40.0% (4)	-	-	20.0% (2)	10
Cost of care	-	-	-	-	-	-	25.0% (1)	-	50.0% (2)	-	-	25.0% (1)	4
Required by insurance plan	-	-	-	-	-	-	-	-	33.3% (1)	-	-	66.7% (2)	3
Other	-	12.5% (1)	-	12.5% (1)	12.5% (1)	-	-	12.5% (1)	-	-	-	50.0% (4)	8

Indian Health Services and VA/Military requirement removed from reason for primary clinic selection (first column) due to non-response. St. Vincent Healthcare and VA removed from primary care clinic location (top row) due to non-response.

Location of most utilized hospital by residence

	Billings Clinic (Billings)	Billings Clinic (Miles City)	Bismarck, ND	Dickinson, ND	Fallon Medical Complex	Glendive	Holy Rosary	Spearfish, SD	St. Vincent Healthcare	Other	Total
59313 Baker	21.3% (13)	1.6% (1)	3.3% (2)	-	31.1% (19)	3.3% (2)	13.1% (8)	1.6% (1)	4.9% (3)	19.7% (12)	**61**
59344 Plevna	-	-	-	-	75.0% (3)	-	-	-	-	25.0% (1)	**4**
59353 Wibaux	-	-	-	33.3% (1)	33.3% (1)	33.3% (1)	-	-	-	-	**3**
59324 Ekalaka	-	-	-	-	-	-	-	100.0% (1)	-	-	**1**
59336 Ismay	-	-	-	-	-	-	-	-	100.0% (1)	-	**1**
58643 Marmath, ND	100.0% (1)	-	-	-	-	-	-	-	-	-	**1**
Other	-	-	-	-	-	-	-	-	-	100.0% (1)	**1**
TOTAL	**19.4% (14)**	**1.4% (1)**	**2.8% (2)**	**1.4% (1)**	**31.9% (23)**	**4.2% (3)**	**11.1% (8)**	**2.8% (2)**	**5.6% (4)**	**19.4% (14)**	**100.0% (72)**

Bowman, ND and Rapid City, SD removed from hospital location (top row) due to non-response. 59354 Willard removed from residence (first column) due to non-response.

Location of most recent hospitalization by reasons for hospital selection

	Billings Clinic	Billings Clinic (Miles City)	Bismarck, ND	Dickinson, ND	Fallon Medical Complex	Glendive	Holy Rosary	Spearfish, SD	St. Vincent Healthcare	Other	Total
Prior experience with hospital	15.0% (6)	-	2.5% (1)	-	37.5% (15)	7.5% (3)	10.0% (4)	2.5% (1)	2.5% (1)	22.5% (9)	**40**
Closest to home	6.7% (2)	-	3.3% (1)	3.3% (1)	63.3% (19)	3.3% (1)	6.7% (2)	3.3% (1)	-	10.0% (3)	**30**
Referred by physician or other provider	30.0% (9)	-	-	3.3% (1)	13.3% (4)	6.7% (2)	20.0% (6)	-	10.0% (3)	16.7% (5)	**30**
Emergency, no choice	25.0% (6)	-	4.2% (1)	-	50.0% (12)	-	4.2 (1)	-	4.2% (1)	12.5% (3)	**24**
Hospital's reputation for quality	13.0% (3)	-	8.7% (2)	-	17.4% (4)	-	13.0% (3)	8.7% (2)	4.3% (1)	34.8% (8)	**23**
Recommended by family or friends	33.3% (3)	-	11.1% (1)	-	22.2% (2)	-	-	11.1% (1)	-	22.2% (2)	**9**
Closest to work	-	-	-	-	80.0% (4)	-	-	-	-	20.0% (1)	**5**
More privacy	-	-	-	-	-	-	80.0% (4)	-	-	20.0% (1)	**5**
Required by insurance plan	33.3% (1)	-	-	33.3% (1)	-	-	-	-	-	33.3% (1)	**3**
Financial assistance programs	-	-	-	-	50.0% (1)	-	50.0% (1)	-	-	-	**2**
Cost of care	-	-	-	-	-	-	-	-	-	100.0% (1)	**1**
Other	14.3% (2)	7.1% (1)	-	-	21.4% (3)	7.1% (1)	7.1% (1)	7.1% (1)	-	35.7% (5)	**14**

VA/Military requirement removed from reason for hospital selection (first column) due to non-response. Bowman, ND and Rapid City, SD removed from hospital location (top row) due to non-response.

Location of most recent hospitalization by hospital services utilized

	Billings Clinic	Billings Clinic (Miles City)	Bismarck, ND	Dickinson, ND	Fallon Medical Complex	Glendive	Holy Rosary	Spearfish, SD	St. Vincent	Other	Total
Emergency room	18.6% (8)	-	2.3% (1)	-	44.2% (19)	4.7% (2)	9.3% (4)	-	2.3% (1)	18.6% (8)	43
Laboratory tests	21.4% (9)	-	2.4% (1)	2.4% (1)	31.0% (13)	4.8% (2)	14.3% (6)	2.4% (1)	4.8% (2)	16.7% (7)	42
Inpatient stay	28.0% (7)	-	-	-	28.0% (7)	4.0% (1)	8.0% (2)	4.0% (1)	4.0% (1)	24.0% (6)	25
Radiology	20.8% (5)	-	4.2% (1)	4.2% (1)	33.3% (8)	-	12.5% (3)	-	-	25.0% (6)	24
General surgery	19.0% (4)	-	9.5% (2)	-	4.8% (1)	4.8% (1)	14.3% (3)	9.5% (2)	14.3% (3)	23.8% (5)	21
Outpatient surgery	13.3% (2)	6.7% (1)	6.7% (1)	-	6.7% (1)	13.3% (2)	20.0% (3)	-	13.3% (2)	20.0% (3)	15
Physical therapy	14.3% (2)	-	7.1% (1)	-	42.9% (6)	-	14.3% (2)	-	-	21.4% (3)	14
Observation	25.0% (3)	-	-	-	33.3% (4)	8.3% (1)	-	8.3% (1)	-	25.0% (3)	12
Orthopedic surgery	40.0% (4)	-	-	-	10.0% (1)	-	-	10.0% (1)	10.0% (1)	30.0% (3)	10
OB/GYN	11.1% (1)	-	11.1% (1)	-	11.1% (1)	-	22.2% (2)	11.1% (1)	-	33.3% (3)	9
ICU	50.0% (3)	-	-	-	-	-	16.7% (1)	-	-	33.3% (2)	6
Occupational therapy	20.0% (1)	-	-	-	60.0% (3)	-	-	-	-	20.0% (1)	5
Oncology	50.0% (2)	-	-	-	25.0% (1)	-	-	-	-	25.0% (1)	4
Hospice	-	-	-	-	100.0% (1)	-	-	-	-	-	1
Respite care	-	-	-	-	-	-	-	-	-	100.0% (1)	1
Other	42.9% (3)	-	-	-	14.3% (1)	14.3% (1)	14.3% (1)	14.3% (1)	-	-	7

Bowman, ND and Rapid City, SD removed from hospital location (top row) due to non-response.

Appendix G- Responses to Other & Comments

2. In the following list, what do you think are the **three most serious** health concerns in your community? (Select ONLY 3)
- Lack of decent healthcare.
- Sorry I picked too many
- Child-care/ Daycare

*Responses when more than 3 were selected (3 participants):
- Alcohol abuse/substance abuse (2)
- Alzheimer's/dementia (2)
- Cancer (2)
- COPD - Lung health (1)
- Depression/anxiety (2)
- Diabetes (2)
- Heart disease (1)
- Hunger (1)
- Lack of access to healthcare (1)
- Lack of dental care (2)
- Mental health issues (2)
- Overweight/obesity (1)
- Social isolation/loneliness (1)
- Suicide (1)
- Tobacco use (cigarettes, vaping, smokeless) (1)
- Trauma/Adverse Childhood Experiences (ACES) (1)
- Work/economic stress (1)

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

*Responses when more than 3 were selected (2 participants):
- Access to healthcare and other services (1)
- Access to healthy foods (1)
- Good jobs and a healthy economy (2)
- Good schools (2)
- Healthy behaviors and lifestyles (2)
- Parks and recreation (1)
- Strong family life (1)

5. How do you learn about the health services available in our community?
- Past experience
- Work (2)
- None

6. Which community health resources, other than the hospital or clinic, have you used in the last three years?
- Travel- Medicare Services
- None
- Physical therapy (PT)
- Most Medical Apts.

7. In your opinion, what would improve our community's access to healthcare?
- Improved discharge planning, explain and pharmaceutical drugs and side effects
- Older, experienced MD's
- Cost!
- More services available
- Hire local providers
- Accurate Billing
- Walk-in Clinic - Saturdays
- New CEO and an actual doctor instead of PAs
- Quality primary care providers

8. If Fallon Medical Complex were to offer any of the following classes/programs to the community, which would you be most interested in attending?
- Teach people how to take care of babies and keep a home that don't look like a pig pen.
- Coffee social time
- Suicide presentation in our schools.

9. What additional healthcare services would you use if available locally?
- Home health services
- Hospital

11. Preventive testing and services help to prolong lifespan and can lead to early diagnosis of serious health problems. Which of the following services have you used in the past year?
- None in Baker, MT
- EKG, Echo
- Blood and urine tests

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

- Aware of a problem and they didn't really help
- Calls not returned
- COVID
- Not good experiences w/this facility (Baker).
- Rude provider, not listening, very rough, uncaring
- Provider wouldn't prescribe needed medication

*Responses when more than 3 were selected (0 participants):
- No participants selected more than 3 choices.

16. Where was that primary healthcare provider located? (Select ONLY 1)
- Beach Clinic
- Sidney, MT
- Beach, ND
- Fort Collins, CO
- Dr. Rauh- Miles City

*Responses when more than 1 was selected (20 participants):
- Billings Clinic (Billings) (8)
- Billings Clinic (Miles City) (7)
- Bismarck, ND (2)
- Dahl Memorial (Ekalaka) (2)
- Dickinson, ND (4)
- Fallon Medical Complex (16)
- Glendive (2)
- Holy Rosary (5)
- Rapid City, SD (1)
- Spearfish, SD (1)
- St. Vincent Healthcare (6)

17. Why did you select the primary care provider you are currently seeing?
- Heisan MD
- Lower cost/Copay
- My other left
- Only PA's in Baker
- Previous doctor retired
- They actually listen to me
- Consistent care and knowledge of me and my health
- Don't care for Fallon Medical

18. If you needed primary care services in the future, which facility would you use? (Select ONLY 1)
- The closest - depends on needed care
- Beach, ND

- Benefis Health System Great Falls

*Responses when more than 1 was selected (15 participants):
- Billings Clinic (Billings) (6)
- Billings Clinic (Miles City) (7)
- Bismarck, ND (2)
- Dahl Memorial (Ekalaka) (3)
- Dickinson, ND (3)
- Fallon Medical Complex (9)
- Holy Rosary (4)
- St. Vincent Healthcare (4)

20. If yes, which hospital does your household use MOST for hospital care? (Select ONLY 1)
- Sidney, MT (2)
- Dahl Memorial (Ekalaka) (3)
- Was Holy Rosary, switching to Dickinson
- Ortho Montana

*Responses when more than 1 was selected (11 participants):
- Billings Clinic (Billings) (5)
- Billings Clinic (Miles City) (2)
- Bismarck, ND (2)
- Dickinson, ND (2)
- Fallon Medical Complex (3)
- Holy Rosary (4)
- Rapid City, SD (1)
- St. Vincent Healthcare (2)

21. Thinking about the hospital you were at most frequently, what were the **three** most important reasons for selecting that hospital? (Select ONLY 3)
- Felt additional diagnostics may be needed than local hospital.
- VA referral
- Specialist practices there (surgery)
- Lower cost/Copay
- Available services
- Closest surgeon
- Baker doesn't have care for broken bones.
- Caring staff
- Access to inpatient mental health services
- Doctor returns calls and is empathetic and caring
- Doctors
- Quality Care
- Specialized Doctors

*Responses when more than 3 were selected (2 participants):
  – Closest to home (2)
  – Closest to work (1)
  – Hospital's reputation for quality (2)
  – Prior experience with hospital (2)
  – Recommended by family or friend (1)
  – Referred by physician or other provider (1)

22. What hospital services were utilized during your hospital care?
  – Emergency C-Section
  – Colonoscopy
  – Cardiac
  – Cardiac ward
  – Inpatient mental health facility
  – Outpatient
  – Podiatric Surgery, Cardiac MRI

23. If you needed emergency medical services in the future, which facility would you use?
(Select ONLY 1)
  – Depends where I am when I need it. Many apply
  – Ekalaka
  – Ortho
  – EKG Echocardiogram oxygen
  – Campbell Co. Health Gillette, WY
  – Depends on the severity of care needed
*Responses when more than 1 was selected (7 participants):
  – Billings Clinic (Billings) (1)
  – Billings Clinic (Miles City)
  – Bismarck, ND (1)
  – Dahl Memorial (Ekalaka) (1)
  – Dickinson, ND (1)
  – Fallon Medical Complex (4)
  – Holy Rosary (4)

25. Where was the healthcare specialist seen?
  – Cardiovascular consultants which uses St. Vincent's for hospital services.
  – Bozeman
  – Private cardiologist
  – Sidney (3)
  – Billings
  – Sanford, Bismarck
  – Gillette, WY

- Sidney Health Center
- Ortho Montana (2)
- Ekalaka
- Orthopedic at Holy Rosary
- Livingston Healthcare
- Bismarck and Miles City and St. Vincent Healthcare
- Sidney MT, Roder Hearing Clinic Billings MT
- Cardiovascular Consultants of Montana

26. What type of healthcare specialist was seen?
- Vascular Dept, Nephrologist - All for hypertension
- Sleep study
- Internal medicine
- Vascular

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

*Responses when more than 1 was selected (12 participants):
- Employer sponsored (1)
- Health Insurance Marketplace (2)
- Healthy MT Kids (1)
- Medicaid (1)
- Medicare (12)
- Private insurance/private plan (7)
- None/pay out of pocket (1)

37. If you **do NOT** have medical insurance, why?
- Health Insurance is too expensive self/pay/cost sharing program is better.
- Self employed- share system for medical bias

39. Where do you currently live, by zip code?
- Beach, ND 58621

40. What is your gender? Prefer to self-describe:
- No responses

42. What is your employment status?
- Social security
- Semi-retired
- Seasonal

- Self Employed (2)

*Responses when more than 1 was selected (2 participants):
- Work part time (2)
- Retired (1)
- Homemaker (1)
- Student (1)

General comments
- (Q4)
  - Selected both "Fair" and "Poor" and wrote "in between"
- (Q6)
  - Selected "Public health" and wrote "Preventive health foot care clinic"
- (Q8)
  - Selected "Grief counseling" and wrote "Hospice services"
- (Q11)
  - Selected "Dental exam" and wrote "for my children only they don't take adults with Medicaid"
- (Q12)
  - Selected "Very important" and wrote "Extremely!!"
  - Selected "Important" and wrote "if they can provide quality care"
- (Q18)
  - Selected "Fallon Medical Complex" and wrote "1st choice FMC if need to refer to qualified services – Billings SCL usually"
  - Selected "Holy Rosary" and wrote "with current provider"
  - Selected "Fallon Medical Complex" and wrote "already switched to Baker"
- (Q20)
  - Selected "Fallon Medical Complex" and wrote "only if emergency"
- (Q21)
  - Selected "Prior experience with hospital" and wrote "and doctors"
- (Q23)
  - Selected "Fallon Medical Complex" and wrote "depends what for"
- (Q27)
  - For service "Telemedicine (video)" selected "N/A" and wrote "not offered"
  - For service "Health fair" selected "1" and wrote "Not having one!"
- (Q28)
  - Selected "Yes" and wrote "my husband passed in November"
  - Selected "Yes" and wrote "Eastern Montana people do not get enough sun"
  - Selected "Yes" and wrote "for years"
- (Q36)
  - Selected "Excellent" and wrote "with follow up calls and fights!"

- (Q38)
    - Selected both "No" and "Not sure" and wrote "Like what?"
- (Q42)
    - Selected "Work part time" and wrote "I have a child with special needs"
- General comments
    - At top of survey wrote "Self and Spouse"
    - "I would not go to Baker because they fly people out so often – I would and have recently gone to Billings in emergency but not life-threatening accident."

Appendix H- Focus Group and Key Informant Interview - Questions

Purpose: The purpose of focus group and 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- Focus Group and Key Informant Interview - Transcripts

Focus Group #1
Wednesday, April 6, 2022 – Fallon Medical Complex– Baker, MT
8 participants

1. How do you feel about the general health of your community?
   - I think we are in a period of recovery by virtue of COVID and that has changed many other aspects of care. Influenza has been largely down in our community and that is also a result of COVID procedures. It also appears that people have been neglecting more of their preventive care which includes healthy eating (cholesterol/blood pressure management) and physical activity.
   - Suicide has been an issue among our youth and mental health in general has been a huge concern across the nation. Mental health support often requires travel outside of the community and some of these younger people don't have the ability to drive/travel. Increasing mental health resources and access is critical for the communities health overall.
   - I would guess that almost half of the activities that the police force responds to involve some sort of alcohol or substance use and they often don't have the appropriate resources or training.
   - The district court is trying to increase mental health services and drug treatment resource programs within the community.
   - We should look at ways to fast-track people into counselor/mental health support type professions without having to have a master's degree or similar.
   - It would be beneficial if we had a confidential way that people could come and go from the hospital if they were accessing mental health services. People would be much more likely to take advantage of those type of services if they were less afraid of the stigma associated with getting mental health support.
   - Telehealth has worked quite well for mental health appointments and it allows people to access services without having to travel.
   - Financing has been an issue for recruiting mental health professionals.
   - Mental health has mainly been supported through the public health office but finding ways to get the hospital more involved would be largely beneficial.

2. What are your views/opinions about these local services:
   - Hospital/clinic:
     - I like our hospital and clinic and I feel very positive about them both. We have a good core facility with excellent personnel, but we also have some things that can certainly be improved and polished.
   - EMS Services (ER/Ambulance)
     - Both services have done a superb job and they always have a well-trained individual ready and available.
     - The response time of the ambulance is very good and I think the average is around 12 minutes within town. It obviously varies if travel is outside of town but the response in general is quite good.
   - Public/County Health Department
     - They are great with answering questions and they keep track of and issue immunizations. They have been very efficient with all things COVID as well, including vaccinations and testing.
     - They have been a great resource in our community throughout the pandemic.
     - Public health in conjunction with the hospital/clinic is crucially important for the health of the community.
     - Public health really has functioned as a hospice program for our community.
   - Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
     - I think we need more transportation for out-of-town appointments and services.
     - There is a bus that is available to take individuals out of town as long as they can get in and out by themselves. Our senior center has been great with engaging seniors in outreach activities and also fitness/exercise classes.
     - The Council on Aging is also great with insurance and medication assistance for seniors.
     - I would like to see a hospice program brought into the community. It is difficult to maintain in a small community however, because some years you may have no individuals needing the services.
     - There are no 24-hour caregiving services in the area.
   - Services for Low-Income Individuals/Families
     - We do not have many low-income services available within the community.
     - The senior center runs a food bank. The schools also have a competition once a year to see who can gather the most canned foods/goods.
     - Business owners put together Thanksgiving meals for the community and that is run through the senior center as well.

- There is still a program for transient individuals through some of the local churches.

3. What do you think are the most important local healthcare issues?
   - Mental health
   - Increasing access to healthcare services at FMC.
   - Active lifestyles and providing education around fitness/nutrition.
   - Improving the available programs and activities for health and wellness.
   - We need daycare services in the community.
   - Medical providers often have to overprescribe (labs, x-rays, etc.,) for fear of being sued/malpractice and the cost falls on the patients.

4. What other healthcare services are needed in the community?
   - It is very convenient that insurance will now cover phone call visits with our doctors for general health checkups and it affords people the ability to not have to travel.
   - Dietician and related nutritional services to address chronic diseases like diabetes, high blood pressure, and cholesterol
   - Even counseling services for people who would like to address weight loss and healthier lifestyles.
   - Cardiac rehab services that also involve patient education.
   - Recruiting a speech therapist to FMC.
   - Increased alcohol and substance abuse services within Baker.

5. What would make your community a healthier place to live?
   - Providing outreach and education regarding healthy lifestyles and nutrition.
   - It is largely up to individuals, but the community can provide resources.
   - Increasing locally grown produce as it can be difficult for our community to get some of those healthier food options.
   - We already have many of the resources (pool, indoor fitness center, etc.,) but we need to increase outreach to improve the access.

Focus Group #2
Wednesday, April 20, 2022 – Fallon Medical Complex – Baker, MT
2 participants

1. How do you feel about the general health of your community?
   - I think we're generally healthy.
   - We're fairly active like normal people. I mean we're nothing like Bozeman with a lot of hikers, but I think we're normal!
   - I think we might have some weight issues.
   - Smoking isn't really a big around here anymore.

2. What are your views/opinions about these local services:
   - Hospital/clinic:
       - I'm glad Fallon Medical is here. There have been some political issues lately that's pretty concerning.
       - We have a high amount of traveling providers.
       - It's important that the community have a healthcare facility locally. The biggest problem is getting a provider to stay here consistently.
   - EMS Services (ER/Ambulance)
       - Knock on wood I haven't had experience with the ambulance, but as far as I know its good.
       - If it's a volunteer service, I think it should be supported by the county. Its good as long as we have enough volunteers. There'll be times that if there are multiple events, it strains the system and makes it challenging for triaging.
       - I've always had good experiences with the emergency room though.
       - ER has been quick to respond with the events I've had and send you on your way!
   - Public/County Health Department
       - Good – I haven't had any bad experiences, but I've mainly used them for vaccinations and children's vaccination.
       - I think they do some elder care like toenails.
       - I think they also do flu shots at school and health fairs. They are even involved in local employer health fairs.
   - Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
       - We don't have home health services.
       - We have a nursing home, but I don't know much about them lately. They have a nice facility. COVID sure put a strain on it the nursing home though.

- Fallon County has a bus where you just pay $1 and you can ride it. I think they do trips out of area once a month.
- Services for Low-Income Individuals/Families
  - County health does some of this kind of stuff. Other than that, I'm ignorant on these services though.
  - The Center on Aging has the RSVP which is the Retired Senior Volunteer Program.
  - We also have a food bank and Meals on Wheels.

3. What do you think are the most important local healthcare issues?
    - We need some doctors that stay – not just nurse practitioners and PAs, but actual medical doctors too. I miss the longevity of our former providers.
    - It's important to have that relationship with a consistent provider since they know your medical history.
    - To me, the local people leaving the facility is sad because they don't like the administration.

4. What other healthcare services are needed in the community?
    - We don't have a radiologist, so everything has to be sent off.
    - You can't have babies here, but not sure we'd ever get that capability back. But if we had a storm like last week and someone was pregnant we're over three hours from a larger hospital.
    - There is some telemedicine available here so community members can talk with doctors.

5. What would make your community a healthier place to live?
    - I think "healthy" is a personal choice.
    - We have a lot of tools available - We have the walking path and fitness center
    - We have one grocery store with produce, fruits, vegetables. But maybe nutrition and fitness education would be helpful. While we have the fitness center, there's really no one to show you what to do. Perhaps some free and/or low-cost options for people who don't know where to start.
    - I know the physical therapy is overloaded and you have to pay and also be referred to it.

Key Informant Interview #1
Friday, April 1, 2022
Anonymous – Via phone interview

1. How do you feel about the general health of your community?
    - I think it's over all pretty good, however I'm not sure people utilize the services we have available locally as often as they could or should.
    - I feel like we have some people avoiding care when they need, and then it snowballs into larger problems.
    - Our community in general is having tough time with workforce.

2. What are your views/opinions about these local services:
    - Hospital/clinic:
        - I think Fallon Medical Complex is good, however there are certain things that people would like offered locally. But I'm not sure it's feasible or sustainable to have all the services.
        - Things like respiratory therapy is not available locally.
    - EMS Services (ER/Ambulance)
        - The emergency room is handy to have locally.
        - The ambulance does a really good job, but I'm not sure how far out they travel. They are volunteer-based and it's always nice to see these people out in the community.
    - Public/County Health Department
        - I'm learning more and more about what all they offer! It's pretty interesting.
        - They do a lot of vaccinations and physicals for school age kids.
        - They really stepped up with COVID.
        - I appreciate that they help when people go home from the hospital. They can help with things like groceries and medications.
        - I'm not sure how many actually work at the health department.
    - Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
        - I know just a little about senior services in this area.
        - They recently revamped the senior center – now it's more comfortable and appealing. They offer a foot clinic once a month or so. And also offer games and coffee which are great for the social aspect.
        - We have a community bus – I'm not sure if they have to pay for the rides – but they help seniors get to the clinic for appointments. They also give rides to Miles City!
        - Assisted living is good, but I think workforce is challenging for them.

- There's respite care and a nursing home available through Fallon Medical Complex.
- Services for Low-Income Individuals/Families
  - I don't know a lot about low income services in this area. I think there's some ability to sign up for food stamps and I think we have a food pantry.

3. What do you think are the most important local healthcare issues?
   - A lot of people are having a tough time with people holding a position for a long time – like it's been a certain way for so long. It makes it challenging for recruitment of things like hospital board, staffing, etc.
   - Workforce is really hard in rural communities. A lot of administrative positions are hard to split.

4. What other healthcare services are needed in the community?
   - This is a need, but I also know it's challenging. We could use outpatient speech therapy, but I know it would likely be challenging to build caseload since speech therapy is also offered through schools. But currently you'd have to drive to Miles City for outpatient speech therapy.
   - Cardiac rehab is a service that there's a lot of interest in, but it would be challenging to recruit for and maintain equipment.
   - Respiratory therapy is a need.
   - More mental health awareness/counseling would be nice. There are a few providers that travel.

5. What would make your community a healthier place to live?
   - Having more activity or adventures outside – granted its cold most of the year!
   - Additional health education classes for various fitness levels, nutrition, etc. for middle school age kids through adults. I know we have health classes, but I don't think they dive enough into things like preparing meals.
   - Really just taking preventive measures would make us healthier.

Key Informant Interview #2
Monday, April 4, 2022
Anonymous – Via phone interview

1. How do you feel about the general health of your community?
   - I would say overall it's pretty good.

2. What are your views/opinions about these local services:
    - Hospital/clinic:
        - The hospital and clinic are very needed in this community.
        - I would feel awful if something happened and the services were no longer available.
        - We don't have specialty care that a lot of elderly need.
        - We have some traveling doctors, but not a lot. There's also some telemedicine capabilities set up.
    - EMS Services (ER/Ambulance)
        - We have a good ambulance service! I think they're finally getting paid staff members, so it'll not only be volunteers.
        - There's such a struggle to find workforce! There are no paramedics here and it's a need!
    - Public/County Health Department
        - *Not asked.*
    - Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
        - We have a nursing home and Superior Care – which is an assisted living facility here. I think Superior Care struggles to find workforce.
        - The nursing home is excellent.
        - Council on Aging does a fantastic job with the senior center.
        - There's a new home health aide locally now for things like house cleaning etc.
    - Services for Low-Income Individuals/Families
        - Services for low-income individuals and families are challenging to access locally. We used to have an Office of Public Assistance, but when retirements happened, they didn't fill the positions. The next closest office for the Supplemental Nutrition Assistance Program (SNAP) and Medicaid is in Miles City. They can help with the Women, Infant, and Children program locally at the health department.
        - We really struggle with low-income housing. There's one apartment complex that's full and applications must go through Glendive.

3. What do you think are the most important local healthcare issues?
    - Mental health is the biggest issue locally. I would say it is a persistent issue but COVID has really exacerbated mental health.

4. What other healthcare services are needed in the community?
   - We need more mental health providers to care for people across the lifespan. A lot of people currently have to go out of town to access mental health services.
   - Our mental health counselor comes from Miles City every two weeks and she is slammed.
   - I can't think of anything else though besides an Office of Public Assistance and our low-income housing needs.
5. What would make your community a healthier place to live?
   - This is a hard question being that we're in a frontier county.
   - In an ideal world, it would be nice to have a standalone, multi-purpose building (i.e., gym, pool, walking track, meeting space for things like lifestyle classes, senior activity space, youth division). It would be important that it's truly community based.
   - I would also like to see more things to do. There's not a lot encouraging seniors to be active.

Key Informant Interview #3
Friday, April 8, 2022
Anonymous – Via phone interview

1. How do you feel about the general health of your community?
   - This is a hard question.
   - I think the men around here are less likely to seek out care.
   - We also have an older community and with age, comes more health problems.
   - With that, I would say we're not very healthy or moderately healthy.

2. What are your views/opinions about these local services:
   - Hospital/clinic:
      - I think that we have a pretty good, little hospital considering our area.
      - They offer a lot of good services.
      - They are quick to refer out and discharge, but could benefit from better communications.
   - EMS Services (ER/Ambulance)
      - Our ambulance service is great, but I wish we had more of mix of volunteer and paid staff.
      - They are very quick to respond though.

- Public/County Health Department
    - I think the health department is pretty good. They communicate well and post a lot of updates on Facebook.
    - They are closed on Fridays, though, which impacts labs.
- Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
    - Think our senior services are pretty good.
    - We have a Meals on Wheels program that is a great option for those who cannot get out on their own.
    - We have the Fallon Flyer Bus, that maybe goes to Miles City for a small fee. I'm not confident though.
    - There's also a long term care side of Fallon Medical Complex.
    - Superior Care is a good place if you don't need the nursing home just yet
    - Not sure we need anything else for seniors considering all of those!
- Services for Low-Income Individuals/Families
    - Services for low-income people are lacking in this area.
    - If you want to apply for a lot of things, you have to go to the office in Miles City.
    - Housing is really challenging to find. We're a pipeline community so we really should have more options. We have about 200 new pipeliners coming to town that take up RV and rental spots. That makes it really challenging if you have a life event and need to find somewhere else. Not everyone makes a pipeline wage, but prices are still going up!
    - We have a WIC office which is great.
    - We have a really nice grocery store, but prices going up I'm sure because of COVID, supply chain issues, and the pipeliners. They don't have the deli any longer which is a bummer for a quick meal.

3. What do you think are the most important local healthcare issues?
    - Mental health is a challenge here! Oftentimes there's no one accepting referrals. And being so small, I'm not sure everyone is comfortable accessing mental health care locally.
    - I don't know if this is within the scope of this project, but we don't have a place for real probation officers. They only do patches and don't have anywhere to do urine tests locally. The closest offices are in Glendive and Miles City.
    - We used to have Alcoholics Anonymous (AA) and Narcotics Anonymous, but I'm not sure these are available anymore.

4. What other healthcare services are needed in the community?
   - Counseling is a need in this area. We only have one counselor that comes here and also some telemental health options. We're really rural and secluded, and not a lot of people want to travel out for these kind of services.
   - We could use anything that's involved with alcohol/substance abuse.
   - Fallon County could benefit from Cardiac Rehabilitation. Heart disease is very prevalent, and having that accessible would help with compliance and quality of life for those who suffer from this ailment. I believe that we used to have cardiac rehab at our local hospital several years ago. Not sure if it's because lack of MD's or DO's.
   - Which brings another problem that not only our rural area lacks, but I'm sure many places, is consistent staff. We have a few full-time mid-levels, but only have traveling higher level providers. That is something that many people in our small community miss. As we had one doctor who started and then retired here. We don't have the continuity of care like we used to.

5. What would make your community a healthier place to live?
   - I know a lot of people push for an urgent care facility.
   - People just want to be able to access care locally.
   - Affordable housing would be helpful. We have cowpies and sagebrush, but we're still paying high prices!
   - Enhanced telemedicine would be nice. Fallon Medical Complex is connected with Billings Clinic, so if you see a Billings Clinic provider, you can go to FMC and do telemedicine, but if you see a doctor through St. Vincent's (because Miles City refers to St. Vincent's) you can't do telemedicine locally.

Appendix J- Request for Comments

Written comments on this 2022 Community Health Needs Assessment Report can be submitted to Fallon Medical Complex:

> Fallon Medical Complex
> Quality Department
> PO Box 820
> Baker, MT 59313

Contact Judy McWilliams, CPHQ /Quality Department at 406-778-5447 or jkmcwill@fallonmedical.org with questions.