



# 2022

## COMMUNITY HEALTH NEEDS ASSESSMENT

**Cut Bank, Montana**

*Assessment conducted by **Logan Health Cut Bank** in  
cooperation with the Montana Office of Rural Health*

**LOGAN**  
HEALTH

Cut Bank



Office of Rural Health  
Area Health  
Education Center

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# INTRODUCTION

# Introduction

Logan Health Cut Bank (LHCB), formerly Northern Rockies Medical Center, is a 20-bed nonprofit Critical Access Hospital (CAH) and rural health clinic based in Cut Bank, Montana. Logan Health Cut Bank serves Glacier County of just under 3,000 square miles and provides medical services to a service population of approximately 13,640 people. Logan Health Cut Bank provides both hospital and clinic services to Cut Bank and surrounding communities; with most of the County’s populated communities located along US 2 or US 89. Glacier County, located in northwestern Montana, is geographically and culturally diverse and includes both Glacier National Park as well as the Blackfeet Indian Reservation.

Logan Health Cut Bank offers a wide array of services including lab, diagnostic imaging, a rural health clinic, emergency services, and physical/occupational therapies. Additionally, LHCB provides visiting outreach physicians who specialize in cardiology, orthopedics, neurology, gastroenterology, perinatology, and general surgery.

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



**Mission:** Logan Health Cut Bank provides quality healthcare that serves our communities in a private, safe and caring environment.

**Vision:** Logan Health Cut Bank will be the provider of choice, setting the standard for quality healthcare for our region.

Logan Health Cut Bank 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 January 2022, LHCB’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

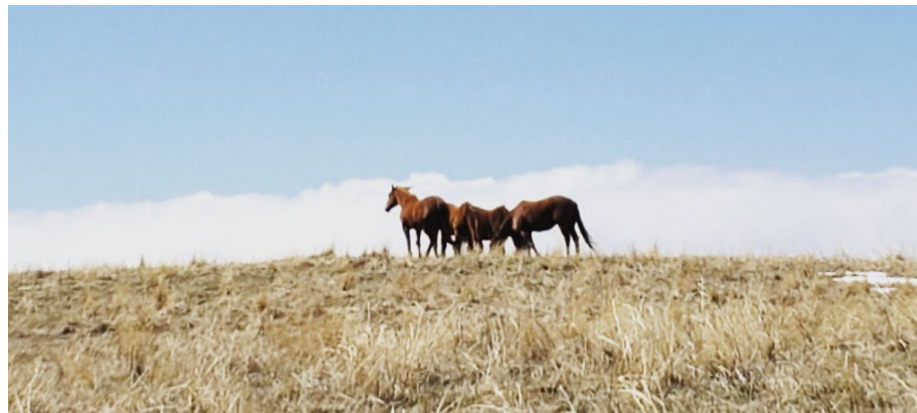
A steering committee was convened to assist Logan Health Cut Bank in conducting CHSD. A diverse group of community members representing various organizations and populations within the community (ex. public health, elderly, uninsured) came together in December 2021. For a list of all steering committee 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 January 2022, surveys were mailed out to the residents in Glacier 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

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

Zip Code	Population <sup>1</sup>	Community Name	Total Distribution	# Male	# Female
59417	1033	Browning	218	109	109
59427	2998	Cut Bank	498	249	249
59411	174	Babb	14	7	7
59474	3128	Shelby	18	9	9
59482	340	Sunburst	6	3	3
59484	94	Sweetgrass	2	1	1
59486	492	Valier	10	5	5
59454	137	Kevin	4	2	2
59434	363	East Glacier Park	10	5	5
59448	582	Heart Butte	18	9	9
<b>Total</b>	<b>9341</b>		<b>798</b>	<b>399</b>	<b>399</b>

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

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

## Information Gaps- Data

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

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

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

## Limitations in Survey & Key Informant Methodology

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



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

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

## Survey Implementation

In January 2022, a survey, cover letter on Logan Health Cut Bank's letterhead with the Vice President's signature, and postage paid envelopes were mailed to 800 randomly selected residents in the hospital's service area. A news release was sent to the local newspaper as well as social media postings prior to the survey distribution announcing that Logan Health Cut Bank would be conducting a community health services survey throughout the region in cooperation with the Montana Office of Rural Health.

Of those 800 surveys, 102 surveys were returned undeliverable for a 15.6% response rate. From this point on, the total number of surveys will be out of 698. 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 9.3%.

## Survey Respondent Demographics

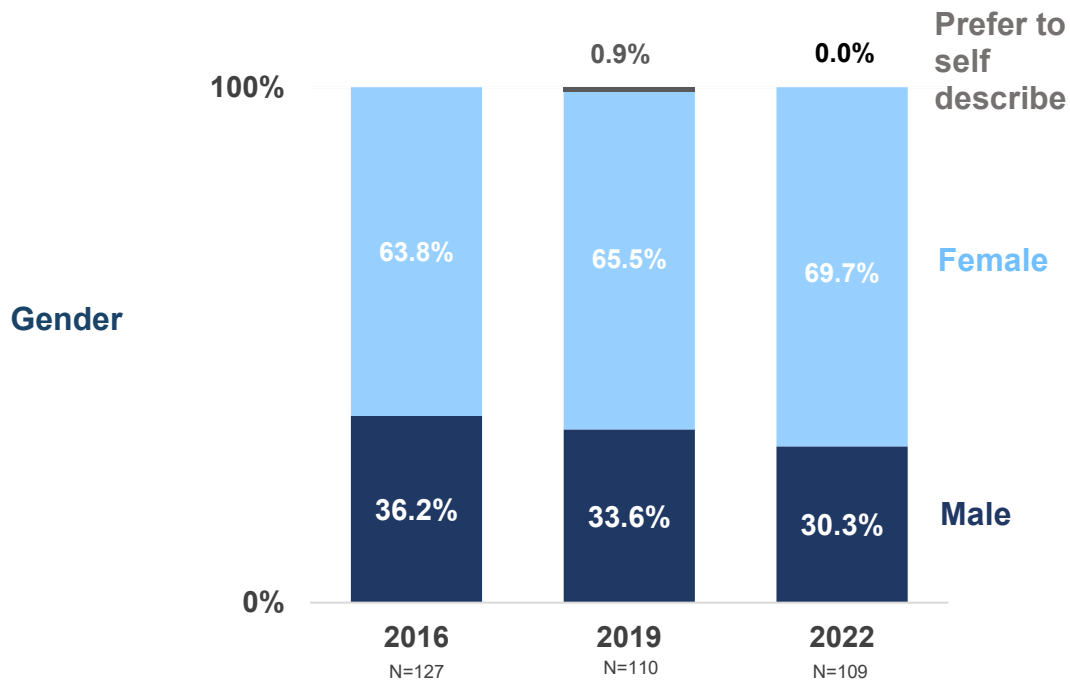
A total of 698 surveys were distributed amongst Logan Health Cut Bank's service area. One-hundred nine were completed for a 15.6% response rate. The following tables indicate the demographic characteristics of the survey respondents. Information on location, gender, age, and employment is

included. Percentages indicated on the tables and graphs are based upon the total number of responses for each individual question, as some respondents did not answer all questions.

<b>Place of Residence</b>	<b>2016 % (n)</b>	<b>2019 % (n)</b>	<b>2022 % (n)</b>	<b>SIGNIFICANT CHANGE</b>
Number of respondents	126	110	109	
59427 Cut Bank	61.9% (78)	64.5% (71)	76.1% (83)	<input type="checkbox"/>
59417 Browning	21.4% (27)	17.3% (19)	12.8% (14)	<input type="checkbox"/>
59486 Valier	7.1% (9)	6.4% (7)	3.7% (4)	<input type="checkbox"/>
59474 Shelby	0.0% (0)	0.9% (1)	1.8% (2)	<input type="checkbox"/>
59434 East Glacier	1.6% (2)	2.7% (3)	1.8% (2)	<input type="checkbox"/>
59411 Babb	1.6% (2)	2.7% (3)	0.9% (1)	<input type="checkbox"/>
59448 Heart Butte	6.3% (8)	0.9% (1)	0.0% (0)	<input type="checkbox"/>
Other	0.0% (0)	4.5% (5)	2.8% (3)	<input type="checkbox"/>
<b>TOTAL</b>	<b>100.0% (126)</b>	<b>100.0% (110)</b>	<b>100.0% (109)</b>	

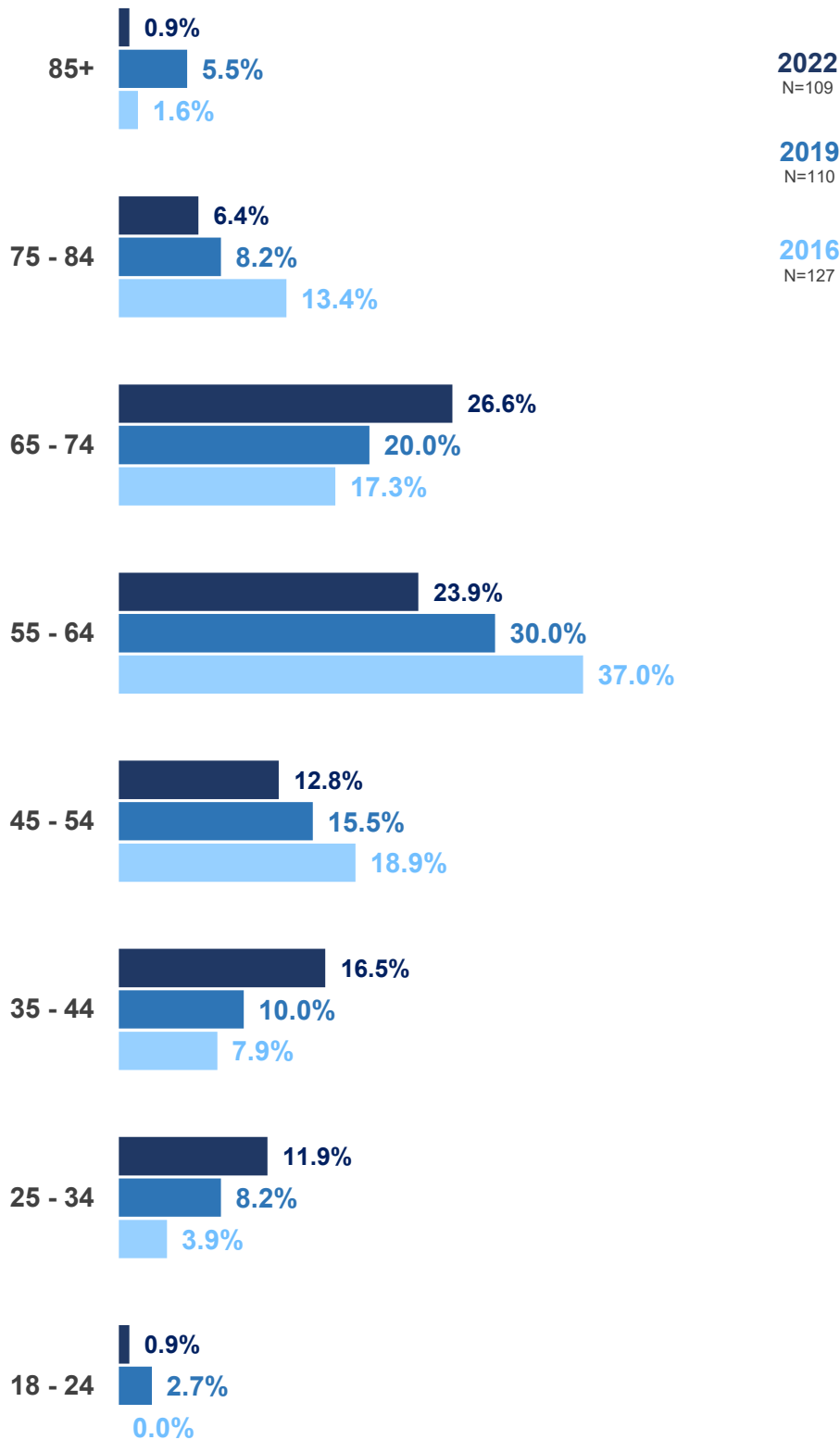
A solid blue square indicates a statistically significant change between years ( $p \leq 0.05$ ). Grayed out cells indicate the question was not asked that year.





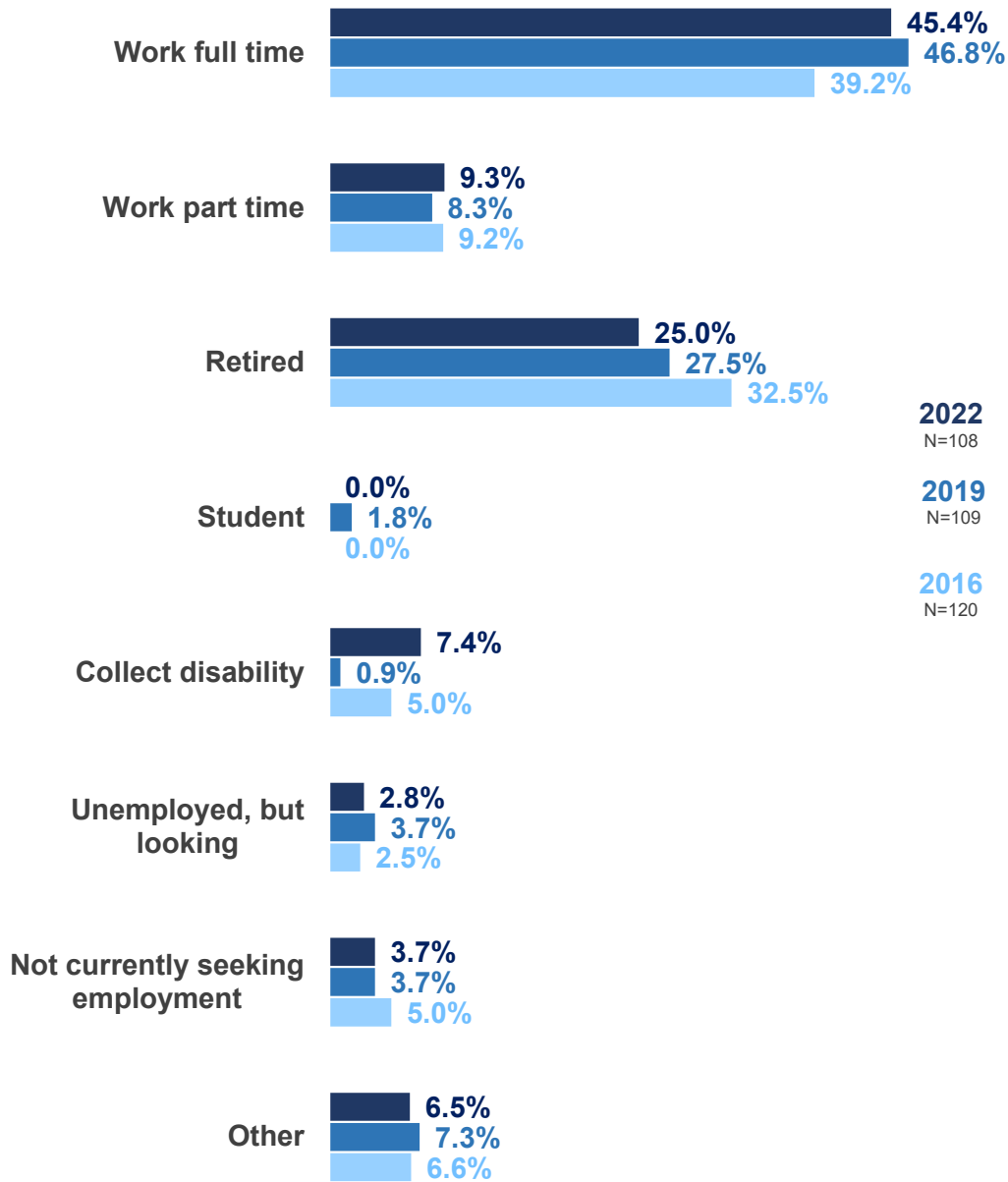
**Women are frequently the healthcare decision makers for their families and more likely to respond to a health-related survey.**

## Age of respondents for all years of the survey



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

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



\*Respondents (N=3) who selected over the allotted amount were moved to "Other."  
 "Other" comments included: "Stay at home mom" and "Internship."



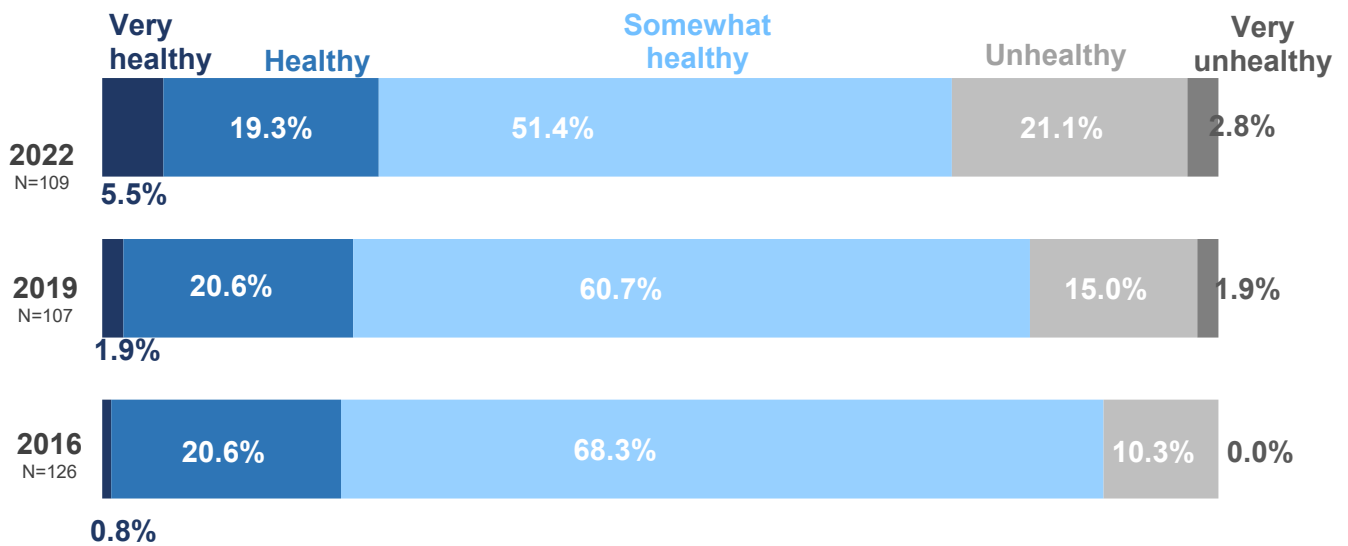
# **SURVEY RESULTS**

# Survey Results

## Rating of Healthy Community (Question 1)

Respondents were asked to indicate how they would rate the general health of their community. Fifty-one point four percent of respondents (n=56) rated their community as “Somewhat healthy,” and 19.3% of respondents (n=21) felt their community was “Healthy.” Twenty-one point one (n=23) of respondents indicated they felt their community was “Unhealthy.”

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



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

## Health Concerns for Community (Question 2)

Respondents were asked what they felt the three most serious health concerns were in their community. The top identified health concern was “Alcohol/substance abuse” at 78.0% (n=85). “Cancer” was also a high priority at 29.4% (n=32), followed closely by “Mental health (depression, anxiety, PTSD, etc.)” at 21.1% (n=23).

Health Concern	2016 % (n)	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	128	110	109	
Alcohol/substance abuse	67.2% (86)	80.0% (88)	78.0% (85)	■
Cancer	57.8% (74)	33.6% (37)	29.4% (32)	■
Mental health issues		16.4% (18)	21.1% (23)	□
Diabetes	38.3% (49)	31.8% (35)	20.2% (22)	■
Child abuse/neglect	12.5% (16)	16.4% (18)	18.3% (20)	□
Overweight/obesity	33.6% (43)	25.5% (28)	15.6% (17)	■
Depression/anxiety	7.8% (10)		14.7% (16)	□
Tobacco use (vaping, cigarettes, smokeless)	10.9% (14)	14.5% (16)	12.8% (14)	□
Lack of exercise	10.2% (13)	10.9% (12)	10.1% (11)	□
Heart disease	14.1% (18)	5.5% (6)	8.3% (9)	□
Adverse Childhood Experiences/Trauma			8.3% (9)	□
Lack of access to healthcare	7.8% (10)	8.2% (9)	7.3% (8)	□
Domestic violence	5.5% (7)	9.1% (10)	6.4% (7)	□
Suicide		6.4% (7)	6.4% (7)	□
Work/economic stress			5.5% (6)	□
Alzheimer’s/dementia		3.6% (4)	4.6% (5)	□
Hunger		2.7% (3)	3.7% (4)	□
Respiratory diseases	6.3% (8)	5.5% (6)	3.7% (4)	□
Social isolation/Loneliness		1.8% (2)	3.7% (4)	□
Lack of dental care	5.5% (7)	2.7% (3)	2.8% (3)	□
Motor vehicle accidents	4.7% (6)	3.6% (4)	1.8% (2)	□
Stroke	5.5% (7)	2.7% (3)	0.9% (1)	□
Recreation related accidents/injuries	0.8% (1)	0.0% (0)	0.0% (0)	□
Work related accidents/injuries	0.8% (1)	1.8% (2)	0.0% (0)	□

Other*	3.9% (5)	5.5% (6)	6.4% (7)	<input type="checkbox"/>
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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=2) who selected over the allotted amount were moved to “Other.”

“Other” comments included: “Covid-19” and “Suboxone/meth”

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

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

Respondents were asked to identify the three most important things for a healthy community. Thirty-nine point one percent of respondents (n=43) indicated that “Access to healthcare” is important for a healthy community, followed closely by “Healthy behaviors and lifestyles” at 34.5% (n=38), and “Good jobs and a healthy economy at 31.8% (n=35).

Components of a Healthy Community	2016 % (n)	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	128	110	110	
Access to healthcare	48.4% (62)	29.1% (32)	39.1% (43)	<input checked="" type="checkbox"/>
Healthy behaviors and lifestyles	40.6% (52)	28.2% (31)	34.5% (38)	<input type="checkbox"/>
Good jobs and a healthy economy	43.0% (55)	40.9% (45)	31.8% (35)	<input type="checkbox"/>
Low crime/safe neighborhoods	25.0% (32)	30.0% (33)	20.9% (23)	<input type="checkbox"/>
Strong family life	29.7% (38)	20.9% (23)	20.0% (22)	<input type="checkbox"/>
Access to mental health services		18.2% (20)	19.1% (21)	<input type="checkbox"/>
Religious or spiritual values	25.0% (32)	13.6% (15)	19.1% (21)	<input type="checkbox"/>
Affordable housing	13.3% (17)	11.8% (13)	15.5% (17)	<input type="checkbox"/>
Access to childcare/after school programs		7.3% (8)	14.5% (16)	<input type="checkbox"/>
Senior services		6.4% (7)	13.6% (15)	<input type="checkbox"/>
Good schools	15.6% (20)	16.4% (18)	11.8% (13)	<input type="checkbox"/>
Access to healthy food options		15.5% (17)	8.2% (9)	<input type="checkbox"/>
Community involvement	10.9% (14)	5.5% (6)	7.3% (8)	<input type="checkbox"/>
Home health services		8.2% (9)	6.4% (7)	<input type="checkbox"/>
Parks and recreation	7.0% (9)	4.5% (5)	5.5% (6)	<input type="checkbox"/>

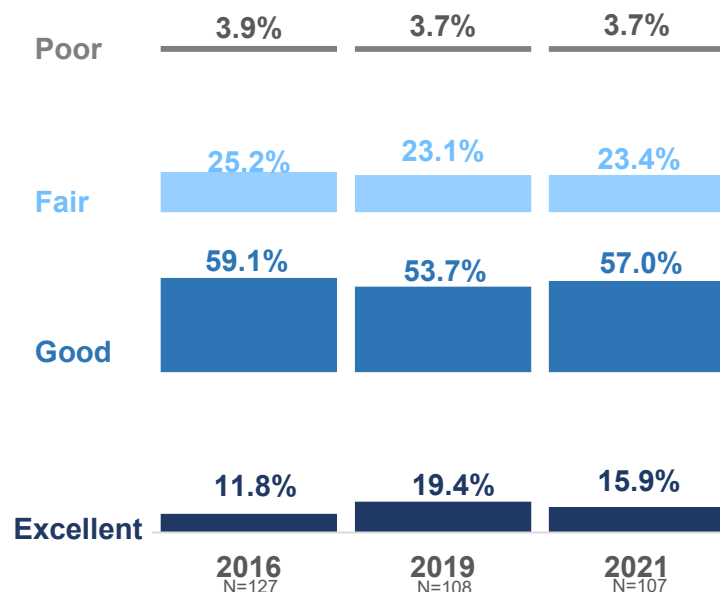
Clean environment	17.2% (22)	14.5% (16)	4.5% (5)	■
Transportation services		3.6% (4)	4.5% (5)	□
Low level of domestic violence	0.8% (1)	4.5% (5)	3.6% (4)	□
Social support services		2.7% (3)	3.6% (4)	□
Tolerance for diversity	15.6% (20)	2.7% (3)	3.6% (4)	■
Welcoming community		1.8% (2)	3.6% (4)	□
Arts and cultural events	1.6% (2)	0.0% (0)	1.8% (2)	□
Low death and disease rates	4.7% (6)	0.9% (1)	0.9% (1)	□
Other*	1.6% (2)	2.7% (3)	0.9% (1)	□

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=1) who selected over the allotted amount were moved to "Other."

## Knowledge of Health Services (Question 4)

Respondents were asked to rate their knowledge of the health services available through Logan Health Cut Bank. Fifty-seven percent (n=61) of respondents rated their knowledge of health services as "Good." "Fair" was selected by 23.4% percent (n=25), and "Excellent" was chosen by 15.9% of respondents (n=17).

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





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

The most frequently indicated method of learning about available services was “Healthcare provider” at 64.2% (n=70). “Friends/family” was also frequently used to learn about health services at 56.0% (n=61), followed by “Word of mouth/reputation” at 53.2% (n=58).

How Respondents Learn about Community Health Services	2016 % (n)	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	128	110	109	
Healthcare provider	50.8% (65)	60.9% (67)	64.2% (70)	<input type="checkbox"/>
Friends/family	61.7% (79)	65.5% (72)	56.0% (61)	<input type="checkbox"/>
Word of mouth/reputation	63.3% (81)	57.3% (63)	53.2% (58)	<input type="checkbox"/>
Newspaper	29.7% (38)	34.5% (38)	43.1% (47)	<input type="checkbox"/>
Social media/Facebook		18.2% (20)	33.9% (37)	<input checked="" type="checkbox"/>
Internet search		18.2% (20)	29.4% (32)	<input type="checkbox"/>
Radio	14.8% (19)	10.0% (11)	23.9% (26)	<input checked="" type="checkbox"/>
Local publications	18.8% (24)	25.5% (28)	22.9% (25)	<input type="checkbox"/>
Website/internet	15.6% (20)	9.1% (10)	18.3% (20)	<input type="checkbox"/>
Mailings/newsletter	15.6% (20)	18.2% (20)	15.6% (17)	<input type="checkbox"/>
Public Health	11.7% (15)	11.8% (13)	13.8% (15)	<input type="checkbox"/>
Television		11.8% (13)	11.9% (13)	<input type="checkbox"/>
Emergency response	10.9% (14)	12.7% (14)	11.0% (12)	<input type="checkbox"/>
Presentations	2.3% (3)	4.5% (5)	5.5% (6)	<input type="checkbox"/>
Other	6.3% (8)	4.5% (5)	2.8% (3)	<input type="checkbox"/>

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

“Other” comments included: “Through my job” and “Just this letter”

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

## Utilized Community Health Resources (Question 6)

Respondents were asked which community health resources, other than the hospital or clinic, they had used in the last three years. “Pharmacy” was the most frequently utilized community health resource cited by respondents at 74.8% (n=80). The “Dentist” was utilized by 72.9% (n=78) of respondents, followed by “Optometrist” at 46.7% (n=50).

Use of Community Health Resources	2016 % (n)	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	128	110	107	
Pharmacy	71.9% (92)	73.6% (81)	74.8% (80)	<input type="checkbox"/>
Dentist	64.1% (82)	76.4% (84)	72.9% (78)	<input type="checkbox"/>
Optometrist	46.1% (59)	51.8% (57)	46.7% (50)	<input type="checkbox"/>
Walking trail		29.1% (32)	37.4% (40)	<input type="checkbox"/>
Chiropractor	26.6% (34)	38.2% (42)	29.9% (32)	<input type="checkbox"/>
Public Health	17.2% (22)	11.8% (13)	20.6% (22)	<input type="checkbox"/>
Pool		21.8% (24)	17.8% (19)	<input type="checkbox"/>
Civic/fitness center		18.2% (20)	15.9% (17)	<input type="checkbox"/>
Food banks		10.0% (11)	11.2% (12)	<input type="checkbox"/>
Mental Health	11.7% (15)	5.5% (6)	6.5% (7)	<input type="checkbox"/>
Senior Center		14.5% (16)	6.5% (7)	<input type="checkbox"/>
Transportation services		2.7% (3)	4.7% (5)	<input type="checkbox"/>
Meals on Wheels		2.7% (3)	3.7% (4)	<input type="checkbox"/>
Diabetes center		4.5% (5)	2.8% (3)	<input type="checkbox"/>
Substance abuse services		2.7% (3)	0.9% (1)	<input type="checkbox"/>
Home care services		2.7% (3)	0.0% (0)	<input type="checkbox"/>
Other	7.8% (10)	2.7% (3)	4.7% (5)	<input type="checkbox"/>

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

“Other” comments included: “Women’s health clinic” and “Public parks.”

## 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 (43.3%, n=45) reported that “More specialists” would make the greatest improvement. Forty point four percent of respondents (n=42) indicated “More primary care providers” followed closely by “Payment assistance programs (healthcare expenses)” at 32.7% (n=34) would improve access.

**“More specialists”  
would make the  
greatest improvement**

“Other” comments included: “Improved confidentiality” and “EMS transport costs reduced.”

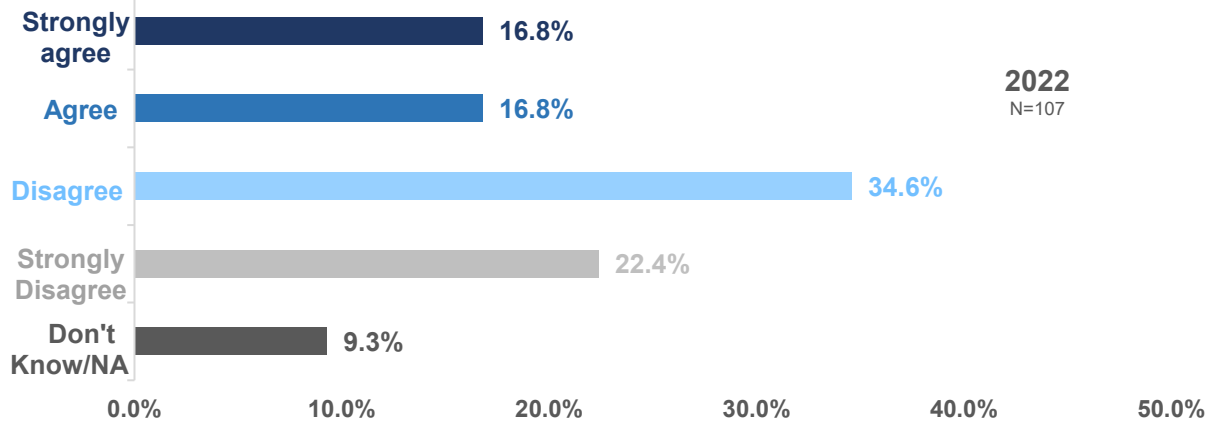
What Would Improve Community Access to Healthcare	2016 % (n)	2019 % (n)	2022 % (n)
Number of respondents	128	110	104
More specialists	48.4% (62)	31.8% (35)	43.3% (45)
More primary care providers	50.8% (65)	36.4% (40)	40.4% (42)
Payment assistance programs (healthcare expenses)			32.7% (34)
Improved quality of care	32.8% (42)	26.4% (29)	31.7% (33)
Expanded hours for clinic services	21.1% (27)	23.6% (26)	29.8% (31)
Home health assistance	42.2% (54)	35.5% (39)	29.8% (31)
More mental health services	25.8% (33)	20.0% (22)	29.8% (31)
Financial assistance/counseling	32.8% (42)	26.4% (29)	26.0% (27)
More information about available services		36.4% (40)	25.0% (26)
Telemedicine	7.0% (9)	10.9% (12)	20.2% (21)
Greater health education services	22.7% (29)	20.0% (22)	19.2% (20)
Outpatient services expanded hours			16.3% (17)
Cultural sensitivity	14.8% (19)	12.7% (14)	15.4% (16)
Transportation assistance	28.1% (36)	20.9% (23)	13.5% (14)
Interpreter services	3.1% (4)	1.8% (2)	1.0% (1)
Other	7.8% (10)	7.3% (8)	8.7% (9)

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 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.

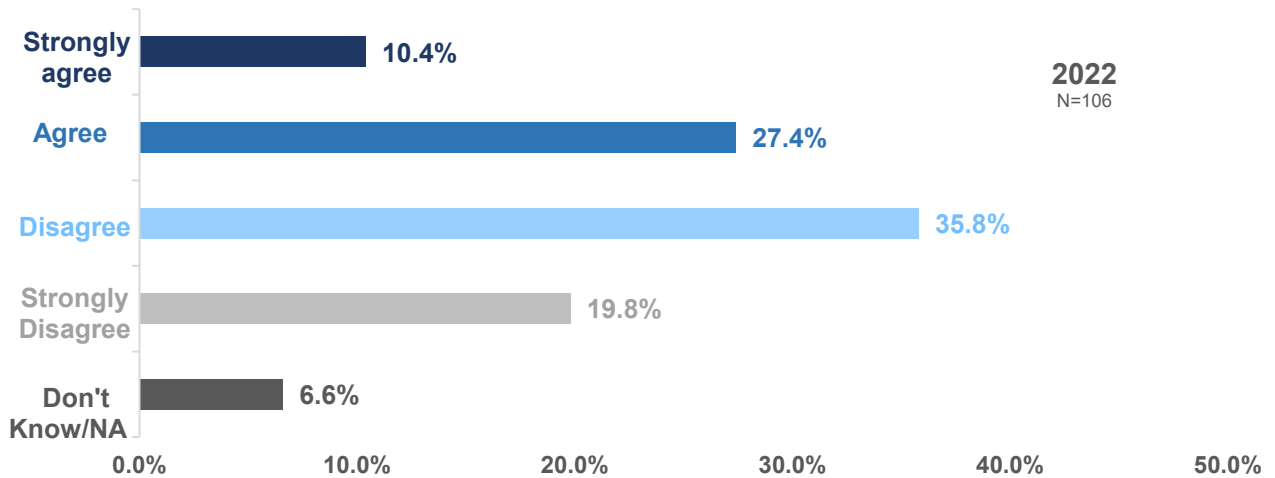
## Impact of COVID-19 Pandemic (Question 8)

Respondents were asked to rate the impact of the COVID-19 pandemic on their household regarding difficulty paying for household expenses, getting needed items such as food, and obtaining healthcare or mental health services. See the graphs below for more detail.

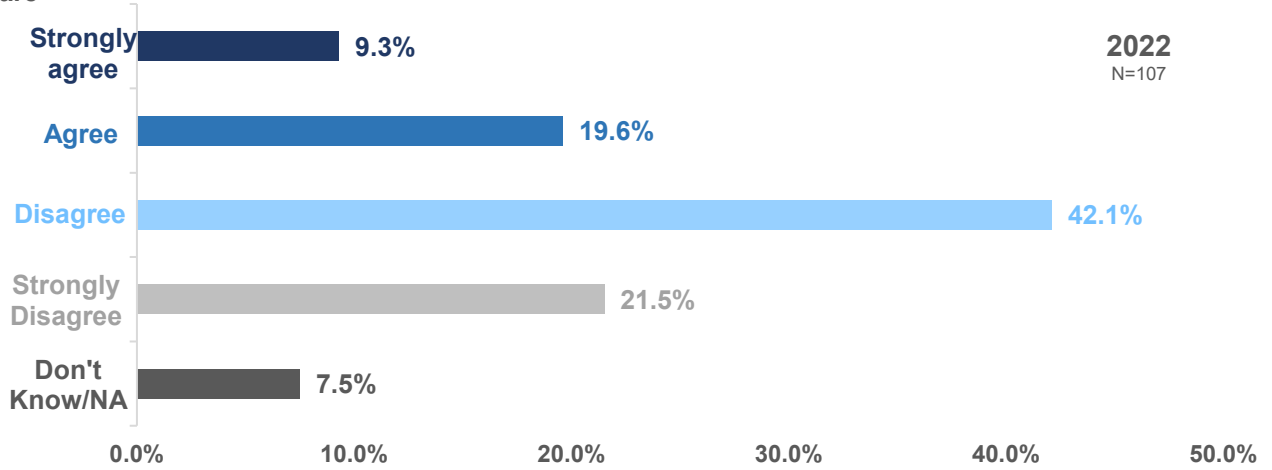
### 1. My household has had more difficulty than usual paying for bills and expenses



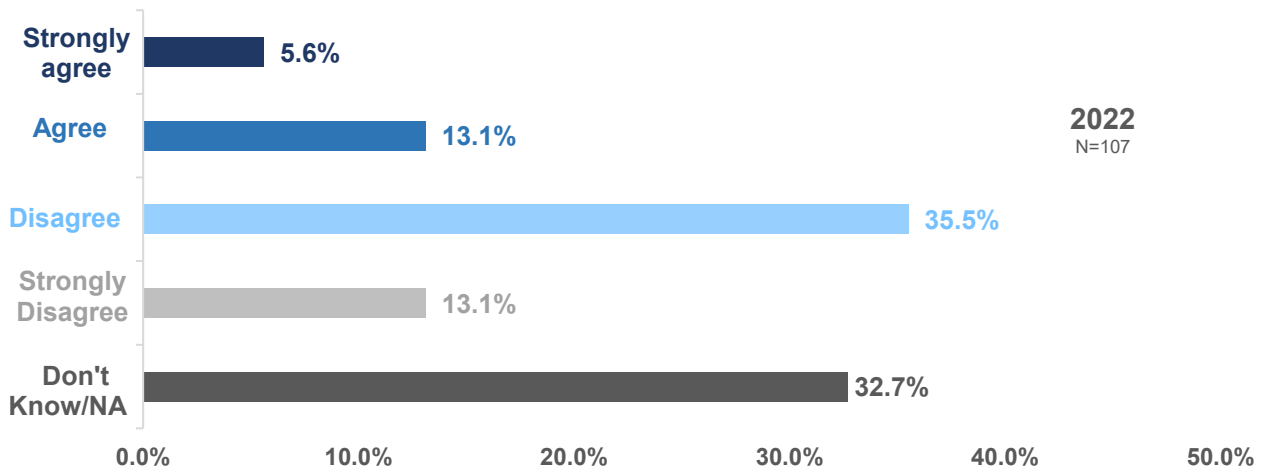
### 2. My household has had more difficulty than usual getting needed items, food, or services



**3. A household member or I have had more difficulty than usual obtaining medical care**



**4. A household member or I have had more difficulty than usual obtaining mental health care**



## Interest in Educational Classes/Programs (Question 9)

Respondents were asked if they would be interested in any educational classes/programs made available to the community. The most frequently selected class/program was “Fitness” at 46.9% (n=46), which has experienced a significant increase since the 2016 community health needs assessment (CHNA). Interest in “Health and wellness” followed with 41.8% (n=41), while 40.8% of respondents (n=40) were interested in “Nutrition/healthy foods.”

Interest in Classes or Programs	2016 % (n)	2019 % (n)	2022 % (n)
Number of respondents	128	110	98
Fitness	35.9% (46)	39.1% (43)	46.9% (46)
Health and wellness	23.4% (30)	32.7% (36)	41.8% (41)
Nutrition/healthy foods	26.6% (34)	33.6% (37)	40.8% (40)
Stress management	28.9% (37)	32.7% (36)	37.8% (37)
First aid/CPR	28.1% (36)	22.7% (25)	36.7% (36)
Living will	22.7% (29)	24.5% (27)	34.7% (34)
Weight loss	28.1% (36)	40.0% (44)	31.6% (31)
Women’s health	24.2% (31)	32.7% (36)	30.6% (30)
Men’s health	15.6% (20)	14.5% (16)	25.5% (25)
Diabetes	22.7% (29)	17.3% (19)	23.5% (23)
Budgeting/finances		17.3% (19)	19.4% (19)
Cultural/traditional health	11.7% (15)	11.8% (13)	18.4% (18)
Grief counseling	17.2% (22)	16.4% (18)	18.4% (18)
Mental health	9.4% (12)	16.4% (18)	18.4% (18)
Cancer	12.5% (16)	18.2% (20)	14.3% (14)
Support groups	9.4% (12)	12.7% (14)	13.3% (13)
Career development		9.1% (10)	11.2% (11)
Smoking/tobacco cessation	5.5% (7)	5.5% (6)	10.2% (10)
Alcohol/substance abuse	13.3% (17)	11.8% (13)	9.2% (9)
Heart disease	4.7% (6)	11.8% (13)	9.2% (9)

Parenting	13.3% (17)	10.0% (11)	9.2% (9)
Alzheimer’s	10.2% (13)	15.5% (17)	7.1% (7)
Prenatal/lactation	3.1% (4)	1.8% (2)	7.1% (7)
Other	3.1% (4)	1.8% (2)	4.1% (4)

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: “Naturopathy.”

## Desired Local Health Services (Question 10)

Respondents were asked to indicate which additional services they would utilize if available locally. Respondents indicated the most interest in “ENT (ear/nose/throat)” at 43.8% (n=42). Forty-one point seven percent (n=40) respondents were interested in “Dermatology,” while 32.3% (n=31) desire “Alternative medicine/Naturopath” locally.

Desired Local Healthcare Services	2016 % (n)	2019 % (n)	2022 % (n)
Number of respondents	128	110	96
ENT (ear/nose/throat)		28.2% (31)	43.8% (42)
Dermatology		30.0% (33)	41.7% (40)
Alternative medicine/Naturopath	40.6% (52)	21.8% (24)	32.3% (31)
Nutrition/dietician	34.4% (44)	20.0% (22)	26.0% (25)
Ophthalmologist (eye)		15.5% (17)	26.0% (25)
Audiologist (hearing)		17.3% (19)	20.8% (20)
Surgery		9.1% (10)	19.8% (19)
Orthodontia		5.5% (6)	17.7% (17)
Pediatrician		9.1% (10)	17.7% (17)
Urology		10.9% (12)	17.7% (17)
Home health assistance	29.7% (38)	21.8% (24)	13.5% (13)
Rheumatology		16.4% (18)	13.5% (13)

Cardiac rehabilitation			11.5% (11)
Emergency mental health	10.9% (14)	10.9% (12)	10.4% (10)
Addictions counselor		4.5% (5)	7.3% (7)
Psychiatrist		10.0% (11)	7.3% (7)
Family planning		7.3% (8)	6.3% (6)
Speech therapy	4.7% (6)	2.7% (3)	6.3% (6)
Medication management		8.2% (9)	6.3% (6)
Oncology		5.5% (6)	6.3% (6)
Other	15.6% (20)	3.6% (4)	8.3% (8)

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: “OBGYN”, “Physical therapy”, and “Hospice.”

## Utilization of Preventive Services (Question 11)

Respondents were asked if they had utilized any of the preventive services listed in the past year. “Eye exam” was selected by 70.1% of respondents (n=75), followed closely by “Dental exam” at 66.4% (n=71). Sixty-three point six percent of respondents (n=68) indicated they had a “Blood pressure check” and 53.3% of respondents (n=57) had a “Flu shot.” Survey respondents could select all services that applied.

Use of Preventive Services	2016 % (n)	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	128	110	107	
Eye exam	50.0% (64)	69.1% (76)	70.1% (75)	■
Dental exam	57.0% (73)	71.8% (79)	66.4% (71)	□
Blood pressure check	48.4% (62)	68.2% (75)	63.6% (68)	■
Flu shot	50.0% (64)	54.5% (60)	53.3% (57)	□
Yearly blood screening (birthday labs)		35.5% (39)	49.5% (53)	■
Health checkup	47.7% (61)	50.0% (55)	44.9% (48)	□
Cholesterol screening	38.3% (49)	41.8% (46)	36.4% (39)	□



Mammography	30.5% (39)	28.2% (31)	34.6% (37)	<input type="checkbox"/>
Children’s checkup/Well baby	11.7% (15)	9.1% (10)	17.8% (19)	<input type="checkbox"/>
Pap test	24.2% (31)	20.0% (22)	16.8% (18)	<input type="checkbox"/>
Colonoscopy	10.2% (13)	18.2% (20)	15.9% (17)	<input type="checkbox"/>
Prostate (PSA)	10.2% (13)	11.8% (13)	14.0% (15)	<input type="checkbox"/>
Hearing exam		9.1% (10)	9.3% (10)	<input type="checkbox"/>
Mental health counseling		6.4% (7)	7.5% (8)	<input type="checkbox"/>
None	3.9% (5)	3.6% (4)	2.8% (3)	<input type="checkbox"/>
Other			3.7% (4)	<input type="checkbox"/>

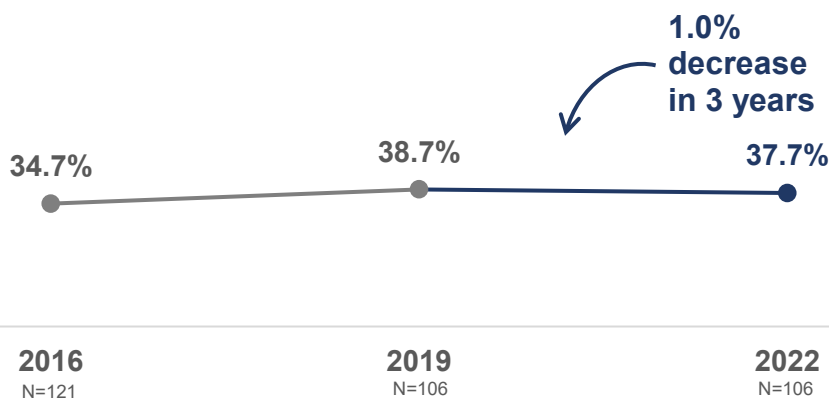
A solid blue square indicates a statistically significant change between years ( $p \leq 0.05$ ). Respondents could select any of the preventative services listed, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year.

“Other” comments included: “Covid vaccine and booster.”

## Delay of Services (Question 12)

Thirty-seven point seven percent of respondents (n=40) 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-two point three percent of respondents (n=66) felt they were able to get the healthcare services they needed without delay.

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



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

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

For those who indicated they were unable to receive or had to delay services (n=39), the reason most cited was that “COVID-19 barriers/concerns” (30.8%, n=12). “It was too far to go” and “Too long to wait for an appointment” were selected by 25.6% (n=10, each), while 23.1% of respondents (n=9, each) indicated “Could not get an appointment” and “Qualified provider not available.”

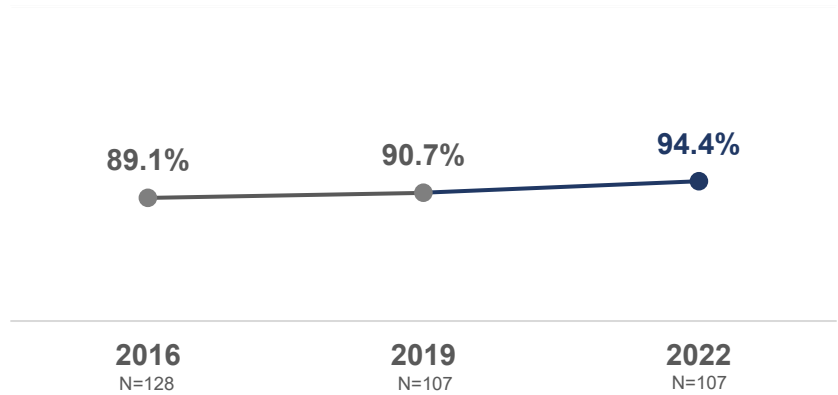
Reasons for Delay in Receiving Needed Healthcare	2016 % (n)	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	42	41	39	
COVID-19 barriers/concerns			30.8% (12)	<input type="checkbox"/>
It was too far to go	9.5% (4)	24.4% (10)	25.6% (10)	<input type="checkbox"/>
Too long to wait for an appointment	26.2% (11)	22.0% (9)	25.6% (10)	<input type="checkbox"/>
Could not get an appointment	42.9% (18)	17.1% (7)	23.1% (9)	<input checked="" type="checkbox"/>
Qualified provider not available			23.1% (9)	<input type="checkbox"/>
Office wasn't open when I could go	19.0% (8)	12.2% (5)	17.9% (7)	<input type="checkbox"/>
Transportation problems	7.1% (3)	14.6% (6)	12.8% (5)	<input type="checkbox"/>
Could not get off work	11.9% (5)	7.3% (3)	7.7% (3)	<input type="checkbox"/>
Unsure if services were available	11.9% (5)	0.0% (0)	7.7% (3)	<input type="checkbox"/>
Don't like doctors	2.4% (1)	9.8% (4)	5.1% (2)	<input type="checkbox"/>
Had no childcare	4.8% (2)	4.9% (2)	5.1% (2)	<input type="checkbox"/>
It cost too much	26.2% (11)	34.1% (14)	5.1% (2)	<input checked="" type="checkbox"/>
My insurance didn't cover it	19.0% (8)	12.2% (5)	5.1% (2)	<input type="checkbox"/>
No insurance	11.9% (5)	9.8% (4)	5.1% (2)	<input type="checkbox"/>
Too nervous or afraid	2.4% (1)	19.5% (8)	5.1% (2)	<input checked="" type="checkbox"/>
Don't understand healthcare system			2.6% (1)	<input type="checkbox"/>
Not treated with respect	14.3% (6)	12.2% (5)	2.6% (1)	<input type="checkbox"/>
Didn't know where to go	11.9% (5)	4.9% (2)	0.0% (0)	<input type="checkbox"/>
Language barrier	0.0% (0)	0.0% (0)	0.0% (0)	<input type="checkbox"/>
Other*	16.7% (7)	9.8% (4)	25.6% (10)	<input type="checkbox"/>

A solid blue square indicates a statistically significant change between years ( $p \leq 0.05$ ). Respondents were asked to indicate the top three reasons for a delay in seeking healthcare, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year. \*Respondents (N=5) who selected over the allotted amount were moved to “Other.”

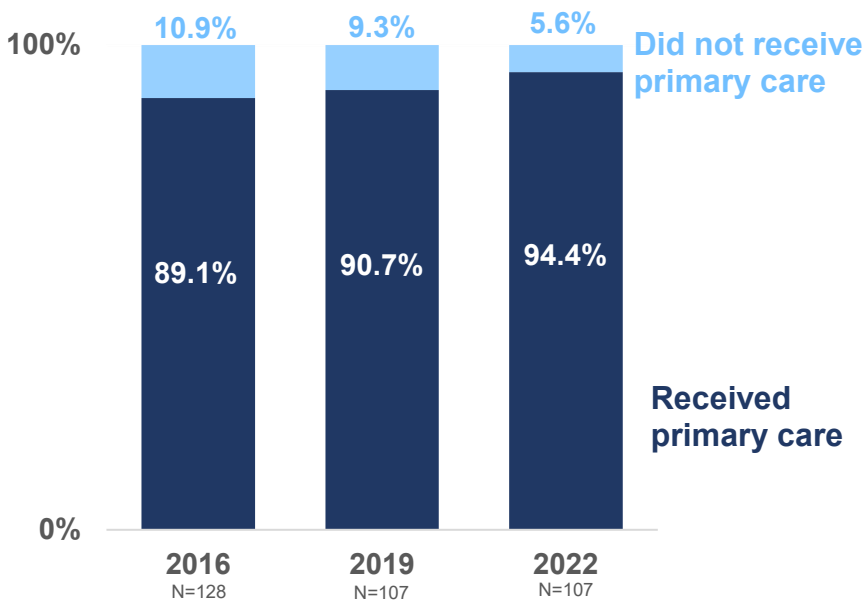
## Primary Care Services (Question 14)

Ninety-four point four percent of respondents (n=101) 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. Five point six percent of respondents (n=6) indicated they had not received primary care.

**Primary care utilization has remained consistent since the 2016 assessment**



**Primary care utilization has slightly increased since the 2016 assessment**



## Location of Primary Care Services (Question 15)

Of the 99 respondents who indicated receiving primary care services in the previous three years, 61.6% (n=61) reported receiving care in Cut Bank, and 9.1% of respondents (n=9) went to Shelby. Five 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	104	97	99
Cut Bank	60.6% (63)	55.7% (54)	61.6% (61)
Shelby	4.8% (5)	5.2% (5)	9.1% (9)
Browning	20.2% (21)	12.4% (12)	8.1% (8)
Great Falls	3.8% (4)	4.1% (4)	6.1% (6)
Conrad	4.8% (5)	2.1% (2)	5.1% (5)
Kalispell	3.8% (4)	4.1% (4)	2.0% (2)
Heart Butte		0.0% (0)	0.0% (0)
Sunburst		0.0% (0)	0.0% (0)
VA		2.1% (2)	0.0% (0)
Valier		1.0% (1)	0.0% (0)
Other*	1.9% (2)	13.4% (13)	8.1% (8)
<b>TOTAL</b>	<b>99.9% (104)</b>	<b>100.1% (97)</b>	<b>100.1% (99)</b>

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

“Other” comments included: “Polson” and “Choteau.”

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

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

Those respondents who indicated they or someone in their household had been seen by a primary care provider within the past three years were asked to indicate why they chose that primary care provider. “Clinic/provider’s reputation for quality” was the most frequently selected reason at 43.6% (n=44), followed by “Closest to home” and “Prior experience with clinic” at 43.6% (n=44, each), and “Appointment availability” at 33.7% (n=34).

Reasons for Selecting Primary Care Provider	2016 % (n)	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	114	97	101	
Clinic/provider’s reputation for quality	23.7% (27)	28.9% (28)	43.6% (44)	■
Closest to home	49.1% (56)	50.5% (49)	43.6% (44)	□
Prior experience with clinic	50.9% (58)	58.8% (57)	43.6% (44)	□
Appointment availability	27.2% (31)	38.1% (37)	33.7% (34)	□
Recommended by family or friends	19.3% (22)	13.4% (13)	22.8% (23)	□
Indian Health Services	19.3% (22)	14.4% (14)	11.9% (12)	□
Privacy/confidentiality			9.9% (10)	□
Referred by physician or other provider	7.9% (9)	3.1% (3)	9.9% (10)	□
Cost of care	7.0% (8)	9.3% (9)	6.9% (7)	□
Length of waiting room time	6.1% (7)	9.3% (9)	6.9% (7)	□
Required by insurance plan	4.4% (5)	7.2% (7)	3.0% (3)	□
VA/Military requirement	7.0% (8)	5.2% (5)	1.0% (1)	□
Other	6.1% (7)	3.1% (3)	8.9% (9)	□

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

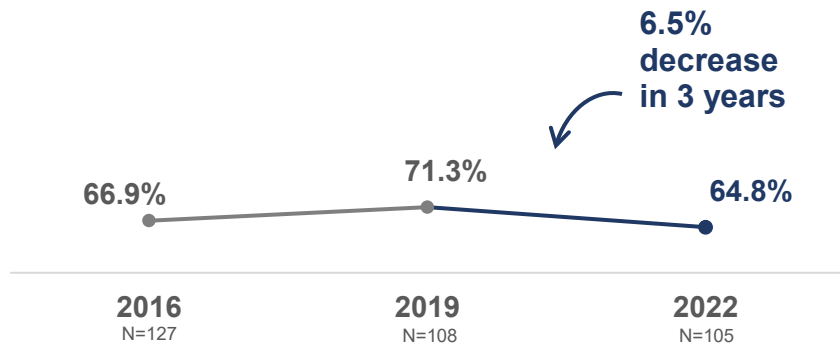
“Other” comments included: “Only option” and “Wanted a female provider.”

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

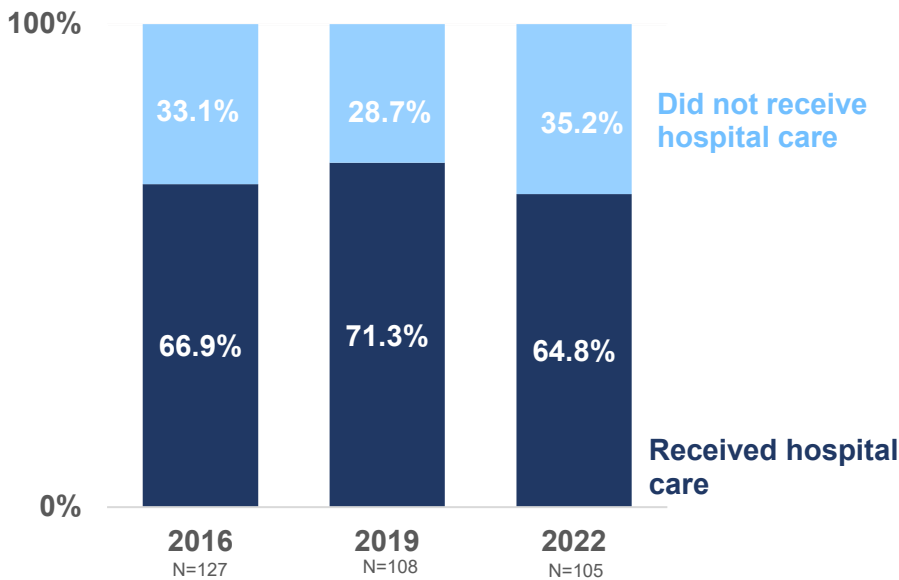
## Hospital Care Services (Question 17)

Respondents were asked if they or someone in their household had received hospital care in the last three years. Hospitalization was quantified as hospitalized overnight, day surgery, obstetrical care, rehabilitation, radiology, or emergency care. Sixty-four point eight percent of respondents (n=68) reported that they or a member of their family had received hospital care during the previous three years, and 35.2% (n=37) had not received hospital services.

### The majority of respondents report utilization of hospital services



### Hospital utilization declined by 6.5% since the 2019 assessment



## Location of Hospital Services (Question 18)

Of the 68 respondents who indicated receiving hospital care in the last three years, 36.8% (n=25) reported receiving care at "Benefis – Great Falls". Twenty-five percent of respondents (n=17) received services at "Logan Health Cut Bank", while 11.8% of respondents (n=8) reported utilizing services at "Logan Health Kalispell".

Hospital Used Most Often	2016 % (n)	2019 % (n)	2022 % (n)
Number of respondents	67	77	68
Benefis – Great Falls	16.4% (11)	11.7% (9)	36.8% (25)
Logan Health Cut Bank	35.8% (24)	29.9% (23)	25.0% (17)
Logan Health Kalispell	10.4% (7)	15.6% (12)	11.8% (8)
Great Falls Clinic Hospital		2.6% (2)	4.4% (3)
Indian Health Services (IHS) - Browning	20.9% (14)	13.0% (10)	4.4% (3)
Logan Health Conrad	3.0% (2)	0.0% (0)	1.5% (1)
Logan Health Shelby	6.0% (4)	2.6% (2)	1.5% (1)
Logan Health Whitefish		3.9% (3)	0.0% (0)
VA		1.3% (1)	0.0% (0)
Other*	7.5% (5)	19.5% (15)	14.7% (10)
<b>TOTAL</b>	<b>100.0% (67)</b>	<b>100.1% (77)</b>	<b>100.1% (68)</b>

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. \*Respondents (N=9) who selected over the allotted amount were moved to "Other."

"Other" comments included: "Bozeman Health" and Billings Deaconess."

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

## Reasons for Hospital Selection (Question 19)

Of the 68 respondents who had a personal or family experience at a hospital within the past three years, the primary reason given for selecting the facility used most often was “Closest to home” at 47.1% (n=32). “Referred by physician or other provider” was selected by 42.6% of the respondents (n=29), and 36.8% (n=25) chose “Prior experience with hospital.”

Reasons for Selecting Hospital	2016 % (n)	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	85	77	68	
Closest to home	56.5% (48)	42.9% (33)	47.1% (32)	<input type="checkbox"/>
Referred by physician or other provider	42.4% (36)	45.5% (35)	42.6% (29)	<input type="checkbox"/>
Prior experience with hospital	29.4% (25)	44.2% (34)	36.8% (25)	<input type="checkbox"/>
Emergency, no choice	38.8% (33)	19.5% (15)	29.4% (20)	<input checked="" type="checkbox"/>
Hospital’s reputation for quality	27.1% (23)	22.1% (17)	23.5% (16)	<input type="checkbox"/>
Recommended by family or friends	8.2% (7)	11.7% (9)	13.2% (9)	<input type="checkbox"/>
Financial assistance programs		2.6% (2)	8.8% (6)	<input type="checkbox"/>
Closest to work	3.5% (3)	10.4% (8)	4.4% (3)	<input type="checkbox"/>
Cost of care	4.7% (4)	7.8% (6)	2.9% (2)	<input type="checkbox"/>
Privacy/confidentiality			2.9% (2)	<input type="checkbox"/>
Required by insurance plan	2.4% (2)	2.6% (2)	0.0% (0)	<input type="checkbox"/>
VA/Military requirement	1.2% (1)	3.9% (3)	0.0% (0)	<input type="checkbox"/>
Other*	9.4% (8)	7.8% (6)	20.6% (14)	<input checked="" type="checkbox"/>

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

“Other” comments included: “Poor quality of care” and “Lack of services.”

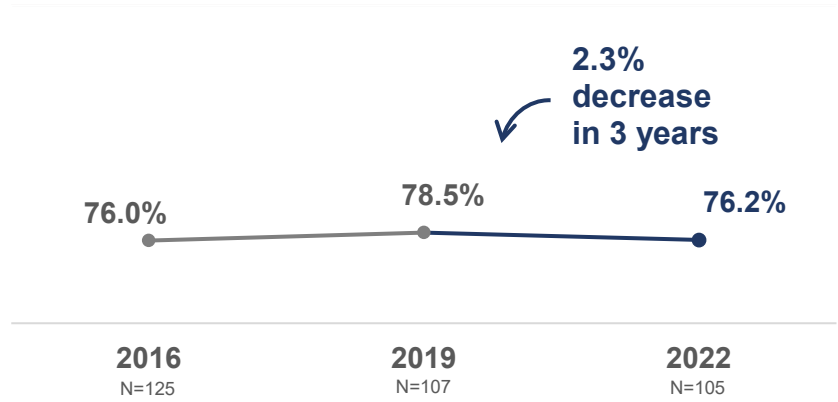
**View a cross tabulation of where respondents utilize hospital services with their reasons for selecting that facility p. 86**



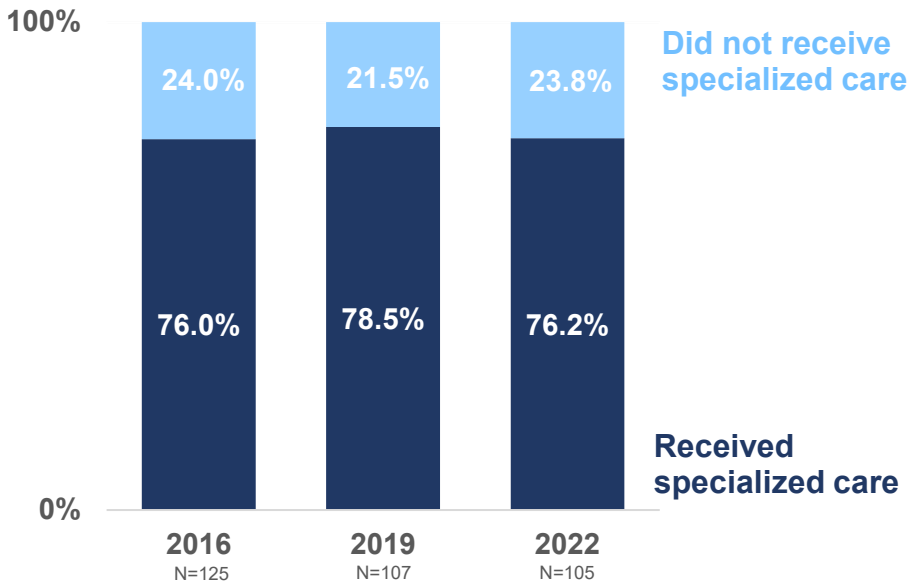
## Specialty Care Services (Question 20)

Respondents were asked if they or someone in their household had seen a healthcare specialist in the last three years. Specialty care was quantified as a health provider other than their primary care provider or family doctor. Seventy-six point two percent of the respondents (n=80) indicated they or a household member had seen a healthcare specialist during the past three years, while 23.8% (n=25) indicated they had not.

**Specialty care utilization slightly decreased since the last assessment**



**Majority of the 2022 respondents saw a specialist in the past 3 years**



## Location of Healthcare Specialist(s) (Question 21)

Of the 80 respondents who indicated they saw a healthcare specialist in the past three years, 73.8% (n=59) sought care in Great Falls. Forty percent of respondents (n=32) utilized specialty services in Kalispell, while 16.3% of respondents (n=13) received specialty care in Shelby. 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	95	84	80	
Great Falls	49.5% (47)	63.1% (53)	73.8% (59)	■
Kalispell	41.1% (39)	45.2% (38)	40.0% (32)	□
Shelby	11.6% (11)	8.3% (7)	16.3% (13)	□
Cut Bank	29.5% (28)	28.6% (24)	13.8% (11)	■
Billings			5.0% (4)	□
Helena		4.8% (4)	3.8% (3)	□
Whitefish		2.4% (2)	3.8% (3)	□
Browning	10.5% (10)	11.9% (10)	2.5% (2)	□
Conrad	6.3% (6)	2.4% (2)	2.5% (2)	□
Missoula			1.3% (1)	□
Other	11.6% (11)	9.5% (8)	2.5% (2)	□

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: “Choteau” and “Seattle UW.”

## Type of Healthcare Specialist Seen (Question 22)

The respondents (n=80) saw a wide array of healthcare specialists in the past three years. The most frequently utilized specialist was the “Dentist” at 28.7% (n=23). “Dermatologist” was seen by 23.8% of respondents (n=19) followed by the “Cardiologist” at 21.3% (n=17). 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	95	84	80	
Dentist	32.6% (31)	28.6% (24)	28.7% (23)	<input type="checkbox"/>
Dermatologist	16.8% (16)	19.0% (16)	23.8% (19)	<input type="checkbox"/>
Cardiologist	18.9% (18)	22.6% (19)	21.3% (17)	<input type="checkbox"/>
Urologist	13.7% (13)	17.9% (15)	17.5% (14)	<input type="checkbox"/>
Orthopedic surgeon	29.5% (28)	20.2% (17)	16.3% (13)	<input type="checkbox"/>
Gastroenterologist	10.5% (10)	11.9% (10)	15.0% (12)	<input type="checkbox"/>
OB/GYN	13.7% (13)	14.3% (12)	15.0% (12)	<input type="checkbox"/>
General surgeon	9.5% (9)	10.7% (9)	11.3% (9)	<input type="checkbox"/>
Optometrist		15.5% (13)	11.3% (9)	<input type="checkbox"/>
Neurologist	15.8% (15)	9.5% (8)	10.0% (8)	<input type="checkbox"/>
ENT (ear/nose/throat)	4.2% (4)	13.1% (11)	8.8% (7)	<input type="checkbox"/>
Physical therapist	11.6% (11)	13.1% (11)	8.8% (7)	<input type="checkbox"/>
Radiologist	13.7% (13)	10.7% (9)	8.8% (7)	<input type="checkbox"/>
Chiropractor	16.8% (16)	17.9% (15)	7.5% (6)	<input type="checkbox"/>
Oncologist	9.5% (9)	6.0% (5)	7.5% (6)	<input type="checkbox"/>
Ophthalmologist	15.8% (15)	14.3% (12)	7.5% (6)	<input type="checkbox"/>
Podiatrist	12.6% (12)	7.1% (6)	7.5% (6)	<input type="checkbox"/>
Neurosurgeon	2.1% (2)	6.0% (5)	6.3% (5)	<input type="checkbox"/>
Pulmonologist	6.3% (6)	13.1% (11)	6.3% (5)	<input type="checkbox"/>
Rheumatologist	6.3% (6)	6.0% (5)	6.3% (5)	<input type="checkbox"/>
Audiologist		7.1% (6)	5.0% (4)	<input type="checkbox"/>

Mental health counselor	8.4% (8)	8.3% (7)	5.0% (4)	<input type="checkbox"/>
Pediatrician	3.2% (3)	3.6% (3)	5.0% (4)	<input type="checkbox"/>
Allergist	7.4% (7)	11.9% (10)	3.8% (3)	<input type="checkbox"/>
Endocrinologist	8.4% (8)	8.3% (7)	3.8% (3)	<input type="checkbox"/>
Occupational therapist	1.1% (1)	2.4% (2)	2.5% (2)	<input type="checkbox"/>
Pain management			2.5% (2)	<input type="checkbox"/>
Psychiatrist (M.D.)	3.2% (3)	1.2% (1)	1.3% (1)	<input type="checkbox"/>
Psychologist	4.2% (4)	1.2% (1)	1.3% (1)	<input type="checkbox"/>
Speech therapist	1.1% (1)	0.0% (0)	1.3% (1)	<input type="checkbox"/>
Addiction's counselor	1.1% (1)	1.2% (1)	1.3% (1)	<input type="checkbox"/>
Dietician	1.1% (1)		0.0% (0)	<input type="checkbox"/>
Geriatrician	1.1% (1)	0.0% (0)	0.0% (0)	<input type="checkbox"/>
Social worker	1.1% (1)	2.4% (2)	0.0% (0)	<input type="checkbox"/>
Other	5.3% (5)	8.3% (7)	15.0% (12)	<input type="checkbox"/>

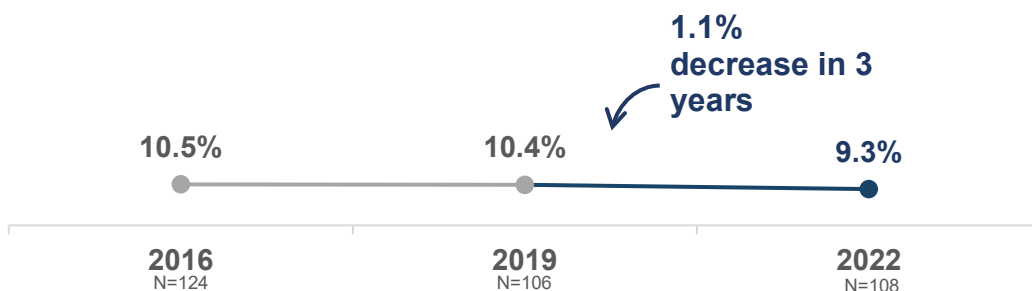
A solid blue square indicates a statistically significant change between years ( $p \leq 0.05$ ). Respondents were asked to indicate each type of specialist seen, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year.

“Other” comments included: “Nephrologist” and “Vascular surgeon.”

## Difficulty Getting Prescriptions (Question 23)

Respondents were asked to indicate if, during the last year, medication costs had prohibited them from getting a prescription or taking their medication regularly. Nine point three percent of respondents (n=10) indicated that they had difficulty getting a prescription or taking their medication regularly in the last year. Seventy-eight point seven percent of respondents (n=85) indicated that they did not have trouble getting or taking prescriptions, while 12.0% of respondents (n=13) stated it was not a pertinent question for them.

**Cost as a barrier to taking medications slightly decreased since the last assessment**



## Overall Quality of Care through Logan Health Cut Bank (Question 24)

Respondents were asked to rate various services available through Logan Health Cut Bank using the scale of 4= Excellent, 3= Good, 2= Fair, 1=Poor, and Haven't Used. The services that received the highest score were the Laboratory, Radiology (x-ray, MRI, mammography, ultrasound), Clinic services, and Inpatient services (3.3, 3.2, 3.1, and 3.1 out of 4.0, respectively). Overall, the average rating on quality and availability of the health services listed was 3.1 out of 4.0.

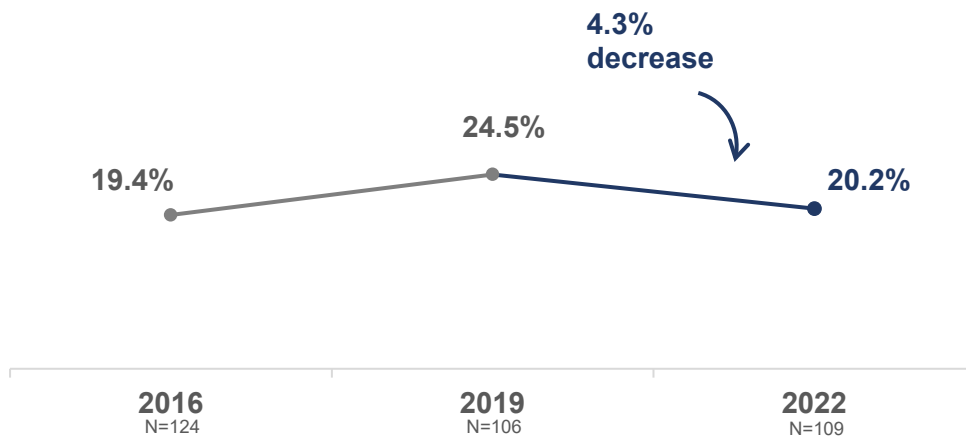
Quality of Care Rating at Logan Health – Cut Bank	2016 Average (n)	2019 Average (n)	2022 Average (n)	SIGNIFICANT CHANGE
4 Point Scale: Poor = 1, Fair = 2, Good = 3, Excellent = 4				
Total number of respondents	94	88	88	
Laboratory	3.4 (78)	3.3 (73)	3.3 (68)	<input type="checkbox"/>
Radiology (x-ray, MRI, mammography, ultrasound)	3.1 (62)	3.3 (47)	3.2 (58)	<input type="checkbox"/>
Clinic services	3.0 (70)	3.1 (61)	3.1 (72)	<input type="checkbox"/>
Inpatient services		3.0 (28)	3.1 (26)	<input type="checkbox"/>
Women's health/prenatal care		3.3 (12)	3.0 (22)	<input type="checkbox"/>
Physical therapy	3.3 (33)	3.0 (24)	3.0 (26)	<input type="checkbox"/>
Telemedicine		2.8 (5)	3.0 (8)	<input type="checkbox"/>
Other outpatient services (IV therapy, wound care)		3.1 (15)	2.9 (15)	<input type="checkbox"/>
Wellness programming			2.9 (11)	<input type="checkbox"/>
Behavioral health			2.8 (12)	<input type="checkbox"/>
Specialist services	3.0 (34)	3.0 (28)	2.8 (22)	<input type="checkbox"/>
Swing bed/Transitional care		2.5 (6)	2.8 (6)	<input type="checkbox"/>
Emergency room	2.9 (76)	3.0 (61)	2.7 (54)	<input type="checkbox"/>
Surgical services	3.0 (23)	2.4 (9)	2.6 (11)	<input type="checkbox"/>
<b>Overall average</b>	<b>3.1 (94)</b>	<b>3.1 (88)</b>	<b>3.1 (88)</b>	<input type="checkbox"/>

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 25)

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 point two percent of respondents (n=22) indicated they had experienced periods of depression, and 79.8% of respondents (n=87) indicated they had not.

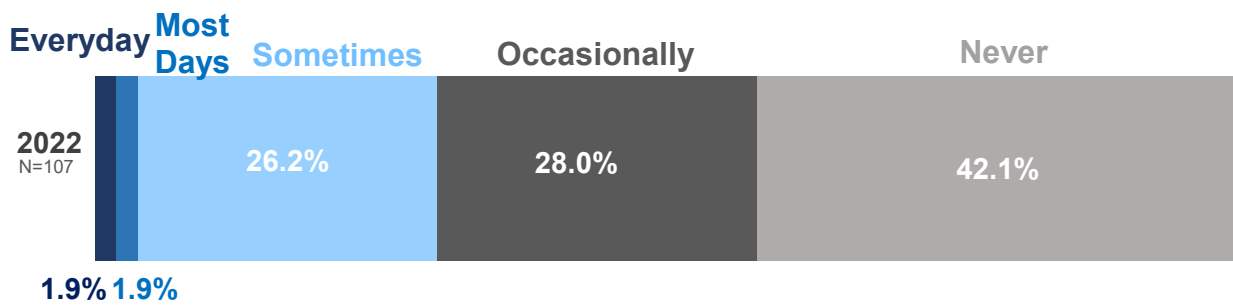
### Fewer respondents experienced depression since the last assessment



## Social Isolation (Question 26)

Respondents were asked to indicate how often they felt lonely or isolated in the past year. Forty-two point one percent of respondents (n=45) indicated they never felt lonely or isolated, and 28.0% of respondents (n=30) indicated they occasionally (1-2 days per month) felt lonely or isolated. Twenty-six point two percent (n=28) reported they felt lonely or isolated sometimes (3-5 days per month).

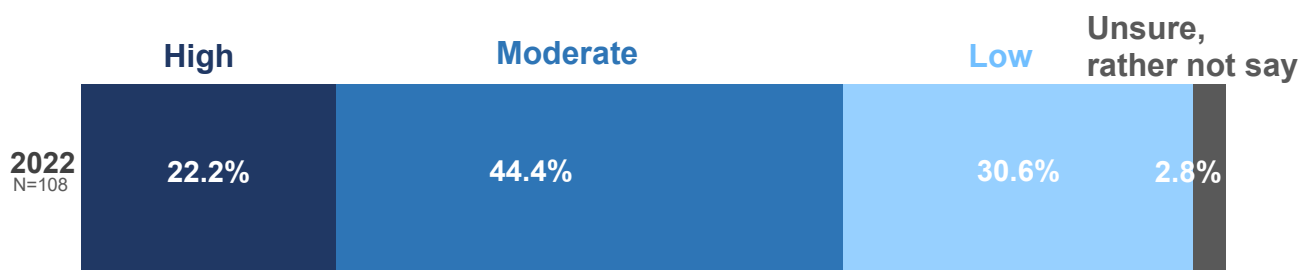
**70.1% of respondents either never felt lonely or occasionally felt lonely (1-2 days per month) in the past year**



## Perception of Stress (Question 27)

Respondents were asked to indicate how they would describe their stress level over the past year. Forty-four point four percent of respondents (n=48) indicated they experienced a moderate level of stress, 30.6% (n=33) had a low level of stress, and 22.2% of respondents (n=24) indicated they had experienced a high level of stress.

**66.6% of respondents describe their stress level in the past year as moderate or high.**

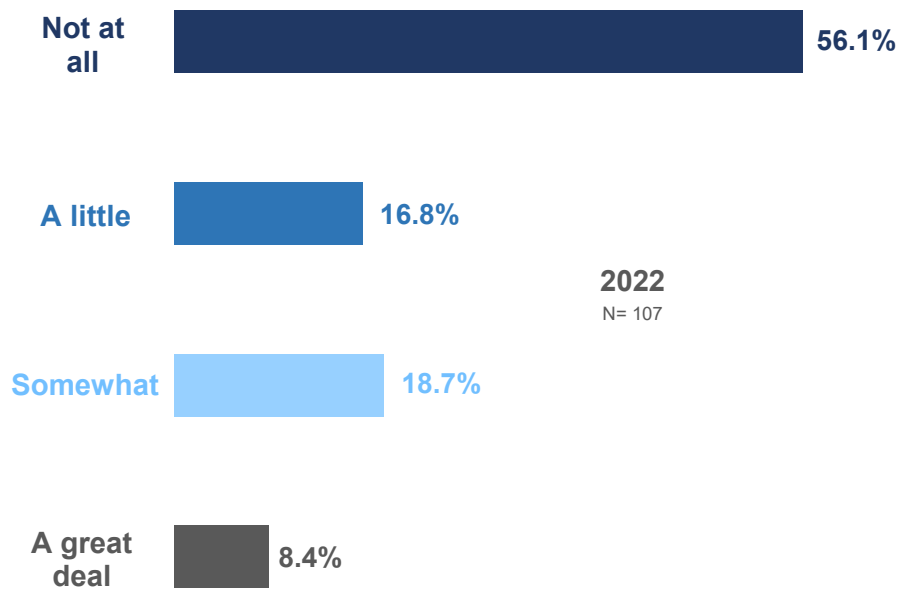




## Impact of Substance Abuse (Question 28)

Respondents were asked to indicate to what degree their life has been negatively affected by their own or someone else’s substance abuse issues, including alcohol, prescription, or other drugs. Fifty-six point one percent of respondents (n=60) indicated their life was “Not at all” affected. Sixteen point eight percent (n=18) were “A little” affected, and 18.7% (n=20) indicated they were “Somewhat” negatively affected.

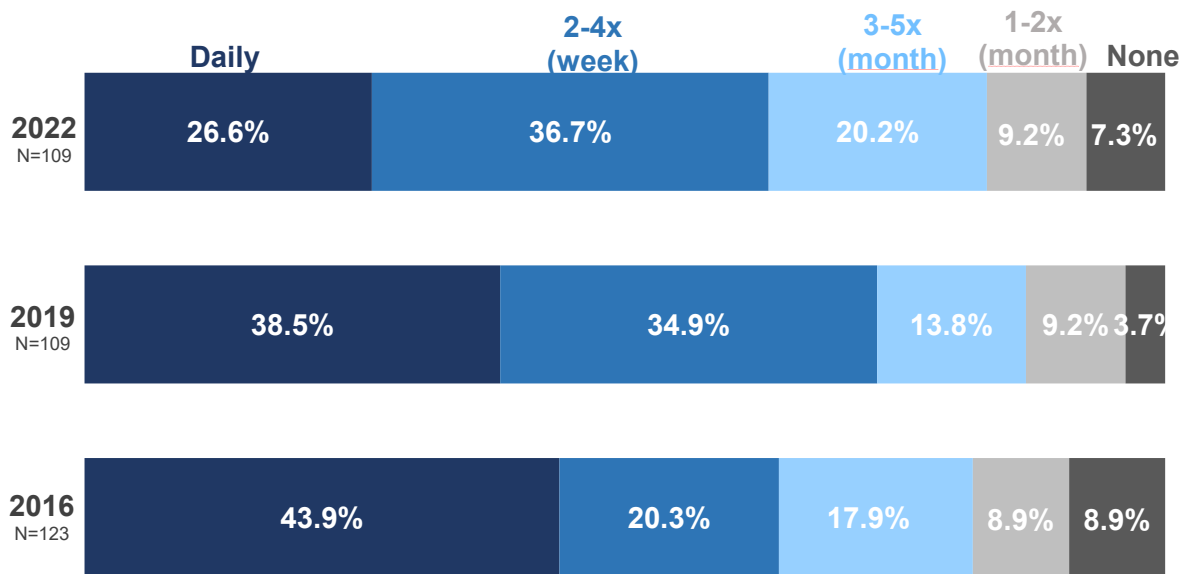
Nearly one in five respondents were **somewhat affected** by their own or someone else's substance use issues



## Physical Activity (Question 29)

Respondents were asked to indicate how frequently they had physical activity for at least twenty minutes over the past month. Twenty-six point six percent of respondents (n=29) indicated they had physical activity “daily,” and 36.7% (n=40) indicated they had physical activity of at least twenty minutes “2-4 times per week.” Seven point three percent of respondents (n=8) indicated they had “No physical activity.”

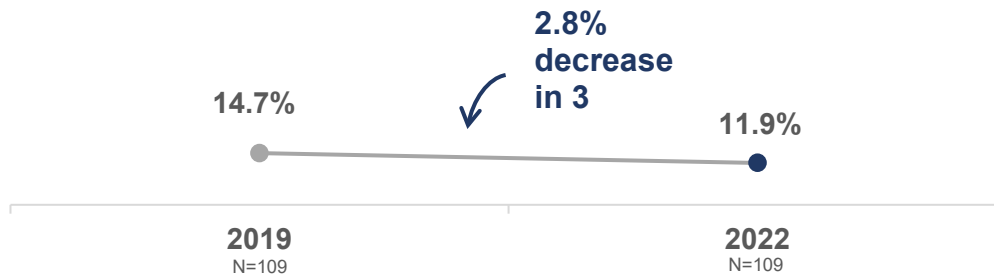
**Daily Physical activity has decreased by 17.3% since the 2016 assessment**



## Food Insecurity (Question 30)

Respondents were asked to indicate if, during the last year, they had worried that they would not have enough food to eat. The majority, 88.1% (n=96), were not worried, but 11.9% (n=13) were concerned about not having enough to eat.

**The majority of respondents did not worry about having enough food**



## Health Insurance Type (Question 31)

Respondents were asked to indicate what type of health insurance covers the majority of their medical expenses. Twenty-eight percent (n=30, each) indicated they have “Medicare” or “Employer sponsored” coverage. Twelve point one percent (n=13) indicated they have “Medicaid” coverage, and 11.2% (n=12) 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	84	100	107
Employer sponsored	39.3% (33)	33.0% (33)	28.0% (30)
Medicare	23.8% (20)	15.0% (15)	28.0% (30)
Medicaid	4.8% (4)	6.0% (6)	12.1% (13)
Indian Health	7.1% (6)	3.0% (3)	5.6% (6)
None/pay out of pocket			3.7% (4)

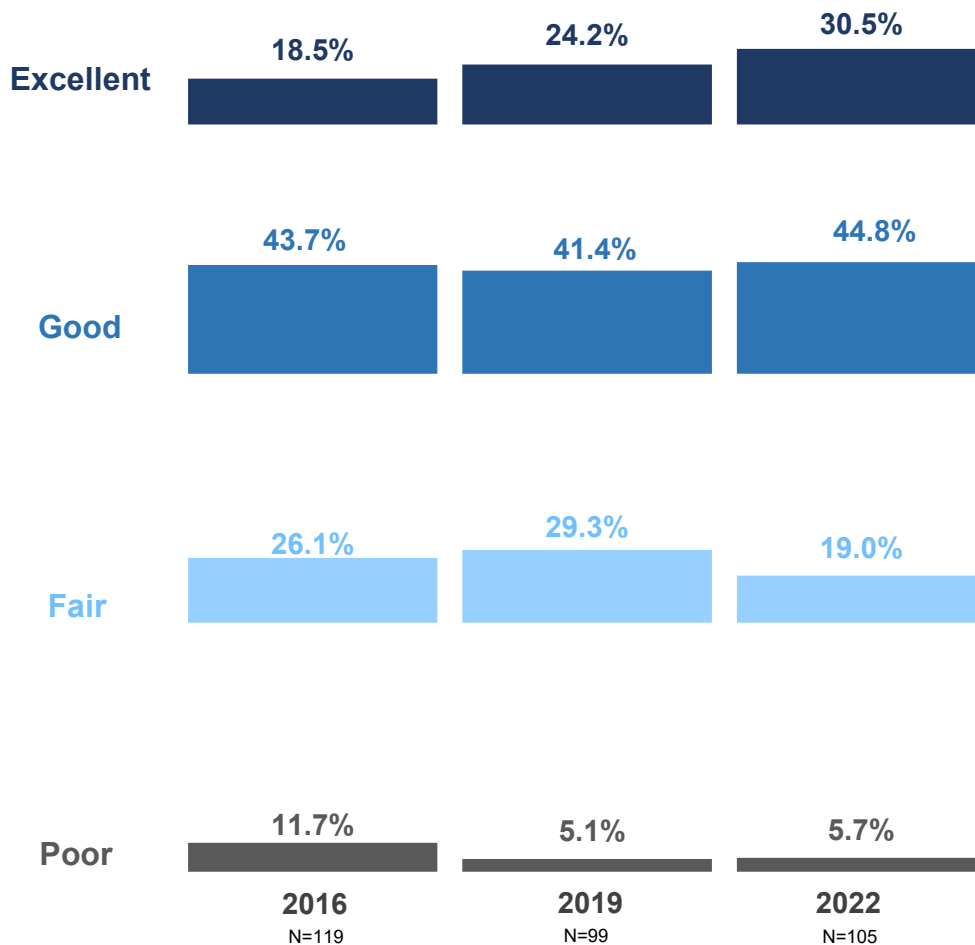
Health Insurance Marketplace	7.1% (6)	5.0% (5)	2.8% (3)
Healthy MT Kids	2.4% (2)	1.0% (1)	2.8% (3)
Private insurance/private plan	8.3% (7)	2.0% (2)	1.9% (2)
VA/military	4.8% (4)	2.0% (2)	1.9% (2)
Medicaid expansion (Help Act)		3.0% (3)	
State/Other	0.0% (0)	3.0% (3)	
Health Savings Account	2.4% (2)	1.0% (1)	0.0% (0)
Other	0.0% (0)	26.0% (26)	13.1% (14)
<b>TOTAL</b>	<b>100.0% (84)</b>	<b>100.0% (100)</b>	<b>99.9% (107)</b>

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."

## Insurance and Healthcare Costs (Question 32)

Respondents were asked to indicate how well they felt their health insurance covers their healthcare costs. Forty-four point eight percent of respondents (n=47) indicated they felt their insurance covers a “Good” amount of their healthcare costs. Thirty point five percent of respondents (n=32) indicated they felt their insurance covered an “Excellent” amount, and 19.0% of respondents (n=20) indicated they felt their insurance covered a “Fair” amount of their health costs.

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



## Barriers to Having Insurance (Question 33)

For those who indicated they did not have insurance (n=4), the top reasons selected for not having insurance was “Can’t afford to pay for health insurance” and “Employer does not offer insurance.” Respondents could select all that apply.

Reasons for No Health Insurance	2016 % (n)	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	17	9	4	
Can’t afford to pay for health insurance	64.7% (11)	55.6% (5)	50.0% (2)	<input type="checkbox"/>
Employer does not offer insurance	0.0% (0)	44.4% (4)	50.0% (2)	<input checked="" type="checkbox"/>
Choose not to have health insurance	0.0% (0)	0.0% (0)	25.0% (1)	<input checked="" type="checkbox"/>
Too confusing/don’t know how to apply			0.0% (0)	<input type="checkbox"/>
Other	29.4% (5)	33.3% (3)	25.0% (1)	<input type="checkbox"/>

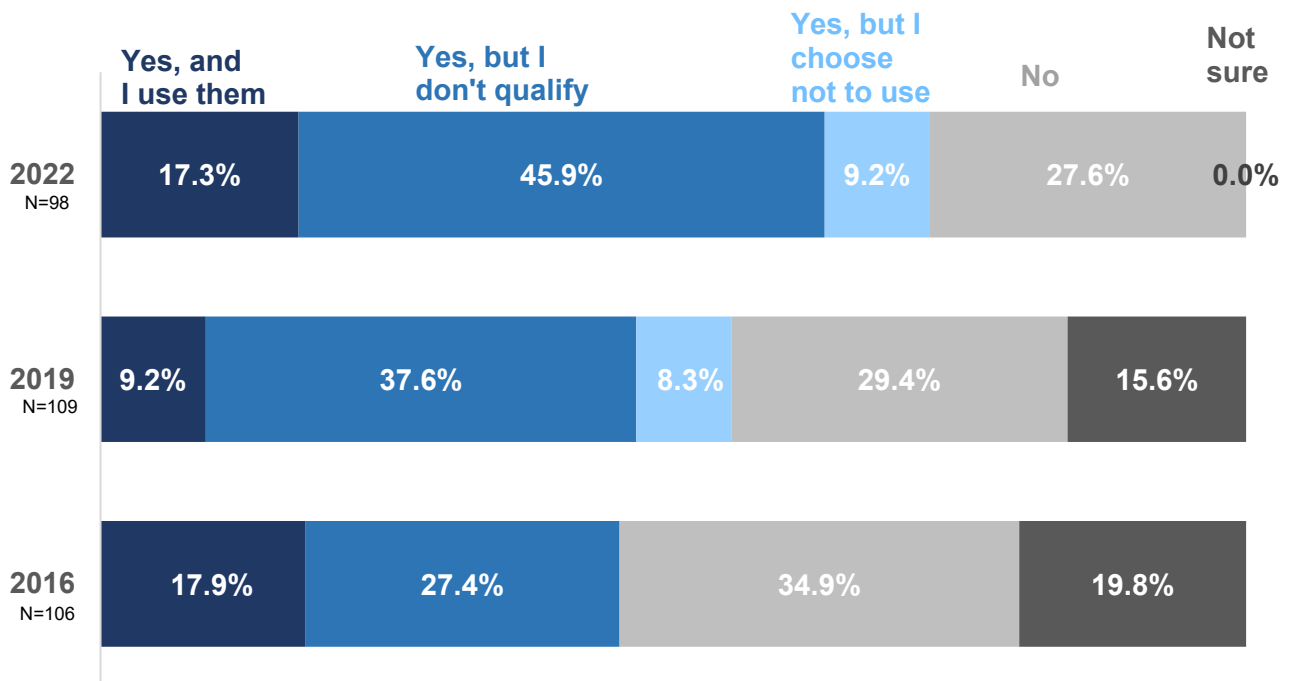
A solid blue square indicates a statistically significant change between years ( $p \leq 0.05$ ). Grayed out cells indicate the question was not asked that year.

“Other” comments included: “Retired, not old enough for Medicare” and “utilize health sharing.”

## Awareness of Health Cost Assistance Programs (Question 34)

Respondents were asked to indicate their awareness of programs that help people pay for healthcare bills. Forty-five point nine percent of respondents (n=45) indicated they were aware of these programs but did not qualify to utilize them, while 27.6% (n=27) indicated that they were not aware of health cost assistance programs.

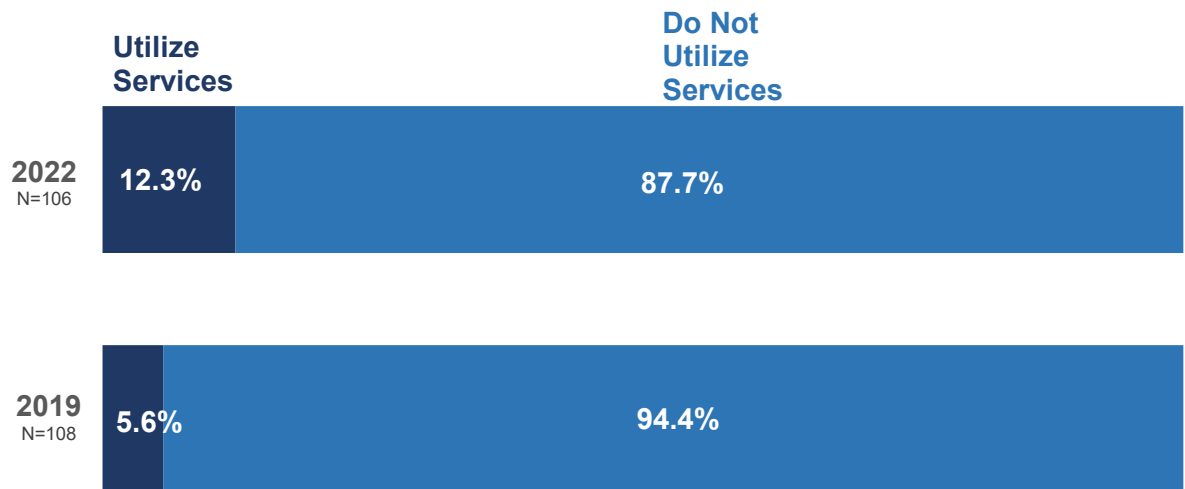
**Over a quarter of 2022 respondents are not aware of programs that help people pay for healthcare expenses**



## Use of Telehealth (Question 35)

Respondents were asked to indicate if they currently use telehealth services. The majority of respondents, 87.7% (n=93), did not utilize telehealth services. Twelve point three percent (n=13) of respondents however, did note using telehealth services in the past year.

**The majority of respondents did not utilize telehealth services in the past year**





## Telehealth services (Question 36)

Of the respondents who indicated they used telehealth services (n=13), 46.2% (n=6) were for “Specialty consults.” Thirty-eight point five percent (n=5) used telehealth services for “Mental health counseling” and 23.1% (n=3) used services for “Mental health medication management.”

Telehealth Services Used	2019 % (n)	2022 % (n)	SIGNIFICANT CHANGE
Number of respondents	6	13	
Specialty consults	16.7% (1)	46.2% (6)	<input type="checkbox"/>
Mental health counseling	0.0% (0)	38.5% (5)	<input type="checkbox"/>
Mental health medication management	0.0% (0)	23.1% (3)	<input type="checkbox"/>
Diabetic education	0.0% (0)	0.0% (0)	<input type="checkbox"/>
Dietician	0.0% (0)	0.0% (0)	<input type="checkbox"/>
Joint care	0.0% (0)	0.0% (0)	<input type="checkbox"/>
Oncology	0.0% (0)	0.0% (0)	<input type="checkbox"/>
Other	83.3% (5)	7.7% (1)	<input checked="" type="checkbox"/>

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.



# KEY INFORMANT RESULTS

# Key Informant Interview Methodology

Three key informant interviews were conducted in February 2022. Participants were identified as people living in Logan Health Cut Bank’s service area.

Due to limitations associated with COVID-19, the three interviews were conducted over the telephone. The meetings lasted up to 15 minutes in length and followed the same line of questioning. Interview transcripts can be found in Appendix I. Interviews were facilitated by Montana Office of Rural Health staff.



## Key Informant Interview Themes

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

### Mental & Behavioral Health

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Mental and behavioral health services and resources were overwhelmingly discussed as a need in the community. Specifically, counselling, addiction and rehabilitation, and mental telehealth services. It was noted there are some counseling services available, but access becomes an issue as some insurance carriers are not accepted. One participant also noted, “Telehealth expansion for mental health services might also help address some of the stigma surrounding the access of these services in a small community.”

Another participant mentioned that the hospital could also improve their front of staff confidentiality and customer service. “Secretaries in the front often ask a lot of questions and that can be difficult for someone who may be seeking mental health services.” Interviewees discussed a need to better educate the community on utilization of telemedicine mental health services.

## HEALTH EDUCATION & FITNESS

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Across all interviews, health education, nutrition, and fitness were identified as areas of improvement for the community. One community member noted that their community was “probably less healthy when compared to other areas in Montana, we see a large rate of obesity within Cut Bank.” Another interviewee mentioned that nutrition across the community varies drastically, “we have some very healthy individuals, but we also have just as many, if not more, very unhealthy individuals.”

Participants mentioned that some of the physical inactivity among community members could be attributed to lack of coordinated activities and the overall cold climate of Northern Montana. One participant suggested “more indoor recreational options, especially during winter months. This would also help keep kids off of the streets and subsequently address some of the other issues seen in the community.”

## SERVICES NEEDED IN THE COMMUNITY

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- Nutrition and healthy lifestyle education
- More local nurses and providers
- Youth activities and programs
- Pediatric care
- Cancer care and support
- More advertising and awareness of local services
- Mental and behavioral health resources
- Substance abuse services
- More mental health resources
- Affordable senior housing options



# EXECUTIVE SUMMARY

## Executive Summary

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

Areas of Opportunity	Secondary Data	Survey	Interviews
<b>Access to Healthcare Services</b>			
<i>More primary care providers</i>	<input checked="" type="checkbox"/>	✓	<input checked="" type="checkbox"/>
<i>Specialty services (i.e., urgent care, pediatrics, and women's health)</i>	<input checked="" type="checkbox"/>	✓	<input checked="" type="checkbox"/>
<i>Awareness of available services (i.e., traveling specialists)</i>		✓	<input checked="" type="checkbox"/>
<i>Affordability and insurance</i>	<input checked="" type="checkbox"/>	✓	<input checked="" type="checkbox"/>
<i>Decline in access to care due to COVID-19</i>		✓	<input checked="" type="checkbox"/>
<i>Home health</i>		✓	<input checked="" type="checkbox"/>
<b>Chronic Disease Prevention</b>			
<i>Cancer</i>		✓	<input checked="" type="checkbox"/>
<i>Nutrition: Access to affordable produce and education</i>		✓	<input checked="" type="checkbox"/>
<i>Overweight/obesity/physical inactivity</i>		✓	<input checked="" type="checkbox"/>
<i>Health education- weight loss, fitness, health &amp; wellness, nutrition</i>		✓	<input checked="" type="checkbox"/>
<b>Mental and Behavioral Health</b>			
<i>More mental health services/resources</i>	<input checked="" type="checkbox"/>	✓	<input checked="" type="checkbox"/>
<i>Alcohol/substance abuse</i>	<input checked="" type="checkbox"/>	✓	<input checked="" type="checkbox"/>
<i>Stress management</i>		✓	
<b>Health Measures</b>			
<i>Cancer</i>	<input checked="" type="checkbox"/>	✓	<input checked="" type="checkbox"/>
<i>Vaccination [i.e., HPV up-to-date (UTD), vaccine preventable diseases]</i>	<input checked="" type="checkbox"/>		



# **NEXT STEPS & RESOURCES**

## Prioritization of Health Needs

The community steering committee, comprised of staff leaders from Logan Health Cut Bank (LHCB) and community members from Glacier 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:

- Community coordination and collaboration
- Mental and behavioral health
- Health and Wellness

Logan Health Cut Bank will determine which needs or opportunities could be addressed considering LHCB'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.

- Cut Bank Chamber of Commerce
- Cut Bank Workforce Center
- Glacier County Health Department
- Glacier Care Center
- Parkview Senior Center
- Glacier Community Health Center
- Cut Bank schools
- Montana Nutrition and Physical Activity program
- The Agency for Healthcare Research & Quality
- Montana Office of Rural Health/Area Health Education Center
- Montana Department of Health and Human Services
- Cut Bank & Seville Head Start
- Parkview Senior Center
- Cut Bank Sports Complex
- Joe Meagher Memorial Civic Center
- Cut Bank Center for Mental Health
- Crystal Creek Lodge Treatment Center
- Gateway Community Services
- Alcoholics Anonymous
- Montana Hospital Association
- BeeHive Assisted Living
- Cut Bank VA Outpatient Clinic
- Opportunities, Inc.
- Cut Bank Trails, Inc
- MSU Extension Office
- Harvest Food Pantry
- Illuminate Wellness

# Evaluation of Previous CHNA & Implementation Plan

Logan Health Cut Bank provided the Montana Office of Rural Health with an update on their Implementation Plan activities from their previous CHNA process. The LHCBC Board of Directors approved its previous implementation plan in December 2019. The plan prioritized the following health issues:

- Community Coordination and Collaboration
- Health and Wellness
- Behavioral Health
- Senior Services-Aging in Place

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

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***Goal 1: Improve Glacier County’s access to, and awareness of, available resources and services through enhanced coordination and collaboration with community partners.***

	Activities	Accomplishments	Community Impact/Outcomes
<b>Strategy 1.1:</b> Expand LHCBC’s coordination and collaboration efforts with area partners to enhance access to healthcare and community resources	Conduct environmental scan to ascertain community partners and stakeholders (schools, public health, mental health, police, EMS, Chamber, senior services, etc.)	Environmental scan completed and community partners and stakeholders are identified.	Community partners and stakeholders participate in various hospital committees and CHSD process to provide input and support in improving the health of our community.
	Assess and catalogue community resources	Community resources have been catalogued and will include Logan Health Partners.	Increased community awareness of local resources
	Create a web-based collaborative community-based resource page to highlight available resources/services	Our website was updated to include our community partners with their websites and contact information. We are able to highlight various events and programs through the website and social media platforms. We will continue to work towards expanding	Enhanced community collaboration

		this with our Logan Health partners.	
	Develop resource education and outreach plan	This was put on hold until the affiliation with Logan Health Kalispell is complete.	Logan Health Cut Bank plans to revisit this activity when the affiliation with Logan Health Kalispell is well established
	Review and update resource quarterly	This will continue to expand as our affiliation grows with Logan Health Kalispell, Logan Health Conrad, and Logan Health Shelby	Increased community collaboration and awareness of resources. Logan Health Cut Bank is committed to continuing this work quarterly.

**Goal 2: Enhance LHCB’s programs and services that promote health and wellness in Glacier County.**

	Activities	Accomplishments	Community Impact/Outcomes
<p><b>Strategy 2.1:</b> Increase Knowledge and access to programs and services that improve population health</p>	Continue to provide various chronic disease related programs at low/no cost to community (Montana Journey to Wellness, Team Based Care (hypertension), lifestyle management, Montana living live well, Walk with Ease, Wellness screenings (for school), Health fair, fitness classes, etc.)	The following programs were offered to the community at various times throughout the 3-year time period for the CHNA: MT Journey to Wellness, Heart Healthy U, MT Living Life Well, Health Coaches for Hypertension Control, Walk with Ease, TOPS, health screenings for our school district yearly, sports physicals for our local athletes yearly, and provided exercise classes for the school district staff, the community and our senior population. All of these services were offered at little to no cost to the community.	Through these programs, we were able to provide education and training on various components of a healthy lifestyle to the community. The barrier of cost was removed by offering most of the classes for no charge.
	Create web-based communication and education for chronic disease and wellness classes and programs	We utilized our website and social media platforms to provide education and notification of available classes and programs. Also utilized online platforms (Zoom, VSee) to be able to continue with the classes during the pandemic.	Increased outreach and education surrounding available classes and programs within the community.
	Continue to offer annual health fair providing education and free/no-cost screenings to community	We offered an annual health fair for each of the years covered by the CHNA. We partnered with the America Red Cross to host the health	We are able to reach an average of 120 people through this event who are exposed to health screenings and various educational

		<p>fair during a local blood drive to increase attendance for both events. Also, we invited students from the high school health and PE classes to attend. We offered a variety of screenings for free/low cost including birthday labs, body composition, EKG's, blood glucose testing, strength and balance testing, depression and anxiety screening. We also offered a free healthy lunch to community members.</p>	<p>materials to prevent disease and adopt a healthy lifestyle.</p>
	<p>Continue to support/sponsor local events that promote health, wellness and healthy lifestyles in Glacier County</p>	<p>We continue to support local events that promote health in Glacier County through our marketing program.</p>	<p>Supporting local events expands our presence in the community.</p>
<p><b>Strategy 2.2:</b> Explore opportunities to enhance LHCB care coordination and population health efforts</p>	<p>Explore alternative staffing plans/model to enhance care coordination services</p>	<p>Explored and implemented a team based care approach in the rural health clinic to support our care coordination program. This included adding a certified health and wellness coach and behavioral health provider to the clinic staffing.</p>	<p>With the team based approach, we are able to address lifestyle management issues associated with chronic diseases and mental health issues in the community.</p>
	<p>Research and develop staff protocol to connect chronic disease patients with telehealth and other educational services (diabetes, heart disease, etc.)</p>	<p>Our care coordination process allows us to identify patients through the acute care process with 2 or more chronic diseases and make appropriate referrals to internal and external providers. Patients with chronic diseases are also referred to the health coach in the rural health clinic to address lifestyle management issues.</p>	<p>We are managing our patients with chronic diseases more effectively to prevent progression of the condition and decrease hospitalizations and/or ER visits.</p>
	<p>Explore new opportunities to promote or educate community on importance of, and engaging in, healthy behaviors and lifestyles</p>	<p>Partnerships have been formed with other providers in the community to provide additional exercise classes and lunch and learn-type educational activities.</p>	<p>While partnerships have been formed, Logan Health Cut Bank is working to expand these community classes and programs in the future.</p>

**Goal 3: Strengthen access to behavioral health services in Glacier County.**

	<b>Activities</b>	<b>Accomplishments</b>	<b>Community Impact/Outcomes</b>
<p><b>Strategy 3.1:</b> Explore opportunities to expand behavioral health resources and services at LHCB</p>	Explore feasibility of adding an integrated behavioral health program in the LHCB clinic	Completed feasibility study and have added an integrated behavior health program in the LHCB clinic.	Increased availability and access to integrated behavioral health services.
	Research feasibility of offering mental/behavioral services through enhanced utilization of telemedicine	LHCB contracted with Frontier Psychiatry to assist with telehealth psychiatric services. In addition, an online HIPAA compliant platform is being utilized by the Behavior Health Provider to offer behavioral health services via telehealth for patients that are unable to come into the clinic due to COVID or long distances to travel, weather conditions, etc.	Increased availability and access to mental and behavioral health services.
	Determine behavioral health trainings available through state partners to enhance LHCB staff and community knowledge/skills (MOAB, Mental Health first aid, etc.)	LHCB partnered with the state to offer several sessions of Mental Health First Aid and ASIST Training to hospital staff, school district staff and other community members.	Increased availability and access to behavioral health services.
	Explore implementing depression/suicide screening protocols in emergency department	Policy has been developed to increased suicide screening in the ED pending Medical Staff and Policy Committee approval.	Improved screening for community members that may be exhibiting signs of depression/suicide
<p><b>Strategy 3.2:</b> Support local behavioral and mental health services and initiatives</p>	Continue to participate and support local programs engaging in behavioral health activities	Our behavioral health provider participates on the Pondera Mental Health Advisory Board meeting and attends Cut Bank’s Listener Circle and Cut Bank Mental Health Advisory Board meetings. Participated in the implementation of a suicide awareness billboard in conjunction with financial support from Logan Health Foundation.	Increased suicide awareness and outreach, with the goal of preventing suicide.
	Enhance community outreach/education related to substance use prevention or cessation efforts (tobacco cessation program through Journey to Wellness, SAFE Medical Disposal (Pharmacy))	Participants in several of the health promotion programs (MT Journey to Wellness, Health Coaches for Hypertension Control, and MT Living Life Well) offer screening for tobacco use and	Increased awareness of substance use and cessation resources with the goal of prevention.

		referrals when appropriate. We also provide tobacco cessation materials at the annual health fair.	
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**Goal 4: Enhance senior services and outreach to support Glacier County’s aging population to age in place.**

	Activities	Accomplishments	Community Impact/Outcomes
<b>Strategy 4.1:</b> Determine feasibility of expanding access via alternative/remote care methodologies to reduce burden of travel and reduce isolation	Explore patient home monitoring technologies for rural/remote care	We have explored a variety of technologies including blood pressure monitors, scales to monitor weight, and glucometers to monitor blood sugars. We have the ability to bill for these services through our care coordination program once we are able to acquire equipment.	This will expand the communities access to chronic disease management and support.
	Determine feasibility of providing remote monitoring through LHCB	We determined that this was not feasible until our affiliation is complete with Logan Health Kalispell.	LHCB determined that this was not feasible at this time but will be revisiting after affiliation is complete.
<b>Strategy 4.2:</b> Enhance outreach and engagement to assist area seniors in accessing care, services and programs to assist them to age in place	Continue to provide senior education programs (fall prevention, immunizations, medication management, Medicare, etc.)	We were able to provide a variety of educational programs up until the senior center closed in March of 2020 due to the pandemic.	We will continue with this service now that senior center is open post-pandemic.



# APPENDICES

# Appendix A- Steering Committee

<b>Steering Committee Member</b>	<b>Organization Affiliation</b>
<i>Cherie Taylor</i>	Vice President – Logan Health Cut Bank (LHCB)
<i>Toni Altenburg</i>	Community Health Improvement Manager - LHCB
<i>Stephanie Eney</i>	Quality/Risk Manager - LHCB
<i>Treasure Berkram</i>	Chief Financial Officer - LHCB
<i>Michelle Rides at the Door</i>	Patient Financial Services Manager - LHCB
<i>Crystal Losing</i>	Chief Nursing Officer - LHCB
<i>Alana Burtness</i>	Executive Assistant - LHCB
<i>Rachel Kipp</i>	Family Service Worker - Opportunities, Inc./Headstart
<i>Jenny Krapf</i>	Director - Glacier County Health Department
<i>Angela Haas</i>	CEO/CFO - Glacier Community Health Center
<i>Betsy Seglem</i>	COO - Glacier Community Health Center
<i>Jennifer Fenger</i>	Financial Controller - Glacier Community Health Center
<i>Linda Luther</i>	LHCB Board Member, Retired Teacher
<i>Claire Reynolds</i>	Owner/Nurse Practitioner, Illuminate Wellness
<i>Kari Lewis</i>	Extension Agent – Montana State University (MSU) Extension Agency
<i>Jodi Duncan</i>	SNAP-Ed Instructor – Montana State University (MSU) Extension Agency, Nutrition Education Program





# 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

Cherie Taylor, Logan Health Cut Bank - Market Vice President  
Stephanie Eney, Logan Health Cut Bank - Quality/Risk Manager  
Treasure Berkram, Logan Health Cut Bank - Chief Financial Officer  
Michelle Rides at the Door, Logan Health Cut Bank - Patient Financial Services Manager  
Crystal Losing, Logan Health Cut Bank - Chief Nursing Officer  
Toni Altenburg, Logan Health Cut Bank - Community Health Improvement Manager  
Alana Burtness, Logan Health Cut Bank - Executive Assistant  
Rachel Kipp, Opportunities, Inc./Headstart - Family Service Worker  
Jenny Krapf, Glacier County Health Department - Director, Glacier County Health Department  
Angela Haas, Glacier Community Health Ctr - CEO/CFO  
Betsy Seglem, Glacier Community Health Ctr - COO  
Linda Luther, Logan Health Cut Bank - Board Member, Retired Teacher  
Claire Reynolds, Illuminate Wellness - Owner/Nurse Practitioner  
Kari Lewis, MSU Glacier County Extension - MSU Extension Agent  
Jodi Duncan, MSU Extension Nutrition Education Program - SNAP-Ed Instructor  
Jennifer Fenger, Glacier Community Health Ctr – Financial Controller

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

Steering Committee 12/17/2021

## Public and Community Health

- We had no mammography services around a year ago so that would have effected that screening rate, but we believe it is much higher now.
- We are concerned that primary care HPSA score is much too low and could affect our status on a national level. It is not representative of the actual problem we are facing at LHCB as it relates to primary care.
- People may not know what ACES is in the community, it is more of a professional term. We would like to reword it to make it more understandable for the lay person.
- Would like to remove economic well-being question (Q10) as we wouldn't use the data to develop any sort of strategy.

- It would be beneficial to add Covid barriers/concerns to Q13 as it was a large reason that individuals did not seek or delayed seeking care.
- People sometimes visit Missoula and Billings for specialty care, so we could add those locations to Q21.

### Population: Low-Income, Underinsured

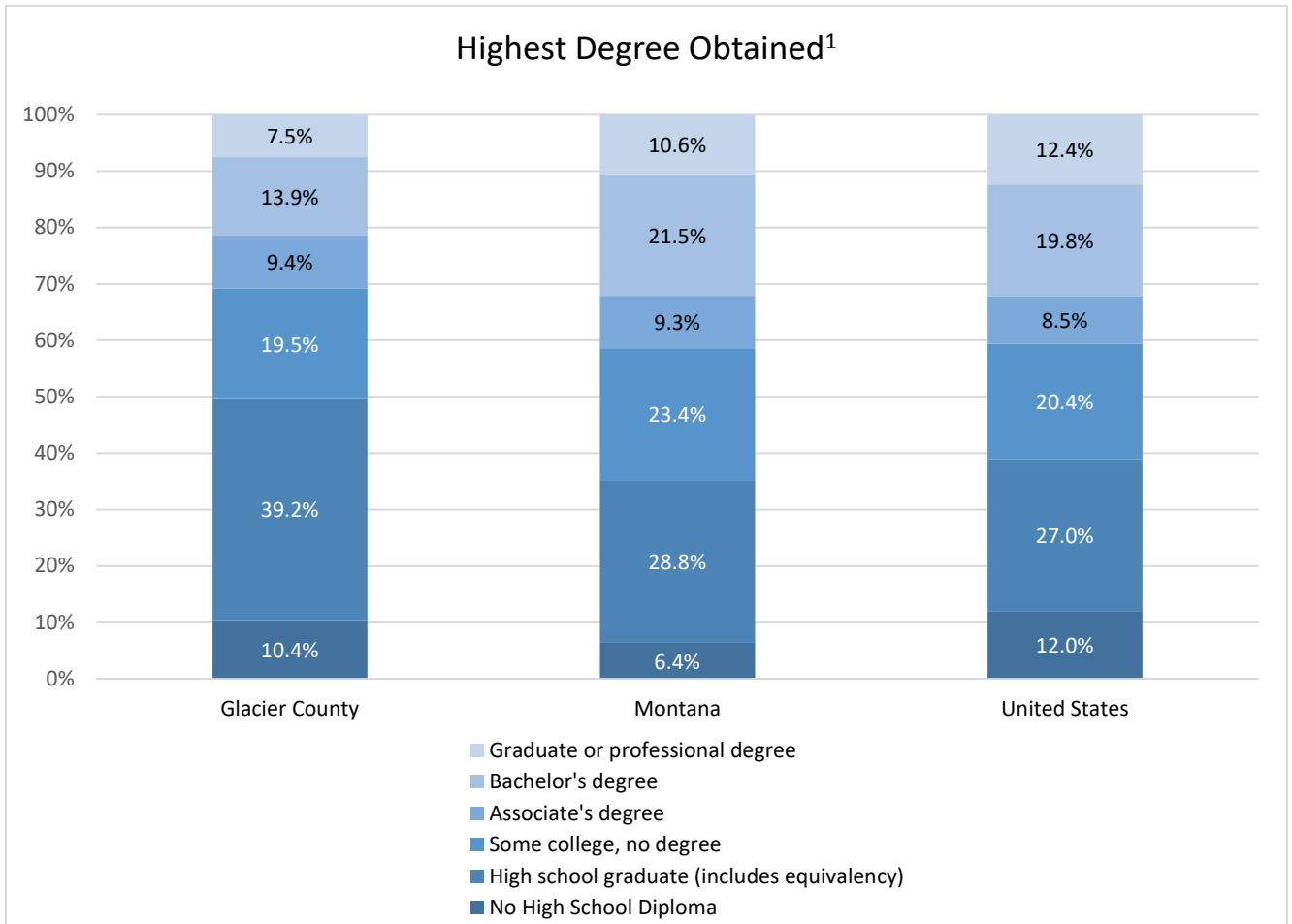
- We have seen a significant reduction in bad debt among patients to the point where we are nearing 2-3%.
- We are surprised to see that the uninsured adult rate is so high, we are wondering if that could be possibly attributed to IHS individuals being counted as uninsured.

# Appendix C- Glacier Co. Secondary Data

Demographic Measure (%)		County			Montana			Nation		
Population <sup>1</sup>		13,732			1,050,649			324,697,795		
Population Density <sup>1</sup>		4.5			7.1			85.5		
Veteran Status <sup>1</sup>		8.4%			10.4%			7.3%		
Disability Status <sup>1</sup>		10.3%			13.6%			12.6%		
Age <sup>1</sup>		<5	18-64	65+	<5	18-64	65+	<5	18-64	65+
		9.2%	56.6%	11.8%	5.8%	60.1%	18.2%	6.1%	61.7%	15.6%
Gender <sup>1</sup>		Male		Female	Male		Female	Male		Female
		49.3%		50.7%	50.3%		49.7%	49.2%		50.8%
Race/Ethnic Distribution <sup>1</sup>		White			91.4%			75.3%		
		American Indian or Alaska Native			8.3%			1.7%		
		Other <sup>†</sup>			3.7%			26.5%		

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

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



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

Socioeconomic Measures (%)	County	Montana	Nation
Median Income <sup>1</sup>	\$36,045	\$54,970	\$62,843
Unemployment Rate <sup>1</sup>	6.8%	4.0%	5.3%
Persons Below Poverty Level <sup>1</sup>	31.0%	13.1%	13.4%
Children in Poverty <sup>1</sup>	40.0%	15.8%	18.5%
Internet at Home <sup>2</sup>	66.4%	81.5%	-
Households with Population Age 65+ Living Alone <sup>2</sup>	605	52,166	-
Households Without a Vehicle <sup>2</sup>	216	21,284	-
Households Receiving SNAP <sup>2</sup>	870	56,724	-
Eligible Recipients of Free or Reduced Price Lunch <sup>3</sup> 2019/2020 school year	86.2%	42.9%	-
Enrolled in Medicaid <sup>4, 1</sup>	20.1%	9.7%	19.8%
Uninsured Adults <sup>5, 6</sup> Age <65	23.0%	12.0%	12.1%
Uninsured Children <sup>5, 6</sup> Age <18	8.0%	6.0%	5.1%

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

Maternal Child Health	County	Montana	Nation
General Fertility Rate* <sup>7</sup> Per 1,000 Women 15-44 years of age (2017-2019)	83.2	59.3	-
Preterm Births <sup>7</sup> Born less than 37 weeks (2017-2019)	14.9%	9.4%	-
Adolescent Birth Rate <sup>7</sup> Per 1,000 years females 15-19 years of age (2017-2019)	45.9	18.3	-
Smoking during pregnancy <sup>3, 8</sup>	20.5%	16.5%	7.2%
Kotelchuck Prenatal Care** <sup>7</sup> Adequate or Adequate-Plus (2017-2019)	46.6%	75.7%	-
Low and very low birth weight infants <sup>7</sup> Less than 2500 grams (2017-2019)	10.6%	7.6%	-
Childhood Immunization Up-To-Date (UTD) <sup>§ 9</sup>	48.1%	64.8%	-

<sup>7</sup> IBIS Birth Data Query, MT-DPPHS (2020), <sup>3</sup> Kids Count Data Center, Annie E. Casey Foundation (2020), <sup>8</sup> National Center for Health Statistics (NCHS), CDC (2016), <sup>9</sup> 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 <sup>5</sup>	34.0%	19.0%	16.0%
Excessive Drinking <sup>5</sup>	19.0%	22.0%	15.0%
Adult Obesity <sup>5</sup>	38.0%	27.0%	26.0%
Poor Mental Health Days <sup>5</sup> (Past 30 days)	5.9	3.9	3.8
Physical Inactivity <sup>5</sup>	31.0%	22.0%	19.0%
Do NOT wear seatbelts <sup>10</sup> State Age-Adjusted Prevalence (2018) Nation Crude Prevalence (2018)	-	10.3%	6.3%
Drink and Drive <sup>10</sup> State Age-Adjusted Prevalence (2018) Nation Crude Prevalence (2018)	-	3.7%	3.1%

<sup>5</sup> County Health Ranking, Robert Wood Johnson Foundation (2020), <sup>10</sup> Behavioral Risk Factor Surveillance System, CDC (2019)

Cancer prevention & screening	County	Montana	Nation
Human Papillomavirus (HPV) vaccination UTD <sup>†† 11, 12</sup> Adolescents 13-17 years of age (2020)	22.8%	54.4%	58.6%
Cervical cancer screening in past 3 years <sup>13, 10</sup> Age adjusted (county/state) and crude (nation) prevalence among adult women aged 21–65 years (2018)	81.1%	76.8%	80.1%
Mammography in past 2 years <sup>13, 10</sup> Age adjusted (county/state) and crude (nation) prevalence among women 50-74 years (2018)	68.1%	73.4%	78.3%
Colorectal Cancer Screening <sup>13, 10</sup> Age adjusted (county) and crude (state/nation) prevalence among adults age 50-75 years (2018)	49.9%	64.5%	69.7%

<sup>11</sup> Adolescent Immunization Coverage by County, MT-DPHHS (2020), <sup>12</sup> National Center for Immunization and Respiratory Diseases, CDC (2021), <sup>13</sup> PLACES Project, CDC (2020), <sup>10</sup> Behavioral Risk Factor Surveillance System, CDC (2019)

<sup>††</sup> 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 15<sup>th</sup> birthday, and 3 doses for all others).

Infectious Disease Incidence Rates <sup>14</sup> Per 100,000 people (2015-2017)	County	Montana
Enteric Diseases *	68.2	80.1
Hepatitis C virus	541.6	93.4
Sexually Transmitted Diseases (STD) †	1467.0	551.6
Vaccine Preventable Diseases (VPD) §	102.4	91.5

<sup>14</sup> IBIS Community Snapshot, MT-DPPHS

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

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

Chronic Conditions <sup>10</sup>	County	Montana	Nation
<b>Cardiovascular Disease (CVD) prevalence</b> <i>Adults aged 18 years and older (2014-2016)</i>	8.9	7.9	8.6
<b>Chronic Obstructive Pulmonary Disease (COPD) prevalence</b> <i>Adults aged 18 years and older (2014-2016)</i>	5.7	6.6	6.4
<b>Diabetes Prevalence</b> <i>Adults aged 18 years and older (2014-2016)</i>	12.6	8.3	10.6
<b>Breast Cancer Incidence Rate</b> <i>Age-Adjusted Per 100,000 population (2014-2016)</i>	158.1	125.0	124.1
<b>Cervical Cancer Incidence Rate</b> <i>Age-Adjusted Per 100,000 population (2014-2016)</i>	**	7.9	7.4
<b>Colon and Rectum Cancer (CRC) Incidence Rate</b> <i>Age-Adjusted Per 100,000 population (2014-2016)</i>	54.8	37.1	38.9
<b>Lung Cancer Incidence Rate</b> <i>Age-Adjusted Per 100,000 population (2014-2016)</i>	46.9	52.2	60.0
<b>Melanoma Cancer Incidence Rate</b> <i>Age-Adjusted Per 100,000 population (2014-2016)</i>	**	26.3	21.0
<b>Prostate Cancer Incidence Rate</b> <i>Age-Adjusted Per 100,000 population (2014-2016)</i>	**	109.6	103.0

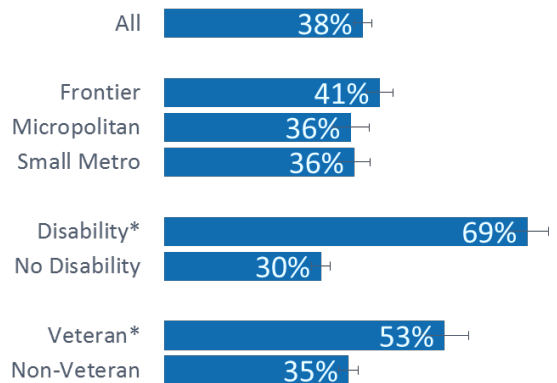
<sup>14</sup> IBIS Community Snapshot, MT-DPPHS

\*\* Data were suppressed to protect privacy.

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

<sup>10</sup> Behavioral Risk Factor Surveillance System, CDC (2019)

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



Mortality	County	Montana	Nation
<b>Suicide Rate<sup>15</sup></b> <i>Per 100,000 population (2009-2018)</i>	20.7	23.9	-
<b>Veteran Suicide Rate<sup>15</sup></b> <i>Per 100,000 population (2009-2018)</i>	-	65.7	38.4
<b>Alzheimer's Disease Mortality Rate<sup>16</sup></b> <i>Age-Adjusted per 100,000 population (2017- 2019)</i>	-	21.7	-
<b>Pneumonia/Influenza Mortality Rate<sup>17</sup></b> <i>Age-Adjusted per 100,000</i>	-	10.5	12.3
<b>Leading Causes of Death<sup>16, 18</sup></b>	-	1. Heart Disease 2. Cancer 3. Chronic Lower Respiratory Disease (CLRD)	1. Heart Disease 2. Cancer 3. Unintentional injuries

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

\*\* Data were suppressed to protect privacy.

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

<sup>10</sup> Behavioral Risk Factor Surveillance System, CDC (2019)

\*Annual household income < \$15,000

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

<sup>19</sup> Montana Youth Risk Behavior Survey (2019)



# Appendix D- Survey Cover Letter

January 7, 2022



Cut Bank

Dear [LASTNAME] household:

Participate in our Community Health Needs Assessment survey for a chance to **WIN a \$100 Amazon Gift Card!**

Logan Health Cut Bank (LHCB) is partnering with the Montana Office of Rural Health (MORH) to administer a community health needs assessment survey. The purpose of the survey is to obtain information from a wide range of participants to assist in planning our programs, services, and facilities to best serve our community. Your help is critical in determining health priorities and planning for future needs.

Your name has been randomly selected as a resident who lives in the LHCB 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: February 11, 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 "Logan Health Cut Bank Survey." Your access code is [CODED]
4. The winner of the gift card will be contacted the week of February 21<sup>st</sup>.

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

Thank you for your assistance. We appreciate your time.

Sincerely,

A handwritten signature in black ink, appearing to read "Cherie Taylor".

Cherie Taylor, Vice President

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

# Appendix E- Survey Instrument

## Community Health Needs Assessment Survey Cut Bank, Montana

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

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

- Very healthy       Healthy       Somewhat healthy       Unhealthy       Very unhealthy

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

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

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

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

4. How do you rate your knowledge of the health services that are available to you?

- Excellent       Good       Fair       Poor

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

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Emergency response  | <input type="checkbox"/> Mailings/newsletter | <input type="checkbox"/> Social media/Facebook    |
| <input type="checkbox"/> Friends/family      | <input type="checkbox"/> Newspaper           | <input type="checkbox"/> Television               |
| <input type="checkbox"/> Healthcare provider | <input type="checkbox"/> Presentations       | <input type="checkbox"/> Website/internet         |
| <input type="checkbox"/> Internet search     | <input type="checkbox"/> Public health       | <input type="checkbox"/> Word of mouth/reputation |
| <input type="checkbox"/> Local publications  | <input type="checkbox"/> Radio               | <input type="checkbox"/> Other: _____             |

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

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Chiropractor         | <input type="checkbox"/> Meals on Wheels | <input type="checkbox"/> Senior center            |
| <input type="checkbox"/> Civic/fitness center | <input type="checkbox"/> Mental health   | <input type="checkbox"/> Substance abuse services |
| <input type="checkbox"/> Dentist              | <input type="checkbox"/> Optometrist     | <input type="checkbox"/> Transportation services  |
| <input type="checkbox"/> Diabetes center      | <input type="checkbox"/> Pharmacy        | <input type="checkbox"/> Walking trail            |
| <input type="checkbox"/> Food banks           | <input type="checkbox"/> Pool            | <input type="checkbox"/> Other: _____             |
| <input type="checkbox"/> Home care services   | <input type="checkbox"/> Public health   |   |

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

- |  |  |
|--|--|
| <input type="checkbox"/> Cultural sensitivity                      | <input type="checkbox"/> More mental health services                       |
| <input type="checkbox"/> Expanded hours for clinic services        | <input type="checkbox"/> More primary care providers                       |
| <input type="checkbox"/> Financial assistance/counseling           | <input type="checkbox"/> More specialists                                  |
| <input type="checkbox"/> Greater health education services         | <input type="checkbox"/> Outpatient services expanded hours                |
| <input type="checkbox"/> Home health assistance                    | <input type="checkbox"/> Payment assistance programs (healthcare expenses) |
| <input type="checkbox"/> Improved quality of care                  | <input type="checkbox"/> Telehealth  |
| <input type="checkbox"/> Interpreter services                      | <input type="checkbox"/> Transportation assistance                         |
| <input type="checkbox"/> More information about available services | <input type="checkbox"/> Other: _____                                      |

8. Please describe/rate your level of agreement with the following statements:

Due to the COVID-19 pandemic;	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know/NA
8.1) My household has had more difficulty than usual paying for bills and expenses.	4	3	2	1	N/A
8.2) My household has had more difficulty than usual getting needed items, food, or services.	4	3	2	1	N/A
8.3) A household member or I have had more difficulty than usual obtaining medical care.	4	3	2	1	N/A
8.4) A household member or I have had more difficulty than usual obtaining mental health care.	4	3	2	1	N/A
8.5) Other comments:					

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

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Alcohol/substance abuse     | <input type="checkbox"/> Fitness                 | <input type="checkbox"/> Parenting                 |
| <input type="checkbox"/> Alzheimer's                 | <input type="checkbox"/> Grief counseling        | <input type="checkbox"/> Prenatal/lactation        |
| <input type="checkbox"/> Budgeting/finances          | <input type="checkbox"/> Health and wellness     | <input type="checkbox"/> Smoking/tobacco cessation |
| <input type="checkbox"/> Cancer                      | <input type="checkbox"/> Heart disease           | <input type="checkbox"/> Stress management         |
| <input type="checkbox"/> Career development          | <input type="checkbox"/> Living will             | <input type="checkbox"/> Support groups            |
| <input type="checkbox"/> Cultural/traditional health | <input type="checkbox"/> Men's health            | <input type="checkbox"/> Weight loss               |
| <input type="checkbox"/> Diabetes                    | <input type="checkbox"/> Mental health           | <input type="checkbox"/> Women's health            |
| <input type="checkbox"/> First aid/CPR               | <input type="checkbox"/> Nutrition/healthy foods | <input type="checkbox"/> Other: _____              |

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

- |  |   |                                       |
|--|---|---------------------------------------|
| <input type="checkbox"/> Addictions counselor            | <input type="checkbox"/> Family planning        | <input type="checkbox"/> Orthodontia  |
| <input type="checkbox"/> Alternative medicine/Naturopath | <input type="checkbox"/> Home health assistance | <input type="checkbox"/> Pediatrician |
| <input type="checkbox"/> Audiologist (hearing)           | <input type="checkbox"/> Nutrition/dietician    | <input type="checkbox"/> Psychiatrist |
| <input type="checkbox"/> Cardiac rehabilitation          | <input type="checkbox"/> Speech therapy         | <input type="checkbox"/> Rheumatology |
| <input type="checkbox"/> Dermatology                     | <input type="checkbox"/> Medication management  | <input type="checkbox"/> Surgery      |
| <input type="checkbox"/> Emergency mental health         | <input type="checkbox"/> Oncology               | <input type="checkbox"/> Urology      |
| <input type="checkbox"/> ENT (ear/nose/throat)           | <input type="checkbox"/> Ophthalmologist (eye)  | <input type="checkbox"/> Other: _____ |

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

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Blood pressure check         | <input type="checkbox"/> Flu shot                 | <input type="checkbox"/> Prostate (PSA)                            |
| <input type="checkbox"/> Children's checkup/Well baby | <input type="checkbox"/> Health checkup           | <input type="checkbox"/> Yearly blood screening<br>(birthday labs) |
| <input type="checkbox"/> Cholesterol screening        | <input type="checkbox"/> Hearing exam             | <input type="checkbox"/> None                                      |
| <input type="checkbox"/> Colonoscopy                  | <input type="checkbox"/> Mammography              | <input type="checkbox"/> Other: _____                              |
| <input type="checkbox"/> Dental exam                  | <input type="checkbox"/> Mental health counseling |  |
| <input type="checkbox"/> Eye exam                     | <input type="checkbox"/> Pap test                 |  |

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

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

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

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Could not get an appointment       | <input type="checkbox"/> Had no childcare             | <input type="checkbox"/> Office wasn't open when I could go  |
| <input type="checkbox"/> Could not get off work             | <input type="checkbox"/> It cost too much             | <input type="checkbox"/> Too long to wait for an appointment |
| <input type="checkbox"/> COVID-19 barriers/concerns         | <input type="checkbox"/> It was too far to go         | <input type="checkbox"/> Too nervous or afraid               |
| <input type="checkbox"/> Didn't know where to go            | <input type="checkbox"/> Language barrier             | <input type="checkbox"/> Transportation problems             |
| <input type="checkbox"/> Don't like doctors                 | <input type="checkbox"/> My insurance didn't cover it | <input type="checkbox"/> Unsure if services were available   |
| <input type="checkbox"/> Don't understand healthcare system | <input type="checkbox"/> No insurance                 | <input type="checkbox"/> Qualified provider not available    |
|   | <input type="checkbox"/> Not treated with respect     | <input type="checkbox"/> Other: _____                        |

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

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

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

- |                                   |                                      |                                   |                                       |
|-----------------------------------|--------------------------------------|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Browning | <input type="checkbox"/> Great Falls | <input type="checkbox"/> Shelby   | <input type="checkbox"/> Valier       |
| <input type="checkbox"/> Conrad   | <input type="checkbox"/> Heart Butte | <input type="checkbox"/> Sunburst | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Cut Bank | <input type="checkbox"/> Kalispell   | <input type="checkbox"/> VA       |                                       |

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

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

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

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

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

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Benefis – Great Falls                      | <input type="checkbox"/> Logan Health Conrad    | <input type="checkbox"/> Logan Health Whitefish |
| <input type="checkbox"/> Great Falls Clinic Hospital                | <input type="checkbox"/> Logan Health Cut Bank  | <input type="checkbox"/> VA                     |
| <input type="checkbox"/> Indian Health Services (IHS) –<br>Browning | <input type="checkbox"/> Logan Health Kalispell | <input type="checkbox"/> Other: _____           |
|   | <input type="checkbox"/> Logan Health Shelby    |   |

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

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

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

- Yes       No (If no, skip to question #23)

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

- |                                   |                                      |                                    |                                       |
|-----------------------------------|--------------------------------------|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Billings | <input type="checkbox"/> Cut Bank    | <input type="checkbox"/> Kalispell | <input type="checkbox"/> Whitefish    |
| <input type="checkbox"/> Browning | <input type="checkbox"/> Great Falls | <input type="checkbox"/> Missoula  | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Conrad   | <input type="checkbox"/> Helena      | <input type="checkbox"/> Shelby    |                                       |

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

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Addiction's counselor | <input type="checkbox"/> Geriatrician            | <input type="checkbox"/> Physical therapist  |
| <input type="checkbox"/> Allergist             | <input type="checkbox"/> Mental health counselor | <input type="checkbox"/> Podiatrist          |
| <input type="checkbox"/> Audiologist           | <input type="checkbox"/> Neurologist             | <input type="checkbox"/> Psychiatrist (M.D.) |
| <input type="checkbox"/> Cardiologist          | <input type="checkbox"/> Neurosurgeon            | <input type="checkbox"/> Psychologist        |
| <input type="checkbox"/> Chiropractor          | <input type="checkbox"/> OB/GYN                  | <input type="checkbox"/> Pulmonologist       |
| <input type="checkbox"/> Dentist               | <input type="checkbox"/> Occupational therapist  | <input type="checkbox"/> Radiologist         |
| <input type="checkbox"/> Dermatologist         | <input type="checkbox"/> Oncologist              | <input type="checkbox"/> Rheumatologist      |
| <input type="checkbox"/> Dietician             | <input type="checkbox"/> Ophthalmologist         | <input type="checkbox"/> Social worker       |
| <input type="checkbox"/> Endocrinologist       | <input type="checkbox"/> Optometrist             | <input type="checkbox"/> Speech therapist    |
| <input type="checkbox"/> ENT (ear/nose/throat) | <input type="checkbox"/> Orthopedic surgeon      | <input type="checkbox"/> Urologist           |
| <input type="checkbox"/> Gastroenterologist    | <input type="checkbox"/> Pain management         | <input type="checkbox"/> Other: _____        |
| <input type="checkbox"/> General surgeon       | <input type="checkbox"/> Pediatrician            |  |

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

- Yes       No       Not applicable

24. The following services are available through Logan Health Cut Bank. 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
Clinic services	4	3	2	1	N/A	DK
Behavioral health	4	3	2	1	N/A	DK
Emergency room	4	3	2	1	N/A	DK
Inpatient services	4	3	2	1	N/A	DK
Laboratory	4	3	2	1	N/A	DK
Women's health/prenatal care	4	3	2	1	N/A	DK
Other outpatient services (IV therapy, wound care)	4	3	2	1	N/A	DK
Physical therapy	4	3	2	1	N/A	DK
Radiology (x-ray, MRI, mammography, ultrasound)	4	3	2	1	N/A	DK
Specialist services	4	3	2	1	N/A	DK
Surgical services	4	3	2	1	N/A	DK
Swing bed/Transitional care	4	3	2	1	N/A	DK
Telehealth	4	3	2	1	N/A	DK
Wellness programming	4	3	2	1	N/A	DK

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

- Yes       No

26. 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)

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

- High       Moderate       Low       Unsure/rather not say

28. 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

29. 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

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

- Yes       No

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

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

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

- Excellent       Good       Fair       Poor

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

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

**34. 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

**35. Do you currently use Telehealth?**

- Yes
- No (If no, skip to question #37)

**36. If yes, which telehealth services do you use? (Select ALL that apply)**

- Diabetic education
- Dietician
- Joint care
- Mental health counseling
- Mental health medication management
- Oncology
- Specialty consults
- Other: \_\_\_\_\_

**Demographics**

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

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

- 59427 Cut Bank
- 59474 Shelby
- 59411 Babb
- 59448 Heart Butte
- 59486 Valier
- 59434 East Glacier
- 59417 Browning
- Other: \_\_\_\_\_

**38. What is your gender?**

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

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

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

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

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

**[CODED]**

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

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

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

## Appendix F- Cross Tabulation Analysis

### Knowledge Rating of Logan Health Cut Bank Services by How Respondents Learn About Healthcare Services

	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>	<b>Total</b>
<b>Healthcare provider</b>	21.7% (15)	58.0% (40)	17.4% (12)	2.9% (2)	<b>69</b>
<b>Friends/family</b>	13.6% (8)	64.4% (38)	20.3% (12)	1.7% (1)	<b>59</b>
<b>Word of mouth/reputation</b>	15.5% (9)	58.6% (34)	22.4% (13)	3.4% (2)	<b>58</b>
<b>Newspaper</b>	17.4% (8)	54.3% (25)	26.1% (12)	2.2% (1)	<b>46</b>
<b>Social media/Facebook</b>	27.8% (10)	63.9% (23)	8.3% (3)	-	<b>36</b>
<b>Internet search</b>	25.0% (8)	37.5% (12)	31.3% (10)	6.3% (2)	<b>32</b>
<b>Radio</b>	4.0% (1)	72.0% (18)	20.0% (5)	4.0% (1)	<b>25</b>
<b>Local publications</b>	21.7% (5)	65.2% (15)	13.0% (3)	-	<b>23</b>
<b>Website/internet</b>	30.0% (6)	60.0% (12)	10.0% (2)	-	<b>20</b>
<b>Mailings/newsletter</b>	17.6% (3)	47.1% (8)	35.3% (6)	-	<b>17</b>
<b>Public Health</b>	33.3% (5)	26.7% (4)	33.3% (5)	6.7% (1)	<b>15</b>
<b>Television</b>	23.1% (3)	61.5% (8)	7.7% (1)	7.7% (1)	<b>13</b>
<b>Emergency response</b>	18.2% (2)	45.5% (5)	27.3% (3)	9.1% (1)	<b>11</b>
<b>Presentations</b>	33.3% (2)	66.7% (4)	-	-	<b>6</b>
<b>Other</b>	33.3% (1)	33.3% (1)	33.3% (1)	-	<b>3</b>



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

	<b>Yes</b>	<b>No</b>	<b>Total</b>
<b>59427 Cut Bank</b>	35.4% (29)	64.6% (53)	<b>82</b>
<b>59486 Valier</b>	50.0% (2)	50.0% (2)	<b>4</b>
<b>59474 Shelby</b>	-	100.0% (2)	<b>2</b>
<b>59434 East Glacier</b>	100.0% (1)	-	<b>1</b>
<b>59411 Babb</b>	100.0% (1)	-	<b>1</b>
<b>59417 Browning</b>	38.5% (5)	61.5% (8)	<b>13</b>
<b>Other</b>	66.7% (2)	33.3% (1)	<b>3</b>
<b>TOTAL</b>	<b>37.7%</b> <b>(40)</b>	<b>62.3%</b> <b>(66)</b>	<b>100.0%</b> <b>(106)</b>

\* 59448 Heart Butte removed due to non-response

## Location of primary care clinic most utilized by residence

	Browning	Conrad	Cut Bank	Great Falls	Kalispell	Shelby	Other	TOTAL
<b>59427 Cut Bank</b>	2.6% (2)	1.3% (1)	75.0% (57)	6.6% (5)	1.3% (1)	7.9% (6)	5.3% (4)	<b>76</b>
<b>59486 Valier</b>	-	100.0% (4)	-	-	-	-	-	<b>4</b>
<b>59474 Shelby</b>	-	-	-	-	-	100.0% (2)	-	<b>2</b>
<b>59434 East Glacier</b>	-	-	100.0% (2)	-	-	-	-	<b>2</b>
<b>59417 Browning</b>	50.0% (6)	-	16.7% (2)	-	8.3% (1)	-	25.0% (3)	<b>12</b>
<b>Other</b>	-	-	-	33.3% (1)	-	33.3% (1)	33.3% (1)	<b>3</b>
<b>TOTAL</b>	<b>8.1% (8)</b>	<b>5.1% (5)</b>	<b>61.6% (61)</b>	<b>6.1% (6)</b>	<b>2.0% (2)</b>	<b>9.1% (9)</b>	<b>8.1% (8)</b>	<b>100% (99)</b>

\* Heart Butte, Sunburst, VA, and Valier removed from primary care clinic location (top row) due to non-response.

\*\* 59411 Babb and 59448 Heart Butte removed from residence (first column) due to non-response.

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

	<b>Browning</b>	<b>Conrad</b>	<b>Cut Bank</b>	<b>Great Falls</b>	<b>Kalispell</b>	<b>Shelby</b>	<b>Other</b>	<b>TOTAL</b>
<b>Appointment availability</b>	12.1% (4)	6.1% (2)	57.6% (19)	3.0% (1)	-	12.1% (4)	9.1% (3)	<b>33</b>
<b>Clinic/provider's reputation for quality</b>	2.3% (1)	4.5% (2)	68.2% (30)	2.3% (1)	2.3% (1)	11.4% (5)	9.1% (4)	<b>44</b>
<b>Closest to home</b>	4.5% (2)	4.5% (2)	79.5% (35)	-	-	6.8% (3)	4.5% (2)	<b>44</b>
<b>Cost of care</b>	16.7% (1)	-	66.7% (4)	-	-	-	16.7% (1)	<b>6</b>
<b>Indian Health Services</b>	58.3% (7)	-	-	-	8.3% (1)	-	33.3% (4)	<b>12</b>
<b>Length of waiting room time</b>	14.3% (1)	-	57.1% (4)	-	-	14.3% (1)	14.3% (1)	<b>7</b>
<b>Prior experience with clinic</b>	4.7% (2)	9.3% (4)	72.1% (31)	-	-	7.0% (3)	7.0% (3)	<b>43</b>
<b>Privacy/confidentiality</b>	10.0% (1)	20.0% (2)	30.0% (3)	-	-	10.0% (1)	30.0% (3)	<b>10</b>
<b>Recommended by family or friends</b>	4.3% (1)	13.0% (3)	60.9% (14)	8.7% (2)	-	13.0% (3)	-	<b>23</b>
<b>Referred by physician or other provider</b>	10.0% (1)	10.0% (1)	30.0% (3)	10.0% (1)	10.0% (1)	10.0% (1)	20.0% (2)	<b>10</b>
<b>Required by insurance plan</b>	-	-	66.7% (2)	-	-	-	33.3% (1)	<b>3</b>
<b>VA/Military requirement</b>	-	-	100.0% (1)	-	-	-	-	<b>1</b>

<b>Other</b>	12.5% (1)	-	25.0% (2)	25.0% (2)	-	25.0% (2)	12.5% (1)	<b>8</b>
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**\* Heart Butte, Sunburst, VA, and Valier removed from primary care clinic location (top row) due to non-response.**

### Location of most utilized hospital by residence

	<b>Benefis – Great Falls</b>	<b>Great Falls Clinic Hospital</b>	<b>Indian Health Services (IHS) – Browning</b>	<b>Logan Health Conrad</b>	<b>Logan Health Cut Bank</b>	<b>Logan Health Kalispell</b>	<b>Logan Health Shelby</b>	<b>Other</b>	<b>Total</b>
<b>59427 Cut Bank</b>	40.4% (21)	5.8% (3)	1.9% (1)	1.9% (1)	32.7% (17)	7.7% (4)	-	9.6% (5)	<b>52</b>
<b>59486 Valier</b>	66.7% (2)	-	-	-	-	-	-	33.3% (1)	<b>3</b>
<b>59434 East Glacier</b>	-	-	-	-	-	100.0% (2)	-	-	<b>2</b>
<b>59411 Babb</b>	-	-	-	-	-	-	-	100.0% (1)	<b>1</b>
<b>59417 Browning</b>	25.0% (2)	-	12.5% (1)	-	-	25.0% (2)	-	37.5% (3)	<b>8</b>
<b>Other</b>	-	-	50.0% (1)	-	-	-	50.0% (1)	-	<b>2</b>
<b>TOTAL</b>	<b>36.8% (25)</b>	<b>4.4% (3)</b>	<b>4.4% (3)</b>	<b>1.5% (1)</b>	<b>25.0% (17)</b>	<b>11.8% (8)</b>	<b>1.5% (1)</b>	<b>14.7% (10)</b>	<b>100% (68)</b>

**\* Logan Health Whitefish and VA removed from primary care clinic location (top row) due to non-response.**

**\*\* 59474 Shelby and 59448 Heart Butte removed from residence (first column) due to non-response.**

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

	Benefis – Great Falls	Great Falls Clinic Hospital	Indian Health Services (IHS) – Browning	Logan Health Conrad	Logan Health Cut Bank	Logan Health Kalispell	Logan Health Shelby	Other	Total
<b>Cost of care</b>	50.0% (1)	-	50.0% (1)	-	-	-	-	-	<b>2</b>
<b>Closest to home</b>	21.9% (7)	-	9.4% (3)	3.1% (1)	43.8% (14)	6.3% (2)	-	15.6% (5)	<b>32</b>
<b>Closest to work</b>	66.7% (2)	-	-	-	-	33.3% (1)	-	-	<b>3</b>
<b>Emergency, no choice</b>	25.0% (5)	-	10.0% (2)	5.0% (1)	45.0% (9)	5.0% (1)	-	10.0% (2)	<b>20</b>
<b>Financial assistance programs</b>	16.7% (1)	-	33.3% (2)	-	16.7% (1)	-	16.7% (1)	16.7% (1)	<b>6</b>
<b>Hospital’s reputation for quality</b>	31.3% (5)	12.5% (2)	-	-	18.8% (3)	25.0% (4)	-	12.5% (2)	<b>16</b>
<b>Prior experience with hospital</b>	32.0% (8)	0.0% (0)	-	-	44.0% (11)	16.0% (4)	-	8.0% (2)	<b>25</b>
<b>Privacy/confidentiality</b>	50.0% (1)	-	-	-	50.0% (1)	-	-	-	<b>2</b>
<b>Recommended by family or friends</b>	66.7% (6)	11.1% (1)	-	-	11.1% (1)	11.1% (1)	-	-	<b>9</b>
<b>Referred by physician or other provider</b>	44.8% (13)	10.3% (3)	-	-	10.3% (3)	17.2% (5)	3.4% (1)	13.8% (4)	<b>29</b>
<b>Other</b>	50.0% (7)	-	7.1% (1)	-	7.1% (1)	7.1% (1)	7.1% (1)	21.4% (3)	<b>14</b>

\* Logan Health Whitefish and VA removed from primary care clinic location (top row) due to non-response.

\*\* “Required by insurance plan” and “VA/Military requirement” removed from reason for selection (first column) due to non-response.

## Appendix G- Responses to Other & Comments

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

- Covid (2)
- Covid uncertainties
- Drugs
- Suboxone/meth
- Alcohol abuse/substance abuse, Child abuse/neglect, Depression/anxiety, Mental health issues

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

- Alcohol abuse/substance abuse (2)
- Child abuse/neglect (2)
- Depression/anxiety (1)
- Domestic violence (1)
- Lack of exercise (1)
- Mental health issues (1)
- Motor vehicle accidents (1)
- Suicide (1)
- Tobacco use (vaping, cigarettes, smokeless) (1)
- Adverse Childhood Experiences/Trauma (1)

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

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

- Access to healthcare (1)
- Access to healthy food options (1)
- Affordable housing (1)
- Religious or spiritual values (1)
- Senior services (1)
- Social support services (1)
- Tolerance for diversity (1)

5. How do you learn about the health services available to you?

- Just this letter
- Since birth- gold old I.H.S.
- Job

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

- Women's health clinic
- Public parks
- VA
- Golf course.
- Acupuncture Great Falls

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

- Personal Accountability
- To not kick people out of the only clinic we have in town
- More knowledge of primary care providers
- EMS less costly for transport
- Better confidentiality at Logan Health
- Getting a job, rather than public assistance.
- Need more doctors
- Additional Medicare

**8. Please describe/rate your level of agreement with the following statements: Due to the COVID-19 pandemic; Other comments:**

- Most of the health care needs my family has had this past year or two required specialists - i.e. OB, dermatology, ENT, orthopedics
- Have had no problems with anything.
- Questions 1-2 have too many options to only choose 3, many of those are quite serious issues in our area.
- Some of the issues are clearly related to lack of work force.
- Close access to specialists
- Have only what I would call ordinary normal problems
- Keeping Drs. that know what they are doing. When we get one they are gotten rid of (wrong).
- Medical bills and utilities
- We are new to the area and have had a very difficult time getting/understanding available medical coverages.

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

- Natural medicines, naturopathy
- N/A
- Class on non-prescriptions, natural remedies.

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

- OBGYN
- OBGYN/ Delivery
- Physical Therapy

- Hospice
- Senior services (home healthcare)
- None right now
- OBGYN services and baby delivery
- podiatry

**11.** Which of the following preventative services have you used in the past year?

- Many not locally. We've had to go to Great Falls for the services.
- Covid vaccine & booster
- COVID Vaccine (2)

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

- Procrastination
- Was turned away due to new patient status
- Don't go to doctors much
- Doc refused to treat me. Said it was a clinic matter.
- Clinic wouldn't schedule me since I had not been there with in a year. I had a kidney infection.

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

- Could not get an appointment (2)
- COVID-19 barriers/concerns (4)
- Didn't know where to go (1)
- It cost too much (3)
- It was too far to go (2)
- My insurance didn't cover it (2)
- Office wasn't open when I could go (2)
- Too long to wait for an appointment (4)
- Too nervous or afraid (1)
- Transportation problems (1)
- Unsure if services were available (1)
- Qualified provider not available (2)

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

- SD
- Polson, MT
- Choteau

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

- Browning (3)
- Cut Bank (5)
- Great Falls (2)
- Kalispell (3)



- Shelby (1)

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

- Wanted a female provider
- Specialist (2)
- Trust Doctor
- Polliatrue care grant program at GCHC
- Consistency of reliable/reputable provider (long-term)
- Previous provider wouldn't see me since I haven't been there in over a year.
- Talk to Dr. who would listen to my illness.
- No choice, don't have insurance

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

- Bozeman Health
- Billings Deaconess

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

- Benefis - Great Falls (4)
- Indian Health Services (IHS) – Browning (3)
- Logan Health Conrad (1)
- Logan Health Cut Bank (7)
- Logan Health Kalispell (6)
- VA (1)

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

- Googled providers
- Help with recovering
- Travel ease (I-15)
- Back specialist
- 40% discount for paying cash. +15% off for paying at time of service.
- Logan Health Cut Bank no longer delivers babies.
- Poor quality of care, lack of service at Conrad PMC Hosp. (Traveled to Cut Bank from Conrad)

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

- Closest to home (2)
- Closest to work (1)
- Emergency, no choice (3)
- Financial assistance programs (3)
- Hospital's reputation for quality (5)
- Prior experience with hospital (5)
- Privacy/confidentiality (1)

- Referred by physician or other provider (6)

**21. Where was the healthcare specialist seen?**

- Seattle UW
- Choteau, Austin TX for dental

**22. What type of healthcare specialist was seen?**

- Colonoscopy (2)
- Vascular surgeon
- Nephrologist (2)
- Heart, for afib
- Eye
- Endodontist
- Breast Biopsy
- Back pain
- Infectious disease

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

- Assistance
- Health Sharing
- Trying to apply for MT healthy kids/market place, in process- don't have any yet.

**\*Responses when more than 1 was selected (12 participants):**

- Employer sponsored (3)
- Health Insurance Marketplace (1)
- Health Savings Account (2)
- Healthy MT Kids (2)
- Indian Health (6)
- Medicaid (6)
- Medicare (7)
- Private insurance/private plan (3)

**33. If you do NOT have medical insurance, why?**

- Have Health Sharing
- IHS
- N/A
- Retired, not old enough for Medicare
- Retired
- Don't get paid enough to get it
- IHS
- Non Available

**36. If yes, which telehealth services do you use?**

- Physician

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

- 59482
- 59435 Ethridge

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

- 59474 Shelby (1)
- 59417 Browning (1)

**38. What is your gender?**

- There were no “Prefer to self-describe” responses.

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

- Stay at home mom
- stay at home mom
- contract
- Internship
- Housewife

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

- Work part time (1)
- Retired (2)
- Student (2)

**General comments**

- (Q9)
  - Selected “Women’s health” and wrote “at an age where I don’t need any others”
- (Q17)
  - Respondent made the following selections and comments:
    - “Benefis – Great Falls” and wrote dermatology
    - “Great Falls Clinic Hospital” and wrote mammogram
    - “Indian Health Services (IHS) Browning” and wrote ER
- (Q22)
  - Selected “Cardiologist” and wrote “teleconference”
- (Q24)
  - Respondent selected “DK” for all services and wrote “tried to establish care there (Cut Bank) 3 years ago w/ PCP but they never got back to me so went to PCP in Choteau. Never used the hospital in CB only Browning cause I work there.”
- General comments

- Logan Health Cut Bank is often not accessible in winter with heavy snows. Roads shut.
- We live in Valier and do not use medical services in Cut Bank. But we do in Conrad Logan Rural Health.
- Biggest comment – Dr. Clay is awesome! Front desk is not very professional, staff need training in confidentiality and patient privacy.
- I avoid telling the doctor about health problems because I don't want to go out of town for specialist.

# Appendix H- Key Informant Interview - Questions

## Key Informant Interview Questions

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

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

# Appendix I- Key Informant Interviews - Transcript

## Key Informant Interview #1

Thursday, February 10, 2022- Anonymous–Via phone interview

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

- I would say probably compared to other areas in Montana we are less healthy, lots of obesity, drug and alcohol abuse, cold and windy conditions make it difficult to get out.

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

Hospital/clinic:

- I think there is plenty of room for improvement. Logan Health would benefit from some customer service type improvement and training in confidentiality. Secretaries up front ask lots of questions that likely aren't any of their business. People are more likely to leave town when they feel their confidentiality is being violated. Would be helpful if the front of staff would explain their job sometimes, helps people understand why they might be asking questions. Also, walls are quite thin, so can hear conversations in other rooms sometimes. Doctor Clay is an excellent provider and we are fortunate to have him at our rural hospital. We have some staffing issues and people really just want a fully staffed hospital.

EMS Services (ER/Ambulance)

- LHCB have taken over EMS from county which was beneficial because I don't believe we'd still have it. I don't think there is much service to outside areas when necessary.

Public/County Health Department

- They've done a good job especially throughout Covid. They are open and honest when working with the public. From a PR standpoint I think they do a lot of work that the community might not be aware of. Could improve marketing to the public about things other than the shot clinic.

Senior Services (Nursing homes, assisted living, home health, senior center, etc.)

- We do have a good senior center that does provide meals. Transit system that runs people to Great Falls or Kalispell for free. A few exercise classes for seniors at the center as well.

Services for Low-Income Individuals/Families

- I think there are a lot of resources out there (Headstart), but there is a need for coordinator because programs come and go and so do the people that run the programs. Hard to know where to refer people to sometimes. Cut Bank seems to lack in terms of mental health resources, particularly for low-income individuals.

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

- Drug and alcohol abuse, homelessness, health and nutrition.

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

- OB services, mental health services have been an issue, drug and addiction services.

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

Less drugs and alcohol, affordable, healthy food options, an environment where people can be more active (Improving local parks and outdoor areas to fit the weather conditions).

**Key Informant Interview #2**

Tuesday, February 15, 2022- Anonymous–Via phone interview

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

- The overall health of the community is somewhat fair. Nutrition varies greatly in this community, we have some very healthy individuals and some very unhealthy individuals. A lot of those health variations can be attributed to addiction and poverty.

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

Hospital/clinic:

- They are trying as best they can for a rural community. They are going to offer a great deal of stability for many other rural communities around Cut Bank.

EMS Services (ER/Ambulance)

- They were excellent, but the county got involved and now I'm really not sure what is going on with EMS services currently.

Public/County Health Department

- They do fine, I know it gets used mostly for kid's vaccinations.

Senior Services (Nursing homes, assisted living, home health, senior center, etc.)

- The senior center is very nice I have heard. The BeeHive for Alzheimer's is good. We could have more in between housing for seniors that aren't quite needing to be in a nursing home. That could include improved home health services.

Services for Low-Income Individuals/Families

- We have quite a few opportunities and programs in the community. Many places offer income based payback services. Vaccinations with the county health nurse. Knowledge about where to get these services can be lacking though.

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

- Need continued specialists that come to community, telehealth expansion, mental health issues/addressing stigma to get help in rural communities.

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

- Telehealth services and traveling specialists

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

- More indoor recreational options would be extremely helpful during the winters. It could also help keep kids off of the streets and subsequently address some of these other issues in the community (addiction, mental health, obesity).

### **Key Informant Interview #3**

Tuesday, February 15, 2022- Anonymous–Via phone interview

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

- We are basically an aging community, lots of health needs within the community. Chronic illnesses, especially cancer. Lots of drugs and alcohol relating to addiction in this community.

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

Hospital/clinic:

- Hoping that there will be improvements now that Logan Health has taken over. Plenty of bad experiences with previous hospital staff. Went to ER and rang bell and nobody answered, had to go all the way to Conrad for emergency care. There was also lots of turnover for providers. Doesn't feel like hospital staff takes people as seriously in Cut Bank compared to when I lived in Billings.

EMS Services (ER/Ambulance)

- Mother was not taken to Great Falls from hospital on time and family member passed away due to miscommunication with hospital staff and ambulance services. Several terrible experiences with ER and ambulance staff.

Public/County Health Department

- The on call nurse has been great, very helpful with medical records and they also know where to refer people if they cannot provide support.

Senior Services (Nursing homes, assisted living, home health, senior center, etc.)

- I don't believe there are a lot of senior services available in Cut Bank. VA and senior center provide some things but it seems to be fairly limited. Hospital also doesn't transport up to Browning so that can lead to issues. Need expanded home health services for many members of this community. There is good senior housing however and it is very accessible.

Services for Low-Income Individuals/Families

- Low income individuals did have medical and supplemental medical, to be able to get medications and make appointments. Could use deductions for rent each month. Transportation can be an issue for those low income individuals though. Can get assistance for their kids (counseling and foodbank). If you miss three appointments you have to switch providers, very difficult in such a small town.

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

- Need alcohol and drug addiction treatments, serious mental health treatments.

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

- Neurology, orthopedics, ENT, unsure if Cut Bank population could support these added specialists however. Maybe could have them travel every once and awhile.

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

- Cut Bank has a very sedentary population. Having more clubs (golfing, bowling, dancing) might help some individuals stay more active and that includes the aging



population. Low impact exercises or similar things that can help older adults move/stay active within some of the senior centers.

## Appendix J- Request for Comments

Written comments on this 2022 Community Health Needs Assessment Report can be submitted to the Vice President at Logan Health Cut Bank:

Administration  
Logan Health Cut Bank  
802 2nd Street SE  
Cut Bank, Montana 59427



Contact Logan Health Cut Bank's Vice President, Cherie Taylor at 406-873-3736 or [cherietaylor@logan.org](mailto:cherietaylor@logan.org) with questions.