



2024

COMMUNITY HEALTH NEEDS ASSESSMENT

Chester, Montana

*Assessment conducted by **Logan Health - Chester** in cooperation with the Montana Office of Rural Health*



MONTANA
STATE UNIVERSITY

Office of Rural Health
Area Health
Education Center

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INTRODUCTION

Introduction

In the fall of 2023, Logan Health- Chester conducted a community health needs assessment. This report covers the results of the Community Health Services Development (CHSD) program.



Logan Health- Chester (LHCH) is a 25-bed Critical Access Hospital (CAH), rural health clinic and assisted living facility based in Chester, Montana. Logan Health- Chester serves Liberty County of just over 1,445 square miles and provides medical services to a service population of 2,351 people. Liberty County residents enjoy hunting, fly fishing, water sports, snowmobiling, biking and various other outdoor activities. Chester is located south of the Sweet Grass Hills and north of Lake Elwell, offering opportunities for hiking, hunting and fishing. Logan Health- Chester is 110 miles east of Glacier National Park, and within a days drive you can visit Yellowstone National Park, enjoy the Beartooth Mountains, follow the Lewis and Clark trail, and fly fish on the Missouri River.

Liberty County is designated by the US Department of Health and Human Services (HHS) as a health professional shortage area due to it’s high needs geographic and low-income population and is 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.



Chester

Mission: Improve health and quality of life by delivering exceptional, compassionate care with an outstanding experience for all.

Vision: To be the center for health and healing for our communities, where access to high quality, outstanding care helps achieve healthier and more fulfilling lives.

Values:

Integrity: In our actions and in our words, we approach every moment with integrity. We feel deeply the need to respect our patients and each other no matter the situation. We take ownership and responsibility to protect the organization and provide exceptional care for our patients.

Quality: We provide evidence-based care that delivers on the patient’s individual needs ensuring that patients and caregivers are safe.

Service: We are here to serve the needs of our patients and our communities by providing excellent care at each and every interaction.

Compassion: This is at the center of everything we do. Wherever and whenever people seek us, they will find open hearts, ready to listen in order to deliver patient-centered care.

Unity: We are connected to our purpose, to each other and to our community. We create an environment where everyone is valued and respected for their contributions and we deliver a welcome, inclusive, seamless experience.

Logan Health- Chester 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, focus groups, and key informant interviews enhance community engagement in the assessment process.

In the fall of 2023, Liberty County 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 every question asked. Please note we are able to compare some of the 2023 survey data with data from previous surveys conducted in partnership with the Montana Office of Rural Health in 2018 and 2021. 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-Chester in conducting CHSD. A diverse group of community members representing various organizations and populations within the community (ex. elderly, young families, uninsured) came together in October 2023. 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 November 2023, surveys were mailed out to the residents in Liberty 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- Chester provided aggregated lists of outpatient and inpatient encounters and information regarding service area zip codes. Those zip codes with the greatest number of encounters were selected to be included in the survey. A random list of 613 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 encounters. Note: although the survey samples were proportionately selected, actual surveys returned from each population area varied, which may result in slightly less proportional results. See table below for the survey distribution.

| Zip Code | Population ¹ | Community Name | Total Distribution | # Male | # Female |
|--------------|-------------------------|----------------|--------------------|------------|------------|
| 59522 | 1,280 | Chester | 295 | 151 | 144 |
| 59531 | 241 | Joplin | 64 | 32 | 32 |
| 59540 | 1173 | Rudyard | 94 | 47 | 47 |
| 59528 | 208 | Hingham | 28 | 14 | 14 |
| 59525 | 260 | Gildford | 42 | 21 | 21 |
| 59461 | 10 | Lothair | 14 | 7 | 7 |
| 59545 | 56 | Whitlash | 6 | 3 | 3 |
| 59444 | 355 | Galata | 26 | 13 | 13 |
| 59532 | 180 | Kremlin | 10 | 5 | 5 |
| Total | 10,069 | | 613 | 310 | 303 |

¹ US Census Bureau - American Community Survey (2021)

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 and Key Informant Interview Methodology

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

Conducting 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 schools, 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, key informant interview data are grouped into common themes based on our interpretation of the transcript. To better understand these themes, please review the full transcripts in Appendix I. MORH staff facilitated the key informant interviews for Logan Health- Chester to ensure impartiality. However, given the small size of the community and key informant interview participants may still be hesitant to express their opinions freely. Personal identifiers are not included in the transcripts.

Survey Implementation

In November 2023, a survey, cover letter with Hospital leadership signature and a postage paid envelope were mailed to 613 randomly selected residents in the hospital’s service area. Social media postings were released prior to the survey distribution announcing that Logan Health- Chester would be conducting a community health needs assessment survey throughout the region in cooperation with the Montana Office of Rural Health.



One-hundred twenty-five surveys were returned out of 613. Of those 613 surveys, 36 surveys were returned undeliverable for a 21.66% response rate. From this point on, the total number of surveys will be out of 577. Based upon the sample size, we can be 95% confident that the responses to the survey questions are representative of the service area population, plus or minus 8.59%.

Survey Respondent Demographics

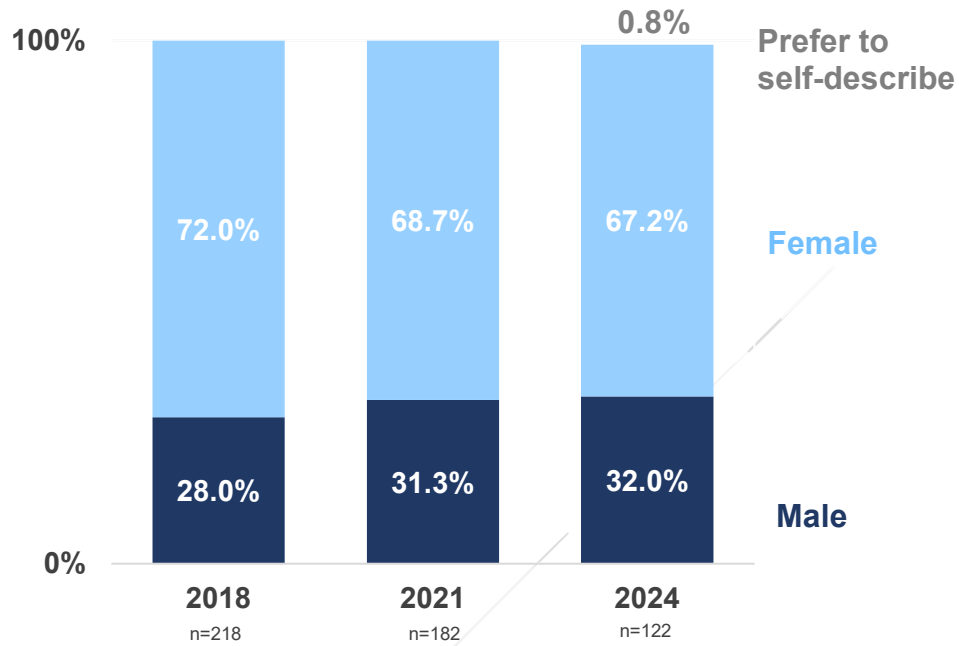
A total of 577 surveys were distributed throughout Liberty County. One hundred and twenty-five surveys were completed for a 21.66% response rate. The following table and graphs indicate the demographic characteristics of the survey respondents. Information on location, gender, age, and employment is included. Percentages indicated on the tables and graphs are based upon the total number of responses for each individual question, as some respondents did not answer all questions.

| Place of Residence | 2018 % (n) | 2021 % (n) | 2024 % (n) |
|-----------------------|---------------|---------------|---------------|
| Number of respondents | 219 | 181 | 124 |
| 59522 Chester | 70.8% (155) | 47.0% (85) | 51.6% (64) |
| 59540 Rudyard | 9.1% (20) | 13.3% (24) | 14.5% (18) |
| 59525 Gildford | 1.4% (3) | 5.5% (10) | 8.9% (11) |
| 59531 Joplin | 8.7% (19) | 13.8% (25) | 8.9% (11) |
| 59444 Galata | 0.0% (0) | 5.5% (10) | 4.0% (5) |
| 59530 Inverness | 5.0% (11) | 7.2% (13) | 4.0% (5) |
| 59528 Hingham | 1.4% (3) | 6.1% (11) | 2.4% (3) |
| 59461 Lothair | 0.5% (1) | 0.6% (1) | 2.4% (3) |

| | | | |
|----------------|---------------------|---------------------|---------------------|
| 59532 Kremlin | 2.7% (6) | 0.0% (0) | 1.6% (2) |
| 59545 Whitlash | 0.0% (0) | 0.0% (0) | 0.8% (1) |
| 59456 Ledger | | 0.0% (0) | 0.0% (0) |
| Other | 0.5% (1) | 1.1% (2) | 0.8% (1) |
| TOTAL | 100.0% (219) | 100.0% (181) | 100.0% (124) |

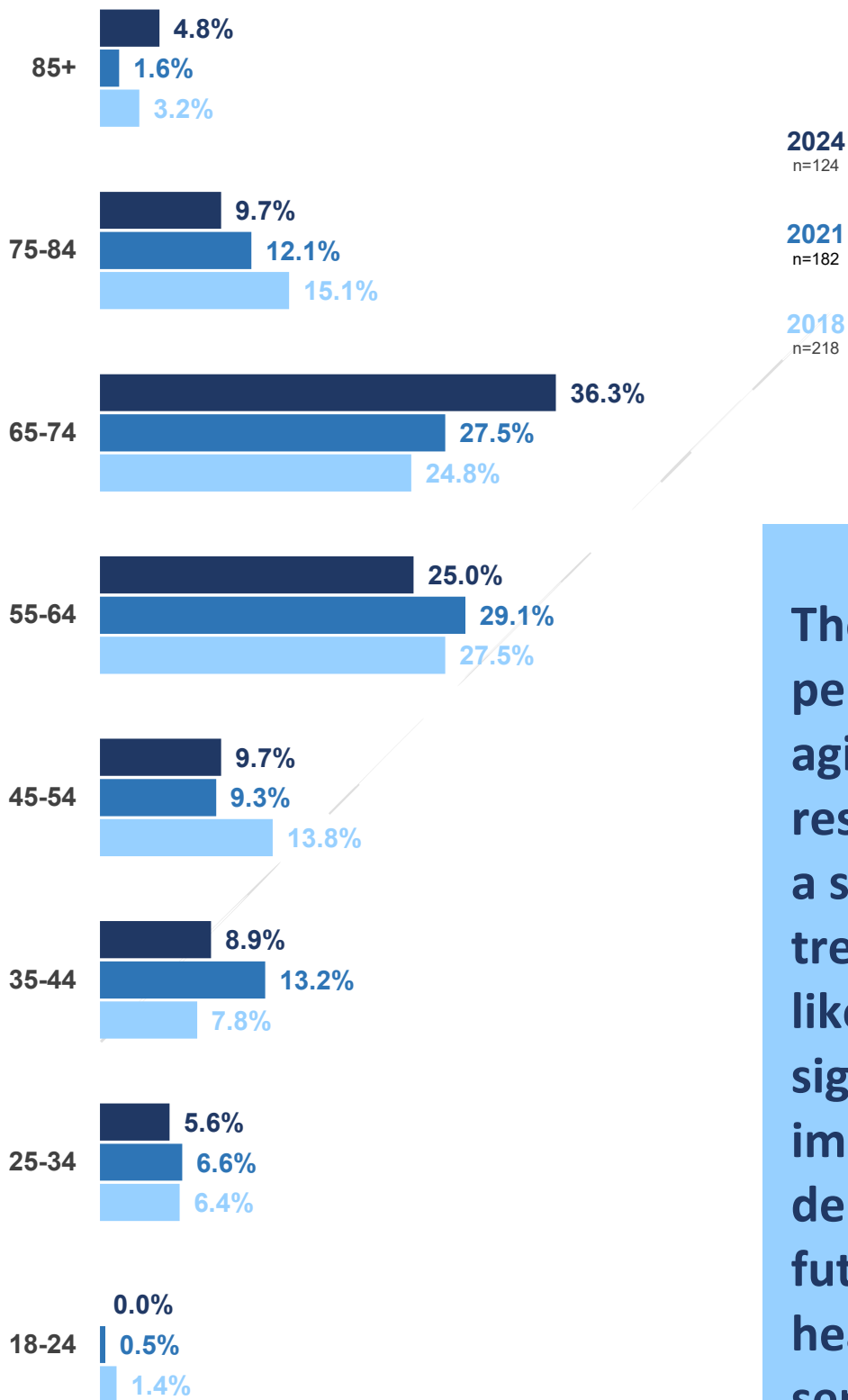
“Other” comments included: 59522 Chester AND Tucson, AZ

Gender



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

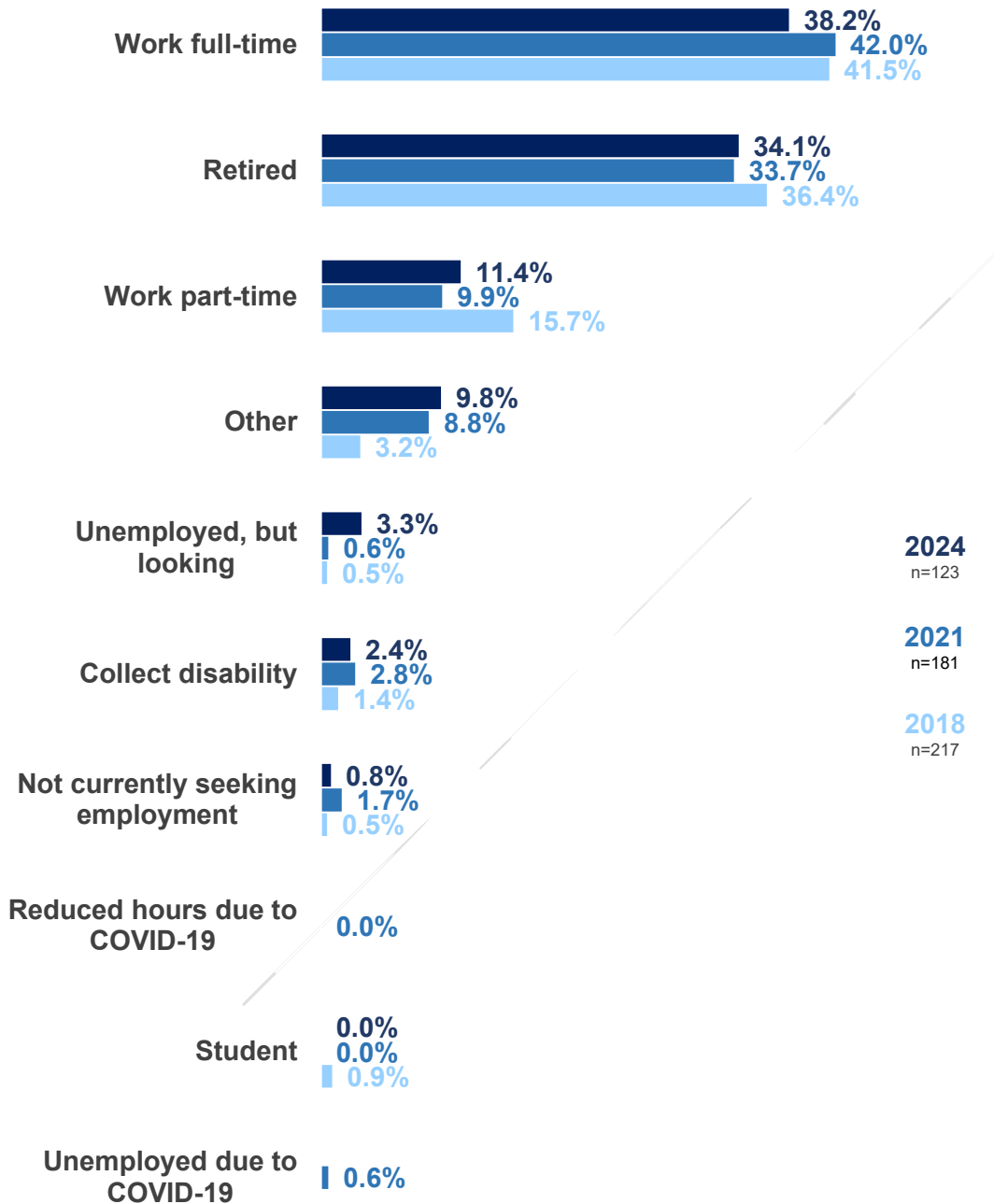
Age of respondents for all years of the survey



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

Employment status

The majority of 2024 respondents are retired or work full-time.



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

"Other" comments included: Stay at home mom, paid per diem, seasonal-farmer, self-employed-farm/ranch (3), disability benefits, recovery.



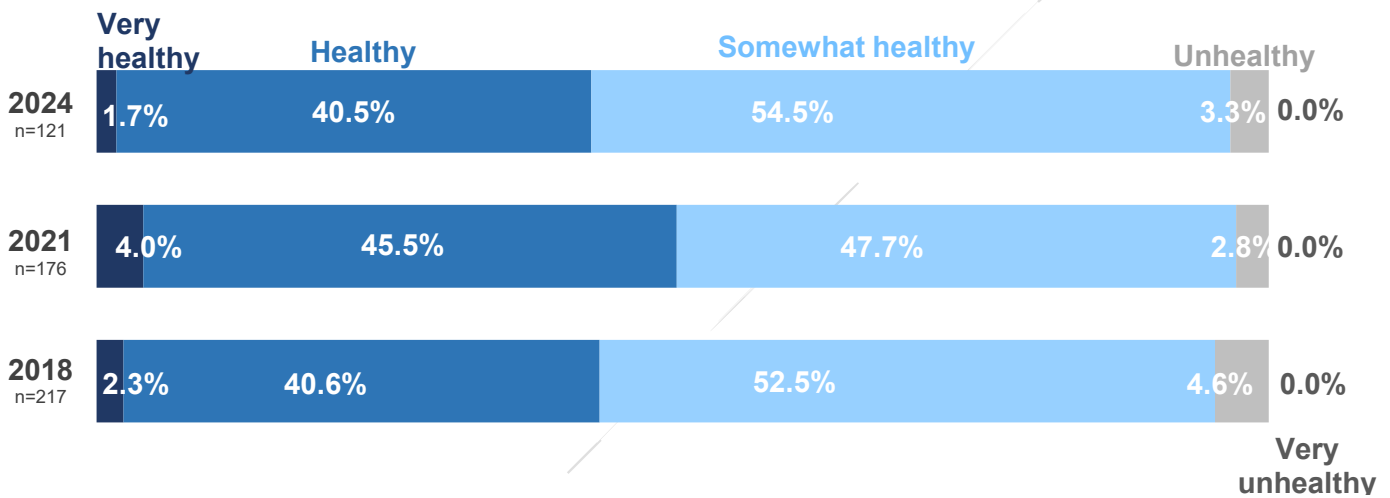
SURVEY RESULTS

Survey Results

Rating of Healthy Community (Question 1)

Respondents were asked to indicate how they would rate the general health of their community. Fifty-four point five percent of respondents (n=66) rated their community as “Somewhat healthy,” and 40.5% of respondents (n=49) felt their community was “Healthy.” Three point three percent of respondents (n=4) indicated they felt their community was “Unhealthy.” No respondents rated their community as “Very unhealthy.”

Most 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 abuse/substance abuse” at 48.4% (n=59). “Depression/anxiety” was also a high priority at 30.3% (n=37), which experienced a significant increase over the last three assessments.

| Health Concern | 2018 % (n) | 2021 % (n) | 2024 % (n) | SIGNIFICANT CHANGE |
|---|---------------|---------------|---------------|-------------------------------------|
| Number of respondents | 226 | 182 | 122 | |
| Alcohol/substance abuse | 48.7% (110) | 42.3% (77) | 48.4% (59) | <input type="checkbox"/> |
| Depression/anxiety | 23.0% (52) | 14.3% (26) | 30.3% (37) | <input checked="" type="checkbox"/> |
| Cancer | 46.9% (106) | 29.1% (53) | 27.0% (33) | <input checked="" type="checkbox"/> |
| Mental health issues | 12.8% (29) | 15.9% (29) | 24.6% (30) | <input checked="" type="checkbox"/> |
| Heart disease | 25.2% (57) | 25.3% (46) | 18.9% (23) | <input type="checkbox"/> |
| Overweight/obesity | 34.1% (77) | 26.4% (48) | 18.9% (23) | <input checked="" type="checkbox"/> |
| Work/economic stress | | 8.2% (15) | 15.6% (19) | <input checked="" type="checkbox"/> |
| Diabetes | 21.7% (49) | 11.0% (20) | 13.9% (17) | <input checked="" type="checkbox"/> |
| Alzheimer’s/dementia | | 14.3% (26) | 11.5% (14) | <input type="checkbox"/> |
| Lack of exercise | 13.7% (31) | 11.0% (20) | 11.5% (14) | <input type="checkbox"/> |
| Social isolation/loneliness | | 15.9% (29) | 10.7% (13) | <input type="checkbox"/> |
| Tobacco use (cigarettes/cigars, vaping, smokeless) | 11.1% (25) | 7.7% (14) | 9.8% (12) | <input type="checkbox"/> |
| Lack of access to healthcare | 8.0% (18) | 7.7% (14) | 9.0% (11) | <input type="checkbox"/> |
| Teen drug use | 6.6% (15) | 4.9% (9) | 6.6% (8) | <input type="checkbox"/> |
| Bullying/violence | | | 4.9% (6) | <input type="checkbox"/> |
| Child abuse/neglect | 3.1% (7) | 4.4% (8) | 3.3% (4) | <input type="checkbox"/> |
| Opioid addiction | 3.1% (7) | 1.6% (3) | 3.3% (4) | <input type="checkbox"/> |
| Lack of access to healthy food | 4.4% (10) | 6.0% (11) | 2.5% (3) | <input type="checkbox"/> |
| Work related accidents/injuries | 4.4% (10) | 7.1% (13) | 2.5% (3) | <input type="checkbox"/> |
| Recreation related accidents/injuries | 1.8% (4) | 1.6% (3) | 1.6% (2) | <input type="checkbox"/> |
| Stroke | 4.0% (9) | 2.2% (4) | 1.6% (2) | <input type="checkbox"/> |
| Trauma/Adverse Childhood Experiences (ACES) | | 1.6% (3) | 1.6% (2) | <input type="checkbox"/> |
| Domestic violence | 1.8% (4) | 1.1% (2) | 0.8% (1) | <input type="checkbox"/> |
| Suicide | 1.3% (3) | 2.2% (4) | 0.8% (1) | <input type="checkbox"/> |

| | | | | |
|-------------------------|-----------|-----------|----------|--------------------------|
| Underage alcohol abuse | 4.9% (11) | 6.0% (11) | 0.8% (1) | <input type="checkbox"/> |
| Hunger | | 0.0% (0) | 0.0% (0) | <input type="checkbox"/> |
| Motor vehicle accidents | 1.8% (4) | 3.3% (6) | 0.0% (0) | <input type="checkbox"/> |
| Other | 3.1% (7) | 5.5% (10) | 4.9% (6) | <input type="checkbox"/> |

A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to pick their top three serious health concerns, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year. *2 respondents were moved to “other” for selecting over the allotted responses.

“Other” comments included: High tax and high health costs, care for the elderly, income disparity. (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. Forty eight point eight percent of respondents (n=61) indicated that “Access to healthcare and other services” is important for a healthy community, which experienced a significant decrease over the last three assessments. “Good jobs and a healthy economy” followed at 42.4% (n=53) and “Religious or spiritual values” 34.4% (n=43).

| Components of Healthy Community | 2018 % (n) | 2021 % (n) | 2024 % (n) | SIGNIFICANT CHANGE |
|----------------------------------|-------------|------------|------------|--------------------------|
| Number of respondents | 226 | 182 | 125 | |
| Access to healthcare services | 73.9% (167) | 51.1% (93) | 48.8% (61) | ■ |
| Good jobs and a healthy economy | 38.1% (86) | 42.3% (77) | 42.4% (53) | <input type="checkbox"/> |
| Religious or spiritual values | 25.7% (58) | 23.1% (42) | 34.4% (43) | <input type="checkbox"/> |
| Good schools | 29.2% (66) | 30.8% (56) | 32.8% (41) | <input type="checkbox"/> |
| Strong family life | 34.5% (78) | 26.9% (49) | 32.8% (41) | <input type="checkbox"/> |
| Healthy behaviors and lifestyles | 32.7% (74) | 28.6% (52) | 27.2% (34) | <input type="checkbox"/> |
| Affordable housing | 9.3% (21) | 6.0% (11) | 15.2% (19) | ■ |
| Low crime/safe neighborhoods | 14.2% (32) | 18.1% (33) | 12.0% (15) | <input type="checkbox"/> |
| Community involvement | 10.2% (23) | 13.2% (24) | 11.2% (14) | <input type="checkbox"/> |
| Access to healthy foods | | 13.2% (24) | 8.0% (10) | <input type="checkbox"/> |
| Clean environment | 6.6% (15) | 5.5% (10) | 8.0% (10) | <input type="checkbox"/> |

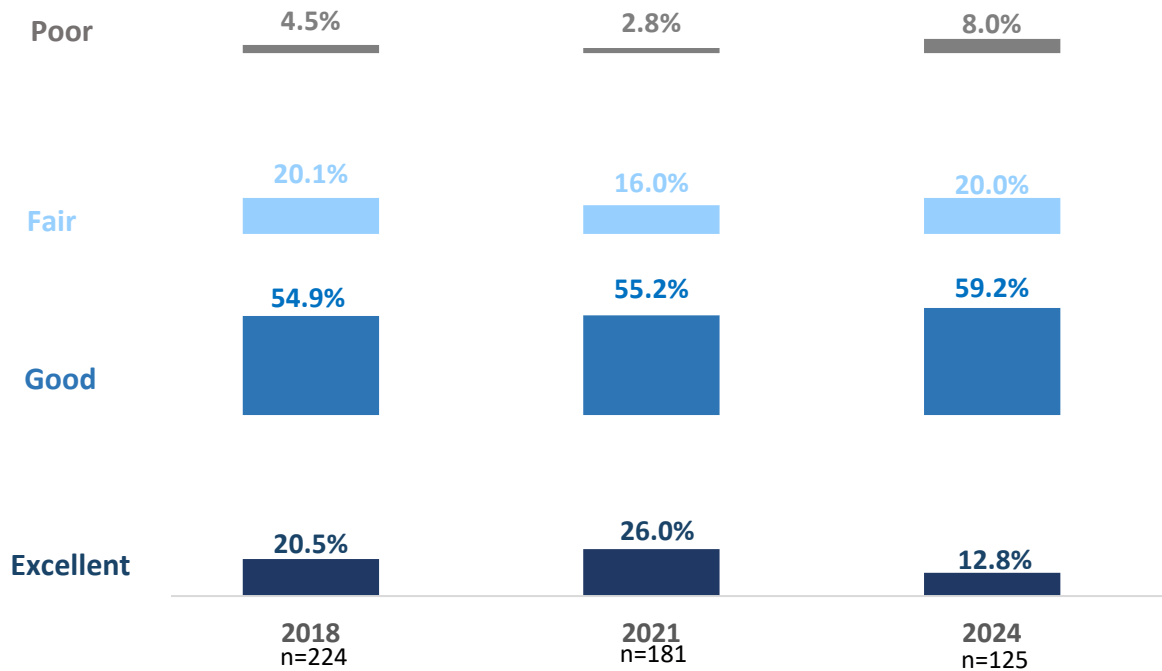
| | | | | |
|---|-----------|------------|----------|-------------------------------------|
| Teen recreational activities | 4.9% (11) | 3.8% (7) | 5.6% (7) | <input type="checkbox"/> |
| Access to childcare/after school programs | | 14.8% (27) | 4.8% (6) | <input checked="" type="checkbox"/> |
| Tolerance for diversity | 4.9% (11) | 3.3% (6) | 4.8% (6) | <input type="checkbox"/> |
| Parks and recreation | 2.7% (6) | 3.3% (6) | 2.4% (3) | <input type="checkbox"/> |
| Transportation services | | 2.2% (4) | 2.4% (3) | <input type="checkbox"/> |
| Low level of domestic violence | 1.8% (4) | 1.6% (3) | 1.6% (2) | <input type="checkbox"/> |
| Low death and disease rates | 1.8% (4) | 2.2% (4) | 0.8% (1) | <input type="checkbox"/> |
| Arts and cultural events | 2.2% (5) | 0.5% (1) | 0.0% (0) | <input type="checkbox"/> |
| Other | 0.4% (1) | 1.1% (2) | 0.0% (0) | <input type="checkbox"/> |

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

Knowledge of Health Services through Logan Health-Chester (Question 4)

Respondents were asked to rate their knowledge of the health services available through Logan Health- Chester. Fifty-nine point two percent of respondents (n=74) rated their knowledge of health services as “Good.” “Fair” was selected by 22.0% percent (n=25), “Excellent” was chosen by 12.8% of respondents (n=16), and “Poor” was selected by 8.0% (n=10).

More 2024 respondents rated thier knoweldge of services though Logan Health- Chester as Fair or Poor compared to previous assessments.



How Respondents Learn of Health Services (Question 5)

When asked how survey respondents learn about health services available in the community, the most frequently indicated methods of learning was “Friends/family” at 61.8% (n=76), followed closely by “Word of mouth/reputation” at 60.2% (n=74) and “Clinic/hospital staff” at 56.1% (n=69).

| How Respondents Learn about Community Health Services | 2018 % (n) | 2021 % (n) | 2024 % (n) | SIGNIFICANT CHANGE |
|---|-------------|-------------|------------|-------------------------------------|
| Number of respondents | 226 | 182 | 123 | |
| Friends/family | 57.1% (129) | 65.9% (120) | 61.8% (76) | <input type="checkbox"/> |
| Word of mouth/reputation | 68.1% (154) | 54.9% (100) | 60.2% (74) | <input checked="" type="checkbox"/> |
| Clinic/hospital staff | 65.5% (148) | 63.2% (115) | 56.1% (69) | <input type="checkbox"/> |
| Healthcare provider | 50.9% (115) | 44.0% (80) | 50.4% (62) | <input type="checkbox"/> |
| Public Health nurse | 15.9% (36) | 18.7% (34) | 17.9% (22) | <input type="checkbox"/> |
| Mailings/newsletter | 23.0% (52) | 11.5% (21) | 16.3% (20) | <input checked="" type="checkbox"/> |
| Social media (Facebook, etc.) | 31.9% (72) | 30.2% (55) | 16.3% (20) | <input checked="" type="checkbox"/> |
| Website/internet | 9.3% (21) | 12.1% (22) | 12.2% (15) | <input type="checkbox"/> |
| Radio | 6.6% (15) | 6.6% (12) | 4.9% (6) | <input type="checkbox"/> |
| Presentations | 3.1% (7) | 1.6% (3) | 0.0% (0) | <input type="checkbox"/> |
| Other | 3.5% (8) | 2.2% (4) | 3.3% (4) | <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%.

“Other” comments included: All, EMS knowledge, my wife, none.

View a cross tabulation of how respondents learn with how they rate their knowledge on p. 83

Utilized Community Health Resources (Question 6)

Respondents were asked which community health resources, other than the hospital or hospital clinic, they had used in the last three years. “Pharmacy” was the most frequently utilized community health resource cited by respondents at 79.8% (n=95). The “Dentist” was utilized by 53.8% (n=64) of respondents followed by “Public health” at 42.0% (n=50).

| Use of Community Health Resources | 2018 % (n) | 2021 % (n) | 2024 % (n) | SIGNIFICANT CHANGE |
|-----------------------------------|---------------|---------------|---------------|-------------------------------------|
| Number of respondents | 226 | 182 | 119 | |
| Pharmacy | 82.3% (186) | 78.6% (143) | 79.8% (95) | <input type="checkbox"/> |
| Dentist | 54.4% (123) | 61.0% (111) | 53.8% (64) | <input type="checkbox"/> |
| Public Health | 33.6% (76) | 50.0% (91) | 42.0% (50) | <input checked="" type="checkbox"/> |
| Specialty clinic services | 22.6% (51) | 20.9% (38) | 17.6% (21) | <input type="checkbox"/> |
| Massage therapy | 15.5% (35) | 11.0% (20) | 15.1% (18) | <input type="checkbox"/> |
| Ambulance | 14.2% (32) | 17.0% (31) | 14.3% (17) | <input type="checkbox"/> |
| Fitness center | 22.1% (50) | 13.2% (24) | 13.4% (16) | <input checked="" type="checkbox"/> |
| Liberty County Transit | 13.3% (30) | 5.5% (10) | 4.2% (5) | <input checked="" type="checkbox"/> |
| Tobacco prevention program | 2.7% (6) | 0.5% (1) | 0.8% (1) | <input type="checkbox"/> |
| Other | 4.4% (10) | 6.6% (12) | 8.4% (10) | <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%.

“Other” comments included: Visiting mental health providers, none (4), physical therapy (3).

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 (41.9%, n=49) reported that “More specialists” would make the greatest improvement. Forty-one percent of respondents (n=48) indicated that “More primary care providers” would improve access, followed by “Home health” at 36.8% (n=43).

More specialists would make the greatest improvement to healthcare access.

| What Would Improve Community Access to Healthcare | 2018 % (n) | 2021 % (n) | 2024 % (n) | SIGNIFICANT CHANGE |
|---|------------|------------|------------|-------------------------------------|
| Number of respondents | 226 | 182 | 117 | |
| More specialists | 35.0% (79) | 34.6% (63) | 41.9% (49) | <input type="checkbox"/> |
| More primary care providers | 40.3% (91) | 36.8% (67) | 41.0% (48) | <input type="checkbox"/> |
| Home health | 40.7% (92) | 33.0% (60) | 36.8% (43) | <input type="checkbox"/> |
| More information about available services | | 25.3% (46) | 27.4% (32) | <input type="checkbox"/> |
| Telemedicine | 11.9% (27) | 19.8% (36) | 20.5% (24) | <input checked="" type="checkbox"/> |
| Better appointment availability | | 18.7% (34) | 15.4% (18) | <input type="checkbox"/> |
| Insurance navigator | 17.3% (39) | 18.1% (33) | 15.4% (18) | <input type="checkbox"/> |
| Improved quality of care | 18.1% (41) | 12.1% (22) | 13.7% (16) | <input type="checkbox"/> |
| Outpatient services expanded hours | 12.8% (29) | 14.3% (26) | 12.8% (15) | <input type="checkbox"/> |
| Greater health education services | 20.4% (46) | 4.4% (8) | 12.0% (14) | <input checked="" type="checkbox"/> |
| Transportation assistance | 6.6% (15) | 6.0% (11) | 6.8% (8) | <input type="checkbox"/> |
| Cultural sensitivity | 4.4% (10) | 1.6% (3) | 0.0% (0) | <input checked="" type="checkbox"/> |
| Other | 14.6% (33) | 9.9% (18) | 12.0% (14) | <input type="checkbox"/> |

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

“Other” comments included: We think we have good access, better rates/lower costs, nurse navigators, mental health services, eye doctor, full-time doctor, naturopathic resources, higher staffing ratios.

Interest in Educational Classes/Programs (Question 8)

Respondents were asked which topics they would be most interested in learning about. The most frequently selected topic was “Women’s health” at 43.2% (n=46), while interest in “Living will/end of life planning” followed with 37.9% (n=36).

| Interest in Classes or Programs | 2018 % (n) | 2021 % (n) | 2024 % (n) |
|----------------------------------|---------------|---------------|---------------|
| Number of respondents | 226 | 182 | 95 |
| Women's health | 38.5% (87) | 29.1% (53) | 43.2% (41) |
| Living will/end of life planning | 24.8% (56) | 28.0% (51) | 37.9% (36) |
| Weight loss | 33.2% (75) | 33.0% (60) | 31.6% (30) |
| Mental health | 15.5% (35) | 10.4% (19) | 28.4% (27) |
| Nutrition | 30.5% (69) | 26.9% (49) | 25.3% (24) |
| Men's health | 14.2% (32) | 15.9% (29) | 20.0% (19) |
| Grief counseling | 9.3% (21) | 9.9% (18) | 12.6% (12) |
| Diabetes | | | 11.6% (11) |
| Parenting | 6.2% (14) | 8.8% (16) | 11.6% (11) |
| Support groups | 5.8% (13) | 7.7% (14) | 11.6% (11) |
| Alcohol/substance abuse | 4.0% (9) | 2.7% (5) | 9.5% (9) |
| Smoking/tobacco cessation | 1.8% (4) | 0.0% (0) | 5.3% (5) |
| Lactation/breastfeeding support | | 1.6% (3) | 3.2% (3) |
| Prenatal | 2.2% (5) | 3.3% (6) | 2.1% (2) |
| Other | 4.9% (11) | 5.5% (10) | 5.3% (5) |

Statistical significance was not measured as reporting differed between 2024 and the two previous years. A larger number of missing values in 2024 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: Natural health supplements, migraine management, stress related counseling, eye doctor, none.

Desired Local Health Services (Question 9)

Respondents were asked to indicate which additional services they would utilize if available locally. Respondents indicated the most interest in “Optometry” at 42.9% (n=45). Thirty-nine percent (n=41) of respondents were interested in “Chiropractor” services while 38.1% (n=40) desire “Dermatology” locally.

| Desired Local Healthcare Services | 2018 % (n) | 2021 % (n) | 2024 % (n) |
|-----------------------------------|---------------|---------------|---------------|
| Number of respondents | 226 | 182 | 105 |
| Optometry | 48.7% (110) | 34.6% (63) | 42.9% (45) |
| Chiropractor | | 22.5% (41) | 39.0% (41) |
| Dermatology | 28.3% (64) | 37.4% (68) | 38.1% (40) |
| Foot care clinic | 21.7% (49) | 24.7% (45) | 29.5% (31) |
| Acupuncture | 13.3% (30) | 14.3% (26) | 23.8% (25) |
| Naturopath | 16.4% (37) | 18.1% (33) | 23.8% (25) |
| ENT (ear/nose/throat) | 26.5% (60) | 19.2% (35) | 19.0% (20) |
| Allergist | 15.9% (36) | 22.0% (40) | 18.1% (19) |
| OB/GYN | 10.2% (23) | 16.5% (30) | 18.1% (19) |
| Home health | 8.4% (19) | 8.2% (15) | 16.2% (17) |
| Urology | 7.5% (17) | 8.8% (16) | 14.3% (15) |
| Cancer care | 7.5% (17) | 11.5% (21) | 11.4% (12) |
| Endocrinologist | 7.5% (17) | 7.1% (13) | 10.5% (11) |
| Podiatrist | 8.8% (20) | 4.9% (9) | 10.5% (11) |
| Psychiatry | 6.6% (15) | 4.9% (9) | 10.5% (11) |
| Cardiac Rehabilitation | | | 8.6% (9) |
| Community health worker | 3.1% (7) | 2.7% (5) | 8.6% (9) |
| Rheumatology | 10.2% (23) | 11.0% (20) | 8.6% (9) |
| Dialysis | | | 1.0% (1) |
| Other | 4.4% (10) | 6.6% (12) | 7.6% (8) |

Statistical significance was not measured as reporting differed between 2024 and the previous years. A larger number of missing values in 2024 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: Functional or holistic health options, massage therapy, neurologist, cardiologist, eye doctor, counseling, homeopathic.



Utilization of Preventive Services (Question 10)

Respondents were asked if they or someone in their household had utilized any of the preventive services listed in the past year. “Dental check” was selected by 65.6% of respondents (n=80) followed by “Blood pressure check” and “Routine blood work/birthday lab” with 60.7% (n=47, each). Survey respondents could select all services that applied.

| Use of Preventative Services | 2018 % (n) | 2021 % (n) | 2024 % (n) | SIGNIFICANT CHANGE |
|---------------------------------|---------------|---------------|---------------|-------------------------------------|
| Number of respondents | 226 | 182 | 122 | |
| Dental check | | 68.1% (124) | 65.6% (80) | <input type="checkbox"/> |
| Blood pressure check | 40.3% (91) | 62.6% (114) | 60.7% (74) | <input checked="" type="checkbox"/> |
| Routine blood work/birthday lab | 54.9% (124) | 63.2% (115) | 60.7% (74) | <input type="checkbox"/> |
| Flu shot/immunizations | 57.1% (129) | 67.6% (123) | 54.1% (66) | <input checked="" type="checkbox"/> |
| Health checkup | 38.1% (86) | 60.4% (110) | 53.3% (65) | <input checked="" type="checkbox"/> |
| Vision check | | 41.2% (75) | 52.5% (64) | <input type="checkbox"/> |
| Cholesterol check | 47.3% (107) | 50.5% (92) | 50.0% (61) | <input type="checkbox"/> |
| Mammography | 35.8% (81) | 40.7% (74) | 40.2% (49) | <input type="checkbox"/> |
| Colonoscopy | 9.7% (22) | 14.8% (27) | 20.5% (25) | <input checked="" type="checkbox"/> |
| Prostate (PSA) | 11.1% (25) | 24.2% (44) | 18.0% (22) | <input checked="" type="checkbox"/> |
| Hearing check | | 14.3% (26) | 17.2% (21) | <input type="checkbox"/> |
| Medicare wellness | 13.3% (30) | 15.4% (28) | 17.2% (21) | <input type="checkbox"/> |
| Pap test | 12.8% (29) | 21.4% (39) | 16.4% (20) | <input type="checkbox"/> |
| Dexa scan | 15.9% (36) | 14.3% (26) | 13.9% (17) | <input type="checkbox"/> |
| Children's checkup/Well baby | 7.5% (17) | 14.8% (27) | 12.3% (15) | <input type="checkbox"/> |
| Echo/Stress Echo | | | 11.5% (14) | <input type="checkbox"/> |
| None | 8.8% (20) | 1.6% (3) | 3.3% (4) | <input checked="" type="checkbox"/> |
| Other | 4.0% (9) | 2.7% (5) | 6.6% (8) | <input type="checkbox"/> |

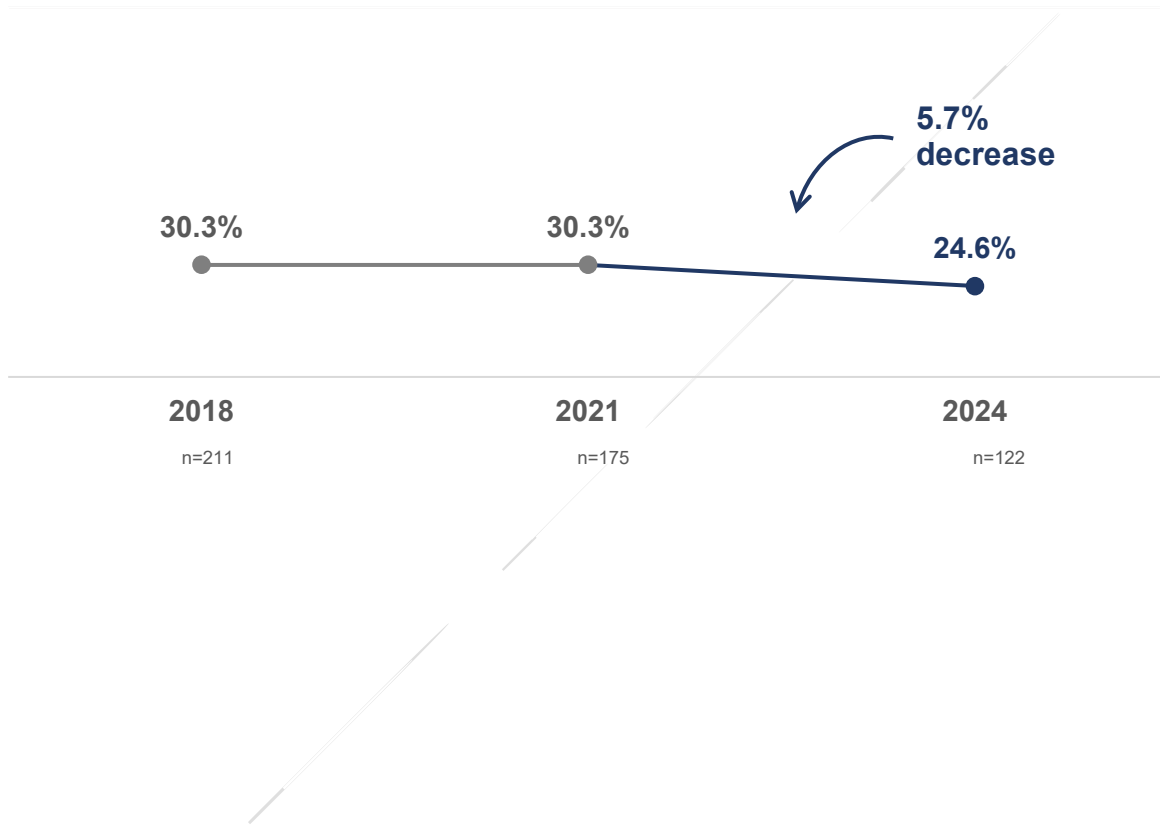
A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents could select any of the preventive services listed, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year.

“Other” comments included: Exercise facilities, functional and holistic health, DOT physical, OB/GYN, medication check-up.

Delay of Services (Question 11)

Twenty-four point six percent of respondents (n=30) 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 in the last three years. Seventy-five point four percent of respondents (n=92) felt they were able to get the healthcare services they needed without delay.

Fewer respondents delayed or did not receive needed services in 2024



View a cross tabulation of where respondents live and 'delay of healthcare services' on p. 84

Reason for Not Receiving/Delaying Needed Services (Question 12)

Of the survey respondents (n=30) who indicated they were unable to receive or had to delay services in the last three years, the reason most cited was “Could not get an appointment”, “My insurance didn’t cover it” and “Qualified provider not available” (23.3%, n=7 each).

| Reasons for Delay in Receiving Needed Healthcare | 2018 % (n) | 2021 % (n) | 2024 % (n) | SIGNIFICANT CHANGE |
|--|------------|------------|------------|-------------------------------------|
| Number of respondents | 64 | 53 | 30 | |
| Could not get an appointment | 26.6% (17) | 13.2% (7) | 23.3% (7) | <input type="checkbox"/> |
| My insurance didn't cover it | 17.2% (11) | 15.1% (8) | 23.3% (7) | <input type="checkbox"/> |
| Qualified provider not available | | 11.3% (6) | 23.3% (7) | <input type="checkbox"/> |
| It cost too much | 25.0% (16) | 15.1% (8) | 20.0% (6) | <input type="checkbox"/> |
| Too long to wait for an appointment | 21.9% (14) | 3.8% (2) | 20.0% (6) | <input checked="" type="checkbox"/> |
| Didn't know where to go | 4.7% (3) | 0.0% (0) | 13.3% (4) | <input checked="" type="checkbox"/> |
| Don't like doctors | 21.9% (14) | 3.8% (2) | 13.3% (4) | <input checked="" type="checkbox"/> |
| Office wasn't open when I could go | 12.5% (8) | 5.7% (3) | 13.3% (4) | <input type="checkbox"/> |
| Not treated with respect | 7.8% (5) | 3.8% (2) | 10.0% (3) | <input type="checkbox"/> |
| It was too far to go | 6.3% (4) | 13.2% (7) | 6.7% (2) | <input type="checkbox"/> |
| Too nervous or afraid | 3.1% (2) | 9.4% (5) | 6.7% (2) | <input type="checkbox"/> |
| Had no childcare | 4.7% (3) | 5.7% (3) | 3.3% (1) | <input type="checkbox"/> |
| Could not get off work | 14.1% (9) | 5.7% (3) | 3.3% (1) | <input type="checkbox"/> |
| No insurance | 10.9% (7) | 9.4% (5) | 3.3% (1) | <input type="checkbox"/> |
| Transportation problems | 3.1% (2) | 3.8% (2) | 3.3% (1) | <input type="checkbox"/> |
| Unsure if services were available | 10.9% (7) | 3.8% (2) | 3.3% (1) | <input type="checkbox"/> |
| Don't understand healthcare system | | 0.0% (0) | 0.0% (0) | <input type="checkbox"/> |
| Language barrier | 0.0% (0) | 0.0% (0) | 0.0% (0) | <input type="checkbox"/> |
| Other | 20.3% (13) | 28.3% (15) | 20.0% (6) | <input type="checkbox"/> |

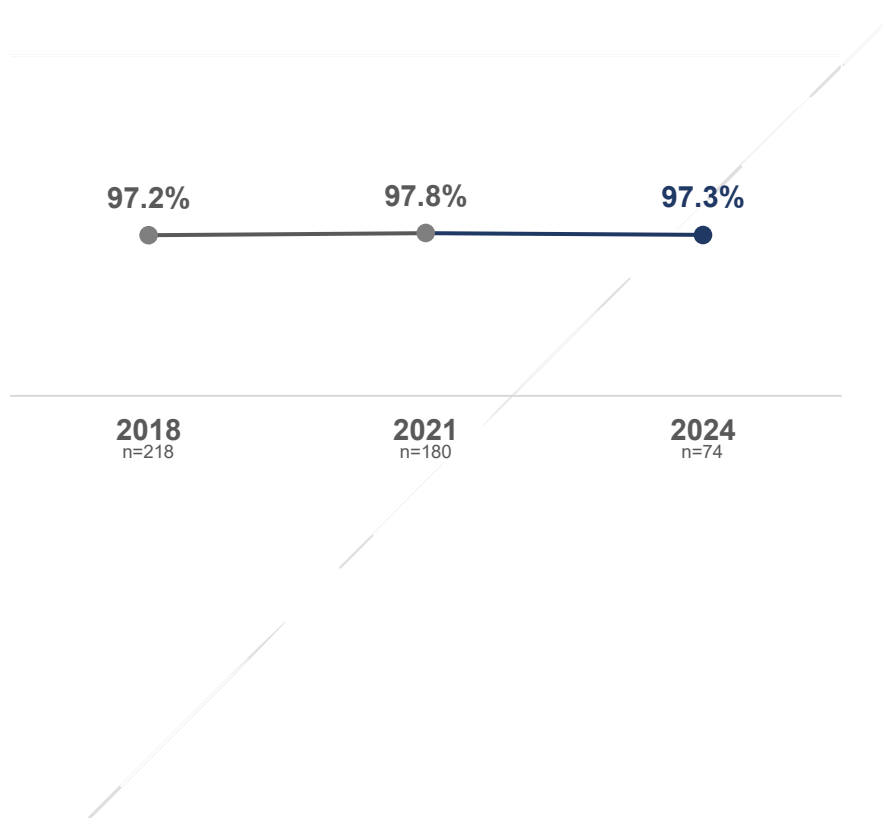
A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to indicate the top three reasons for a delay in seeking or receiving healthcare, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year. *3 respondents were moved to “Other” for selecting over the allotted number of responses.

“Other” comments included: Took over 3.5 months to get an appointment with the proper care provider, wanted female doctor, hoped to get well on my own.

Primary Care Services (Question 13)

Ninety-seven point three percent of respondents (n=72) 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. Two point seven percent of respondents (n=2) indicated they had not received primary care.

Primary care utilization has remained consistent over the last six years



Location of Primary Care Services (Question 14)

Of those who indicated receiving primary care services in the previous three years (n=72), Forty-four point four respondents (n=32) reported receiving care in Chester.

| Location of Primary Care Provider | 2018 % (n) | 2021 % (n) | 2024 % (n) |
|-----------------------------------|---------------------|---------------------|--------------------|
| Number of respondents | 211 | 174 | 72 |
| Chester | 59.7% (126) | 48.9% (85) | 44.4% (32) |
| Havre | 6.6% (14) | 7.5% (13) | 13.9% (10) |
| Great Falls Clinic | 19.0% (40) | 14.9% (26) | 6.9% (5) |
| Benefis | 7.6% (16) | 4.0% (7) | 2.8% (2) |
| Great Falls other | | | 2.8% (2) |
| Shelby | 0.9% (2) | 1.7% (3) | 2.8% (2) |
| Billings | 0.0% (0) | 0.6% (1) | 1.4% (1) |
| Helena | 0.9% (2) | 0.6% (1) | 1.4% (1) |
| Kalispell | 1.4% (3) | 1.1% (2) | 1.4% (1) |
| VA clinic | 0.9% (2) | 0.6% (1) | 1.4% (1) |
| Conrad | 0.0% (0) | 0.0% (0) | 0.0% (0) |
| Cut Bank | 0.0% (0) | 0.0% (0) | 0.0% (0) |
| Fort Benton | 0.0% (0) | 0.0% (0) | 0.0% (0) |
| Missoula | 0.0% (0) | 0.0% (0) | 0.0% (0) |
| Other | 2.8% (6) | 20.1% (35) | 20.8% (15) |
| TOTAL | 100.0% (211) | 100.0% (174) | 100.0% (72) |

Statistical significance was not measured as reporting differed between 2024 and the two previous years. A larger number of missing values in 2024 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.

“Other” comments included: Whitefish, Big Sandy, Choteau, Idaho, Mesquite NV, St. George UT, Tucson AZ.

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

Reasons for Primary Care Provider Selection (Question 15)

Survey respondents who indicated they or someone in their household had been seen by a primary care provider within the past three years (n=72) were asked to share why they chose that primary care provider. “Prior experience with clinic” was the most frequently selected reason at 48.6% (n=35), followed by “Closest to home” at 47.2% (n=34). “Clinic/provider’s reputation for quality” was chosen by 43.1% (n=31) of respondents, which experienced a significant increase over the last three assessments.

| Reasons for Selecting Primary Care Provider | 2018 % (n) | 2021 % (n) | 2024 % (n) | SIGNIFICANT CHANGE |
|---|---------------|---------------|---------------|-------------------------------------|
| Number of respondents | 212 | 176 | 72 | |
| Prior experience with clinic | 43.4% (92) | 50.0% (88) | 48.6% (35) | <input type="checkbox"/> |
| Closest to home | 49.5% (105) | 53.4% (94) | 47.2% (34) | <input type="checkbox"/> |
| Clinic/provider's reputation for quality | 22.2% (47) | 42.6% (75) | 43.1% (31) | <input checked="" type="checkbox"/> |
| Personal relationship with provider | 32.1% (68) | 29.0% (51) | 29.2% (21) | <input type="checkbox"/> |
| Appointment availability | 37.3% (79) | 33.0% (58) | 26.4% (19) | <input type="checkbox"/> |
| Recommended by family or friends | 20.8% (44) | 13.6% (24) | 20.8% (15) | <input type="checkbox"/> |
| Referred by physician or other provider | 10.4% (22) | 12.5% (22) | 15.3% (11) | <input type="checkbox"/> |
| Privacy/confidentiality | | 12.5% (22) | 13.9% (10) | <input type="checkbox"/> |
| Required by insurance plan | 1.9% (4) | 1.7% (3) | 5.6% (4) | <input type="checkbox"/> |
| Length of waiting room time | 8.0% (17) | 8.5% (15) | 5.6% (4) | <input type="checkbox"/> |
| Cost of care | 6.1% (13) | 4.5% (8) | 2.8% (2) | <input type="checkbox"/> |
| VA/Military requirement | 1.4% (3) | 0.6% (1) | 1.4% (1) | <input type="checkbox"/> |
| Indian Health Services | 0.5% (1) | 0.0% (0) | 0.0% (0) | <input type="checkbox"/> |
| Other | 9.0% (19) | 7.4% (13) | 9.7% (7) | <input type="checkbox"/> |

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

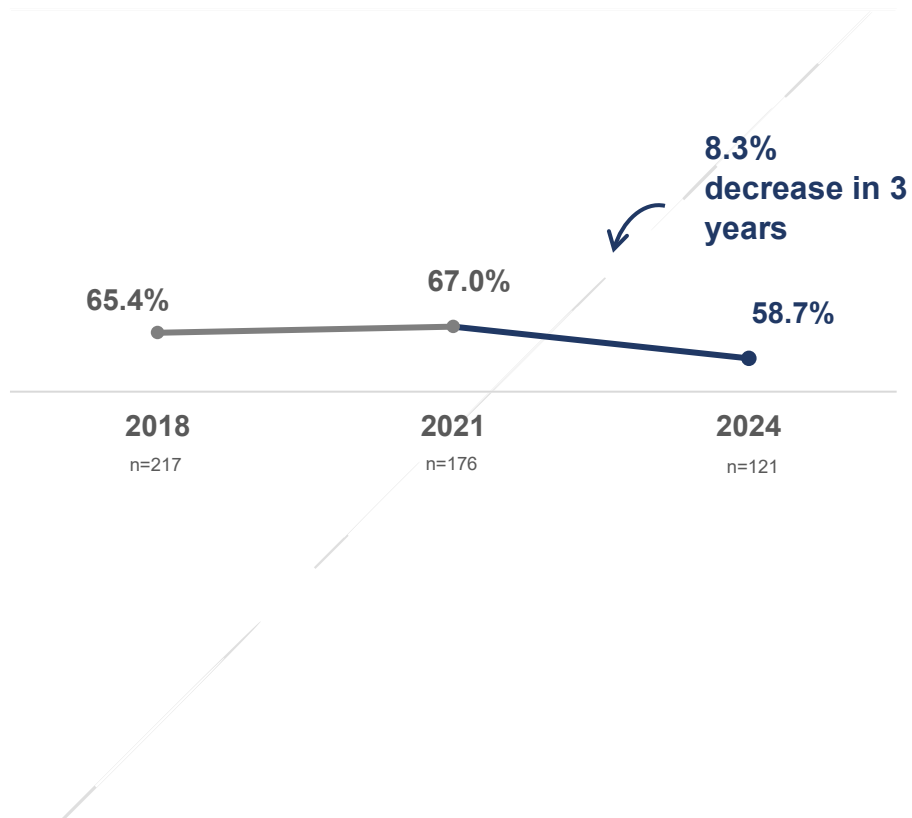
“Other” comments included: Longevity of health care from this provider, female provider, Dr gives time and concern and not rushed, has pharmacy and will send our medicine in the mail convenience.

View a cross tabulation of where respondents utilize primary care services with their reasons for selecting their provider on p. 86

Hospital Care Services (Question 16)

Respondents were asked if they or someone in their household had received hospital care in the last three years. Hospitalization was quantified as hospitalized overnight, day surgery, obstetrical care, rehabilitation, radiology, or emergency care. Fifty-eight point seven percent of respondents (n=71) reported that they or a member of their family had received hospital care during the previous three years, and 41.3% (n=50) had not received hospital services.

Significantly fewer 2024 respondents received hospital care in the last three years.



Location of Hospital Services (Question 17)

Of the survey respondents who indicated receiving hospital care in the last three years (n=71), “Benefis” was utilized most often. Twenty-six point eight percent (n=19) utilized “Chester” and 8.5% (n=6) utilized hospital services in Havre. If respondents selected over the allotted responses, they were moved to “Other”.

| Hospital Used Most Often | 2018 % (n) | 2021 % (n) | 2024 % (n) |
|--------------------------|---------------------|---------------------|--------------------|
| Number of respondents | 142 | 118 | 71 |
| Benefis | 35.9% (51) | 25.4% (30) | 29.6% (21) |
| Chester | 36.6% (52) | 27.1% (32) | 26.8% (19) |
| Havre | 3.5% (5) | 5.9% (7) | 8.5% (6) |
| Great Falls Clinic | 16.2% (23) | 16.1% (19) | 7.0% (5) |
| Billings | 3.5% (5) | 2.5% (3) | 2.8% (2) |
| Great Falls other | | | 2.8% (2) |
| Kalispell | 0.0% (0) | 6.8% (8) | 2.8% (2) |
| Conrad | 0.0% (0) | 0.0% (0) | 1.4% (1) |
| Shelby | 0.0% (0) | 1.7% (2) | 1.4% (1) |
| Cut Bank | 0.0% (0) | 0.0% (0) | 0.0% (0) |
| Fort Benton | 1.4% (2) | 0.0% (0) | 0.0% (0) |
| Helena | 0.0% (0) | 0.0% (0) | 0.0% (0) |
| Missoula | 0.7% (1) | 1.7% (2) | 0.0% (0) |
| VA clinic | 2.1% (3) | 0.0% (0) | 0.0% (0) |
| Other | 0.0% (0) | 12.7% (15) | 16.9% (12) |
| TOTAL | 100.0% (142) | 100.0% (118) | 100.0% (71) |

Statistical significance was not measured as reporting differed between 2024 and the two previous years. A larger number of missing values in 2024 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.

“Other” comments included: Spokane, Glendive, Bozeman, Mesquite/St. George.

View a cross tabulation of where respondents live with where they utilize hospital services on p. 87

Reasons for Hospital Selection (Question 18)

Of the survey respondents who indicated receiving hospital care in the last three years (n=71), the reason most selected was “Closest to home” (38.0%, n=27). “Referred by physician/provider” and “Medical staff” followed with 29.6% (n=21 each).

| Reasons for Selecting Hospital | 2018 % (n) | 2021 % (n) | 2024 % (n) | SIGNIFICANT CHANGE |
|---|---------------|---------------|---------------|-------------------------------------|
| Number of respondents | 142 | 118 | 71 | |
| Closest to home | 45.1% (64) | 39.8% (47) | 38.0% (27) | <input type="checkbox"/> |
| Referred by physician or other provider | 38.0% (54) | 28.0% (33) | 29.6% (21) | <input type="checkbox"/> |
| Medical staff | 30.3% (43) | 27.1% (32) | 29.6% (21) | <input type="checkbox"/> |
| Prior experience with hospital | 28.2% (40) | 29.7% (35) | 26.8% (19) | <input type="checkbox"/> |
| Emergency, no choice | 35.2% (50) | 23.7% (28) | 25.4% (18) | <input type="checkbox"/> |
| Hospital's reputation for quality | 25.4% (36) | 28.8% (34) | 22.5% (16) | <input type="checkbox"/> |
| Prefer to see M.D. or D.O. | 10.6% (15) | 6.8% (8) | 8.5% (6) | <input type="checkbox"/> |
| Recommended by family/friends | 5.6% (8) | 8.5% (10) | 7.0% (5) | <input type="checkbox"/> |
| Privacy/confidentiality | | 3.4% (4) | 4.2% (3) | <input type="checkbox"/> |
| Closest to work | 7.0% (10) | 5.1% (6) | 2.8% (2) | <input type="checkbox"/> |
| Required by insurance plan | 2.1% (3) | 3.4% (4) | 2.8% (2) | <input type="checkbox"/> |
| VA/Military requirement | 2.1% (3) | 2.5% (3) | 2.8% (2) | <input type="checkbox"/> |
| Cost of care | 4.2% (6) | 1.7% (2) | 0.0% (0) | <input type="checkbox"/> |
| Financial assistance programs | | 0.0% (0) | 0.0% (0) | <input type="checkbox"/> |
| Other | 0.7% (1) | 16.1% (19) | 15.5% (11) | <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.

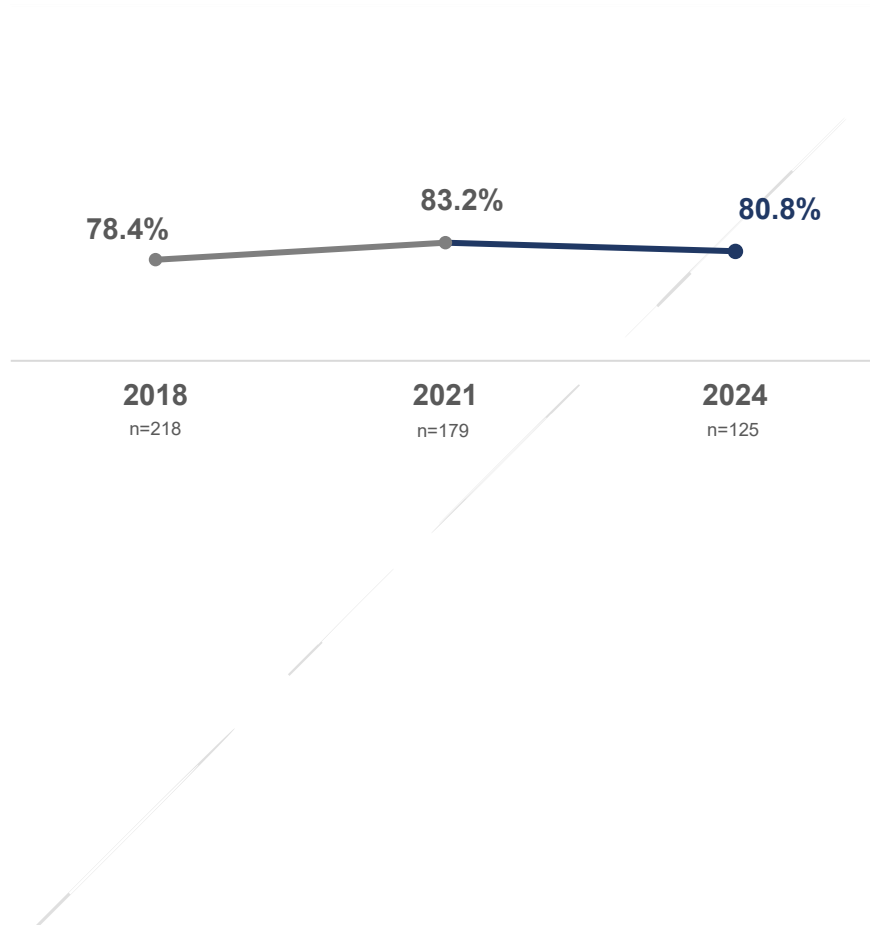
“Other” comments included: Location/provider with credentials to perform care, having a baby, don’t take my insurance in Chester, specialist.

View a cross tabulation of where respondents utilize hospital services with their reasons for selecting that facility p. 88

Specialty Care Services (Question 19)

Eighty point eight percent of the respondents (n=101) indicated they or a household member had seen a healthcare specialist during the past three years, while 19.2% (n=24) indicated they had not.

Specialty care utilization has slightly decreased since the last assessment



Location of Healthcare Specialist(s) (Question 20)

Of the 101 respondents who indicated they saw a healthcare specialist in the past three years, 44.6% (n=45) reported receiving services through “Great Falls Clinic.” “Benefis” specialty services were utilized by 43.6% of respondents (n=44) which saw a significant increase over the last assessments, and 25.7% (n=26) received services in “Chester.” Respondents could select multiple locations, so percentages do not equal 100%.

| Location of Specialist | 2018 % (n) | 2021 % (n) | 2024 % (n) | SIGNIFICANT CHANGE |
|------------------------|---------------|---------------|---------------|-------------------------------------|
| Number of respondents | 171 | 149 | 101 | |
| Great Falls Clinic | 52.0% (89) | 53.0% (79) | 44.6% (45) | <input type="checkbox"/> |
| Benefis | 29.8% (51) | 45.0% (67) | 43.6% (44) | <input checked="" type="checkbox"/> |
| Chester | 27.5% (47) | 22.8% (34) | 25.7% (26) | <input type="checkbox"/> |
| Great Falls other | | | 22.8% (23) | <input type="checkbox"/> |
| Kalispell | 17.5% (30) | 22.8% (34) | 17.8% (18) | <input type="checkbox"/> |
| Havre | 14.0% (24) | 14.1% (21) | 16.8% (17) | <input type="checkbox"/> |
| Shelby | 3.5% (6) | 2.7% (4) | 8.9% (9) | <input checked="" type="checkbox"/> |
| Helena | 4.7% (8) | 5.4% (8) | 4.0% (4) | <input type="checkbox"/> |
| Missoula | 5.8% (10) | 5.4% (8) | 4.0% (4) | <input type="checkbox"/> |
| Billings | 8.8% (15) | 10.1% (15) | 3.0% (3) | <input type="checkbox"/> |
| Conrad | 1.2% (2) | 2.0% (3) | 3.0% (3) | <input type="checkbox"/> |
| Cut Bank | 0.0% (0) | 0.0% (0) | 1.0% (1) | <input type="checkbox"/> |
| VA clinic | 2.3% (4) | 1.3% (2) | 1.0% (1) | <input type="checkbox"/> |
| Fort Benton | 0.0% (0) | 0.7% (1) | 0.0% (0) | <input type="checkbox"/> |
| Other | 8.8% (15) | 13.4% (20) | 15.8% (16) | <input type="checkbox"/> |

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

“Other” comments included: Private, Bozeman (5), Whitefish (2), Spokane (2), Butte, Glendive, Idaho, online, Tucson AZ, Mesquite, St. George, Las Vegas.

Type of Healthcare Specialist Seen (Question 21)

The respondents (n=101) saw a wide array of healthcare specialists in the past three years. The most frequently indicated specialist was “Cardiologist,” with 29.0% of respondents (n=29) utilizing their services. “Dentist” and “Dermatologist” were the second most utilized specialists at 28.0% (n=28 each). Respondents were asked to choose all that apply, so percentages do not equal 100%. One respondent chose not to answer this question.

| Type of Specialists Seen | 2018 % (n) | 2021 % (n) | 2024 % (n) | SIGNIFICANT CHANGE |
|--------------------------|---------------|---------------|---------------|-------------------------------------|
| Number of respondents | 171 | 149 | 100 | |
| Cardiologist | 24.0% (41) | 22.1% (33) | 29.0% (29) | <input type="checkbox"/> |
| Dentist | 22.8% (39) | 28.2% (42) | 28.0% (28) | <input type="checkbox"/> |
| Dermatologist | 24.0% (41) | 25.5% (38) | 28.0% (28) | <input type="checkbox"/> |
| Orthopedic surgeon | 26.9% (46) | 22.8% (34) | 26.0% (26) | <input type="checkbox"/> |
| Optometrist | | 24.8% (37) | 25.0% (25) | <input type="checkbox"/> |
| OB/GYN | 14.0% (24) | 19.5% (29) | 17.0% (17) | <input type="checkbox"/> |
| Urologist | 12.3% (21) | 14.1% (21) | 17.0% (17) | <input type="checkbox"/> |
| Pulmonologist | 5.3% (9) | 10.1% (15) | 15.0% (15) | <input checked="" type="checkbox"/> |
| Physical therapist | 9.9% (17) | 9.4% (14) | 14.0% (14) | <input type="checkbox"/> |
| Podiatrist | 9.4% (16) | 2.0% (3) | 13.0% (13) | <input checked="" type="checkbox"/> |
| ENT (ear/nose/throat) | 15.8% (27) | 13.4% (20) | 12.0% (12) | <input type="checkbox"/> |
| Radiologist | 8.2% (14) | 12.1% (18) | 12.0% (12) | <input type="checkbox"/> |
| Ophthalmologist | 18.1% (31) | 15.4% (23) | 11.0% (11) | <input type="checkbox"/> |
| General surgeon | 6.4% (11) | 11.4% (17) | 9.0% (9) | <input type="checkbox"/> |
| Gastroenterologist | 7.0% (12) | 12.8% (19) | 8.0% (8) | <input type="checkbox"/> |
| Endocrinologist | 5.8% (10) | 8.1% (12) | 7.0% (7) | <input type="checkbox"/> |
| Neurologist | 9.4% (16) | 9.4% (14) | 7.0% (7) | <input type="checkbox"/> |
| Mental health counselor | 2.3% (4) | 4.7% (7) | 6.0% (6) | <input type="checkbox"/> |
| Audiologist | | 4.0% (6) | 5.0% (5) | <input type="checkbox"/> |
| Chiropractor | 12.3% (21) | 11.4% (17) | 5.0% (5) | <input type="checkbox"/> |
| Rheumatologist | 5.3% (9) | 8.1% (12) | 5.0% (5) | <input type="checkbox"/> |

Table continued on the next page.

| | | | | |
|---------------------------|------------|-----------|----------|--------------------------|
| Oncologist | 7.6% (13) | 6.0% (9) | 5.0% (5) | <input type="checkbox"/> |
| Allergist | 6.4% (11) | 7.4% (11) | 4.0% (4) | <input type="checkbox"/> |
| Neurosurgeon | 4.7% (8) | 4.7% (7) | 4.0% (4) | <input type="checkbox"/> |
| Pediatrician | 3.5% (6) | 5.4% (8) | 4.0% (4) | <input type="checkbox"/> |
| Psychologist | 1.8% (3) | 3.4% (5) | 3.0% (3) | <input type="checkbox"/> |
| Psychiatrist (M.D.) | 1.2% (2) | 2.0% (3) | 2.0% (2) | <input type="checkbox"/> |
| Dietician | 2.3% (4) | 2.0% (3) | 1.0% (1) | <input type="checkbox"/> |
| Occupational therapist | 2.3% (4) | 0.7% (1) | 1.0% (1) | <input type="checkbox"/> |
| Oral surgeon | 1.2% (2) | 4.7% (7) | 1.0% (1) | <input type="checkbox"/> |
| Speech therapist | 1.2% (2) | 2.0% (3) | 1.0% (1) | <input type="checkbox"/> |
| Substance abuse counselor | 0.6% (1) | 0.0% (0) | 1.0% (1) | <input type="checkbox"/> |
| Geriatrician | 0.0% (0) | 0.0% (0) | 0.0% (0) | <input type="checkbox"/> |
| Social worker | 1.2% (2) | 2.0% (3) | 0.0% (0) | <input type="checkbox"/> |
| Other | 11.1% (19) | 9.4% (14) | 7.0% (7) | <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: Functional health provider, hematologist, MD, dermatologist, women’s specialist, acupuncture.

Overall Quality of Care of Services through Logan Health- Chester (Question 22)

Respondents were asked to rate various services available through Logan Health- Chester using the scale of 4= Excellent, 3= Good, 2= Fair, 1=Poor, and Don't know/Haven't used. The services that received the highest rating were "Emergency room," "Radiology services," "Therapy," and "Visiting specialists" (3.5 out of 4.0, each). Visiting specialists saw a significant increase since 2021. Overall, the average rating on quality and availability of the health services listed was 3.4 out of 4.0.

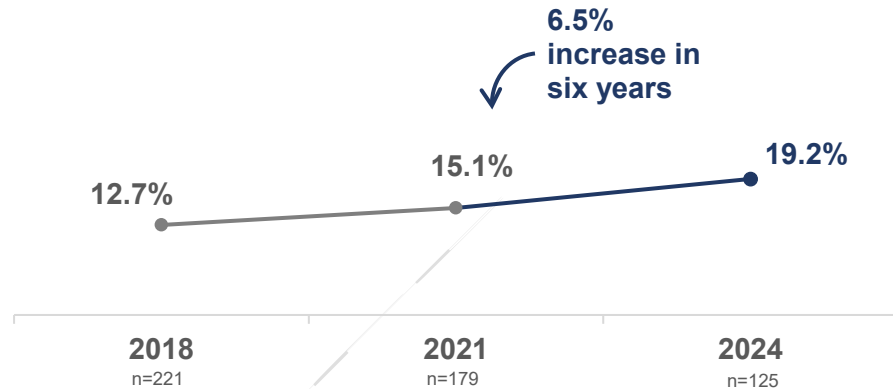
| Quality of Care Rating at Logan Health- Chester | 2021 Average (n) | 2024 Average (n) | SIGNIFICANT CHANGE |
|---|------------------|------------------|-------------------------------------|
| Total number of respondents | 174 | 110 | |
| Emergency room | 3.4 (129) | 3.5 (68) | <input type="checkbox"/> |
| Radiology services (x-ray, ultrasound, CT scan, mammography, MRI) | 3.5 (124) | 3.5 (82) | <input type="checkbox"/> |
| Therapy (physical, occupational) | 3.5 (70) | 3.5 (56) | <input type="checkbox"/> |
| Visiting specialists | 3.2 (45) | 3.5 (36) | <input checked="" type="checkbox"/> |
| Clinic services | 3.3 (158) | 3.4 (100) | <input type="checkbox"/> |
| Laboratory | 3.4 (147) | 3.4 (96) | <input type="checkbox"/> |
| Inpatient/Skilled swing/ Observation/Hospital stay | 3.2 (65) | 3.3 (31) | <input type="checkbox"/> |
| Overall average | 3.4 (963) | 3.4 (469) | <input type="checkbox"/> |

Respondents were asked to rate the quality of hospital services on a 4-point Likert Scale, with 1 corresponding with poor, 2 corresponding with Fair, 3 corresponding with Good, and 4 corresponding with Excellent. 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 23)

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. Nineteen point two percent of respondents (n=24) indicated they had experienced periods of depression, and 80.8% of respondents (n=101) indicated they had not.

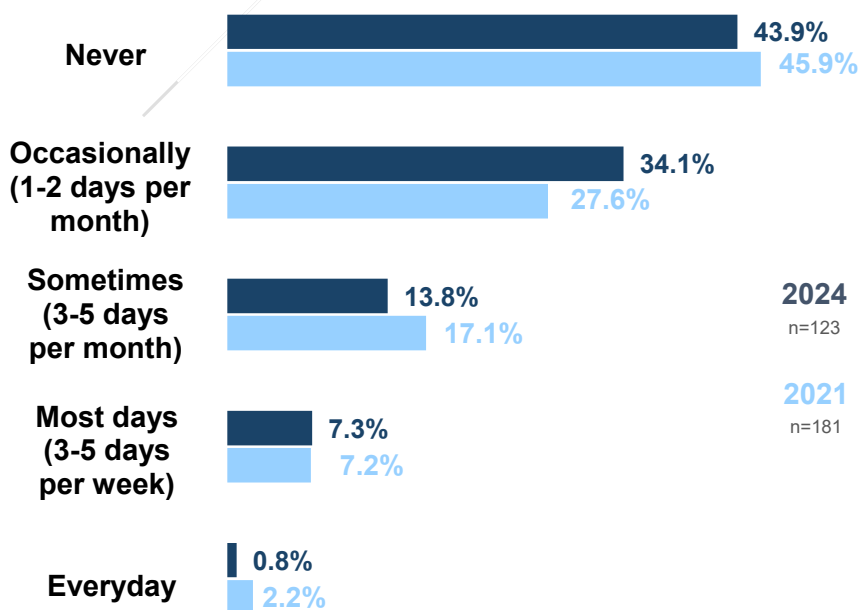
The prevalence of depression has significantly increased since 2018



Social Isolation (Question 24)

Respondents were asked to indicate how often they felt lonely or isolated in the past year. Forty-three point nine percent of respondents (n=54) indicated they never felt lonely or isolated, and 34.1% of respondents (n=42) indicated they “Occasionally (1-2 days per month)” felt lonely or isolated.

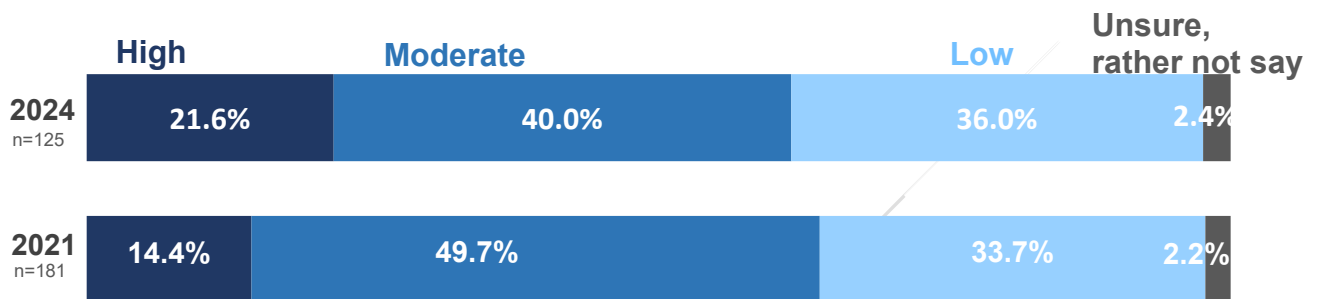
Majority of respondents never or only occasionally feel lonely or isolated



Perception of Stress (Question 25)

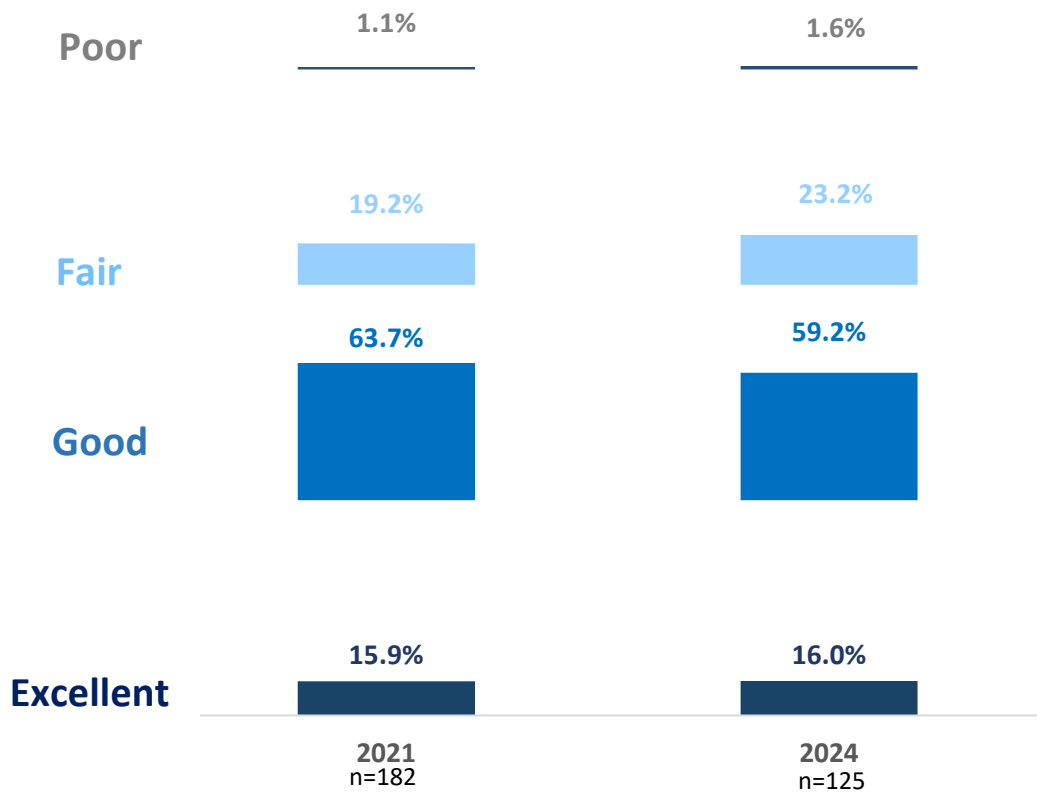
Respondents were asked to indicate how they would describe their stress level over the past year. Forty percent of respondents (n=50) indicated they experienced a “moderate” level of stress, 36.0% (n=45) had a “low” level of stress, and 21.6% of respondents (n=27) indicated they had experienced a “high” level of stress. Two point four percent of respondents (n=3) indicated they were “Unsure/rather not say.”

61.6% of respondents describe their stress level in the past year as moderate or high.



Rating of Mental Health (Question 26)

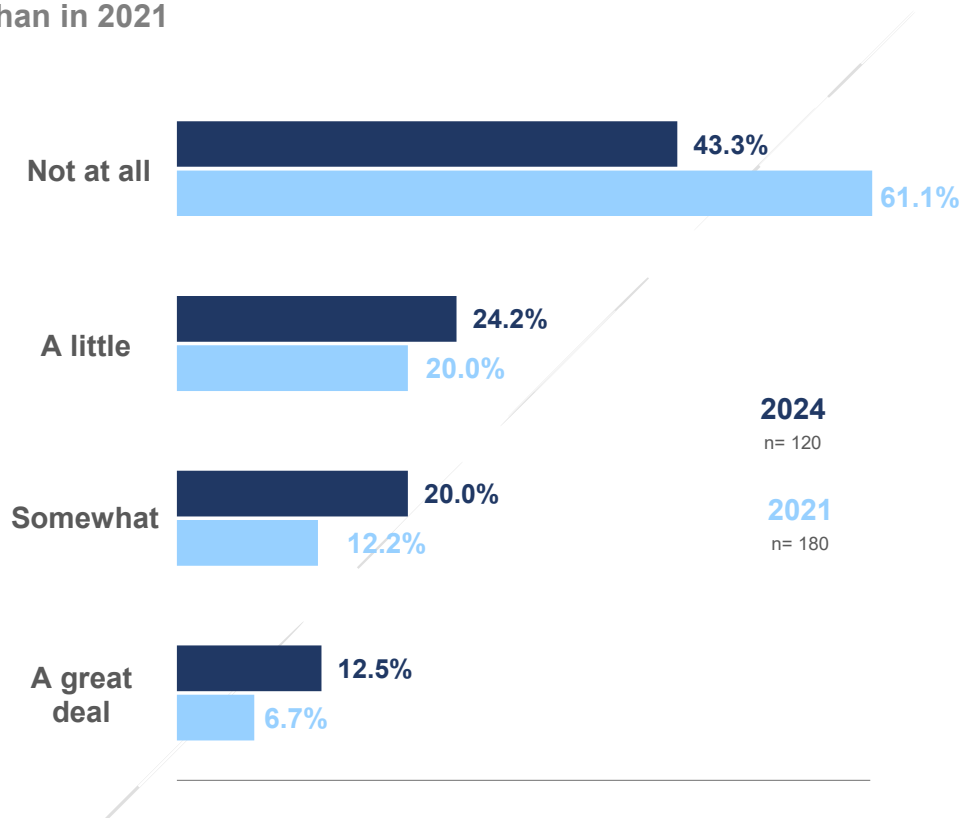
Respondents were asked to indicate how they would describe their mental health in general when considering stress, anxiety, depression, and emotional problems. Fifty-nine point two percent of respondents (n=74) felt their mental health was “Good,” 23.2% (n=29) rated their mental health as “Fair,” 16.0% of respondents (n=20) felt their mental health was “Excellent,” and 1.6% of respondents (n=2) rated their mental health as “Fair.”



Impact of Substance Abuse (Question 27)

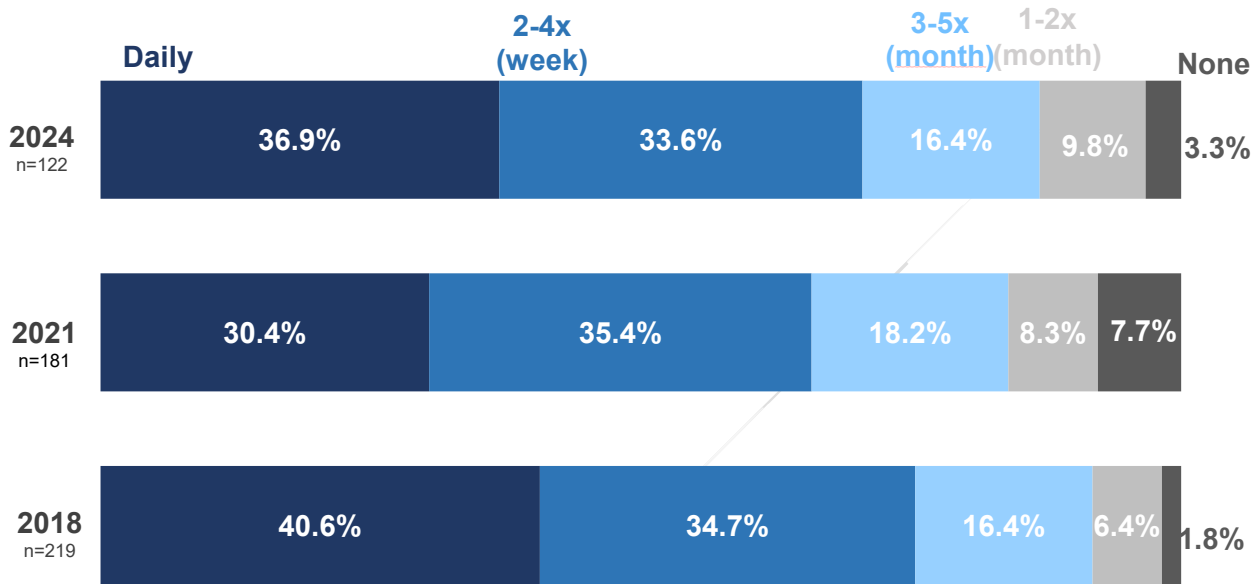
Respondents were asked to indicate to what degree their life has been negatively affected by their own or someone else’s substance abuse issues, including alcohol, prescription, or other drugs. Forty-three point three percent of respondents (n=52) indicated their life was “Not at all” affected. Twenty-four point two percent (n=29) were “A little” affected, 20.0% (n=24) were “Somewhat” affected, and 12.5% (n=15) were “A great deal” negatively affected.

2024 respondents indicate they have been more affected by their own or someone else's substance use issues than in 2021



Physical Activity (Question 28)

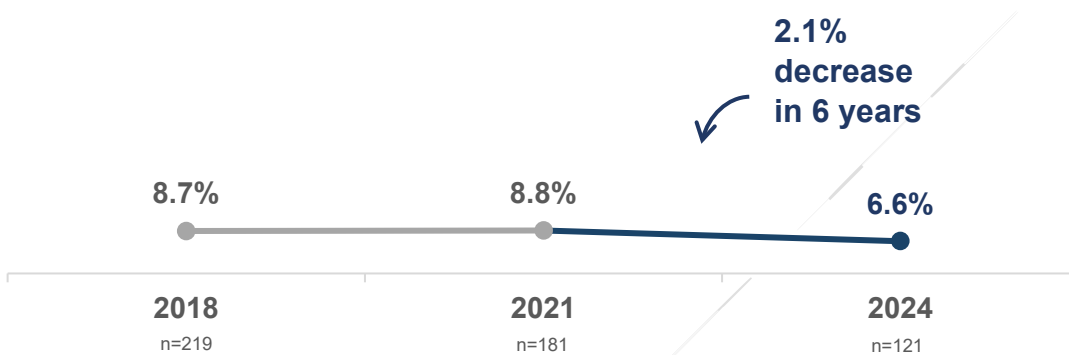
Respondents were asked to indicate how frequently they had physical activity for at least twenty minutes over the past month. Thirty-six point nine percent of respondents (n=45) indicated they had physical activity “Daily,” and 33.6% (n=41) indicated they had physical activity “2-4 times per week.” Sixteen point four percent of respondents (n=20) indicated they had physical activity “3-5 times per month,” 9.8% (n=12) indicated they had physical activity “1-2 times per month,” and 3.3% (n=4) indicated they had “No physical activity.”



Difficulty Getting Prescriptions (Question 29)

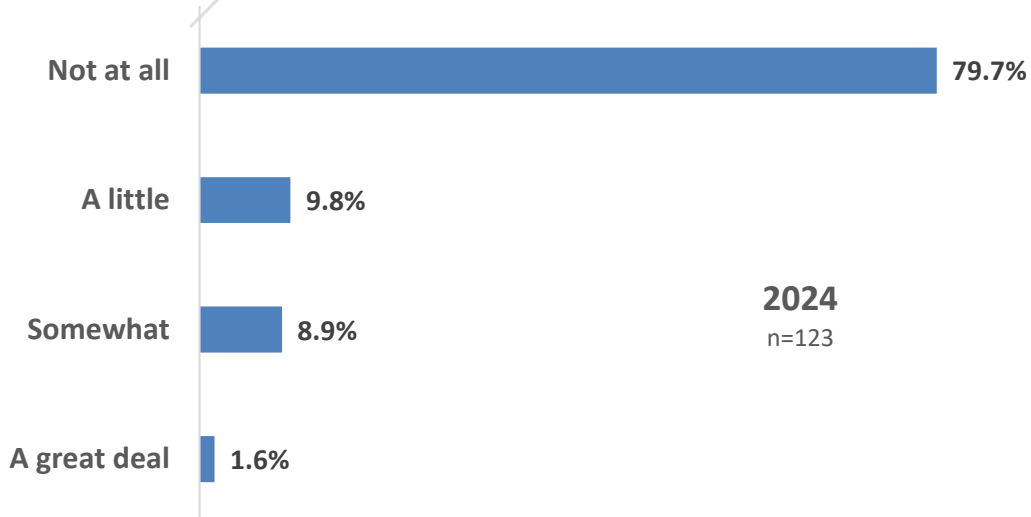
Respondents were asked to indicate if, during the last year, medication costs had prohibited them from getting a prescription or taking their medication regularly. Six point six percent of respondents (n=8) indicated that they had difficulty getting a prescription or taking their medication regularly in the last year. Seventy-seven point seven percent of respondents (n=94) indicated that they did not have trouble getting or taking prescriptions, while 15.7% of respondents (n=19) stated it was not a pertinent question for them.

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



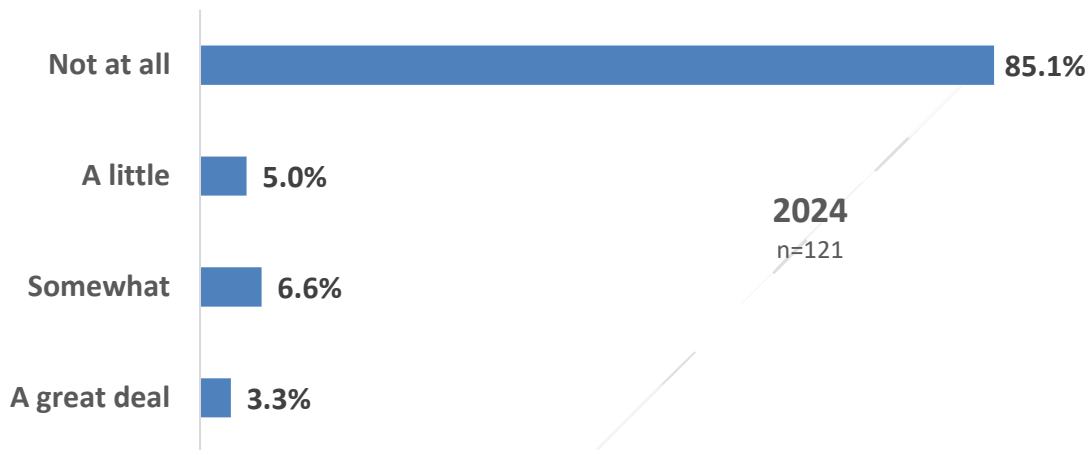
Housing (Question 30)

Respondents were asked to indicate to what degree their life has been affected by the lack of adequate and affordable housing options. Seventy-nine point seven percent of respondents (n=98) indicated that they have not been affected by lack of adequate or affordable housing. Nine point eight percent (n=12) indicated they were “A little” affected, 8.9% indicated they were “Somewhat” affected and 1.6% (n=2) were affected “A great deal”.



Childcare (Question 30)

Respondents were asked to indicate to what degree their life has been affected by the lack of adequate and affordable daycare/childcare options. Eighty-five point one percent of respondents (n=103) indicated that they have not been affected by lack of adequate or affordable daycare/childcare. Six point six percent (n=8) indicated they were “Somewhat” affected, 5.0% (n=6) were “A little” affected and 3.3% (n=4) were affected “A great deal”.



Aspects of Community (Question 32)

Respondents were asked to indicate their level of agreement with statements about various aspects of their community using the scale of 4= Strongly Agree, 3= Agree, 2= Disagree, 1=Strongly Disagree, and Don't know. The statement that received the highest rating was "My community is a good place to raise children" with a 3.4 out of 4.0. Overall, the average rating on the various aspects of the community listed was 3.3 out of 4.0.

| Community Rating | 2021 Average (n) | 2024 Average (n) | SIGNIFICANT CHANGE |
|--|---------------------|---------------------|--------------------------|
| Total number of respondents | 182 | 123 | |
| My community is a good place to raise children | 3.3 (176) | 3.4 (117) | <input type="checkbox"/> |
| I have enough financial resources to meet my basic needs | 3.4 (182) | 3.3 (120) | <input type="checkbox"/> |
| There are places to be physically active near my home | 3.2 (181) | 3.2 (121) | <input type="checkbox"/> |
| My community is a good place to grow old | 3.2 (180) | 3.1 (119) | <input type="checkbox"/> |
| Overall average | 3.3 (719) | 3.3 (477) | <input type="checkbox"/> |

Respondents were asked to rate various community-based aspects on a scale of 1 to 4 with 1 being Poor, 2 being Fair, 3 being Good and 4 being Excellent. A solid blue square indicates a statistically significant change between years ($p \leq 0.05$).

Health Insurance Type (Question 33)

Respondents were asked to indicate what type of health insurance covers the majority of their medical expenses. Thirty point nine percent (n=38) indicated they have “Medicare” coverage. Twenty point three percent (n=25) indicated they have “Employer sponsored” coverage. If respondents selected over the allotted responses they were moved to “Other”.

| Type of Health Insurance | 2018 % (n) | 2021 % (n) | 2024 % (n) |
|--------------------------------|---------------------|---------------------|---------------------|
| Number of respondents | 218 | 182 | 123 |
| Medicare | 35.8% (78) | 30.2% (55) | 30.9% (38) |
| Employer sponsored | 31.2% (68) | 20.3% (37) | 20.3% (25) |
| Health Insurance Marketplace | 10.1% (22) | 13.2% (24) | 9.8% (12) |
| Private insurance/private plan | 8.3% (18) | 7.1% (13) | 6.5% (8) |
| Medicaid | 2.3% (5) | 3.3% (6) | 5.7% (7) |
| Healthy MT Kids | 2.8% (6) | 1.6% (3) | 3.3% (4) |
| VA/Military | 4.1% (9) | 2.2% (4) | 1.6% (2) |
| Health Savings Account | 0.0% (0) | 0.5% (1) | 0.8% (1) |
| Indian Health | 0.0% (0) | 0.0% (0) | 0.0% (0) |
| State/other | 0.9% (2) | | |
| None/pay out of pocket | 4.6% (10) | 1.6% (3) | 0.0% (0) |
| Other | 0.0% (0) | 19.8% (36) | 21.1% (26) |
| TOTAL | 100.0% (218) | 100.0% (182) | 100.0% (123) |

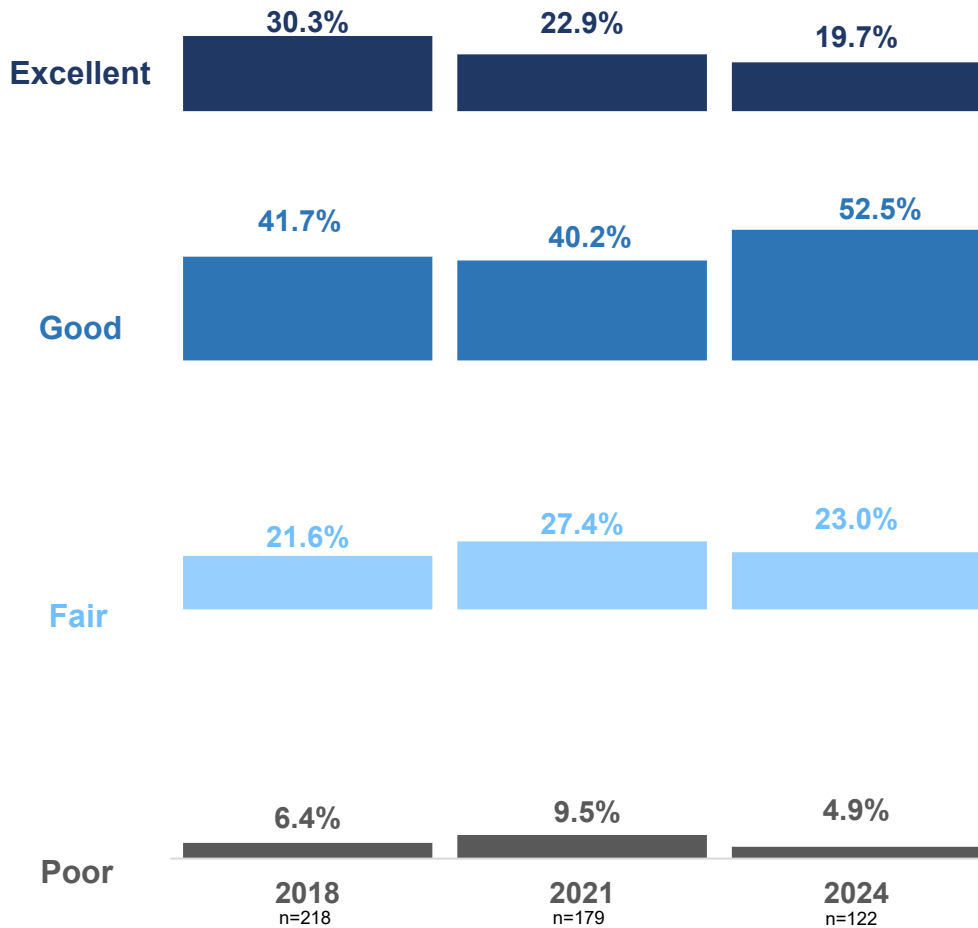
Statistical significance was not measured as reporting differed between 2023 and the two previous years. A larger number of missing values in 2023 compared to previous years would result in a skewed test for significance, indicating a meaningful change when one may not exist. Grayed out cells indicate the question was not asked that year. *Respondents (N=21) who selected over the allotted amount were moved to “Other.”

“Other” comments included: BC/BS Federal, Health Share, Supplement.

Insurance and Healthcare Costs (Question 34)

Respondents were asked to indicate how well they feel their health insurance covers their healthcare costs. Fifty-two point five percent of respondents (n=64) indicated they felt their insurance covers a “Good” amount of their healthcare costs. Twenty-three percent of respondents (n=28) indicated they feel their insurance was “Fair,” 19.7% of respondents (n=24) indicated they felt their insurance was “Excellent,” and 4.9% of respondents (n=6) feel that their insurance covers a “Poor” amount of their healthcare costs.

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



Barriers to Having Insurance (Question 35)

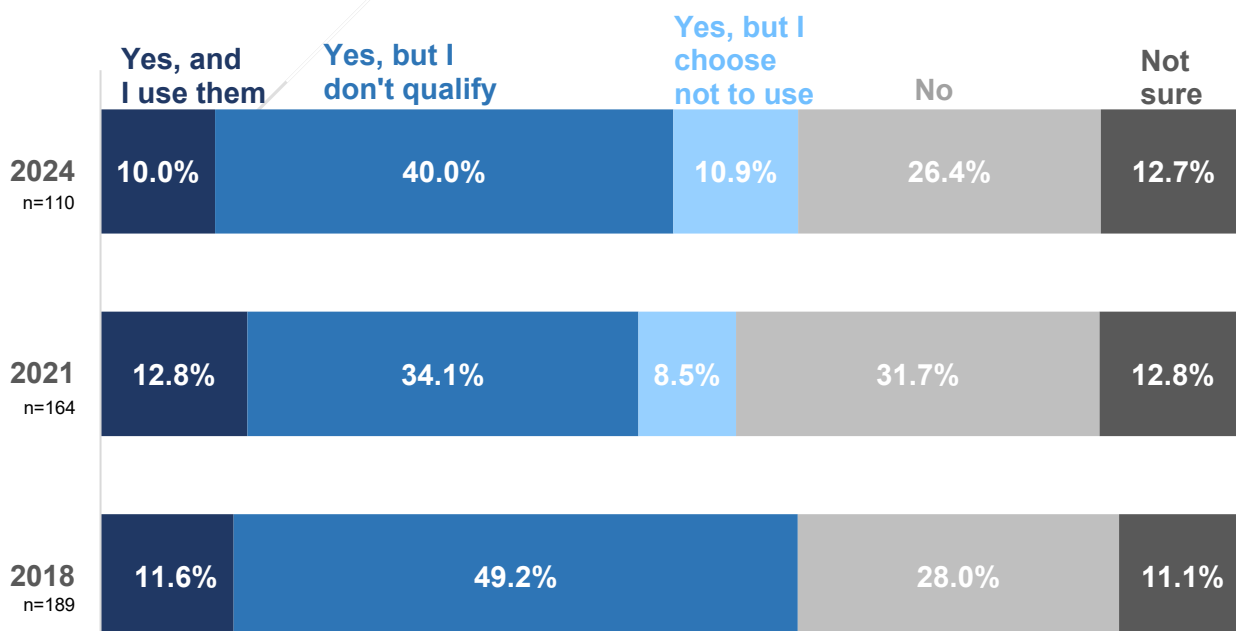
Respondents were asked if they did not have insurance to indicate what barriers to having insurance was. In 2024, no respondents indicated they did not have insurance

| Reasons for No Health Insurance | 2018 % (n) | 2021 % (n) | 2024 % (n) | SIGNIFICANT CHANGE |
|---|---------------|---------------|---------------|-----------------------|
| Number of respondents | 10 | 3 | | ■ |
| Can't afford to pay for medical insurance | 30.0% (3) | 66.7% (2) | | □ |
| Employer does not offer insurance | 30.0% (3) | 33.3% (1) | | □ |
| Choose not to have medical insurance | 30.0% (3) | 33.3% (1) | | □ |
| Too confusing/don't know how to apply | | 0.0% (0) | | □ |
| Other | 20.0% (2) | 0.0% (0) | | □ |

Respondents were asked to indicate all barriers to having health insurance, so percentages do not equal 100%. 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.

Awareness of Health Cost Assistance Programs (Question 36)

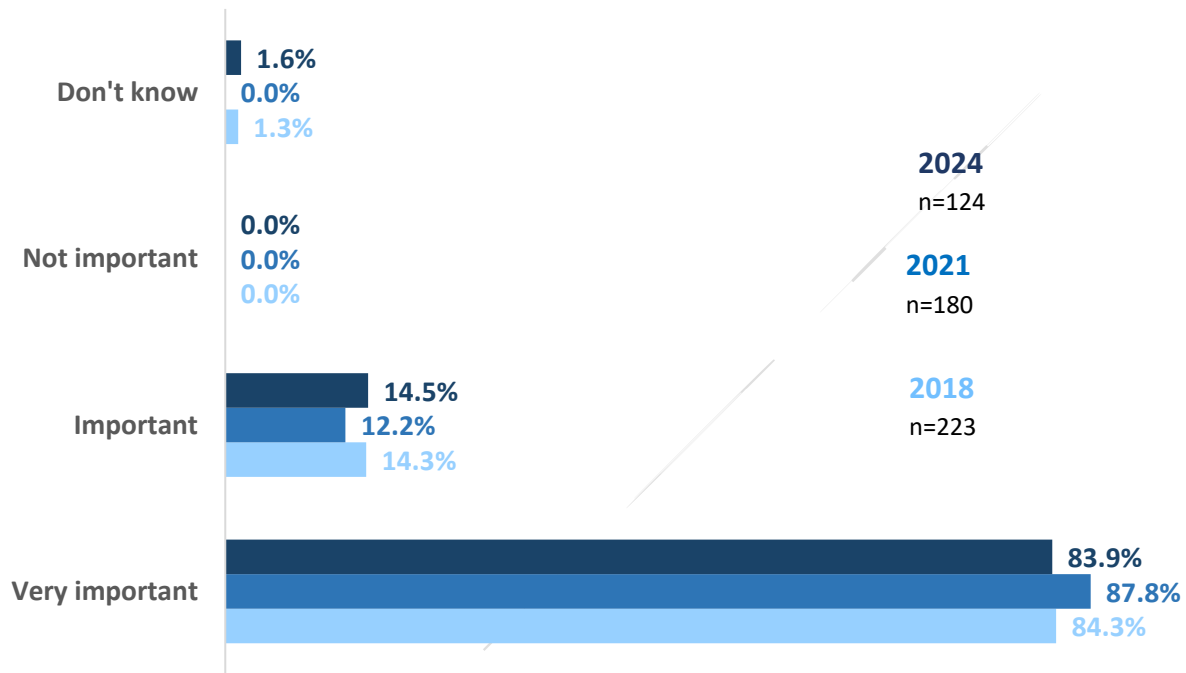
Respondents were asked to indicate their awareness of programs that help people pay for healthcare expenses. Most respondents (40.0%, n=44) shared that they are aware of these programs but do not qualify to utilize them. Twenty-six point four percent of respondents (n=29) indicated they were not aware of these programs, 12.7% (n=14) were unsure, 10.9% (n=12) were aware of health cost assistance programs but chose not to utilize, and 10.0% (n=11) were aware of these programs and use them.



Economic Importance of Healthcare (Question 37)

The majority of respondents (83.9%, n=104), indicated that local healthcare providers and services (i.e. hospitals, clinics, nursing homes, assisted living, etc.) are “Very important” to the economic well-being of the area. Fourteen point five percent of respondents (n=11) indicated they are “Important,” 1.6% (n=2) selected “Don’t know,” and no respondents felt they are not important.

The majority of respondents say that local healthcare providers are **very important** to the community's economic well-being.





KEY INFORMANT INTERVIEW RESULTS

Key Informant Interview Methodology

Three key informant interviews were conducted in December 2023. Participants were identified as people living in Liberty County.

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



Key Informant Interview Themes

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

MENTAL & BEHAVIORAL HEALTH



Mental and behavioral health was a top theme identified among community members. They identified limited access to mental health services/providers. Substance use, be it through alcohol, opioids, vaping, etc., was frequently mentioned as a challenge for the area. Numerous community members reported concerns. In general, community members shared a desire for more prevention and treatment resources related to substance use.

SENIOR POPULATION- AGING IN PLACE



Community members were very appreciative of the resources currently available for seniors in the community such as assisted living, long term care, and senior center. They commented on how much they appreciate the number of services that are available for a small-sized community. A few additional services were mentioned as needed for seniors in the area: more beds in assisted living, home health nurse and hospice services.

SERVICES NEEDED IN THE COMMUNITY



- Eye doctor
- Female provider
- Visiting specialists
- Mental health services
- Access to fresh and affordable produce
- Drug and alcohol prevention



EXECUTIVE SUMMARY

Executive Summary

The table below shows a summary of results from the Logan Health- Chester 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 partners through focus groups and key informant interviews; and the potential impact of a given issue.

| Areas of Opportunity | Secondary Data | Survey | Key Informant Interviews |
|--|----------------|--------|--------------------------|
| Access to Healthcare Services | | | |
| Barriers to access | | | |
| <i>Specialty services</i> | ⊗ | ✓ | ☑ |
| <i>More primary care providers (female provider)</i> | ⊗ | | ☑ |
| <i>Local eye doctor</i> | | ✓ | ☑ |
| Senior Services | | | |
| <i>High percentage of population 65+</i> | ⊗ | ✓ | ☑ |
| <i>Enhanced aging in place services (i.e., home health, hospice, more beds in assisted living)</i> | | ✓ | ☑ |
| Mental and Behavioral Health | | | |
| <i>More mental and behavioral health services/resources</i> | ⊗ | ✓ | ☑ |
| <i>Alcohol/substance use (prevention, education, rehabilitation)</i> | ⊗ | ✓ | ☑ |



NEXT STEPS & RESOURCES

Prioritization of Health Needs

The community steering committee, comprised of staff leaders from Logan Health- Chester and community members from Liberty County, convened to begin an implementation planning process to systematically and thoughtfully respond to all issues and opportunities identified through the Community Health Services Development (CHSD) Process.

The community steering committee determined the most important health needs to be addressed by reviewing the CHNA, secondary data, community demographics, and input from representatives representing the broad interest of the community, including those with public health expertise (see Appendix B for additional information regarding input received from community representatives). The prioritized health needs as determined through the assessment process and which the collaborators will be addressing over the next three years relates to the following healthcare issues:

- Access to healthcare services
- Behavioral health
- Outreach and education

Logan Health- Chester will determine which needs or opportunities could be addressed considering their organization'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.

- 340B Prescription Drug Program – For patients seeing Logan Health Chester providers with use of designated pharmacy – Chester Pharmacy
- Fitness Xpress
- Golden Prairie Community Foundation
- Havre radio stations
- Hi-Line Health Foundation
- Liberty County Board of Health
- Liberty County Chamber of Commerce
- Liberty County Community and Senior Center
- Liberty County Council on Aging
- Liberty County Healthy Coalition
- Liberty County Hospital Guild
- Liberty County Local Emergency Planning Committee (LEPC)
- Liberty County Library
- Liberty County Mental Health Board
- Liberty County Public Health
- Liberty County Transit
- Local churches
- Local Civic and Commercial Groups/Clubs
- Liberty County Ambulance and EMTs (Emergency Medical Technicians)
- Local pharmacies
- Local schools
- Montana Area Health Education Center (AHEC)
- Montana Pediatrics
- MSU Extension – Liberty County
- National Health Services Corps (due to Medically Underserved Area)
- Shelby radio stations
- Visiting Specialists

Evaluation of Previous CHNA & Implementation Plan

Logan Health- Chester provided the Montana Office of Rural Health with an update on their Implementation Plan activities from their previous CHNA process. The LHCH Board of Directors approved its previous implementation plan on June 30, 2021. The plan prioritized the following health issues:

- Access to healthcare and resources
- Enhance outreach and education efforts
- Access to behavioral health services

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

<https://www.logan.org/community/community-health-needs-assessment/>

Goal 1: Improve access to healthcare services in Liberty County.

| | Activities | Accomplishments | Community Impact/Outcomes |
|--|--|---|---|
| Strategy 1.1: Improve access to primary care services in Liberty County. | Recruit healthcare professionals to continue providing high quality care to Liberty County residents. | Always maintaining an MD on staff | Increasing Primary Care providers (per 100,000) |
| | Explore strategies to engage with community to enhance community involvement in the recruitment process of healthcare professionals. | Including key community leaders and groups for onsite interviews. For example, touring the school and meeting with the chamber coordinator. | Involves the community, making them feel more involved and allows candidates to get a feel for our community dynamics. |
| | Develop a plan to enhance the transition of healthcare professionals and their families into the community. | Offer resources and contacts. Work with other community groups such as the Chamber and local schools. | Help to relieve some of the pressures of moving to a new area. |
| | Enhance outreach and education efforts related to primary care services. Assess best outreach modalities and explore expanding website and social media efforts. | Continuous posting. More frequent post with health tips. Expanded to the Logan Health website. | Providing health information and tips for the community |
| Strategy 1.2: Improve access to specialty services in Liberty County. | Explore opportunities to expand specialty services in Liberty County via telemedicine or on-site (i.e., urology and ENT). | Continue to expand services in our Specialty Clinic. Current services offered listed to the right. | <ul style="list-style-type: none"> • Ultrasound • Mammo/Dexa • Orthopedics • Cardiology • Women’s Health • Hearing Aide |

| | | | |
|--|---|---|--|
| | | | <ul style="list-style-type: none"> • MRI • Echo • Scopes • Oncology <p>Services visit at least once a month.</p> |
| | Develop a patient-centered care coordination model for specialty services by assuring access to high quality, coordinated care facilitating patient care from referral to follow up or rehabilitative services. | Built strong relationships with several providers in different facilities that help accommodate and or expedite referrals and getting patients scheduled in a timely manner | Able to get patients scheduled with certain specialties in timely manners. We have created good relationships with our outreach providers |
| | Continue to enhance community awareness of specialty services through development of a specialty service calendar campaign highlighting visiting providers, services, and clinic times. | Monthly calendar created and posted on social media each month. | Allows the community to know when services will be available locally |
| Strategy 1.3: Work with community partners to continue to address COVID-19 in Liberty County. | Remain current on federal and state funding opportunities related to COVID-19 to assist in opportunities to alleviate barriers or constraints identified through the pandemic. | Phase 4 funding received | Funding allowed purchases to better the community and safety of our patients and residents |
| | Maintain a unified voice in Liberty County’s response to COVID-19 by collaborating with Disaster and Emergency Services (DES), EMS, and local public health partners. | Met regularly to discuss topics to stay as prepared as possible. Implemented many different procedures for different scenarios. Collaborated closely with Public Health. | The community was properly and timely informed about updates Provided a unified message in the community. |

Goal 2: Enhance Logan Health - Chester outreach and education efforts.

| | Activities | Accomplishments | Community Impact/Outcomes |
|---|--|---|---|
| Strategy 2.1: Support health and wellness activities in Hi-Line communities. | Continue providing and expanding LHCH staff participation in community groups/coalitions that support health in area Hi-Line communities (Mental Health Board, Adult Protection Services Board, Child Protective Services Board, | Senior Leadership team (SLT) members attend and participate in community meetings | SLT member reports out at bi-weekly SLT meetings regarding the community meetings they attended |

| | | | |
|--|--|--|--|
| | Board of Health, LEPC, Healthy Liberty County, Re-Act). | | |
| | Explore and enhance opportunities to support and partner for community health and wellness events that encourage healthy lifestyles (i.e., Fun runs, general wellness programming outreach, etc.). | Walk with Ease Ham it Up Harvest Festival | Promoting healthier lifestyles with regular exercise. Providing informational pieces to the community. |
| Strategy 2.2: Grow LHCH’s presence in the community as a source for health education and resources, particularly related to preventive services and chronic disease management. | Create an outreach plan to promote preventive service utilization and chronic care management. Research established state-level resources and Rural Health Initiative (RHI) toolkits LHCH could adopt or adapt to improve health outcomes in Liberty County (i.e., nutrition, weight loss, fitness, women’s health, etc.). | Offering Chronic Care Management program that allows patients to have the support needed to manage multiple chronic health conditions Annual walking program called Walk with Ease | Patients are successful in reaching their own wellness goals Promotes movement |
| Strategy 2.3: Enhance LHCH outreach efforts of available services. | Develop a marketing and communication plan by intentionally prioritizing website and social media content improvements. Ensure new staff members are trained on the internal procedures for developing and maintaining content. | Regular post highlighting significant health observance months and health tips. Request information from leaders to be shared with staff. Filtering all media through marketing to monitor the content being released. | More engagement on social media with a unified message. |
| | Enhance the development and sharing of available local services and resources to improve the community’s knowledge of services and encourage or support utilization of same. Build from success of the community calendar to highlight events and services. | Post a monthly community calendar of visiting specialist Creating individual post and Facebook events for special events. | Keeps our community up to date and the events encourage others to join |
| | Develop educational offerings for staff and community on available services (on-site and telemedicine opportunities) to enhance knowledge, access, and patient communication. | Brochures are available, social media posts give facility updates with upcoming events, services, and other information. Specific information can be provided upon request. | Provides the information the community may be looking for. |

Goal 3: Improve access to behavioral health services in Liberty County.

| | Activities | Accomplishments | Community Impact/Outcomes |
|---|---|--|--|
| Strategy 3.1: Enhance mental health services available at LHCH. | Meet with partners to enhance relationships and explore opportunities to improve referral/transfer resources for patients (i.e., local partners and referral providers, NAMI, etc.). | Relationships have been built. Following protocols with those partners | Strong relationships build smoother and more timely referral/transfers processes |
| | Explore the feasibility of expanding the mental health workforce at Logan Health – Chester. | Work is continuously being done on ways to provide mental health assistance. Open Door Counseling was an option through contractual agreement but the contract since has ended. | Due to the recruitment challenges that exist in Rural healthcare/Chester, MT, the demand for behavioral health professionals, and the costs associated. We continuously try to find options for our community. |
| | Explore MORH/AHEC’s behavioral health trainings pertinent to Logan Health – Chester staff and area providers in enhancing mental and behavioral health skills, knowledge, and training (http://healthinfo.montana.edu/bhwet/trainings.html). | We were not able to achieve this activity | Other training opportunities outside of MORH/AHEC were utilized |
| | Continue participation and support of Local Mental Health Advisory Council by enhancing collaboration and coordination of mental health activities in Liberty County | A member of our Senior Leadership team attends the monthly meeting. | Allows us to gain knowledge of what is going on within the community and find opportunities to collaborate |
| | Continue to disseminate alcohol and substance abuse resources available in Liberty County. | Facility Tobacco Prevention Program helps with some resources for certain substances AAA available in town but not a hospital resource | Having the knowledge of resources to direct individuals towards if they are in need of help. |
| Strategy 3.2: Enhance community knowledge of alcohol and substance abuse resources. | Develop an education/referral protocol for LHCH addiction counseling services and other substance abuse resources in Liberty County or via telehealth | A program was put in place in our ER for a brief period. Due to funding constraints and minimal utilization the program was discontinued in Chester. The program initial was coordinated through Montana Hospital Association. | Provided assistance in our ER when it was needed. No longer an available service but working to find other resources |
| | Continue promotion and partnership with the local public health department and pharmacy on community drug disposal program. | Chester Pharmacy has a Medication Disposal Medsafe available. Providers | Ongoing community awareness of the importance of |

| | | | |
|--|--|--|----------------------------|
| | | and staff encourage and communicate this resource to enhance community awareness of the importance of drug disposal. | prescription drug disposal |
|--|--|--|----------------------------|



APPENDICES

Appendix A- Steering Committee

| <i>Steering Committee Member</i> | <i>Organization Affiliation</i> |
|----------------------------------|---|
| <i>Shari Dolan</i> | CFO, Logan Health- Chester (LHCH) |
| <i>Jennifer Rideout</i> | Director of Quality and Safety, LHCH |
| <i>Kathy Luke</i> | Director, Sweetgrass Lodge |
| <i>Glenda Hanson</i> | Director, Senior and Community Center |
| <i>Amanda Fritz</i> | Marketing and Communications Director, Hi-Line Health Foundation Office Manager, LHCH |
| <i>Julie Erickson</i> | Director, Liberty County Library |



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

Jennifer Rideout-- Director of Quality and Safety, Logan Health-Chester (LHCH)
Julie Erickson – Director, Liberty County Library
Cathy Luke – Director, Sweetgrass Lodge
Glenda Hanson—Director, Council on Aging, Public Transit
Shari Dolan— CFO, LHCH
Amanda Fritz— Marketing and Communications Coordinator, Hi-Line Health Foundation Office Manager, LHCH

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

| | |
|----------------------------------|------------------|
| First Steering Committee Meeting | October 19, 2023 |
| Key Informant Interviews | December 2023 |

Public and Community Health

- STDs on the rise again – the rates are high
- Low unemployment rate seems pretty accurate
- Risk behaviors are really high: smoking and excessive drinking
- Can be difficult to get an appointment, a lot of Dr. Earl’s patients are coming back
- Access to affordable childcare
- Lack of awareness of services available in the area
- Lack of mental health services

Population: Low-Income, Underinsured

- Affordable housing is a significant issue

Population: Seniors

- Lack of nursing home: Use the Critical Access Hospital swing beds
- We have a great senior center

Population: Youth

- High texting and driving rates
- Bullying concerns in schools
- Childhood vaccination rate seems lower than it used to be
- High percentage of children in poverty
- Vaping

Population: Veterans

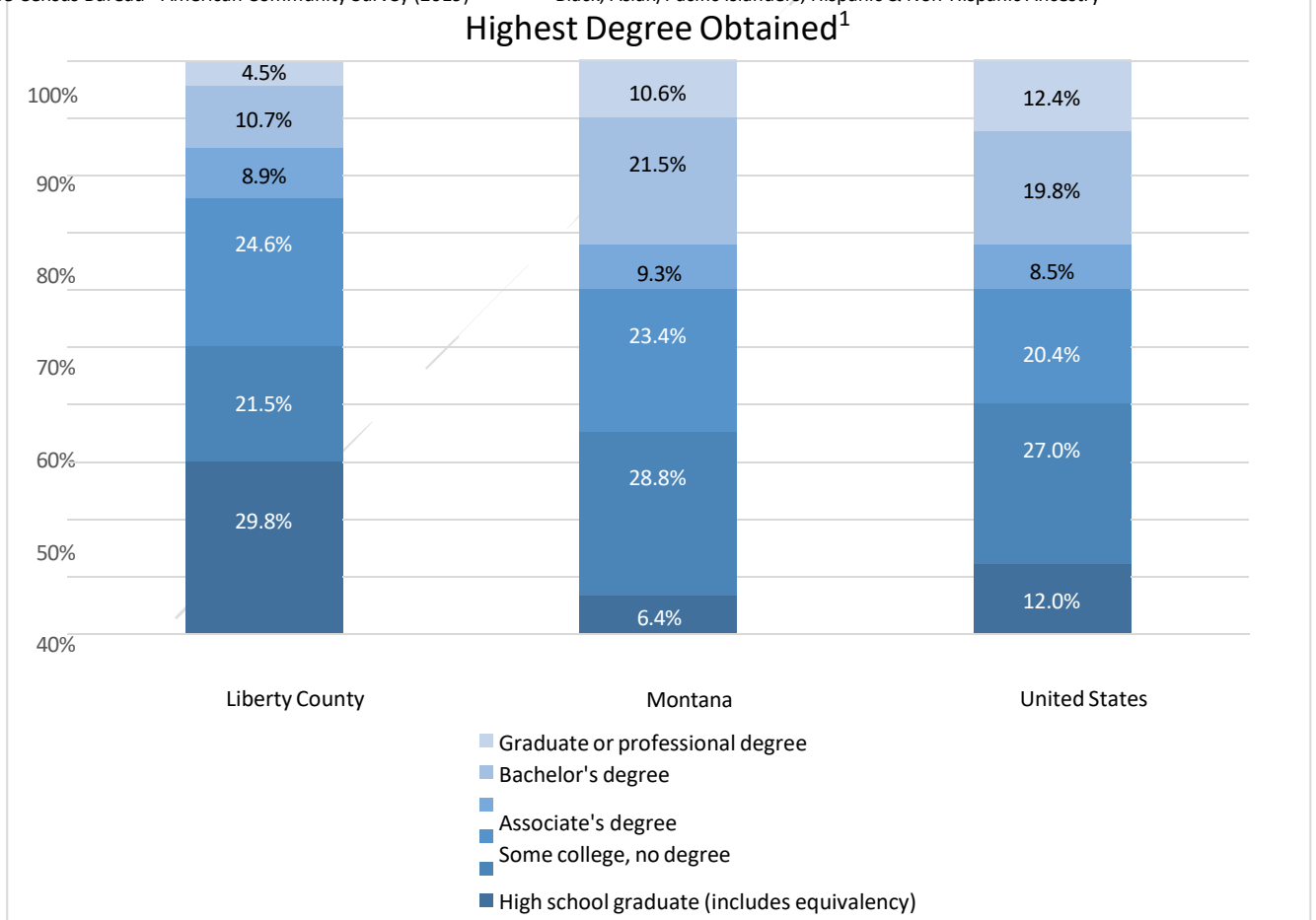
- High veteran population in the county.

Appendix C- Liberty County Secondary Data

| Demographic Measure (%) | | County | | | Montana | | | Nation | | |
|---------------------------------------|--|----------------------------------|-------|--------|-----------|-------|--------|-------------|-------|--------|
| Population ¹ | | 2,351 | | | 1,050,649 | | | 324,697,795 | | |
| Population Density ¹ | | 1.6 | | | 7.1 | | | 85.5 | | |
| Veteran Status ¹ | | 10.2% | | | 10.4% | | | 7.3% | | |
| Disability Status ¹ | | 17.9% | | | 13.6% | | | 12.6% | | |
| Age ¹ | | <5 | 18-64 | 65+ | <5 | 18-64 | 65+ | <5 | 18-64 | 65+ |
| | | 4.9% | 52.2% | 25.1% | 5.8% | 60.1% | 18.2% | 6.1% | 61.7% | 15.6% |
| Gender ¹ | | Male | | Female | Male | | Female | Male | | Female |
| | | 47.4% | | 52.6% | 50.3% | | 49.7% | 49.2% | | 50.8% |
| Race/Ethnic Distribution ¹ | | White | | | 91.4% | | | 75.3% | | |
| | | American Indian or Alaska Native | | | 8.3% | | | 1.7% | | |
| | | Other † | | | 3.7% | | | 26.5% | | |

¹ US Census Bureau - American Community Survey (2019)

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



¹ US Census Bureau - American Community Survey (2019)

| Socioeconomic Measures (%) | County | Montana | Nation |
|--|----------|----------|----------|
| Median Income ¹ | \$44,875 | \$54,970 | \$62,843 |
| Unemployment Rate ¹ | 0.0% | 4.0% | 5.3% |
| Persons Below Poverty Level ¹ | 16.2% | 13.1% | 13.4% |
| Children in Poverty ¹ | 20.8% | 15.8% | 18.5% |
| Internet at Home ² | 69.4% | 81.5% | - |
| Households with Population Age 65+ Living Alone ² | 148 | 52,166 | - |
| Households Without a Vehicle ² | 117 | 21,284 | - |
| Households Receiving SNAP ² | 32 | 56,724 | - |
| Eligible Recipients of Free or Reduced Price Lunch ³ 2019/2020 school year | 29.5% | 42.9% | - |
| Enrolled in Medicaid ^{4, 1} | 9.8% | 9.7% | 19.8% |
| Uninsured Adults ^{5, 6} Age <65 | 17.0% | 12.0% | 12.1% |
| Uninsured Children ^{5, 6} Age <18 | 11.0% | 6.0% | 5.1% |

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

| Maternal Child Health | County | Montana | Nation |
|--|--------|---------|--------|
| General Fertility Rate* ⁷ Per 1,000 Women 15-44 years of age (2017-2019) | 57.9 | 59.3 | - |
| Preterm Births ⁷ Born less than 37 weeks (2017-2019) | NA | 9.4% | - |
| Adolescent Birth Rate ⁷ Per 1,000 years females 15-19 years of age (2017-2019) | NA | 18.3 | - |
| Smoking during pregnancy ^{3, 8} | NA | 16.5% | 7.2% |
| Kotelchuck Prenatal Care** ⁷ Adequate or Adequate-Plus (2017-2019) | 60.3% | 75.7% | - |
| Low and very low birth weight infants ⁷ Less than 2500 grams (2017-2019) | NA | 7.6% | - |
| Childhood Immunization Up-To-Date (UTD) ^{§ 9} | 62.5% | 64.8% | - |

⁷ IBIS Birth Data Query, MT-DPPHS (2020), ³ Kids Count Data Center, Annie E. Casey Foundation (2020), ⁸ National Center for Health Statistics (NCHS), CDC (2016), ⁹ Clinic Immunization Results, MT-DPHHS (2020)

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

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

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

| Behavioral Health | County | Montana | Nation |
|---|--------|---------|--------|
| Adult Smoking ⁵ | 24.0% | 19.0% | 16.0% |
| Excessive Drinking ⁵ | 22.0% | 22.0% | 15.0% |
| Adult Obesity ⁵ | 37.0% | 27.0% | 26.0% |
| Poor Mental Health Days ⁵ (Past 30 days) | 4.8 | 3.9 | 3.8 |
| Physical Inactivity ⁵ | 24.0% | 22.0% | 19.0% |
| Do NOT wear seatbelts ¹⁰ State Age-Adjusted Prevalence (2018) Nation Crude Prevalence (2018) | - | 10.3% | 6.3% |
| Drink and Drive ¹⁰ State Age-Adjusted Prevalence (2018) Nation Crude Prevalence (2018) | - | 3.7% | 3.1% |

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

| Cancer prevention & screening | County | Montana | Nation |
|--|--------|---------|--------|
| Human Papillomavirus (HPV) vaccination UTD ++ ^{11, 12} Adolescents 13-17 years of age (2020) | 30.4% | 54.4% | 58.6% |
| Cervical cancer screening in past 3 years ^{13, 10} Age adjusted (county/state) and crude (nation) prevalence among adult women aged 21-65 years (2018) | 82.4% | 76.8% | 80.1% |
| Mammography in past 2 years ^{13, 10} Age adjusted (county/state) and crude (nation) prevalence among women 50-74 years (2018) | 66.7% | 73.4% | 78.3% |
| Colorectal Cancer Screening ^{13, 10} Age adjusted (county) and crude (state/nation) prevalence among adults age 50-75 years (2018) | 56.2% | 64.5% | 69.7% |

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

++ An up-to-date HPV vaccination measure assesses the completion of the HPV vaccine series (2 doses separated by 5 months [minus 4 days] for immunocompetent adolescents initiating the HPV vaccine series before their 15th birthday, and 3 doses for all others).

| Infectious Disease Incidence Rates ¹⁴ Per 100,000 people (2015-2017) | County | Montana |
|--|--------|---------|
| Enteric Diseases * | 83.0 | 80.1 |
| Hepatitis C virus | 0.0 | 93.4 |
| Sexually Transmitted Diseases (STD) † | 69.2 | 551.6 |
| Vaccine Preventable Diseases (VPD) § | 0.0 | 91.5 |

¹⁴ IBIS Community Snapshot, MT-DPPHS

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

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

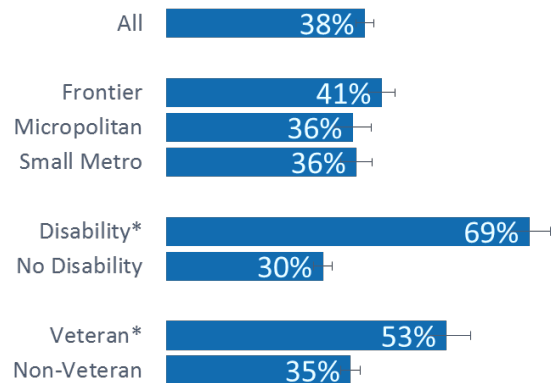
| Chronic Conditions ¹⁰ | County | Montana | Nation |
|---|--------|---------|--------|
| Cardiovascular Disease (CVD) prevalence <i>Adults aged 18 years and older (2014-2016)</i> | ** | 7.9 | 8.6 |
| Chronic Obstructive Pulmonary Disease (COPD) prevalence <i>Adults aged 18 years and older (2014-2016)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

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

¹⁰ Behavioral Risk Factor Surveillance System, CDC (2019)

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

Percent of Montana Adults with Two or More Chronic Conditions



| Mortality | County | Montana | Nation |
|---|--------|--|--|
| Suicide Rate¹⁵ <i>Per 100,000 population (2009-2018)</i> | ** | 23.9 | - |
| Veteran Suicide Rate¹⁵ <i>Per 100,000 population (2009-2018)</i> | - | 65.7 | 38.4 |
| Alzheimer's Disease Mortality Rate¹⁶ <i>Age-Adjusted per 100,000 population (2017- 2019)</i> | - | 21.7 | - |
| Pneumonia/Influenza Mortality Rate¹⁷ <i>Age-Adjusted per 100,000</i> | - | 10.5 | 12.3 |
| Leading Causes of Death^{16, 18} | - | 1. Heart Disease 2. Cancer 3. Chronic Lower Respiratory Disease (CLRD) | 1. Heart Disease 2. Cancer 3. Unintentional injuries |

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

** Data were suppressed to protect privacy

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

¹⁰ Behavioral Risk Factor Surveillance System, CDC (2019)

*Annual household income < \$15,000

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

¹⁹ Montana Youth Risk Behavior Survey (2019)

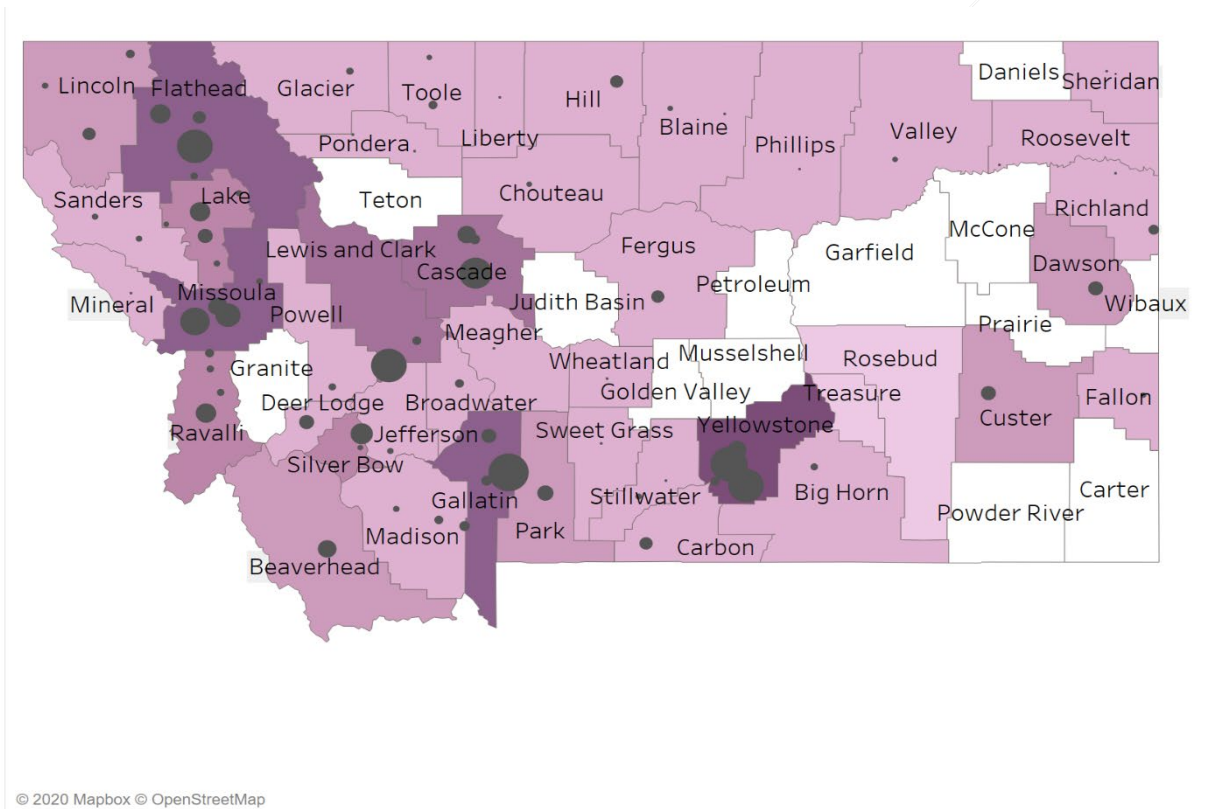
Secondary Data – Healthcare Workforce Data 2021

Healthcare workforce Distribution Maps

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

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

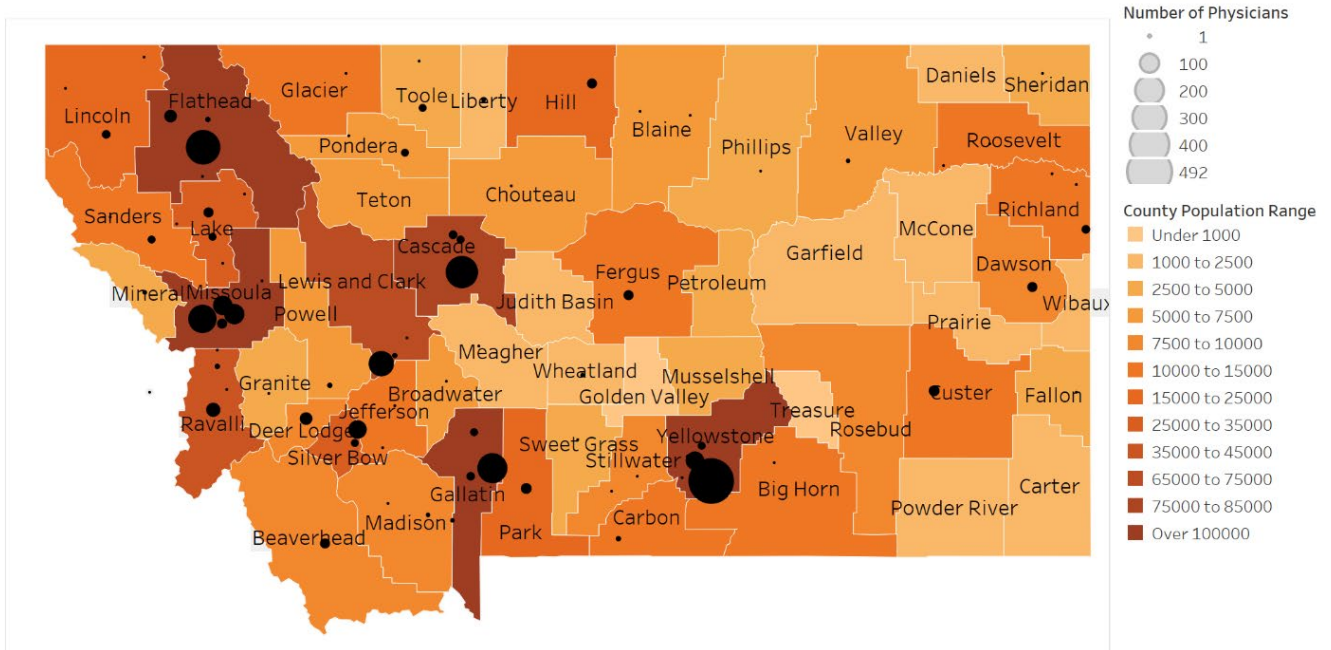
Primary Care Physician FTE: Practice Locations Plotted by Zip Code



Data Source: Montana Primary Care Office data (2020) compiled and analyzed by WIM Tracking (Sept. 2020)

*Note: Does not include IHS or Tribal Health physicians.

Physicians (All Specialties) by County Population Range



Data Source: Montana Primary Care Office data (2020) and WIM Tracking (Sept. 2020)

*Note: Does not include IHS or Tribal Health physicians.

Appendix D- Survey Cover Letter



November 8, 2023

Dear [LASTNAME] household:

Participate in our Community Health Needs Assessment survey for a chance to **WIN one of four \$25 Chester Chamber Bucks!**

Logan Health- Chester (LHCH) 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 LHCH 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: December 13, 2023
 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-Chester Survey." Your access code is [CODED]
 4. The winners of the Chamber Bucks will be contacted the week of December 18th.

All survey responses will go to HELPS Lab at Montana State University in Bozeman, Montana, the organization that is assisting MORH with this project. If you have any questions about the survey, please call MORH at 406-994-6001. We believe, with your help, we can continue to improve health care services in our region.

Thank you for your assistance. We appreciate your time.

Sincerely,

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

Cherie Taylor, 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 Chester, Montana

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

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

- Very healthy Healthy Somewhat healthy Unhealthy Very unhealthy

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

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

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

- | | | |
|--|---|--|
| <input type="checkbox"/> Access to childcare/after school programs | <input type="checkbox"/> Good jobs and a healthy economy | <input type="checkbox"/> Religious or spiritual values |
| <input type="checkbox"/> Access to healthcare services | <input type="checkbox"/> Good schools | <input type="checkbox"/> Strong family life |
| <input type="checkbox"/> Access to healthy foods | <input type="checkbox"/> Healthy behaviors and lifestyles | <input type="checkbox"/> Teen recreational activities |
| <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"/> Other: _____ |
| <input type="checkbox"/> Community involvement | <input type="checkbox"/> Parks and recreation | |

4. How do you rate your knowledge of the health services that are available through Logan Health – Chester?

- Excellent Good Fair Poor

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

- | | | |
|--|--|---|
| <input type="checkbox"/> Clinic/hospital staff | <input type="checkbox"/> Presentations | <input type="checkbox"/> Website/internet |
| <input type="checkbox"/> Friends/family | <input type="checkbox"/> Public health nurse | <input type="checkbox"/> Word of mouth/reputation |
| <input type="checkbox"/> Healthcare provider | <input type="checkbox"/> Radio | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Mailings/newsletter | <input type="checkbox"/> Social media (Facebook, etc.) | |

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"/> Ambulance | <input type="checkbox"/> Massage therapy | <input type="checkbox"/> Tobacco prevention program |
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Fitness center | <input type="checkbox"/> Public health | |
| <input type="checkbox"/> Liberty County Transit | <input type="checkbox"/> Specialty clinic services | |

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

- Better appointment availability
- Cultural sensitivity
- Greater health education services
- Home health
- Improved quality of care
- Insurance navigator
- More information about available services
- More primary care providers
- More specialists
- Outpatient services expanded hours
- Telemedicine
- Transportation assistance
- Other: _____

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

- Alcohol/substance abuse
- Diabetes
- Grief counseling
- Lactation/breastfeeding support
- Living will/end of life planning
- Men's health
- Mental health
- Nutrition
- Parenting
- Prenatal
- Smoking/tobacco cessation
- Support groups
- Weight loss
- Women's health
- Other: _____

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

- Acupuncture
- Allergist
- Cancer care
- Cardiac Rehabilitation
- Chiropractor
- Community health worker
- Dermatology
- Dialysis
- ENT (ear/nose/throat)
- Endocrinologist
- Foot care clinic
- Home health
- Naturopath
- OB/GYN
- Optometry
- Podiatrist
- Psychiatry
- Rheumatology
- Urology
- Other: _____

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

- Blood pressure check
- Children's checkup/ Well baby
- Cholesterol check
- Colonoscopy
- Dental check
- DEXA scan
- Echo/Stress Echo
- Flu shot/ immunizations
- Health checkup
- Hearing check
- Mammography
- Medicare wellness
- Pap test
- Prostate (PSA)
- Routine blood work/ birthday lab
- Vision check
- None
- Other: _____

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

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

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

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

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

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

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

- | | | |
|-----------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Benefis | <input type="checkbox"/> Fort Benton | <input type="checkbox"/> Kalispell |
| <input type="checkbox"/> Billings | <input type="checkbox"/> Great Falls Clinic | <input type="checkbox"/> Missoula |
| <input type="checkbox"/> Chester | <input type="checkbox"/> Great Falls other | <input type="checkbox"/> Shelby |
| <input type="checkbox"/> Conrad | <input type="checkbox"/> Havre | <input type="checkbox"/> VA clinic |
| <input type="checkbox"/> Cut Bank | <input type="checkbox"/> Helena | <input type="checkbox"/> Other: _____ |

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

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

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

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

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

- | | | |
|-----------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Benefis | <input type="checkbox"/> Fort Benton | <input type="checkbox"/> Kalispell |
| <input type="checkbox"/> Billings | <input type="checkbox"/> Great Falls Clinic | <input type="checkbox"/> Missoula |
| <input type="checkbox"/> Chester | <input type="checkbox"/> Great Falls other | <input type="checkbox"/> Shelby |
| <input type="checkbox"/> Conrad | <input type="checkbox"/> Havre | <input type="checkbox"/> VA clinic |
| <input type="checkbox"/> Cut Bank | <input type="checkbox"/> Helena | <input type="checkbox"/> Other: _____ |

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

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

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

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

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

- Benefis
- Billings
- Chester
- Conrad
- Cut Bank
- Fort Benton
- Great Falls Clinic
- Great Falls other
- Havre
- Helena
- Kalispell
- Missoula
- Shelby
- VA clinic
- Other: _____

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

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

22. The following services are available through Logan Health – Chester. 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 |
| Emergency room | 4 | 3 | 2 | 1 | N/A | DK |
| Inpatient/Skilled swing/Observation/Hospital stay | 4 | 3 | 2 | 1 | N/A | DK |
| Laboratory | 4 | 3 | 2 | 1 | N/A | DK |
| Radiology services (x-ray, ultrasound, CT scan, mammography, MRI) | 4 | 3 | 2 | 1 | N/A | DK |
| Therapy (physical, occupational) | 4 | 3 | 2 | 1 | N/A | DK |
| Visiting specialists | 4 | 3 | 2 | 1 | N/A | DK |

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

- Yes
- No

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

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

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

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

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

- Excellent
- Good
- Fair
- Poor

34. How well do you feel your health insurance covers your healthcare costs?
 Excellent Good Fair Poor
35. If you **do NOT** have health insurance, why? (**Select ALL that apply**)
 Can't afford to pay for medical insurance Too confusing/don't know how to apply
 Employer does not offer insurance Other: _____
 Choose not to have medical insurance
36. Are you aware of financial assistance 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
37. How important are local healthcare providers and services (i.e.: hospitals, clinics, nursing homes, assisted living, etc.) to the economic well-being of the area?
 Very important Important Not important Don't know

Demographics

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

38. Where do you currently live, by zip code?
 59522 Chester 59530 Inverness 59461 Lothair
 59444 Galata 59531 Joplin 59540 Rudyard
 59525 Gildford 59532 Kremlin 59545 Whitlash
 59528 Hingham 59456 Ledger Other: _____
39. What is your gender?
 Male Female Non-binary Prefer to self-describe: _____
40. What age range represents you?
 18-24 45-54 75-84
 25-34 55-64 85+
 35-44 65-74
41. What is your employment status?
 Work full time Disability benefits
 Work part time Unemployed, but looking
 Retired Not currently seeking employment
 Student Other: _____

«CODED»
Please return in the postage-paid envelope enclosed with this survey or mail to:
HELPS Lab
Montana State University
PO Box 172245
Bozeman, MT 59717
THANK YOU VERY MUCH FOR YOUR TIME
Please note that all information will remain confidential

Appendix F- Cross Tabulation Analysis

Knowledge Rating of Health Services at Logan Health- Chester by How Respondents Learn About Healthcare Services

| | Excellent | Good | Fair | Poor | Total |
|--------------------------------------|------------------|---------------|---------------|--------------|--------------|
| Friends/family | 14.5% (11) | 60.5% (46) | 21.1% (16) | 3.9% (3) | 76 |
| Word of mouth/reputation | 10.8% (8) | 63.5% (47) | 17.6% (13) | 8.1% (6) | 74 |
| Clinic/hospital staff | 18.8% (13) | 68.1% (47) | 10.1% (7) | 2.9% (2) | 69 |
| Healthcare provider | 16.1% (10) | 72.6% (45) | 9.7% (6) | 1.6% (1) | 62 |
| Public health nurse | 4.5% (1) | 68.2% (15) | 22.7% (5) | 4.5% (1) | 22 |
| Mailings/newsletter | - | 70.0% (14) | 15.0% (3) | 15.0% (3) | 20 |
| Social media (Facebook, etc.) | 20.0% (4) | 65.0% (13) | 10.0% (2) | 5.0% (1) | 20 |
| Website/internet | 26.7% (4) | 60.0% (9) | 6.7% (1) | 6.7% (1) | 15 |
| Radio | - | 66.7% (4) | 16.7% (1) | 16.7% (1) | 6 |
| Presentations | - | - | - | - | |
| Other | - | 75.0% (3) | - | 25.0% (1) | 4 |

Delay or Did Not Get Need Healthcare Services by Residence

| | Yes | No | Total |
|------------------------|-----------------------------|-----------------------------|--------------|
| 59522 Chester | 26.2% (16) | 73.8% (45) | 61 |
| 59540 Rudyard | 16.7% (3) | 83.3% (15) | 18 |
| 59525 Gildford | 9.1% (1) | 90.9% (10) | 11 |
| 59531 Joplin | 36.4% (4) | 63.6% (7) | 11 |
| 59444 Galata | 40.0% (2) | 60.0% (3) | 5 |
| 59530 Inverness | 20.0% (1) | 80.0% (4) | 5 |
| 59528 Hingham | 33.3% (1) | 66.7% (2) | 3 |
| 59461 Lothair | - | 100.0% (3) | 3 |
| 59532 Kremlin | - | 100.0% (2) | 2 |
| 59545 Whitlash | 100.0% (1) | - | 1 |
| 59456 Ledger | - | - | |
| Other | - | 100.0% (1) | 1 |
| TOTAL | 24.0% (29) | 76.0% (92) | 121 |

Location of primary care clinic most utilized by residence

| | Benefis | Billings | Chester | Great Falls Clinic | Great Falls other | Havre | Helena | Kalispell | Shelby | VA clinic | Other | TOTAL |
|------------------------|---------------------|---------------------|-----------------------|---------------------|---------------------|-----------------------|---------------------|---------------------|---------------------|---------------------|-----------------------|-----------|
| 59522 Chester | 2.6% (1) | 2.6% (1) | 52.6% (20) | 10.5% (4) | 5.3% (2) | 2.6% (1) | - | - | 2.6% (1) | - | 21.1% (8) | 38 |
| 59540 Rudyard | - | - | 53.8% (7) | - | - | 15.4% (2) | - | 7.7% (1) | - | - | 23.1% (3) | 13 |
| 59531 Joplin | 14.3% (1) | - | 42.9% (3) | 14.3% (1) | - | 14.3% (1) | 14.3% (1) | - | - | - | - | 7 |
| 59525 Gildford | - | - | - | - | - | 100.0% (4) | - | - | - | - | - | 4 |
| 59530 Inverness | - | - | 33.3% (1) | - | - | 33.3% (1) | - | - | - | - | 33.3% (1) | 3 |
| 59444 Galata | - | - | - | - | - | - | - | - | - | 50.0% (1) | 50.0% (1) | 2 |
| 59528 Hingham | - | - | - | - | - | 50.0% (1) | - | - | - | - | 50.0% (1) | 2 |
| 59532 Kremlin | - | - | - | - | - | - | - | - | - | - | 100.0% (1) | 1 |
| 59545 Whitlash | - | - | 100.0% (1) | - | - | - | - | - | - | - | - | 1 |
| TOTAL | 2.8% (2) | 1.4% (1) | 45.1% (32) | 7.0% (5) | 2.8% (2) | 14.1% (10) | 1.4% (1) | 1.4% (1) | 1.4% (1) | 1.4% (1) | 21.1% (15) | 71 |

Conrad, Cut Bank, Fort Benton, and Missoula were removed from primary care location (first row) due to non-response. 59456 Leger, 59461 Lothair, and Other were removed from residence (zip code) (first column) due to non-response.

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

| | Benefis | Billings | Chester | Great Falls Clinic | Great Falls Other | Havre | Helena | Kalispell | Shelby | VA clinic | Other | Total |
|--|-----------|----------|------------|--------------------|-------------------|-----------|-----------|-----------|-----------|------------|-----------|-----------|
| Prior experience with clinic | - | 2.9% (1) | 51.4% (18) | 5.7% (2) | - | 17.1% (6) | - | - | - | 2.9% (1) | 20.0% (7) | 35 |
| Closest to home | - | - | 67.6% (23) | 2.9% (1) | - | 2.9% (1) | - | - | - | - | 26.5% (9) | 34 |
| Clinic/ provider's reputation for quality | - | - | 58.1% (18) | 9.7% (3) | - | 6.5% (2) | - | - | 3.2% (1) | - | 22.6% (7) | 31 |
| Personal relationship with provider | - | - | 42.9% (9) | 14.3% (3) | - | 19.0% (4) | - | - | - | - | 23.8% (5) | 21 |
| Appointment availability | 5.3% (1) | - | 57.9% (11) | - | - | 10.5% (2) | - | - | - | - | 26.3% (5) | 19 |
| Recommended by family or friends | 6.7% (1) | - | 53.3% (8) | - | - | - | - | - | 6.7% (1) | - | 33.3% (5) | 15 |
| Referred by physician or other provider | - | - | 18.2% (2) | 27.3% (3) | 18.2% (2) | 9.1% (1) | - | 9.1% (1) | - | 9.1% (1) | 9.1% (1) | 11 |
| Privacy/ confidentiality | 10.0% (1) | - | 30.0% (3) | 10.0% (1) | - | 10.0% (1) | - | - | 10.0% (1) | - | 30.0% (3) | 10 |
| Length of waiting room time | - | - | 25.0% (1) | - | - | - | - | - | 25.0% (1) | - | 50.0% (2) | 4 |
| Required by insurance plan | - | - | 25.0% (1) | - | - | 25.0% (1) | 25.0% (1) | - | - | - | 25.0% (1) | 4 |
| Cost of care | - | - | - | - | 50.0% (1) | 50.0% (1) | - | - | - | - | - | 2 |
| VA/Military requirement | - | - | - | - | - | - | - | - | - | 100.0% (1) | - | 1 |
| Other | 14.3% (1) | - | 28.6% (2) | 14.3% (1) | - | 14.3% (1) | - | - | 14.3% (1) | - | 14.3% (1) | 7 |

Conrad, Cut Bank, Fort Benton, and Missoula were removed from primary care location (first row) due to non-response. HIS was removed from reason for clinic selection (first column) due to non-response.

Location of most utilized hospital by residence

| | Benefis | Billings | Chester | Conrad | Great Falls Clinic | Great Falls other | Havre | Kalispell | Shelby | Other | Total |
|------------------------|-----------------------|---------------------|-----------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|-----------------------|-----------|
| 59522 Chester | 31.6% (12) | 2.6% (1) | 34.2% (13) | - | 7.9% (3) | 2.6% (1) | - | 5.3% (2) | - | 15.8% (6) | 38 |
| 59525 Gildford | 28.6% (2) | - | - | - | - | - | 57.1% (4) | - | - | 14.3% (1) | 7 |
| 59540 Rudyard | 14.3% (1) | - | 28.6% (2) | - | 14.3% (1) | 14.3% (1) | - | - | - | 28.6% (2) | 7 |
| 59531 Joplin | 20.0% (1) | - | 40.0% (2) | - | 20.0% (1) | - | - | - | - | 20.0% (1) | 5 |
| 59530 Inverness | 50.0% (2) | 25.0% (1) | - | - | - | - | 25.0% (1) | - | - | - | 4 |
| 59444 Galata | 33.3% (1) | - | - | 33.3% (1) | - | - | - | - | 33.3% (1) | - | 3 |
| 59528 Hingham | 66.7% (2) | - | - | - | - | - | - | - | - | 33.3% (1) | 3 |
| 59532 Kremlin | - | - | - | - | - | - | 50.0% (1) | - | - | 50.0% (1) | 2 |
| Other | - | - | 100.0% (1) | - | - | - | - | - | - | - | 1 |
| Total | 30.0% (21) | 2.9% (2) | 25.7% (18) | 1.4% (1) | 7.1% (5) | 2.9% (2) | 8.6% (6) | 2.9% (2) | 1.4% (1) | 17.1% (12) | 70 |

59456 Ledger, 59461 Lothair, and 59545 Witlash removed from residence (first column) due to non-response. Cut Bank, Fort Benton, Helena, Missoula and VA Clinic were removed from hospital location (first row) due to non-response.

Location of most recent hospitalization by reasons for hospital selection

| | Benefis | Billings | Chester | Conrad | Great Falls Clinic | Great Falls other | Havre | Kalispell | Shelby | Other | Total |
|--|---------------|--------------|---------------|-------------|--------------------|-------------------|--------------|--------------|--------------|--------------|-----------|
| Closest to home | 11.1% (3) | - | 51.9% (14) | 3.7% (1) | 7.4% (2) | - | 14.8% (4) | - | 3.7% (1) | 7.4% (2) | 27 |
| Medical staff | 9.5% (2) | 4.8% (1) | 38.1% (8) | - | 9.5% (2) | - | 9.5% (2) | 4.8% (1) | - | 23.8% (5) | 21 |
| Referred by physician or other provider | 33.3% (7) | - | 14.3% (3) | - | 14.3% (3) | 9.5% (2) | 14.3% (3) | - | - | 14.3% (3) | 21 |
| Prior experience with hospital | 31.6% (6) | 10.5% (2) | 15.8% (3) | 5.3% (1) | 10.5% (2) | - | 5.3% (1) | 10.5% (2) | - | 10.5% (2) | 19 |
| Emergency, no choice | 16.7% (3) | - | 44.4% (8) | 5.6% (1) | - | 11.1% (2) | - | - | 5.6% (1) | 16.7% (3) | 18 |
| Hospital's reputation for quality | 25.0% (4) | 6.3% (1) | 25.0% (4) | - | 18.8% (3) | - | - | 6.3% (1) | - | 18.8% (3) | 16 |
| Prefer to see M.D. or D.O. | 50.0% (3) | - | 16.7% (1) | - | - | - | - | 16.7% (1) | - | 16.7% (1) | 6 |
| Recommended by family or friends | 40.0% (2) | - | - | - | - | - | 20.0% (1) | 20.0% (1) | - | 20.0% (1) | 5 |
| Privacy/confidentiality | 33.3% (1) | - | - | - | - | - | - | - | - | 66.7% (2) | 3 |
| Closest to work | - | - | 100.0% (2) | - | - | - | - | - | - | - | 2 |
| Required by insurance plan | - | - | - | - | - | - | - | - | 50.0% (1) | 50.0% (1) | 2 |
| VA/Military requirement | 100.0% (2) | - | - | - | - | - | - | - | - | - | 2 |
| Other | 36.4% (4) | - | 18.2% (2) | - | 9.1% (1) | - | 9.1% (1) | - | - | 27.3% (3) | 11 |

Cost of care and Financial assistance programs were removed from reason hospital selected (first column) due to non-response. Cut Bank, Fort Benton, Helena, Missoula, VA clinic were removed from hospital location (first row) due to non-response.

Appendix G- Responses to Other & Comments

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

- High tax and high health costs
- Care for the elderly group
- Income disparity
- Getting old

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

- Alcohol/substance abuse (2)
- Depression/anxiety (1)
- Lack of access to healthcare (1)
- Opioid addiction (1)
- Social isolation/loneliness (1)
- Teen drug use (1)
- Tobacco use (cigarettes/cigars, vaping, smokeless) (1)
- Underage alcohol abuse (1)

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

- All
- EMS knowledge
- My wife
- None

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

- Visiting mental health providers
- None (4)
- Hospital only ER
- Physical Therapy (3)
- Logan Health West re mom living there

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

- Higher staffing ratios, ancillary help to aid modalities that are lacking due to traveling staff only providing acute care, help for direct patient care staff to accommodate cleaning, restocking, activities department to assist residents
- Lower cost of services
- Having human in the network
- Naturopathic resources
- Actual doctor here full time
- Low costs
- Eye dr office
- Take all insurance
- Mental Health Services
- Homeopathic
- Doctor - not all PAs
- Nurse Navigators!! Or just more access to PCP (PCP taking numerous days off and despite PCP "on call", it's hard to get medical support timely or acquiring knowledge to do so.)
- Better rates
- We think we have good access

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

- Natural health supplements
- Migraine management
- Stress related counseling
- Eye dr office
- None

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

- Functional or holistic health options
- Massage therapy
- Neurologist, cardiologist
- Massage
- Eye dr
- Another dentist
- Counseling
- Homeopathic

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

- Exercise facilities, functional and holistic health
- Ob/gyn
- DOT Physical
- Medication check up
- Not at this clinic
- All in a different city
- Pulmonology
- Done in Great Falls

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

- Took over 3.5 months to get an appointment with the proper care provider. Even if I got the appointment, I would have had to drive 3 hours to the appointment.
- Want a female doc
- Hoped to get well on my own
- Providers not covering clinic patients, or Logan Health West Chester (Wheat Country) timely with concern or knowledge

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

- Didn't know where to go (1)
- Don't understand healthcare system (1)
- It cost too much (3)
- It was too far to go (1)
- My insurance didn't cover it (2)
- No insurance (1)
- Qualified provider not available (1)
- Too nervous or afraid (2)

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

- Spokane Spine Clinic
- Whitefish
- Great Falls Dermatology Benefis
- Big Sandy
- Choteau
- Idaho
- Mesquite, NV; St. George, UT
- Tucson, AZ

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

- Benefis (8)
- Chester (16)
- Conrad (1)
- Great Falls Clinic (11)
- Great Falls other (4)
- Havre (2)
- Helena (1)
- Kalispell (3)
- Shelby (2)

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

- Longevity of health care from this provider, female provider
- Not seeing anyone
- DR gives time and concern and not rushed, completely reviews everything, treats me like a patient and a person
- Has pharmacy and will send our medicine in the mail convenience.
- Caring, friendly, see individuals, help - go over and above
- Did not take my insurance
- Word of mouth
- Sun city, AZ.
- Female

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

- Spokane sacred heart/Providence
- Glendive
- Bozeman
- Mesquite/St. George

***Responses when more than 1 was selected (11 participants):**

- Benefis (7)
- Billings (1)
- Chester (3)
- Conrad (1)
- Great Falls Clinic (3)
- Havre (5)
- Helena (1)
- Kalispell (1)

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

- Location/ provider with credentials to perform the care
- Having baby
- Had child
- Surgical both times
- They care
- Don't take my insurance in Chester
- Habit
- Specialist

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

- Closest to home (5)
- Closest to work (1)
- Emergency, no choice (3)
- Hospital's reputation for quality (3)
- Medical staff (4)
- Prefer to see M.D. or D.O. (1)
- Prior experience with hospital (2)
- Privacy/confidentiality (1)
- Referred by physician or other provider (1)

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

- Private
- Bozeman (5)
- Whitefish (2)
- Dr. Greg Pife
- Spokane (2)
- Butte, Glendive
- Online
- Idaho
- Great Falls OB-GYN
- Mesquite, St. George, Las Vegas
- Tucson, AZ

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

- Functional health provider
- Hematologist
- MD
- Dermatologist surgeon mohs surgery
- Women specialist
- Acupuncture

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

- BC/BS Federal
- Heath Share
- Blue Cross/Shield supplement
- Supplement to Medicare

***Responses when more than 1 was selected (24 participants):**

- Employer sponsored (6)
- Health Insurance Marketplace (3)
- Health Savings Account (1)
- Healthy MT Kids (3)
- Medicaid (4)
- Medicare (22)
- Private insurance/private plan (11)

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

- NA - Have Health Ins.
- Christian Health Share
- I am retired with insurance
- VA

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

- 59522 Chester AND Tucson, AZ

41. What is your employment status?

- Stay at home mom
- Paid per diem for being a director of a cooperative.
- Seasonal - farmer
- Stay at home / homeschool
- Homemaker
- Wife and mom, grandma and great grandma – newly blessed
- Self-employed- farm/ranch (3)
- Disability benefits
- Recovery

***Responses when more than 1 was selected (2 participants):**

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

General comments

- (Q3)
 - Selected three choices but wrote “All of the above!” under the question.
 - Selected “Affordable housing” but crossed out “housing” and wrote “health care” next to it.
 - Selected “Religious or spiritual values” and underlined the choice.
- (Q6)
 - Selected “Specialty clinic services” and wrote “x-ray” next to it.
- (Q7)
 - Selected “Home health” and wrote “Local and affordable” next to it.

- (Q8)
 - Selected “Chiropractor” and wrote “possibly” next to it.
 - Selected “Dermatology” and wrote “female” next to it.
 - Selected “Optometry” and wrote “!!!” next to it.
 - Selected “Psychiatry” and wrote “Behavioral health” next to it.
- (Q9)
 - Wrote a question mark by “locally” and wrote “If they come to the small towns!” under the question.
 - Selected “Naturopath” and wrote “I go to naturopath in Great Falls” under the choices.
- (Q10)
 - Did not select “vision check” and wrote “if we had one” next to it.
- (Q12)
 - Selected “Don’t like doctors” and wrote “P.A.’s” next to it.
- (Q14)
 - Selected “Chester” and wrote “now” next to it and also selected “Great Falls Clinic” and wrote “previously” next to it.
- (Q18)
 - Selected “Prefer to see M.D. or D.O.” and underlined “M.D.”
- (Q20)
 - In the question text, crossed out “was” and wrote “did I see” and crossed out “seen”, i.e. changed the question to “Where did I see the healthcare specialist?”
- (Q21)
 - Selected “Orthopedic surgeon” and wrote “PA” next to it.
- (Q24)
 - In the question text, crossed out “or isolated” and wrote “for wife” and then selected “Occasionally (1-2 days per month).”
- (Q25)
 - Selected “Moderate” and wrote “Average” next to it.
- (Q32.1)
 - Circled “trials” in the question text and wrote “No!!!” and then circled “3-Agree”.
- (Q32.3)
 - Circled “4-Strongly Agree” and wrote “Churches” next to the question text.
- (Q32.4)
 - Circled “3-Agree” and wrote “Strongly disagree regarding services for dementia/Alzheimer’s!!!” after the question text.
- (Q34)
 - Selected “Fair” and wrote “to ->” between “Fair” pointing towards “Poor.”

- (Q37)
 - Selected “Very important” and wrote “!!!” after it.
- General:
 - To: Logan Heath CEO and Board
Kalispell Mt

The Liberty County Medical Facility was born from need and desire, focus, intention and expectations. Around 70 years ago. A modern but small hospital was created out an awareness that this small rural community had seen its fair share of calamities and the distance from larger facilities in some cases the outcome was the difference between saving a life or losing a valued contributing member of the community. The timing also coincided with growth seen from the building of Tiber dam, better prices for farm products farming technology and the post war changes in attitudes. Many of the High School graduates were able to afford college, the young men married and brought a new source of qualified teachers and nurses to the area. We had a work force and those who could, pitched in to help fund the building. We recruited a Full time Doctor who dedicated his career to this town. We have had many quality providers over the years and a lot of effort was put out to recruit and help make the new providers feel like this place was open and willing to help. The Liberty County arts council was formed in the early 60's partially to help this town be more appealing to medical staff.

Now why is this in any way important to convey to you as the new owners of this facility? Please consider that the call to service runs deep in this hospital /clinic. The county supported the hospital through mill levy, and special bonds for years. Whenever a new piece of equipment or a new wing was needed, the call went out and fundraisers, donations and grants were secured to build and support any improvement. Please honor and understand the importance for the community to feel like their commitment is still honored and needed. Please do not treat this legacy as a romantic past and it is only corporate wisdom from here on out.

Please honor the deep rooted -ness of the community pride in this place that comes from firsthand involvement Baking pies and making soup for fundraisers. Helping with planting the lawn or volunteering to fix hair in the nursing home. In a town that is only getting smaller and our needs for many things are met through internet access, we still need to be a part of the center of what makes this town a whole, the source of medical care and help in emergencies. The reason EMTs continue to train and volunteer to help people with medical emergencies.

There is a longhand and deep sense of ownership for this facility, most every family has said their final goodbye to loved ones within the walls of this building,

many welcomed the birth of their children or grandchildren because of the quality of care available.

The Hospital may not be the only unifying factor for the community, but it is an important one.

As you put your mark on how health care is delivered now in this small town. Pleased not take away the citizens feelings of belongingness and the desire to defend and support this facility as it is a vital aspect of identity, economic stability, and hope for a healthy future for this town. This Medical facility is more than a business it is one of the vital aspects to the living organism that is this town.

Appendix H –Key Informant Interview - Questions

Purpose: The purpose of focus groups and key informant interviews are 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 - Transcripts

Key Informant Interview #1

December 19th, 2023–Via phone interview

1. How do you feel about the general health of your community?
 - I have lived here almost 11 years. I worked for an independent pharmacy and then I retired from that, and now I'm the manager at Sweetgrass Lodge. For a small community, it's better than some people want to say it is.

It would be nice if they [LHCH] could draw in a woman PA. I try to do all my healthcare here, if I need surgery I go out of town. They have some specialty providers that come here.

The other thing that would be nice is, I manage the Lodge for independent retired people and some disabilities– it's hard when those people need to transfer to assisted living. It would be nice if we had more beds for assisted living in nursing homes that weren't all private pay.

The other need would be a home health nurse or hospice that could share that duty. Besides that, we have a great senior center and a senior bus, so we're pretty set up to take people to appointments. The only problem is taking people to Kalispell; Great Falls isn't a problem.

There's a lot of positives. The only thing I hope is that Logan Health can work with the locals who have been here so long. We have a gal who does CPR through the ambulance service, but when a new employee starts, they have to go to Shelby for the training.

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

- Since I've been here, I've utilized this clinic. I have my PA here, I've had to go to Great Falls for surgeries, but I've been pleased with the people here. It took a while to get an MD, but he is great.

There are specialty providers that come once a month. I was concerned about the changeover, but we have a lot more avenues to send people to through that.

One thing I've had to deal with is people with mental health issues, placing them somewhere. Logan Health makes it easier, in one situation they did help me out to place them. I think like every community needs more mental health. One [provider] here locally would be great.

EMS Services (ER/Ambulance)

- We have the best EMTs and ambulance service!! I go to disaster committee meetings, and the only thing I've heard is that Logan Health has their own ambulance, and they're not here. They had the train wreck a couple years ago, and these people were A+. They run a great program here. They said they didn't have to do as many calls to Great Falls now since Logan Health does some.

Public/County Health Department

- We have two gals, one started after COVID. They go to a lot of training, and they're very on top of everything. The only thing I was weirded out about is that they pushed the covid shot to people who really didn't want it. I have them come here and do a flu shot clinic at the lodge every year. They pushed the COVID shot to people who didn't want or couldn't receive it, that's my only complaint.

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

- I was surprised when I came, this place is independently owned but it's a nonprofit. We have 21 bedrooms in the main building, triplex and duplex, and then the nursing home. For this county, we have very good services.

We have a great senior center, it's probably about 14 years old, but it's a very nice place. It's a senior center and a community center. My people here can go down and get lunch, or they have a delivery man that brings lunch. They charge no fees on their vans; some people today had to travel to Havre, and they went at no charge. They also take them to the post office, pharmacy, the senior center, they stop here every day to pick up people for lunch.

Services for Low-Income Individuals/Families

- We have one – it's called Prairie Homes, and it's a low-income apartment. We provide our one bedroom as low income. We used to be in the HUD program, but it didn't work for us, so we subsidized it

ourselves. There is another, for younger people and families, that's for all low-income.

3. What do you think are the most important local healthcare issues?
 - I would say, when I first came here, we had an eye doctor, but the dentist took his spot. It would be nice to have a part-time eye doctor here.

A mental health clinic is needed.

Out of Logan Health, it would be nice to have a nurse that does home health and hospice.

4. What other healthcare services are needed in the community?
 - Maybe just access to more specialties? Like more transportation to the ones that are needed. For people who can't drive to Great Falls or Kalispell. I was so surprised when I came here about how many opportunities there were for people who need that stuff.

There are two pharmacies here, so we can't complain about that.

5. What would make your community a healthier place to live?
 - I don't know, it's a pretty good community, every community has a problem with drugs and that stuff, but we have good deputies and highway patrol.

I don't know why mental health is such an issue, but it is, everywhere.

Key Informant Interview #2

December 19th, 2023 -Via phone interview

1. How do you feel about the general health of your community?
 - I feel like it's generally pretty good.
2. What are your views/opinions about these local services:
Hospital/clinic:
 - They provide good service; they're good about last-minute things; they're willing to work people in if needed.

EMS Services (ER/Ambulance)

- They're also excellent

Public/County Health Department

- They're good about answering phone calls and bringing shots up to the school.

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

- I think those are run well. Also, I don't know anyone in there right now, but they give good care.

Services for Low-Income Individuals/Families

- I feel like we have quite a lot of that in town and it's because there are a lot of services for them.

3. What do you think are the most important local healthcare issues?
 - We do have a large elderly population, so the clinic and nursing home, those are all really vital parts of our town. The clinic I use a ton. We have kids going up there all the time. It's really nice not to drive to Havre or Shelby.
4. What other healthcare services are needed in the community?
 - Mental health.
5. What would make your community a healthier place to live?
 - I think there is a certain amount of drug use in town. I think it's worse than most think it is. So maybe some sort of drug awareness, maybe some sort of rehab. Staying away from drugs, alcohol, tobacco, and vaping, it's going to happen of course, but that would make it healthier.

Key Informant Interview #3

December 20th, 2023 -Via phone interview

1. How do you feel about the general health of your community?
 - It seems average, I really don't know.
2. What are your views/opinions on these local services?

Hospital/clinic

- I think their services are amazing. They're great. I lived in a big city before I moved here, and coming here, being able to get into the clinic, not having to wait in line, getting your x-rays quickly, great service.

It feels like the costs are higher. It's just, the costs seem high and maybe that's because they're the only ones around. There's no competition. But it's nice that it's here and we don't have to drive Great Falls.

EMS services (ER/ambulance)

- I haven't had any experiences with them, so I have no idea. I believe it's volunteer.

Public/County Health Department

- I don't have any experience with them either. Although they are involved in a monthly health in the county meeting that has representatives from a lot of different groups that attend. I go to it, and I know those ladies come to it, so I know they're involved in the community.

Senior Services

- From what I've heard and seen that is really amazing here. My husband's grandmother, she's turning 97, and she is at the Wheat Country Assisted Living. The facility is wonderful. It's clean and updated and modern and wonderful and the care that she gets, it's just phenomenal. They treat their residents well. I've only heard great things. And not a lot of places can say that. They have the Liberty County transit through the senior center where they provide free transportation, and they even do trips to Havre and Great Falls. Like once a week to Havre and maybe once a week to Great Falls. They can call and schedule a ride.

Services for Low-Income Individuals/families

- I am not sure, I know that. We have the food bank that's run by a collective of churches. They are open every Wednesday and they also do special meals for Thanksgiving and Christmas. The hospital and dentist accept Medicaid, I think they're required to by law, but they do.

I'd say, as far as getting your basic supplies and groceries can be a little challenging because we don't have big stores. There is a grocery store, but it tends to be very expensive compared to what you can get in a bigger town. I've gotten it down to where I can go two weeks between grocery trips. I go to Havre, and I do fresh produce the first week and canned the second. I could never afford to shop in town.

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

- I really don't know. I feel like I hear about drugs and alcohol are a big problem in Montana; I'm not in that scene so I haven't seen that in person. I have heard that there are some drug problems here.

I feel like the whole world is probably struggling with weight and diabetes. There are also a lot of people on the hi-line who work very physical jobs so they get in their exercise

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

- It would be nice to have an eye doctor. I don't need an eye doctor thankfully, but I think most people go to Shelby, Havre or Great Falls. We have the clinic, the hospital and the dentist, but I think eye care is the only thing that's missing.

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

- I think fresher and more affordable produce options would be really nice. In the summer we have our summer market and one of the Hutterite colonies brings their fruit, and it's the best season because we get fresh produce every single week.

Appendix J – Request for Comments

Written comments on this 2024 Community Health Needs Assessment Report can be submitted to Logan Health- Chester:

Logan Health- Chester
Marketing
PO Box 705
Chester, MT 59522

Contact Logan Health- Chester’s Marketing Department at 406-759-5181 or afritz@logan.org with questions.

