



COMMUNITY HEALTH NEEDS ASSESSMENT 2020



**MADISON VALLEY
MEDICAL CENTER**

ASSESSMENT CONDUCTED BY
MADISON VALLEY MEDICAL CENTER

IN COOPERATION WITH
THE MONTANA OFFICE OF
RURAL HEALTH



MONTANA
STATE UNIVERSITY

Office of Rural Health
Area Health
Education Center

ENNIS, MONTANA

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INTRODUCTION

Introduction

Madison Valley Medical Center (MVMC) is a 10-bed Critical Access Hospital with a rural health clinic, and is a public non-profit organization based in Ennis, Montana. Madison Valley Medical Center is the only hospital and clinic in the Madison Valley Hospital District and serves a resident population of approximately 3,451 people. The Medical Center is a designated Trauma Receiving Facility and provides clinic, hospital, emergency care, radiology, laboratory, rehabilitation and transitional care services to area residents.



Madison Valley Medical Center’s primary service area includes the communities of Ennis, Norris, Virginia City, McAllister, Pony, Harrison and Cameron; with most of the District’s populated communities located along US 287. Madison County has a low population density and is considered a frontier (six or less people per square mile) by the US Department of Health and Human Services. For further demographic, socioeconomic and other related County and State data, please see Appendix C to review the Secondary Data Analysis.



**MADISON VALLEY
MEDICAL CENTER**

Mission: To inspire and promote health and wellness for each patient through excellence in healthcare.

Vision: To become the healthcare provider of choice by establishing meaningful relationships with patients.

Madison Valley Medical Center participated in the Community Health Services Development (CHSD) Project administrated by the Montana Office of Rural Health (MORH). Community involvement in steering committee meetings and key informant interviews enhance community engagement in the assessment process.

In the spring of 2020, MVMC’s service area was surveyed about its healthcare system. This report shows the results of the survey in both narrative and chart formats. A copy of the survey instrument is included at the end of this report (Appendix E). Readers are invited to familiarize themselves with the survey instrument and the subsequent findings. The narrative report touches on the highlights while the charts present data for virtually every question asked.

Health Assessment Process



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A steering committee was convened to assist Madison Valley Medical Center in conducting CHSD. A diverse group of community members representing various organizations and populations within the community (ex. public health, elderly, uninsured) came together in March 2020. For a list of all steering committee members and their affiliations, see Appendix A. The Steering Committee met twice during the CHSD process; first to discuss health concerns in the community and offer their perspective in designing the survey instrument, and again to review results of the survey and key informant interviews and to assist in the prioritization of health needs.

Survey Methodology

Survey Instrument

In June 2020, surveys were mailed out to the residents in the Madison Valley Medical Center Hospital District. 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

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

Zip Code	Population	Community Name	Total Distribution	# Male	# Female
59729	2141	Ennis	570	285	285
59740	495	McAllister	96	48	48
59720	191	Cameron	44	22	22
59755	210	Virginia City	30	15	15
59735	331	Harrison	14	7	7
59758	1769	West Yellowstone	14	7	7
59710	286	Alder	12	6	6
59747	159	Pony	12	6	6
59745	134	Norris	8	4	4
Total	8024		800	400	400

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 BRFS [Behavioral Risk Factor Surveillance System], through a cooperative agreement with the Center for Disease Control (CDC), is used to identify regional trends in health-related behaviors. The fact that many health indices for rural and frontier counties are reported regionally makes it impossible to set the target population aside from the five more-developed Montana counties.



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

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



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Survey Implementation

In June 2020, a survey, cover letter on Madison Valley Medical Center letterhead with the Chief Executive Officer's signature, and postage paid envelope was mailed out to 800 randomly selected residents in the hospital's service area. A news release was sent to local newspaper as well as social media postings prior to the survey distribution announcing that Madison Valley Medical Center would be conducting a community health services survey throughout the region in cooperation with the Montana Office of Rural Health.

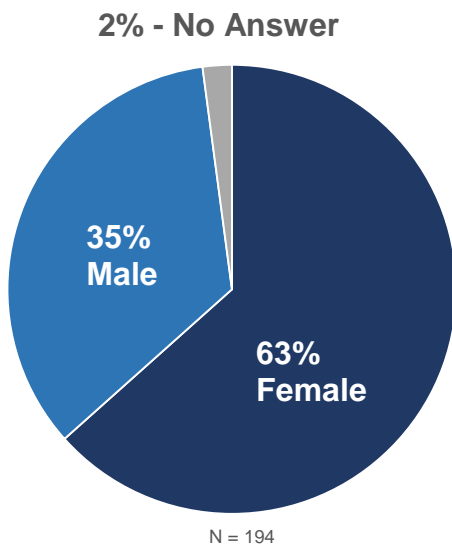
One-hundred ninety-four surveys were returned out of 800. Of those 800 surveys, 50 surveys were returned undeliverable for a 25.9% response rate. From this point on, the total number of surveys will be out of 750. Based upon the sample size, we can be 95% confident that the responses to the survey questions are representative of the service area population, plus or minus 6.9%.

Survey Respondent Demographics

A total of 750 surveys were distributed amongst Madison Valley Medical Center’s service area. One-hundred ninety-four were completed for a 25.9% response rate. The following tables indicate the demographic characteristics of the survey respondents. Information on location, gender, age, and employment is included. Percentages indicated on the tables and graphs are based upon the total number of responses for each individual question, as some respondents did not answer all questions.

Place of Residence	2020 %(n)
Number of respondents	194
59729 Ennis	69.8% (134)
59740 McAllister	16.7% (32)
59720 Cameron	4.2% (8)
59755 Virginia City	4.2% (8)
59747 Pony	2.6% (5)
59745 Norris	1.0% (2)
59710 Alder	1.0% (2)
59735 Harrison	0.5% (1)
59758 West Yellowstone	0.0% (0)
Other	0.0% (0)
TOTAL	194

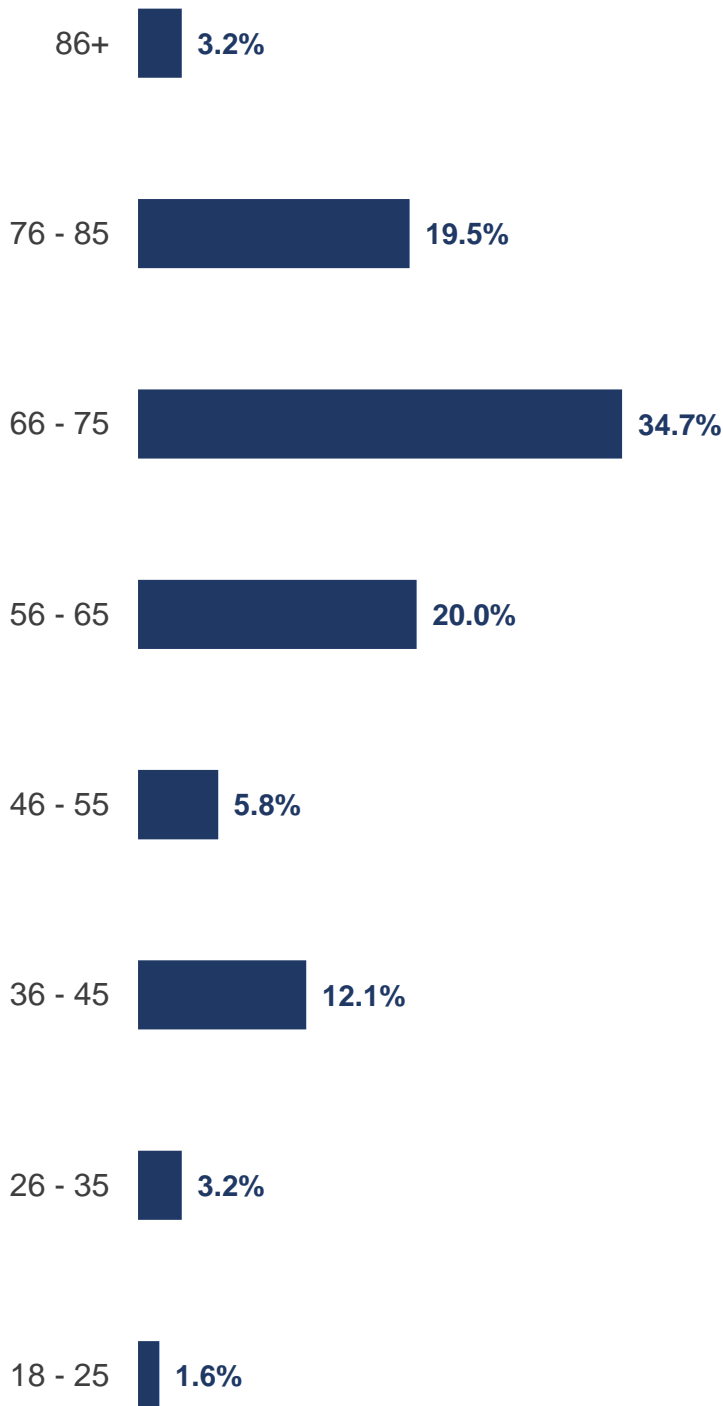
Gender



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

Age of Respondents

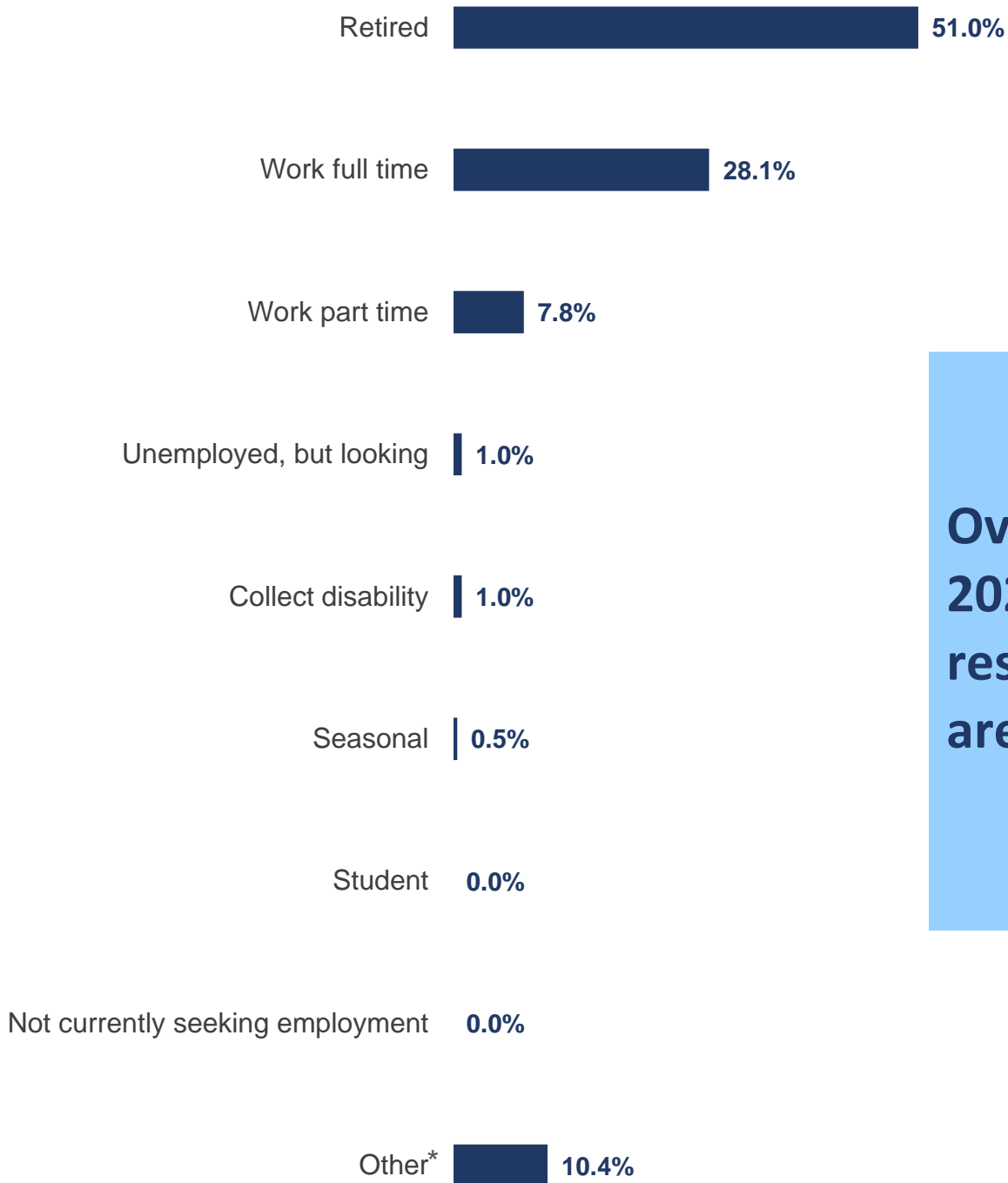
N = 190



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

N = 194



**Over half of
2020
respondents
are retired**

“Other” comments included self-employed, volunteering, artist, and stay at home mom.

*Respondents (N=14) who selected over the allotted amount were moved to “Other”.

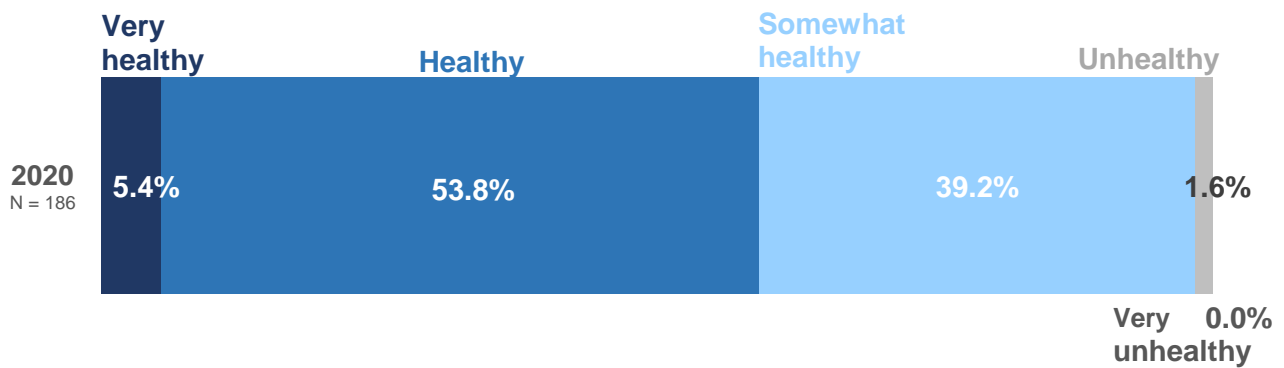


SURVEY RESULTS

Rating of Healthy Community (Question 1)

Respondents were asked to indicate how they would rate the general health of their community. Fifty-four percent of respondents (n=100) rated their community as “Healthy”, and 39.2% of respondents (n=73) felt their community was “Somewhat healthy.” No respondents indicated they felt their community was “Very unhealthy.”

The majority of respondents feel their community is **healthy**



The majority of respondents feel their community is 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” at 41.8% (n=81). “Substance abuse” was also a high priority at 23.2% (n=45), followed by “Cancer” at 22.2% (n=43).

Health Concern	2020 %(n)
Number of respondents	194
Alcohol abuse	41.8% (81)
Substance abuse	23.2% (45)
Cancer	22.2% (43)
Overweight/obesity	18.0% (35)
Mental health issues	17.0% (33)
Tobacco use (cigarettes/cigars, vaping, smokeless)	16.5% (32)
Emergency Medical Services	16.0% (31)
Depression/anxiety	14.9% (29)
Work/economic stress	14.4% (28)
Social isolation/loneliness	12.4% (24)
Lack of exercise	10.8% (21)
Heart disease	8.2% (16)
Motor vehicle accidents	8.2% (16)
Alzheimer’s/dementia	7.2% (14)
Lack of access to healthcare	6.7% (13)
Recreation related accidents/injuries	6.2% (12)
Diabetes	5.2% (10)
Lack of dental care	4.6% (9)
Domestic violence	3.6% (7)
Stroke	3.6% (7)
Child abuse/neglect	2.6% (5)
Hunger	2.6% (5)
Respiratory issues/illness	2.6% (5)
Work related accidents/injuries	1.5% (3)
Suicide	1.0% (2)
Other*	7.2% (14)

Respondents were asked to pick their top three most serious health concerns, so percentages do not equal 100%.

*Respondents (N=8) who selected over the allotted amount were moved to “Other”.

“Other” comments included Covid-19, cardiac issues, and food insecurity. All comments can be found in Appendix G.

Components of a Healthy Community (Question 3)

Respondents were asked to identify the three most important things for a healthy community. Fifty percent of respondents (n=96) indicated that “Access to healthcare services” is important for a healthy community, followed by “Good jobs and a healthy economy” at 37.6% (n=73), and “Affordable housing” at 33.5% (n=65).

Components of a Healthy Community	2020 %(n)
Number of respondents	194
Access to healthcare services	49.5% (96)
Good jobs and a healthy economy	37.6% (73)
Affordable housing	33.5% (65)
Healthy behaviors and lifestyles	29.9% (58)
Strong family life	23.7% (46)
Good schools	22.7% (44)
Low crime/safe neighborhoods	18.0% (35)
Access to childcare/after school programs	13.4% (26)
Access to healthy foods	13.4% (26)
Religious or spiritual values	10.8% (21)
Clean environment	10.3% (20)
Community involvement	9.8% (19)
Tolerance for diversity	8.8% (17)
Parks and recreation	6.2% (12)
Low level of domestic violence	2.6% (5)
Transportation services	2.6% (5)
Low death and disease rates	2.1% (4)
Arts and cultural events	1.0% (2)
Other	1.5% (3)

Respondents were asked to pick their top three components of a healthy community, so percentages do not equal 100%.

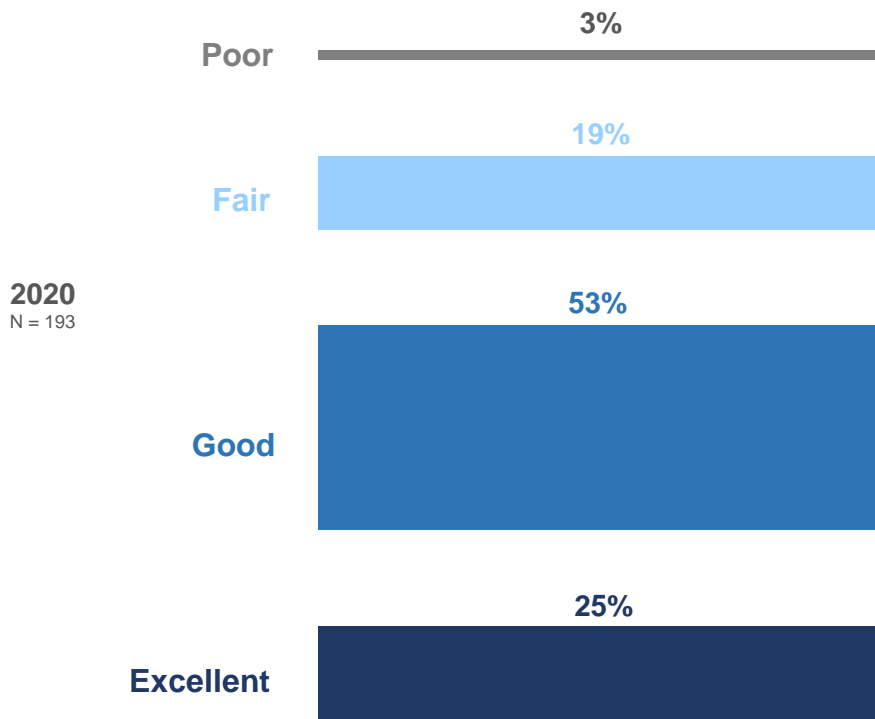
*Respondents (N=1) who selected over the allotted amount were moved to “Other”.

“Other” comments included food education, food, and housing affordability.

Knowledge of Health Services (Question 4)

Respondents were asked to rate their knowledge of the health services available at Madison Valley Medical Center. Fifty-three percent (n=103) of respondents rated their knowledge of health services as “Good.” “Excellent” was selected by 25% percent (n=48), and “Fair” was selected by 19% (n=37) of respondents.

Just over half of respondents rated their knowledge of local health services as good



How Respondents Learn of Health Services (Question 5)

The most frequently indicated method of learning about available services was “Word of mouth/reputation” at 66.0% (n=128). “Friends/family” was the second most frequent response at 55.7% (n=108), followed by “Healthcare provider” at 52.1% (n=101).

How Learn about Community Health Services	2020 %(n)
Number of respondents	194
Word of mouth/reputation	66.0% (128)
Friends/family	55.7% (108)
Healthcare provider	52.1% (101)
Newspaper	39.2% (76)
Mailings/newsletter	23.2% (45)
Social media	22.7% (44)
Website/internet	19.1% (37)
Billboards/posters	10.8% (21)
Presentations	7.2% (14)
Public Health nurse	4.1% (8)
Other	5.2% (10)

Respondents were asked to indicate all methods of receiving information, so percentages do not equal 100%.

“Other” comments included Hospital and Clinic, senior presentations, health insurance, volunteering, and outreach exhibits.

View a cross tabulation of how respondents learn with how they rate their knowledge on pg. 75

Utilized Community Health Resources (Question 6)

Respondents were asked which community health resources, other than the hospital or clinic, they had used in the last three years. “Pharmacy” was the most frequently utilized community health resource cited by respondents at 76.3% (n=148). The “Dentist” was utilized by 58.8% (n=114) of respondents, followed by “Massage therapy” at 26.8% (n=52).

Use of Other Community Health Resources	2020 %(n)
Number of respondents	194
Pharmacy	76.3% (148)
Dentist	58.8% (114)
Massage therapy	26.8% (52)
Senior center	14.9% (29)
Chiropractor	14.4% (28)
Yoga	13.9% (27)
Counseling/Mental Health	5.7% (11)
Meals-on-Wheels	5.7% (11)
Public Health	5.7% (11)
Home health	5.2% (10)
Acupuncture	2.1% (4)
Support groups (AA, Alanon, Cancer, Mental Health, Dementia, etc.)	1.5% (3)
TOPS	1.5% (3)
Community Services Referral Center	0.5% (1)
Other	12.4% (24)

Respondents were asked to select all other community health resources used, so percentages do not equal 100%.

“Other” comments included mindfulness training, Ennis Continuing Education, gym or other fitness programs, and skiing.

Improve Community’s Access to Healthcare (Question 7)

Respondents were asked to indicate what they felt would improve their community’s access to healthcare. Forty-two percent of respondents (n=82) reported that “More specialists” would make the greatest improvement. Thirty-five percent of respondents (n=67) indicated “More information about available services” would improve access, and “Payment assistance programs (healthcare expenses)” was selected by 26.3% (n=51).

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

What Would Improve Community Access to Healthcare	2020 %(n)
Number of respondents	194
More specialists	42.3% (82)
More information about available services	34.5% (67)
Payment assistance programs (healthcare expenses)	26.3% (51)
Additional emergency medical services	23.7% (46)
More primary care providers	22.7% (44)
Greater health education services	21.1% (41)
Telemedicine	17.0% (33)
Improved quality of care	16.0% (31)
Transportation assistance	16.0% (31)
Outpatient services expanded hours	9.3% (18)
Cultural sensitivity	3.1% (6)
Interpreter services	0.0% (0)
Other	8.2% (16)

Respondents were asked to select any items that would improve community access to healthcare, so percentages do not equal 100%.

“Other” comments included improving billing services, aquatic center, network provider for more insurances, more specialists, weekend hours, more mental health providers, ambulance service/paid EMTs, universal healthcare, and delivery services.

Interest in Educational Classes/Programs (Question 8)

Respondents were asked if they would be interested in any educational classes/programs if made available to the community. The most highly indicated class/program was “Fitness” at 39.2% (n=76), followed by “Health and wellness” at 31.4% (n=61), and “Women’s health” at 28.4% (n=55).

Interest in Classes or Programs	2020 %(n)
Number of respondents	194
Fitness	39.2% (76)
Health and wellness	31.4% (61)
Women's health	28.4% (55)
First aid/CPR	27.8% (54)
Nutrition	25.8% (50)
Weight loss	21.6% (42)
Living will	18.0% (35)
Men's health	18.0% (35)
Alzheimer's	11.9% (23)
Diabetes	7.7% (15)
Mental health	7.7% (15)
Cancer	6.2% (12)
Care-giver support group	5.7% (11)
Parenting	5.2% (10)
Grief counseling	4.6% (9)
Heart disease	3.6% (7)
Support groups	3.6% (7)
Alcohol abuse	3.1% (6)
Lactation/breastfeeding support	2.1% (4)
Smoking/tobacco cessation	2.1% (4)
Substance abuse	1.5% (3)
Prenatal	1.0% (2)
Other	3.6% (7)

Respondents were asked to pick all classes or programs that are of interest, so percentages do not equal 100%.

“Other” comments included pediatric health.

Desired Local Health Services (Question 9)

Respondents were asked to indicate which additional health services would they utilize if available locally. Respondents indicated the most interest in a “Foot doctor” at 32.0% (n=62), followed by a “Orthopedics” at 25.8% (n=50) and a “Chiropractor” at 24.2% (n=47).

Desired Local Health Services	2020 %(n)
Number of respondents	194
Foot doctor	32.0% (62)
Orthopedics	25.8% (50)
Chiropractor	24.2% (47)
Internal medicine	19.6% (38)
Urology	12.4% (24)
Orthodontics	9.3% (18)
Pediatrics	6.7% (13)
Mental health crisis intervention	5.2% (10)
Chemotherapy	3.6% (7)
Other	10.3% (20)

Respondents were asked to select any healthcare services they would use if available locally, so percentages do not equal 100%.

“Other” comments included prenatal care, gastroenterology, dermatology, optometry, physical therapy, allergist, pain management, and diabetes services.

Respondents top desired services: foot doctor, orthopedics, and chiropractor

Desired Senior Services (Question 10)

Respondents were asked if they or a household member would be interested in additional senior services if available locally. Respondents indicated the most interest in having a “Senior retirement housing/community” at 24.2% (n=47), followed by a “Home health” at 23.2% (n=45), and “Assisted living facility” at 20.6% (n=40).

Interest in Senior Services	2020 %(n)
Number of respondents	194
Senior retirement housing/community	24.2% (47)
Home health	23.2% (45)
Assisted living facility	20.6% (40)
In home personal assistance	16.5% (32)
Transportation services	15.5% (30)
Hospice	13.4% (26)
Senior respite care	5.7% (11)
Other	5.7% (11)

Respondents could select any of the listed senior services, so percentages do not equal 100%.

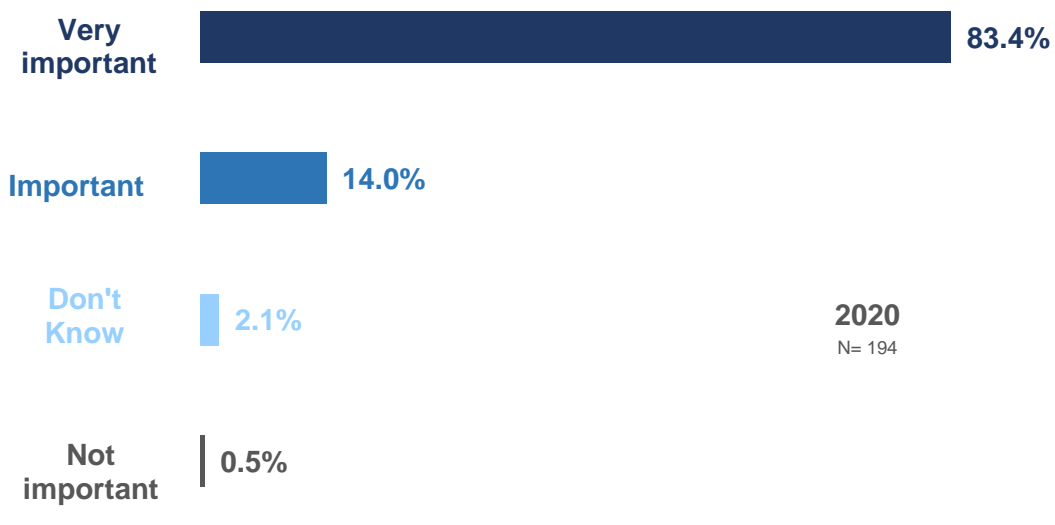
“Other” comments included senior nutritional information (senior center meals).

Top desired senior services are “Senior retirement housing/community” and “Home health”

Economic Importance of Healthcare (Question 11)

The majority of respondents (83.4%, n=161), indicated that local healthcare providers and services (i.e. hospitals, clinics, nursing homes, assisted living, etc.) are ‘Very important’ to the economic wellbeing of the area. Fourteen percent of respondents (n=27) indicated they are “Important”, and four respondents, or 2.1% indicated they “Don’t know.”

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



Utilization of Preventative Services (Question 12)

Respondents were asked if they had utilized any of the preventative services listed in the past year. “Blood pressure check” was selected by 71.1% of respondents (n=138). Sixty-seven percent of respondents (n=129) indicated they received a “Health checkup/Annual Exam”, and 63.9% of respondents (n=124) had a “Flu shot/immunizations.”

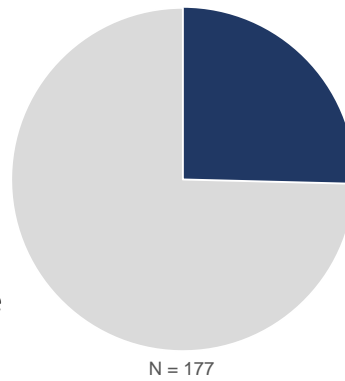
Use of Preventative Services	2020 %(n)
Number of respondents	194
Blood pressure check	71.1% (138)
Health checkup/Annual Exam	66.5% (129)
Flu shot/ immunizations	63.9% (124)
Dental check	58.2% (113)
Cholesterol check	50.0% (97)
Vision check	45.9% (89)
Mammography	36.6% (71)
Colonoscopy	17.0% (33)
Health fair	16.5% (32)
Hearing check	15.5% (30)
Prostate (PSA)	15.5% (30)
Pap smear	13.9% (27)
Children's checkup/ Well baby	7.7% (15)
None	2.6% (5)
Other	5.7% (11)

Respondents could select any of the preventative services listed, so percentages do not equal 100%.

“Other” comments included dental cleaning, urology, dermatology, blood pressure checks, VA, health fair, family planning, and annual drug testing.

Delay of Services (Question 13)

A quarter of respondents (n=45) 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. Seventy-five percent of respondents (n=132) felt they were able to get the healthcare services they needed without delay. Seventeen respondents chose not to answer this question.



25%
delayed
seeking
healthcare

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

For those who indicated they were unable to receive or had to delay services (n=45), the reason most cited was “It cost too much” (33.3%, n=15).

Reasons for Delay in Receiving Needed Healthcare	2020 %(n)
Number of respondents	45
It cost too much	33.3% (15)
Qualified provider not available	20.0% (9)
My insurance didn't cover it	17.8% (8)
Too long to wait for an appointment	13.3% (6)
It was too far to go	11.1% (5)
No insurance	11.1% (5)
Don't like doctors	8.9% (4)
Could not get an appointment	6.7% (3)
Didn't know where to go	6.7% (3)
Had no childcare	6.7% (3)
Unsure if services were available	6.7% (3)
Could not get off work	4.4% (2)
Office wasn't open when I could go	4.4% (2)
Too nervous or afraid	4.4% (2)
Not treated with respect	2.2% (1)
Transportation problems	2.2% (1)
Don't understand healthcare system	0.0% (0)
Language barrier	0.0% (0)
Other*	15.6% (7)

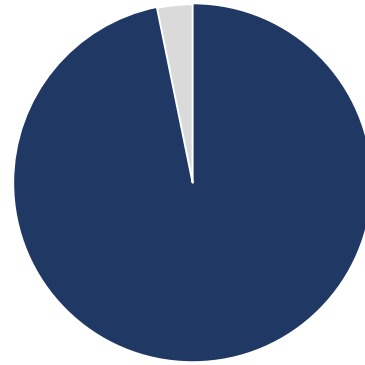
View a cross tabulation of where respondents live with delay of healthcare services on pg. 76

Respondents were asked to indicate the top three reasons for delay in seeking healthcare, so percentages do not equal 100%. *Respondents (N=3) who selected over the allotted amount were moved to “Other”.

“Other” comments included Covid-19 fears, service not available (mental health), thought would go away on its own.

Primary Care Services (Question 15)

The majority of respondents (97%; n=183) 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, and 3% respondents (n=6) indicated they had not. Five respondents chose not to answer this question.



97%
saw a
primary
care
provider

Location of Primary Care Services (Question 16)

Of the 183 respondents who indicated receiving primary care services in the previous three years, 62.6% (n=114) reported receiving care in Ennis, 19.8% (n=36) went to Bozeman, and 12.6% percent of respondents (n=23) went to an “Other” location not listed. One of the 183 respondents who reported they had utilized primary care services in the past three years did not indicate where they received those services.

Location of Primary Care Provider	2020 %(n)
Number of respondents	183
Ennis	62.6% (114)
Bozeman	19.8% (36)
Butte	2.2% (4)
Sheridan	2.2% (4)
Billings	1.1% (2)
Three Forks	1.1% (2)
Dillon	0.5% (1)
Big Sky	0.0% (0)
Missoula	0.0% (0)
Other*	12.6% (23)
TOTAL	100% (182)

View a cross tabulation of where respondents live with where they utilize primary care services on pg. 77

*Respondents (N=20) who selected over the allotted amount were moved to “Other”.

“Other” comments included Chicago, Massachusetts, Sheridan, and Tucson, AZ.

Reasons for Primary Care Provider Selection (Question 17)

Those respondents who indicated they or someone in their household had been seen by a primary care provider within the past three years, were asked to indicate why they chose that primary care provider. “Closest to home” was the most frequently selected reason at 49.2% (n=90), followed by “Prior experience with clinic” at 47.0% (n=86), and “Clinic/provider’s reputation for quality” at 42.6% (n=78).

Reasons for Selecting Primary Care Provider	2020 %(n)
Number of respondents	183
Closest to home	49.2% (90)
Prior experience with clinic	47.0% (86)
Clinic/provider's reputation for quality	42.6% (78)
Appointment availability	33.9% (62)
Recommended by family or friends	19.7% (36)
Privacy/confidentiality	12.0% (22)
Walk-in Clinic	10.4% (19)
Referred by physician or other provider	8.7% (16)
Length of waiting room time	7.1% (13)
Other business or shopping in that town	4.9% (9)
VA/Military requirement	3.8% (7)
Cost of care	2.2% (4)
Required by insurance plan	1.6% (3)
Indian Health Services	0.0% (0)
Other	12.0% (22)

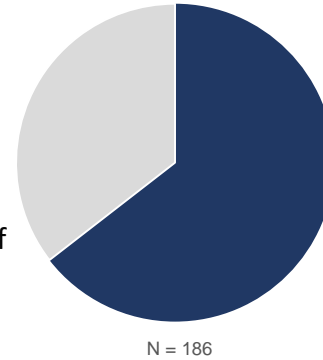
Respondents were asked to pick the reasons for selection of their primary care provider, so percentages do not equal 100%.

“Other” comments included previous experience (positive or negative), trust, no primary care provider, reputation, provider bedside manner, and naturopath.

View a cross tabulation of where respondents utilize primary care services with their reasons for selecting their provider on pg. 78

Hospital Care Services (Question 18)

Respondents were asked if they or someone in their household had received hospital care in the last three years. Hospitalization was quantified as hospitalized overnight, day surgery, obstetrical care, rehabilitation, radiology, or emergency care. Sixty-five percent of respondents (n=120) reported that they or a member of their family had received hospital care during the previous three years, and 35% (n=66) had not received hospital services. Eight respondents chose not to answer this question.



65%
received
hospital

Location of Hospital Services (Question 19)

Of the 120 respondents who indicated receiving hospital care in the previous three years, 39.2% (n=47) reported receiving care in Bozeman. Thirty-two percent of respondents (n=38) received services in Ennis, and 22.5% of respondents (n=27) reported utilizing services at an “Other” location not listed.

Hospital Used Most Often	2020 %(n)
Number of respondents	120
Bozeman Health - Bozeman	39.2% (47)
Madison Valley Medical Center - Ennis	31.7% (38)
Barret Healthcare - Dillon	2.5% (3)
Billings Clinic - Billings	0.8% (1)
Ruby Valley Medical Center - Sheridan	0.8% (1)
St. James - Butte	0.8% (1)
St. Patrick’s - Missoula	0.8% (1)
St. Vincent - Billings	0.8% (1)
Big Sky Medical Center – Big Sky	0.0% (0)
Eastern Idaho Regional Medical Center – Idaho Falls	0.0% (0)
Other*	22.5% (27)
TOTAL	100% (120)

View a cross tabulation of where respondents live with where they utilize hospital services on pg. 79

*Respondents (N=15) who selected over the allotted amount were moved to “Other”.

“Other” comments included Rocky Mountain Surgery in Bozeman, MD Anderson-Houston, Tucson Medical Center, VA, Madison Valley Medical Center, Kalispell Regional, Harbor View Seattle, California, Intermountain Health Care UT, Missoula Community Medical, Helena.

Reasons for Hospital Selection (Question 20)

Of the 120 respondents who had a personal or family experience at a hospital within the past three years, the primary reason given for selecting the facility used most often was “Closest to home” at 46.7% (n=56). “Referred by physician or other provider” was selected by 42.5% of the respondents (n=51), and 39.2% (n=47) selected “Prior experience with hospital.”

Reasons for Selecting Hospital	2020 %(n)
Number of respondents	120
Closest to home	46.7% (56)
Referred by physician or other provider	42.5% (51)
Prior experience with hospital	39.2% (47)
Hospital's reputation for quality	30.8% (37)
Emergency, no choice	15.8% (19)
Recommended by family or friends	8.3% (10)
Closest to work	4.2% (5)
VA/Military requirement	4.2% (5)
Required by insurance plan	3.3% (4)
Cost of care	2.5% (3)
Financial assistance programs	1.7% (2)
Privacy/confidentiality	1.7% (2)
Other*	15.0% (18)

Respondents were asked to pick their top three reasons for selecting a hospital, so percentages do not equal 100%.

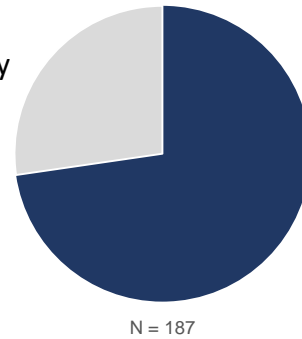
*Respondents (N=6) who selected over the allotted amount were moved to “Other”.

“Other” comments included prior experience, obstetrical care, surgeon reputation, staff, closest to home, and relationship with providers.

View a cross tabulation of where respondents utilize hospital services with their reasons for selecting that facility pg. 80

Specialty Care Services (Question 21)

Seventy-three percent of the respondents (n=136) indicated they or a household member had seen a healthcare specialist during the past three years, while 27% (n=51) indicated they had not. Seven respondents chose not to answer this question.



73%
received
specialty
care in
the past
year

Location of Healthcare Specialist(s) (Question 22)

Of the 136 respondents who indicated they saw a healthcare specialist in the past three years, 67.6% (n=92) went to Bozeman Health. Twenty-nine percent (n=40) went to an “Other” location than those listed, and Madison Valley Medical Center specialty services were utilized by 23.5% of respondents (n=32).

Location of Specialist	2020 %(n)
Number of respondents	136
Bozeman Health - Bozeman	67.6% (92)
Madison Valley Medical Center - Ennis	23.5% (32)
Billings Clinic - Billings	5.9% (8)
St. Patrick’s - Missoula	4.4% (6)
Barret Healthcare - Dillon	2.9% (4)
St. James - Butte	2.2% (3)
St. Vincent - Billings	2.2% (3)
Ruby Valley Medical Center - Sheridan	1.5% (2)
Big Sky Medical Center – Big Sky	0.7% (1)
Eastern Idaho Regional Medical Center – Idaho Falls	0.7% (1)
Other	29.4% (40)

Respondents were asked to indicate the location of any specialist seen in the past three years, so percentages do not equal 100%.

“Other” comments included VA, Utah, Anaconda, Helena, Polson, California, Missoula, and Tucson.

Type of Healthcare Specialist Seen (Question 23)

The respondents (n=136) saw a wide array of healthcare specialists in the past three years. The most frequently indicated specialists were “Dentist” and “Orthopedic surgeon” with 31.6% of respondents (n=43 each) having utilized their services. “Dermatologist” was the second most utilized specialist at 28.7% (n=39). Respondents were asked to choose all that apply, so percentages do not equal 100%.

Type of Specialists Seen	2020 %(n)
Number of respondents	136
Dentist	31.6% (43)
Orthopedic surgeon	31.6% (43)
Dermatologist	28.7% (39)
Cardiologist	21.3% (29)
Physical therapist	19.9% (27)
Gastroenterologist (stomach)	18.4% (25)
Ophthalmologist	16.9% (23)
General surgeon	14.7% (20)
Oncologist	13.2% (18)
Radiologist	13.2% (18)
Optometrist	11.8% (16)
Urologist	11.0% (15)
OB/GYN (birth/women's services)	10.3% (14)
Audiologist	9.6% (13)
Chiropractor	8.1% (11)
ENT (ear/nose/throat)	6.6% (9)
Pulmonologist	6.6% (9)
Rheumatologist	5.9% (8)
Neurologist	5.1% (7)
Pediatrician (child specialist)	5.1% (7)
Podiatrist	5.1% (7)
Allergist	2.9% (4)

Endocrinologist	2.9% (4)
Mental health counselor	2.2% (3)
Neurosurgeon	2.2% (3)
Occupational therapist	1.5% (2)
Psychologist	1.5% (2)
Speech therapist	1.5% (2)
Dietician	0.7% (1)
Psychiatrist (M.D.)	0.7% (1)
Social worker	0.7% (1)
Geriatrician	0.0% (0)
Substance abuse counselor	0.0% (0)
Other	11.0% (15)

Respondents were asked to indicate each type of specialist seen, so percentages do not equal 100%.

“Other” comments included vascular, cancer, proctologist, internist, nephrology, and pain management.

Overall Quality of Care at Madison Valley Medical Center (Question 24)

Respondents were asked to rate various services available at Madison Valley Medical Center. Respondents were asked to rate the services using the scale of 4= Excellent, 3= Good, 2= Fair, 1=Poor and Haven't Used. The service(s) that received the highest score were the laboratory, radiology services, therapy services, and colonoscopy which all received a 3.6 out of 4.0. Overall, the average rating of the health services listed was a 3.5 out of 4.0.

Quality of Care Rating at MVMC	2020 Average(n)
4 Point Scale: Poor = 1, Fair = 2, Good = 3, Excellent = 4	
Total number of respondents	175
Laboratory	3.6 (151)
Radiology services (x-ray, ultrasound, CT scan, mammography)	3.6 (123)
Therapy (physical, occupational, speech)	3.6 (78)
Colonoscopy	3.6 (39)
Emergency room	3.5 (103)
Clinic services	3.4 (163)
Inpatient care/hospital stay	3.4 (39)
Outpatient infusions	3.4 (19)
Behavioral/mental health services	2.5 (16)
Overall average	3.5

Overall Rating of Community Services (Question 25)

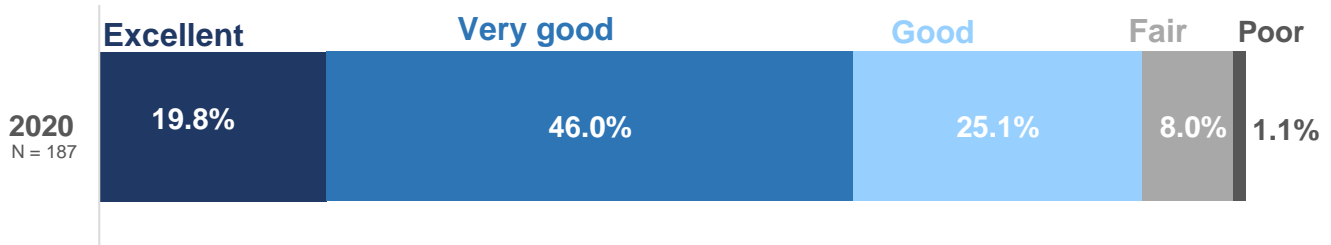
Respondents were asked to rate various services available in the community using the scale of 4= Excellent, 3= Good, 2= Fair, 1=Poor and Haven't Used. The services that received the highest scores were Home Oxygen (3.3), Home Health (3.2), and Hospice (3.1). Overall, the average rating on quality and availability of the health services listed was a 2.9 out of 4.0.

Quality of Local Community Services	2020 Average(n)
4 Point Scale: Poor = 1, Fair = 2, Good = 3, Excellent = 4	
Total number of respondents	146
Home Oxygen	3.3 (15)
Home health	3.2 (11)
Hospice	3.1 (14)
Ambulance service	3.0 (56)
Public Health	2.9 (28)
Pharmacy	2.8 (138)
Behavioral/mental health services	2.0 (15)
Chemical Dependency	1.9 (10)
Overall average	2.9

Rating of Mental Health (Question 26)

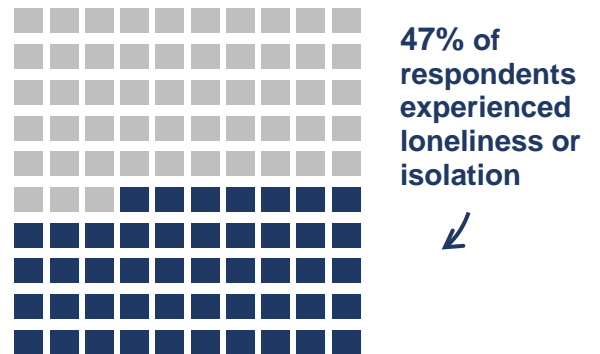
Respondents were asked to rate their mental health in terms of stress, anxiety, depression and problems with emotions. Forty-six percent of respondents (n=86) rated their mental health as “Very good” and 25.1% (n=47) rated it as “Good.” Seven respondents chose not to answer this question.

Most respondents rate their mental health as **very good**.

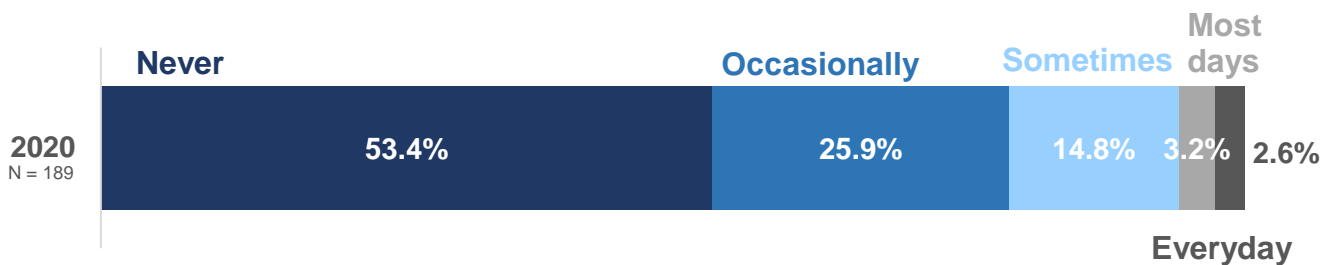


Social Isolation (Question 27)

Respondents were asked to indicate how often they felt lonely or isolated in the past year. Fifty-three percent of respondents (n=101) indicated they never felt lonely or isolated and 25.9% of respondents (n=49) indicated they occasionally (1-2 days per month) felt lonely or isolated. Nearly 6% (n=11) reported they felt lonely or isolated most days or every day. Five respondents chose not to answer this question.

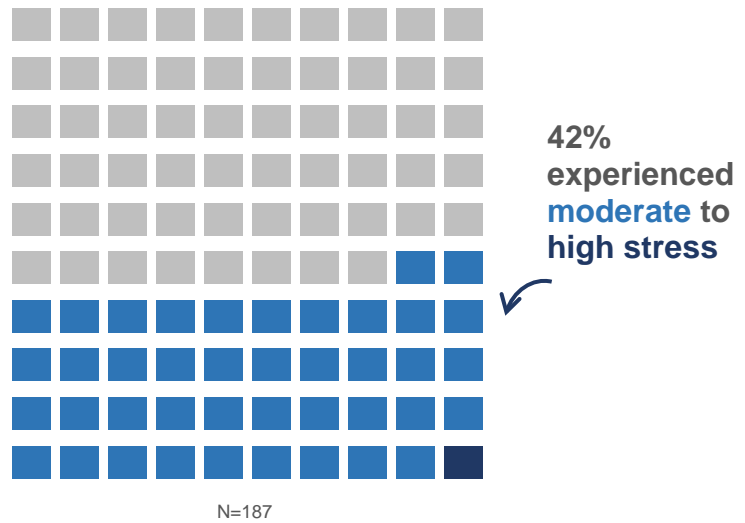


Over half of the respondents **never** feel lonely or isolated



Perception of Stress (Question 28)

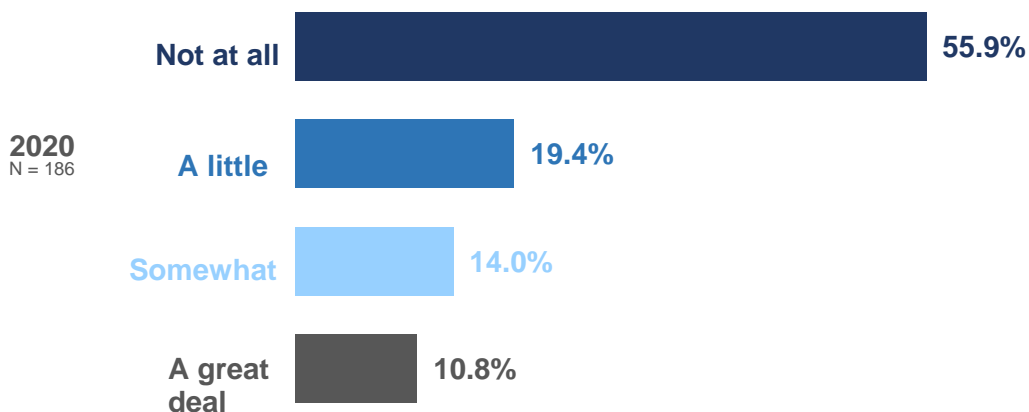
Respondents were asked to indicate how they would describe their stress level over the past year. Forty-two percent of respondents (n=78) indicated they experienced a low level of stress, 41.2% (n=77) had a moderate level of stress, and 1.1% of respondents (n=2) indicated they had experienced a high level of stress. Seven respondents chose not to answer this question.



Impact of Substance Abuse (Question 29)

Respondents were asked to indicate to what degree their life has been negatively affected by their own or someone else’s substance abuse issues, including alcohol, prescription, or other drugs. Fifty-six percent of respondents (n=104) indicated their life was “Not at all” affected. Nineteen percent (n=36) were “A little” affected, and 14.0% (n=26) indicated they were “Somewhat” negatively affected. Eight respondents chose not to answer this question.

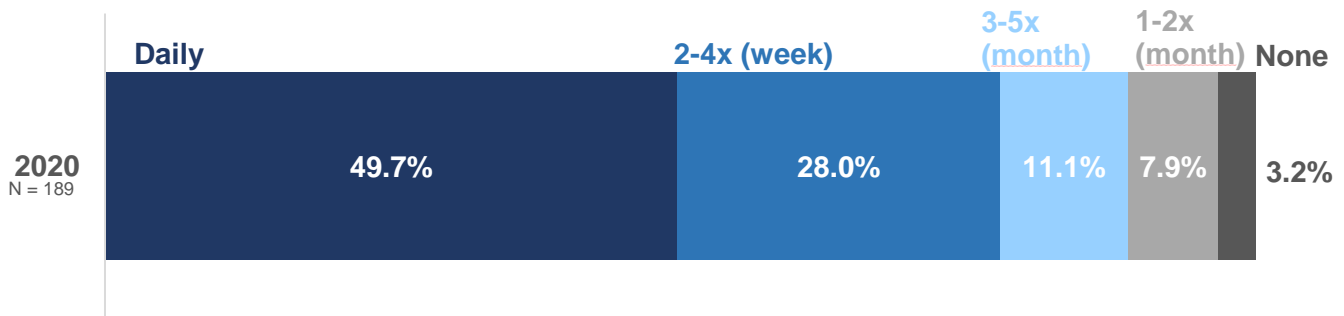
44% of respondents were impacted by substance abuse



Physical Activity (Question 30)

Respondents were asked to indicate how frequently they had physical activity for at least twenty minutes over the past month. Fifty percent of respondents (n=94) indicated they had physical activity “Daily”, and 28.0% (n=53) indicated they had physical activity “2-4 times per week”. Three percent of respondents (n=6) indicated they had “No physical activity”. Four respondents chose not to answer this question.

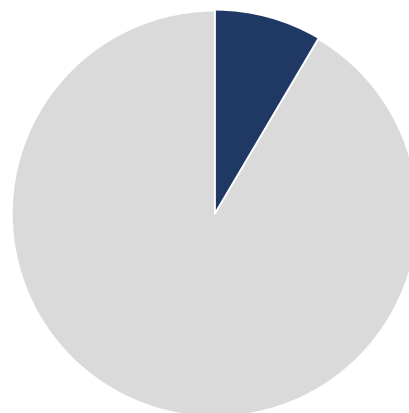
Most respondents exercise daily for at least twenty minutes



Cost and Prescription Medications (Question 31)

Respondents were asked to indicate if, during the last year, medication costs had prohibited them from getting a prescription or taking their medication regularly. Nine percent of respondents (n=16) indicated that in the last year cost had prohibited them from getting a prescription or taking their medication regularly. Ninety-one percent of respondents (n=172) indicated that cost had not prohibited them. Six respondents chose not to answer this question.

The majority of respondents were able to get prescriptions when needed

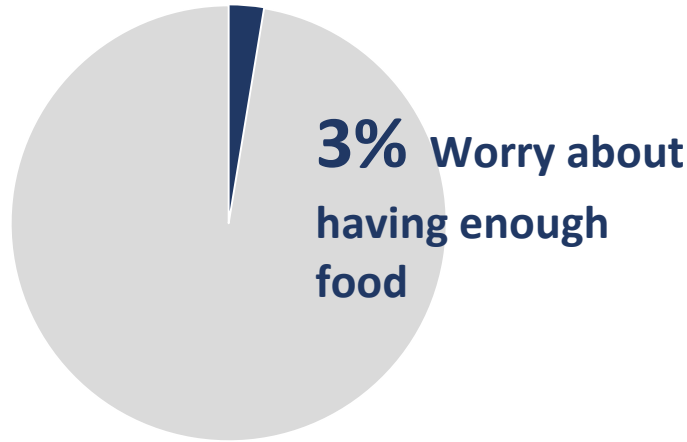


9% Indicated prescription cost was an issue in the past year

N = 188

Food Insecurity (Question 32)

The majority of respondents did not worry about having enough food



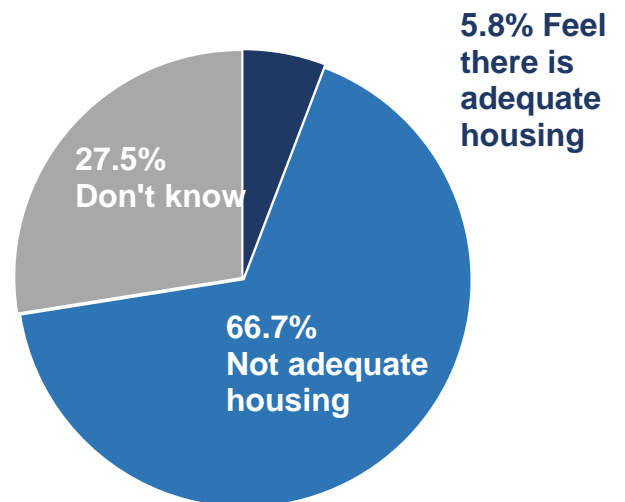
N = 189

Respondents were asked to indicate if during the last year, they had worried that they would not have enough food to eat. The majority, 97% were not worried about having enough food to eat (n=184), while 3% (n=5) were worried. Five respondents chose not to answer this question.

Housing (Question 33)

Respondents were asked to indicate if they felt the community has adequate and affordable housing options available. Sixty-seven percent of respondents (n=126) indicated that they feel there is not adequate and affordable housing options available in the community, 27.5 % (n=52) didn't know, and only 5.8% (n=11) felt that there was.

Most respondents feel there is **not adequate/affordable housing** available in the community



N = 189

Health Insurance Type (Question 34)

Respondents were asked to indicate what type of insurance covers the majority of their healthcare expenses. Forty-two percent (n=79) indicated they have “Medicare” coverage. Twenty percent (n=38) indicated they have “Employer sponsored” coverage, and 19.7% (n=37) indicated they had insurance coverage “Other” than those options listed.

Type of Health Insurance	2020 %(n)
Number of respondents	194
Medicare	42.0% (79)
Employer sponsored	20.2% (38)
Health Insurance Marketplace	6.9% (13)
Private insurance/private plan	5.9% (11)
None/pay out of pocket	3.2% (6)
VA/military	1.6% (3)
Medicaid	0.5% (1)
Healthy MT Kids	0.0% (0)
Indian Health	0.0% (0)
Other*	19.7% (37)

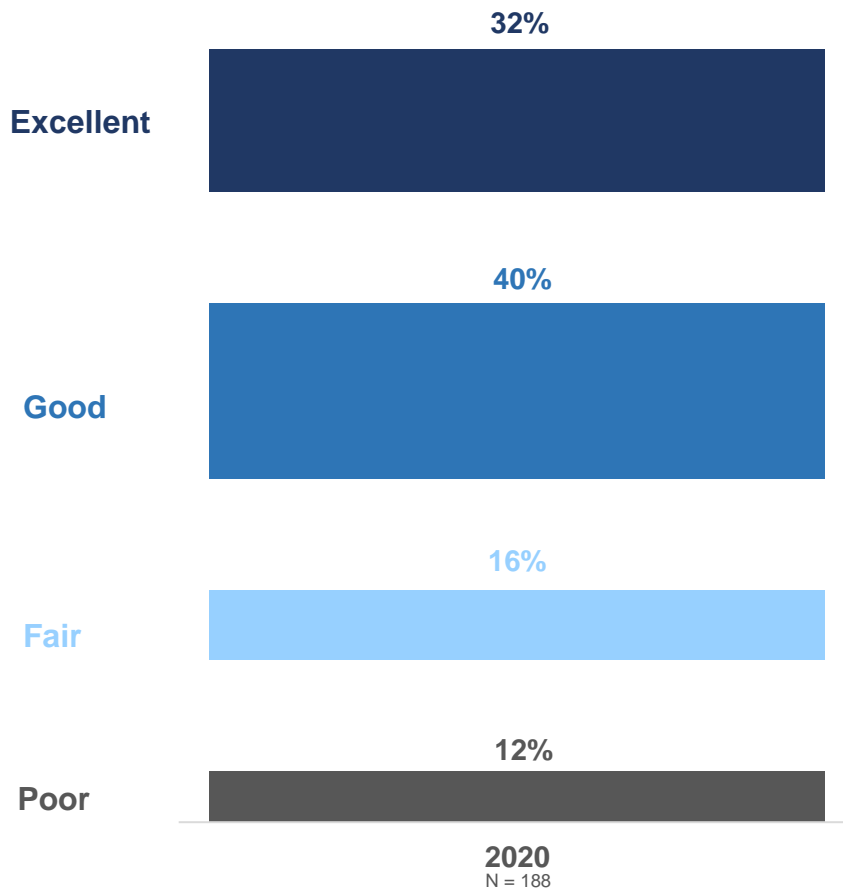
*Respondents (N=34) who selected over the allotted amount were moved to “Other”.

“Other” comments included “Obama Care”, supplemental, MT Health Co-Op, Christian Healthcare Ministries, Athena, and Blue Cross.

Insurance and Healthcare Costs (Question 35)

Respondents were asked to indicate how well they felt their health insurance covers their healthcare costs. Forty percent of respondents (n=75) indicated they felt their insurance covers a “Good” amount of their healthcare costs. Thirty-two percent of respondents (n=61) indicated they felt their insurance was “Excellent”, and 16% of Respondents (n=30) indicated they felt their insurance was “Fair.”

Nearly 3/4 of the respondents feel that their health insurance offers excellent or good coverage.



Barriers to Having Insurance (Question 36)

For those who indicated they did not have insurance (n=6), the reason selected for not having insurance was “Cannot afford to pay for medical insurance.” Respondents could select all that apply.

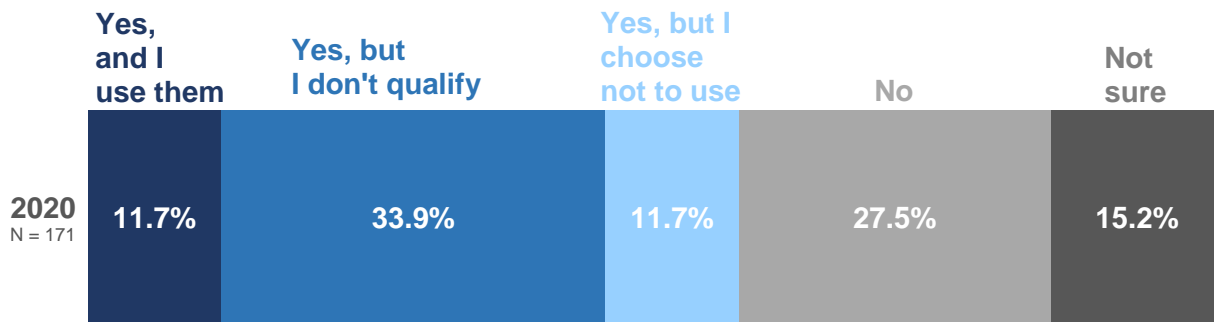
Reasons for No Health Insurance	2020 %(n)
Number of respondents	6
Can't afford to pay for medical insurance	83.3% (5)
Employer does not offer insurance	66.7% (4)
Choose not to have medical insurance	0.0% (0)
Too confusing/don't know how to apply	0.0% (0)
Other	16.7% (1)

“Other” comments included “Premiums and deductible in market would be over \$22k per year!”

Awareness of Health Cost Assistance Programs (Question 37)

Respondents were asked to indicate their awareness of programs that help people pay for healthcare bills. Thirty-four percent of respondents (n=58) indicated they were aware of these types of programs but did not qualify to utilize them, and 27.5% (n=47) indicated that they were not aware of programs.

42.7% of respondents are not aware of health cost assistance programs





KEY INFORMANT RESULTS

Key Informant Interview Methodology

Key informant interviews were conducted in July of 2020. Participants were identified as people living in Madison Valley Medical Center’s service area.

Nine people participated in the key informant interviews. The interviews were designed to represent various consumer groups of healthcare including senior citizens, local community members, and community leaders. The interviews lasted up to 15 minutes in length and followed the same line of questioning.

Key informant interview transcripts can be found in Appendix I. The interviews were conducted and recorded by staff of the Montana Office of Rural Health.



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 health and suicide were the top concerns in nearly all interviews. Enhanced mental and behavioral health services and resources were discussed as a need in the community. Specifically, counselling and mental health crisis services. It was noted there are some counseling services available, but there is more need in the community. Participants said that they believed there are some resources within the community but thought they were not well known. One individual said, “We have gotten better in the last few years as far as availability of counselors, but I feel there is still a shortage and a stigma.” Multiple participants suggested that more outreach is needed to education the community about available services, and to normalize and destigmatize mental health issues.

HEALTHY LIFESTYLES AND PREVENTION



Nearly all participants mentioned that the community has good access to healthcare but could benefit from more preventative resources and education. One participant stated, “Some people are healthy and active, and then there are those that aren’t. High blood pressure, diabetes, normal aging, obesity, and not taking care of yourself are problems in the community.” It was suggested that the community needed more preventative health education and outreach.

It was mentioned that there are a lot of recreational activities in the community, but these aren’t useable in the winter. They discussed wanting better sidewalks and a gym with a pool and senior program. One participant said, “I would like to see more physical type of activities and programs—we do have little gyms here, but I would like to see a nice senior program with physical activities, health, wellness, and education programs.”

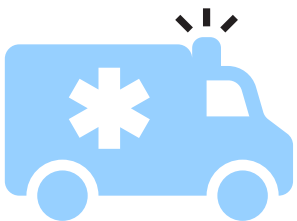
SENIOR SERVICES



Community members felt the local nursing home/assisted living centers are at capacity and often understaffed. One individual stated, “We are pretty well covered as far as clinics and the hospital, but for the elderly population there are a lot more citizens here that could use nursing home and age in place services.”

Community members were unsure if there is a local transportation services available for seniors to take them to appointments locally or to Bozeman. Another individual mentioned that seniors frequently ask for resources navigating Medicare and other programs – “They call for food assistance and a lot of them don’t have internet, so they don’t know where to look for senior services. Education for the seniors is needed.”

AMBULANCE SERVICES



Participants discussed concerns with the Emergency Medical Services (EMS) in the community. Many feel that they cannot depend on the service and believe that EMS is limited in their abilities to care for those who need it. One individual said, “I am not sure how well equipped our emergency services are. Our local ambulance sometimes has to rely on Sheridan for coverage.” Some felt the limitations of the EMS were from lack of training or lack of volunteers, while others felt there were regulatory barriers.

SERVICES NEEDED IN THE COMMUNITY



- More mental health resources (counseling, telehealth, crisis center, etc.)
- Increased education of available services
- Increased health outreach and opportunities to stay active
- Better sidewalks and walking paths in town
- More alcohol and drug abuse services (rehabilitation programs)
- Increased specialized care access (orthopedics, cancer care, post-surgical rehab, gynecology, dermatology, optometry, and cardiology)
- Improved ambulance services
- Cancer support services



EXECUTIVE SUMMARY

Executive Summary

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

Areas of Opportunity	Secondary Data	Survey	Key Informant Interviews
Access to Healthcare Services			
Barriers to access	⊗	✓	☑
Specialty services		✓	☑
Awareness of available services		✓	☑
Transportation		✓	☑
Emergency Medical Services		✓	☑
Senior services			
High rates of adults over 65	⊗	✓	☑
Home health and hospice		✓	☑
Nursing home and assisted living options		✓	☑
Wellness, food access, foot care, navigation of services		✓	☑
Wellness and Prevention			
Access to recreational opportunities		✓	☑
Youth physical activity-obesity	⊗		☑
Overweight/obesity	⊗	✓	☑
Health education		✓	☑
Access to healthy food options		✓	☑
Behavioral Health			
Mental health services/resources	⊗	✓	☑
Suicide rate	⊗		

Alcohol/drug abuse	⊗	✓	☑
Stress management		✓	
Social isolation		✓	
Health Measures			
Chronic Conditions	⊗	✓	☑
<i>Cancer</i>	⊗	✓	☑
<i>Unintentional injury death rate</i>	⊗		



NEXT STEPS & RESOURCES

Prioritization of Health Needs

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

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

- Mental & behavioral health
- Access to healthcare services

Madison Valley Medical Center will determine which needs or opportunities could be addressed considering MVMC'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.

- Ennis Senior Center
- Women's Club
- Lion's Club
- Eastern Idaho Regional Medical Center
- Ennis Schools
- Bozeman Deaconess Hospital
- Madison Valley Manor
- Town of Ennis
- Ennis Ambulance Services
- Madison Valley Rural Fire Department
- Madison County Health Department
- Southwest Montana Behavioral Health
- Madison Valley Public Library
- Ennis Chamber of Commerce

Evaluation of Previous CHNA & Implementation Plan

Madison Valley Medical Center provided the Montana Office of Rural Health with an update on their Implementation Plan activities from their previous CHNA process. The MVMC Board of Directors approved its previous implementation plan in September 2017.

The following is an overview of accomplishments and impacts/outcomes within the facility’s proposed goals. To view MVMC’s full Implementation Plan visit: <https://www.mvmedcenter.org/>

Priority 1: Recruitment and Retention of Medical Providers

Madison Valley Medical Center has created a deferred compensation plan to both attract and maintain the best medical providers. By having this in place, we can use this as a valuable tool to recruit Medical Staff in the coming years. In addition, the Madison Valley Medical Center Foundation has established the “R.D. Marks, M.D., Physician Recruitment and Retention Fund”. The purpose of the R.D. Marks, M.D., Physician Recruiting and Retention Fund is to support the ongoing costs associated with physician recruiting and retention. One of Madison Valley Medical Center’s primary strategies is to recruit and retain the most qualified Board Certified, Family Medicine Physicians possible. This fund supports a long-term, work-life balance by developing the best possible practice opportunity, adequate physician staffing, well-trained primary care physicians, community engagement, and sabbatical opportunities. Examples of ongoing expenses include, recruiting costs, retention bonuses, continuing medical education, professional associations and society memberships and paid sabbatical leave.

Priority 2: Quality and Patient Satisfaction

Madison Valley Medical Center was one of the first Critical Access Hospitals in the state to achieve stage 1 of Meaningful Use of Electronic Health Records and will continue to implement the necessary technologies to bring high quality state of the art care to our patients. In the final quarter of 2017 MVMC began implementation of a new Electronic Health Record. This technology will help establish best-practice process with improved patient safety. Currently MVMC participates in the mandatory HCAPS (Hospital Consumer Assessment of Healthcare Providers and Systems) survey for hospital in-patients. MVMC will continue to monitor these results and will make the necessary changes to ensure that MVMC surpasses both federal and state level averages in all categories. We have recently implemented a “real time” patient satisfaction app that encourages our patients to simply “score” their patient visit from one to five on a wall-mounted electronic tablet.

Priority 3: Breadth of Services

A primary focus of Madison Valley Medical Center will be to meet, where possible, the medical needs and desires of our community and patients. During the coming fiscal years MVMC will work to maintain the breadth of services currently offered both in clinical and ancillary services. The 2017 Community Health Needs Assessment indicated our community’s need for Behavioral Health Services. Beginning in 2019, we implemented Integrated Behavioral Health in our Rural Health Clinic. We have a Licensed

Clinical Social Worker that regularly sees patients in our clinic and collaborates with our medical providers. We have also implemented “telepsych” services with a Psychiatric Nurse Practitioner in our clinic and partnered with Eastern Idaho Regional Medical Center for “telecrisis response” in our Emergency Department.

Priority 4: Community Outreach and Participation

Madison Valley Medical Center is one of the largest employers and economic entities within the communities of the Madison County. As such MVMC will take an active role in community outreach and support entities and activities that are in harmony with the Mission and Vision of the organization. In FY 2020 MVMC will again conduct a Community Health Needs Assessment and will do so every three years to ensure compliance with IRS (Internal Revenue Services) regulations. In addition, MVMC will complete a written response to each assessment with implementation plans to help achieve the needs of our community. MVMC will work to ensure that the resources and employees of MVMC help contribute to worthy organizations within the communities we serve. By Fiscal Year 2020 MVMC will create a Community Giving plan which will develop guidelines for both financial commitments to local organizations as well as employee involvement guidelines to allow our employees to actively participate in these organizations.

Priority 5: Asset Management Plan

MVMC is well equipped with state-of-the-art equipment and facilities to help create an environment of comfortable high-quality health care. It is crucial that MVMC know the financial commitment necessary to maintain and replace these services in the coming years. The summary below has been submitted to the Madison Valley Medical Center Foundation for funding. In response MVMCF has created both a Capital Fund and Endowment Program. MVMC will work closely with MVMCF to ensure the funds necessary for these needs is available in the near future.

Priority 6: Operational Benchmarks & Goals

MVMC continues to benchmark its operational and financial goals with similar Critical Access Hospitals to continuously improve performance. Increased financial strength will be necessary to ensure a strong medical staff and the technology necessary to provide care to our patients.

Priority 7: Marketing & Advertising

Marketing and Advertising continues to be a focus for the medical center. Madison Valley Medical Center and the Foundation continue to work towards a combined marketing and advertising strategy to help bring our message to the community. As indicated by the community health needs assessment, “Family and Friends” are the most effective method of distribution in the health care setting. This requires MVMC to ensure that each patient has a positive medical experience and to encourage our patients to share their experiences. MVMC will continue to utilize the Madisonian as the primary media outlet in the Madison Valley. We will continue to do direct mailings to our patients to help reach the broader market. We have upgraded our website and increased our social media presence. We have developed short informational videos during the COVID-19 pandemic and are finalizing short video patient testimonials for use in focus areas of our marketing plan. Several strong niche markets exist in our communities that deserve special attention to grow market share. These markets include

young families with pediatric patients, the ranching and agricultural community, and tourists and seasonal residents.

Priority 8: Relationship Building with Outside Healthcare Providers

Madison Valley Medical Center wishes to maintain independence while building strong relationships with larger healthcare entities to provide high quality specialized healthcare for our patients. Partnerships will allow for MVMC to bring additional services, reduced costs, and improved patients processes. MVMC will work most closely with Bozeman Deaconess as our primary tertiary referral facility for many of these solutions. One area of focus has been behavioral health and suicide prevention in the Big Sky area of Madison County. We will continue these discussions with Bozeman Health to develop a strategy for the future.



APPENDICES

Appendix A- Steering Committee

STEERING COMMITTEE MEMBER	ORGANIZATION AFFILIATION
ALLEN ROHRBACK	CEO- Madison Valley Medical Center (MVMC)
ALICIA NICHOLSON	Madison Valley Medical Center
GREG LEDGERWOOD	Pastor, Assembly of God
MADDIE BARSNESS	Student, Ennis High School
SUE WELNA	Ennis Senior Center
MELISSA BRUMMELL	Public Health – Madison County
WHITNEY MARSH	Ennis School Nurse
COLLEEN HILL	Auxiliary, Volunteer



MADISON VALLEY
MEDICAL CENTER



Appendix B- Public Health & Populations Consultation

Public Health

a. Name/Organization

- Jennifer Martens – Madison County Public Health
- Greg Ledgerwood, Pastor – Ennis Assembly
- Patricia Stabler, Auxiliary – Madison Valley Medical Center
- Madelyn Barsness, Student – Ennis High School
- Allen Rohrbach, CEO – Madison Valley Medical Center

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

Steering Committee	March 9, 2020
Key Informant Interview	March 12, 2020

c. Input and Recommendations from Consultation

- We have more bars in the community than anything else. There is a rural mindset here around alcohol use.
- We could do better about getting the word out about behavioral health resources and crisis response at MCMC. We transport to Idaho Falls for in-patient mental health.
- More information about the behavioral health resources in our community would be great. I have dealt with a few people in a mental health crisis and there wasn't much for resources in the community at the time.
- There is easy access to immunizations from Public health. They even come to the schools to do immunizations.
- The unintentional death rate is high for our county. Farming and ranching are high injury occupations.
- There is a need for dentists in our community.
- Mental health is often overlooked. You don't hear about it – where would you take someone who needs mental health help. If we do have a counselor, I've never heard of it. People have to travel to Bozeman to see a counselor.
- Access in general is an issue. There is a senior bus that will take them to some appointments outside of Sheridan, but it is just for seniors.
- More healthy food options. It is so hard to get decent food options here.
- Other than braving the elements, there is not a place to work out and stay active during the cold months.

Population: Low-Income, Underinsured

- a. Name/Organization
 - Greg Ledgerwood, Pastor – Ennis Assembly
 - Allen Rohrback, CEO – Madison Valley Medical Center
- b. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
First Steering Committee Meeting: March 9, 2020
- c. Input and Recommendations from Consultation
 - Affordable housing is a problem in the community.
 - It is a little surprising that we are lower than Montana on the median income, but our county is really split between Ennis and the Ruby Valley - and they probably have a lower income level than Ennis.

Population: Seniors

- a. Name/Organization
 - Greg Ledgerwood, Pastor – Ennis Assembly
 - Patricia Stabler, Auxiliary – Madison Valley Medical Center
 - Jennifer Martens – Madison County Public Health
- b. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
First Steering Committee Meeting: March 9, 2020
Key Informant Interview: March 12, 2020
- c. Input and Recommendations from Consultation
 - There are a lot of people that are taking care of their spouses at home that don't have much for support until their spouse gets really sick. There is an opportunity for more senior support services.
 - There are a lot of people in the community who are caring for their loved ones that have dementia. They could benefit from dementia support groups.
 - I believe the majority of our people are elderly so there are quite a few health issues. We do need more resources in our community.
 - I get calls frequently from the senior center about how to navigate medicare and other programs. There used to be someone from Butte who came down and helped but they don't come anymore. They call for food assistance and a lot of them don't have internet, so they don't know where to look for senior services. Education for the seniors is needed.

Population: Youth

- a. Name/Organization
 - Madelyn Barsness, Student – Ennis High School
 - Alicia Nicholson, Madison Valley Medical Center
 - Patricia Stabler, Auxiliary – Madison Valley Medical Center

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

First Steering Committee Meeting: March 9, 2020

c. Input and Recommendations from Consultation

- Students in high school are vaping, but the teachers are starting to catch on to vaping in the bathroom.
- Vaping is growing increasingly in the high school. Vaping is of higher concern than alcohol in my opinion.
- Free and reduced lunch rates are high in Sheridan and Twin Bridges.
- 54% of teens text and drive, wow! That is not good.

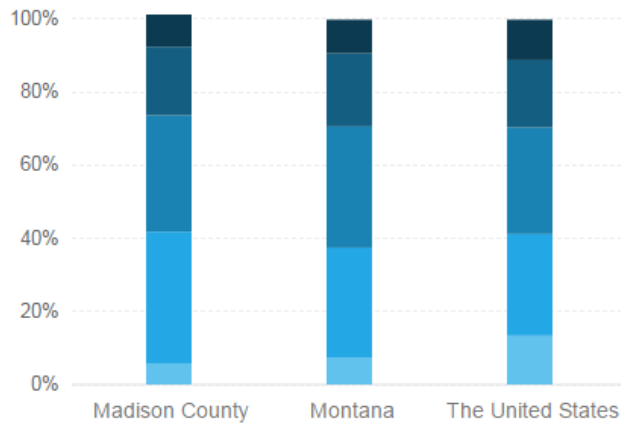
Appendix C- Madison Co. Secondary Data

Demographic Measure (%)		County			Montana			Nation		
Population ¹		7,691			1,032,949			308,745,538		
Population Density ¹		1.9			6.8			87.4		
Veteran Status ¹		11.8%			10.6%			7.7%		
Disability Status ¹		14.9%			16.6%			15.3%		
Age ¹		<5	18-64	65+	<5	18-64	65+	<5	18-64	65+
		4.0%	59.1%	24.7%	6%	54.9%	17.2%	6.2%	56%	14.9%
Gender ¹		Male		Female	Male		Female	Male		Female
		51.8%		48.2%	50.3%		49.7%	49.2%		50.8%
Race/Ethnic Distribution ¹		White			89.2%			77.1%		
		American Indian or Alaska Native			6.6%			1.2%		
		Other †			5.1%			36.7%		

¹ US Census Bureau Fact Finder (2016)

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

Highest Degree Attained



Madison County

No High School	5.82%
High School Degree	35.95%
Associate's Degree	31.79%
Bachelor's Degree	18.78%
Graduate Degree	8.81%

Montana

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

The United States

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

Socioeconomic Measures (%)	County	Montana	Nation
Median Income ¹	\$47,900	\$50,801	\$57,652
Unemployment Rate ¹	3.4%	4.8%	6.6%
Persons Below Poverty Level ¹	10.6%	14.4%	14.6%
Uninsured Adults (Age <65) ^{3,4}	12%	12%	10.7%
Uninsured Children (Age <18) ^{3,4}	8%	5%	5%
Children in Poverty ¹	13.8%	17.6%	20.3%
Enrolled in Medicaid ^{5,6}	5.5%	9.4%	1 in 7
Enrolled in Free/Reduced Lunch ⁷ <i>Pre-k through 12th grade</i>	318	62,951	-
SNAP Participants ⁷ <i>All ages, FY 2015</i>	346	118,704	-

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

Maternal Child Health	County	Montana
Births ⁸ <i>Between 2011-2013</i>	174	35,881
Born less than 37 weeks ⁸	N/A	9.1%
Teen Birth Rate (females age 15-19) ⁸ <i>Per 1,000 years 2009-2013</i>	N/A	32
Smoking during pregnancy ⁸	13.2%	16.3%
Receiving WIC ⁸	22.7%	34.6%
Children (2-5 years of age) overweight or obese ⁸	N/A	27.9%
Childhood Immunization Up-To-Date (UTD) % Coverage ⁹	85.7%	66.2%

⁸ County Health Profiles, DPPHS (2015), ⁹ MT-DPHHS Clinic Immunization Results (2017-2018)

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

Behavioral Health	County	Montana	Top U.S. Performers
Adult Smoking ³	14%	19%	14%
Excessive Drinking ³	20%	21%	13%
Adult Obesity ³	22%	25%	26%
Poor Mental Health Days (Past 30 days) ³	2.9	3.5	3.1
Physical Inactivity ³	19%	21%	20%
Drug Use Hospitalization Rate ¹⁰ <i>Per 100,000 population</i>	N/A	372.5	-

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

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

¹¹ Montana State Health Assessment (2017)

Communicable Diseases <i>(per 100,000 people)</i> ⁸	County	Montana
Chlamydia	103.7	366.2
Hepatitis C	34.6	123
Pertussis	4.3	44.6

⁸ County Health Profiles, DPPHS (2015)

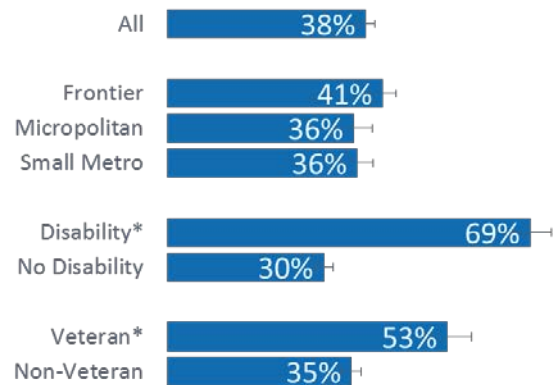
Chronic Conditions ¹⁰	County	Montana
Stroke Hospitalization Rate <i>Per 100,000 population</i>	99.4	152
Diabetes Hospitalization Rate <i>Per 100,000 population</i>	486.9	1058.9
COPD Emergency Department Visit Rate <i>Per 100,000 population</i>	N/A	669.9
Acute Myocardial Infarction (MI) <i>Hospitalization Rate Per 100,000 population</i>	117.3	118.1

¹⁰ IBIS Community Snapshot, MT- DPPHS

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

¹¹ Montana State Health Assessment (2017)

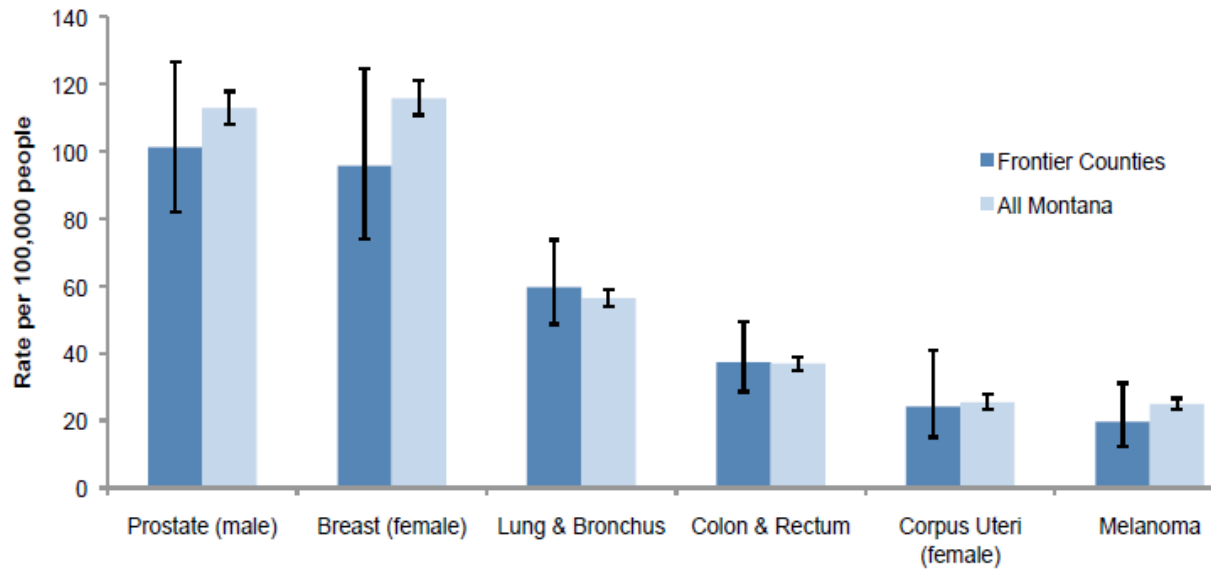
Percent of Montana Adults with Two or More Chronic Conditions



Cancer Prevalence	County	Montana	Nation
All Sites Cancer¹⁰ <i>Per 100,000 population</i>	332.4	441.6	444

¹⁰ IBIS Community Snapshot, MT- DPPHS
⁸ County Health Profiles, DPPHS (2015)

Age-Adjusted Cancer Incidence Rate by Cancer Site, Montana, 2011--2013



Mortality	County	Montana	Nation
Suicide Rate¹² <i>Per 100,000 population</i>	19.7	23.8	13.9
Veteran Suicide Rate¹² <i>Per 100,000 population</i>	-	65.7	38.4
Leading Causes of Death^{13, 14}	-	1. Heart Disease 2. Cancer 3. CLRD*	1. Heart Disease 2. Cancer 3. Unintentional injuries
Unintentional Injury Death Rate^{**15} <i>Per 100,000 population</i>	65.0	41.3	41.3
Diabetes Mellitus^{13, 16} <i>Per 100,000 population</i>	-	21.3	21.5
Alzheimer's Disease^{13, 17} <i>Per 100,000 population</i>	-	20.9	37.3
Pneumonia/Influenza Mortality^{13, 18} <i>Per 100,000 population</i>	-	13.5	14.3

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

*Chronic Lower Respiratory Disease

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

Montana Health Disparities	White, non-Hispanic	American Indian/Alaska Native	Low Income*	Disability
Poor Mental Health Days¹⁹ <i>Past 30 days</i>	9.8	15.4	27.5	22.9
Poor Physical Health Days¹⁹ <i>Past 30 days</i>	11.4	16.5	26.7	32
Mean number of Unhealthy Days¹⁹ <i>Poor physical health days and poor mental health days combined in the past 30 days</i>	5.9	8.4	12.6	12.9
No Health Care Coverage¹⁹	11.5%	16.2%	18.7%	14.4%
No Personal Health Care Provider¹⁹	25.5%	34.9%	29.4%	16.6%
No Routine Checkup in the Past Year¹⁹	34.3%	36.1%	38.6%	27.1%
No Leisure Time for Physical Activity¹⁹ <i>In the past 30 days</i>	19.3%	25.6%	33%	33.6%
Obese¹⁹ (BMI ≥ 30.0)	25.2%	31.6%	31.2%	34.4%
Tobacco Use - Current Smokers¹⁹	16.6%	38.2%	35.7%	26.2%
Does Not Always Wear a Seat Belt¹⁹	25.2%	31.2%	30.6%	27.3%

¹⁹ Behavioral Risk Factor Surveillance System (2016)

*Annual household income < \$15,000

Montana Youth (9 th -12 th grade)	White, non-Hispanic	American Indian/Alaska Native
Felt Sad or Hopeless²⁰ <i>Almost every day for two weeks or more in a row, during the past 12 months</i>	29.3%	42.6%
Attempted Suicide²⁰ <i>During the past 12 months</i>	8%	18.3%
Lifetime Cigarette Use²⁰ <i>Students that have ever tried smoking</i>	30.5%	57.8%
Lifetime Alcohol Use²⁰ <i>Students that have had at least one drink of alcohol on one or more days during their life</i>	68.7%	61.4%
Lifetime Marijuana Use²⁰ <i>Students that have used marijuana one or more times during their life</i>	32.6%	54.3%
Texting and Driving²⁰ <i>Among students who drove a car in the past 30 days</i>	55.5%	47.2%
Carried a Weapon on School Property²⁰ <i>In the last 30 days</i>	6.4%	8.4%

²⁰ Montana Youth Risk Behavior Survey (2017)

Secondary Data – Healthcare Workforce Data 2019

Health Professional Shortage Area & Medically Underserved Areas/Populations

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

Health Professional Shortage Area Designation- Madison County, Montana		
Discipline	HPSA Score	HPSA
Primary Care	15	✓ Low income population
Dental Health	16	✓ Low income population
Mental Health	18	✓ High needs population
HPSA Scores range from 0 to 26 where the higher the score, the greater the priority		

1 Health Resources and Services Administration (2019)

Provider Supply and Access to Care				
Measure	Description	Madison Co. (N = 1) *	Montana (N = 48) *	National (N = 1344) *
Primary care physicians	Ratio of population to primary care physicians	1303:1	1312:1	1030:1
Other primary care providers	Ratio of population to other primary care providers including nurse practitioners, physician assistants, and clinical nurse specialists	1131:1	1041:1	726:1
Dentists	Ratio of population to dentists	7915:1	1482:1	1280:1
Mental health providers	Ratio of population to mental health providers	1979:1	409:1	330:1

*Total number of CAHs, - No data available

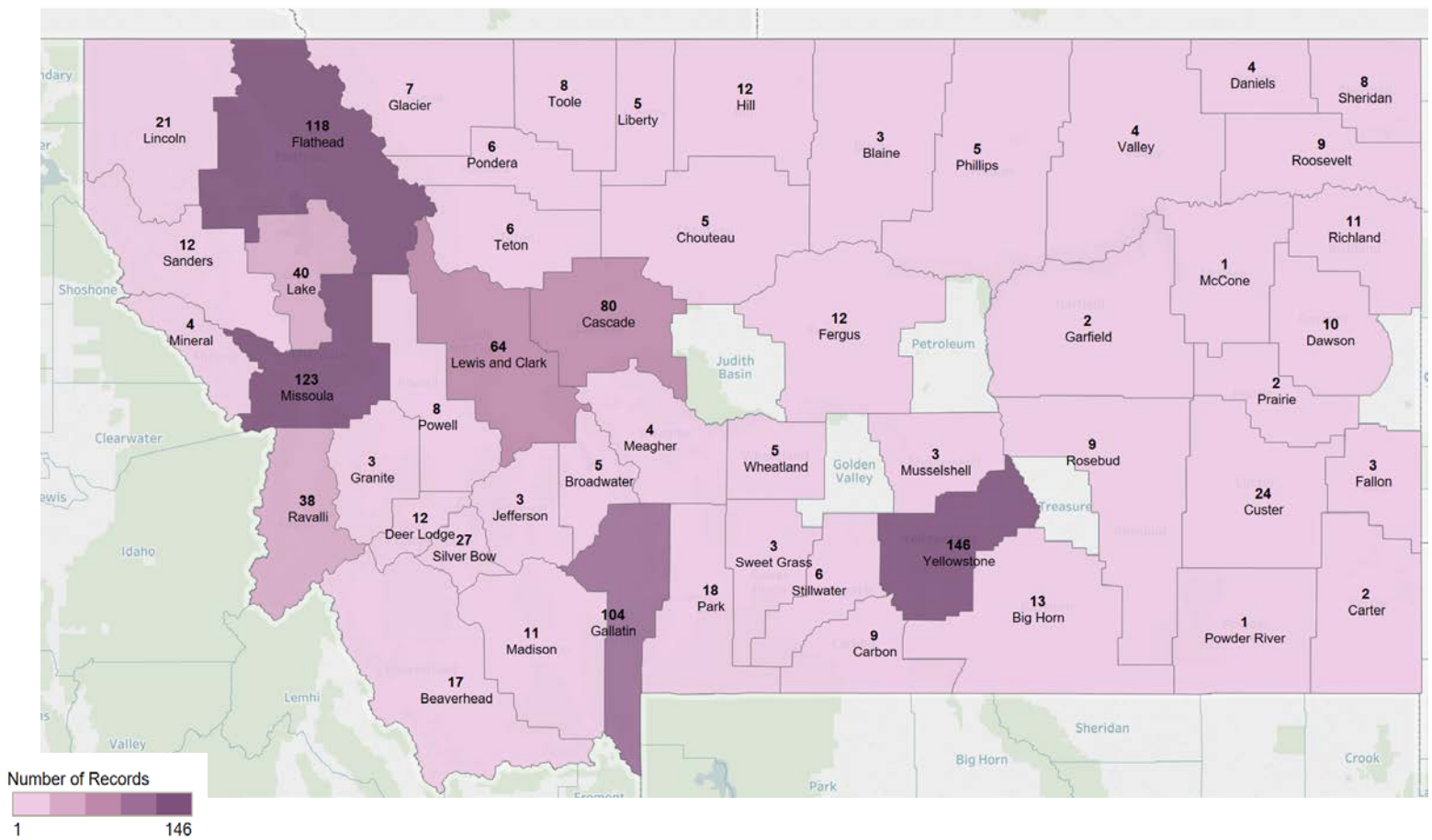
2 CAHMPAS - FLEX Monitoring (2017)

Healthcare workforce Distribution Maps

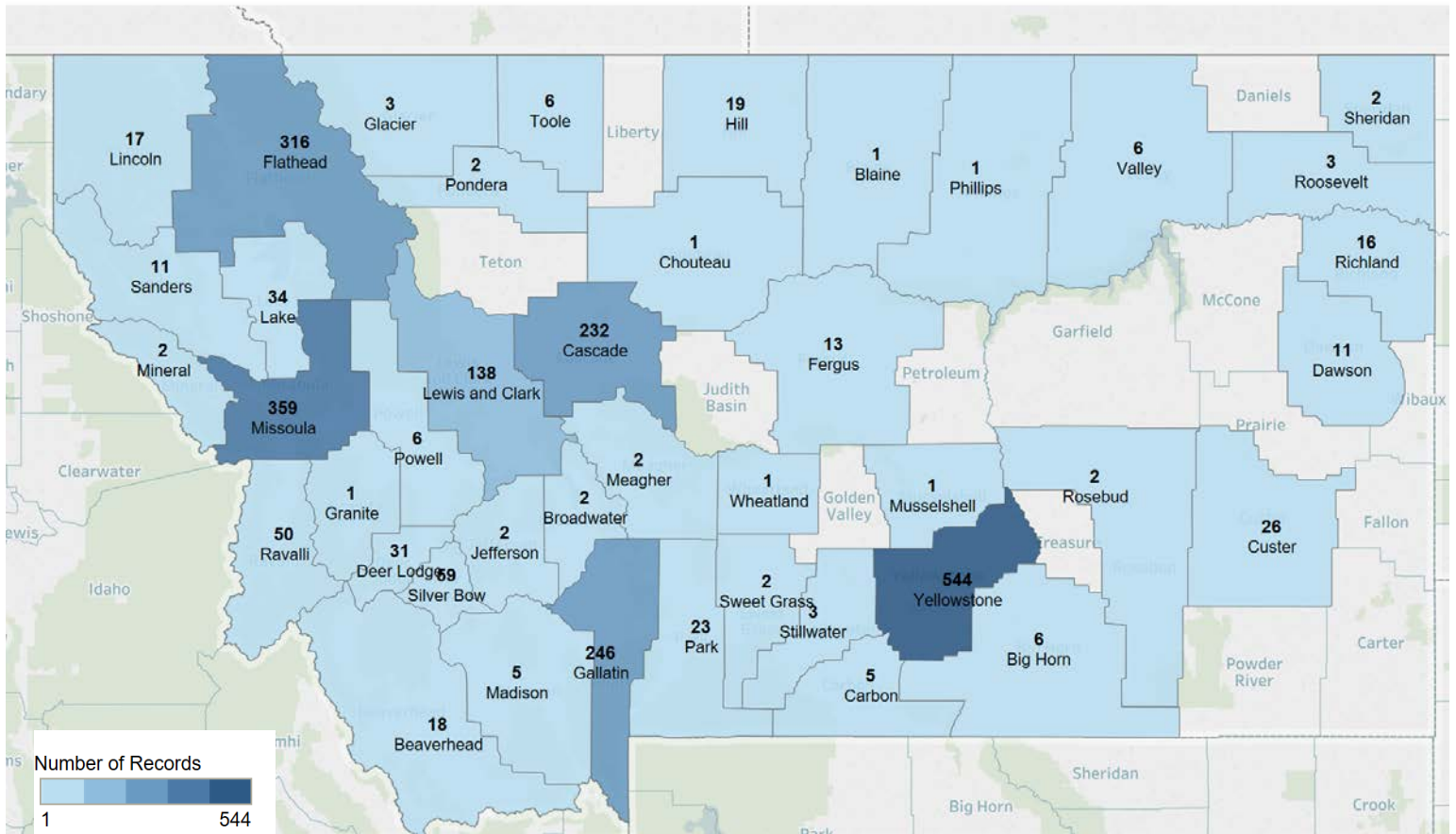
WIM Tracking is a Montana-based health workforce research company. WIM Tracking proactively monitors the movement of healthcare professionals in Wyoming, Idaho and Montana and maintains the data within a relational database.

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

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



Montana Physician Distribution - Primary Locations - All Specialties



Appendix D- Survey Cover Letter

DATE, 2020



Dear [LASTNAME] household:

Participate in our Community Health Needs Assessment survey for a chance to
Win one \$100 Visa Gift Card

Madison Valley Medical Center (MVMC) 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 MVMC 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: DATE, 2020
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 "Madison Valley Medical Center Survey." Your access code is [CODED]
4. The winner of the \$100 Visa gift card will be contacted the week of DATE.

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 Amy Royer at 406-994-5627. 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 blue ink, appearing to read "Allen Rohrback".

Allen Rohrback, CEO

Appendix E- Survey Instrument

Community Health Services Development Survey Ennis, 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 406-994-5627. Participation is voluntary, and your responses will remain confidential. You can choose not to answer any question and can stop at any time.

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

- Very healthy Healthy Somewhat healthy Unhealthy Very unhealthy

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

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

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

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

4. How do you rate your knowledge of the health services that are available through Madison Valley Medical Center?

- Excellent Good Fair Poor

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

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

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"/> Acupuncture | <input type="checkbox"/> Dentist | <input type="checkbox"/> Public health | <input type="checkbox"/> TOPS |
| <input type="checkbox"/> Chiropractor | <input type="checkbox"/> Home health | <input type="checkbox"/> Senior center | <input type="checkbox"/> Yoga |
| <input type="checkbox"/> Community Services Referral Center | <input type="checkbox"/> Massage therapy | <input type="checkbox"/> Support groups (AA, Alanon, Cancer, Mental Health, Dementia, etc.) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Counseling/mental health | <input type="checkbox"/> Meals on Wheels | | |
| | <input type="checkbox"/> Pharmacy | | |

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

- | | |
|--|--|
| <input type="checkbox"/> Additional emergency medical services | <input type="checkbox"/> More specialists |
| <input type="checkbox"/> Cultural sensitivity | <input type="checkbox"/> Outpatient services expanded hours |
| <input type="checkbox"/> Greater health education services | <input type="checkbox"/> Payment assistance programs (healthcare expenses) |
| <input type="checkbox"/> Improved quality of care | <input type="checkbox"/> Telemedicine |
| <input type="checkbox"/> Interpreter services | <input type="checkbox"/> Transportation assistance |
| <input type="checkbox"/> More information about available services | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> More primary care providers | |

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Alcohol abuse | <input type="checkbox"/> Health and wellness | <input type="checkbox"/> Parenting |
| <input type="checkbox"/> Alzheimer's | <input type="checkbox"/> Heart disease | <input type="checkbox"/> Prenatal |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Lactation/breastfeeding support | <input type="checkbox"/> Smoking/tobacco cessation |
| <input type="checkbox"/> Care-giver support group | <input type="checkbox"/> Living will | <input type="checkbox"/> Substance abuse |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Men's health | <input type="checkbox"/> Support groups |
| <input type="checkbox"/> First aid/CPR | <input type="checkbox"/> Mental health | <input type="checkbox"/> Weight loss |
| <input type="checkbox"/> Fitness | <input type="checkbox"/> Nutrition | <input type="checkbox"/> Women's health |
| <input type="checkbox"/> Grief counseling | | <input type="checkbox"/> Other: _____ |

9. What additional healthcare services would you or someone in your household use if available locally? (Select ALL that apply)

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Foot doctor | <input type="checkbox"/> Pediatrics | <input type="checkbox"/> Orthopedics |
| <input type="checkbox"/> Chemotherapy | <input type="checkbox"/> Orthodontics | <input type="checkbox"/> Urology |
| <input type="checkbox"/> Chiropractor | <input type="checkbox"/> Mental health crisis intervention | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Internal medicine | | |

10. Would you or a family member be interested in any of the following senior services if they were made available in the Ennis area? (Select ALL that apply)

- | | |
|--|--|
| <input type="checkbox"/> Assisted living facility | <input type="checkbox"/> Senior respite care |
| <input type="checkbox"/> Home health | <input type="checkbox"/> Senior retirement housing/community |
| <input type="checkbox"/> Hospice | <input type="checkbox"/> Transportation services |
| <input type="checkbox"/> In home personal assistance | <input type="checkbox"/> Other: _____ |

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

- Very important
 Important
 Not important
 Don't know

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

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

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

- Yes No (If no, skip to question 15)

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

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

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

- Yes No (If no, skip to question 18)

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

- | | | |
|-----------------------------------|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Ennis | <input type="checkbox"/> Butte | <input type="checkbox"/> Three Forks |
| <input type="checkbox"/> Big Sky | <input type="checkbox"/> Dillon | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Billings | <input type="checkbox"/> Missoula | |
| <input type="checkbox"/> Bozeman | <input type="checkbox"/> Sheridan | |

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

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

18. 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 21)

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

- | | |
|--|--|
| <input type="checkbox"/> Madison Valley Medical Center – Ennis | <input type="checkbox"/> Ruby Valley Medical Center – Sheridan |
| <input type="checkbox"/> Barret Healthcare – Dillon | <input type="checkbox"/> St. James – Butte |
| <input type="checkbox"/> Big Sky Medical Center – Big Sky | <input type="checkbox"/> St. Patrick’s – Missoula |
| <input type="checkbox"/> Billings Clinic – Billings | <input type="checkbox"/> St. Vincent – Billings |
| <input type="checkbox"/> Bozeman Health – Bozeman | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Eastern Idaho Regional Medical Center – Idaho Falls | |

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

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

21. 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 24)

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

- | | | |
|--|--|---|
| <input type="checkbox"/> Madison Valley Medical Center – Ennis | <input type="checkbox"/> Bozeman Health – Bozeman | <input type="checkbox"/> St. James – Butte |
| <input type="checkbox"/> Barret Healthcare – Dillon | <input type="checkbox"/> Eastern Idaho Regional Medical Center – Idaho Falls | <input type="checkbox"/> St. Patrick’s – Missoula |
| <input type="checkbox"/> Big Sky Medical Center – Big Sky | <input type="checkbox"/> Ruby Valley Medical Center – Sheridan | <input type="checkbox"/> St. Vincent – Billings |
| <input type="checkbox"/> Billings Clinic – Billings | | <input type="checkbox"/> Other: _____ |

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

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

24. The following services are available through Madison Valley Medical Center. Please rate the overall quality for each service by circling your answer. (Please circle N/A if you have not used the service)

	Excellent	Good	Fair	Poor	Haven't used/ Don't know
Behavioral/mental health services	4	3	2	1	N/A
Colonoscopy	4	3	2	1	N/A
Inpatient care/hospital stay	4	3	2	1	N/A
Clinic services	4	3	2	1	N/A
Emergency room	4	3	2	1	N/A
Outpatient Infusions	4	3	2	1	N/A
Laboratory	4	3	2	1	N/A
Radiology services (x-ray, ultrasound, CT scan, mammography)	4	3	2	1	N/A
Therapy (physical, occupational, speech)	4	3	2	1	N/A

25. The following services are available in the community. Please rate the overall quality for each service by circling your answer. **(Please circle N/A if you have not used the service)**

	Excellent	Good	Fair	Poor	Haven't used/ Don't know
Ambulance	4	3	2	1	N/A
Behavioral/mental health services	4	3	2	1	N/A
Chemical Dependency	4	3	2	1	N/A
Home Health	4	3	2	1	N/A
Home Oxygen	4	3	2	1	N/A
Hospice	4	3	2	1	N/A
Pharmacy	4	3	2	1	N/A
Public Health	4	3	2	1	N/A
Social Services	4	3	2	1	N/A

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

- Excellent
 Very good
 Good
 Fair
 Poor

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

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

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

- High
 Moderate
 Low
 Unsure/rather not say

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

- A great deal
 Somewhat
 A little
 Not at all

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

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

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

- Yes No

32. In the past year, did you worry that you and your family would not have enough food?

- Yes No

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

- Yes No Don't know

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

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

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

- Excellent Good Fair Poor

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

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

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

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

Demographics

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

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

- 59720 Cameron 59745 Norris 59710 Alder
 59729 Ennis 59758 West Yellowstone 59716 Big Sky
 59747 Pony 59735 Harrison Other: _____
 59755 Virginia City 59740 McAllister

39. What is your gender?

- Male Female Other

40. What age range represents you?

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

41. What is your employment status?

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

[CODED]

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

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

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

Appendix F- Cross Tabulation Analysis

Knowledge Rating of Madison Valley Medical Center Services by How Respondents Learn About Healthcare Services

	Excellent	Good	Fair	Poor	Total
Word of mouth/reputation	26.0% (33)	53.5% (68)	18.1% (23)	2.4% (3)	127
Friends/family	25.2% (27)	55.1% (59)	19.6% (21)		107
Healthcare provider	36.6% (37)	52.5% (53)	10.9% (11)		101
Newspaper	34.2% (26)	51.3% (39)	13.2% (10)	1.3% (1)	76
Mailings/newsletter	35.6% (16)	48.9% (22)	15.6% (7)		45
Social media/Facebook	27.3% (12)	59.1% (26)	11.4% (5)	2.3% (1)	44
Website/internet	45.9% (17)	48.6% (18)	2.7% (1)	2.7% (1)	37
Billboards/posters	28.6% (6)	66.7% (14)	4.8% (1)		21
Presentations	57.1% (8)	35.7% (5)	7.1% (1)		14
Public Health nurse	25.0% (2)	50.0% (4)	25.0% (2)		8
Other	30.0% (3)	50.0% (5)	20.0% (2)		10

Delay of Healthcare Services by Residence

	Yes	No	Total
Ennis 59729	26.0% (32)	74.0% (91)	123
McAllister 59740	23.3% (7)	76.7% (23)	30
Cameron 59720	50.0% (4)	50.0% (4)	8
Pony 59747		100.0% (5)	5
Virginia City 59755	40.0% (2)	60.0% (3)	5
Norris 59745		100.0% (2)	2
Alder 59710		100.0% (2)	2
Harrison 59735		100.0% (1)	1
West Yellowstone 59758			0
Other			0
TOTAL	25.6% (45)	74.4% (131)	176

Location of Primary Care Provider Most Utilized by Residence

	Ennis	Bozeman	Sheridan	Billings	Three Forks	Dillon	Other	TOTAL
Ennis 59729	67.5% (85)	19.8% (25)	2.4% (3)			0.8% (1)	9.5% (12)	126
McAllister 59740	58.1% (18)	19.4% (6)		6.5% (2)			16.1% (5)	31
Cameron 59720	71.4% (5)						28.6% (2)	7
Virginia City 59755	57.1% (4)	14.3% (1)	14.3% (1)				14.3% (1)	7
Pony 59747		60.0% (3)			40.0% (2)			5
Norris 59745	50.0% (1)						50.0% (1)	2
Harrison 59735	100% (1)							1
Alder 59710							100% (1)	1
West Yellowstone 59758								0
Other								0
TOTAL	63.3% (114)	19.4% (35)	2.2% (4)	1.1% (2)	1.1% (2)	0.6% (1)	12.2% (22)	180

*Clinic locations and variables with no responses were removed from the table.

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

	Ennis	Bozeman	Sheridan	Billings	Three Forks	Dillon	Other	Total
Closest to home	81.1% (73)	1.1% (1)	1.1% (1)	2.2% (2)	1.1% (1)		13.3% (12)	90
Prior experience with clinic/provider	59.3% (51)	24.4% (21)	2.3% (2)	1.2% (1)			12.8% (11)	86
Clinic/provider's reputation for quality	61.5% (48)	20.5% (16)	2.6% (2)	1.3% (1)			14.1% (11)	78
Appointment availability	66.1% (41)	12.9% (8)	4.8% (3)		1.6% (1)		14.5% (9)	62
Recommended by family or friends	55.6% (20)	16.7% (6)	5.6% (2)	2.8% (1)	2.8% (1)		16.7% (6)	36
Privacy/ confidentiality	50.0% (11)	36.4% (8)		4.5% (1)		4.5% (1)	4.5% (1)	22
Walk-In Clinic	73.7% (14)	10.5% (2)					15.8% (3)	19
Referred by physician or other provider	25.0% (4)	43.8% (7)					31.3% (5)	16
Length of waiting room time	38.5% (5)	30.8% (4)	7.7% (1)	7.7% (1)			15.4% (2)	13
Other business or shopping in that town		55.6% (5)			11.1% (1)		33.3% (3)	9
VA/Military requirement	28.6% (2)	57.1% (4)					14.3% (1)	7
Cost of care	25.0% (1)	25.0% (1)	25.0% (1)		25.0% (1)			4
Required by insurance plan	66.7% (2)	33.3% (1)						3
Other	45.5% (10)	36.4% (8)	4.5% (1)				13.6% (3)	22

*Clinic locations and variables with no responses were removed from the table.

Location of Most Utilized Hospital by

Residence

	MVMC - Ennis	Bozeman Health	Barret Healthcare - Dillon	Billings Clinic	RVMC - Sheridan	St. James - Butte	St. Patrick's - Missoula	St. Vincent - Billings	Other	Total
Ennis 59729	33.7% (28)	38.6% (32)	1.2% (1)		1.2% (1)		1.2% (1)	1.2% (1)	22.9% (19)	83
McAllister 59740	35.3% (6)	47.1% (8)	5.9% (1)	5.9% (1)					5.9% (1)	17
Virginia City 59755		42.9% (3)	14.3% (1)						42.9% (3)	7
Cameron 59720	40.0% (2)	20.0% (1)							40.0% (2)	5
Pony 59747	50.0% (2)	50.0% (2)								4
Norris 59745									100% (1)	1
Harrison 59735						100% (1)				1
Alder 59710		100% (1)								1
TOTAL	31.9% (38)	39.5% (47)	2.5% (3)	0.8% (1)	0.8% (1)	0.8% (1)	0.8% (1)	0.8% (1)	21.8% (26)	119

*Hospital locations and variables with no responses were removed from the table.

Location of Most Utilized Hospital by

Reasons for Hospital Selection

	MVMC - Ennis	Barret HC - Dillon	Billings Clinic	Bozeman Health	RVMC - Sheridan	St. James - Butte	St. Patrick's - Missoula	St. Vincent - Billings	Other	Total
Closest to home	60.7% (34)	3.6% (2)		16.1% (9)					19.6% (11)	56
Closest to work	40.0% (2)			20.0% (1)					40.0% (2)	5
Cost of care	66.7% (2)			33.3% (1)						3
Emergency, no choice	57.9% (11)		5.3% (1)	21.1% (4)					15.8% (3)	19
Financial assistance programs				100% (2)						2
Hospital's reputation for quality	32.4% (12)	2.7% (1)	2.7% (1)	37.8% (14)	2.7% (1)			2.7% (1)	18.9% (7)	37
Prior experience with hospital	34.0% (16)	4.3% (2)		38.3% (18)	2.1% (1)	2.1% (1)			19.1% (9)	47
Privacy/confidentiality	50.0% (1)			50.0% (1)						2
Recommended by family or friends	20.0% (2)			50.0% (5)	10.0% (1)			10.0% (1)	10.0% (1)	10
Referred by physician or other provider	13.7% (7)	2.0% (1)	2.0% (1)	62.7% (32)		2.0% (1)	2.0% (1)	2.0% (1)	13.7% (7)	51
Required by insurance plan				75.0% (3)					25.0% (1)	4
VA/Military requirement				40.0% (2)					60.0% (3)	5
Other	16.7% (3)	5.6% (1)		50.0% (9)					27.8% (5)	18

*Hospital locations and variables with no responses were removed from the table.

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?

- Really don't know
- Covid-19 (3)
- Obamacare [Affordable Care Act] survey
- Cardiac issues
- Food insecurity

*Responses when more than 3 were selected (8 participants):

- Alcohol abuse (7)
- Cancer (2)
- Depression/anxiety (4)
- Emergency medical services (3)
- Heart disease (3)
- Lack of access to healthcare
- Lack of dental care (2)
- Lack of exercise
- Mental health issues
- Overweight/obesity (2)
- Respiratory issues/ illness
- Social isolation/loneliness
- Stroke
- Substance abuse (3)
- Tobacco use (cigarettes/cigars, vaping, smokeless) (3)
- Work/economic stress

3. Select 3 items that you believe are the most important for a healthy community

- Food education
- Affordable housing and food

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

- Affordable housing
- Healthy behaviors and lifestyles
- Religious or spiritual values
- Strong family life

5. How do you learn about the health services available in our community?

- Madison Valley Hospital and Clinic in Ennis
- Volunteer as a "Purple Lady" and member of the auxiliary

- Senior center presentations
- Own/personal experience (2)
- Health insurance
- Postings in clinic
- Just living in this town
- Outreach exhibits

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

- Mindfulness training
- Ennis Continuing Educating, Fitness Classes
- None (3)
- Optometrist, Orthodontist
- Pilates (5)
- Clinic
- Gym
- Optometrist
- Counseling/mental health providers are nonexistent here
- Independent physical therapist and clinic physical therapist (2)
- Skiing
- Gym and personal studio classes
- Madison Valley Athletic Club
- Services not in Ennis, traveled to Bozeman
- Ambulance
- Orthopedic (Bozeman)
- Pediatrician

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

- Improved billing services
- Aquatic center
- I think we have good access (3)
- Be a network provider for more insurances
- More specialists - especially mental health, outpatient expanded hours i.e. Saturday clinic hours
- More mental health providers
- Ambulance service
- Universal healthcare
- No opinion
- Ennis needs a true hospital- can't even have a child here! [No obstetrics]
- Paid EMT
- We have stabilization in hospital/clinic
- Affordable insurance

- Delivery rooms and physicians for immediate care

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

- None (5)
- Pediatric health

9. What additional healthcare services would you or someone in your household use if available locally? (Select ALL that apply)

- Prenatal care, currently going to Bozeman as Ennis doesn't deliver babies
- Would use any of these if they were needed
- Dermatologist (2)
- Optometry/eye doctor (3)
- Physical Therapy
- Allergist
- Diabetes (2)
- Acupuncture
- None (2)
- Gastroenterologist (3)
- Cardiac care
- Women, Infants and Children (WIC) and planned parenthood
- Pain management
- Probably more unless on an emergency basis. We have a Bozeman condo and get our medical needs there

10. Would you or a family member be interested in any of the following senior services if they were made available in the Ennis area?

- None (5)
- Again, would use if we had that need
- Nutritional information available at senior center on daily senior meals
- N/A
- Don't need now but will want options when the time comes
- Probably more unless on an emergency basis. We have a Bozeman condo and get our medical needs there

12. Which of the following preventative services have you or someone in your household used in the past year?

- Dental cleaning
- Urology and dermatology, all of these preventative services have been done in Bozeman.
- Blood pressure check - our own.
- Eye doctor moved back to Bozeman. Need eye doctor in Ennis.
- Annual drug testing

- VA
- Skin cancer check
- Health fair
- Referral
- Shingles on my throat
- Family planning

14. If yes, what were the three most important reasons why you did not receive healthcare services?

- COVID concerns/COVID/ Afraid of COVID exposure (3)
- Mental health help nonexistent here
- Thought symptoms would go away

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

- Could not get an appointment (2)
- Don't like doctors
- Don't understand healthcare system
- It cost too much
- It was too far to go
- Not treated with respect
- Office wasn't open when I could go
- Too long to wait for an appointment
- Qualified provider not available (2)

16. Where is the primary healthcare provider that your household uses MOST located?

- Chicago
- Massachusetts
- Sheridan
- Tucson, AZ

*Responses when more than 1 was selected (20 participants):

- Ennis (17)
- Bozeman (16)
- Bozeman for dental and eye
- Billings (3)
- Butte
- Livingston
- Dillon
- Missoula
- VA (2)

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

- Bad experience with one of Ennis' PA's
- Trust

- See note above about prenatal care. Also seeing pediatrician in Bozeman as Ennis doesn't have designated pediatrician for infants
- Do not have a primary care provider
- Reputation and word of mouth from friends
- Visited with provider when first arrived in town and liked what I heard
- Prior experience with provider (MD)
- Bedside manner of provider
- We really appreciate the Saturday walk-in ability
- Like the doctor
- Get the best care in Ennis
- Personal/professional contact
- Naturopath
- Bad experience in Ennis
- Exceptional personal ability and good personal interaction with patient (2)
- Long standing relationship
- Gender (she's a woman) (2)
- Very caring physician
- Accepting new patients (2)

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

- Labor and delivery
- Rocky Mountain Surgery in Bozeman
- MD Anderson-Houston
- Madison Valley Medical Center - but depends on situation
- Tucson Medical Center - Tucson
- Harbor View Seattle
- Helena VA
- Kalispell Regional
- None
- California
- Madison Valley Medical Center-Ennis. But I no longer receive care there.
- St. Joseph – Tucson, AZ
- Mayo Clinic
- Intermountain Health Care, St. George Utah
- Missoula Community Medical
- St. Peter's Helena
- Salt Lake City - University of Utah

***Responses when more than 1 option was selected (15 participants):**

- Madison Valley Medical Center-Ennis (8)
- Bozeman Health - Bozeman (11)
- St. James Butte
- Billings Clinic-Billings (2)

- St. Vincent's Billings
- St. Patrick's Missoula (2)
- Ruby Valley – Sheridan
- Community – Missoula

20. Thinking about the hospital you were at most frequently, what were the three most important reasons for selecting that hospital?

- Prior experience with hospital, Madison Valley Medical Center used most but not for overnight stay
- Obstetrics care (3)
- Huntsman Cancer Institute- required cancer surgery.
- Specialist on call or from the hospital
- Reputation of surgeon
- Got the best care much better than larger hospital
- The only place around here! Not happy
- Like staff and physician
- Closest to winter home
- Time of year care was needed because I spend winters in Utah
- I enjoy doctors we have had for a long time

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

- Closest to home (5)
- Emergency no choice
- Hospital's reputation for quality (6)
- Prior experience with hospital (5)
- Recommended by family or friends (2)
- Referred by physician or other provider (5)
- Emergency no choice
- Privacy/confidentiality

22. Where was the healthcare specialist seen? (Select all that apply)

- VA (2)
- Pure Dermatology
- University of Utah Orthopedics
- Bridger Orthopedic Bozeman, Skin doctor
- Bridger Ear, Nose and Throat
- Bridger Orthopedic – Bozeman
- Alpine Orthopedic (3)
- Allergy and Asthma Specialist in Bozeman
- Huntsman Cancer Institute, Salt Lake City
- Anaconda Hospital
- Bozeman

- Absaroka Pain & Rehab; medical eye specialist. Bozeman Health Urology, Gastroenterology
- Chicago
- Helena - Dermatology
- Alpine orthopedics and Bridger orthopedics
- Montana Orthopedic - Billings
- St Joseph - Polson
- Allergy and asthma consultants - Bozeman
- VA Helena
- Bozeman Health & Dermatology Bozeman
- Eye surgery in Bozeman
- Ft. Harrison VA and Bozeman VA Clinic
- California
- Alpine Orthopedic, Bridger Orthopedic
- VA Bozeman and VA Helena
- Community - Missoula
- Tucson, AZ (2)
- Mayo Clinic
- Alpine Orthopedic and Big Sky Dermatology
- Intermountain, UT and Bridger Orthopedic
- Sheridan-Dentist (not affiliated with Medical Center)
- St. Peter's
- Skin care MT, Bozeman
- Montana Cancer

23. What type of healthcare specialist was seen? (Select all that apply)

- Vascular disease
- Internist
- Internist hospitalist - colonoscopy
- Nephrology – diabetes (2)
- Proctologist (colonoscopy) (2)
- Fractured pelvis
- Dentist-Sheridan
- Physical therapy
- Internal medicine
- VA hearing, VA dentist
- Heart valve interventionist
- Hernia surgeon
- Pain management

34. What types of health insurance cover the majority of your household's medical expenses?

- [Private insurance selected] "Obama Care"

- Supplemental (2)
- Private insurance covers nothing. HUGE deductible
- MT Health Co-Op
- Private plan and VA/military
- Athena Blue Cross
- Christian Healthcare Ministries
- Blue Cross

*Responses when more than 1 was selected (34 participants):

- Employer/group sponsored (5)
- Health Insurance Marketplace (4)
- Healthy MT Kids (CHIP) (2)
- Medicaid (5)
- Medicare/Medicare Advantage (28)
- Private insurance/private plan (13)
- VA/Military (9)

36. If you do NOT have health insurance, why?

- Premiums and deductible in market would be over \$22k per year!

41. What is your employment status?

- Self-employed (2)
- Lots of volunteer work also
- Self-employed artist
- Work part time-artist
- Stay at home mom
- Stay-at-home mom, single income household

*Responses when more than 1 was selected (14 participants):

- Work full-time (3)
- Work part-time (8)
- Retired (11)
- Seasonal (2)
- Student (1)
- Collect disability (2)
- Not currently seeking employment

General comments

- Wear masks in the hospital!!

Appendix H- Key Informant Interview - Questions

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

1. How do you feel about the general health of your community?
2. What do you think are the most important local healthcare issues?
3. What other healthcare services are needed in the community?
4. What would make your community a healthier place to live?

Appendix I- Key Informant Interviews

Key Informant Interview 1

March 12, 2020 - Jennifer Martens, Madison County Public Health—Via phone interview

1. How do you feel about the general health of your community?
 - I believe the majority of our people are elderly so there are quite a few health issues. We do need more resources in our community.
2. What do you think are the most important local healthcare issues?
 - Elderly issues.
 - Mental health is often overlooked. You don't hear about it – where would you take someone who needs mental health help. If we do have a counselor, I've never heard of it. People have to travel to Bozeman to see a counselor.
 - Access in general is an issue. There is a senior bus that will take them to some appointments outside of Sheridan, but it is just for seniors.
3. What other healthcare services are needed in the community?
 - Counseling would be amazing.

- Education – The hospital in Sheridan will provide educational opportunities. We just did a high blood pressure clinic and there was a good turn out to the class. From people in the 30s to the elderly. Different types of education would be nice.
 - I get calls frequently from the senior center about how to navigate Medicare and other programs. There used to be someone from Butte who came down and helped but they don't come anymore. They call for food assistance and a lot of them don't have internet, so they don't know where to look for senior services. Education for the seniors is needed.
4. What would make your community a healthier place to live?
- Education.
 - More healthy food options. It is so hard to get decent food options here.
 - Other than braving the elements, there is not a place to work out and stay active during the cold months.
 - The pool in Sheridan is great but its only available in the summer.

Key Informant Interview #2

July 16, 2020- Anonymous –Via phone interview

1. How do you feel about the general health of your community?
- I think it is pretty good here. Even in South West Montana we do ok. We are an active group, outdoorsy, and take care of our older population pretty well. We do well here.
2. What do you think are the most important local healthcare issues?
- With the elderly the one thing I have noticed most recently, is it is harder to get a room for them in the local nursing home/assisted living centers. They are pretty full. A couple of relatives or friends on mine have had trouble finding beds for their family - so they have had to go to Bozeman or do hospice. It isn't the most desirable outcome for them.
 - There is a lot of drinking in this town. Drinking across all age groups.
3. What other healthcare services are needed in the community?
- We are pretty well covered as far as clinics and the hospital, but for the elderly population there are a lot more citizens here that could use nursing home and age in place services. There is a larger elderly population in the community.

- Mental health care. We have gotten better in the last few years as far as availability of counselors, but I feel there is still a shortage and there is still a stigma. I think that for those with substance use issues it would help to normalize mental health care services in our small community.
4. What would make your community a healthier place to live?
- Working to normalize mental health care and addressing mental health needs – maybe more outreach and education. People around here are a little older and conservative so there is a mindset here to just pull up your bootstraps, and this mentality has definitely been passed down to the younger generation. This is a huge barrier to overcome. Really the key is starting at a young age.
 - For the record I am really stoked that we have the medical center so close by – I remember a time when we didn't have a facility here and it has been so useful to my family.

Key Informant Interview #3

July 16, 2020- Anonymous–Via phone interview

1. How do you feel about the general health of your community?
- I think that as a whole it is pretty good.
 - We have a lot of elderly people. In some ways we have good resources for the elderly – we have a bus system that can take people to Bozeman– this was a need in the past to take people to appointments out of town, but at one time there was a need to take people locally to our hospital and clinic. This need may have already been met, but I know it was an issue a year ago. We do have a senior companion program but not everyone is connected to it, and I don't know if this program is still going or not.
2. What do you think are the most important local healthcare issues?
- We do have an alcohol problem in our community, but this is really a typical Montana problem. Of course, alcoholism is a big problem in our community.
 - I do wish we had space for people to congregate – after covid-19 of course. It would be nice if there was something for youth too.
 - Mental health I would say this is our big concern – I know the hospital has started addressing this, but I don't know how well this has been communicated to the public.

- Our hospital does a great job of covering healthcare, and they do a really good job at referring people to specialists. They do a really good job at addressing the health needs of our community.
 - One concern is with our nursing home - they have a problem with keeping staff at the nursing home. It is a really hard job that takes special people.
 - I am not sure how well equipped our emergency services are. Our local ambulance sometimes has to rely on Sheridan for coverage – I think it has to do with the amount of EMTs or the training they have – I’m not really sure.
3. What other healthcare services are needed in the community?
- I would like to see more mental health services, and more support programs as well.
 - More cancer related services. Support programs and such.
4. What would make your community a healthier place to live?
- I would like to see more physical type of activities and programs– we do have little gyms here, but I would like to see a nice senior program with physical activities, health, wellness, and education programs.

Key Informant Interview #4

July 16, 2020- Anonymous –Via phone interview

1. How do you feel about the general health of your community?
- I feel it is a fairly healthy community. Basically, it is a positive community. This is an active community. We have a lot of outdoor recreation here. Our medical facilities are more than sufficient; they are very, very good. It has met the needs of my family.
2. What do you think are the most important local healthcare issues?
- Right now, COVID-19 is a big concern. People complain about being tired from diseases and pre-existing conditions, but I’m concerned that general health care is overlooking things other than COVID-19. Under normal circumstances, we have no community wide issues with anything in particular.
3. What other healthcare services are needed in the community?
- Mental health issues. Mental health services seem to be one that I’ve heard from friends about teenagers and the elderly. It is something that could be improved on.

- Having specialties come to the community frequently would be helpful. Especially a gynecologist and a cardiologist. Right now, you have to go to Bozeman, and the doctor is only there once a month.
4. What would make your community a healthier place to live?
- I can't think of anything. I think it's a pretty great community.

Key Informant Interview #5

July 17th, 2020- Anonymous–Via phone interview

1. How do you feel about the general health of your community?
- Outside of covid-19, I would say this community is very healthy. Right now, with everyone wearing masks you might think that everyone is unhealthy.
 - We have clean air, good water, lots of outdoor activities and people have a general wellbeing.
2. What do you think are the most important local healthcare issues?
- From what I have heard is the ambulance service is an issue. My understanding is that their ability to provide any meaningful care, because of the rules and regulations, is very minimal. That may not be true I am just repeating what I've heard. If you are hurt don't call the ambulance – just get in the car and drive to Bozeman. The ambulance here just gets parked at the football field. The impression is that they really can't do much because there are severely handcuffed on what assistance they can provide (at no fault of the EMTs), it's the regulations.
 - Otherwise there are not a lot of health issues.
3. What other healthcare services are needed in the community?
- We could probably have more rehabilitation services for people after surgery. I don't know if there are like aquatics/rehab.
 - We could do a little better eye care with the elderly folks – if we have eye care access it is not readily available.
 - We may just need better advertising of what is already available.
4. What would make your community a healthier place to live?
- Across the board starting in school with refocusing on physical education.
 - The senior center could use more staff, resources and community outreach to help the elderly stay active.
 - More sidewalks and we also need more walking and bike designated areas.
 - Wider reach with meals on wheels services for seniors.

Key Informant Interview #6

July 20, 2020- Anonymous–Via phone interview

1. How do you feel about the general health of your community?
 - The general health is pretty positive. I think there are some issues, but I think in general it is a pretty healthy community.

2. What do you think are the most important local healthcare issues?
 - I think there are a lot of respiratory issues and also behavioral health issues. COPD is an issue I see here, and quite a few people require oxygen. The general breathing difficulties are particularly in the elderly.
 - With behavioral health, I just think it's a general problem in Montana. Veterans in particular need help with this in our community. The medical center could improve on it. They are making initial steps, but in general the community needs better services.

3. What other healthcare services are needed in the community?
 - I think it would be great if there was a dermatologist and a podiatrist available. It would be good to have service for when you are not real sick, but it would be convenient to have it in the community and not have to drive. Even preliminary orthopedic appointments, it would be helpful if there was somebody here periodically to be evaluated. I know they won't ever perform procedures, but it would be nice to be seen here.

4. What would make your community a healthier place to live?
 - I think one thing would be a better ambulance service. The volunteer ambulance service does not have a timely response. That's a huge area of concern.
 - Educational sessions done at different community groups like the senior center, women's club, or lion's club could provide more information on health issues and ways on dealing with them. I think in general we are really fortunate to have a medical center here, and they do a good job. They have a good team.

Key Informant Interview #7

July 20, 2020- Anonymous–Via phone interview

1. How do you feel about the general health of your community?
 - I would say probably medium. Some people are healthy and active, and then there are those that aren't. High blood pressure, diabetes, normal aging, obesity, and not taking care of yourself are problems in the community. We have an

awesome facility, but I think we need to tighten up on loose lips in hospital. The health system needs to grow as we grow in the community. I see struggles from needing to grow, and it is very important part of infrastructure. We receive great care for where we are and have a knowledgeable staff.

2. What do you think are the most important local healthcare issues?
 - I wish there was more mental health awareness. People need to know what the facility does with for mental health. Especially now. More advertising for what is available here would be helpful. It would be good to get somebody outside of community to come in or a low-key person within the community to help people feel comfortable discussing sensitive information. The stigma with mental health and lack of funding keep people from getting the care they need. Women's health, children's mental health, and abusive relationships are huge issues here, and I think it is more of a problem than we realize.
3. What other healthcare services are needed in the community?
 - More education, aging services, high-risk services, health fairs, and more advertising are needed. HPV services and advertising, immunization clinics, well-child visits, senior living and home health, and more advertising in general would be good. We are very lucky to have the people we have for care.
 - A reliable ambulance service and continuity of care are also needed here.
4. What would make your community a healthier place to live?
 - All of the above, walking paths, biking paths, promoting exercise, and preventative care would improve community health. They are doing a great job, but we also need a pharmacy.

Key Informant Interview #8

July 21, 2020- Anonymous–Via phone interview

1. How do you feel about the general health of your community?
 - I'm satisfied with it. I've been here for 30 years and watched it grow. I get really good care over there. No complaints. You see people out walking, and the gyms are busy. About 65% of people are out doing something every day. I would think a good portion are active.

2. What do you think are the most important local healthcare issues?
 - We don't have at home care. I've had a couple of friends that needed someone to come into their home to take care of their relative, and we don't meet that need here.
3. What other healthcare services are needed in the community?
 - At home care. Other than that, they do everything I need. They can't do a cat scan, but they can life flight. I've never been unable to get what I need. They do mammograms and bone scans. They offer a lot for a small rural hospital. They have the heart doctor every once in a while.
4. What would make your community a healthier place to live?
 - We have gyms and lots of open space. It would be nice to have a competitive grocery store with more availability and choices for healthy food. There are not any environmental concerns that I'm aware of.

Key Informant Interview #9

July 27th, 2020- Anonymous–Via phone interview

1. How do you feel about the general health of your community?
 - Its average. We are an older community. We also have a lack of people going to see a doctor yearly. The prevention piece is missing. I told a friend to go to a blood screening and he said he hadn't been to a doctor in over 40 years, turns out he had life-threatening diabetes and blood clots that could have been caught with a screening.
2. What do you think are the most important local healthcare issues?
 - I think that preventative care is an issue. The health center reaches out at lot, but it's a stubborn Montana thing. This has been an ongoing issue. The hospital is very well thought of in this community.
 - Ennis has an older population so a lot of the illnesses that go along with aging.
 - There are a lot of preventative services and preventative screenings here. We have excellent service availability.
 - The personalized level of care here is excellent.
3. What other healthcare services are needed in the community?
 - A number of my friends are having to undergo cancer treatment and some of them have to go daily. I know that they can't offer that services here, at least I

didn't think they can, but it would help to at least have a transportation service to bring people up to the cancer center in Bozeman.

- Physical therapy here is great. You get in fast to see your primary care provider, and the lab here is great.
4. What would make your community a healthier place to live?
- It would involve people thinking preventatively about their health and not a reaction to being sick.
 - Our mental health services are pretty thin, but they are now using telehealth services to help with the shortage. As long as, they keep this service going.

Appendix J- Request for Comments

Written comments on this 2020 Community Health Needs Assessment Report can be submitted to Madison Valley Medical Center at:

Madison Valley Medical Center
Administration
305 N Main Street
Ennis, MT 59729

Please contact MVMC's Administration Office:
406-682-6610 or info@mvmc.org
with questions.



Ed Coyle Photography