2016 Community Health Needs Assessment

June 2016

Beartooth Billings Clinic

2525 North Broadway
Red Lodge, MT 59068
(406) 446-2345

Beartooth Billings Clinic
Community Health Needs Assessment

June 2016

Table of Contents

I. Introduction

Beartooth Billings Clinic (Beartooth) is a 10-bed nonprofit Critical Access Hospital (CAH) based in Red Lodge, Montana with clinic and hospital services in the same facility. Beartooth, the only hospital in Carbon County, has a service area of approximately 2,000 square miles and provides medical services to the county population of approximately 10,000 people. Carbon County, 60 miles from Yellowstone National Park, is situated along the Montana – Wyoming border in south central Montana. The Custer National Forest and Absaroka Beartooth Wilderness Area lie just 10 miles south of Red Lodge. The majority of the county's populated communities lie along US 212 or US 310.

The primary service area, based on the top 10 zip codes of patients with encounters and/or admits during a calendar year, includes the communities of Red Lodge, Roberts, Bridger, Joliet, Belfry, Bearcreek, Roscoe and Boyd, Montana; as well as a scattering of patients from Laurel and Billings Montana as well as Cody, Wyoming.

Carbon County (Image: commons.wikimedia.org)
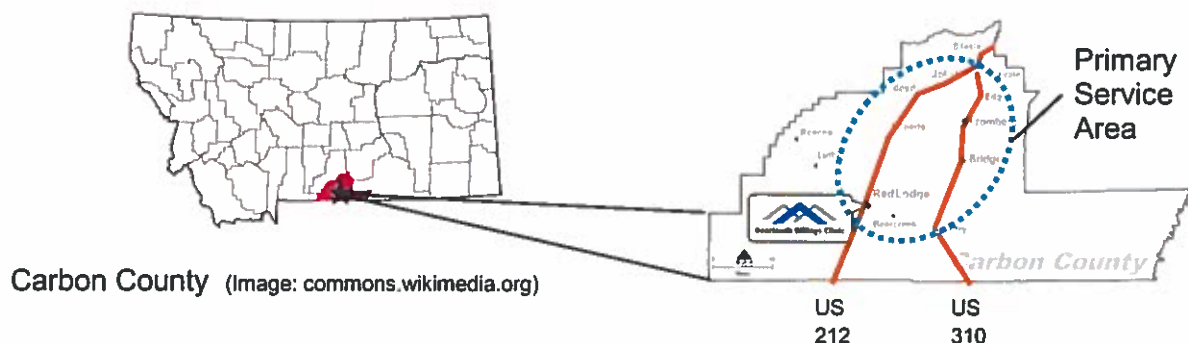
Carbon County Population 2010 Census / 2014 Estimate
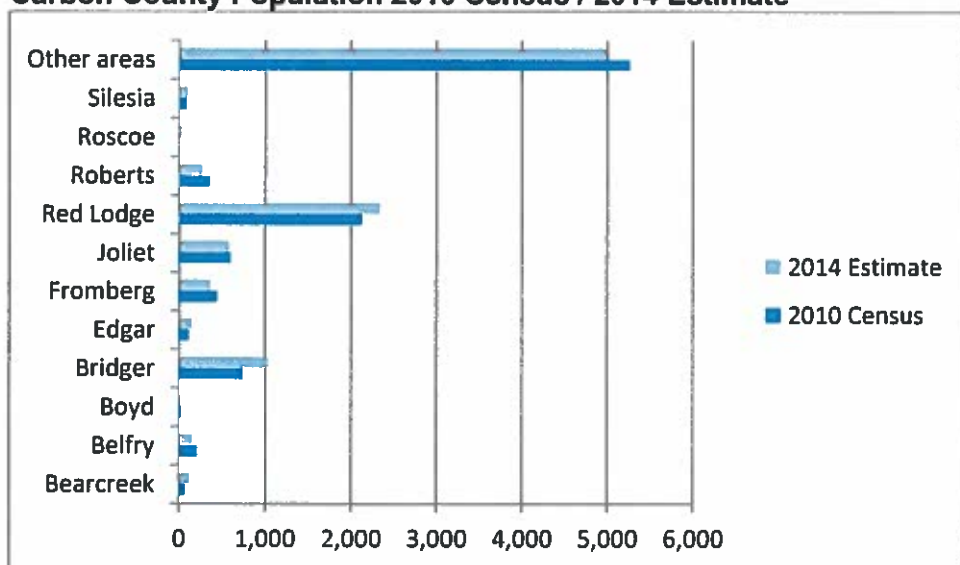
Carbon County Total Population

2010 Census: 10,078
2014 Estimate: 10,189

US Census Bureau: American Fact Finder (Retrieved 6/6/2016)

Beartooth is a MT DPHHS designated Trauma Receiving facility and recognized Pediatric Prepared facility. In addition to their clinic appointments, our family medicine practitioners also staff the Emergency Department. We host monthly visiting outreach physicians from Billings who specialize in gastroenterology, dermatology, podiatry, orthopedics, cardiology, urology and general surgery.

Mission: We save lives and promote healthy living.

Vision: Beartooth Billings Clinic will be a national leader for integrated rural health care excellence.

Brand Values: Accountability, Innovation, Love, Passion for Excellence, Compassion.

Core Essence: Everything in our power.

II. Health Assessment Process

Members of our varied community health partner organizations, public agencies, mental health providers, school officials, child care providers and public health officials were invited to participate in our process via a Community Panel. A full list of those stakeholders who participated can be found in Appendix A.

The Red Lodge Area Community Foundation hosted an AmeriCorps VISTA volunteer during the timeframe of this CHNA process who is also focusing on a healthy communities project. Because both RLACF and Beartooth wished to host community meetings to listen to and gather community concerns relative to health, joint Community Dialogue meetings were held in the communities of Bridger, Joliet and Red Lodge, Montana.

Concurrently, secondary data was gathered reflecting demographics, mortality, chronic disease, infectious disease, and other demographic measures available. This information was presented to the Community Panel, and can be found in Appendix E. It should be noted that finding recent, specific data relative to consistent measures of health was difficult for this small, rural population. Much of the information was published or retrieved in the last two years (2014-2015), however some statistical data available dates back to 2010, as noted. on the report.

Once input had been gathered from the Community Panel and the three Community Dialogue meetings, an internal Implementation Planning Committee was formed. The Implementation Planning Committee, comprised of leadership and the public health nurse, reviewed the comments collected as well as the previous Implementation Plan from the 2013 CHSD cycle.

In 2013, a Community Health Services Development Survey was conducted in conjunction with the Montana Office of Rural Health and the National Rural Health Resource Center. It was determined by administration at the outset of the 2016 CHNA process that many of the findings from the 2013 Community Survey still were valid and an additional community survey at this point was not necessary. It is recommended that the next CHNA cycle include a community health survey.

III. Community Panel Process

Representatives of our community health partners, governmental agencies, private providers, etc. were invited to attend a Community Panel meeting to voice their five biggest overall health concerns relative to their field of expertise. Thirty representatives of school, church, mental health, elder care, child care, public health, DSVS, public assistance, board of county commissioner, EMS and a variety of others participated. A full list of those invited and participating is included in Appendix A. Invitees who could not attend the meeting were contacted following the meeting to try to obtain input from those who were unable to attend. The meeting itself focused on identifying the issues, rather than problem solving or further discussion on the issues noted. The list of issues presented by the partners at this meeting is included in Appendix B.
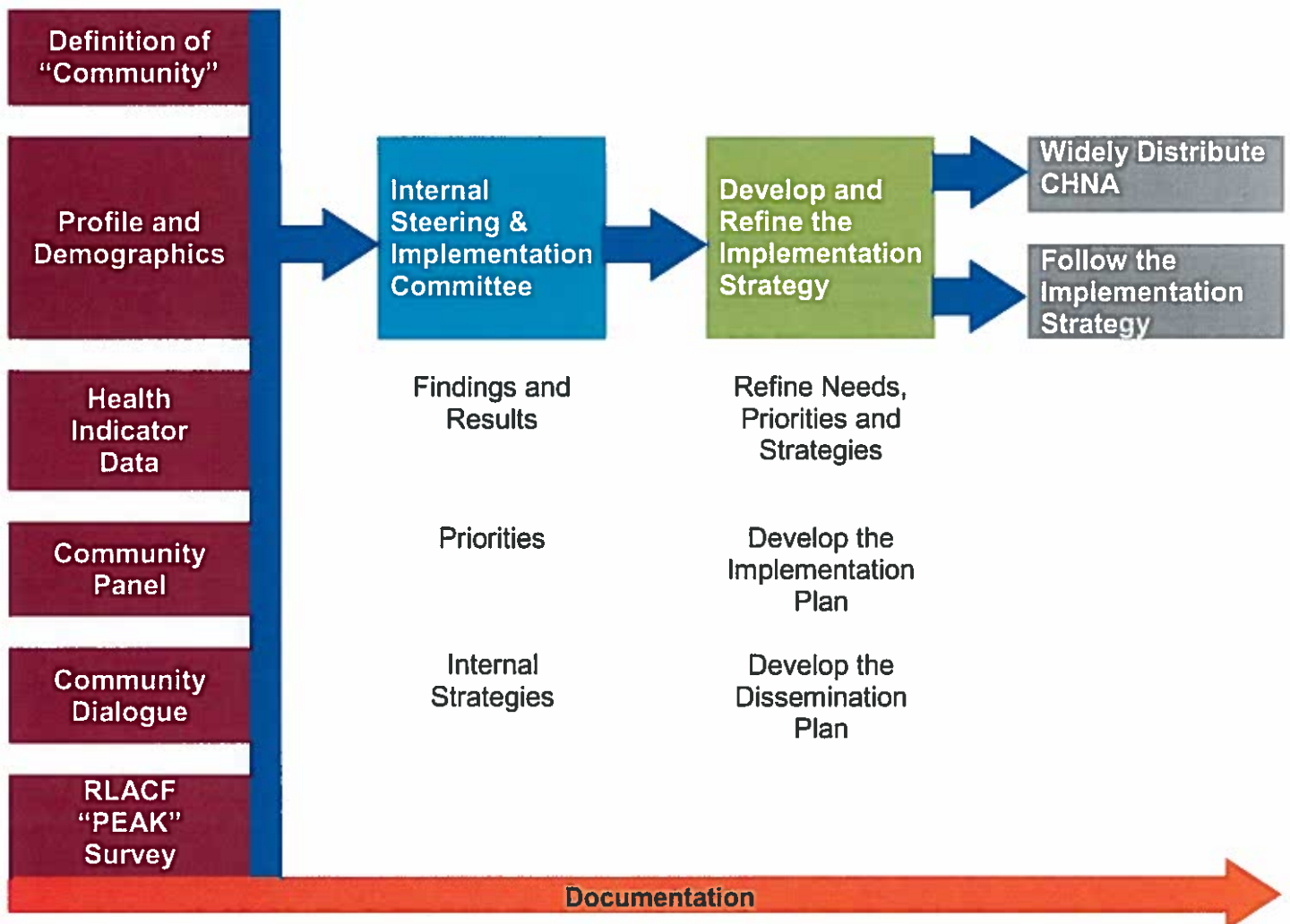
IV. Community Panel Findings

The most common overall health issues brought forth by participants in the Community Panel included:
- A general lack of knowledge among the panel participants of what services each offers and how their respective agencies/entities can assist community members
- Substance Abuse: prevalence, affordability of treatment, lack of awareness of resources
- Child Care / Early Childhood Education: affordability, availability of options,
- Mental Health: Lack of resources, lack of awareness of resources, negative stigma of
- Transportation: to medical, dental and optical appointments in Billings

A complete list of issues raised at the Community Panel Meeting and the Community Dialogue meetings is included in Appendix B

Definition of "Community"			Widely Distribute CHNA
Profile and Demographics	Internal Steering & Implementation Committee	Develop and Refine the Implementation Strategy	Follow the Implementation Strategy
Health Indicator Data	Findings and Results	Refine Needs, Priorities and Strategies	
Community Panel	Priorities	Develop the Implementation Plan	
Community Dialogue	Internal Strategies	Develop the Dissemination Plan	
RLACF "PEAK" Survey			

Documentation

(Model Graphic: New Section 501(r) Reporting Requirements for Nonprofit Hospitals, CliftonLarsonAllen.com)

V. Community Dialogue Process

During Beartooth's 2016 CHNA, the Red Lodge Area Community Foundation (RLACF) was simultaneously implementing a community health initiative called PEAK, Providing Easily Accessible Care. The goal, according to RLACF, is *"connecting our community to rural health resources through engagements, assessments, research and development. Through this process we hope to increase health communication and access throughout Carbon County."*

Three Community Dialogue meetings were conducted in the communities of Bridger, Joliet and Red Lodge by RLACF through an AmeriCorps VISTA Volunteer. A total of 30 community members attended the three Community Dialogue meetings. Because these meeting dates

coincided with our own Community Health Needs Assessment process, findings from these three meetings are also included in this assessment.

RLACF conducted a survey to gain more qualitative data on the overall health of Carbon County. The survey was distributed at the Community Dialogue meetings, and presented to several Focus Groups. It was not broadly dispersed throughout the county. After evaluating the quantitative information available from various agencies, RLACF reported *"a gap in information was noted – in particular in regards to mental health and accessibility."* A copy of the PEAK Community Health Survey is included in Appendix D. A preliminary copy of the PEAK Community Health Status Assessment is included in Appendix G.

VI. Community Dialogue Findings

A total of thirty six community members attended the three Community Dialogue meetings held during April. Participants discussed how they define a healthy community in all aspects, not simply physical health or absence of disease or infirmity. Social, emotional, financial, behavioral and occupational health were some of the areas the dialogue touched on. The findings from the three Community Dialogue meetings and the Community Panel meeting can be found in Appendix B.

VII. Conclusion

Over time, these efforts are expected to positively impact the overall health status, lifestyle, risk behavior and mental health of the residents of the Beartooth Billings Clinic service area. Although Beartooth Billings Clinic cannot possibly meet all of the issues identified in the Community Health Needs Assessment process, strides can be taken each cycle to target the unmet needs that support our Mission, Vision, Core Essence and Brand Values. This is a living document, which will be modified and changed according to the needs of the population and the strategic direction of Beartooth Billings Clinic.

Appendix A
Community Panel Members

Beartooth Billings Clinic
2016 Community Health Needs Assessment

Panel Participants

Name	Organization
Heidi Mann	DPHHS Public Assistance
Summer Peterson	Mental Health Center
Margaret Schwend, Lindy Allen, Angela Metzenberg	Cedar Wood Healthcare Community
Nancy Taylor	RiverStone Health
Megan Tenney, Lindsey Olson	Carbon Co Beta Jail Alternatives
Kim Wilker	Messiah Lutheran Church
John Fitzgerald	Red Lodge Schools
Jean Atherly	Tobacco Prevention
Margie Adams	RL Area Food Partnership
John Prinkki	Carbon Co Commissioner
Janice King	Head Start Inc
Mary Fitzgerald	Mary Fitzgerald Insurance
Kelly Heaton, Ashley Novakovich, Kate McQuillan	DSVS
Sarah Ewald, Ruth Bilyeu	Red Lodge EMS
Tracy Timmons	RL Area Community Foundation
Sherry Weamer	RL Area Chamber of Commerce
Roberta Cady, RN	Carbon Co Public Health
Lori Kane (via phone)	Carbon Co School Superintendent's Office
Shannon Posey	Beartooth BC Navigator
Susan Wolfe	Joliet Community Center
Ann Winning	Beartooth Children's Center
Mitzi Vorachek	Beartooth Billings Clinic
Kelley Evans	Beartooth Billings Clinic
Bill Phillips (meeting 4/11/16)	Bridger School Superintendent
Julie McMillin (via email)	Carbon County Counseling, LLC
Mandi Hernandez (via email)	Joliet School Counselor

Organizations Invited to participate in the Community Panel, but unable to attend:

Red Lodge Mountain Human Resources	Red Lodge Senior Center
Beartooth Market Manager	The Willows Assisted Living
Beartooth Industries	Clark's Fork Valley Agricultural Representative
Boys & Girls Club of Carbon County	County DUI Task Force
Bare Tooth Cupboards Food Bank	City of Red Lodge Chief of Police
School Guidance Counselors	Red Lodge, Roberts, Bridger, Joliet, Fromberg, Belfry

Appendix B
Community Panel Identified Needs

Beartooth Billings Clinic
2016 Community Health Needs Assessment

Areas of community health need as indicated by Community Panel participants.

1. Education / awareness of the services available from various agencies / entities

2. Substance abuse prevalence; affordable treatment options

3. Child care / early childhood education options and affordability

4. Mental Health prevalence, services available, affordability of care

5. Transportation to appointments in Billings; public services, medical appointments

6. Affordability of care – health, mental health, substance abuse / Finances

7. Parenting skills education

8. Access to care

9. Safety

10. Health Insurance affordability, understanding of coverage, knowledge of options

11. Suicide Prevention

12. Affordable Housing

13. Relationship skills education

14. Nutrition education / Food Insecurity

15. Preventative screenings & immunizations

16. Healthy lifestyle skills

17. Economic development

18. Domestic and sexual violence prevalence, education, prevention

19. Sustainable employment opportunities

20. Isolation

Community Dialogue Meetings
Hosted by Red Lodge Area Community Foundation AmeriCorps VISTA Garrison Daly

Bridger Community Dialogue Notes: (April 11, 2016, 5pm Bridger HS Gym, 1 Attendee)
- Estimated that 65% of kids are eligible for Free and Reduced Lunch
- Notes issue with child homelessness/transients
- Issue identified: family stability/instability
  - o Child mental health issues
    - o Anxiety/depression/PTSD (abuse); Incidence of emotional disturbance; Low socioeconomic status of families; No knowledge of system or programs for kids with mental/learning disabilities – fear of seeking treatment (loss of custody)
  - o Nutrition/lack of food knowledge and education
  - o Unemployment (cycle of poverty)
  - o Estimated that 50% of kids have an unstable home life
    - ▪ 14/190 are enrolled in CSCT mental health program (max w/ 4 on waiting list)

Joliet Community Dialogue Notes: (April 12, 2016, 1pm, Joliet Community Center, 25 Attendees)
- VA gaps in service – long wait to receive services; Healthnet – no health education to program
- Transportation – need to go to Billings to receive care (most people)
  - o Wait for ambulance - can take 1.5 hours to arrive (not quick enough)
    - ▪ Accessibility
  - o Eye care – need transportation to and from
- Senior social health
- No meals for seniors (only once a week at community center)

Red Lodge Community Health Dialogue Notes: (April 15, 10am, RL Community Foundation, 10 Attendees)
- Transportation: No van from senior center; Access to support services
- Improved health education
- Obesity problem/access to outdoor activities
- Relationships and acceptance of diversity
- Important how engage in community – child disabilities
  - o Emphasizing philanthropy and gratitude in early education – foundation
- Increased awareness of BBC services
    - ▪ Health fair successful but would like more dental, dermatology, vision specialist
- Cost of healthcare
- Increased health education
  - o Newsletter monthly discussing issues in community
  - o Understanding healthcare system--Intimidating
  - o Nutrition – low income
  - o Physical exercise facility is costly
- Social health – affordability and transportation to outdoor activities
  - o Community doesn't get outside
    - ▪ Kids outdoor education – ecology, understanding environmental health
- Mental health – telepsychiatry and cost/payment/billing
  - o isolation
  - o Livingston has 2 part time psychiatrists; Suicide rate lower when treated by regular provider

Beartooth Billings Clinic
Community Health Needs Assessment
Carbon County Profile
June 2016

Demographic Measure	Carbon County			Montana			Nation		
Population 2010 Census[1]	10,078			989,415			308,745,538		
Population 2014 Estimate[1]	10,399			1,032,949			318,857,056		
Population Density[3]	4.9			6.8			88.4		
Age 2014[1]	<5	18-64	65+	<5	18-64	65+	<5	18-64	65+
	4%	59%	22%	6%	61%	17%	6%	62%	15%
Gender 2014[1]	Male		Female	Male		Female	Male		Female
	50%		50%	50%		50%	49%		51%
Ethnic Distribution 2014[1]									
White	96.7%			89.4%			77.4%		
American Indian or Alaska Native	1.2%			6.6%			1.2%		
Other	2.1%			4.0%			21.4%		
Living with a Disability	10.7%[2]			9.0%[2]			26.6%[4]		
Veterans 2014[1]	1,146 (11%)			91,956 (9%)			7.9%		

[1] US Census, US Census Quick Facts.com, Retrieved 3/1/2016

[2] Community Health Profile 2015, Carbon County, DPHHS

[3] US Census, 2010

[4] Health, United States , 2014, CDC (2015)

Population Location[1]	2010 Census	2014 Estimate	Change
Bearcreek	79	129	+50 (+63%)
Belfry	218	161	- 57 (-35%)
Boyd	35	35	0
Bridger	738	1,084	+ 296 (+40%)
Edgar	114	144	+ 30 (+26%)
Fromberg	438	365	- 73 (-20%)
Joliet	595	578	- 17 (-3%)
Red Lodge	2,125	2,337	+ 212 (+10%)
Roberts	361	277	- 84 (-30%)
Roscoe	15	43	+ 28 (+286%)
Silesia	96	101	+5 (+5%)
Other areas	5,264	4,985	- 279 (-6%)
Carbon County	10,078	10,189	+ 111 (+1%)

[1] US Census Bureau American Fact Finder retrieved 6/6/2016

Education Level (2010-14 Estimate)	Carbon County[5]	Montana[5]
No high school diploma	4.7%	5.3%
High school diploma only	30.8%	29.8%
Some college, no degree	26.2%	25.3%
Associate's degree	7.4%	8.3%
Bachelor's degree	21.3%	19.8%
Graduate/professional degree	7.8%	9.2%

[5] Economic and Demographic Information for Carbon County, Mt Dept of Labor & Industry (2012)

Beartooth Billings Clinic
Community Health Needs Assessment
Carbon County Profile
June 2016

Socioeconomic Measures	Carbon County	Montana	Nation
Median Income 2014[1] [↑15% '13]	$48,979	$46,766	$53,482
Unemployment Rate[6]	3.7%	4.2%	5%
Persons Below Poverty Level[2]	12.6%	16.5%	14.8%
Uninsured Adults (Age <65) [↓11% '13]	10-15%[7]	14%[8]	11%[9]
Uninsured Children (Age <19)[8]	19.40%	10-20%	6.20%

[1] US Census, US Census Quick Facts.com, Retrieved 3/1/2016

[6] MT DLI Research & Analysis Bureau Local Area Unemployment Statistics (LAUS) Program, 4/2016

[2] Community Health Profile 2015, Carbon County, DPHHS

[7] Uninsured Rate, Montana, Enroll America, Oct 2015

[8] US Census Bureau Small Area Health Insurance Estimates (SAHIE) (2013)

[9] US Census Bureau, Health Insurance Coverage in the US 2014 (2015)

Leading Causes of Death	Carbon County[2]	Montana[2]	Nation[10]
[#3 - Unintentional Injuries '13 CHNA]	1. Cancer 2. Heart Disease 3. CLRD*	1. Cancer 2. Heart Disease 3. CLRD*	1. Heart Disease 2. Cancer 3. CLRD*

[2] Community Health Profile 2015, DPHHS   *Chronic Lower Respiratory Disease

[10] Health United States, Center for Disease Control, Table 20 (2014)

Chronic Disease Burden	Region 3[11]	Montana[11]	Nation
Stroke prevalence	2.8%	2.5%	2.6%[10]
Diabetes prevelance	6.9%	6.2%	9.3%[12]
(Heart Attack)	4.3%	4.1%	10.6%[10]
All Sites Cancer	510.8%	455.5%	491.5%[13]

[11] Data for Community Health Assessments Region 3, DPHHS (2011)

[10] Health, United States, Center for Disease Control (2014)

[12] American Diabetes Assn, (2012)

[13] US Cancer Statistics, CDC (2012)

Region 3 (South Central) Judith Basin, Fergus, Petroleum, Wheatland, Golden Valley, Musselshell, Sweet Grass, Stillwater, Yellowstone, Big Horn and

Chronic Disease Hospitalization Rates[14]	Carbon County	Montana
Stroke *Per 100,000/10,000 population*	183.6%/18.4%	182.2%/18.2%
Diabetes *Per 100,000/10,000 population*	80.4%/8.0%	115.4%/11.5%
Myocardial Infarction *Per 100,000/10,000 pop.*	167.4%/16.7%	147.3%/14.7%

[14] Data for Community Health Assessments-Carbon County, DPHHS (2011)

Infectious Diseases	Carbon County[15]	Montana[15]
Chlamydia infection rate	7	409
Gonorrhea infection rate	0	434
Syphillis infection rate	0	9
HIV Diagnoses	0	14
Tuberculosis incidence rate	0	6

[15] Communicable Disease in MT 2014, DPHHS (9/2015)

Appendix D
Secondary Data

Beartooth Billings Clinic
Community Health Needs Assessment
Carbon County Profile
June 2016

Screening Utilization Rates	Region 3[11]	Montana[11]
Cervical Cancer (Pap Test in past 3 yrs)	84.7%	83.0%
Breast Cancer (Mammogram in past 2 years) [↓73.5% '13]	66.4%	71.9%
Blood Stool	26.5%	25.3%
Sigmoidoscopy or Colonoscopy	54.5%	54.3%
Diabetic Screening	87.0%	82.0%

[11] Data for Community Health Assessments Region 3, DPHHS (2011)

Risk Factor Behaviors	Carbon County[3]	Region 3[11]	Montana
Childhood Immunization Up-to-Date (UTD)% Coverge, Age 0-35 months, 2013 - 2016[11]	76.0%	64.3%	65.6%
Tobacco Use[11]	16%	18.7%	19.3%
Alcohol Use (binge + heavy drinking)[11]	16%	20.8%	22.8%
Obesity	25%[16]	26.1%[17]	24.6%[17]
Overweight	Not Available	38.4%[17]	36.8%[17]
No leisure time for physical activity[16]	24%	22%	20.7%

[2] Community Health Profile 2015, Carbon County, DPHHS

[11] Data for Community Health Assessments Region 3, DPHHS (2011)

[16] 2014 Rankings Montana, Robert Wood Johnson Foundation/U of Wisc PHI

[17] 2013 MT BRFSS Annual Report, DPHHS (2014)

Natural Environment	Carbon County	Montana	Nation
Air Polution - Particulate Matter $PM_{2.5}$ (mm^3)	10.7[16]	10.9[16]	11.1[18]

[16] Community Health Rankings, Robert Wood Johnson Foundation, 2014

[18] US EPA, Our Nation's Air Particle Polution 2010 (2011)

Mortality	Carbon County	Montana	Nation
Suicide Rate per 100,000 population	20.6%[14]	20.3%[14]	13%[20]
Unintentional Injury Death Rate per 100,000 population	61.9%[14]	58.8%[14]	41.3%[20]
Number of Fatal Motor Vehicle Crashes	2[19]	192[19]	10.9/100,000 (2013)[10]
Pneumonia/Influenza Mortality per 100,000 population[11]	8.3%[14]	19%[14]	15.9%[10]
Diabetes Mellitus	24.8%[14]	27.1%[14]	21.2%[10]

[11] Data for Community Health Assessments Region 3, DPHHS (2011)

[19] Montana Highway Patrol 2014 Annual Report

[20] National Vital Statistics Report 2013, CDC (2016)

[14] Data for Community Health Assessments-Carbon County, DPHHS (2011)

[10] Health, United States, 2014 CDC (2015)

Appendix D
Secondary Data

Beartooth Billings Clinic
Community Health Needs Assessment
Carbon County Profile
June 2016

Maternal Child Health	Region 3[11]	Montana[11]	Nation
Infant Mortality 1 Year Old or less, per 1,000 live births	6.1	6.1	(Included w/ Neonatal)
Entrance into Prenatal Care in 1st Trimester	83.9%	83.9%	73.7%[22]
Birth Rate per 1,000 people	6.5 (Carbon)[21]	12.1[21]	12.4 (2012)[10]
Low Birth Weight (<2500 grams) percent of live births	7.1%	7.3%	8.0% (2012)[10]
Neonatal Mortality (under 28 days of age) per 1,000 live births	3.5	3.3	6.0 (2012)[10]
Post Neonatal Mortality (28 through 364 days of age) per 1,000 live births	2.6	2.7	(Included w/ Neonatal)
Pre-Term Birth (<37 completed weeks gestation)	9.6%	10.1%	(Included w/ Neonatal)
Teen Pregnancy Rate (2009-2013) per 1,000 females	16.1%[23]	36.2%[23]	24.2%[23]

[11] Data for Community Health Assessments Region 3, DPHHS (2011)

[21] Montana Vital Statistics, DPHHS (2014)

[10] Health, United States, 2014, CDC (2015)

[22] Child Health USA 2013, HRSA MCH

[23] MT Teen & Pregnancy Report, DPHHS, 2014 (2015)

Social Environment	Carbon County	Montana	Nation
Food Insecurity - Overall[24]	11.5%	14.2%	15.8%
Food Insecurity - Child[1]	18.7%	22.1%	21.4%
Violent Crime Incidents (2014)	18[25]	2,381[25]	Not Relevant
Property Crime Incidents (2012)	90[25]	24,960[25]	Not Relevant
Child abuse rate per 10,000 <18 years, 2011	15[26]	25[26]	Not Relevant

[24] Food Insecurity 2013, FeedingAmerica.org, (2015)

[25] Crime in MT 2013-2014, MT Board of Crime Control, (2015)

[26] MIECHV 2013 County Profile, Carbon DPHHS (2013)

Agency	Title	Date	Web address
See Appendix E for specific references			
American Association of Suicidology	Rate, Number and Ranking of Suicide for Each U.S.A. State, 2014	Dec 2015	www.suicidology.org
EnrollAmerica.org	Montana State Snapshot	Oct 2015	
Feeding America	Enroll America - Montana State Snapshot	Oct 2015	EnrollAmerica.org
Medicaid.Gov	Our Nation's Air; Particle Pollution; Particulate Matter 2000-2010		www3.epa.gov/airtrends
MT Board of Crime Control	Map the Meal Gap 2015: Overall/Child Food Insecurity in Montana by County in 2013		FeedingAmerica.org
MT Bureau of Business and Economic Research, U of M, Missoula	Medicaid Chip Program Information - Montana	Retrieved 3/10/2016	medicaid.gov
MT Department of Transportation	Crime in Montana 2013-2014 Report	Oct 2015	mbcc.mt.gov
MT Dept of Commerce + MT Board of Housing	Montana's Health Insurance Market: Prospects for 2014 and Beyond	Dec 2012	
MT Dept of Commerce: Census & Economic Information Center	Communicable Disease in Montana: 2014 Annual Report	Sep 2015	dphhs.mt.gov
MT Dept of Justice	Community Health Profile 2015 Carbon County		dphhs.mt.gov
MT Dept of Labor & Industry	The State of The State's Health 2013		dphhs.mt.gov
MT Dept of Labor & Industry	Big Sky. New Horizons. A Healthier Montana: A plan to Improve the Health of Montanans June 2013		dphhs.mt.gov
MT Dept. of Health & Human Services (MDPHHS)	2013 MT Behavioral Risk Factor Surveillance System Annual Report	Oct 2014	dphhs.mt.gov
MDPHHS	Montana Teen Birth and Pregnancy Report 2014		dphhs.mt.gov
MDPHHS	2014 Montana Vital Statistics	Dec 2015	dphhs.mt.gov
MDPHHS	Data for Community Health Assessemnts; Region 3; Carbon County	Feb 2011	dphhs.mt.gov
MDPHHS	Maternal, Infant, and Early Childhood Home Visiting (MIECHV): 2013 County Profile-Carbon	2013	dphhs.mt.gov
MDPHHS	County and Statewide Crash Data-Carbon (2005-2014)	2015	mdt.mt.gov
MDPHHS	White Paper Housing in Montana	Jun 2012	housing.mt.gov
MDPHHS	Statistical Report, State Fiscal Year 2016	Mar 2016	dphhs.mt.gov
MDPHHS	Poverty in Montana: 2014 County Poverty Rates Map	Dec 2015	ceic.mt.gov
MDPHHS	Court Monthly Statistics 2015	Mar 2016	jud.ccr.mt.gov
MT Highway Patrol	Montana County Fliers Economic and Demographic Inforaiton for Carbon County	Jun 2012	lmi.mt.gov/
U of MT Rural Institute Montana Disability & Health Program	Montana Economy at a Glance, Unemployment Rates by County	Apr 2016	lmi.mt.gov/
U of Wisconsin Population Health Institute / Robert Wood Johnson Foundation	2014 Annual Report		media.dojmt.gov
US Census Bureau	2014 Rankings Montana, County Health Rankings & Roadmaps		countyhealthrankings.org
US Census Bureau	Data and Resources for a Whole Community Approach to Emergency Planning	2014	mtdh.ruralinstitute.umt.edu/

Agency	Title	Date	Web address
See Appendix E for specific references			
US Census Bureau	2010 Census		census.gov
US Dept of Commerce	Quick Facts Carbon County, Montana	2014	census.gov/quickfacts
US DPHHS / Health Resources & Services Administration	American Fact Finder 2010-2014		factfinder.census.gov
US DPHHS / Maternal Child Health Bureau	Health Insurance Coverage in the US: 2014	Sep 2015	census.gov
US DPHHS Centers for Disease Control (CDC)	National Vital Statistics Report Births: Final Data for 214	Dec 2015	cdc.gov
US DPHHS CDC	Maternal & Child Health: State Priorities 2014 Report	Retrieved 5/26/16	mchb.tvisdata.hrsa.gov
US DPHHS CDC	Child Health USA 2013: Prenatal Care Utilization	2013	mchb.hrsa.gov/chusa13
US DPHHS CDC	Health, US, 2014		cdc.gov
US Environmental Protection Agency	US Cancer Statistics, 1999-2012 Incidence Results	Retrieved 3/10/2016	wonder.cdc.gov/cancer
US Environmental Protection Agency	Community Health Status Indicators (CHSI) - Carbon County, MT		cdc.gov/CommunityHealth/profile
US Environmental Protection Agency	Air Quality Index Report: Yellowstone County	2015	epa.gov/airdata

2013

Community Health Services Development

RED LODGE, MONTANA — OCTOBER 2013

Community Health Services Development Process

Beartooth Billings Clinic (BBC) participated in the Community Health Services Development (CHSD) project administrated by the Montana Office of Rural Health and the National Rural Health Resource Center (NRHRC) in Duluth, MN and funded through the Montana Health Research and Education Foundation (MHREF) Flex Grant.

The Community Health Services Development project is a process created 20 years ago with the University of Washington. This process helps communities understand what health services they need and to engage the community in strengthening the health care system. To date, over 40 communities in Montana have used the CHSD process over the past 20 years. Montana communities involved in this process for 2013 are: Red Lodge, Hardin, Sidney, Plentywood, Libby, Culbertson, Superior, Crow Agency, Cut Bank, and Harlowton.

CHSD Philosophy:

- Health care is a local affair.

- Health care delivered in rural communities is affordable, high quality, and necessary to the good health of the entire community.

- Citizens of rural communities/counties should take responsibility for the health of the community.

- Effective problem-solving by communities is the most important factor in the survival of rural health services.

Common Themes — From Focus Groups

- My wife went into the ER after-hours and received tremendous care. I don't know of many towns of 2,500 people and less that can say that about their hospital."

- "...I'm amazed by the medical abilities available in Beartooth Billings Clinic."

- "We have great local coverage. I've been involved with home health care and it's an astounding service."

- "[The hospital] puts out an annual report that is top notch."

- "The facility is beautiful and wonderful."

- "We don't really need to leave our community except for specialists or for second opinions."

Survey Results

The survey was sent to a random sample of 640 households in Beartooth Billings Clinic's service area during the month of May 2013.

14 surveys were undeliverable and 199 were returned for a 32% response rate.

Survey demographics were as follows:

- 70.1% of respondents were from Red Lodge/ Luther & 11.3% were from Roberts.

- 63.8% Female; 32.2% Male; 4% no response.

- 28.4% of respondents were between the ages of 56-65; 26.8% between 66-75; and 12.4% between 76-85.

- 29.3% reported they or a member of their household did not get (or delayed) needed medical services.

- 40.7% reported they had 20 minutes of physical activity 21-31 days in the past month.

- The hospitals used most often in the last 3 years were Beartooth Billings Clinic (46.3%), Billings Clinic (Billings) (30.6%), & St. Vincent Healthcare (Billings) (18.5%).

- The most utilized primary care providers were located at BBC (51.1%), Mountain View Clinic (Red Lodge) (24.7%), or Other clinic locations (16.8%).

- Most respondents learn about health services through their health care provider (63.8%), then via word of mouth (62.3%).

Healthy Communities...

Rating of Healthy Community*
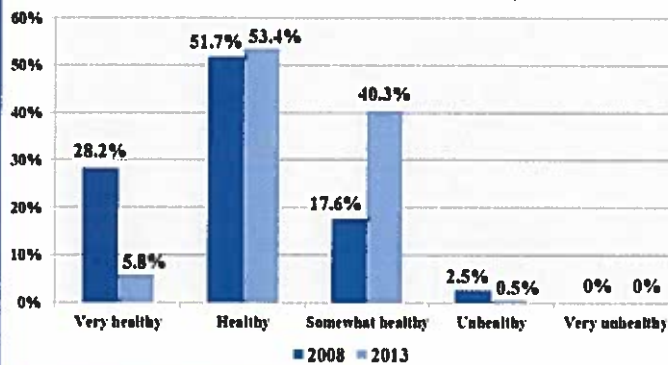
53.4% of respondents feel the Red Lodge area is a "Healthy" place to live and 40.3% feel the community is "Somewhat healthy." 5.8% feel the community is "Very healthy."

Top 3 Components for a Healthy Community:

1. Good jobs and healthy economy

2. Access to health care

3. Healthy behaviors and lifestyles

Carbon County's Top 3's

Top 3 Community Health Concerns:

1. Alcohol/drug/ tobacco use   70.9%
2. Cancer   35.2%
3. Obesity/overweight   33.7%

Top 3 Desired Local Health Care Services

1. Naturopathy   20.6%
2. MRI   19.6%
3. Outpatient surgery   18.1%

Top 3 Ways to Improve Community's Access to Health Care:

1. Low cost preventative/ screening services   69.8%
2. More information about available services   37.2%
3. Transportation Services   26.1%

MONTANA STATE UNIVERSITY
Office of Rural Health
Area Health Education Center

NATIONAL RURAL HEALTH RESOURCE CENTER   COMMUNITY HEALTH

Community Health Survey: Themes and Strengths
2016

Please take a moment to complete the survey below. The purpose of this survey is to get your opinions about community health problems/issues in Carbon County and to include them in a comprehensive health assessment. This includes but is not limited to access to health, environmental health, mental health, social health, physical health, behavioral health, understanding the healthcare system, and home care. You will be provided with the results of this survey and other assessment data to identify the most pressing problems that can be addressed through community action. **If you have previously completed this survey, please don't fill out another.** Your opinion is important! Thank you, and if you have any questions please contact us (see last page).

This survey is sponsored by the Red Lodge Area Community Foundation's PEAK Committee with representatives from Beartooth Billings Clinic, Carbon County Public Health, Red Lodge Fire and Rescue, the OP&WE Edwards Foundation, Riverstone Health, and the Food Partnership Council.

Please fill out this sheet and detach it from the survey when submitting –
this is to ensure your answers remain anonymous while you enter for a
chance at winning a $50 Gift Card!

Name:

Phone Number:

Email:

Profession:

In this survey, "*community*" refers to the major area where you live, shop and get services. Please check **one** from the following list:

- ❑ Red Lodge
- ❑ Belfry
- ❑ Bridger
- ❑ Roscoe
- ❑ Fromberg

- ❑ Joliet
- ❑ Bearcreek
- ❑ Roberts
- ❑ Luther
- ❑ Other _____

Please indicate your level of agreement with each of the following statements.

	Very Unhealthy	Unhealthy	Somewhat Healthy	Healthy	Very Healthy
1. How would you rate your community as a "Healthy Community?"	○	○	○	○	○
2. How would you rate your own personal health?	○	○	○	○	○

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
3. I am satisfied with the quality of life in my community (considering my sense of safety and well-being).	○	○	○	○	○

Comments: _____

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
4. The community has adequate health and wellness activities	○	○	○	○	○
5. I am satisfied with the health care system in our community.	○	○	○	○	○
a. I have easy access to the medical specialists I need.	○	○	○	○	○
b. It is easy for me to seek medical treatment	○	○	○	○	○
c. I am very satisfied with the medical care I receive.	○	○	○	○	○

What health care services would you like to see that you do not have in your community?

Comments: _____

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
d.	Sometimes it is a problem for me to cover my share of the cost for a medical care visit.	O	O	O	O	O
e.	In the past year there was a time when I needed health care but did not seek it.	O	O	O	O	O
f.	I completely understand the healthcare system.	O	O	O	O	O
g.	I trust the healthcare system.	O	O	O	O	O

		Doctors office	Public Health clinic	Hospital outpatient department	Hosp. ER	Other
h.	When I am sick, I seek health care at (Please check one)	O	O	O	O	_____

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
6.	This community is a good place to raise children.	O	O	O	O	O
7.	This community is a good place to grow old, offering elder-friendly housing, transportation to medical services, shopping, elder day care, social support for the elderly living alone, meals on wheels, etc.	O	O	O	O	O
a.	Transportation service that takes older adults to medical facilities or to shopping centers are practical	O	O	O	O	O
b.	There is a practical transportation service for those with disabilities	O	O	O	O	O
c.	There are enough programs that provide meals for older adults in my community.	O	O	O	O	O
d.	There are networks for support for the elderly living alone.	O	O	O	O	O
8.	The community is a safe place to live (considering resident's perception of safety in the home, the workplace, schools, playgrounds, parks, shopping areas).	O	O	O	O	O
9.	There are support networks for individuals and families (neighbors, support groups, faith community, outreach, agencies, and organizations) during times of stress and need.	O	O	O	O	O
10.	I believe that I can make the community a better place to live.	O	O	O	O	O
11.	In the past year, I have been so worried about something that I could not sleep at night.	O	O	O	O	O
12.	During the past year, I have seriously considered suicide.	O	O	O	O	O
13.	Overall, I felt happy yesterday.	O	O	O	O	O
14.	I have a person with whom I can share problems or get help when needed.	O	O	O	O	O
15.	I have enough money to pay for essentials for myself/family such as food & medicine	O	O	O	O	O

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
16. I trust the local law enforcement.	○	○	○	○	○
17. I am aware of the support services offered in my community such as energy assistance, public health, WIC, TANF, SNAP, foodbanks, etc.	○	○	○	○	○
18. I would feel embarrassed if people knew I was eligible or was utilizing public assistance	○	○	○	○	○

19. Have you or anyone in your immediate family been living with any of the following chronic illnesses?

- ☐ Diabetes
- ☐ Cancer
- ☐ Heart Disease
- ☐ Lung Disease/Asthma
- ☐ HIV/AIDS
- ☐ Alcohol abuse
- ☐ Drug use
- ☐ High blood pressure
- ☐ Alzheimer's
- ☐ Arthritis
- ☐ Hearing/vision loss
- ☐ Other _____

20. In the following list, what do you think are the 3 most important "health problems" in our community? Check only 3.

- ☐ Aging problems (e.g., arthritis, hearing/vision loss)
- ☐ Alcohol/Drug abuse
- ☐ Bullying
- ☐ Cancers
- ☐ Child abuse/neglect
- ☐ Dental problems
- ☐ Diabetes
- ☐ Domestic Violence
- ☐ Firearm-related injuries
- ☐ Heart disease and stroke
- ☐ High blood pressure
- ☐ HIV/AIDS
- ☐ Depression
- ☐ Infant death
- ☐ Infectious diseases (e.g., hepatitis, TB)
- ☐ Mental health problems
- ☐ Motor vehicle crash injuries
- ☐ Obesity
- ☐ Rape/sexual assault
- ☐ Respiratory/lung disease
- ☐ Sexually transmitted diseases
- ☐ Suicide
- ☐ Teenage pregnancy
- ☐ Other:

21. Of the problems that you marked, which one would you volunteer to help improve?

22. In the following list, what do you think are the 3 most important "risky behaviors" in our community? (those behaviors that have the greatest impact on overall community health) Check only 3.

- ☐ Alcohol abuse
- ☐ Dropping out of school
- ☐ Drug abuse
- ☐ Lack of exercise
- ☐ Overeating
- ☐ Poor nutrition habits
- ☐ Discrimination
- ☐ Racism
- ☐ Texting/cell phone while driving
- ☐ Tobacco use/ or electronic cigarette use
- ☐ Teenage pregnancy
- ☐ Not using seat belts and/or child safety seats
- ☐ Unsafe sex

23. In the following list, what do you think are the 3 most important factors that define a "Healthy Community" (those factors that most affect the quality of life in a community)? *Options continue to next page*

- ☐ Community involvement
- ☐ Low crime/safe neighborhoods
- ☐ Good schools
- ☐ Low level of child abuse
- ☐ Affordable housing
- ☐ Low death and disease rates
- ☐ Clean environment
- ☐ Tolerance for diversity
- ☐ Good jobs and a healthy economy
- ☐ Strong family life
- ☐ Healthy behaviors and lifestyles
- ☐ Religious or spiritual values

☐ Arts and cultural events   ☐ Other _____

Please provide the following information. It will be used for demographic purposes only. Keep in mind you will NOT be identified in any way with your answers.

24. **Your Gender:** ☐ Male   ☐ Female

25. ☐ Age	26. Marital Status	27. Are you Hispanic or Latino?
☐ Under 18 years	☐ Married/cohabitating	☐ Yes ☐ No
☐ 18-25 years	☐ Divorced	
☐ 26-39 years	☐ Never married	
☐ 40-54 years	☐ Separated	
☐ 55-64 years	☐ Widowed	
☐ 65-80 years	☐ Other: _____	
☐ Over 80 years		

28. **Which one of these groups would you say best represents your race?**

☐ White   ☐ Black or African American
☐ Asian   ☐ Native Hawaiian or Other Pacific Islander
☐ American Indian or Alaskan Native   ☐ Other: [specify] _____

29. **Are you currently employed?**

Yes ○   No ○

30. Household Income:			31. People in Household:	
☐ Less than $20,000	☐	$20,000 to $29,000	☐ 1	☐ 4
☐ $30,000 to $49,000	☐	$50,000 to $74,000	☐ 2	☐ 5
☐ $75,000 to $99,999	☐	Over $100,000	☐ 3	☐ 6+

32. **Your highest education level:**

☐ Less than high school graduate   ☐ High School Diploma
☐ College degree or higher   ☐ Other: _____

33. **Do you seek health services outside your community for yourself or immediate family?**

Yes ○   No ○   if you answered yes, explain why _____

34. **How do you pay for your health care? (Check all that apply)**

☐ Pay cash   ☐ Health Insurance (e.g., private insurance, Blue Shield, HMO, through employer
☐ Medicaid   ☐ Medicare
☐ Veterans Administration   ☐ Indian Health Services
☐ No insurance   ☐ Other: _____

	Very Unhealthy	Unhealthy	Somewhat Healthy	Healthy	Very Healthy
35. How would you describe your community's health?	○	○	○	○	○
36. How would you rank your overall health?	○	○	○	○	○

Thank you very much for your response!

Please return completed surveys as directed. If you would like more information about this community project, please contact Garrison Daly at the number below.
Phone: (406)-446-2820 Cell: (303)-884-9068
Email:garrison@rlacf.org