



2025

COMMUNITY HEALTH NEEDS ASSESSMENT

Red Lodge, Montana

Assessment conducted by **Beartooth Billings Clinic** and **Carbon County Public Health** in cooperation with the Montana Office of Rural Health



Beartooth Billings Clinic



MONTANA
STATE UNIVERSITY

Office of Rural Health
Area Health
Education Center



CARBON COUNTY
MONTANA

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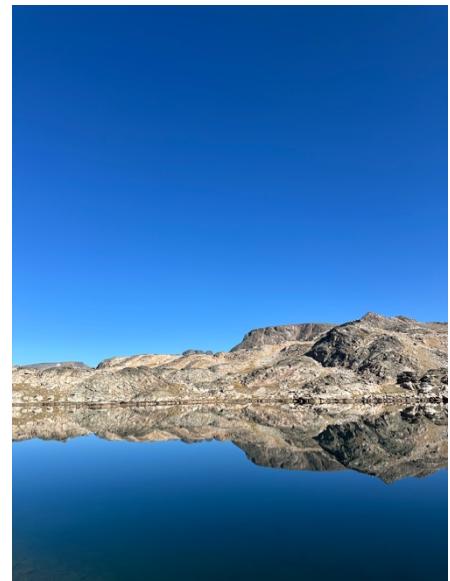
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INTRODUCTION

Introduction

Beartooth Billings Clinic (BBC) is a 10-bed nonprofit Critical Access Hospital (CAH) and rural health clinic based in Red Lodge, Montana. BBC serves Carbon County, an area of approximately 2,000 square miles, and provides medical services to a service population of approximately 10,700 people. Beartooth Billings Clinic is the only hospital in Carbon County and houses both clinic and hospital services in the same facility. BBC's primary service area includes the communities of Red Lodge, Roberts, Bridger, Joliet, Belfry, Roscoe, and Boyd; most of the county's populated communities are located along US 212 or US 310. Carbon County has a low population density and is considered 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.



There are five incorporated towns within the county; Bearcreek, Bridger, Fromberg, Joliet and Red Lodge, the county seat. Smaller, unincorporated communities include; Belfry, Boyd, Edgar, Luther, Roberts, Rockvale, Roscoe and Silesia. The 2020 census reported a population of 10,473 which was divided nearly evenly between the incorporated communities and rural areas.

Beartooth Billings Clinic is a MT DPHHS designated Trauma Receiving facility and recognized Pediatric Prepared facility. In addition to their clinic appointments, BBC's family medicine practitioners also staff the Emergency Department. BBC offers 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.



Beartooth Billings Clinic

Vision: Beartooth Billings Clinic will be a National Leader for Excellence in Integrated Rural Health Care. You are the difference.

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

Core Essence: Everything in our power.

Carbon County Public Health (CCPH) transitioned from a department of Beartooth Billings Clinic into an internal function of Carbon County and officially launched independently in 2021, marking a significant step toward strengthening local public health services. The department created and developed programs, staffing, and operations with a focus on meeting the unique needs of the

county's diverse communities. CCPH staff and nurses take a highly mobile, community-centered approach, traveling throughout the county to deliver services where they are needed most. This includes working directly with senior citizens, schools and youth, and vulnerable and high-needs populations to improve access to care, promote prevention, and support overall community well-being. CCPH conducts the following programs and services on a routine basis: Communicable disease surveillance, health education and outreach clinics, immunizations, maternal child health, public health emergency preparedness, school nursing, tobacco prevention, evaluating the effectiveness, accessibility, and quality of public health services, and enforcing laws and regulations that protect public health.



Mission Statement: To provide fair and just access to public health services and health education so that residents and visitors have the tools they need to make informed decisions for their health, the health of their families and the health of our communities.

Vision Statement: To increase the health of Carbon County residents and visitors. Empower residents and visitors to take charge of their own health by providing education that promotes healthy living and increases access to preventative care services by offering health services to bridge gaps in care.

Beartooth Billings Clinic and Carbon County Public Health 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.

During the fall of 2025, Carbon County was surveyed about its healthcare system. This report shows the results of the survey in both narrative and chart formats. A copy of the survey instrument is included at the end of this report (Appendix E). Readers are invited to familiarize themselves with the survey instrument and the subsequent findings. The narrative report touches on the highlights while the charts present data for virtually every question asked.

Health Assessment Process

A steering committee was convened to assist BBC and CCPH in conducting their CHSD. A diverse group of community members representing various organizations and populations within the community (ex. public health, elderly, uninsured) came together in September 2025. For a list of all steering committee members and their affiliations, see Appendix A. The Steering Committee met twice during the CHSD

process; first to discuss health concerns in the community and offer their perspective in designing the survey instrument, and again to review results of the CHNA and to assist in the prioritization of health needs.

Survey Methodology

Survey Instrument

In the fall of 2025, a survey was created with the help and input of the community Steering Committee. This survey was put into an online portal and the web link was distributed widely throughout the community.

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



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

Limitations in Survey and Focus Group Methodology

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

Conducting focus groups 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.

Focus group data can offer invaluable insight into the perception of a community or group of individuals. It is coded and grouped into common themes. To better understand these themes, please review the detailed notes in Appendix I. MORH staff facilitated focus groups for BBC and CCPH 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 notes.

Survey Implementation

In the fall of 2025, the online survey was distributed widely through Carbon County via QR Code that was advertised with hard copies to scan distributed at senior centers, convenience centers, and post offices; social media, e-newsletters, and print advertising.

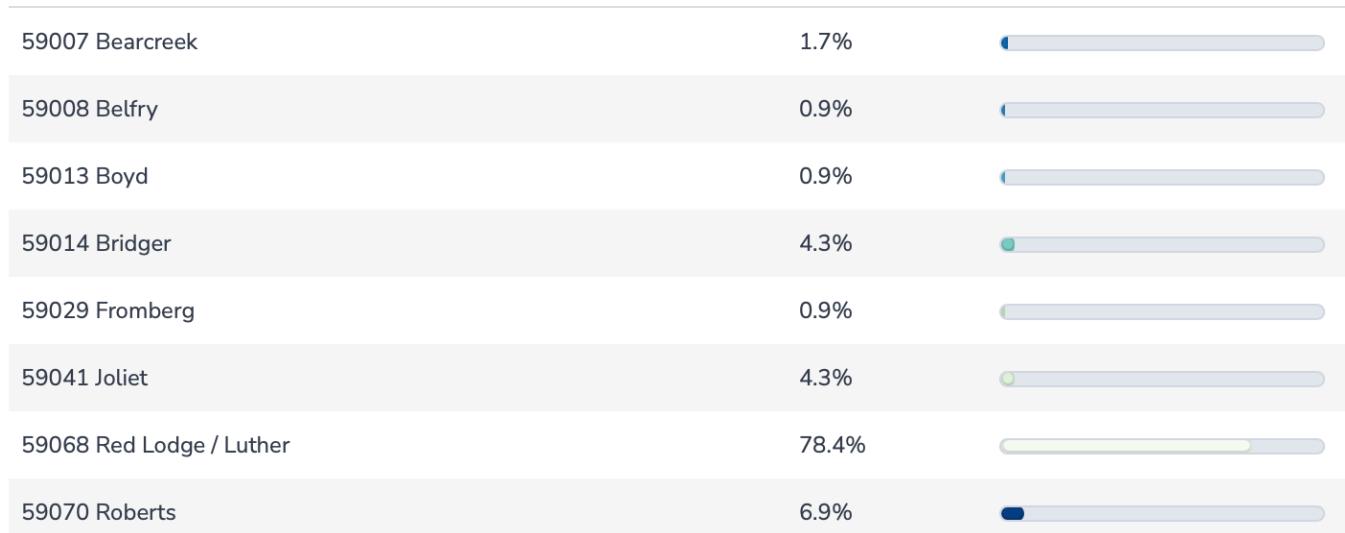
118 surveys were fully completed and another 50 were partially completed, resulting in a total of 168 survey responses.



Survey Respondent Demographics

The following table and graphs indicate the demographic characteristics of the survey respondents. Information on location, gender, age, and employment is included. Percentages indicated on the tables and graphs are based upon the total number of responses for each individual question, as some respondents did not answer all questions.

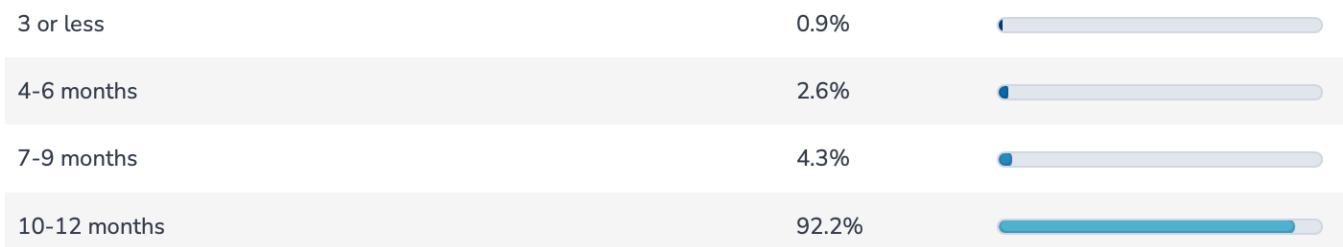
ZIP CODE



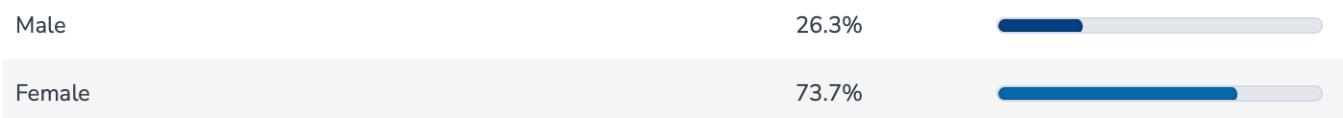
LENGTH OF TIME IN CARBON COUNTY



MONTHS LIVED IN CARBON COUNTY PER YEAR



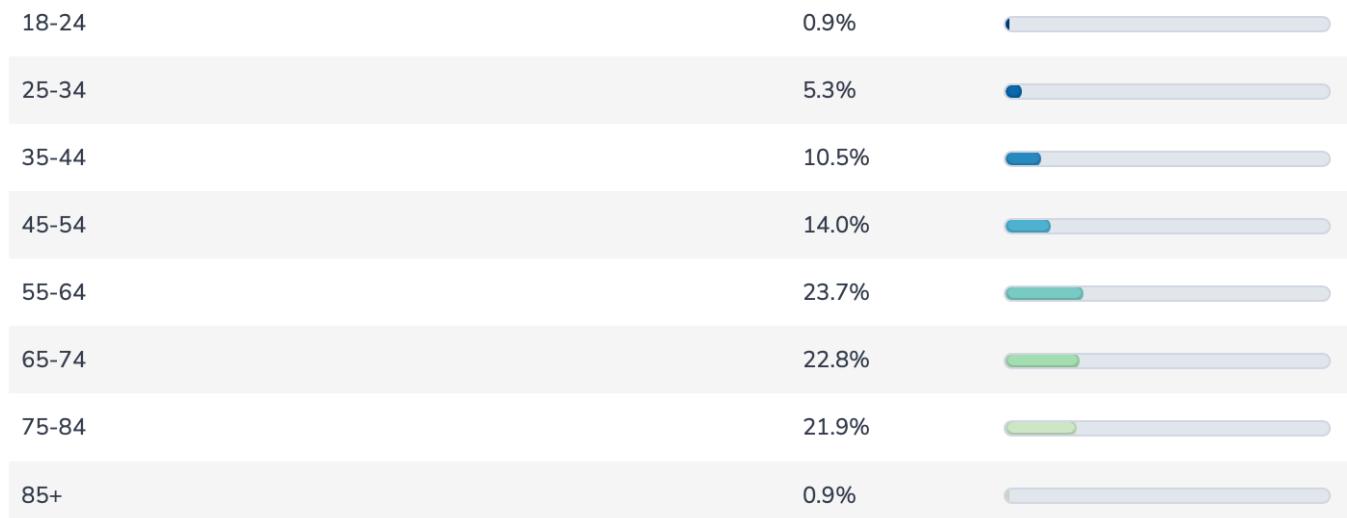
GENDER AT BIRTH



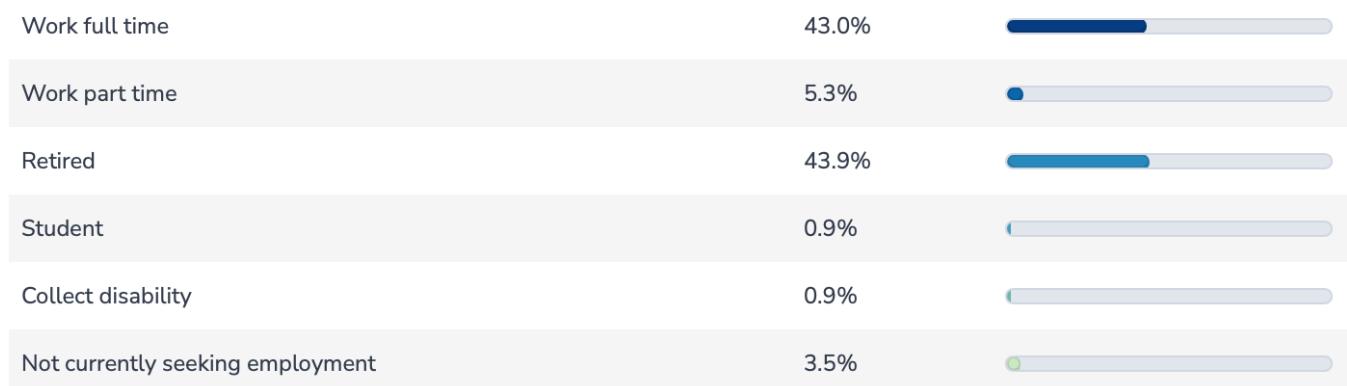
PREFERRED PRONOUNS



AGE



EMPLOYMENT STATUS





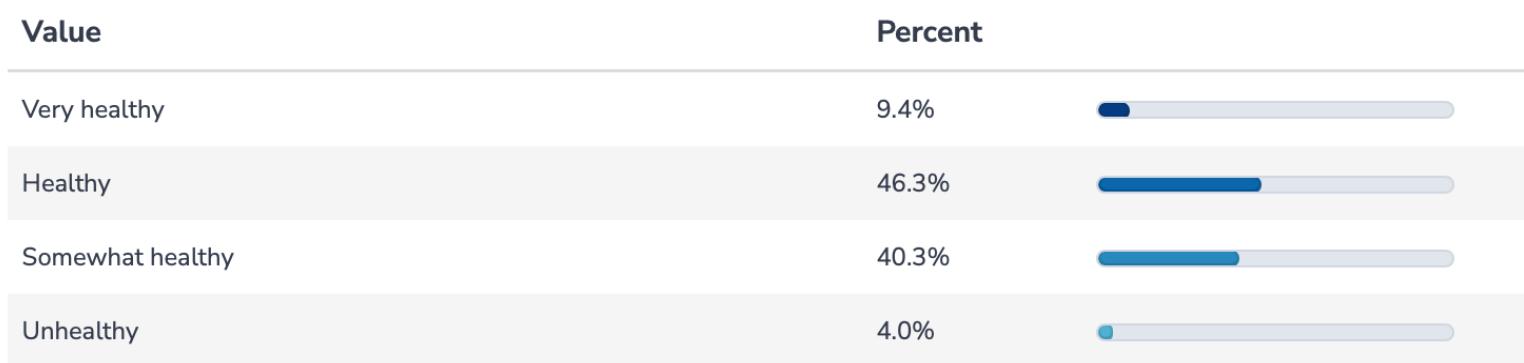
SURVEY RESULTS

Survey Results

Rating of Healthy Community (Question 1)

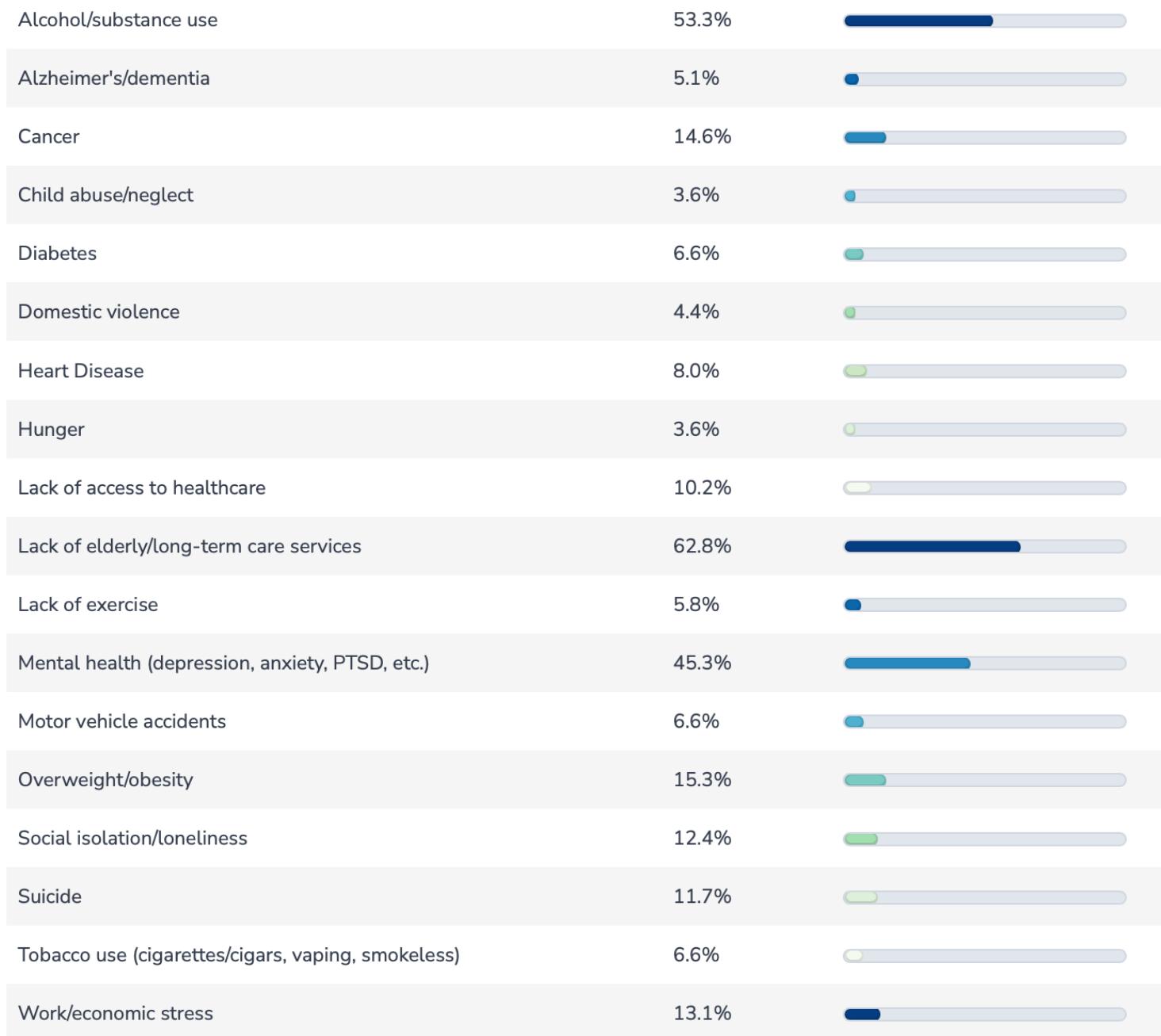
Respondents were asked to indicate how they would rate the general health of their community. 46.3% of respondents (n=69) rated their community as "Somewhat healthy," and 46.3% (n=60) felt their community was "Healthy." 9.4% of respondents (n=14) rated their community as "Very healthy" and 4.0% (n=6) said "Very unhealthy."

How would you rate the general health of our community?



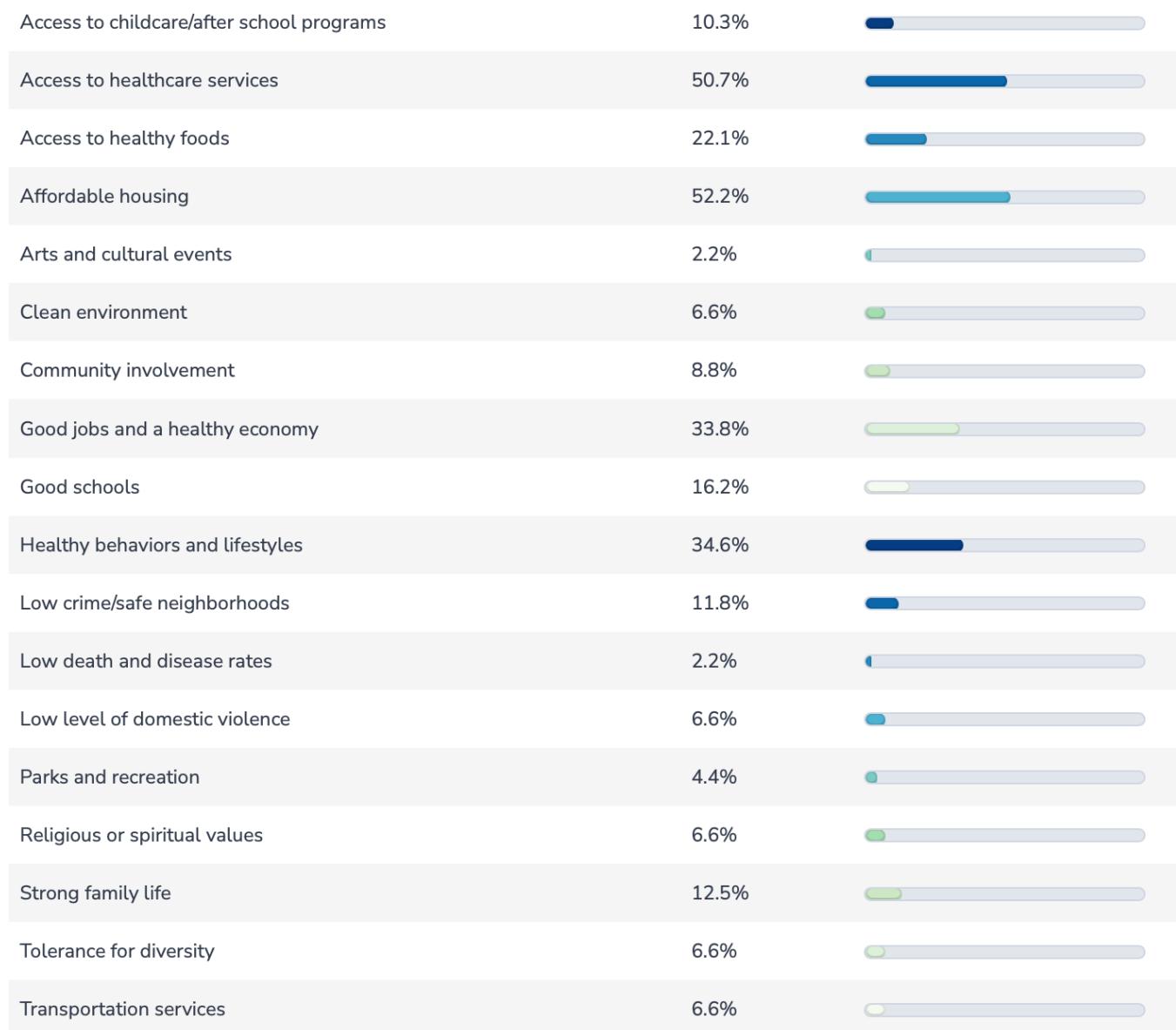
Health Concerns for Community (Question 2)

Respondents were asked what they felt the three most serious health concerns were in their community. The top identified health concern was “Lack of elderly/long-term care services” at 62.8% (n=86), followed by “Alcohol/substance use” at 53.3% (n=73), and “Mental health issues (depression, anxiety, PTSD, etc.)” at 45.3% (n=62).



Components of a Healthy Community (Question 3)

Respondents were asked to identify the three most important things for a healthy community. 52.2% of respondents (n=71) indicated that “Affordable housing” is most important for a healthy community, followed by “Access to healthcare services” at 50.7% (n=69) and “Healthy behaviors and lifestyles” at 34.6% (n=47).

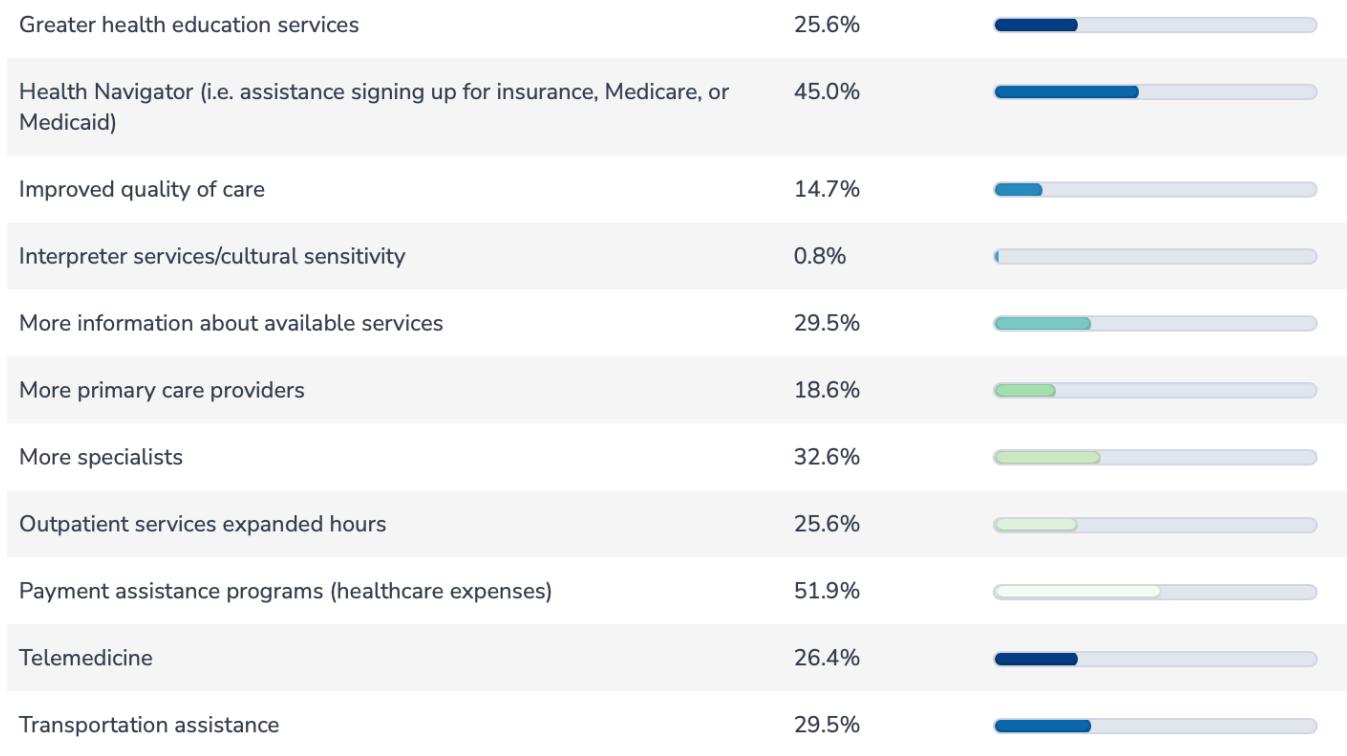


“Other” comments included: “Elder care facility”

(View all comments in Appendix G)

Improve Community's Access to Healthcare (Question 4)

Respondents were asked to indicate what they felt would improve their community's access to healthcare. The most respondents (51.9%, n=67) reported that "Payment assistance programs (healthcare expenses)" would make the greatest improvement, followed by "Health Navigator (i.e. assistance signing up for insurance, Medicare, or Medicaid)" at 45.0% (n=58) and "More specialists" at 32.6% (n=42).

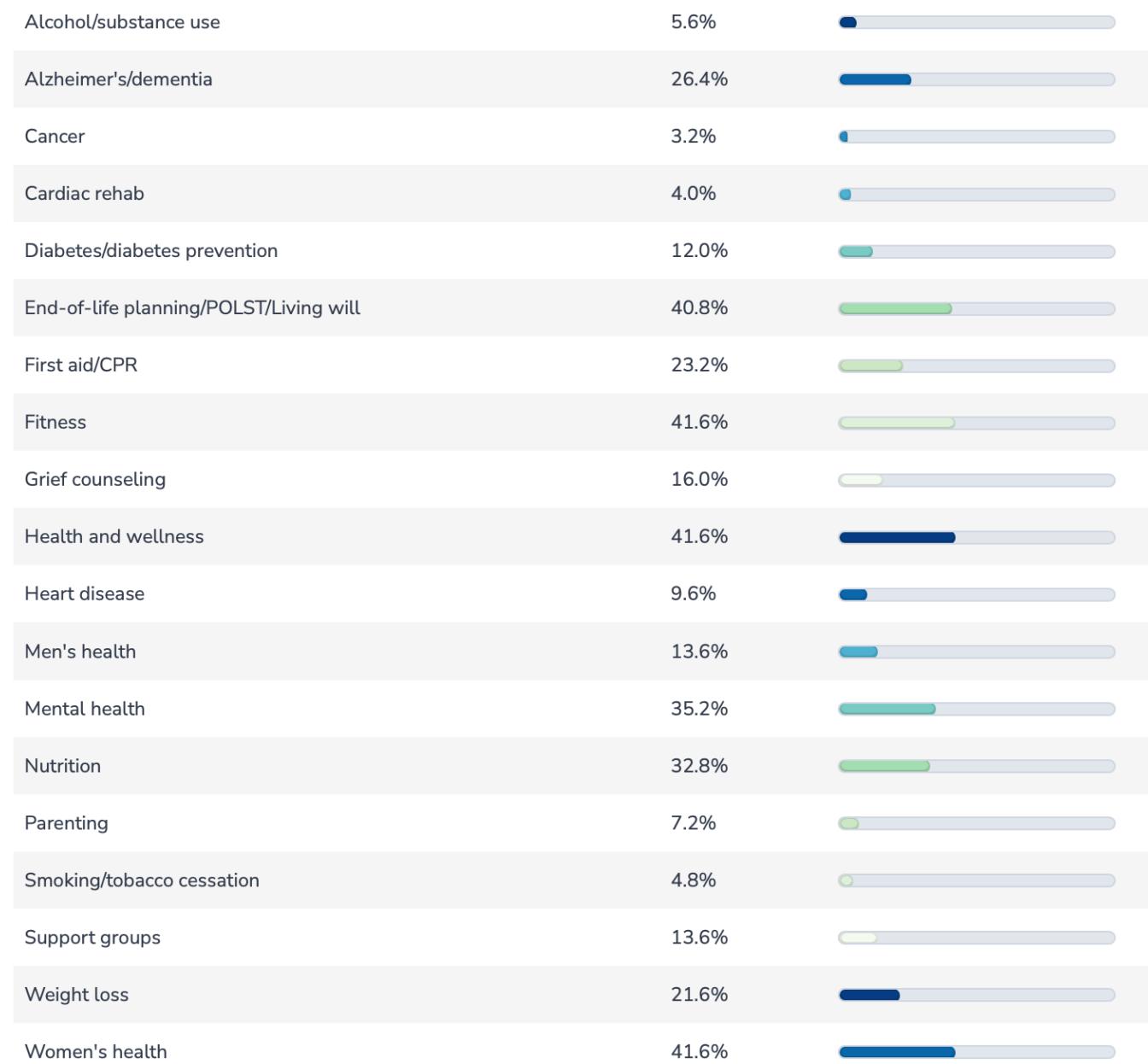


"Other" comments included: "Day Care for Alz/Dementia patients," "In network health care," "More exercise programs"

(View all comments in Appendix G)

Interest in Educational Classes/Programs (Question 5)

Respondents were asked if they would be interested in any educational classes/programs made available to the community. The top two class/programs were “Health and wellness” and “Women’s health” (41.6%, n=52 each), followed by “End-of-life planning/POLST/Living will” (40.8%, n=51).

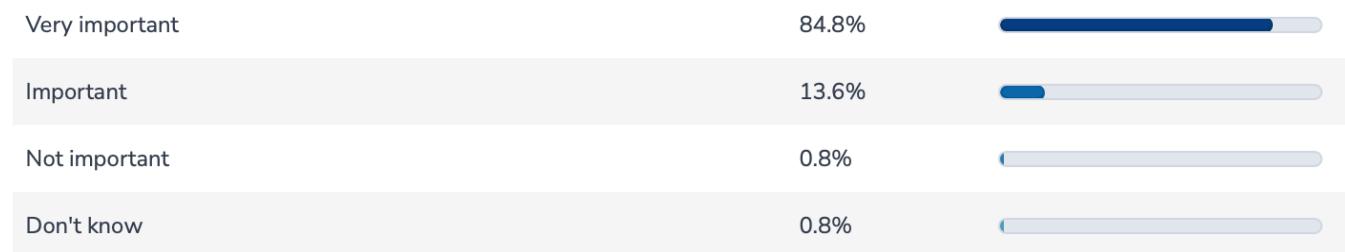


“Other” comments included: “Bredesen Protocol for Alzheimer’s prevention/reversal,” “Perimenopause/Menopause”

(View all comments in Appendix G)

Economic Importance of Healthcare (Question 6)

Respondents were asked how important local healthcare providers and services (i.e. hospitals, clinics, nursing homes, assisted living, etc.) are to the economic wellbeing of the area. The majority of respondents (84.8%, n=112) said healthcare is “Very important” to the local economy. 13.6% (n=18) said it was “Important,” and only 0.8% of respondents (n=1, each) said it was “Not important” or that they “Don’t know.”



Availability of Care (Question 7)

Respondents were asked the extent to which a variety of health services are available in the community. They were asked to rate the availability of the services on a scale “Poor” to “Excellent.”

	Excellent	Good	Fair	Poor	Don't Know
Availability to affordable, quality mental health care Count Row %	7 5.3%	19 14.5%	30 22.9%	38 29.0%	37 28.2%
Availability of preventive health services (e.g. health screenings, flu shots, educational workshops) Count Row %	44 33.3%	57 43.2%	23 17.4%	3 2.3%	5 3.8%
Availability of affordable health insurance Count Row %	7 5.4%	15 11.5%	45 34.6%	32 24.6%	31 23.8%
Availability of the healthcare you need Count Row %	32 24.2%	60 45.5%	29 22.0%	7 5.3%	4 3.0%
Availability of the oral healthcare you need Count Row %	20 15.3%	43 32.8%	28 21.4%	32 24.4%	8 6.1%
Availability of the vision care you need Count Row %	3 2.3%	14 10.5%	34 25.6%	72 54.1%	10 7.5%
Availability of affordable medications you need Count Row %	20 15.0%	51 38.3%	35 26.3%	15 11.3%	12 9.0%
Availability of long-term care/home health services Count Row %	0 0.0%	6 4.5%	11 8.3%	94 70.7%	22 16.5%

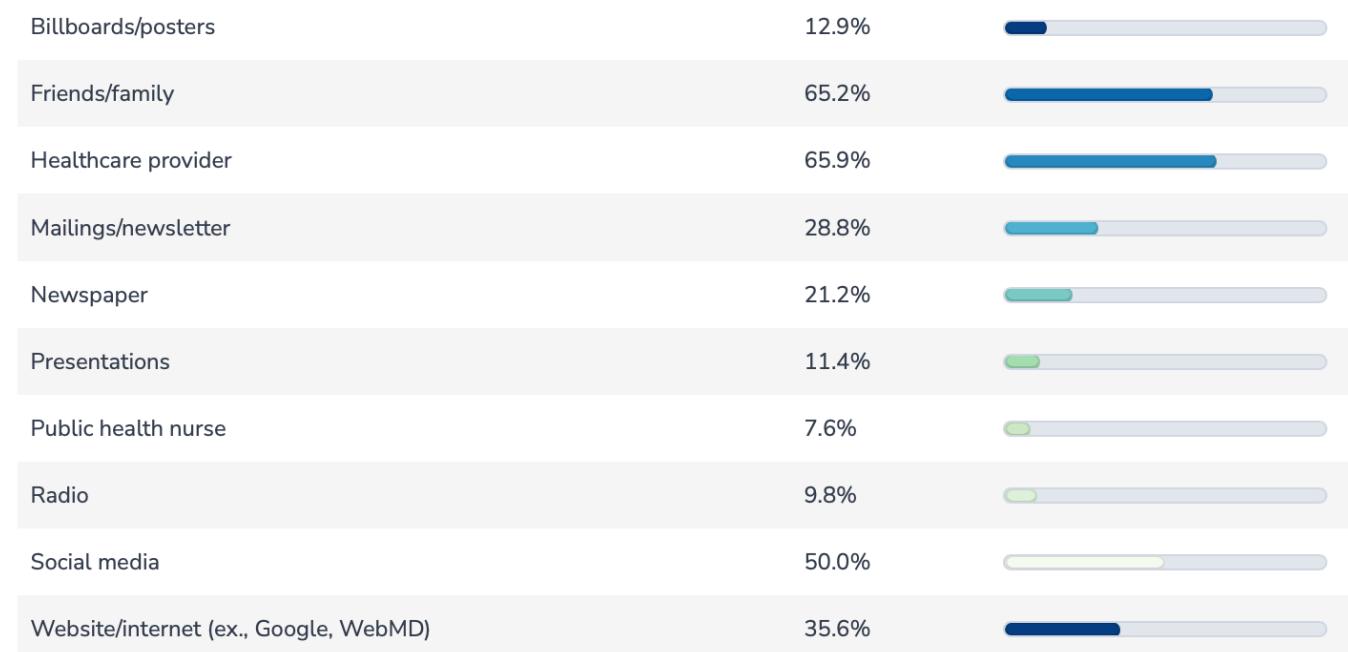
Knowledge of Health Services (Question 8)

Respondents were asked to rate their knowledge of local health services. 60.2% of respondents (n=80) rated their knowledge of health services as “Good,” and 19.5% percent (n=26) said “Excellent.” 17.3% of respondents (n=23) said their knowledge was “Fair,” and only 3.0% (n=4) said “Poor.”



How Respondents Learn of Health Services (Question 9)

When asked how survey respondents learn about health services available in the community, the most frequently indicated method of learning was “Healthcare provider” at 65.9% (n=87), followed by “Friends/family” at 65.2% (n=86) and “Website/internet (ex., Google, WebMD)” at 35.6% (n=47).



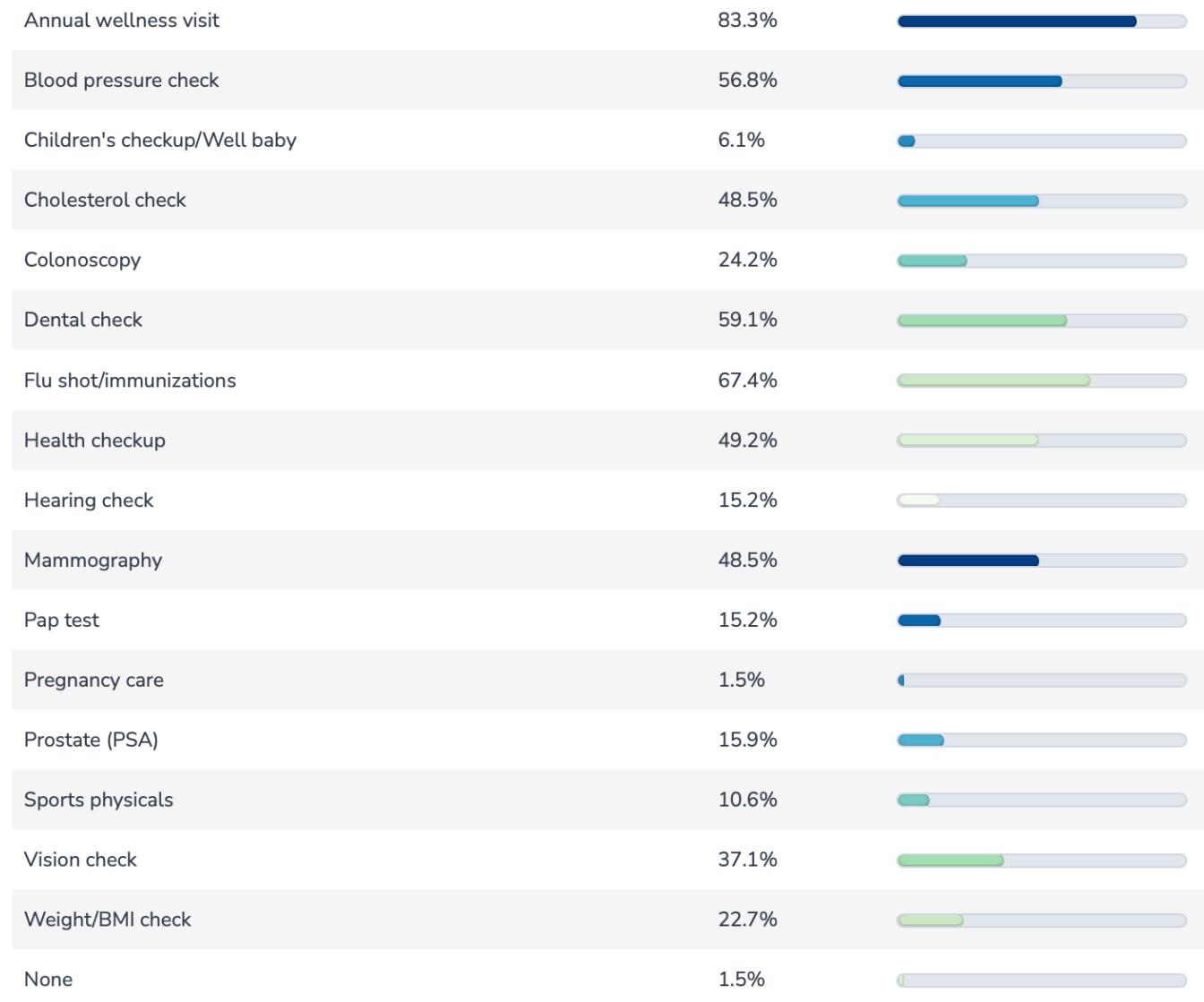
“Other” comments included: “Word of mouth” (2), “Community committees,” “Eblasts”

(View all comments in Appendix G)

Utilization of Preventive Services (Question 10)

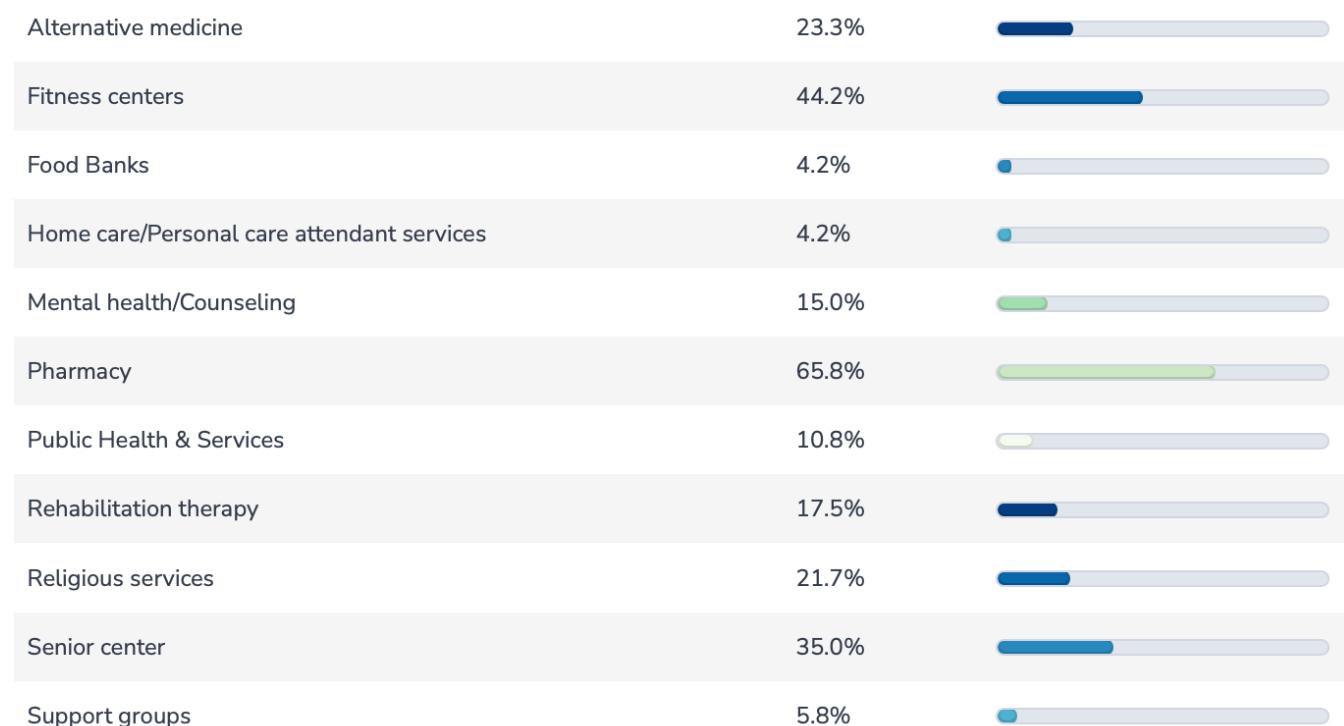
Respondents were asked if they had utilized any of the preventive services listed in the past year.

“Annual wellness visit” was selected by 83.3% of respondents (n=110), followed by “Flu show/immunizations” at 67.4% (n=89) and “Dental check” at 59.1% (n=78). Survey respondents could select all services that applied.



Utilized Community Health Resources (Question 11)

Respondents were asked which community health resources, other than the hospital or clinic, they had used in the last three years. The “Pharmacy” was the most frequently utilized community health resource cited at 65.8% (n=79). “Fitness centers” were utilized by 44.2% (n=53) of respondents followed by “Senior center” at 35.0% (n=42).

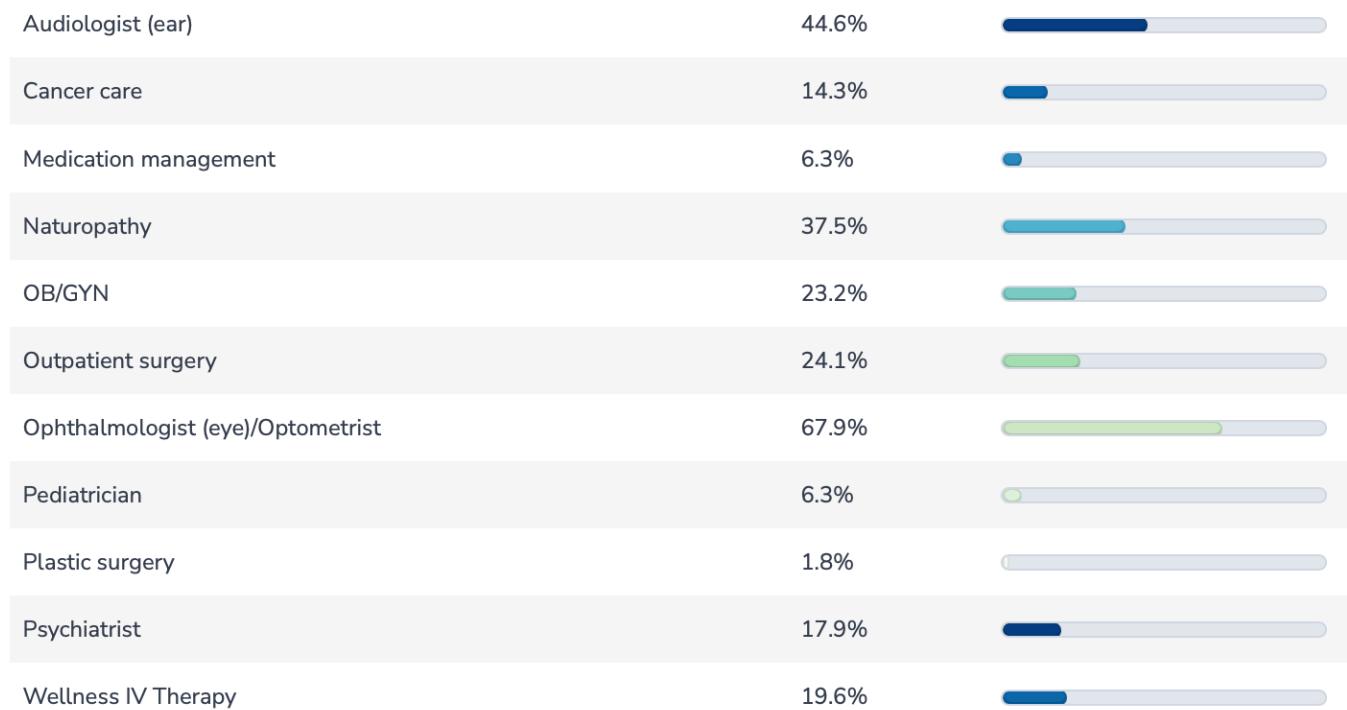


“Other” comments included: “Hospice,” “C.A.R.T. TO BILLINGS AND LOCAL,” “Nutritionist”

(View all comments in Appendix G)

Desired Local Services (Question 12)

Respondents were asked to indicate which additional services they or a family member would utilize if available locally. Respondents indicated the most interest in “Ophthalmologist (eye)/Optometrist” at 67.9% (n=76), then “Audiologist (ear)” at 44.6% (n=50), then “Naturopathy” at 37.5% (n=42).

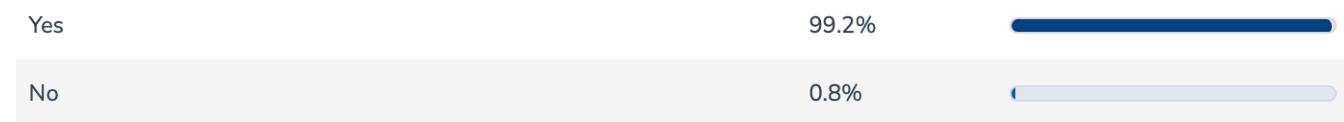


“Other” comments included: “Derm,” “Fertility specialists,” “Mental Health Counselors”

(View all comments in Appendix G)

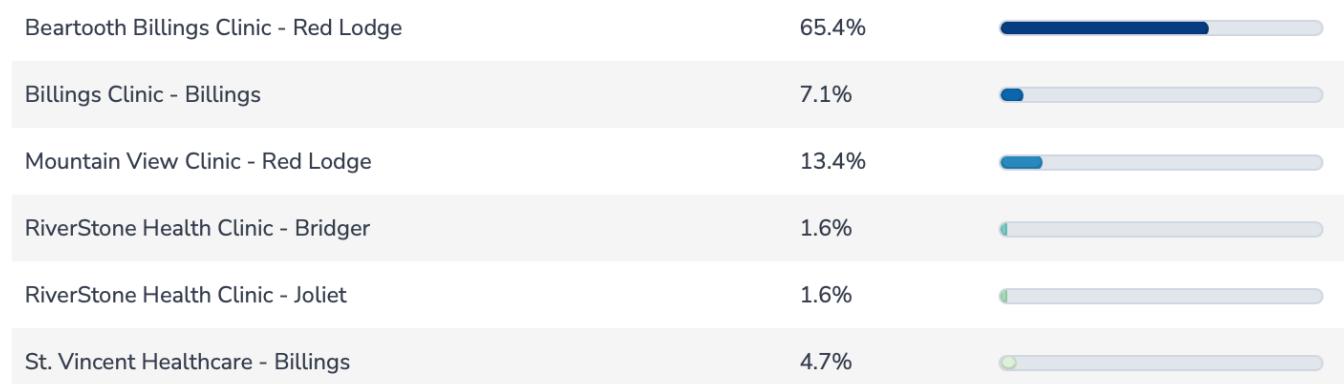
Primary Care Services (Question 13)

99.2% of respondents (n=128) indicated they or someone in their household had been seen by a primary care provider (such as a family physician, physician assistant, or nurse practitioner) for healthcare services in the past three years. One respondent (0.8%) indicated they had not received primary care.



Location of Primary Care Services (Question 14)

Among those who indicated receiving primary care services in the previous three years, all survey participants shared the location where they received services. Most (65.4%, n=83) reported receiving care at “Beartooth Billings Clinic – Red Lodge,” and 13.4% (n=17) received care in “Mountain View Clinic – Red Lodge.” 16 respondents were moved to “other” due to selecting more than one primary care provider location.

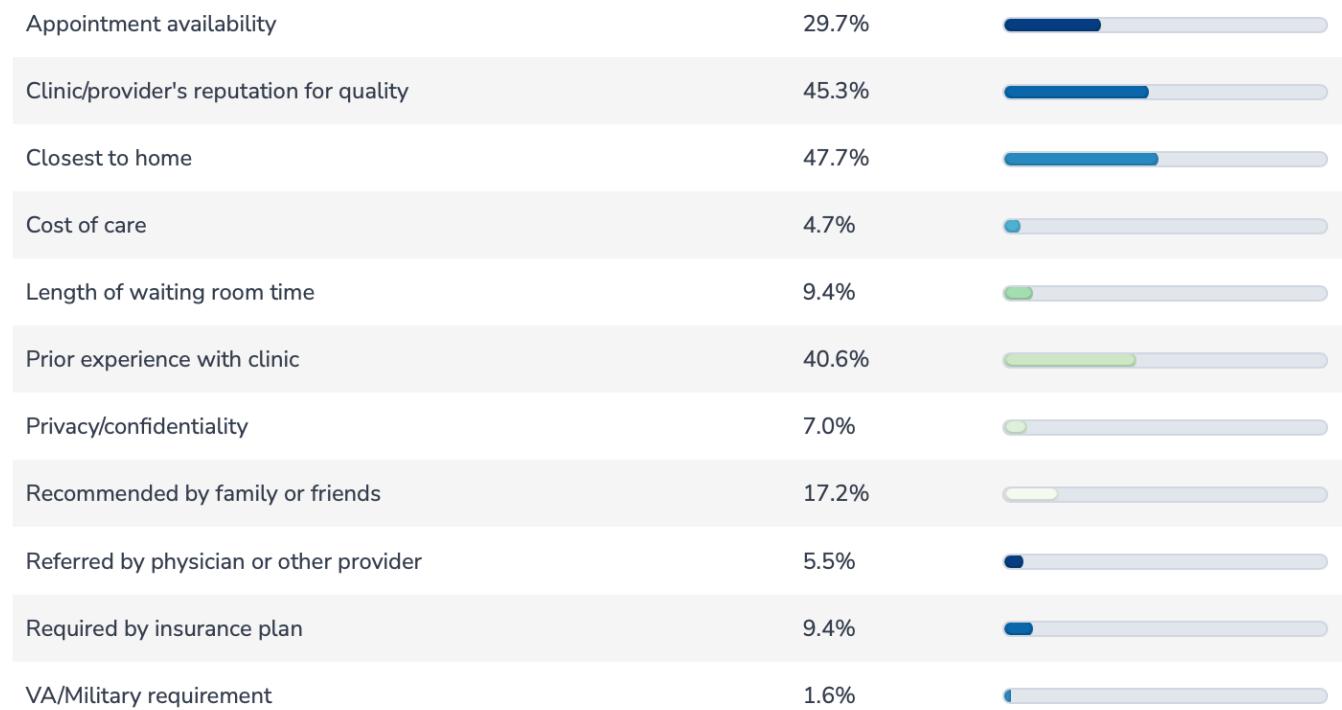


“Other” comments included: “St Vincent Red Lodge,” “Laurel Walk-In,” “State of Montana Clinic Billings”

(View all comments in Appendix G)

Reasons for Primary Care Provider Selection (Question 15)

Respondents who indicated they or someone in their household had been seen by a primary care provider within the past three years are asked to share why they chose that primary care provider. Most respondents (47.7%, n=61) indicated that “Closest to home” was the primary reason for their choice of primary care provider. 45.3% (n=58) said “Clinic/provider’s reputation for quality,” and 40.6% (n=52) said “Prior experience with clinic.”

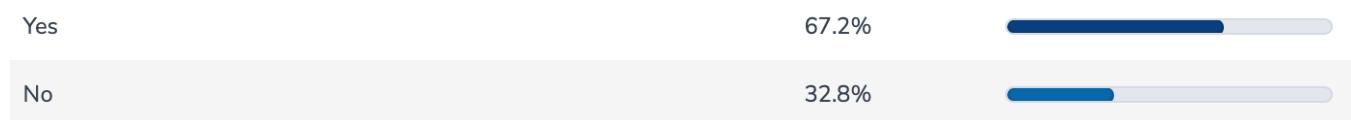


“Other” comments included: “Listens to my concerns and provides care I need,” “Prefere an internal medicine for my PCP”

(View all comments in Appendix G)

Hospital Care Services (Question 16)

Respondents were asked if they or someone in their household had received hospital care in the last three years. Hospitalization was quantified as hospitalized overnight, day surgery, obstetrical care, rehabilitation, radiology, or emergency care. 67.2% of respondents (n=86) reported that they or a member of their family had received hospital care during the previous three years, and 32.8% (n=42) had not received hospital services.



Location of Hospital Services (Question 17)

All of the respondents who indicated receiving hospital care in the last three year shared the location of the hospital. 39.5% of respondents (n=34) reported receiving care at Beartooth Billings Clinic – Red Lodge, 38.4% of respondents (n=33) received services at Billings Clinic – Billings, and 18.6% (n=16) visited St. Vincent Healthcare – Billings.

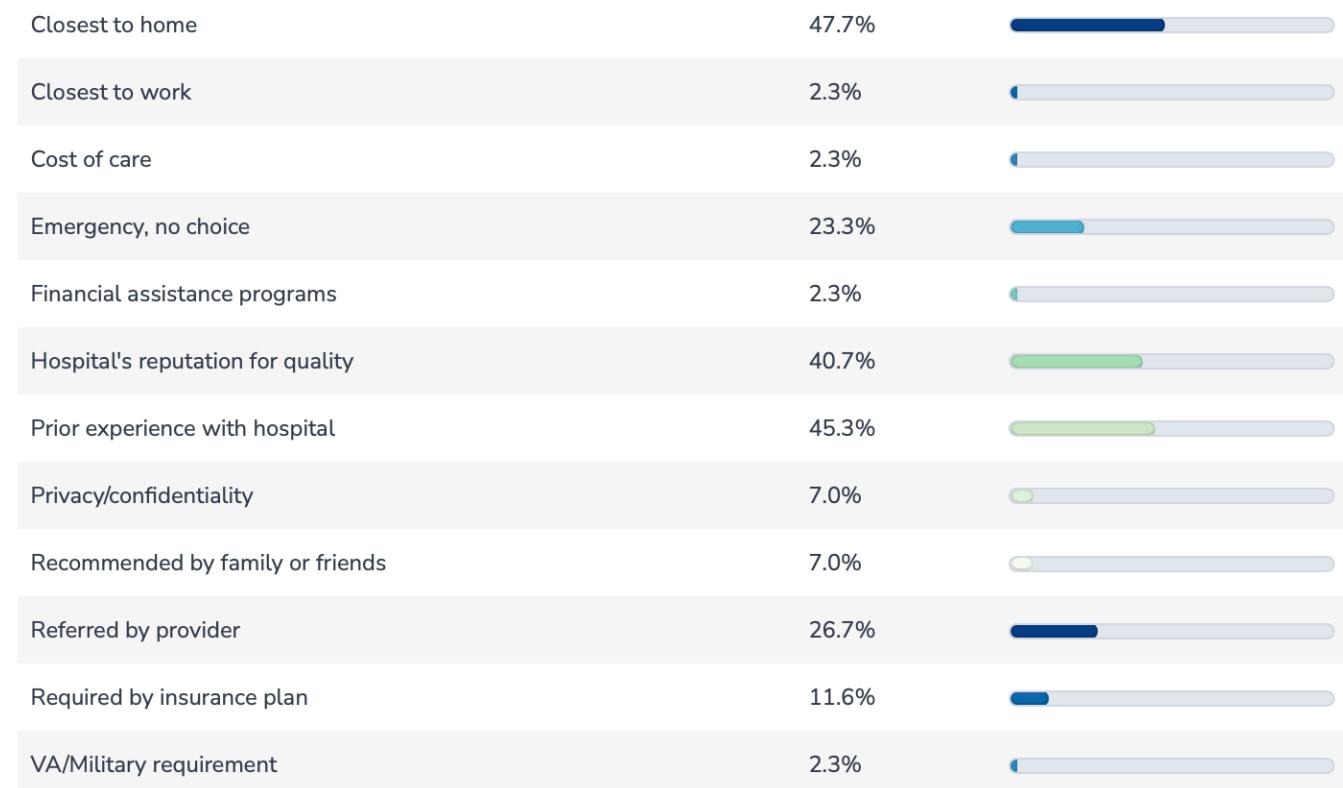


“Other” comments included: “Yellowstone orthopedic”

(View all comments in Appendix G)

Reasons for Hospital Selection (Question 18)

Respondents who had a personal or family experience at a hospital within the past three years shared their top three reasons for selecting the facility used most often. Most respondents (47.7%, n=41) shared that “Closest to home” was their reason for selecting a facility. “Prior experience with hospital” was selected by 45.3% of the respondents (n=39), and 40.7% (n=35) chose “Hospital’s reputation for quality.”

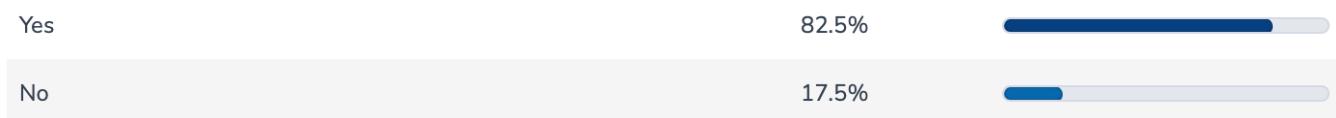


“Other” comments included: “Available Specialist,” “Doctor reputation,” “Surgeon recommended”

(View all comments in Appendix G)

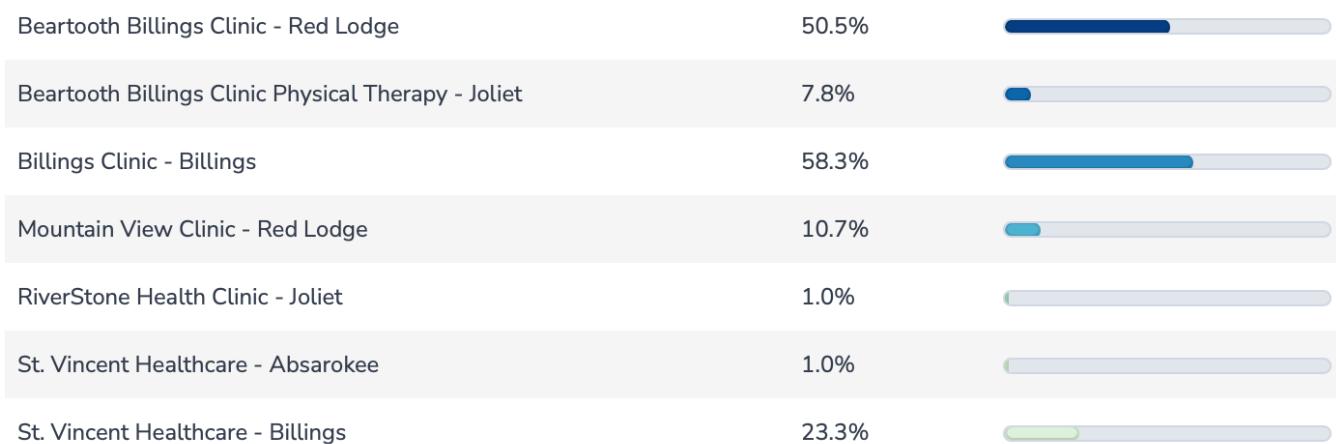
Specialty Care Services (Question 19)

Respondents were asked if they or someone in their household had seen a healthcare specialist in the last three years. Specialty care was quantified as a health provider other than their primary care provider or family doctor. 82.5% of the respondents (n=104) indicated they or a household member had seen a healthcare specialist during the past three years, while 17.5% (n=22) indicated they had not.



Location of Healthcare Specialists (Question 20)

Among the respondents who indicated they saw a healthcare specialist in the past three years, they shared where they sought services. The majority (58.3%, n=60) sought specialty care at Billings Clinic – Billings and 50.5% (n=52) sought care at Beartooth Billings Clinic – Red Lodge. Respondents could select more than one location, so percentages do not equal 100%.



“Other” comments included: Ortho Montana (3), “Cancer Center Billings”

(View all comments in Appendix G)

Type of Healthcare Specialist Seen (Question 21)

Among the respondents who indicated they saw a healthcare specialist in the past three years, the most frequently utilized specialist was the “Dermatologist” at 40.2% (n=41). A “Physical therapist” was seen by 30.4% of respondents (n=31) followed by “Dentist” at 29.4% (n=30). Respondents were asked to choose all that apply, so percentages do not equal 100%.

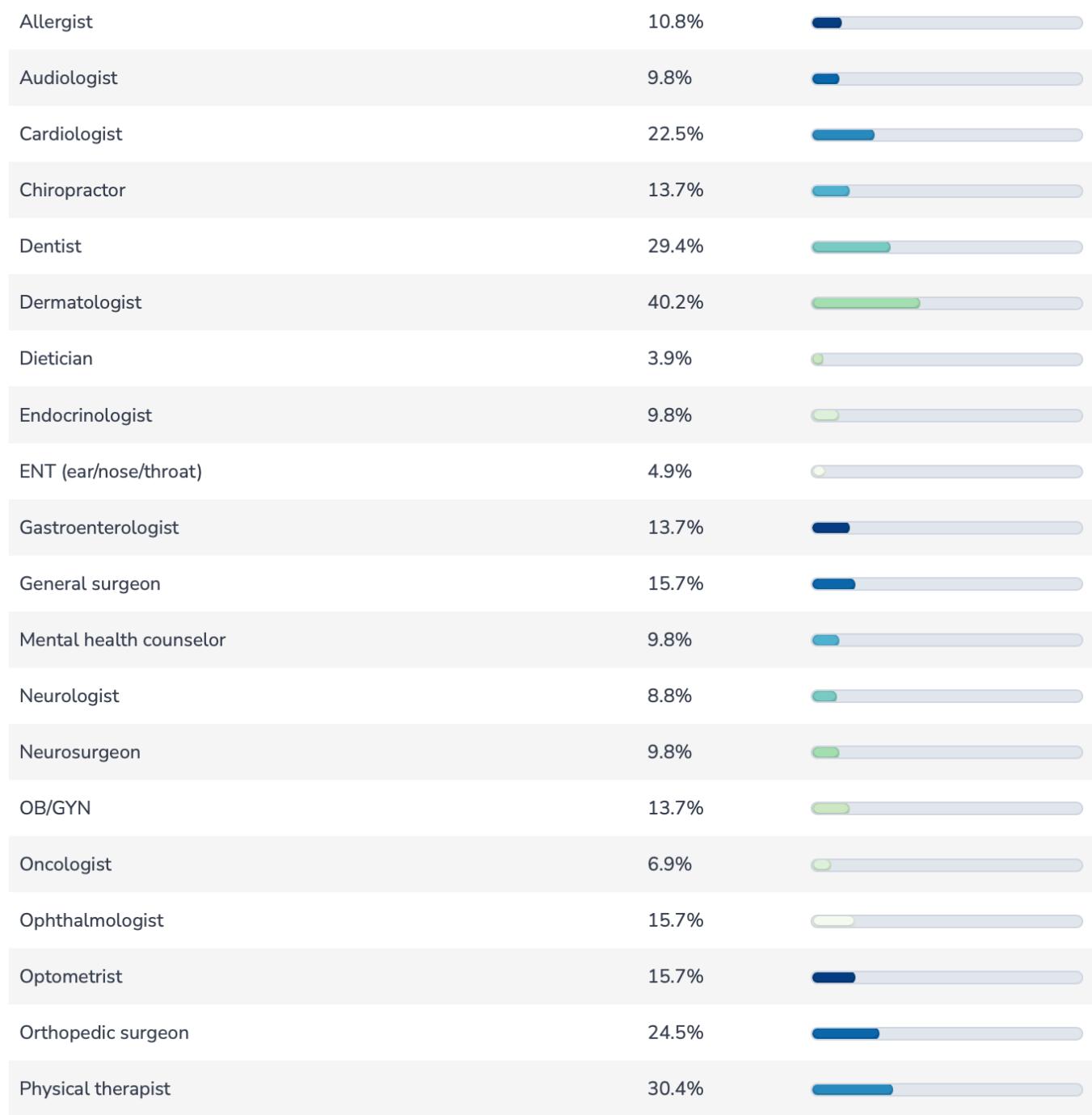
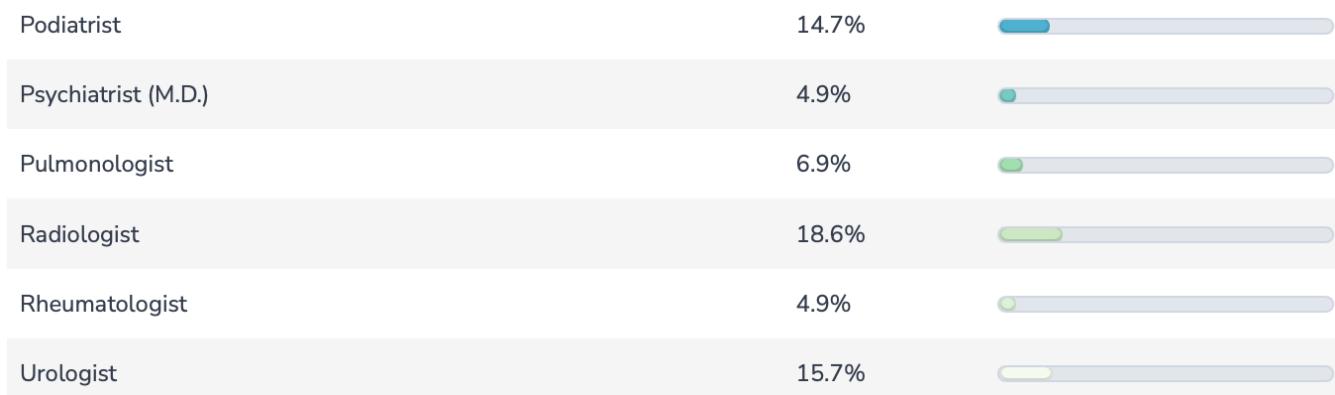


Table continued on the next page.



“Other” comments included: “3D Mammogram,” “Colonoscopy”

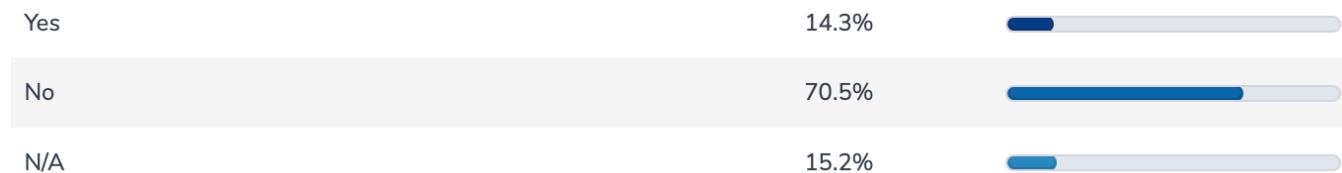
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Delay of Care (Question 22)

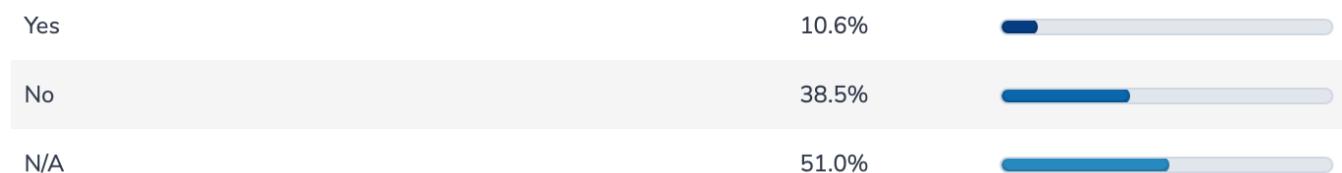
Respondents were asked to indicate if they have delayed getting medical or mental health/psychological care in the last 12 months for a variety of reasons.

Reason #1: Couldn't get through on the telephone to make an appointment

14.3% (n=16) of respondents did delay medical care because they couldn't make an appointment, 70.5% (n=79) said they did not delay medical care for this reason, and 15.2% (n=17) said this was not applicable to them.



10.6% (n=11) of respondents did delay mental health/psychological care because they couldn't make an appointment, 38.5% (n=40) said they did not delay mental health/psychological care for this reason, and 51.0% (n=53) said this was not applicable to them.

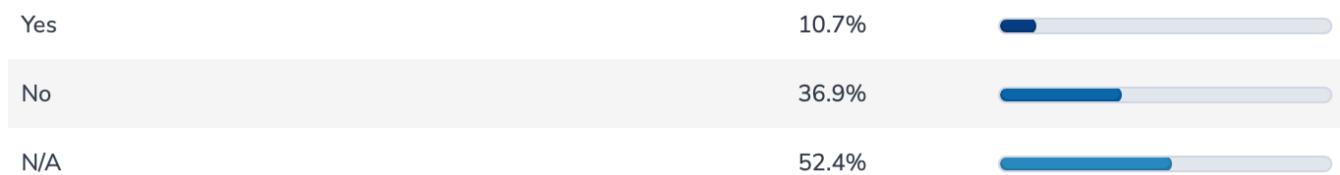


Reason #2: Couldn't get an appointment soon enough

10.7% (n=11) of respondents did delay medical care because they couldn't get an appointment soon enough, 36.9% (n=38) said they did not delay medical care for this reason, and 52.4% (n=54) said this was not applicable to them.

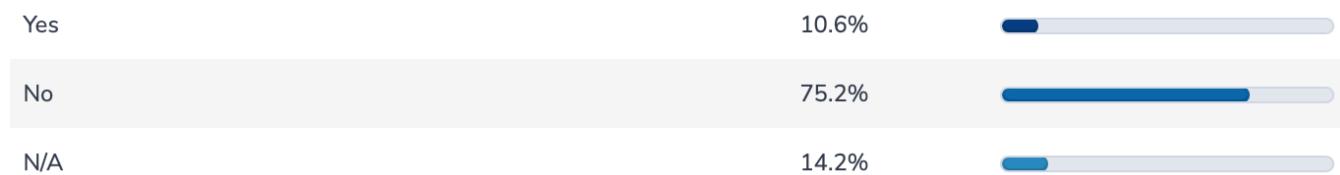


10.7% (n=11) of respondents did delay mental health/psychological care because they couldn't get an appointment soon enough, 36.9% (n=38) said they did not delay mental health/psychological care for this reason, and 52.4% (n=54) said this was not applicable to them.

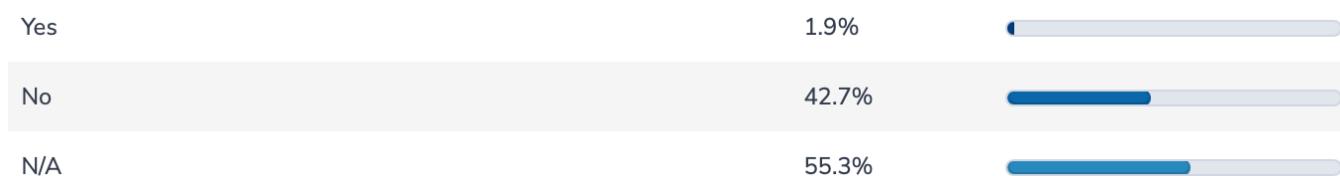


Reason #3: Once you get to your appointment, you have to wait too long to see the doctor

10.6% (n=12) of respondents did delay medical care because they had to wait too long to see the doctor, 75.2% (n=85) said they did not delay medical care for this reason, and 14.2% (n=16) said this was not applicable to them.

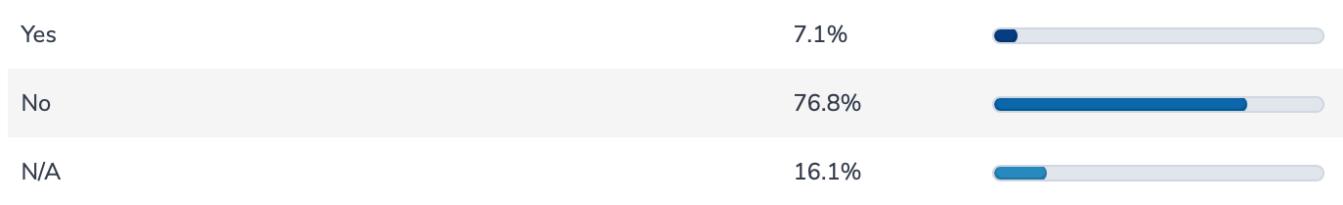


1.9% (n=2) of respondents did delay mental health/psychological care because they had to wait too long to see the doctor, 42.7% (n=44) said they did not delay mental health/psychological care for this reason, and 55.3% (n=57) said this was not applicable to them.

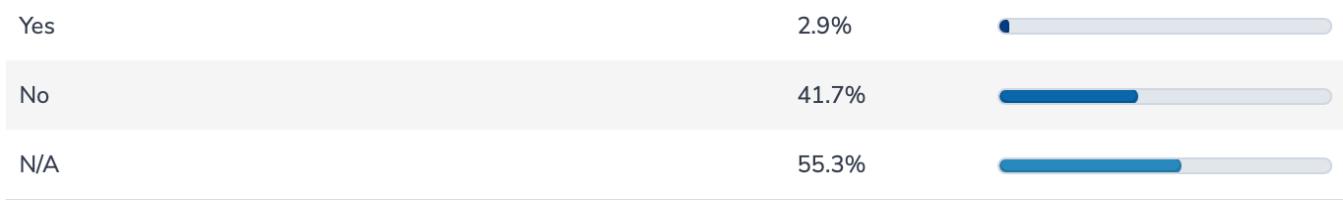


Reason #4: The clinic/doctor's office wasn't open when you could get there

7.1% (n=8) of respondents did delay medical care because the office wasn't open when they could get there, 76.8% (n=86) said they did not delay medical care for this reason, and 16.1% (n=18) said this was not applicable to them.



2.9% (n=3) of respondents did delay mental health/psychological care because the office wasn't open when they could get there, 41.7% (n=43) said they did not delay mental health/psychological care for this reason, and 55.3% (n=57) said this was not applicable to them.

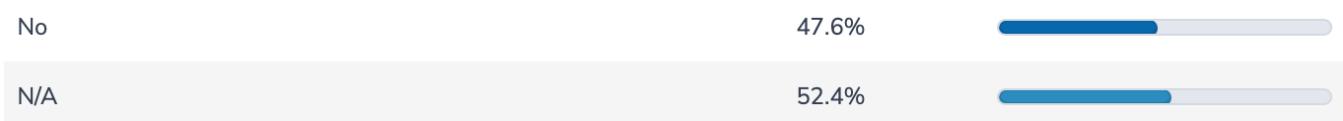


Reason #5: Didn't have transportation

1.8% (n=2) of respondents did delay medical care because they didn't have transportation, 83.0% (n=93) said they did not delay medical care for this reason, and 15.2% (n=17) said this was not applicable to them.

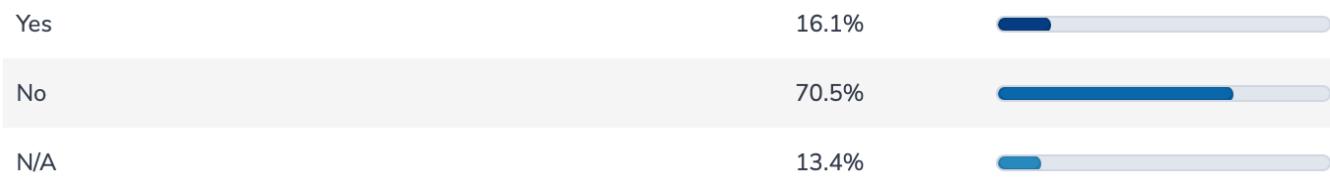


0% (n=0) of respondents did delay mental health/psychological care because they didn't have transportation, 47.6% (n=49) said they did not delay mental health/psychological care for this reason, and 52.4% (n=54) said this was not applicable to them.



Reason #6: Couldn't afford to pay

16.1% (n=18) of respondents did delay medical care because they couldn't afford to pay, 70.5% (n=79) said they did not delay medical care for this reason, and 13.4% (n=15) said this was not applicable to them.

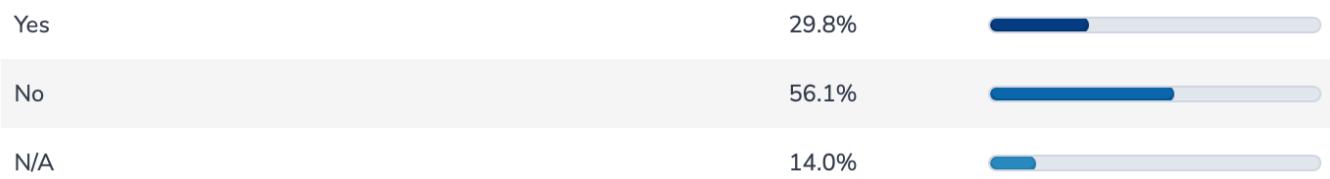


14.7% (n=15) of respondents did delay mental health/psychological care because they couldn't afford to pay, 36.3% (n=37) said they did not delay mental health/psychological care for this reason, and 49.0% (n=50) said this was not applicable to them.



Reason #7: Prefer to manage yourself

29.8% (n=34) of respondents did delay medical care because they prefer to manage themselves, 56.1% (n=64) said they did not delay medical care for this reason, and 14.0% (n=16) said this was not applicable to them.



13.6% (n=14) of respondents did delay mental health/psychological care because they prefer to manage themselves, 36.9% (n=38) said they did not delay mental health/psychological care for this reason, and 49.5% (n=51) said this was not applicable to them.

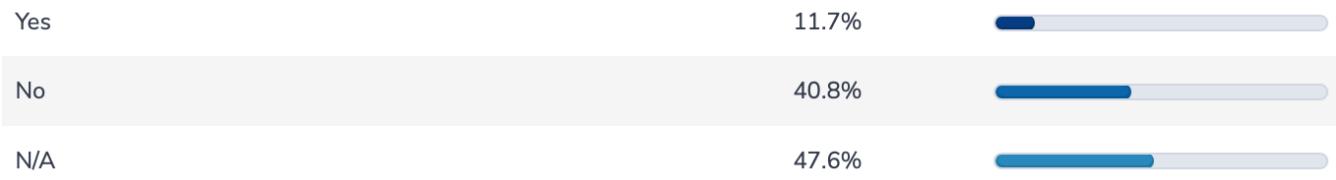


Reason #8: Didn't think anything could help

17.9% (n=20) of respondents did delay medical care because they didn't think anything could help, 67.0% (n=75) said they did not delay medical care for this reason, and 15.2% (n=17) said this was not applicable to them.

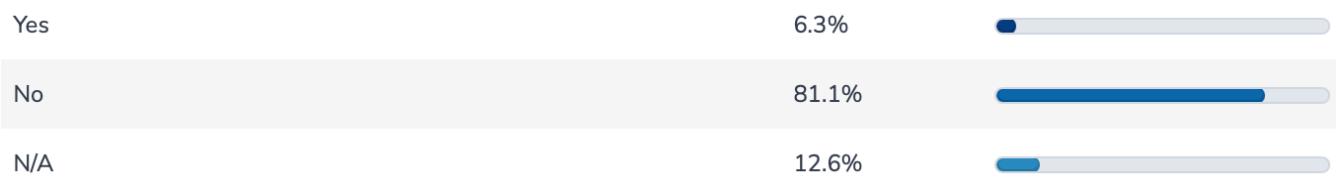


11.7% (n=12) of respondents did delay mental health/psychological care because they didn't think anything could help, 40.8% (n=42) said they did not delay mental health/psychological care for this reason, and 47.6% (n=49) said this was not applicable to them.



Reason #9: Afraid to ask for help or of what others would think

6.3% (n=7) of respondents did delay medical care because they were afraid to ask for help or of what others would think, 81.1% (n=90) said they did not delay medical care for this reason, and 12.6% (n=14) said this was not applicable to them.



5.9% (n=6) of respondents did delay mental health/psychological care because they were afraid to ask for help or of what others would think, 50.0% (n=51) said they did not delay mental health/psychological care for this reason, and 44.1% (n=45) said this was not applicable to them.



Reason #10: Didn't get around to it/didn't bother

15.2% (n=17) of respondents did delay medical care because they didn't get around to it or didn't bother, 71.4% (n=80) said they did not delay medical care for this reason, and 13.4% (n=15) said this was not applicable to them.

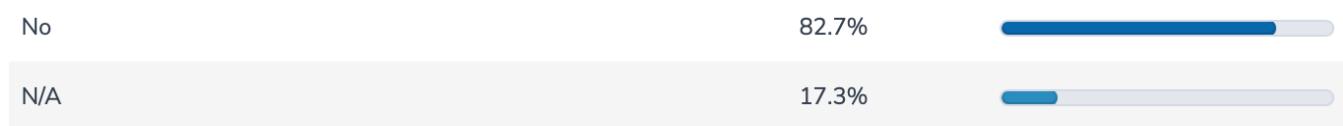


5.9% (n=6) of respondents did delay mental health/psychological care because they didn't get around to it or didn't bother, 43.6% (n=44) said they did not delay mental health/psychological care for this reason, and 50.5% (n=51) said this was not applicable to them.

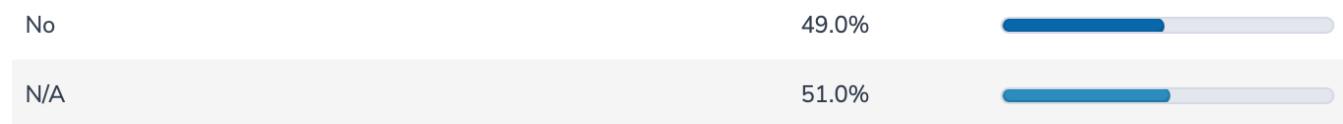


Reason #11: Language barriers

0% (n=0) of respondents did delay medical care because of language barriers, 82.7% (n=91) said they did not delay medical care for this reason, and 17.3% (n=19) said this was not applicable to them.



0% (n=0) of respondents did delay mental health/psychological care because of language barriers, 49.0% (n=49) said they did not delay mental health/psychological care for this reason, and 51.0% (n=51) said this was not applicable to them.



Reason #12: Personal or family responsibilities, including childcare

11.7% (n=13) of respondents did delay medical care because of personal or family responsibilities, including childcare, 73.0% (n=81) said they did not delay medical care for this reason, and 15.3% (n=17) said this was not applicable to them.

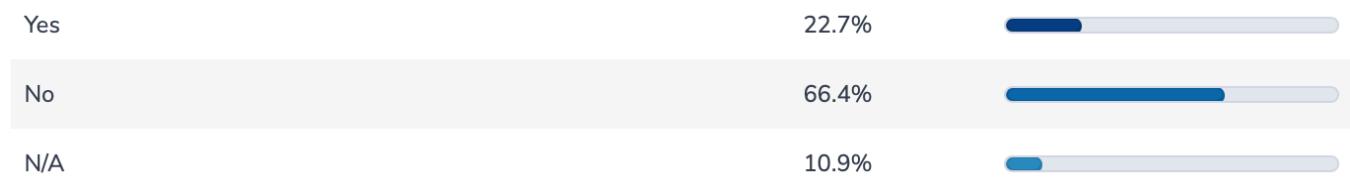


7.9% (n=8) of respondents did delay mental health/psychological care because of personal or family responsibilities, including childcare, 40.6% (n=41) said they did not delay mental health/psychological care for this reason, and 51.5% (n=52) said this was not applicable to them.

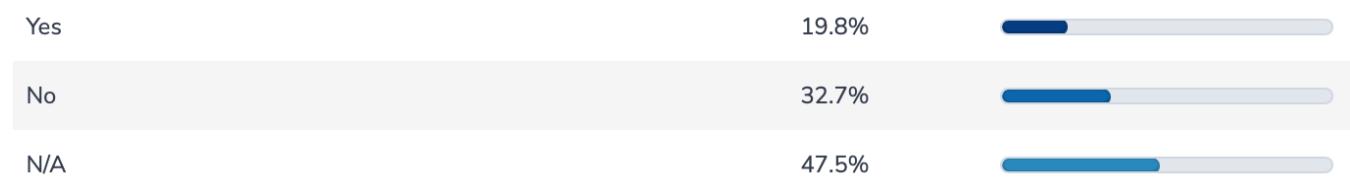


Reason #13: Professional help is not available in the area

22.7% (n=25) of respondents did delay medical care because professional help is not available in the area, 66.4% (n=73) said they did not delay medical care for this reason, and 10.9% (n=12) said this was not applicable to them.

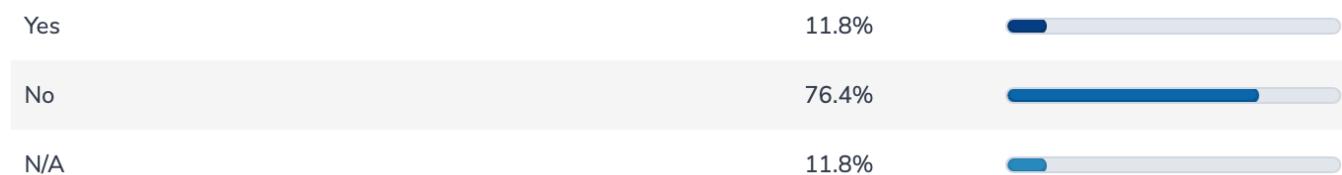


19.8% (n=20) of respondents did delay mental health/psychological care because professional help is not available in the area, 32.7% (n=33) said they did not delay mental health/psychological care for this reason, and 47.5% (n=48) said this was not applicable to them.

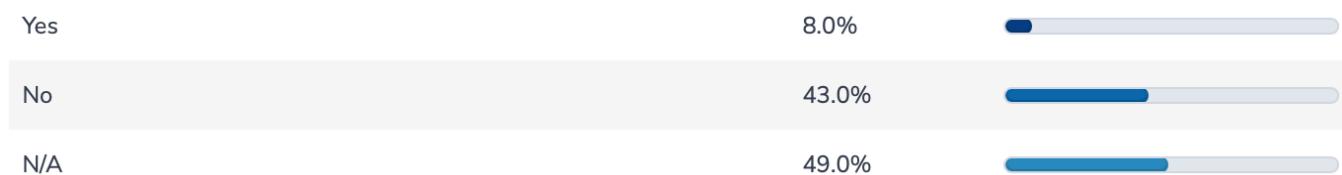


Reason #14: Professional help is not available at the time required (e.g., doctor on holiday, inconvenient hours)

11.8% (n=13) of respondents did delay medical care because professional help is not available at the time required, 76.4% (n=84) said they did not delay medical care for this reason, and 11.8% (n=13) said this was not applicable to them.

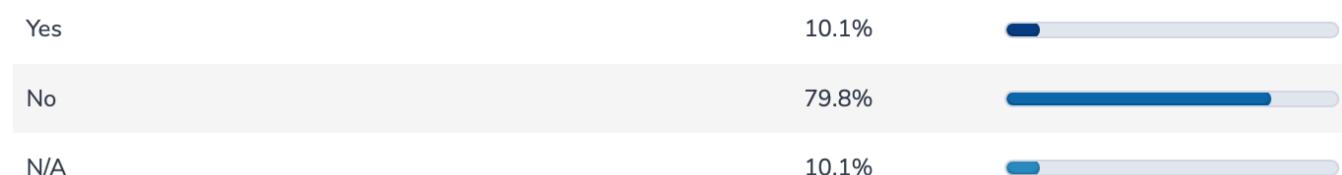


8.0% (n=8) of respondents did delay mental health/psychological care because professional help is not available at the time required, 43.0% (n=43) said they did not delay mental health/psychological care for this reason, and 49.0% (n=49) said this was not applicable to them.

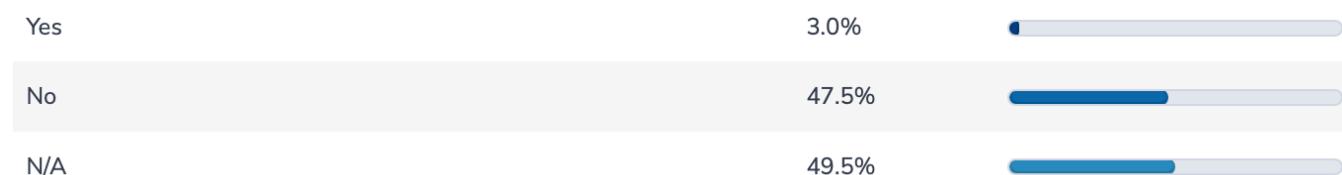


Reason #15: Don't like doctors/PAs

10.1% (n=11) of respondents did delay medical care because they don't like doctors/PAs, 79.8% (n=87) said they did not delay medical care for this reason, and 10.1% (n=11) said this was not applicable to them.

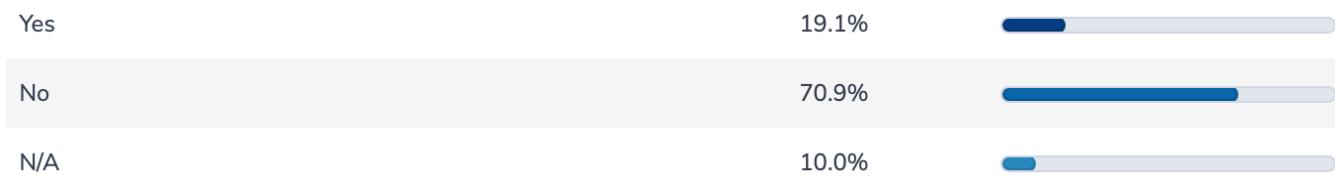


3.0% (n=3) of respondents did delay mental health/psychological care because they don't like doctors/PAs, 47.5% (n=48) said they did not delay mental health/psychological care for this reason, and 49.5% (n=50) said this was not applicable to them.



Reason #16: Insurance didn't cover it

19.1% (n=21) of respondents did delay medical care because insurance didn't cover it, 70.9% (n=78) said they did not delay medical care for this reason, and 10.0% (n=11) said this was not applicable to them.



17.2% (n=17) of respondents did delay mental health/psychological care because insurance didn't cover it, 34.3% (n=34) said they did not delay mental health/psychological care for this reason, and 48.5% (n=48) said this was not applicable to them.



Reason #17: Not treated with respect

7.3% (n=8) of respondents did delay medical care because they were not treated with respect, 81.7% (n=89) said they did not delay medical care for this reason, and 11.0% (n=12) said this was not applicable to them.

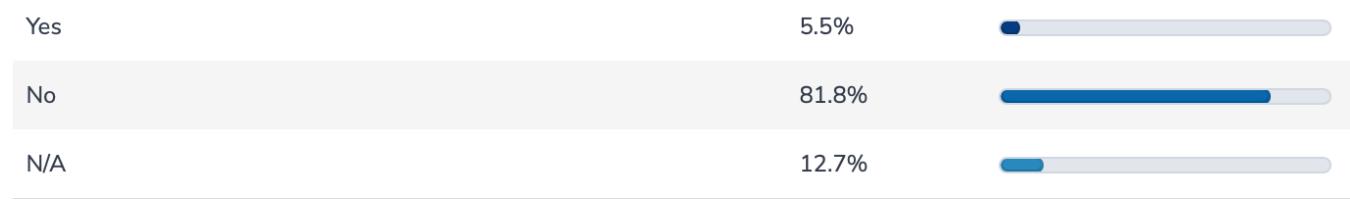


2.0% (n=2) of respondents did delay mental health/psychological care because they were not treated with respect, 45.5% (n=45) said they did not delay mental health/psychological care for this reason, and 52.5% (n=52) said this was not applicable to them.



Reason #18: Privacy/confidentiality

5.5% (n=6) of respondents did delay medical care because of privacy/confidentiality, 81.8% (n=90) said they did not delay medical care for this reason, and 12.7% (n=14) said this was not applicable to them.

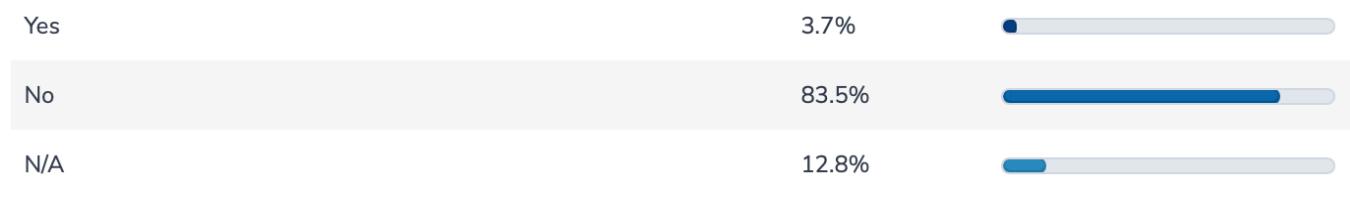


1.0% (n=1) of respondents did delay mental health/psychological care because of privacy/confidentiality, 48.0% (n=48) said they did not delay mental health/psychological care for this reason, and 51.0% (n=51) said this was not applicable to them.

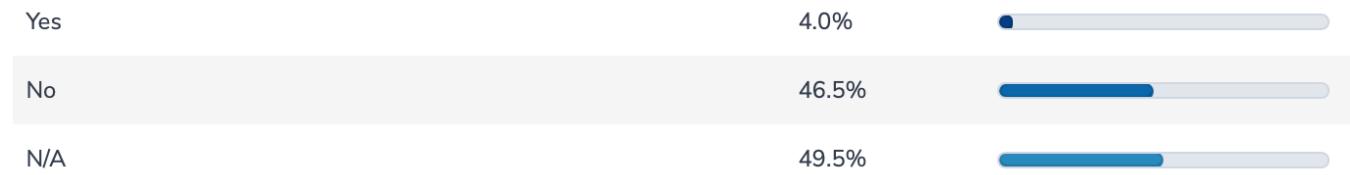


Reason #19: Didn't understand the healthcare system

3.7% (n=4) of respondents did delay medical care because they didn't understand the healthcare system, 83.5% (n=91) said they did not delay medical care for this reason, and 12.8% (n=14) said this was not applicable to them.

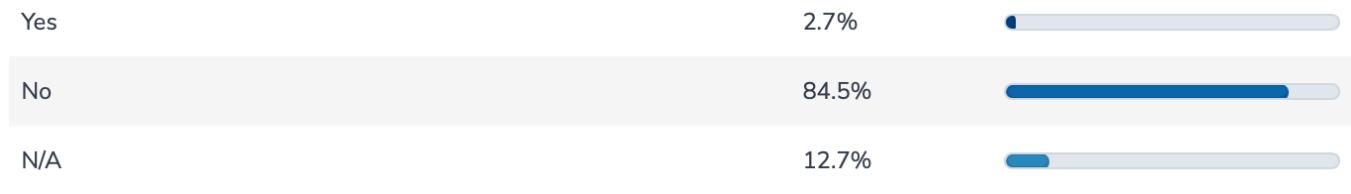


4.0% (n=4) of respondents did delay mental health/psychological care because they didn't understand the healthcare system, 46.5% (n=46) said they did not delay mental health/psychological care for this reason, and 49.5% (n=49) said this was not applicable to them.



Reason #20: Didn't know where to go

2.7% (n=3) of respondents did delay medical care because they didn't know where to go, 84.5% (n=93) said they did not delay medical care for this reason, and 12.7% (n=14) said this was not applicable to them.



11.0% (n=11) of respondents did delay mental health/psychological care because they didn't know where to go, 43.0% (n=43) said they did not delay mental health/psychological care for this reason, and 46.0% (n=46) said this was not applicable to them.



Overall Quality of Services in Carbon County (Question 23)

Respondents were asked to rate various services available in Carbon County using the scale of 4= Excellent, 3= Good, 2= Fair, 1=Poor, and Haven't Used. The service that received the highest score was "Primary care" – 51.2% of respondents ranked it as "Excellent." Next were "CT Scan/x-ray/ultrasound/mammography" and "Laboratory" – 44.3% ranked them each as "Excellent."

	Excellent	Good	Fair	Poor	Haven't Used	Don't Know
Carbon County Area Ride and Transit (CART)						
Count	34	11	1	2	66	7
Row %	28.1%	9.1%	0.8%	1.7%	54.5%	5.8%
Childcare services						
Count	4	14	9	4	76	15
Row %	3.3%	11.5%	7.4%	3.3%	62.3%	12.3%
Chronic health disease monitoring, management, and support						
Count	5	16	8	3	72	17
Row %	4.1%	13.2%	6.6%	2.5%	59.5%	14.0%
Communicable disease and STD screenings						
Count	1	8	5	4	85	16
Row %	0.8%	6.7%	4.2%	3.4%	71.4%	13.4%
CT Scan/x-ray/ultrasound/mammography						
Count	54	29	6	0	29	4
Row %	44.3%	23.8%	4.9%	0.0%	23.8%	3.3%
Diabetes education						
Count	3	9	5	1	90	14
Row %	2.5%	7.4%	4.1%	0.8%	73.8%	11.5%
Emergency room						
Count	50	18	7	1	42	4
Row %	41.0%	14.8%	5.7%	0.8%	34.4%	3.3%
Endoscopy services						
Count	23	9	3	1	71	13
Row %	19.2%	7.5%	2.5%	0.8%	59.2%	10.8%
Geriatric services						
Count	6	5	5	2	88	15
Row %	5.0%	4.1%	4.1%	1.7%	72.7%	12.4%
Home health/hospice						
Count	9	6	1	2	89	15
Row %	7.4%	4.9%	0.8%	1.6%	73.0%	12.3%

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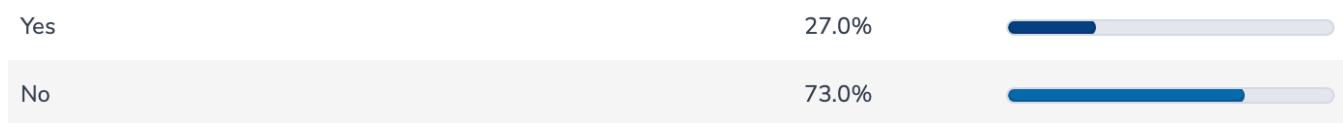
Infusion						
Count	8	6	1	2	90	15
Row %	6.6%	4.9%	0.8%	1.6%	73.8%	12.3%
Laboratory						
Count	54	29	4	0	27	8
Row %	44.3%	23.8%	3.3%	0.0%	22.1%	6.6%
Mental health screenings and services for schools						
Count	0	6	10	6	78	20
Row %	0.0%	5.0%	8.3%	5.0%	65.0%	16.7%
Mental Health/Behavioral Health/Counseling						
Count	3	8	10	10	69	21
Row %	2.5%	6.6%	8.3%	8.3%	57.0%	17.4%
Mobile vaccination clinics to schools and communities						
Count	3	9	5	3	78	22
Row %	2.5%	7.5%	4.2%	2.5%	65.0%	18.3%
MRI						
Count	21	14	6	2	64	14
Row %	17.4%	11.6%	5.0%	1.7%	52.9%	11.6%
Nutrition guidance programs						
Count	5	8	5	2	87	14
Row %	4.1%	6.6%	4.1%	1.7%	71.9%	11.6%
Outpatient Surgery						
Count	9	6	5	3	85	13
Row %	7.4%	5.0%	4.1%	2.5%	70.2%	10.7%
Parenting services/WIC						
Count	1	2	4	2	95	17
Row %	0.8%	1.7%	3.3%	1.7%	78.5%	14.0%
Physical/speech/occupational therapies						
Count	26	14	3	2	60	16
Row %	21.5%	11.6%	2.5%	1.7%	49.6%	13.2%
Primary care services						
Count	62	34	4	2	16	3
Row %	51.2%	28.1%	3.3%	1.7%	13.2%	2.5%

Table continued on the next page.

Public Health Emergency Preparedness Program		6 5.0%	15 12.5%	7 5.8%	3 2.5%	71 59.2%	18 15.0%
Count							
Row %							
Registered Dietician/nutrition services							
Count	7 5.7%		6 4.9%	4 3.3%	2 1.6%	85 69.7%	18 14.8%
Row %							
Safety planning for individuals experiencing interpersonal violence							
Count	6 5.0%		6 5.0%	3 2.5%	2 1.7%	85 70.8%	18 15.0%
Row %							
Senior foot care clinics							
Count	7 5.8%		5 4.1%	1 0.8%	2 1.7%	89 73.6%	17 14.0%
Row %							
Sports medicine							
Count	11 9.0%		13 10.7%	3 2.5%	0 0.0%	79 64.8%	16 13.1%
Row %							
Suicide Prevention Program							
Count	1 0.8%		4 3.3%	7 5.8%	6 5.0%	85 70.8%	17 14.2%
Row %							
Telemedicine/telehealth							
Count	6 5.0%		7 5.8%	2 1.7%	3 2.5%	87 72.5%	15 12.5%
Row %							
Visiting specialist/specialty clinics							
Count	26 21.3%		25 20.5%	11 9.0%	4 3.3%	45 36.9%	11 9.0%
Row %							

Depression (Question 24)

Respondents were asked if there have been periods of at least three months in a row in the last three years where they felt depressed on most days. 27.0% (n=33) of respondents indicated they had felt depressed; 73.0% (n=89) of respondents said they had not.



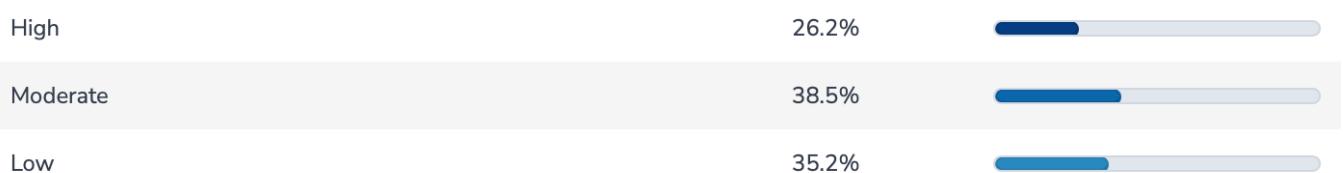
Social Isolation (Question 25)

Respondents were asked to indicate how often they felt lonely or isolated in the past year. 45.1% percent of respondents (n=55) indicated they “Never” felt lonely or isolated; 30.3% (n=37) indicated they “Occasionally (1-2 days per month)” felt lonely or isolated; 15.6% (n=19) reported they felt lonely or isolated “Sometimes (3-5 days per month);” 7.4% (n=9) indicated they felt lonely or isolated on “Most days (3-5 days per week);” and 1.6% (n=2) respondents reported they felt lonely or isolated “Every day.”



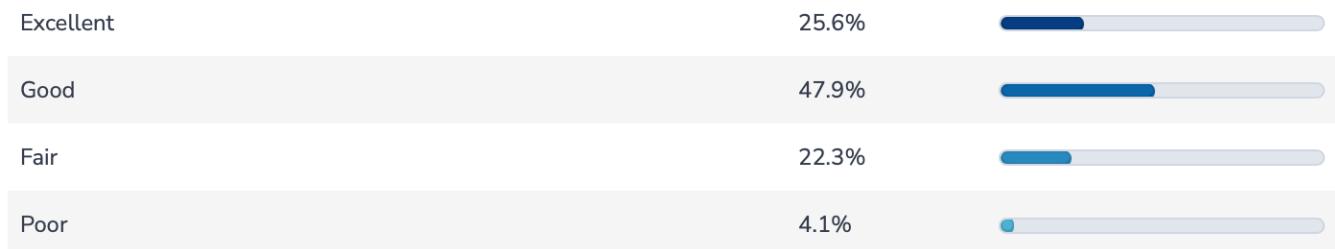
Perception of Stress (Question 26)

Respondents were asked to indicate how they would describe their stress level over the past year. 38.5% of respondents (n=47) indicated they experienced a “Moderate” level of stress, 35.2% (n=43) had a “Low” level of stress, and 26.2% (n=32) indicated they had experienced a “High” level of stress.



Rating of Mental Health (Question 27)

Respondents were asked to indicate how they would describe their mental health in general when considering stress, anxiety, depression, and emotional problems. 47.9% of respondents (n=58) felt their mental health was "Good," 25.6% (n=31) said theirs was "Excellent," 22.3% of respondents (n=27) felt their mental health was "Fair," and 4.1% of respondents (n=5) rated their mental health as "Poor."



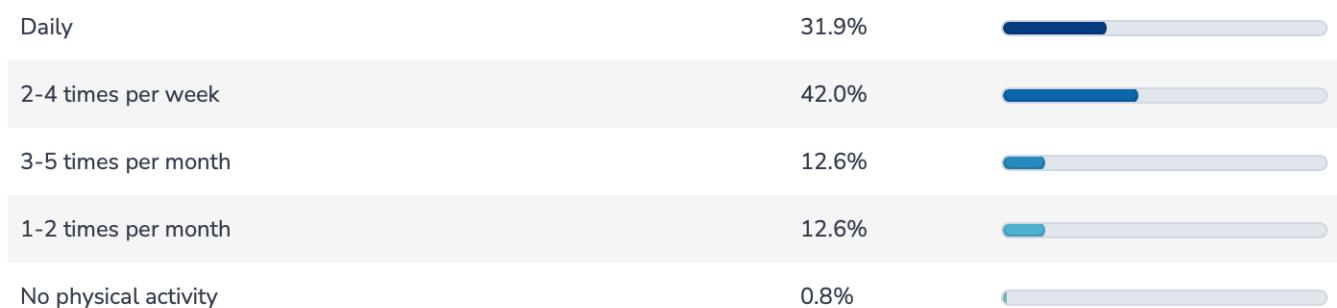
Impact of Substance Abuse (Question 28)

Respondents were asked to indicate to what degree their life has been negatively affected by their own or someone else's substance abuse issues including alcohol, prescription, or other drugs. 50.4% of respondents (n=61) indicated their life was "Not at all" affected. 19.8% (n=24) were "Somewhat" affected, 19.0% (n=23) were "A little" affected, and 10.7% (n=13) indicated they were "A great deal" negatively affected.



Physical Activity (Question 29)

Respondents were asked to indicate how frequently they had physical activity for at least twenty minutes over the past month. 42.0% of respondents (n=50) indicated they had physical activity “2-4 times per week,” and 31.9% (n=38) said “Daily.” 12.6% of respondents (n=15, each) indicated they had physical activity “3-5 times per month” or “1-2 times per month,” and 0.8% (n=1) indicated they had “No physical activity.”



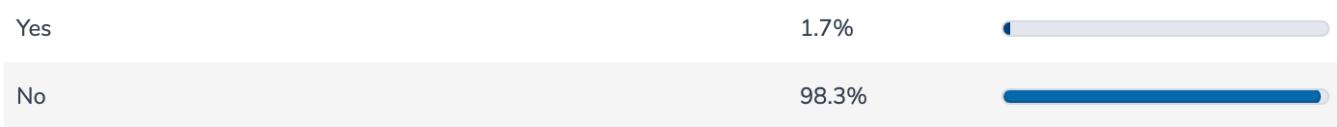
Prescription Cost (Question 30)

Respondents were asked to indicate if, during the last year, medication costs had prohibited them from getting a prescription or taking their medication regularly. 9.2% of respondents (n=11) indicated that they had difficulty getting a prescription or taking their medication regularly in the last year while 80.8% of respondents (n=97) indicated that they did not have trouble getting or taking prescriptions, and 10.0% (n=12) stated it was not a pertinent question for them.



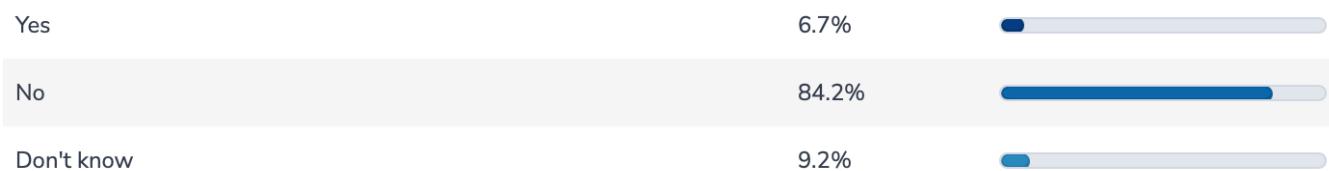
Food Insecurity (Question 31)

Respondents were asked to indicate if, during the last year, they had worried that they would not have enough food to eat. Most, 98.3% (n=118), were not worried, but 1.7% (n=2) were concerned about not having enough to eat.



Housing (Question 32)

Respondents were asked if they thought that the community had adequate and affordable housing options available. The majority of respondents (84.2%, n=101) thought there were not adequate and affordable housing options available, 9.2% (n=11) did not know, and 6.7% (n=8) thought there were.



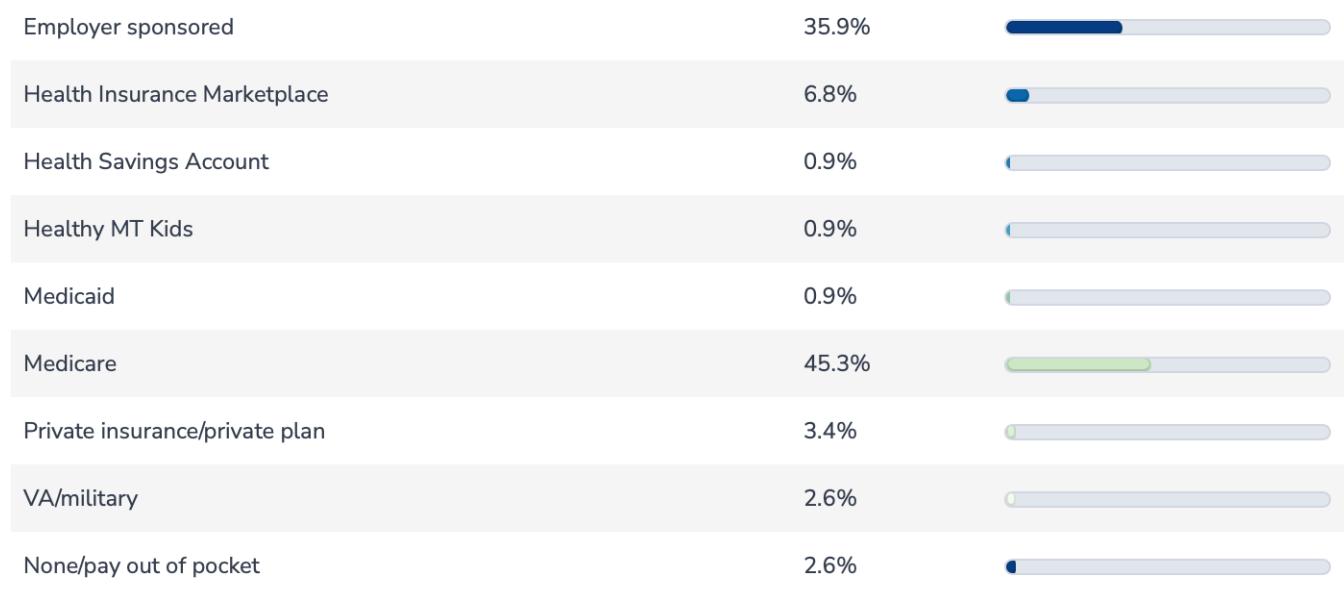
Barriers (Question 33)

Respondents were asked how much of a problem a variety of activities are for them, using the scale "Not a problem," "Minor problem," "Moderate problem," "Major problem," and "Not applicable."

	Not a problem	Minor problem	Moderate problem	Major problem	Not applicable
Ease of travel by public transportation in your community Count Row %	26 22.0%	12 10.2%	8 6.8%	9 7.6%	63 53.4%
Ease of travel by car in your community Count Row %	102 86.4%	8 6.8%	5 4.2%	1 0.8%	2 1.7%
Ease of walking in your community Count Row %	76 64.4%	24 20.3%	9 7.6%	4 3.4%	5 4.2%
Ease of bicycling in your community Count Row %	58 49.6%	20 17.1%	10 8.5%	2 1.7%	27 23.1%
Ease of getting to the places you usually have to visit Count Row %	102 86.4%	11 9.3%	3 2.5%	0 0.0%	2 1.7%
Having safe and affordable transportation available Count Row %	63 53.4%	16 13.6%	3 2.5%	6 5.1%	30 25.4%

Health Insurance Type (Question 34)

Respondents were asked to indicate what type of health insurance covers the majority of their medical expenses. 45.3% (n=53) indicated they have “Medicare” coverage, and 35.9% (n=42) indicated they have “Employer sponsored” coverage.



“Other” comments included: “VA and Medicare”

(View all comments in Appendix G)

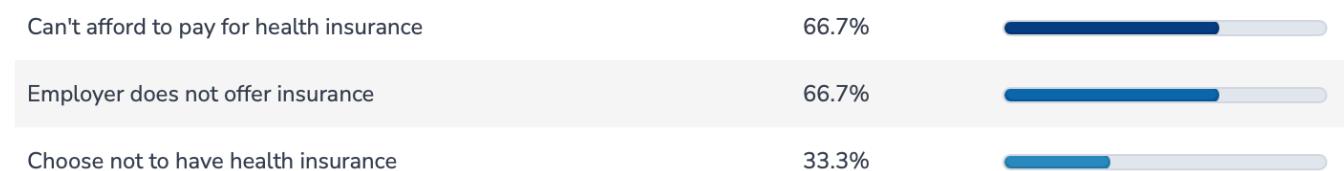
Insurance and Healthcare Costs (Question 35)

Respondents were asked to indicate how well they felt their health insurance covers their healthcare costs. 43.6% (n=51) indicated they felt their insurance covers a “Good” amount of their healthcare costs, 30.8% (n=36) said “Excellent,” 16.2% (n=19) said they had “Fair” coverage, and 9.4% (n=11) said “Poor.”



Barriers to Having Insurance (Question 36)

Three survey respondents indicated they did not have health insurance indicated their reasons for not having health insurance. Two of them said “Can’t afford to pay for health insurance” and “Employer does not offer insurance,” and one of them said that they “Choose not to have health insurance.” Respondents could check all answers that apply.



Awareness of Health Cost Assistance Programs (Question 37)

Respondents were asked to indicate their awareness of programs that help people pay for healthcare bills. 34.5% of respondents (n=40, each) indicated they were aware of these programs but don't qualify and that they were not aware of them. 14.7% (n=17) said they are not sure if they are aware of these programs, 10.3% (n=12) said they are aware but they choose not to use them, and 6.0% (n=7) said that they use health cost assistance programs.





QUALITATIVE DATA RESULTS

Focus Groups & Key Informant Interviews

Methodology

Two focus groups and six key informant interviews were conducted in the fall of 2025. Participants were identified as people living in Carbon County.

The focus groups were conducted in person at Beartooth Billings Clinic and lasted up to 1 hour in length. The interviews were done over the phone and lasted approximately 15 minutes. Both data collections followed the same line of questioning (Appendix H). Detailed notes from each of the focus groups and interviews can be found in Appendix I. All data collection was facilitated by Montana Office of Rural Health staff.



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.



SENIOR SERVICES

The most common theme of the key informant interviews was a concern for the area's aging population.

One common theme was the need for more at-home care to support seniors aging in place. The community lacks many resources and capabilities to check on and assist seniors still living at home; these services would be extremely beneficial to those seniors. Participants noted that the services that Beartooth Billings Clinic does offer are great, but there are gaps in those services that are not filled by anything else locally. For seniors needing more care than BBC can provide, the only option is to leave the community.

Transportation as a barrier to health care was brought up for the community in general, but also specifically related to seniors, who people feel face more barriers in receiving the care they need.

Senior care outside of Red Lodge was noted to be lacking. Services available in town are not accessible for those who live in the rest of the county, and transportation is a barrier to accessing services at BBC.



MENTAL & BEHAVIORAL HEALTH

Mental and behavioral health was another top theme identified among community members.

Participants cited the need for more resources, both in counseling and psychiatry. They noted that psychiatry patients cannot be seen locally but must be transported to Billings for care, and there are generally few resources available locally for those in crisis. Participants also expressed that the stigma around mental health is great but that efforts to reduce it seem to be working, that the community is gradually getting better about recognizing and accessing care.

Participants also noted the prevalence of substance use in the county, citing alcohol, tobacco, and marijuana specifically. There is a sense that the prevalence of substances is negative for the community. Yet participants note the lack of resources to help address and overcome substance use disorders.



YOUNG FAMILY SERVICES

The lack of OB and pediatric care in Carbon County was an emergent pattern in focus groups and key informant interviews. Medical care for pre- and post-natal mothers could be bolstered, as could pediatric care. Well-child and Well-baby initiatives, as well as childhood screenings, could be stronger.

Participants noted that there is a lack of parent organizations and parent support, and that it is difficult to achieve interventions in the schools also due to lack of support and resources. Integrated behavioral health would be a boon for the schools. And child care in Carbon County is extremely limited.

Additionally, more resources and services to provide youth and teenagers with activities to do would be beneficial. There are some offered locally, but respondents indicated that more would be helpful in keeping kids occupied and involved in the community.



SERVICES NEEDED IN THE COMMUNITY

- OB, pediatrics, developmental screenings
- Social services offices
- Affordable/available housing
- Child care
- Domestic and sexual violence resources
- Senior services, especially home health
- Aging in place resources/services
- Licensed social workers
- Adult and Child Protective Services
- Psychiatric services
- Mental health resources
- Chemical dependency services
- Geriatric services
- Transportation access
- Integrated behavioral health
- Pharmacy
- Dentist
- Urgent care
- Eye care



EXECUTIVE SUMMARY

Executive Summary

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

Areas of Opportunity	Secondary Data	Survey	Focus Groups
Access to Healthcare Services			
<i>Cost assistance programs</i>		✓	<input checked="" type="checkbox"/>
<i>Healthcare navigator</i>		✓	<input checked="" type="checkbox"/>
<i>Information about available services</i>		✓	<input checked="" type="checkbox"/>
<i>Specialty care</i>	⊗	✓	
<i>Transportation assistance</i>	⊗	✓	<input checked="" type="checkbox"/>
Health Conditions & Behaviors			
<i>Alcohol/substance use</i>	⊗	✓	<input checked="" type="checkbox"/>
<i>Cancer</i>			<input checked="" type="checkbox"/>
<i>Mental health issues</i>	⊗	✓	<input checked="" type="checkbox"/>
<i>OB/Pediatrics</i>	⊗		<input checked="" type="checkbox"/>
<i>Screenings/preventive care</i>		✓	
<i>Weight/nutrition/fitness</i>	⊗	✓	
Other			
<i>Affordable housing</i>		✓	<input checked="" type="checkbox"/>
<i>Child care</i>	⊗		<input checked="" type="checkbox"/>
<i>Senior care & services</i>	⊗	✓	<input checked="" type="checkbox"/>
<i>Women's health</i>		✓	
<i>Youth activities/opportunities/support</i>			<input checked="" type="checkbox"/>



NEXT STEPS & RESOURCES

Prioritization of Health Needs

The community steering committee, comprised of staff leaders from Beartooth Billing Clinic (BBC) and Carbon County Public Health (CCPH) and community members from Carbon 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.

BBC and CCPH both play critical roles in guiding health outcomes for Carbon County residents and are jointly committed to coordinating the Community Health Improvement Plan (CHIP) to improve efficiency and reduce confusion for the community.

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:

- Lack of elderly and long-term care services
- Alcohol and substance use
- Mental health issues

***Note: The remaining 15 lower-priority concerns identified in the survey—considered ongoing work outside the collaborators' scope—will be shared with other county agencies and resources.*

Beartooth Billings Clinic & Carbon County Public Health will determine which needs or opportunities could be addressed considering 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.

Beartooth Billings Clinic (BBC), a 10-bed Critical Access Hospital, has a 24-hour emergency room, same day care facility, Home Health Services, laboratory and imaging services.

Intermountain Health, Family medicine, senior primary care and pediatrics. Same day walk-in care facility for urgent needs.

Riverstone Health Clinics in Joliet and Bridger: Open limited hours, family practice and primary care, WIC program with two nurse practitioners on staff.

Red Lodge Fire/Rescue is a 24-hour, Advanced Life Support service with paid staff and volunteers.

Joliet Ambulance is a volunteer organization based out of Joliet with Basic Life Support (BLS) service.

Clarks Fork Valley Ambulance (CFVA) operates out of Bridger and Joliet. Basic Life Support (BLS) with Authorization for ALS. It is a volunteer organization.

Fromberg Quick Response Unit works with CFVA and supplies extrication and stabilization services.

Laurel Volunteer Ambulance Service capabilities are (BLS) with Authorization for ALS.

Billings Clinic and Intermountain Health (formerly St. Vincent Healthcare) in Billings; both have ALS flight capabilities.

County Morgue is contracted to the Smith-Olcott Funeral Home in Red Lodge.

Mental Health Services/Support Bridgemont (Formerly known as The Mental Health Center) Carbon County, is a satellite of the South-Central Montana Regional Health Center based in Billings, MT, currently has no counselors on staff in Carbon County.

Beartooth Billings Clinic: Evaluation of Previous CHNA & Implementation Plan

Beartooth Billings Clinic (BBC) provided the Montana Office of Rural Health with an update on their Implementation Plan activities from their previous CHNA process. The BBC Board of Directors approved its previous implementation plan on January 18, 2023. The plan prioritized the following health issues:

- Mental and behavioral health
- Access to healthcare services
- Chronic disease management and prevention

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

<https://www.beartoothbillingsclinic.org/about-us-beartooth-billings-clinic/community-health-needs-assessments/>.

Goal 1: Enhance mental and behavioral health services in Carbon County.

	Activities	Accomplishments & Community Impact/Outcomes
Strategy 1.1: Expand and sustain mental and behavioral health services available locally.	Expand BBC's integrated behavioral health model in the clinic setting to meet the increasing demand among children and young adults by hiring a licensed clinical social worker (LCSW).	BBC now has two full time social workers seeing patients. One LCSW specializes in pediatrics and comes from the public school system. There has also been connection with all the County schools to offer support.
	Foster relationships with schools in the service area to enhance access to behavioral health services for area youth and adolescents. Explore opportunities to support one another, disseminate outreach materials, and improve overall awareness of local behavioral health resources.	BBC now has two full time social workers seeing patients. One LCSW specializes in pediatrics and comes from the public school system. There has also been connection with all the County schools to offer support.
	Sustain BBC's active participation on the local Mental	In discussion with CCPH, it seems that Mental Health Advisory Council is not

	Health Advisory Council. Provide regular updates of the Council to the leadership team.	currently active. When this resumes, we will most definitely participate. Currently active on the Crisis Coalition.
	Continue to implement suicide screening protocols in the emergency department. Regularly train and equip BBC staff of all levels with the tools and knowledge to be prepared to adequately respond to mental and behavioral health patients (i.e., presenting in crisis, resources, routine care, etc.).	In clinic all adults and adolescents are screened with the PHQ2 at all primary care visits. SDC visits are excluded from this requirement. If the PHQ2 screens positive, the PHQ9 is required. Clinic staff are trained if patients answer positively to #9 on the PHQ9 to verbally notify their provider ahead of the visit. We have IBH staff available every day in clinic for immediate crisis intervention and referral if necessary. IBH and providers have easy access to the Columbia-Suicide Severity Rating Scale in our BaseCamp folder. We also have the BBC Patient Safety Plan available on BaseCamp.
	Expand the employee assistance program (EAP) for employees and their families to meet the increased demand, providing timely mental health services. As the area's largest employer, it is vital to sustain this resource considering the socioeconomics and recent environmental impacts of the service area.	EAP is staffed by Billings Clinic – at this time we have been unable to expand but will definitely explore this as a future option if resources allow. We have implemented online application support for our employees as part of their benefits package called Resource Link. They can receive online support and counseling. They also have access to our in-house counselors as well.

Goal 2: Improve access to healthcare services in Carbon County.

	Activities	Accomplishments & Community Impact/Outcomes
Strategy 2.1: Expand access to specialty care services locally to alleviate barriers associated with travel	Explore the feasibility of expanding dermatology services to being offered multiple times per month through additional satellite clinics.	Contracted with Billings Dermatology & Aesthetics for Laine Elam, PA, to come to RL once per month. Can expand to additional clinics if demand exists.

faced by area residents. Strategy 2.2: Enhance awareness of health services and resources in Carbon County.	<p>Explore the feasibility of offering surgical services locally (i.e., endoscopy, general surgery, orthopedic surgery, etc.).</p> <p>Continue to expand the outpatient infusion services that are offered through BBC.</p> <p>Explore the feasibility of offering additional specialty services locally including, but not limited to ophthalmology, audiology, etc.</p>	<p>Proformas completed for general surgery expansion, podiatry, and orthopedics. Will also start Interventional Pain management procedures in Spring of 2026 with Holistic Pain Management. Strategic planning at BBC end of January 2026 will define which parts of the proforma we move forward with.</p> <p>BBC conducted a philanthropic campaign to fully fund a new infusion suite. The suite has been completed, and BBC has expanded services in both volumes and offerings. Chemotherapy is next on our roadmap to be explored over the next couple of years.</p> <p>Feasibility study underway for Orthopedic hand outreach. Future feasibility study around dermatology employment. Have started Podiatry outreach. Have started Teleneurology & Telepsych Exploring Psych outreach with Cody Regional. Exploring popup clinics with Smiles Across Montana</p> <p>Explore opportunities to develop protocol for linking patients to community resources (i.e., leverage the EHR to facilitate presumptive eligibility status for programs such as Medicaid, Medicare, 340B program, etc.). Develop methodology and protocol to disseminate financial assistance resources with the community. Ensure that all outreach is developed with health literacy in mind.</p> <p>Have hired a case manager who is completing CCM visits and connecting patients with resources.</p>
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	Develop a local network of partners to align and champion funding opportunities for resources such as community health workers and community health initiatives, etc.	Have not started this initiative. Did discuss with CCPH the exploration of a CHW program called Catalyst that could be considered for the next implementation plan.
	Enhance the outreach and awareness campaign associated with Obstetrics/Gynecological (OB/GYN) and pediatric services that are currently available through Beartooth Billings Clinic.	Have conducted multiple outreach and education marketing campaigns around the availability of these services, as well as highlighted particular providers who enjoy this practice.

Goal 3: Improve chronic disease prevention and management in Carbon County.

	Activities	Accomplishments & Community Impact/Outcomes
Strategy 3.1: Enhance Beartooth Billings Clinic's efforts in chronic care management.	Continue expanding the chronic care management services available through BBC (i.e., other components of chronic disease included).	Continuing developing Chronic Care Management services in the clinic. Hopefully we can expand to a second case manager in the future when demand increases for the services. At this time, we offer Chronic Care Management to Medicare aged patients as well as general case management services for clinic patients. We have developed Diabetes related protocols and patient outreach processes for this specific disease. We hope to implement Behavioral Health Case Management processes in our Behavioral Health program. Currently we do offer Collaborative Care Case Management in Behavioral Health which focuses on patients with mental health diagnoses.
	Sustain the stroke rehabilitation services locally to reduce patients need to travel out of the area, which includes a full complement of therapists (PT,	Full Stroke Steering team coordinated; Get with the Guidelines data submission to track progress, trends and opportunities; volumes vary and have not yet reached threshold to apply for

	OT, Speech pathologist, dietician, LCSW, etc.).	certification; Post acute stroke rehabilitation certification awarded; Therapist on staff that specializes in stroke recovery
	Develop an intake process for the acute stroke management program, with the ultimate long-term goal of working towards becoming an accredited stroke intake facility. Sustain a taskforce to champion this intake process.	Full Stroke Steering team coordinated; Get with the Guidelines data submission to track progress, trends and opportunities; volumes vary and have not yet reached threshold to apply for certification; Post acute stroke rehabilitation certification awarded; Therapist on staff that specializes in stroke recovery
	Explore adding tele-neurology services locally.	Telepsych implemented with Logan Health for acute patients in crisis – emergency room consults and inpatient consults
	Support and engage in community education, awareness and outreach activities relating to stroke management and care. This includes programming such as a Stroke Camp, which allows space for caregivers and survivors to connect and support one other.	Have hosted blood pressure clinics, participated in health fairs, participated in Red Lodge Fire Rescue open house, community marketing campaigns for stroke awareness, printed materials and giveaways

Carbon County Public Health: Evaluation of Previous CHA & Improvement Plan

Carbon County Public Health conducted their last Community Health Assessment in 2023. This assessment took an innovative “community-led, and community-driven” approach in interviewing key informants and conducting an online survey of Carbon County residents. The assessment prioritized assessing residents outside of the county seat to obtain a sample that was as representative as possible. The Community Health Assessment was conducted in collaboration with Piedmont Research Strategies, Inc. (PRS). Carbon County Public Health was the lead agency for this project.

Based on the survey results of 323 Carbon County residents, top public health concerns included healthcare access and affordability, mental health and substance abuse, housing and the cost of living, and senior care. Residents specifically cited a lack of affordable primary and specialty care, concerns with stress and substance use, the impact of rising costs and short-term rentals on housing availability, and a crisis in senior care following the closure of the last assisted living facility. Additionally, residents expressed a need for respite care for those responsible for caring for this aging population.

Due to funding and staffing limitations, CCPH has adopted an innovative approach to advancing CHIP initiatives. We have partnered with numerous organizations across Carbon County to reduce duplication of efforts and enhance the use of services that often go underutilized because of limited awareness or access. These collaborations include individual community members and entities such as DSVS, BBC, Carbon County Sheriff’s Office, Carbon County Schools, O.P. & W.E. Edwards Foundation, the Crisis Coalition; which includes subcommittees “School & Youth” and “Night Crew”, the Red Lodge Area Community Foundation, Montana Legal Services Associations, Red Lodge Fire Rescue, the Boys & Girls Club of Carbon County, County Commissioners, Carbon County Extension Office, Carbon County Senior Centers and Yellowstone-West/Carbon County Special Services Cooperative.

Through these partnerships and the active involvement of community members, CCPH has made significant progress on several initiatives outlined in the 2023 Community Health Improvement Plan. We view this achievement not only as a success for the public health department but as a shared victory for the entire community in building healthier communities throughout Carbon County.

Originally, CCPH anticipated having until the end of 2029 to meet the goals set forth in the 2023 CHIP. However, to reduce duplication in the community health assessment and improvement planning process, we are aligning our timeline with Beartooth Billings Clinic. Below is an update on the progress made toward the 2023 CHIP. These initiatives will continue, and future updates will be provided in a combined report with Beartooth Billings Clinic.

Carbon County Public Health's 2023 Community Health Improvement Plan Updates

<p>Behavioral Health CHIP Strategy 1: Work with existing behavioral health and law enforcement resources in Carbon County to create an integrated system that supports and promotes behavioral health care coordination to reduce inappropriate jail and hospital emergency room admissions due to behavioral health crises.</p>			
<p>Goal 1.1: Utilize the newly created card system to increase the use of the Crisis Intervention process to appropriately and efficiently utilize the available Behavioral Health Coordinator services available in Carbon County.</p>	<p>Responsible Group/Individuals: Community-led Night Crew Subcommittee Oversight Entity: CCPH/Carbon County Healthy Communities Steering Committee</p>	<p>April 1, 2025 – Sept 30, 2025</p> <p>CHIP Strategy: Behavioral Health Commissioner Priority Area Vulnerable Populations</p>	<p>Target population: Law enforcement and similar agencies</p> <p>Measure(s): Number of new referral sources: Referral sources since initiation of this process include self-referrals (walk-in's), Mental Health Center, County Courts, Sheriff's Office, Red Lodge Senior Center, among others Number of referrals from cards: 20 Number of cards used: Over 150 first responder cards and over 100 community resource cards have been dispersed since the initiation of this process. Updates: The Night Crew Subcommittee worked to deliver and educate as many entities as possible on the crisis referral process and delivered cards in person. CCPH has increased our referrals significantly to the Community Care Coordinator.</p>
<p>Goal 1.2: Regular meetings with law enforcement will lead to more resource officers stationed in area schools.</p>	<p>Responsible Group/Individuals: Community-led School & Youth Subcommittee, Community-led Night Crew Subcommittee, Carbon County Sheriff's Office, Red Lodge PD, Bridger PD.</p>	<p>End of school year 2026</p> <p>CHIP Strategy: Behavioral Health Commissioner Priority Area Vulnerable Populations / Schools & Youth</p>	<p>Target population: Carbon County Schools K-12.</p> <p>Measure(s): Percent of schools in Carbon County that have a Resource Officer: 5 schools in Carbon County now have access to a school resource officer, and a 6th school is in the process of onboarding one. Number of meetings: There have been 2 monthly meetings</p>

	Oversight Entity: CCPH/Carbon County Healthy Communities Steering Committee		between law, the schools, subcommittees, and CCPH Number of individuals in attendance: On average 5 individuals Updates: Through solid collaborative efforts, this goal is approximately 70% complete.
Goal 1.3: Create a 3-year funding plan to support available mental health, crisis intervention, and essential public health functions by utilizing sources such as the Opioid Abatement Trust Fund, the Crisis Diversion Grant, and other public health funding opportunities adequate to sustain CHIP projects and all county health and mental health efforts.	Responsible Group/Individuals: Community-led Night Crew Subcommittee, Carbon County Sheriff's Office, Red Lodge PD, Bridger PD. Oversight Entity: CCPH/Carbon County Healthy Communities Steering Committee	April 1, 2025 – Sept 30, 2025 CHIP Strategy: Behavioral Health Commissioner Priority Area Vulnerable Populations / Schools & Youth	Target population: Carbon County residents and funding sources Measure(s): Amount of funding raised: There is currently adequate funding. This is an ongoing evaluation and planning process Number of new programs funded with new grant funds: None is needed at this time A funding plan: This will remain an ongoing evaluation process. Updates: Through multidisciplinary collaborative efforts, school resource officer services have been expanding in Carbon County.
<p>Behavioral Health CHIP Strategy 2: The Fromberg School System will be implementing behavioral health programming during its 2024-2025 academic year. CCPH will help promote their programming to the county and will assist in the evaluation of their efforts. To continue centralized efforts, the town of Fromberg will become a pilot program for community residents seeking additional behavioral health support. This process will encourage outreach and promote referrals for behavioral health care. There will be a central location within Fromberg that will serve as a location for residents' mental health visits with clinicians via in-person or telehealth means. This location will also provide resources for those looking for behavioral health care.</p>			
Goal 2.1: Support and promote behavioral health programming in Fromberg schools. Collaborate and support the Fromberg school superintendent in promoting and evaluating behavioral health programming.	Responsible Group/Individuals: Community-led School & Youth Subcommittee. Oversight Entity: CCPH/Carbon County Healthy Communities Steering Committee	2024-2029 CHIP Strategy: Behavioral Health Commissioner Priority Area Vulnerable Populations / Schools & Youth	Target population: Fromberg school students, K-12. Measure(s): Number of suicide prevention trainings offered in the schools: Three different trainings were offered to all schools last year. Number of trainers trained for the school and community: No train-the-trainer classes have been completed in Fromberg yet. Updates: Fromberg School has

			completed a QPR suicide training and COMET training. More trainings are to be scheduled.
Goal 2.2: Support and promote a mental health referral process for Fromberg students and community members by using the Care Coordination role to promote referrals and follow-ups to residents in need.	Responsible Group/Individuals: Community-led School & Youth Subcommittee. Oversight Entity: CCPH/Carbon County Healthy Communities Steering Committee.	2024-2029 CHIP Strategy: Behavioral Health Commissioner Priority Area Vulnerable Populations / Schools & Youth	Target population: Fromberg residents and Fromberg students K-12. Measure(s): Number of trainings offered: 3 different trainings were offered to all school this last year. Number of referrals made: 3 referrals have been made – this remains an ongoing project Number of program policies implemented within Fromberg School: This process is in the implementation stages by the Fromberg Superintendent; we do not have the metrics for this goal yet. Number of positive evaluations of the program: None at this time. Number of community referrals. Ongoing process, no numbers known at this time.
Goal 2.3: Fromberg School and other Fromberg entities will be given standardized informational cards that include steps to follow during a behavioral health crisis. The card will remind the support person of proper protocol and provide the individual in need with an emergency mental health provider as well as the contact information of the Care Coordinator for follow-up purposes	Responsible Group/Individuals: Community-led School & Youth Subcommittee. Oversight Entity: CCPH/Carbon County Healthy Communities Steering Committee	2024-2029 CHIP Strategy: Behavioral Health Commissioner Priority Area Vulnerable Populations / Schools & Youth	Target population: Fromberg residents. Measure(s): Number of resource cards used by Fromberg Schools: The Fromberg Superintendent is in the process of training staff; she has received the resource cards from the Night Crew Subcommittee. We do not have the metrics to update as of yet Number of staff trained on protocol: We do not have the metrics to update as of yet Number of crisis policies written: We do not have the metrics to update as of yet. Number of policies implemented: We do not have the metrics to update as of yet Updates: Ongoing

<p>Goal 2.4: Engage more schools in the Carbon County Behavioral Health Crisis Coalition by supporting the Fromberg Superintendent in meeting with all 7 schools in Carbon County to share successes and challenges with the behavioral health-related pilot program described above</p>	<p>Responsible Group/Individuals: Community-led School & Youth Subcommittee</p> <p>Oversight Entity: CCPH/Carbon County Healthy Communities Steering Committee</p>	<p>2024-2029</p> <p>CHIP Strategy: Behavioral Health</p> <p>Commissioner Priority Area Vulnerable Populations / Schools & Youth</p>	<p>Target population: Carbon County school superintendents</p> <p>Measure(s):</p> <p>Number of meetings: 21</p> <p>Number of schools (other than Fromberg) that participate in the Crisis Coalition: Three schools participate regularly</p> <p>Number of schools that implement CHIP programs in their schools: Four schools have implemented at least one CHIP derived program</p> <p>Updates: Ongoing</p>
<p>Goal 2.5: Create a 3-year funding plan to support available mental health, crisis intervention, and essential public health functions by utilizing sources such as the Opioid Abatement Trust Fund, the Crisis Diversion Grant, and other public health funding opportunities adequate to sustain CHIP projects and all county public health and efforts</p>	<p>Responsible Group/Individuals: Community-led School & Youth Subcommittee</p> <p>Oversight Entity: CCPH/Carbon County Healthy Communities Steering Committee</p>	<p>2024-2029</p> <p>CHIP Strategy: Behavioral Health</p> <p>Commissioner Priority Area Vulnerable Populations / Schools & Youth</p>	<p>Target population: Carbon County residents, schools, and funding sources</p> <p>Measure(s):</p> <p>Number of meetings: 21</p> <p>Number of schools (other than Fromberg) that participate in the Crisis Coalition: Four additional schools now participate in the Crisis Coalition</p> <p>Number of schools that implement CHIP programs in their schools: Five schools have implemented at least one CHIP derived program</p> <p>Updates: Ongoing</p>
<p>Resource Coordination CHIP Strategy 1 Establish a reliable, county-wide system for informing county agencies and residents about emergency and non-emergency resources, including existing resources and how to access them, and how to mobilize necessary resources during emergencies.</p>			
<p>Goal 1.1: Create an official county-wide resource coordination protocol to follow in emergencies and non-emergencies, which may include updating resources, mobilization, protocol testing, exercises, etc.</p>	<p>Responsible Group/Individuals: Carbon County LEPC</p> <p>Oversight Entity: CCPH/Carbon County Healthy Communities Steering Committee</p>	<p>February 27, 2026</p> <p>CHIP Strategy: Resource Coordination</p> <p>Commissioner Priority Area Vulnerable Populations / Schools & Youth</p>	<p>Target population: Emergency and non-emergency professionals/entities, County Commissioners</p> <p>Measure(s):</p> <p>Number of policies reviewed and created: Report is currently in progress</p> <p>Updates: Due to staffing and timing constraints, this has not been completed yet; in process</p>

<p>Goal 1.2: Write a 3-year funding plan to ensure that the resource coordination protocols are sustainable. Note: the resource coordination protocols are a process rather than a resource manual</p>	<p>Responsible Group/Individuals: CCPH Oversight Entity: CCPH/Carbon County Healthy Communities Steering Committee</p>	<p>2024-2029 CHIP Strategy: Resource Coordination Commissioner Priority Area Vulnerable Populations / Schools & Youth</p>	<p>Target population: Emergency and non-emergency professionals/entities and County Commissioners. Measure(s): Number of partners contributing: We do not have the metrics to update as of yet Number of resources allocated Updates: We do not have the metrics to update as of yet</p>
<p>Resource Coordination CHIP Strategy 2: Increase community and partners' awareness of the resource coordination protocols described above.</p>			
<p>Goal 2.1: Creation and distribution of promotional materials that increase awareness of and encourage the usage of the resource coordination protocols.</p>	<p>Responsible Group/Individuals: CCPH Oversight Entity: CCPH/Carbon County Healthy Communities Steering Committee</p>	<p>2024-2029 CHIP Strategy: Resource Coordination Commissioner Priority Area Vulnerable Populations / Schools & Youth /Seniors</p>	<p>Target population: Carbon County residents; emergency and non-emergency professionals/entities; County Commissioners. Measure(s): Number of promotional materials created: We do not have the metrics to update as of yet Number of promotional materials distributed: We do not have the metrics to update as of yet Updates: Due to staffing and timing constraints, this has not been completed yet; in process.</p>
<p>Senior Health CHIP Strategy 1: Create an Aging Services Plan for Carbon County.</p>			
<p>Goal 1.1: Create a collaborative action group (i.e., Senior Health Action Group) of entities and community members interested in senior health in Carbon County</p>	<p>Responsible Group/Individuals: Senior Health Action Group Oversight Entity: CCPH/Carbon County Healthy Communities Steering Committee</p>	<p>2024-2029 CHIP Strategy: Senior Health Commissioner Priority Area Vulnerable Populations / Seniors</p>	<p>Target population: Entities and community members interested in senior health. Measure(s): Number of meetings: 8 Number of entities represented: 11, and an average of 8 individuals attending monthly meetings. Updates: This goal has been met. The Senior Health Action Group was established in May of 2025 and consists of members of the community, clinics, schools, churches, public health, senior</p>

			centers, City of Belfry, Area 2 Association on Aging, Red Lodge Area Community Foundation, Red Lodge Fire Rescue, and county commissioners. They meet monthly on the third Wednesday of each month from 1-2 pm
Goal 1.2: Develop a work plan for creating a comprehensive Aging Services 5-Year Plan for addressing senior health in Carbon County	Responsible Group/Individuals: Senior Health Action Group Oversight Entity: CCPH/Carbon County Healthy Communities Steering Committee	2024-2029 CHIP Strategy: Senior Health Commissioner Priority Area Vulnerable Populations / Seniors	Target population: The Senior Health action group. Measure(s): Number of meetings: 8 Number of agencies attending: 11 and an average of 8 individuals attending monthly meetings. Updates: In process
Goal 1.3: Increase the coordination of outreach efforts of engaged partners providing senior health services in Carbon County	Responsible Group/Individuals: Senior Health Action Group Oversight Entity: CCPH/Carbon County Healthy Communities Steering Committee	2024-2029 CHIP Strategy: Senior Health Commissioner Priority Area Vulnerable Populations / Seniors	Target population: Carbon County residents. Measure(s): Number of new programs: We do not have the metrics to update as of yet Number of new revenue sources: We do not have the metrics to update as of yet Number of seniors assisted with resource coordination protocols: We do not have the metrics to update as of yet Updates: In process
Goal 1.4: Gauge the feasibility for senior housing in Carbon County as part of the Aging Services Plan.	Responsible Group/Individuals: Senior Health Action Group Oversight Entity: CCPH/Carbon County Healthy Communities Steering Committee.	2024-2029 CHIP Strategy: Senior Health Commissioner Priority Area Vulnerable Populations / Seniors	Target population: Service providers and community members interested in senior housing. Measure(s): Results from goals 1.1-1.3 related to housing. We do not have the metrics to update as of yet Updates: In Process

A photograph showing a group of cattle in a field at dusk or dawn. The cattle are dark silhouettes against a lighter, hazy sky. There are several cows and calves of different sizes scattered across the grassy field. A few birds are visible in the sky.

APPENDICES

Appendix A – Steering Committee

Steering Committee Member	Organization Affiliation
Aspen Allen	Community Relations, Beartooth Billings Clinic
Erin Cross	Carbon County Public Health
Lanette Dalley	Beartooth LCSW
Sarah Ewald	Red Lodge Fire Rescue
Chris Faulkner	LCPC, LAC, LMFT Beartooth Billings Clinic
Elizabeth Hickson	Violence Prevention Educator at Domestic & Sexual Violence Services
Libby Johnson	Co-Director, Domestic & Sexual Violence Services
Abby Lotz	CEO, Beartooth Billings Clinic
Holly Lucara	Community Relations, Beartooth Billings Clinic
Don Redfoot	Retired public policy researcher
Jake Running Crow	Community member
Meaghan Windmueller	Director, Beartooth Billings Clinic



Appendix B – Public Health & Populations Consultation

Public Health & Populations Consultation - a leader or representative of populations such as medically underserved, low-income, minority and/or populations with chronic disease.

Name/Organization

Aspen Allen – Community Relations, Beartooth Billings Clinic
Erin Cross – Carbon County Public Health
Lanette Dalley – Beartooth LCSW
Sarah Ewald – Red Lodge Fire Rescue
Chris Faulkner – LPC, LAC, LMFT Beartooth Billings Clinic
Elizabeth Hickson – Violence Prevention Educator at Domestic & Sexual Violence Services
Libby Johnson – Co-Director, Domestic & Sexual Violence Services
Abby Lotz – CEO, Beartooth Billings Clinic
Holly Lucara – Community Relations, Beartooth Billings Clinic
Don Redfoot – Retired public policy researcher
Jake Running Crow – Community member
Meaghan Windmueller – Director, Beartooth Billings Clinic

Type of Consultation (Steering Committee, Focus Groups, etc.)

First Steering Committee Meeting	September 19, 2025
Focus Groups	November 2025
Second Steering Committee Meeting	January 13, 2026

Public and Community Health

- We need to ensure that minorities and the elderly can answer the survey (public health is helping with distribution)
- Did Medicaid expansion help insurance coverage?
- There is a lack of computer literacy, which is an impediment to applications for Medicare/Medicaid/etc.
- LGBTQ+ community missed on survey
- How many people do not understand insurance?
- Average reading is at a 6th grade level – this survey is inaccessible
- Lack of transportation previously – intervention was CART free transit – most trips help older or disabled people get to meet basic and health-related needs
- Use of technology in healthcare – I'm curious about how people use the internet, where they get their information from, how they find sources
- Do people use Patient Connect? Do you want info on effectiveness or ease of use?

- Telehealth and telemedicine were pioneered here, especially with psychiatry – it's an important tool in remote rural areas
- I'm happy to see prevention stuff in here (like question 8)
- There are lots of foster families here – maybe questions for them? About access to resources?
- We should definitely hear other voices in the focus groups
- A lot of people are feeling isolated

Population: Low income, underinsured

- It would be nice if we could link insurance coverage to resources available like internet access or car
- WIC goes to public health once a month

Population: Youth

- There are a number of children with disabilities
- What are children's insured rates?
- 0-5 services missed – early interventions to therapies – do parents feel there are resources available?
- What is the willingness these days to have vaccinations? For kids and seniors?
- There is a growing kid population here – thinking about access to childcare and pediatrics services – how easy is finding and paying for childcare? How easy is it to apply for scholarships?

Population: Seniors

- Montana is the third oldest state, and Carbon County is old within Montana
- Red Lodge attracts relatively young retirees in relatively good health – people come for the outdoor lifestyle and it's active in that regard
- There is a paucity of aging services – nursing home and assisted living facility both closed – people have to leave Red Lodge once they need more care
- There are few questions related to elderly care – dementia care, family support, post-acute care – how can we better support caregivers
- We all know someone who had to leave the county to get services not available here (like long term care, elderly care)
- End of life planning – not living wills – healthcare power of attorney – people need to know this stuff – Montana has a good model for healthcare power of attorney
- Within the 65+ age range, are there less 80+ people because they have to leave because of lack of care here for them?
- Falls are the primary call reason for EMS

Appendix C – Carbon County Secondary Data

This data was primarily pulled from Montana DPHHS Community Health Insights (<https://dphhs.mt.gov/publichealth/epidemiology/CommunityHealthInsights>)

Demographic Measure		County			Montana		
Population		10,877			1,137,000		
Population Density		5.3			7.7		
Veteran Status		8.7%			7.5%		
Disability Status		17.1%			31.9%		
Age		<18	18-64	65+	<18	18-64	65+
		17%	56%	27%	19.6%	59.1%	17.8%
Gender		Male	Female		Male	Female	
		51%	49%		50.1%	49%	
Race/Ethnic Distribution	White	97%			84%		
	American Indian or Alaska Native	3%			6%		
	Native						

Social Determinants of Health		County		Montana	
Median Household Income		\$71,017		\$70,804	
Unemployment Rate		3.05%		2.8%	
Adults with a High School Diploma		96.71%		94.6%	
Owner-Occupied Housing Units		74.1%		69.4%	
Persons Below Poverty Level		8.4%		11.8%	
Children in Poverty		7.3%		13.5%	
Internet at Home		85.0%		88.7%	
Households Without a Vehicle		3.6%		4.6%	
Uninsured Adults		5.1%		10.7%	
<i>Age 18-64</i>					

Health Behaviors		County		Montana	
Adult Smoking		14.2%		12.4%	
Adult Obesity		29.4%		30.5%	
Physical Inactivity		22.9%		19.6%	

Chronic Conditions <i>2019-2023</i>		County	Montana
Hypertension	36.9%	32.3%	
High Cholesterol	32.9%	34.0%	
Heart disease			
<i>Hospitalization count</i>	1261	119,375	
Kidney disease			
<i>Hospitalization count</i>	747	69,316	
Diabetes			
<i>Hospitalization count</i>	569	63,376	
Chronic Obstructive Pulmonary Disease (COPD)			
<i>Hospitalization count</i>	278	27,674	
Asthma			
<i>Hospitalization count</i>	175	17,553	
Chronic liver disease and cirrhosis			
<i>Hospitalization count</i>	119	17,215	
Stroke			
<i>Hospitalization count</i>	153	16,998	

Cancers <i>Diagnosis counts, 2019-2023</i>		County	Montana
All invasive cancers	355	31,910	
Prostate cancer	66	5,399	
Female breast cancer	51	4,789	
Lung cancer	31	3,560	
Colorectal cancer	15	2,557	
Melanoma	27	1,872	

Maternal & Infant Health <i>2019-2023</i>		County	Montana
General Fertility Rate	49.8	54.2	
<i>Per 1,000 women ages 15-44</i>			
Teen Fertility Rate	-	13.3	
<i>Per 1,000 girls ages 15-19</i>			
Total births (count)	400	55,342	
Tobacco use during pregnancy	7.8%	10.4%	
Gestational diabetes	-	6.6%	
Low birth weight births	6.8%	7.6%	
Preterm births	7.5%	9.6%	

Injuries & Violence		County	Montana
<i>Age-adjusted rate per 100,000 people (2019-2023)</i>			
Suicide Deaths	37.2	27.9	
Suicidal ideation and self-harm ED visits	92.4	137.9	
Unintentional injury deaths	55.0	63.2	
Non-fatal motor vehicle crash ED visits	212.2	408.9	
Assault ED visits	87.5	250.6	

Mental/Behavioral Health & Substance Use		County	Montana
Frequent mental distress (2023)		36.9%	32.2%
Binge drinking among adults (2023)		32.9%	34.0%
Ever diagnosed with depression (2023)		29.4%	30.5%
ED encounter for all drug overdose <i>Rate per 100,000 (2019-2023)</i>		171.3	179.2
ED encounter for cannabis use <i>Rate per 100,000 (2019-2023)</i>		291.9	264.2
ED encounters for alcohol use <i>Rate per 100,000 (2019-2023)</i>		650.9	1126.5

Communicable & Enteric Diseases		County	Montana
<i>Rate per 100,000 people (2019-2023)</i>			
Total Count of Reportable Disease Cases (count)	212		
Chlamydia	163.1	375.0	
Gonorrhea	-	123.3	
Hepatitis C (chronic)	45.3	97.0	
E. coli	-	9.5	
Salmonellosis	-	14.1	
Campylobacteriosis	38.1	31.6	

Appendix D – Survey Instrument

Community Health Needs Assessment Survey Carbon County, Montana

- How would you rate the general health of our community?

Very healthy Healthy Somewhat healthy Unhealthy Very unhealthy
- In the following list, what do you think are the **three most serious** health concerns in our community? **(Select ONLY 3)**

<input type="checkbox"/> Alcohol/substance use	<input type="checkbox"/> Lack of dental care	<input type="checkbox"/> Social isolation/loneliness
<input type="checkbox"/> Alzheimer's/dementia	<input type="checkbox"/> Lack of elderly/long-term care services	<input type="checkbox"/> Stroke
<input type="checkbox"/> Cancer	<input type="checkbox"/> Lack of exercise	<input type="checkbox"/> Suicide
<input type="checkbox"/> Child abuse/neglect	<input type="checkbox"/> Mental health (depression, anxiety, PTSD, etc.)	<input type="checkbox"/> Tobacco use (cigarettes / cigars, vaping, smokeless)
<input type="checkbox"/> COPD/asthma/respiratory disorders	<input type="checkbox"/> Motor vehicle accidents	<input type="checkbox"/> Trauma/Adverse Childhood Experiences (ACES)
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Overweight/obesity	<input type="checkbox"/> Work/economic stress
<input type="checkbox"/> Domestic violence	<input type="checkbox"/> Recreation related accidents/injuries	<input type="checkbox"/> Work related accidents/injuries
<input type="checkbox"/> Heart Disease		<input type="checkbox"/> Other: _____
<input type="checkbox"/> Hunger		
<input type="checkbox"/> Lack of access to healthcare		
- 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: _____
- In your opinion, what would improve our community's access to healthcare? **(Select ALL that apply)**

<input type="checkbox"/> Greater health education services	<input type="checkbox"/> More specialists
<input type="checkbox"/> Health Navigator (i.e. assistance signing up for insurance, Medicare, or Medicaid)	<input type="checkbox"/> Outpatient services expanded hours
<input type="checkbox"/> Improved quality of care	<input type="checkbox"/> Payment assistance programs (healthcare expenses)
<input type="checkbox"/> Interpreter services/cultural sensitivity	<input type="checkbox"/> Telemedicine
<input type="checkbox"/> More information about available services	<input type="checkbox"/> Transportation assistance
<input type="checkbox"/> More primary care providers	<input type="checkbox"/> Other: _____
- If any of the following classes/programs were made available to the community, which would you be most interested in attending? **(Select ALL that apply)**

<input type="checkbox"/> Alcohol/substance use	<input type="checkbox"/> End-of-life planning/POLST/Living will	<input type="checkbox"/> Heart disease
<input type="checkbox"/> Alzheimer's/dementia	<input type="checkbox"/> First aid/CPR	<input type="checkbox"/> Lactation/breastfeeding support
<input type="checkbox"/> Cancer	<input type="checkbox"/> Fitness	<input type="checkbox"/> Men's health
<input type="checkbox"/> Cardiac rehab	<input type="checkbox"/> Grief counseling	<input type="checkbox"/> Mental health
<input type="checkbox"/> Diabetes/diabetes prevention	<input type="checkbox"/> Health and wellness	<input type="checkbox"/> Nutrition

<input type="checkbox"/> Parenting	<input type="checkbox"/> Support groups	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Prenatal	<input type="checkbox"/> Weight loss	
<input type="checkbox"/> Smoking/tobacco cessation	<input type="checkbox"/> Women's health	

6. 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

7. Please indicate the extent to which there is availability to the following in Carbon County (*Place a check mark in the column to indicate your response*).

	Poor	Fair	Good	Excellent	I don't know
Availability of affordable, quality mental health care					
Availability of preventive health services (e.g. health screenings, flu shots, educational workshops)					
Availability of affordable health insurance					
Availability of the healthcare you need					
Availability of the oral healthcare you need					
Availability of the vision care you need					
Availability of affordable medications you need					
Availability of long-term care/home health services					

8. How do you rate your knowledge of local health services?

Excellent Good Fair Poor

9. 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"/> Social media
<input type="checkbox"/> Friends/family	<input type="checkbox"/> Presentations	<input type="checkbox"/> Website/internet (ex., Google, WebMD)
<input type="checkbox"/> Healthcare provider	<input type="checkbox"/> Public health nurse	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Mailings/newsletter	<input type="checkbox"/> Radio	

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

<input type="checkbox"/> Annual wellness visit	<input type="checkbox"/> Flu shot/ immunizations	<input type="checkbox"/> Prostate (PSA)
<input type="checkbox"/> Blood pressure check	<input type="checkbox"/> Health checkup	<input type="checkbox"/> Sports physicals
<input type="checkbox"/> Children's checkup/ Well baby	<input type="checkbox"/> Hearing check	<input type="checkbox"/> Vision check
<input type="checkbox"/> Cholesterol check	<input type="checkbox"/> Mammography	<input type="checkbox"/> Weight/BMI check
<input type="checkbox"/> Colonoscopy	<input type="checkbox"/> Pap test	<input type="checkbox"/> None
<input type="checkbox"/> Dental check	<input type="checkbox"/> Pregnancy care	<input type="checkbox"/> Other _____

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

Alternative medicine Assisted Living/Group Home Care management

<input type="checkbox"/> Child development services	<input type="checkbox"/> Indian Health Services	<input type="checkbox"/> Religious services
<input type="checkbox"/> Community Care Team	<input type="checkbox"/> Meals on Wheels	<input type="checkbox"/> Senior center
<input type="checkbox"/> Domestic and Sexual Violence Services (DSVS)	<input type="checkbox"/> Mental health/Counseling	<input type="checkbox"/> Substance abuse services
<input type="checkbox"/> Fitness centers	<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Support groups
<input type="checkbox"/> Food Banks	<input type="checkbox"/> Private Duty Nursing	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Home care/Personal care attendant services	<input type="checkbox"/> Public Health & Services	
	<input type="checkbox"/> Rehabilitation therapy	

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

<input type="checkbox"/> Audiologist (ear)	<input type="checkbox"/> Outpatient surgery	<input type="checkbox"/> Psychiatrist
<input type="checkbox"/> Cancer care	<input type="checkbox"/> Ophthalmologist (eye) /	<input type="checkbox"/> Wellness IV Therapy
<input type="checkbox"/> Medication management	<input type="checkbox"/> Optometrist	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Naturopathy	<input type="checkbox"/> Pediatrician	
<input type="checkbox"/> OB/GYN	<input type="checkbox"/> Plastic surgery	

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

Yes No

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

<input type="checkbox"/> Beartooth Billings Clinic – Red Lodge	<input type="checkbox"/> RiverStone Health Clinic – Joliet
<input type="checkbox"/> Billings Clinic – Billings	<input type="checkbox"/> St. Vincent Healthcare – Absarokee
<input type="checkbox"/> Mountain View Clinic – Red Lodge	<input type="checkbox"/> St. Vincent Healthcare – Billings
<input type="checkbox"/> RiverStone Health Clinic – Billings	<input type="checkbox"/> Stillwater Billings Clinic – Columbus
<input type="checkbox"/> RiverStone Health Clinic – Bridger	<input type="checkbox"/> Other: _____

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

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

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

Yes No

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

<input type="checkbox"/> Beartooth Billings Clinic – Red Lodge	<input type="checkbox"/> St. Vincent Healthcare – Billings
<input type="checkbox"/> Billings Clinic – Billings	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Stillwater Billings Clinic – Columbus	

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

Closest to home Closest to work Cost of care

<input type="checkbox"/> Emergency, no choice	<input type="checkbox"/> Privacy/confidentiality	<input type="checkbox"/> VA/Military requirement
<input type="checkbox"/> Financial assistance programs	<input type="checkbox"/> Recommended by family or friends	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Hospital's reputation for quality	<input type="checkbox"/> Referred by provider	
<input type="checkbox"/> Prior experience with hospital	<input type="checkbox"/> Required by insurance plan	

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

Yes No

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

<input type="checkbox"/> Beartooth Billings Clinic – Red Lodge	<input type="checkbox"/> RiverStone Health Clinic – Joliet
<input type="checkbox"/> Beartooth Billings Clinic Physical Therapy – Joliet	<input type="checkbox"/> St. Vincent Healthcare – Absarokee
<input type="checkbox"/> Billings Clinic – Billings	<input type="checkbox"/> St. Vincent Healthcare – Billings
<input type="checkbox"/> Mountain View Clinic – Red Lodge	<input type="checkbox"/> Other: _____
<input type="checkbox"/> RiverStone Health Clinic – Bridger	

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

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

22. Have you delayed getting medical or mental health/psychological care for any of the following reasons in the past 12 months?

Indicate your response by circling yes or no for delaying treatment for medical and psychological care	Medical Care	Mental Health/Psychological Care
Couldn't get through on the telephone to make an appointment.	Yes / No / N/A	Yes / No / N/A
Couldn't get an appointment soon enough.	Yes / No / N/A	Yes / No / N/A
Once you get to your appointment, you have to wait too long to see the doctor.	Yes / No / N/A	Yes / No / N/A
The clinic/doctor's office wasn't open when you could get there.	Yes / No / N/A	Yes / No / N/A
Didn't have transportation.	Yes / No / N/A	Yes / No / N/A
Couldn't afford to pay.	Yes / No / N/A	Yes / No / N/A

Preferred to manage yourself.	Yes / No / N/A	Yes / No / N/A
Didn't think anything could help.	Yes / No / N/A	Yes / No / N/A
Afraid to ask for help or of what others would think.	Yes / No / N/A	Yes / No / N/A
Didn't get around to it/didn't bother.	Yes / No / N/A	Yes / No / N/A
Language barriers.	Yes / No / N/A	Yes / No / N/A
Personal or family responsibilities, including childcare.	Yes / No / N/A	Yes / No / N/A
Professional help is not available in the area.	Yes / No / N/A	Yes / No / N/A
Professional help is not available at the time required (e.g. doctor on holiday, inconvenient hours).	Yes / No / N/A	Yes / No / N/A
Don't like doctors/PAs.	Yes / No / N/A	Yes / No / N/A
Insurance didn't cover it.	Yes / No / N/A	Yes / No / N/A
Not treated with respect.	Yes / No / N/A	Yes / No / N/A
Privacy/confidentiality.	Yes / No / N/A	Yes / No / N/A
Didn't understand the healthcare system.	Yes / No / N/A	Yes / No / N/A
Didn't know where to go.	Yes / No / N/A	Yes / No / N/A

23. The following services are available in Carbon County. 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
Carbon County Area Ride and Transit (CART)	4	3	2	1	N/A	DK
Childcare services	4	3	2	1	N/A	DK
Chronic health disease monitoring, management, and support	4	3	2	1	N/A	DK
Communicable disease and STD screenings	4	3	2	1	N/A	DK
CT Scan/x-ray/ultrasound/mammography	4	3	2	1	N/A	DK
Diabetes education	4	3	2	1	N/A	DK
Emergency room	4	3	2	1	N/A	DK
Endoscopy services	4	3	2	1	N/A	DK
Geriatric services	4	3	2	1	N/A	DK
Home health/hospice	4	3	2	1	N/A	DK
Infusion	4	3	2	1	N/A	DK
Laboratory	4	3	2	1	N/A	DK
Mental health screenings and services for schools	4	3	2	1	N/A	DK
Mental Health/Behavioral Health/Counseling	4	3	2	1	N/A	DK
Mobile vaccination clinics to schools and communities	4	3	2	1	N/A	DK
MRI	4	3	2	1	N/A	DK
Nutrition guidance programs	4	3	2	1	N/A	DK
Outpatient Surgery	4	3	2	1	N/A	DK
Parenting services/ WIC	4	3	2	1	N/A	DK
Physical/speech/occupational therapies	4	3	2	1	N/A	DK
Primary care services	4	3	2	1	N/A	DK
Public Health Emergency Preparedness Program	4	3	2	1	N/A	DK
Registered Dietician/nutrition services	4	3	2	1	N/A	DK
Safety planning for individuals experiencing interpersonal violence	4	3	2	1	N/A	DK
Senior foot care clinics	4	3	2	1	N/A	DK
Sports medicine	4	3	2	1	N/A	DK
Suicide Prevention Program	4	3	2	1	N/A	DK
Telemedicine/telehealth	4	3	2	1	N/A	DK
Visiting specialist/specialty clinics	4	3	2	1	N/A	DK

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

Yes No

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

<input type="checkbox"/> Every day	<input type="checkbox"/> Sometimes (3-5 days per month)
<input type="checkbox"/> Most days (3-5 days per week)	<input type="checkbox"/> Occasionally (1-2 days per month)
	<input type="checkbox"/> Never

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

High Moderate Low Unsure/rather not say

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

Excellent Good Fair Poor

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

A great deal Somewhat A little Not at all

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

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

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

Yes No Not applicable

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

Yes No

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

Yes No Don't know

33. How much of a problem, if at all, have each of the following been for you? (Place a check mark in the column to indicate your response).

	Not a problem	Minor problem	Moderate problem	Major problem	Not applicable
Ease of travel by public transportation in your community					
Ease of travel by car in your community					
Ease of walking in your community					
Ease of bicycling in your community					
Ease of getting to the places you usually have to visit					
Having safe and affordable transportation available					

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

<input type="checkbox"/> Employer sponsored	<input type="checkbox"/> Indian Health	<input type="checkbox"/> VA/Military
<input type="checkbox"/> Health Insurance Marketplace	<input type="checkbox"/> Medicaid	<input type="checkbox"/> None/pay out of pocket
<input type="checkbox"/> Health Savings Account	<input type="checkbox"/> Medicare	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Healthy MT Kids	<input type="checkbox"/> Private insurance/private plan	

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 health 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?

59001 Absarokee 59014 Bridger 59068 Red Lodge / Luther
 59007 Bearcreek 59026 Edgar 59070 Roberts
 59008 Belfry 59029 Fromberg 59071 Roscoe
 59013 Boyd 59041 Joliet Other: _____

39. How long have you lived in Carbon County?

0-5 years 6-15 years 16+ years

40. How many months do you live in Carbon County each year?

3 or less 4-6 months 7-9 months 10-12 months

41. What is your gender: _____

42. What gender were you born?

Male Female

43. What are your preferred pronouns?

He/him/his She/her/hers They/them/theirs

44. What age range represents you?

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

45. How many individuals are in your family within each of the following age ranges:

Children (0-17 years old): _____

Adults (18-64 years old): _____

Senior (65+years old): _____

46. What is your employment status?

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

Appendix E – Responses to Other & Comments

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

- COMPASSIONATE WHO DI NOT COMMIT ELDER ABUSEPOLICE
- Elder care facility
- Once again, you're mixing apples and oranges. This is a poorly designed survey.

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

- Clinic is providing all of above
- Day Care for Alz/Dementia patients
- In network health care
- Less surveys
- SERIOUS PSYCHE DR AND ALTERNATIVE METHODS LIKE EMDR OR DRY NEEDLING
- More exercise programs

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

- Bredesen Protocol for Alzheimer's prevention/reversal
- Exercise programs
- Perimenopause/Menopause
- Senior health/fitness
- This is so ambivalent, you're never going to get any defined conclusions,..which in turn will create another one, then another, etc.
- None

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

- Community committees
- I am on the foundation board
- I work at Beartooth Hospital
- Insurance Provider
- Word of mouth (2)
- Work at BBC
- Eblasts
- Location
- Senior center

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

- C.A.R.T. TO BILLINGS AND LOCAL
- CART needs to be included as a health resource here.
- Hospice
- Massage therapist
- Nutritionist
- NA

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

- DRU NEEDLING. EMDR, CHIROPRACTIC
- Derm
- Fertility specialists
- Fitness center
- Good Ophthalmologist...we have an optometrist. They aren't the same as implied in this question.
- Mental Health Counselors
- Vision
- Private nurse

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

- St Vincent Red Lodge
- Laurel Walk-In
- State of Montana Clinic Billings
- Trinity Wellness Billings
- VA
- Primary at several locations

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

- BHRT provider
- Close to work
- Disappointed was informed that a skin cancer treatment was in network. Charged for out of network!
- I don't like Billings Clinic as a provider so I use other medical providers.
- I know him
- Inadequate experience with other clinic.
- Listens to my concerns and provides care I need
- Prefers an internal medicine for my PCP
- Do not remember
- Work there

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

- Both Billings clinic and Beartooth clinic Red Lodge
- Yellowstone orthopedic

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

- Available Specialist
- Doctor reputation
- Surgeon recommended.
- Unable to complete my work up at Beartooth Billings Clinic

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

- Beartooth Billings Orthopedic Billings
- Billings
- Chiropractic First, Red Lodge, and local massage therapists
- Intermountain Health in Billings
- Ortho Montana (3)
- Private practice.
- Telehealth
- Vance Thompson Vision
- Cancer Center Billings

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

- 3D Mammogram
- Hand physical therapist
- I honestly don't know. I went in for a bad cough.
- More Geriatricians are needed everywhere.
- Colonoscopy

34. What type of health insurance covers the **majority of your household's medical expenses?**

- VA and Medicare

Demographic Questions

Where do you currently live, by zip code?

- 59102

What is your employment status?

- Full time and additional part time job
- Host BnB
- WILL START LIMITED PART TIME 2 DAYS A WEEK FIR A FRW HOURS

Appendix F – Focus Group & Interview Questions

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

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

2. What are your views/opinions about these local services:
 - Hospital/clinic
 - EMS Services (ER/Ambulance)
 - Public/County Health Department
 - Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
 - Services for Young Adults/Families
 - Services for Low-Income Individuals

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

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

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

Appendix G – Focus Group & Key Informant Interview Notes

Focus Group #1
Beartooth Billings Clinic
November 13, 2025
Contact: Holly Lucara
Participants: 6

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

- I think its suffering. Feels like its suffering. Interacting with folks as I do, I'd say getting a lot more stress, financial stress, homelessness, houses sold from under them and no place to go. Lack of assisted living. More mental health needs. Economic hardship- and how that effects persons mental health.
- The senior center yoga class is booming. 60+ and there is over 40 people there. And a lot are men! I see that as a really healthy thing. Senior center is a wonderful resource. Social isolation is a concern in the community. If it wasn't for CART (community transportation) a lot of people wouldn't have access. I feel like seniors are taking control over things they can, like exercise and eating well.
- For youth, physically there is a lot of opportunity and sport. I think the biggest aspect is mental and personal relationships. Bullying and friendship violence. Suicides, it's taking a toll on the youth and how it has affected them. They don't necessarily have help to get a better perspective and how to overcome this.
- Disease or something abnormal from the past- more cancer for people in their 40s. More prevalent.
- There has been more cancers in younger people in the community- mid-life. Men and women.
- There has been more colon cancer and breast cancers. Not sure if its better detection or what.
- Our school is dealing with bulling more than ever before. Without CART there would be a lot of residents stuck at home. A lot of people really appreciate that service.
- MH there is a definite lack of counseling and counselors in Carbon Co. You almost have to just go to Billings. Particularly male counselors.

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

- Hospital/clinic
 - We have always had a desire to keep things local as much as possible. Not too long ago there were procedures and services that sent people out of town. Now I can honestly say we are at least serving more people to BBC. I see more and more people from outlying communities using BBC rather than out of town. The pharmacy is getting more use. It's really encouraging. Seen an uptick lately for

people using Joliet PT. I think as the BBC continues to add more services, and build its profile in the community, people are really responding and making choices to use local.

- Having access to services locally is very important. And the range of services. Nice to have specialist come locally so we don't have to travel. BBC is continuously expanding their services. Other communities are envious of what we have available here.
- PT here is great, good prevention. It's a huge benefit. If it wasn't local, people wouldn't do it.
- For kids, they have a good place to go for injuries. I have to go Billings 1 a month and soon more frequently. It would be nice to have pediatrics and OBGYN locally. I know it's not always feasible.
- We could use more post-natal outreach so new mothers/families can stay local.
- It's a good first stop. Sports, or traditional illness. Most things can be handled here.
- Quality of life aspects- we've seen a considerable influx of new people, new families coming to Red Lodge. I don't think that would happen to the degree that it has without the good opportunities for healthcare in the area. It's a draw for people to move here.
- I really respect the Mountainview clinic. There are a lot of good choices here.

– EMS Services (ER/Ambulance)

- I think we have tremendous Fire/EMS services here. We just received a large levy from the county to pay for expanded services. Our Fire Chief and his associates are exceptional at finding grants. For a resource in a community of our size, it's un-real. I'm not sure of its reach outside of Red Lodge. I'd be interested to see if access is improving outside of Red Lodge.
- We have good ED service. I know friends have utilized the ED. They have good response times. I think it's a good service. A lot of people use it that don't have other options.
- I think the new model of the urgent care (avoiding the ED) is very efficient.
- Exceptional for a community our size. Especially EMS.
- I volunteer and I'm really grateful for all the services Carbon Co has so people don't have to travel all the way to Billings.
- It definitely is life changing. My daughter was in a motorcycle wreck and the EMS got her to Billings and it saved her life.

– Public/County Health Department

- Provide breastfeeding/lactation counselor and a new baby gift basket for new mothers. But that's all that is really offered locally.
- I think they are amazing. They've done so much lately with a new PH director. She's a dynamo. She manages the Crisis coalition. Trying to coordinate things on the MH level. Providing services where we've never had services before. Especially with a very small staff. Collaborate.

- I've talked with PH nurses. I think there needs to be better outreach for the new things that are starting to be offered. I think in the past, PH services hasn't been as good. We are catching up on what is now available.
 - Access for MH assessments through the schools and referrals are great.
 - I'm excited to see how PH now interfaces with other community resources.
- Senior Services (Nursing homes, assisted living, home health, senior center, dementia care, post-acute care, family caregiver support, etc.)
 - Limited services- home care available. Workforce. No nursing home, no assisted living. Hospital is doing what they can and the education is wonderful.
 - Hospice is absolutely wonderful.
 - Support services wise, people don't know about it.
 - I think the way we are going to get to age friendly services etc., we need to bring together a group of organizations to address successfully.
 - A lot of people can't afford to live anywhere else. There are a lot of people need help and end up living in terrible conditions. We have limited resources to support them. Ex. Wellness checks. Those that have to live by themselves and have no support that I really worry about.
 - We have 5-6 senior centers in Carbon Co. People use the foot clinics and really like them.
 - Some good home care, regular visits would really help with that.
 - CART does a lot of supportive services, even though its not within their scope. Bridger residents have said they go above and beyond
- Services for Young Adults/Families (childcare, pediatric services)
 - Infant care is the biggest challenge. I bet Carbon Co will be one of the bottom 3 counties for access to childcare services. We tried to fix it but it wasn't economically viable.
 - Hard to afford. The community foundation has an early childhood grant fund that helps with the cost of tuition which is great. It's a workforce issue. And then there is no place to live issue.
- Services for Low-Income Individuals
 - I say OOF. Number one, my office is right at the entrance of the Red Lodge Area Community Foundation. It's amazing how many people walk into our organization. It has become in a 'Pubic assistance" type place. Helping with getting phones, housing costs, electrical bills. Helping people navigate folks to try to get out of poverty. It feels like there should be an agent outside of the community foundation that handles this sort of thing.
 - I know our library in Bridger fills that role in our side of the valley. People would have lost SNAP benefits if not for the library. Being at town hall I also help people with things that are outside of my role and knowledge. But we don't want to turn people away.
 - CART has been driving a lot more people to Social services in Billings.

- There is a huge need for people to go to somewhere or someone for the support they need.

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

- Mental health
- Economic hardship
- Housing- available, affordable housing, adequate for the income of the individuals.
- As the town has grown, walkability. There is an upper and lower level but not connected.
- Childcare- affordability, availability and staffing.
- We lost Head Start; we lost social services offices.

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

- OB, pediatrics, developmental screenings
- We need more support for folks to fill out social service forms, etc. There could be one centralized area.
- Psychiatry. Through telemedicine (Frontier Psychiatry as an example).

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

- Rec center. A lot of families are looking for a place to go.
 - The Roosevelt center has become a resource center for families to use.

Focus Group #2
Beartooth Billings Clinic
November 17, 2025
Contact: Holly Lucara
Participants: 3

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

- It depends on where you are in the county, Access is easier for people here in Red Lodge and Joliet. If Belfry, Fromberg, Bridger- it's a bit tougher. Lots of issues with healthy aging. Substance use issues. Alcohol, mostly but methamphetamine, heroin.
- Access to mental health services is challenging. Even for us as service providers to link our clients to mental health services is tough.
- Different cultures of health in the different areas. What is available in the grocery stores.
- People in Red Lodge know we exist (DSV services) We serve Carbon and Stillwater Co
- Childcare, healthy aging - these are needs in our communities.
- Access, especially to MH. Not as much of a priority. Tobacco use. Very few that I know of that don't use a tobacco product.

- We are more aware of issues in Carbon than in Stillwater. Carbon seems to be a little more proactive in creating services to meet needs.

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

- Hospital/clinic
 - A noticeable uptick in community outreach. Care support givers group, women's health series. Better job of marketing. Feel like they have opened the doors and let the community in.
 - I think I've been referred to go to Laurel for Urgent care and my husband has come to BBC and had rough experience with past providers. It's in the past and has gotten better.
 - Clinic does a good job of the clinic staff referring to our services. But for some of the more traumatic
 - Would love a consistent message throughout the hospital/clinic "Are you currently safe in your relationship?"
- EMS Services (ER/Ambulance)
 - Rough experiences in the past. With specific providers.
 - People hope they are in the Red Lodge area if they need services. The volunteer services are limited in the outlining area. We had a friend wait 40 minutes- and they were only 10 minutes outside of Joliet.
 - I hear good feedback from our clients for those who have worked with Red Lodge Fire and Rescue.
- Public/County Health Department
 - It's been wonderful. I am on the crisis coalition committee with them. They are working to get all sorts of services out to all the small towns in Carbon Co. Vaccines, clinics, early childhood services. Suicide prevention training and opening it up to the community.
- Senior Services (Nursing homes, assisted living, home health, senior center, dementia care, post-acute care, family caregiver support, etc.)
 - Well I don't feel like we are doing great in that area. There's not really anywhere in Carbon Co to stay right now. There is no assisted living facility in the County. It's a detriment to our community.
 - CCART has been great in our community for transportation. As well as the Community Care team.
 - Senior center in Red Lodge and Joliet have really started connecting community with services. Education (elder abuse, picking up groceries, planning for aging).
 - My dad lives here part of the year, he's over 80 and he feels like he's got a lot of support and things to do.
 - In home healthcare is pretty limited here. There is a gap in services from when someone, for example, has a stroke to when they are ready for end of life services.

- BBC homecare and hospice is great. But you have to need that stage of service. Nothing in between.
 - Adult protective health services Covers a large area- stretched very thin. We need additional support here.
- Services for Young Adults/Families (*access and availability of childcare and pediatrics services*)
 - Childcare is super challenging.
 - PH Outreach has helped cover some gaps for screenings and vaccinations. But its kind of a challenge here because we don't deliver babies here. Better services for post-natal care.
 - Childcare gap- you can't get in until they are 2 but they can only take so many. We need more places to go.
 - I bring my child here for pediatric services. He gets great care here. I had a great experience with prenatal checkups.
 - I don't know about teens. Would be interesting to see if we could do a teens clinic. There have been efforts to get more into the schools.
- Services for Low-Income Individuals
 - We don't have OPA here. We have a lot of Band-Aids for people to help, but its still a gap. No other agencies to help get into housing filling out forms, signing up for things.
 - Not a lot of low income housing here.

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

- Mental health!
- Aging Care- aging in place
- Childcare
- Public assistance services
- Violence in the community. How people are treated at home and bulling at schools.
- People with larger health issues. There is a need for them to be able to access more advanced services, so they travel to Billings. And depending on home issues, they may not be able to get there to get those services.

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

- Office of Public Assistance
- Therapists
- Licensed social workers
- Specialty around substance abuse
- Better coordination with criminal justice system with other social service organizations.
- Child advocates- somehow to keep CPS removed children in the community.
- Supervised supervision center

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

- Violence free
- Reduced mental health stigma
- Mobile mental health services
- We are a tourist town- the shoulder seasons are tough. The workforce is unstable, housing is unstable. A better diversified economy. Supporting people year-round.
- Economic stress, stability is big here.
- People really love their communities here. They would like to stay if they could.
- Replicating social services around the county, Satellite branches to support Carbon County at large.
- Deplorable living situations. Removing stigma about housing. Help people connect to services with empathy. It can be difficult for people, and they feel embarrassed.

Key Informant Interview #1

Beartooth Billings Clinic

November 21, 2025

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

- I feel mental health-wise, we are struggling a bit. We don't have a lot of resources in our area for people who need intervention.
- We also don't have a lot of support for those who need mental health services. Still has a big stigma. For those who need assistance or want to explore services, they are not available locally.
- Chemical use issues. Not a lot of treatment assistance.
- Alcohol is a large part of our economy. The availability of it in the community contributes to substance abuse.
- Lot of cannabis dispensaries in our area. Higher access for those who are underage.
- I don't think we have any treatment providers for addiction counselling in our community.
- We are lacking in support for young families and geriatric populations.
- We have good access to medical professionals; we are very fortunate to have that available to us. However, we don't have things like specialists (pediatricians) or support from Adult and Child protective services.

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

- Hospital/clinic
 - One area that is lacking and is probably common across the state, there is no psychiatric services available. People have to be transferred to Billings. It continues to be an ongoing issue as the Psych center is often on diversion and not taking patients. There are very few services available for those in crisis.
 - Personally, I have found BBC is able to be very accommodating for walk-in clinics or being scheduled in a short amount of time. I have yet to encounter a real

issue with accessing services. The lab is very accessible. They are able to bring in specialists on occasion. We are fortunate to have access to them.

- I have also appreciated that BBC allows outside practitioners to utilize their facility. Example, dermatology in the clinic. Allows locals to not have to travel for services.
- EMS Services (ER/Ambulance)
 - I feel they are very good. In my experiences from other small areas in the state, Red Lodge is larger than many. However the county is vast and they cover a large area.
 - Community supports those services- recently passed a levy. Search and rescue, fire, EMS- because they have such community support they can provide a lot of services people need.
 - ED are limited by availability of practitioners.
 - Can't provide psychiatric or crisis intervention in the ED.
- Public/County Health Department
 - My experience with them is primarily in my involvement in the county crisis coalition. I am not sure if they organize it or not, but they are a large part of it. They do a great job of bringing together resources. Make a great effort to have all county resources coordinated.
 - At the school, we don't see a lot of support right now. We don't have a school nurse. I am not sure how that contract works or is in place, but in the past, we had a part-time, as-needed county nurse come in. In the last couple of years, we haven't seen a nurse at all.
 - Disconnect with schools reporting student illness. We are not always privy to that information. We can't always fulfill the reporting requirements they put on us. We don't have access to that information.
- Senior Services (Nursing homes, assisted living, home health, senior center, *elderly services (dementia care, post-acute care, family caregiver support etc.)*)
 - The geriatric community does not have very many resources. No assisted living, nursing home. The BBC can provide swing beds as necessary, but only for the minimum number of days.
 - We have a senior center for those who can get out of their homes. They provide lunches 3 days a week.
 - I have seen some fliers for caregiver support groups. BBC has a department they call home health care. In the past, I tried to access that service for my parent but it wasn't available. It might have changed by now. I am unaware if it is available in the county. Finding agencies that are licensed and insured is next to impossible.
 - I know there is a new focus on aging in place, but we are still severely lacking services that can be delivered in homes to allow them to stay there.
 - Unaware of respite or housekeeping, or basic supportive services.

- Services for Young Adults/Families (*access and availability of childcare and pediatrics services*)
 - We don't have parent supports, advocates, mentors, things like that. We have a local organization that provides a parenting class on a voluntary basis.
 - As a school, we don't have a lot of support from Child and Family Services.
 - Not really one organization that can focus solely of Children and families. Hard to achieve any kind of intervention.
- Services for Low-Income Individuals
 - The only service I am aware of is the Beartooth Cupboard (food bank). As with most small communities, the Office of Public assistance has closed. Periodically there is personnel that comes to the local library to assist with SNAP, things like that. But to try to do it on their own, there is not really any support to get assistance with those things.
 - WE have free and reduced lunch program through the schools.
 - There really are no services for low-income.

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

- Mental health
- Chemical dependency
- Geriatric services, we have a large aging population in our community.

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

- Mental health
- Chemical dependency
- Geriatric services, we have a large aging population in our community.

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

- Getting rid of or reducing the number of dispensaries and grow places.
- Promoting alternative recreational activities that don't involve the use of alcohol
- Greater access and awareness of Mental Health would make our community a healthier place to live.

Key Informant Interview #2

Beartooth Billings Clinic

November 24, 2025

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

- I feel pretty good I've worked in Primary care the last 7 years and it has been fun to see people ages 0-100 and providing diagnostic and preventative services.

- I feel pretty good I've worked in Primary care the last 7 years and its been fun to see people ages 0-100 and providing diagnostic and preventative services.
- Transportation has gotten better. It was very challenging but now we have CART.
- Healthcare is expensive purple and can be challenging for people to access.

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

- Hospital/clinic
 - I think it can challenging to in a larger county (geography) and we only have a few clinics for access. However for as small as we are we offer a lot of different services. Caregiver support, lifestyle balance, etc.
 - Patients from Joliet and Bridger do come to Red Lodge for services (diagnostic or lab). Patients around the county have to travel for services.
- EMS Services (ER/Ambulance)
 - I think the red lodge EMS is really great. Paid employees available 24/7. Response times and training are very up to speed. In the surrounding areas it is lacking. There has been efforts to improve that but its tough. It's all volunteer and response times can be challenging.
- Public/County Health Department
 - We used to be partnered with them (BBC) and are not anymore. County took it over. Now it's harder to know what is going on. I don't see a lot of communication out to the public on what they have ad when.
- Senior Services (Nursing homes, assisted living, home health, senior center, dementia care, post-acute care, family caregiver support, etc.)
 - I feel like it's always a need in every community. It's really sad we currently have no placement for any of our senior patients within our county.
 - It's hard on patients but also on the families as well.
- Services for Young Adults/Families (access and availability of childcare and pediatric services)
 - Yeah, that's another gap. Pediatrics in the healthcare world are going well. We have a good well child program. Integrated behavioral health in the schools.
 - Within the county, childcare is always a challenge. Availability and expense. Hours for working parents.
- Services for Low-Income Individuals
 - There are some, but there is room for improvement. We've come a long way from where we were. People fall through the cracks. I'm not sure people know to access these services or know how to.
 - We have CART, foodbanks, BBC offers assistance for applying to Medicaid, financial assistance.

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

- It's all important.
- Challenge with no nursing home or assisted living. It's hard to find placement outside of our county too.

4. What other healthcare services are needed in the community?
 -
5. What would make your community a healthier place to live?
 - I feel like it is a healthy place to live.

Key Informant Interview #3

Beartooth Billings Clinic

November 24, 2025

1. How do you feel about the general health of your community?
 - Red Lodge its excellent. A lot of folks moved here for recreation. They stay busy and stay engaged.
 - We have a high senior population and significant larger population in Carbon County,
2. What are your views/opinions about these local services:
 - Hospital/clinic
 - It's excellent. I use St Vincent for my primary but when I go over to the Hospital for other services its always been excellent.
 - The new cafe is great too.
 - EMS Services (ER/Ambulance)
 - I've used both services. In fact, we used to live out in Luther and now live closer to town because the time it took for the ambulance to get me was over an hour,
 - Public/County Health Department
 - The concern I have is the 60% population of seniors in the County. I'm not sure the County is assigning
 - Senior Services (Nursing homes, assisted living, home health, senior center, dementia care, post-acute care, family caregiver support, etc.)
 - In Red Lodge its better. The Senior Center really reaches out to seniors in Red Lodge- providing meals 3 times a week, they help with home repairs, they do a lot.
 - Outside of red lodge the senior services has declined. Some communities have closed. They don't have the means to help seniors as much.
 - Services for Young Adults/Families (access and availability of childcare and pediatric services)
 - The Foundation started a collaborative effort to start Child care but had to close because they couldn't afford the mandated childcare staff. The demand was high.
 - Services for Low-Income Individuals
 - Well, we have the Beartooth Cupboards, which provides food. The thrift store serves many low income folks.

- We have a workforce housing problem. The hospital has had to pay higher salaries just to support staff to be able to afford housing
- There is a movement afoot to build affordable housing on County land.

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

- Cuts in Medicaid coming, that is one of the most important. Its effects those who can't afford care but also those who provide services to that population. It will really affect Rural Health.

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

- Senior center provides foot clinics, hearing clinics, sponsors vaccinations (covid and flu shots) but I don't know if the same services are provided around the county or just in Red Lodge.

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

- Red Lodge- nothing comes to mind.

Key Informant Interview #4

Beartooth Billings Clinic

November 25, 2025

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

- I think it's a pretty healthy community in general. More locally, than county wide. Other areas in the county are not as much, the social determinants of health contributes to that.

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

- Hospital/clinic
 - Access to care is good compared to Billings options (closest other option to Primary care). Locally you can get in quickly, within a week, compared to up to 6 weeks in Billings. Also, being a smaller town, the care is more personalized.
- EMS Services (ER/Ambulance)
 - They work really well together, Good interaction between teams in general. In the state there are not many services as large as ours- we have 60 volunteers plus paid staff.
 - EMT classes and one that includes HS students. Seniors are allowed to leave school to take a call.
- Public/County Health Department
 - It's hard sometimes to get information from them. The website is a resource but it's not always easy to reach them.

- Senior Services (Nursing homes, assisted living, home health, senior center, dementia care, post-acute care, family caregiver support, etc.)
 - There is no long term care or assisted living in the county. It's a big gap for us.
 - Senior centers in Carbon County are pretty robust. Red Lodge is the largest, most robust.
 - Through the Community Foundation there are a lot of resources.
 - Resources were in a book but now is online based, can be a barrier as many in our county don't have internet.
- Services for Young Adults/Families (access and availability of childcare and pediatric services)
 - There is within Beartooth that works on wellchild initiatives and pediatric services. Screenings, fluoride, hearing screenings, etc. We participate in the reach out and read.
 - We do have two practitioners that are LCSWs who can see pediatric patients. MH services for pediatrics is a need.
- Services for Low-Income Individuals
 - They have to travel a long way to get ahold of anyone in the Medicaid office. We do have a navigator on site to help apply but that doesn't cover all the needs.

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

- Mental health
- Insurance coverage, access to care. We are luck Montana continued to participate in Medicaid expansion, but this might change and will impact patients access to care and preventative services.

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

- Love it if we had a cardiology resource locally.
- Pulmonology

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

- We are a very active community. Opportunities are there, you just have to be willing to find it.
- Nutritional support in grocery stores. Some areas in County we would consider to be food deserts.

Key Informant Interview #5

Beartooth Billings Clinic

December 1, 2025

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

- I feel like it's got a great variance. Some areas access better than others. We don't see people seeking preventative services.

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

- Hospital/clinic
 - I think they are all excellent. Serving a need. Every clinic space is under-resourced for the amount of people in the county. Would be nice to have urgent care or after hours to avoid emergency room visits.
- EMS Services (ER/Ambulance)
 - Ambulance and EMT services, many are still volunteer. But excellent. They maintain training so they are the first responder are taking patients where they need to be
 - At Beartooth, they are above and beyond for the size of the hospital. Normally I would say somewhat limited in rural communities but Beartooth has access to a lot more resources given affiliation and proximity to Billings.
- Public/County Health Department
 - Riverstone is a part of the Yellowstone PH also. We have worked very well with Carbon Co PH. Very under resourced for the amount of needs in the County. We are very spread out geographically. I think they are spread thin and don't get to do as many preventative programs as they'd like.
- Senior Services (Nursing homes, assisted living, home health, senior center, dementia care, post-acute care, family caregiver support, etc.)
 - Lacking in Carbon Co. More senior centers in smaller communities which provide a safety net. Transportation is difficult. Loss of pharmacy has been difficult. People have to go out of town.
 - While under-resourced, I think we (smaller communities) are doing a better job than the bigger ones.
- Services for Young Adults/Families (access and availability of childcare and pediatric services)
 - I almost had to close down two clinics because there was no childcare for my staff.
 - What I've seen with CPS, it's very scattered with what can be done. No preventative parent planning, support for new families, childhood assessments to be able to provide services in our clinics.
- Services for Low-Income Individuals
 - We really were looking at (in clinic spaces) we at Riverstone will pay for anyone who cannot pay. For grants we do check- but because we are small towns, people asking the questions are friends or neighbors of the patient or patient refuses to respond. Then it looks like people are well above the poverty level but it's actually well below. But we can't continue to provide services for those in need if we can't show need.
 - I think poverty levels in Carbon County is lower than people think. Underreporting.

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

- Mental health access – primary care is the gateway to access to services/providers, but those providers are not available. We are improving access through Telehealth.
- Lack of pharmacy
- Lack of eye care- especially along diabetes care
- Urgent care

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

- Dentistry! It's amazingly sparse. We do not have enough that will accept Medicaid patients. In Yellowstone Co. we have a walk-in clinic for dental services, and they are usually filled by 8am. Many of those seeking care are from Carbon County.
- Pharmacy
- Ophthalmologist
- Urgent Care
- Mental Health

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

- Some areas, for connectedness- especially if you are new, a community center to connect others to know your neighbor, know your resources. It goes across all economic barriers. Enhance awareness of community resources.

Key Informant Interview #6

Beartooth Billings Clinic

December 4, 2025

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

- I feel like it's pretty strong. Well, I mean, I guess it depends on general health. Our median age is higher than other parts of the state. We have a very active geriatric population. Healthy older people, but a lot of older people.
- Very active community. A lot of people are involved in organizations.

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

- Hospital/clinic
 - I think it's a great facility for the size of community that we have. It is truly a CAH, and so we bring patients there from the EMS side of things to get stabilized and potentially further diagnosis. If they need further care we take them to Billings. I'd say we have a pretty darn good hospital.
- EMS Services (ER/Ambulance)
 - We offer pretty good services for the community, I'd like to see a full time ambulance crew. But we cannot necessarily afford. For the demographics=, geographic location, the services we provide are above and beyond what many rural community are able to support.

- Critical care endorsed paramedics.
- Public/County Health Department
 - I think we are doing pretty good. They are fairly active in the community. They meet consistently with our Emergency Preparedness committee.
 - Hospital doesn't participate in LAPC as there should be. I think there is some frustration around that.
 - They are doing a lot of outreach and have other communities in the region.
- Senior Services (Nursing homes, assisted living, home health, senior center, dementia care, post-acute care, family caregiver support, etc.)
 - We have an active Senior Center. They offer meals 3x a week. Is a community center and very active
 - We are short in no assisted living in the County. In general the one we have is sitting empty right now. Another closed in 2022 when we had the flood. There really is no local assisted living or rehab type of facility.
 - If we have a medical emergency and need some time to recover, there is no place to do so locally.
 - We provide community care services, we do wellness checks, assist with scheduling and transport.
- Services for Young Adults/Families (access and availability of childcare and pediatric services)
 - I'm not too familiar with this. It probably is lacking.
 - We do have a boy and girls club here after school. However this is in Red Lodge, not in our neighboring communities.
 - Bridger has had some teen suicide and drinking and driving that took a young person's life
- Services for Low-Income Individuals
 - Substandard living situations for families. PH has been working on things like this.
 - We have been doing some MH support for these communities. QPR we are the highest participating County in the state. The County has been aggressive in that area of education.
 - CART (transportation service)- solidify consistent funding for them. Sustainability is important.

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

- I think one of the big ones is the assisted living situation.
- Affordable housing. Impacts workforce.

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

- More services for youth.
- Support for low-income families. Supporting food bank.

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

- Better access to health care insurance (accessibility and affordability).
- I feel we have a pretty good community here. There are obviously some with challenges, but we work together to try to help them along.
- Better educating our community about the services available locally.

Appendix H – Request for Comments

Written comments on this 2025 Community Health Needs Assessment Report can be submitted to the Community Relations Coordinator at Beartooth Billings Clinic:

Holly Lucara
Community Relations Coordinator
Beartooth Billings Clinic
PO Box 590 / 2525 N Broadway
Red Lodge, MT 59068

Contact Beartooth Billings Clinic's Community Relations Coordinator at 406-446-0616 or hlucara@beartoothbillingsclinic.org with questions.

