



2022

COMMUNITY HEALTH NEEDS ASSESSMENT

Madison County, Montana

*Assessment conducted by **Madison County Public Health** in
cooperation with the **Montana Office of Rural Health***



Office of Rural Health
Area Health
Education Center

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INTRODUCTION

Introduction

Madison County has two Critical Access Hospitals (CAHs) that provide healthcare services across the county. Ruby Valley Medical Center (RVMC) is a public hospital district, five bed licensed and 2 observation bed, non-profit Critical Access Hospital based in Sheridan, Montana. Additionally, RVMC operates two outpatient medical clinics in Sheridan and Twin Bridges. RVMC primarily serves the Ruby Valley,



located in western Madison County. The Ruby Valley is nestled between four mountain ranges: the Tobacco Root Mountains, the Ruby Range, the Greenhorn Range and the McCartney Mountains. Ruby Valley Medical Center’s primary service area includes the communities of Virginia City, Alder, Sheridan, Laurin, Twin Bridges, Silver Star, and Waterloo; with most of the communities located along US 287.

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

Madison County has a low population density and is considered a Frontier (six or less people per square mile) by the US Department of Health and Human Services. For further demographic, socioeconomic, and other related county and state data, please see Appendix C to review the Secondary Data Analysis.



Mission: To protect and promote the health and safety of county residents through the efforts of dedicated and skilled professionals applying sound preventative principles.

Ruby Valley Medical Center and Madison Valley Medical Center participated in the Community Health Services Development (CHSD) Project administrated by the Montana Office of Rural Health (MORH). Funding for this project with the Madison County Health Department was provided by the State of Montana’s Department of Health and Human Services (DPHHS), Public Health and Safety Division (PHSD) in partnership with the Montana Healthcare Foundation. Community involvement in steering committee meetings and key informant interviews enhanced community engagement in the assessment process.

RVMC's and MVMC's service areas were surveyed about their healthcare systems. This report shows the results of the survey in both narrative and chart formats. A copy of each report can be found on the [MORH website](#) as well as on [RVMC's](#) and [MVMC's](#) websites. 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 most overlapping questions that were asked. Please note we are able to compare a majority of the 2022 RVMC survey data with data from MVMC's 2020 survey. Statistical significance was not measured in this report as the service area, year of survey administration, and context of each individual survey differed between communities.

Health Assessment Process

Separate steering committees were convened to assist Ruby Valley Medical Center and Madison Valley Medical Center in conducting CHSD. A diverse group of community members representing various organizations and populations within the community (ex. public health, elderly, uninsured) came together to provide feedback and support. For a list of all steering committee members and their affiliations, see Appendix A and B. 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

Surveys were mailed out to the residents in Madison County, Montana. Ruby Valley Medical Center's service area was surveyed in fall 2022 and Madison Valley Medical Center's service area was surveyed in spring 2020. Survey respondents had the ability to complete the survey mailed to them, or via an online survey hosted at Montana State University's HELPS Lab web portal. The survey was based on a design that has been used extensively in the states of Washington, Wyoming, Alaska, Montana, and Idaho. The survey was designed to provide each facility with information from local residents regarding:

- Demographics of respondents
- Hospitals, primary care providers, and specialists used, plus reasons for selection
- Local healthcare provider usage
- Services preferred locally
- Perception and satisfaction of local healthcare

Sampling

Both critical access hospitals provided a list of aggregated outpatient and inpatient admissions. Those zip codes with the greatest number of admissions were selected to be included in the survey. A random list of 1600 residents was then selected with the assistance of the MSU HELPS lab. Residence was stratified in the initial sample selection so that each area would be represented in proportion to the overall served population and the proportion of past admissions. Note: although the survey samples were proportionately selected, actual surveys returned from each population area varied, which may result in slightly less proportional results. See table below for the survey distribution.

Zip Code	Population ¹	Community Name	Total Distribution	# Male	# Female
59729	972	Ennis	588	294	294
59749	843	Sheridan	464	232	232
59754	235	Twin Bridges	150	75	75
59740	495	McAllister	96	48	48
59710	109	Alder	62	31	31
59759	1,039	Whitehall	52	26	26
59720	191	Cameron	44	22	22
59755	207	Virginia City	42	21	21
59725	4,261	Dillon	28	14	14
59751	242	Silver Star	26	13	13
59735	331	Harrison	14	7	7
59758	1769	West Yellowstone	14	7	7
59747	159	Pony	12	6	6
59745	134	Norris	8	4	4
Total	10,987		1600	800	800

¹ US Census Bureau - American Community Survey (2019)

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

Information Gaps- Data

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

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

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

Limitations in Survey and Key Informant Interview Methodology

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

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

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

Survey Implementation

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

Ruby Valley Medical Center

One-hundred thirty surveys were returned out of 800. Of those 800 surveys, 88 surveys were returned undeliverable for a 18.3% response rate. From this point on, the total number of surveys will be out of 712. Based upon the sample size, we can be 95% confident that the responses to the survey questions are representative of the service area population, plus or minus 8.5%.

Madison Valley Medical Center

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

Survey Respondent Demographics

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

Place of Residence	Ennis (2020) % (n)	Sheridan (2022) % (n)	Madison County (Comparison) % (n)
Number of respondents	192	128	320
59729 Ennis	69.8% (134)	3.1% (4)	43.1% (138)
59749 Sheridan		66.4% (85)	26.6% (85)
59740 McAllister	16.7% (32)		10.0% (32)
59754 Twin Bridges		14.1% (18)	5.6% (18)
59755 Virginia City	4.2% (8)	0.8% (1)	2.8% (9)
59710 Alder	1.0% (2)	4.7% (6)	2.5% (8)
59720 Cameron	4.2% (8)		2.5% (8)
59759 Whitehall		4.7% (6)	1.9% (6)
59751 Silver Star		4.7% (6)	1.9% (6)
59747 Pony	2.6% (5)		1.6% (5)
59745 Norris	1.0% (2)		0.6% (2)
59725 Dillon		0.8% (1)	0.3% (1)
59735 Harrison	0.5% (1)		0.3% (1)

Table continued on the next page.

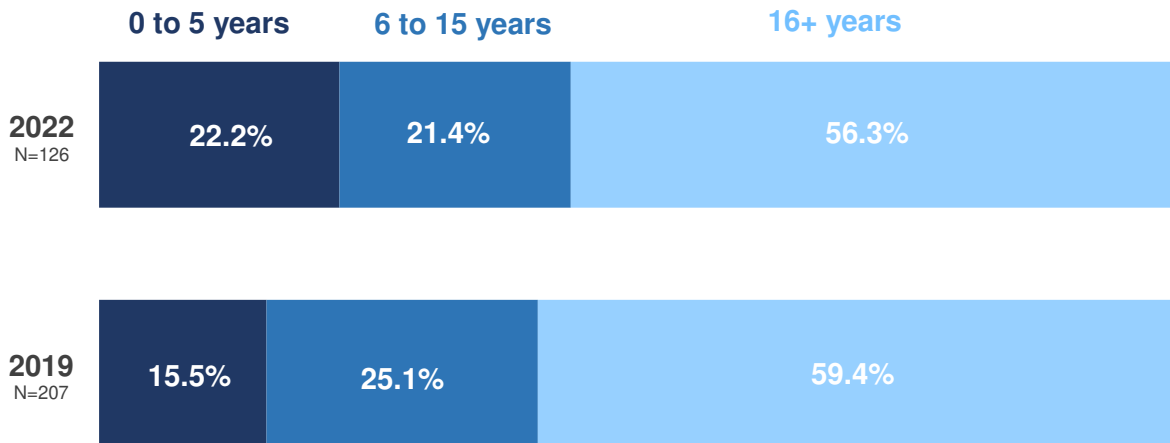
59711 Anaconda		0.0% (0)	0.0% (0)
59716 Big Sky	0.0% (0)		0.0% (0)
59701 Butte		0.0% (0)	0.0% (0)
59758 West Yellowstone	0.0% (0)		0.0% (0)
Other	0.0% (0)	0.8% (1)	0.3% (1)
TOTAL	100.0% (192)	100.0% (128)	100.0% (320)

Grayed out cells indicate the question was not asked that year.

Years Lived in the Community (RVMC Only)

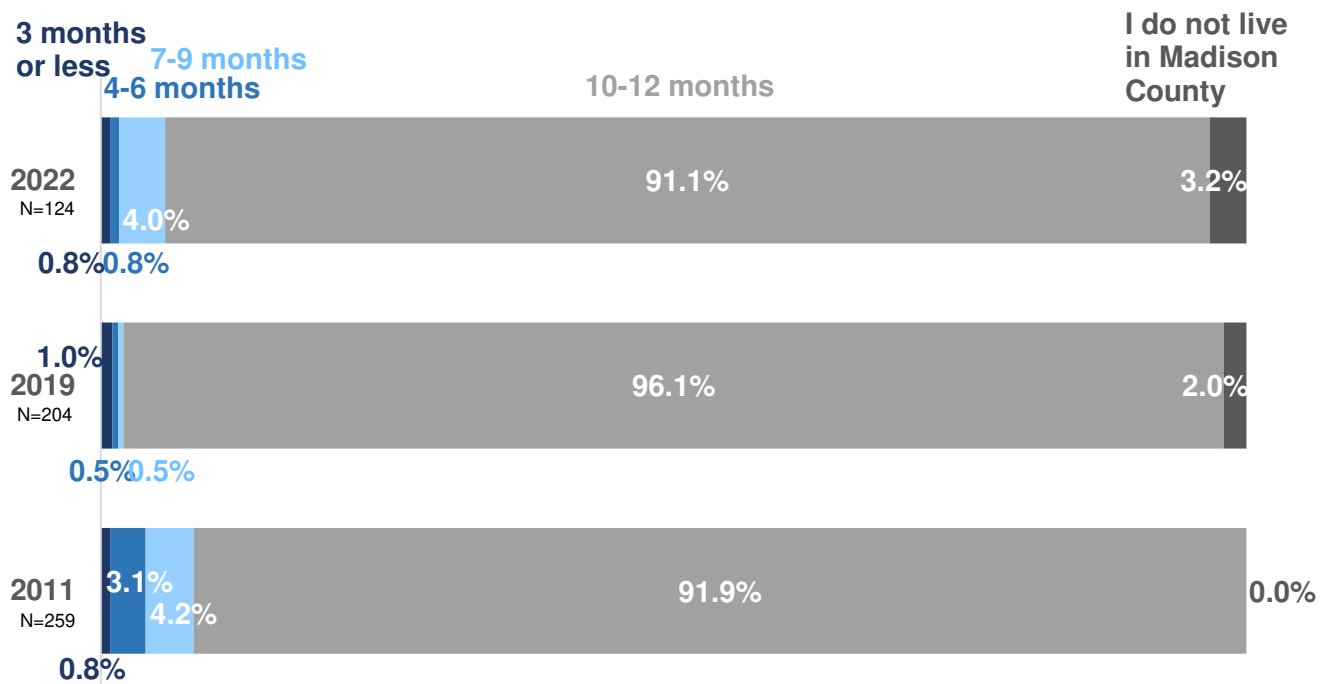
Fifty-six point three percent of Ruby Valley Medical Center’s respondents (n=71) indicated they have lived in the community “16+ years.” Twenty-one point four percent (n=27) have lived in the community “6-15 years” and 22.2% (n=28) “0-5 years.”

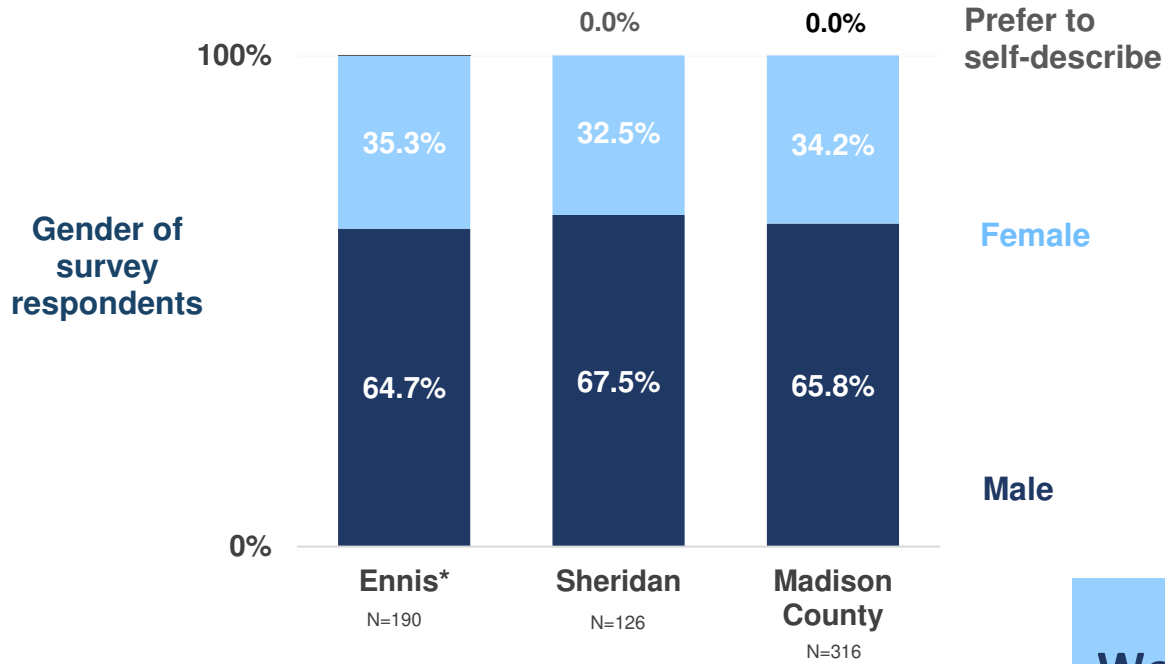
Fewer survey respondents report 16+ years in the area compared to the 2019 assessment



Number of Months Lived in Madison County Each Year (RVMC Only)

The majority of Ruby Valley Medical Center’s respondents, 91.1% (n=113), indicated they spend “10-12 months” each year in Madison County.

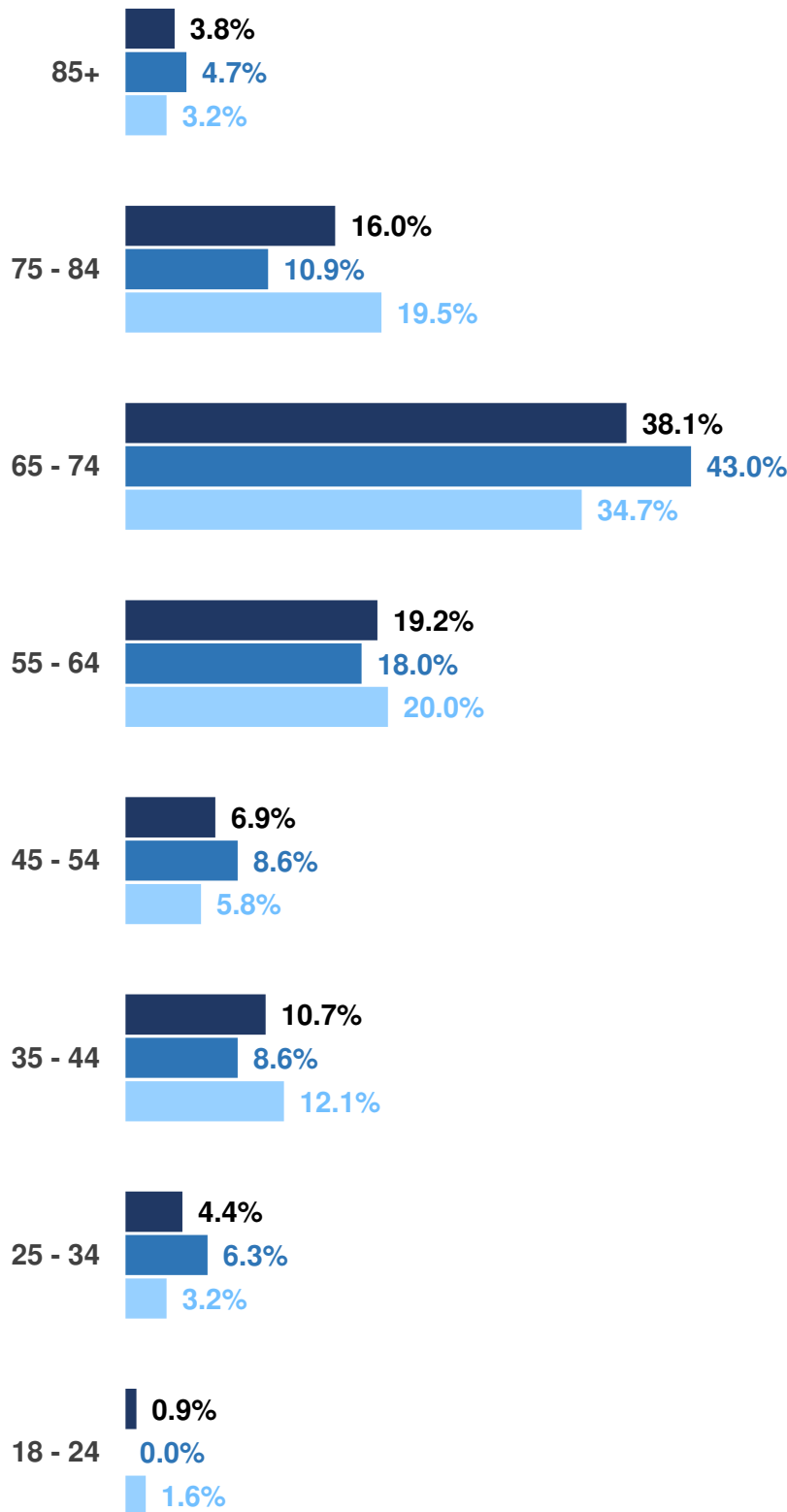




*"Prefer to self-describe" was not included as an option on Ennis' 2020 survey

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

Age of respondents for all years of the survey



Madison County
N=318

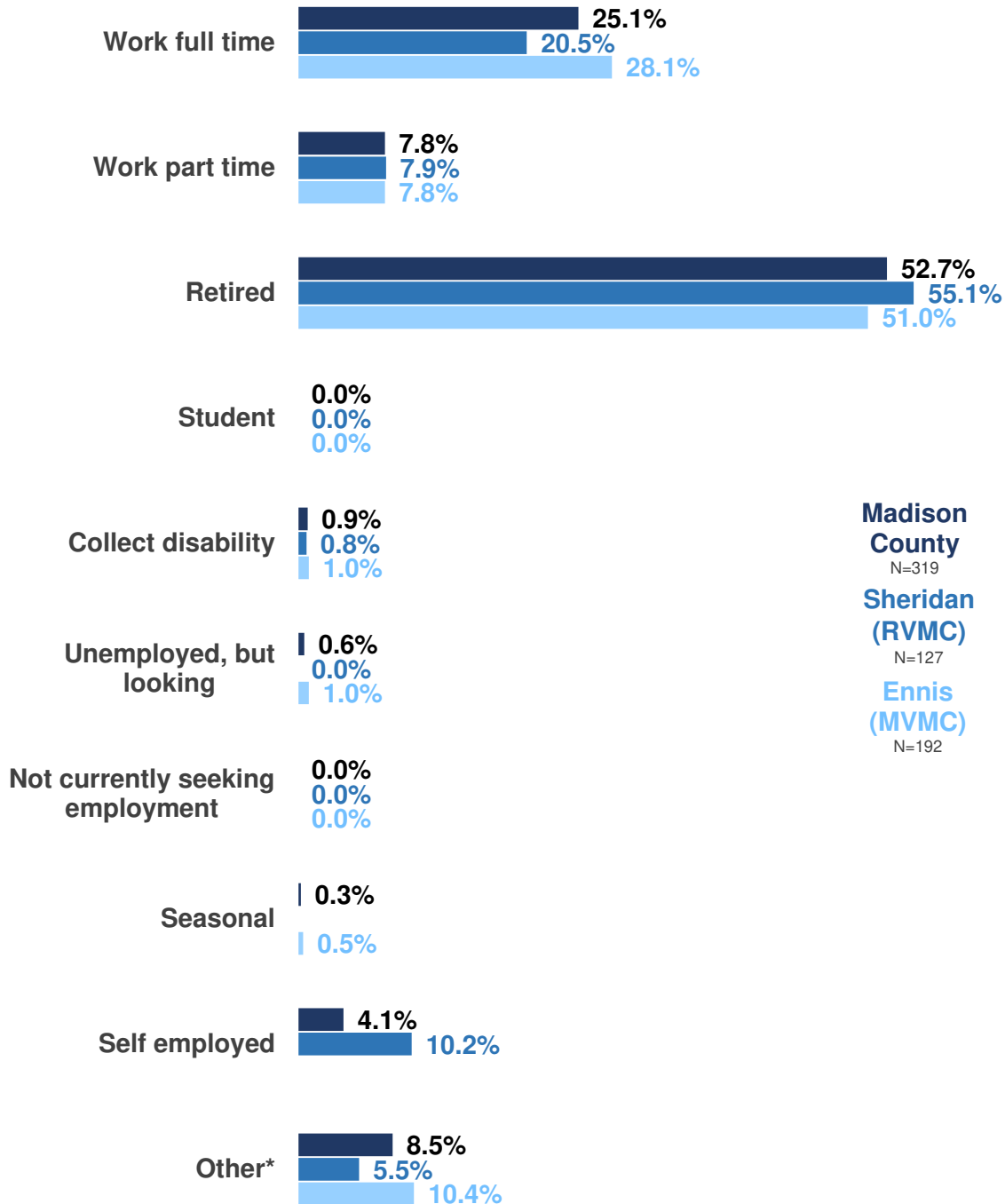
Sheridan (RVMC)
N=128

ENNIS (MVMC)
N=190

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

Employment status

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



*Respondents (N=18) who selected over the allotted amount were moved to "Other."



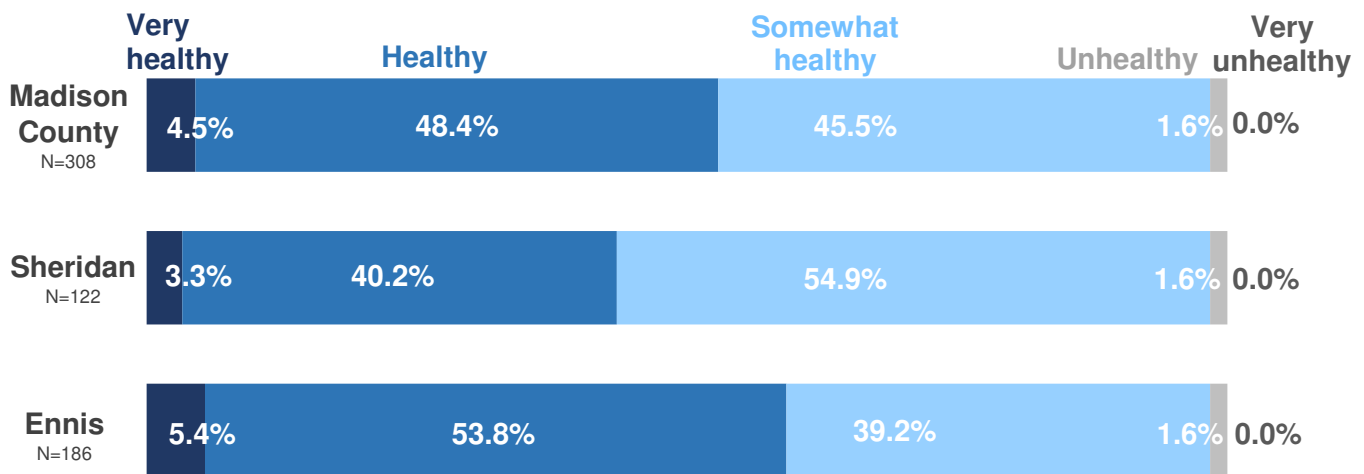
SURVEY RESULTS

Survey Results

Rating of Healthy Community

Madison County respondents were asked to indicate how they would rate the general health of their community. Forty-eight point four percent of respondents (n=149) rated their community as “Healthy,” and 45.5% of respondents (n=140) felt their community was “Somewhat healthy.” Four point five percent of respondents (n=14) indicated they felt their community was “Very healthy,” and 1.6% of respondents (n=5) rated their community as “Unhealthy.” No respondents rated their community “Very unhealthy.”

93.9% of Madison County respondents rate their community as healthy or somewhat healthy



Nearly half of survey respondents feel their community is healthy.

Health Concerns for Community

Respondents were asked what they felt the three most serious health concerns were in their community. The top identified health concern was “Alcohol/substance abuse” at 44.4% (n=142). “Mental health issues” was also a high priority at 28.1% (n=90), followed by “Cancer” at 24.4% (n=78).

Health Concern	Ennis (2020) % (n)	Sheridan (2022) % (n)	Madison County (Comparison) % (n)
Number of respondents	194	126	320
Alcohol/substance abuse	41.8% (81)	48.4% (61)	44.4% (142)
Mental health issues	17.0% (33)	45.2% (57)	28.1% (90)
Cancer	22.2% (43)	27.8% (35)	24.4% (78)
Overweight/obesity	18.0% (35)	25.4% (32)	20.9% (67)
Tobacco use (cigarettes/cigars, vaping, smokeless)	16.5% (32)	10.3% (13)	14.1% (45)
Social isolation/loneliness	12.4% (24)	15.1% (19)	13.4% (43)
Work/economic stress	14.4% (28)	11.9% (15)	13.4% (43)
Lack of exercise	10.8% (21)	16.7% (21)	13.1% (42)
Heart disease	8.2% (16)	15.1% (19)	10.9% (35)
Alzheimer’s/dementia	7.2% (14)	15.1% (19)	10.3% (33)
Lack of access to healthcare	6.7% (13)	11.9% (15)	8.8% (28)
Diabetes	5.2% (10)	12.7% (16)	8.1% (26)
Motor vehicle accidents	8.2% (16)	5.6% (7)	7.2% (23)
Recreation related accidents/injuries	6.2% (12)	6.3% (8)	6.3% (20)
Lack of dental care	4.6% (9)	1.6% (2)	3.4% (11)
Domestic violence	3.6% (7)	2.4% (3)	3.1% (10)
Work related accidents/injuries	1.5% (3)	5.6% (7)	3.1% (10)
Stroke	3.6% (7)	1.6% (2)	2.8% (9)
Child abuse/neglect	2.6% (5)	1.6% (2)	2.2% (7)
Hunger	2.6% (5)	0.8% (1)	1.9% (6)
Substance abuse	23.2% (45)		
Emergency medical services	16.0% (31)		
Depression/anxiety	14.9% (29)		
Respiratory issues/illness	2.6% (5)		
Suicide	1.0% (2)		

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Other* 7.2% (14) 6.3% (8) 6.9% (22)

Respondents were asked to pick their top three serious health concerns, so percentages do not equal 100%. Grayed out cells indicate the variable was not included on the community’s survey. *Respondents (N=11) who selected over the allotted amount were moved to “Other.”

(View all comments in Appendix D and E)

Components of a Healthy Community

Respondents were asked to identify the three most important things for a healthy community. Forty-nine point eight percent of respondents (n=159) indicated that “Access to healthcare and other services” is important for a healthy community, followed by “Good jobs and a healthy economy” at 39.2% (n=125), and “Affordable housing” at 33.2% (n=106).

Components of a Healthy Community	Ennis (2020) % (n)	Sheridan (2022) % (n)	Madison County (Comparison) % (n)
Number of respondents	194	125	319
Access to health care and other services	49.5% (96)	50.4% (63)	49.8% (159)
Good jobs and a healthy economy	37.6% (73)	41.6% (52)	39.2% (125)
Affordable housing	33.5% (65)	32.8% (41)	33.2% (106)
Healthy behaviors and lifestyles	29.9% (58)	24.8% (31)	27.9% (89)
Strong family life	23.7% (46)	24.0% (30)	23.8% (76)
Low crime/safe neighborhoods	18.0% (35)	24.8% (31)	20.7% (66)
Good schools	22.7% (44)	12.8% (16)	18.8% (60)
Access to healthy foods	13.4% (26)	22.4% (28)	16.9% (54)
Access to childcare/after school programs	13.4% (26)	10.4% (13)	12.2% (39)
Religious or spiritual values	10.8% (21)	14.4% (18)	12.2% (39)
Clean environment	10.3% (20)	12.0% (15)	11.0% (35)
Community involvement	9.8% (19)	4.0% (5)	7.5% (24)
Tolerance for diversity	8.8% (17)	5.6% (7)	7.5% (24)
Parks and recreation	6.2% (12)	2.4% (3)	4.7% (15)
Low death and disease rates	2.1% (4)	4.8% (6)	3.1% (10)
Transportation services	2.6% (5)	3.2% (4)	2.8% (9)

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Low level of domestic violence	2.6% (5)	0.0% (0)	1.6% (5)
Arts and cultural events	1.0% (2)	0.0% (0)	0.6% (2)
Other*	1.5% (3)	3.2% (4)	2.2% (7)

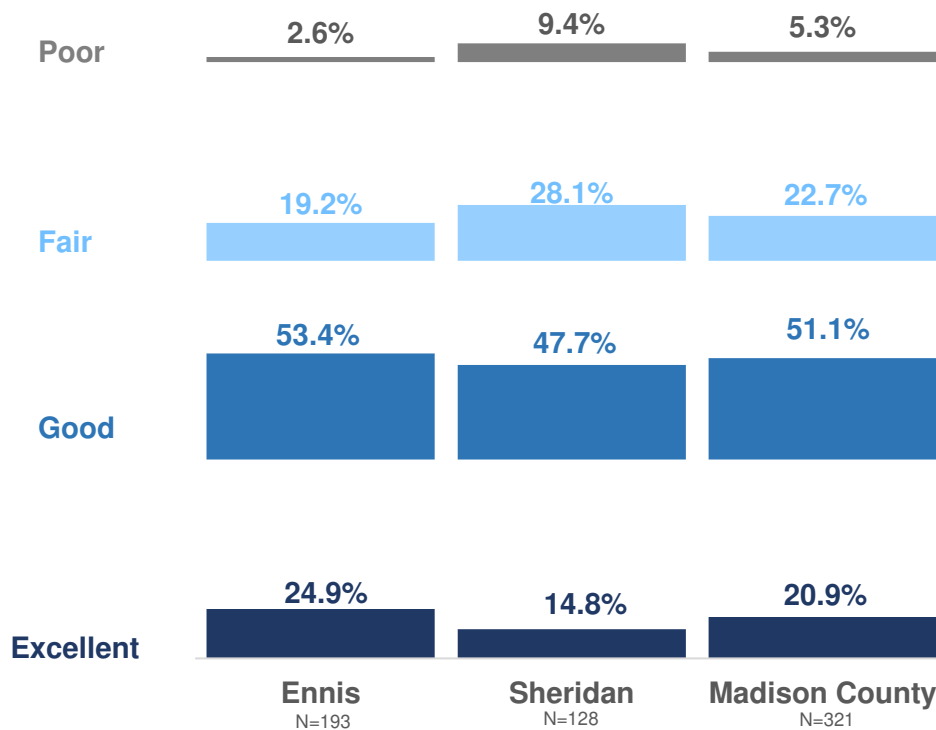
Respondents were asked to pick their top three components of a healthy community, so percentages do not equal 100%.

*Respondents (N=4) who selected over the allotted amount were moved to "Other."

Knowledge of Health Services

Respondents were asked to rate their knowledge of the health services available through Ruby Valley Medical Center and Madison Valley Medical Center. Fifty-one point one percent of respondents (n=164) rated their knowledge of health services as "Good." "Fair" was selected by 22.7% percent (n=73), "Excellent" was chosen by 20.9% of respondents (n=67), and "Poor" was selected by 5.3% (n=17).

Over 70% of Madison County respondents rated their knowledge of services as **Good or **Excellent****



How Respondents Learn of Health Services

When asked how survey respondents learn about health services available in the community, the most frequently indicated method of learning was “Word of mouth/reputation” at 63.8% (n=203). “Friends/family was also frequently used to learn about health services at 57.9% (n=184), followed closely by “Healthcare provider” at 49.7% (n=49.7).

How Respondents Learn about Community Health Services	Ennis (2020) % (n)	Sheridan (2022) % (n)	Madison County (Comparison) % (n)
Number of respondents	194	124	318
Word of mouth/reputation	66.0% (128)	60.5% (75)	63.8% (203)
Friends/family	55.7% (108)	61.3% (76)	57.9% (184)
Healthcare provider	52.1% (101)	46.0% (57)	49.7% (158)
Madisonian	39.2% (76)	32.3% (40)	36.5% (116)
Mailings/newsletter	23.2% (45)	21.0% (26)	22.3% (71)
Social Media	22.7% (44)	20.2% (25)	21.7% (69)
Website/internet	19.1% (37)	10.5% (13)	15.7% (50)
Billboards/posters	10.8% (21)	2.4% (3)	7.5% (24)
Public Health Nurse	4.1% (8)	7.3% (9)	5.3% (17)
Presentations	7.2% (14)	1.6% (2)	5.0% (16)
Public postings/bulletins		19.4% (24)	
Ruby Valley Nugget		13.7% (17)	
Radio		4.0% (5)	
Other	5.2% (10)	10.5% (13)	7.2% (23)

Respondents were asked to indicate all methods of receiving information, so percentages do not equal 100%. Grayed out cells indicate the variable was not included on the community’s survey.

Utilized Community Health Resources

Respondents were asked which community health resources, other than RVMC and MVMC, they had used in the last three years. “Pharmacy” was the most frequently utilized community health resource cited by respondents at 80.4% (n=254). The “Dentist” was utilized by 62.3% (n=197) of respondents followed by “Senior Center” at 17.4% (n=55).

Use of Community Health Resources	Ennis (2020) % (n)	Sheridan (2022) % (n)	Madison County (Comparison) % (n)
Number of respondents	194	122	316
Pharmacy	76.3% (148)	86.9% (106)	80.4% (254)
Dentist	58.8% (114)	68.0% (83)	62.3% (197)
Senior Center	14.9% (29)	21.3% (26)	17.4% (55)
Public Health	5.7% (11)	8.2% (10)	6.6% (21)
Home health	5.2% (10)	8.2% (10)	6.3% (20)
Meals on Wheels	5.7% (11)	6.6% (8)	6.0% (19)
Counselling/mental health	5.7% (11)	0.8% (1)	3.8% (12)
Acupuncture	2.1% (4)		
Chiropractor	14.4% (28)		
Community Services Referral Center	0.5% (1)		
EMS/ambulance		9.0% (11)	
Fitness center/classes		11.5% (14)	
Food banks		6.6% (8)	
Grief support group		1.6% (2)	
Massage therapy	26.8% (52)		
Senior Companion Program		3.3% (4)	
Substance abuse services		0.0% (0)	
Support groups (AA, Alanon, Cancer, Mental Health, Dementia, etc.) for Ennis	1.5% (3)		
TOPS	1.5% (3)		
Yoga	13.9% (27)		

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VA		6.6% (8)	
Other	12.4% (24)	4.1% (5)	9.2% (29)

Respondents were asked to select all other community health resources used, so percentages do not equal 100%. Grayed out cells indicate the variable was not included on the community’s survey.

Interest in Educational Classes/Programs

Respondents were asked if they would be interested in any educational classes/programs made available to the community. The most frequently selected class/program was “Fitness” at 38.9% (n=117). Interest in “Health and wellness” followed with 35.2% (n=106), while 27.6% of respondents (n=83) were interested in “Women’s health.”

Interest in Classes or Programs	Ennis	Sheridan	Madison County
	(2020)	(2022)	(Comparison)
	% (n)	% (n)	% (n)
Number of respondents	194	107	301
Fitness	39.2% (76)	38.3% (41)	38.9% (117)
Health and wellness	31.4% (61)	42.1% (45)	35.2% (106)
Women’s health	28.4% (55)	26.2% (28)	27.6% (83)
Nutrition	25.8% (50)	29.0% (31)	26.9% (81)
First aid/CPR	27.8% (54)	20.6% (22)	25.2% (76)
Weight loss	21.6% (42)	29.9% (32)	24.6% (74)
Living will	18.0% (35)	23.4% (25)	19.9% (60)
Men’s health	18.0% (35)	18.7% (20)	18.3% (55)
Diabetes	7.7% (15)	25.2% (27)	14.0% (42)
Alzheimer’s	11.9% (23)	9.3% (10)	11.0% (33)
Mental health	7.7% (15)	15.0% (16)	10.3% (31)
Cancer	6.2% (12)	15.9% (17)	9.6% (29)
Heart disease	3.6% (7)	13.1% (14)	7.0% (21)
Parenting	5.2% (10)	7.5% (8)	6.0% (18)
Grief counseling	4.6% (9)	7.5% (8)	5.6% (17)
Support groups	3.6% (7)	2.8% (3)	3.3% (10)
Alcohol/substance abuse	3.1% (6)	0.9% (1)	2.3% (7)

Table continued on the next page.

Prenatal	1.0% (2)	3.7% (4)	2.0% (6)
Smoking/tobacco cessation	2.1% (4)	1.9% (2)	2.0% (6)
Care-giver support group	5.7% (11)		
Lactation/breastfeeding support	2.1% (4)		
Substance Abuse	1.5% (3)		
Suicide prevention		7.5% (8)	
Other	3.6% (7)	10.3% (11)	6.0% (18)

Respondents were asked to pick all classes or programs that are of interest, so percentages do not equal 100%. Grayed out cells indicate the variable was not included on the community’s survey.

Utilization of Preventive Services

Respondents were asked if they had utilized any of the preventive services listed in the past year. “Health checkup/Annual Exam” was selected by 66.1% of respondents (n=211), followed by “Routine blood pressure check” at 63.3% (n=202). Sixty-two point seven percent of respondents (n=200) indicated “Flu shot/immunizations.” Survey respondents could select all services that applied.

Use of Preventive Services	Ennis	Sheridan	Madison County
	(2020)	(2022)	(Comparison)
	% (n)	% (n)	% (n)
Number of respondents	194	125	319
Health checkup/Annual Exam	66.5% (129)	65.6% (82)	66.1% (211)
Routine blood pressure check	71.1% (138)	51.2% (64)	63.3% (202)
Flu shot/immunizations	63.9% (124)	60.8% (76)	62.7% (200)
Dental exam	58.2% (113)	64.8% (81)	60.8% (194)
Cholesterol check	50.0% (97)	45.6% (57)	48.3% (154)
Vision check	45.9% (89)	52.0% (65)	48.3% (154)
Mammography	36.6% (71)	34.4% (43)	35.7% (114)
Prostate (PSA)	15.5% (30)	19.2% (24)	16.9% (54)
Colonoscopy	17.0% (33)	13.6% (17)	15.7% (50)
Pap test	13.9% (27)	11.2% (14)	12.9% (41)

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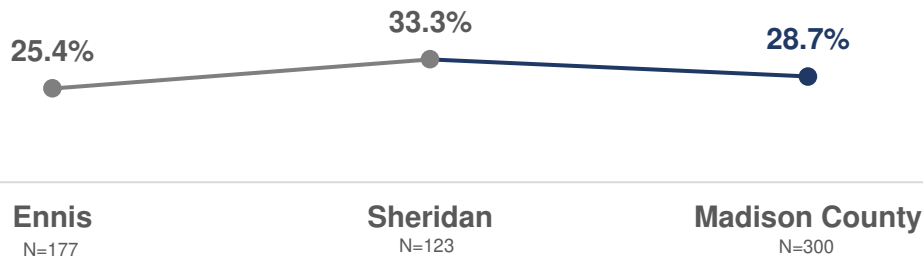
Hearing check	15.5% (30)	8.0% (10)	12.5% (40)
Children’s checkup/Well baby	7.7% (15)	14.4% (18)	10.3% (33)
None	2.6% (5)	4.0% (5)	3.1% (10)
Health fair	16.5% (32)		
Mental health counseling		4.0% (5)	
Other	5.7% (11)	4.8% (6)	5.3% (17)

Respondents could select any of the preventive services listed, so percentages do not equal 100%. Grayed out cells indicate the variable was not included on the community’s survey.

Delay of Services

Twenty-eight point seven percent of respondents (n=86) reported that they or a member of their household thought they needed healthcare services but did not get them or had to delay getting them. Seventy-one point three percent of respondents (n=214) felt they were able to get the healthcare services they needed without delay.

28.7% of Madison County respondents did not get or delayed getting needed healthcare services



Reason for Not Receiving/Delaying Needed Services

Eighty-three of the 86 survey respondents who indicated they were unable to receive or had to delay services, shared their top three reasons for not receiving or delaying needed services. The reason most cited was that “It cost too much” at 30.1%, (n=25), followed by “Could not get an appointment” at 19.3% (n=16). “Too long to wait for an appointment” was third with 18.1% (n=15) of respondent selections.

Reasons for Delay in Receiving Needed Healthcare	Ennis (2020) % (n)	Sheridan (2022) % (n)	Madison County (Comparison) % (n)
Number of respondents	45	38	83
It cost too much	33.3% (15)	26.3% (10)	30.1% (25)
Could not get an appointment	6.7% (3)	34.2% (13)	19.3% (16)
Too long to wait for an appointment	13.3% (6)	23.7% (9)	18.1% (15)
My insurance didn’t cover it	17.8% (8)	15.8% (6)	16.9% (14)
It was too far to go	11.1% (5)	15.8% (6)	13.3% (11)
Don’t like doctors	8.9% (4)	15.8% (6)	12.0% (10)
No insurance	11.1% (5)	7.9% (3)	9.6% (8)
Didn’t know where to go	6.7% (3)	10.5% (4)	8.4% (7)
Had no child care	6.7% (3)	2.6% (1)	4.8% (4)
Office wasn’t open when I could go	4.4% (2)	5.3% (2)	4.8% (4)
Too nervous or afraid	4.4% (2)	5.3% (2)	4.8% (4)
Could not get off work	4.4% (2)	2.6% (1)	3.6% (3)
Not treated with respect	2.2% (1)	5.3% (2)	3.6% (3)
Transportation problems	2.2% (1)	2.6% (1)	2.4% (2)
Don’t understand healthcare system	0.0% (0)	0.0% (0)	0.0% (0)
Language barrier	0.0% (0)	0.0% (0)	0.0% (0)
Services were not available locally		28.9% (11)	
Qualified provider not available	20.0% (9)		
Worried about privacy/confidentiality		5.3% (2)	
Unsure if services were available	6.7% (3)		

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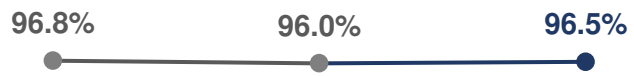
Other*	15.6% (7)	15.8% (6)	15.7% (13)
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Respondents were asked to indicate the top three reasons for a delay in seeking or receiving healthcare, so percentages do not equal 100%. Grayed out cells indicate the variable was not included on the community’s survey. *Respondents (N=5) who selected over the allotted amount were moved to “Other.”

Primary Care Services

Ninety-six point five percent of respondents (n=304) 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. Three point five percent of respondents (n=11) indicated they had not received primary care.

Primary care utilization has remained above 95% across Madison County

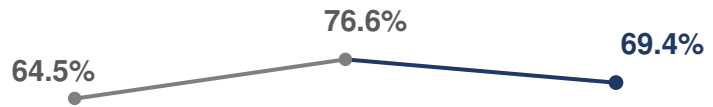


Ennis N=189	Sheridan N=126	Madison County N=315
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Hospital Care Services

Respondents were asked if they or someone in their household had received hospital care in the last three years. Hospitalization was quantified as hospitalized overnight, day surgery, obstetrical care, rehabilitation, radiology, or emergency care. Sixty-nine point four percent of respondents (n=215) reported that they or a member of their family had received hospital care during the previous three years, and 30.6% (n=95) had not received hospital services.

Utilization of hospital services was just below 70% for Madison County respondents

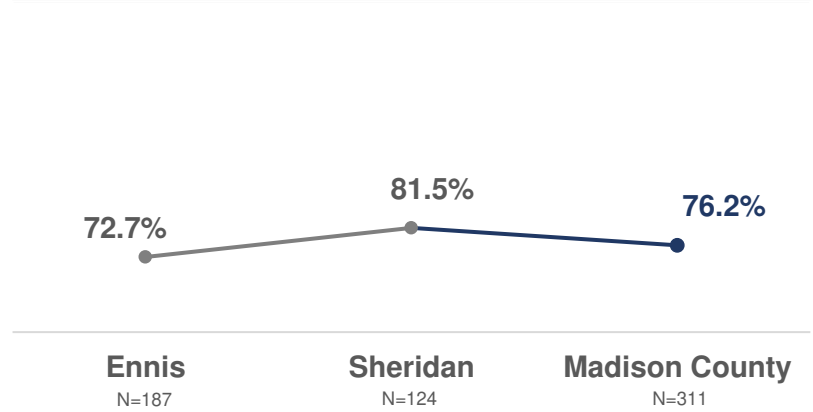


Ennis N=186	Sheridan N=124	Madison County N=310
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Specialty Care Services

Respondents were asked if they or someone in their household had seen a healthcare specialist in the last three years. Specialty care was quantified as a health provider other than their primary care provider or family doctor. Seventy-six point two percent of the respondents (n=237) indicated they or a household member had seen a healthcare specialist during the past three years, while 23.8% (n=74) indicated they had not.

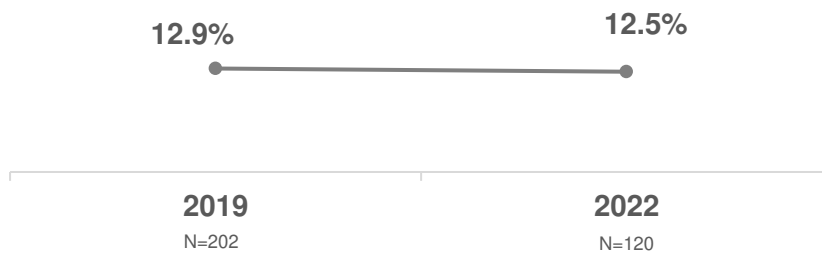
Specialty care utilization was at 76.2% for Madison County Respondents



Prevalence of Depression (RVMC Only)

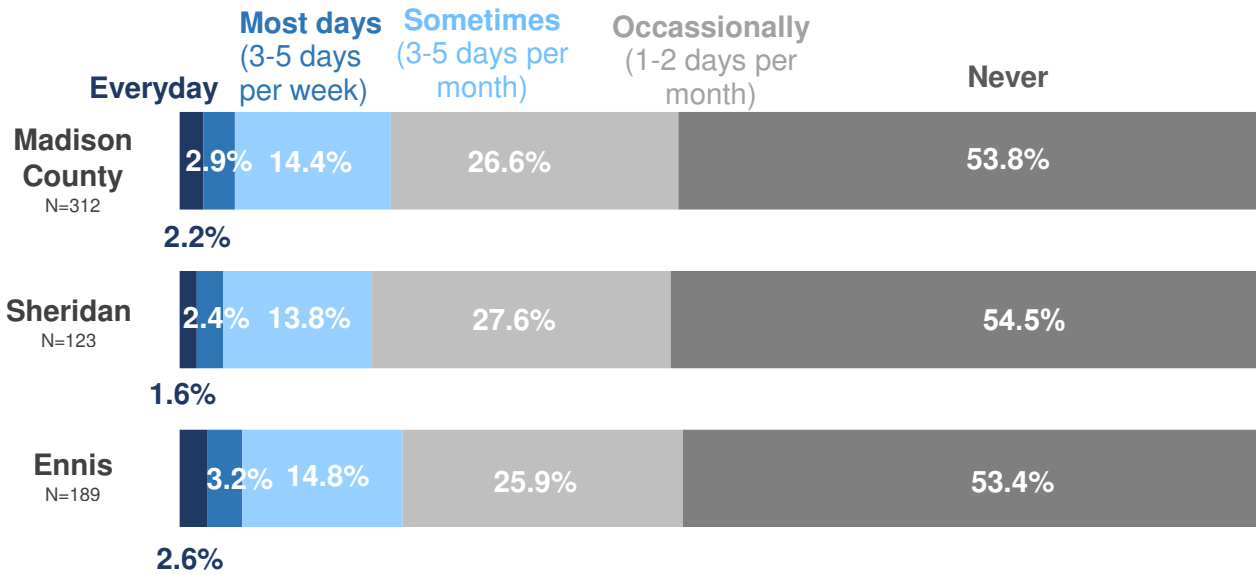
Respondents were asked to indicate if there were periods of at least three consecutive months in the past three years where they felt depressed on most days. Twelve point five percent of respondents (n=15) indicated they had experienced periods of depression, and 87.5% of respondents (n=105) indicated they had not.

Respondents reporting periods of depression have remained consistent since the last assessment



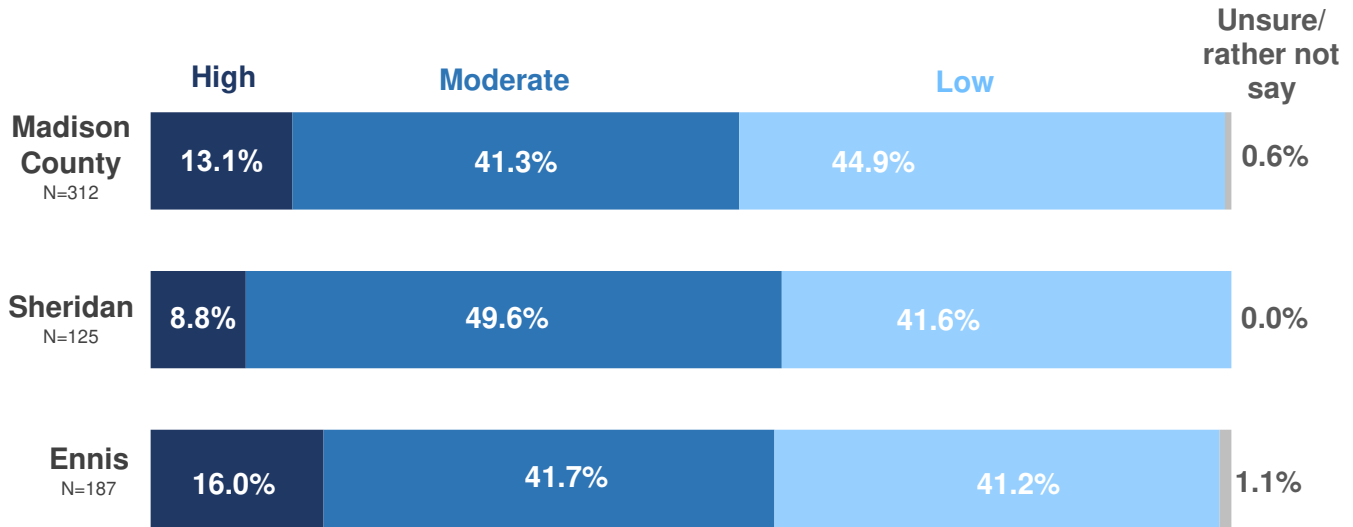
Social Isolation

Respondents were asked to indicate how often they felt lonely or isolated in the past year. Fifty-three point eight percent of respondents (n=168) indicated they never felt lonely or isolated, and 26.6% of respondents (n=83) indicated they “Occasionally (1-2 days per month)” felt lonely or isolated. Fourteen point four percent (n=45) reported they felt lonely or isolated “Sometimes (3-5 days per month),” 2.9% (n=9) indicated they felt lonely or isolated on “Most days (3-5 days per week),” and 2.2% (n=7) reported they felt lonely or isolated “Everyday.”



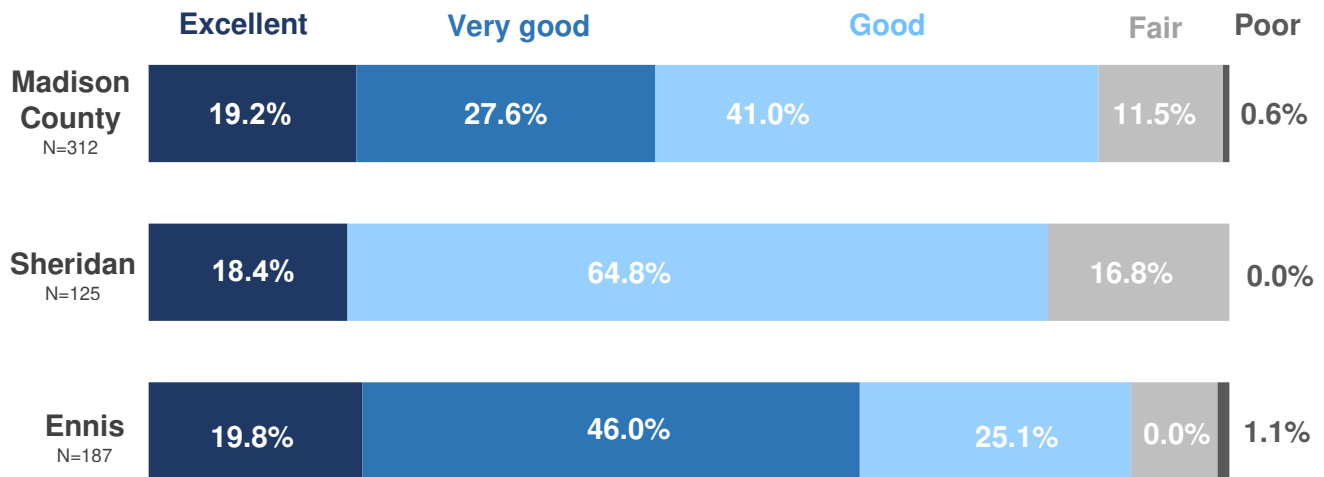
Perception of Stress

Respondents were asked to indicate how they would describe their stress level over the past year. Forty-four point nine percent of respondents (n=129) indicated they experienced a low level of stress, 41.3% (n=140) had a moderate level of stress, 13.1% of respondents (n=41) indicated they had experienced a high level of stress, and 0.6% (n=2) of respondents were “Unsure/rather not say.”



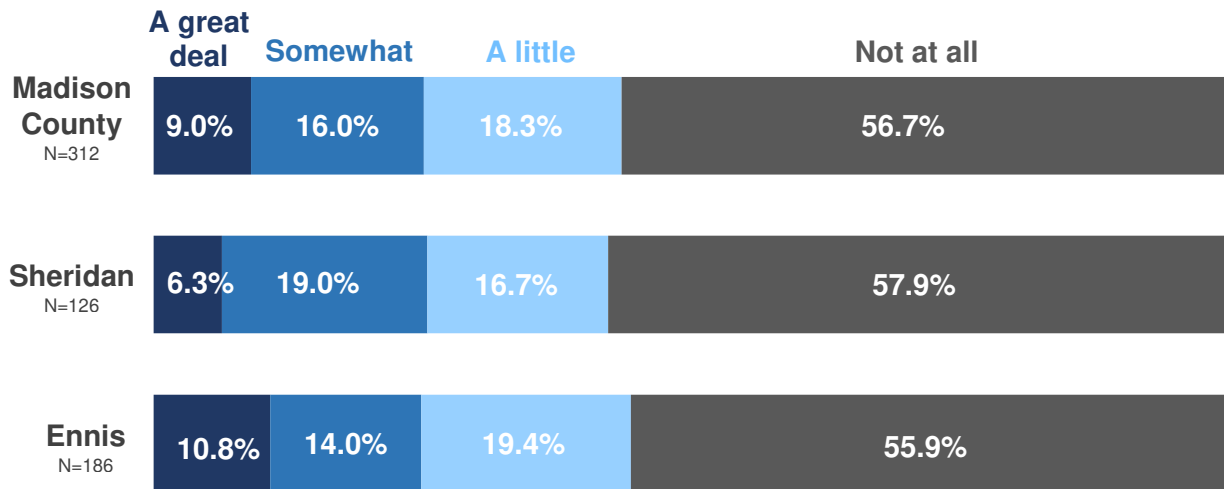
Rating of Mental Health

Respondents were asked to indicate how they would describe their mental health in general when considering stress, anxiety, depression, and emotional problems. Forty-one percent of respondents (n=128) felt their mental health was “Good,” 27.6% (n=86) rated their mental health as “Very good,” and 19.2% of respondents (n=60) felt their mental health was “Excellent.” Two respondents (0.6%) rated their mental health as “Poor.”



Impact of Substance Abuse

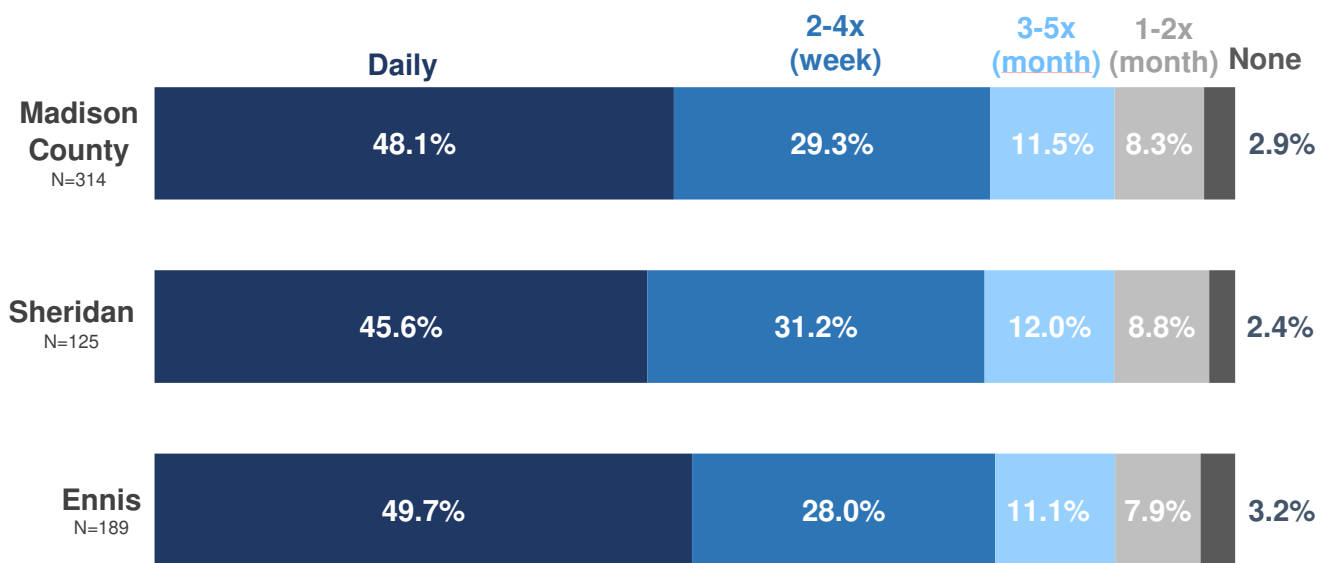
Respondents were asked to indicate to what degree their life has been negatively affected by their own or someone else’s substance abuse issues including alcohol, prescription, or other drugs. Fifty-six point seven percent of respondents (n=177) indicated their life was “Not at all” affected. Eighteen point three percent (n=57) were “A little” affected, 16.0% (n=50) were “Somewhat” affected, and 9.0% (n=28) indicated they were “A great deal” negatively affected.



Physical Activity

Respondents were asked to indicate how frequently they had physical activity for at least twenty minutes over the past month. Forty-eight point one percent of respondents (n=151) indicated they had physical activity “Daily,” and 29.3% (n=92) indicated they had physical activity of at least twenty minutes “2-4 times per week.” Eleven point five percent of respondents (n=36) indicated they had physical activity “3-5 times per month,” 8.3% (n=26) indicated they had physical activity “1-2 times per month,” and 2.9% (n=9) indicated they had “No physical activity.”

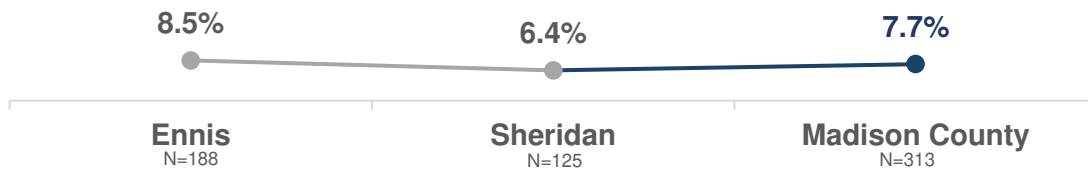
Nearly 50% of respondents reported daily physical activity



Difficulty Getting Prescriptions

Respondents were asked to indicate if, during the last year, medication costs had prohibited them from getting a prescription or taking their medication regularly. Seven point seven percent of respondents (n=24) indicated that they had difficulty getting a prescription or taking their medication regularly in the last year. Eighty-five point six percent of respondents (n=268) indicated that they did not have trouble getting or taking prescriptions, while 6.7% of respondents (n=21) stated it was not a pertinent question for them.

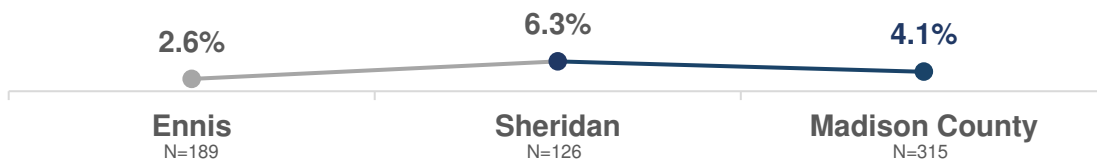
7.7% of Madison County respondents note medication costs were a barrier to regular medication use.



Food Insecurity

Respondents were asked to indicate if, during the last year, they had worried that they would not have enough food to eat. The majority, 95.9% (n=302), were not worried, but 4.1% (n=13) were concerned about not having enough to eat.

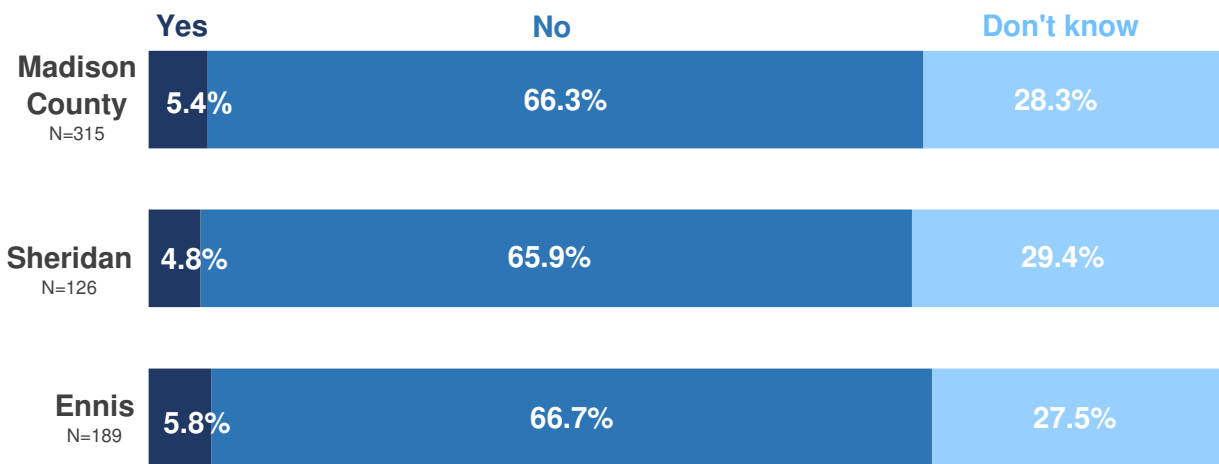
The majority of respondents did not worry about having enough food



Housing

Respondents were asked to indicate if they felt the community has adequate and affordable housing options available. Sixty-six point three percent of respondents (n=209) indicated that they feel there are not adequate and affordable housing options available in the community, 5.4% (n=17) felt there are adequate and affordable options available, and 28.3% (n=89) didn't know.

The majority of survey respondents feel their community does not have adequate and affordable housing options.



Injury Prevention Measures (RVMC Only)

Respondents were asked to indicate which, if any, injury prevention measures they utilize. Ninety-three point six percent of respondents (n=117) indicated they use a seat belt. Sixty-two point four percent (n=78) reported they regularly exercise, and 39.2% (n=49) reported they use a gun lock/safe.

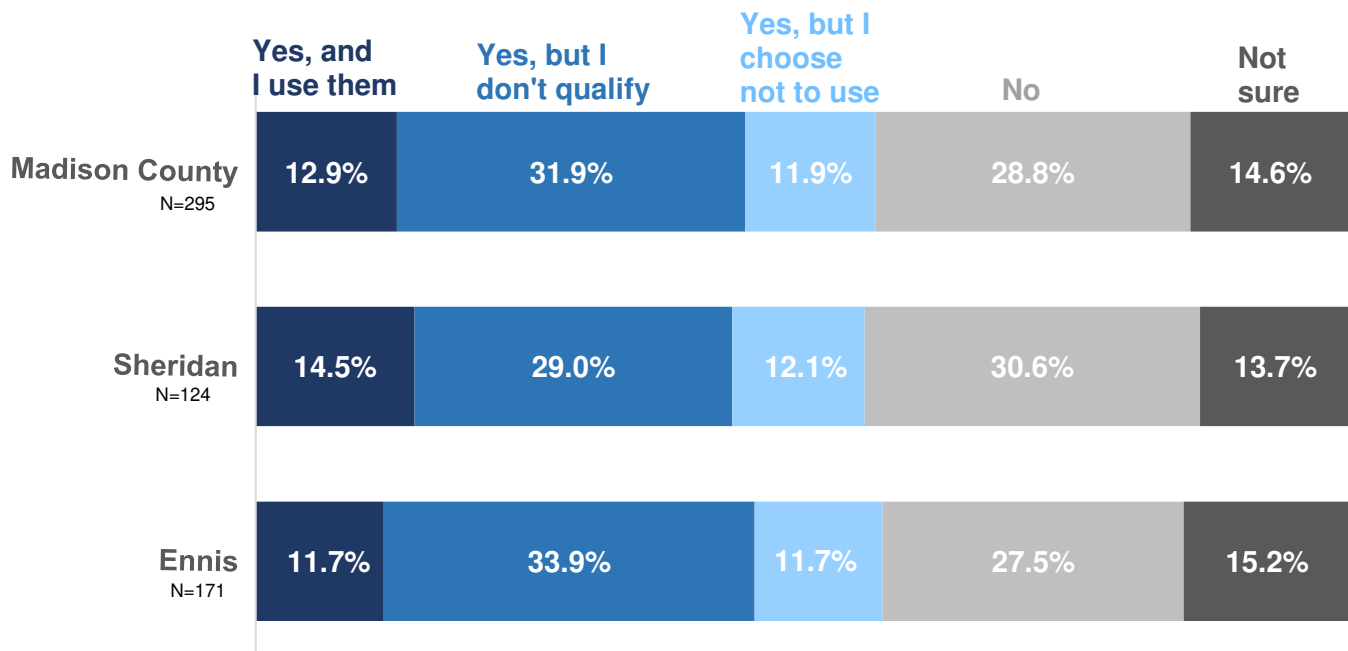
Prevention measures utilized	Sheridan (2022) % (n)	Madison County % (n)
Number of respondents	125	125
Seat belt	93.6% (117)	93.6% (117)
Regular exercise	62.4% (78)	62.4% (78)
Gun lock/safe	39.2% (49)	39.2% (49)
Designated driver	23.2% (29)	23.2% (29)
Child car seat/booster	21.6% (27)	21.6% (27)
Recreational activity helmet use	17.6% (22)	17.6% (22)
None	2.4% (3)	2.4% (3)
Other	3.2% (4)	3.2% (4)

Respondents were asked to indicate each type of injury prevention measures they utilize, so percentages do not equal 100%.

Awareness of Health Cost Assistance Programs

Respondents were asked to indicate their awareness of programs that help people pay for healthcare bills. The majority of respondents (31.9%, n=94) shared that they were aware of these programs but did not qualify to utilize them. Twenty-eight point eight percent of respondents (n=85) indicated they were not aware of these programs, 14.6% (n=43) indicated that they were not sure if they were aware of health cost assistance programs, and 12.9% (n=38) were aware of and used health cost assistance programs. Eleven point nine percent (n=35) were aware of the programs, but choose not to utilize them.

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



Health Insurance Type

Respondents were asked to indicate what type of health insurance covers the majority of their medical expenses. Forty point six percent (n=128) indicated they have “Medicare” coverage. Nineteen percent (n=60) indicated they have “Employer sponsored” coverage. Fifty respondents were moved to “Other” for selecting over the allotted one health insurance type.

Type of Health Insurance	Ennis (2020) % (n)	Sheridan (2022) % (n)	Madison County (Comparison) % (n)
Number of respondents	188	127	315
Medicare	42.0% (79)	38.6% (49)	40.6% (128)
Employer sponsored	20.2% (38)	17.3% (22)	19.0% (60)
Private insurance/private plan	5.9% (11)	10.2% (13)	7.6% (24)
Health Insurance Marketplace	6.9% (13)	2.4% (3)	5.1% (16)
None/pay out of pocket	3.2% (6)	2.4% (3)	2.9% (9)
Medicaid	0.5% (1)	5.5% (7)	2.5% (8)
VA/Military	1.6% (3)	3.1% (4)	2.2% (7)
Health Savings Account		2.4% (3)	1.0% (3)
Healthy MT Kids	0.0% (0)	1.6% (2)	0.6% (2)
Agricultural Corp. Paid		0.0% (0)	0.0% (0)
Indian Health	0.0% (0)	0.0% (0)	0.0% (0)
Other	19.7% (37)	16.5% (21)	18.4% (58)
TOTAL	100.0% (188)	100.0% (127)	100.0% (315)

Grayed out cells indicate the variable was not included on the community’s survey. *Respondents (N=50) who selected over the allotted amount were moved to “Other.”

Barriers for Having Health Insurance

Among the survey respondents who indicated they did not have insurance (n=9), the top reason for not having health insurance was “Can’t afford to pay for health insurance” (88.9%, n=8). Respondents could select all barriers that applied.

Barriers for Having Health Insurance	Ennis (2020) % (n)	Sheridan (2022) % (n)	Madison County (Comparison) % (n)
Number of respondents	6	3	9
Can’t afford to pay for health insurance	83.3% (5)	100.0% (3)	88.9% (8)
Employer does not offer insurance	66.7% (4)	0.0% (0)	44.4% (4)
Choose not to have health insurance	0.0% (0)	33.3% (1)	11.1% (1)
Too confusing/don’t know how to apply	0.0% (0)	0.0% (0)	0.0% (0)
Other	16.7% (1)	0.0% (0)	11.1% (1)

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



KEY INFORMANT INTERVIEW RESULTS

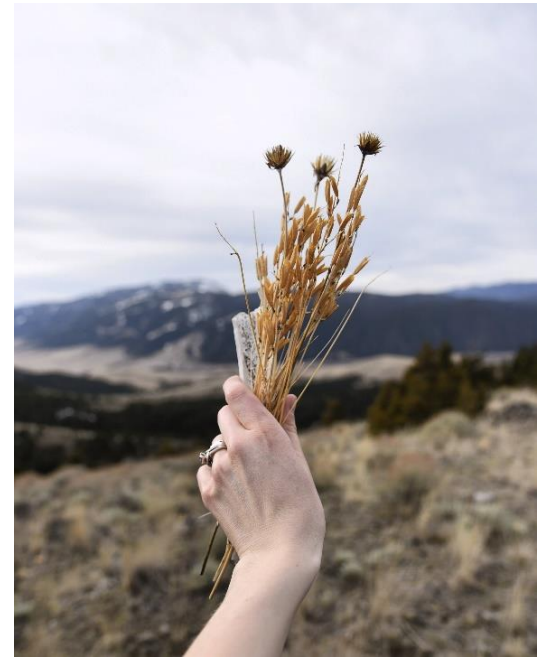
Key Informant Interview Methodology

Four key informant interviews were conducted in November 2022. Participants were identified as people living in Madison County.

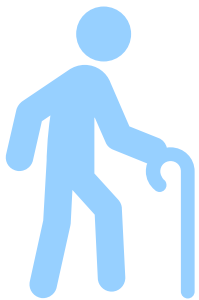
The four interviews were conducted over the telephone. The meetings lasted up to 15 minutes in length and followed the same line of questioning. Interview transcripts can be found in Appendix G. Interviews were facilitated by Montana Office of Rural Health staff.

Key Informant Interview Themes

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



SENIOR SERVICES



A common theme among the key informant interviews was the aging community in Madison County. Nearly all interviewees mentioned positive experiences with senior centers and nursing homes in their communities.

The majority of participants did note however that home health was lacking and the few services that were offered were through travelers from Bozeman. People shared a desire to be able to age in place and not have to leave their homes before they were ready. The participants added that the Meals on Wheels program is largely utilized in the community for both Ennis and Sheridan.

Interviewees also stated that the elderly population could benefit from other information dissemination methods outside of social media. They mentioned that elderly individuals often do not have access to social media or even a computer and rely on other forms of communication for their information.



MENTAL HEALTH

The most common concern mentioned among the key informant interviews was mental health, across all ages in Madison County. They identified poor mental health, suicide awareness and prevention, and mental health services as noteworthy concerns.

Multiple key informant participants expressed their concern with mental health as it relates to COVID-19, particularly in schools and senior centers. Participants noted that community members are still struggling with mental health as a result of the pandemic and that additional services and support are needed. One community member mentioned that there were two counselors available (in Sheridan/Ennis) but that they were often full or unavailable.

Several community members highlighted suicide rates and suicide prevention as specific mental health aspects that impacted the community and areas of opportunity for improvement throughout the County.

SERVICES NEEDED IN THE COMMUNITY



- Fitness/outdoor recreation
- More easily accessible counseling/mental health services
- Education and outreach for available services
- Increased senior services
- Services for low-income individuals/families
- Cancer care and education
- Chronic care management
- Home health
- Suicide prevention and outreach



EXECUTIVE SUMMARY

Executive Summary

The table below shows a summary of results from this needs assessment report. Areas of opportunity were determined after consideration of various criteria, including a comparison to data from local, state, and federal sources (Secondary data); RVMC and MVMC's survey results; those issues of greatest concern identified by the community partners through key informant interviews; and the potential impact of a given issue.

Areas of Opportunity	Secondary Data	Survey	Interviews
Access to Healthcare Services			
Barriers to access			
<i>More primary care providers</i>	⊗	✓	☑
<i>Emergency Medical Services</i>	⊗	✓	☑
<i>Continuity of care for Veterans (i.e., liaisons/advocates Community Care Home program, etc.)</i>		✓	☑
<i>Specialty services (i.e., eye care, dermatology, etc.)</i>		✓	☑
<i>Awareness of health services and resources</i>		✓	☑
Senior Services			
<i>High percentage of population 65+</i>	⊗	✓	☑
<i>Enhanced aging in place services (i.e., exercise opportunities, more workforce, etc.)</i>		✓	☑
<i>Transportation</i>		✓	☑
Chronic Disease Prevention			
<i>Diabetes</i>	⊗	✓	☑
<i>Cancer</i>	⊗	✓	☑
<i>Healthy behaviors and lifestyles- weight loss, fitness, health & wellness, nutrition</i>	⊗	✓	☑
Mental and Behavioral Health			
<i>More mental and behavioral health services/resources</i>	⊗	✓	☑
<i>Alcohol/substance use</i>	⊗	✓	☑

Summary continued on the next page.

Socioeconomic & Health Measures			
<i>Housing accessibility and affordability</i>		✓	<input checked="" type="checkbox"/>
<i>Percentage of uninsured children and adults</i>	⊗		
<i>Vaccination [i.e., HPV up-to-date (UTD) and vaccine preventable diseases]</i>	⊗	✓	



NEXT STEPS & RESOURCES

Prioritization of Health Needs

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:

-
-
-

Madison County Public Health will determine which needs or opportunities could be addressed considering parameters of resources and limitations. The county health department 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 may 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).

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.

- Aging and Senior Services
- Alcoholics Anonymous
- American Legion / VFW (loan of Home Medical Assistance Devices)
- Centers for Medicaid and Medicare Services (CMS)
- Charlie Health
- Community Support Center (domestic violence, victim support)
- Disability Rights of Montana
- Eastern Idaho Regional Medical Center Behavioral Health Center
- Kid Country Learning Center
- Lil Dickens Daycare
- Madison County Community Services Referral Center
- Madison County Senior Bus
- Montana Breast and Cervical Cancer Screening
- Montana Department of Health and Human Services (MT DPHHS)
- Montana Hospital Association
- Montana Independent Living Project
- Montana Office of Rural Health and Area Health Education Center (MORH/AHEC)
- Mountain-Pacific Quality Health
- New Kids on the Block Daycare & Preschool
- Ruby Valley Food Pantry
- Senior Companions
- Sheridan Senior Center & Meals on Wheels
- Shodair Hospital
- Twin Bridges Senior & Community Center
- Veteran's Affairs
- Western Montana Mental Health Center
- Yellowstone Boys and Girls Ranch
- Youth Dynamics
- Ennis Senior Center
- Women's Club
- Lion's Club
- Eastern Idaho Regional Medical Center
- Ennis Schools
- Bozeman Deaconess Hospital
- Madison Valley Manor
- Town of Ennis
- Ennis Ambulance Services
- Madison Valley Rural Fire Department
- Madison County Health Department
- Southwest Montana Behavioral Health
- Madison Valley Public Library
- Ennis Chamber of Commerce



APPENDICES

Appendix A- RVMC Steering Committee

<i>Steering Committee Member</i>	<i>Organization Affiliation</i>
<i>Landon Dybdal</i>	CEO - Ruby Valley Medical Center (RVMC)
<i>Cole White</i>	Chief Financial Officer (CFO) – RVMC
<i>Robin Stafford</i>	Executive Assistant - RVMC
<i>Amy Pack-Young</i>	Human Resources (HR) Director – RVMC
<i>Kari Reintsma</i>	Clinic Manager – RVMC
<i>Sofy Dupond</i>	Community member
<i>Jake Barnosky</i>	Local Rancher and EMT
<i>Emilie Saylor</i>	Public Health Director – Madison County
<i>Mike Wetherbee</i>	Sheridan School Superintendent
<i>Cleve Witham</i>	Opportunity Bank Market President
<i>Ke’lah Savage</i>	Local Mental Health Provider
<i>Jim Kaatz</i>	Foundation President – RVMC
<i>Thad Kaiser</i>	Twin Bridges School Superintendent
<i>Joy Day</i>	Novich Insurance



Appendix B- MVMC Steering Committee

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



MADISON VALLEY
MEDICAL CENTER

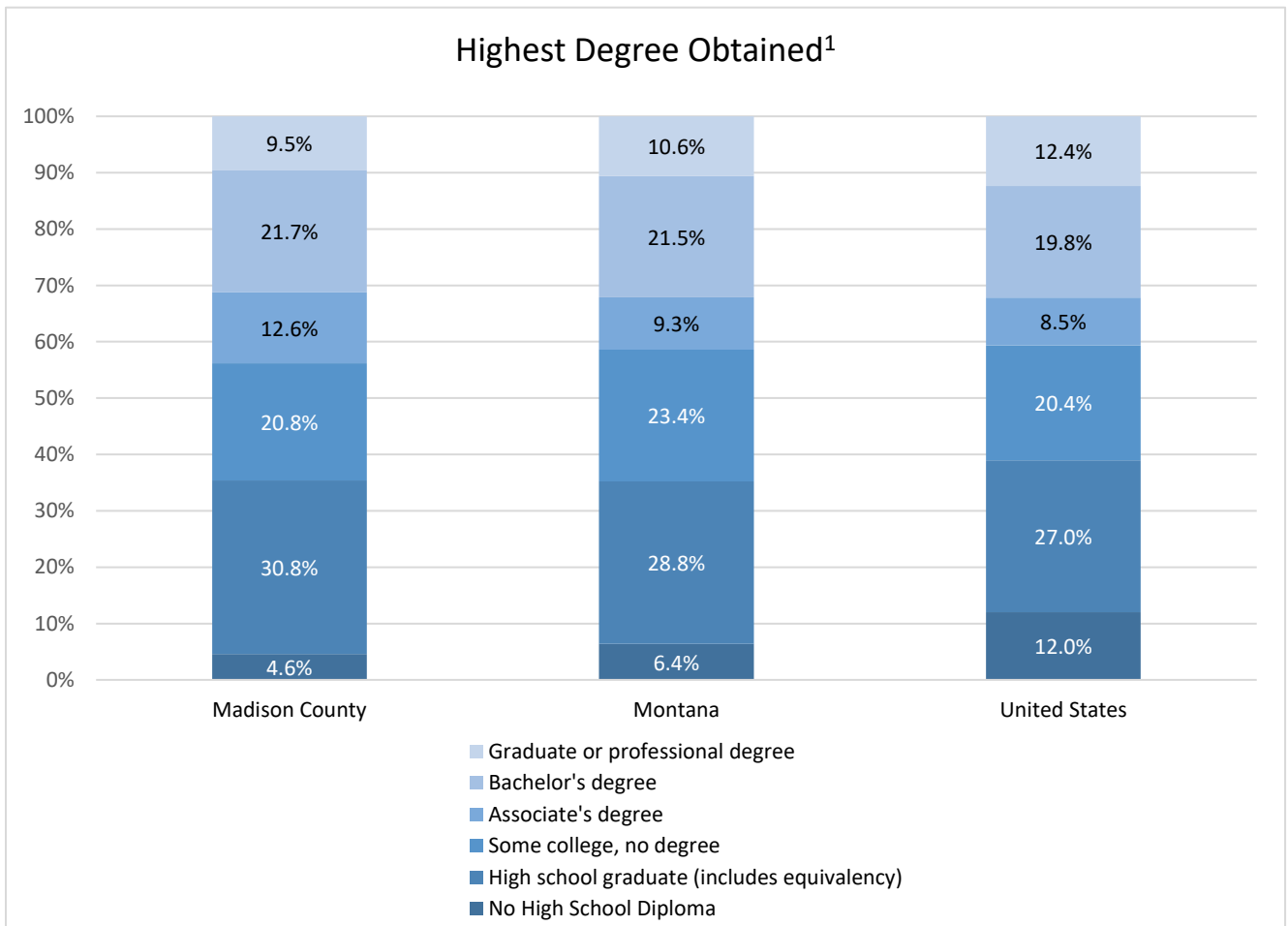


Appendix C- Madison Co. Secondary Data

Demographic Measure (%)		County			Montana			Nation		
Population ¹		8,302			1,050,649			324,697,795		
Population Density ¹		2.3			7.1			85.5		
Veteran Status ¹		12.9%			10.4%			7.3%		
Disability Status ¹		15.0%			13.6%			12.6%		
Age ¹		<5	18-64	65+	<5	18-64	65+	<5	18-64	65+
		3.9%	55.7%	28.9%	5.8%	60.1%	18.2%	6.1%	61.7%	15.6%
Gender ¹		Male		Female	Male		Female	Male		Female
		51.7%		48.3%	50.3%		49.7%	49.2%		50.8%
Race/Ethnic Distribution ¹		White			91.4%			75.3%		
		American Indian or Alaska Native			8.3%			1.7%		
		Other [†]			3.7%			26.5%		

¹ US Census Bureau - American Community Survey (2019)

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



¹ US Census Bureau - American Community Survey (2019)

Socioeconomic Measures (%)	County	Montana	Nation
Median Income ¹	\$54,107	\$54,970	\$62,843
Unemployment Rate ¹	2.5%	4.0%	5.3%
Persons Below Poverty Level ¹	8.4%	13.1%	13.4%
Children in Poverty ¹	9.6%	15.8%	18.5%
Internet at Home ²	74.0%	81.5%	-
Households with Population Age 65+ Living Alone ²	743	52,166	-
Households Without a Vehicle ²	125	21,284	-
Households Receiving SNAP ²	93	56,724	-
Eligible Recipients of Free or Reduced Price Lunch ³ 2019/2020 school year	28.8%	42.9%	-
Enrolled in Medicaid ^{4, 1}	5.3%	9.7%	19.8%
Uninsured Adults ^{5, 6} Age <65	14.0%	12.0%	12.1%
Uninsured Children ^{5, 6} Age <18	9.0%	6.0%	5.1%

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

Maternal Child Health	County	Montana	Nation
General Fertility Rate* ⁷ Per 1,000 Women 15-44 years of age (2017-2019)	57.0	59.3	-
Preterm Births ⁷ Born less than 37 weeks (2017-2019)	NA	9.4%	-
Adolescent Birth Rate ⁷ Per 1,000 years females 15-19 years of age (2017-2019)	NA	18.3	-
Smoking during pregnancy ^{3, 8}	9.0%	16.5%	7.2%
Kotelchuck Prenatal Care** ⁷ Adequate or Adequate-Plus (2017-2019)	81.6%	75.7%	-
Low and very low birth weight infants ⁷ Less than 2500 grams (2017-2019)	NA	7.6%	-
Childhood Immunization Up-To-Date (UTD) ^{§ 9}	76.9%	64.8%	-

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

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

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

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

Behavioral Health	County	Montana	Nation
Adult Smoking ⁵	18.0%	19.0%	16.0%
Excessive Drinking ⁵	24.0%	22.0%	15.0%
Adult Obesity ⁵	23.0%	27.0%	26.0%
Poor Mental Health Days ⁵ (Past 30 days)	3.9	3.9	3.8
Physical Inactivity ⁵	22.0%	22.0%	19.0%
Do NOT wear seatbelts ¹⁰ State Age-Adjusted Prevalence (2018) Nation Crude Prevalence (2018)	-	10.3%	6.3%
Drink and Drive ¹⁰ State Age-Adjusted Prevalence (2018) Nation Crude Prevalence (2018)	-	3.7%	3.1%

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

Cancer prevention & screening	County	Montana	Nation
Human Papillomavirus (HPV) vaccination UTD ^{†† 11, 12} Adolescents 13-17 years of age (2020)	30.2%	54.4%	58.6%
Cervical cancer screening in past 3 years ^{13, 10} Age adjusted (county/state) and crude (nation) prevalence among adult women aged 21–65 years (2018)	85.1%	76.8%	80.1%
Mammography in past 2 years ^{13, 10} Age adjusted (county/state) and crude (nation) prevalence among women 50-74 years (2018)	70.2%	73.4%	78.3%
Colorectal Cancer Screening ^{13, 10} Age adjusted (county) and crude (state/nation) prevalence among adults age 50-75 years (2018)	61.1%	64.5%	69.7%

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

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

Infectious Disease Incidence Rates ¹⁴ Per 100,000 people (2015-2017)	County	Montana
Enteric Diseases *	29.5	80.1
Hepatitis C virus	0.0	93.4
Sexually Transmitted Diseases (STD) †	21.0	551.6
Vaccine Preventable Diseases (VPD) §	88.4	91.5

¹⁴ IBIS Community Snapshot, MT-DPPHS

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

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

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

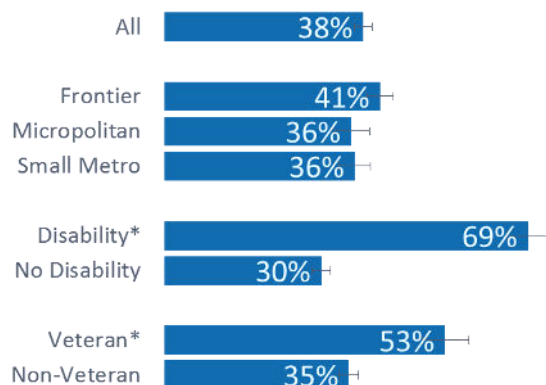
¹⁴ IBIS Community Snapshot, MT-DPPHS

** Data were suppressed to protect privacy.

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

¹⁰ Behavioral Risk Factor Surveillance System, CDC (2019)

Percent of Montana Adults with Two or More Chronic Conditions



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

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

** Data were suppressed to protect privacy.

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

¹⁰ Behavioral Risk Factor Surveillance System, CDC (2019)

*Annual household income < \$15,000

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

¹⁹ Montana Youth Risk Behavior Survey (2019)

Secondary Data – Healthcare Workforce Data 2021

Health Professional Shortage Area & Medically Underserved Areas/Populations

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

Health Professional Shortage Area Designation ¹ – Madison County, Montana		
Discipline	HPSA Score	HPSA
Primary Care	15	✓ Low income population
Dental Health	11	✓ Low income population
Mental Health	16	✓ High needs geographic population
HPSA Scores range from 0 to 25 (primary care and mental health) and 0 to 26 (dental health) where the higher the score, the greater the priority		

¹ Health Resources and Services Administration (2021)

Provider Supply and Access to Care ²				
Measure	Description	Madison Co. (N = 2) **	Montana (N = 49) **	National (N = 1347) **
Primary care physicians	Ratio of population to primary care physicians	1132:1	1349:1	1050:1
Other primary care providers	Ratio of population to other primary care providers including nurse practitioners, physician assistants, and clinical nurse specialists	1168:1	878:1	726:1
Dentists	Ratio of population to dentists	8175:1	1388:1	1260:1
Mental health providers	Ratio of population to mental health providers	2044:1	356:1	310:1

² Critical Access Hospital Measurement and Performance Assessment System (CAHMPAS) - FLEX Monitoring (2019)

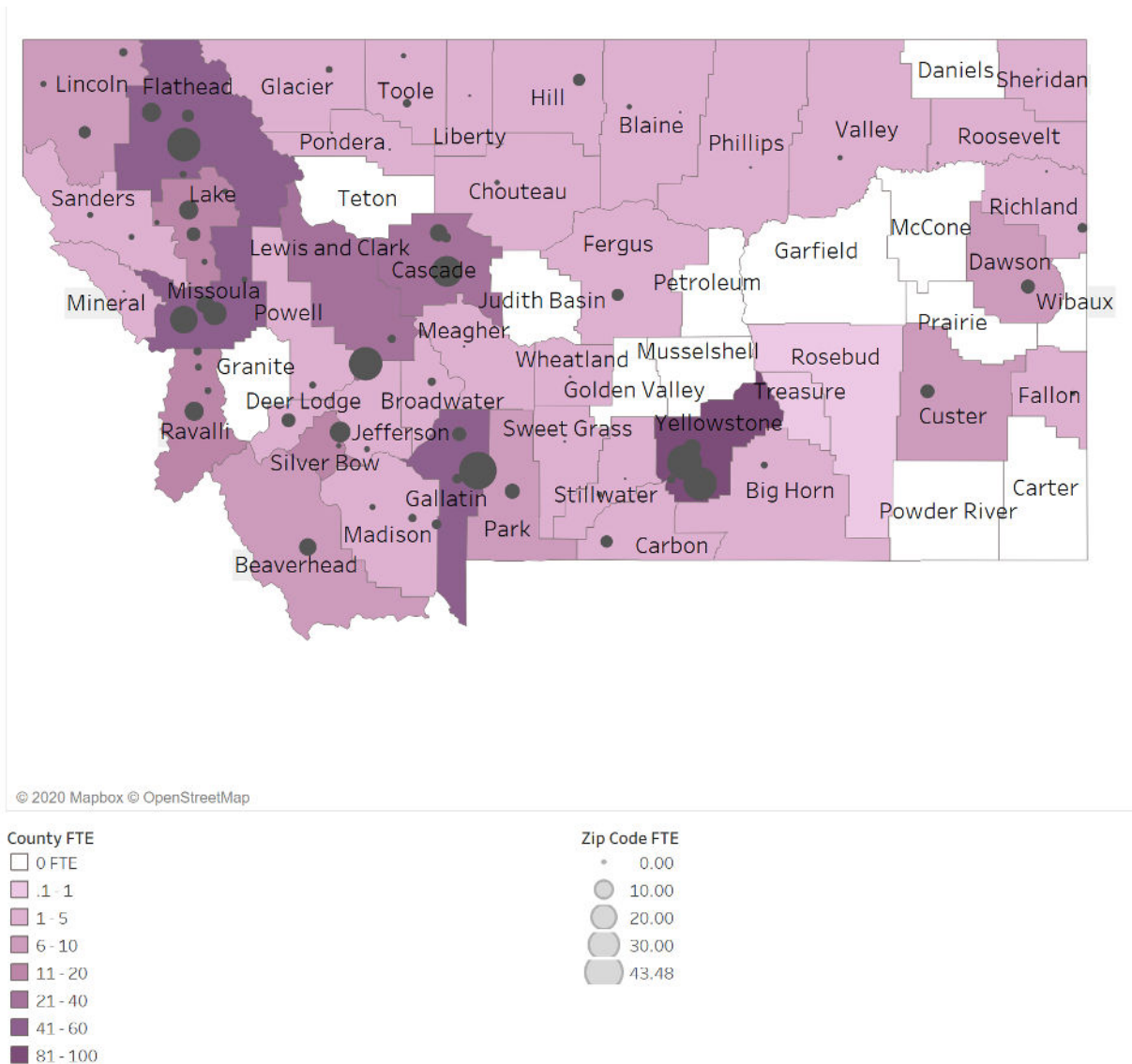
** Total number of CAHs in region

Healthcare workforce Distribution Maps

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

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

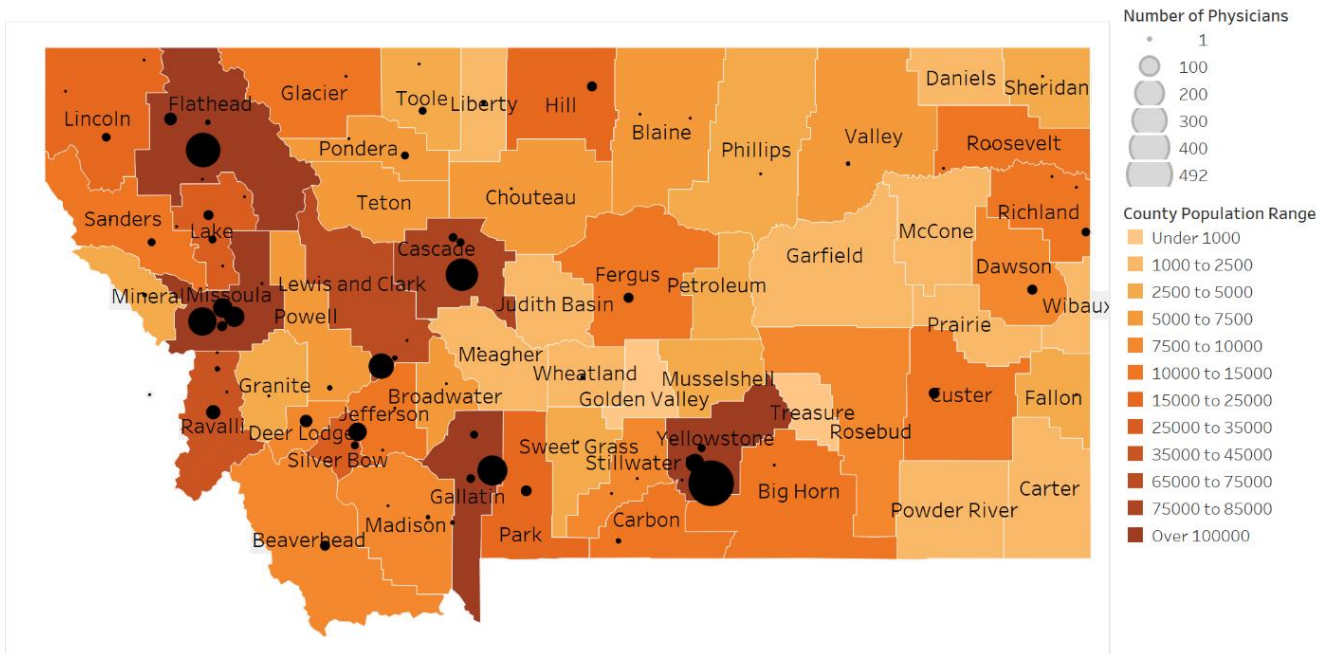
Primary Care Physician FTE: Practice Locations Plotted by Zip Code



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

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

Physicians (All Specialties) by County Population Range



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

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

Appendix D- RVMC Survey Responses to “Other” & All Comments

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

- People too lazy to work
- Lack of eyecare
- Pot (marijuana)
- Drug abuse
- COVID vaccine problems

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

- Alcohol/drug abuse (1)
- Alzheimer's/dementia (2)
- Cancer (3)
- Child abuse/neglect (1)
- Diabetes (1)
- Heart disease (3)
- Lack of exercise (1)
- Mental health issues (depression, anxiety, suicide, etc.) (2)
- Motor vehicle accidents (1)
- Overweight/obesity (2)
- Stroke (1)
- Tobacco use (cigarettes/cigars, vaping, smokeless) (1)
- Work/economic stress (1)
- Work related accidents/injuries (1)

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

- Mental Health Services

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

- Access to healthcare and other services (1)
- Access to/affordability of healthy foods (1)
- Affordable housing (2)
- Community involvement (1)
- Good jobs and a healthy economy (2)
- Good schools (2)
- Low crime/safe neighborhoods (1)
- Strong family life (2)
- Transportation services (1)

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

- Employee
- Use of facility
- When I inquire
- I ask
- Worked there
- Yellow Pages
- Employed at RVMC
- Retired RN
- I work in Area
- Madisonian
- It's a small community

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

- None (3)
- I moved here recently
- Surgeons in Bozeman

7. 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)

- None (3)
- Computer classes?
- Choices in alternative medicine
- Senior Health
- Not interested
- Department of Transportation (DOT) Physicals
- Herbal education
- None; interested in treatments not information
- Senior exercise

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

- Hearing check was not here
- DOT Physical
- Lab test
- COVID test
- COVID shot (Boosters)
- I go to a different hospital

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

- COVID (2)
- Didn't like Doctor
- Office did not follow up on call
- No one called me back regarding outside referral for my husband who has since passed

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

- It cost too much (2)
- It was too far to go (1)
- My insurance didn't cover it (1)
- Not treated with respect (1)
- Too long to wait for an appointment (1)
- Transportation problems (1)
- Services were not available locally (2)

33. Which of the following injury prevention measures do you use regularly? (Select ALL that apply)

- Common sense
- Don't use throw rugs. Use night lights
- Walker
- Arm and leg exercises

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

- Secondary insurance
- Montana Health CO-OP
- Employer and VA
- Blue Cross/Blue Shield
- Medicare Advantage
- Humana
- Supplemental health plan + Medicare
- Very high deductibles - for what you can afford to pay. A single or lower income person can get into trouble financially in a big hurry

*Responses when more than 1 was selected (16 participants):

- Agricultural Corp. Paid
- Employer sponsored (4)
- Health Insurance Marketplace
- Health Savings Account (1)
- Healthy MT Kids (2)
- Indian Health
- Medicaid (3)

- Medicare (11)
- Private insurance/private plan (6)
- VA/Military (3)
- None/pay out of pocket

38. If you **do NOT have health insurance, why?**

- Does not offer alternative treatment (no drugs)
- On Medicaid
- I would lose my medication if I had supplemental

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

- 59754 Twin Bridges and 72903

42. What is your gender? Prefer to self-describe:

- No responses

44. What is your employment status?

- Senior citizen
- Work full time for 1 or 2 months of the year
- Unemployed, in-home caregiver for family member, seeking employment

***Responses when more than 1 was selected (4 participants):**

- Work full time (1)
- Work part time (2)
- Retired (3)
- Self employed (2)
- Student
- Collect disability
- Unemployed
- Not currently seeking employment

General comments

- (Q1)
 - Did not make a selection and wrote “I have no idea as I’m not a doctor”
 - Did not make a selection and wrote “IDK”
- (Q4)
 - Selected “Poor” and wrote “I get care, if needed, from the MVMC in Ennis”
- (Q6)
 - Did not select any choices and wrote “None”
 - Selected “VA” and wrote “I can’t. The 2003 Congress refused services to Vets whose annual income (including spouse) exceeds \$41,500. No one asked me if I was making too much money at \$96 per month when I was drafted. Thanks for your service.”

- Selected “Public health” and wrote “flu shots”
- (Q7)
 - Selected “Greater health education services” and wrote “More CME’s for doctors”
 - Selected “Veteran’s advocate” and wrote “Sheridan Hospital does not support vets”
- (Q8)
 - Did not select any choices and wrote “None”
- (Q13)
 - Selected “Don’t like doctors” and added “in Sheridan”
- (Q33)
 - Selected “No” and wrote “I probably don’t qualify”
- (Q36)
 - Selected “Medicare” and wrote in “Supplement” for “Private insurance/private plan”
 - Selected “Employer sponsored” and “VA/Military” and wrote “oops (secondary)” next to “VA/Military”
 - Wrote a question mark next to “Health Insurance Marketplace” and “Private insurance/private plan” and wrote “not sure” then wrote “Montana Health CO-OP” in the Other choice
- General:
 - Thank you for surveying us!
 - Thank you
 - We do all medical in Dillon, none in Madison County

Appendix E- MVMC Survey Responses to “Other” & All Comments

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

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

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

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

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

- Food education
- Affordable housing and food

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

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

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

- Madison Valley Hospital and Clinic in Ennis

- Volunteer as a "Purple Lady" and member of the auxiliary
- Senior center presentations
- Own/personal experience (2)
- Health insurance
- Postings in clinic
- Just living in this town
- Outreach exhibits

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

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

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

- None (5)
- Pediatric health

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

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

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

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

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

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

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

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

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

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

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

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

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

41. What is your employment status?

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

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

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

General comments

- Wear masks in the hospital!!

Appendix F- Key Informant Interview - Questions

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

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

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

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

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

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

Appendix G- Key Informant Interview - Transcripts

Key Informant Interview #1

11/2/2022- Anonymous–Via phone interview

1. How do you feel about the general health of your community?
 - Because we are rural and many in the community don't have many financial resources, there are a lot of people who go without general healthcare they need. It's kind of the situation of the "haves" and the "have nots".
 - There are a large number of individuals who don't have means to get access to the specialty healthcare they need.
 - You can see this in the schools with children whose families can't afford to take them to the doctor.
2. What are your views/opinions about these local services:

Hospital/clinic:

- I can only speak to Ennis (MVMC), but I think when I say this, I'm speaking for the large percentage unfortunately. When I need help with the general hangnail, I can go the MVMC, but for anything significant I go to Bozeman.
- I heard an unnerving comment from a specialist in Bozeman after looking over my records. Long story short, she felt my healthcare wasn't being managed well. She stated that Ennis isn't really known for their healthcare.
- All of my doctors, including my primary care doctor, are in Bozeman. I only stay here for healthcare if I wake up feeling like I need care for something minor that day.

EMS Services (ER/Ambulance)

- I've never used the ambulance service, so I can't speak to that.
- I've used the ER once and they were very attentive and helpful.

Public/County Health Department

- I know they do a lot of outreach services with drug education, but haven't dealt with them myself.

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

- The senior center here in Ennis is great. They open their lunches to everyone, and the food is really good. It's a big social event. They wait on you; they serve you and refill your drink.
- I don't know anything about home health
- I know we have a meals on wheels program, I know people who use them but I haven't personally.

- I haven't heard great things about the nursing home. The care sounds great, but more so the administration. They have a hard time keeping help. I think that in a place like that it's important for residents to get to know their caregivers over time, so its really unfortunate there is such a turnover in staff.

Services for Low-Income Individuals/Families

- There are a lot of organizations in town that help. The Nearly New helps fill this gap – they really help the people who are need.
- There is an angel fund at the school, but it gets tough in terms of consistent help.
- We do have a food bank, which is great.
- It seems like more and more people are having a hard time clothing and feeding their kids. We have children some days who are not able to go out to recess because they don't have appropriate clothing.
- Seems like pride is an issue here and stops people from seeking the help they and their family need.

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

- Getting our medical clinic staffed with reliable, professional, and competent people. It's unfortunate, but this is an issue.
- We have a beautiful facility, but we need to get some trustworthy and competent staff hired.
- We have a new doctor who seems to be a good change and he's accepting new patients. We have another doctor who is great but is overworked and not able to accept new patients, so it's hard to have quick access to a good doctor.

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

- Dentist and eye doctor. They come over regularly, but you have to call a month ahead of time to get into them. We need someone here regularly at least half time because it's hard to know in advance when you may need to see one of them.

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

- Better access to quality fresh fruits and vegetables. This isn't the fault of the grocery store owner, but we need a better way to get fresh foods and vegetables into the valley. More affordable groceries of what we have in stock and a greater variety, greater quality. The grocery store owners don't set their prices, so they're between a rock and hard place. This has an influence on health of the community as well.

Key Informant Interview #2

11/2/2022- Anonymous–Via phone interview

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

- I'd say it's not great, not horrible, but it's ok.

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

Hospital/clinic:

- RVMC is an essential partner in people's health up to a radius of 30-35 miles.

EMS Services (ER/Ambulance)

- We've been really happy with the care we've received with both the ER and ambulance service.

Public/County Health Department

- They're doing really well, especially with COVID. They're an essential player. The community is very susceptible to the spread of COVID, people are still getting hospitalized in the valley for COVID. Having the free testing service taken away is a real shame. It would be helpful if there were a way to get that back.
- The suicide rate is alarming. The mental health of children and adults from COVID is still lasting and needs to be better addressed. This is a need that is not fully met yet, especially for children. The outreach to kids for mental health is still falling short.

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

- If there is a home health service, I don't know about it and that's not good since I'm in an age and ability level that could benefit from their services. There are more people staying home as they age and there is a need for more in-home services, especially with exercise and movement.
- The Senior Center in Sheridan is doing really well.
- I think food needs are being met in older individuals.

Services for Low-Income Individuals/Families

- I know there are food banks in Twin and Sheridan, but I don't know much about it. I hope it's user friendly and there isn't a stigma to it. It's really essential and important, there are definitely children at food risk. There is concern for single elderly people who can't leave their home as well.

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

- Suicide and mental health related to covid.
- I think aging in a healthy way in place
- I also think families economically at risk and having their food, mental health, and medical needs met.

4. What other healthcare services are needed in the community?
 - I'm not sure about that. I know people are dealing with cancer care here but I don't know how hard that is when we're this far from Bozeman. I don't have a clear answer on that.
5. What would make your community a healthier place to live?
 - Making it safe and easy for people to exercise in this community, walking and biking in particular. Anything above that in terms of physical therapy and for exercise for people at different ages would also be helpful. There are a lot of people who are trying to be more physically active, but they need to be better supported in that.

Key Informant Interview #3

11/8/2022- Anonymous–Via phone interview

1. How do you feel about the general health of your community?
 - We're not as healthy as we want to think we are, mostly in terms of mental health and general understanding and cooperation with each other. In a big sense, we supposedly have this wonderful place to live, it's lovely, and yet we have such a high rate of suicide, and those 2 facts just don't fit together.
2. What are your views/opinions about these local services:

Hospital/clinic:

- I've had very positive experiences at Madison Valley Medical Center, although I know some who have not. I can't speak much to Ruby Valley Medical Center since I haven't been often enough.

EMS Services (ER/Ambulance)

- The ER has been good – I've ended up driving numerous elderly people there and it's good except that their nurses tend to talk to the computer and the patient can't hear the nurse when the nurse is turned away.
- I haven't had any experience with the EMS but I like the idea of them going out into the community and checking into the elderly individuals. I know some older people who have really appreciated that.
- One thing that kind of bothers me is that when you go into the hospital you see the EMS folks sitting and chatting. I know their business isn't scheduled, but it kind of bothers me.

Public/County Health Department

- They have been super whenever I've called them.

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

- We need more of these services. I'd love to have a transitional service, so independent, assisted, and skilled nursing facility. This would not only provide

the services needed for seniors but then their homes could be used by families since we have a housing shortage in the valley.

- This would also be financially beneficial for the community, their insurances of Medicare and Social Security would stay in the community.
- My in-laws were just involved in home health earlier this year. It's not very consistent in Ennis, since most of them travel from Bozeman. But the fact that they came into the home and did things with my in-laws was beneficial.
- I think our senior center is ideally located to somehow build relations between seniors and school kids. I'm not involved in organizing that and am not familiar with the logistics, but more of that would be beneficial.
- The meals are good, the food is not bad, but it's heavier meals. Some people want to eat differently, so I think that could be good. Sheridan has lots more people to come into eat every day than Ennis, so I think we should look to see why there's a difference.

Services for Low-Income Individuals/Families

- Well, low-income people have to go to the service, they're not provided within the county. They're available but they come from Gallatin County or Beaverhead County. They have to drive to get food vouchers. We should look at getting those services and information within the county. As things grow, we could have satellite offices in the different towns. I think it's a real frustrating set up for the community.

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

- I'm going to say mental health, that just really concerns me.
- Cancer treatments would be another one. People have to drive to Bozeman 5 days a week, which is wearing in and of itself. I don't know what it would take to do infusions or treatments in Ennis, but it's wearing for those cancer patients. For most care, the local hospitals have connections with other facilities so people can be transferred as needed, but cancer treatment is a little different.

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

- Mental health care and cancer treatments more local than Bozeman.

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

- We would take care of ourselves and be kind to other people and it would just be the ideal living situation.
- I had a surgery in Salt Lake, and my doctor told me to get a good walking program. It was wintertime and cold and snowy and there was not drawn to go outside and walk. They school just had a bond, and I encouraged them to get a walking track around the top of the gym, I'm not sure what they decided. In the summer it's not an issue, but in the winters it is.

Key Informant Interview #4

11/8/2022- Anonymous–Via phone interview

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

- I think it's poor.

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

Hospital/clinic:

- I would not ever go to Ruby Valley Medical Center. Me and my family have had poor care there but we've had great care at Madison Valley. I recommend people go to Madison Valley over Ruby Valley – they're more about the dollar than the patient.

EMS Services (ER/Ambulance)

- ER at RVMC has lots of issues. The ambulance services for both Madison Valley and Ruby Valley are fantastic, I've never used the ER over at Madison Valley.

Public/County Health Department

- They're awesome. Covid really took its toll on me while I was working there. I learned a lot and took a lot with me. I work hand in hand with them and they're fully staffed. They have a lot of good things coming.

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

- We have a huge senior population, so those services are very needed and utilized quite a bit. I think it's working well.

Services for Low-Income Individuals/Families

- This is where we're lacking. Public health is trying to bring in someone to help once a month. It's tough, you have to travel if you need those services. We don't have those services available in our county.

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

- Mental health is my number one area.
- More specialists to help with cancer, diabetes, those sorts of things would be good. I think we're lacking in that department.

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

- Mental health – we have two counselors and that's it. We had a rough summer of suicides and suicide attempts. It's always someone you know in a small community.
- Anything else that related to the senior population and low income is also important.
- Housing of course is another area that needs to be addressed.

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

- Having more community involvement. More clinics and outreach to the public would be good. A lot of people just don't know what resources are available to them and how they could benefit. The public health department is making a lot of efforts to help bridge this. A lot of people are home bound, and the public health department can help with this, there's a lot they can do but people just don't know. The health department relies heavily on social media, but most people in this community don't use that. Many of them don't even have computers.

Appendix H- Request for Comments

Written comments on this 2022 Community Health Needs Assessment Report can be submitted to: Emilie Saylor, Public Health Director

Madison County Public Health
103 W Wallace St
Virginia City, MT 59755

Contact the Madison County Public Health Director at 406-843-4295 or esaylor@madisoncountymt.gov with questions.

