



2023

COMMUNITY HEALTH NEEDS ASSESSMENT

Bozeman and Big Sky, Montana

*Assessment conducted by **Bozeman Health** in cooperation
with the Montana Office of Rural Health*

Bozeman Health



**MONTANA
STATE UNIVERSITY**

Office of Rural Health
Area Health
Education Center

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INTRODUCTION

Introduction

In the spring of 2023, Bozeman Health Deaconess Regional Medical Center (DRMC) and Big Sky Medical Center (BSMC) collaborated on a joint community health needs assessment (CHNA). This report covers the results of these efforts.

Bozeman Health is an independent, locally-owned and controlled integrated healthcare delivery system serving an eight-county region in Southwest Montana. As a nonprofit organization governed by a volunteer community board of directors, Bozeman Health is the largest private employer in Gallatin County, with more than 2,000 employees, including 270 medical providers representing 50 clinical specialties. Bozeman Health includes two medical center hospitals, six urgent care sites, four primary care and complementary service offering clinics, and both an independent and assisted living center.



Bozeman Health

Mission Statement

To improve community health and quality of life.

Vision Statement

We want to be your partner in health and wellness, compassionately delivering the best care for each person, every time.

Values

Bozeman Health values are SPIRIT: Service, People, Integrity, Respect, Improvement and Teamwork

Culture

Bozeman Health's Culture of Excellence provides a framework for how we live and work and describes organizational attributes that inform who we are:

Performance: recognizing and rewarding high performance

Communication: engaging in transparent and timely information sharing

Development: demonstrating dynamic learning and teaching

Resiliency: excelling in change through adaptability, self-care and collaboration

Appreciation: expressing caring and gratitude

Joy: experiencing and sharing joy

As an intentional departure from past Community Health Needs Assessments undertaken by Bozeman Health and the larger community, the hospitals engaged the Montana Office of Rural Health (MORH), housed at Montana State University in Bozeman, to provide better localization and customization to the project. In past years, Bozeman Health retained a national survey firm to conduct the sampling which had produced excellent data but with limited opportunity for more subjective focus group and key informant interviews. With the MORH as a key partner, community involvement was fostered through steering committee meetings, focus groups and key informant interviews to enhance community engagement in the assessment process.

In the spring of 2023, Gallatin County was surveyed about its healthcare system. This report shows survey results in both narrative and chart formats. A copy of the survey instrument in English and Spanish 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. If any statistical significance exists, it has been reported. The significance level was set at 0.05. When available, data was compared to a statewide aggregate report published in 2021. These “call outs” were highlighted in text boxes throughout the report.

Health Assessment Process

A steering committee was convened to assist Bozeman Health in conducting the CHNA. A diverse group of community members representing various organizations and populations within the community (e.g. public health, elderly, uninsured) came together in April, 2023. (See Appendix A for a list of all steering committee members and their affiliations). The Steering Committee met twice during the CHNA process; first to discuss health concerns in the community and offer their perspective in designing the survey instrument, and again to review CHNA results and to assist in the prioritizing of health needs.

Survey Methodology

Survey Instrument

In May, 2023 surveys were mailed or handed out to residents in Gallatin County, Montana. Survey respondents could complete the survey sent to them, distributed in person by Bozeman Health staff, 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 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

Bozeman Health provided a list of aggregated outpatient and inpatient admissions from Gallatin County. Those zip codes with the greatest number of admissions were selected to be included in the survey. A random list of 2,402 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 population served and the proportion of past admissions. Although the survey samples were proportionately selected, actual surveys returned from each population area varied, which may result in slightly less proportional results. In addition to the mailed survey, a convenience sample of 600 residents selected by Bozeman Health was conducted to oversample in specific demographics including (homeless, LGBTQ+, Spanish-speaking, etc.).

Zip Code	Population ¹	Community Name	Total Distribution
59715	38,347	Bozeman	1,035
59718	27,367	Bozeman	757
59714	11,608	Belgrade	317
59741	2,128	Manhattan	58
59752	1,991	Three Forks	54
59760	216	Willow Creek	6
59730	1,993	Gallatin Gateway	54
59758	1,658	West Yellowstone	45
59716	2,597	Big Sky	76
Total Distribution for mailed surveys			2,402

¹ US Census Bureau - American Community Survey (2019)

Focus groups and key informant interviews were conducted to identify significant local healthcare issues, how to improve the community’s health, and gaps in health services. It was intended that this research would help determine the awareness of local programs and services and the level of satisfaction with local services, providers, and facilities.

Limitations in Survey, Focus Group, and Key Informant 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 sample's representativeness. Thus, a mixture of different data collection methodologies was recommended.



Conducting focus groups and 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 and senior centers, to name a few, assisted in reaching segments of the population that might not otherwise respond to a survey.

While focus group and key informant interview data can offer invaluable insight into a community's perception or that of a group of individuals, qualitative data can be difficult to analyze. For this reason, these data were grouped into common themes based on our interpretation of the transcript. To better understand these themes, the full transcript is located in Appendix K. MORH staff facilitated focus groups and key informant interviews for Bozeman Health to ensure impartiality. However, focus group and key informant interview participants still may have been hesitant to express their opinions freely. Personal identifiers were not included in the transcripts.

Survey Implementation

In May, 2023 a survey and cover letter on Bozeman Health Deaconess Regional Medical Center's or Big Sky Medical Center's letterhead under the president's signature, as well as a postage paid envelope, were mailed to 2,402 residents in the hospitals' service areas. An additional 600 surveys were hand delivered throughout the county to appropriately reach target demographics that might not otherwise receive a mailed survey. A news release was sent to the local newspapers and social media postings were completed before the survey distribution announcing Bozeman Health would conduct a community health services survey throughout Gallatin County in cooperation with the Montana Office of Rural Health. Two reminder postcards were also mailed at approximately four and seven weeks of the survey being out in the community.

Survey Respondent Demographics

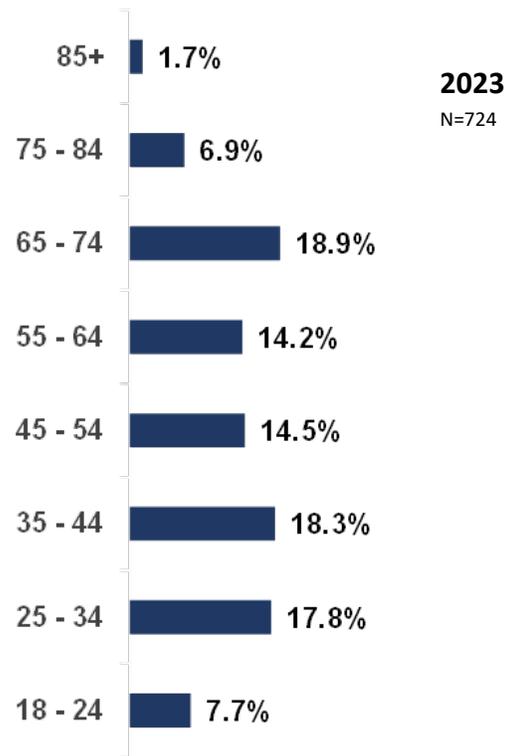
A total of 2,876 surveys were distributed amongst Bozeman Health’s service areas. Seven hundred twenty-four were completed for a 25.17% response rate. The following tables and visualizations indicate the demographic characteristics of the survey respondents. Information on location, gender, race, age, income, housing, disability, and employment was included. The percentages indicated on the tables and graphs are based upon the total number of responses for each question, as some respondents did not answer all questions.

Place of Residence	2023 % (n)
Number of respondents	724
59715 - Bozeman	34.4% (249)
59718 - Bozeman	23.9% (173)
59714 - Belgrade	8.6% (62)
59741 - Manhattan	7.9% (57)
59716 - Big Sky	6.8% (49)
59752 - Three Forks	6.4% (46)
59730 - Gallatin Gateway	5.2% (38)
59758 - West Yellowstone	4.8% (35)
59760 - Willow Creek	0.1% (1)
Other	1.9% (14)
TOTAL	100.0% (724)

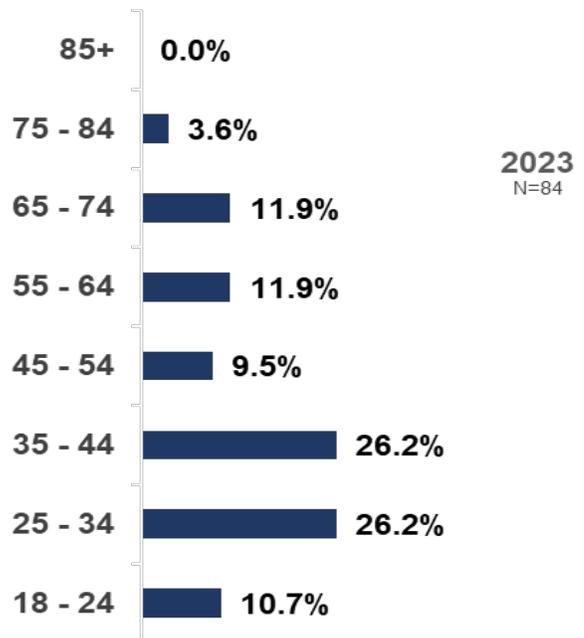
“Other” comments include: Wherever I can park my car, Four Corners, Churchill Amsterdam, Island Park, 86403, 59025, 59349, 59643, 59901, 59030, 59715; 59716, 59735 and 59701.

Age of survey respondents

DRMC: Respondents were asked to indicate their age

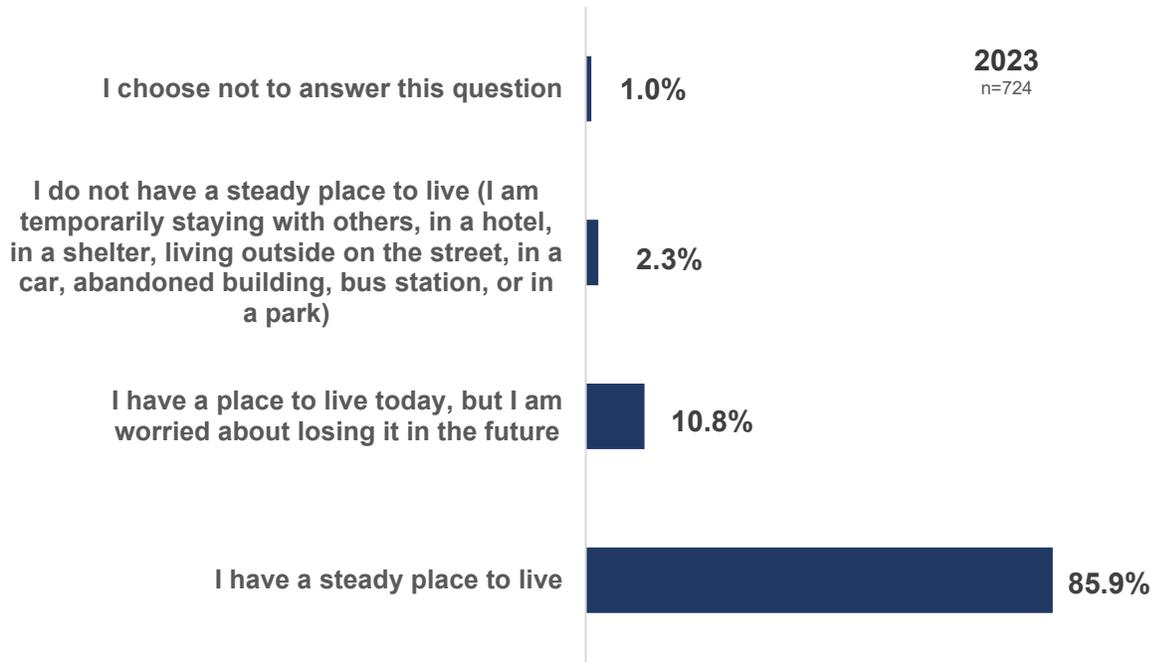


Big Sky: Respondents were asked to indicate their age.

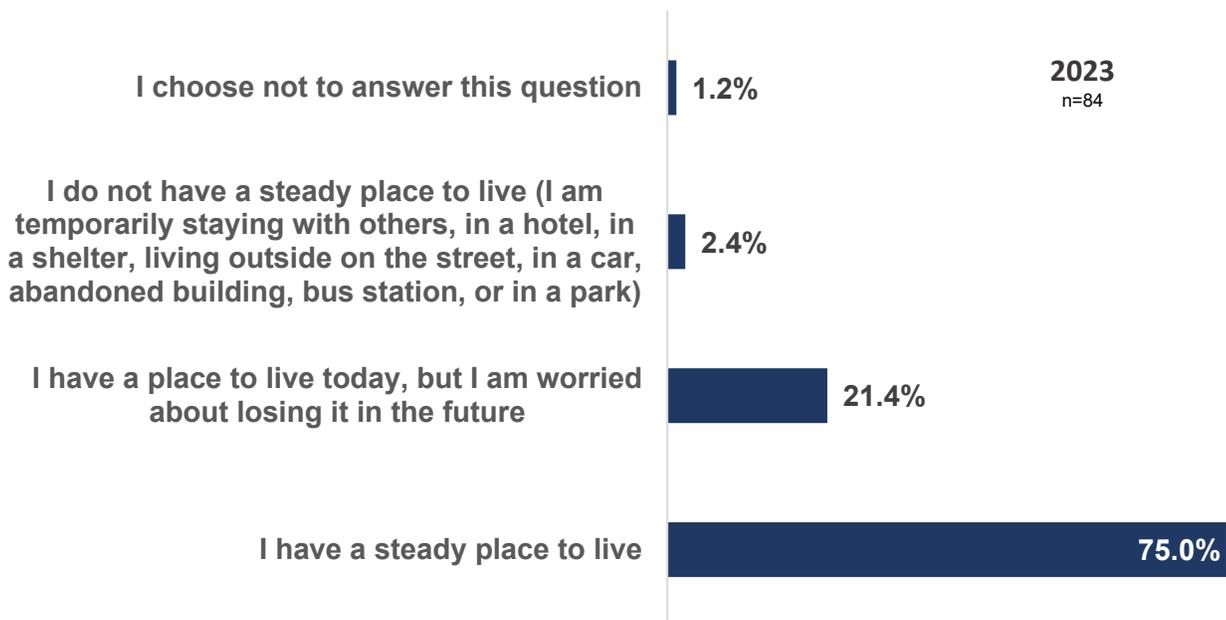


Living Situation

DRMC: Respondents were asked to indicate what their living situation is today.



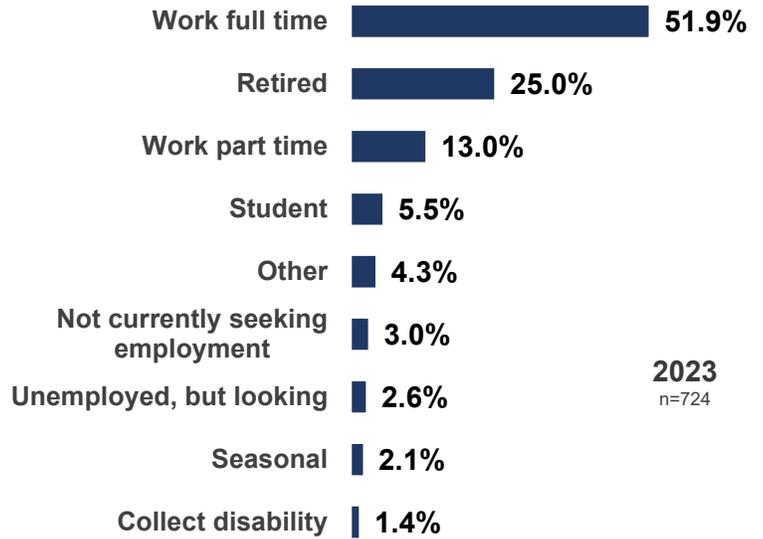
Big Sky: Respondents were asked to indicate what their living situation is today.



Employment Status

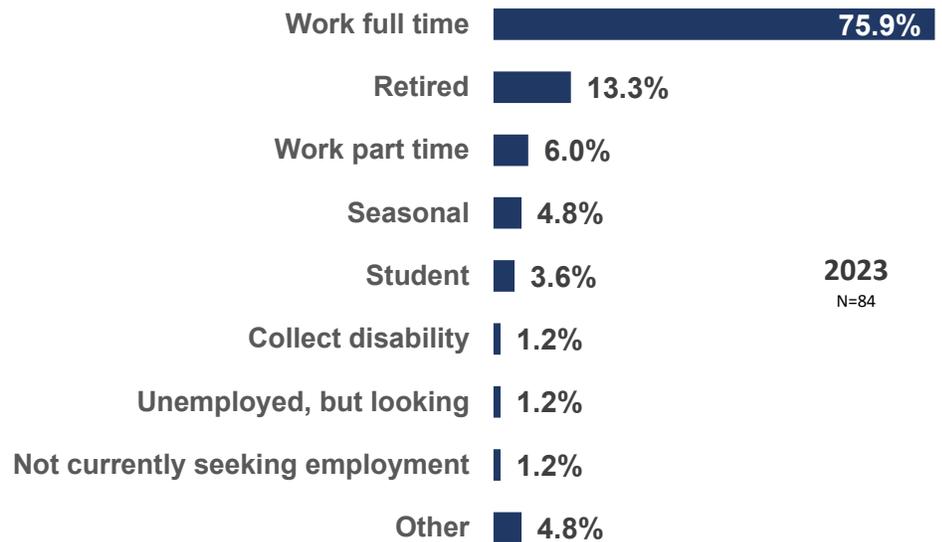
DRMC:

Respondents were asked to indicate their employment status.



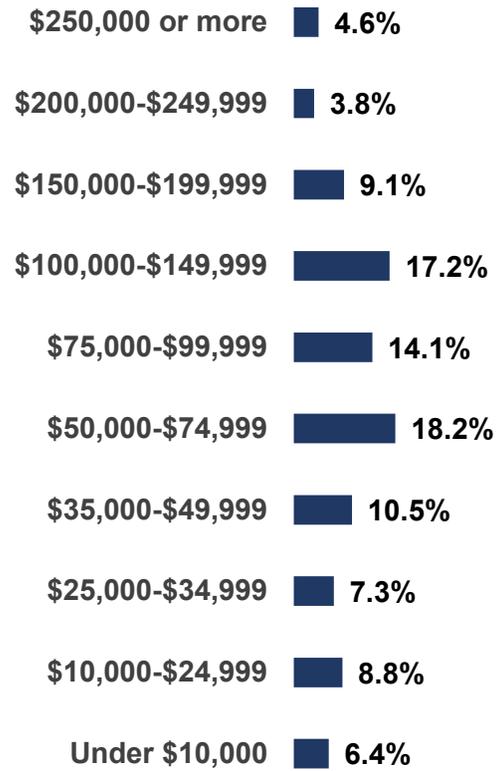
“Other” comments included: Self-employed (3), Work 3+ jobs, Disabled (2), Stay at home mom (3), Business owner (2), VA, None and Homemaker (3).

Big Sky: Respondents were asked to indicate their employment status.

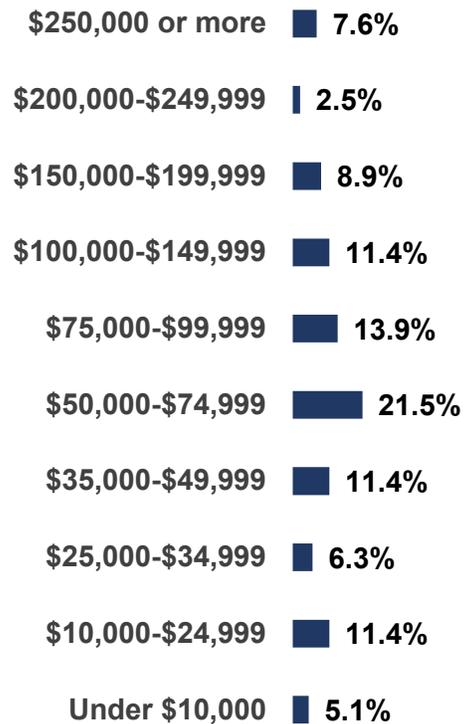


Household Income

DRMC: Respondents were asked to indicate their annual household income.

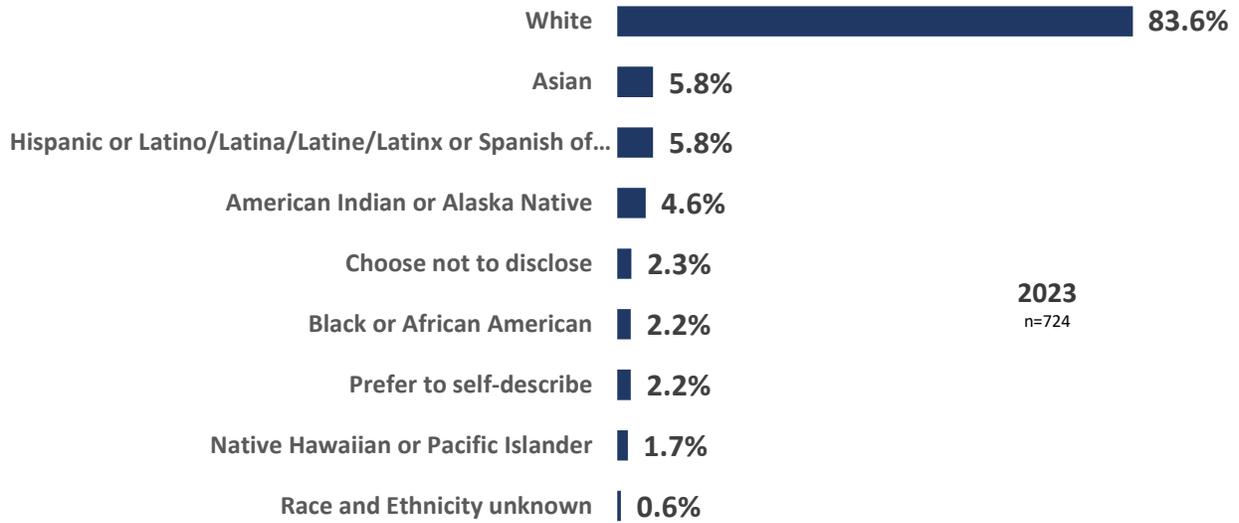


Big Sky: Respondents were asked to indicate their annual household income.



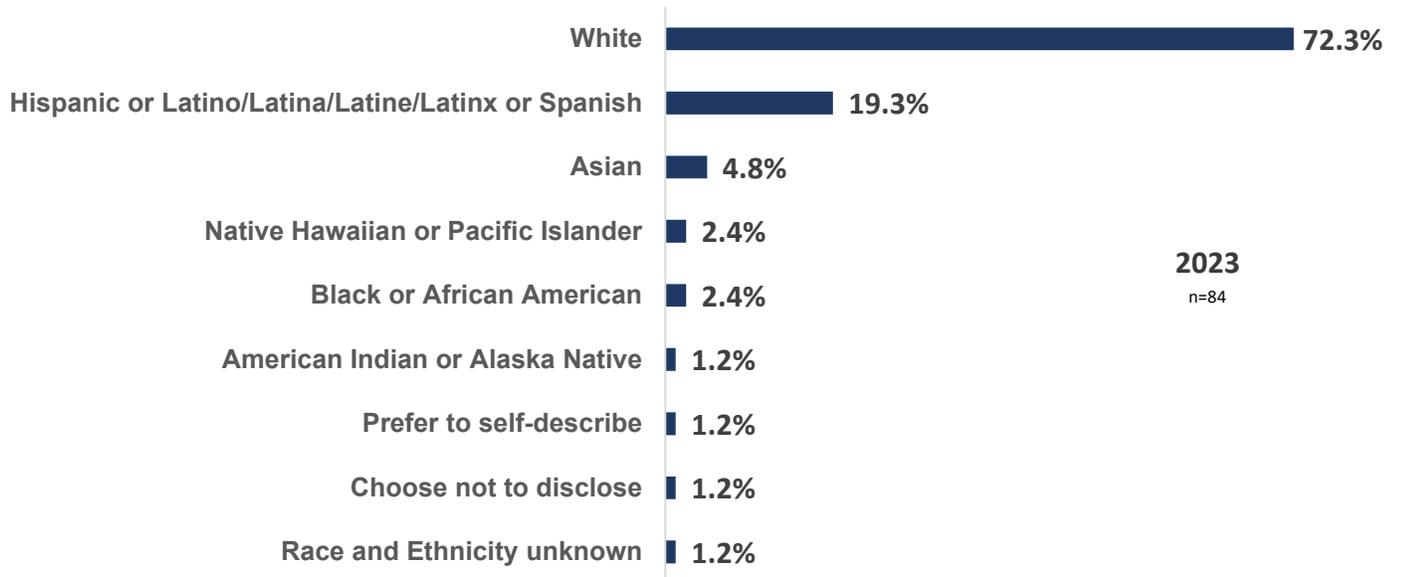
Race or Ethnicity

DRMC: Respondents were asked to indicate their race(s) or ethnicity.



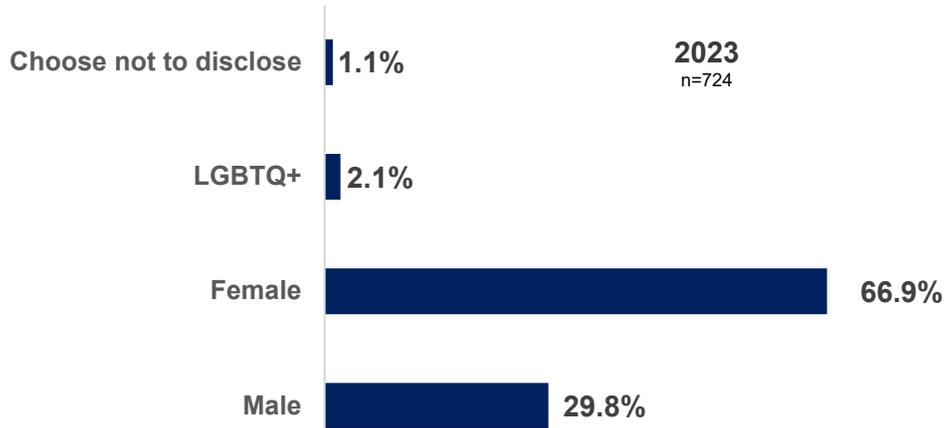
“Other” comments include: American Melting Pot, Human (2), Jewish (2), Multi-racial, Asian American, African (we are different from African Americans), Apache, Middle Eastern and Caucasian, and South Asian Indian.

Big Sky: Respondents were asked to indicate their race(s) or ethnicity.



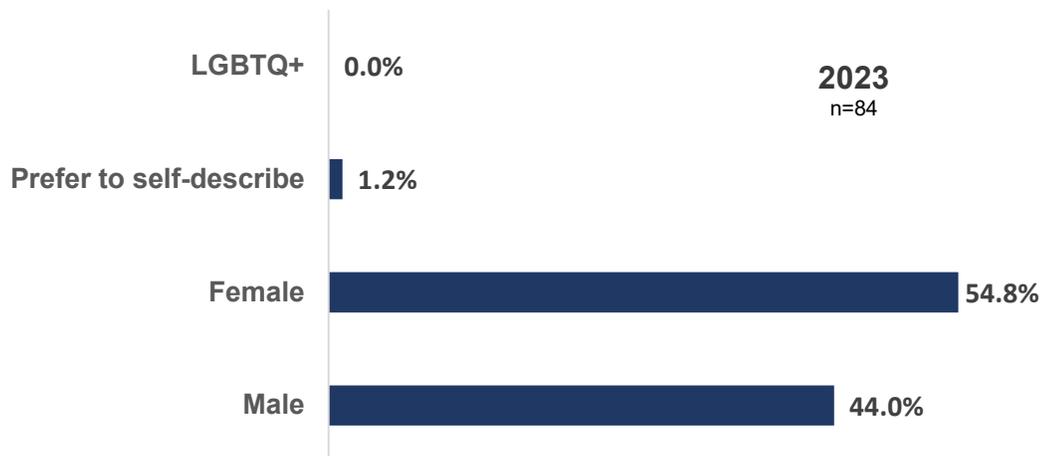
Gender Identity

DRMC: Respondents were asked to indicate their gender identity/sex.



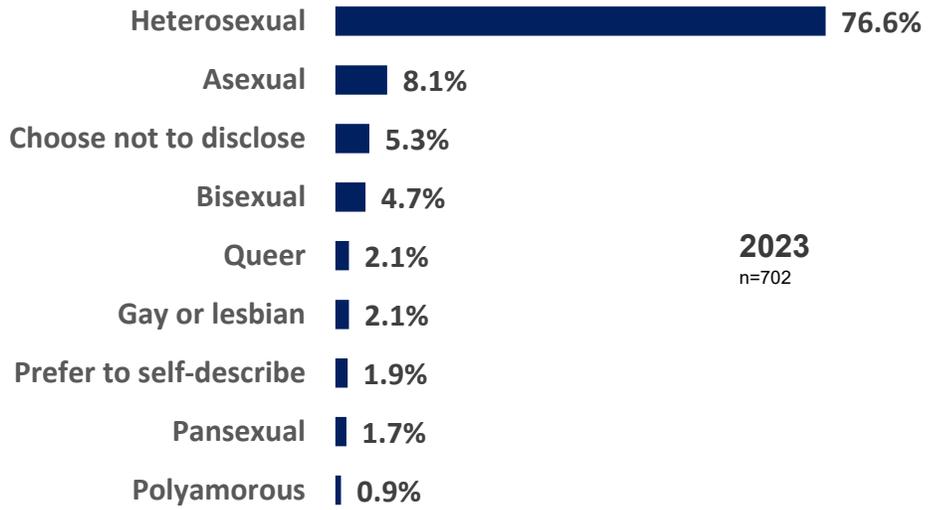
“Other” comments include: Male + Female (Two people), Black and Human.

Big Sky: Respondents were asked to indicate their gender identity/sex.



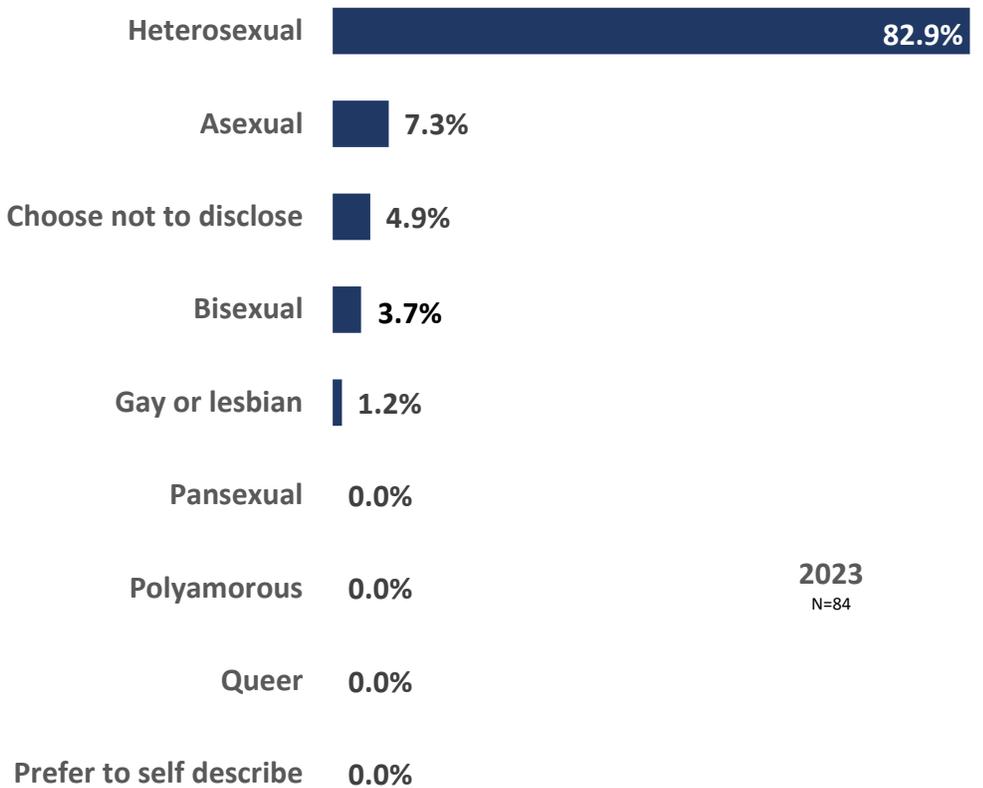
Sexual Orientation

DRMC: Respondents were asked to indicate how they describe their sexual orientation.



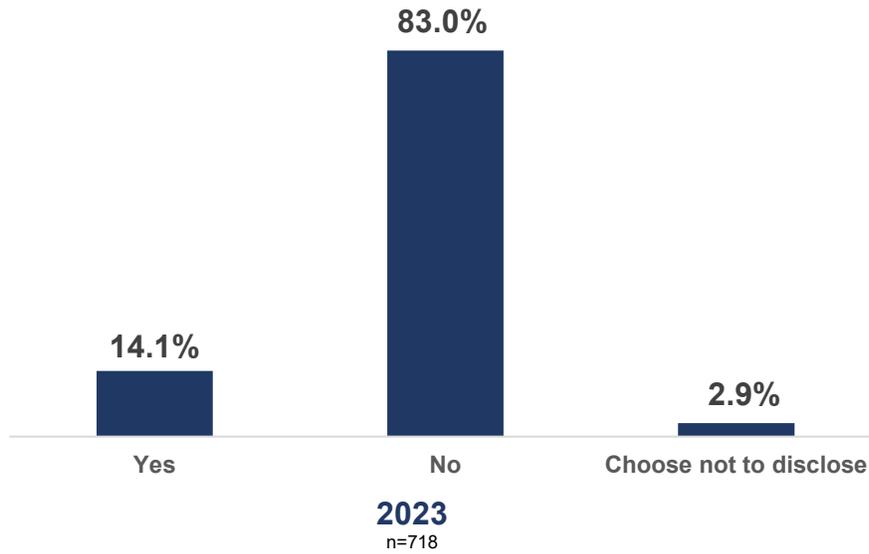
“Other” comments include: Sapiosexual, Celibate and Normal (2).

Big Sky: Respondents were asked to indicate how they describe their sexual orientation.

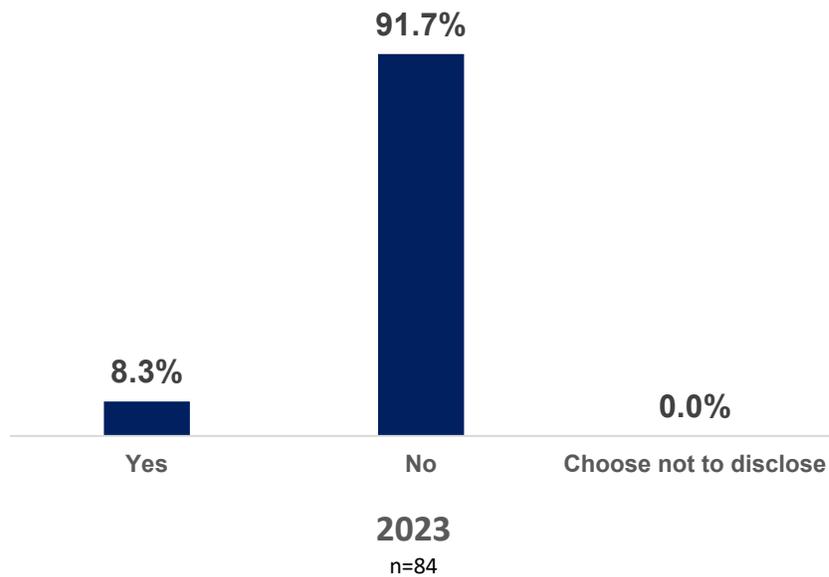


Household Disability

DRMC: Respondents were asked to indicate if they or someone in their household has a disability.



Big Sky: Respondents were asked to indicate if they or someone in their household has a disability.





SURVEY RESULTS

**Bozeman Health
Deaconess Regional
Medical Center
and
Big Sky Medical Center**

BHDRMC Survey Results

Health Concerns (Question 10)

DRMC: Respondents were asked what they felt were their community’s three most serious health concerns. The top identified health concern was “Mental Health” at 45.9% (n=327). “Cancer” was also of concern at 41.6% (n=296), followed by “Lack of access to healthcare” at 28.8% (n=205).

*Callouts represent significant differences between Bozeman Health Service Area survey results and the aggregate of CHNA results from 27 communities in 2018-2020
https://drive.google.com/file/d/1_TSLM2634FRIVfxMNR5cAuyJ15QyI3Cb/view

Health Concern	2023 % (n)
Number of respondents	712
Mental health	45.9% (327)
Cancer	41.6% (296)
Lack of access to healthcare	28.8% (205)
Heart disease	24.4% (174)
Depression/anxiety	20.8% (148)
Alzheimer’s/dementia	20.2% (144)
Maintaining a healthy weight	14.6% (104)
Lack of exercise	13.2% (94)
Work/economic stress	11.1% (79)
Diabetes	10.3% (73)
Social isolation/loneliness	8.4% (60)
Suicide	7.7% (55)
Childhood Trauma	7.6% (54)
Stroke	6.5% (46)
Tobacco use (cigarettes/cigars, vaping, chew, e-cigarettes, smokeless)	5.3% (38)
Hunger	4.8% (34)
Sexual assault	4.6% (33)
Respiratory issues/illness	3.5% (25)
Recreation related accidents/injuries	2.7% (19)
Work related accidents/injuries	1.3% (9)
Other	7.9% (56)

16% in 2018-2020*

9% in 2018-2020*

15% in 2018-2020*

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

“Other” comments included: (View all comments in Appendix G) Healthy nutrition/diets (11), Climate change related threats to health (2), Gun violence (3), Social media, Alcohol (7), Drug and alcohol abuse, Car accidents, next pandemic, Reproductive health, Mobility and Autism, lack of support: ADHD.

Big Sky: Respondents were asked what they felt were their community’s three most serious health concerns. The top identified health concern was “Mental health” at 46.4% (n=39). “Cancer” was also of concern at 36.9% (n=31), followed by “Depression/anxiety” at 31.0% (n=26).

Health Concern	2023 % (n)
Number of respondents	84
Mental health	46.4% (39)
Cancer	36.9% (31)
Depression/anxiety	31.0% (26)
Lack of access to healthcare	28.6% (24)
Heart disease	25.0% (21)
Alzheimer’s/dementia	19.0% (16)
Lack of exercise	15.5% (13)
Work/economic stress	15.5% (13)
Diabetes	11.9% (10)
Maintaining a healthy weight	11.9% (10)
Childhood Trauma	9.5% (8)
Social isolation/loneliness	7.1% (6)
Tobacco use (cigarettes/cigars, vaping, chew, e-cigarettes, smokeless)	7.1% (6)
Suicide	6.0% (5)
Hunger	4.8% (4)
Sexual assault	4.8% (4)
Stroke	4.8% (4)
Recreation related accidents/injuries	2.4% (2)
Respiratory issues/illness	2.4% (2)
Work related accidents/injuries	1.2% (1)
Other	4.8% (4)

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

Explanation of Health Concerns for Community (Question 11)

Respondents were asked to write in why they selected the three most serious health concerns in the community they chose. Below is a summary of their written responses. Verbatim responses are included in Appendix H.

1. *Lack of Access to Healthcare:* Access to healthcare was a pervasive concern mentioned by a significant number of respondents. Many expressed worries about the limited availability of medical services, high healthcare costs, and the challenges of obtaining necessary care, particularly in rural areas. Several respondents noted that inadequate healthcare access leads to delayed diagnosis and treatment.
2. *Mental Health Stigma:* Mental health issues, including depression, anxiety, and trauma, were frequently raised concerns. Several respondents emphasized that the stigma surrounding mental health remains a significant barrier to seeking help. Limited access to mental health resources and support services, particularly for addressing issues like childhood trauma, was mentioned as a major problem.
3. *Cancer Prevalence:* Cancer emerged as a widespread and severe health concern, with several respondents mentioning the high prevalence of cancer cases. The emotional and financial toll it takes on individuals and families was a significant point of concern, as was the absence of a cure for many types of cancer.
4. *Heart Disease Risks:* Heart disease was another major focus, with respondents expressing worry about its impact on overall health. Some pointed out the risk factors associated with heart disease and the challenges of managing related conditions.
5. *Weight and Nutrition:* Maintaining a healthy weight and proper nutrition were noted as critical for overall health. The risk of obesity and associated health problems received considerable attention.
6. *Alzheimer's and Dementia:* Alzheimer's disease and dementia were highlighted as significant worries due to their profound effects on individuals and their families. The emotional and financial strain of dealing with these conditions was a common theme.
7. *Lack of Exercise:* Sedentary lifestyles and the lack of regular exercise were identified as pressing health concerns. Respondents stressed the long-term negative effects of physical inactivity.
8. *Hunger and Nutrition Issues:* The concern about people going hungry and the impact of inadequate nutrition on various aspects of life, especially among youth and families, was raised by multiple respondents.
9. *Sexual Assault Impact:* Sexual assault was mentioned as a significant issue, with a particular focus on the emotional and physical effects it has on survivors.
10. *Work-Related Stress:* Economic stressors like low pay and job-related pressures were emphasized as factors contributing to health problems.

11. *Tobacco and Smoking Effects:* Smoking and tobacco use were noted for their contribution to lung and heart diseases, as well as cancer.
12. *Drug Usage and Addiction:* Drug usage and addiction were identified as significant concerns, with respondents highlighting the negative consequences on health.

These responses collectively reflect the multifaceted nature of health issues in various communities, underscoring the need for improved access to healthcare, reduced stigma around mental health, lifestyle changes for better overall health, and efforts to address prevalent conditions such as cancer, heart disease, and mental health challenges.

Top Health Concerns by Demographic Groupings

The top three health concerns were assessed by gender identify/sex, race, sexual orientation, age, employment status, housing status, disability status and residence. The results can be found in the table below.

Gender Identity/Sex	Top 3 Health Concerns
Male	<ol style="list-style-type: none"> 1. Mental health 2. Cancer 3. Depression/anxiety Heart disease
Female	<ol style="list-style-type: none"> 1. Mental health 2. Cancer 3. Lack of access to healthcare
Other gender (Gender Fluid, Genderqueer, Intersex, Non-binary, Transgender, Two Spirit, X)	<ol style="list-style-type: none"> 1. Lack of access to healthcare Mental health 2. Stress 3. Depression/anxiety Social isolation/loneliness

Race	Top 3 Health Concerns
White	<ol style="list-style-type: none"> 1. Mental health 2. Cancer 3. Lack of access to healthcare
BIPOC (American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino/Latina/Latine/Latine/Latinx or Spanish)	<ol style="list-style-type: none"> 1. Mental health 2. Lack of access to healthcare 3. Cancer

Sexual Orientation	
Heterosexual	<ol style="list-style-type: none"> 1. Mental health 2. Cancer 3. Lack of access to healthcare
LGBTQ+ (Asexual, Bisexual, Gay or Lesbian, Pansexual, Polyamorous, Queer)	<ol style="list-style-type: none"> 1. Mental health 2. Lack of access to healthcare 3. Depression/anxiety

Age	
18-34	<ol style="list-style-type: none"> 1. Mental health issues 2. Cancer 3. Lack of access to healthcare
35-54	<ol style="list-style-type: none"> 1. Mental health issues 2. Cancer 3. Lack of access to healthcare
55+	<ol style="list-style-type: none"> 1. Cancer 2. Mental health issues 3. Alzheimer's/dementia

Employment Status	
Employed (Full-time, Part-time, Seasonal)	<ol style="list-style-type: none"> 1. Mental health 2. Cancer 3. Lack of access to healthcare
Unemployed	<ol style="list-style-type: none"> 1. Cancer 2. Depression/anxiety Mental health 3. Alzheimer's/dementia
Not seeking employment (Retired, Collect Disability, Not Seeking Employment)	<ol style="list-style-type: none"> 1. Cancer 2. Alzheimer's/dementia Heart disease 3. Mental health issues

Disability Status	
Disabled	<ol style="list-style-type: none"> 1. Mental health 2. Cancer 3. Lack of access to healthcare
Not Disabled	<ol style="list-style-type: none"> 1. Mental health 2. Cancer 3. Lack of access to healthcare

Housing Status	
Steady housing	<ol style="list-style-type: none"> 1. Mental health 2. Cancer 3. Lack of access to healthcare
Steady housing but worried	<ol style="list-style-type: none"> 1. Mental health 2. Depression/anxiety 3. Cancer Lack of access to healthcare
Unsteady housing	<ol style="list-style-type: none"> 1. Depression/anxiety 2. Cancer Mental health 3. Lack of access to healthcare

Residence	
Bozeman (59715, 59718)	<ol style="list-style-type: none"> 1. Mental health 2. Cancer 3. Lack of access to healthcare
Big Sky (59716, 59730, 59758)	<ol style="list-style-type: none"> 1. Mental health 2. Cancer 3. Depression/anxiety
Belgrade (59714)	<ol style="list-style-type: none"> 1. Mental health 2. Cancer 3. Lack of access to healthcare
Other (59741, 59760)	<ol style="list-style-type: none"> 1. Mental health 2. Cancer 3. Lack of access to healthcare

Components of a Healthy Community (Question 12)

DRMC: Respondents were asked to identify the three most important things for a healthy community. Of those respondents, 51.6% (n=369) indicated that “Affordable housing” is important for a healthy community, followed by “Access to healthcare services” at 51.5% (n=368), and “Access to healthy foods” at 23.4% (n=167).

Components of a Healthy Community	2023 % (n)
Number of respondents	715
Affordable housing	51.6% (369)
Access to healthcare services	51.5% (368)
Access to healthy foods	23.4% (167)
Healthy behaviors and lifestyles	22.5% (161)
Low crime/safe neighborhoods	22.4% (160)
Good schools	19.7% (141)
Clean environment	17.6% (126)
Strong family life	17.6 (126)
Access to childcare/after school programs	15.1% (108)
Diversity, equity, inclusion, & belonging	12.6% (90)
Parks, trails, and recreation	9.9% (71)
Community involvement	6.7% (48)
Access to religion or spirituality	5.3% (38)
Transportation services	5.0% (36)
Low level of interpersonal violence	3.4% (24)
Accessibility in facilities for those with disabilities	3.1% (22)
Low death and disease rates	2.7% (19)
Arts and cultural events	2.2% (16)
Access to language interpretation and translation	0.8% (6)
Other	1.7% (12)

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

“**Other**” comments included: Active transportation infrastructure, A “responsible” school board, judicial system, and law enforcement, Access to mental health services, Gun control and Exercise indoors.

Big Sky: Respondents were asked to identify the three most important things for a healthy community. Of those respondents, 57.1% (n=48) indicated that “Affordable housing” is important for a healthy community, followed by “Access to healthcare services” at 53.6% (n=45), and “Healthy behaviors and lifestyles” at 32.1% (n=27).

Components of a Healthy Community	2023 % (n)
Number of respondents	84
Affordable housing	57.1% (48)
Access to healthcare services	53.6% (45)
Healthy behaviors and lifestyles	32.1% (27)
Access to healthy foods	25.0% (21)
Access to childcare/after school programs	19.0% (16)
Strong family life	17.9% (15)
Low crime/safe neighborhoods	15.5% (13)
Good schools	13.1% (11)
Parks, trails, and recreation	13.1% (11)
Transportation services	9.5% (8)
Clean environment	7.1% (6)
Community involvement	6.0% (5)
Accessibility in facilities for those with disabilities	4.8% (4)
Low level of interpersonal violence	4.8% (4)
Access to language interpretation and translation	3.6% (3)
Access to religion or spirituality	3.6% (3)
Diversity, equity, inclusion, & belonging	3.6% (3)
Low death and disease rates	3.6% (3)
Arts and cultural events	1.2% (1)
Other	1.2% (1)

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

Top Components of a Healthy Community by Demographic Groupings

The top components of a healthy community assessed by gender identify/sex, race, sexual orientation, age, employment status, housing status, disability status and residence. The results can be found in the table below.

Gender Identity/Sex	Top 3 Components of a Healthy Community
Male	<ol style="list-style-type: none"> 1. Access to healthcare services Affordable housing 2. Healthy behaviors and lifestyles 3. Good schools
Female	<ol style="list-style-type: none"> 1. Affordable housing 2. Access to healthcare services 3. Access to healthy foods
Other gender (Gender Fluid, Genderqueer, Intersex, Non-binary, Transgender, Two Spirit, X)	<ol style="list-style-type: none"> 1. Affordable housing Diversity, equity, inclusion & belonging 2. Access to healthcare services Access to healthy foods 3. Clean environment Healthy behaviors and lifestyles

Race	Top 3 Components of a Healthy Community
White	<ol style="list-style-type: none"> 1. Affordable housing 2. Access to healthcare services 3. Access to healthy foods
BIPOC (American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino/Latina/Latine/Latine/Latinx or Spanish)	<ol style="list-style-type: none"> 1. Access to healthcare services 2. Affordable housing 3. Access to healthy foods

Sexual Orientation	Top 3 Components of a Healthy Community
Heterosexual	<ol style="list-style-type: none"> 1. Access to healthcare services 2. Affordable housing 3. Access to healthy foods
LGBTQ+ (Asexual, Bisexual, Gay or Lesbian, Pansexual, Polyamorous, Queer)	<ol style="list-style-type: none"> 1. Affordable housing 2. Access to healthcare services 3. Access to healthy foods

Age	
18-34	<ol style="list-style-type: none"> 1. Affordable housing 2. Access to healthcare services 3. Access to healthy foods
35-54	<ol style="list-style-type: none"> 1. Affordable housing 2. Access to healthcare services 3. Healthy behaviors and lifestyles
55+	<ol style="list-style-type: none"> 1. Access to healthcare services 2. Affordable housing 3. Good schools

Employment Status	
Employed (Full-time, Part-time, Seasonal)	<ol style="list-style-type: none"> 1. Affordable housing 2. Access to healthcare services 3. Access to healthy foods
Unemployed	<ol style="list-style-type: none"> 1. Affordable housing 2. Access to healthcare services 3. Access to childcare/after school programs <p>Access to healthy foods Good schools Healthy behaviors and lifestyles Transportation</p>
Not seeking employment (Retired, Collect Disability, Not Seeking Employment)	<ol style="list-style-type: none"> 1. Access to healthcare services 2. Affordable housing 3. Good schools

Disability Status	
Disabled	<ol style="list-style-type: none"> 1. Affordable housing 2. Access to healthcare services 3. Access to healthy foods
Not Disabled	<ol style="list-style-type: none"> 1. Access to healthcare services 2. Affordable housing 3. Access to healthy foods

Housing Status	
Steady housing	<ol style="list-style-type: none"> 1. Access to healthcare services 2. Affordable housing 3. Low crime/safe neighborhoods
Steady housing but worried	<ol style="list-style-type: none"> 1. Affordable housing 2. Access to healthcare services 3. Access to healthy foods
Unsteady housing	<ol style="list-style-type: none"> 1. Affordable housing 2. Access to healthcare services 3. Access to healthy foods

Residence	
Bozeman (59715, 59718)	1. Affordable housing 2. Access to healthcare services 3. Access to healthy foods
Big Sky (59716, 59730, 59758)	1. Affordable housing 2. Access to healthcare services 3. Healthy behaviors and lifestyles
Belgrade (59714)	1. Affordable housing 2. Access to healthcare services 3. Access to healthy foods
Other (59741, 59760)	1. Access to healthcare services 2. Affordable housing 3. Low crime/safe neighborhoods

Improve Community’s Access to Healthcare (Question 13)

DRMC: Respondents were asked to indicate what they felt would improve Gallatin County’s access to healthcare. Over half of respondents (59.0%, n=414) reported that “Having health insurance” would make the greatest improvement. Additionally, 50.3% of respondents (n=353) indicated “Payment assistance programs for healthcare expenses,” followed by “More primary care providers” at 40.3% (n=283) would improve the community’s access to healthcare.

What Would Improve Community Access to Healthcare	2023 % (n)
Number of respondents	702
Having health insurance	59.0% (414)
Payment assistance programs (healthcare expenses)	50.3% (353)
More primary care providers	40.3% (283)
Improved quality of care	32.8% (230)
More specialists	30.9% (217)
More information about available services	30.2% (212)
Community resource navigation	27.6% (194)
Greater health education services	25.4% (178)
Transportation assistance	24.1% (169)
Outpatient services expanded hours	22.6% (159)
Services offered in my community	19.5% (137)
Cultural safety (i.e. respect of culture/identities)	17.8% (125)
Telemedicine	17.2% (121)
Interpreter/translation services	10.8% (76)
Identity safety	9.4% (66)
Updates to disability access in facilities	9.0% (63)
Other	12.0% (84)

25% in 2018-2020*

23% in 2018-2020*

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

“Other” comments included: Access to health insurance, Medicare for all (2), Competition of services, More timely access to primary care providers, Outreach + education on preventative care also on benefits of medical care/insurance like Medicaid + expansion CH18, Rehabilitation facility, Universal healthcare (3), Doctors who accept Medicaid and other low-cost insurances, Mental health services and providers (5) and Full dental services for low-income/no income community members (including braces and root canals). Tired of removing my teeth just because I can’t afford to save my teeth. Looking like a jack o lantern by taking teeth also takes away our dignity.

Big Sky: Respondents were asked to indicate what they felt would improve the community’s access to healthcare. Over half of respondents (57.8%, n=48) reported that “Having health insurance” would make the greatest improvement. Additionally, 50.6% of respondents (n=42) indicated “More primary care providers,” followed closely by “Payment assistance programs (healthcare expenses)” and “Services offered in my community” at 42.2% (n=35 each) would improve access to healthcare.

What Would Improve Community Access to Healthcare	2023 % (n)
Number of respondents	83
Having health insurance	57.8% (48)
More primary care providers	50.6% (42)
Payment assistance programs (healthcare expenses)	42.2% (35)
Services offered in my community	42.2% (35)
Greater health education services	33.7% (28)
Improved quality of care	33.7% (28)
Outpatient services expanded hours	32.5% (27)
More information about available services	31.3% (26)
More specialists	31.3% (26)
Transportation assistance	31.3% (26)
Community resource navigation	26.5% (22)
Interpreter/translation services	21.7% (18)
Telemedicine	14.5% (12)
Cultural safety (i.e. respect of culture/identities)	10.8% (9)
Identity safety	8.4% (7)
Updates to disability access in facilities	7.2% (6)
Other	6.0% (5)

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

Top Ways to Improve Community’s Access to Healthcare by Demographic Groupings

The top ways to improve the community were assessed by gender identify/sex, race, sexual orientation, age, employment status, housing status, disability status and residence. The results can be found in the table below.

Gender Identity/Sex	Top 3 Ways to Improve Access to Healthcare
Male	<ol style="list-style-type: none"> 1. Having health insurance 2. More primary care providers 3. Payment assistance programs
Female	<ol style="list-style-type: none"> 1. Having health insurance 2. Payment assistance programs 3. More primary care providers
Other gender (Gender Fluid, Genderqueer, Intersex, Non-binary, Transgender, Two Spirit, X)	<ol style="list-style-type: none"> 1. Cultural safety 2. Community resource navigation 3. More information about available services More specialists Payment assistance programs

Race	Top 3 Ways to Improve Access to Healthcare
White	<ol style="list-style-type: none"> 1. Having health insurance 2. Payment assistance programs 3. More primary care providers
BIPOC (American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino/Latina/Latine/Latine/Latinx or Spanish)	<ol style="list-style-type: none"> 1. Having health insurance Payment assistance programs 2. Improved quality of care More information about available services 3. More primary care providers

Sexual Orientation	Top 3 Ways to Improve Access to Healthcare
Heterosexual	<ol style="list-style-type: none"> 1. Having health insurance 2. Payment assistance programs 3. More primary care providers
LGBTQ+ (Asexual, Bisexual, Gay or Lesbian, Pansexual, Polyamorous, Queer)	<ol style="list-style-type: none"> 1. Having health insurance 2. Payment assistance programs 3. Community resource navigation

Age	
18-34	<ol style="list-style-type: none"> 1. Payment assistance programs 2. Having health insurance 3. Improved quality of care
35-54	<ol style="list-style-type: none"> 1. Having health insurance 2. Payment assistance programs 3. More primary care providers
55+	<ol style="list-style-type: none"> 1. Having health insurance 2. More primary care providers 3. Payment assistance programs

Employment Status	
Employed (Full-time, Part-time, Seasonal)	<ol style="list-style-type: none"> 1. Having health insurance 2. Payment assistance programs 3. More primary care providers
Unemployed	<ol style="list-style-type: none"> 1. Having health insurance 2. Payment assistance programs Transportation assistance 3. Improved quality of care
Not seeking employment (Retired, Collect Disability, Not Seeking Employment)	<ol style="list-style-type: none"> 1. Having health insurance 2. More primary care providers 3. Payment assistance programs

Disability Status	
Disabled	<ol style="list-style-type: none"> 1. Having health insurance 2. Payment assistance programs 3. More primary care providers More specialists
Not Disabled	<ol style="list-style-type: none"> 1. Having health insurance 2. Payment assistance programs 3. More primary care providers

Housing Status	
Steady housing	<ol style="list-style-type: none"> 1. Having health insurance 2. Payment assistance programs 3. More primary care providers
Steady housing but worried	<ol style="list-style-type: none"> 1. Having health insurance 2. Payment assistance programs 3. Improved quality of care
Unsteady housing	<ol style="list-style-type: none"> 1. Payment assistance programs 2. Having health insurance 3. Improved quality of care More primary care providers More specialists Outpatient services expanded hours

Residence	
Bozeman (59715, 59718)	1. Having health insurance 2. Payment assistance programs 3. Improved quality of care
Big Sky (59716, 59730, 59758)	1. Having health insurance 2. More primary care providers 3. Payment assistance programs
Belgrade (59714)	1. Having health insurance 2. Payment assistance programs 3. Improved quality of care
Other (59741, 59760)	1. Having health insurance 2. Payment assistance programs 3. More primary care providers

Interest in Educational Classes/Programs (Question 14)

DRMC: Respondents were asked to identify which educational classes and programs they would be most interested. The most frequently selected topic was “Physical exercise/fitness” at 44.6% (n= 304). Interest in “Mental health” followed with 44.3% (n=302), while 40.8% of respondents (n=278) were interested in “First aid/CPR.”

Interest in Classes or Programs	2023 % (n)
Number of respondents	682
Physical exercise/fitness	44.6% (304)
Mental health	44.3% (302)
First aid/CPR	40.8% (278)
Nutrition	37.2% (254)
End of life planning/living will	36.4% (248)
Wilderness first aid	30.8% (210)
Self-defense courses	29.3% (200)
Weight loss	20.8% (142)
Wildlife safety	20.2% (138)
Parenting	18.5% (126)
Alzheimer’s	17.6% (120)
Trail and recreational safety	17.4% (119)
Grief counseling	17.0% (116)
Narcan training (overdose intervention)	14.8% (101)
Heart disease	14.7% (100)
Older adult fall prevention	14.2% (97)
Support groups	13.3% (91)
Diabetes	12.2% (83)
Controlling wound bleeds	11.1% (76)

12% in 2018-2020*

8% in 2018-2020*

Cancer support	11.0% (75)
Water safety	11.0% (75)
Cancer education	10.7% (73)
Distracted driving education and prevention	9.4% (64)
Driving under the influence education and prevention	8.5% (58)
Cancer navigation	7.3% (50)
Cancer survivorship	6.0% (41)
Prenatal	6.0% (41)
Babysitting	5.9% (40)
Smoking/tobacco/vaping cessation	5.9% (40)
Lactation/breastfeeding support	5.3% (36)
Gender affirming care	4.8% (33)
Other	4.8% (33)

Respondents were asked to pick all classes or programs that are of interest, so percentages do not equal 100%. “Other” comments included: Cancer support, Technology and social media addiction, None (4), Aging in home, gun safety, Basic cooking, EMT course, Cannabis as medicine, Relationship/family counseling, Free exercise programs for seniors in evening, Epilepsy, Firearms safety/instruction and concealed carry courses.

Big Sky: Respondents were asked to identify educational classes or programs in which they would be most interested. The most frequently selected classes and programs were “Mental health” at 53.1% (n=43), “First aid/CPR” by 45.7% (n=37), and “Physical exercise/fitness” by 40.7% (n=33).

Interest in Classes or Programs	2023 % (n)
Number of respondents	81
Mental health	53.1% (43)
First aid/CPR	45.7% (37)
Physical exercise/fitness	40.7% (33)
Nutrition	37.0% (30)
Wilderness first aid	37.0% (30)
Wildlife safety	30.9% (25)

Self-defense courses	25.9% (21)
End of life planning/living will	24.7% (20)
Parenting	24.7% (20)
Cancer education	18.5% (15)
Diabetes	18.5% (15)
Grief counseling	18.5% (15)
Narcan training (overdose intervention)	18.5% (15)
Trail and recreational safety	18.5% (15)
Weight loss	17.3% (14)
Controlling wound bleeds	13.6 (11)
Driving under the influence education and prevention	12.3% (10)
Smoking/tobacco/vaping cessation	12.3% (10)
Support groups	12.3% (10)
Cancer navigation	11.1% (9)
Heart disease	11.1% (9)
Older adult fall prevention	11.1% (9)
Babysitting	9.9% (8)
Cancer support	9.9% (8)
Water safety	9.9% (8)
Distracted driving education and prevention	8.6% (7)
Alzheimer's	7.4% (6)
Cancer survivorship	7.4% (6)
Gender affirming care	4.9% (4)
Lactation/breastfeeding support	3.7% (3)
Prenatal	3.7% (3)
Other	3.7% (3)

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

Preferred Method of Learning (Question 15)

DRMC: Respondents were asked to indicate which methods of education and learning they preferred. The majority, or 81.8% (n=570) indicated they prefer “In person training hands on and discussion.” 42.3% of respondents (n=295) indicated a preference in “Online self-paced training” and 37.0% (n=258) preferred “Reading materials.”

Preferred Method of Education/Learning	2023 % (n)
Number of respondents	697
In person training (hands on and discussion)	81.8% (570)
Online self-paced training	42.3% (295)
Reading materials	37.0% (258)
Videos	32.1% (224)
Live online training	27.5% (192)
Public service announcement	9.9% (69)

Big Sky: Respondents were asked to indicate which methods of education and learning they preferred. The majority, or 90.2% (n=74) indicated they prefer “In person training hands on and discussion.” 37.8% of respondents (n=31) indicated a preference in “Online self-paced training” and 35.4% (n=29) preferred “Reading materials.”

Preferred Method of Education/Learning	2023 % (n)
Number of respondents	82
In person training (hands on and discussion)	90.2% (74)
Online self-paced training	37.8% (31)
Reading materials	35.4% (29)
Videos	29.3% (24)
Live online training	24.4% (20)
Public service announcement	6.1% (5)

Desired Senior Services (Question 16)

DRMC: Respondents were asked to indicate what senior services are needed in their community. “Access to healthy food such as Meals on Wheels and/or grocery delivery” was the top response with 49.6% (n=317) respondents. 42.4% of respondents indicated a need for “Long Term Care” (n=271) and 40.5% (n=259) selected “Home visit by a medical provider such as a physician, nurse practitioner, or physicians”.

Desired Senior Services	2023 % (n)
Number of respondents	639
Access to healthy food such as Meals on Wheels and/or grocery delivery	49.6% (317)
Long Term Care	42.4% (271)
Home visit by a medical provider such as a physician, nurse practitioner, or physicians	40.5% (259)
In-home personal assistance	40.8% (261)
Opportunities for social engagement	39.9% (255)
Transportation	37.9% (242)
Senior retirement housing/community	37.7% (241)
In-home senior respite care	37.4% (239)
Adult day care outside the home	32.6% (208)
Independent living	32.1% (205)
Visiting nurse services	31.8% (203)
Skilled nursing	30.8% (197)
Insurance application assistance	30.2% (193)
Community supported senior center	29.9% (191)
Financial planning	29.4% (188)
Insurance information	26.4% (169)
Support in managing choices with serious illness	26.3% (168)
In-home Hospice	24.6% (157)

Access to other environmental & mobility supplies	22.1% (141)
Hospice house (outside of home)	21.3% (136)
Life Alert or Other Emergency Call Access Worn	19.9% (127)
Access to walkers	14.1% (90)
Access to shower chairs	13.0% (83)
Other	8.8% (56)

“Other” comments included: Senior case management, Assistance with hoarding, Don’t know (6), Hotline for people not knowing how to start and where to find services, Peer support specialist, health and wellness coaching, In home relief (sitter) for full-time carers of family members with dementia/Alzheimer’s, Housing, Low-income options, Unsure (5), Help with home repairs and All of these.

Big Sky: Respondents were asked to indicate what senior services are needed in their community. “Home visit by a medical provider” and “Transportation” were the top responses with 48.1% (n=37 each) respondents. 44.2% of respondents indicated a need for “In-home personal assistance” (n=34) and 42.9% (n=33) selected “Access to healthy food such as Meals on Wheels and/or grocery delivery.”

Desired Senior Services	2023 % (n)
<hr/>	
Number of respondents	77
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Home visit by a medical provider such as a physician, nurse practitioner, or physicians	48.1% (37)
Transportation	48.1% (37)
In-home personal assistance	44.2% (34)
Access to healthy food such as Meals on Wheels and/or grocery delivery	42.9% (33)
Long Term Care	37.7% (29)
Senior retirement housing/community	37.7% (29)
Adult day care outside the home	32.5% (25)
Community supported senior center	32.5% (25)
In-home senior respite care	31.2% (24)
Skilled nursing	31.2% (24)
Independent living	29.9% (23)
Insurance information	28.6% (22)

Visiting nurse services	27.3% (21)
Insurance application assistance	24.7% (19)
Support in managing choices with serious illness	24.7% (19)
Financial planning	23.4% (18)
Opportunities for social engagement	23.4% (18)
In-home Hospice	20.8% (16)
Life Alert or Other Emergency Call Access Worn	20.8% (16)
Hospice house (outside of home)	19.5% (15)
Access to walkers	16.9% (13)
Access to other environmental & mobility supplies	15.6% (12)
Access to shower chairs	14.3% (11)
Other	3.9% (3)

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

Housing (Question 17)

DRMC: Respondents were asked to indicate if they felt the community has adequate and affordable housing options available. The majority, or 86.5% of respondents (n=614) indicated that they feel there are not adequate and affordable housing options available in the community, 4.5% (n=22) felt there are adequate and affordable options available, and 9% (n=64) didn't know.

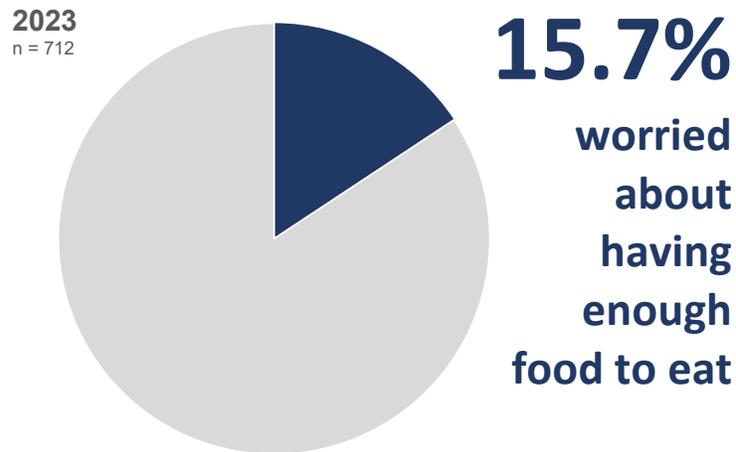


Big Sky: Respondents were asked to indicate if they felt the community had adequate and affordable housing options. The majority, or 89% of respondents (n=73) indicated that they feel there are not adequate and affordable housing options available in the community, 7.3% (n=6) indicated they didn't know and 3.7% (n=3) felt there are adequate and affordable options available.

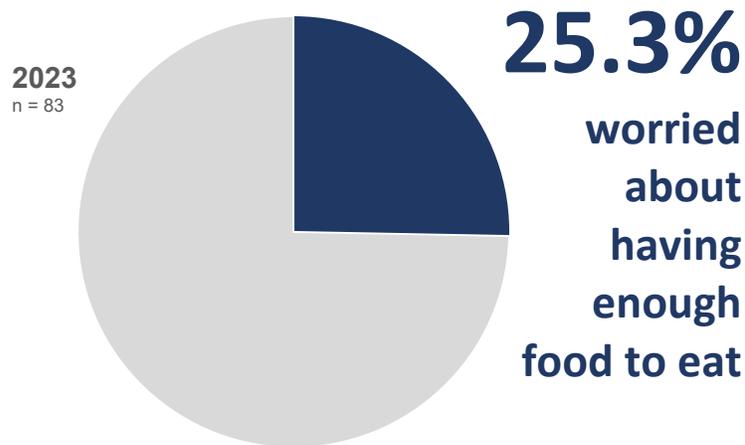


Food Insecurity (Question 18)

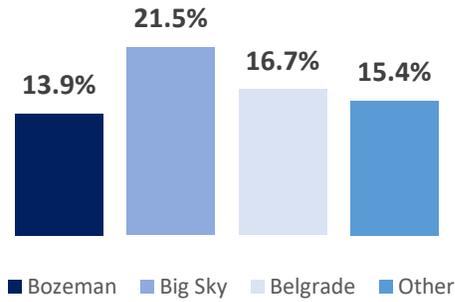
DRMC: Respondents were asked to indicate if, during the last six months, they had worried that they would not have enough food to eat. The majority, 84.3% (n=600), were not worried, but 15.7% (n=112) were concerned about not having enough to eat.



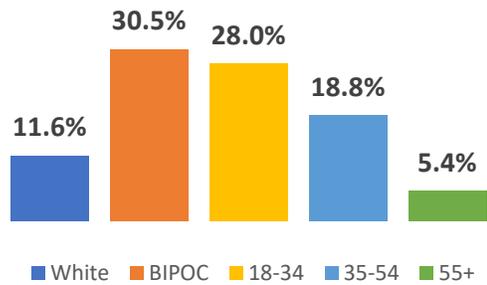
Big Sky: Respondents were asked to indicate if, during the last six months, they had worried that they would not have enough food to eat. A quarter of respondents, 25.3% (n=21), were worried and 74.7% (n=62) were not concerned about not having enough to eat.



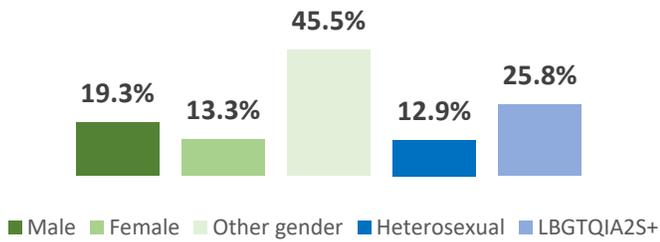
Food Insecurity by Residence



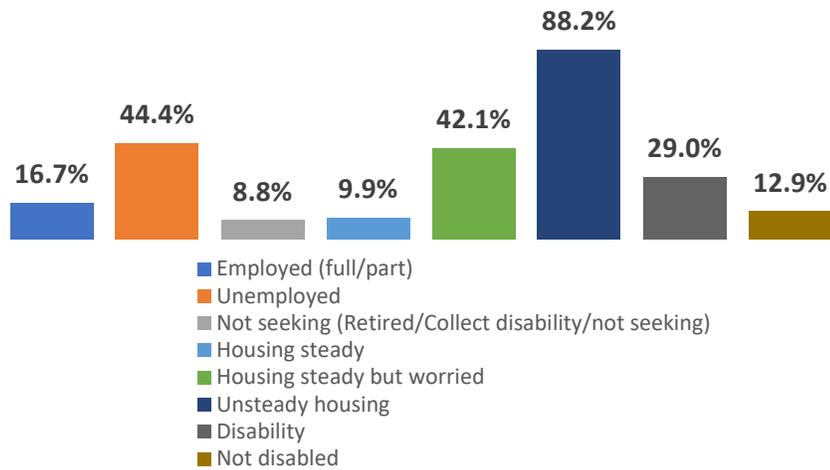
Food Insecurity by Race & Age



Food Insecurity by Gender & Sexual Orientation

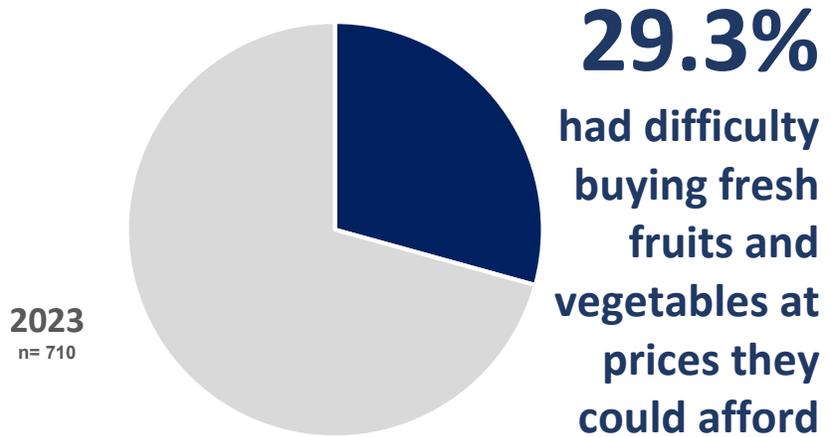


Food Insecurity by Employment Status, Housing Status & Disability Status

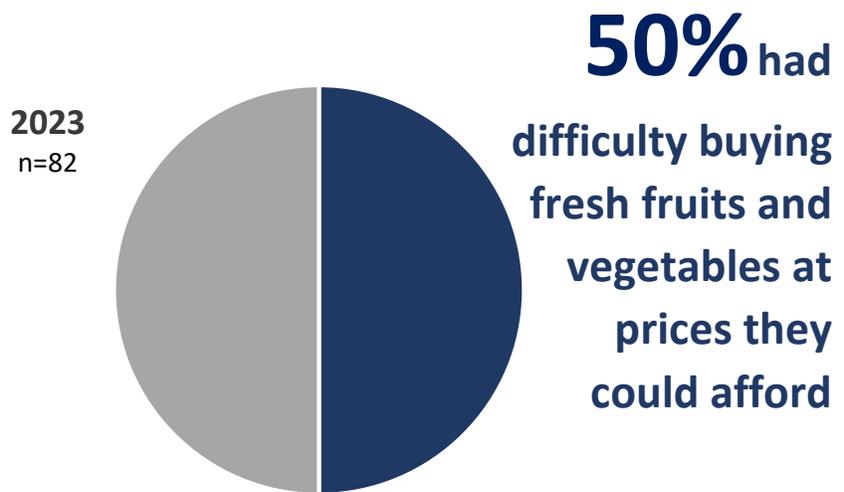


Difficulty Buying Fresh Fruits and Vegetables (Question 19)

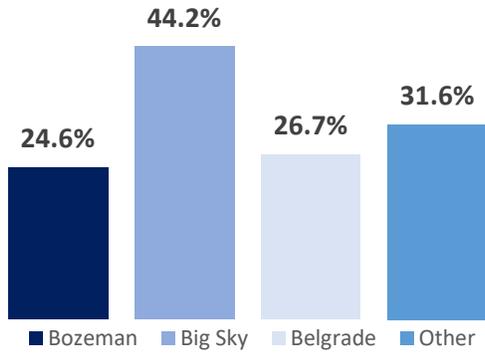
DRMC: Respondents were asked to indicate if they had difficulty buying fresh fruits and vegetables at a price they could afford. The majority, 70.7% (n=502), did not have difficulty, but 29.3% (n=208) did have difficulty.



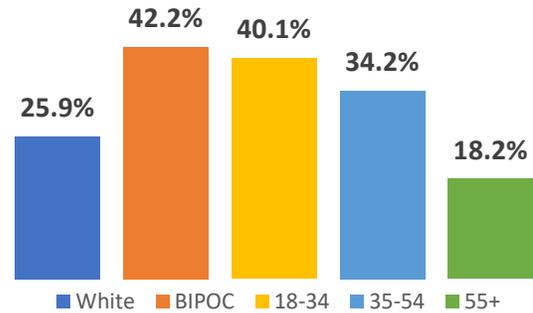
Big Sky: Respondents were asked to indicate if they had difficulty buying fresh fruits and vegetables at a price they could afford. Half of the respondents 50.0% (n=41) had difficulty buying fresh fruits and vegetables.



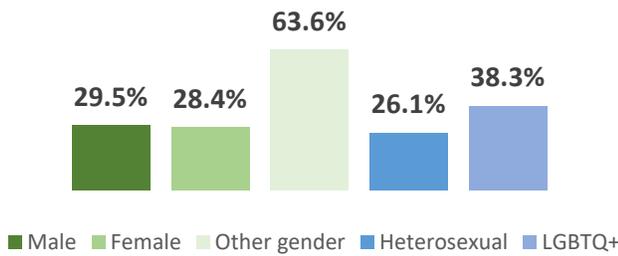
Fruits/Vegetables by Residence



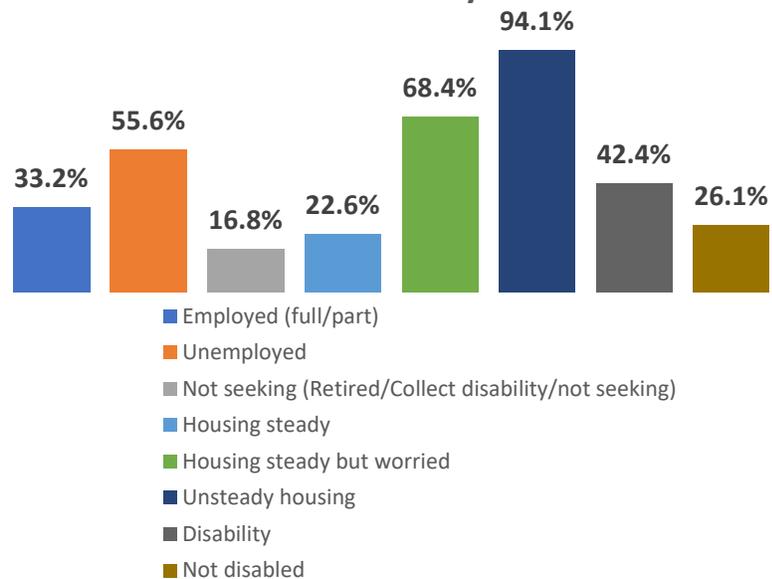
Fruits/Vegetables by Race & Age



Fruits/Vegetables by Gender & Sexual Orientation



Fruits/Vegetables by Employment Status, Housing Status & Disability Status



Difficulty Getting Prescriptions (Question 20)

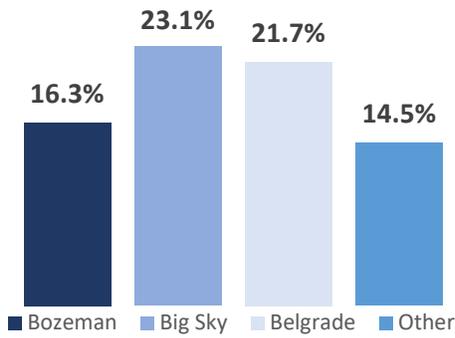
DRMC: Respondents were asked to indicate if cost had prohibited them from getting a prescription or taking their medication regularly. Of the total, 17.7% of respondents (n=126) indicated that they had difficulty getting a prescription or taking their medication regularly due to cost. 70.8% of respondents (n=505) indicated that they did not have trouble getting or taking prescriptions, while 11.5% of respondents (n=82) stated it was not a pertinent question for them.



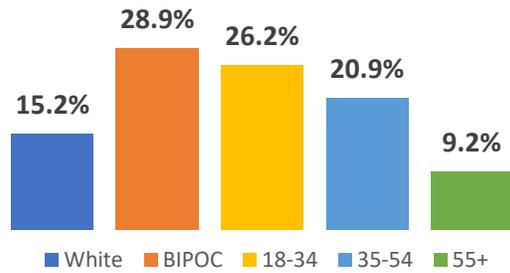
Big Sky: Respondents were asked to indicate if cost had prohibited them from getting a prescription or taking their medication regularly. Of the total, 25.3% of respondents (n=21) indicated that they had difficulty getting a prescription or taking their medication regularly due to cost. 57.8% of respondents (n=48) indicated that they did not have trouble getting prescriptions, and 16.9% of respondents (n=14) shared it did not apply to them.



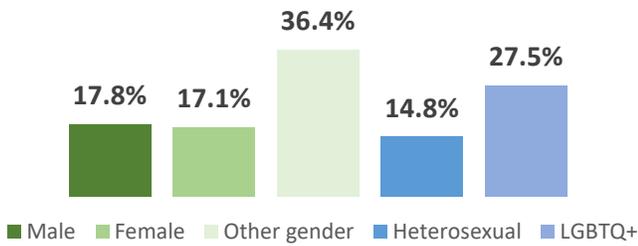
Prescriptions by Residence



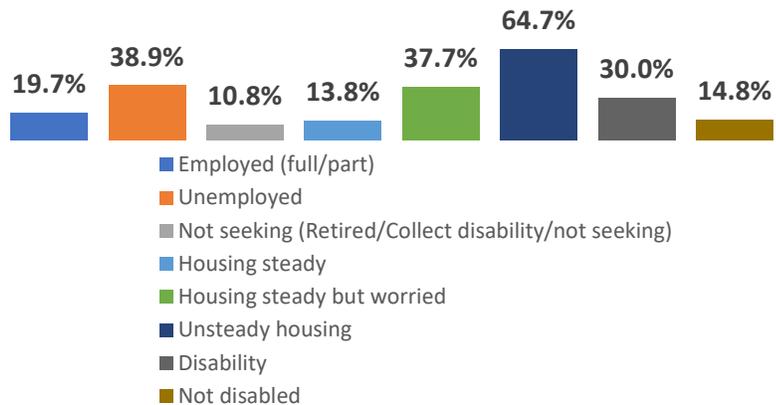
Prescriptions by Race & Age



Prescriptions by Gender & Sexual Orientation



Prescriptions by Employment Status, Housing Status & Disability Status



Challenges Accessing Childcare (Question 21)

DRMC: Respondents were asked to indicate what challenges they faced with accessing childcare. Of the total, 22.3% of respondents (n=365) indicated cost was a major challenge. Additionally, 16.1% of respondents (n=155) indicated there are “Not enough available options” and 16% (n=111) reported not having any challenges. The majority of respondents (52.5% n=365) reported they do not have children.

Childcare Challenges	2023 % (n)
Number of respondents	695
I do not have children	52.5% (365)
Cost too much	22.3% (155)
Not enough available options	16.1% (112)
None	16.0% (111)
Finding quality childcare (safe, trained staff, reliable, educational)	14.2% (99)
Couldn't find childcare for the times needed	10.6% (74)
Anxiety about leaving child	9.4% (65)
Not having childcare was a barrier to employment and/or education	9.1% (63)
Finding information about available options	4.7% (33)
Too far from home/work	4.5% (31)
Other	7.5% (52)

“Other” comments included: While I don't have children, peers my age say that access to childcare is their biggest barrier to their health and wellbeing, We rely on family for 95% of our childcare, No childcare options qualified to care for a disabled child, in a situation I can afford, My children are adults (15), Waitlist times are incredibly long. Longer than full term pregnancy + 12 weeks, Cost of childcare is prohibitive

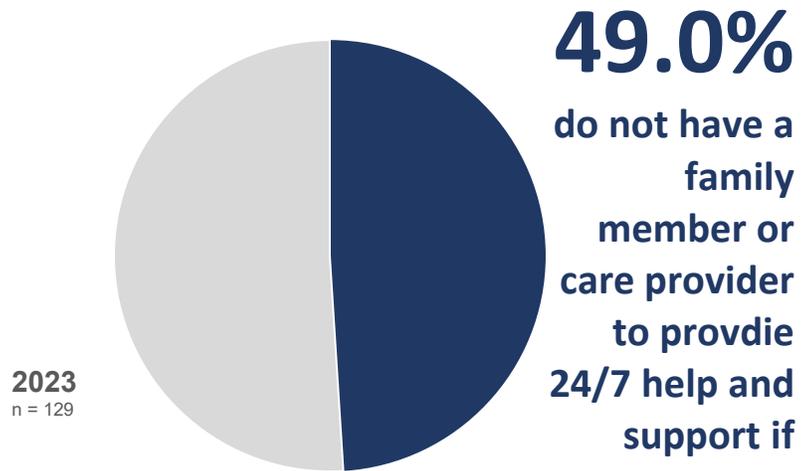
Big Sky: Respondents were asked to indicate what challenges they faced with accessing childcare. Of the total, 25.6% of respondents (n=21) indicated there was “Not enough available options”. Additionally, 22% of respondents (n=18) indicated it “Cost too much” and 18.3% (n=15) reported “Not having childcare was a barrier to employment and/or education.” Over half of the respondents (52.4% n=43) reported they do not have children.

Childcare Challenges	2023 % (n)
Number of respondents	82
I do not have children	52.4% (43)
Not enough available options	25.6% (21)
Cost too much	22.0% (18)
Not having childcare was a barrier to employment and/or education	18.3% (15)
Couldn't find childcare for the times needed	17.1% (14)
Finding quality childcare (safe, trained staff, reliable, educational)	13.4% (11)
Anxiety about leaving child	12.2% (10)
None	8.5% (7)
Finding information about available options	7.3% (6)
Too far from home/work	6.1% (5)
Other	3.7% (3)

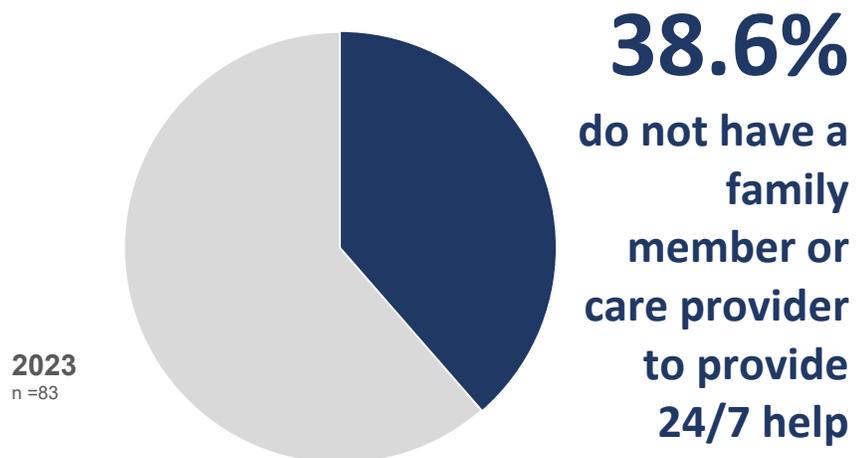
Respondents were asked to indicate their top childcare challenges, so percentages do not equal 100%.

Family Member or Care Provider to Assist (Question 22)

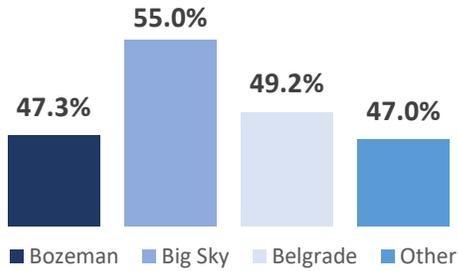
DRMC: Respondents were asked to indicate if they have a family member or care provider within the community to provide 24/7 help and support if they needed additional help. Nearly half of the respondents (49%, n=348) did not have help or support when needed.



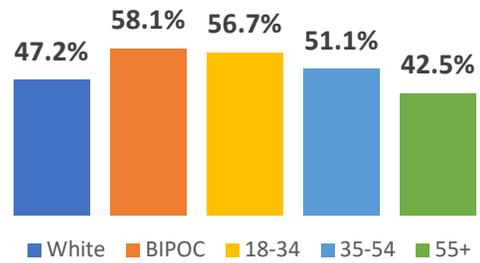
Big Sky: Respondents were asked to indicate if they have a family member or care provider within the community to provide 24/7 help and support if they needed additional help. More than a third, 38.6% of the respondents (n=32) did not have help or support when needed.



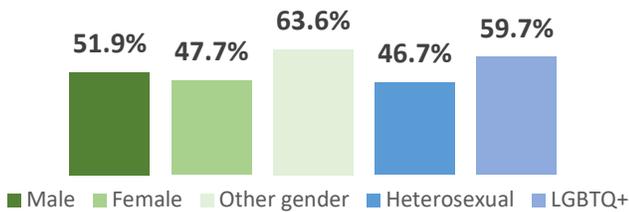
No Assistance by Residence



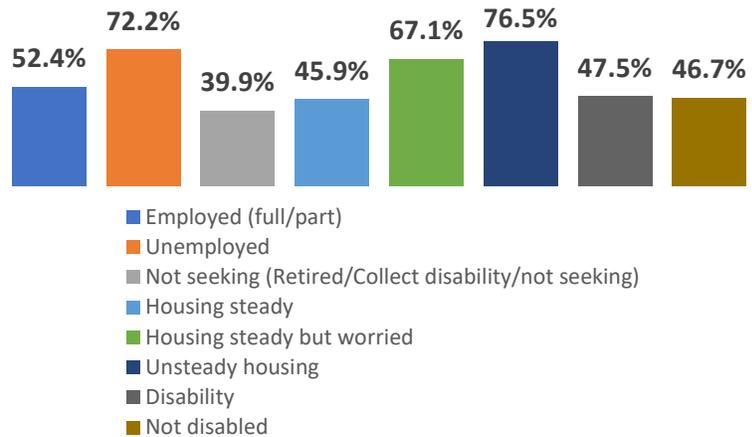
No Assistance by Race & Age



No Assistance by Gender & Sexual Orientation

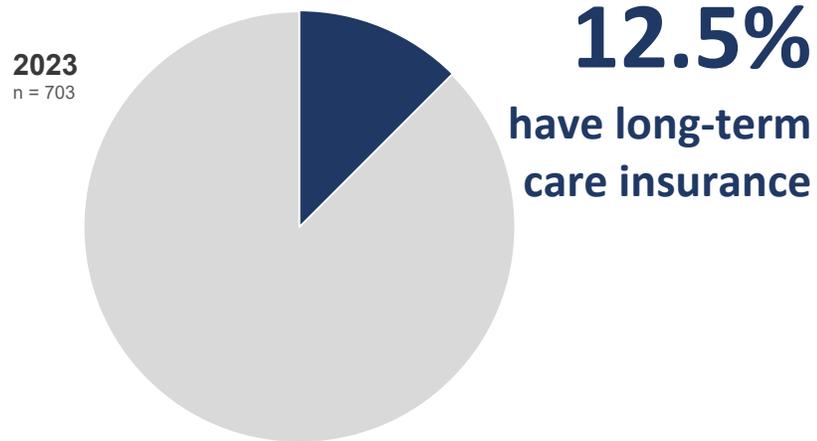


No Assistance by Employment Status, Housing Status & Disability Status

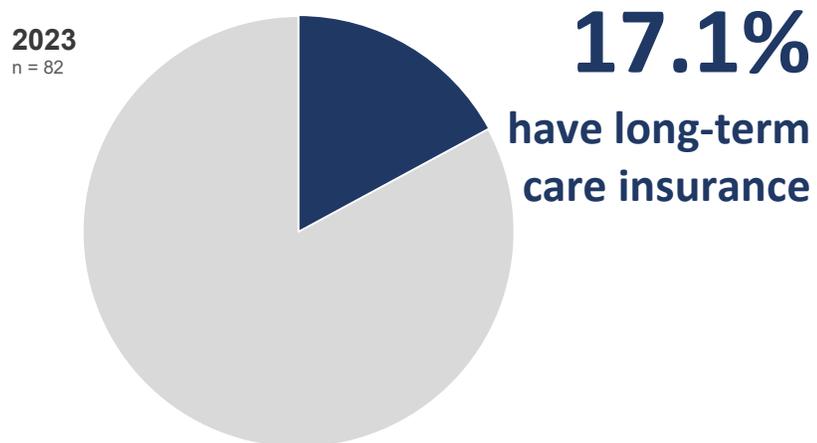


Long Term Care Insurance (Question 23)

DRMC: Respondents were asked to indicate if they carry long-term care insurance, as Medicare does not pay for assisted living or skilled nursing facilities. Most respondents (87.5%, n=615), do not have long-term care insurance.



Big Sky: Respondents were asked to indicate if they carry long-term care insurance, as Medicare does not pay for assisted living or skilled nursing facilities. Most respondents (82.9%, n=68), do not have long-term care insurance.



Health Insurance Type (Question 24)

DRMC: Respondents were asked to indicate what type of health insurance covers the majority of their medical expenses. Most respondents, or 44% (n=314) indicated they have “Employer sponsored” coverage, followed by “Medicare” coverage at 19.4% (n= 138).

Type of Health Insurance	2023 % (n)
Number of respondents	713
Employer sponsored	44.0% (314)
Medicare	19.4% (138)
Medicaid	8.0% (57)
Health Insurance Marketplace	4.8% (34)
Private insurance/private plan	4.8% (34)
None/pay out of pocket	3.6% (26)
VA/military	2.7% (19)
Healthy MT Kids	2.0% (14)
Health Savings Account	1.7% (12)
Indian Health Services	0.1% (1)
Other	9.0% (64)
TOTAL	100.0% (713)

32% in
2018-
2020*

4% in
2018-
2020*

2% in
2018-
2020*

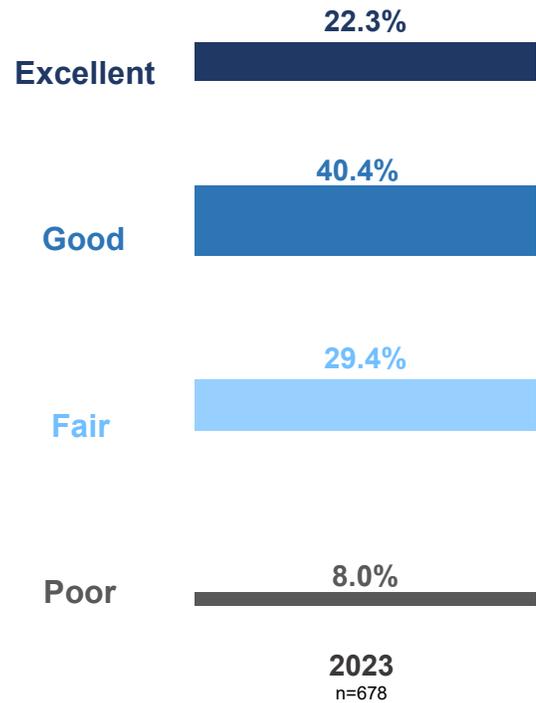
“Other” comments included: AARP Supplemental, CHP sliding fee, Health share ministry, Insurance costs over \$1000 a month and covers nothing. Can not afford to go to the Dr. This needs to be fixed!, My parents insurance plan, College, None/pay out of pocket

Big Sky: Respondents were asked to indicate what type of health insurance covers the majority of their medical expenses. More than half, or 57.8% (n=48) indicated they have “Employer sponsored” coverage, followed by “Medicare” coverage at 10.8% (n=9).

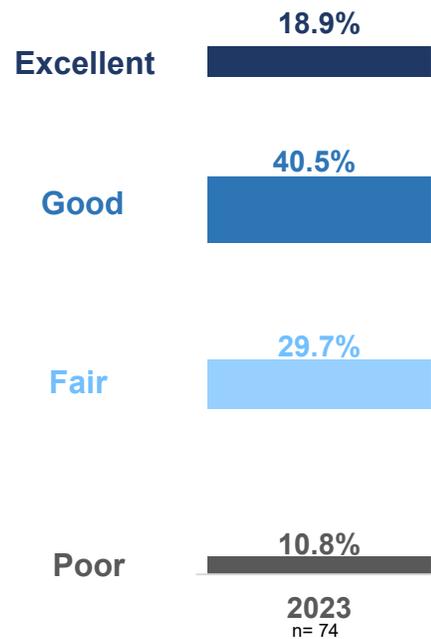
Type of Health Insurance	2023 % (n)
Number of respondents	83
Employer sponsored	57.8% (48)
Medicare	10.8% (9)
None/pay out of pocket	8.4% (7)
Health Insurance Marketplace	3.6% (3)
Medicaid	3.6% (3)
Private insurance/private plan	3.6% (3)
Healthy MT Kids	2.4% (2)
VA/Military	1.2% (1)
Health Savings Account	0.0% (0)
Indian Health Services	0.0% (0)
Other	8.4% (7)
TOTAL	100.0% (83)

Insurance and Healthcare Costs (Question 25)

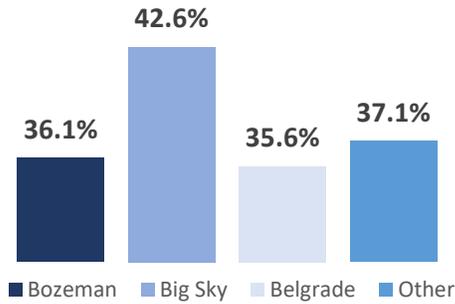
DRMC: Respondents were asked to indicate how well they felt their health insurance covers their healthcare costs. Of the total, 44.4% of respondents (n=274) indicated they felt their insurance covers a “Good” amount of their healthcare costs. Additionally, 29.4% of respondents (n=199) indicated they felt their insurance covered a “Fair” amount, 22.3% of respondents (n=151) indicated they felt their insurance covered an “Excellent” amount, and 8% (n=54) thought their insurance covered a “Poor” amount of their health costs.



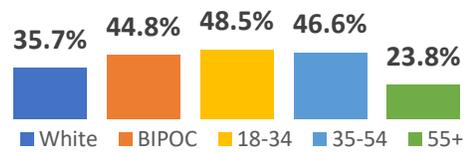
Big Sky: Respondents were asked to indicate how well they felt their health insurance covers their healthcare costs. Of the total, 40.5% of respondents (n=30) indicated they felt their insurance covers a “Good” amount of their healthcare costs. Additionally, 29.7% of respondents (n=22) indicated they felt their insurance covered a “Fair” amount, 18.9% (n=14) indicated they felt their insurance covered an “Excellent” amount, and 10.8% (n=8) thought their insurance covered a “Poor” amount of their health costs.



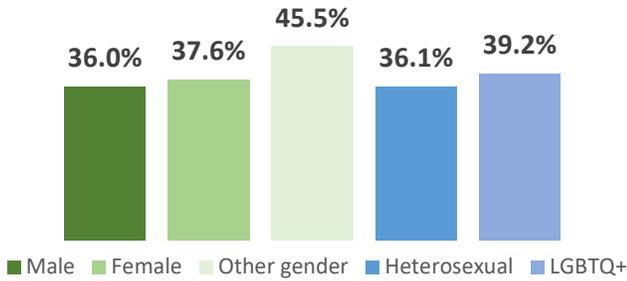
Fair/Poor Coverage by Residence



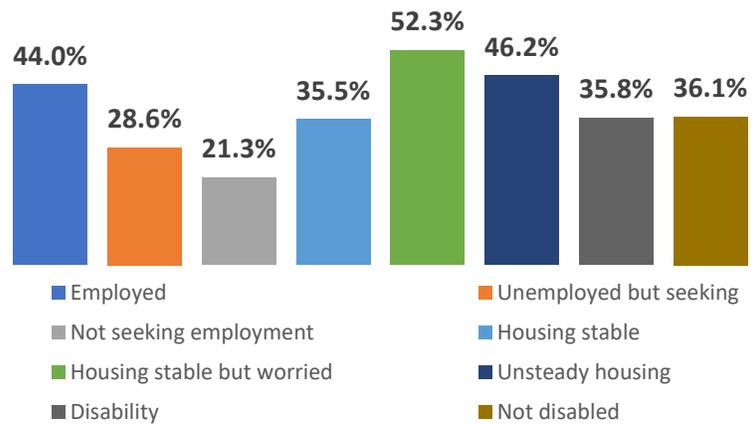
Fair/Poor Insurance Coverage by Race & Age



Fair/Poor Insurance Coverage by Gender & Sexual Orientation



Fair/Poor Insurance Coverage by Employment Status, Housing Status & Disability Status



Barriers to Having Insurance (Question 26)

DRMC: For those who indicated they did not have insurance (n=26), the top reason selected for not having insurance was “Can’t afford to pay for health insurance” (65.4%, n= 17). Respondents could select all that apply.

Reasons for No Health Insurance	2023 % (n)
Number of respondents	26
Can’t afford to pay for health insurance	65.4% (17)
Employer does not offer insurance	26.9% (7)
Too confusing/don’t know how to apply	26.9% (7)
Choose not to have health insurance	11.5% (3)
Other	15.4% (4)

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

“Other” comments included: Can’t find one that I can afford that my doctor will take, Missed the “open enrollment” window and we rarely see a doctor, Application noted state agency would contact me and they have not

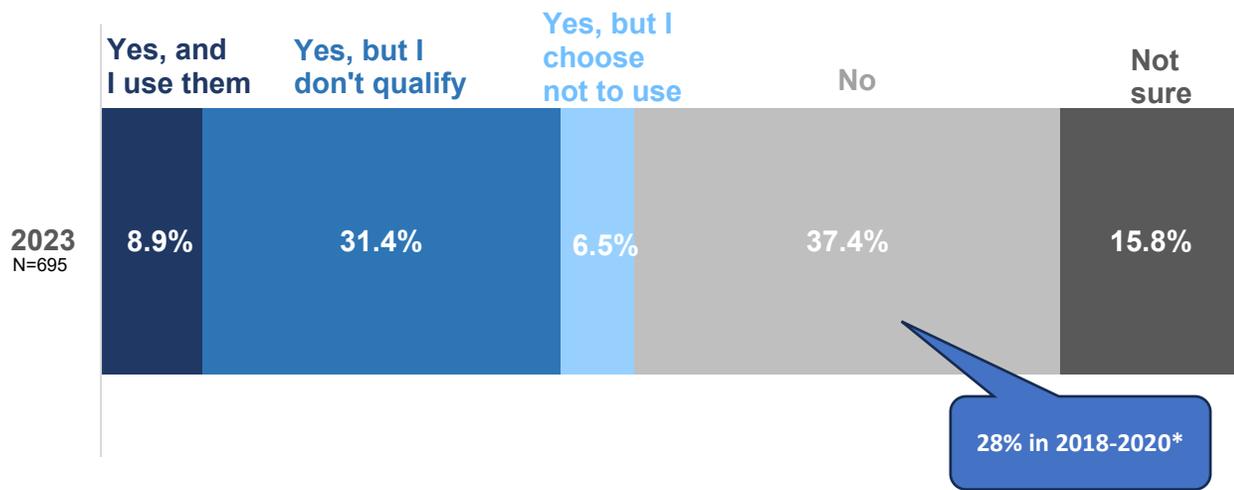
Big Sky: For those who indicated they did not have insurance (n=7), the top reasons selected for not having insurance were “Can’t afford to pay for health insurance,” (57.1%, n=4) and “Employer does not offer insurance” was selected by 42.9% (n=3).

Reasons for No Health Insurance	2023 % (n)
Number of respondents	7
Can't afford to pay for health insurance	57.1% (4)
Employer does not offer insurance	42.9% (3)
Too confusing/don't know how to apply	28.6% (2)
Choose not to have health insurance	14.3% (1)
Other	0.0% (0)

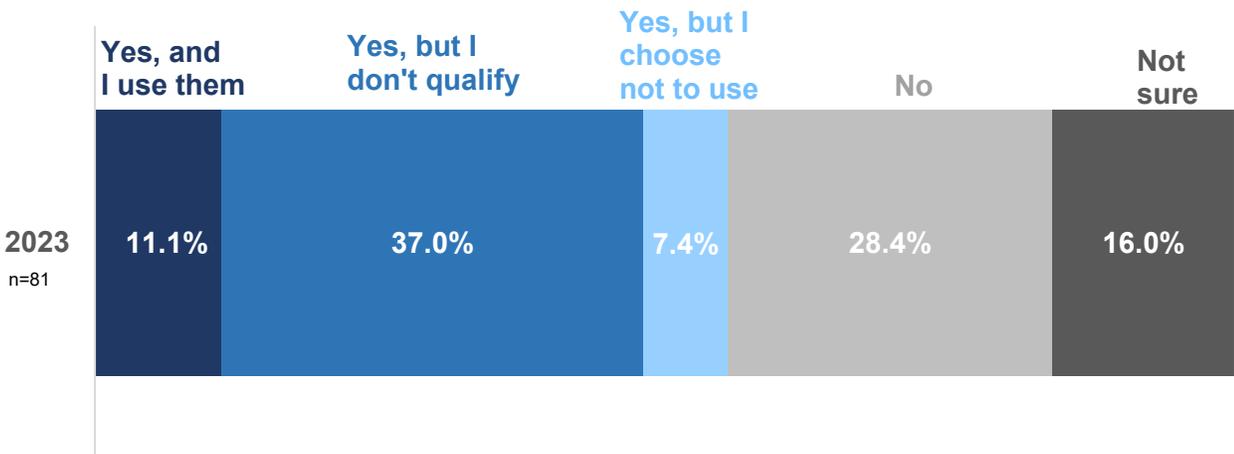
Respondents were asked to indicate all barriers to having health insurance, so percentages do not equal 100%.

Awareness of Health Cost Assistance Programs (Question 27)

DRMC: Respondents were asked to indicate their awareness of programs that help people pay for healthcare bills. More than a third, 37.4% of respondents (n=260) indicated they were not aware of these programs, 31.4% (n=218) indicated that they were aware of these programs but did not qualify to use them, 15.8% (n=110) stated they were not sure, 8.9% (n=62) were aware and utilized them, and 6.5% (n=45) shared that they were aware of these health cost assistance programs, but choose not to use them.



Big Sky: Respondents were asked to indicate their awareness of programs that help people pay for healthcare bills. More than a third, 37% of respondents (n=30) indicated they were aware of these programs but did not qualify to utilize them, 28.4% (n=23) indicated that they were not aware of these programs, 16.0% (n=13) stated they were unsure and 11.1% (n=9) were aware and utilized cost assistance programs.



Utilization of Preventive Services (Question 28)

DRMC: Respondents were asked if they had utilized any preventive services listed in the past year. “Dental check” was selected by 74.7% of respondents (n=529), followed by “Health checkup” at 69.9% (n=495). Survey respondents could select all services that applied.

Utilization of Preventative Services	2023 % (n)
Number of respondents	708
Dental check	74.7% (529)
Health checkup	69.9% (495)
Flu shot/immunizations	61.6% (436)
Blood pressure check	59.0% (418)
Vision check	54.9% (389)
Cholesterol check	42.2% (299)
Mammography	33.9% (240)
Pap test	20.6% (146)
Colonoscopy/Take home test	20.5% (145)
Children’s checkup/Well baby	17.2% (122)
Hearing check	15.5% (110)
Discounted Blood Work	14.5% (103)
Prostate (PSA)	12.3% (87)
None	5.1% (36)
Lung screening for past or current smokers	3.2% (23)
Other	3.8% (27)

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

“**Other**” comments included: IUD-birth control, HPV vaccine. Skin cancer check, Bone density (2), Mammogram, Lab work (not discounted), Blood screening, Rx consultation, Covid shot, Lung screening (not a smoker) and Colonoscopy.

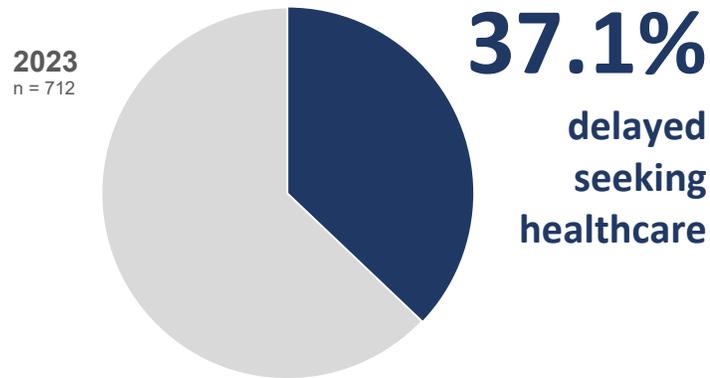
Big Sky: Respondents were asked if they had utilized any of the preventive services listed in the past year. “Health checkup” was selected by 64.2% of respondents (n=52), followed by “Dental check” at 60.5% (n=49) and “Flu shot/immunizations” at 53.1% (n=43). Survey respondents could select all services that applied.

Utilization of Preventative Services	2023 % (n)
Number of respondents	81
Health checkup	64.2% (52)
Dental check	60.5% (49)
Flu shot/immunizations	53.1% (43)
Blood pressure check	46.9% (38)
Vision check	43.2% (35)
Cholesterol check	34.6% (28)
Mammography	33.3% (27)
Children’s checkup/Well baby	18.5% (15)
Hearing check	18.5% (15)
None	17.3% (14)
Colonoscopy/Take home test	12.3% (10)
Pap test	9.9% (8)
Discounted Blood Work	8.6% (7)
Prostate (PSA)	8.6% (7)
Lung screening for past or current smokers	1.2% (1)
Other	3.7% (3)

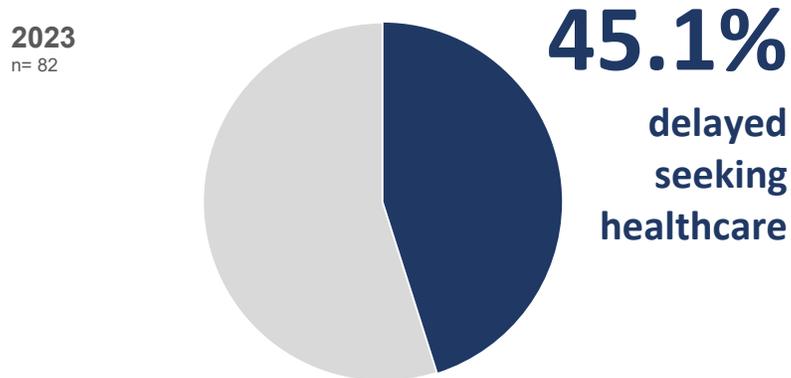
Respondents could select any of the preventive services listed, so percentages do not equal 100%.

Delay of Services (Question 29)

DRMC: More than a third of respondents, 37.1% of respondents (n=264) reported that they or a household member thought they needed healthcare services but did not get them or had to delay getting them. 62.9% of respondents (n=448) felt they could get the healthcare services they needed without delay.

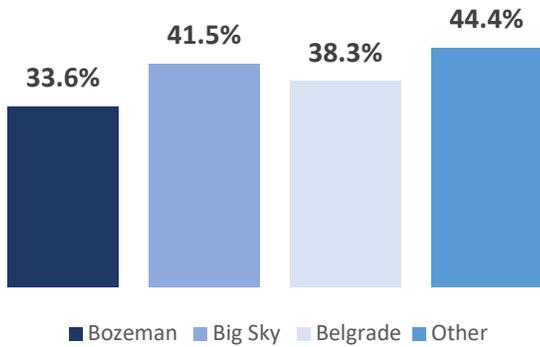


Big Sky: Almost half, 45.1% of respondents (n=37) reported that they or a household member thought they needed healthcare services but did not get them or had to delay getting them. 54.9% percent of respondents (n=45) felt they could get the healthcare services they needed without delay.

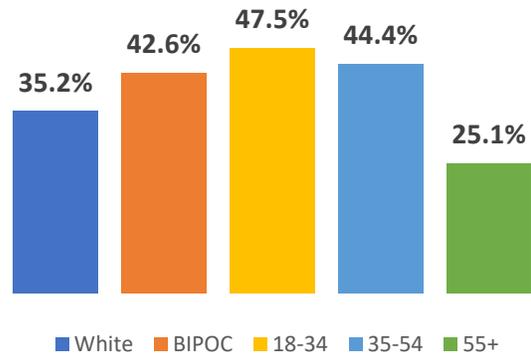


View a cross tabulation of where respondents live and 'delay of healthcare services' on page [78](#)

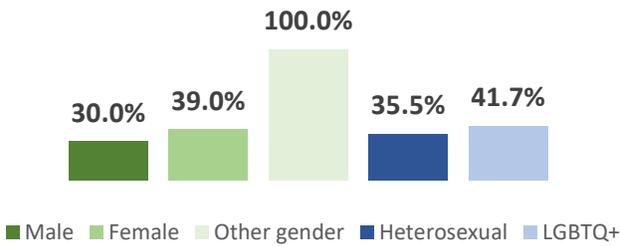
Delay by Residence



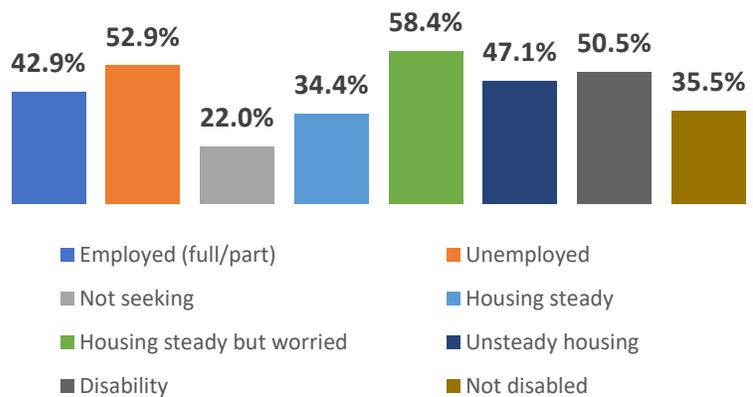
Delay by Race & Age



Delay by Gender & Sexual Orientation



Delay by Employment Status, Housing Status & Disability Status



Reason for Not Receiving/Delaying Needed Services (Question 30)

DRMC: For those who indicated they could not receive or had to delay services (n=264), the reason most cited was “It cost too much” (49.6%, n=131). “My insurance didn’t cover it” followed with 33.0% (n=87).

Reasons for Delay in Receiving Needed Healthcare	2023 % (n)
Number of respondents	264
It cost too much	49.6% (131)
My insurance didn't cover it	33.0% (87)
Could not get an appointment	25.4% (67)
Too long to wait for an appointment	22.0% (58)
No insurance	12.1% (32)
Too nervous or afraid	9.5% (25)
Could not get off work	9.1% (24)
Office wasn't open when I could go	8.7% (23)
Qualified provider not available	8.0% (21)
Services not offered in my community	8.0% (21)
It was too far to go	7.2% (19)
Don't like doctors	6.1% (16)
Didn't know where to go	5.3% (14)
Transportation	4.9% (13)
Not treated with respect	3.8% (10)
Don't understand healthcare system	3.4% (9)
Had no childcare	1.9% (5)
No place to prepare for before or recover after procedure	0.8% (2)
Language barrier	0.4% (1)
Other	13.6% (36)

34% in 2018-2020*

18% in 2018-2020*

20% in 2018-2020*

Respondents were asked to indicate the top three reasons for a delay in seeking healthcare, so percentages do not equal 100%.

“Other” comments included: Procrastination, I was too busy traveling frequently, Increased debt, Misdiagnosis, Could not find the time, Co-pay costs, Ambulance would not show up, Embarrassed, Just didn’t go, Frustrated with never seeing improvements after appointments, Delayed due to pandemic and Primary care Drs too busy and cant get appointment for weeks if not months.

Big Sky: For those who indicated they could not receive or had to delay services (n=37), shared their top reasons for not receiving or delaying needed services. The reason most cited was “It cost too much” (47.9%, n=17). “Services not offered in my community” followed with 27.0% (n=10), and “Could

Reasons for Delay in Receiving Needed Healthcare	2023 % (n)
Number of respondents	37
It cost too much	45.9% (17)
Services not offered in my community	27.0% (10)
Could not get an appointment	21.6% (8)
It was too far to go	21.6% (8)
My insurance didn't cover it	21.6% (8)
Could not get off work	18.9% (7)
Office wasn't open when I could go	16.2% (6)
No insurance	10.8% (4)
Too nervous or afraid	8.1% (3)
Don't understand healthcare system	5.4% (2)
Too long to wait for an appointment	5.4% (2)
Transportation	5.4% (2)
Didn't know where to go	2.7% (1)
Language barrier	2.7% (1)
Qualified provider not available	2.7% (1)
Don't like doctors	0.0% (0)
Had no childcare	0.0% (0)
No place to prepare for before or recover after procedure	0.0% (0)
Not treated with respect	0.0% (0)
Other	10.8% (4)

not get an appointment” and “It was too far to go” was selected by 21.6% (n=8 each).

Respondents were asked to indicate the top three reasons for a delay in seeking healthcare, so percentages do not equal 100%.

Top Reasons for Delay in Services by Demographic Groupings

The top reasons respondents delayed getting needed health services was assessed by gender identify/sex, race, sexual orientation, age, employment status, housing status, disability status and residence. The results can be found in the table below.

Gender Identity/Sex	Top 3 Reasons for Delay of Healthcare
Male	<ol style="list-style-type: none"> 1. It cost too much 2. Could not get an appointment My insurance didn't cover it 3. Too long to wait for an appointment
Female	<ol style="list-style-type: none"> 1. It cost too much 2. My insurance didn't cover it 3. Could not get an appointment
Other gender (Gender Fluid, Genderqueer, Intersex, Non-binary, Transgender, Two Spirit, X)	<ol style="list-style-type: none"> 1. My insurance didn't cover it 2. It cost too much 3. Qualified provider not available Too nervous or afraid

Race	Top 3 Reasons for Delay of Healthcare
White	<ol style="list-style-type: none"> 1. It cost too much 2. My insurance didn't cover it 3. Could not get an appointment
BIPOC (American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino/Latina/Latine/Latine/Latinx or Spanish)	<ol style="list-style-type: none"> 1. It cost too much 2. My insurance didn't cover it 3. Could not get an appointment

Sexual Orientation	Top 3 Reasons for Delay of Healthcare
Heterosexual	<ol style="list-style-type: none"> 1. It cost too much 2. My insurance didn't cover it 3. Could not get an appointment
LGBTQ+ (Asexual, Bisexual, Gay or Lesbian, Pansexual, Polyamorous, Queer)	<ol style="list-style-type: none"> 1. It cost too much 2. My insurance didn't cover it 3. Could not get an appointment

Age	Top 3 Reasons for Delay of Healthcare
18-34	<ol style="list-style-type: none"> 1. It cost too much 2. My insurance didn't cover it 3. Could not get an appointment
35-54	<ol style="list-style-type: none"> 1. It cost too much 2. My insurance didn't cover it 3. Could not get an appointment

55+	<ol style="list-style-type: none"> 1. It cost too much 2. My insurance didn't cover it 3. Could not get an appointment
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Employment Status	
Employed (Full-time, Part-time, Seasonal)	<ol style="list-style-type: none"> 1. It cost too much 2. My insurance didn't cover it 3. Could not get an appointment
Unemployed	<ol style="list-style-type: none"> 1. Could not get an appointment 2. Too long to wait for an appointment 3. It cost too much
Not seeking employment (Retired, Collect Disability, Not Seeking Employment)	<ol style="list-style-type: none"> 1. It cost too much 2. Could not get an appointment 3. My insurance didn't cover it Too long to wait for an appointment

Disability Status	
Disabled	<ol style="list-style-type: none"> 1. It cost too much 2. My insurance didn't cover it 3. Could not get an appointment
Not Disabled	<ol style="list-style-type: none"> 1. It cost too much 2. My insurance didn't cover it 3. Could not get an appointment

Housing Status	
Steady housing	<ol style="list-style-type: none"> 1. It cost too much 2. My insurance didn't cover it 3. Could not get an appointment
Steady housing but worried	<ol style="list-style-type: none"> 1. It cost too much 2. My insurance didn't cover it 3. Could not get an appointment
Unsteady housing	<ol style="list-style-type: none"> 1. Could not get an appointment My insurance didn't cover it 2. No insurance Service not available locally 3. Could not get off work Don't understand the healthcare system It cost too much Not treated with respect Qualified provider not available Too long to wait for an appointment Transportation

Residence	
Bozeman (59715, 59718)	1. It cost too much 2. My insurance didn't cover it 3. Too long to wait for an appointment
Big Sky (59716, 59730, 59758)	1. It cost too much 2. Could not get an appointment 3. My insurance didn't cover it
Belgrade (59714)	1. It cost too much 2. My insurance didn't cover it 3. Too long to wait for an appointment
Other (59741, 59760)	1. It cost too much 2. My insurance didn't cover it 3. Could not get an appointment

Travel to Medical Appointments (Question 31)

DRMC: Respondents were asked to indicate how they travel to and from the hospital, clinic, or the majority of other medical appointments. Most respondents indicated they use a “Single Occupancy Vehicle (Car, truck)” to get to medical appointments (83.5%, n=596). Additionally, 20.7% (n=148) indicated they “Ride with a Family Member or Friend” and 6.7% (n=48) ride their “Bike”.

Respondents were asked to include any of the listed methods they used to get to a healthcare center, so percentages do

Travel to majority of Medical Appointments	2023 % (n)
Number of respondents	714
Single Occupancy Vehicle (Car, truck)	83.5% (596)
Ride with a Family Member or Friend	20.7% (148)
Bike	6.7% (48)
Walk	6.3% (45)
Streamline Bus	2.8% (20)
Skyline Bus	1.4% (10)
Ride Service or Ride Share (Uber)	1.0% (7)
Skyline Big Sky Connect	0.8% (6)
Galavan	0.7% (5)
VA bus	0.3% (2)
Other	3.9% (28)

not equal 100%.

“Other” comments included: 100-mile drive, Drive myself (4), Haven’t been to the doctor for 2 years, Car (4), Ambulance (2) and I live at Hillcrest and they will provide transportation.

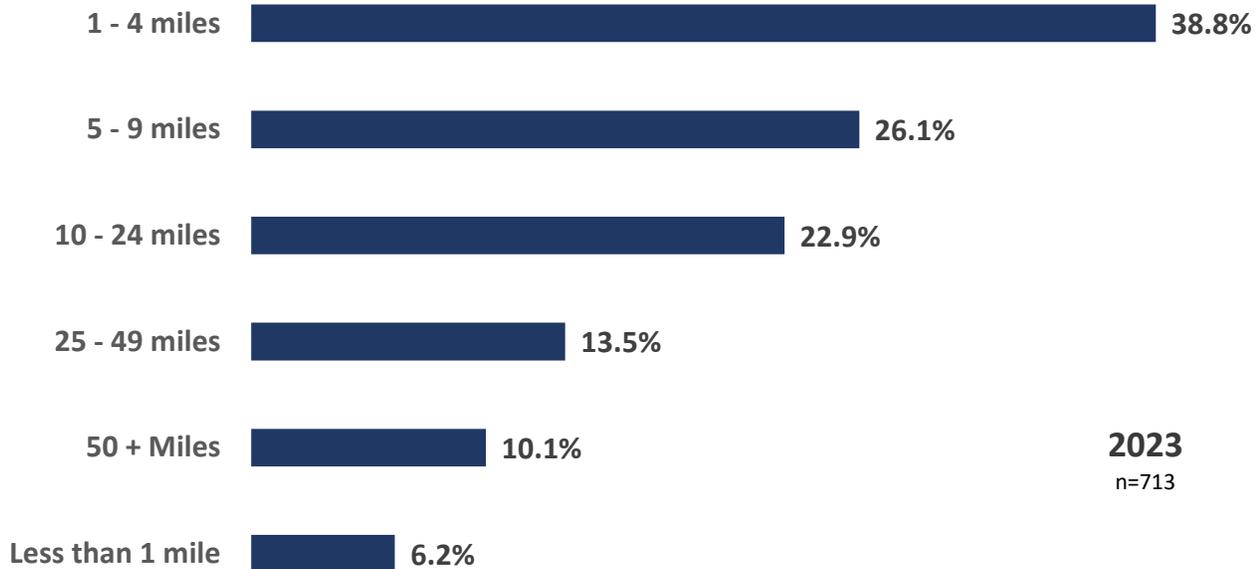
Big Sky: Respondents were asked to indicate how they travel to and from the hospital, clinic, or the majority of other medical appointments. Most respondents indicated they use a “Single Occupancy Vehicle (Car, truck)” to get to medical appointments (75.6%, n=62). Additionally, 24.4% (n=20) indicated they “Ride with a Family Member or Friend” and 8.5% (n=7) ride their “Bike”.

Travel to Medical Appointments	2023 % (n)
Number of respondents	82
Single Occupancy Vehicle (Car, truck)	75.6% (62)
Ride with a Family Member or Friend	24.4% (20)
Bike	8.5% (7)
Walk	6.1% (5)
Skyline Big Sky Connect	3.7% (3)
Skyline Bus	2.4% (2)
Ride Service or Ride Share (Uber)	1.2% (1)
Galavan	0.0% (0)
Streamline Bus	0.0% (0)
VA bus	0.0% (0)
Other	3.7% (3)

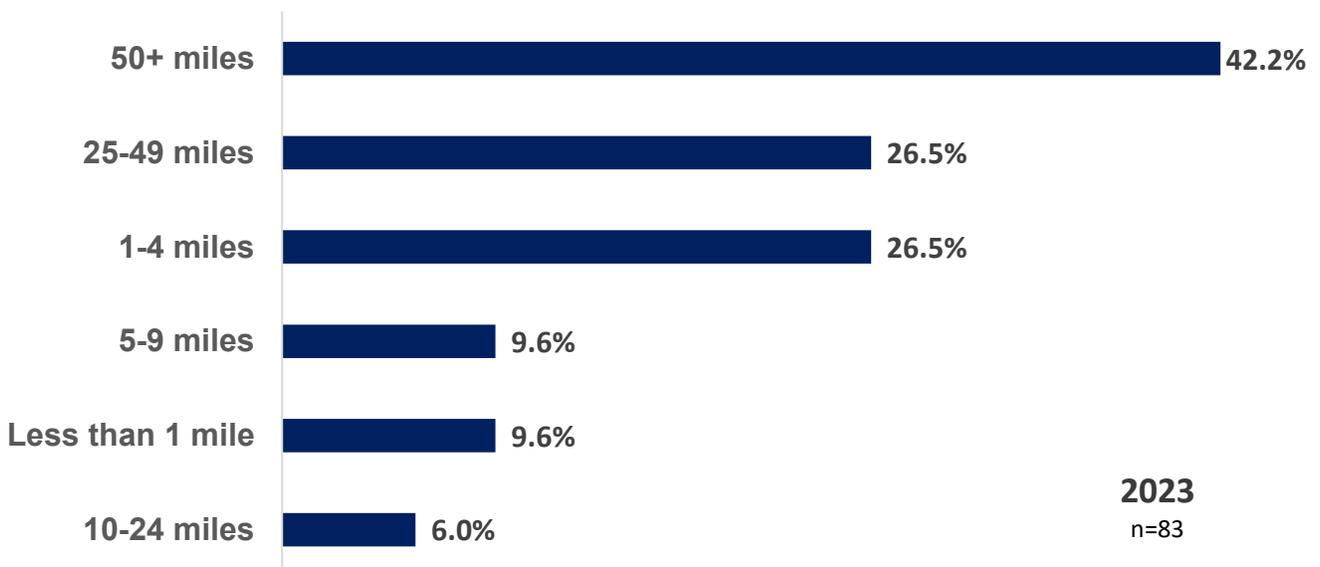
Respondents were asked to include any of the listed methods they used to get to healthcare services, so percentages do not equal 100%.

Distance to Medical Care (Question 32)

DRMC: Respondents were asked to indicate how far they typically have to travel for medical care. Of the total, 38.8% of respondents (n=277) reported they have to travel 1-4 miles for medical care, 26.1% (n=186) travel 5-9 miles and 22.9% (n=163) travel 10-24 miles for medical care.

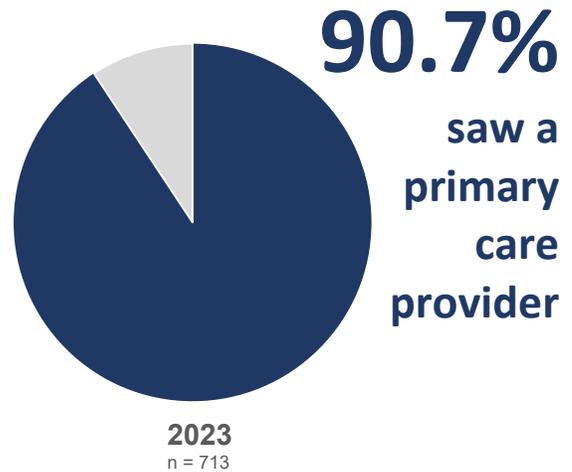


Big Sky: Respondents were asked to indicate how far they typically travel for medical care. Of the total, 42.2% of respondents (n=35) reported they have to travel 50+ miles for medical care, 26.5% (n=22 each) travel 1-4 miles and 25-49 miles and 9.6% (n=8) travel less than 1 mile for medical care.

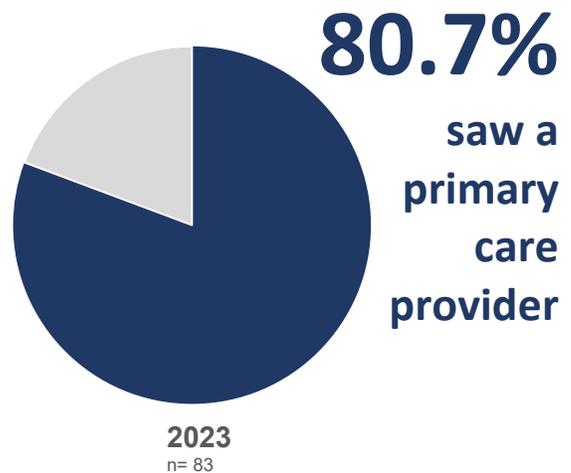


Primary Care Services (Question 33)

DRMC: The vast majority, 90.7% of respondents (n=647) 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. 9.3% of respondents (n=66) indicated they had not received primary care.



Big Sky: The vast majority, 80.7% of respondents (n=67) 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. 19.3% of respondents (n=16) indicated they had not received primary care.



Location of Primary Care Services (Question 34)

DRMC: Of the 647 respondents who indicated receiving primary care services in the previous three years, six-hundred forty-two respondents shared the location of their primary care provider. The majority (78.3%, n=503) reported receiving care in Bozeman. Five respondents chose not to answer this question.

Location of Primary Care Provider	2023 % (n)
Number of respondents	642
Bozeman	78.3% (503)
Belgrade	8.9% (57)
Big Sky	4.4% (28)
West Yellowstone	0.6% (4)
Other	7.8% (50)
TOTAL	100.0% (642)

“Other” comments included: Missoula, Billings Clinic in Bozeman, Livingston (2), Townsend, Helena (2), Arizona, California, Colorado, New York, Whitefish, Butte (3), Three Forks (4), Idaho, Colorado Springs (2) and Chicago.

Big Sky: Of the 67 respondents who indicated receiving primary care services in the previous three years, 66 shared the location of their primary care provider. The most cited location of primary care services was in “Bozeman” (36.4%, n=24). 27.3% (n=18) received primary care services in Big Sky and 30.3% (n=20) went to a location other than those listed.

Location of Primary Care Provider	2023 % (n)
Number of respondents	66
Bozeman	36.4% (24)
Big Sky	27.3% (18)
West Yellowstone	6.1% (4)
Belgrade	0.0% (0)
Other	30.3% (20)
TOTAL	100.0% (66)

View a cross tabulation of where respondents live with where they utilize primary care services on page [80](#)

Reasons for Primary Care Provider Selection (Question 35)

DRMC: Those respondents who indicated a primary care provider had seen them or someone in their household within the past three years were asked to indicate why they chose that primary care provider. “Clinic/provider’s reputation for quality” was the most frequently selected reason at 33.0% (n=210), followed by “Prior experience with clinic” at 31.4% (n=200), and “Appointment availability” at 30.9% (n=197). Ten respondents chose not to answer this question.

Reasons for Selecting Primary Care Provider	2023 % (n)
Number of respondents	637
Clinic/provider's reputation for quality	33.0% (210)
Prior experience with clinic	31.4% (200)
Appointment availability	30.9% (197)
Recommended by family or friends	25.1% (160)
Closest to home	24.0% (153)
Referred by physician or other provider	14.1% (90)
Required by insurance plan	6.8% (43)
Privacy/confidentiality	5.3% (34)
Cost of care	5.0% (32)
Length of waiting room time	4.4% (28)
VA/Military requirement	2.7% (17)
Other	10.5% (67)

Respondents were asked to pick all reasons for selection of their primary care provider, so percentages do not equal 100%. “Other” comments included: It’s the only clinic in town that accepts my insurance (in network), Convenience, Values aligned, Dr. retired, Needed a primary provider, They are my doctor and have been for years (5), Accepted Medicare patients, LGBT Friendly, Website, Know the doctor personally and Was taking patients.

Big Sky: Those respondents who indicated a primary care provider had seen them or someone in their household within the past three years were asked to indicate why they chose that primary care provider. “Prior experience with clinic” was the most frequently selected reason at 33.8% (n=22) followed by “Closest to home” at 30.8% (n=20), and “Appointment availability” at 26.2% (n=17).

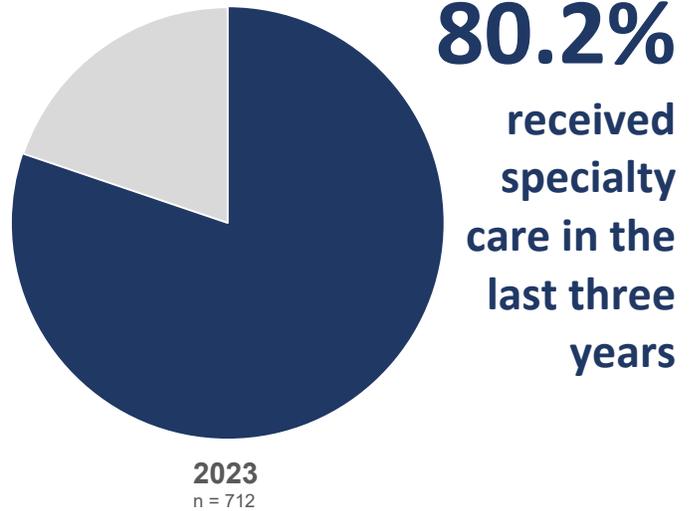
Reasons for Selecting Primary Care Provider	2023 % (n)
Number of respondents	65
Prior experience with clinic	33.8% (22)
Closest to home	30.8% (20)
Appointment availability	26.2% (17)
Clinic/provider's reputation for quality	21.5% (14)
Recommended by family or friends	13.8% (9)
Referred by physician or other provider	12.3% (8)
Cost of care	6.2% (4)
Length of waiting room time	6.2% (4)
Privacy/confidentiality	3.1% (2)
Required by insurance plan	3.1% (2)
VA/Military requirement	3.1% (2)
Other	7.7% (5)

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

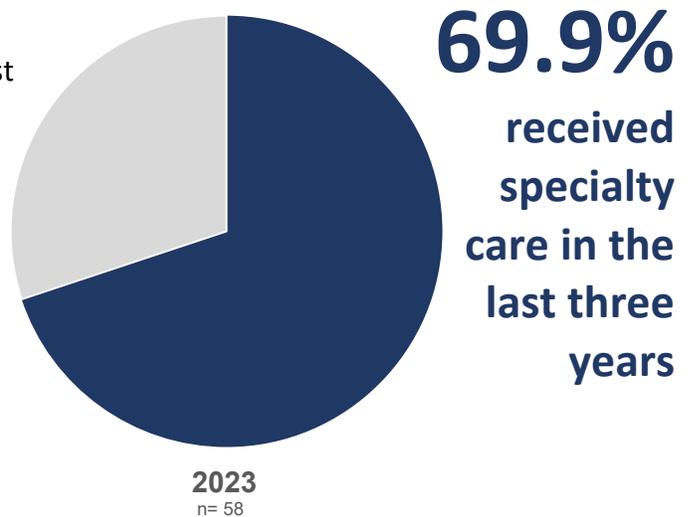
View a cross tabulation of where respondents utilize primary care services with their reasons for selecting their provider on page 81

Specialty Care Services (Question 36)

DRMC: 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. Of the respondents, 80.2% of the respondents (n=571) indicated they or a household member had seen a healthcare specialist during the past three years, while 19.8% (n=141) indicated they had not.



Big Sky: Respondents were asked if they or a household member 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. Of the respondents, 69.9% of the respondents (n=58) indicated they or a household member had seen a healthcare specialist during the past three years, while 30.1% (n=25) indicated they had not.



Location of Healthcare Specialist(s) (Question 37)

DRMC: Of the respondents who indicated they saw a healthcare specialist in the past three years (n=571), most respondents (86.6%, n=492) sought care in Bozeman. Additionally, 15.5% of respondents (n=88) utilized specialty services in a location other than what was listed, while 9.9% of respondents (n=56) received specialty care in Billings. Respondents could select multiple locations, so percentages do not equal 100%. Three respondents chose not to answer this question.

Location of Specialist	2023 % (n)
Number of respondents	568
Bozeman	86.6% (492)
Billings	9.9% (56)
Belgrade	6.5% (37)
Big Sky	3.3% (19)
Other	15.5% (88)

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

“Other” comments included: Missoula (7), Helena (6), Salt Lake City (8), Denver (3), Kalispell (2), Arizona (2), Idaho (2), Colorado Springs (2), Livingston, California, Phoenix area, Florida, Mayo Clinic, Telemed service, Military hospital, Oregon, Alaska, Louisiana and Thailand.

Big Sky: Of the respondents who indicated they saw a healthcare specialist in the past three years (n=58), the majority of respondents (63.8%, n=37) sought care in Bozeman. Additionally, 32.8% of respondents (n=19) utilized specialty services in a location other than what was listed, and 24.1% (n=14) received specialty care in Big Sky. Respondents could select multiple locations, so percentages do not equal 100%.

Location of Specialist	2023 % (n)
Number of respondents	58
Bozeman	63.8% (37)
Big Sky	24.1% (14)
Billings	6.9% (4)
Belgrade	3.4% (2)
Other	32.8% (19)

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

Type of Healthcare Specialist Seen (Question 38)

DRMC: Among the respondents who saw a healthcare specialist in the last three years (n=571), the most frequently utilized specialist was the “Dentist” at 53.9% (n=304), followed by “Physical therapist” at 34.9% (n=197), and “Dermatologist” at 33.5% (n=189). Respondents were asked to choose all that apply, so percentages do not equal 100%. Seven respondents chose not to respond to this question.

Type of Specialists Seen	2023 % (n)
Number of respondents	564
Dentist	53.9% (304)
Physical therapist	34.9% (197)
Dermatologist	33.5% (189)
Optometrist	24.1% (136)
Orthopedic surgeon	22.7% (128)
OB/GYN	21.6% (122)
Ophthalmologist	20.2% (114)
Mental health counselor	19.9% (112)
Cardiologist	17.0% (96)
Chiropractor	16.8% (95)
Gastroenterologist	15.4% (87)
Radiologist	14.4% (81)
ENT (ear/nose/throat)	13.8% (78)
Urologist	11.2% (63)
Audiologist	9.9% (56)
Neurologist	9.4% (53)
Pediatrician	8.2% (46)
Podiatrist	7.3% (41)
Psychiatrist (M.D.)	6.9% (39)

5% in 2018-2020*

2.6% in 2018-2020*

Endocrinologist	6.2% (35)
Oncologist	6.0% (34)
Allergist	5.5% (31)
Pulmonologist	4.3% (24)
Rheumatologist	4.3% (24)
Occupational therapist	3.9% (22)
Psychologist	3.9% (22)
Social worker	3.5% (20)
Dietician	3.4% (19)
Neurosurgeon	2.3% (13)
Geriatrician	1.4% (8)
Licensed Addiction Counselor	1.2% (7)
Speech therapist	1.1% (6)
Other	8.3% (47)

1.5% in
2018-
2020*

1% in
2018-
2020*

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

“Other” comments included: Urgent Care (3), Oral surgeon (2), Psychiatric Nurse Practitioner (2), Sleep Doctor (5), Pediatric gastroenterologist, Plastic surgeon, Women’s specialist, Midwife, Hormone replacement therapy, Hematologist and Prosthetics.

Big Sky: Among the respondents who saw a healthcare specialist in the last three years (n=57), the most frequently utilized specialist was the “Dentist” at 48.3% (n=28), followed by “Physical therapist” at 34.5% and “Orthopedic surgeon” (n=20 each), and “Ophthalmologist” at 19.0% (n=11). Respondents were asked to choose all that apply, so percentages do not equal 100%.

Type of Specialists Seen	2023 % (n)
Number of respondents	58
Dentist	48.3% (28)
Physical therapist	34.5% (20)
Orthopedic surgeon	34.5% (20)
Ophthalmologist	19.0% (11)
OB/GYN	17.2% (10)
Radiologist	17.2% (10)
Mental health counselor	15.5% (9)
Optometrist	15.5% (9)
Cardiologist	13.8% (8)
Gastroenterologist	13.8% (8)
Dermatologist	12.1% (7)
Allergist	10.3% (6)
Audiologist	10.3% (6)
Neurologist	10.3% (6)
Chiropractor	8.6% (5)
Pediatrician	8.6% (5)
Urologist	8.6% (5)
Podiatrist	6.9% (4)
Psychologist	6.9% (4)
Pulmonologist	6.9% (4)

Occupational therapist	4.1% (4)
Podiatrist	4.1% (4)
Rheumatologist	4.1% (4)
Social worker	3.1% (3)
Neurosurgeon	2.1% (2)
Speech therapist	2.1% (2)
Dietician	1.0% (1)
Licensed Addiction Counselor	1.0% (1)
Other	11.3% (11)

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

Regional Scan of Specialty Care Utilization

A regional scan was done to examine what specialty care services have been utilized amongst Bozeman Health’s service area. Regionally located Critical Access Hospital’s CHNA data was utilized to determine the top five specialists seen in their most recent CHNA. Data was from surveys conducted in Madison, Sweet Grass, Meagher, Broadwater, Powell, and Butte/Deer Lodge. Beaverhead County is not included in this analysis because they did not ask about specialty services in their CHNA.

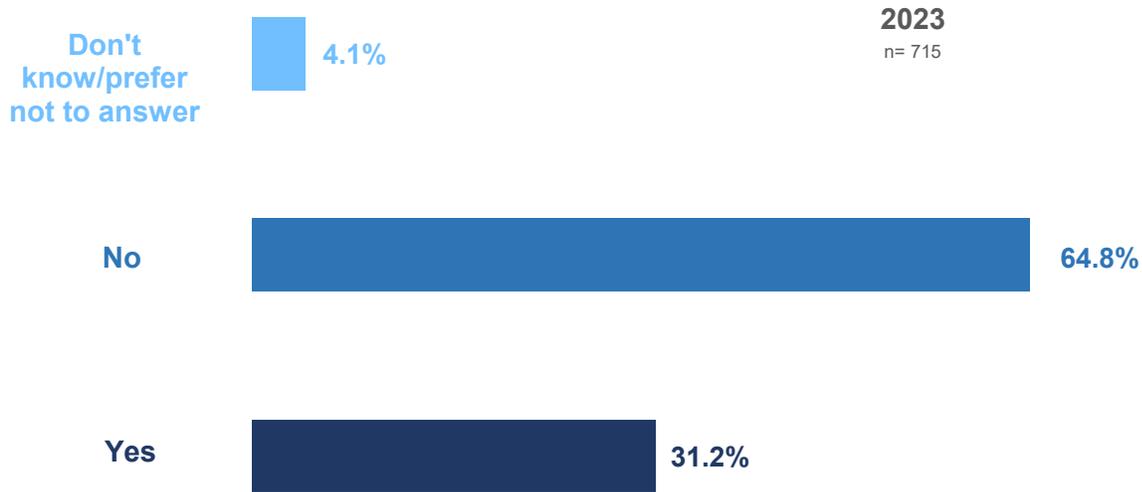
Most Utilized Healthcare Specialists	Anaconda (2022) % (n)	Big		Townsend (2022) % (n)	White	Deer	Total (n)
		Timber (2021) % (n)	Ennis (2023) % (n)		Sulphur Springs (2022) % (n)	Lodge (2021) % (n)	
Number of respondents	95	124	126	93	97	89	624
Dermatologist	13.5% (26)	20.8% (40)	22.4% (43)	19.8% (38)	14.1% (27)	9.4% (18)	192
Dentist	18.4% (34)	29.2% (54)		21.1% (39)	21.1% (39)	10.3% (19)	185
Orthopedic surgeon	16.1% (27)	20.8% (35)	18.5% (31)	13.7% (23)	15.5% (26)	15.5% (26)	168
Cardiologist	11.8% (18)	15.8% (24)	25.7% (39)	15.1% (23)	15.1% (23)	16.4% (25)	152
Physical therapist	16.1% (23)	16.8% (24)	18.9% (27)	21.7% (31)	14.7% (21)	11.9% (17)	143

Optometrist	15.5% (22)	19.0% (27)	19.7% (28)	16.9% (24)	16.9% (24)	12.0% (17)	142
Ophthalmologist	11.7% (14)	19.2% (23)	26.7% (32)	20.0% (24)	12.5% (15)	10.0% (12)	120
Chiropractor	7.9% (8)	17.8% (18)	18.8% (19)	16.8% (17)	21.8% (22)	16.8% (17)	101
Radiologist	11.0% (10)	15.4% (14)	25.3% (23)	16.5% (15)	22.0% (20)	9.9% (9)	91
Urologist	13.2% (12)	14.3% (13)	19.8% (18)	18.7% (17)	19.8% (18)	14.3% (13)	91
Gastroenterologist	6.7% (6)	15.7% (14)	25.8% (23)	15.7% (14)	23.6% (21)	12.4% (11)	89
OB/GYN	9.6% (8)	31.3% (26)	18.1% (15)	18.1% (15)	15.7% (13)	7.2% (6)	83
General surgeon	16.7% (13)	23.1% (18)	15.4% (12)	20.5% (16)	15.4% (12)	9.0% (7)	78
Oncologist	12.5% (9)	18.1% (13)	23.6% (17)	13.9% (10)	18.1% (13)	13.9% (10)	72
Podiatrist	9.1% (6)	19.7% (13)	21.2% (14)	24.2% (16)	13.6% (9)	12.1% (8)	66

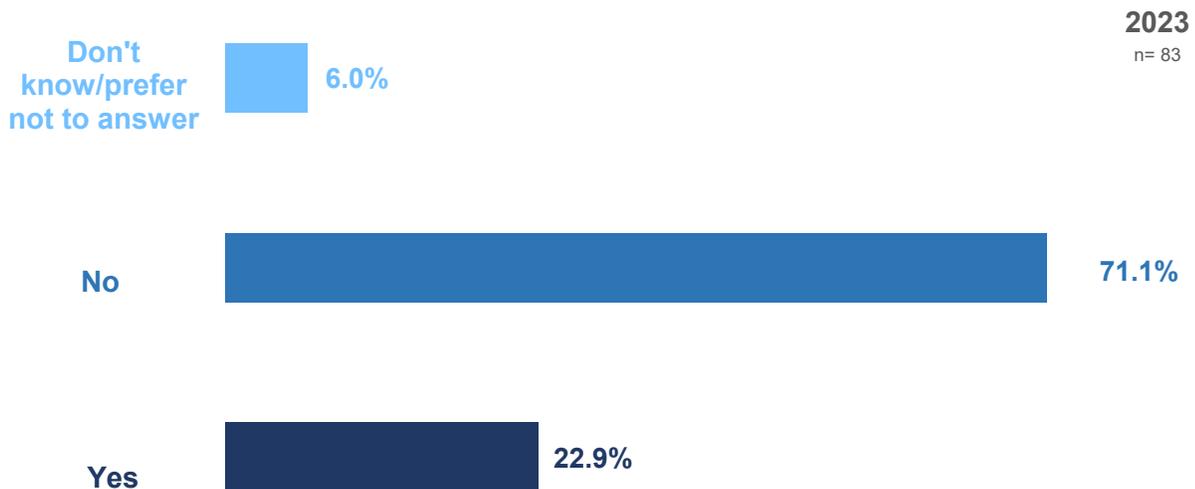
Table reflects the top 15 specialty types used. Greyed out box indicates question was not asked.

Access of Mental Health Services (Question 39)

DRMC: Respondents were asked to indicate if, in the past year, they or a member of their household had accessed mental health services. Of the total, 31.2% (n=223) indicated they or someone in their household had accessed mental health services in the past year. The majority of respondents (64.8%, n=463) indicated they had not.



Big Sky: Respondents were asked to indicate if, in the past year, they or a member of their household had accessed mental health services. Of the total, 22.9% (n=19) indicated they or someone in their household had accessed mental health services in the past year. The majority of respondents (71.1%, n=59) indicated they had not.



Reason for Not Accessing Mental Health Services (Question 40)

DRMC: For those respondents who indicated they did not access mental health services in the community (n= 463), the primary reason indicated was “It was not needed” (74.5%, n=333). Cost was a barrier for 17.9% (n=80) and “Didn’t know where to go” was selected by 17.9% (n=80).

Why no Mental Health Services	2023 Average (n)
Total number of respondents	447
Not needed	74.5% (333)
It cost too much	17.9% (80)
Don’t know where to go	6.9% (31)
Feel it would not help	6.5% (29)
Lack of nearby services	5.1% (23)
Stigma attached to mental health	3.4% (15)
Lack of childcare	0.7% (3)
Lack of transportation	0.7% (3)
Difficulty finding services in my language	0.2% (1)
Prefer not to answer	2.9% (13)

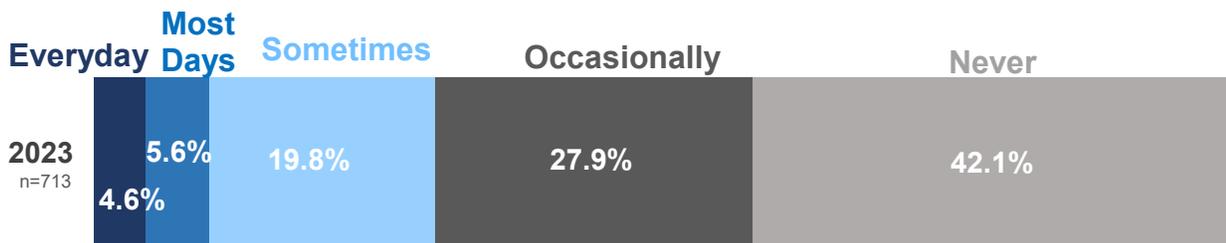
Respondents who didn’t receive mental health services could select all that apply, so percentages do not equal 100%.

Big Sky: For those respondents who indicated they did not access mental health services in the community (n= 59), the primary reason indicated was it was “Not needed” (70.7%, n=41). Cost was a barrier for 17.2% (n=10) and “Prefer not to answer” was selected by 8.6% (n=5).

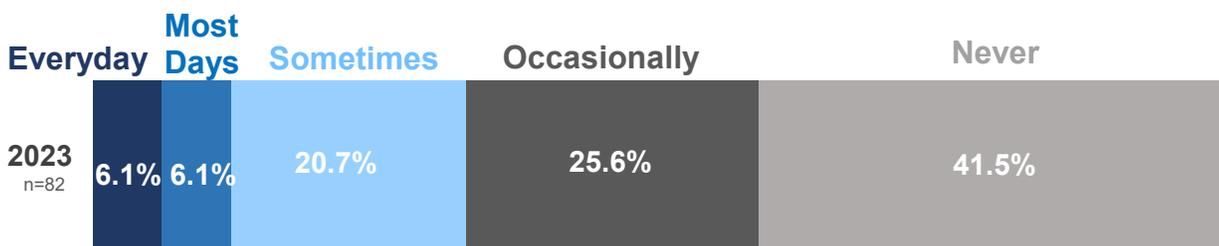
Why no Mental Health Services	2023 Average (n)
Total number of respondents	59
Not needed	70.7% (41)
It cost too much	17.2% (10)
Prefer not to answer	8.6% (5)
Feel it would not help	5.2% (3)
Lack of nearby services	5.2% (3)
Don't know where to go	3.4% (2)
Stigma attached to mental health	3.4% (2)
Lack of transportation	1.7% (1)
Difficulty finding services in my language	0.0% (0)
Lack of childcare	0.0% (0)

Social Isolation (Question 41)

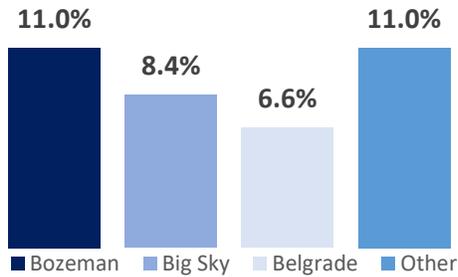
DRMC: Respondents were asked to indicate how often they felt lonely or isolated in the past three months. More than a third, or 42.1% of respondents (n=300) indicated they never felt lonely or isolated, and 27.9% of respondents (n=199) indicated they “Occasionally (1-2 days per month)” felt lonely or isolated. 4.6% (n=33) reported they felt lonely or isolated “Every day” and 5.6% (n=40) indicated they felt lonely or isolated on “Most days (3-5 days per week).”



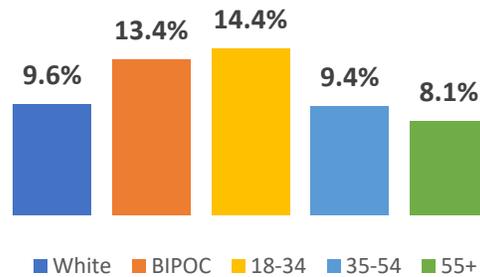
Big Sky: Respondents were asked to indicate how often they felt lonely or isolated in the past three months. More than a third, or 41.5% of respondents (n=56) indicated they never felt lonely or isolated, and 25.6% of respondents (n=36) indicated they “Occasionally (1-2 days per month)” felt lonely or isolated. **Twenty-one point five percent (n=34) reported they “Never” felt lonely or isolated, 25.6% (n=21) indicated they felt lonely or isolated “Occasionally,”** and 20.7% (n=17) reported they felt lonely or isolated “Sometimes.”



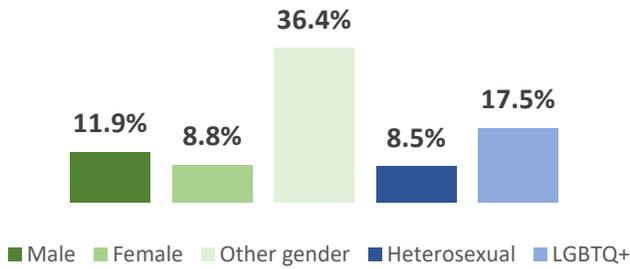
Feeling Lonely by Residence



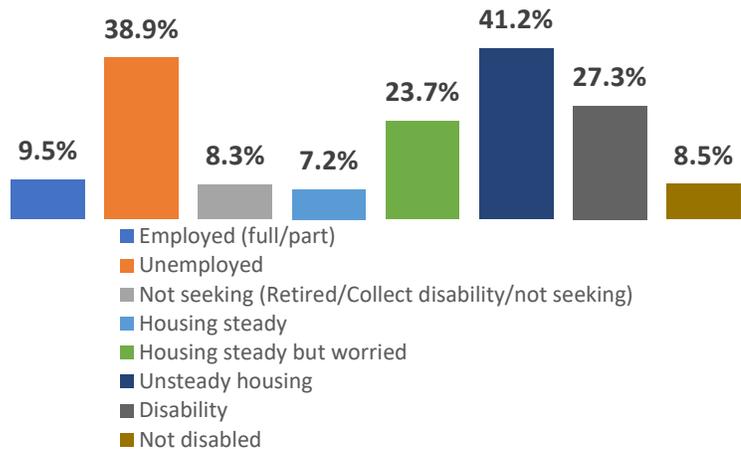
Feeling Lonely by Race & Age



Feeling Lonely by Gender & Sexual Orientation

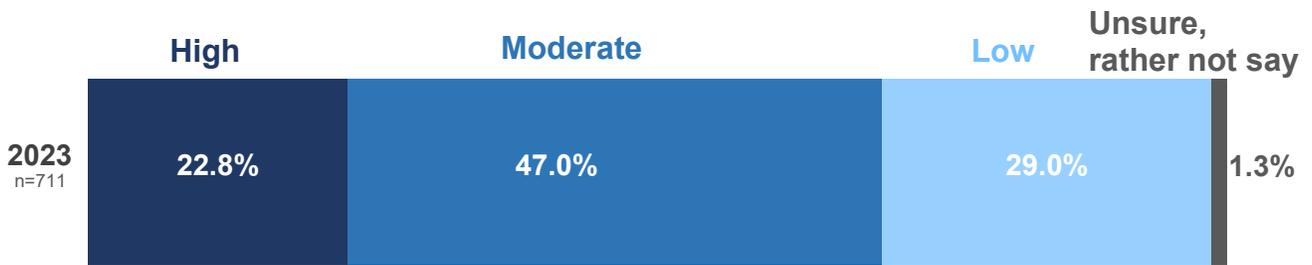


Feeling Lonely by Employment Status, Housing Status & Disability Status



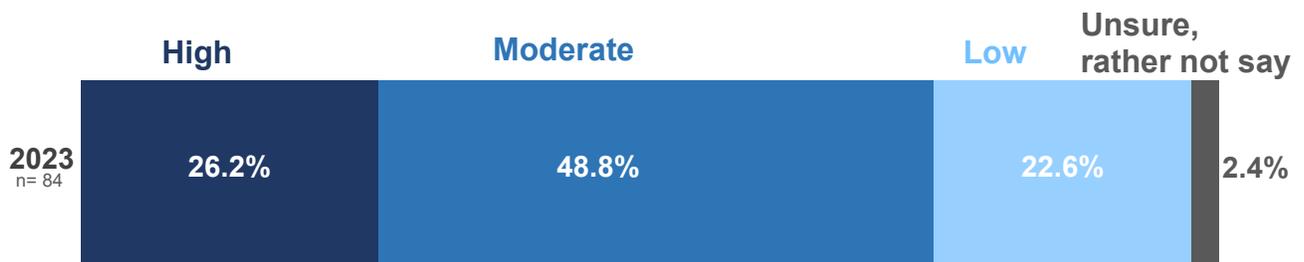
Perception of Stress (Question 42)

DRMC: Respondents were asked to indicate how they would describe their stress level over the past three months. Nearly half or 47% of respondents (n=334) indicated they experienced a “moderate” level of stress, 29.0% (n=206) had a “low” level of stress, 22.8% of respondents (n=162) indicated they had experienced a “high” level of stress.

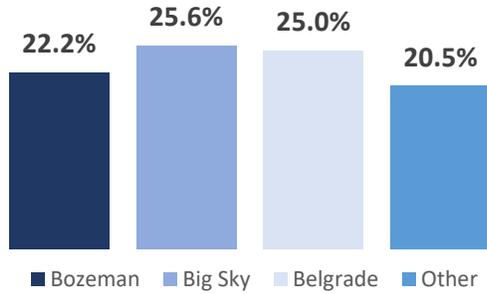


Big Sky: Respondents were asked to indicate how they would describe their stress level over the past three months. Nearly half or 48.8% of respondents (n=41) indicated they experienced a “moderate” level of stress, 26.2% (n=22) had a “High” level of stress, and 22.6% of respondents (n=19) indicated they had experienced a “low” level of stress.

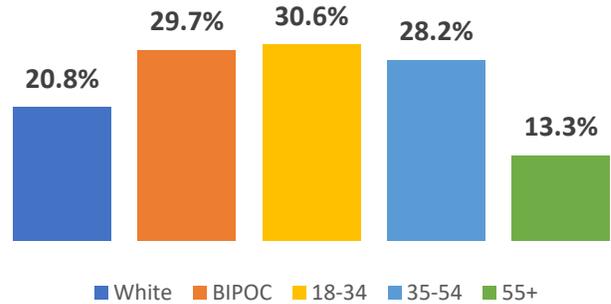
A quarter of respondents describe their stress level in the past year as High.



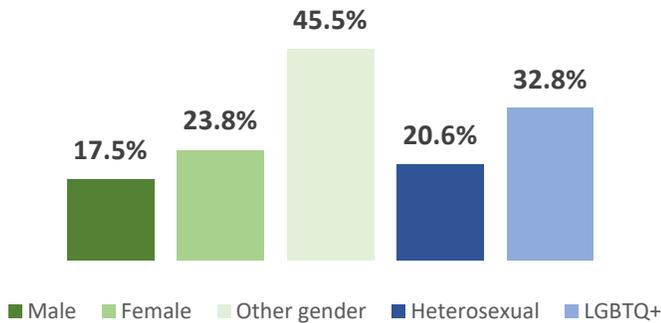
Stress by Residence



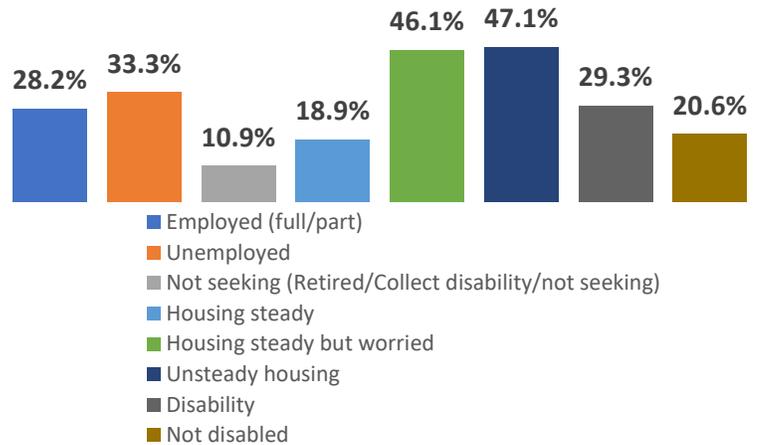
Stress by Race & Age



Stress by Gender & Sexual Orientation



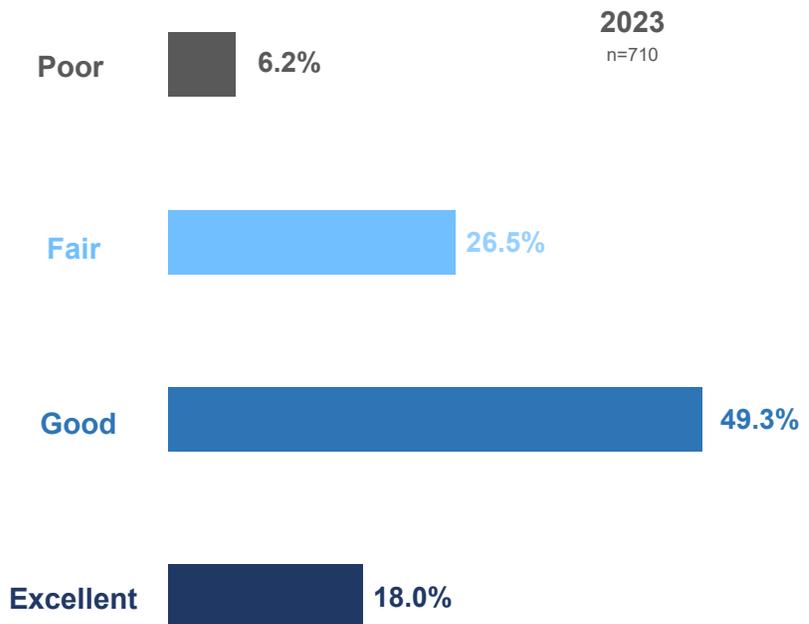
Stress by Employment Status, Housing Status & Disability Status



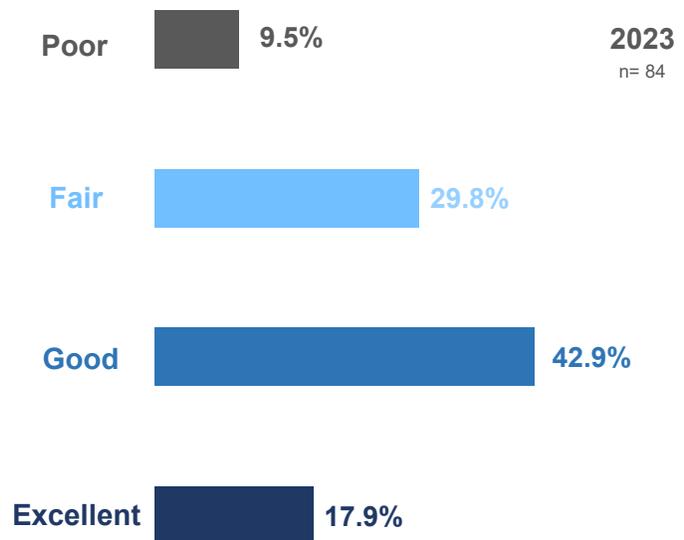
Rating of Mental Health (Question 43)

DRMC:

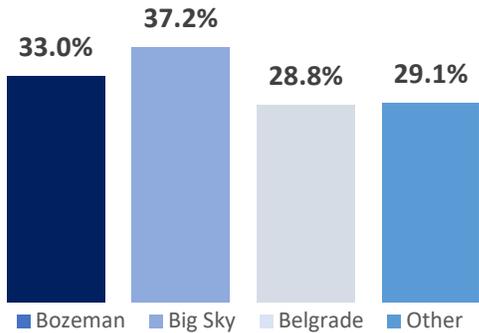
Respondents were asked to indicate how they would describe their mental health in general when considering stress, anxiety, depression, and emotional problems. Nearly half or 49.3% of respondents (n=350) felt their mental health was “Good,” 26.5% (n=188) rated their mental health as “Fair,” 18.0% of respondents (n=128) felt their mental health was “Excellent,” and 6.2% of respondents (n=44) rated their mental health as “Poor.”



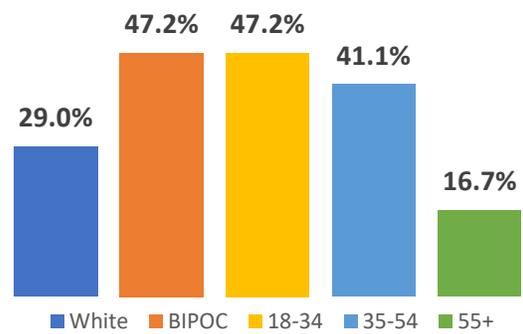
Big Sky: Respondents were asked to indicate how they would describe their mental health in general when considering stress, anxiety, depression, and emotional problems. Of the total, 42.9% of respondents (n=36) felt their mental health was “Good,” 29.8% (n=25) rated their mental health as “Fair,” 17.9% of respondents (n=15) felt their mental health was “Excellent,” and 9.5% of respondents (n=8) rated their mental health as “Poor”.



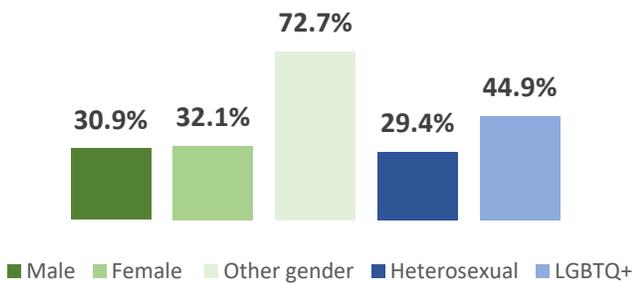
Rating of Fair or Poor by Residence



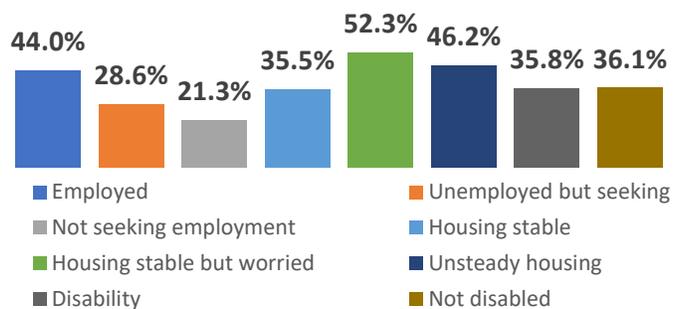
Rating of Fair or Poor by Race & Age



Rating of Fair or Poor by Gender & Sexual Orientation

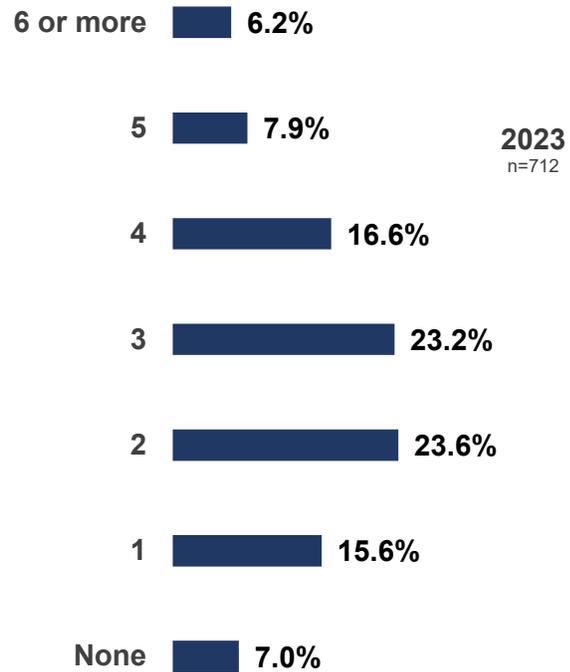


Fair or Poor Insurance Coverage by Employment Status, Housing Status & Disability Status

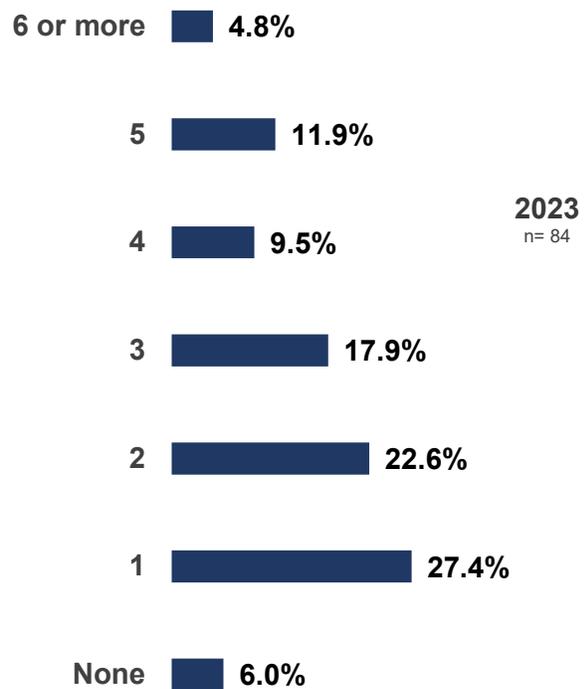


Servings of Fruits and Vegetables (Question 44)

DRMC: Respondents were asked to indicate how many servings of fruit or vegetables they had yesterday. Of the total, 23.6% (n=168) reported having two servings of fruit or vegetables while, while 23.2% (n=165) consumed three servings and 16.6% (n=118) had four servings. 7.0% (n=50) reported not having any fruit or vegetables yesterday.



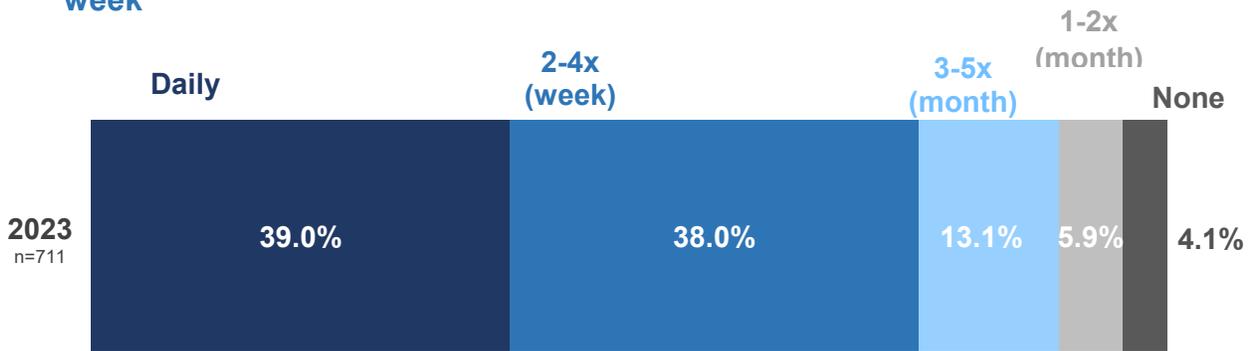
Big Sky: Respondents were asked to indicate how many servings of fruit or vegetables they had yesterday. Of the total, 27.4% (n=23) reported having one serving of fruit or vegetables, while 22.6% (n=19) consumed two servings, and 17.9% (n=15) had three servings. 6.0% (n=5) reported not having any fruit or vegetables the previous day.



Physical Activity (Question 45)

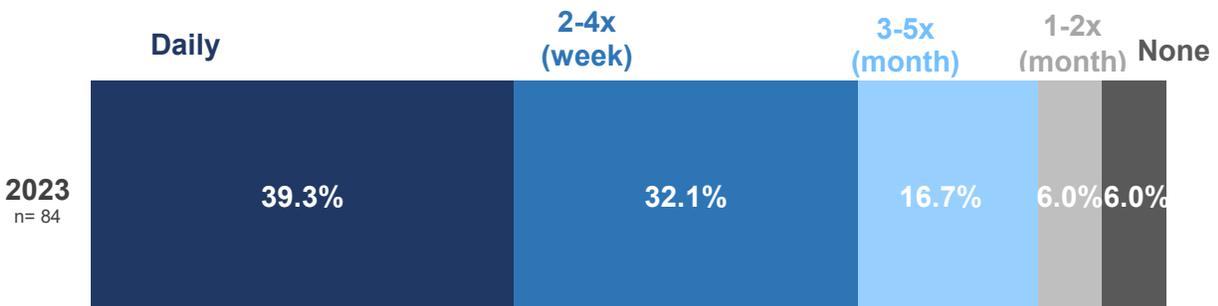
DRMC: Respondents were asked to indicate how frequently they had physical activity for a continuous twenty minutes over the past month. More than a third or 39.9% of respondents (n=277) indicated they had physical activity of at least twenty minutes “Daily,” 38.0% (n=270) indicated they had physical activity “2-4 times per week” and 13.1% (n=93) said they had physical activity “3-5 times per month.” Finally, 4.1% of respondents (n=29) indicated they had “No physical activity.”

77% of respondents report being physically active Daily or 2-4 per week

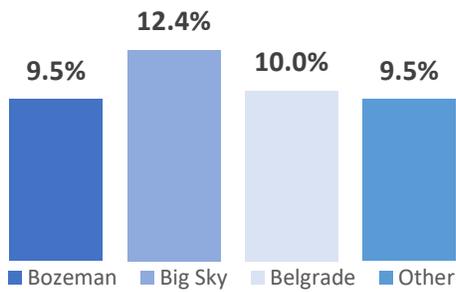


Big Sky: Respondents were asked to indicate how frequently they had physical activity for a continuous twenty minutes over the past month. More than a third or 39.3% of respondents (n=33) indicated they had physical activity of at least twenty minutes “Daily.” 32.1% (n=27) indicated they had physical activity “2-4 times per month,” 16.7% (n=14) said they had physical activity “3-5 times per month,” and 6.0% (n=5 each) indicated they had physical activity “1-2 times per month” and “No physical activity.”

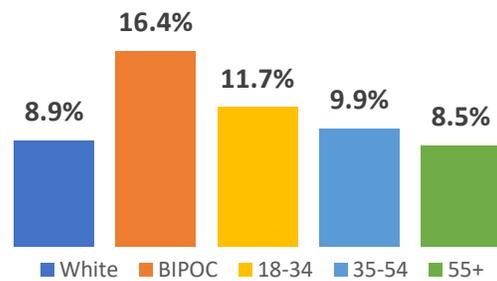
71.4% of respondents report being physically active Daily or 2-4 per week



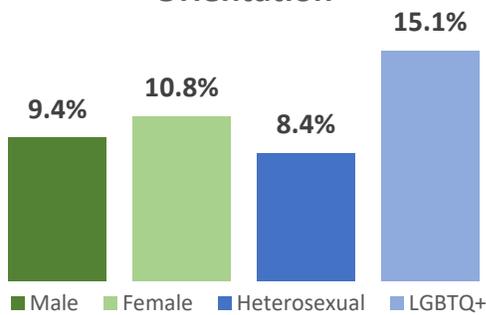
Physical Activity by Residence



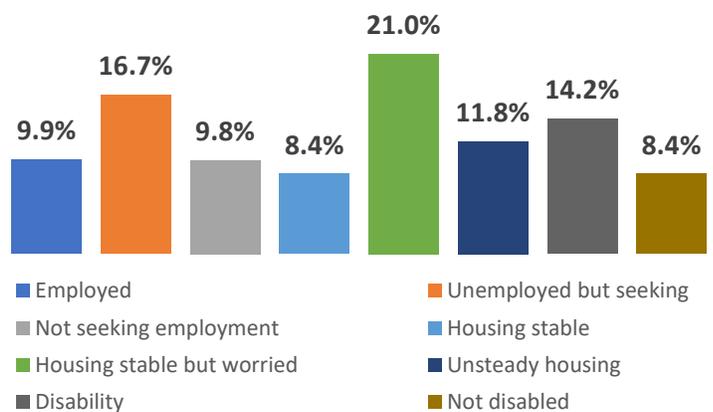
Physical Activity by Race & Age



Physical Activity by Gender & Sexual Orientation



Physical Activity by Employment Status, Housing Status & Disability Status



Additional Comments Regarding Community Health (Question 46)

Respondents were asked to share what else should be known about health in the community. A summary of the responses is below. Individual responses can be found in Appendix I.

The responses from the community members reveal a myriad of concerns and observations about the state of healthcare in their area. Foremost among these concerns is the widespread sentiment that healthcare is prohibitively expensive, with some even describing it as "expensive as hell." This cost factor appears to be a significant barrier to accessing necessary medical services for many residents.

A recurring theme in the responses is the need for increased competition among healthcare service providers, which is seen as a potential means of mitigating the high costs associated with healthcare in the community. This desire for more competitive pricing structures reflects a broader concern about the affordability of healthcare services, particularly for those who are uninsured or underinsured.

Mental health and specialized medical care are other critical areas of concern. Many respondents express a desire for more specialists and mental health options, especially for children and inpatient services. The lack of these resources is highlighted as a significant gap in the community's healthcare infrastructure.

Some individuals draw comparisons with healthcare systems in other countries, notably Canada, and express a wish for more accessible and affordable healthcare in the United States. The high cost of healthcare and insurance is emphasized, underscoring the need for a more cost-effective and accessible system.

The distinction between healthcare services and health insurance is also brought to the forefront, with respondents highlighting the importance of differentiating between the two concepts. Furthermore, concerns are voiced about the expanding legalization of drugs, particularly marijuana, and its potential impact on the community, such as the proliferation of the pot industry.

Education and the quality of schools are additional areas of concern, as respondents seek improvements in these domains. Additionally, the community's access to recreational activities is appreciated, particularly the free walking, biking, and hiking trails during good weather. However, the lack of options for indoor recreation during the long winter months is noted.

The shortage of child psychiatrists and the difficulties in accessing pediatric mental health professionals are seen as critical issues. Respondents express frustration with the current state of

healthcare in the community, with some urging healthcare providers to "do better" and stop driving providers away.

The responses underscore the need for improved policies and infrastructure to make life with disabilities more feasible and comfortable, along with concerns about the rising prevalence of drug, alcohol, and gambling addictions, particularly in the Big Sky region.

Affordability is a recurring theme, with concerns about the high cost of living making it challenging for individuals to prioritize their health and wellness. This is further compounded by the difficulty in securing timely doctor's appointments and the lack of available primary care physicians. Respondents express frustration with healthcare providers who may not always fully listen to patients and dismiss their concerns, leading to frustration and feelings of hopelessness.

In summary, the community's responses reflect a multifaceted landscape of healthcare challenges, including affordability, accessibility, mental health, and the need for specialists and pediatric services. These concerns indicate a community actively seeking improvements in the healthcare system to better serve the diverse needs of its residents.



FOCUS GROUP & KEY INFORMANT RESULTS

Focus Group & Key Informant Interview

Methodology

Eight focus groups and five key informant interviews were conducted between May and September 2023. Participants were identified as people living in Bozeman Health’s service area as well as specific demographics of community members such as elderly, BIPOC, LGBTQ+ and mental health partners.



The interviews were conducted in person, via video conference, and over the telephone. The focus groups were one hour in length and key informant interviews lasted up to 15 minutes. Both focus groups and key informant interviews followed the same line of questioning. Transcripts can be found in Appendix K. Three focus groups were facilitated Bozeman Health and the remaining were facilitated by the Montana Office of Rural Health staff.

Focus Group 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.

The eight focus groups yielded valuable insights into the healthcare concerns and needs of the local community, reflecting a tapestry of perspectives and challenges. These discussions touched upon several overarching themes, each contributing to a comprehensive understanding of healthcare-related issues.

Affordability and Access to Care emerged as a prominent concern among participants. Many voiced apprehensions regarding the financial burden of healthcare services, encompassing medical care, insurance, and prescription medication costs. A participant aptly summarized the sentiment, stating, "We are starting to have more housing options, but there is still a funnel of people coming to Big Sky that cannot afford to live there." Access to care also posed significant hurdles, with individuals sharing experiences of scheduling difficulties, transportation barriers, and prolonged wait times for appointments. The lack of specialized care in rural areas emerged as another recurring theme, leaving community members in need of services unavailable locally.

Mental Health and Behavioral Health Services occupied a central focus in the discussions. Participants emphasized the necessity for more accessible mental health resources, citing extended wait times for appointments and a dearth of mental health providers as impediments to accessing care. The importance of addressing mental health within the broader context of community well-being was underscored, reflecting the understanding that mental health is integral to overall health.

LGBTQ+ Inclusivity and Sensitivity was a pivotal concern voiced by members of the LGBTQ+ community. Participants shared experiences of discrimination and discomfort when seeking healthcare services, emphasizing the need for healthcare providers to be sensitive to their unique identities and needs. The imperative of inclusive language, messaging, and support for LGBTQ+ individuals was articulated, with one participant noting, "We don't have the energy when we are sick to deal with those conversations." Awareness about issues like conversion therapy and advocacy for LGBTQ+ rights within healthcare emerged as key objectives.

Aging and Senior Services focus groups addressed the challenges faced by seniors in the community. Concerns included aging support, access to healthcare, and feelings of isolation. Inadequate evening transportation options for seniors were recurrent issues, reflecting a need for improved accessibility. Participants suggested additional support for advanced directives, chaplaincy services, and fostering intergenerational connections as areas for enhancing senior services.

Support for Vulnerable and Low-Income Populations garnered attention across several groups. Participants acknowledged the need for better resources and support for vulnerable and low-income individuals and families. Discussions encompassed homelessness, access to emergency housing, and efforts to reduce stigma surrounding service utilization. Ensuring confidentiality and privacy for individuals accessing services emerged as a crucial aspect of support.

The Role of Healthcare Providers and Institutions was a central theme, with participants emphasizing the pivotal role of healthcare providers and institutions in creating an inclusive healthcare environment. One participant aptly captured the sentiment, saying, "We have good people leaving the community because they cannot afford it." Suggestions included extending healthcare facility hours, providing crisis intervention training, and implementing proactive efforts to match patients with LGBTQ+ friendly providers. Calls for legal strategies and advocacy to contest discriminatory policies affecting healthcare underscored the community's commitment to inclusivity.

Community Well-Being and Cultural Preservation represented concerns related to the preservation of community identity and well-being amid rapid growth and development. Participants expressed a desire to maintain the unique culture of their local areas. Substance

abuse and addiction, particularly among youth, were identified as critical issues affecting community well-being.

BIPOC participants raised several pressing concerns within their community. Key among these was the intersection of racism and healthcare, with participants expressing worries about accessibility, microaggressions, and outright aggressions faced when seeking medical care. Mobility issues were also discussed, with a need for more handicapped parking spaces highlighted. Instances of racial insensitivity by healthcare providers, such as unwanted hair touching and inappropriate comments, were shared. Advocacy for people of color during healthcare access was deemed crucial, along with concerns about the accuracy of medical equipment on Black skin. Participants discussed the need to increase diversity in Bozeman and the fear that Black individuals experience when seeking medical care. Healthcare disparities and racism within the workplace were also topics of concern, as well as the emotional trauma caused by recent events like the murder of George Floyd and Breonna Taylor. Suggestions to improve care included increasing mental health screening, having mental health advocates available during crises, and healthcare providers reaching out to BIPOC patients to check on their mental health during local or national crises.

These focus group discussions unveiled a complex tapestry of healthcare concerns and needs within the local community. The challenges ranged from financial barriers to accessing care to the imperative of fostering inclusivity, particularly for marginalized communities. The dialogues underscored the role of healthcare providers, institutions, and the community as a whole in addressing these concerns and working collaboratively to enhance the overall health and well-being of local residents.

Tribal Community In a recent focus group session with Indigenous participants, two key questions were explored to understand the pressing concerns and needs within the community. The first question delved into the issues Indigenous individuals are concerned about in their local community. The participants raised various health-related challenges, particularly in mental health. Access to mental health services was identified as a significant hurdle, with a plea for culturally-informed facilities and providers. The impact of historical trauma from boarding schools was discussed, along with the need for support networks for survivors of sexual assault. Additionally, the lack of a central service unit in Bozeman like the Indian Health Service (IHS) was highlighted, leaving many needs unmet.

The second question focused on what the participants or their loved ones require from the health system. Issues such as the difficulty in finding a healthcare provider, the lack of continuity in relationships with providers, and the need for culturally-sensitive healthcare were emphasized. The participants expressed a desire for a Native-friendly healthcare provider guide with established protocols. There was a call for awareness of the Indigenous community outside of campus settings and the need for transportation assistance to medical

appointments. Challenges with insurance literacy and the perception of not wanting to push oneself in seeking healthcare were also discussed. The participants proposed solutions such as system-wide sensitivity training, efforts to deconstruct power dynamics in healthcare, and the normalization of discussions about health issues affecting Indigenous communities.

Throughout the discussions, the Indigenous participants touched on various aspects of healthcare, including mental health, cultural competence, accessibility, and the need for systemic changes to address health disparities. The focus group provided a comprehensive overview of the challenges faced by Indigenous individuals in the local community and their aspirations for a healthcare system that is not only accessible but also culturally-sensitive and responsive to their unique needs.

All of the focus group discussions unveiled a complex tapestry of healthcare concerns and needs within the local community. The challenges ranged from financial barriers to accessing care to the imperative of fostering inclusivity, particularly for marginalized communities. The dialogues underscored the role of healthcare providers, institutions, and the community as a whole in addressing these concerns and working collaboratively to enhance the overall health and well-being of local residents.

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 J.

Community Concerns and Health Outlook

In these interviews, key informants expressed notable concerns within the community. One recurring theme was the mental and behavioral health of residents. Participants indicated that while physical health appeared robust compared to other regions in Montana, there were pronounced challenges related to mental health and well-being. Economic health was viewed favorably, but significant issues surrounding affordable housing, wealth disparities, and difficulties in accessing social services and childcare persisted. The interviews revealed a profound sense of uncertainty and anxiety, particularly among the elderly population, regarding how they would maintain their independence, receive care, and navigate complex healthcare systems in the future.

Assessment of Local Healthcare Services

Key informants had varying opinions about local healthcare services. While some praised the quality of healthcare providers, they also voiced concerns about a lack of effective communication within the healthcare system, leading to confusion and mistrust. Specific mentions were made about the billing complexities faced by patients, which often led to

inadvertent collections actions. EMS services received mostly positive feedback, although concerns about understaffing and overcrowded emergency rooms were noted. The Public/County Health Department was regarded favorably for its guidance during the pandemic. Senior services were recognized for their efforts, but concerns related to transportation and accessibility persisted. Services for low-income individuals and families were seen as valuable but hindered by awareness and accessibility issues.

Community Health and Social Well-being

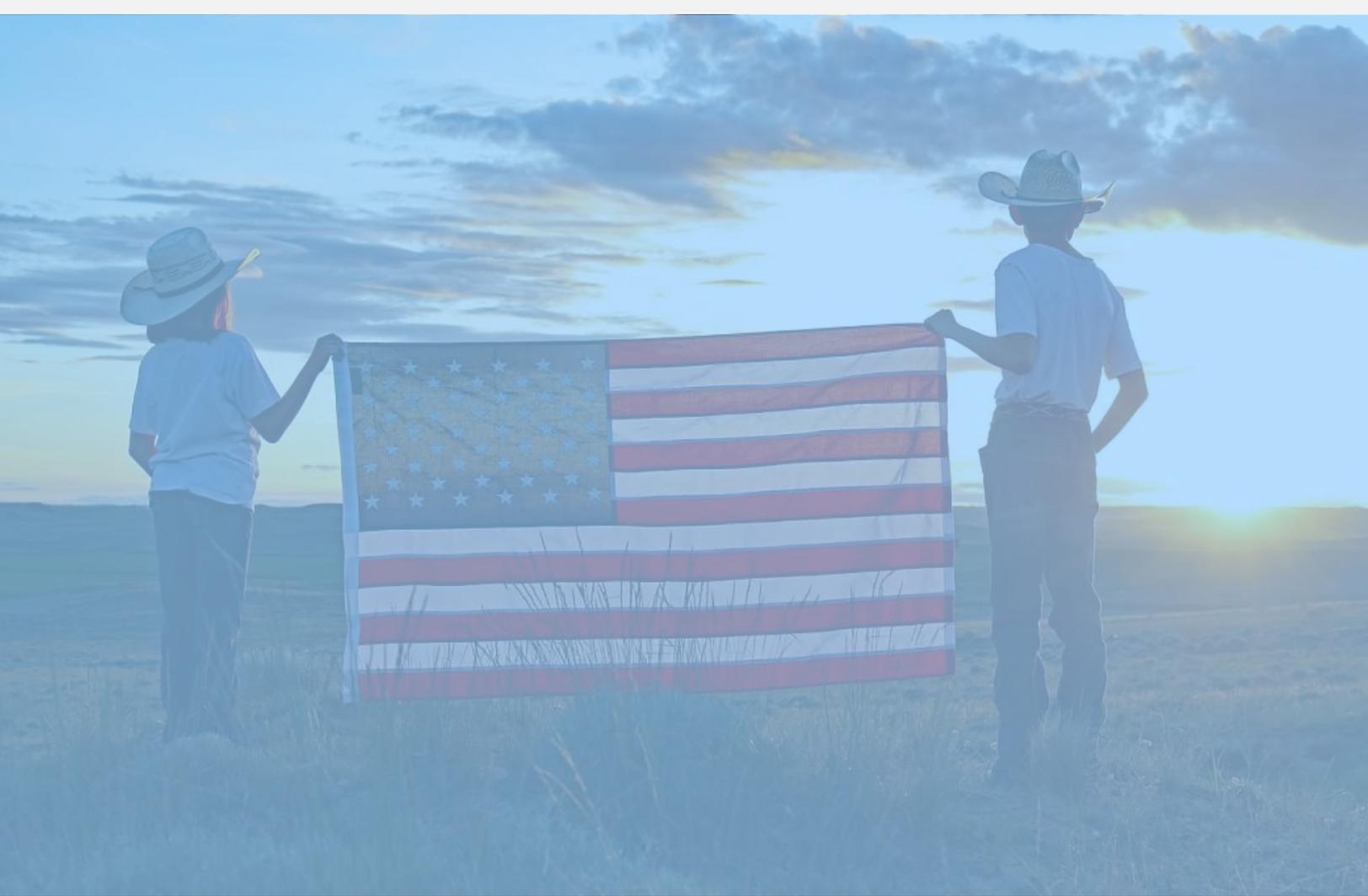
The informants collectively stressed the significance of community health as intertwined with social well-being. They highlighted the necessity of forging social connections, particularly in light of the profound isolation experienced by residents during the COVID-19 pandemic. The growth of the community was noted, accompanied by an observation that neighborly interactions had diminished, partly due to an increase in complaints about neighbors. The challenges linked to homelessness and mental health support emerged as significant concerns, underscoring the need for comprehensive social services.

Enhancing Healthcare Access

All interviewees identified the need for improvements in healthcare access as a pressing concern. Enhanced transportation options, especially for seniors, were deemed essential to facilitate access to healthcare services. Affordability remained a central issue, with the high costs of healthcare and prescription drugs mentioned repeatedly. The informants collectively expressed a desire for improved accessibility to healthcare services. They called for better dissemination of information about community programs and services, emphasizing the importance of making such information readily available and accessible to all residents.

Community Recommendations for Improvement

The key informants collectively offered a series of recommendations to address the pressing community health concerns. These encompassed strategies to tackle mental health challenges, measures to enhance healthcare affordability, initiatives to foster social connections, and actions to improve healthcare service accessibility. Their insights form a valuable foundation for potential improvements, aiming to create a more inclusive, affordable, and supportive community environment.



EXECUTIVE SUMMARY

Executive Summary

The table below summarizes the Bozeman Health Community Health Needs Assessment results. Areas of opportunity were determined after consideration of various criteria, including a comparison to data from local, state, and federal sources (Secondary data); survey results; those issues of greatest concern identified by the community partners through focus group and key informant interviews; and the potential impact of a given issue.

Areas of Opportunity	Secondary Data	Survey	Focus Groups & Interviews
Access to Healthcare Services			
<i>Timely access to primary care providers</i>	⊗	✓	☑
<i>Specialty services (i.e., mental health, pediatrics, OB/GYN)</i>		✓	☑
<i>Enhanced aging in place services (i.e., affordable/accessible housing, more workforce, additional services, etc.)</i>		✓	☑
<i>Awareness of available healthcare services/resources</i>		✓	☑
Chronic Disease Prevention			
<i>Cancer</i>	⊗	✓	☑
<i>Diabetes</i>		✓	☑
<i>Healthy behaviors and lifestyles- weight loss, fitness, health & wellness, nutrition</i>		✓	☑
Mental and Behavioral Health			
<i>More mental health services/resources</i>	⊗	✓	☑
<i>Alcohol/substance abuse</i>	⊗	✓	☑
Socioeconomic and Health Measures			
<i>Housing accessibility and affordability</i>		✓	☑
<i>Space to exercise/move year-round</i>			☑

Evaluation of Previous CHNA & Implementation Plan

Community Benefit

CHNA data collection and Community Health Improvement Plan (CHIP) program evaluation processes measure health disparities and develop goals and discrete action plans for how to minimize those disparities. The following sections describe our approach for engaging stakeholders often via community-based organizations during our previous CHNA and CHIP processes. The 2024 CHIP process will build on these existing community partnerships to improve community health in the priority areas of the 2023 CHNA report.

The DRMC and BSMC 2020 CHNA and 2020-2023 Community Health Improvement Plan (CHIP) focused on:

- Nutrition and Physical Activity;
- Access to Health Care;
- Injury and Violence Prevention; and
- Mental Health.

Nutrition and Physical Activity

The 2020 Bozeman Health CHNA identified low food access (do not live within one-half mile of a grocery store) as an issue for 25,500 residents (22.5 percent) of the total service area. The CHNA findings also included food insecurity, access to affordable healthy food, fruit/vegetable consumption, and rates of being overweight and obese as areas of opportunity. As a result, two-thirds of area residents reported not consuming five or more fruits and vegetables per day in 2020, which is a trend in the wrong direction (51 percent in 2011, 39 percent in 2014, 31 percent in 2017, and 33 percent in 2020). Only one-quarter (27 percent) of low-income residents reported eating five fruits/vegetables per day in 2020. Black, Indigenous, People of Color populations also reported eating less fruits/vegetables, which result in modifiable health risks.

At Bozeman Health, nutrition in the form of food insecurity is measured in Social Determinants of Health (SDOH) screening tools where the number of food insecure patients are identified, and patients are provided with Produce Prescription Program (PPP) referrals that deliver fresh fruits and vegetables to their front door. The PPP is an example of our nutrition-focused programing piloted in the summer of 2023 and includes a program evaluation component that measures changes in biometrics and behaviors. Using a social determinants of health screener within the electronic health record, Bozeman Health identified 25 patient families who are food insecure and also have a health condition that could be improved by eating fresh fruits

and vegetables. These families received local fruits and vegetables delivered to their door for 16 weeks. Similar programs across the state have seen improvements in biometrics like A1C and cholesterol.

GoNoodle connects movement and mindfulness for kindergarten through third grade students and the adults who love them. Currently, 86% of public school districts in our primary service area use the program. We are sending a letter to districts to highlight the free resource and additional health information from the Gallatin City-County Health Department. In 2022, Bozeman Health expanded outreach to afterschool programs like kidsLINK and the YMCA. Fall, 2021 usage for Gallatin, Park, and Madison Counties included 307 active teachers, 12,409 teacher video plays, 6,059 active students, and 872,065 student activity minutes.

Access to Health Care

Bozeman Health had four Access to Health Care programs including: HealthCare Connections, vouchers for screenings and lab work, medical respite, and supportive services for Housing First Village. The HealthCare Connections program provided mobile health screening services from January, 2021 through July, 2022, which resulted in providing services for 1,394 individual clients, administered 1,260 immunizations, and 1,372 preventive health screenings. HealthCare Connections saw an average of 20 clients per scheduled stop and completed 71 stops. Preventative screenings are an effort at reducing heart disease and stroke by assessing modifiable risk factors like high blood pressure, high cholesterol, and diabetes.

Bozeman Health has several programs that help people gain access to breast, colon, and chest cancer screenings to catch and address issues early. Advanced Medical Imaging and Gallatin City-County Health Department have completed at least 56 screening mammograms, 22 diagnostic mammograms, seven biopsies, 34 breast ultrasounds, and one breast MRI through the HealthCare Connections and the Mammogram Voucher Program in 2022. Discounted blood screenings are also available tailored to each individual's health needs.

Community Benefits also focus on emerging community needs such as service coordination via the Housing First Village and developing a local medical respite program. Bozeman Health examined data for 13 residents of Housing First Village and the cost savings is \$382,189 saved in medical costs (inpatient and emergency department) after just six months (April 1, 2021 – October 31, 2021 versus November 1, 2021 – April 30, 2022). Cost savings are in part tied to being housed, but the program also has staff proactively addressing tenant health and mental health needs. Bozeman Health invested \$25,000 in enabling services in 2022, supporting a resource coordinator, transportation to health and mental health appointments, phone cards, etc. Bozeman Health provides data to HRDC that can be used to identify high utilizers of the emergency department and inpatient hospital stays that might be good candidates for the benefits stemming from permanent supportive housing.

Medical respite is a collaboration between Bozeman Health, HRDC, and Community Health Partners. The pilot medical respite program at HRDC's Wheat Suites, a transitional housing facility, served as a quarantine and isolation program for Influenza A and COVID-19 during a spike in cases among houseless shelter guests in 2022. It was then transformed into a medical respite program. Bozeman Health began the interim medical respite program in December, 2022, which resulted in 118 nights of avoided hospital stays and an associated \$88,500 in savings for six patients. The second version of the medical respite program opened on November 1, 2023. Bozeman Health committed to a \$150,000 capital campaign to create a medical respite program within HRDC's new Homeward Point year-around shelter.

Injury and Violence Prevention

Bozeman Health's Injury and Violence Prevention programs include *Stop the Bleed* and *Stepping On*. *Stop the Bleed* teaches people how-to skills to control a bleed before EMS responders arrive. The *Stop the Bleed* program has completed 30 in-person trainings from 2020-2023 which included 300 attendees. *Stop the Bleed* participation included schools, Boy Scouts, parents, nurses, and Big Sky Search and Rescue. Hemorrhage control kits have been distributed to all public schools in Bozeman, Livingston, Belgrade, Ennis, Big Sky, West Yellowstone, Dillon, Harrison, and Sheridan. Additionally, hemorrhage control kits have been brought to local buildings where community members frequent, such as the Bozeman and Belgrade public libraries, the YMCA, The Elm, The Rialto, and the Gallatin City-County Health Department.

A training video is available on YouTube and has 1,255 views since February, 2022. A story in the *Bozeman Daily Chronicle* was published in April, 2022 highlighting the collaborative effort between Bozeman Health and the Bozeman Boy Scouts to bring *Stop The Bleed* training for Scouts and their families. The Boy Scouts were able to receive a Community Benefit Grant that allowed them to purchase a training kit to provide trainings on their own. In 2022, five *Stop The Bleed* kits and two trainings were brought to the public schools in Big Sky and West Yellowstone. In 2023, two *Stop The Bleed* kits and one training was brought to the Montage Resort in Big Sky, one of the largest buildings in the state.

Additionally, ground-level falls in patients over the age of 65 were a leading cause of injury in Gallatin County per the 2020 CHNA. These falls often result in a visit to the emergency department, admission to the hospital, and surgery. There are many small and simple changes that can be utilized to help prevent falls. *Stepping On* coordinated and provided seven full, seven-week programs that actively worked with 54 elders on balance and strength exercises with an evidence-based fall prevention curriculum. Big Sky and West Yellowstone had one-day seminars to cover *Stepping On* topics in collaboration with the Gallatin City-County Health Department. A woman who participated in the course last winter made remarkable improvements in her balance over the seven weeks, which was visible as she demonstrated exercises each week. In the registration for our current class, she made comments to the new

respondents about how much the course helped her improve her balance and strength. She was an excellent spokesperson for the program with the media, which included a video interview with her talking about her experiences prior to and after the course. She is now much more confident to live an active and engaged life after applying what she learned in the course.

Mental Health

Bozeman Health participated in several mental health focused improvement efforts; however, the larger global pandemic trends had an impact on mental health across the globe.

The Gallatin Behavioral Health Coalition meets every two weeks to use various strategies to create a pipeline of mental health professionals in Bozeman and Big Sky. Big Sky community partners recently visited peer organizations in resort towns in Colorado to learn from their models that meet the mental health needs of community members. The Workforce workgroup is making concrete progress on workforce recruitment of mental health professional staff. The group also is identifying ways to meet the continuing education needs of local mental health practitioners in spaces that engages students as potential contributors to the local workforce, such as offering continuing education credits to learn about crisis response services.

Bozeman Health also has other similar collaborations focused on the Gallatin Mobile Response - 988/911 Workgroup.

The pandemic has changed how we relate and cope, and has had an impact on mental health. As a result, the Gallatin Behavioral Health Coalition launched a new awareness campaign called *Are You In?* which focuses on healthy coping skills and will be launched in collaboration with community partners in Gallatin, Park, and Madison Counties. The campaign includes social media posts, printed posters, and a bench with a wrap that engages mental health champions and community members at events. Bozeman Health invested \$519,992.71 during this CHIP period (\$160,900 in 2023, \$162,039.71 in 2022, \$94,599 in 2021, and \$102,454 in 2020) in grants, general community benefit and other purchased services with 13 community partners for mental health-related programming. The partnerships focus on teaching age-appropriate mindfulness skills to students in local schools, suicide prevention, access to mental health therapy through scholarships and integrated behavioral health, pediatric psychiatrist professional association convenings, as well as theater and arts-based engagement with improved outcomes for respondents. Youth Aware of Mental Health suicide prevention programming was delivered in Bozeman, Three Forks, and Big Sky public schools.

In addition, the Bozeman Health Foundation invested another \$11 million in mental health-related investments during 2022 alone.



APPENDICES

Appendix A- Steering Committee

<i>Steering Committee Member</i>	<i>Organization Affiliation</i>
<i>Kelly Reynolds</i>	Big Sky Medical Center, Nurse Manager
<i>Lander Cooney</i>	Community Health Partners, Chief Executive Officer
<i>Lori Christenson</i>	Gallatin City-County Health Department, Health Officer
<i>Kelly Keenan</i>	Gallatin City-County Health Department, Director of Prevention
<i>Sophia Fortunato</i>	Gallatin City-County Health Department, AmeriCorps Vista
<i>Kate Batchelder</i>	Gallatin City-County Health Department, Accreditation and Health Equity Coordinator

Bozeman Health



COMMUNITY
HEALTH PARTNERS



HEALTHY
GALLATIN

Appendix B- Public Health & Populations Consultation

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

Name/Organization

Lander Cooney – CEO, Community Health Partners
Lori Christenson – Health Officer, Gallatin Co Public Health
Kelly Keenan – Prevention Services, Gallatin Co Public Health
Sophia Fortunato- Americorp VISTA, Gallatin Co Public Health
Kate Batchelder- Accreditation Health Equity Coordinator, Gallatin Co Public Health
Laurie Walker- Bozeman Health
Kelly Reynolds- Big Sky Medical Center

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

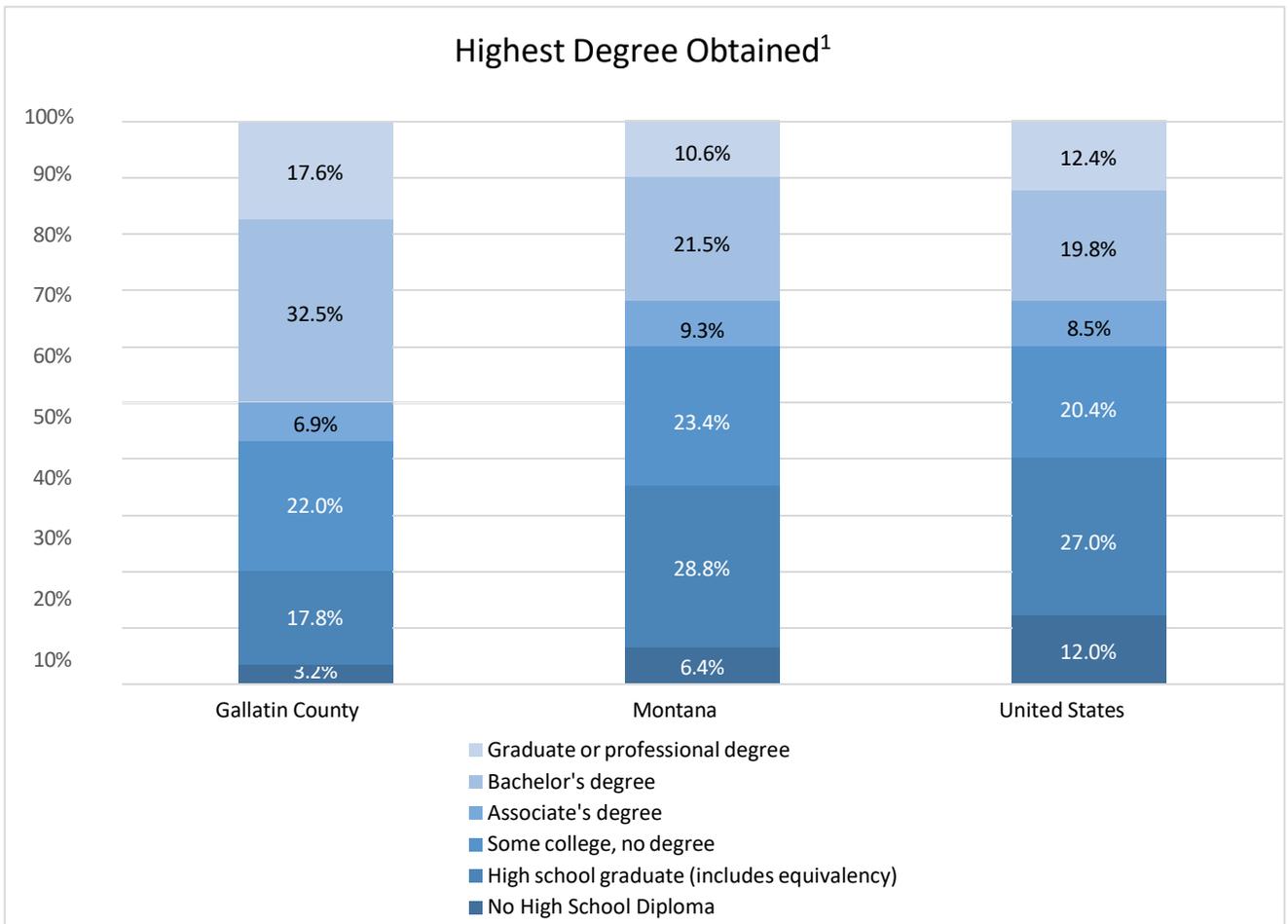
First Steering Committee Meeting	April 10, 2023
Focus Groups	May - July, 2023
Key Informant Interviews	June - July, 2023
Second Steering Committee Meeting	July 10, 2023

Appendix C- Gallatin Co. Secondary Data

Demographic Measure (%)	County			Montana			Nation		
Population ¹	108,063			1,050,649			324,697,795		
Population Density ¹	41.1			7.1			85.5		
Veteran Status ¹	7.3%			10.4%			7.3%		
Disability Status ¹	8.1%			13.6%			12.6%		
Age ¹	<5	18-64	65+	<5	18-64	65+	<5	18-64	65+
	5.7%	67.7%	12.2%	5.8%	60.1%	18.2%	6.1%	61.7%	15.6%
Gender ¹	Male		Female	Male		Female	Male		Female
	51.9%		48.1%	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	\$66,397	\$54,970	\$62,843
Unemployment Rate ¹	2.8%	4.0%	5.3%
Persons Below Poverty Level ¹	11.3%	13.1%	13.4%
Children in Poverty ¹	6.9%	15.8%	18.5%
Internet at Home ²	87.6%	81.5%	-
Households with Population Age 65+ Living Alone ²	2,934	52,166	-
Households Without a Vehicle ²	1,473	21,284	-
Households Receiving SNAP ²	1,671	56,724	-
Eligible Recipients of Free or Reduced Price Lunch ³ 2019/2020 school year	18.2%	42.9%	-
Enrolled in Medicaid ^{4, 1}	6.5%	9.7%	19.8%
Uninsured Adults ^{5, 6} Age <65	10.0%	12.0%	12.1%
Uninsured Children ^{5, 6} Age <18	5.0%	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)	46.0	59.3	-
Preterm Births ⁷ Born less than 37 weeks (2017-2019)	8.3%	9.4%	-
Adolescent Birth Rate ⁷ Per 1,000 years females 15-19 years of age (2017-2019)	6.3	18.3	-
Smoking during pregnancy ^{3, 8}	5.7%	16.5%	7.2%
Kotelchuck Prenatal Care** ⁷ Adequate or Adequate-Plus (2017-2019)	85.3%	75.7%	-
Low and very low birth weight infants ⁷ Less than 2500 grams (2017-2019)	7.0%	7.6%	-
Childhood Immunization Up-To-Date (UTD) ^{§ 9}	61.2%	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	15.0%	19.0%	16.0%
Excessive Drinking ⁵	26.0%	22.0%	15.0%
Adult Obesity ⁵	19.0%	27.0%	26.0%
Poor Mental Health Days ⁵ (Past 30 days)	3.9	3.9	3.8
Physical Inactivity ⁵	13.0%	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)	18.9%	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)	86.3%	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)	69.3%	73.4%	78.3%
Colorectal Cancer Screening ^{13, 10} Age adjusted (county) and crude (state/nation) prevalence among adults age 50-75 years (2018)	61.4%	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 *	112.0	80.1
Hepatitis C virus	22.2	93.4
Sexually Transmitted Diseases (STD) †	510.4	551.6
Vaccine Preventable Diseases (VPD) §	70.1	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>	4.4	7.9	8.6
Chronic Obstructive Pulmonary Disease (COPD) prevalence <i>Adults aged 18 years and older (2014-2016)</i>	2.9	6.6	6.4
Diabetes Prevalence <i>Adults aged 18 years and older (2014-2016)</i>	4.6	8.3	10.6
Breast Cancer Incidence Rate <i>Age-Adjusted Per 100,000 population (2014-2016)</i>	96.9	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>	25.4	37.1	38.9
Lung Cancer Incidence Rate <i>Age-Adjusted Per 100,000 population (2014-2016)</i>	29.6	52.2	60.0
Melanoma Cancer Incidence Rate <i>Age-Adjusted Per 100,000 population (2014-2016)</i>	40.0	26.3	21.0
Prostate Cancer Incidence Rate <i>Age-Adjusted Per 100,000 population (2014-2016)</i>	100.9	109.6	103.0

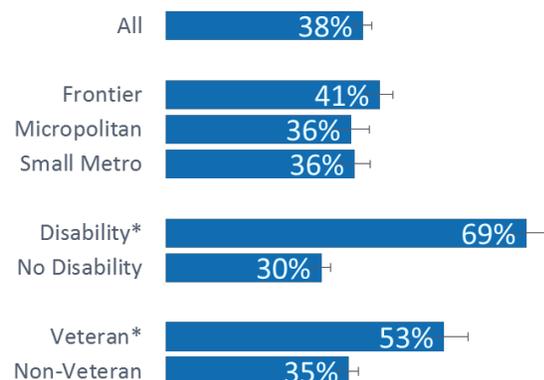
¹⁴ IBIS Community Snapshot, MT-DPPHS

** Data were suppressed to protect privacy.

Montana Adults with Self-Reported Chronic Condition ¹¹	
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



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)

Mortality	County	Montana	Nation
Suicide Rate¹⁵ <i>Per 100,000 population (2009-2018)</i>	18.2	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

** 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)

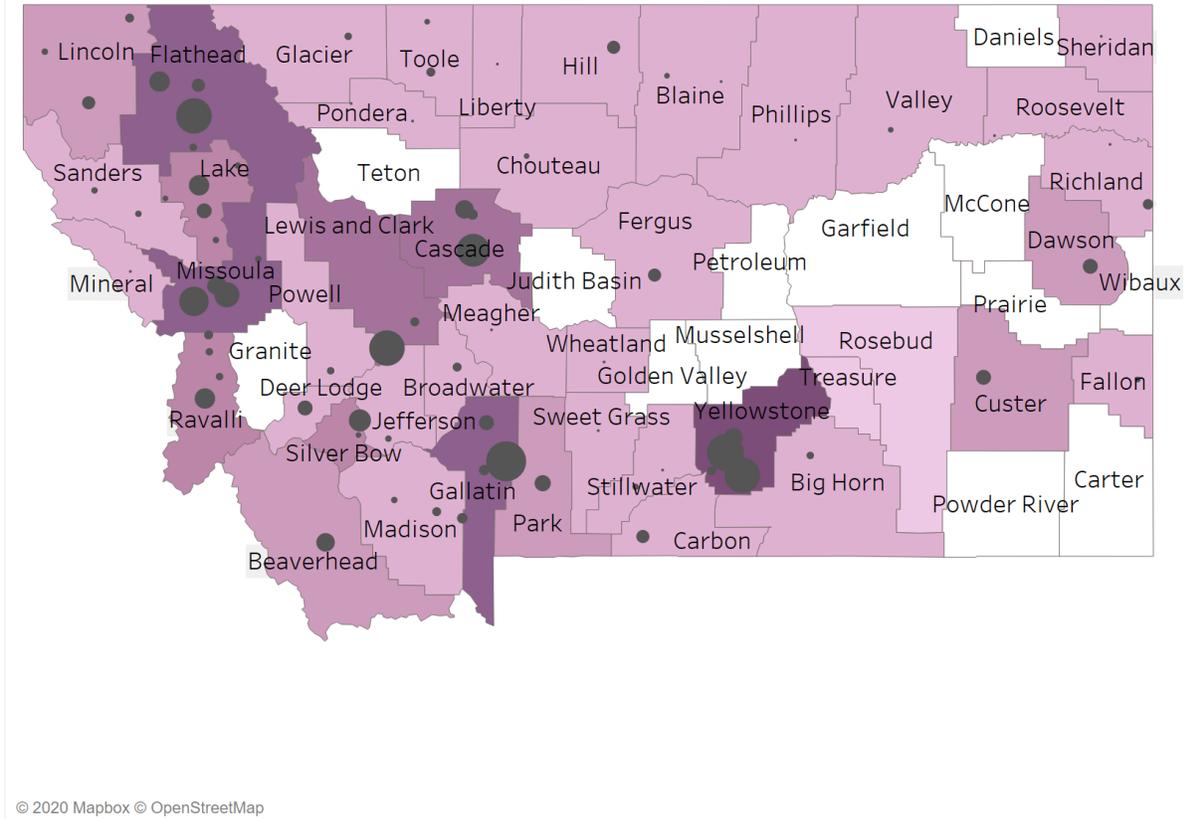
Healthcare Workforce Distribution Maps

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 omitted.
- Primary Care specialties include Family Medicine, Internal Medicine and Pediatrics.

Primary Care Physician FTE: Practice Locations Plotted by Zip Code

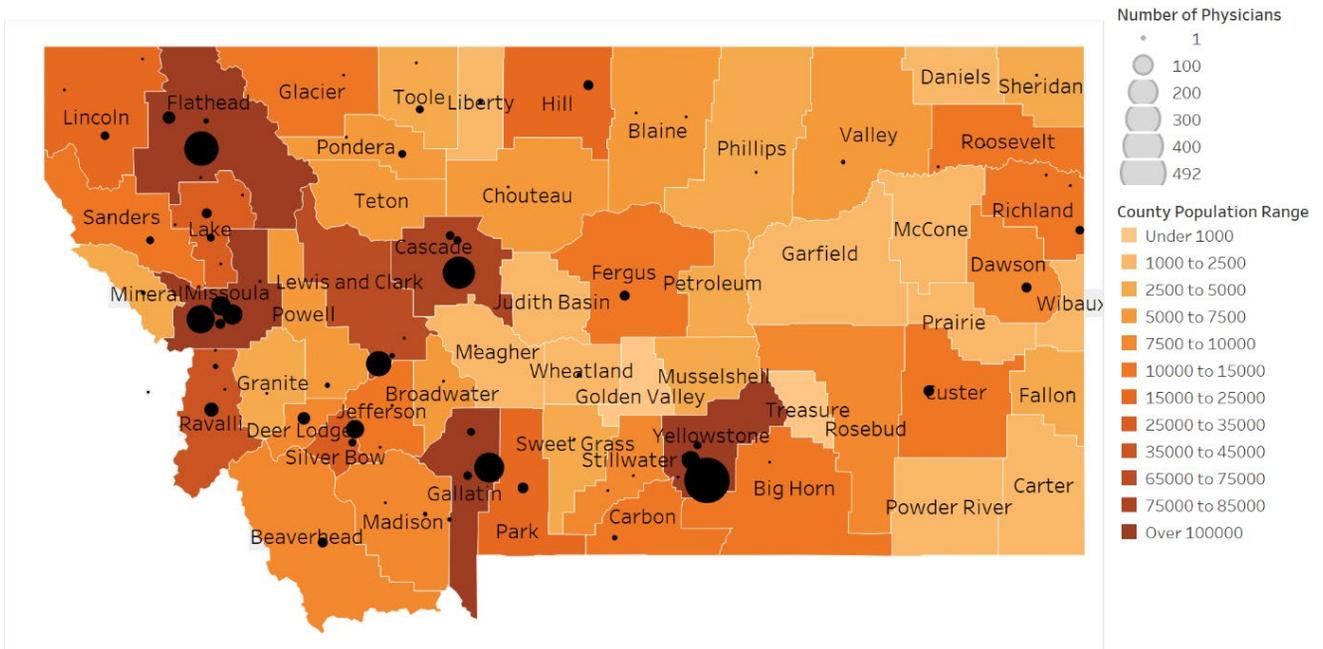
Data



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

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

Physicians (All Specialties) by County Population Range



Data Source: Montana Primary Care Office data (2020) and WIM Tracking (Sept. 2020)
 *Note: Does not include IHS or Tribal Health physicians.

Appendix D- Survey Cover Letters (English & Spanish)

May 26, 2023



Dear Valued Community Member:

Participate in our Community Health Needs Assessment survey for a chance to **WIN** an iPad, an Xbox, or one of five - \$50 Target Gift Cards.

Bozeman Health Deaconess Regional Medical Center (BHDRMC) and Bozeman Health Big Sky Medical Center (BHBSMC) are partnering with the Montana Office of Rural Health (MORH) to administer a community health needs assessment survey. The purpose of the survey is to obtain information from a wide range of participants to assist in planning our programs, services, and facilities to best serve our community. Your help is critical in determining health priorities and planning for future needs.

Your address has been randomly selected as a resident who lives in the BHDRMC or BHBSMC service area. The survey covers topics such as: use of health care services, awareness of services, community health, health insurance and demographics. We know your time is valuable, so we have made an effort to keep the survey to about 15 minutes. Participating in this survey is completely voluntary and your identity and answers will remain confidential.

1. Due date to complete survey: June 28, 2023
2. Complete the enclosed survey and return it in the envelope provided - no stamp needed.
3. You can also access the survey at <http://helpslab.montana.edu/survey.html>. Select "Bozeman Health Survey." Your access code is [CODED]
4. The winners of the (Incentive) will be contacted the week of June 28, 2023.

All survey responses will go to HELPS Lab at Montana State University in Bozeman, Montana, the organization that is assisting MORH with this project. If you have any questions about the survey, please call MORH at 406-994-5653. We believe, with your help, we can continue to improve health care services in our region.

Thank you for your assistance. We appreciate your time.

Sincerely,

A handwritten signature in blue ink that reads 'Kathryn D. Bertany, MD'.

Kathryn D. Bertany, MD, CEO

26 de Mayo de 2023



Estimado y valioso miembro de la comunidad:

Participe en nuestra encuesta de Evaluación de Necesidades de Salud Comunitaria para tener la oportunidad de

GANAR un iPad, una Xbox o una de las cinco tarjetas de regalo de \$50 de Target.

Bozeman Health Deaconess Regional Medical Center (BHDRMC) y Bozeman Health Big Sky Medical Center (BHBSMC) están colaborando con la Oficina de Salud Rural de Montana (Montana Office of Rural Health, MORH) para administrar una encuesta de evaluación de necesidades de salud comunitaria. El propósito de la encuesta es obtener información de una amplia variedad de participantes para ayudar a planificar nuestros programas, servicios e instalaciones para brindar mejores servicios a nuestra comunidad. Su ayuda es fundamental para determinar las prioridades de salud y planificar las necesidades futuras.

Su dirección ha sido seleccionada al azar como residente que vive en el área de servicio de BHDRMC o BHBSMC. La encuesta cubre temas tales como: uso de servicios de atención médica, conocimiento de los servicios, salud comunitaria, seguro de salud y demografía. Sabemos que su tiempo es valioso, por lo que hemos hecho un esfuerzo para que la encuesta le lleve solo unos 15 minutos. La participación en esta encuesta es completamente voluntaria y su identidad y sus respuestas permanecerán confidenciales.

1. Fecha límite para completar la encuesta: 28 de junio de 2023
2. Complete la encuesta adjunta y devuélvala en el sobre provisto, sin necesidad de sello postal.
3. También puede acceder a la encuesta en <http://helpslab.montana.edu/survey.html>. Seleccione "Encuesta de salud de Bozeman". Su código de acceso es [CODIFICADO]
4. Los ganadores del (Incentivo) serán contactados la semana del 28 de junio de 2023.

Todas las respuestas de la encuesta se enviarán a HELPS Lab en Montana State University en Bozeman, Montana, la organización que está ayudando a MORH con este proyecto. Si tiene alguna pregunta sobre la encuesta, llame a MORH al 406-994-5653. Creemos que, con su ayuda, podemos continuar mejorando los servicios de atención médica en nuestra región.

Gracias por su ayuda. Agradecemos su tiempo.

Atentamente,

A handwritten signature in blue ink that reads 'Kathryn D. Bertany, MD'.

Kathryn D. Bertany, MD, directora ejecutiva

Appendix E- Survey Instrument (English & Spanish)

INSTRUCTIONS: Please complete this survey by marking the appropriate boxes and then return it in the enclosed postage-paid envelope. If you need assistance, please contact the Montana Office of Rural Health at 406-994-5653. Participation is voluntary, and your responses will remain confidential. You can choose not to answer any question and can stop at any time.

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

- | | | |
|---|---|---|
| <input type="checkbox"/> 59714 – Belgrade | <input type="checkbox"/> 59730 – Gallatin Gateway | <input type="checkbox"/> 59760 – Willow Creek |
| <input type="checkbox"/> 59715 – Bozeman | <input type="checkbox"/> 59741 – Manhattan | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> 59716 – Big Sky | <input type="checkbox"/> 59752 – Three Forks | |
| <input type="checkbox"/> 59718 – Bozeman | <input type="checkbox"/> 59758 – West Yellowstone | |

2. How many years old are you?

- | | | |
|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> 18-24 | <input type="checkbox"/> 45-54 | <input type="checkbox"/> 75-84 |
| <input type="checkbox"/> 25-34 | <input type="checkbox"/> 55-64 | <input type="checkbox"/> 85+ |
| <input type="checkbox"/> 35-44 | <input type="checkbox"/> 65-74 | |

3. What is your living situation today?

- I have a steady place to live
- I have a place to live today, but I am worried about losing it in the future
- I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, in a car, abandoned building, bus station, or in a park)
- I choose not to answer this question

4. What is your employment status? (Select ALL that apply)

- | | |
|---|---|
| <input type="checkbox"/> Work full time | <input type="checkbox"/> Collect disability |
| <input type="checkbox"/> Work part time | <input type="checkbox"/> Unemployed, but looking |
| <input type="checkbox"/> Retired | <input type="checkbox"/> Not currently seeking employment |
| <input type="checkbox"/> Seasonal | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Student | |

5. What is your annual household income?

- | | |
|--|--|
| <input type="checkbox"/> Under \$10,000 | <input type="checkbox"/> \$75,000 – \$99,999 |
| <input type="checkbox"/> \$10,000 – \$24,999 | <input type="checkbox"/> \$100,000 – \$149,999 |
| <input type="checkbox"/> \$25,000 – \$34,999 | <input type="checkbox"/> \$150,00 – \$199,999 |
| <input type="checkbox"/> \$35,000 – \$49,999 | <input type="checkbox"/> \$200,000 – \$249,999 |
| <input type="checkbox"/> \$50,000 – \$74,999 | <input type="checkbox"/> \$250,000 or more |

6. With which race(s) or ethnicities do you best identify? (Select ALL that apply)

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Race and Ethnicity unknown |
| <input type="checkbox"/> Hispanic or Latino/Latina/Latine/Latinx or Spanish of any race | <input type="checkbox"/> Choose not to disclose |
| | <input type="checkbox"/> Prefer to self-describe: _____ |

7. What is your gender identity/sex?

- | | | |
|---------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Male | <input type="checkbox"/> Intersex | <input type="checkbox"/> X |
| <input type="checkbox"/> Female | <input type="checkbox"/> Non-binary | <input type="checkbox"/> Choose not to disclose |
| <input type="checkbox"/> Gender Fluid | <input type="checkbox"/> Transgender | <input type="checkbox"/> Prefer to self-describe: _____ |
| <input type="checkbox"/> Genderqueer | <input type="checkbox"/> Two spirit | |

8. How do you describe your sexual orientation? **(Select ALL that apply)**
- Asexual
 - Bisexual
 - Gay or lesbian
 - Heterosexual
 - Pansexual
 - Polyamorous
 - Queer
 - Choose not to disclose
 - Prefer to self-describe: _____

9. Does anyone in your household have a disability?
- Yes
 - No
 - Choose not to disclose

10. In the following list, what do you think are the **three most serious** health concerns? **(Select ONLY 3)**
- Alzheimer's/dementia
 - Cancer
 - Childhood Trauma
 - Depression/anxiety
 - Diabetes
 - Heart disease
 - Hunger
 - Lack of access to healthcare
 - Lack of exercise
 - Maintaining a healthy weight
 - Mental health
 - Recreation related accidents/injuries
 - Respiratory issues/illness
 - Sexual assault
 - Social isolation/loneliness
 - Stroke
 - Suicide
 - Tobacco use (cigarettes/cigars, vaping, chew, e-cigarettes, smokeless)
 - Work/economic stress
 - Work related accidents/injuries
 - Other: _____

11. Why are these the 3 most serious health concerns?

12. Select the **three** items below that you believe are **most important** for a healthy community **(select ONLY 3)**:
- Access to childcare/after school programs
 - Access to healthcare services
 - Access to healthy foods
 - Access to language interpretation and translation
 - Access to religion or spirituality
 - Accessibility in facilities for those with disabilities
 - Affordable housing
 - Arts and cultural events
 - Clean environment
 - Community involvement
 - Diversity, equity, inclusion, & belonging
 - Good schools
 - Healthy behaviors and lifestyles
 - Low crime/safe neighborhoods
 - Low death and disease rates
 - Low level of interpersonal violence
 - Parks, trails, and recreation
 - Strong family life
 - Transportation services
 - Other: _____

13. In your opinion, what would improve our community's access to healthcare? **(Select ALL that apply)**
- Community resource navigation
 - Cultural safety (i.e., respect of culture/identities)
 - Greater health education services
 - Having health insurance
 - Identity safety
 - Improved quality of care
 - Interpreter/translation services
 - More information about available services
 - More primary care providers
 - More specialists
 - Outpatient services expanded hours
 - Payment assistance programs (healthcare expenses)
 - Services offered in my community
 - Telemedicine
 - Transportation assistance
 - Updates to disability access in facilities
 - Other: _____

14. 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"/> Alzheimer's | <input type="checkbox"/> End of life planning /living will | <input type="checkbox"/> Physical exercise/fitness |
| <input type="checkbox"/> Babysitting | <input type="checkbox"/> First aid/CPR | <input type="checkbox"/> Prenatal |
| <input type="checkbox"/> Cancer support | <input type="checkbox"/> Gender affirming care | <input type="checkbox"/> Self-defense courses |
| <input type="checkbox"/> Cancer education | <input type="checkbox"/> Grief counseling | <input type="checkbox"/> Smoking/tobacco/vaping cessation |
| <input type="checkbox"/> Cancer navigation | <input type="checkbox"/> Heart disease | <input type="checkbox"/> Support groups |
| <input type="checkbox"/> Cancer survivorship | <input type="checkbox"/> Lactation/breastfeeding support | <input type="checkbox"/> Trail and recreational safety |
| <input type="checkbox"/> Controlling wound bleeds | <input type="checkbox"/> Mental health | <input type="checkbox"/> Water safety |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Narcan training (overdose intervention) | <input type="checkbox"/> Weight loss |
| <input type="checkbox"/> Distracted driving education and prevention | <input type="checkbox"/> Nutrition | <input type="checkbox"/> Wilderness first aid |
| <input type="checkbox"/> Driving under the influence education and prevention | <input type="checkbox"/> Older adult fall prevention | <input type="checkbox"/> Wildlife safety |
| | <input type="checkbox"/> Parenting | <input type="checkbox"/> Other: _____ |

15. Which method of education and learning do you prefer? **(Select ALL that apply)**

- | | |
|---|--|
| <input type="checkbox"/> In person training (hands on and discussion) | <input type="checkbox"/> Public service announcement |
| <input type="checkbox"/> Live online training | <input type="checkbox"/> Reading materials |
| <input type="checkbox"/> Online self-paced training | <input type="checkbox"/> Videos |

16. What senior services are needed in your community? **(Select ALL that apply)**

- | | |
|--|---|
| <input type="checkbox"/> Access to healthy food such as Meals on Wheels and/or grocery delivery | <input type="checkbox"/> In-home personal assistance |
| <input type="checkbox"/> Access to other environmental & mobility supplies | <input type="checkbox"/> In-home senior respite care |
| <input type="checkbox"/> Access to shower chairs | <input type="checkbox"/> Insurance application assistance |
| <input type="checkbox"/> Access to walkers | <input type="checkbox"/> Insurance information |
| <input type="checkbox"/> Adult day care outside the home | <input type="checkbox"/> Life Alert or Other Emergency Call Access Worn |
| <input type="checkbox"/> Community supported senior center | <input type="checkbox"/> Long Term Care |
| <input type="checkbox"/> Financial planning | <input type="checkbox"/> Opportunities for social engagement |
| <input type="checkbox"/> Home visit by a medical provider such as a physician, nurse practitioner, or physicians | <input type="checkbox"/> Senior retirement housing/community |
| <input type="checkbox"/> Hospice House (outside of home) | <input type="checkbox"/> Skilled nursing |
| <input type="checkbox"/> Independent living | <input type="checkbox"/> Support in managing choices with serious illness |
| <input type="checkbox"/> In-home Hospice | <input type="checkbox"/> Transportation |
| | <input type="checkbox"/> Visiting nurse services |
| | <input type="checkbox"/> Other: _____ |

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

- Yes No Don't know

Please answer the following questions for your household.

18. In the past 6 months did you worry that you might run out of food before you had money to buy more?

- Yes No

19. Is it difficult for you to buy fresh fruits and vegetables at a price you can afford?

- Yes No

20. Has cost prohibited you from filling a prescription or taking your medication regularly?

- Yes No Not applicable

- 21. What challenges have you faced with access to childcare? (Select ALL that apply)**
- | | |
|---|--|
| <input type="checkbox"/> Anxiety about leaving child | <input type="checkbox"/> Not having childcare was a barrier to employment and/or education |
| <input type="checkbox"/> Cost too much | <input type="checkbox"/> Too far from home/work |
| <input type="checkbox"/> Couldn't find childcare for the times needed | <input type="checkbox"/> None |
| <input type="checkbox"/> Finding information about available options | <input type="checkbox"/> I do not have children |
| <input type="checkbox"/> Finding quality childcare (safe, trained staff, reliable, educational) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Not enough available options | |
- 22. Do you have a family member or care provider within the community to provide 24/7 help and support to you if you need additional help?**
- Yes No
- 23. Medicare does not pay for Long Term Care if you ever need to live in either an assisted living or skilled nursing facility (i.e. nursing home). Do you have long-term care insurance?**
- Yes No
- 24. 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 Services | <input type="checkbox"/> VA/Military |
| <input type="checkbox"/> Health Insurance Marketplace | <input type="checkbox"/> Medicaid | <input type="checkbox"/> None/pay out of pocket (If none, skip to question # 26) |
| <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 | |
- 25. How well do you feel your health insurance covers your healthcare costs? (Skip to question # 27)**
- Excellent Good Fair Poor
- 26. If you do NOT have health insurance, why? (Select ALL that apply)**
- | | |
|---|--|
| <input type="checkbox"/> Can't afford to pay for health insurance | <input type="checkbox"/> Too confusing/don't know how to apply |
| <input type="checkbox"/> Choose not to have health insurance | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Employer does not offer insurance | |
- 27. 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
- 28. Which of the following preventive healthcare services have you or someone in your household used in the past year? (Select ALL that apply)**
- | | | |
|---|---|---|
| <input type="checkbox"/> Blood pressure check | <input type="checkbox"/> Discounted Blood Work | <input type="checkbox"/> Pap test |
| <input type="checkbox"/> Children's checkup/Well baby | <input type="checkbox"/> Flu shot/immunizations | <input type="checkbox"/> Prostate (PSA) |
| <input type="checkbox"/> Cholesterol check | <input type="checkbox"/> Health checkup | <input type="checkbox"/> Vision check |
| <input type="checkbox"/> Colonoscopy/Take home test | <input type="checkbox"/> Hearing check | <input type="checkbox"/> None |
| <input type="checkbox"/> Dental check | <input type="checkbox"/> Lung screening for past or current smokers | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> Mammography | |
- 29. In the past three years, was there a time when you or a member of your household thought you needed healthcare services but did NOT get or delayed getting medical services?**
- Yes No (If no, skip to question # 31)

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

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

31. How do you get to and from the hospital, clinic, or the majority of other medical appointments? (Select ALL that apply)

- | | |
|--|---|
| <input type="checkbox"/> Bike | <input type="checkbox"/> Skyline Bus |
| <input type="checkbox"/> Galavan | <input type="checkbox"/> Streamline bus |
| <input type="checkbox"/> Ride with a Family Member or Friend | <input type="checkbox"/> VA bus |
| <input type="checkbox"/> Ride Service or Ride Share (Uber) | <input type="checkbox"/> Walk |
| <input type="checkbox"/> Single Occupancy Vehicle (Car, truck) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Skyline Big Sky Connect | |

32. What distance do you typically have to travel for medical care? (Select ALL that apply)

- | | |
|---|--|
| <input type="checkbox"/> Less than 1 mile | <input type="checkbox"/> 10 – 24 Miles |
| <input type="checkbox"/> 1 – 4 Miles | <input type="checkbox"/> 25 – 49 Miles |
| <input type="checkbox"/> 5 – 9 Miles | <input type="checkbox"/> 50 + Miles |

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

- Yes No (If no, skip to question # 36)

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

- | | | |
|-----------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Belgrade | <input type="checkbox"/> Bozeman | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Big Sky | <input type="checkbox"/> West Yellowstone | |

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

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

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

- Yes No (If no, skip to question # 39)

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

- | | | |
|-----------------------------------|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Belgrade | <input type="checkbox"/> Billings | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Big Sky | <input type="checkbox"/> Bozeman | |

38. 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"/> Geriatrician | <input type="checkbox"/> Pediatrician | <input type="checkbox"/> Other: _____ |

39. In the past year, have you or a member of your household accessed mental health services in your community?

- Yes No Don't know/prefer not to answer

40. If no, what was the reason for not accessing mental health services? (Select ALL that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Difficulty finding services in my language | <input type="checkbox"/> It cost too much | <input type="checkbox"/> Stigma attached to mental health |
| <input type="checkbox"/> Don't know where to go | <input type="checkbox"/> Lack of childcare | <input type="checkbox"/> Not needed |
| <input type="checkbox"/> Feel it would not help | <input type="checkbox"/> Lack of nearby services | <input type="checkbox"/> Prefer not to answer |
| | <input type="checkbox"/> Lack of transportation | |

41. In the past 3 months, how often have you felt lonely or isolated?

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

Please answer the following questions about yourself.

42. Thinking over the past 3 months, how would you describe your stress level?

- High Moderate Low Unsure/rather not say

43. 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

44. How many servings of fruit or vegetables did you have yesterday?

- None 1 2 3 4 5 6 or more

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

- | | | |
|---|--|---|
| <input type="checkbox"/> Daily | <input type="checkbox"/> 3-5 times per month | <input type="checkbox"/> No physical activity |
| <input type="checkbox"/> 2-4 times per week | <input type="checkbox"/> 1-2 times per month | |

46. What else should we know about health in your community?

[Coded]

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

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

THANK YOU VERY MUCH FOR YOUR TIME

Please note that all information will remain confidential

INSTRUCCIONES: Complete esta encuesta marcando las casillas correspondientes y luego devuélvala en el sobre con franqueo pagado adjunto. Si necesita ayuda, comuníquese con la Oficina de Salud Rural de Montana al 406-994-5653. La participación es voluntaria y sus respuestas serán confidenciales. Puede optar por no responder a ninguna pregunta y puede detenerse en cualquier momento.

1. ¿Cuál es el código postal del lugar donde vive actualmente?

- | | | |
|---|---|---|
| <input type="checkbox"/> 59714 – Belgrade | <input type="checkbox"/> 59730 – Gallatin Gateway | <input type="checkbox"/> 59760 – Willow Creek |
| <input type="checkbox"/> 59715 – Bozeman | <input type="checkbox"/> 59741 – Manhattan | <input type="checkbox"/> Otro: _____ |
| <input type="checkbox"/> 59716 – Big Sky | <input type="checkbox"/> 59752 – Three Forks | |
| <input type="checkbox"/> 59718 – Bozeman | <input type="checkbox"/> 59758 – West Yellowstone | |

2. ¿Cuántos años tiene?

- | | | |
|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> 18-24 | <input type="checkbox"/> 45-54 | <input type="checkbox"/> 75-84 |
| <input type="checkbox"/> 25-34 | <input type="checkbox"/> 55-64 | <input type="checkbox"/> 85+ |
| <input type="checkbox"/> 35-44 | <input type="checkbox"/> 65-74 | |

3. ¿Cuál es su situación de vivienda hoy?

- Tengo un lugar estable para vivir
- Tengo un lugar para vivir hoy, pero me preocupa perderlo en el futuro
- No tengo un lugar estable para vivir (me quedo temporalmente en lo de otras personas, en un hotel, en un refugio, afuera en la calle, en un automóvil, en un edificio abandonado, en una estación de autobuses o en un parque)
- Prefiero no responder esta pregunta

4. ¿Cuál es su situación laboral? **(Seleccione TODAS las opciones que correspondan)**

- | | |
|--|---|
| <input type="checkbox"/> Trabajo a tiempo completo | <input type="checkbox"/> Cobro subsidio por discapacidad |
| <input type="checkbox"/> Trabajo a medio tiempo | <input type="checkbox"/> Desempleado, pero buscando trabajo |
| <input type="checkbox"/> Jubilado | <input type="checkbox"/> Actualmente no estoy buscando empleo |
| <input type="checkbox"/> Estacional | <input type="checkbox"/> Otro: _____ |
| <input type="checkbox"/> Estudiante | |

5. ¿Cuál es su ingreso familiar anual?

- | | |
|--|--|
| <input type="checkbox"/> Menos de \$10,000 | <input type="checkbox"/> \$75,000 - \$99,999 |
| <input type="checkbox"/> \$10,000 – \$24,999 | <input type="checkbox"/> \$100,000 - \$149,999 |
| <input type="checkbox"/> \$25,000 - \$34,999 | <input type="checkbox"/> \$150,00 - \$199,999 |
| <input type="checkbox"/> \$35,000 - \$49,999 | <input type="checkbox"/> \$200,000 - \$249,999 |
| <input type="checkbox"/> \$50,000 - \$74,999 | <input type="checkbox"/> \$250,000 o más |

6. ¿Con qué raza(s) o etnias se identifica mejor? **(Seleccione TODAS las opciones que correspondan)**

- | | |
|--|---|
| <input type="checkbox"/> Indio americano o nativo de Alaska | <input type="checkbox"/> Nativo de Hawái o las islas del Pacífico |
| <input type="checkbox"/> Asiático | <input type="checkbox"/> Blanco |
| <input type="checkbox"/> Negro o afroamericano | <input type="checkbox"/> Raza y etnia desconocidas |
| <input type="checkbox"/> Hispano o latino/latina/latine/latinx o español de cualquier raza | <input type="checkbox"/> Prefiero no decirlo |
| | <input type="checkbox"/> Prefiero autodescribirme: _____ |

7. ¿Cuál es su identidad de género/sexo?

- | | | |
|--|--|--|
| <input type="checkbox"/> Masculino | <input type="checkbox"/> Intersexual | <input type="checkbox"/> X |
| <input type="checkbox"/> Femenino | <input type="checkbox"/> No binario | <input type="checkbox"/> Prefiero no decirlo |
| <input type="checkbox"/> Género fluido | <input type="checkbox"/> Transgénero | <input type="checkbox"/> Prefiero autodescribirme: _____ |
| <input type="checkbox"/> Género no conformista | <input type="checkbox"/> Dos espíritus | |

8. ¿Cómo describe su orientación sexual? (Seleccione TODAS las opciones que correspondan)

- | | |
|---|--|
| <input type="checkbox"/> Asexual | <input type="checkbox"/> Poliamoroso |
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> No normativo |
| <input type="checkbox"/> Gay o lesbiana | <input type="checkbox"/> Prefiero no decirlo |
| <input type="checkbox"/> Heterosexual | <input type="checkbox"/> Prefiero autodescribirme: _____ |
| <input type="checkbox"/> Pansexual | |

9. ¿Alguien en su hogar tiene una discapacidad?

- Sí No Prefiero no decirlo

10. En la siguiente lista, ¿cuáles considera que son los tres problemas de salud más graves? (Seleccione SOLO 3)

- | | | |
|--|---|--|
| <input type="checkbox"/> Alzheimer/demencia | <input type="checkbox"/> Falta de ejercicio | <input type="checkbox"/> Accidente cerebrovascular |
| <input type="checkbox"/> Cáncer | <input type="checkbox"/> Mantener un peso saludable | <input type="checkbox"/> Suicidio |
| <input type="checkbox"/> Trauma infantil | <input type="checkbox"/> Salud mental | <input type="checkbox"/> Tabaquismo
(cigarrillos/puros, vapeo,
masticación, cigarrillos electrónicos,
sin humo) |
| <input type="checkbox"/> Depresión/ansiedad | <input type="checkbox"/> Accidentes/lesiones
relacionados con actividades
recreativas | <input type="checkbox"/> Estrés laboral/económico |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Enfermedades/problemas
respiratorios | <input type="checkbox"/> Accidentes/lesiones relacionados
con el trabajo |
| <input type="checkbox"/> Cardiopatía | <input type="checkbox"/> Agresión sexual | <input type="checkbox"/> Otro: _____ |
| <input type="checkbox"/> Hambre | <input type="checkbox"/> Aislamiento social/soledad | |
| <input type="checkbox"/> Falta de acceso a la atención
médica | | |

11. ¿Por qué son estos los 3 problemas de salud más graves?

12. Seleccione las tres opciones siguientes que considere que son más importantes para una comunidad saludable (seleccione SOLO 3):

- | | | |
|---|---|---|
| <input type="checkbox"/> Acceso a cuidado de niños/programas de actividades después de la escuela | <input type="checkbox"/> Vivienda asequible | <input type="checkbox"/> Bajas tasas de mortalidad y enfermedad |
| <input type="checkbox"/> Acceso a servicios de salud | <input type="checkbox"/> Eventos artísticos y culturales | <input type="checkbox"/> Bajo nivel de violencia interpersonal |
| <input type="checkbox"/> Acceso a alimentos saludables | <input type="checkbox"/> Medioambiente limpio | <input type="checkbox"/> Parques, senderos y recreación |
| <input type="checkbox"/> Acceso a la interpretación y traducción de idiomas | <input type="checkbox"/> Participación comunitaria | <input type="checkbox"/> Vida familiar segura |
| <input type="checkbox"/> Acceso a la religión o a la espiritualidad | <input type="checkbox"/> Diversidad, equidad, inclusión y pertenencia | <input type="checkbox"/> Servicios de transporte |
| <input type="checkbox"/> Accesibilidad en las instalaciones para personas con discapacidad | <input type="checkbox"/> Buenas escuelas | <input type="checkbox"/> Otro: _____ |
| | <input type="checkbox"/> Comportamientos y estilos de vida saludables | |
| | <input type="checkbox"/> Vecindarios seguros y de baja criminalidad | |

13. En su opinión, ¿qué mejoraría el acceso de nuestra comunidad a la atención médica? (Seleccione TODAS las opciones que correspondan)

- | | |
|---|--|
| <input type="checkbox"/> Navegación de recursos comunitarios | <input type="checkbox"/> Más especialistas |
| <input type="checkbox"/> Seguridad cultural (es decir, respeto de la cultura/las identidades) | <input type="checkbox"/> Horario ampliado de atención ambulatoria |
| <input type="checkbox"/> Mejores servicios de educación sanitaria | <input type="checkbox"/> Programas de asistencia para el pago (gastos de atención médica) |
| <input type="checkbox"/> Tener seguro médico | <input type="checkbox"/> Servicios ofrecidos en mi comunidad |
| <input type="checkbox"/> Seguridad de la identidad | <input type="checkbox"/> Telemedicina |
| <input type="checkbox"/> Mejora de la calidad de la atención | <input type="checkbox"/> Asistencia de transporte |
| <input type="checkbox"/> Servicios de interpretación/traducción | <input type="checkbox"/> Actualizaciones del acceso para discapacitados en las instalaciones |
| <input type="checkbox"/> Más información sobre los servicios disponibles | <input type="checkbox"/> Otro: _____ |
| <input type="checkbox"/> Más médicos de cabecera | |

14. Si alguna de las siguientes clases/programas se pusiera a disposición de la comunidad, ¿a cuál le interesaría más asistir?

(Seleccione TODAS las opciones que correspondan)

- | | | |
|---|--|--|
| <input type="checkbox"/> Alzheimer | <input type="checkbox"/> Planificación del final de la vida/testamento en vida | <input type="checkbox"/> Crianza |
| <input type="checkbox"/> Cuidado de niños | <input type="checkbox"/> Primeros auxilios/RCP | <input type="checkbox"/> Ejercicio físico/estado físico |
| <input type="checkbox"/> Apoyo contra el cáncer | <input type="checkbox"/> Atención de afirmación de género | <input type="checkbox"/> Prenatal |
| <input type="checkbox"/> Educación sobre el cáncer | <input type="checkbox"/> Consejería en caso de duelo | <input type="checkbox"/> Cursos de defensa personal |
| <input type="checkbox"/> Navegación del cáncer | <input type="checkbox"/> Cardiopatía | <input type="checkbox"/> Dejar de fumar/consumir tabaco/vapear |
| <input type="checkbox"/> Supervivencia al cáncer | <input type="checkbox"/> Apoyo para lactancia/amamantamiento | <input type="checkbox"/> Grupos de apoyo |
| <input type="checkbox"/> Control de hemorragias de heridas | <input type="checkbox"/> Salud mental | <input type="checkbox"/> Seguridad recreativa y peatonal |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Capacitación sobre el Narcan (intervención en caso de sobredosis) | <input type="checkbox"/> Seguridad del agua |
| <input type="checkbox"/> Educación y prevención de la conducción distraída | <input type="checkbox"/> Nutrición | <input type="checkbox"/> Pérdida de peso |
| <input type="checkbox"/> Educación y prevención para no conducir alcoholizado | <input type="checkbox"/> Prevención de caídas en adultos mayores | <input type="checkbox"/> Primeros auxilios en la naturaleza |
| | | <input type="checkbox"/> Seguridad de la vida silvestre |
| | | <input type="checkbox"/> Otro: _____ |

15. ¿Qué método de educación y aprendizaje prefiere? **(Seleccione TODAS las opciones que correspondan)**

- | | |
|---|--|
| <input type="checkbox"/> Capacitación en persona (práctica y discusión) | <input type="checkbox"/> Anuncio de servicio público |
| <input type="checkbox"/> Capacitación en línea en vivo | <input type="checkbox"/> Materiales de lectura |
| <input type="checkbox"/> Capacitación en línea a su propio ritmo | <input type="checkbox"/> Videos |

16. ¿Qué servicios para personas mayores se necesitan en su comunidad? **(Seleccione TODAS las opciones que correspondan)**

- | | |
|---|---|
| <input type="checkbox"/> Acceso a alimentos saludables como Meals on Wheels o reparto de comestibles | <input type="checkbox"/> Asistencia personal en el hogar |
| <input type="checkbox"/> Acceso a otros suministros ambientales y de movilidad | <input type="checkbox"/> Cuidado paliativo para personas mayores en el hogar |
| <input type="checkbox"/> Acceso a sillas de ducha | <input type="checkbox"/> Asistencia para la solicitud de seguros |
| <input type="checkbox"/> Acceso a caminadores | <input type="checkbox"/> Información sobre seguros |
| <input type="checkbox"/> Cuidado diario de adultos fuera del hogar | <input type="checkbox"/> Alerta de vida u otro acceso a llamadas de emergencia |
| <input type="checkbox"/> Centro para personas mayores con el respaldo de la comunidad | <input type="checkbox"/> Cuidado a largo plazo |
| <input type="checkbox"/> Planificación financiera | <input type="checkbox"/> Oportunidades para el compromiso social |
| <input type="checkbox"/> Visita domiciliaria de un profesional sanitario, como un médico, un enfermero practicante o varios médicos | <input type="checkbox"/> Vivienda/comunidad para personas mayores |
| <input type="checkbox"/> Casa de hospicio (fuera del hogar) | <input type="checkbox"/> Enfermería especializada |
| <input type="checkbox"/> Vida independiente | <input type="checkbox"/> Ayuda para evaluar las opciones en caso de enfermedades graves |
| <input type="checkbox"/> Hospicio en el hogar | <input type="checkbox"/> Transporte |
| | <input type="checkbox"/> Servicios de enfermería ambulatoria |
| | <input type="checkbox"/> Otro: _____ |

17. ¿Siente que la comunidad tiene opciones de vivienda adecuadas y asequibles disponibles?

- Sí No No sé

Responda las siguientes preguntas sobre su hogar.

18. En los últimos 6 meses, ¿le preocupó quedarse sin comida antes de tener dinero para comprar más?

- Sí No

19. ¿Es difícil para usted comprar frutas y verduras frescas a un precio que pueda pagar?

- Sí No

30. En caso afirmativo, ¿cuáles fueron las **tres** razones más importantes por las que no recibió servicios de atención médica? **(Seleccione SOLO 3)**

- | | | |
|--|---|---|
| <input type="checkbox"/> No se pudo obtener una cita | <input type="checkbox"/> Quedaba demasiado lejos | <input type="checkbox"/> Proveedor calificado no disponible |
| <input type="checkbox"/> No pudo tomarse un tiempo del trabajo | <input type="checkbox"/> Barrera idiomática | <input type="checkbox"/> Servicios no se ofrecían en mi comunidad |
| <input type="checkbox"/> No sabía a dónde ir | <input type="checkbox"/> Mi seguro no lo cubría | <input type="checkbox"/> Espera demasiado larga para una cita |
| <input type="checkbox"/> No le gustan los médicos | <input type="checkbox"/> No tengo seguro | <input type="checkbox"/> Estaba demasiado nervioso o asustado |
| <input type="checkbox"/> No entiende el sistema de salud | <input type="checkbox"/> No hay lugar para prepararse antes o recuperarse después del procedimiento | <input type="checkbox"/> Transporte |
| <input type="checkbox"/> No tenía quién le cuidara los hijos | <input type="checkbox"/> No me trataron con respeto | <input type="checkbox"/> Otro: _____ |
| <input type="checkbox"/> Costaba demasiado | <input type="checkbox"/> El consultorio no estaba abierto cuando podía ir | |

31. ¿Cómo va y viene del hospital, la clínica o la mayoría de las otras citas médicas? **(Seleccione TODAS las opciones que correspondan)**

- | | |
|---|--|
| <input type="checkbox"/> Bicicleta | <input type="checkbox"/> Skyline Bus |
| <input type="checkbox"/> Galavan | <input type="checkbox"/> Streamline Bus |
| <input type="checkbox"/> Viaja con un familiar o amigo | <input type="checkbox"/> Autobús de Asuntos de los Veteranos |
| <input type="checkbox"/> Servicio de viaje o viaje compartido (Uber) | <input type="checkbox"/> Camina |
| <input type="checkbox"/> Vehículo de ocupación individual (automóvil, camión) | <input type="checkbox"/> Otro: _____ |
| <input type="checkbox"/> Big Sky Connect de Skyline | |

32. ¿Qué distancia suele tener que recorrer para recibir atención médica? **(Seleccione TODAS las opciones que correspondan)**

- | | |
|---|--|
| <input type="checkbox"/> Menos de 1 milla | <input type="checkbox"/> 10 – 24 millas |
| <input type="checkbox"/> 1 – 4 millas | <input type="checkbox"/> 25 – 49 millas |
| <input type="checkbox"/> 5 – 9 millas | <input type="checkbox"/> 50 millas o más |

33. En los últimos tres años, ¿usted o un miembro de su familia ha visto a un proveedor de atención médica primaria, como un médico de familia, un asistente médico o un enfermero practicante, para obtener servicios de atención médica?

- Sí No **(Si la respuesta es no, pase a la pregunta 36)**

34. ¿Dónde se encontraba ese proveedor de atención médica primaria? **(Seleccione SOLO 1)**

- | | | |
|-----------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Belgrade | <input type="checkbox"/> Bozeman | <input type="checkbox"/> Otro: _____ |
| <input type="checkbox"/> Big Sky | <input type="checkbox"/> West Yellowstone | |

35. ¿Por qué seleccionó el proveedor de atención primaria que está viendo actualmente? **(Seleccione TODAS las opciones que correspondan)**

- | | |
|---|--|
| <input type="checkbox"/> Disponibilidad de citas | <input type="checkbox"/> Privacidad/confidencialidad |
| <input type="checkbox"/> Reputación de calidad de la clínica/el proveedor | <input type="checkbox"/> Recomendado por familiares o amigos |
| <input type="checkbox"/> Era el más cercano a casa | <input type="checkbox"/> Referido por un médico u otro proveedor |
| <input type="checkbox"/> Costo de la atención | <input type="checkbox"/> Requerido por el plan de seguro |
| <input type="checkbox"/> Duración del tiempo en la sala de espera | <input type="checkbox"/> Requisito de Asuntos de los Veteranos/militar |
| <input type="checkbox"/> Experiencia previa con la clínica | <input type="checkbox"/> Otro: _____ |

36. En los últimos tres años, ¿usted (o un miembro de su familia) consultó a un médico especialista (que no sea su proveedor de atención primaria/médico de familia) para recibir servicios de atención médica?

- Sí No **(Si la respuesta es no, pase a la pregunta 39)**

37. ¿Dónde consultó al médico especialista? **(Seleccione TODAS las opciones que correspondan)**

- | | | |
|-----------------------------------|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Belgrade | <input type="checkbox"/> Billings | <input type="checkbox"/> Otro: _____ |
| <input type="checkbox"/> Big Sky | <input type="checkbox"/> Bozeman | |

38. ¿Qué tipo de médico especialista consultó? (Seleccione TODAS las opciones lo que correspondan)

- | | | |
|--|--|--|
| <input type="checkbox"/> Alergólogo | <input type="checkbox"/> Asesor contra adicciones con licencia | <input type="checkbox"/> Fisioterapeuta |
| <input type="checkbox"/> Audiólogo | <input type="checkbox"/> Asesor de salud mental | <input type="checkbox"/> Podólogo |
| <input type="checkbox"/> Cardiólogo | <input type="checkbox"/> Neurólogo | <input type="checkbox"/> Psiquiatra (doctor) |
| <input type="checkbox"/> Quiropráctico | <input type="checkbox"/> Neurocirujano | <input type="checkbox"/> Psicólogo |
| <input type="checkbox"/> Dentista | <input type="checkbox"/> Obstetra/ginecólogo | <input type="checkbox"/> Neumólogo |
| <input type="checkbox"/> Dermatólogo | <input type="checkbox"/> Terapeuta ocupacional | <input type="checkbox"/> Radiólogo |
| <input type="checkbox"/> Dietista | <input type="checkbox"/> Oncólogo | <input type="checkbox"/> Reumatólogo |
| <input type="checkbox"/> Endocrinólogo | <input type="checkbox"/> Oftalmólogo | <input type="checkbox"/> Trabajador social |
| <input type="checkbox"/> Otorrinolaringólogo (oído/nariz/garganta) | <input type="checkbox"/> Optometrista | <input type="checkbox"/> Logopeda |
| <input type="checkbox"/> Gastroenterólogo | <input type="checkbox"/> Cirujano ortopédico | <input type="checkbox"/> Urólogo |
| <input type="checkbox"/> Geriatra | <input type="checkbox"/> Pediatra | <input type="checkbox"/> Otro: _____ |

39. En el último año, ¿usted (o un miembro de su familia) ha accedido a servicios de salud mental en su comunidad?

- Sí No No sabe/prefiere no responder

40. Si la respuesta es no, ¿cuál fue la razón para no acceder a los servicios de salud mental? (Seleccione TODAS las opciones que correspondan)

- | | | |
|---|--|---|
| <input type="checkbox"/> Dificultad para encontrar servicios en mi idioma | <input type="checkbox"/> Costaba demasiado | <input type="checkbox"/> Estigma asociado a la salud mental |
| <input type="checkbox"/> No sé a dónde ir | <input type="checkbox"/> Falta de cuidado infantil | <input type="checkbox"/> No era necesario |
| <input type="checkbox"/> Siento que no serviría | <input type="checkbox"/> Falta de servicios cercanos | <input type="checkbox"/> Prefiero no responder |
| | <input type="checkbox"/> Falta de transporte | |

41. En los últimos 3 meses, ¿con qué frecuencia se ha sentido solo o aislado?

- | | | |
|--|---|--------------------------------|
| <input type="checkbox"/> Todos los días | <input type="checkbox"/> A veces (3-5 días al mes) | <input type="checkbox"/> Nunca |
| <input type="checkbox"/> La mayoría de los días (3-5 días a la semana) | <input type="checkbox"/> Ocasionalmente (1-2 días al mes) | |

Responda las siguientes preguntas sobre usted.

42. Pensando en los últimos 3 meses, ¿cómo describiría su nivel de estrés?

- Alto Moderado Bajo No estoy seguro/prefiero no contestar

43. Pensando en su salud mental (lo que incluye estrés, ansiedad, depresión y problemas con las emociones), ¿cómo calificaría su salud mental en general?

- Muy buena Buena Adecuada Mala

44. ¿Cuántas porciones de frutas o verduras comió ayer?

- Ninguna 1 2 3 4 5 6 o más

45. Durante el último mes, ¿con qué frecuencia ha realizado actividad física durante al menos 20 minutos?

- | | | |
|--|---|---|
| <input type="checkbox"/> A diario | <input type="checkbox"/> 3-5 veces al mes | <input type="checkbox"/> No hice actividad física |
| <input type="checkbox"/> 2-4 veces a la semana | <input type="checkbox"/> 1-2 veces al mes | |

46. ¿Qué más debemos saber sobre la salud en su comunidad?

[CODED]

Devuelva este documento en el sobre con franqueo pagado adjunto con esta encuesta o envíelo por correo a:

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

MUCHAS GRACIAS POR SU TIEMPO

Tenga en cuenta que toda la información permanecerá

Appendix F- Cross Tabulation Analysis

Bozeman Health Deaconess Regional Medical Center

Delay or Did Not Get Need Healthcare Services by Residence

	Yes	No	Total
59714 – Belgrade	38.3% (23)	61.7% (37)	60
59715 – Bozeman	35.0% (86)	65.0% (160)	246
59716 – Big Sky	46.8% (22)	53.2% (25)	47
59718 – Bozeman	31.5% (53)	68.5% (115)	168
59730 – Gallatin Gateway	33.3% (12)	66.7% (24)	36
59741 – Manhattan	41.1% (23)	58.9% (33)	56
59752 – Three Forks	41.3% (19)	58.7% (27)	46
59758 – West Yellowstone	42.9% (15)	57.1% (20)	35
59760 – Willow Creek	-	100.0% (1)	1
Other	71.4% (10)	28.6% (4)	14
TOTAL	37.1% (263)	62.9% (446)	709

Location of Primary Care Clinic Most Utilized by Residence

	Belgrade	Big Sky	Bozeman	West Yellowstone	Other	TOTAL
59714 – Belgrade	24.6% (14)	1.8% (1)	70.2% (40)	-	3.5% (2)	57
59715 – Bozeman	3.7% (8)	0.5% (1)	92.7% (202)	-	3.2% (7)	218
59716 – Big Sky	-	37.2% (16)	41.9% (18)	-	20.9% (9)	43
59718 – Bozeman	4.6% (7)	-	90.7% (137)	-	4.6% (7)	151
59730 – Gallatin Gateway	9.1% (3)	21.2% (7)	66.7% (22)	-	3.0% (1)	33
59741 – Manhattan	20.4% (11)	-	75.9% (41)	-	3.7% (2)	54
59752 – Three Forks	26.1% (12)	-	52.2% (24)	-	21.7% (10)	46
59758 – West Yellowstone	-	8.7% (2)	26.1% (6)	17.4% (4)	47.8% (11)	23
59760 – Willow Creek	100.0% (1)	-	-	-	-	1
Other	7.7% (1)	-	84.6% (11)	-	7.7% (1)	13
TOTAL	8.9% (57)	4.2% (27)	78.4% (501)	0.6% (4)	7.8% (50)	639

Location of Primary Care Provider Most Utilized by Reasons for Clinic/Provider Selection

	Belgrade	Big Sky	Bozeman	West Yellowstone	Other	TOTAL
Appointment availability	9.6% (19)	4.1% (8)	80.7% (159)	-	5.6% (11)	197
Clinic/provider's reputation for quality	6.7% (14)	1.9% (4)	81.8% (171)	0.5% (1)	9.1% (19)	209
Closest to home	15.7% (24)	13.1% (20)	62.1% (95)	1.3% (2)	7.8% (12)	153
Cost of care	3.1% (1)	-	84.4% (27)	-	12.5% (4)	32
Length of waiting room time	3.6% (1)	10.7% (3)	71.4% (20)	-	14.3% (4)	28
Prior experience with clinic	8.0% (16)	4.5% (9)	81.4% (162)	-	6.0% (12)	199
Privacy/confidentiality	5.9% (2)	-	82.4% (28)	-	11.8% (4)	34
Recommended by family or friends	5.6% (9)	1.9% (3)	86.9% (139)	-	5.6% (9)	160
Referred by physician or other provider	4.5% (4)	-	88.8% (79)	-	6.7% (6)	89
Required by insurance plan	9.3% (4)	2.3% (1)	83.7% (36)	-	4.7% (2)	43
VA/Military requirement	5.9% (1)	-	82.4% (14)	-	11.8% (2)	17
Other	9.0% (6)	3.0% (2)	74.6% (50)	1.5% (1)	11.9% (8)	67

Big Sky

Delay or Did Not Get Need Healthcare Services by Residence

	Yes	No	Total
59716 – Big Sky	46.8% (22)	53.2% (25)	47
59758 – West Yellowstone	42.9% (15)	57.1% (20)	35
TOTAL	45.1% (37)	54.9% (45)	82

Location of Primary Care Clinic Most Utilized by Residence

	Belgrade	Big Sky	Bozeman	West Yellowstone	Other	TOTAL
59716 – Big Sky	-	37.2% (16)	41.9% (18)	-	20.9% (9)	43
59758 – West Yellowstone	-	8.7% (2)	26.1% (6)	17.4% (4)	47.8% (11)	23
TOTAL	0	27.3% (18)	36.4% (24)	6.1% (4)	30.3% (20)	66

Location of Primary Care Provider Most Utilized by Reasons for Clinic/Provider Selection

	Belgrade	Big Sky	Bozeman	West Yellowstone	Other	TOTAL
Appointment availability	-	35.3% (6)	41.2% (7)	-	23.5% (4)	17
Clinic/provider's reputation for quality	-	21.4% (3)	35.7% (5)	7.1% (1)	35.7% (5)	14
Closest to home	-	50.0% (10)	10.0% (2)	10.0% (2)	30.0% (6)	20
Cost of care	-	-	50.0% (2)	-	50.0% (2)	4
Length of waiting room time	-	50.0% (2)	25.0% (1)	-	25.0% (1)	4
Prior experience with clinic	-	28.6% (6)	47.6% (10)	-	23.8% (5)	21
Privacy/confidentiality	-	-	50.0% (1)	-	50.0% (1)	2
Recommended by family or friends	-	22.2% (2)	22.2% (2)	-	55.6% (5)	9
Referred by physician or other provider	-	-	42.9% (3)	-	57.1% (4)	7
Required by insurance plan	-	-	50.0% (1)	-	50.0% (1)	2
VA/Military requirement	-	-	-	-	100.0% (2)	2
Other	-	20.0% (1)	40.0% (2)	20.0% (1)	20.0% (1)	5

Appendix G- Responses to Other & Comments

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

- Wherever I can park my car
- Four Corners
- 86403
- 59025
- 59349
- 59643
- 59901
- Churchill Amsterdam
- 59030
- 59715; 59716
- Island Park
- 59735
- 59701

4. What is your employment status?

- Self-employed (3)
- I will be working part-time in my freshman year
- Mother on maternity leave
- Engaged in community
- Work 3+ Jobs
- Disabled (2)
- Stay at home mom (3)
- Retired but still working in consultancies and other professional activities
- Homemaker (3)
- Full time mama
- Business owner (2)
- Self-employed artist
- VA
- Can't
- None
- Self-employed variable hours and full-time mom
- Full-time and part-time

6. With which race(s) or ethnicities do you best identify? (Select ALL that apply)

- American Melting Pot
- Human (2)

- Jewish (2)
- Caucasian (white is not a race)
- Multi-Racial
- Asian American
- AFRICAN (we are different from African Americans)
- South Asian Indian
- Middle Eastern & Caucasian
- White
- Apache
- Mutt

7. What is your gender identity/sex? – Prefer to self describe:

- Male + Female (Two people)
- Black
- Human

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

- Female (1)
- Transgender (1)

8. How do you describe your sexual orientation? (Select ALL that apply) –

Prefer to self-describe:

- Normal (2)
- Female
- Sapiosexual
- Straight?
- COVID Positive
- I have no idea what most of these mean
- I'm married
- ? Not gay
- Celibate
- Straight

10. In the following list, what do you think are the three most serious health concerns? (Select ONLY 3)

- Gun violence (3)
- Social media
- Drug and alcohol abuse
- Alcohol (7)
- Lack of social supports for those with disabilities (financial & caregiving)
- Lack of extended care facilities
- Unintentional accidents

- Industrialized chemical - laden food
- Falling
- Obesity
- Car accidents, next pandemic
- N/A (2)
- Drug addiction
- Healthy Nutrition/diets (11)
- Autism, lack of support: ADHD
- TBI (Traumatic Brain Injury)
- Climate-change-related threats to health (2)
- Autoimmune disorders
- ADHD
- Musculoskeletal-skeletal degeneration
- Govt. creating laws to stop children from proper healthcare
- Reproductive health
- Air and water pollution
- Unhealthy lifestyles
- Addiction
- Have no opinion
- M.S. (Multiple sclerosis)
- Experimental med
- None
- Podiatry
- Mobility
- All substance abuse
- Affording health care

*Responses when more than 3 were selected (9 participants):

- Alzheimer's/dementia (1)
- Cancer (1)
- Childhood Trauma (3)
- Depression/anxiety (5)
- Diabetes (2)
- Heart disease (3)
- Lack of access to healthcare (2)
- Lack of exercise (4)
- Maintaining a healthy weight (3)
- Mental health (5)
- Recreation related accidents/injuries (1)
- Respiratory issues/illness (1)
- Sexual assault (1)
- Social isolation/loneliness (2)
- Suicide (1)

- Tobacco use (cigarettes/cigars, vaping, chew, e-cigarettes, smokeless) (3)
- Work/economic stress (4)

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

- More neurologists, gerontologists, and palliative care specialists
- Access to health insurance
- Medicare for all (2)
- Competition of services
- To help make healthcare more affordable and available, nurse and support staff need to be better taken care of, while cutting out worthless high paid administrative healthcare jobs and for-profit positions. Then all of these programs would have plenty of money to help people in need
- Billing department is incredibly challenging to work with
- Dr's offices that coordinate care and put patient safety and results above profitability
- More alternatives to emergency rooms
- Integrating alternative and preventive medicine into practices
- I can't afford it
- More timely access to primary care providers
- Mental Health Help for free
- Options less dictated by insurance
- Not having to wait a very long time to get an appointment
- Higher pay for healthcare professionals RN, PN, Aides. More hospital + nursing home options
- Outreach + education on preventative care also on benefits of medical care/insurance like Medicaid + expansion CH18
- Rehabilitation facility
- Reduce the outrageous cost of health services, your greed is disgusting, doctors and administrators are overpaid
- Payment assistance for low-income families
- Single payer Insurance AKA Medicare for all
- More oncologists
- Universal Healthcare (3)
- Doctors who can spend more than 15 minutes for an appointment. Retaining experienced capable staff
- Affordable housing for all, including healthcare workers
- Increased stability of medical staff
- Doctors who accept Medicaid and other low-cost insurances
- Telling them to stop eating glyphosate covered foods
- Reduced costs, cannot access care, it is too expensive
- Doctors who actually CARE about people!!
- More transparency with insurance services

- Mental health services and providers (5)
- Any gender reassignment surgeons who accept Medicaid.
- Prescriptions for healthy food (can buy the food at a discounted cost)
- Increased crisis support and mental health services
- Full specialty Dental services for low/ no income community members (including braces and root canals). Tired of them removing teeth just because I can't afford to save my teeth. Looking like a jack o lantern by taking teeth also takes away our dignity
- Lower cost of healthcare/medications without insurance intervention in treatments and testing
- Being able to get it insurance at any time of year
- Health services in Three Forks
- More accessibility to naturopathic medicine and doctors that aren't pressured or paid out by the CDC
- 1. Get the Three Forks Area Ambulance Service under completely new management. 2. Stop enabling the gross mismanagement of said Ambulance Service
- More affordable
- My experience has been great, I have access and information to all of these
- Affordable, Affordable, Affordable!!!
- Better care in general. Care about the patient. Way too many mistakes happening. More quality measures in place so mistakes don't happen. I will choose to go farther for healthcare if it meant I was confident in the care I would receive
- Central location to get information/service for call button - emergency
- Return of Health Care Connections bus
- A legislature that does not waste taxpayer's dollars trying to legislate values. A legislature that cares about ensuring that ALL citizens can thrive and succeed
- Effective promotion of healthy living - reduction of sugar in grocery stores, schools, and public buildings
- Easier to understand and obtain health insurance
- Pediatric urgent care
- Quicker access to mental health services like counselors, child psychologists, neuro psych professionals
- Indoor facilities for walking
- All the above (2)
- Pop up clinics in disenfranchised areas at no cost
- No opinion
- Affordability
- Free health care for people who can't afford it like me
- Urgent care for deep cuts
- Communication to facilities of health care offices and doctors, not all older people have computer access and need call backs!
- Cardiologist, neurologist, we need these critical care specialists!
- Be able to see a specialist without a referral

- Lower prices
- Less resistance in state government and legislature to programs and funding to increase. I.e. Elect fewer of the people that sought to stifle good healthcare legislation (progressive, means-tested, successful etc. practices)
- Access to language interpretation and translation
- Better doctors at Bozeman Health Big Sky
- Behavioral health
- Ton of money
- Having an urgent care in Big Sky
- Having services/specialists that much smaller hospitals/communities have
- Lower turn-over (profession and para professions)
- More affordable healthcare
- More rehab bed availability

14. 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)

- Others as needed. Cancer support, etc. when the time comes
- Have no problem finding classes
- Technology and social media addiction
- None (4)
- Anti-Anti-Bullying
- Housing !!!
- None. Don't like meetings
- Aging in home
- Navigating the healthcare insurance options
- Simulated Driving Course
- Gun Safety
- Basic cooking
- Warm water swimming
- EMT course
- Perhaps none of them. I am too busy
- Cannabis as medicine
- None of the above (2)
- Suicide & depression support - I'm a family member of someone struggling with this
- Stop building. Leave green spaces
- Clean up after your dog "Puppy poop patrol" to help maintain trail safety and cleanliness - GVLTA needs to offer bags and trash bins at more well used trailheads
- Relationship/family counseling
- Free exercise programs for seniors in evening
- Epilepsy

- Most of these are offered in Bozeman
- Firearms safety/instruction and concealed carry courses

16. What senior services are needed in your community? (Select ALL that apply)

- Senior case management
- Assistance with hoarding
- Don't know (6)
- Hot line for people not knowing how to start and where to find services
- Peer support specialist, health and wellness coaching
- In-home relief (sitter) for full-time carers of family members with dementia/Alzheimer's
- I don't know what services are currently available, but everything listed here sounds important
- There is an abundance of all the listed services
- Housing
- Low-income options
- Affordable
- NA
- Rehabilitation center
- Affordable senior care
- I'm not sure; I am new to the area
- Affordable health care
- I'm not well-informed on what is currently available, but I think ideally we'd have all of this (3)
- Unsure (5)
- Assisted living
- Insurance for everyone
- Help for grandparents who are raising grandkids to access SNAP and other resources? Especially those who don't officially have custody
- Meals on wheels in my understanding does not provide the healthiest meal choices, presumably limited by funding
- An ambulance service that answers calls, staffed with a Paramedic, not just an EMTs
- More affordable options
- Decline to answer
- Help with home repairs
- I don't know what is needed, senior center in Bozeman is good!
- All of these! Our community is getting older, and without the high dollar of the seemingly wealthy people moving here. We all worry if we can make it . Our kids have moved as they can't afford this town even with good jobs!
- All

- Highly advertised and promoted volunteer programs
- No opinion
- Medicaid education
- Medicare sign-up
- Many of these already exist
- Everything
- Tech support for using computer/phone. (Senior Center)
- BASE should have a senior center
- Health care providers. The clinic doesn't seem to attract and keep them
- Away from home personal assistance for shopping, etc.

21. What challenges have you faced with access to childcare?

- My children are grown but costs are tremendously high (but providers need to be paid!)
- While I don't have children, peers my age say that access to childcare is their biggest barrier to their health and wellbeing
- We rely on family for 95% of our child care
- No childcare options qualified to care for a disabled child, in a situation I can afford
- I'm a senior with older children & grandchildren
- Children are grown, I live alone
- N/A (4)
- My children are adults (15)
- For my grandchildren
- Closures out of synch w/ business. Concern over de-funding other school cares
- Have older children
- My sons day care is amazing and fits in my work schedule. My boss made work be a priority equally with being a single dad so it works perfect.
- Kids are teens
- No children
- My kids are older and self-sufficient for the most part.
- Waitlist times are incredibly long. Longer than full term pregnancy + 12 weeks
- I am a full time stay at home parent
- Working around spouses needs and hours
- I have grown children, but childcare costs and availability has always been a problem here
- I don't trust public education in the valley because of pornographic materials I have seen with my own eyes in the libraries
- Discrimination against children that are not fully vaccinated
- Cost of childcare is prohibitive
- Having childcare fall through following maternity leave
- We take care of our own children by choice

- Retired have grandchildren
- Long waiting list
- My children are self sufficient now. :)
- Does not apply
- Plan to have children but cost of living is too high
- My Children are grown, however, I do have Grandchildren and there are not enough options when it comes to childcare if needed

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

- Health share ministry
- CHP - sliding fee
- AARP Supplemental
- Employer sponsored cost sharing and telemedicine
- Employer sponsored HSA
- Medicare Advantage Plan (3)
- Insurance costs over \$1000 a month and covers nothing. Can not afford to go to Dr. This needs to be fixed!
- My parents’ insurance plan
- Christian Healthcare Ministries
- Parent's insurance (when living in Bozeman)
- Healthshare
- BBBS
- Medicare supplement
- Medishare
- Medicare Advantage plan and supplement plans
- BC/BS MT
- Work
- Humana
- College
- No tengo [I don’t have it]
- Share Program

*Responses when more than 1 was selected (44 participants):

- Employer sponsored (10)
- Health Insurance Marketplace (4)
- Health Savings Account (5)
- Healthy MT Kids (2)
- Indian Health Services
- Medicaid (9)
- Medicare (35)
- Private insurance/private plan (17)

- VA/Military (5)
- None/pay out of pocket

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

- Can't find one that I can afford that my doctor will take
- Missed the "open enrollment" window and we rarely see a doctor
- Application noted state agency would contact me and they have not

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

- IUD- birth control
- Prep
- HPV vaccine. Skin cancer check
- Bone density (2)
- Surgery recovery (friends & family)
- Rx Consultation
- These were in my previous home (city)
- Prenatal care
- Covid shot
- Blood screening
- Nutritionist
- Mammogram
- ENT Reflux
- Chiropractic
- DXA
- Lab work (not discounted)
- Dermatology
- Lung screening (not a smoker)
- Shingles vaccines; Covid-19 and boosters
- ER 2 times
- MRI
- Colonoscopy through a hospital

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

- Procrastination
- I was too busy traveling frequently
- Increased debt
- Misdiagnosis
- Pointless mask mandates
- Could not find the time between work and school

- Don't understand Affordable Insurance Options
- Co-pay costs
- Ridiculous Covid policies, such as masking healthy people at routine appts (bloodwork, dental, vision, etc.)
- Didn't feel like was sick enough to justify it
- Appt made with dentist, but it took about 8 months still waiting for an appt
- Bozeman Health (Big Sky) said I was no longer a patient after my provider moved
- Insurance and or hoops to jump through that take too long
- COVID closures delayed my breast cancer screening
- Procedure required a “ride” to and from, couldn't afford the recovery time to be off work. No childcare for recovery time
- I had COVID and almost died but my physician and the county health department refused to test me because I was 64.5 years old and not 65. I am so lucky to be alive. What they did should have killed me
- Ambulance would not show up
- Unable to access care while the system was overwhelmed with Covid (pre-vaccine)
- Need a referral really !?!
- We were in immediate need of a child psychologist. OT was a 6 month wait in Gallatin Co. We ended up getting one in Anaconda who we really like and will continue to use.
- Just didn't go
- Embarrassed
- Doesn't get around to scheduling an appointment
- Don't expect positive contribution from local providers
- No pudo tomarse un tiempo del trabajo; No sabia a donde ir; Quedaba demasiado legjos; Barrera idiomática; No tengo seguro; Espera demasiado larga para una cita; Transporte [Couldn't get time off work; Didn't know where to go; It was too far; Language barrier; I didn't have insurance; Long wait for an appointment; Transportation]
- Frustrated with never seeing improvements after appointments
- Primary Drs too busy can't get appt for weeks if not months
- LIMITED DENTAL INSURANCE
- Delayed due to pandemic

*Responses when more than 3 were selected (4 participants):

- Could not get an appointment (2)
- Could not get off work (2)
- Don't understand healthcare system (1)
- It cost too much (4)
- My insurance didn't cover it (3)
- No insurance (1)
- No place to prepare for before or recover after procedure (1)
- Not treated with respect (2)
- Too long to wait for an appointment (1)

- Too nervous or afraid (1)

31. How do you get to and from the hospital, clinic, or the majority of other medical appointments? (Select ALL that apply)

- 100-mile drive
- Drive myself (4)
- Haven't been to the doctor for 2 years
- Drive a car
- We do not have a local PCP
- Car (4)
- NA
- I have to go to CO got my specialist for an autoimmune disorder because there was no specialist in Gallatin County with availability for a year
- Drive (5)
- Ambulance (2)
- I live at Hillcrest and they will provide transportation
- I drive myself (if my car makes it to the destination) HA!
- HRDC
- AMR
- You should have included the West Yellowstone Foundation Transit as an option

34. Where is the primary healthcare provider that your household uses MOST located? (Select ONLY 1)

- Missoula
- Billings Clinic in Bozeman
- Livingston (2)
- Townsend
- Helena (2)
- Arizona
- California
- Hanover, NH
- Phoenix area
- Colorado
- New York, NY
- New Mexico
- Whitefish
- Butte/Anaconda
- Three Forks (4)
- Butte (3)
- Idaho Falls
- Fort Collins, Colorado
- Chicago

- Idaho
- Ashton, Idaho
- Louisiana
- Texas
- Billings
- Gallatin Gateway
- Colorado Springs (2)
- Idaho Fall's Idaho area, or Rexburg Idaho area.

*Responses when more than 1 was selected (10 participants):

- Belgrade (4)
- Big Sky (6)
- Bozeman (9)
- West Yellowstone (1)

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

- It's the only clinic in town that accepts my insurance (in network)
- It wasn't associated with Bozeman Health
- Don't remember; been too long ago
- Convenience
- Values aligned
- Dr. retired
- It's the one I've been going to since I came to Bozeman
- Needed a primary provider
- They are my doctor and have been for years (5)
- In Network; Also know him personally
- New Resident 2017 - Self Private inquiries
- Covered by Medicaid
- My doctor moved out of county
- Accepted Medicare patients
- Ability to transition to direct primary care model
- Geriatric specialty
- My doctor recently retired, so need to find a new primary.
- LGBT Friendly
- Christian Healthcare Workers, Will take payments, listened to me when I tell them about my body
- Medicaid covers Community health partners Bozeman
- I switched to my current because the previous NP tried to change my medications without consulting me
- Website
- Good practitioner
- It was the just the provider they gave me when I made the appt for my sons check up

- I have PCOS so it's nice to see a person who knows a little about it
- Clinic was offering COVID testing, which I needed
- Only services available
- Doctor Respect Gender
- Resume of physician was robust (Dr. was not fresh out of med school)
- I left Bozeman health due to very hostile primary providers. Now I use SCL and am so very happy with how I am treated
- Takes Tricare and "In Network"
- A new facility opened and allowed a choice of better care
- They take my insurance (2)
- The only naturopath that takes our insurance
- Chose a gerontologist
- While not required by Insurance, going to the Montana Health Center is a perk of a state employee
- Online booking available
- Know this doctor personally
- Assigned at birth
- On insurance provider list
- Found on the internet
- My choice
- Live in Bozeman primary care was in Billings, MT.
- Was taking patients
- Long term physician
- In Big Sky
- I don't have a PCP
- They all left the clinic. We are without
- My wife lined it up
- Specialist
- Used to work there
- Only person available
- Only clinic in town

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

- Missoula (7)
- Helena (6)
- Salt Lake City (8)
- Denver (3)
- Utah (3)
- Kalispell (2)
- Arizona (2)
- Idaho (2)

- Colorado Springs (2)
- Traveling from Kalispell
- Idaho Falls, Salt Lake City
- primarily Salt Lake City
- Livingston
- Mayo Clinic Rochester, MN
- Manhattan
- MD Anderson in Arizona
- Idaho and Townsend
- California
- Cleveland Clinic; U of Utah in Salt Lake City
- Great Falls
- Townsend
- Hanover, NH
- Phoenix area
- Florida
- Mayo Clinic
- Colorado
- Mesa, AZ
- Castle Rock, CO
- Telemed service
- New York
- Military hospital
- Billings
- Minnesota
- Fort Harrison
- Kalispell MT
- Denver, Butte, Livingston, Belgrade
- Cody, WY
- Three Forks
- CA
- Three Forks (Dentist)
- Online
- Oregon
- Alaska
- Anaconda
- Fort Collins, CO
- Telehealth
- Out of state

- Ashton, ID
- Louisiana
- Mayo - Rochester
- Cleveland Tucson
- Butte
- Thailand
- Idaho Falls Idaho area and Jackson Wyo. area
- SLC-IDAHO FALLS

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

- Urgent Care (3)
- Oral surgeon (2)
- Psychiatric nurse practitioner (2)
- General surgeon (2)
- Surgeon (2)
- Sleep Doctor (5)
- Physician Assistant (2)
- Pediatric gastroenterologist
- Respiratory
- Urogynecologist
- Emergency services
- Plastic surgeon
- Vertigo-related specialist, if not ENT
- Skin cancer
- Women's Specialist
- Internal Med.
- Nephrologist and Specialist in EDS
- Mammogram Technician
- Midwife
- Physiatrist
- Masseuse
- STD test
- Energy healer
- Family practitioner (2)
- Surgeon & Endocrinologist
- Hormone Replacement Therapy
- Pain doctor
- Surgeon thoracic
- Hematologist
- Liver doctor

- MFM
- ER
- Prosthetics
- Vascular therapist

Appendix H- Explanation of Health Concerns for Community (Question 11)

Respondents were asked to write in why they selected the three most serious health concerns in the community they chose. Below are their written responses.

- NA (4)
- Because I fear I can't get help here locally for them.
- Because the world is getting more expensive by the minute, and I'll never be able to save money if literally one thing happens to me.
- I have experienced suicide in my family, and I think many people are suffering from depression, unable to get treatment.
- Because they're hard to manage.
- Leading causes of death, and lack of access can exacerbate any number of problems.
- Inadequate resources to deal with them.
- These lead to many other issues.
- The closest urgent care is 30 mins away, and closest emergency room is 45. My son has chronic lung disease, and I have trouble with gaining weight due to hypothyroidism.
- Personally, because that's what I'm experiencing; for society because these are concerns that arise from societal norms, circumstances, could be addressed, and are strongly associated with other poor health outcomes.
- Lack of access to healthcare harms everyone. Especially those who can't afford care and are underserved in the community. Honestly work stress and economic stress leads to depression, weight gain, heart problems. Everything's connected and our mental healthcare system is absolutely nonexistent in this community. I have been told by healthcare professionals not to go to Bozeman Health's ER for mental health support unless absolutely necessary. That's scary since there's nowhere else to go.
- The future is uncertain-housing, job, finances- and with stress comes mental and physical illnesses.
- Eating habits and Heredity.
- They impact daily and long-term health for a lifetime.
- All are important and these 3 are more important nationally than locally. They are concerns with which we can assist through care and education.
- All contribute to other distress, emotional/mental health issues, coping habits and behaviors, and the resources sought.
- They are leading causes of death and there aren't enough resources.
- Lack of access to healthcare, more specifically lack of access to affordable and adequate healthcare, is a massive problem in this country. Many people avoid going to the doctor or the hospital because they are being forced to choose between their health and going broke from medical bills. Even if you do have a health insurance plan though your job,

often times the plans are less than adequate and still force patients to pay large sums out of pocket.

- They are all things that have personally affected me.
- Exercise helps the other two, and there needs to be more mental health support. There needs to be more preventative health measures, like exercise and mental help, than reactionary. Most health problems can be prevented by living right and getting the help one needs.
- It keeps getting harder to live. More expensive, less services available, harder to sustain a healthy life.
- Lack of funding and research dedicated to those areas and/or prevalence.
- I feel they are becoming more prevalent in our community.
- All near the top of affecting the most people.
- Without access or ability to obtain proper healthcare, serious health concerns cannot be prevented or addressed early.
- Mental health is a large part of being accepted in society and many of the other health concerns listed fit under this head of the umbrella.
- By severity of impact and size of the issue.
- Because they all lead to more serious bad health outcomes.
- Childhood trauma (high ACE score) can result in mental and physical health issues throughout the lifespan, as well as a higher propensity for substance miss-use and self-harm. Poor mental health impacts physical health as well social health and has an impact on work performance. Lack of access to healthcare is necessary to treat and support mental health as well as childhood trauma.
- Me personally
- I think these 3 things make all other health concerns worse, and they are more prevalent than all others. They are also probably the hardest to combat from a societal standpoint.
- I had all of them.
- Mental health predicts everything else, primary sources of stress are often about work/money and all of these things may lead to the #1 killer in America, heart disease.
- not enough resources to help people in need and not enough personal responsibility taken to help ourselves in these areas.
- Mental health is a global concern, traumatic injuries are more specific to the Big Sky population, and lack of exercise plagues the majority of Americans.
- Under treated or unsuccessfully treated.
- Statistically I would think those are the highest.
- Most uncontrollable.
- Because they impact your mental and physical health and everyday life.
- Too much attention is being given to the wrong things. Big business just cares about the money and not caring about the individuals (employees, patients, etc.). When other businesses in town, including the city of Bozeman provide a 35-40% increase for cost of living, they understand, when the hospital issues a 3-4% annual increase, and expect to keep staff it's never going to work. They don't provide safe working environments with

short staffing and expecting their healthcare workers to do double for less and still provide top notch care.

- All of these are significant risk factors for serious health concerns as well as societal wellbeing.
- We travel out of state so my daughter can receive specialist care, and our family struggles financially due to the lack of social support as we try to provide the best therapies & medical care for her. It's expensive and socially isolating to raise a child with a disability in our state, even in a bigger town with options like Bozeman. Every day is a struggle, a balancing act between what she needs and how we're going to buy groceries.
- Because of family history and lifestyle.
- All effect ones physical and mental health.
- They are what I deal with. And they go hand in hand with each other.
- Seem to be the most widespread and fatal.
- Because they affect the most people and lead to many other things on the list.
- Mental health and not having access are the most important. You cannot function in life without help with mental health. Cancer is also one because it is becoming more prevalent. Everyone will get cancer in their lifetime. And it kills - it can be something small to something very big.
- Because they limit someone's overall wellbeing.
- I don't want to be alive without my mind. I don't know if I'll be able to afford healthcare in the future. I get very depressed when I'm alone all day, so to be alone in the future is worrying.
- You can't focus on your health if you can't meet your basic needs.
- Because lack of access to health care is a situation that can have compounding effects and lead to more serious health concerns. Mental health affects the entire body and heart disease is often misused and results in a larger issue.
- Impact others around them.
- Childhood trauma induced anxiety and overthinking therefore overeating.
- So common and almost everyone I know experience these.
- It's getting hard to afford to live here.
- If a person does not have enough to eat, he/she will not be able to do well at work or be healthy. If a person doesn't have their mental health, it is difficult to hold down a job and provide for yourself and family. Right now, in the Gallatin Valley it is hard to find affordable housing and a job that pays well enough to live here.
- They lead to a variety of health issues and reduced quality of life.
- Without access to healthcare and economic ability to use access, none of the others can be treated.
- Family history of cancer and heart disease, work and driving accidents and injuries risk.
- Aging.
- Depression + mental health are crushing a generation younger than me. Cancer is still so prevalent.
- Too many people are unable to access the help they need.

- Cancer can hit anyone at any age. Heart disease results from lack of exercise/good eating habits + hereditary. Depression/anxiety from all work + social + economic pressures.
- They seem the most prevalent in our community.
- Getting old.
- They are widespread over all socioeconomic categories; if one has limited access to healthcare, the other concerns cannot be addressed.
- Majority of Bozeman Residents are overweight & get insufficient exercise. This does not apply to most residents under 20.
- My opinion.
- Because they have impacted my family the most. Although, they ALL are very important.
- Mental Health is serious, not enough choices for help.
- These have the potential to continue to negatively impact quality of life for individuals and society in general.
- Mental health - The mentally ill need a lot of help prevent all these shootings going on.
- 4 of the answers will result in Diabetes and Heart Disease so are related and cancer if you live has serious effects on your health and financial wellbeing. The others are important also, but I believe these are the most serious.
- They affect many people and can be health threatening.
- Because I have all these.
- Bozeman is an area that is too expensive for the average family - forcing them to work extra jobs to pay rent. This causes people to take risks to be out earning a living at odd hours while their personal safety and their children are neglected.
- Mental health is the health concern that is least addressed in our community. Many local residents lack access to adequate healthcare. Lack of exercise is a health-related issue underlying many other health problems.
- I am at the age that I could experience a decline in my health.
- They are current problems that lead to horrible outcomes. A lot of the issues mentioned stem off of the 3 I chose.
- All affect health.
- None. I would like to think that I have it under control.
- Disabling.
- Stress is hard on the body/mind and causes many accumulated health issues. Same with depression/Anxiety. Diabetes (2) is preventable. Our culture fuels all of this. Promoting change would be good.
- They effect all aspect of well-being.
- CA because it can affect anyone + is still rather unpreventable. DM because many cases are preventable (not all, of course) + it is the #1 cause of blindness, amputation + the complication is heart attack + stroke. Social isolation/Loneliness because this could be a huge contributor to other problems - mental health, sedentary lifestyle, etc...
- Affects the most people.
- I was thinking from a personal perspective. These are all conditions that could affect me.
- My mother has dementia, mental health is very important.

- Number of overweight individuals, violent crime + suicide, cancer.
- This community has a lack of mental health services putting a strain on current resources that aren't designed to treat it. Weight affects all other conditions.
- There is such an economic disparity in Bozeman that contributes the three I chose. Also, lack of Medicaid reimbursement.
- Because there are not affordable and accessible access to help for a lot of Montanans, and our leaders are making it worse (Tester is the exception).
- Leading causes of death in the U.S. in 2023.
- 1. Widespread. 2. Unknown cause. 3. No prevention. 4. No treatment 5. Insidious
- Lack of access to healthcare and work/economic stress lead to these health concerns. Maintaining a healthy weight prevents many of these other issues.
- Health care expense is out of control. Health care is the leading cause of bankruptcy. Montana has one of the highest suicide rates in the USA.
- Preventative care can only happen w/ regular healthcare access; mental health/depression high among kids + adults lead to cycles of abuse, depression, etc.; suicide particularly w/ access to guns, alcohol, etc.
- They are real killers; others are social ills.
- Most affect elderly.
- Have had 2 Brain Tumors removed (1974)-(1976). 1993 found a 3rd Brain tumor - Pituitary Adenoma.
- Ruin quality of life.
- These are the causes of the majority of American's health care issues.
- These seem to be issues senior citizens deal with - especially in rural areas.
- Heart murmur - 4 family member with heart valve replacement. Moved back here in 2012, took my 7 years to find a physician that accepts my insurance. Only seen by Nurse Practitioner or Physician Assistant with inadequate training.
- I feel they are the worst on the list.
- They affect so many.
- Lack of mental health care and cancer MD's all left BH.
- Depression/anxiety lead to mental health and if not treated could lead to more problem even suicide, same as sexual assault.
- Positive mental health (stress related) helps everyone cope better with life's stresses + illness prevention, lack of affordability for health care + mental health services.
- For whom? Question too general.
- Need reliable + available healthcare. Stress because of what is happening in our country in part to covid, also + mental health is deteriorating due to things mentioned above.
- They cause illness.
- So common in the USA.
- One brother died of diabetes complications, and I was diagnosed 7 years ago. Another in memory care facility.
- Both exercise and weight are important preventatives for most of the rest of the list. Cancer detection and prediction need to be a priority for medical research.
- My husband has all three.

- Lack of healthcare can make a person avoid treatments for many serious health concerns. Many can't afford to pursue without it.
- They kill the most innocent people!!
- These are often not identified or addressed until it is a huge problem and affects one's quality of life. A lot of people cannot afford adequate care for these illnesses and insurance is too expensive for good coverage.
- These are underlying issues that can lead to many of the other health concerns listed.
- Common causes of premature death.
- The community is getting more grandparents and older people.
- Family history of all three.
- Childhood trauma leads to most of the other options which are all serious. Cancer and Alzheimer's are the toughest on the entire family unit.
- Health care is costly even with good paying job. Depression is a big mental health issue. Being overweight causes lots of health issues.
- They affect the most people.
- Too many people die from cancer. I think mass shootings in America start w/ mental health and the depression in an individual.
- Because these 3 times cause a lot of the others on the list.
- Because I am the most concerned about them
- Had 2 heart attacks - unable to walk – housebound.
- Personally effect my family.
- They don't affect me personally, but it seems to me that these issues are dominant in society.
- After being diagnosed with cancer, I have listened to others with issues of how their help could have been more consistent diabetes - people need access to dietary help - Mental health - better access because many need it to make our community a better place to thrive, not just survive.
- Mental health + obesity all cascade into bigger health issues. If you are not in the right mind set the behavior of taking care of your self is challenged.
- Impossible to choose 3.
- Our society recognizes that these are major issues, but corporate profits interfere with real solutions.
- Childhood trauma increases the incidence of all chronic disease. Poor mental health impairs your ability to care for yourself and others. Stress increases inflammation and disease.
- These are the most likely to affect.
- There are huge gaps in access to care in our community. Healthcare, including mental healthcare, for all will address problems like crime at their source.
- Because they are pervasive and hard to solve.
- They are the most deadly.
- Lack of access to healthcare means you can't get help/diagnosis/treatment if you need it. Mental health is important because if we neglect that then people don't function

properly, no matter how physically healthy they may be. Hunger is just serious because food is a basic need.

- They are some of the major mortality contributors.
- they are the ones I think are most important to my family.
- For me, these are my top concerns.
- Access to care is the first step for any health issue. We need affordable, accessible care for everyone and any condition. Mental health is seen more and more as an overall health issue, which is good. Overall health is tied to it. The third one was hard for me to choose. I chose Cancer because I just see a lot of it in the community. There are so many toxins in our food and our environment + genetic predispositions... If it was an option, I might have chosen trauma, overall.
- Lack of access to quality mental health care is a pressing issue in Montana. Our rates of untreated/undertreated depression and suicide are unacceptably high.
- Lifestyle choices.
- They affect my family the most.
- Family history.
- Overweight and obesity are among health issues. Mental health affects society greatly. Childhood trauma affects future generations.
- 1. Because lack of access means lack of diagnosis and a mindset of going to the doctor when it's already too late; 2. Mental health is a broad umbrella under which I consider the assault we face on a daily basis from exploitative technological services and bad actors; and 3. economic precarity is a health crisis for the aforementioned two reasons
- 1. Prevalence, 2. Impact on society, 3. Impact on families
- Those who do not have regular health care, a healthy diet, and suffer from mental health difficulties cannot maintain healthy lifestyle habits that encompass nearly all of the categories listed.
- They are top direct causes of mortality; many of the others indicated can lead to the top 3.
- They run in my family and lack of healthcare means that I will most likely not catch anything before it is fatal.
- Lack of Access: The seriousness of medical conditions tends to increase without access to care. That can impact ability to care for oneself or family, keep a job, contribute to their community, etc. Lack of exercise: Contributes to a number of serious medical conditions- diabetes, heart, mental health, etc. Mental Health: Untreated or ineffectively treated Mental Health issues negatively impact individuals, families and communities in a myriad of ways.
- They all can cause early death.
- They all keep people from feeling confident that they can survive and protect their family.
- Life span impact.
- So many people are overweight! My mom had Alzheimer's and I'm afraid I'll suffer from it eventually. Also, half the people I know are on antidepressants.
- They affect almost everyone these days.

- With proper mental health and access to care, many other issues can be address quickly, effectively.
- Hardest to treat/ resolve.
- Mental health/depression runs in my family. Weight goes hand in hand with depression/mental health goes hand in hand. Mental health needs to be taken more seriously.
- health insurance is too expensive for many people, housing is too expensive for most workers, job uncertainty for some, low-cost food isn't the most healthy.
- Family History of these three health concerns.
- Baby boomers are older, many living alone, no social connections, especially after Covid. Social Media is impacting mental health for younger generations, causing a higher mental health problem, suicide ideation/ attempts. Healthcare costs continue to escalate, making affordable healthcare a problem/ difficulty for everyone.
- Because they can go undetected for so long.
- Seem to be the most prevalent and the most detrimental.
- Lack of access to care compounds all other health-related issues, particularly mental health, making treatable conditions potentially life threatening. Mental health includes many of the other more specific concerns on the list and seems to be chronically under-treated. Cancer is a leading cause of death in the U.S. and is less treatable when caught later. Cancers can also be caused by environmental pollutant exposure, which has other significant health effects.
- I have seen firsthand the massive toll stress and the cost of living in Bozeman has taken on the health and wellbeing of the people who live here, myself included. Stress has a significant negative impact on our bodies. Access to healthcare is a barrier in this area as well. I am constantly referred to Billings or Missoula for specialty services, and I know this is even more challenging for rural communities.
- They kill people.
- Heart disease.
- Contribute to chronic health conditions that our society is experiencing.
- Affect so many people.
- Issues I see on a daily basis.
- Due to vulnerability and severity of consequences.
- Because they are the most complex and often overlooked.
- Because they are the least looked into.
- Accessibility to resources can help prevent these top three (vs. research, etc. needed to solve others).
- They impact me the most, and the same is true for my friends and family.
- Applicable.
- In our family history.
- Have friends and family with them.
- Seem to be the most common.
- Work often doesn't offer health insurance or time off for appointments, which compounds the lack of access. Lack of providers and of providers without a huge wait

list or having to get approved by insurance is a huge detriment to access. Poor healthcare and outcomes also compound with stress on work and job/wages lost which further exasperates issues. Chronic diseases, especially diabetes because T1 impacts people their whole life, is extremely expensive and still causes death very often. My best friend died of complications with his diabetic pump last August and he had managed his diabetes since the 1st grade but with insurance running out and his pump not working properly and not getting a new one right away because insurance, he ended up dying.

- Mental health affects everything in life. Heart disease is a leading cause of death and has direct ties to poor nutrition, lack of exercise, and lifestyle habits. Cancer is pervasive.
- They can be influenced by so many other factors and are often "hidden".
- Sometimes these 3 factors impact children (who don't always have control over them).
- For folks in my area these would be my concerns.
- There should be more resources to go off of for all different situations, and cancer has always been a big one it should get studied more so there can be an end to it, and mental health everyone needs help with it so no more patients feel safe and happy.
- Rural access to healthcare is a problem in a rural state such as Montana, mental illness which incapsulates depression/anxiety etc. is epidemic due to the government's incompetent response to Covid and maintaining a healthy weight will prevent many of the other health issues questioned about.
- People are always judging.
- Family members that have had these health issues.
- I live with my parents, who are in their 80's, and these are their current health concerns.
- Relevant to our community.
- Based on the work I am involved in these seem prevalent and are still needing the community to come together and address.
- Mental health is the basis of all health. Given the state of healthcare and the economy right now, people are overworked, underpaid, and still not earning access to proper healthcare. WE NEED UNIVERSAL HEALTHCARE. Stressing over this and making enough money for everything else worsens our mental health and yet we don't account for mental health the way we should be.
- I have family history of cancer and heart disease in both sides of my family. Overall health would be better if I could lose some weight I have gained since menopause.
- Our foods (processed) are giving us cancer. Mental health is preventative not diagnostic. Sexual assault is unacceptable.
- They effect sooo many people.
- There is a dementia in my family, I am slightly overweight, and just generally fear a stroke, though I have no reason to expect one.
- These concerns are ones that often people do not seek help for or are unable to afford help for.
- Asthma, husband won't see Dr.
- Observation of impact.
- Not funded well by state or federal.
- The three I selected are the basis of most health concerns, I think.

- They affect someone in almost every family.
- Alzheimer's: No cure. Cancer: Not always a cure. Sexual assault: Assaulter not given the deserved punishment (prison time, financial support of a resulting child). Social stigma. Women, if they become pregnant, have lost their control of their decision to terminate the pregnancy and bear the financial support of a child or loss of a job.
- They're prevalent in Montana.
- No cure for Alzheimer's, lots of people I know diagnosed with cancer, and obesity causing health problems.
- Tobacco and nicotine products affect so many college kids. 20-year-olds are having to keep up a constant use of nicotine because they are so addicted. Even as a young person, Alzheimer's and dementia may not be an issue for me right now but 70 years from now it will be, and it is not something that you have control about. Since around one in three old people die from it. It seems to be a pressing issue.
- Mental health has an effect on every part of our lives including physical health, Alzheimer's/dementia has affected my family, and access to healthcare is incredibly important in our current economy.
- Climate change poses massive threats to our health (via heat, fire, flood, and so on) -- the potential for these to completely overwhelm our healthcare system feels very real. Availability to mental health care is far too limited. And healthcare is simply not affordable and therefore not accessible in any kind of equitable way.
- Mental health is key to having a healthy body. Heart disease is life threatening. Sexual assault is detrimental to mental health and everlasting.
- These are the ones that concern me for my health.
- They seem to me to be the three big ones.
- Just seems to be the most frequent things that I see among friends and family, so it is the most concerning for me.
- Depression and anxiety can lead to mental health issues and vice versa. And many people can't afford to get health care.
- Elder Abuse of Others - More and More families need some type of healthcare - Heart Disease #1 cause of death.
- Broke my necks skiing 3 years ago. Live with significant nerve damage. Drastically life change.
- Lack of future.
- Those who cannot afford access to healthcare forgo treatment and then health declines. Heart disease is not always preventable, and treatment is needed - or death can occur. Mental health because suicide rates are high.
- Just dying.
- Affects a lot of the population.
- Cancer is so prevalent, and treatment can be limited, being so hard to live here with housing and food insecurity is hard with depression/anxiety.
- Prevalence.
- History of Depression. Both parents had by-pass surgery.

- MT is consistently in the top three states with highest rates of suicide. Not being able to afford healthcare, especially preventative healthcare. Creates many problems. Our services for mental health in Gallatin County are minimal with WMMHC gone.
- Because they are fundamental to good health, life, and societal productivity.
- Seem to be most prevalent.
- No cure for cancer. The lack of exercise leads to poor health choices, obesity, which has become a huge problem in the US. Mental health is not treated adequately in the US.
- They will kill you or create a social epidemic.
- They are the most life threatening.
- Because they are a result of personal choices, and most people are too lazy and stupid to take care of themselves.
- Main causes of death in my family.
- If you can resolve my chosen 3, one can better combat other health concerns.
- These are the top issues that may affect myself.
- People don't have access to a strong social network to fall onto if feeling stressed or anxious. Easy and cheap access to processed foods and other contaminants raise the risk of cancer. Healthcare services are extremely expensive and insurance coverage is not clearly stated.
- The solutions for this health concerns are limited either medically, scientifically, or from the perspective of resources available to the community.
- These are the three worst health issues that I could imagine having.
- Lack of knowledge and support.
- Depression is one of the biggest causes of death in Montana, specifically linked to depression a lot it seems. I also feel that a lack of physical exercise can have a major impact on mental health.
- I know a lot of people without affordable healthcare options. Mental health isn't addressed nearly enough in our culture. Sexual assault is deemed unimportant in our culture.
- I'm assuming the health concerns are not personal but community concerns. I believe the options I chose encompass all age groups. Also, some of the options would fall under the those I chose.
- They impact my ability to be as productive as I would like.
- Left untreated, they can have serious repercussions.
- Lack of access- financial burdens and long waitlists impact a person's ability to go to and make appointments, mental health- stigma and lack of genuine care from providers to consider mental health as a health concern.
- I think these affect the most people.
- Most serious and affect many people.
- Alcohol use is a major issue in Montana that tends to get overlooked by other substance use disorders. I also think that lack of access to healthcare exacerbates health issues and mental health along with economic stressors.

- Not having adequate access to healthcare can take a toll on a person's mental health. Cancer is also an unexpected condition that can affect young and old people and have detrimental effects and costs associated with it.
- Diabetes runs in my family, as well as mental health issues that have been a concern due to my past.
- These creates an uncertain future.
- They are most relevant to people around my age, sex, and economic status.
- They are quite prevalent.
- Lack of access to health care - as someone who was born and raised in a rural community, it was easily noticeable that our small hospital wasn't able to provide necessary healthcare. As far as mental health goes, I think there is so much going on in the world, accented by social media and the pressure for young people to "do everything," that it makes it hard to maintain a healthy lifestyle and a clear head. This leads to so many ongoing mental health issues in adults, young and old. The umbrella term, economic stress, emphasizes the drag that money places on our health. As the "sole" incentive of the world, money can cause a lot of us, me included, to make rash decisions at the cost of other factors to increase our wealth.
- I believe that lack of access to healthcare is a deep problem within America; tying healthcare to work directly renders a distinctive cohort of the population helpless, including those who work seasonal/part-time jobs or are unable to work due to a disability or long-standing illness. Ironically, even those who are able to work full-time jobs are under constant strain of keeping these jobs just to have access to healthcare. I think that work/economic stress is directly tied to lack of access to healthcare. Social isolation/loneliness are tied with mental health, depression/anxiety, and I believe that having opportunity for community (in diverse ways) is an important part of individual and societal health.
- We have little to no resources to help combat these issues and the situation is always ten time worse for minority groups. There is a serious lack of diversity in the medical field and no access to quality and affordable healthcare.
- These three go hand in hand. Maintaining accessible/affordable health care is KEY!
- watch my mother pass with dementia and my dad pass with heart disease. Lost several people to cancer.
- I think most people struggle with mental health challenges and social isolation and do not seek help. I also think that smoking is so bad for people and It's wild to me that even "healthy" people smoke/vape.
- Depression is mental health so not ideal question. weight issues lead to heart disease and diabetes.
- Have serious effects to all demographics.
- Because of my age.
- I'm concerned for the community.
- I have known and do know of people that have to leave their homes to seek medical care in another state and/or country. Suicide is not an easy one to assist someone with. More help in all areas of suicide prevention is needed. Mental health is another one

that a lot of people tend to put on the back burner.... again, more help is needed. BTW: ALL HEALTH CONDITIONS ARE SERIOUS! Not just three that is chosen.

- Most individual diseases can be addressed, but no access to healthcare removes the possibility of fighting these diseases. Mental health encompasses several areas and is as important as physical health, but often neglected in our culture.
- Collateral damage to spouse.
- Healthcare is a human right. We need to talk more about mental health. There needs to be more awareness around dementia/Alzheimer's.
- I choose the 3 most serious health concerns for me. My answers would be different for society.
- Can lead to acute critical conditions or chronic failure to thrive.
- More fatal and hard to cure.
- because they impact the full continuum of health and wellbeing as well as exacerbate any other conditions.
- History of family incidents for stroke and heart disease. Currently experience musculoskeletal -skeletal issues.
- Hard to say why each of them. Economic stress is a concern because I give away a lot of my personal income and even often using my retirement fund.
- Mental health access is needed as people experiencing mood disorders often do not have the capacity to jump through hoops to get appointments with providers. As Bozeman grows, we continue to need access to specialists. Rural Montana and other parts of the country can be isolating and when people lack interactions with others, it affects their health.
- Transitioning, being a celiac, musculoskeletal issues.
- These are common issues I see regularly at my place of work.
- I've witnessed their destructible patterns firsthand.
- When not monitored (screenings and preventive measures) and handled effectively, they can add a lot of cost into our healthcare system.
- Healthcare in America is so expensive, and insurance is such a game, people either are not able to go to the doctor regularly or they choose not to for fear of getting a bill. For those who have a serious health issue and have insurance, sometimes critical life-saving care or medication is not covered and is therefore unattainably expensive. This is the biggest concern in healthcare, because care is available, and people literally aren't able to get the care they need. Mental health is also a serious issue, because I feel like everyone could have better mental health. A lot of societal factors (see the book Stolen Focus) contribute to a lack of ability to pay attention and an increase in stress, which has health/healthcare repercussions. For example, more kids are being diagnosed with ADHD and given drugs to treat it. Increased stress will negatively impact a person's life. Last, the lack of access to cheap healthy foods is fueling the obesity epidemic, exacerbating diabetes (which in turn makes you predisposed to a host of other illnesses), and causing other health conditions as well.
- Affecting more people than anything else.
- Life altering and life threatening as well.

- Because people, across the board, across races, across gender, and age.... have lost hope.
- Access to care, affordable quality care, entitled rich people.
- I am concerned about Alzheimer's due to family history. I have personally experienced depression and I think that mental health has really become an issue with social media, anxiety everything surrounding that.
- Mental health affects overall health, everyone needs healthcare, and my life has been personally affected by cancer in the last two years-multiple friends and family members fighting cancer. Many losing their battle.
- Have history of these in my family.
- Because of the hopelessness we feel in the world today.
- I hear about them a lot and know people affected.
- Because I don't know anyone who hasn't been affected by cancer. Heart diseases and weight seem to go hand in hand.
- Fear of early death.
- They are concerned to me because the lack of awareness, understanding and acceptance as a real medical issue.
- They all connect to one another.
- They lead to many of the other health issues on the list.
- Personal experience and root of many causes.
- Heart disease kills so many Americans. Cancer as a result of environmental factors seems to be on the rise and is something people cannot opt out of being affected by. And lack of health care access is the worst of them all for probably too many reasons to list here but primarily because without knowledge or access to both steady and emergency services people are risking ignoring or not treating things that would be otherwise preventable or treatable and could be life threatening.
- For me personally these are the three I worry about the most.
- These are root causes that are all far too common in society and people are uneducated as to why they are so damaging for their health. From these issues stem many other issues. If we correct these, many other serious health concerns can be avoided.
- Rates increasing for reasons unknown.
- Have 2 of them and having a hard time doing the third.
- My mother suffered from heart disease, dementia and I have had breast cancer (11 years ago).
- I think that most every health care concern can be traced back to a lack of healthcare access. Not being able to access health care at the first signs of symptoms can exasperate the diseases into something worse.
- Corrupt politicians.
- Affect - not so much physical, but emotional.
- Although it is hard to choose only 3, and I feel that all of these are very serious concerns, the three I selected are extremely life-altering. They have a profoundly negative impact on an individual's day-to-day life, making it difficult to function and complete typical day-to-day tasks.

- It effects every part of your life.
- Highest potential for death.
- I feel that these topics are relevant to general issues while highlighting vulnerable populations.
- Hard saying exactly.
- Things she worries about getting.
- It seems as though cases of dementia are on the rise. Despite the advances, Cancer continues to kill too many people. It seems like almost everyone is suffering in some form from mental health issues, and many go untreated.
- Mental health is not something you can cure overnight - but it's something you can heal, and healing is not linear progress.
- The high cost of healthcare and food fuel the uptick in diabetes which sometimes results in a depression and anxiety as we see the increase in food prices with a simultaneous decrease in quality and availability of fresh food. Dead food= diabetes and death. Live food= vitality but it is out of reach.
- Lack of education causes people to eat poorly, not get enough exercise and causes depression.
- Very serious.
- These health concerns often directly leads to death without allowing much time.
- Nobody should go hungry; people should have access to healthcare and mental health services.
- Mental health is ranked number one since poor mental health affects a person's life emotionally, physically and socially. Cancer is number two it is one of the leading killers and the food we eat is the main culprit. A large percentage of the population is overweight, and I believe that our food, lack of knowledge and lack of exercise causes this.
- I've become aware of how pervasively, disabling diabetes can be, affecting so much of our body. Heart disease affects so much of our population, no doubt negatively affected by our lifestyle choices. Poor mental health, which seems to be increasing in our society, affects our ability to care for ourselves, is impacted by increasing social isolation, and includes depression and anxiety as well.
- Within my limited realm of study and/or personal knowledge/experience, these are the most common.
- It happens everyday.
- Cancer scares me- I'm fat and need to lose weight for my mental health.
- Need to be addressed more.
- Can't fix ALZ and huge economic burden. The others lead to poor health, choices, and outcomes.
- Aging population.
- Family members dealing with.
- My answers are based off of the fact that this is a medical survey and mental health, cancer and Alzheimer's/dementia are diseases that the hospital can provide needed care for patients.

- Because they are the least addressed/ most misunderstood/ under researched and underfunded issues in the US right now.
- We are what we eat and how we move.
- They relate to diet, rest, and stress.
- Porque de ahí se derivan las enfermedades [Because illnesses are derived from there.]
- Most problematic for the community.
- I feel it happens to a lot of people without others knowing.
- They all contribute to physical problems eventually, such as cancer, heart disease, suicide/death.
- They affect everyone and have a significant impact on overall health and well-being.
- More people are seriously affected by these leading causes of death.
- Science and research has not developed effective treatments for Alzheimer's or Cancer. More research is needed. Many in our population are alcoholic, but it is socially acceptable, and it causes so many health issues.
- Most of the others are a result of what I chose.
- Because they are deadly.
- They are what cause most other physical concerns.
- Rural area, costs of insurance medical care, foundational condition that leads other physical/mental issues.
- Difficult to prevent.
- These choices affect the majority of the population regardless of personal life choices or location. An unhealthy population cannot thrive.
- I feel all three of these saw a spike between 2020-2023.
- These are the root cause of most health conditions.
- It runs in the family.
- Hidden risks that need more attention/awareness.
- Lack of support or resources.
- All three of these stems from a spiritually unhealthy society as well as a lack of proper nutrition.
- Because they affect many people's health.
- Montana is always 1 or 2 in the country for suicides. Mental health treatment still carries a stigma, childhood trauma causes mental health problems and physical health problems, and overall problems in society.
- With healthy weight and mental health are basic to good health. The others are about the same in seriousness.
- They are some of the most pervasive and deadly.
- Cancer doesn't have a cure. Lack of exercise because people are dying from heart issues due to not exercising. Mental health is serious because of the increase in suicides and drug usage.
- Severe destruction and death.
- Because so many are diagnosed with cancer and cannot afford the needed treatments. I know several people who have skipped needed medical help due to lack of insurance or

funds to pay for procedures. And the stress that employers put on their good employees while allowing bad ones to stay is at an all-time high.

- They are what I battle.
- They are the ones that have had the biggest impact/recurrence in my life.
- For the most part they're incurable and widely misunderstood.
- These are systemic issues prevalent throughout our country.
- They can all lead to death.
- Chronic PTSD and other mental concerns lead to serious health problems.
- Striving for a good work/life balance.
- People cannot have the best understanding of their health without access to health care. I believe that education and preventative measures are two of the best ways to lower one's risk of developing certain conditions. Mental health is important because it also is the root of other areas of concern like suicide, depression/anxiety, and stress. By providing resources and programs, one can thrive in better knowing themselves and having tools to support their minds. Cancer is serious just given the severity and toll it takes on oneself and their support community. It can be detected early but still that requires work and when its aggressive it's intense.
- Because of the large portion of the population effected.
- I believe that more people have problems with mental health and hunger than other issues.
- Mental health issues still have a stigma in being addressed and many health insurance providers don't cover mental health care.
- They affect us all.
- As a Bozeman Schools Parent Liaison, I see families unable to get needed medical/mental health care and food.
- They are on the rise and seem to be lacking in help for them.
- Effect many people.
- Because they underlie most of the others.
- They lead to illness and disease.
- In my opinion they are the most prevalent and the most likely to result in death
- Heart disease seems to affect so many people, lack of health care results in people not catching preventable disease and cancer just seems to be so prevalent and comes in so many forms affecting all ages and ethnicities.
- Although I do recognize that there are true health concerns such as cancer, heart disease, etc. that are completely outside of people's control, I also believe that there are serious health concerns when it comes to unaddressed stress and trauma and how they manifest it people's lives. In my line of work I have seen time after time people dealing with serious health issues before they work through their trauma and during the course of healing and recovery, they find that those health issues no longer control their lives because the trauma no longer controls them. I hope that one day we become a society that embraces the pursuit of trauma healing and mental health acceptance and awareness.
- These are usually the most common three that you hear about.

- I have cancer, my sister works with Dementia patients and mental health are important.
- Frequently see these issues in my community.
- A lot of things are self-treatable but when they are not and people need access to healthcare, it is very expensive, and most people are living paycheck to paycheck so they cannot afford healthcare.
- Mental health along with anxiety and depression play a huge role in your health. If you're not mental health is not healthy it leads to a lot of other health issues and social issues. I think diabetes is a problem due to consuming unhealthy food daily because people are always rushing and not preparing healthy home cooked meals.
- Cancer and Diabetes are so prevalent in our society. Mental health issues can lead to so many societal problems, needs to be addressed more comprehensively.
- They are what my husband and I see likeliest to happen to us.
- 85+ concerns.
- Prevalent through society + have major impacts on health/wellness.
- Lack of exercise has tons of long term affects. Strokes can be detected with the right education, but not always prevented. Cancer can be unpredictable and random.
- Hear about these the most.
- That's what's in the media the most.
- Complicated, serious, personal experience.
- They relate to my situation.
- They affect almost everyone.
- They probably kill the most people here in the US.
- In regard to "Mental health": I think a lot of the options listed can fall under this category and I consider it a serious yet highly overlooked concern. The mental health of a community and an individual directly impacts their behavior and interactions with others in a significant and often unhealthy way. Even internally, stress has been linked to exacerbating multiple health conditions and way of life. I find it especially pertinent in our modern day with the younger generation, studies have shown a significant increase in depression and anxiety in the youth. "Work/economic stress" goes hand-in-hand with this when you consider how much stress a job puts onto an individual. I know many, including myself, who despite working a full-time job dedicating a quarter of their life and even more of their free time, find themselves to be living paycheck to paycheck. This also brings in the discussion for "Lack of access to healthcare" which for most people is a result of simply not being able to afford a doctor's visit. A significant portion of the population, especially for the ages 18-25, would not be able to afford an emergency doctors visit. I know myself that I have avoided getting health concerns checked simply because I see no benefit to visiting a doctor, getting a prescription for ibuprofen, and then charged hundreds of dollars.
- I have them and had issues.
- Heart Disease is one of the most common causes of death; Cancer involves complex individual treatment and requires that an individual receive help from their support structures in order to increase their chances or recovery; Mental Health is a critical problem that can impact people of all ages, genders, and socioeconomic statuses.

- Sexual assault affects 1 in 3 women. Health care needs are under supported by republicans. Isolation is considered NOT my problem and leads to many other health conditions as does lack of health care.
- No one should go hungry - it affects all aspects of life. Mental health should be available and affordable, partly to cut down on gun violence and suicide. Suicide - is treatable in many cases and happens too often.
- Climate is increasingly dangerous and must be addressed. Children's risk of death is greater from gun violence. Unhealthy lifestyles lead to cancer, obesity, drug use, etc.
- They apply to me and my family.
- These concerns are prevalent in the Bozeman area. Depression is pervasive. Sexual assault is always a possibility. Be very aware!
- Because "health care" does not adequately diagnose or treat them.
- Cancer is traumatic, ever present, and terrifying. Weight is key in staying otherwise healthy, and mental health is something we all deal with.
- Personal experience.
- You didn't specify my concerns or in society!
- Most likely to occur at my age.
- Most working people are barely surviving and can't afford healthcare, and more and more, food for themselves and their families. All of that stress leads to a variety of mental health concerns.
- They result in a variety of other health problems. Fix those and get well.
- Because cancer is cancer, if you don't have access to healthcare, you can't prevent illness, and why does tobacco even exist any longer.
- They are widespread and likely to become even more common.
- These 3 items have the potential to prevent many worse outcomes in the future and feel like tangible areas to improve.
- Montana's suicide rate is extremely high and access to mental health services are limited and often stigmatized.
- Cancer - is prevalent and affects everyone. Lack of access - inability to diagnose early/treat existing conditions leads to worse situations. Mental health is a large and misunderstood area of health that contributes to all aspects of health.
- These are the three most pressing concerns for the teen/young adult population, I think.
- They could kill me.
- The most widespread/effect my greater family.
- Based on age heart and stroke are my main concerns that can be prevented. A history of depression.
- Not much is being done about mental health, Alzheimer's should get more attention and social isolation.
- Too many stupid people out there not taking care of themselves.
- They are the least talked about. Hidden health concerns lead to major destruction.
- Husband - diabetes. Cancer is scary as is dementia!
- Most common.
- No work - no insurance, bad work = dangerous environment.

- I feel like so many people around me are dying or struggling with cancer. The other two concern me most because I am a teacher and I see our kids struggling with these issues at an alarming rate.
- Childhood trauma, create heart deices and mental illness.
- Common.
- Because they affect most everyone I know.
- They generally are items in your life you can't control.
- Choose not to disclose.
- I think these are the most applicable and traumatic to those impacted or around them.
- I feel like with the lack of nutrients you can function well in any aspect. With lack of exercising that will lead to many other problems down the road. Suicide to me is the biggest threat, many more people than you'd ever guess. And nobody feels comfortable talking about that stuff.
- They are the most important illnesses for everyone.
- Cancer is non curable same with Alzheimer's. I think those two diseases have the most effect on individuals and the families. Heart disease because it is so common.
- Past family health issues.
- I just lost wife of 67 years from Alzheimer's. I observe many who need mental health advice. I fear living after a stroke.
- History of heart disease and trauma in the family.
- Long winter, cold weather, increase in diagnoses nationwide.
- The impact on a person.
- All these factors help to prevent the non-checked health risks! Maintenance is IMPORTANT!
- Many people are affected by cancer and mental health struggles.
- Run in family, healthcare so expensive, obesity big cause of bad health.
- While I cannot stop many of these items from "happening" to me, I can avoid many by maintaining the 3 I've marked.
- These concerns are preventable. If addressed, the population would become healthier.
- Highest death rates, most expensive to system.
- My age group.
- Because, in many cases, there is no "cure". (Especially Alzheimer's!)
- They pertain to me.
- Diabetes, weight control and M.S. are health concerns that are personal to me. Suicide is not necessary.
- When you take something that isn't fully understood, or through public push, or tested the length to see the outcome, it could create mental health issues amongst our youth. Young adults and without healthcare...
- Because they impact all areas of overall health despite being less identified as a root cause or symptom of other more "clinical" illnesses.
- Because I am 72. While fit and in good health and involved in community, I suspect I'll most likely be afflicted with one of the above.

- Because cancer killed 3 of my grandparents and the other two choices I've lived through.
- Heart disease= number one killer. Lack of access leads to lack of preventative care and more serious illness when it occurs. Tobacco leads to lung, heart disease and cancer.
- They are the most debilitating health issues.
- Lived here long enough to know.
- Por in (un) ambito (ambiente) lavoral (laboral) pesado, la Mala (mala) alimentacion [Due to a burdensome [work] [environment][,] an improper alimentation.]
- Because so many people are struggling with them.
- Lack of healthcare.
- Seguridad en las escuelas y en las calles [Safety in the schools and in the streets].
- This world is hard for people mentality, and they see no solution. More and more people seem to be getting some form of cancer.
- Not many resources and sometimes this town makes you feel gridlocked.
- They are the most interrelated.
- They need cure!
- 1. Cancer is often not discovered until it is too late. 2. With overweight comes many other health issues. 3. These addictive habits are very dangerous and extremely addictive and hard to break.
- Alzheimer's - no cure, devastating emotionally and financially to patient and family. Cancer - treatment often worse than the disease. Devastating financially. Heart disease - often goes untreated, leading to major problems or death.
- Because I already have 2 of the 3 and diabetes is closing in.
- Poor nutrition contributes to so many of our health issues. I would categorize trauma, depression anxiety as #2 and lump that into a behavioral health category, healthy mental health is vital for functioning individuals and community.
- They are the ones most neglected.
- Cancer is unpredictable and rampant, depression belongs to 90% of the population, and suicide is closely related to depression.
- Father had prostate cancer. I play hard.
- I have struggled with these myself.
- I suffer from these.
- The majority of the US population is overweight. Underage tobacco use continues to increase causing long lasting health issues.
- They are the three things I worry about most.
- Cancer and heart disease kill more Americans every year. Mental health is a growing and relevant issue. Mental illness among Americans goes unaddressed.
- Because they're what's killing me.
- I was afraid that I was going to die.
- These are the three that I live with on a daily basis.
- Depression, anxiety, PTSD, memory.
- I was homeless for a long time.

- Lack of exercise is nationwide.
- I hear about them affecting people the most.
- Alzheimer's - lose who you are; sexual assault - lose who you are; suicide - lose who you are.
- People without insurance - can't pay out of pocket so they don't seek medical care.
- Lack of access to care effects every aspect of your health forgoing treatment, not receiving care for treatable illnesses.
- Personal.
- Stressed out just to survive.
- Leaves a negative impact the most.
- They hurt a bit.
- I've suffered with it for many years now.
- None.
- Smoking cigarettes
- They will kill!
- Heart problems in family have anxiety and depression (no therapist now) have lots of headaches.
- Most common.
- I think question means in general. 1. Overriding concern is healthcare access. 2-3 Heart disease and "cancer" are the 2 leading causes of death in the U.S.
- I worry about my children's mental health. Cancer is genetic on both sides of family.
- My mother had dementia and cancer (kidney). I keep gaining weight.
- Maintaining balance in one's life - Financially, spiritually, and physically requires daily connection with God and humans - face to face.
- Family history and community issues.
- I think these 3 are the most prevalent concerns I experience and observe in the county.
- Public health issues are my biggest concern for our community. These 3 are the closest to capturing public health.
- Untreated mental health issues, plus increasing problems and health issues due to lack of exercise/sedentary lifestyles leads to so many more health concerns. Also, lack of access to affordable and meaningful preventative health care is huge issue.
- They are the biggest threats to quality of life for me.
- Many people are affected by them.
- These items affect all the other health concerns; hunger particularly affects young families; Alzheimer's is an elderly concern that affects families and is a major stressor; mental health support is needed across the board.
- Porque sino (si no) setrotan (se tratan) atiempo (a tiempo) telleban ala (te llevan a la) muerte [Because if they are not treated on time, they lead you to death.]
- Porque a menuolo (menudo) la mayoria de personas lo paolecen (padecen) [Because it is often suffered by most people.]
- Healthy weight helps heart disease, diabetes, prevents some cancer.
- They're all curable but not funded or focused on enough.

- Prevalent and often overlooked in ski towns.
- Mental health and suicidal thoughts are often societal taboos, thus exacerbating the problems.
- These are just the 3 most relevant for me and my household. I think mental health, recreation and work injuries are most relevant to our community.
- Childhood trauma can be linked to a lot of these other problems. A lot of people in America suffer from hunger and lack of exercise.
- I struggle with all 3 of these health concerns, so close to the heart.
- Everybody gets depression or anxiety.
- They will take you out quickly if not addressed in time.
- Porque estas 3 problemas te pueden cawar (causar) la miuerte (muerte) o y hacer cosas (cosas) feas hacia [a] ti. [Because these three problems can [caused] your [death] and do ugly [things] to you.]
- These are very serious because they don't only affect you, they also affect your family and friends. It's just very sad.
- These are my 3 issues.
- Porque en la vida es lo que mas se escucha en la actualidad, y sufrimos todos a concecuencias (consecuencias) de estos problemas en la sociedad. [Because in life it is what is heard currently [,] and we suffer to the expense of this problems [as] a society.]
- All seem to be growing in our society and all are debilitating.
- Montana has lack of access for people, diets and exercise equals heart disease. Not enough resources for mental health.
- Living in rural areas - lack of access, mental health plays important roles in life and the community, work extra hours and still can't afford thing.
- I have had a heart attack double by-pass so heart and sharp mind.
- Kids these days can't handle stresses in life. My dad has Alzheimer's.
- No health concerns.
- Personal.
- Our area has a lack of mental health resources that are attainable.
- I don't really know. They are all serious.
- Because these lead to the other health concerns of negative impact or allow the other conditions to become worse or go untreated.
- Lack of representation for follow-up care.
- They are the ones that I feel impact the highest number of people in the most severe ways.
- Taking care of mind and body preventatively can help keep you out of the hospital, cancer is very prevalent.
- Volume.
- My mom died of cancer. My husband had a heart attack, and a friend had a stroke and has some disabilities.
- Working limitations.
- Cancer is prevalent. Heart disease causes other illnesses. Montana does not have enough mental health care.

- Diabetes can lead to heart disease and cancer.
- They're very common.
- Many of my community member suffer from mental health and alcohol troubles, with lack of support or help. Seem like cancer is on the rise with community member. They struggle to afford treatment and live here.
- Depression leads to lack of exercise which leads an unhealthy weight.
- Honestly, I think most of the items listed are serious health concerns, but I chose these three because I think they somewhat umbrella the other concerns listed.
- These issues are prevalent in our community.
- Because these can also be the foundation for physical health and wellness and have a broader impact on society.
- They link health to poverty and mental illness.
- I am in the mental health field + cancer is always serious.
- They are related to one's ability to perform activities of daily living and longevity.
- They generally cannot be prevented.
- They can help change outcomes for other health problems.
- The ones I've seen in my family.
- Because in this county it is hard for a Montana born student try to work and go to school when we don't have the money or time.
- I believe these three are the most concerning because often times most can't be undone sexual assault will always be remembered and a part of your life and cancer has no cure and ends up to always come back.
- People ignores them the most.
- They affect the most people.
- General observation.
- Everyone is overworked & under paid, which makes affording to live in this valley financially difficult, & thus causes a lot of mental strain on parents & families. It breaks the bank to get healthcare around here.
- Access to mental health is sparse and the area has an increase in outdoor activities, and I'd say those injuries are very common as well.
- There are the most health risk, they could happen easily.
- Because those 3 health concerns is easily to get.
- Because those 3 health is essential.
- Because of childhood trauma can be the reason of mental health issue like depression.
- Isolated from others.
- They just seem to be the biggest issues today.
- Because some of our family died with that health concern.
- Gout, Weight, My child's access to care.
- The long-lasting effects of the pandemic and social isolation.
- Pandemia responsable de mucho de esto [[The] pandemic is mostly responsible of this.]
- I know someone who has died from all three diseases.
- Our country is currently plagued by these three major health concerns.

- Inadequate mental health care in MT. Lack of cancer specialists.
- West Yellowstone is such an isolated town.
- 1. Maintaining a healthy weight is linked to avoiding many health issues. 2. I have witnessed a great increase concerning Mental health problems, and 3. Depression/anxiety is also on the rise.
- They do not have local services to treat them.
- If people maintained a healthy weight and exercised, they would be less likely to have one of the major killers such as heart disease, stroke, diabetes, etc. Dementia is a serious concern as people are living longer.
- Living in a rural area, mental health due to isolation is a problem along with breathing issues due to elevation and lack of convenient access to medical facilities.
- They receive the least amount of financial support and have the least amount of media coverage.
- These are the things I feel are most prevalent in what I worry about on a day-to-day basis.
- Personal experiences and observations of others.
- The 3 kill the most people.
- My office is co-located with CPS. Can't believe the number of cases these folks have. Gallatin County sheriff's office tells me officers believe hunger is one of the root causes of many of the problems they see. From my research, I know hunger contributes to mental health challenges, including suicide.
- Illnesses cannot be properly treated without access to healthcare, and untreated mental illness can lead to societal problems that affect more than the individual with said illness, in contrast to a physical illness that may affect only the individual.
- West Yellowstone is very rural and tends to be quite isolated, especially in the winter. This leads to loneliness, mental health challenges including addictions, and challenges in accessing mental and physical healthcare.

Appendix I – Other Community Health Responses (Question 46)

- It's expensive as hell.
- Nothing (7)
- N/A (12)
- We need more competition between service providers.
- Our community is fabulous! But...healthcare is very expensive...especially for un- or underinsured.
- Need more specialists and mental health options- especially inpatient and pediatric.
- It sucks we need to be more like Canada If you have something broken or you're sick you can go to a doctor but here in America no you have to give me your 1st born child.
- Health services and health insurance are not the same thing. These topics are often confused. Very concerned about level of drug use, especially with the expanding legalization of drugs such as marijuana. Not sure this is a positive thing for the community. Have heard many complaints about how the pot industry has exploded into Bozeman. Also, the schools need some serious improvement.
- We have excellent access to free walking, biking and hiking trails for the good-weather months. We need more options for indoor recreation during the long winter months - the pending community center would be ideal!
- There is a serious lack of child psychiatrists available in the Gallatin Valley. We shouldn't have to travel to see a psychiatrist to manage medications for our children. Do Better Bozeman Health! Quit running all your providers off.
- Our state has SO much room for improvement & policy change that would actually make life with a disability possible and comfortable.
- Wide range of issues, very broad topic.
- Drug, alcohol, and gambling addictions seem to be rising in Big Sky.
- The cost of living is too high making it difficult to put health/wellness a priority since income generally goes towards living expenses (housing, groceries, etc.).
- It has become increasingly more difficult to get in to see a doctor in a timely manner, and it is hard to find a primary care physician right now.
- I feel that many health care providers don't always fully listen to patients and dismiss or pass on the patients leaving people frustrated and feeling hopeless for their own health.
- It cost so much & I don't see a Doctor because of it :(
- Mental health is still good but deteriorating.
- Should not have to wait so long to see PCP! Stop building luxury apartments + Build Low Income Housing + Houses.
- It is good but readily accessible in a reasonable time frame. Most appointments in Bozeman are ~12 weeks out.
- Need mental health providers - not by Video, in person preferably, without masks.
- Difficult to find mental health professionals for children.
- COST\$!!!!

- Nothing.
- I try to stay away from white coats. They usually just offer a pill instead of trying to get to the root of the problem. Costs are too high and insurance is legal crime. What a rip-off.
- None I can think of at this moment.
- With the majority of older adults aging in place (home). There needs to be more at home geriatric services not just accessible because of insurance (if insurance covers the service).
- I think it is excellent.
- We need to care more.
 - o The University should provide health insurance for non-tenured professors who teach part-time; B) I have friends who don't have health insurance, so they are unable to get health care. (can't afford to pay and/or don't know of places or systems that help pay the bills.)
- Generally good, but it is expensive and often requires extended wait times but an appointment.
- The cost of good health insurance costs all my social security monthly check, plus more. If I get sick, I cannot afford to seek specialty care without support from my husband.
- Why are the insurance companies calling the shots on doctors and drugs that people need. Alcohol and drugs in the community are the main cause of deaths in suicide.
- Prevailing political views run contrary to the majority's needs. The best way to overcome this is education. Difficult to change culture - we've lived in Canada and think there could be good (and bad) examples from 4-hours North of us.
- Nurse practitioners and Physician Asst. are not adequately educated to provide primary care. I realize they are reviewed by a physician, but mistakes get made. I do now finally have a primary care internal med doctor.
- The outrageous cost of housing is driving good people to the brink; the builders should be thrown in jail for bilking everyone.
- There is a lot of low-income families and students in our community, so having extra help for them will really make a difference.
- Unchecked growth causing overlord on too few doctors + infrastructure + lack of town.
- Availability + ease of getting into see Dr or being helped is very lacking. When can be helped service is poor _ lacking seems like drs do not want to do their job especially at Bozeman Health.
- I think that since our national and state governments are absolutely committed to protecting the capitalist elites on Wall Street who have taken full control of US + MT gov't it is time for cities to build public housing to guarantee health.
- Mental health therapists and counselors have long wait lists.
- The people who need the most help won't see this survey.
- Bozeman needs more services! I shouldn't have to drive to Billings for anything.
- I wish there were more holistic options when it comes to overall health.
- Too many people now - not enough qualified- trained help. Will not use local hospital! Very poor care!

- I find many people are unaware of programs in the community that can help. If I would not have had help from the Bozeman Cancer Center, I would not have known what was available to me + my family.
- The community should ensure a clean water supply is maintained and be more cautious about building/development.
- School lunch could use help + nutrition education to physicians. Prioritize physical education in schools.
- I fear that we are burning out our medical professionals.
- Housing is required for health. Substance use is a serious issue.
- Many of my friends can't afford health insurance. Even when offered thru work. It's too much for their budget.
- Need connected services. Specialists are not connected. Mental healthcare is separate. I was in the hospital for an accident and did not receive quality care or connected referrals to mental healthcare or specialists. I was on my own to connect the dots between physical therapy, orthopedic surgeon consultation, further testing, treatment, and mental health counseling. Appointments were hard to get. If I didn't have Medicaid I'd be significantly in debt.
- Decades of the Bozeman Health Monopoly have hurt the availability of adequate medical services in this and surrounding communities.
- Bozeman Health seems to be far more interested in spending money building new facilities and advertising rather than keeping good staff and caring about their clients. It is disgraceful that capable, experienced staff members have been forced out or transferred from their specialties to other work. We have no neurologists and the mental health center that has been advertised never opened. People with extreme mental health issues are being turned away. I hate being rushed through an appointment with my doctor because they are only allowed to spend 15 minutes with me.
- If the raucous back and forth on political points could be ended, that would be fantastic!
- My biggest concerns are shelter and affordable housing, and memory care and other assisted living arrangements for seniors.
- Very hard to get appointments unless schedule 3 to 4 months out.
- My epilepsy. Neurologist was not qualified to treat condition or recommended specialist.
- Both my wife and I are interested in a quality PCP in Bozeman.
- As our community has grown exponentially, it is becoming more difficult to see providers in a timely fashion. Bozeman needs additional healthcare providers. I am also very concerned for elderly and other people who are having to recover from medical events as far away as Billings and Dillion when short-term rehab care is needed. I'm also concerned about the lack of affordable skilled nursing home care. I'm also concerned that Bozeman Health only has one neurologist at this time, which would make wait times for appointments very concerning. Some people I know have had to go to Billings for care--which is too far away.
- I'm new here, but I have heard good things about the health care here; I have not yet contacted anyone.

- There are not many specialists and most of the doctors won't take new Medicare patients or any of the low-income insurance options.
- Affordable & effective mental health care for children, adolescents and adults is a critical need throughout Montana, including Bozeman. There is no inpatient care in Gallatin County for adolescents at the precise moment the demand has dramatically increased. How nice that we have increased growing retail opportunities and fancy tourist hotels, while we leave our children & their families to come unraveled due to lack of affordable care. Tragic- and our communities will experience the societal costs of that neglect going forward.
- Disparity too large between haves and have nots.
- Access to mental health, especially in the dark, winter month is a priority for me.
- Ivermectin and hydroxychloroquine are highly effective against COVID.
- I have to forgo medical care I need because of cost.
- I hope we have more office options available in our community.
- Issue of homelessness.
- Cost of living is so high we have many people with housing insecurity. It is hard to take care of your health when you don't have a reliable and affordable place to live.
- Access to affordable housing is a key issue for our community, including to support people's mental health and wellbeing. Access to green space and environmental protection are also issues I see as critically important -- not only for humans in our community but for the wildlife we share the space with. Development priorities which preference large, sprawling, expensive new development are compromising these needs. I don't have children, but affordable childcare also seems to be really difficult to find for working parents.
- Access to healthcare seems to get a lot of attention, while addressing the other social determinates of health receives less. Our community, including the hospital needs to place additional emphasis on preventative factors for community health such as access to healthy foods and active transportation infrastructure.
- Need more help in navigating insurance options (I recently was scammed from a marketplace insurance policy that did not cover my serious health expenses; I luckily now have employer-provided insurance.
- We need more local mental health counselors/therapists. I had to see someone online in another town in MT.
- It's small and lacking. Not enough mental health care, no optometrist, lab takes a while for results. Clinic is always full and has a waitlist or delay, lack of ER facility.
- We need more options for Medicaid providers or more doctors to choose from at the CHP clinic in Bozeman.
- Insurance sucks and it actively prevents people from wanting to work in healthcare and access healthcare. We need more residency and training positions available at all levels of providers in the hospitals. We need to actually pay our doctors/nurses/providers/etc. enough to live in this area.
- Access to specialists, especially in the mental health is extremely limited with long wait times if you can get an appointment at all.
- Medical appointments have a long wait.

- Too expensive and can never get ahold of a human to discuss financial matters.
- Lack of childcare options has impacted family planning + our likelihood of staying in the area permanently.
- Urgent care has become what I use instead of primary care.
- No support for professionals with autism + ADHD.
- Our cost-of-living is out of control, high rent, property taxes, etc... makes me worry about those on the lower end of the economic scale.
- Too many people, not enough resources.
- Affordable housing is extremely difficult to find.
- I think if we have affordable housing, affordable and accessible healthcare, and a clean environment, many of the other good things will follow.
- Rent is too high.
- We need more specialists in Big Sky i.e., OBGYN, Pediatrician, Orthopedist, etc.
- Enjoy seeing people running, walking, walking with pets, families biking.
- Fortunate to live in Bozeman.
- Wish it were available to more people.
- A big shift is needed in healthcare, and it starts with eliminating insurance companies and lowering costs. No one should go bankrupt because of hospital costs. Again, so much wrong.
- I think CHP is a terrific resource for low-income people.
- Overall, I would rate healthcare services in my community as good!
- I read indeed.com for job on occasion and I noticed that nurse pay is severely low here in Bozeman however there's a lot of travel nurse and health specialty jobs posted at extravagant rates. I think we need to build a community by paying full time healthcare workers who are part of the community and limit travel type people.
- Social interactions should be encouraged. Insurance should be transparent, Basic healthcare should be affordable.
- Having moved to Montana after living in other places, I am concerned about the limited access to healthcare, especially specialists.
- Overpriced.
- Summer is very active, but as soon as the temperatures start to drop in the fall (before ski season) it is very limited.
- The mental health epidemic is just getting worse. Look at all the homeless people it's crazy.
- I was turned away from Human Development Clinic when I was a former patient in good standing. They were concerned about suicidal ideation. I had SI when I was first seen by them. We need more low-cost services and help for SI and suicide prevention, it's very high in the state.
- Prescription drugs cost too much for most people. I feel bad for people without health insurance.
- Being a minority often comes with the fear of doctors and other healthcare professionals not taking your health concerns seriously. Training should be implemented to provide doctors and other healthcare professionals with the knowledge of these

stigmas and appropriate tools and materials to combat these issues in their own practices and medical facilities.

- We desperately need a mental health facility. People from this region who need high levels of psychiatric care have to travel all the way to Eastern Idaho Regional Medical Center
- I'd like to learn more about how I can get involved with volunteer opportunities in the community for elderly/senior citizens. I know that there are programs that exist, but I'm unsure of where to find them. I do volunteer at the food bank when I can for Senior Grocery Packing, but I'd love to expand the ways I can volunteer (i.e., library programs or other social events I could be a part of).
- I can't get the high quality of care because it is too expensive. I can't even get an infected wisdom tooth out because I am being asked to pay \$2000. and my gum is continuously being filled with pus.
- Bozeman Health doctors and nurses are great. Bozeman Health Administration sucks!! Billings Clinic Rocks!!
- I'm concerned about the income disparity in our area- we have the full range of very wealthy and very poor. I only see this widening.
- I do make use of very few resources in the community and seek medical services in New York, NY.
- I should know something. But I don't.
- Our community is generally healthy although it is too expensive to live here for the average income.
- It's not great. It feels like the people who care are powerless or overburdened and can't help, and the ones who could change things don't care and keep making things worse.
- I no longer live in Bozeman, but I answered the questions about the healthcare that I sought and received in Bozeman.
- Obesity.
- I feel that information is conflicting, unnecessarily overlapping, or too hard to access and convoluted to help people that may have health care needs access services. If there was one hub that everyone could go to regardless of gender / sexual orientation / race / economic status, that answered questions about how to access services and what to expect when seeking healthcare, the community would massively benefit. If people were not able to access information online on their own time, there could even be a state health portal service for each doctor or hospital area that could be accessed by either a kiosk or tablet that would help direct people to where they need to go and answer questions for them. Or make telehealth universally available and offer free consultations.
- As a registered nurse I believe we should focus less on DEI and more on attracting quality healthcare providers. What if you compared the number of people in the valley suffering for a reason related to DEI with the number of people in the valley who lack access to specialty care or quality primary care?
- Nice that we have Excel PT branch here in Manhattan. Dentist too. We need a pharmacy.

- There was a question earlier in the survey about paying less for insurance plans, or something related to that. I think that would be good information to have.
- We have great providers it's just affordability issues that plague our system.
- Bozeman Health needs to create an innovative (on-site) Childcare center for its employees and the community. Childcare that promotes, healthy eating, healthy behaviors, and safety.
- Health in Mt needs serious help. So many drunk, high, and obese people with no education.
- Insurance prices too high.
- Many of the students around me can't afford good health insurance and I often see them suffering from health issues and not opting for healthcare due to the cost. This is more prevalent within international graduate students.
- My main concern is how long an ambulance would take to get here in an emergency, I've heard it's way too long. A lot of people end up driving themselves.
- There is NO respite and VERY little to NO support for those who struggle with serious mental health issues/diagnoses or those trying to care for them. The best we can do is try to support them ourselves and/or pray they are arrested...
- Health care concerns can vary from person to person based on family values as you grow and education and need of services. I believe availability and education are important.
- A lot of local therapist offices were not taking new patients or simply did not call me back.
- Bozeman Health lost all of my past colonoscopy records and bone density scans and harshly and wrongly accused me of never having had the testing done. I had to spend hours getting the physical tests from their back-office people. They still did not take responsibility for losing all the old records with their new system.
- People are health conscious in a group way.
- Lots of people don't get healthcare because of lack of access.
- One of the biggest disservice that I have witnessed is lack of translation for our Hispanic/LatinX populations. Things such as not even having forms in Spanish, not just lacking a verbal translator.
- Three Forks need a full-time ambulance service.
- Too expensive even with insurance. Not enough specialized doctors in the state. Insurance doesn't cover commuting hundreds of miles to see the only Dr. available in the state in his field after waiting 6 months in distress for the first available appt for a problem that may become irreversible in that time.
- Toston has no health care options.
- I switch from Bozeman Health because of the horrible treatment of patients.
- Need more mental health help.
- There is a medical clinic staffed by PA's but no MD's. There is no Urgent Care clinic in Three Forks.
- Incredibly healthy.
- Professional full time ALS Ambulance is needed here.
- I think the lack of an IHS facility prohibits Native students from considering MSU as a college.

- The free pamphlets of information at various doctors' offices or specialists are really insightful. I like reading about what's going on in the community, what statistics are top of mind for people and what services are available.
- As retired individuals with resources, we receive excellent health care from Bozeman Health and other providers. Focus on improving services for underserved populations!
- In this country and in this community, healthcare is not affordable. If we/you are serious about wanting people to feel less stressed/anxious about healthcare, the system have to change. Young people are worried about their future. You have the opportunity to be part of/push for CHANGE! Thank you for asking!
- Please advocate for those being impacted by the legislation passed that is targeting non-gender confirming/trans people.
- I will be moving from Manhattan to Bozeman within the next couple months.
- Health Insurance is a Human Right. Quality Health Care is a Human Right. Seniors should have quality end-of-life care without long term care insurance. Why is health care a business.
- We need affordable housing to lower stress and anxiety and depression.
- Is too affected by religion.
- Communication needs to improve - elderly need to understand their diagnosis, and what their medications are doing for them.
- Low carb diet, maintain healthy weight, lots of fruits and vegetables, low sugar, high exercise, low processed food.
- Why is obesity such a common ailment? Why is this area "OK" with consuming so much alcohol on a regular basis. Most people condone over-drinking. Concerned about health of 15-25ish folks.
- It is expensive and inconsistent.
- Doctors seem to be scheduled for small time periods that don't allow them time for complete or correct diagnosis.
- Access to affordable housing and homeless services are some of the biggest struggles in the Gallatin Valley currently.
- It all costs too much - insurance is too expensive. We need a single payer system.
- Education is the key to getting started.
- I think we need more mental health professionals.
- Mental health has increased in Bozeman.
- More access for reasonable price
- Basic needs are not being met, such as affordable housing and quality nutritious food at an affordable cost.
- The distance and the lack of confidence in the clinic is the biggest issue for locals.
- I prefer to see a MD, not a PA or practitioner - but they (hospital) gave me not choice.
- There's no neurologist for PD.
- Proveer clases de educacion medica y de finanzas a personas bilingues. [Providing health and finance education classes to bilingual people.]
- Need more doctors as the time to be seen can be up to six months or asked to go to another community in Montana.

- Insurance is not what it used to be, reaching deductible is costly and insurance does not cover things until met. Also, I do these kinds of surveys through "Eridation" you guys should try it out!
- Mobile vaccinations and checkpoints at schools, parks, homeless camps... will create a healthier community and possibly develop trust towards caregivers.
- Way too expensive not willing to listen. Way too worried about what meds they will prescribe. Think counseling is always the path to take which is also expensive and some insurance will not cover this.
- Right now, both Bozeman Health and Billings Clinic - Bozeman are poorly managed. I hope Bozeman Health Board of Directors find a decent CEO who doesn't run doctors (nurses too) away. I'm not sure if Billings Clinic - Bozeman settles into decent management, but right now it's equally understaffed. We left Bozeman Health a year ago - now go to Billings Clinic - Bozeman.
- Nada por el momento. [Nothing at the moment.]
- There is none.
- We need more resources to be able to access for mental health patients.
- There are zero affordable places for swimming or water exercise in Belgrade. The cost of the hot springs is way over budget for me.
- Everyone who doesn't own their home likely deals with the stress of housing. This affects stress level and mental health.
- Mental health services in Bozeman are limited because of cost, regardless of insurance, and health services - in general, are costly - putting people in debt.
- Pretty ok.
- I had a need to see my primary care doctor - I would have had to wait 3 weeks! I had to see a doctor in that same office who didn't know me at all. It's not the same!! Also tried to make appointment to see my dermatologist - 3 month wait. I found a new doctor that saw me in less than a week.
- Come up with an agency to look out for the elderly and those who need in-home assistance.
- Housing has helped me stay alive.
- Not much
- Did not ask anything regarding addiction issues or help offered!
- We need more education.
- Appointment wait times too long, inadequate follow through care from physicians, unaffordable health care for many - especially pharmaceuticals. Some people can't maneuver internet to review my chart. Printed material is a must for some.
- People seek services then end up in collections, and then will not seek services again. Glad to see a care coordinator added to Bozeman Health. Options to care; Emergency prescription cost
- People overworked.
- Just do whatever you can to help people not feel alone or garbage in a horrible situation.
- Being homeless sucks.
- Everyone should think about the goodness for everyone.

- A hospice house is needed in the community.
- Mental health facilities are in high demand and clearly inadequate. So is in-patient rehab placement.
- Costs for services keep increasing and insurance rates are increasing also.
- Drug use is increasingly prominent as an escape.
- The cleanliness at the hospital and food options at the hospital could be improved. The hospital should become a teaching hospital. Cardiac could improve. Neurologist needed.
- Lack of youth/adolescent mental health providers, especially psychiatrists.
- Question #12 - every item seems important. Affordability is a major issue in the community. This nation lacks adequate safety nets.
- Ofrecer servicios medicos a menos precio. [Offering medical services at a cheaper price.]
- Provide health services at a low or fee of cost.
- Brindar atencion medica incluyendo sabados y domingos proque normalmente personas trabajan entre semana y se dificultair. [Providing medical attention including Saturdays and Sundays [as operational days] because people normally work during the week, and it is difficult to go.]
- More behavioral health services.
- When the cost of housing, food, gas, insurance, and taxes being so high most people I know neglect health because of the stress of rising costs.
- Alcohol is a problem.
- Member choose between eating healthy/seeking health care and paying bills.
- Most folks get care in Bozeman, most medical providers don't really respect that we have to take an entire day off of work to receive routine medical care and often times appointment times are unrealistic for West residents. Even more frustrating is when one office schedules something, you show up and the appt was actually not needed so you take a day off work for no good reason- not to mention how the canyon can be unsafe at times.
- There are a lot of mental health issues especially in the young and alcoholism for the older.
- Hospice, mental health services, and poverty caused by outrageous housing keeps the community in poor health overall.
- We need more options other than Medicaid.
- School and trying to pay for housing as an instate student causes a lot of the stress.
- People need more education on alternative medicine.
- Seriously lacking on pediatric specialists.
- Mental emergency services are needed closer to the valley.
- Sometimes people have mental health issues but they don't know about that. I think I will be good that if we can have some information.
- Good.
- I do live in an area that is somewhat isolated. Most health care is at least 90 miles away. We do have a clinic at this time who I believe is taking care of many community members medical needs. It is hard though once you have established many doctors because of lack of availability in your area, and now it would mean re-establishing all of your care needs.

- IT IS HARD FOR BILINGUAL PEOPLE FOR BILLINGS CLINIC also their cost is high per visit.
- West Yellowstone needs 24/7 doctors. It's ridiculous to have to drive at least 45 miles to get emergency care.
- We need more Doctors!
- I believe proper access to mental health services is now more pressing than ever, both nationwide and locally.
- There is not a lot of variety in options for healthy social activities not involving alcohol or for exercise/active options in a town with a lot winter; there is very little affordable housing; there is a large population of Spanish speaking community members and a lack of Spanish speaking healthcare providers; a sliding fee scale for healthcare services is something that is lacking in the current health clinic but would allow for increased accessibility for many community members.

Appendix J - Focus Group and Key Informant Interview - Questions

Focus Group and Key Informant Interview Questions

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

1. What issues are you concerned about in the local community?
2. What are your views/opinions about these local services:
 - Hospital/clinic:
 - EMS Services (ER/Ambulance)
 - Public/County Health Department
 - Senior Services (i.e., Nursing homes, assisted living, home health, senior center, etc.)
 - Services for Low-Income Individuals/Families
3. When you think about the health of the community what comes to mind?
4. What types of things would make accessing the hospital or medical care easier?
5. What do you or your loved ones need from your health system?
6. What issues should Bozeman Health prioritize that could improve health in the community?

Appendix K- Focus Group & Key Informant Interviews - Transcripts

Focus Group #1

May 31, 2023 – Bozeman Health Employees (n = 6)

7. What issues are you concerned about in the local community?

- Daycare
 - Getting on waiting lists is even difficult (2 or 3 months old got on 5 waitlists)
 - 2 day/week daycare just now – baby is 3 months old
 - Very expensive
 - True in Bozeman and Belgrade
 - Home day care in Belgrade
 - Certified or not
 - Dependent Care Reimbursement requires certified day care; need versus availability is not aligned
 - Can Bozeman Health achieve certification?

- Nursing Homes
 - Not enough skilled nursing available – skilled nursing desert
 - Hillcrest residents
 - When they need a higher level of care, we have nowhere to put them

- Discharges from the hospital – go outside the community (Butte, Billings, Sheridan, Livingston)
 - Medicaid beds is an issue
 - Causes: Not a sustainable business model (some are successful, but shortage across country and state)
 - Reimbursement (not increasing)
 - Closing (12 in the last year and a half)
 - Increased labor costs
 - Hard to find enough staff (overtime)
 - Worse in urban areas – sending patients hours from home
 - Hard on family members who have to travel more

- Patients away from family
- In home skilled care is expensive unless Medicaid or Medicare
- Home health (nursing, PT) – have a lot in the community
- Home care (aids – 24/7 for people who would need to be in skilled nursing; hourly rate to live in Bozeman and care for people is hard; so facility model has been fiscally possible in the past)– bigger shortage/gap
- Medicare does not pay for home care, only home health (Payor source defines; nurse only in house for 3 hours; home care is non-reimbursable)
- Medicaid and Disability – home care can be reimbursed for family care
- Nursing homes are not reimbursed well, so hard to staff
- Legislature did increase funding for the nursing home, but cost still exceeds reimbursement
- Band-Aid fix at Gallatin Rest Homes
- Health Promoting Community Engagement
 - Can Civic Groups do volunteer projects at places like Gallatin Rest Home to do landscaping or other cost savings?
 - Values based care
 - Bring stakeholder groups together to build more inclusive community on healthcare issue
 - What can Bozeman Health (BH) do to support the community
 - Uganda in Africa – Community of being healthy and everyone contributes
 - Transportation
 - Drone delivery of blood donations (tech)
 - Profitable and solves problems
 - Blue Zone philosophy
- Value based contracts
 - Swing beds at Critical Access Hospitals - \$2,000/day versus \$300/day in skilled nursing
 - Medicare has not kept pace with their experimental models
 - Motivated to take our patients because the beds are more sustainable at the secondary service area
- Rehab beds also an issue
 - Cardiac rehab – hospital and no longer quality for home health
 - Better monitored telehealth monitoring in their own home

- Lack of transportation including non-fossil fuel transportation
 - Free bikes (exercise – house at all sites)
 - Getting people home from the Emergency Department
 - Better transportation to services outside the community (dissatisfaction and barriers for continuation of care)

- 8. What are your views/opinions about these local services: **Not Asked**
 - Hospital/clinic:
 - EMS Services (ER/Ambulance)
 - Public/County Health Department
 - Senior Services (i.e., Nursing homes, assisted living, home health, senior center, etc.)
 - Services for Low-Income Individuals/Families

- 9. When you think about the health of the community what comes to mind?
 - Behavioral health
 - Local substance abuse resources – Great Falls, Billings, Out of State – people might seek help more if it is accessible (timely and close to home)
 - Access to specialty services
 - Geriatric offshoots of specialty services – care and support for the families (children of parents who are struggling physically and mentally due to their parent’s dementia, behavioral health, etc.) – what do we do for mom and dad
 - We are all in this together – way to develop a community mindset about taking care of ourselves – everybody be involved. We all have a piece of it.
 - Outreach to groups providing healthcare in the community
 - Right marketing, people would want to step up and help
 - Social Media
 - Bozeman Health club – we are going to redo this... people would volunteer to focus on community health (health of the community)
 - Gyms
 - Counselors
 - Restaurants
 - Facilitate a healthy environment, not just acute care
 - Be a part of the community – a piece we can all do
 - Non-profits – employees already plugged in (ex. Befrienders) and partnering with each other (ex. Eagle Mount) – where are their strengths
 - Take care of yards of seniors, Gallatin Rest Home, etc.
 - Bring nonprofits together

- Health disparity growing in Bozeman – root is not a lack of interest in helping others, but a growing virus of entitlement
 - Both ends of the spectrum thing more is owed to them
 - Takes away from being willing to help each other
 - Contagious good things
 - Entitlement –
 - Using our services every day
 - Want what they want when they want to pay for it

10. What types of things would make accessing the hospital or medical care easier?

Not Asked

11. What do you or your loved ones need from your health system?

- When I want care, I want access (mostly timing of getting care when I want it, some distance to care)
- Want specialty care access if I need it
- Allergist/immunologist (May/June need, September appointment when medical need is not as present)
- Common colds – children cannot get an appointment for a few days
 - Belgrade is easier, can get to hospital, Cottonwood
 - Dominos other issues – stay home from school and daycare, then employee cannot come in to work
 - Prefer to see who they are used to seeing (primary) and have their medical history
 - Sometimes see someone else in the same practice
- Urgent Care?
- Solutions:
 - Hire more providers, extended hours
 - Open access scheduling (evidence behind the strategy – start day with an open schedule)
 - Team based care in clinics – might free up access
 - Work at the highest level of their licensure
 - Nurse do follow up visits, doctor pops in at the end to do higher level management, frees up to doctor to see more patients without feeling overworked
 - Protocol for common issues (sore throat, UTI)?
 - Nurses have a protocol form the doctor
 - Nurses meet with and order
 - Doc reviews and co-signs notes

- Now offloaded to urgent care
 - Nurses can get bored if checking blood pressure and rooming patients
 - Hypertension clinic, UTIs, annual wellness visit annual visits
 - Doctors see only chronic conditions
 - Want to see their team (front desk, nurse, doctor) – affect, watch 24 hours versus Emergency Department
 - Jobs to be done question – asked wrong in the past versus which do you prefer?
 - Preferences to see their provider
 - Decision points – Urgent Care with radiology with *common electronic record*
 - Timely access, not just the crisis
 - Counseling and behavioral health that take insurance
- Behavioral health
 - Warm handoffs (Physical Therapist within Lifestyle Medicine is doing this currently)
 - Used to be imbedded in primary care clinics
 - Resource Navigators
 - Neurology
 - Barriers mental health licensure on pay structures
 - Self-pay counselors – enough
 - Counselors set up to bill insurance – shortage
 - Medicaid/Medicare do not reimburse social workers will for MSW if agree to Medicare, better reimbursement for PhD
 - MSU training produces LCPCs, not reimbursable (starting for indirect supervision, but not independent)
 - Major stressors – someone available to support (spiritual health)
 - Counselors create more work for themselves like consultants
 - Could be asking what you want to work on and create a path to get there
 - People do not have anyone to talk to
 - Lifestyle change – set goals and figure out how to achieve them
 - Stigma – unreported and unaddressed lenses
 - Walking more
 - Growing food in their own back yard
 - Have to engage where they are and find their internal motivations for change – takes a lot of time.
 - See health coaches more widely within the healthcare system (can be nurses, RNs, or other lay people) – use medical knowledge and behavior change

- Utilize what we have – what would it look like if the EHR had a field for a primary health goal and how do you plan to achieve that? Every point in the health system can see that and check in. Next time asked about this again – our job is to support you in your personal goals. Can decline. Ask again next time.
- Provider goals versus tell me about your goals for your healthcare
- Need a system behind it
- Science behind how to meet goal
- Contemplation a warm handoff
- Could have an impact on community health
- Training + Resource available for the warm handoff

12. What issues should Bozeman Health prioritize that could improve health in the community?

Not Asked

Focus Group #2

June 7, 2023 – Behavioral Health Coalition (n=1)

1. What issues are you concerned about in the local community?

- Housing cost and availability
- Density of marijuana dispensaries and the impact on mental health
- Affordable childcare
- Lack of behavioral health resources including crisis services, preventive, integrated, and youth. So, we're really lacking the entire continuum in the Gallatin Valley.
- I highly second the youth mental health crisis. There's an inability to refer when there's suicide ideation. School counselors in the Belgrade area are nearly nonexistent.
- There's an increasing number of community members who are under-housed. Don't quote me, but I think the figure is somewhere around a 47% increase in those over 65 experiencing homelessness. And an estimated 42% increase in younger adults experiencing homelessness. There are many community members currently living in vehicles which is not a long-term housing solution.
- Workforce continues to be a challenge in the area. There are challenges with recruitment and retention given the cost of living here.
- Across all of these challenges we've discussed thus far, I think it's worth highlighting that there's a growing Spanish speaking population in Gallatin County. Historically, there haven't been a lot of services for this section of our population, so I know it's an area of focus for many organizations.
- There's a culture around normalizing substance use.

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

- Hospital/clinic:
 - I think the addition of the PES [Psychiatric Emergency Services] has been positive for this region.
 - I think the turnover in the organization has negatively impacted the views that community members have of Bozeman Health. It feels as though they are not as responsive to the area needs and no longer follow through with previous commitments.
 - I'd like to see more clarity around organizational priorities. I feel like I had more clarity for Bozeman Health system, but now under the new leadership it doesn't seem clear at all. It feels like there's a lot of change in priorities without clearly communicating them to the community.
 - I mean, just look around at this space. A lot of money was spent on this when there's a serious need for services and resources for our community members.
 - The hospitals and clinics are losing the ability to keep up with basics needs and even special care because of a rapidly growing population within the county
 - With rapid population growth, requires the ability to keep up with the evolving population health needs (I.e., specialized care, etc.)
- EMS Services (ER/Ambulance)
 - I think the Emergency Room (ER) does a good job considering the constraints they're working with – they're overwhelmed!
 - The ER is often the one dealing with a lot of the behavioral health cases.
 - EMS across the county seem very disconnected and siloed from health systems, so it's not too surprising that it feels that way locally.
 - There's a disparity in collections due to private ambulances vs non. There is a local group working to make positive changes in terms of responses, transparency, continuity of care, etc.
 - There's a challenge with transfers out of the Big Sky area.
- Public/County Health Department
 - The capacity to serve the growing Spanish speaking population is becoming a challenge.
 - I believe the Gallatin City-County Health Department is working to address this by recruiting folks to better serve this portion of our population.
- Senior Services (i.e., Nursing homes, assisted living, home health, senior center, etc.)

- We need more of everything! There's a lot of good services and programming here, but with the growing population, there's inherently a need for just "more."
 - Workforce recruitment and retention challenges really impact the home health program.
 - There are many community members in need of nursing home level care, but due to waitlists, they are being discharged to potentially unsafe conditions.
 - I question if the housing options we have available to elders are actually affordable.
 - While maybe the inventory is increasing, I would venture a guess that they aren't necessarily "affordable."
 - Community members on fixed incomes who have lived here forever are being priced out.
 - Memory care is cost-prohibitive in this area. It's common for this service to increase by \$2,000 per month.
 - Education and navigation assistance for health insurance is a growing demand and gap for this portion of our population.
- Services for Low-Income Individuals/Families
 - In terms of behavioral health, there's no difference between rich and poor. You get the same service regardless.
 - There are very few community health services available for adults in this community.
 - There seems to be a shrinking number of providers in the community who accept Medicaid and/or Medicare coverage.
 - I see that there's a growing need to do more to support those of middle income, but don't necessarily meet the income thresholds to qualify for Medicaid.
 - I think this community does a good job with what resources they have available, but we have to be able to keep up with the needs of the growing area.
 - As for housing, anything that qualifies for rental assistance has a 12-18 month waiting list. Rental assistance programming only has about 450 awards across not only Gallatin County, but also some of the neighboring counties (Meagher and Park).
 - SNAP [Supplemental Nutrition Assistance Program] benefits are only for those who are severely low income, but don't reach those who might be just over, yet are still struggling to get by.

3. When you think about the health of the community what comes to mind?

- *Not asked*

4. What types of things would make accessing the hospital or medical care easier?
- You cannot find your way around the main Bozeman Health building.
 - In general, I get anxiety about going to a place that I'm not familiar with, so when I have to make an appointment especially with a new provider or service, I get worried I'll be late. Even when you're familiar with the organization, you can be in these situations.
 - This brings up a great point that it can be intimidating for those who might be in a health profession, so we need to consider how those without that insight perceive these situations. I think there's a real opportunity to focus on increasing health literacy through leveraging some of these upstream, preventive interventions.
 - Bozeman Health sends some instructions when you make an appointment, but they're limited. I've followed them and ended up in some weird locations that have no directional signage or support. It can be frustrating.
 - On a positive note, I feel like they're using their EHR [electronic health record] better. It seems like there's an increase in patient reminders and notifications.
 - I think that integrated behavioral health could really improve things – and not just making it a checkbox.
 - Access to specialty care is a challenge. There is often a long wait time.
 - I think it's also worth highlighting the impacts transportation (or a lack thereof) can have on accessing necessary services, especially for those residing in outlying communities. I'm not sure how a patient's residence is included in their care planning, but I think resource coordination could improve from a provider lens. For example, if you're a patient who lives in Three Forks and has a dialysis appointment at 8 a.m., but you don't have access to a reliable vehicle, that's a big deal that should be considered.
5. What do you or your loved ones need from your health system?
- I want someone to answer the phone, my question to be answered by that person, and in the mode I need. I would also like to know what it'll cost.
 - Transparency around cost is a big deal! I know there are some requirements now, but it's still pretty limited. Estimates are usually only given if someone requests this information.
 - Going back to the note earlier about health literacy and barriers – perhaps instead of opting into the estimate, why couldn't Bozeman Health provide that upfront? Maybe extra case management support would be helpful.
 - Thinking about a recent experience, I think we had 20 people visit us in a 24-hour period because everyone seemed to have an intern/student or changing shifts. In that vein, I think a smaller care team would be great. But please don't

misinterpret this as us saying we received bad care – I would say that we were almost too cared for.

- I think your story highlights the challenge with having one hospital in our town and a university who needs somewhere to place interns, residents, etc.
- My observation is that our health system seems to be set up to scare people out of getting the care they need. The system is not really working for anyone, even those who are considered well off. We're a savvy group here and it's even hard for us to access what we need.
- I think a care advocate would be helpful for those who need help asking questions or defining terms, etc. Healthcare is full of jargon.
- Considering care coordination- even when you fill out the intake forms for one provider and you include your primary care provider's information, you'd like to assume your records will be shared with them, but they're often not. We need to close this gap.
- There are just general vibes contributing to further anxiety and trauma when accessing this health system. You pick up on these when the workforce are stressed or the morale is low. I get the sense of this in some of these buildings.
- Mayo clinic does really well with care coordination. They send you information ahead of time, then you meet with your provider and go over the results.
- I think primary care is underinvested in this valley. I suppose that's why we're lacking in care coordination. In my experience this underinvestment is usually associated with hospitals who also oversee primary care.
- Even though we've highlighted several opportunities, I would like to be clear that in my experience, the people and/or providers who take care of you really take good care of you. I've received really amazing care from some of our local providers.
- I feel compelled to point out that Bozeman Health is the only hospital in this community. It's a difficult time for them considering all of the complexities of the environment. Competition is good, but I'm worried about its negative impact on our community.

6. What issues should Bozeman Health prioritize that could improve health in the community?

- *Not asked.*

Focus Group #3

July 20, 2023 – Indigenous (n = 11)

1. What issues are you concerned about in the local community?
 - Own health issues
 - **Mental health**
 - Access is very hard
 - Culminate from boarding schools
 - Do not have Native focused mental health
 - Just got out of the hospital - No cultural protocols or remedies
 - Can Bozeman Health build something that is culturally informed – providers across the state who are Indian holistic providers
 - 2 of 5 children sexual assault survivors – abused at such a young age – need a support network
 - Hard to get through high school without suicide
 - Addiction
 - 2 parents incarcerated
 - Groups so children can have support groups in school through college when retention is difficult
 - Cannot go home for ceremony
 - Strong sense of community at MSU, but could be better
 - Needs not met because no central service unit like IHS
 - Native American Studies – get a lot of referrals for housing, childcare, incarcerated relatives; serve students, but cannot address all of the needs for the wider community (ask are they a student – limited in what they can do)
 - Big Sky Indian Alliance – attempt to create an Urban Indian Center – Bozeman only community of this size without a center
 - Monthly clinic or well child clinic – with Butte – idea that was not done
 - Cultural adviser – difficult to provide
 - Visiting – feels like One Flew Over the Coo Coo’s Nest
 - Trauma – elders went through – passed down physically, spiritually, and mentally and still trying to heal
 - Blood memory
 - Impacts DNA
 - Parent experiences
 - Children’s experiences
 - Own health suffers
 - Genocide
 - Finding graves of children in boarding school – horrific stuff
 - Impacts – still feeling today
 - 1 provider for mental health for youth – wait list

- **Root canal** needed for a student or child – university could not do (specialty) – barriers to contract care health (length of time to get paid, paid a lower rate) – so becomes a desert of healthcare
 - \$2,000 cash
- Translational health grants – driven by community needs
- Office of Public Assistance – Medicaid
- Co-Op – Native American Student Success for Nursing Students (n = 65)
- Own experiences trying to find healthcare
- Students did not have good experiences
- Family experience **microaggressions** when accessing services
 - Worse treatment for people who look Native
 - Better care for those who do not look Native
 - I did not know you are Indian because you have blue eyes
- Services in relocation/urban areas
- WIC
- Section 8 Housing
- **Child care**
 - **Create a childcare center** at Bozeman Health for nurses
 - Staffing issues – hard to get people, people floating (feels like plugged in with a floater, not someone with a specialty in that area)
- Family manage office at Belgrade – Community Health Partners
- Work with Native students
- Montana Partnership to End Childhood Hunger – cultural nutrition and health
- Lack of practitioners hard on son
- Sick themselves – doctors did not know how to deal with issue (thyroid) – [name removed] – specialty, [name removed] – wants to drink poison, [name removed] naturopath - tincture helped balance out; what are you doing differently? [name removed] required to choose specialty or naturopath, then got out of balance again; Dr on internet – suggested vitamins, eating right, hard for 5 years, today evened out/balanced out; hernia fixed – get treated really well at hospital
- Children –
 - challenges raising children in Bozeman and educate self – transitioning from reservation
 - Good and bad in the valley (more cons than pros) – grew, strengths here
 - Children in Billings and Belgrade
- Stolen children and Indian cemeteries
- Dealt with Indian Health Services (HIS) systems – family doctor, nurse, Registered Nurse
- Little Shell – new health clinic up off the ground, mobile units, with non-continuous counties
- Learning the new health care systems here – new to town in the last 1.5 years
- Integrated health with tribes in other places – cultural component

- Travel to HIS
- Miscarriage – hard to do alone, praying a lot, calling own family, missed having a cultural part, searched and could not find any Native doulas,
- Having ceremonial process is part of healing – all is interconnected in how you approach health
- Veteran and Native health has been tough for spouse
 - Health disparities need to be understood and addressed
 - Traveled to Butte for specialists, then got there and they did not have an appointment for him – twice
 - See 7 specialist – we do not know – all collecting – feels like it is not about solving the problem
- Connecting with people from the same Indigenous communities
- Youth
 - Shodair – they are asking parents to help Indigenize
 - Watched by police officer, then sent home
 - Indian children in an affluent space – feel like outsiders and then end up in Shodair
 - Positive Behavioral Support – Indigenized – held up by grandmothers and grandpas in their community and then things changed
 - Someone to call who can be a relative
- Grandmother as mentor –
 - Spoke Indigenous languages
 - Children now are only learning and speaking English in Billings and Missoula – have to travel to them
 - Do not have a place to gather, eat and pray together; have creator to turn to – how got well
- Referral to speech therapist for daughter – assessed as not knowing x number of words – wanted ear trained and familiar with Blackfeet – accessing elders talking – hearing the language, reading a book, or whatever; language, elders speaking and talking
- Medicaid – do not have money to access HIS
 - Ride to Helena – no one would take Medicaid in Bozeman
 - Especially with kids
 - Dental is really hard
 - Want payment up front and wait for reimbursement
- Public health community – 4am with a line with 3 people already in line when they open at 8am
- Book mobile – mobile care on a certain day – come and do dental
- Job to take care of selves and health to take care of others (especially mental health)
- Knee issue - Bridger Orthopedic – Need an ACL replacement in the next couple weeks, second opinion said she is fine – are they taking advantage of?
- Autistic? Does not speak and not potty trained – 1 person can give a diagnosis – impossible to get into her – so have to go to many different locations - secondhand

everything because of different healthcare because of treaties and people do not know about it

- Health issues – never had cat scan, thought had cancer, managing own health, no one to talk about it with; do not understand the pain – if did cat scan would have known what was wrong – assumed cancer in uterus – uterus attached to belly button and bladder – due to 4 C-sections – went into have a hysterectomy – could have detached and been fine, took uterus – did not get to have a clear assessment or choices and circumstances could have been different
- Telling – you do not have an appointment on the books, even when call ahead
- Healthcare needs met in Bozeman
 - Indian Health Clinics – Community Health Workers (CHW) model of care is very important
 - People like you, Indian hires who assist you as you go about your healthcare needs
 - Can say language, gender of CHW
 - Did reach out to see if you had a willing partner – how would that work, never heard back
- Lack support system in mental health for children
 - Suicide attempts – push to get home to get help
 - Mental health crisis in college students as well
 - Rich community in Bozeman – circumstances reflect their ignorance
 - Profiled by the police – Walmart parking lots
 - Testify to increase awareness at city meetings
- How do you change a white hospital in a western framework to see integrated needs as a systemic/structural need
- Elders in community, what services do they receive
- Student needs –
 - Sexual assault in the university community – protocols to report
 - Referrals for services
 - Calls from parents – check on my child – I am worried about what is going on there
 - November – students drop off – not meeting their needs in services
- Transient populations
 - Nomadic – plains, traveling, out and about
- Billings Urban Indian Clinic – assist in creating in Bozeman
 - [name removed] is very interested
 - Huge need in Billings, same in Bozeman
 - Health and support systems
- Crisis in mental health reflects the pandemic – lost so many people (64 elders lost in 1 year in Northern Cheyenne in a community with 5,000 people – grieving, safety nets – go to grandparents when parents are not available)
 - Need to talk about the pandemic impacts
- Missing and Murdered Indigenous Women

- Orientation on Native population
 - CHP – Spanish speakers onboard – discrimination is astonishing even with that focus
2. What are your views/opinions about these local services: *Not asked*
- Hospital/clinic:
 - EMS Services (ER/Ambulance)
 - Public/County Health Department
 - Senior Services (i.e., Nursing homes, assisted living, home health, senior center, etc.)
 - Services for Low-Income Individuals/Families
3. When you think about the health of the community what comes to mind? *Not asked*
4. What types of things would make accessing the hospital or medical care easier? *Not asked*
5. What do you or your loved ones need from your health system?
- Representative – system navigation how to get provider access (options without paying out of pocket or out of network), explanation of benefits
 - 13-14 years and have not found a provider they like
 - Quarterly Meeting with this group?
 - Provider going to Fort Peck
 - Native Voice – Native friendly healthcare provider guide
 - Protocols
 - Awareness of Indigenous community outside of campus
 - Working hard to survive and pay bills in an expensive place
 - Impacts time to get quality care
 - Rides to medical appointments
 - By self in the appointment – want continuity of relationship
 - Space to go if want and have time to gather
 - Providers continuity – go to Providence and get into mental health and then they leave
 - Lack of understanding of Indigenous identity
 - Systems perpetuate that your health does not really matter
 - IHS pulled teeth at 18 years old, never build a bridge, so you have a missing tooth
 - Perception of not wanting to push selves
 - Insurance? What is this? Can't I walk up and wait for a doctor for 6 hours? Had to learn to advocate for self. You have insurance, go get it fixed. Understand that they have never had insurance before. Experiences with being treated poorly. Want an advocate to talk to and feel heard.

- Deconstructing power in healthcare seems impossible
 - Privatized healthcare
 - Treaty rights
 - IHS – still true less money if prisoners get better healthcare?
 - How are you supposed feel about yourself when they treat you like...
 - Carry Indigeneity everywhere, but is geographically based
 - Do work as a system to get rid of barriers
 - Make every person in the health system take sensitivity and sensibility training
 - Nurse finally understands after seeing the health disparities, blew her mind, now she can understand what Native people in Bozeman experience (go in person to grasp)
 - MSU - Nursing program running cultural immersions for white providers
 - MSU Indians 101 – required to complete – Mike helped put together – needs to be better, good start for someone with no background
 - Native people in healthcare and systemic issues – you cannot change people’s ethical values systems with a training
 - Interest – entry point
 - Same people gravitate towards it
 - Normalize talking about diabetes, suicide, etc. – not so much because you are... this is what we need to talk about... build support, do not compartmentalize to Native people
 - Rapid City – created a Lakota First Aid – look into and see how they are doing that could better serve the population and those serving the population – based on systemic issues and culture (DM can share information) – tier 1 and 2 training, driven by language
6. What issues should Bozeman Health prioritize that could improve health in the community? *Not asked*

Focus Group #4

Monday, August 28, 2023 – Belgrade Senior Center– Belgrade, MT (n=13)

1. What issues are you concerned about in the local community?

- Affordable housing.
- Drug abuse. Everything including prescription drugs and vaping.
- Traffic.
- Are we considered a medically underserved area? I have seen a lot of turnover in medical staff and I have a family member going to medical school and to get loans covered they have to serve in an underserved area.
- My primary care provider just left and now I can't make an appointment until they have a new one on board. And it is concerning when you have to pick a doctor off the list without knowing anything about them.
- You do you research and make phone calls and find out they are not taking new patients. The rate of growth in the valley is extreme.
- Rapid rate of growth and lack of work force.
- Mental health.
- Cost of living is going up and wages are not, which is causing this crazy/scary imbalance. Many of us have seen big changes over the years but this is different.
- I heard Billings was just designated a trauma center of the state. Is Bozeman thinking about that? Is there any way that we don't have to become the "stepdaughter" of Billings?
- In terms of providers, the two areas I think people are having trouble finding providers in is mental health and oral health including orthodontists, oral surgeons etc. I keep seeing these problems pop up over and over again.
- I have also seen problems with providers being out of network and not accepting insurance, so you have to leave to get care anyway.
- We are starting to see the pipeline of drugs coming into the area. It is scary to think that with the proliferation of drugs we are going to see more of this to come. We have been pushing to get Narcan on the school buses just in case a kid picks up the wrong pill and we are going to have to act fast.

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

Hospital/clinic

- All of my friends have their babies delivered in Bozeman and say really good things. They have an amazing reputation for delivering babies and care provided.
- Bozeman health needs to have better parking, especially for senior citizens and during the winter months. They could have a shuttle bus going around the parking lot or something during really inclement weather.
- This is Belgrade specific, but we love the version of the clinic on Alaska Frontage Road and their expanded hours. Some people wait hours and hours in Bozeman and in Belgrade you can usually get in a lot quicker.

- I waited for four hours for five minutes of stitches once in Bozeman.
- I am established with my doctors in Bozeman but the few times I have used the Belgrade clinic it has been very convenient, and I am appreciative of the offerings, especially the blood work part.
- I have been going to the Belgrade Clinic since it was downtown. Over the years I have seen some negative light shed on them. There have been some issues with answering the phones. Communication. The people are great but navigating the “system” has gotten really big and different.
- I really like the MyChart app. When you reach out on the app folks are very responsive, and it is a great opportunity especially when things are so backed up with low staff right now.
- I am frustrated about how everything is backed up. Every single month I have to track down where the medicine I need is in stock or where it has been delivered. I call and update the clinic with this information, and they still mess it up and send it to the wrong place. When you need it in a few days it can be very stressful to do this every time.
- Very grateful for the Big Sky Hospital! Used them a few times.

EMS Services (ER/Ambulance)

- If there is opportunity to stay in Belgrade I would prefer to stay here.
- I had one negative experience. We went to the ER for my son, and they thought he had appendicitis, so they sent us home for my son to drink the medicine for surgery and when I returned, they made us readmit and pay our deductible again. But since then, I have had to go back with my daughter for the same thing and that didn’t happen so it might have just been a onetime miscommunication. It was just so frustrating at the time because no one seemed to want to work with me when I was trying to get it straightened out.
- My husband has used the ambulance several times with employees, and it has always been great and fast.

Public/County Health Department

- I felt like there was a lot of information about tests, vaccinations etc. during Covid but since Covid I feel like I receive almost no information from them about anything else. During Covid I felt like it was almost information overload, but in a good way. Now I feel like I have no idea what they do or offer.
- I have gone for out of country and needed vaccines and the public health nurse was wonderful and provided lots of information. Even the front desk person was really helpful getting through paperwork and talking through things over the phone.

Senior Services (i.e., nursing homes, assisted living, home health, senior center, etc.)

- Memory care. We are short on providers. Pricing for care is comparable to other places and didn't seem to be disproportionate to other places which is good, but it is still really expensive though.
- To visit Australia, I have to have a medical exam because I am over 80 and the closest place to get this exam is like Seattle or San Diego. There is not one in the entire state of Montana. These medical facilities seem so competitive, so I am surprised that someone hasn't figured out how to do that. It is frustrating that the healthcare services are not recognizing issues like this with the aging population. The public was really educated about Covid but it seemed that the people at the front desk answering the phones are not as knowledgeable as the public was about Covid and that is causing problems because seniors are not as vocal about these kinds of issues.
- Transportation. Especially between Belgrade and Bozeman

Services for low-income individuals/families

- We don't have a food bank here in Belgrade.
- We have 90 students in the Belgrade school system that do not have a home. The school is helping them rehouse but the bus has to go to wherever these students are housed. Some of these students and families are not legal and so they won't ask for help or resources because they don't want to get kicked out.
- Community Health Partners is great, but transportation, work hours and low-income housing can all be difficult especially when you have to go to Bozeman from Belgrade.
- Getting word out about what resources are available seems to be tough. I see a lot of posts on Facebook about people willing to help but can be hard for some to find those resources.
- The HRDC is getting a new building which should help but there needs to be more communication and especially bilingual help.
- There does not seem to be one main focused spot for these resources in Belgrade. We have some of these resources, but they are all spread out in Belgrade.
- It would be great to have community navigators to go to for help on who takes which insurance and what resources are available. When parents are working for example, they may struggle to get kids to doctor etc. and do the research. Not all of us can leave work and some of us have kids in Belgrade but work in Bozeman so it isn't a quick trip.
- There has been a meal every Wednesday afternoon in the Lutheran church parking lot, and it has been great. You pay what you can. But I don't think many people know about it.
- In the school system we see kids that don't have parents, so they need access to resources.
- Offering bilingual services would be a really great start. Local newspaper, water bills, social media like Belgrade Moms Facebook page, and school newsletter.

MSU students could be a resource to have students gather local resources to post in a central place for a school project.

3. When you think about the health of the community what comes to mind?
 - Safety.
 - How active it is? Are their public parks and opportunities to recreate.
 - Healthy food options. We are kind of a food desert here.
 - Having a benevolent neighborhood community. People will step up if they know there is a need. The problem is how do we get that information out to those people. People don't have a lot of trust in stuff on the internet.
 - It would be great to have a central community website. A place people trust and a group that is just for that, like who to contact etc. The problem is keeping this page up to date.
 - The schoolboard has talked about needing a central location for parents and students to go to and get this kind of information.

4. What types of things would make accessing the hospital or medical care easier?
 - Not so much physical access but knowing what costs are and what your insurance will cover.
 - MyChart suggested I needed an RSV shot and when I checked with the clinic to get it, I found that my insurance hadn't approved it yet. I think a lot more people are interested in more vaccines with the COVID thing, but people won't get these if their insurance doesn't cover it.
 - I put off getting medical care for years because I couldn't afford it. I thought my insurance wouldn't cover it.
 - In a pure logistical context, it would be really great to be able to schedule yourself with primary care doctors online instead of calling.
 - Part of the problem is that they tried that, and people were booking themselves into the wrong kinds of appointments. It would be nice if they could figure this out.
 - Part of the problem is knowing what appointments are open. Some people can't do 8 AM appointments. With my kids, I try calling two months in advance and that isn't always enough time either.
 - Some clinics have social workers that can help patients navigate PT and chiropractor appointments or multiple kinds of care at a time, but you have to be a patient of that office and even then, staffing is still an issue to keep up with current patients.
 - In the past, I got a letter that had a list of all the things that would be happening at the appointment and what everything is going to cost. Which they should be doing before an appointment since 2020.
 - With everyone being short staffed that is hard to get.
 - Making sure people are aware of what their insurance covers so they can push back at the clinic and ask questions when needed.

5. What do you or your loved ones need from your health system?
- Responsiveness. When you need something or something comes up you shouldn't have to schedule more than two months in advance.
 - Most of the time you end up on a waiting list and you have to put off getting care until you can get in.
 - When a doctor does go away it can be hard to find a new provider. They usually only give you a name but it would be nice to have a little information about the provider so you can make an informed decision about who you want to see.
 - My insurance has changed every single year. This is really frustrating every single year when I have been employed by the same organization for the last seven years.
 - Veteran care. You have to go through a case worker and that can be difficult. My husband went through all the steps he was told to do and then they tried to charge him for everything.
 - Veterans. It takes a year to get hearing aids through VA but people don't want to or can't pay for things so they go through the VA. It shouldn't take a year to get that kind of care.
 - It seems like there is a disconnect in the VA system. For example, where I work a Veteran was approved for only got 6 visits when someone else got 15 PT visits in a year. There isn't much consistency.
 - Naturopath. There is only one in Belgrade, and he is a year out.
6. What issues should Bozeman Health prioritize that could improve health in the community?
- Mental Health.
 - Veteran Services.
 - How to keep costs for things like dental care down. Even for people with insurance this is expensive. Maybe incorporating care into the schools.
 - Access to emergency services in Belgrade.
 - Access to affordable childcare in Belgrade. Afterschool programs included. Most parents work at least 2-4 hours after kids get out of school. I have to pay almost \$4,000 in summer care for 2 kids.

Focus Group #5

September 7, 2023 – Disability Focus group (n=3)

1. What issues are you concerned about in the local community?
- I work with the developmental disability community, and I see where there is an extreme lack of resources especially in the summer. Eagle Mount is great but limited and especially with disabled teenagers there is not a lot of other

places they can go. Many offices are not open to them coming to work with parents. Having more resources/day activities for these kids to do is needed.

- Trying to find resources for parents is really hard. Even just outdoor equipment for the yard. This seems to be an issue in Montana.

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

Hospital/clinic:

- I recently had a few children working with therapy service at Bozeman Deaconess and it has been great. They have been extremely happy going there. I didn't even know they had these services.
- I work with young kids as well and those who attend therapies at the clinic are very pleased with them. They also have a bilingual therapist which is maybe the only one in the area. This is a need as there are many intakes for Spanish speaking families and there is only one who can give them care in their native language which is a very valuable.

EMS Services (ER/Ambulance)

- *Not asked*

Public/County Health Department

- We have been branching out to partner with more of these agencies. Healthy Montana Families is one that we have been working with.
- They give us all the local updates on covid and Healthy Montana as well.

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

- I don't know a lot about senior services.
- RSVP through HRDC has a lot of outreach and that is where I would refer folks to.
- Similar to children there is not a lot of resources for disabled seniors especially.

Services for Low-Income Individuals/Families

- In the Gallatin valley that line is very thin. Our issues are that many families who need financial support for many things like therapy etc. their insurance doesn't cover it all and they don't qualify for any federal grants or waivers. Because the national standards are different than in Gallatin Valley, they don't necessarily get the help they need.

3. When you think about the health of the community what comes to mind?

- Everyone having access to all services. It would be wonderful to not have the income thing be an issue.
 - Access to resources when they need them, not having to be placed on a waitlist or waiting for additional things to come through in order to receive care.
4. What types of things would make accessing the hospital or medical care easier?
- The foundation that I work with focused on people living with cystic fibrosis and we serve the entire state of Montana. When people need care for CF they have to travel to Billings as that is the only place in Montana and some have to travel out of state for care.
 - The area is growing in need for psychologists. There is only one who will do analysis for children with autism under the age of 6. Having this identified at a young age is really important. This creates a waitlist for these services and the children are having to wait for care. We had one family who had to wait 9 months which is really tough on these families. Missoula has these types of services but not all families are able and willing to travel.
 - Someone with CF or medical diabetes cannot put off care and sometimes you need to be able to access care immediately.
5. What do you or your loved ones need from your health system?
- More access to bilingual resources. They are scared to do things as they can't communicate with people. We do have a bilingual speech therapist we use.
 - The hospital does have a program that provides automatic translation. So having a system like that for phone calls would be helpful. Not all families are able to actually come into the hospital and receive translation services. With calls it usually ends up with the hospital having to track someone down and call the families back.
 - For developmental disability and early childhood delays all the families I work with have been able to find great providers they are very happy to work with. Many providers seem very happy to work with disabled, including other types of providers like dentists etc.
 - It would be great to see some more inclusiveness. Finding community partners and community businesses that are willing to take on individuals with disabilities. To include them with more than just dishwashing jobs like coaching them to learn new skills. We need to have resources for the employers as well so that this doesn't just fall on the employer.
6. What issues should Bozeman Health prioritize that could improve health in the community?
- Affordable Housing and more housing. Not sure Bozeman Health can do anything about this though. We have seen an increase in the number of homelessness in the families we service.

- I don't know if the hospital is well staffed or not but just having a fully staffed hospital and clinic is important and the housing piece ties into this as well.

Focus Group #6

Monday, September 11, 2023 – Big Sky Focus Group (n=9)

1. What issues are you concerned about in the local community?

- We are starting to have more housing options, but there is still a funnel of people coming to Big Sky that cannot afford to live there.
- Of the people who decide to stay and start a life here, we are missing points to get them from A to B. No one is coming here to buy a \$800,000 starter home.
- As a rural community, we are missing a lot of resources to help people thrive in their lives here. For example, affordable food and food options.
- We have very small stores. People can use food bank services, but there are people who may not want to.
- Childcare is challenging. It is not only with daycare, but after school programs for kids to do things in a safe and secure way. The school district, Discovery and Morning Star do not have enough teachers.
- There is not Meals on Wheels in Big Sky. The food bank will deliver food boxes if someone calls to request one, but there is not a formal meal delivery service.
- People are leaving Big Sky and Bozeman because of the lack of specialized care, such as cancer or specific illnesses like severe Chron's disease. Some people are leaving to go to Salt Lake and Denver to receive better healthcare. "As a rural community, I do not know that there is a solution to this. I know some people who drive to Salt Lake once a month or once a quarter, and some people can do that, but some cannot." Some people do use telehealth.
- Base is working to develop services to develop community and networking, including Tai Chi classes. They share these resources via social media, and they are not reaching everyone. This is especially true for reaching seniors.
- In West Yellowstone, there is a Foundation bus that comes only Tuesdays and Thursdays. This can be a challenge for seniors. Providing proper in-home wound care would be helpful for seniors. There have been recent cases where there was not enough staff available for hospice and people died in the hospital though they would have preferred to pass in their own home. There is a Meals on Wheels available two days a week in West Yellowstone. There has been a huge lack of services for seniors in West Yellowstone.
- Need for transition programs for drugs and alcohol when people are coming back into the community. That network support is minimal. The virtual health does not help as much in this arena because there are not resources available locally within the community.

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

Hospital/clinic:

- The hospital does a great job with well care. Neurology is limited and people are having to travel to Billings or another medical center.
- “For people who are generally healthy, the hospital has been a great benefit to the community. It is growing and is only going to get better.”
- The hospital is limited in specialists.
- “For those of us who remember Big Sky before the hospital, we are stoked that it is here.”
- For people looking at appointments for prevention, such as dermatology appointments, they are booked out until Summer 2024 in Bozeman.
- Ground transportation or flight is available to larger medical centers.
- They are working very hard to get oncology to the Big Sky hospital.
- You cannot get your teeth cleaned in Big Sky. Dental hygienists are very limited in Big Sky.
- A lot of providers in Big Sky do not accept insurance, including for mental health.
- Availability of behavioral health services is challenging. There are a lot of hourly workers in Big Sky. People are not getting the help that they need due to those challenges. Everyone has different schedules, but many cannot take two hours off from work to get to an appointment.
- There are a lot of underinsured people in Big Sky. Many think that they cannot go to the hospital and receive wellness checks because they do not have insurance. The insurance piece for people’s mindset and feeling of security is huge.
- A large majority of the Latino population is here on visas. “We are doing the best that we can but would like to extend services for people who do not speak English.”
- The Medicaid redetermination process is really confusing people. This has caused a lot of people to lose hope. There is huge misinformation out there about Medicaid now. Bozeman Health’s Patient Navigation for financial services is very difficult to navigate. They are doing their best. We have hired patient nurse navigators to help with this, but it still will not be enough.

EMS Services (ER/Ambulance)

- EMS is somewhat limited. The Big Sky fire department is not a critical care transport team. If the weather is bad, there may be an hour to two-hour delay waiting for a team from Bozeman to come up.
- Ski patrol is amazing. The teamwork they have with the community is incredible.
- There is ambulance and flight available.

- If a fire were to rip through Big Sky, it is scary to think if they would be prepared enough.
- The EMS and Fire Department have very fast response times within the community.

Public/County Health Department

- They are very good about following up about infectious disease (HIV, TB), but they are located in Bozeman.
- They worked a lot with the hospital with Covid vaccines. They provided a lot of guidance on contact tracing during the pandemic as well. They were very responsive.
- They provide healthcare insurance application assistance and have Spanish speaker support that are willing to come to Big Sky to provide assistance. They also provide support in helping Big Sky residents walk through disability paperwork.
- In Big Sky, there are not any grocery stores that accept WIC. The health department is willing to help people navigate WIC, but they cannot use WIC at the grocery stores here.

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

- Concerned about seniors. A lot of people have lived in Big Sky for a long time, but there is a lot of isolation. "I especially see challenges with senior men lately." For people lacking technology, it can be hard to arrange transportation services and navigate healthcare services like Medicaid.
- There is not a senior center in Big Sky.
- It would be nice to have an in-home nurse for someone to check on seniors and provide in home wellness services.
- For transportation, there currently is Big Sky Connect. This does not help with getting to the canyon for a dentist appointment though. The bus and Connect are both free, but it is the challenge to coordinate if you do not use technology.

Services for Low-Income Individuals/Families

- The main service is the food bank.
- Wellness in Action provides sliding fee scales.
- People often feel like they are taking away from other people if they use the food bank. There is a bit of a stigma in people feeling comfortable using the food bank.

- At Morning Star, there is need based financial assistance for tuition. There have been cases where families did not apply because they were used to just paying what was required.
- Groceries are expensive. Some people can afford to drive to Bozeman to buy \$6 orange juice rather than \$10 orange juice in Big Sky.
- Between inflation and the cost of living in Big Sky, the median wage index is actually very skewed. "You would think that people should be fine because it looks like there is a six-figure median income in Big Sky, but that is not the majority of the case."
- Even in the schools, the cost of supplies and meals are expensive for the kids.
- There is a mindset that people are doing okay because they are surviving but maybe they are struggling more because they cannot save money. Perhaps they cannot put money away to save for an incident where they are hurt or in an accident.
- "It is hard to maintain confidentiality in a small town for those who are accessing services."
- There is a population of people who are living in their cars and need emergency housing in both the winter and summer. There are no public showers or laundry in Big Sky. People can take a bus to Bozeman to the warming center, but that is not available in Big Sky. A lot of people are working full time and living in their cars full time in the summer.
- "The transiency of Big Sky feeds into safety and mental health of the community." This also affects employers who are trying to pay reasonable wages.
- "We have good people leaving the community because they cannot afford it."
- It is challenging finding housing for working healthcare professionals and the hospital turns into a landlord service trying to find housing. "We've had people turn away jobs because affordable housing was not available."

3. When you think about the health of the community what comes to mind?

- Stability. "If you do not know that you cannot count on stability, then that is not a healthy community."
- "There are a lot of people who have been living here for 20-30 years that are getting lost. Their culture is becoming lost."
- "The culture of a community in a small ski town is becoming lost."
- Workforce housing does not fill the need of community. It is not just about how many beds a house can fill and how many people you can hire at the mountain, but we need a community that is welcoming.
- "How we manage stress can affect the community." Mental health with alcohol and drug use is important to address. Prevention can help in a downward spiral. If there are stressors with housing and room sharing for workforce, how are we as a community addressing that?

4. What types of things would make accessing the hospital or medical care easier?

- Transportation
- Translation services, specifically Spanish

- Case manager or service navigator
- Care available after 5 PM or on weekends; it is hard to find workforce to cover those hours
- Would love to see a free clinic sometime. There is money in this town, so it would be nice to see that come to life.
- Dental services

5. What do you or your loved ones need from your health system?

- Quality
- “I want to have the confidence that the provider I am seeing will help me be better off, not worse.”
- Having someone available to help patients with care coordination, reviewing the paperwork and navigating the healthcare system would be really helpful.
- Veterans have lost their voice in healthcare. They are highly in need of a voice and attention, especially as it relates to suicide.

6. What issues should Bozeman Health prioritize that could improve health in the community?

- Having more providers and appointment availability
- Having more people available to help navigate healthcare and in-home services, especially in regard to senior care.
- “Consolidating resources would be helpful because we do not all know what is available in the community.” It would be nice to have a community center where all of the resources in the community (food bank, other services) could be located all under one roof.

Focus Group #7

Monday, September 11, 2023 – Senior Focus – Hillcrest (n=4)

1. What issues are you concerned about in the local community?

- Hesitant to go into town in the evenings. It is loud and noisy, and not elder friendly. Would not feel comfortable being in town alone in the evenings, mostly due to mobility and balance instability. This may not be something that the community can address.
- Hillcrest is like living in a five-star hotel with gourmet food.
- Hillcrest is expensive and would be cost-prohibitive for many people in the community to be here.
- Very happy to be at Hillcrest. The morale of the staff and the residents here is good.
- It is a big transition adjusting to Hillcrest. It would be nice to have something written to help prepare you for transitioning here.

- There is a request to have a swimming or therapy pool. Others disagreed.
- The growth of Bozeman has been interesting to see. One participant has been here since 1957 and it has changed so much. Does not go downtown anymore due to only bars and restaurants being there. It has changed for the good for some and not so good for some.
- Hillcrest does a good job providing transportation for activities, like the symphony and visiting American Indian Hall at MSU.
- Would love to have more interaction with students at Hillcrest.
- Like that they (medical staff) bring in vaccinations into the Hillcrest.

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

Hospital/clinic:

- Hopes that Bozeman Health would have the Covid booster available.
- Has been very satisfied with the hospital and clinic. Has used urgent care and have been happy with them as well.
- Has been happy with Bridger Orthopedics.
- Thursday Clinic is held at Hillcrest. There were questions from the residents if Thursday Clinic was still being held. It may be helpful to have more flyers sent out to the residents about it.

EMS Services (ER/Ambulance)

- Very pleased with the emergency room. Had good response with them.

Public/County Health Department

- Neighbor needed vaccinations to travel to Africa. The services they provided were phenomenal.
- Most people they know go through them to receive shots to travel internationally.

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

- Received oncology care from Bozeman Health and was able to stay in the suites at Hillcrest and that worked out well. This was helpful to not have to travel from Livingston to appointments. The people are very welcoming.
- First experience in the community was the Alli [unsure of correct title] program. The host events like ice cream socials.
- It would be helpful to know what activities are accessible for seniors to participate in.
- Had a friend use the Senior Center for their tax services.

- There used to be someone from a bank come to Hillcrest if you needed to cash a check. When Covid hit, they haven't come back. It was a helpful service. Hillcrest does cash checks for up to \$50 on site.
- Hillcrest's van does not run after 4 pm. Would like for it to run until 9 PM. For people who need assistance in the evening could always use taxis or Ubers.
- Hillcrest changed chapel from the AM to PM on Sundays and that has made it challenging for residents to adjust to. The previous Chaplin was a part of the community. Would be nice to have their own permanent Chaplin again.
- Would be helpful to have someone come talk to Hillcrest to talk about advanced directives.
- Eagle Mount could talk the seniors about activities they offer. Their water aerobics course is great. Would be nice if there was more interest in taking the water aerobics course so people could take the van together.

Services for Low-Income Individuals/Families

- One resident organically from the East Coast, shared that there are many more services in Bozeman than where they were from.
- Family Promise, HRDC, and the Food Bank are superb.

3. When you think about the health of the community what comes to mind?

- "I see Bozeman as a healthy community. The growth is scary because people are coming from unhealthy communities. It is setting up a situation where we won't know how healthy or unhealthy Bozeman will be due to the large population growth."
- "Bozeman better get ready because more people are going to move here."
- Many people bring marital, drug, and financial problems to Bozeman and expect Bozeman to fix those problems.
- "People willing to change makes a healthy community. Participation and cooperation make a healthy community. You must look for opportunities to get involved."
- The communities need to blend in Bozeman.
- Loved the opportunity to volunteer. Covid changed things with volunteering.
- Wish there could be someone who could speak to the Hillcrest residents to talk about getting ready to pass, including looking for signs. It would be nice to have one on one and small group conversations to talk about these topics.
- There is a great group in Bozeman called Random Acts of Silliness. Humor is important to community and staying healthy.

4. What types of things would make accessing the hospital or medical care easier?

- Communication. It is confusing when you have to press a lot of buttons to be connected to people on the phone, but at Bozeman Health always answers the phone.
- The Foundation office could be more responsive.
- Transportation assistance is good for the hospital.
- Sidewalks in the winter can be scary. There is worry that you may fall. It can be easier to be dropped off right at the door of the hospital.
- It may be helpful for Aspen Point to have handicap tags for people over 75 to use.

5. What do you or your loved ones need from your health system?

- Have everything they need.
- “It never fails that if I fall or need help, it will be at night.”
- Feel so safe in Aspen Point that some residents do not lock their doors.

6. What issues should Bozeman Health prioritize that could improve health in the community?

- Mental health needs to be a priority for Bozeman as a whole. This is a major part of the unhoused population. Addiction is a problem in the whole community.
- Need a mental health professional at Aspen Point at all times. It would be helpful to have someone to talk. Group sessions could be very helpful.
- Would be helpful to have a speaker come talk about is going on in the world. “As older people, we have a general concern what direction our country and our world are headed.”
- There was a request to have a social worker available on site at Hillcrest.

Focus Group #8

Tuesday, September 19, 2023 – virtual via Zoom LGBTQ+ (n=7)

1. What issues are you concerned about in the local community?

- I am concerned about the safety of this community and acceptance. Not having people encounter any kind of hate and I would like people to have a better understanding of us and be kind to each other and love one another. These are all concerns I have lived through.
- I have noticed people being afraid to receive care at urgent care and emergency room. They don’t know who they are going to get as a provider and are uncomfortable because of misgendering. We only have a few healthcare providers who specialize in this, and it really is a specialized care.

- I have friends who have severe injury, but they won't get care because of the cost of care.
- I have noticed a lot of the people I know have been struggling with affordable housing and healthcare. As a parent I have seen a lack of inclusive language which can be hard. There should be inclusive messaging and language and programs that are aimed at assisting with medical care so that is not a barrier to receiving medical care.
- Intergenerational care. My mom is a lesbian and doesn't have the aging support. So, outreach for older queers is needed.
- I have been really happy with my work at the hospital and have noticed a lot of people wearing the trans flag and seeing this flag saying all are welcome. I wasn't feeling unwelcome but seeing that just really made our day. We were really pleased.
- I do feel the hospital has a long way to go as far as mental health. I don't think we are good at determining when it is due to gender identities.
- As far as gender identity it would be really helpful to have messaging around conversion therapists in our area. Having messaging to discount that would be really helpful especially for younger children who cannot advocate for themselves.
- Bridgercare is hearing the same things. And the mental health counseling is overwhelmed with patients who are having trouble with these issues.
- There is a hurdle about convincing doctors that what is wrong with you is a big enough problem to receive care. You go to the hospital because it is our only option so we will go anywhere else before that because we don't feel heard while we are there.
- I know the intention is not to make us feel isolated but any questions about my identity and uncomfortableness by the provider because they don't know how to treat me. I don't have the energy when I am sick to deal with those conversations. I had a trip to the emergency room, and I was told "We don't know if we should test you for pregnancy because you said your partner is transgender."
- I have a lot of problems with transportation and scheduling. Most people I know have at least one job if not more and this can be an issue for people who end up delaying care. I am wondering if there is a strategy or infrastructure for folks to get somewhere for treatment.
- Transportation and not knowing if you are going to encounter a provider who doesn't know how to treat you are the biggest barriers to care in the community.

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

Hospital/clinic

- *Not asked*

EMS Services (ER/Ambulance)

- People don't know about the 988 law enforcement number. This is where they have a mental health person take over from the officer if the situation is deemed safe.

Public/County Health Department

- *Not asked*

Senior Services (i.e., nursing homes, assisted living, home health, senior center, etc.)

- *Not asked*

Services for low-income individuals/families

- *Not asked*

3. When you think about the health of the community what comes to mind?

- Mental health and the severe lack of it. It isn't just at the hospital it is also with other providers and being able to get in and that is alarming for those who live in the community.
- It is difficult to get appointments. It seems to take at least 3 weeks to get in and even longer to get medications. So, it seems like you have to predict early on if things are starting to go downhill and seek care immediately.
- When referring people out to get medical care it would be nice if the hospital had a way to use the information patients give them to match with a referral provider. Like for instance, if they identify as LGBTQ+ friendly and can pair with providers who are already identified as LGBTQ+ friendly. Using the resources Bridgercare has already created would be good for that.
- When friends have gone to seeking sobriety resources there always seems to be this long waitlist, like 6 months out. We need more resources so that when someone is ready for treatment, they can receive treatment immediately instead of waiting too long and missing the window.
- It is interesting to me that the inmates get better mental health care than those outside the system. As soon as someone is released, they don't have access to or receive the care they are used to, and they spiral and they end up back in jail.
- Maybe the hospital should invest in tiny houses with HRDC so there are little halfway places for the homeless to recover from surgery before they are back on the streets. This could be for the homeless or really anyone who is marginalized.
- Is there a way to help patients who are having trouble paying their medical bills or don't have anywhere to go. I know about some of these resources but only because I have a friend who works at the hospital.
- One of the things I experienced when I was pregnant and my regular doctor was out; I was placed with a doctor who I knew to be transphobic, and it was not a pleasant experience. Finding a way to make sure transphobic doctors are not paired with non-binary people.
- Having a little bit more outreach and support services for pregnant people who are non-binary when the practice is so women centric.

- Our provider retired and we had to find a new provider, so we ended up interviewing several providers to take care of us as a lesbian couple. We ended up going with SCL health and found out that they had a policy that did not support the LGBTQ+ community. They ended up being great after we did some digging but it took a lot of pushing the providers to get us the help we need.
4. What types of things would make accessing the hospital or medical care easier?
- Extended hours might be helpful. Hours outside of the standard 8-5 would be really great.
 - I know the Bozeman police force and firefighters were trained in crisis intervention but what other things are going on around the hospital that encourages people to act and behave in a way that creates a culture of welcoming. I don't think you can say all our welcome if not everyone in the hospital is practicing this kind of culture.
 - The intersectionality of gender and race is an important aspect especially with the fear of going in and being labeled as drug seeking or our problems being labeled as just needing to lose weight etc. We shouldn't have our healthcare relying on our way of moving through society which is not being noticed as nonbinary.
 - I wonder if religion plays a role in some of this. If some providers are taking a stance based on moral policy at the state level. Also keeping up with what is constitutional and what isn't. Gender affirming care for youth.
 - Does Bozeman Health have a legal strategy or plan to contest these bills with their foundation as being a health provider. I wonder if being loudly and legally against these policies would be a detriment to people's health. Bozeman health does have a lobbyist who goes and represents their stance on these issues.
5. What do you or your loved ones need from your health system?
- More mental health care around here and how it intersects with the VA. Law enforcement is sent to people's house after a phone call and that is not a good thing to involve law enforcement.
 - The idea that the hospital advertises as all are welcome and we are going to give them the best care we can provide is wonderful but just making sure that with the culture of working at Bozeman Health there is a certain standard that people are expected to meet.
 - I have seen an instance where a transphobic comment was made at the hospital by an employee and the hospital made sure that employee went home without pay and were reprimanded for their comment. A no tolerance for that kind of behavior. All of us should feel welcome and need to be respected.
 - Having a support group around the nuance of our own lived experiences. Having access to resources for those who have lived the trauma of staying secret. Some

people are not ready for 1 on 1 therapy but do need the support to meet other members of their community.

6. What issues should Bozeman Health prioritize that could improve health in the community?
 - Mental Health Issues. Especially for teens and youth. I have heard there is pushback from the hospital because this doesn't make money but that isn't who we want to be. That is appalling to me. I know that money is important, but our health is priceless.
 - Advocacy and inclusion. Targeted outreach to those like us. Most of us are not receiving this information before we arrive, and it is hard to make an informed decision without this. How to get help if I am having trouble paying my bill and or getting to my appointment.
 - With charting (MyChart) using the names and pronouns people want to use. I have been told by a provider that they would update my chart but then finding out that it isn't updated. This should be communicated to the providers about how important this is to people. It is really tiring to have to explain that every single time you see a new provider.
 - Bridgecare does have a list of resources for LGBTQ+ community and is updated regularly.

Focus Group #9

Wednesday, September 27, 2023 – BIPOC focus (n= 4)

1. *What issues are you concerned about in the community?*
 - I am concerned about the intersection of racism and healthcare- accessibility, microaggressions, outright aggressions, care that is delivered. I am not only Black, but I am also disabled so I have comments on that as well. There have been issues with mobility.
 - We need more handicapped parking spaces. A focus group member has been using a cane, using a walker, using crutches, and trying to find a parking place is tough. When there are no spaces, she has had to have her husband drive her and drop her off so that she doesn't have to walk far. On the good side, Bozeman Health has lots of wheelchairs available. But then, she must find someone to push her. It'd be nice to have a push button for wheelchair assistance. This is where she has come for primary care since 2005 and has not needed the handicapped access until 2015.
 - She got wheelchair assistance to go up to the fifth floor of building 5. An older white woman was pushing her, and she was behind me, and she touched the member's hair. She grabbed the woman's wrist, guided her around, and said "Do not touch my hair, you did not have permission, I would never touch your hair without permission." Then the woman cried, and the focus group member felt that she needed to accept the woman's

apology. The member reported her experience, and what she heard back was that Bozeman Health talked to the employee and felt that the issue had been resolved since she had accepted the apology. The focus group member has experienced this at other providers. She has had this happen when on a gurney (somewhere else), at the dentist's office.

- The focus group member had a knee replacement (somewhere else) and had become mobile too soon. Her leg was extremely swollen, and she had blisters on her leg. Her pain medication was not enough, and she was afraid of a blood clot. She came to the BH emergency room, and she told the receptionist she had a knee replacement and was worried about a blood clot. The receptionist said, "Oh, so you want pain medication?". The focus group member explained her concerns about a blood clot, a stroke, a heart attack, or death. Employees took her back into a room, and she had a good experience otherwise. She did not report this incident, due to the pain she was in. The focus group member feels that perhaps having an advocate for people of color when accessing healthcare may be helpful.
- The focus group member had a procedure where she had to go into pre-op. She googled her PA and found accounts of him being racist. She then immediately changed providers. This is something the hospital could monitor.
- The focus group member stated that when she gets her pulse ox taken and blood pressure, she tells the nurse that the pulse ox machine may misread numbers on black skin. Most employees did not know this. The pulse ox gives up to 5% higher than what it really is, meaning that it may not catch a low pulse ox. Thermometers can also read differently, so this focus group member requests a mercury thermometer.
- Another focus group member stated that increasing diversity within the Bozeman community is needed.
- Another focus group member shared that it is important for providers to know of the fear that Black individuals have when accessing care. She had eczema and was worried about finding a dermatologist who could identify issues on black skin. She talked about needing backup plans when planning how to receive care. When she goes to a new provider, she brings her white husband to increase her social worth. She makes sure to present herself well, by doing her hair and makeup, to impact how providers see her. Black individuals come in seeking care with fear, due to not being believed, and experiencing microaggressions. Her mother had chronic health conditions, and she had to advocate for her. There were comments about skin color and being rude when asking about medical compliance. She found that showing your humanity is necessary to receive adequate care and has seen differences in how she is treated versus how her husband is treated. When her white husband had an issue, he was given pain medication immediately. When she needed pain medication it took several months to get it. She prayed she wouldn't get COVID due to fears of not surviving due to past experiences with medical neglect. She saw how BIPOC individuals were dying and did not want to be in that situation. Due to restrictions, her husband would not have been able to be an advocate. The only thing she thinks will help is to get more people of color into healthcare positions, and into positions of advocacy. She shared these experiences with white individuals, who were shocked about thinking about how to dress for

healthcare and having to bring her husband. She realizes that people do not want to receive healthcare due to the racism that exists, and it is unfortunately costing lives. She has had similar experiences in Billings, Laurel, and Missoula over 30 years.

- We know that DEI roles are being diminished. The work that has happened in the last few years has been ended. Progress that has been made is going to be gutted, funding will be removed. We are seeing this already in corporations, universities, the supreme court. My hope is that this work will be continued regardless of public opinion.
- A focus group member has known two BIPOC nurses who worked at BH for a significant amount of time and eventually left because they experienced racism from their colleagues. Whenever she has to be hospitalized, her white husband comes with her to advocate for her, especially when she is vulnerable.
- We need Indigenous and/or Black mental health therapists. She had a mental health crisis due to her job and needed to find a therapist. There were no black therapists in Bozeman but did manage to find someone in Billings. She drove every week to Billings, and the therapist agreed to two-hour sessions for a while. Now, she sees a white therapist through BH who she didn't immediately trust but now has a great relationship with. There was another therapist who was white who she felt she could go to; however, she knew the therapist outside of the clinical setting, making her unable to attend therapy with her.
- Another focus group member had a similar concern when finding therapy. She was able to find someone she works well with, however, she had to email about 15 different therapists and research heavily to ensure that the relationship would be ok. She found that therapists working with BIPOC communities have long waitlists but was able to find someone within two weeks.
- When I first came here, my first physician, they were not accepting new patients, but I was able to worm my way in through a friend because I felt like I needed to find a physician here at this hospital who understood my Blackness. When they were no longer available, I was stuck with another doctor who did not resonate. I was able to contact my previous physician and tell them I needed a new PC who understands my Blackness and everything that comes with it and the social determinants, even just melanomas on Black skin.
- Another focus group member moved to Bozeman during COVID-19, however, her daughter has lived here for over 20 years. She has experienced people being surprised at her position at work and questioning her about having a background check. She says it's not as bad now.
- Respecting others for who they are is the most important thing, and there's still a lot of work that needs to be done. This group is the first step, but more needs to be done. There shouldn't be a difference in how people are treated due to racial and ethnic differences. She receives questions about the texture of her hair and does not want to be judged based on the way she looks.
- A focus group member brought up the summer of 2020, due to COVID, and the murder of George Floyd, Breonna Taylor, and other Black individuals due to police brutality. These things are very emotionally traumatic, and it's difficult to be able to do jobs while

having this occurring. It would be nice if all of the health organizations around the state had an acknowledgment of the need to take mental health days to process what is occurring, and for there not to be a penalty for doing so. If the person does not have PTO, vacation time, or sick days. Another member agreed that it was needed. There is trauma within the Black community and an understanding of the fact that some of these stories impact BIPOC communities and individuals differently. There may also be more stress-induced illnesses at this time, and there should be an understanding of it. Having an understanding of what's happening globally is needed.

2. What do you need from your health system in those moments (those mentioned in 1n)? What kinds of responses and moments that we haven't named that you need that support?
 - Support, awareness, kindness.
 - Depends on where work, situation, how comfortable. In terms of healthcare, I really appreciated signage following events of threats at MSU last year. It made me feel welcome, but then I wondered the next time if it will still be up. Is it performative? Will they get too much push back from community members who have always been against DEI?
 - Increasing mental health screening would also be important during these times. It would be great to have a mental health advocate at appointments during a crisis. She appreciated having a mental health advocate through BH to find a therapist and then checked to ensure that the relationship with the therapist was working. She would like to see community health being more proactive rather than reactive.
 - A focus group member asked about the possibility of having providers reach out to BIPOC patients and check on their mental health during local or national crises. Based on what she had been told by her BIPOC nurse contacts, providers may not consider it.

3. When it comes to prioritizing issues to improve the health of the community, are there other things you would add?
 - One focus group member didn't have anything to add. Everything she brought up was a high priority.
 - Another one felt that support should always be offered, not just once, or when a crisis occurs.
 - This shouldn't be things that are available just because something happened in the country—this should be available and happening every day.
 - Welfare checks on patients and colleagues, and getting people to check in with each other regularly, rather than just as a response to crisis.
 - Another focus group member brought up the economic diversity of Bozeman. She is concerned about the health of those without access to healthcare. With all of the budget cuts that come along with rural health, she is worried about the community's access to healthcare. She is concerned about access to mental health. Providing access to care, screenings, taking vitals, and vaccines for marginalized groups is needed.
 - I am concerned about mental health care and plans for a space adjacent to hear—feel better with the Help Center and HRDC involvement in that.

- Community clinic type situations (blood pressure, temperature, health screenings, mental health screenings) for marginalized communities.
- Question if this group can meet again.

Key Informant Interview #1

Thursday, May 25th - Anonymous –Via phone interview

1. How do you feel about the general health of your community?
 - I think we are in good physical health. My understanding of health statistics and general wellbeing we are relatively young compared to many other counties in Montana.
 - I don't think we are doing great nationally from a mental health perspective.
 - Economic health we are doing quite well on in almost all areas besides the housing crisis and some wealth inequalities we see in Gallatin County. I think childcare and other social services are struggling.

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

Hospital/clinic:

- I think primary care and urgent care services are really positive, I have had the same family doctor for my entire life, and they are fantastic. I really appreciate the staffing efforts Bozeman health is working towards for behavioral health professionals especially.
- My negative impression of Bozeman Health is that they are terrible when it comes to communication as an organization itself. It seems to be a closed communication structure that doesn't build trust or encourage community building in a smaller town. I know there are great people within the staff and leadership team there, I just think as an organization they could do better.

EMS Services (ER/Ambulance)

- I think the emergency services are as good as we could expect for a community this size. The EMS services seem to be generally fragile and not sustainable in its current form. The EMS professionals themselves are doing an amazing job and I think they deserve the utmost support.

Public/County Health Department

- I have a positive outlook when it comes to the health department. I think they have stayed on course and on track despite some very difficult politics that effect their ability to navigate. I think they are overall well trusted within the community and uphold appropriate standards. I don't understand why public health does vaccinations when it should be our health systems. It seems like a service that should reside at the hospital/clinic.

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

- Our nursing home system is totally broken, we have one skilled facility left and that is because it is tax-supported. The assisted living economy serves a purpose

but is woefully inadequate and home health is wildly expensive and lacks workers. The senior centers do a fantastic job, and they take care of so many people with such little resources. The federal money that supports senior programs is going to reduce significantly in the next 12-18 months and that will be detrimental.

Services for Low-Income Individuals/Families

- Woefully inadequate despite tons of effort from lots of well-meaning organizations. The fiscal environment and staffing is just not there for these services. The Medicaid environment which supports a lot of safety net services is inadequate. Poverty in this county is difficult because it is relative to other counties in Montana and someone with a \$40,000 salary would be alright in other counties but is probably barely hanging on in Gallatin County.
3. What do you think are the most important local healthcare issues?
 - More sustainable and reliable EMS and ambulance services. The way we are funding ambulance service is not going to last much longer.
 - Behavioral health services both in terms of quality but also quantity. I think we are bringing the appropriate people to the table, but federal and state government resources are limited.
 - Senior services and care quality.
 4. What other healthcare services are needed in the community?
 - Behavioral health services for youth and adults (crisis and preventive). Lack of professional counseling services geared towards youth and schools.
 - Number of skilled nursing beds is way less than acceptable, only having one true nursing home in a county our size is just sad.
 5. What would make your community a healthier place to live?
 - The immediate crisis that comes to mind is an inadequate and inequitable housing supply. It is almost impossible to make it from a cost-of-living point of view if you are a low wage earner. If we had more housing for lower income residents, we would be so much better off. That would address homelessness and wealth inequality. It also effects so many other social determinant of health outcomes.

Key Informant Interview #2

Friday, May 26, 2023 - Anonymous –Via phone interview

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

- I feel that there are issues across the spectrum of services and health concerns in this community. We are doing better in some areas but much worse in others.

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

Hospital/clinic:

- I think the hospital is going through some leadership changes and there is some discontent that you can feel trickles down through their care and services. There is a general discontent that is perceived in the community as well. They have been great partners, but it feels very bureaucratic, and money driven. The people I work with from Bozeman Health are always great, but you can tell that they are under this overarching organization that controls the scope.

EMS Services (ER/Ambulance)

- The emergency room was overly filled and very chaotic when I last was there. I feel like under these circumstances care is lacking, and people often fall off the radar in the ER. I know they are often understaffed for the number of people that end up in the ER and that can lead to exorbitant stress for both parties involved.
- EMR services are so underfunded, and it is not sufficient. When I called 911 the fire department arrived so much earlier than EMS and were not able to help in the way that was needed. They do a great job for the limited funding and staff that they do have.

Public/County Health Department

- I think they do some important things; I have gotten vaccinations there. I know they do a good job with the WIC program. I think there is a general mistrust in the community and people aren't as aware of their role.

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

- The senior center has a durable medical equipment loaner program that is amazing. In general, our senior services and across Montana are lacking. Home health and even up to assisted living facilities are underfunded and understaffed. Seniors get a lot of political attention nationally, but they do not receive the same level of funding.
- People do care but it is hard to staff and build these facilities when the dollars just aren't there.

Services for Low-Income Individuals/Families

- It's hard to navigate those type of programs and eligibility. We have this sort of collective bias towards being poor and I think these moral biases are extremely hurtful in this country.
- It is hard for people to retain these benefits even if we get people on them.

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

- Behavioral health and mental illness
 - o Lack of services and structure of mental health programs as a whole

- Equitable access does not exist for these services across people and demographics
 - Substance use
 - Unsheltered individuals
 - Social determinants of health
 - Reproductive rights and care access
 - Health education in our schools
4. What other healthcare services are needed in the community?
- More housing for mental health patients (transitional recovery)
 - Crisis respite care
 - Geriatric care and specialized services
5. What would make your community a healthier place to live?
- An increase in accessibility for behavioral health services across all ages and demographics

Key Informant Interview #3

June 5th, 2023 – Anonymous

1. What issues are you concerned about in the local community?
- Affordable housing, childcare, and workforce shortages.
2. What are your views/opinions about these local services:
- Hospital/clinic:
 - I would say the hospital billing situation right now has been a nightmare as a consumer. I have two bills that I pay in different systems. It seems like the billing situation is so complicated and they often send people to collections unknowingly even when they are paying their bills.
 - I have always believed that Bozeman Health has had great labor and delivery care. I also think the B2 Urgent Cares are great and have been very easy to access.
 - EMS Services (ER/Ambulance)
 - I have not had much experience with the ambulance services, but the ER staff has been great. It is very stressful to go to the ER and wait and wait to be seen but that is just a part of the workforce and staffing issues in healthcare.
 - Public/County Health Department

- I feel like the health department are always easy to communicate with and they have been great partners in all of our work.
 - Senior Services (i.e., Nursing homes, assisted living, home health, senior center, etc.)
 - Gallatin rest home has been fantastic, and I cannot say enough about their staff and accommodations. I don't have much experience with senior services outside of that one rest home though.
 - Services for Low-Income Individuals/Families
 - I think we can definitely improve in this area. HRDC does a great job trying to handle the needs in the community. Expansion of the streamline bus has also been very helpful. I know the foodbank is a great resource as well and is widely used. Homelessness and housing I would say are the biggest issues for these low-income individuals and families. I think navigation and resource coordination for these individuals is also very much needed.
- 3. When you think about the health of the community what comes to mind?**
- Housing and affordability
 - Mental health services
 - Bozeman residents are being pushed out because they cannot afford housing or find jobs that sustain the cost of living here
- 4. What types of things would make accessing the hospital or medical care easier?**
- The billing system again has been very frustrating and can be improved greatly. I do hear that there are still shortages for specialty services and people have a hard time getting into the ones that Bozeman Health does have.
- 5. What do you or your loved ones need from your health system?**
- The collaboration between Bozeman Health and Billings Clinic seems a bit muddled and really appears to be more competitive than complimentary. I think there is so much room for positive community building so I hope that improves.
- 6. What issues should Bozeman Health prioritize that could improve health in the community?**
- I think we definitely have a mental health shortage, if they could help expand offerings for those services that would be huge. The private practices are so

overloaded right now. It would also be awesome if Bozeman health could stand up a childcare program for their employees.

Key Informant Interview #4

June 21st, 2023 – Anonymous

1. What issues are you concerned about in the local community?

- Mental and behavioral health
- Accessing care (wait times, insurance, crisis care)

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

- Hospital/clinic:
 - o I think they have done a good job when it comes to exploring additional services in Big Sky and Bozeman.
 - o I feel like there is always room for improvement and expansion but overall, my needs are met.
- EMS Services (ER/Ambulance)
 - o I think EMS services are very good.
 - o I think the ER is quick in Big Sky and in Bozeman, they do what they can with the staff they have. I believe the timeliness and response have been adequate whenever I have gone there.
- Public/County Health Department
 - o I don't have any opinions of them currently.
- Senior Services (i.e., Nursing homes, assisted living, home health, senior center, etc.)
 - o I don't have any opinions on senior services at this time.
- Services for Low-Income Individuals/Families
 - o These services are often unapproachable and don't reach the people that need these services most.
 - o Accessibility and awareness are huge issues when it comes to low-income/family services
 - o Educational attainment also often ties into this issue and finding ways to incorporate health education and financial education

3. When you think about the health of the community what comes to mind?

- Emotional health and how accessing care often is difficult and can come with a stigma that makes people even less likely to seek help.
4. What types of things would make accessing the hospital or medical care easier?
- The process of getting an appointment and the initial contact with the hospital can be sort of complicated. It is a little uncomfortable and unwelcoming especially when you get to the hospital.
 - It is also very bureaucratic and takes up so much unnecessary time.
5. What do you or your loved ones need from your health system?
- I am being served and my needs are being met.
 - I know how to access medical care and I have insurance.
 - My family is also aware of services and how to access them.
 - I think health and medical education is a serious issue and I am one of the fortunate people who knows how to navigate the health system, but for others access can be very difficult.
 - I think Bozeman Health in Big Sky and Bozeman have done an outstanding job when it comes to adding additional services to accommodate the community.
6. What issues should Bozeman Health prioritize that could improve health in the community?
- Affordability and accessibility, it is much more complex than that, but it will always be a huge deterrence when it comes to people accessing care.

Key Informant Interview #5

September 8th, 2023 – Anonymous

1. What issues are you concerned about in the local community?
- Since I deal primary with the elderly, there is a lot of unknown and fear about what will happen if they can't live alone anymore. Nursing homes and assisted living are too expensive for many people. Folks are concerned about how they are going to stay in their homes.
 - Some seniors are worried about losing their coverage if they join a foundation or a group that helps pay for drugs. The complexity of the whole system. Not knowing how programs may affect insurance policies or other health coverage. Assisting seniors in navigating the healthcare system.
 - Many have family in town that can help but there are many who are navigating their lives on their own. Where do they go for help.
 - Cost of living here is so high and makes it hard for seniors to stay independent.

- I find since the pandemic there is a great need multi-generationally for connections with others. Having a meaningful conversation or relationship. The pandemic was so isolating.

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

- Hospital/clinic:
 - o I think that with our seniors in the community, most of them have great internists and care and are very happy with their physicians. There are a few others who have had bad experiences and they've discussed it with us. Poor bedside manner. I hear of seniors switching back and forth between Bozeman Health and Billings Clinic, so I guess it goes both ways.
- EMS Services (ER/Ambulance)
 - o I have heard only positive things. Having caseworkers from the ER call our organization- coordinating resources for seniors who have been in the hospital has been wonderful.
 - o I'm so impressed that they are looking out for the senior's mental health as well as their physical health.
- Public/County Health Department
 - o Nothing really other than our seniors very much looked to guidance, especially during the pandemic on what they were saying and what we should be doing. Good, helpful information.
- Senior Services (i.e., Nursing homes, assisted living, home health, senior center, etc.)
 - o I think there are some fantastic resources for seniors. I love that the aging agencies call each other and share information. Also, everything from telehealth to the rest home I have found to be great partners. The rest home is doing a great job with the resources they have. I think what's wonderful is the community senior agencies/resources step in to help the rest home.
 - o I feel there is a little bit of a gap. Galavan is such a critical need for the seniors. Many can't drive. However, Galavan only serves a certain area and with cost of living here seniors have to move outside that service area and they can't get to appointments or home from surgeries, etc. Those who are isolated, outside city limits don't have those resources.
 - o Nursing homes/assisted living I've heard there are gaps in care or good/fresh food at some of them. I'm not as familiar with how they are now.
- Services for Low-Income Individuals/Families
 - o I think HRDC serves low-income seniors. Helps them with services. Meals on Wheels, Bozeman Senior center. They do a great job.
 - o The Bus system for transportation has been a huge help for low-income folks. Especially the seniors. Transportation can be one of the biggest obstacles for seniors.

3. When you think about the health of the community what comes to mind?

- The first thing that comes to mind is getting to know your neighbor. We've had such growth in the valley. The environment with local government is complaint based and things have moved away from saying hello to your neighbor to complaining about your neighbor. From the perspective of seniors, some are lucky to have great neighbors but for the most part people just keep to themselves. I'd love to see more of the neighbor helping neighbor aspect. But I don't know how you do that.
- The camper situation has impacted a few seniors- some live in an apartment near the campers and there was more crime, safety. They had to move away and moved out of Bozeman.
- We need to focus more on the mental health issues that are arising. The homeless populations.

4. What types of things would make accessing the hospital or medical care easier?

- I think for seniors it would be transportation. We get so many calls when a senior has been in the hospital and needs a ride home or in the hospital and needs someone to be with them. If we could have volunteers to help drive them home or watch them. Many can't afford a private service.

5. What do you or your loved ones need from your health system?

- Affordability. I have to pay for my healthcare through the Affordable Care Act. I'm 60 years old and have a very minimal healthcare plan and it's so expensive.
- Cost of drugs is outrageous.
- I don't go to the doctor for every single thing because my deductible is so high, I can't just go to the doctor expect for my annual visit.

6. What issues should Bozeman Health prioritize that could improve health in the community?

- Accessibility
 - o Transportation.
 - o When I heard about the walk with a doc or free clinics, I'm not sure where to find that information. Bozeman Health does a lot, and I don't know where to look for myself or seniors I am working with. Maybe the website could be easier to access the community programs that are offered. These programs are very exciting, but I wish I could learn about it to share with others, like seniors who don't utilize technology.

Appendix L- Request for Comments

Written comments on this 2023 Community Health Needs Assessment Report can be submitted to Bozeman Health:

Bozeman Health

Kami Kirchberg

System Manager of Community Health Improvement and Partnerships

915 Highland Blvd

Bozeman, MT 59715

Please contact Bozeman Health's System Manager of Community Health Improvement and Partnerships at 406-414-5548 or [email](#) with questions.

