



# 2025

## COMMUNITY HEALTH NEEDS ASSESSMENT

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### **White Sulphur Springs, Montana**

*Assessment conducted by **Mountainview Medical Center** in  
cooperation with the **Montana Office of Rural Health***



**Mountainview  
Medical Center**



**MONTANA**  
STATE UNIVERSITY

Office of Rural Health  
Area Health  
Education Center

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# INTRODUCTION

# Introduction

Mountainview Medical Center is a 25-bed nonprofit Critical Access Hospital (CAH) and rural health clinic based in White Sulphur Springs, Montana. Mountainview Medical Center serves Meagher County which is 2,395 square miles and provides medical services to a population of approximately 1,850 people. Mountainview Medical Center is the only hospital in Meagher County and houses both clinic and hospital services in the same facility. Mountainview Medical Center’s primary service area includes the communities of White Sulphur Springs, Martinsdale, Checkerboard, Lennep, and Ringling; with most of the County’s populated communities located along US 89 or US 12. Meagher County has a low population density and is considered a Frontier (six or less people per square mile) by the US Department of Health and Human Services. For further demographic, socioeconomic, and other related county and state data, please see Appendix C to review the Secondary Data Analysis.

In addition to their clinic appointments, Mountainview Medical Center offers: 24/7 emergency room services, acute and long-term care, swing bed services, telemedicine, and a foot and eye clinic.



**Mountainview  
Medical Center**

**Mission:** To provide quality healthcare to our community.

**Vision:** To be the best Critical Access Hospital facility in Montana while being the cornerstone of our community.

Mountainview Medical Center participated in the Community Health Services Development (CHSD) Project administrated by the Montana Office of Rural Health (MORH) and funded in part through the Montana Health Research and Education Foundation (MHREF) Flex Grant. Community involvement in steering committee meetings and key informant interviews enhance community engagement in the assessment process.

In 2024 Meagher County was surveyed by Meagher County Public Health for their Community Needs Assessment (Appendix A). In order to not duplicate efforts and avoid survey fatigue in the community, this Community Health Needs Assessment for Mountainview Medical Center utilizes the primary, quantitative data collected by public health last year. It supplements this data with qualitative data from key informant interviews specific to MVMC’s services. This report shows key informant interview data and CHA data.

Readers are invited to familiarize themselves with the various data used and the subsequent findings.



## Health Assessment Process

To conduct their Community Health Assessment (CHA), throughout 2024 Meagher County Public Health convened a community stakeholder group. This group discussed strengths, weaknesses, opportunities, and threats to Meagher County; it also brainstormed questions for the survey and compiled a list of resources. Mountainview Medical Center staff participated in this stakeholder group.

For completion of Mountainview Medical Center’s Community Health Needs Assessment, quantitative data collected through the CHA survey was utilized. Additionally, supplementary qualitative data was collected specifically regarding MMC’s services and resources.

## Methodology

### Survey Instrument

In 2024, the Meagher County CHA stakeholder group developed a community survey questionnaire that included questions about demographics, socioeconomic status, individual health, and community healthcare perceptions. They advertised the survey through flyers and mailers with a QR code that linked directly to the survey instrument. Participation was encouraged but not incentivized.

### Key Informant Interviews

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

### Information Gaps – Data

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

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

The low population density of rural and frontier communities often requires regional reporting of many major health indices, including chronic disease burden and behavior health indices. The Montana

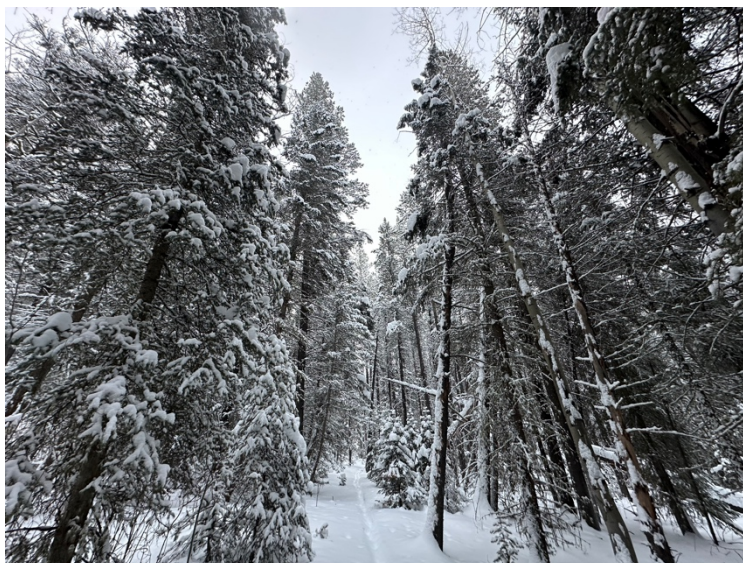
BRFSS (Behavioral Risk Factor Surveillance System), through a cooperative agreement with the Center for Disease Control and Prevention (CDC), is used to identify regional trends in health-related behaviors. The fact that many health indices for rural and frontier counties are reported regionally makes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

### Limitations in Survey and Interview Methodology

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

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

Interview data can offer invaluable insight into the perception of a community or group of individuals. The data are grouped into common themes based on notes taken during the meetings. To better understand these themes, please review the detailed notes found in Appendix I. MORH staff facilitated the interviews for MVMC to ensure impartiality. However, given the small size of the community, participants may still be hesitant to express their opinions freely. Personal identifiers are not included in the transcripts.





# **CHA SURVEY RESULTS**

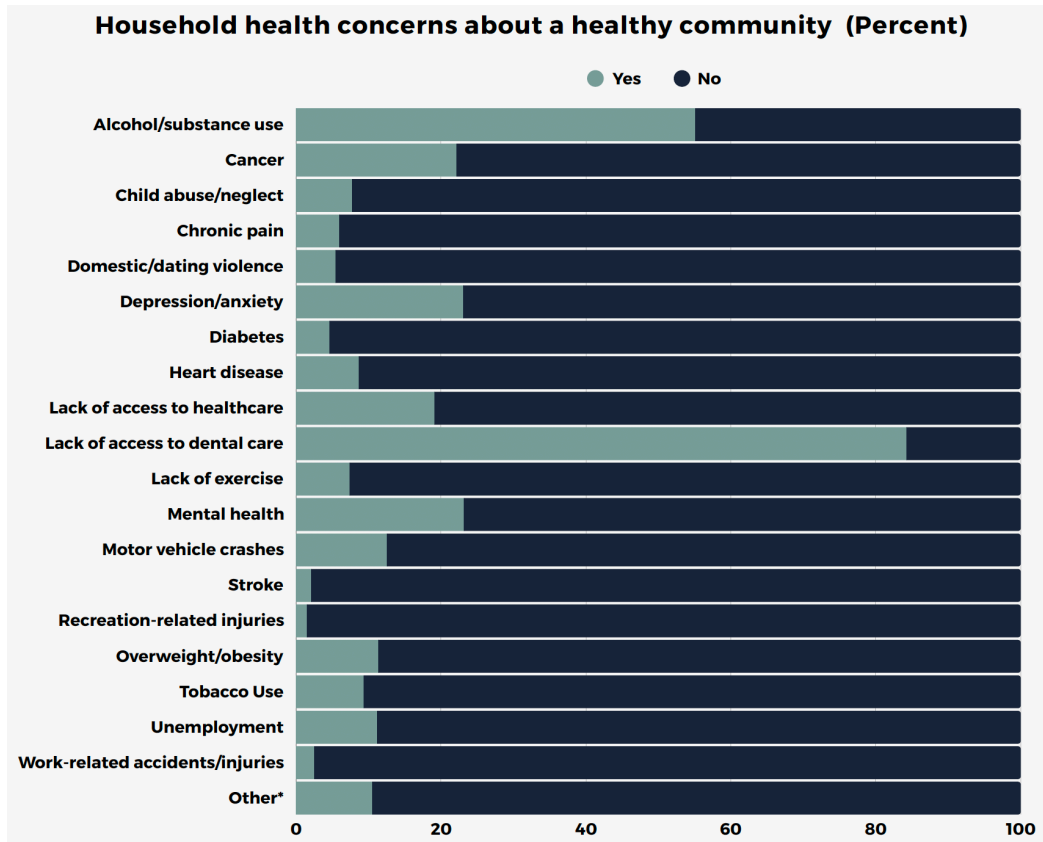
# CHA Survey Results

In 2024 Meagher County was surveyed by Meagher County Public Health (MCPH) for their Community Health Assessment. To avoid duplicating efforts and producing survey fatigue, this CHNA for Mountainview Medical Center (MVMC) utilizes data found through MCPH’s CHA. Readers can find the entire CHA at the Meagher County County Health Website (<https://meagherco.com/county-health-office>) but shown below is pertinent survey data that helped guide the line of questioning in MVMC’s qualitative data collection.

The data shown here, from pages 8-16, is taken directly from MVMC’s CHA. It was not collected by MVMC nor MORH, but rather used to inform further data collection.

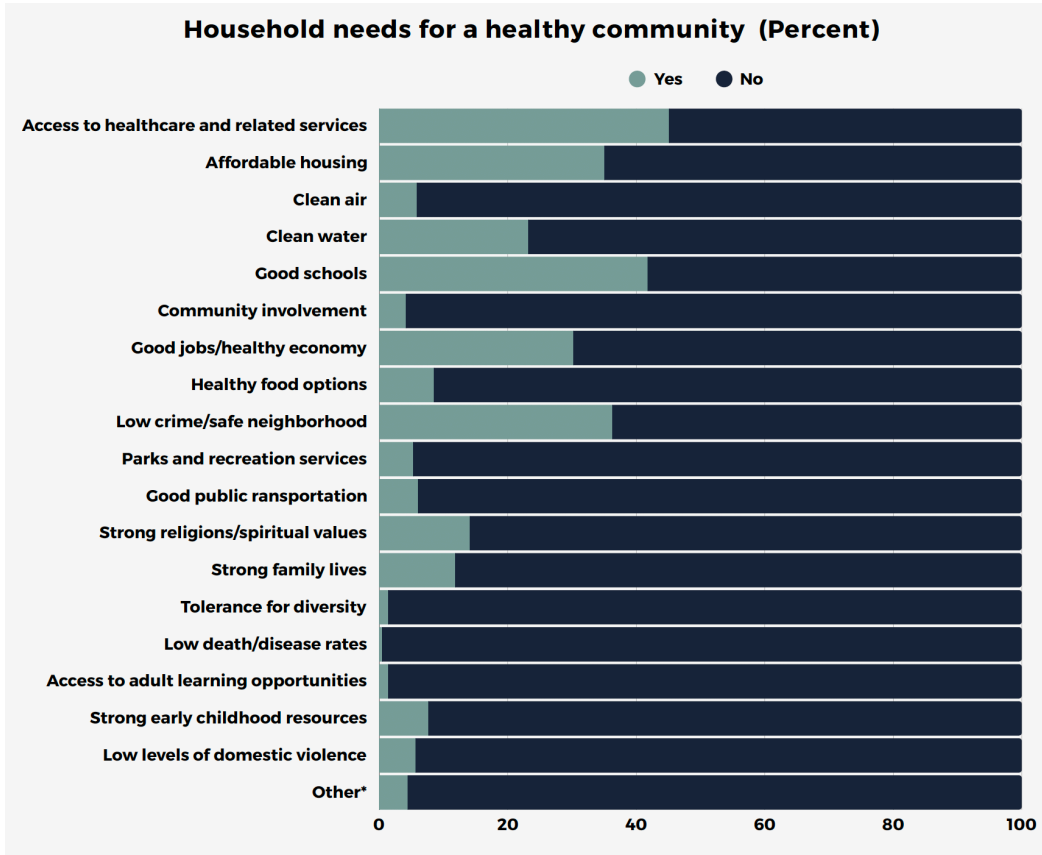
## Top Health Concerns

Respondents indicated that their top health concerns were “Lack of access to dental care” and “Alcohol/substance use.”



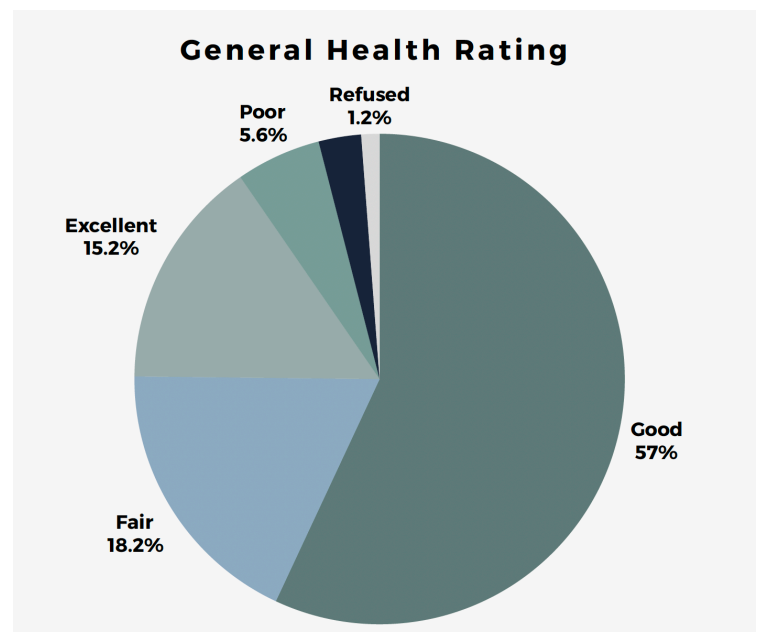
## Healthy Community

Respondents indicated that having a healthy community depends on “Access to healthcare and related services,” “Good schools,” and “Low crime/safe neighborhood.”



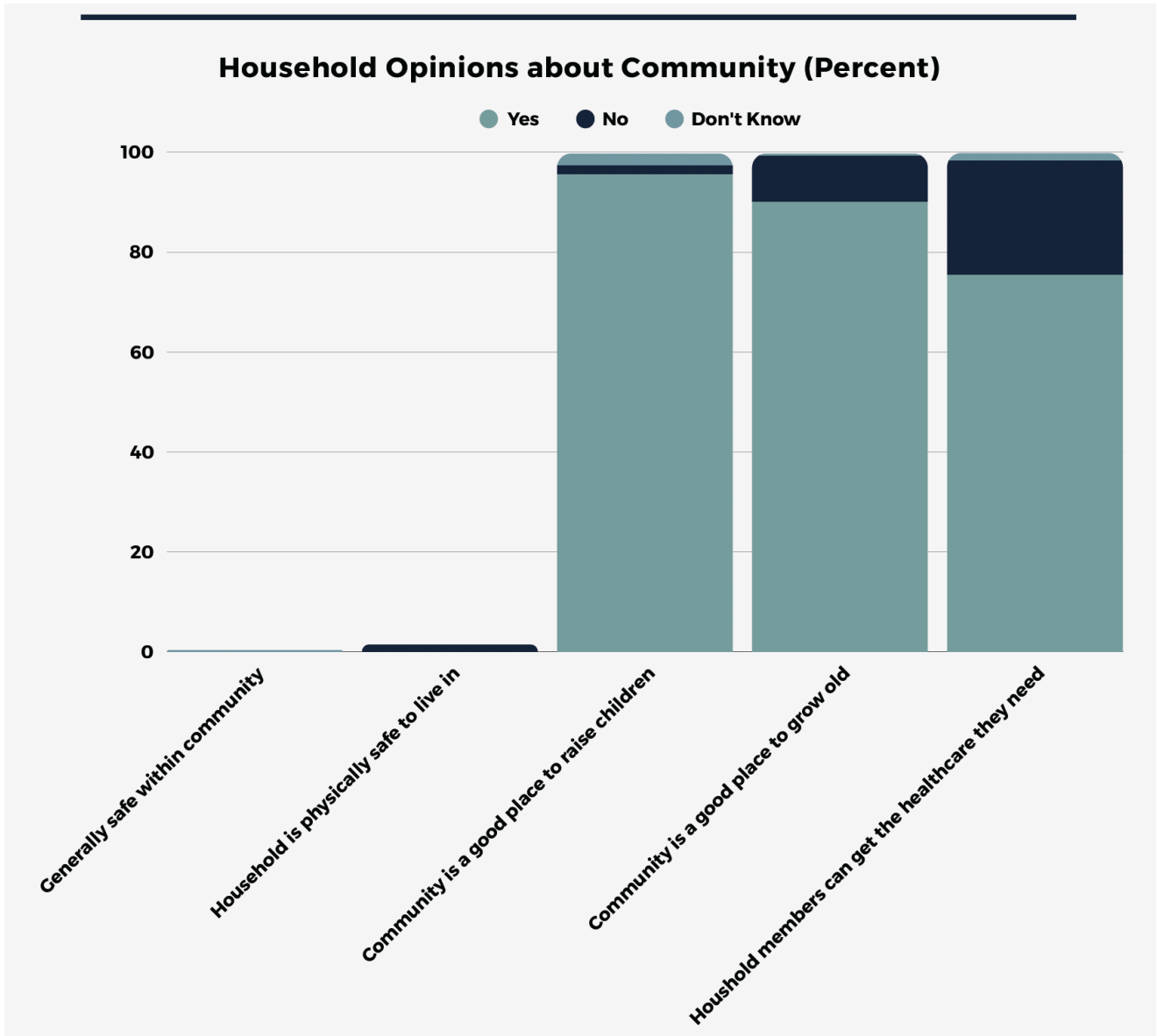
## General Health

57% of respondents rated the general health of the community as “Good,” 18.2% said “Fair,” 15.2% said “Excellent,” 5.6% of respondents said “Poor,” and 1.2% of respondents did not answer the question.



## Community Opinions

Respondents were asked if they agreed or disagreed with a series of statement about the community.



Respondents were asked what would make the community a better place to raise children.

**Top three things needed to make the community a better place to raise children (Top 3):**

- 1. More activities for all children**
- 2. More activities for teens**
- 3. More childcare options**

Additional things needed are improved summer activities (32.2%), affordable clubs/activities (27.3%), after school care (18.8%), early childhood education/services (17.7%), and more parental resources (17.6%).

Respondents were asked about what would make the community a better place to grow old.

**Top three things needed to make the community a better place to grow old (Top 3):**

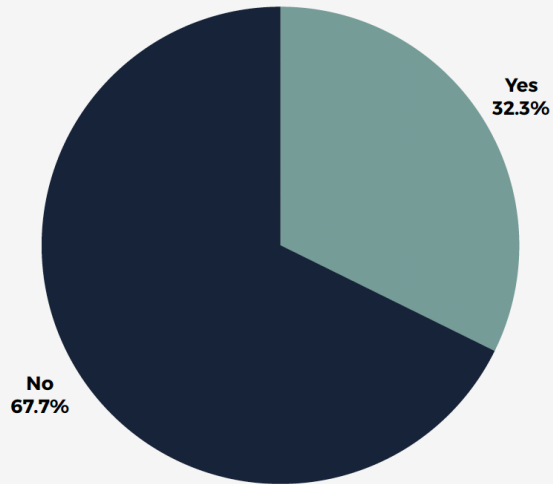
- 1. Expanded medical services**
- 2. Transportation assistance**
- 3. Affordable home meal services**

Additional things needed are more older adult social options (31.1%), places to exercise for older adults (27.9%), and expanded senior center (23.6%).

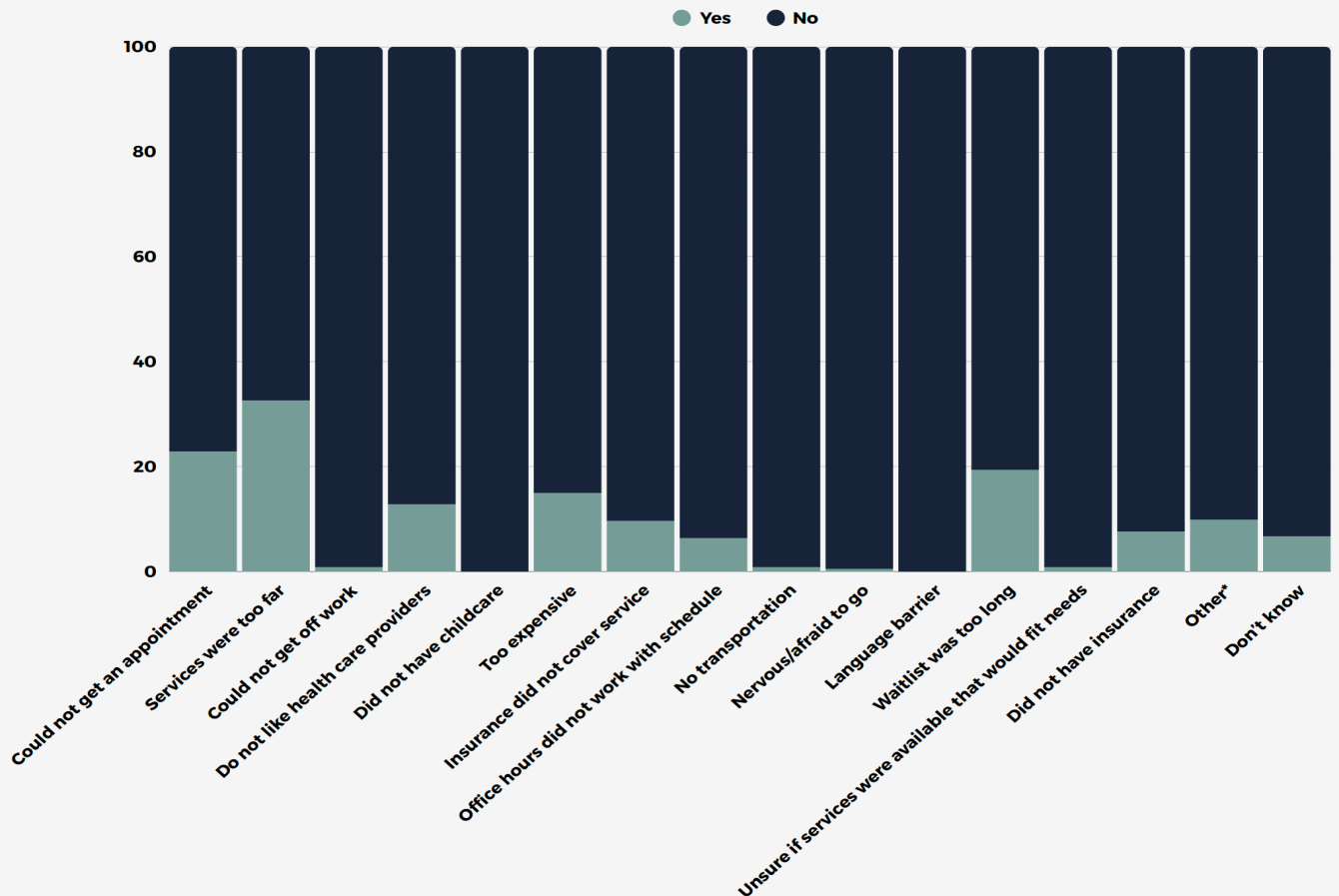
## Delay of Care

Respondents were asked about delays of health care services.

### In the past 12 months, HH needed health care services, but services were delayed/not received

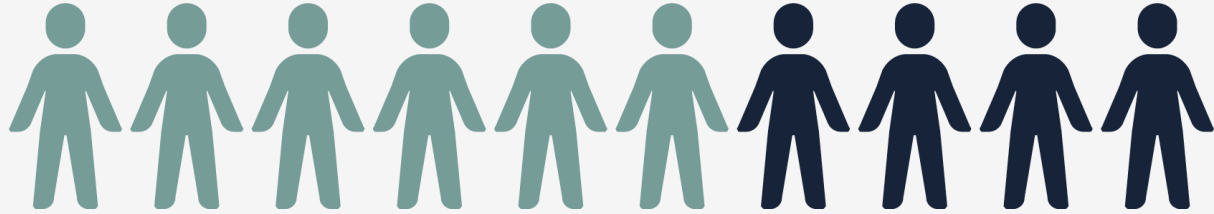


### Reason households (HH) access to healthcare was delayed/not received (Percent)



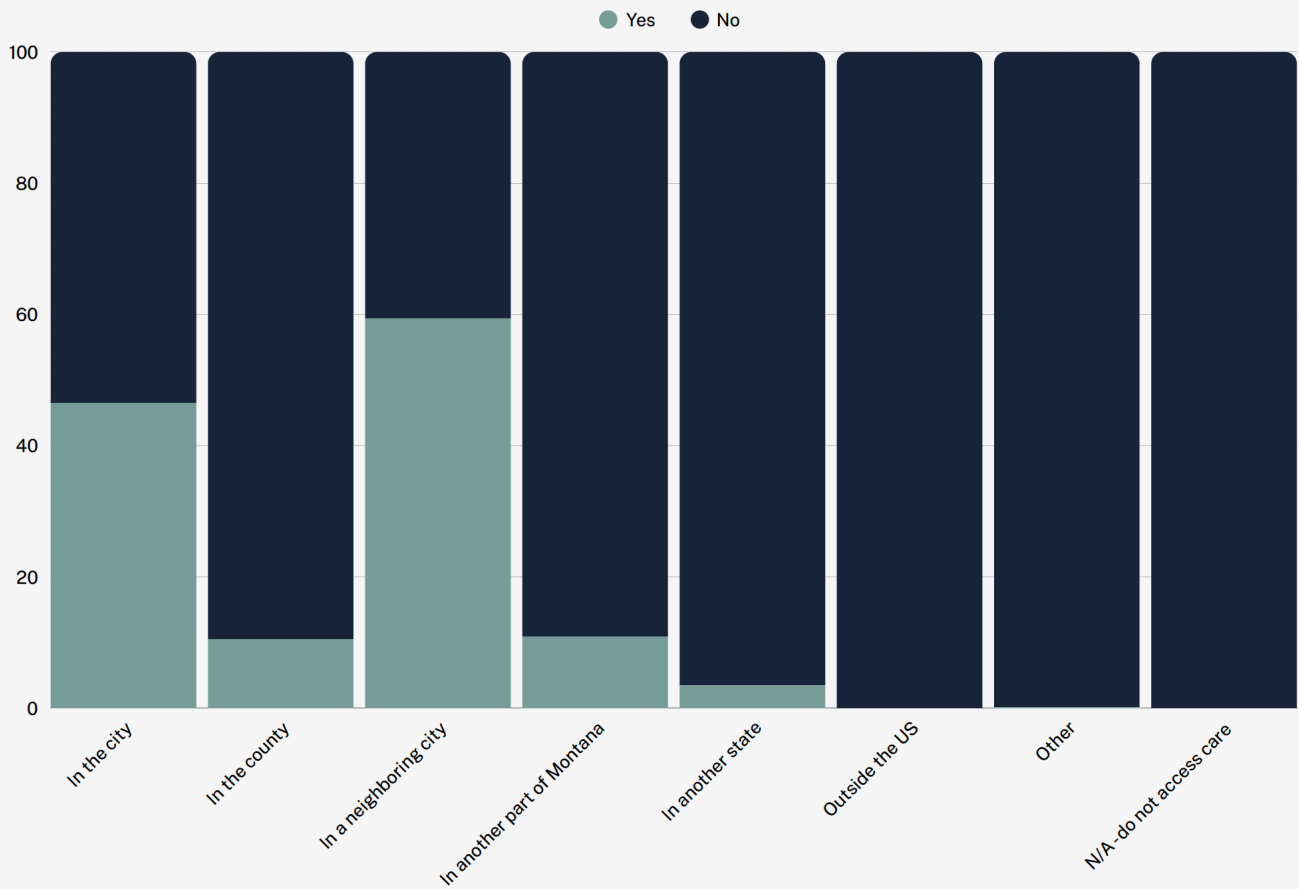
## Routine Care

Respondents were asked about routine healthcare services.



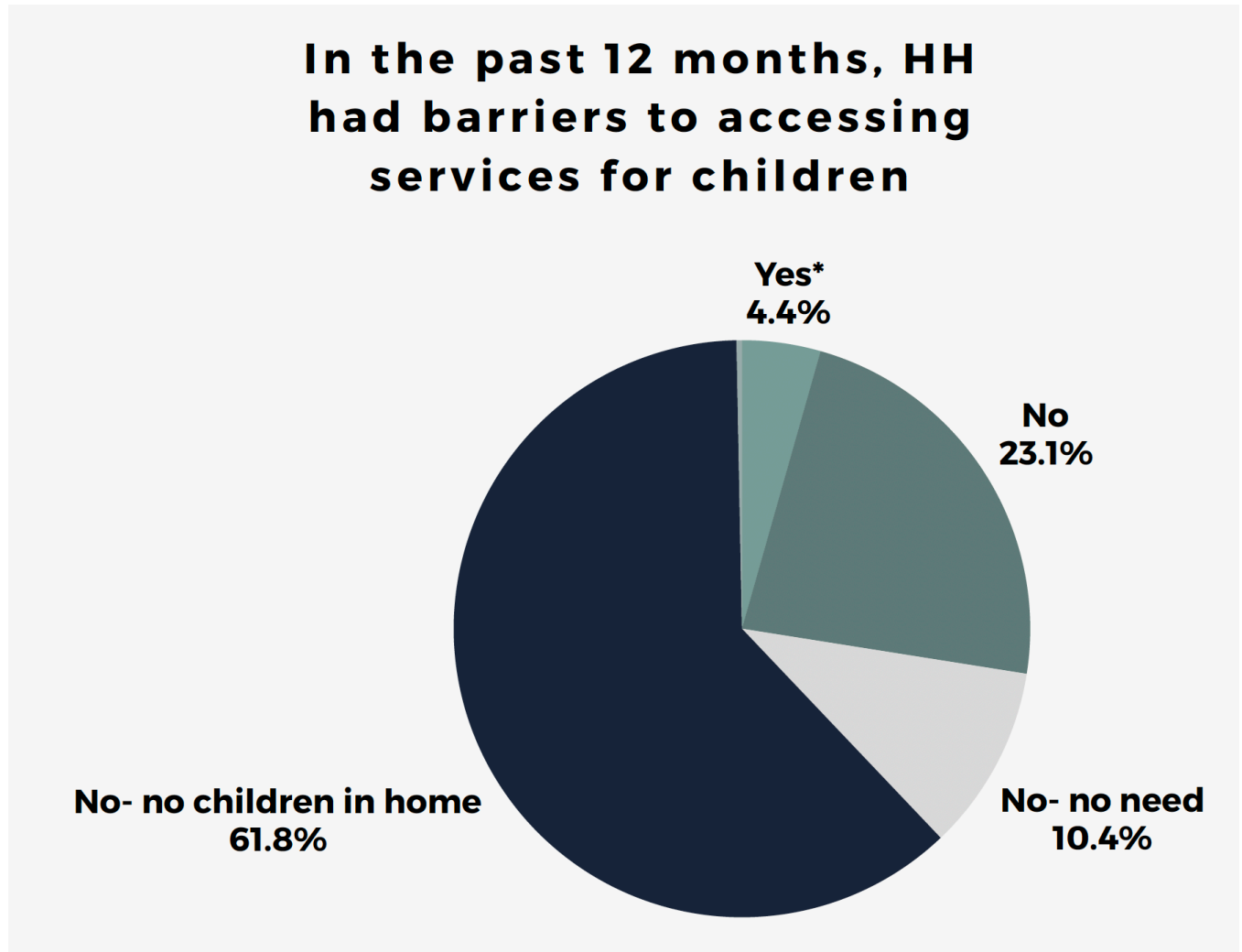
**57.2% of household respondents access routine healthcare within the city or county in which they live.**

### Location where households typically access routine healthcare (Percent)



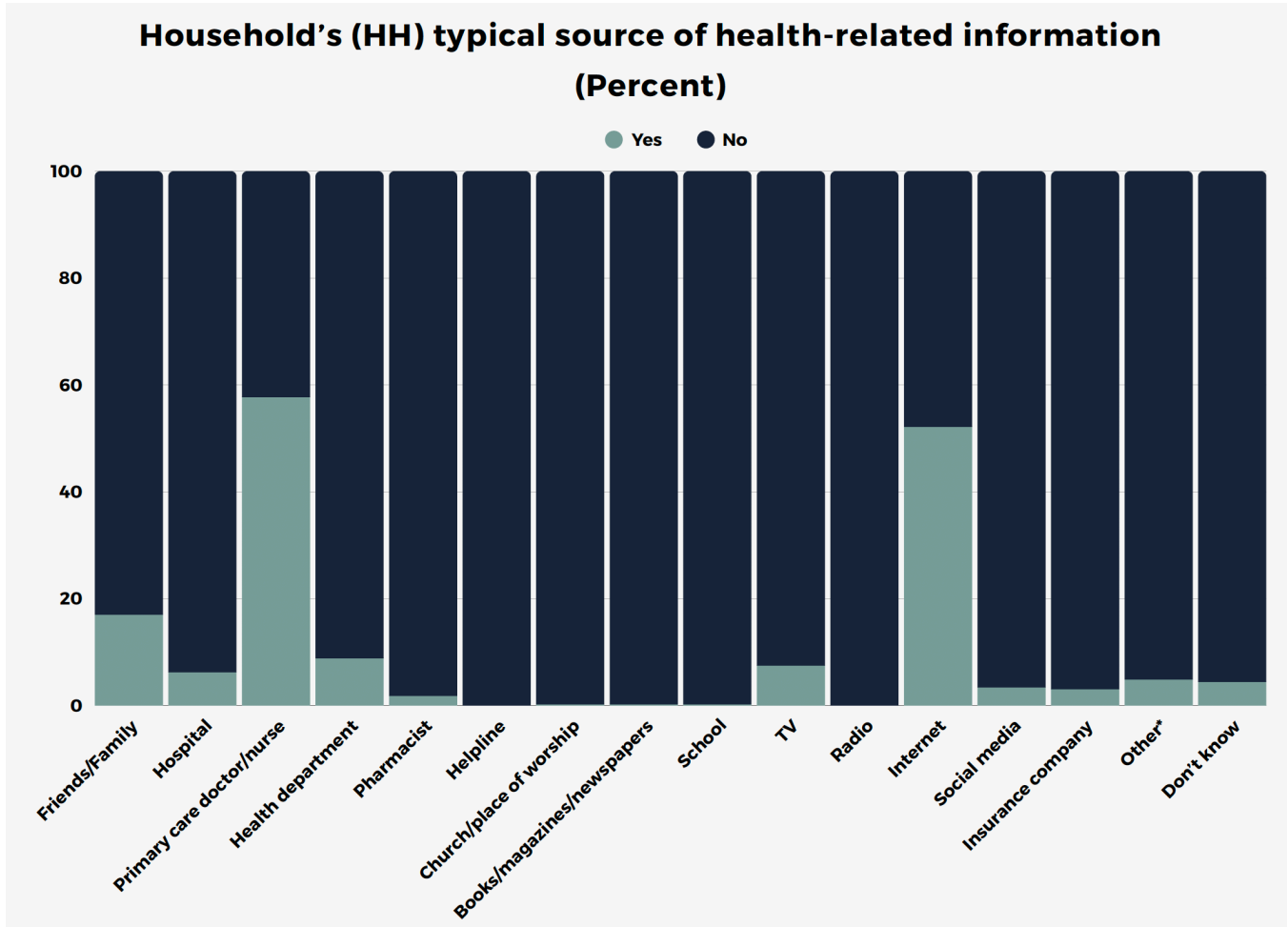
## Children’s Healthcare Services

Respondents were asked if they had any barriers to accessing health services for children in their household.

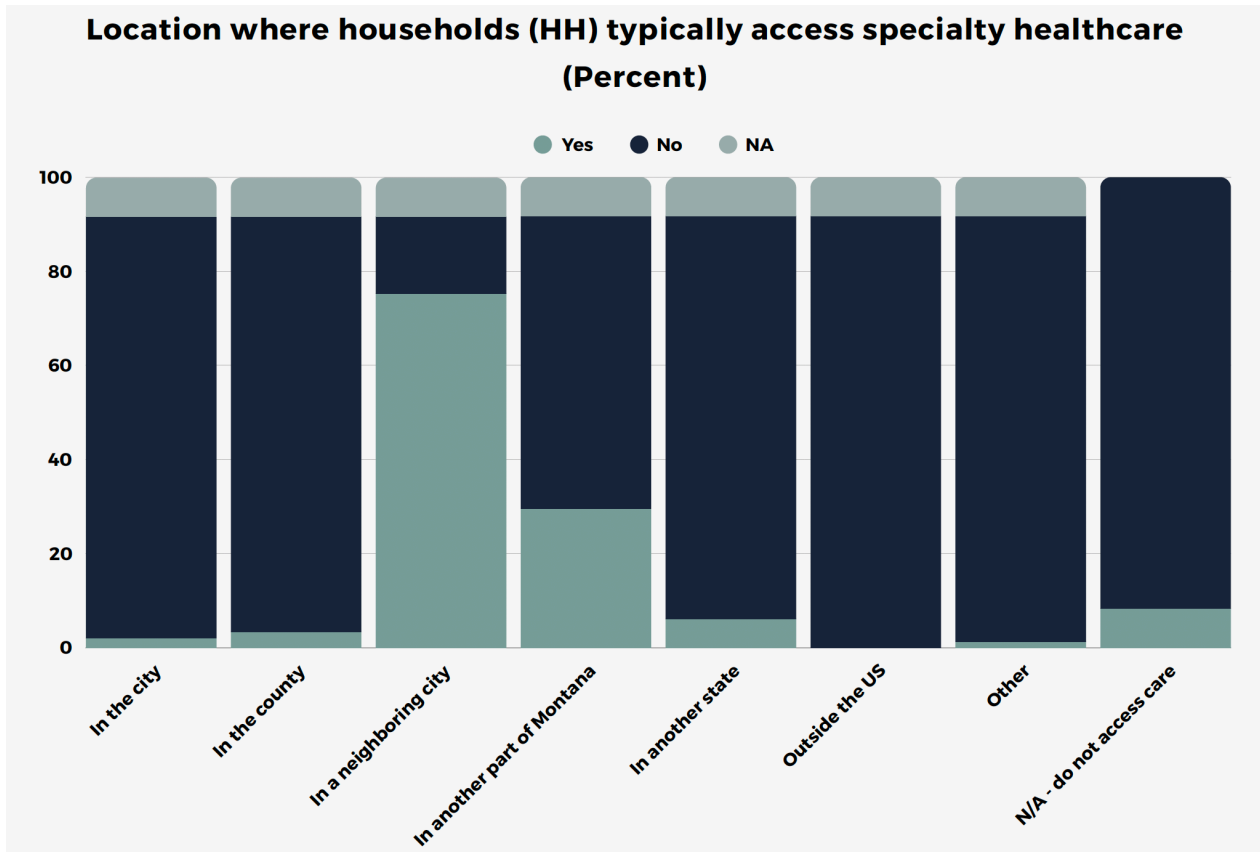


## Information

Respondents were asked where they get information about health-related services. The top two answers were “Primary care doctor/nurse” and “Internet.”

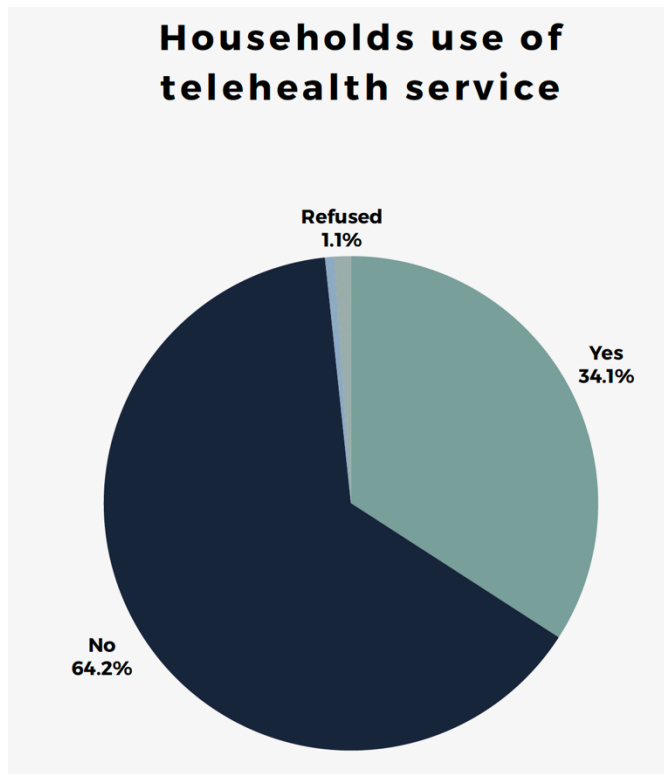


## Specialty Care



## Telehealth

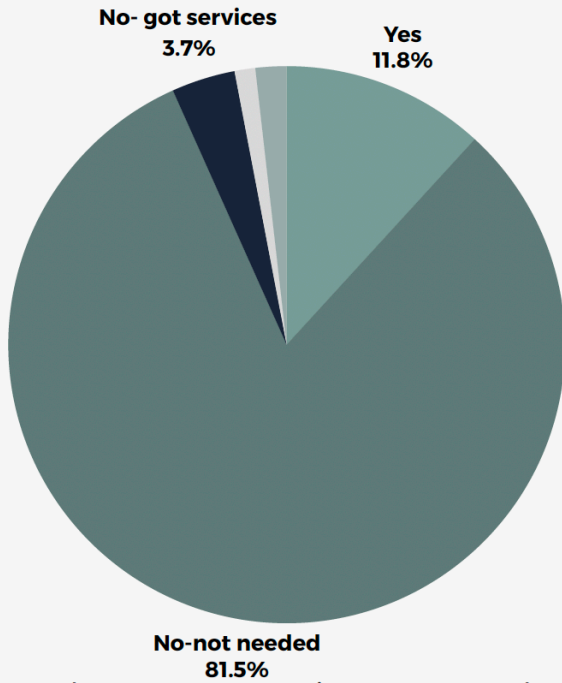
Respondents were asked about their utilization of telehealth; 64.2% indicated they do not use telehealth while 34.1% indicated that they do.



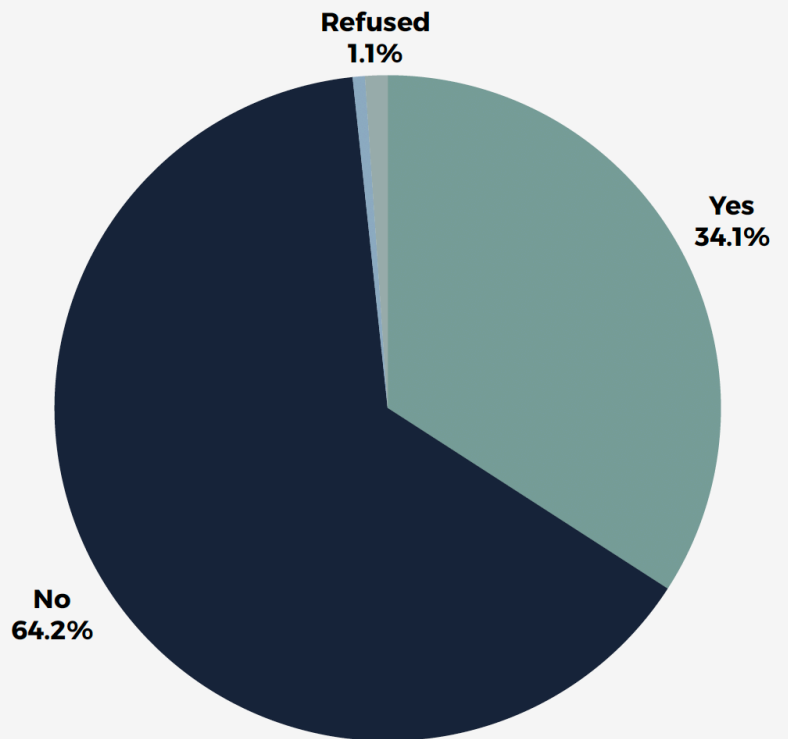
## Healthcare Costs

Respondents were asked about the cost of care and their awareness of cost assistance programs.

### In the past 12 months, HH needed prescription medicine but could not afford it



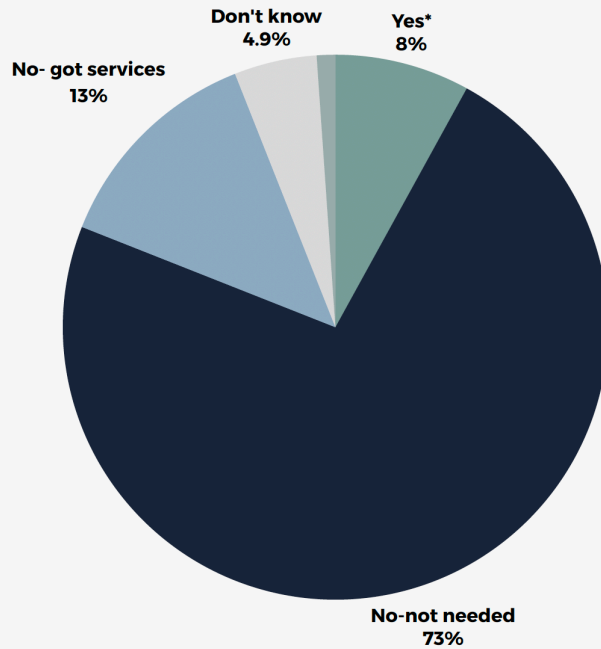
### Households awareness of health care assistance programs



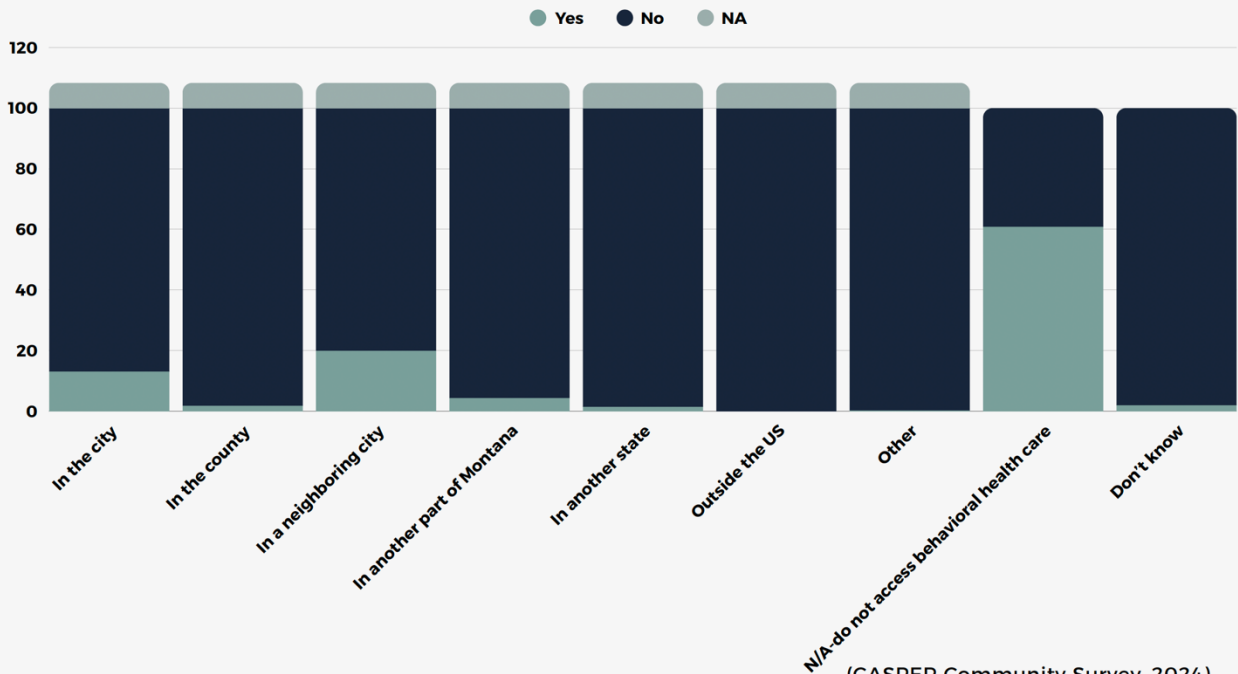
## Mental Health

Respondents were asked a number of questions about mental health.

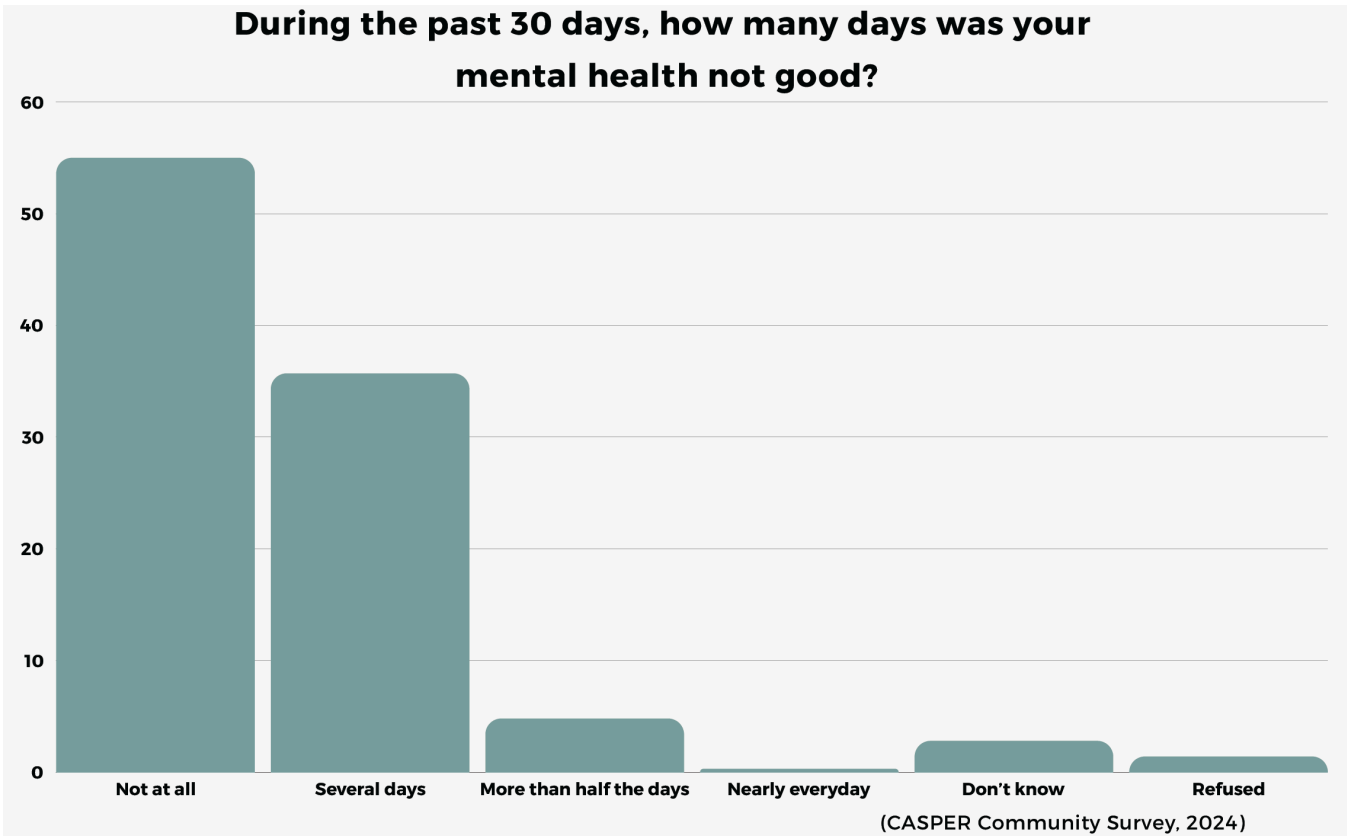
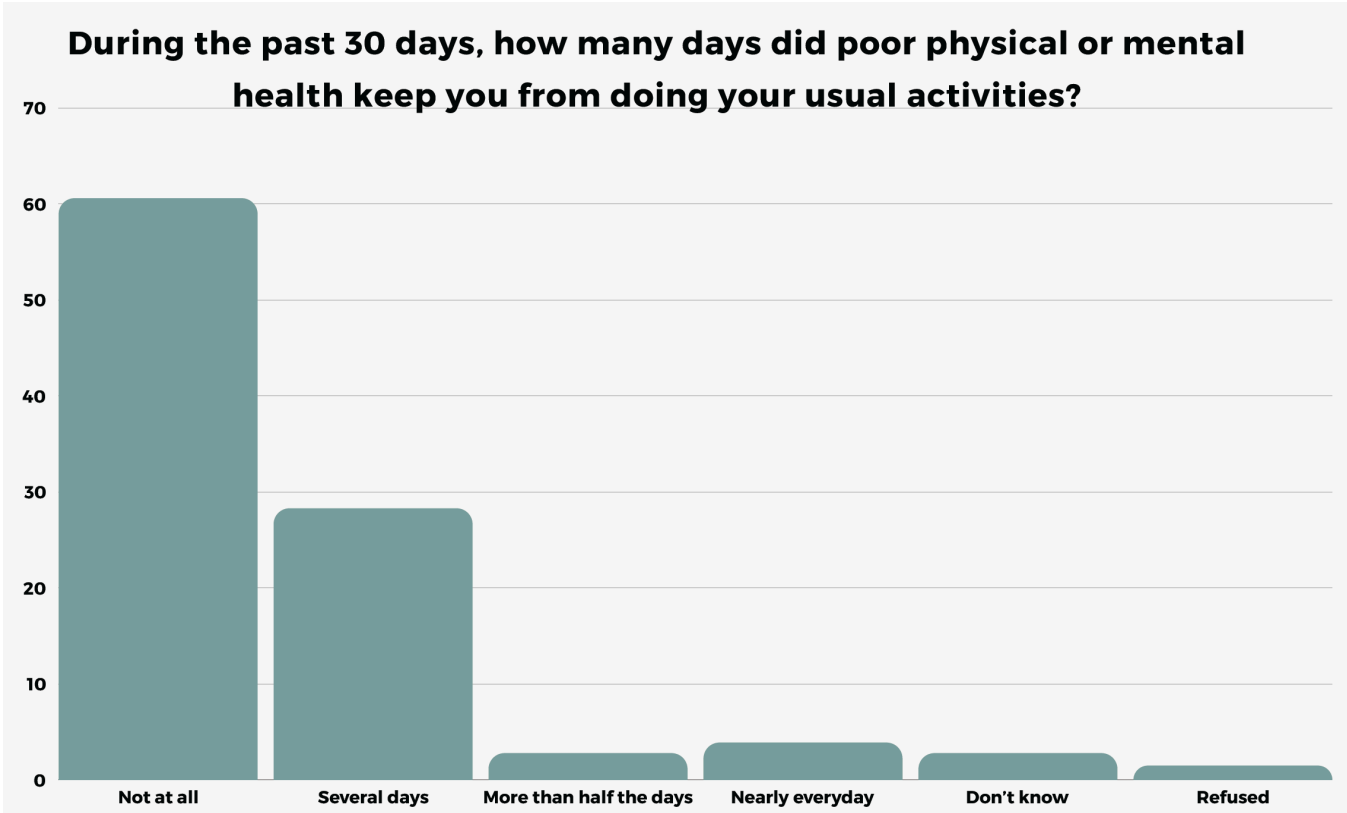
### Households (HH) need for mental health/behavioral services



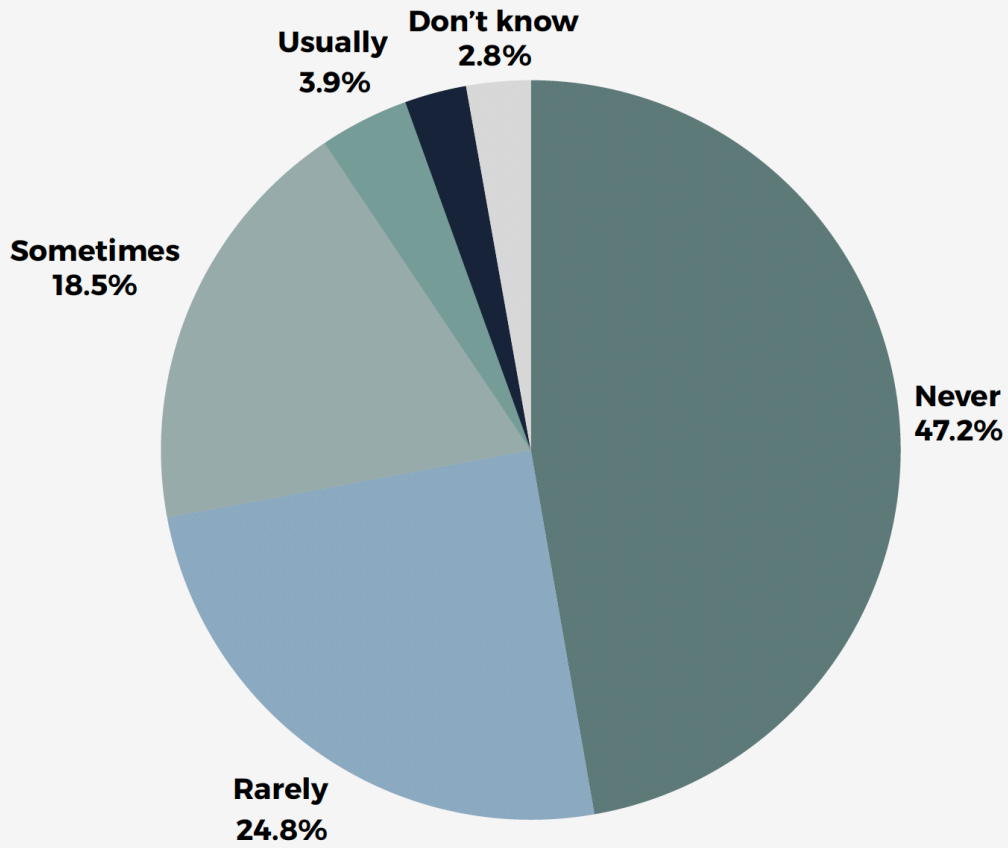
### Location where households (HH) typically access behavioral healthcare (Percent)



(CASPER Community Survey, 2024)

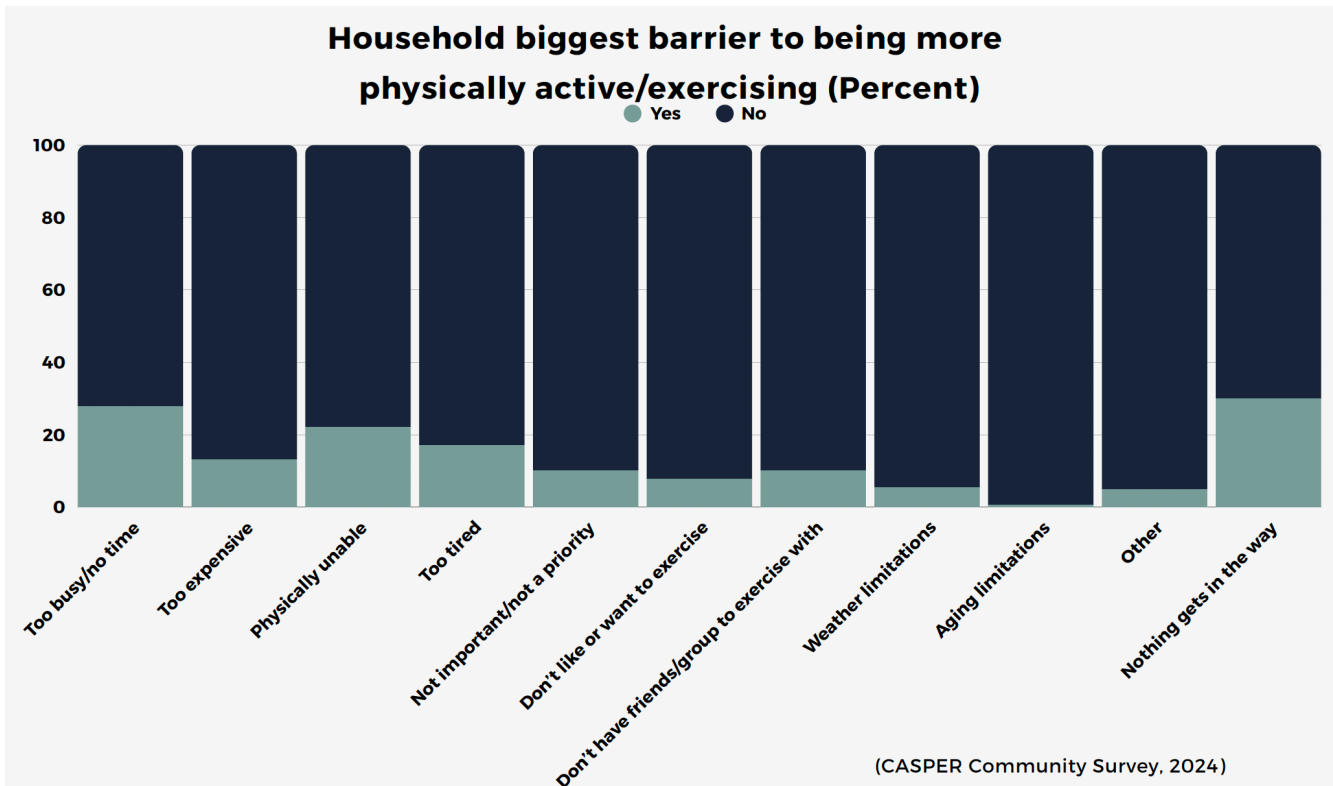
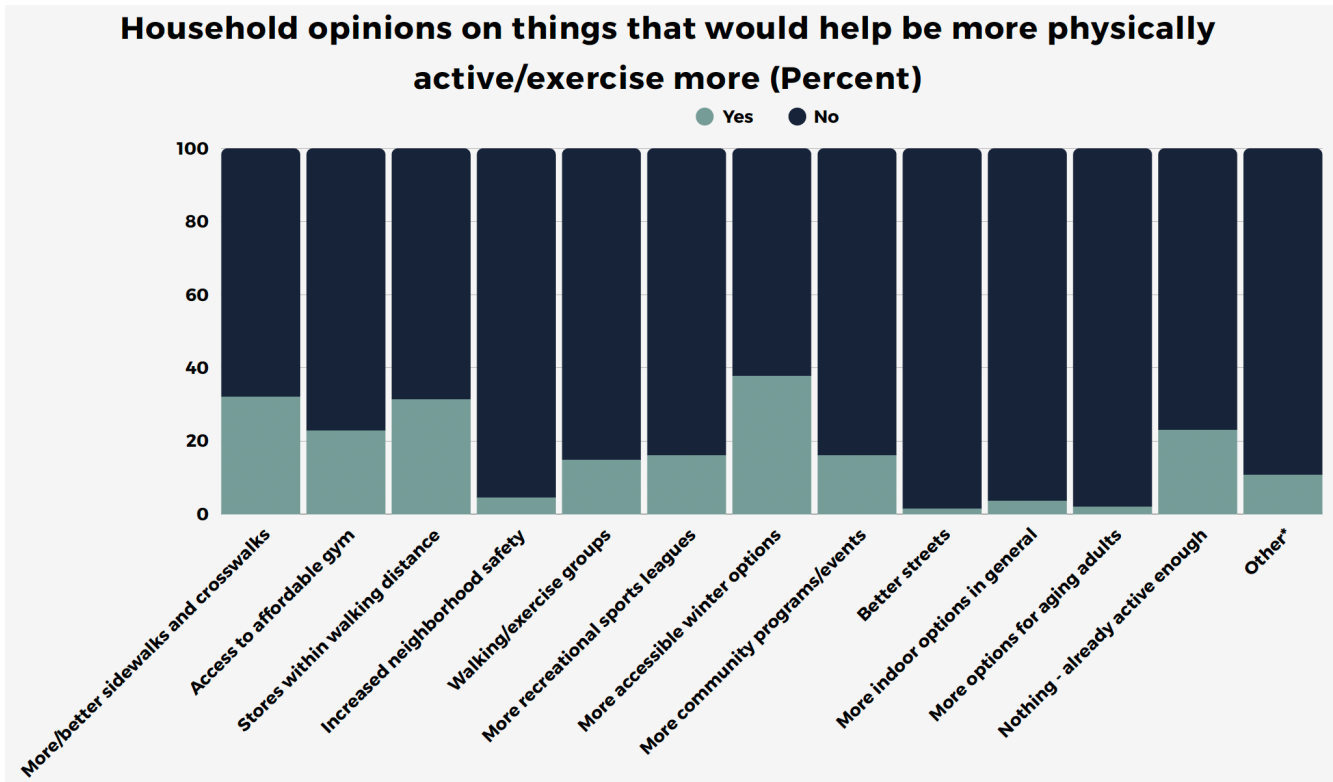


### How often do you feel socially isolated from others?

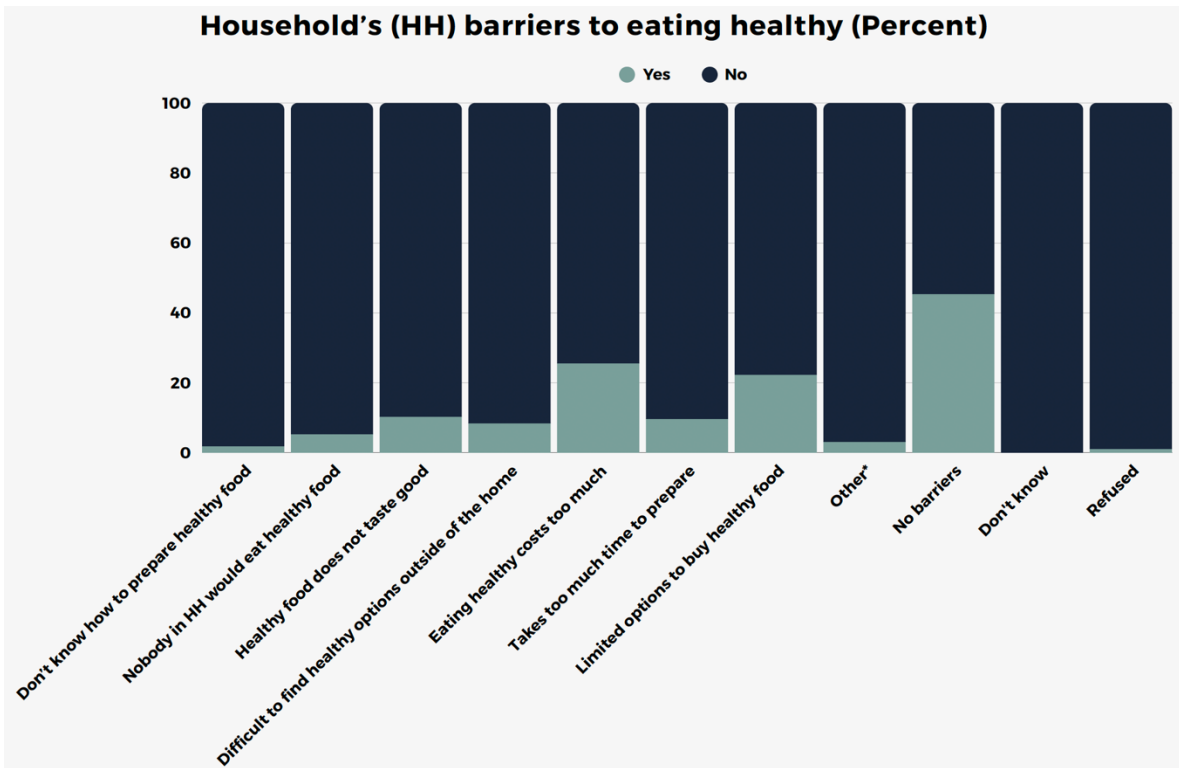


(CASPER Community Survey, 2024)

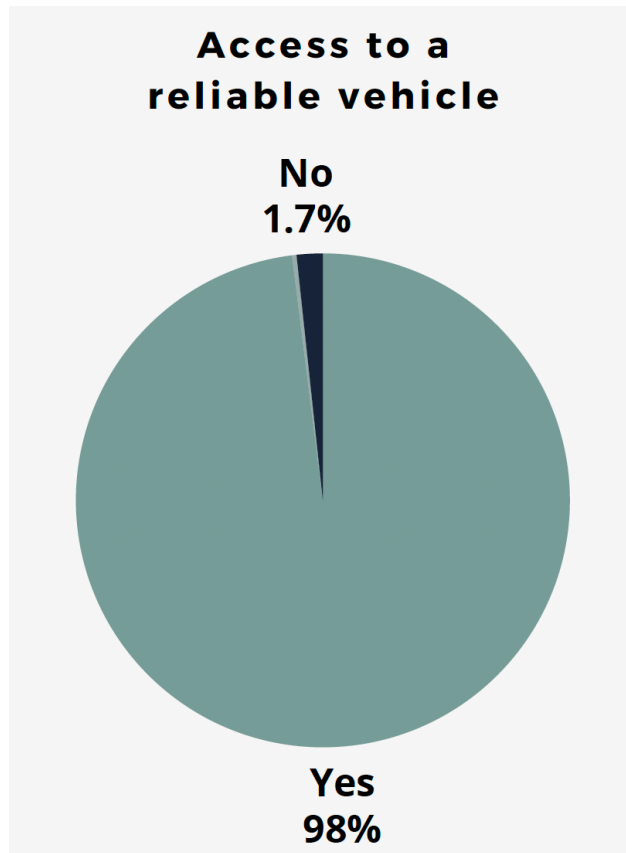
## Exercise



## Healthy Eating

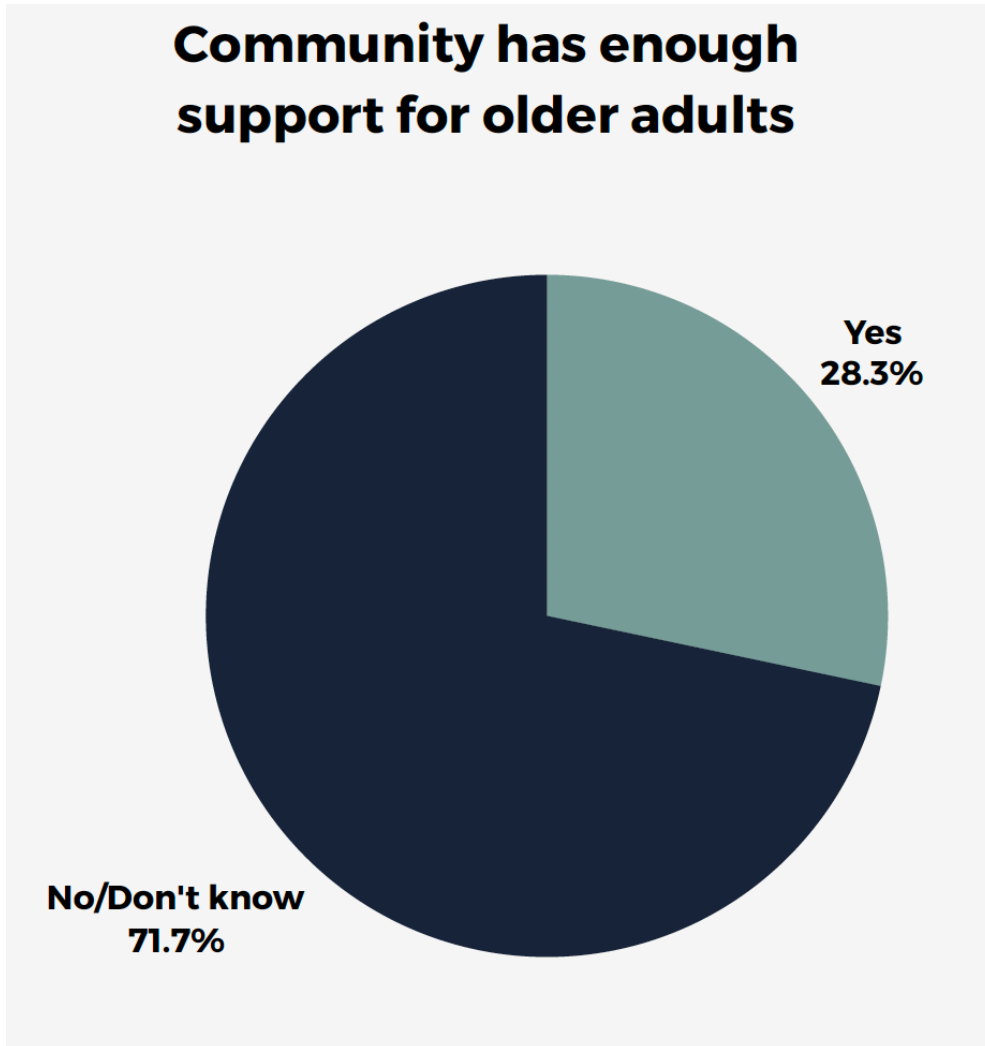


## Transportation



## Senior Care & Services

Respondents were asked about services and support for seniors in the community.





# **INTERVIEW RESULTS**

# Key Informant Interview Results

## Interview Methodology

Three key informant interviews were conducted in summer 2025. Participants were identified as people living in Mountainview Medical Center’s service area. Each interview lasted approximately 15 minutes in length, followed the same line of questioning, and was facilitated by Montana Office of Rural Health staff. Interview notes can be found in Appendix I.

## Interview Themes

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



### SENIOR SERVICES

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The most prevalent theme to come out of the interviews was concern over seniors in the community and the resources and services available for them. All participants acknowledged that the community is elderly and that there are associated health concerns with aging communities. In particular, the need was voiced for increased transportation options and access to enable seniors to access healthcare and other services both locally and out of town.

Interviewees said that the senior center does a lot for local seniors, and that they appreciate those efforts. However there are many home-bound seniors who do not have access to those same resources and services. The need for some sort of home health service was brought up repeatedly, and the difficulties in getting such a service in White Sulphur Springs was acknowledged in tandem.



### MENTAL HEALTH

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The prevalence of mental health issues in the community was raised by most interviewees. Many acknowledged that there are many resources available locally, but that helping people understand the options available and how to navigate them is needed. Additionally, the stigma surrounding mental health care is prevalent, especially when mental health services are predominantly

offered in/through the hospital. It may be easier for people to access care if the location of the care was less clinical. Lastly, the need for more resources for youth mental health care was brought up, and the need to fill gaps with mental health resources provided through the school system.

### HEALTH AND WELLNESS

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Most respondents brought up health and wellness as an area the community could improve in. The need for walking paths or sidewalks to people didn't have to walk in the roads was brought up multiple times. Interviewees said that though there are more options to get exercise in the community than there have been, there could still be more options and support encouraging people to eat well and be physically active.

Relatedly, nutrition and healthy foods were brought up many times. Participants identified the need for more education surrounding nutrition and weight loss. They also highlighted the high cost of healthy foods and voiced that cost is an impediment to a healthier community.

### SERVICES NEEDED IN THE COMMUNITY

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- Cost assistance programs / healthcare navigator / paperwork assistance
- Sustaining employee appreciation at the hospital
- Dentist
- Optometrist
- More programming/assistance for families and kids
- Pediatrics
- Reproductive health services
- Sustained primary care



# **EXECUTIVE SUMMARY**

# Executive Summary

The table below shows a summary of results from the Mountainview Medical Center’s Community Health Needs Assessment. Areas of opportunity were determined after consideration of various criteria, including a comparison to data from local, state, and federal sources (Secondary data); Meagher County Public Health’s 2024 Community Health Assessment survey results; those issues of greatest concern identified by the community stakeholders through focus groups; and the potential impact of a given issue.

Areas of Opportunity	Secondary Data	MCPH CHA	Interviews
<b>Access to Healthcare Services</b>			
<i>Expanded hours/increased appointment availability</i>		✓	
<i>Cost assistance programs</i>	⊗	✓	☑
<i>Healthcare navigator</i>	⊗		☑
<i>Increased information about available services</i>			☑
<i>Specialty care</i>		✓	☑
<i>Transportation assistance</i>		✓	☑
<b>Health Conditions &amp; Behaviors</b>			
<i>Alcohol/substance use</i>	⊗	✓	
<i>Mental health issues</i>	⊗	✓	☑
<i>Cancer</i>		✓	☑
<i>Dental care</i>		✓	☑
<i>Mental health issues</i>	⊗	✓	☑
<i>Pediatrics</i>			☑
<i>Weight/nutrition/fitness</i>	⊗	✓	☑
<b>Other</b>			
<i>Child care</i>	⊗	✓	☑
<i>Senior care &amp; services</i>		✓	☑
<i>Youth activities/opportunities</i>		✓	☑



# **NEXT STEPS & RESOURCES**

## Prioritization of Health Needs

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

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

- Access to healthcare resources and services

Mountainview Medical Center will determine which needs or opportunities could be addressed considering MMC's parameters of resources and limitations. The committee will prioritize the needs/opportunities using the additional parameters of the organizational vision, mission, and/or values, as well as existing and potential community partners.

The participants will create goals to achieve through strategies and activities, as well as the general approach to meeting the stated goal (i.e., staff member responsibilities, timeline, potential community partners, anticipated impact(s), and performance/evaluation measures). This plan will be documented and posted along with the CHSD assessment report.

## Available Community Resources

In prioritizing the health needs of the community, the following list of potential community partners and resources in which to assist in addressing the needs identified in this report were identified. As the steering committee continues to meet, more resources will continue to be identified, therefore, this list is not exhaustive.

- The Meagher County Office of Public Assistance provides information and/or referral services to applicants/recipients of public assistance programs.
- The Meagher County Health Department offers a variety of services to the community, including child/adult immunizations, disease surveillance, public health emergency preparedness, and referrals for care or resources.
- The Meagher County Community Center houses the Senior Center, which provides meals, wellness services, and activities to seniors in the area. The Senior Center also runs the Loan Closet, which provides donated durable medical equipment for short term individual use.
- Meagher County Schools.
- Meals on Wheels prepares and delivers nutritious meals to seniors in the community.
- The Castle Mountain Apartments will provide subsidized senior housing for seniors in need in the community
- Montana Health Network is a collaborative effort to provide services to all residents of Montana
- Montana Hospital Association
- Montana Office of Rural Health (MORH) provides technical assistance to rural health systems and organizations

# Evaluation of Previous CHNA & Implementation Plan

Mountainview Medical Center provided the Montana Office of Rural Health with an update on their Implementation Plan activities from their previous CHNA process. The MMC Board of Directors approved its previous implementation plan in 2022. The plan prioritized the following health issues:

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

The following tables include completed activities, accomplishments and impacts/outcomes within the facility’s proposed goals. To view MMC’s full Implementation Plan visit: [mvmc.org](http://mvmc.org).

**Goal 1: Enhance access to healthcare and resources in Meagher County.**

	Activities	Accomplishments	Community Impact/Outcomes
<b>Strategy 1.1: Expand access to primary and specialty care services through Mountainview Medical Center (MMC).</b>	Continue efforts to recruit and retain a local dentist to improve the community’s access to oral health services.	Still in Progress	Activity is still in progress. Recruitment of a dentist will improve oral outcomes.
	Champion local dental screening and oral health programs. Sustain the long-term care (LTC) resident dental screening program. Continue to explore opportunities to engage in and promote oral health throughout the service area.	Visiting dental hygienist sees long term care patients	Improved oral health for our residents.
	Continue to explore the feasibility of expanding local women’s health services to reduce the need for area residents to travel out of the area for regular, preventive screening.	Dr. Whitmore has been addressing women’s health	Many people are now staying in town with the addition of Dr. Whitmore.
	Explore the feasibility of expanding visiting specialty services	We are building a new hospital which will allow us to have more space	We are hoping to get a surgeon to be able to use the OR and make it where

	available through MMC to reduce travel and other burdens associated with accessing care (i.e., gastrointestinal specialist, increased eye doctor visits to area, telehealth services, etc.).	and be able to have the option of providing more services easier.	people don't have to travel out of town to be able to keep up with routine services.
	Champion infrastructure improvements to enhance access to healthcare services in Meagher County. This includes but is not limited to exploring funding opportunities to support the expanded MMC facility as well as developing an outreach campaign to educate the service area about the new facility, services, and resources.	Building a new facility	Being able to have a new facility to potentially bring in new services and being more efficient will enhance the experience when going to the hospital.
<b>Strategy 1.2: Preserve MMC's presence in the community as a trusted partner in improving population health initiatives.</b>	Sustain support of community health opportunities through events, presentations, social media, and flyers (i.e., health fairs, community walks, health, and wellness programming, etc.).	Attend career fairs and post on social media to update people on the on what is going on at the hospital	The community is able to see and hear about the current events that are happening with the facility.
	Implement community health worker (CHW) program to engage, advocate, and educate community members in overall health and wellness. The CHW will be a liaison between local health/social services and the community to facilitate access and improve health outcomes by increasing health knowledge and self-sufficiency.	Grant Funding has ended. MMC Social Services is still involved in outreach.	On going Outreach
	Continue supporting COVID-19 testing and vaccination outreach efforts, particularly among local schools.	N/A	N/A

	Partner with local schools and other community health champions to promote COVID-19 vaccination utilization, provide health education related to prevention and mitigation best practices.		
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**Goal 2: Enhance transportation services throughout Meagher County.**

	Activities	Accomplishments	Community Impact/Outcomes
<b>Strategy 2.1: Continue to partner with Meagher County Transportation Committee to address area transportation needs.</b>	Re-convene the transportation committee by hosting bi-monthly meetings.	No contact with Transportation Committee	N/A
	Network with potential representatives from outlying communities to explore how to connect them to Mountainview Medical Center services and their local business needs (i.e., grocery stores, banks, etc.). Review the City-County Growth policy.	N/A	N/A
	Collaborate with the WTI to explore funding opportunities to support and sustain local transportation solutions.	N/A	N/A



# APPENDICES

# Appendix A – Meagher County Public Health Community Health Assessment Report

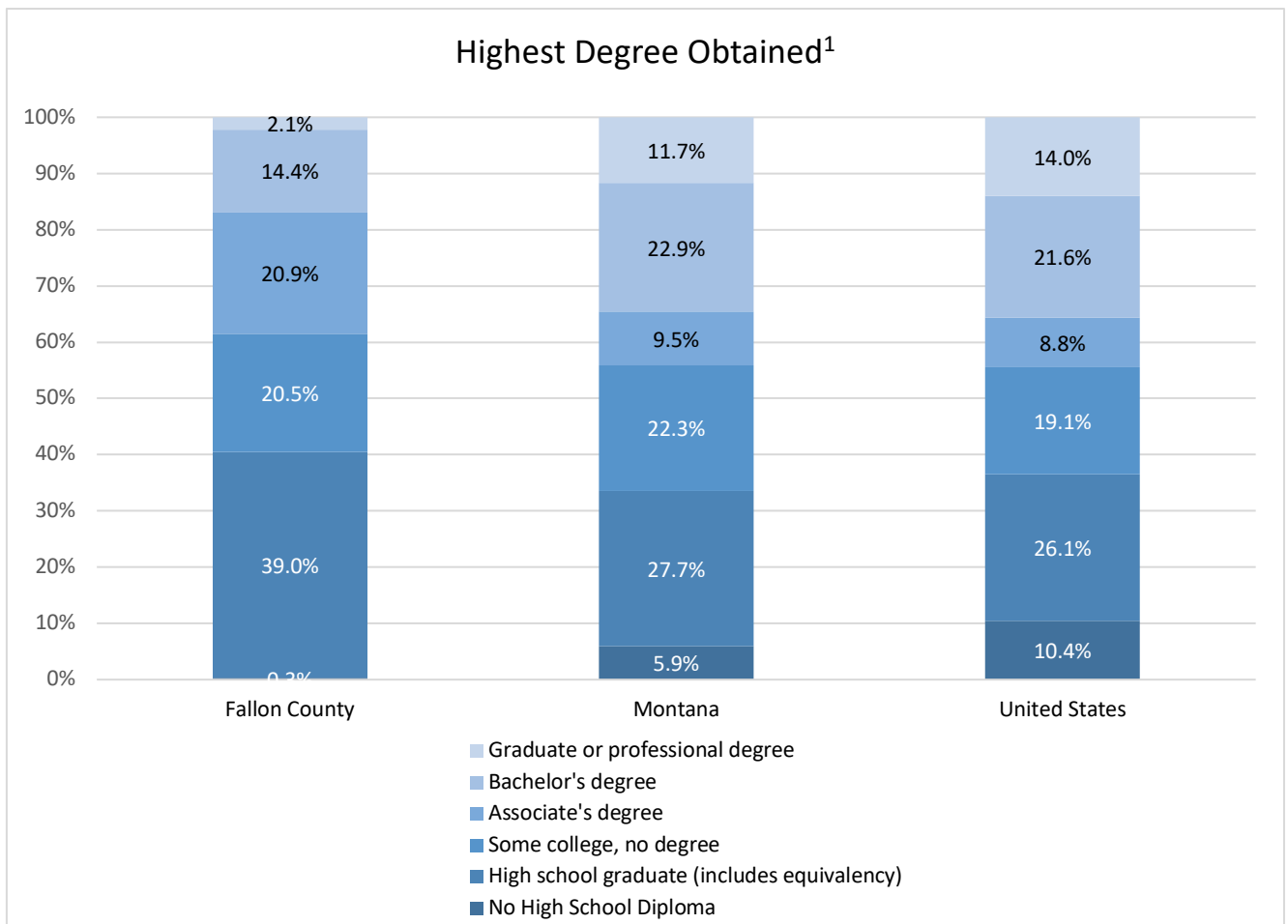
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## Appendix B – Meagher Co. Secondary Data

Demographic Measure (%)		County			Montana			Nation		
Population <sup>1</sup>		2,946			1,084,225			331,449,281		
Population Density <sup>1</sup>		1.9			7.1			93.3		
Veteran Status <sup>1</sup>		2.1%			9.6%			7.0%		
Disability Status <sup>1</sup>		11.6%			13.8%			13.5%		
Age <sup>1</sup>		<5	18-64	65+	<5	18-64	65+	<5	18-64	65+
		5.8%	53.9%	20.4%	5.1%	74.9%	20.0%	6.1%	61.7%	15.6%
Gender <sup>1</sup>		Male		Female	Male		Female	Male		Female
		51.8%		49.2%	50.7%		49.3%	49.2%		50.8%
Race/Ethnic Distribution <sup>1</sup>		White			86.4%			75.3%		
		American Indian or Alaska Native			5.8%			1.7%		
		Other †			7.8%			26.5%		

<sup>1</sup> US Census Bureau - American Community Survey (2022)

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



<sup>1</sup> US Census Bureau - American Community Survey (2022)

Socioeconomic Measures (%)	County	Montana	Nation
Median Income <sup>1</sup>	\$ 72,284	\$ 70,804	\$ 74,755
Unemployment Rate <sup>1</sup>	1.9%	2.6%	5.4%
Persons Below Poverty Level <sup>1</sup>	9.1%	11.7 %	12.6%
Children in Poverty <sup>1</sup>	6.3%	13.4%	16.3%
Internet at Home <sup>2</sup>	86.6%	81.5%	-
Households with Population Age 65+ Living Alone <sup>2</sup>	11.4%	12.9%	-
Households Without a Vehicle <sup>2</sup>	39	21,284	-
Households Receiving SNAP <sup>3</sup>	2.8%	7.5%	-
Eligible Recipients of Free or Reduced Price Lunch <sup>3</sup> 2023/2024 school year	32.5%	46.6%	-
Enrolled in Medicaid <sup>4, 1</sup>	26.8%	20.5%	18.0%
Uninsured Adults <sup>5</sup> Age <65	7.3%	12.0%	16.3%
Uninsured Children <sup>1</sup> Age <18	16.8%	7.0%	6.0%

<sup>1</sup> US Census Bureau - American Community Survey (2022), <sup>2</sup> US Census Bureau – COVID-19 Impact Report (2019), <sup>3</sup> Kids Count Data Center, Annie E. Casey Foundation (2024), <sup>4</sup> Medicaid Expansion Dashboard, MT-DPHHS (2024), <sup>5</sup> County Health Ranking, Robert Wood Johnson Foundation (2024)

Maternal Child Health	County	Montana	Nation
General Fertility Rate* <sup>1</sup> Per 1,000 Women 15-50 years of age (2023)	72	54	-
Preterm Births <sup>7</sup> Born less than 37 weeks (2017-2019)	-	9.4%	-
Adolescent Birth Rate <sup>5</sup> Per 1,000 years females 15-19 years of age (2019-2023)	-	16.8	-
Smoking during pregnancy <sup>3, 8</sup> (2019-2023)	-	10.4%	7.2%
Kotelchuck Prenatal Care** <sup>7</sup> Adequate or Adequate-Plus (2021-2023)	82.5%	75.6%	-
Low and very low birth weight infants <sup>7</sup> Less than 2500 grams (2021-2023)	-	7.6%	-
Childhood Immunization Up-To-Date (UTD) <sup>§ 9</sup>	70.6%	64.8%	-

<sup>7</sup> IBIS Birth Data Query, MT-DPPHS (2020), <sup>3</sup> Kids Count Data Center, Annie E. Casey Foundation (2020), <sup>5</sup> County Health Ranking, Robert Wood Johnson Foundation (2024), <sup>8</sup> National Center for Health Statistics (NCHS), CDC (2024), <sup>9</sup> 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 <sup>5</sup>	16%	16%	13%
Excessive Drinking <sup>5</sup>	25%	26%	19%
Adult Obesity <sup>5</sup>	34%	31%	34%
Poor Mental Health Days <sup>5</sup> (Past 30 days)	5.0	4.1	3.9
Physical Inactivity <sup>5</sup>	20%	19%	23%
Do NOT wear seatbelts <sup>10</sup>	-	11%	5.8%
Drink and Drive <sup>10</sup>	-	4.0%	2.3%

<sup>5</sup> County Health Ranking, Robert Wood Johnson Foundation (2024), <sup>10</sup> Behavioral Risk Factor Surveillance System, CDC (2024)

Cancer prevention & screening	County	Montana	Nation
Human Papillomavirus (HPV) vaccination UTD <sup>++ 11, 12</sup> <i>Adolescents 13-17 years of age (2020)</i>	17.9%	48.4%	51.1%
Cervical cancer screening in past 3 years <sup>13, 10, 11</sup> <i>Age adjusted (county/state) and crude (nation) prevalence among adult women aged 21–65 years (2024)</i>	70.2%	56.1%	51.6%
Mammography in past 2 years <sup>13, 10</sup> <i>Crude prevalence among women 50-74 years (2022)</i>	82.2%	73.4%	76.5%
Colorectal Cancer Screening <sup>13, 10</sup> <i>Crude prevalence among adults 45-75 years (2022)</i>	66.2%	64.5%	66.3%

<sup>11</sup> State Cancer Profiles – CDC/NIH (2024), <sup>12</sup> Adolescent Immunization Coverage – MT DPHHS (2024), <sup>13</sup> PLACES Project, CDC (2024), <sup>10</sup> Behavioral Risk Factor Surveillance System, CDC (2024)

<sup>++</sup> 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 15<sup>th</sup> birthday, and 3 doses for all others).

Infectious Disease Incidence Rates <i>Per 100,000 people</i>	County	Montana
Enteric Diseases * (2015-2017)	31.8	80.1
Hepatitis C virus (2015-2017)	27.1	93.4
Sexually Transmitted Infections (STI) <sup>5</sup> † (2022)	132.8	364.2
Vaccine Preventable Diseases (VPD) § (2015-2017)	95.4	91.5

<sup>5</sup> County Health Ranking, Robert Wood Johnson Foundation (2024), <sup>14</sup> 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

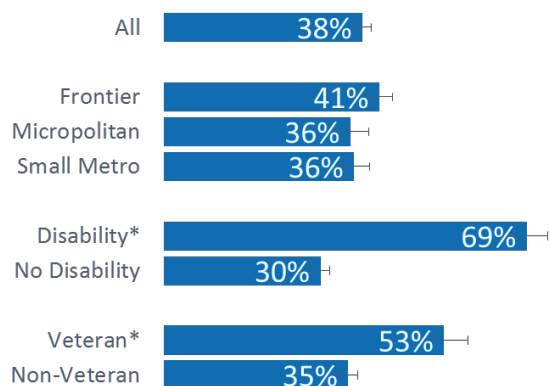
Chronic Conditions	Montana	Nation
Cardiovascular Disease (CVD) prevalence <sup>10</sup> <i>Adults aged 18 years and older (2023)</i>	3.6%	4.0%
Chronic Obstructive Pulmonary Disease (COPD) prevalence <sup>10</sup> <i>Adults aged 18 years and older (2023)</i>	7.3%	6.3%
Diabetes Prevalence <sup>10</sup> <i>Adults aged 18 years and older (2023)</i>	11.8%	11.8%
Breast Cancer Incidence Rate <sup>11</sup> <i>Age-Adjusted Per 100,000 population (2017-2021)</i>	136.3	129.8
Cervical Cancer Incidence Rate <sup>11</sup> <i>Age-Adjusted Per 100,000 population (2017-2021)</i>	6.7	7.5
Colon and Rectum Cancer (CRC) Incidence Rate <sup>11</sup> <i>Age-Adjusted Per 100,000 population (2017-2021)</i>	36.7	36.4
Lung Cancer Incidence Rate <sup>11</sup> <i>Age-Adjusted Per 100,000 population (2017-2021)</i>	46.2	53.1
Melanoma Cancer Incidence Rate <sup>11</sup> <i>Age-Adjusted Per 100,000 population (2017-2021)</i>	27.9	22.7
Prostate Cancer Incidence Rate <sup>11</sup> <i>Age-Adjusted Per 100,000 population (2017-2021)</i>	131.4	113.2

<sup>10</sup> Behavioral Risk Factor Surveillance System, CDC (2023), <sup>11</sup> State Cancer Profiles – CDC/NIH (2024)

Montana Adults with Self-Reported Chronic Condition <sup>10</sup>	
1. Arthritis	29.1%
2. Depression	24.4%
3. Asthma	11.7%
4. Diabetes	9.4%
5. COPD	7.3%
6. Cardiovascular disease	3.6%
7. Kidney disease	3.2%

<sup>10</sup> Behavioral Risk Factor Surveillance System, CDC (2023)

### Percent of Montana Adults with Two or More Chronic Conditions



Mortality	County	Montana	Nation
Suicide Rate <sup>15</sup> <i>Per 100,000 population (2022)</i>	Count <20	28.9	14.2
Veteran Suicide Rate <sup>15</sup> <i>Per 100,000 population (2021)</i>	-	51.2	33.9
Alzheimer’s Disease Mortality Rate <sup>16</sup> <i>Age-Adjusted per 100,000 population (2021)</i>	-	30.9	36.0
Pneumonia/Influenza Mortality Rate <sup>17</sup> <i>Age-Adjusted per 100,000</i>	-	7.4	11.3
Leading Causes of Death <sup>18</sup>	-	1. Heart Disease 2. Cancer 3. Accidents	1. Heart Disease 2. Cancer 3. Accidents

<sup>15</sup> Suicide in Montana, MT-DPHHS (2024), <sup>16</sup> Selected Vital Statistics - DPPHS (2021), <sup>17</sup> Kaiser State Health Facts, National Pneumonia Death Rate (2022), <sup>18</sup> National Vital Statistics, CDC (2022)

Montana Health Disparities <sup>10</sup>	White, non-Hispanic	American Indian/Alaska Native	Low Income*
14+ Days when physical health status was NOT good <i>Crude prevalence (2022)</i>	12.6%	22.4%	35.6%
14+ Days when mental health status was NOT good <i>Crude prevalence (2022)</i>	15.5%	26.0%	34.5%
Current smoker <i>Crude prevalence (2022)</i>	13.1%	35.0%	36.7%
Routine checkup in the past year <i>Crude prevalence (2022)</i>	74.0%	75.7%	74.3%
No personal doctor or health care provider <i>Crude prevalence (2022)</i>	19.3%	20.4%	21.0%
No dental visit in the last year for any reason <i>Crude prevalence (2022)</i>	34.4%	47.0%	57.0%
Consumed fruit less than one time per day <i>Crude prevalence (2021)</i>	40.1%	41.4%	46.6%
Consumed vegetables less than one time per day <i>Crude prevalence (2021)</i>	16.0%	24.8%	23.8%
Does not always wear a seat belt <i>Crude prevalence (2020)</i>	10.8%	15.9%	16.0%

<sup>10</sup> Behavioral Risk Factor Surveillance System, CDC (2022)

\*Annual household income < \$15,000

Youth Risk Behavior <sup>19</sup>	Montana		Nation
	All respondents	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>	41.4%	49.0%	42.3%
Attempted Suicide <i>During the past 12 months</i>	10.2%	17.6%	10.2%
Lifetime Cigarette Use <i>Students that have ever tried smoking</i>	27.8%	52.2%	17.8%
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>	31.4%	24.4%	22.7%
Lifetime Marijuana Use <i>Students that have used marijuana one or more times during their life</i>	37.0%	55.1%	27.8%
Texting and Driving <i>Among students who drove a car in the past 30 days</i>	57.1%	37.0%	36.1%
Carried a Weapon on School Property <i>In the last 30 days</i>	9.1%	7.4%	3.1%

<sup>19</sup> Montana Youth Risk Behavior Survey (20

## Appendix C – Interview Questions

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

1. What are your views/opinions about these local services:
  - Hospital/clinic
  - EMS Services (ER/Ambulance)
  - Public/County Health Department
  - Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
  - Services for Low-Income Individuals/Families
  
2. What do you think are the most important local healthcare issues?
  
3. What other healthcare services are needed in the community?
  
4. What would make your community a healthier place to live?
  
5. Other comments

# Appendix D – Interview Notes

## Key Informant Interview #1

### **Anonymous, via phone**

1. How do you feel about the general health of your community?
  - Overall it is fairly good
  - We have an aging population so that's a concern
  
2. What are your views/opinions about these local services:
  - Hospital/clinic
    - I use the clinic regularly
    - I think it's great
  - EMS Services (ER/Ambulance)
    - I am very thankful for all our volunteers, they work hard
    - Would be great if we had more EMTs
    - Always training, but we ask a lot of our volunteers
  - Public/County Health Department
    - Use them, they're great
    - Would love to see spot for them in new hospital
    - Plan is to be separate, but would like to see them stay
  - Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
    - It's hard to see that we don't have much home health care
    - Our county is put in with L&C county and any services seem to fall in their area – provide services sporadically
    - Designation needs to be redone – we are frontier not rural
    - As far as the nursing home does, I think they do a good job; I would like to see more activates for their residents
  - Services for Young Adults/Families
    - I'm really glad that we have a counselor in WSS
    - Mental health is super critical; some folks don't want to get online for services so it's nice they're is someone local; grateful for online services because some people want that too
    - Have pretty good family services
    - There is sometimes abuse that is reported but nothing happens; people won't report again because nothing was done
  - Services for Low-Income Individuals
    - We have such a great food bank
    - I think food security is #1 – we see a lot of food insecure people but our food bank does do a good job
    - There are opportunities to work if people want to work and paths to working full time if they have the ability

- Heard that statewide >60% of those unworking are caregivers in some way – there should be something that looks more into this
3. What do you think are the most important local healthcare issues?
    - Understanding the mental health care options available
    - We have a really great team right now at the hospital - doctors, PAs, PTs – concern is keeping them, competing with other hospitals that could offer more
    - The providers like their way of life here
    - Hospital is good at letting all employees know they're valued and their education is important
    - I hope the board and leadership see the value of investing in their employees
  4. What other healthcare services are needed in the community?
    - Would be great to have a local dentist, even a couple days a week
  5. What would make your community a healthier place to live?
    - I don't know; overall we're a fairly healthy community
    - The key to that is that we are a community – we reach out to and help each other – it's neighboring

**Key Informant Interview #2**  
**Anonymous, via phone**

1. How do you feel about the general health of your community?
  - Elderly population, which tends to have issues
  - Poor community, which also tends to have issues
  - Some are in good health, some aren't – as with any community
2. What are your views/opinions about these local services:
  - Hospital/clinic
    - For a small community we're doing well
    - They deal with some pretty sketchy stuff
    - Nothing but good things to say
  - EMS Services (ER/Ambulance)
    - Doing great
    - Basic service – don't have any ALS service – we're tried to get people through paramedic school
    - Feeling that they're doing good where they're at
    - Basic and do the best we can
  - Public/County Health Department
    - Eva does a fantastic job, does above and beyond – gets grants to fill the voids, help community

- Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
    - Don't know a lot about hospital senior care
    - My parents are elderly and they use the senior center a lot – they do meal delivery, some sort of health navigator – lots of valuable resources for elderly community
  - Services for Young Adults/Families
    - Not sure of what we have here
  - Services for Low-Income Individuals
    - I don't really know what there is for them
3. What do you think are the most important local healthcare issues?
- Hospital is building new hospital, which when done they'll offer a lot more
  - Struggle for the elderly to go out of town for care
  - Hopefully soon they'll be able to get more care here
  - More walking paths here
4. What other healthcare services are needed in the community?
- I don't know
  - For a small community with limited funds they do pretty darn good – get doctors in here and people in to eliminate travel out
  - They've got optometry and pulmonary and cardio
  - They do their best so people don't have to travel
5. What would make your community a healthier place to live?
- Shorter winter

**Key Informant Interview #3**  
**Anonymous, via phone**

1. How do you feel about the general health of your community?
- Somewhere in the middle
  - We're a little ag/farming/ranching community that maybe doesn't always take care of ourselves the way we should
  - We're such a poverty community – thinking about cost of food, fresh food makes it really hard – nutrition isn't always as good as it should be
  - We have great access to healthcare for local stuff – all 4 providers are great
  - Btu we have people who don't have insurance
  - I worry about the future of lack of coverage for lower income people
  - People don't go in for things they should because it's so expensive
2. What are your views/opinions about these local services:
- Hospital/clinic

- We have great access to healthcare for local stuff – all 4 providers are great
- They try so hard to offer everything they can
- They'll never be able to offer everything, but within their capabilities they do absolutely as well as they can
- EMS Services (ER/Ambulance)
  - Small and mighty
  - But boy we're tired
  - It's a small crew; there's more on the roster than are really active
  - Average age is a bit older, not a lot of young ones who are super interested
  - They do the best they can – train, stay up on skills
  - It's a big county to cover
  - Volunteer service
- Public/County Health Department
  - Doing great
  - Try their best to offer what they can
  - Do the best they can to meet community needs
- Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
  - Senior center is phenomenal – Beth is amazing
  - Nursing home is attached to hospital – intermediate swing bed facility
  - Services for elderly is hard
  - Transportation to appointments is really hard
  - Do not have home health services – sometimes they'll come say they'll service us but then they don't have the staff to actually do it
  - Hospital has tried to do home health before
  - Company out of Bozeman coming to do hospice right now – hopefully they'll stay – important when there is the need for it
  - To supplement home health, the health department manages homemaker and respite programs that can help with light housekeeping and giving people a break
  - We're a very aging community so it's a big deal to not have those services
- Services for Young Adults/Families
  - Childcare – there is some right now; it ebbs and flows
  - Summer programs aren't hugely robust, but everybody does their part for the Stevens Youth Center
  - Library does a great summer reading program
  - A bunch of businesses in town chip in to help with summer things
  - Summer stuff always needed but hard to do
  - Same for families – that's tough – not a lot of organized things
  - Really big need is family support in various ways – we could always do better with parenting classes and mom groups and supporting new families
  - Used to have more formal things but not anymore
  - Not a lot of resources for them
  - Aspen from Livingston parenting classes? Never come to fruition
- Services for Low-Income Individuals

- HRDC person in town now – 20h/week and office
  - Still see huge struggle of people not understanding or having time to do Medicaid paperwork
  - Not having a face to face assistance service office for people is hard – need somewhere to help people fill out forms and apply things
  - Lacking service
3. What do you think are the most important local healthcare issues?
- Mental health is pretty high – we’re trying but it’s hard
  - People lately have talked about higher incidence of cancers
  - Dental care always comes up, that’s pretty impossible to get – unrealistic expectations from the community on this
  - Dental and vision we don’t have locally
  - Optometrist comes every 3 months to see people – it’s something, better than nothing
  - People have to travel a lot for various healthcare
  - Alcohol culture is pretty strong – don’t know how that changes when there are so many bars in town – not a lot of options for little families to get together in other places
4. What other healthcare services are needed in the community?
- Home health
  - Steady hospice
  - Dental & vision
  - More mental health care access – we do have telehealth, but more locally available and easy to access and navigate
  - LCPC is getting crisis training, undersheriff has resource list for that
  - Youth could use better resources and access to mental health; all ages too but <40 is the toughest
  - Lost MSU grant for therapist at the school – not sure how they’re filling that gap right now
5. What would make your community a healthier place to live?
- They’re working on things, working on walking paths, etc
  - Access to healthy foods
  - Cost of things going up – it’s tough
  - More affordable fresh fruits & vegetables & protein
  - Mental health and wellbeing is big part of things
  - I’d like to see us offer more education – will people come? But I’d like to see us try
  - Chip away at it
6. What do you want to see from the hospital in the next 3 years?
- They’re pretty dialed in right now
  - I think they’re doing what they can and they’re doing a good job

- All of our providers are holistically helping our patients and meeting their needs and doing what they can when and where they can
- Have concerns about hospital moving – it changes access when it won't be off of Main Street – hopefully they're keeping access and transportation in mind with the move

#### **Key Informant Interview #4**

##### **Anonymous, via phone**

1. How do you feel about the general health of your community?
  - In comparison to other communities we're probably very similar
  - There is problems with mental health here, that is a tough one to combat
  - We do get people in the community who come form other places and don't have family here – when dementia develops it's hard to find help for them here if they don't have family – getting services they need from this community is difficult on hospital, sheriff, EMTs – try to get them to help in other places
  - People fix what they can in other places and send them back – it's a continuing problem
  - Alzheimer's can be a factor or just mental health
  - We can use help with outreach and teaching people how to eat better, exercise more – pretty blessed that we have in hospital a good PT group that works with seniors – raving reviews about that – gets people back on their feet after surgery
  - We do have a gym (some people are not comfortable exercising at gym though) – could use more education about exercising at home, or how to eat healthier
  - Can't get too much education
  - Don't know much about drug use/misuse in the community; I do know there are more likely more problems there than I'm aware of
  - Overall we do deal with a lot of aging people but the community works hard together (PH, hospital, etc) to provide what we can and share what we know
  - We keep an eye on people from multiple levels
  - Lots of good connections in the community – can't foster too much of that
2. What are your views/opinions about these local services:
  - Hospital/clinic
    - Often people get confused on the paperwork, billing (especially seniors)
    - People are comfortable to call and ask questions – folks at hospital are really good about helping out
    - I hear a lot of people say it's more expensive here so they go to Livingston, Helena, etc.
    - I do 99% of my doctoring here and they've been wonderful with me
    - My co-pays haven't been that crazy that I can't afford them
    - I hear the older folks talk about cost a lot
    - They're really good down here, I've gone here most of my life and I don't' find any fault with the doctors – they're on top of things, do very well

- Hear great things about PT
  - Would like to see more information about how new facility is going
- EMS Services (ER/Ambulance)
  - Super EMTs – they do great
  - Hard on them having to deal with mental health people leaving and getting shipped back
  - Hard on all of us
  - Can't say we need any improvements or changes there – they're great
  - As a community they pull it all together
- Public/County Health Department
  - I deal with them a lot, they're great
  - Sheriff's office does a lot of welfare checks on seniors
  - PH is great for advice about senior care
  - Really good about talking to seniors about vaccines, etc
  - Great resource for everyone in the community
  - They do an awful lot of good things through the schools
- Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
  - Great little nursing home; people can come visit; it's so close – family doesn't have to leave to other communities away from families and friends here
  - There is always room for improvement
  - Exercise class as senior center that's free would be great – need more volunteers
  - Covid changed a lot – craft groups, exercise classes, etc before covid that haven't been able to restart
  - Senior center works really well with adult protective services, with LEPC, with emergency services
  - We work well together as a community – we have had fires and disasters and we work well as a community in the face of those things
- Services for Young Adults/Families
  - We have a preschool during the school year, that's a benefit to the community
  - I don't have kids or grandkids here
  - Not the best judge of this
  - Hear that we needed more daycares, but not sure if they've got enough now
  - We do have a youth center here
- Services for Low-Income Individuals
  - We do have an excellent food bank; senior center stores part of their meat
  - Food bank works well with hospital I think – provide for folks after they leave the hospital
  - Food bank will do home delivery
  - We have HRDC in town – does Leap, Medicare/Medicaid information, INA for other services inclusive of all ages
  - Senior center has commodity supplemental food program for 60+; also meals for free – people in the community donate to provide these

3. What do you think are the most important local healthcare issues?
  - Education is pretty key
  - Any kind of groups to do free exercise classes at senior center
  - Any education about eating healthy is important
  - Mental health
  - Exercise, healthy food education
4. What other healthcare services are needed in the community?
  - Better publicize specialty services – they bring in doctors but need more education and information to the public (shots for hip pain, etc) – newsletter, something in local paper – let people know when specialists come in
  - Transportation is a huge issue for older people to get to out of town appointments
  - Any services (dentist, eye doctor, dermatologist) – would be nice to have available here so people didn't have to travel
  - There are probably a lot of services that the hospital does that I hear about randomly – they could promote a lot more
  - Weight loss groups – everyone wants to eat healthy and lose weight as well – program regarding weight loss, exercise, eating well – hospital has all the professionals
5. What would make your community a healthier place to live?
  - We need a big better walking path – around town would be great so we didn't have to walk on the street
  - Even walking path along the highway – flat ground to walk on
  - Safe place to walk
6. Anything else?
  - The hospital does such a great job; nothing is perfect but they do an exceptional job

**Key Informant Interview #5**  
**Anonymous, via phone**

1. How do you feel about the general health of your community?
  - I feel in general like people seem to be in good health
  - I still think there's a lot of work to do for people to know really and learn about nutrition and taking care of themselves and diet/exercise
  - In general people are relatively healthy
2. What are your views/opinions about these local services:
  - Hospital/clinic
    - I am so grateful for our clinic
    - I have 2 small children and we're in the thick of getting every cold, stomach bug, ear infections

- They've been so good to us, I've been so thankful we have this options right here
- I could not even imagine having to make an appointment 40-80 miles away and having to take an entire day to go get antibiotics for an ear infection
- They make it so easy to call – even the days you can't get an appointment – they'll get you in if they have a free second
- EMS Services (ER/Ambulance)
  - I have not had to use them
  - I'm continually impressed by the fact that they're all volunteers – that's incredible
  - They have to drop what they're doing and go on call – that's crazy
  - It's incredible (also crazy that there aren't people paid to do that)
- Public/County Health Department
  - County health nurse is such a godsend
  - Eva is the coolest lady on the planet, she is incredibly helpful and caring and super easy to talk to, really willing to listen to people and nurture, really smart
  - She's the perfect person for that job
  - I have to deal with her a lot – we've had some scary things and she's handled those so well – "I can trust this person to help me through this scenario"
  - Patient and calm and structured
- Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
  - Don't know about this – don't have aging family in this community
- Services for Young Adults/Families
  - I don't feel like there's a lot
  - Even in terms of childcare in general, we just this spring got another official daycare and that has eased that tension of no childcare available
  - In terms of programming, only programming for kids under 5 or 6 is story time at the library – one hour per week
  - Programming not much, daycare has eased up a little
  - For healthcare, we'll see anyone at the clinic – they're done wonderful work with my children
  - Feel good about taking my kids to the clinic
  - Going to county health nurse for vaccinations – access to that here, but not sure how many people know that – I had to call and find out
  - Was taking kids to Livingston to pediatrician but not there anymore
- Services for Low-Income Individuals
  -

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

- I don't know anything about aging adult services, but we have high population of seniors in this community – they are disproportionally low income
- I don't know who my kids would turn to if they needed reproductive health services – what services are not here – in Bozeman there's Bridger Care but what's here – do you have to drive to Bozeman to get that care

4. What other healthcare services are needed in the community?
  - Senior care and services
  - Nobody around here does in-home care – nobody does that or is willing to come here and do that
  - Pediatric specific care – not even Livingston has pediatrician (many people would go here or Helena, GF, Bozeman, Livingston) – there was a good handful of us who went to Livingston for peds who can't go there any more
5. What would make your community a healthier place to live?
  - I wish we had more of a culture of walking, biking – we barely have sidewalks – accessibility in terms of infrastructure to encourage those activities – what can people do without gym membership – infrastructure to encourage physical activity would bring benefits to people
  - It can be more expensive to go to the clinic here – cost is a factor – if I need blood draws it's \$200 here in town and \$80 in Livingston – there are certain aspects of care that are a lot more expensive here – cost could be better
6. Anything else?
  - Want to emphasize pediatrician thing – it would be super great to have a pediatrician on rotation here, even once a month – someone for people to talk to – I'm going to have to start traveling in the long run if Livingston or WSS won't have a pediatrician, figure something else out

**Key Informant Interview #6**  
**Anonymous, via phone**

1. How do you feel about the general health of your community?
  - General health is not good, thinking of mental health
  - Lots of issues here – always have been – such as unmedicated bipolar, a lot of suicides (higher per capita – we probably drive numbers up in the state)
  - There is now a fitness center in town but people still don't get out and exercise much – financial, weather reasons
2. What are your views/opinions about these local services:
  - Hospital/clinic
    - Clinic is a valuable resource in the community, they do a good job of trying to provide everything the community needs – in that respect we're good
  - EMS Services (ER/Ambulance)
    - Ambulance is a very good service here, we have good EMTs, quick respond time
  - Public/County Health Department

- They are very good to work with – with the school
  - Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
    - I think people try to do a good job of providing those
    - It could be better
    - Senior center itself takes good care of the seniors
    - There’s a lot of shut ins and there’s not the same amount of service available to them
    - We just don’t have some of those services here either
  - Services for Young Adults/Families
    - School system tries to provide it, partner with people in the community
    - Stigma of taking care of things themselves makes things hard
    - Mental health services for kids are hard – parents don’t always get kids the help they need
  - Services for Low-Income Individuals
    - We try to get this done, but could always do better
    - Free & reduced lunch at school
    - Community tries to ensure we get as many services as possible here – commissioners trying to get in additional mental health help here paid for by taxes
- 3. What do you think are the most important local healthcare issues?**
- Primary care – available but needs to be funded continually
  - Mental health – someone is available but they’re within the hospital and that turns people away from getting help – stigma around getting help – find a place off-site for mental health – less stigma if care in schools
- 4. What other healthcare services are needed in the community?**
- In Meagher County dental services would be phenomenal – all our kids have to miss school to go to the dentist – that would be a big help – oral health is so important and affects a lot more
- 5. What would make your community a healthier place to live?**
- Collaborating on ways to get multiple groups together to find solutions for all of these problems
  - More people sitting down at the table together

## Appendix E – Request for Comments

Written comments on this 2025 Community Health Needs Assessment Report can be submitted to Billy Rogers, CEO at Mountainview Medical Center:

Administration  
Mountainview Medical Center  
16 W Main Street  
White Sulphur Springs, Montana 59645

Contact Mountainview Medical Center’s CEO at 406-547-3321 or [brogers@mvmc.org](mailto:brogers@mvmc.org) with questions.

