



2025

COMMUNITY HEALTH NEEDS ASSESSMENT

Sheridan, Montana

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



Office of Rural Health
Area Health
Education Center

Table of Contents

Introduction	4
Health Assessment Process.....	5
Survey Methodology.....	5
Survey Respondent Demographics	8
Survey Results	14
Key Informant Interview Methodology.....	49
Executive Summary.....	52
Prioritization of Health Needs.....	54
Available Community Resources.....	55
Evaluation of Previous CHNA & Implementation Plan.....	56
Appendix A – Steering Committee	61
Appendix B – Public Health & Populations Consultation	62
Appendix C – Madison County Secondary Data.....	64
Appendix D – Survey Cover Letter	70
Appendix E – Survey Instrument.....	71
Appendix F – Cross Tabulation Analysis	78
Appendix G – Responses to Other & Comments	84
Appendix H – Key Informant Interview Questions.....	91
Appendix I – Key Informant Interview Notes	92
Appendix J – Request for Comments	100



INTRODUCTION

Introduction

Ruby Valley Medical Center (RVMC) is a public hospital district, five bed licensed and 2 observation bed, non-profit Critical Access Hospital (CAH) based in Sheridan, Montana. Additionally, RVMC operates two outpatient medical clinics in Sheridan and Twin Bridges. RVMC primarily serves the Ruby Valley, located in western Madison County. The Ruby Valley is nestled between four mountain



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

RVMC is a MT DPHHS designated Level V Trauma receiving facility. In addition to clinic appointments, RVMC offers radiology, laboratory, physical and speech therapy, 24-hour emergency care, a Transitional Care (Swing Bed) Program, and a highly qualified nursing staff.



Mission: Ruby Valley Medical Center is committed to fulfilling the healthcare needs of our community with quality and compassion.

Vision: We will be your trusted medical center, advancing the health of our community through exceptional, personalized, and patient-centered healthcare. We are committed to being the best place to work and the best place to receive care.

Values:

Respect – We hold deep regard for the feelings, wishes, rights and traditions of others.

Valor – We have great courage, strength and integrity in the face of challenge.

Method – We value thoughtful process, disciplined execution, and innovative approaches, while ensuring consistent quality.

Compassion – We are committed to a culture of kindness, empathy and understanding that uplifts individuals and communities.

Ruby Valley 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). Community involvement in steering committee meetings and key informant interviews enhance community engagement in the assessment process.

Over the months of June and July 2025, Ruby Valley Medical Center’s service area was surveyed about its healthcare system. This report shows the results of the survey in both narrative and chart formats. A copy of the survey instrument is included at the end of this report (Appendix E). Readers are invited to familiarize themselves with the survey instrument and the subsequent findings. The narrative report touches on the highlights while the charts present data for virtually every question asked. Please note we are able to compare some of the 2025 survey data with data from previous surveys conducted in partnership with the Montana Office of Rural Health in 2022 and 2019. If any statistical significance exists, it will be reported. The significance level was set at 0.05.

Health Assessment Process

A steering committee was convened to assist Ruby Valley Medical Center in conducting CHSD. A group of community members representing various organizations and populations within the community (ex. public health, elderly, uninsured) came together in April 2025. For a list of all steering committee members and their affiliations, see Appendix A. The Steering Committee met twice during the CHSD process: first to discuss health concerns in the community and offer their perspective on the survey instrument, and again to review results of the CHNA and to assist in the prioritization of health needs.



Survey Methodology

Survey Instrument

In June 2025, surveys were mailed out to the residents in Madison County, Montana. Survey respondents had the ability to complete the survey mailed to them, or via an online survey hosted at Montana State University’s Social Data Collection and Analysis Services (Social Data), previously known as the HELPS Lab, web portal. The survey was based on a design that has been used extensively in the states of Washington, Wyoming, Alaska, Montana, and Idaho. The survey was designed to provide each facility with information from local residents regarding:

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

Sampling

Ruby Valley Medical Center provided a list of aggregated outpatient and inpatient admissions. Those zip codes with the greatest number of admissions were selected to be included in the survey. A random list of 800 residents was then selected with the assistance of MSU Social Data. Residence was stratified in the initial sample selection so that each area would be represented in proportion to the overall served population and the proportion of past admissions. Note: although the survey samples were proportionately selected, actual surveys returned from each population area varied, which may result in slightly less proportional results. See table below for the survey distribution.

Zip Code	Population ¹	Community Name	Total Distribution	# Male	# Female
59749	761	Sheridan	522	261	261
59754	385	Twin Bridges	92	46	46
59759	1080	Whitehall	46	23	23
59710	108	Alder	62	31	31
59751	46	Silver Star	16	8	8
59729	1047	Ennis	16	8	8
59755	242	Virginia City	46	23	23
Total	3669		800	400	400

¹ US Census Bureau - American Community Survey (2023)

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 accessing care in rural and frontier 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 behavioral health indices. The Montana BRFSS (Behavioral Risk Factor Surveillance System), through a cooperative agreement with the Center

for Disease Control and Prevention (CDC), is used to identify regional trends in health-related behaviors. The fact that many health indices for rural and frontier counties are reported regionally makes it impossible to set the target population aside from the five more-developed Montana counties.



Limitations in Survey and Key Informant Interview Methodology

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

Conducting key informant interviews in addition to the random sample survey allows for a more robust sample, and ultimately, these efforts help to increase the community response rate. Partnering with local community organizations such as public health, community health centers, and senior centers 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. It is coded and grouped into common themes. To better understand these themes, please review the detailed notes in Appendix I. MORH staff facilitated interviews for RVMC to ensure impartiality. However, given the small size of the community, participants may still be hesitant to express their opinions freely. Personal identifiers are not included in the notes.

Survey Implementation

In June 2025, a survey, cover letter on Ruby Valley Medical Center's letterhead with the Chief Executive Officer's signature, and a postage paid envelope were mailed to 800 randomly selected residents in the hospital's service area

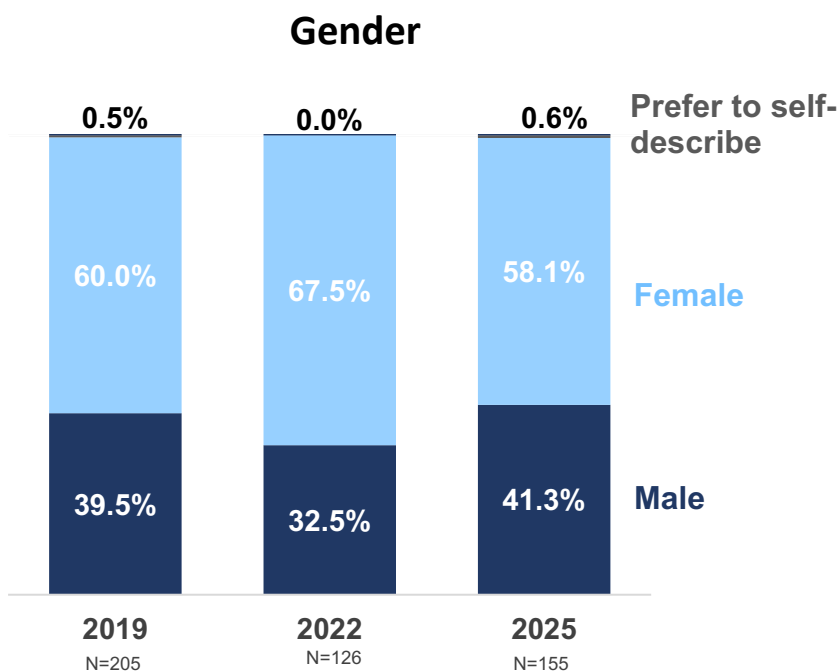
162 surveys were returned out of 800. Of those 800 surveys, 51 surveys were returned undeliverable for a 21.6% response rate. From this point on, the total number of surveys will be out of 749. Based upon the sample size, we can be 95% confident that the responses to the survey questions are representative of the service area population, plus or minus 7.5%.

Survey Respondent Demographics

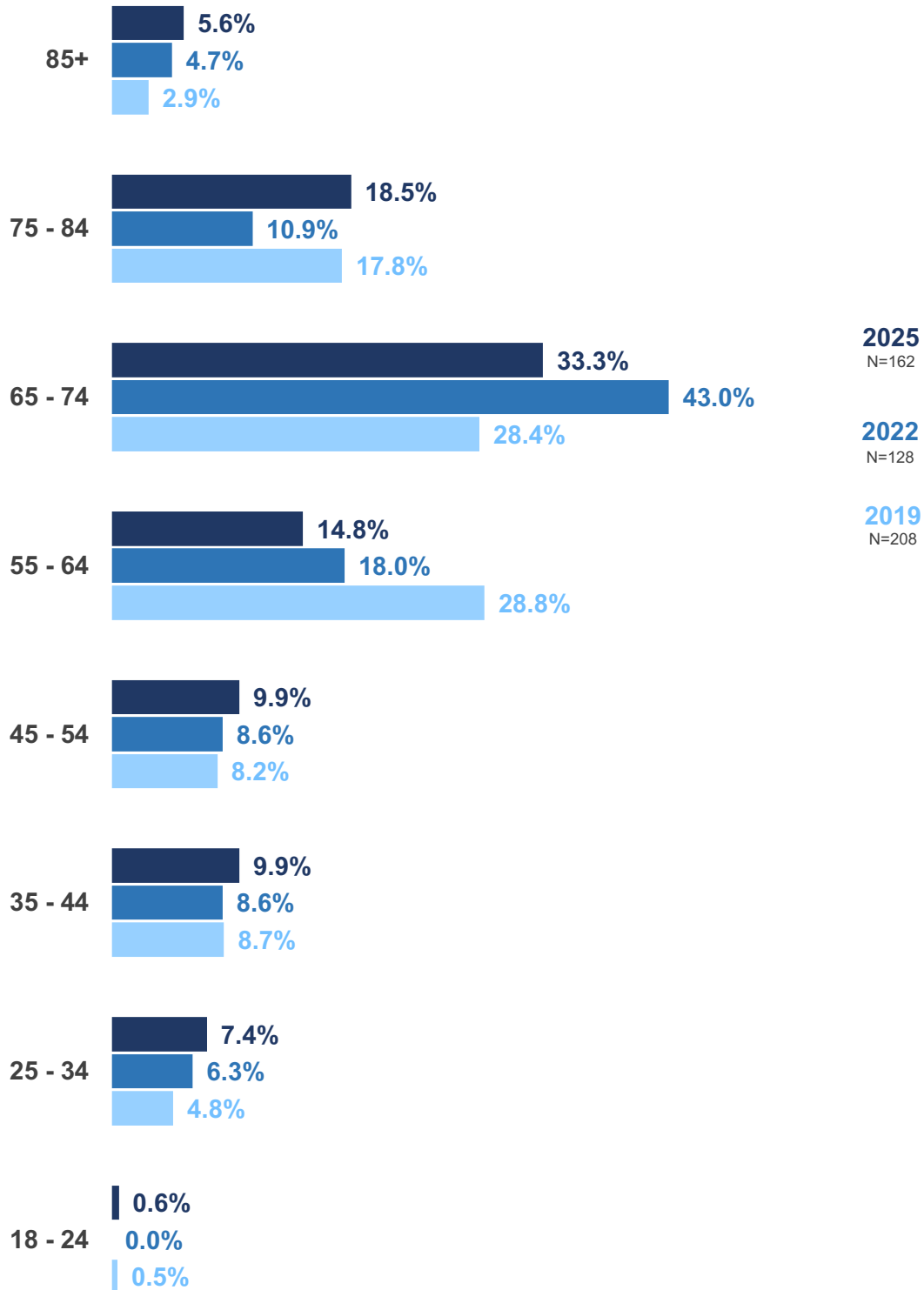
A total of 749 surveys were distributed amongst Ruby Valley Medical Center’s service area. 162 surveys were completed for a 21.6% response rate. The following table and graphs indicate the demographic characteristics of the survey respondents. Information on location, gender, age, and employment is included. Percentages indicated on the tables and graphs are based upon the total number of responses for each individual question, as some respondents did not answer all questions.

Place of Residence	2019 % (n)	2022 % (n)	2025 % (n)
Number of respondents	205	128	160
59749 Sheridan	75.1% (154)	66.4% (85)	68.1% (109)
59754 Twin Bridges	12.2% (25)	14.1% (18)	11.3% (18)
59710 Alder	5.9% (12)	4.7% (6)	7.5% (12)
59755 Virginia City	1.0% (2)	0.8% (1)	5.0% (8)
59759 Whitehall	2.9% (6)	4.7% (6)	5.0% (8)
59751 Silver Star	0.5% (1)	4.7% (6)	2.5% (4)
59729 Ennis	1.0% (2)	3.1% (4)	0.6% (1)
Other	1.0% (2)	0.8% (1)	0.0% (0)

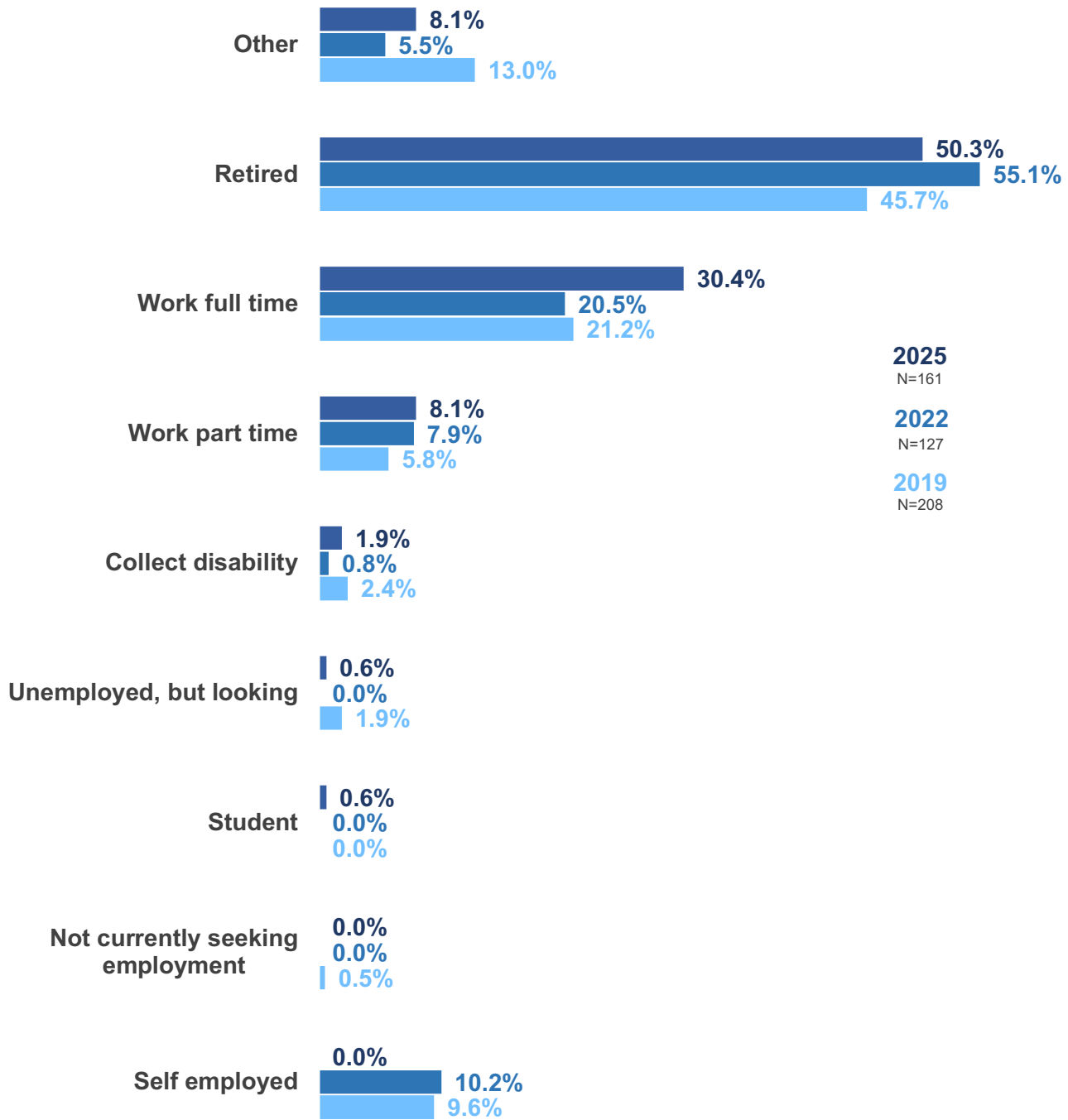
Grayed out cells indicate the question was not asked that year. Note that options that were asked in prior years but removed for the current survey are not included in the table, which means the individual counts, n, may not necessarily add up to the total listed for number of respondents.



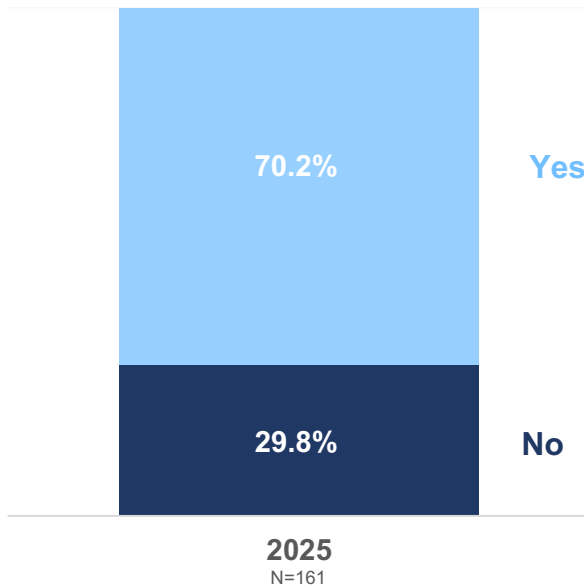
Age



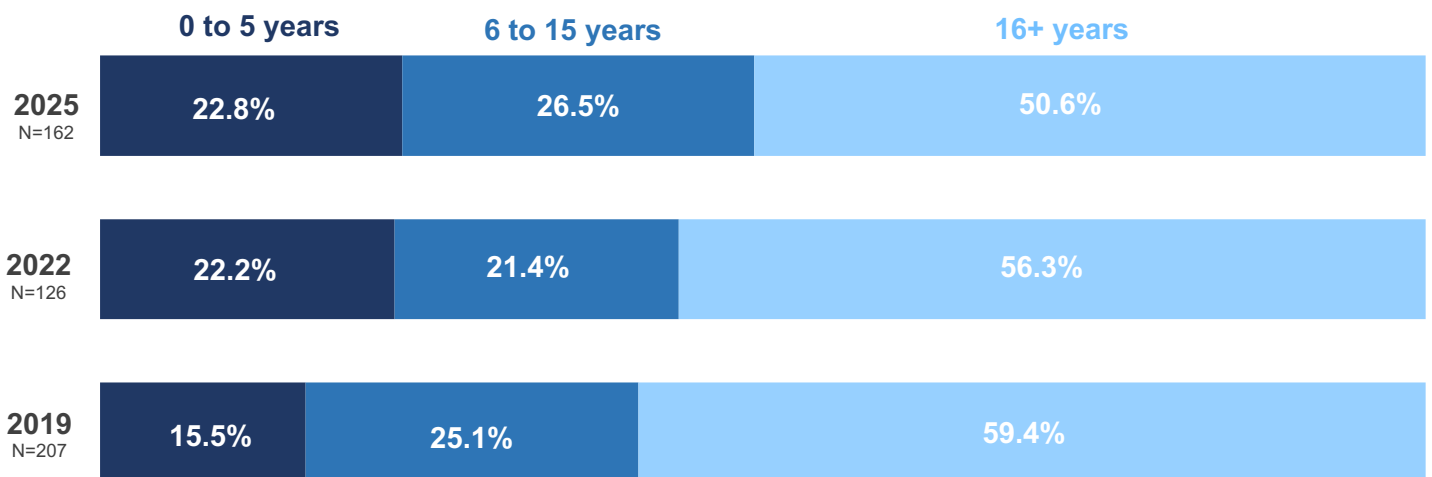
Employment Status



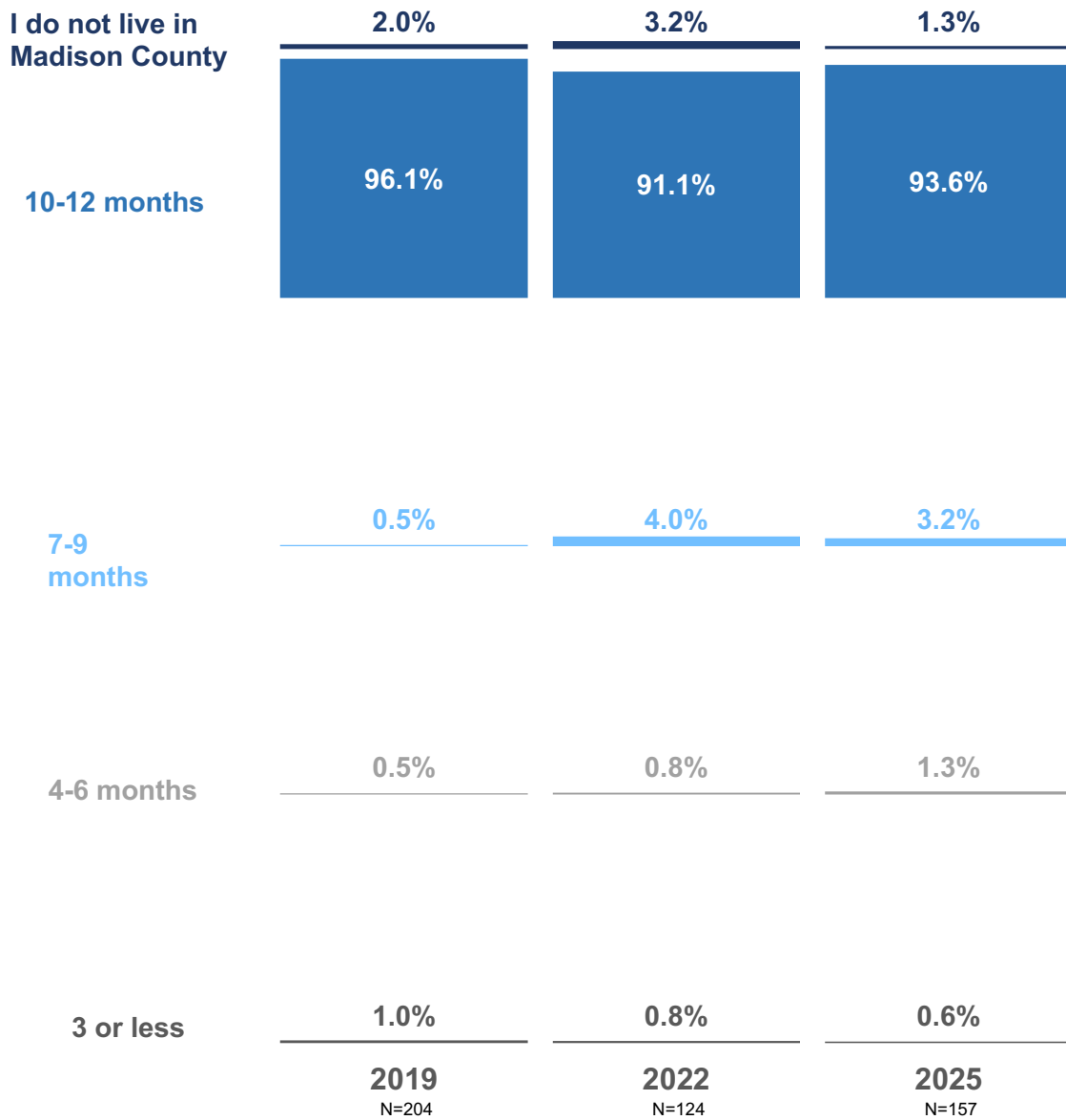
Active Duty – Self or Household



Length of Time in Community



Months Lived in Madison County per Year



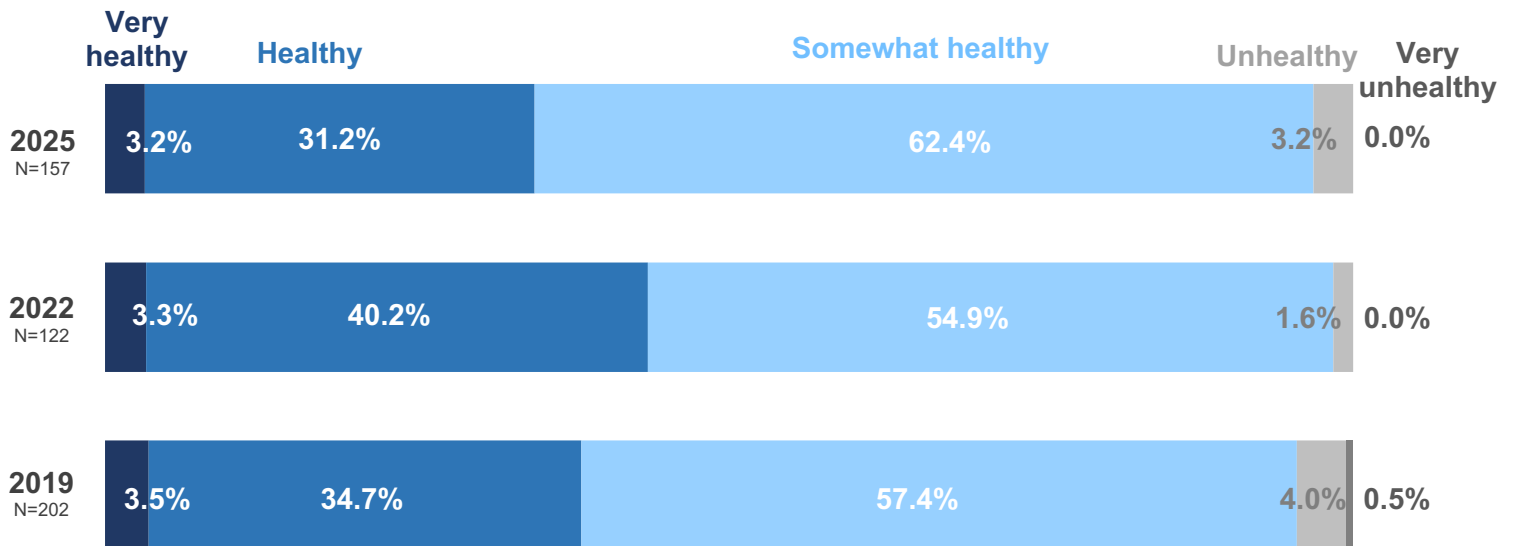


SURVEY RESULTS

Survey Results

Rating of Healthy Community (Question 1)

Respondents were asked to indicate how they would rate the general health of their community. 62.4% of respondents (n=98) rated their community as “Somewhat healthy,” and 31.2% of respondents (n=49) felt their community was “Healthy.” No respondents rated their community “Very unhealthy.”



Over half of survey respondents feel their community is somewhat healthy.

Health Concerns for Community (Question 2)

Respondents were asked what they felt the three most serious health concerns were in their community. The top identified health concern was “Alcohol/substance use” at 57.2% (n=91), followed by “Overweight/obesity” at 32.1% (n=51) and “Cancer” at 28.3% (n=45). Concern over “Mental health issues” decreased significantly since 2022.

Health Concern	2019 % (n)	2022 % (n)	2025 % (n)	SIGNIFICANT CHANGE
Number of respondents	211	126	159	
Alcohol/substance use	58.3% (123)	48.4% (61)	57.2% (91)	<input type="checkbox"/>
Overweight/obesity	24.6% (52)	25.4% (32)	32.1% (51)	<input type="checkbox"/>
Cancer	34.1% (72)	27.8% (35)	28.3% (45)	<input type="checkbox"/>
Mental health issues (depression, anxiety, PTSD, etc.)	35.1% (74)	45.2% (57)	25.2% (40)	<input checked="" type="checkbox"/>
Lack of exercise	19.4% (41)	16.7% (21)	20.1% (32)	<input type="checkbox"/>
Tobacco use (cigarettes/cigars, vaping, smokeless)	17.1% (36)	10.3% (13)	18.2% (29)	<input type="checkbox"/>
Heart disease	20.9% (44)	15.1% (19)	13.8% (22)	<input type="checkbox"/>
Alzheimer’s/dementia	15.6% (33)	15.1% (19)	11.9% (19)	<input type="checkbox"/>
Diabetes	13.3% (28)	12.7% (16)	11.9% (19)	<input type="checkbox"/>
Lack of access to healthcare	10.9% (23)	11.9% (15)	8.8% (14)	<input type="checkbox"/>
Social isolation/loneliness	13.3% (28)	15.1% (19)	8.8% (14)	<input type="checkbox"/>
Work/economic stress		11.9% (15)	8.8% (14)	<input type="checkbox"/>
Wildfire smoke			8.2% (13)	<input type="checkbox"/>
Recreation related accidents/injuries	1.4% (3)	6.3% (8)	6.9% (11)	<input checked="" type="checkbox"/>
Respiratory issues/illness			6.9% (11)	<input type="checkbox"/>
Suicide			6.3% (10)	<input type="checkbox"/>
Motor vehicle accidents	7.1% (15)	5.6% (7)	5.0% (8)	<input type="checkbox"/>
Work related accidents/injuries	2.8% (6)	5.6% (7)	4.4% (7)	<input type="checkbox"/>
Domestic violence	0.9% (2)	2.4% (3)	2.5% (4)	<input type="checkbox"/>
Child abuse/neglect	1.9% (4)	1.6% (2)	1.9% (3)	<input type="checkbox"/>
Lack of dental care	2.8% (6)	1.6% (2)	1.9% (3)	<input type="checkbox"/>
Stroke	2.4% (5)	1.6% (2)	1.9% (3)	<input type="checkbox"/>
Hunger	0.9% (2)	0.8% (1)	0.6% (1)	<input type="checkbox"/>
Trauma/Adverse Childhood Experiences (ACES)			0.6% (1)	<input type="checkbox"/>

Table continued on the next page.

Other	6.6% (14)	6.3% (8)	0.6% (1)	■
-------	-----------	----------	----------	---

A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to pick their top three serious health concerns, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year.

“Other” comments included: “All old age related ailments”

(View all comments in Appendix G)

Components of a Healthy Community (Question 3)

Respondents were asked to identify the three most important things for a healthy community. 39.5% of respondents (n=64) indicated that “Access to healthcare and other services” is most important for a healthy community, followed by “Healthy behaviors and lifestyles” at 35.8% (n=58), and “Affordable housing” at 34.0% (n=55).

Components of a Healthy Community	2019 % (n)	2022 % (n)	2025 % (n)	SIGNIFICANT CHANGE
Number of respondents	211	125	162	
Access to healthcare services	51.2% (108)	50.4% (63)	39.5% (64)	<input type="checkbox"/>
Healthy behaviors and lifestyles	33.2% (70)	24.8% (31)	35.8% (58)	<input type="checkbox"/>
Affordable housing	32.7% (69)	32.8% (41)	34.0% (55)	<input type="checkbox"/>
Good jobs and a healthy economy	51.2% (108)	41.6% (52)	28.4% (46)	■
Access to/ affordability of healthy foods		22.4% (28)	23.5% (38)	<input type="checkbox"/>
Religious or spiritual values	15.2% (32)	14.4% (18)	19.8% (32)	<input type="checkbox"/>
Good schools	23.2% (49)	12.8% (16)	17.3% (28)	<input type="checkbox"/>
Strong family life	23.2% (49)	24.0% (30)	17.3% (28)	<input type="checkbox"/>
Access to mental health services			16.0% (26)	<input type="checkbox"/>
Access to childcare/ after school programs	6.6% (14)	10.4% (13)	14.2% (23)	<input type="checkbox"/>
Low crime/safe neighborhoods	12.3% (26)	24.8% (31)	14.2% (23)	■
Clean environment	11.4% (24)	12.0% (15)	11.1% (18)	<input type="checkbox"/>
Community involvement	6.2% (13)	4.0% (5)	4.9% (8)	<input type="checkbox"/>
Parks and recreation	3.8% (8)	2.4% (3)	4.9% (8)	<input type="checkbox"/>
Tolerance for diversity	4.7% (10)	5.6% (7)	4.3% (7)	<input type="checkbox"/>

Table continued on the next page.

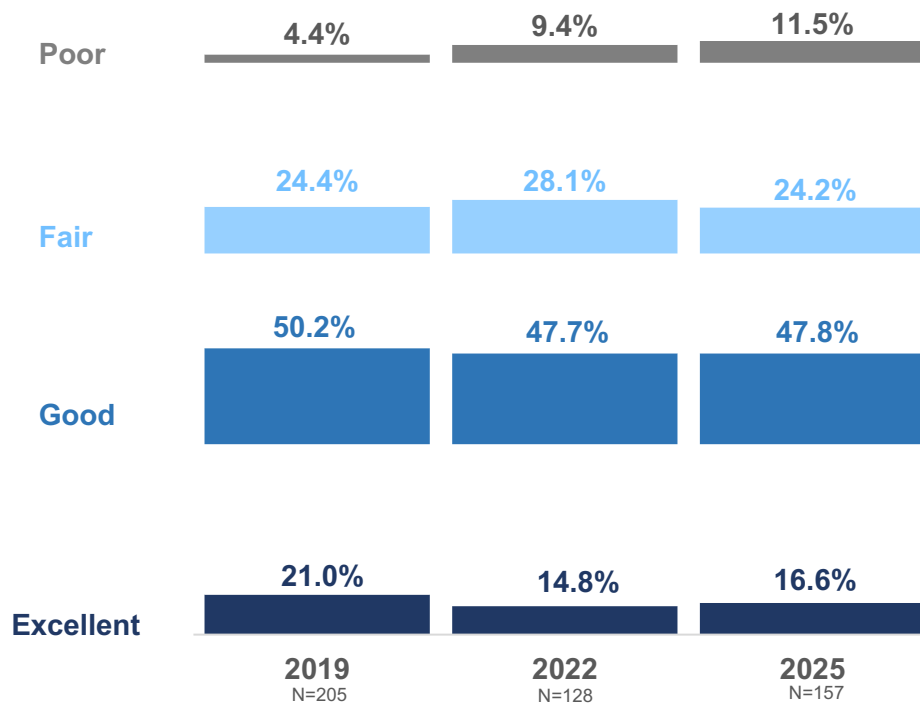
Transportation services	3.3% (7)	3.2% (4)	4.3% (7)	<input type="checkbox"/>
Arts and cultural events	1.9% (4)	0.0% (0)	3.1% (5)	<input type="checkbox"/>
Low death and disease rates	4.3% (9)	4.8% (6)	1.2% (2)	<input type="checkbox"/>
Low level of domestic violence	1.4% (3)	0.0% (0)	1.2% (2)	<input type="checkbox"/>
Other*	3.3% (7)	3.2% (4)	1.2% (2)	<input type="checkbox"/>

A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to pick their top three components of a healthy community, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year. *Respondents (N=1) who selected over the allotted amount were moved to "Other."

(View all comments in Appendix G)

Knowledge of Health Services (Question 4)

Respondents were asked to rate their knowledge of the health services available through Ruby Valley Medical Center. 47.8% of respondents (n=75) rated their knowledge of health services as "Good," 24.2% (n=38) said "Fair," 16.6% (n=26) said "Excellent," and 11.5% of respondents (n=18) said their knowledge was "Poor."



How Respondents Learn of Health Services (Question 5)

When asked how survey respondents learn about health services available in the community, the most frequently indicated methods of learning were “Word of mouth/reputation” at 60.9% (n=98), “Friends/family” at 57.1% (n=92), and “Healthcare provider” at 44.7% (n=72). “Billboards/posters” and “Website/internet” have both seen significant increases since 2022, while “Madisonian/Whitehall Ledger” and “Friends/family” have both decreased.

How Respondents Learn about Community Health Services	2019 % (n)	2022 % (n)	2025 % (n)	SIGNIFICANT CHANGE
Number of respondents	211	124	161	
Word of mouth/reputation	63.5% (134)	60.5% (75)	60.9% (98)	<input type="checkbox"/>
Friends/family	76.3% (161)	61.3% (76)	57.1% (92)	<input checked="" type="checkbox"/>
Healthcare provider	49.3% (104)	46.0% (57)	44.7% (72)	<input type="checkbox"/>
Billboards/posters		2.4% (3)	22.4% (36)	<input checked="" type="checkbox"/>
Website/internet	10.4% (22)	10.5% (13)	21.1% (34)	<input checked="" type="checkbox"/>
Public postings/bulletins	21.8% (46)	19.4% (24)	18.0% (29)	<input type="checkbox"/>
Social media (Facebook)	12.3% (26)	20.2% (25)	17.4% (28)	<input type="checkbox"/>
Madisonian/Whitehall Ledger	29.4% (62)	32.3% (40)	16.8% (27)	<input checked="" type="checkbox"/>
Ruby Valley Nugget	12.8% (27)	13.7% (17)	14.3% (23)	<input type="checkbox"/>
Mailings/newsletter	18.5% (39)	21.0% (26)	11.2% (18)	<input type="checkbox"/>
Public health nurse	5.7% (12)	7.3% (9)	5.6% (9)	<input type="checkbox"/>
Radio	5.7% (12)	4.0% (5)	3.1% (5)	<input type="checkbox"/>
Presentations	2.4% (5)	1.6% (2)	0.0% (0)	<input type="checkbox"/>
Other	5.2% (11)	10.5% (13)	4.3% (7)	<input type="checkbox"/>

A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to indicate all methods of receiving information, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year.

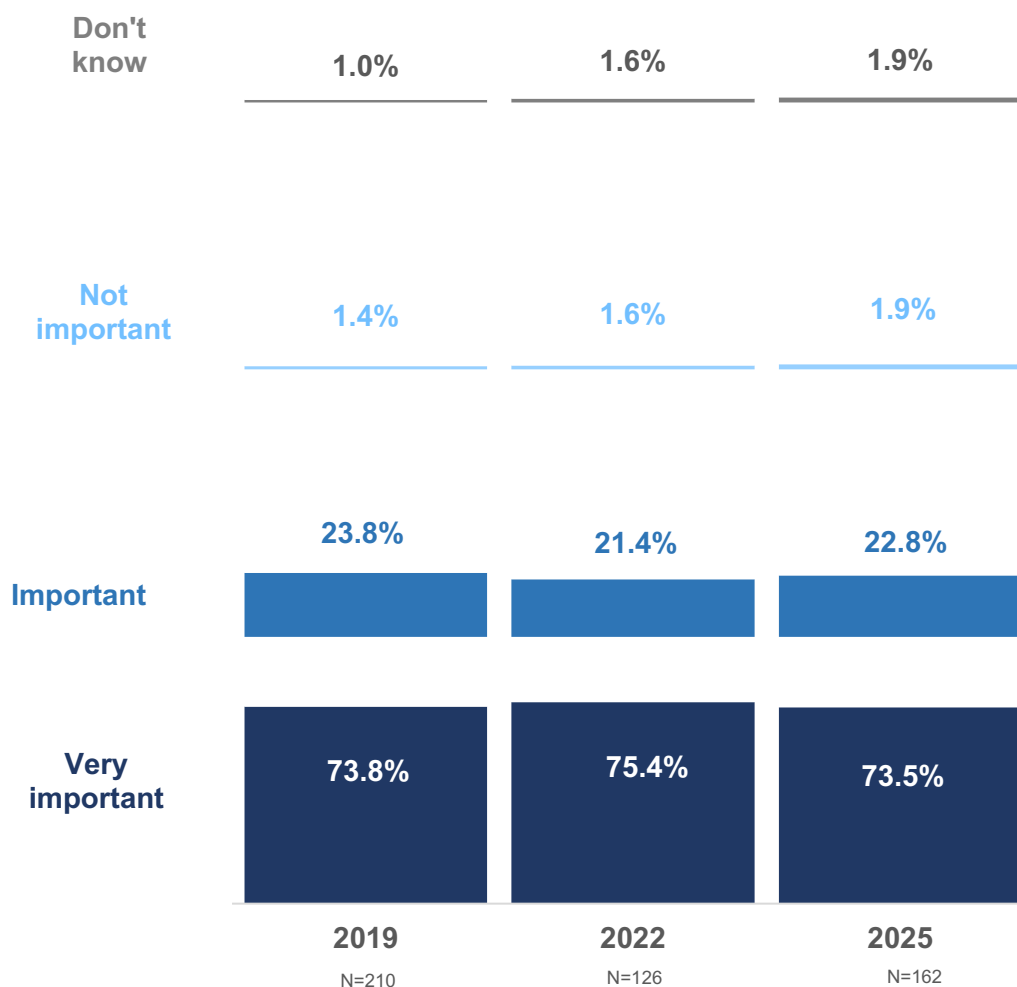
“Other” comments included: “Facebook,” “Went to an ‘open door’ event at RVMC”

(View all comments in Appendix G)

View a cross tabulation of how respondents learn with how they rate their knowledge on p. 80

Economic Importance of Healthcare (Question 6)

The majority of respondents (73.5%, n=119) indicated that local healthcare providers and services (i.e., hospitals, clinics, nursing homes, assisted living, etc.) are “Very important” to the economic well-being of the area. 22.8% of respondents (n=37) indicated they are “Important,” and 1.9% (n=3, each) respondents felt they are “Not important” or didn’t know.



Utilized Community Health Resources (Question 7)

Respondents were asked which community health resources, other Ruby Valley Medical Center, they had used in the last three years. “Pharmacy” was the most frequently utilized community health resource cited by respondents at 78.1% (n=121), then the “Dentist” by 70.3% (n=109). Many community health resources saw increases in use between 2022-2025.

Use of Community Health Resources	2019 % (n)	2022 % (n)	2025 % (n)	SIGNIFICANT CHANGE
Number of respondents	211	122	155	
Pharmacy	83.4% (176)	86.9% (106)	78.1% (121)	<input type="checkbox"/>
Dentist	61.1% (129)	68.0% (83)	70.3% (109)	<input type="checkbox"/>
Senior Center	13.7% (29)	21.3% (26)	25.2% (39)	<input checked="" type="checkbox"/>
Fitness center/classes	7.6% (16)	11.5% (14)	16.8% (26)	<input checked="" type="checkbox"/>
Public Health	6.6% (14)	8.2% (10)	13.5% (21)	<input type="checkbox"/>
EMS/ambulance	13.3% (28)	9.0% (11)	11.6% (18)	<input type="checkbox"/>
Mental health	4.3% (9)	0.8% (1)	8.4% (13)	<input checked="" type="checkbox"/>
Grief support group	0.0% (0)	1.6% (2)	4.5% (7)	<input checked="" type="checkbox"/>
Food banks	3.3% (7)	6.6% (8)	3.2% (5)	<input type="checkbox"/>
Home care services	2.8% (6)	8.2% (10)	2.6% (4)	<input checked="" type="checkbox"/>
Meals on Wheels	7.1% (15)	6.6% (8)	1.9% (3)	<input type="checkbox"/>
Care giver support group			0.6% (1)	<input type="checkbox"/>
Senior Companion Program	4.7% (10)	3.3% (4)	0.6% (1)	<input type="checkbox"/>
Other	6.2% (13)	4.1% (5)	5.8% (9)	<input type="checkbox"/>

A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to select all community health resources used, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year.

“Other” comments included: None (3), Physical therapy (2), “Swimming pool fitness class”

(View all comments in Appendix G)

Improve Community’s Access to Healthcare (Question 8)

Respondents were asked to indicate what they felt would improve their community’s access to healthcare. Respondents reported that “More information about available services” (44.2%, n=68) would make the greatest improvement, then “More specialists” (41.6%, n=64) and “Improved access to health insurance” (36.4%, n=56).

What Would Improve Community Access to Healthcare	2019 % (n)	2022 % (n)	2025 % (n)	SIGNIFICANT CHANGE
Number of respondents	211	123	154	
More information about available services	39.3% (83)	40.7% (50)	44.2% (68)	<input type="checkbox"/>
More specialists	44.5% (94)	42.3% (52)	41.6% (64)	<input type="checkbox"/>
Improved access to health insurance	39.8% (84)	35.0% (43)	36.4% (56)	<input type="checkbox"/>
Payment assistance programs (healthcare expenses)		23.5% (24)	33.1% (51)	<input type="checkbox"/>
More primary care providers	35.5% (75)	48.8% (60)	31.8% (49)	<input checked="" type="checkbox"/>
Health Navigator (i.e., assistance signing up for insurance, Medicare, or Medicaid)			27.9% (43)	<input type="checkbox"/>
More mental health providers			23.4% (36)	<input type="checkbox"/>
Transportation assistance	20.9% (44)	15.4% (19)	20.1% (31)	<input type="checkbox"/>
Greater health education services	17.5% (37)	23.6% (29)	18.8% (29)	<input type="checkbox"/>
Improved quality of care	25.6% (54)	31.7% (39)	18.2% (28)	<input checked="" type="checkbox"/>
Veteran’s advocate		16.3% (20)	16.9% (26)	<input type="checkbox"/>
Telemedicine	10.0% (21)	22.8% (28)	13.6% (21)	<input checked="" type="checkbox"/>
Outpatient services expanded hours	13.7% (29)	13.0% (16)	11.7% (18)	<input type="checkbox"/>
Interpreter services/cultural sensitivity			1.9% (3)	<input type="checkbox"/>
Other	11.4% (24)	8.1% (10)	9.7% (15)	<input type="checkbox"/>

A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to select any items that would improve community access to healthcare, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year.

“Other” comments included: Affordability (6), In-home services (2)

(View all comments in Appendix G)

Interest in Educational Classes/Programs (Question 9)

Respondents were asked if they would be interested in any educational classes/programs made available to the community. The most frequently selected class/program was “Fitness” at 42.2% (n=57). Interest in “Health and wellness” followed with 37.8% (n=51), while 34.8% of respondents (n=47) were interested in “First aid/CPR.”

Interest in Classes or Programs	2019 % (n)	2022 % (n)	2025 % (n)
Number of respondents	211	107	135
Fitness	39.3% (83)	38.3% (41)	42.2% (57)
Health and wellness	38.9% (82)	42.1% (45)	37.8% (51)
First aid/CPR	21.3% (45)	20.6% (22)	34.8% (47)
Nutrition	22.7% (48)	29.0% (31)	30.4% (41)
Women’s health	28.0% (59)	26.2% (28)	30.4% (41)
Living will	17.1% (36)	23.4% (25)	27.4% (37)
Weight loss	31.8% (67)	29.9% (32)	25.9% (35)
Power of Attorney			21.5% (29)
Men’s health	11.8% (25)	18.7% (20)	17.8% (24)
Mental health	11.4% (24)	15.0% (16)	17.8% (24)
Alzheimer’s/dementia	15.6% (33)	9.3% (10)	16.3% (22)
Diabetes/diabetes prevention	18.0% (38)	25.2% (27)	16.3% (22)
Personal finance			11.9% (16)
Heart disease	12.3% (26)	13.1% (14)	11.1% (15)
Cancer	10.4% (22)	15.9% (17)	8.9% (12)
Support groups	7.6% (16)	2.8% (3)	7.4% (10)
Grief counseling	4.7% (10)	7.5% (8)	5.9% (8)
Alcohol/substance use	5.2% (11)	0.9% (1)	3.7% (5)
Smoking/tobacco cessation	6.6% (14)	1.9% (2)	3.7% (5)
Lactation/breastfeeding support			3.0% (4)
Prenatal	1.9% (4)	3.7% (4)	3.0% (4)
Other	3.8% (8)	10.3% (11)	4.4% (6)

A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to pick all classes or programs that are of interest, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year.

“Other” comments included: None, “Retirement class,” “Pain control,” “Integrative medicine”

(View all comments in Appendix G)

Desired Local Services (Question 10)

Respondents were asked to indicate which additional services they would utilize if available locally. Respondents indicated the most interest in “Dermatology” at 45.0% (n=63), followed by an “Ophthalmologist (eye)” at 37.9% (n=53) and “Mammography” at 29.3% (n=41).

Desired Health Services	2019 % (n)	2022 % (n)	2025 % (n)
Number of respondents	211	95	140
Dermatology			45.0% (63)
Ophthalmologist (eye)	35.5% (75)	52.6% (50)	37.9% (53)
Mammography			29.3% (41)
Bone density scan (DEXA)	22.3% (47)	26.3% (25)	23.6% (33)
Naturopathy	14.7% (31)	26.3% (25)	22.9% (32)
OB/GYN	13.3% (28)	17.9% (17)	22.1% (31)
Urologist			19.3% (27)
Audiology	15.2% (32)	18.9% (18)	18.6% (26)
Cardiology			18.6% (26)
Mental/behavioral health/counseling	11.8% (25)	7.4% (7)	16.4% (23)
Outpatient surgery	15.2% (32)	22.1% (21)	15.7% (22)
Podiatry			15.0% (21)
General surgeon			12.9% (18)
Cancer care	9.0% (19)	10.5% (10)	10.0% (14)
Pediatrician	5.2% (11)	8.4% (8)	8.6% (12)

Table continued on the next page.

Psychiatrist	6.6% (14)	3.2% (3)	5.0% (7)
Medication management	5.7% (12)	5.3% (5)	2.9% (4)
Addiction counseling/services		1.1% (1)	1.4% (2)
Other	4.3% (9)	10.5% (10)	3.6% (5)

A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents could select any of the local services listed, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year.

“Other” comments included: Optometrist (2), Podiatrist, Gastroenterology, Neurologist

(View all comments in Appendix G)

Utilization of Preventive Services (Question 11)

Respondents were asked if they had utilized any of the preventive services listed in the past year. “Dental check” was utilized by 68.6% of respondents (n=109), “Health checkup” by 62.3% (n=99), and “Blood pressure check” by 59.7% (n=95). Survey respondents could select all services that applied.

Use of Preventive Services	2019 % (n)	2022 % (n)	2025 % (n)	SIGNIFICANT CHANGE
Number of respondents	211	125	159	
Dental check	62.1% (131)	64.8% (81)	68.6% (109)	<input type="checkbox"/>
Health checkup	54.0% (114)	65.6% (82)	62.3% (99)	<input type="checkbox"/>
Blood pressure check	50.2% (106)	51.2% (64)	59.7% (95)	<input type="checkbox"/>
Cholesterol check	41.7% (88)	45.6% (57)	46.5% (74)	<input type="checkbox"/>
Flu shot/immunizations	57.8% (122)	60.8% (76)	44.7% (71)	<input checked="" type="checkbox"/>
Vision check	47.4% (100)	52.0% (65)	42.8% (68)	<input type="checkbox"/>
Skin check			28.9% (46)	<input type="checkbox"/>
Mammography	26.5% (56)	34.4% (43)	27.7% (44)	<input type="checkbox"/>
Prostate (PSA)	17.1% (36)	19.2% (24)	22.6% (36)	<input type="checkbox"/>
Weight/BMI check			21.4% (34)	<input type="checkbox"/>

Table continued on the next page.

Colonoscopy	18.5% (39)	13.6% (17)	20.1% (32)	<input type="checkbox"/>
Hearing check	16.6% (35)	8.0% (10)	17.6% (28)	<input checked="" type="checkbox"/>
Pap test	10.0% (21)	11.2% (14)	14.5% (23)	<input type="checkbox"/>
Children’s checkup/Well baby	6.2% (13)	14.4% (18)	12.6% (20)	<input checked="" type="checkbox"/>
Health fair			10.7% (17)	<input type="checkbox"/>
Mental health counseling	3.8% (8)	4.0% (5)	8.8% (14)	<input type="checkbox"/>
None	6.6% (14)	4.0% (5)	2.5% (4)	<input type="checkbox"/>
Other	5.2% (11)	4.8% (6)	3.1% (5)	<input type="checkbox"/>

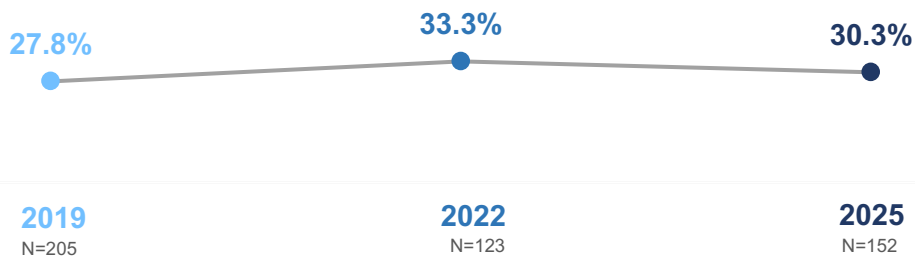
A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents could select any of the preventive services listed, so percentages don’t 100%. Grayed out cells indicate the question was not asked that year.

“Other” comments included: “Physical therapy,” “ER,” “GI checkup w/ specialist”

(View all comments in Appendix G)

Delay of Services (Question 12)

30.3% of respondents (n=46) reported that they or a member of their household thought they needed healthcare services but did not get them or had to delay getting them. 69.7% of respondents (n=106) felt they were able to get the healthcare services they needed without delay.



Reason for Not Receiving/Delaying Needed Services (Question 13)

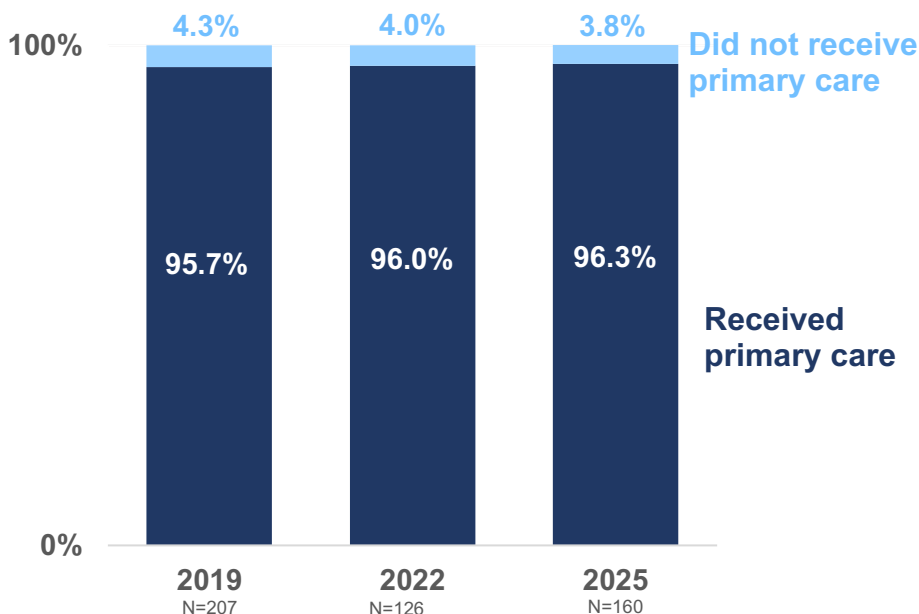
45 of the 46 survey respondents who indicated they delayed or did not receive services shared their top three reasons. The reason most cited was that “It cost too much” (44.4%, n=20), followed by “My insurance didn’t cover it” and “Services were not available locally” (37.8%, n=17 each).

Reasons for Delay in Receiving Needed Healthcare	2019 % (n)	2022 % (n)	2025 % (n)	SIGNIFICANT CHANGE
Number of respondents	57	38	45	
It cost too much	33.3% (19)	26.3% (10)	44.4% (20)	<input type="checkbox"/>
My insurance didn’t cover it	24.6% (14)	15.8% (6)	37.8% (17)	<input type="checkbox"/>
Services were not available locally	31.6% (18)	28.9% (11)	37.8% (17)	<input type="checkbox"/>
It was too far to go	15.8% (9)	15.8% (6)	15.6% (7)	<input type="checkbox"/>
Qualified provider not available			15.6% (7)	<input type="checkbox"/>
Don’t like doctors/PAs	24.6% (14)	15.8% (6)	11.1% (5)	<input type="checkbox"/>
Too long to wait for an appointment	12.3% (7)	23.7% (9)	11.1% (5)	<input type="checkbox"/>
Could not get an appointment	3.5% (2)	34.2% (13)	8.9% (4)	<input checked="" type="checkbox"/>
Could not get off work	8.8% (5)	2.6% (1)	6.7% (3)	<input type="checkbox"/>
No insurance	12.3% (7)	7.9% (3)	6.7% (3)	<input type="checkbox"/>
Didn’t know where to go	12.3% (7)	10.5% (4)	4.4% (2)	<input type="checkbox"/>
Office wasn’t open when I could go	5.3% (3)	5.3% (2)	4.4% (2)	<input type="checkbox"/>
Too nervous or afraid	5.3% (3)	5.3% (2)	4.4% (2)	<input type="checkbox"/>
Transportation problems	0.0% (0)	2.6% (1)	4.4% (2)	<input type="checkbox"/>
Don’t understand healthcare system		0.0% (0)	2.2% (1)	<input type="checkbox"/>
Not treated with respect	7.0% (4)	5.3% (2)	2.2% (1)	<input type="checkbox"/>
Privacy/confidentiality	5.3% (3)	5.3% (2)	2.2% (1)	<input type="checkbox"/>
Unsure if services were available			2.2% (1)	<input type="checkbox"/>
Had no childcare	1.8% (1)	2.6% (1)	0.0% (0)	<input type="checkbox"/>
Language barrier	0.0% (0)	0.0% (0)	0.0% (0)	<input type="checkbox"/>
Other	14.0% (8)	15.8% (6)	11.1% (5)	<input type="checkbox"/>

A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to indicate the top three reasons for delay in seeking healthcare, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year.

Primary Care Services (Question 14)

96.3% of respondents (n=154) 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. 3.8% of respondents (n=6) indicated they had not received primary care.



Location of Primary Care Services (Question 15)

All respondents who indicated receiving primary care services in the previous three years shared the location where they received services. Most respondents (46.1%, n=71) reported receiving care in “Sheridan/Twin Bridges,” and 21.4% of respondents (n=33) received care in Dillon. 21 respondents were moved to “other” due to selecting more than one primary care provider location.

Location of Primary Care Provider	2019 % (n)	2022 % (n)	2025 % (n)
Number of respondents	197	120	154
Sheridan/Twin Bridges	46.7% (92)	42.5% (51)	46.1% (71)
Dillon	22.8% (45)	27.5% (33)	21.4% (33)
Butte	1.0% (2)	3.3% (4)	5.2% (8)
Ennis	1.5% (3)	3.3% (4)	5.2% (8)

Table continued on the next page.

Bozeman	8.6% (17)	8.3% (10)	3.9% (6)
Whitehall			3.2% (5)
VA	1.5% (3)	2.5% (3)	0.0% (0)
Other*	17.8% (35)	12.5% (15)	14.9% (23)

Grayed out cells indicate the question was not asked that year. Note that options that were asked in prior years but removed for the current survey are not included in the table, which means the individual counts, n, may not add up to the total number of respondents.*Respondents (N=21) who selected over the allotted amount were moved to “Other,” with the top responses being Butte (13), Bozeman (12), and Sheridan/Twin Bridges (10).

“Other” comments included: “Providence Portland,” “Missoula,” “Arizona”

(View all comments in Appendix G)

View a cross tabulation of where respondents live with where they utilize primary care services on p. 82

Reasons for Primary Care Provider Selection (Question 16)

153 of the 154 respondents who indicated they or someone in their household had been seen by a primary care provider within the past three years shared why they chose that primary care provider. “Closest to home” was the most frequently selected reason at 51.0% (n=78), followed by “Established relationship” at 44.4% (n=68) and “Clinic/provider’s reputation for quality” at 36.6% (n=56).

Reasons for Selecting Primary Care Provider	2019 % (n)	2022 % (n)	2025 % (n)	SIGNIFICANT CHANGE
Number of respondents	198	120	153	
Closest to home	50.5% (100)	49.2% (59)	51.0% (78)	<input type="checkbox"/>
Established care/relationship			44.4% (68)	<input type="checkbox"/>
Clinic/provider’s reputation for quality	38.9% (77)	41.7% (50)	36.6% (56)	<input type="checkbox"/>
Prior experience with clinic	42.4% (84)	40.8% (49)	28.8% (44)	<input checked="" type="checkbox"/>
Appointment availability	28.3% (56)	29.2% (35)	25.5% (39)	<input type="checkbox"/>
Recommended by family or friends	18.2% (36)	22.5% (27)	15.0% (23)	<input type="checkbox"/>

Table continued on the next page.

Prefer to see a doctor (MD/DO)	17.2% (34)	17.5% (21)	10.5% (16)	<input type="checkbox"/>
Referred by physician or other provider	13.1% (26)	10.8% (13)	10.5% (16)	<input type="checkbox"/>
Privacy/confidentiality		10.0% (12)	8.5% (13)	<input type="checkbox"/>
Cost of care	7.1% (14)	6.7% (8)	6.5% (10)	<input type="checkbox"/>
VA/Military requirement	5.1% (10)	7.5% (9)	5.9% (9)	<input type="checkbox"/>
Length of waiting room time	7.1% (14)	6.7% (8)	3.9% (6)	<input type="checkbox"/>
Required by insurance plan	5.1% (10)	4.2% (5)	3.3% (5)	<input type="checkbox"/>
Indian Health Services	0.0% (0)	0.0% (0)	0.0% (0)	<input type="checkbox"/>
Other	10.6% (21)	9.2% (11)	3.9% (6)	<input type="checkbox"/>

A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to pick the reasons for selection of their primary care provider, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year.

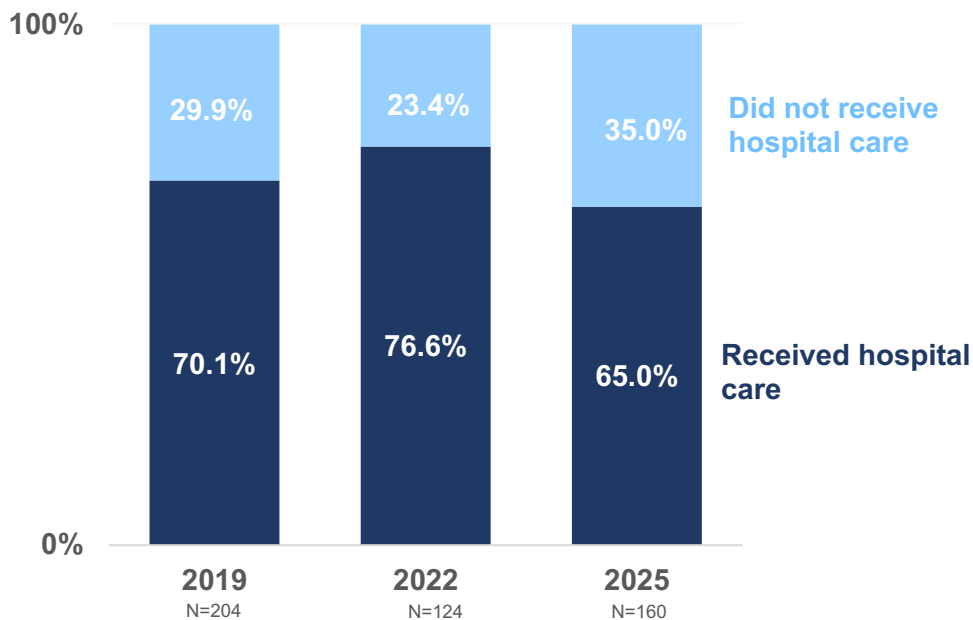
“Other” comments included: “Accepted my insurance,” “Quality of care”

(View all comments in Appendix G)

View a cross tabulation of where respondents utilize primary care services with their reasons for selecting their provider on p. 83

Hospital Care Services (Question 17)

Respondents were asked if they or someone in their household had received hospital care in the last three years. Hospitalization was quantified as hospitalized overnight, day surgery, obstetrical care, rehabilitation, radiology, or emergency care. 65.0% of respondents (n=104) reported that they or a member of their family had received hospital care during the previous three years, and 35.0% (n=56) had not received hospital services.



Location of Hospital Services (Question 18)

Of the survey respondents who indicated receiving hospital care in the last three years (n=104), 34.6% (n=36) used “Ruby Valley Medical Center – Sheridan” most often. 19.2% of respondents (n=20) received care at “Barrett Hospital – Dillon” and 17.3% (n=18) at “Bozeman Health – Bozeman.”

Hospital Used Most Often	2019 % (n)	2022 % (n)	2025 % (n)
Number of respondents	142	95	104
Ruby Valley Medical Center - Sheridan	29.6% (42)	25.3% (24)	34.6% (36)
Barrett Hospital - Dillon	24.6% (35)	26.3% (25)	19.2% (20)
Bozeman Health - Bozeman	19.0% (27)	13.7% (13)	17.3% (18)

Table continued on the next page.

St. James/ Intermountain Healthcare - Butte	3.5% (5)	9.5% (9)	5.8% (6)
Madison Valley Medical Center - Ennis	0.7% (1)	3.2% (3)	2.9% (3)
Billings			1.0% (1)
VA Hospital	0.7% (1)	1.1% (1)	1.0% (1)
Other*	21.8% (31)	21.1% (20)	18.3% (19)

Grayed out cells indicate the question was not asked that year. Note that options that were asked in prior years but removed for the current survey are not included in the table, which means the individual counts, n, may not add up to the total number of respondents. *Respondents (N=13) who selected over the allotted amount were moved to “Other,” with the top responses being Bozeman Health (9), Ruby Valley Medical Center (7), and Barrett Hospital (5).

“Other” comments included: “St. Patrick’s – Missoula” (2), Missoula Bone + Joint, Mayo

(View all comments in Appendix G)

View a cross tabulation of where respondents live with where they utilize hospital services on p. 84

Reasons for Hospital Selection (Question 19)

Of the survey respondents who indicated receiving hospital care in the last three years (n=104), most chose that hospital because of “Prior experience with hospital” (51.9%, n=54). The next reason was “Closest to home” at 51.0% (n=53).

Reasons for Selecting Hospital	2019 % (n)	2022 % (n)	2025 % (n)	SIGNIFICANT CHANGE
Number of respondents	143	95	104	
Prior experience with hospital	46.9% (67)	41.1% (39)	51.9% (54)	<input type="checkbox"/>
Closest to home	43.4% (62)	41.1% (39)	51.0% (53)	<input type="checkbox"/>
Emergency, no choice	21.0% (30)	23.2% (22)	30.8% (32)	<input type="checkbox"/>
Hospital’s reputation for quality	42.7% (61)	33.7% (32)	27.9% (29)	<input type="checkbox"/>
Referred by provider	42.0% (60)	34.7% (33)	26.9% (28)	<input checked="" type="checkbox"/>

Table continued on the next page.

Privacy/confidentiality		4.2% (4)	4.7% (5)	<input type="checkbox"/>
VA/Military requirement	2.1% (3)	6.3% (6)	3.8% (4)	<input type="checkbox"/>
Recommended by family or friends	17.5% (25)	14.7% (14)	2.9% (3)	<input checked="" type="checkbox"/>
Closest to work	0.7% (1)	2.1% (2)	1.9% (2)	<input type="checkbox"/>
Cost of care	2.8% (4)	5.3% (5)	1.9% (2)	<input type="checkbox"/>
Financial assistance programs	2.8% (4)	2.1% (2)	1.9% (2)	<input type="checkbox"/>
Required by insurance plan	2.1% (3)	4.2% (4)	1.9% (2)	<input type="checkbox"/>
Other*	14.0% (20)	18.9% (18)	11.5% (12)	<input type="checkbox"/>

A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to pick their top three reasons for selecting a hospital, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year. *Respondents (N=1) who selected over the allotted amount were moved to "Other."

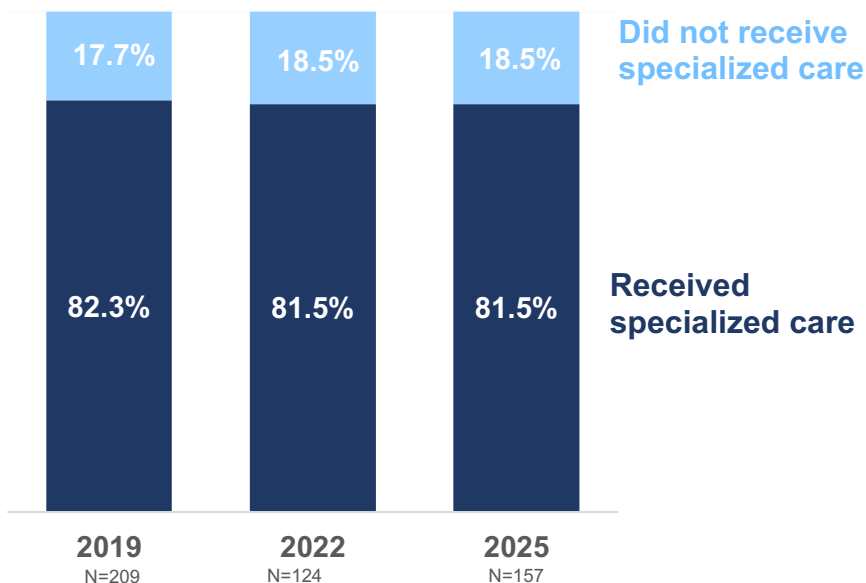
"Other" comments included: "Access to scans," "Had an orthopedic doctor," "Variety of services"

(View all comments in Appendix G)

View a cross tabulation of where respondents utilize hospital services with their reasons for selecting that facility p. 85

Specialty Care Services (Question 20)

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. 81.5% of the respondents (n=128) indicated they or a household member had seen a healthcare specialist during the past three years, while 18.5% (n=29) indicated they had not.



Location of Healthcare Specialists (Question 21)

127 of the 128 survey respondents who indicated that they or someone in their household had seen a healthcare specialist in the last three years shared where they received services. The majority (45.7%, n=58) sought specialty care at “Bozeman Health – Bozeman.” 37.8% of respondents (n=48) utilized specialty services at “Barrett Hospital – Dillon.” Respondents could select more than one location, so percentages do not equal 100%.

Location of Specialist	2019 % (n)	2022 % (n)	2025 % (n)	SIGNIFICANT CHANGE
Number of respondents	172	100	127	
Bozeman Health - Bozeman	51.7% (89)	37.0% (37)	45.7% (58)	<input type="checkbox"/>
Barrett Hospital - Dillon	41.3% (71)	33.0% (33)	37.8% (48)	<input type="checkbox"/>
Ruby Valley Medical Center - Sheridan	15.1% (26)	19.0% (19)	25.2% (32)	<input type="checkbox"/>

Table continued on the next page.

St. James/ Intermountain Healthcare - Butte Billings Clinic - Bozeman	20.3% (35)	20.0% (20)	21.3% (27)	<input type="checkbox"/>
Madison Valley Medical Center - Ennis	4.1% (7)	2.0% (2)	5.5% (7)	<input type="checkbox"/>
VA Hospital	6.4% (11)	4.0% (4)	4.7% (6)	<input type="checkbox"/>
Billings			2.4% (3)	<input type="checkbox"/>
Logan Health - Kalispell			0.8% (1)	<input type="checkbox"/>
Other	37.8% (65)	38.0% (38)	34.6% (44)	<input type="checkbox"/>

A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to indicate the location of any specialist seen in the past three years, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year.

“Other” comments included: Butte (2), Missoula (2), St. Patrick’s Missoula (2)

(View all comments in Appendix G)

Type of Healthcare Specialist Seen (Question 22)

The most frequently utilized specialist was the “Dermatologist” at 34.4% (n=44), followed by “Orthopedic surgeon” at 32.0% (n=41) and “Dentist” at 24.2% (n=31). Respondents were asked to choose all that apply, so percentages do not equal 100%.

Type of Specialists Seen	2019 % (n)	2022 % (n)	2025 % (n)	SIGNIFICANT CHANGE
Number of respondents	172	100	128	
Dermatologist	23.3% (40)	29.0% (29)	34.4% (44)	<input type="checkbox"/>
Orthopedic surgeon	29.1% (50)	37.0% (37)	32.0% (41)	<input type="checkbox"/>
Dentist	32.6% (56)	27.0% (27)	24.2% (31)	<input type="checkbox"/>
Optometrist	21.5% (37)	16.0% (16)	22.7% (29)	<input type="checkbox"/>
OB/GYN	11.0% (19)	12.0% (12)	21.1% (27)	<input checked="" type="checkbox"/>
Cardiologist	19.8% (34)	22.0% (22)	20.3% (26)	<input type="checkbox"/>
Urologist	15.1% (26)	17.0% (17)	20.3% (26)	<input type="checkbox"/>
Physical therapist	21.5% (37)	20.0% (20)	19.5% (25)	<input type="checkbox"/>
Radiologist	15.7% (27)	20.0% (20)	18.0% (23)	<input type="checkbox"/>

Table continued on the next page.

Ophthalmologist	17.4% (30)	11.0% (11)	14.8% (19)	<input type="checkbox"/>
Gastroenterologist	15.7% (27)	13.0% (13)	14.1% (18)	<input type="checkbox"/>
Audiologist	8.7% (15)	3.0% (3)	12.5% (16)	<input checked="" type="checkbox"/>
Chiropractor	11.0% (19)	17.0% (17)	10.2% (13)	<input type="checkbox"/>
General surgeon	20.3% (35)	15.0% (15)	10.2% (13)	<input type="checkbox"/>
Pulmonologist	4.7% (8)	3.0% (3)	8.6% (11)	<input type="checkbox"/>
Endocrinologist	2.3% (4)	4.0% (4)	7.8% (10)	<input type="checkbox"/>
ENT (ear/nose/throat)	11.0% (19)	5.0% (5)	7.8% (10)	<input type="checkbox"/>
Rheumatologist	4.7% (8)	3.0% (3)	6.3% (8)	<input type="checkbox"/>
Neurologist	8.1% (14)	12.0% (12)	5.5% (7)	<input type="checkbox"/>
Podiatrist	7.6% (13)	9.0% (9)	5.5% (7)	<input type="checkbox"/>
Mental health counselor	7.0% (12)	2.0% (2)	4.7% (6)	<input type="checkbox"/>
Naturopath	1.2% (2)	4.0% (4)	4.7% (6)	<input type="checkbox"/>
Neurosurgeon	1.2% (2)	1.0% (1)	4.7% (6)	<input type="checkbox"/>
Occupational therapist	4.7% (8)	3.0% (3)	4.7% (6)	<input type="checkbox"/>
Oncologist	10.5% (18)	8.0% (8)	4.7% (6)	<input type="checkbox"/>
Allergist	4.1% (7)	5.0% (5)	2.3% (3)	<input type="checkbox"/>
Pediatrician	2.3% (4)	8.0% (8)	2.3% (3)	<input checked="" type="checkbox"/>
Speech therapist	2.3% (4)	0.0% (0)	2.3% (3)	<input type="checkbox"/>
Psychologist	0.6% (1)	0.0% (0)	1.6% (2)	<input type="checkbox"/>
Dietician		3.0% (3)	0.8% (1)	<input type="checkbox"/>
Psychiatrist (M.D.)	2.9% (5)	2.0% (2)	0.8% (1)	<input type="checkbox"/>
Geriatrician	1.2% (2)	0.0% (0)	0.0% (0)	<input type="checkbox"/>
Licensed Addiction Counselor	0.6% (1)	0.0% (0)	0.0% (0)	<input type="checkbox"/>
Social worker	1.7% (3)	0.0% (0)	0.0% (0)	<input type="checkbox"/>
Other	9.3% (16)	10.0% (10)	8.6% (11)	<input type="checkbox"/>

A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to indicate each type of specialist seen, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year.

“Other” comments included: “Hematologist,” “Diabetic clinic,” “Osteopathic,” “Nephrologist”
(View all comments in Appendix G)

Injury Prevention Measures (Question 23)

Respondents were asked to indicate which, if any, injury prevention measures they utilize. 87.0% of respondents (n=134) indicated they use a “Seat belt,” 64.9% (n=100) get “Regular exercise,” and 34.4% (n=53) use a “Gun lock/safe.”

Prevention Devices	2019 % (n)	2022 % (n)	2025 % (n)	SIGNIFICANT CHANGE
Total number of respondents	211	125	154	
Seat belt	91.0% (192)	93.6% (117)	87.0% (134)	<input type="checkbox"/>
Regular exercise	58.8% (124)	62.4% (78)	64.9% (100)	<input type="checkbox"/>
Gun lock/safe	33.6% (71)	39.2% (49)	34.4% (53)	<input type="checkbox"/>
Recreational activity helmet use	19.4% (41)	17.6% (22)	23.4% (36)	<input type="checkbox"/>
Designated driver	16.6% (35)	23.2% (29)	21.4% (33)	<input type="checkbox"/>
Child car seat/booster	15.6% (33)	21.6% (27)	15.6% (24)	<input type="checkbox"/>
None	2.8% (6)	2.4% (3)	1.9% (3)	<input type="checkbox"/>
Other		3.2% (4)	3.9% (6)	<input type="checkbox"/>

A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to select any prevention devices they used, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year.

“Other” comments included: “Healthy eating,” “Body protector when horseback riding”

(View all comments in Appendix G)

Overall Quality of Care through Ruby Valley Medical Center (Question 24)

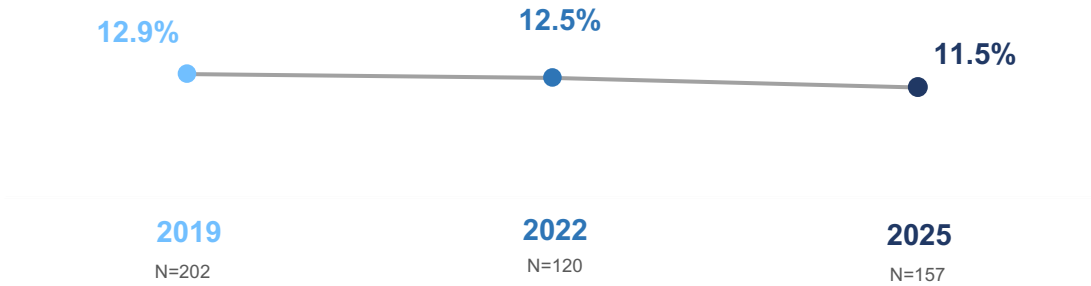
Respondents were asked to rate various services available through Ruby Valley Medical Center using the scale of 4 = Excellent, 3 = Good, 2 = Fair, 1 = Poor, and Haven't Used. The service that received the highest score was "Visiting specialist/specialty clinics" (3.6 out of 4.0). A number of services received a 3.5 out of 4.0 score – "Laboratory," "Rehabilitation services," "Swing bed/transitional care program," and "Echocardiogram/Stress Test." Overall, the average rating on quality and availability of the health services listed was 3.4 out of 4.0.

Quality of Care Rating at Ruby Valley Medical Center	2019 Average (n)	2022 Average (n)	2025 Average (n)	SIGNIFICANT CHANGE
Total number of respondents	176	92	132	
Visiting specialist/specialty clinics	3.4 (68)	3.1 (25)	3.6 (31)	<input type="checkbox"/>
Laboratory	2.5 (22)	3.3 (73)	3.5 (101)	<input checked="" type="checkbox"/>
Rehabilitation services (Physical, speech, & occupational therapies)	3.2 (29)	3.1 (35)	3.5 (56)	<input type="checkbox"/>
Swing bed/transitional care program	3.4 (32)	2.5 (6)	3.5 (13)	<input checked="" type="checkbox"/>
Echocardiogram/Stress Test		3.0 (12)	3.5 (20)	<input type="checkbox"/>
Ambulance services	3.3 (134)	3.2 (26)	3.4 (44)	<input type="checkbox"/>
CT Scan/MRI/x-ray/ultrasound	3.5 (97)	3.3 (49)	3.4 (90)	<input type="checkbox"/>
Emergency room	3.3 (131)	3.2 (54)	3.4 (83)	<input type="checkbox"/>
Primary care			3.4 (91)	<input type="checkbox"/>
Pain Management		2.9 (19)	3.2 (25)	<input type="checkbox"/>
Endoscopy/colonoscopy			3.0 (16)	<input type="checkbox"/>
Mental health crisis response	2.5 (12)	2.4 (9)	2.6 (11)	<input type="checkbox"/>
Overall average	3.3 (176)	3.1 (92)	3.4 (132)	<input checked="" type="checkbox"/>

A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Note that options that were asked in prior years but removed for the current survey are not included in the table, which means the individual counts, n, will not add up to the total listed for the overall average. Grayed out cells indicate the question was not asked that year.

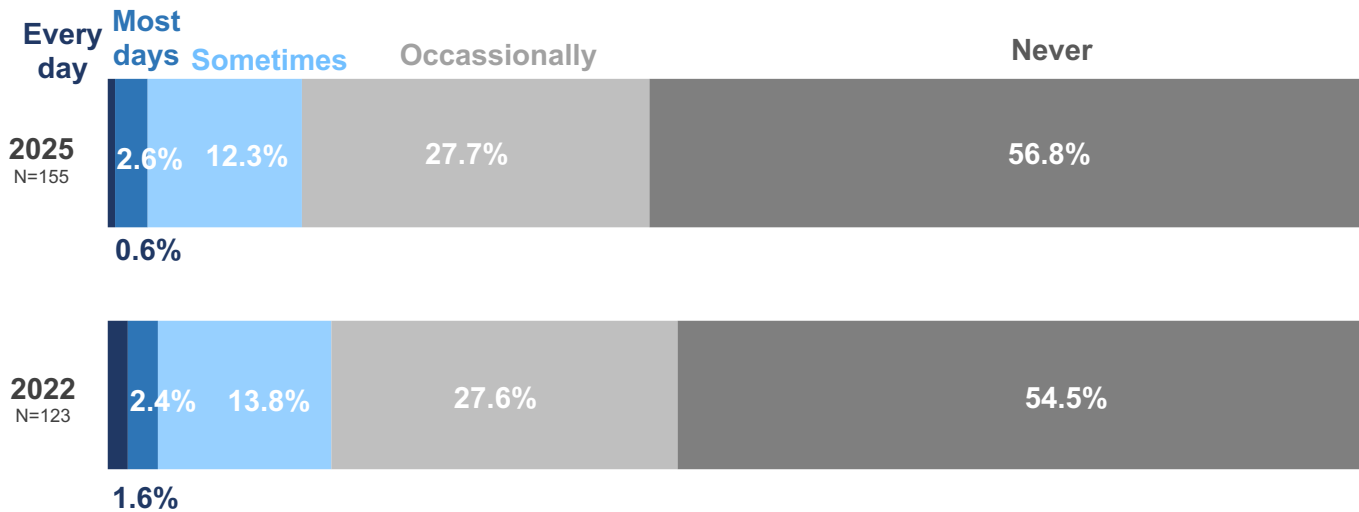
Prevalence of Depression (Question 25)

Respondents were asked to indicate if there were periods of at least three consecutive months in the past three years where they felt depressed on most days. 11.5% of respondents (n=18) indicated they had experienced periods of depression and 88.5% of respondents (n=139) indicated they had not.



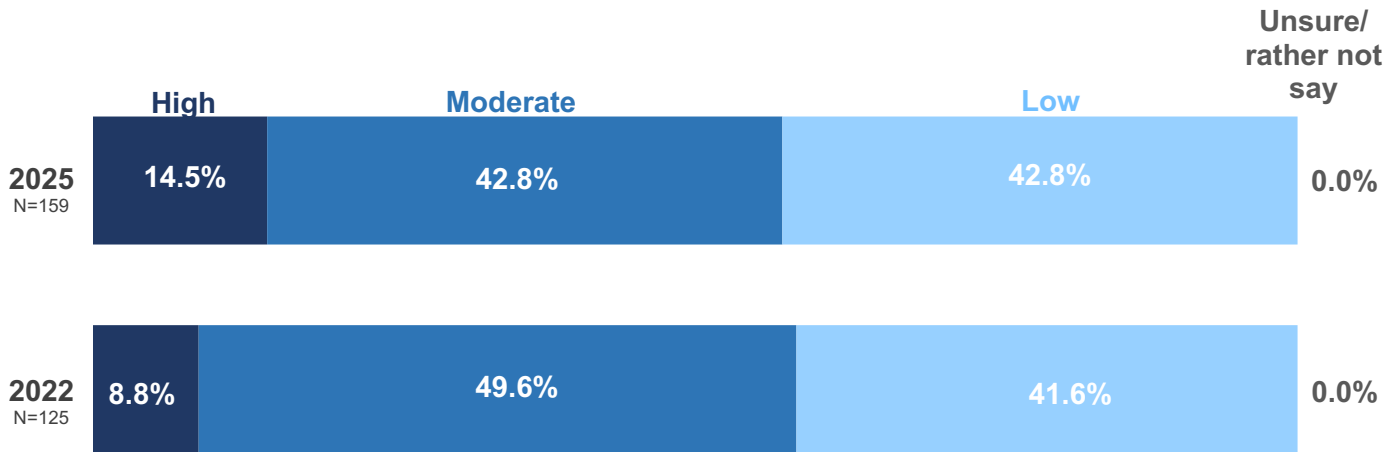
Social Isolation (Question 26)

Respondents were asked to indicate how often they felt lonely or isolated in the past year. 56.8% of respondents (n=88) indicated they never felt lonely or isolated, and 27.7% of respondents (n=43) indicated they “Occasionally (1-2 days per month)” felt lonely or isolated. 12.3% (n=19) reported they felt lonely or isolated “Sometimes (3-5 days per month),” 2.6% (n=4) indicated they felt lonely or isolated on “Most days (3-5 days per week),” and 0.6% (n=1) reported they felt lonely or isolated “Every day.”



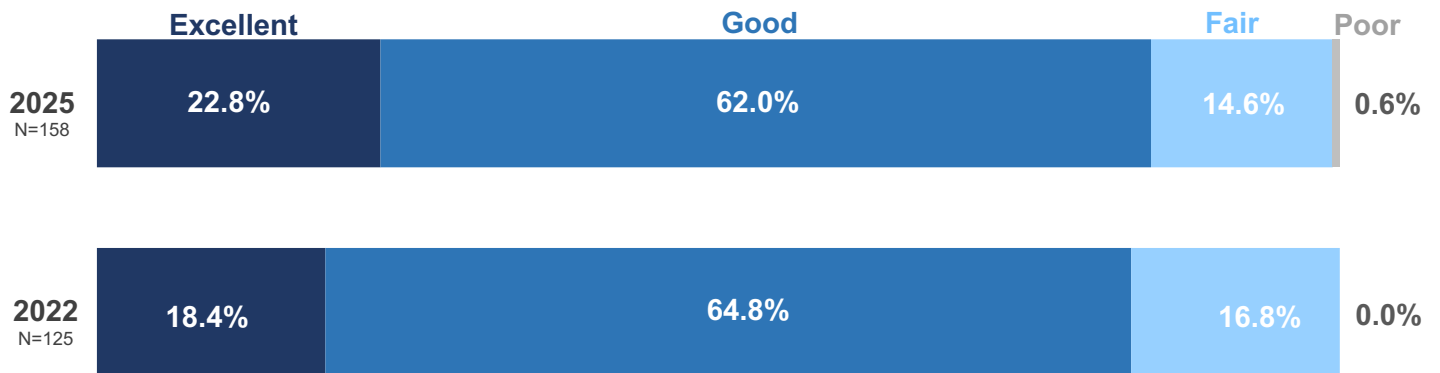
Perception of Stress (Question 27)

Respondents were asked to indicate how they would describe their stress level over the past year. 42.8% of respondents (n=68, each) indicated they experienced either a “Moderate” or “Low” level of stress, 14.5% of respondents (n=23) indicated they had experienced a “High” level of stress, and no respondents were “Unsure/rather not say.”



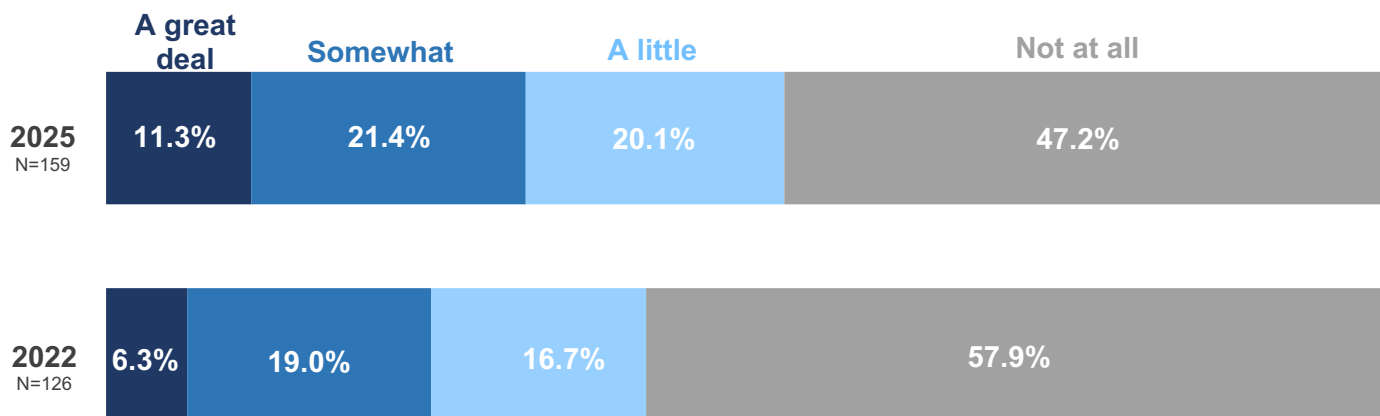
Rating of Mental Health (Question 28)

Respondents were asked to indicate how they would describe their mental health in general when considering stress, anxiety, depression, and emotional problems. 62.0% of respondents (n=81) felt their mental health was “Good,” 22.8% (n=23) rated their mental health as “Excellent,” 14.6% of respondents (n=21) felt their mental health was “Fair,” and 0.6% (n=1) felt theirs was “Poor.”



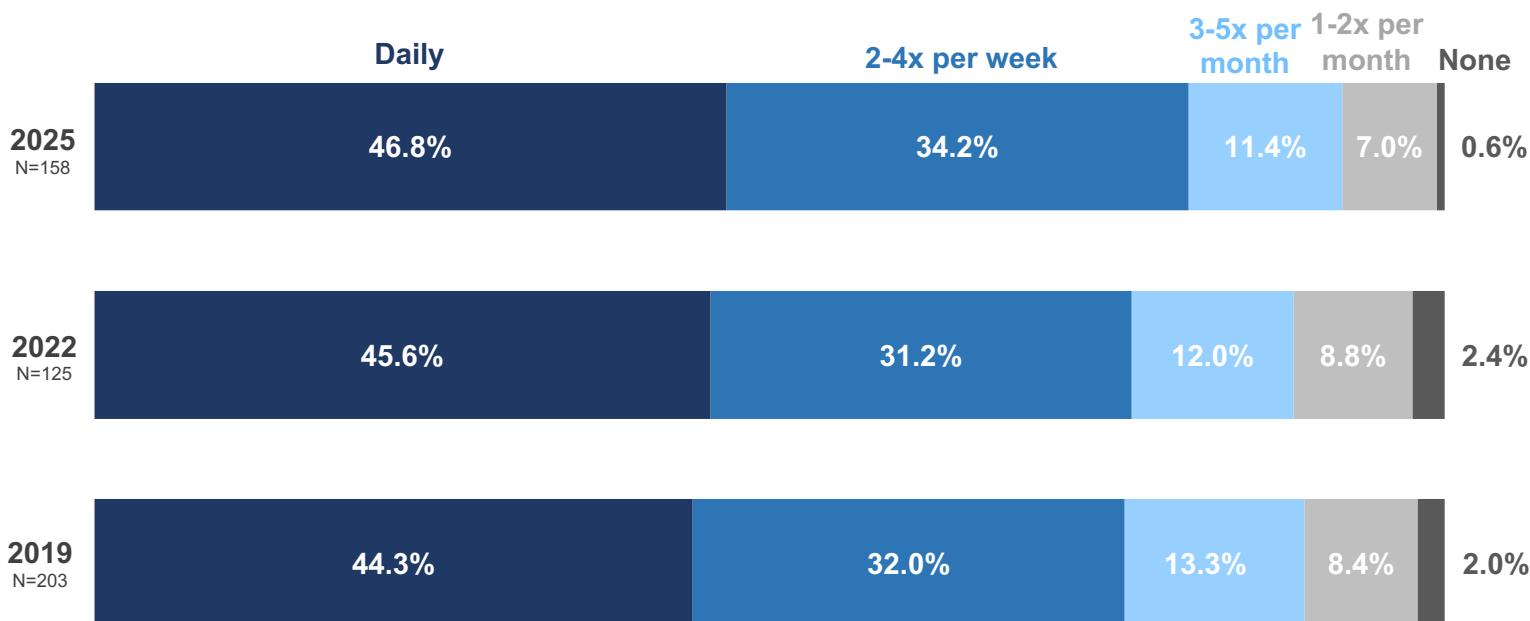
Impact of Substance Abuse (Question 29)

Respondents were asked to indicate to what degree their life has been negatively affected by their own or someone else’s substance abuse issues, including alcohol, prescription, or other drugs. 47.2% of respondents (n=75) indicated their life was “Not at all” affected. 21.4% (n=34) were “Somewhat” affected, 20.1% (n=32) were “A little” affected, and 11.3% (n=818 indicated they were “A great deal” negatively affected.



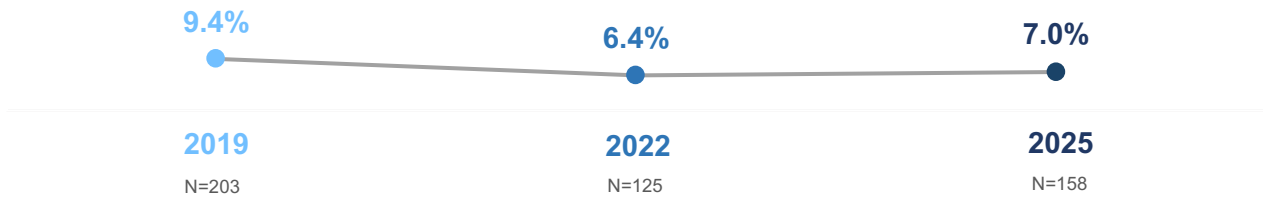
Physical Activity (Question 30)

Respondents were asked to indicate how frequently they had physical activity for at least twenty minutes over the past month. 46.8% of respondents (n=74) indicated they had physical activity “Daily,” and 34.2% (n=54) indicated they had physical activity of at least twenty minutes “2-4 times per week.”



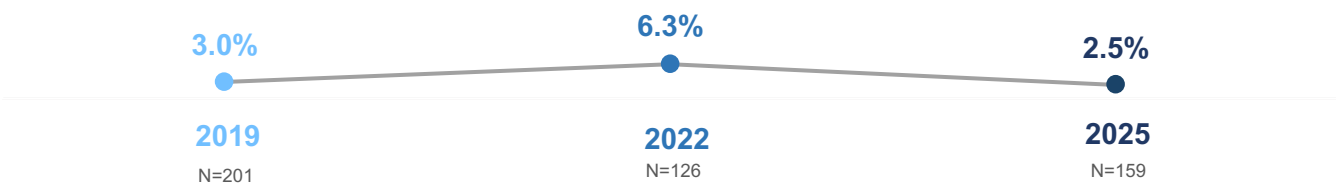
Difficulty Getting Prescriptions (Question 31)

Respondents were asked to indicate if, during the last year, medication costs had prohibited them from getting a prescription or taking their medication regularly. 7.0% of respondents (n=11) indicated yes, 83.5% (n=132) said no, and 9.5% of respondents (n=15) said it was not a pertinent question for them.



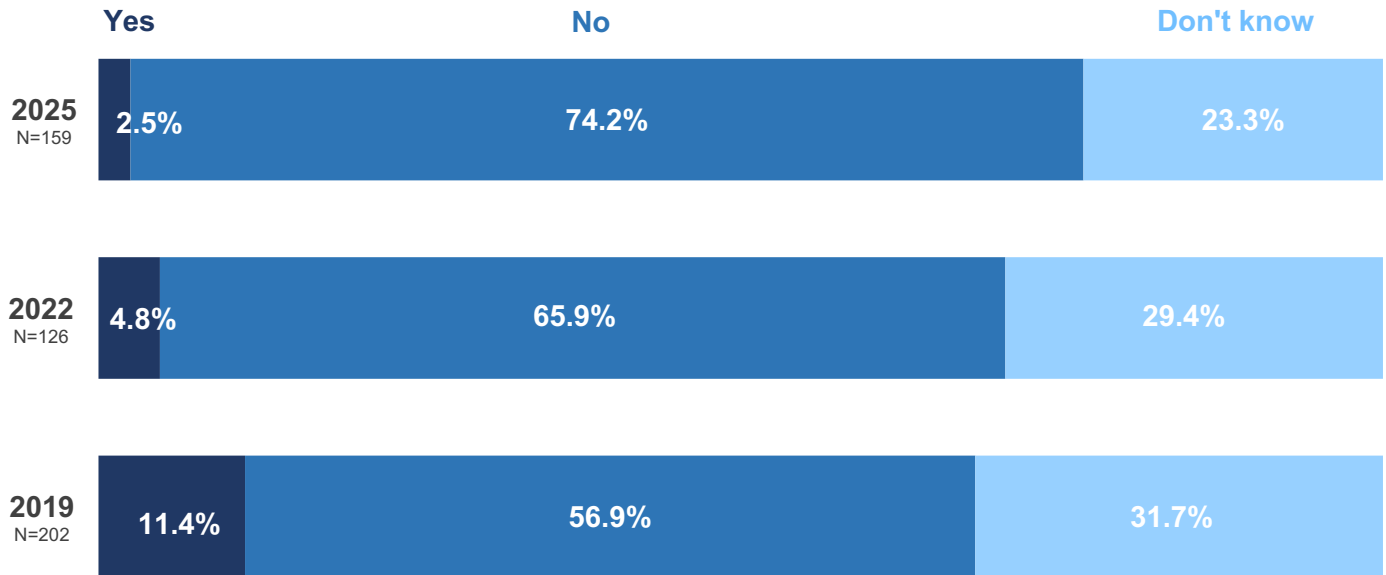
Food Insecurity (Question 32)

Respondents were asked to indicate if, during the last year, they had worried that they would not have enough food to eat. The majority, 97.5% (n=155), were not worried, but 2.5% (n=4) were concerned about not having enough to eat.



Housing (Question 33)

Respondents were asked to indicate if they felt the community has adequate and affordable housing options available. 74.2% of respondents (n=118) indicated they do not, 2.5% (n=4) indicated they did, and 23.3% (n=37) didn't know.



Health Insurance Type (Question 34)

Respondents were asked to indicate what type of health insurance covers the majority of their medical expenses. 23.9% (n=38) indicated they have “Medicare” coverage and 23.3% (n=22) indicated they have “Employer sponsored” coverage. 30 respondents were moved to “Other” for selecting over the allotted one health insurance type.

Type of Medical Insurance	2019 % (n)	2022 % (n)	2025 % (n)
Number of respondents	203	127	159
Medicare	29.1% (59)	38.6% (49)	23.9% (38)
Employer sponsored	17.2% (35)	17.3% (22)	23.3% (37)
Health Insurance Marketplace	8.9% (18)	2.4% (3)	6.3% (10)
Private insurance/private plan	11.3% (23)	10.2% (13)	6.3% (10)
Medicare Advantage			5.7% (9)
VA/Military	3.9% (8)	3.1% (4)	5.0% (8)
None/pay out of pocket	0.5% (1)	2.4% (3)	3.8% (6)
Health Savings Account	1.5% (3)	2.4% (3)	3.1% (5)
Healthy MT Kids	2.0% (4)	1.6% (2)	1.3% (2)
Medicaid	2.5% (5)	5.5% (7)	1.3% (2)
Indian Health	0.0% (0)	0.0% (0)	0.0% (0)
Other*	23.2% (47)	16.5% (21)	20.1% (32)

Grayed out cells indicate the question was not asked that year. Note that options that were asked in prior years but removed for the current survey are not included in the table, which means the individual counts, n, may not necessarily add up to the total listed for number of respondents. *Respondents (N=30) who selected over the allotted amount were moved to “Other,” with the top responses being Medicare (23) and Private insurance/plan (17).

“Other” comments included: “Humana,” “No idea,” “+ supplement to Medicare”

(View all comments in Appendix G)

Insurance Coverage (Question 35)

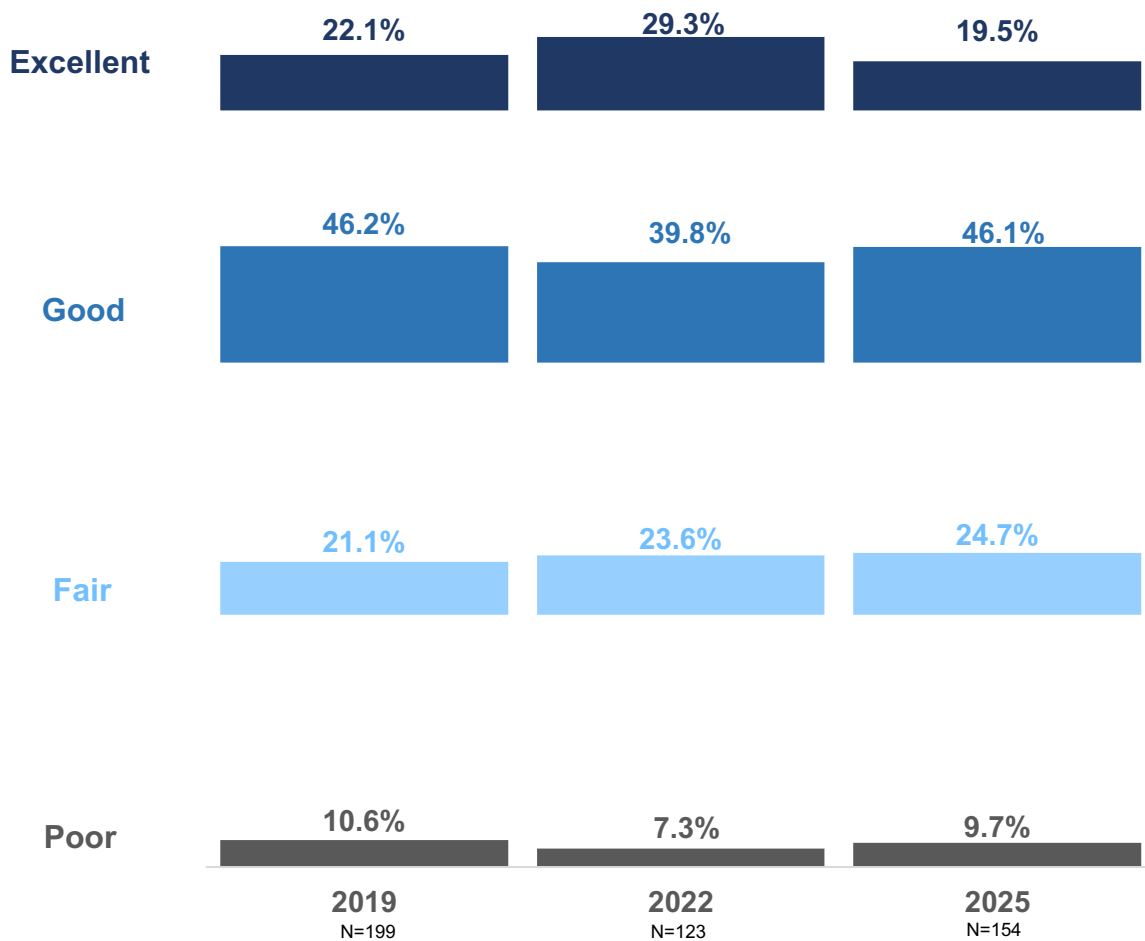
Respondents were asked to indicate which type of services they have insurance coverage for. The majority of respondents (96.8%, n=153), reported having “Medical” insurance coverage, 50.6% (n=80) reported they have “Dental” coverage, and 44.3% (n=70) shared that they have “Vision” coverage. Respondents were asked to choose all that apply, so percentages do not equal 100%.

Type of Health Insurance	2019 % (n)	2022 % (n)	2025 % (n)	SIGNIFICANT CHANGE
Total number of respondents	211	123	158	
Medical	90.5% (191)	95.9% (118)	96.8% (153)	■
Dental	29.9% (63)	45.5% (56)	50.6% (80)	■
Vision	29.9% (63)	42.3% (52)	44.3% (70)	■
I do not have insurance	5.2% (11)	3.3% (4)	1.9% (3)	□

A solid blue square indicates a statistically significant change between years ($p \leq 0.05$). Respondents were asked to indicate all types of health insurance that they had, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year.

Insurance and Healthcare Costs (Question 36)

Respondents were asked to indicate how well they felt their health insurance covers their healthcare costs. 46.1% of respondents (n=71) indicated they felt their insurance covers a “Good” amount of their healthcare costs, 24.7% (n=38) said “Fair,” 19.5% of respondents (n=30) felt their insurance covered an “Excellent” amount, and 9.7% of respondents (n=15) stated their insurance covered a “Poor” amount



Barriers to Having Insurance (Question 37)

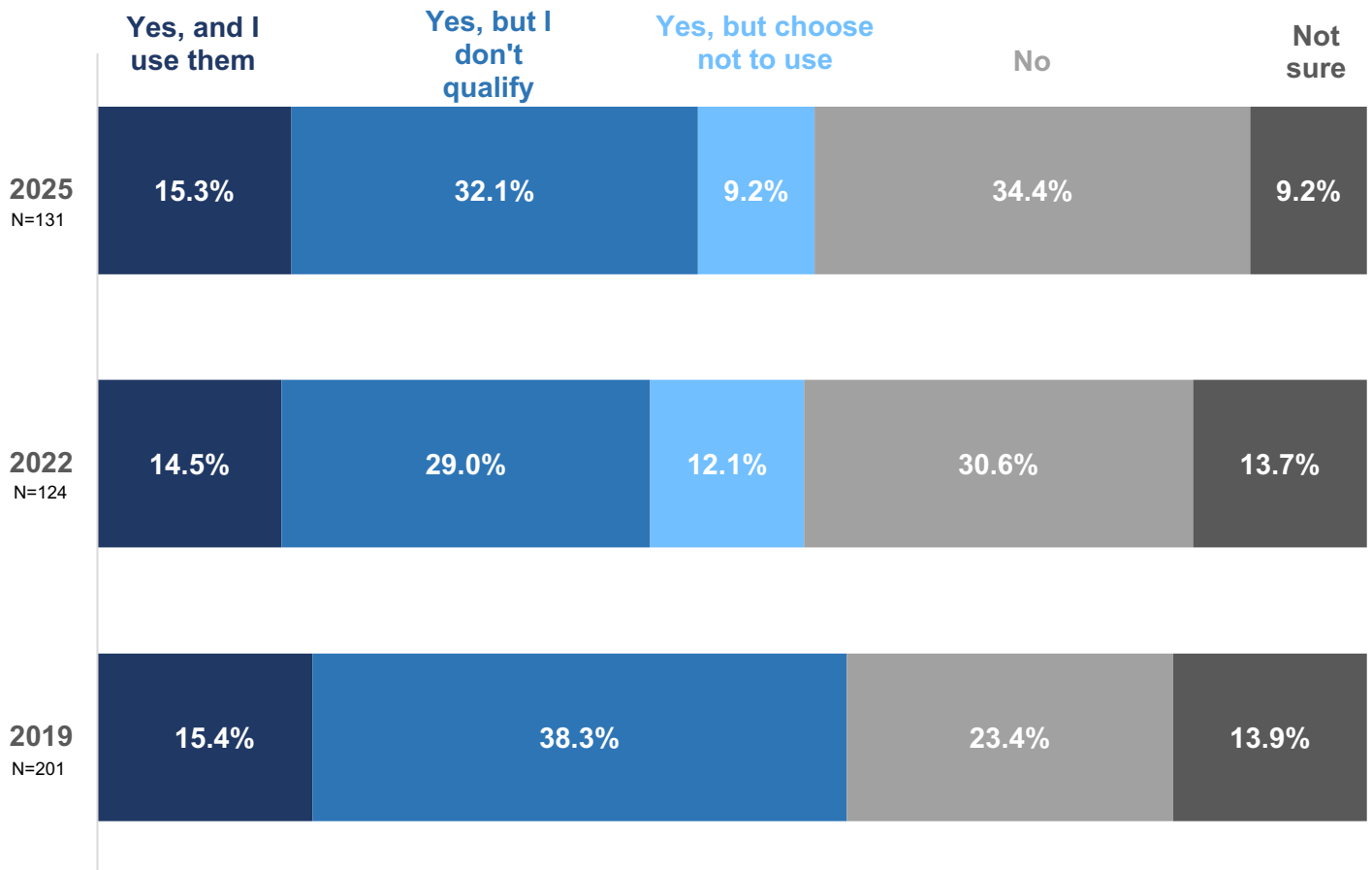
Among the survey respondents who indicated they did not have insurance (n=6), the top reason for not having health insurance was “Can’t afford to pay for health insurance” (100.0%, n=3). Respondents could select all barriers that applied.

Reasons for No Health Insurance	2019 % (n)	2022 % (n)	2025 % (n)
Number of respondents	1	3	3
Can’t afford to pay for health insurance	100.0% (1)	100.0% (3)	100.0% (3)
Employer does not offer insurance	100.0% (1)	0.0% (0)	0.0% (0)
Choose not to have health insurance	0.0% (0)	33.3% (1)	0.0% (0)
Too confusing/don’t know how to apply		0.0% (0)	0.0% (0)
Other	0.0% (0)	0.0% (0)	0.0% (0)

Respondents were asked to indicate reason(s) for no health insurance, so percentages do not equal 100%. Grayed out cells indicate the question was not asked that year.

Awareness of Health Cost Assistance Programs (Question 38)

Respondents were asked to indicate their awareness of programs that help people pay for healthcare bills. The majority of respondents (34.4%, n=45) shared that they are not aware of these programs. 32.1% of respondents (n=42) indicated they were aware of these programs but did not qualify to utilize them, 15.3% (n=20) indicated that they were aware and use them, and 9.2% (n=12, each) were not sure if they were aware of health cost assistance programs or were aware of the programs but choose not to utilize them.





KEY INFORMANT INTERVIEW RESULTS

Key Informant Interviews

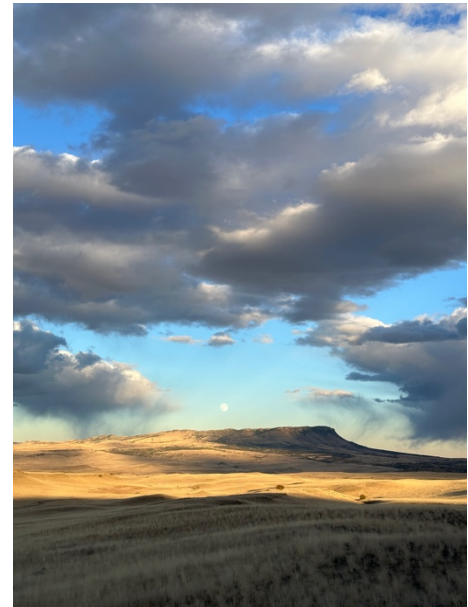
Methodology

Five key informant interviews were conducted in the summer of 2025. Participants were identified as people living in Ruby Valley Medical Center’s service area.

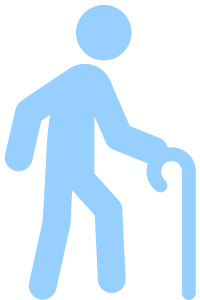
The interviews were conducted over the telephone. The meetings lasted up to 15 minutes in length and followed the same line of questioning. Interview notes can be found in Appendix I. Interviews were facilitated by Montana Office of Rural Health staff.

Themes

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



MENTAL HEALTH



The most significant common theme among the key informant interviews was the prevalence of mental health issues. Interviewees noted the need for more help along the age spectrum, including both youth and adults. They expressed the desire for more providers, as well as the need for stigma surrounding mental health care to be addressed widely and decreased to enable increased access to care.

NUTRITION AND WELLNESS



Interviewees reported that though the community was healthy with regards to physical activity – between labor and recreation, most people get sufficient exercise – that there is still room for improvement surrounding nutrition. Making healthy eating more accessible and prevalent through cost and education was seen as an area of need.

Additionally, though most people can exercise with current resources, the need for an accessible path – paved, well-lit, plowed in the winter – was brought up for those unable to adequately exercise with current resources.

AFFORDABILITY

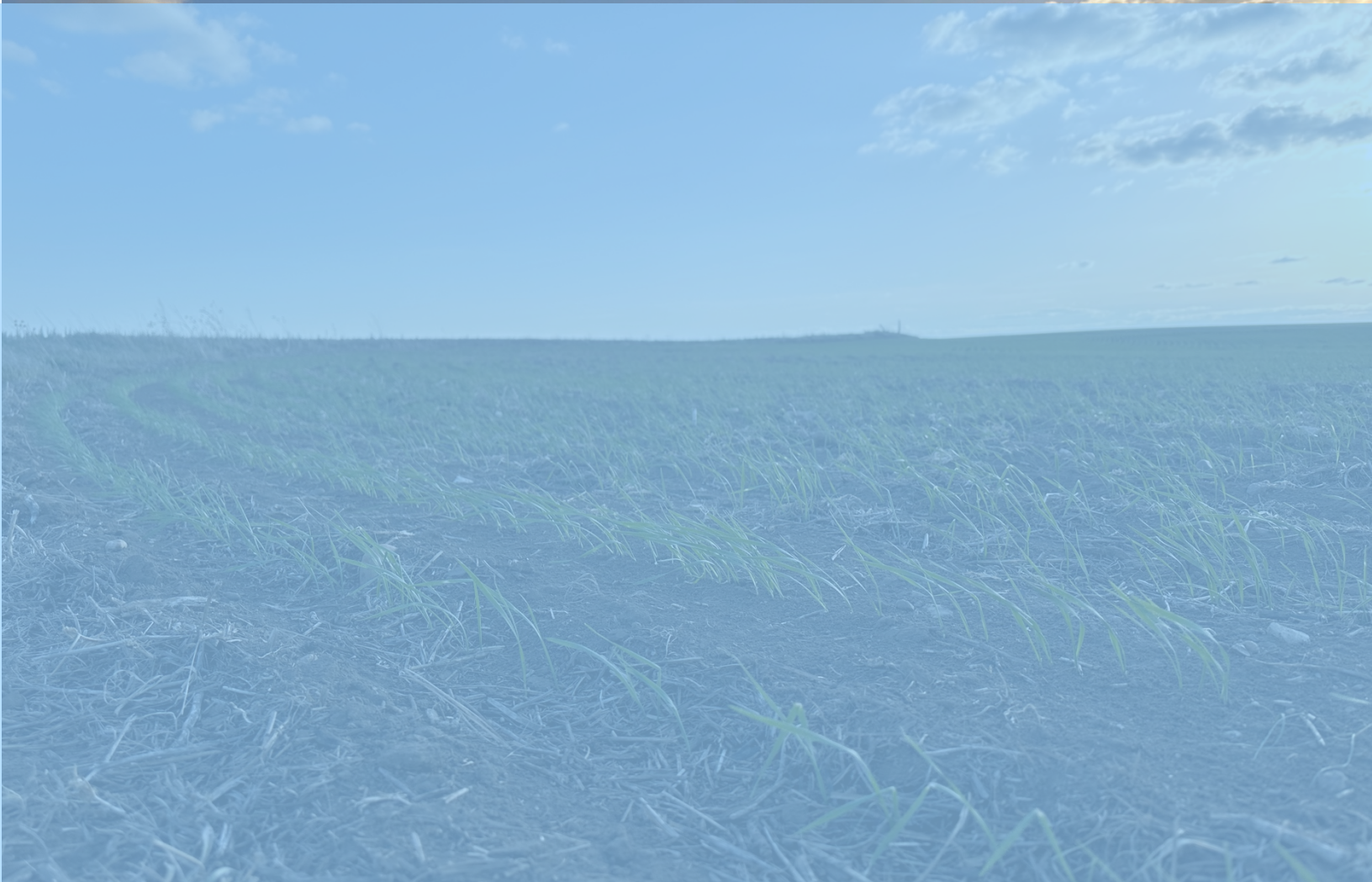


The high costs of health care and health insurance were brought up by multiple interviewees, who expressed dissatisfaction with those increased costs and cost burdens. Though hospitals can make limited progress on insurance and some healthcare costs, deciphering where costs can be reduced would be helpful. Additionally, increased promotion of cost assistance programs to help offset costs borne by community members would likely be well-received.

SERVICES NEEDED IN THE COMMUNITY



- Sustained staffing for senior care & services
- Increased transportation, e.g. to medical appointments
- Help for single parents
- More youth activities
- More social workers to help with community needs
- Affordable housing
- Specialty care, including OB and podiatry
- Urgent care
- Increased provider/appointment availability



EXECUTIVE SUMMARY

Executive Summary

The table below shows a summary of results from the Ruby Valley 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); survey results; those issues of greatest concern identified by the community stakeholders through key informant interviews; and the potential impact of a given issue.

Areas of Opportunity	Secondary Data	Survey	Interviews
Access to Healthcare Services			
<i>Appointment availability/expanded hours</i>			<input checked="" type="checkbox"/>
<i>Cost assistance programs</i>	⊗	✓	<input checked="" type="checkbox"/>
<i>Increased information about available services</i>		✓	
<i>Specialty services (e.g. OB/GYN, podiatry)</i>		✓	<input checked="" type="checkbox"/>
<i>Transportation assistance</i>			<input checked="" type="checkbox"/>
Health Conditions & Behaviors			
<i>Alcohol/substance use</i>	⊗	✓	
<i>Mental health issues</i>	⊗	✓	<input checked="" type="checkbox"/>
<i>OB/Pediatrics</i>			<input checked="" type="checkbox"/>
<i>Screenings/preventive care</i>	⊗	✓	
<i>Vaccination rates</i>	⊗		
<i>Weight/nutrition/fitness</i>	⊗	✓	
Other			
<i>Affordable housing</i>		✓	<input checked="" type="checkbox"/>
<i>Senior care & services</i>	⊗	✓	<input checked="" type="checkbox"/>
<i>Women’s health</i>		✓	
<i>Youth activities/opportunities/support</i>			<input checked="" type="checkbox"/>
<i>Community involvement/socialization</i>			<input checked="" type="checkbox"/>
<i>Food security</i>		✓	



NEXT STEPS & RESOURCES

Prioritization of Health Needs

The community steering committee, comprised of staff leaders from Ruby Valley Medical Center (RVMC) and community members from Madison 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 interest of the community, including those with public health expertise (see Appendix B for additional information regarding input received from community representatives). The prioritized health needs as determined through the assessment process and which the collaborators will be addressing over the next three years relates to the following healthcare issues:

- Specialty care outreach
- Health cost assistance programs
- Behavioral health & substance use

Ruby Valley Medical Center will determine which needs or opportunities could be addressed considering CHA'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.

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

Evaluation of Previous CHNA & Implementation Plan

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

- Mental health
- Veteran’s services
- Health and wellness

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

Goal 1: Improve access to mental health services and resources in Ruby Valley.

	Activities	Accomplishments	Community Impact/Outcomes
Strategy 1.1: Continue to champion and promote enhancements to local mental health services and resources locally.	Implement the integrated behavioral health grant recently awarded to the RVMC.	As of late spring 2024, RVMC is contracted with Rural Psychiatry Associates to provide remote behavioral health services to our patients.	Counseling, CBT, med management, psychiatry available to population
	Explore partnering with a local mental health champion [i.e., Licensed Clinical Professional Counselor (LCPC)] to enhance RVMC staff education and training. It’s intended that this education and training will enable RVMC’s team to better support patients and the service area.	An LCSW was hired a few years ago, but she did not work out long term in our facility. Rural Psychiatry Associates is now servicing RVMC	RPA is available for staff to refer to and to consult
	Sustain RVMC’s active participation on the Madison County Mental Health Advisory Council. Provide regular updates to	N/A	N/A

	the RVMC leadership team on progress of the Advisory Council and opportunities for alignment/collaboration.		
	Disseminate mental health outreach and education throughout the service area by partnering with local community organizations (i.e., local schools, Senior Centers, local community service clubs, etc.). Champion the renewal of local partnerships with the shared goal of improving mental health outcomes throughout the service area.	RVMC partnered with Career Pathways Program out of UM Office of Health Research & Partnership	Students gain opportunity for on-site training/ apprenticeships, including mental health, for career advancement

Goal 2: Improve veterans’ access to routine care within the service area.

	Activities	Accomplishments	Community Impact/Outcomes
Strategy 2.1: Enhance local veterans’ access to care by leveraging community and clinical linkages.	Expand outreach, awareness, and participation for eligible veterans in the VA’s Community Care Network (CCN) thus reducing the need and alleviating barriers associated with traveling out of the area to access routine care.	RVMC has brought an array of specialty services in house, meaning our veteran population doesn’t need to travel to receive podiatry, general surgery consultations, cardiology, and orthopedics.	Increases timely access to specialty services that veteran population previously would have traveled >30miles to receive
	Explore the feasibility of recruiting a veteran’s services liaison/advocate to support local veterans throughout the continuum of care (i.e., navigation of health systems, insurance, and coordination of transportation to and from medical appointments, etc.).	While we were not able to secure this position, we are hiring for a FT financial counselor.	This allows local veterans to access support with navigating insurance, health systems, etc

Goal 3: Improve health and wellness resources throughout the service area.

	Activities	Accomplishments	Community Impact/Outcomes
Strategy 3.1: Enhance RVMC's health promotion and wellness programming in Madison County.	Develop and nurture critical partnerships to determine the feasibility of creating a local community center. The intent of a community center would be to promote healthy behaviors, active living, and a safe place for community to gather in the Ruby Valley throughout the year regardless of the weather. Explore potential funding opportunities to support the initiation of a capital project of this magnitude.	The senior center in recent years has grown in its use and service to the community.	Health and fitness classes for seniors; lunch provided to the community; acts as a meeting spot for local groups.
	Continue to explore the feasibility of recruiting a dietician to enhance nutrition services at RVMC. Consider tasking the incumbent with the facilitation of nutrition education classes for community members, local schools, Senior Center, etc.	Clinics are implementing a population health program, where nutrition will be a part of the care team's purview.	Regular identification of nutrition needs at clinic visits.
	Expand RVMC's current health fair model beyond solely offering lab services and include community health partners and resources (i.e., lab services, health education, DEXA scans, vision checks, oral health checks,	RVMC hosted a REACH Camp in the spring of 2025, coordinated by MT AHEC. ~13 Students from TBH and SHS were in attendance. New Twin Bridges clinic means increased access to primary care,	Local students gained exposure to various clinical departments operating at RVMC. This increases education and awareness of health needs, community access, and workforce opportunity

	<p>child safety seat fittings, distributing gun and medication locks, etc.).</p>	<p>imaging, and specialty care.</p>	<p>Increased access to imaging and specialists</p>
	<p>Continue to promote the local medication drop box at the pharmacy for the safe disposal of medications (expired or otherwise unused). Provide education throughout the service area on the health and environmental benefits of utilizing this drop box.</p>	<p>Staff at RVMC and Mac’s pharmacy are updated on the availability and procedure for the medication drop box so that they may more readily relay that information to patients. Med disposal bags are also kept in the hospital pharmacy and clinics for patient use.</p>	<p>Community-wide safe disposal of medications increases.</p>



APPENDICES

Appendix A – Steering Committee

NEED LOGOS

Steering Committee Member	Organization Affiliation
<i>Jim Gillhouse</i>	CEO – Ruby Valley Medical Center (RVMC)
<i>Kari Reintsma</i>	Clinical Director—RVMC
<i>Bob Stump</i>	Mayor, Town of Sheridan
<i>Rosanne Hofland</i>	Caregiver, Home Park Assisted Living
<i>Lynn Hofland</i>	Retired, community member
<i>Karen Talley</i>	Ranch, realtor
<i>Ted Woerhage</i>	RN, CNC-RVMC
<i>Emilie Saylor</i>	Director, Madison County Public Health
<i>Ali Wahl</i>	Quality/Risk- RVMC
<i>Claire Leonard</i>	MD, retired
<i>Presley Young</i>	Student, Sheridan High School
<i>Amy Pack-Young</i>	Human Resources Director- RVMC
<i>Gloria Barnosky</i>	Sheridan Ranch Owner
<i>Neil Barnosky</i>	Sheridan Ranch Owner



Appendix B – Public Health & Populations Consultation

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

Name/Organization

Jim Gillhouse – CEO, Ruby Valley Medical Center (RVMC)
Kari Reintsma – Clinical Director, RVMC
Bob Stump – Mayor, Town of Sheridan
Rosanne Hofland – Caregiver, Home Park Assisted Living
Lynn Hofland – Retired, Community Member
Karen Talley – Ranch, Realtor
Ted Woerhage – RN, CNC-RVMC
Emilie Sayler – Director, Madison County Public Health
Ali Wahl – Quality/Risk, RVMC
Claire Leonard – MD, Retired
Presley Young – Student, Sheridan High School
Amy Pack-Young – Human Resources Director, RVMC
Gloria Barnosky – Sheridan Ranch Owner
Neil Barnosky – Sheridan Ranch Owner

Type of Consultation (Steering Committee, Key Informant Interviews, etc.)

First Steering Committee Meeting	April 30, 2025
Key Informant Interviews	Summer 2025
Second Steering Committee Meeting	October 29, 2025

Public and Community Health

- Immunization rates are terrible – more specifically the childhood immunization rates.
- I’m curious what it is now – as Public Health we can’t collect that any more.
- Mental health in our county. 75% of our county Medicaid users, use Medicaid supplement for mental health care.
- Cancer rates in the state are very high. We see cancer as a concern in the county.
- Curious what the access is for breast cancer screening. We do offer that here – is it an insurance barrier, or location of services, or follow up?
- I’m surprised the colorectal screenings is not lower than the MT numbers given how rural we are.
- The HPV vaccine is really low. The misunderstanding of what that vaccination is or what it’s for its very unfortunate.

- Dana at the clinic is so good at educating the community or if they are vaccine hesitant. She is amazing.

Population: Youth

- Rates of excessive drinking and depression. I had no idea that those percentages were that high.
- Youth BRFSS participation is really low in our Community.
- The Youth Risk Behavior data is striking.

Population: Veterans

- We should include a Veterans status question on the survey. We have a lot of Veterans in the area.

Population: Low-Income, Underinsured

- Housing is a concern here.

Population: Seniors

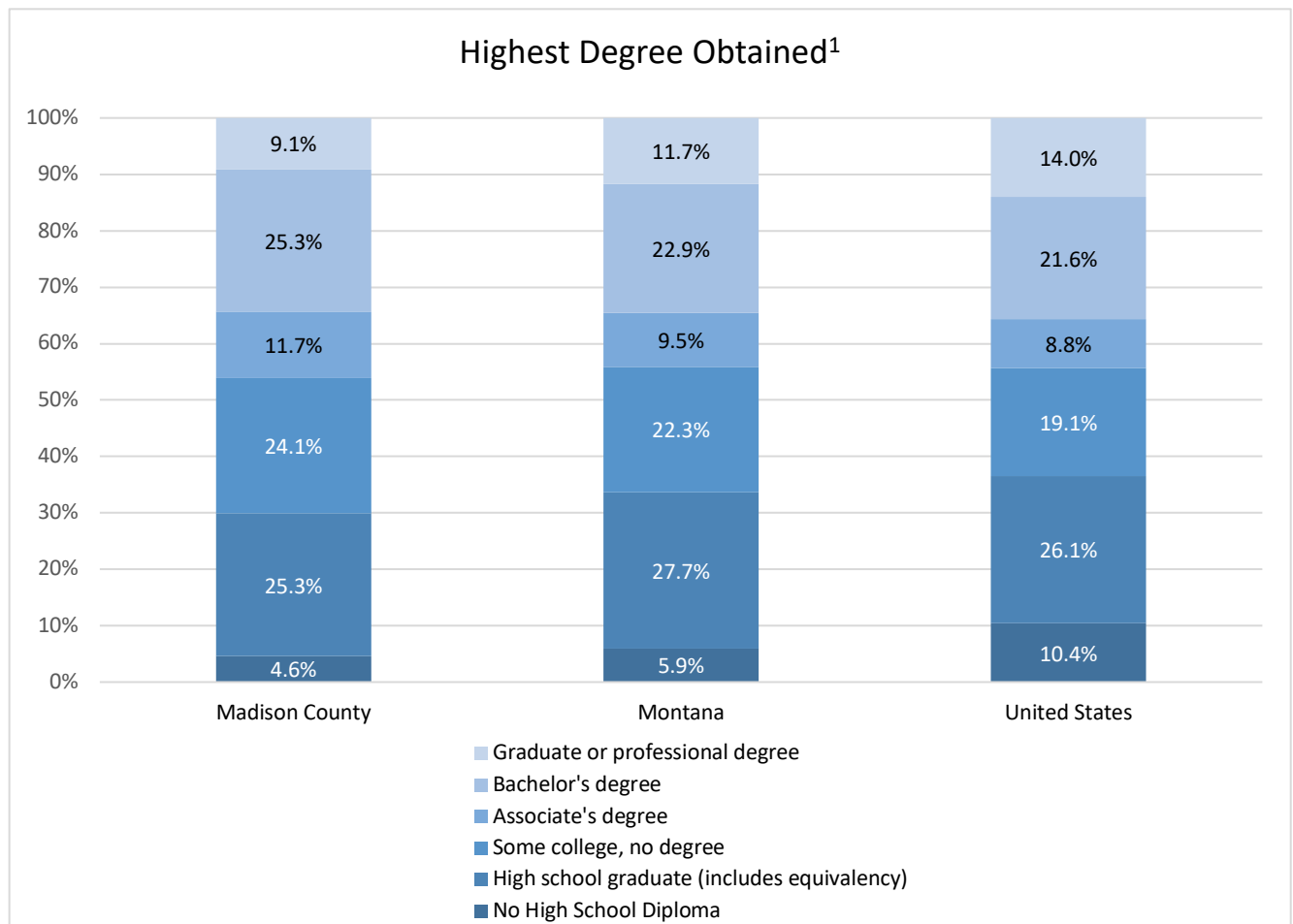
- I think our county is old.

Appendix C – Madison County Secondary Data

Demographic Measure (%)		County			Montana			Nation		
Population ¹		8,623			1,084,225			331,449,281		
Population Density ¹		2.4			7.1			93.3		
Veteran Status ¹		10.4%			9.6%			7.0%		
Disability Status ¹		13.5%			13.8%			13.5%		
Age ¹		<5	18-64	65+	<5	18-64	65+	<5	18-64	65+
		3.8%	49.4%	29.8%	5.1%	74.9%	20.0%	6.1%	61.7%	15.6%
Gender ¹		Male		Female	Male		Female	Male		Female
		50.7%		49.3%	50.7%		49.3%	49.2%		50.8%
Race/Ethnic Distribution ¹		White			86.4%			75.3%		
		American Indian or Alaska Native			5.8%			1.7%		
		Other †			7.8%			26.5%		

¹ US Census Bureau - American Community Survey (2022)

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



Socioeconomic Measures (%)	County	Montana	Nation
Median Income ¹	\$ 67,420	\$ 70,804	\$ 74,755
Unemployment Rate ¹	3.0%	2.6%	5.4%
Persons Below Poverty Level ¹	6.8%	11.7 %	12.6%
Children in Poverty ¹	8.2%	13.4%	16.3%
Internet at Home ²	74.0%	81.5%	-
Households with Population Age 65+ Living Alone ²	743	52,166	-
Households Without a Vehicle ²	125	21,284	-
Households Receiving SNAP ³	174	42,109	-
Eligible Recipients of Free or Reduced Price Lunch ³ 2023/2024 school year	35.8%	46.6%	-
Enrolled in Medicaid ^{4, 1}	11.7%	20.5%	18.0%
Uninsured Adults ⁵ Age <65	13%	12.0%	16.3%
Uninsured Children ¹ Age <18	10.4%	7.0%	6.0%

¹ US Census Bureau - American Community Survey (2022)

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

Maternal Child Health	County	Montana	Nation
General Fertility Rate* ¹ Per 1,000 Women 15-50 years of age (2022)	-	54	-
Preterm Births ⁷ Born less than 37 weeks (2017-2019)	-	9.4%	-
Adolescent Birth Rate ⁵ Per 1,000 years females 15-19 years of age (2019-2023)	-	17	-
Smoking during pregnancy ^{3, 8} (2019-2023)	-	16.5%	7.2%
Kotelchuck Prenatal Care** ⁷ Adequate or Adequate-Plus (2017-2019)	81.6%	75.7%	-
Low and very low birth weight infants ⁵ Less than 2500 grams (2016-2022)	-	8%	-
Childhood Immunization Up-To-Date (UTD) ^{§ 9}	76.9%	64.8%	-

⁷ IBIS Birth Data Query, MT-DPPHS (2020), ³ Kids Count Data Center, Annie E. Casey Foundation (2020), ⁵ County Health Ranking, Robert Wood Johnson Foundation (2024), ⁸ National Center for Health Statistics (NCHS), CDC (2024), 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%	15%	16.0%
Excessive Drinking ⁵	27%	24%	19.0%
Adult Obesity ⁵	23%	32%	32.0%
Poor Mental Health Days ⁵ (Past 30 days)	4.7	4.9	4.8
Physical Inactivity ⁵	19%	20%	22.0%
Do NOT wear seatbelts ¹⁰	-	11%	5.8%
Drink and Drive ¹⁰	-	4.0%	2.3%

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

Cancer prevention & screening	County	Montana	Nation
Human Papillomavirus (HPV) vaccination UTD ^{†† 11, 12} Adolescents 13-17 years of age (2020)	30.2%	48.4%	51.1%
Cervical cancer screening in past 3 years ^{13, 10, 11} Age adjusted (county/state) and crude (nation) prevalence among adult women aged 21–65 years (2020)	-	56.1%	51.6%
Mammography in past 2 years ^{13, 10} Crude prevalence among women 50-74 years (2022)	72.7%	73.4%	76.5%
Colorectal Cancer Screening ^{13, 10} Crude prevalence among adults 45-75 years (2022)	66.7%	64.5%	66.3%

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

^{††} 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 Per 100,000 people	County	Montana
Enteric Diseases * (2015-2017)	29.5	80.1
Hepatitis C virus (2015-2017)	0.0	93.4
Sexually Transmitted Infections (STI) ⁵ † (2021)	21.0	364.9
Vaccine Preventable Diseases (VPD) [§] (2015-2017)	88.4	91.5

⁵ County Health Ranking, Robert Wood Johnson Foundation (2024), 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

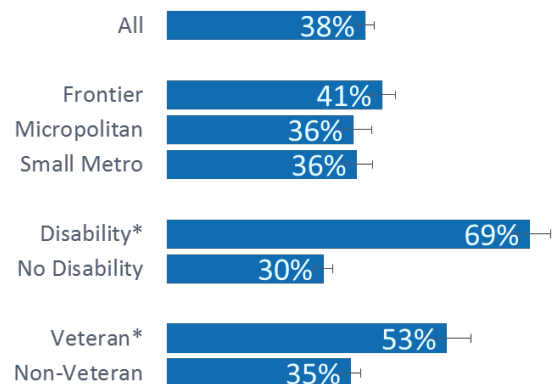
Chronic Conditions	Montana	Nation
Cardiovascular Disease (CVD) prevalence ¹⁰ <i>Adults aged 18 years and older (2023)</i>	3.6%	4.0%
Chronic Obstructive Pulmonary Disease (COPD) prevalence ¹⁰ <i>Adults aged 18 years and older (2023)</i>	7.3%	6.3%
Diabetes Prevalence ¹⁰ <i>Adults aged 18 years and older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

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

Montana Adults with Self-Reported Chronic Condition ¹⁰	
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%

¹⁰ Behavioral Risk Factor Surveillance System, CDC (2023)

Percent of Montana Adults with Two or More Chronic Conditions



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

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

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 (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%

¹⁰ Behavioral Risk Factor Surveillance System, CDC (2022)

*Annual household income < \$15,000

Youth Risk Behavior ¹⁹	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%

¹⁹ Montana Youth Risk Behavior Survey (2022)

Appendix D – Survey Cover Letter

June 20, 2025

Dear [LASTNAME] household:



Participate in our Community Health Needs Assessment survey for a chance to **WIN one of four \$75 Gas Cards!**

Ruby Valley Medical Center (RVMC) is 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 name has been randomly selected as a resident who lives in the RVMC 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: July 21, 2025
2. Complete the enclosed survey and return it in the envelope provided - no stamp needed.
3. You can also access the survey at <https://www.montana.edu/socialdata/currentsurveys.html>. Select "Ruby Valley Medical Center Survey." Your access code is [CODED]
4. The winners of the gas cards will be contacted the week of DATE.

All survey responses will go to Social Data Collection and Analysis Services (Social Data), previously known as the 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 or need assistance, please call MORH at 406-994-6986. 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 black ink, appearing to read "Jim Gillhouse", is written over a white rectangular background.

Jim Gillhouse, CEO

Access the survey on your smart phone: Use your camera to scan the QR code

Appendix E – Survey Instrument

Community Health Needs Assessment Survey Sheridan, Montana

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 406-994-6986. Participation is voluntary; your responses will remain confidential. You can choose not to answer any question and can stop at any time.

1. How would you rate the general health of our community?

- Very healthy Healthy Somewhat healthy Unhealthy Very unhealthy

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

- | | | |
|---|---|---|
| <input type="checkbox"/> Alcohol/substance use | <input type="checkbox"/> Lack of exercise | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Alzheimer's/dementia | <input type="checkbox"/> Mental health issues (depression, anxiety, PTSD, etc.) | <input type="checkbox"/> Tobacco use (cigarettes/cigars, vaping, smokeless) |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Motor vehicle accidents | <input type="checkbox"/> Trauma/Adverse Childhood Experiences (ACES) |
| <input type="checkbox"/> Child abuse/neglect | <input type="checkbox"/> Overweight/obesity | <input type="checkbox"/> Wildfire smoke |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Recreation related accidents/injuries | <input type="checkbox"/> Work/economic stress |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Respiratory issues/illness | <input type="checkbox"/> Work related accidents/injuries |
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> Social isolation/loneliness | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Hunger | <input type="checkbox"/> Stroke | |
| <input type="checkbox"/> Lack of access to healthcare | | |
| <input type="checkbox"/> Lack of dental care | | |

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

- | | | |
|--|---|---|
| <input type="checkbox"/> Access to childcare/after school programs | <input type="checkbox"/> Clean environment | <input type="checkbox"/> Low level of domestic violence |
| <input type="checkbox"/> Access to healthcare services | <input type="checkbox"/> Community involvement | <input type="checkbox"/> Parks and recreation |
| <input type="checkbox"/> Access to mental health services | <input type="checkbox"/> Good jobs and a healthy economy | <input type="checkbox"/> Religious or spiritual values |
| <input type="checkbox"/> Access to/affordability of healthy foods | <input type="checkbox"/> Good schools | <input type="checkbox"/> Strong family life |
| <input type="checkbox"/> Affordable housing | <input type="checkbox"/> Healthy behaviors and lifestyles | <input type="checkbox"/> Tolerance for diversity |
| <input type="checkbox"/> Arts and cultural events | <input type="checkbox"/> Low crime/safe neighborhoods | <input type="checkbox"/> Transportation services |
| | <input type="checkbox"/> Low death and disease rates | <input type="checkbox"/> Other: _____ |

4. How do you rate your knowledge of the health services that are available through Ruby Valley Medical Center?

- Excellent Good Fair Poor

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

- | | | |
|--|--|---|
| <input type="checkbox"/> Billboards/posters | <input type="checkbox"/> Presentations | <input type="checkbox"/> Social media (Facebook) |
| <input type="checkbox"/> Friends/family | <input type="checkbox"/> Public health nurse | <input type="checkbox"/> Website/internet |
| <input type="checkbox"/> Healthcare provider | <input type="checkbox"/> Public postings/bulletins | <input type="checkbox"/> Word of mouth/reputation |
| <input type="checkbox"/> Madisonian/Whitehall Ledger | <input type="checkbox"/> Radio | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Mailings/newsletter | <input type="checkbox"/> Ruby Valley Nugget | |

6. How important are local healthcare providers and services (i.e., hospitals, clinics, nursing homes, assisted living, etc.) to the economic well-being of the area?

- Very important Important Not important Don't know

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

- | | | |
|---|--|---|
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Grief support group | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> EMS/ambulance | <input type="checkbox"/> Home care services | <input type="checkbox"/> Senior Center |
| <input type="checkbox"/> Fitness center/classes | <input type="checkbox"/> Meals on Wheels | <input type="checkbox"/> Senior Companion Program |
| <input type="checkbox"/> Food banks | <input type="checkbox"/> Mental health | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Care giver support group | <input type="checkbox"/> Pharmacy | |

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

- | | |
|--|--|
| <input type="checkbox"/> Greater health education services | <input type="checkbox"/> More primary care providers |
| <input type="checkbox"/> Health Navigator (i.e., assistance signing up for insurance, Medicare, or Medicaid) | <input type="checkbox"/> More specialists |
| <input type="checkbox"/> Improved access to health insurance | <input type="checkbox"/> Outpatient services expanded hours |
| <input type="checkbox"/> Improved quality of care | <input type="checkbox"/> Payment assistance programs (healthcare expenses) |
| <input type="checkbox"/> Interpreter services/cultural sensitivity | <input type="checkbox"/> Telemedicine |
| <input type="checkbox"/> More information about available services | <input type="checkbox"/> Transportation assistance |
| <input type="checkbox"/> More mental health providers | <input type="checkbox"/> Veteran's advocate |
| | <input type="checkbox"/> Other: _____ |

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Alcohol/substance use | <input type="checkbox"/> Heart disease | <input type="checkbox"/> Power of Attorney |
| <input type="checkbox"/> Alzheimer's/dementia | <input type="checkbox"/> Lactation/breastfeeding support | <input type="checkbox"/> Prenatal |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Living will | <input type="checkbox"/> Smoking/tobacco cessation |
| <input type="checkbox"/> Diabetes/diabetes prevention | <input type="checkbox"/> Men's health | <input type="checkbox"/> Support groups |
| <input type="checkbox"/> First aid/CPR | <input type="checkbox"/> Mental health | <input type="checkbox"/> Weight loss |
| <input type="checkbox"/> Fitness | <input type="checkbox"/> Nutrition | <input type="checkbox"/> Women's health |
| <input type="checkbox"/> Grief counseling | <input type="checkbox"/> Parenting | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Health and wellness | <input type="checkbox"/> Personal finance | |

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

- | | | |
|--|--|--|
| <input type="checkbox"/> Addiction counseling/services | <input type="checkbox"/> Mammography | <input type="checkbox"/> Ophthalmologist (eye) |
| <input type="checkbox"/> Audiology | <input type="checkbox"/> Medication management | <input type="checkbox"/> Pediatrician |
| <input type="checkbox"/> Bone density scan (DEXA) | <input type="checkbox"/> Mental/behavioral health/counseling | <input type="checkbox"/> Podiatry |
| <input type="checkbox"/> Cancer care | <input type="checkbox"/> Naturopathy | <input type="checkbox"/> Psychiatrist |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> OB/GYN | <input type="checkbox"/> Urologist |
| <input type="checkbox"/> Dermatology | <input type="checkbox"/> Outpatient surgery | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> General surgeon | | |

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

- | | | |
|--|--|--|
| <input type="checkbox"/> Blood pressure check | <input type="checkbox"/> Cholesterol check | <input type="checkbox"/> Flu shot/ immunizations |
| <input type="checkbox"/> Children's checkup/ Well baby | <input type="checkbox"/> Colonoscopy | <input type="checkbox"/> Health checkup |
| | <input type="checkbox"/> Dental check | <input type="checkbox"/> Health fair |

- Hearing check
- Mammography
- Mental health counseling
- Pap test
- Prostate (PSA)
- Skin check
- Vision check
- Weight/BMI check
- None
- Other: _____

12. 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 14)

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

- Could not get an appointment
- Could not get off work
- Didn't know where to go
- Don't like doctors/PAs
- Don't understand healthcare system
- Had no childcare
- It cost too much
- It was too far to go
- Language barrier
- My insurance didn't cover it
- No insurance
- Not treated with respect
- Office wasn't open when I could go
- Privacy/confidentiality
- Qualified provider not available
- Services were not available locally
- Too long to wait for an appointment
- Too nervous or afraid
- Transportation problems
- Unsure if services were available
- Other: _____

14. 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 17)

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

- Bozeman
- Butte
- Dillon
- Ennis
- Sheridan/Twin Bridges
- VA
- Whitehall
- Other: _____

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

- Appointment availability
- Clinic/provider's reputation for quality
- Closest to home
- Cost of care
- Established care/relationship
- Indian Health Services
- Length of waiting room time
- Prefer to see a doctor (MD/DO)
- Prior experience with clinic
- Privacy/confidentiality
- Recommended by family or friends
- Referred by physician or other provider
- Required by insurance plan
- VA/Military requirement
- Other: _____

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

- Yes
- No (If no, skip to question 20)

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

- Barrett Hospital – Dillon
- Billings
- Bozeman Health – Bozeman
- Madison Valley Medical Center – Ennis
- Ruby Valley Medical Center – Sheridan
- St. James/Intermountain Healthcare – Butte
- VA Hospital
- Other: _____

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

- | | | |
|--|--|---|
| <input type="checkbox"/> Closest to home | <input type="checkbox"/> Hospital’s reputation for quality | <input type="checkbox"/> Required by insurance plan |
| <input type="checkbox"/> Closest to work | <input type="checkbox"/> Prior experience with hospital | <input type="checkbox"/> VA/Military requirement |
| <input type="checkbox"/> Cost of care | <input type="checkbox"/> Privacy/confidentiality | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Emergency, no choice | <input type="checkbox"/> Recommended by family or friends | |
| <input type="checkbox"/> Financial assistance programs | <input type="checkbox"/> Referred by provider | |

20. 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 23**)

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

- | | | |
|--|--|---|
| <input type="checkbox"/> Barrett Hospital – Dillon | <input type="checkbox"/> Logan Health- Kalispell | <input type="checkbox"/> St. James/Intermountain Healthcare – Butte |
| <input type="checkbox"/> Billings | <input type="checkbox"/> Madison Valley Medical Center – Ennis | <input type="checkbox"/> VA Hospital |
| <input type="checkbox"/> Billings Clinic – Bozeman | <input type="checkbox"/> Ruby Valley Medical Center – Sheridan | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Bozeman Health – Bozeman | | |

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

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

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

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Child car seat/booster | <input type="checkbox"/> Recreational activity helmet use | <input type="checkbox"/> None |
| <input type="checkbox"/> Designated driver | <input type="checkbox"/> Regular exercise | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Gun lock/safe | <input type="checkbox"/> Seat belt | |

24. The following services are available through Ruby Valley Medical Center. Please rate the overall quality for each service by circling your answer. **(Please circle N/A if you have not used the service)**

	Excellent	Good	Fair	Poor	Haven't Used	Don't Know
Ambulance services	4	3	2	1	N/A	DK
CT Scan/ MRI/ x-ray/ultrasound	4	3	2	1	N/A	DK
Emergency room	4	3	2	1	N/A	DK
Endoscopy/colonoscopy	4	3	2	1	N/A	DK
Laboratory	4	3	2	1	N/A	DK
Mental health crisis response	4	3	2	1	N/A	DK
Primary care	4	3	2	1	N/A	DK
Rehabilitation services (Physical, speech, & occupational therapies)	4	3	2	1	N/A	DK
Swing bed/transitional care program	4	3	2	1	N/A	DK
Visiting specialist/specialty clinics	4	3	2	1	N/A	DK
Pain Management	4	3	2	1	N/A	DK
Echocardiogram/Stress Test	4	3	2	1	N/A	DK

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

- Yes No

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

- Every day Sometimes (3-5 days per month) Never
 Most days (3-5 days per week) Occasionally (1-2 days per month)

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

- High Moderate Low Unsure/rather not say

28. 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

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

- A great deal Somewhat A little Not at all

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

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

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

- Yes No Not applicable

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

- Yes No

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

- Yes No Don't know

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

- Employer sponsored Indian Health Private insurance/private plan
 Health Insurance Marketplace Medicaid VA/Military
 Health Savings Account Medicare None/pay out of pocket
 Healthy MT Kids Medicare Advantage Other: _____

35. Which of the following services do you have insurance coverage for? (**Select ALL that apply**)

- Medical Vision Dental I do not have insurance

36. How well do you feel your health insurance covers your healthcare costs?

- Excellent Good Fair Poor

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

- Can't afford to pay for health insurance Too confusing/don't know how to apply
 Employer does not offer insurance Other: _____
 Choose not to have health insurance

38. Are you aware of programs that help people pay for healthcare expenses?

- Yes, and I use them Yes, but I do not qualify Yes, but choose not to use No Not sure

Demographics

All information is kept confidential and your identity is not associated with any answers.

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

- 59710 Alder 59749 Sheridan 59759 Whitehall
 59729 Ennis 59754 Twin Bridges Other: _____
 59751 Silver Star 59755 Virginia City

40. How long have you lived in your community?

- 0-5 years 6-15 years 16+ years

41. If you live in Madison County, how many months do you live in the county each year?

- 3 or less 4-6 months 7-9 months 10-12 months I do not live in Madison County

42. What is your gender: _____

43. What age range represents you?

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

44. What is your employment status?

- Work full-time Retired Collect disability
 Work part-time Student Unemployed, but looking

Not currently seeking
employment

Other: _____

45. Have you or someone in your household ever served on active duty in the U.S. Armed Forces, Military Reserves, or National Guard?

Yes

No

[CODED]

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

Social Data Collection and Analysis Services

Montana State University

PO Box 172245

Bozeman, MT 59717

THANK YOU VERY MUCH FOR YOUR TIME

Please note that all information will remain confidential

Appendix F – Cross Tabulation Analysis

Knowledge Rating of Ruby Valley Medical Center Services by How Respondents Learn About Healthcare Services

	Excellent	Good	Fair	Poor	Total
Billboards/posters	22.9% (8)	45.7% (16)	14.3% (5)	17.1% (6)	35
Friends/family	20.2% (18)	46.1% (41)	22.5% (20)	11.2% (10)	89
Healthcare provider	23.9% (17)	60.6% (43)	14.1% (10)	1.4% (1)	71
Madisonian/Whitehall Ledger	23.1% (6)	34.6% (9)	23.1% (6)	19.2% (5)	26
Mailings/newsletter	11.1% (2)	33.3% (6)	38.9% (7)	16.7% (3)	18
Public health nurse	33.3% (3)	66.7% (6)	-	-	9
Public postings/bulletins	20.7% (6)	51.7% (15)	13.8% (4)	13.8% (4)	29
Radio	66.7% (2)	-	-	33.3% (1)	3
Ruby Valley Nugget	21.7% (5)	43.5% (10)	30.4% (7)	4.3% (1)	23
Social media (Facebook)	10.7% (3)	57.1% (16)	21.4% (6)	10.7% (3)	28
Website/internet	17.6% (6)	52.9% (18)	20.6% (7)	8.8% (3)	34
Word of mouth/reputation	17.9% (17)	48.4% (46)	25.3% (24)	8.4% (8)	95
Other	-	85.7% (6)	-	14.3% (1)	7

Presentations removed from method due to non-response.

Delay or Did Not Get Need Healthcare Services by Residence

	Yes	No	Total
59710 Alder	27.3% (3)	72.7% (8)	11
59751 Silver Star	25.0% (1)	75.0% (3)	4
59749 Sheridan	33.0% (34)	67.0% (69)	103
59754 Twin Bridges	6.3% (1)	93.8% (15)	16
59755 Virginia City	12.5% (1)	87.5% (7)	8
59759 Whitehall	50.0% (4)	50.0% (4)	8
TOTAL	29.3% (44)	70.7% (106)	150

59729 Ennis and Other removed from residence (first column) due to non-response.

Location of primary care clinic most utilized by residence

	Bozeman	Butte	Dillon	Ennis	Sheridan/Twin Bridges	Whitehall	Other	TOTAL
59710 Alder	11.1% (1)	-	22.2% (2)	11.1% (1)	55.6% (5)	-	-	9
59751 Silver Star	-	25.0% (1)	-	-	50.0% (2)	-	25.0% (1)	4
59749 Sheridan	4.8% (5)	3.8% (4)	24.8% (26)	3.8% (4)	48.6% (51)	1.0% (1)	13.3% (14)	105
59754 Twin Bridges	-	5.6% (1)	22.2% (4)	-	50.0% (9)	-	22.2% (4)	18
59755 Virginia City	-	-	-	37.5% (3)	37.5% (3)	-	25.0% (2)	8
59759 Whitehall	-	25.0% (2)	12.5% (1)	-	-	50.0% (4)	12.5% (1)	8
TOTAL	3.9% (6)	5.3% (8)	21.7% (33)	5.3% (8)	46.1% (70)	3.3% (5)	14.5% (22)	152

59729 Ennis and Other removed from residence (first column) due to non-response. VA removed from primary care location due to non-response.

Location of primary care provider most utilized by reasons for clinic/provider selection

	Bozeman	Butte	Dillon	Ennis	Sheridan/ Twin Bridges	Whitehall	Other	TOTAL
Appointment availability	2.6% (1)	2.6% (1)	15.4% (6)	7.7% (3)	56.4% (22)	5.1% (2)	10.3% (4)	39
Clinic/provider's reputation for quality	1.8% (1)	3.6% (2)	12.5% (7)	3.6% (2)	60.7% (34)	1.8% (1)	16.1% (9)	56
Closest to home	-	2.6% (2)	7.7% (6)	2.6% (2)	71.8% (56)	5.1% (4)	10.3% (8)	78
Cost of care	-	10.0% (1)	10.0% (1)	-	40.0% (4)	20.0% (2)	20.0% (2)	10
Established care/relationship	2.9% (2)	2.9% (2)	26.5% (18)	5.9% (4)	44.1% (30)	4.4% (3)	13.2% (9)	68
Length of waiting room time	-	-	33.3% (2)	-	66.7% (4)	-	-	6
Prefer to see a doctor (MD/DO)	6.3% (1)	-	31.3% (5)	12.5% (2)	37.5% (6)	-	12.5% (2)	16
Prior experience with clinic	-	2.3% (1)	15.9% (7)	6.8% (3)	50.0% (22)	4.5% (2)	20.5% (9)	44
Privacy/confidentiality	-	-	30.8% (4)	23.1% (3)	30.8% (4)	7.7% (1)	7.7% (1)	13
Recommended by family or friends	8.7% (2)	-	17.4% (4)	13.0% (3)	47.8% (11)	-	13.0% (3)	23
Referred by physician or other provider	6.3% (1)	6.3% (1)	12.5% (2)	6.3% (1)	37.5% (6)	-	31.3% (5)	16
Required by insurance plan	-	-	20.0% (1)	-	-	-	80.0% (4)	5
VA/Military requirement	-	44.4% (4)	-	22.2% (2)	11.1% (1)	-	22.2% (2)	9
Other	-	16.7% (1)	16.7% (1)	16.7% (1)	-	16.7% (1)	33.3% (2)	6

Indian Health Services removed from reason clinic selected (first column) due to non-response. VA removed from clinic location due to non-response.

Location of most utilized hospital by residence

	Barrett Hospital - Dillon	Billings	Bozeman Health - Bozeman	Madison Valley Medical Center - Ennis	Ruby Valley Medical Center - Sheridan	St. James/Intermountain Healthcare - Butte	VA Hospital	Other	Total
59710 Alder	28.6% (2)	-	14.3% (1)	28.6% (2)	14.3% (1)	-	-	14.3% (1)	7
59751 Silver Star	-	-	-	-	66.7% (2)	33.3% (1)	-	-	3
59749 Sheridan	17.6% (13)	-	23.0% (17)	1.4% (1)	35.1% (26)	4.1% (3)	1.4% (1)	17.6% (13)	74
59754 Twin Bridges	41.7% (5)	-	-	-	41.7% (5)	-	-	16.7% (2)	12
59755 Virginia City	20.0% (1)	-	-	-	40.0% (2)	-	-	40.0% (2)	5
59759 Whitehall	-	25.0% (1)	-	-	-	50.0% (2)	-	25.0% (1)	4
TOTAL	20.0% (21)	1.0% (1)	17.1% (18)	2.9% (3)	34.3% (36)	5.7% (6)	1.0% (1)	18.1% (19)	105

59729 Ennis and Other removed from residence (first column) due to non-response.

Location of most recent hospitalization by reasons for hospital selection

	Barrett Hospital	Billings	Bozeman Health	Madison Valley Medical Center	Ruby Valley Medical Center	St. James/Intermountain	VA Hospital	Other	Total
Closest to home	20.8% (11)	-	5.7% (3)	1.9% (1)	56.6% (30)	5.7% (3)	-	9.4% (5)	53
Closest to work	-	-	-	-	100.0% (2)	-	-	-	2
Cost of care	-	-	-	50.0% (1)	-	-	-	50.0% (1)	2
Emergency, no choice	15.6% (5)	3.1% (1)	12.5% (4)	3.1% (1)	40.6% (13)	-	3.1% (1)	21.9% (7)	32
Financial assistance programs	-	-	50.0% (1)	-	50.0% (1)	-	-	-	2
Hospital's reputation for quality	13.8% (4)	-	24.1% (7)	6.9% (2)	34.5% (10)	3.4% (1)	-	17.2% (5)	29
Prior experience with hospital	22.2% (12)	-	18.5% (10)	3.7% (2)	44.4% (24)	1.9% (1)	-	9.3% (5)	54
Privacy/confidentiality	50.0% (2)	-	25.0% (1)	-	25.0% (1)	-	-	-	4
Recommended by family or friends	33.3% (1)	-	33.3% (1)	-	33.3% (1)	-	-	-	3
Referred by physician or other provider	21.4% (6)	-	32.1% (9)	-	10.7% (3)	7.1% (2)	-	28.6% (8)	28
Required by insurance plan	-	-	50.0% (1)	-	50.0% (1)	-	-	-	2
VA/Military requirement	25.0% (1)	25.0% (1)	-	-	-	-	25.0% (1)	25.0% (1)	4
Other	16.7% (2)	-	16.7% (2)	-	33.3% (4)	16.7% (2)	-	16.7% (2)	12

Appendix G – Responses to Other & Comments

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

- All old age related ailments

*Responses when more than 3 were selected (0 participants):

- *None*

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

- Stop voting Republican.

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

- Affordable housing (1)
- Good jobs and a healthy economy (1)
- Good schools (1)
- Healthy behaviors and lifestyles (1)
- Low crime/safe neighborhoods (1)
- Religious or spiritual values (1)
- Strong family life (1)

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

- Went to an "open door" event at RVMC
- Employees of HVR
- Had to look it up
- Used for a long time
- Moved home
- I am a healthcare provider in the county (Ennis)
- Facebook

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

- None (3)
- AA + AI ANON
- Physical therapy (2)
- Keep medical care affordable
- Swimming pool fitness class
- Preventative eye care

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

- Ruby Valley Hospital accepting my retirement insurance (United Healthcare)
- Services or an advocate to help our seniors navigate the Healthcare system. This would include Medicare, Medicaid and the VA.
- Stop voting and supporting Republicans that want nothing more than to cut every social service you have previously listed including Medicare, Medicaid, and VA support.
- Providers working not 2 days on 2 days off etc.
- Not sure, we are happy with our doctor
- Urgent Care
- Hospital is not vet friendly RVMC
- Affordable healthcare in the form of lower costs from the providers
- Affordable health insurance
- In home care that is local
- Better access to hospice care
- Keep medical care affordable
- Pay the providers more, 6P + specialists
- Cost is too high for doctor visits. Insurance companies have ruined our health care system
- More in-home services

9. 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)

- Caregiver support is a need in Sheridan
- Retirement class
- None
- Pain control
- Screenagers
- Integrative medicine

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

- Optometrist (2)
- Podiatrist
- Gastroenterology
- Neurologist

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

- GI checkup w/ specialist
- Emerging hospital
- Physical therapy

- N/A
- ER

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

- Insurance not accepted
- Doctors not in
- Every time I made an appointment, a different doctor's office would call back later cancelling the appointment saying that they do not provide that service. Too much misinformation.
- Did not want to go to E.R. but ended up going eventually
- No naturopath/holistic care provider
- Rabies vaccine

*Responses when more than 3 were selected (0 participants):

- *None*

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

- Providence Portland (endocrinologist)
- Missoula
- Arizona

*Responses when more than 1 was selected (21 participants):

- Bozeman (12)
- Butte (13)
- Dillon (9)
- Ennis (3)
- Sheridan/Twin Bridges (10)
- VA (1)
- Whitehall (2)

16. Why did you select the primary care provider you are currently seeing?

- Doctor is son-in-law
- Had to find someone who worked 5 days a week
- Accepted my insurance
- Clinic services are free at specified clinic through insurance
- Quality of care
- Free cost with insurance benefits

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

- Mayo
- Bridger Ortho - Bozeman Surgery
- St. Patrick's – Missoula (2)
- Out of area - not in the area long enough to have local services

- Missoula Bone + Joint
- Tucson, AZ
- ID Falls
- St. Patrick - Missoula but most recent was St. James

*Responses when more than 1 was selected (13 participants):

- Barrett Hospital – Dillon (5)
- Billings (1)
- Bozeman Health – Bozeman (9)
- Madison Valley Medical Center – Ennis (1)
- Ruby Valley Medical Center – Sheridan (7)
- St. James Healthcare/Intermountain – Butte (2)
- VA Hospital (1)

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

- Place of employment
- Access to scans
- Had an orthopedic doctor
- Variety of services
- Patient insisted on going to ER
- My doctor's location
- Provider does not work in Sheridan
- Had a specialist on staff
- They had rabies
- Where the work/procedure can be done

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

- Closest to home (1)
- Emergency, no choice (1)
- Hospital's reputation for quality (1)
- Prior experience with hospital (1)
- Recommended by family or friends (1)
- Referred by provider (1)

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

- Logan Health, Kalispell; University of Utah
- Endocrinologist Providence Portland
- Missoula, Dillon
- Bridger Ortho
- Medical Eye Specialists- BZN
- Skin Care MT
- Specialty Clinic Billings
- Anaconda Healthcare

- Local Dentist (Sheridan); Local Optometrist (Butte)
- Skin Care MT - Bozeman
- VA Clinic - Butte
- Bridger Ortho
- Bozeman Naturopath Dr
- Butte (2)
- Bozeman
- Deer Lodge
- Dermatologist - Butte
- Phoenix, AZ
- Tolleson, AZ; Phoenix, AZ; Peoria, AZ
- Telehealth Primary Children's Hospital
- Big Sky Dermatology Bozeman
- Dillon
- Providence Missoula
- Missoula (2)
- Helena
- Bridger Orthopedic
- Bozeman Midwifery
- Billings Clinic Missoula and Deer Lodge
- Rocky Mtn Allergy Butte
- Mercury Street Medical Butte; Guardian Derm, Helena
- Missoula - Community
- St Peters Helena
- Missoula Bone & Joint
- AZ
- ID Falls
- St. Patrick – Missoula (2)
- Independent- PT in Churchill
- Bozeman Foot + Ankle

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

- ER
- Fx
- EOS
- Vascular surgeon
- Hematologist
- Diabetic Clinic
- Osteopathic
- Nurse practitioner
- Sleep study
- Nephrologist

- Dermatologist

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

- Healthy eating
- Body protector when horseback riding
- Think safety
- Grab bars, w/c ramp
- N/A
- Pay attention, use common sense

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

- Humana
- + supplement to Medicare
- No idea

*Responses when more than 1 was selected (30 participants):

- Employer sponsored (4)
- Health Insurance Marketplace (1)
- Health Savings Account (3)
- Healthy MT Kids (2)
- Indian Health
- Medicaid (4)
- Medicare (23)
- Medicare Advantage (2)
- Private insurance/private plan (17)
- VA/Military (5)
- None/pay out of pocket (1)

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

- *None*

42. What is your gender? Responses other than “Male” or “Female”

- Male + Female (answered for two respondents)

44. What is your employment status?

- Partially Retired
- Self-Employed (3)
- Pastor
- Stay at home mom
- Dialysis

*Responses when more than 1 was selected (6 participants):

- Work part-time (2)
- Retired (6)
- Collect disability (1)
- Not currently seeking employment (3)

General comments

- (Q2)
 - Next to “Lack of access to healthcare” note says “affordable insurance”
 - Next to “Work/economic stress” note says “lack of affordable housing.”
- (Q4)
 - Note says “I do not use Ruby Valley Medical
- (Q5)
 - Respondent answered “Healthcare provider” and wrote a note saying, “Doesn’t help”
- (Q9)
 - Note: “Healthy eating for people/families on a budget”
- (Q13)
 - Next to “My insurance didn’t cover it” option, note says “high deductible.”
 - Note reads “I have not had a problem, but...” and next to (my insurance didn’t cover it, services were not available locally, transportation problems) options, notes say, “I think this is a concern.”
- (Q15)
 - Note reads, “Located in Dillon our PC provider retired last winter requiring us to shift to our current Sheridan provider.”
- (Q21)
 - Note says “emergency nose bleed.”
- (Q23)
 - Notes: “no kids”, “Don’t drink”, “no weapons.”
- (Q30)
 - Note says, “Depend on definition of physical activity. Remodeling house – so a lot of lifting, moving, staying busy.”
- (Q31)
 - Note says, “insurance refusing to pay for needed diabetic medication.”
- (Q34)
 - Note next to “Medicaid” and “Medicare” options: “To much for spend down.”
- (Q36)
 - Note reads, “I never have used it.”
- (Q37)
 - Note next to the “Can’t afford to pay for health insurance” reads, “Spend down.”
- (Q44)
 - Note says “self-employed.”
- General comments:
 - “P.S The new logo for the hospital is very unattractive! A waste of money!”

Appendix H – Key Informant Interview Questions

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

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

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

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

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

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

Appendix I – Key Informant Interview Notes

Key Informant Interview #1

July 2025

Anonymous

Via phone

1. How do you feel about the general health of your community?
 - Pretty good
 - People around here are clean, most are pretty healthy
 - We take care of each other

2. What are your views/opinions about these local services:
 - Hospital/clinic
 - I love our hospital and I love our staff
 - Work there and as a patient as well
 - EMS Services (ER/Ambulance)
 - Haven't had to use them
 - Staff is super good at their jobs and know what they're doing and so kinds
 - Public/County Health Department
 - Haven't interacted
 - Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
 - Not much
 - Services for Young Adults/Families
 - There could be more
 - There are a lot of outdoors activities that people do, which is nice – people go outside
 - Certain things community organizes outside
 - Fishing, camping, etc
 - Services for Low-Income Individuals
 - We have a food pantry, people who work there are great

3. What do you think are the most important local healthcare issues?
 - I'm really not sure about that

4. What other healthcare services are needed in the community?
 - Better mental health support – making counseling more available, putting it out there, letting people know it's there
 - People don't know about them
 - We also need more of them
 - Across age range

5. What would make your community a healthier place to live?
- Being kind, be nice to each other

Key Informant Interview #2

July 2025

Anonymous

Via phone

1. How do you feel about the general health of your community?
- Unknown
 - It's an aging population
 - Would like to know that they have access to services but don't know the answer to that
2. What are your views/opinions about these local services:
- Hospital/clinic
 - Hospital has reputation for doing extra procedures and tests for money
 - I would like to see that change
 - I want people to use the hospital and clinic more
 - But there's hardly a physician ever
 - Dillon is 38 miles away, hospital is 45 miles; walk in clinic there - you're seeing a doctor there, walk in and it's easy
 - Here it's hard to schedule, visiting doctor or PA or something
 - One person in particular (nursing something) - won't let my husband go see her, really bad experience there
 - Would like to see RVMC clinic improve
 - Depending on appointments and who's available we'll go to RVMC or Dillon
 - Seems like treating symptoms when you see her, not treating the problems
 - Processes need to be fixed
 - CEO has inherited gossip-y, no privacy hospital
 - Checking in process needs to be more private and professional
 - If family members of employees
 - Professionalism, training for employees
 - EMS Services (ER/Ambulance)
 - Don't think they're good
 - Lots of elderly fall calls
 - Apparently had meeting to try to figure out how to escalate fall calls to airlift so they could make \$400 more
 - IC structure not there
 - General sense that they want to overcharge
 - Lack of training, professionalism
 - Public/County Health Department
 - I'm getting to know more what they do

- Have life jackets and stuff
 - Gave away free life jackets
 - Outside of vaccines idk what they do - more education/awareness/marketing
 - Services for Low-Income Individuals/Families
 - Not so much knowledge
 - We have food bank
 - Mental health care might be lacking for these folks
 - Medicaid for mental health
3. What do you think are the most important local healthcare issues?
- Don't know
 - Senior care - if easy enough for them to get care
 - More access to care, used to be program to take people to DR appts but don't do that any more
 - How do they get places if they need to go
4. What other healthcare services are needed in the community?
- Can't think of anything
5. What would make your community a healthier place to live?
- I don't know
 - We're rural so people walk a lot
 - More options for healthier choices

Key Informant Interview #3

August 2025

Anonymous

Via phone

1. How do you feel about the general health of your community?
- I think it is a wonderful community
 - I think we live in a beautiful community
 - People are loved and taken care of in our community
 - The hospital – you can go there I cannot praise it enough
2. What are your views/opinions about these local services:
- Hospital/clinic
 - I don't go often because we've been told for many years we need to go to a specialist
 - I have to go to Dillon for that care
 - Then I've stayed in Dillon because of that; my husband too
 - I've got to Sheridan on occasion and they've been wonderful

- I cannot praise the hospital enough for how fantastic they were – from the IV to the care; there really was an amazing working together, caring for my needs, ushering my family in
 - I think it was top notch
 - EMS Services (ER/Ambulance)
 - I don't know anything about any of that; we've not used it
 - Felt like it was a great service through word of mouth
 - Public/County Health Department
 - I don't know anything about them
 - Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
 - We don't go to the senior center but the community loves it; I only hear positive things about that
 - Nursing home might be having some challenges; I have not been there in a while but I have concerns for the nursing home and the care of people there
 - I don't really like traveling nurses; I wish we could have local people who are paid enough; if you're in the community there's more of a care for people
 - It appears to be, when I've been up there, I don't know if there is that community dynamic; living in the community is really important
 - Services for Families/Young Adults
 - I know our kids and grandkids do their doctoring at the hospital; there's a PA that works there that they're really happy with
 - We do try to doctor here if we can
 - You can't have a baby in Sheridan; Dillon would be the closest
- 3. What do you think are the most important local healthcare issues?
 - Hospice – there was a lady recently put on hospice here locally and she was put on hospice and she ended up passing away over a year later and I felt like she wasn't loved on like she needed to; I wish the doctor came and checked on her one time; it was a black hole over her family; nobody checked on her for months
 - The elderly need care and compassion and love
- 4. What other healthcare services are needed in the community?
 - I'm not sure what would be needed
 - I feel like we have excellent physical therapy; senior center provides exercise and a meal
- 5. What would make your community a healthier place to live?
 - My conviction that people need to have a commitment to the Lord
 - More care for children and stronger families
 - I don't really have any complaints; we have a great community

Key Informant Interview #4

August 2025

Anonymous

Via phone

1. How do you feel about the general health of your community?
 - Good - physical health
 - Mental health security attitude
 - Friendly generous ready to help
 - Especially with this fire
 - Got good drug education in the schools
 - Less bullying on playground

2. What are your views/opinions about these local services:
 - Hospital/clinic
 - Missing support and help for single parents in general; we really don't have that
 - Satisfied with staff
 - Billing department needs help - paperwork
 - Prompt help there
 - Not so expensive to ER
 - EMS Services (ER/Ambulance)
 - Excellent care and consideration
 - Life flight here operates well
 - Take care of people
 - Never been empty
 - Public/County Health Department
 - Could do more for single parents
 - Don't hear much about them, just see their new office
 - Vaccinations
 - Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
 - Remarkable town w assisted living and nursing home
 - Assisted living is amazing
 - We go as far as we can with folks to keep them here
 - Waiting list but locals come first
 - Have shuttle thing, hard to coordinate where when
 - Run people to appointments shopping
 - Services for Families/Young Adults
 - Single parents need help
 - Do have young people offerings - places to plug in - youth groups, etc
 - Lot of support for families here
 - Services for Low-Income Individuals
 - Little food bank

- No affordable rent even here
 - Jobs are hard here
3. What do you think are the most important local healthcare issues?
 - Getting by a little exercise
 - Better diet
 - Affordable health insurance
 4. What other healthcare services are needed in the community?
 - We have places to borrow walker shower chair
 - Getting the youth involved, eg Americorps
 - Something else like Woodbank
 5. What would make your community a healthier place to live?
 - Less fires
 - Less bars
 - More young families
 - Place we can square dance again - community hall

Key Informant Interview #5

August 2025

Anonymous

Via phone

1. How do you feel about the general health of your community?
 - Generally healthy population
 - Lots of super seniors – people who live into their 90s, many of them live at home
 - We have really great nursing homes that provide excellent care
 - Most adults are pretty active through recreation or labor
 - Capable and healthy population
 - Great community sense of getting kids involved and supporting them year round
2. What are your views/opinions about these local services:
 - Hospital/clinic
 - Providers are in clinic and also doing education and outreach in the community
 - Increased appointment availability at RVMC; people will go to Dillon or Bute for walk-in care
 - Doing incredible work, made exceptional progress in last 1-2 years
 - Definitely improved their reputation in the community in past year
 - Brought in great providers
 - Staff is happy and easy to work and collaborate with
 - More community-oriented

- Doing a great job
- EMS Services (ER/Ambulance)
 - Don't work with them and haven't needed their services
 - Present at community meetings and events
 - Pretty engaged
 - Haven't heard complaints
- Public/County Health Department
 - Potential to grow
 - Longlist of services they want to provide
 - Made lots of progress in last few years
 - Community presence as well
- Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
 - Great nursing home
 - Senior center has really expanded and don't a lot more – host events now, lots of people go every day and rely on them – consistent and regular with services they provide
 - Very community oriented
 - Lots of seniors rely on the food bank; its expansion the last few years has been great
 - Senior Companions is great service – need more volunteers – more funding and support for them
 - Assisted living – great program – wait list – expansion here would be beneficial
- Services for Families/Young Adults
 - OB/GYN services
 - There are more family-oriented community activities
 - Families are more active families these days
 - More people who are engaged with their kids now
 - Sheridan Charitable Community Foundation host community events that promote that – Fall Festival, Christmas stroll
 - For a small town we have a lot of great resources for this
 - After school program, swimming pool are great; library does children's activities
 - Great child care through No Kids On the Block (& No Babies...)
- Services for Low-Income Individuals
 - Social workers – publicly-funded social work – not something that needs to be on the hospital, not reimbursable through medical insurance – should be public service that is provided without cost to the public
 - Housing – sustainable affordable housing – social security not keeping up with rent – public or subsidized housing

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

- Access to specialty care
- Healthcare affordability
- Behavioral health, substance use – not prevalence of it, but the absence of resources

- Crisis care could be better; post-crisis – usually long wait list to see local provider
 - Need to expand those services
 - Last year we had unexpected medical death – a few local BMMH providers went to school to meet w students and teachers to do after action group therapy/discussions/grieving
 - Stigma is very different now than 10 years ago; for most of us we’ve made a ton of progress
 - We’re de-stigmatizing on levels we can
4. What other healthcare services are needed in the community?
- Urgent care/walk-in clinic would be fantastic
 - Expanded specialty care services – OB/GYN, podiatry
5. What would make your community a healthier place to live?
- Expanded access to nutritious foods – affordability and prevalence – romaine lettuce was \$10 last year, so I go in less for fresh foods – not sure what expanded access would look like, another store or farmers market or garden share
 - Better healthy eating habits
 - We need more walking trails/paths to get people walking and moving – lighted in the dark, snow cleared in the winter
 - Prioritized social work – we are so under-resourced to support those in need here
6. What do you want to see out of the hospital in the next 3 years?
- They’ve already done so many good things; they’re doing a really good job

Appendix J – Request for Comments

Written comments on this 2025 Community Health Needs Assessment Report can be submitted to Jim Gillhouse, CEO at Ruby Valley Medical Center:

Administration
Ruby Valley Medical Center
321 Madison Street
Sheridan, MT 59749

Contact Ruby Valley Medical Center’s CEO at 406-842-5453 or jgillhouse@rvmc.org with questions.

