



# Montana Community Health Needs Assessments-Aggregate Findings 2012-2014

## CHSD Assessment Process

MONTANA CHSD ASSESSMENTS — 2012-2014

The Community Health Services Development (CHSD) project is a process created over 20 years ago in partnership with the University of Washington when many of our small rural hospitals were under the threat of closure. This process has helped Montana's Critical Access Hospitals (CAHs) understand what their community perceives as the community's health needs, how the community views current available services, to conduct meaningful program planning, and to engage the community in strengthening the healthcare system. To date, over 40 communities in Montana have used the CHSD process with many having utilized the process 2-3 times over. This flyer has aggregate information from Community Health Needs Assessments conducted with CAHs and their service areas in Montana from 2012-2014. Montana CAH communities included in the data set are: Anaconda, Big Sandy, Circle, Columbus, Conrad, Culbertson, Cut Bank, Dillon, Ekalaka, Forsyth, Fort Benton, Glendive, Hamilton, Hardin, Harlowton, Lewistown, Livingston, Philipsburg, Plains, Plentywood, Poplar-Wolf Point, Red Lodge, Ronan, Roundup, Scobey, Shelby, Sidney and Superior.

### CHSD Philosophy:

- Healthcare is a local affair.
- Healthcare delivered in rural communities is affordable, high quality, and necessary to the good health of the entire community.
- Citizens of rural communities/counties should take responsibility for the health of the community.
- Effective problem-solving by communities is the most important factor in the survival of rural health services.

The Community Health Services Development needs assessments have been funded various ways, but primarily through the Montana Health Research and Education Foundation (MHREF) Flex Grant, Frontier Medicine Better Health Partnership CMMI (Centers for Medicare and Medicaid Innovation) Grant as well as contracted services.

# Sample of Survey Findings

The surveys were sent to a random sample of 19,782 households in each Critical Access Hospital's service area (29 facilities) from 2012-2013.

5,884 were returned for a 30% response rate.

Select survey results:

- 62.3% Female; 34% Male; 3.8% no response.
- 40.2% of respondents reported working full time while 38% reported being retired.

- 26.4% of respondents were between the ages of 56-65; 20.8% between 66-75; and 16.7% between 46-55.
- 32.9% reported they or a member of their household did not get (or delayed) needed medical services.
- Top reasons for delay: "It cost too much" 51.2%; "Too long to wait for an appointment" 27.2%; and "I had no insurance" 27.2%.

- 53.8% perceive their community is "Somewhat Healthy" and 34.2% feel their community is "Healthy."
- 69.1% reported they or someone in their household had sought care in a hospital in the past 3 years. 94.7% had utilized a primary care provider and 78.5% had visited a specialist.
- Top utilized specialist services: Dentist 45.7%; Orthopedic surgeon 26.2%; Cardiologist 24.3%; Chiropractor 22.6%.

## Healthy Communities: Activities/Behaviors

### Physical Activity

27% of respondents reported "Daily" physical activity over the past month; 24.9% reported 2-4 times per week.

6.9% reported they had no physical activity over the past month.

### Prescription/Medications

14.2% of respondents reported prescription costs had prevented them from getting or taking their medication regularly.

### Depression

13.2% of respondents indicated they had felt depressed on most days for 3 consecutive months.

## Top Factors for a Healthy Community

### Top 3 Community Health Concerns:

- |                            |       |
|----------------------------|-------|
| 1. Alcohol/substance abuse | 60.5% |
| 2. Cancer                  | 46.1% |
| 3. Overweight/obesity      | 36.5% |

### Top 3 Components of a Healthy Community:

1. Access to healthcare and other services
2. Good jobs and healthy economy
3. Healthy behaviors and lifestyles

### Top 3 Ways to Improve Community's Access to Healthcare:

- |                                |       |
|--------------------------------|-------|
| 1. More primary care providers | 37.9% |
| 2. More specialists            | 29.3% |
| 3. Improved quality of care    | 25.2% |