

COMMUNITY HEALTH SERVICES DEVELOPMENT FINDINGS

A Community Health Needs Assessment Process

The following report contains aggregate information from Community Health Needs Assessments and Implementation Reports conducted with the Montana Office of Rural Health (MORH) and Montana Critical Access and rural hospitals from 2015-2017. Montana communities included in the data set are: Anaconda, Baker, Big Timber, Circle, Chester, Columbus, Culbertson, Cut Bank, Deer Lodge, Dillon, Ekalaka, Flathead County (Kalispell and Whitefish) Forsyth, Glendive, Hardin, Harlowton, Lewistown, Livingston, Philipsburg, Plentywood, Poplar-Wolf Point, Ronan, Scobey, Townsend and White Sulphur Springs.

From 2015-2017, MORH surveyed 26 communities receiving input from 4,163 participants and held focus groups and key informant interviews with 444 Montanans. The following is a summary of key findings.

To view the full report visit: <http://healthinfo.montana.edu/morh/chsd.html>

CHNA Top 3's

Top 3 components for a healthy community

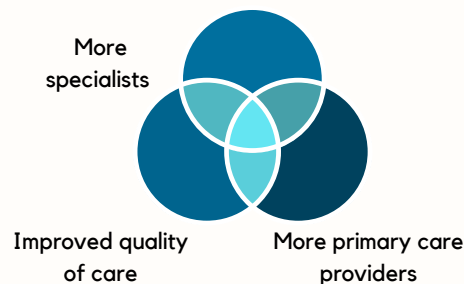
- Access to healthcare and other services
- Good jobs and healthy economy
- Healthy behaviors and lifestyles

Top Health Concerns:

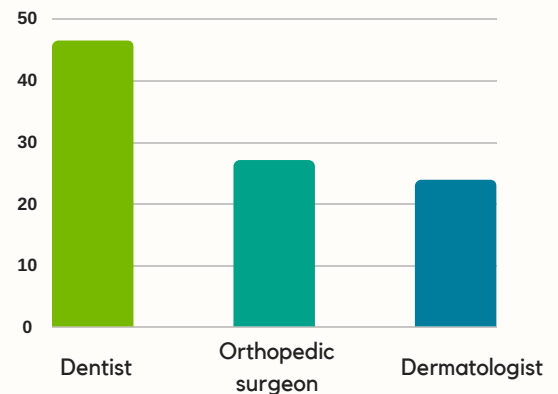
- Cancer 46.1%
- Alcohol/substance abuse 44.3%
- Overweight/obesity 32%



Top ways to improve community's access to healthcare:



Top healthcare specialists seen:



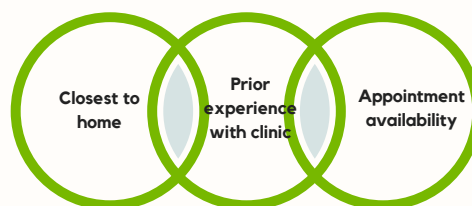
Healthcare Utilization

27.9% of respondents reported they or a member of their household did not get (or delayed) needed medical services.

Reasons for delay:

- It costs too much (42.7%)
- Too long to wait for an appointment (22.3%)
- Insurance didn't cover it (20.8%)

Reasons for selecting primary care provider:



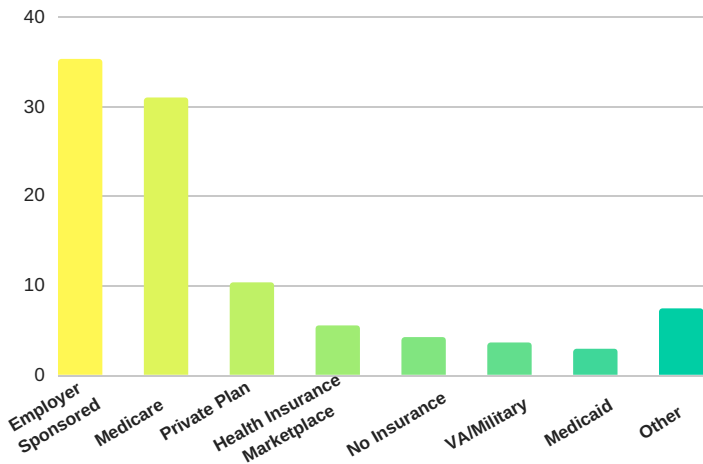
In the last 3 years respondents have utilized the following healthcare services:

- Clinic visit (95.5%)
- Hospital stay (69.2%)
- Specialist visit (80.4%)



More than half of respondents reported they feel their community is somewhat healthy (55.8%).

Health Insurance



Reasons for not having health insurance:
Cannot afford to pay for medical insurance (70%)

Employer does not offer insurance (22.9%)

Choose not to have medical insurance (17.1%)

Respondents were:

63.5% Female;
33.2% Male;
3.3% no response.



Survey demographics

4,163 surveys
were returned
for a **26.58%**
response rate.

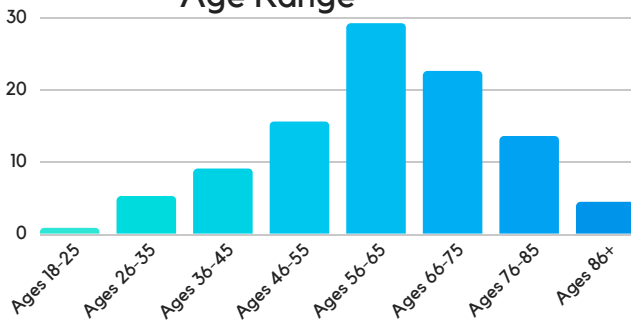
Employment

11% Work part time

39% Retired

41% Work full time

Age Range



Focus Group & Key Informant Findings

Top suggestions to make community a healthier place to live:

- More opportunities to physically active
- Preventative programs/ health education
- More senior services
- Substance abuse services
- Mental health programs and services
- Youth programs
- Community programs
- Improved environment

Top health concerns:

- Mental Health
- Drug and substance abuse
- Access to healthcare services
- Unable to afford healthcare services
- Lack of senior services
- Understaffed facilities/retention of staff
- Lack of transportation services
- Lack of preventative health programs
- Overweight/obesity
- Diabetes

Top services needed:

- Mental Health
- Senior services
- OBGYN and pediatrics
- More specialty services
- Addiction counseling
- Eye doctor
- Dentist
- Dermatology
- Community education
- Fitness options/centers

Implementation Goals

Critical Access Hospitals and rural healthcare facilities with input from community partners, use findings from their CHNA to prioritize the top needs to be addressed in their implementation plans. The top goals in 2015-2017 Implementation Plans focused on:

- Access to healthcare services (77.27%)
- Health and wellness of community (59.09%)
- Mental and behavior health (59.09%)
- Outreach and education (40.91%)
- Alcohol and substance abuse (36.36%)

