

2021 Community Health Needs Assessment



Rehabilitation Hospital of Montana

In Partnership with
Billings Clinic and St. Vincent Healthcare



**The Rehabilitation
Hospital of Montana**

*In Partnership with
Billings Clinic & St. Vincent Healthcare*

Introduction:

The Rehabilitation Hospital of Montana is a partnership between SCL Health St. Vincent Healthcare, Billings Clinic and Kindred Healthcare, Inc. Opening in August of 2019, the Rehabilitation Hospital of Montana provides a 34-bed inpatient rehabilitation hospital to treat patients recovering from conditions such as stroke, traumatic brain injury and spinal cord injury.

Partnering organizations, Billings Clinic and St. Vincent Healthcare conducted a Community Health Needs Assessment (CHNA) in 2020 with the participation of Rehabilitation Hospital of Montana staff. This comprehensive CHNA focused on Yellowstone County, Montana, which serves as the primary service area for both Billings Clinic and St. Vincent Healthcare, representing approximately 60% and 64% of hospital and emergency admissions, respectively. This comprehensive CHNA provided an in-depth view of community health needs and can be accessed online:

<https://www.healthybydesignyellowstone.org/wp-content/uploads/2020-PRC-CHNA-Report-Yellowstone-County-MT-FINAL-2020.02.07.pdf>

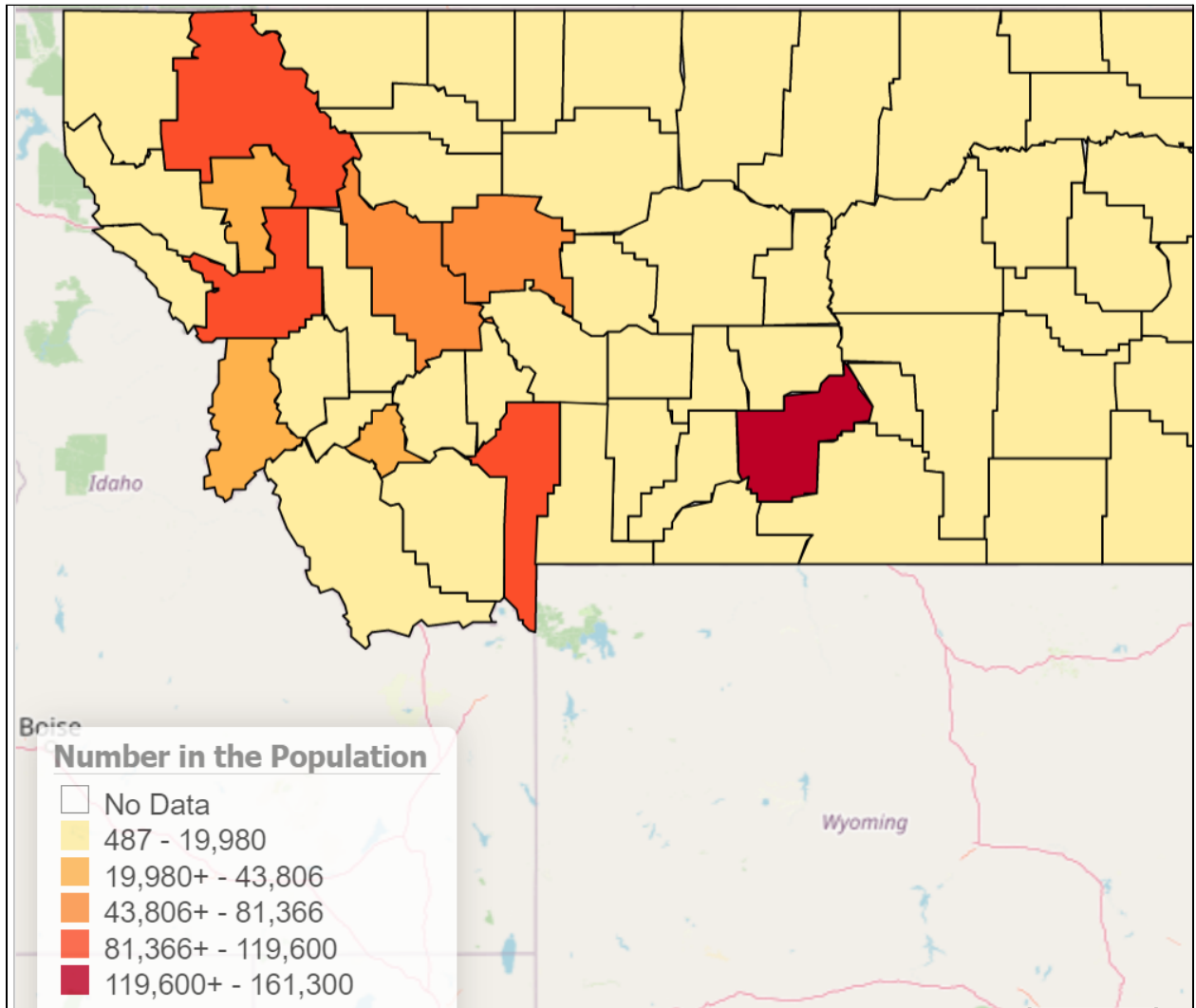
In 2021, the Rehabilitation Hospital of Montana embarked on a CHNA to include additional statewide data related to applicable health conditions. This Community Health Needs Assessment includes secondary data from statewide sources, data from the Yellowstone County CHNA, and primary data from a key stakeholder survey.

Community Served by the Hospital Facility:

The Rehabilitation Hospital of Montana (RHOM) serves patients from across the state of Montana and the surrounding states. Approximately 88% of patients come from Montana and 53% of patients are located in Yellowstone County. The Rehabilitation Hospital of Montana is a state-of-the-art, 34-bed inpatient acute rehabilitation hospital dedicated to the treatment and recovery of individuals who have experienced a loss of function due to an injury or illness.

Offering intensive, patient-focused, specialized rehabilitation services, RHOM's rehabilitation programs provide ongoing care to patients in their recovery journey. RHOM offers customized, intense rehabilitation tailored to the individual needs of those recovering from stroke, brain injury, neurological conditions, trauma, spinal cord injury, amputation, and orthopedic injury. The Rehabilitation Hospital of Montana strives to maximize the health, function, and quality of life of those served through comprehensive physical medicine and rehabilitation programs.

Demographics:



The State of Montana has a population of 1,084,225. Between the 2010 and 2020 census, the stateside population increased by 9.5%. Montana has a total land area of 145,545.42 square miles and a population density of 7.44 people per square mile. (Census.gov/quickfacts)

In looking at race and ethnicity, most residents of Montana (88.9%) are white. Approximately 6.7% of residents are Native American/Alaska Native, 4.1% are Hispanic or Latino, and 2.8% report two or more races. Less than 1% of the population are Black, Asian, or Native Hawaiian/Other Pacific Islander. (Census.gov/quickfacts)

Data from the U.S. Census Bureau reports 86,787 veterans in the state, approximately 10.6% of the total population. Approximately 93.6% of Montana residents have a high school diploma, with 32% of residents having a Bachelor's degree or higher. An additional 9.2% of residents under age 65 have a disability.

The median household income (in 2019 dollars) from 2015-2019 was \$54,970. Approximately 12.6% of residents live in poverty.

Methodology:

This assessment builds upon data from the Yellowstone County Community Health Needs Assessment sponsored by Billings Clinic, St. Vincent Healthcare, and RiverStone Health. The 2020 CHNA focused on Yellowstone County as a primary service area for both Billings Clinic and St. Vincent Healthcare. Both hospitals are partners with Kindred Healthcare, Inc. for the Rehabilitation Hospital of Montana and Yellowstone County residents represent 53% of patients. The 2020 Yellowstone County CHNA incorporated a telephone survey of 400 Yellowstone County residents, including 112 parents who also provided information about a randomly selected child in the household. Administration of the surveys, data collection and data analysis was conducted by PRC. In addition to the primary survey, input was solicited from 154 community stakeholders as part of a key informant online survey. Finally, secondary data was also incorporated into the final CHNA document.

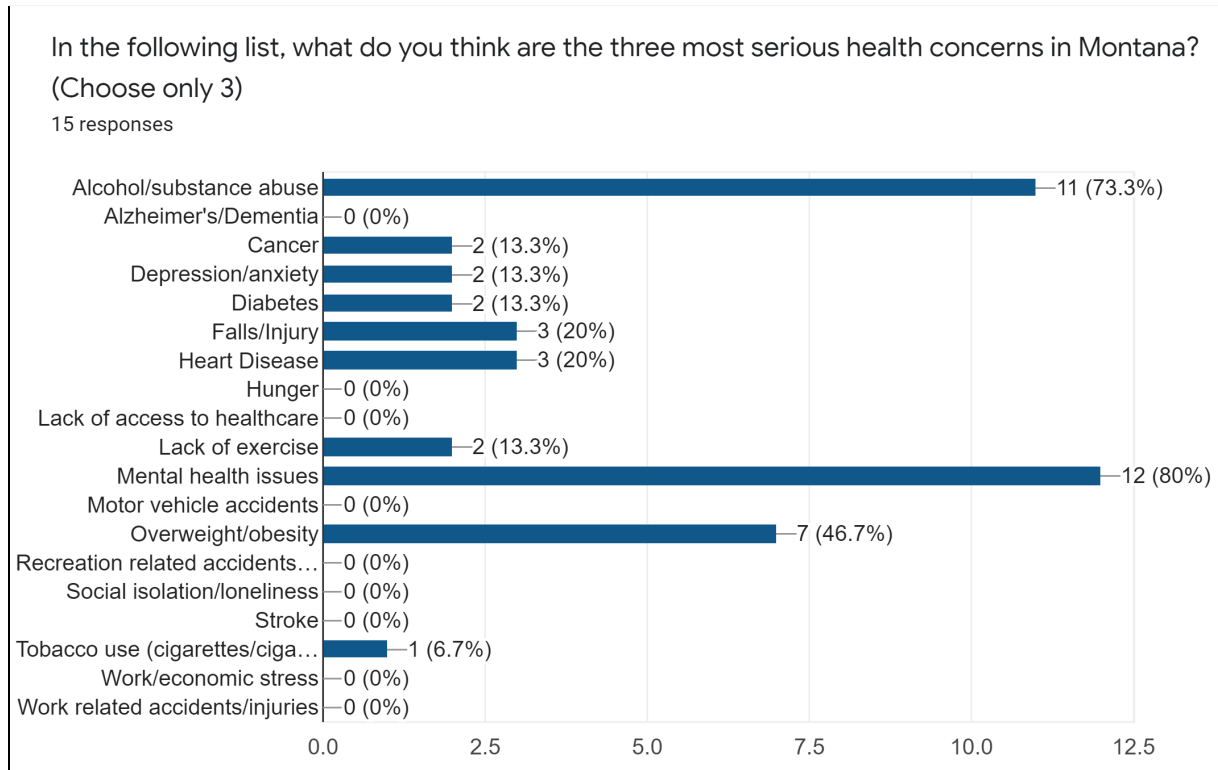
Statewide secondary data for the Rehabilitation Hospital of Montana Community Health Needs Assessment have been queried from the Montana Public Health Information System and include data from the Behavioral Health Risk Factor Surveillance System (BRFSS) and data from the Montana Hospital Discharge Data System (MHDDS).

As a specialty hospital, the Rehabilitation Hospital of Montana limited the focus of the CHNA to health needs related to the conditions treated by the hospital including: stroke, traumatic brain injury, and spinal cord injury. Additional community health needs have been identified in the Yellowstone County CHNA and are being addressed by the partnering hospitals, Billings Clinic and St. Vincent Healthcare.

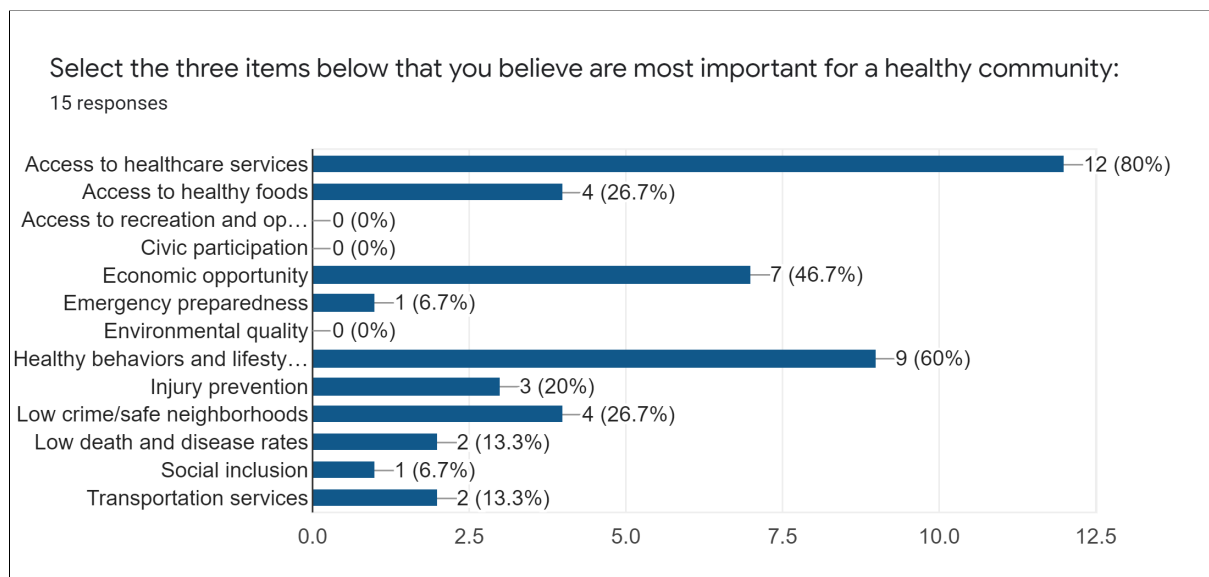
A survey was conducted with key informants at the end of July 2021. Surveys were emailed to 29 key stakeholders. The survey instrument included 8 questions focused on general health status, serious health concerns, needs for a healthy community including social determinants of health, services of the Montana Rehabilitation Hospital, barriers to health for patients, and opportunities to address health needs. 15 key stakeholders completed the survey, a 51% response rate.

Survey Findings:

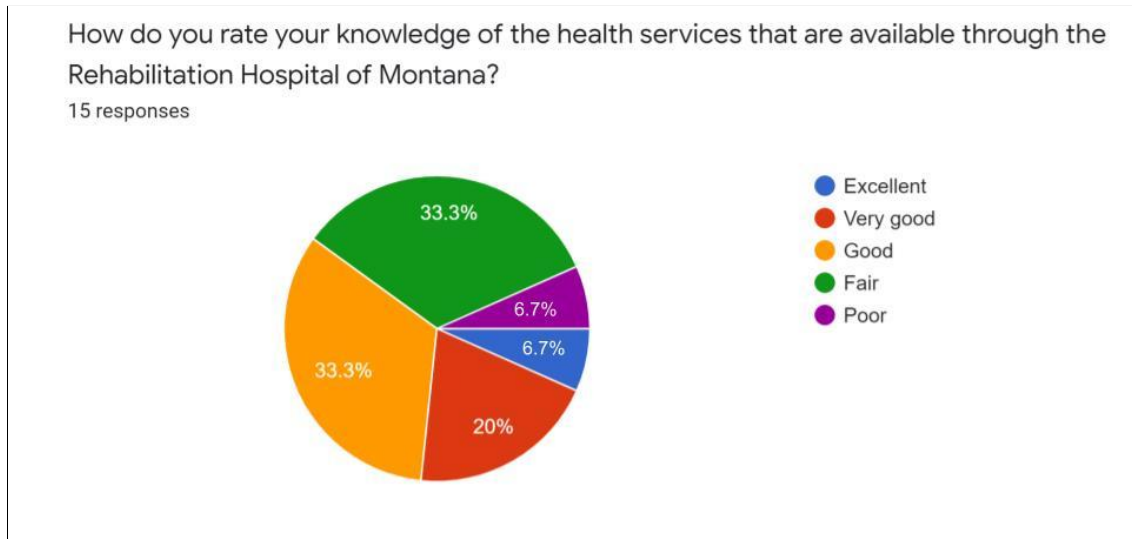
Key stakeholders identified the most serious health concerns in Montana as mental health issues, alcohol and substance abuse, and overweight/obesity.



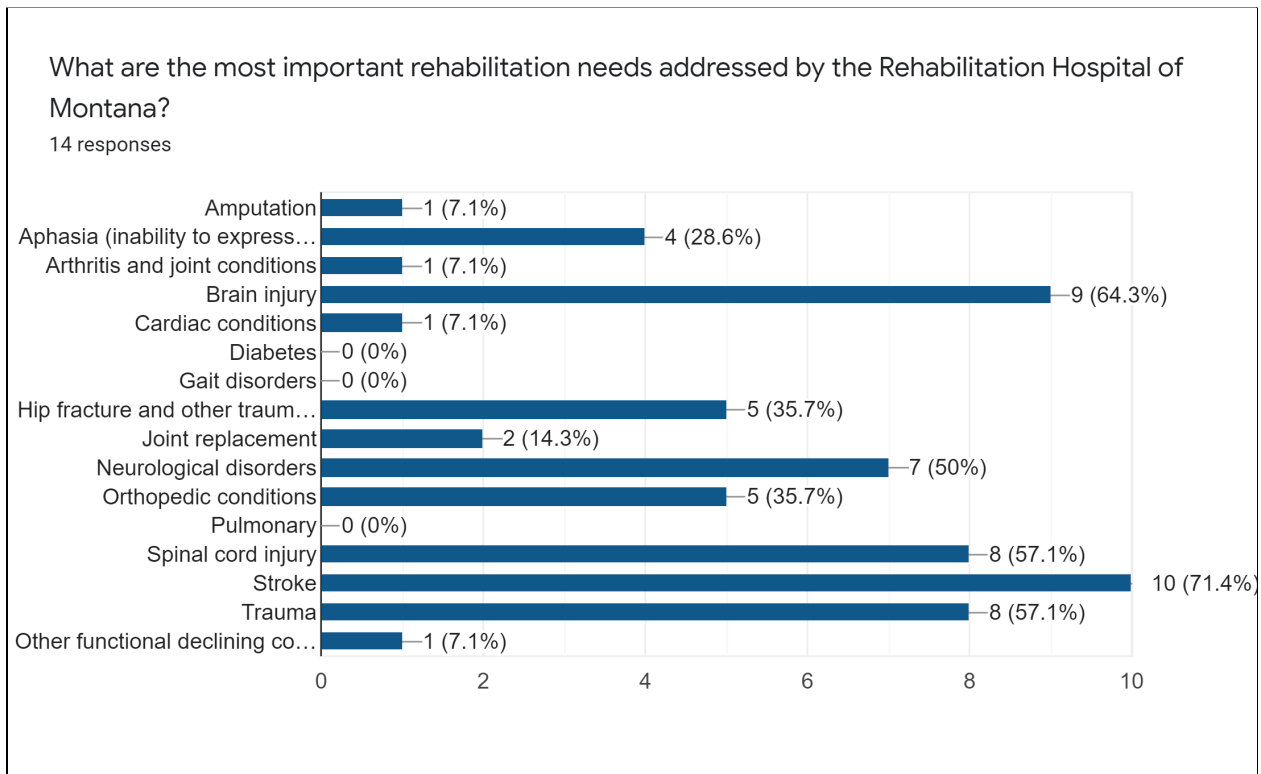
When asked what would be most important for a healthy community, key stakeholders identified access to healthcare services, healthy behaviors and lifestyles, and economic opportunity.



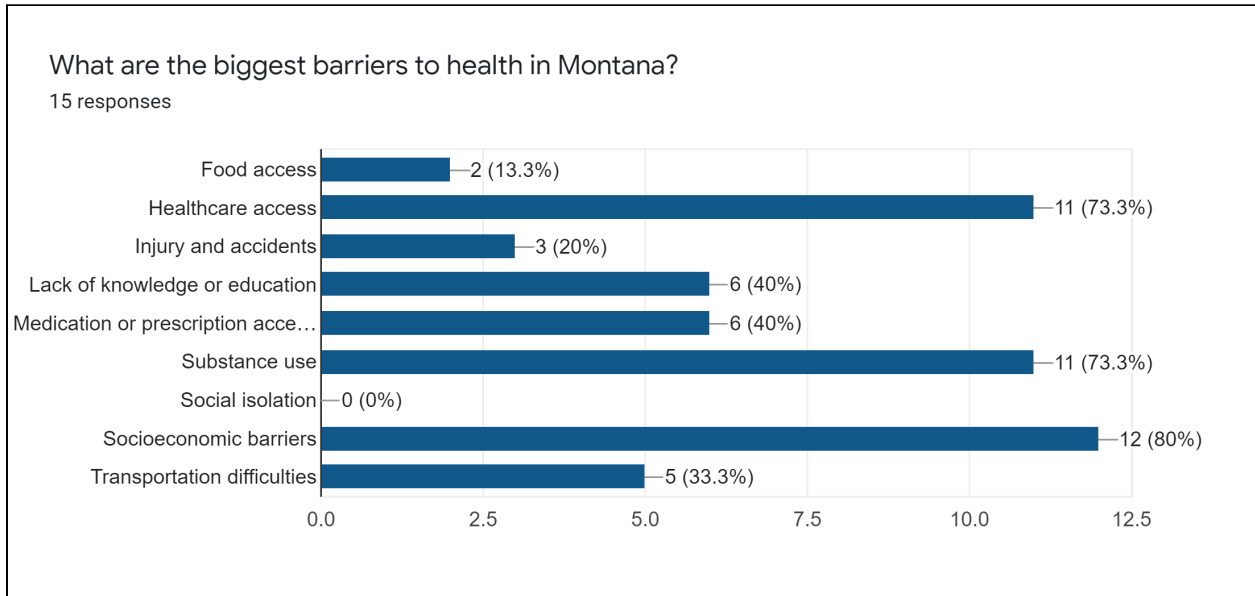
Over half of respondents rated their knowledge of the services offered by the Rehabilitation Hospital of Montana as good, very good, or excellent (60%); however, 40% seemed unfamiliar with the services offered.



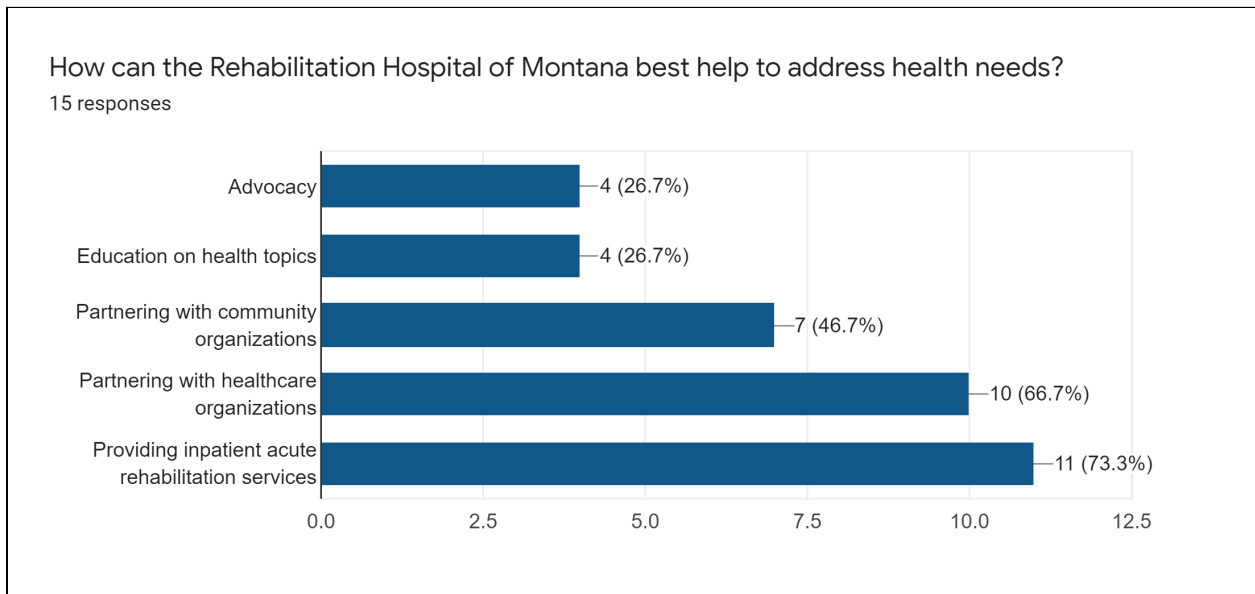
Key stakeholders felt the most important needs addressed by the Rehabilitation Hospital of Montana were stroke, brain injury, trauma, spinal cord injury, and neurological disorders.



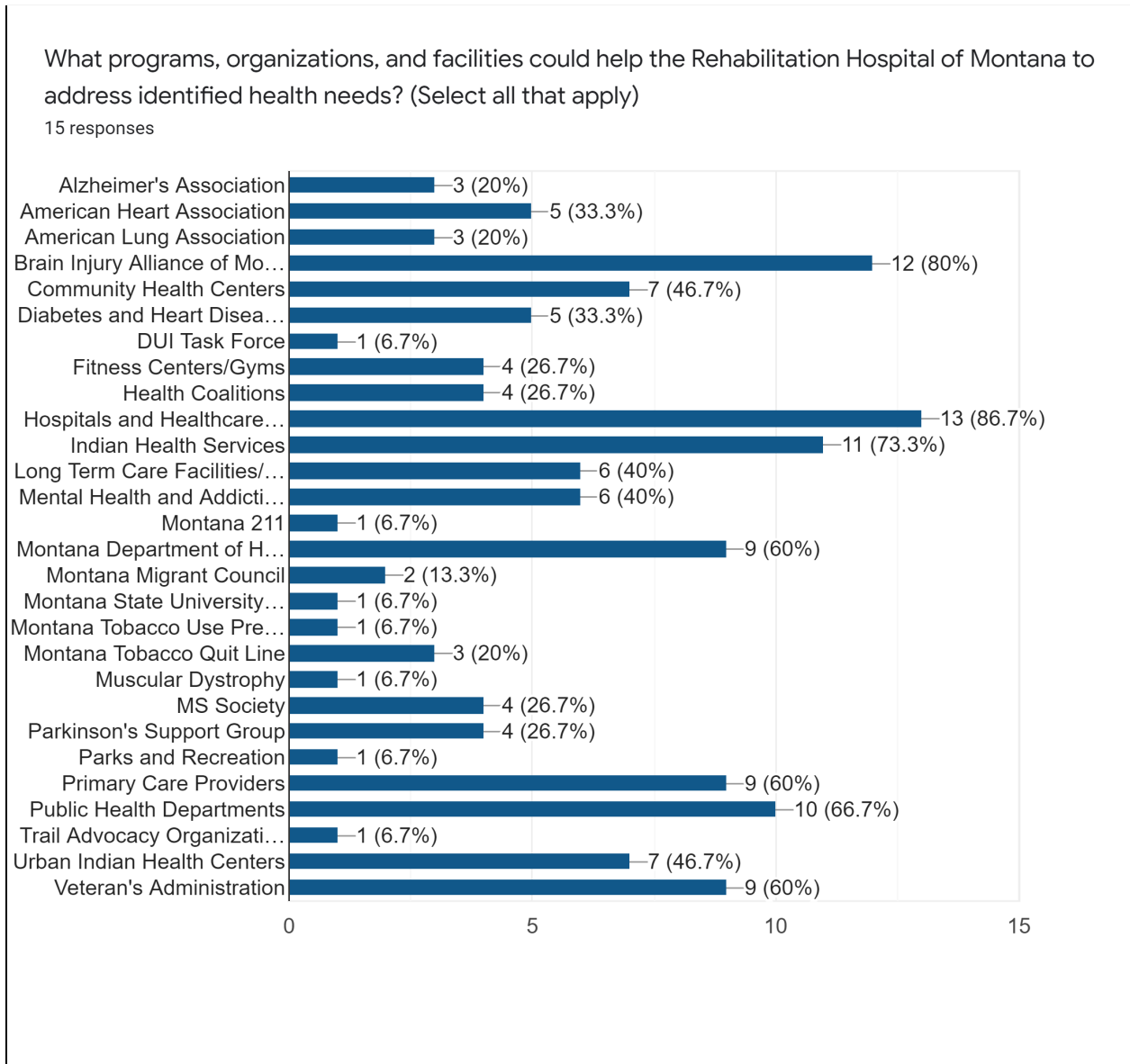
The biggest barriers to health in the state of Montana were identified as socioeconomic barriers, healthcare access, substance use, lack of knowledge or education, medication or prescription access, and transportation difficulties.



Key stakeholders felt the Rehabilitation Hospital of Montana would best address health needs in the state through providing inpatient acute rehabilitation services, partnering with healthcare organizations, and partnering with community organizations.



Several programs, organizations, and facilities were identified to help address identified health needs as shown below.



Prioritization Process:

On August 10, 2021, a small group of stakeholders representing Rehabilitation Hospital of Montana, Billings Clinic, Kindred Health, and SCL Health St. Vincent Healthcare met to review findings from the Community Health Needs Assessment. Secondary data and key stakeholder survey data were reviewed.

The nine needs identified, in alphabetical order, included:

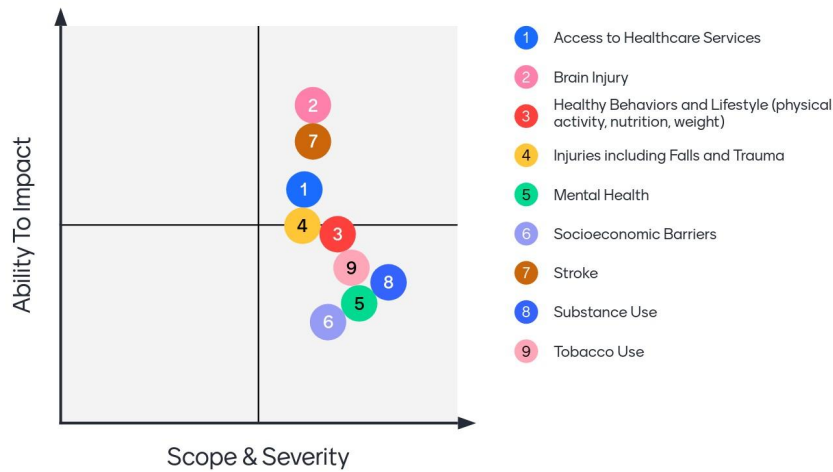
- Access to healthcare services
- Brain injury
- Healthy behaviors and lifestyle (physical activity, nutrition, weight)
- Injuries including falls and trauma
- Mental health
- Tobacco use
- Socioeconomic barriers
- Stroke
- Substance use

The group evaluated and prioritized needs along two criteria:

- **Scope and Severity:** Including the magnitude of the problem and how much the problem may lead to death or disability, impair quality of life, or impact other health issues
- **Ability to Impact:** The perceived likelihood of having a positive impact on the identified health issue, given available resources, spheres of influence, and organizational mission

Areas of Opportunity

Mentimeter



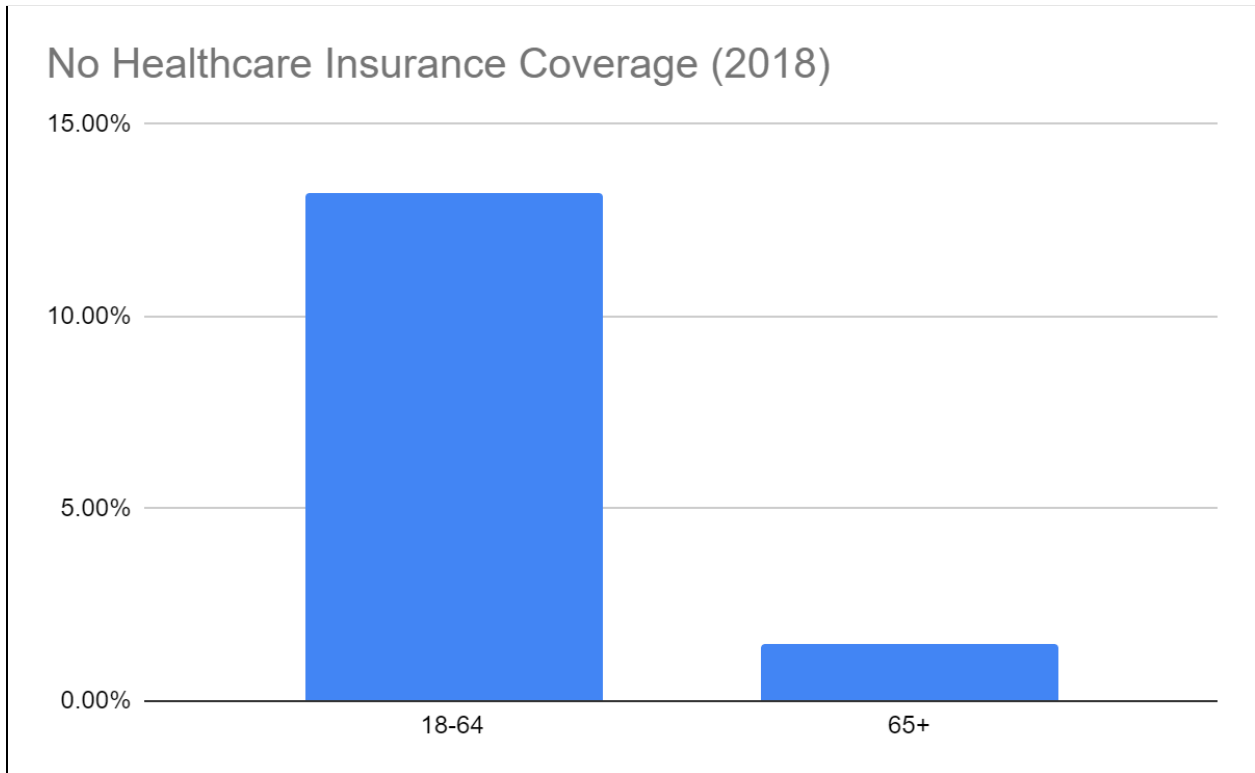
From this process, three health need priorities emerged:

- Access to healthcare services
- Brain injury and stroke
- Falls prevention

The Rehabilitation Hospital of Montana will use the information from this Community Health Needs Assessment to develop implementation strategies to address the prioritized significant needs in the community.

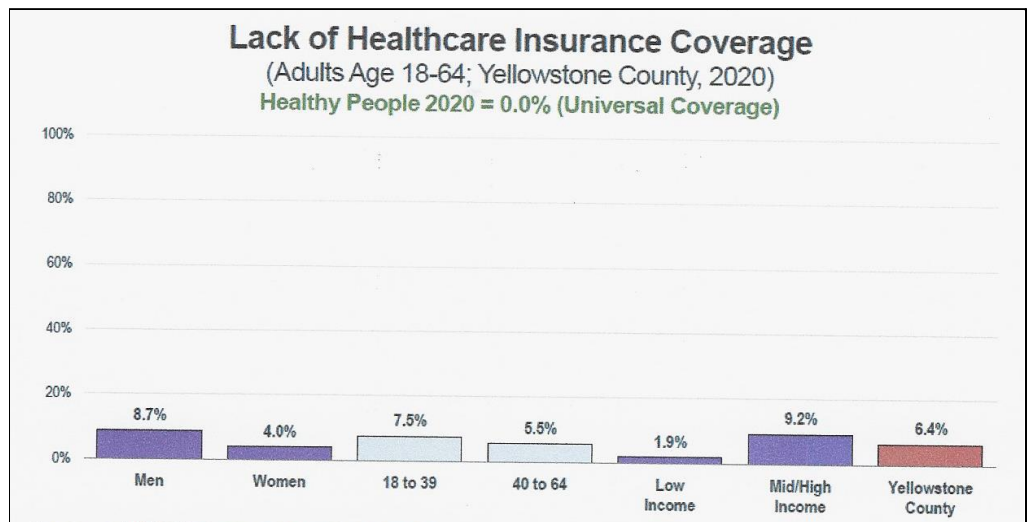
Access to Healthcare and Healthcare Status:

Most residents in Montana have health care coverage, but 10.3% of residents report no healthcare coverage (BRFSS, 2018). A lack of healthcare coverage was reported more frequently by younger residents (13.2%) than residents over the age of 65 (1.5%).

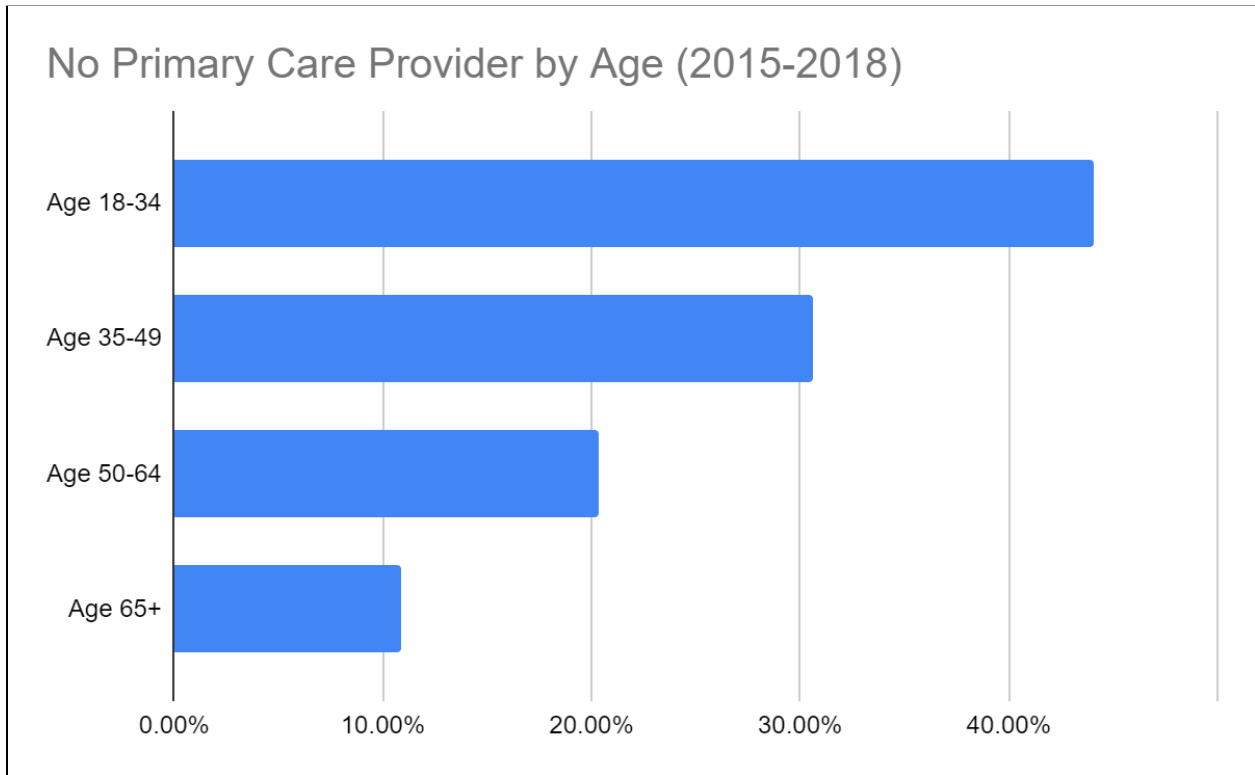


Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Center for Disease Control and Prevention, with Montana Department of Public Health and Human Services.

Yellowstone County's 2020 CHNA showed similar results with approximately 13% of residents under age 65 reporting no insurance coverage.



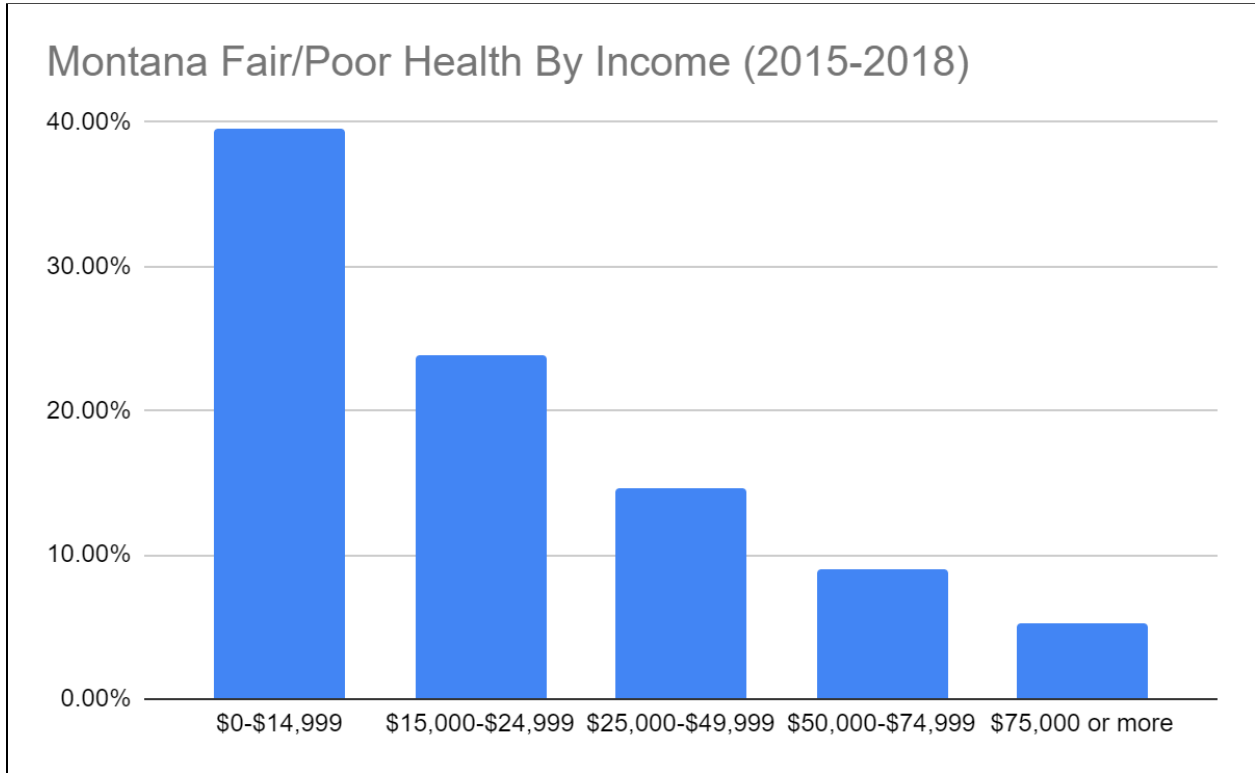
A similar percentage of residents (10.1%) reported being unable to get needed medical care due to cost in 2018. Nearly a third of residents (27.2%) had no primary care provider. Younger residents and males were the least likely to have a primary care provider.



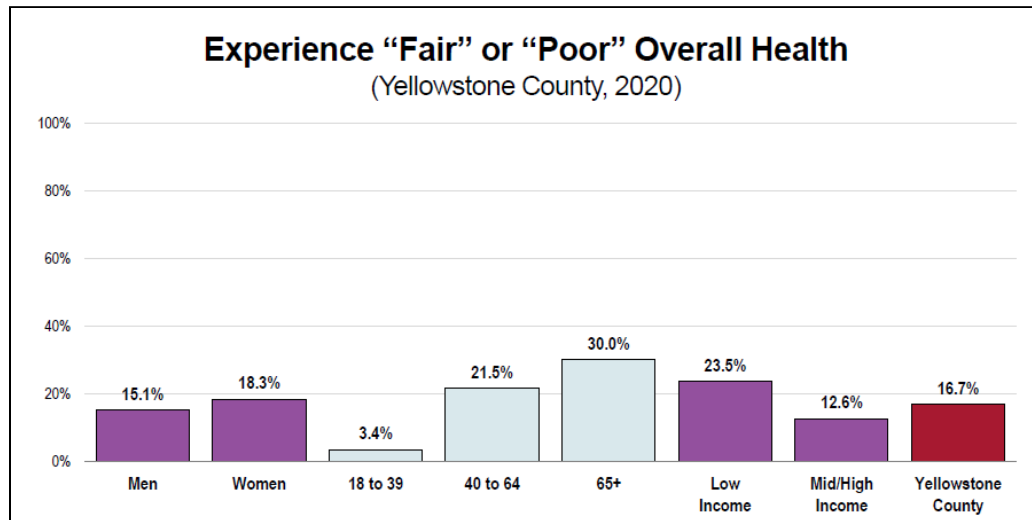
Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Center for Disease Control and Prevention, with Montana Department of Public Health and Human Services.

Most statewide residents (73%) reported a routine health visit in the last year. The majority of Montana residents (84.5%) report Excellent-Good overall health, but 15.5% of residents report Fair/Poor overall health.

Residents with lower incomes were more likely to report Fair/Poor overall health than residents of higher incomes with nearly 40% of residents earning under \$15,000 annually reporting fair/poor health status. (BRFSS, 2015-2018).

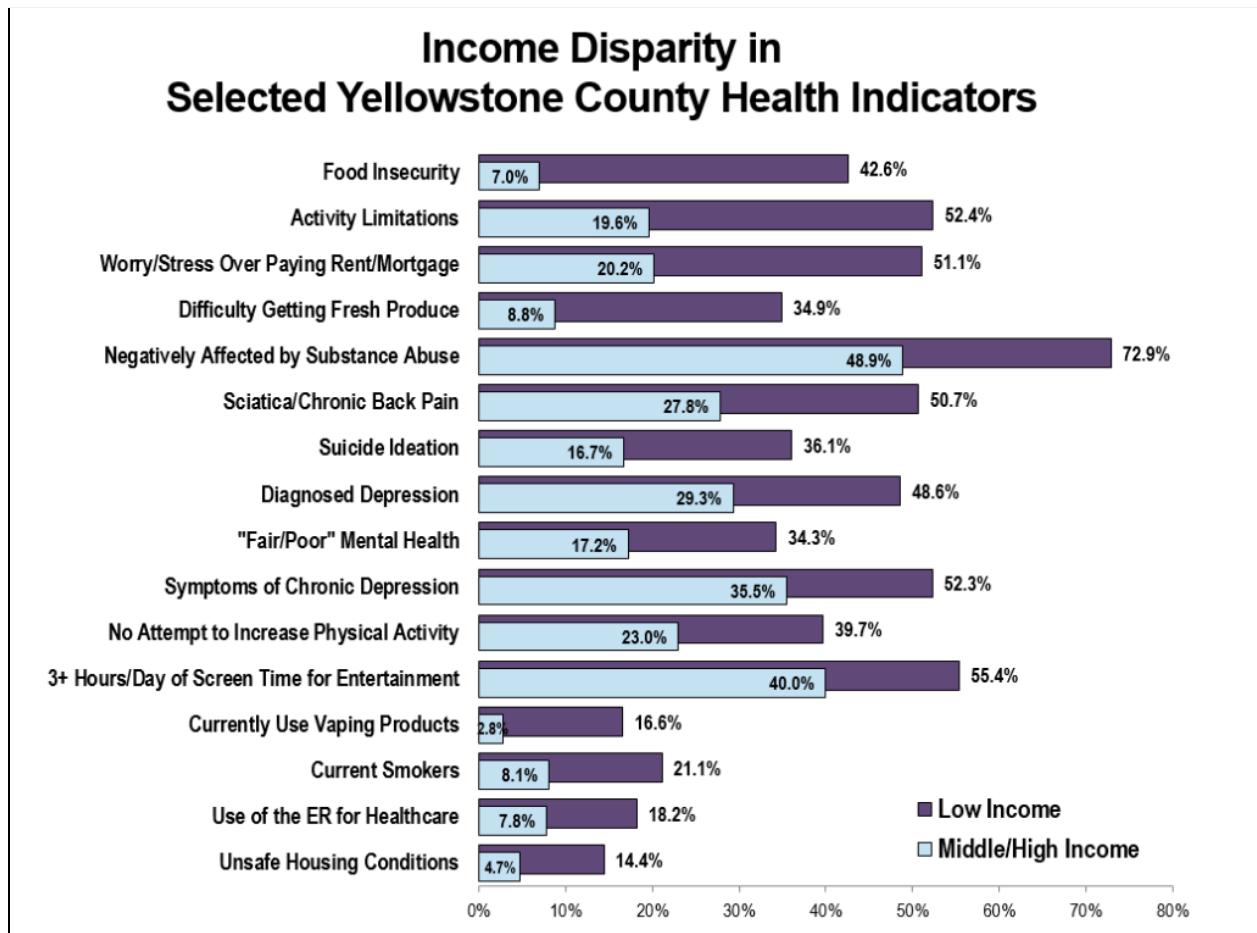


The Yellowstone County 2020 Community Health Needs Assessment found similar results with residents earning lower incomes reporting fair/poor

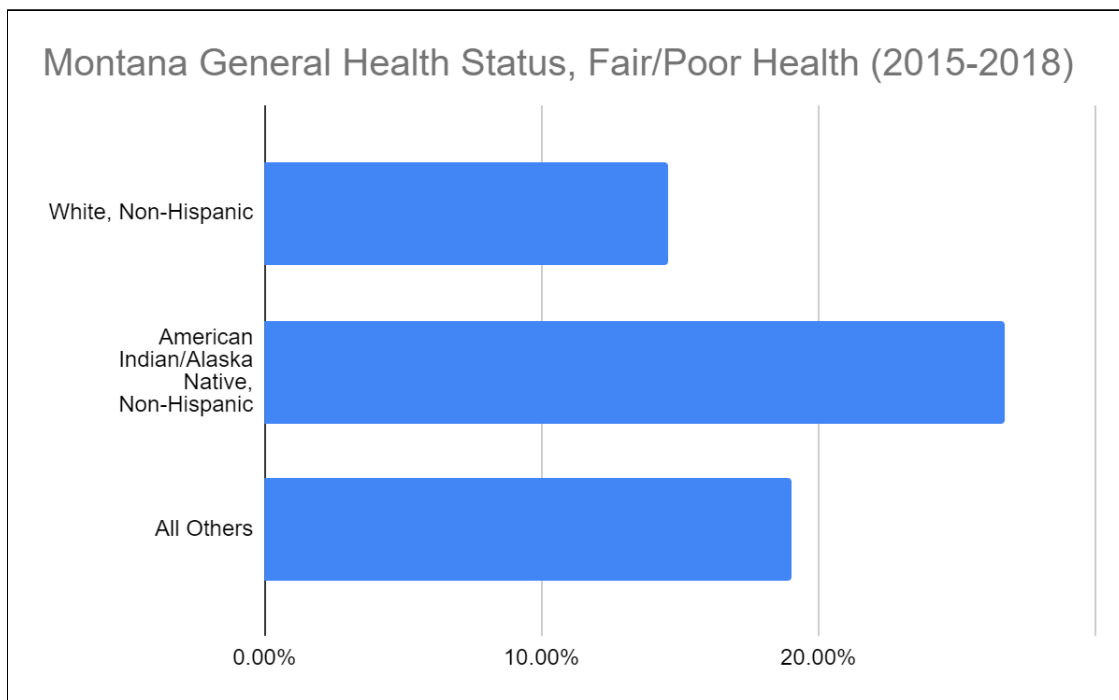


overall health status twice as often as higher income residents (23.5% vs. 12.6%).

Yellowstone County's 2020 CHNA noted income disparities for a number of health indicators.

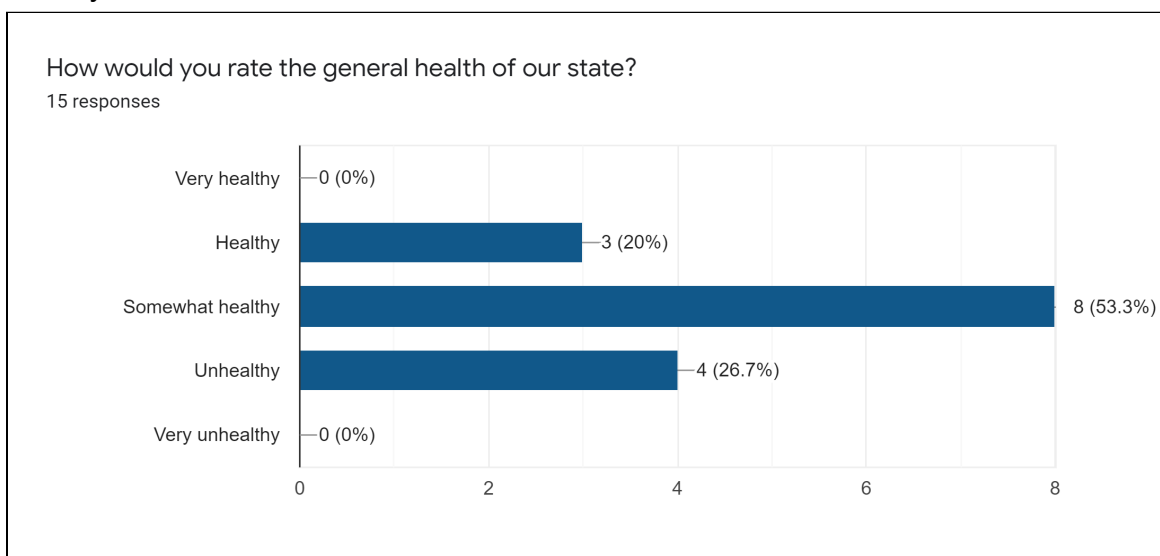


Statewide, American Indian/Alaska Native residents were more likely to report Fair/Poor overall health than White, Non-Hispanic residents (26.7% vs. 14.6%).



Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Center for Disease Control and Prevention, with Montana Department of Public Health and Human Services.

Key stakeholders rated the general health of the state of Montana as mostly “somewhat healthy”.



Statewide Rates for Chronic Health Conditions

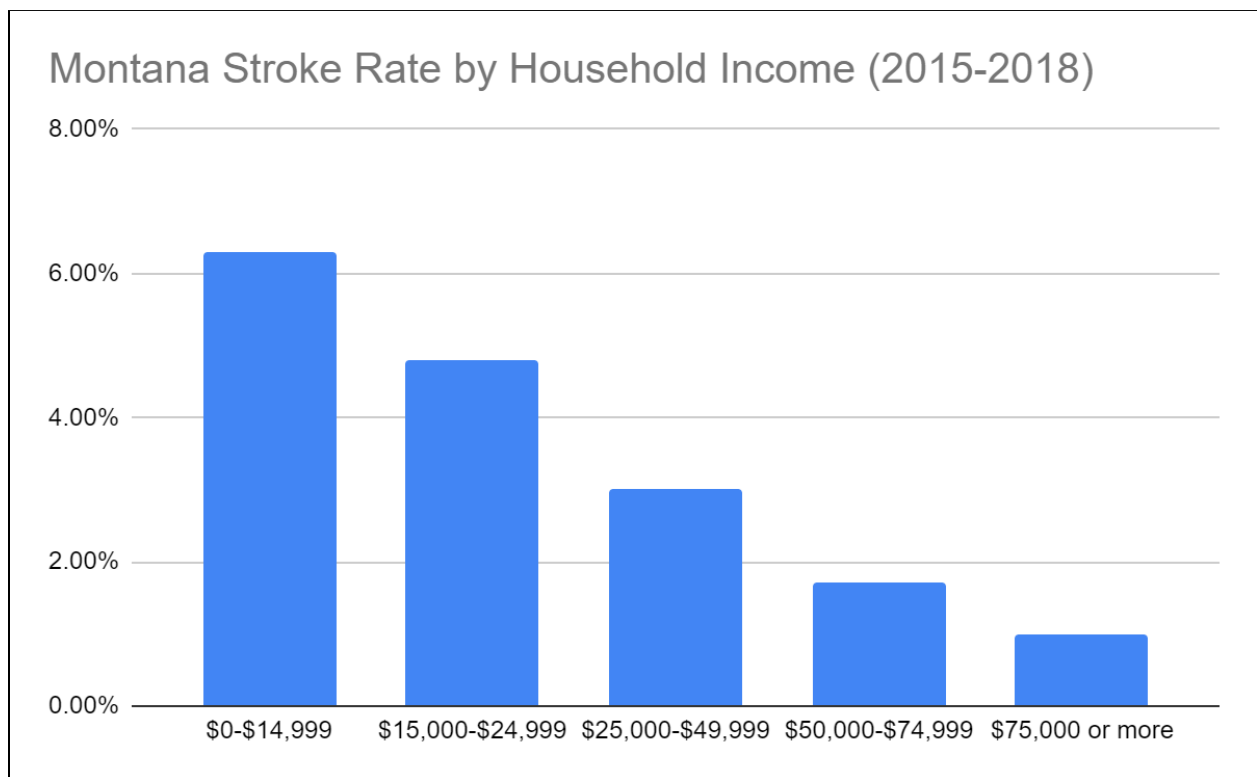
Stroke

Stroke is one of the most common disease states for patients of the Rehabilitation Hospital of Montana.

The Behavioral Risk Factor Surveillance System (BRFSS) asked respondents, “Have you ever been told by a doctor or other health professional that you had a stroke?”

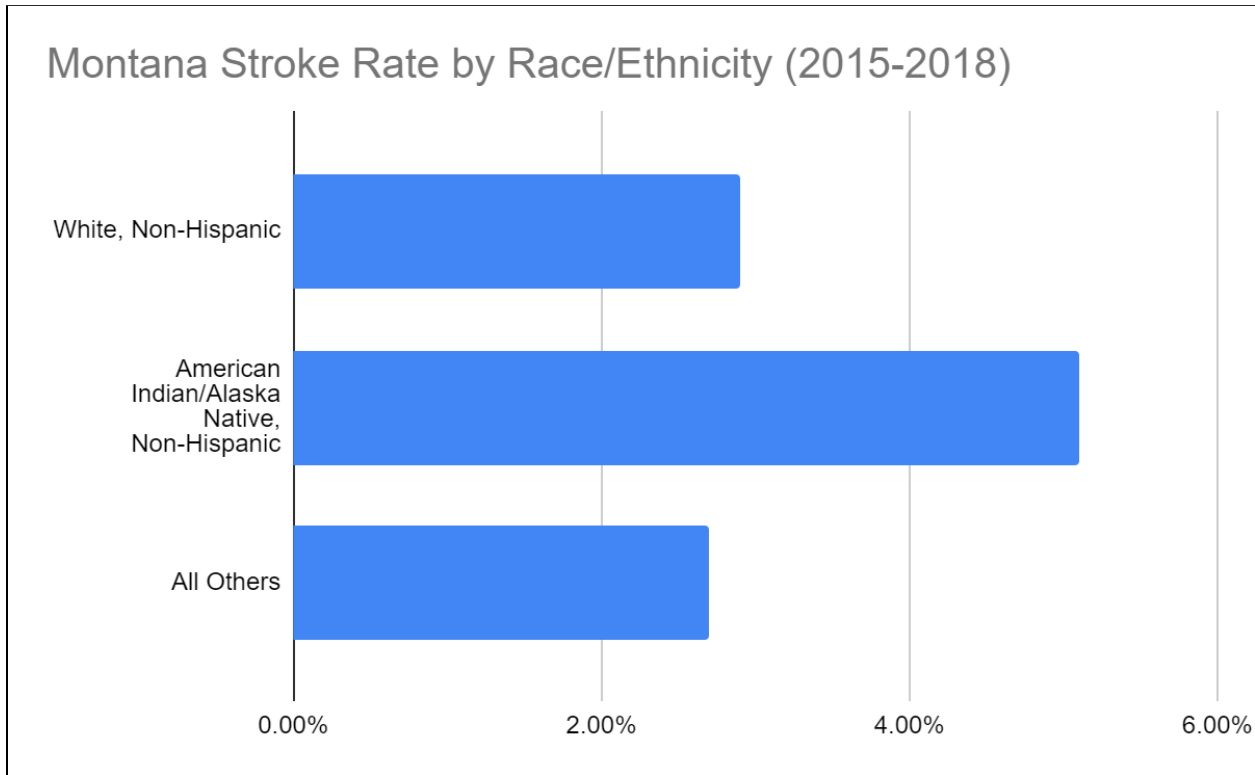
Data from 2015-2018 showed a statewide rate of 3% for stroke. Reports of stroke increased with age with 7.3% of adults over age 65 reporting a stroke compared to 0.5% of residents under age 35. The Yellowstone County 2020 CHNA noted a similar pattern with 8.7% of adults over 65 reporting a stroke compared to 1.3% of residents under age 40.

Differences in statewide stroke rate were also noted based on socioeconomic status. Lower income residents were more likely to report a stroke diagnosis with 6.3% residents earning less than \$15,000 reporting having a stroke compared to 1% of residents earning \$75,000 a year or more.

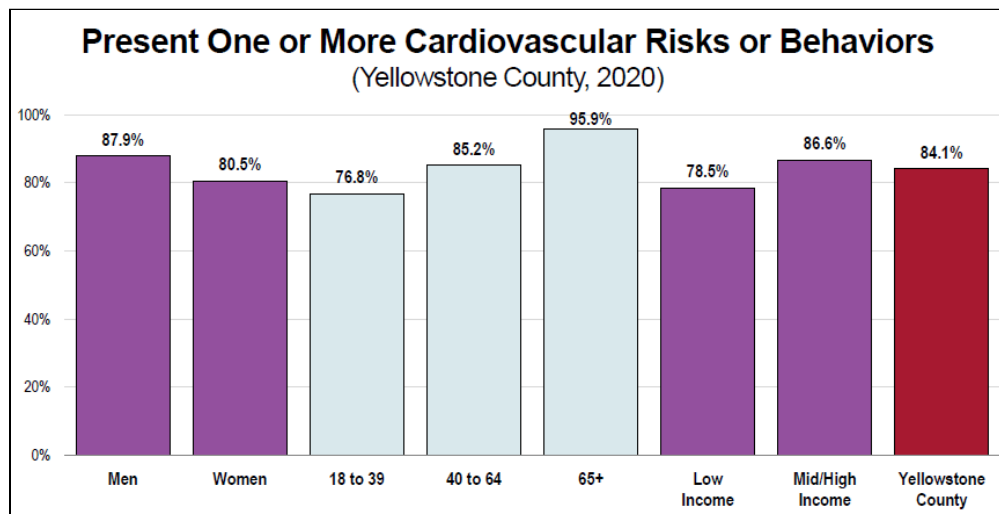


Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Center for Disease Control and Prevention, with Montana Department of Public Health and Human Services.

Racial disparities were also noted with American Indian/Alaska Native, Non-Hispanic residents having the highest reports of stroke.



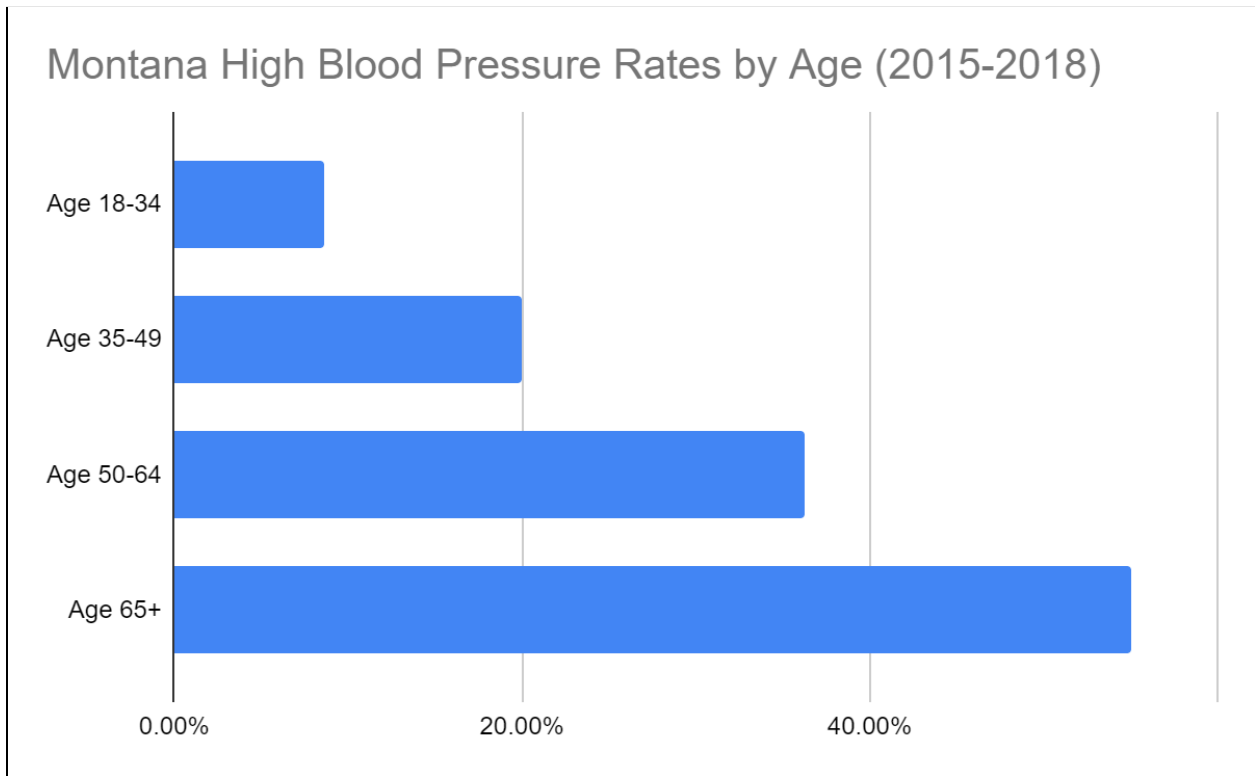
Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Center for Disease Control and Prevention, with Montana Department of Public Health and Human Services.



Yellowstone County's CHNA found that more than 1 in 4 Yellowstone County deaths were caused by Heart Disease or Stroke. A large percentage of residents had one or more risk factors.

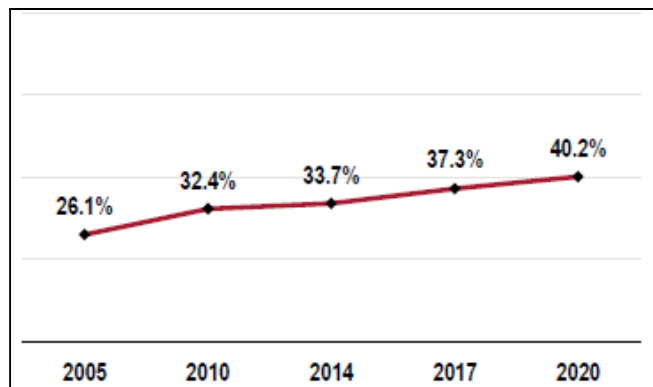
High Blood Pressure:

High blood pressure is a risk factor for stroke. Statewide, 29.2% of adults report having ever been told by a doctor, nurse, or other health professional that they had high blood pressure. The likelihood of being diagnosed with high blood pressure increases with age, 55.1% of adults over age 65 reported a diagnosis of high blood pressure compared to just 8.6% of adults under age 34. Males were slightly more likely to be diagnosed with high blood pressure (32.7%) compared to females (25.7%). Rates were similar among White residents and Native American/American Indian residents and among socioeconomic groups.



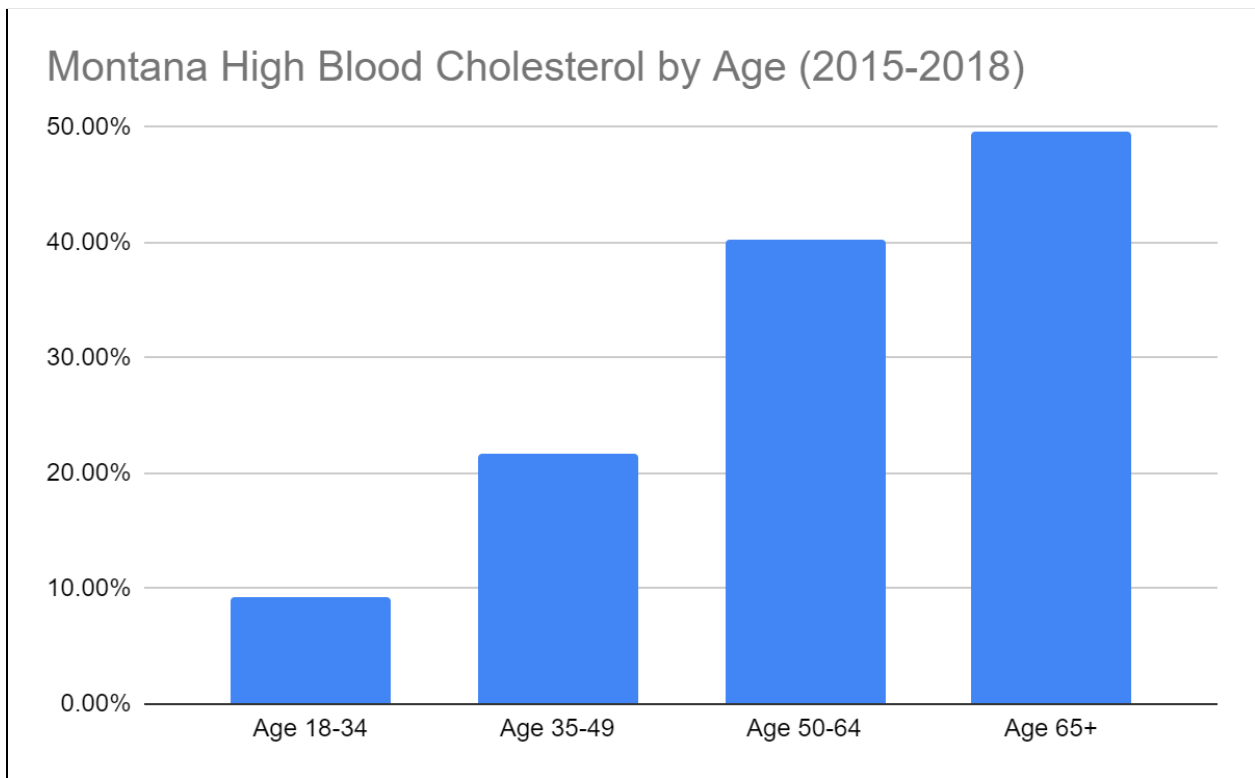
Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Center for Disease Control and Prevention, with Montana Department of Public Health and Human Services.

Yellowstone County's 2020 CHNA showed the prevalence of high blood pressure increasing over the past 15 years.



High Cholesterol:

High Cholesterol is another risk factor for stroke. Statewide, 33% of residents report having ever been told by a doctor, nurse, or other health professional that they had high blood cholesterol. The likelihood of being diagnosed with high cholesterol increases with age, 49.6% of adults over age 65 reported a diagnosis of high blood pressure compared to just 9.3% of adults under age 34. No differences in rates of reported high cholesterol were seen by sex, race, or household income.



Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Center for Disease Control and Prevention, with Montana Department of Public Health and Human Services.

Injury:

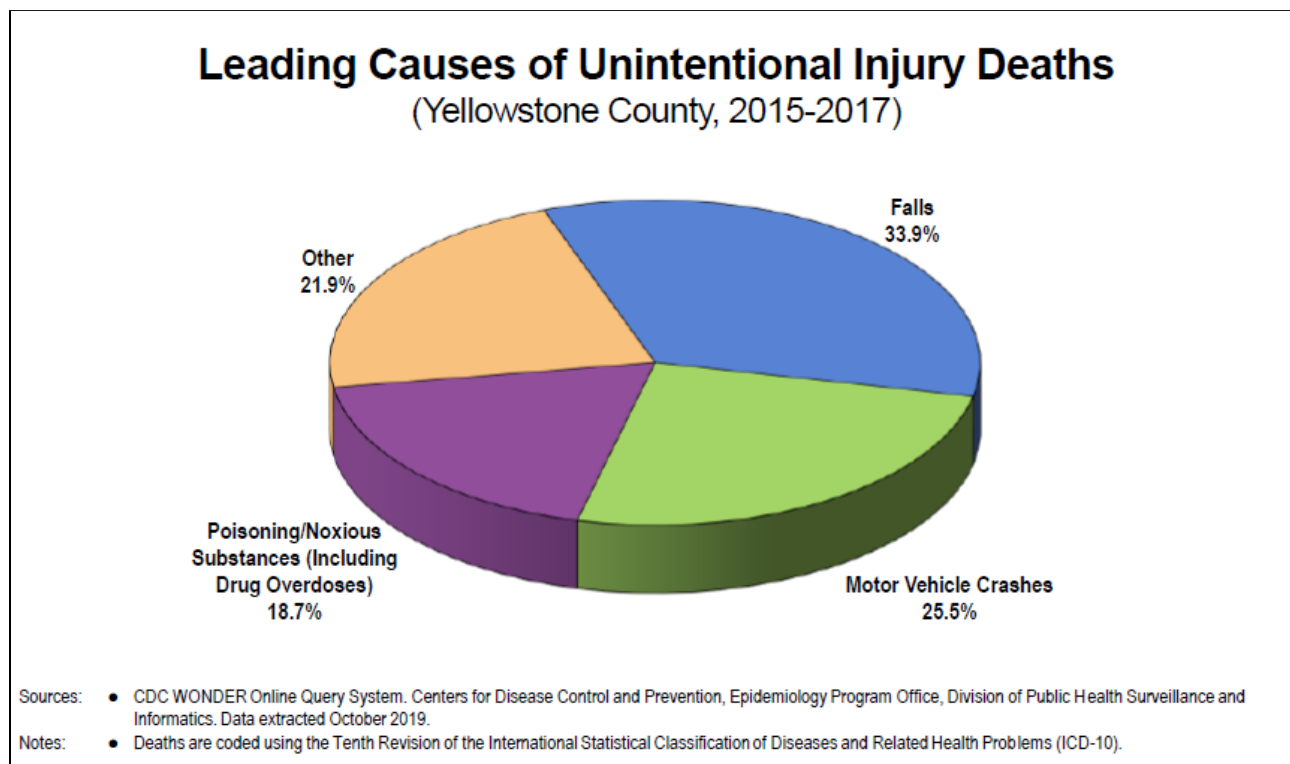
Another common diagnosis for patients of the Rehabilitation Hospital of Montana are for fractures or other orthopedic conditions. Risk factors for these injuries include falls or motor vehicle crashes. Fractures or trauma to the spinal cord can lead to activity limitations.

Injury - Falls:

In 2018, 32.8% of Montana adults aged 45 years and older reported having fallen in the last 12 months. Injuries from the fall were reported by 13.8% of females over the age of 45 and 8.9% of males over the age of 45.

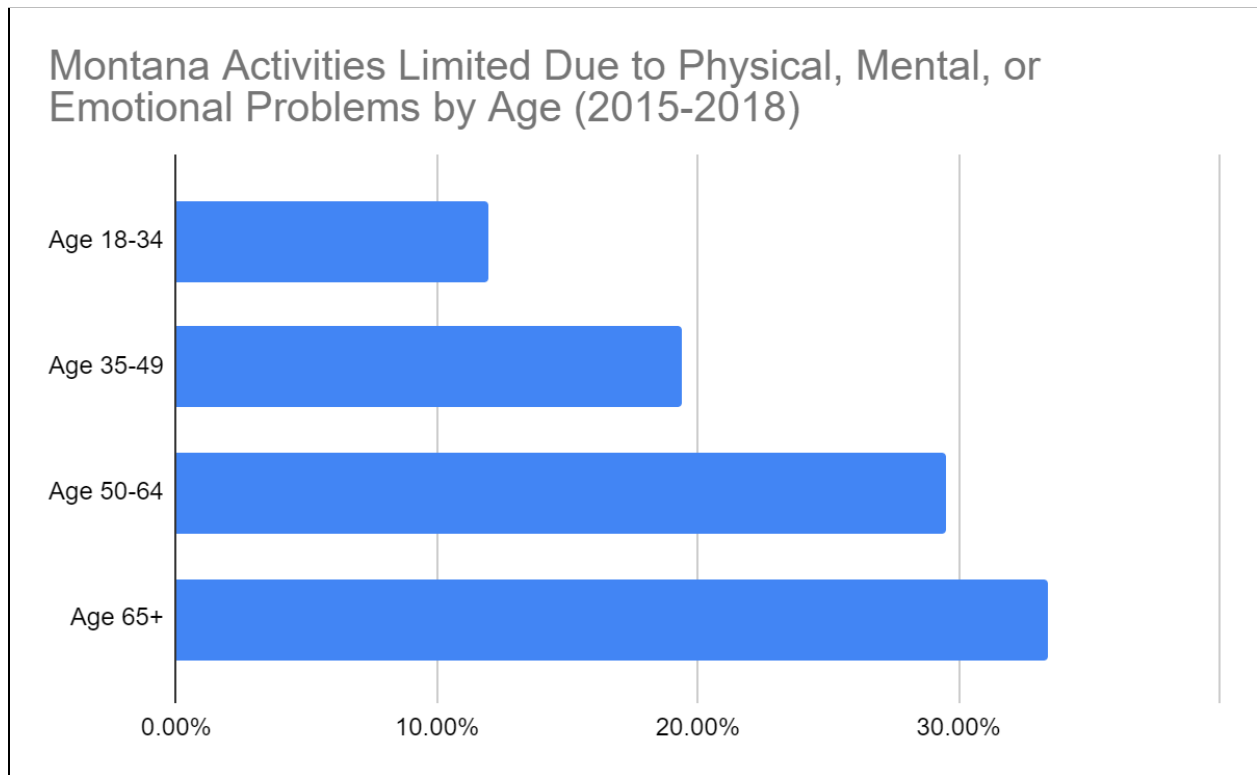
The 2020 Yellowstone County CHNA found slightly higher rates of falls with 38.5% of adults age 45 and older reporting falling in the past year, higher than the national rate of 31.6%. Among those adults who reported a fall, 4.34% were injured as a result of the fall.

The 2020 Yellowstone County CHNA noted falls contributed to 33.9% of unintentional injury deaths, followed by motor vehicle crashes at 25.5%.



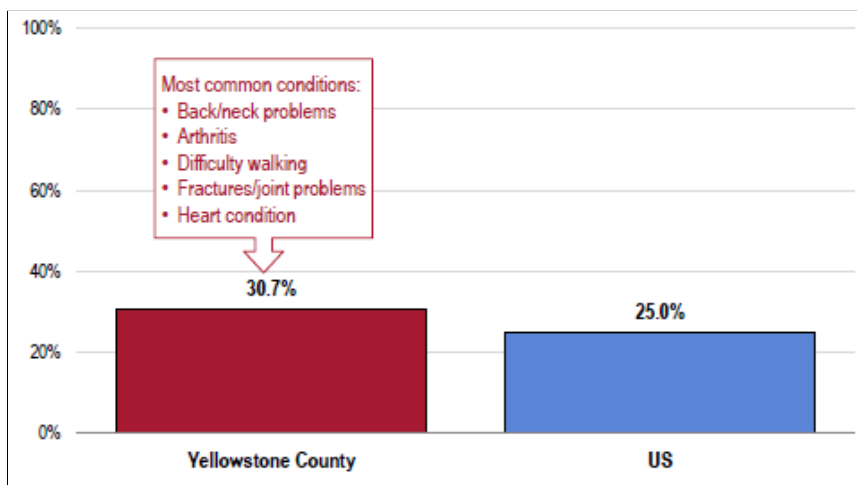
Limited Activities Due to Physical, Mental, or Emotional Problems:

Nearly a quarter of Montana residents (23.1%) report being limited in some way because of physical, mental or emotional problems. Older residents are more likely to report activity limitations.

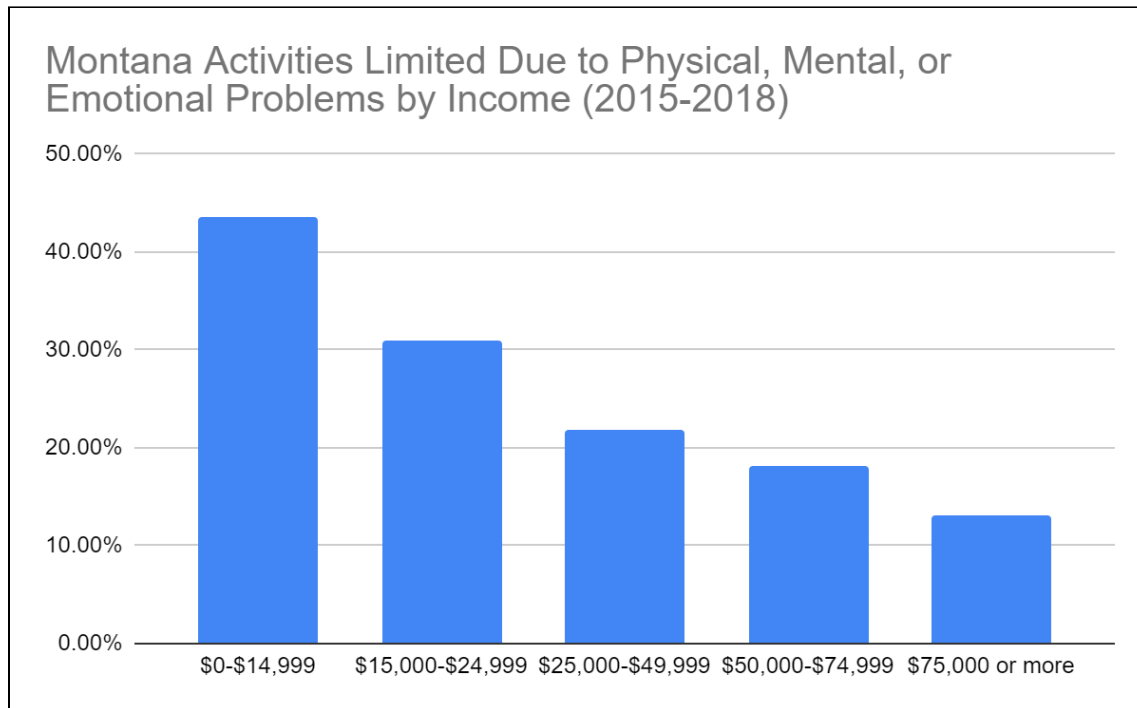


Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Center for Disease Control and Prevention, with Montana Department of Public Health and Human Services.

Yellowstone County reported high rates of activity limitation with 30.7% of residents reporting being limited in some way due to a physical, mental, or emotional problem. The most common conditions included back/neck problems, arthritis, difficulty walking, fractures/joint problems, and heart conditions.

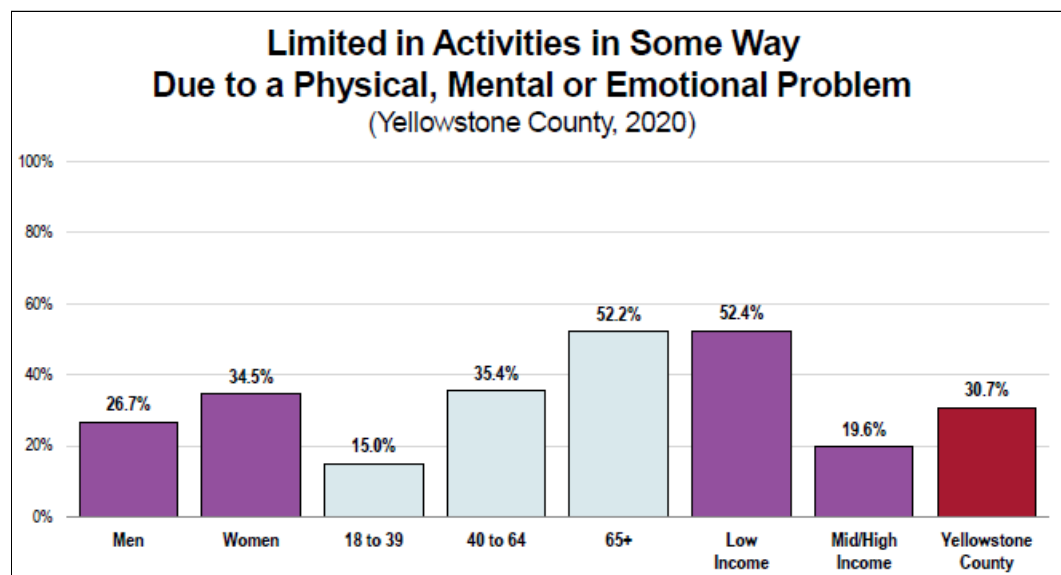


In addition, lower income residents with a household income of less than \$15,000 were more likely to report activity limitations compared to residents making more than \$75,000 (43.5% vs. 13.1%).



Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Center for Disease Control and Prevention, with Montana Department of Public Health and Human Services.

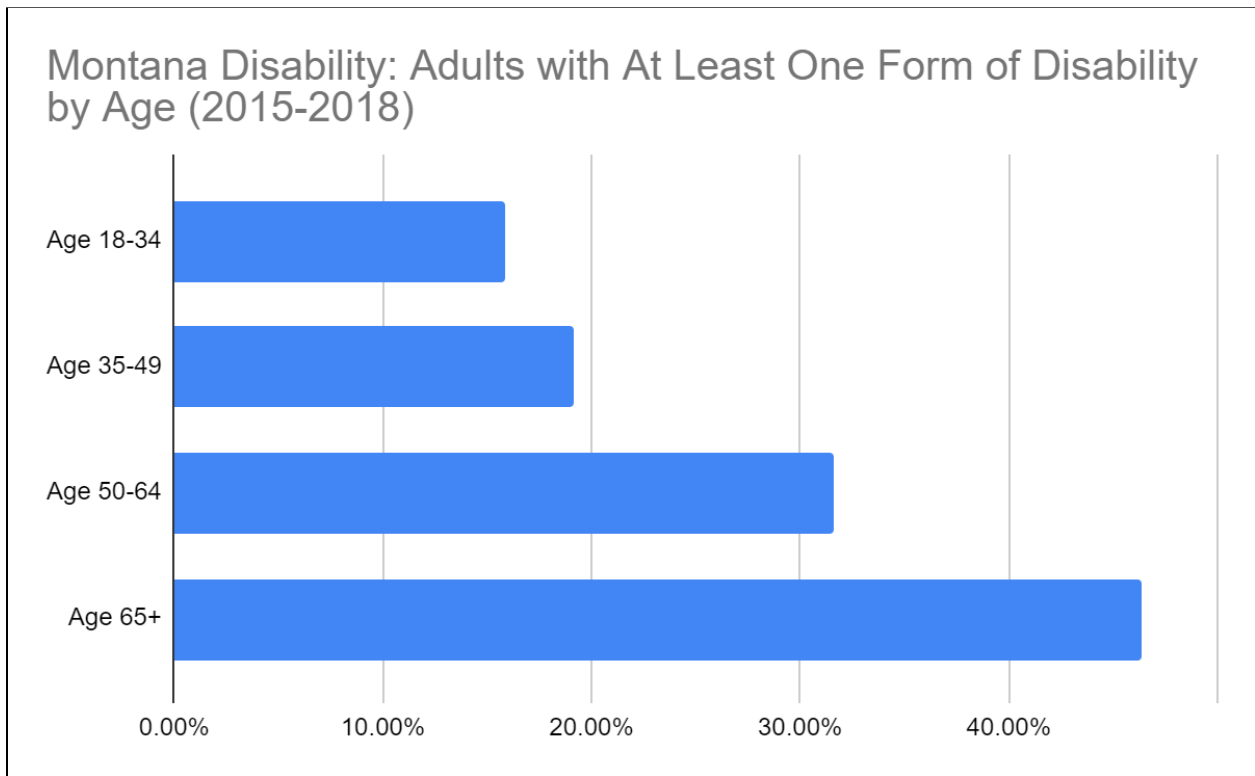
The Yellowstone County CHNA also noted higher rates of activity limitations for lower income residents.



Disability:

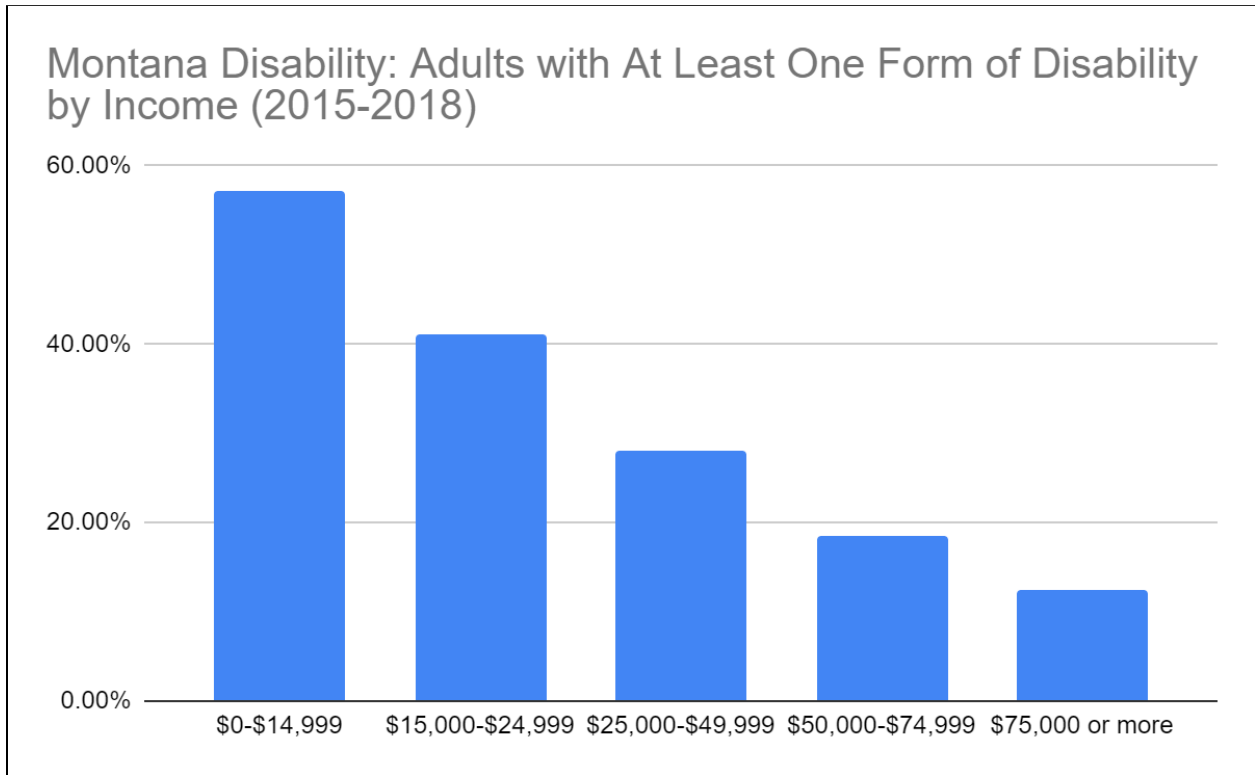
Disability was reported by 28% of Montana residents (BRFSS, 2015-2018). Disability includes: difficulty hearing; difficulty seeing; difficulty concentrating, remembering, or making decisions; difficulty walking or climbing stairs; difficulty dressing or bathing; difficulty doing errands alone. 3.3% of Montana residents reported difficulty dressing or bathing. 6.4% of residents reported difficulty doing errands alone. 7.9% of residents reported having a health problem that required the use of special equipment such as a cane, wheelchair, special bed, or special telephone. 10% reported difficulty concentrating, remembering, or making decisions because of a physical, mental or emotional condition. 12.9% of residents reported serious difficulty walking or climbing stairs.

Reports of disability increased by age with 46.4% of adults over age 65 reporting a disability.



Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Center for Disease Control and Prevention, with Montana Department of Public Health and Human Services.

American Indian/Alaska Native residents reported higher rates of disability (39.9%) compared to White residents (27.1%). Lower income residents in Montana had much higher rates of disability compared to higher income residents.

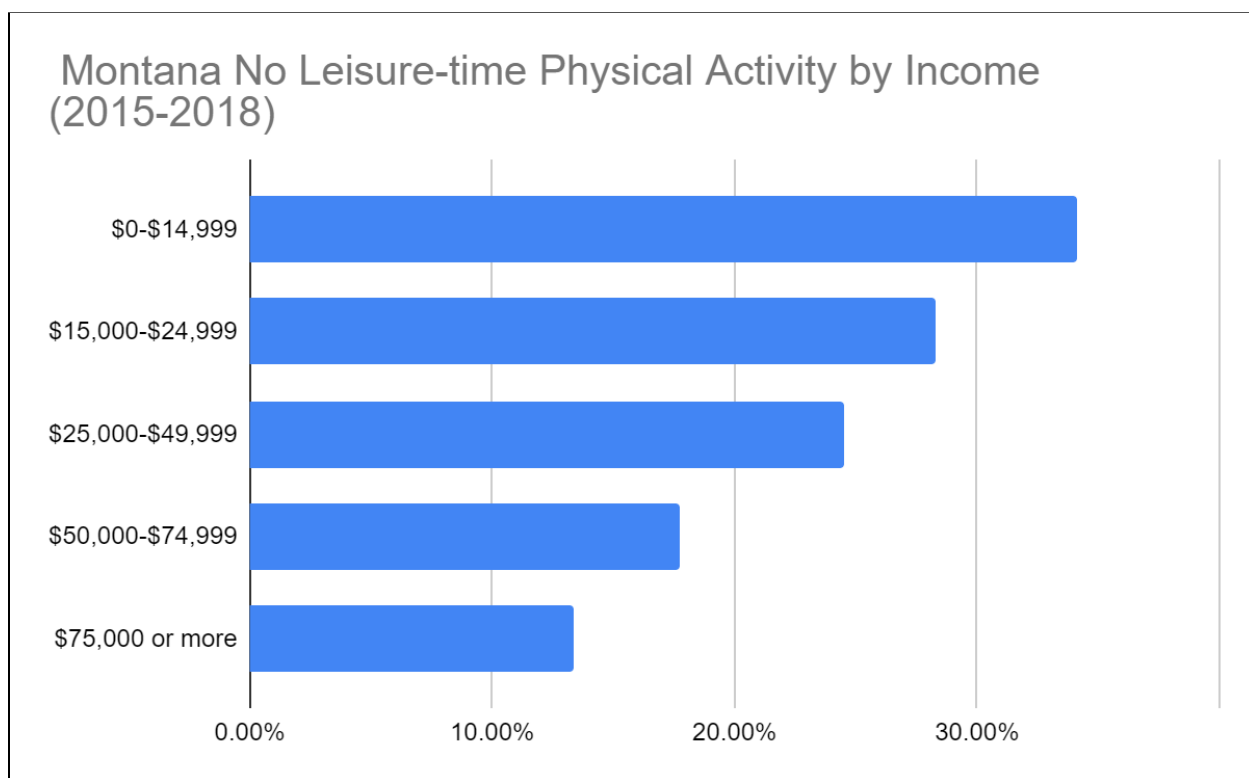


Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Center for Disease Control and Prevention, with Montana Department of Public Health and Human Services.

Modifiable Risk Factors

Physical Inactivity:

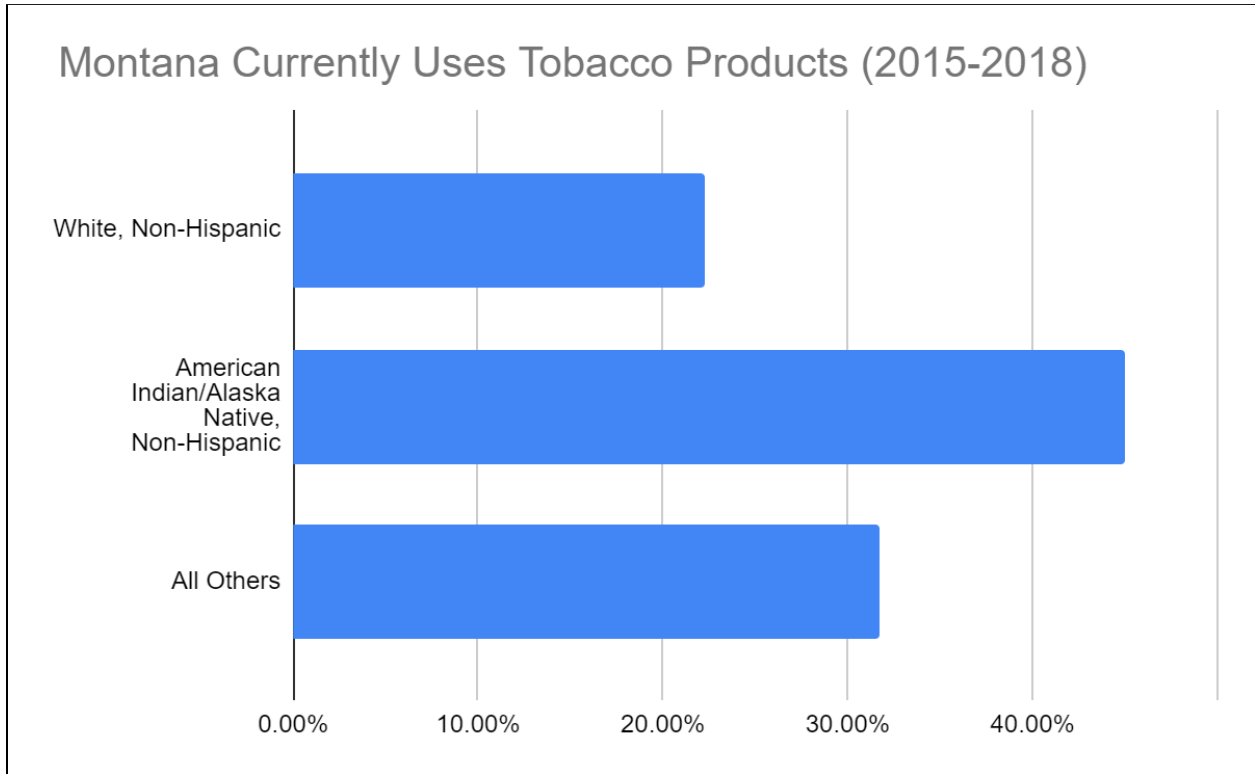
Physical activity can lower the risk of stroke, high blood pressure, type 2 diabetes, and falls. The Behavioral Risk Factor Surveillance Survey found 22.5% of residents reported no leisure time physical activity. Physical inactivity increased with age with 31.6% of residents over the age of 70 reporting no leisure activity compared to 15.9% of residents under age 30. Men and women reported similar rates of inactivity. American Indian/Alaska Native residents reported more inactivity than White residents (30.8% vs. 21.9%). Lower income residents reported no leisure time physical activity more often than higher income residents.



Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Center for Disease Control and Prevention, with Montana Department of Public Health and Human Services.

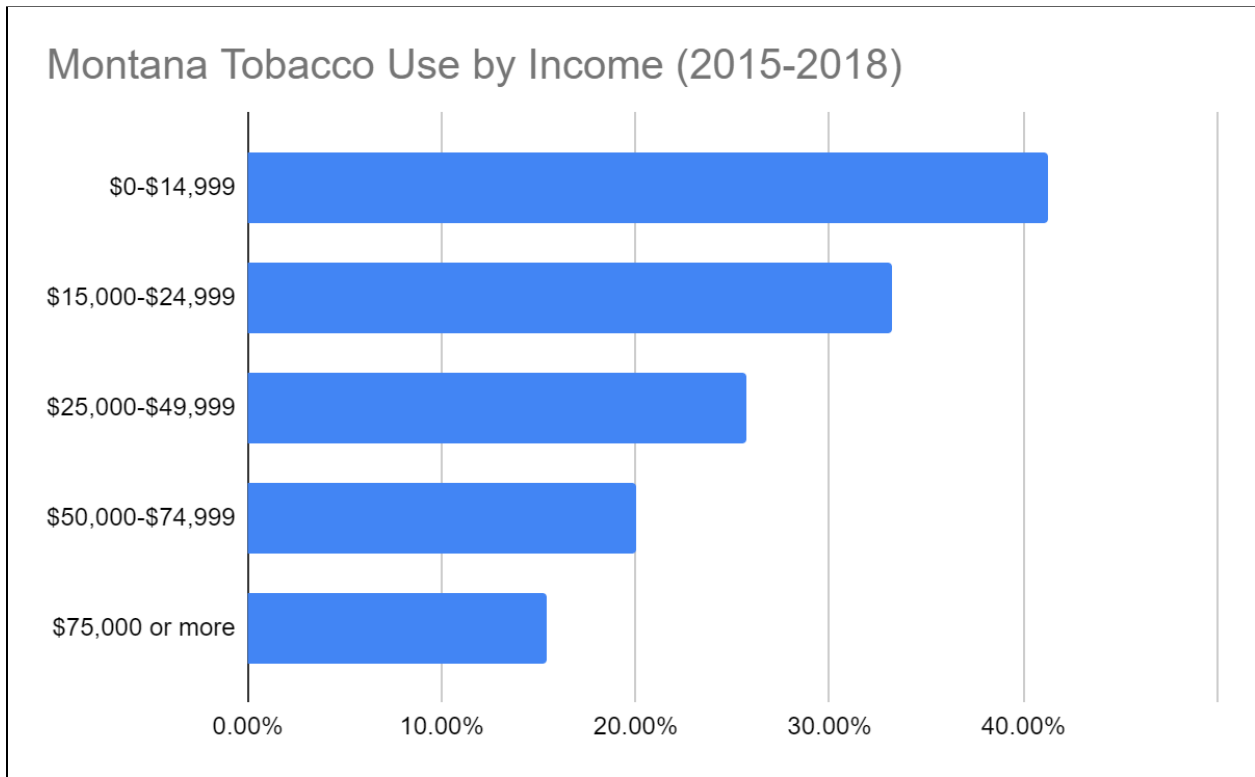
Smoking and Tobacco Use:

Smoking and tobacco use are risk factors for stroke. Statewide, 18.2% of residents are current smokers and 23.9% of residents report using tobacco products including cigarettes and chewing tobacco. Data from the Behavioral Risk Factor Surveillance System (2015-2018) show higher rates of smoking for residents under age 60. Men and women reported similar rates of smoking. Rates of tobacco use were highest among American Indian/Alaska Native residents (40.1%) compared to White residents (22.3%).



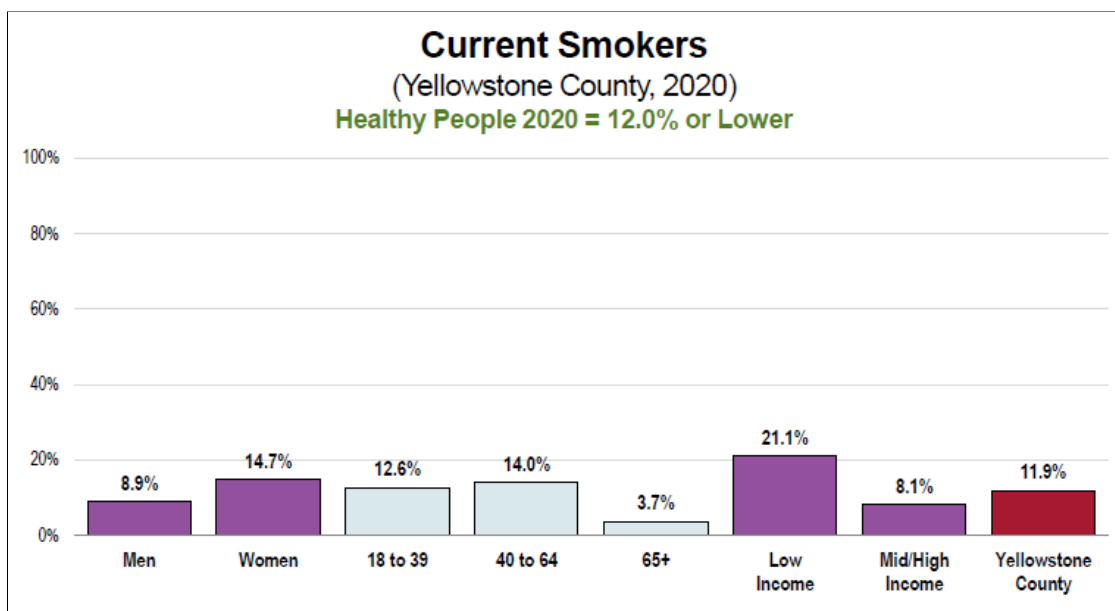
Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Center for Disease Control and Prevention, with Montana Department of Public Health and Human Services.

Income disparities were also noted, with households making under \$14,999 having the highest rates of tobacco use (41.3%) compared to 15.4% for households making \$75,000 or more.



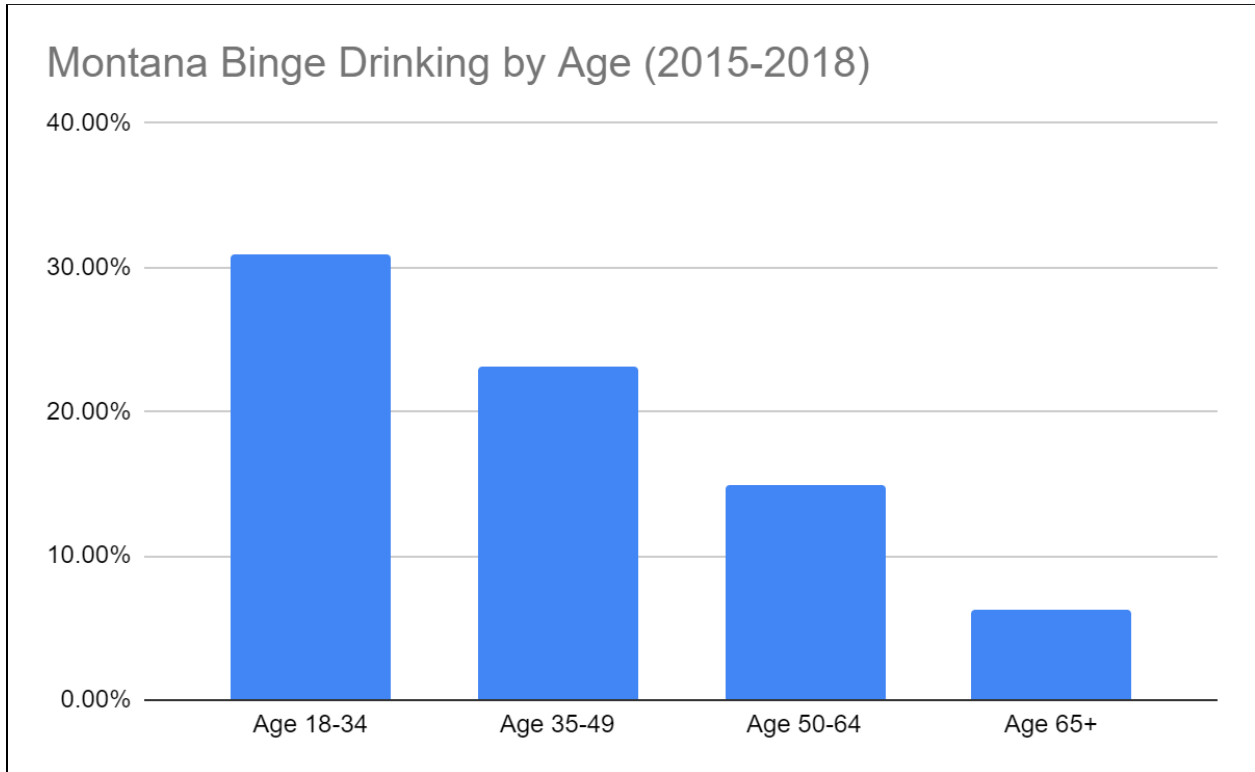
Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Center for Disease Control and Prevention, with Montana Department of Public Health and Human Services.

The Yellowstone County CHNA also noted higher rates of smoking for lower income residents.



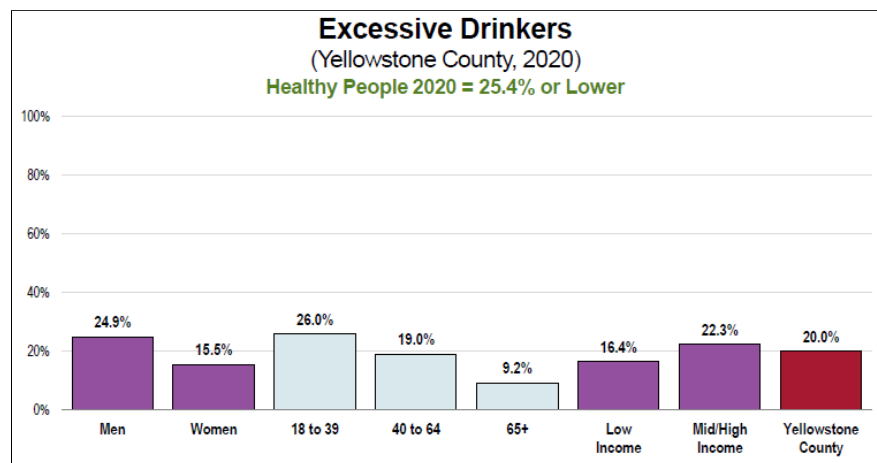
Alcohol:

Excessive alcohol use can lead to increased risk of health problems such as injuries. While approximately 41.7% of Montana residents reported no alcohol use in the past month, 7.5% of residents reported chronic heavy drinking (more than 7 drinks/week for women and more than 14 drinks/week for men). Additionally, 19.1% of adults reported binge drinking (5 or more drinks on one occasion for men or 4 or more drinks for women). Binge drinking was highest for younger residents (30.9% of residents under age 35) compared to 6.3% of residents over age 65.



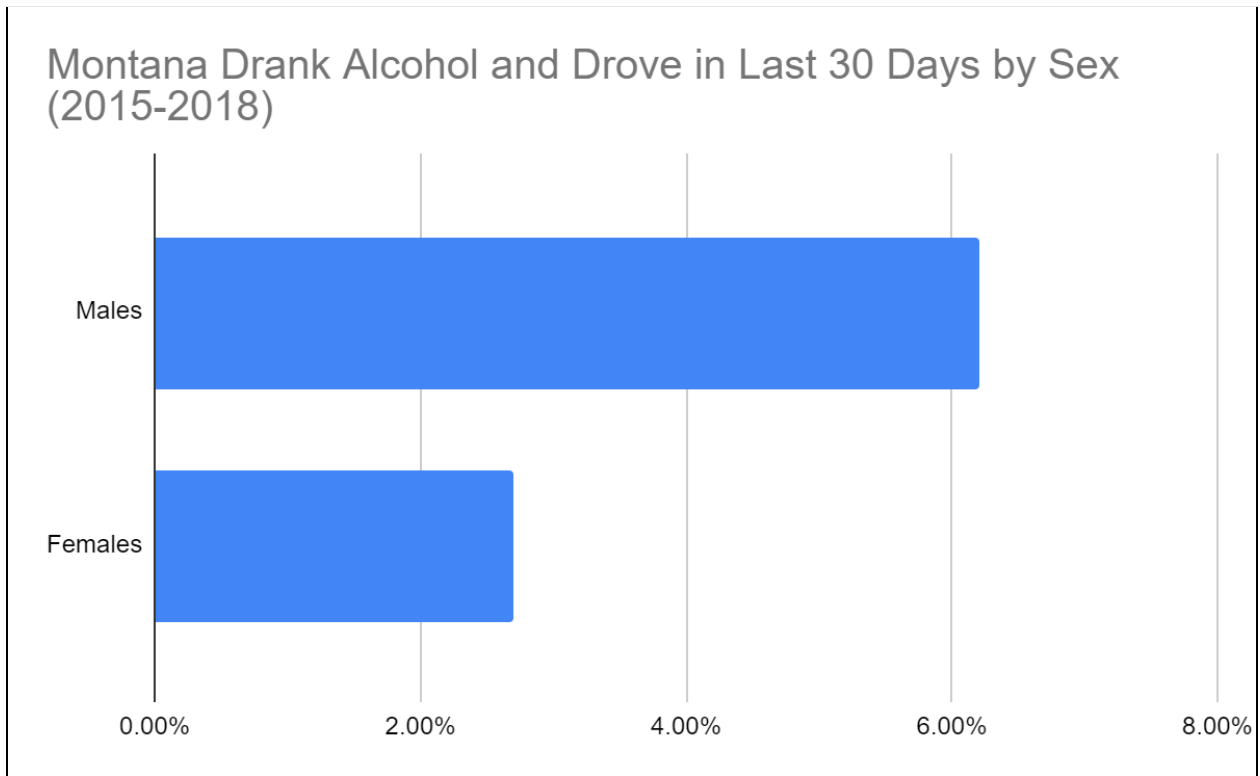
Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Center for Disease Control and Prevention, with Montana Department of Public Health and Human Services.

In Yellowstone County, when looking at “Excessive Drinking” which includes both heavy drinkers and binge drinkers, younger residents and men were more likely to be considered excessive drinkers.



Drinking and Driving:

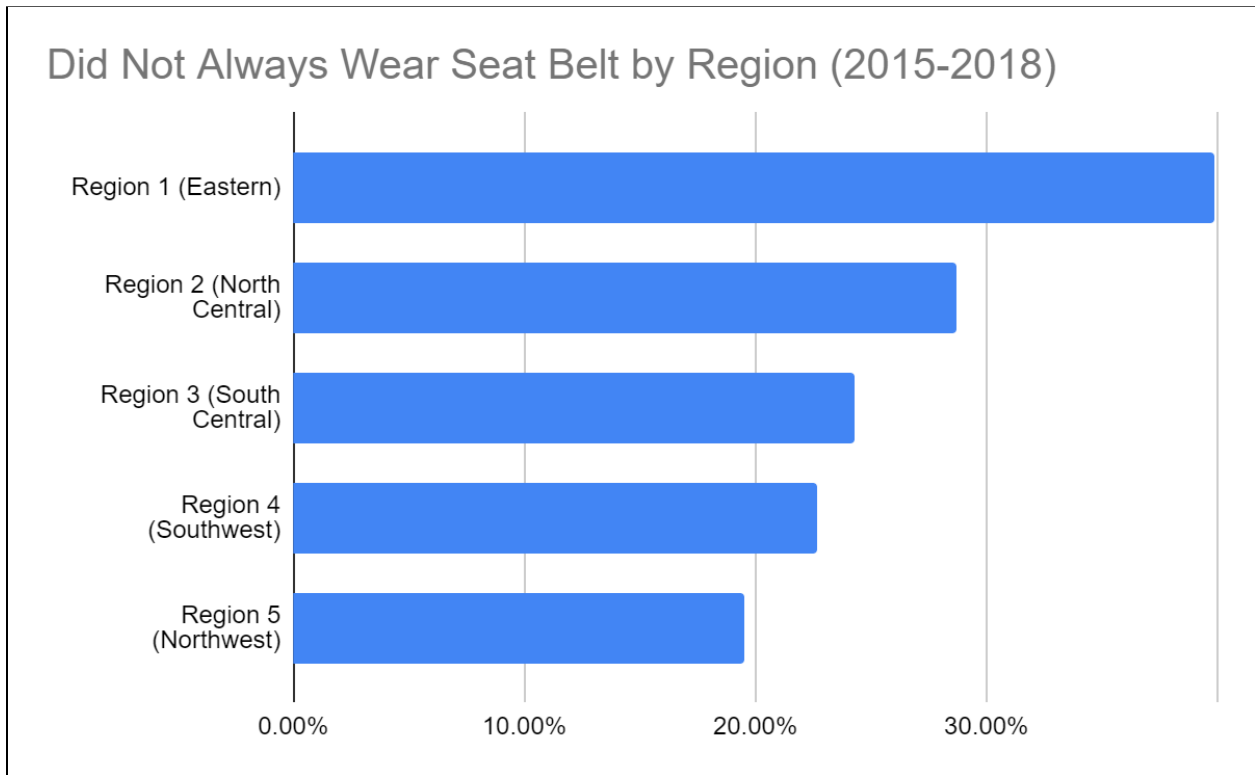
Alcohol consumption can increase the risk of causing an accident or other serious injury. Victims who do survive auto accidents often suffer catastrophic injury such as traumatic brain injury, back and spinal injuries, and internal organ damage. Statewide, 4.6% of residents reported driving after having “perhaps too much to drink” at least once in the past 30 days. Residents under age 35 were more likely to have drunk alcohol and driven in the last 30 days (6.4%) compared to residents over the age of 65 (1.7%). Males were twice as likely to report drinking and driving than females.



Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Center for Disease Control and Prevention, with Montana Department of Public Health and Human Services.

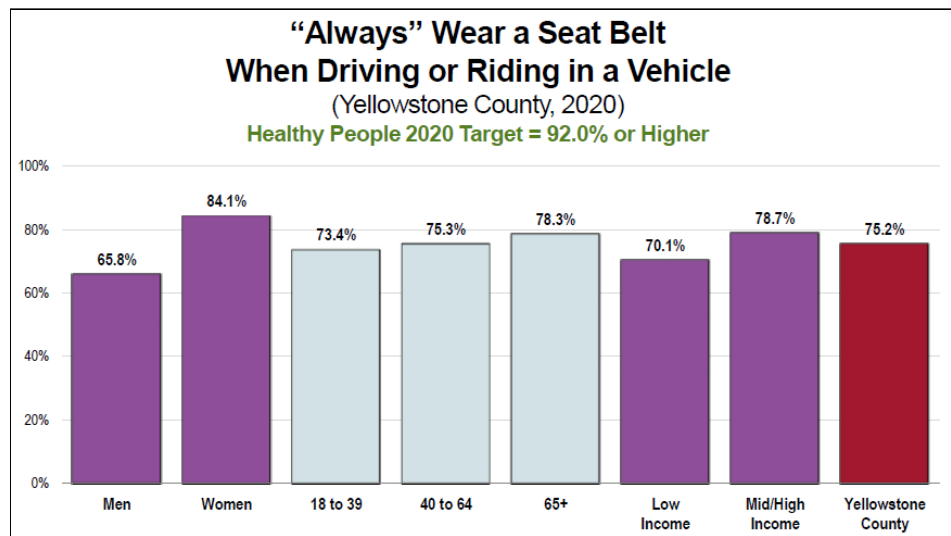
Seat Belt Use:

Wearing a seatbelt prevents passenger ejection during a car accident or rollover and protects the brain and spinal cord in an accident. Nearly a quarter of residents (23.9%) report they did not always wear a seat belt. Men were almost twice as likely to report not using a seat belt than women (30.4% compared to 17.4%). Rates were higher in Eastern Montana where 39.9% of residents reported not always wearing seat belts.



Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Center for Disease Control and Prevention, with Montana Department of Public Health and Human Services.

Three-fourths of Yellowstone County residents report always wearing a seat belt when driving or riding in a vehicle.

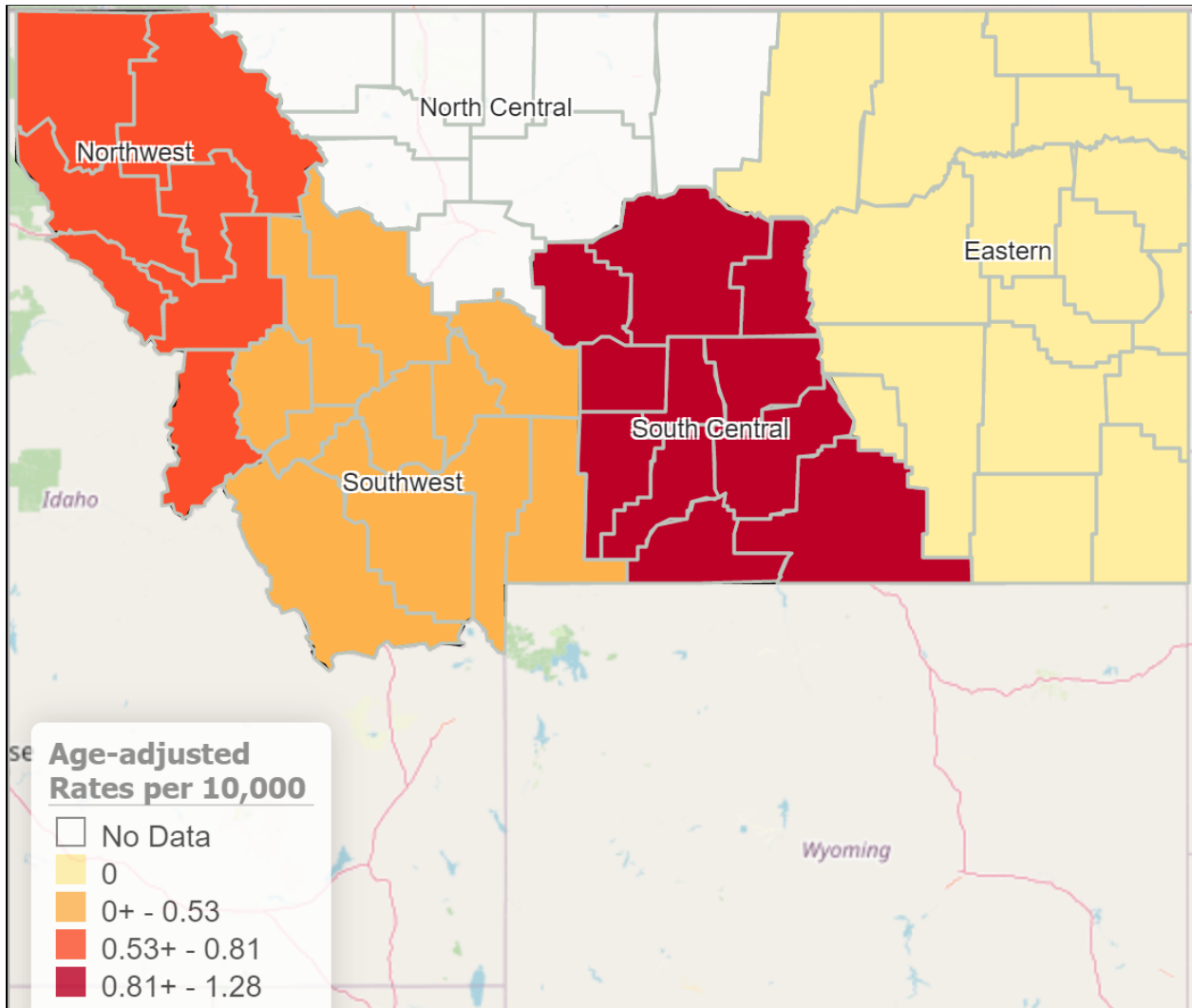


Hospital Discharge Age-adjusted Rates by Diagnosis

The maps below represent hospital inpatient discharge age-adjusted rates by Montana Health Planning Region for the following major disease categories which represent patient populations served by the Rehabilitation Hospital of Montana: Stroke, Neurological, Musculoskeletal System and Connective Tissue, and Significant Trauma. Darker color indicates higher rates of inpatient discharge from hospitals for those selected conditions.

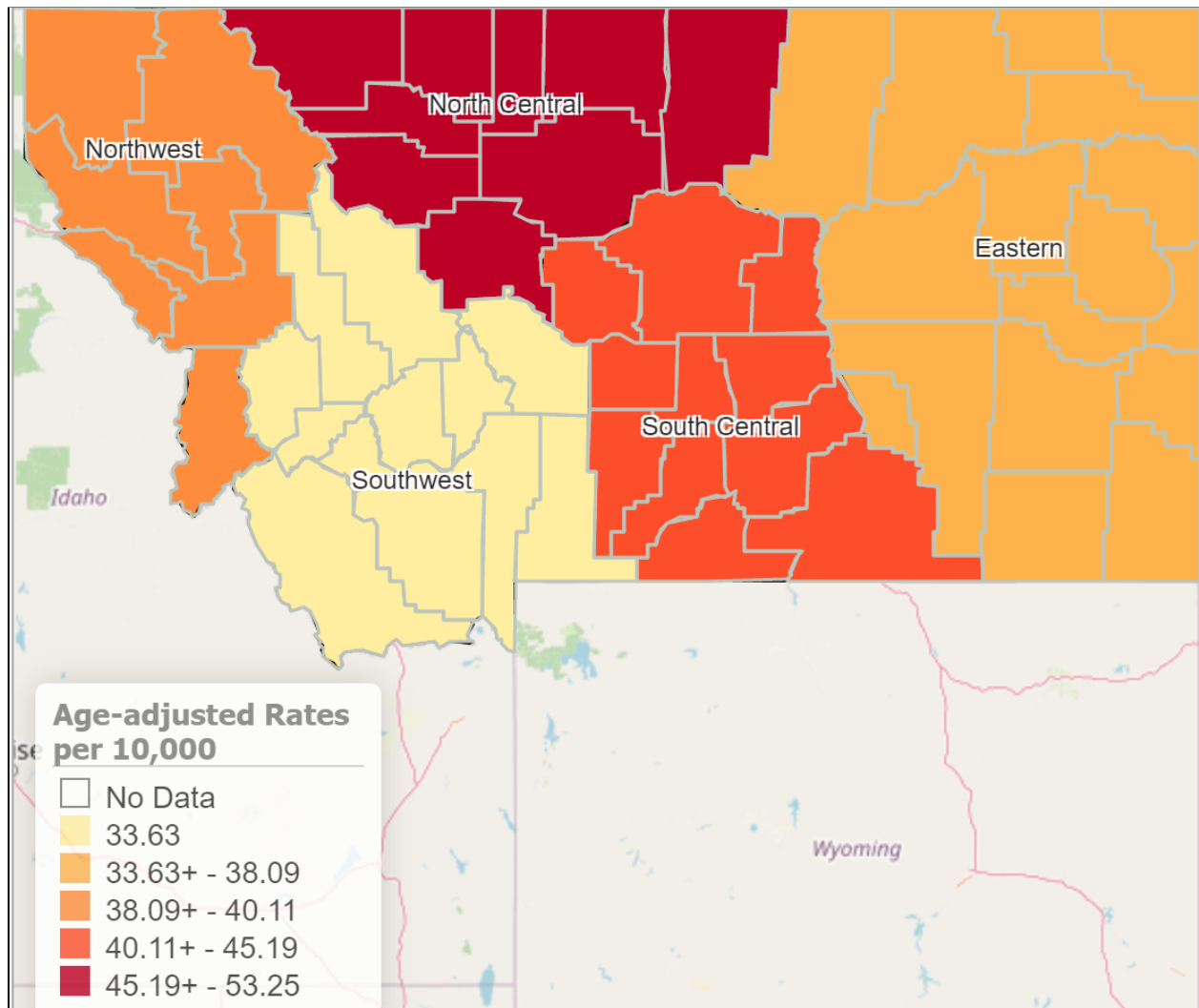
Montana Hospital Discharge Data System (MHDDS) data is provided courtesy of participating Montana Hospital Association members and represents approximately 85% of annual hospital discharges in Montana. The MHDDS does not include data from the US Veterans Administration, Indian Health Service, or Montana State Hospital, and as a result may not be representative of all health events occurring within the state. Out-of-state admissions are not included in the MHDDS.

Montana Hospital Discharge Acute Ischemic Stroke - Age Adjusted Rates Per 10,000 (2019)



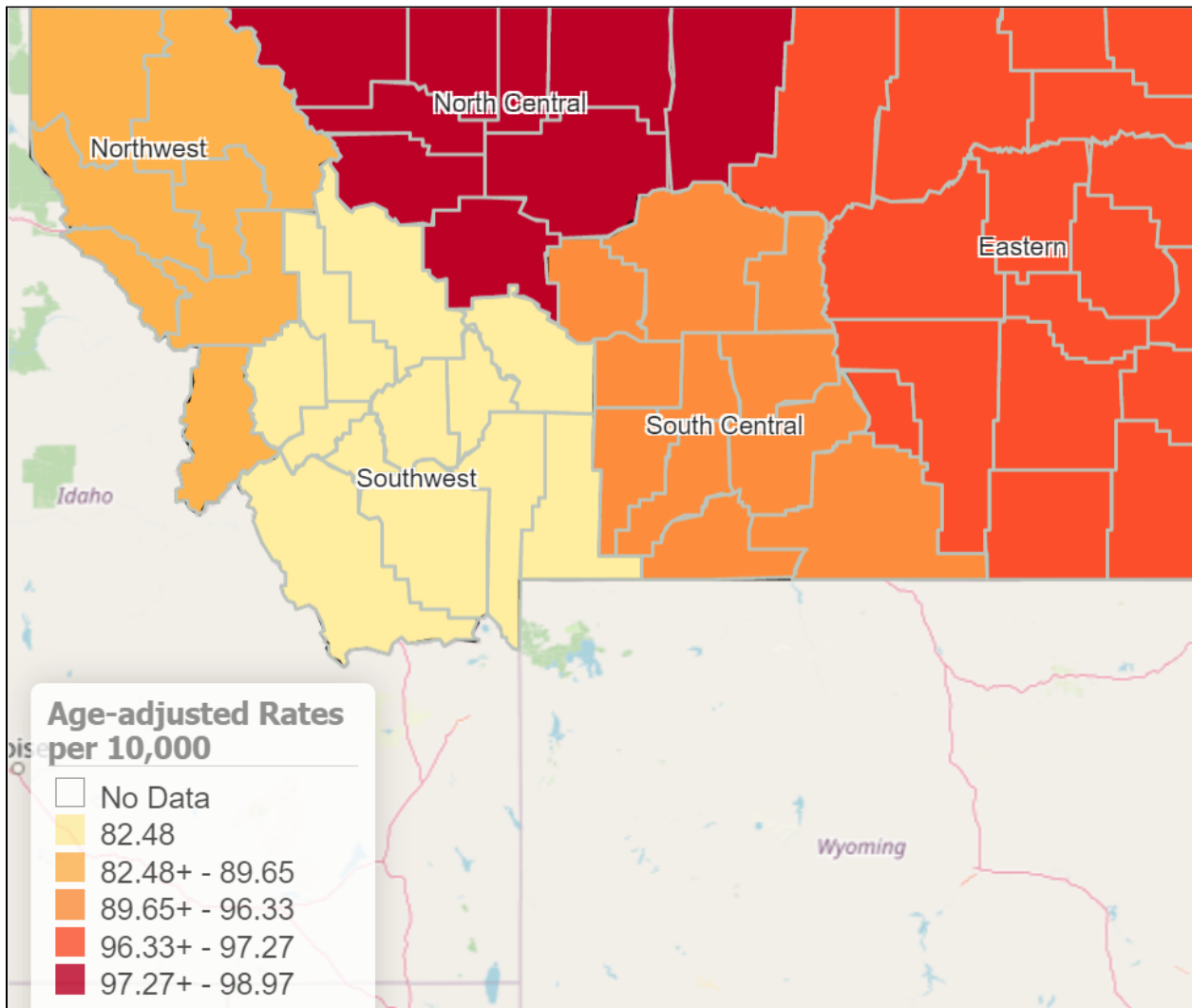
Diagnosis Related Group: 061 Acute Ischemic Stroke W Use Of Thrombolytic Agent W Mcc, 062 Acute Ischemic Stroke W Use Of Thrombolytic Agent W Cc, 063 Acute Ischemic Stroke W Use Of Thrombolytic Agent W/O Cc/Mcc. Montana Hospital Discharge Data System, [2000-2019]. Office of Epidemiology and Scientific Support, Public Health and Safety Division. Montana Department of Public Health and Human Services. Data provided courtesy of participating MHA members.

Montana Hospital Inpatient Discharge - Nervous System Age Adjusted rates per 10,000 (2019)



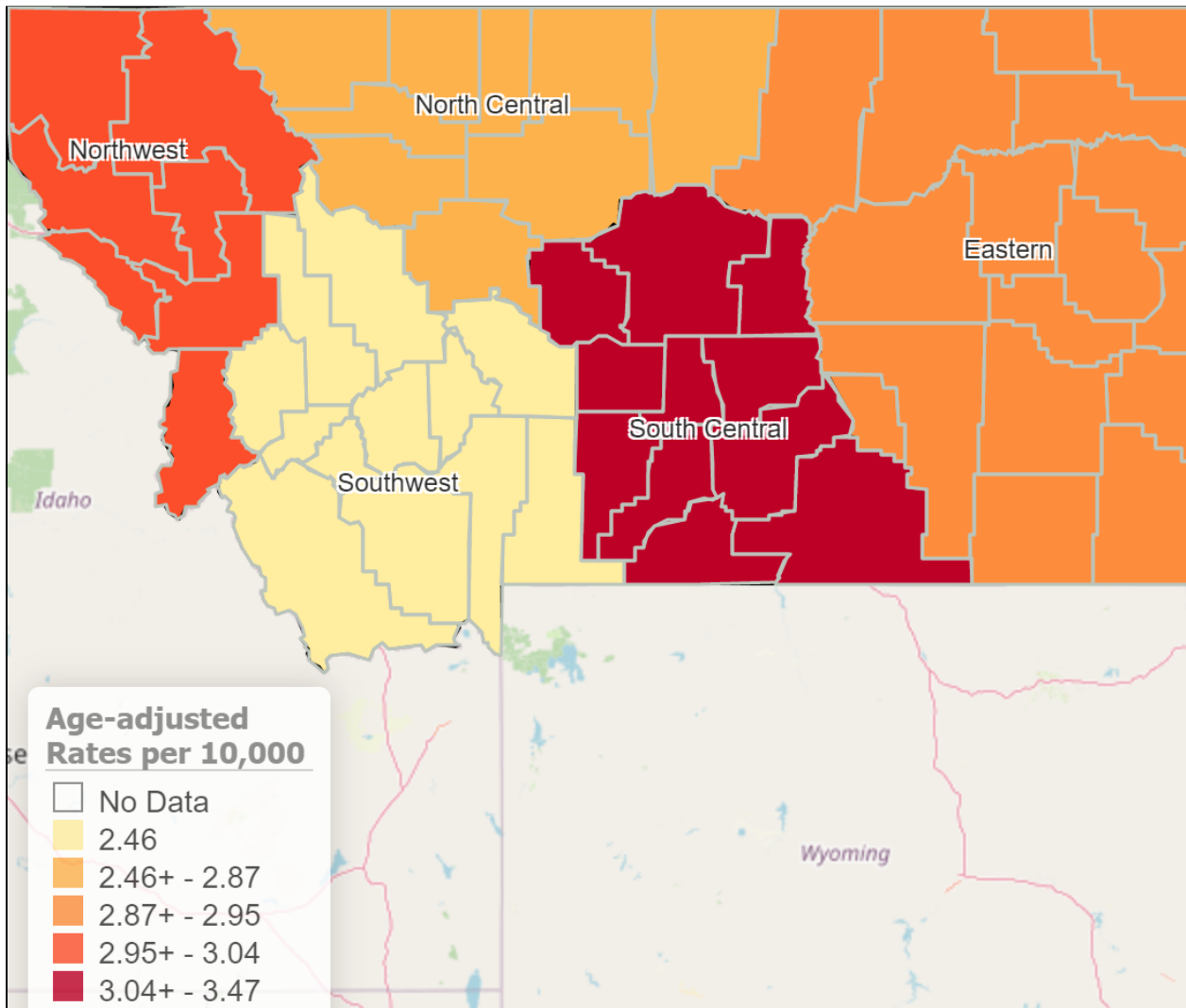
Major diagnosis category: Nervous System. Montana Hospital Discharge Data System, [2000-2019]. Office of Epidemiology and Scientific Support, Public Health and Safety Division. Montana Department of Public Health and Human Services. Data provided courtesy of participating MHA members.

**Montana Hospital Inpatient Discharge - Musculoskeletal System and Connective Tissue
Age Adjusted Rates per 10,000 (2019)**



Major diagnosis category: Musculoskeletal System and Connective Tissue. Montana Hospital Discharge Data System, [2000-2019]. Office of Epidemiology and Scientific Support, Public Health and Safety Division. Montana Department of Public Health and Human Services. Data provided courtesy of participating MHA members.

Montana Hospital Inpatient Discharge - Multiple Significant Trauma Age Adjusted rates per 10,000 (2019)



Major Diagnosis Category: Multiple Significant Trauma. Data Sources: Montana Hospital Discharge Data System, [2000-2019]. Office of Epidemiology and Scientific Support, Public Health and Safety Division. Montana Department of Public Health and Human Services. Data provided courtesy of participating MHA members.

Appendix A:

IRS Form 990, Schedule H Compliance

For non-profit hospitals, a Community Health Needs Assessment (CHNA) also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection and Affordable Care Act of 2010. To understand which elements of this report relate to those requested as part of hospitals' reporting on IRS Schedule H (Form 990), the following cross-references related sections.

Part V Section B Line 3a: A definition of the community served by the hospital: **Page 2**

Part V Section B Line 3b: Demographics of the community: **Pages 2-4**

Part V Section B Line 3c: Existing health facilities and resources within the community that are available to respond to the health needs of the community: **Appendix B**

Part V Section B Line 3d: How data was obtained: **Page 4**

Part V Section B Line 3e: Significant health needs of the community: **Addressed throughout**

Part V Section B Line 3f: Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups: **Addressed throughout**

Part V Section B Line 3g: The process for identifying and prioritizing community health needs and services to meet the community health needs: **Page 9-10**

Part V Section B Line 3h: The process for consulting with persons representing the community's interests: **Pages 4-10**

Part V Section B Line 3i: The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s): **Not applicable, new hospital facility**

Appendix B: Resources and Health Facilities Available to Respond to Identified Needs

The following represent potential measures and resources (such as programs, organizations, and facilities throughout the state of Montana) to address the health needs identified in this report. This list should not be considered to be exhaustive nor an all-inclusive list of available resources.

Access to Healthcare Service and Healthcare Status:

Community Health Centers
Hospitals and Healthcare Centers
Indian Health Services
Long Term Care Facilities/Nursing Homes
Montana Department of Health and Human Services
Montana Hospital Association
Montana Migrant Council
Montana Public Health Information System
Public Health Departments
Urban Indian Health and Wellness Center
Veteran's Administration

Injury and Alcohol Use:

Brain Injury Alliance of Montana
DUI Task Force
Family Drug Court
Hospitals and Healthcare Centers
Mental Health and Addiction Providers
Montana Department of Health and Human Services
Rehabilitation Hospital of Montana
Yellowstone County Substance Abuse Connect Coalition

Physical Activity:

Diabetes and Heart Disease Prevention Program
Fitness Centers/Gyms
Healthy By Design Coalition
Montana Department of Health and Human Services
Montana State University Extension Service
Parks and Recreation
Public Health
Trail Advocacy Organizations
YMCA

Neurological Disease:

Alzheimer's Association
Hospitals and Healthcare Systems

Indian Health Services
MS Society
Muscular Dystrophy
Parkinson's Support Group
Rehabilitation Hospital of Montana
Urban Indian Health and Wellness Centers

Stroke:

American Heart Association
Diabetes and Heart Disease Prevention Program
Hospitals and Healthcare Centers
Montana Department of Health and Human Services
Rehabilitation Hospital of Montana
Urban Indian Health and Wellness Centers
Veteran's Administration

Tobacco Use:

American Lung Association Freedom From Smoking Program
Public Health
Montana Department of Public Health and Human Services
Montana Tobacco Use Prevention Program
Montana Tobacco Quit Line