

NORTHERN MONTANA HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT & COMMUNITY HEALTH IMPROVEMENT PLAN



STRATEGIC DIRECTION 2024-2027

A description of the efforts of Northern Montana Hospital to identify the community health needs of Hill County, Montana, including our implementation plan.

Executive Summary

The Community Health Needs Assessment (CHNA) is a requirement of the IRS for hospitals to maintain their non-profit status. It is also a requirement that hospitals implement a plan to address the health needs identified. This CHNA is for the period of July 1, 2024, through June 30, 2027.

Through the Hill County Health Consortium, Northern Montana Hospital has partnered with the Hill County Health Department, Bullhook Community Health Center, Montana State University - Northern, District 4 Human Resources Development Council, the HELP Committee, and the Boys & Girls Club of the Hi-Line. These partnerships brought multiple sections of the community together for a collaborative assessment of Hill County's health needs. To further grasp the health status of our community and to facilitate good prioritization, multiple assessments were utilized to create the survey tool. The survey tool directed the selection of the health priorities.

The 2024-2027 Community Health Needs Assessment includes a more focused collaborative effort between the hospital and the Hill County Health Consortium. Northern Montana Hospital partnered with the Hill County Health Consortium to engage the community in a community wide health needs assessment survey tool, process, and results. A Facebook survey monkey tool was the technique used to provide household-based information quickly, accurately, and reliably about our community's needs. Not only were the services of SurveyMonkey.com used, but the consortium advertised the survey through traditional, social media, and electronic mailing lists where we saw a 46% increase in the number of community participants. A total of 387 surveys were completed by Hill County residents during the survey process.

In the current planning cycle, a group of Northern Montana Hospital health leaders chose new focus areas after a review of the primary data from the Hill County Health Consortium's Community Health Needs Assessment (CHNA), community wide surveys, hospital specific data, secondary statistical data/information, and an assessment of the Hospital's ability to make improvements in those areas.

For the period of 2024 through 2027 the Northern Montana Hospital health leaders have identified the following priorities:

- Mental Health and Substance Abuse
- Social Determinates of Health
- Chronic Health Conditions

This report does not include all the indicators analyzed in the CHNA; rather, it offers a condensed and consolidated picture of the areas of greatest concern. This data was used by a group of the hospital health leaders to determine feasible and impactful priorities for the community that Northern Montana Hospital serves.

ABOUT NORTHERN MONTANA HOSPITAL

Northern Montana Hospital (NMH) is the center of a comprehensive system of medical and healthcare services, staffed with a team of caring professionals who are dedicated to meeting the growing needs of our Hi-Line communities. The not-for-profit, 25-bed Critical Access Hospital features a 24-hour physician-staffed emergency department, with state-of-the-art diagnostic imaging and electronic medical record services. Our large, quiet labor and birthing rooms are private and located away from other patient care areas. The private patient rooms on the 5th floor Medical/Surgical Department show off views of our Big Sky from every window.

The hospital campus includes a seven chair Dialysis Unit; Northern Montana Care Center, a 136-Bed Skilled and Intermediate Care facility; Northern Montana Family Medical Center, a Rural Health Clinic; Northern Montana Specialty Medical Center, a Rural Health Clinic; Northern Montana Vision Center; Northern Montana Sletten Cancer Center; Bear Paw Hospice; and the Hi-Line Sleep Center.

Specialties of our active staff of Providers include Anesthesia, Emergency Medicine, Family Medicine, General Surgery, Hematology, Internal Medicine, OB/GYN, Oncology, Ophthalmology, Optometry, Orthopedic Surgery and Sports Medicine, Podiatry, Psychiatry, Psychology, Radiology, and Women's Health.

For the convenience of our patients, we also host visiting physicians at our clinics in the areas of Cardiology, Neurology, Pediatric Cardiology, Urology, Radiation Oncology, Nephrology, and Pulmonology.

Mission: *to deliver high-quality, comprehensive healthcare services to the Hi-Line communities.*

Vision: *to be the healthcare provider and employer of choice for our Hi-Line communities.*

Core Values: *Quality, Caring, Service*

THE COMMUNITY SERVED

The community served is defined by highway infrastructure, geographical boundaries, and other healthcare providers. While our service area includes Hill, Blaine, Liberty, Phillips, and Choteau Counties, our largest patient population, and hence our “community” centers around Hill County. The demographic profile of Hill County is quite consistent with the service area population.

Hill County is in North Central Montana, USA, closely bordering Canada. It is composed of 11 unique population centers: Havre, Box Elder, Gilford, Hingham, Kremlin, Rudyard, Inverness, Rocky Boy’s Reservation, East End Hutterite Colony, Hildale Hutterite Colony, Gilford Hutterite Colony, and a multitude of farms and ranches along the county. Hill County encompasses an area of 2,898.6 square miles of land and water. Considered a “frontier” county by the Public Health Service, Hill County consists of a population of 16,309 residents. Havre, the county seat, and most populous city, consists of a population of 9,213 residents out of the overall Hill County population.

Blaine County is also located in North Central Montana, USA, and borders Canada as well. Bordering Hill County on the East, it is composed of eight discernible population centers: Chinook, Harlem, Hogeland, Turner, Fort Belknap Reservation, Turner Hutterite Colony, North Harlem Hutterite Colony, and Heartland Hutterite Colony. Blaine County encompasses an area of 4,227.5 square miles with a population of 7,044 residents. The Public Health Service also considers Blaine County a “frontier.” Native Americans represent 51.1% of the total population, with the biggest concentration on the Fort Belknap Reservation. Chinook, the county seat, consists of a population of 1,185 residents out of the overall Blaine County population.

Portions of Liberty and Phillips Counties, as well as the Big Sandy Census District of Chouteau County, are also included in the catchment service area of Northern Montana Hospital. All the above data on estimated populations was retrieved from the United States Census Bureau: Quick Facts website.

Social determinants of health (SDOH) are the conditions in the environments that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Fundamentals to SDOH are determined by understanding the relationship between how population groups experience “place” and the impact of “place” on health. Place is considered to be the condition in these various environments and settings.

Socioeconomic status and social determinants of health characteristics have repeatedly and ever increasingly been shown to have a significant impact on health. Those with lower socioeconomic status with more social determinants of health factors, are more likely to engage in high-risk behaviors, such as opioid, illegal drug, alcohol, and tobacco use. These individuals are less likely to have adequate healthcare coverage and less likely to get preventative healthcare. Lower socioeconomic status groups are often targeted for public health interventions to investigate health inconsistencies. Socioeconomic characteristics for Hill County, as compared to Montana, overall are noted below.

Table 1. *Data was collected from the U.S. Census Bureau: Quick Facts*

<i>Socioeconomic Measures</i>	<i>Hill County</i>	<i>Montana</i>
Unemployment Rate	2.4%	3.3%
Median Household Income	\$58,427	\$66,341
Percent High School Graduates or GED attainment of the population 25 years or older	90.4%	94.5%
Percent of population below Federal Poverty Level	16.9%	12.1%
Food Stamp Recipients	15.9%	10.6%
Households with broadband	81.4%	86.6%
<i>Never Married</i>	35.2%	30.6%
<i>Married</i>	46.4%	50.8%
<i>Widowed</i>	6.4%	5.7%
<i>Divorced</i>	9.9%	12.0%
<i>Separated</i>	2.2%	1.0%
<i>With disability, under 65</i>	9.0%	9.6%
<i>Person's w/o health insurance under the age of 65</i>	12.0%	10.2%

THE PROCESS

The 2024-2027 Community Health Needs Assessment being assessed this year includes a more focused collaborative effort between the hospital and the Hill County Health Consortium. Northern Montana Hospital partnered with the Hill County Health Consortium to engage the community in a community wide health needs assessment survey tool, process, and results. A Facebook survey monkey tool was the technique used to provide household-based information quickly, accurately, and reliably about our community's needs. Members of the Hill County Health Consortium, Northern Montana Hospital, and other community agencies jumped right into action, sending the survey monkey tool out to the community to help Northern Montana Hospital collect their primary data. To further gain insight on the health status of our community and surrounding areas that the hospital serves, the following secondary information/data was also reviewed and considered: National statistics, State of Montana statistics, MT DPHHS county/community specific snapshots, facility statistical data, and patient care information were utilized in identifying the priority issues for Northern Montana Hospital during this CHNA cycle.

THE PARTNERS

The Hill County Health Consortium consists of many important stakeholders in our community who put in a great deal of time, effort, and resources. Those who participated included the following:

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| 1. HELP Committee and Boys and Girls club of the Hi-Line | 11. Montana State University - Northern |
| 2. Bullhook Community Health Center | 12. New Media Broadcasters, Inc. |
| 3. Havre Daily News | 13. Northern Montana Hospital |
| 4. Havre Public Schools | 14. Office of Public Assistance |
| 5. Hill County Board of Health | 15. Rocky Boy Health Department |
| 6. Hill County Commissioner | 16. Salvation Army |
| 7. Hill County Extension Office | 17. Sanitarian/Planner |
| 8. Hill County Health Department | 18. United Way |
| 9. District 4 Human Resource Development Council (HRDC 4) | 19. Youth Dynamics |
| 10. Local Emergency Preparedness Committee | 20. Montana Department of Public Health and Human Services |
| | 21. Montana Healthcare Foundation |

LEADERSHIP

Hill County Health Consortium: The Hill County Health Consortium effort is spearheaded by Tim Brurud, Executive Director, Boys & Girls Club of the Hi-Line; Christen Obresley, VP, Regulatory & Community Services, Northern Montana Health Care; Kim Berg RN, Director, Hill County Health Department; and Kyndra Moore, CEO, Bull Hook Community Health Center. This coalition includes more than 40 community partners who have banded together in a cooperative effort to address the health needs of the community. The overall goal of the consortium is to promote a healthy community where people live, work and play.

Senior Leadership and Medical Staff Engagement: Senior leadership received updates regarding the CHNA through regularly scheduled meetings. Medical Staff was engaged and updated through the Provider Office Practice Team and Operations Committee. Members from these groups of health leaders reviewed data, evaluated resources, and identified priority initiatives for health improvement.

Approval of the Board of Trustees: The Northern Montana Hospital Board of Trustees was apprised of the results of the survey and of the priority areas chosen by group leaders. The Board endorsed participation with the process and implementation of the strategies selected by the health leaders in addressing the identified needs.

DATA: Primary

The Hill County Health Consortium has gathered the provided data and the employees of the Boys and Girls Club have analyzed the data collected from Hill County residents during the survey process that occurred in 2023. Surely enough, the community saw a 46% increase in the number of participants. A total of 387 surveys were completed. The respondents were disproportionately female, which means the males are underrepresented in this survey.

The following top ten health issues were drawn from the survey, asking the community, "Using the following list, for each potential problem, please tell us if this is not a problem, a problem, a big problem, or don't know." Weighting these responses, "a big problem" carried a weight of 2, "a problem" carried a weight of 1, and "not a problem" and "don't know" carried a weight of 0. The community sees the following as the top ten health concerns in Hill County based on the perception of "a problem" and "a big problem":

1. Depression and Anxiety
2. Alcohol Abuse
3. Illegal Drug Use
4. Obesity
5. Suicide
6. Tobacco Use
7. Diabetes
8. Availability of Affordable Housing
9. Cancer
10. Prescription Drug Use

Depression and Anxiety

- 93.50% of survey respondents identified Depression and Anxiety as "a problem" or "a big problem"
 - 22.55% identified depression and anxiety as "a problem"
 - 70.96% identified depression and anxiety as "a big problem"
- 25.98% of those surveyed reported a "fair" or "poor" overall mental health
- Residents reported an age-adjusted average of 4.1 poor mental health days (mentally unhealthy days) in the past 30 days (County Health Rankings 2020)

Alcohol Abuse

- 91.56% of survey respondents identified alcohol abuse as "a problem" or "a big problem"
 - 24.46% identified alcohol abuse as "a problem"
 - 67.10% identified alcohol abuse as "a big problem"
- Excessive drinking rate is 23% (percentage of adults reporting binge or heave drinking) (County Health Rankings 2020); Montana's excessive drinking rate is 21%

- Alcohol-impaired driving death rate is 43% (percent of driving deaths with alcohol involvement) (County Health Rankings 2020)

Illegal Drug Use (meth, heroin, marijuana, etc.)

- 90.43% of survey respondents identified illegal drug use as “a problem” or “a big problem”
 - 21.12% identified illegal drug use as “a problem”
 - 61.31% identified illegal drug use as “a big problem”
- In 2019, drug abuse violations compromised 11% of all adult arrests. 63% of these arrests were male and 37% were female. (Hill County Sheriff’s Office NIBRS)
- In 2019, the crude rate for emergency department encounters in Hill County for drug overdoses (defined as ICD-10 codes T36-T50 “Poisoning by drugs, medicaments, and biological substances” and F10-F19 “Mental and behavioral disorders due to psychoactive substance use”) was 3,882.55 per 100,000 (MT IBIS)

Obesity

- 90.17% of survey respondents identified obesity as “a problem” or “a big problem”
 - 35.74% identified obesity as “a problem”
 - 69.31% identified obesity as “a big problem”
- Adult obesity (percentage of the adult population age 20 and older that reports a body mass index (BMI) greater than or equal to 30kg/m²) is 38% (County Health Rankings 2020)

Suicide

- 86.52% of survey respondents identified suicide as “a problem” or “a big problem”
 - 35.86% identified suicide as “a problem”
 - 50.66% identified suicide as “a big problem”
- Suicide rate from 1999-2018 per 100,000 people: 17.5 for Hill County and 22.3 for MT (CDC Wonder)
- Intentional self-harm injury emergency department visit rate from 2016-2017 was 298.9 per 100,000 population (age-adjusted rate) (MT IBIS)

Tobacco Use

- 82.78% of survey respondents identified tobacco use as “a problem” or “a big problem”
 - 42.38% identified tobacco use as “a problem”
 - 40.40% identified tobacco use as “a big problem”
- 14.7% of survey respondents reported smoking “some days” or “every day”
- 23% of Hill County residents report smoking (County Health Ranking 2020)

Diabetes

- 82.74% of survey respondents identified diabetes as “a problem” or “a big problem”
 - 32.34% identified diabetes as “a problem”
 - 50.50% identified diabetes as “a big problem”
- Diabetes prevalence among adults was 10.1% in 2017 (Interactive U.S. Diabetes Surveillance System)

Availability of Affordable Housing

- 80.20% of survey respondents identified availability of affordable housing as “a problem” or “a big problem”
 - 35.57% identified availability of affordable housing as “a problem”
 - 44.63% identified availability of affordable housing as “a big problem”
- 13% of homes reported severe housing problems (households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities) (County Health Rankings 2020)

Cancer

- 79.60% of survey respondents identified cancer as “a problem” or “a big problem”
 - 45.39% identified cancer as “a problem”
 - 34.21% identified cancer as “a big problem”
- Cancer incidence rate for all cancers from 2013-2017 was 415.2 (annual average, age-adjusted rate of cases per 100,000 people) (U.S. Cancer Statistics Working Group)
- Cancer mortality rates for all cancers from 2013-2017 was 172.4 (annual average, age-adjusted rate of cases per 100,000 people) (U.S. Cancer Statistics Working Group)

Prescription Drug Use

- 76.08% of survey respondents identified prescription drug use as “a problem” or “a big problem”
 - 35.22% identified prescription drug use as “a problem”
 - 40.86% identified prescription drug use as “a big problem”
- In 2018, the opioid dispensing rate in Hill County was 42 per 100 people (CDC 2018)

DATA: Secondary

Table 2. Data was collected from U.S. Census Bureau's 2022 American Community Survey 5-Year Estimates Dataset and Community Profile Narratives

<u>Community Health Profile Data Reported</u>	
Population	Gender Percentages: • 49.1% Female • 50.9% Males Median Age: • 33.4 Years Racial Demographic: • American Indian and Alaska Natives- 3,763 • Asians- 79 • Black or African Americans- 46 • Hispanic or Latinos- 500 • Native Hawaiian and Other Pacific Islanders- 8 • White Alone, not Hispanic or Latino- 11,020 • Other Race- 104 • Two or More Races- 1, 137 • White Alone- 11,172
Socioeconomic Profile	Median Household Income: • \$58,427 Median Earnings: • \$41,704 Median Earnings by Gender: • Male- \$47,341 • Female- \$35,828
Social Determinants of Health (SDOH)	Economic Stability: • Employment Rate- 60.7% • 494 Employer Establishments Education Access & Quality: • High School or Equivalent- 32.0% • Some College, No Degree- 25.7% • Associate Degree- 9.1% • Bachelor Degree- 17.3% • Graduate or Professional Degree- 6.4% Neighborhood & Built Environment: • Average Family Size- 3.09 • 7,223 Housing Units

COMMON THEMES ACROSS ALL SECONDARY DATA SOURCES:

- Genders, Ethnicities, Income, and Earnings

GLOBAL/NATIONAL THEMES AFFECTING HEALTHCARE CURRENTLY:

- Long COVID, Mental Health, Impact of Climate Change, Cardiovascular Disease, Lower Respiratory Infections, Poverty's Role in Health, Dementia, and Population Aging

UNDERSTANDING SOCIAL DETERMINANTS OF HEALTH

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Resources that enhance quality of life can have a significant influence on population health outcomes. Some examples of these resources include safe and affordable housing, access to education, public safety, availability of healthy foods, local emergency/health services, and environments free of life-threatening toxins. Health disparities and inequities are contributed to from these social determinants of health. There are five domains of social determinants of health, education access and quality, health care access and quality, neighborhood and built environment, social and community context, and economic stability. By working to establish positive influence on social and economic conditions, we can work together to support changes in individual behaviors which will result in improving the conditions in which we live in. Improvements in these areas will create a healthier population, society, and workplace that will benefit the well-being for all.

THE PRIORITIES

Hill County did not create a Community Health Improvement Plan (CHIP); therefore, Northern Montana Hospital has based their findings on the top ten health priorities (P#1-10) that were drawn from the survey. Northern Montana Hospital acknowledges the wide range of significant health issues that emerged from the CHNA process and determined that it could effectively focus on only those health needs which it deemed to be most urgent and essential to our community, as well as within its ability to influence. Those issues are as follows:

Priority Issue 1: Mental Health and Substance Abuse

NMH health leaders identified Mental Health and Substance Abuse as their top priority. This top priority impacts the following health concern(s) pulled from the Community Health Needs Assessment: P#1) Depression and Anxiety, P#2) Alcohol Abuse, P#3) Illegal Drug Use, P#5) Suicide, and P#10) Prescription Drug Use. Primarily, Northern Montana Hospital will improve access to behavioral health programs. NMH will increase awareness of available resources. NMH will integrate prenatal care and behavioral health to improve maternal and neonatal outcomes.

Priority Issue 2: Social Determinants of Health

NMH health leaders identified Social Determinants of Health as their second priority. Initially, NMH will increase cultural awareness, diversity, and inclusion. Implementing SDOH in selected departments will

also partake while allowing us to provide individuals with the reasonable resources they may need. Essentially, NMH will provide quality and healthcare access as well.

Priority Issue 3: Chronic Health Conditions

NMH health leaders identified Chronic Health Conditions as their third priority. This priority impacts the following health concern(s) pulled from the Community Health Needs Assessment: P#4) Obesity, P#6) Tobacco Use, and P#7) Diabetes. Denial of the wellbeing of one's personal health is typically followed by Chronic Health Conditions. NMH wants to address personal health before it becomes a Chronic Health Condition. NMH will thrive to improve management of these conditions. NMH will address Hypertension, Diabetes, and Obesity issues and concerns.

While the areas below were identified, these health priorities are being addressed within the organization through other methods and programs throughout the community. Northern Montana Hospital will not take new or specific, additional actions on the following health needs:

P#8) Availability of Affordable Housing: NMH has decided not to take new or specific, additional actions on Availability of Affordable Housing due to the inability to influence the cost of housing. Our facility is a health care facility that offers comprehensive health care services to our community and those around us. We have the ability to offer resources to those in need of them, but ultimately, our facility cannot change the cost of housing available.

P#9) Cancer: NMH has decided not to take new or specific, additional actions on Cancer due to our joint efforts with Sletten Cancer Center. Sletten is a joint venture between Northern Montana Health Care and Benefis. This center provides radiation and chemotherapy for the communities of the Hi-Line. At NMH we also provide screening services in relations to mammography, routine health screenings, preventative screenings, and much more. With Sletten Cancer Center, we are the forefront of advanced cancer care in Montana.

THE IMPLEMENTATION STRATEGY/PLAN

Northern Montana Hospital Board of Trustees, Physicians, and Administrative Team support that these initiatives and actions can be achieved through existing programs and providers. NMH is confident that current programs and providers can be used to create specialty education to target patients that are specifically affected by any of the priority issues: opioid abuse, illegal drug and alcohol abuse, and tobacco abuse. The guiding principle behind the Implementation Strategy is Northern Montana Hospital's mission, vision, and values.

Priority Issue 1: Mental Health and Substance Abuse

- **Initiative 1- Improve Access to Behavioral Health Programs**

❖ **Actions:**

1. *Implement warm handoff programs in selected departments*
2. *Integration of mental health care with social intervention services*
3. *Partner with community behavioral health services to increase access*

○ **Initiative 2- Increase Awareness of Available Resources**❖ **Actions:**

1. *Participate in Community Based health education and awareness events*
2. *Update the Website to include BHS information and resources*
3. *Design and implement an anti-stigma campaign*

○ **Initiative 3- Integrate Prenatal Care and Behavioral Health to Improve Maternal and Neonatal Outcomes**❖ **Actions:**

1. *Warm handoffs*
2. *Routine screening and treatment for mental health*
3. *Integrate an outpatient OB Case Manager prior to discharge for mothers identified as at risk*

Priority Issue 2: Social Determinants of Health○ **Initiative 1- Implement Social Determinants of Health (SDOH) in Selected Departments**❖ **Actions:**

1. *Plan, test, and implement SDOH Screening projects*
2. *Make economic improvements such as finding and connecting patients to resources*
3. *Make social improvements such as improving transportation to healthcare facilities*

○ **Initiative 2- Increased Cultural Awareness, Diversity, and Inclusion**❖ **Actions:**

1. *Participate in cultural competency trainings*
2. *Make cultural improvements such as addressing awareness of the language bank*
3. *Include family and community members in healthcare decision making*

- **Initiative 3- Healthcare Access & Quality**

- ❖ **Actions:**

1. *Create a Provider mix that meets the needs of the community while staying competitive*
2. *Be supportive in providing high standard of patient care that meets the expectation of our medical staff in our community*
3. *Implement practices to reduce burnout and promote provider resiliency*

Priority Issue 3: Chronic Health Conditions

- **Initiative 1- Address Hypertension**

- ❖ **Actions:**

1. *Direct navigation to a medical home for screened individuals in need of a primary care provider based on SDOH screening*
2. *Target outreach to patients overdue for preventative screenings*
3. *Provide education and treatment plans that include home monitoring of chronic conditions*

- **Initiative 2- Address Diabetes**

- ❖ **Actions:**

1. *Direct navigation to a medical home for screened individuals in need of a primary care provider based on SDOH screening*
2. *Target outreach to patients overdue for preventative screenings*
3. *Provide education and treatment plans that include home monitoring of chronic conditions*

- **Initiative 3- Address Obesity**

- ❖ **Actions:**

1. *Direct navigation to a medical home for screened individuals in need of a primary care provider based on SDOH screening*
2. *Target outreach to patients overdue for preventative screenings*
3. *Provide education and treatment plans that include home monitoring of chronic conditions*

CONCLUSION

Over the long run, these efforts are expected to positively impact the overall health status, lifestyle, risk behavior, and mental health of the residents of the catchment area. Northern Montana Hospital will address the unmet needs within the context of our overall approach as those needs align with our Mission, Vision, and Core Values. This is a living document, which will be modified and changed according to the needs of the population and the strategic direction of Northern Montana Hospital.

RESOURCES (Secondary Data)

CDC Healthy People 2020: <https://www.healthypeople.gov/2020/topics-objectives>

AHA: https://www.aha.org/system/files/media/file/2019/11/2020-Environmental-Scan-Final_0.pdf

State of MT SHIP: <https://dphhs.mt.gov/Portals/85/ahhealthiermontana/2019SHIPFinal.pdf>

Hill County CHNA: <https://hillcountyhealth.com/wp-content/uploads/2019/07/CHIP.pdf>

NMHC CHNA and Implementation Strategy 2018 - 2020

MT DPHHS Hill County Snapshot:
<http://ibis.mt.gov/community/snapshot/report/Demographics/GeoCnty/41.html?PageName=>

MT DPHHS Chouteau County Snapshot:
<http://ibis.mt.gov/community/snapshot/report/Demographics/GeoCnty/15.html?PageName=>

MT DPHHS Blaine County Snapshot:
<http://ibis.mt.gov/community/snapshot/report/Demographics/GeoCnty/5.html?PageName=>

MT DPHHS Liberty County Snapshot:
<http://ibis.mt.gov/community/snapshot/report/Demographics/GeoCnty/51.html?PageName=>

MT DPHHS Phillips County Snapshot:
<http://ibis.mt.gov/community/snapshot/report/Demographics/GeoCnty/71.html?PageName=>

United States Census Bureau – Quick Facts
<https://www.census.gov/quickfacts/fact/table/havrecitymontana,hillcountymontana,blainecountymontana,MT/PST045219>

IHME:
[11 global health issues to watch in 2023, according to IHME experts | Institute for Health Metrics and Evaluation \(healthdata.org\)](https://www.healthdata.org)