

Meagher County Montana

Community Health Services Development Community Health Needs Assessment Report

Assessment conducted by
Mountainview Medical Center
White Sulphur Springs, Montana

In cooperation with
The Montana Office of Rural Health &
The National Rural Health Resource Center

May 2016



MONTANA
STATE UNIVERSITY

Office of Rural Health
Area Health
Education Center

Mountainview Medical Center

Community Health Needs Assessment

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Mountainview Medical Center Community Survey & Focus Groups Summary Report May 2016

I. Introduction

Mountainview Medical Center (MMC) is a 25-bed Critical Access Hospital and rural health clinic based in White Sulphur Springs, Montana. Mountainview Medical Center serves Meagher County, which is considered Frontier, has an area of just under twenty-four hundred square miles and provides medical services to approximately 1,891 residents (2010 US Census). Mountainview Medical Center participated in the Community Health Services Development (CHSD) Project, a community health needs assessment, conducted by the Montana Office of Rural Health. Community involvement in steering committee meetings and focus groups enhanced the community's engagement in the assessment process.

In the winter of 2016, Mountainview 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 D). 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.

II. Health Assessment Process

A Steering Committee was convened to assist Mountainview Medical Center in conducting the CHSD assessment process. A diverse group of community members representing various organizations and populations within the community (ex. public health, elderly, uninsured) came together in November 2015. 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 in designing the survey instrument and again to review results of the survey and focus groups.

III. Survey Methodology

Survey Instrument

In February 2016, surveys were mailed out to the residents in Mountainview Medical Center's service area. 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

Mountainview Medical Center provided the National Rural Health Resource Center with a list of 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 588 residents was then selected from Prime Net Data Source. 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.)

Additionally, a focus group was held to identify the motives of local residents when selecting healthcare providers and to discover reasons why people may leave the White Sulphur Springs area to seek healthcare 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 access to care in rural and frontier Montana communities and barriers of disease surveillance in this setting.

The low population density of rural and frontier communities require regional reporting of many major health indices including chronic disease burden and behavior health indices. The Montana BRFSS [Behavioral Risk Factor Surveillance System], through a cooperative agreement with the Center for Disease Control (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 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 community focus groups and 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, just to name a few, helps to reach segments of the population that might not otherwise respond to a survey or attend a focus group.

Survey Implementation

In February 2016, the community health services survey, a cover letter with on Mountainview Medical Center's letterhead with the Chief Executive Officer's signature, and a postage paid reply envelope were mailed to 588 randomly selected residents in the hospital's service area. A news release was sent to local newspapers prior to the survey distribution announcing that Mountainview Medical Center would be conducting a community health services survey throughout the region in cooperation with the Montana Office of Rural Health.

Two hundred eight surveys were returned out of 588. Of those 588 surveys, 14 were returned undeliverable for a 36% response rate. From this point on, the total number of surveys will be out of 574. 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 5.21%.

IV. Survey Respondent Demographics

A total of 574 surveys were distributed amongst Mountainview Medical Center's service area. Two hundred eight were completed for a 36% response rate. The following tables 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 (Question 31)

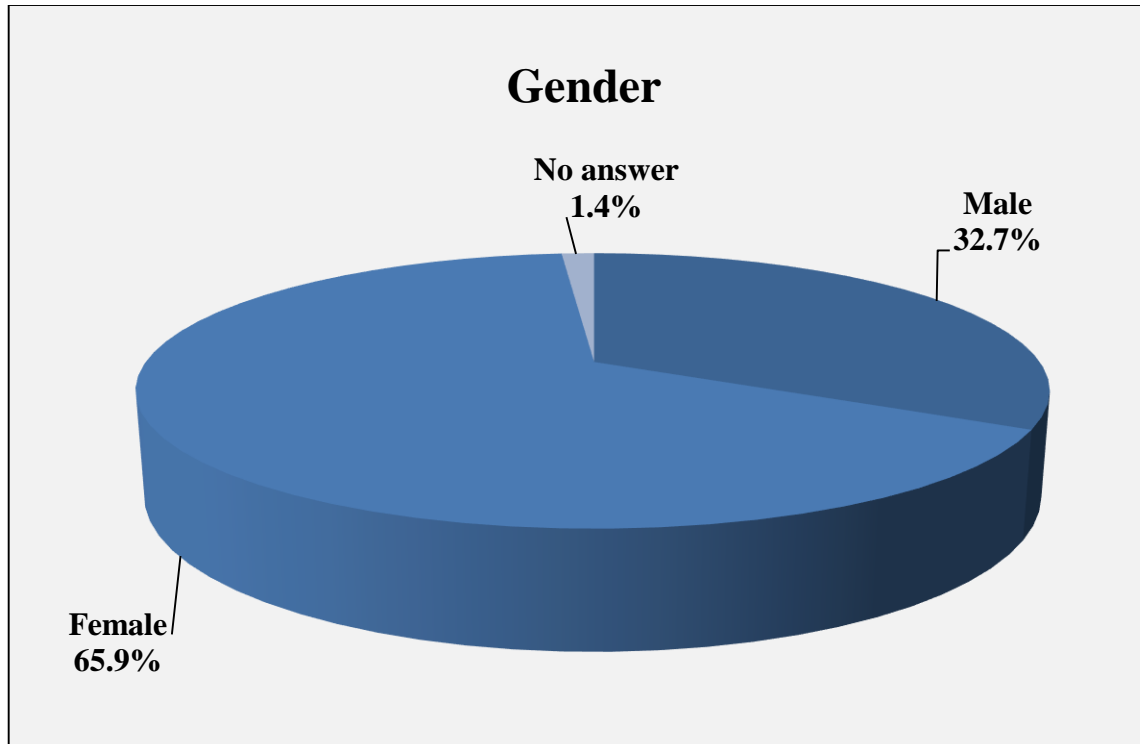
While there are some large differences in the percentages below, the absolute differences are small. The returned surveys are skewed toward the White Sulphur Springs population which is reasonable given that this is where most of the services are located.

Location	Zip Code	Count	Percent
White Sulphur Springs	59645	179	86.1%
Martinsdale	59053	15	7.2%
Ringling	59642	11	5.3%
No response		3	1.4%
TOTAL		208	100%

Gender (Question 32)

2016 N= 208

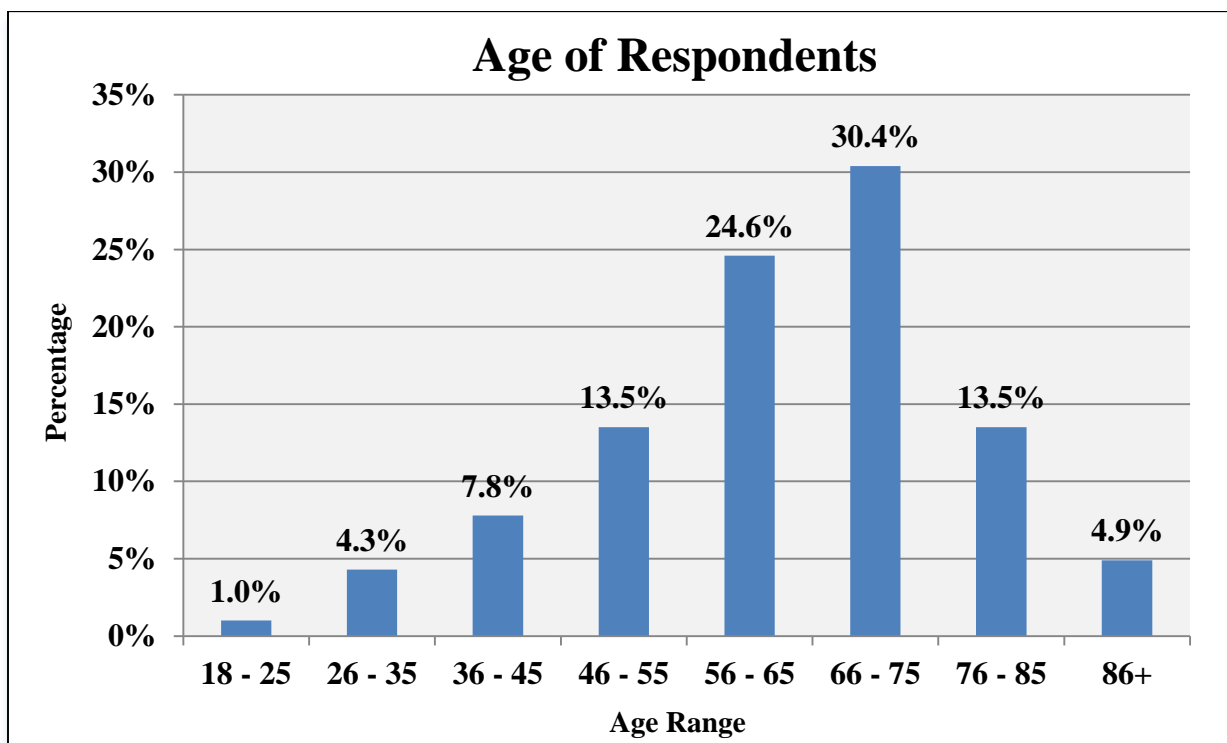
Of the 208 surveys returned, 65.9% (n=137) of survey respondents were female, 32.7% (n=68) were male, and 1.4% (n=3) chose not to answer this question. The survey was distributed to a random sample consisting of 50% women and 50% men. It is not unusual for survey respondents to be predominantly female, particularly when the survey is healthcare-oriented since women are frequently the healthcare decision makers for families.



Age of Respondents (Question 33)

2016 N= 207

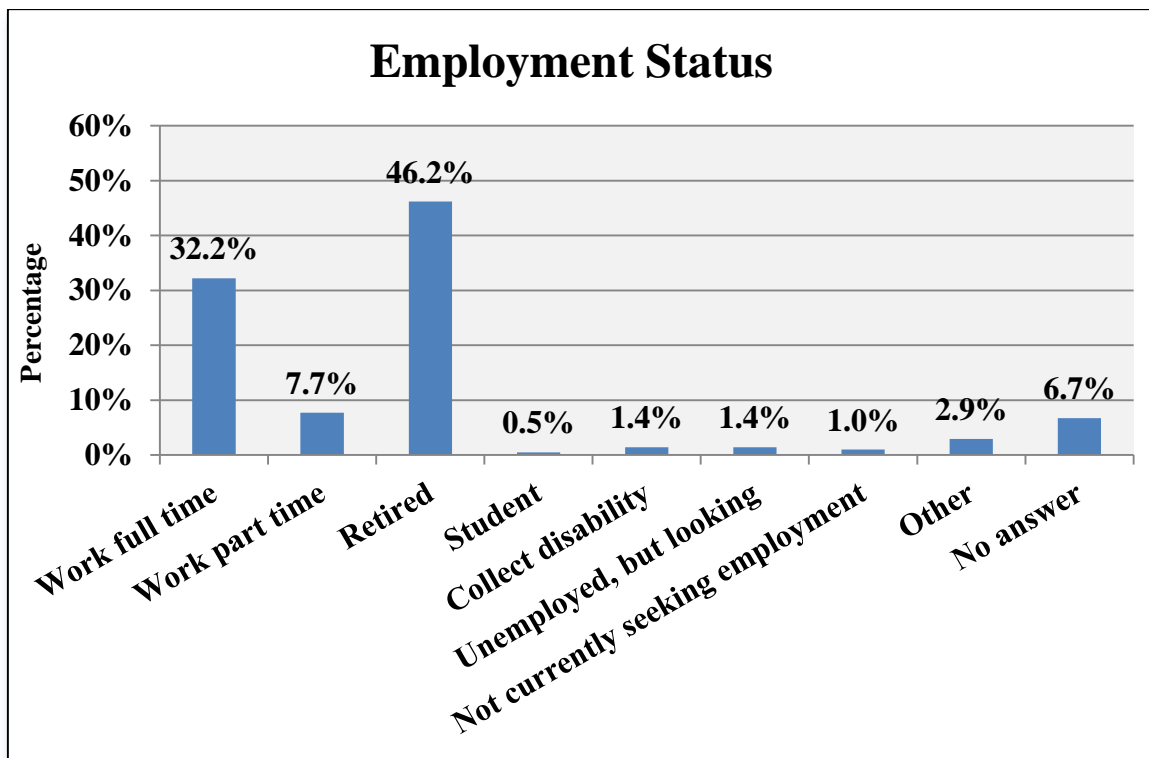
Thirty percent of respondents (n=63) were between the ages of 66-75. Twenty-five percent of respondents (n=51) were between the ages of 56-65 and 13.5% of respondents (n=28 each) were between the ages of 46-55 and 76-85. This statistic is comparable to other Critical Access Hospital (CAH) demographics. The increasing percentage of aging residents in rural communities is a trend which is seen throughout Montana and will likely have a significant impact on the need for healthcare services during the next 10-20 years. However, it is important to note that the survey was targeted to adults and therefore, no respondents are under age 18. Older residents are also more invested in healthcare decision making and therefore, are more likely to respond to healthcare surveys, as reflected by this graph.



Employment Status (Question 34)

2016 N= 208

Forty-six percent (n=96) of respondents reported they are retired while 32.2% (n=67) are retired. Eight percent of respondents (n=16) indicated they work part time. Respondents could select all that apply so percentages do not equal 100%. Fourteen (6.7%) respondents chose not to answer this question.



“Other” comments:

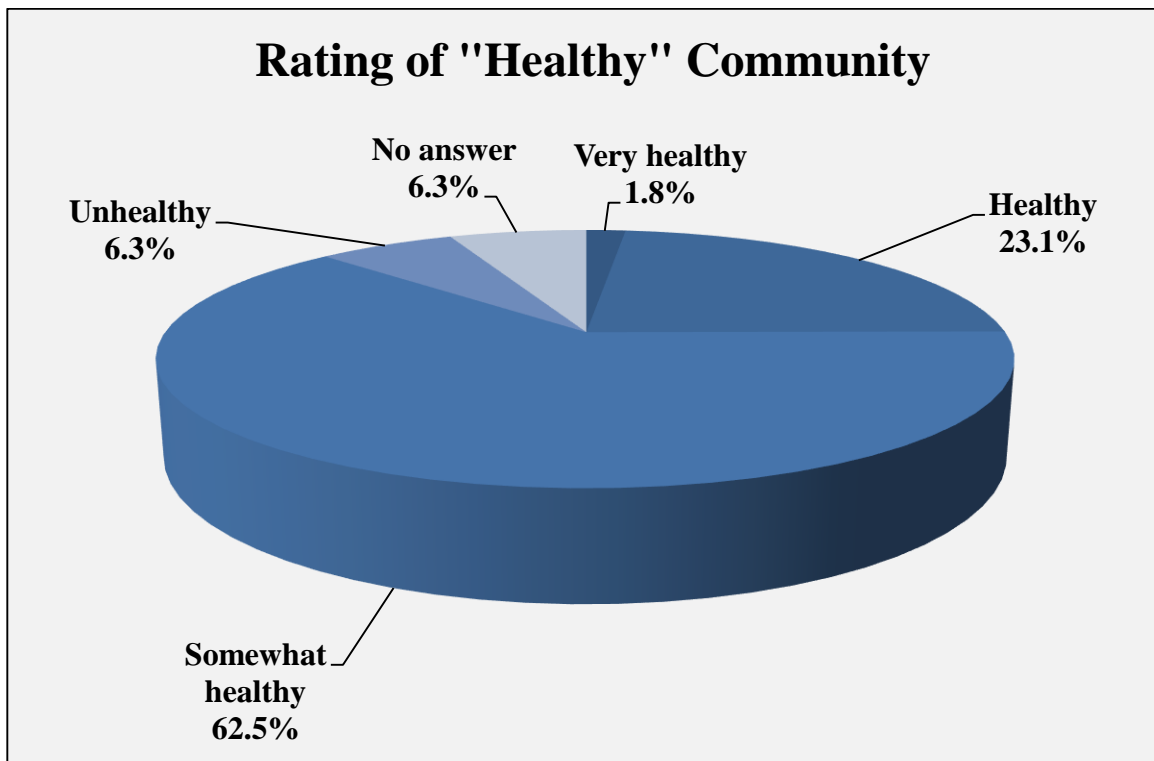
- Disabled
- Self-employed (6)
- Caregiver for mother

V. Survey Findings – Community Health

Impression of Community (Question 1)

2016 N= 208

Respondents were asked to indicate how they would rate the general health of their community. Sixty-three percent of respondents (n=130) rated their community as “Somewhat healthy” and 23.1% of respondents (n=48) felt their community was “Healthy.” No respondents indicated they felt their community was “Very unhealthy.”



Health Concerns for Community (Question 2)

2016 N= 208

Respondents were asked what they felt the three most serious health concerns were in their community. The number one health concern identified by respondents was “Alcohol abuse/substance abuse” at 45.2% (n=94). “Cancer” was also a high priority at 40.9% (n=85) then “Overweight/ obesity” at 33.2% (n=69). Respondents were asked to pick their top three serious health concerns so percentages do not equal 100%.

Health Concern	Count	Percent
Alcohol abuse/substance abuse	94	45.2%
Cancer	85	40.9%
Overweight/obesity	69	33.2%
Lack of dental care	59	28.4%
Heart disease	54	26.0%
Diabetes	51	24.5%
Lack of exercise	41	19.7%
Tobacco use	36	17.3%
Depression/anxiety	31	14.9%
Lack of transportation	20	9.6%
Mental health issues	19	9.1%
Lack of access to healthcare	11	5.3%
Child abuse/neglect	9	4.3%
Recreation related accidents/injuries	9	4.3%
Stroke	9	4.3%
Work related accidents/injuries	7	3.4%
Motor vehicle accidents	5	2.4%
Domestic violence	2	1.0%
Other	9	4.3%

“Other” comments:

- COPD [Chronic Obstructive Pulmonary Disease]
- Old age (4)
- No Home Health services (3)
- Unknown. I’ve only lived here a year
- I don’t know this community
- Cost of health care
- Money (lack of)

Components of a Healthy Community (Question 3)

2016 N= 208

Respondents were asked to identify the three most important things for a healthy community. Seventy-three percent of respondents (n=151) indicated that “Access to healthcare and other services” is important for a healthy community. “Good jobs and a healthy economy” was the second most indicated component at 56.7% (n=118) and third was “Healthy behaviors and lifestyles” at 37.5% (n=78). Respondents were asked to identify their top three choices, thus the percentages do not add up to 100%.

Important Component	Count	Percent
Access to healthcare and other services	151	72.6%
Good jobs and health economy	118	56.7%
Healthy behaviors and lifestyles	78	37.5%
Strong family life	54	26.0%
Good schools	44	21.2%
Affordable housing	40	19.2%
Clean environment	34	16.3%
Low crime/safe neighborhoods	33	15.9%
Religious or spiritual values	31	14.9%
Community involvement	26	12.5%
Low death and disease rates	9	4.3%
Parks and recreation	6	2.9%
Tolerance for diversity	5	2.4%
Low level of domestic violence	3	1.4%
Arts and cultural events	1	0.5%
Other	5	2.4%

“Other” comments:

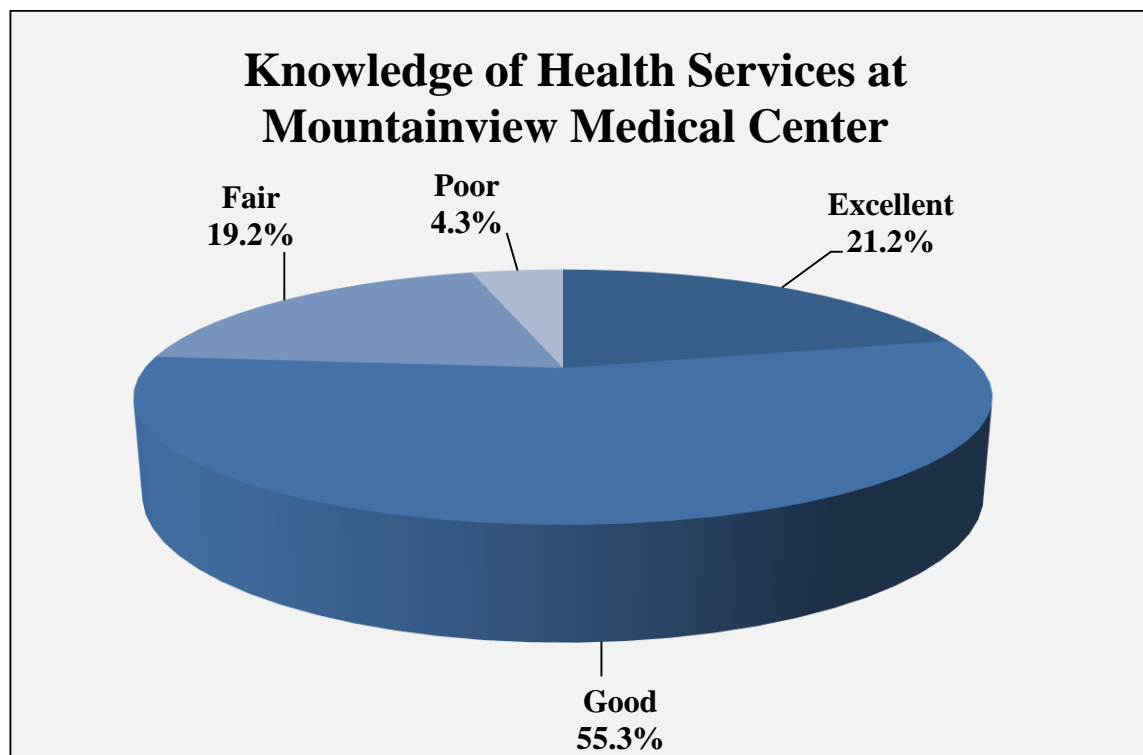
- New council
- Economics of all
- Assisted living (2)
- Reasonable cost of health care
- Senior care
- Health education

Survey Findings – Awareness of Services

Overall Awareness of Health Services (Question 4)

2016 N= 208

Respondents were asked to rate their knowledge of the health services available at Mountainview Medical Center. Fifty-five percent (n=115) of respondents rated their knowledge of health services as “Good.” Twenty-one percent (n=44) rated their knowledge as “Excellent” and 19.2% of respondents (n=40) rated their knowledge as “Fair.”



How Respondents Learn of Healthcare Services (Question 5)

2016 N= 208

The most frequent method of learning about available services was “Word of mouth/ reputation” at 72.6% (n=151). “Friends/family” was the second most frequent response at 65.9% (n=137) and “Healthcare provider” was reported at 44.7% (n=93). Respondents could select more than one method so percentages do not equal 100%.

Method	Count	Percent
Word of mouth/reputation	151	72.6%
Friends/family	137	65.9%
Healthcare provider	93	44.7%
Community senior center	56	26.9%
Newspaper	46	22.1%
Mailings/newsletter	37	17.8%
Website/internet	14	6.7%
Public health	13	6.3%
Presentations	1	0.5%
Radio	1	0.5%
PBS	1	0.5%
Other	12	5.8%

“Other” comments:

- I work at MMC [Mountainview Medical Center] (2)
- Local gossip
- Need
- Call
- Use them
- Been here longer than it has
- Health fair
- Employer
- Lived here for 59 years
- 17 years as an EMT [Emergency Medical Technician]
- In person
- Previously worked there
- Personal involvement
- Website was not up-to-date

Cross Tabulation of Service Knowledge and Learning about Services

Analysis was done to assess respondents' knowledge of services available at Mountainview Medical Center with how they learn about services available in their community. The chart below shows the results of the cross tabulation. How respondents learned of healthcare services was a multiple response item, thus totals do not add up to 100%.

KNOWLEDGE RATING OF MOUNTAINVIEW MEDICAL CENTER SERVICES BY HOW RESPONDENTS LEARN ABOUT HEALTHCARE SERVICES

	Excellent	Good	Fair	Poor	Total
Healthcare provider	28 (30.1%)	51 (54.8%)	11 (11.8%)	3 (3.2%)	93
Radio	1 (100%)				1
Word of mouth/reputation	33 (21.9%)	81 (53.6%)	30 (19.9%)	7 (4.6%)	151
Newspaper	10 (21.7%)	26 (56.5%)	10 (21.7%)		46
Presentations				1 (100%)	1
Website/internet	4 (28.6%)	6 (42.9%)	4 (28.6%)		14
Mailings/newsletter	8 (21.6%)	18 (48.6%)	9 (24.3%)	2 (5.4%)	37
Public Health	5 (38.5%)	8 (61.5%)			13
Community Senior Center	21 (37.5%)	28 (50%)	6 (10.7%)	1 (1.8%)	56
Friends/family	27 (19.7%)	72 (52.6%)	33 (24.1%)	5 (3.6%)	137
PBS				1 (100%)	1
Other	5 (41.7%)	6 (50%)		1 (8.3%)	12

Other Community Health Resources Utilized (Question 6)

2016 N= 208

Respondents were asked which community health resources, other than the hospital or clinic, they had used in the last three years. “Pharmacy” was the most frequently utilized community health resource cited by respondents at 78.4% (n=163). “Senior Center” was also a highly utilized resource at 32.2% (n=67) followed by “Public health” at 14.9% (n=31). Respondents could select more than one resource so percentages do not equal 100%.

Resource	Count	Percent
Pharmacy	163	78.4%
Senior Center	67	32.2%
Public Health	31	14.9%
Children's Mental Health	2	1.0%
Other	11	5.3%

“Other” comments:

- Physical therapy (2)
- Health Expo. (2)
- Ambulance
- Clinic
- Ask a nurse at the hospital
- Open board of directors
- None (3)

Improvement for Community's Access to Healthcare (Question 7)

2016 N= 208

Respondents were asked to indicate what they felt would improve their community's access to healthcare. Thirty-one percent of respondents (n=65) reported that "Transportation services" would make the greatest improvement. Twenty-six percent of respondents (n=54 each) indicated they would like "Greater health education services" and "More specialists." Respondents could select more than one method so percentages do not equal 100%.

Service	Count	Percent
Transportation assistance	65	31.3%
Greater health education services	54	26.0%
More specialists	54	26.0%
More primary care providers	47	22.6%
Improved quality of care	44	21.2%
Expanded outpatient service hours	35	16.8%
Telemedicine	30	14.4%
Cultural sensitivity	5	2.4%
Interpreter services	2	1.0%
Other	18	8.7%

"Other" comments:

- Home caregiver respite assistance
- Accept insurance
- Not treating patients here
- Home Health services (2)
- Military services V.A.
- Mine has been fine with you
- We are well served
- Less costly
- Removal of crooked office people
- Dentist
- I think we have an *excellent* hospital administration, nursing care, janitorial staff
- Pediatrics
- More nurses
- Public awareness
- Mental health services (2)
- More people with jobs
- Explanation of costs involved in treatment

Interest in Educational Classes/Programs (Question 8)

2016 N= 208

Respondents were asked if they would be interested in any educational classes/programs made available to the Meagher County community. The most highly indicated class/program was “Health and wellness” at 36.1% of respondents (n=75). “Fitness” was selected by 34.1% of respondents (n=71) and “Weight loss” followed at 28.4% (n=59). Respondents could select more than one interest so percentages do not equal 100%.

Educational Class or Program	Count	Percent
Health and wellness	75	36.1%
Fitness	71	34.1%
Weight loss	59	28.4%
Women’s health	56	26.9%
First aid/CPR	50	24.0%
Nutrition	41	19.7%
Alzheimer’s	36	17.3%
Living will	36	17.3%
Diabetes	31	14.9%
Cancer	24	11.5%
Heart disease	21	10.1%
Mental health	21	10.1%
Men’s health	19	9.1%
Support groups	17	8.2%
Parenting	16	7.7%
Grief counseling	10	4.8%
Smoking cessation	10	4.8%
Alcohol/substance abuse	7	3.4%
Prenatal	5	2.4%
Other	7	3.4%

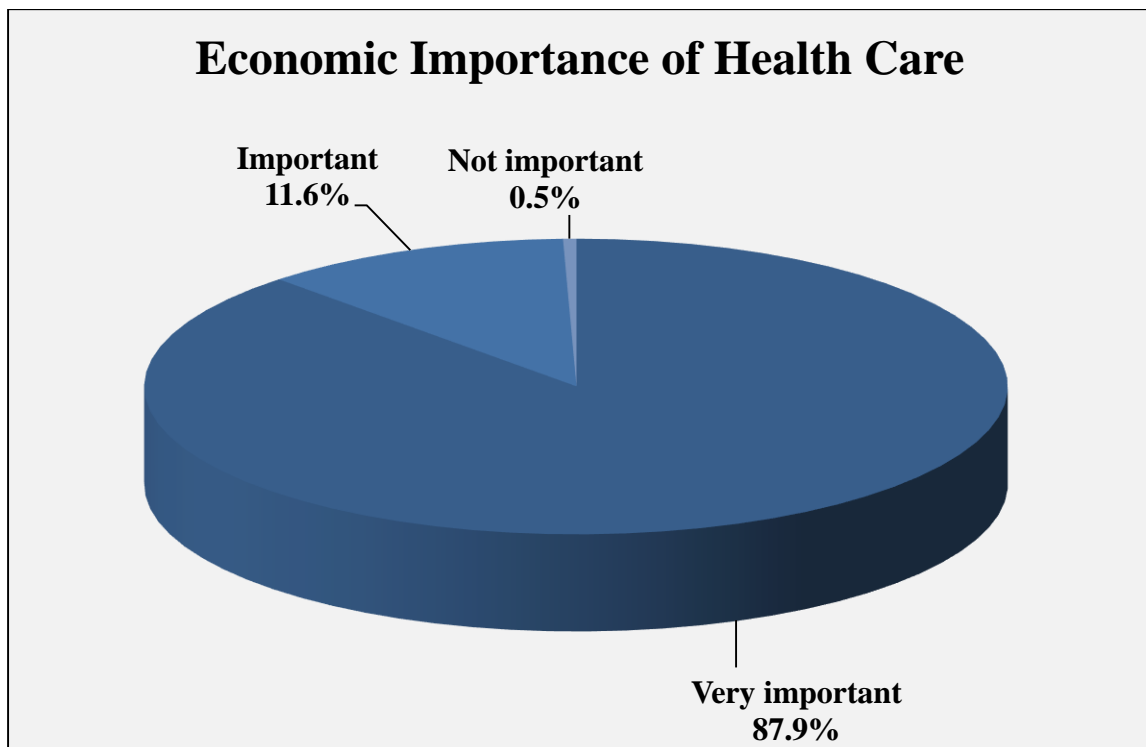
“Other” comments:

- Exercise classes
- Can’t get to any
- Yoga
- WSS is 70-mile roundtrip
- I live 43 miles from the clinic. If I am sick, I go to the doctor

Economic Importance of Local Healthcare Providers and Services (Question 9)

2016 N= 207

The majority of respondents (87.9%, n=182) 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. Twelve percent of respondents (n=24) indicated they are “Important” and one respondent, or 0.5% indicated that they are “Not important.”

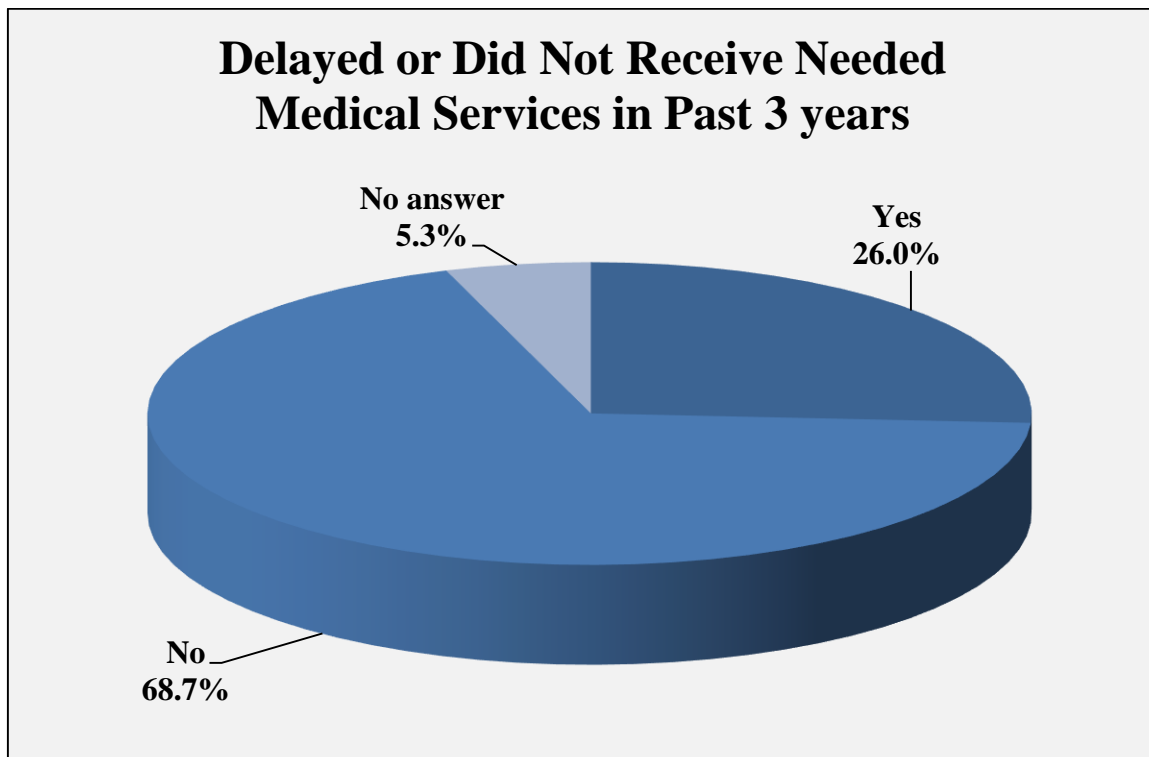


Survey Findings – Use of Healthcare Services

Needed/Delayed Hospital Care During the Past Three Years (Question 10)

2016 N= 208

Twenty-six percent of respondents (n=54) reported that they or a member of their household thought they needed healthcare services but did not get it or had to delay getting it. Sixty-nine percent of respondents (n=143) felt they were able to get the healthcare services they needed without delay and 11 respondents (5.3%) chose not to answer this question.



Reasons for NOT Being Able to Receive Services or Delay in Receiving Healthcare Services (Question 11)

2016 N= 54

For those who indicated they were unable to receive or had to delay services (n=54), the reasons most cited were: “It costs too much” (59.3%, n=32), “Other” in which they were able to write in a reason (33.3%, n=18), and “My insurance didn’t cover it” (22.2%, n=12). Respondents were asked to indicate their top three choices, thus percentages do not total 100%.

Reason	Count	Percent
It costs too much	32	59.3%
My insurance didn’t cover it	12	22.2%
Don’t like doctors	10	18.5%
Too long to wait for an appointment	8	14.8%
No insurance	8	14.8%
Unsure if services were available	7	13.0%
Too nervous or afraid	6	11.1%
Not treated with respect	5	9.3%
Could not get an appointment	4	7.4%
Office wasn’t open when I could go	4	7.4%
It was too far to go	3	5.6%
Had no one to care for the children	2	3.7%
Could not get off work	1	1.9%
Didn’t know where to go	1	1.9%
Transportation problems	1	1.9%
Language barrier	0	0
Other	18	33.3%

“Other” comments:

- Non-qualified doctors
- Local hospital only useful for referring to specialists who are a minimum of 80 miles away
- Did not need to go
- Had to take to other hospital to have heart check
- Did not want to go (2)
- Billing needs to be more streamlined and detailed
- No Home Health services
- Had bad care
- Waiting to see if condition would lessen- so I wouldn’t have to see doctor
- No pediatrics
- Had no one to care for my animals
- VA appointment
- Didn’t think they could help me
- No financial aid
- Did not receive correct information from local doctor
- Was also injured during service
- Didn’t want to get sicker from others
- It will get better by itself
- Lack of doctor knowledge
- Have to take at least a day off work to see a specialist

Utilization of Preventative Services (Question 12)

2016 N= 208

Respondents were asked if they had utilized any of the preventative services listed in the past year. “Flu shot” was selected by 50% of respondents (n=104). Forty-eight percent of respondents (n=100) indicated they received a “Routine health checkup” and 42.3% of respondents (n=88) had a “Routine blood pressure check.” Respondents could select all that apply, thus the percentages do not equal 100%.

Service	Count	Percent
Flu shot	104	50.0%
Routine health checkup	100	48.1%
Routine blood pressure check	88	42.3%
Cholesterol check	62	29.8%
None	39	18.8%
Pap smear	24	11.5%
Prostate (PSA)	23	11.1%
Children’s checkup/Well baby	11	5.3%
Other	16	7.7%

“Other” comments:

- Diabetes (2)
- Blood panel
- Physical therapy
- Exam prior to surgery i.e. EKG/bloodwork [electrocardiogram]
- UTI [Urinary Tract Infection]
- Shingles vaccine
- Surgery
- Mammogram (2)
- Blood work
- Immunization
- Check my own blood pressure
- Complete med.
- Dental
- Pneumonia shot
- V.A. Hospital services
- CDL [Commercial Driver’s License]
- None offered in White Sulphur Springs

Desired Local Healthcare Services (Question 13)

2016 N= 208

Respondents were asked to indicate which healthcare professionals or services presently not available they would use if available locally. Respondents indicated the most interest in having “Dental services” available at 68.3% (n=142) followed by “Chiropractor” at 38.9% (n=81) and “Mammography” at 24% (n=50). Respondents were asked to select all that apply so percentages do not equal 100%.

Service	Count	Percent
Dental services	142	68.3%
Chiropractor	81	38.9%
Mammography	50	24.0%
Assisted living	26	12.5%
Hospice	18	8.7%
Diabetic counseling	18	8.7%
Mental health	17	8.2%
Pediatric services	16	7.7%
Orthodontics	14	6.7%
Prenatal services	8	3.8%
Other	13	6.3%

“Other” comments:

- Heart, lung, and rheumatology
- Would depend on doctors
- Whatever is needed
- Vision services/Eye care (5)
- Acupuncture
- Home Health services (2)
- Orthopedic
- Most all of them
- Assisted living
- Respiratory

Overall Quality of Care at Mountainview Medical Center (Question 14)

2016 N= 208

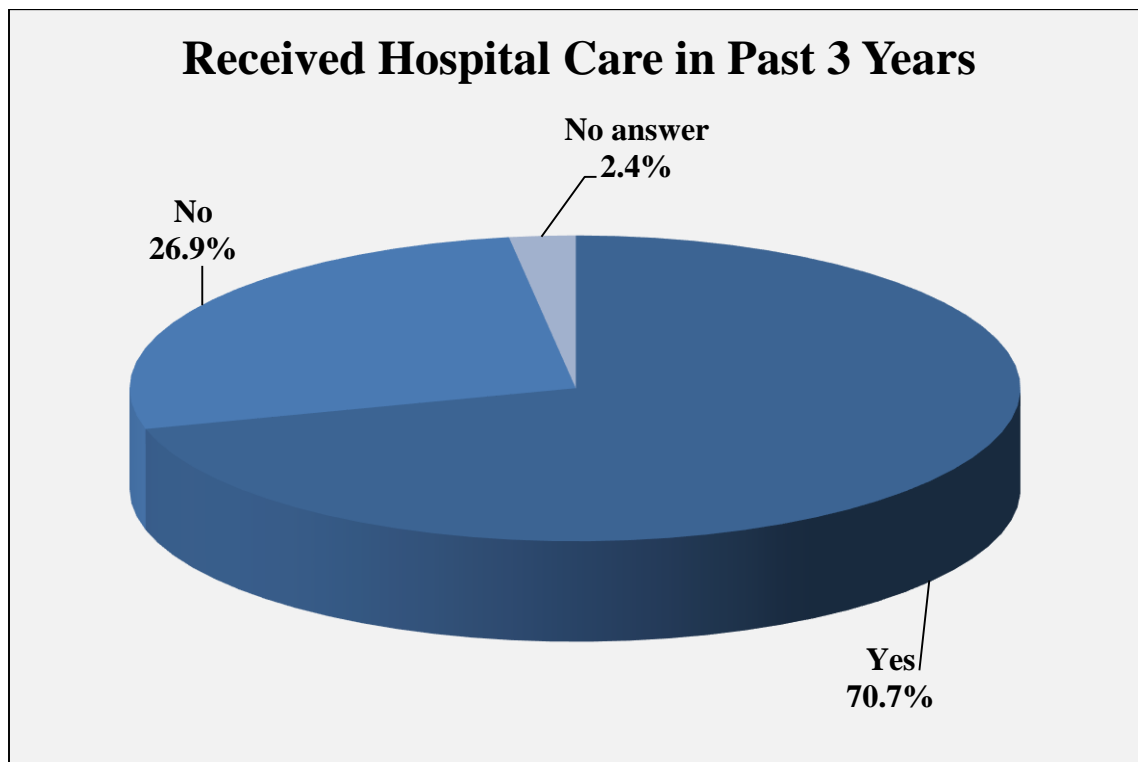
Respondents were asked to rate a variety of aspects of the overall care provided at Mountainview Medical Center using the scale of 4=Excellent, 3=Good, 2=Fair, 1=Poor, and “Don’t know.” The sums of the average scores were then calculated with “Ambulance Services” receiving the top average score of 3.7 out of 4.0 and “Physical therapy” receiving a score of 3.6 out of 4.0. The total average score was 3.4, indicating the overall services of the hospital to be “Excellent” to “Good.”

	Excellent (4)	Good (3)	Fair (2)	Poor (1)	Don’t Know	Not Applicable	No Answer	N	Avg.
Emergency room	72	64	8	4	8	41	11	208	3.4
Clinical Services	80	89	10	2	7	13	7	208	3.4
Laboratory	82	74	8	4	5	26	9	208	3.4
Physical therapy	88	43	1	4	11	48	13	208	3.6
Ambulance Services	71	25	0	3	15	72	22	208	3.7
Hospital Services	51	49	8	6	17	62	15	208	3.3
TOTAL	444	344	38	20					3.4

Hospital Care Received in the Past Three Years (Question 15)

2016 N= 208

Seventy-one percent of respondents (n=147) reported that they or a member of their family had received hospital care (i.e. hospitalized overnight, day surgery, obstetrical care, rehabilitation, radiology, or emergency care) during the previous three years. Twenty-seven percent (n=56) had not received hospital services and five respondents (2.4%) chose not to answer this question.



Hospital Used Most in the Past Three Years (Question 16)

2016 N= 121

Of the 147 respondents who indicated receiving hospital care in the previous three years, 42.1% (n=51) reported receiving care at Mountainview Medical Center. Thirteen percent of respondents (n=16) went to Bozeman Health and 12.4% of respondents (n=15) utilized services from St. Peter's Hospital in Helena. Twenty-six of the 147 respondents who reported they had been to a hospital in the past three years did not indicate which hospital they had utilized.

Location	Count	Percent
Mountainview Medical Center	51	42.1%
Bozeman Health	16	13.2%
St. Peter's Hospital	15	12.4%
Benefis Health System	11	9.1%
Billings Clinic	6	5.0%
St. Vincent Healthcare	6	5.0%
Livingston HealthCare	5	4.1%
Wheatland Memorial Healthcare	1	0.8%
Broadwater Health Center	0	0
Other	10	8.3%
TOTAL	121	100.0%

“Other” comments:

- Denver
- Bozeman V.A.
- Green Bay, WI
- Helena VA (2)
- St. Patrick- Missoula
- Bozeman Deaconess (3)
- Bozeman Orthopedic
- Mayo Clinic- Florida
- Kalispell Family Planning & Diagnostic
- VA Veteran's Hospital
- Benefis
- Billings-Advanced Care
- Pioneer Medical Center- VA
- Billings Clinic
- Bridger Orthopedic
- Missoula
- Madison Valley Medical- Ennis, MT
- Stanford Hospital
- Oklahoma City Surgery Center

Reasons for Selecting the Hospital Used (Question 17)

2016 N= 147

Of the 147 respondents who had a personal or family experience at a hospital within the past three years, the primary reason given for selecting the facility used most often was “Closest to home” at 49.7% (n=73). “Prior experience with hospital” was selected by 44.2% of the respondents (n=65) and 40.1% (n=59) selected “Referred by physician.” Note that respondents were asked to select the top three answers which influenced their choices; therefore the percentages do not equal 100%.

Reason	Count	Percent
Closest to home	73	49.7%
Prior experience with hospital	65	44.2%
Referred by physician	59	40.1%
Hospital’s reputation for quality	54	36.7%
Emergency, no choice	39	26.5%
Recommended by family or friends	21	14.3%
VA/Military requirement	8	5.4%
Closest to work	7	4.8%
Cost of care	6	4.1%
Required by insurance plan	4	2.7%
Other	8	5.4%

“Other” comments:

- Previous knowledge of my medical issues
- That’s where the specialist was
- Quality of staff
- Has financial aid
- Closest OB [Obstetrician]
- Family works at MMC [Mountainview Medical Center]

Cross Tabulation of Hospital and Residence

Analysis was done to examine where respondents utilized hospital services the most in the past three years with where they live by zip code. The chart below shows the results of the cross tabulation. Hospital location is across the top of the table and residents' zip codes are along the side. Note that Broadwater Medical Center has been excluded from this table as no participants indicated utilization.

LOCATION OF MOST OFTEN UTILIZED HOSPITAL BY RESIDENCE

	Mountainview Medical Center	Bozeman Health	Billings Clinic	Livingston HealthCare	Wheatland Memorial Healthcare	Benefis Health System	St. Peters Hospital	St. Vincent Healthcare	Other	Total
WSS 59645	45 (42.9%)	14 (13.3%)	2 (1.9%)	5 (4.8%)		11 (10.5%)	14 (13.3%)	5 (4.8%)	9 (8.6%)	105
Ringling 59642	5 (83.3%)		1 (16.7%)							6
Martinsdale 59053	1 (12.5%)	2 (25%)	2 (25%)		1 (12.5%)			1 (12.5%)	1 (12.5%)	8
TOTAL	51 (42.9%)	16 (13.4%)	5 (4.2%)	5 (4.2%)	1 (0.8%)	11 (9.2%)	14 (11.8)	6 (5%)	10 (8.4%)	119

Cross Tabulation of Hospital and Reason Selected

Analysis was done to assess respondents' most utilized hospital with why they selected that hospital. The chart below shows the results of the cross tabulation. Reason hospital was selected was a multiple response item, thus totals do not add up to 100%. Hospital location is across the top of the table and reason for selection is along the side. Note that Broadwater Medical Center has been excluded from this table as no participants indicated utilization.

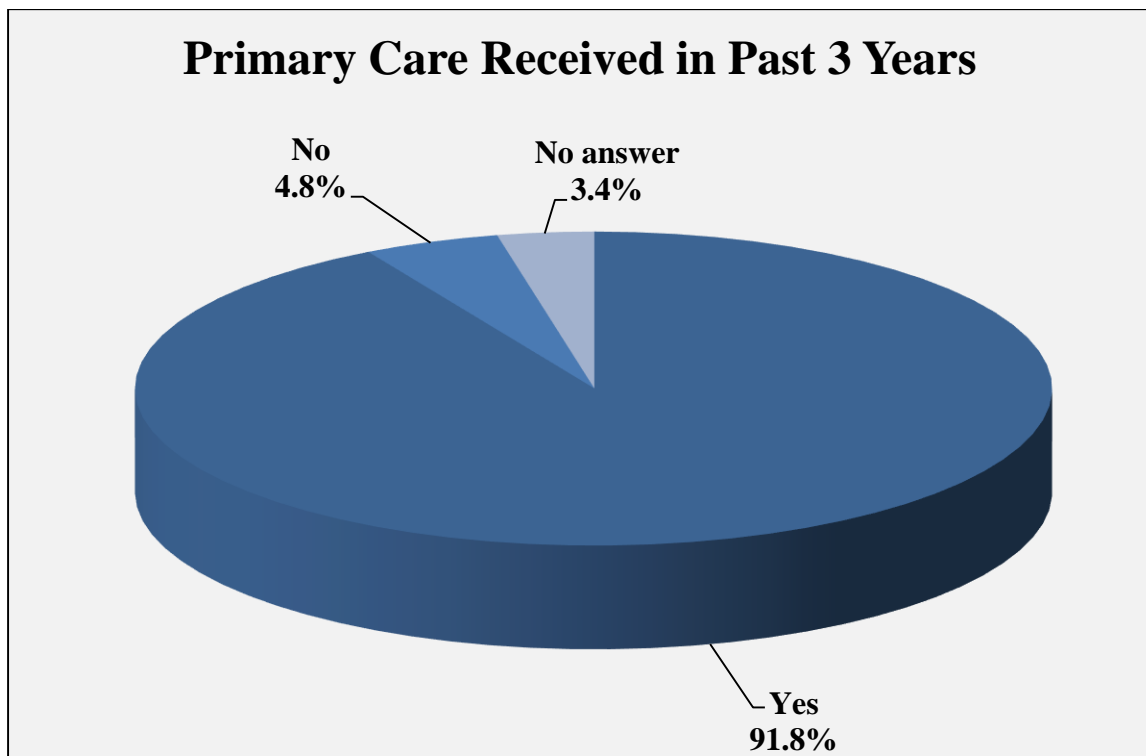
LOCATION OF MOST UTILIZED HOSPITAL BY REASONS HOSPITAL SELECTED

	Mountainview Medical Center	Bozeman Health	Billings Clinic	Livingston HealthCare	Wheatland Memorial Healthcare	Benefis Health System	St. Peter's Hospital	St. Vincent Healthcare	Other	Total
Cost of care				1 (20%)			2 (40%)	1 (20%)	1 (20%)	5
Closest to home	48 (76.2%)	2 (3.2%)	1 (1.6%)	2 (3.2%)	1 (1.6%)	2 (3.2%)	6 (9.5%)		1 (1.6%)	63
Closest to work	5 (71.4%)				1 (14.3%)		1 (14.3%)			7
Emergency, no choice	19 (61.3%)	2 (6.5%)				5 (16.1%)	1 (3.2%)	3 (9.7%)	1 (3.2%)	31
Hospital's reputation for quality	17 (37.8%)	8 (17.8%)	3 (6.7%)	2 (4.4%)		4 (8.9%)	4 (8.9%)	2 (4.4%)	5 (11.1%)	45
Prior experience with hospital	21 (38.9%)	9 (16.7%)	3 (5.6%)	4 (7.4%)		3 (5.6%)	8 (14.8%)	3 (5.6%)	3 (5.6%)	54
Recommended by family or friends	4 (21.1%)	5 (26.3%)	2 (10.5%)	2 (10.5%)	1 (5.3%)	2 (10.5%)	1 (5.3%)		2 (10.5%)	19
Referred by physician	12 (25.5%)	7 (14.9%)	4 (8.5%)	2 (4.3%)		6 (12.8%)	10 (21.3%)	3 (6.4%)	3 (6.4%)	47
Required by insurance plan	1 (25%)	2 (50%)							1 (25%)	4
VA/Military requirement	1 (14.3%)					2 (28.6%)		1 (14.3%)	3 (42.9%)	7
Other	1 (12.5%)	4 (50%)	1 (12.5%)				2 (25%)			8

Primary Care Received in the Past Three Years (Question 18)

2016 N= 208

Ninety-two percent of respondents (n=191) indicated that 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. Five percent of respondents (n=10) had not seen a primary care provider and seven respondents chose not to answer this question.



Location of Primary Care Provider (Question 19)

2016 N= 191

Of the 191 respondents who indicated receiving primary care services in the previous three years, 66.5% (n=113) reported receiving care in White Sulphur Springs. Eleven percent of respondents (n=19) indicated “Other” and had the option of hand writing in a location, and 6.5% of respondents (n=11) utilized primary care services from St. Peter’s Hospital. Twenty-one of the 191 respondents who reported they had utilized primary care services in the past three years did not indicate where they received those services.

Location	Count	Percent
Mountainview Medical Center	113	66.5%
St. Peter's Hospital	11	6.5%
Bozeman Health	10	5.9%
Livingston HealthCare	7	4.1%
Billings Clinic	3	1.8%
Wheatland Memorial Healthcare	3	1.8%
St. Vincent Healthcare	2	1.2%
Broadwater Health Center	1	0.6%
Benefis Health System	1	0.6%
Other	19	11.2%
TOTAL	170	100%

“Other” comments:

- Helena, MT (3)
- Tampa, FL
- Bozeman (3)
- VA Clinic Green Bay, WI
- Helena VA Clinic (7)
- Riverstone Clinic- Billings
- Sidney, MT
- Fort Harrison
- Mayo Clinic- Florida
- Kalispell Family Planning Clinic
- Community Health Partners- Livingston
- Belgrade, MT
- Missoula
- Madison Valley Medical Center
- Just moved back from Harlo, will now go here
- Helena Indian Alliance
- St. Peter’s Clinic
- Helena Orthopedic Clinic
- Dr. Trapp- Townsend- Annual PE [Physical Exam]

Reasons for Selection of Primary Care Provider (Question 20)

2016 N= 191

Those respondents who indicated they or someone in their household had been seen by a primary care provider within the past three years were asked to indicate why they chose that primary care provider. “Closest to home” (57.6%, n=110) was the most frequently cited factor in primary care provider selection followed closely by “Prior experience with clinic” (55.5%, n=106). “Appointment availability” was selected by 32.5% (n=62) of participants. Respondents were asked to select all that apply so the percentages do not equal 100%.

Reason	Count	Percent
Closest to home	110	57.6%
Prior experience with clinic	106	55.5%
Appointment availability	62	32.5%
Clinic’s reputation for quality	50	26.2%
Recommended by family or friends	25	13.1%
Referred by physician or other provider	19	9.9%
Length of waiting room time	14	7.3%
VA/Military requirement	10	5.2%
Cost of care	5	2.6%
Required by insurance plan	2	1.0%
Indian Health Services	1	0.5%
Other	14	7.3%

“Other” comments:

- Referred by a prior physician
- Cancer
- Do not have a primary care provider (5)
- Mountainview doesn’t accept my insurance
- Like to have a doctor that is here and knows my history
- Costs less than here
- Doctors (2)
- Certain staff at Mountainview Medical Center were totally unhelpful at placing family member in nursing home when doctor said it was needed
- To support family planning clinics
- I liked the physician assistant and doctor
- Financial aid
- Didn’t want to patronize White Sulphur Springs clinic

Cross Tabulation of Primary Care and Residence

Analysis was done to examine where respondents went most often for primary care with where they live by zip code. The chart below shows the results of the cross tabulation. Clinic location is across the top of the table and residents' zip codes are along the side.

LOCATION OF PRIMARY CARE PROVIDER MOST UTILIZED BY RESIDENCE

	Mountainview Medical Center	Broadwater Health Center	Bozeman Health	Billings Clinic	Livingston HealthCare	Wheatland Memorial Healthcare	Benefis Health System	St. Peter's Hospital	St. Vincent Healthcare	Other	Total
WSS 59645	101 (68.2%)	1 (0.7%)	8 (5.4%)		6 (4.1%)	1 (0.7%)	1 (0.7%)	10 (6.8%)	2 (1.4%)	18 (12.2%)	148
Ringling 59642	8 (88.9%)				1 (11.1%)						9
Martinsdale 59053	4 (36.4%)		1 (9.1%)	3 (27.3%)		2 (18.2%)				1 (9.1%)	11
TOTAL	113 (67.3%)	1 (0.6%)	9 (5.4%)	3 (1.8%)	7 (4.2%)	3 (1.8%)	1 (0.6%)	10 (6%)	2 (1.2%)	19 (11.3%)	168

Cross Tabulation of Clinic and Reason Selected

Analysis was done to examine where respondents went most often for primary care services with why they selected that clinic/provider. The chart below shows the results of the cross tabulation. Reason clinic/provider was selected was a multiple response item, thus totals do not add up to 100%.

LOCATION OF PRIMARY CARE PROVIDER BY REASONS CLINIC SELECTED

	Mountainview Medical Center	Broadwater Health Center	Bozeman Health	Billings Clinic	Livingston HealthCare	Wheatland Memorial Healthcare	Benefis Health System	St. Peter's Hospital	St. Vincent Healthcare	Other	Total
Appointment availability	52 (86.7%)		4 (6.7%)			1 (1.7%)				3 (5%)	60
Clinic's reputation for quality	33 (71.7%)		5 (10.9%)		2 (4.3%)			2 (4.3%)	1 (2.2%)	3 (6.5%)	46
Closest to home	94 (94%)		2 (2%)			2 (2%)		1 (1%)		1 (1%)	100
Cost of care	1 (25%)		1 (25%)					1 (25%)		1 (25%)	4
Length of waiting room time	9 (75%)		2 (16.7%)							1 (8.3%)	12
Prior experience with clinic	65 (68.4%)		6 (6.3%)	2 (2.1%)	6 (6.3%)	2 (2.1%)		4 (4.2%)	2 (2.1%)	8 (8.4%)	95
Recommended by family or friends	14 (56%)	1 (4%)	2 (8%)	1 (4%)		1 (4%)		2 (8%)		4 (16%)	25
Referred by physician or other provider	5 (38.5%)		2 (15.4%)	1 (7.7%)			1 (7.7%)	2 (15.4%)		2 (15.4%)	13
Required by insurance plan	1 (50%)									1 (50%)	2
VA/Military requirement	2 (33.3%)									4 (66.7%)	6
Other	4 (30.8%)	1 (7.7%)	1 (7.7%)		1 (7.7%)			2 (15.4%)		4 (30.8%)	13

Use of Healthcare Specialists during the Past Three Years (Question 21)

2016 N= 208

Seventy-nine percent of respondents (n=164) indicated they or a household member had seen a healthcare specialist during the past three years. Seventeen percent (n=36) indicated they had not seen a specialist and eight respondents (3.8%) chose not to answer this question.



“Other” comments:

- Yellowstone Medical Arts- Ortho MT

Location of Healthcare Specialist (Question 22)

2016 N= 164

Of the 164 respondents who indicated they saw a healthcare specialist in the past three years, 24.4% (n=40) saw one at Bozeman Health. St. Peter's Hospital was utilized by 23.2% (n=38) of respondents for specialty care and Benefis Health System was reported by 20.1% (n=33). Respondents could select more than one location therefore percentages do not equal 100%.

Location	Count	Percent
Bozeman Health	40	24.4%
St. Peter's Hospital	38	23.2%
Benefis Health System	33	20.1%
Livingston HealthCare	18	11.0%
St. Vincent Healthcare	18	11.0%
Billings Clinic	17	10.4%
Mountainview Medical Center	15	9.1%
Wheatland Memorial Healthcare	6	3.7%
Broadwater Health Center	0	0.0%
Other	43	26.2%

“Other” comments:

- Helena, MT (15)
- Bridger Orthopedic (8)
- Matt West, DDS [Doctor of Dental Surgery] (2)
- Bozeman, MT (3)
- Townsend (2)
- Salt Lake City (2)
- Big Sky Dermatology
- Denver
- Deaconess Hospital Cancer Center (2)
- Harlowton
- Livingston
- Great Falls (6)
- St. Patrick- Missoula (3)
- Green Bay Eye Clinic
- VA Clinic (2)
- Riverstone Clinic, Meier Chiropractic
- Bozeman Orthopedic (2)
- Virginia Mason- Seattle
- Mayo Clinic- Florida
- Kalispell (x2)
- V.A. Clinic- Helena (x2)
- Billings-Advanced care
- Providence Spokane WA
- Private practices
- Missoula
- V.A. and separate clinics
- Stanford Hospital (CA)
- Advanced Dermatology-Butte
- Did not want me here so I used St. Pete's
- Chiropractor, OB/GYN, eye doctor in Bozeman

Type of Healthcare Specialist Seen (Question 23)

2016 N= 164

The respondents (n=164) saw a wide array of healthcare specialists in the past three years. The most frequently indicated specialist was a “Dentist” at 28.7% of respondents (n=47) having utilized their services. “Orthopedic Surgeon” was the second most utilized specialist at 25.6% (n=42) and “Cardiologist” was third at 25% (n=41). Respondents were asked to choose all that apply so percentages do not equal 100%.

Health Care Specialist	Count	Percent
Dentist	47	28.7%
Orthopedic surgeon	42	25.6%
Cardiologist	41	25.0%
Dermatologist	39	23.8%
General surgeon	33	20.1%
OB/GYN	27	16.5%
Ophthalmologist	24	14.6%
Chiropractor	23	14.0%
Gastroenterologist	23	14.0%
Radiologist	23	14.0%
Physical therapist	20	12.2%
ENT (ear/nose/throat)	18	11.0%
Oncologist	17	10.4%
Urologist	17	10.4%
Neurologist	14	8.5%
Pulmonologist	9	5.5%
Rheumatologist	9	5.5%
Pediatrician	8	4.9%
Allergist	6	3.7%
Podiatrist	6	3.7%
Endocrinologist	4	2.4%
Neurosurgeon	4	2.4%
Dietician	3	1.8%
Mental health counselor	3	1.8%
Occupational therapist	3	1.8%
Psychiatrist (M.D.)	3	1.8%
Social worker	3	1.8%
Psychologist	2	1.2%
Geriatrician	0	0
Speech therapist	0	0
Substance abuse counselor	0	0
Other	12	7.3%

Question 23 continued...

“Other” comments:

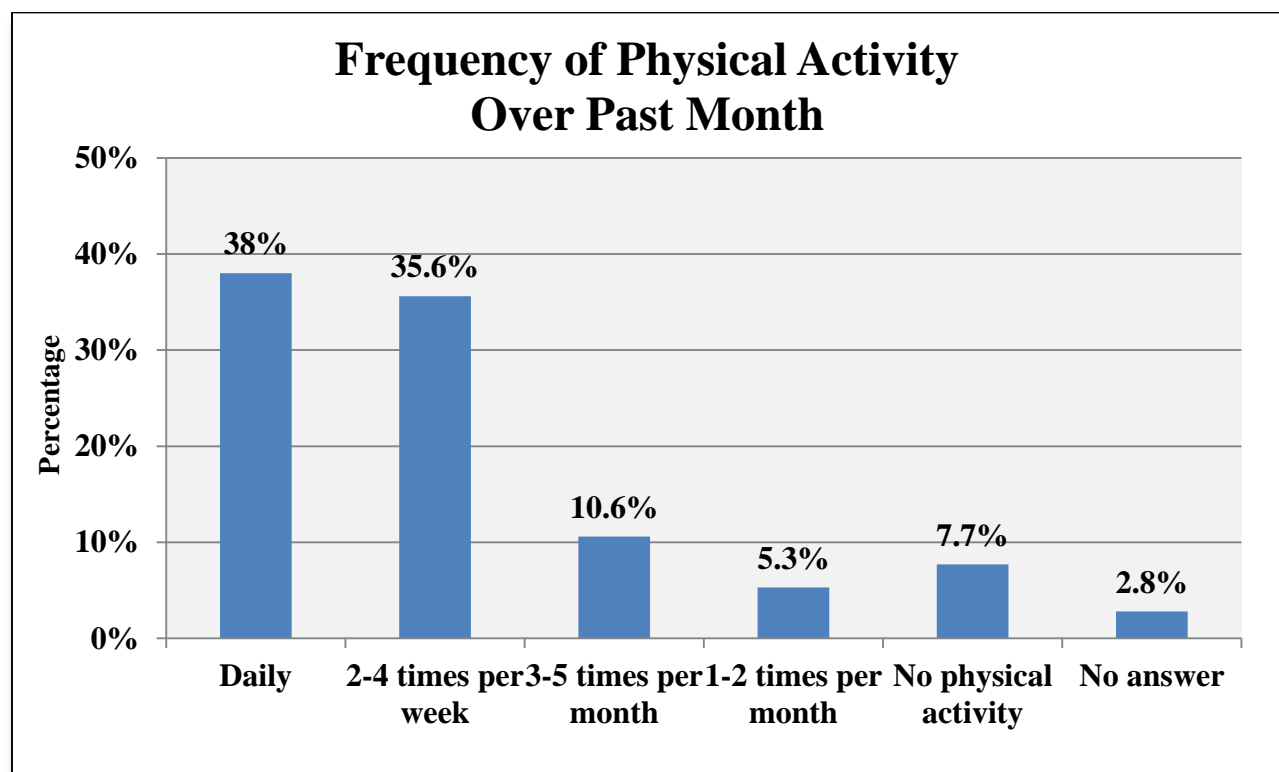
- Internal medicine
- Breathing issues specialist
- Back pain
- Seen several different doctors
- P.A. [Physician Assistant]
- Mammography specialist
- Gynecologist
- Valve in aorta
- Sonogram
- Nephrologist
- Psychiatrist (rehab)
- Wound specialist
- Pain specialist
- GYN surgeon
- Sleep specialist
- Orthopedic
- Ultrasound
- Wound care
- I have kidney failure
- Physical medicine

Survey Findings – Personal Health & Health Insurance

Physical Activity (Question 24)

2016 N= 208

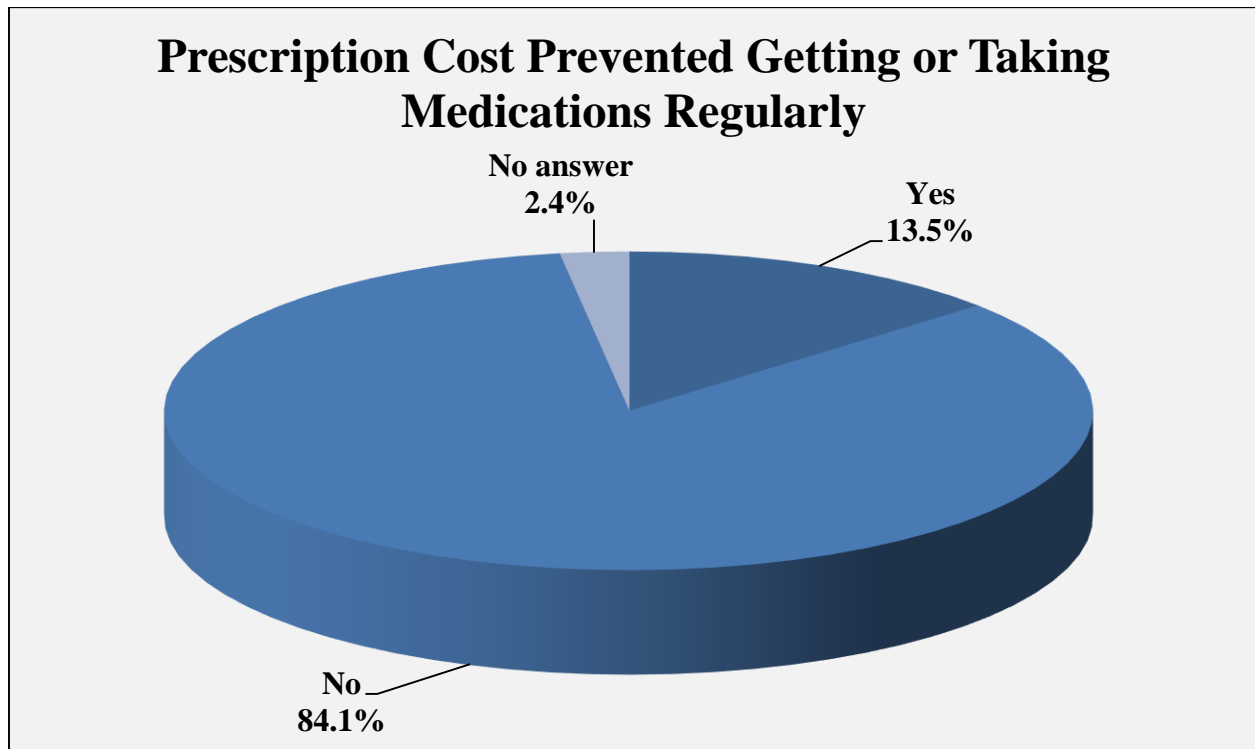
Respondents were asked to indicate how frequently they had physical activity for at least twenty minutes over the past month. Thirty-eight percent of respondents (n=79) indicated they had physical activity of at least twenty minutes “Daily” and 35.6% of respondents (n=74) indicated they had physical activity “2-4 times per week” over the past month. Eight percent of respondents (n=16) indicated they had “No physical activity” and six respondents chose not to answer this question.



Cost and Prescription Medications (Question 25)

2016 N= 208

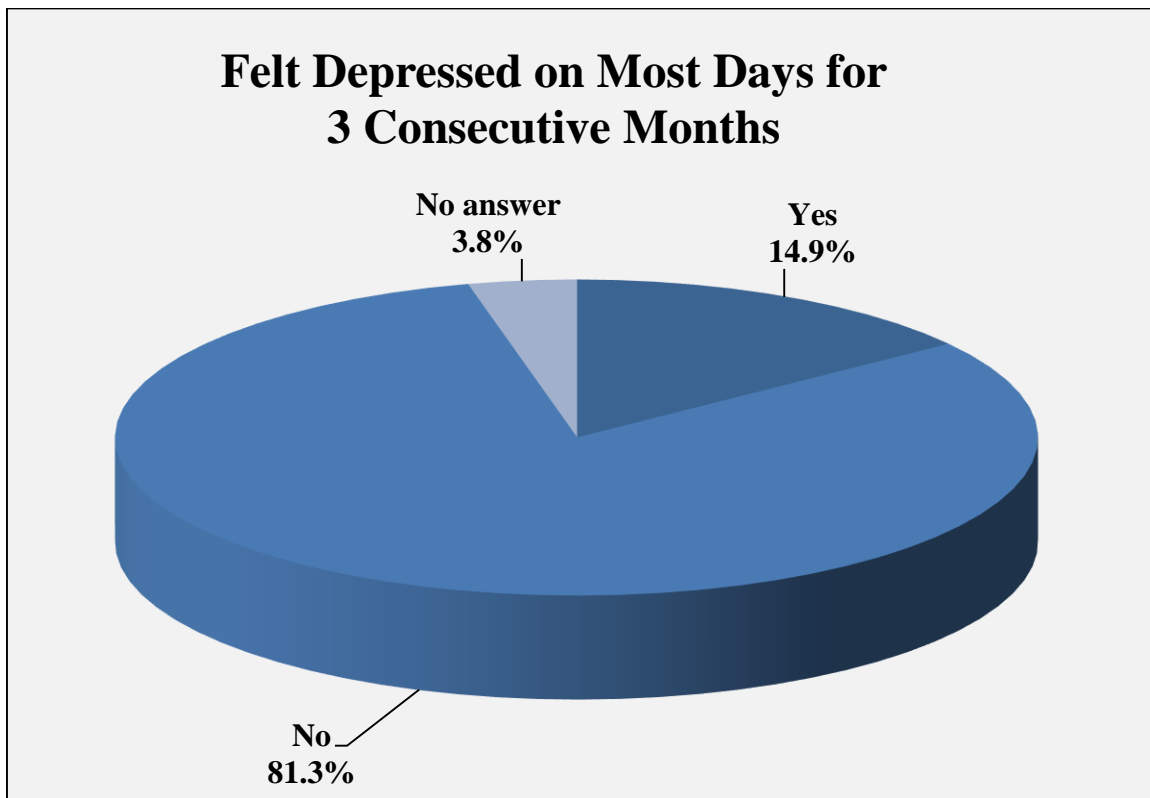
Respondents were asked to indicate if, during the last year, medication costs had prohibited them from getting a prescription or taking their medication regularly. Fourteen percent of respondents (n=28) indicated that, in the last year, cost had prohibited them from getting a prescription or taking their medication regularly. Eighty-four percent of respondents (n=175) indicated that cost had not prohibited them, and 2.4% of respondents (n=5) chose not to answer this question.



Prevalence of Depression (Question 26)

2016 N= 208

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, although they may have felt okay sometimes. Fifteen percent of respondents (n=31) indicated they had experienced periods of feeling depressed and 81.3% of respondents (n=169) indicated they had not. Four percent of respondents (n=8) chose not to answer this question.



Medical Insurance (Question 27)

2016 N= 165

Respondents were asked to indicate what type of medical insurance covers the majority of their medical expenses. Thirty-six percent (n=59) indicated they have “Medicare” coverage. Twenty-four percent (n=39) indicated they have “Employer sponsored” and “Health Insurance Marketplace” was indicated by 10.9% of respondents (n=18). Forty-three respondents chose not to answer this question.

Insurance Type	Count	Percent
Medicare	59	35.8%
Employer sponsored	39	23.6%
Health Insurance Marketplace	18	10.9%
Private insurance/private plan	15	9.1%
VA/Military	11	6.7%
None/Pay out of pocket	7	4.2%
Medicaid	6	3.6%
Healthy MT Kids	2	1.2%
State/Other	2	1.2%
Agricultural Corp. Paid	1	0.6%
Health Savings Account	1	0.6%
Indian Health	1	0.6%
Other	3	1.8%
TOTAL	165	100.0%

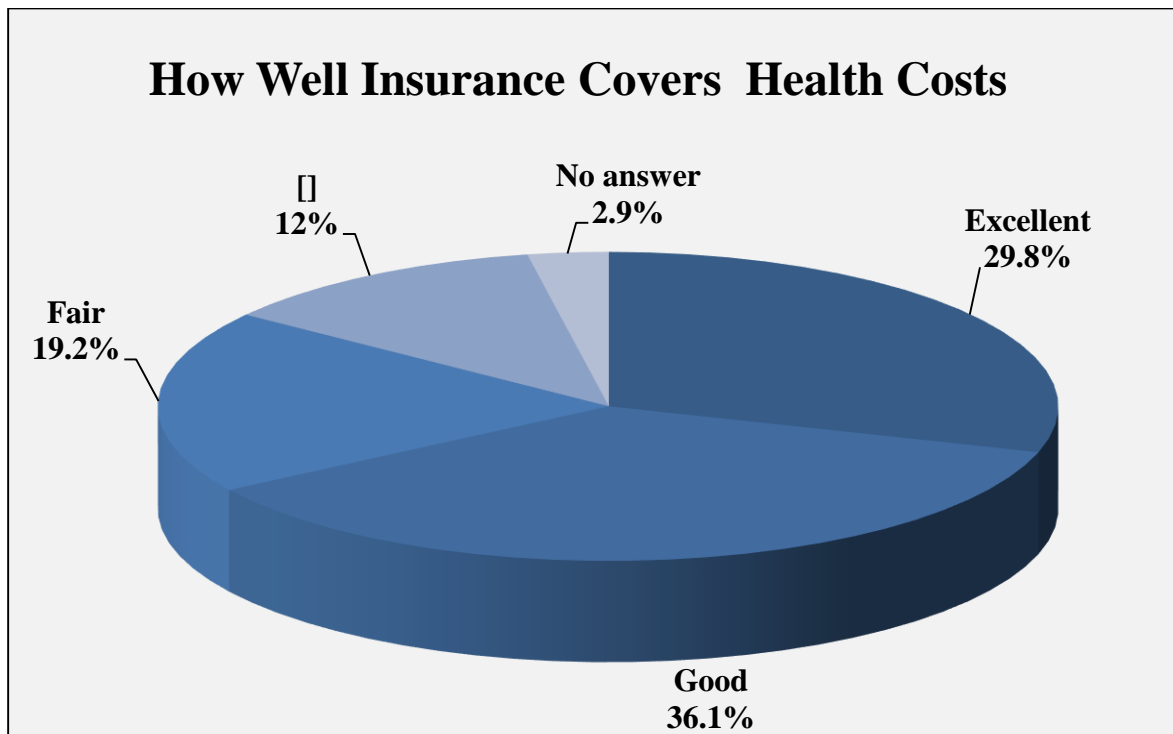
“Other” comments:

- GEHA
- State Farm
- Tri Care
- Medicare supplement (2)
- AARP
- Blue Cross/Blue Shield (2)
- GIC- pay out of deceased husband’s pension
- V.A. health insurance
- Supplemental

Insurance and Healthcare Costs (Question 28)

2016 N= 208

Respondents were asked to indicate how well they felt their health insurance covers their healthcare costs. Thirty-six percent of respondents (n=75) indicated they felt their insurance covers a “Good” amount of their healthcare costs. Thirty percent of respondents (n=62) indicated they felt their insurance is “Excellent” and 19.2% of respondents (n=40) indicated they felt their insurance coverage was “Fair.”



2016 N= 7

Those respondents who indicated they did not have medical insurance were asked to indicate why they did not. Fifty-seven percent (n=4) reported they did not have health insurance because they could not afford to pay for it. Twenty-nine percent (n=2) indicated “Employer does not offer insurance” and 14.3% (n=1) of respondents “Choose not to have medical insurance.”

Reason	Count	Percent
Cannot afford to pay for insurance	4	57.1%
Employer does not offer insurance	2	28.6%
Choose not to have medical insurance	1	14.3%
Other	0	0

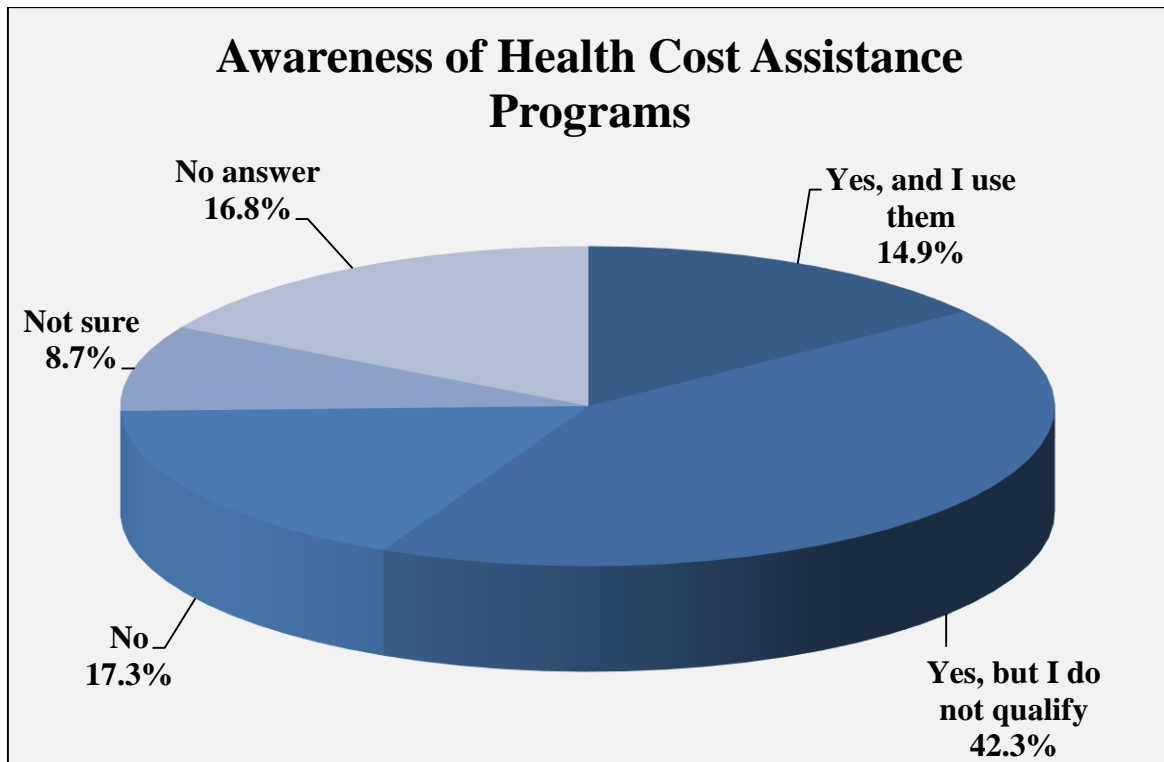
“Other” comments:

- Now have Medicaid
- Can’t afford dental insurance
- In-between insurance plans

Awareness of Health Payment Programs (Question 30)

2016 N= 208

Respondents were asked to indicate their awareness of programs that help people pay for healthcare bills. Forty-two percent of respondents (n=88) indicated they were aware of these types of programs, but did not qualify to utilize them. Seventeen percent (n=36) indicated that they were not aware or did not know of these programs and 14.9% of respondents (n=31) indicated they were aware of and utilized health payment assistance programs. Thirty-five respondents chose not to answer this question.



VI. Focus Group Methodology

A focus group was held in White Sulphur Springs, Montana in March 2016. Focus group participants were identified as people living in Mountainview Medical Center's service area.

Thirteen people participated in the focus group interview. The focus group was designed to represent various consumer groups of healthcare including senior citizens and local community members. The focus group was held at the Meagher County Senior Center. The group meeting lasted up to 90 minutes in length and followed the same line of questioning in each session (Appendix F). The questions and discussions at the focus groups were led by Angela Bangs with the Montana Office of Rural Health.

Focus group notes can be found in Appendix G of this report.

VII. Focus Group Findings

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

Improve health of the community

- Availability of services that would allow seniors to age in place.
- More services that assist caretakers (i.e. home health care).

Most important local healthcare issues

- Shortage of resources/providers specific to behavioral health.
- Aging population will result in a higher need for healthcare services.

Opinion of hospital services

- Quality of care is viewed as excellent and community members are grateful that the hospital is available to them.

Opinion of local providers

- Participants utilize local providers because it is convenient and appointments are available.

Opinion of local services

- Community members are grateful to have the emergency room and are happy with it.
- Ambulance services are very good and community members are grateful that it is available in the community.
- Community members see a great need for home healthcare services to assist with the aging population.

Reasons to leave the community for healthcare

- Participants stay local when services are available. They leave the community when referred for specialty care or if the needed service is not available locally.

Needed healthcare services in the community

- Dentist.
- Mental health/substance abuse providers.
- Eye doctor (optometrist)

VIII. Summary

Two hundred-eight surveys were completed in Mountainview Medical Center’s service area for a 36% response rate. Of the 208 returned, 65.9% of the respondents were females, 55% were between the ages of 56 and 75 years old, and 46.2% are retired.

Respondents rated the overall quality of care at the hospital as excellent to good, scoring 3.4 out of 4.0 on a scale of 4.0 being excellent and 1.0 being poor.

Over half of the respondents (62.5%) feel the White Sulphur Springs area is a “somewhat healthy” place to live. Respondents indicated their top three health concerns were: alcohol abuse/substance abuse (45.2%), cancer (40.9%), and overweight/obesity (33.2%).

When respondents were asked which health related educational programs or classes they would be most interested in, the top choices were: health and wellness (36.1%), fitness (34.1%), and weight loss (28.4%).

Overall, the respondents within Mountainview Medical Center’s service area are seeking hospital care at a rate that is typically seen in rural areas. Area residents recognize the major impact the healthcare sector has on the economic well-being of the area, with 87.9% of respondents identifying local healthcare services as “very important” to the economic well-being of the area.

The majority of participants appeared to have very favorable opinions of the services with most praising the care received. Participants were appreciative of the care available while identifying additional services or needs.

In summary, respondents report support for local healthcare and many prefer to seek care locally whenever possible for convenience and out of trust for local providers.

IX. Prioritization of Health Needs, Available Resources, and Implementation Planning Process

An implementation planning committee comprised of staff leaders from Mountainview Medical Center will convene 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 implementation planning 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 relates to the following healthcare issues:

- Transportation
- Access to Dental Services
- Senior Services
- Access to Behavioral Health Services
- Access to Healthcare Services

The implementation planning committee will determine which needs or opportunities could be addressed considering Mountainview Medical Center'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.

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 was identified.

- | | |
|---|---|
| • Meagher County Office of Public Assistance | • Castle Mountain Apartments |
| • Meagher County Public Health Department | • Addictive & Mental Disorders Division |
| • Meagher County Community Center/Senior Center | • Montana Health Network |
| • Meals on Wheels | • Montana Connections |
| • Meagher County Schools | • Montana Office of Rural Health |

X. Evaluation of Activity Impacts from Previous CHNA

Not applicable

Appendix A – Steering Committee Members

Steering Committee – Name and Organization Affiliation

1. Rob Brewer- Meagher County Commissioner

2. Lorna Fox- MMC Hospital Guild
3. Buddy Hanrahan, President- White Sulphur Chamber of Commerce
4. Craig Hereim, Rancher- Community representative
5. Laurie Hogemark, Student
6. Beth Hunt, Director- White Sulphur Springs Senior Center
7. Eva Kerr, Public Health Nurse- Meagher County Health Department
8. Larry Markuson, Superintendent- School District #8
9. Wayne Mushett, Pastor- White Sulphur Springs Alliance Church
10. Nancy Schlepp, Rancher & business owner- Community representative
11. Jane Townsend, Teacher- Community representative
12. Rob Brandt, CEO- Mountainview Medical Center
13. Kari Jo Kiff, DON- Mountainview Medical Center

Appendix B – Public Health and Populations Consultation

1. Public Health

- a. Name/Organization

Eva Kerr – Meagher County Health Department

- b. Date of Consultation
First Steering Committee Meeting: 11/18/2015
- c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
Steering Committee
- d. Input and Recommendations from Consultation
 - Transportation is a big issue here.
 - Lack of access to mental health resources is an issue; there is a high need for children's mental health services.

2. Populations Consultation (a leader or representative of populations such as medically underserved, low-income, minority and/or populations with chronic disease)

Population: Low-Income

- a. Name/Organization
Beth Hunt – White Sulphur Springs Senior Center
- b. Date of Consultation
First Steering Committee Meeting: 11/18/2015
- c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
Steering Committee
- d. Input and Recommendations from Consultation
 - Transportation is a need, especially for seniors in the community. It is difficult for them to get to appointments if they do not have someone who can take them.
 - There is a need for hospice and assisted living here. People want to stay in the community but cannot if the services are not here to allow them to age in place.

Appendix C – Survey Cover Letter



Mountainview Medical Center

January 26, 2016

Dear Resident:

Please participate in our Community Health Needs Assessment survey and

Appendix D – Survey Instrument



Community Health Services Development Survey White Sulphur Springs, Montana

INSTRUCTIONS: Please use a #2 pencil or ink pen to complete the survey and return it in the enclosed postage paid envelope. All responses must be made by filling in the circle next to the corresponding answer. If you need assistance filling out this survey, please contact the Montana Office of Rural Health at 406-994-6001.

Participation is voluntary. You can choose not to answer any question that you do not want to answer, and you can stop at any time.

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

- | | | |
|---|-------------------------------------|--|
| <input type="radio"/> Friends/family | <input type="radio"/> Presentations | <input type="radio"/> Word of mouth/reputation |
| <input type="radio"/> Healthcare provider | <input type="radio"/> Public health | <input type="radio"/> Website/internet |
| <input type="radio"/> Mailings/newsletter | <input type="radio"/> Radio | <input type="radio"/> Community senior center |
| <input type="radio"/> Newspaper | <input type="radio"/> PBS | <input type="radio"/> Other _____ |

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

- | | | |
|--|-------------------------------------|-----------------------------------|
| <input type="radio"/> Children's Mental Health | <input type="radio"/> Public Health | <input type="radio"/> Other _____ |
| <input type="radio"/> Pharmacy | <input type="radio"/> Senior Center | |

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

- | | | |
|---|---|---|
| <input type="radio"/> Cultural sensitivity | <input type="radio"/> More primary care providers | <input type="radio"/> Telemedicine |
| <input type="radio"/> Greater health education services | <input type="radio"/> More specialists | <input type="radio"/> Transportation assistance |
| <input type="radio"/> Improved quality of care | <input type="radio"/> Expanded outpatient service hours | <input type="radio"/> Other _____ |
| <input type="radio"/> Interpreter services | | |

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

- | | | |
|---|---|---|
| <input type="radio"/> Alcohol/substance abuse | <input type="radio"/> Health and wellness | <input type="radio"/> Prenatal |
| <input type="radio"/> Alzheimer's | <input type="radio"/> Heart disease | <input type="radio"/> Smoking cessation |
| <input type="radio"/> Cancer | <input type="radio"/> Living will | <input type="radio"/> Support groups |
| <input type="radio"/> Diabetes | <input type="radio"/> Men's health | <input type="radio"/> Weight loss |
| <input type="radio"/> First aid/CPR | <input type="radio"/> Mental health | <input type="radio"/> Women's health |
| <input type="radio"/> Fitness | <input type="radio"/> Nutrition | <input type="radio"/> Other _____ |
| <input type="radio"/> Grief counseling | <input type="radio"/> Parenting | |

9. 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?

- | | | | |
|--------------------------------------|---------------------------------|-------------------------------------|----------------------------------|
| <input type="radio"/> Very important | <input type="radio"/> Important | <input type="radio"/> Not important | <input type="radio"/> Don't know |
|--------------------------------------|---------------------------------|-------------------------------------|----------------------------------|

General Use of Healthcare Services

10. 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 12)**

11. If yes, what were the **three** most important reasons why you did not receive healthcare services?

(Select **ONLY 3** that apply)

- | | | |
|---|--|--|
| <input type="radio"/> Could not get an appointment | <input type="radio"/> It costs too much | <input type="radio"/> Not treated with respect |
| <input type="radio"/> Don't like doctors | <input type="radio"/> Could not get off work | <input type="radio"/> Too nervous or afraid |
| <input type="radio"/> Too long to wait for an appointment | <input type="radio"/> Didn't know where to go | <input type="radio"/> Transportation problems |
| <input type="radio"/> Office wasn't open when I could go | <input type="radio"/> It was too far to go | <input type="radio"/> Language barrier |
| <input type="radio"/> Unsure if services were available | <input type="radio"/> My insurance didn't cover it | <input type="radio"/> Other _____ |
| <input type="radio"/> Had no one to care for the children | <input type="radio"/> No insurance | |

12. Which of the following preventative services have you used in the past year? (Select **all that apply**)

- | | | |
|--|--|--|
| <input type="radio"/> Children's checkup/Well baby | <input type="radio"/> Pap smear | <input type="radio"/> Routine health checkup |
| <input type="radio"/> Cholesterol check | <input type="radio"/> Prostate (PSA) | <input type="radio"/> None |
| <input type="radio"/> Flu shot | <input type="radio"/> Routine blood pressure check | <input type="radio"/> Other _____ |

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

- | | | |
|---------------------------------------|---|--|
| <input type="radio"/> Dental services | <input type="radio"/> Hospice | <input type="radio"/> Pediatric services |
| <input type="radio"/> Mental health | <input type="radio"/> Prenatal services | <input type="radio"/> Orthodontics |
| <input type="radio"/> Mammography | <input type="radio"/> Diabetic counseling | <input type="radio"/> Other _____ |
| <input type="radio"/> Assisted living | <input type="radio"/> Chiropractor | |

14. The following services are available at Mountainview Medical Center. Please rate the overall quality for each service. (Please mark N/A if you have not used the service)

Excellent = 4 Good = 3 Fair = 2 Poor = 1 Haven't Used = N/A Don't Know = DK

- | | | | | | | |
|--------------------|-------------------------|-------------------------|-------------------------|-------------------------|---------------------------|--------------------------|
| Emergency room | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> N/A | <input type="radio"/> DK |
| Clinical Services | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> N/A | <input type="radio"/> DK |
| Laboratory | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> N/A | <input type="radio"/> DK |
| Physical therapy | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> N/A | <input type="radio"/> DK |
| Ambulance Services | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> N/A | <input type="radio"/> DK |
| Hospital Services | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> N/A | <input type="radio"/> DK |

Hospital Care

15. 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 18)

16. If yes, which hospital did your household use the MOST for hospital care? **(Please select only ONE)**

- | | |
|---|---|
| <input type="radio"/> Mountainview Medical Center | <input type="radio"/> Wheatland Memorial Healthcare |
| <input type="radio"/> Broadwater Health Center | <input type="radio"/> Benefis Health System |
| <input type="radio"/> Bozeman Health | <input type="radio"/> St. Peter's Hospital |
| <input type="radio"/> Billings Clinic | <input type="radio"/> St. Vincent Healthcare |
| <input type="radio"/> Livingston HealthCare | <input type="radio"/> Other _____ |

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

- | | | |
|--|---|--|
| <input type="radio"/> Closest to home | <input type="radio"/> Hospital's reputation for quality | <input type="radio"/> Referred by physician |
| <input type="radio"/> Closest to work | <input type="radio"/> Prior experience with hospital | <input type="radio"/> Required by insurance plan |
| <input type="radio"/> Cost of care | <input type="radio"/> Recommended by family or friends | <input type="radio"/> VA/Military requirement |
| <input type="radio"/> Emergency, no choice | <input type="radio"/> Other _____ | |

Primary Care

18. 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 21)**

19. Where was the primary healthcare provider you utilized the MOST located? **(Please select only ONE)**

- | | |
|---|---|
| <input type="radio"/> Mountainview Medical Center | <input type="radio"/> Wheatland Memorial Healthcare |
| <input type="radio"/> Broadwater Health Center | <input type="radio"/> Benefis Health System |
| <input type="radio"/> Bozeman Health | <input type="radio"/> St. Peter's Hospital |
| <input type="radio"/> Billings Clinic | <input type="radio"/> St. Vincent Healthcare |
| <input type="radio"/> Livingston HealthCare | <input type="radio"/> Other _____ |

20. Why did you select the primary care provider you are currently seeing? **(Select all that apply)**

- | | |
|---|---|
| <input type="radio"/> Appointment availability | <input type="radio"/> Prior experience with clinic |
| <input type="radio"/> Clinic's reputation for quality | <input type="radio"/> Recommended by family or friends |
| <input type="radio"/> Closest to home | <input type="radio"/> Referred by physician or other provider |
| <input type="radio"/> Cost of care | <input type="radio"/> Required by insurance plan |
| <input type="radio"/> Indian Health Services | <input type="radio"/> VA/Military requirement |
| <input type="radio"/> Length of waiting room time | <input type="radio"/> Other _____ |

Specialty Care

21. 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 24)**

22. Where was the healthcare specialist seen? (Select all that apply)

- | | |
|---|---|
| <input type="radio"/> Mountainview Medical Center | <input type="radio"/> Wheatland Memorial Healthcare |
| <input type="radio"/> Broadwater Health Center | <input type="radio"/> Benefis Health System |
| <input type="radio"/> Bozeman Health | <input type="radio"/> St. Peter's Hospital |
| <input type="radio"/> Billings Clinic | <input type="radio"/> St. Vincent Healthcare |
| <input type="radio"/> Livingston HealthCare | <input type="radio"/> Other _____ |

23. What type of healthcare specialist was seen? (Select all that apply)

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

Personal Health & Health Insurance

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

- | | | |
|--|---|--|
| <input type="radio"/> Daily | <input type="radio"/> 3-5 times per month | <input type="radio"/> No physical activity |
| <input type="radio"/> 2-4 times per week | <input type="radio"/> 1-2 times per month | |

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

- ☐ Yes ☐ No

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

- ☐ Yes ☐ No

27. What type of medical insurance covers the **majority** of your household's medical expenses?
(Please select only ONE)

- | | | |
|--|--|--|
| <input type="radio"/> Agricultural Corp. Paid | <input type="radio"/> Indian Health | <input type="radio"/> VA/Military |
| <input type="radio"/> Employer sponsored | <input type="radio"/> Medicaid | <input type="radio"/> None/Pay out of pocket |
| <input type="radio"/> Health Insurance Marketplace | <input type="radio"/> Medicare | <input type="radio"/> Other _____ |
| <input type="radio"/> Health Savings Account | <input type="radio"/> Private insurance/private plan | |
| <input type="radio"/> Healthy MT Kids | <input type="radio"/> State/Other | |

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

- ☐ Excellent ☐ Good ☐ Fair ☐ Poor

29. If you **do NOT** have medical insurance, why? (**Select all that apply**)

- ☐ Cannot afford to pay for medical insurance ☐ Choose not to have medical insurance
☐ Employer does not offer insurance ☐ Other _____

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

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

Demographics

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

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

- ☐ 59645 White Sulphur Springs ☐ 59642 Ringling ☐ 59053 Martinsdale

32. What is your gender? ☐ Male ☐ Female

33. What age range represents you?

- ☐ 18-25 ☐ 26-35 ☐ 36-45 ☐ 46-55 ☐ 56-65 ☐ 66-75 ☐ 76-85 ☐ 86+

34. What is your employment status?

- ☐ Work full time ☐ Student ☐ Not currently seeking employment
☐ Work part time ☐ Collect disability ☐ Other _____
☐ Retired ☐ Unemployed, but looking

Please return in the postage paid envelope enclosed with this survey or mail to:
National Rural Health Resource Center, 525 S. Lake Ave. Suite 320

THANK YOU VERY MUCH FOR YOUR TIME

Please note that all information will remain confidential

Appendix E – Responses to Other and Comments

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

- COPD [Chronic Obstructive Pulmonary Disease]
- Old age (4)
- No home health services (3)
- Unknown I've only lived here a year
- I don't know this community
- Cost of health care
- Money (lack of)

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

- New council
- Economics of all
- Assisted living (2)
- Reasonable cost of health care
- Senior care
- Health education

5. How do you learn about the health services available in our community?

- I work at MMC [Mountainview Medical Center] (2)
- Local gossip
- Need
- Call
- Use them
- Been here longer than it has
- Health fair
- Employer
- Lived here for 59 years
- 17 years as an EMT [Emergency Medical Technician]
- In person
- Previously worked there
- Personal involvement
- Website was not up-to-date

6. Which community health resources, other than the hospital or clinic, have you used in the last three years?

- Physical therapy (2)
- Health Expo. (2)
- Ambulance
- Clinic
- Ask a nurse at a hospital
- Open board of directors
- None (3)

7. In your opinion, what would improve our community's access to healthcare?

- Home caregiver respite assistance
- Accept insurance
- Not treating patients here
- Home Health services (2)
- Military service V.A.
- Mine has been fine with you
- We are well served
- Less costly
- Removal of crooked office people
- Dentist
- I think we have an *excellent* hospital administration, nursing care, janitorial staff
- Pediatrics
- More nurses
- Public awareness
- Mental health services (2)
- More people with jobs
- Explanation of costs involved in treatment

8. If any of the following classes/programs were made available to the Meagher county community, which would you be most interested in attending?

- Exercise classes
- Can't get to any
- Yoga
- WSS is 70-mi round trip
- I live 43 miles from the clinic. If I am sick, I go to the doctor

11. If yes, what were the **three** most important reasons why you did not receive healthcare services?

- Non-qualified doctors
- Local hospital only useful for referring to specialists who are a minimum of 80 miles away
- Did not need to go
- Had to take to other hospital to have heart checked
- Did not want to go (2)
- Billing needs to be more streamlined and detailed
- No home health services
- Had bad care
- Waiting to see if condition would lessen- so I wouldn't have to see doctor
- No pediatrics
- Had no one to care for my animals
- VA Appointment
- Didn't think they could help me
- No financial aid
- Did not receive correct information from local doctor
- Was also injured during service
- Didn't want to get sicker from others

- It will get better by itself
- Lack of doctor knowledge
- Have to take at least a day off of work to see a specialist

12. Which of the following preventative services have you used in the past year?

- Diabetes (2)
- Blood panel
- Physical therapy
- Exam prior to surgery i.e. EKG/bloodwork [electrocardiogram]
- UTI [Urinary Tract Infection]
- Shingles vaccine
- Surgery
- Mammogram (2)
- Bloodwork
- Immunization
- Check my own blood pressure
- Complete med.
- Dental
- Pneumonia shot
- V.A. Hospital services
- CDL [Commercial Driver's License]
- None offered in White Sulphur Springs

13. What additional healthcare services would you use if available locally?

- Heart, lung, and rheumatology
- Would depend on doctors
- Whatever is needed
- Vision services/Eye care (5)
- Acupuncture
- Home health services (2)
- Orthopedic
- Most all of them
- Assisted living
- Respiratory

16. If yes, which hospital does your household use the MOST for hospital care?

- Denver
- Bozeman V.A.
- Green Bay, WI
- Helena V.A. (2)
- St. Patrick- Missoula
- Bozeman Deaconess (3)
- Bozeman Orthopedic
- Mayo Clinic- Florida
- Kalispell Family Planning & Diagnostic

- VA Veteran's Hospital
- Benefis
- Billings-Advanced care
- Pioneer Medical Center-VA
- Billings Clinic
- Bridger Orthopedic
- Missoula
- Madison Valley Medical- Ennis, MT
- Stanford Hospital
- Oklahoma City Surgery Center

17. Thinking about the hospital you were at most frequently, what were the **three** most important reasons for selecting that hospital?

- Previous knowledge of my medical issues
- That's where the specialist was
- Quality of staff
- Has financial aid
- Closest Obstetrician
- Family works at MMC [Mountainview Medical Center]

19. Where was that primary healthcare provider located?

- Helena, MT (3)
- Tampa, FL
- Bozeman (3)
- VA Clinic Green Bay, WI
- Helena VA Clinic (7)
- Riverstone Clinic-Billings
- Sidney, MT
- Fort Harrison
- Mayo Clinic- Florida
- Kalispell Family Planning
- Community Health Partners- Livingston
- Belgrade, MT
- Missoula
- Madison Valley Medical Center
- Just moved back from Harlo, will now go here
- Helena Indian Alliance
- St. Peter's Clinic
- Helena Orthopedic Clinic
- Dr. Trapp-Townsend-Annual PE [Physical Exam]

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

- Referred by a prior physician
- Cancer
- Do not have a primary care provider (5)
- Mountainview doesn't accept my insurance
- Like to have a doctor that is here and knows my history
- Costs less than here
- Doctors (2)
- Certain staff at MMC [Mountainview Medical Center] were totally unhelpful at placing family member in nursing home when doctor said it was needed
- To support family planning clinics
- I liked the PA [Physician Assistant] and doctor
- Financial aid
- Didn't want to patronize WSS clinic

21. 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?

- Yellowstone Medical Arts- Ortho MT

22. Where was the healthcare specialist seen?

- Helena, MT (15)
- Bridger Orthopedic (8)
- Matt West, DDS [Doctor of Dental Surgery] (2)
- Bozeman, MT (3)
- Townsend (2)
- Salt Lake City (2)
- Big Sky Dermatology
- Denver
- Deaconess Hospital Cancer Center (2)
- Harlowton
- Livingston
- Great Falls (6)
- St. Patrick- Missoula (3)
- Green Bay Eye Clinic
- VA Clinic (2)
- Riverstone Clinic, Meier Chiropractic
- Bozeman Orthopedic (2)
- Virginia Mason- Seattle
- Mayo Clinic- Florida
- Kalispell (2)
- V.A. Clinic- Helena (2)
- Billings-Advanced care
- Providence Spokane WA
- Private practices
- Missoula
- V.A. and separate clinics

- Stanford Hospital (CA)
- Advanced Dermatology-Butte
- Did not want me here so I used St. Pete's
- Chiropractor, OB/GYN, eye doctor in Bozeman

23. What type of healthcare specialist was seen?

- Internal medicine
- Breathing issues specialist
- Back pain
- Seen several different doctors
- P.A. [Physician Assistant]
- Mammography specialist
- Gynecologist
- Valve in aorta
- Sonogram
- Nephrologist
- Psychiatrist (rehab)
- Wound specialist
- Pain specialist
- GYN surgeon
- Sleep specialist
- Orthopedic
- Ultrasound
- Wound care
- I have kidney failure
- Physical medicine

27. What type of medical insurance covers the **majority** of your household's medical expenses?

- GEHA
- State Farm
- Tri Care
- Medicare supplement (2)
- AARP
- Blue Cross/Blue Shield (2)
- GIC- pay out of deceased husband's pension
- V.A. health insurance
- Supplemental

29. If you **do NOT** have medical insurance, why?

- Now have Medicaid
- Can't afford dental insurance
- In-between insurance plans

34. What is your employment status?

- Disabled
- Self-employed (6)
- Caregiver for mother

Appendix F – Focus Group Questions

Purpose: The purpose of the focus groups was 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. What would make this community a healthier place to live?
2. What do you think are the most important local healthcare issues? (Probe question: What do you think are the biggest issues facing local healthcare services?)
3. We are now going to ask you for your views about the hospital. What do you think of the hospital in terms of:
 - Quality of care
 - Number of services
 - Hospital staff (style of care, competence)
 - Hospital board and leadership (good leaders, trustworthy)
 - Business office
 - Condition of facility and equipment
 - Financial health of the hospital
 - Cost
 - Office/clinic staff
 - Availability
4. Are any of the local providers your personal provider or personal provider to your family members? Why?
5. What do you think about these local services:
 - Emergency Room
 - Ambulance service
 - Healthcare services for Senior Citizens
 - Public/County Health Department
 - Healthcare services for low-income individuals/families
 - Nursing Home/Assisted Living Facility
 - Pharmacy
6. Why might people leave the community for healthcare?
7. What other healthcare services are needed in the community?

Appendix G – Focus Group Notes

White Sulphur Springs – Focus Group #1

Monday, March 21, 2016 – White Sulphur Springs, MT

Meagher County Senior Center

13 people (6 male, 7 female)

1. What would make this community a healthier place to live?
 - Home health care.
 - More jobs so people can afford to stay here and pay for their medical care.
 - Less government. We get lost in the paperwork and the customers have to pay for it.
Just overall, the government should be involved less. But, things overall are great here.
2. What do you think are the most important local healthcare issues?
 - Emergency medicine.
 - It is too expensive – I was talking to someone and he said that the physical therapists charge \$200 an hour. And that was several years ago! That's pretty high and is a lot to ask someone to pay out of pocket.
 - There is a mental health need here. I know people who have lost their spouses over the years and so I think there is a need for support groups for people who are grieving. We have an aging population and people need a place to go if they lose a partner or are losing the ability of movement.
3. What do you think of the hospital in terms of:
 - Quality of Care
 - When I was there I was well taken care of.
 - I am glad they are here in the community.
 - They shipped me out the both times I went there.
 - They are good about asking about your overall health.
 - Number of Services
 - Can our eye doctor come more than once every other month? He comes from Helena. If he can come more often that would be great.
 - Considering the size of the community, I think they are excellent.
 - Hospital Staff
 - I have always been well taken care of.
 - Hospital Board and Leadership
 - I think the town has really been closed out from the board. The public used to know about it and we could go and speak in the meetings.
 - Everyone is welcome to come.
 - We would love to see you come to the board meetings.

Business Office

- They always take my money with a smile!
- They never turn me down.
- Recently, they sent me a \$1000 bill, which was an error, and they just said “Whoops.” I think they should do more in those situations. Maybe there needs to be more people skills used and a formal follow-up. It would have been nice to get a letter explaining the situation.

Condition of Facility and Equipment

- I am proud of what we have. For a small hospital, we do pretty good.

Financial Health of the Hospital

- Nobody really knows. I think they are in the black. That’s a nice accomplishment and people should know about it.
- Have they ever thought of sending out a newsletter? It would be nice to let the community know what is going on and how the financial health of the hospital is.

Cost

- Wasn’t Obamacare supposed to fix everything?

Office/Clinic Staff

- Very good.
- No complaints.

Availability

- Excellent.
- I have never had a problem.
- They take blood from me on a regular basis and I am in and out of the clinic in ten minutes. They are very good.
- For specialists, we have to go somewhere else, but I have never had a problem getting in here if I needed to.

4. Are any of the local providers your personal provider or personal provider to your family members? Why?
 - Yes, we use the providers here because they are available; they do not always have the expertise here, so sometimes we have to go somewhere else.
 - I go to Townsend and I have been going there for thirty years because I know the doctor there.

5. What do you think about these local services:

Emergency Room

- It is too cold.
- I got great service there.
- They are very considerate.

Ambulance Service

- Excellent. If you never ridden in one make sure to lay down in the back and try it out. The new ambulance is very comfortable.
- It bothered me when they were giving tours of the new ambulance. They were using it like a new toy. They ran the diesel and the 4-wheel drive in the summer when they should have been using the 2-wheel drive. That's nonsense. They should only be using it occasionally, but they were running up all the miles when they had the 2-wheel drive available. They are not using the ambulances they have efficiently.
 - If I have to use an ambulance, I am going to want to use the new one.
 - Me too!

Healthcare Services for Senior Citizens

- We need home health care here.
 - Our home health care closed down because she could not get paid for it.
 - She was expensive, but she was cheaper than the nursing home. She was not Medicare-approved, so she had to shut down.
- The hospital is looking into providing home health care, but it is difficult with the way the certificate of need works in the county.
 - But we have people who are in desperate need. When my friend's husband fell, she really needed a break and she would pay whatever it took to take a day off. We definitely need it. We ought to be able to stand up and petition for this.

Public/County Health Department

- We only ever see the public health nurse and she has always been good. Over there, she takes out your stitches for free. If you go to the hospital, then you have to pay for the doctor's time.

Healthcare Services for Low-Income Individuals/Families

- There are not a lot of high-income people here, but I am very unaware of the situation here.

Nursing Home

- All the residents seem happy.
- I see a chair over there with my name on it!

Pharmacy

- There is no pharmacy at the hospital, but there is one in town.
- She seems overwhelmed with all that is coming in. Some days you call to put a prescription in at 9 in the morning, but when you go to pick it up at 3 in the afternoon, she has not filled it yet.
 - Sometimes that is because the clinic has not faxed it over to her yet.

6. Why might people leave the community for healthcare?
 - Specialists.

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

- Mental health
- Eye doctor
- Home health
- Dentist
- Do we have colonoscopies here?
 - Not yet, but the new doctor is training to be able to perform them in the future.

Appendix H – Secondary Data County Profile

Meagher County
Secondary Data Analysis
July 23, 2012



MONTANA
STATE UNIVERSITY

Office of Rural Health
Area Health
Education Center

Leading Causes of Death	County ¹	Montana ^{1,2}	Nation ²
	1. Cancer 2. Heart Disease 3. Unintentional Injuries**	1. Cancer 2. Heart Disease 3. CLRD*	1. Heart Disease 2. Cancer 3. CLRD*

¹Community Health Data, MT Dept of Health and Human Services (2010)

²Center for Disease Control and Prevention (CDC), National Vital Statistics (2012)

*Chronic Lower Respiratory Disease

**Unintentional Injuries: External cause of injury often by, but not limited to, drowning, fall, fire/burn, motor vehicle/traffic-related, other transportation-related, poisoning, and suffocation.

Chronic Disease Burden ¹	Region 4	Montana	Nation ^{3,4}
Stroke prevalence	1.9%	2.5%	2.6%
Diabetes prevalence	5.1%	6.2%	8.3%
Acute Myocardial Infarction prevalence (Heart Attack)	3.4%	4.1%	6.0%
All Sites Cancer	416.6	455.5	543.2

¹Community Health Data, MT Dept of Health and Human Services (2010)

²Center for Disease Control and Prevention (CDC) (2012)

³American Diabetes Association (2012)

Region 4 (Southwest) – Lewis and Clark, Granite, Powell, Deer Lodge, Jefferson, Broadwater, Meagher, Silver Bow, Gallatin, Park, Madison, and Beaverhead

Chronic Disease Hospitalization Rates	County	Montana
Stroke ¹ Per 100,000 population	143.4 (Region 4)	182.2
Diabetes ¹ Per 100,000 population	100.3 (Region 4)	115.4
Myocardial Infarction ¹ Per 100,000 population	148.9	147.3

¹Community Health Data, MT Dept of Health and Human Services (2010)

Demographic Measure (%)	County	Montana	Nation ^{5,6}
Population ¹	1,868	989,415	308,745,538
Population Density ¹	0.8	6.7	Not relevant
Age ¹	<5 6%	<5 6%	<5 7%
	18-64 60%	18-64 63%	15-64 62%
	65+ 19%	65+ 14%	65+ 13%
Gender ¹	Male 50.2%	Male 50.1%	Male 49.2%
	Female 49.8%	Female 49.9%	Female 50.8%
Race/Ethnic Distribution	White ¹ 98.6%	91.5%	72.4%
	American Indian or Alaska Native ¹ 1.0%	6.8%	0.9%
	Other † ¹ 0.4%	1.7%	26.7%

¹Community Health Data, MT Dept of Health and Human Services (2010)

²County Health Ranking, Robert Wood Johnson Foundation (2012)

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

⁵US Census Bureau (2010)

Socioeconomic Measures ¹ (%)	County	Montana	Nation ^{7,8}
Median Income ¹	\$33,305	\$43,000	\$51,914
Unemployment Rate ⁷	7.4%	6.3%	7.7%
Persons Below Poverty Level ¹	19.0%	14.0%	13.8%
Uninsured Adults (Age <65) ¹	26.3%	19.0%	18.2%
Uninsured Children (Age <18) ⁹	N/A	11.0%	10.0%

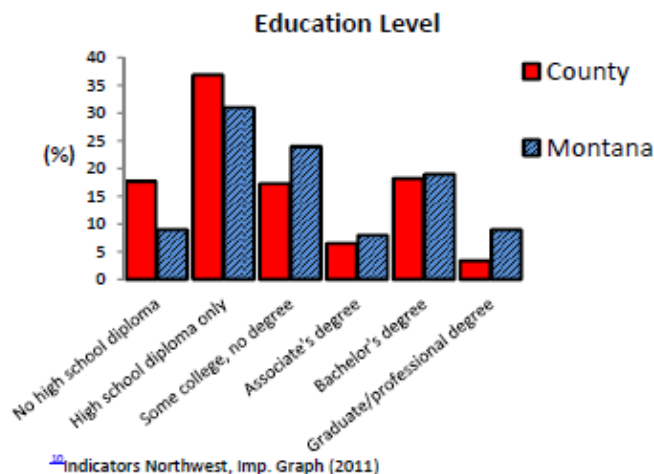
¹Community Health Data, MT Dept of Health and Human Services (2010)

⁷Center for Disease Control and Prevention (CDC), Health Insurance Coverage (2011)

²Montana Dept of Labor and Industry, Research & Analysis Bureau. Local Area Unemployment Statistics (LAUS). Non-

⁸Montana KIDS COUNT (2009)

Seasonally Adjusted Unemployment Rate. (Retrieved April 2012)



¹⁰Indicators Northwest, Imp. Graph (2011)



Behavioral Health ^{1,2}	Region 4	Montana
Childhood Immunization Up-To-Date (UTD) % Coverage ^{11,††} Age 24-35 months, population size: 12,075 (% sampled: 35.9%)	38.9% (County)	64.3%
Tobacco Use ¹	17.3%	19.3%
Alcohol Use (binge + heavy drinking) ¹	24.0%	22.8%
Obesity ¹	18.8%	21.6%
Overweight ¹	36.4%	37.8%
No Leisure time for physical activity ¹	18.8%	20.7%

¹Community Health Data, MT Dept of Health and Human Services (2010)

²Center for Disease Control and Prevention (CDC), National Vital Statistics (2012)

¹¹County Childhood Immunization Coverage, MT Dept of Health and Human Services (2010-2011).

^{††}Childhood immunization percent coverage was determined following the CDC developed and validated AFIX [Assessment, Feedback, Incentives, & eXchange] strategy designed to raise immunization levels. The Montana Immunization Program is required to participate in this process. Fifty percent of immunization providers are assessed each year. All children's records per provider assessed are reviewed to determine if the child is up-to-date with recommendations of the Advisory Council on Immunization Practices (ACIP).

Screening ¹	Region 4	Montana
Cervical Cancer (Pap Test in past 3 yrs) ¹	84.1%	83.0%
Breast Cancer (Mammogram in past 2 yrs) ¹	72.1%	71.9%
Blood Stool ¹	31.5%	25.3%
Sigmoidoscopy or Colonoscopy ¹	54.9%	54.3%
Diabetic Screening ⁵ Percent of Medicare enrollees who received HbA1c screening	81.0% (County)	79.0%

¹Community Health Data, MT Dept of Health and Human Services (2010)

⁵County Health Ranking, Robert Wood Johnson Foundation (2012)

Mortality ^{1,2,12}	County	Montana	Nation ^{2,13}
Suicide Rate per 100,000 population ¹	21.0	20.3	12.0
Unintentional Injury Death Rate per 100,000 population ¹	115.4	58.8	38.4
Percent Motor Vehicle Crashes Involving Alcohol ¹	11.6%	10.0%	32.0%
Pneumonia/Influenza Mortality per 100,000 population ¹	31.5	19.0	17.5
Diabetes Mellitus ²	62.9	27.1	21.8

¹Community Health Data, MT Dept of Health and Human Services (2010)

²Center for Disease Control and Prevention (CDC), National Vital Statistics (2012)

¹²Center for Disease Control and Prevention (CDC), Web-based Injury Statistics Query and Reporting System (WISQARS) (2011)

¹³Kaiser State Health Facts, National Diabetes Death Rate (2008)

Maternal Child Health ¹	County	Montana	Nation ^{14,15}
Infant Mortality (death within 1 st year) Rate per 1,000 live births ¹	6.5 (Region 4)	6.1	6.7
Entrance into Prenatal care in 1 st Trimester Percent of Live Births ¹	72.6%	83.9%	69.0%
Birth Rate ³ Babies born per 1,000 people	12.1	12.8	13.5
Low Birth Weight (<2500 grams) Percent of live births ¹	15.2%	7.3%	8.3%
Neonatal Mortality (under 28 days of age) Rate per 1,000 live births ¹	3.3 (Region 4)	3.3	4.5
Post Neonatal Mortality (28 through 364 days of age) Rate per 1,000 live births ¹	3.2 (Region 4)	2.7	2.2
Pre-Term Birth (<37 completed weeks gestation) Percent of Live Births ¹	10.5%	10.1%	12.5%

¹Community Health Data, MT Dept of Health and Human Services (2010)

³Montana KIDS COUNT (2009)

¹⁴Child Health USA, U.S. Dept of Health and Human Services – Human Resources & Services Administration (HRSA) (2008-2009)

¹⁵Center for Disease Control and Prevention (CDC), Preterm Birth (2012)

Economic Impact Assessment

Demographic Trends and Economic Impacts: **A Report for Mountainview Medical Center**

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Montana Department of Labor and Industry

Introduction

This report responds to requests by MHA for the location quotient of the hospital sector in Meagher County and for information on the county's demographics. In addition, the report includes analysis of the economic impact of the hospital sector on Meagher County's economy. Section I gives location quotients for the hospital sector in Meagher County using both state and national employment as the basis of comparison. Section II looks at the demographic profile of Meagher County. Section III presents the results of an input-output analysis of the impact of Mountainview Medical Center on the county's economy.

Section I Location Quotients

A location quotient measures how the level of employment concentration in a geographic area compares with that of another geographic area. For example, if 20 percent of workers in county A worked in manufacturing and 10 percent of the workers in that county's state worked in manufacturing, then the location quotient for county A would be:

$$\frac{\text{County A Percent employed in manufacturing}}{\text{State Percent employed in manufacturing}} = \frac{20\%}{10\%} = 2.$$

Intuitively, county A's location quotient of 2 indicates that its employment in manufacturing is about double what one would expect given the size of manufacturing employment in the state.

Two location quotients for hospital employment in Meagher County were calculated. The first compares Meagher County's hospital employment concentration to that of the State of Montana, and the second compares it to hospital employment in the United States. The calculations use 2010 annual averages.

Hospitals Location Quotient (compared to State of MT) = 2.45

Hospitals Location Quotient (compared to U.S.) = 2.82

A location quotient near 1 indicates that the employment concentration in the county mirrors that of the larger geographic region. In the case of Meagher County, the location quotient of 2.45 indicates that hospital employment in the county is over twice what one would expect, given statewide employment patterns. When compared to the nation, the location quotient of 2.82 reveals that the percentage of total county employment accounted for by the hospital is over two and a half times the percentage of total U.S. employment accounted for by hospitals. In other words, hospital

employment is higher than one would expect given the size of the population in the county. Two factors may be contributing to Meagher County's high location quotients. First, Mountainview Medical Center may be serving patients from neighboring counties without hospitals, such as Judith Basin County. Second, even though Mountainview Medical Center serves a very small population, a minimum number of staff is needed to make any hospital functional, regardless of population.

Another way to look at the location quotient is to ask how many employees would be employed in the hospital sector if Meagher County's employment patterns mirrored the state or the nation. Mountainview Medical Center averaged 71 employees in 2010. This is 42 more than expected given the state's employment pattern and 46 more than expected given the national employment pattern. In addition, in 2010 Mountainview Medical Center accounted for 13.1% of county nonfarm employment and 16.4% of the county's total wages.

(Source of Employment Data: Quarterly Census of Employment and Wages, Research and Analysis Bureau, Montana Department of Labor and Industry)

Section II Age Demographics

The 2010 Census reported that there were 1,891 residents of Meagher County. The breakdown of these residents by age is presented in Figure 1. Meagher County's age profile is similar to that of many rural counties in Montana. In 2010, baby boomers were between the ages of 45 and 60 and their presence is evident in the graph. Following the baby boom came the "baby bust," a period of lower birth rates. The baby bust in many rural Montana counties, including Meagher County, is exacerbated by the tendency for young people to leave these counties for more populated areas. Note the scarcity of 20 to 39 year olds in Meagher County. After the baby bust came the echo boom, consisting mainly of the children of the baby boomers. The echo boom is also noted in Figure 1 in the large number of 10 to 19 year olds.

Figure 1: Age Distribution of Meagher County Residents

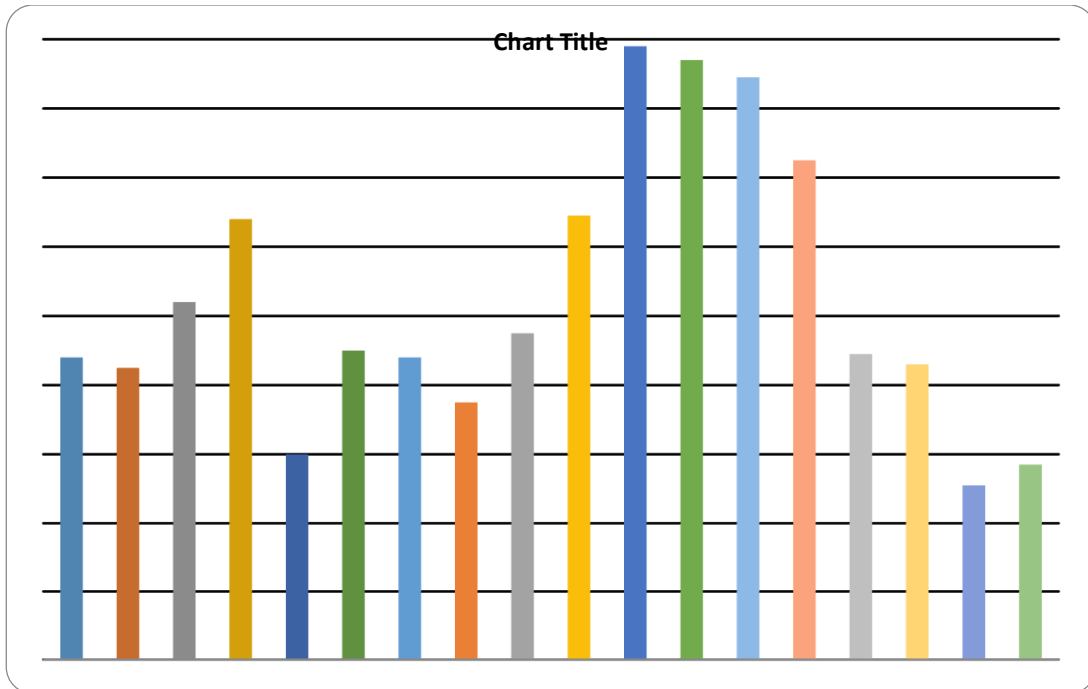


Figure 2: Percent of the population by age groups, Meagher County vs. Montana

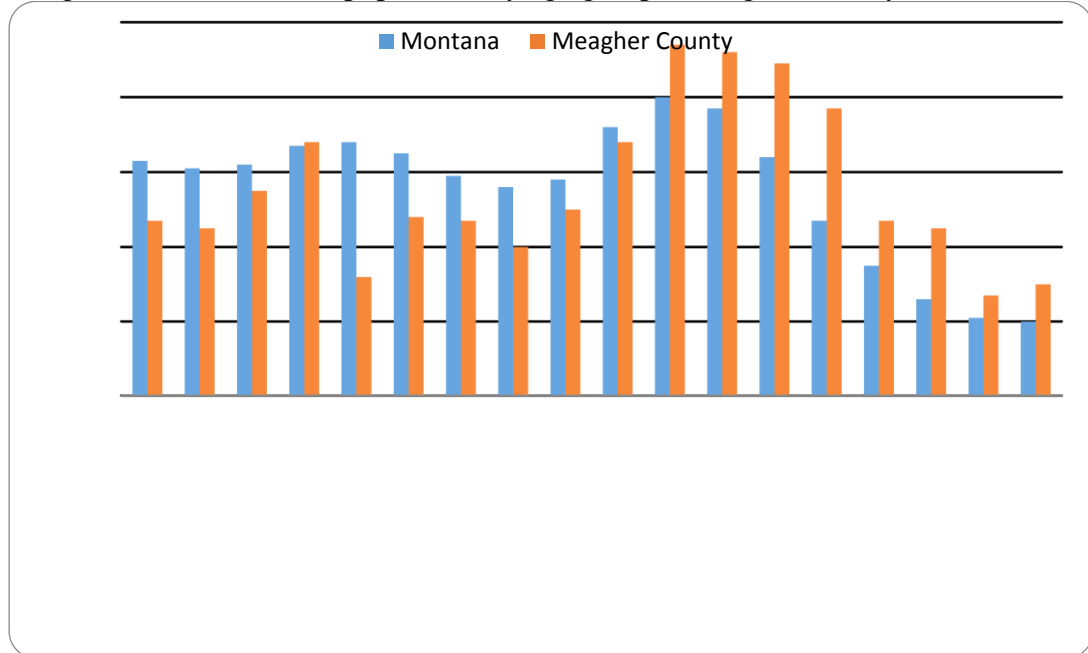


Figure 2 shows how Meagher County's population distribution compares to Montana's. A careful examination of Figure 2 and the underlying data reveals that, compared with the State as a whole, Meagher County has a lower proportion of people 20 to 49 years old (28.5 percent vs. 37.8 percent) and a higher percentage of residents over 49 years olds (50.1 percent vs. 37.0 percent). According to the 2010 Census, Meagher County had a median age of 50.1, which ranked it the seventh oldest county in the state. As the baby boomers reach senior citizen status, it is likely that healthcare utilization per capita will increase. These demographic statistics are important when planning for healthcare provision both now, and in the future.

Section III Economic Impacts

Businesses have an economic impact on their local communities that exceeds the direct amount of people they employ or wages they pay. For example, individuals employed at Mountainview Medical Center spend a portion of their salary on goods and services produced in Meagher County, thus supporting jobs and income in those local businesses. Likewise, the hospital itself may purchase goods and services from local suppliers. These businesses and employees then spend a portion of their income on local goods and services which, in turn, supports other local jobs and companies. Thus, the effect of one dollar of wages is multiplied as it circulates through the community.

The amount of jobs and income in a local community attributable to a particular industry sector can be determined by calculating its employment and income multipliers. Industries with the highest multipliers generally are those who buy supplies, services, and labor from the local community, sell products and services outside the local community, and pay a higher income to their employees. Although hospitals in rural areas do not usually sell their services to non-residents, they can still generate significant multiplier effects for their communities, given that much of their funding comes from outside the region in the form of public and private insurance reimbursements. The relatively high wages earned by hospital employees also tend to boost hospital's multipliers.

Multipliers are calculated using a methodology called input-output modeling. The Research and Analysis Bureau (R&A) uses IMPLAN software to do regional input-output modeling. The R&A staff is able to correct the underlying IMPLAN data with confidential employment and earnings data from the unemployment insurance system, which allows us to produce more accurate multipliers than would otherwise be possible.

According to the input-output analysis, the hospital industry sector in Meagher County has the following multipliers:

Hospital Employment Multiplier = 1.13

Hospital Employee Compensation Multiplier = 1.04

Hospital Output Multiplier = 1.09

What do these numbers mean? The employment multiplier of 1.13 can be interpreted to mean that for every job at Meagher County Medical Center, another .13 non-hospital jobs are supported in Meagher County. Another way to look at this is that if Mountainview Medical Center suddenly went away, about 9 additional non-hospital jobs would also be lost in the county (based on 2010 hospital employment of 71). The employee compensation multiplier of .04 simply states that for every dollar in wages and benefits paid to the hospital's employees, another 4 cents of wages and benefits are created in other local jobs in Meagher County. Put another way, if Mountainview Medical Center suddenly went away, about \$83,865 in additional annual wages would be lost from other jobs in the county. Finally, the output multiplier indicates that for every dollar of goods and services produced by Mountainview Medical Center, output in the county increases by another 9 cents.

There are other potential economic impacts of hospitals beyond those identified by the input-output analysis. Novak (2003)¹ observes that "...a good healthcare system is an important indication of an area's quality of life. Healthcare, like education, is important to people and businesses when deciding where to locate" (pg. 1). Thus, all other things being equal, the presence of a quality healthcare system gives communities an advantage when competing for new businesses. An effective healthcare system can also attract retirees to the community. Finally, healthcare may provide an opportunity for young people to stay in the communities where they were raised and still earn a high wage. In areas of the state where economic opportunities are scarce, many hospitals are experiencing shortages of qualified workers. In this situation, "growing your own" workforce may be a viable option.

This study has sought to outline the economic importance of Mountainview Medical Center to the county's economy. Tangible economic impacts have been presented, and intangible economic development impacts have also been discussed. Any questions regarding the data or methodology can be addressed to the author.

¹ Novak, Nancy L. (2003) "Bridging the Gap in Rural Healthcare" *The Main Street Economist: Commentary on the Rural Economy*, Center for the Study of Rural America: Federal Reserve Bank of Kansas City. September 2003