

Sweet Grass County, Montana

Frontier Medicine Better Health Partnership
Community Health Needs Assessment Report

Survey conducted by
Pioneer Medical Center
Big Timber, Montana

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

April 2015



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**Pioneer Medical Center
Community Health Needs Assessment**

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**Pioneer Medical Center
Community Survey & Focus Groups
Summary Report
April 2015**

I. Introduction

Pioneer Medical Center is a 25-bed Critical Access Hospital, rural health clinic, 25-bed nursing home and 16-unit assisted living facility based in Big Timber, Montana and is a county-owned facility. Pioneer Medical Center has a service area of just under 1,900 square miles and provides medical services to the Sweet Grass County population of approximately 3,699 people. Pioneer Medical Center participated in the Community Health Services Development (CHSD) process, a Community Health Needs Assessment (CHNA), conducted by the Montana Office of Rural Health and the National Rural Health Resource Center (NRHRC) in Duluth, Minnesota. The CHNA was funded by the Frontier Medicine Better Health Partnership (FMBHP) Project. Community involvement in steering committee meetings and focus groups enhanced the community's engagement in the assessment process.

In the fall of 2014, Pioneer 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. Please note: we are able to compare some of the 2014 survey data with data from a previous survey conducted in 2009. If any statistical significance exists, it will be reported. The significance level was set at 0.05.

II. Health Assessment Process

A Steering Committee was convened to assist Pioneer 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 September 2014. 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 October 2014, surveys were mailed out to the residents in Pioneer 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

Pioneer 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 710 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, two focus groups were held to identify the motives of local residents when selecting healthcare providers and to discover reasons why people may leave the Big Timber 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 October 2014, the community health services survey, a cover letter from the National Rural Health Resource Center with Pioneer Medical Center’s Chief Executive Officer’s signature on Pioneer Medical Center letterhead, and a postage paid reply envelope were mailed to 710 randomly selected residents in the hospital’s service area. A news release was sent to local newspapers prior to the survey distribution announcing that Pioneer Medical Center would be conducting a community health services survey throughout the region in cooperation with the Montana Office of Rural Health.

Two hundred twenty-nine (229) surveys were returned out of 710. Of those 710 surveys, 71 were returned undeliverable for a 36% response rate. From this point on, the total number of surveys will be out of 639. 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 5.19%.

IV. Survey Respondent Demographics

A total of 639 surveys were distributed amongst Pioneer Medical Center’s service area. Two hundred twenty-nine (229) were completed for a 36% response rate. The following tables indicate the demographic characteristics of the survey respondents. Information on location, gender, age, employment, and months of residence 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 Big Timber population which is reasonable given that this is where most of the services are located.

		2009		2014	
Area	Zip code	Count	Percent	Count	Percent
Big Timber	59011	212	84.5%	196	87.9%
Greycliff	59033	8	3.2%	12	5.4%
Melville	59055	12	4.8%	9	4.0%
McLeod ¹	59052	17	6.8%	2	0.9%
Reed Point	59069	Not asked - 2009		2	0.9%
Other		2	0.7%	2	0.9%
TOTAL		251	100.0%	223	100.0%

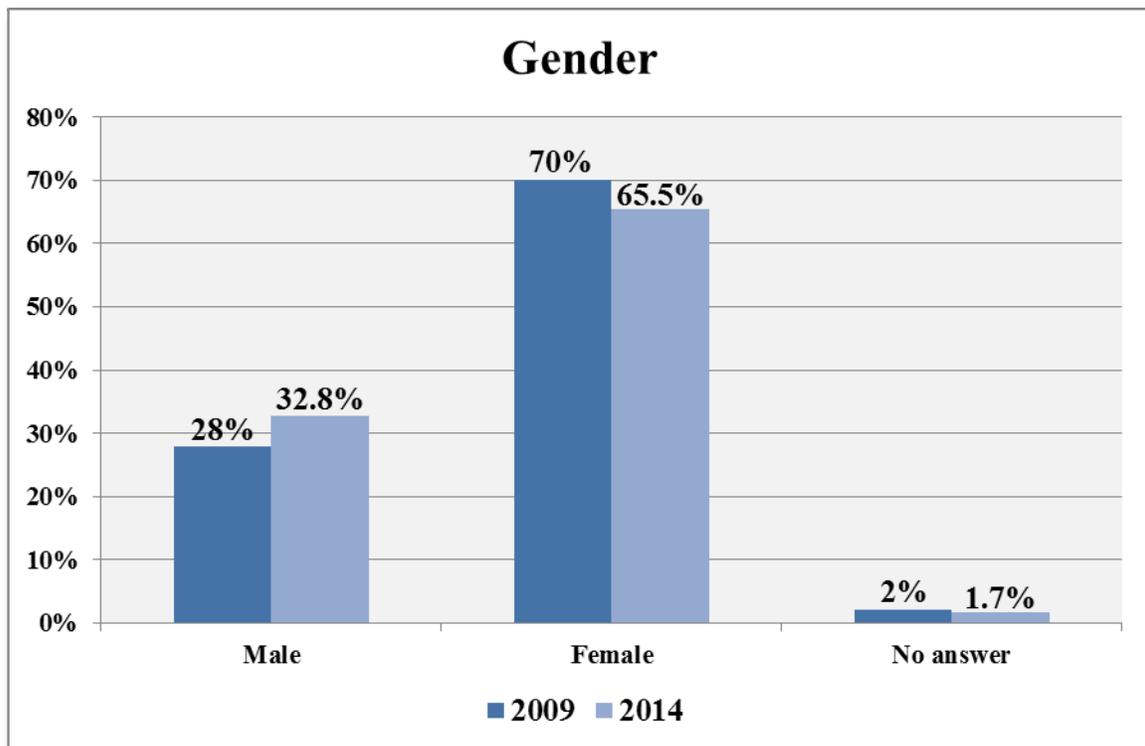
¹Significantly fewer of the 2014 respondents were from McLeod.

Gender (Question 32)

2014 N= 229

2009 N= 253

Of the 229 surveys returned, 65.5% (n=150) of survey respondents were female, 32.8% (n=75) were male, and 1.7% (n=4) 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.

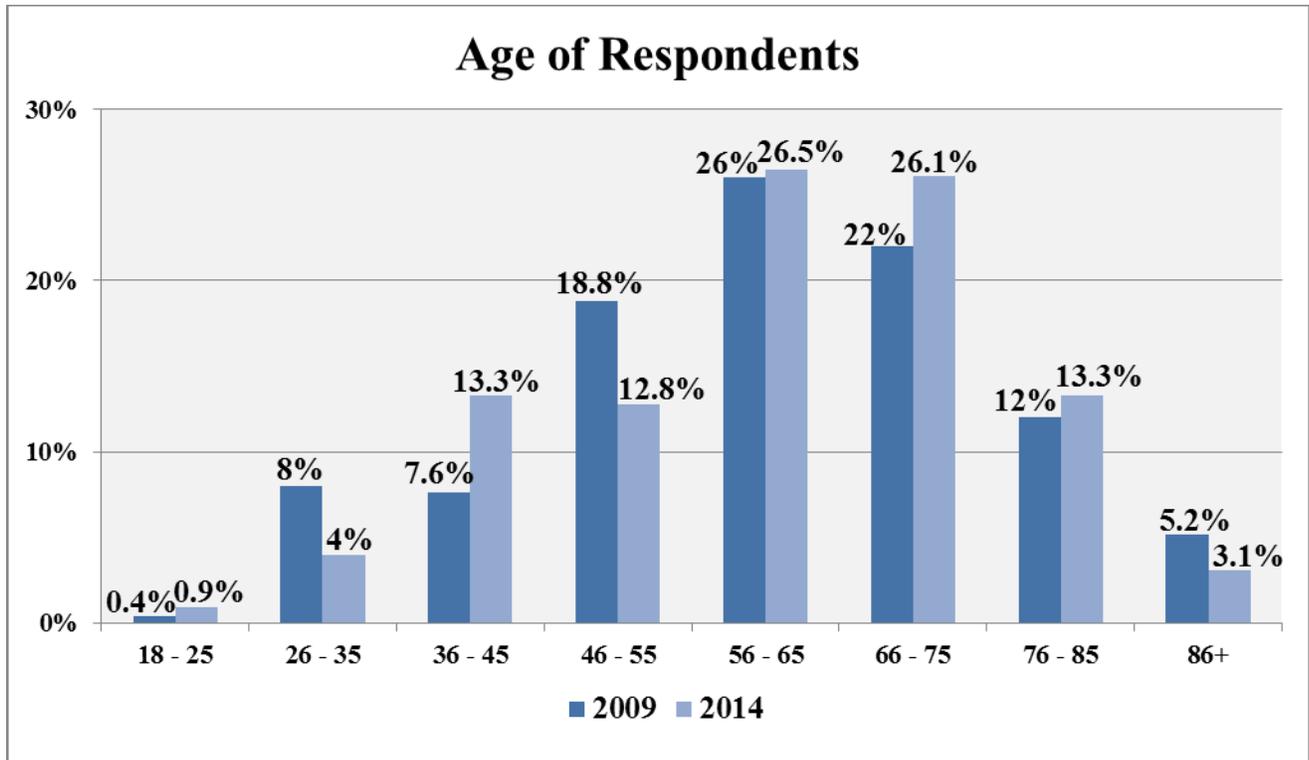


Age of Respondents (Question 33)

2014 N= 226

2009 N= 250

Twenty-seven percent of respondents (n=60) were between the ages of 56-65. Twenty-six percent of respondents (n=59) were between the ages of 66-75 and 13.3% of respondents (n=30) were between the ages of 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. Three respondents chose not to answer this question.

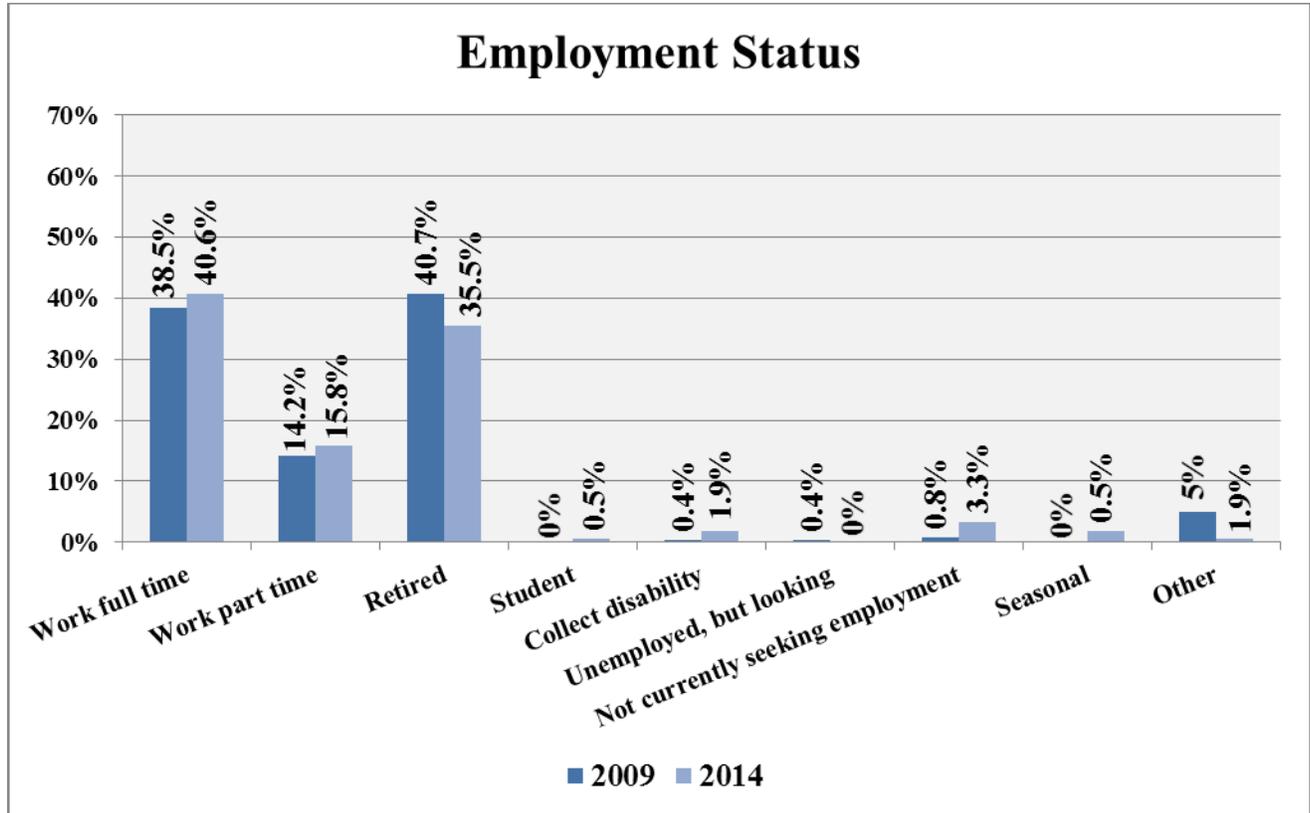


Employment Status (Question 34)

2014 N= 214

2009 N= 239

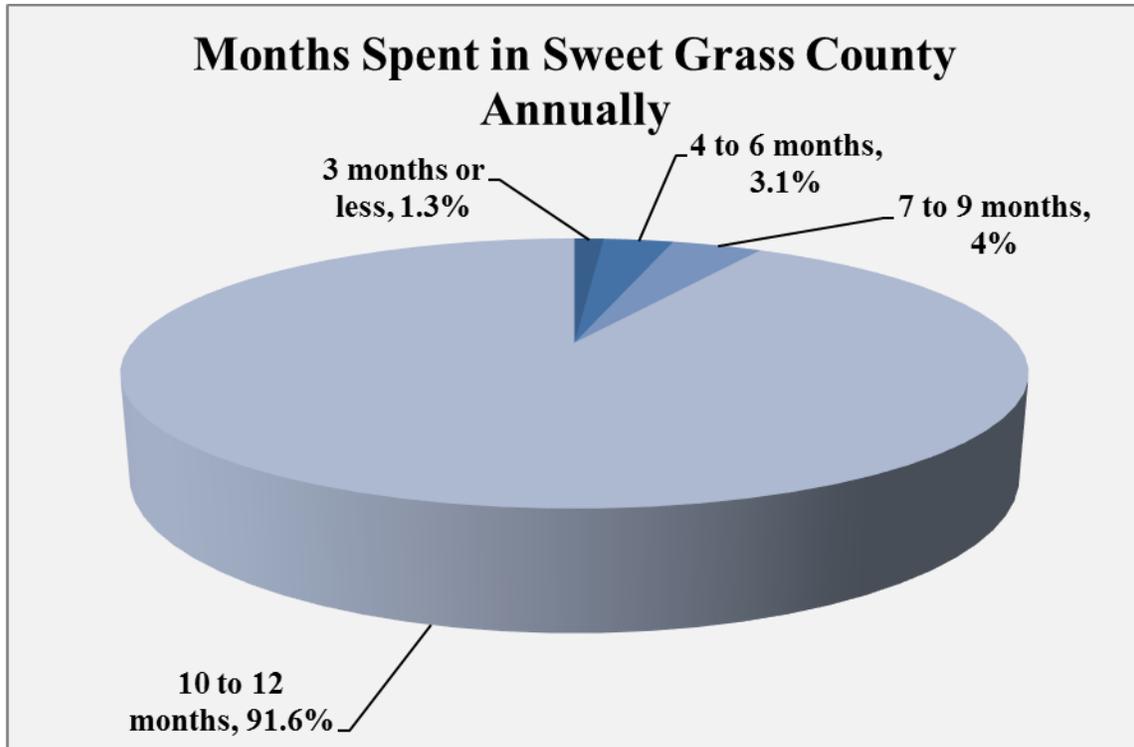
Forty-one percent (n=87) of respondents reported working full time while 35.5% (n=76) are retired. Sixteen percent of respondents (n=34) indicated they work part time. Respondents could select all that apply so percentages do not equal 100%. Fifteen respondents chose not to answer this question.



Months of Residence (Question 35)

2014 N= 223

Ninety-two percent (n=204) of respondents reported spending 10-12 months of the year in Sweet Grass County while 4% (n=9) live in the area 7-9 months of the year. Three percent of respondents (n=7) indicated they spend 4-6 months of the year in the area. Six respondents chose not to answer this question.



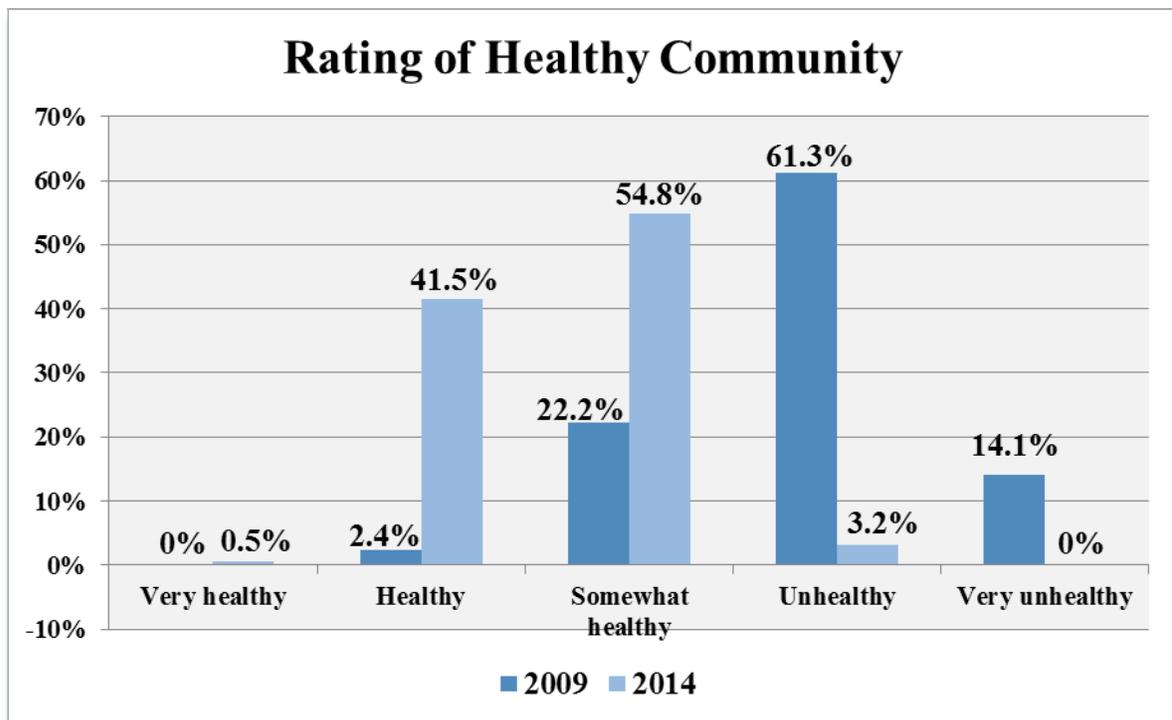
V. Survey Findings – Community Health

Impression of Community (Question 1)¹

2014 N= 217

2009 N= 248

Respondents were asked to indicate how they would rate the general health of their community. Fifty-five percent of respondents (n=119) rated their community as “Somewhat healthy.” Forty-two percent of respondents (n=90) felt their community was “Healthy” and 3.2% (n=7) felt their community was “Unhealthy.” Twelve respondents chose not to respond to this question.



¹Significantly more respondents rated their community as “Healthy” or “Somewhat healthy” in 2014. Similarly, significantly fewer respondents rated their community as “Unhealthy” or “Very unhealthy” in 2014.

Health Concerns for Community (Question 2)

2014 N= 229

2009 N= 253

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 “Cancer” at 72.9% (n=167). “Alcohol abuse/substance abuse” was also a high priority at 41% (n=94) then “Heart disease” at 33.2% (n=76). Respondents were asked to pick their top three serious health concerns so percentages do not equal 100%.

Health Concern	2009		2014	
	Count	Percent	Count	Percent
Cancer¹	109	43.1%	167	72.9%
Alcohol abuse/substance abuse	113	44.7%	94	41.0%
Heart disease²	53	20.9%	76	33.2%
Overweight/obesity	60	23.7%	59	25.8%
Tobacco use	45	17.8%	39	17.0%
Depression/anxiety	Not asked - 2009		31	13.5%
Lack of exercise	38	15.0%	28	12.2%
Diabetes	28	11.1%	26	11.4%
Mental health issues	22	8.7%	24	10.5%
Lack of access to healthcare	24	9.5%	21	9.2%
Stroke	30	11.9%	21	9.2%
Recreation related accidents/injuries	18	7.1%	17	7.4%
Respiratory issues/illness	Not asked - 2009		17	7.4%
Motor vehicle accidents ³	31	12.3%	15	6.6%
Lack of dental care	21	8.3%	14	6.1%
Work related accidents/injuries ⁴	23	9.1%	9	3.9%
Domestic violence ⁵	21	8.3%	7	3.1%
Child abuse/neglect	14	5.5%	6	2.6%
Other	12	4.7%	5	2.2%

¹Significantly more respondents rated cancer as a serious health concern in 2014 versus 2009.

²Heart disease was cited significantly more often as a serious health concern in 2014 than in 2009.

³Significantly fewer of the 2014 respondents felt that motor vehicle accidents were a serious health concern.

⁴In 2014, respondents were significantly less likely to select work related accidents or injuries as a serious concern than in 2009.

⁵In 2014, significantly fewer people cited domestic violence as a serious health concern than in 2009.

“Other” comments:

- High cost of healthcare
- Emergency service needs
- Emergency services
- Chemtrail poisoning
- Aging population

Components of a Healthy Community (Question 3)

2014 N= 229

2009 N= 253

Respondents were asked to identify the three most important things for a healthy community. Sixty-three percent of respondents (n=144) 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 42.8% (n=98) and third was “Healthy behaviors and lifestyles” at 35.8% (n=82). Respondents were asked to identify their top three choices, thus the percentages do not add up to 100%.

Important Component	2009		2014	
	Count	Percent	Count	Percent
Access to health care and other services	168	66.4%	144	62.9%
Good jobs and a healthy economy ¹	133	52.6%	98	42.8%
Healthy behaviors and lifestyles	Not asked - 2009		82	35.8%
Strong family life	86	34.0%	76	33.2%
Good schools	92	36.4%	65	28.4%
Religious or spiritual values	62	24.5%	58	25.3%
Low crime/safe neighborhoods	39	15.4%	42	18.3%
Affordable housing	30	11.9%	36	15.7%
Clean environment	37	14.6%	34	14.8%
Community involvement ²	37	14.6%	16	7.0%
Tolerance for diversity	Not asked - 2009		11	4.8%
Low death and disease rates	8	3.2%	8	3.5%
Parks and recreation	4	1.6%	6	2.6%
Low level of domestic violence	4	1.6%	4	1.7%
Arts and cultural events	8	3.2%	3	1.3%
Other	4	1.6%	5	2.2%

¹Good jobs and a healthy economy was selected significantly less often as a component of a healthy community in 2014 than in 2009.

²Significantly fewer of the 2014 respondents indicated that community involvement is an important component of a health community.

“Other” comments:

- Affordable health services
- Sense of belonging to the community
- Keeping snow & ice from downtown businesses. Easier access for elderly [with] downtown sidewalks
- A health center that really cares and doesn't try and screw you over every time.

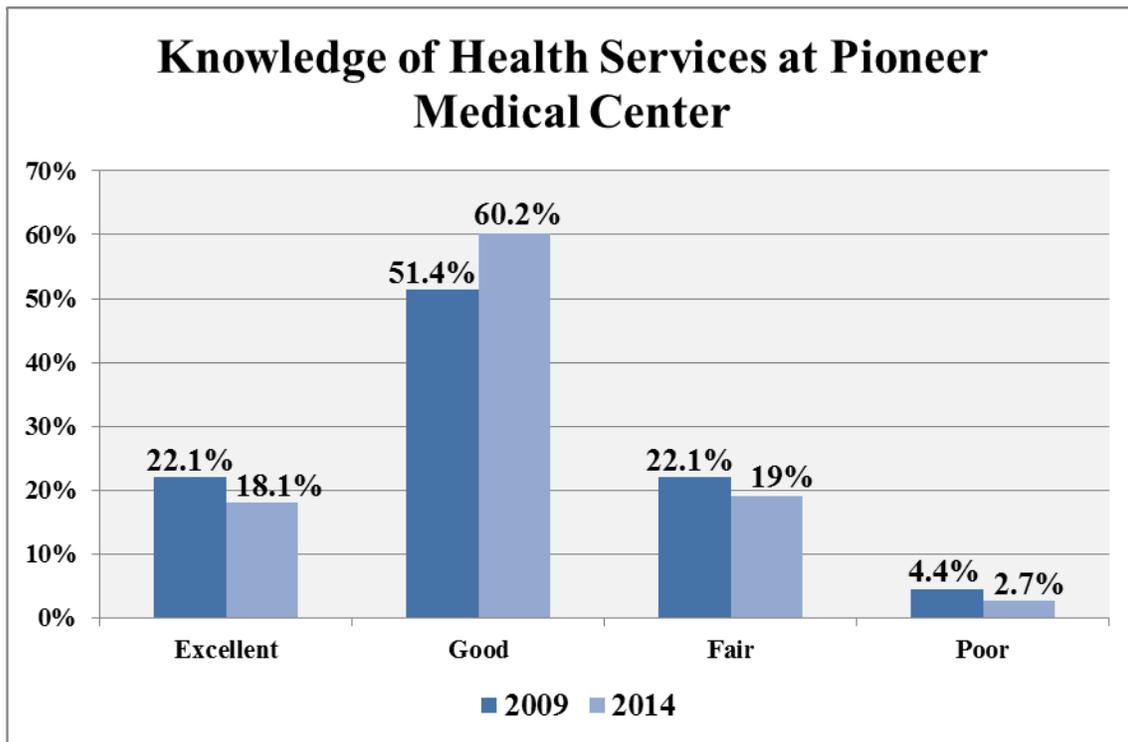
Survey Findings – Awareness of Services

Overall Awareness of Health Services (Question 4)

2014 N= 226

2009 N= 249

Respondents were asked to rate their knowledge of the health services available at Pioneer Medical Center. Sixty percent (n=136) of respondents rated their knowledge of health services as “Good.” Nineteen percent (n=43) rated their knowledge as “Fair” and 18.1% of respondents (n=41) rated their knowledge as “Excellent.” Three respondents chose not to answer this question.



How Respondents Learn of Healthcare Services (Question 5)

2014 N= 229

2009 N= 253

The most frequent method of learning about available services was the “Big Timber Pioneer” at 65.5% (n=150). “Word of mouth/reputation” was the second most frequent response at 57.6% (n=132) and “Friends/family” was reported at 52.8% (n=121). Respondents could select more than one method so percentages do not equal 100%.

Method	2009		2014	
	Count	Percent	Count	Percent
Big Timber Pioneer¹	116	45.8%	150	65.5%
Word of mouth/reputation²	172	68.0%	132	57.6%
Friends/family	Not asked - 2009		121	52.8%
Healthcare provider	75	29.6%	83	36.2%
Mailings/newsletter	Not asked - 2009		42	18.3%
Newspaper	Not asked - 2009		35	15.3%
Referrals ³	73	28.9%	25	10.9%
Public health	Not asked - 2009		14	6.1%
Social media (i.e. Facebook, etc.)	Not asked - 2009		14	6.1%
Presentations	9	3.6%	11	4.8%
Website/internet	9	3.6%	5	2.2%
Other	13	5.1%	13	5.7%

¹Significantly more of the 2014 respondents learned of health services via the Big Timber Pioneer.

²Word of mouth/reputation was selected significantly less often in 2014 than in 2009.

³In 2014, respondents were significantly less likely to select referrals than in 2009.

“Other” comments:

- Health fair
- Trips to ER
- Lived here my whole life
- Employee (2)
- Property taxes paid

Cross Tabulation of Service Knowledge and Learning about Services

Analysis was done to assess respondents' knowledge of services available at Pioneer 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 PIONER MEDICAL CENTER SERVICES BY HOW RESPONDENTS LEARN ABOUT HEALTHCARE SERVICES

	Excellent	Good	Fair	Poor	Total
Big Timber Pioneer	27 (18%)	95 (63.3%)	28 (18.7%)		150
Word of mouth/reputation	23 (17.7%)	74 (56.9%)	31 (23.8%)	2 (1.6%)	130
Friends/family	21 (17.5%)	71 (59.2%)	26 (21.7%)	2 (1.6%)	120
Healthcare provider	19 (23.7%)	48 (60%)	13 (16.3%)		80
Mailings/newsletter	4 (9.5%)	27 (64.3%)	10 (23.8%)	1 (2.4%)	42
Newspaper	8 (24.2%)	20 (60.6%)	5 (15.2%)		33
Referrals	4 (16%)	15 (60%)	5 (20%)	1 (4%)	25
Social media (i.e. Facebook, etc.)	3 (21.4%)	8 (57.2%)	3 (21.4%)		14
Public Health	1 (7.7%)	10 (76.9%)	1 (7.7%)	1 (7.7%)	13
Presentations	3 (27.3%)	7 (63.6%)	1 (9.1%)		11
Website/internet		4 (80%)	1 (20%)		5
Other	6 (46.2%)	7 (53.8%)			13

Other Community Health Resources Utilized (Question 6)

2014 N= 229

2009 N= 253

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 70.7% (n=162). “Dentist” was also a highly utilized resource at 49.3% (n=113) followed by “Optometrist” at 46.3% (n=106). Respondents could select more than one resource so percentages do not equal 100%.

Resource	2009		2014	
	Count	Percent	Count	Percent
Pharmacy¹	155	61.3%	162	70.7%
Dentist²	152	60.1%	113	49.3%
Optometrist	108	42.7%	106	46.3%
Chiropractor	80	31.6%	77	33.6%
Massage therapist	65	25.7%	65	28.4%
Health club	Not asked - 2009		28	12.2%
Senior center	31	12.3%	24	10.5%
Alternative medicine	18	7.1%	16	7.0%
Mental health counselor	11	4.3%	8	3.5%
County health/WIC	9	3.6%	7	3.1%
Psychiatry/psychologist	5	2.0%	4	1.7%
Other	5	2.0%	7	3.1%

¹Significantly more of the 2014 respondents have used the pharmacy than in 2009.

²Significantly fewer of the 2014 respondents have been to a dentist in the past three years.

“Other” comments:

- Physical therapy (2)

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

2014 N= 229

2009 N= 253

Respondents were asked to indicate what they felt would improve their community’s access to healthcare. Forty-three percent of respondents (n=98) reported that “More primary care providers” would make the greatest improvement. Forty-one percent of respondents (n=93) indicated that “Improved quality of care” and 26.2% (n=60) indicated that “More specialists” would improve access to care. Respondents could select more than one method so percentages do not equal 100%.

Improvement	2009		2014	
	Count	Percent	Count	Percent
More primary care providers ¹	65	25.7%	98	42.8%
Improved quality of care ²	79	31.2%	93	40.6%
More specialists	74	29.2%	60	26.2%
Greater health education services ³	27	10.7%	42	18.3%
Outpatient services expanded hours ⁴	22	8.7%	42	18.3%
Health fairs	35	13.8%	38	16.6%
Transportation assistance ⁵	17	6.7%	32	14.0%
Telemedicine ⁶	9	3.6%	24	10.5%
Cultural sensitivity	Not asked - 2009		8	3.5%
Interpreter services	Not asked - 2009		3	1.3%
Other	21	8.3%	17	7.4%

¹In 2014, respondents were significantly more likely to cite a need for more primary care providers.

²Improved quality of care was indicated significantly more often in 2014 than in 2009.

³In 2014, respondents were significantly more interested in greater health education services than in 2009.

⁴Outpatient services with expanded hours was selected significantly more often in 2014.

⁵In 2014, respondents selected transportation assistance as a need significantly more often than in 2009.

⁶In 2014, respondents selected telemedicine significantly more often than in 2009.

“Other” comments:

- Lower cost (6)
- More alternative choices
- Smaller, specialized functions and services
- Confidentiality (2)
- More trained EMT
- Better doctors
- More help in our medical facilities.
- Better management at PMC
- Information
- OB Care
- Finances of patients/community

Interest in Educational Classes/Programs (Question 8)

2014 N= 229

2009 N= 253

Respondents were asked if they would be interested in any educational classes/programs if offered locally. The most highly indicated class/program indicated was “Nutrition/healthy eating” at 28.4% of respondents (n=65). “Fitness” was selected by 25.3% of respondents (n=58) and “Weight loss” followed at 24.5% (n=56). Respondents could select more than one method so percentages do not equal 100%.

Class/Program	2009		2014	
	Count	Percent	Count	Percent
Nutrition/healthy eating	58	22.9%	65	28.4%
Fitness	70	27.7%	58	25.3%
Weight loss	Not asked - 2009		56	24.5%
Women’s health	Not asked - 2009		51	22.3%
Health and wellness	Not asked - 2009		47	20.5%
Spinal (back/neck) health	43	17.0%	46	20.1%
First aid/CPR	Not asked - 2009		40	17.5%
Living will	Not asked - 2009		35	15.3%
Heart disease	31	12.3%	34	14.8%
Alzheimer’s	Not asked - 2009		33	14.4%
Cancer ¹	22	8.7%	33	14.4%
Men’s health	Not asked - 2009		23	10.0%
Diabetes	28	11.1%	22	9.6%
Support groups	18	7.1%	16	7.0%
Grief counseling	Not asked - 2009		13	5.7%
Dental care	14	5.5%	12	5.2%
Mental health	15	5.9%	12	5.2%
Parenting	8	3.2%	12	5.2%
Smoking cessation ²	19	7.5%	6	2.6%
Alcohol/substance abuse	10	4.0%	4	1.7%
Family planning	9	3.6%	3	1.3%
Prenatal	Not asked - 2009		3	1.3%
Other	5	2.0%	9	3.9%

¹Significantly more respondents were interested in classes regarding cancer in 2014 versus 2009.

²Smoking cessation was selected significantly less often in 2014 than in 2009.

“Other” comments:

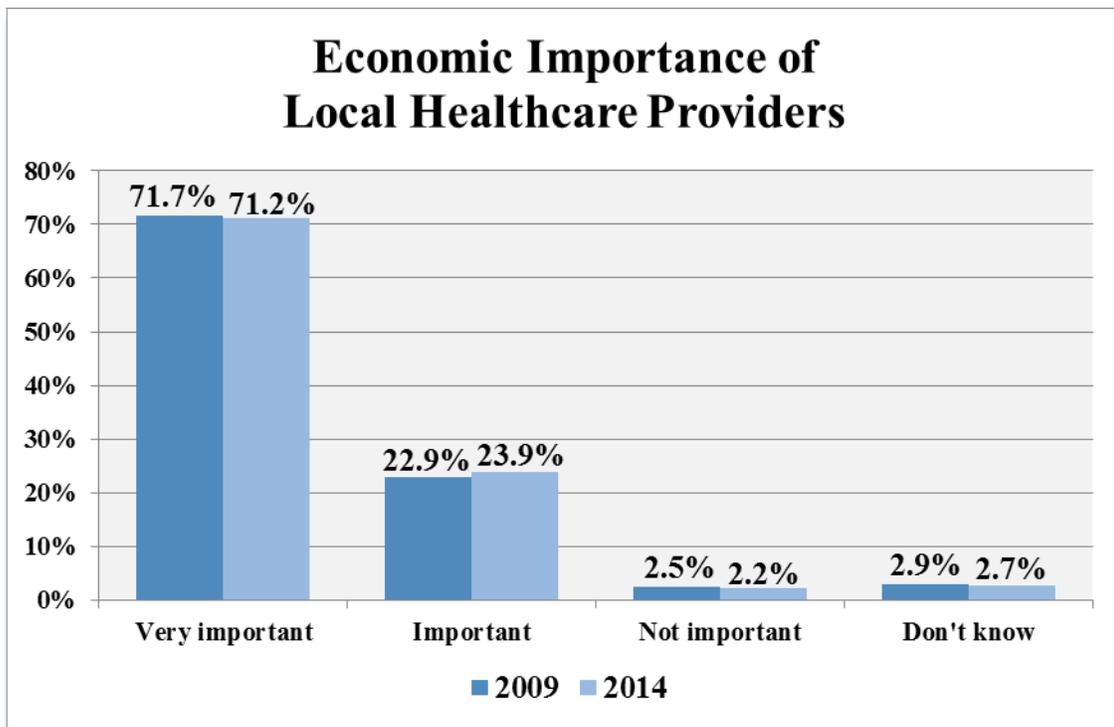
- None, this is needs shopping
- Meditation

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

2014 N= 226

2009 N= 240

The majority of respondents (71.2%, n=161) 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. Twenty-four percent of respondents (n=54) indicated they are “Important” and six respondents, or 2.7% indicated that they “Don’t know.” Three respondents chose not to answer this question.



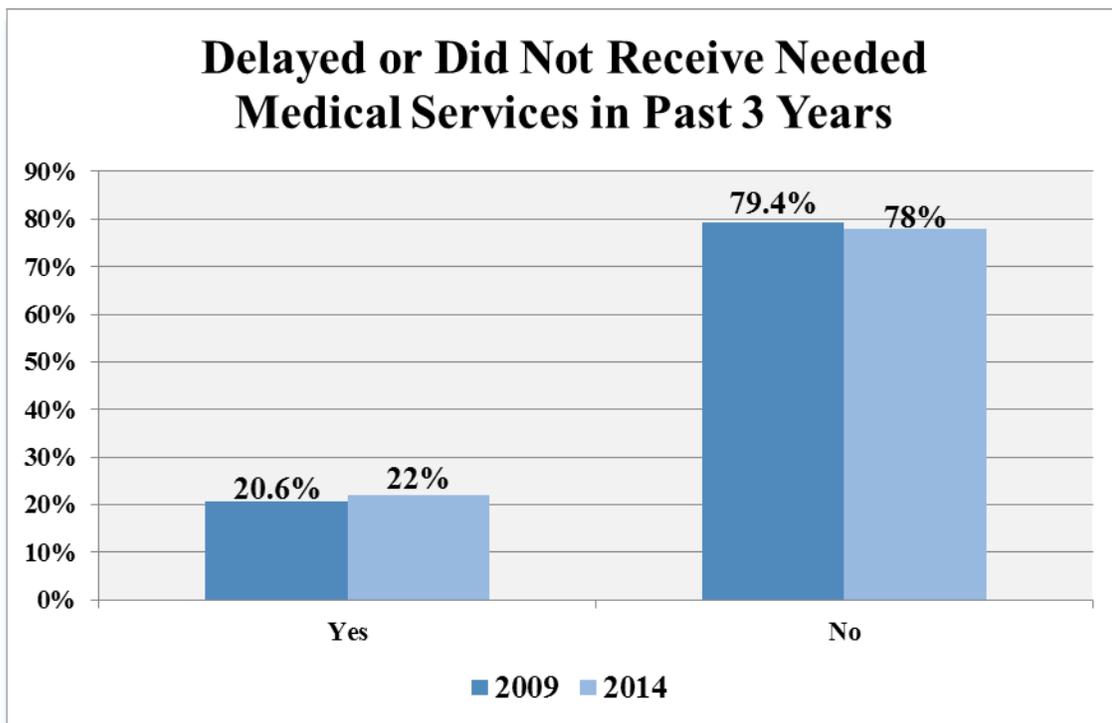
Survey Findings – Use of Healthcare Services

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

2014 N= 214

2009 N= 238

Twenty-two percent of respondents (n=47) 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. Seventy-eight percent of respondents (n=167) felt they were able to get the healthcare services they needed without delay and fifteen respondents chose not to answer this question.



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

2014 N= 47

2009 N= 49

For those who indicated they were unable to receive or had to delay services (n=47), the reasons most cited were: “It costs too much” (53.2%, n=25), “Don’t like doctors” (23.4%, n=11), and “No insurance” (17%, n=8). Respondents were asked to indicate their top three choices, thus percentages do not total 100%.

Reason	2009		2014	
	Count	Percent	Count	Percent
It costs too much	22	44.9%	25	53.2%
Don’t like doctors¹	2	4.1%	11	23.4%
No insurance	4	8.2%	8	17.0%
Not treated with respect ²	1	2.0%	7	14.9%
Could not get an appointment	3	6.1%	6	12.8%
Too long to wait for an appointment	8	16.3%	6	12.8%
Office wasn’t open when I could go	7	14.3%	5	10.6%
Unsure if services were available	2	4.1%	5	10.6%
Could not get off work	4	8.2%	5	10.6%
Too nervous or afraid	1	2.0%	4	8.5%
My insurance didn’t cover it	5	10.2%	3	6.4%
Didn’t know where to go	2	4.1%	2	4.3%
It was too far to go ³	7	14.3%	1	2.1%
Had no one to care for the children	0	0	0	0
Transportation problems	0	0	0	0
Language barrier	0	0	0	0
Other ⁴	2	4.1%	8	17.0%

¹Significantly more respondents in 2014 delayed or did not seek healthcare services because they don't like doctors.

²“Not treated with respect” was selected significantly more often as a reason to delay or not receive healthcare in 2014 than in 2009.

³In 2014, significantly fewer respondents cited a delay or not seeking healthcare services because it was too far to go.

⁴Significantly more people in 2014 cited “other” as a reason for delaying or not receiving medical services.

“Other” comments:

- Staff incompetent and poor reputation
- Underqualified staff
- Don’t like the germs at healthcare facilities
- Confidentiality
- General dislike of PMC
- No ultrasound/lab services on weekend at PMC
- Don’t like getting care from people I see all the time, does not feel professional or private

Utilization of Preventative Services (Question 12)

2014 N= 229

2009 N= 253

Respondents were asked if they had utilized any of the preventative services listed in the past year. “Blood screening” was selected by 62.9% of respondents (n=144). Fifty-five percent of respondents (n=125) indicated they received “Immunizations/flu shot” and 41% of respondents (n=94) had a “Cholesterol check.” Respondents could select all that apply, thus the percentages do not equal 100%.

Service	2009		2014	
	Count	Percent	Count	Percent
Blood screening¹	181	71.5%	144	62.9%
Immunizations/Flu shot	Not asked - 2009		125	54.6%
Cholesterol check²	144	56.9%	94	41.0%
Routine blood pressure check	Not asked - 2009		92	40.2%
Routine health checkup	Not asked - 2009		84	36.7%
Mammography ³	102	40.3%	56	24.5%
Pap smear ⁴	101	39.9%	41	17.9%
Prostate (PSA) ⁵	63	24.9%	29	12.7%
Diabetic screening	41	16.2%	26	11.4%
None	24	9.5%	22	9.6%
Chiropractic screening	25	9.9%	20	8.7%
Colonoscopy ⁶	38	15.0%	18	7.9%
Children's checkup/Well baby	Not asked - 2009		15	6.6%
Depression/anxiety screening ⁷	9	3.6%	2	0.9%
Other	6	2.4%	5	2.2%

¹In 2014, respondents were significantly less likely to have had a blood screening than in 2009.

²Significantly fewer of the 2014 respondents had a cholesterol check in the past year.

^{3,4,5}In 2014 significantly fewer people had a mammogram, pap smear, or PSA test compared to 2009.

⁶Significantly fewer of the 2014 respondents had a colonoscopy in the past year.

⁷In 2014, significantly fewer people utilized a screening for depression or anxiety.

“Other” comments:

- Physical therapy (2)
- FAA Medical
- Flu shot
- CAT scan/bone scan

Desired Local Healthcare Services (Question 13)

2014 N= 229

2009 N= 253

Respondents were asked to indicate which healthcare professionals or services presently not available would they use if available locally. Respondents indicated the most interest in having “On-site ultrasound” services available at 11.4% (n=26) followed by “Home Health” at 10.9% (n=25), then “Women’s health/prenatal care” at 9.2% (n=21). Respondents were asked to select all that apply so percentages do not equal 100%.

Service	2009		2014	
	Count	Percent	Count	Percent
On-site ultrasound¹	45	17.8%	26	11.4%
Home health	31	12.3%	25	10.9%
Women's health/prenatal care²	105	41.5%	21	9.2%
Pediatrics	13	5.1%	16	7.0%
Cardiac rehab	Not asked - 2009		14	6.1%
Chemotherapy ³	22	8.7%	9	3.9%
Other	13	5.1%	13	5.7%

¹On-site ultrasound was selected significantly less often in 2014 as a desired local healthcare service than in 2009.

²Women's health/prenatal care was indicated significantly less often as a desired local healthcare service in 2014.

³Significantly fewer of the 2014 respondents were interested in local chemotherapy services.

“Other” comments:

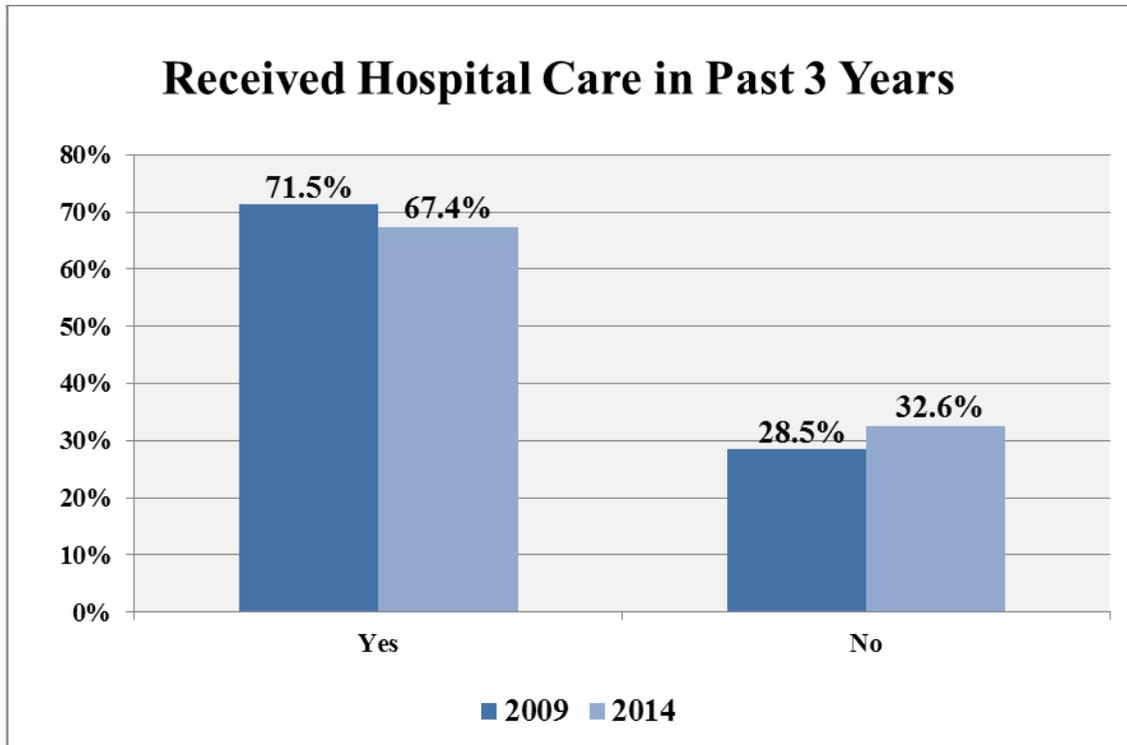
- None, needs shopping
- Dermatologist (3)
- Weight management
- Weight clinic
- Dialysis

Hospital Care Received in the Past Three Years (Question 14)

2014 N= 224

2009 N= 242

Sixty-seven percent of respondents (n=151) 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. Thirty-three percent (n=73) had not received hospital services and five respondents chose not to answer this question.



Hospital Used Most in the Past Three Years (Question 15)

2014 N= 124

2009 N= 152

Of the 124 respondents who indicated receiving hospital care in the previous three years, 29% (n=36) reported receiving care at Billings Clinic in Billings. Twenty-five percent of respondents (n=31) went to Pioneer Medical Center in Big Timber and 19.4% of respondents (n=24) utilized services from St. Vincent Healthcare in Billings. Twenty-seven respondents who reported they had been to a hospital in the past three years did not indicate which hospital they had utilized.

Hospital	2009		2014	
	Count	Percent	Count	Percent
Billings Clinic (Billings)	38	25.0%	36	29.0%
Pioneer Medical Center (Big Timber)	48	31.6%	31	25.0%
St. Vincent (Billings)	27	17.8%	24	19.4%
Bozeman Deaconess (Bozeman)	13	8.6%	14	11.3%
Livingston HealthCare (Livingston)	14	9.2%	13	10.5%
Stillwater Billings Clinic (Columbus)	4	2.6%	2	1.6%
Wheatland Memorial (Harlowton)	0	0	0	0
Other	8	5.2%	4	3.2%
TOTAL	152	100.0%	124	100.0%

“Other” comments:

- St. James surgery center
- Mayo’s, MN
- Minnesota
- Barrett hospital
- U of U
- Tuscan Medical Center
- Greenville NC
- Arizona

Reasons for Selecting the Hospital Used (Question 16)

2014 N= 151

2009 N= 173

For those 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 “Availability of services” at 49.7% (n=75). “Prior experience with hospital” was selected by 45% of the respondents (n=68) and 43.7% (n=66) 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	2009		2014	
	Count	Percent	Count	Percent
Availability of services	Not asked - 2009		75	49.7%
Prior experience with hospital	91	52.6%	68	45.0%
Referred by physician	79	45.7%	66	43.7%
Hospital’s reputation for quality	74	42.8%	58	38.4%
Closest to home	65	37.6%	48	31.8%
Emergency, no choice	36	20.8%	34	22.5%
Recommended by family or friends	14	8.1%	15	9.9%
Required by insurance plan	11	6.4%	5	3.3%
VA/Military requirement	4	2.3%	5	3.3%
Closest to work	8	4.6%	2	1.3%
Cost of care ¹	10	5.8%	1	0.7%
Other	14	8.1%	5	3.3%

¹Significantly fewer of the respondents selected a hospital based on cost of care in 2014 versus 2009.

“Other” comments:

- PPP
- Qualified staff
- Insurance billing was correct, unlike Big Timber
- Willing to work out payment
- Cancer therapies and surgery
- My provider is there

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.

LOCATION OF MOST OFTEN UTILIZED HOSPITAL BY RESIDENCE

	Pioneer Medical Center (Big Timber)	Billings Clinic (Billings)	St. Vincent Healthcare (Billings)	Bozeman Deaconess (Bozeman)	Livingston HealthCare (Livingston)	Stillwater Billings Clinic (Columbus)	Wheatland Memorial (Harlowton)	Other	Total
Big Timber 59011	27 (25.5%)	30 (28.3%)	21 (19.8%)	14 (13.2%)	11 (10.4%)	1 (0.9%)		2 (1.9%)	106
Greycliff 59033	1 (14.3%)	3 (42.8%)	1 (14.3%)			1 (14.3%)		1 (14.3%)	7
Melville 59055	1 (20%)	2 (40%)			2 (40%)				5
McLeod 59052	1 (50%)	1 (50%)							2
Reed Point 59069			1 (100%)						1
Other	1 (100%)								1
TOTAL	31 (25.4%)	36 (29.5%)	23 (18.9%)	14 (11.5%)	13 (10.6%)	2 (1.6%)	0 (0)	3 (2.5%)	122

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.

LOCATION OF MOST UTILIZED HOSPITAL BY REASONS HOSPITAL SELECTED

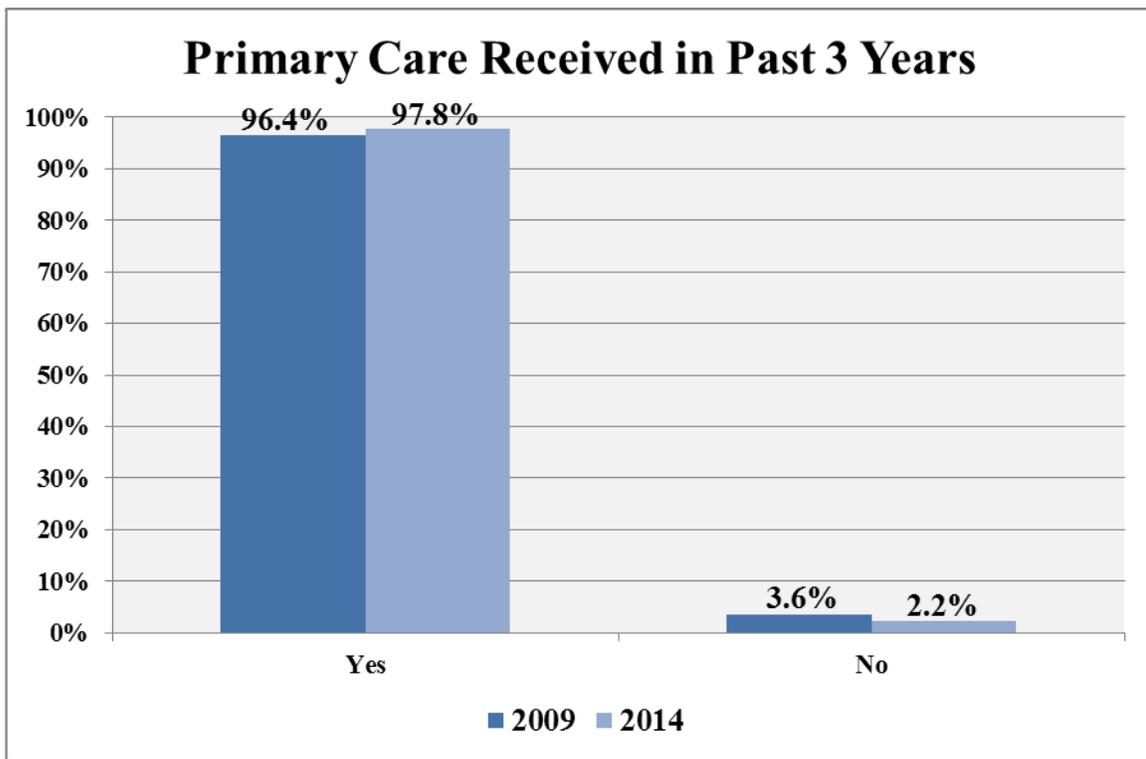
	Pioneer Medical Center (Big Timber)	Billings Clinic (Billings)	St. Vincent Healthcare (Billings)	Bozeman Deaconess (Bozeman)	Livingston HealthCare (Livingston)	Stillwater Billings Clinic (Columbus)	Wheatland Memorial (Harlowton)	Other	Total
Availability of services	13 (20.6%)	19 (30.2%)	11 (17.5%)	9 (14.3%)	10 (15.8%)			1 (1.6%)	63
Prior experience with hospital	10 (17.4%)	22 (37.9%)	13 (22.4%)	4 (6.9%)	6 (10.3%)	1 (1.7%)		2 (3.4%)	58
Referred by physician	3 (5.8%)	22 (42.3%)	16 (30.8%)	5 (9.6%)	5 (9.6%)			1 (1.9%)	52
Hospital's reputation for quality	1 (2.1%)	15 (31.3%)	15 (31.3%)	8 (16.5%)	5 (10.4%)	1 (2.1%)		3 (6.3%)	48
Closest to home	29 (74.4%)	2 (5.1%)		2 (5.1%)	5 (12.8%)			1 (2.6%)	39
Emergency, no choice	16 (55.2%)	7 (24.2%)	3 (10.3%)	1 (3.4%)				2 (6.9%)	29
Recommended by family or friends	1 (8.3%)	1 (8.3%)	4 (33.4%)	3 (25%)	2 (16.7%)	1 (8.3%)			12
Required by insurance plan		1 (25%)	2 (50%)					1 (25%)	4
Closest to work	1 (50%)	1 (50%)							2
VA/Military requirement		1 (50%)	1 (50%)						2
Cost of care					1 (100%)				1
Other		2 (40%)	2 (40%)	1 (20%)					5

Primary Care Received in the Past Three Years (Question 17)

2014 N= 226

2009 N= 250

Ninety-eight percent of respondents (n=221) 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. Two percent of respondents (n=5) had not seen a primary care provider and three respondents chose not to answer this question.



Location of Primary Care Provider (Question 18)

2014 N= 211

2009 N= 226

Of those respondents who indicated receiving primary care services in the previous three years, 53.1% (n=112) reported receiving care in Big Timber. Nineteen percent of respondents (n=40) went to Billings and 15.2% of respondents (n=32) utilized primary care services in Livingston. Ten of the 221 respondents who reported they had utilized primary care services in the past three years did not indicate where they received those services.

Clinic	2009		2014	
	Count	Percent	Count	Percent
Big Timber	139	61.5%	112	53.1%
Billings	44	19.5%	40	19.0%
Livingston	24	10.6%	32	15.2%
Bozeman	7	3.1%	13	6.2%
Columbus	5	2.2%	10	4.6%
Harlowton	1	0.4%	1	0.5%
Other	6	2.7%	3	1.4%
TOTAL	226	100.0%	211	100.0%

“Other” comments:

- Laramie, WY. Holistic Medicine
- Florida

Reasons for Selection of Primary Care Provider (Question 19)

2014 N= 221

2009 N= 241

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. “Prior experience with clinic” (65.2%, n=144) was the most frequently cited factor in primary care provider selection followed closely by “Closest to home” (44.8%, n=99) and “Appointment availability” at 27.6% (n=61). Respondents were asked to select all that apply so the percentages do not equal 100%.

Reason	2009		2014	
	Count	Percent	Count	Percent
Prior experience with clinic¹	114	47.3%	144	65.2%
Closest to home	116	48.1%	99	44.8%
Appointment availability	71	29.5%	61	27.6%
Clinic’s reputation for quality	77	32.0%	58	26.2%
Recommended by family or friends	33	13.7%	32	14.5%
Referred by physician or other provider ²	39	16.2%	21	9.5%
Cost of care	10	4.1%	10	4.5%
Length of waiting room time ³	18	7.5%	7	3.2%
VA/Military requirement	6	2.5%	4	1.8%
Required by insurance plan ⁴	10	4.1%	2	0.9%
Indian Health Services	Not asked - 2009		0	0
Other	16	6.6%	17	7.7%

¹In 2014, significantly more respondents indicated prior experience with the clinic as a reason for selecting a primary care provider.

²In 2014, respondents were significantly less likely to cite physician referral than in 2009.

³Significantly fewer of the 2014 respondents selected a clinic based on the length of waiting room time than in 2009.

⁴“Required by insurance plan” was selected significantly less often in 2014 than in 2009.

“Other” comments:

- All around preference
- Quality of the clinic
- Availability
- Providers reputation for quality (2)
- Close to work
- Pediatric
- Doesn’t want to see me told me to find another doctor
- Establish with physicians here
- General dislike of PMC
- I got better
- I like the doctor
- Privacy
- Hannah is very aggressive in treating the PT and getting something done
- Women’s health doctor specialist out of town, private, no gossip

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

	Big Timber	Billings	Livingston	Bozeman	Columbus	Harlowton	Other	Total
Big Timber 59011	102 (56.4%)	35 (19.3%)	26 (14.4%)	12 (6.5%)	5 (2.8%)		1 (0.6%)	181
Greycliff 59033	4 (33.3%)	2 (16.7%)	1 (8.3%)		3 (25%)		2 (16.7%)	12
Melville 59055	2 (25%)		4 (50%)	1 (12.5%)		1 (12.5%)		8
McLeod 59052		1 (100%)						1
Reed Point 59069			1 (50%)		1 (50%)			2
Other	1 (100%)							1
TOTAL	109 (53.2%)	38 (18.5%)	32 (15.6%)	13 (6.3%)	9 (4.4%)	1 (0.5%)	3 (1.5%)	205

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

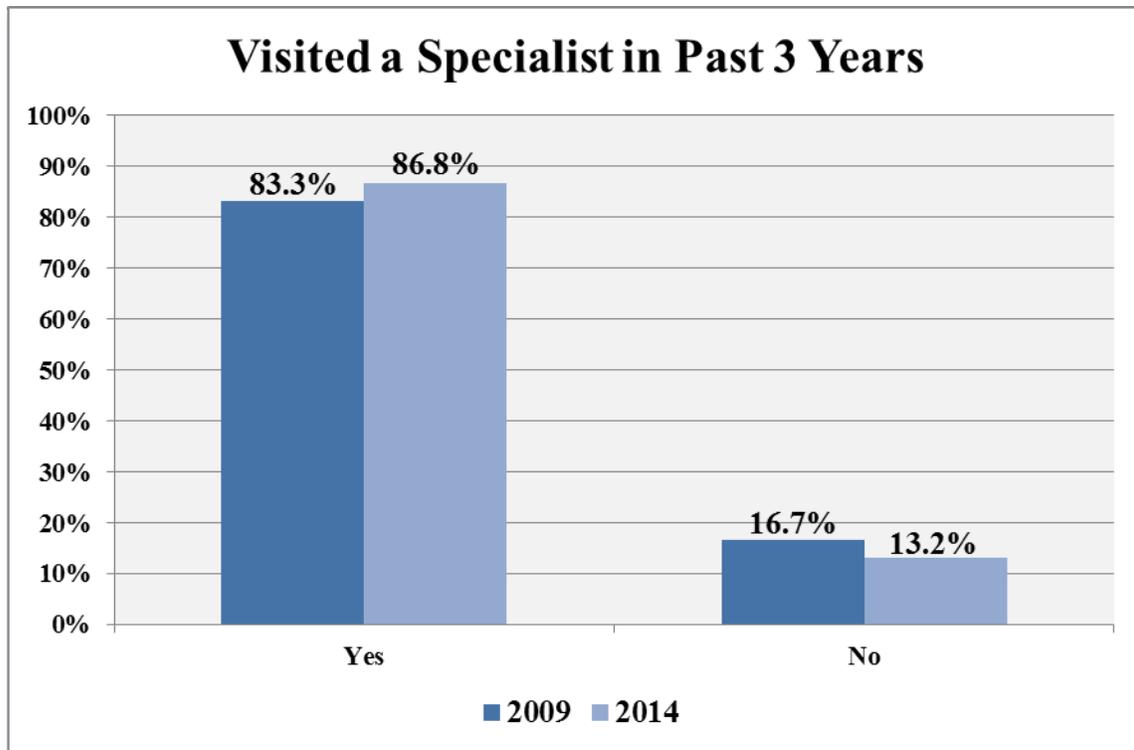
	Big Timber	Billings	Livingston	Bozeman	Columbus	Harlowton	Other	Total
Prior experience with clinic	78 (56.5%)	19 (13.8%)	25 (18.1%)	9 (6.5%)	6 (4.4%)	1 (0.7%)		138
Closest to home	83 (90.2%)	5 (5.4%)	3 (3.3%)			1 (1.1%)		92
Appointment availability	46 (79.3%)	3 (5.3%)	5 (8.6%)	2 (3.4%)	2 (3.4%)			58
Clinic's reputation for quality	19 (34.5%)	13 (23.6%)	11 (20%)	6 (10.9%)	4 (7.4%)	1 (1.8%)	1 (1.8%)	55
Recommended by family or friends	8 (25.7%)	10 (32.3%)	10 (32.3%)		2 (6.5%)		1 (3.2%)	31
Referred by physician or other provider	4 (22.2%)	10 (55.5%)	1 (5.6%)	2 (11.1%)			1 (5.6%)	18
Cost of care	6 (60%)	2 (20%)	1 (10%)	1 (10%)				10
Length of waiting room time	6 (85.7%)		1 (14.3%)					7
VA/Military requirement		2 (50%)		2 (50%)				4
Required by insurance plan	1 (50%)						1 (50%)	2
Indian Health Services								0
Other	7 (41.2%)	5 (29.4%)	1 (5.9%)		3 (17.6%)		1 (5.9%)	17

Use of Healthcare Specialists during the Past Three Years (Question 20)

2014 N= 219

2009 N= 227

Eighty-seven percent of respondents (n=190) indicated they or a household member had seen a healthcare specialist during the past three years. Thirteen percent (n=29) indicated they had not seen a specialist and ten respondents chose not to answer this question.



Type of Healthcare Specialist Seen (Question 21)

2014 N= 190

2009 N= 189

The respondents saw a wide array of healthcare specialists in the past three years. The most frequently indicated specialist was a “Dentist” at 59.5% of respondents (n=113) having utilized their services. “Dermatologist” was the second most utilized specialist at 32.6% (n=62) and “Chiropractor” was third at 28.9% (n=55). Respondents were asked to choose all that apply so percentages do not equal 100%.

Health Care Specialist	2009		2014	
	Count	Percent	Count	Percent
Dentist	116	61.4%	113	59.5%
Dermatologist	52	27.5%	62	32.6%
Chiropractor	49	25.9%	55	28.9%
Physical therapist	39	20.6%	50	26.3%
Orthopedic surgeon	49	25.9%	48	25.3%
OB/GYN	55	29.1%	41	21.6%
Urologist	28	14.8%	40	21.1%
Cardiologist	34	18.0%	39	20.5%
Ophthalmologist	36	19.0%	38	20.0%
Radiologist	Not asked - 2009		35	18.4%
Oncologist	20	10.6%	30	15.8%
ENT (ear/nose/throat)	24	12.7%	23	12.1%
Gastroenterologist	27	14.3%	23	12.1%
General surgeon	Not asked - 2009		20	10.5%
Podiatrist	15	7.9%	15	7.9%
Pulmonologist	Not asked - 2009		13	6.8%
Endocrinologist	10	5.3%	12	6.3%
Rheumatologist	7	3.7%	12	6.3%
Neurologist	15	7.9%	11	5.8%
Pediatrician	7	3.7%	11	5.8%
Allergist	Not asked - 2009		10	5.3%
Neurosurgeon	Not asked - 2009		9	4.7%
Dietician	10	5.3%	9	4.7%
Mental health counselor	10	5.3%	8	4.2%
Occupational therapist	5	2.6%	8	4.2%
Psychiatrist (M.D.)	Not asked - 2009		4	2.1%
Psychologist	Not asked - 2009		4	2.1%
Social worker	Not asked - 2009		3	1.6%
Speech therapist	1	0.5%	2	1.1%
Geriatrician	Not asked - 2009		0	0
Substance abuse counselor	0	0	0	0
Other	10	5.3%	14	7.4%

Question 21 “Other” comments continued on following page...

Question 21 “Other” comments continued...

“Other” comments:

- Ultrasound
- Nephrologist (2)
- Natural path
- UA Doctor
- Massage therapist
- Infectious disease
- Vascular surgeon
- Weight management
- Internal medicine
- Oral surgeon
- Alzheimer’s
- Acupuncture
- Sports medicine

Location of Healthcare Specialist (Question 22)

2014 N= 190

2009 N= 189

Of the respondents who indicated they saw a healthcare specialist in the past three years, 74.2% (n=141) saw one in Billings. Big Timber was utilized by 43.7% (n=83) of respondents for specialty care and Bozeman was reported by 31.1% (n=59). Respondents could select more than one location; therefore percentages do not equal 100%.

Location	2009		2014	
	Count	Percent	Count	Percent
Billings ¹	112	59.3%	141	74.2%
Big Timber	73	38.6%	83	43.7%
Bozeman	50	26.5%	59	31.1%
Livingston ²	64	33.9%	46	24.2%
Columbus	6	3.2%	10	5.3%
Harlowton	0	0	0	0
Other	10	5.3%	13	6.8%

¹Significantly more of the 2014 respondents saw a specialist in Billings than in 2009.

²Significantly fewer of the 2014 respondents went to Livingston to see a specialist.

“Other” comments:

- Arizona (3)
- Oregon
- Michigan
- Helena (2)
- FL & NC
- Butte
- Salt Lake City, Utah
- Cancer treatment centers of America Zion, IL
- Minnesota
- Forsyth
- Dillon
- Dr. expertise
- San Diego, CA
- Seattle, WA
- Needed emergency surgery

Overall Quality of Care at Pioneer Medical Center (Question 23)

2014 N= 229

2009 N= 253

Respondents were asked to rate a variety of aspects of the overall care provided at Pioneer 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” and “Hospice” receiving the top average score of 3.4 out of 4.0. “Laboratory” received a score of 3.3 out of 4.0 and “Physical/occupational/speech therapy” received a score of 3.2 out of 4.0. The total average score was 3.1, indicating the overall services of the hospital to be “Excellent” to “Good.”

2014	Excellent (4)	Good (3)	Fair (2)	Poor (1)	Don't know	Haven't Used	No Ans.	N	Avg
Ambulance services	46	31	6	4	16	103	23	229	3.4
Hospice	32	17	3	3	23	121	30	229	3.4
Laboratory	71	87	12	3	9	33	14	229	3.3
Physical/occupational/speech therapy	38	35	14	4	20	95	23	229	3.2
Emergency room	51	57	18	7	10	68	18	229	3.1
PMC Clinic	62	101	27	7	1	19	12	229	3.1
X-ray/ultrasound	41	62	12	7	13	75	19	229	3.1
Assisted living	15	25	5	4	27	128	25	229	3.0
Hospital stay	16	24	9	4	28	124	24	229	3.0
County health nurse	11	27	7	4	32	118	30	229	2.9
Nursing home	8	27	15	6	24	117	32	229	2.7
TOTAL	391	493	128	53					3.1

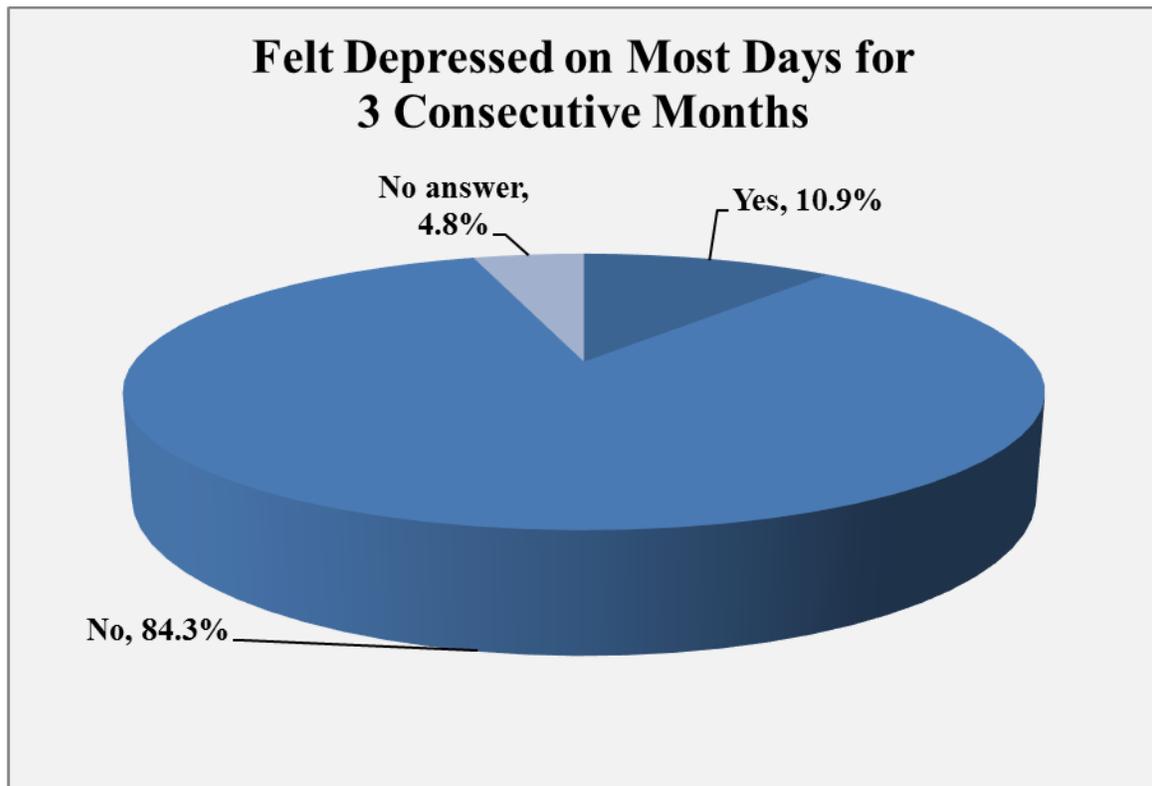
2009	Excellent (4)	Good (3)	Fair (2)	Poor (1)	Don't know/ No Answer	N	Avg
Ambulance services	59	25	0	0	169	253	3.7
Hospice	14	7	1	0	231	253	3.6
Assisted living	10	9	2	1	231	253	3.3
Laboratory	92	81	22	3	55	253	3.3
Nursing home	22	14	6	2	209	253	3.3
Emergency room	64	66	18	6	99	253	3.2
Physical/occupational/speech therapy	42	33	13	4	161	253	3.2
X-ray/ultrasound	52	56	17	5	123	253	3.2
County health nurse	8	10	2	2	231	253	3.1
Hospital stay	17	16	4	4	212	253	3.1
PMC Clinic	83	92	33	10	35	253	3.1
TOTAL	463	409	118	37			3.3

Survey Findings – Personal Health

Prevalence of Depression (Question 24)

2014 N= 229

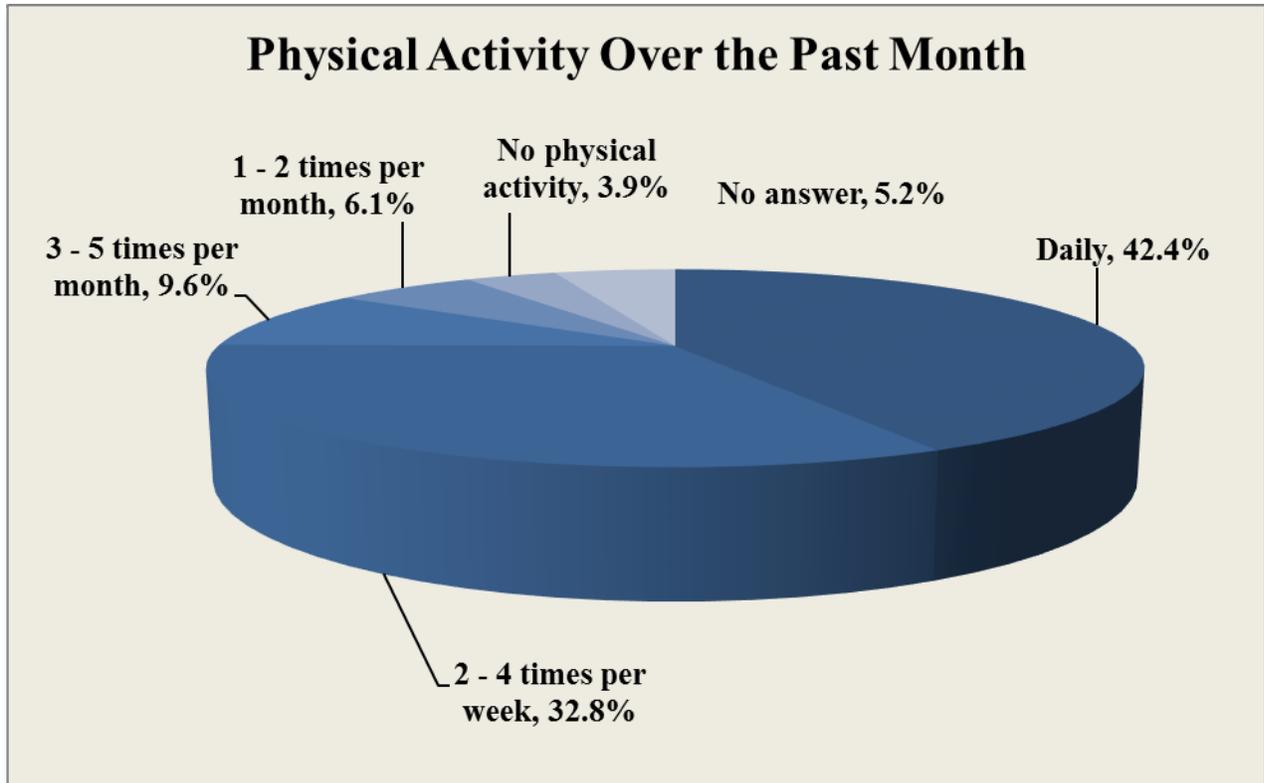
Respondents were asked to indicate if there were periods of at least three consecutive months in the past three years where they felt depressed on most days, although they may have felt okay sometimes. Eleven percent of respondents (n=25) indicated they had experienced periods of feeling depressed and 84.3% of respondents (n=193) indicated they had not. Five percent of respondents (n=11) chose not to answer this question.



Physical Activity (Question 25)

2014 N= 229

Respondents were asked to indicate how frequently they had physical activity for at least twenty minutes over the past month. Forty-two percent of respondents (n=97) indicated they had physical activity of at least twenty minutes “Daily” over the past month and 32.8% (n=75) indicated they had physical activity “2-4 times per week.” Four percent of respondents (n=9) indicated they had “No physical activity” and twelve respondents chose not to answer this question.

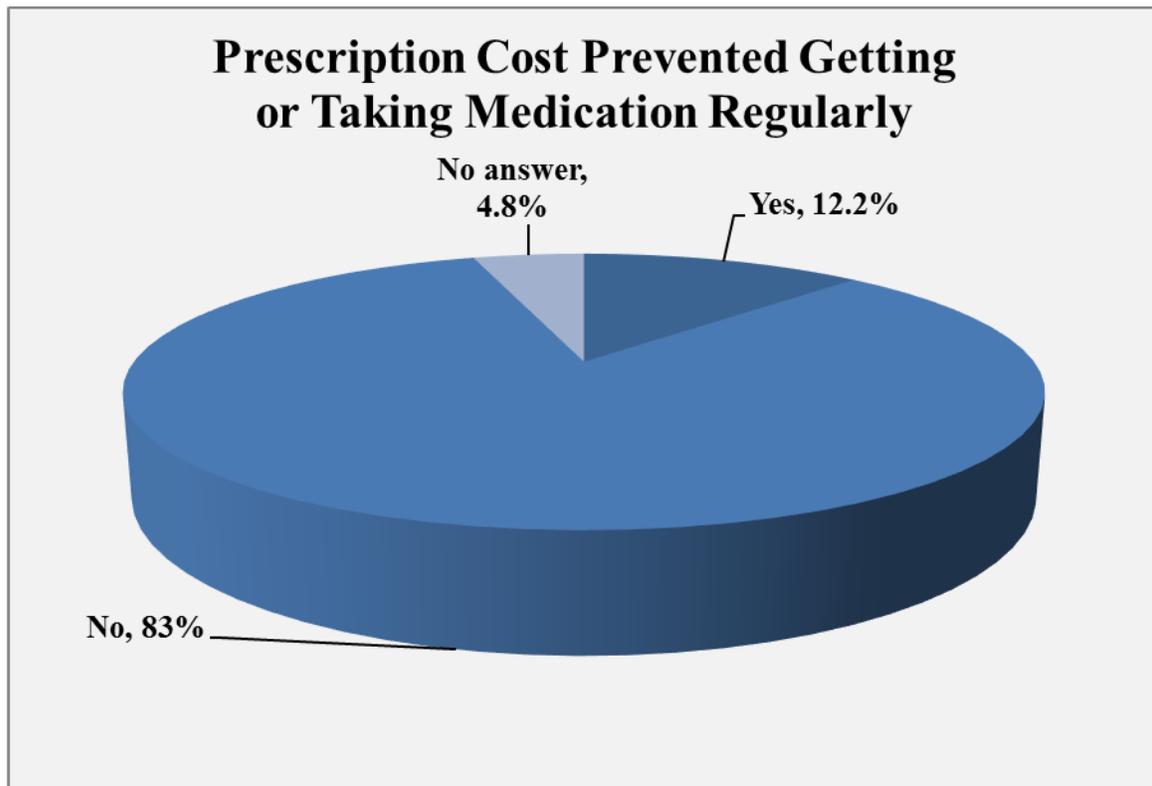


Survey Findings – Cost and Health Insurance

Cost and Prescription Medications (Question 26)

2014 N= 229

Respondents were asked to indicate if, during the last year, medication costs had prohibited them from getting a prescription or taking their medication regularly. Twelve 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-three percent of respondents (n=190) indicated that cost had not prohibited them, and five percent of respondents (n=11) chose not to answer this question.



Medical Insurance (Question 27)

2014 N= 187

2009 N= 215

Respondents were asked to indicate what type of medical insurance covers the majority of their medical expenses. Thirty-eight percent (n=71) indicated they have “Medicare” coverage. Thirty-one percent (n=57) indicated they have “Employer sponsored” coverage and “Private insurance/private plan” was indicated by 10.7% of respondents (n=20). Forty-two respondents chose not to answer this question.

Insurance Type	2009		2014	
	Count	Percent	Count	Percent
Medicare¹	65	30.2%	71	38.0%
Employer sponsored	64	29.8%	57	30.5%
Private insurance/private plan²	41	19.1%	20	10.7%
None/Pay out of pocket	18	8.4%	13	7.0%
Healthy MT Kids	4	1.9%	7	3.7%
Health Insurance Marketplace	0	0	6	3.2%
VA/Military	9	4.2%	3	1.6%
State/Other	4	1.9%	2	1.1%
Health Savings Account	0	0	1	0.5%
Medicaid	2	0.8%	1	0.5%
Agricultural Corp. Paid	0	0	0	0
Indian Health	0	0	0	0
High deductible plan	1	0.4%	Not Asked - 2014	
Other	7	3.3%	6	3.2%
TOTAL	215	100.0%	187	100.0%

¹Significantly more of the 2014 respondents receive Medicare than in 2009.

²Significantly fewer of the 2014 respondents were using a private insurance plan than in 2009.

“Other” comments:

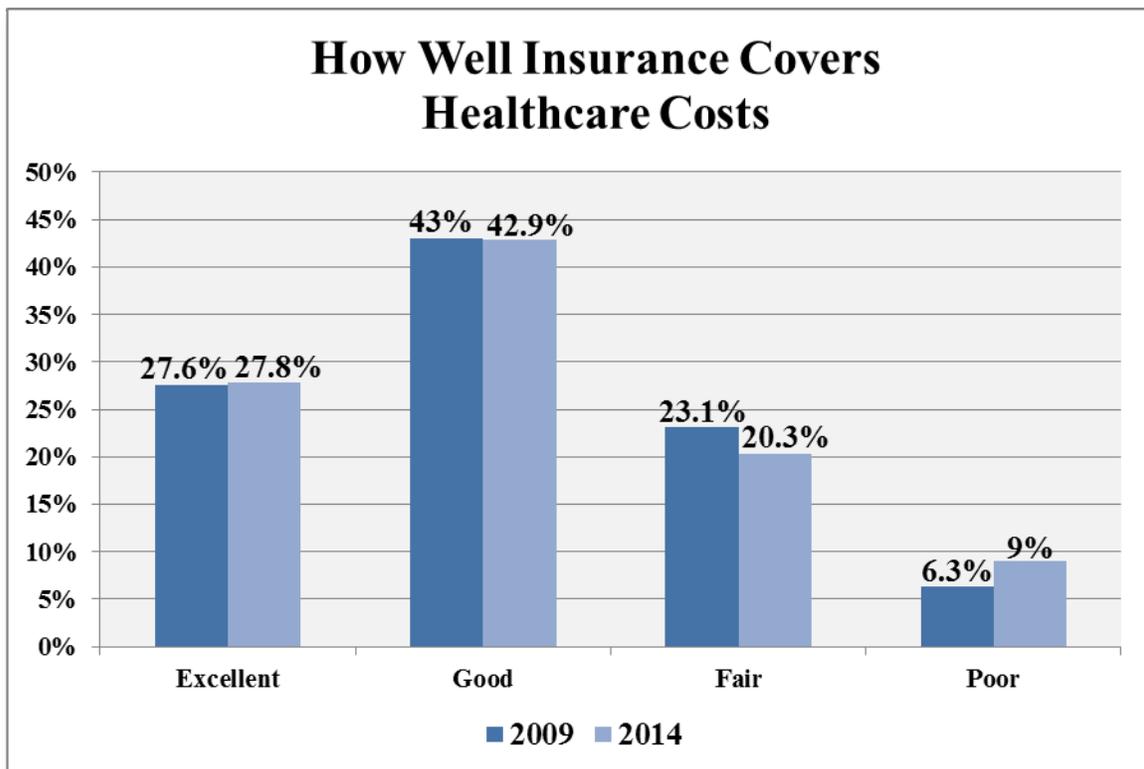
- Medicare advantage plans
- Health sharing ministry cooperative (3)
- AARP
- Deductibles too high to pay, thanks Obama!
- Holistic, paid out of pocket
- Ameriben

Insurance and Healthcare Costs (Question 28)

2014 N= 212

2009 N= 221

Respondents were asked to indicate how well they felt their health insurance covers their healthcare costs. Forty-three percent of respondents (n=91) indicated they felt their insurance covers a “Good” amount of their healthcare costs. Twenty-eight percent of respondents (n=59) indicated they felt their insurance is “Excellent” and 20.3% of respondents (n=43) indicated they felt their insurance coverage was “Fair.”



Barriers to Having Health Insurance (Question 29)

2014 N= 13

2009 N= 18

Those respondents who indicated they did not have medical insurance were asked to indicate why they did not. Sixty-two percent (n=8) reported they did not have health insurance because they could not afford to pay for it and 38.5% (n=5) indicated “Employer does not offer insurance.” Respondents were asked to mark all answers that applied, thus the percentages do not equal 100%.

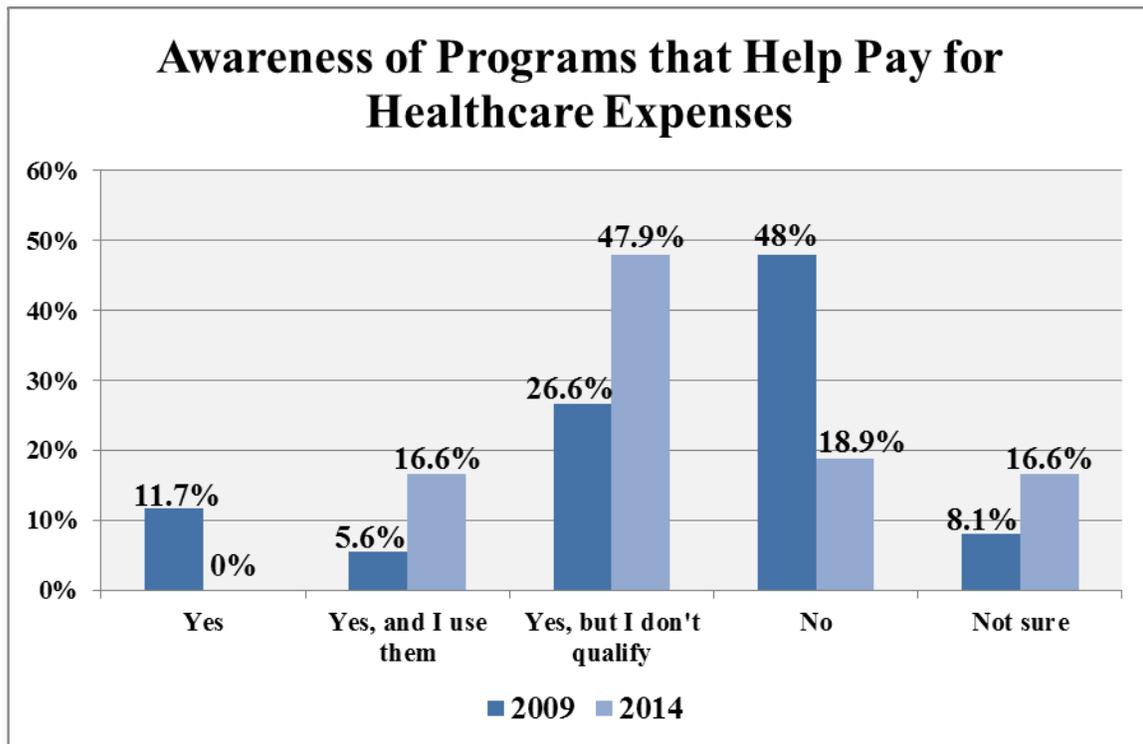
Reason	2009		2014	
	Count	Percent	Count	Percent
Cannot afford to pay for medical insurance	15	83.3%	8	61.5%
Employer does not offer insurance	6	33.3%	5	38.5%
Choose not to have medical insurance	1	5.6%	1	7.7%
Other	1	5.6%	3	23.1%

Awareness of Health Payment Programs (Question 30)

2014 N= 169

2009 N= 248

Respondents were asked to indicate their awareness of programs that help people pay for healthcare bills. Forty-eight percent of respondents (n=81) indicated they were aware of these types of programs, but did not qualify to utilize them. Nineteen percent (n=32) indicated that they were not aware or did not know of these programs and 16.6% of respondents (n=28) indicated they were aware of and utilized health payment assistance programs or were unsure about health payment assistance programs. Sixty respondents chose not to answer this question.



VI. Focus Group Methodology

Two focus groups were held in Big Timber, Montana in November 2014. Focus group participants were identified as people living in Pioneer Medical Center's service area.

Fourteen people participated in the two focus group interviews. The focus groups were designed to represent various consumer groups of healthcare including senior citizens and local community members. Focus groups were held at the Senior Center and at Pioneer Medical Center. Each 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 Audrey Schadt and Kailyn Dorhauer 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.

- *Major issues in healthcare:* A variety of themes were discussed throughout the focus group meetings. The most common concerns were: a lack of mental healthcare services, the need for transportation assistance, the growing need for home health services, and the need for Alzheimer's care to be available locally.
- *Opinion of services and quality of care at Pioneer Medical Center:*

Quality of care: Participants spoke positively of the quality of care provided at PMC. However, both groups expressed concern about the staffing situation, noting a high turnover rate.

Number of services: Overall, participants were pleased with the number of services available to them at Pioneer Medical Center. They felt that the hospital offers a lot for a small rural hospital.

Hospital staff: Participants discussed the hospital staff in terms of style of care and competence. Most participants felt that the local providers do a good job. However, they expressed concern about the seemingly high turnover rate and the number of traveling staff. Some felt that the locum staff members are not as engaged with the community as the local staff.

Hospital board and leadership: Participants desired more community involvement from the hospital board and leadership. Many felt that the board and the administrators should be more visible in the community. Some expressed concern about the leadership's ability to improve the perceived staff turnover rate.

Business office: Participants stated that the billing office does a good job. They also noted that the staff members are helpful and easy to work with.

Condition of the facility and equipment: Participants stated that the facility and equipment are old in comparison to nearby hospitals, but that it is clean and gets the job done.

Financial health of the hospital: Participants were unsure of Pioneer Medical Center's financial standing but hoped that it was good. Some participants felt the hospital spends too much money on travelling help when they could hire locally.

Cost: Participants felt that the cost of all healthcare is expensive but they felt the cost of care at Pioneer Medical Center was comparable to other facilities.

Office/Clinic staff: Participants spoke very positively of the office and clinic staff at Pioneer Medical Center.

Availability: Participants stated that they could get in right away if they weren't particular about who they wanted to see. However, if they wanted to see a specific provider that it might take a few days to get in. Overall, they felt that availability at PMC is good.

- *Opinion of local providers:* Generally, participants liked the local providers but felt that none of them stayed around for very long. Many stated they had followed their providers to Livingston or elsewhere.
- *Opinion of local services:*

Emergency Room: Participants spoke highly of the emergency room staff. They felt that the volunteer EMT's and firemen were excellent as well.

Ambulance service: Focus group participants spoke very positively of the ambulance service in Big Timber. Participants agreed that they the ambulance service employees do an excellent job and are very quick.

Healthcare services for senior citizens: Participants felt like there are a good number of services available to seniors in the Big Timber community. They were pleased with the senior bus service and appreciated the fact the public health department visits the Senior Center to do blood pressure checks and flu shots.

Public/County Health Department: Generally, participants were pleased with the services provided by the public health department. Some wondered how many people in the community knew what services were available from the public health department.

Healthcare services for low-income individuals/families: Many of the focus group participants were unaware of services available to low-income individuals and families in the area. However, a few noted that WIC, SNAP, and other public assistance programs are available.

Nursing home/assisted living facility: Overall, participants were pleased with the nursing home, noting the staff work very hard and do a good job. They were also pleased about the number of activities the nursing home offers the residents.

Pharmacy: Participants were thankful to have a pharmacy in town and pleased with how it is run. They felt the cost of prescriptions from the local pharmacy is fair.

- *What would make the community a healthier place to live:* Participants offered many suggestions for making Big Timber and the surround area a healthier place to live. Both groups focused on the importance of safe walking and biking paths, noting the condition of city sidewalks left much to be desired. Participants also felt that more community-based educational opportunities on health related topics would improve the health of the community.

- *Why might people leave the community for healthcare services:* Generally, participants felt that people would leave the area for healthcare services because they needed specialty care or because they desired continuity of care that they could not get locally due to staff turnover rates.
- *Healthcare services needed in the community:* Additional services participants felt are needed include ultrasound, mammography, more visiting specialists, and home healthcare services. Participants also noted a need for assistance with Medicare/Medicaid.

VIII. Summary

Two hundred twenty-nine surveys were completed in Pioneer Medical Center's service area for a 36% response rate. Of the 229 returned, 65.5% of the respondents were females, 69% were 56 years of age or older, 40.6% work full time, and 91.6% spend 10 -12 months of the year in Sweet Grass County.

Respondents rated the overall quality of care at the hospital as excellent to good, scoring 3.1 out of 4.0 on a scale of 4.0 being excellent and 1.0 being poor.

Over half of the respondents (54.8%) feel the Big Timber area is a "Somewhat healthy" place to live. Significantly more respondents rated the Big Timber area "Healthy" or "Somewhat healthy" in 2014.

Respondents indicated their top three health concerns were: cancer (72.9%), alcohol abuse/substance abuse (41%), and heart disease (33.2%). Significantly more respondents identified cancer and heart disease as concerns in 2014.

When respondents were asked which health related educational programs or classes they would be most interested in, the top choices were: nutrition/healthy eating (28.4%), fitness (25.3%), and weight loss (24.5%).

Overall, the respondents within Pioneer 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 71.2% 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.

Appendix A – Steering Committee Members

Steering Committee – Name and Organization Affiliation

1. Karla Dawson – Community Health Worker, Pioneer Medical Center
2. Jennifer Chappell – Public Health Nurse, Pioneer Medical Center
3. Susie Mosness – Sweet Grass County Commissioner, Pioneer Medical Center Board Member
4. Corey Seitz –Executive Director, Sweet Grass Community Foundation
5. Lori Thompson – Sweet Grass County Sheriff’s Office
6. Mary Ann Finnan – Hearts & Hands Hospice, Pioneer Medical Center
7. Ed Parrent – Hospitality House
8. Paula Curtin – Board Chair Member, Pioneer Medical Center
9. Hannah Sexton – PA, Pioneer Medical Center
10. Erik Wood – CEO, Pioneer Medical Center
11. Alvin Buerkle – Administrator, Sweet Grass County High School

Appendix B – Public Health and Populations Consultation

Public Health and Populations Consultation Worksheet

1. Public Health

- a. Name/Organization
Jennifer Chappell – Public Health Nurse, Pioneer Medical Center
- b. Date of Consultation
First Steering Committee Meeting: September 17, 2014
- c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
Steering Committee
- d. Input and Recommendations from Consultation
 - We [Pioneer Medical Center] do a good job with diabetic screenings.
 - We need more transportation assistance in this community, especially for the elderly population, folks without driver's licenses, and folks without vehicles.

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

Population: Seniors

- a. Name/Organization
Karla Dawson, Community Health Worker, Pioneer Medical Center
Ed Parrent, Hospitality House
- b. Date of Consultation
First Steering Committee Meeting: September 17, 2014
- c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
Steering Committee
- d. Input and Recommendations from Consultation
 - Big Timber lacks in home health services.
 - Elderly citizens are concerned about the rest home and whether or not it will be around when they need it.
 - There is a concern about the assisted living services for the senior citizen population.
 - Transportation assistance is needed.

Population: Youth

a. Name/Organization

Alvin Buerkle, Administrator, Sweet Grass County High School

b. Date of Consultation

First Steering Committee Meeting: September 17, 2014

c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)

Steering Committee

d. Input and Recommendations from Consultation

- Mental health services are available to the high school students from a visiting therapist with the Yellowstone Boys & Girls Club. The therapist also provides services to the middle school and elementary schools.

Appendix C – Survey Cover Letter



P.O. Box 1228
301 W. 7th Avenue
Big Timber, MT 59011
406-932-4603
Fax 406-932-5468
www.pmcmt.org

October 9, 2014

Dear Resident:

Please participate in our Community Health Needs Assessment survey for a chance to WIN a \$50 GAS CARD!

This letter and survey concern the future of healthcare in Big Timber, MT and the surrounding area. By completing the enclosed survey, you will help guide Pioneer Medical Center in developing comprehensive and affordable healthcare services to our area residents. Your help will be critical in determining the community's perception of local healthcare services and identifying important issues.

Your name was selected at random and your identity and answers will remain anonymous.

Please note that we cannot guarantee confidentiality for any information that you choose to share with others in your community. While you may not receive any direct benefit for participating, we believe that this survey will contribute to the improvement of healthcare services in our community. Participating in this survey is completely voluntary. Even if you decide to complete the enclosed survey, you may change your mind and stop at any time or choose to not answer any given question.

Pioneer Medical Center is participating in the Frontier Medicine Better Health Partnership (FMBHP), which was formed to address the unique healthcare challenges in frontier/rural communities in Montana in order to develop solutions which can be applied nationwide. The Montana Office of Rural Health will be assisting us in completing this survey process. The purpose of the survey is to obtain information from a wide range of area residents to assist your community in meeting present and future healthcare needs.

Once you complete your survey, simply return it AND **ONE of the raffle tickets** in the enclosed self-addressed, postage paid envelope postmarked by **November 27, 2014.**

Keep The Other Raffle Ticket In A Safe Place.

The winning raffle ticket number will be announced on the Pioneer Medical Center's website at: pmcmt.org and the Big Timber Pioneer on **December 4, 2014.**

Your response is very important to Pioneer Medical Center because your comments will represent others in the area and will help guide us in planning responsive and high quality local healthcare services for the future. Even if you do not use healthcare services through Pioneer Medical Center, your input is still helpful and will benefit our community. We know your time is valuable so we have made every effort to keep the survey brief – it should take less than 15 minutes to complete. Your help is much appreciated in responding to this survey and we are offering you this chance to win a \$50 Gas Card as a thank you for completing the enclosed survey.

All survey responses will go to the National Rural Health Resource Center in Duluth, Minnesota, the organization that is assisting with this project. If you have any questions about the survey, please call the Montana Office of Rural Health at 406-994-6808.

Thank you for your assistance. We appreciate your effort.

Sincerely,

Erik Wood, Pioneer Medical Center CEO

Pioneer Medical Center
Sustainable excellence in patient and resident focused care.

Appendix D – Survey Instrument

Community Health Services Development Survey Big Timber, 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 406-994-6808.*

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.

Community Health

1. How would you rate the general health of our community?

- Very healthy Healthy Somewhat healthy Unhealthy Very unhealthy

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

(Select ONLY 3 that apply)

- | | | |
|---|--|---|
| <input type="radio"/> Alcohol abuse/substance abuse | <input type="radio"/> Lack of access to healthcare | <input type="radio"/> Recreation related accidents/injuries |
| <input type="radio"/> Cancer | <input type="radio"/> Lack of dental care | <input type="radio"/> Respiratory issues/illness |
| <input type="radio"/> Child abuse/neglect | <input type="radio"/> Lack of exercise | <input type="radio"/> Stroke |
| <input type="radio"/> Depression/anxiety | <input type="radio"/> Mental health issues | <input type="radio"/> Tobacco use |
| <input type="radio"/> Diabetes | <input type="radio"/> Motor vehicle accidents | <input type="radio"/> Work related accidents/injuries |
| <input type="radio"/> Domestic violence | <input type="radio"/> Overweight/obesity | <input type="radio"/> Other _____ |
| <input type="radio"/> Heart disease | | |

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

(Select ONLY 3 that apply)

- | | |
|---|--|
| <input type="radio"/> Access to healthcare and other services | <input type="radio"/> Low crime/safe neighborhoods |
| <input type="radio"/> Affordable housing | <input type="radio"/> Low death and disease rates |
| <input type="radio"/> Arts and cultural events | <input type="radio"/> Low level of domestic violence |
| <input type="radio"/> Clean environment | <input type="radio"/> Parks and recreation |
| <input type="radio"/> Community involvement | <input type="radio"/> Religious or spiritual values |
| <input type="radio"/> Good jobs and a healthy economy | <input type="radio"/> Strong family life |
| <input type="radio"/> Good schools | <input type="radio"/> Tolerance for diversity |
| <input type="radio"/> Healthy behaviors and lifestyles | <input type="radio"/> Other _____ |

Awareness of Services

4. How do you rate your knowledge of the health services that are available at Pioneer Medical Center?

- Excellent Good Fair Poor

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

- | | | |
|---|-------------------------------------|--|
| <input type="radio"/> Big Timber Pioneer | <input type="radio"/> Newspaper | <input type="radio"/> Social media (i.e. Facebook, etc.) |
| <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"/> Referrals | <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"/> Alternative medicine | <input type="radio"/> Health club | <input type="radio"/> Optometrist | <input type="radio"/> County health/WIC |
| <input type="radio"/> Chiropractor | <input type="radio"/> Massage therapist | <input type="radio"/> Pharmacy | <input type="radio"/> Senior center |
| <input type="radio"/> Dentist | <input type="radio"/> Mental health counselor | <input type="radio"/> Psychiatry/psychologist | <input type="radio"/> Other _____ |

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"/> Interpreter services | <input type="radio"/> Telemedicine |
| <input type="radio"/> Greater health education services | <input type="radio"/> More primary care providers | <input type="radio"/> Transportation assistance |
| <input type="radio"/> Health fairs | <input type="radio"/> More specialists | <input type="radio"/> Other _____ |
| <input type="radio"/> Improved quality of care | <input type="radio"/> Outpatient services expanded hours | |

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

- | | | |
|---|--|---|
| <input type="radio"/> Alcohol/substance abuse | <input type="radio"/> Grief counseling | <input type="radio"/> Prenatal |
| <input type="radio"/> Alzheimer's | <input type="radio"/> Health and wellness | <input type="radio"/> Smoking cessation |
| <input type="radio"/> Cancer | <input type="radio"/> Heart disease | <input type="radio"/> Spinal (back/neck) health |
| <input type="radio"/> Dental care | <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"/> Family planning | <input type="radio"/> Mental health | <input type="radio"/> Women's health |
| <input type="radio"/> First aid/CPR | <input type="radio"/> Nutrition/healthy eating | <input type="radio"/> Other _____ |
| <input type="radio"/> Fitness | <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?

- Very important Important Not important 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"/> Blood screening | <input type="radio"/> Colonoscopy | <input type="radio"/> Prostate (PSA) |
| <input type="radio"/> Chiropractic screening | <input type="radio"/> Depression/anxiety screening | <input type="radio"/> Routine blood pressure check |
| <input type="radio"/> Immunizations/Flu shot | <input type="radio"/> Diabetic screening | <input type="radio"/> Routine health checkup |
| <input type="radio"/> Children's checkup/Well baby | <input type="radio"/> Mammography | <input type="radio"/> None |
| <input type="radio"/> Cholesterol check | <input type="radio"/> Pap smear | <input type="radio"/> Other _____ |

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

- | | | | |
|------------------------------------|--|--|-----------------------------------|
| <input type="radio"/> Chemotherapy | <input type="radio"/> On-site ultrasound | <input type="radio"/> Women's health/prenatal care | <input type="radio"/> Other _____ |
| <input type="radio"/> Home health | <input type="radio"/> Pediatrics | <input type="radio"/> Cardiac rehab | |

Hospital Care

14. 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 #17)

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

- | | |
|---|---|
| <input type="radio"/> Pioneer Medical Center (Big Timber) | <input type="radio"/> St. Vincent (Billings) |
| <input type="radio"/> Bozeman Deaconess (Bozeman) | <input type="radio"/> Stillwater Billings Clinic (Columbus) |
| <input type="radio"/> Billings Clinic (Billings) | <input type="radio"/> Wheatland Memorial (Harlowton) |
| <input type="radio"/> Livingston HealthCare (Livingston) | <input type="radio"/> Other _____ |

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

Primary Care

17. 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 #20)

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

- Big Timber Bozeman Harlowton Other _____
 Billings Columbus Livingston

19. 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

20. 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 #23)

21. 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 | |

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

- Big Timber Bozeman Harlowton Other _____
 Billings Columbus Livingston

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?

- 59011 Big Timber 59052 McLeod 59069 Reed Point
 59033 Greycliff 59055 Melville Other _____

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
 Seasonal

35. How many months do you live in Sweet Grass County each year?

- 3 months or less 4-6 months 7-9 months 10-12 months

Please return in the postage paid envelope enclosed with this survey or mail to:
National Rural Health Resource Center, 600 East Superior Street, Suite 404, Duluth, MN 55802

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?

- High cost of healthcare
- Emergency service needs
- Emergency services
- Chemtrail poisoning
- Aging population

3. Select 3 items that you believe are the most important for a healthy community

- Affordable health services
- Sense of belonging to the community
- Keeping snow & ice from downtown businesses. Easier access for elderly downtown sidewalks
- A health center that really cares and doesn't try and screw you over every time.

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

- Health fair
- Trips to ER
- Lived here my whole life
- Employee (2)
- Property taxes paid

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

- Physical therapy (2)

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

- Lower cost (6)
- More alternative choices
- Smaller, specialized functions and services
- Confidentiality (2)
- More trained EMT
- Better doctors
- More help in our medical facilities.
- Better management at PMC
- Information
- OB Care
- Finances of patients/community

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

- None, this is needs shopping
- Meditation

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

- Staff incompetent and poor reputation
- Underqualified staff
- Don't like the germs at healthcare facilities
- Confidentiality
- General dislike of PMC
- No ultrasound/lab services on weekend at PMC
- Don't like getting care from people I see all the time, does not feel professional or private

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

- Physical therapy (2)
- FAA Medical
- Flu shot
- CAT scan/bone scan

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

- None, needs shopping
- Dermatologist (3)
- Weight management
- Weight clinic
- Dialysis

15. If yes, which hospital did your household use the MOST for hospital care?

- St. James surgery center
- Mayo's, MN
- Minnesota
- Barrett hospital
- U of U
- Tuscan Medical Center
- Greenville NC
- Arizona

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

- PPP
- Qualified staff
- Insurance billing was correct, unlike Big Timber
- Willing to work out payment
- Cancer therapies and surgery
- My provider is there

18. Where was that primary healthcare provider located?

- Laramie, WY. Holistic Medicine
- FL

19. Why did you select the primary healthcare provider you are currently seeing?

- All around preference
- Quality of the clinic
- Availability
- Providers reputation for quality (2)
- Close to work
- Pediatric
- Doesn't want to see me told me to find another doctor
- Establish with physicians here
- General dislike of PMC
- I got better
- I like the doctor
- Privacy
- Hannah is very aggressive in treating the PT and getting something done
- Women's health doctor specialist out of town, private, no gossip

21. What type of healthcare specialist was seen?

- Ultrasound
- Nephrologist (2)
- Natural path
- UA Doctor
- Massage therapist
- Infectious disease
- Vascular surgeon
- Weight management
- Internal medicine
- Oral surgeon
- Alzheimer's
- Acupuncture
- Sports medicine

22. Where was the healthcare specialist seen?

- Arizona (3)
- Oregon
- Michigan
- Helena (2)
- FL & NC
- Butte
- Salt Lake City, Utah
- Cancer treatment centers of America Zion, IL

- Minnesota
- Forsyth
- Dillon
- Dr. expertise
- San Diego, CA
- Seattle, WA
- Needed emergency surgery

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

- Medicare advantage plans
- Health sharing ministry cooperative (3)
- AARP
- Deductibles too high to pay, thanks Obama!
- Holistic, paid out of pocket
- Ameriben

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

Focus Group #1

Wednesday, November 12, 2014 – 11:30 am-12:30 pm – Senior Center – Big Timber, MT
5 participants (1 male, 4 female)

1. What would make this community a healthier place to live?
 - I heard yesterday that someone read that our grandkids are not going to live as long as we do. I know we are a rural community, but I don't know what they are doing in the schools to get kids moving. It would be nice to have some sort of program to get kids used to moving and taking care of their bodies. I'm not sure if Pioneer Medical Center [PMC] does anything like that.
 - They [the city of Big Timber] are trying to get more walking trails and that is important to have safe places to walk and ride your bike.

2. What do you think are the most important local healthcare issues?
 - I think that sometimes people don't understand how important it is to have PMC.
 - I was talking to someone the other day and they said that they didn't know if we needed a CAT scan here. When I was in Billings, my husband needed a CAT scan and we were able to drive back here [to Big Timber] and get one right away.
 - I thought that I had a stroke and they [PMC] used the CAT scan and found out I hadn't had a stroke.
 - I had eye palsy. They shipped me on to Billings because they didn't know exactly what it was. I was so glad that we had the CAT scan [at PMC] because they knew it wasn't a stroke and that it was something else.
 - I hate it when people talk down on what they are doing up there [at PMC] because the hospital is important.
 - I've used the hospital twice now and yeah I had to move on [to another healthcare facility], but it [PMC] was here [in Big Timber].

3. What do you think of the hospital in terms of:
Quality of Care
 - I can't complain.
 - I cannot complain either.
 - The hospital is adequate for Big Timber.
 - It is good enough to get you better.
 - What would we do without it [the hospital]?
 - I could see the 12 hour shifts being a killer, but they [the staff] try really hard.
 - I think that it is too hard for those that work the 12 hours.
 - I think that it is their choice because they get extra pay and more time off.
 - They need to focus more on getting people better rather than depressing them by telling them what else is wrong with them [the patient].
 - If I had to go to Bozeman, I might not be here today. I might not have made it to Bozeman; I was shutting down.
 - It's good to have it [the hospital]. Some [staff] were not as efficient as they should be. They put up a sign saying that I was contagious and gave me a mask after I was almost

better. Also, they [staff] should have asked me how comfortable I was instead of me having to tell them.

- My wife has diabetes and she goes to Bozeman all the time. I have gained some confidence in Bozeman and I have a little confidence in Billings.
- They should warn people more about the flu shot. It killed my immune system.
- There are a lot of good things [at the hospital]. Hannah is a good doctor.
 - She is no longer here.
 - You get a good doctor and they leave. That will destroy our confidence if the doctors keep leaving.
- I'm so glad we have it [PMC]. If they hadn't been there, I would have died. I had an allergic reaction to tomatoes. They slapped me on the table so fast it wasn't funny. I got the best service anybody could ever have. They saved my life; there is no question about it.
- I had a heart attack and I got up there [PMC]. They put me in the helicopter and I was in Billings in thirty minutes.

Number of Services

- I'm happy.
- I think they do really well.
- In the paper there is a list of the services and it is really long.
- They [PMC] do most of the generic diagnostic tests.
- Next week they [PMC] are doing lab work for a reasonable price. They [PMC] do that a couple times a year. That is important. It is nice to have it [PMC] here and not have to go anywhere else.

Hospital Staff

- There are some good nurses and some mediocre.
- My daughter-in-law worked there [at PMC] for about 6 months as a CNA and she was wishing that there was more local hire. She said that the locums were not as engaged. She was in the nursing home.
- When they [PMC] get the ones [providers] from out of town, they are not as connected with the community. It creates friction with those that have been working here [at PMC] for a long time. I don't know how to solve that because they are desperate to get people from Big Timber to work there [at PMC].
 - I don't think that the ones [hospital staff] that are from here are making as much [money] as the ones that come in [locums].
 - The trust is not there for the strangers [locums]. If you are sick, you take comfort knowing that someone knows you.
- While my husband was there [at PMC], he was treated by two of the PAs who came from Livingston. One came over and went home on her day off and looked up information and then came back [to Big Timber] to help more on that same day.
- Hannah took care of me when I was sick. I don't know who the other nurse was but they worked together so well. Without them, I wouldn't be alive.

Hospital Board and Leadership

- I think that they [hospital leadership] have been very good.
- They [hospital leadership] will listen to you when you have concerns.
- They [hospital leadership] were going to take the Family Focus room away so I talked to them. I was very sorry to see it go.
 - They have a room that is supposed to replace it [the Family Focus room]. It is not as big.

Business Office

- I think that they [business office] do a good job.
- No complaints.
- I can never understand my bill, but they [the business office staff] seem to.
- They [business office] used to be way behind on their billing, but I think they are okay now.

Condition of Facility and Equipment

- It wasn't that long ago that they [PMC] did a renovation and painted things.
- They [PMC] keep it clean.
- It is good.

Financial Health of the Hospital

- They [PMC] don't get reimbursed by Medicare like they should, but it is not their fault.
- I don't know if they [PMC] are in the black yet, but I think that they are getting better.
- The more we praise the hospital, the more people will go there. I have been praising them to everyone.

Cost

- I think that it is comparable.
- We [seniors] are all on Medicare so it is different. We have no complaints.
- I think that any healthcare service is expensive.
- We have major benefits to help people. We have raised \$80,000 dollars here. We have helped raise money to help a kid with kidney disease, a baby who has seizures, and a lady with cancer.

Office/Clinic Staff

- Excellent.
- I have nothing but positive things to say.

Availability

- You can get in within a day or so.

4. Are any of the local providers your personal provider or personal provider to your family members? Why?

- I have been going to Livingston because they have a female gynecologist. They [PMC] used to send me there anyway so I have just continued going there.

- When I had heart surgery I had Dr. Walker and he was excellent. When I was in Billings, they wanted me to see Dr. Walker and he is here at PMC.
- Livingston is not that far and I can drive there.
- I got run over once and at that time the hospital [PMC] was closed. Livingston was set up well and took care of their patients. They had good follow-through with the checkups. I felt like Livingston had a good system.
- My husband was in the hospital for 6 months here [in Big Timber]. If you are in the hospital, it would be nice if you could go home for a couple of hours.

5. What do you think about these local services:

Emergency Room

- Very good.
- Had good experiences there. They [ER staff] are right there and adequate. When I was in the hospital with my husband for two weeks, I was surprised by how many emergency calls there were. Shows how much we need this hospital. If they are not staffed adequately sometimes the providers have to leave to take care of other patients in the ER.

Ambulance Service

- They have been very excellent.
- Also the fire department is great.
- The ambulance is always right there. They are fantastic.
- I've been on the ambulance three times.

Healthcare Services for Senior Citizens

- Jen [public health nurse] checks our blood pressure here [at the Senior Center].
- They [PMC] have a health fair.
- Hospice is kind of part of PMC and they do a great job. They do volunteer training and they are doing a grief class next week. There were five clients when they started but now they have sixteen clients. There is another grief support group at the Lutheran Church.
- We have a bus that takes people to Billings once a week for doctor appointments.
 - They [transportation service] set Thursdays aside to go to Livingston or Billings.

Public/County Health Department

- I don't know much about them.
- When they come here [Senior Center] and take our blood pressure it means a lot. They [Public Health Department] also do immunizations here [at Senior Center].
- You can get your flu shot right here [at Senior Center]. It is nice to have it here [at Senior Center].

Healthcare Services for Low-Income Individuals/Families

- I'm sure there is but we don't really know.
- My uncle didn't have the income [to pay for assisted living] and they [assisted living staff] have taken care of him. They [staff] haven't showed any difference to other

patients that can pay for their care. He is on Medicaid. They [the staff] have been excellent.

Nursing Home/Assisted Living Facility

- My uncle has been in the rest home there since 1995. He is deaf; had he not gone in there [nursing home] he wouldn't be 91 today. He was unhappy because he couldn't hear and people were stealing from him. He has been so happy up there and they have been so good with him. The staff all love him. The staff doesn't know sign language but they write him notes. They work very hard. They are really good up there about giving him things to do.
 - They work really hard to have activities.
- They [nursing home] bring people in for entertainment too. I'm a part of the kitchen band. They had three people [residents] there singing with us today.
- They [nursing home] do bowling and bingo. They [residents] get points and they have a store that they can buy things at with their points.
- I'm sad that there is one man who has his wife up there and he is very derogatory about the place [nursing home]. They are taking good care of her and he is always questioning what they are doing and their budget.
- I don't think that anyone here [at Senior Center] could say anything bad about them [nursing home].

Pharmacy

- They do a very great job.
- It is important to have this [pharmacy] here. If we want to keep our community going we need to do as much of our business here as possible.
- I was at the post office the other day and someone was distressed because their prescriptions hadn't come in the mail from Livingston yet.
- I think that we do very well with the cost of drugs here.

6. Why might people leave the community for healthcare?

- They [PMC] send you out of town. Then you get started with a doctor in Billings and they [the Billings providers] continue to want you to come back. I try to come back to my hometown because I want to keep this town going.
- For care that you can't receive here.

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

- Assistance with Medicare information; so they [Big Timber residents] don't have to drive to Bozeman to get the information. It would be nice to have an office here. They [Big Timber residents] can go to the county health for questions but you can't always get your answers there.
- The nursing home has a patient advocate that helps with insurance. That is really good; she is so good.
 - Ray Walker is very good.
- I wish that we could have a memory care unit at PMC. Two people I know had to take their husbands to Columbus. That can be expensive.

Additional Comment:

- I was born at St. Vincent's and had my kids there. I think it is important to keep both Billings Clinic and St. Vincent's. This hospital [PMC] is affiliated with Billings Clinic. They [PMC and Billings Clinic] work cooperatively because of the affiliation. I just want to see that both St. Vincent's and Billings Clinic are equally being used even though there is the affiliation between PMC and Billings Clinic.
 - I've been to Billings Clinic and they referred me to St. Vincent's before.
 - Me too, but the other way around.
 - They seem to work together.

Focus Group #2

Wednesday, November 12, 2014 – 5:30pm-7:00pm – Pioneer Medical Center – Big Timber, MT
9 Participants (3 male, 6 female)

1. What would make this community a healthier place to live?
 - Bike and walking paths that are dog friendly.
 - We have a wonderful little park but no paths. You have to drive there, you can't really walk or bike there.
 - Complete the sidewalks. That would be huge because we can't walk on the sidewalks right now.
 - Operable street lights would be a good thing too. We noticed that around Halloween with the kids. The sidewalks are terrible so being able to see would be nice.
 - Some education on a variety of health-related issues would be nice. Such as diabetes and good health practices. I think people want more education and there is a need.
 - I wonder if that could be incorporated into the adult education program at the school.
 - But have it [health education classes] led by somebody at Pioneer Medical Center (PMC).
 - Hospice sponsored an education seminar on religion, spirituality, and death and one of the handouts was on Ebola. I know that sounds crazy but one of the topics of conversation around town has been what if we have somebody comes in and has Ebola? It would be nice if we had an educational course or something in the paper or something that would say what would happen. Just education, seminars, or workshops would be nice.
 - One big area they could do a lot on, or just make people aware of, are mental health issues. Anywhere from high school age on up to senior citizens.
 - Even if we could just address it [mental health] in schools, it would eliminate so many of the young suicides and shootings. Schools and families need to work together. I don't know if the school has people to do that. The experience and expertise at the school level is not there yet, we need help to do it. We are "mini" counselors but we are not qualified.
 - Everything boils down to the almighty dollar. Extra services mean extra money and sometimes it [money] is just not there.
 - Law enforcement becomes the defacto with these issues. We are getting as many officers trained in CIT [Crisis Intervention Team] training across the state to help individuals who need services and help get them where they need to go but you have to have community buy-in. We need support from the schools, PMC, etc. to get this [mental health services] off the ground. We are usually fairly busy on a weekly basis. We only have one day a week services at the mental health center here and we don't have any emergency services. We work with the crisis center in Billings and with the HOPE house in Bozeman.
 - How do you deal with the crime victims?
 - We have one individual who is responsible for our county. The response time is pretty good. Packets are always given to individuals of domestic violence or crime victims.

- I think a couple things that keep a community going are good schools and good healthcare.
 - Certain things within a community, good healthcare, good schools, good newspaper, good churches, etc. you take any one of those things away and the community is in trouble. The more we can work to keep everything local the better it is for our community.
2. What do you think are the most important local healthcare issues?
- Mental health; it's not a local problem. It [the problem] is the people coming through who are transients.
 - There are people who can't drive but need to get to appointments or get to the pharmacy to get their medications.
 - Family services is going to try and fund some help for medications.
 - Case workers are hard to find and a lot of times that's what is needed for someone who is severely mentally ill to make sure they eat, pay their bills, etc.
 - Yes, if you can get them out of crisis and they are willing to talk to someone. If you could set them up with a better local support system, then that would help a lot. You cannot get individuals into a facility unless you pull some strings. The crisis center in Billings is always full and trying to get somebody who is in crisis is nearly impossible. Warm Springs is always full but there's nowhere to transfer people other than Warm Springs.
 - It would be extremely nice to have some secure rooms at PMC to house mental crises individuals but PMC doesn't have the mental health experience or time to give to those patients because they are all so short- staffed.
 - The administrative positions here [Pioneer Medical Center (PMC)] are way over worked and stretched too thin.
 - The grade school counselor is wonderful but she doesn't have enough time in the week to see all of the kids she needs to see.
 - Home health, I don't know the figures or the exact situation but I know people who have been looking for that service.
 - Does the hospital have home health? There's no home health available right now.
 - The government does not make any of this easy, there is so much red tape and so many hoops you have to jump through and it puts so much strain on a facility to run a home health program.
 - A home health based business would be a good business but it's almost impossible to do because of all the expenses.
 - At one point, they [PMC] were trying to talk us [ambulance staff] to get trained to do that, go in and do blood pressure checks, wound care, etc.
 - There isn't a facility here [Big Timber] to deal with Alzheimer's and it's going to become a big issue here with the aging population. I don't think any of the nursing homes around here provide that service [for Alzheimer's].
 - I think there's one [Alzheimer's program] in Columbus and Livingston. But who wants to go there when you live here [Big Timber]?
 - Do they have respite care here [Big Timber]?

3. What do you think of the hospital in terms of:

Quality of Care

- I realize the critical importance of having this facility because at one point we didn't have an ER facility in the early 1990's.
- On the emergency side of things I think it [quality] is very, very good. I've seen a lot of individuals come in here [PMC] in bad shape and be well taken care of and be able to survive. And when we get reports from the bigger hospitals they give kudos to the staff here.
- I refer my patients here [PMC] for treatment often and PMC is good about coordinating services with me.
- I think care here [PMC] is very good but my concern is staffing. The CNA (Certified Nursing Assistant) turnover is crazy and we are without a director of nursing.
- There is a tremendous staffing issue here. There are people who have worked here for years but they have gone to work for the mine where they can make double the money.
- A lot of them [hospital staff] are travelers so they are not invested in the community.
- The turnover is tremendous and it's not good.
- There is a huge management problem [at PMC].
 - The Director of Nursing has been here [PMC] a very short time. Every time you turn around and there's no one to fill the shift the staff gets burnt out.
 - My niece has been shorthanded in the kitchen and she says she finally has normal hours this week. Some days she works really long hours, twelve hours or more.
 - A lot of the problems are a lot bigger than anyone realizes. PMC has been hiring traveling help, they cost more, they are not invested, they do not treat our residents well, you lose continuity of care, and it's all a snowball effect that just gets worse.
 - How we arrived at needing this mill levy makes me mad. There have been some really bone-headed decisions that have been made as to how the facility has been run. Buying more property when we can't afford to manage what we already have
 - How much of the mismanagement goes to the board or is it because of the board?

Number of Services

- I'd like to see them [PMC] have ultrasound and mammograms.
 - The mobile mammography bus comes. I don't trust that though, I got a false positive one time.
 - I would think that the people that run the CT scan could do ultrasounds. They might need some education but I would think they could do it.
- I think they offer a good number of services for a rural hospital.

Hospital Staff

- In the last couple of years, PMC has lost a lot of great providers.
- Turnover is a huge issue at PMC.
- I think they [hospital staff] are great sometimes.
- I've seen all the providers and I've never felt like they were rushing me.

- Sometimes I feel like just a number. I see my primary care provider in Livingston.
- I don't know, I haven't had enough experience [at PMC].
- The CNAs don't get overtime but they hire traveling CNAs who cost three times as much and the people that live here know they make more money than them and it's terrible for morale.
- Dr. Hollingsworth is fantastic. He took great care of my son.
- They are hiring for almost every position.
- There are good people here and we want to keep the good people and increase the number of good people here. I can tell you there are a fair number of licensed, capable, meet the requirements people who will not work here. When you're willing to commute up and down Interstate 90 in the middle of winter that says a lot.

Hospital Board and Leadership

- It [the board] has reached a critical point as far as I'm concerned because we are so short-staffed.
- I think there needs to be more PR [Public Relations] for the hospital administrative team so that people know who he [CEO] is.
- I am afraid that we are going to be in real trouble with the provider situation because of management. I know of one very well-liked provider who quit because of a schedule change that was forced on her. If we lose our MD, we are in big trouble.
- There was a palpable change when the administration changed and became affiliated with Billings Clinic.
- The administrator needs to be more visible in the community.
- When the provider who just resigned leaves, we will be going with her because she was the only reason we came here [PMC].
- I think the only information that gets out there is the negative information and sometimes the negative information is wrong. It's hard to get the good information out there. There may be a problem at PMC, and it may be addressed well or not well but PR [Public Relations] about the good stuff isn't happening. They [PMC] need to do more PR for their successes and be more involved in the community.
- I'm all for the continuation of a mill to support our local healthcare services. This facility is an anchor and we need it. It has got to run better than it is right now or we are in trouble.
- This hospital needs a really well-put together publicity campaign to turn the tide. They need to get the good words out there. St. Vincent's and Billings Clinic always have advertisements in the paper and so does Livingston. People won't have any problem going to Billings and going to Costco and seeing their doctor.

Business Office

- [The business office] Seems to be accurate. I haven't had any issues.
- Through the school we've maybe had one issue [with a bill] and it was handled really well.

Condition of Facility and Equipment

- We've all become so used to brand new everything. Everywhere around us is building new hospitals.
- We have an old facility, if you get an opportunity to work in a newer hospital people take that opportunity because it's a nicer place to work.
- If I was a young, new doctor I would want to work in a newer facility.

Financial Health of the Hospital

- They [PMC] are spending a lot of money on travelling help when they could just offer to pay local people more money.

Cost

- Cost is comparable.
- Cost is very good.

Office/Clinic Staff

- I think they [office/clinic staff] are trying pretty valiantly.
- I've never had any problems.

Availability

- [Availability] Depends on who you want to see.
- If you're not particular then you will get right in [for an appointment] but if you are particular, you better take a number.

4. Are any of the local providers your personal provider or personal provider to your family members? Why?

- We get care elsewhere because no one [providers] stays here long enough.
- I followed my provider to Livingston.
- They have one really good provider here [at PMC] but she is leaving and I will be following her.
- Ace is great.
- Hannah is great. I will be following her when she leaves.

5. What do you think about these local services:

Emergency Room

- They [ER] do a great job.
- They [ER] are absolutely fantastic. They have wonderful EMTs and volunteer firemen.
- I've never had a problem with them [ER].
- It [The ER] is understaffed sometimes and as a volunteer ambulance service, they end up being there [at the ER] for a longer time because we can't leave the patient unattended.
- Quick responses, they work together well and take good care of you.
- Our volunteer firemen and our EMTs are top notch. We have great emergency services.

Ambulance Service

- This whole upheaval [change in administrators] at PMC has really affected the ambulance service. We are really short staffed.
- Emergency is very, very good. I am not sure about the other side of the door.

Healthcare Services for Senior Citizens

- They [PMC] take blood pressures and give flu shots at our senior center.
- The senior bus works great. They transport seniors to other communities for appointments and stuff.

Public/County Health Department

- The public health nurse position seems to turnover pretty quickly.
- It [public health] is a good, sound program.
- I wonder how many people don't know public health is back because it was gone for a while.

Healthcare Services for Low-Income Individuals/Families

- WIC (Women, Infants, & Children) and programs like it.
- There is some [assistance] through public health.
- SNAP (Supplemental Nutrition Assistance Program) or whatever.
- There is public assistance available.

Nursing Home/Assisted Living Facility

- The first time we were there [nursing home] with our family it wasn't so great, but the second time it was a lot better.
- If we have a shortage of staff our nursing home isn't going to be as helpful as it could be.
- The DON (Director of Nursing) who left was awesome.
- We have to show up if someone falls at the assisted living facility and we have to show up and take them to the ER in the ambulance. The staff at PMC is so stretched that they can't take them down the hall to the ER.
- It [nursing home] is good.
- It [nursing home] is great because it's all attached [to the hospital].
- What I see when I come in here [nursing home] is that the residents don't look very happy. They need more stimulation. I think because they [nursing home] are so short staffed the residents aren't getting the attention that they need.

Pharmacy

- It [pharmacy] is good.
- They just remodeled the whole pharmacy.
- PMC doesn't want to do business with the pharmacy.

6. Why might people leave the community for healthcare?

- Because when we come here [PMC], we feel like a number. Everyone is friendly but you feel like they are trying to get onto the next patient. I don't feel like I trust the facility.

- Continuity of care. We have so many turnovers of staff that it is hard for people to feel like they know their providers. A lot of people go to Livingston because the providers there are always the same.
- This facility is very, very vital to the community.

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

- Ultrasound and mammography.
- More visiting specialists.
- Home health.

Appendix H – Secondary Data County Profile

Sweet Grass County
Secondary Data Analysis
July 23, 2012



	County ¹	Montana ^{1,2}	Nation ²
Leading Causes of Death	1. Heart Disease 2. Cancer 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 3	Montana	Nation ^{3,4}
Stroke prevalence	2.8%	2.5%	2.6%
Diabetes prevalence	6.9%	6.2%	8.3%
Acute Myocardial Infarction prevalence (Heart Attack)	4.3%	4.1%	6.0%
All Sites Cancer	510.8	455.5	543.2

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

³Center for Disease Control and Prevention (CDC) (2012)

⁴American Diabetes Association (2012)

Region 3 (South Central) – Judith Basin, Fergus, Petroleum, Wheatland, Golden Valley, Musselshell, Sweet Grass, Stillwater, Yellowstone, Big Horn, and Carbon

Chronic Disease Hospitalization Rates	County	Montana
Stroke ¹ Per 100,000 population	208.4	182.2
Diabetes ¹ Per 100,000 population	127.3 (Region 3)	115.4
Myocardial Infarction ¹ Per 100,000 population	140.6	147.3

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

Demographic Measure (%)	County	Montana	Nation ^{5,6}
Population ¹	3,790	989,415	308,745,538
Population Density ¹	2.0	6.7	Not relevant
Age ¹	<5 5%	18-64 63%	65+ 14%
Gender ¹	Male 51.3%	Female 48.7%	Male 49.2%
Race/Ethnic Distribution	White ¹ 98.9%	American Indian or Alaska Native ¹ 0.6%	Other ¹ 0.5%
		Black, Asian/Pacific Islanders, Hispanic & Non-Hispanic Ancestry ⁷ 1.7%	
			26.7%

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

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

⁷Black, Asian/Pacific Islanders, Hispanic & Non-Hispanic Ancestry

⁸US Census Bureau (2010)

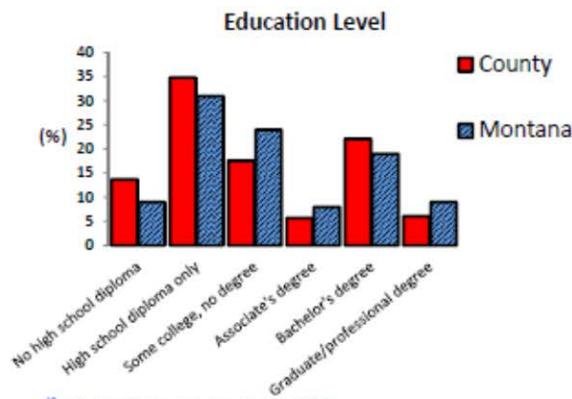
Socioeconomic Measures ¹ (%)	County	Montana	Nation ^{7,8}
Median Income ¹	\$42,229	\$43,000	\$51,914
Unemployment Rate ⁷	3.0%	6.3%	7.7%
Persons Below Poverty Level ¹	11.0%	14.0%	13.8%
Uninsured Adults (Age <65) ¹	26.9%	19.0%	18.2%
Uninsured Children (Age <18) ⁹	N/A	11.0%	10.0%

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

⁷Montana Dept of Labor and Industry, Research & Analysis Bureau. Local Area Unemployment Statistics (LAUS). Non-Seasonally Adjusted Unemployment Rate. (Retrieved April 2012)

⁸Center for Disease Control and Prevention (CDC). Health Insurance Coverage (2011)

⁹Montana KIDS COUNT (2009)



¹⁰Indicators Northwest, Imp. Graph (2011)



Behavioral Health ^{1,2}	Region 3	Montana
Childhood Immunization Up-To-Date (UTD) % Coverage ^{11,††} Age 24-35 months, population size: 12,075 (% sampled: 35.9%)	52.0% (County)	64.3%
Tobacco Use ¹	18.7%	19.3%
Alcohol Use (binge + heavy drinking) ¹	20.8%	22.8%
Obesity ¹	24.2%	21.6%
Overweight ¹	38.3%	37.8%
No Leisure time for physical activity ¹	22.0%	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 3	Montana
Cervical Cancer (Pap Test in past 3 yrs) ¹	84.7%	83.0%
Breast Cancer (Mammogram in past 2 yrs) ¹	73.5%	71.9%
Diabetic Screening ⁵ Percent of Medicare enrollees who received HbA1c screening	Blood Stool ¹	26.5%
	Sigmoidoscopy or Colonoscopy ¹	54.5%
	92.0% (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	32.3	20.3	12.0
Unintentional Injury Death Rate per 100,000 population ¹	70.0	58.8	38.4
Percent Motor Vehicle Crashes Involving Alcohol ¹	9.9%	10.0%	32.0%
Pneumonia/Influenza Mortality per 100,000 population ¹	21.6	19.0	17.5
Diabetes Mellitus ²	43.1	27.1	21.8

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

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

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

¹³Kaiser State Health Facts, National Diabetes Death Rate (2006)

Maternal Child Health ¹	County	Montana	Nation ^{14,15}
Infant Mortality (death within 1 st year) Rate per 1,000 live births ¹	6.1 (Region 3)	6.1	6.7
Entrance into Prenatal care in 1 st Trimester Percent of Live Births ¹	86.3%	83.9%	69.0%
Birth Rate ⁹ Babies born per 1,000 people	10.0	12.8	13.5
Low Birth Weight (<2500 grams) Percent of live births ¹	9.0%	7.3%	8.3%
Neonatal Mortality (under 28 days of age) Rate per 1,000 live births ¹	3.5 (Region 3)	3.3	4.5
Post Neonatal Mortality (28 through 364 days of age) Rate per 1,000 live births ¹	2.6 (Region 3)	2.7	2.2
Pre-Term Birth (<37 completed weeks gestation) Percent of Live Births ¹	10.1%	10.1%	12.5%

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

¹⁴Child Health USA, U.S. Dept of Health and Human Services – Human Resources & Services Administration (HRSA) (2006-2009)

⁹Montana KIDS COUNT (2009)

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

Demographic Trends and Economic Impacts:
A Report for Pioneer Medical Center

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Introduction

This report responds to requests by MHA for the location quotient of the hospital sector in Sweet Grass County and for information on the county's demographics. In addition, the report includes analysis of the economic impact of the hospital sector on Sweet Grass County's economy. Section I gives location quotients for the hospital sector in Sweet Grass County using both state and national employment as the basis of comparison. Section II looks at the demographic profile of Sweet Grass County. Section III presents the results of an input-output analysis of the impact of Pioneer 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 Sweet Grass County were calculated. The first compares Sweet Grass 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) = 1.87
Hospitals Location Quotient (compared to U.S.) = 2.15

A location quotient near 1 indicates that the employment concentration in the county mirrors that of the larger geographic region. In the case of Sweet Grass County, the location quotient of 1.87 indicates that hospital employment in the county is 87 percent higher than one would expect given statewide employment patterns. When compared to the nation, the location quotient is an even higher 2.15. Sweet Grass County probably has high location quotients because staffing a full-service hospital requires a base number of employees regardless of the overall population of the county. Many rural hospitals have high location quotients because, unlike their urban counterparts, they cannot take advantage of economies of scale.

Another way to look at the location quotient is to ask how many employees would be employed in the hospital sector if Sweet Grass County’s employment patterns mirrored the state or the nation. Pioneer Medical Center averaged 134 employees in 2010. This is 62 more than expected given the state’s employment pattern and 72 more than expected given the national employment pattern. In 2010, Pioneer Medical Center accounted for 10.0% of county nonfarm employment and 5.5% 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 3,651 residents of Sweet Grass County. The breakdown of these residents by age is presented in Figure 1. Sweet Grass County’s age profile is similar to that of many of Montana’s rural counties. In 2010, baby boomers were between the ages of 44 and 60 and their presence is evident in the graph. Following the baby boom came the “baby bust,” which is evidenced by the lack of 25 to 39 year olds in the county. In many rural Montana counties, the baby bust is exacerbated by out-migration of young adults

Figure 1: Age Distribution of Sweet Grass County Residents

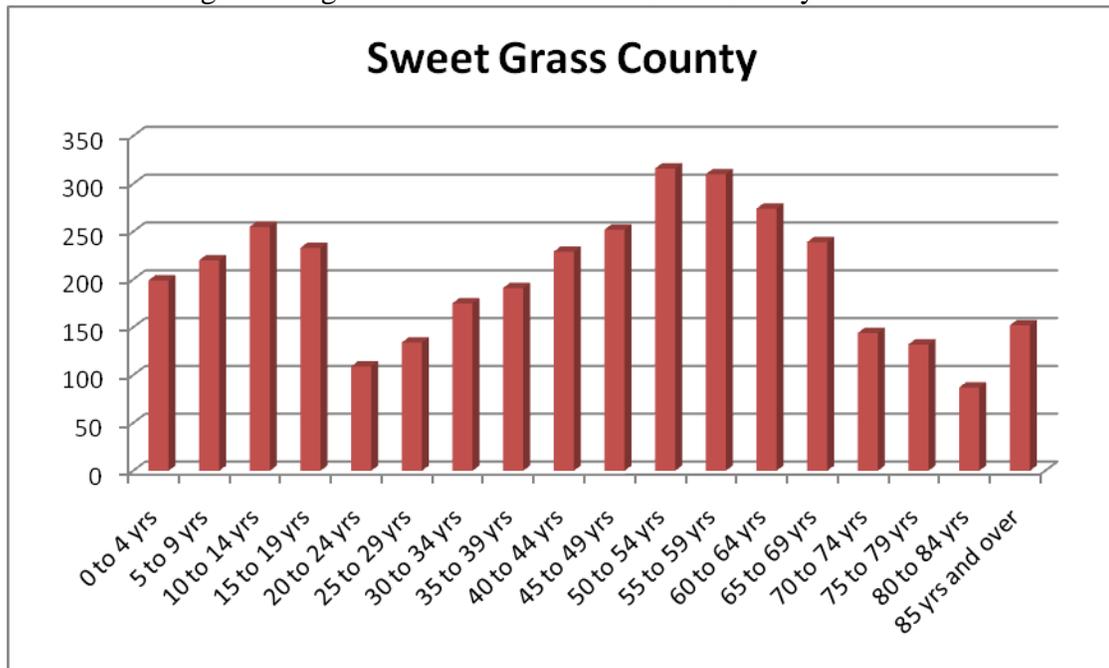


Figure 2: Percent of the population by age groups, Sweet Grass County vs. Montana

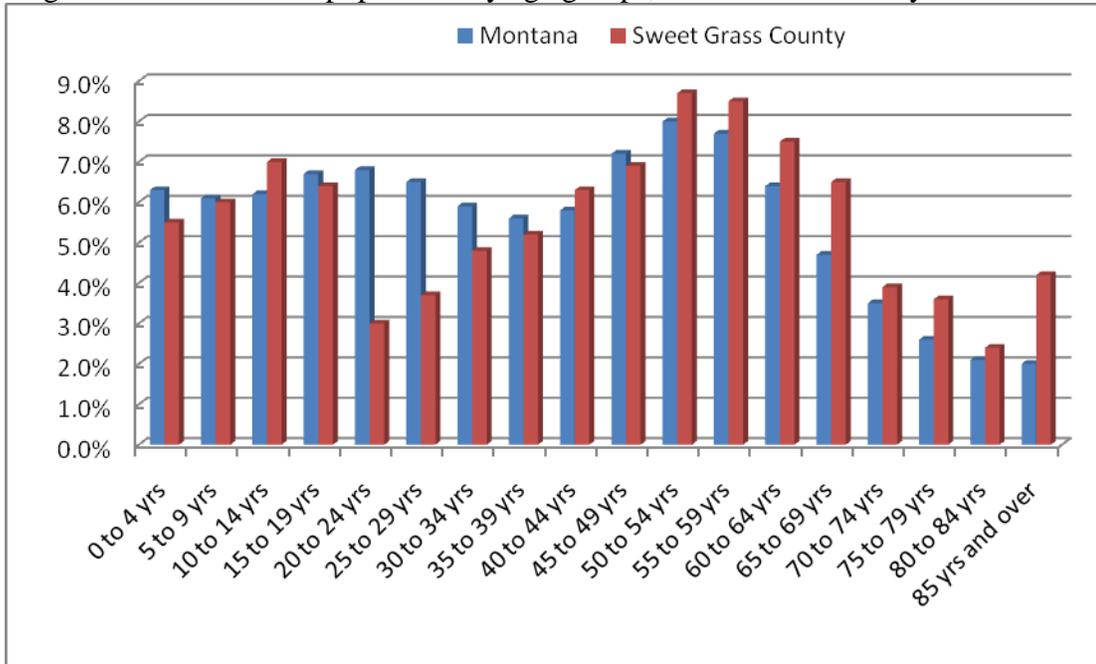


Figure 2 shows how Sweet Grass County’s population distribution compares to Montana’s. A careful examination of Figure 2 and the underlying data reveals that, compared with the State as a whole, Sweet Grass County has a lower percentage of people aged 15 to 39 (23.1 percent vs. 31.5 percent) and a higher percentage of people over 49 (45.3 percent vs. 37.0 percent). According to the 2010 Census, Sweet Grass County had a median age of 46.6, which was higher than the state median age of 39.8. These demographics are important when planning for healthcare delivery 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 Pioneer Medical Center spend a portion of their salary on goods and services produced in Sweet Grass 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 high 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 Sweet Grass County has the following multipliers:

Hospital Employment Multiplier = 1.29

Hospital Employee Compensation Multiplier = 1.49

Hospital Output Multiplier = 1.14

What do these numbers mean? The employment multiplier of 1.29 can be interpreted to mean that for every job at Pioneer Medical Center, another .29 jobs are supported in Sweet Grass County. Another way to look at this is that if Pioneer Medical Center suddenly went away, about 39 additional non-hospital jobs would also be lost in the county (based on 2010 hospital employment of 134). The employee compensation multiplier of 1.49 simply states that for every dollar in wages and benefits paid to the hospital's employees, another 49 cents of wages and benefits are created in other local jobs in Sweet Grass County. Put another way, if Pioneer Medical Center suddenly went away, about \$1,281,733 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 Pioneer Medical Center, output in the county increases by another 14 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 Pioneer 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