Sweet Grass County, Montana

Community Health Needs Assessment Report

Conducted by

Pioneer Medical Center

Big Timber, Montana

With consultation from

The Montana Office of Rural Health

June 2018

MONTANA STATE UNIVERSITY | Office of Rural Health
Area Health Education Center

Sweet Grass County Hospital

Community Health Needs Assessment

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I. Introduction

Pioneer Medical Center (PMC) 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. Pioneer Medical Center has a service area of just under nineteen hundred square miles and provides

medical services to the Sweet Grass County population of approximately 3,623 people. In the spring of 2018, Pioneer Medical Center conducted a Community Health Needs Assessment (CHNA) in consultation with the Montana Office of Rural Health (MORH). Information gathering was accomplished by utilizing steering committee meetings, focus groups, key stakeholder phone interviews, and secondary data analysis. A community Steering Committee enhanced the community's engagement in this assessment process.

II. Health Assessment Process

In April of 2018, a community steering committee was convened to assist Pioneer Medical Center in conducting the CHNA. The Steering Committee is comprised of a diverse group of members representing various organizations and populations within the community, including public health, elderly, uninsured, youth, etc. For a list of all Steering Committee members and their affiliations, see Appendix A.

The Steering Committee met with the MORH twice during the CHNA process; first to discuss health concerns in the community, offer their perspective in reviewing secondary data and discuss potential community focus groups and second, to review the final report and to assist PMC in the prioritization of health needs to address.

III. Environmental Data Scan Methodology

An environmental scan of all relevant data was conducted to gather health, economic, and demographic information for Sweet Grass County. In addition to the data scan, the Montana Office of Rural Health staff traveled to Big Timber and held four focus groups in the spring of 2018. Additionally, two key informant interviews were conducted. The focus group and key informant interview transcripts can be found in Appendix C. For hyperlinks to data sources please see Appendix E.

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 requires 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.

Focus Group Limitations
While focus group data can offer invaluable insight into the perception of a community or group of individuals, qualitative data can be difficult to analyze. For this reason, focus group data are grouped into common themes based on our interpretation of the transcript. To better understand these themes, please review the full transcript in Appendix C.

MORH staff facilitated focus groups for PMC to ensure impartiality. However, given the small size of the community, focus group participants may still be hesitant to express their opinions freely. Personal identifiers are not included in the focus group transcripts, but we are unable to ensure anonymity amongst focus group participants.

IV Findings – Demographics and Socio-Economic Measures

Demographic Measure

Sweet Grass County has a significantly higher 65+ population (22.9%) in comparison to Montana (17.2%). Sweet Grass County also has a lower population of American Indian or Alaska Native residents (0.9%) compared to Montana (6.6%).

Demographic Measure (%)		County[1,3]			Montana[1,2]			Nation[1,2]		
Population		3,623			1,042,520			325,719,178		
Population Density		2.0			6.8			*Not relevant*		
Age		<5	18-64	65+	<5	18-64	65+	<5	18-64	65+
		4.3%	54.8%	22.9%	6.0%	54.7%	17.2%	6.2%	55.5%	15.2%
Gender		Male	Female		Male	Female		Male	Female	
		51.0%	49.0%		50.3%	49.7%		49.2%	50.8%	
Race/Ethnic Distribution	White	94.6%			86.5%			76.9%		
	American Indian or Alaska Native	0.9%			6.6%			1.3%		
	Other †	4.5%			6.9%			21.8%		

†Black, Asian/Pacific Islanders, Hispanic & Non-Hispanic Ancestry
[1] County Health Ranking, Robert Wood Johnson Foundation (2018)   [2] US Census Bureau (2016)
[3] County Health Profiles, DPPHS (2015)

Educational Attainment

Sweet Grass County high school degree attainment surpasses Montana graduation rates. Associate and Graduate degree attainment rates are significantly lower in the county in comparison to state averages.

Highest Degree Attained
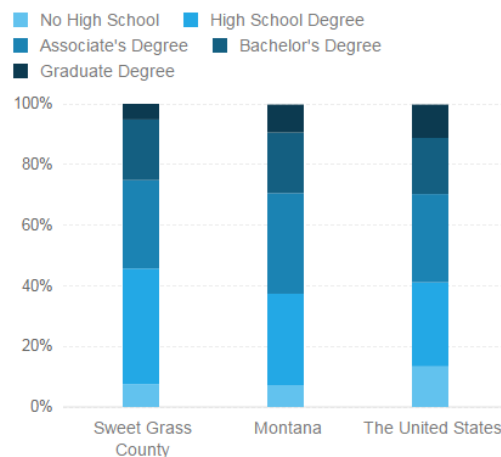
Sweet Grass County

No High School	7.56%
High School Degree	38.10%
Associate's Degree	29.18%
Bachelor's Degree	19.98%
Graduate Degree	5.18%

Montana

No High School	7.56%
High School Degree	29.80%
Associate's Degree	33.57%
Bachelor's Degree	19.85%
Graduate Degree	9.22%

The United States

No High School	13.67%
High School Degree	27.95%
Associate's Degree	29.09%
Bachelor's Degree	18.27%
Graduate Degree	11.01%

[4] National Center for Education Statistics

Socioeconomic Measures

Unemployment rates are lower in Sweet Grass County (3.1%) compared to Montana residents (4.1%). Poverty rates in Sweet Grass County are also slightly lower than state and national averages.

Socioeconomic Measures (%)	County[1,2]	Montana[1,2]	Nation [1,2,5,6,7,8]
Median Income	$50,813	$48,380	$55,322
Unemployment Rate	3.1%	4.1%	4.9%
Persons Below Poverty Level	9.8%	13.3%	12.7%
Children in Poverty	11%	16%	21%

[1]County Health Ranking, Robert Wood Johnson Foundation (2018)
[2]US Census Bureau (2016)
[5]Montana Dept. of Labor and Industry, Research& Analysis Bureau (August 2015)

[6]Center for Disease Control and Prevention (CDC) (2014)
[7] Bureau of Labor Statistics (August 2016)
[8] National Center for Children in Poverty

Insurance Coverage by Age and Gender

Sweet Grass County, MT residents under the age of 18 are the largest age group with Healthcare Coverage in Montana. Both Sweet Grass County and the state of Montana have higher rates of uninsured adults and children when compared to national averages. Rates of uninsured children are more than double the national average in Sweet Grass County at 11%. Men are uninsured at higher rates than women in all geographic categories.

Socioeconomic Measures (%)	County[12]	Montana[12]	Nation [9,15]
Uninsured Adults (Age <65)	14%	16%	8.8%
Uninsured Children (Age <18)	11%	8.0%	5.3%
Uninsured Women	8.5%	8.9%	7.9%
Uninsured Men	10.4%	11.2%	9.6%

[9]US Census Bureau, Health Insurance Coverage (2016)

[12]US Census Bureau, Small Area Health Insurance (2016)

[15]US Census Bureau, Health Insurance Historical Tables (2013-2016)

V. Findings—Community Health

Maternal and Child Health

Women who smoke while pregnant in Sweet Grass County (9.3%) was lower than the Montana average (16.3%). Children who are eligible for free or reduced-price lunch in Sweet Grass County (25.0%) was significantly lower than Montana (46.0%).

Maternal Child Health	County[1,3,22,23]	Montana[1,3]
Births *Between 2011-2013*	89	35,881
Low birthrate	6.0%	7.0%
Smoking during pregnancy	9.3%	16.3%
Children eligible for free or reduced price lunch	25.0%	46.0%
Youth ages 5-17 who have a disability	5.8%	5.3%

[1]County Health Ranking, Robert Wood Johnson Foundation (2018)
[3] County Health Profiles, DPPHS (2015)

[23] MTDH (2014)
[22]Montana Public Health Information System

Behavioral Health

Tobacco use for Sweet Grass County (15%) was lower than Montana (19%). Other behavioral health indicators in Sweet Grass County, such as childhood immunization rates, alcohol use, obesity, and poor mental health days were similar to state rates.

| Behavioral Health	County [1,3]	Montana[1,3,9]
Childhood Immunization Up-To-Date (UTD) % Coverage*	66.7%	65.6%
Tobacco Use	14%	19%
Alcohol Use *(binge + heavy drinking)*	20%	21%
Obesity	26%	25%
Poor Mental Health Days (Past 30 days)	3.1	3.5
No Leisure time for physical activity	21%	20%

[1]County Health Ranking, Robert Wood Johnson Foundation (2018)
[3] County Health Profiles, DPPHS (2015)

[9]Center for Disease Control and Prevention (CDC), National Vital Statistics (2014)

* UTD = 4 DTaP, 3 Polio, 1 MMR, 3/4 HIB, 3 Hep B, 1 Var, 4 PCV by 24 – 35-month-old children

Suicide rate by demographics
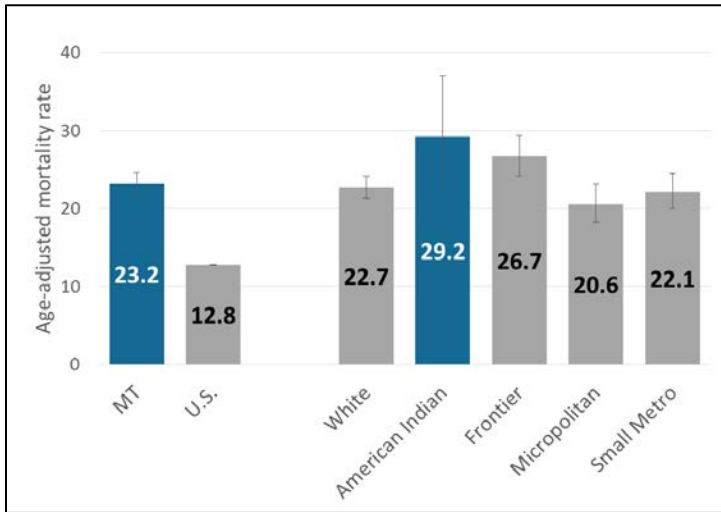
Suicide was the 6th leading cause of death among Montanans from 2011-2015 (DPPHS, 2017). In Montana, there are over 240 suicides each year and over 1,000 Emergency Department visits for self-harm. Additionally, 1 in 10 Montana adults report frequent mental distress ($\geq$ 14 of 30 days of poor mental health) (CDC, 2016).

[11]Montana State Health Assessment, DPHHS (2017)

Seat Belt Use

Four out of five of people who die in motor vehicle crashes are unrestrained by seat belts or appropriate car seats. (DPHHS, 2015). In 2016, 26.2% of adult Montanans reported not wearing a seatbelt when driving, compared to 11.8% of adults in the United States. Additionally, in 2015, 22.3% of Montana students reported not wearing a seatbelt compared to 9.5% of students nationally.
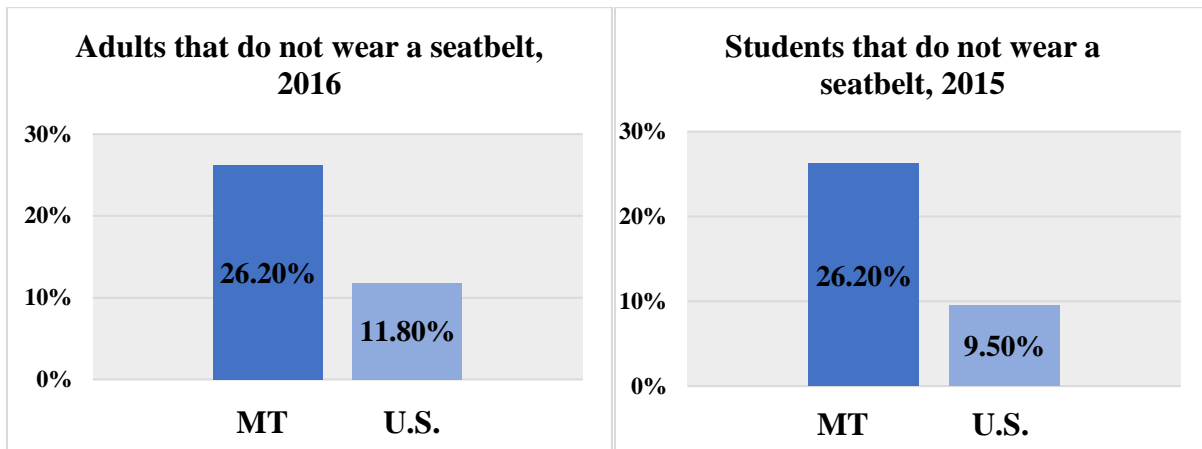
[11]Montana State Health Assessment, DPHHS (2017)

Unsafe Driving
Unsafe driving practices are also high among Montanans. Montana students report texting and driving at a higher proportion (54.6%) than the national average of students in the United States (41.5%).

Students that text and drive, 2015

Montana: 54.60%
United States: 41.50%
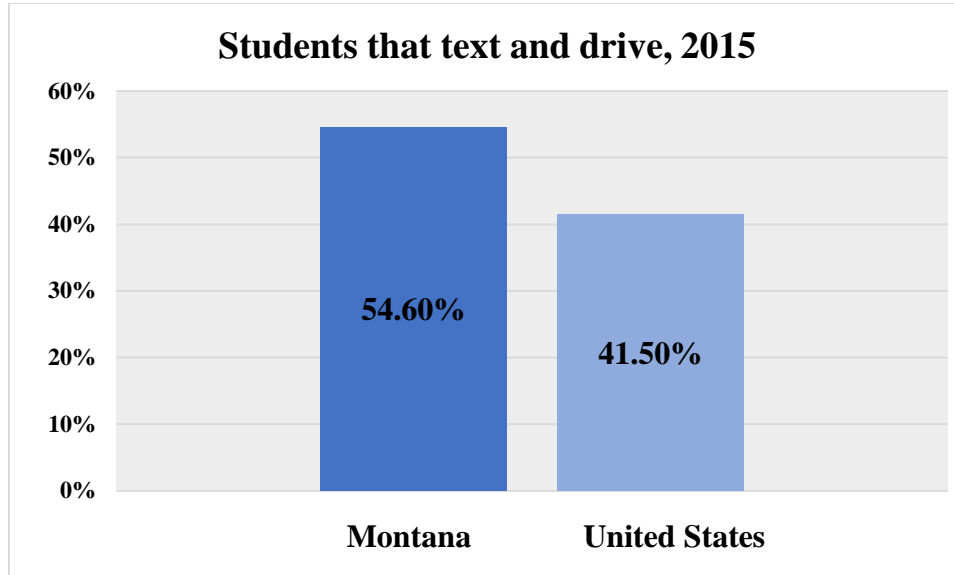
[11]Montana State Health Assessment, DPHHS (2017)

Additionally, 2.7% of adults in Montana report drinking and driving, compared to 1.9% nationally. According the Department of Health and Human Services, strengthening and better enforcement safety policies for motor vehicles can reduce injuries and save lives in Montana communities.

Adults that drink and drive, 2016

Montana: 2.70%
United States: 1.90%
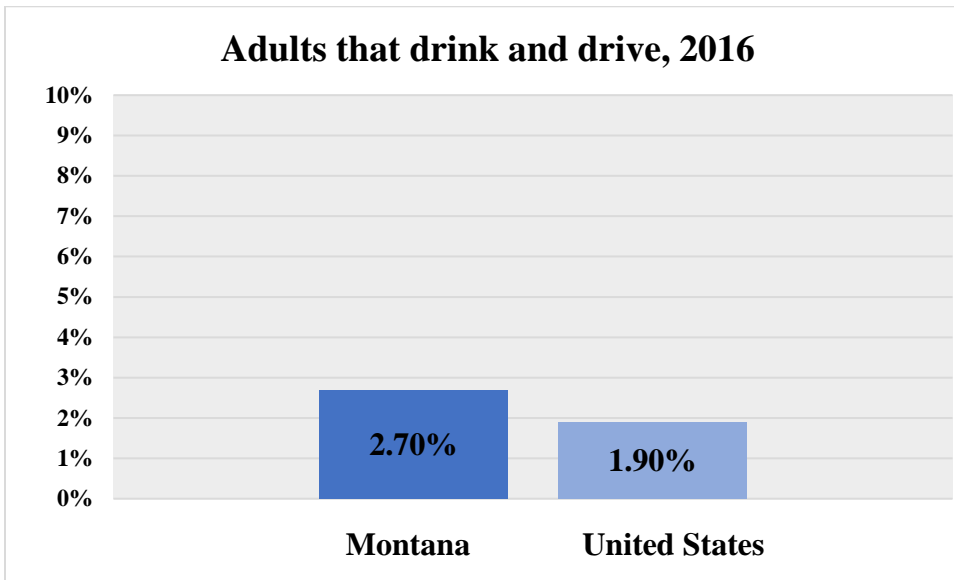
[11]Montana State Health Assessment, DPHHS (2017)

Death, Disease and Injury

Communicable Disease
Sweet Grass County has significantly lower communicable disease rates in comparison to Montana for Chlamydia and Hepatitis C. The county has a higher rate of Pertussis in comparison to Montana.

Communicable Diseases (per 100,000 people)[3]	County	Montana
Chlamydia	110.6	366.24
Hepatitis C	9.2	123.0
Pertussis	64.5	44.6

[3] County Health Profiles, DPPHS (2015)

Chronic Disease
In Montana, more than 1 in 3 adults reported having 2 or more chronic conditions. (DPHHS, 2017). Sweet Grass County has significantly less chronic disease inpatient admission rates in comparison to Montana for chronic obstructive pulmonary disease and diabetes.

Chronic Disease Inpatient Admissions[3]	County	Montana
Chronic Obstructive Pulmonary Disease (COPD) Per 100,000 population	464.8	716.8
Diabetes Per 100,000 population	526.6	822.5
Cardiovascular Disease Per 100,000 population	712.9	746.7

[3] County Health Profiles, DPPHS (2015)

Of Montana adults, over a quarter (26.8%) report chronic arthritis. The next most common self-reported chronic conditions are asthma at 8.9%, and cancer and diabetes both at 7.9%.

Montana Adults with Self-Reported Chronic Condition[11]	
1. Arthritis	26.8%
2. Asthma	8.9%
3. Cancer (includes skin cancer)	7.9%
3. Diabetes	7.9%
4. COPD	5.7%
5. Cardiovascular disease	3.2%
6. Stroke	2.7%
7. Kidney disease	2.5%

[11]Montana State Health Assessment, DPHHS (2017)

Of all Montana adults surveyed in the state health assessment, 38% report having two or more chronic health conditions. As seen in the graph below, 69% of adults with two or more chronic conditions have a disability. Other populations with high rates of multiple chronic conditions include veterans (53%) and residents living in frontier communities (41%).

Percent of Montana Adults with 2+ Chronic Conditions

Category	Percent
All	38%
Frontier	41%
Micropolitan	36%
Small Metro	36%
Disability	69%
No Disability	30%
Veteran	53%
Non-Veteran	35%
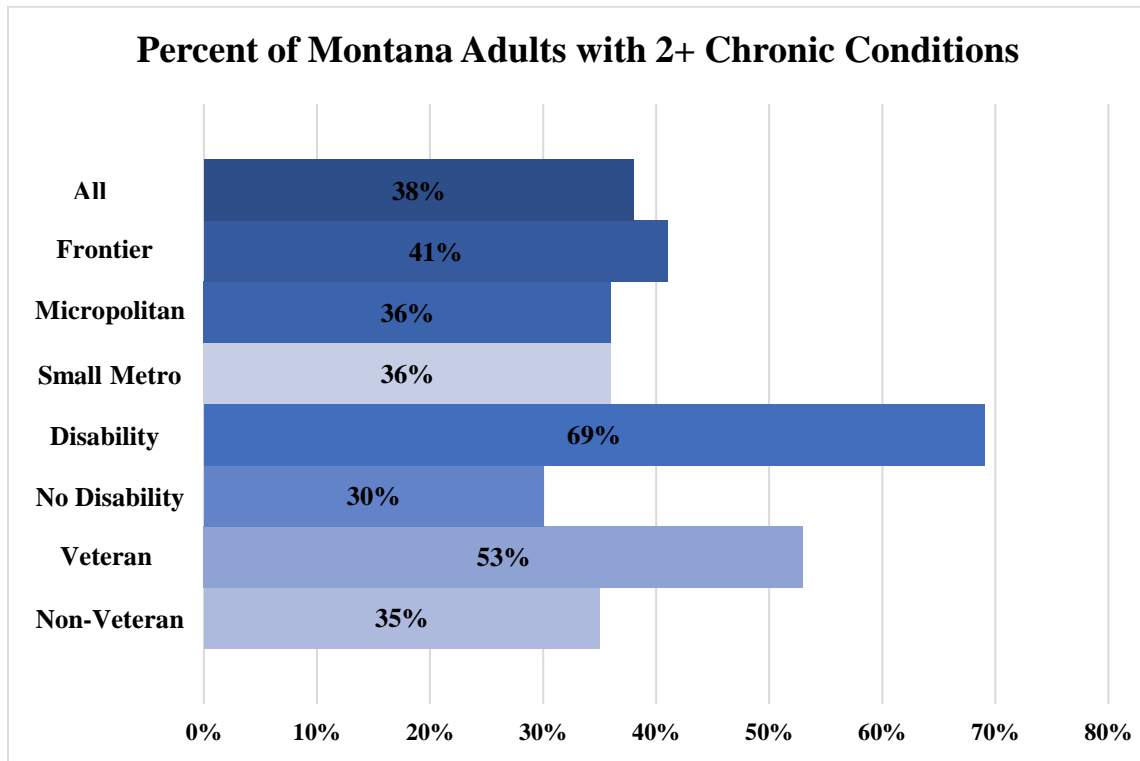
[11]Montana State Health Assessment, DPHHS (2017)

Emergency Department Visits for Injury
All injury rates in Sweet Grass County are lower than state averages.

| Health Indicator (per 100,000 people)[3]	County	Montana
All Unintentional Injury	4,197.4	5,901.8
Falls	1,137.4	2,020.0
Struck by/against	577.6	820.2
Motor Vehicle	243.2	520.0
Traumatic Brain Injury	460.6	649.9

[3] County Health Profiles, DPPHS (2015)

Cancer in Sweet Grass County

Residents of Sweet Grass County have a higher cancer prevalence when compared to Montana and national rates. The most common types of cancer in frontier counties are prostate, breast, and lung cancer.

Cancer Prevalence *Per 100,000 population*	County[3]	Montana[3]	Nation[13]
All Sites Cancer	451.8	439.8	448.7

[3] County Health Profiles, DPPHS (2015)   [13] Center for Disease Control and Prevention (CDC) (2014)

Age-Adjusted Cancer Incidence Rate by Cancer Site, Montana, 2011--2013
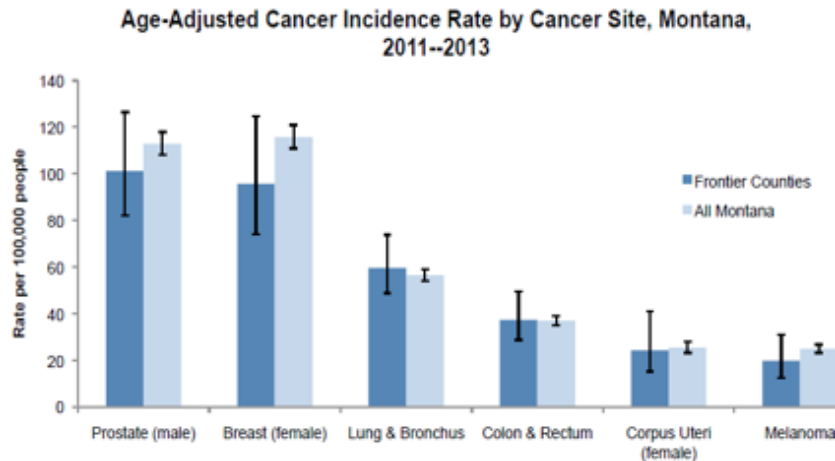
[3] County Health Profiles, DPPHS (2015)

Leading Causes of Death in Montana

Suicide rates in Montana are nearly double the national rate of suicide at 23.8 deaths per 100,000. The specific suicide rate for Sweet Grass County was not available. The leading causes of death in Montana are heart disease, cancer and CLRD (chronic lower respiratory disease).

Mortality	Montana[11]	Nation[10,14]
Suicide Rate per 100,000 population	23.8	12.9
Unintentional Injury Death Rate per 100,000 population	56.8	41.3
Pneumonia/Influenza Mortality per 100,000 population	13.7	15.1
Diabetes Mellitus [2] per 100,000 population	24.4	23.9
Leading Causes of Death	1. Heart Disease 2. Cancer 3. CLRD*	1. Heart Disease 2. Cancer 3. CLRD*

*Chronic Lower Respiratory Disease

[11] Montana State Health Assessment, DPHHS (2017)

[10] Center for Disease Control and Prevention (CDC), National Vital Statistics (2014)

[14] Kaiser State Health Facts, National Diabetes Death Rate (2014)

Causes of Death in Sweet Grass County

Sweet Grass County has significantly higher rates of injury, drug overdose, and motor vehicle crash deaths in comparison to Montana.

Deaths [1]	County	Montana
Motor vehicle crash deaths per 100,000	43	19
Drug overdose deaths (modeled) per 100,000	17.9	11.7
Injury (intentional & unintentional per 100,000)	115	91

[1]County Health Ranking, Robert Wood Johnson Foundation (2018)

Healthcare Workforce

Sweet Grass County has one physician per 1,811 residents, and one Nurse Practitioner (NP) and one Physician Assistant (PA) per 1,811 residents. When compared to the state ratios, Sweet Grass County physician, NP and PA ratios are better than what is typically seen across the state.

Healthcare Workforce	Sweet Grass County		Montana	
	Total	Pop. Ratio	Total	Pop. Ratio
Primary Care Physicians	2	1: 1,811	376	1: 2,773
Physician Assistants (PA)	2	1: 1,811	178	1: 5,857
Nurse Practitioners	2	1: 1,811	327	1: 3,188
Mental Health Providers[1]	n/a	1:1,210	n/a	1:380

[16]Montana Healthcare Workforce Statewide Strategic Plan (2015)

[1]County Health Ranking, Robert Wood Johnson Foundation (2018)

VI. Other Data Resources

The following information is a sampling from a report of aggregate data from Community Health Needs Assessments conducted by the Montana Office of Rural Health (MORH) with Montana Critical Access and rural hospitals from 2015-2017.

The full report can be access via the following link: http://healthinfo.montana.edu/morh/Addressing%20Health%20Needs%20in%20Rural%20Montana.pdf .

Twenty-seven rural and frontier Montana communities were surveyed about healthcare needs and concerns in their area. The number of surveys completed/returned was 4,163 out of 15,851 sent/distributed for a 26.58% response rate.

Community Health

Montana's rural/frontier communities rated the general health of their community on a Likert scale ranging from very healthy to very unhealthy. Overall respondents indicated that they felt their communities were 'somewhat healthy' (55.8%), followed by 'healthy' (34.4%), and 'unhealthy' at 7.1%.
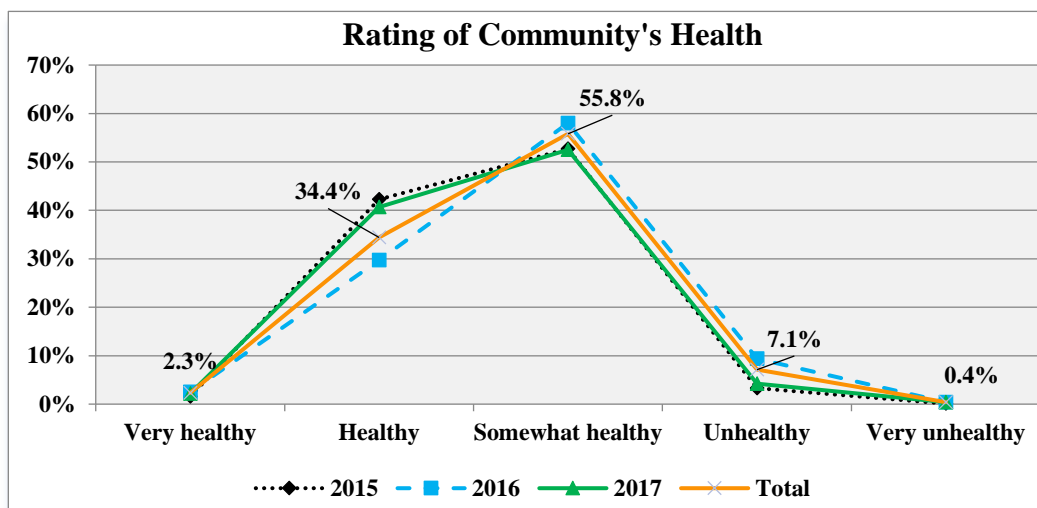
Top Health Concerns

Top three health concerns identified were: cancer (46.1%), alcohol abuse/substance abuse (44.3%), and overweight/obesity (32.0%). The table below shows that while percentages between survey years have fluctuated significantly, cancer (indicated with an asterik*), alcohol/substance abuse, and overweight/obesity have remained as the top 3-4 health concerns for community members. While not in the top 3 perceived health concerns, it should be noted that selection of 'depression/anxiety,' 'mental health issues,' and 'lack of dental care' have all increased significantly since 2015.

Most Serious Health Concerns in Community (respondents could select up to 3)				
	Percent			
Health Concern	**2015** (n=852)	**2016** (n=2,487)	**2017** (n=824)	**Total** (n=4,163)
Cancer*	**56.5%**	**40.2%**	**53.5%**	**46.1%**
Alcohol abuse/substance abuse*	**47.2%**	**61.1%**	**48.2%**	**44.3%**
Overweight/obesity	30.0%	**32.4%**	**32.5%**	**32.0%**
Heart disease*	**32.2%**	19.1%	29.9%	23.9%
Diabetes	18.1%	16.2%	17.5%	16.9%
Depression/anxiety*	14.2%	13.9%	18.0%	14.7%
Tobacco use	13.3%	15.1%	14.0%	14.5%
Lack of exercise	14.7%	12.5%	15.0%	13.5%
Mental health issues*	8.2%	15.7%	12.1%	13.5%
Lack of access to healthcare	8.6%	10.3%	9.1%	9.7%
Lack of dental care*	5.9%	6.3%	8.7%	6.7%
Child abuse/neglect*	2.5%	9.1%	3.4%	6.6%
Motor vehicle accidents	5.3%	5.7%	5.6%	5.6%
Stroke*	6.1%	3.8%	6.7%	4.8%
Domestic violence*	2.6%	5.7%	2.3%	4.4%
Recreation related accidents/injuries*	5.6%	2.9%	3.4%	3.6%
Work related accidents/injuries*	4.8%	1.6%	7.2%	3.3%
*Indicates a significant difference between years. **Bold:** Top 3 responses				

Components of a Healthy Community

Most important components of a healthy community were identified as: 'access to healthcare and other services' (60.5%), 'good jobs and healthy economy' (43.2%), and 'healthy behaviors and lifestyles' (36.6%).

| Components of a Healthy Community (respondents could select up to 3)				
	Percent			
Important Component	**2015** (n=852)	**2016** (n=2,487)	**2017** (n=824)	**Total** (n=4,163)
Access to healthcare and other services*	**67.7%**	**58.4%**	**59.3%**	**60.5%**
Good jobs and healthy economy*	**39.3%**	**46.0%**	**38.6%**	**43.2%**
Healthy behaviors and lifestyles*	**33.1%**	**37.2%**	**38.6%**	**36.6%**
Strong family life	32.6%	31.6%	34.6%	32.4%
Religious or spiritual values*	25.4%	21.1%	26.2%	23.0%
Good schools*	25.8%	19.5%	20.9%	21.1%
Low crime/safe neighborhoods	16.0%	16.6%	18.9%	16.9%
Affordable housing*	15.7%	17.2%	12.4%	16.0%
Clean environment*	9.5%	12.9%	9.8%	11.6%
Community involvement	10.3%	8.5%	8.7%	8.9%
Tolerance for diversity	4.1%	4.3%	3.4%	4.1%
Parks and recreation*	2.3%	4.7%	3.6%	4.0%
Low death and disease rates	3.5%	3.5%	5.0%	3.8%
Low level of domestic violence	1.6%	2.8%	2.1%	2.4%
Arts and cultural events	0.8%	0.8%	0.7%	0.8%
*Indicates a significant difference between years. **Bold:** Top 3 responses				

Access to Care

Top ways to improve access to healthcare were: 'more primary care providers' (39.1%), 'more specialists' (30.8%), and 'improved quality of care' (24.6%).

Improvement for Community's Access to Healthcare (respondents could select up to 3)				
	Percent			
Improvement	**2015** (n=852)	**2016** (n=2,487)	**2017** (n=824)	**Total** (n=4,163)
More primary care providers*	**35.4%**	**43.7%**	**29.0%**	**39.1%**
More specialists*	**28.2%**	**33.1%**	**26.7%**	**30.8%**
Improved quality of care*	**26.3%**	**27.1%**	15.5%	**24.6%**
Greater health education services*	18.4%	23.0%	16.9%	20.8%
Outpatient services expanded hours*	20.4%	15.6%	**18.0%**	17.1%
Transportation assistance	15.3%	18.0%	16.3%	17.1%
Telemedicine*	10.6%	7.4%	12.5%	9.0%
Cultural sensitivity*	3.2%	4.8%	0.6%	3.6%
Interpreter services	1.2%	1.1%	0.5%	1.0%
*Indicates a significant difference between years. **Bold:** Top 3 responses				

Delay of Healthcare

Respondents were asked if they or a member of their household needed healthcare services but did not get them or had to delay getting them. 72.1% of respondents said 'no', signifying that they and their family members did not delay needed care. However, over a quarter (27.9%) indicated they or a family member delayed or not receive needed healthcare services.

Delay of Healthcare*

	2015	2016	2017	Total
Yes	20.8%	31.7%	23.7%	27.9%
No	79.2%	68.3%	76.3%	72.10%
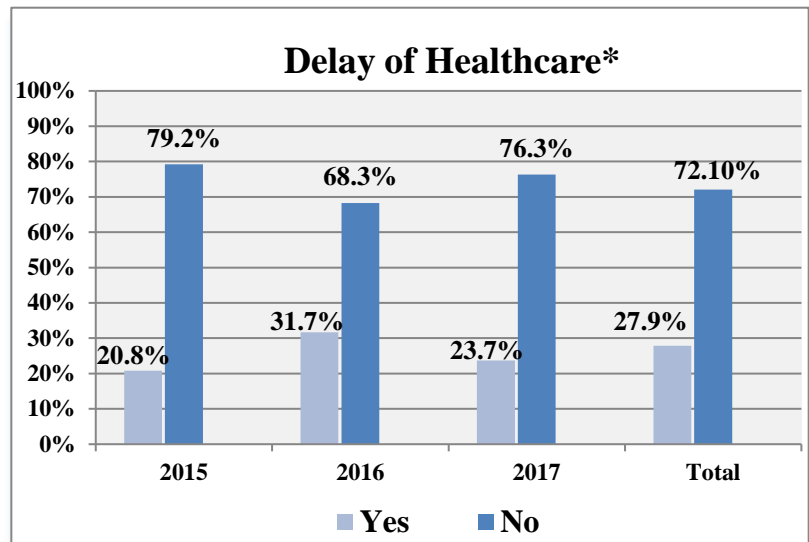
*Significantly more 2016 respondents delayed or did not receive needed healthcare services.

Reasons for Delay

Top reasons for delay or not recieivng services were: 'it costs too much' (42.7%), 'too long to wait for an appointment' (22.3%), and 'my insurance didn't cover it' (20.8%). While 'no insurance' has been significantly declining over the last three years (see table below), those who selected 'my insurance didn't cover it' has been significanlty increasing since 2015. This flip-flop in significance levels may indicate that while more Montanans are insured, their insurance coverage may be insufficient in meeting their healthcare needs.

Reasons for NOT Being Able to Receive Services or Delay in Receiving Healthcare Services (respondents could select up to 3)				
	Percent			
Improvement	**2015** (n=164)	**2016** (n=735)	**2017** (n=178)	**Total** (n=1,077)
It costs too much	**36.6%**	**44.5%**	**41.0%**	**42.7%**
Too long to wait for an appointment*	14.6%	**22.7%**	**27.5%**	**22.3%**
My insurance didn't cover it*	13.4%	**21.5%**	24.7%	**20.8%**
Could not get an appointment*	**18.9%**	18.5%	**29.8%**	20.4%
No insurance*	17.7%	16.7%	9.6%	15.7%
Don't like doctors	17.7%	14.6%	18.0%	15.6%
Office wasn't open when I could go*	**21.3%**	12.8%	11.2%	13.8%
Not treated with respect	14.0%	11.7%	10.7%	11.9%
Unsure if services were available	11.6%	8.8%	5.6%	8.7%
Could not get off work	8.5%	6.7%	5.6%	6.8%
It was too far to go	4.3%	6.1%	10.1%	6.5%
Too nervous or afraid	6.7%	6.5%	5.6%	6.4%
Didn't know where to go	4.9%	4.9%	6.2%	5.1%
Transportation problems	3.0%	4.8%	3.4%	4.3%
Had no one to care for the children	2.4%	1.6%	1.1%	1.7%
*Indicates a significant difference between years. **Bold:** Top 3 responses				

VII. Focus Group/Key Informant Methodology & Summary

Four focus groups and two key informant interviews were conducted in May of 2018. Participants were identified as people living in Pioneer Medical Center's service area.

The focus group and key informant participants were selected to represent various consumer groups of healthcare including senior citizens, local community members or representing a social service organization. Each focus group interview lasted up to 60 minutes in length and followed the same line of questioning. Focus group and key informant interview questions and notes can be found in Appendix C. The questions and discussions were led by Amy Royer with the Montana Office of Rural Health.

Focus Group and Key Informant Summary

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

Improve health of the community:

- More public transportation services
- Increased utilization of tele-med services
- More education on prevention of diseases
- More opportunities to be active
- Increase community knowledge and coordination of community resources
- More mental health services

Most important local healthcare issues:

- Alcohol and drug abuse
- Healthcare services for elders
- Suicide and mental health issues
- Sedentary lifestyles and obesity

Opinion of hospital services:

- Community members appreciate the PT [physical therapy] and audiology services
- Participants are grateful to have a facility in town, so they don't have to travel
- Some community members felt it was difficult to be seen at the clinic
- Participants felt that the hospital services were limited, and more services could be offered at the facility.
- The availability of visiting specialists is appreciated

Reasons for using local providers:

- Nurses and providers are thought to be very knowledgeable
- Community members stay in town for convenience
- Participants trust the providers and feel that they care for them and their family members
- Participants stay in town because they want to support the local healthcare services

Opinion of local services:

- Ambulance services and volunteers are thought be of high quality, but participants indicated that there was a shortage of volunteers
- Quality of care has greatly improved at the retirement center
- Participants spoke highly of the food bank resources

Reasons to leave the community for healthcare:
- Community members leave for OB/GYN services
- Specialty services not available locally
- Some community members may leave town due to privacy concerns

Needed services in the community:
- Optometrist/eye care
- Ultrasound
- Counseling and mental health services
- Elderly foot care clinic
- Dietician and weight loss clinic
- Home healthcare services

VIII. Summary

An environmental data scan and community interviews were conducted to assist Pioneer Medical Center in identifying health issues/needs as well as highlighting those things that are done well to promote health in Sweet Grass County.

The following areas of opportunities represent the significant health needs of the community, based on the information gathered through this Community Health Needs Assessment process. Areas of opportunity were determined after consideration of various criteria, including: comparison to data from local and state sources (environmental data scan); those issues of greatest concern identified by the community stakeholders though focus groups and key informant interviews; and the potential impact of a given issue. Those items in bold were found in both the environmental scan and focus group/key informant interview data.

Areas of Opportunity Identified Through This Assessment	
Access to Healthcare Services	- Barriers to Access - Transportation **Primary healthcare workforce shortage** **Senior services (high proportion of 65+ in county)** - Higher rates of uninsured children (<18 years) - Access to mental health services - Marketing and outreach
Wellness and Prevention	**Overweight & Obesity** - Leisure time for physical activity - Access to recreational opportunities - Sedentary lifestyle
Behavioral Health	- Mental health services - Suicide **Alcohol/drug use** **Higher rates of deaths due to drug overdose**
Death, Disease & Injury	- Seatbelt use - Distracted driving - Suicide deaths - Higher rates of death due to motor vehicle crashes and injury **Higher rates of deaths due to drug overdose**
Chronic Disease	- Rates of 2+ chronic conditions highest in MT frontier communities (41%) - Desire for increased prevention outreach/education **Higher rates of Cancer**

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

The community steering committee, comprised of staff leaders from Pioneer Medical Center (PMC) and community members from Sweet Grass County, convened to begin an implementation planning process to systematically and thoughtfully respond to all issues and opportunities identified through the Community Health Needs Assessment (CHNA) Process.

The community steering committee determined the most important health needs to be addressed by reviewing the CHNA, secondary data, community demographics, and input from representatives representing the broad interest of the community, including those with public health expertise (see Appendix B for additional information regarding input received from community representatives).

Determination of need and priorities were 1) identified by the community though focus groups; 2) identified via secondary data; 3) validated by the community steering committee; 4) reviewed by the health experts on the community committee; 5) assessed to determine if other organizations in the community are addressing the issue; and 6) assessed to determine if the hospital has the capacity to address the issue. The prioritized health needs as determined through the assessment process and which the collaborators will be addressing over the next three years relates to the following healthcare issues:

- Access to healthcare services
- Outreach and education
- Community engagement and collaboration

Pioneer Medical Center then reviewed and discussed these identified priorities to determine which and/or how each needs or opportunities could be addressed considering PMC's parameters of resources and limitations. The committee will develop a thoughtful Implementation Plan (IP) using the additional parameters of the organizational vision, mission, and/or values, as well as existing and potential community partners.

The PMC IP group will create goals to achieve through strategies and activities, as well as the general approach to meeting the stated goal (i.e. staff member responsibilities, timeline, potential community partners, anticipated impact(s), and performance/evaluation measures). This plan will be documented and posted along with the CHNA assessment report as well as being approved by the facility board.

Resources

In prioritizing the health needs of the community, the following list of potential community partners and resources in which to assist in addressing the needs identified in this report was identified. As the steering committee continues to meet, more resources will continue to be identified; therefore, this list is not exhaustive.

- Lion's Club
- Women's Club
- Montana State University County Extension Services
- Wellness Foundation
- Hospitality House
- Montana Department of Labor
- Montana AHEC
- Sweet Grass County Public Health
- Big Timber Cancer Alliance
- Local schools
- Local Police/Sheriff's office
- Big Timber Food Bank
- Billings Clinic affiliation

X. Evaluation of Activity Impacts from Previous CHNA

Pioneer Medical Center's Board of Directors approved its previous implementation plan May 18, 2015. The plan prioritized the following health issues:

- Improve staff retention
- Community health and wellness outreach and education
- Increase cancer and chronic disease awareness

Improve staff retention

- Implementation of 1:1 Rounding
- Implementation of market pay scale reviews
- Revision of exit interviews
- Thank You cards
- Better benefit packages
- Increased communication and transparency
  - Daily Safety huddles
  - Development of monthly newsletter

Community health and wellness outreach and education

- Added Community health worker
- Bi-annual community lab specials
- Diabetic Prevention Program
- Media Monthly Wellness Campaign

Increase cancer and chronic disease outreach

- Cardiac Rehabilitation Program

Appendix A – Steering Committee Members

Steering Committee – Name and Organization Affiliation

1. Daniel Thomasson- City Commissioner
2. Cheri Fjare- Big Timber Food Bank
3. Marci Marsh- Cancer Alliance
4. Alan Ronneberg, Lieutenant- Sweet Grass County Sheriff's Office
5. Bobette Johnson- Big Timber Senior Center
6. Jennifer Chappell, RN-Sweet Grass County Public Health Nurse
7. Linda Bainter, Ombudsmen- Sweet Grass County
8. Susan Sondeno, RN- Big Timber Schools
9. Gary Hamilton, CEO- Pioneer Medical Center

Appendix B – Public Health and Populations Consultation

Public Health and Populations Consultation Worksheet

1. **Public Health**

   a. Name/Organization
      - Jennifer Chappell, RN- Sweet Grass County Public Health Nurse
      - Daniel Thomasson- City Commissioner
      - Alan Ronneberg, Lieutenant- Sweet Grass County Sheriff's Office

   b. Date of Consultation
      First Steering Committee Meeting: 05/02/2018
      Key Informant Interview: 05/25/2018

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

   d. Input and Recommendations from Consultation
   - I think it would be nice to have a walking path around the community that is easily assessable.
   - The community needs more mental health services/counselors and outreach on the current services that are available.
   - Educating people on cancer prevention, smoking and tanning etc. would make the community a healthier place to live.
   - Substance abuse is always an issue
   - Mental health. That's a big one that the sheriff's office deals with all the time. And it increases in the summer because of the transient populations that come through. It is hard to get people into services because the demand is so high
   - One thing that is really hindering getting quality staff at PMC is housing and childcare. If you look at the average income in this town and what rent costs in this town, it is not right. We need more economical hosing options. I have heard of teachers turning down jobs because the cost of living is too high. They can't find a place to live here.
   - Overall, we need to educate and communicate with the community better. There really isn't one resource to get the word out there. The computer isn't always the best way because this is an aging community and a lot of people do not use computers. There is no coordination with services, and it would really add a boost.

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

Population: Low-Income, Underinsured
a. Name/Organization
   - Cheri Fjare- Big Timber Food Bank
   - Bobette Johnson- Big Timber Senior Center

b. Date of Consultation
   First Steering Committee Meeting: 05/02/2018

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

d. Input and Recommendations from Consultation
   - It's not just the bus but also people don't know about the food bank. There are a lot of services here, but people just don't know about them.

Population: Seniors
a. Name/Organization
   - Bobette Johnson- Big Timber Senior Center

b. Date of Consultation
   First Steering Committee Meeting: 05/02/2018

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

d. Input and Recommendations from Consultation
   - At the senior center there is a hospitality bus and its accessible, but we are trying to get more people to use it. We try to get the word out, but it's been difficult.
   - A lot of people here could use home health. I don't know if its lack of awareness about its availability, or the cost.

Population: Youth
a. Name/Organization
   - Jennifer Chappell, RN- Sweet Grass County Public Health Nurse
   - Susan Sondeno, RN- Big Timber Schools
   - Alan Ronneberg, Lieutenant- Sweet Grass County Sheriff's Office

b. Date of Consultation
   First Steering Committee Meeting: 05/02/2018
   Key Informant Interview: 05/25/2018

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

d. Input and Recommendations from Consultation
   - There is nothing for the kids to do here. There's no bowling alley or anything so I feel like we need to build something so the kids have other things to do to keep them from getting into trouble.
   - I work a lot with the schools and a see a lot of mental health needs there.
   - More prevention activities for the younger generations are needed.
   - There are not very many people who are licensed to do mental health in the community.
   - We have had a lot of mental health issues in the schools in the last five years.

Appendix C – Focus Group, Key Informant Interview Questions & Notes

Focus Group Questions

Purpose: The purpose of the focus groups is 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?

Key Informant Interview Questions

By agreeing to participate in this key informant interview, you are assisting Pioneer Medical Center determine the community's perception of local healthcare services and identify important issues. This interview is a part of the facility's Community Health Needs Assessment process.

1. What would make your community a healthier place to live?

2. What do you think are the most important local healthcare issues?

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

Focus Group Notes

Focus Group #1
6 participants (3 male, 3 female)

1. What would make this community a healthier place to live?
   - Education/prevention. Giving people information on cancer prevention, smoking, tanning etc.
   - At the senior center there is a hospitality bus and its accessible, but we are trying to get more people to use it. We try to get the word out, but it's been difficult. It's not just for seniors either. Having this community resource helps people to stay active and socialized without having to rely on a relative.
   - It would be nice to get the word out about services that are available in the community. It's not just the bus, but also people don't know about the food bank. There are a lot of services here, but people just don't know about them.
   - There are two parts- it's the education component and just letting people know what's out there. And it really seems likes a lot of series are going away. If we educate about them better, they would be more sustainable. We have lost mental health and we lost our public services.

2. What do you think are the most important local healthcare issues?
   - Mental health. That's a big one that the Sheriff's Office deals with all the time. And it increases in the summer because of the transient populations that come through. It is hard to get people into services because the demand is so high. We do have some counselors but that's about as high as we go. There are not very many people who are licensed to do mental health in the community. We have had a lot of mental health issues in the schools in the last five years. We just don't have the capability to handle crisis cases here. There has been some talk about expanding tele-mental health.
   - Some of it is drugs and alcohol and others are specifically mental health issues- perhaps they are off their meds.
   - Two churches offer addiction counseling services and could be a partner in this.
   - We do have AA here but would like to see it better attended. We would like to get NA here too.
   - For adolescents and young families there are not too many things to keep them off the couch and active. When they get bored they get into trouble. We need to figure out a way to bring family values back. Once we figure this out a lot of the other drug and violence issues will fall away.
   - We lost the roller rink. There are not a lot of family friendly options. And the county has been taking about this since the 50's and we have never figured out to fund it.

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

Quality of Care
- It's about 50/50 whether people like the providers. Some of it is personality conflicts; some of the public may be frustrated with their skill level.

Number of Services
- For the population of the county I think it is minimal, but sufficient. However, if they added more, they wouldn't be sustainable. With the new providers though, that should be great.
- I wonder if we could ever get a psychiatrist?
- What about an oncologist?
- Absolutely, we have a huge group of cancer survivors. Our community definitely needs more education about how to prevent cancer. We see a lot of breast cancer and colorectal cancer. I would like to see more at the facility with screening for colorectal cancer.

Hospital Staff
- They are great. We may see conflicts because people [patients/family] don't really understand the process. They [PMC staff] are good and making sure the family is involved.

Hospital Board and Leadership
- *Not asked*

Business Office
- *Not asked*

Condition of Facility and Equipment
- For the age of the hospital, it's great. They have done a great job maintain the building. They just got a new CT machine.
- Is very adequate.

Financial Health of the Hospital
- Still in transition from when it was a county hospital, but I think it's getting better. Still wondering how Billings is going to treat us.
- They are looking at how to make adjustments to retain and attract staff. You can now see things in action.
- There is a mill-levy proposed to make improvements to the facility.
- Personally, think people would support it. I feel like the schools, PMC, and a lot of groups are very responsible when asking the community for money.

Cost
- *Not asked*

Office/Clinic Staff
- The nurses are very attentive and caring.

Availability
- We are very fortunate for what we have. When I do need to see a doctor, they get you in. If I really need to see someone they can usually get you in the same day.

4. Are any of the local providers your personal provider or personal provider to your family members? Why?
- I do my primary care here cause its more convenient.
- Some people don't feel comfortable doctoring in a small town because of privacy.

5. What do you think about these local services:

Emergency Room
- The emergency room is just fantastic, and I have seen a lot of emergency rooms.
- I have been to the ER a few times and sometimes we choose to go to Livingston because on the weekend you just don't know who you are going to get.

Ambulance Service
- The only issue they may have is retention of volunteers.
- They have good crews and fairly good response times.
- They continually offer classes to stay current and get more volunteers.

Healthcare Services for Senior Citizens
- There is assisted living, and someone to help with Medicaid and Medicare, meals, transportation.
- A lot of seniors here are extremely active, they are very busy and engaged in the community.

Public/County Health Department
- *Not asked*

Healthcare Services for Low-Income Individuals/Families
- *Not asked*

Nursing Home/Assisted Living Facility
- I know it is hard to keep the beds full in the inpatient facility.
- The nursing home is again 50/50. Some people love it and some people hate it.
- There is senior apartment housing too.

Pharmacy
- Its fine.
- Sometimes access is an issue with their hours. Sometimes you have to wait a few days to get your meds, but that is just living in a small town.

6. Why might people leave the community for healthcare?
   - Specialty care.
   - Sometime your specialty care is connected with St. Vincent's, so people will stay there.
   - VA services.
   - Cancer care and other rehab services. It would be nice to just stay home.
   - Some people may leave because they like a different doctor.
   - Medicare advantage stopped covering nine counties in the program, so some people may have lost coverage to our facility.

7. What other healthcare services are needed in the community?
   - Overall, we need to educate and communicate with the community better. There really isn't one resource to get the word out there. The computer isn't always the best way because this is an aging community and a lot of people do not use computers. There is no coordination with services, and it would really add a boost.
   - Why can't there be some sort of newsletter? That could be a good way to disseminate information.
   - A lot of people were surprised at all the services they learned about at the health fair. In other cities people educate the kids and parents about what services are out there.
   - A big problem we see is that after people are done with the hospital and they get sent home, they still need help and there are no local services. Things like home health and personal assistance at the home. Now that there is rehab here it has made a big difference.
   - A lot of people here could use home health. I don't know if its lack of awareness, or the cost.
   - For some it is pride, people don't want to admit they need help.
   - I think childcare services are an issue. The daycare is full. There are only three daycares available in Big Timber.
   - Families struggle to take positions at PMC or other businesses because there is no day care available.
   - Kids really need good mentors. We lost Big Brother Big Sisters. People need to have someone to look up to.
   - A lot of seniors want to learn how to use computers and perhaps we could connect them with the high schoolers.
   - There is a good network for kids with sports. Unfortunately, a lot of the opportunities are in Livingston or Billings.
   - One this thing that is really hindering getting quality staff at PMC is housing and childcare. The rent costs here are really high, and they might be scaring people off. It's a supply and demand thing. If you look at the average income in this town and what rent costs in this town, it is not right.
   - We need more economical hosing options.

- Yes, I have heard of teachers turn down jobs because the cost of living is too high. They can't find a place to live here.

Focus Group #2
5 participants (2 male, 3 female)

1. What would make this community a healthier place to live?
   - A singles group for senior citizens.
   - More activities for seniors and others to partake in.
   - Better communication and follow-up in the healthcare system.

2. What do you think are the most important local healthcare issues?
   - My main reason for coming is because I know many elderly folks that don't get follow-up care after visiting the hospital. If they don't have a support system, then they are just home alone after a healthcare visit and don't receive the follow-up that they need.
   - Yes, I would add to that. There is no social worker that can go between the providers and the patients.
   - We do know one woman that has a provider come and take her vitals once a week. We aren't sure if her family pays for that or how she obtains that care.
   - There is a lack of follow up from healthcare providers and lack of social support to pick up the slack.
   - Most of the healthcare problems aren't addressed by the PMC. People will go to the PMC and be sent home rather than getting care or a referral.
   - Yes, even in a near emergency. The PMC can be too crowded to see you.
   - Lack of referrals by the PMC.
   - For males we have no choice for a doctor, there is only one male provider and all males are sent to that doctor. We don't get a choice of who we see, and we want someone who understands and will listen to us.
   - There are about 3 female providers and only one male provider.
   - I am just looking for a male or female provider who can understand me and work with me. I would prefer to have more options for providers, or better relationship development between the providers that we have and their patients.

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

   Quality of Care
   - I've been affiliated with PMC for a long time and I prefer a male doctor. We had three, but two of them went elsewhere. My ex-wife worked for PMC for years and I've heard a lot of good and a lot of bad about the hospital.
   - Lab tests are not very good because they aren't being explained well to us by the providers. You never get to see the lab tests even though I think you are required by law to get a copy.

Number of Services
- All services are here except transfer. They will send the patient home rather than transferring them. They are not transferring from the emergency room.
- We have the means (ambulance barn, EMTs, facility) but once people get to these places they are sent home.
- The services are available but are not implemented correctly or carried through.
- In a few instances there were emergencies and instead of taking care of people here there say they cannot handle it and send people on their way.
- With the VA it's a totally different story because you have to call in and get permission to see someone since there are places that will not accept a VA
- Yes, they have VA facility here because they were accepted.
- However, there is a lack of continuity and people don't know that they can be seen through VA services here.

Hospital Staff:
- There are so many traveling staff so it's hard to get the continuity you need to get good care.
- They do not have the staff to run the new machines – we do not have the competent staff to run these things.
- They run a lot of unnecessary tests and are over diagnosing
- They are very personable.
- PMC can't keep their personnel long-term.

Hospital Board and Leadership
- We know a few of the board members.
- One of the people that I know on the board doesn't seem to support what the community supports.

Business Office
- Very nice. However, you end up getting the same paperwork over and over again. This is likely not just our hospital but due to Medicare.
- Lack of proper follow-through and communication with insurance billing.
- I never have to pay at other facilities because with my Medicare and supplementary insurance, everything is usually covered. At PMC, I always have to pay even though they say that they have run the supplementary.

Condition of Facility and Equipment
- I have no problem with the facility.
- I prefer to go to Livingston for a blood test because they don't test the right things here.
- Clean and updated.

Financial Health of the Hospital
- They must pay traveling personnel frequently. Many of the medical professionals that live here choose to work outside of the area (in Livingston, etc.) if they can afford to drive

Cost
- It is difficult for me to think of PMC as a non-profit hospital because all they do is think about profit. Hospice care is $99 per day for each patient that is in care. My thought is that that is why management is so focused on hospice. To bring funds into the hospital rather than providing the care that the community needs.
- It seems like the new machines are used as money makers to rack up the bills rather than being useful.
- I think insurance covers the ER pretty well.

Office/Clinic Staff
- Very pleasant.
- Very friendly and helpful.

Availability
- They are very available.
- If you wanted to make an appointment, you could get in fairly quickly.

4. Are any of the local providers your personal provider or personal provider to your family members? Why?
- Yes, I only go to PMC for emergencies.
- I will often leave town because they lose my records or don't correctly provide care.
- I have new insurance and I have to go in-network and the network got very tight. I had a specialty doctor in Bozeman that I really liked but now I can't see him because he is out of network at this point.
- For me, the out-of-network problem has been getting a lot better recently.
- It seems that just the specialists are out-of-network.
- Convenience. I don't want to drive to Billings when I have the flu or an emergency.

5. What do you think about these local services:

Emergency Room
- There is an issue with making referrals and follow-up care.
- It doesn't make sense to go into the doctor and then be sent home multiple times before obtaining a referral to a specialist.

Ambulance Service
- Excellent.
- The facility is very nice.
- The ambulance/helicopter comes promptly.

Healthcare Services for Senior Citizens
- Lack of home healthcare
- There aren't any services for in-home help such as cleaning.
- There is a service where you can arrange for a companion to take you to appointments. I think the county arranges this.

- We don't have a social worker here.
- Our Senior Center gives flu shots and takes our blood pressure.
- We have a high proportion of senior citizens in Big Timber and it would be nice to see a singles group or another way to connect with other seniors.

Public/County Health Department
- For an hour or two hours per week there is a public health nurse, family services, and mental health through the county. This isn't known to many people and has limited hours.
- If a low-income individual needed these services, they may not know about them.
- Word of mouth may help to raise awareness of these services.
- People ask a lot of questions about services but don't get many answers.

Healthcare Services for Low-Income Individuals/Families
- There is a lack of communication about resources available.

Nursing Home/Assisted Living Facility
- No problems with the nursing home.
- There are also subsidized senior apartments, but most people don't qualify so they are empty.
- There is nothing for people to do here so they go somewhere else. No movies, plays, or sporting events – everything closes at 5 pm.
- No bus at the assisted living home to transport people.
- People can get into these facilities if they can afford them.
- If I had a choice of nursing homes here or in Livingston or Billings, I would choose to go elsewhere.
- My mother was a resident at the nursing home for 9 years and I had no problems with her care. I think people are generally happy with their care at the nursing home. The small community provides good support and activities for residents.
- People are happy with the personal care, diet, and activities of the nursing home.

Pharmacy
- People use it a lot since there is a pharmacy.
- A lot of the supplements are mail-order.
- I don't use it often because it always costs more since they aren't in the network. I order out of town.
- You have to get the doctor's approval to obtain a mail-order prescription and most people want to give prescriptions to local places. I don't want to put people out of work.

6. Why might people leave the community for healthcare?
   - To see specialists.
   - Because they don't trust the facility here.
   - It would be nice if we had as many options for specialists that we could.

7. What other healthcare services are needed in the community?
   - Better referrals from PMC.
   - Specialists in town: urologist (visiting), cardiologist (visiting)
   - There are lots of visiting specialists, but we may need better coordination.
   - Having the specialists in town be in network.
   - A lot of the problems come back to urgent services.
   - If you want to see a mental house counselor, you go to the courthouse. That should be merged with the medical facility so that it would be regarded as a sickness.

Focus Group #3
3 participants (1 male, 2 female)

1. What would make this community a healthier place to live?
   - Indoor swimming pool.
   - More recreational opportunities to be active in general.
   - Especially in the wintertime.
   - More family-friendly activities.
   - The gym in town is expensive so not a lot of people can afford it.
   - There is a gym and somebody who does yoga classes also the high school has an open gym.

2. What do you think are the most important local healthcare issues?
   - Heart disease.
   - Diabetes.
   - There is a lot of chronic illnesses.
   - Behavioral health issues including depression and substance abuse without support issues.
   - There is no chemical dependency counseling (recently lost provider from county).
   - No mental health care services (statewide).

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

   Quality of Care
   - What PMC does, it does well.
   - Other facilities can do better because they offer more.

   Number of Services
   - The services that PMC offers is limited.
   - I don't think we are on par for services for our size.
   - There are a lot of things that we lack that would be important for providing quality care. There are many services that other hospitals offer in the area that we don't have.
   - Limited visiting specialists.

- It is difficult to get specialists to come.

Hospital Staff
- *Not asked*

Hospital Board and Leadership
- The community does not know where their money is going. The CEO does not seem to want to listen to the community.
- There have been management issues. PMC's had new management within the past year and a history of inconsistent management/mismanagement.
- Employee satisfaction with work environment is lower than ideal.
- PMC needs a management team that listens to people who have experience in healthcare in Big Timber.

Business Office
- I hear "incompetence" from community regarding insurance and billing and receiving statements.
- In-house billing.
- Insurance claims are incorrect or take a long time.

Condition of Facility and Equipment
- They need a new facility.
- It would be nice to have the clinic remodeled for better flow.

Financial Health of the Hospital
- *Not asked*

Cost of services
- Equitable to other places. It's expensive everywhere.
- Seems to be the same as similar clinics.

Office/Clinic Staff
- Horribly understaffed.
- The staff that is there are great but need help.

Availability
- People are able to be seen same day or next day.
- Good.
- Never seems to be perceived as fast enough.

4. Are any of the local providers your personal provider or personal provider to your family members? Why?
- Yes.
- Convenience.
- A lot of staff members receive medical care at PMC.

5. What do you think about these local services:

Emergency Room
- Likely the most popular resource for the community.
- Respected in the community.
- The hardest piece of the facility to run due to finding well-trained nurses and transports to ER.

Ambulance Service
- Understaffed because it is mostly volunteer-run.
- Paramedics are paid, EMTs are volunteers.

Healthcare Services for Senior Citizens
- Hospitality house (Senior Center) does a fairly good job.
- Monitoring blood pressure consistently, monthly field trip to Billings.
- We have an assisted living and nursing home.

Public/County Health Department
- Role has grown over the past years.
- Have had a public health nurse for 10 years or so.
- Offer vaccination services at PMC.

Healthcare Services for Low-Income Individuals/Families
- There's WIC.
- VFC (Vaccine for Children- state funded for low income or underinsured) at Public Health office and PMC.
- Sliding fee scale at PMC is minimal.
- Many people go to Community Health Partners (CHP) in Livingston or Bozeman for their sliding fee scale.

Nursing Home/Assisted Living Facility
- We have both in Big Timber.
- The activities are limited.
- I think it's overpriced for what you get: a lot of meals but minimal stimulation.
- Several seniors will leave for Billings or Livingston to get more activities.

Pharmacy
- Some people say that it is more expensive but worth it since it is convenient.
- They do not have the 540-B program.
- Owned by a pharmacist that just took over. Local pharmacist did not support the 540-B program.
- A lot of people are loyal to supporting the local pharmacy.

6. Why might people leave the community for healthcare?
    - Lack of services.
    - Turmoil or rumors about the healthcare at PMC.

7. What other healthcare services are needed in the community?
    - We need an optometrist (eye specialist).
    - More mental health and substance abuse services and support.
    - An ultrasound and MRI.
    - More robust transport services/ambulance services.
    - Avera ER service.
    - More visiting specialists.
    - Need a visiting cardiologist.
    - Speech therapy.
    - An ultrasound program, PMC doesn't have staffing for it now.

Focus Group #4
5 participants (2 male, 3 female)

1. What would make this community a healthier place to live?
    - Better sidewalks. A lot of the sidewalks need repair and some areas don't have sidewalks.
    - More home health services.
    - I know that a woman is coming from Livingston and starting to provide home health services starting a couple of months ago. I'm not sure if it has caught on, or how that's going though.
    - It would be nice if it were community driven and regardless of ability to pay.
    - Public transportation for those who can't drive. Both out and within town.
    - Transportation to the hospital.
    - There are some events from the Senior Center in which they use a bus but not on a regular basis.

2. What do you think are the most important local healthcare issues?
    - Big Timber is an aging population, so we see a need for healthcare for older populations.
    - Helping seniors transition from home to nursing home or more of an assisted living situation.
    - A cardiac care unit has been opened in Big Timber, which is very good and accessible. That way people don't have to drive to Livingston for care. My husband has utilized this service and found it very valuable.
    - I think that we have the PMC and clinic is very advantageous.

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

   Quality of Care
    - I've been impressed each of the times that I have utilized the services.

- I appreciate the specialists that they have come to the hospital. I have used them in the winter when I don't want to drive to Billings.
- I think they used to have a better variety of rotating specialists.

Number of Services
- Having the PMC is very helpful, and many people don't have the care that we do.
- Perhaps more specialists such as cardiology would be helpful.
- It is hard to be 60 or 80 miles away from a bigger hospital with the winters that we have. We have had to all cancel some appointments in the winter. It would be nice to have the services in town.
- Hospice care is something that we do not want to go away. We need the support of the PMC to maintain that. Hospice care is very crucial to many people.
- Physical therapy department is very good. I would love to see some exercises for those who can't do strenuous exercises.

Hospital Staff
- Knowledgeable.
- Seems like there hasn't been much continuity in the past few years.
- Yes, when we were first here, we knew everyone in the hospital. But now there is a wide variety of support staff.
- It would be nice to have familiar support staff.
- I've never had a problem with anyone I've ever seen at the PMC.
- I've found them to have a good quality of service.

Hospital Board and Leadership
- Seem to be playing Russian roulette with some of the employees including CNAs and nurses. There is a high turnover rate.
- Don't know any of them.
- It seems to be in a bit of turmoil.
- I'm in opposition of a lot of it. Some of the people on the Board have been on it for too long. New blood can be good for the hospital. I'm not sure it's a good cross-section of our community. Sometimes I'm not sure if they have a good representation of the community.
- The community may benefit from knowing what is going on with leadership more than we do.
- There have been a lot of feelings (I'm not sure if they are good or bad) since the change of ownership of the hospital.
- Becoming affiliated with Billings Clinic has been perceived negatively by the community.
- Yes, I mean I know there are good aspects of the change, but it seems to be perceived as negative by the community. A loss of identity of the Sweet Grass community.
- The records between the two hospitals have been really convenient.
- Yes, that also occurs when we go to Bozeman Clinic.
- They can get the information very quickly.

Business Office
- They're local girls. Once we got a bill 2 years late and we didn't know where it came from. We called, and they explained it well. Those people are still part of our community.
- I also had a bigger miss-bill and they solved it on their own and fixed it.
- They are willing to work with you.
- I recently went onto Medicare and this is the only facility that hasn't messed it up.

Condition of Facility and Equipment
- Clean.
- They keep adding new things. They have a new Cat-scan machine that is helpful.
- Trying to move forward even though it is a small community.

Financial Health of the Hospital
- We don't get reports about this anymore, so I have no idea.
- It has always been up and down as far as finances since I have been here.

Cost
- I don't know if the costs are comparable because I don't know what it costs to go other places.
- Medicare and a supplement seem to cover most.
- They seem to be consistent with other places in the region.

Office/Clinic Staff
- Very friendly.
- Nice.
- We know most of them.
- Most of the people that they hire for things like that are local, so you recognize their faces.

Availability
- I could get an appointment very quickly.
- It is easy to get in to see a provider.
- Almost always can be seen when you need it.
- I was able to be seen within a week when I first arrived.

4. Are any of the local providers your personal provider or personal provider to your family members? Why?
- I don't want to lose the service.
- It's very important for emergencies.
- Wanting to support the facility.
- I don't want to drive to Billings or Livingston; convenience.
- I want a doctor close by.
- They have a proper focus on acute care and then they refer you somewhere else.
- The older you get, the less you want to drive out of town.

5. What do you think about these local services:

Emergency Room
- Every time I've used it, it's been there for me.
- One time I had to wait 5 hours for the doctor to arrive at the hospital.
- I broke my arm and had to wait 3 hours in a different ER so that is normal for many ERs.

Ambulance Service
- They're here and doing their job.
- Professional.
- Known for speed.
- A new ambulance would be helpful.
- They're very nice and have a fast response time.

Healthcare Services for Senior Citizens
- We have a very active Senior Center compared to other communities. We have 30-40 people show up for lunch. They have great camaraderie and excellent food.
- They have a lot of activities that bring people out and keep them active.
- They have Meals on Wheels and some transportation.

Public/County Health Department
- I don't know what they offer.

Healthcare Services for Low-Income Individuals/Families
- There is a food bank twice a week.
- The senior pantry provides food to those over 60 and low income which includes fresh food, meat, and eggs. We have about 46 clients.
- The food bank also receives fresh donations.

Nursing Home/Assisted Living Facility
- They try very hard to have activities almost every day.
- They seem to be going through a transition from double beds to single beds which means that there are less people for activities and the cost is higher.
- It would be nice if there were a bit more interaction in the staffing of the nursing home and the assisted living. Then the people in the nursing home could help those in the assisted living. Higher quality of care in the assisted living home.

Pharmacy
- It's pretty good.
- The pharmacist just retired so we're not sure what will happen.
- We're lucky to have one and many towns don't.

- We only have one and the pharmacist was very reliable. Now the owner is here, and his heart isn't in it, so we have less continuity.
- The technicians are very good.
- In some communities, the hospital has taken over the pharmacy.

6. Why might people leave the community for healthcare?
   - Grass is greener…
   - To see specialists.
   - Personality. We have limited doctors here to choose from, so it may be a clash of personalities.
   - The brand-new facility in Livingston draws people in.

7. What other healthcare services are needed in the community?
   - Mental health services.
   - More visiting specialists (cardiology).
   - Post- PT exercise classes.
   - Eye-doctor.
   - Continuity of care.

Key Informant Interview Notes

Key Informant Interview #1

1. What would make your community a healthier place to live?
   - I walk at the gym and the high school track. A couple of places to walk would be nice. Better access to walking for people like myself that use a cane.
   - More opportunities to be physically active.

2. What do you think are the most important local healthcare issues?
   - I have no idea.
   - Illnesses related to old age.
   - I think the quality of care is good here. The staff and providers are competent.
   - People like to stay in town and use healthcare services out of convenience. Why spend your gas going somewhere else?

3. What other healthcare services are needed in the community?
   - It would be nice if they had a senior citizen playgroup. something like the Shane Lalani Center for the Arts in Livingston.
   - Podiatry specialist for seniors.
   - Dermatology specialist.
   - A community center to house activities.

Key Informant Interview #2

1. What would make your community a healthier place to live?
   - Educational prevention activities in the schools.
     o Even education to adults on mental health and prevention would be good.
   - There is nothing for the kids to do here. There's no bowling alley or anything so I feel like we need to build something so the kids have other things to do to keep them from getting into trouble.
   - I think it would be nice to have a walking path around the community that is easily assessable.

2. What do you think are the most important local healthcare issues?
   - Mental health is a big one here. We don't have a lot of services for that. Seems like there have been a lot of suicides in the last several years.
     o I work a lot with the schools and a see a lot of mental health needs there.
   - More prevention activities for the younger generations.
   - Substance abuse is always an issue. Mostly I see alcohol as an issue. Especially with the younger generation.

3. What other healthcare services are needed in the community?
   - Walking paths.
   - More mental health services/counselors and outreach on the current services that are available.

Appendix D – Public Comments

Appendix E- Secondary Data Resources

[1]County Health Ranking, Robert Wood Johnson Foundation (2018)
[2]US Census Bureau (2016)
[3] County Health Profiles, DPPHS (2015)
[4] National Center for Education Statistics
[5]Montana Department of Labor and Industry, Research & Analysis Bureau (August 2015)
[6]Center for Disease Control and Prevention (CDC), Health Insurance (2014)
[7] Bureau of Labor Statistics (August 2016)
[8] National Center for Children in Poverty
[9]US Census Bureau, Health Insurance Coverage (2016)
[10]Center for Disease Control and Prevention (CDC), National Vital Statistics (2014)
[12]US Census Bureau, Small Area Health Insurance (2016)
[11]Montana State Health Assessment, DPHHS (2017)
[13]Center for Disease Control and Prevention (CDC) (2014)
[14] Kaiser State Health Facts, National Diabetes Death Rate (2014)
[15] US Census Bureau, Health Insurance Historical Tables (2013-2016)
[16]Montana Healthcare Workforce Statewide Strategic Plan
[17] American Hospital Association 2017 Environmental Scan
[18]Goals and Directives, Montana Hospital Association (2016)
[19]Montana Primary Care Needs Assessment, DPHHS (2016)
[20]Addressing Health Needs in Rural Montana, MORH (2017)
[21]Data USA: Big Timber, MT
[22]Montana Public Health Information System
[23]MTDH (2014)
[24]United States Census (2010)