

**Central Montana Medical Center  
Community Needs Assessment and Focus Groups  
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**Fergus County Community Survey  
Summary Report  
April 2013**

**I. Introduction**

Central Montana Medical Center (CMMC) is comprised of a 25-bed Critical Access Hospital and 64-bed nursing center. CMMC provides a full range of services from 24-hour emergency room, ambulance, full-range rehabilitation services, obstetrics, home health and hospice care, in/out-patient surgery, state-of-the-art radiology services, and a community fitness center. CMMC provides healthcare services to the Lewistown community and surrounding areas comprised of well over 17,000 square miles. Central Montana Medical Center participated in the Community Health Services Development (CHSD) Project administrated by the Montana Office of Rural Health and the National Rural Health Resource Center (NRHRC) in Duluth, Minnesota.

In the winter of 2013, Central Montana Medical Center's service area was surveyed about its health care system. This report shows the results of the survey in both narrative and chart formats. At the end of this report, we have included a copy of the survey instrument (Appendix D). Readers are invited to familiarize themselves with the survey instrument and then look at the findings. Our narrative report touches on the highlights while the charts present data for virtually every question asked. (Note: we are able to compare some of the 2013 survey data with data from the 2009 survey. If any statistical significance exists, it will be reported. Significance level was set at 0.05).

**II. Health Assessment Process**

A Steering Committee was convened to assist Central Montana Medical Center in conducting CHSD. A diverse group of community members, representing various organizations and populations within the community (ex. Public health, elderly, uninsured) came together in October 2012. 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 January 2013, surveys were mailed out to the residents in Central Montana 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, and reasons for selection
- Local health care provider usage
- Services preferred locally
- Perception and satisfaction of local health care

## **Sampling**

Central Montana 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 800 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).

Three focus groups were held to identify the motives of local residents when selecting health care providers and discover reasons why people may leave the Lewistown area to seek health care 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. Focus groups were facilitated by Ann Tuss, Community Relations and Foundation Manager at Central Montana Medical Center.

## **Information Gaps**

### **Data**

It is a difficult task to define the health of the 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 continue 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 Center, Senior Center, just to name a few, helps to reach segments of the population that might not otherwise respond to a survey or attend focus groups.

### **Survey Implementation**

In January, the community health services survey, a cover letter from the National Rural Health Resource Center with Central Montana Medical Center CEO's signature on Central Montana Medical Center's letter head, and a postage paid reply envelope were mailed to 800 randomly selected residents in the Central Montana Medical Center's service area. A news release was sent to local newspapers prior to the survey distribution announcing that Central Montana Medical Center would be conducting a community health services survey throughout the region in cooperation with the Montana Office of Rural Health.

As shown in the table below, 288 surveys were returned out of 800. Of that 800, 63 surveys were returned undeliverable for a 39% response rate. From this point on, the total number of surveys will be out of 737. 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 4.37%.

#### IV. Survey Respondent Demographics

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A total of 737 surveys were distributed amongst Central Montana Medical Center's service area. Two hundred and eighty-eight were completed for a 39% response rate. The following tables indicate the demographic characteristics of the survey respondents. Information on location, gender, age, and employment is also 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 33)

2009 N= 298

2013 N= 288

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

Location	2009		2013	
	Count	Percent	Count	Percent
59457 Lewistown	<b>209</b>	<b>70.1%</b>	<b>211</b>	<b>73.3%</b>
59032 Grass Range	7	2.3%	<b>14</b>	<b>4.9%</b>
59464 Moore	10	3.4%	<b>11</b>	<b>3.8%</b>
59452 Hobson	10	3.4%	9	3.1%
59489 Winifred	8	2.7%	8	2.8%
59430 Denton	<b>11</b>	<b>3.7%</b>	7	2.4%
59462 Moccasin	7	2.3%	7	2.4%
59479 Stanford	10	3.4%	7	2.4%
59451 Hilger	8	2.7%	4	1.4%
59471 Roy	0	0	3	1.0%
59447 Geyser	3	1.0%	1	0.3%
59087 Winnett	5	1.7%	1	0.4%
59453 Judith Gap	4	1.3%	0	0
No Answer	6	2.0%	5	1.7%
<b>TOTAL</b>	<b>298</b>	<b>100%</b>	<b>288</b>	<b>100%</b>

“Other” comments:

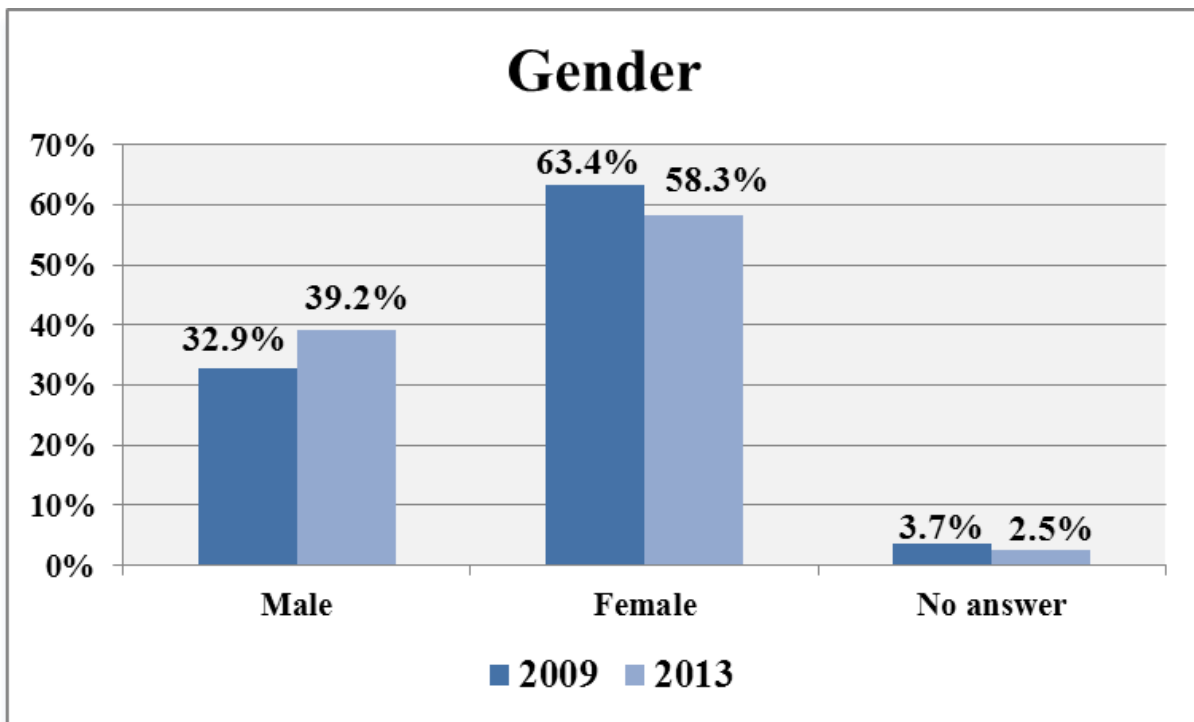
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### Gender (Question 34)

2009 N= 298

2013 N= 288

Of the 288 surveys returned, 58.3% (n=168) of survey respondents were female; 39.2% (n=113) were male, and 2.5% (n=7) 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 health care oriented since women are frequently the health care decision makers for families.

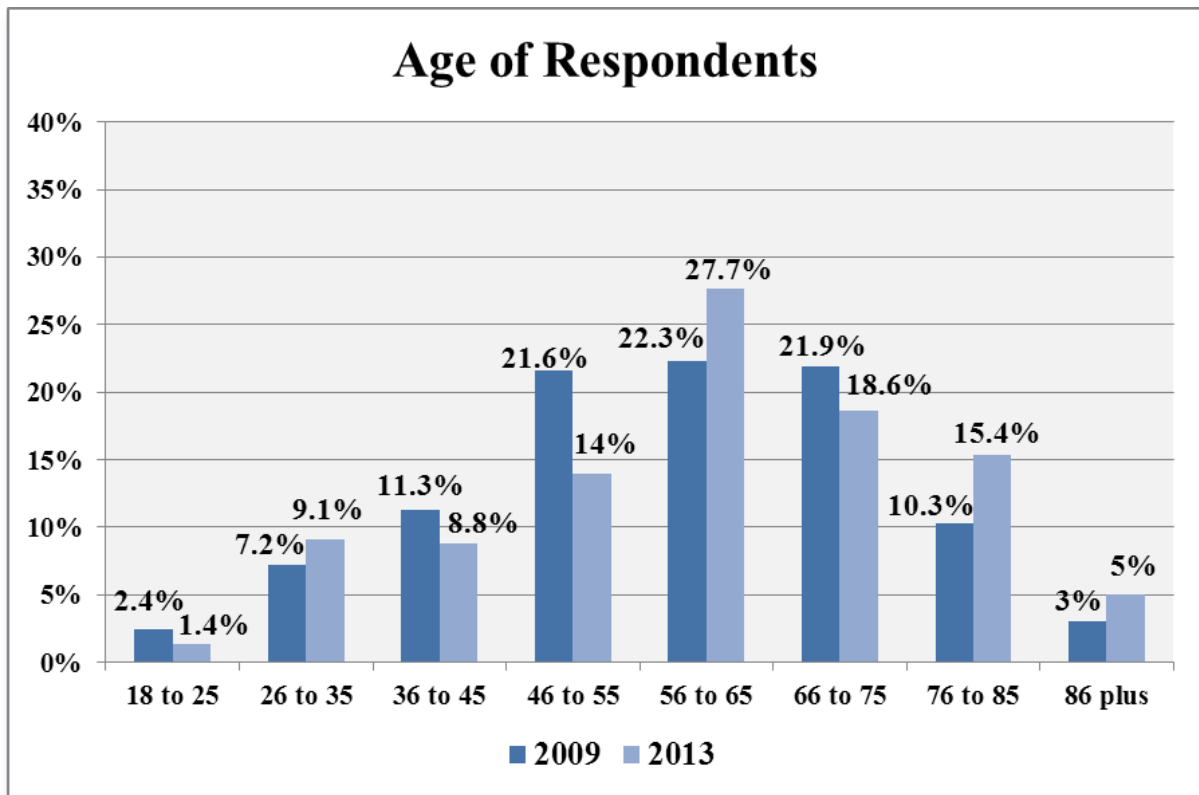


### Age of Respondents (Question 35)

2009 N= 292

2013 N= 285

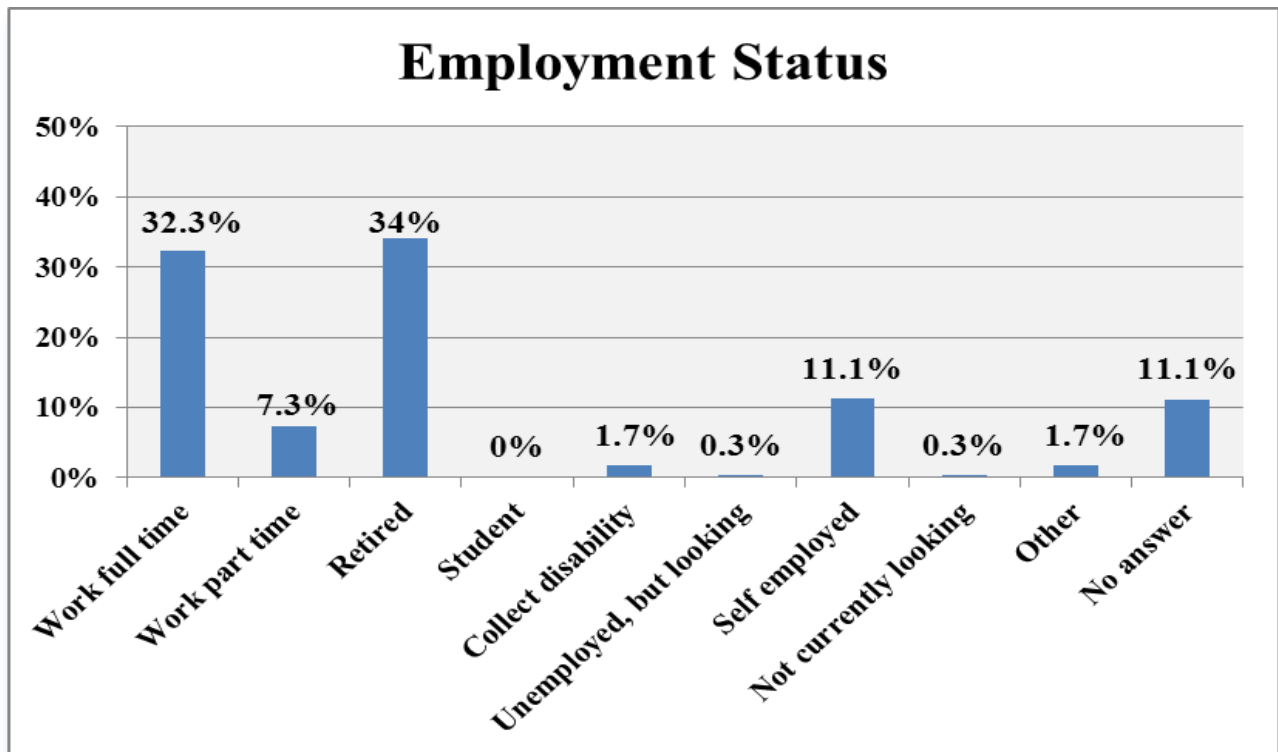
Twenty-eight percent of respondents (n=79) were between the ages of 56-65. Nineteen percent of respondents (n=53) were between the ages of 66-75 and 15.4% of respondents (n=44) were between the ages of 76-85. This statistic is comparable to other Critical Access Hospital demographics. The increasing percentage of elderly residents in rural communities is a trend which is seen throughout Montana and will likely have a significant impact on the need for health care 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 health care decision making, and therefore are more likely to respond to health care surveys, as reflected by this graph.



## Employment Status (Question 36)

2013 N= 256

Thirty-four percent (n=98) of respondents are retired, while 32.3% (n=93) reported working full-time. Eleven percent of respondents (n=32) indicated they are self-employed and another 11.1% (n=32) chose not to answer this question. Respondents could check all that apply, so the percentages do not equal 100%.



“Other” comments:

- Homemaker (2)
- House wife/stay at home mom
- Unable to work
- Small business owner (4)
- Self-employed (2)



## V. Survey Findings

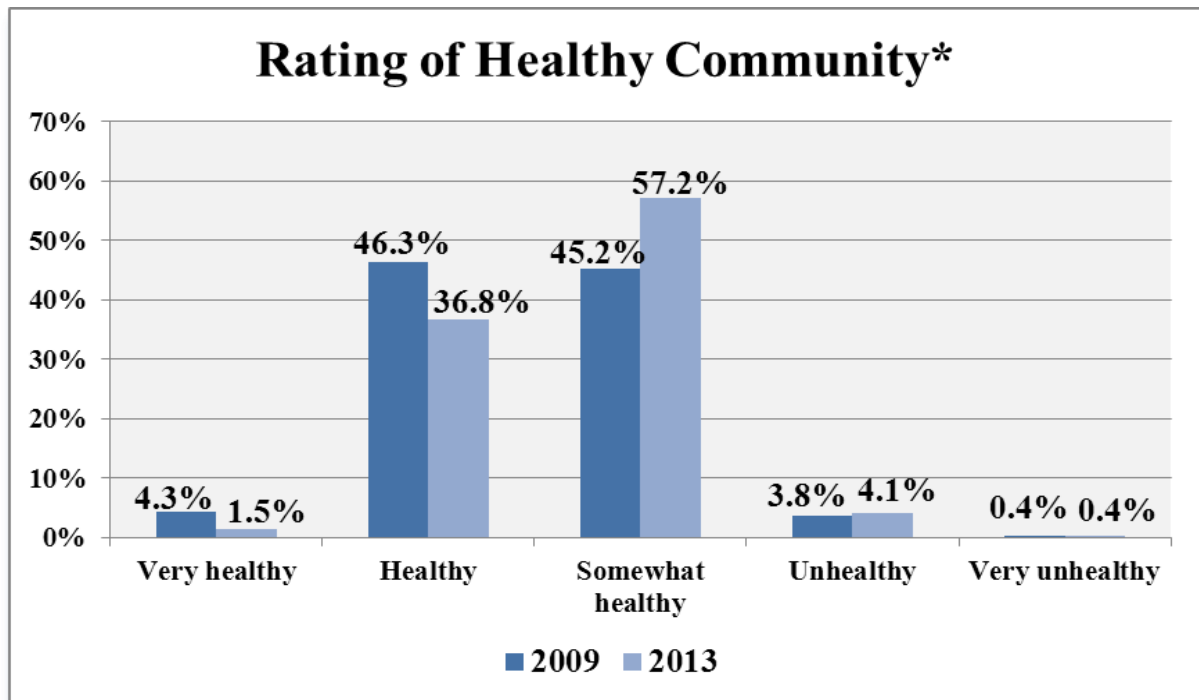
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### Impression of Community (Question 1)

2009 N= 281

2013 N= 271

Respondents were asked to indicate how they would rate the general health of their community. Fifty-seven percent of respondents (n=155) rated their community as “Somewhat healthy.” Thirty-seven percent of respondents (n=100) felt their community was “Healthy” and 4.1% (n=11) felt their community was “Unhealthy.” Seventeen respondents chose not to respond to this question.



\*In 2009, significantly more respondents indicated that their community is healthy than in 2013; 2009: 46.3%, 2013: 35.9%. The rating dipped in 2013 with more respondents rating “somewhat healthy.”

“Other” comments:

- How can I answer?

## Health Concerns for Community (Question 2)

2009 N= 298

2013 N= 288

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 44.1% (n=127). “Alcohol abuse” was also a high priority at 42% (n=121) and “Overweight/obesity” at 38.9% (n=112). Respondents were asked to pick their top three serious health concerns so percentages do not equal 100%.

Health Concern	2009		2013	
	Count	Percent	Count	Percent
Cancer	140	47.0%	127	44.1%
Alcohol abuse	110	36.9%	121	42.0%
Overweight/obesity*	88	29.5%	112	38.9%
Illegal drug use**	105	35.2%	73	25.3%
Heart disease***	93	31.2%	63	21.9%
Depression/anxiety	Not Asked		48	16.7%
Lack of exercise	49	16.4%	45	15.6%
Diabetes	42	14.1%	43	14.9%
Tobacco use	45	15.1%	39	13.5%
Lack of access to health care	32	10.7%	27	9.4%
Mental health issues	26	8.7%	27	9.4%
Poor nutrition	Not asked		26	9.0%
Prescription drug abuse	Not asked		19	6.6%
Child abuse/neglect	26	8.7%	17	5.9%
Respiratory issues/illness	Not asked		17	5.9%
Stroke	16	5.4%	15	5.2%
Work/farm/ranch accidents/injuries	0	0	14	4.9%
Domestic violence	6	2.0%	10	3.5%
Motor vehicle accidents****	33	11.1%	8	2.8%
Lack of dental care	6	2.0%	7	2.4%
Recreation related accidents/injuries	7	2.3%	3	1.0%
Other	8	2.7%	8	2.8%

\*In 2013, significantly more people indicated that overweight/obesity is a serious health concern than in 2009; 2013: 38.9%, 2009: 29.5%.

\*\*In 2009, significantly more respondents cited illegal drug use than in 2013; 2009: 35.2%, 2013: 25.3%.

\*\*\*In 2009, significantly more respondents cited heart disease as a serious health concern than in 2013; 2009: 31.2%, 2013: 21.9%.

\*\*\*\*In 2009, significantly more respondents feel that motor vehicle accidents are a serious health concern than in 2013; 2009: 11.1%, 2013: 2.8%.

“Other” comments:    -Businesses    -No dialysis machine available locally    -Aging (2)  
                           -Lack of affordable healthcare (2)            -Stress/Depression  
                           -Lack of mental health care                    -Diagnostic & Referral Services

### Components of a Healthy Community (Question 3)

2009 N= 298

2013 N= 288

Respondents were asked to identify the three most important things for a healthy community. Fifty-two percent of respondents (n=150) indicated that “Good paying jobs and healthy economy” is important for a healthy community. “Access to health care and other services” was the second most indicated component at 41.3% (n=119) and third was “Strong family life” at 31.3% (n=90).

Respondents were asked to identify their top three choices, thus the percentages will not add up to 100%.

Important Component	2009		2013	
	Count	Percent	Count	Percent
Good paying jobs and healthy economy	159	53.4%	150	52.1%
Access to health care and other services*	192	64.4%	119	41.3%
Strong family life	95	31.9%	90	31.3%
Healthy behaviors and lifestyles	104	34.9%	88	30.6%
Access to fresh fruit/vegetables/healthy food choices	Not asked		72	25.0%
Religious or spiritual values	51	17.1%	58	20.1%
Low crime/safe neighborhoods	52	17.4%	42	14.6%
Good schools**	74	24.8%	39	13.5%
Access to fitness opportunities	Not asked		39	13.5%
Affordable housing***	55	18.5%	34	11.8%
Clean environment	40	13.4%	29	10.1%
Promotion of local business/services	Not asked		24	8.3%
Educational opportunities	Not asked		15	5.2%
Tolerance for diversity	11	3.7%	14	4.9%
Parks & outdoor recreational activities	13	4.4%	12	4.2%
Low death and disease rates	7	2.3%	11	3.8%
Low level of domestic violence	6	2.0%	11	3.8%
Community involvement/volunteerism****	25	8.4%	10	3.5%
Arts and cultural events	7	2.3%	4	1.4%
Other	4	1.3%	5	1.7%

\*In 2009, significantly more respondents stated that access to health care and other services are an important component of a healthy community than in 2013; 2009: 64.4%, 2013: 41.3%.

\*\*In 2009, significantly more respondents felt that good schools are an important component of a healthy community than in 2013; 2009: 24.8%, 2013: 13.5%.

\*\*\*In 2009, a significant proportion of respondents cited affordable housing than in 2013; 2009: 18.5%, 2013: 11.8%.

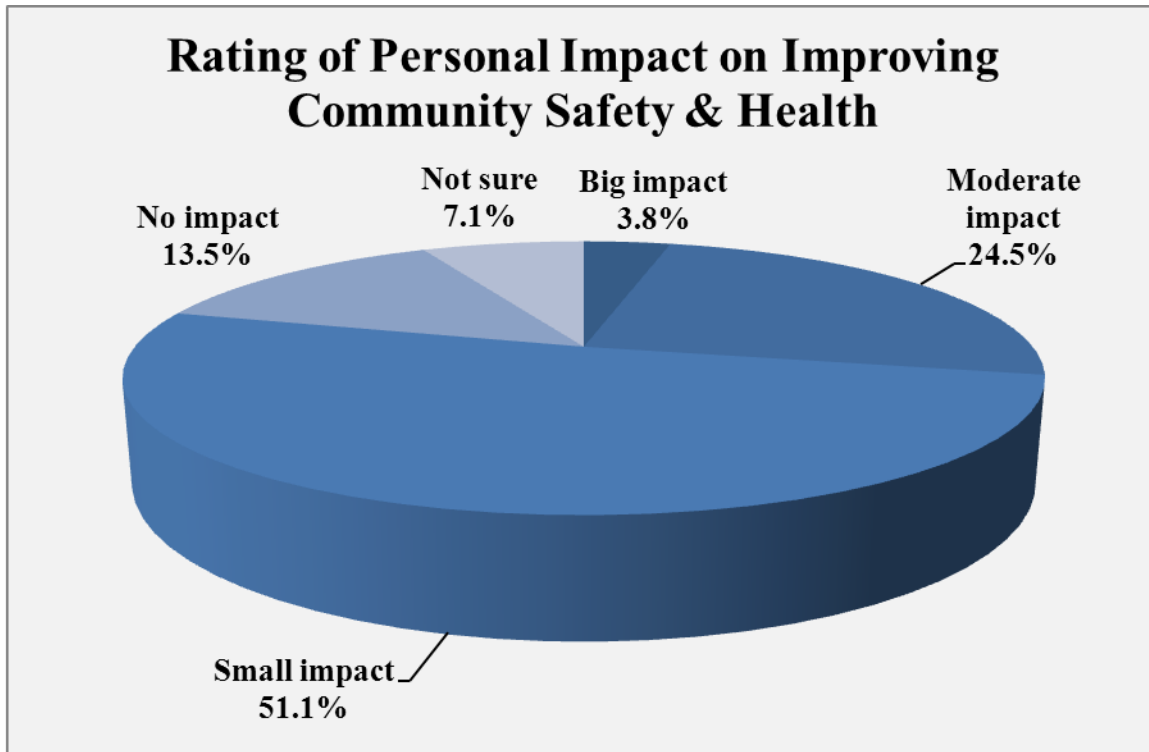
\*\*\*\*In 2009, significantly more people indicated community involvement than in 2013; 2009: 8.4%, 2013: 3.5%.

“Other” comments:

- Affordable healthcare (3)
- More business so we can shop local
- Reasonable and effective local governments

**Personal Impact on Health and Safety of Neighborhoods/Community (Question 4)**  
2013 N= 282

Respondents were asked to indicate how much of an impact they feel they have in improving the safety and health of their neighborhoods/community. Fifty-one percent of respondents (n=144) indicated they feel they have a small impact, 24.5% (n=69) said they feel they have a moderate impact and 13.5% (n=38) don't think they have any impact on improving community safety and health. Six respondents chose not to answer this question.

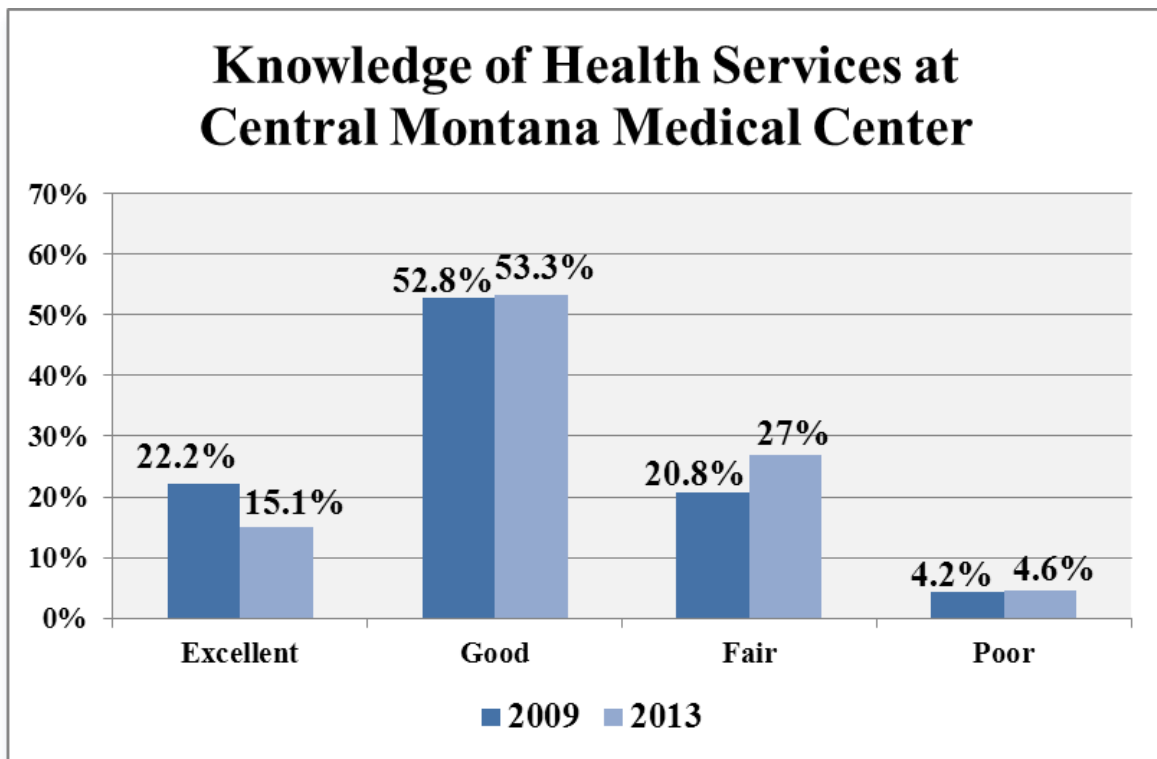


### Overall Awareness of Central Montana Medical Center's Services (Question 5)

2009 N= 284

2013 N= 285

Respondents were asked to rate their knowledge of the healthcare services available at Central Montana Medical Center. Fifty-three percent (n=152) of respondents rated their knowledge of services as "Good." Twenty-seven percent (n=77) rated their knowledge as "Fair" and 15.1% of respondents (n=43) rated their knowledge as "Excellent." Three respondents chose not to answer this question.



## How Respondents Learn of Health Care Services (Question 6)

2009 N= 298

2013 N= 288

“Word of mouth/reputation” was the most frequent method of learning about available services at 57.6% (n=166). Generally, “Word of mouth/reputation” is the most frequent response among rural hospital surveys. “Friends/family” was the second most frequent response at 57.3% (n=165) and “Health care provider” was reported at 56.6% (n=163). Respondents could select more than one method so percentages do not equal 100%.

Method	2009		2013	
	Count	Percent	Count	Percent
Word of mouth reputation*	228	76.5%	166	57.6%
Friends/family	Not asked		165	57.3%
Health care provider	Not asked		163	56.6%
News Argus	112	37.6%	116	40.3%
CMMC health fair**	59	19.8%	80	27.8%
Radio (KXLO/KLCM)***	53	17.8%	75	26.0%
“The Roundup” newsletter	Not asked		53	18.4%
Fergus County Nurse’s Office	Not asked		47	16.3%
Council on Aging	Not asked		44	15.3%
Mailings	Not asked		30	10.4%
CMMC website	Not asked		15	5.2%
Public Health District	Not asked		10	3.5%
Internet	12	4.0%	7	2.4%
Presentations****	14	4.7%	4	1.4%
Other	31	10.4%	11	3.8%

\*In 2009, significantly more people cited word of mouth/reputation than in 2013; 2009: 76.5%, 2013: 57.6%

\*\*In 2013, significantly more people learned of health care services from the CMMC health fair than in 2009; 2013: 27.8%, 2009: 19.8%.

\*\*\*In 2013, significantly more respondents learn of services via the radio than in 2009; 2013: 26.0%, 2009: 17.8%.

\*\*\*\*In 2009, significantly more respondents cited presentations than in 2013; 2009: 4.7%, 2013: 1.4%.

“Other” comments:

- Worked there/my job (6)
- Being a patient
- EMS/Fire
- Lifelong residence
- Personal experience (2)
- Know employees

## Cross Tabulation of Service Knowledge and Learning about Services

Analysis was done to look at respondents' knowledge of services available at Central Montana 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 health care services was a multiple response item, thus totals cannot add up to 100%.

### KNOWLEDGE RATING OF CENTRAL MONTANA MEDICAL CENTER SERVICES BY HOW RESPONDENTS LEARN ABOUT HEALTH CARE SERVICES

	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>	<b>Total</b>
<b>Health care provider</b>	28 (17.3%)	90 (55.6%)	39 (24.1%)	5 (3.1%)	<b>162</b>
<b>Radio (KXLO/KLCM)</b>	12 (16%)	41 (54.7%)	18 (24%)	4 (5.3%)	<b>75</b>
<b>Word of mouth/reputation</b>	23 (13.9%)	88 (53%)	46 (27.7%)	9 (5.4%)	<b>166</b>
<b>CMMC health fair</b>	19 (23.8%)	44 (55%)	15 (18.8%)	2 (2.5%)	<b>80</b>
<b>News Argus</b>	20 (17.2%)	63 (54.3%)	29 (25%)	4 (3.4%)	<b>116</b>
<b>Presentations</b>	1 (25%)		3 (75%)		<b>4</b>
<b>“The Roundup” newsletter</b>	16 (30.2%)	27 (50.9%)	9 (17%)	1 (1.9%)	<b>53</b>
<b>Internet</b>	1 (14.3%)	2 (28.6%)	3 (42.9%)	1 (14.3%)	<b>7</b>
<b>Council on Aging</b>	8 (18.2%)	29 (65.9%)	6 (13.6%)	1 (2.3%)	<b>44</b>
<b>Public Health District</b>	4 (40%)	6 (60%)			<b>10</b>
<b>Friends/family</b>	20 (12.1%)	95 (57.6%)	42 (25.5%)	8 (4.8%)	<b>165</b>
<b>Mailings</b>	6 (20%)	14 (46.7%)	9 (30%)	1 (3.3%)	<b>30</b>
<b>CMMC website</b>	4 (26.7%)	7 (46.7%)	4 (26.7%)		<b>15</b>
<b>Fergus County Nurse’s Office</b>	12 (25.5%)	26 (55.3%)	8 (17%)	1 (2.1%)	<b>47</b>
<b>Other</b>	4 (36.4%)	5 (45.5%)	1 (9.1%)	1 (9.1%)	<b>11</b>

## Other Community Health Resources Utilized (Question 7)

2009 N= 298

2013 N= 288

Respondents were asked which community health resources, other than the hospital or clinic, they had used in the last three years. “Pharmacy” services was the most frequent community health resource cited by respondents at 76% (n=219). “Dentist” was the second most frequent response at 69.1% (n=199) and “Optometrist” was third at 68.8% (n=198). Respondents could select more than one method so percentages do not equal 100%.

Resource	2009		2013	
	Count	Percent	Count	Percent
Pharmacy	244	81.9%	219	76.0%
Dentist	212	71.1%	199	69.1%
Optometrist (eyes)	Not asked		198	68.8%
Fergus County Nurse’s Office	Not asked		103	35.8%
Audiologist (ears)	Not asked		44	15.3%
Council on Aging	30	10.1%	40	13.9%
Veteran services	29	9.7%	31	10.8%
Cancer screening program	Not asked		22	7.6%
Family Planning	15	5.0%	10	3.5%
Mental health	17	5.7%	10	3.5%
Long term care/nursing home	Not asked		6	2.1%
Public Health District	14	4.7%	6	2.1%
Assisted living	Not asked		5	1.7%
Other	7	2.3%	12	4.2%

“Other” comments:

- ER
- X-Ray
- MRI
- Central Montana Community Health Center (3)
- None (3)
- Sleep Center
- Bereavement group
- Low-income health services
- Massage therapy
- Chiropractor (2)
- Reflexology
- Physician
- Medical check-up
- State employee health screenings



## Improvement for Community's Access to Health Care (Question 8)

2009 N= 298

2013 N= 288

Respondents were asked to indicate what they felt would improve their community's access to health care. Thirty-nine percent of respondents (n=111) reported that "More specialists" would make the greatest improvement. Thirty-seven percent of respondents (n=106) indicated they would like "Improved quality of care" and 35.1% (n=101) indicated "More primary care providers." Respondents could select more than one method so percentages do not equal 100%.

Improvement	2009		2013	
	Count	Percent	Count	Percent
More specialists	128	43.0%	111	38.5%
Improved quality of care	Not asked		106	36.8%
More primary care providers	112	37.6%	101	35.1%
Greater health education services*	40	13.4%	60	20.8%
Transportation assistance	32	10.7%	45	15.6%
Improved access to services for those with disabilities	Not asked		40	13.9%
Improved marketing health of services	Not asked		33	11.5%
Cultural sensitivity	Not asked		9	3.1%
Other	Not asked		28	9.7%

\*In 2013, significantly more respondents felt that greater health education services would improve access to community health care; 2013: 20.8%, 2009: 13.4%.

"Other" comments:

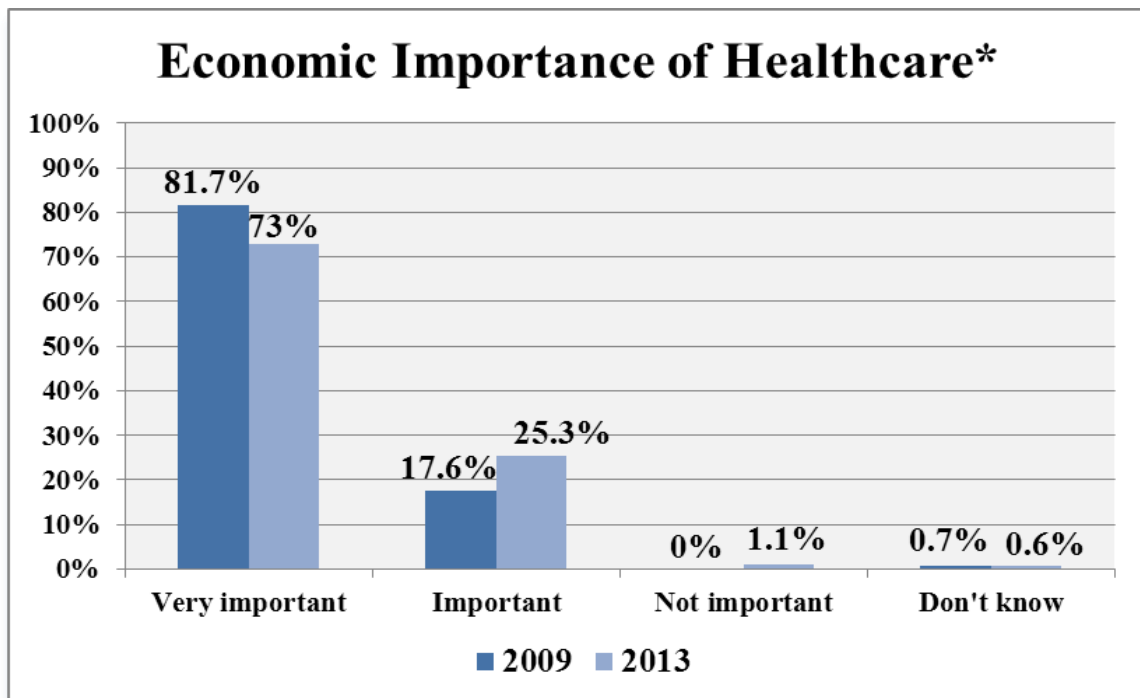
- Affordable health care (especially dental) (7)
- More insurance availability
- More responsible people who purchase health insurance
- Accept insurance providers
- Walk-in clinic
- More consistency/continuity of care
- Be the best
- Acupuncture services
- Better doctors
- Doctor of Natural medicine or homeopathy
- Getting people to use what's available
- More acceptance of mental health care
- Access to comprehensive fitness facility with good hours
- Obama Care/People can't afford Health Services
- More classes or information about Alzheimer's
- Doing a good job!
- Shorter waiting period in the clinic
- Additional screenings at low costs, not just blood work at health fair
- Help for low-income

### Economic Importance of Local Health Care Providers and Services (Question 9)

2009 N= 279

2013 N= 285

The majority of respondents (73%, n=208) indicated that local health care providers and services (i.e.: hospitals, clinics, nursing homes, assisted living, etc.) are “Very Important” to the economic well-being of the area. Twenty-five percent of respondents (n=72) indicated they are “Important” and three people (1.1%) indicated that they are “Not important”. Three respondents did not answer this question.



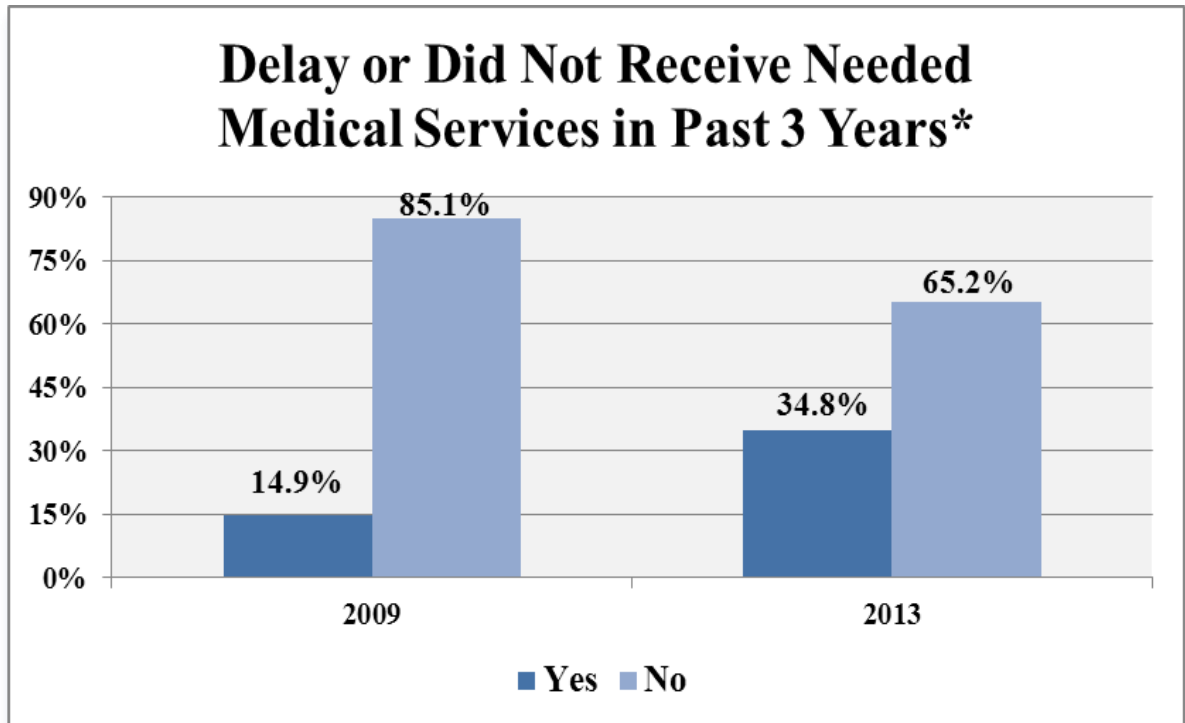
\*In 2009, significantly more respondents said “very important” than in 2013; 2009: 81.7%, 2013: 73%. The rating dipped in 2013 with more respondents selecting “Important.”

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

2009 N= 281

2013 N= 276

Of the 288 surveys returned, 34.8% of respondents (n=96) reported that they or a member of their household thought they needed health care services, but did not get it or delayed getting it. Sixty-five percent of respondents (n=180) felt they were able to get the health care services they needed without delay and twelve respondents chose not to answer this question.



\*In 2013, significantly more respondents delayed healthcare in the past three years; 2013: 34.8%, 2009: 14.9%.

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

2009 N= 42

2013 N= 96

For those who indicated they were unable to receive or had to delay services, the reasons most cited were: “It costs too much” (55.2%, n=53), “No insurance” (35.4%, n=34) and “My insurance didn’t cover it” (21.9%, n=21). Respondents were asked to indicate their top three choices, thus percentages do not total 100%.

Reason	2009		2013	
	Count	Percent	Count	Percent
It costs too much	21	50.0%	53	55.2%
No insurance	16	38.1%	34	35.4%
My insurance didn’t cover it	12	28.6%	21	21.9%
Office wasn’t open when I could go	5	11.9%	20	20.8%
Too long to wait for an appointment	8	19.0%	19	19.8%
Could not get an appointment	6	14.3%	17	17.7%
Don’t like providers	6	14.3%	14	14.6%
Not treated with respect	4	9.5%	9	9.4%
Could not get off work	3	7.1%	7	7.3%
It was too far to go	1	2.4%	7	7.3%
Too nervous or afraid	3	7.1%	7	7.3%
Unsure if services were available	Not asked		6	6.2%
Didn’t know where to go	2	4.8%	4	4.2%
Transportation problems	0	0	4	4.2%
Had no one to care for the children	1	2.4%	0	0
Language barrier	0	0	0	0
Other	10	23.8%	13	13.5%

“Other” comments:

- I don’t like the provider who reads mammograms, X-Rays, etc. I don’t trust her ability.
- HIPAA Privacy Issues
- Received bad advice when I called-in
- Poor treatment
- Services not provided here
- Providers didn’t take insurance
- Not working/no income
- Some staff are very bad at their professions
- Too sick to know what was happening
- Too small of a community... Stigma
- Turned away from the ER
- Hoped problems would just go away on their own
- Expensive

## Preventative Testing (Question 12)

2013 N= 288

Respondents were asked if they had utilized any of the preventative testing services listed in the past year. “Routine health checkup” was selected by 64.9% of respondents (n=187). Fifty-four percent of respondents (n=154) indicated they received a “Flu shot” and 45.8% of respondents (n=132) had a “Routine blood pressure check.” Respondents could check all that apply, thus the percentages will not equal 100%.

Service	2013	
	Count	Percent
Routine health checkup	187	64.9%
Flu shot	154	53.5%
Routine blood pressure check	132	45.8%
Cholesterol check	124	43.1%
Mammography	96	33.3%
Pap smear	68	23.6%
Prostate (PSA)	52	18.1%
CMMC health fair blood draw	40	13.9%
Colonoscopy	40	13.9%
Dermatology (mole/skin check)	36	12.5%
Children’s checkup/Well baby	24	8.3%
None	22	7.6%
Other	12	4.2%

“Other” comments:

- Pelvic ultrasound
- Acute illness
- Work health fair
- Ulcer
- None in Lewistown
- Chiropractic (2)
- Diabetes
- Blood tests
- X-Rays
- Visiting the doctor
- Dr. Cunningham
- Clinic for teeth
- Foot Clinic
- Health screenings that are offered to state employees

### Desired Local Health Services/Resources (Question 13)

Respondents were asked to indicate which additional community health services or resources presently not available they would use if available locally. Respondents' suggestions from this open-ended question are listed below:

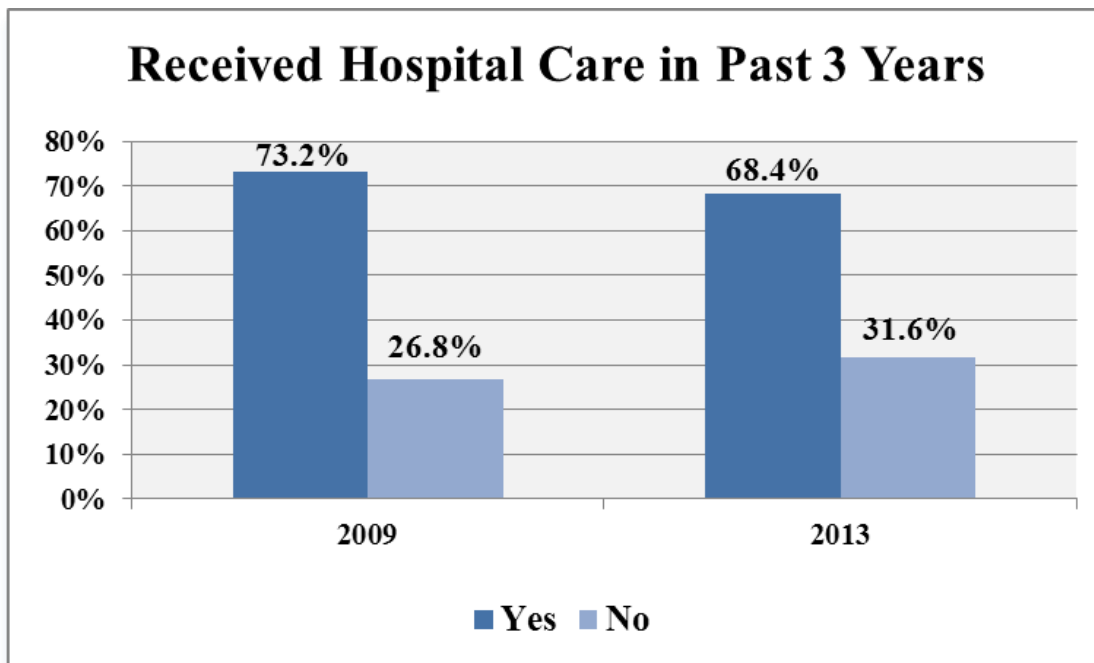
- The Radiology Department if a new qualified person were there to read the results (4)
- Exercise & Trainers at a reasonable facility
- None (5)
- Don't Know
- Dermatologist (4)
- Larger, modern civic center/community center
- Walk-in Clinic (7)
- 24/7 Walk-in Clinic
- Discount prescriptions
- Probably not, I go to Billings for special needs
- Orthodontist
- N/A (2)
- Indoor pool and more workout equipment
- More services for our elderly, veterans and children. Especially our elderly veterans
- More mental health services (4)
- Cancer radiation (early stages)
- More & better OB doctors (2)
- Location for Hearing Tests not in a healthcare office. Perhaps in a local business
- Specialists (7)
- Dental (2)
- Acupuncture/Reflexology (3)
- Natural medicine/Homeopathy (3)
- Bone density
- Mammography (from a different person)
- Not sure (4)
- Internists
- Alcohol/drug abuse treatment center
- Foot clinic for those not over 65 years old
- Primary Providers, routine health (2)
- Free, walk-in counseling services
- Classes on Alzheimer's
- Slapstick comedy because laughter is good medicine!
- Assistance for those without medical insurance
- Skin cancer screening
- Need a doctor at the VA
- More-organized group-type settings. Psychiatry as a whole is lacking in the entire state of Montana

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

2009 N= 291

2013 N= 275

Respondents were asked to indicate if they or anyone in their household had received care in a hospital (such as hospitalized overnight, day surgery, obstetrical care, rehabilitation, radiology or emergency care) in the past three years. Sixty-eight percent of respondents (n=188) reported that they or a member of their family had received hospital care and 31.6% (n=87) had not received hospital services. Thirteen respondents did not answer this question.



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

2009 N= 210

2013 N= 166

Of the 188 respondents who indicated receiving hospital care in the previous three years, 67.5% (n=112) reported receiving care at Central Montana Medical Center. Eleven percent of respondents (n=18) went to St. Vincent Healthcare and 9.6% of respondents (n=16) utilized services from Benefis. Twenty-two of the 188 respondents who reported they had been to a hospital in the past three years did not indicate which hospital they had utilized.

Hospital	2009		2013	
	Count	Percent	Count	Percent
Central Montana Medical Center*	166	79.0%	112	67.5%
St. Vincent Healthcare	21	10.0%	18	10.8%
Benefis	7	3.3%	16	9.6%
Billings Clinic	10	4.8%	15	9.0%
Veterans Hospital	Not asked		1	0.6%
Harlowton	Not asked		0	0
Other	6	2.9%	4	2.4%
<b>TOTAL</b>	<b>210</b>	<b>100%</b>	<b>166</b>	<b>100%</b>

\*Significantly fewer respondents used CMMC most often in 2013 than in 2009; 2013: 67.5%, 2009: 79%.

“Other” comments:

- Great Falls, MT
- Bozeman Deaconess – Bozeman, MT (2)
- Cody, WY
- Roundup, MT
- Both ER’s
- St. James – Butte, MT



## Reasons for Selecting the Hospital Used (Question 16)

2009 N= 213

2013 N= 188

Of the 188 respondents who had a personal or family experience at a hospital within the past three years, the primary reason given for selecting the facility used most often was “Closest to home” at 62.2% (n=117). “Referred by physician” was selected by 49.5% of the respondents (n=93) and 44.1% (n=83) selected “Prior experience with hospital.” Note that respondents were asked to select the top three answers which influenced their choices; therefore the percentages do not equal 100%.

Reason	2009		2013	
	Count	Percent	Count	Percent
Closest to home*	167	78.4%	117	62.2%
Referred by physician	91	42.7%	93	49.5%
Prior experience with hospital	100	46.9%	83	44.1%
Emergency, no choice	90	42.3%	66	35.1%
Hospital’s reputation for quality**	50	23.5%	63	33.5%
Recommended by family or friends	13	6.1%	19	10.1%
Cost of care	15	7.0%	17	9.0%
Closest to work***	32	15.0%	15	8.0%
VA/Military requirement	8	3.8%	7	3.7%
Required by insurance plan	5	2.3%	7	3.7%
Indian Health Services	Not asked		1	0.5%
Other	16	7.5%	16	8.5%

\*In 2009, significantly more respondents selected a hospital that was close to home; 2009: 78.4%, 2013: 62.2%.

\*\*In 2013, significantly more respondents cited a hospital’s reputation for quality than in 2009; 2013: 33.5%, 2009: 23.5%.

\*\*\*In 2009, significantly more people selected a hospital that was close to work than in 2013; 2009: 15%, 2013: 8%.

### “Other” comments:

- Turned away at Great Falls
- Infant surgery
- No specialist available so I had to be referred out
- Had neck surgery
- HIPAA privacy issues
- Actual doctor and anesthesiologist
- Had the type of services we need that Lewistown doesn’t provide
- No transportation
- Hospital wouldn’t receive my wife and proposed too many medications
- None in Montana
- Location
- Available specialists
- Already had my information on file
- Back surgeon is there
- Willing to help
- Closest to doctor
- Physicians
- Unable to see doctor here
- Only one locally

### Cross Tabulation of Hospital and Residence

Analysis was done to look at 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.

#### LOCATION OF MOST OFTEN UTILIZED HOSPITAL BY RESIDENCE

	Central Montana Medical Center	St. Vincent Healthcare	Billings Clinic	Benefis	Harlowton	Veterans Hospital	Other	Total
<b>Denton 59430</b>	1 (33.3%)	1 (33.3%)	1 (33.3%)					<b>3</b>
<b>Geyser 59447</b>	1 (100%)							<b>1</b>
<b>Grass Range 59032</b>	7 (70%)		3 (30%)					<b>10</b>
<b>Hilger 59451</b>	1 (50%)		1 (50%)					<b>2</b>
<b>Hobson 59452</b>	5 (100%)							<b>5</b>
<b>Judith Gap 59453</b>								<b>0</b>
<b>Lewistown 59457</b>	85 (70.8%)	16 (13.3%)	9 (7.5%)	7 (5.8%)			3 (2.5%)	<b>120</b>
<b>Moccasin 59462</b>	1 (20%)			4 (80%)				<b>5</b>
<b>Moore 59464</b>	6 (75%)	1 (12.5%)					1 (12.5%)	<b>8</b>
<b>Roy 59471</b>	1 (100%)							<b>1</b>
<b>Stanford 59479</b>	1 (25%)			3 (75%)				<b>4</b>
<b>Winifred 59489</b>	2 (66.7%)			1 (33.3%)				<b>3</b>
<b>Winnett 59087</b>								<b>0</b>
<b>TOTAL</b>	<b>111 (68.5%)</b>	<b>18 (11.1%)</b>	<b>14 (8.6%)</b>	<b>15 (9.3%)</b>	<b>0 (0%)</b>	<b>0 (0%)</b>	<b>4 (2.5%)</b>	<b>162 (100%)</b>

## Cross Tabulation of Hospital and Reason Selected

Analysis was done to look at 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 cannot 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

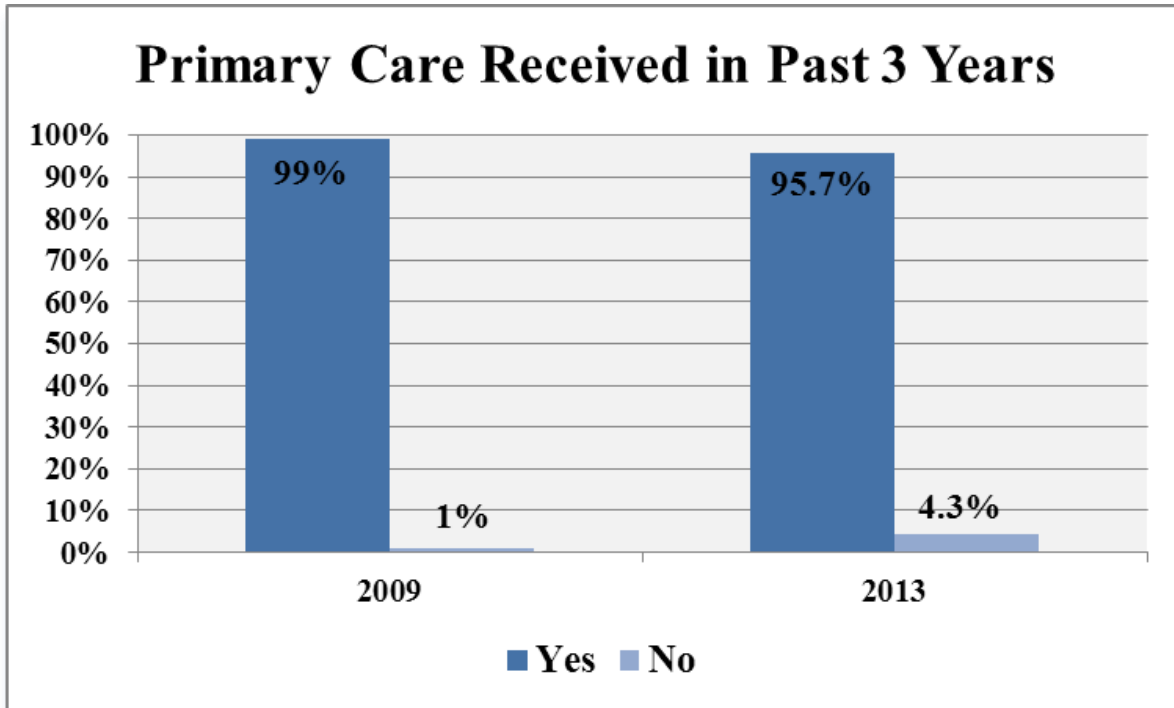
	<b>Central Montana Medical Center</b>	<b>St. Vincent Healthcare</b>	<b>Billings Clinic</b>	<b>Benefis</b>	<b>Harlowton</b>	<b>Veterans Hospital</b>	<b>Other</b>	<b>Total</b>
<b>Cost of care</b>	6 (42.9%)	2 (14.3%)	4 (28.6%)	1 (7.1%)			1 (7.1%)	<b>14</b>
<b>Closest to home</b>	102 (98.1%)			2 (1.9%)				<b>104</b>
<b>Closest to work</b>	13 (100%)							<b>13</b>
<b>Emergency, no choice</b>	51 (85%)	2 (3.3%)		6 (10%)			1 (1.7%)	<b>60</b>
<b>Hospital's reputation for quality</b>	23 (43.4%)	11 (20.8%)	10 (18.9%)	8 (15.1%)			1 (1.9%)	<b>53</b>
<b>Indian Health Services</b>		1 (100%)						<b>1</b>
<b>Prior experience with hospital</b>	45 (64.3%)	10 (14.3%)	8 (11.4%)	5 (7.1%)			2 (2.9%)	<b>70</b>
<b>Recommended by family or friends</b>	3 (17.6%)	6 (35.3%)	3 (17.6%)	4 (23.5%)			1 (5.9%)	<b>17</b>
<b>Referred by physician</b>	56 (69.1%)	9 (11.1%)	6 (7.4%)	9 (11.1%)			1 (1.2%)	<b>81</b>
<b>Required by insurance plan</b>	2 (40%)	1 (20%)		1 (20%)			1 (20%)	<b>5</b>
<b>VA/Military requirement</b>	3 (60%)			1 (20%)			1 (20%)	<b>5</b>
<b>Other</b>	3 (25%)	3 (25%)	3 (25%)	1 (8.3%)			2 (16.7%)	<b>12</b>

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

2009 N= 293

2013 N= 280

Ninety-six percent of respondents (n=268) 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 health care services in the past three years. Eight respondents chose not to answer this question.



### Location of Primary Care Provider (Question 18)

2009 N= 259

2013 N= 245

Of the 268 respondents who indicated receiving primary care services in the previous three years, 81.6% (n=200) reported receiving care at Central Montana Medical Center. Ten percent of respondents (n=24) went to Central Montana Community Health Center and 7.8% of respondents (n=19) utilized primary care services at “Other” locations. Twenty-three of the 268 respondents who reported they had utilized primary care services in the past three years did not indicate where they received those services.

Location	2009		2013	
	Count	Percent	Count	Percent
Central Montana Medical Center	232	89.6%	200	81.6%
Central Montana Community Health Center	Not asked		24	9.8%
Family Planning	Not asked		2	0.8%
Billings	11	4.2%	Not asked	
Stanford	5	1.9%	Not asked	
Great Falls	10	3.9%	Not asked	
Other	1	0.4%	19	7.8%
<b>TOTAL</b>	<b>259</b>	<b>100%</b>	<b>245</b>	<b>100%</b>

“Other” comments:

- Billings, MT (8)
- VA Clinic (7)
- Dr. Office
- Riverstone for prenatal care – Dr. Cunningham
- Dr. Comes to Winnett
- N.W. Physicians – Great Falls, MT
- Stanford, MT
- Great Falls, MT (3)
- Clinic
- Benefis – Great Falls, MT (2)
- Basin Medical
- Roundup, MT
- Low-income clinic, then moved to CMMC
- Bozeman, MT (when I lived there)

## Reasons for Selection of Primary Care Provider (Question 19)

2009 N= 290

2013 N= 268

Those respondents who indicated they or someone in their household had been seen by a primary care provider within the past three years were asked to indicate why they chose that primary care provider. “Closest to home” (35.4%, n=95) then “Prior experience with clinic” (31.7%, n=85) were the most frequently cited factors in primary care provider selection. Respondents also indicated “Recommended by family or friends” (29.1%, n=78) to be a major factor. Respondents were asked to check all that apply so the percentages do not equal 100%.

Reason	2009		2013	
	Count	Percent	Count	Percent
Closest to home*	196	67.6%	95	35.4%
Prior experience with clinic	115	39.7%	85	31.7%
Recommended by family or friends	65	22.4%	78	29.1%
Appointment availability	94	32.4%	72	26.9%
Clinic’s reputation for quality	72	24.8%	53	19.8%
Referred by physician or other provider	39	13.4%	50	18.7%
Indian Health Services	Not asked		26	9.7%
Cost of care	19	6.6%	18	6.7%
Length of waiting room time**	31	10.7%	16	6.0%
VA/Military requirement	16	5.5%	12	4.5%
Required by insurance plan	3	1.0%	3	1.1%
Other	21	7.2%	30	11.2%

\*In 2009, significantly more respondents selected a clinic that was close to home than in 2013; 2009: 67.6%, 2013: 35.4%.

\*\*In 2009, significantly more people selected “length of waiting room time” than in 2013; 2009: 10.7%, 2013: 6%.

### “Other” comments:

- No insurance
- Personally knew the doctor/ Had history (3)
- Doesn’t gossip
- Other doctor passed away
- Did not have a primary care provider
- The doctor (2)
- Only a few OB doctors
- Only one who would take me at the time (new patient) (2)
- Had a tough time even getting the doctor to see my kids
- We like him/good doctor (2)
- Worked with her at Family Planning
- Same as wife/ Other clinic closed
- Central Montana Medical Center led me to Central Montana Community Health Center
- Previous one retired/left (3)
- Patient openings
- Was pregnant when I chose my provider so I picked OB
- Longtime acquaintance
- Do not currently have one; need to get one
- Trusted doctor
- Wanted woman doctor for female exams
- Was my physician before he moved to the clinic

### Cross Tabulation of Primary Care and Residence

Analysis was done to look at 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.

#### LOCATION OF CLINIC MOST UTILIZED BY RESIDENCE

	Central Montana Medical Center	Family Planning	Central Montana Community Health Center	Other	Total
<b>Denton 59430</b>	5 (83.3%)			1 (16.7%)	<b>6</b>
<b>Geyser 59447</b>	1 (100%)				<b>1</b>
<b>Grass Range 59032</b>	8 (66.7%)		2 (16.7%)	2 (16.7%)	<b>12</b>
<b>Hilger 59451</b>	4 (100%)				<b>4</b>
<b>Hobson 59452</b>	6 (66.7%)		2 (22.2%)	1 (11.1%)	<b>9</b>
<b>Judith Gap 59453</b>					<b>0</b>
<b>Lewistown 59457</b>	153 (84.1%)	1 (0.5%)	17 (9.3%)	11 (6%)	<b>182</b>
<b>Moccasin 59462</b>	3 (50%)		1 (16.7%)	2 (33.3%)	<b>6</b>
<b>Moore 59464</b>	7 (100%)				<b>7</b>
<b>Roy 59471</b>	2 (66.7%)		1 (33.3%)		<b>3</b>
<b>Stanford 59479</b>	3 (60%)	1 (20%)		1 (20%)	<b>5</b>
<b>Winifred 59489</b>	4 (100%)				<b>4</b>
<b>Winnett 59087</b>				1 (100%)	<b>1</b>
<b>TOTAL</b>	<b>196</b> <b>(81.7%)</b>	<b>2</b> <b>(0.8%)</b>	<b>23</b> <b>(9.6%)</b>	<b>19</b> <b>(7.9%)</b>	<b>240</b> <b>(100%)</b>

## Cross Tabulation of Clinic and Reason Selected

Analysis was done to look at 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 cannot add up to 100%.

### LOCATION OF PRIMARY CARE PROVIDER BY REASONS CLINIC SELECTED

	Central Montana Medical Center	Family Planning	Central Montana Community Health Center	Other	Total
<b>Appointment availability</b>	58 (84.1%)		9 (13%)	2 (2.9%)	<b>69</b>
<b>Clinic's reputation for quality</b>	40 (80%)		5 (10%)	5 (10%)	<b>50</b>
<b>Closest to home</b>	84 (91.3%)		6 (6.5%)	2 (2.2%)	<b>92</b>
<b>Cost of care</b>	3 (18.8%)		11 (68.8%)	2 (12.5%)	<b>16</b>
<b>Length of waiting room time</b>	14 (87.5%)		2 (12.5%)		<b>16</b>
<b>Prior experience with clinic</b>	60 (75.9%)	1 (1.3%)	9 (11.4%)	9 (11.4%)	<b>79</b>
<b>Recommended by family or friends</b>	59 (80.8%)	1 (1.4%)	6 (8.2%)	7 (9.6%)	<b>73</b>
<b>Referred by physician or other provider</b>	43 (91.5%)			4 (8.5%)	<b>47</b>
<b>Required by insurance plan</b>	3 (100%)				<b>3</b>
<b>VA/Military requirement</b>	4 (66.7%)			2 (33.3%)	<b>6</b>
<b>Indian Health Services</b>	17 (73.9%)		5 (21.7%)	1 (4.3%)	<b>23</b>
<b>Other</b>	19 (79.2%)		4 (16.7%)	1 (4.2%)	<b>24</b>
<b>TOTAL</b>	<b>195</b>	<b>2</b>	<b>22</b>	<b>16</b>	<b>235</b>

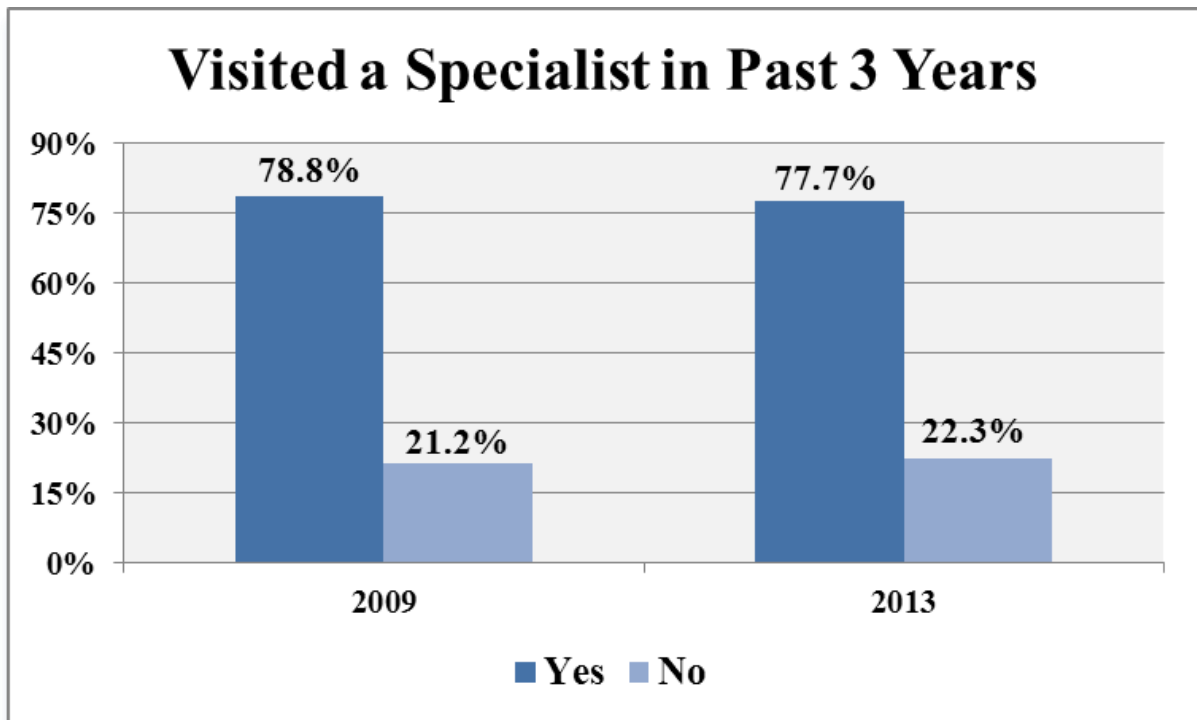


### Use of Health Care Specialists during the Past Three Years (Question 20)

2009 N= 274

2013 N= 260

Seventy-eight percent of respondents (n=202) indicated they or a household member had seen a health care specialist during the past three years. Twenty-two percent (n=58) indicated they had not seen a specialist and twenty-eight respondents chose not to answer this question.



## Type of Health Care Specialist Seen (Question 21)

2009 N= 216

2013 N= 202

Of the 202 respondents that saw a health care specialist, the most frequently indicated specialist was a “Dentist” at 60.4% of respondents (n=122) having utilized their services. “Optometrist” was the second most seen specialist at 40.1% (n=81) and “Chiropractor” was third at 33.7% (n=68). Respondents were asked to choose all that apply so percentages will not equal 100%.

Specialist	2009		2013	
	Count	Percent	Count	Percent
Dentist*	105	48.6%	122	60.4%
Optometrist	76	35.2%	81	40.1%
Chiropractor	63	29.2%	68	33.7%
Orthopedic surgeon	50	23.1%	55	27.2%
Radiologist**	34	15.7%	53	26.2%
Physical therapist	Not asked		49	24.3%
General surgeon	61	28.2%	41	20.3%
Cardiologist	36	16.7%	34	16.8%
Dermatologist	45	20.8%	33	16.3%
OB/GYN	28	13.0%	24	11.9%
Ophthalmologist	Not asked		22	10.9%
Urologist	27	12.5%	22	10.9%
Neurologist	20	9.3%	18	8.9%
Podiatrist	25	11.6%	17	8.4%
Sleep study specialist	Not asked		17	8.4%
ENT (ear/nose/throat)	22	10.2%	16	7.9%
Oncologist	13	6.0%	14	6.9%
Orthodontist	Not asked		14	6.9%
Gastroenterologist	Not asked		12	5.9%
Allergist	Not asked		11	5.4%
Rheumatologist	6	2.8%	10	5.0%
Pediatrician	6	2.8%	9	4.5%
Endocrinologist	Not asked		8	4.0%
Mental health counselor	6	2.8%	8	4.0%
Dietician	7	3.2%	7	3.5%
Pulmonologist	Not asked		7	3.5%
Chronic pain management	6	2.8%	5	2.5%
Occupational therapist	Not asked		5	2.5%
Psychiatrist (M.D.)	6	2.8%	4	2.0%
Social worker	5	2.3%	3	1.5%
Neurosurgeon	0	0	2	1.0%
Speech therapist	Not asked		2	1.0%
Psychologist	2	0.9%	1	0.5%
Substance abuse counselor	0	0	1	0.5%
Geriatrician	Not asked		0	0
Other	15	6.9%	11	5.4%

\*In 2013, significantly more respondents visited a dentist than in 2009; 2013: 60.4%, 2009: 48.6%.

\*\*In 2013, significantly more respondents saw a radiologist than in 2009; 2013: 26.2%, 2009: 15.7%.

“Other” comments:

- Whatever doctor does colonoscopies
- Kidney Specialist
- Heart doctor
- Heart surgeon
- Wound specialist
- Don't know his specialty
- Dental surgeon
- Family doctor
- Reflexologist
- Acupuncturist
- Massage therapist
- Cataracts removed
- Plastic surgeon
- MD
- Diabetes Counselor
- General Doctor
- Veterans Affairs (VA)

## Location of Health Care Specialist (Question 22)

2009 N= 216

2013 N= 202

Of the 202 respondents who indicated they saw a health care specialist, 56.4% (n=114) visited one at Central Montana Medical Center. Billings Clinic and St. Vincent Healthcare were also both highly reported locations at 34.7% (n=70) and 28.2% (n=57) respectively. Respondents could select more than one location; therefore percentages do not equal 100%.

Location	2009		2013	
	Count	Percent	Count	Percent
Central Montana Medical Center	139	64.4%	114	56.4%
Billings Clinic*	123	56.9%	70	34.7%
St. Vincent Healthcare	Not asked		57	28.2%
Benefis	Not Asked		41	20.3%
Veterans Clinic/Hospital	Not asked		13	6.4%
Other	12	5.6%	53	26.2%

\*In 2009, significantly more respondents selected a specialist at Billings Clinic than in 2013; 2009: 56.9%, 2013: 34.7%.

### “Other” comments:

- Foot and ankle clinic
- Helena Pediatric
- Kiesling Brothers Eye Care Associates
- Associated Dermatology
- Local office (3)
- Ortho Montana
- Billings, MT (4)
- Great Falls, MT for a Root Canal Specialist
- Dr. Don Hecht
- Great Falls clinic (8)
- Kalispell Regional Medical center
- Michelle Feller
- Pediatric G.I.
- Lewiston and Great Falls (6)
- All in Lewiston
- Community Chiropractic Great Falls (ophthalmologist)
- Local (4)
- Private practice in Lewiston (2)
- Huckle Berry Health Care
- Dentist Office (5)
- Ophthalmologist office (3)
- Missoula, MT
- Stanford, MT
- Gillette, WY
- Gallup, MT
- VA in Salt Lake City, UT
- VA in Billings, MT
- Billings Vision
- Moen Family Dental
- Frontier Cancer Center
- Yellowstone Medical Center

## Overall Quality of Care at Central Montana Medical Center (Question 23)

Respondents were asked to rate a variety of aspects of the overall care provided at Central Montana Medical Center. Respondents were asked to rate the services using the scale of 4=Excellent, 3=Good, 2=Fair, 1=Poor and “Don’t know” or “Haven’t used.” The sums of the average scores were then calculated with both “Ambulance services” and “Rehabilitation services” receiving the top average score of 3.4 out of 4.0. The total average score was 3.1, indicating the overall services of the hospital to be “Good”.

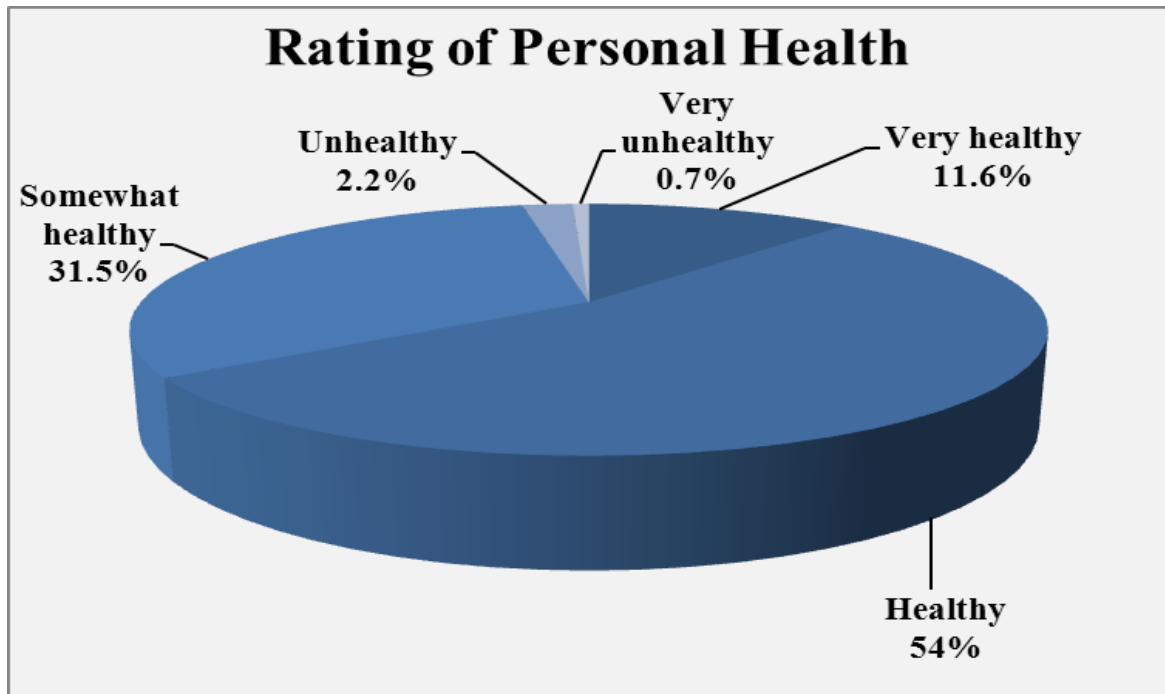
<b>2013</b>	<b>Excellent (4)</b>	<b>Good (3)</b>	<b>Fair (2)</b>	<b>Poor (1)</b>	<b>Don't know</b>	<b>No Ans.</b>	<b>N</b>	<b>Avg.</b>
Admissions/receiving	82	17	37	6	26	20	288	3.2
<b>Ambulance services</b>	40	32	9	1	176	30	288	<b>3.4</b>
Dietician/diabetes services	14	22	11	3	202	36	288	2.9
Emergency department	60	82	32	11	76	27	288	3.0
General surgery	30	49	11	2	162	34	288	3.2
Home care (Home Health/ Hospice)	33	28	8	1	183	35	288	3.3
Laboratory	86	111	21	3	45	22	288	3.3
Long term care/skilled nursing	15	25	12	2	210	24	288	3.0
OB/birthing services	22	25	8	4	191	38	288	3.1
Orthopedic surgery	19	24	8	5	192	40	288	3.0
Outpatient treatment (chemo/IV infusion/blood transfusion)	20	20	10	1	204	33	288	3.2
Radiology/imaging	35	72	28	39	83	31	288	2.6
Sleep study	12	23	6	0	206	41	288	3.1
<b>Rehabilitation services</b> (cardiac/ respiratory/ occupational/physical/speech)	48	40	11	1	153	35	288	<b>3.4</b>
<b>TOTAL</b>	<b>516</b>	<b>570</b>	<b>212</b>	<b>79</b>				<b>3.1</b>

<b>2009</b>	<b>Excellent (4)</b>	<b>Good (3)</b>	<b>Fair (2)</b>	<b>Poor (1)</b>	<b>No Ans.</b>	<b>N</b>	<b>Average</b>
Emergency room	95	75	14	9	105	298	3.3
Laboratory	94	73	10	6	115	298	3.4
Physical therapy	51	22	9	1	215	298	3.5
<b>Ambulance service</b>	47	16	1	0	234	298	<b>3.7</b>
Nursing home (CMMC's skilled nursing center)	13	11	3	3	268	298	3.1
Radiology (x-ray)	79	51	15	8	145	298	3.3
Surgery	54	22	9	2	211	298	3.5
Sleep studies	20	12	3	1	262	298	3.4
<b>Hospice</b>	19	5	1	0	273	298	<b>3.7</b>
Sports medicine center	4	2	0	1	291	298	3.3
Cardiac rehabilitation	16	10	2	0	270	298	3.5
Occupational therapy	15	7	2	1	273	298	3.4
Social services	10	5	2	1	280	298	3.3
<b>TOTAL</b>	<b>517</b>	<b>311</b>	<b>71</b>	<b>33</b>			<b>3.4</b>

**Personal Health (Question 24)**

2013 N= 288

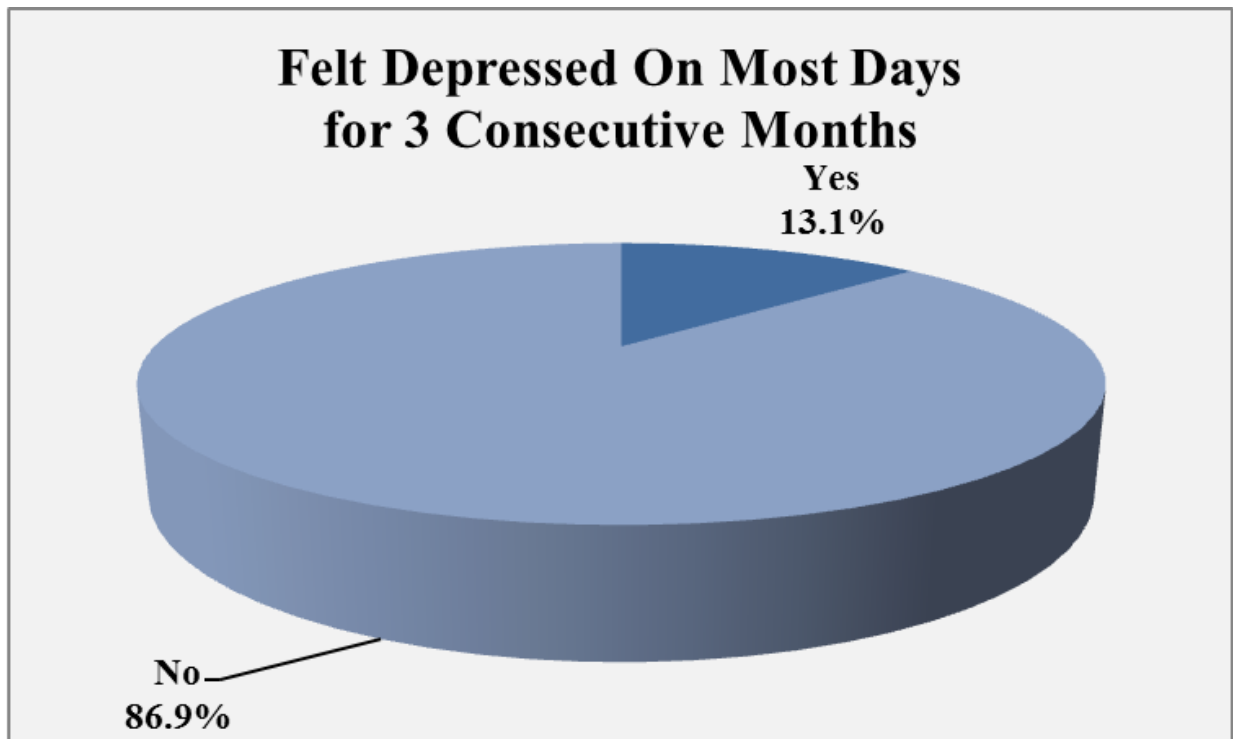
Respondents were asked to rate their own personal health. Fifty-four percent of respondents (n=149) rated themselves as “Healthy,” 31.5% percent of respondents (n=87) felt they were “Somewhat healthy” and 11.6% (n=32) felt they were “Very healthy.”



### Prevalence of Depression (Question 25)

2013 N= 275

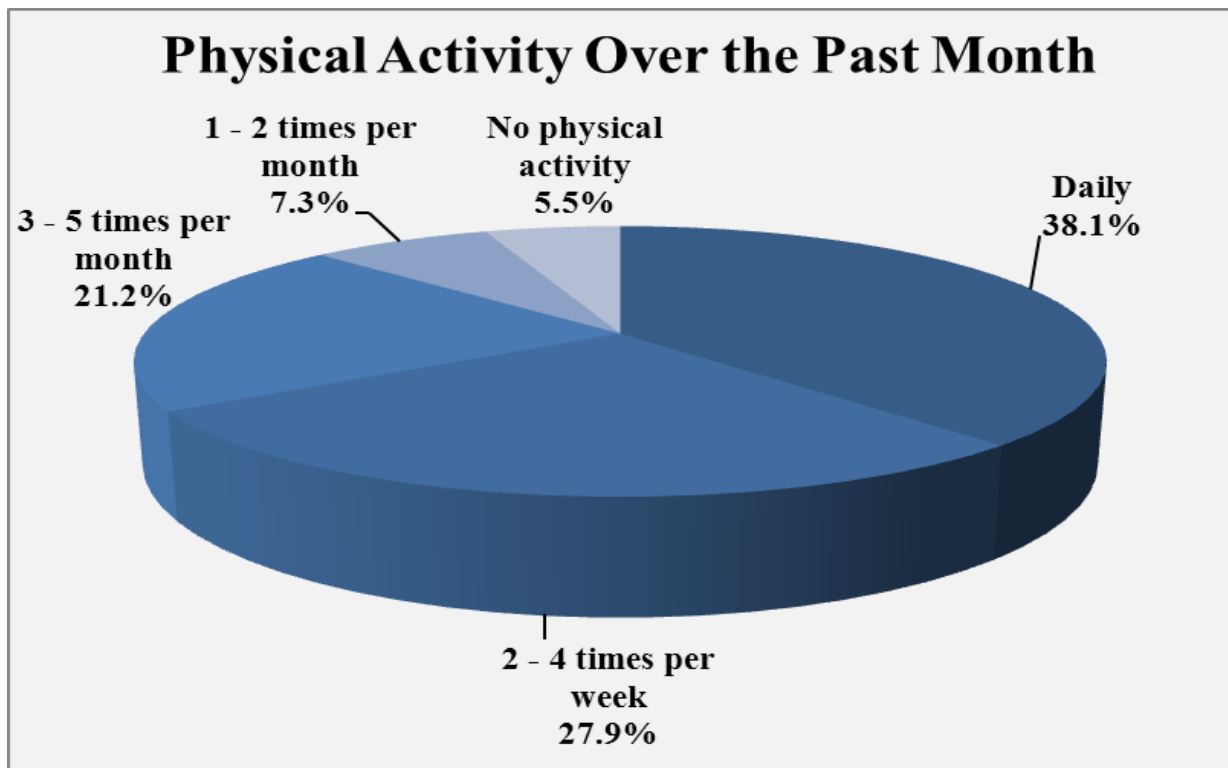
Respondents were asked to indicate if there were periods of at least three consecutive months in the past three years where they felt depressed on most days. Thirteen percent of respondents (n=36) indicated they had experienced periods of feeling depressed and 86.9% of respondents (n=239) indicated they had not. Thirteen respondents chose not to answer this question.



### Physical Activity (Question 26)

2013 N= 273

Respondents were asked to indicate how frequently they had physical activity for at least 20 minutes over the past month. Thirty-eight percent of respondents (n=104) indicated they had physical activity of at least 20 minutes “Daily” and 27.9% (n=76) indicated they had physical activity “2 to 4 times per week” over the past month. Twenty-one percent of respondents (n=58) indicated they had physical activity “3 to 5 times per month” and 5.5% (n=15) reported “No physical activity.” Fifteen respondents chose not to answer this question.

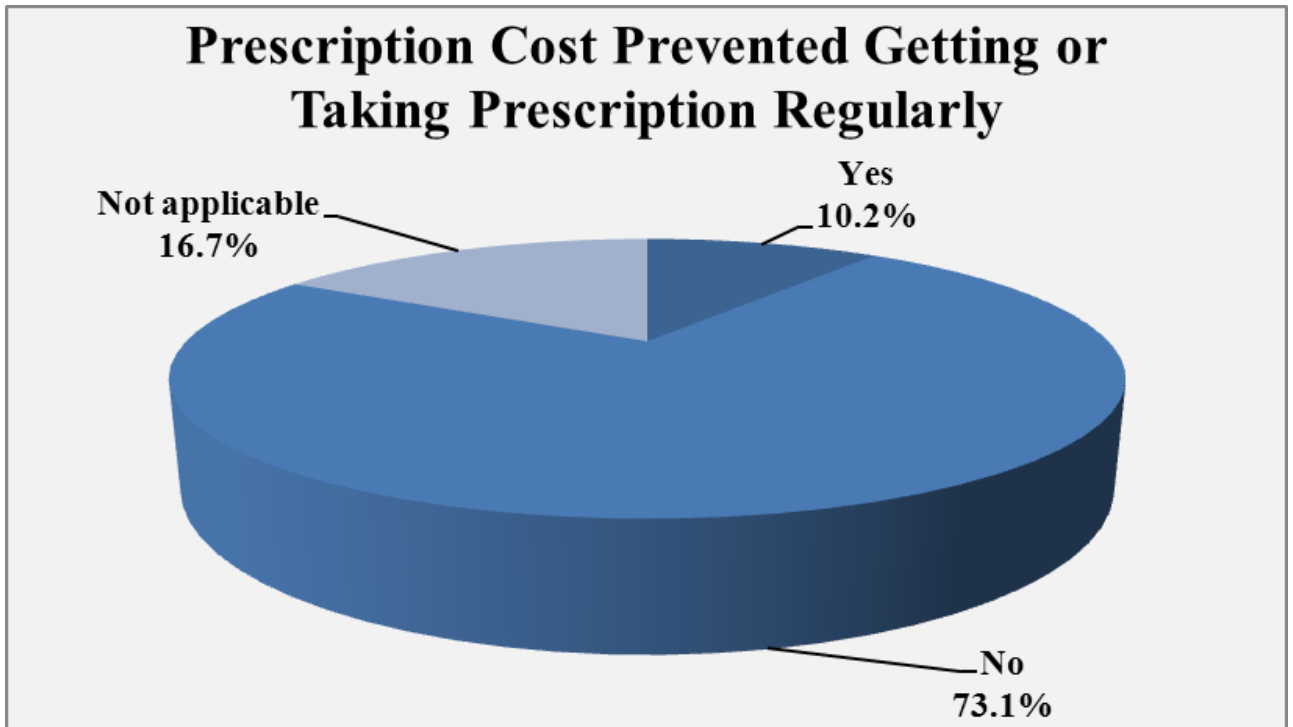




### Cost and Prescription Medications (Question 27)

2013 N= 275

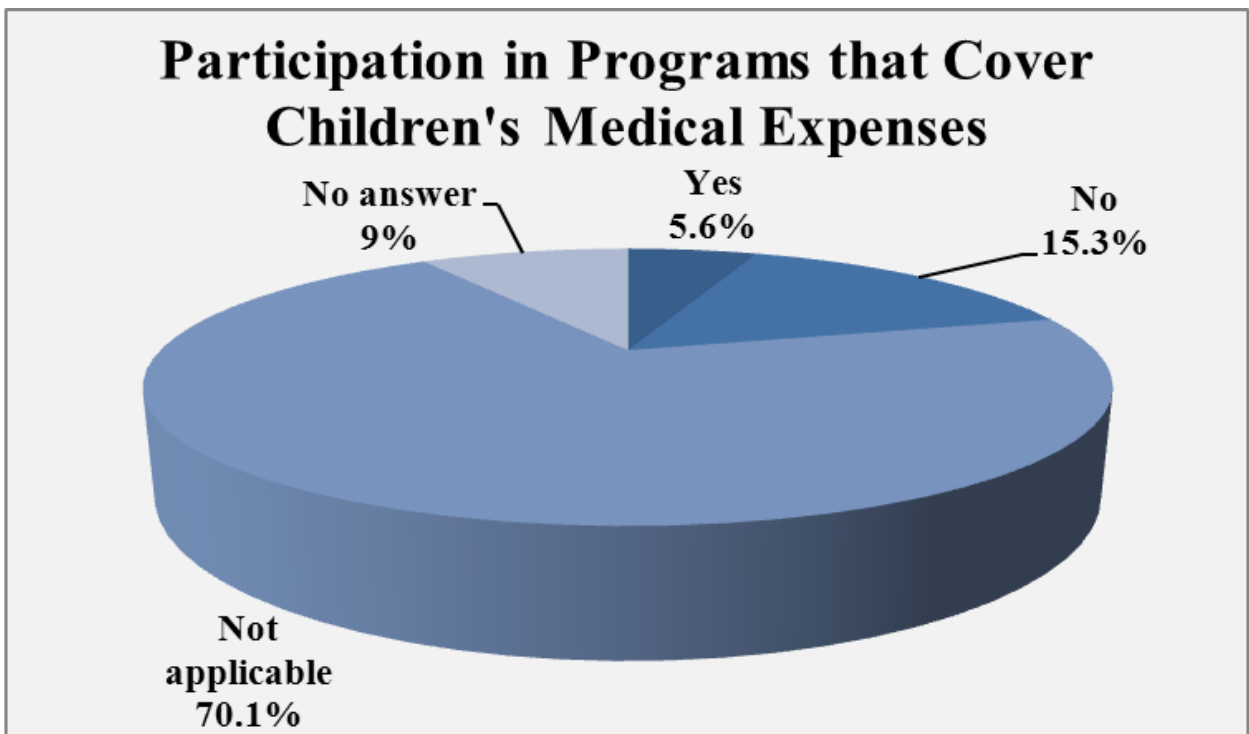
Respondents were asked to indicate if, during the last year, medication costs had prohibited them from getting a prescription or taking their medication regularly. Ten percent of respondents (n=28) indicated that in the last year, cost did prohibit them from getting a prescription or taking their medication regularly. Seventy-three percent of respondents (n=201) indicated that cost had not prohibited them. Thirteen respondents chose not to answer this question.



### Insured Children (Question 28)

N= 262

Respondents were asked whether their medical expenses are covered by Healthy Montana Kids or another government funded program for their children 0-17 years of age. Six percent (n=16) indicated their children were covered through MT Healthy Kids or another government funded program. Fifteen percent (n=144) indicated their children were not covered by these programs and 70.1% (n=202) indicated this question was not applicable. Twenty-six people (9%) chose not to answer this question.



### Medical Insurance (Question 29)

2009 N= 257

2013 N= 238

Respondents were asked to indicate what type of medical insurance covers the majority of their medical expenses. Thirty-seven percent (n=89) indicated they have “Employer sponsored” coverage. Thirty-two percent (n=75) indicated they have “Medicare” and “Private insurance/private plan” was indicated by 14.3% of respondents (n=34). Fifty respondents chose not to answer this question.

Insurance Type	2009		2013	
	Count	Percent	Count	Percent
Employer sponsored	102	39.7%	89	37.4%
Medicare	77	30.0%	75	31.5%
Private insurance/private plan	Not asked		34	14.3%
No insurance	20	7.8%	22	9.2%
VA/Military	11	4.3%	11	4.6%
Medicaid	4	1.6%	2	0.8%
Health Savings Account	0	0	1	0.4%
State/other	3	1.2%	1	0.4%
Agricultural Corp. paid	0	0	0	0
Indian Health	0	0	0	0
CHIPS	3	1.2%	Not asked	
Self-paid	32	12.5%	Not asked	
Other	5	1.9%	3	1.3%
<b>TOTAL</b>	<b>257</b>	<b>100%</b>	<b>238</b>	<b>100%</b>

“Other” comments:

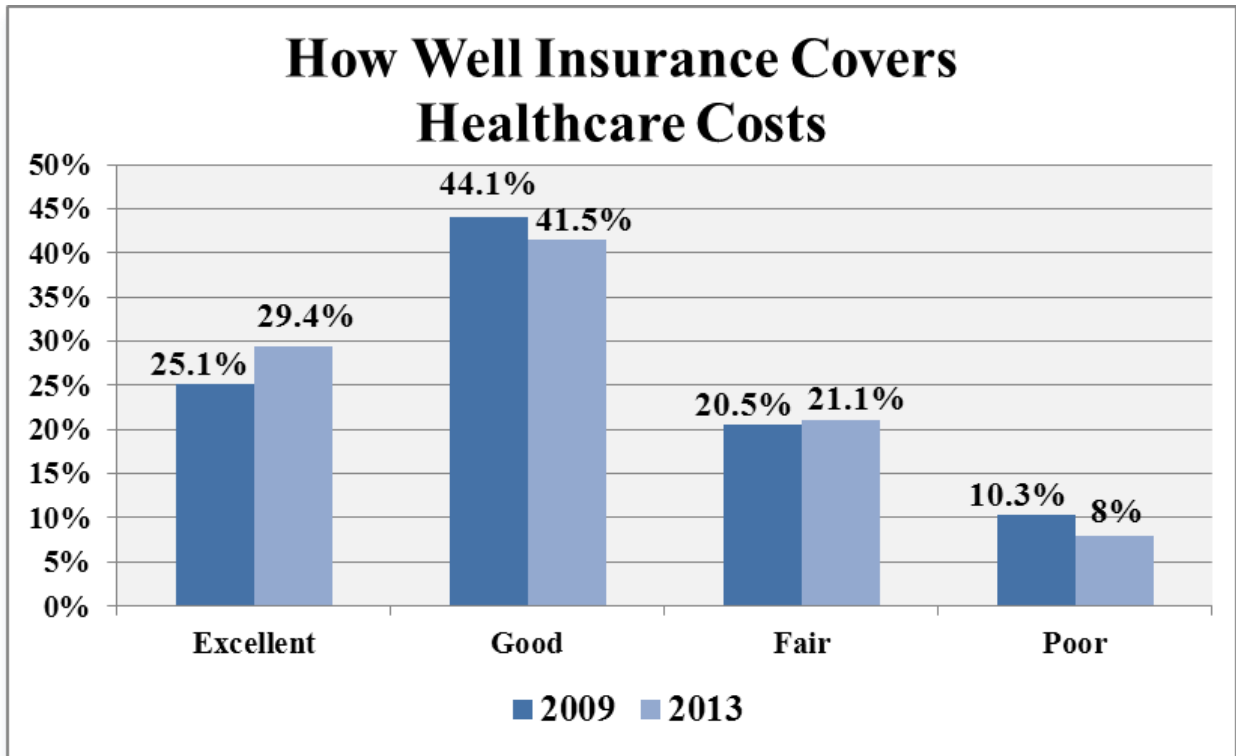
- Supplemental (2)
- Cancer Ins.
- High Deductible Health Plan (HDHP) with Blue Cross
- Can't afford
- Blue Cross Blue Shield (3)
- N/A
- American Association of Retired Persons (AARP)
- Christian Health Ministry (sharing medical costs) (2)
- United Healthcare
- Alternative insurance for major hospital incidences

### Insurance and Health Care Costs (Question 30)

2009 N= 263

2013 N= 265

Respondents were asked to indicate how well they felt their health insurance covers their health care costs. Forty-two percent of respondents (n=110) indicated they felt their insurance covers a “Good” amount of their health care costs. Twenty-nine percent of respondents (n=78) indicated they felt their insurance is “Excellent” and 21.1% of respondents (n=56) indicated they felt their insurance was “Fair.”



“Other” comments:

- Poor, \$5,000 deductible
- N/A (4)

### Barriers to Having Health Insurance (Question 31)

2009 N= 20

2013 N= 22

Those respondents who indicated they did not have medical insurance were asked to indicate why they did not. Eighty-two percent (n=18) reported they did not have health insurance because they could not afford to pay for it and 18.2% (n=4) indicated they “Choose not to have medical insurance” or their “Employer does not offer insurance.” Respondents were asked to mark all answers that applied, thus the percentages do not equal 100%.

Reason	2009		2013	
	Count	Percent	Count	Percent
Cannot afford to pay for medical insurance	18	90%	18	81.8%
Choose not to have medical insurance	1	5%	4	18.2%
Employer does not offer insurance	3	15%	4	18.2%
Cannot get medical insurance due to medical issues	2	10%	1	4.5%
Other	0	0	1	4.5%

“Other” comments:

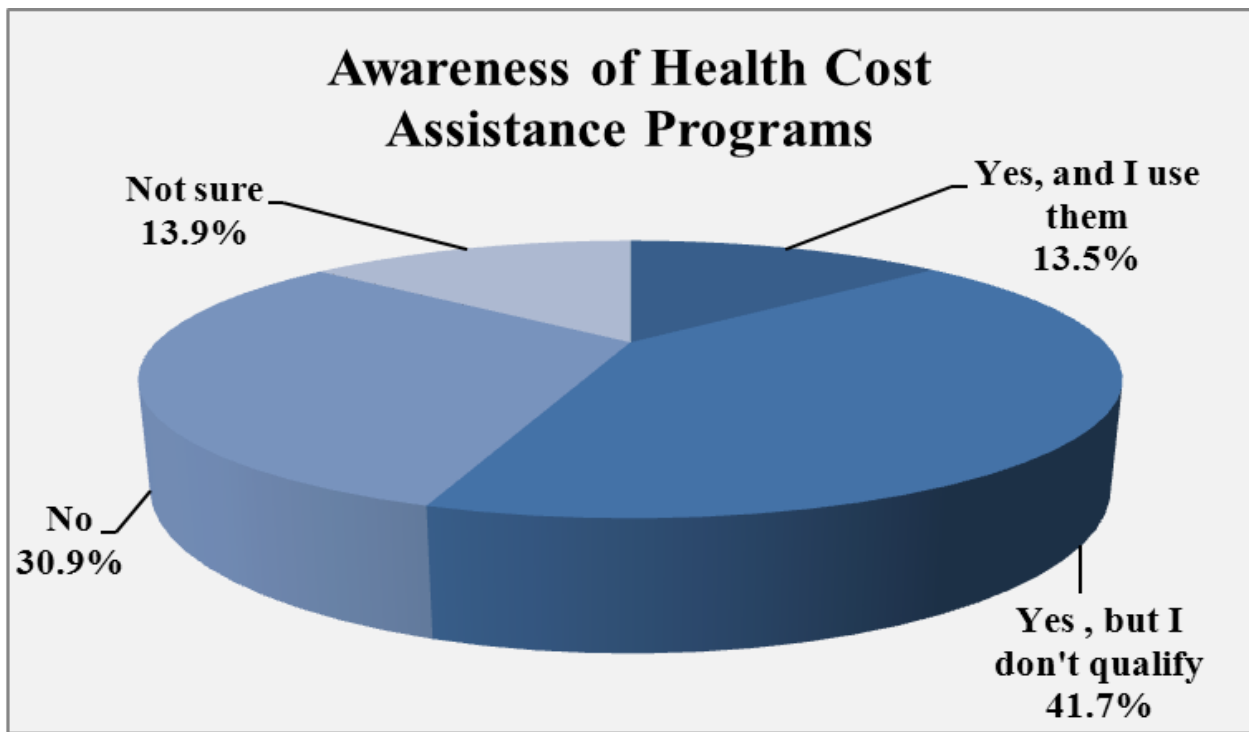
- Doesn't apply (2)
- N/A
- Unemployed
- VA
- Self-employed
- Have alternative, Christian Healthcare Ministries

### Awareness of Health Payment Programs (Question 32)

2009 N= 280

2013 N= 259

Respondents were asked to indicate their awareness of programs that help people pay for health care bills. Forty-two percent of respondents (n=108) indicated they were aware of these types of programs, but did not qualify to utilize them. Thirty-one percent (n=80) indicated that they were not aware of these programs and 13.9% of respondents (n=36) indicated they were unsure. Twenty-nine respondents chose not to answer this question.



“Other” comments:

- Yes, but chose not to use them

## **VI. Focus Group Methodology**

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Three focus groups were held in Central Montana Medical Center's service area in March and April 2013. Eighteen people participated in the three focus group interviews. The focus groups were designed to represent various consumer groups of health care including senior citizens and local community members. The focus groups were held in Winifred, Denton, and Lewistown. Each group was 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 Ann Tuss, Central Montana Medical Center Community Relations and Foundation. Ms. Tuss provided the Montana Office of Rural Health with the focus group notes which were then compiled into a summary of the focus group findings to be included in this report.

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

## Focus Group Findings

The following themes and issues emerged from the responses participants gave to the line of questions found in Appendix F.

- *Major issues in health care-* A variety of themes were discussed throughout the focus group meetings. The most common themes were concerns about health insurance, the cost of healthcare, travelling long distances for health services, the importance of prevention, health services for senior citizens, and lack of transportation.
- *Opinion of services and quality of care at Central Montana Medical Center:*

*Quality of Care-* Participants spoke highly of the level of care they receive at Central Montana Medical Center. Some participants noted that scheduling with some surgical procedures could be improved.

*Number of Services-* In general, participants found the number of services available to be adequate and are grateful for local care. However, participants suggested adding dialysis, more emphasis on Alzheimer's, and an Oxygen Hyperbolic Chamber.

*Hospital Staff-* Participants discussed the hospital staff in terms of style of care and competence. Hospital staff including physicians, nurses, and ER staff was viewed very well by participants. Participants have had good experiences with hospital staff and find them to be personable. One participant noted, "Post-surgery care was excellent at CMMC. The nurses and nurse aids did a very good job."

*Hospital Board and Leadership-* Participants were interested in knowing how members of the Governing Board are selected and if community members had input on the selection, "It seems the community should have more to say about who serves on the Governing Board." Participants are excited about the new CEO (Mr. Rhodes) and appreciate his involvement in the community.

*Business Office-* Participants felt that billing and insurance are confusing and would like to receive itemized bills so they can better understand the charges. Participants also suggested combining billing, noting, "The clinic bills, hospital bills, and some physician's bills are too confusing. It should all be from one billing department."

*Condition of Facility and Equipment-* Participants found the condition of the facility to be clean and well-equipped with updated mammography and a bone density scanner. Participants were impressed with the nice radiology department and think the cardiac rehab/fitness center is very clean. "We have a very nice, classy, sharp-looking Radiology Department."



*Financial Health of the Hospital-* Some participants were not aware that information about the financial health of the hospital is publicly available through the annual report. Other participants corrected this misinformation and one participant noted, “I like to get the Annual Report. It makes for excellent reading material. One can know all about the financial stability of the hospital through this report.”

*Cost-* Participants are concerned about “outrageous” healthcare costs. One participant commented, “I notice cost/charges. I am scared for our future – where is Medicare going to take us? I wonder how hospitals can stay afloat when people can’t pay their bills.” Another participant expressed interest in seeing “a cost comparison of what our hospital charges compared to other hospitals in Billings and Great Falls.”

*Office/Clinic Staff-* Participants spoke highly of office and clinic staff. One participant stated, “Overall, we are pleased with the nursing staff in the clinic. We are moderately pleased with staff in the hospital and there is excellent staff in the Nursing Home.”

*Availability-* Participants are grateful to have the hospital in town so they do not have to travel elsewhere for healthcare and are satisfied with the hours offered by the clinic. Participants mentioned frustration on the limited availability on Fridays “because many physicians leave their practice on Fridays and tell patients, ‘If you’re too sick to wait until Monday, go to the ER’.”

- *Opinion of local providers-* Participants indicated they mostly use local providers as their or their family’s personal provider and trust that providers make appropriate referrals when necessary. Reasons noted for using local services included: the providers’ intelligence, convenience, to support the local hospital, and confidence in the doctors in Lewistown.
- *Opinion of Local Services:*

*Emergency Room-* Participants found the emergency room to be suitable for the community’s needs and spoke highly of ER staff. Participants wondered if the new ER is necessary and wanted to know whether ER staff supported a new emergency room.

*Ambulance Service-* Participants find the ambulance services to be efficient and are thankful for the volunteer EMT’s. One participant was curious to know how “the interception of Lewistown’s ambulance and rural ambulances work.”

*Health Care Services for Senior Citizens-* Participants were very satisfied with the services available for senior citizens and find the Nursing Home at CMMC to be excellent. They praised the Council on Aging and the shuttle service they provide. Participants were also grateful to have the foot clinic and Home Oxygen services in surrounding rural communities.

*Public/County Health Department-* Some participants were unaware of the health department's role. Others who were more familiar with the health department were impressed with the services they offer and appreciate the referrals they have received from physicians to utilize the health department's services.

*Health Care Services for Low-Income Individuals-* Participants seemed content with healthcare services that are available for low-income individuals and families and are happy to have the Community Health Center in Lewistown. Most participants were pleased to have Family Planning education and resources in the community as well.

*Nursing Home/Assisted Living Facility-* Participants are appreciative of the Nursing Home and Assisted Living Facilities available. One participant did note, "I think an extra wing for Assisted Living on CMMC's Nursing Home site would be beneficial for our community."

- *Suggestions to Make the Community a Healthier Place to Live-* Generally, participants were very satisfied with the opportunities and services available to them to live healthy lives. They specifically mentioned the Central Montana Foundation, the Civic Center, Bountiful Baskets, and social groups for the elderly. Participants suggested that a facility for walking/exercise or access to the school gym to walk would help make Lewistown and the surrounding area a healthier place to live.
- *Why people might leave the community for health care services-* Generally, participants would leave Lewistown for specialized services like naturopathy, hip replacements, and care for Multiple Sclerosis, cancer, or heart care issues. Participants also left because of past experiences or personality conflicts with providers.
- *Health Services needed in the Community-* Participants indicated a need for a cancer specialist, community fitness center, and more visiting specialists.

## VII. Summary

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Two hundred eighty-eight surveys were completed in Central Montana Medical Center's service area for a 39% response rate. Of the 288 surveys returned, 58.3% of the respondents were females and 66.7% were 56 years of age or older.

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

Seventy-eight percent of the respondents have seen a health care specialist during the past three years. The most frequent specialists seen were the "Dentist" at 60.4% (n=122), "Optometrist" at 40.1% (n=81) and "Chiropractor" at 33.7% (n=68).

Overall, the respondents within Central Montana 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 health care sector has on the economic well-being of the area, with 73% of respondents identifying local health care services as "very important" to the economic well-being of the area.

## **Appendix A- Steering Committee Members**

### **Steering Committee- Name and Organization Affiliation**

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1. Tom Wotojwick: Director- Fergus County Council on Aging
2. Jason Butcher: Superintendent- School District #1
3. Kevin Myhre: City Manager- Lewistown City
4. Kathy Bailey: Director- Snowy Mountain Development Corporation District #6
5. Michelle Foy: Director- Central Montana Health District
6. Sue Irvin: Director- Central Montana Family Planning
7. Jacques Rutten: Manager- News Argus
8. Fred Lark: Owner- KXLO/KLMC Radio
9. Leslie Lewis: Director- Central Montana Community Health Center
10. Lee Rhodes: CEO- CMMC
11. Alan Aldrich: CFO- CMMC
12. Dianne Scotten: CCO- SNC Executive Director- CMMC
13. Ann Tuss: Community Relations Manager- CMMC

Multipliers are calculated using a methodology called input-output modeling. The Research and Analysis Bureau 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 Fergus County has the following multipliers:

**Hospital Employment Multiplier = 1.41**

**Hospital Employee Compensation Multiplier = 1.32**

**Hospital Output Multiplier = 1.43**

What do these numbers mean? The employment multiplier of 1.41 can be interpreted to mean that for every job at Central Montana Medical Center, another .41 jobs are supported in Fergus County. Another way to look at this is that if Central Montana Medical Center suddenly went away, about 105 additional non-hospital jobs would also be lost in the county (based on 2010 hospital employment of 257). The employee compensation multiplier of 1.32 simply states that for every dollar in wages and benefits paid to the hospital's employees, another 32 cents of wages and benefits are created in other local jobs in Fergus County. Put another way, if Central Montana Medical Center suddenly went away, about \$3,044,275 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 Central Montana Medical Center, output in the county increases by another 43 cents.

There are other potential economic impacts of hospitals beyond those identified by the input-output analysis. Novak (2003)<sup>1</sup> 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 Central Montana Medical Center to the county 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.

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<sup>1</sup> 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