

Fergus County, Montana

Community Health Services Development Community Health Needs Assessment Report

Survey conducted by
Central Montana Medical Center
Lewistown, Montana

In cooperation with
The Montana Office of Rural Health

May 2016



MONTANA
STATE UNIVERSITY

Office of Rural Health
Area Health
Education Center

**Central Montana Medical Center
Community Health Needs Assessment
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**Central Montana Medical Center
Community Survey & Focus Groups
Summary Report
May 2016**

I. Introduction

Central Montana Medical Center (CMMC) is 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 with assistance from the National Rural Health Resource Center (NRHRC) in Duluth, Minnesota. Community involvement in steering committee meetings and focus groups enhance community engagement in the assessment process.

In the winter of 2015, Central Montana Medical Center's service area was surveyed about its healthcare system. This report shows the results of the survey in both narrative and chart formats. A copy of the survey instrument is included at the end of this report (Appendix D). Readers are invited to familiarize themselves with the survey instrument and the subsequent findings. The narrative report touches on the highlights while the charts present data for virtually every question asked. Please note: we are able to compare some of the 2016 survey data with data from previous surveys conducted in 2013 and 2009. If any statistical significance exists, it will be reported. The significance level was set at 0.05.

II. Health Assessment Process

A Steering Committee was convened to assist 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 November 2015. For a list of all Steering Committee members and their affiliations, see Appendix A. The Steering Committee met twice during the CHSD process; first to discuss health concerns in the community and offer their perspective in designing the survey instrument and again to review results of the survey and focus groups and to assist in the prioritization of health needs to address.

III. Survey Methodology**Survey Instrument**

In January 2016, 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 plus reasons for selection
- Local healthcare provider usage
- Services preferred locally
- Perception and satisfaction of local healthcare

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 healthcare providers and to discover reasons why people may leave the Lewistown area to seek healthcare services. It was intended that this research would help determine the awareness of local programs and services, as well as the level of satisfaction with local services, providers, and facilities. Additional focus groups were facilitated by Ann Tuss, Foundation Manager at Central Montana Medical Center. Ms. Tuss' notes can be found in Appendix G.

Information Gaps

Data

It is a difficult task to define the health of rural and frontier communities in Montana due to the large geographic size, economic and environmental diversity, and low population density. Obtaining reliable, localized health status indicators for rural communities continues to be a challenge in Montana.

There are many standard health indices used to rank and monitor health in an urban setting that do not translate as accurately in rural and frontier areas. In the absence of sufficient health indices for rural and frontier communities in Montana, utilizing what is available is done with an understanding of access to care in rural and frontier Montana communities and barriers of disease surveillance in this setting.

The low population density of rural and frontier communities require regional reporting of many major health indices including chronic disease burden and behavior health indices. The Montana BRFSS [Behavioral Risk Factor Surveillance System], through a cooperative agreement with the Center for Disease Control (CDC), is used to identify regional trends in health-related behaviors. The fact that many health indices for rural and frontier counties are reported regionally makes it impossible to set the target population aside from the five more-developed Montana counties.

Limitations in Survey Methodology

A common approach to survey research is the mailed survey. However, this approach is not without limitations. There is always the concern of non-response as it may affect the representativeness of the sample. Thus a mixture of different data collection methodologies is recommended. Conducting community focus groups and key informant interviews in addition to the random sample survey allows for a more robust sample and, ultimately, these efforts help to increase the community response rate. Partnering with local community organizations such as public health, community health centers, and senior centers, just to name a few, helps to reach segments of the population that might not otherwise respond to a survey or attend a focus group.

Survey Implementation

In January 2016, the community health services development survey, a cover letter from the National Rural Health Resource Center with Central Montana Medical Center's Chief Executive Officer's signature on Central Montana Medical Center letterhead, and a postage paid reply envelope were mailed to 800 randomly selected residents in the hospital'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.

Three hundred eleven surveys were returned out of 800. Of those 800 surveys, 44 surveys were returned undeliverable for a 41% response rate. From this point on, the total number of surveys will be out of 756. 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 4.22%.

IV. Survey Respondent Demographics

A total of 756 surveys were distributed amongst Central Montana Medical Center's service area. Three hundred eleven were completed for a 41% response rate. The following tables indicate the demographic characteristics of the survey respondents. Information on location, gender, age, and employment is included. Percentages indicated on the tables and graphs are based upon the total number of responses for each individual question, as some respondents did not answer all questions.

Place of Residence (Question 32)

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. Two respondents in 2016, chose not to answer this question.

| | | 2009 | | 2013 | | 2016 | |
|--------------|----------|------------|-------------|------------|-------------|-------------------|-------------|
| Location | Zip Code | Count | Percent | Count | Percent | Count | Percent |
| Lewistown | 59457 | 209 | 71.6% | 211 | 74.6% | 250 | 80.9% |
| Grass Range | 59032 | 7 | 2.4% | 14 | 4.9% | 9 | 2.9% |
| Denton | 59430 | 11 | 3.8% | 7 | 2.5% | 8 | 2.6% |
| Winifred | 59489 | 8 | 2.7% | 8 | 2.8% | 8 | 2.6% |
| Hobson | 59452 | 10 | 3.4% | 9 | 3.2% | 7 | 2.3% |
| Moore | 59464 | 10 | 3.4% | 11 | 3.9% | 6 | 1.9% |
| Winnett | 59087 | 5 | 1.7% | 1 | 0.4% | 5 | 1.6% |
| Roy | 59471 | 0 | 0 | 3 | 1.1% | 5 | 1.6% |
| Hilger | 59451 | 8 | 2.7% | 4 | 1.4% | 4 | 1.3% |
| Stanford | 59479 | 10 | 3.4% | 7 | 2.5% | 4 | 1.3% |
| Judith Gap | 59453 | 4 | 1.4% | 0 | 0 | 2 | 0.6% |
| Moccasin | 59462 | 7 | 2.4% | 7 | 2.5% | 1 | 0.3% |
| Geyser | 59447 | 3 | 1.0% | 1 | 0.4% | Not asked in 2016 | |
| TOTAL | | 292 | 100% | 283 | 100% | 309 | 100% |

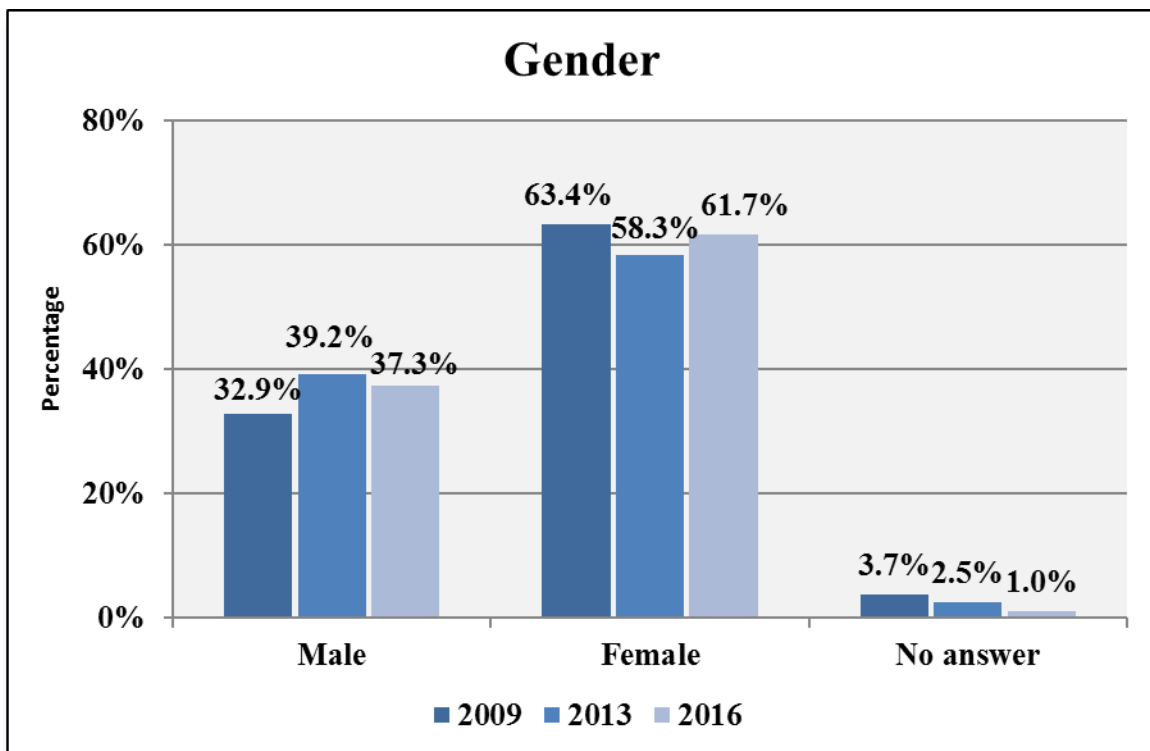
Gender (Question 33)

2016 N= 311

2013 N= 288

2009 N= 298

Of the 311 surveys returned, 61.7% (n=192) of survey respondents were female, 37.3% (n=116) were male, and 1% (n=3) chose not to answer this question. The survey was distributed to a random sample consisting of 50% women and 50% men. It is not unusual for survey respondents to be predominantly female, particularly when the survey is healthcare-oriented since women are frequently the healthcare decision makers for families.



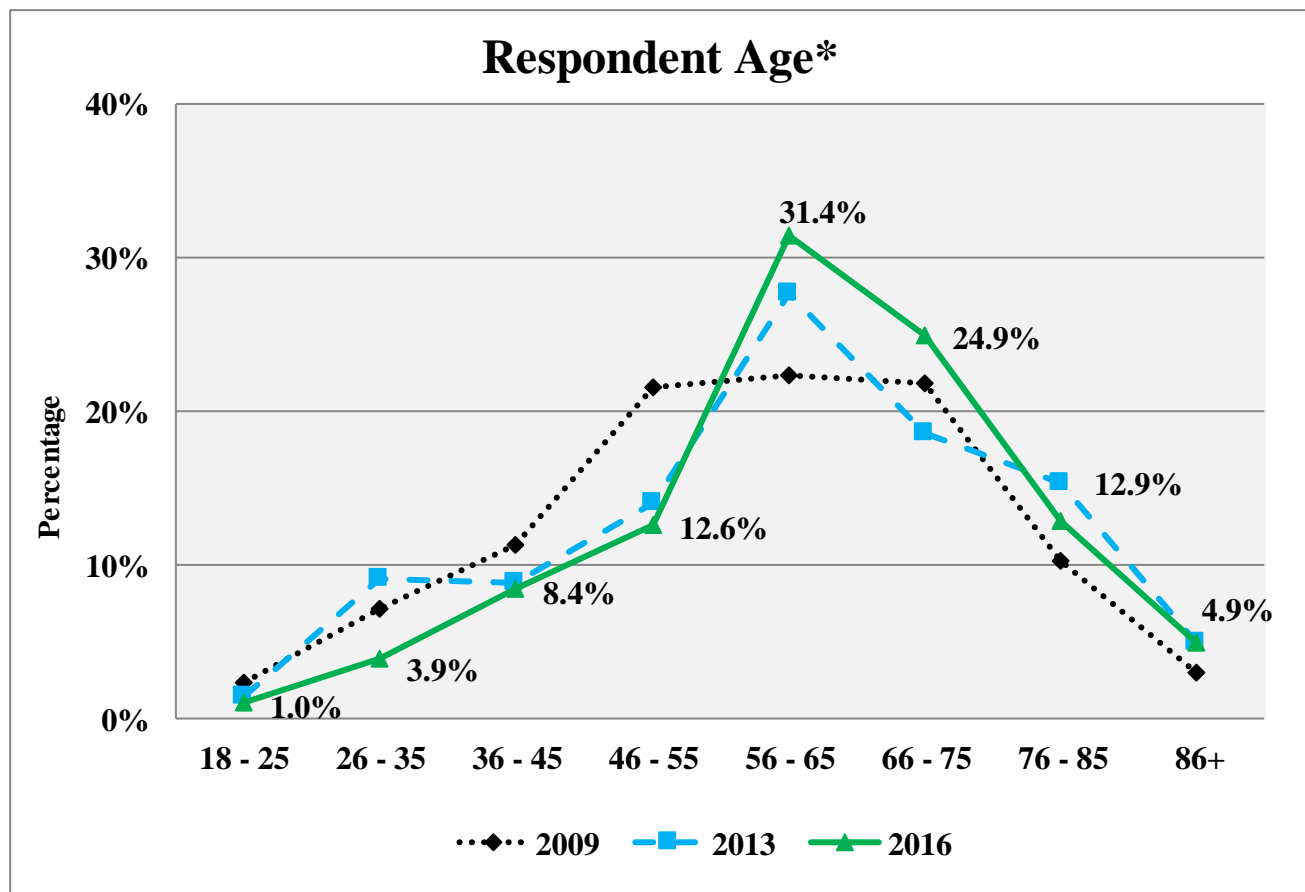
Age of Respondents (Question 34)

2016 N= 309

2013 N= 285

2009 N= 292

Thirty-one percent of respondents (n=97) were between the ages of 56-65. Twenty-five percent of respondents (n=77) were between the ages of 66-75 and 12.9% of respondents (n=40) were between the ages of 76-85. This statistic is comparable to other Critical Access Hospital demographics. The increasing percentage of aging residents in rural communities is a trend which is seen throughout Montana and will likely have a significant impact on the need for healthcare services during the next 10-20 years. However, it is important to note that the survey was targeted to adults and, therefore, no respondents are under age 18. Older residents are also more invested in healthcare decision making and are more likely to respond to healthcare surveys, as reflected by this graph.



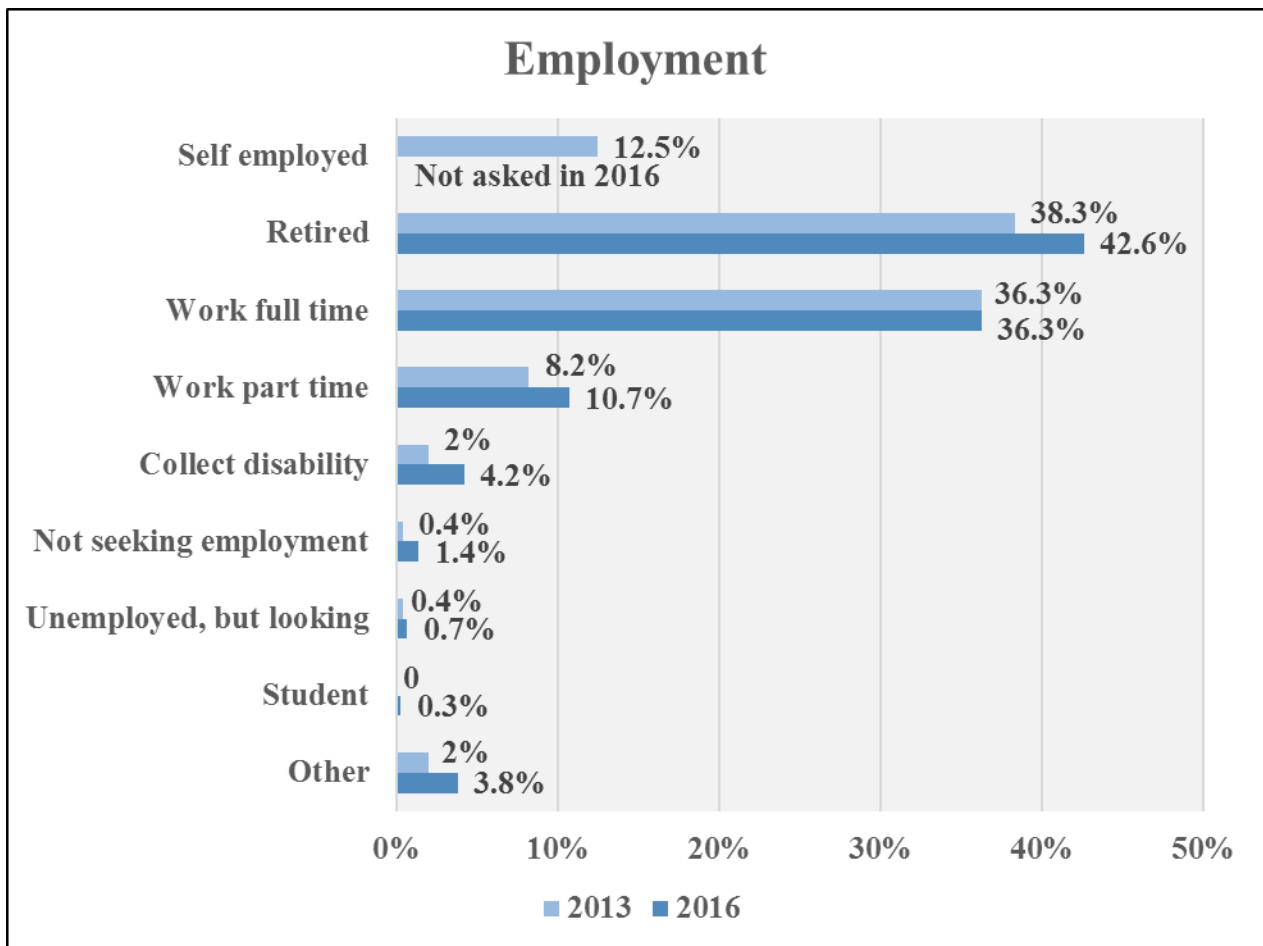
* 2016 respondents were significantly older than 2009 respondents.

Employment Status (Question 35)

2016 N= 289

2013 N= 256

Forty-three percent (n=123) of respondents reported they are retired while 36.3% (n=105) work full time. Eleven percent of respondents (n=31) indicated they work part time. Respondents could check all that apply so the percentages do not equal 100%.



“Other” comments:

- Self-employed (7)
- Homemaker (3)
- Semi-retired
- Volunteer
- Unavailable to work

V. Survey Findings – Community Health

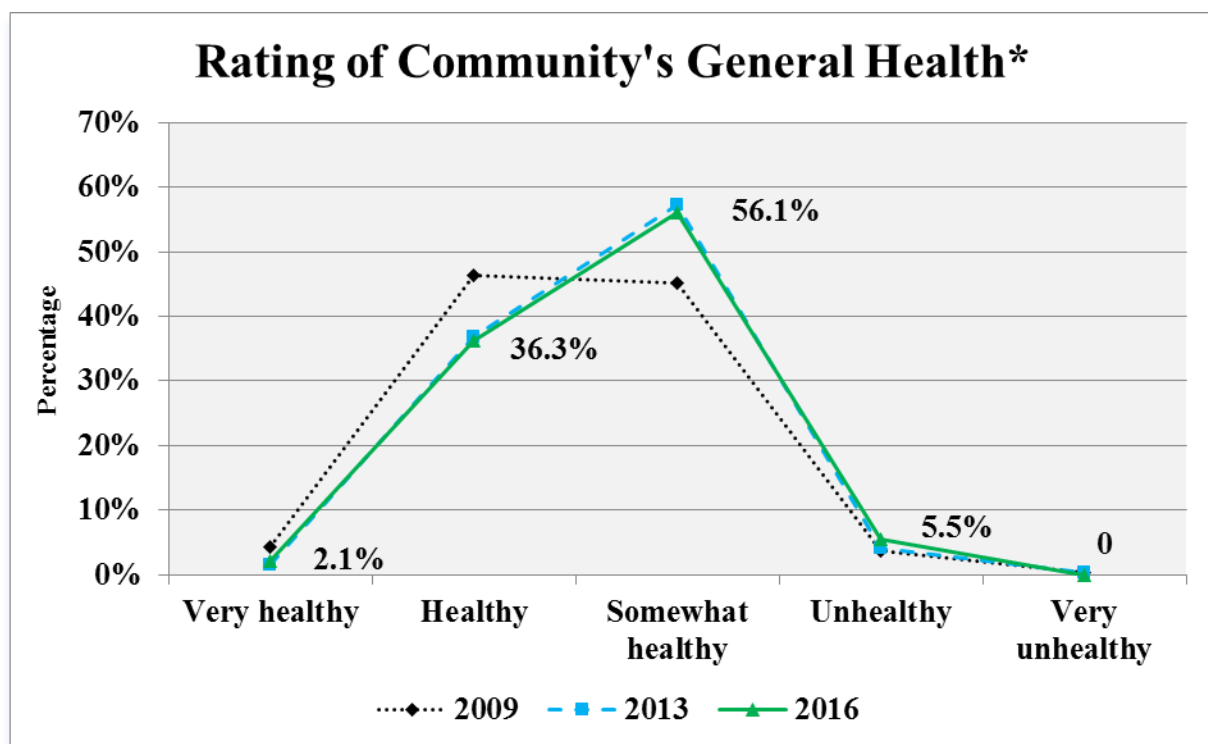
Impression of Community (Question 1)

2016 N= 289

2013 N= 271

2009 N= 281

Respondents were asked to indicate how they would rate the general health of their community. Fifty-six percent of respondents (n=162) rated their community as “Somewhat healthy.” Thirty-six percent of respondents (n=105) felt their community was “Healthy” and 5.5% (n=16) felt their community was “Unhealthy.”



*Significantly fewer 2016 respondents rated their community as healthy or very healthy compared to 2009 respondents.

Health Concerns for Community (Question 2)

2016 N= 311

2013 N= 288

2009 N= 298

Respondents were asked what they felt the three most serious health concerns were in their community. The top identified health concern was “Alcohol abuse/ substance abuse” with 64% (n=199). “Cancer” was also a high priority at 42.4% (n=132) followed by “Obesity/overweight” at 38.9% (n=121). Respondents were asked to pick their top three serious health concerns so percentages do not equal 100%.

| | 2009 | | 2013 | | 2016 | |
|---|-------------------|---------|-------------------|---------|-------|---------|
| Health Concern | Count | Percent | Count | Percent | Count | Percent |
| Alcohol abuse/substance abuse ¹ | 110 | 36.9% | 121 | 42.0% | 199 | 64.0% |
| Cancer | 140 | 47.0% | 127 | 44.1% | 132 | 42.4% |
| Overweight/obesity ² | 88 | 29.5% | 112 | 38.9% | 121 | 38.9% |
| Mental health issues ³ | 26 | 8.7% | 27 | 9.4% | 58 | 18.6% |
| Heart disease ⁴ | 93 | 31.2% | 63 | 21.9% | 57 | 18.3% |
| Tobacco use | 45 | 15.1% | 39 | 13.5% | 57 | 18.3% |
| Lack of senior caregivers | Not asked in 2009 | | Not asked in 2013 | | 56 | 18.0% |
| Prescription drug use ⁵ | Not asked in 2009 | | 19 | 6.6% | 50 | 16.1% |
| Lack of access to healthcare | 32 | 10.7% | 27 | 9.4% | 43 | 13.8% |
| Lack of exercise | 49 | 16.4% | 45 | 15.6% | 41 | 13.2% |
| Depression/anxiety | Not asked in 2009 | | 48 | 16.7% | 38 | 12.2% |
| Motor vehicle accidents ⁶ | 33 | 11.1% | 8 | 2.8% | 33 | 10.6% |
| Work/farm/ranch related accidents/injuries ⁷ | 0 | 0 | 14 | 4.9% | 27 | 8.7% |
| Lack of seatbelt use | Not asked in 2009 | | Not asked in 2013 | | 21 | 6.8% |
| Child abuse/neglect | 26 | 8.7% | 17 | 5.9% | 20 | 6.4% |
| Suicide | Not asked in 2009 | | Not asked in 2013 | | 18 | 5.8% |
| Recreation related accidents/injuries ⁸ | 7 | 2.3% | 3 | 1.0% | 17 | 5.5% |
| Domestic violence | 6 | 2.0% | 10 | 3.5% | 10 | 3.2% |
| Lack of dental care | 6 | 2.0% | 7 | 2.4% | 10 | 3.2% |
| Lack of immunizations | Not asked - 2009 | | Not asked - 2013 | | 3 | 1.0% |
| Other | 8 | 2.7% | 8 | 2.8% | 17 | 5.5% |

¹Significantly more of the 2016 respondents cited alcohol/substance abuse as a serious community health concern than in previous survey years.

²2016 and 2013 respondents selected overweight/obesity significantly more often than in 2009.

³2016 respondents were significantly more likely to cite mental health issues than in previous survey years.

⁴Significantly fewer 2016 respondents indicated heart disease as a serious health concern than in 2009.

⁵Prescription drug use was indicated significantly more often in 2016 than in 2013.

Continued on next page...

Question 2 continued...

⁶2016 respondents were significantly more likely to feel that motor vehicle accidents are a serious health concern than in 2013.

⁷In 2016 there has been a significant increase in the percentage of respondents who selected work/farm/ranch related accidents and injuries than in 2013.

⁸ 2016 respondents indicated that recreational accidents and injuries was a serious health concern than in previous survey years.

“Other” comments:

- Lack of providers (3)
- Lack of accountability in the court system with child abuse, drug, and alcohol abuse
- Lack of nutritional education
- Lack of dialysis treatment
- Long distances
- Assisted suicide/euthanasia
- Senior drivers- those who should not be driving
- Diabetes
- None of the above
- No idea

Components of a Healthy Community (Question 3)

2016 N= 311

2013 N= 288

2009 N= 298

Respondents were asked to identify the three most important things for a healthy community. Sixty-five percent of respondents (n=204) indicated that “Access to healthcare and other services” is important for a healthy community. “Good jobs and a healthy economy” was the second most indicated component at 53.4% (n=166) and third was “Healthy behaviors and lifestyles” at 34.1% (n=106). Respondents were asked to identify their top three choices, thus the percentages do not add up to 100%.

| Important Component | 2009 | | 2013 | | 2016 | |
|---|-------------------|---------|-------------------|---------|-------|---------|
| | Count | Percent | Count | Percent | Count | Percent |
| Access to health care and other services ¹ | 192 | 64.4% | 119 | 41.3% | 204 | 65.6% |
| Good jobs and a healthy economy | 159 | 53.4% | 150 | 52.1% | 166 | 53.4% |
| Healthy behaviors and lifestyles | 104 | 34.9% | 88 | 30.6% | 106 | 34.1% |
| Strong family life | 95 | 31.9% | 90 | 31.3% | 102 | 32.8% |
| Good schools ² | 74 | 24.8% | 39 | 13.5% | 92 | 29.6% |
| Religious or spiritual values | 51 | 17.1% | 58 | 20.1% | 62 | 19.9% |
| Affordable housing ³ | 55 | 18.5% | 34 | 11.8% | 58 | 18.6% |
| Clean environment | 40 | 13.4% | 29 | 10.1% | 45 | 14.5% |
| Low crime/safe neighborhoods | 52 | 17.4% | 42 | 14.6% | 44 | 14.1% |
| Educational opportunities ⁴ | Not asked in 2009 | | 15 | 5.2% | 31 | 10.0% |
| Parks and outdoor recreational activities | 13 | 4.4% | 12 | 4.2% | 24 | 7.7% |
| Community involvement/ volunteerism | 25 | 8.4% | 10 | 3.5% | 16 | 5.1% |
| Low death and disease rates | 7 | 2.3% | 11 | 3.8% | 12 | 3.9% |
| Low level of domestic violence | 6 | 2.0% | 11 | 3.8% | 10 | 3.2% |
| Arts and cultural events | 7 | 2.3% | 4 | 1.4% | 5 | 1.6% |
| Community foundation/ community grants | Not asked in 2009 | | Not asked in 2013 | | 3 | 1.0% |

¹2016 and 2009 respondents were significantly more likely to select access to healthcare as an important component for a healthy community than in 2013.

²2016 and 2009 respondents were significantly more likely to select good schools as an important component for a healthy community than in 2013.

³2016 and 2009 respondents were significantly more likely to select affordable housing as an important component for a healthy community than in 2013.

⁴2016 respondents were significantly more likely to choose educational opportunities than in 2013.

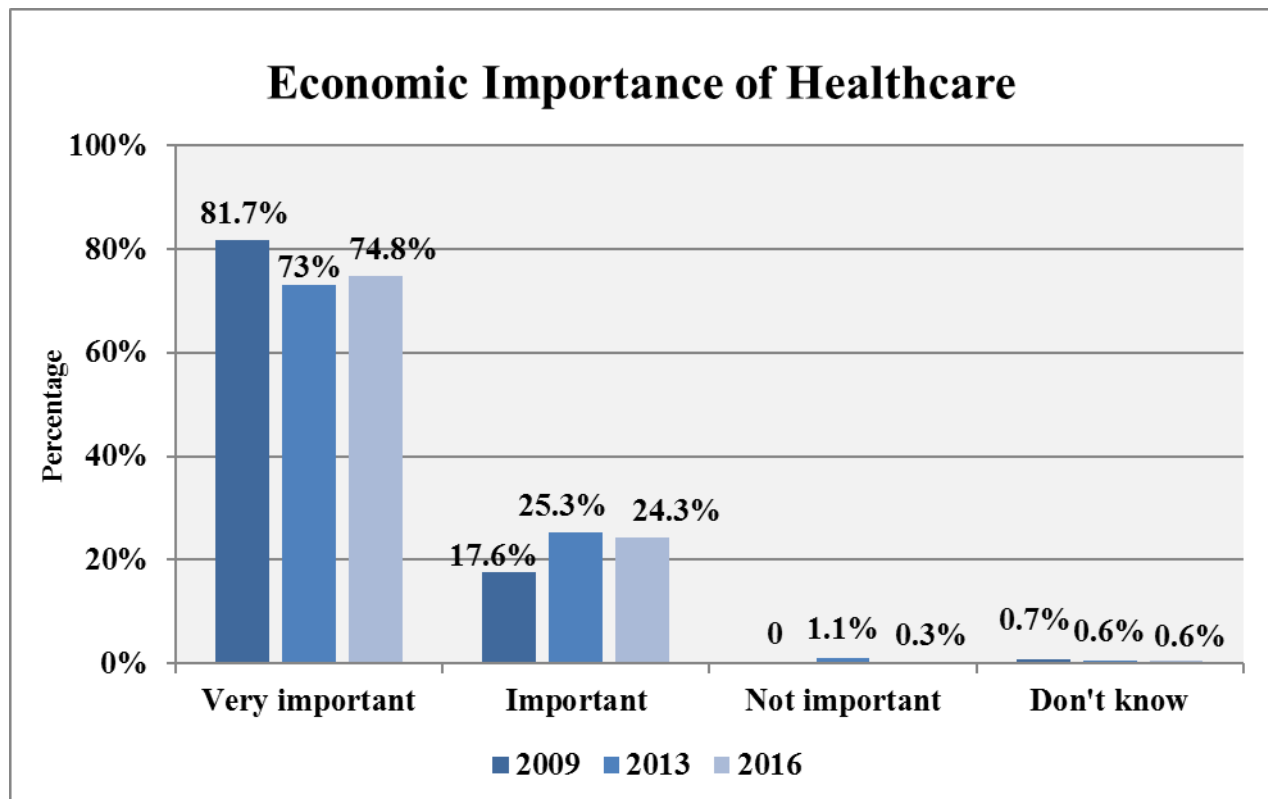
Economic Importance of Local Healthcare Providers and Services (Question 4)

2016 N= 309

2013 N= 285

2009 N= 279

The majority of respondents (74.8%, n=231) indicated that local healthcare providers and services (i.e.: hospitals, clinics, nursing homes, assisted living, etc.) are “Very important” to the economic well-being of the area. Twenty-four percent of respondents (n=75) indicated they are “Important” and two respondents, or 0.6%, indicated that they “Don’t know.” Two respondents chose not to answer this question.



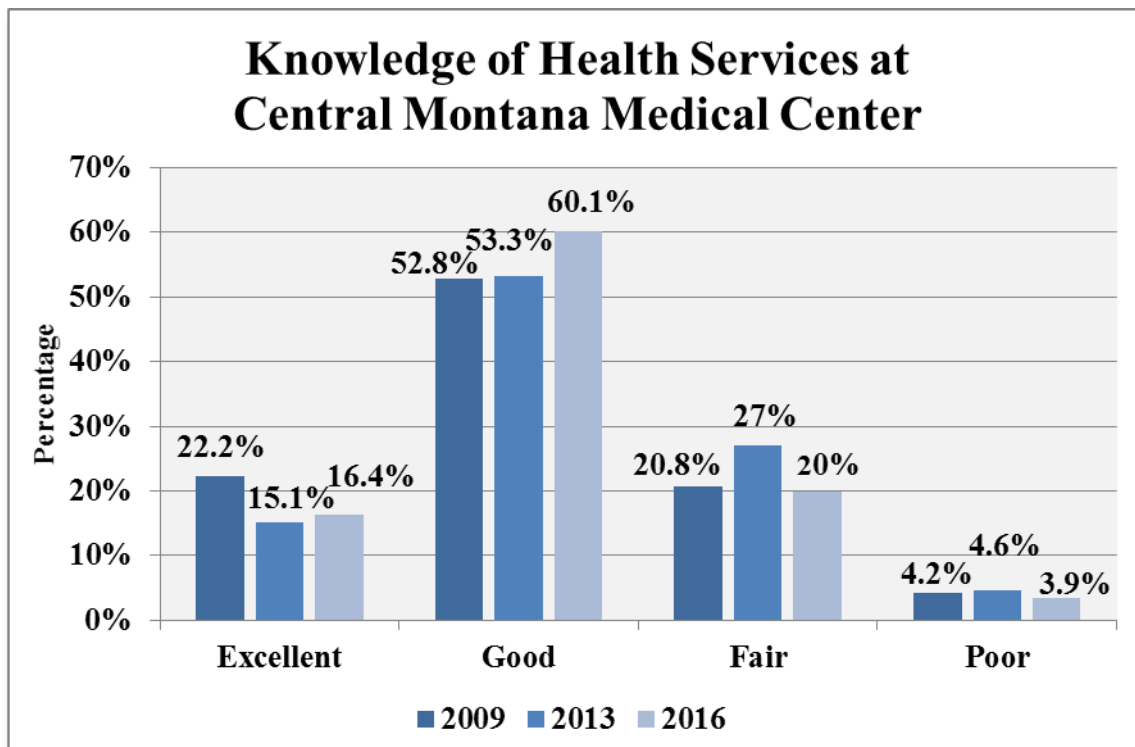
Overall Awareness of Health Services (Question 5)

2016 N= 311

2013 N= 285

2009 N= 284

Respondents were asked to rate their knowledge of the health services available at Central Montana Medical Center. Sixty percent (n=187) of respondents rated their knowledge of health services as “Good.” Twenty percent (n=62) rated their knowledge as “Fair” and 16.4% of respondents (n=51) rated their knowledge as “Excellent.”



How Respondents Learn of Healthcare Services (Question 6)

2016 N= 311

2013 N= 288

2009 N= 298

The most frequently indicated method of learning about available services was “Word of mouth/reputation” at 67.8% (n=211). “Healthcare provider” was the second most frequent response at 59.5% (n=185) and “News Argus” was reported at 50.5% (n=157). Respondents could select more than one method so percentages do not equal 100%.

| Method | 2009 | | 2013 | | 2016 | |
|--|-------------------|---------|-------------------|---------|-------|---------|
| | Count | Percent | Count | Percent | Count | Percent |
| Word of mouth/reputation ¹ | 228 | 76.5% | 166 | 57.6% | 211 | 67.8% |
| Healthcare provider | Not asked in 2009 | | 163 | 56.6% | 185 | 59.5% |
| News Argus ² | 112 | 37.6% | 116 | 40.3% | 157 | 50.5% |
| CMMC health fair | 59 | 19.8% | 80 | 27.8% | 83 | 26.7% |
| Radio (KXLO/KLCM) | 53 | 17.8% | 75 | 26.0% | 81 | 26.0% |
| "The Roundup" newsletter | Not asked in 2009 | | 53 | 18.4% | 65 | 20.9% |
| Fergus County Nurse's Office | Not asked in 2009 | | 47 | 16.3% | 53 | 17.0% |
| Central MT Community Health Center | Not asked in 2009 | | Not asked in 2013 | | 52 | 16.7% |
| Central MT Council on Aging | Not asked in 2009 | | 44 | 15.3% | 42 | 13.5% |
| CMMC website ³ | Not asked in 2009 | | 15 | 5.2% | 33 | 10.6% |
| Internet/social media | Not asked in 2009 | | Not asked in 2013 | | 25 | 8.0% |
| Central MT Health District (public health) | Not asked in 2009 | | 10 | 3.5% | 19 | 6.1% |
| Central MT Family Planning | Not asked in 2009 | | Not asked in 2013 | | 7 | 2.3% |
| Other | 31 | 10.4% | 11 | 3.8% | 10 | 3.2% |

¹For the response, 'word of mouth' each year is significantly different from the other two years.

²In 2016, significantly more people learned about available health care services by reading the News Argus than they had in previous survey years.

³Significantly more of the 2016 respondents use the CMMC website to access health information than in 2013.

“Other” comments:

- Personal search/experience (5)
- Phone book (3)
- Worked at CMMC [Central Montana Medical Center]/Employed with CMMC (2)
- EMTs
- CMMC volunteer
- HRDC [Human Resource Development Council]

Cross Tabulation of Service Knowledge and Learning about Services

Analysis was done to assess 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 healthcare services was a multiple response item, thus totals do not add up to 100%.

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

| | Excellent | Good | Fair | Poor | Total |
|---|------------------|----------------|---------------|--------------|--------------|
| Word of mouth/reputation | 37 (17.5%) | 120 (56.9%) | 45 (21.3%) | 9 (4.3%) | 211 |
| Healthcare provider | 32 (17.3%) | 121 (65.4%) | 28 (15.1%) | 4 (2.2%) | 185 |
| News Argus | 26 (16.6%) | 108 (68.8%) | 21 (13.4%) | 2 (1.3%) | 157 |
| CMMC health fair | 18 (21.7%) | 53 (63.9%) | 12 (14.5%) | | 83 |
| Radio (KXLO/KLCM) | 18 (22.2%) | 48 (59.3%) | 14 (17.3%) | 1 (1.2%) | 81 |
| “The Roundup” newsletter | 10 (15.4%) | 43 (66.2%) | 11 (16.9%) | 1 (1.5%) | 65 |
| Fergus County Nurse’s Office | 8 (15.1%) | 36 (67.9%) | 7 (13.2%) | 2 (3.8%) | 53 |
| Central MT Community Health Center | 11 (21.2%) | 33 (63.5%) | 5 (9.6%) | 3 (5.8%) | 52 |
| Central MT Council on Aging | 7 (16.7%) | 25 (59.5%) | 9 (21.4%) | 1 (2.4%) | 42 |
| CMMC website | 8 (24.2%) | 22 (66.7%) | 3 (9.1%) | | 33 |
| Internet/social media | 2 (8%) | 18 (72%) | 3 (12%) | 2 (8%) | 25 |
| Central MT Health District (public health) | 4 (21.1%) | 11 (57.9%) | 2 (10.5%) | 2 (10.5%) | 19 |
| Central MT Family Planning | 2 (28.6%) | 3 (42.9%) | 1 (14.3%) | 1 (14.3%) | 7 |
| Other | 5 (50%) | 4 (40%) | 1 (10%) | | 10 |

Other Community Health Resources Utilized (Question 7)

2016 N= 311

2013 N= 288

2009 N= 298

Respondents were asked which community health resources, other than the hospital or clinic, they had used in the last three years. “Dentist” was the most frequently utilized community health resource cited by respondents at 78.1% (n=243). “Pharmacy” was also a highly utilized resource at 76.5% (n=238) followed by “Optometrist (eyes)” at 68.8% (n=214). Respondents could select more than one resource so percentages do not equal 100%.

| | 2009 | | 2013 | | 2016 | |
|---|-------------------|---------|-------------------|---------|-------|---------|
| Resource | Count | Percent | Count | Percent | Count | Percent |
| Dentist ¹ | 212 | 71.1% | 199 | 69.1% | 243 | 78.1% |
| Pharmacy | 244 | 81.9% | 219 | 76.0% | 238 | 76.5% |
| Optometrist (eyes) | Not asked in 2009 | | 198 | 68.8% | 214 | 68.8% |
| Fergus County Nurse's Office | Not asked in 2009 | | 103 | 35.8% | 101 | 32.5% |
| Wellness fair screenings | Not asked in 2009 | | Not asked in 2013 | | 72 | 23.2% |
| Community Health Center | Not asked in 2009 | | Not asked in 2013 | | 58 | 18.6% |
| Audiologist (ears) | Not asked in 2009 | | 44 | 15.3% | 43 | 13.8% |
| Veteran's services | 29 | 9.7% | 31 | 10.8% | 35 | 11.3% |
| Mental health | 17 | 5.7% | 10 | 3.5% | 17 | 5.5% |
| Council on Aging (foot clinic) ² | 30 | 10.1% | 40 | 13.9% | 16 | 5.1% |
| Long term care/nursing home | Not asked in 2009 | | 6 | 2.1% | 11 | 3.5% |
| Central MT Health District | 14 | 4.7% | 6 | 2.1% | 9 | 2.9% |
| Assisted Living | Not asked in 2009 | | 5 | 1.7% | 8 | 2.6% |
| Central MT Family Planning ³ | 15 | 5.0% | 10 | 3.5% | 4 | 1.3% |
| Other | 7 | 2.3% | 12 | 4.2% | 10 | 3.2% |

¹Significantly more of the 2016 respondents have been to a dentist than in 2013.

²Significantly fewer 2016 respondents have used the Council on Aging than in previous survey years.

³There has been a significant decrease in the use of Central Montana Family Planning since 2009.

“Other” comments:

- Family physician (2)
- None (2)
- Billings facilities
- Chiropractic
- CMMC Fitness Center
- Cardiac rehab
- St. Pete's North Medical Center
- VA outpatient treatment
- COA [Council on Aging] shuttle

Improvement for Community's Access to Healthcare (Question 8)

2016 N= 311

2013 N= 288

2009 N= 298

Respondents were asked to indicate what they felt would improve their community's access to healthcare. Fifty-two percent of respondents (n=163) reported that "More primary care providers" would make the greatest improvement. Forty-four percent of respondents (n=137) indicated a "Walk-in clinic" would make an improvement to access and 40.8% (n=127) indicated "More specialists." Respondents could select more than one method so percentages do not equal 100%.

| | 2009 | | 2013 | | 2016 | |
|---|-------------------|---------|-------------------|---------|-------|---------|
| Improvement | Count | Percent | Count | Percent | Count | Percent |
| More primary care providers ¹ | 112 | 37.6% | 101 | 35.1% | 163 | 52.4% |
| Walk-in clinic | Not asked in 2009 | | Not asked in 2013 | | 137 | 44.1% |
| More specialists | 128 | 43.0% | 111 | 38.5% | 127 | 40.8% |
| Provider/physician expanded hours | Not asked in 2009 | | Not asked in 2013 | | 92 | 29.6% |
| Improved quality of care ² | Not asked in 2009 | | 106 | 36.8% | 77 | 24.8% |
| Improved wait time to access healthcare services | Not asked in 2009 | | Not asked in 2013 | | 77 | 24.8% |
| Improved marketing of health services | Not asked in 2009 | | 33 | 11.5% | 46 | 14.8% |
| Greater health education services ³ | 40 | 13.4% | 60 | 20.8% | 40 | 12.9% |
| Improved access to services for those with disabilities | Not asked in 2009 | | 40 | 13.9% | 38 | 12.2% |
| Transportation assistance ⁴ | 32 | 10.7% | 45 | 15.6% | 18 | 5.8% |
| Cultural sensitivity | Not asked in 2009 | | 9 | 3.1% | 13 | 4.2% |
| Other | Not asked in 2009 | | 28 | 9.7% | 20 | 6.4% |

¹In 2016, respondents were significantly more likely to indicate that more primary care providers would improve the community's access to healthcare than in previous survey years.

²In 2016, respondents were significantly less likely to indicate that improved quality of care would improve access than in 2013.

³2016 respondents were significantly less likely to indicate that greater health education services would improve community access to healthcare than in 2013.

⁴For the response, 'transportation assistance' each year is significantly different from the other two years. 2016 was the lowest with 5.8% and 2013 was the highest at 15.6%.

"Other" comments:

- Extended hours on Fridays (4)
- More affordable (4)
- Improved/more affordable health insurance (4)
- Doctors who listen to patients/practice with interest (2)

Continued on next page...

Question 8 continued...

- Dentists who accept Medicaid/Medicare (2)
- We have all of these/access is good (2)
- Urgent care/ER services (2)
- Less turnover of MDs would create more confidence in CMMC
- Not PA's or NP's [selected more primary care providers]
- Local wellness/exercise centers
- More available and affordable dental care
- Peer support services for mental health and substance abuse
- Better mental health services
- Ambulance should be run by the fire depart. like other cities
- Better clinic doctors
- More male doctors
- Really all items listed
- Elimination of "ObamaCare"

Interest in Educational Classes/Programs (Question 9)

2016 N= 311

Respondents were asked if they would be interested in any educational classes/programs if offered locally. The most highly indicated class/program indicated was “Weight loss/nutrition” at 31.5% of respondents (n=98). “Health insurance (Medicare/Medicaid/private)” was selected by 25.4% of respondents (n=79) followed by “Living Will” with 25.1% (n=78). Respondents could select more than one method so percentages do not equal 100%.

| Educational Class/Program | Count | Percent |
|--|--------------|----------------|
| Weight loss/nutrition | 98 | 31.5% |
| Health insurance (Medicare/Medicaid/private) | 79 | 25.4% |
| Living Will | 78 | 25.1% |
| First aid/CPR | 54 | 17.4% |
| Cancer | 47 | 15.1% |
| Alzheimer’s | 41 | 13.2% |
| Heart disease | 39 | 12.5% |
| Grief counseling | 32 | 10.3% |
| Mental health | 29 | 9.3% |
| Adult care giving | 25 | 8.0% |
| Parenting | 20 | 6.4% |
| Alcohol/substance abuse | 19 | 6.1% |
| Smoking cessation | 18 | 5.8% |
| Suicide prevention | 14 | 4.5% |
| Other | 7 | 2.3% |

“Other” comments:

- None (2)
- Peer support training for mental health/substance abuse
- Diabetes education
- Possible respite care
- All items listed

Survey Findings – Use of Healthcare Services

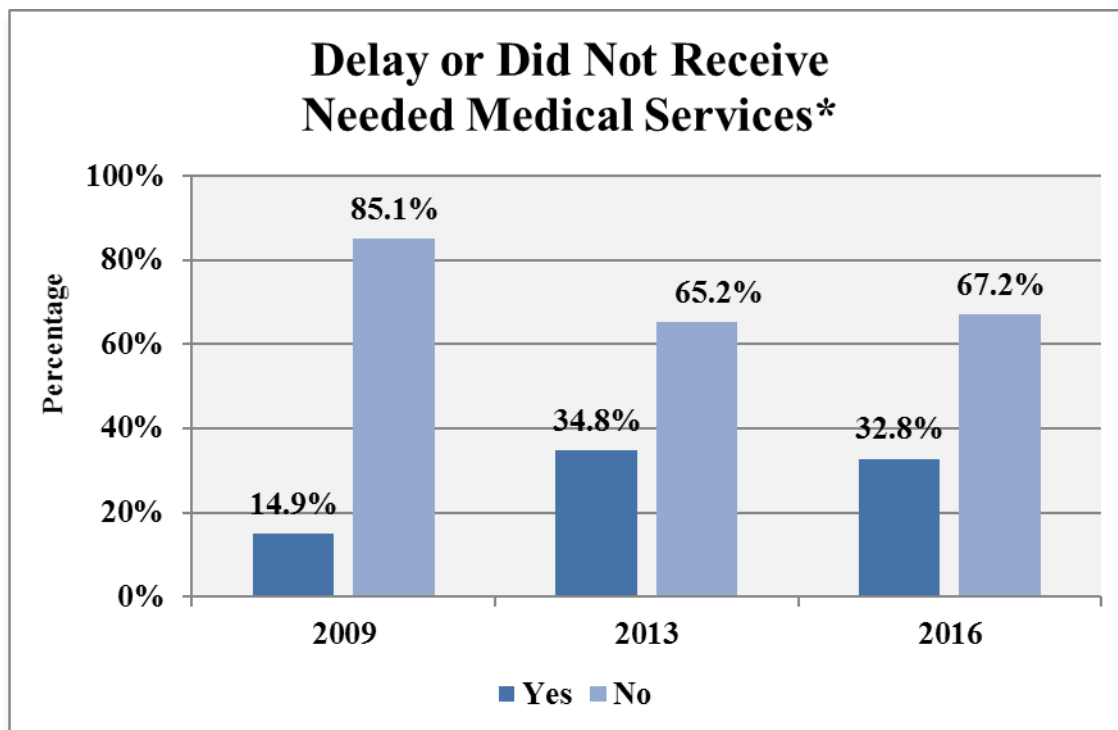
Needed/Delayed Hospital Care During the Past Three Years (Question 10)

2016 N= 293

2013 N= 276

2009 N= 281

Thirty-three percent of respondents (n=96) reported that they or a member of their household thought they needed healthcare services but did not get it or had to delay getting it. Sixty-seven percent of respondents (n=197) felt they were able to get the healthcare services they needed without delay.



*2009 respondents were significantly less likely to delay seeking needed health care.

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

2016 N= 96

2013 N= 96

2009 N= 42

For those who indicated they were unable to receive or had to delay services (n=96), the reasons most cited were: “It costs too much” (42.7%, n=41), “Specialists not available locally” (37.5%, n=36) and “My insurance didn’t cover it” (27.1%, n=26). Respondents were asked to indicate their top three choices, therefore percentages do not total 100%.

| | 2009 | | 2013 | | 2016 | |
|---|-------------------|---------|-------------------|---------|-------|---------|
| Reason | Count | Percent | Count | Percent | Count | Percent |
| It costs too much | 21 | 50.0% | 53 | 55.2% | 41 | 42.7% |
| Specialist not available locally | Not asked in 2009 | | Not asked in 2013 | | 36 | 37.5% |
| My insurance didn't cover it | 12 | 28.6% | 21 | 21.9% | 26 | 27.1% |
| Too long to wait for an appointment | 8 | 19.0% | 19 | 19.8% | 24 | 25.0% |
| Office wasn't open when I could go | 5 | 11.9% | 20 | 20.8% | 18 | 18.8% |
| Could not get an appointment | 6 | 14.3% | 17 | 17.7% | 17 | 17.7% |
| No insurance ¹ | 16 | 38.1% | 34 | 35.4% | 12 | 12.5% |
| Not treated with respect | 4 | 9.5% | 9 | 9.4% | 12 | 12.5% |
| Don't like providers | 6 | 14.3% | 14 | 14.6% | 12 | 12.5% |
| Unsure if services were available locally | Not asked in 2009 | | 6 | 6.3% | 9 | 9.4% |
| It was too far to go | 1 | 2.4% | 7 | 7.3% | 7 | 7.3% |
| Too nervous or afraid | 3 | 7.1% | 7 | 7.3% | 6 | 6.3% |
| Transportation problems | 0 | 0 | 4 | 4.2% | 6 | 6.3% |
| Could not get off work | 3 | 7.1% | 7 | 7.3% | 5 | 5.2% |
| Didn't know where to go | 2 | 4.8% | 4 | 4.2% | 4 | 4.2% |
| Had no one to care for the children | 1 | 2.4% | 0 | 0 | 1 | 1.0% |
| Other ² | 10 | 23.8% | 13 | 13.5% | 8 | 8.3% |

¹Significantly fewer 2016 respondents delayed seeking health care due to no insurance.

²Since 2009, significantly fewer respondents selected the other category.

“Other” comments:

- Lack of providers/staffing (3)
- Office closed on Fridays (2)
- No primary provider, haven't had one since mine left
- Doctors didn't listen to patient
- Misdiagnosis
- Wanted to see a doctor and was referred to a nurse
- Issue deemed 'minor'

Utilization of Preventative Services (Question 12)

2016 N= 311

2013 N= 288

Respondents were asked if they had utilized any of the preventative services listed in the past year. “Routine health checkup” was selected by 67.5% of respondents (n=210). Sixty-six percent of respondents (n=204) indicated they received a “Flu shot” and 56.6% of respondents (n=176) had a “Routine blood pressure check.” Respondents could check all that apply, therefore the percentages do not equal 100%.

| Service | 2013 | | 2016 | |
|---|-------------------|---------|-------|---------|
| | Count | Percent | Count | Percent |
| Routine health checkup | 187 | 64.9% | 210 | 67.5% |
| Flu shot ¹ | 154 | 53.5% | 204 | 65.6% |
| Routine blood pressure check ² | 132 | 45.8% | 176 | 56.6% |
| Cholesterol check | 124 | 43.1% | 143 | 46.0% |
| Mammography | 96 | 33.3% | 115 | 37.0% |
| Immunizations | Not asked in 2013 | | 98 | 31.5% |
| Pap smear | 68 | 23.6% | 56 | 18.0% |
| Prostate (PSA) | 52 | 18.1% | 55 | 17.7% |
| Colonoscopy | 40 | 13.9% | 53 | 17.0% |
| Health fair | Not asked in 2013 | | 50 | 16.1% |
| Dermatology (mole/skin check) | 36 | 12.5% | 48 | 15.4% |
| None | 22 | 7.6% | 21 | 6.8% |
| Children’s checkup/Well baby | 24 | 8.3% | 19 | 6.1% |
| Other | 12 | 4.2% | 9 | 2.9% |

¹Significantly more 2016 respondents have had a flu shot in the past year.

²Significantly more 2016 respondents have had a routine blood pressure check in the past year.

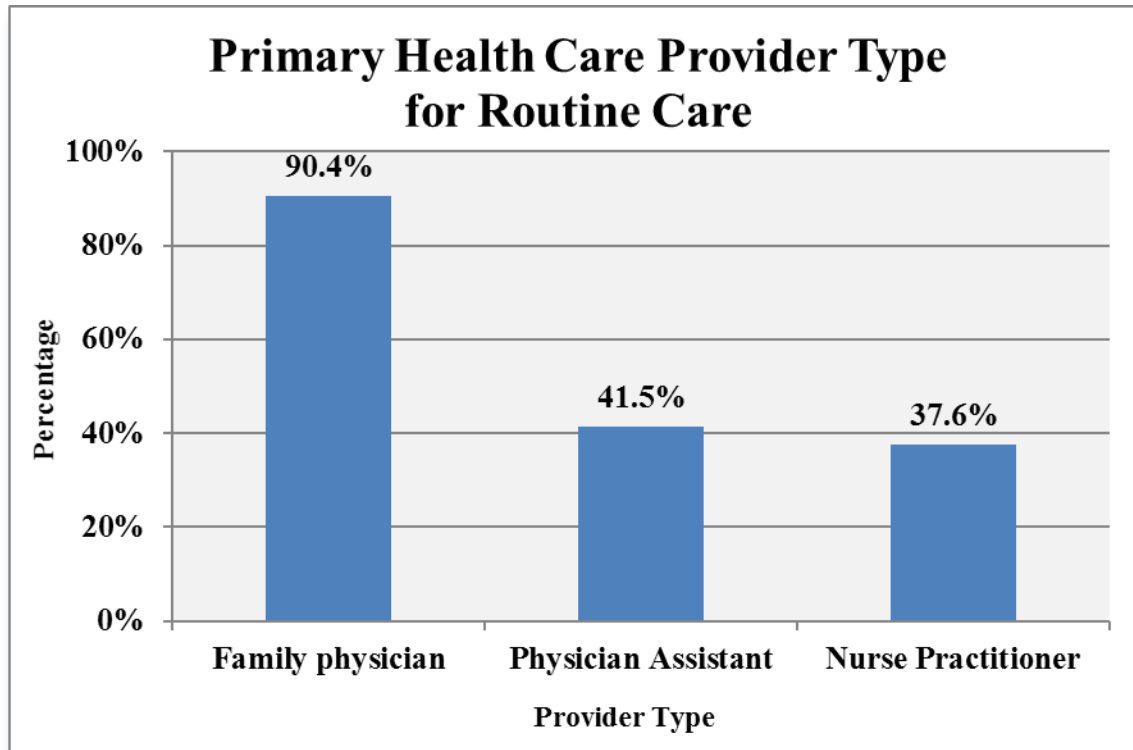
“Other” comments:

- Blood workup (3)
- CDL [Commercial Driver’s License] checkup
- Cardio checkup
- DOT [Department of Transportation] physical
- Thyroid check
- Dental
- Hemoglobin A1C
- Acupuncture
- X-ray
- Self-prevention
- Not all in Lewistown
- All done out of state
- None

Primary Health Care Providers for Routine Care (Question 13)

2016 N=311

Respondents were asked to indicate what type of primary health care providers they would consider utilizing for routine care. Ninety percent of respondents (n=281) indicated they would consider utilizing services from a Family physician for routine care. Forty-two percent indicated they would utilize a Physician Assistant (n= 129) and 37.6% of respondents (n=117) would utilize a Nurse Practitioner. Respondents could check more than one provider type, thus the percentages do not equal 100%.



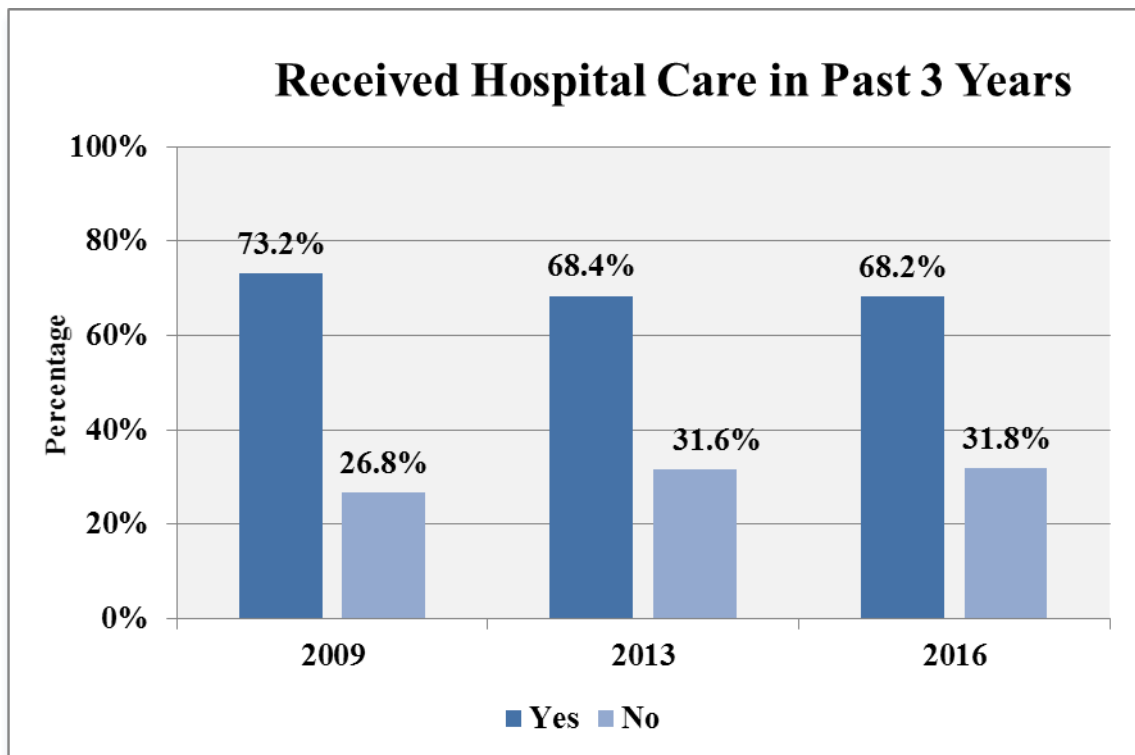
Hospital Care Received in the Past Three Years (Question 14)

2016 N= 302

2013 N= 275

2009 N= 291

Respondents were asked to indicate if they had received care in a hospital (i.e. hospitalized overnight, day surgery, obstetrical care, rehabilitation, radiology, or emergency care) in the last three years. Sixty-eight percent of respondents (n=206) reported that they or a member of their family had received hospital care during the previous three years and 31.8% (n=96) had not received hospital services.



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

2016 N= 186

2013 N= 162

2009 N= 205

Of the 186 respondents who indicated receiving hospital care in the previous three years, 59.7% (n=111) reported receiving care at Central Montana Medical Center. Nineteen percent of respondents (n=36) went to St. Vincent Healthcare and 8.6% of respondents (n=16) reported utilizing services from Billings Clinic. In 2016, 20 of the 206 respondents who reported they had been to a hospital in the past three years did not indicate which hospital they had utilized.

| | 2009 | | 2013 | | 2016 | |
|---|-------------------|-------------|------------|-------------|------------|-------------|
| Hospital | Count | Percent | Count | Percent | Count | Percent |
| Central Montana Medical Center ¹ | 164 | 80.0% | 111 | 68.5% | 111 | 59.7% |
| St. Vincent Healthcare ¹ | 19 | 9.3% | 18 | 11.1% | 36 | 19.4% |
| Billings Clinic | 9 | 4.4% | 14 | 8.6% | 16 | 8.6% |
| Benefis | 7 | 3.4% | 15 | 9.3% | 12 | 6.5% |
| Other | 6 | 2.9% | 4 | 2.4% | 8 | 4.3% |
| Veterans Hospital | Not asked in 2009 | | 0 | 0 | 3 | 1.6% |
| TOTAL | 205 | 100% | 162 | 100% | 186 | 100% |

¹Significantly more 2016 respondents reported utilizing St. Vincent's Healthcare for MOST of their hospital care than Central Montana Medical Center than in the previous survey years.

“Other” comments:

- Mayo in Scottsdale (3)
- Ortho clinic
- Miles City
- GF [Great Falls] Clinic Surgery Center
- Yellowstone Surgery Center
- Billings OB/GYN
- Northwest Medical Center- Tucson, AZ
- Harborview
- Frontier Cancer Center
- Corpus Christi, TX
- Kalispell

Reasons for Selecting the Hospital Used (Question 16)

2016 N= 206

2013 N= 188

2009 N= 213

Of the 206 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 52.9% (n=109). “Referred by physician” was selected by 43.2% of the respondents (n=89) and 35.9% (n=74 each) selected “Emergency, no choice,” and “Physician availability.” Note that respondents were asked to select the top three answers which influenced their choices; therefore the percentages do not equal 100%.

| | 2009 | | 2013 | | 2016 | |
|---|-------------------|---------|-------------------|---------|-------|---------|
| Reason | Count | Percent | Count | Percent | Count | Percent |
| Closest to home ¹ | 167 | 78.4% | 117 | 62.2% | 109 | 52.9% |
| Referred by physician | 91 | 42.7% | 93 | 49.9% | 89 | 43.2% |
| Emergency, no choice | 90 | 42.3% | 66 | 35.1% | 74 | 35.9% |
| Physician availability | Not asked in 2009 | | Not asked in 2013 | | 74 | 35.9% |
| Prior experience with hospital ² | 100 | 46.9% | 83 | 44.1% | 71 | 34.5% |
| Hospital’s reputation for quality | 50 | 23.5% | 63 | 33.5% | 51 | 24.8% |
| Cost of care | 15 | 7.0% | 17 | 9.0% | 12 | 5.8% |
| Recommended by family or friends | 13 | 6.1% | 19 | 10.1% | 11 | 5.3% |
| Closest to work ³ | 32 | 15.0% | 15 | 8.0% | 10 | 4.9% |
| VA/Military requirement | 8 | 3.8% | 7 | 3.7% | 9 | 4.4% |
| Required by insurance plan | 5 | 2.3% | 7 | 3.7% | 6 | 2.9% |
| Other | 16 | 7.5% | 16 | 8.5% | 10 | 4.9% |

¹From 2009 to 2016, significantly fewer respondents are selecting a hospital based on proximity to home.

²From 2009 to 2016, significantly fewer respondents are selecting a hospital based on prior experience.

³From 2009 to 2016, significantly fewer respondents are selecting a hospital based on proximity to work.

“Other” comments:

- Specialist/Specialty care (4)
- Insurance affordability (2)
- Caring staff
- More than one doctor reviewing my chart/diagnosis at a bigger hospital
- Because of having a pacemaker
- Live in the Lewistown only 4-5 months/year

Cross Tabulation of Hospital and Residence

Analysis was done to examine where respondents utilized hospital services the most in the past three years with where they live by zip code. The chart below shows the results of the cross tabulation. Hospital location is across the top of the table and residents' zip codes are along the side.

LOCATION OF MOST OFTEN UTILIZED HOSPITAL BY RESIDENCE

| | Central Montana Medical Center | Billings Clinic | Veterans Hospital | St Vincent Healthcar e | Benefis | Other | Total |
|------------------------------|---|----------------------------|------------------------------|---|----------------------|---------------------|--------------|
| Winnett 59087 | | 1 (50%) | | 1 (50%) | | | 2 |
| Denton 59430 | 3 (75%) | | | 1 (25%) | | | 4 |
| Grass Range 59032 | 1 (33.3%) | 2 (66.7%) | | | | | 3 |
| Hilger 59451 | 2 (100%) | | | | | | 2 |
| Hobson 59452 | 3 (75%) | | | | | 1 (25%) | 4 |
| Judith Gap 59453 | | | | | 1 (100%) | | 1 |
| Lewistown 59457 | 94 (59.9%) | 13 (8.3%) | 3 (1.9%) | 32 (20.4%) | 9 (5.7%) | 6 (3.8%) | 157 |
| Moore 59464 | 1 (100%) | | | | | | 1 |
| Roy 59471 | 2 (66.7%) | | | 1 (33.3%) | | | 3 |
| Stanford 59479 | 1 (25%) | | | 1 (25%) | 1 (25%) | 1 (25%) | 4 |
| Winifred 59489 | 3 (75%) | | | | 1 (25%) | | 4 |
| Moccasin 59462 | | | | | | | 0 |
| TOTAL | 110 (59.5%) | 16 (8.6%) | 3 (1.6%) | 36 (19.5%) | 12 (6.5%) | 8 (4.3%) | 185 |

Cross Tabulation of Hospital and Reason Selected

Analysis was done to assess respondents' most utilized hospital with why they selected that hospital. The chart below shows the results of the cross tabulation. Reason hospital was selected was a multiple response item, thus totals do not add up to 100%. Hospital location is across the top of the table and reason for selection is along the side.

LOCATION OF MOST UTILIZED HOSPITAL BY REASONS HOSPITAL SELECTED

| | Central Montana Medical Center | Billings Clinic | Veterans Hospital | St Vincent Healthcar e | Benefis | Other | Total |
|--|---|----------------------------|------------------------------|---|----------------|--------------|--------------|
| Cost of care | 6 (50%) | | 2 (16.7%) | 3 (25%) | | 1 (8.3%) | 12 |
| Closest to home | 94 (94.9%) | | | 2 (2%) | 2 (2%) | 1 (1%) | 99 |
| Closest to work | 7 (70%) | 1 (10%) | | | | 2 (20%) | 10 |
| Emergency, no choice | 51 (72.9%) | 2 (2.96%) | 1 (1.4%) | 8 (11.4%) | 6 (8.6%) | 2 (2.9%) | 70 |
| Hospital's reputation for quality | 13 (31.7%) | 8 (19.5%) | | 16 (39%) | 3 (7.3%) | 1 (2.4%) | 41 |
| Prior experience with hospital | 33 (55%) | 6 (10%) | | 17 (28.3%) | 3 (5%) | 1 (1.7%) | 60 |
| Recommended by family or friends | 4 (44.4%) | 2 (22.2%) | | 2 (22.2%) | 1 (11.1%) | | 9 |
| Referred by physician | 41 (49.4%) | 8 (9.6%) | 1 (1.2%) | 20 (24.1%) | 9 (10.8%) | 4 (4.8%) | 83 |
| Required by insurance plan | | 3 (50%) | | 2 (33.3%) | | 1 (16.7%) | 6 |
| VA/Military requirement | 4 (44.4%) | 1 (11.1%) | 2 (22.2%) | 2 (22.2%) | | | 9 |
| Physician availability | 32 (47.8%) | 10 (14.9%) | 1 (1.5%) | 15 (22.4%) | 7 (10.4%) | 2 (3%) | 67 |
| Other | 2 (22.2%) | 2 (22.2%) | | 3 (33.3%) | 1 (11.1%) | 1 (11.1%) | 9 |

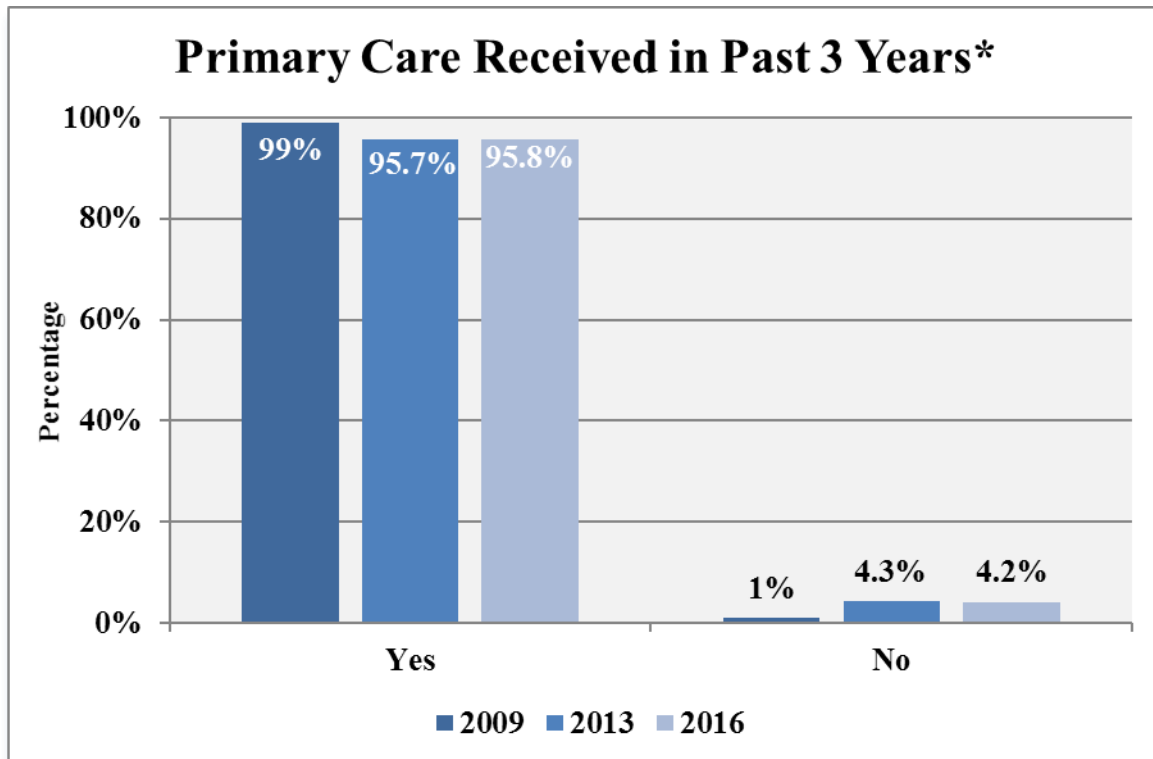
Primary Care Received in the Past Three Years (Question 17)

2016 N= 308

2013 N= 280

2009 N= 293

Ninety-six percent of respondents (n=295) indicated they or someone in their household had been seen by a primary care provider (such as a family physician, physician assistant, or nurse practitioner) for healthcare services in the past three years. Thirteen respondents (4.2%) indicated they or someone in their household had not and 3 respondents chose not to answer this question.



*Significantly more of the 2009 respondents had utilized a primary care provider in the prior three years than 2013 and 2016 respondents.

Location of Primary Care Provider (Question 18)

2016 N= 274

2013 N= 243

2009 N= 254

Of the 295 respondents who indicated receiving primary care services in the previous three years, 75.2% (n=206) reported receiving care at Central Montana Medical Center. Twelve percent of respondents (n=32) went to Central Montana Community Health Center and 6.9% of respondents (n=19) utilized primary care services in Billings. Twenty-one of the 295 respondents who reported they had utilized primary care services in the past three years did not indicate where they received those services.

| | 2009 | | 2013 | | 2016 | |
|---|-------------------|-------------|-------------------|-------------|------------|-------------|
| Location | Count | Percent | Count | Percent | Count | Percent |
| Central Montana Medical Center ¹ | 232 | 91.3% | 200 | 82.3% | 206 | 75.2% |
| Central Montana Community Health Center | Not asked in 2009 | | 24 | 9.9% | 32 | 11.7% |
| Billings | 11 | 4.3% | Not asked in 2013 | | 19 | 6.9% |
| Great Falls | 10 | 3.9% | Not asked in 2013 | | 6 | 2.2% |
| Other | 1 | 0.5% | 19 | 7.8% | 11 | 4.0% |
| TOTAL | 254 | 100% | 243 | 100% | 274 | 100% |

¹There has been a significant decline in the percentage of respondents reporting they have utilized Central Montana Medical Center in the past three years for primary care services.

“Other” comments:

- VA (8)
- Family Wellness Center (2)
- AZ (2)
- Livingston
- Crow/Roundup
- Houston
- Big Timber
- Lewistown, MT
- New Mexico

Reasons for Selection of Primary Care Provider (Question 19)

2016 N= 295

2013 N= 268

2009 N= 290

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” was the most frequently selected reason at 43.4% (n=128) followed by “Previous experience with clinic” at 36.9% (n=109) and “Appointment availability” at 27.5% (n=81). Respondents were asked to check all that apply so the percentages do not equal 100%.

| | 2009 | | 2013 | | 2016 | |
|---|-------------------|---------|-------|---------|-------|---------|
| Reason | Count | Percent | Count | Percent | Count | Percent |
| Closest to home ¹ | 196 | 67.6% | 95 | 35.4% | 128 | 43.4% |
| Prior experience with clinic | 115 | 39.7% | 85 | 31.7% | 109 | 36.9% |
| Appointment availability | 94 | 32.4% | 72 | 26.9% | 81 | 27.5% |
| Referred by physician or other provider | 39 | 13.4% | 50 | 18.7% | 60 | 20.3% |
| Recommended by family or friends ² | 65 | 22.4% | 78 | 29.1% | 46 | 15.6% |
| Clinic’s reputation for quality ³ | 72 | 24.8% | 53 | 19.8% | 44 | 14.9% |
| Cost of care | 19 | 6.6% | 18 | 6.7% | 16 | 5.4% |
| VA/Military requirement | 16 | 5.5% | 12 | 4.5% | 11 | 3.7% |
| Required by insurance plan | 3 | 1.0% | 3 | 1.1% | 6 | 2.0% |
| Length of waiting room time ⁴ | 31 | 10.7% | 16 | 6.0% | 5 | 1.7% |
| Indian Health Services ⁵ | Not asked in 2009 | | 26 | 9.7% | 2 | 0.7% |
| Other | 21 | 7.2% | 30 | 11.2% | 38 | 12.9% |

¹Significantly fewer 2016 respondents selected a primary care provider because it is ‘closest to home’ than in 2009.

²Significantly fewer 2016 respondents selected a primary care provider based on recommendations from friends and family than in 2013.

³Significantly fewer 2016 respondents selected a primary care provider because of its reputation for quality than in previous survey years.

⁴Significantly fewer 2016 respondents selected a primary care provider based on the length of waiting room time than in previous survey years.

⁵Significantly fewer 2016 respondents selected a primary care provider because it is an Indian Health Services clinic than in 2013.

“Other” comments:

- Long-term/Personal relationship with provider (13)
- Family doctor retired/left practice, new one took over (8)
- Limited/Only option(s) available (7)
- Previous provider moved away from area (5)
- Not seeing anyone currently (3)
- Quality of care and training (3)
- Only one available taking patients (3)
- Trust
- Found in Yellow Pages
- Didn’t know any doctors
- Radiologist reading skills 3 years ago
- Specialty are

Cross Tabulation of Primary Care and Residence

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

LOCATION OF PRIMARY CARE PROVIDER MOST UTILIZED BY RESIDENCE

| | Central Montana Medical Center | Billings | Central Montana Community Health Center | Great Falls | Other | Total |
|------------------------------|---|----------------------|--|------------------------|--------------------|--------------|
| Winnett 59087 | 2 (100%) | | | | | 2 |
| Denton 59430 | 7 (87.5%) | | 1 (12.5%) | | | 8 |
| Grass Range 59032 | 4 (57.1%) | 1 (14.3%) | 1 (14.3%) | | 1 (14.3%) | 7 |
| Hilger 59451 | 4 (100%) | | | | | 4 |
| Hobson 59452 | 5 (71.4%) | 1 (14.3%) | 1 (14.3%) | | | 7 |
| Judith Gap 59453 | 2 (100%) | | | | | 2 |
| Lewistown 59457 | 169 (76.8%) | 15 (6.8%) | 24 (10.9%) | 4 (1.8%) | 8 (3.6%) | 220 |
| Moore 59464 | 2 (40%) | | 2 (40%) | | 1 (20%) | 1 |
| Roy 59471 | 3 (75%) | | 1 (25%) | | | 5 |
| Stanford 59479 | 1 (25%) | 1 (25%) | | 1 (25%) | 1 (25%) | 4 |
| Winifred 59489 | 6 (75%) | | 2 (25%) | | | 4 |
| Moccasin 59462 | | | | 1 (100%) | | 8 |
| TOTAL | 205 (75.4%) | 18 (6.6%) | 32 (11.8%) | 6 (2.2%) | 11 (4%) | 272 |

Cross Tabulation of Clinic and Reason Selected

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

LOCATION OF PRIMARY CARE PROVIDER BY REASONS CLINIC SELECTED

| | Central Montana Medical Center | Billings | Central Montana Community Health Center | Great Falls | Other | Total |
|--|---|-----------------|--|------------------------|--------------|--------------|
| Appointment availability | 55 (74.3%) | 4 (5.4%) | 13 (17.6%) | 2 (2.7%) | | 74 |
| Clinic's reputation for quality | 29 (70.7%) | 6 (14.6%) | 5 (12.2%) | | 1 (2.4%) | 41 |
| Closest to home | 101 (83.5%) | 2 (1.7%) | 14 (11.6%) | 1 (0.8%) | 3 (2.5%) | 121 |
| Cost of care | | 2 (16.7%) | 7 (58.3%) | | 3 (25%) | 12 |
| Indian Health Services | | | | | | 0 |
| Length of waiting room time | 3 (60%) | 1 (20%) | 1 (20%) | | | 5 |
| Prior experience with clinic | 84 (79.2%) | 6 (5.7%) | 11 (10.4%) | 2 (1.9%) | 3 (2.8%) | 106 |
| Recommended by family or friends | 33 (75%) | 5 (11.4%) | 5 (11.4%) | 1 (2.3%) | | 44 |
| Referred by physician or other provider | 41 (77.4%) | 2 (3.8%) | 5 (9.4%) | 3 (5.7%) | 2 (3.8%) | 53 |
| Required by insurance plan | 1 (16.7%) | 3 (50%) | 2 (33.3%) | | | 6 |
| VA/Military requirement | 2 (22.2%) | 3 (33.3%) | | | 4 (44.4%) | 9 |
| Other | 27 (75%) | 3 (8.3%) | | 2 (5.6%) | 4 (11.1%) | 36 |

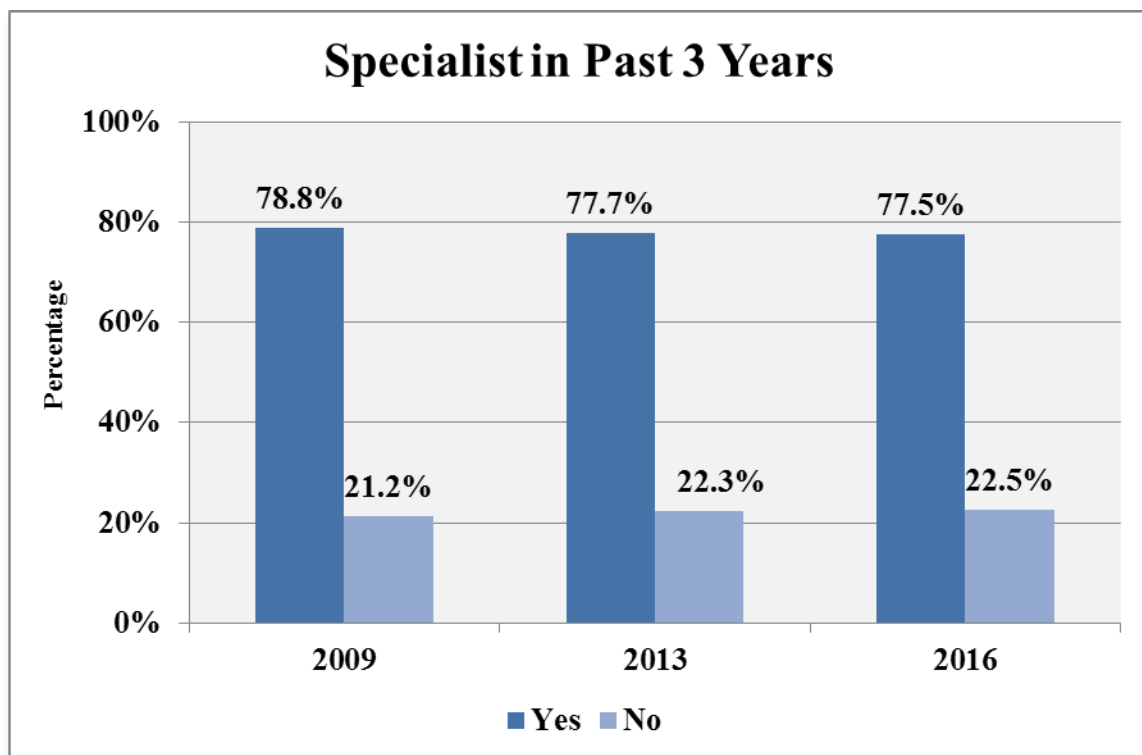
Use of Healthcare Specialists during the Past Three Years (Question 20)

2016 N= 302

2013 N= 260

2009 N= 274

Respondents were asked to indicate if they or someone in their household had seen a healthcare specialist in the past three years. Seventy-eight percent of the respondents (n=216) indicated they or a household member had seen a healthcare specialist during the past three years and twenty-three percent (n=68) indicated they had not.



Location of Healthcare Specialist (Question 21)

2016 N= 234

2013 N= 202

2009 N= 216

Of the 234 respondents who indicated they saw a healthcare specialist in the past three years, 44.9% (n=105) saw one at Central Montana Medical Center. St. Vincent Healthcare specialty services were utilized by 35% of respondents (n=82) and Billings Clinic was reported by 34.2% (n=80).

Respondents could select more than one location; therefore, percentages do not equal 100%.

| Location | 2009 | | 2013 | | 2016 | |
|---|-------------------|---------|-------|---------|-------|---------|
| | Count | Percent | Count | Percent | Count | Percent |
| Central Montana Medical Center ¹ | 139 | 64.4% | 114 | 56.4% | 105 | 44.9% |
| St. Vincent Healthcare | Not asked in 2009 | | 57 | 28.2% | 82 | 35.0% |
| Billings Clinic ² | 123 | 56.9% | 70 | 34.7% | 80 | 34.2% |
| Benefis | Not asked in 2009 | | 41 | 20.3% | 36 | 15.4% |
| Veteran's Clinic/Hospital | Not asked in 2009 | | 13 | 6.4% | 14 | 6.0% |
| Other ³ | 12 | 5.6% | 53 | 26.2% | 40 | 17.1% |

¹There has been a significant decrease since 2009 in the percentage of respondents who saw a specialist at Central Montana Medical Center.

²Significantly fewer 2016 respondents saw a specialist in Billings compared to 2009.

³Significantly more 2013 respondents saw a specialist at another location as compared to "other" survey years.

"Other" comments:

- Great Falls (9)
- Billings (7)
- Private clinic (3)
- Ortho Montana (3)
- Frontier Cancer Center (2)
- Arthritis Center (2)
- Seattle (2)
- Bozeman Deaconess
- Mayo, Scottsdale AZ
- AZ
- Lewistown
- Helena
- Crow/Roundup
- Houston
- Yellowstone Surgery Center
- Chiropractor office
- Dermatologist, Orthopedic surgeon
- Wyoming
- Corpus Christi, TX
- Alice, TX
- Community Health Center

Type of Healthcare Specialist Seen (Question 22)

2016 N= 234

2013 N= 202

2009 N= 216

The respondents (n=234) saw a wide array of healthcare specialists in the past three years. The most frequently indicated specialist was an “Orthopedic surgeon” at 31.2% of respondents (n=73) having utilized their services. “Dentist” was the second most utilized specialist at 26.9% (n=63) and “Cardiologist” was third at 23.9% (n=56). Respondents were asked to choose all that apply so percentages do not equal 100%.

| | 2009 | | 2013 | | 2016 | |
|------------------------------|-------------------|---------|-------|---------|-------|---------|
| Specialist Type | Count | Percent | Count | Percent | Count | Percent |
| Orthopedic surgeon | 50 | 23.1% | 55 | 27.2% | 73 | 31.2% |
| Dentist ¹ | 105 | 48.6% | 122 | 60.4% | 63 | 26.9% |
| Cardiologist | 36 | 16.7% | 34 | 16.8% | 56 | 23.9% |
| Dermatologist | 45 | 20.8% | 33 | 16.3% | 48 | 20.5% |
| Physical therapist | Not asked in 2009 | | 49 | 24.3% | 45 | 19.2% |
| Chiropractor ² | 63 | 29.2% | 68 | 33.7% | 35 | 15.0% |
| General surgeon ³ | 61 | 28.2% | 41 | 20.3% | 30 | 12.8% |
| Radiologist ⁴ | 34 | 15.7% | 53 | 26.2% | 29 | 12.4% |
| OB/GYN | 28 | 13.0% | 24 | 11.9% | 29 | 12.4% |
| ENT (ear/nose/throat) | 22 | 10.2% | 16 | 7.9% | 28 | 12.0% |
| Neurologist | 20 | 9.3% | 18 | 8.9% | 25 | 10.7% |
| Urologist | 27 | 12.5% | 22 | 10.9% | 24 | 10.3% |
| Podiatrist | 25 | 11.6% | 17 | 8.4% | 20 | 8.5% |
| Gastroenterologist | Not asked in 2009 | | 12 | 5.9% | 20 | 8.5% |
| Oncologist | 13 | 6.0% | 14 | 6.9% | 18 | 7.7% |
| Rheumatologist | 6 | 2.8% | 10 | 5.0% | 15 | 6.4% |
| Sleep study specialist | Not asked in 2009 | | 17 | 8.4% | 14 | 6.0% |
| Occupational therapist | Not asked in 2009 | | 5 | 2.5% | 11 | 4.7% |
| Pulmonologist | Not asked in 2009 | | 7 | 3.5% | 9 | 3.8% |
| Allergist | Not asked in 2009 | | 11 | 5.4% | 8 | 3.4% |
| Psychiatrist (M.D.) | 6 | 2.8% | 4 | 2.0% | 5 | 2.1% |
| Pediatrician | 6 | 2.8% | 9 | 4.5% | 4 | 1.7% |
| Psychologist | 2 | 0.9% | 1 | 0.5% | 4 | 1.7% |
| Speech therapist | Not asked in 2009 | | 2 | 1.0% | 4 | 1.7% |
| Substance abuse counselor | 0 | 0 | 1 | 0.5% | 2 | 0.9% |
| Other | 15 | 6.9% | 11 | 5.4% | 23 | 9.8% |

¹There is a significant difference for all three years for the percentage of respondents that have been to a dentist; 2013 was the highest and 2016 was the lowest.

Continued on next page...

Question 22 continued...

²Significantly fewer 2016 respondents reported seeing a chiropractor in the past three years.

³There has been a significant decrease in the percent of respondents who have seen a general surgeon since 2009.

⁴Significantly fewer 2016 respondents reported seeing a radiologist than in 2013.

“Other” comments:

- Ophthalmologist (3)
- Mammogram (2)
- Pain specialist
- Nutritionist (2)
- Blood pressure
- ER/ED [Emergency Room/Emergency Department]
- Vein clinic
- Home health care
- Endocrinologist
- Nephrologist
- Electrophysiologist or electrocardiologist
- Vascular surgeon
- Diabetes
- Internal medicine
- Audiologist
- Acupuncturist
- Neurosurgeon
- Back specialist
- Physical therapy
- Hand surgeon
- Optometrist

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

2016 N= 311

2013 N= 288

2009 N= 298

Respondents were asked to rate a variety of aspects of the overall care provided at Central Montana Medical Center using the scale of 4=Excellent, 3=Good, 2=Fair, 1=Poor, and Don't Know. The sums of the average scores were then calculated with Home care receiving the top average score of 3.5 out of 4.0. Ambulance services, Outpatient treatment, and Rehabilitation services all receiving a score of 3.4 out of 4.0. The total average score was 3.2, indicating the overall services of the hospital to be "Excellent" to "Good."

| 2016 | <i>Excellent</i> (4) | Good (3) | Fair (2) | Poor (1) | Don't know | No Ans | N | Avg |
|---|--------------------------------|---------------------------|---------------------------|---------------------------|-------------------|---------------|----------|------------|
| Home care (Home health/hospice) | 39 | 22 | 6 | 1 | 211 | 32 | 311 | 3.5 |
| Ambulance services | 58 | 30 | 9 | 3 | 181 | 30 | 311 | 3.4 |
| Outpatient treatment (infusion services)¹ | 39 | 30 | 4 | 4 | 198 | 36 | 311 | 3.4 |
| Rehabilitation services (cardiac/respiratory/ occupational/physical/ speech) | 57 | 46 | 7 | 1 | 169 | 31 | 311 | 3.4 |
| Emergency department ² | 85 | 63 | 19 | 8 | 109 | 27 | 311 | 3.3 |
| General surgery ³ | 39 | 26 | 10 | 4 | 199 | 33 | 311 | 3.3 |
| Laboratory | 95 | 121 | 17 | 5 | 52 | 21 | 311 | 3.3 |
| Admissions/check-in | 95 | 136 | 27 | 10 | 34 | 9 | 311 | 3.2 |
| Dietician/diabetes services | 32 | 21 | 11 | 5 | 212 | 30 | 311 | 3.2 |
| Home medical equipment | 29 | 26 | 16 | 1 | 202 | 37 | 311 | 3.2 |
| Business office | 57 | 99 | 28 | 6 | 99 | 22 | 311 | 3.1 |
| Radiology/imaging ⁴ | 63 | 88 | 22 | 15 | 92 | 31 | 311 | 3.1 |
| Orthopedic services/surgery | 23 | 28 | 13 | 5 | 208 | 34 | 311 | 3.0 |
| OB/birthing services ⁵ | 8 | 18 | 7 | 3 | 235 | 40 | 311 | 2.9 |
| TOTAL | 719 | 754 | 196 | 71 | | | | 3.2 |

¹Significantly more of the 2016 respondents rate outpatient treatment services as excellent or good with an increase from 3.2 to 3.4.

²Significantly more of the 2016 respondents rate the emergency department services as excellent or good with an increase from 3.0 to 3.3.

³Significantly more of the 2016 respondents didn't know about or utilize general surgery.

⁴Significantly more of the 2016 respondents rate radiology services as excellent or good with an increase from 2.6 to 3.1.

⁵Significantly more of the 2016 respondents didn't know about or utilize OB/birthing services.

Continued on next page...

Question 23 continued...

| 2013 | <i>Excellent</i> (4) | Good (3) | Fair (2) | Poor (1) | Don't know | No Ans | N | Avg |
|---|---------------------------------|---------------------|---------------------|---------------------|-----------------------|-------------------|----------|------------|
| Ambulance services | 40 | 32 | 9 | 1 | 176 | 30 | 288 | 3.4 |
| Rehabilitation services (cardiac/respiratory/ occupational/ physical/speech) | 48 | 40 | 11 | 1 | 153 | 35 | 288 | 3.4 |
| Home care (Home health/hospice) | 33 | 28 | 8 | 1 | 183 | 35 | 288 | 3.3 |
| Laboratory | 86 | 111 | 21 | 3 | 45 | 22 | 288 | 3.3 |
| Admissions/check-in | 82 | 117 | 37 | 6 | 26 | 20 | 288 | 3.2 |
| General surgery | 30 | 49 | 11 | 2 | 162 | 34 | 288 | 3.2 |
| Outpatient treatment (infusion services) | 20 | 20 | 10 | 1 | 204 | 33 | 288 | 3.2 |
| OB/birthing services | 22 | 25 | 8 | 4 | 191 | 38 | 288 | 3.1 |
| Emergency department | 60 | 82 | 32 | 11 | 76 | 27 | 288 | 3.0 |
| Orthopedic services/surgery | 19 | 24 | 8 | 5 | 192 | 40 | 288 | 3.0 |
| Dietician/diabetes services | 14 | 22 | 11 | 3 | 202 | 36 | 288 | 2.9 |
| Radiology/imaging | 35 | 72 | 28 | 39 | 83 | 31 | 288 | 2.6 |
| TOTAL | 475 | 600 | 183 | 74 | | | | 3.1 |

| 2009 | <i>Excellent</i> (4) | Good (3) | Fair (2) | Poor (1) | Don't know/ No Answer | N | Avg |
|---------------------------|---------------------------------|---------------------|---------------------|---------------------|--------------------------------------|----------|------------|
| Ambulance services | 47 | 16 | 1 | 0 | 234 | 298 | 3.7 |
| General surgery | 54 | 22 | 9 | 2 | 211 | 298 | 3.5 |
| Laboratory | 94 | 73 | 10 | 6 | 115 | 298 | 3.4 |
| Emergency department | 95 | 75 | 14 | 9 | 105 | 298 | 3.3 |
| Radiology/imaging | 79 | 51 | 15 | 8 | 145 | 298 | 3.3 |
| TOTAL | 369 | 237 | 49 | 25 | | | 3.4 |

“Other” comments:

- Specialist in Billings felt lab test results from CMMC was outdated

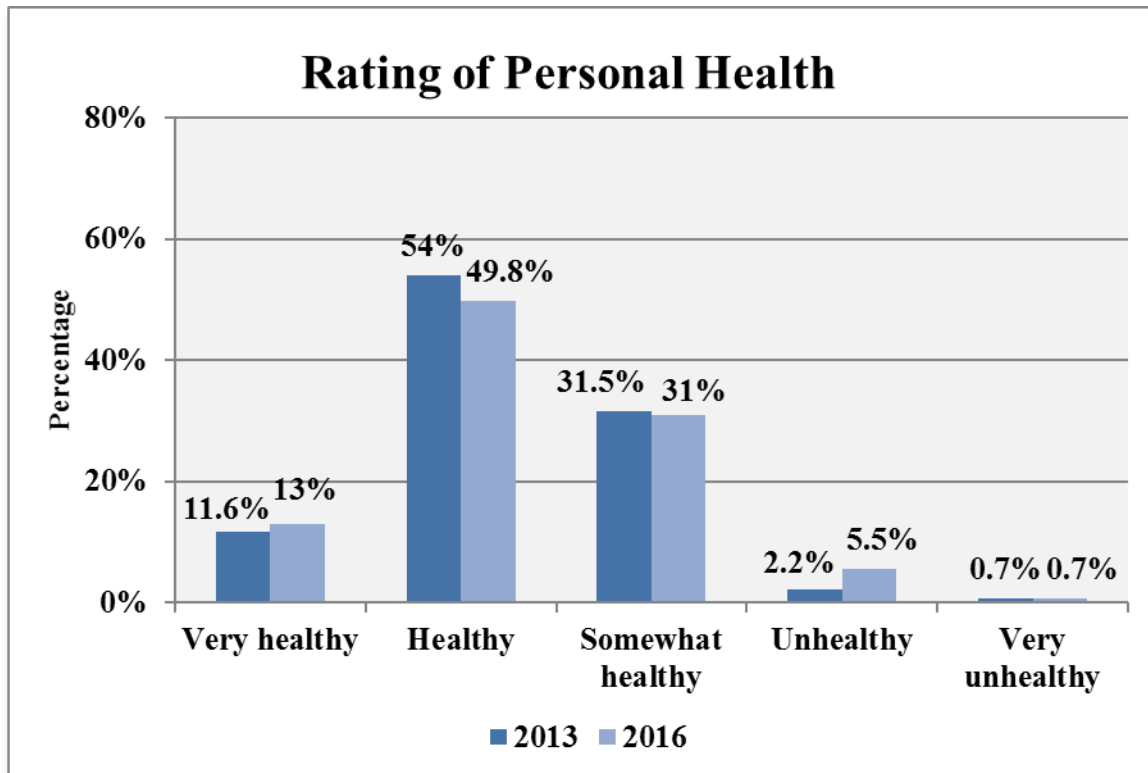
Survey Findings – Personal Health

Personal Health (Question 24)

2016 N= 307

2013 N= 276

Respondents were asked to rate their own personal health. Fifty percent of respondents (n=153) rated themselves as “Healthy,” 31% of respondents (n=95) felt they were “Somewhat healthy,” and 13% (n=40) indicated they felt they were “Very healthy.”

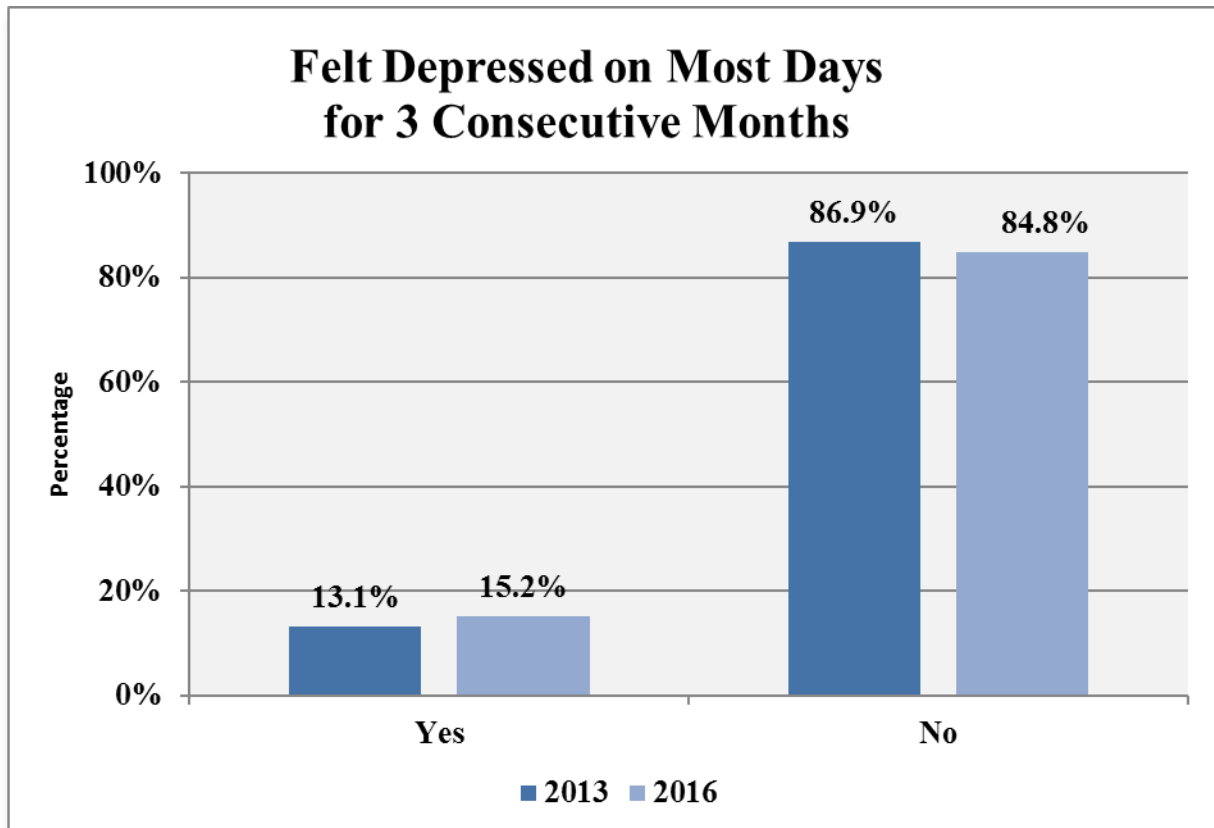


Prevalence of Depression (Question 25)

2016 N= 307

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, although they may have felt okay sometimes. Fifteen percent of respondents (n=46) indicated they had experienced periods of depression and 84.8% of respondents (n=257) indicated they had not. Four respondents chose not to answer this question.

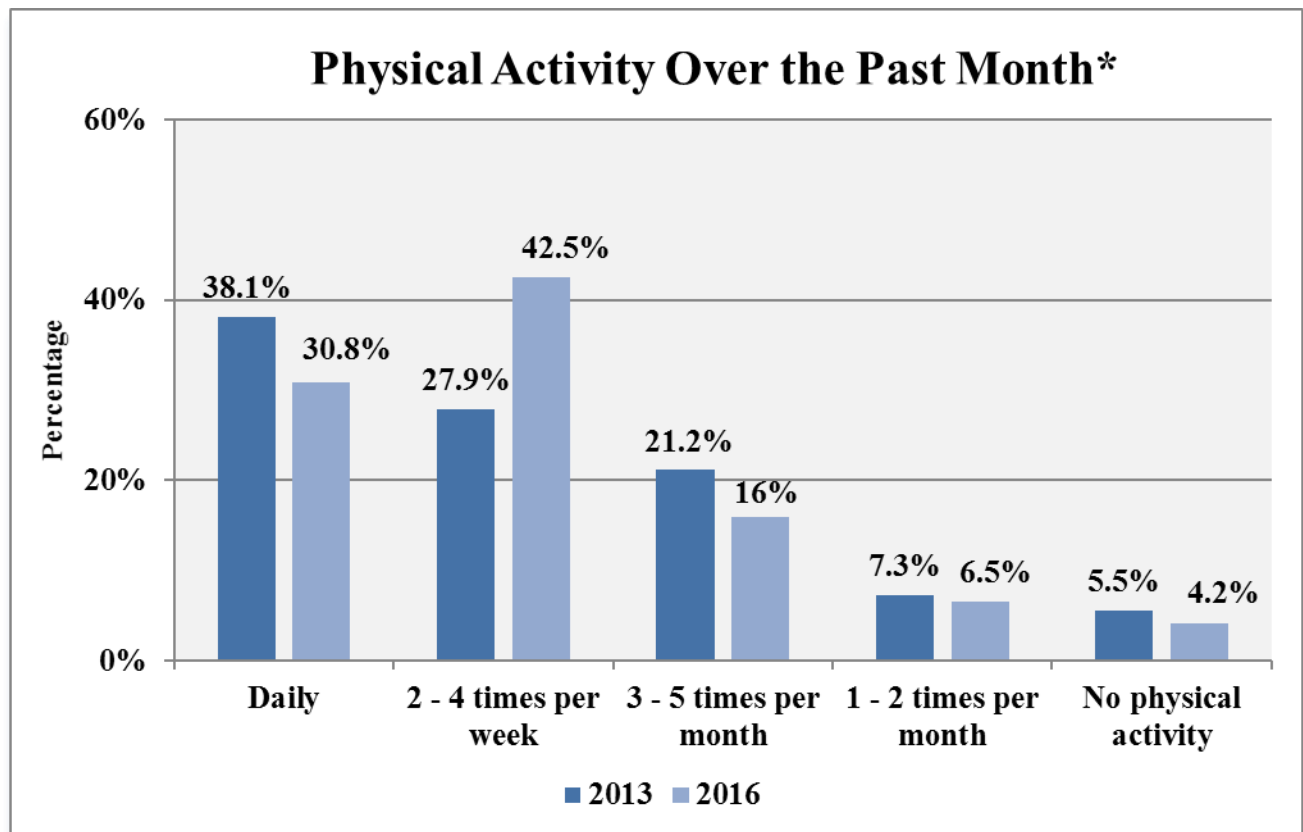


Physical Activity (Question 26)

2016 N= 306

2013 N= 273

Respondents were asked to indicate how frequently they had physical activity for at least twenty minutes over the past month. Forty-three percent of respondents (n=130) indicated they had physical activity of at least twenty minutes “2-4 times per week” and 30.8% (n=94) indicated they had physical activity “Daily.” Four percent of respondents (n=13) indicated they had “No physical activity” and five respondents chose not to answer this question.



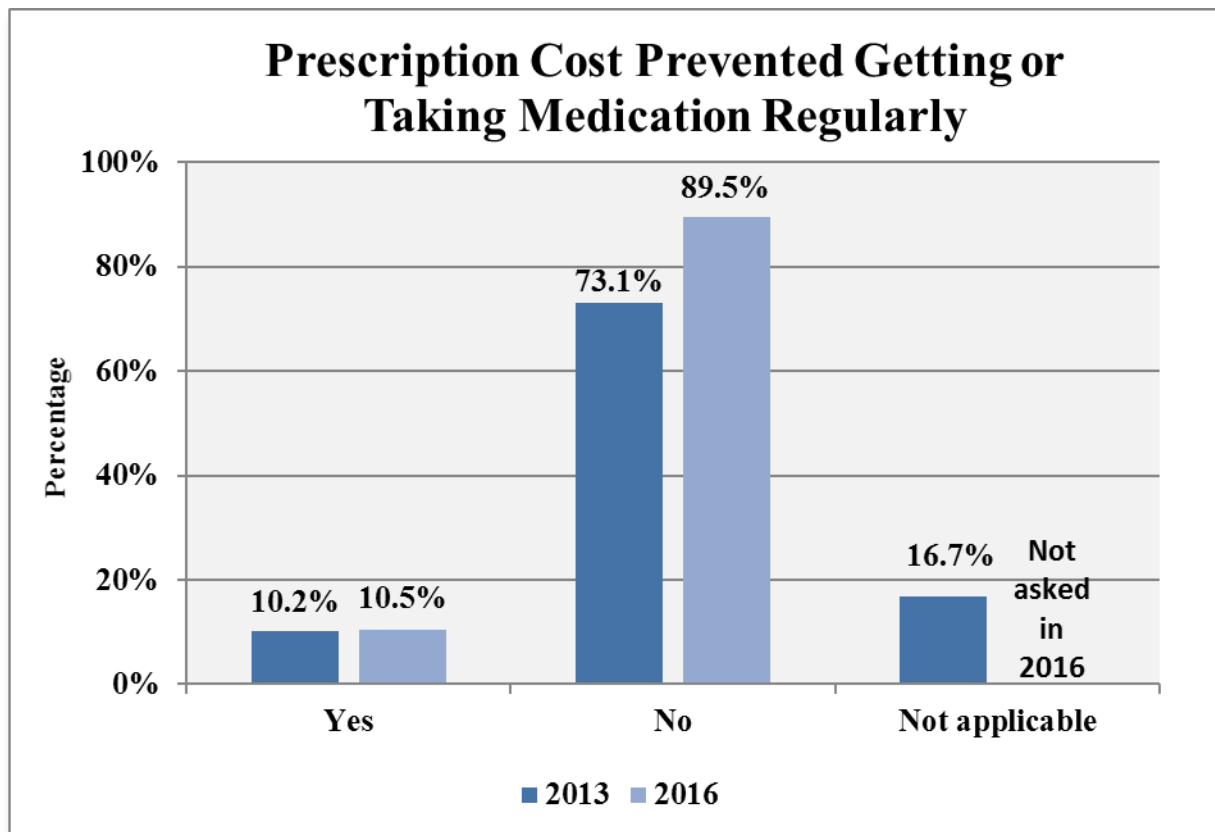
*Significantly more 2016 respondents reported less frequent physical activity than in 2013.

Cost and Prescription Medications (Question 27)

2016 N= 306

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=32) indicated that cost had prohibited them from getting a prescription or taking their medication regularly. Ninety percent of respondents (n=274) indicated that cost had not been a barrier, and five respondents chose not to answer this question.



Survey Findings – Health Insurance

Medical Insurance (Question 28)

2016 N= 252

2013 N= 238

2009 N= 257

Respondents were asked to indicate what type of medical insurance covers the majority of their medical expenses. Thirty-seven percent (n=93) indicated they have “Employer sponsored” coverage. Thirty-one percent (n=78) indicated they have “Medicare” and “Private insurance/private plan” was indicated by 9.9% of respondents (n=25).

| | 2009 | | 2013 | | 2016 | |
|-------------------------------------|-------------------|-------------|-------------------|-------------|------------|-------------|
| Insurance Type | Count | Percent | Count | Percent | Count | Percent |
| Employer sponsored | 102 | 39.7% | 89 | 37.4% | 93 | 36.9% |
| Medicare | 77 | 30.0% | 75 | 31.5% | 78 | 31.0% |
| Private insurance/private plan | 32 | 12.5% | 34 | 14.3% | 25 | 9.9% |
| VA/Military | 11 | 4.3% | 11 | 4.6% | 15 | 6.0% |
| Health Insurance Marketplace | Not asked in 2009 | | Not asked in 2013 | | 14 | 5.5% |
| Medicaid | 4 | 1.6% | 2 | 0.8% | 10 | 4.0% |
| None/Pay out of pocket ¹ | 20 | 7.8% | 22 | 9.2% | 10 | 4.0% |
| Healthy MT Kids | 3 | 1.2% | Not asked in 2013 | | 3 | 1.2% |
| Health Savings Account | 0 | 0 | 1 | 0.4% | 1 | 0.4% |
| Indian Health | 0 | 0 | 0 | 0 | 0 | 0 |
| State/Other | 3 | 1.2% | 1 | 0.4% | 0 | 0 |
| Other | 5 | 1.9% | 3 | 1.3% | 3 | 1.2% |
| TOTAL | 257 | 100% | 238 | 100% | 252 | 100% |

¹Significantly fewer 2016 respondents reported not having health insurance coverage than in previous survey years.

“Other” comments:

- BCBS [Blue Cross Blue Shield] of MT
- Humbra
- Secondary insurance
- Government Employees Health Care

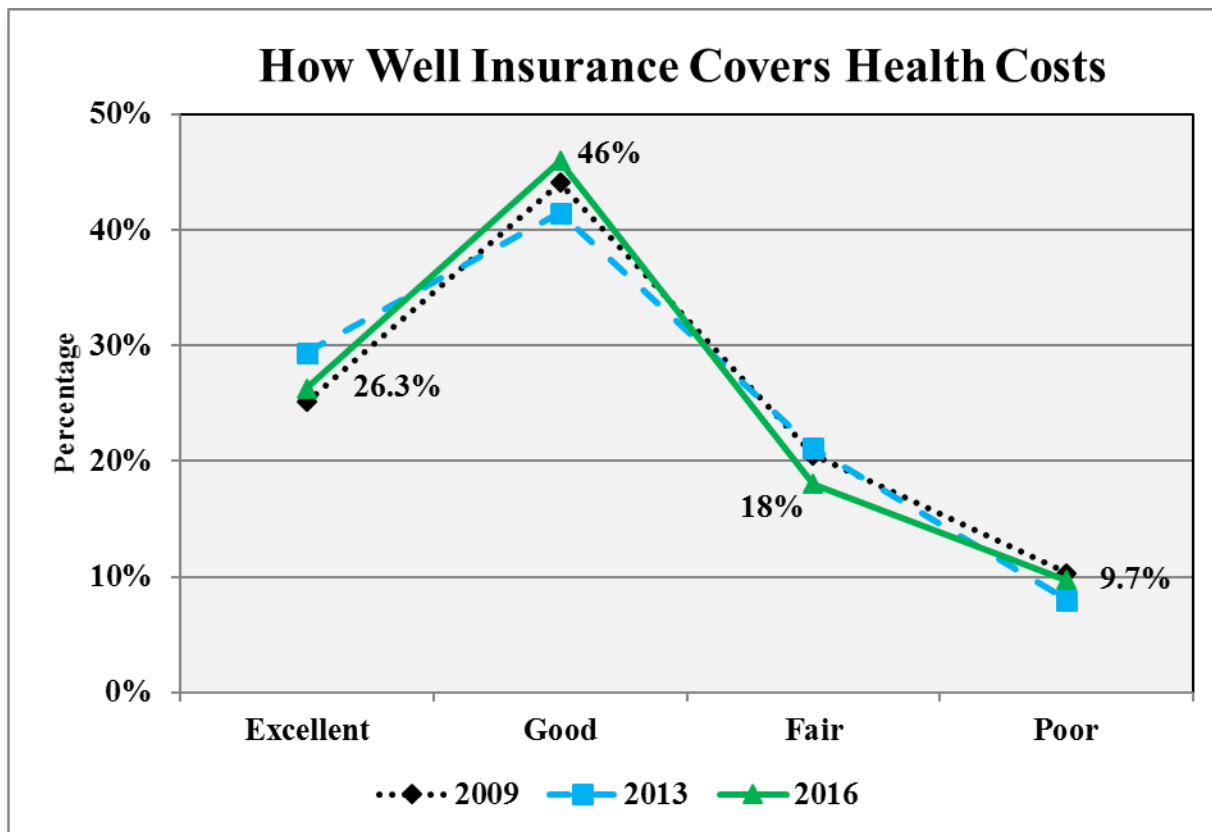
Insurance and Healthcare Costs (Question 29)

2016 N= 300

2013 N= 265

2009 N= 263

Respondents were asked to indicate how well they felt their health insurance covers their healthcare costs. Forty-six percent of respondents (n=138) indicated they felt their insurance covers a “Good” amount of their healthcare costs. Twenty-six percent of respondents (n=79) indicated they felt their insurance is “Excellent” and 18% of respondents (n=54) indicated they felt their insurance was “Fair.”



“Other” comments:

- If physicians outside of Lewistown will accept my plan, some will not

Reasons for Not Having Medical Insurance (Question 30)

2016 N= 10

2013 N= 22

2009 N= 20

Those respondents who reported they did not have medical insurance (n=10) were asked to indicate why they did not. The top response, with 90% of respondents (n=9) indicated they “Cannot afford to pay for medical insurance.”

| | 2009 | | 2013 | | 2016 | |
|--|-------|---------|-------|---------|-------|---------|
| Location | Count | Percent | Count | Percent | Count | Percent |
| Cannot afford to pay for medical insurance | 18 | 90% | 18 | 81.8% | 9 | 90% |
| Employer does not offer insurance | 3 | 15% | 4 | 18.2% | 2 | 20% |
| Choose not to have medical insurance | 1 | 5% | 4 | 18.2% | 1 | 10% |
| Other | 0 | 0 | 1 | 4.5% | 1 | 10% |

“Other” comments:

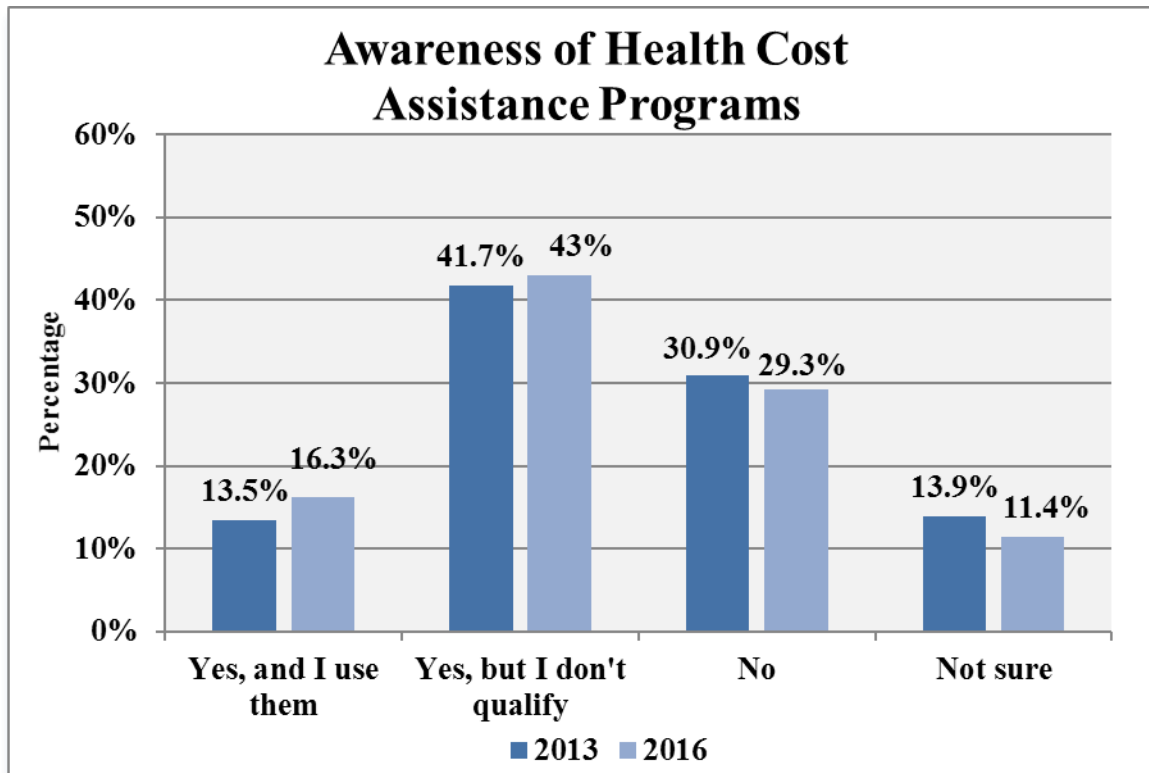
- Unreasonably expensive
- Not employed currently
- Retired, can’t afford insurance
- Will be dropping due to cost
- Cannot afford and my husband was denied
- Husband was not covered
- Medicare

Awareness of Health Payment Programs (Question 31)

2016 N= 263

2013 N= 259

Respondents were asked to indicate their awareness of programs that help people pay for healthcare bills. Forty-three percent of respondents (n=113) indicated they were aware of these types of programs, but did not qualify to utilize them. Twenty-nine percent (n=77) indicated that they were not aware of these programs and 16.3% of respondents (n=43) indicated they were aware and utilized them.



VI. Focus Group Methodology

Three focus groups were held in Lewistown and surrounding area in March and April 2016. Focus group participants were identified as people living in Central Montana Medical Center's service area.

Thirty-seven people participated in the three focus group interviews. The focus groups were designed to represent various consumer groups of healthcare including senior citizens and local community members. Focus groups were held in Lewistown at the Yogo Inn and Little Big Men Pizza. Each group meeting lasted up to 90 minutes in length and followed the same line of questioning found in Appendix F. The questions and discussions at the focus groups were led by Angela Bangs with the Montana Office of Rural Health.

Additionally, Ms. Ann Tuss with the Central Montana Medical Center Foundation facilitated an additional 2 focus group interviews with 25 participants. These focus groups were held with the Lewistown Downtown Association and the Hobson Senior Center.

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

VII. Focus Group Findings

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

Improve health of the community

- A need for more services specific to seniors was identified.
- There was concern regarding the recent loss of internal medicine physicians.
- More community events/opportunities for people to be more physically active.

Most important local healthcare issues

- Lack of facilities/providers specific to mental health and substance abuse appeared to be major concerns for community members.
- Community members were concerned about the lack of primary care providers (specifically, internal medicine providers).

Opinion of hospital services

- Quality of care is viewed as excellent.
- Services provided are very good and community members are thankful for services/specialists available considering the size of Lewistown.
- Community members are very impressed with the new upgrades in the hospital.

Opinion of local providers

- Participants utilize local providers because it is convenient and community members have established relationships with the providers in town.
- Community members are very concerned about replacing the internists who have left and are worried that they will have to leave town to receive services.

Opinion of local services

- The new emergency room and setup is a significant improvement and community members were very impressed with the quality of care provided.
- Ambulance services are very good and community members feel blessed to have it.
- Community members are happy with the nursing home and assisted living facilities available; however, services are seen as being expensive.
- There is some confusion regarding the public health department; however, community members are satisfied overall with services available, although it can be difficult to be seen by the nurse.

Reasons to leave the community for healthcare

- Participants stay local when services are available. They leave the community when referred for specialty care or if the needed service is not available locally.
- Community members also indicated that they can tie in other errands (i.e. shopping) if they seek healthcare services in a larger metropolitan area.

Continued on next page...

Focus Group Findings continued...

Needed healthcare services in the community

- More primary care providers.
- More traveling specialists who also stay in the community for a longer period of time.
- Mental health and substance abuse services.
- More assisted living options.
- Community health fair.

VIII. Summary

Three hundred eleven surveys were completed in Central Montana Medical Center's service area for a 41% response rate. Of the 311 returned, 61.7% of the respondents were female, 74.1% were 56 years of age or older, and 42.6% are retired.

Respondents rated the overall quality of care at the hospital as excellent to good, scoring 3.2 out of 4.0.

Over half of the respondents (56.1%) feel the Lewistown area is a "somewhat healthy" place to live. Significantly more respondents rated the Lewistown community as less healthy than in 2009. Respondents indicated their top three health concerns were: alcohol abuse/substance abuse (64%), cancer (42.4%), and overweight/obesity (38.9%). Significantly more respondents identified alcohol abuse/substance abuse and overweight/obesity to be a concern than the two previous Community Health Needs Assessments conducted in 2009 and 2013.

When respondents were asked which health related educational programs or classes they would be most interested in, the top choices were: weight loss/nutrition (31.5%), health insurance (Medicare/Medicaid/private) (25.4%), and health and Living Will (25.1%).

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 healthcare sector has on the economic well-being of the area, with 74.8% of respondents identifying local healthcare services as "very important" to the economic well-being of the area.

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

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

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

The community steering committee, comprised of staff leaders from Central Montana Medical Center (CMMC) and community members from Fergus County, convened to begin an implementation planning process to systematically and thoughtfully respond to all issues and opportunities identified through the Community Health Services Development (CHSD) Process.

The 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). 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 Specialists and Primary Care Providers
- Need for Expanded Outpatient Clinic Hours/Walk-In Clinic
- Access to Behavioral Health Services
- Improvement in Population Health

Central Montana Medical Center will determine which needs or opportunities could be addressed considering CMMC's parameters of resources and limitations. The committee will prioritize the needs/opportunities using the additional parameters of the organizational vision, mission, and/or values, as well as existing and potential community partners.

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

Resources

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

- Fergus County Council on Aging
- Central Montana Community Health Center
- Central Montana Family Planning
- Montana State University (MSU)-Northern
- Alcohol and Drug Services of Central Montana
- Central Montana Foundation
- WWAMI
- City of Lewistown
- Agency for Healthcare Research and Quality
- Lewistown Public School District
- Snowy Mountain Development Corp.
- Veteran Services
- Central Montana Health District
- Lewistown News Argus
- KXLO/KLCM Radio
- Fergus County Nurse's Office
- Montana Office of Rural Health

X. Evaluation of Activity Impacts from Previous CHNA

Central Montana Medical Center (CMMC) approved its previous implementation plan July 30, 2013. The plan prioritized the following health issues:

- Chronic Disease
- Access to Healthcare Services
- Quality of Care

Chronic Disease

Goal 1: Improve the health of the community by decreasing and preventing chronic disease.

Strategy 1.1: CMMC continues to offer the cardiovascular disease and diabetes prevention 16 week program plus follow-up sessions to the community. Surveys are provided to participants after completion of the program to obtain outcomes. Stats are submitted to the State of Montana, which the State monitors the programs outcomes, which is reciprocated back to CMMC cardiovascular coordinator. The program is marketed via word of mouth and radio/newspaper. CMMC received Cardiovascular Recognition Award in 2014, sponsored by the State Health Department. Weight management and nutrition classes are offered to the community, along with a support group therapy class.

Strategy 1.2: CMMC developed an occupational health program that is available to community businesses that builds a healthier and more productive community. This program provides preventive and lifestyle enhancement services to the business community, including pre-placement exams, respiratory fit testing, medical evaluation, on-site wellness screens, health education and promotion services, DOT physical exams and drug-testing requested by employers. This occupational health assessment program is also available to CMMC employees

for annual health screen exams. Q.I. measures success and incentives. Monthly in-services based on results of the assessment are implemented by offering follow-up education to employers with high marks. Additional occupational health staff has been hired.

Strategy 1.3: Overall fitness centers/services in the community have been established through a community “Fitness Central” newly opened downtown. CMMC does not want to be in community competition with local business(s); therefore, advertising CMMC Fitness Center has been put on hold. Thus, CMMC offers internal weight loss challenges and overall fitness competitions with incentives to CMMC staff of 298 employees. Use of the Fitness Center is free to all staff. One on one personal trainer and circuit training classes are offered. A Fall Prevention program is new to the Fitness Center: offering medically supervised services that fits into fitness, exercise therapy and chronic medical condition that links to cardiovascular disease program. A community-minded fitness approach has moved toward a medically supervised exercise service. Community members who utilize the Fitness Center on most cases are new to exercise, have joint issues, high blood pressure, nervous about starting to exercise, need one on one and like having a medical professional near-by with the need to feel safe.

Access to Healthcare Services

Goal 2: Increase and improve access to health care and health care services for the community.

Strategy 2.1: Ongoing collaboration with CMMC and the Central Montana Community Health Center (CMCHC) is in focus. CMMC staff, Dr. Tammy Welsh, ER Physician/Medical Staff Director and Governing Board Member At-Large serves as Medical Director for the CMCHC. Dr. Forke from CMCHC also has privileges at CMMC and serves on CMMC Medical Executive Staff. CMMC new physician recruits work dual with CMMC and CMCHC. CMMC and CMCHC also work together on joint grants to benefit the community (i.e. cardiovascular and diabetes grant). The CMCHC has agreed to collaborate with CMMC joining the ACO Population Health. CMMC has Social Service staff involved with TORCH: addiction and mental health program offered in the community free to the community. Triage nurse is new at the clinic: providing medical attention to patients via phone encouraging them to see their provider either at CMCHC or CMMC.

Strategy 2.2: CMMC continues to increase internal and external awareness of CMMC services. 26 specialty physicians are providing services at CMMC. All avenues of advertising are being utilized: social media, website, radio, newspaper, speaker presentations, billboards, newsletter, etc. Continue utilizing CMMC Annual Report as a resource for CMMC updated annual services, physician’s stats, financials, foundation, etc.

Strategy 2.3: CMMC continues to offer affordable/reduced-cost services to the community in order to provide community members with cost-effective options. Payment plans, offer of 10% discount to those who pay their bill in full within a certain amount of time, offering assistance with those who meet payment assistance program and charity care. CMMC advertises payment assistance on CMMC website, along with a Health Insurance Exchange Navigator.

Quality of Care

Goal 3: CMMC has increased patient satisfaction and is seen to be the center of the economic fabric of central Montana.

Strategy 3.1: Staff management hours (.5 FTE) have been shifted for physician recruitment. CMMC continues to offer competitive wages and benefit packages. Continuing Ed and a new “grow your own” internships through the Job Service that offers employees employment advancement opportunities. The WWAMI clinical site and WRITE/TRUST site is in place at CMMC. REACH camp, career Day and Open House is present on site, along with MSU Nursing student program.

Strategy 3.2: CMMC meets many achievement levels in HCAHPS scores that demonstrate high levels of patient satisfaction in core measures. CMMC received top 100 US Critical Access Hospital award, measuring 62 different performance metrics. In 2014 State Survey, CMMC hospital had zero deficiency. CMMC continues to monitor and improve compiled outcomes with the HCAHPS and Hospital Value Based Purchasing systems. Monthly audits of processes are performed to identify gaps and weakness, and strengths. Each department is ensured to follow their QI plans.

Strategy 3.3: CMMC has proved increase efficiencies in the facility to that has improved patient satisfaction: new signage, internally and externally; new paint and tar externally; auxiliary information desk moved to main entrance for patient assistance. A committee was formed examining the facilities layout and processes resulting in moving the billing office away from center location to a hallway with better public access, which opened up the check-in process and switchboard, centrally. With the new emergency and lab waiting area, check-in patients are not apt to ‘stand in line’ to check-in. Electronic health records throughout the facility has been established and put in place. IT systems are in place and analyzed consistently. New patient Portal in place allowing hospital and clinic patients to access their medical records through a web-based secure system. CMMC is closer to implementing a patient-centered model in the clinic. The ACO Population Health initiative is a patient-centered medical home model with the idea of helping chronic patients remain in their home.

Strategy 3.4: CMMC offers services/programs to the community to increase health literacy of community members. CMMC staff speaks at community functions like Rotary, Kiwanis, etc. about the variety of services at CMMC. CMMC is ‘tightening’ up the clinic physician offices affiliated with discharge/billing protocols so that everyone follows the same CMMC process. CMMC has a link on CMMC website offering financial assistance/charity care. The business office relocated to a more private, easy access setting with in the hospital. Patients are informed of the facility’s billing process and informational materials are provided to the patient about insurance or private pay.

Appendix A – Steering Committee Members

Steering Committee – Name and Organization Affiliation

1. Stacie Auck, Director- Fergus County Council on Aging
2. Jason Butcher, Superintendent- School District #1
3. Kevin Myhre, City Manager- City of Lewistown
4. Kathie Bailey, Director- Snowy Mountain Development Corporation District #6
5. Michelle Foy, CEO- Central Montana Community Health Center
6. Sue Irvin, Director- Central Montana Family Planning
7. Sue Woods, RN - Central Montana Health District
8. Jacques Rutten, Manager- News Argus
9. Fred Lark, Owner- KXLO/KLMC Radio
10. Kathy Anderson, RN, PHN- Fergus County Nurse's Office
11. Ann Tuss, Medical Center Foundation Manager- Central Montana Medical Center
12. Mike Dowdy, CEO- Central Montana Medical Center

Appendix B – Public Health and Populations Consultation

1. Public Health

- a. Name/Organization
Sue Woods – Central Montana Health District
- b. Date of Consultation
First Steering Committee Meeting: 11/17/2015
- c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
Steering Committee
- d. Input and Recommendations from Consultation
 - Access to primary care services
 - Not just about weight loss, but need to focus on nutrition too

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

Population: Seniors

- a. Name/Organization
Staci Auck – Council on Aging
- b. Date of Consultation
First Steering Committee Meeting: 11/17/2015
- c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
Steering Committee
- d. Input and Recommendations from Consultation
 - Lack of senior care givers

Population: Youth/Families

- a. Name/Organization
Sue Irvin- Central Montana Family Planning
Jason Butcher- Lewistown Public Schools
- b. Date of Consultation
First Steering Committee Meeting: 11/17/2015
- c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
Steering Committee
- d. Input and Recommendations from Consultation
 - Provided feedback on what community groups and contacts would be good resources for focus groups
 - We should explore the need for walk in clinics

Appendix C – Survey Cover Letter



January 15, 2016

Dear Central Montana Resident:

Please participate in our Community Health Needs Assessment survey and have a chance to WIN \$100!

Central Montana Medical Center (CMMC) and community health care systems are working together to improve the health care delivery of those we care for. Across Montana, hospitals are identifying what works well in their region, and what needs improvement. By completing the enclosed survey, you will help guide CMMC in identifying unmet health care needs and help steer the plan to meet those needs for our area residents.

CMMC is participating in the Community Health Services Development (CHSD) process with assistance from the Montana Office of Rural Health. The CHSD process includes a service area-based survey and focus groups to help identify health needs in as well as gain community member's input on perceptions of health in the community.

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

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

Once you complete your survey, simply **return it AND one of the raffle tickets in the enclosed self-addressed, postage paid envelope postmarked by February 26, 2016. Keep the other raffle ticket in a safe place for a chance to win \$100!** The winning raffle ticket number will be announced in the Lewistown News Argus and KXLO/KLCM radio stations on **March 16, 2016.**

Your response is very important to CMMC because your comments will represent others in the area and will help guide us in health improvement initiatives for the future. Even if you do not use health care services in Fergus County, your input is still helpful and will benefit our community. We know your time is valuable so we have made every effort to keep the survey brief – it should take less than 15 minutes to complete. As a thank you for your time, we are offering you a chance to win \$100 as a thank you for completing the enclosed survey.

All survey responses will go to the National Rural Health Resource Center in Duluth, Minnesota, who is assisting with this project. If you have any questions, please call the Montana Office of Rural Health at 406-994-6001 or Ann Tuss, CMMC Foundation Manager at 406-535-6309.

Thank you for your assistance. We truly appreciate your effort.

Sincerely,

A handwritten signature in black ink, appearing to read 'Mike Dowdy', is placed above the printed name and title.

Mike Dowdy, CEO
Central Montana Medical Center

Appendix D – Survey Instrument

Community Health Services Development Survey Lewistown, Montana

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

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

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

- ☐ Very healthy ☐ Healthy ☐ Somewhat healthy ☐ Unhealthy ☐ Very unhealthy

2. In the following list, what do you think are the **three most serious** health and safety concerns in our community? (Select **ONLY 3** that apply)

- | | |
|---|--|
| <input type="radio"/> Alcohol abuse/substance abuse | <input type="radio"/> Lack of senior care givers |
| <input type="radio"/> Cancer | <input type="radio"/> Mental health issues |
| <input type="radio"/> Child abuse/neglect | <input type="radio"/> Motor vehicle accidents |
| <input type="radio"/> Depression/anxiety | <input type="radio"/> Overweight/obesity |
| <input type="radio"/> Domestic violence | <input type="radio"/> Prescription drug abuse |
| <input type="radio"/> Heart disease | <input type="radio"/> Recreation related accidents/injuries |
| <input type="radio"/> Lack of access to healthcare | <input type="radio"/> Suicide |
| <input type="radio"/> Lack of dental care | <input type="radio"/> Tobacco use |
| <input type="radio"/> Lack of immunizations | <input type="radio"/> Work/farm/ranch related accidents/injuries |
| <input type="radio"/> Lack of exercise | <input type="radio"/> Other _____ |
| <input type="radio"/> Lack of seat belt use | |

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

- | | |
|---|---|
| <input type="radio"/> Access to healthcare and other services | <input type="radio"/> Good schools |
| <input type="radio"/> Affordable housing | <input type="radio"/> Healthy behaviors and lifestyles |
| <input type="radio"/> Arts and cultural events | <input type="radio"/> Low crime/safe neighborhoods |
| <input type="radio"/> Clean environment | <input type="radio"/> Low death and disease rates |
| <input type="radio"/> Community foundation/community grants | <input type="radio"/> Low level of domestic violence |
| <input type="radio"/> Community involvement/volunteerism | <input type="radio"/> Parks and outdoor recreational activities |
| <input type="radio"/> Educational opportunities | <input type="radio"/> Religious or spiritual values |
| <input type="radio"/> Good jobs and a healthy economy | <input type="radio"/> Strong family life |

4. How important are local healthcare providers and services (i.e.: hospitals, clinics, nursing homes, assisted living, public health, etc.) to the economic well-being of the area?

- ☐ Very important ☐ Important ☐ Not important ☐ Don't know

5. How do you rate your knowledge of the health services that are available at Central Montana Medical Center (CMMC)?

- ☐ Excellent ☐ Good ☐ Fair ☐ Poor

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

- | | |
|--|--|
| <input type="radio"/> CMMC health fair | <input type="radio"/> Healthcare provider |
| <input type="radio"/> CMMC website | <input type="radio"/> Internet/social media |
| <input type="radio"/> Central MT Community Health Center | <input type="radio"/> News Argus |
| <input type="radio"/> Central MT Council on Aging | <input type="radio"/> "The Roundup" newsletter |
| <input type="radio"/> Central MT Family Planning | <input type="radio"/> Radio (KXLO/KLCM) |
| <input type="radio"/> Central MT Health District (public health) | <input type="radio"/> Word of mouth/reputation |
| <input type="radio"/> Fergus County Nurse's Office | <input type="radio"/> Other _____ |

7. Which community health resources, other than the CMMC, have you used in the last three years? (Select all that apply)

- | | | |
|--|--|--|
| <input type="radio"/> Assisted Living | <input type="radio"/> Dentist | <input type="radio"/> Optometrist (eyes) |
| <input type="radio"/> Audiologist (ears) | <input type="radio"/> Central MT Family Planning | <input type="radio"/> Pharmacy |
| <input type="radio"/> Community Health Center | <input type="radio"/> Fergus County Nurse's Office | <input type="radio"/> Veteran's services |
| <input type="radio"/> Central MT Health District | <input type="radio"/> Long term care/nursing home | <input type="radio"/> Wellness fair screenings |
| <input type="radio"/> Council on Aging (foot clinic) | <input type="radio"/> Mental health | <input type="radio"/> Other _____ |

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

- | | |
|---|---|
| <input type="radio"/> Cultural sensitivity | <input type="radio"/> More primary care providers |
| <input type="radio"/> Greater health education services | <input type="radio"/> More specialists |
| <input type="radio"/> Improved access to services for those with disabilities | <input type="radio"/> Provider/physician expanded hours |
| <input type="radio"/> Improved marketing of health services | <input type="radio"/> Transportation assistance |
| <input type="radio"/> Improved quality of care | <input type="radio"/> Walk-in clinic |
| <input type="radio"/> Improved wait time to access healthcare services | <input type="radio"/> Other _____ |

9. If any of the following classes/programs were made available in Fergus County, which would you be most interested in attending? (Select all that apply)

- | | | |
|---|--|---|
| <input type="radio"/> Adult care giving | <input type="radio"/> Grief counseling | <input type="radio"/> Parenting |
| <input type="radio"/> Alcohol/substance abuse | <input type="radio"/> Health insurance (Medicare/Medicaid/private) | <input type="radio"/> Smoking cessation |
| <input type="radio"/> Alzheimer's | <input type="radio"/> Heart disease | <input type="radio"/> Suicide prevention |
| <input type="radio"/> Cancer | <input type="radio"/> Living Will | <input type="radio"/> Weight loss/nutrition |
| <input type="radio"/> First aid/CPR | <input type="radio"/> Mental health | <input type="radio"/> Other _____ |

10. In the past three years, was there a time when you or a member of your household thought you needed healthcare services but did NOT get or delayed getting medical services?

- ☐ Yes ☐ No (If no, skip to question 12)

11. If yes, what were the **three** most important reasons why you did not receive healthcare services?
(Select **ONLY 3** that apply)

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

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

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

13. Which of the following primary health care providers would you consider utilizing for your routine care?
(Select **all that apply**)

- | | | |
|--|---|--|
| <input type="radio"/> Family physician | <input type="radio"/> Physician Assistant | <input type="radio"/> Nurse Practitioner |
|--|---|--|

14. In the **past three years**, has anyone in your household received care in a hospital? (i.e. hospitalized overnight, day surgery, obstetrical care, rehabilitation, radiology, or emergency care)

- ☐ Yes ☐ No (If no, skip to question 17)

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

- | | | |
|--|---------------------------------------|---|
| <input type="radio"/> Central Montana Medical Center | <input type="radio"/> Billings Clinic | <input type="radio"/> Veterans Hospital |
| <input type="radio"/> St. Vincent Healthcare | <input type="radio"/> Benefis | <input type="radio"/> Other _____ |

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

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

17. In the past three years, have you or a household member seen a primary healthcare provider, such as a family physician, physician assistant, or nurse practitioner for healthcare services?

☐ Yes ☐ No (If no, skip to question 20)

18. Where was that primary healthcare provider located? (Please select only ONE)

☐ Central Montana Medical Center ☐ Billings
☐ Central Montana Community Health Center ☐ Great Falls ☐ Other _____

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

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

20. In the past three years, have you or a household member seen a healthcare specialist (other than your primary care provider/family doctor) for healthcare services?

☐ Yes ☐ No (If no, skip to question 23)

21. If yes, where was the healthcare specialist seen? (Select all that apply)

☐ Central Montana Medical Center ☐ Billings Clinic ☐ St. Vincent Healthcare
☐ Veterans Clinic/Hospital ☐ Benefis ☐ Other _____

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

☐ Allergist ☐ OB/GYN ☐ Pulmonologist
☐ Cardiologist ☐ Occupational therapist ☐ Radiologist
☐ Chiropractor ☐ Oncologist ☐ Rheumatologist
☐ Dentist ☐ Orthopedic surgeon ☐ Sleep study specialist
☐ Dermatologist ☐ Pediatrician ☐ Speech therapist
☐ ENT (ear/nose/throat) ☐ Physical therapist ☐ Substance abuse counselor
☐ Gastroenterologist ☐ Podiatrist ☐ Urologist
☐ General surgeon ☐ Psychiatrist (M.D.) ☐ Other _____
☐ Neurologist ☐ Psychologist

23. The following services are available at Central Montana Medical Center. Please rate the overall quality for each service. (Please mark D/K if you have not used the service)

Excellent = 4 Good = 3 Fair = 2 Poor = 1 Don't Know = DK

| | | | | | |
|---|-------------------------|-------------------------|-------------------------|-------------------------|--------------------------|
| Admissions/check-in | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> DK |
| Ambulance Services | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> DK |
| Business office | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> DK |
| Dietician/diabetes services | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> DK |
| Emergency department | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> DK |
| General surgery | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> DK |
| Home care (Home health/hospice) | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> DK |
| Home medical equipment | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> DK |
| Laboratory | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> DK |
| OB/birthing services | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> DK |
| Orthopedic services/surgery | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> DK |
| Outpatient treatment (infusion services) | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> DK |
| Radiology/imaging | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> DK |
| Rehabilitation services (cardiac/respiratory/occupational/physical/speech) | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> DK |

24. How would you rate your own personal health?

- ☐ Very healthy ☐ Healthy ☐ Somewhat healthy ☐ Unhealthy ☐ Very unhealthy

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

- ☐ Yes ☐ No

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

- ☐ Daily ☐ 3-5 times per month ☐ No physical activity
☐ 2-4 times per week ☐ 1-2 times per month

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

- ☐ Yes ☐ No

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

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

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

- ☐ Excellent ☐ Good ☐ Fair ☐ Poor

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

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

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

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

Demographics –

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

32. Where do you currently live by zip code?

- | | | |
|---|--|--------------------------------------|
| <input type="radio"/> 59430 Denton | <input type="radio"/> 59453 Judith Gap | <input type="radio"/> 59471 Roy |
| <input type="radio"/> 59032 Grass Range | <input type="radio"/> 59457 Lewistown | <input type="radio"/> 59479 Stanford |
| <input type="radio"/> 59451 Hilger | <input type="radio"/> 59462 Moccasin | <input type="radio"/> 59489 Winifred |
| <input type="radio"/> 59452 Hobson | <input type="radio"/> 59464 Moore | <input type="radio"/> 59087 Winnett |

33. What is your gender? ☐ Male ☐ Female ☐ Other

34. What age range represents you?

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

35. What is your employment status?

- | | | |
|--------------------------------------|---|--|
| <input type="radio"/> Work full time | <input type="radio"/> Student | <input type="radio"/> Not currently seeking employment |
| <input type="radio"/> Work part time | <input type="radio"/> Collect disability | <input type="radio"/> Other _____ |
| <input type="radio"/> Retired | <input type="radio"/> Unemployed, but looking | |

Please return survey and ONE ticket in the provided postage paid envelope or mail to:
The National Rural Health Resource Center, 525 S. Lake Avenue, Suite 320 Duluth MN 55802

THANK YOU VERY MUCH FOR YOUR TIME

Please note that all information will remain confidential

Appendix E – Responses to Other and Comments

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

- Lack of providers (3)
- Lack of accountability in the court system with child abuse, drug, and alcohol abuse
- Lack of nutritional education
- Lack of dialysis treatment
- Long distances
- Assisted suicide/euthanasia
- Senior drivers- those who should not be driving
- Diabetes
- None of the above
- No idea

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

- Personal search/experience (5)
- Phone book (3)
- Worked at CMMC [Central Montana Medical Center]/Employed with CMMC (2)
- EMTs
- CMMC volunteer
- HRDC [Human Resource Development Council]

7. Which community health resources, other than the CMMC, have you used in the last three years?

- Family physician (2)
- None (2)
- Billings facilities
- Chiropractic
- CMMC Fitness Center
- Cardiac rehab
- St. Pete's North Medical Center
- VA outpatient treatment
- COA [Council on Aging] shuttle

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

- Extended hours on Fridays (4)
- More affordable (4)
- Improved/more affordable health insurance (4)
- Doctors who listen to patients/practice with interest (2)
- Dentists who accept Medicaid/Medicare (2)
- We have all of these/access is good (2)
- Urgent care/ER services (2)
- Less turnover of MDs would create more confidence in CMMC
- Not PA's or NP's [selected more primary care providers]
- Local wellness/exercise centers

- More available and affordable dental care
- Peer support services for mental health and substance abuse
- Better mental health services
- Ambulance should be run by the fire depart. like other cities
- Better clinic doctors
- More male doctors
- Really all items listed
- Elimination of “ObamaCare”

9. If any of the following classes/programs were made available in Fergus County, which would you be most interested in attending?

- None (2)
- Peer support training for mental health/substance abuse
- Diabetes education
- Possible respite care
- All items listed

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

- Lack of providers/staffing (3)
- Office closed on Fridays (2)
- No primary provider, haven’t had one since mine left
- Doctors didn’t listen to patient
- Misdiagnosis
- Wanted to see a doctor and was referred to a nurse
- Issue deemed ‘minor’

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

- Blood workup (3)
- CDL [Commercial Driver’s License] checkup
- Cardio checkup
- DOT [Department of Transportation] physical
- Thyroid check
- Dental
- Hemoglobin A1C
- Acupuncture
- X-ray
- Self-prevention
- Not all in Lewistown
- All done out of state
- None

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

- Mayo in Scottsdale (3)
- Ortho clinic
- Miles City
- GF [Great Falls] Clinic Surgery Center
- Yellowstone Surgery Center
- Billings OB/GYN
- Northwest Medical Center- Tucson, AZ
- Harborview
- Frontier Cancer Center
- Corpus Christi, TX
- Kalispell

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

- Specialist/Specialty care (4)
- Insurance affordability (2)
- Caring staff
- More than one doctor reviewing my chart/diagnosis at a bigger hospital
- Because of having a pacemaker
- Live in the Lewistown only 4-5 months/year

18. Where was that primary healthcare provider located?

- VA (8)
- Family Wellness Center (2)
- AZ (2)
- Livingston
- Crow/Roundup
- Houston
- Big Timber
- Lewistown, MT
- New Mexico

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

- Long-term/Personal relationship with provider (13)
- Family doctor retired/left practice, new one took over (8)
- Limited/Only option(s) available (7)
- Previous provider moved away from area (5)
- Not seeing anyone currently (3)
- Quality of care and training (3)
- Only one available taking patients (3)
- Trust
- Found in Yellow Pages
- Didn't know any doctors
- Radiologist reading skills 3 years ago
- Specialty area

21. If yes, where was the health care specialist seen?

- Great Falls (9)
- Billings (7)
- Private clinic (3)
- Ortho Montana (3)
- Frontier Cancer Center (2)
- Arthritis Center (2)
- Seattle (2)
- Bozeman Deaconess
- Mayo, Scottsdale AZ
- AZ
- Lewistown
- Helena
- Crow/Roundup
- Houston
- Yellowstone Surgery Center
- Chiropractor office
- Dermatologist, Orthopedic surgeon
- Wyoming
- Corpus Christi, TX
- Alice, TX
- Community Health Center

22. What type of healthcare specialist was seen?

- Ophthalmologist (3)
- Mammogram (2)
- Pain specialist
- Nutritionist (2)
- Blood pressure
- ER/ED [Emergency Room/Emergency Department]
- Vein clinic
- Home health care
- Endocrinologist
- Nephrologist
- Electrophysiologist or electrocardiologist
- Vascular surgeon
- Diabetes
- Internal medicine
- Audiologist
- Acupuncturist
- Neurosurgeon
- Back specialist
- Physical therapy
- Hand surgeon
- Optometrist

23. The following services are available at Central Montana Medical Center. Please rate the overall quality for each service.

- Specialist in Billings felt lab test results program from CMMC was outdated

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

- BCBS [Blue Cross Blue Shield] of MT
- Humbera
- Secondary insurance
- Government Employees Health Care

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

- If physicians outside of Lewistown will accept my plan, some will not

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

- Unreasonably expensive
- Not employed currently
- Retired, can't afford insurance
- Will be dropping due to cost
- Cannot afford and my husband was denied
- Husband was not covered
- Medicare

35. What is your employment status?

- Self-employed (7)
- Homemaker (3)
- Semi-retired
- Volunteer
- Unavailable to work

Appendix F – Focus Group Questions

Purpose: The purpose of the focus groups was to identify motives of local residents when selecting healthcare providers and why people may leave the community to seek health services. This market research will help determine the awareness of local programs and services, as well as satisfaction or dissatisfaction with local services, providers, and facilities.

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

Appendix G – Focus Group Notes

Focus Group #1

Monday, March 7, 2016 – 12pm-1pm – Rotary Meeting at the Yogo Inn

15 people (11 male, 4 female)

1. What would make this community a healthier place to live?
 - No snow.
 - No lead in the water.
 - I don't think we have lead in the water.
2. What do you think are the most important local healthcare issues?
 - There is a lack of physicians here, especially with the aging community here.
 - Lack of primary care physicians here – if you do not have an emergency, then they are scheduling appointments three to four months out.
 - There is a need for a walk-in clinic.
 - The ER turns into the walk-in clinic.
 - The community health center is a walk-in clinic. They are open some evenings during the week, but not on weekends.
 - Poverty is definitely a healthcare issue even with people trying to help as much as they can – we have a few things like the Community Cupboard, which is major for people who do not have money. Also, the schools give backpacks of food to kids so they can eat during the weekend and they have started serving breakfast and lunch to kids, which has been huge. Lewistown does a good job at making those things better, but we have limited resources too.
 - My impression from listening to people is that I do not think there are facilities or people to handle those experiencing a mental health crisis. We do not have a psychiatrist here and there is no place to hold people.
 - There is a lack of mental health professionals here, including social workers.
 - Along those lines: we do have a mental health center here, but it is run out Billings and we do not have much sense of how they are impacting the community. The good private health counselors are a huge help, but they are booked solid – the pressure is then put on the primary care givers. It would nice if there was a separate place for people to go in a crisis.
 - We also used to have a drug and alcohol substance abuse center and now that is gone, but there is still a need.
3. What do you think of the hospital in terms of:

Quality of Care

- I have always had good experiences. I have an accident prone child and they have always been very good.
- I have the same feeling – from living here and being involved in accidents and my parents dying in the past couple of years. Without fail, I have had good experiences.
- I was up there not long ago and had exceptionally good service and care – well done!

- I would agree with all of that. There is something about going in when services are delivered very well and you have good connections with everyone. New diagnostics services and the new diagnostic radiologist are really going to improve care – these changes have been very positive.

Number of Services

- They keep adding diverse positions for visiting specialists and that is really great to have those available – I have not used the new services, but the hospital is trying hard.
- It is amazing to me that we actually get some outstanding people who are coming into town and not just the newest kid out of school and as word gets out about how great Lewistown is, then it will be nothing but good for our community.
- We use a dermatologist who comes from out of town and he is always on time and is very efficient.

Hospital Staff

- Very good.

Board and leadership

- Excellent board – they do a good job and are very concerned.
- They also come from all over central Montana, so the board is diverse and they are all people who are very connected to their communities and are accessible for comments.
- The board has had lots of transitions.
- I would like to see the hospital board be more visible in the community. Other than the annual report, we rarely hear anything from them. Our hospital is a community hospital, and it would be helpful if area people saw the board as people of real standing and respect in the community and people with a grasp of the complex issues of health care and business. The board also can say things and communicate important points that the hospital CEO and staff cannot.

Business Office

- This is hard because they have had a lot of transitions – billing is different now and I think it will be hard to get the information out about the changes. The business office is at a disadvantage.
- The entire healthcare system is really screwed up on how to get bills out on time – my employees and I will get bills six months out and people cannot remember what the bill was for – it's bad all over though.
 - That is a part of the insurance process, which is a tough situation. I was waiting for a long time to see a bill and even called in, but the office said they were waiting for insurance to clear it before sending out the bill.
 - That is not necessarily the business office – it's just the entire system, since insurance keeps changing.

Condition of Facility and Equipment

- I like the new lab setup.
- The ER and the whole EMT situation where they have a barn that is heated for unloading people is wonderful. It used to be pretty crazy when there was a blizzard and it was cold outside. It is a beautiful facility and is state of the art – we are really lucky.

Financial Health of the Hospital

- It could be better, but they are good about putting out the annual report so anybody can see. It is a struggle just like other small hospitals – I think we were in the black last year, but we are not always. It's a tough go.

Cost

- Not sure who sets the costs – is it the hospital or insurance? It is just like all the other problems – the hospital sets prices based on what other hospitals are doing and how they think insurance companies will reimburse them. And then insurance dictates what they will reimburse the hospital.

Office/Clinic Staff

- They are efficient, mannerly and confidential.
- The hospital has become much better. There was a time when confidentiality was not good – it has been taken care of and that is to be commended – there was a day when things would leak out and you do not see that anymore.

Availability

- It is hard to get into.
- It is no secret that some of us do not have a primary care provider anymore because some providers have left – we just do not have the internists.
 - My wife had that experience and was wondering if she was going to have to go to Billings.

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

- *Not asked*

5. What do you think about these local services:

Emergency Room

- I was there Saturday and it was very good.
- The ambulance showed up while we were in there and there was a much bigger emergency going on, but the staff did not ignore us or make us feel forgotten. Even though we knew they needed to work on someone in a more serious situation, they still made an effort to check in with us.
- It is quite an improvement from what it used to be. It used to be that you would listen in on others' experiences, since they used to just have a curtain pulled to separate folks – the new setup is a 3000% improvement and must be better for the people to do their jobs.

Ambulance Service

- They seem to have it all under control.
- I think we are very fortunate to have their services. They are well staffed and trained and they know what they are doing – the ER staff for rural Montana are exceptional.

Healthcare Services for Senior Citizens

- There is a lack of internists.

Public/County Health Department

- There is a lot of confusion about who this includes. Are you asking about public health or the Health District?
- We use county health nurses for shots and they are great. They are really great about going to all the schools and giving flu shots – it is nice for kids.

Healthcare Services for Low-Income Individuals/Families

- Do not know.
- The community health center is an awesome addition to central Montana with the sliding scale, which is a great option. And they also provide dental and mental health services – we are a lucky community.
- We have county health, a county nurse, a mental health center, family health, etc. It would be nice to pool these resources, but it would be hard to do. If we pooled our resources, then I think we could do a better job overall – some groups struggle a little bit financially, but I would like to begin this conversation. I think that the hospital would be the key – not that it is their job to lead this initiative, but they are the biggest entity with the most resources and they would be critical to pulling this effort to integrate all the organizations together off.
- We do not need eight copiers for all of these agencies if we can have them all together in one place using one copier.

Nursing Home/Assisted Living Facility

- There are a ton here.
 - Yes, there are quite a few options.
- Some of the assisted living facilities are not full all the time, but we have a lot of choices here. They are pricey though.
- There are so many choices because many are privately owned. When the hospital had its own nursing home they were only getting Medicaid patients. Obamacare is structured so that you must be full all the time to make a profit. Going forward, the hospital needs to have more specialists so that people do not have to drive two hours for care that can be done here.
 - They need to make sure people know what days those specialists are here so that people do not make the drive when they do not have to. The PT pool and equipment here is exceptional and many people in the state are jealous of what we have. I think we have better facilities here than in Billings and Great Falls.

Pharmacy

- *Not asked*

6. Why might people leave the community for healthcare?
 - Some people like to get out of town if they can. They can go to Billings and get lunch or get some shopping done at Herberger's.
 - We have seen older people move away because they want to be closer to things like an airport and to a bigger hospital.
7. What other healthcare services are needed in the community?
 - Some private physicians were bad about getting billing out on time, but now it seems that they are employees of the hospital. This transition has created a separate structure and there are not a lot of extra funds for wishes and needs. But, we need primary care physicians. And even though there may not be enough volume for specialists, we really do need more traveling specialists to come here.
 - Why do people need to double up services? If you have an MRI here, then why do you need to get another one when they send you to Billings?
 - The hospital lost a lot of business because our former radiologist was not current and I think our new one will be better since the hospital was able to make that change.
 - In a small town if something does not go right, then word gets out really fast. But, the hospital has been able to make changes and it is going in a good direction.

The facility representative posed the following question to the group outside of the focus group held by MORH/AHEC staff:

“Would you be willing to use an NP/PA as opposed to an MD?”

- Nurse practitioners are very, very good but some of us want to see an MD even though that is not the way society and culture are going. My wife and I still want to see an MD.
- I use an NP for my annuals and that is fine because I am healthy. But my husband needs an internist because of his heart problems and the fear is that if something serious happens like a heart attack, then who do you call and what do you do? I do not need an MD for everyday appointments, but it is the big crisis moments where I would want to know who I can call and will take care of me and my family.

Focus Group #2

Tuesday, March 8, 2016 – 10am-11am- Men's Coffee Group at Little Big Men Pizza
6 people (6 male)

1. What would make this community a healthier place to live?
 - I think we need doctors who want to live here. We just got a new doctor, Dr. Smith, who wants to be here – we need more doctors like that.
 - My wife was on dialysis and I had to take her to Great Falls. Having a dialysis center here would be a big help – they can run dialysis out of a small machine now, so the hospital here should be able to offer dialysis services.
2. What do you think are the most important local healthcare issues?
 - I think there is a lack of specialists – they come here sometimes and leave. Dr. Terry comes here sometimes, which is good.
 - I have had the same family physician for 30 years and then he retired. There was a PA in the office temporarily and then he was gone, so I did not know who to call. Thankfully, my original physician went to the VA, so I can go there but others cannot. There are not enough fisherman/hunter doctors who want to come here.
 - We do not have any internists and we would like to see one.
3. What do you think of the hospital in terms of:
 - Quality of Care
 - My experiences have been very good – my wife passed away a couple of years ago, but when she needed care, it was very good. The ER physicians were very good – she had to have blood infusions and the staff did an excellent job at the infusion center. Amy did great!
 - I had a concussion a year and a half ago and stayed in the ER for two to three days. They did great with the new ER and the new lab has great state of the art equipment.

Number of Services

- They need dialysis.
- Do we have an OB wing?
 - i. Yes we do have two doctors. They can do caesarean sections, but we do not have a gynecological doctor and the community would like to see that.

Hospital Staff

- *Not asked.*

Hospital Board and Leadership

- I do not know who they are. I have not been up there for ages and I just stay healthy because my wife tells me to be.

Business Office

- I like my bills because they all come back with \$0 balances.
- I have been getting a bill from the physician's office, but it is actually an email and it says I owe something. But I have to go into the system to see what I owe and it is really awkward that they do not send a paper bill anymore.
 - i. I do not know how to run a computer.
- We have New West insurance and I got a hospital bill for over \$5,000, but New West changed their billing system and the hospital said to ignore the bill. I do not think that the hospital has been reimbursed by New West yet and that was over a year and half ago.

Condition of Facility and Equipment

- I have not been in the new ER but the old one seemed adequate.

Financial Health of the Hospital

- I do not even know if they make money or lose money.
- They do have an annual statement that I read when it comes up.

Cost

- *Not asked.*

Office/Clinic Staff

- *Not asked.*

Availability

- *Not asked.*

4. Are any of the local providers your personal provider or personal provider to your family members? Why?
 - No, I just use the VA.
 - Yes, it is convenient and I have been going there for 30 years. I have gone to Billings for other services that they do not offer here, but mostly I stay here if I can.
 - It is nice that we have those visiting specialists now.
5. What do you think about these local services:
 - Emergency Room
 - There is the new ER and the same people, so they do a great job and are very capable.

Ambulance Service

- It is very good.
- I have never had to use it.

Healthcare Services for Senior Citizens

- I am not really aware of specific health care for seniors other than the downstairs exercise area – there is cardiac rehabilitation and then there is the PT guy, Lance, who does a good job with a new facility and equipment.

Public/County Health Department

- I go to the County Health Department for flu shots and I am happy with Cathy Anderson.
- I have had flu shots at the County for years and years and they do a good job.

Healthcare Services for Low-Income Individuals/Families

- Low income folks can just go to the ER, right?

Nursing Home/Assisted Living Facility

- They did a great job when my wife was in the nursing home. They did a good job, but they charge plenty!

Pharmacy

- There are several pharmacies and they all seem to be fine.
- Shopko does a good job.

6. Why might people leave the community for healthcare?

- *Not asked.*

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

- The thing that I do not understand is when I had cataract surgery up here they put me in a gown in the operating room and charged me for all that. And when I went to Billings, it took twenty minutes and I did not have to do any of that and it was the same surgeon! I do not understand why it was so different, but I think that is why I would go out of town.
- I am happy that we have the VA here.
- I had ear damage from my service and it took a few years to get the claim processed through the VA. They do insist on me having my annual physicals through the VA.

Focus Group #3

Tuesday, March 15, 2016 – 12pm-1pm - Kiwanis Meeting at the Yogo Inn

16 people (8 male, 8 female)

1. What would make this community a healthier place to live?
 - It would be nice to have an indoor swimming pool - one that is open year-round.
 - We need a shift in our attitudes. There needs to be more of a willingness to get out and exercise. We need to change our behaviors - we have the facilities available to us – we just need the motivation.
 - I would like to see more community-based or community sponsored events. We could do more around fitness.
 - The hospital does have the Bill Barry Cardiac Rehab Memorial Run and we love that.
2. What do you think are the most important local healthcare issues?
 - Drinking and smoking.
 - Drinking and depression.
 - The elderly – they will be needing a lot of services in the future.
3. What do you think of the hospital in terms of:
 - Quality of Care
 - I know people who have gone to ER with broken limbs and then were told that they would have to go to Billings. They do not do that stuff here.
 - My doctor left and there has not been a replacement yet.
 - Number of Services
 - There is a surgeon who comes up once a month – some remove tonsils, but access and availability is a problem. It is harder to get into the hospital for services.
 - Having the traveling doctors is nice, but we would like them to come up and stay. We know it is not possible, but it would be nice.
 - I am concerned about the availability of physicians – they are overworked. We cannot get in because they are understaffed.
 - I used a surgeon not too long ago and I was very pleased with my experience.
 - Hospital Staff
 - Very good. Very professional and personal. Great staff.
 - Very positive experience.
 - I recently lost my grandmother and during that process we were very happy with our experience.
 - Hospital Board and Leadership
 - I don't know.
 - I think Ann does a good job.
 - They have accomplished a lot in the last two years. There's the new ER, hospice house, and lab. These are major projects that they been able to complete, which is great.
 - The President of the Board is a Kiwanian!

Business Office

- Bills are late.
- They are hard to decipher.
- I have had good experiences. Our insurance was messed up and I went in and they helped me out.

Condition of Facility and Equipment

- Great improvements.
- Pretty good.

Financial Health of the Hospital

- We do not know.

Cost

- It is outrageous!
 - i. Costs around the whole country are going up.
- The biggest complaint I hear is that if you go in for anything, then you get charged. Even if you get an x-ray here and are then referred to a specialist, then you get charged for both the reading here and in Billings – even though maybe Billings should have done the full reading in the first place because the specialists are there. I know you are getting services here, but you end up having to pay twice for the same thing. I end up just wanting to do all my stuff down there in Billings.

Office/Clinic Staff

- Very good.

Availability

- If you are really sick, they will work you in.
- My experience in trying to see a dermatologist – their next available appointment was months and months out. If it is not emergency, then you have to wait a long time.
- If you want to get in sooner, you can just go to Billings to get it done.

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

- *Not asked.*

5. What do you think about these local services:

Emergency Room

- My wife has had two episodes quite recently. The facility is new and up to date. The rural hospitals are struggling big time. They are closing all across the nation and we feel so fortunate to have what we have here. I do not know how they have accomplished everything, but we have so many great services here. It is unbelievable to me. Thank goodness we have got what we have here.
- Fast, courteous.
- They are literally life savers.

Ambulance Service

- Very useful.
- I live in an old folks' home and they are there all the time. I cannot say enough about them and we use them a lot.
- Wonderful.

Healthcare Services for Senior Citizens

- I'm taking a course on fall prevention and it is done very well and is very informative. It is nice to be able to learn from the social worker and about things like OT [occupational therapy] – very good classes here. They are excellent!
- I recently started using PT [physical therapy]. I am impressed with how they handle so many old people coming in. It has really helped me and I feel much healthier. They are very knowledgeable.
- St. Vincent's told me that we have the best PT in the state.

Public/County Health Department

- Do we have one?
- It is hard to get into sometimes.
- They are not open every day. Maybe they do not need to be? It can be hard to pop in for immunizations.
- When they are there, I have had good experiences with them.

Healthcare Services for Low-Income Individuals/Families

- We have a CHC [community health center] and they see lots of lower income folks over there.
- There's also WIC [Women, Infants, and Children] through the HRDC.

Nursing Home/Assisted Living Facility

- No experience!
- Never been there.
- My grandmother is in the nursing home – she moved from the Villa to the Nursing home. Our family has been very impressed with the quality of care provided.

Pharmacy

- We have an abundance of them.
- No problems.
- Seems busy.

6. Why might people leave the community for healthcare?

- Specialists.

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

- We need to maintain what we have. In my opinion, we need to work hard to keep what we have got because it is pretty good!
- I wish we could have the community health fair again. It was so nice to have the hospital partner with other local community services and to have it all in one place.

- You cannot live in a rural community and have specialists at your fingertips. But what we have is great considering the size of our town.
- The biggest need we have right now is that we need more primary care doctors. We need more internists if we can get them.
- If you have an established doctor, then everything is great. But if you are new in the community, then it can be a real challenge to find a doctor.
- The hospital is very good at bringing in specialists. So, it is nice to be able to see them here in town and then follow up with them at their home office.

Focus Groups Conducted by CMMC Staff

Lewistown Downtown Association March 2, 2016

(10 participants)

What would make this community a healthier place to live?

- Lower Crime.
- Completed Trails System.
- More Specialty Physicians.
- Good Hospital that provides proper medical care for our area.
- Hospital be accessible, state-of-the art, quality building structure.

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

- Prescription drug abuse.
- D.U.I.
- “Homeless” teens.
- Increase in teens smoking.
- Cancer: Need for more preventative screenings.
- No Insurance (universal) Coverage.
- No Dental Insurance Coverage.
- No Mental Health Insurance Coverage.
- Lack of Mental Health Services for adolescents/teens.
- Need for Expertise in Mental Health Services.
- Lack of Parenting Skills: Need for Parent Counseling/Workshops.
- Motor Vehicle Accidents.
- ATV Accidents.
- Lack of Child Safety Restraints.
- Need for Specialty Physicians: Especially Internal Medicine.

What do you think of the hospital in terms of:

Quality Care?

- Good Emergency Department at the Hospital.
- Good Ambulance Services in Lewistown & rural towns.
- Good Providers.
- Caring, compassionate and professional providers.
- Spectacular E.R.
- Excellent care in the E.R.
- Great OB services.
- Great Hospice services.
- Too long of wait time in the Clinic Physician waiting room.
- Too long of wait time in the Clinic Physician exam room.
- Clinic Physician appointments are two months out.
- Front Customer Services needs to be restructured better, i.e. check-in process.

- Speech Therapy services over-priced; too expensive to get services.
- Hospital inpatient care not a good experience. Customer service poor during admitting process into patient room. Nurse uncaring, rushed and annoyed. Checking in, confusing.

Number of Services?

- Need for Radiation Therapy for Cancer patients.
- Realize it is unrealistic for our community this size to be a ‘specialty’ hospital.
- 3 to 4 months out to see a Specialty/Visiting Physicians: i.e. dermatologist and Ortho Montana physicians.
- Can see Ortho Montana physician quicker in Billings then scheduling an appointment at CMMC facility.

Hospital Staff?

- Need to hire quality/trained staff in the Physician Clinic office, i.e. front desk.
- “Go Home” policy if “not busy” to employed staff at hospital does not work. Staff need guaranteed hours. Cross train staff to keep staff. Keep nurse employment at a better flow.

Hospital Board and Leadership?

- Would like a report from the CEO in the newspaper or radio on a quarterly or bi-yearly basis.
- Would like to hear more from the Governing Board, i.e. have a CMMC Column in the newspaper from the President of the Governing Board.
- Would like to see younger people serve on the Gov Board, i.e., 30+ years older have a lot to offer and have good insight to our current needs of the hospital and community.
- Would like to see Gov Board members support major fundraisers: i.e. attendance.
- Would like the Gov Board to have more passion, commitment and dedication and knowledge of CMMC.

Business Office?

- Billing is Very Confusing.
- Billing is accompanied with too much paperwork.
- Too many statements from different sources of billers.
- 6 months later a bill or statement comes in the mail – by that time, patient has forgotten what it is for.
- Physical Therapy bill 6 months out.
- I didn’t even receive a bill from services given to me by In-Home Care.

Condition of the Hospital?

- It appears clean.

Financial Health of the Hospital?

- Would like to see the Annual Report published, other than website. Liked having it available in the newspaper – more apt to read it.
- If not for the hospital jobs, there would be no growth in the community.
- The Roundup Foundation newsletter is an excellence source.

Hobson Senior Center March 28, 2016

(15 participants)

What would make this community a healthier place to live?

- Less personal stress (mental health).
- Better roads.

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

- Keep people from going out of town for healthcare.
- Need for healthier people.
- Drug addictions in our rural schools.
- Alcohol addictions in the schools and families.
- Low income: families in severe poverty.
- Diabetes.

What do you think of the hospital in terms of:

Quality Care?

- Good care all around.
- Good care with the Visiting Physicians.
- Quality of customer service: poor, i.e., it takes two weeks to get a phone call back from Clinic Physician office for an annual exam.
- Poor Customer Service on the phone in the Clinic: lack personal touch.
- Lack of Physicians: especially Internal Medicine.
- Need for Full-Time Orthopedic care: too long of wait time for an appointment in Lewistown.

Number of Services?

- Visiting Physician services makes a big difference in the number of services at the hospital
- Like that visiting physicians come from both cities: Billings and Great Falls
- Infusion Center gives me everything I need
- CMMC services are convenient for small town care
- Number of services are adequate. Do not have to travel as much with the number of visiting physician now available.

Hospital Staff?

- ER physicians and staff are good.
- ER staff follow-up on the phone, excellent.
- Physical Therapist top quality.
- Physical Therapist are professional and kind.
- Need Case Worker: a mentor to help with transition from hospital to home or other care facility.
- Need for full-time Social Worker, need better follow up care when returning home from inpatient or outpatient services.
- Amy D'Autremont is excellent.

Hospital Board and Leadership?

- Would like to have OPEN Governing Board meetings.
- We know who is on the Foundation Advisory Board because of the Roundup newsletter. A good newsletter.

Business Office?

- Would like to see a bill from Medicare to compare CMMC's bill.
- Would like to see a statement from CMMC stating what Medicare covers pertaining to the charges.
- Don't like having so many statements in the mail, very confusing.

Condition of the Hospital?

- Spotless Clinic.

Financial Health of the Hospital?

- Missed seeing the Annual Report in the local newspaper. If at your fingertips, more willing to look at it to read what's going on at CMMC.

Cost?

- Expensive.

Office/Clinic Staff?

- Front office staff in the Clinic are not knowledgeable about what questions mean on the standardized physical exam questionnaire form.
- Feel rush by office staff, because of too much paperwork.
- Do not like the fact of having a 'wellness check' instead of a full physical. There is more paperwork with wellness check and less of a physical exam. Takes 20 minutes to complete the paperwork for the wellness check, and only 10-12 minutes for the wellness check. No urine test. No complete physical. Very limited exam. If one takes the time to make the appointment, travel to see the physician, one would like to have a full physical exam. Feel rushed with the Wellness Checks. Wait two months for a Wellness Check with 12 pages of unnecessary paperwork. If one doesn't have a diagnosis, CMMC swings you into a 'wellness check', not a physical. Why all the paperwork, when my medical records are on electronic file?
- Pink Ladies (Auxiliary) are GREAT.
- Lab wait time in the waiting room took over an hour.

Availability?

- Staff were very professional on finding an appointment when having to change the original one.
- Too long of wait to see a physician.
- Irritated to complete paperwork when forced to see a different provider, when CMMC has all the patient medical records on computer file, i.e., patients already "in the system."

Are any of the local providers your personal provider? Or provider to family member?

- No, I was forced to go out of town due to lack of providers, I then established my provider in Great Falls – now, 10 years later, I will continue my service with this out of town established physician.
- Would like to see more MALE physicians.
- A lot of seniors see Internal Medicine physician out of town.
- Nice to have Dr. Taylor at the VA Clinic. Many of Internal Medicine patients of Dr. Kohler's see Dr. Taylor at the VA Clinic.
- Seniors in our area need an Internal Medicine physician.
- P.A.'s may be okay, but, would prefer a Medical Doctor.
- P.A.'s seem to take more time with the patient: receive more personal attention.
- Med Students are refreshing, they take time for the patient and listen intently.
- Greatly miss Rosemary Youderian in Stanford, MT.
- Greatly miss Basin Medical Center affiliated with CMMC in Stanford, MT.
- Great to have CMMC Physical Therapy services in Stanford.

What do you think about the following local services?

Council on Aging?

- COA offers a lot of services to the community that most people are unaware of, like, understanding your Medicare bill and insurance.
- Good newsletter.

County Health?

- The county nurses' office in the courthouse is very important and well utilized service. Important to get immunizations from this office.

Family Planning?

- Absolutely need these services for the underprivileged youth and low income families.

Public Health?

- Would like to see Public Health back into the rural communities to do Blood Pressure Checks and Flu Shots.

Assisted Living/Nursing Home?

- Okay.
- Would like to see more quality Assisted Living centers for the seniors who can live independently.
- Poor care at Empress.
- Valle Vista poor follow through with patient and families.
- Transition from hospital to nursing home is like "warehouse" – "find you a spot to store you there." No mentor. No social services.
- Would like to see more physician interaction when discharged home from hospital.

Community Health Center?

- Important to have these services available for low-income.

Why might people leave the community for healthcare?

- Small community; people gossip.
- Seek specialty care.
- Leaving town (less bad weather/roads) is more accessible than past years.
- Generational families continue care in Great Falls.
- Convenience – not a hardship to drive, better roads.
- Once physician is established out of town – the family stays.
- Family connection to out of town physician.
- Word of mouth about out of town physician's quality of care.
- One bad day at CMMC, sends you out of town for medical care...for the rest of your life.

Appendix H – Secondary Data County Health Profile

Fergus County
Secondary Data Analysis
July 23, 2012



Office of Rural Health
Area Health
Education Center

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

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

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

*Chronic Lower Respiratory Disease

| Chronic Disease Burden ¹ | Region 3 | Montana | Nation ^{3,4} |
|---|----------|---------|-----------------------|
| Stroke prevalence | 2.8% | 2.5% | 2.6% |
| Diabetes prevalence | 6.9% | 6.2% | 8.3% |
| Acute Myocardial Infarction prevalence (Heart Attack) | 4.3% | 4.1% | 6.0% |
| All Sites Cancer | 510.8 | 455.5 | 543.2 |

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

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

⁴American Diabetes Association (2012)

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

| Chronic Disease Hospitalization Rates | County | Montana |
|--|--------|---------|
| Stroke ¹ Per 100,000 population | 192.7 | 182.2 |
| Diabetes ¹ Per 100,000 population | 117.2 | 115.4 |
| Myocardial Infarction ¹ Per 100,000 population | 184.6 | 147.3 |

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

| Demographic Measure (%) | | County | | | Montana | | | Nation ^{5,6} | | |
|---------------------------------|---|--------|-------|--------|---------|-------|--------|-----------------------|-------|--------|
| Population ¹ | | 11,195 | | | 989,415 | | | 308,745,538 | | |
| Population Density ¹ | | 2.6 | | | 6.7 | | | Not relevant | | |
| Age ¹ | | <5 | 18-64 | 65+ | <5 | 18-64 | 65+ | <5 | 15-64 | 65+ |
| | | 5% | 58% | 22% | 6% | 63% | 14% | 7% | 62% | 13% |
| Gender ¹ | | Male | | Female | Male | | Female | Male | | Female |
| | | 49.1% | | 50.9% | 50.1% | | 49.9% | 49.2% | | 50.8% |
| Race/Ethnic Distribution | White ¹ | 97.9% | | | 91.5% | | | 72.4% | | |
| | American Indian or Alaska Native ¹ | 1.7% | | | 6.8% | | | 0.9% | | |
| | Other ¹ | 0.3% | | | 1.7% | | | 26.7% | | |

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

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

⁵Black, Asian/Pacific Islanders, Hispanic & Non-Hispanic Ancestry

⁶US Census Bureau (2010)

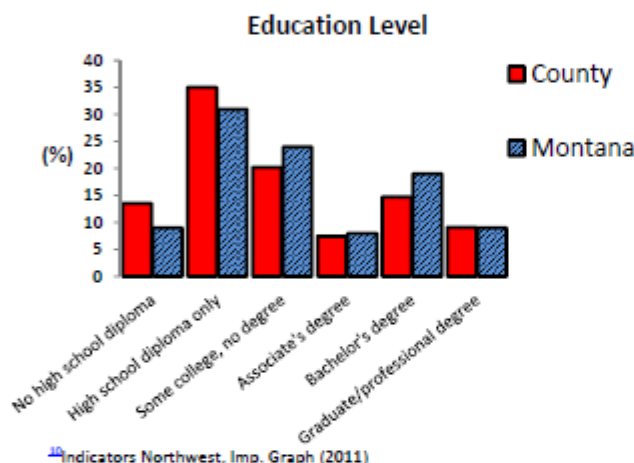
| Socioeconomic Measures ¹ (%) | County | Montana | Nation ^{7,8} |
|---|----------|----------|-----------------------|
| Median Income ¹ | \$37,259 | \$43,000 | \$51,914 |
| Unemployment Rate ⁷ | 5.2% | 6.3% | 7.7% |
| Persons Below Poverty Level ¹ | 15.0% | 14.0% | 13.8% |
| Uninsured Adults (Age <65) ¹ | 20.3% | 19.0% | 18.2% |
| Uninsured Children (Age <18) ⁹ | N/A | 11.0% | 10.0% |

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

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

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

⁹Montana KIDS COUNT (2009)



| Behavioral Health ^{1,2} | Region 3 | Montana |
|---|----------------|---------|
| Childhood Immunization Up-To-Date (UTD) % Coverage ^{11,††} Age 24-35 months, population size: 12,075 (% sampled: 35.9%) | 78.1% (County) | 64.3% |
| Tobacco Use ¹ | 18.7% | 19.3% |
| Alcohol Use (binge + heavy drinking) ¹ | 20.8% | 22.8% |
| Obesity ¹ | 24.2% | 21.6% |
| Overweight ¹ | 38.3% | 37.8% |
| No Leisure time for physical activity ¹ | 22.0% | 20.7% |

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

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

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

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

| Screening ¹ | | Region 3 | Montana |
|---|--|----------------|---------|
| Cervical Cancer (Pap Test in past 3 yrs) ¹ | | 84.7% | 83.0% |
| Breast Cancer (Mammogram in past 2 yrs) ¹ | | 73.5% | 71.9% |
| Diabetic Screening ⁵ | Blood Stool ¹ | 26.5% | 25.3% |
| | Sigmoidoscopy or Colonoscopy ¹ | 54.5% | 54.3% |
| | Percent of Medicare enrollees who received HbA1c screening | 88.0% (County) | 79.0% |

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

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

| Mortality ^{1,2,12} | County | Montana | Nation ^{2,13} |
|---|--------|---------|------------------------|
| Suicide Rate per 100,000 population ¹ | 30.3 | 20.3 | 12.0 |
| Unintentional Injury Death Rate per 100,000 population ¹ | 64.1 | 58.8 | 38.4 |
| Percent Motor Vehicle Crashes Involving Alcohol ¹ | 8.7% | 10.0% | 32.0% |
| Pneumonia/Influenza Mortality per 100,000 population ¹ | 42.7 | 19.0 | 17.5 |
| Diabetes Mellitus ² | 24.9 | 27.1 | 21.8 |

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

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

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

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

| Maternal Child Health ¹ | County | Montana | Nation ^{14,15} |
|--|----------------|---------|-------------------------|
| Infant Mortality (death within 1 st year) Rate per 1,000 live births ¹ | 6.1 (Region 3) | 6.1 | 6.7 |
| Entrance into Prenatal care in 1 st Trimester Percent of Live Births ¹ | 81.0% | 83.9% | 69.0% |
| Birth Rate ⁹ | 9.0 | 12.8 | 13.5 |
| Babies born per 1,000 people | | | |
| Low Birth Weight (<2500 grams) Percent of live births ¹ | 5.9% | 7.3% | 8.3% |
| Neonatal Mortality (under 28 days of age) Rate per 1,000 live births ¹ | 3.5 (Region 3) | 3.3 | 4.5 |
| Post Neonatal Mortality (28 through 364 days of age) Rate per 1,000 live births ¹ | 2.6 (Region 3) | 2.7 | 2.2 |
| Pre-Term Birth (<37 completed weeks gestation) Percent of Live Births ¹ | 8.8% | 10.1% | 12.5% |

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

⁹Montana KIDS COUNT (2009)

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

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

Economic Impact Assessment

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

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Montana Department of Labor and Industry

Introduction

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

Section I Location Quotients

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

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

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

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

Hospitals Location Quotient (compared to State of MT) = 1.09

Hospitals Location Quotient (compared to U.S.) = 1.25

A location quotient near 1 indicates that the employment concentration in the county mirrors that of the larger geographic region. In the case of Fergus County, the state location quotient is close to one, indicating that hospital employment is about as large as expected given the overall size of Fergus County. The national location quotient of 1.25 indicates that hospital employment in Fergus County is twenty-five percent higher than one would expect.

Another way to look at the location quotient is to ask how many employees would be employed in the hospital sector if Central Montana Medical Center employment patterns mirrored the state or the nation. Central Montana Medical Center averaged 257 employees in 2010. This is 21 more than expected given the state's employment pattern and 52 more than expected given the national employment pattern. In addition, in 2010, Central Montana Medical Center accounted for 5.8% of county nonfarm employment and 7.2% of the county's total wages.

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

Section II Age Demographics

The 2010 Census reported that there were 11,586 residents in Fergus County. The breakdown of these residents by age is presented in Figure 1. Fergus County's age profile is similar to that of many of Montana's rural counties. In 2010, baby boomers were between the ages of 45 and 60 and their presence is evident in the graph. Following the baby boom came the "baby bust," which is evidenced by the lack of 25 to 39 year olds in the county. In many rural Montana counties, the baby bust is exacerbated by out-migration of young adults.

Figure 1: Age Distribution of Fergus County Residents

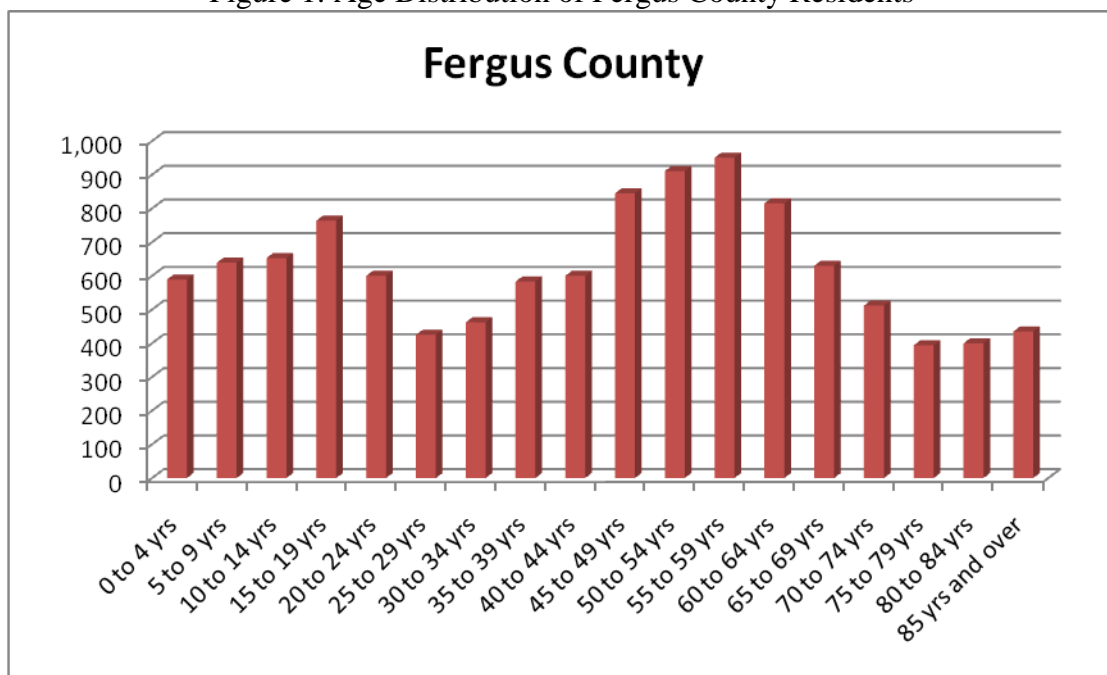


Figure 2: Percent of the population by age groups, Fergus County vs. Montana

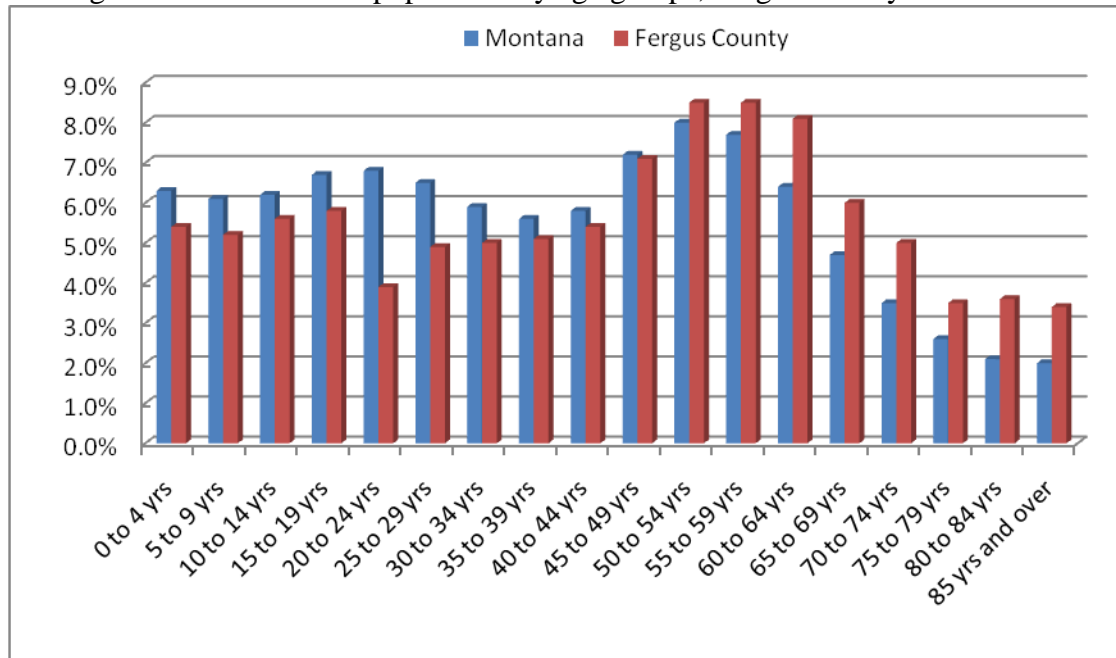


Figure 2 shows how Fergus County’s population distribution compares to Montana’s. A careful examination of Figure 2 and the underlying data reveals that, compared with the State as a whole, Fergus County has a lower percentage of people under 49 years old (58.7 percent vs. 63.1 percent) and a higher percentage of people over 40 years of age (41.3 percent vs. 36.9 percent). According to the 2010 Census, Fergus County was the seventh oldest county in Montana, with a median age of 47.8. These demographics are important when planning for healthcare delivery now, and in the future.

Section III Economic Impacts

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

The amount of jobs and income in a local community attributable to a particular industry sector can be determined by calculating its employment and income multipliers. Industries with the highest multipliers generally are those who buy supplies, services, and labor from the local community, sell products and services outside the local community, and pay a high income to their employees. Although hospitals in rural areas do not usually sell their services to non-residents, they can still generate significant multiplier effects for their communities given that much of their funding

comes from outside the region in the form of public and private insurance reimbursements. The relatively high wages earned by hospital employees also tend to boost hospitals' multipliers.

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

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

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

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