



COMMUNITY HEALTH NEEDS ASSESSMENT 2019

ASSESSMENT CONDUCTED BY
CENTRAL MONTANA MEDICAL CENTER



MONTANA
STATE UNIVERSITY

Office of Rural Health
Area Health
Education Center

IN COOPERATION WITH
THE MONTANA OFFICE OF
RURAL HEALTH

LEWISTOWN, MONTANA

**Central Montana Medical Center
Community Health Needs Assessment
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Community Health Services Development Report

April 2019

I. Introduction

Central Montana Medical Center (CMMC) is a 25-bed Critical Access Hospital (CAH) based in Lewistown, Montana.

CMMC is the only hospital in Fergus County and provides medical services to the Lewistown community and surrounding areas comprised of well over



8,000 square miles. CMMC's primary service area includes the communities of Lewistown, Denton, Grass Range, Moore, Winifred and Roy; with most of the County's populated communities located along US 87 or US 191. Fergus County has a low population density and is considered a Frontier (six or less people per square mile) by the US Department of Health and Human Services. For further demographic, socioeconomic and other related county and state data, please see Appendix C to review the Secondary Data Analysis.

Central Montana Medical Center 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, radiology, laboratory, infusion services, and a community fitness center. CMMC has 23 providers on staff comprised of Family Medicine, Podiatry, Emergency Medicine, Nurse Practitioners, Obstetrics, General Surgery and Anesthesiology. Additionally, 24 consulting/visiting specialist see patients at CMMC on a regular weekly and/or monthly basis.

Mission: To be the leader in assuring community-based quality healthcare.

Values:

Compassion- We will be aware and respectful of the life situation of others and treat them with compassion and consideration.

Accountability- With integrity, knowledge, action, and trust

Respect- For dignity, care, and concern for all.

Excellence- As a team in all we do.



Vision:

- Be a healthcare provider for our region;
- Dedicate ourselves to innovative excellence in care;
- Collaborate care for economical services with other agencies;
- Be the leader in providing health education, prevention, and wellness services to promote individual responsibility for health outcomes;
- Provide financial stewardship for economic healthcare;
- Create and environment in which all participants feel valued and respected;
- Embrace change while exploring tomorrow's needs today.

Central Montana Medical Center participated in the Community Health Services Development (CHSD) Project administered by the Montana Office of Rural Health. Community involvement in steering committee meetings, focus groups, and key informant interviews enhance community engagement in the assessment process.

In the winter of 2019, 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 E). 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 2019 survey data with data from previous surveys conducted in partnership with the Montana Office of Rural Health in 2016 and 2013. 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 October 2018. 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 2019, surveys were mailed out to the residents in Fergus, Judith Basin and Petroleum Counties, Montana. Survey respondents had the ability to complete the survey mailed to them, or via an online survey hosted at Montana State University's HELPS Lab web portal. 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 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 790 residents was then selected with the assistance of the MSU HELPS lab. 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.)

Four focus group interviews were conducted by the Montana Office of Rural Health to identify important local healthcare issues, how to improve the health of the community, and gaps in health services. An additional focus group was conducted by CMMC staff. It was intended that this research would help determine the awareness of local programs and services, as well as the level of satisfaction with local services, providers, and facilities.

Information Gaps Data

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

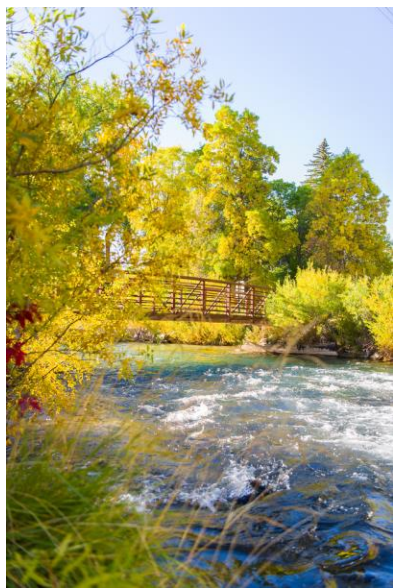
There are many standard health indices used to rank and monitor health in an urban setting that do not translate as accurately in rural and frontier areas. In the absence of sufficient health indices for rural and frontier communities in Montana, utilizing what is available is done with an understanding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



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

Limitations in Survey & Focus Group 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 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.

While focus group data can offer invaluable insight into the perception of a community or group of individuals, qualitative data can be difficult to analyze. For this reason, focus group data are grouped into common themes based on our interpretation of the transcript. To better understand these themes, please review the full transcript in Appendix C. MORH staff facilitated focus groups for CMMC to ensure impartiality. However, given the small size of the

community, focus group participants may still be hesitant to express their opinions freely. Personal identifiers are not included in the focus group transcripts; however, we are unable to ensure anonymity amongst focus group participants.

Survey Implementation

In January 2019, a survey, cover letter on CMMC letterhead with the Co-Chief Executive Officers' signatures, and postage paid envelope was mailed out to 790 randomly selected residents in the hospital's service area. A news release was sent to the local newspaper as well as social media postings 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.

Two-hundred four surveys were returned out of 790. Of those 790 surveys, 97 surveys were returned undeliverable for a 29.4% response rate. From this point on, the total number of surveys will be out of 693. 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 6.77%.

IV. Survey Respondent Demographics

A total of 693 surveys were distributed amongst Central Montana Medical Center's service area. Two-hundred four were completed for a 29.4% 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 36)

2019 N= 202

2016 N= 309

2013 N= 283

The returned surveys are skewed toward the Lewistown population, which is reasonable given that this is where most of the services are located.

		2013		2016		2019	
Area	Zip code	Count	Percent	Count	Percent	Count	Percent
Lewistown	59457	211	74.6%	250	80.9%	155	76.7%
Moore	59464	11	3.9%	6	1.9%	8	4.0%
Stanford	59479	7	2.5%	4	1.3%	8	4.0%
Hobson	59452	9	3.2%	7	2.3%	7	3.5%
Denton	59430	7	2.5%	8	2.6%	5	2.5%
Grass Range	59032	14	4.9%	9	2.9%	4	2.0%
Winifred	59489	8	2.8%	8	2.6%	4	2.0%
Moccasin	59462	7	2.5%	1	0.3%	3	1.5%
Winnett	59087	1	0.4%	5	1.6%	3	1.5%
Hilger	59451	4	1.4%	4	1.3%	2	1.0%
Roy	59471	3	1.1%	5	1.6%	2	1.0%
Judith Gap	59453	0	0.0%	2	0.6%	0	0.0%
Geyser	59447	1	0.4%	0	0.0%	Not asked - 2019	
Other		Not asked - 2013		Not asked - 2016		1	0.5%
TOTAL		283	100%	309	100%	202	100%

“Other” comments:

- 59714 Belgrade

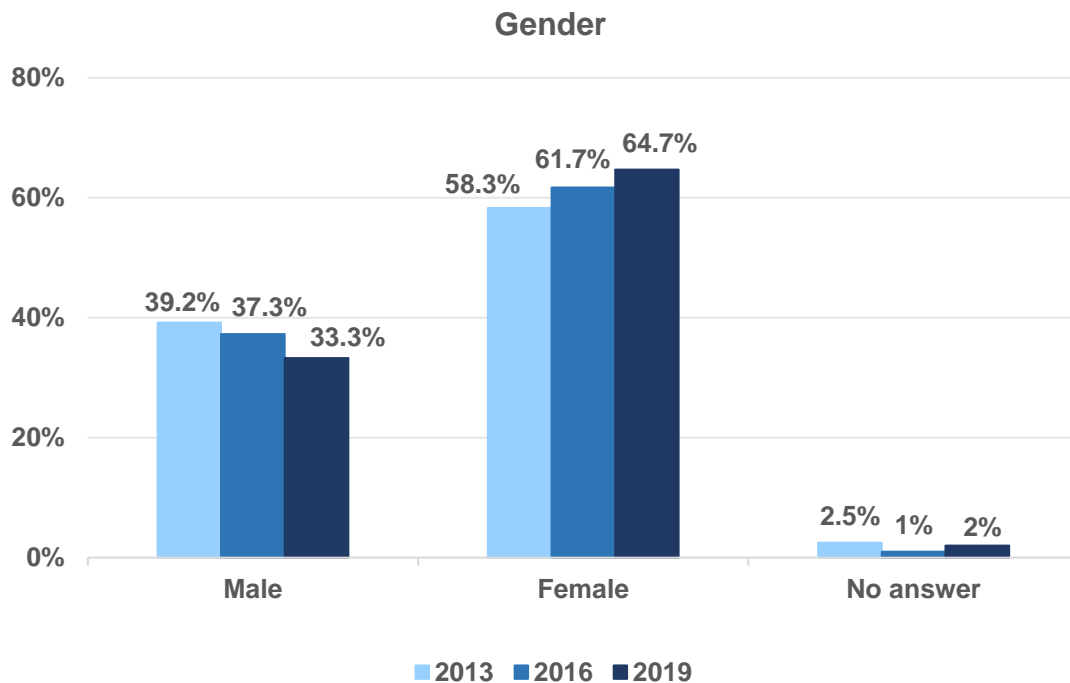
Gender (Question 37)

2019 N= 204

2016 N= 311

2013 N= 288

Of the 204 surveys returned, 64.7% (n=132) of survey respondents were female, 33.3% (n=68) were male, and 2% (n=4) chose not to answer this question. 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.



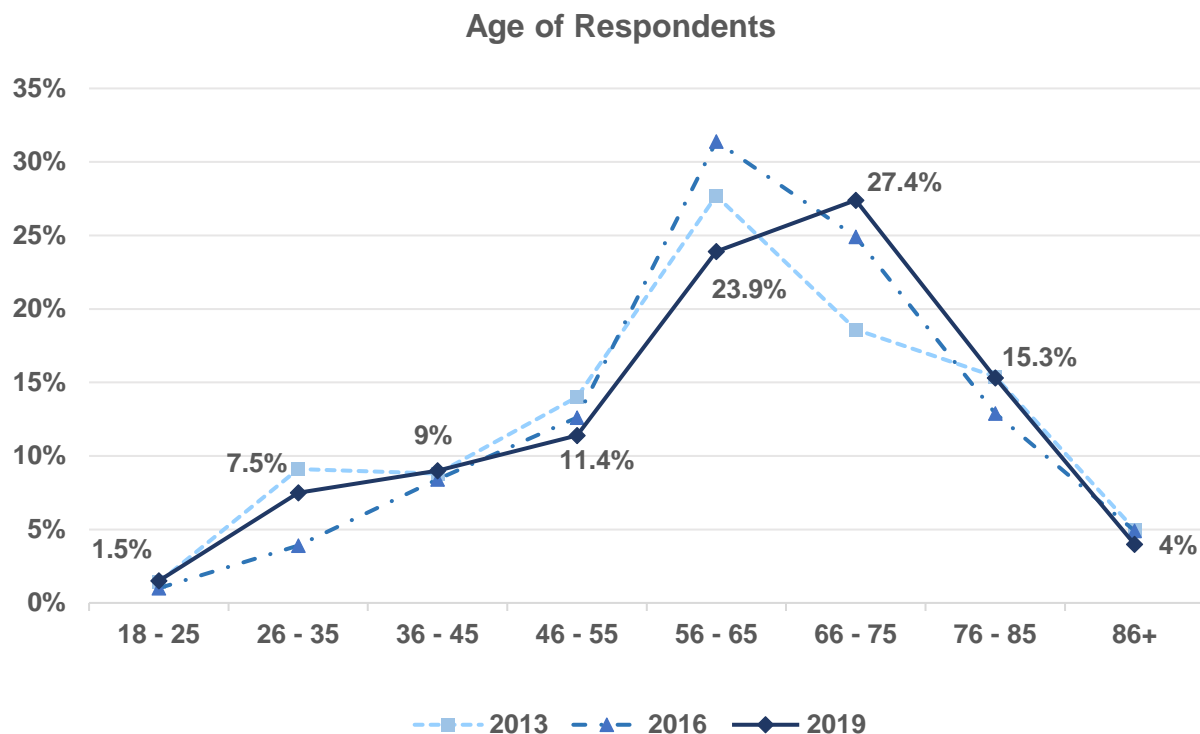
Age of Respondents (Question 38)

2019 N= 201

2016 N= 309

2013 N= 285

Twenty-seven percent of respondents (n=55) were between the ages of 66-75. Twenty-four percent of respondents (n=48) were between the ages of 56-65 and 15.3% of respondents (n=31) 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.



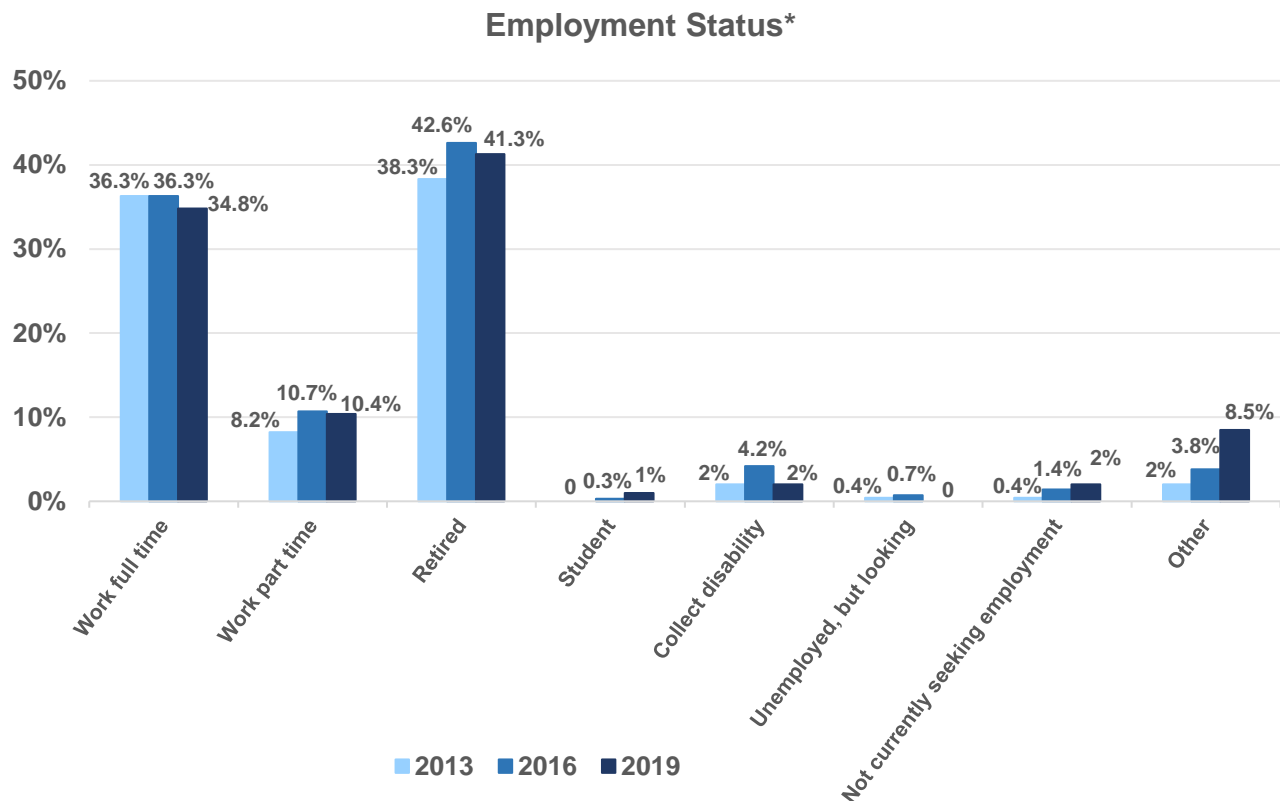
Employment Status (Question 39)

2019 N= 201

2016 N= 289

2013 N= 256

Respondents were asked to indicate their employment status. Forty-one percent (n=83) reported they are retired, while 34.8% (n=70) work full time. Respondents could check all that apply, so the percentages do not equal 100%.



* In 2019, significantly more respondents indicated their employment status was one other than those provided.

“Other” comments:

- Work part time and retired (7)
- Work full time - self employed
- Farm wife
- Retired and collect disability
- Self-employed (3)
- Full time parent
- Full time caretaker in home to disabled family member
- Ranch - still involved

V. Survey Findings – Community Health

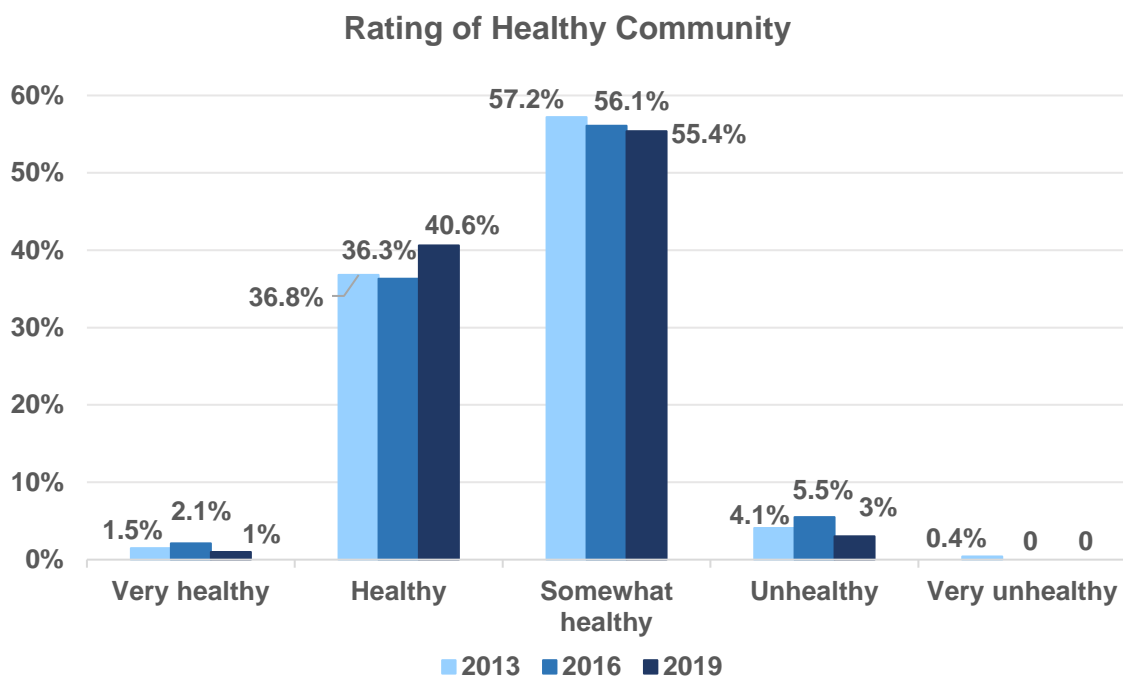
Impression of Community (Question 1)

2019 N= 197

2016 N= 289

2013 N= 271

Respondents were asked to indicate how they would rate the general health of their community. Fifty-five percent of respondents (n=109) rated their community as “Somewhat healthy” and 40.6% of respondents (n=80) felt their community was “Healthy.” No respondents indicated they felt their community was “Very unhealthy.”



Health Concerns for Community (Question 2)

2019 N= 204

2016 N= 311

2013 N= 288

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” at 58.8% (n=120). “Cancer” was also a high priority at 30.4% (n=62), followed by “Overweight/obesity” at 27.9% (n=57). Respondents were asked to pick their top three serious health concerns, so percentages do not equal 100%.

Health Concern	2013		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
Alcohol abuse/substance abuse*	121	42.0%	199	64.0%	120	58.8%
Cancer*	127	44.1%	132	42.4%	62	30.4%
Overweight/obesity*	112	38.9%	121	38.9%	57	27.9%
Tobacco use*	39	13.5%	57	18.3%	48	23.5%
Lack of access to healthcare*	27	9.4%	43	13.8%	41	20.1%
Depression/anxiety	48	16.7%	38	12.2%	36	17.6%
Heart disease	63	21.9%	57	18.3%	32	15.7%
Mental health issues*	27	9.4%	58	18.6%	30	14.7%
Diabetes	Not asked - 2013		Not asked - 2016		20	9.8%
Work/farm/ranch related accidents/injuries*	14	4.9%	27	8.7%	19	9.3%
Child abuse/neglect	17	5.9%	20	6.4%	18	8.8%
Alzheimer's/dementia	Not asked - 2013		Not asked - 2016		18	8.8%
Social isolation/loneliness	Not asked - 2013		Not asked - 2016		17	8.3%
Lack of exercise*	45	15.6%	41	13.2%	16	7.8%
Lack of dental care	7	2.4%	10	3.2%	8	3.9%
Motor vehicle accidents*	8	2.8%	33	10.6%	6	2.9%
Suicide	Not asked - 2013		18	5.8%	6	2.9%
Recreation related accidents/injuries*	3	1.0%	17	5.5%	6	2.9%
Domestic violence	10	3.5%	10	3.2%	4	2.0%
Hunger	Not asked - 2013		Not asked - 2016		3	1.5%
Stroke	Not asked - 2013		Not asked - 2016		2	1.0%
Other	8	2.8%	17	5.5%	10	4.9%

*Indicates a significant change between years ($p \leq 0.05$). **Bold:** Top 3 responses

“Other” comments:

- Bullying
- Too much pop for people
- Drugs
- Lack of consistent family physicians working 40 hours
- CMMC don't have compassion (nurses)

- Common colds/flu
- Drugs
- Poor diets
- Lack of home health care aids for the elderly and disabled
- Alcohol/substance abuse, Alzheimer's/dementia, cancer, depression/anxiety, heart disease, tobacco use, work/farm/ranch related accidents/injuries

Components of a Healthy Community (Question 3)

2019 N= 204

2016 N= 311

2013 N= 288

Respondents were asked to identify the three most important things for a healthy community. Fifty-three percent of respondents (n=108) indicated that “Access to health care and other services” is important for a healthy community. “Good jobs and a healthy economy” was the second most indicated component at 49.5% (n=101) and third was “Healthy behaviors and lifestyles” at 28.4% (n=58). Respondents were asked to identify their top three choices, so percentages do not equal 100%.

	2013		2016		2019	
Important Component	Count	Percent	Count	Percent	Count	Percent
Access to health care and other services*	119	41.3%	204	65.6%	108	52.9%
Good jobs and a healthy economy	150	52.1%	166	53.4%	101	49.5%
Healthy behaviors and lifestyles	88	30.6%	106	34.1%	58	28.4%
Strong family life	90	31.3%	102	32.8%	53	26.0%
Good schools*	39	13.5%	92	29.6%	54	26.5%
Religious or spiritual values	58	20.1%	62	19.9%	38	18.6%
Affordable housing	34	11.8%	58	18.6%	34	16.7%
Access to childcare/after school programs	Not asked - 2013		Not asked - 2016		31	15.2%
Low crime/safe neighborhoods	42	14.6%	44	14.1%	30	14.7%
Community involvement*	10	3.5%	16	5.1%	21	10.3%
Clean environment	29	10.1%	45	14.5%	19	9.3%
Job advancement and training opportunities	15	5.2%	31	10.0%	12	5.9%
Transportation services	Not asked - 2013		Not asked - 2016		11	5.4%
Low level of domestic violence	11	3.8%	10	3.2%	8	3.9%
Tolerance for diversity	Not asked - 2013		Not asked - 2016		8	3.9%
Low death and disease rates	11	3.8%	12	3.9%	5	2.5%
Parks and recreation*	12	4.2%	24	7.7%	4	2.0%
Arts and cultural events	4	1.4%	5	1.6%	1	0.5%
Other	Not asked - 2013		Not asked - 2016		6	2.9%
*Indicates a significant change between years (p ≤ 0.05). Bold: Top 3 responses						

“Other” comments:

- Good jobs and a healthy economy & strong family life
- Affordable food
- Lack of consistent family physicians working 40 hours
- Access to fresh whole foods
- Better ER, "FASTER"
- Get the Neo-Nazi's out of here

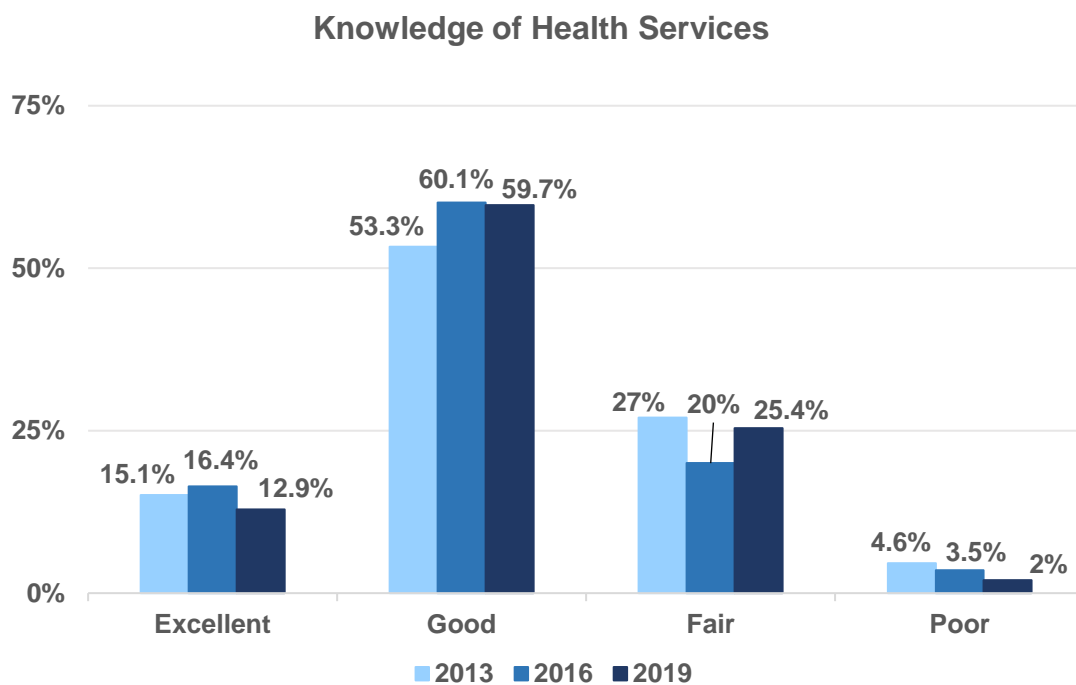
Awareness of Health Services (Question 4)

2019 N= 201

2016 N= 311

2013 N= 285

Respondents were asked to rate their knowledge of the health services available at Central Montana Medical Center. Sixty percent (n=120) of respondents rated their knowledge of health services as “Good”, “Fair” was selected by 25.4% percent (n=51), and “Excellent” was selected by 12.9% (n=26) of respondents.



How Respondents Learn of Healthcare Services (Question 5)

2019 N= 204

2016 N= 311

2013 N= 288

The most frequently indicated method of learning about available services was “Friends/family” at 53.4% (n=109). “Word of mouth/reputation” was the second most frequent response at 51.5% (n=105), followed by “Healthcare provider” at 51% (n=104). Respondents could select more than one method, so percentages do not equal 100%.

Method	2013		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
Friends/family	Not asked - 2013		Not asked - 2016		109	53.4%
Word of mouth/reputation*	166	57.6%	211	67.8%	105	51.5%
Healthcare provider	163	56.6%	185	59.5%	104	51.0%
Central MT Community Health Center*	Not asked - 2013		52	16.7%	70	34.3%
News Argus*	116	40.3%	157	50.5%	67	32.8%
Radio (KXLO/KLCM)	75	26.0%	81	26.0%	44	21.6%
Fergus County Nurse's Office	47	16.3%	53	17.0%	40	19.6%
"The Roundup" newsletter	53	18.4%	65	20.9%	37	18.1%
Central MT Council on Aging	44	15.3%	42	13.5%	32	15.7%
Mailings/newsletter	Not asked - 2013		Not asked - 2016		31	15.2%
Social media*	Not asked - 2013		25	8.0%	29	14.2%
Health Fair*	80	27.8%	83	26.7%	23	11.3%
VA Clinic	Not asked - 2013		Not asked - 2016		21	10.3%
Website/internet	15	5.2%	33	10.6%	16	7.8%
Central MT Family Planning	Not asked - 2013		7	2.3%	9	4.4%
District 6 HRDC	Not asked - 2013		Not asked - 2016		9	4.4%
Central MT Health District (public health)	10	3.5%	19	6.1%	8	3.9%
Presentations	Not asked - 2013		Not asked - 2016		4	2.0%
Other	11	3.8%	10	3.2%	9	4.4%
*Indicates a significant change between years ($p \leq 0.05$). Bold: Top 3 responses						

“Other” comments:

- Family member works in health industry
- CMMC
- My church
- Billboards
- Serve on CMMC Board
- Self-use
- Working EMS
- Board Involvement

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
Friends/family	11 (10.3%)	63 (58.9%)	31 (29%)	2 (1.9%)	107
Word of mouth/reputation	4 (44.4%)	3 (33.3%)	2 (22.2%)		103
Healthcare provider	12 (11.8%)	65 (63.7%)	24 (23.5%)	1 (1%)	102
Central Montana Community Health Center	9 (12.9%)	44 (62.9%)	16 (22.9%)	1 (1.4%)	70
News Argus	11 (16.9%)	38 (58.5%)	16 (24.6%)		65
Radio (KXLO/KLCM)	7 (16.3%)	24 (55.8%)	12 (27.9%)		43
Fergus County Nurse's Office	5 (12.5%)	22 (55%)	12 (30%)	1 (2.5%)	40
"The Roundup" newsletter	7 (18.9%)	22 (59.5%)	8 (21.6%)		37
Central Montana Council on Aging	4 (12.5%)	20 (62.5%)	6 (18.8%)	2 (6.3%)	32
Mailings/newsletter	2 (6.5%)	20 (64.5%)	9 (29%)		31
Social media	6 (21.4%)	15 (53.6%)	7 (25%)		28
Health fair	6 (26.1%)	14 (60.9%)	2 (8.7%)	1 (4.3%)	23
VA Clinic		12 (57.1%)	8 (38.1%)	1 (4.8%)	21
Website/internet	3 (18.8%)	9 (56.3%)	4 (25%)		16
Central Montana Family Planning	2 (22.2%)	4 (44.4%)	2 (22.2%)	1 (11.1%)	9
District 5 HRDC	2 (22.2%)	4 (44.4%)	3 (33.3%)		9

Central Montana Health District (public health)	2 (25%)	4 (50%)	2 (25%)		8
Presentations	2 (50%)	1 (25%)	1 (25%)		4
Other	7 (58.3%)	1 (8.3%)	3 (25%)	1 (8.3%)	9

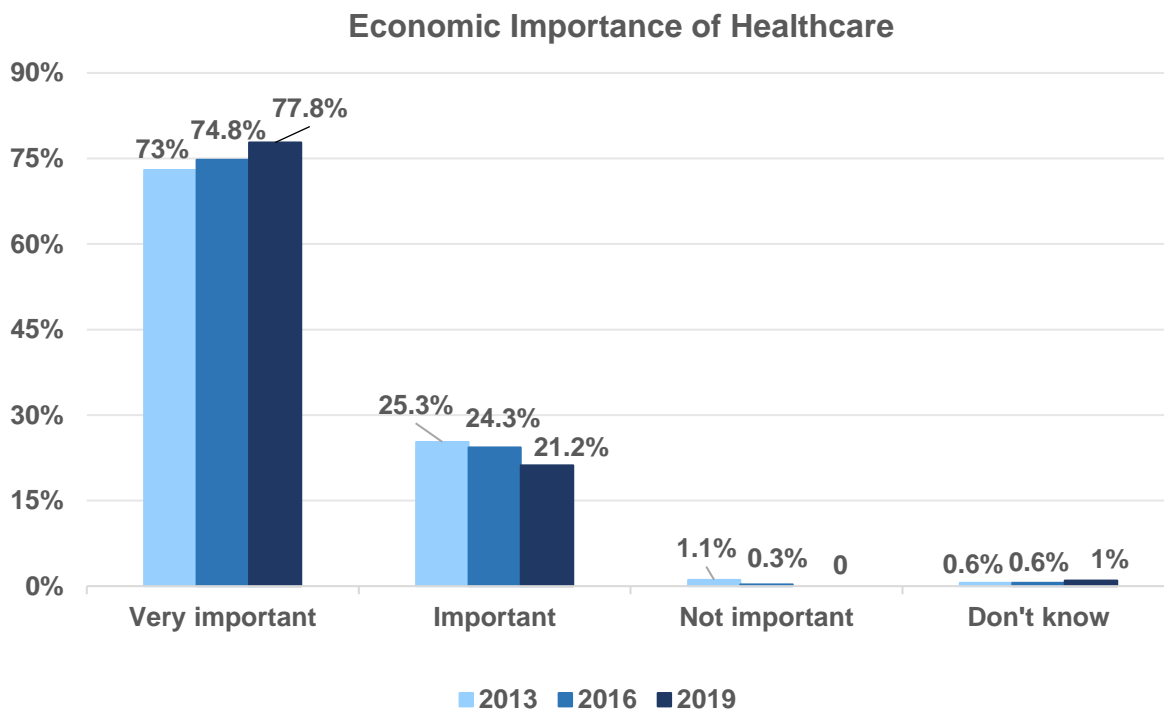
Economic Importance of Local Healthcare Providers and Services (Question 6)

2019 N= 203

2016 N= 309

2013 N= 285

The majority of respondents (77.8%, n=158) indicated that local healthcare providers and services (i.e. hospitals, clinics, nursing homes, assisted living, etc.) are “Very important” to the economic wellbeing of the area. Twenty-one percent of respondents (n=43) indicated they are “Important” and two respondents, or 1%, indicated they “Don’t know.”



Utilized Community Health Resources (Question 7)

2019 N= 204

2016 N= 311

2013 N= 288

Respondents were asked which community health resources, other than the hospital or clinic, they had used in the last three years. “Pharmacy” was the most frequently utilized community health resource cited by respondents at 78.4% (n=160). “Dentist” was utilized by 71.1% (n=145) and “Optometrist” was utilized by 64.7% (n=132) of respondents. Respondents could select more than one resource, so percentages do not equal 100%.

Resource	2013		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
Pharmacy	219	76.0%	238	76.5%	160	78.4%
Dentist*	199	69.1%	243	78.1%	145	71.1%
Optometrist (eyes)	198	68.8%	214	68.8%	132	64.7%
Fergus County Nurse's Office	103	35.8%	101	32.5%	68	33.3%
Community Health Center	Not asked - 2013		58	18.6%	43	21.1%
Audiologist (ears)	44	15.3%	43	13.8%	33	16.2%
Fitness center	Not asked - 2013		Not asked - 2016		32	15.7%
Wellness fair screenings*	Not asked - 2013		72	23.2%	26	12.7%
Council on Aging (foot clinic) *	40	13.9%	16	5.1%	25	12.3%
Veteran's services	31	10.8%	35	11.3%	21	10.3%
Home care services	Not asked - 2013		Not asked - 2016		15	7.4%
Senior center	Not asked - 2013		Not asked - 2016		12	5.9%
Mental health	10	3.5%	17	5.5%	11	5.4%
Long term care/nursing home	6	2.1%	11	3.5%	10	4.9%
Assisted Living	5	1.7%	8	2.6%	9	4.4%
Central MT Family Planning	10	3.5%	4	1.3%	4	2.0%
Food banks	Not asked - 2013		Not asked - 2016		4	2.0%
WIC (Women/Infant/Children)	Not asked - 2013		Not asked - 2016		4	2.0%
Central MT Health District	6	2.1%	9	2.9%	1	0.5%
Substance abuse services	Not asked - 2013		Not asked - 2016		1	0.5%
Other	12	4.2%	10	3.2%	9	4.4%

*Indicates a significant change between years ($p \leq 0.05$). **Bold:** Top 3 responses

“Other” comments:

- Total family care
- Oncologist
- Relatives have/are using Assisted Living, home care services, and long-term care/nursing home
- Orthopedic, Big Horn Medical
- VA- outpatient clinic in Lewistown
- Independent nurse practitioner
- Home Care Services - for my Dad
- LIFE LINE SCREENING
- Billings Clinic

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

2019 N= 204

2016 N= 311

2013 N= 288

Respondents were asked to indicate what they felt would improve their community's access to healthcare. Fifty-nine percent of respondents (n=120) reported that a "Walk-in clinic" would make the greatest improvement. Fifty-seven percent of respondents (n=116) indicated "More primary care providers" would improve access and "More specialists" was selected by 40.7% (n=83). Respondents could select more than one method, so percentages do not equal 100%.

Improvement	2013		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
Walk-in clinic*	Not asked - 2013		137	44.1%	120	58.8%
More primary care providers*	101	35.1%	163	52.4%	116	56.9%
More specialists	111	38.5%	127	40.8%	83	40.7%
More information about available services*	33	11.5%	46	14.8%	63	30.9%
Outpatient services expanded hours	Not asked - 2013		92	29.6%	55	27.0%
Improved quality of care*	106	36.8%	77	24.8%	48	23.5%
Greater health education services*	60	20.8%	40	12.9%	22	10.8%
Transportation assistance*	45	15.6%	18	5.8%	18	8.8%
Telemedicine	Not asked - 2013		Not asked - 2016		13	6.4%
Cultural sensitivity	9	3.1%	13	4.2%	2	1.0%
Interpreter services	Not asked - 2013		Not asked - 2016		2	1.0%
Other	28	9.7%	20	6.4%	19	9.3%
*Indicates a significant change between years ($p \leq 0.05$). Bold: Top 3 responses						

"Other" comments:

- Lower cost of medical care
- Updated internet information
- Crisis intervention services
- We are well provided for! I think an assisted living/adult day care, nursing home situation on a small scale in Class C communities would be great.
- Not sure
- Forget internet for seniors
- Better doctors
- Consistent family physicians working 40 hours in an office
- If doctors at CMMC would accept pain management
- Keeping some independent doctors (M.D.s). Having all MDs attached to CMMC, business side drives up cost of medicine.
- Health fair
- Access to preferred provider
- Cheaper services
- Cost is less
- Naturopathic care
- Cont. ACA in MT
- FASTER ER
- Removing Government from Health Care and Health Insurance
- Weekend clinic

Interest in Educational Classes or Programs (Question 9)

2019 N= 204

2016 N= 311

Respondents were asked if they would be interested in any educational classes/programs made available to the community. The highest indicated class/program was “Weight loss” at 26% of respondents (n=53). “Health insurance (Medicare/Medicaid/private)” was selected by 24.5% of respondents (n=50) and “Fitness” followed at 24% (n=49). Respondents could select more than one interest, so percentages do not equal 100%.

Educational Class/Program	2016		2019	
	Count	Percent	Count	Percent
Weight loss	98	31.5%	53	26.0%
Health insurance (Medicare/Medicaid/private)	79	25.4%	50	24.5%
Fitness	Not asked - 2016		49	24.0%
Living will	78	25.1%	37	18.1%
Women’s health	Not asked - 2016		37	18.1%
First aid/CPR	54	17.4%	36	17.6%
Health and wellness	Not asked - 2016		35	17.2%
Health fair	Not asked - 2016		31	15.2%
Nutrition	Not asked - 2016		27	13.2%
Cancer	47	15.1%	22	10.8%
Diabetes	Not asked - 2016		20	9.8%
Financial planning/counseling	Not asked - 2016		18	8.8%
Men’s health	Not asked - 2016		17	8.3%
Parenting	20	6.4%	16	7.8%
Heart disease*	39	12.5%	13	6.4%
Mental health	29	9.3%	13	6.4%
Alzheimer’s*	41	13.2%	12	5.9%
Grief counseling*	32	10.3%	11	5.4%
Support groups	Not asked - 2016		10	4.9%
Adult day care services*	25	8.0%	7	3.4%
Smoking/tobacco cessation	18	5.8%	7	3.4%
Alcohol/substance abuse	19	6.1%	5	2.5%
Prenatal	Not asked - 2016		4	2.0%
Other	7	2.3%	10	4.9%
*Indicates a significant change between years ($p \leq 0.05$). Bold: Top 3 responses				

“Other” comments:

- Naturopath, ex. organic & non-GMO
- Online classes - 70-mile round trip makes classroom classes difficult.
- Marriage counseling

- I live out of town, would probably not attend.
- Not interested, thank you.
- End of Life Directives, Funeral Costs, Home Help/Dying at Home
- None
- Teen mental health - not many options for boys
- None
- Interpreting "DR" Talk :)

Utilization of Preventative Services (Question 10)

2019 N= 204

2016 N= 311

2013 N= 288

Respondents were asked if they had utilized any of the preventative services listed in the past year. “Dental exam” was selected by 68.1% of respondents (n=139). Sixty-four percent of respondents (n=130) indicated they had a “Vision check” and 62.7% of respondents (n=128) had a “Routine health checkup.” Respondents could select all that apply thus the percentages do not equal 100%.

Service	2013		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
Dental exam	Not asked - 2013		Not asked - 2016		139	68.1%
Vision check	Not asked - 2013		Not asked - 2013		130	63.7%
Routine health checkup	187	64.9%	210	67.5%	128	62.7%
Flu shot/immunizations*	154	53.5%	204	65.6%	123	60.3%
Routine blood pressure check*	132	45.8%	176	56.6%	110	53.9%
Cholesterol check	124	43.1%	143	46.0%	76	37.3%
Mammography	96	33.3%	115	37.0%	66	32.4%
Colonoscopy	40	13.9%	53	17.0%	40	19.6%
Prostate (PSA)	52	18.1%	55	17.7%	36	17.6%
Pap smear	68	23.6%	56	18.0%	35	17.2%
Hearing check	Not asked - 2013		Not asked - 2016		33	16.2%
Children’s checkup/Well baby	24	8.3%	19	6.1%	19	9.3%
Mental health counseling	Not asked - 2013		Not asked - 2016		10	4.9%
Afterhours Call-a-Nurse	Not asked - 2013		Not asked - 2016		5	2.5%
None*	22	7.6%	21	6.8%	4	2.0%
Other	12	4.2%	9	2.9%	9	4.4%
*Indicates a significant change between years ($p \leq 0.05$). Bold: Top 3 responses						

“Other” comments:

- Skin check
- Diabetes monitoring
- Lab
- Not in Lewiston
- Acupuncture massage
- PT, INR
- Lab work
- INR
- Specialist in Billings

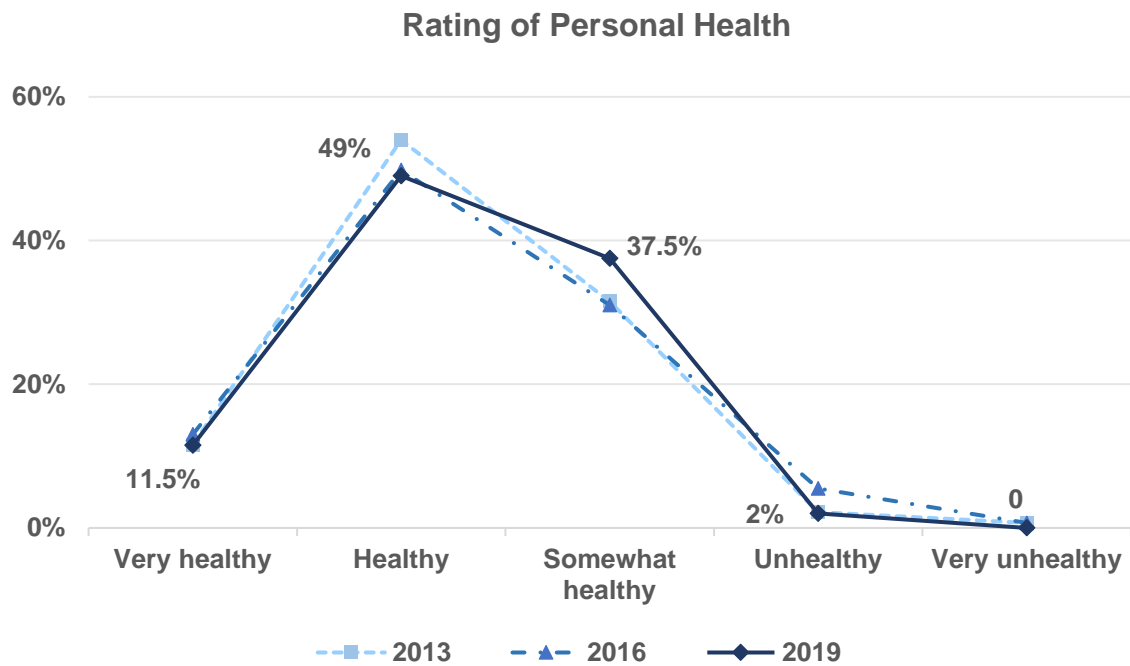
Rating of Personal Health (Question 11)

2019 N= 200

2016 N= 307

2013 N= 276

Respondents were asked to indicate how they would rate their own personal health. Forty-nine percent of respondents (n=98) rated their health as “Healthy” and 37.5% of respondents (n=75) felt their health was “Somewhat healthy.”



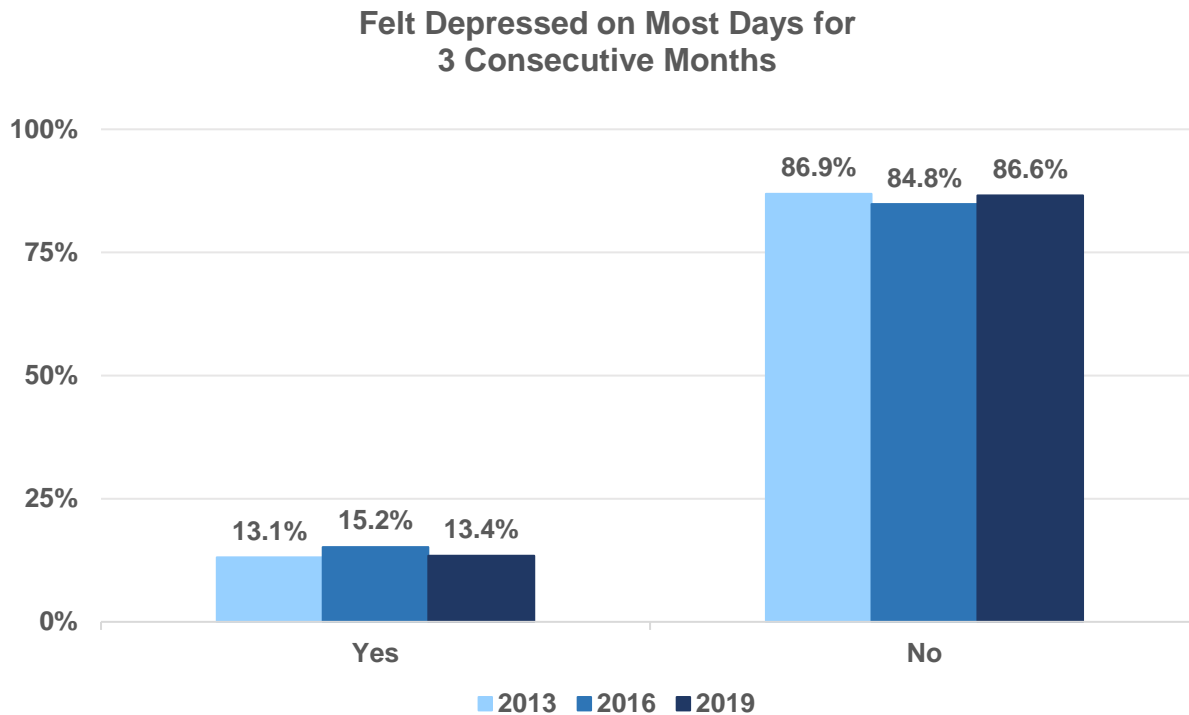
Prevalence of Depression (Question 12)

2019 N= 186

2016 N= 303

2013 N= 275

Respondents were asked to indicate if there were periods of at least three consecutive months in the past three years where they felt depressed on most days. Thirteen percent of respondents (n=25) indicated they had experienced periods of depression and 86.6% of respondents (n=161) indicated they had not.

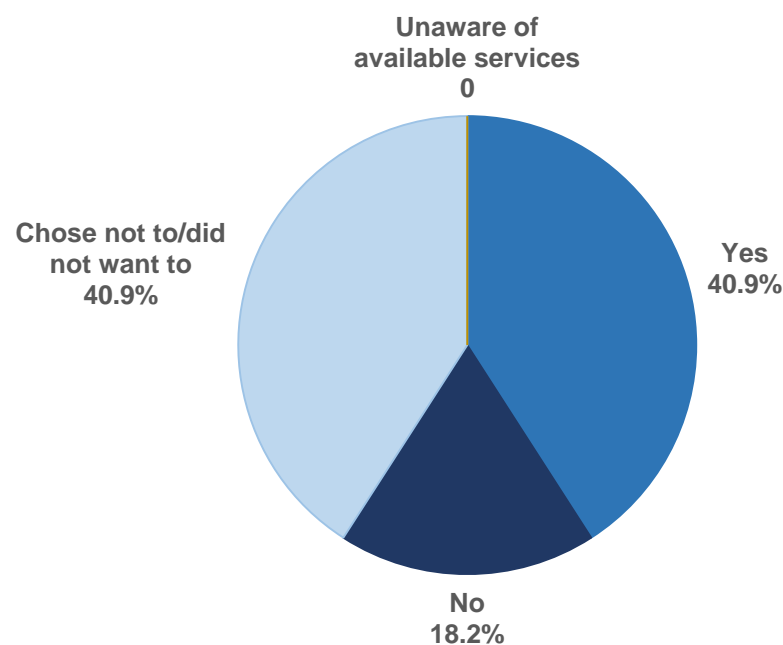


Access to Mental Health Services (Question 13)

2019 N= 22

Respondents who selected yes, there were periods of at least three consecutive months in the past three years where they felt depressed on most days, indicated if they were able to see a mental health professional or primary care provider to address their needs. Forty-one percent of respondents (n=9 each) reported “Yes” they were able to see a mental health professional or “Chose not to or did not want to seek services.” Three respondents chose not to answer this question.

Able to Access Mental Health Services



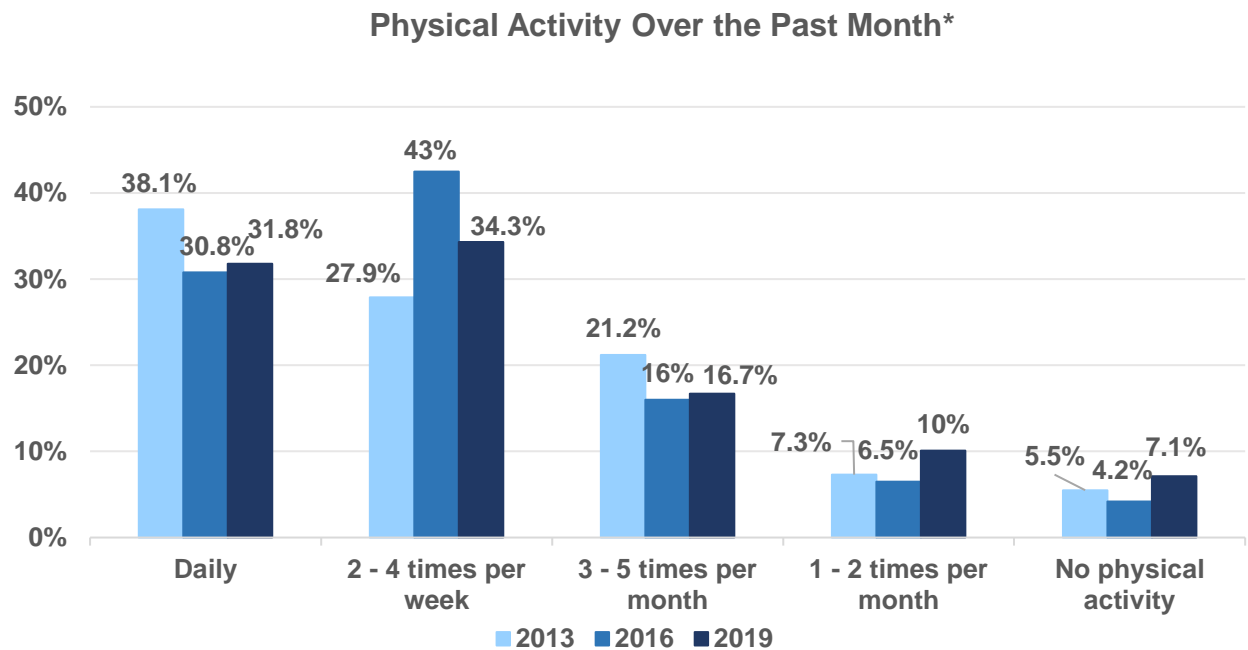
Physical Activity (Question 14)

2019 N= 198

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. Thirty-four percent of respondents (n=68) indicated they had physical activity “2-4 times per week” and 31.8% (n=63) indicated they had physical activity of at least twenty minutes “Daily”. Seven percent of respondents (n=14) indicated they had “No physical activity”.



* Reported levels of physical activity has been significantly decreasing since 2013.

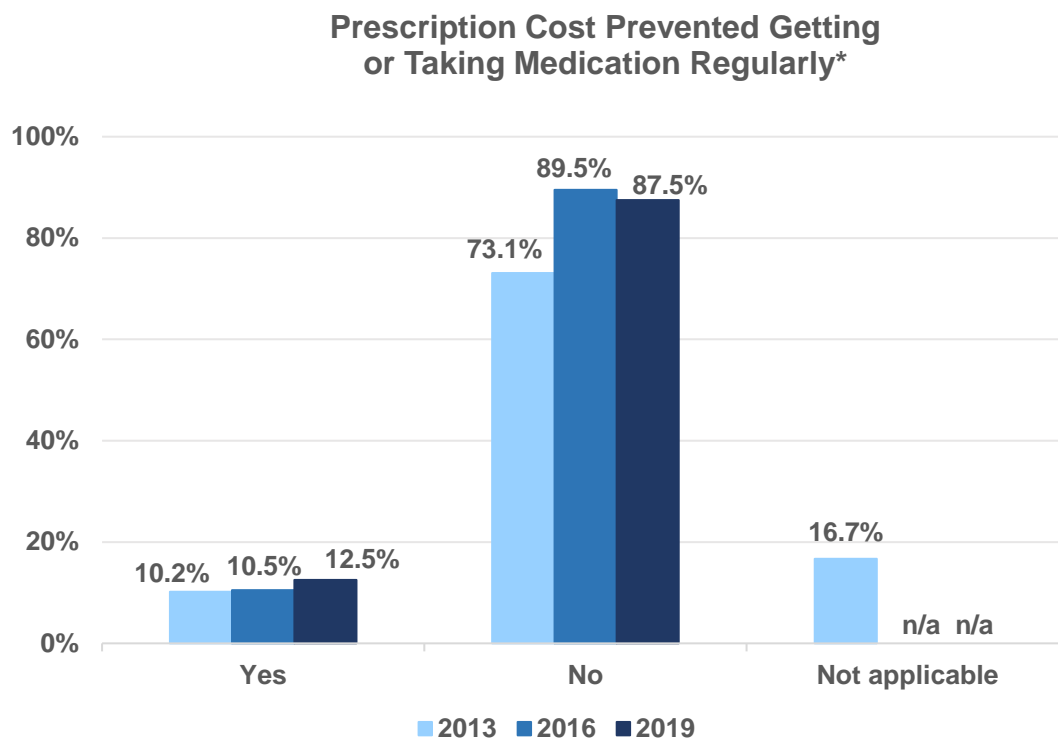
Cost and Prescription Medications (Question 15)

2019 N= 200

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. Thirteen percent of respondents (n=25) indicated that in the last year, cost had prohibited them from getting a prescription or taking their medication regularly. Eighty-eight percent of respondents (n=175) indicated that cost had not prohibited them. Four respondents chose not to answer this question.

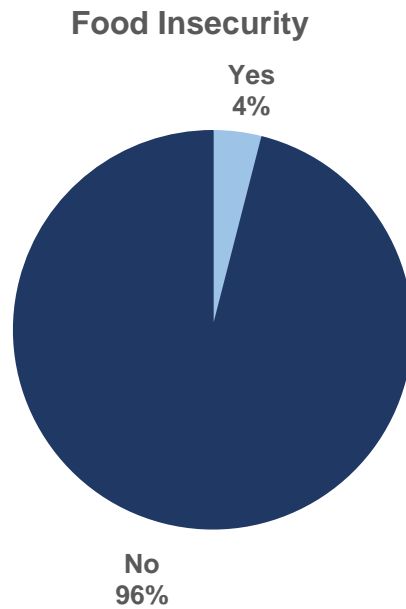


* Significance cannot be determined because "Not Applicable" was not asked in 2016 and 2019 surveys.

Food Insecurity (Question 16)

2019 N= 204

Respondents were asked to indicate if during the last year, they had worried that they would not have enough food to eat. Four percent of respondents (n= 8) indicated that in the last year, they did worry about having enough food.



Injury Prevention Measures (Question 17)

2019 N= 204

Respondents were asked to indicate which, if any, injury prevention measures they engage in. Eighty-seven percent of respondents (n=177) indicated they use a seat belt. Sixty-four percent (n=130) reported they are tobacco free and 46.6% (n=95) reported they use sunscreen.

Measure	2019	
	Count	Percent
Seat belt	177	86.8%
Tobacco free	130	63.7%
Sunscreen	95	46.6%
Moderate alcohol use	94	46.1%
Regular exercise	94	46.1%
Water safety (life vests)	37	18.1%
Child car seat/booster	31	15.2%
Designated driver	23	11.3%
CPR/First Aid training	21	10.3%
Helmet	11	5.4%
None	5	2.5%

Survey Findings – Use of Healthcare Services

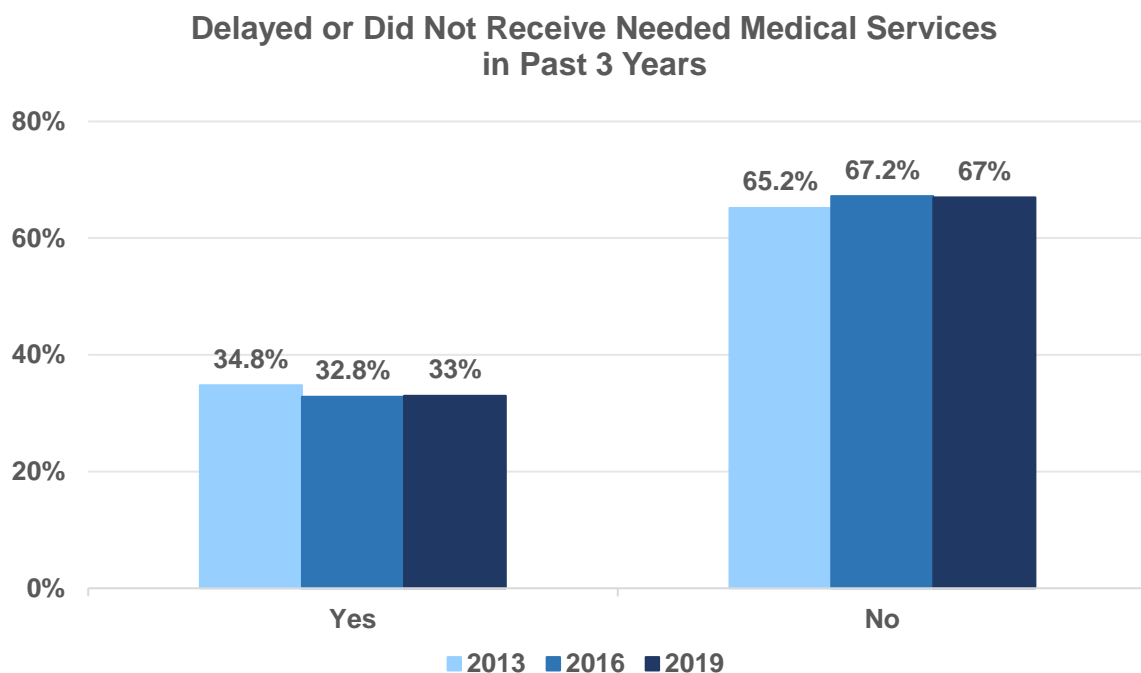
Needed/Delayed Hospital Care During the Past Three Years (Question 18)

2019 N= 191

2016 N= 293

2013 N= 276

Thirty-three percent of respondents (n=63) reported that they or a member of their household thought they needed healthcare services but did not get them or had to delay getting them. Sixty-seven percent of respondents (n=128) felt they were able to get the healthcare services they needed without delay.



Reasons for NOT Being Able to Receive Services or Delay in Receiving Healthcare Services (Question 19)

2019 N= 63

2016 N= 96

2013 N= 96

For those who indicated they were unable to receive or had to delay services (n=63), the reasons most cited were: “It cost too much” (33.3%, n=21), a reason “Other” than those listed (28.6%, n=18), “Could not get an appointment” (22.2%, n=14). Respondents were asked to indicate their top three choices, so percentages do not equal 100%.

Reason	2013		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
It costs too much*	53	55.2%	41	42.7%	21	33.3%
Could not get an appointment	17	17.7%	17	17.7%	14	22.2%
Too long to wait for an appointment	19	19.8%	24	25.0%	13	20.6%
Service not available locally*	Not asked - 2013		36	37.5%	12	19.0%
My insurance didn't cover it	21	21.9%	26	27.1%	9	14.3%
Preferred provider unavailable	Not asked - 2013		Not asked - 2016		8	12.7%
No insurance*	34	35.4%	12	12.5%	7	11.1%
It was too far to go	7	7.3%	7	7.3%	6	9.5%
Office wasn't open when I could go	20	20.8%	18	18.8%	5	7.9%
Didn't know where to go	4	4.2%	4	4.2%	4	6.3%
Don't like doctors or other providers	14	14.6%	12	12.5%	4	6.3%
Not treated with respect	9	9.4%	12	12.5%	4	6.3%
Could not get off work	7	7.3%	5	5.2%	2	3.2%
Unsure if services were available locally	6	6.3%	9	9.4%	2	3.2%
Had no one to care for the children	0	0	1	1.0%	1	1.6%
Privacy issues	Not asked - 2013		Not asked - 2016		1	1.6%
Too nervous or afraid	7	7.3%	6	6.3%	0	0.0%
Transportation problems	4	4.2%	6	6.3%	0	0.0%
Language barrier	Not asked - 2013		Not asked - 2016		0	0.0%
Other*	13	13.5%	8	8.3%	18	28.6%
*Indicates a significant change between years ($p \leq 0.05$). Bold: Top 3 responses						

“Other” comments:

- Even in appointment through my primary provider, they wanted me to fill out new patient forms because it had been over a year since my last visit
- Could not get an appointment and could not get work off
- Waited until family visiting left
- My doctor doesn't communicate well.
- Thought the Dr's won't help
- Indecision on blood thinner replacement

- Waited in ER 1-hour w/ child before being acknowledged. Left and went to Billings
- No primary provider
- Recovery time interfered with work
- Procrastination!
- No insurance, not treated with respect, privacy issues
- No vacation days - needed work income
- Appointments were not available due to work & school schedules
- It was too far to go, too long to wait for an appointment, transportation problems, BAD roads
- Could not get an appointment, my insurance didn't cover it, preferred provider unavailable, too long to wait for an appointment
- Could not get an appointment, not treated with respect, service not available locally, too long to wait for an appointment, transportation problems
- Thought problem would go away
- Could not get an appointment, office wasn't open when I wanted to go, preferred provider unavailable, too long to wait for an appointment, weather

Cross Tabulation of Delay of Services and Residence

Analysis was done to examine those respondents who delayed or did not get needed services, with where they live by zip code. The chart below shows the results of the cross tabulation. Delay of care (yes, no) is across the top of the table and residents' zip codes are along the side.

DELAY OR DID NOT GET NEEDED HEALTHCARE SERVICES BY RESIDENCE

	Delay 'Yes'	Delay 'No'	Total
Lewistown 59457	48 (33.1%)	97 (66.9%)	145
Moore 59464	2 (25%)	6 (75%)	8
Stanford 59479	4 (50%)	4 (50%)	8
Hobson 59452	3 (42.9%)	4 (57.1%)	7
Denton 59430	1 (20%)	4 (80%)	5
Winifred 59489	1 (25%)	3 (75%)	4
Grass Range 59032		3 (100%)	3
Moccasin 59462	1 (33.3%)	2 (66.7%)	3
Winnett 59087		3 (100%)	3
Hilger 59451	2 (100%)		2
Roy 59471		1 (100%)	1
Judith Gap 59453			0
Other	1 (100%)		1
TOTAL	65 (33.2%)	127 (66.8%)	190

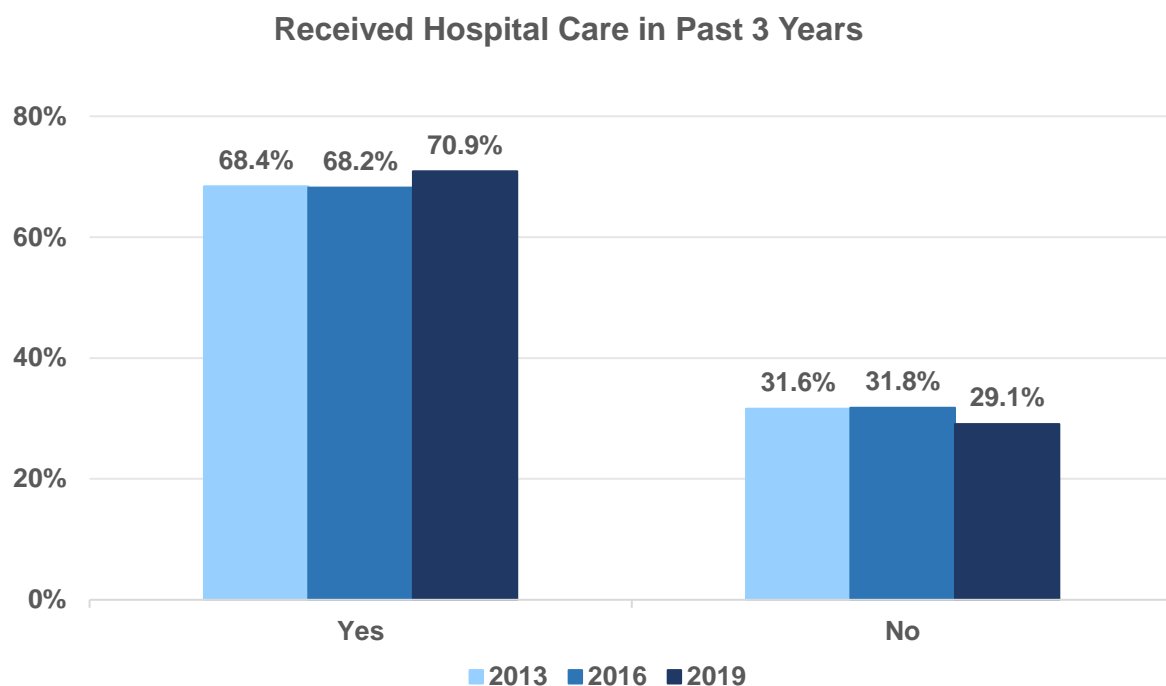
Hospital Care Received in the Past Three Years (Question 20)

2019 N= 196

2016 N= 302

2013 N= 275

Respondents were asked if they or someone in their household had received hospital care in the last three years. Hospitalization was quantified as hospitalized overnight, day surgery, obstetrical care, rehabilitation, radiology, or emergency care. Seventy-one percent of respondents (n=139) reported that they or a member of their family had received hospital care during the previous three years and 29.1% (n=57) had not.



Hospital Used Most in the Past Three Years (Question 21)

2019 N= 139

2016 N= 186

2013 N= 162

Of the 139 respondents who indicated receiving hospital care in the previous three years, 54.7% (n=76) reported receiving care at Central Montana Medical Center. Nineteen percent of respondents (n=26) received services at a location other than those listed and 11.5% of respondents (n=16) reported utilizing services from St. Vincent Healthcare.

Hospital	2013		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
Central Montana Medical Center*	111	68.5%	111	59.7%	76	54.7%
St. Vincent Healthcare*	18	11.1%	36	19.4%	16	11.5%
Billings Clinic	14	8.6%	16	8.6%	14	10.1%
Benefis	15	9.3%	12	6.5%	7	5.0%
Veterans Hospital	0	0.0%	3	1.6%	0	0.0%
Other*	4	2.4%	8	4.3%	26	18.7%
TOTAL	162	100%	186	100%	139	100%
*Indicates a significant change between years ($p \leq 0.05$). Bold: Top 3 responses						

“Other” comments:

- St. Francis - Tulsa, OK
- Central Montana Medical Center and St. Vincent Healthcare (3)
- Benefis and Billings Clinic (2)
- Not in MT
- Central Montana Medical Center and Billings Clinic (4)
- Billings Clinic and St. Vincent Healthcare
- We have used all but the Veterans Hospital
- Central Montana Medical Center, Benefis
- Yellowstone Surgery Center
- Billings Clinic and Children’s Hospital Denver
- St. Benton - Nurse Home
- Great Falls Clinic Hospital
- Benefis and Great Falls Clinic (2)
- CMMC and Great Falls Clinic Hospital
- CMMC; ambulance to Benefis and Billings Clinic, same illness
- Bozeman
- Benefis, St. Vincent Healthcare
- Yellowstone MACC
- Great Falls Clinic

Reasons for Selecting the Hospital Used (Question 22)

2019 N= 137

2016 N= 206

2013 N= 188

Of the 139 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 58.4% (n=54). “Referred by physician or other provider” was selected by 50.4% of the respondents (n=69), and 43.1% (n=59) selected “Prior experience with hospital.” Note that respondents were asked to select the top three answers which influenced their choices, so the percentages do not equal 100%.

Reason	2013		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
Closest to home	117	62.2%	109	52.9%	80	58.4%
Referred by physician or other provider	93	49.9%	89	43.2%	69	50.4%
Prior experience with hospital	83	44.1%	71	34.5%	59	43.1%
Emergency, no choice	66	35.1%	74	35.9%	45	32.8%
Hospital’s reputation for quality	63	33.5%	51	24.8%	31	22.6%
Recommended by family or friends	19	10.1%	11	5.3%	14	10.2%
Closest to work	15	8.0%	10	4.9%	5	3.6%
VA/Military requirement	7	3.7%	9	4.4%	4	2.9%
Cost of care*	17	9.0%	12	5.8%	3	2.2%
Required by insurance plan	7	3.7%	6	2.9%	2	1.5%
Financial assistance programs	Not asked - 2013		Not asked - 2019		3	2.2%
Other	16	8.5%	10	4.9%	13	9.5%
*Indicates a significant change between years ($p \leq 0.05$). Bold: Top 3 responses						

“Other” comments:

- Life flight, as more care was needed than could be provided at CMMC
- Dr. Privileges at hospital
- My doctors are there
- Only one in town
- VA/military requirement and prior experience with the hospital
- Emergency, no choice and closest to home
- Cost of care, emergency no choice, hospital's reputation for quality, prior experience with hospital
- Respected surgeon
- Closest to home, closest to work, hospital's reputation for quality, prior experience with hospital, referred by physician or other provider
- Closest to home and prior experience with hospital (2)
- Great Falls Clinic Hospital. Many patients who go to Lewistown are transferred to Great Falls anyway.
- Trust

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	Benefis	Billings Clinic	St. Vincent Healthcare Billings	Other	Total
Lewistown 59457	61 (60.4%)	1 (1%)	10 (9.9%)	14 (13.9%)	15 (14.9%)	101
Moore 59464	4 (57.1%)	1 (14.3%)	1 (14.3%)		1 (14.3%)	7
Stanford 59479	1 (16.7%)	1 (16.7%)			4 (66.7%)	6
Denton 59430		1 (20%)		1 (20%)	3 (60%)	5
Hobson 59452	1 (25%)	2 (50%)			1 (25%)	4
Winifred 59489	2 (66.7%)		1 (33.3%)			3
Moccasin 59462	2 (66.7%)	1 (33.3%)				3
Grass Range 59032			1 (50%)		1 (50%)	2
Hilger 59451	1 (50%)			1 (50%)		2
Roy 59471	1 (50%)		1 (50%)			2
Winnett 59087					1 (100%)	1
Judith Gap 59453						0
Other	1 (100%)					1
TOTAL	74 (54%)	7 (5.1%)	14 (10.2%)	16 (11.7%)	26 (19%)	137

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	Benefis	Billings Clinic	St. Vincent Healthcare Billings	Other	Total
Closest to home	65 (81.3%)	3 (3.8%)	1 (1.3%)	4 (5%)	7 (8.8%)	80
Referred by physician or other provider	34 (49.3%)	4 (5.8%)	4 (5.8%)	10 (14.5%)	17 (24.6%)	69
Prior experience with hospital	31 (52.5%)	4 (6.8%)	7 (11.9%)	9 (15.3%)	8 (13.6%)	59
Emergency, no choice	32 (71.1%)		3 (6.7%)	3 (6.7%)	7 (15.6%)	45
Hospital's reputation for quality	4 (12.9%)	2 (6.5%)	8 (25.8%)	5 (16.1%)	12 (38.7%)	31
Recommended by family or friends		3 (21.4%)	5 (35.7%)	1 (7.1%)	5 (35.7%)	14
Closest to work	5 (100%)					5
VA/Military requirement	2 (50%)				2 (50%)	4
Cost of care			2 (66.7%)		1 (33.3%)	3
Financial assistance programs	1 (33.3%)	2 (66.7%)				3
Required by insurance plan	1 (50%)			1 (50%)		2
Other	6 (46.2%)		1 (7.7%)	1 (7.7%)	5 (38.5%)	13

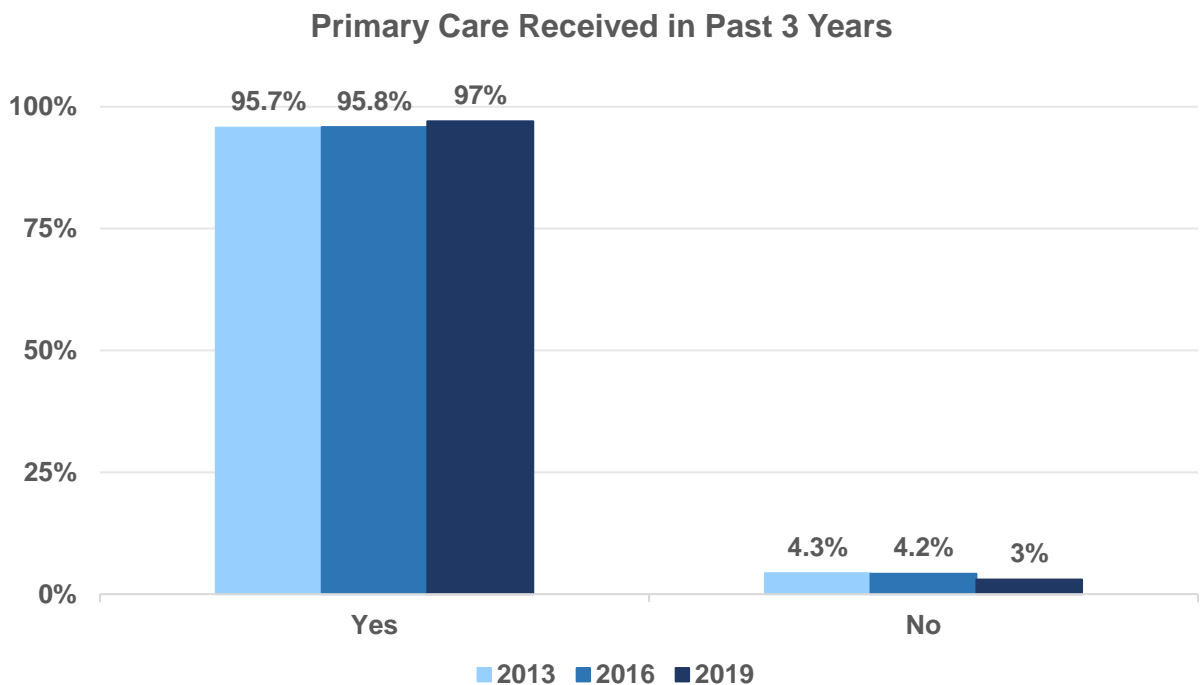
Primary Care Received in the Past Three Years (Question 23)

2019 N= 199

2016 N= 308

2013 N= 280

Ninety-seven percent of respondents (n=193) 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. Three percent of respondents (n=6) indicated they or someone in their household had not.



Location of Primary Care Provider (Question 24)

2019 N= 191

2016 N= 274

2013 N= 243

Of the 193 respondents who indicated receiving primary care services in the previous three years, 60.7% (n=116) reported receiving care at Central Montana Medical Center, 15.7% percent of respondents (n=30) went to a clinic other than those listed, and 12% (n=23) went to Central Montana Community Health Center. Two of the 193 respondents who reported they had utilized primary care services in the past three years did not indicate where they received those services.

Location	2013		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
Central Montana Medical Center*	200	82.3%	206	75.2%	116	60.7%
Central Montana Community Health Center	24	9.9%	32	11.7%	23	12.0%
Billings Clinic*	Not asked - 2013		19	6.9%	6	3.1%
Benefis	Not asked - 2013		6	2.2%	6	3.1%
St. Vincent Healthcare	Not asked - 2013		Not asked - 2016		5	2.6%
Veterans Hospital	Not asked - 2013		Not asked - 2016		3	1.6%
Central Montana Family Planning	Not asked - 2013		Not asked - 2016		2	1.0%
Other*	19	7.8%	11	4.0%	30	15.7%
TOTAL	243	100%	274	100%	191	100%
*Indicates a significant change between years ($p \leq 0.05$). Bold: Top 3 responses						

“Other” comments:

- VA clinic (2)
- CMMC and Benefis
- Lewistown Total Family Care (2)
- Great Falls Clinic
- Hatch Pediatrics (Bozeman)
- Central Montana Community Health Center, Central Montana Medical Center and Benefis
- Idaho Falls, Idaho
- Central Montana Community Health Center and Veterans Hospital (2)
- Kimberly Decker
- Premiere Care Pediatric
- Central Montana Medical Center and St. Vincent Healthcare
- Billings Clinic and St. Vincent Healthcare
- VA outpatient clinic Lewistown
- Central Montana Medical Center and hearing aid center - Great Falls
- Great Falls Clinic
- Private office and nurse practitioner
- Great Falls Clinic
- Benefis and Billings Clinic
- Central Montana Community Health Center, Central Montana Medical Center (4)
- VA clinic & Private office NP [Nurse Practitioner]
- Bozeman
- Central Montana Medical Center, Benefis, Billings Clinic, Great Falls Clinic
- Private Practice

Reasons for Selection of Primary Care Provider (Question 25)

2019 N= 187

2016 N= 295

2013 N= 268

Those respondents who indicated they or someone in their household had been seen by a primary care provider within the past three years, were asked to indicate why they chose that primary care provider. “Closest to home” was the most frequently selected reason at 46% (n=86), followed by “Prior experience with clinic” at 38% (n=71), and “Appointment availability” at 27.8% (n=52). Respondents were asked to check all that apply, so the percentages do not equal 100%.

Reason	2013		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
Closest to home*	95	35.4%	128	43.4%	86	46.0%
Prior experience with clinic	85	31.7%	109	36.9%	71	38.0%
Appointment availability	72	26.9%	81	27.5%	52	27.8%
Clinic/provider’s reputation for quality*	53	19.8%	44	14.9%	46	24.6%
Recommended by family or friends*	78	29.1%	46	15.6%	33	17.6%
Referred by physician or other provider	50	18.7%	60	20.3%	32	17.1%
Cost of care	18	6.7%	16	5.4%	10	5.3%
Required by insurance plan*	3	1.1%	6	2.0%	9	4.8%
VA/Military requirement	12	4.5%	11	3.7%	9	4.8%
More privacy	Not asked - 2013		Not asked - 2016		5	2.6%
Length of waiting room time*	16	6.0%	5	1.7%	4	2.1%
Indian Health Services*	26	9.7%	2	0.7%	0	0.0%
Other	30	11.2%	38	12.9%	25	13.4%
*Indicates a significant change between years ($p \leq 0.05$). Bold: Top 3 responses						

“Other” comments:

- I worked for my doctor for 10 years
- Seeing them for 20+ years (2)
- I like him
- Cheaper
- Big Horn P.T.
- Because CMMC Doc's won't accept pain management
- Only option available when our previous provider left
- Younger Dr. Previous Dr. died and he was my age.
- Only one taking patients
- Been with for a very long time
- Dr. retired (2)
- Income eligible for VA services
- My Dr. of 20+ years left - new Dr. accepting. Dr. is so booked- appointments are a nightmare to make.

- Took over for my old Dr.
- Don't have one
- One of 2 family doctors that was able to deliver babies
- Long term provider
- By chance. My ex-provider wasn't available & I needed to immediately see someone & she was awesome, and liked the "bedside" manner, and educated.
- 40 years ago, female Dr.
- Only provider that would take me at the time (2)
- Reg Dr. left

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	Central Montana Family Planning	Central Montana Community Health Center	Benefis	Billings Clinic	St. Vincent Healthcare	VA Hospital	Other	Total
Lewistown 59457	61 (62.9%)	2 (2.1%)	12 (12.4%)		3 (3.1%)	3 (3.1%)	3 (3.1%)	13 (13.4%)	97
Moore 59464	4 (66.7%)		1 (16.7%)					1 (16.7%)	6
Stanford 59479	2 (33.3%)			1 (16.7%)				3 (50%)	6
Denton 59430	1 (20%)			1 (20%)				3 (60%)	5
Hobson 59452	2 (50%)			1 (25%)				1 (25%)	4
Winifred 59489	2 (66.7%)				1 (33.3%)				3
Moccasin 59462	2 (66.7%)			1 (33.3%)					3
Grass Range 59032			1 (50%)		1 (50%)				2
Hilger 59451	1 (50%)					1 (50%)			2
Roy 59471			1 (50%)		1 (50%)				2
Winnett 59087								1 (100%)	1
Judith Gap 59453									0
Other	1 (100%)								1
TOTAL	76 (57.6%)	2 (1.5%)	15 (11.4%)	4 (3%)	6 (4.5%)	4 (3%)	3 (2.3%)	22 (16.7%)	132 (100%)

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 for clinic/provider 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	Central Montana Family Planning	Central Montana Community Health Center	Benefis	Billings Clinic	St. Vincent Healthcare	Veterans Hospital	Other	Total
Closest to home	44 (69.8%)	2 (3.2%)	8 (12.7%)					9 (14.3%)	63
Prior experience with clinic	32 (60.4%)	1 (1.9%)	6 (11.3%)	2 (3.8%)	4 (7.5%)			8 (15.1%)	53
Clinic/provider's reputation for quality	20 (55.6%)	2 (5.6%)	2 (5.6%)		4 (11.1%)	1 (2.8%)		7 (19.4%)	36
Appointment availability	19 (57.6%)	2 (6.1%)	5 (15.2%)		1 (3%)	1 (3%)		5 (15.2%)	33
Referred by physician or other provider	16 (64%)		2 (8%)	2 (8%)	1 (4%)	1 (4%)		3 (12%)	25
Recommended by family or friends	12 (60%)		1 (5%)	1 (5%)	2 (10%)	1 (5%)		3 (15%)	20
Required by insurance plan	3 (42.9%)		2 (28.6%)		1 (14.3%)			1 (14.3%)	7
VA/Military requirement	1 (14.3%)		1 (14.3%)				3 (42.9%)	2 (28.6%)	7
Cost of care		1 (25%)	1 (25%)					2 (50%)	4
Length of waiting room time	1 (25%)	1 (25%)	2 (50%)						4
More privacy	1 (25%)							3 (75%)	4
Indian Health Services									0
Other	9 (64.3%)		2 (13.3%)			1 (7.1%)		2 (14.3%)	14

Use of Healthcare Specialists during the Past Three Years (Question 26)

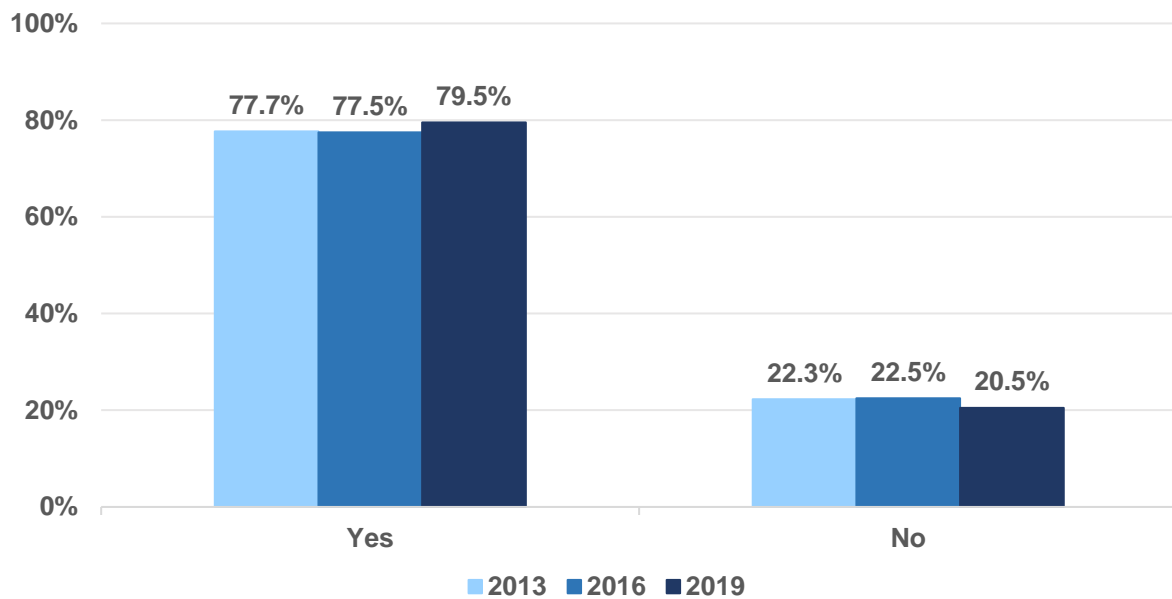
2019 N= 195

2016 N= 302

2013 N= 260

Eighty percent of the respondents (n=155) indicated they or a household member had seen a healthcare specialist during the past three years; 20.5% (n=40) indicated they had not.

Visited a Specialist in Past 3 Years



Location of Healthcare Specialist (Question 27)

2019 N= 155

2016 N= 234

2013 N= 260

Of the 155 respondents who indicated they saw a healthcare specialist in the past three years, 43.2% (n=67) saw one at Central Montana Medical Center. Billings Clinic and a location other than those listed were utilized by 32.9% each. Respondents could select more than one location, so percentages do not equal 100%.

Location	2013		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
Central Montana Medical Center*	114	56.4%	105	44.9%	67	43.2%
Billings Clinic	70	34.7%	80	34.2%	51	32.9%
St. Vincent Healthcare	57	28.2%	82	35.0%	47	30.3%
Benefis	41	20.3%	36	15.4%	31	20.0%
Central Montana Community Health Center	Not asked - 2013		Not asked - 2016		6	3.9%
Veterans Hospital	13	6.4%	14	6.0%	5	3.2%
Other*	53	26.2%	40	17.1%	51	32.9%
*Indicates a significant change between years ($p \leq 0.05$). Bold: Top 3 responses						

“Other” comments:

- Bozeman Cancer Clinic
- Bozeman (2)
- Billings/Great Falls
- Not in MT
- Great Falls clinic
- Sletten Cancer Center
- Mayo Clinic (2)
- Texas
- Bozeman Deaconess
- His office
- Great Falls, MT
- Great Falls Clinic (7)
- Pacific Cataract Phaser Great Falls
- GF [Great Falls] OB/GYN
- Home Oxygen -Lewiston
- Local chiropractor
- Ortho Montana-Billings (4)
- Planned but appointment cancelled
- Great Falls- Hearing Aid
- St. Benton
- Eye Care (2)
- Helena St. Peter's
- Eye Care Associates, MOEH Dental Center, West Orthodontics Center
- Naturopath
- Complete Health + Allergy Center
- Neurologist, Billings Kidney Specialist
- Private office
- Great Falls
- Great Falls Clinic Hospital
- Dr. Hochs, Dr. Mosby
- Private practices
- Billings
- Sleep study CMMC

Type of Healthcare Specialist Seen (Question 28)

2019 N= 155

2016 N= 234

2013 N= 202

The respondents (n=155) saw a wide array of healthcare specialists in the past three years. The most frequently indicated specialist was an “Orthopedic surgeon” with 32.9% of respondents (n=51) having utilized their services. “Dentist” was the second most utilized specialist at 31.6% (n=49) and “Radiologist” was third at 22.6% (n=35). Respondents were asked to choose all that apply, so percentages do not equal 100%.

	2013		2016		2019	
Specialist Type	Count	Percent	Count	Percent	Count	Percent
Orthopedic surgeon	55	27.2%	73	31.2%	51	32.9%
Dentist*	122	60.4%	63	26.9%	49	31.6%
Radiologist*	53	26.2%	29	12.4%	35	22.6%
Cardiologist	34	16.8%	56	23.9%	34	21.9%
Dermatologist	33	16.3%	48	20.5%	33	21.3%
Chiropractor*	68	33.7%	35	15.0%	32	20.6%
General surgeon	41	20.3%	30	12.8%	32	20.6%
Physical therapist	49	24.3%	45	19.2%	32	20.6%
Optometrist	Not asked - 2013		Not asked - 2016		28	18.1%
Neurologist	18	8.9%	25	10.7%	22	14.2%
Urologist	22	10.9%	24	10.3%	20	12.9%
ENT (ear/nose/throat)	16	7.9%	28	12.0%	18	11.6%
Ophthalmologist	Not asked - 2013		Not asked - 2016		18	11.6%
Audiologist	Not asked - 2013		Not asked - 2016		16	10.3%
OB/GYN	24	11.9%	29	12.4%	15	9.7%
Gastroenterologist	12	5.9%	20	8.5%	14	9.0%
Oncologist	14	6.9%	18	7.7%	13	8.4%
Podiatrist	17	8.4%	20	8.5%	13	8.4%
Pulmonologist	7	3.5%	9	3.8%	11	7.1%
Rheumatologist	10	5.0%	15	6.4%	10	6.5%
Endocrinologist	Not asked - 2013		Not asked - 2016		9	5.8%
Pain management	Not asked - 2013		Not asked - 2016		6	3.9%
Occupational therapist	5	2.5%	11	4.7%	6	3.9%
Mental health counselor	Not asked - 2013		Not asked - 2016		5	3.2%
Allergist	11	5.4%	8	3.4%	5	3.2%
Pediatrician	9	4.5%	4	1.7%	5	3.2%
Psychiatrist (M.D.)	4	2.0%	5	2.1%	4	2.6%
Speech therapist	2	1.0%	4	1.7%	4	2.6%
Neurosurgeon	Not asked - 2013		Not asked - 2016		3	1.9%

Substance abuse counselor	1	0.5%	2	0.9%	1	0.6%
Geriatrician	Not asked - 2013		Not asked - 2016		1	0.6%
Social worker	Not asked - 2013		Not asked - 2016		1	0.6%
Psychologist	1	0.5%	4	1.7%	0	0.0%
Other	11	5.4%	23	9.8%	15	9.7%
*Indicates a significant change between years ($p \leq 0.05$). Bold: Top 3 responses						

“Other” comments:

- Nephrologist (2)
- All were seen in Great Falls
- Infection doctor
- Heart surgeon
- Eye - macular degeneration
- General
- MDHS SURGEON
- Nose/throat, plastic surgeon
- Pediatric cardiologist
- Internal Med Dr
- Sleep study interest
- Vascular surgeon also infection specialist

Desired Specialty Healthcare Services (Question 29)

2019 N= 204

Respondents were asked to indicate which additional specialty healthcare services would they utilize if available locally. Respondents indicated the most interest in having “Expanded women’s health services” at 17.6% (n=36), followed by “Expanded pain management services” at 14.7% (n=30), and “Expanded cancer care services” at 13.2% (n=27). Respondents were asked to select all that apply, so percentages do not equal 100%.

Desired Services	2019	
	Count	Percent
Expanded women’s health services	36	17.6%
Expanded pain management services	30	14.7%
Expanded cancer care services	27	13.2%
Expanded telemedicine services	23	11.3%
Expanded mental health services	19	9.3%
Orthodontics	18	8.8%
Expanded transportation services	15	7.4%
Other	20	9.8%

“Other” comments:

- N/A
- Naturopath Doctor
- Not sure
- Neurologist
- Consistent family physician working 5 days a week
- None
- Personal
- Dermatologist (2)
- Orthopedic and sleep doctor
- RA [Rheumatoid Arthritis]
- Dialysis
- Naturopath, autoimmune specialist
- Alternative and holistic options
- Plaster casts
- Pretty much any specialist possible

Overall Quality of Care at Central Montana Medical Center (Question 30)

2019 N= 204

2016 N= 311

2013 N= 288

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 "Ambulance services" and "Home care (Home health/hospice)" receiving the top average score of 3.5 out of 4.0. "General surgery" and "Physical therapy" both received a score of 3.4 out of 4.0. The total average score 3.2, indicates the overall services of the hospital as "Good."

2019	Excellent (4)	Good (3)	Fair (2)	Poor (1)	Don't know	No Ans	N	Avg
Ambulance services	32	23	2	0	4	130	204	3.5
Home care (Home health/hospice)	20	11	2	1	7	144	204	3.5
General surgery	25	25	2	1	9	127	204	3.4
Physical therapy	44	32	6	1	3	105	204	3.4
Cardiac rehabilitation	8	12	2	0	10	156	204	3.3
Infusion services	10	16	1	1	12	146	204	3.3
Orthopedic services/surgery	17	16	3	2	8	142	204	3.3
Admissions/check-in	52	106	14	2	1	20	204	3.2
Dietician/diabetes services	12	14	3	2	13	142	204	3.2
Emergency department	49	52	10	9	3	70	204	3.2
In-patient/hospital care	28	39	7	3	8	106	204	3.2
Laboratory	52	82	15	3	5	36	204	3.2
OB/birthing services	9	13	3	0	12	149	204	3.2
Occupational therapy	7	21	1	0	13	147	204	3.2
Wound care	13	20	4	0	9	143	204	3.2
Clinic/primary care services	42	72	20	5	5	47	204	3.1
Home medical equipment/home oxygen	10	19	4	1	9	141	204	3.1
Pulmonary rehabilitation	4	8	2	0	11	166	204	3.1
Radiology/imaging	34	60	10	4	6	75	204	3.1
Speech therapy	2	6	1	0	12	167	204	3.1
Care coordination department	10	15	3	4	17	138	204	3.0
Sleep study	7	16	6	1	9	148	204	3.0
Business office/insurance and billing	27	75	41	14	2	33	204	2.7
Telemedicine services	1	3	2	1	12	169	204	2.6
TOTAL	404	552	117	39				3.2

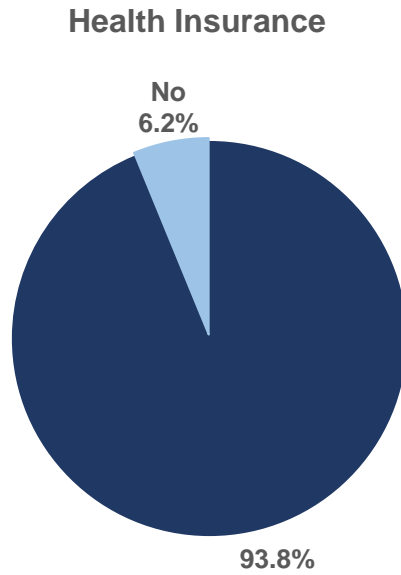
2016	Excellent (4)	Good (3)	Fair (2)	Poor (1)	Don't know	No Ans	N	Avg
Home care (Home health/hospice)	39	22	6	1	211	32	311	3.5
Ambulance services	58	30	9	3	181	30	311	3.4
Outpatient treatment (infusion services)	39	30	4	4	198	36	311	3.4
Rehabilitation services (cardiac/respiratory/occupational/physical/ speech)	57	46	7	1	169	31	311	3.4
Emergency department	85	63	19	8	109	27	311	3.3
General surgery	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	63	88	22	15	92	31	311	3.1
Orthopedic services/surgery	23	28	13	5	208	34	311	3.0
OB/birthing services	8	18	7	3	235	40	311	2.9
TOTAL	719	754	196	71				3.2

2013	Excellent (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

Insurance Coverage (Question 31)

2019 N= 193

Respondents were asked to indicate if they have health insurance. Ninety-four percent (n=181) reported they did have health coverage, while 6.2% (n=12) did not.



Medical Insurance Type (Question 32)

2019 N= 176

2016 N= 252

2013 N= 238

Respondents were asked to indicate what type of medical insurance covers the majority of their medical expenses. Thirty percent (n=32) indicated they have “Employer sponsored” coverage. Twenty-seven percent (n=47) indicated they have “Medicare” and 20.5% indicated they have a coverage other than those listed (n=36).

Insurance Type	2013		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
Employer sponsored*	89	37.4%	93	36.9%	52	29.5%
Medicare	75	31.5%	78	31.0%	47	26.7%
Private insurance/private plan*	34	14.3%	25	9.9%	14	8.0%
Health Insurance Marketplace	Not asked - 2013		14	5.5%	9	5.1%
Medicaid	2	0.8%	10	4.0%	5	2.8%
VA/military	11	4.6%	15	6.0%	5	2.8%
Healthy MT Kids	Not asked - 2013		3	1.2%	4	2.3%
Health Savings Account	1	0.4%	1	0.4%	2	1.1%
None/pay out of pocket*	22	9.2%	10	4.0%	2	1.1%
Indian Health Services	0	0.0%	0	0.0%	0	0.0%
Other	3	1.3%	3	1.2%	36	20.5%
TOTAL	238	100%	252	100%	176	100%
*Indicates a significant change between years ($p \leq 0.05$). Bold: Top 3 responses						

“Other” comments:

- Medicare, Private Insurance/Private plan, VA/Military (2)
- Medicare & Private insurance/private plan (13)
- VA/Military and Medicare (2)
- Medicare, None/pay out of pocket
- Employer sponsored, VA/military (2)
- Church sponsored Nationwide - not called insurance
- Employer sponsored and Healthy MT kids
- Humana
- Employee sponsored and Medicare
- Medicare and VA/Military (2)
- Medicare, Humana (2)
- Medicare plus supplement
- Medicaid, VA/military
- None/pay out of pocket, Sharing Ministry
- Healthy MT Kids, Medicaid, Medicare, VA/military
- Health Insurance Marketplace, Medicare (2)

Insurance and Healthcare Costs (Question 33)

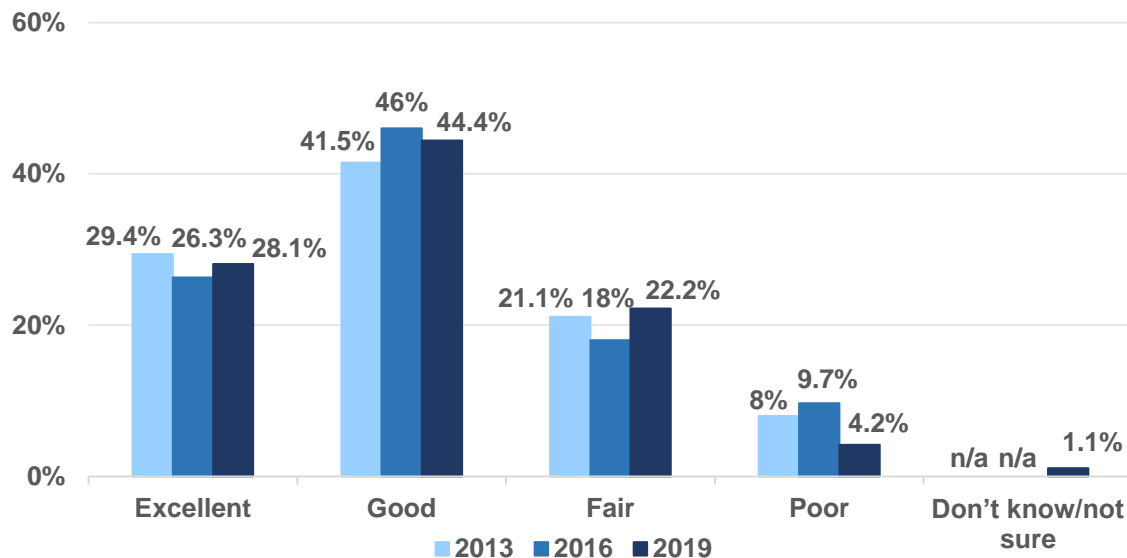
2019 N= 189

2016 N= 300

2013 N= 265

Respondents were asked to indicate how well they felt their health insurance covers their healthcare costs. Forty-four percent of respondents (n=84) indicated they felt their insurance covers a “Good” amount of their healthcare costs. Twenty-eight percent of respondents (n=58) indicated they felt their insurance covered an “Excellent” amount of costs and 22.2% of respondents (n=42) indicated they felt their insurance covered a “Fair” amount of their healthcare costs.

How Well Insurance Covers Healthcare Costs



Barriers to Having Health Insurance (Question 34)

2019 N= 12

The reasons selected for not having insurance were “Can’t afford to pay for medical insurance” and “Employer does not offer insurance.” Respondents could select all that apply, so percentages do not equal 100%.

Reason	2019	
	Count	Percent
Can’t afford to pay for medical insurance	9	75.0%
Employer does not offer insurance	6	50.0%
Choose not to have medical insurance	1	8.3%
Other	1	8.3%

“Other” comments:

- Have VA services
- None
- N/A

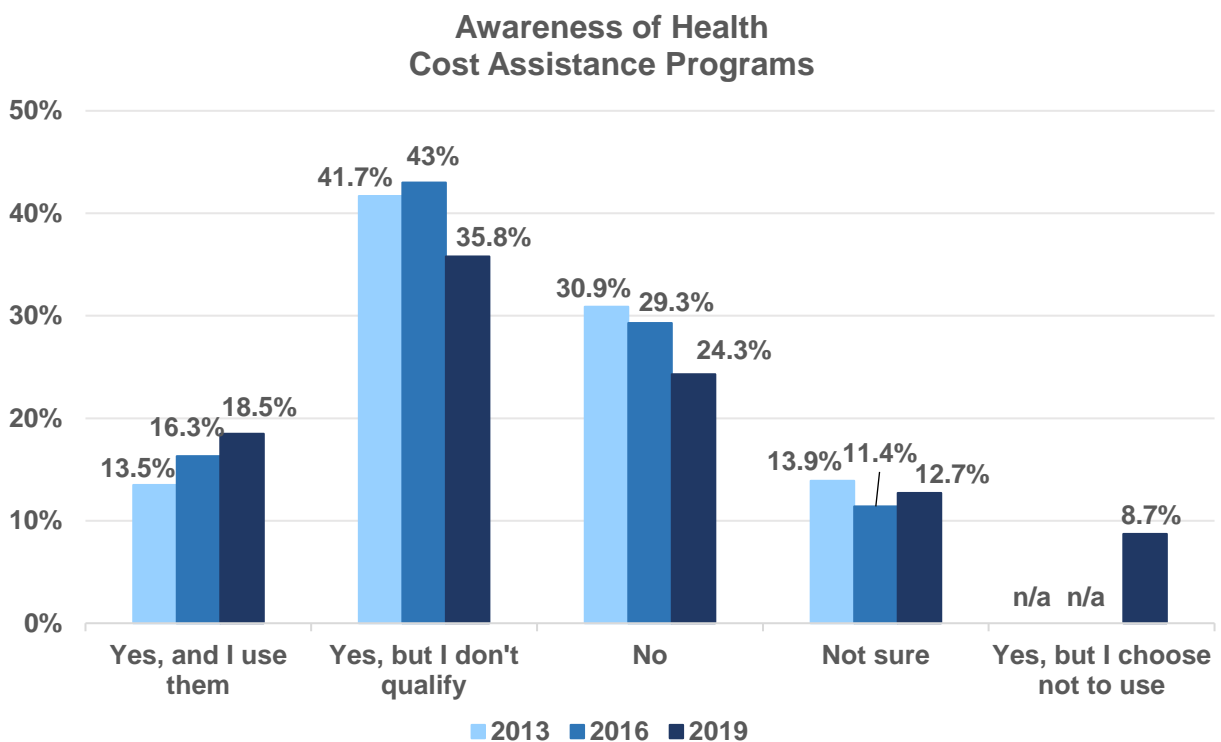
Awareness of Health Cost Assistance Programs (Question 35)

2019 N= 173

2016 N= 263

2013 N= 259

Respondents were asked to indicate their awareness of programs that help people pay for healthcare bills. Thirty-six percent of respondents (n=62) indicated they were aware of these types of programs but did not qualify to utilize them. Twenty-four percent (n=42) indicated that they were not aware of these programs and 18.5% of respondents (n=32) indicated they are aware of the programs and utilize them.



*Significance cannot be determined because "Yes, but I choose not to use" was not asked in previous years.

VI. Focus Group Interview Methodology








Four focus group interviews were conducted by the Montana Office of Rural Health in January and February of 2019. CMMC staff facilitated one additional focus group. Participants were identified as people living in Central Montana Medical Center's service area.

Fifty-five people participated in the five focus group interviews. The focus groups were designed to represent various consumer groups of healthcare including senior citizens, local community members, and community leaders. The focus groups were held at the Elks Pine Meadows, First Christian Church, and Zion Lutheran Church. The meetings lasted up to 90 minutes in length and followed the same line of questioning. Focus group interview questions can be found in Appendix G. The questions and discussions were led by Amy Royer with the Montana Office of Rural Health. Additionally, Central Montana Medical Center staff facilitated one focus group with 9 participants and provided their notes which can be found in Appendix H.

VII. Focus Group Themes

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

 Health & Wellness	<ul style="list-style-type: none">• A desire for health education and more opportunities to be fit were mentioned at every focus group.• Participants mentioned fitness centers are available but can be cost prohibitive for families of varying income levels and it can also become too crowded.• Healthy eating/lifestyle classes were discussed as a way to improve the health of the community. One participant noted, "Obesity is a problem across the nation, and definitely is here. Some education on ways to eat, or not to eat, would be helpful. People could use some help on healthy lifestyles".
 Access to Healthcare	<ul style="list-style-type: none">• Many utilize CMMC for primary care because the quality of care is thought to be excellent; however, many indicated that waitlists to see providers can be long.• A shortage of physicians and specialists were mentioned frequently - "A lot of people are not able to get a primary care physician. The ones we have are in short supply, and very busy". Another participant stated, "The existing doctors' workloads are full".• Providing patients and community at large healthcare billing and insurance education/assistance was discussed as an area which would help the community in accessing and navigating the healthcare system.

 <p>Senior Needs</p>	<ul style="list-style-type: none"> Alzheimer's and dementia care and health issues related to the aging population were frequently mentioned - "We have an aging population here and only one family physician for the elderly. They (CMMC) could bring in two and I am sure they would be busy". Participants also mentioned that more education regarding Alzheimer's and dementia would be helpful - "Flyers and education on dementia are very beneficial. There is so much to learn". A need for more senior housing and services were identified: dementia living-units, respite care, and physicians were often mentioned.
 <p>Advertising/ Awareness of Local Services</p>	<ul style="list-style-type: none"> Participants indicated that the community has many resources, but awareness of local services could be improved - "I think we have a lot of resources here. If you are new to town, it is difficult to find the correct information to get connected with these [fitness] groups or other programs". Coordination and improved dissemination of information was an expressed need - "A printed resource and something online would be useful. It would be really nice to know what specialists are coming to town".
 <p>Services Needed in the Community</p>	<ul style="list-style-type: none"> Improved outreach regarding mental health and addiction services that are available in the community Specialty services: Orthopedic surgeon, dermatologist, internist, and radiologist Visiting specialists More respite care and living units for seniors Health education classes and opportunities to be physical active Public pool (indoor) Improved coordination and outreach of local services/resources

VIII. Executive Summary

The table below shows a summary of results from the Community Health Assessment. Areas of opportunity were determined after consideration of various criteria including comparison to data from local, state and federal sources (Secondary data); survey results; those issues of greatest concern identified by the community stakeholders through focus groups; and the potential impact of a given issue. Those items in bold were found in multiple data sources.

Areas of Opportunity Identified Through Assessment	Secondary Data	Survey	Focus Groups
Access to Healthcare Services <ul style="list-style-type: none"> Barriers to Access <ul style="list-style-type: none"> Appointment availability in clinic Primary care provider shortage Desire for expanded clinic availability Higher percentage of children living in poverty Senior services (high proportion of 65+ in county) Enhanced marketing and outreach Access to/expanded specialty services Increase in coordination and dissemination of information about available services Billing/insurance outreach 	 X X 	 X X X X X X X X 	 X X X X X X X
Wellness and Prevention <ul style="list-style-type: none"> Overweight & Obesity <ul style="list-style-type: none"> Higher percentage of adult obesity Dietician/nutrition services Opportunities to be physically active 	 X 	 X X 	 X X X
Behavioral Health <ul style="list-style-type: none"> Mental health services Suicide Alcohol abuse/substance abuse 	 X 	 X X X 	 X
Chronic Disease <ul style="list-style-type: none"> Rates of 2+ chronic conditions highest in MT frontier communities (41%) Cancer High rates of COPD Emergency Department visits Stroke hospitalization rates Desire for increased prevention outreach/education 	 X X X X 	 X X 	 X

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 the CMMC service area, convened to review the CHNA and determine potential priority areas. Following the steering committee, CMMC's Administrative Team will 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 Behavioral Health Services
- Access to Healthcare Services
- Healthcare Billing, Insurance, and Financial Navigation
- Population Health

Central Montana Medical Center's Administrative Team 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 were 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
- Central Montana Foundation
- Lewistown Public School District
- Montana Office of Rural Health
- City of Lewistown
- Veteran Services
- Central Montana Health District
- Lewistown News Argus
- KXLO/KLCM Radio
- Fergus County Port Authority
- Lewistown Job Service
- HRDC
- Medical Center Foundation
- “Roundup” Newsletter

X. Evaluation of Activity Impacts from Previous CHNA

Central Montana Medical Center provided the Montana Office of Rural Health with an update on their Implementation Plan activities from their previous CHNA process. The CMMC Board of Directors approved its previous implementation plan in June of 2016. The plan prioritized the following health issues:

- Access to Specialist and Primary Care Providers
- Access to Behavioral Health Services
- Improve Population Health

The following tables include completed activities, accomplishments, and impacts/outcomes within the facility's proposed goals. To view CMMC's full Implementation Plan visit:

<https://www.cmmc.health/media/ImplementationPlanFinalReport2016.pdf>

Goal 1: Increase access to healthcare services in the community

Strategy	Activities	Accomplishments	Community Impact/Outcomes
1.1 Increase access to specialists at Central Montana Medical Center	Evaluate which specialty services the community would utilize most often	Increased specialty services	Reduced travel for residents
	Explore providing pulmonology services	Incomplete *pulmonologists are difficult to recruit due to high need of this specialty	
	Perform a scheduling/utilization analysis to increase the frequency of specialty visits at CMMC	Incomplete	
	Develop an education/outreach plan to increase awareness of specialty services offered at the facility	Marketing Director Hired 5/2017	Increased community Outreach through Social Media
	Explore providing a telemedicine 'open house' to expose community members to telemedicine services and technology	Incomplete	
	Continue building partnership with Ortho Montana and evaluate feasibility of offering a full-time orthopedic surgeon at CMMC	Continued conversations with Ortho MT to recruit physician to Lewistown	

Goal 1 continued next page...

Strategy	Activities	Accomplishments	Community Impact/Outcomes
1.2 Increase hours available for outpatient services	Expand NP hours one day per week.	Expanded 2 days evening hours per week	Increased availability
	Develop outreach/communication strategy to increase awareness of the NP/triage nurse openings	24-7 nurse call services	Marketing of extended hours
	Add NPs to the provider wall in the facility	Incomplete*No longer have fixed “provider wall”. Looking at marketing on social media, in-house tv monitors, annual Doc Day ad, newspaper ‘column’.	
	Create education series in the newspaper/radio regarding NP training/qualifications	CMMC has listed NP in Annual Report	Increased marketing of all providers
	Explore providing a facility open house so that community members can meet the NPs	Incomplete	
	Evaluate feasibility of providing a walk-in clinic for the community	Incomplete*Continue conversation with team players regarding feasibility of CMMC walk-in clinic	
1.3. Increase number of primary care providers at CMMC	Continue recruitment efforts with the full-time clinician recruiter	CMMC hired Clinic Recruiter	
	Continue building relationships with the MT-based residencies	Increase in residency programs. Five apartments purchased for students/residents to reside (rentals are difficult to find in Lewistown).	
	Attend Meet the Residents events in August/September 2016	Meet & Dine residents are on a monthly basis.	
	Schedule on-site visits/shadowing for MT residents	Continue shadowing at CMMC	
	Continue pipeline programs – REACH, Medstart, etc	These events are an annual success	
	Continue hosting WWAMI TRUST students	WWAMI Trust very involved w/recruits and CMMC continues hosting students	
	Develop a communication strategy regarding recruitment efforts	Inhouse publicity keeping staff informed	Continue marketing
	Evaluate using the Community Apgar Program to assist with recruitment and retention of providers in the community	CMMC continued this process	relook at the evaluation Apgar program.

Goal 2: Provide increased access to behavioral health services in the community

Strategy	Activities	Accomplishments	Community Impact/Outcomes
2.1 Continue providing mental health services	Continue providing three mental health providers (counselors).	CMMC hired two counselors	Reduced travel for mental health services in the community
	Continue integrating mental health checks with population health initiative	Behavioral Health Grant awarded through yr 2020	
	Continue facility's representation at the community's drug task force	Staff is member of Task Force Board	Task Force financially supports community 'drug fee' events.
	Develop an education/outreach plan to increase awareness of services mental health services already provided	Support groups, brochures, annual Jail Diversion Grant and new Pilot Program that uses tablets to screen for depression for ER patients	Improved awareness of available mental health services
2.2 Expand behavioral health services	Evaluate additional outreach/partnership opportunities regarding the addiction services offered through TORCH	Staff belong(ed) to TORCH Board. CMMC providers presented to TORCH attendees	
	Explore grant opportunities to finance expansion of behavioral health services at CMMC	Awarded Behavior Health Grant	Patient behavioral health needs are being met, thus less visits to ER
	Further investigate opportunity to provide tele-mental health services with InSight	the ER and ACare use the telepsych program called InSight. It provides medication management and consulting services for inpatient and Emergency room patients	Reduced travel for patients
	Explore a potential partnership to provide services within the schools	Incomplete	
	Explore partnering with the police department regarding a prescription drop-off box	Incomplete *The police department has a drop-off box that meets safety and maintenance protocol. Only need one in our frontier town.	

Goal 3: Improve population health of the community

Strategy	Activities	Accomplishments	Community Impact/Outcomes
3.1 Continue providing population health services to the community	Continue providing services – registered dietitian, diabetes education, weight management, and fall prevention classes	Successful Diabetes, Weight Management & Fall Prevention Classes	Community often praises the expert professional teaching of classes
	Continue providing end-of-life education as a part of annual wellness exams	CMMC offers end of life education	Standardized Question during exams directed to suicidal thoughts. Patient is then referred to Mental Health Professional.
	Continue providing behavioral health checks/education as a part of annual wellness exams.	CMMC continues behavioral health checks	Standardized Questions during exam directed to red-flagged behaviors. Patient is then referred to Mental Health Professional.
	Continue providing wellness exams in partnership with local businesses	Occupational Health has increased annual Health Screens to businesses, agencies and schools.	Expanded access to preventative services in community
3.2 Expand educational and outreach components of the population health program	Develop communication/education strategy to promote CMMC's ACO designation	Incomplete	
	Determine outreach strategy to publicize Extension's class offerings (balance classes, chronic disease classes)	Incomplete (MSU Extension Office does a great job offering these classes)	
	Explore developing a monthly education column on various population health topics	Ongoing marketing in all source tools: social media, etc.	
	Evaluate feasibility of developing a community-wide calendar of events specific to health/wellness classes and events	CMMC continues to work with other community partners to create community events calendar, post on website, FB, etc.	

Appendix A – Steering Committee

Steering Committee Member	Organization Affiliation
Ann Tuss, Foundation Manager/Community Needs Coordinator	Central Montana Medical Center
Alan Aldrich, Interim Co-CEO	Central Montana Medical Center
Dr. Laura Bennett, Interim Co-CEO	Central Montana Medical Center
Michelle Foy, Director	Central Montana Community Health Center
Sue Irvin, Director	Central Montana Family Planning
Heather Thom, Director	Fergus County Nurses Office
Shandy Songer, Health Promotion Specialist	Central Montana Health District
Carl Seilstad, County Commissioner	Fergus County
Pattie Carr, Population Health Coordinator	Central Montana Medical Center
Sue Woods, RN, Director	Central Montana Health District
Michelle Stanton, SW/Care Coordinator	Central Montana Medical Center
Dale Pfau, Director	Fergus County Council on Aging
Thom Peck, Superintendent	Lewistown Public Schools



Lewistown Public Schools



Appendix B – Public Health and Populations Consultation

Public Health and Populations Consultation Worksheet

1. Public Health

- a. Name/Organization
Shandi Songer– Health Promotion Specialist, Central Montana Health District
Pattie Carr- Central Montana Medical Center Population Health Coordinator
- b. Date of Consultation
First Steering Committee Meeting: 10/30/2018
- c. Input and Recommendations from Consultation
 - There are a lot of service organizations in our community that have done or have to do a CHNA [Community Health Needs Assessment]. Has there been collaboration or coordination? Do we share results? How do we work off the collective information?
 - A population that is sometimes missed in a lot of assessments is the Hutterite communities.
 - Suicide rates in our community are awful
 - Un-intentional death rates are really high in Montana
 - Important to include on the survey cover letter that the information collected will be used for planning health services in the future.
 - The Human Services Coalition at HRDC would be a good group to reach out to- Wednesday nights

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

Population: Low-Income, Underinsured

- a. Name/Organization
Carl Seilstad- Fergus County Commissioner
Michelle Foy, CEO- Lewistown Community Health Center
- b. Date of Consultation
First Steering Committee Meeting: 10/30/2018
- c. Input and Recommendations from Consultation
 - How do we determine who in our community will receive surveys?
 - We need to be mindful of who might respond to these types of surveys. Making sure we are reaching out to community groups for focus groups that might not fill out a survey.
 - VA services should be included in available resources for our community.
 - District 6 HRDC is a great resource and information dissemination in our region.

Population: Seniors

a. Name/Organization

Shandi Songer– Health Promotion Specialist, Central Montana Health District

b. Date of Consultation

First Steering Committee Meeting: 10/30/2018

c. Input and Recommendations from Consultation

- Transportation and mental health services.
- Adult care services (day care services)
- Would be great to reach out to Kiwanis, Rotary or there are senior men's coffee groups.
- Senior center lunches in our service area communities or Council on Aging would be great to reach out to and get feedback from.

Population: Youth

a. Name/Organization

Sue Irvin- Family Planning Director

b. Date of Consultation

First Steering Committee Meeting: 10/30/2018

c. Input and Recommendations from Consultation

- Teen pregnancy and child maternal health information may be available at the State

Appendix C – Secondary Data

Fergus County Secondary Data Analysis



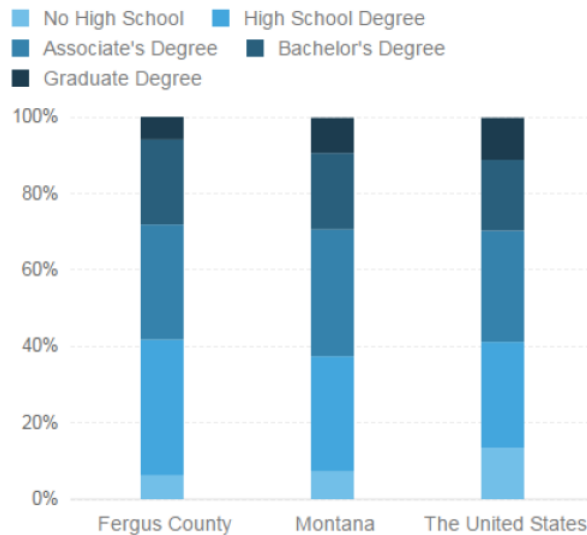
Office of Rural Health
Area Health
Education Center

Demographic Measure (%)		County			Montana			Nation		
Population ¹		11,586			1,032,949			308,745,538		
Population Density ¹		2.7			6.8			87.4		
Veteran Status ¹		9.4%			10.6%			7.7%		
Disability Status ¹		15.7%			16.6%			15.3%		
Age ¹		<5	18-64	65+	<5	18-64	65+	<5	18-64	65+
		5.9%	56.3%	25.0%	6%	54.9%	17.2%	6.2%	56%	14.9%
Gender ¹		Male		Female	Male		Female	Male		Female
		51.1%		48.9%	50.3%		49.7%	49.2%		50.8%
Race/Ethnic Distribution ¹	White	97.0%			89.2%			77.1%		
	American Indian or Alaska Native	0.6%			6.6%			1.2%		
	Other †	2.7%			5.1%			36.7%		

¹ US Census Bureau Fact Finder (2016)

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

Highest Degree Attained



Fergus County

No High School	6.14%
High School Degree	35.62%
Associate's Degree	30.07%
Bachelor's Degree	22.23%
Graduate Degree	6.15%

Montana

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

The United States

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

² National Center for Education Statistics

Socioeconomic Measures (%)	County	Montana	Nation
Median Income ¹	\$47,110	\$50,801	\$57,652
Unemployment Rate ¹	2.6%	4.8%	6.6%
Persons Below Poverty Level ¹	14.7%	14.4%	14.6%
Uninsured Adults (Age <65) ^{3,4}	11%	12%	10.7%
Uninsured Children (Age <18) ^{3,4}	5%	5%	5%
Children in Poverty ¹	22.6%	17.6%	20.3%
Enrolled in Medicaid ^{5,6}	7.2%	9.4%	1 in 7
Enrolled in Free/Reduced Lunch ⁷ <i>Pre-k through 12th grade</i>	620	62,951	-
SNAP Participants ⁷ <i>All ages, FY 2015</i>	901	118,704	-

¹ US Census Bureau (2015), ³ County Health Ranking, Robert Wood Johnson Foundation (2018), ⁴ Center for Disease Control and Prevention (CDC), Health Insurance (2014), ⁵ MT-DPHHS Medicaid Expansion Dashboard (2018), ⁶ Medicaid.gov (2018), ⁷ Montana Kids Count (2016)

Maternal Child Health	CMHD**	Montana
Births ⁸ <i>Between 2011-2013</i>	604	35,881
Born less than 37 weeks ⁸	9.1%	9.1%
Teen Birth Rate (females age 15-19) ⁸ <i>Per 1,000 years 2009-2013</i>	19.3	32.0
Smoking during pregnancy ⁸	16.8%	16.3%
Receiving WIC ⁸	30.3%	34.6%
Children (2-5 years of age) overweight or obese ⁸	25.7%	27.9%
Childhood Immunization Up-To-Date (UTD) % Coverage ^{*9}	92.3%	63.6%

⁸ County Health Profiles, DPPHS (2015), ⁹ MT-DPHHS Clinic Immunization Results (2016-2017)

* UTD = 4 DTaP, 3 Polio, 1 MMR, 3/4 Hib, 3 Hep B, 1 Var, 4 PCV by 24 – 35-month-old children. ** Central Montana Health District

Behavioral Health	County	Montana	Top U.S. Performers
Adult Smoking ³	16%	19%	14%
Excessive Drinking ³	19%	21%	13%
Adult Obesity ³	27%	25%	26%
Poor Mental Health Days (Past 30 days) ³	3.3	3.5	3.1
Physical Inactivity ³	21%	21%	20%
Drug Use Hospitalization Rate ¹⁰ <i>Per 100,000 population</i>	211.4	372.5	-
Intentional Self-Harm ED Visit Rate ¹⁰ <i>Per 100,000 population</i>	123.2	126.9	-
Mental Disorders Hospitalization ¹⁰ <i>Per 100,000 population</i>	118.7	241.3	-

³ County Health Ranking, Robert Wood Johnson Foundation (2018), ¹⁰ IBIS Community Snapshot, MT-DPPHS



Unsafe Driving ¹¹	Montana	Nation
Do NOT wear seatbelts – Adults	28.8%	11.8%
Do NOT wear seatbelts – Students 9-12 th grade	25.3%	9.5%
Drink and Drive – Adults	2.7%	1.9%
Text and Drive – Students 9-12 th grade	54.6%	41.5%

¹¹ Montana State Health Assessment (2017)

Communicable Diseases (per 100,000 people) ⁸	CMHD*	Montana
Chlamydia	133.9	366.2
Hepatitis C	84.6	123
Pertussis	38.5	44.6

⁸ County Health Profiles, DPPHS (2015)

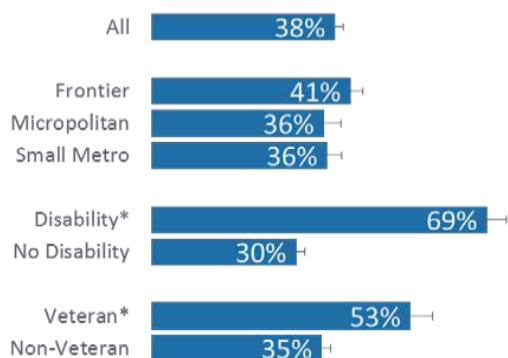
* Central Montana Health District

Chronic Conditions ¹⁰	County	Montana
Stroke Hospitalization Rate <i>Per 100,000 population</i>	173.4	152
Diabetes Hospitalization Rate <i>Per 100,000 population</i>	1056.8	1058.9
Acute Myocardial Infarction (MI) Hospitalization Rate <i>Per 100,000 population</i>	122.9	118.1
COPD Emergency Department Visit Rate <i>Per 100,000 population</i>	917.7	669.9
Asthma Related Emergency Department Visit Rate <i>Per 100,000 population</i>	331	253.4

¹⁰ IBIS Community Snapshot, MT- DPPHS

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

Percent of Montana Adults with Two or More Chronic Conditions



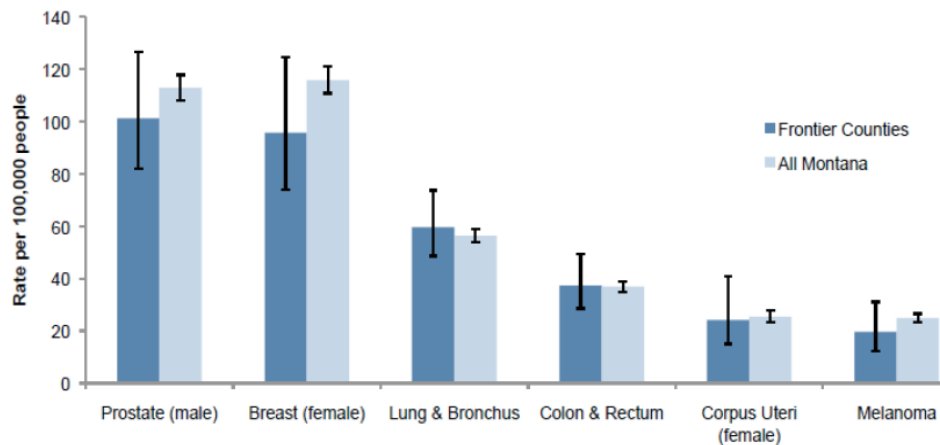
¹¹ Montana State Health Assessment (2017)



Cancer Prevalence	County	Montana	Nation
All Sites Cancer ¹⁰ Per 100,000 population	413.2	441.6	444

¹⁰ IBIS Community Snapshot, MT- DPPHS

Age-Adjusted Cancer Incidence Rate by Cancer Site, Montana,
2011--2013



⁸ County Health Profiles, DPPHS (2015)

Mortality	County	Montana	Nation
Suicide Rate ¹² Per 100,000 population	23.2	22.5	13.9
Leading Causes of Death ^{13, 14}	N/A	1. Heart Disease 2. Cancer 3. CLRD*	1. Heart Disease 2. Cancer 3. Unintentional injuries
Unintentional Injury Death Rate ¹⁵ Per 100,000 population	50.5	41.3	41.3
Diabetes Mellitus ^{13, 16} Per 100,000 population	N/A	21.3	21.5
Alzheimer's Disease ^{13, 17} Per 100,000 population	N/A	20.9	37.3
Pneumonia/Influenza Mortality ^{13, 18} Per 100,000 population	N/A	13.5	14.3

¹² Suicide in Montana, MT-DPHHS (2018), ¹³ IBIS Mortality Query, MT- DPPHS, ¹⁴ Center for Disease Control and Prevention (CDC), National Vital Statistics (2014), ¹⁵ Preventable Deaths in Montana (2015), ¹⁶ Kaiser State Health Facts, National Diabetes Death Rate (2016), ¹⁷ Statista (2017), ¹⁸ Kaiser State Health Facts, National Pneumonia Death Rate (2017)

*Chronic Lower Respiratory Disease

Appendix D – Survey Cover Letter



January 30, 2019

Dear [LASTNAME] household:

Participate in our Community Health Needs Assessment survey for a chance to **WIN a \$100 Visa gift card!**

Central Montana Medical Center (CMMC) is partnering with the Montana Office of Rural Health (MORH) to administer a community health needs assessment survey. The purpose of the survey is to obtain information from a wide range of participants to assist in planning our programs, services, and facilities to best serve our community. Your help is critical in determining health priorities and planning for future needs.

Your name has been randomly selected as a resident who lives in the CMMC service area. The survey covers topics such as: use of health care services, awareness of services, community health, health insurance and demographics. We know your time is valuable, so we have made an effort to keep the survey to about 15 minutes. Participating in this survey is completely voluntary and your identity and answers will remain confidential.

1. Due date to complete survey: March 8, 2019
2. Complete the enclosed survey and return it in the envelope provided - no stamp needed. You can also access the survey at **<http://helpslab.montana.edu/survey.html>**. Select "Central Montana Medical Center Survey." Your access code is [CODED]
3. The winner for the \$100 Visa gift card will be contacted the week of March 11th.

All survey responses will go to the HELPS Lab at Montana State University in Bozeman, Montana, the organization that is assisting MORH with this project. If you have any questions about the survey, please call Ann Tuss at CMMC 406-535-6309 or Natalie Claiborne at MORH 406-994-6001. We believe, with your help, we can continue to improve health care services in our region.

Thank you for your assistance. We appreciate your time. Sincerely,

Laura Bennett, MD
Interim Co-CEO

Alan Aldrich, CFO
Interim Co-CEO

Appendix E – Survey Instrument

Community Health Services Development Survey Lewistown, Montana

INSTRUCTIONS: Please complete this survey by marking the appropriate boxes and then return it in the enclosed postage-paid envelope. If you need assistance, please contact the Montana Office of Rural Health at 406-994-6001. Participation is voluntary, and your responses will remain confidential. You can choose not to answer any question and can stop at any time.

1. How would you rate the general health of your community?
☐ Very healthy ☐ Healthy ☐ Somewhat healthy ☐ Unhealthy ☐ Very unhealthy
2. In the following list, what do you think are the **three most serious** health concerns in your community? (**Select ONLY 3**)

<input type="checkbox"/> Alcohol/substance abuse	<input type="checkbox"/> Hunger	<input type="checkbox"/> Social isolation/loneliness
<input type="checkbox"/> Alzheimer's/dementia	<input type="checkbox"/> Lack of access to healthcare	<input type="checkbox"/> Stroke
<input type="checkbox"/> Cancer	<input type="checkbox"/> Lack of dental care	<input type="checkbox"/> Suicide
<input type="checkbox"/> Child abuse/neglect	<input type="checkbox"/> Lack of exercise	<input type="checkbox"/> Tobacco use
<input type="checkbox"/> Depression/anxiety	<input type="checkbox"/> Mental health issues	(cigarettes, vaping, smokeless etc.)
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Motor vehicle accidents	<input type="checkbox"/> Work/farm/ranch related
<input type="checkbox"/> Domestic violence	<input type="checkbox"/> Overweight/obesity	accidents/injuries
<input type="checkbox"/> Heart disease	<input type="checkbox"/> Recreation related	<input type="checkbox"/> Other: _____
	accidents/injuries	
3. Select the **three** items below that you believe are **most important** for a healthy community (**Select ONLY 3**):

<input type="checkbox"/> Access to childcare/after school programs	<input type="checkbox"/> Good jobs and a healthy economy	<input type="checkbox"/> Low level of domestic violence
<input type="checkbox"/> Access to healthcare and other services	<input type="checkbox"/> Good schools	<input type="checkbox"/> Parks and recreation
<input type="checkbox"/> Affordable housing	<input type="checkbox"/> Healthy behaviors and lifestyles	<input type="checkbox"/> Religious or spiritual values
<input type="checkbox"/> Arts and cultural events	<input type="checkbox"/> Job advancement and training opportunities	<input type="checkbox"/> Strong family life
<input type="checkbox"/> Clean environment	<input type="checkbox"/> Low crime/safe neighborhoods	<input type="checkbox"/> Tolerance for diversity
<input type="checkbox"/> Community involvement	<input type="checkbox"/> Low death and disease rates	<input type="checkbox"/> Transportation services
		<input type="checkbox"/> Other: _____
4. How do you rate your knowledge of the health services that are available at Central Montana Medical Center (CMMC)?
☐ Excellent ☐ Good ☐ Fair ☐ Poor
5. How do you learn about the health services available in your community? (**Select ALL that apply**)

<input type="checkbox"/> Central MT Community Health Center	<input type="checkbox"/> Fergus County Nurse's Office	<input type="checkbox"/> Presentations
<input type="checkbox"/> Central MT Council on Aging	<input type="checkbox"/> Friends/family	<input type="checkbox"/> Radio (KXLO/KLCM)
<input type="checkbox"/> Central MT Family Planning	<input type="checkbox"/> Healthcare provider	<input type="checkbox"/> Social media
<input type="checkbox"/> Central MT Health District (public health)	<input type="checkbox"/> Health fair	<input type="checkbox"/> VA Clinic
<input type="checkbox"/> District 6 HRDC	<input type="checkbox"/> Mailings/newsletter	<input type="checkbox"/> Website/internet
	<input type="checkbox"/> News Argus	<input type="checkbox"/> Word of mouth/reputation
	<input type="checkbox"/> "The Roundup" newsletter	<input type="checkbox"/> Other: _____
6. How important are local healthcare providers and services (i.e.: hospitals, clinics, nursing homes, assisted living, etc.) to the economic well-being of the area?
☐ Very important ☐ Important ☐ Not important ☐ Don't know

Turn to BACK of page to continue

1

7. Which community health resources, other than CMMC, have you used in the last three years? **(Select ALL that apply)**
- | | | |
|---|---|--|
| <input type="checkbox"/> Assisted Living | <input type="checkbox"/> Food banks | <input type="checkbox"/> Substance abuse services |
| <input type="checkbox"/> Audiologist (ears) | <input type="checkbox"/> Home care services | <input type="checkbox"/> Veteran's services |
| <input type="checkbox"/> Community Health Center | <input type="checkbox"/> Long term care/nursing home | <input type="checkbox"/> Wellness fair screenings |
| <input type="checkbox"/> Central MT Family Planning | <input type="checkbox"/> Mental health | <input type="checkbox"/> WIC (Women/Infant/Children) |
| <input type="checkbox"/> Central MT Health District | <input type="checkbox"/> Optometrist (eyes) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Council on Aging (foot clinic) | <input type="checkbox"/> Pharmacy | |
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Fergus County Nurse's office | |
| <input type="checkbox"/> Fitness center | <input type="checkbox"/> Senior center | |
8. In your opinion, what would improve your community's access to healthcare? **(Select ALL that apply)**
- | | |
|--|---|
| <input type="checkbox"/> Cultural sensitivity | <input type="checkbox"/> More specialists |
| <input type="checkbox"/> Greater health education services | <input type="checkbox"/> Outpatient services expanded hours |
| <input type="checkbox"/> Improved quality of care | <input type="checkbox"/> Telemedicine |
| <input type="checkbox"/> Interpreter services | <input type="checkbox"/> Transportation assistance |
| <input type="checkbox"/> More information about available services | <input type="checkbox"/> Walk-in clinic |
| <input type="checkbox"/> More primary care providers | <input type="checkbox"/> Other: _____ |
9. If any of the following classes/programs were made available to the community, which would you be most interested in attending? **(Select ALL that apply)**
- | | | |
|--|--|--|
| <input type="checkbox"/> Adult day care services | <input type="checkbox"/> Health fair | <input type="checkbox"/> Parenting |
| <input type="checkbox"/> Alcohol/substance abuse | <input type="checkbox"/> Health insurance education
(Medicare/Medicaid/Private) | <input type="checkbox"/> Prenatal |
| <input type="checkbox"/> Alzheimer's | <input type="checkbox"/> Health and wellness | <input type="checkbox"/> Smoking/tobacco cessation |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Heart disease | <input type="checkbox"/> Support groups |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Living will | <input type="checkbox"/> Weight loss |
| <input type="checkbox"/> First aid/CPR | <input type="checkbox"/> Men's health | <input type="checkbox"/> Women's health |
| <input type="checkbox"/> Financial planning/counseling | <input type="checkbox"/> Mental health | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Fitness | <input type="checkbox"/> Nutrition | |
| <input type="checkbox"/> Grief counseling | | |
10. Which of the following preventative services have you used in the past year? **(Select ALL that apply)**
- | | | |
|---|---|---|
| <input type="checkbox"/> Afterhours Call-a-Nurse | <input type="checkbox"/> Hearing check | <input type="checkbox"/> Routine health checkup |
| <input type="checkbox"/> Children's checkup/Well baby | <input type="checkbox"/> Mammography | <input type="checkbox"/> Vision check |
| <input type="checkbox"/> Cholesterol check | <input type="checkbox"/> Mental health counseling | <input type="checkbox"/> None |
| <input type="checkbox"/> Colonoscopy | <input type="checkbox"/> Pap smear | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Dental exam | <input type="checkbox"/> Prostate (PSA) | |
| <input type="checkbox"/> Flu shot/immunizations | <input type="checkbox"/> Routine blood pressure check | |
11. How would you rate your own personal health?
- ☐ Very healthy ☐ Healthy ☐ Somewhat healthy ☐ Unhealthy ☐ Very unhealthy
12. In the past three years, have there been periods of at least three consecutive months where you felt depressed on most days? **(If no, skip to question 14)**
- ☐ Yes ☐ No
13. If yes, were you able to see a mental health professional or primary care provider to address your needs?
- ☐ Yes ☐ No ☐ Chose not to/Didn't want to ☐ Unaware of available services

14. 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
15. Has cost prohibited you from getting a prescription or taking your medication regularly?
- ☐ Yes ☐ No
16. In the past year, did you worry that you would not have enough food?
- ☐ Yes ☐ No
17. Which of the following prevention measures do you use regularly? (**Select ALL that apply**)
- ☐ Child car seat/booster ☐ Moderate alcohol use ☐ Tobacco free
☐ CPR/First Aid training ☐ Regular exercise ☐ Water safety (life vests)
☐ Designated driver ☐ Seat belt ☐ None
☐ Helmet ☐ Sunscreen
18. 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 20**)
19. If yes, what were the **three** most important reasons why you did not receive healthcare services? (**Select ONLY 3**):
- ☐ Could not get an appointment ☐ Language barrier ☐ Service not available locally
☐ Could not get off work ☐ My insurance didn't cover it ☐ Too long to wait for an appointment
☐ Didn't know where to go ☐ No insurance ☐ Too nervous or afraid
☐ Don't like doctors or other providers ☐ Not treated with respect ☐ Transportation problems
☐ Had no one to care for the children ☐ Office wasn't open when I could go ☐ Unsure if services were available
☐ It cost too much ☐ Privacy issues ☐ Other: _____
☐ It was too far to go ☐ Preferred provider unavailable
20. 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 23**)
21. If yes, which hospital does your household use **MOST** for hospital care? (**Select ONLY 1**)
- ☐ Central Montana Medical Center ☐ St. Vincent Healthcare
☐ Benefis ☐ Veterans Hospital
☐ Billings Clinic ☐ Other: _____
22. Thinking about the hospital you were at most frequently, what were the **three** most important reasons for selecting that hospital? (**Select ONLY 3**)
- ☐ Closest to home ☐ Financial assistance programs ☐ Referred by physician or other provider
☐ Closest to work ☐ Hospital's reputation for quality ☐ Required by insurance plan
☐ Cost of care ☐ Prior experience with hospital ☐ VA/Military requirement
☐ Emergency, no choice ☐ Recommended by family or friends ☐ Other: _____

23. 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 26)

24. Where was that primary healthcare provider located? (Select ONLY 1)

- | | |
|--|---|
| <input type="checkbox"/> Central Montana Family Planning | <input type="checkbox"/> Billings Clinic |
| <input type="checkbox"/> Central Montana Community Health Center | <input type="checkbox"/> St. Vincent Healthcare |
| <input type="checkbox"/> Central Montana Medical Center | <input type="checkbox"/> Veterans Hospital |
| <input type="checkbox"/> Benefis | <input type="checkbox"/> Other: _____ |

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

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

26. 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 29)

27. Where was the healthcare specialist seen? (Select ALL that apply)

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

28. What type of healthcare specialist was seen? (Select ALL that apply)

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

29. What additional specialty healthcare services would you use if available locally? (Select ALL that apply)

- ☐ Expanded cancer care services ☐ Expanded transportation services ☐ Orthodontics
☐ Expanded mental health services ☐ Expanded telemedicine services ☐ Other: _____
☐ Expanded pain management services ☐ Expanded women's health services

30. The following services are available at Central Montana Medical Center. Please rate the overall quality for each service by circling your answer. (Please circle N/A if you have not used the service)

	Excellent	Good	Fair	Poor	Haven't used	Don't Know
Admissions/check-in	4	3	2	1	N/A	DK
Ambulance services	4	3	2	1	N/A	DK
Business office/insurance and billing	4	3	2	1	N/A	DK
Cardiac rehabilitation	4	3	2	1	N/A	DK
Care Coordination department	4	3	2	1	N/A	DK
Clinic/primary care services	4	3	2	1	N/A	DK
Dietician/diabetes services	4	3	2	1	N/A	DK
Emergency department	4	3	2	1	N/A	DK
General surgery	4	3	2	1	N/A	DK
Home care (home health/hospice)	4	3	2	1	N/A	DK
Home medical equipment/home oxygen	4	3	2	1	N/A	DK
Infusion services	4	3	2	1	N/A	DK
In-patient/hospital care	4	3	2	1	N/A	DK
Laboratory	4	3	2	1	N/A	DK
OB/Birthing services	4	3	2	1	N/A	DK
Occupational therapy	4	3	2	1	N/A	DK
Orthopedic services/surgery	4	3	2	1	N/A	DK
Physical therapy	4	3	2	1	N/A	DK
Pulmonary rehabilitation	4	3	2	1	N/A	DK
Radiology/imaging	4	3	2	1	N/A	DK
Sleep study	4	3	2	1	N/A	DK
Speech therapy	4	3	2	1	N/A	DK
Telemedicine services	4	3	2	1	N/A	DK
Wound care	4	3	2	1	N/A	DK

31. Do you have health insurance?

- ☐ Yes ☐ No (If no, skip to question 34)

32. What type of medical insurance covers the majority of your household's medical expenses? (Select ONLY 1)

- ☐ Employer sponsored ☐ Indian Health Services ☐ VA/military
☐ Health Insurance Marketplace ☐ Medicaid ☐ None/pay out of pocket
☐ Health Savings Account ☐ Medicare ☐ Other: _____
☐ Healthy MT Kids ☐ Private insurance/private plan

Turn to BACK of page to continue

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

- ☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Don't know/Not sure

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

- ☐ Can't afford to pay for medical insurance ☐ Choose not to have medical insurance
☐ Employer does not offer insurance ☐ Other: _____

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

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

Demographics

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

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

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

37. What is your gender?

- ☐ Male ☐ Female ☐ Other

38. What age range represents you?

- | | | |
|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> 18-25 | <input type="checkbox"/> 46-55 | <input type="checkbox"/> 76-85 |
| <input type="checkbox"/> 26-35 | <input type="checkbox"/> 56-65 | <input type="checkbox"/> 86+ |
| <input type="checkbox"/> 36-45 | <input type="checkbox"/> 66-75 | |

39. What is your employment status?

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

[CODED]

Please return by March 1st in the postage-paid envelope enclosed with this survey or mail to:

HELPS Lab
Montana State University
PO Box 172245
Bozeman, MT 59717

THANK YOU VERY MUCH FOR YOUR TIME
Please note that all information will remain confidential

Appendix F – Responses to Other and Comments

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

- Bullying
- Too much pop for people
- Drugs
- Lack of consistent family physicians working 40 hours
- CMMC don't have compassion (nurses)
- Common colds/flu
- Drugs
- Poor diets
- Lack of home health care aids for the elderly and disabled
- Alcohol/substance abuse, Alzheimer's/dementia, cancer, depression/anxiety, heart disease, tobacco use, work/farm/ranch related accidents/injuries

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

- Good jobs and a healthy economy & strong family life
- Affordable food
- Lack of consistent family physicians working 40 hours
- Access to fresh whole foods
- Better ER, "FASTER"
- Get the Neo-Nazi's out of here

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

- Family member works in health industry
- CMMC
- My church
- Billboards
- Serve on CMMC Board
- Self-use
- Working EMS
- Board Involvement

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

- Total family care
- Oncologist
- Relatives have/are using Assisted Living, home care services, and long-term care/nursing home
- Orthopedic, Big Horn Medical
- VA- outpatient clinic in Lewistown
- Independent nurse practitioner

- Home Care Services - for my Dad
- LIFE LINE SCREENING
- Billings Clinic

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

- Lower cost of medical care
- Updated internet information
- Crisis intervention services
- We are well provided for! I think an assisted living/adult day care, nursing home situation on a small scale in Class C communities would be great.
- Not sure
- Forget internet for seniors
- Better doctors
- Consistent family physicians working 40 hours in an office
- If doctors at CMMC would accept pain management
- Keeping some independent doctors (M.D.s). Having all MDs attached to CMMC, business side drives up cost of medicine.
- Health fair
- Access to preferred provider
- Cheaper services
- Cost is less
- Naturopathic care
- Cont. ACA in MT
- FASTER ER
- Removing Government from Health Care and Health Insurance
- Weekend clinic

9. If any of the following classes/programs were made available to the community, which would you or your family be most interested in attending?

- Naturopath, ex. organic & non-GMO
- Online classes - 70-mile round trip makes classroom classes difficult.
- Marriage counseling
- I live out of town, would probably not attend.
- Not interested, thank you.
- End of Life Directives, Funeral Costs, Home Help/Dying at Home
- None
- Teen mental health - not many options for boys
- None
- Interpreting "DR" Talk :)

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

- Skin check
- Diabetes monitoring
- Lab
- Not in Lewiston
- Acupuncture massage
- PT, INR
- Lab work
- INR
- Specialist in Billings

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

- Even in appointment through my primary provider, they wanted me to fill out new patient forms because it had been over a year since my last visit
- Could not get an appointment and could not get work off
- Waited until family visiting left
- My doctor doesn't communicate well.
- Thought the Dr's won't help
- Indecision on blood thinner replacement
- Waited in ER 1-hour w/ child before being acknowledged. Left and went to Billings
- No primary provider
- Recovery time interfered with work
- Procrastination!
- No insurance, not treated with respect, privacy issues
- No vacation days - needed work income
- Appointments were not available due to work & school schedules
- It was too far to go, too long to wait for an appointment, transportation problems, BAD roads
- Could not get an appointment, my insurance didn't cover it, preferred provider unavailable, too long to wait for an appointment
- Could not get an appointment, not treated with respect, service not available locally, too long to wait for an appointment, transportation problems
- Thought problem would go away
- Could not get an appointment, office wasn't open when I wanted to go, preferred provider unavailable, too long to wait for an appointment, weather

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

- St. Francis - Tulsa, OK
- Central Montana Medical Center and St. Vincent Healthcare (3)
- Benefis and Billings Clinic (2)

- Not in MT
- Central Montana Medical Center and Billings Clinic (4)
- Billings Clinic and St. Vincent Healthcare
- We have used all but the Veterans Hospital
- Central Montana Medical Center, Benefis
- Yellowstone Surgery Center
- Billings Clinic and Children's Hospital Denver
- St. Benton - Nurse Home
- Great Falls Clinic Hospital
- Benefis and Great Falls Clinic (2)
- CMMC and Great Falls Clinic Hospital
- CMMC; ambulance to Benefis and Billings Clinic, same illness
- Bozeman
- Benefis, St. Vincent Healthcare
- Yellowstone MACC
- Great Falls Clinic

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

- Life flight, as more care was needed than could be provided at CMMC
- Dr. Privileges at hospital
- My doctors are there
- Only one in town
- VA/military requirement and prior experience with the hospital
- Emergency, no choice and closest to home
- Cost of care, emergency no choice, hospital's reputation for quality, prior experience with hospital
- Respected surgeon
- Closest to home, closest to work, hospital's reputation for quality, prior experience with hospital, referred by physician or other provider
- Closest to home and prior experience with hospital (2)
- Great Falls Clinic Hospital. Many patients who go to Lewistown are transferred to Great Falls anyway.
- Trust

24. Where was that primary healthcare provider located?

- VA clinic (2)
- CMMC and Benefis
- Lewistown Total Family Care (2)
- Great Falls Clinic

- Hatch Pediatrics (Bozeman)
- Central Montana Community Health Center, Central Montana Medical Center and Benefis
- Idaho Falls, Idaho
- Central Montana Community Health Center and Veterans Hospital (2)
- Kimberly Decker
- Premiere Care Pediatric
- Central Montana Medical Center and St. Vincent Healthcare
- Billings Clinic and St. Vincent healthcare
- VA outpatient clinic Lewistown
- Central Montana Medical Center and hearing aid center - Great Falls
- Great Falls Clinic
- Private office and nurse practitioner
- Great Falls Clinic
- Benefis and Billings Clinic
- Central Montana Community Health Center, Central Montana Medical Center (4)
- VA clinic & Private office NP [Nurse Practitioner]
- Bozeman
- Central Montana Medical Center, Benefis, Billings Clinic, Great Falls Clinic
- Private Practice

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

- I worked for my doctor for 10 years
- Seeing them for 20+ years (2)
- I like him
- Cheaper
- Big Horn P.T.
- Because CMMC Doc's won't accept pain management
- Only option available when our previous provider left
- Younger Dr. Previous Dr. died and he was my age.
- Only one taking patients
- Been with for a very long time
- Dr. retired (2)
- Income eligible for VA services
- My Dr. of 20+ years left - new Dr. accepting. Dr. is so booked- appointments are a nightmare to make.
- Took over for my old Dr.
- Don't have one
- One of 2 family doctors that was able to deliver babies
- Long term provider

- By chance. My ex-provider wasn't available & I needed to immediately see someone & she was awesome, and liked the "bedside" manner, and educated.
- 40 years ago, female Dr.
- Only provider that would take me at the time (2)
- Reg Dr. left

27. Where was the healthcare specialist seen?

- Bozeman Cancer Clinic
- Bozeman (2)
- Billings/Great Falls
- Not in MT
- Great Falls clinic
- Sletten Cancer Center
- Mayo Clinic (2)
- Texas
- Bozeman Deaconess
- His office
- Great Falls, MT
- Great Falls Clinic (7)
- Pacific Cataract Phaser Great Falls
- GF [Great Falls] OB/GYN
- Home Oxygen -Lewiston
- Local chiropractor
- Ortho Montana-Billings (4)
- Planned but appointment cancelled
- Great Falls- Hearing Aid
- St. Benton
- Eye Care (2)
- Helena St. Peter's
- Eye Care Associates, MOEH Dental Center, West Orthodontics Center
- Naturopath
- Complete Health + Allergy Center
- Neurologist, Billings Kidney Specialist
- Private office
- Great Falls
- Great Falls Clinic Hospital
- Dr. Hochs, Dr. Mosby
- Private practices
- Billings
- Sleep study CMMC

28. What type of healthcare specialist was seen?

- Nephrologist (2)
- All were seen in Great Falls
- Infection doctor
- Heart surgeon
- Eye - macular degeneration
- General
- MDHS SURGEON
- Nose/throat, plastic surgeon
- Pediatric cardiologist
- Internal Med Dr
- Sleep study interest
- Vascular surgeon also infection specialist

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

- N/A
- Naturopath Doctor
- Not sure
- Neurologist
- Consistent family physician working 5 days a week
- None
- Personal
- Dermatologist (2)
- Orthopedic and sleep doctor
- RA [Rheumatoid Arthritis]
- Dialysis
- Naturopath, autoimmune specialist
- Alternative and holistic options
- Plaster casts
- Pretty much any specialist possible

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

- Medicare, Private Insurance/Private plan, VA/Military (2)
- Medicare & Private insurance/private plan (13)
- VA/Military and Medicare (2)
- Medicare, None/pay out of pocket
- Employer sponsored, VA/military (2)
- Church sponsored Nationwide - not called insurance
- Employer sponsored and Healthy MT kids

- Humana
- Employee sponsored and Medicare
- Medicare and VA/Military (2)
- Medicare, Humana (2)
- Medicare plus supplement
- Medicaid, VA/military
- None/pay out of pocket, Sharing Ministry
- Healthy MT Kids, Medicaid, Medicare, VA/military
- Health Insurance Marketplace, Medicare (2)

34. If you do NOT have medical insurance, why?

- Have VA services
- None
- N/A

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

- 59714 Belgrade

39. What is your employment status?

- Work part time and retired (7)
- Work full time - self employed
- Farm wife
- Retired and collect disability
- Self-employed (3)
- Full time parent
- Full time caretaker in home to disabled family member
- Ranch - still involved

Appendix G –Focus Group Questions

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 H – Focus Group Notes

Focus Group #1

Monday, January 28, 2019 – 10 participants (7 male, 3 female)

1. What would make this community a healthier place to live?
 - The success of the soccer field project. That way kids could be outside and running around. The soccer field complex is currently being built I just really want it to be a success.
 - A lot of employees at the school ask if their insurance could cover gym membership. It would be nice to have more affordable access to a gym in a group setting. Currently, there is one gym in town and a gym at the hospital that is open to the public.
 - We have a nice downtown gym, but it can be a little expensive for the working-class family. If employers could help cover the cost of that a little that would be helpful at getting more people to use it.
 - Another thing is that there are a lot of outdoor things to do but if you are new to town like me, you don't know what is available. It would be nice to have groups that get together for snowshoeing, hiking, etc.
 - There is an organized group that does trail trips and introduces people to trails at least in the summer months, I think they do that in June. We just brought 12 new nursing students to Lewistown and they are from all over the Northwest. I'm sure they would be interested in knowing what is going on around this town so they can get outside and do stuff. People who move here don't know where to go or who to ask about these groups.
2. What do you think are the most important local healthcare issues?
 - Our hospital knows this and is working on it, but we have a lack of family physicians and internists in town. Although we are making progress, there are people who are relying on PAs as a primary care giver. The hospital does great bringing in specialists, but there are some that we need to have here full-time. We have an aging population here and only one family physician for the elderly. You could bring in 2 and I am sure they would be busy.
 - A lot of people are not able to get a primary care physician. The ones we have are in short supply and very busy.
 - A specialist for children would be great as well. We have a primary care physician, but it takes a long time to get in. You can do a lot of basic children's care here, but it is hard to get an appointment.
 - There is not any same day care here. You have to go to the emergency room because there are no other options, but if your insurance doesn't cover ER visits it can be really expensive for some folks.
 - If your child has strep throat can you go to the public county nurse's office?
 - Only if they are open and she would probably send you up to the hospital anyway for something like strep.

- I think the area has a lot of cancer. It goes back to the days where they were testing bombs and there was the plume over Montana. I think it really affected Central Montana. Could be age of the population as well.
- Related to mental health, we have a few mental health counselors who are busy. We also have a community facility for mental health that is not being used, and it is because there is not a focused collaborative effort to help people on these issues. I think we could do a lot better there and get better and more mental health care.
- There are some very large gaps. It is hard for some people to take the first step and make an appointment to get help, and then appointments may take a long time to get in so those people may not pursue the help they need.
- We have some really good substance abuse recovery efforts but in order to have someone get treatment you have to have some other provider sign off that they need help before they are able to access the care they need. I hear this all the time through the police department. The recovery folks have difficulty accessing the help they need.
- A lot of the substance abuse has to do with self-medicating for reasons like high stress. The needs of the people are not being met. Instead of getting the right medical care they take care of it themselves unless it is an emergency. Especially, no one wants to admit they have a mental health problem.
- There is a boat load of meth use and also an increased use of heroin. We also see plenty of what I would call "gateway drug" use: a lot marijuana and even some cocaine. Meth is by far the most abused and has the biggest impact.
- My husband is a judge in the district court and says most of his domestic and child abuse cases are all linked to substance abuse, meth in particular. I hear that is because it is easier to make meth now; you don't have to cook it, so it is easier for people to get their hands on it. And you have a lot of low-income people in a town; substance abuse and child abuse just go hand in hand.

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

Quality of Care

- I had the unfortunate occasion of having to use the ER and was at the hospital for 3 days. The care was great, but the food sucked! Biscuits and gravy, chicken fried steak, sugary juices etc. It was just not healthy; they need a nutritionist.
- Having a doctor like Doctor Smith is really great. He does a really good job. He saved my life.
- About 2-3 years ago my wife went in for back pain and the x-ray showed nothing but the MRI revealed 3 cracked vertebrae. They got her taken care of right away. They were really sympathetic to her pain.

Number of Services

- I think the hospital does what they can, but some services just can't be available all the time.
- Everything is going good. Especially for the size of the community.
- My husband went through a yearlong journey of fighting cancer and we felt we were lucky because he could get most of his labs and things done here. We also had to use the ER and he had to have surgery and things like that, but his care was phenomenal. The surgeon here is so good, a godsend. We are really impressed with what our hospital is capable of doing.
- The range of services is good for the size of the town. I like that there are visiting doctors from Billings Clinic.

Hospital Staff

- You frequently know the person taking care of you and this is different than other places because you feel a comfort when you know who is taking care of you. It changes the dynamic in a positive way.

Hospital Board and Leadership

- At the newspaper we have been getting a lot of questions about who is in leadership. People would like a little more transparency. Folks are concerned about the merger with Billings Clinic. This is because the people of this community have raised a lot of money for this hospital, so they feel like it belongs to them and want to have good leadership and more transparency.
- The hospital is our (the community's) hospital. That is a strength of the hospital, but the board is really quiet. There is little to no interaction between the board and the community. The only thing they do is put out an annual report.
- I would concur with that and have heard people in casual conversation talk about having an ownership of the hospital, but don't seem to know the answer to questions like who the leaders are. When people don't know the answer, they start to make things up. There are personnel issues and there have been months of turmoil. The community needs to hear some kinds of public statement about it. Who is running the place?
- I keep hearing 'it's tied up legally'. What does that mean? I agree people need to know more. The hospital seems to have a fear of 'legal'. Even a simple statement would be nice to know.
- I spent 10 years on the hospital board. There is a lot of negative talk about hospital management. The hospital needs to get their hands on that very quickly. I am concerned about management of the hospital because St. Vincent bought property in Lewistown and Benefis is talking about moving here. People feel strongly about their hospital, so if they are going elsewhere, the clinic is shutting them out. If there is a medical war here, CMMC is going to be the losing hospital.
- St Vincent is coming in with a clinic – 24-hour access walk-in clinic.

Business Office

- The billing is atrocious. There is no date, and no list of what you are paying for on the bill. You have no idea what you are paying for and when you call to ask, the people you call do not seem to be able to help you either. The care is amazing, but the leadership and the billing is really bad. I want them to succeed, but it makes you uncertain. If the doctors were not so good, they would lose people.
- My husband's insurance covers most care, but I got a notice from a visit we had last April showing that we owed a lot of money. I thought this was behind us and to bring it up 9 months later was really painful. I've also been done with that insurance company since June! Billing is a nightmare.

Condition of Facility and Equipment

- *Not asked*

Financial Health of the Hospital

- *Not asked*

Cost

- *Not asked*

Office/Clinic Staff

- We need more nurses.

Availability

- Depends on the situation – if you need a physical it could be 6 months. The PAs can get you in earlier than that but not the physicians. They do try to fit you in if it's something more serious though.
- They try to get you in as much as they can, but if it is something that can wait you are out a way.
- As far as appointments go there is not much that can be done there. Even Billings is the same way, specialist slots are still being filled but you can wait six months for the specialist to come to Lewistown or get in to see them in Billings next week, so people 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

- Amazing!
- The emergency room is new and really nice!

Ambulance Service

- They shuttle if needed or transfer if needed.
- Improved a lot in the last 20 years.

Healthcare Services for Senior Citizens

- *Not asked*

Public/County Health Department

- *Not asked*

Healthcare Services for Low-Income Individuals/Families

- In Lewistown, we are blessed with a lot of wealthy people along with the poverty, so we have a lot of generous people who help raise money to build all kinds of great kid's facilities, like the hockey rink and the soccer field. The problem is that there is a financial barrier for parents who can't afford to pay the entry fee for sports and will buy an Xbox for their kids instead of paying a \$75 sports fee and equipment for their kids to play sports. We need to reduce these barriers.
- There is a large amount of poverty in this county. Kids on lunch programs is about 45%.

Nursing Home/Assisted Living Facility

- My family has used them all in the last few years. The quality of staffing is the big thing. If the staffing is good, the facility is good. But I know it can be hard to hire good staff.

Pharmacy

- *Not asked*

6. Why might people leave the community for healthcare?

- *Not asked*

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

- It seems like a combination of what we have been saying: a pediatrician for people with kiddos, and a primary care physician for those of us that don't have one. When people ask on surveys who your primary care provider is, it would be nice to have something to write down.
- The residency program for internists is really great.
- More mental health access and coordinated better.
- Same day care.
- The hospital was done many years ago so when you go to other newer facilities it is not a big deal, but the organization of check-in and welcome in our facility is a little cumbersome. You stand in the hallway to wait to get in to admissions. If we streamlined our experience for the patient it would be helpful.

Focus Group #2

Tuesday, January 29, 2019 – 24 participants (12 male, 12 female)

1. What would make this community a healthier place to live?
 - Warmer weather.
 - I keep hearing about the horrible drug problem we have, and I am not sure if the hospital can, or does address that issue.
 - Obesity is a problem across the nation, but definitely is here. Our fitness center is excellent and has evolved and continued to evolve so that is a plus. However, some education on ways to eat, or not eat, would be helpful. People could use some help on healthy lifestyles.
 - Volunteerism is really high level here, especially with the older people. Younger people volunteer too, but don't have as much opportunity because they are working.
 - Our fitness center downtown and the one at the hospital are really great. More people seem to use the one at the hospital because anybody can join, and it is cheap. If you are 65 and older there is no charge.
 - The fitness center and the rehab center rooms could be larger. It is not that the center is that busy, but it can be tight when the cardiac patients are there in the morning. It is at least worth considering.
 - One thing I like about this area is the walking trails. They plow them and there are parking areas. A lot of people use these, but it is a benefit that maybe not everybody is aware of.
 - A year-round public pool would be nice.
2. What do you think are the most important local healthcare issues?
 - Age.
 - Lack of doctors; doctors that will take new patients. The existing doctors' workloads are full.
 - In terms of basic health, cardiac issues are huge. As well as incidents of cancer seem higher here than in other communities.
 - Did we ever get an internist?
 - Yes, he is coming in a couple months, finishing his residency in the Spring.
 - Scheduling appointments, it takes me 4 months to get in.
 - If you need to see a doctor you have to go the ER.
3. What do you think of the hospital in terms of:
Quality of Care
 - I like it. They have taken good care of me.
 - Took good care of my husband.
 - I haven't heard anything but good things.
 - Good care with the idea that they can refer to specialists, so docs don't get in over their heads.

Number of Services

- I think that we offer more services at the hospital than people are even aware of. Specifically, speech therapy. It seems like there is a lack of understanding in the community about what is offered, which is a lot.
- This is an ongoing problem. If you don't have a specific need, knowledge of services goes in one ear and out the other. But when you need one of these services, it would be good to know.
- Is there an orthopedic surgeon?
 - Yes, they come in once a month and do a certain amount of surgeries. Otherwise you have to go to Billings or Great Falls if you need immediate surgery.

Hospital Staff

- Very good.
- Excellent.
- I have never had a bad incident there.
- Always friendly and answer questions.

Hospital Board and Leadership

- I know they spend so many hours being volunteers for that position, and it is a thankless job.
- It is a hard job and I think they do good work.
- I think they do a great job.
- I don't think the community knows who is on the board.
- 14 members in total and I feel we are a good representative of all the rural communities, as far as diversity goes.

Business Office

- Always pleasant.
- Friendly and efficient, at least for me.
- Almost every week there is some change that the hospital needs to comply with at a level above us, and I think the thing that impacts us the most is the billing office. We appreciate the communities understanding in this as it can be a hassle sometimes.
- Happened to me twice, I am on Medicare and supplement insurance, I was told I had to pay \$60, so I pay it and then a month later they send my check back to me.
- That is because it takes time for your supplement to process; you have to be patient with that. You have to give them a chance to cover the costs.

Condition of Facility and Equipment

- Good.
- Up-to-date.
- Clean.

Financial Health of the Hospital

- Well, I don't think it is any secret that healthcare in total is a very challenging enterprise; whether you are the biggest clinic in the country, or a small rural hospital. Some months are really, really good and others are really, really bad.
- Overall, the financial health of our hospital is very good even if we have ups and downs.
- It is holding its own.
- They are always willing to accept huge funds from benefactors even by putting your name on things. It is really expensive to cover costs.
- The hospice house is a sore subject because there were a lot of donations for that and then it didn't make it. It was a beautiful place but had to be closed because of not enough funding.
- It seems like we have lost some services. We are becoming more of a satellite clinic for Billings Clinic. For example, radiology services were cut, and they once had that here.

Cost

- *Not asked*

Office/Clinic Staff

- I really appreciate my doctor, he is good, I have never had an issue. He got me in for my physical and I trust him.

Availability

- It takes a long time to see a specialist. Like 4 months to see my dermatologist. But you can go down to Billings and get in sooner or wait for them to come here.
- I think our level of expectation can determine how you feel about availability. I think it is great what we have here.
- I had to go to Great Falls for a severe nose bleed. I went into the ER here and they sent me there.

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

- Yes, convenience to stay local.
- I went to Billings Clinic because when my doctor moved away, I couldn't get in to see anyone else.
- We lost a few doctors and we have not been able to replace them, so people are leaving.
- We trust the people we know. We know there are poor providers in Billings, but we don't know who they are. Here, we know what we have, and know who we are going to. There is a network here that you can rely on. They know your name.
- Other places may have better specialty care. Physicians may refer you somewhere else.
- Some might leave for privacy, everyone here might know your business.

5. What do you think about these local services:

Emergency Room

- Good.
- Great.
- Love it.
- Quite frustrating. They can't always do what needs to be done. My husband had to have his finger cut off, so they just bandaged him up and sent us to Great Falls in the morning.

Ambulance Service

- I haven't had to use them in a long time, but they have upgraded tremendously.
- The biggest problem is we don't have enough people for transfer so there can be a wait. We have great equipment to put them in, but just not the right volunteer for the person being transported.

Healthcare Services for Senior Citizens

- We definitely have good services through the senior center: meals on wheels, transportation services, counseling for seniors, and home health (really good).
- Home health is such a big need, so we could always use more (in home care). There is a high demand for help around the house. But it needs to be affordable as well.

Public/County Health Department

- They are pretty short staffed; they serve 5 or 6 counties.
- They are spread pretty thin.
- I hear them advertise on the radio their services, so I feel their name is out there. I feel they do a good job and advertise more than the hospital does.

Healthcare Services for Low-Income Individuals/Families

- I think our family services, HRDC and those kinds of things, do a good job. As a club (Kiwanis), we interact with them quite a bit and see the good they do.
- As a person who is in trouble, there is a program that covers a month's rent or something like that (A Neighbor in Need)
- Love Inc. through churches helps with all sorts of issues. They want to combine all the information from all the churches.

Nursing Home/Assisted Living Facility

- We have lots of them, we are really well covered.
- They do have waiting lists to see if you can get in, but you can usually get in.
- I appreciate the quality of staff, they are excellent. I have not heard any bad comments on any of them.
- Nursing home is rated pretty high in quality scores.
- Our old people will be well taken care of.

- People who work at those facilities work a lot of hours because they are so understaffed. There just aren't enough qualified people to cover all the costs. Any problems with patients I think stems from understaffing.
- I think this is nationwide problem.

Pharmacy

- We are losing one (the Shopko pharmacy), they are closing; but we still have two others.

6. Why might people leave the community for healthcare?

- I go to Billings to get my care (osteo problems etc.) and they do a really good job there. I think we have the way to do it here, but it is so much more efficient in Billings.

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

- Orthopedic surgeon.
- Dermatology.
- Internist.
- Indoor pool.
- Radiology, we used to have a radiologist that did so many things, we really need another one.
- We have counselors, but we don't really have a psychiatrist or physiologist. We have video conferencing, but It's sketchy at best.
- Alzheimer's and dementia care.
- The CMMC portal is where you can access your information, but it is different than Billings Clinic and I'm not very technological. It could be more user friendly. It just seems cumbersome. I just wanted to check a date and couldn't find it. I couldn't access my records when I needed it.

Focus Group #3

February 20, 2019 – 6 participants (2 male, 4 female)

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

- Speaking for myself, and someone in the community who is in the hospital out of town and her husband is left alone here without help. Community members are coming in and taking care of him while she is gone. There is an anxiety of not having a place for older adults who need help. Fortunately, it's a small community so we can help, but we need respite care. Even without dementia, it would be a huge concern.
- Yes, if I wasn't here, my mom would be in dire straits. The church can help a bit.
- I hear there is another clinic opening in town.
 - Yes, St. Vincent is putting in a referral clinic.

- I use the VA, and they refer you out of state sometimes. I couldn't get approval for a procedure and the VA wouldn't pay for it. They aren't open on weekends and you have to wait until Monday. With this new clinic here, I am thinking about ditching the VA and using the care here.
- It is troublesome that you can't get care after 4:00 pm.
- We only have a selective number of doctors. I know someone who was in the hospital for a few days and seen by 4 different doctors; they each had a different diagnosis, and it was an absolute mess.
- Yes, you end up seeing many doctors, but no one is talking to each other and being and advocate for the patient.

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

- It would be nice to learn how much dementia has progressed and what to expect. The communication between different healthcare facilities [CMMC and tertiary centers] has been just awful. They don't work together well at all.
- One of the doctors said something very rude about my husband- who has dementia- right in front of him. I would like him to have some respect. Also, he doesn't explain the meds to us and will drop prescriptions without any explanation.
- Travel is an issue. It's an all-day affair and that is really hard for someone with dementia.
- People have no healthcare [insurance coverage]. People are being dropped from their healthcare [insurance coverage]. Insurance is too expensive for a lot of people.
- People don't know where to go for social services and such. The hospital used to have a navigator - but they cut that program.
- The legislature is trying to cut huge amounts of Medicaid funding, and it sounds like it's going to pass.

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

Quality of Care

- I had wonderful care with my dad, and they referred him to hospice. They [hospice] was wonderful.

Number of Services

- I think all the services are wonderful. The therapies are great and very accommodating.

Hospital Staff

- I don't have any complaints about the hospital. The nurses are great with keeping you informed.
- The hospice care was wonderful.
- The team of hospice people in this town are incredible - beyond A+.

Hospital Board and Leadership

- All the regulatory challenges that they resolve and work on are impressive.
- They seem like they are trying to improve.

Business Office

- *Not asked*

Condition of Facility and Equipment

- The hospital is incredible compared to other rural facilities.
- They have good food downstairs!
- The exercise facility for rehab patients is great.
- The beds in the ER are horrible; need to be wider. The sheets are not comfortable, and the rooms are cold. The blankets are not big enough or warm enough. I feel like if you are ill and not feeling well, they should try to make you more comfortable.

Financial Health of the Hospital

- *Not asked*

Cost

- *Not asked*

Office/Clinic Staff

- *Not asked*

Availability

- I am curious to see when the hospital gets two more doctors, and with the new clinic opening... I wonder if you will be able to stay with the same primary care doctor. It's just ridiculous.
- One of the primary care docs hasn't been available. He just hasn't been here.

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

- For convenience. A lot of people can't drive to Great Falls or Billings.
- For the residents who do travel, they are likely upset with the doctor here, so they choose to leave.
- For specialty care too, but when you have to travel, it's a five- or six-hour day even for the simplest appointment, like getting dentures checked.

5. What do you think about these local services:

Emergency Room

- Dr. Lopez is wonderful, and I really liked the way he talked to us in the ER. His demeanor was great and calm. For a new doctor he was very calm and reassuring.

- It just takes a long, long time when you are there. It was really cold. It took over three hours. The people were great- the nursing staff and doctors are wonderful, but it is really not pleasant to be sitting in there [in waiting room].
- I had the opposite experience when I was there. It was warm and comfortable.

Ambulance Service

- They did good work for my family. They will assist you in getting into your own personal car if you don't really require the ambulance. They will assess you and then help if you don't really need to ambulance, but you still need to go into the hospital. This really helps with the cost.
- They can even help if you are unable to get out of bed or if you fall. They said there is no charge for this, and they will come over and help to assess and assist if they need to be taken in.

Healthcare Services for Senior Citizens

- The foot care clinic that the Council on Aging does is fantastic.

Public/County Health Department

- They do immunizations.
- They are able to get people wheel chairs and walkers for very little cost.
 - Yes, this is a fantastic resource.

Healthcare Services for Low-Income Individuals/Families

- Services are not adequate.
- It is such a huge battle getting people on Medicaid. The state only allows so many people to be on Medicaid so there is quite a waiting list. It can take months to get on it as well.
- I refer most people to the Council on Aging for most stuff.
- There is a food pantry.

Nursing Home/Assisted Living Facility

- They are very expensive. Assisted living is about a third as expensive as the nursing home.
- The out of pocket costs, even with an insurance policy are astronomical.
- Many of the policies don't even cover assisted living.
- A lot of people lose everything just to be put into a nursing home.
- That's the problem. It's private pay until you lose everything, and then when you are completely out of money you can apply for Medicaid. Even then you are on a waitlist for 6 months.
- This support group helps a lot- we can learn about how to get services for our loved ones.

Pharmacy

- *Not asked*

6. Why might people leave the community for healthcare?
 - *Not asked*
7. What other healthcare services are needed in the community?
 - Mental health services for anxiety. We have to travel to Bozeman for a 12-minute appointment. We need more psychological services for youth.
 - There are limited transportation services, but they are still great to have.
 - A lot of people have trouble getting into town to attend the support groups. This group really helps, so more people should really come.
 - Flyers and education on dementia are very beneficial, so we need more done on this. There are six different stages of dementia- there is so much to learn.
 - It would be nice if we had more dementia units.
 - It would be beneficial to have more educational opportunities in the community.
 - Even opportunities to be social and have conversation with other people because of a lot of it is word of mouth.
 - More information about available services would be great.
 - But this really only works if you're looking for the service.
 - I mostly hear about things from other people and I prefer it this way.
 - I would like to see more information on teaching people who have loved ones who have dementia on how to react and what to do in certain situations.

Focus Group #4

February 21, 2019 – 6 participants (0 male, 6 female)

1. What would make this community a healthier place to live?
 - There is a lot of information out there, but you have to access it. I don't always know where to go for information and how to access it. At one time the hospital had a sheet with all the services that they offered. A printed resource but also something online would be useful too. It would be really nice to know what specialists are coming to town.
 - Personally, I would really like to have a year-round swimming pool.
 - I think we have a lot of resources here. There are walking groups and running training groups. If you are new to town, it is difficult to find the contact information to get connected with these groups.
2. What do you think are the most important local healthcare issues?
 - I think we need more doctors. If you aren't already set up with a primary care doctor, you cannot get in. My husband's doctor left and now he has to see a nurse practitioner. This is a real need here. Stability- someone who will come and stay.
 - Primary care is the biggest thing. I hear about this all the time. The new St. V's center should help with this. I do think knowing which specialists were coming to town would really help.

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

Quality of Care

- The care was excellent. If you push the button they come immediately. Everything was super; the care, the meals, the doctors. My husband went to Billings because he uses the VA, and I felt like I had to care of him instead of the nurses. They don't pay the same level of attention. Lewistown is best.
- I have had several family members receive end-of-life care locally and they were just fantastic. I don't know that you would receive the same level of care at a larger facility.

Number of Services

- I really only have to travel for really special things, so I think it's good.
- Yeah, I only go to Billings once in a while.
- They [CMMC] are getting a new radiologist.

Hospital Staff

- Very good.
- The ones we have are great, but we could certainly use more.

Hospital Board and Leadership

- I think it's good.

Business Office

- They are responsive when you have questions.
- The VA and the hospital billings are not very compatible. Makes things difficult.

Condition of Facility and Equipment

- Seems clean and well equipped.

Financial Health of the Hospital

- Seems like the whole co-CEO situation is a win-win. I would think that that kind of interaction would be a good thing for our hospital.
- I think perhaps there is a little bit of waste that goes on though.

Cost

- Medical stuff is always expensive.
- All my visits are under Medicare and I haven't had to pay anything extra.

Office/Clinic Staff

- All great!

Availability

- Difficult to get seen by a primary care doctor if you are new.
- I have heard that the wait times were not excessive.

4. Are any of the local providers your personal provider or personal provider to your family members? Why?
- I do local for everything I can. It's easier than traveling for two hours, and Doctor Martin comes here, so there is no need to travel. I have had excellent care here every single time.
 - Some people don't want to doctor here because they don't believe the quality of care is the same as a big place out of town. But I have never had an issue here. Just because its small, doesn't mean it's bad.

5. What do you think about these local services:

Emergency Room

- They are good. They get you right in. It is excellent.

Ambulance Service

- You call them, and they come.
- They come right away.

Healthcare Services for Senior Citizens

- My mom used home health for over a year, and they were great.
- The Hospice here I cannot say enough good things about.
- The foot clinic is great.
- We have two physical therapists in town.
- There is a shuttle too. The only disadvantage is that is doesn't run on the weekend. The Council on Aging does a great job.

Public/County Health Department

- *Not asked*

Healthcare Services for Low-Income Individuals/Families

- I don't really know.
- The Community Health Center has a sliding fee scale and I think that has been really helpful.
- The doctors here seem really good about taking Medicare and Medicaid.
- I think that is really difficult to been seen by a dentist with Medicaid.

Nursing Home/Assisted Living Facility

- I had a family member there and it was fine. It seemed like there was a consistent changeover of staff and that can be confusing for the residents, especially if they have memory issues.

Pharmacy

- Shopko closed so now we only have two.
- Albertsons is very busy now and you always have to wait in a line.
- The Sletten Cancer Institute worked really hard to get me discounts on the drugs I needed. They had someone who really advocates for patients - having that service was really wonderful. We need to make people aware that these companies will really work with you. Have someone help people here too.

6. Why might people leave the community for healthcare?

- Specialty services.

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

- More mental health care.
- Yeah, who can you make recommendations to? Like if you know someone who is really suffering, and they can't get into their primary care, who do they go to?
- There is a lot of grey area- what resources are available for mental health?
- There is a great diabetes program that is offered at the hospital.
- It would be great to have a weight counseling and management class.
- There was a wellness program starting up but there wasn't really any follow up. I think it was called Wellness Now. It was advertised but I don't know if it ever took off.
- A depression support group was mentioned by some men in town. For the patient and for the family to support the person with depression.
- People have also mentioned how much they loved the health fair and they want it back.
- Marketing is a big thing. Getting the information out to the community. I use the community bulletin boards at the hospital; those are really useful. They should use the screens in the clinic to advertise available services.

CMMC Facilitated Focus Group

January 28, 2019 - 9 participants

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

- I would like to see a blood pressure check clinic in outlying towns.
- I would like to have blood drives in outlying towns.

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?)

- A lot of cancer diagnosis in the Central Montana area.
- Lack of exercise and wellness on the part of individuals.

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

- The care is pretty descent.
- Care at CMMC doesn't compare to care at St. Vincent's (Billing's terrible).
- Quality of care is ok for a small-town hospital.

Number of services

- CMMC has enough services. There is too much concern to "be the best". Work at having quality services, not more services.
- I would like to read stories in the Annual Report.
- I like the Roundup newsletter. Very informative.

Hospital staff (style of care, competence)

- Judith Peak Rehab is wonderful.
- Cardiac Rehab services are high quality.
- Hospice House was wonderful. Dislike that it shut down and was totally funded by Donors
- I do appreciate the Auxiliary Volunteers.
- The wait time to see visiting physicians in Lewistown is too long. You can see the visiting doctor quicker in Billings or Great Falls.
- There's a need for a medical doctor, not physician assistant.
- This is an aging population. Customers want to see a medical doctor not a PA.
- Since Dr. Kohler left, quality of physician care has gone downhill.
- Most providers not available on Fridays, yet, CMMC advertises for more customers.
- If CMMC is going to pay for these doctors, make them work more than 3 to 4 days a week!
- I do not like seeing a different provider each time I go needing healthcare.
- If Dr. Holmes' are going to be on staff, then they should work more than 2 days a week; or fully retire. Their schedule is very inconvenient for the patient. Communication is poor resulting that they are never at work.
- If going to be a doctor, be a doctor full-time.
- I recommend before hiring providers- to really take a look at their personality. If it doesn't fit Lewistown's community, don't hire them.
- Some of the providers are rude.
- I like my provider, if he doesn't know what is wrong, they send to specialists.

Hospital board and leadership (good leaders, trustworthy)

- I would like to see Board Members include three to five people with healthcare experience (besides existing staff). Don't just appoint someone on the board because they take the vacant seat from that board member who is resigning from that certain town.
- Leadership is in question.

- It's seems appropriate to have a local person to be the CEO
- I would like to read Governor's Board minutes, of what they can post publicly.

Business office

- I do not like to use electronic registration. It's not customer friendly.
- Poor Business Office management system. My bill went to collections, even after I talked to Business Office numerous times, which staff said, "Don't worry about it. 100% Medicaid will pay. Ignore the collection letters."
- Maybe find qualified people to code, in order to get collections quicker?
Condition of facility and equipment Billing is a mess.
- Customer gets three different bills.
- Bills are over 8 months late. Therefore, I can't remember even the date of service or what the bill is about, or what insurance has changed.

Financial health of the hospital

- Financials on the Annual Report shows they should have more receivables.
- Collection from bills should be much faster.

Cost

- Cost is expensive. All healthcare is outrageously expensive.

Conditions of the Facility

- The hospital is clean and neat.

Office/clinic staff

- Customer service needs to be brushed up on. Maybe affiliation with Billings Clinic can teach the staff about sharp customer service.

Availability

- I am grateful for Home Health/Hospice who service outlying towns.
- Farmers and ranchers are not going to wait to see a medical provider on CMMC's long wait list. This is an ag [agriculture] community; ag customers make appointments during less-busy time. Fall. Yet, we can't get an appointment for a physical for 6 months out!
- Once appointment is made, they are timely in the office.

Meals

- Meals are ok.
- Meals are terrible. High in fat, high in sugar. Served on blue plastic dishes. The sweet roll is placed on top of eggs under one lid. Thus, the frosting from the sweet roll melts into the eggs!

4. Are any of the local providers your personal provider or personal provider to your family members? Why?
- No.

5. What do you think about these local services:

Emergency Room

- Good experience in the ER.
- The new ER is great!
- It's OUR hospital – the community feels ownership.
- Beautiful ER – nice. Donors funded this. Community buy-in.

Ambulance service

- EMS provides excellent services in outlying areas and transporting to the Lewistown hospital.

Healthcare services for Senior Citizens

- I am grateful for volunteers who take senior citizen meals to shut ins.
- I LOVE the Council on Aging bus. They even go out of town to outlying communities to shuttle residents to Lewistown, Billings or Great Falls.
- Council on Aging foot clinic excellent.

Public/County Health Department

- Public Health Department services are excellent quality.

Healthcare services for low-income individuals/families

- The Community Health Center has excellent providers with Drs. Simpson and Forke.
- They are physicians, not PA's!
- Quality care at the Community Health Center. Same day appointments!

Nursing Home/Assisted Living Facility

- Shephard's Ways Assisted Living meals are not good.
- Assisted Living facilities are expensive, and only private pay persons seem to fit this living.
- Nursing Homes in Lewistown are okay. It is what it is.

Pharmacy

- All good

6. Why might people leave the community for healthcare?

- To see a specialist.
- We needed internal medicine services.
- Poor communication, or delayed communications between provider and patient.
- Mental health services.

7. What other healthcare services are needed in the community?
 - Winifred is a pretty happy place to live, in thanks to donor Norm Asbjornson, who sees to our infrastructure needs, and the needs of families.

Appendix I – Request for Comments

Written comments on this 2019-2022 Central Montana Medical Center Community Health Needs Assessment can be submitted to the Foundation Manager at CMMC:

CMMC Foundation
Central Montana Medical Center
408 Wendell Avenue
Lewistown, MT 59457

Contact Central Montana Medical Center's Foundation Manager at (406) 535-6309 or atuss@cmmccares.com with any questions.