

Glacier County, Montana

Community Health Services Development
Community Health Needs Assessment Report

Survey conducted by
Northern Rockies Medical Center
Cut Bank, Montana

In cooperation with
The Montana Office of Rural Health

September 2016



MONTANA
STATE UNIVERSITY

Office of Rural Health
Area Health
Education Center

**Northern Rockies Medical Center
Community Health Needs Assessment**

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**Northern Rockies Medical Center
Community Survey & Focus Groups
Summary Report
September 2016**

I. Introduction

Northern Rockies Medical Center (NRMC) is a 20-bed Critical Access Hospital and rural health clinic based in Cut Bank, Montana. NRMC has a service area of just under 3,000 square miles and provides medical services to the Glacier County population of approximately 13,382 people. Northern Rockies Medical Center participated in the Community Health Services Development (CHSD) project administrated by the Montana Office of Rural Health. Community involvement in steering committee meetings and focus groups enhance community engagement in the assessment process.

In the summer of 2016, Northern Rockies 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 2016 survey data with data from previous surveys conducted in 2013 and 2009. If any statistical significance exists, it will be reported. The significance level was set at 0.05.

II. Health Assessment Process

A Steering Committee was convened to assist Northern Rockies 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 June 2016. 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 July 2016, surveys were mailed out to the residents in Northern Rockies Medical Center's service area. The survey was based on a design that has been used extensively in the states of Washington, Wyoming, Alaska, Montana, and Idaho. The survey was designed to provide each facility with information from local residents regarding:

- Demographics of respondents
- Hospitals, primary care providers, and specialists used plus reasons for selection
- Local healthcare provider usage
- Services preferred locally
- Perception and satisfaction of local healthcare

Sampling

Northern Rockies Medical Center provided the National Rural Health Resource Center with a list of outpatient and inpatient admissions. Those zip codes with the greatest number of admissions were selected to be included in the survey. A random list of 800 residents was then selected from Prime Net Data Source. Residence was stratified in the initial sample selection so that each area would be represented in proportion to the overall served population and the proportion of past admissions. (Note: although the survey samples were proportionately selected, actual surveys returned from each population area varied which may result in slightly less proportional results.)

Two focus groups were held to identify the motives of local residents when selecting healthcare providers and to discover reasons why people may leave the Cut Bank area to seek healthcare services. It was intended that this research would help determine the awareness of local programs and services, as well as the level of satisfaction with local services, providers, and facilities. Focus Group notes can be found in Appendix H.

Information Gaps

Data

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

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

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

Limitations in Survey Methodology

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

Survey Implementation

In July 2016, the community health services development survey, a cover letter from the National Rural Health Resource Center with Northern Rockies Medical Center's Chief Executive Officer's signature on Northern Rockies Medical Center letterhead, and a postage paid reply envelope were mailed to 800 randomly selected residents in the hospital's service area. A news release was sent to local newspapers prior to the survey distribution announcing that Northern Rockies Medical Center would be conducting a community health services survey throughout the region in cooperation with the Montana Office of Rural Health.

One hundred twenty-eight surveys were returned out of 800. Of those 800 surveys, 29 surveys were returned undeliverable for a 16.6% response rate. From this point on, the total number of surveys will be out of 771. Based upon the sample size, we can be 95% confident that the responses to the survey questions are representative of the service area population, plus or minus 5.9%.

IV. Survey Respondent Demographics

A total of 771 surveys were distributed amongst Northern Rockies Medical Center's service area. One hundred twenty-eight were completed for a 16.6% 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 35)

While there are some large differences in the percentages below, the absolute differences are small. The returned surveys are skewed toward the Cut Bank population which is reasonable given that this is where most of the services are located. Two respondents in 2016, chose not to answer this question.

Location	Zip Code	2009		2013		2016	
		Count	Percent	Count	Percent	Count	Percent
Cut Bank*	59427	172	78.5%	146	83.9%	78	61.9%
Browning*	59417	21	9.6%	21	12.1%	27	21.4%
Valier	59486	0	0	1	0.6%	9	7.1%
Heart Butte	59448	Not asked - 2009		Not asked - 2013		8	6.3%
Babb	59411	3	1.4%	3	1.7%	2	1.6%
East Glacier	59434	4	1.8%	1	0.6%	2	1.6%
N. of Cut Bank, Seville	59427	12	5.5%	Not asked -2013		Not asked -2016	
Other		7	3.2%	2	1.1%	Not asked -2016	
TOTAL		219	100%	174	100%	126	100%

*Significantly fewer 2016 respondents were from Cut Bank (59427) and significantly more were from Browning (59417).

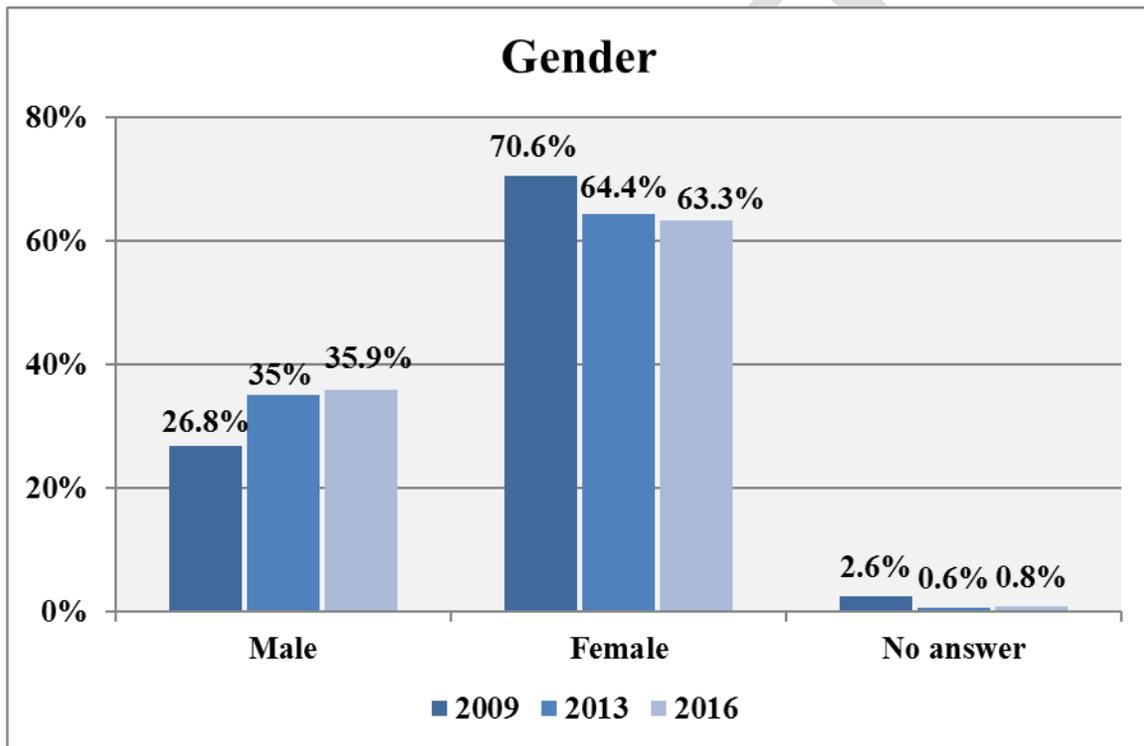
Gender (Question 36)

2016 N= 128

2013 N= 177

2009 N= 228

Of the 128 surveys returned, 63.3% (n=81) of survey respondents were female, 35.9% (n=46) were male, and 0.8% (n=1) chose not to answer this question. The survey was distributed to a random sample consisting of 50% women and 50% men. It is not unusual for survey respondents to be predominantly female, particularly when the survey is healthcare-oriented since women are frequently the healthcare decision makers for families.



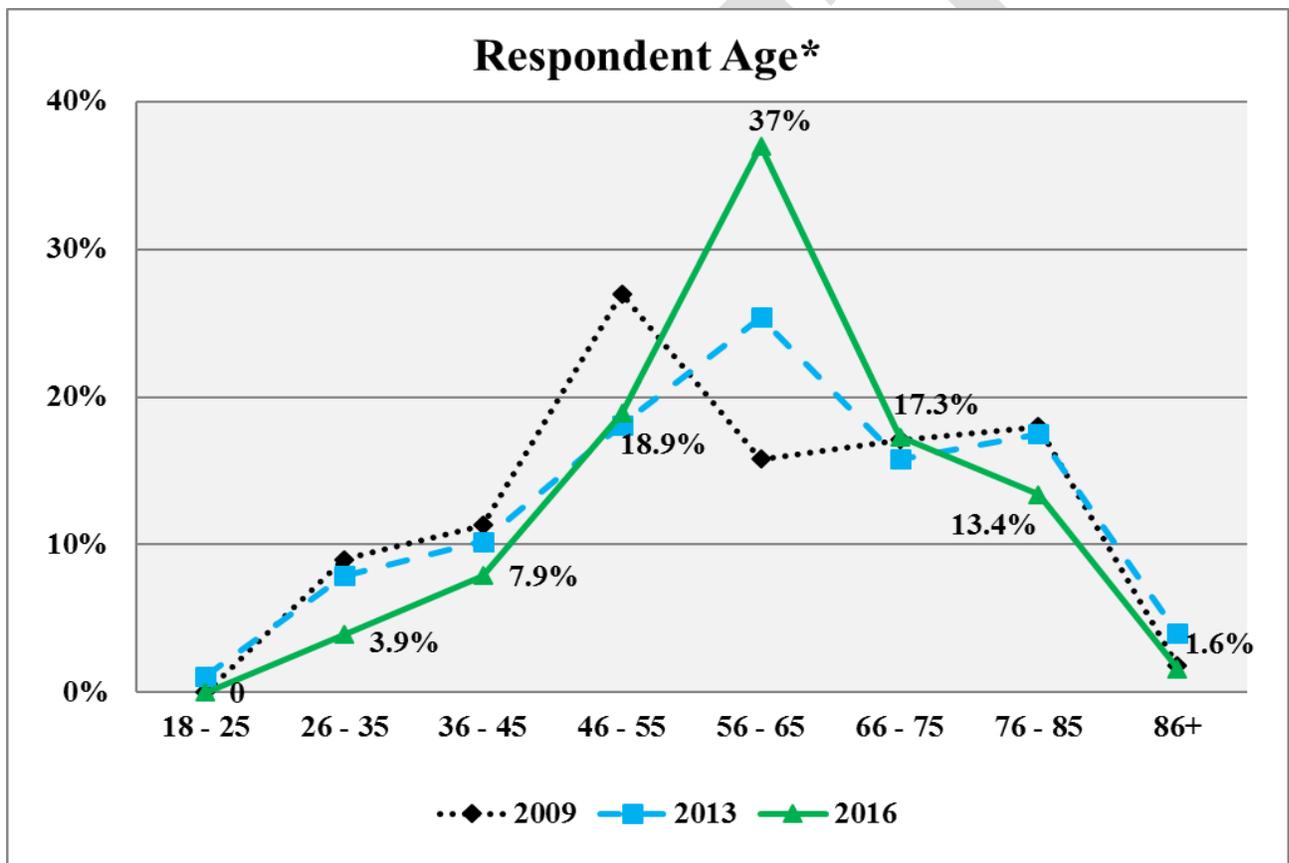
Age of Respondents (Question 37)

2016 N= 127

2013 N= 177

2009 N= 222

Thirty-seven percent of respondents (n=47) were between the ages of 56-65. Nineteen percent of respondents (n=24) were between the ages of 46-55 and 17.3% of respondents (n=22) were between the ages of 66-75. 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.



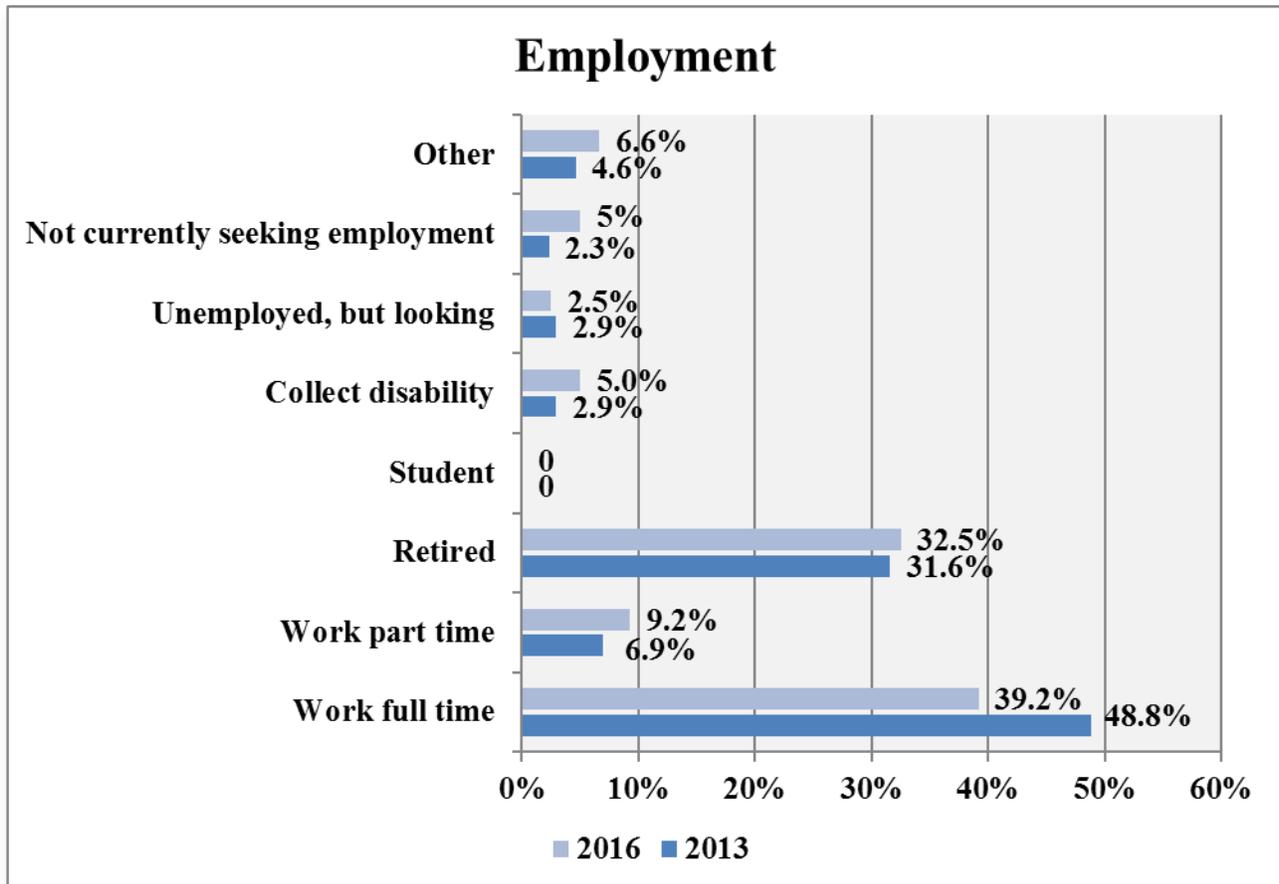
* Significantly more 2016 respondents identified as being in the 56-65 age group than in previous survey years.

Employment Status (Question 38)

2016 N= 120

2013 N= 174

Thirty-nine percent (n=47) of respondents reported they work full time while 32.5% (n=39) are retired. Nine percent of respondents (n=11) indicated they work part time. Respondents could check all that apply so the percentages do not equal 100%.



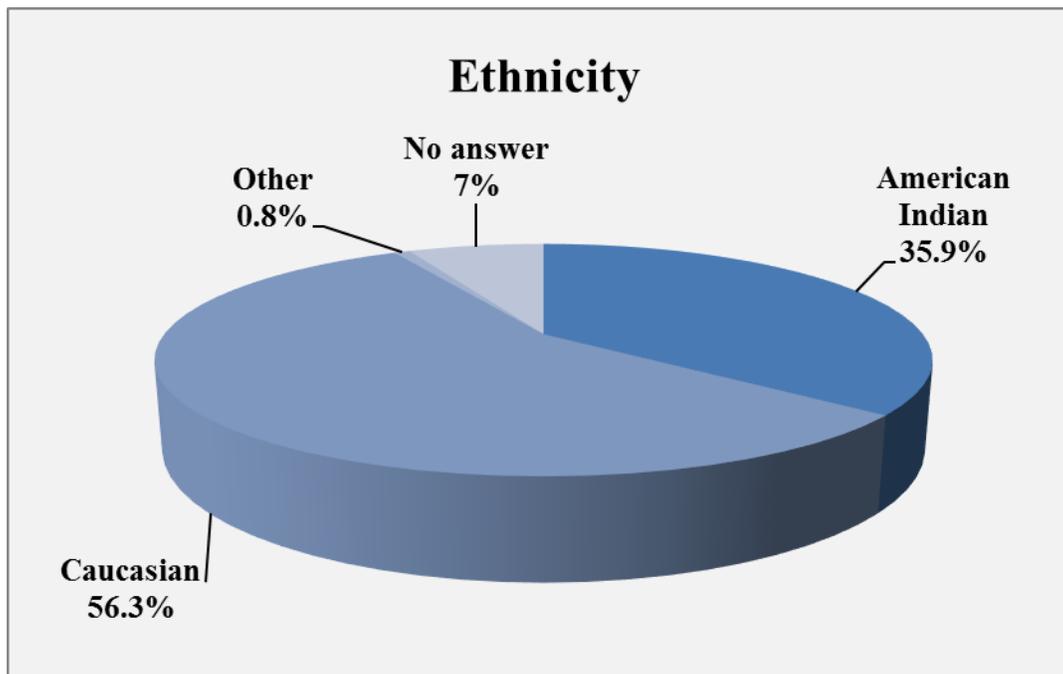
“Other” comments:

- Self-employed (3)
- Disabled
- If I can because of health
- Seasonally employed
- VA pension

Ethnicity (Question 39)

2016 N= 128

Fifty-six percent (n=72) of respondents reported they are Caucasian and 35.9% (n=46) are American Indian. Seven percent of respondents (n=9) chose not to answer this question and 0.8% (n=1) indicated an ethnicity other than those provided. Due to non-selection, Asian, African American and Hispanic were all removed from the chart.



“Other” comments:

- No such thing. I don't go around saying I'm a Swedish-Polish-German American. You are either American or not.
- Not important. Everybody bleeds red
- White
- White Latino. You cannot split me into two parts

V. Survey Findings – Community Health

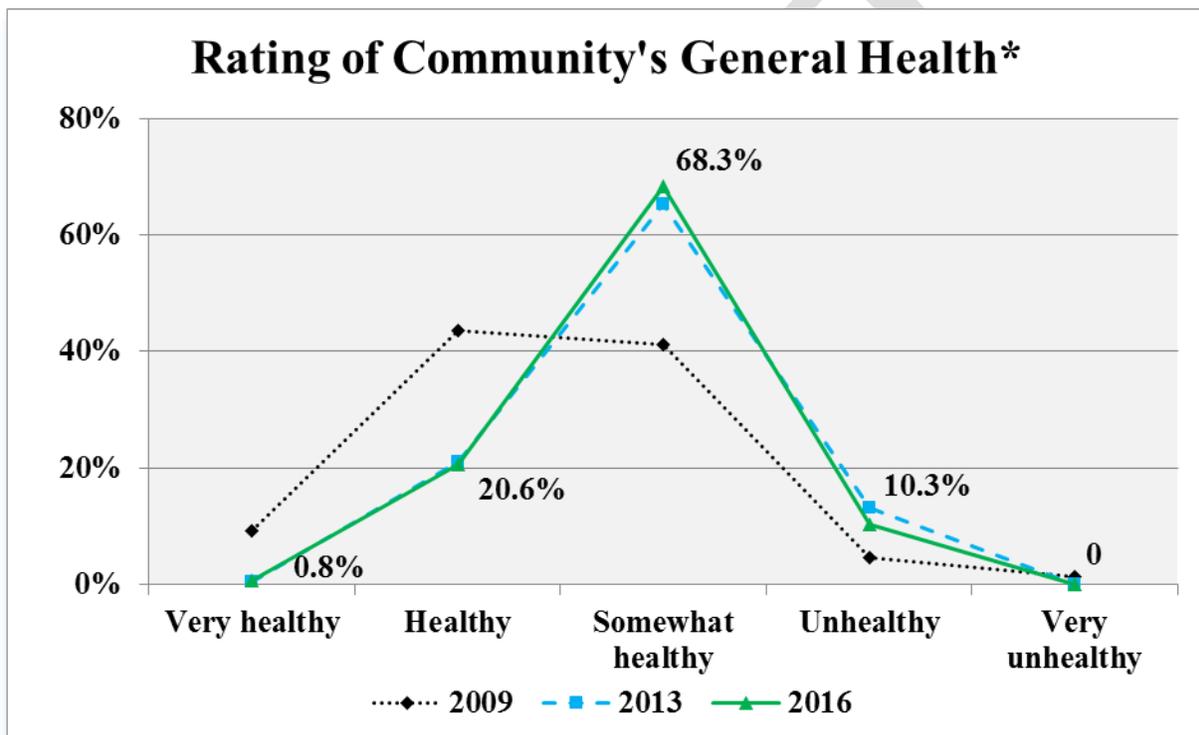
Impression of Community (Question 1)

2016 N= 126

2013 N= 167

2009 N= 218

Respondents were asked to indicate how they would rate the general health of their community. Sixty-eight percent of respondents (n=86) rated their community as “Somewhat healthy.” Twenty-one percent of respondents (n=26) felt their community was “Healthy” and 10.3% (n=13) felt their community was “Unhealthy.” Two respondents chose not to answer this question.



*Significantly more 2016 respondents gave the general health of the Cut Bank community a lower rating than in 2009.

Health Concerns for Community (Question 2)

2016 N= 128

2013 N= 177

2009 N= 228

Respondents were asked what they felt the three most serious health concerns were in their community. The top identified health concern was “Alcohol abuse/ substance abuse” with 67.2% (n=86). “Cancer” was also a high priority at 57.8% (n=74) followed by “Diabetes” at 38.3% (n=49). Respondents were asked to pick their top three serious health concerns so percentages do not equal 100%.

Health Concern	2009		2013		2016	
	Count	Percent	Count	Percent	Count	Percent
Alcohol abuse/substance abuse	149	65.4%	127	71.8%	86	67.2%
Cancer	106	46.5%	85	48.0%	74	57.8%
Diabetes ¹	76	33.3%	41	23.2%	49	38.3%
Overweight/obesity ²	48	21.1%	61	34.5%	43	33.6%
Heart disease	35	15.4%	26	14.7%	18	14.1%
Child abuse/neglect	18	7.9%	21	11.9%	16	12.5%
Tobacco use	29	12.7%	26	14.7%	14	10.9%
Lack of exercise	39	17.1%	22	12.4%	13	10.2%
Depression/anxiety	Not asked - 2009		12	6.8%	10	7.8%
Lack of access to healthcare	16	7.0%	11	6.2%	10	7.8%
Mental health issues ³	8	3.5%	20	11.3%	10	7.8%
Respiratory disease	Not asked - 2009		Not asked - 2013		8	6.3%
Domestic violence	21	9.2%	14	7.9%	7	5.5%
Lack of dental care	7	3.1%	4	2.3%	7	5.5%
Stroke	10	4.4%	11	6.2%	7	5.5%
Motor vehicle accidents	16	7.0%	18	10.2%	6	4.7%
Work related accidents/injuries	Not asked - 2009		4	0.6%	1	0.8%
Recreation related accidents/injuries	Not asked - 2009		1	0.6%	1	0.8%
Other	11	4.8%	2	1.1%	5	3.9%

¹Significantly more 2016 and 2009 respondents cited diabetes as a serious community health concern than in 2013.

²Significantly more 2016 and 2013 respondents selected overweight/obesity as a top health concern than in 2009.

³Significantly fewer 2016 respondents cited mental health issues as a top health concern than in 2013.

“Other” comments:

- Arthritis
- Misdiagnoses/missed illness
- Pills
- People don't care about their health
- Pesticide/herbicide-laden big ag food which is causing diabetes and obesity
- Services for the disabled (no community services for people in need)

Components of a Healthy Community (Question 3)

2016 N= 128

2013 N= 177

2009 N= 228

Respondents were asked to identify the three most important things for a healthy community. Forty-eight percent of respondents (n=62) indicated that “Access to healthcare and other services” is important for a healthy community. “Good jobs and a healthy economy” was the second most indicated component at 43% (n=55) and third was “Healthy behaviors and lifestyles” at 40.6% (n=52). Respondents were asked to identify their top three choices, thus the percentages do not add up to 100%.

Important Component	2009		2013		2016	
	Count	Percent	Count	Percent	Count	Percent
Access to healthcare and other services	133	58.3%	104	58.8%	62	48.4%
Good jobs and a healthy economy	104	45.6%	70	39.5%	55	43.0%
Healthy behaviors and lifestyles	70	30.7%	72	40.7%	52	40.6%
Strong family life	58	25.4%	45	25.4%	38	29.7%
Low crime/safe neighborhoods	42	18.4%	35	19.8%	32	25.0%
Religious or spiritual values	44	19.3%	35	19.8%	32	25.0%
Clean environment	36	15.8%	31	17.5%	22	17.2%
Accepting those who are different ¹	7	3.1%	11	6.2%	20	15.6%
Good schools	59	25.9%	35	19.8%	20	15.6%
Affordable housing	34	14.9%	30	16.9%	17	13.3%
Community involvement	27	11.8%	15	8.5%	14	10.9%
Parks and recreation	11	4.8%	6	3.4%	9	7.0%
Low death and disease rates	3	1.3%	4	2.3%	6	4.7%
Arts and cultural events	4	1.8%	1	0.6%	2	1.6%
Low level of family violence	9	3.9%	8	4.5%	1	0.8%
Other	5	2.2%	2	1.1%	2	1.6%

¹Significantly more 2016 respondents identified 'accepting those who are different' as an important component of a healthy community than in previous assessment years.

“Other” comments:

- All, they are inter-related
- Community involvement and health events

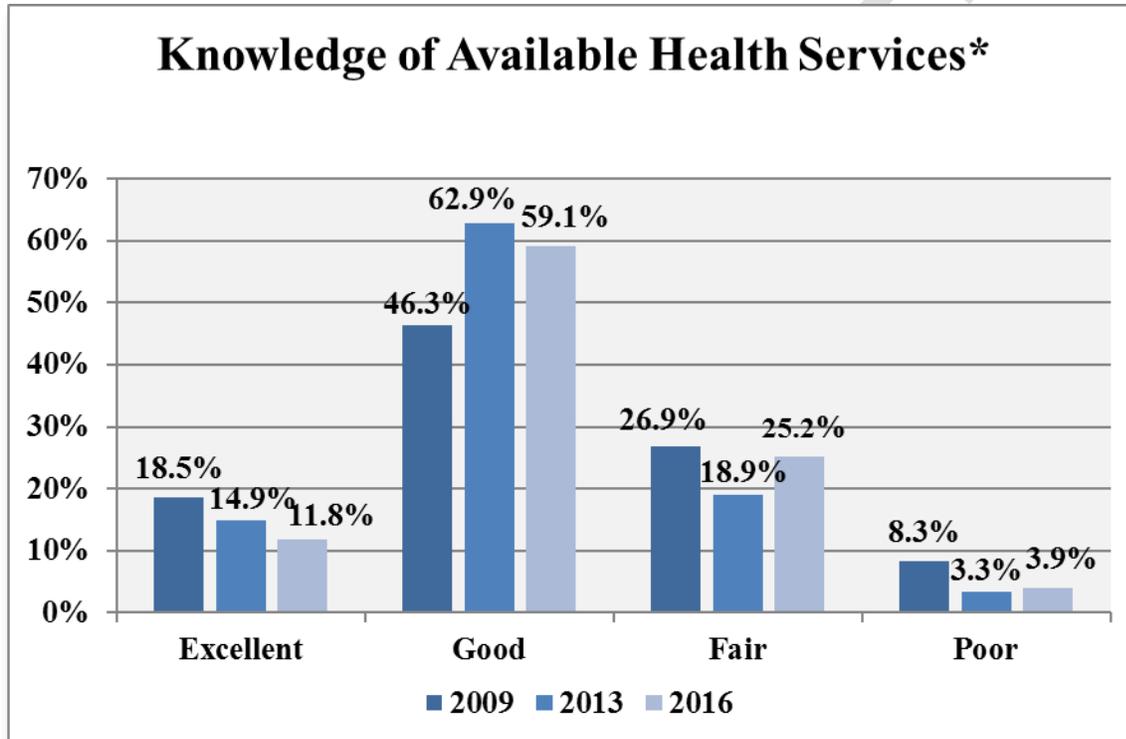
Overall Awareness of Health Services (Question 4)

2016 N= 127

2013 N= 175

2009 N= 216

Respondents were asked to rate their knowledge of the health services available at Northern Rockies Medical Center. Sixty percent (n=75) of respondents rated their knowledge of health services as “Good.” Twenty-five percent (n=32) rated their knowledge as “Fair” and 11.8% of respondents (n=15) rated their knowledge as “Excellent.”



*Significantly fewer 2016 respondents rated their knowledge of available health services as excellent.

How Respondents Learn of Healthcare Services (Question 5)

2016 N= 128

2013 N= 177

2009 N= 228

The most frequently indicated method of learning about available services was “Word of mouth/reputation” at 63.3% (n=81). “Friends/family” was the second most frequent response at 61.7% (n=79) followed by “Healthcare provider” reported at 50.8% (n=65). Respondents could select more than one method so percentages do not equal 100%.

Method	2009		2013		2016	
	Count	Percent	Count	Percent	Count	Percent
Word of mouth/reputation¹	149	65.4%	94	53.1%	81	63.3%
Friends/family	Not asked - 2009		99	55.9%	79	61.7%
Healthcare provider	Not asked - 2009		107	60.5%	65	50.8%
Newspaper	86	37.7%	76	42.9%	38	29.7%
Local publications	Not asked - 2009		Not asked - 2013		24	18.8%
Mailings/newsletter ²	16	7.0%	25	14.1%	20	15.6%
Website/internet ³	7	3.1%	17	9.6%	20	15.6%
Radio	38	16.7%	36	20.3%	19	14.8%
Public health	Not asked - 2009		19	10.7%	15	11.7%
Emergency response	Not asked - 2009		13	7.3%	14	10.9%
Presentations	8	3.5%	4	2.3%	3	2.3%
Other	17	7.5%	10	5.6%	8	6.3%

¹Significantly more 2016 and 2009 respondents reported learning of health care services via word of mouth.

²⁻³Significantly more 2016 and 2013 respondents learned of community health care services by reading mailings or newsletters and from a website/internet.

“Other” comments:

- IHS
- Library
- Relay for Life involvement
- TV
- Walk-in
- Work (2)

Cross Tabulation of Service Knowledge and Learning about Services

Analysis was done to assess respondents' knowledge of services available at Northern Rockies 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 NORTHERN ROCKIES MEDICAL CENTER SERVICES BY HOW RESPONDENTS LEARN ABOUT HEALTHCARE SERVICES

	Excellent	Good	Fair	Poor	Total
Word of mouth/reputation	8 (10%)	47 (58.8%)	22 (27.5%)	3 (3.8%)	80
Friends/family	8 (10.3%)	47 (60.3%)	18 (23.1%)	5 (6.4%)	78
Healthcare provider	8 (12.3%)	42 (64.6%)	14 (21.5%)	1 (1.5%)	65
Newspaper	2 (5.4%)	25 (67.6%)	9 (24.3%)	1 (2.7%)	37
Local publications	2 (8.3%)	16 (66.7%)	6 (25%)		24
Mailings/newsletter	2 (10%)	15 (75%)	3 (15%)		20
Website/internet	3 (15.8%)	12 (63.2%)	4 (21.1%)		19
Radio		11 (61.1%)	7 (38.9%)		18
Public health	3 (21.4%)	7 (50%)	2 (14.3%)	2 (14.3%)	14
Emergency response	1 (7.7%)	8 (61.5%)	2 (15.4%)	2 (15.4%)	13
Presentations		3 (100%)			3
Other		6 (75%)	1 (12.5%)	1 (12.5%)	8

Other Community Health Resources Utilized (Question 6)

2016 N= 128

2013 N= 177

2009 N= 228

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 71.9% (n=92). “Dentist” was also a highly utilized resource at 64.1% (n=82) followed by “Optometrist” at 46.1% (n=59). Respondents could select more than one resource so percentages do not equal 100%.

Resource	2009		2013		2016	
	Count	Percent	Count	Percent	Count	Percent
Pharmacy	156	68.4%	139	78.5%	92	71.9%
Dentist	143	62.7%	108	61.0%	82	64.1%
Optometrist	Not asked - 2009		Not asked - 2013		59	46.1%
Chiropractor	Not asked - 2009		Not asked - 2013		34	26.6%
Physical therapy	Not asked - 2009		49	27.7%	29	22.7%
Public health	Not asked - 2009		24	13.6%	22	17.2%
Civic Center/Diabetes Center ¹	Not asked - 2009		53	29.9%	17	13.3%
Mental health	15	6.6%	12	6.8%	15	11.7%
Other	13	5.7%	12	6.8%	10	7.8%

¹Significantly fewer 2016 respondents reporting the use of the Diabetes Center than in the previous assessment.

“Other” comments:

- Adult Education exercise courses
- ER
- Heavenly Touch (Reiki/Energy work)
- Local care
- School/Community exercise class
- Urology
- VA

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

2016 N= 128

2013 N= 177

2009 N= 228

Respondents were asked to indicate what they felt would improve their community's access to healthcare. Fifty-one percent of respondents (n=65) reported that "More primary care providers" would make the greatest improvement. Forty-eight percent of respondents (n=62) indicated "More specialists" would make an improvement to access and 42.2% (n=54) indicated "Home health assistance." Respondents could select more than one method so percentages do not equal 100%.

Improvement	2009		2013		2016	
	Count	Percent	Count	Percent	Count	Percent
More primary care providers	111	48.7%	83	46.9%	65	50.8%
More specialists ¹	76	33.3%	59	33.3%	62	48.4%
Home Health assistance	Not asked - 2009		56	31.6%	54	42.2%
Financial assistance/counseling	Not asked - 2009		71	40.1%	42	32.8%
Improved quality of care	63	27.6%	43	24.3%	42	32.8%
Transportation assistance ²	27	11.8%	38	21.5%	36	28.1%
More mental health services	Not asked - 2009		Not asked - 2013		33	25.8%
Greater health education services ³	32	14.0%	42	23.7%	29	22.7%
Outpatient services expanded hours ⁴	21	9.2%	30	16.9%	27	21.1%
Cultural sensitivity	Not asked - 2009		17	9.6%	19	14.8%
Telemedicine	6	2.6%	6	3.4%	9	7.0%
Interpreter services	Not asked - 2009		1	0.6%	4	3.1%
Other	21	9.2%	9	5.1%	10	7.8%

¹Significantly more 2016 respondents indicated "More specialists" would improve access to healthcare than in previous years.

²⁻⁴Significantly more 2016 and 2013 respondents selected 'Transportation assistance,' 'Greater health education services,' and 'Outpatient services expanded hours' than in 2009.

"Other" comment:

- Doctors who really listen
- Dental
- ENT [ear/nose/throat] services
- Everything is perfect
- Geriatric providers
- Health clinics at community events
- Implementing a health board representing the service population
- More aid for 65+, complete paperwork, contact providers, etc.
- More naturopathic or alternative health specialists
- People taking responsibility for themselves; quit enabling bad behavior

Interest in Educational Classes/Programs/Support Groups (Question 8)

2016 N= 128

2013 N= 177

Respondents were asked if they would be interested in any educational classes/programs/support groups if offered locally. The most highly indicated class/program indicated was “Fitness” at 35.9% of respondents (n=46). “Stress management” was selected by 28.9% of respondents (n=37) followed by “First aid/CPR” and “Weight loss” both with 28.1% (n=36 each). Respondents could select more than one method so percentages do not equal 100%.

Educational Class/Program	2013		2016	
	Count	Percent	Count	Percent
Fitness	66	37.3%	46	35.9%
Stress management	Not asked - 2013		37	28.9%
First aid/CPR¹	32	18.1%	36	28.1%
Weight loss	61	34.5%	36	28.1%
Nutrition	56	31.6%	34	26.6%
Women's health	45	25.4%	31	24.2%
Health and wellness ²	64	36.2%	30	23.4%
Diabetes	35	19.8%	29	22.7%
Living will	36	20.3%	29	22.7%
Grief counseling	18	10.2%	22	17.2%
Men's health	22	12.4%	20	15.6%
Alcohol/substance abuse	17	9.6%	17	13.3%
Parenting	14	7.9%	17	13.3%
Cancer	33	18.6%	16	12.5%
Cultural/traditional health	Not asked - 2013		15	11.7%
Alzheimer's	31	17.5%	13	10.2%
Mental health	9	5.1%	12	9.4%
Support groups	23	13.0%	12	9.4%
Smoking cessation	20	11.3%	7	5.5%
Heart disease ³	25	14.1%	6	4.7%
Prenatal	3	1.7%	4	3.1%
Other	6	3.4%	4	3.1%

¹Significantly more 2016 respondents reported an interest in first aid or CPR classes than in the previous assessment.

²⁻³Significantly fewer 2016 respondents reported an interest in health and wellness and heart disease classes than in the previous assessment.

“Other” comments:

- Digestive disorders
- Meth abuse
- I maintain my own through RN CE [Registered Nurse Continuing Education]

Desired Local Healthcare Services (Question 9)

2016 N= 128

2013 N= 177

Respondents were asked to indicate which healthcare professionals or services presently not available would they use if available locally. Respondents indicated the most interest in having “Alternative medicines” services available at 40.6% (n=52) followed by “Nutrition/dietician” at 34.4% (n=44), then “Home Health assistance” at 29.7% (n=38). Respondents were asked to select all that apply so percentages do not equal 100%.

Desired Service	2013		2016	
	Count	Percent	Count	Percent
Alternative medicines	Not asked - 2013		52	40.6%
Nutrition/dietician	50	28.2%	44	34.4%
Home Health assistance ¹	28	15.8%	38	29.7%
Emergency mental health ²	8	4.5%	14	10.9%
Occupational therapy	13	7.3%	12	9.4%
Speech therapy	Not asked - 2013		6	4.7%
Other ³	11	6.2%	20	15.6%

¹⁻³Significantly more 2016 respondents selected ‘Home Health assistance,’ ‘Emergency mental health,’ and ‘Other’ than in the previous assessment.

“Other” comments:

- Dental
- Depends on what I need at the time
- ENT [ear/nose/throat] services
- Hospice is really needed
- How to live with diabetes
- Patient advocates
- Pool therapy

Utilization of Preventative Services (Question 10)

2016 N= 128

2013 N= 177

Respondents were asked if they had utilized any of the preventative services listed in the past year. “Routine dental checkup” was selected by 57% of respondents (n=73) followed by “Flu shot/vaccinations” and “Routine eye exam” both with 50% (n=64) each. Forty-eight percent of respondents (n=62) received a “Routine blood pressure check.” Respondents could check all that apply, therefore the percentages do not equal 100%.

Service	2013		2016	
	Count	Percent	Count	Percent
Routine dental checkup	82	46.3%	73	57.0%
Flu shot/vaccinations	90	50.8%	64	50.0%
Routine eye exam	88	49.7%	64	50.0%
Routine blood pressure check	97	54.8%	62	48.4%
Routine health checkup	77	43.5%	61	47.7%
Cholesterol check ¹	88	49.7%	49	38.3%
Mammography	61	34.5%	39	30.5%
Pap smear	41	23.2%	31	24.2%
Children’s checkup/Well baby	18	10.2%	15	11.7%
Colonoscopy	29	16.4%	13	10.2%
Prostate (PSA) ²	32	18.1%	13	10.2%
None	7	4.0%	5	3.9%

¹⁻²Significantly fewer 2016 respondents reported having a cholesterol check and Prostate (PSA) test in the past year.

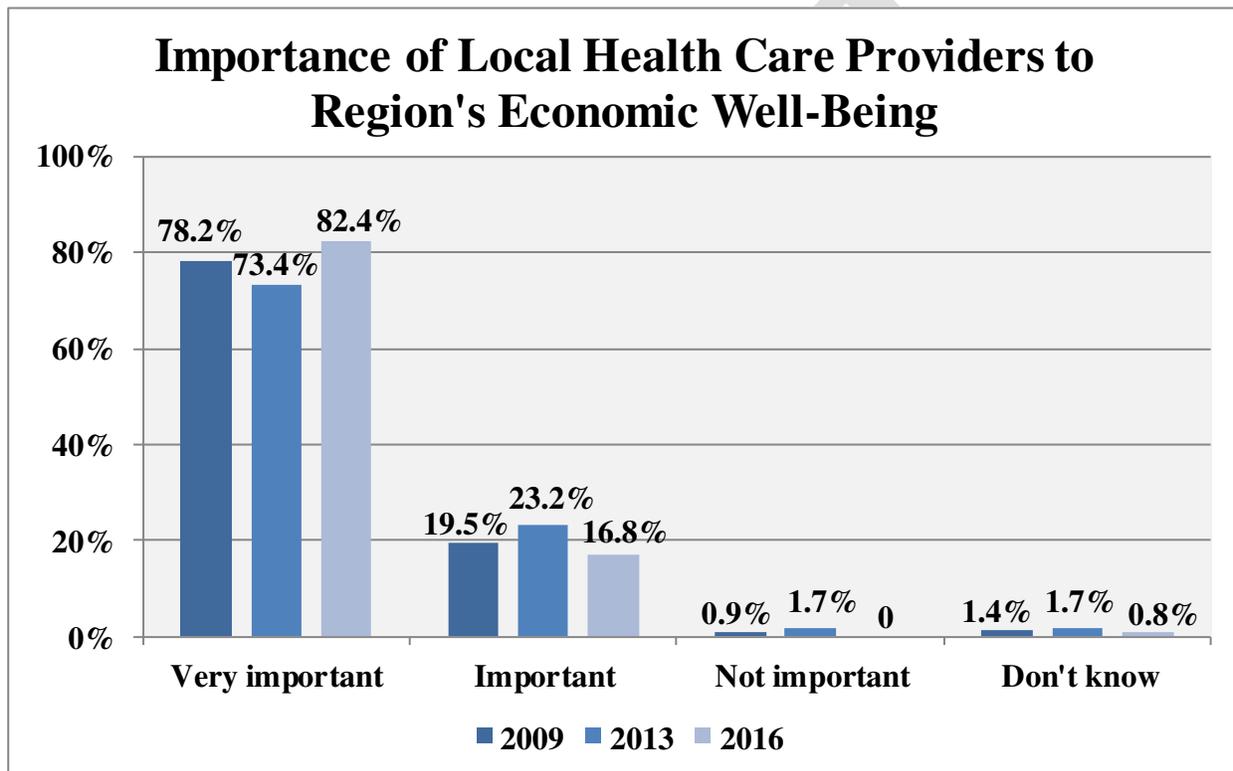
Economic Importance of Local Healthcare Providers and Services (Question 11)

2016 N= 125

2013 N= 177

2009 N= 220

The majority of respondents (82.4%, n=103) indicated that local healthcare providers and services (i.e.: hospitals, clinics, nursing homes, assisted living, etc.) are “Very important” to the economic well-being of the area. Seventeen percent of respondents (n=21) indicated they are “Important” and one respondent, or 0.8%, indicated that they “Don’t know.” Three respondents chose not to answer this question.



“Other” comments:

- Should not be there for economic reasons, should be a human needs reason. Should not be for profit!

Survey Findings – Use of Healthcare Services

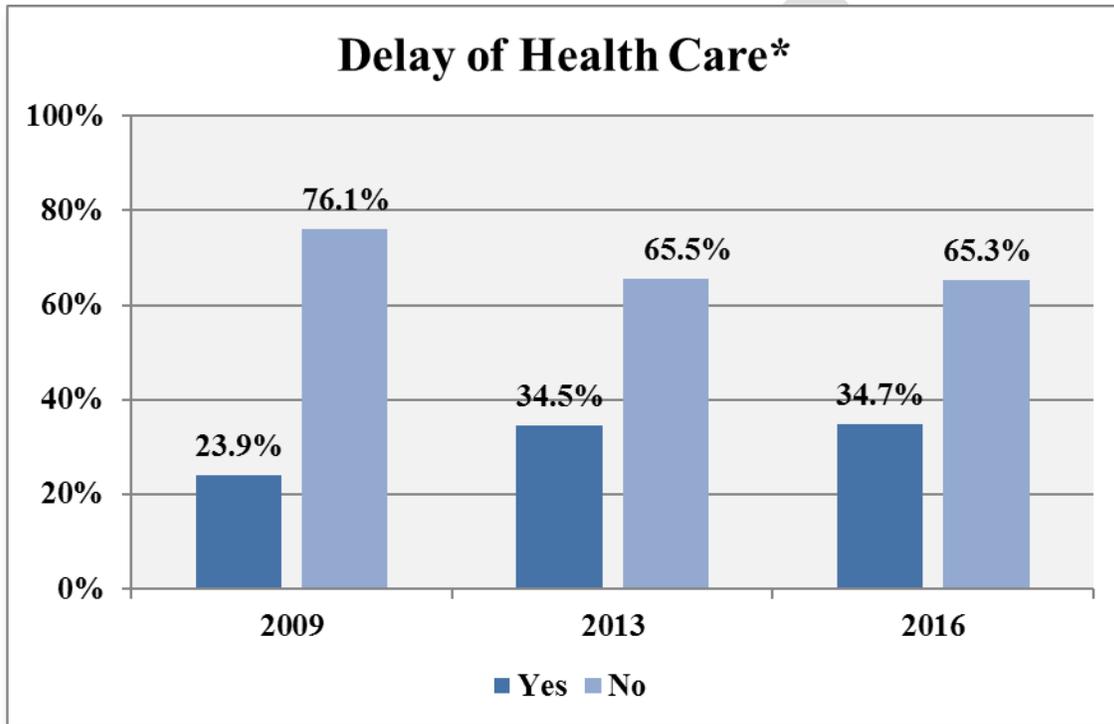
Needed/Delayed Hospital Care During the Past Three Years (Question 12)

2016 N= 121

2013 N= 165

2009 N= 213

Thirty-five percent of respondents (n=42) reported that they or a member of their household thought they needed healthcare services but did not get it or had to delay getting it. Sixty-five percent of respondents (n=79) felt they were able to get the healthcare services they needed without delay.



*Significantly more 2016 and 2013 respondents reported they delayed seeking needed health care.

Reasons for NOT Being Able to Receive Services or Delay in Receiving Healthcare Services (Question 13)

2016 N= 42

2013 N= 57

2009 N= 51

For those who indicated they were unable to receive or had to delay services (n=42), the reasons most cited were: “Could not get an appointment” (42.9%, n=18), “It costs too much” and “Too long to wait for an appointment (26.2%, n=11) each. Respondents were asked to indicate their top three choices, therefore percentages do not total 100%.

Reason	2009		2013		2016	
	Count	Percent	Count	Percent	Count	Percent
Could not get an appointment¹	10	19.6%	13	22.8%	18	42.9%
It costs too much²	26	51.0%	21	36.8%	11	26.2%
Too long to wait for an appointment	12	23.5%	15	26.3%	11	26.2%
My insurance didn't cover it	7	13.7%	12	21.1%	8	19.0%
Office wasn't open when I could go	8	15.7%	5	8.8%	8	19.0%
Not treated with respect	10	19.6%	9	15.8%	6	14.3%
Could not get off work	3	5.9%	8	14.0%	5	11.9%
Didn't know where to go	2	3.9%	2	3.5%	5	11.9%
No insurance ³	20	39.2%	10	17.5%	5	11.9%
Unsure if services were available	1	2.0%	6	10.5%	5	11.9%
It was too far to go	2	3.9%	9	15.8%	4	9.5%
Transportation problems	4	7.8%	6	10.5%	3	7.1%
Had no one to care for the children	3	5.9%	0	0	2	4.8%
Don't like doctors	4	7.8%	7	12.3%	1	2.4%
Too nervous or afraid	2	3.9%	7	12.3%	1	2.4%
Language barrier	0	0	0	0	0	0
Other	8	15.7%	6	10.5%	7	16.7%

¹ Significantly more 2016 respondents delayed seeking needed health care because they could not get an appointment.

²⁻³ Significantly fewer 2016 and 2013 respondents delayed receiving health care due to cost and not having insurance.

“Other” comments:

- Specialist not in area (2)
- Extended wait time (2)
- Lack of providers
- Didn't have a PCP [Primary Care Provider]
- Extreme procrastination
- NRMC doctor not cooperative

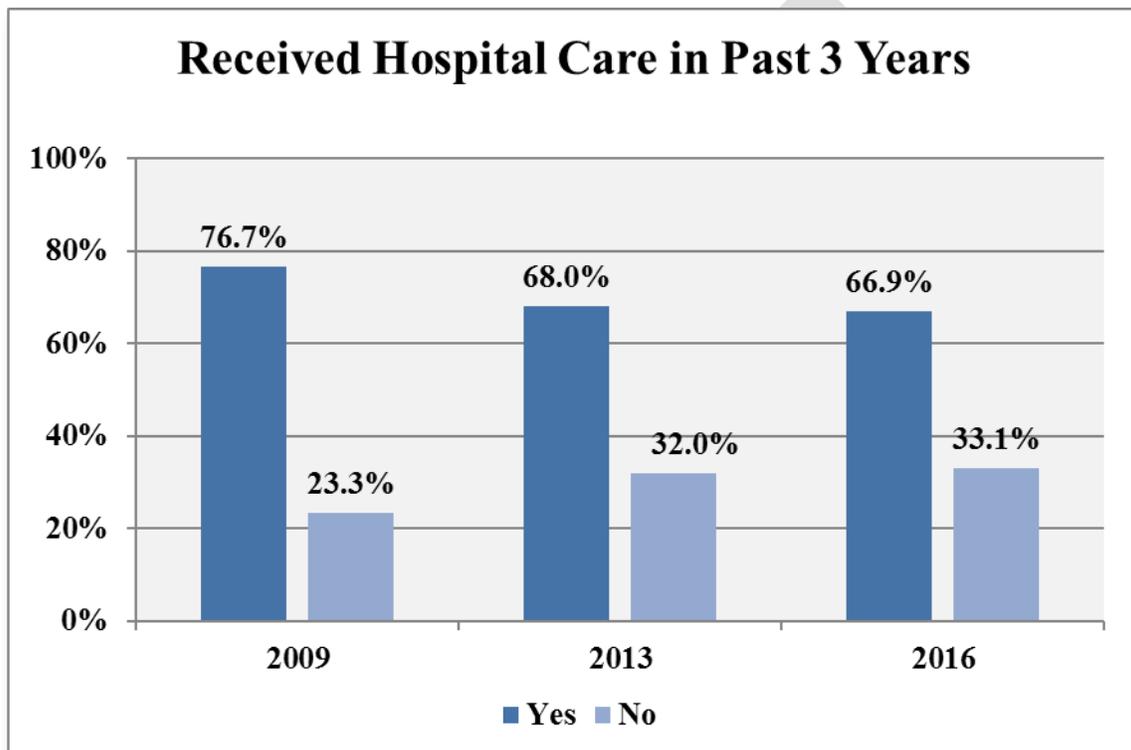
Hospital Care Received in the Past Three Years (Question 14)

2016 N= 127

2013 N= 169

2009 N= 223

Respondents were asked to indicate if they had received care in a hospital (i.e. hospitalized overnight, day surgery, obstetrical care, rehabilitation, radiology, or emergency care) in the last three years. Sixty-seven percent of respondents (n=85) reported that they or a member of their family had received hospital care during the previous three years and 33.1% (n=42) had not received hospital services.



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

2016 N= 67

2013 N= 96

2009 N= 155

Of the 85 respondents who indicated receiving hospital care in the previous three years, 35.8% (n=24) reported receiving care at Northern Rockies Medical Center. Twenty-one percent of respondents (n=14) received services with Indian Health Services in Browning and 16.4% of respondents (n=11) reported utilizing services from Benefis in Great Falls. In 2016, 18 of the 85 respondents who reported they had been to a hospital in the past three years did not indicate which hospital they had utilized.

Hospital	2009		2013		2016	
	Count	Percent	Count	Percent	Count	Percent
Northern Rockies Medical Center- Cut Bank	84	54.2%	43	44.8%	24	35.8%
Indian Health Services (I.H.S.) Browning	21	13.5%	11	11.5%	14	20.9%
Benefis- Great Falls	15	9.7%	22	22.9%	11	16.4%
Kalispell Regional Medical Center-Kalispell	10	6.5%	8	8.3%	7	10.4%
Marias Medical Center- Shelby	15	9.7%	4	4.2%	4	6.0%
Pondera Medical Center- Conrad	4	2.5%	2	2.1%	2	3.0%
Other	6	3.9%	6	6.2%	5	7.5%
TOTAL	155	100%	96	100%	67	100%

“Other” comments:

- VA (2)
- Billings hospital, Billings
- Gallup, NM (Just moved to Browning 1 year ago)
- Owasso, OK
- Sidney, MT
- St. Patrick’s Hospital (Missoula)
- St. Peter’s Helena

Reasons for Selecting the Hospital Used (Question 16)

2016 N= 85

2013 N= 115

2009 N= 171

Of the 85 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 56.5% (n=48). “Referred by physician” was selected by 42.4% of the respondents (n=36) and 38.8% (n=33) selected “Emergency, no choice.” Note that respondents were asked to select the top three answers which influenced their choices; therefore the percentages do not equal 100%.

Reason	2009		2013		2016	
	Count	Percent	Count	Percent	Count	Percent
Closest to home	114	66.7%	64	55.7%	48	56.5%
Referred by physician	63	36.8%	44	38.3%	36	42.4%
Emergency, no choice	60	35.1%	32	27.8%	33	38.8%
Prior experience with hospital	70	40.9%	46	40.0%	25	29.4%
Hospital’s reputation for quality ¹	37	21.6%	43	37.4%	23	27.1%
Indian Health Services (I.H.S.) eligible	28	16.4%	24	20.9%	23	27.1%
Recommended by family or friends ²	13	7.6%	20	17.4%	7	8.2%
Cost of care	17	9.9%	16	13.9%	4	4.7%
Closest to work	19	11.1%	7	6.1%	3	3.5%
Required by insurance plan	6	3.5%	3	2.6%	2	2.4%
VA/Military requirement	2	1.2%	2	1.7%	1	1.2%
Other	12	7.0%	7	6.1%	8	9.4%

¹⁻²2016 respondents were significantly less likely to select a hospital based on its reputation for quality or based on a recommendation from family or friends.

“Other” comments:

- Out of town specialist (2)
- IHS referral (2)
- Able to make an appointment and plan my day off
- Local clinic
- No choice
- We like the helpers (support staff)

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

	Northern Rockies Medical Center Cut Bank	Indian Health Services (I.H.S.) Browning	Kalispell Regional Medical Center Kalispell	Marias Medical Center Shelby	Benefis Great Falls	Pondera Medical Center Conrad	Other	Total
Cut Bank 59427	20 (48.8%)		6 (14.6%)	3 (7.3%)	8 (19.5%)		4 (9.8%)	41
Valier 59486		1 (25%)		1 (25%)		2 (50%)		4
East Glacier 59434			1 (100%)					1
Babb 59411								0
Browning 59417	4 (26.7%)	9 (60%)			1 (6.7%)		1 (6.7%)	15
Heart Butte 59448		4 (80%)			1 (20%)			5
TOTAL	24 (36.4%)	14 (21.2%)	7 (10.6%)	4 (6.1%)	10 (15.2%)	2 (3%)	5 (7.6%)	66

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

	Northern Rockies Medical Center Cut Bank	Indian Health Services (I.H.S.) Browning	Kalispell Regional Medical Center Kalispell	Marias Medical Center Shelby	Benefis Great Falls	Pondera Medical Center Conrad	Other	Total
Cost of care		4 (100%)						4
Closest to home	20 (51.3%)	12 (30.8%)	1 (2.6%)	1 (2.6%)		2 (5.1%)	3 (7.7%)	39
Closest to work	1 (50%)						1 (50%)	2
Emergency, no choice	11 (44%)	6 (24%)			5 (20%)	1 (4%)	2 (8%)	25
Hospital's reputation for quality	6 (31.6%)		5 (26.3%)		5 (26.3%)	1 (5.3%)	2 (10.5%)	19
Prior experience with hospital	10 (43.5%)	1 (4.3%)	4 (17.4%)	1 (4.3%)	4 (17.4%)	2 (8.7%)	1 (4.3%)	23
Recommended by family or friends	2 (40%)		2 (40%)	1 (20%)				5
Referred by physician	8 (33.3%)		5 (20.8%)	1 (4.2%)	7 (29.2%)		3 (12.5%)	24
Required by insurance plan	1 (50%)		1 (50%)					2
VA/Military requirement		1 (100%)						1
Indian Health Services (I.H.S.) eligible	2 (12.5%)	12 (75%)			2 (12.5%)			16
Other		1 (16.7%)		2 (33.3%)	2 (33.3%)		1 (16.7%)	6

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

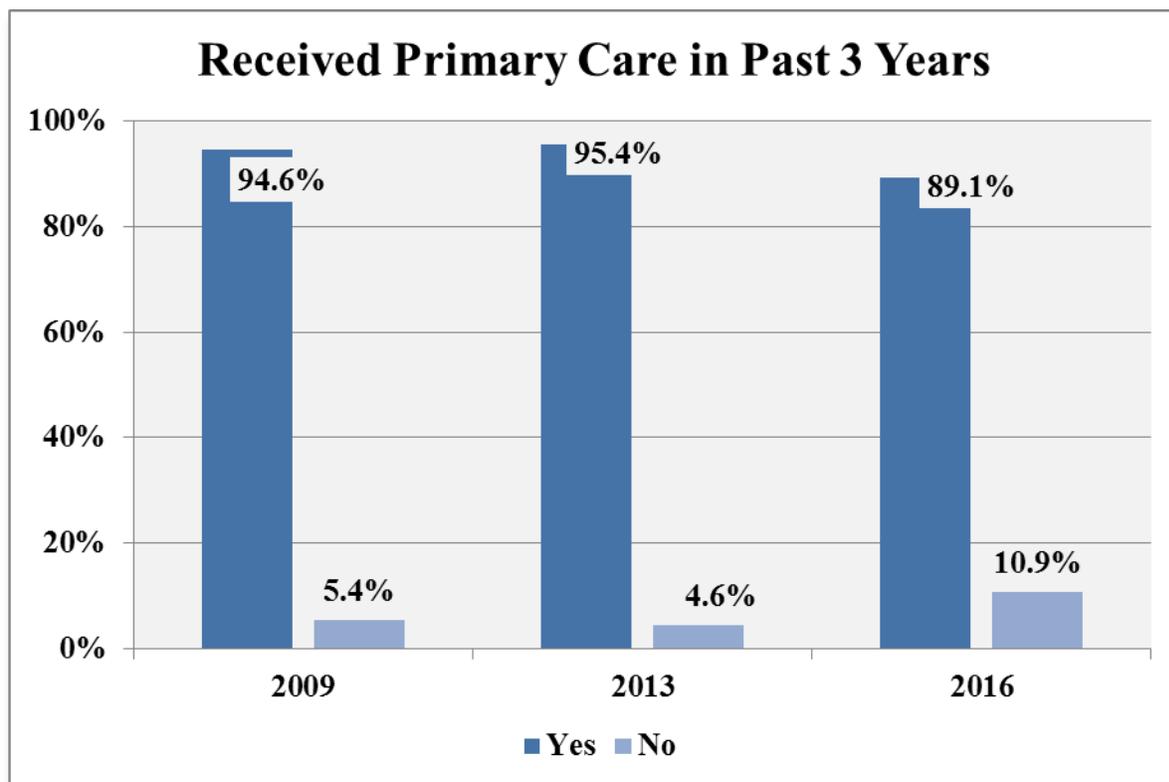
2016 N= 128

2013 N= 173

2009 N= 224

Eighty-nine percent of respondents (n=114) 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 and 10.9% respondents (n=14) indicated they or someone in their household had not.



Location of Primary Care Provider (Question 18)

2016 N= 104

2013 N= 156

2009 N= 193

Of the 114 respondents who indicated receiving primary care services in the previous three years, 60.6% (n=63) reported receiving care in Cut Bank and 20.2% percent of respondents (n=21) went to Browning for primary care services. Ten of the 114 respondents who reported they had utilized primary care services in the past three years did not indicate where they received those services.

Clinic	2009		2013		2016	
	Count	Percent	Count	Percent	Count	Percent
Cut Bank¹	140	72.5%	102	65.4%	63	60.6%
Browning²	17	8.8%	23	14.7%	21	20.2%
Shelby	20	10.4%	10	6.4%	5	4.8%
Conrad	6	3.1%	7	4.5%	5	4.8%
Great Falls	3	1.6%	14	9.0%	4	3.8%
Kalispell	4	2.1%	0	0	4	3.8%
Other	3	1.5%	0	0	2	1.9%
TOTAL	193	100%	156	100%	104	100%

¹⁻²There has been a significant decrease in the percentage of respondents reporting they utilized primary care services in Cut Bank and a significant increase in those reporting receiving services in Browning

“Other” comments:

- Valier (2)
- Kalispell
- VA in Cut Bank

Reasons for Selection of Primary Care Provider (Question 19)

2016 N= 114

2013 N= 165

2009 N= 212

Those respondents who indicated they or someone in their household had been seen by a primary care provider within the past three years were asked to indicate why they chose that primary care provider. “Prior experience with clinic/provider” was the most frequently selected reason at 50.9% (n=58) followed by “Closest to home” at 49.1% (n=56) and “Appointment availability” at 27.2% (n=31). Respondents were asked to check all that apply so the percentages do not equal 100%.

Reason	2009		2013		2016	
	Count	Percent	Count	Percent	Count	Percent
Prior experience with clinic/provider	95	44.8%	72	43.6%	58	50.9%
Closest to home	103	48.6%	72	43.6%	56	49.1%
Appointment availability	69	32.5%	57	34.5%	31	27.2%
Clinic’s reputation for quality	42	19.8%	35	21.2%	27	23.7%
Indian Health Services (I.H.S.) eligible ¹	12	5.7%	25	15.2%	22	19.3%
Recommended by family or friends	Not asked - 2009		Not asked - 2013		22	19.3%
Referred by physician or other provider	22	10.4%	6	3.6%	9	7.9%
Cost of care	21	9.9%	15	9.1%	8	7.0%
VA/Military requirement	9	4.2%	8	4.8%	8	7.0%
Length of waiting room time	20	9.4%	13	7.9%	7	6.1%
Required by insurance plan	5	2.4%	7	4.2%	5	4.4%
Other	23	10.8%	10	6.1%	7	6.1%

¹Significantly more of the 2016 and 2013 respondents selected a clinic based on IHS eligibility.

“Other” comments:

- Have not seen a primary care provider
- No other choice
- Open and convenient
- Personal positive relation with doctors and staff- very nice
- Referral from elsewhere
- Specialists and confidentiality
- To get referral
- Was able to walk in and the wait was short

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

	Cut Bank	Kalispell	Great Falls	Browning	Conrad	Shelby	Other	Total
Cut Bank 59427	59 (83.1%)	3 (4.2%)	2 (2.8%)	1 (1.4%)		5 (7%)	1 (1.4%)	71
Valier 59486	1 (16.7%)		1 (16.7%)	1 (16.7%)	3 (50%)			6
East Glacier 59434	1 (50%)	1 (50%)						2
Babb 59411				1 (100%)				1
Browning 59417	2 (11.1%)			15 (83.3%)			1 (5.6%)	18
Heart Butte 59448				3 (60%)	2 (40%)			5
TOTAL	63 (61.2%)	4 (3.9%)	3 (2.9%)	21 (20.4%)	5 (4.9%)	5 (4.9%)	2 (1.9%)	103

Cross Tabulation of Clinic and Reason Selected

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

LOCATION OF PRIMARY CARE PROVIDER BY REASONS CLINIC SELECTED

	Cut Bank	Kalispell	Great Falls	Browning	Conrad	Shelby	Other	Total
Appointment availability	24 (88.9%)			2 (7.4%)	1 (3.7%)			27
Clinic's reputation for quality	19 (76%)	3 (12%)	1 (4%)		1 (4%)	1 (4%)		25
Closest to home	35 (70%)	2 (4%)		11 (22%)	2 (4%)			50
Cost of care	5 (62.5%)			3 (37.5%)				8
Length of waiting room time	5 (83.3%)	1 (16.7%)						6
Prior experience with clinic/provider	42 (76.4%)	2 (3.6%)	2 (3.6%)	2 (3.6%)	3 (5.5%)	3 (5.5%)	1 (1.8%)	55
Recommended by family or friends	14 (70%)	3 (15%)	1 (5%)	1 (5%)		1 (5%)		20
Referred by physician or other provider	3 (42.9%)	2 (28.6%)		1 (14.3%)		1 (14.3%)		7
Required by insurance plan	3 (60%)			1 (20%)			1 (20%)	5
VA/Military requirement	5 (62.5%)			1 (12.5%)		1 (12.5%)	1 (12.5%)	8
Indian Health Services (I.H.S.) eligible	2 (10%)			18 (90%)				20
Other	1 (25%)		1 (25%)	1 (25%)	1 (25%)			4

Use of Healthcare Specialists during the Past Three Years (Question 20)
2016 N= 125

2013 N= 169
2009 N= 201

Respondents were asked to indicate if they or someone in their household had seen a healthcare specialist in the past three years. Seventy-six percent of the respondents (n=95) indicated they or a household member had seen a healthcare specialist during the past three years and twenty-four percent (n=30) indicated they had not.



Location of Healthcare Specialist (Question 21)

2016 N= 95

2013 N= 126

2009 N= 158

Of the 95 respondents who indicated they saw a healthcare specialist in the past three years, 49.5% (n=47) saw one in Great Falls. Kalispell specialty services were utilized by 41.1% of respondents (n=39) and Cut Bank was reported by 29.5% (n=28). Respondents could select more than one location; therefore, percentages do not equal 100%.

Location	2009		2013		2016	
	Count	Percent	Count	Percent	Count	Percent
Great Falls	85	53.8%	69	54.8%	47	49.5%
Kalispell	45	28.5%	44	34.9%	39	41.1%
Cut Bank	53	33.5%	45	35.7%	28	29.5%
Shelby	Not asked - 2009		Not asked - 2013		11	11.6%
Browning	Not asked - 2009		14	11.1%	10	10.5%
Conrad	Not asked - 2009		Not asked - 2013		6	6.3%
Other	41	25.9%	13	10.3%	11	11.6%

“Other” comments:

- Billings (2)
- Helena (2)
- Seattle (2)
- Albuquerque, NM
- Great Falls
- SLC [Salt Lake City]

Type of Healthcare Specialist Seen (Question 22)

2016 N= 95

2013 N= 126

2009 N= 158

The respondents (n=95) saw a wide array of healthcare specialists in the past three years. The most frequently indicated specialist was the “Dentist” at 32.6% of respondents (n=31) having utilized their services. “Orthopedic surgeon” was the second most utilized specialist at 29.5% (n=28) and “Cardiologist” was third at 18.9% (n=18). Respondents were asked to choose all that apply so percentages do not equal 100%.

Specialist Type	2009		2013		2016	
	Count	Percent	Count	Percent	Count	Percent
Dentist¹	90	57.0%	29	23.0%	31	32.6%
Orthopedic surgeon	39	24.7%	35	27.8%	28	29.5%
Cardiologist (heart)	41	25.9%	28	22.2%	18	18.9%
Chiropractor	42	26.6%	21	16.7%	16	16.8%
Dermatologist	18	11.4%	10	7.9%	16	16.8%
Neurologist ²	26	16.5%	9	7.1%	15	15.8%
Ophthalmologist (eye)	18	11.4%	8	6.3%	15	15.8%
OB/GYN	24	15.2%	17	13.5%	13	13.7%
Urologist	17	10.8%	14	11.1%	13	13.7%
Radiologist ³	28	17.7%	6	4.8%	13	13.7%
Podiatrist (foot)	18	11.4%	13	10.3%	12	12.6%
Physical therapist	30	19.0%	18	14.3%	11	11.6%
Gastroenterologist	17	10.8%	17	13.5%	10	10.5%
General surgeon	28	17.7%	13	10.3%	9	9.5%
Oncologist	7	4.4%	8	6.3%	9	9.5%
Mental health counselor	6	3.8%	11	8.7%	8	8.4%
Endocrinologist (diabetes)	Not asked - 2009		5	4.0%	8	8.4%
Allergist	Not asked - 2009		3	2.4%	7	7.4%
Rheumatologist	7	4.4%	7	5.6%	6	6.3%
Pulmonologist (lung)	4	2.5%	6	4.8%	6	6.3%
ENT (ear/nose/throat) ⁴	18	11.4%	6	4.8%	4	4.2%
Psychologist	2	1.3%	1	0.8%	4	4.2%
Pediatrician	4	2.5%	2	1.6%	3	3.2%
Psychiatrist (M.D.)	5	3.2%	1	0.8%	3	3.2%
Neurosurgeon	Not asked - 2009		1	0.8%	2	2.1%
Occupational therapist	1	0.6%	2	1.6%	1	1.1%
Dietician	5	3.2%	1	0.8%	1	1.1%
Speech therapist	0	0	1	0.8%	1	1.1%
Social worker	5	3.2%	0	0	1	1.1%

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Substance abuse counselor	2	1.3%	0	0	1	1.1%
Geriatrician	Not asked - 2009		0	0	1	1.1%
Other	15	9.5%	12	9.5%	5	5.3%

¹There is a significant difference in the percentage of respondents who have seen a dentist at all three assessment times.

²⁻³Significantly more 2016 respondents saw a neurologist and ENT than in 2013.

⁴Significantly fewer 2016 and 2013 respondents saw a radiologist than in 2009.

“Other” comments:

- Dental surgery
- Heavenly Touch (energy work)
- Neurosurgeon
- Naturopathic
- Plastic surgeon

DRAFT

Overall Quality of Care at Northern Rockies Medical Center (Question 23)

2016 N= 128

2013 N= 177

2009 N= 228

Respondents were asked to rate a variety of aspects of the overall care provided at Northern Rockies 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 Laboratory services receiving the top average score of 3.4 out of 4.0. Physical therapy received a score of 3.3 and Radiology received a 3.1 out of 4.0. The total average score 3.1, indicating the overall services of the hospital to be "Excellent" to "Good."

2016	Excellent (4)	Good (3)	Fair (2)	Poor (1)	Don't know	No Ans	N	Avg
Laboratory	38	37	2	1	46	4	128	3.4
Physical therapy	15	15	2	1	88	7	128	3.3
Radiology	19	34	6	3	62	4	128	3.1
Clinical services ¹	16	42	11	1	49	9	128	3.0
Specialty clinics	9	16	8	1	86	8	128	3.0
Surgical services	5	15	1	2	93	12	128	3.0
Emergency room	21	32	20	3	45	7	128	2.9
TOTAL	123	191	50	12				3.1

¹Significantly more of the 2016 respondents rated clinical services as 'good' rather than 'excellent.' Additionally, significantly more 2016 respondents indicated they 'Didn't know or had not used' clinical services at NRMC.

2013	Excellent (4)	Good (3)	Fair (2)	Poor (1)	Don't know	No Ans	N	Avg
Physical therapy	33	19	10	0	101	14	177	3.4
Laboratory	57	56	12	3	42	7	177	3.3
Radiology	38	45	6	1	76	11	177	3.3
Specialty clinics	26	15	9	1	112	14	177	3.3
Clinical services	46	42	23	5	47	14	177	3.1
Surgical services	17	10	8	3	123	16	177	3.1
Emergency room	43	41	23	8	54	8	177	3.0
TOTAL	260	228	91	21				3.2

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2009	Excellent (4)	Good (3)	Fair (2)	Poor (1)	Don't know/ No Answer	N	Avg
Laboratory	85	63	11	1	68	228	3.5
Physical therapy	39	34	8	1	146	228	3.4
Radiology	34	55	13	1	125	228	3.2
Emergency room	53	57	30	7	81	228	3.1
Surgical services	16	16	3	5	188	228	3.1
TOTAL	227	225	65	15			3.2

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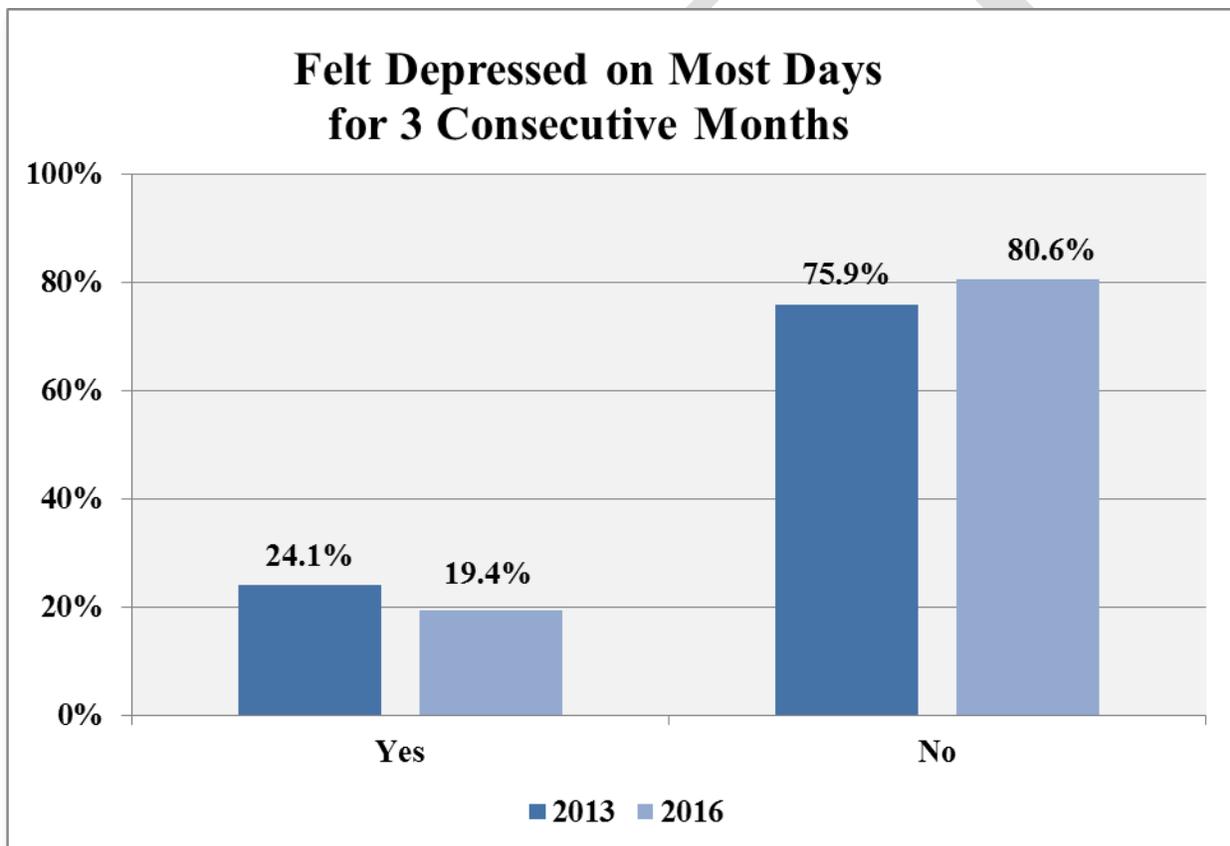
Survey Findings – Personal Health

Prevalence of Depression (Question 24)

2016 N= 124

2013 N= 170

Respondents were asked to indicate if there were periods of at least three consecutive months in the past three years where they felt depressed on most days, although they may have felt okay sometimes. Nineteen percent of respondents (n=24) indicated they had experienced periods of depression and 80.6% of respondents (n=100) indicated they had not. Four respondents chose not to answer this question.

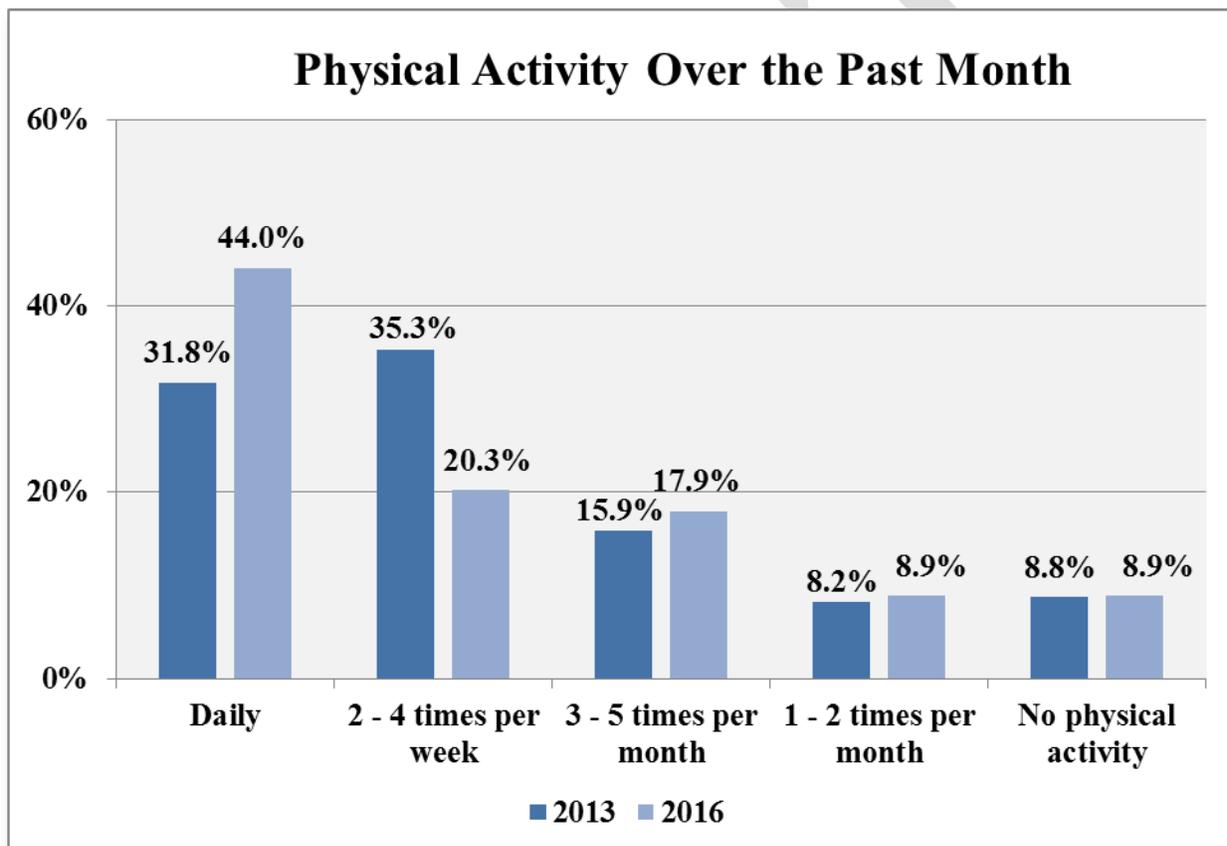


Physical Activity (Question 25)

2016 N= 123

2013 N= 170

Respondents were asked to indicate how frequently they had physical activity for at least twenty minutes over the past month. Forty-four percent of respondents (n=54) reported they had physical activity of at least twenty minutes “Daily” and 20.3% (n=25) reported physical activity “2-4 times per week.” Nine percent of respondents (n=11) indicated they had “No physical activity” and five respondents chose not to answer this question.



“Other” comments:

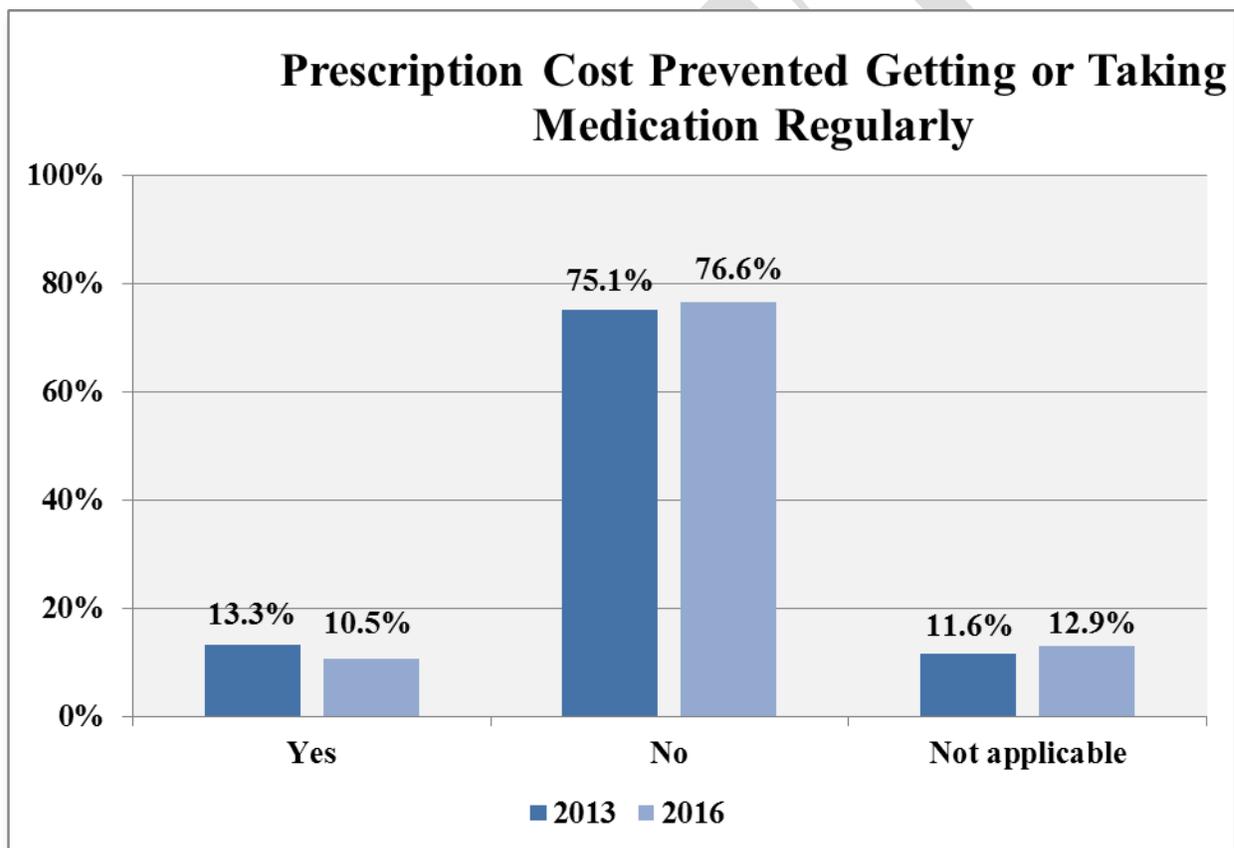
- Disabled – try to walk daily

Cost and Prescription Medications (Question 26)

2016 N= 124

2013 N= 173

Respondents were asked to indicate if, during the last year, medication costs had prohibited them from getting a prescription or taking their medication regularly. Eleven percent of respondents (n=13) indicated that cost had prohibited them from getting a prescription or taking their medication regularly. Seventy-seven percent of respondents (n=95) indicated that cost had not been a barrier, and 12.9% (n=16) respondents indicated it was not applicable, they don't take medications.

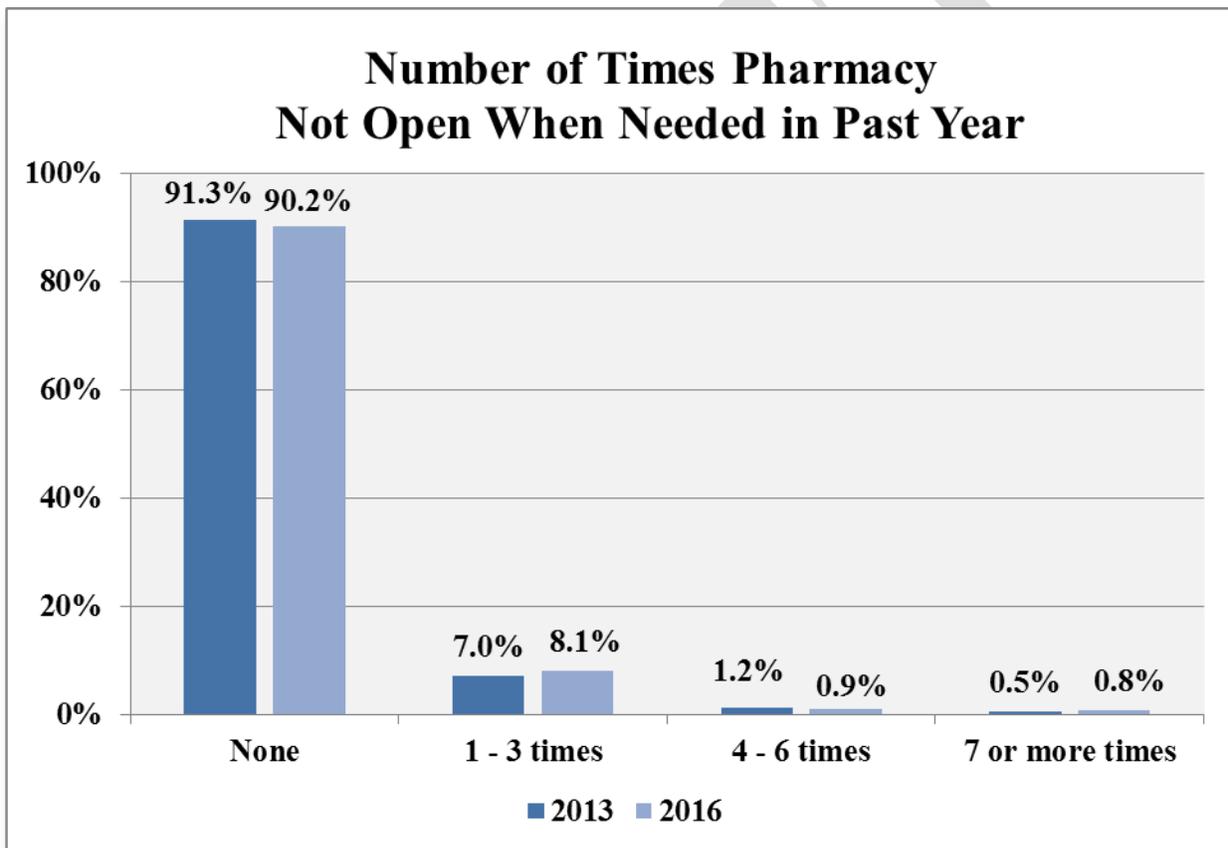


Pharmacy Availability (Question 27)

2016 N= 123

2013 N= 172

Respondents were asked to indicate how many times, in the past year, they were unable to fill a prescription because the pharmacy was not open or available. Eight percent of respondents (n=10) indicated pharmacy services had been unavailable 1-3 times. Ninety percent of respondents (n=111) indicated they had not had a problem with getting prescriptions as needed in the past year.



“Other” comments:

- [selected no] Make time or arrangements a person’s health should come first

Injury Prevention Measures (Question 28)

2016 N= 128

Respondents were asked to indicate which, if any, injury prevention measures they engage in. Ninety-two percent of respondents (n=118) indicated they use a seat belt. Fifty-one percent (n=65) reported they regularly exercise and 50% (n=64) reported they use Hands free phone while driving/no texting.

Prevention Measure	Count	Percent
Seat belt	118	92.2%
Regular exercise	65	50.8%
Hands free phone while driving/ no texting	64	50.0%
Designated driver	33	25.8%
Water safety (life vest)	32	25.0%
Child car seat/booster	23	18.0%
Helmet	15	11.7%

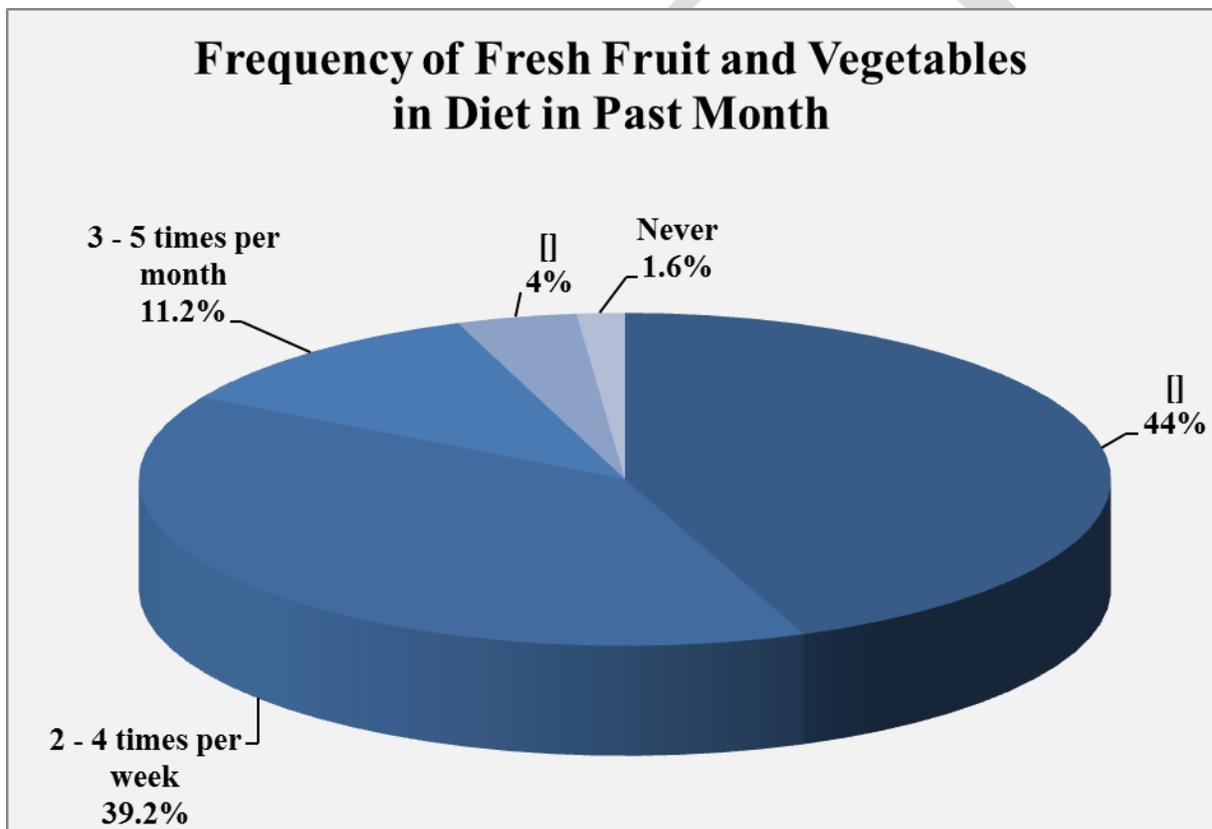
“Other” comments:

- I take responsibility for myself as we don't rely on others to provide

Fresh Fruits and Vegetables in Diet (Question 29)

2016 N=125

Respondents were asked to indicate how often they include fresh fruits and vegetables in their diet. Forty-four percent of respondents (n=55) reported having fresh fruits and vegetables in their diet daily. Thirty-nine percent (n=49) reported they had fruits and vegetables 2-4 times per week and 1.6% or two respondents reported they had not had any fruits or vegetables in the past month. Three respondents chose not to answer this question.



“Other” comments:

- [selected 2-4 times per week] Limited funds for food

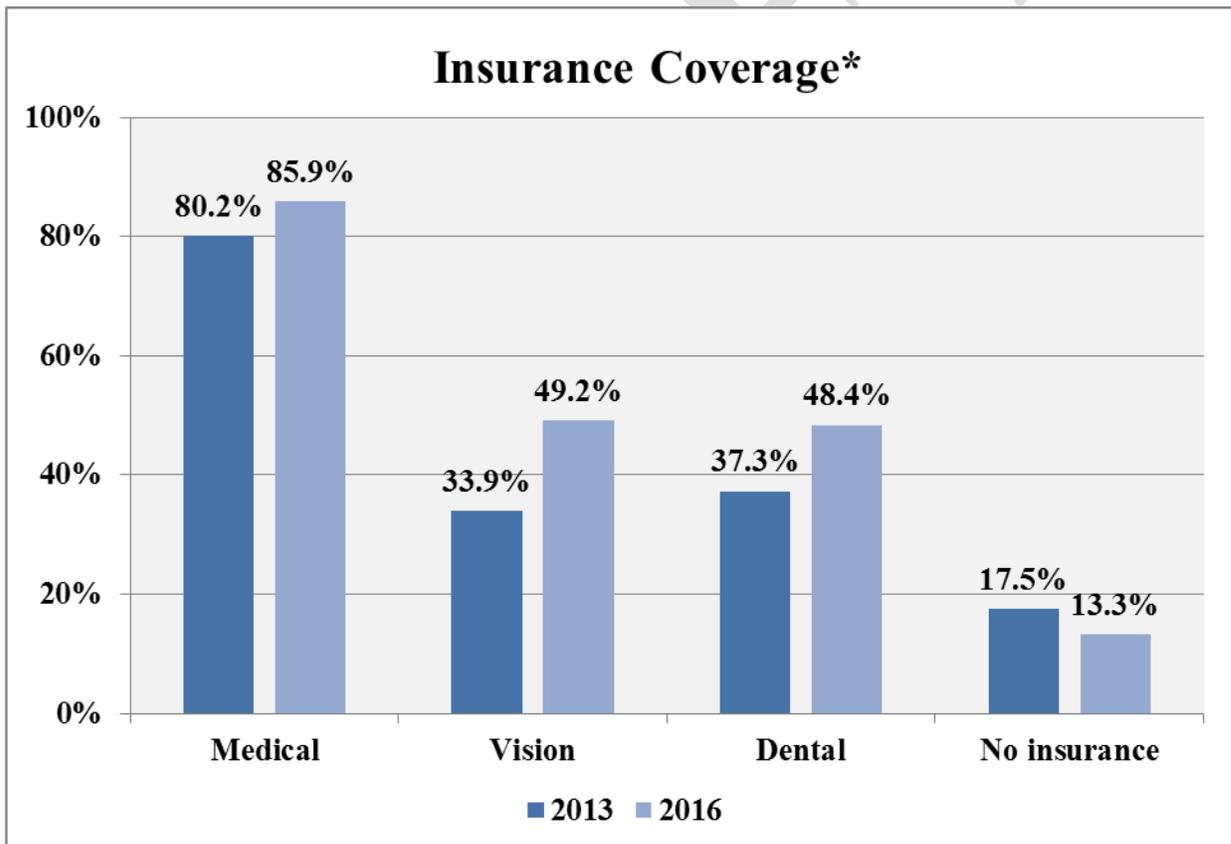
Survey Findings – Health Insurance

Insurance Coverage (Question 30)

2016 N= 128

2013 N= 177

Respondents were asked to indicate which services (medical, vision, dental) their insurance covers. Eighty-six percent (n=110) reported their insurance covers medical services; 49.2% have vision coverage (n=63); and 48.4% (n=62) have dental coverage. Thirteen percent (n=17) indicated they do not have any insurance coverage for those services listed. Respondents could select all that apply thus percentages do not equal 100%.



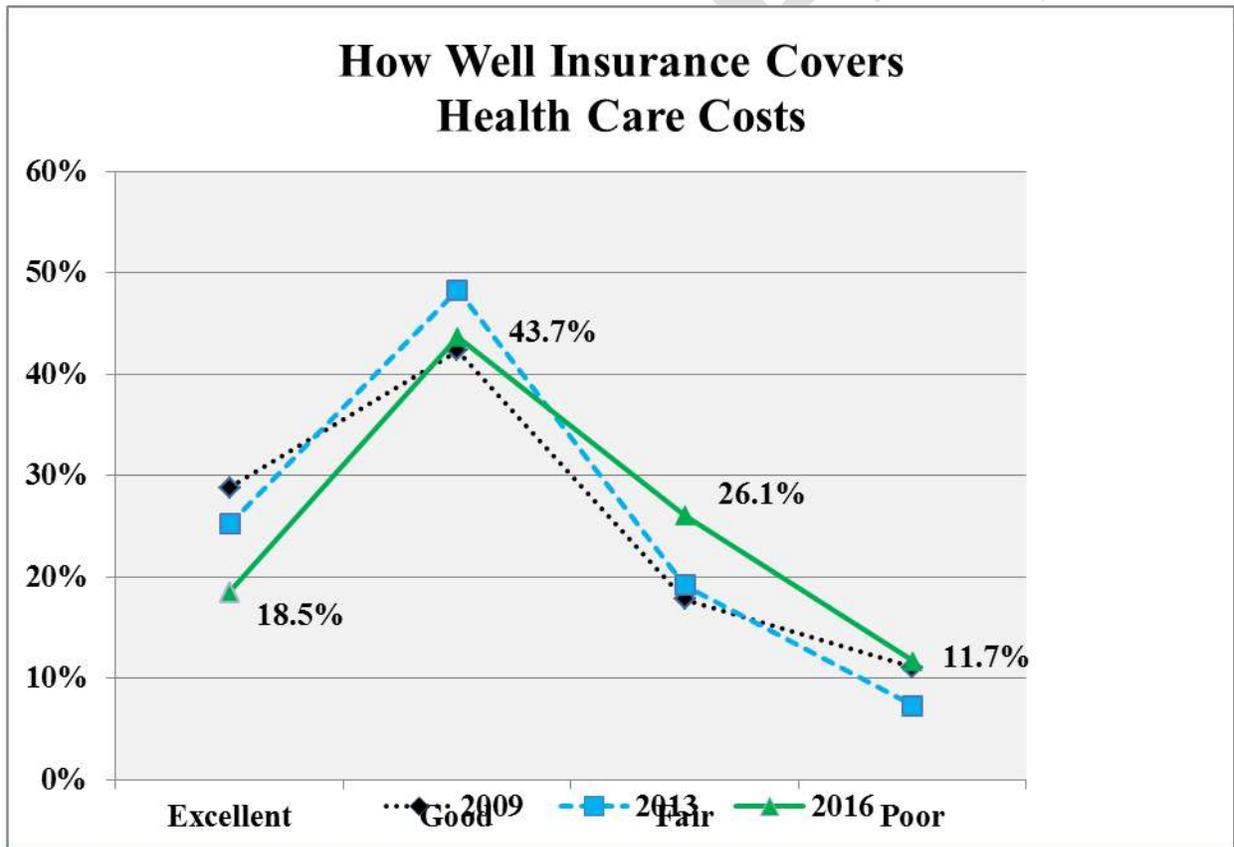
Insurance and Healthcare Costs (Question 31)

2016 N= 119

2013 N= 151

2009 N= 208

Respondents were asked to indicate how well they felt their health insurance covers their healthcare costs. Forty-four percent of respondents (n=52) indicated they felt their insurance covers a “Good” amount of their healthcare costs. Twenty-six percent of respondents (n=31) indicated they felt their insurance is “Fair” and 18.5% of respondents (n=22) indicated they felt their insurance coverage was “Excellent.”



Medical Insurance (Question 32)

2016 N= 95

2013 N= 145

2009 N= 199

Respondents were asked to indicate what type of medical insurance covers the majority of their medical expenses. Thirty-six percent (n=34) indicated they have “Employer sponsored” coverage. Twenty-one percent (n=20) indicated they have “Medicare” and “Indian Health Services (I.H.S.)” was selected by 14.7% of respondents (n=14).

Insurance Type	2009		2013		2016	
	Count	Percent	Count	Percent	Count	Percent
Employer sponsored	71	35.9%	43	29.7%	34	35.8%
Medicare ¹	59	29.6%	31	21.4%	20	21.1%
Indian Health Services (I.H.S.)	14	7.0%	17	11.7%	14	14.7%
Private insurance/private plan ²	14	7.0%	28	19.3%	7	7.4%
Health Insurance Marketplace	Not asked- 2009		Not asked- 2013		6	6.3%
VA/Military	6	3.0%	6	4.1%	5	5.3%
Medicaid	8	4.0%	8	5.5%	4	4.2%
Health Savings Account	0	0	1	0.7%	2	2.1%
Healthy MT Kids	1	0.5%	0	0	2	2.1%
None/Pay out of pocket ³	13	6.5%	9	6.2%	1	1.0%
Agricultural Corp. Paid	0	0	0	0	0	0
State/Other	0	0	1	0.7%	0	0
Other	8	4.0%	1	0.7%	0	0
Medical savings account	1	0.5%	Not asked - 2013		Not asked - 2016	
Medicare Advantage	4	2.0%	Not asked - 2013		Not asked - 2016	
TOTAL	199	100%	145	100%	95	100%

¹Significantly fewer 2016 respondents reported having Medicare insurance coverage than in 2009.

²Significantly fewer 2016 respondents reported having Private Insurance/private plan coverage than in 2013.

³Significantly fewer 2016 respondents reported having No insurance or paying out of pocket than in previous assessments.

“Other” comments:

- IHS

Reasons for Not Having Medical Insurance (Question 33)

2016 N= 1

2013 N= 9

2009 N= 13

The reasons selected for not having insurance were “Cannot afford to pay for medical insurance,” and “Other.” Additional respondents provided written comments even though they had indicated a type of insurance coverage from the previous question (question 32).

Location	2009		2013		2016	
	Count	Percent	Count	Percent	Count	Percent
Cannot afford to pay for medical insurance	11	84.6%	8	88.9%	1	100%
Employer does not offer insurance	3	23.1%	1	11.1%	0	0
Choose not to have medical insurance	2	15.4%	0	0	0	0
Other	1	7.7%	0	0	1	100%

“Other” comments:

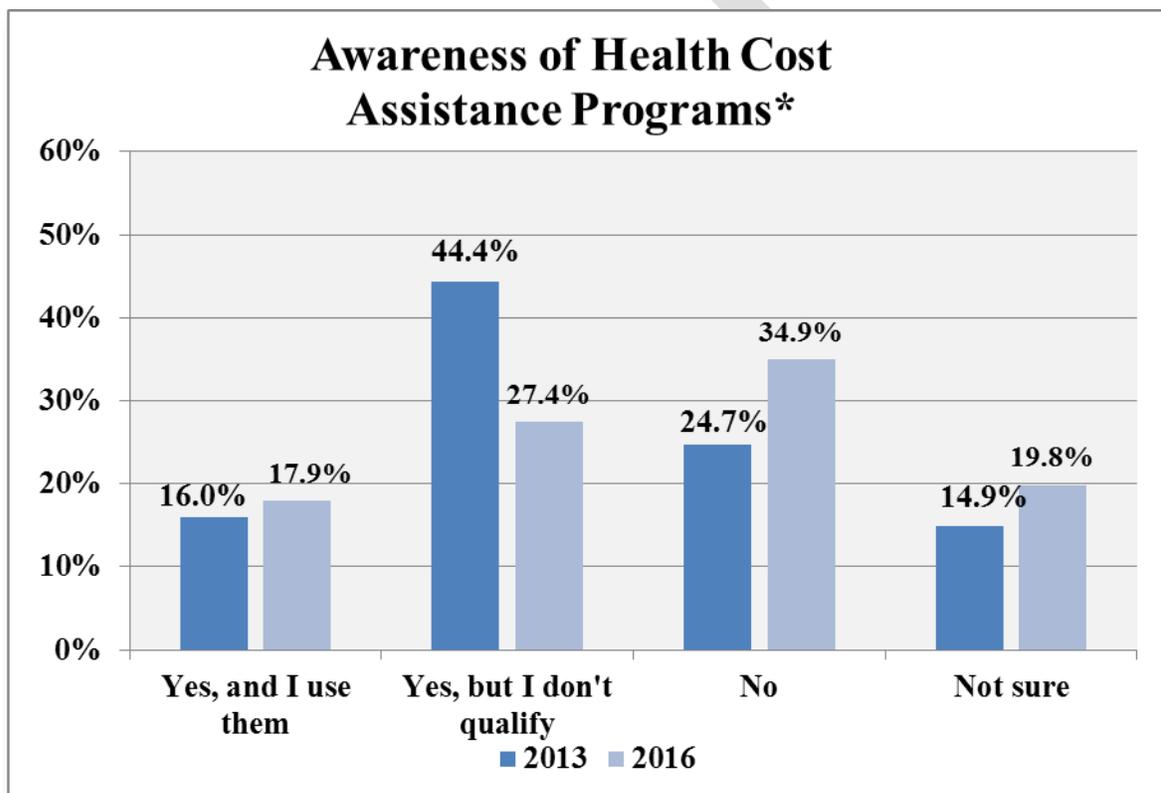
- Indian Health Services (2)
- Don't know
- Insurance covers alternative methods/treatments poorly
- Medicaid has not recertified me so I don't know what their problem is
- Medicare supplement- BCBS
- Problem is not cots its people's priorities
- Recently laid off and had no insurance though employer; currently looking
- Veteran

Awareness of Health Payment Programs (Question 34)

2016 N= 106

2013 N= 162

Respondents were asked to indicate their awareness of programs that help people pay for healthcare bills. Thirty-five percent of respondents (n=37) indicated they were not aware of these types of programs. Twenty-seven percent (n=29) indicated that they were aware of these programs, but did not qualify to use them and 19.8% of respondents (n=21) indicated they were unsure.



“Other” comments:

- Only know of IHS or Medicaid

VI. Focus Group Methodology

Two focus groups were held in Cut Bank, Montana in August of 2016. Focus group participants were identified as people living in Northern Rockies Medical Center's service area.

Eighteen people participated in the two focus group interviews. The focus groups were designed to represent various consumer groups of healthcare including senior citizens and local community members. Focus groups were held in Cut Bank at the Northern Rockies Medical Center. Each group meeting lasted up to 90 minutes in length and followed the same line of questioning found in Appendix G. The questions and discussions at the focus groups were led by Amy Royer with the Montana Office of Rural Health.

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

VII. Focus Group Findings

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

Improve health of the community

- Access to more community preventative health services.
- More access to opportunities for physical activities.
- Community members indicated a need for more accessible walking trails.
- Access to healthy food and better produce prices.
- More outreach and education about nutrition, chronic disease and Medicare/Medicaid system.

Most important local healthcare issues

- Alcohol and drug use was a concern.
- Lack of services for seniors such as transportation and home health.
- Mental health and lack of mental health services in the area is a concern for community members.

Opinion of hospital services

- Participants felt that there is a great number of services considering the size of the facility.
- Community members feel lucky to have so much at the local facility.
- Participants indicated that there is some confusion about what services are offered and felt that services and traveling specialist could be advertised/marketed better.

Opinion of local providers

- For the most part providers are well liked and utilized.
- Community members trust the local providers and feel that they are competent.
- Community members feel there are not enough providers staying in the area.
- Overall quality is seen as good.

Opinion of local services

- Community members feel that the ambulance service EMTs have a high level of education and skill.
- Participants felt that the Public Health Department could improve but overall they are passionate about their jobs.
- Community members feel that the nursing home provides a higher level of care than other facilities.

Focus Group Findings continued...

Reasons to leave the community for healthcare

- Community members leave the community to see a female OB/GYN.
- Some participants indicated that they have already established care elsewhere.
- Participants stay in the community when services are available and travel for specialty services.

Needed healthcare services in the community

- Home Health services are needed for seniors.
- Dialysis.
- Transportation assistance for seniors.

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VIII. Summary

One hundred twenty-eight surveys were completed in Northern Rockies Medical Center's service area for a 16.6% response rate. Of the 128 returned, 63.3% of the respondents were female, 69.3% were 56 years of age or older, and 39.2% reported working full time.

Respondents rated the overall quality of care at the hospital as excellent to good, scoring 3.1 out of 4.0.

Over half of the respondents (68.3%) feel the Cut Bank area is a "somewhat healthy" place to live. Significantly more respondents rated the Cut Bank community as less healthy than in 2009. Respondents indicated their top three health concerns were: alcohol abuse/substance abuse (67.2%), cancer (57.8%), and diabetes (38.3%). Significantly more respondents identified diabetes as a top health concern than the previous assessment conducted in 2013.

When respondents were asked which health related educational programs or classes they would be most interested in, the top choices were: Fitness (35.9%), Stress management (28.9%), and First aid/CPR and Weight loss (28.1% each).

Overall, the respondents within Northern Rockies Medical Center's service area are seeking hospital care at a rate that is typically seen in rural areas. However, significantly more respondents are delaying or not receiving needed health services than in 2009.

Area residents recognize the major impact the healthcare sector has on the economic well-being of the area, with 82.4% of respondents identifying local healthcare services as "very important" to the economic well-being of the area.

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

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

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

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

The community steering committee determined the most important health needs to be addressed by reviewing the CHNA, secondary data, community demographics, and input from representatives representing the broad interest of the community, including those with public health expertise (see Appendix B for additional information regarding input received from community representatives). The prioritized health needs as determined through the assessment process and which the collaborators will be addressing over the next three years relates to the following healthcare issues:

- 2016 Priority
- 2016 Priority
- 2016 Priority

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

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

Resources

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

- Cut Bank Chamber of Commerce
- Cut Bank Workforce Center
- Glacier County Health Department
- Glacier Care Center
- Glacier Community Health Center
- Cut Bank schools
- Cut Bank Sports Complex
- Joe Meagher Memorial Civic Center
- Cut Bank Center for Mental Health
- Crystal Creek Lodge Treatment Center
- Gateway Community Services
- Alcoholics Anonymous
- Montana Nutrition and Physical Activity program
- The Agency for Healthcare Research & Quality
- Montana Office of Rural Health/Area Health Education Center
- Montana Department of Health and Human Services
- Cut Bank & Seville Head Start

X. Evaluation of Activity Impacts from Previous CHNA

Northern Rockies Medical Center (NRMC) approved its previous implementation plan November 5, 2013. The plan prioritized the following health issues:

- Access to Healthcare Services
- Financial Assistance Programs and Resources
- Health and Wellness
- Mental and Behavioral Health
- Home Health

Access to Healthcare Services

Strategy 1.1: Maintain a set of core, financially stable health care services

Activities:

- NRMC identified need for ultrasound and ENT Services. Contracted with ENT provider from Kalispell, MT and increased contract for ultrasound usage. New ENT services available as of 12/13.
- NRMC hired two female NP's, one specializing in women's health and one to provide general primary care services in the clinic setting. New female provider services available 01/16.
- NRMC increased usage of telemedicine services in cardiology and mental health through partnership with Benefis, Kalispell Regional Medical Center, and Northern Montana Hospital. Services available as of 05/14.

Strategy 1.2: Provide new services to address and increase local access to health care services for community members.

Activities:

- NRMC now as OB program and was made available 12/13.
- NRMC now provides more consistent and expanded Ultrasound services available as of 12/13.
- NRMC successfully expanded ENT services by utilizing a visiting ENT as of 1/14.

Strategy 1.3: Increase awareness of new and existing services through a comprehensive marketing campaign.

Activities:

- NRMC continues to publish advertisements in the local paper and on local TV stations. In addition, NRMC publishes 'Health Points' articles in the local newspaper and is enhancing its presence on the web and through social media.

Financial Assistance Programs and Resources

Strategy 2.1: Increase awareness of existing financial assistance programs and resources.

Activities:

- NRMC developed a Marketing/Communication plan to identify channels to increase awareness of services available to the community 09/15. The hospital website was updated to include charity care application for patients in 09/14.
- NRMC partnered with local FQHC to offer access to the Applications Counselor/Navigator on a routine basis to assist patients in applying for financial assistance as of 06/14.
- NRMC advertising materials and website were updated to promote financial assistance programs as of 01/15.

Strategy 2.2: Provide training/resources to staff members who can identify and assist those community members who may need financial assistance.

Activities:

- NRMC staff were provided education and training on eligibility requirements, as well as the process for completing applications for financial assistance programs as of 06/14.
- NRMC partnered with FQHC to offer access for patients to navigator 09/15.
- NRMC staff were trained on Presumptive Eligibility program through Medicaid to assist community members through the application process as part of admission/discharge procedures as of 12/13.

Health and Wellness

Strategy 3.1: Provide health and wellness resources/services to improve the community's health.

Activities:

- NRMC offers annual health fair to communities in September of each year and offered health screening services include Lipid panel, blood sugar, bone density, EKG's, BMI and waist circumference with most recent fair on 9/14/16. Speakers during the Health fair spoke on a variety of health and wellness topics.
- NRMC partners with Adult Education program through the school district to offer exercise classes at a variety of times throughout the week. The classes have been offered each year between the months of September and May. These classes are free to the community.
- NRMC offered a Healthy Lifestyle Program to treat and manage diabetes through the Benefis REACH program. The 12-week class began in 09/14.
- NRMC offers weekly exercise classes to the Senior population through the Adult Education program; ongoing since 2013.

- NRMC worked with the local school district to develop a worksite wellness program through the school district. Yearly screenings, exercise classes, and a 6-week lifestyle class was offered to the school staff. This is ongoing at this time. This model will be adopted with NRMC staff in FY 2017.
- NRMC clinic staff provided school sports physicals for students 07/16.
- NRMC attained health coach certification for an employee and one community member to provide lifestyle coaching to community members. 01/16
- NRMC partnered with Kalispell Regional Medical Center to offer diabetic education via telehealth beginning in early 2016.

Strategy 3.2: Collaborate with community organizations to address health and wellness needs in the community.

Activities:

- NRMC employed certified personal trainer (CPT) to provide fitness classes to community members in 03/14.
- NRMC staff are members of County Health Board and Trails Committee to address health and wellness needs in the community. 01/16
- NRMC Physical Therapy Staff offered bicycle helmet fitting clinic for the community and offered free helmets. 09/15

Mental and Behavioral Health

Strategy 4.1: Provide mental and behavioral health services/resources to the community.

Activities:

- NRMC offers initial psychiatric consultations and psychotropic medication monitoring with a mental health provider in Havre via telehealth. 01/14
- NRMC developed a resource guide which lists the behavioral and mental health resources and organizations available in the community and has it posted on the hospital website. 09/16

Home Health

Strategy 5.1: Research programs and potentially collaborate with other organizations to determine the feasibility of home health services.

Activities:

- NRMC has partnered with Benefis and through a grant, is offering Care Coordination that addresses home health needs once patients are discharged from the hospital. 01/15

Appendix A – Steering Committee Members

Steering Committee – Name and Organization Affiliation

1. Carol McDivitt, Public Health Nurse- Glacier Co. Public Health Department
2. Jenny Krapf, Public Health Emergency Preparedness Coordinator- Glacier Co. Public Health Department
3. Ron Rides at the Door, Commissioner- Glacier County
4. Gail Hofstad, Middle School Principal- Cut Bank School District
5. Ric Beals, Pastor- Presbyterian Church
6. Amie Allison, Chief- Glacier County EMS
7. Mike Schultz, Chief- Cut Bank Police Department
8. Keelie Montalnan- Assistant Manager of Finance & Administration, Glacier Electric Co-Op
9. Toni Altenburg, Marketing & Population Health Program Director, Northern Rockies Medical Center (NRMC)
10. Treasure Berkram, Chief Financial Officer- NRMC
11. Becky Atkinson, Clinical IT Director- NRMC
12. Katherine Mitchell, FNP- NRMC
13. Mary Lou Bahr, Physical Therapy Assistant- NRMC

Appendix B – Public Health and Populations Consultation

1. Public Health

- a. Name/Organization
Carol McDivitt RN-BSN, County Nurse- Glacier Co. Health Department
Jenny Krapf, Tobacco prevention specialist- Glacier Co. Health Department
- b. Date of Consultation
First Steering Committee Meeting: 6/13/2016
- c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
Steering Committee
- d. Input and Recommendations from Consultation
 - Tobacco use is very high in our county compared to the state.
 - Lacking in mental health services in our county.
 - Respiratory diseases- such as asthma and COPD.
 - Unintentional deaths is high in our county- injury prevention is so important.

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
Carol McDivitt RN-BSN, County Nurse- Glacier Co. Health Department
- b. Date of Consultation
First Steering Committee Meeting: 6/13/2016
- c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
Steering Committee
- d. Input and Recommendations from Consultation
 - How do we reach the Hutterite population with this assessment? I suggest we do focus groups as I don't think they will be very responsive to the survey.
 - We have such a high unintentional injury rate in our county.

Population: Seniors

- a. Name/Organization
Ric Beals, Pastor- Presbyterian Church
Carol McDivitt RN-BSN, County Nurse- Glacier Co. Health Department
- b. Date of Consultation
First Steering Committee Meeting: 6/13/2016
- c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
Steering Committee
- d. Input and Recommendations from Consultation
 - Focus groups with the seniors in our community would be really beneficial

Population: Youth

- a. Name/Organization
Gail Hofstad, Middle School Principal- Cut Bank School District
- b. Date of Consultation
First Steering Committee Meeting: 6/13/2016
- c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
Steering Committee
- d. Input and Recommendations from Consultation
 - We need to very thoughtful of the literacy levels with our mailed survey
 - Stress management is a huge thing in our community- through the age spectrum.

Population: Tribal/American Indian

- a. Name/Organization
Carol McDivitt RN-BSN, County Nurse- Glacier Co. Health Department
Jenny Krapf, Tobacco prevention specialist- Glacier Co. Health Department
- b. Date of Consultation
First Steering Committee Meeting: 6/13/2016
- c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
Steering Committee
- d. Input and Recommendations from Consultation
 - High prevalence of diabetes and very low diabetic screening rates
 - I think our community could benefit from cultural/traditional health education/outreach.

Appendix C – Secondary Data County Health Profile

Glacier County
Secondary Data Analysis
July 23, 2012



Office of Rural Health
Area Health
Education Center

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

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

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

*Chronic Lower Respiratory Disease

**Unintentional Injuries: External cause of injury often by, but not limited to, drowning, fall, fire/burn, motor vehicle/traffic-related, other transportation-related, poisoning, and suffocation.

Chronic Disease Burden ¹	County	Montana	Nation ^{3,4}
Stroke prevalence	3.2%	2.5%	2.6%
Diabetes prevalence	9.6%	6.2%	8.3%
Acute Myocardial Infarction prevalence (Heart Attack)	4.5%	4.1%	6.0%
All Sites Cancer	461.9 (Region 2)	455.5	543.2

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

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

⁴American Diabetes Association (2012)

Region 2 (North Central) – Glacier, Toole, Liberty, Hill, Blaine, Pondera, Teton, Chouteau, and Cascade

Chronic Disease Hospitalization Rates	County	Montana
Stroke ¹ Per 100,000 population	189.4	182.2
Diabetes ¹ Per 100,000 population	145.2	115.4
Myocardial Infarction ¹ Per 100,000 population	187.8	147.3

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

Demographic Measure (%)	County			Montana			Nation ^{5,6}		
Population ¹	13,297			989,415			308,745,538		
Population Density ¹	4.4			6.7			Not relevant		
Age ¹	<5 9%	18-64 60%	65+ 10%	<5 6%	18-64 63%	65+ 14%	<5 7%	15-64 62%	65+ 13%
Gender ¹	Male 49.1%		Female 50.9%	Male 50.1%		Female 49.9%	Male 49.2%		Female 50.8%
Race/Ethnic Distribution	White ¹			91.5%			72.4%		
	American Indian or Alaska Native ¹			6.8%			0.9%		
	Other † ¹			1.7%			26.7%		

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

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

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

⁵US Census Bureau (2010)

Glacier County
 Secondary Data Analysis
 July 23, 2012

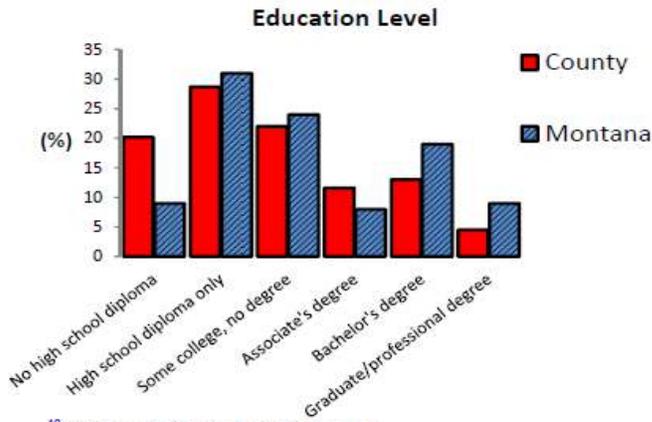
Socioeconomic Measures ¹ (%)	County	Montana	Nation ^{7,8}
Median Income ¹	\$36,054	\$43,000	\$51,914
Unemployment Rate ⁷	11.2%	6.3%	7.7%
Persons Below Poverty Level ¹	27.0%	14.0%	13.8%
Uninsured Adults (Age <65) ¹	16.1%	19.0%	18.2%
Uninsured Children (Age <18) ⁹	N/A	11.0%	10.0%

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

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

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

⁹Montana KIDS COUNT (2009)



¹⁰Indicators Northwest, Imp. Graph (2011)



Behavioral Health ^{1,2}	County	Montana
Childhood Immunization Up-To-Date (UTD) % Coverage ^{11,††} Age 24-35 months, population size: 12,075 (% sampled: 35.9%)	83.3%	64.3%
Tobacco Use ¹	35.5% (Region 2)	19.3%
Alcohol Use (binge + heavy drinking) ¹	22.0%	22.8%
Obesity ¹	31.9%	21.6%
Overweight ¹	37.0%	37.8%
No Leisure time for physical activity ¹	27.3%	20.7%

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

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

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

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

Screening ¹	Region 2	Montana
Cervical Cancer (Pap Test in past 3 yrs) ¹	84.1%	83.0%
Breast Cancer (Mammogram in past 2 yrs) ¹	76.0%	71.9%
Blood Stool ¹	18.9%	25.3%
Sigmoidoscopy or Colonoscopy ¹	55.1%	54.3%
Diabetic Screening ⁵ Percent of Medicare enrollees who received HbA1c screening	34.0% (County)	79.0%

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

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

Mortality ^{1,2,12}	County	Montana	Nation ^{2,13}
Suicide Rate per 100,000 population ¹	25.4	20.3	12.0
Unintentional Injury Death Rate per 100,000 population ¹	101.6	58.8	38.4
Percent Motor Vehicle Crashes Involving Alcohol ¹	21.4%	10.0%	32.0%
Pneumonia/Influenza Mortality per 100,000 population ¹	14.9	19.0	17.5
Diabetes Mellitus ²	43.3	27.1	21.8

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

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

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

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

Maternal Child Health ¹	County	Montana	Nation ^{14,15}
Infant Mortality (death within 1 st year) Rate per 1,000 live births ¹	6.1	6.1	6.7
Entrance into Prenatal care in 1 st Trimester Percent of Live Births ¹	72.1%	83.9%	69.0%
Birth Rate ⁹ Babies born per 1,000 people	19.5	12.8	13.5
Low Birth Weight (<2500 grams) Percent of live births ¹	8.9%	7.3%	8.3%
Neonatal Mortality (under 28 days of age) Rate per 1,000 live births ¹	3.5 (Region 2)	3.3	4.5
Post Neonatal Mortality (28 through 364 days of age) Rate per 1,000 live births ¹	3.3 (Region 2)	2.7	2.2
Pre-Term Birth (<37 completed weeks gestation) Percent of Live Births ¹	11.5%	10.1%	12.5%

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

⁹Montana KIDS COUNT (2009)

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

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

Economic Impact Assessment

Demographic Trends and Economic Impacts: **A Report for Northern Rockies Medical Center**

William Connell

Brad Eldredge Ph.D.

Economist Research and Analysis Bureau
Montana Department of Labor and Industry

Introduction

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

Section I Location Quotients

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

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

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

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

Hospitals Location Quotient (compared to State of MT) = .35
Hospitals Location Quotient (compared to U.S.) = .40

A location quotient near 1 indicates that the employment concentration in the county mirrors that of the larger geographic region. In the case of Glacier County, the location quotient of 0.35 indicates that employment in the county is less than half as concentrated in hospitals as it is in Montana as a whole. When compared to the nation, the location quotient of 0.40 reveals that

the percentage of total county employment accounted for by the hospital is only about half as concentrated as we would expect given U.S. employment patterns. Glacier County appears to serve more people per employee than most hospitals in the state and nation.

Another way to look at the location quotient is to ask how many employees would be employed in the hospital sector if Glacier County's employment patterns mirrored the state or the nation. Northern Rockies Medical Center averaged 83 employees in 2010. This is 155 less than expected given the state's employment pattern and 124 less than expected given the national employment pattern. The presence of Indian Health Services in Browning may contribute to the lower than expected employment in Northern Rockies Medical Center. In addition, in 2010 Northern Rockies Medical Center accounted for 1.9% of county nonfarm employment and 2.6% of the county's total wages.

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

Section II Age Demographics

The 2010 Census reported that there were 13,399 residents of Glacier County. The breakdown of these residents by age is presented in Figure 1. Glacier County's age profile is different from most rural counties in Montana. Young people make up the largest proportion of the population in Glacier County. There is a relative lack of 30 to 44 year olds in the county, perhaps because young people are leaving for more populated areas. Glacier County's unique population profile results from the fact that, like most reservation counties, it has a higher birth rate than most Montana counties.

Figure 1: Age Distribution of Glacier County Residents

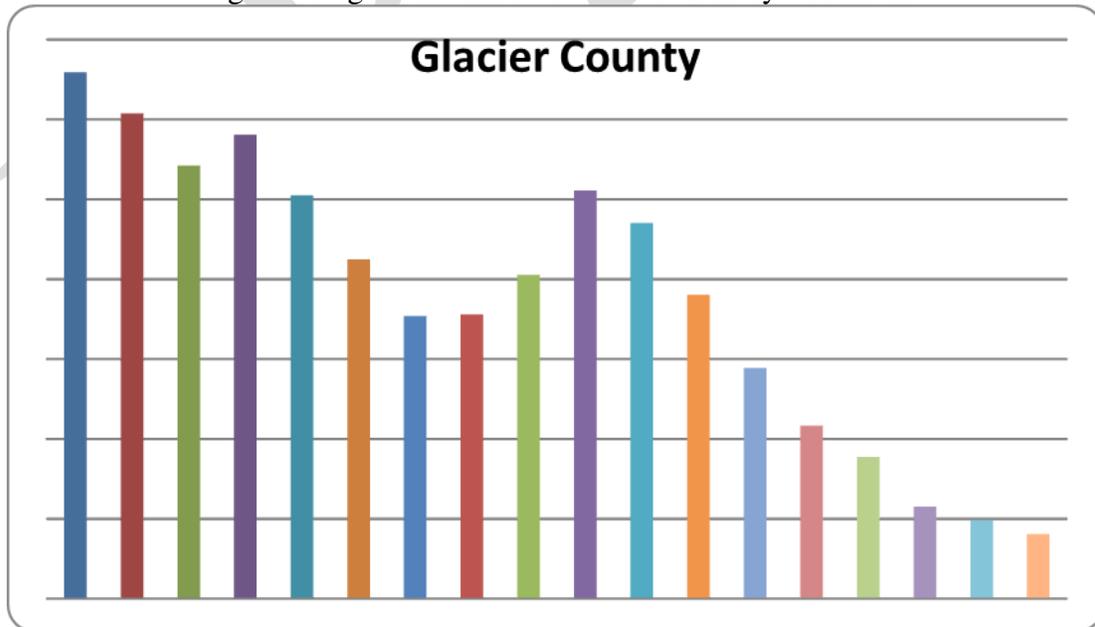


Figure 2: Percent of the population by age groups, Glacier County vs. Montana

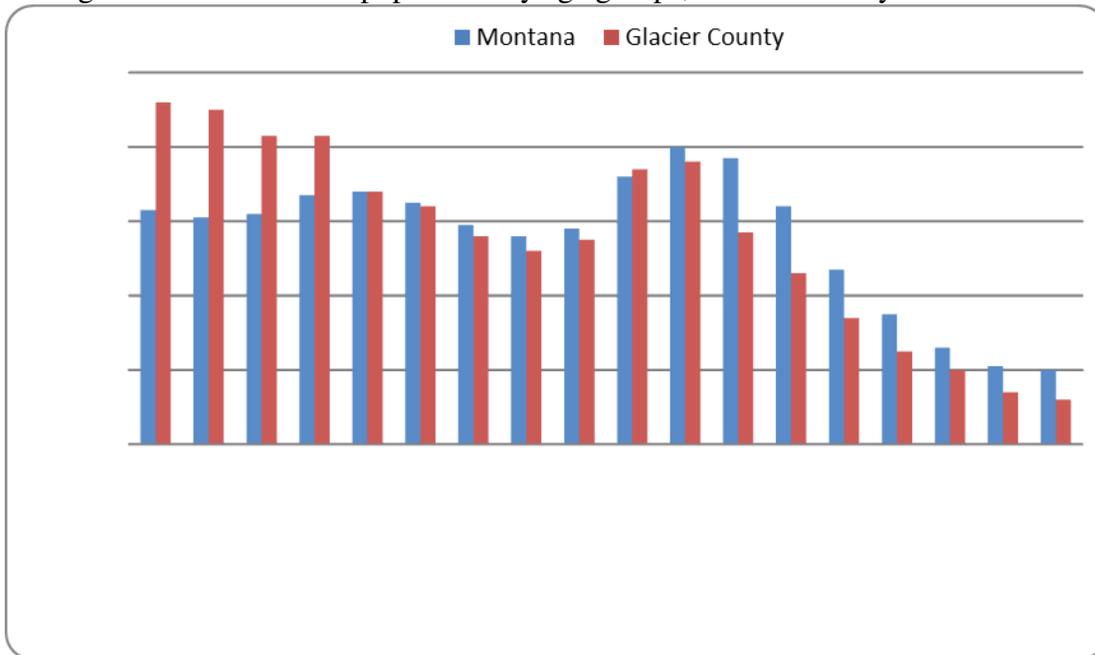


Figure 2 shows how Glacier County’s population distribution compares to Montana’s. A careful examination of Figure 2 and the underlying data reveals that, compared with the State as a whole, Glacier County has a higher proportion of people 0 to 19 years old (34.8 percent vs. 25.3 percent) and a lower percentage of 50 and older (28.4 percent vs. 37.0 percent). According to the 2010 Census, Glacier County had a median age of 31.7, making it the third youngest county in the state. These demographic statistics are important when planning for healthcare provision both now, and in the future.

Section III Economic Impacts

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

The amount of jobs and income in a local community attributable to a particular industry sector can be determined by calculating its employment and income multipliers. Industries with the highest multipliers generally are those who buy supplies, services, and labor from the local community, sell products and services outside the local community, and pay a high income to

their employees. Although hospitals in rural areas do not usually sell their services to non-residents, they can still generate significant multiplier effects for their communities given that much of their funding comes from outside the region in the form of public and private insurance reimbursements. The relatively high wages earned by hospital employees also tend to boost hospital's multipliers.

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

According to the input-output analysis, the hospital industry sector in Glacier County has the following multipliers:

Hospital Employment Multiplier = 1.26
Hospital Employee Compensation Multiplier = 1.16
Hospital Outputs Multiplier = 1.29

What do these numbers mean? The employment multiplier of 1.26 can be interpreted to mean that for every job at Northern Rockies Medical Center, another .26 jobs are supported in Glacier County. Another way to look at this is that if Northern Rockies Medical Center suddenly went away, about 22 additional non-hospital jobs would also be lost in the county (based on 2010 hospital employment of 83). The employee compensation multiplier of 1.16 simply states that for every dollar in wages and benefits paid to the hospital's employees, another 16 cents of wages and benefits are created in other local jobs in Glacier County. Put another way, if Northern Rockies Medical Center suddenly went away, about \$611,168 in additional annual wages would be lost from other jobs in the county. Finally, the output multiplier indicates that for every dollar of goods and services produced by Northern Rockies Medical Center, output in the county increases by another 29 cents.

There are other potential economic impacts of hospitals beyond those identified by the input-output analysis. Novak (2003)¹ observes that "...a good healthcare system is an important indication of an area's quality of life. Healthcare, like education, is important to people and businesses when deciding where to locate" (pg. 1). Thus, all other things being equal, the presence of a quality healthcare system gives communities an advantage when competing for new businesses. An effective healthcare system can also attract retirees to the community. Finally, healthcare may provide an opportunity for young people to stay in the communities where they were raised and still earn a high wage. In areas of the state where economic opportunities are scarce, many hospitals are experiencing shortages of qualified workers. In this situation, "growing your own" workforce may be a viable option.

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

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

DRAFT

Appendix D – Survey Cover Letter

Northern Rockies Medical Center



July 18, 2016

Dear Resident:

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

This letter and survey concern the future of healthcare in Cut Bank, MT and the surrounding area. Northern Rockies Medical Center (NRMC) is participating in the Community Health Services Development (CHSD) process, which includes community-based surveys to identify health needs in the community as well as gain community member's input on perceptions of health in the community. The Montana Office of Rural Health is assisting us in completing this survey process.

The purpose of the survey is to obtain information from a wide range of area residents to assist your community in meeting present and future health care needs. By completing the enclosed survey, you will help guide NRMC in developing comprehensive and affordable health care services to our area residents. Your response is very important to NRMC because your comments will represent others in the area and will help guide us in planning responsive and high quality local healthcare services for the future. Even if you do not use health care services through NRMC, your input is still helpful and will benefit our community.

Your name was selected at random and your identity and answers will remain anonymous. Please note that we cannot guarantee confidentiality for any information that you choose to share with others in your community.

Participating in this survey is completely voluntary. Even if you decide to complete the enclosed survey, you may change your mind and stop at any time or choose to not answer any given question.

We know your time is valuable so we have made every effort to keep the survey brief – it should take less than 15 minutes to complete. Your help is much appreciated in responding to this survey and we are offering you this chance to win a \$100 Visa gift card as a thank you for completing the enclosed survey.

Once you complete your survey, simply **return it AND ONE of the raffle tickets in the enclosed self-addressed, postage paid envelope postmarked by August 22, 2016. Keep the other raffle ticket in a safe place.**

The winning raffle ticket number will be announced on the NRMC's website at: <http://nrmcinc.org/> on **Tuesday, August 30, 2016**.

All survey responses will go to the National Rural Health Resource Center in Duluth, Minnesota, the organization that is assisting with this project. If you have any questions about the survey, please call the Montana Office of Rural Health at 406-994-6001.

Thank you for your assistance. We appreciate your effort.

A handwritten signature in black ink, appearing to read "Cherie Taylor", written over a circular stamp or seal.

Cherie Taylor, CEO

Appendix E – Survey Instrument

Community Health Services Development Survey Cut Bank, Montana

INSTRUCTIONS: Please use a #2 pencil or ink pen to complete the survey and return it in the enclosed postage paid envelope. All responses must be made by filling in the circle next to the corresponding answer. *If you need assistance filling out this survey, please contact the Montana Office of Rural Health at 406-994-6001.* Participation is voluntary. You can choose not to answer any question that you do not want to answer and can stop at any time.

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

- Very healthy Healthy Somewhat healthy Unhealthy Very unhealthy

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

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

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

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

4. How do you rate your knowledge of the health services that are available to you?

- Excellent Good Fair Poor

5. How do you learn about the health services available to you? (Select all that apply)

- | | | |
|---|---|--|
| <input type="radio"/> Emergency response | <input type="radio"/> Mailings/newsletter | <input type="radio"/> Radio |
| <input type="radio"/> Friends/family | <input type="radio"/> Newspaper | <input type="radio"/> Word of mouth/reputation |
| <input type="radio"/> Healthcare provider | <input type="radio"/> Presentations | <input type="radio"/> Website/internet |
| <input type="radio"/> Local publications | <input type="radio"/> Public health | <input type="radio"/> Other _____ |

6. Which community health resources, other than the hospital or clinic, have you used in the last three years? (Select all that apply)

- | | | |
|--|-------------------------------------|--|
| <input type="radio"/> Chiropractor | <input type="radio"/> Mental health | <input type="radio"/> Physical therapy |
| <input type="radio"/> Civic Center/Diabetes Center | <input type="radio"/> Optometrist | <input type="radio"/> Public health |
| <input type="radio"/> Dentist | <input type="radio"/> Pharmacy | <input type="radio"/> Other _____ |

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

- | | |
|---|--|
| <input type="radio"/> Cultural sensitivity | <input type="radio"/> More primary care providers |
| <input type="radio"/> Financial assistance/counseling | <input type="radio"/> More specialists |
| <input type="radio"/> Greater health education services | <input type="radio"/> Outpatient services expanded hours |
| <input type="radio"/> Home Health assistance | <input type="radio"/> Telemedicine |
| <input type="radio"/> Improved quality of care | <input type="radio"/> Transportation assistance |
| <input type="radio"/> Interpreter services | <input type="radio"/> Other _____ |
| <input type="radio"/> More mental health services | |

8. Which education classes/programs/support groups would you be most interested in taking? (Select all that apply)

- | | | |
|---|---|---|
| <input type="radio"/> Alcohol/substance abuse | <input type="radio"/> Grief counseling | <input type="radio"/> Parenting |
| <input type="radio"/> Alzheimer's | <input type="radio"/> Health and wellness | <input type="radio"/> Prenatal |
| <input type="radio"/> Cancer | <input type="radio"/> Heart disease | <input type="radio"/> Smoking cessation |
| <input type="radio"/> Cultural/traditional health | <input type="radio"/> Living will | <input type="radio"/> Support groups |
| <input type="radio"/> Diabetes | <input type="radio"/> Men's health | <input type="radio"/> Stress management |
| <input type="radio"/> First aid/CPR | <input type="radio"/> Mental health | <input type="radio"/> Weight loss |
| <input type="radio"/> Fitness | <input type="radio"/> Nutrition | <input type="radio"/> Women's health |
| | | <input type="radio"/> Other _____ |

9. What additional health care services would you use if available locally? (Select all that apply)

- | | | |
|---|--|--------------------------------------|
| <input type="radio"/> Alternative medicines | <input type="radio"/> Home Health assistance | <input type="radio"/> Speech therapy |
| <input type="radio"/> Emergency mental health | <input type="radio"/> Nutrition/dietician | <input type="radio"/> Other _____ |
| | <input type="radio"/> Occupational therapy | |

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

- | | | |
|--|--|--|
| <input type="radio"/> Children's checkup/Well baby | <input type="radio"/> Mammography | <input type="radio"/> Routine dental checkup |
| <input type="radio"/> Cholesterol check | <input type="radio"/> Pap smear | <input type="radio"/> Routine eye exam |
| <input type="radio"/> Colonoscopy | <input type="radio"/> Prostate (PSA) | <input type="radio"/> Routine health checkup |
| <input type="radio"/> Flu shot/vaccinations | <input type="radio"/> Routine blood pressure check | <input type="radio"/> None |

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

- Very important Important Not important Don't know

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

Yes No (If no, skip to question 14)

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

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

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

Yes No (If no, skip to question 17)

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

- | | |
|---|---|
| <input type="radio"/> Northern Rockies Medical Center - Cut Bank | <input type="radio"/> Marias Medical Center - Shelby |
| <input type="radio"/> Indian Health Services (I.H.S.) - Browning | <input type="radio"/> Benefis - Great Falls |
| <input type="radio"/> Kalispell Regional Medical Center - Kalispell | <input type="radio"/> Pondera Medical Center - Conrad |
| | <input type="radio"/> Other _____ |

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

- | | | |
|--|--|--|
| <input type="radio"/> Closest to home | <input type="radio"/> Hospital's reputation for quality | <input type="radio"/> Referred by physician |
| <input type="radio"/> Closest to work | <input type="radio"/> Indian Health Services (I.H.S.) eligible | <input type="radio"/> Required by insurance plan |
| <input type="radio"/> Cost of care | <input type="radio"/> Prior experience with hospital | <input type="radio"/> VA/Military requirement |
| <input type="radio"/> Emergency, no choice | <input type="radio"/> Recommended by family or friends | <input type="radio"/> Other _____ |

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

Yes No (If no, skip to question 20)

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

- | | | | |
|--------------------------------|-----------------------------------|---------------------------------|-----------------------------------|
| <input type="radio"/> Cut Bank | <input type="radio"/> Browning | <input type="radio"/> Conrad | <input type="radio"/> Other _____ |
| <input type="radio"/> Shelby | <input type="radio"/> Great Falls | <input type="radio"/> Kalispell | |

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

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

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

- Yes No **(If no, skip to question 23)**

21. Where was the health care specialist seen? **(Select all that apply)**

- | | | |
|---------------------------------|-----------------------------------|--|
| <input type="radio"/> Cut Bank | <input type="radio"/> Great Falls | <input type="radio"/> Conrad |
| <input type="radio"/> Kalispell | <input type="radio"/> Browning | <input type="radio"/> Shelby <input type="radio"/> Other _____ |

22. What type of health care specialist was seen? **(Select all that apply)**

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

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

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

- | | | | | | |
|-------------------|-------------------------|-------------------------|-------------------------|-------------------------|--------------------------|
| Emergency room | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> DK |
| Clinical services | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> DK |
| Laboratory | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> DK |
| Physical therapy | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> DK |
| Radiology | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> DK |
| Specialty clinics | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> DK |
| Surgical services | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> DK |

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

- Yes No

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

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

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

- Yes No Not applicable, I don't take medications

27. How many times in the last year were you unable to get a prescription filled because the pharmacy was not open/available?

- None 1-3 times 4-6 times 7 or more times

28. Which of the following injury prevention measures do you use regularly? **(Select all that apply)**

- Seat belt Hands free phone while driving/no texting
 Child car seat/booster Helmet
 Designated driver Regular exercise
 Water safety (life vest)

29. In the past month, how often did you include fresh fruits and vegetables in your diet?

- Daily 3-5 times per month
 2-4 times per week 1-2 times per month Never

30. Which of the following services do you have insurance coverage for? **(Select all that apply)**

- Medical Vision Dental I have no insurance

31. How well do you feel your health insurance covers your health care costs?

- Excellent Good Fair Poor

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

- Agricultural Corp. Paid Indian Health Services (I.H.S.) State/Other
 Employer sponsored Medicaid VA/Military
 Health Insurance Marketplace Medicare None/Pay out of pocket
 Health Savings Account Private insurance/private plan Other _____
 Healthy MT Kids

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

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

34. Are you aware of programs that help people pay for health care expenses?

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

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

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

- 59427 Cut Bank 59434 East Glacier 59417 Browning
 59486 Valier 59411 Babb 59448 Heart Butte

36. What is your gender? Male Female

37. What age range represents you?

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

38. What is your employment status?

- Work full time Student Not currently seeking employment
 Work part time Collect disability Other _____
 Retired Unemployed, but looking

39. With which ethnicity do you most identify?

- African American Hispanic Caucasian
 Asian American Indian Other _____

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

THANK YOU VERY MUCH FOR YOUR TIME

Please note that all information will remain confidential

Appendix 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?

- Arthritis
- Misdiagnoses/missed illness
- Pills
- People don't care about their health
- Pesticide/herbicide-laden big ag food which is causing diabetes and obesity
- Services for the disabled (no community services for people in need)

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

- All, they are inter-related
- Community involvement and health events

5. How do you learn about the health services available to you?

- IHS
- Library
- Relay for Life involvement
- TV
- Walk-in
- Work (2)

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

- Adult Education exercise courses
- ER
- Heavenly Touch (Reiki/Energy work)
- Local care
- School/Community exercise class
- Urology
- VA

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

- Doctors who really listen
- Dental
- ENT [ear/nose/throat] services
- Everything is perfect
- Geriatric providers
- Health clinics at community events
- Implementing a health board representing the service population
- More aid for 65+, complete paperwork, contact providers, etc.
- More naturopathic or alternative health specialists
- People taking responsibility for themselves; quit enabling bad behavior

8. Which education classes/programs/support groups would you be most interested in taking?

- Digestive disorders
- Meth abuse
- I maintain my own through RN CEs [Registered Nurse Continuing Education]

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

- Dental
- Depends on what I need at the time
- ENT [ear/nose/throat] services
- Hospice is really needed
- How to live with diabetes
- Patient advocates
- Pool therapy

11. 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?

- Should not be there for economic reasons, should be a human needs reason. Should not be for profit!

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

- Specialist not in area (2)
- Extended wait time (2)
- Lack of providers
- Didn't have a PCP [Primary Care Provider]
- Extreme procrastination
- NRMC doctor not cooperative

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

- VA (2)
- Billings hospital, Billings
- Gallup, NM (Just moved to Browning 1 year ago)
- Owasso, OK
- Sidney, MT
- St Patrick's Hospital (Missoula)
- St. Peter's Helena

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

- Out of town specialist (2)
- IHS referral (2)
- Able to make an appointment and plan my day off
- Local clinic
- No choice
- We like the helpers (support staff)

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

- Valier (2)
- Kalispell
- VA in Cut Bank

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

- Have not seen a primary provider
- No other choice
- Open and convenient
- Personal positive relation with doctors and staff – very nice
- Referred from elsewhere
- Specialists and confidentiality
- To get referral
- Was able to walk in and the wait was short

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

- Billings (2)
- Helena (2)
- Seattle (2)
- Albuquerque, NM
- Great Falls
- SLC [Salt Lake City]

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

- Dental surgery
- Heavenly Touch (energy work)
- Neurosurgeon
- Naturopathic
- Plastic surgeon

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

- Disabled – try to walk daily

27. How many times in the last year were you unable to get a prescription filled because the pharmacy was not open/available?
- [selected no] Make time or arrangements a person's health should come first
28. Which of the following injury prevention measures do you use regularly?
- I take responsibility for myself as we don't rely on others to provide
29. In the past month, how often did you include fresh fruits and vegetables in your diet?
- [selected 2-4 times per week] Limited funds for food
32. What type of medical insurance covers the majority of your household's medical expenses?
- IHS
33. If you do NOT have medical insurance, why? (Select all that apply)
- Indian Health Services (2)
 - Don't know
 - Insurance covers alternative methods/treatments poorly
 - Medicaid has not recertified me so I don't know what their problem is
 - Medicare supplement – BCBS
 - Problem is not cost its people's priorities
 - Recently laid off and had insurance through employer; currently looking
 - Veteran
34. Are you aware of programs that help people pay for healthcare expenses?
- Only know of IHS or Medicaid
38. What is your employment status?
- Self-employed (3)
 - Disabled
 - If I can because of health
 - Seasonally employed
 - VA pension
39. With which ethnicity do you most identify?
- No such thing. I don't go around saying I'm a Swedish-Polish-German American. You are either American or not.
 - Not important. Everybody bleeds red
 - White
 - White Latino. You cannot split me into two parts.

Appendix G – Focus Group Questions

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

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

Appendix H – Focus Group Notes

Focus Group #1

Thursday, July 21, 2016 – 12pm-1pm – Northern Rockies Medical Center

7 participants (0 male, 7 female)

1. What would make this community a healthier place to live?
 - We need home health. We don't have any services at all to take care of the elderly. We don't have any nurses to do home health and they are definitely needed. We do have a nursing home. Maybe even some services to help somebody to clean or bake. Lots of seniors still need help.
 - Home health care is selective. If a person has no actual medical problem, then they don't fit any criteria for assistance
 - When I moved here from Bozeman I was shocked at the lack of home health care. Bozeman has everything. When my uncle became ill we couldn't find a place for him. The senior living situation is horrible, couldn't find anything. He's now at Genesis in Whitefish.
 - We need better community type programs. It is really hit and miss. We need more preventative services to get ourselves around when were old. Toni's program helps, but not everybody else can do weight room, etc. and you can't get into the Civic before noon. We need more access to physical activities and we need qualified teachers probably who can show you how to use the weights.
 - Senior center here, nobody knows how to use equipment. Here very few understand that you need to keep moving.
 - There is a walking trail at the end of town, down in coulees. Nobody is going to use it. Go small scale first. 13 miles is too much and you need to watch out for bears, mountain lions and rattlesnakes!

2. What do you think are the most important local healthcare issues?
 - Alcohol and drugs
 - Diabetes
 - Lack of understanding of Medicare process
 - Medicare—some services should be free, birthday checkup.
 - Errors in Medicare. My mother was in a rest home and billing was wrong. She spent 3 days as an inpatient and we had to pay \$6K for private care. Very expensive.
 - Processes of Medicare— I don't understand.

3. What do you think of the hospital in terms of:
Quality of Care
 - Care Great. Food horrible. Chicken with horrible gravy.
 - Cold
 - Comfort Room—care was excellent

- Never notified on transfer of care. Went to Kalispell, but didn't notify. Kalispell didn't have contact either. There is a lack of communication
- Patients don't stay because the doctors transfer them quickly.
- They were good to my mother, but they have limited services and had to send her to Benefis.

Number of Services

- Dialysis patients must be sent out. It would be nice if they didn't have to drive so far.
 - Is there a bus to take patients to dialysis?
 - Northern Transit? What do they do? Just once per week. Dialysis is needed three times per week.
- Won't get a dialysis center, but they need to accommodate with transportation to a center
- Heart doctor does come once a week or once a month.
- Not everyone can travel that far for care.

Hospital Staff

- Lack of staff
- I like my doctor
- No consistency—they're gone. Hard to start over with a provider.
- The PA is now gone—he was good.
- The nurses do a lot.

Hospital Board and Leadership

- Don't know them.

Business Office

- Don't know
- Never had a problem
- Helpful with information

Condition of Facility and Equipment

- Clean—they seem to mop all the time.
- No cases of infections here either.

Financial Health of the Hospital

- In the red, but doing better.

Cost

- Expensive.
- \$100 for 10 minutes.
- They get less people here so they have to charge more.

Office/Clinic Staff

- Friendly helpful.

Availability

- Sometimes you have to wait. Once the computer down and I had to wait.
 - You can usually get in within one week or so.
 - I got right in.
 - Two clinics don't work together.
4. Are any of the local providers your personal provider or personal provider to your family members? Why?
- Yes
 - I didn't want to go out of town all the time.
 - Only go to specialist if there is a problem.
 - I had a personality problem with one doctor. I'm treated better at the new place I go.
 - I get my testing done in Great Falls or Kalispell.
5. What do you think about these local services:
- Emergency Room
- I rate it very highly.
 - They were good to my husband.
 - They were good.
- Ambulance Service
- Professional when I needed them.
 - The guy with muscles, helped transfer me to a car, then met us at the ER. It really saved on cost.
 - All really nice.
- Healthcare Services for Senior Citizens
- We ought to know...
 - Need help to look after seniors.
 - Like transportation services, home care, and people to check in on a person.
 - Yeah, a lot of people can't get out and they can't rely on neighbors.
 - There needs to be a central person to call for help.
 - There are meals delivered to home bound seniors.
 - Meals are generous too.
 - We need a Service for cleaning or rides—then it's not an issue vs. calling neighbor.
 - Lots of seniors in community.
 - Native American Seniors go to Browning, but they still need transportation.
 - Family working have to take time to take them.

- I didn't know we had one.
- They do emergency services, maternal child health, immunizations and calls on home health
- There is a huge need in community, home health. Relief is needed.
- The existing home health worker is older than people she cares for.
- ACA another mess—people suffer
- Ambulance trying to get through grant so they can help with home health issue.

Healthcare Services for Low-Income Individuals/Families

- Don't know.
- Great.

Nursing Home/Assisted Living Facility

- Couldn't tell you, but my mother thinks worst thing in the world.
- Care was great. No complaints.
- They take the patients out and have activities.
- My mom did 4 months at Grandview, then came here (NRMC). Better care here than at Grandview.

Pharmacy (*not asked*)

6. Why might people leave the community for healthcare?
 - Doctors have visitation in Shelby.
 - Clinic doctors send you to Great Falls.
 - Colonoscopy can be done here though.
 - I was booted out for colonoscopy. I went to Kalispell.
 - They need to accommodate both OB and colonoscopy here.

7. What other healthcare services are needed in the community?
 - Home health.
 - Dialysis.
 - A bus to take people to their appointments out of the community.

Focus Group #2

Thursday, July 21, 2016 – 3-4 pm- Northern Rockies Medical Center
11 participants (0 male, 11 female)

1. What would make this community a healthier place to live?
 - Less poverty.
 - Accessibility to healthy food.
 - Better produce and produce prices.
 - Bountiful Baskets is an option.
 - We need more education on which foods are nutritious.

2. What do you think are the most important local healthcare issues?
 - Home health/hospice.
 - Mental health.
 - Focus on prevention.
 - Obesity.
 - STD [Sexually Transmitted Diseases].
 - Alcohol.
 - Drug abuse.

3. What do you think of the hospital in terms of:
 - Quality of Care
 - Depends on why you're seen and who sees you. Overall good quality, situation this morning had cohesive team and good outcome. Room for improvement. Flight team was great.
 - Patient perception is crucial too. May not be what patient wants, but best from clinical standpoint.
 - Minimal experience with facility. High employee turnover.
 - Sometimes the room set-up is not conducive.
 - I would trust them if I was dying.

 - Number of Services
 - Great for a small town.
 - Huge number of services.
 - We are really lucky to have so much.
 - Limited availability for specialty— They are only here two or three times/month
 - They need to market their services better—ENT and Cardiology, orthopedic
 - OB [Obstetrician] is trying to expand.

 - Hospital Staff
 - All awesome.
 - Great.
 - I wish there were more providers.
 - No choice of another doctor if personalities don't align.
 - They need stress management and customer service skills.

- I have heard complaints about nurses, but every time I've been here I've gotten the best care. But people talk. They will complain about anything, then put it on Facebook.
- I've heard of snottiness from the nurses.
- Turnover in providers, end of contract. Cut Bank doesn't have anything to offer.
- Female OB [Obstetrician] or midwife would help.

Hospital Board and Leadership

- Huge improvement over last 8 years.
- Implementation may not be communicated well.
- Board is really engaged.

Business Office

- High turnover.
- Gotten better.
- Billing is better.
- I had a payment plan set up, then they called me at work to ask about billing and how much I was going to pay. I already had plan set up so they didn't need to call me at work like that. It was really embarrassing.
- Haven't had problems recently.
- We're close to Shelby, Cut Bank has more aggressive collection policies.

Condition of Facility and Equipment

- Getting better—trying.
- Money is the problem.
- Radiology is awesome.
- OB room is cool.

Financial Health of the Hospital (*not asked*)

Cost

- Bad everywhere.
- More expensive than Great Falls (ultrasounds).

Office/Clinic Staff

- Depends on who it is.
- Super nice here.

Availability

- Never had an issue.

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

- They are close.
- I do for some services. They are close and accessible. I travel for female providers though.
- I have established care elsewhere that I love; hard to change.
- Stay with care that's established.
- I work here and visiting a doctor in same facility is awkward.
- I use anything and everything here. I want to support local business.
- Like/love the physician, sometimes have personality issues.

5. What do you think about these local services:

Emergency Room

- I like it.
- Me too.
- Never used, but really need it here in town.
- Had meds going in 5 minutes.

Ambulance Service

- Big fan.
- High level of education and skill for small community.
- Advanced EMTs too.
- Super awesome!

Healthcare Services for Senior Citizens

- Lack of home health is a detriment.
- Bump up Senior Center so there are more activities.
- There is availability of prepared meals, delivery.

Public/County Health Department

- Great.
- They have walk in for immunizations and adult immunizations.
- Room for improvement
- Could work better with hospital.
- They have prevention services, emergency preparedness, tobacco prevention, cancer (breast/cervical), immunization for schools, day cares, FIMR review (fetal/infant mortality review)
- Passionate about their jobs.

Healthcare Services for Low-Income Individuals/Families

- Lengthy application for charity care that require documentation of proof. This can act as a barrier.
- Breast/cervical screening at public health

Nursing Home/Assisted Living Facility

- Don't know.
- Seems clean.

Pharmacy

- Issues lately.
- Scripts not ready, new computer thing.
- Phone issues with refills.
- Only one pharmacy in town.

6. Why might people leave the community for healthcare?

- Privacy.
- Some services not available.
- Bad experience—hard to overcome to come back.
- To get out of town, go shopping, etc.
- OB [Obstetrics] issues.

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

- Pulmonologist, allergist, pediatric issues for allergies.
- Dermatologists.
- Rheumatologist.
- Oncologists.
- Tele med for psychiatry.
- Dialysis.
- Addiction counseling, Gateway offered, but now closed. Maybe if offered through hospital it would be better? More local maybe?
- Overall, we're pretty lucky to have what we do.