Big Sandy

Chouteau County, Montana

Community Health Services Development Survey Report

Survey conducted by
Big Sandy Medical Center
Big Sandy, Montana

In cooperation with
The Montana Office of Rural Health
The National Rural Health Resource Center

Fall 2012
Big Sandy Medical Center
Community Needs Assessment and Focus Groups

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I. Introduction

Big Sandy Medical Center is comprised of an 8-bed Critical Access Hospital. Their services include: emergency care, acute hospitalization, laboratory testing, radiology, physical therapy, skilled nursing care, long term care, as well as a Rural Health Clinic staffed by physician assistants and nurse practitioners. Big Sandy serves the Chouteau County area which just shy of 4,000 square miles and a population of 5,813 people (2010 US Census). Big Sandy Medical Center participated in the Community Health Services Development (CHSD) Project administrated by the Montana Office of Rural Health and the National Rural Health Resource Center (NRHRC) in Duluth, Minnesota. A part of this project is community engagement which includes a health care service survey and focus groups.

In the summer of 2012, Big Sandy Medical Center’s service area was surveyed about its health care system. This report shows the results of the survey in both narrative and chart formats. At the end of this report, we have included a copy of the survey instrument (Appendix D). Readers are invited to familiarize themselves with the survey instrument and then look at the findings. Our narrative report touches on the highlights while the charts present data for virtually every question asked.

II. Health Assessment Process

A Steering Committee was convened to assist Big Sandy 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 2012. For a list of all Steering Committee members and their affiliations, see Appendix A. The Steering Committee met twice during the CHSD process; first to discuss health concerns in the community and offer their perspective in designing the survey instrument, and again to review results of survey and focus groups.

III. Survey Methodology

Survey Instrument
In August 2012, surveys were mailed out to the residents in Big Sandy Medical Center’s service area. The survey was based on a design that has been used extensively in the states of Washington, Wyoming, Alaska, Montana and Idaho. The survey was designed to provide each facility with information from local residents regarding:
- Demographics of respondents
- Hospitals, primary care providers and specialists used, and reasons for selection
- Local health care provider usage
- Services preferred locally
- Perception and satisfaction of local health care
Sampling

Big Sandy 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 546 residents was then selected from Prime Net Data Source. Residence was stratified in the initial sample selection so that each area would be represented in proportion to the overall served population and the proportion of past admissions. (Note: Although the survey samples were proportionately selected, actual surveys returned from each population area varied, which may result in slightly less proportional results).

Three focus groups were held to identify the motives of local residents when selecting health care providers and discover reasons why people may leave the Big Sandy area to seek health care services. A key informant interview was also conducted with a local public health nurse to help identify local health care issues. It was intended that this research would help determine the awareness of local programs and services, as well as the level of satisfaction with local services, providers, and facilities.

Information Gaps

Data

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

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

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

Limitations in Survey Methodology

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

**Survey Implementation**

In August, the community health services survey, a cover letter from the National Rural Health Resource Center with hospital Chief Executive Officer’s signature on Big Sandy Medical Center’s letter head, and a postage paid reply envelope were mailed to 546 randomly selected residents in the targeted region. A news release was sent to local newspapers prior to the survey distribution announcing that Big Sandy Medical Center would be conducting a community health services survey throughout the region in cooperation with the Montana Office of Rural Health.

As shown in the table below, 196 surveys were returned out of 546. Of that 546, 11 surveys were returned undeliverable for a 37% response rate. From this point on, the total number of surveys will be out of 535. 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 5.39%.

**III. Survey Respondent Demographics**

A total of 535 surveys were distributed amongst Big Sandy Medical Center’s service area. One hundred ninety-six were completed for a 37% response rate. The following tables indicate the demographic characteristics of the survey respondents. Information on location, gender, age, and employment is included. Percentages indicated on the tables and graphs are based upon the total number of responses for each individual question, as some respondents did not answer all questions.

**Place of Residence (Question 32)**

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Zip Code</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Big Sandy</td>
<td>59520</td>
<td>166</td>
<td>84.7%</td>
</tr>
<tr>
<td>Loma</td>
<td>59460</td>
<td>27</td>
<td>13.8%</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>1</td>
<td>0.5%</td>
</tr>
<tr>
<td>No response</td>
<td></td>
<td>2</td>
<td>1.0%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td>196</td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

“Other” comments:
- 59538
- Part-time 90808 Long Beach CA
Distance from Big Sandy (Question 33)
N= 196

Respondents were asked to indicate if they lived outside of town, how many miles they live from Big Sandy. Twenty-one percent (n=42) of the respondents live 16-30 miles from Big Sandy, 16.8% (n=33) live 0-5 miles from Big Sandy and 14.3% (n=28) live 6-15 miles from town. Forty-one percent (n=80) chose not to respond to this question.

“Other” comments:
- I live in town
Number of Months in Chouteau County Annually (Question 34)
N= 184

Ninety-five percent of respondents (n=182) indicated they live 10-12 months each year in Chouteau County. Three percent (n=5) live in Chouteau County 4-6 months of the year and 1.6% (n=3) 7-9 months. Five respondents chose not to answer this question.
Utilization of Medical Services When in Chouteau County (Question 35)
N= 196

Eighty-two percent (n=161) indicated they utilize local medical services when they reside in Chouteau County. Twelve percent (n=23) reported they did not utilize local medical services when in Chouteau County and 6.1% (n=12) chose not to answer this question.

“Other” comments:
- Only in emergency
- V.A. in Havre, MT
Gender (Question 36)
N= 196

Of the 196 surveys returned, 58.7% (n=115) of survey respondents were female, 39.8% (n=78) were male, and 1.5% (n=3) chose not to answer this question. The survey was distributed to a random sample consisting of 50% women and 50% men. It is not unusual for survey respondents to be predominantly female, particularly when the survey is health care oriented since women are frequently the health care decision makers for families.
Age of Respondents (Question 37)
N= 193

Thirty percent of respondents (n=58) were between the ages of 56-65. Eighteen percent of respondents (n=34) were between the ages of 66-75 and 14% of respondents (n=27) were between the ages of 46-55. This statistic is comparable to other Critical Access Hospital demographics. The increasing percentage of elderly residents in rural communities is a trend which is seen throughout Montana and will likely have a significant impact on the need for health care services during the next 10-20 years. However, it is important to note that the survey was targeted to adults and therefore no respondents are under age 18. Older residents are also more invested in health care decision making, and therefore are more likely to respond to health care surveys, as reflected by this graph. Three respondents chose not to answer this question.

```
<table>
<thead>
<tr>
<th>Age Group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-25</td>
<td>0.5%</td>
</tr>
<tr>
<td>26-35</td>
<td>8.3%</td>
</tr>
<tr>
<td>36-45</td>
<td>11.8%</td>
</tr>
<tr>
<td>46-55</td>
<td>14%</td>
</tr>
<tr>
<td>56-65</td>
<td>30.1%</td>
</tr>
<tr>
<td>66-75</td>
<td>17.6%</td>
</tr>
<tr>
<td>76-85</td>
<td>13%</td>
</tr>
<tr>
<td>86+</td>
<td>4.7%</td>
</tr>
</tbody>
</table>
```

“Other” comments:
- Almost 86+
Employment Status (Question 38)
N= 196

Forty-two percent (n=82) of respondents reported working full time, while 32% (n=62) are retired. Sixteen percent of respondents (n=31) indicated they work part time. Five percent (n=10) chose not to respond to this question.

“Other” comments:
- Farmer
- Self-employed (5)
- Homemaker
- Manage ranch
- SAHM
- [Collect disability] 100%
- Nothing do to health
- Housewife – aren’t we always employed?
IV. Survey Findings- Community Health

Impression of Community (Question 1)
N= 188

Respondents were asked to indicate how they would rate the general health of their community. Fifty-six percent of respondents (n=105) rated their community as “Somewhat healthy.” Thirty-nine percent of respondents (n=73) felt their community was “Healthy” and 3.7% (n=7) felt their community was “Unhealthy.” Eight respondents chose not to respond to this question.
Health Concerns for Community (Question 2)

Respondents were asked what they felt the three most serious health concerns were in their community. The number one health concern identified by respondents was “Cancer” at 58.2% (n=114). “Alcohol/substance abuse” was also a high priority at 41.8% (n=82) and “Overweight/obesity” 35.7% (n=70). Respondents were asked to pick their top three serious health concerns so percentages do not equal 100%.

<table>
<thead>
<tr>
<th>Health Concern</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer</td>
<td>114</td>
<td>58.2%</td>
</tr>
<tr>
<td>Alcohol/substance abuse</td>
<td>82</td>
<td>41.8%</td>
</tr>
<tr>
<td>Overweight/obesity</td>
<td>70</td>
<td>35.7%</td>
</tr>
<tr>
<td>Heart disease</td>
<td>59</td>
<td>30.1%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>48</td>
<td>24.5%</td>
</tr>
<tr>
<td>Depression/anxiety</td>
<td>33</td>
<td>16.8%</td>
</tr>
<tr>
<td>Lack of exercise</td>
<td>32</td>
<td>16.3%</td>
</tr>
<tr>
<td>Tobacco use</td>
<td>25</td>
<td>12.8%</td>
</tr>
<tr>
<td>Motor vehicle accidents</td>
<td>16</td>
<td>8.2%</td>
</tr>
<tr>
<td>Mental health issues</td>
<td>14</td>
<td>7.1%</td>
</tr>
<tr>
<td>Stroke</td>
<td>14</td>
<td>7.1%</td>
</tr>
<tr>
<td>Work related accidents/injuries</td>
<td>10</td>
<td>5.1%</td>
</tr>
<tr>
<td>Lack of access to health care</td>
<td>8</td>
<td>4.1%</td>
</tr>
<tr>
<td>Lack of dental care</td>
<td>8</td>
<td>4.1%</td>
</tr>
<tr>
<td>Recreation related accidents/injuries</td>
<td>5</td>
<td>2.6%</td>
</tr>
<tr>
<td>Domestic violence</td>
<td>3</td>
<td>1.5%</td>
</tr>
<tr>
<td>Child abuse/neglect</td>
<td>1</td>
<td>0.5%</td>
</tr>
<tr>
<td>Other</td>
<td>8</td>
<td>4.1%</td>
</tr>
</tbody>
</table>

“Other” comments:
- No nutrition training
- Everyone is eating chemicals instead of “REAL FOOD”
- Lack of nutrition
- Prescription drugs
- Older population (2)
- Elderly care
- Hidden guilt feelings
- Welfare people
- Divorce
Components of a Healthy Community (Question 3)

Respondents were asked to identify the three most important things for a healthy community. Sixty-six percent of respondents (n=129) indicated that “Access to health care and other services” is important for a healthy community. “Healthy behaviors and lifestyles” was the second most indicated component at 43.4% (n=85) and third was “Strong family life” at 39.3% (n=77). Respondents were asked to identify their top three choices thus the percentages will not add up to 100%.

<table>
<thead>
<tr>
<th>Important Component</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to health care and other services</td>
<td>129</td>
<td>65.8%</td>
</tr>
<tr>
<td>Healthy behaviors and lifestyles</td>
<td>85</td>
<td>43.4%</td>
</tr>
<tr>
<td>Strong family life</td>
<td>77</td>
<td>39.3%</td>
</tr>
<tr>
<td>Good jobs and healthy economy</td>
<td>65</td>
<td>33.2%</td>
</tr>
<tr>
<td>Good schools</td>
<td>51</td>
<td>26.0%</td>
</tr>
<tr>
<td>Religious or spiritual values</td>
<td>50</td>
<td>25.5%</td>
</tr>
<tr>
<td>Clean environment</td>
<td>38</td>
<td>19.4%</td>
</tr>
<tr>
<td>Low crime/safe neighborhoods</td>
<td>25</td>
<td>12.8%</td>
</tr>
<tr>
<td>Community involvement</td>
<td>18</td>
<td>9.2%</td>
</tr>
<tr>
<td>Affordable housing</td>
<td>15</td>
<td>7.7%</td>
</tr>
<tr>
<td>Low death and disease rates</td>
<td>4</td>
<td>2.0%</td>
</tr>
<tr>
<td>Parks and recreation</td>
<td>4</td>
<td>2.0%</td>
</tr>
<tr>
<td>Tolerance for diversity</td>
<td>4</td>
<td>2.0%</td>
</tr>
<tr>
<td>Arts and cultural events</td>
<td>2</td>
<td>1.0%</td>
</tr>
<tr>
<td>Low level of domestic violence</td>
<td>1</td>
<td>0.5%</td>
</tr>
<tr>
<td>Other</td>
<td>9</td>
<td>4.6%</td>
</tr>
</tbody>
</table>

“Other” comments:
- Nutrition training
- Feeding the body “food” to support body health & healing
- Affordable health care
- Clean water – smells like a sewer
- (water & sewer) good city infrastructure
V. Survey Findings- Awareness of Services

Overall Awareness of Big Sandy Medical Center’s Services (Question 4)  
N= 194

Respondents were asked to rate their knowledge of the health care services available at Big Sandy Medical Center. Fifty percent (n=97) of respondents rated their knowledge of services as “Good.” Twenty-nine percent (n=57) rated their knowledge as “Excellent” and 17% of respondents (n=33) rated their knowledge as “Fair.” Two respondents chose not to answer this question.
How Respondents Learn of Health Care Services (Question 5)

“Word of mouth/reputation” was the most frequent method of learning about available services at 70.4% (n=138). Generally, “Word of mouth/reputation” is the most frequent response among rural hospital surveys. “Friends/family” was the second most frequent response at 63.8% (n=125) and “Health care provider” was reported at 53.6% (n=105). Respondents could select more than one method so percentages do not equal 100%.

<table>
<thead>
<tr>
<th>Method</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Word of mouth/reputation</td>
<td>138</td>
<td>70.4%</td>
</tr>
<tr>
<td>Friends/family</td>
<td>125</td>
<td>63.8%</td>
</tr>
<tr>
<td>Health care provider</td>
<td>105</td>
<td>53.6%</td>
</tr>
<tr>
<td>The Mountaineer</td>
<td>92</td>
<td>46.9%</td>
</tr>
<tr>
<td>Mailings/newsletter</td>
<td>24</td>
<td>12.2%</td>
</tr>
<tr>
<td>Public health</td>
<td>7</td>
<td>3.6%</td>
</tr>
<tr>
<td>Website/internet</td>
<td>4</td>
<td>2.0%</td>
</tr>
<tr>
<td>Presentations</td>
<td>3</td>
<td>1.5%</td>
</tr>
<tr>
<td>Radio</td>
<td>3</td>
<td>1.5%</td>
</tr>
<tr>
<td>Other</td>
<td>6</td>
<td>3.1%</td>
</tr>
</tbody>
</table>

“Other” comments:
- Served with EMS; served on Board of Directors; worked/volunteered at the Facility
- Personal experience
- EMT
- I work in healthcare
Cross Tabulation of Service Knowledge and Learning about Services

Analysis was done to look at respondents’ knowledge of services available at Big Sandy Medical Center with how they learn about services available in their community. The chart below shows the results of the cross tabulation. How respondents learned of health care services was a multiple response item thus totals cannot add up to 100%.

<table>
<thead>
<tr>
<th>KNOWLEDGE RATING OF BIG SANDY MEDICAL CENTER SERVICES BY HOW RESPONDENTS LEARN ABOUT HEALTH CARE SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health care provider</td>
</tr>
<tr>
<td>Excellent</td>
</tr>
<tr>
<td>Health care provider</td>
</tr>
<tr>
<td>Mailings/newsletter</td>
</tr>
<tr>
<td>Website/internet</td>
</tr>
<tr>
<td>The Mountaineer</td>
</tr>
<tr>
<td>Presentations</td>
</tr>
<tr>
<td>Public health</td>
</tr>
<tr>
<td>Friends/family</td>
</tr>
<tr>
<td>Word of mouth/reputation</td>
</tr>
<tr>
<td>Radio</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>
Interest in Health Education Classes (Question 6)

Respondents were asked if they would be interested in any health education classes or programs if offered locally. The most highly indicated class/program by respondents was “Health and wellness” at 34.7% (n=68). “Fitness” was selected by 31.6% of respondents (n=62) and “Weight loss” was selected by 29.1% (n=57). Respondents could select more than one method so percentages do not equal 100%.

<table>
<thead>
<tr>
<th>Class</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health &amp; wellness</td>
<td>68</td>
<td>34.7%</td>
</tr>
<tr>
<td>Fitness</td>
<td>62</td>
<td>31.6%</td>
</tr>
<tr>
<td>Weight loss</td>
<td>57</td>
<td>29.1%</td>
</tr>
<tr>
<td>Women’s health</td>
<td>53</td>
<td>27.0%</td>
</tr>
<tr>
<td>Nutrition</td>
<td>47</td>
<td>24.0%</td>
</tr>
<tr>
<td>Men’s health</td>
<td>46</td>
<td>23.5%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>39</td>
<td>19.9%</td>
</tr>
<tr>
<td>Heart disease</td>
<td>35</td>
<td>17.9%</td>
</tr>
<tr>
<td>Alzheimer’s</td>
<td>34</td>
<td>17.3%</td>
</tr>
<tr>
<td>Cancer</td>
<td>31</td>
<td>15.8%</td>
</tr>
<tr>
<td>Mental health</td>
<td>20</td>
<td>10.2%</td>
</tr>
<tr>
<td>Alcohol/substance abuse</td>
<td>13</td>
<td>6.6%</td>
</tr>
<tr>
<td>Child wellness</td>
<td>11</td>
<td>5.6%</td>
</tr>
<tr>
<td>Parenting</td>
<td>11</td>
<td>5.6%</td>
</tr>
<tr>
<td>Internet/online safety</td>
<td>7</td>
<td>3.6%</td>
</tr>
<tr>
<td>Smoking cessation</td>
<td>4</td>
<td>2.0%</td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
<td>2.6%</td>
</tr>
</tbody>
</table>

“Other” comments:
- The healthy weight thru proper nutrition
- Yoga
- Living wills
- POAs
- No interest
- The Science of Natural Healing
Other Community Health Resources Utilized (Question 7)

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 frequent community health resource cited by respondents at 82.7% (n=162). “Dentist” was reported at 30.6%, (n=60) and 20.4% (n=40) reported utilizing the “Senior Center (flu/foot/blood pressure clinics)”. Respondents could select more than one method so percentages do not equal 100%.

<table>
<thead>
<tr>
<th>Health Resources</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacy</td>
<td>162</td>
<td>82.7%</td>
</tr>
<tr>
<td>Dentist</td>
<td>60</td>
<td>30.6%</td>
</tr>
<tr>
<td>Senior Center (flu/foot/blood pressure clinics)</td>
<td>40</td>
<td>20.4%</td>
</tr>
<tr>
<td>Public health</td>
<td>27</td>
<td>13.8%</td>
</tr>
<tr>
<td>VA</td>
<td>11</td>
<td>5.6%</td>
</tr>
<tr>
<td>Mental health</td>
<td>2</td>
<td>1.0%</td>
</tr>
<tr>
<td>Other</td>
<td>8</td>
<td>4.1%</td>
</tr>
</tbody>
</table>

“Other” comments:
- Health fairs
- N/A
- Eye doctor
- None (2)
- Health Fair
- Emergency
- Message
- Physical therapy
**Improvement for Community’s Access to Health Care (Question 8)**

Respondents were asked to indicate what they felt would improve their community’s access to health care. Twenty-five percent of respondents (n=48) reported “Greater health education services” would make the greatest improvement. Twenty-four percent of respondents (n=46) indicated they would like “More primary care providers” and 19.9% indicated “More specialists” (n=39). Respondents could select more than one method so percentages do not equal 100%.

<table>
<thead>
<tr>
<th>Service</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greater health education services</td>
<td>48</td>
<td>24.5%</td>
</tr>
<tr>
<td>More primary care providers</td>
<td>46</td>
<td>23.5%</td>
</tr>
<tr>
<td>More specialists</td>
<td>39</td>
<td>19.9%</td>
</tr>
<tr>
<td>Improved quality of care</td>
<td>36</td>
<td>18.4%</td>
</tr>
<tr>
<td>Transportation assistance</td>
<td>31</td>
<td>15.8%</td>
</tr>
<tr>
<td>Outpatient services expanded hours</td>
<td>30</td>
<td>15.3%</td>
</tr>
<tr>
<td>Telemedicine</td>
<td>23</td>
<td>11.7%</td>
</tr>
<tr>
<td>Cultural sensitivity</td>
<td>4</td>
<td>2.0%</td>
</tr>
<tr>
<td>Interpreter services</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
<td>2.0%</td>
</tr>
</tbody>
</table>

“Other” comments:
- Nutrition
- A medical doctor (4)
- I think it’s fine
- Less governmental mandates
Economic Importance of Local Health Care Providers and Services (Question 9)
N= 196

The majority of respondents, 72.5% (n=142) indicated that local health care providers and services (i.e.: hospitals, clinics, nursing homes, assisted living, etc.) are “Very Important” to the economic well-being of the area. Twenty-six percent of respondents (n=50) indicated they are “Important” and two respondents, or 2% indicated that they “Don’t know”. No respondents indicated that health care services were “Not important”.

![Economic Importance of Health Care Pie Chart]

- Very important: 72.5%
- Important: 25.5%
- Don’t know: 2%
- Not important: 0%
VI. Survey Findings- Use of Health Care Services

Needed/Delayed Hospital Care During the Past Three Years (Question 10)
N= 196

Of the 196 surveys returned, 33.2% of respondents (n=65) reported that they or a member of their household thought they needed health care services, but did not get it or delayed getting it. Fifty-nine percent of respondents (n=116) felt they were able to get the health care services they needed without delay and fifteen respondents chose not to answer this question (7.6%).
Reasons for NOT Being Able to Receive Services or Delay in Receiving Health Care Services (Question 11)
N= 65

For those who indicated they were unable to receive or had to delay services, the reasons most cited were: “It cost too much” (61.5%, n=40), “No insurance” (33.8%, n=22) and “Office wasn’t open when I could go” (27.7%, n=18). Respondents were asked to indicate their top three choices thus percentages do not total 100%.

<table>
<thead>
<tr>
<th>Reason</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>It costs too much</td>
<td>40</td>
<td>61.5%</td>
</tr>
<tr>
<td>No insurance</td>
<td>22</td>
<td>33.8%</td>
</tr>
<tr>
<td>Office wasn’t open when I could go</td>
<td>18</td>
<td>27.7%</td>
</tr>
<tr>
<td>My insurance didn’t cover it</td>
<td>9</td>
<td>13.8%</td>
</tr>
<tr>
<td>Don’t like doctors</td>
<td>8</td>
<td>12.3%</td>
</tr>
<tr>
<td>Too nervous or afraid</td>
<td>6</td>
<td>9.2%</td>
</tr>
<tr>
<td>Unsure if services were available</td>
<td>5</td>
<td>7.7%</td>
</tr>
<tr>
<td>Could not get an appointment</td>
<td>4</td>
<td>6.2%</td>
</tr>
<tr>
<td>Too long to wait for an appointment</td>
<td>4</td>
<td>6.2%</td>
</tr>
<tr>
<td>Could not get off work</td>
<td>4</td>
<td>6.2%</td>
</tr>
<tr>
<td>It was too far to go</td>
<td>4</td>
<td>6.2%</td>
</tr>
<tr>
<td>No treated with respect</td>
<td>4</td>
<td>6.2%</td>
</tr>
<tr>
<td>Didn’t know where to go</td>
<td>3</td>
<td>4.6%</td>
</tr>
<tr>
<td>Had no one to care for the children</td>
<td>1</td>
<td>1.5%</td>
</tr>
<tr>
<td>Transportation problems</td>
<td>1</td>
<td>1.5%</td>
</tr>
<tr>
<td>Language barrier</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Other</td>
<td>15</td>
<td>23.1%</td>
</tr>
</tbody>
</table>

“Other” comments:
- Why come to BS (Big Sandy) when you ultimately are required to go to Havre or Great Falls? Services performed in BS (Big Sandy) are then required AGAIN in Havre or Great Falls clinics, and you end up paying twice for the same service
- [Don’t like doctors] at Big Sandy
- I was diagnosed wrong the last time I went
- None
- Nurse wouldn’t let me talk to the doctor on the phone and just kept telling me to come in (Havre)
- Insurance deductible not met
Preventative Testing (Question 12)

Respondents were asked if they had utilized any of the preventative testing services listed in the past year. “Routine blood pressure check” was selected by 54.1% of respondents (n=106). Fifty-four percent of respondents (n=105) indicated they had done a “Cholesterol check” and another 46.4% of respondents (n=91) had a “Flu shot/adult vaccinations”. Respondents could check all that apply thus the percentage will not equal 100%.

<table>
<thead>
<tr>
<th>Preventative Service</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine blood pressure check</td>
<td>106</td>
<td>54.1%</td>
</tr>
<tr>
<td>Cholesterol check</td>
<td>105</td>
<td>53.6%</td>
</tr>
<tr>
<td>Flu shot/adult vaccinations</td>
<td>91</td>
<td>46.4%</td>
</tr>
<tr>
<td>Routine health checkup</td>
<td>88</td>
<td>44.9%</td>
</tr>
<tr>
<td>Mammography</td>
<td>50</td>
<td>25.5%</td>
</tr>
<tr>
<td>Pap smear</td>
<td>40</td>
<td>20.4%</td>
</tr>
<tr>
<td>Prostate (PSA)</td>
<td>37</td>
<td>18.9%</td>
</tr>
<tr>
<td>Colonoscopy</td>
<td>28</td>
<td>14.3%</td>
</tr>
<tr>
<td>Children’s checkup/Well baby</td>
<td>15</td>
<td>7.7%</td>
</tr>
<tr>
<td>None</td>
<td>14</td>
<td>7.1%</td>
</tr>
<tr>
<td>Other</td>
<td>8</td>
<td>4.1%</td>
</tr>
</tbody>
</table>

“Other” comments:
- Diabetes
- Next year
- Blood screening (2)
- Hospice
- Lab
- Birth control shot
- Health Fair
- Dexa Scan
- Foreign object in eye
- Physical therapy
**Desired Local Health Care Services (Question 13)**

Respondents were asked to indicate which health care professionals or services presently not available would they use if available locally. Respondents indicated the most interest in having “Senior well checks” at 15.3% (n=30) followed by “Medicare/Medicaid program assistance” at 12.2% (n=24), and “Home health” services at 8.7% (n=17). Respondents were asked to check all that apply, so percentages do not equal 100%.

<table>
<thead>
<tr>
<th>Health Care Services</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senior well checks</td>
<td>30</td>
<td>15.3%</td>
</tr>
<tr>
<td>Medicare/Medicaid program assistance</td>
<td>24</td>
<td>12.2%</td>
</tr>
<tr>
<td>Home health</td>
<td>17</td>
<td>8.7%</td>
</tr>
<tr>
<td>Medication assistance</td>
<td>14</td>
<td>7.1%</td>
</tr>
<tr>
<td>Mental health services</td>
<td>8</td>
<td>4.1%</td>
</tr>
<tr>
<td>Personal attendant</td>
<td>8</td>
<td>4.1%</td>
</tr>
<tr>
<td>Crisis services</td>
<td>5</td>
<td>2.6%</td>
</tr>
<tr>
<td>Other</td>
<td>10</td>
<td>5.1%</td>
</tr>
</tbody>
</table>

“Other” comments:
- Teaching nutrition
- None of these other than if I had to
- Hopefully none
- N/A (2)
- None (2)
- Denturist
- Health and wellness
Assisted Living Facility Development (Question 14)
N= 196

Respondents were asked to indicate if they or a member of their household would be interested in having an assisted living facility developed in the region. Forty-seven percent of respondents (n=92) indicated they would be interested in an assisted living facility. Twenty-seven percent (n=52) were not sure and 17.3% of respondents (n=34) indicated maybe in a few years.

“Other” comments:
- There is one in Ft. Benton & they always have apartments available
- It would be helpful to the elderly
- We need this more than the long term care
- Dental
- Not on tax rolls
Hospital Care Received in the Past Three Years (Question 15)
N= 196

Seventy-four percent of respondents (n=145) reported that they or a member of their family had received hospital care during the previous three years. Twenty-two percent (n=43) had not received hospital services and 4.1% of respondents (n=8) did not answer this question.
**Hospital Used Most in the Past Three Years (Question 16)**

Of the 145 respondents who indicated receiving hospital care in the previous three years, 38.8% (n=54) reported receiving care at Benefis. Thirty-six percent of respondents (n=50) went to Big Sandy Medical Center for hospitalization and 12.9% of respondents (n=18) utilized services from Northern Montana Hospital. Six of the 145 respondents who reported they had been to a hospital in the past three years did not indicate which hospital they had utilized.

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefis</td>
<td>54</td>
<td>38.8%</td>
</tr>
<tr>
<td>Big Sandy Medical Center</td>
<td>50</td>
<td>36.0%</td>
</tr>
<tr>
<td>Northern Montana Hospital</td>
<td>18</td>
<td>12.9%</td>
</tr>
<tr>
<td>VA (Fort Harrison)</td>
<td>4</td>
<td>2.9%</td>
</tr>
<tr>
<td>Other</td>
<td>13</td>
<td>9.4%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>139</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

“Other” comments:
- Missouri River Medical Center
- Fort Carson, CO
- St. Patrick’s - Missoula (2)
- Benefis
- Seattle
- Providence - Missoula
- Northwest Medical Center – Tucson, AZ
- Benefis for colonoscopy
- Out of state
- Billings Clinic Hospital or Billings St. Vincent’s Hospital
Reasons for Selecting the Hospital Used (Question 17)

Of the 145 respondents who had personal or family experience at a hospital within the past three years, the primary reason given for selecting the facility used most often was “Referred by physician” at 49% (n=71). “Closest to home” was selected by 46.2% of the respondents (n=67) and 44.8% (n=65) selected “Prior experience with hospital.” Note that respondents were asked to select the top three answers which influenced their choices therefore the percentages do not equal 100%.

<table>
<thead>
<tr>
<th>Reason</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referred by physician</td>
<td>71</td>
<td>49.0%</td>
</tr>
<tr>
<td>Closest to home</td>
<td>67</td>
<td>46.2%</td>
</tr>
<tr>
<td>Prior experience with hospital</td>
<td>65</td>
<td>44.8%</td>
</tr>
<tr>
<td>Emergency, no choice</td>
<td>43</td>
<td>29.7%</td>
</tr>
<tr>
<td>Hospital’s reputation for quality</td>
<td>43</td>
<td>29.7%</td>
</tr>
<tr>
<td>Recommended by family or friends</td>
<td>15</td>
<td>10.3%</td>
</tr>
<tr>
<td>VA/Military requirement</td>
<td>9</td>
<td>6.2%</td>
</tr>
<tr>
<td>Cost of care</td>
<td>7</td>
<td>4.8%</td>
</tr>
<tr>
<td>Closest to work</td>
<td>6</td>
<td>4.1%</td>
</tr>
<tr>
<td>Required by insurance plan</td>
<td>4</td>
<td>2.8%</td>
</tr>
<tr>
<td>Other</td>
<td>13</td>
<td>9.0%</td>
</tr>
</tbody>
</table>

“Other” comments:
- Most experience
- Range of coverage
- Ties with other specialists/hospitals
- The need for joint replacement surgery
- Only hospital where surgery could be performed
- Surgical service
- Urologist
- My doctor
- Specialist
- BSMC transfers to choice if necessary
- That’s where the midwives delivered
- OB/PEDS (obstetrics/ pediatric) services
- Professional specialist doctors
Cross Tabulation of Hospital and Residence

Analysis was done to look at where respondents utilized hospital services the most in the past three years with where they live by zip code. The chart below shows the results of the cross tabulation.

<table>
<thead>
<tr>
<th>LOCATION OF MOST OFTEN UTILIZED HOSPITAL BY RESIDENCE</th>
<th>Big Sandy Medical Center</th>
<th>Northern MT Hospital</th>
<th>Benefis (Fort Harrison)</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Big Sandy 59520</td>
<td>42 (35.9%)</td>
<td>18 (15.4%)</td>
<td>42 (35.9%)</td>
<td>13 (11.1%)</td>
<td>117</td>
</tr>
<tr>
<td>Loma 59460</td>
<td>7 (35%)</td>
<td>11 (55.5%)</td>
<td>2 (10%)</td>
<td></td>
<td>20</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>
Cross Tabulation of Hospital and Reason Selected

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

### LOCATION OF MOST UTILIZED HOSPITAL BY REASONS HOSPITAL SELECTED

<table>
<thead>
<tr>
<th>Location of Hospital</th>
<th>Big Sandy Medical Center</th>
<th>Northern Montana Hospital</th>
<th>Benefis</th>
<th>VA (Fort Harrison)</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost of care</td>
<td>2 (28.6%)</td>
<td>1 (14.3%)</td>
<td>2 (28.6%)</td>
<td>2 (28.6%)</td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>Closest to home</td>
<td>45 (71.4%)</td>
<td>8 (12.7%)</td>
<td>9 (14.3%)</td>
<td>1 (1.6%)</td>
<td></td>
<td>63</td>
</tr>
<tr>
<td>Closest to work</td>
<td>4 (66.7%)</td>
<td>1 (16.7%)</td>
<td>1 (16.7%)</td>
<td></td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>Emergency, no choice</td>
<td>25 (62.5%)</td>
<td>3 (7.5%)</td>
<td>10 (25%)</td>
<td>2 (5%)</td>
<td></td>
<td>40</td>
</tr>
<tr>
<td>Hospital’s reputation for quality</td>
<td>13 (32.5%)</td>
<td>1 (2.5%)</td>
<td>20 (50%)</td>
<td>6 (15%)</td>
<td>40</td>
<td></td>
</tr>
<tr>
<td>Prior experience with hospital</td>
<td>21 (35.6%)</td>
<td>7 (11.9%)</td>
<td>25 (42.4%)</td>
<td>1 (1.7%)</td>
<td>5 (8.5%)</td>
<td>59</td>
</tr>
<tr>
<td>Recommended by family or friends</td>
<td>2 (14.3%)</td>
<td>4 (28.6%)</td>
<td>5 (35.7%)</td>
<td>3 (21.4%)</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>Referred by physician</td>
<td>14 (20.9%)</td>
<td>6 (9%)</td>
<td>38 (56.7%)</td>
<td>1 (1.5%)</td>
<td>8 (11.9%)</td>
<td>67</td>
</tr>
<tr>
<td>Required by insurance plan</td>
<td>2 (50%)</td>
<td>2 (50%)</td>
<td></td>
<td></td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>VA/Military requirement</td>
<td>1 (11.1%)</td>
<td>2 (22.2%)</td>
<td>4 (44.4%)</td>
<td>2 (22.2%)</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>1 (7.7%)</td>
<td>2 (15.4%)</td>
<td>8 (61.5%)</td>
<td>2 (15.4%)</td>
<td></td>
<td>13</td>
</tr>
</tbody>
</table>
Primary Care Received in the Past Three Years (Question 18)
N= 196

Ninety-three percent of respondents (n=183) indicated that they or someone in their household had been seen by a primary care provider (such as a family physician, physician assistant or nurse practitioner) for health care services in the past three years. Three percent indicated they had not (n=5) and 8 respondents chose not to answer this question (4.1%).
Location of Primary Care Provider (Question 19)
N= 166

Of the 183 respondents who indicated receiving primary care services in the previous three years, 59.6% (n=99) reported receiving care in Big Sandy. Sixteen percent of respondents (n=27) went to Great Falls and 15.7% of respondents (n=26) utilized primary care services in Havre. Seventeen of the 183 respondents who reported they had utilized primary care services in the past three years did not indicate where they received those services.

<table>
<thead>
<tr>
<th>Location</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Big Sandy</td>
<td>99</td>
<td>59.6%</td>
</tr>
<tr>
<td>Great Falls</td>
<td>27</td>
<td>16.3%</td>
</tr>
<tr>
<td>Havre</td>
<td>26</td>
<td>15.7%</td>
</tr>
<tr>
<td>Fort Benton</td>
<td>7</td>
<td>4.2%</td>
</tr>
<tr>
<td>Rocky Boy</td>
<td>1</td>
<td>0.6%</td>
</tr>
<tr>
<td>Other</td>
<td>6</td>
<td>3.6%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>166</td>
<td>100%</td>
</tr>
</tbody>
</table>

“Other” comments:
- V.A.
- Husband
- ND
- Seattle
- Polson
- Billings
Reasons for Selection of Primary Care Provider (Question 20)
N= 183

Those respondents who indicated they or someone in their household had been seen by a primary care provider within the past three years were asked to indicate why they chose that primary care provider. “Closest to home” was the top response at 60.7% (n=111). “Prior experience with clinic” was also a high response at 47% (n=86) and “Appointment availability” at 30.1% (n=55). Respondents were asked to check all that apply so the percentages do not equal 100%.

<table>
<thead>
<tr>
<th>Reason</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Closest to home</td>
<td>111</td>
<td>60.7%</td>
</tr>
<tr>
<td>Prior experience with clinic</td>
<td>86</td>
<td>47.0%</td>
</tr>
<tr>
<td>Appointment availability</td>
<td>55</td>
<td>30.1%</td>
</tr>
<tr>
<td>Clinic’s reputation for quality</td>
<td>44</td>
<td>24.0%</td>
</tr>
<tr>
<td>Recommended by family or friends</td>
<td>30</td>
<td>16.4%</td>
</tr>
<tr>
<td>Referred by physician or other provider</td>
<td>28</td>
<td>15.3%</td>
</tr>
<tr>
<td>Length of waiting room time</td>
<td>23</td>
<td>12.6%</td>
</tr>
<tr>
<td>Cost of care</td>
<td>12</td>
<td>6.6%</td>
</tr>
<tr>
<td>Required by insurance plan</td>
<td>5</td>
<td>2.7%</td>
</tr>
<tr>
<td>VA/Military requirement</td>
<td>5</td>
<td>2.7%</td>
</tr>
<tr>
<td>Indian Health Services</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Other</td>
<td>17</td>
<td>9.3%</td>
</tr>
</tbody>
</table>

“Other” comments:
- Like the care and the provider’s at Big Sandy
- If the provider needs to refer he or she knows where to send you and they also know the patient and their health issues
- They have all of our health records
- Surgery
- Prefer the service
- My same doctor for 20 years
- Great Falls provider
- Only OB/GYN close
- Changed when Steve Arnold moved
- Only one here
- Personally knew the doctor (2)
- No local doctor available
- I work in Havre, so it’s hard to be in Big Sandy during clinic hours
- Stability/same doctors
Cross Tabulation of Primary Care and Residence

Analysis was done to look at where respondents went most often for primary care with where they live by zip code. The chart below shows the results of the cross tabulation.

**LOCATION OF CLINIC MOST UTILIZED BY RESIDENCE**

<table>
<thead>
<tr>
<th>Location</th>
<th>Big Sandy 59520</th>
<th>Rocky Boy 59460</th>
<th>Great Falls</th>
<th>Fort Benton</th>
<th>Havre</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Big Sandy 59520</td>
<td>86 (61.9%)</td>
<td>1 (0.7%)</td>
<td>19 (13.7%)</td>
<td>1 (0.7%)</td>
<td>26 (18.7%)</td>
<td>6 (4.3%)</td>
<td>139</td>
</tr>
<tr>
<td>Loma 59460</td>
<td>11 (45.8%)</td>
<td>7 (29.2%)</td>
<td>6 (25%)</td>
<td></td>
<td></td>
<td></td>
<td>24</td>
</tr>
<tr>
<td>Other</td>
<td>1 (100%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>TOTAL</td>
<td>98 (59.8%)</td>
<td>1 (0.6%)</td>
<td>26 (15.9%)</td>
<td>7 (4.3%)</td>
<td>26 (15.9%)</td>
<td>6 (3.7%)</td>
<td>164</td>
</tr>
</tbody>
</table>
Cross Tabulation of Clinic and Reason Selected

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

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

<table>
<thead>
<tr>
<th>Reason for Selection</th>
<th>Big Sandy</th>
<th>Rocky Boy</th>
<th>Great Falls</th>
<th>Fort Benton</th>
<th>Havre</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appointment availability</td>
<td>47 (94%)</td>
<td></td>
<td></td>
<td></td>
<td>2 (4%)</td>
<td>1 (2%)</td>
<td>50</td>
</tr>
<tr>
<td>Clinic’s reputation for quality</td>
<td>29 (72.5%)</td>
<td>7 (17.5%)</td>
<td>2 (5%)</td>
<td>2 (5%)</td>
<td></td>
<td></td>
<td>40</td>
</tr>
<tr>
<td>Closest to home</td>
<td>89 (87.3%)</td>
<td>1 (1%)</td>
<td>3 (2.9%)</td>
<td>4 (3.9%)</td>
<td>4 (3.9%)</td>
<td>1 (1%)</td>
<td>102</td>
</tr>
<tr>
<td>Cost of care</td>
<td>7 (77.8%)</td>
<td>1 (11.1%)</td>
<td></td>
<td>1 (11.1%)</td>
<td></td>
<td></td>
<td>9</td>
</tr>
<tr>
<td>Length of waiting room time</td>
<td>19 (90.5%)</td>
<td></td>
<td>1 (4.8%)</td>
<td></td>
<td>1 (4.8%)</td>
<td></td>
<td>21</td>
</tr>
<tr>
<td>Prior experience with clinic</td>
<td>54 (69.2%)</td>
<td>1 (1.3%)</td>
<td>5 (6.4%)</td>
<td>6 (7.7%)</td>
<td>10 (12.8%)</td>
<td>2 (2.6%)</td>
<td>78</td>
</tr>
<tr>
<td>Recommended by family or friends</td>
<td>11 (42.3%)</td>
<td></td>
<td>7 (26.9%)</td>
<td>7 (26.9%)</td>
<td>1 (3.8%)</td>
<td></td>
<td>26</td>
</tr>
<tr>
<td>Referred by physician or other provider</td>
<td>4 (15.4%)</td>
<td>11 (42.3%)</td>
<td>1 (3.8%)</td>
<td>5 (19.2%)</td>
<td>5 (19.2%)</td>
<td></td>
<td>26</td>
</tr>
<tr>
<td>Required by insurance plan</td>
<td></td>
<td></td>
<td></td>
<td>1 (20%)</td>
<td>4 (80%)</td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>VA/Military requirement</td>
<td></td>
<td></td>
<td></td>
<td>2 (100%)</td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Indian Health Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>5 (33.3%)</td>
<td>4 (26.7%)</td>
<td>1 (6.7%)</td>
<td>5 (33.3%)</td>
<td></td>
<td></td>
<td>15</td>
</tr>
</tbody>
</table>
Use of Health Care Specialists during the Past Three Years (Question 21)
N= 196

Eighty percent of the respondents (n=158) indicated they or a household member had seen a health care specialist during the past three years. Fourteen percent (n=27) indicated they had not seen a specialist and eleven respondents chose not to answer this question (5.6%).
The respondents (n=158) saw a wide array of health care specialists. The most frequently indicated specialist was a “Dentist” with 55.7% of respondents (n=88) having utilized their services. “Orthopedic surgeon” was the second most seen specialist at 29.1% (n=46); “Cardiologist” and “Chiropractor” both had 25.9% (n=41 each). Respondents were asked to choose all that apply so percentages will not equal 100%.

<table>
<thead>
<tr>
<th>Health Care Practitioner</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dentist</td>
<td>88</td>
<td>55.7%</td>
</tr>
<tr>
<td>Orthopedic surgeon</td>
<td>46</td>
<td>29.1%</td>
</tr>
<tr>
<td>Cardiologist</td>
<td>41</td>
<td>25.9%</td>
</tr>
<tr>
<td>Chiropractor</td>
<td>41</td>
<td>25.9%</td>
</tr>
<tr>
<td>Physical therapist</td>
<td>40</td>
<td>25.3%</td>
</tr>
<tr>
<td>Ophthalmologist</td>
<td>39</td>
<td>24.7%</td>
</tr>
<tr>
<td>OB/GYN</td>
<td>37</td>
<td>23.4%</td>
</tr>
<tr>
<td>General surgeon</td>
<td>28</td>
<td>17.7%</td>
</tr>
<tr>
<td>Urologist</td>
<td>24</td>
<td>15.2%</td>
</tr>
<tr>
<td>Radiologist</td>
<td>23</td>
<td>14.6%</td>
</tr>
<tr>
<td>Dermatologist</td>
<td>22</td>
<td>13.9%</td>
</tr>
<tr>
<td>Gastroenterologist</td>
<td>21</td>
<td>13.3%</td>
</tr>
<tr>
<td>Neurologist</td>
<td>17</td>
<td>10.8%</td>
</tr>
<tr>
<td>Oncologist</td>
<td>15</td>
<td>9.5%</td>
</tr>
<tr>
<td>Podiatrist</td>
<td>14</td>
<td>8.9%</td>
</tr>
<tr>
<td>ENT (ear/nose/throat)</td>
<td>13</td>
<td>8.2%</td>
</tr>
<tr>
<td>Neurosurgeon</td>
<td>11</td>
<td>7.0%</td>
</tr>
<tr>
<td>Endocrinologist</td>
<td>10</td>
<td>6.3%</td>
</tr>
<tr>
<td>Mental health counselor</td>
<td>9</td>
<td>5.7%</td>
</tr>
<tr>
<td>Pediatric</td>
<td>8</td>
<td>5.1%</td>
</tr>
<tr>
<td>Pulmonologist</td>
<td>8</td>
<td>5.1%</td>
</tr>
<tr>
<td>Rheumatologist</td>
<td>7</td>
<td>4.4%</td>
</tr>
<tr>
<td>Allergist</td>
<td>5</td>
<td>3.2%</td>
</tr>
<tr>
<td>Psychiatrist (M.D.)</td>
<td>4</td>
<td>2.5%</td>
</tr>
<tr>
<td>Dietician</td>
<td>3</td>
<td>1.9%</td>
</tr>
<tr>
<td>Occupational therapist</td>
<td>3</td>
<td>1.9%</td>
</tr>
<tr>
<td>Substance abuse counselor</td>
<td>3</td>
<td>1.9%</td>
</tr>
<tr>
<td>Psychologist</td>
<td>2</td>
<td>1.3%</td>
</tr>
<tr>
<td>Social worker</td>
<td>2</td>
<td>1.3%</td>
</tr>
<tr>
<td>Speech therapist</td>
<td>1</td>
<td>0.6%</td>
</tr>
<tr>
<td>Geriatrician</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Other</td>
<td>28</td>
<td>17.7%</td>
</tr>
</tbody>
</table>

“Other” comments:
- ND
- Eye Doctor (2)
- Pediatric neurologist
- Nephrologist
- Pain specialist
- Cardio/vascular/thoracic surgeon
- PA
- Internal Medicine or Internist
Location of Health Care Specialist (Question 23)

Of the 158 respondents who indicated they saw a health care specialist, 81.6% (n=129) saw one in Great Falls and 31.6% (n=50) sought specialty care in Havre. Respondents could select more than one location therefore percentages do not equal 100%.

<table>
<thead>
<tr>
<th>Location</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Great Falls</td>
<td>129</td>
<td>81.6%</td>
</tr>
<tr>
<td>Havre</td>
<td>50</td>
<td>31.6%</td>
</tr>
<tr>
<td>Billings</td>
<td>9</td>
<td>5.7%</td>
</tr>
<tr>
<td>Missoula</td>
<td>9</td>
<td>5.7%</td>
</tr>
<tr>
<td>VA (Fort Harrison)</td>
<td>6</td>
<td>3.8%</td>
</tr>
<tr>
<td>Kalispell</td>
<td>5</td>
<td>3.2%</td>
</tr>
<tr>
<td>Other</td>
<td>16</td>
<td>10.1%</td>
</tr>
</tbody>
</table>

“Other” comments:
- Fort Benton (2)
- Big Sandy (2)
- Seattle (2)
- Boise, ID
- Fort Benton - Dentist
- Long Beach, CA
- Out-of-state (2)
- WA
- Polson
- Helena (3)
- Tucson, AZ – Northwest Medical Center
- Missoula
- Varicose veins – Benefis Medical Spa & Vein Center
Overall Quality of Care at Big Sandy Medical Center (Question 24)

Respondents were asked to rate a variety of aspects of the overall care provided at Big Sandy Medical Center. Respondents were asked to rate the services using the scale of 4=Excellent, 3=Good, 2=Fair, 1=Poor and “Don’t know” or “Haven’t used.” The sums of the average scores were then calculated with both “Laboratory” and “Physical therapy” receiving the top average score of 3.6 out of 4.0. The total average score was 3.4, indicating the overall services of the hospital to be “Excellent” to “Good”.

<table>
<thead>
<tr>
<th>Service</th>
<th>Excellent (4)</th>
<th>Good (3)</th>
<th>Fair (2)</th>
<th>Poor (1)</th>
<th>Haven’t Used</th>
<th>Don’t know</th>
<th>No Answer</th>
<th>Total</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency room</td>
<td>64</td>
<td>57</td>
<td>7</td>
<td>2</td>
<td>51</td>
<td>6</td>
<td>9</td>
<td>196</td>
<td>3.4</td>
</tr>
<tr>
<td>Clinical services</td>
<td>71</td>
<td>78</td>
<td>9</td>
<td>1</td>
<td>23</td>
<td>3</td>
<td>11</td>
<td>196</td>
<td>3.4</td>
</tr>
<tr>
<td>Inpatient hospital services</td>
<td>36</td>
<td>34</td>
<td>2</td>
<td>1</td>
<td>86</td>
<td>18</td>
<td>19</td>
<td>196</td>
<td>3.4</td>
</tr>
<tr>
<td>Laboratory</td>
<td>90</td>
<td>54</td>
<td>3</td>
<td>0</td>
<td>34</td>
<td>4</td>
<td>11</td>
<td>196</td>
<td>3.6</td>
</tr>
<tr>
<td>Long term care/nursing home</td>
<td>27</td>
<td>25</td>
<td>4</td>
<td>3</td>
<td>91</td>
<td>19</td>
<td>27</td>
<td>196</td>
<td>3.3</td>
</tr>
<tr>
<td>Physical therapy</td>
<td>69</td>
<td>28</td>
<td>5</td>
<td>1</td>
<td>66</td>
<td>12</td>
<td>15</td>
<td>196</td>
<td>3.6</td>
</tr>
<tr>
<td>X-ray</td>
<td>49</td>
<td>58</td>
<td>13</td>
<td>2</td>
<td>51</td>
<td>10</td>
<td>13</td>
<td>196</td>
<td>3.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>406</strong></td>
<td><strong>334</strong></td>
<td><strong>43</strong></td>
<td><strong>10</strong></td>
<td><strong>51</strong></td>
<td><strong>22</strong></td>
<td><strong>15</strong></td>
<td></td>
<td><strong>3.4</strong></td>
</tr>
</tbody>
</table>

“Other” comments:
- Same issues with other hospitals not accepting BS (Big Sandy) x-rays, labs, etc. A person ends up paying twice because other hospitals will not accept BS (Big Sandy) work. Why go to BS (Big Sandy) at all??
- Respite care
VII. Survey Findings- Personal Health

Prevalence of Depression (Question 25)
N= 196

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. Twenty percent of respondents (n=39) indicated that they did experience periods of depression and 77.6% of respondents (n=152) indicated that they did not. Five respondents chose not to answer this question (2.6%).

“Other” comments:
- Mostly just tired
Physical Activity (Question 26)
N= 190

Respondents were asked to indicate how frequently they had physical activity for at least 20 minutes over the past month. Thirty-seven percent of respondents (n=71) indicated that they had physical activity of at least 20 minutes “Daily” and 28.4% (n=54) indicated that they had physical activity “2-4 times per week”. Sixteen percent of respondents (n=30) indicated that they had physical activity for at least 20 minutes “3-5 times per month”. Six respondents chose not to answer this question.
**Cost and Prescription Medications (Question 27)**

N= 190

Respondents were asked to indicate if during the last year, medication costs had prohibited them from getting a prescription or taking their medication regularly. Thirteen percent of respondents (n=25) indicated that in the last year, cost had prohibited them from getting a prescription or taking their medication regularly while 76.8% (n=146) indicated that cost had not been a problem. Nineteen respondents (10%) indicated the question was not applicable to them and 6 respondents chose not to answer this question.
VIII. Survey Findings- Health Insurance

Medical Insurance (Question 28)
N= 170

Respondents were asked to indicate what type of medical insurance covers the majority of their medical expenses. Thirty-seven percent (n=63) indicated they have “Medicare”. Thirty-one percent (n=52) indicated they have “Employer sponsored” coverage and “Self paid” was indicated by 17.6% of respondents (n=30). Twenty-six respondents chose not to answer this question.

<table>
<thead>
<tr>
<th>Type of Medical Coverage</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare</td>
<td>63</td>
<td>37.1%</td>
</tr>
<tr>
<td>Employer sponsored</td>
<td>52</td>
<td>30.6%</td>
</tr>
<tr>
<td>Self paid</td>
<td>30</td>
<td>17.6%</td>
</tr>
<tr>
<td>MT Healthy Kids</td>
<td>6</td>
<td>3.5%</td>
</tr>
<tr>
<td>VA/Military</td>
<td>6</td>
<td>3.5%</td>
</tr>
<tr>
<td>Medicaid</td>
<td>4</td>
<td>2.4%</td>
</tr>
<tr>
<td>Agricultural Corp.</td>
<td>2</td>
<td>1.2%</td>
</tr>
<tr>
<td>Health Savings Account</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Indian Health</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
<td>4.1%</td>
</tr>
</tbody>
</table>

“Other” comments:
- None
- Me - none
- Husband
- Montana Comprehensive health
- Blue Cross (2)
- COBRA
- Private insurance
- Blue Cross Blue Shield (4)
- None
- [VA/Military] 100%
- Christian Health Sharing
- TriCare for Life
- Supplemental
Insurance and Health Care Costs (Question 29)
N= 196

Respondents were asked to indicate how well they felt their health insurance covers their health care costs. Forty percent of respondents (n=79) indicated they felt their insurance covers a “Good” amount of their health care costs. Twenty-four percent of respondents (n=47) indicated they felt their insurance is “Excellent” and 21.9% of respondents (n=43) indicated they felt their insurance was “Fair.”

“Other” comments:
- No dental & vision
- N/A
Barriers to Having Health Insurance (Question 30)
N= 196

Respondents were asked to indicate if they do not have medical insurance, why they did not. The largest percentage reported they did not have health insurance because they could not afford to pay for it (11.2%, n=22). Respondents were asked to mark all answers that applied thus the percentages do not equal 100%.

<table>
<thead>
<tr>
<th>Reason</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cannot afford to pay for medical insurance</td>
<td>22</td>
<td>11.2%</td>
</tr>
<tr>
<td>Employer does not offer insurance</td>
<td>5</td>
<td>2.6%</td>
</tr>
<tr>
<td>Choose not to have medical insurance</td>
<td>5</td>
<td>2.6%</td>
</tr>
<tr>
<td>Cannot get medical insurance due to medical issues</td>
<td>5</td>
<td>2.6%</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>1.0%</td>
</tr>
</tbody>
</table>

“Other” comments:
- We have it!
- Have VA
- Because it would not cover my DR (doctor)
- Costs way too much
- VA 100%
Awareness of Health Payment Programs (Question 31)
N= 196

Respondents were asked to indicate their awareness of programs that help people pay for health care bills. Thirty percent of respondents (n=59) indicated they were aware of these types of programs, but did not qualify to utilize them. Twenty-seven percent (n=53) indicated that they were not aware of these types of programs and 12.8% of respondents (n=25) indicated they were unsure. Twenty-one percent (n=41) chose not to answer this question.
IX. Focus Group Methodology

Three focus groups were held in Big Sandy, Montana in August 2012. Focus group participants were identified as people living in Big Sandy Medical Center’s service area.

Forty-six people participated in the three focus group interviews. The focus groups were designed to represent various consumer groups of health care including senior citizens and local community members. The focus groups were held at Big Sandy Medical Center. Each group was up to 90 minutes in length and followed the same line of questioning in each session (Appendix F). The questions and discussions at the focus groups were led by Kristin Juliar with the Montana Office of Rural Health.

One key informant interview was held in June 2012 with the local public health nurse. The interview was approximately an hour long and followed a shorter, but similar line of questioning as seen in Appendix H. The interview was conducted by Natalie Claiborne with the Montana Office of Rural Health.

Focus group and key informant interview notes can be found in Appendices G and H.
Focus Group Findings

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

• **Major issues in health care**- A variety of themes were discussed throughout the focus group meetings. The most common themes were: aging populations, increasing rates of obesity, more chronic disease, and fewer people volunteering for the ambulance service. One participant mentioned that old age is a concern and commented, “The majority of the population is aging. Unfortunately this happens in so many small communities.”

• **Opinion of services and quality of care at Big Sandy Medical Center:**

  *Quality of Care*- Participants spoke very highly of the hospital and find quality of care to be excellent. They expressed their appreciation for the availability of quality services in a small, rural community. One participant noted, “I think we’re very fortunate to have a facility in this small community and one that does what it [Big Sandy Medical Center] does.” Participants also expressed a very positive attitude towards Big Sandy Medical Center’s transition to Electronic Health Records and hope for a smooth transition. They noted, “A lot of times they [Big Sandy Medical Center] would fax stuff whereas if it was all electronic, they could just shoot an email and it would be there instantly.”

  *Number of Services*- In general, participants were pleased with the number of services offered. One participant commented, “The number of services is very appropriate for a small community.” Participants also understood that it is difficult to provide some services in a small community like Big Sandy. They discussed the necessity of travel to Great Falls and Havre for certain types of care and mentioned the benefits of Mercy Flight.

  *Hospital Staff*- Participants spoke highly of hospital staff and view them as very competent in their work. One participant shared, “Pretty awesome from what I can see. I had my husband in for extended care and everyone [hospital staff] went above and beyond. I’ve also dealt with the hospital for many years. Another participant suggested that more referrals could be made to Havre rather than Great Falls since it is closer.

  *Hospital Board and Leadership*- The Hospital Board were not known well by many participants. Participants did show interest in learning more about the Board and their responsibilities. Comments included, “They may need to have a little more public information about what they do, why they are there, and who they are,”

  *Business Office*- Participants understand that billing and insurance is complex and can be frustrating at times, but offered praise to the office staff for being prompt and willing to answer questions. One person recounted, “I’ve got bills for my wife three years later; it mostly had to do with lab work from Great Falls, but I’ve dealt with it enough here. And they also have to deal with insurance. When you have to pay bills three years after your spouse passes away it is a bummer.” Many participants mentioned it would be beneficial to receive itemized bills so they could understand exactly what they pay for, but expressed
their gratefulness for how insurance is dealt with stating, “I like that they wait until after the bill is submitted to insurance and then what they won’t cover is sent in a bill versus other places where they send you a bill before and you don’t know what or when you should pay.”

*Condition of Facility and Equipment*- Participants seemed very happy with the condition of the facility. One person stated, “For the size of the Hospital, the equipment is top-notch. They have a portable x-ray machine and the ER (emergency room) is updated and remodeled. For the size [of the community], the Hospital is very good.”

*Financial Health of the Hospital*- The financial health of the Hospital was not well-known by the participants. Participants assumed financial health was good and one person stated, “We just don’t know, especially because a lot is confidential.”

*Cost*- Participants felt that the cost of services was expensive, but comparable to other places, acknowledging that hospitals have expenses that have to be paid for too. One participant also noted, “I think it’s comparable to other hospitals and besides you save gas and don’t have to drive somewhere else.”

*Office/Clinic Staff*- Participants acknowledged that staff is very helpful, friendly, and efficient. One participant noted, “Always professional, they get you taken care of and answer your questions.”

*Availability*- Availability was praised by participants. Participants stated they never have to wait long and one person noted, “They are good about getting you in and they squeeze you in somehow.”

- *Opinion of local providers*- Participants indicated they mostly use local providers as their or their family’s personal provider. Many participants find convenience to be an important factor when choosing a provider, plus they like the friendliness, knowing the facility and the people. One participant stated, “You don’t have to go out of town; if you’re sick no one wants to drive to Great Falls or Havre.” Another participant commented, “I think sometimes it helps knowing the facility and the people. It’s someone you trust and know you won’t be in the waiting room for two hours.”

- *Opinion of Local Services:*

  *Emergency Room*- Participants viewed the emergency room as very good and efficient. One participant remarked, “I just had a personal experience with the ER (emergency room) here and they [staff at Big Sandy Medical Center] acted with knowledge and acted fast. I took people to Spokane once and we waited 6 hours.”

  *Ambulance Service*- Participants spoke very highly of the ambulance service and their volunteer ambulance crew. They expressed great appreciation for the people who volunteer their time as Emergency Medical Technicians (EMT’s) noting, “Big Sandy probably has the best volunteer service with fire and ambulance. I’d be shocked to find a better one in the state. They have lots of tools and everything for referral in the community. The fire service
can rescue. All the staff is very advanced for a tiny, tiny town like this.” On the other hand, one participant mentioned, “It took them [the ambulance] a while to get out of town. We live like 15 miles out and it took them about half an hour.”

**Health Care Services for Senior Citizens**- Participants praised health care services that are available in the community. Participants especially appreciated meals and foot clinics offered by the Senior Center. One participant noted, “The Senior Center is very, very good. It’s sad that there is not a lot of funding for it [the Senior Center]... It says a lot of the community when they get behind it [the Senior Center] and support it like they do. There are more people advancing in years who will be using the facility.” Participants indicated a need for hospice in Big Sandy instead of travelling to Fort Benton.

**Public/County Health Department**- The Health Department was well-perceived by participants and they are grateful for the immunizations and flu shots that are available, but wish there was more coordination of services between the Health Department and the Medical Center. Participants also expressed concern that budget cuts are limiting the services they used to receive from the Health Department noting “We’re getting fewer services from the county than we used too. They used to do blood pressure checks.”

**Health Care Services for Low-Income Individuals**- Participants were aware of some services for low-income individuals. One participant noted, “I know the Medical Center eats a lot of bills for people who are unable to pay, but still require services. I also know they [Medical Center] are really good when they have kids with Medicaid and CHIP. They [Medical Center] make sure they [children] are signed up for it [Medicaid/CHIP] so services are covered.”

**Nursing Home/Assisted Living Facility**- Participants spoke very highly of the care provided in the Nursing Home and are grateful that they do not have to leave to community for the service. One person stated, “I think Big Sandy has one of the best [Nursing Homes]. There is very good care of the patients. We feel like a family.” Participants did mention that there seemed to be staff shortages.

**Pharmacy**- Participants mentioned that the Pharmacy is a new addition to the town and feel lucky to have a Pharmacy in town rather than driving to Fort Benton or Havre. Participants can access over-the-counter medications and generic brands which they find to be beneficial.

- **What Would Make the Community a Healthier Place to Live**- Participants offered several suggestions for making Big Sandy and the surrounding area, a healthier place to live. One major concern to participants is the growing geriatric population and providing services to help people as they age. Participants also indicated a need for reducing mosquitos, improving oral hygiene, increasing physical activity among adults by walking around town, offering activities in town, and recycling projects.

- **Why people might leave the community for health care services**- Generally, participants would leave Big Sandy if services weren’t offered, or if they needed to be closer to specialized
services like a Cancer Treatment Center or Burn Center. Participants also left for services if they work out of town and get health care near their work, if they need better technology, more tools, or more experience. Participants also left Big Sandy if they become attached to a provider that leaves. Participants mentioned it is difficult to retain providers and often providers leave after 4 or 5 years.

- **Health Services needed in the Community**- Additional services that participants felt were needed: a doctor to do colonoscopies, dentists, eye doctors or ophthalmologists, more activities around town, fitness trainers, Home Health, a visiting cardiologist once or twice a month, and a diabetes educator. Participants understand the challenges associated with bringing in and sustaining specialized services in a small community.
X. Summary

One hundred and Ninety-six surveys were completed in Big Sandy Medical Center’s service area for a 37% response rate. Of the 196 returned, 58.7% of the respondents were female and 65.4% were 56 years of age or older.

Respondents rated the overall quality of care at the hospital as excellent to good, scoring 3.4 out of 4.0 on a scale of 4.0 being excellent and 1.0 being poor.

Eighty-one percent of the respondents have seen a health care specialist during the past three years. The most frequent specialists seen were the “Dentist” at 55.7% (n=88), and “Orthopedic Surgeon” at 29.1% (n=46).

Overall, the respondents within Big Sandy Medical Center’s service area are seeking hospital care at a rate that is typically seen in rural areas. Area residents recognize the major impact the health care sector has on the economic well-being of the area, with almost 73% of respondents identifying local health care 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 health care and many prefer to seek care locally whenever possible for the convenience and out of trust for local providers.
Appendix A- Steering Committee Members

CHSD Steering Committee- Name and Organization Affiliation

1. Angel Johnson – Public Health Nurse
2. Wendy Kleinsasser – City Government, Chamber of Commerce
3. Sister Kathleen Kane – Faith Community, Ministerial Association
4. Steve Arnold, FNP – Provider
5. Rhonda Works – Youth programs
6. Marilyn Swanson – Hospital Volunteer
7. Harvey Keller – Farmer/Rancher
8. Sharon Robertson – Underserved Populations “Community”
9. Maggie Richter – Big Sandy Activities, EMT
10. Pam Bold – School Official
11. Carla Courtnage – Aging Services
12. Harry Bold- Big Sandy Medical Center, CEO
13. Del Simon – Big Sandy Medical Center, Special Projects Coordinator
Appendix B - Public Health and Populations Consultation

Big Sandy Community Health Needs Assessment

1. Public Health

a. Name/Organization
   Angel Johnson, FNP – Public Health Nurse

b. Date of Consultation
   Phone consultation: June 13, 2012

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

d. Input and Recommendations from Consultation
   - Prevention
     o Safe routes/streets
     o Managing blood pressure
     o Diabetes- nutrition

   - Need of home visiting services
     o Medicine assistance
     o Home health
     o Assessing home safety

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

Population - Seniors

a. Name/Organization
   Angel Johnson, FNP – Public Health Nurse

b. Date of Consultation
   Phone consultation: June 13, 2012

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

d. Input and Recommendations from Consultation
   - Prevention
     o Safe routes/streets
     o Managing blood pressure
     o Diabetes- nutrition

   - Need of home visiting services
     o Medicine assistance
     o Home health
     o Assessing home safety
August 20, 2012

Dear Resident:

**Participate in our Community Health Services Development survey and have a chance to WIN a $100 gas card!**

Big Sandy Medical Center received grant funding from the Montana Office of Rural Health/Area Health Education Center to administer a community health survey. The purpose of the survey is to obtain information from a wide range of participants to assist in planning our programs, services, and facilities to meet present and future health care needs.

Your name has been randomly selected as a resident who lives in the Big Sandy Medical Center service area. Your survey response is very important because it is sent only to residents in Big Sandy and the surrounding area so your comments will represent our community. The survey covers topics such as: use of health care services, awareness of services, community health, health insurance and demographics.

Once you complete your survey, simply return it AND one of the raffle tickets in the enclosed self-addressed, postage paid envelope postmarked by September 24, 2012. Keep the other raffle ticket in a safe place. The winning raffle ticket number will be announced on the Big Sandy Medical Center website at: www.bsmc.org and in the newspaper on October, 1 2012.

We know your time is valuable so we have made an effort to keep the survey to about 15 minutes. Big Sandy Medical Center is offering you this chance to win one a $100 gas card as a thank you for completing the enclosed survey.

All survey responses will go to the National Rural Health Resource Center in Duluth, Minnesota, a non-profit organization who 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. The overall results of the survey will be shared with the community this fall.

Thank you for your assistance. We appreciate your effort.

Sincerely,

Harry Bold
Big Sandy Medical Center
Appendix D - Survey Instrument

Community Health Services Development Survey
Big Sandy, 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, and you can choose to not answer any question that you do not want to answer, and you can stop at any time.

Community Health
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 3 that apply)
   ○ Alcohol abuse/substance abuse  ○ Heart disease  ○ Recreation related accidents/injuries
   ○ Cancer  ○ Lack of access to health care  ○ Stroke
   ○ Child abuse/neglect  ○ Lack of dental care  ○ Overweight/obesity
   ○ Depression/anxiety  ○ Lack of exercise  ○ Tobacco use
   ○ Diabetes  ○ Mental health issues  ○ Work related accident/injuries
   ○ Domestic violence  ○ Motor vehicle accidents  ○ Other ____________

3. Select the three items below that you believe are most important for a healthy community. (Select 3 that apply)
   ○ Access to health care and other services  ○ Low crime/safe neighborhoods
   ○ Affordable housing  ○ Low death and disease rates
   ○ Arts and cultural events  ○ Low level of domestic violence
   ○ Clean environment  ○ Parks and recreation
   ○ Community involvement  ○ Religious or spiritual values
   ○ Good jobs and healthy economy  ○ Strong family life
   ○ Good schools  ○ Tolerance for diversity
   ○ Healthy behaviors and lifestyles  ○ Other ____________

Awareness of Services
4. How do you rate your knowledge of the health services that are available at Big Sandy Medical Center?
   ○ Excellent  ○ Good  ○ Fair  ○ Poor

5. How do you learn about the health services available in our community? (Select all that apply)
   ○ Health care provider  ○ The Mountaineer
   ○ Mailings/newsletter  ○ Friends/family
   ○ Presentations  ○ Word of mouth/reputation
   ○ Website/internet  ○ Radio
   ○ Public health  ○ Other ________
6. If any of the following classes/programs were made available to the Big Sandy community, which would you be most interested in attending? (Select all that apply)

- Alcohol/substance abuse
- Fitness
- Mental health
- Women's health
- Alzheimer's
- Health & wellness
- Nutrition
- Other ______
- Cancer
- Heart disease
- Parenting
- Other ______
- Child wellness
- Internet/online safety
- Smoking cessation
- Other ______
- Diabetes
- Men’s health
- Weight loss
- Other ______

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

- Pharmacy
- Public health
- Other ______
- VA
- Senior center (flu/foot/blood pressure clinics)
- Other ______
- Dentist
- Mental health
- Other ______

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

- Greater health education services
- More specialists
- Other ______
- Improved quality of care
- Interpreter services
- Other ______
- More primary care providers
- Transportation assistance
- Other ______
- Outpatient services expanded hours
- Telemedicine
- Other ______
- Cultural sensitivity
- Other ______

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

- Very important
- Important
- Not important
- Don’t know

**General Use of Health Care Services**

10. 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 seek or delayed seeking medical services?

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

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

- Could not get an appointment
- It costs too much
- Not treated with respect
- Too long to wait for an appointment
- Could not get off work
- Too nervous or afraid
- Office wasn’t open when I could go
- Didn’t know where to go
- Language barrier
- Unsure if services were available
- It was too far to go
- Transportation problems
- Had no one to care for the children
- My insurance didn’t cover it
- Don’t like doctors
- Other ______
- No insurance
- Other ______
12. Which of the following preventative services have you used in the past year? (Select all that apply)
○ Children’s checkup/Well baby  ○ Mammography  ○ Routine health checkup
○ Cholesterol check  ○ Pap smear  ○ Flu shot/adult vaccinations
○ Colonoscopy  ○ Prostate (PSA)  ○ None
○ Routine blood pressure check  ○ Other ___________

13. What additional health care services would you use if available locally?
○ Medication assistance  ○ Personal attendant
○ Home health  ○ Medicare/Medicaid program assistance
○ Senior well checks  ○ Crisis services
○ Mental health services  ○ Other ______

14. Would you like an assisted living facility developed in our region?
○ Yes  ○ No  ○ Maybe in a few years  ○ Not sure

**Hospital Care**
15. In the past three years, have you or a household member 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 18)

16. If yes, which hospital does your household use the MOST for hospital care? (Please Select only ONE)
○ Big Sandy Medical Center  ○ Benefis
○ Northern Montana Hospital  ○ VA (Fort Harrison)  ○ Other ______

17. Thinking about the hospital you were at most frequently, what were the three most important reasons for selecting that hospital? (Select 3 that apply)
○ Cost of care  ○ Prior experience with hospital
○ Closest to home  ○ Recommended by family or friends
○ Closest to work  ○ Referred by physician
○ Emergency, no choice  ○ Required by insurance plan
○ Hospital’s reputation for quality  ○ VA/Military requirement  ○ Other ______
Primary Care
18. 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 21)

19. Where was that primary health care provider located? (Please Select only ONE)
   ○ Big Sandy  ○ Great Falls  ○ Havre
   ○ Rocky Boy  ○ Fort Benton  ○ Other _________

20. Why did you select the primary care provider you are currently seeing? (Select all that apply)
   ○ Appointment availability  ○ Recommended by family or friends
   ○ Clinic's reputation for quality  ○ Referred by physician or other provider
   ○ Closest to home  ○ Required by insurance plan
   ○ Cost of care  ○ VA/Military requirement
   ○ Length of waiting room time  ○ Indian Health Services
   ○ Prior experience with clinic  ○ Other _________

Specialty Care
21. 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 24)

22. What type of health care specialist was seen? (Select all that apply)
   ○ Allergist  ○ Mental health counselor  ○ Psychiatrist (M.D.)
   ○ Cardiologist  ○ Neurologist  ○ Psychologist
   ○ Chiropractor  ○ Neurosurgeon  ○ Pulmonologist
   ○ Dentist  ○ OB/GYN  ○ Radiologist
   ○ Dermatologist  ○ Occupational therapist  ○ Rheumatologist
   ○ Dietician  ○ Oncologist  ○ Speech therapist
   ○ Endocrinologist  ○ Ophthalmologist  ○ Social worker
   ○ ENT (ear/nose/throat)  ○ Orthopedic surgeon  ○ Substance abuse counselor
   ○ Gastroenterologist  ○ Pediatrician  ○ Urologist
   ○ General surgeon  ○ Physical therapist  ○ Other _________
   ○ Geriatrician  ○ Podiatrist
23. Where was the health care specialist seen? (Select all that apply)
- Great Falls
- Billings
- Missoula
- Kalispell
- Havre
- VA (Fort Harrison)
- Other

24. The following services are available at Big Sandy Medical Center. Please rate the overall quality for each service. (Please mark N/A if you haven't used the service)

<table>
<thead>
<tr>
<th>Service</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>N/A</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency room</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
<td>DK</td>
</tr>
<tr>
<td>Clinical services</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
<td>DK</td>
</tr>
<tr>
<td>Inpatient hospital services</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
<td>DK</td>
</tr>
<tr>
<td>Laboratory</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
<td>DK</td>
</tr>
<tr>
<td>Long term care/nursing home</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
<td>DK</td>
</tr>
<tr>
<td>Physical therapy</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
<td>DK</td>
</tr>
<tr>
<td>X-ray</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
<td>DK</td>
</tr>
</tbody>
</table>

Personal Health & Health Insurance
25. In the past three years, have there been periods of at least three consecutive months where you felt depressed on most days, although you may have felt okay sometimes?
- Yes
- No

26. Over the past month, how frequently have you had physical activity for at least 20 minutes?
- Daily
- 2-4 times per week
- 3-5 times per month
- 1-2 times per month
- None

27. Has cost prohibited you from getting a prescription or taking your medication regularly?
- Yes
- No
- Not applicable

28. What type of medical insurance covers the majority of your household’s medical expenses? (Please Select only ONE)
- MT Healthy Kids
- Self paid
- Health Savings Account
- Employer sponsored
- Medicaid
- Other
- VA/Military
- Indian Health
- Agricultural Corp.

29. How well do you feel your health insurance covers your health care costs?
- Excellent
- Good
- Fair
- Poor
30. If you do NOT have medical insurance, why? (Select all that apply)
   ☐ Cannot afford to pay for medical insurance    ☐ Cannot get medical insurance due to medical issues
   ☐ Employer does not offer insurance            ☐ Other __________________________
   ☐ Choose not to have medical insurance

31. 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.

32. Where do you currently live by zip code?
   ☐ 59520 Big Sandy                        ☐ 59460 Loma                    ☐ Other __________________________

33. If your home is outside of town, how many miles are you from Big Sandy?
   ☐ 0-5 miles                               ☐ 6-15 miles                    ☐ 16-30 miles                   ☐ 31-45 miles                   ☐ More than 46 miles

34. How many months do you live in Chouteau County each year?
   ☐ 3 or less months                        ☐ 4-6 months                    ☐ 7-9 months                   ☐ 10-12 months

35. When you reside in Chouteau County, do you utilize local medical services?
   ☐ Yes      ☐ No

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              ☐ Unemployed, but looking    ☐ Other __________________________
   ☐ Retired                               ☐

Please return in the postage paid envelope enclosed with this survey or mail to:
The National Rural Health Resource Center, 600 East Superior Street, Suite 404 Duluth MN 55802

THANK YOU VERY MUCH FOR YOUR TIME
Please note that all information will remain confidential
Appendix E- Responses to Other and Comments

2. What do you think are the three most serious health concerns in our community?
   - No nutrition training
   - Everyone is eating chemicals instead of “REAL FOOD”
   - Lack of nutrition
   - Prescription drugs
   - Older population (2)
   - Elderly care
   - Hidden guilt feelings
   - Welfare people
   - Divorce

3. Select the three items below that you believe are most important for a healthy community.
   - Nutrition training
   - Feeding the body “food” to support body health & healing
   - Affordable health care
   - Clean water – smells like a sewer
   - (water & sewer) good city infrastructure

4. How do you rate your knowledge of the health services that are available at Big Sandy Medical Center?
   - N/A

5. How do you learn about the health services available in our community?
   - Served with EMS; served on Board of Directors; worked/volunteered at the Facility
   - Personal experience
   - EMT
   - I work in healthcare

6. If any of the following classes/programs were made available to the Big Sandy community, which would you be most interested in attending?
   - The healthy weight thru proper nutrition
   - Yoga
   - Living wills
   - POAs
   - No interest
   - The Science of Natural Healing

7. Which community health resources, other than the hospital or clinic, have you used in the last three years?
   - Health fairs
   - N/A
   - Eye doctor
8. In your opinion, what would improve our community’s access to health care?
- Nutrition
- A medical doctor (4)
- I think it’s fine
- Less governmental mandates

11. If yes, what were the three most important reasons why you did not receive health care services?
- Why come to BS (Big Sandy) when you ultimately are required to go to Havre or Great Falls? Services performed in BS (Big Sandy) are then required AGAIN in Havre or Great Falls clinics, and you end up paying twice for the same service
- [Don’t like doctors] at Big Sandy
- I was diagnosed wrong the last time I went
- None
- Nurse wouldn’t let me talk to the doctor on the phone and just kept telling me to come in (Havre)
- Insurance deductible not met

12. Which of the following preventative services have you used in the past year?
- Diabetes
- Next year
- Blood screening (2)
- Hospice
- Lab
- Birth control shot
- Health Fair
- Dexa Scan
- Foreign object in eye
- Physical therapy

13. What additional specialty healthcare services would you use if available locally?
- Teaching nutrition
- None of these other than if I had to
- Hopefully none
- N/A (2)
- None (2)
- Denturist
- Health and wellness
14. Would you like an assisted living facility developed in our region?
- There is one in Ft. Benton & they always have apartments available
- It would be helpful to the elderly
- We need this more than the long term care
- Dental
- Not on tax rolls

16. If yes, which hospital does your household use the MOST for hospital care?
- Missouri River Medical Center
- Fort Carson, CO
- St. Patrick’s - Missoula (2)
- Benefis
- Seattle
- Providence - Missoula
- Northwest Medical Center – Tucson, AZ
- Benefis for colonoscopy
- Out of state
- Billings Clinic Hospital or Billings St. Vincent’s Hospital

17. Thinking about the hospital you used most frequently, what were the three most important reasons for selecting that hospital?
- Most experience
- Range of coverage
- Ties with other specialists/hospitals
- The need for joint replacement surgery
- Only hospital where surgery could be performed
- Surgical service
- Urologist
- My doctor
- Specialist
- BSMC transfers to choice if necessary
- That’s where the midwives delivered
- OB/PEDS (obstetrics/ pediatric) services
- Professional specialist doctors
19. Where was that primary health care provider located?
- V.A.
- Husband
- ND
- Seattle
- Polson
- Billings

20. Why did you select the primary care provider you are currently seeing?
- Like the care and the provider’s at Big Sandy
- If the provider needs to refer he or she knows where to send you and they also know the patient and their health issues
- They have all of our health records
- Surgery
- Prefer the service
- My same doctor for 20 years
- Great Falls provider
- Only OB/GYN close
- Changed when Steve Arnold moved
- Only one here
- Personally knew the doctor (2)
- No local doctor available
- I work in Havre, so it’s hard to be in Big Sandy during clinic hours
- Stability/same doctors

22. What type of healthcare specialist was seen?
- ND
- Eye Doctor (2)
- Pediatric neurologist
- Nephrologist
- Pain specialist
- Cardio/vascular/thoracic surgeon
- PA
- Internal Medicine or Internist

23. Where was the health care specialist seen?
- Fort Benton (2)
- Big Sandy (2)
- Seattle (2)
- Boise, ID
- Fort Benton - Dentist
- Long Beach, CA
- Out-of-state (2)
- WA
- Polson
- Helena (3)
- Tucson, AZ – Northwest Medical Center
- Missoula
- Varicose veins – Benefis Medical Spa & Vein Center

24. The following services are available at Big Sandy Medical Center. Please rate the overall quality for each service.
   - Same issues with other hospitals not accepting BS (Big Sandy) x-rays, labs, etc. A person ends up paying twice because other hospitals will not accept BS (Big Sandy) work. Why go to BS (Big Sandy) at all??
   - Respite care

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

28. What type of medical insurance covers the majority of your household’s medical expenses?
   - None
   - Me - none
   - Husband
   - Montana Comprehensive health
   - Blue Cross (2)
   - COBRA
   - Private insurance
   - Blue Cross Blue Shield (4)
   - None
   - [VA/Military] 100%
   - Christian Health Sharing
   - TriCare for Life
   - Supplemental

29. How well do you feel your health insurance covers your health care costs?
   - No dental & vision
   - N/A
30. If you do NOT have medical insurance, why?
   - We have it!
   - Have VA
   - Because it would not cover my DR (doctor)
   - Costs way too much
   - VA 100%

32. Where do you currently live by zip code?
   - 59538
   - Part-time 90808 Long Beach CA

33. If your home is outside of town, how many miles are you from Big Sandy?
   - I live in town

35. When you reside in Chouteau County, do you utilize local medical services?
   - Only in emergency
   - V.A. in Havre, MT

37. What age range represents you?
   - Almost 86+

38. What is your employment status?
   - Farmer
   - Self-employed (5)
   - Homemaker
   - Manage ranch
   - SAHM
   - [Collect disability] 100%
   - Nothing do to health
   - Housewife – aren’t we always employed?
Appendix F - Focus Group Questions

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

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

2. What do you think are the most important local health care issues? (Probe question: What do you think are the biggest issues facing local health care 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
   - Health care services for Senior Citizens
   - Public/County Health Department
   - Health care services for low-income individuals
   - Nursing Home/Assisted Living Facility
   - Pharmacy

6. Why might people leave the community for healthcare?

7. What other healthcare services are needed in the community?
Appendix G- Focus Groups Notes

Focus Group #1
Monday, August 27, 2012 – 6:00pm-7:00pm – Big Sandy, MT - Rotary Club at The Senior Citizen’s Center

1. What would make this community a healthier place to live?
   - I guess one need that I see in the community is that we have a lot of geriatric folks, and kids of limited access to in-home support, and what that leads to is people trying to stay on longer than they should because of financial reasons. It results in a lot of unnecessary injuries and illnesses becoming worse than they should. When we had Home Health it was very, very helpful and as far as I know we don’t have it now.
   - Mosquito abatement.

2. What do you think are the most important local health care issues?
   - I think one of the most important things is the decline in the number of people who are willing and able to volunteer with the ambulance.

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

   Quality of Care
   - Excellent.
   - I think we’re very fortunate to have a facility in this small community and one that does what it [Big Sandy Medical Center] does.
   - I agree that we are very lucky to have the services we do; the only thing I have an issue with is insurance, and that they [Big Sandy Medical Center] don’t access BCBS (BlueCross BlueShield). I drove to Havre a week ago because they don’t accept it [BCBS] here [at Big Sandy Medical Center], but Havre will. If you go to Havre, they cover the whole bill and here you have to pay the balance. It’s a challenge, and for those that can’t afford it, it’s definitely a consideration, especially for younger people who can go to Havre.
   - I’m not sure where they are with electronic health records… I know it is going to be quite a change for them. I hope as they do it that they become very well-trained and top of the line. I hope they don’t have to skimp on type of services they are able to use.
   - Along those lines…I hope they get the electronic health records to where it will be a smooth transition, compatible and decrease hassle when going to Great Falls or Havre.
   - A lot of times they [Big Sandy Medical Center] would fax stuff whereas if it was all electronic, they could just shoot an email and it would be there instantly.

   Number of services
   - I think it’s pretty good; they can do a pretty good assessment here and know if someone has to move on in a hurry. If in doubt, they are out of here.
   - There probably isn’t any surgery... they have Mercy Flight though.
   - Have a dentist come in. It’s always nice to be able to do that and it’s one thing healthy people still have to do.
- Is there a coordination of county wellness services with hospital providers? They should be connected so that somebody who doesn’t really know the city will know who does things like child immunizations for free versus having to pay.
- The number of services is very appropriate for a small community.

Hospital staff
- Pretty awesome from what I can see. I had my husband in for extended care and everyone [hospital staff] went above and beyond. I’ve also dealt with the hospital for many years.
- Most referrals are to Benefis [in Great Falls], but they should think more about using Havre versus just Benefis since its 35 miles versus 90 miles and Havre can take care of most it.

Hospital Board and leadership
- I know it [the Board] exists. I think they send letters out with their names on it periodically.
- The only time I had letters was when they were looking for a donation.
- They may need to have a little more public information about what they do, why they are there, and who they are.
- 2 members are in attendance.
- The biggest problem is that I don’t think the community has ever been educated as to what their [the Board’s] role is.

Business office
- Any time I have had to deal with them, they were prompt to answer questions or deal with it if something bigger happened, terms maybe too rigid and turned over to collections too early from others.
- I would say a couple of times they [the Big Sandy Medical Center] sent a bill and said insurance didn’t cover it. They were very willing to resubmit or work with the insurance company. They are very willing to work with you and they are very fair.
- All has been very good.
- I like that they wait until after the bill is submitted to insurance and then what they won’t cover is sent in a bill versus other places where they send you a bill before and you don’t know what or when you should pay.
- The only objection I have to any of it is that you don’t get a bill that shows what you pay for and what you have to pay. The bill says $300 this and $300 that and yet Medicare wants to know if there is any fraud, but how will they know? All billing should be done so you know exactly what you are paying for.
- Sometimes it’s confusing if you use both the hospital and the clinic with who goes where and how much you owe each.
- If you do go to the doctor you will remember what happened. But if it’s something serious, you won’t remember everything that happened to you so it might be kind of nice to see what you are paying for and what happened to you.
Condition of facility and equipment
- It’s always very clean… always. I’ve never had to be in [admitted to the Hospital] there so I don’t know about equipment per say, but there is nothing in the way when you’re walking down the halls.
- For the size of the Hospital, the equipment is top-notch. They have a portable x-ray machine and the ER (emergency room) is updated and remodeled. For the size [of the community], the Hospital is very good.
- When I have been in the ER or lab on the weekend, when you need something they will always get someone to do it.

Financial health of the hospital
- I don’t know that anyone really knows.
- I think the Board members know that.
- I think if anything, the best penny pincher in town running the place. I don’t think there is a whole lot of waste that goes on. Maybe the number of people working in the long-term care is a result of watching pennies.

Office/clinic staff
- Always professional, they get you taken care of and answer your questions.
- They do what they can if you need to see a doctor. If you are sick and need to go [to the hospital], they do what they can to get you in.
- I think they are helpful with prescription stuff. They help with samples [samples of the prescription medication] or give out a coupon [for the prescription medication]. They are trying to be helpful in that way.
- I haven’t really dealt with the hospital part, but the clinic is always very good, courteous and not long waits.

Availability
- I’ve never been put in a room and had to wait a couple of hours; you don’t have to wait long.
- I think they are pretty standard.
- They are good about getting you in and they squeeze you in somehow.

4. Are any of the local providers your personal provider or personal provider to your family members? Why?
- I use the one here.
- I use just two males. One is a PA [physician assistant] and one a NP [nurse practitioner]. I’m not sure if they will get another. Sometimes I would appreciate having one [another provider] for my check-up.
- I go to Havre because I work there. When I am around I do use the clinic.
- I use them [Big Sandy Medical Center] for everything they provide, but for mammograms and stuff you go elsewhere.
- Yes, convenience.
- I think sometimes it helps knowing the facility and the people. It’s someone you trust and know you won’t be in the waiting room for two hours.
- You don’t have to go out of town; if you’re sick no one wants to drive to Great Falls or Havre.
- A friendly place; I use them when I need to go for yearly checkups and vaccines.

5. What do you think about these local services:

Emergency Room
- I just had a personal experience with the ER (emergency room) here and they [staff at Big Sandy Medical Center] acted with knowledge and acted fast. I took people to Spokane once and we waited 6 hours.

Ambulance service
- I used it [ambulance service] once and it was excellent.
- I think they’re [ambulance staff] pretty topnotch, especially considering there are fewer and fewer people willing to do it.
- Three people who do volunteer are here now.
- I’ve never used it, but I know my dad used it several years ago.
- Big Sandy probably has the best volunteer service with fire and ambulance. I’d be shocked to find a better one in the state. They have lots of tools and everything for referral in the community. The fire service can rescue. All the staff is very advanced for a tiny, tiny town like this.
- There are a fair number of certified people.
- There a couple of people in town who drop everything for a call and it is starting to get up there where they [the ambulance and fire department volunteers] need a life. It’s kind of scary and there are more and more times where there is a second or third page for an ambulance. Some volunteers work out of town.

Health care services for Senior Citizens
- The Senior Center is very, very good. It’s sad that there is not a lot of funding for it [the Senior Center]. In southern California they just got a multimillion dollar facility. It’s all run on solar power and it has a huge library. Here we have little or nothing and it’s getting to be the hub of the community. I think we need to pay more attention and provide more services to those who are unable to speak for themselves. It says a lot of the community when they get behind it [the Senior Center] and support it like they do. There are more people advancing in years who will be using the facility.
- Home Health Care would be a huge issue if there was some way for the hospital to coordinate with A-Plus or Nightingale Nursing with those types of providers that would be helpful in keeping people out of the Nursing Home, but still have around-the-clock care.
- The Senior Center does deliver some meals and they do foot clinics.
Public/County Health Department
- Well, I think if they were to coordinate more with the Medical Center, they may even be already, but if you could have services like where they could come in and do shingles immunizations and pneumonia shots rather than having to go to the Medical Center and have the county provide funding versus the private pay it would be nice.
- I think the county does work to do blood pressure and flu shots … maybe two times a month.
- When they did flu shots at the Senior Center I missed it and then I went to the Medical Center and insurance paid for it. It’s just as easy to do one or the other if you have insurance and Medicare takes care of it too.

Health care services for low-income individuals
- I know the Medical Center eats a lot of bills for people who are unable to pay, but still require services. I also know they [Medical Center] are really good when they have kids with Medicaid and CHIP. They [Medical Center] make sure they [children] are signed up for it [Medicaid/CHIP] so services are covered.

Nursing Home/Assisted Living Facility
- Nice for those who have family members there to have them close instead of having to drive to Havre.
- It’s [Nursing Home] a wonderful place if you have to be there. I couldn’t imagine being in a bigger facility. It’s just the right size. If you were in a bigger facility you wouldn’t have the close care and concern that staff provides. Most of the people there have been part of the community for as many years as those who work there so it’s like family.
- The only thing I have observed there is some shortage of staff and beepers are going off a long time before someone is able to get to it. A couple of times it [the beeper] went off for an abnormally long time.

Pharmacy
- I think we are lucky to have one in town and they do a great job. It’s nice. Before we had to go to Fort Benton or to Havre and it would delay things.
- It seemed like I needed a prescription through the Medical Center, but they would have to get it through Fort Benton.
- It was quite a juggling act from before. The hospital couldn’t keep very many [prescription medications], especially when it was a serious complication. So being able to just come around the block was really nice. It’s interesting to see how busy it [the pharmacy] is. It’s quite a state-of-the-art facility for not having a pharmacist right here.
- It is very nice to have the TV [at the pharmacy] if you have a question. It’s very good.
- I think the use of it is even increasing more and more. I have even quit going to Wal-Mart.
- And they do have over-the-counter stuff.
- They have even helped me over the TV with that.
- It’s great.
6. Why might people leave the community for healthcare?
   - If services are not provided.
   - Specialists.
   - People get attached to a provider and if that provider leaves for whatever reason, some people leave too.
   - Yeah, I think that’s happened, but I think it’s been better over the last year. It’s hard to get a provider to come here and even harder to keep one for four or five years. The other thing is that we don’t have a physician to talk to, just a NP (nurse practitioner) or PA (physician assistant). It’s a comfort level.
   - We’re not really a bedroom community. A fair amount of people work out of town and primary care is more convenient there.

7. What other healthcare services are needed in the community?
   - Good understanding of what is possible.
   - Home Health.
   - We have a wonderful PT (physical therapist) who is available and he is awesome. He is in the basement of the hospital and we are very fortunate to have him.
   - Well, it would be kind of nice to get a visiting cardiologist and a dentist one or two times a month. I understand they are insanely busy, but lots of people have heart issues in the community.
   - A diabetes educator or something like that; there is a lot of diabetes in town.
   - One other one may be vision, an ophthalmologist or something.
Focus Group #2  
Thursday, August 28, 2012 – 10:00am-10:52am – Big Sandy, MT - High School auditorium

1. What would make this community a healthier place to live?  
   - Brushing your teeth more often.  
   - We could have garbage pickup days sometime; the school could do it.  
   - Walk more places, because it’s not that big of a town.  
   - Not a lot of opportunities to do things in town.  
   - A place to recycle.  
   - We need more things for older adults to do in the winter; they are stuck inside because it is so cold.

2. What do you think are the most important local health care issues?  
   - There is getting to be more obesity in the community; people are getting out of shape.  
   - There’re more diseases evolving.

3. What do you think of the hospital:  
   - I think for how rural it is, it’s a good center… there are good doctors.  
   - Everyone [hospital staff] is really friendly and will give you the best services they can, some don’t have as much experience as others.

4. What do you think about these local services:  
   Emergency Room  
   - Well, when I was seven I got a concussion and they had to put a neck brace on me. It took them quite a few tries and then they had to read the directions.  
   - I was in [the emergency room] this summer and they were very efficient. Sometimes they just don’t have the materials, but they knew what they needed to do.

   Ambulance service  
   - They [ambulance staff] try and help you if you need it. If you are sick or something they tip it up [the ambulance bed] so I couldn’t puke all over myself.  
   - It took them [the ambulance] a while to get out of town. We live like 15 miles out and it took them about half an hour.

   Health care services for Senior Citizens  
   - I think the care center at the hospital is good. They treat them good and have activities all the time for them [senior citizens].

5. Why might people leave the community for healthcare?  
   - More tools and more experience.  
   - Technology.  
   - They [Big Sandy Medical Center] are not as developed.
6. What other healthcare services are needed in the community?
   - Dentists and eye care.
   - Well, in some towns they have people to help those who get bigger to slim down. They help them go through training to lose weight and get in shape.
   - I think all the kids are active, but the adults could be more active.
   - They aren’t active because of work or they don’t like it.
   - More activities to do around town.

Additional Comments:

Do you think it’s easy for Big Sandy to get health professionals to come here?
   - I think they are pretty good.
   - Big Sandy is a pretty nice community so lots of people like to move here.

Good things about Big Sandy:
   - Friendly.
   - A small community so everyone knows each other.
   - You can find things easily.
   - I think you get more opportunities in the school because there are fewer kids.

What would you like to improve on?
   - More activities available in the community
Focus Group #3
Thursday, August 28, 2012 – 12:00pm-1:00pm – Big Sandy, MT - Senior Citizen’s Center

1. What would make this community a healthier place to live?
   - I came from the big city before I came here and you don’t get the care there that you get here. It’s the absolute best place we could have. Super doctors and nurses. The nursing staff is just the best. For me and my health issues, I’ve always had them [health needs] met and probably always will. If we have really bad health issues they send us to Great Falls and it’s no big deal. It couldn’t be any better and if its serious they have Mercy Flight.
   - Another thing, if you need tests before you go to the hospital somewhere else, they often do it [lab tests] here [at Big Sandy Medical Center] before so you don’t have to make another trip.

2. What do you think are the most important local health care issues?
   - Old age; the majority of the population is aging. Unfortunately this happens in so many small communities.
   - It’s really important to have doctors, nurses, a dentist and PT (physical therapy); we really are fortunate to have it right here.
   - We have Mercy Flight if we have to get somewhere else quickly, it’s available.

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

   Quality of Care
   - Excellent.
   - Yes, excellent.

   Number of services
   - We can always have groups meet at the hospital like Weight Watchers and have classes or things like that. We have had the doctor and nurses speak to us as a Senior Center and they [doctors and nurses] come do presentations.

   Hospital staff
   - Yes, competent.

   Hospital Board and leadership
   - Don’t know who is on it [the Board] (2)

   Business office
   - If you have a question, they [business office staff] are ready to help you out.
   - It takes them an awful long time to get bills out; some come a year or two after a person is done [at the Medical Center].
   - But it’s not their problem; it comes from where they get their information.
   - I wish they would itemize the bill to show everything they did to us. You have no idea what you are paying for. The bill shows that you see a doctor, but you have no idea why.
- There is only a number beside it [the charge on the bill], but we don’t know what they did. It would be nice to know.
- At other hospitals I’ve had more problems with bills. We had to go elsewhere because of health problems.
- I’ve got bills for my wife three years later; it mostly had to do with lab work from Great Falls, but I’ve dealt with it enough here. And they also have to deal with insurance. When you have to pay bills three years after your spouse passes away it is a bummer.

Condition of facility and equipment
- Always extremely clean.
- I think [the facility] is excellent for a small community.
- They keep updating things…not long ago they updated the ER (emergency room) completely.
- The physical therapy is excellent; they have quite a few things.
- It’s easy to get in and find your way around.

Financial health of the hospital
- We assume it’s [financial health of the hospital] pretty good
- It’s [financial issues] still there.
- We just don’t know, especially because a lot is confidential.

Cost
- That’s a hard one to answer... they are all kind of high, but that’s just the way it is. Of course they have a lot of expenses too.
- I think it’s comparable to other hospitals and besides you save gas and don’t have to drive somewhere else.

Office/clinic staff
- Very good staff, friendly and efficient.
  - Absolutely.
- Well, they [clinic staff] take blood and give shots better than anyone I know.

Availability
- I do.
- I think so.
- What I like about it too is that they have a helicopter pad and you are closer to Great Falls which is security too. I like that.

4. Are any of the local providers your personal provider or personal provider to your family members? Why?
- Yes!
- Yes, convenient.
- They’re good.
- Yep.
5. What do you think about these local services:

Emergency Room
- My view is that it [the emergency room] is very good. I’ve only been in about twice, but it’s excellent.
  - I would agree.
- They’re [ER staff] all good, but I have my favorites.

Ambulance service
- It [ambulance service] is good.
- Very good.
- Expensive.
- We’re very fortunate in a small town to have people that go through all the training to be able to do that [be Emergency Medical Technicians (EMTs)].

Health care services for Senior Citizens
- Well, some [workers] will even go to your home to help you with whatever you need help with.
- The biggest problem is cuts for programs and they shouldn’t be cut, especially for the elderly. The budget cuts for the Senior Center are atrocious, both from the State and Federal government. It almost put them [Senior Center] out of business because of it [budget cuts].
- One of the things that the Senior Center does is a foot clinic every other month. They come from Havre for that.
- Who provides hospice care? It’s not from here [Big Sandy]. It’s wonderful anyway. It couldn’t be better.
  - I think out of Fort Benton.
  - They provide hospice.
  - Distance is the biggest problem.

Public/County Health Department
- We’re getting fewer services from the county than we used too. They used to do blood pressure checks.
- That [they do not offer blood pressure checks] was due to a cut in budget.
- They [Health Department] do flu shots and immunizations and let us know ahead of time so that we can plan.

Health care services for low-income individuals
- I think that is partly why bills are so high because we have to pay for that [health care services for low-income individuals].
- We are fortunate to have a clinic in Havre which does some of that [providing services to low-income individuals].

Nursing Home/Assisted Living Facility
- Good. Excellent.
- I think Big Sandy has one of the best [Nursing Homes]. There is very good care of the patients. We feel like a family.
- Well, if there’s better [Nursing Home facilities], I don’t where it’s at. My wife could not have gotten better care there [at Big Sandy Medical Center]. The facility is just unbeatable. It couldn’t be better and I’ve dealt with a few other places.

Pharmacy
- They just opened one here [Big Sandy] not long ago. It’s just next door; it’s nice to have. It’s neat that Chris from Fort Benton started it. Although they did bring some [prescriptions] up to the hospital and that was helpful too.
- When anything generic comes out they pass that on to us.

6. Why might people leave the community for healthcare?
- For special things that are not available here [Big Sandy], like The Burn Center, and there are some other things too.
- Specialists.
- Cancer treatment you can’t get here [Big Sandy].

7. What other healthcare services are needed in the community?
- Well, we used to have a doctor that would do colonoscopies and all kind of things that we don’t have now. We have to go to Great Falls and that is kind of a hassle; it is kind of a long ways, especially with the expense of gas. I understand why they can’t, but it would be nice.
- Well if you spread things too thin, you neglect something else, so we’re pretty fortunate to have what we do have.
  - Sure are.
- Probably the cost of bringing some of those things in here is cost prohibitive and the equipment brings in additional services.
- A lot of additional services would require a doctor and we can’t afford a doctor
- They don’t have a doctor for throat conditions so you have to go to Great Falls. Then you ask who the provider is and you never know who you will get and it is kind of confusing at Great Falls. You never know who you will see. You can ask, but sometimes you have to wait if you ask for someone.

Additional Comments:

- Hospital works with the church to have a service there every Sunday at the hospital. Right after lunch they go across the hall for the church service
Appendix H – Key Informant Interview Notes

Key Informant Interview #1
Wednesday, June 13, 2012 10-10:30am – Big Sandy, MT – Chouteau County Health Department
(via phone call)

1. What do you think are the most important local healthcare issues?
   - Doing more prevention programs and getting people to buy into them
   - Some programs would include tobacco cessation, safe streets and communities, fitness center and safe places to walk
   - General education and nutrition classes as well as diabetes management classes

2. What other healthcare services are needed in the community?
   - Strong proponent of wellness checks, medication assistance and home health. I would also like to have a program in place to help people navigate the healthcare system
### Appendix I – Secondary Data

#### County Profile

**Chouteau County**

#### Leading Causes of Death

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<td>2. Heart Disease</td>
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*Community Health Data, MT Dept of Health and Human Services (2010)*

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

*Chronic Lower Respiratory Disease

#### Chronic Disease Burden

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<td>All Sites Cancer</td>
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*Community Health Data, MT Dept of Health and Human Services (2010)*

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

*American Diabetes Association (2012)*

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

#### Clinical Care

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<td>Diabetes</td>
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<tr>
<td>Myocardial Infarction</td>
<td>102.4</td>
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*Community Health Data, MT Dept of Health and Human Services (2010)*

*MT Dept of Labor & Industry (April 2011)*

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

#### Demographic Measure (%)

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<td>White 82.1%</td>
<td>Hispanic 91.5%</td>
<td>72.4%</td>
</tr>
<tr>
<td></td>
<td>American Indian or Alaska Native 17.4%</td>
<td>Hispanic 6.8%</td>
<td>0.9%</td>
</tr>
<tr>
<td></td>
<td>Other 0.5%</td>
<td>Hispanic 1.7%</td>
<td>26.7%</td>
</tr>
</tbody>
</table>

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

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

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

*US Census Bureau (2010)*
## Chouteau County

<table>
<thead>
<tr>
<th>Socioeconomic Measures</th>
<th>County</th>
<th>Montana</th>
<th>Nation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median Income</td>
<td>$37,229</td>
<td>$43,000</td>
<td>$551,914</td>
</tr>
<tr>
<td>Unemployment Rate</td>
<td>3.2%</td>
<td>4.5%</td>
<td>8.1%</td>
</tr>
<tr>
<td>Persons Below Poverty Level</td>
<td>20.0%</td>
<td>14.0%</td>
<td>13.8%</td>
</tr>
<tr>
<td>Uninsured Adults (Age &lt;65)</td>
<td>31.3%</td>
<td>19.0%</td>
<td>18.2%</td>
</tr>
<tr>
<td>Uninsured Children (Age &lt;18)</td>
<td>N/A</td>
<td>11.0%</td>
<td>10.0%</td>
</tr>
</tbody>
</table>

1Community Health Data, MT Dept of Health and Human Services (2010)
2US Census Bureau (2010)
4Center for Disease Control and Prevention (CDC), Health Insurance Coverage (2011)
5Montana KIDS COUNT (2009)

### Education Level

![Education Level Chart](Image)

### Behavioral Health

<table>
<thead>
<tr>
<th>Behavioral Health</th>
<th>County</th>
<th>Montana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Childhood Immunization Up-To-Date (UTD) % Coverage</td>
<td>81.8%</td>
<td>64.3%</td>
</tr>
<tr>
<td>Age 24-35 months, population size: 12,075 (% sampled: 35.9%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tobacco Use</td>
<td>22.2% (Region 2)</td>
<td>19.3%</td>
</tr>
<tr>
<td>Alcohol Use</td>
<td>22.0% (Region 2)</td>
<td>22.8%</td>
</tr>
<tr>
<td>Obesity</td>
<td>26.3% (Region 2)</td>
<td>21.6%</td>
</tr>
<tr>
<td>Overweight</td>
<td>38.3% (Region 2)</td>
<td>37.8%</td>
</tr>
<tr>
<td>No Leisure time for physical activity</td>
<td>23.6% (Region 2)</td>
<td>20.7%</td>
</tr>
</tbody>
</table>

- Community Health Data, MT Dept of Health and Human Services (2010)
- Center for Disease Control and Prevention (CDC), National Vital Statistics (2012)
- County Health Ranking, Robert Wood Johnson Foundation (2012)
- County Childhood Immunization Coverage, MT Dept of Health and Human Services (2010-2011)

**Childhood immunization percent coverage was determined following the CDC developed and validated AFIIX [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

<table>
<thead>
<tr>
<th>Screening</th>
<th>Region 2</th>
<th>Montana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cervical Cancer (Pap Test in past 3 yrs)</td>
<td>84.1%</td>
<td>83.0%</td>
</tr>
<tr>
<td>Breast Cancer (Mammogram in past 2 yrs)</td>
<td>76.0%</td>
<td>71.9%</td>
</tr>
<tr>
<td>Breath Test</td>
<td>18.9%</td>
<td>25.3%</td>
</tr>
<tr>
<td>Blood Stool</td>
<td>55.1%</td>
<td>54.3%</td>
</tr>
<tr>
<td>Sigmoidoscopy or Colonoscopy</td>
<td>91.0%</td>
<td>79.0%</td>
</tr>
</tbody>
</table>

*aCommunity Health Data, MT Dept of Health and Human Services (2010)*

# Mortality

<table>
<thead>
<tr>
<th>Mortality</th>
<th>County</th>
<th>Montana</th>
<th>Nation 2,3,4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicide Rate per 100,000 population</td>
<td>34.1</td>
<td>20.3</td>
<td>12.0</td>
</tr>
<tr>
<td>Unintentional Injury Death Rate per 100,000 population</td>
<td>56.8</td>
<td>58.8</td>
<td>38.4</td>
</tr>
<tr>
<td>Percent Motor Vehicle Crashes Involving Alcohol</td>
<td>11.1%</td>
<td>10.0%</td>
<td>32.0%</td>
</tr>
<tr>
<td>Pneumonia/Influenza Mortality per 100,000 population</td>
<td>15.1%</td>
<td>19.0%</td>
<td>17.5%</td>
</tr>
<tr>
<td>Diabetes Mellitus</td>
<td>56.8%</td>
<td>27.1%</td>
<td>21.8%</td>
</tr>
</tbody>
</table>

*aCommunity Health Data, MT Dept of Health and Human Services (2010)*

# Maternal Child Health

<table>
<thead>
<tr>
<th>Maternal Child Health</th>
<th>County</th>
<th>Montana</th>
<th>Nation 5,6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant Mortality (death within 1st year) Rate per 1,000 live births</td>
<td>28.8</td>
<td>6.1</td>
<td>6.7</td>
</tr>
<tr>
<td>Birth Rate Babies born per 1,000 people</td>
<td>7.7</td>
<td>12.8</td>
<td>13.5</td>
</tr>
<tr>
<td>Low Birth Weight (&lt;2500 grams) Percent of live births</td>
<td>8.2%</td>
<td>7.3%</td>
<td>8.3%</td>
</tr>
<tr>
<td>Neonatal Mortality (under 28 days of age) Rate per 1,000 live births</td>
<td>24.0</td>
<td>3.3</td>
<td>4.5</td>
</tr>
<tr>
<td>Post Neonatal Mortality (28 through 364 days of age) Rate per 1,000 live births</td>
<td>4.8</td>
<td>2.7</td>
<td>2.2</td>
</tr>
<tr>
<td>Pre-Term Birth (&lt;37 completed weeks gestation) Percent of Live Births</td>
<td>13.9%</td>
<td>10.1%</td>
<td>12.5%</td>
</tr>
</tbody>
</table>

*aCommunity Health Data, MT Dept of Health and Human Services (2010)*


4Center for Disease Control and Prevention (CDC), Preterm Birth (2012)

5Center for Disease Control and Prevention (CDC), Web-based Injury Statistics Query and Reporting System (WISQARS) (2011)

6Kaiser State Health Facts (2008)
Introduction

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

\[
\text{Location Quotient} = \frac{\text{County A Percent employed in manufacturing}}{\text{State Percent employed in manufacturing}} = \frac{20\%}{10\%} = 2.
\]

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 Chouteau County were calculated. The first compares Chouteau 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) = .81

Hospitals Location Quotient (compared to U.S.) = .93
A location quotient near 1 indicates that the employment concentration in the county mirrors that of the larger geographic region. In the case of Chouteau County, both the state and national location quotients are below one, indicating that hospital employment is about slightly less than expected given the overall size of Chouteau County. In 2010 Big Sandy Medical Center accounted for 4.3% of county nonfarm employment and 5.2% of the county’s total wages.

Another way to look at the location quotient is to ask how many employees would be employed in the hospital sector if Chouteau County’s employment patterns mirrored that of the state or the nation. Big Sandy Medical Center averaged 54 employees in 2010. This is 13 less than expected given the state’s employment pattern and 4 less than expected given the national employment pattern.

(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 5,813 residents of Chouteau County. The breakdown of these residents by age is presented in Figure 1. Chouteau County’s age profile is similar to that of many rural Montana counties. In 2010, baby boomers were between the ages of 44 and 60 and their presence is evident in the graph. Following the baby boom came the “baby bust,” which is evidenced by the lack of 20 to 39 year olds in the county. In many rural Montana counties, the baby bust is exacerbated by out-migration of young adults.

Figure 1: Age Distribution of Chouteau County Residents
Figure 2: Percent of the population by age groups, Chouteau County vs. Montana

Figure 2 shows how Chouteau County’s population distribution compares to Montana’s. A careful examination of Figure 2 and the underlying data reveals that when compared with the State as a whole Chouteau County had a lower percentage of people aged 20 to 49 (31.5 percent vs. 37.8 percent) and a higher percentage of people aged 0 to 19 (25.3 percent vs. 29.0 percent). According to the 2010 Census, Chouteau County had a median age of 41.5, which was higher than the statewide median age of 39.8. These demographics are important when planning for healthcare delivery now and in the future.

Section III Economic Impacts

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

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

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

**Hospital Employment Multiplier = 1.24**
**Hospital Employee Compensation Multiplier = 1.21**
**Output Multiplier = 1.33**

What do these numbers mean? The employment multiplier of 1.24 can be interpreted to mean that for every job at Big Sandy Medical Center, another .24 jobs are supported in Chouteau County. Another way to look at this is that if Big Sandy Medical Center suddenly went away, about 13 additional non-hospital jobs would also be lost in the county (based on 2010 hospital employment of 54). The employee compensation multiplier of 1.21 simply states that for every dollar in wages and benefits paid to the hospital’s employees, another .21 cents of wages and benefits are created in other local jobs in Chouteau County. Put another way, if Big Sandy Medical Center suddenly went away, about $359,965 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 Big Sandy Medical Center, output in the county increases by another 33 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 areas 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

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shortages of qualified workers. In this situation “growing your own” workforce may be a viable option.

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