

Beaverhead County, Montana

Frontier Medicine Better Health Partnership Community Health Needs Assessment Report

Survey conducted by
Barrett Hospital & HealthCare
Dillon, Montana

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

March 2014



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**Barrett Hospital & HealthCare
Community Health Needs Assessment**

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**Barrett Hospital & HealthCare
Community Survey & Focus Groups
Summary Report
March 2014**

I. Introduction

Barrett Hospital & HealthCare is a Critical Access Hospital (CAH) based in Dillon, Montana and offers hospital, obstetrics, emergency, home health/hospice, rehabilitation, and ambulatory care. Barrett has a primary service area of 8,000 and serves the largest county in Montana. Barrett Hospital & HealthCare participated in a Community Health Needs Assessment (CHNA) conducted by the Montana Office of Rural Health and the National Rural Health Resource Center (NRHRC) in Duluth, Minnesota. The CHNA was funded by the Frontier Medicine Better Health Partnership (FMBHP) Project. Community involvement in steering committee meetings and focus groups enhanced community engagement in the assessment process.

In the winter of 2013, Barrett Hospital & HealthCare's service area was surveyed about its healthcare 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 the subsequent 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 Barrett Hospital & HealthCare in conducting the CHNA. A diverse group of community members representing various organizations and populations within the community (ex. public health, elderly, uninsured) came together in November 2013. For a list of all Steering Committee members and their affiliations, see Appendix A. The Steering Committee met twice during the CHNA process; first to discuss health concerns in the community and offer their perspective in designing the survey instrument and again to review results of the survey and focus groups.

III. Survey Methodology

Survey Instrument

In December 2013, surveys were mailed out to the residents in Barrett Hospital & HealthCare's service area. The survey was based on a design that has been used extensively in the states of Washington, Wyoming, Alaska, Montana, and Idaho. The survey was designed to provide each facility with information from local residents regarding:

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

Sampling

Barrett Hospital & HealthCare 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 900 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.)

Four focus groups were held to identify the motives of local residents when selecting healthcare providers and to discover reasons why people may leave the Dillon area to seek healthcare services. It was intended that this research would help determine the awareness of local programs and services, as well as the level of satisfaction with local services, providers, and facilities.

Information Gaps

Data

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

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

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

Limitations in Survey Methodology

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

Survey Implementation

In December 2013, the community health services survey, a cover letter from the National Rural Health Resource Center with Barrett Hospital & HealthCare's Chief Executive Officer's signature on Barrett Hospital & HealthCare letterhead, and a postage paid reply envelope were mailed to 900 randomly selected residents in the hospital's service area. A news release was sent to local newspapers prior to the survey distribution announcing that Barrett Hospital & HealthCare 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, 204 surveys were returned out of 900. Of those 900 surveys, one hundred ten were returned undeliverable for a 26% response rate. From this point on, the total number of surveys will be out of 790. 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 5.15%.

IV. Survey Respondent Demographics

A total of 790 surveys were distributed amongst Barrett Hospital & HealthCare's service area. Two hundred four were completed for a 26% 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 Dillon population which is reasonable given that this is where most of the services are located.

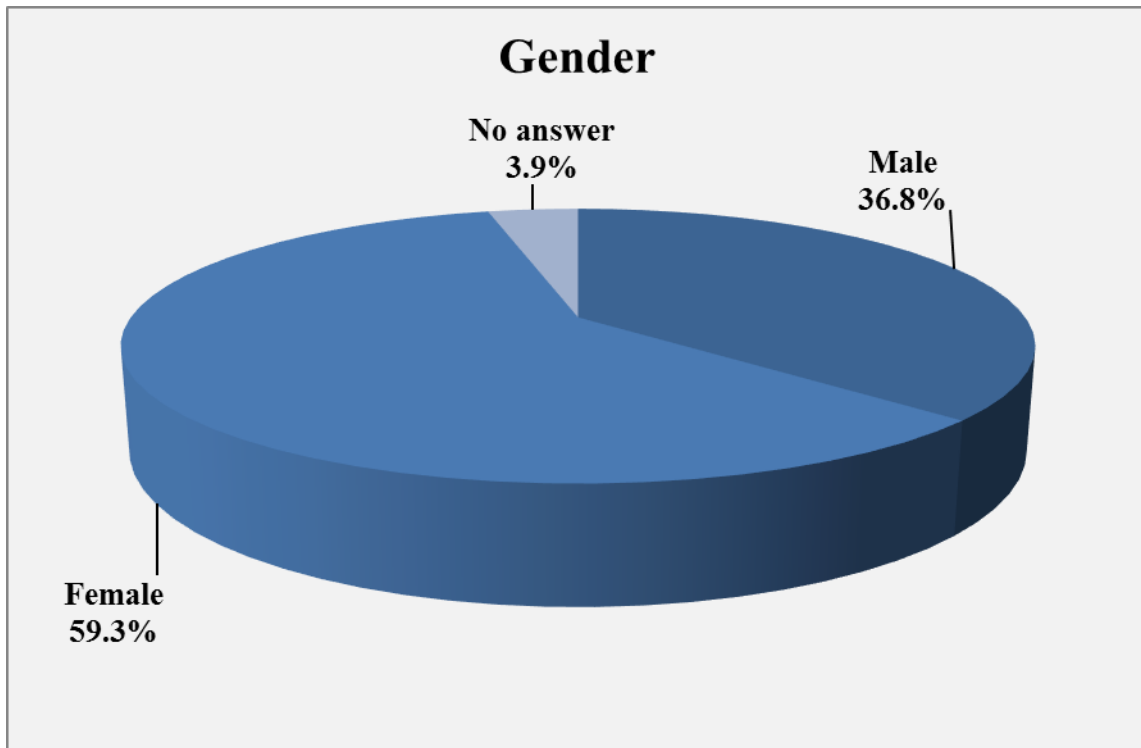
Location	Zip Code	Count	Percent
Dillon	59725	175	85.8%
Lima	59739	4	2.0%
Wisdom	59761	3	1.5%
Glen	59732	3	1.5%
Jackson	59736	2	1.0%
Wise River	59762	2	1.0%
Twin Bridges	59754	1	0.5%
Melrose	59743	1	0.5%
Other		7	3.3%
No answer		6	2.9%
TOTAL		204	100%

"Other" comments: - 59801 [Missoula]

Gender (Question 33)

N= 204

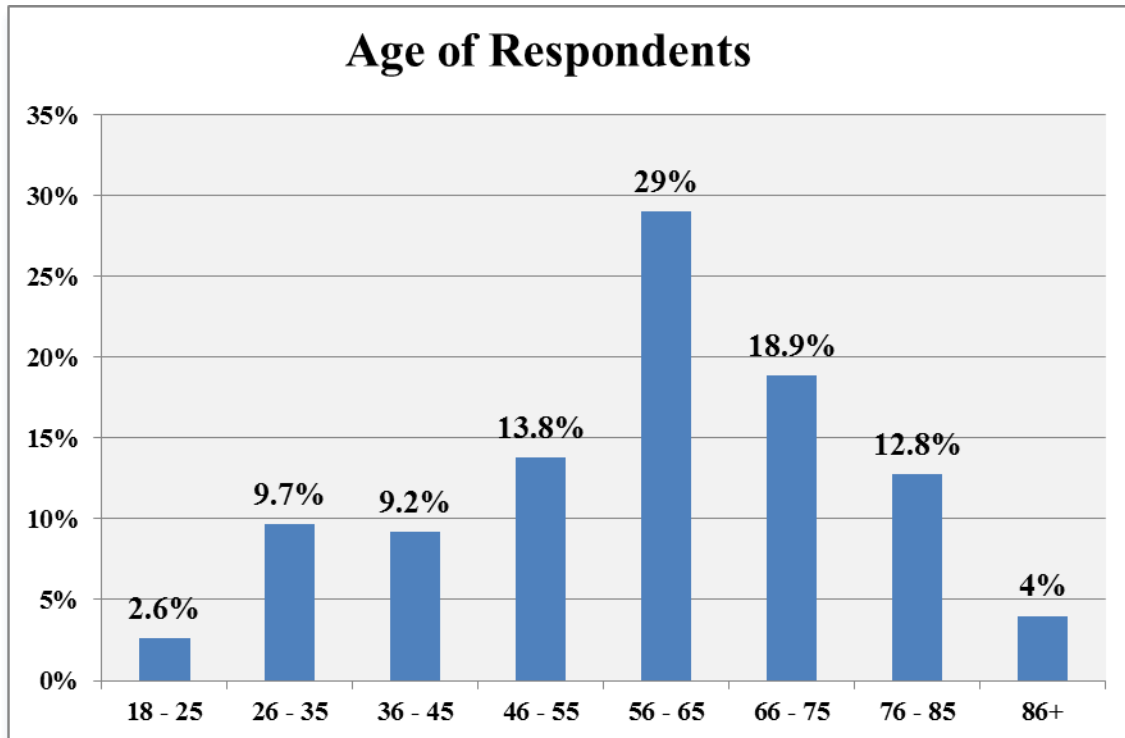
Of the 204 surveys returned, 59.3% (n=121) of survey respondents were female, 36.8% (n=75) were male, and 3.9% (n=8) chose not to answer this question. The survey was distributed to a random sample consisting of 50% women and 50% men. It is not unusual for survey respondents to be predominantly female, particularly when the survey is healthcare-oriented since women are frequently the healthcare decision makers for families.



Age of Respondents (Question 34)

N= 196

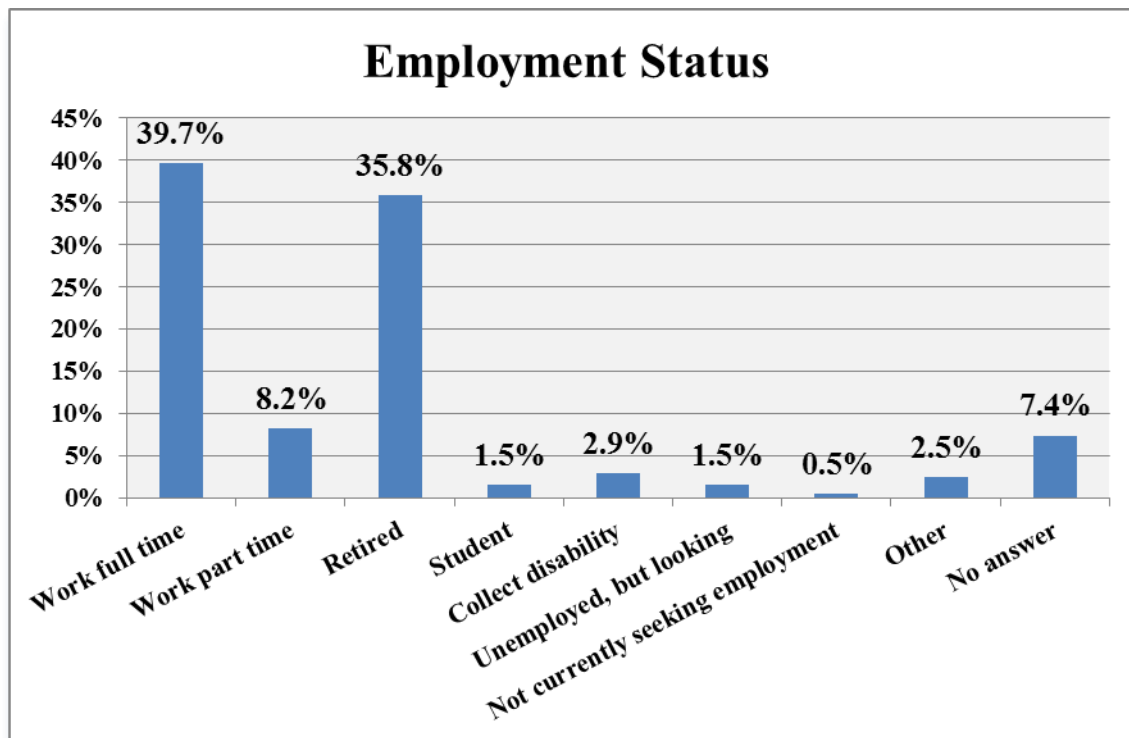
Twenty-nine percent of respondents (n=57) were between the ages of 56-65. Nineteen percent of respondents (n=37) were between the ages of 66-75 and 13.8% of respondents (n=27) were between the ages of 46-55. It is important to note that the survey was targeted to adults and therefore, no respondents are under age 18. Older residents are often more invested in healthcare decision-making and therefore, are more likely to respond to healthcare surveys.



Employment Status (Question 35)

N= 204

Forty percent (n=81) of respondents reported working full time while 35.8% (n=73) are retired. Eight percent of respondents (n=17) indicated they work part time. Fifteen respondents chose not to answer the question.



“Other” comments:

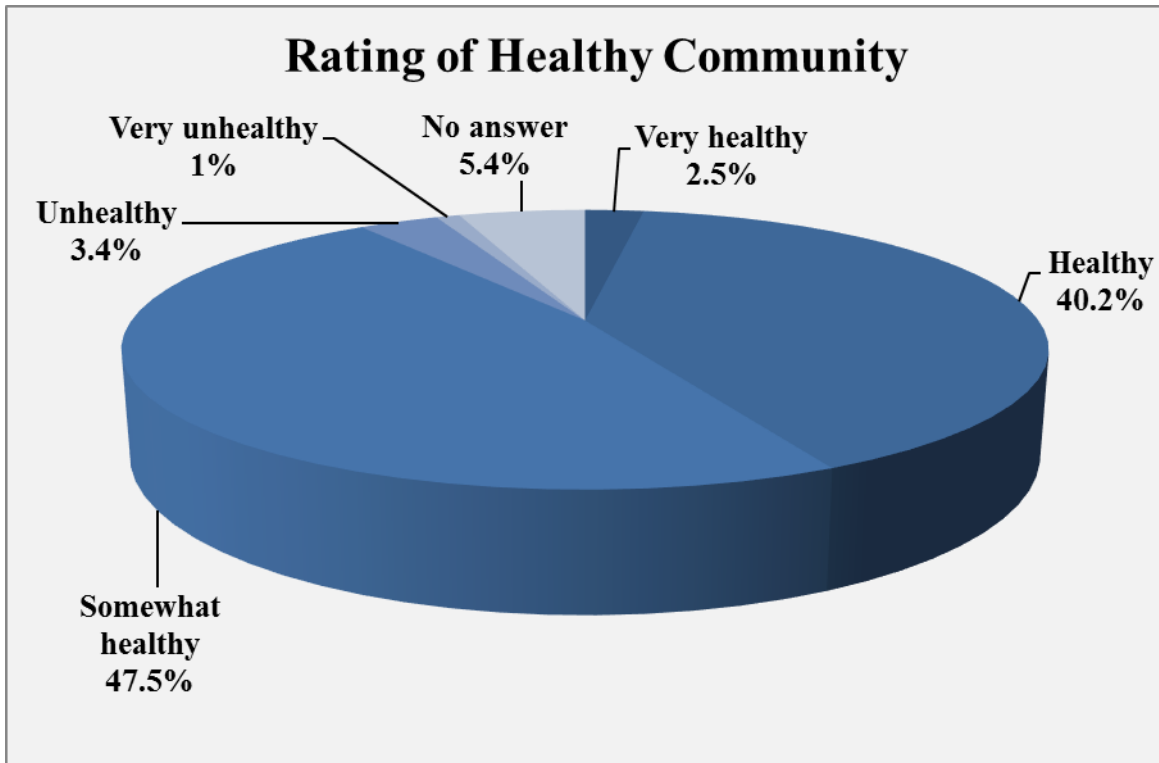
- Stay-at-home-mom
- Disabled

V. Survey Findings – Community Health

Impression of Community (Question 1)

N= 204

Respondents were asked to indicate how they would rate the general health of their community. Forty-eight percent of respondents (n=97) rated their community as “Somewhat healthy.” Forty percent of respondents (n=82) felt their community was “Healthy” and 3.4% (n=7) felt their community was “Unhealthy.” Eleven respondents chose not to respond to this question.



Health Concerns for Community (Question 2)

N= 204

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 “Alcohol abuse/substance abuse” at 54.4% (n=111). “Cancer” was also a high priority at 45.1% (n=92) then “Overweight/obesity” at 29.9% (n=61). Respondents were asked to pick their top three serious health concerns so percentages do not equal 100%.

Health Concern	Count	Percent
Alcohol abuse/substance abuse	111	54.4%
Cancer	92	45.1%
Overweight/obesity	61	29.9%
Depression/anxiety	45	22.1%
Tobacco use	38	18.6%
Heart disease	34	16.7%
Diabetes	32	15.7%
Lack of exercise	28	13.7%
Mental health issues	23	11.3%
Suicide	22	10.8%
Work/economic stress	21	10.3%
Child abuse/neglect	16	7.8%
Lack of access to healthcare	14	6.9%
Domestic violence	10	4.9%
Motor vehicle accidents	10	4.9%
Work related accidents/injuries	10	4.9%
Lack of healthcare education	10	4.9%
Recreation related accidents/injuries	7	3.4%
Lack of dental care	5	2.5%
Stroke	5	2.5%
Other	9	4.4%

“Other” comments:

- Hospital indifference
- Lack of affordable healthcare
- Getting run over in a crosswalk
- Affordable healthcare
- Unhealthy eating habits
- Fraudulent disabilities
- ObamaCare

Components of a Healthy Community (Question 3)

N= 204

Respondents were asked to identify the three most important things for a healthy community. Sixty percent of respondents (n=123) indicated that “Access to healthcare and other services” is important for a healthy community. “Good jobs and a healthy economy” was the second most indicated component at 43.6% (n=89) and third was “Healthy behaviors and lifestyles” at 38.2% (n=78). Respondents were asked to identify their top three choices, thus the percentages do not add up to 100%.

Important Component	Count	Percent
Access to healthcare and other services	123	60.3%
Good jobs and a healthy economy	89	43.6%
Healthy behaviors and lifestyles	78	38.2%
Strong family life	63	30.9%
Good schools	55	27.0%
Religious or spiritual values	38	18.6%
Clean environment	31	15.2%
Low crime/safe neighborhoods	25	12.3%
Affordable housing	24	11.8%
Community involvement	18	8.8%
Walking/biking paths	18	8.8%
Tolerance for diversity	9	4.4%
Access to fresh produce	9	4.4%
Low death and disease rates	8	3.9%
Parks and recreation	6	2.9%
Promotion of local business/services	6	2.9%
Low level of domestic violence	5	2.5%
Arts and cultural events	2	1.0%
Other	3	1.5%

“Other” comments:

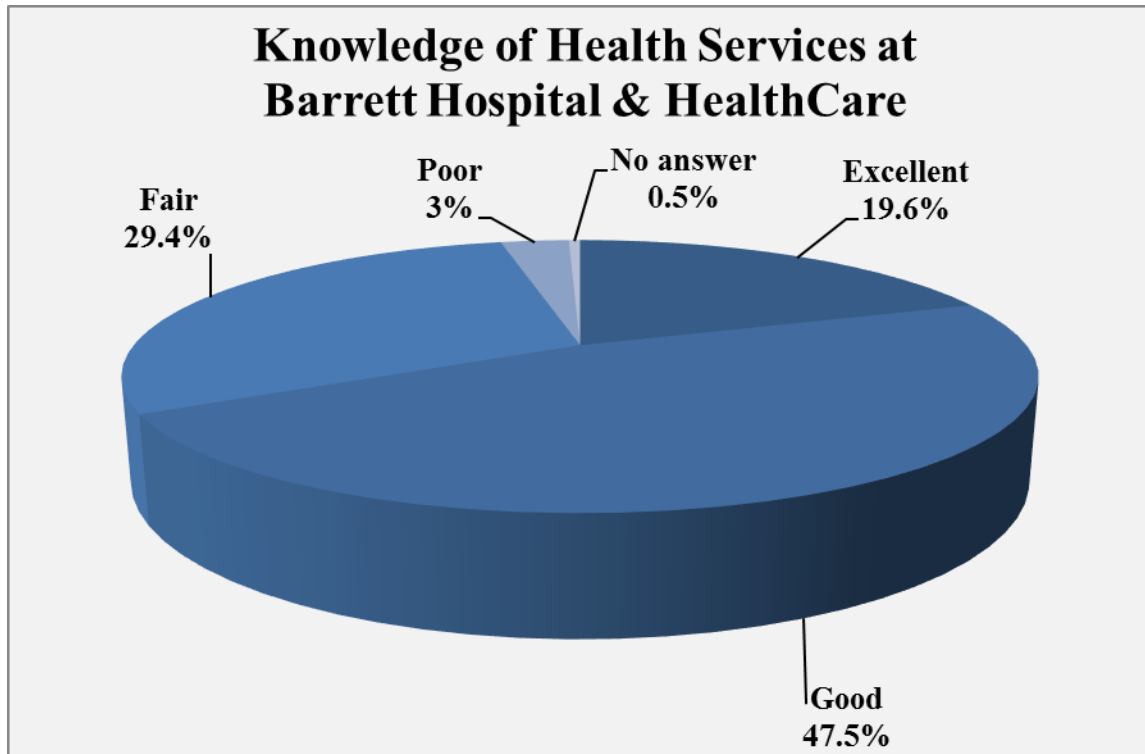
- Affordable counseling services
- Drugs
- Affordable healthcare
- No ObamaCare

Survey Findings – Awareness of Services

Overall Awareness of Health Services (Question 4)

N= 204

Respondents were asked to rate their knowledge of the health services available at Barrett Hospital & HealthCare. Forty-eight percent (n=97) of respondents rated their knowledge of health services as “Good.” Twenty-nine percent (n=60) rated their knowledge of services as “Fair” and 19.6% of respondents (n=40) rated their knowledge as “Excellent.”



How Respondents Learn of Healthcare Services (Question 5)

N= 204

The most frequent method of learning about available services was “Friends/family” at 74% (n=151). “Healthcare provider” was the second most frequent response at 65.7% (n=134) and “Word of mouth/reputation” was reported at 52.5% (n=107). Respondents could select more than one method so percentages do not equal 100%.

Method	Count	Percent
Friends/family	151	74.0%
Healthcare provider	134	65.7%
Word of mouth/reputation	107	52.5%
Newspaper	85	41.7%
Radio	38	18.6%
Mailings/newsletter	31	15.2%
Television	28	13.7%
Public health	21	10.3%
Presentations	10	4.9%
Website/internet	8	3.9%
Senior center	5	2.5%
Other	9	4.4%

“Other” comments:

- The care that I have always had
- Visiting hospital
- Doctor

Cross Tabulation of Service Knowledge and Learning about Services

Analysis was done to assess respondents' knowledge of services available at Barrett Hospital & HealthCare with how they learn about services available in their community. The chart below shows the results of the cross tabulation. How respondents learned of healthcare services was a multiple response item, thus totals do not add up to 100%.

KNOWLEDGE RATING OF BARRETT HOSPITAL & HEALTHCARE SERVICES BY HOW RESPONDENTS LEARN ABOUT HEALTHCARE SERVICES

	Excellent	Good	Fair	Poor	Total
Healthcare provider	30 (22.4%)	68 (50.7%)	34 (25.4%)	2 (1.5%)	134
Radio	7 (18.4%)	20 (52.6%)	10 (26.3%)	1 (2.6%)	38
Word of mouth/reputation	19 (17.8%)	48 (44.9%)	38 (35.5%)	2 (1.9%)	107
Television	11 (39.3%)	10 (35.7%)	6 (21.4%)	1 (3.6%)	28
Newspaper	18 (21.2%)	47 (55.3%)	19 (22.4%)	1 (1.2%)	85
Presentations	2 (20%)	7 (70%)	1 (10%)		10
Mailings/newsletter	6 (19.4%)	16 (51.6%)	8 (25.8%)	1 (3.2%)	31
Website/internet	2 (25%)	4 (50%)	2 (25%)		8
Public Health	3 (14.3%)	11 (52.4%)	7 (33.3%)		21
Senior Center	1 (20%)	4 (80%)			5
Friends/family	26 (17.2%)	74 (49%)	48 (31.8%)	3 (2%)	151
Other	1 (11.1%)	5 (55.6%)	2 (22.2%)	1 (11.1%)	9

Other Community Health Resources Utilized (Question 6)

N= 204

Respondents were asked which community health resources, other than the hospital or clinic, they had used in the last three years. “Pharmacy” was the most frequently utilized community health resource cited by respondents at 89.7% (n=183). “Dentist” was also a highly utilized resource at 76% (n=155) followed by “Optometrist (Eye doctor)” at 72.5% (n=148).

Respondents could select more than one resource so percentages do not equal 100%.

Resource	Count	Percent
Pharmacy	183	89.7%
Dentist	155	76.0%
Optometrist (Eye doctor)	148	72.5%
Naturopath/Chiropractor	47	23.0%
Public health	36	17.6%
Audiologist (Hearing)	19	9.3%
Mental health	15	7.4%
Senior Center	5	2.5%
Family/marriage counseling	3	1.5%
Other	13	6.4%

“Other” comments:

- PT [Physical Therapy] (3)
- Dr. Downer
- Massage (2)
- Sleep disorder doctor
- Dermatologist
- Dillon Medical Clinic is more affordable
- Dr. Weed

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

N= 204

Respondents were asked to indicate what they felt would improve their community's access to healthcare. Forty-four percent of respondents (n=90) reported that "More primary care providers" would make the greatest improvement. Forty percent of respondents (n=82) indicated they would like "More specialists" and 29.4% (n=60) indicated "Greater health education services" would improve access to care. Respondents could select more than one method so percentages do not equal 100%.

Service	Count	Percent
More primary care providers	90	44.1%
More specialists	82	40.2%
Greater health education services	60	29.4%
Outpatient services expanded hours	48	23.5%
Improved quality of care	44	21.6%
Transportation assistance	28	13.7%
Telemedicine	13	6.4%
Cultural sensitivity	6	2.9%
Interpreter services	6	2.9%
Other	24	11.8%

"Other" comments:

- More mental health service providers
- Lower costs (3)
- Processing time
- Epidurals
- Affordable healthcare (2)
- No ObamaCare
- I've had excellent care in many facets – great doctors
- Less greed
- Doctors that stay in Dillon for longer than five years
- Affordable health insurance

Interest in Educational Classes/Programs (Question 8)

N= 204

Respondents were asked if they would be interested in any educational classes/programs if offered locally. The most highly indicated class/program was “First aid/CPR” at 29.4% of respondents (n=60). “Fitness” was selected by 28.4% of respondents (n=58) and “Health and wellness” followed at 26% (n=53). Respondents could select more than one method so percentages do not equal 100%.

Class/Program	Count	Percent
First aid/CPR	60	29.4%
Fitness	58	28.4%
Health and wellness	53	26.0%
Weight loss	49	24.0%
Women’s health	44	21.6%
Nutrition	40	19.6%
Chronic pain management	36	17.6%
Alzheimer’s	34	16.7%
Living will	34	16.7%
Cancer	32	15.7%
Men’s health	25	12.3%
Heart disease	24	11.8%
Support groups	24	11.8%
Diabetes	23	11.3%
Suicide awareness/prevention	21	10.3%
Parenting	18	8.8%
Grief counseling	17	8.3%
Mental health	17	8.3%
Smoking cessation	13	6.4%
Prenatal	9	4.4%
Alcohol/substance abuse	4	2.0%
Other	9	4.4%

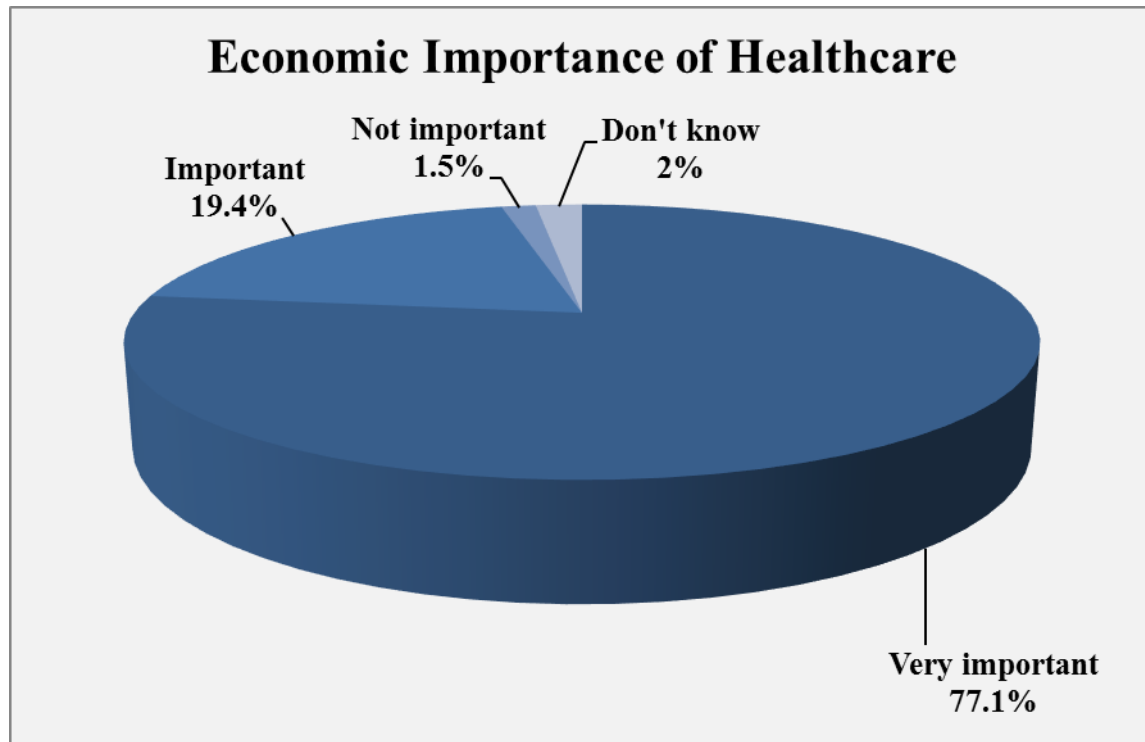
“Other” comments:

- Yoga classes (2)
- Joint health
- Child abuse specialist
- Literature – rather than long drive

Economic Importance of Local Healthcare Providers and Services (Question 9)

N= 201

The majority of respondents (77.1%, n=155) indicated that local healthcare providers and services (i.e.: hospitals, clinics, nursing homes, assisted living, etc.) are “Very important” to the economic well-being of the area. Nineteen percent of respondents (n=39) indicated they are “Important” and three respondents, or 1.5%, indicated that they are “Not important.” Three respondents chose not to respond to this question.



Utilization of Preventative Services (Question 10)

N= 204

Respondents were asked if they had utilized any of the preventative services listed in the past year. “Flu shot” was selected by 72.1% of respondents (n=147). Sixty percent of respondents (n=122) indicated they received a “Routine health check-up” followed closely by 59.3% of respondents (n=121 each) having a “Vision check.” Respondents could select all that apply, thus the percentages do not equal 100%.

Service	Count	Percent
Flu shot	147	72.1%
Routine health check-up	122	59.8%
Vision check	121	59.3%
Routine blood pressure check	107	52.5%
Adult immunizations	93	45.6%
Cholesterol check	92	45.1%
Mammography	77	37.7%
Pap smear	55	27.0%
Health fair	39	19.1%
Prostate (PSA)	39	19.1%
Dermatology (mole/skin check)	38	18.6%
Colonoscopy	37	18.1%
Child immunizations	30	14.7%
Children’s checkup/Well baby	19	9.3%
Hearing check	17	8.3%
None	10	4.9%
Other	11	5.4%

“Other” comments:

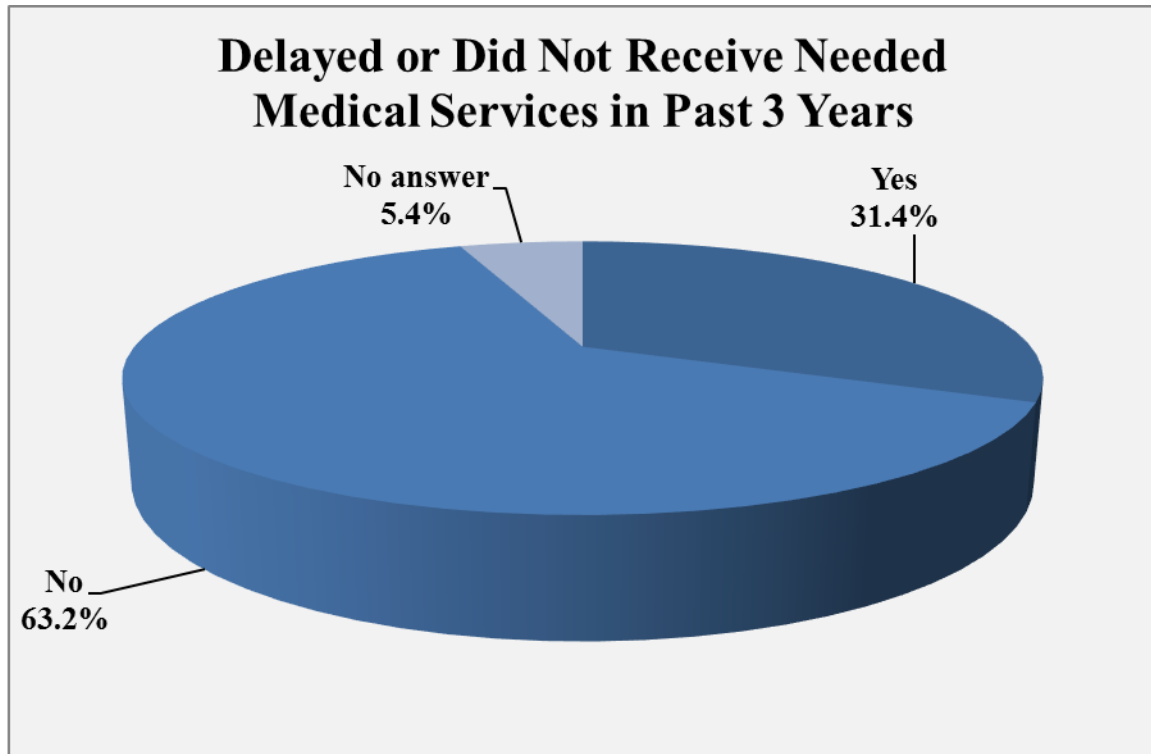
- VA [Veteran’s Affairs]
- Dental cleaning
- Cancer treatment and surgery
- Annual physical
- Eyes
- Dental (2)
- Blood tests

Survey Findings – Use of Healthcare Services

Needed/Delayed Hospital Care During the Past Three Years (Question 11)

N= 204

Thirty-one percent of respondents (n=64) reported that they or a member of their household thought they needed healthcare services but did not get it or had to delay getting it. Sixty-three percent of respondents (n=129) felt they were able to get the healthcare services they needed without delay and eleven respondents chose not to answer this question.



Reasons for NOT Being Able to Receive Services or Delay in Receiving Healthcare Services (Question 12)

N= 64

For those who indicated they were unable to receive or had to delay services (n=64), the reasons most cited were: “It costs too much” (65.6%, n=42), “No insurance” (31.3%, n=20), and “My insurance didn’t cover it” (25%, n=16). Respondents were asked to indicate their top three choices, thus percentages do not total 100%.

Reason	Count	Percent
It costs too much	42	65.6%
No insurance	20	31.3%
My insurance didn’t cover it	16	25.0%
Could not get an appointment	11	17.2%
Too long to wait for an appointment	9	14.1%
Could not get off work	8	12.5%
Office wasn’t open when I could go	8	12.5%
Not treated with respect	7	10.9%
Don’t like doctors	6	9.4%
It was too far to go	6	9.4%
Unsure if services were available	4	6.3%
Didn’t know where to go	3	4.7%
Too nervous or afraid	3	4.7%
Transportation problems	3	4.7%
Had no one to care for the children	2	3.1%
Language barrier	0	0
Other	6	9.4%

“Other” comments:

- Did not get the problem taken care of by doctor
- Services unavailable
- Reporting policy issue
- I live alone
- Untrusted doctors at CHC [Community Health Center]
- Primary care doctor was no longer taking new patients
- I left a message with my healthcare provider’s nurse – she did not get back to me

Desired Local Healthcare Services (Question 13)

N= 204

Respondents were asked to indicate which healthcare professionals or services presently not available would they use if available locally. Respondents indicated the most interest in having “Dermatology” services available at 32.4% (n=66) followed by “Senior well checks” at 16.7% (n=34), then “Chemotherapy” at 12.3% (n=25). Respondents were asked to select all that apply so percentages do not equal 100%.

Service	Count	Percent
Dermatology	66	32.4%
Senior well checks	34	16.7%
Chemotherapy	25	12.3%
VA services	23	11.3%
Psychiatry	18	8.8%
Telemedicine	12	5.9%
Other	21	10.3%

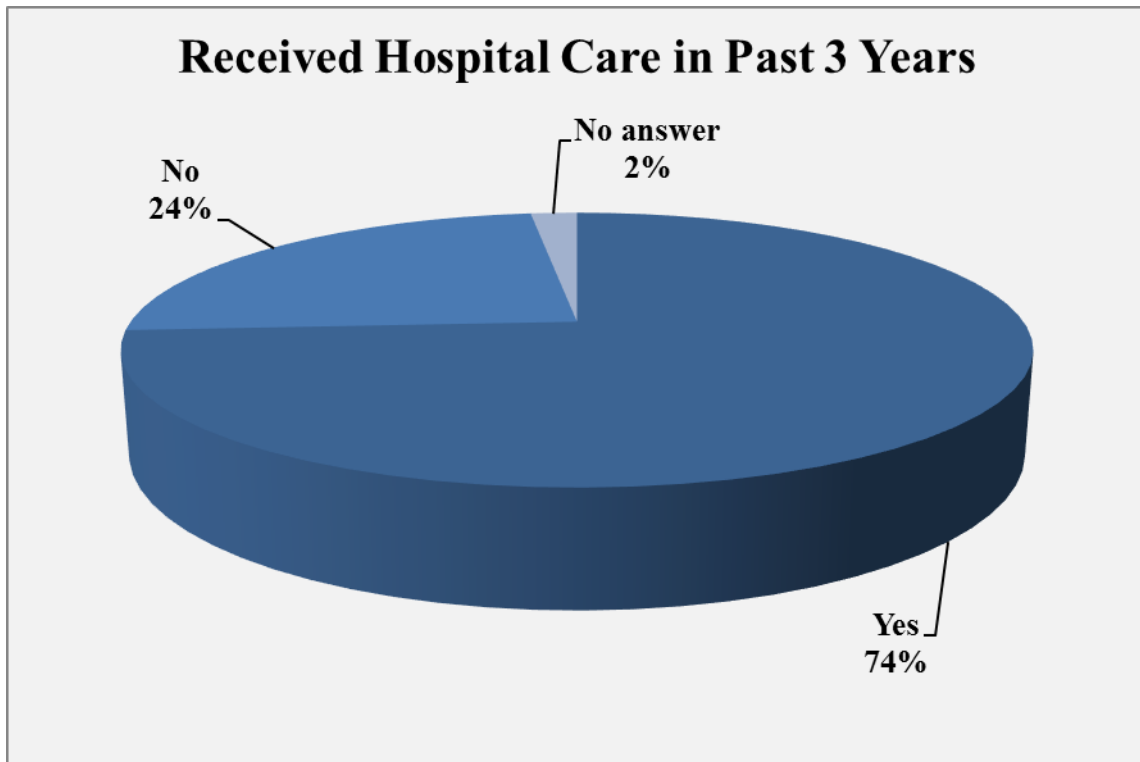
“Other” comments:

- Acupuncture (4)
- Yoga
- Assisted suicide
- Alpine/hiking/skiing class
- Better choice of vision care
- Alternative medicine
- Surgery
- Hearing
- Pain management
- Orthopedics and gastrointestinal (GI)
- Protime [Prothrombin time]
- Dental
- Eye
- Naturopathy (2)

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

N= 204

Seventy-four percent of respondents (n=151) reported that they or a member of their family had received hospital care during the previous three years. Twenty-four percent (n=49) had not received hospital services and four respondents chose not to answer this question.



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

N= 135

Of the 151 respondents who indicated receiving hospital care in the previous three years, 84.4% (n=114) reported receiving care at Barrett Hospital in Dillon. Four percent of respondents (n=5) went to Bozeman Deaconess in Bozeman and 3% of respondents (n=4) utilized services from Community Medical Center in Missoula. Sixteen of the 151 respondents who reported they had been to a hospital in the past three years did not indicate which hospital they had utilized.

Hospital	Count	Percent
Barrett Hospital (Dillon)	114	84.4%
Bozeman Deaconess (Bozeman)	5	3.7%
Community Medical Center (Missoula)	4	3.0%
St. James (Butte)	3	2.2%
St. Patrick (Missoula)	3	2.2%
Billings Clinic (Billings)	2	1.5%
Ruby Valley (Sheridan)	0	0
Other	4	3.0%
TOTAL	135	100%

“Other” comments:

- Eastern Idaho Regional Medical Center in Idaho Falls, ID
- Hospitalized out of state
- Helena
- Huntsman [Cancer Institute] in Salt Lake City, UT
- Methodist hospital in Texas
- Rexburg, ID

Reasons for Selecting the Hospital Used (Question 16)

N= 151

Of the 151 respondents who had a personal or family experience at a hospital within the past three years, the primary reason given for selecting the facility used most often was “Closest to home” at 78.8% (n=119). “Referred by physician” was selected by 43.7% of the respondents (n=66) and 41.1% (n=62) selected “Prior experience with hospital.” Note that respondents were asked to select the top three answers which influenced their choices; therefore the percentages do not equal 100%.

Reason	Count	Percent
Closest to home	119	78.8%
Referred by physician	66	43.7%
Prior experience with hospital	62	41.1%
Emergency, no choice	58	38.4%
Hospital’s reputation for quality	44	29.1%
Closest to work	11	7.3%
Cost of care	9	6.0%
Recommended by family or friends	9	6.0%
Required by insurance plan	7	4.6%
VA/Military requirement	5	3.3%
Other	6	4.0%

“Other” comments:

- Unable to travel
- Cancer specialist
- Financial aid was available

Cross Tabulation of Hospital and Residence

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

LOCATION OF MOST UTILIZED HOSPITAL BY RESIDENCE

	Barrett Hospital (Dillon)	St. James (Butte)	Bozeman Deaconess (Bozeman)	St. Patrick (Missoula)	Community Medical Center (Missoula)	Billings Clinic (Billings)	Other	Total
Dillon 59725	97 (82.9%)	3 (2.6%)	4 (3.4%)	3 (2.6%)	4 (3.4%)	2 (1.7%)	4 (3.4%)	117
Jackson 59736	2 (100%)							2
Lima 59739	3 (100%)							3
Wisdom 59761	1 (100%)							1
Glen 59732	3 (100%)							3
Other	2 (66.7%)		1 (33.3%)					3
TOTAL	108 (83.7%)	3 (2.3%)	5 (3.9%)	3 (2.3%)	4 (3.1%)	2 (1.6%)	4 (3.1%)	129 (100%)

Cross Tabulation of Hospital and Reason Selected

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

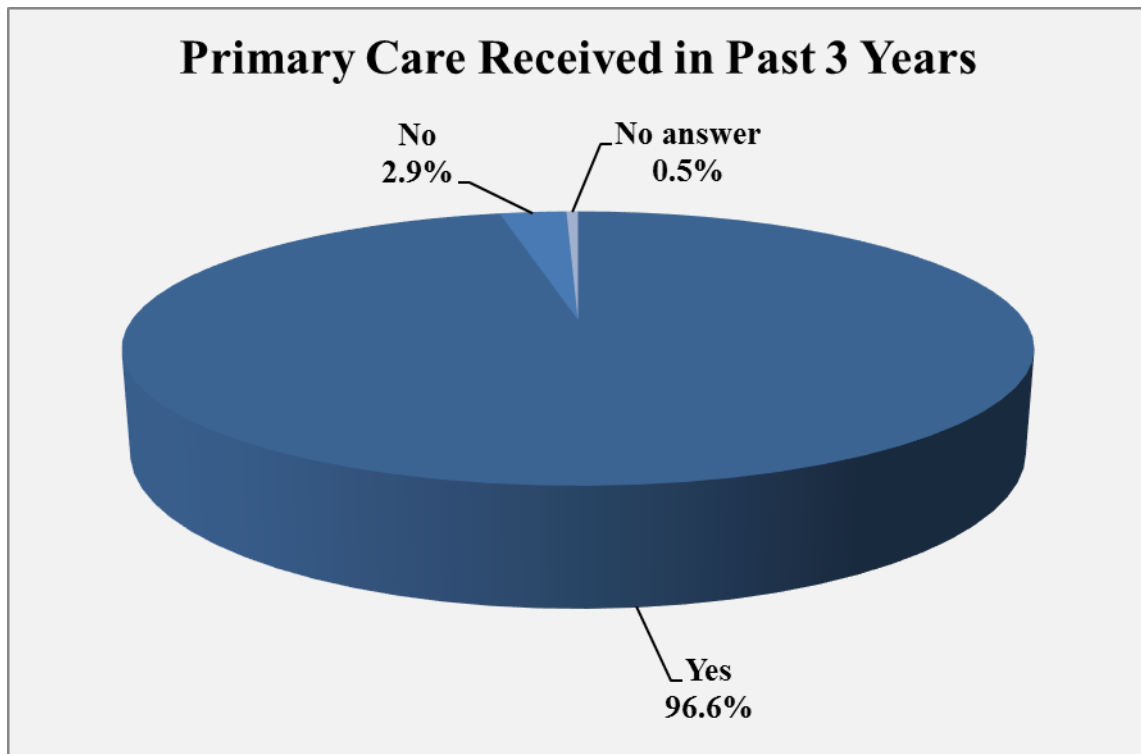
LOCATION OF MOST UTILIZED HOSPITAL BY REASONS HOSPITAL SELECTED

	Barrett Hospital (Dillon)	St. James (Butte)	Bozeman Deaconess (Bozeman)	St. Patrick (Missoula)	Community Medical Center (Missoula)	Billings Clinic (Billings)	Other	Total
Cost of care	1 (12.5%)		3 (37.5%)	1 (12.5%)	1 (12.5%)		2 (25%)	8
Closest to home	105 (97.2%)			1 (0.9%)		1 (0.9%)	1 (0.9%)	108
Closest to work	10 (90.9%)					1 (9.1%)		11
Emergency, no choice	43 (91.5%)	1 (2.1%)	1 (2.1%)			1 (2.1%)	1 (2.1%)	47
Hospital's reputation for quality	27 (69.2%)	1 (2.6%)	3 (7.7%)	1 (2.6%)	3 (7.7%)	1 (2.6%)	3 (7.7%)	39
Prior experience with hospital	48 (85.7%)	2 (3.6%)	1 (1.8%)	1 (1.8%)	2 (3.6%)		2 (3.6%)	56
Recommended by family or friends	6 (75%)			1 (12.5%)	1 (12.5%)			8
Referred by physician	44 (78.6%)	2 (3.6%)	3 (5.4%)	1 (1.8%)	3 (5.4%)	1 (1.8%)	2 (3.6%)	56
Required by insurance plan	4 (66.7%)	2 (33.3%)						6
VA/Military requirement	2 (66.7%)						1 (33.3%)	3
Other	4 (66.7%)			1 (16.7%)	1 (16.7%)			6

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

N= 204

Ninety-seven percent of respondents (n=197) 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 healthcare services in the past three years. Three percent of respondents (n=6) had not seen a primary care provider and one respondent chose not to answer this question.



Location of Primary Care Provider (Question 18)

N= 187

Of the 197 respondents who indicated receiving primary care services in the previous three years, 90.9% (n=170) reported receiving care in Dillon. Three percent of respondents (n=5) went to Butte and 6.4% of respondents (n=12) indicated utilizing primary care services in “Other” locations. Additionally, ten of the 197 respondents who reported they had utilized primary care services in the past three years did not indicate where they received those services.

Location	Count	Percent
Dillon	170	90.9%
Butte	5	2.7%
Other	12	6.4%
TOTAL	187	100%

“Other” comments:

- VA in Helena
- Ennis
- Billings
- Kalispell
- Bozeman
- Dr. Kelli Kristensen only, who’s gone now
- Idaho Falls, ID

Reasons for Selection of Primary Care Provider (Question 19)

N= 197

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” (50.8%, n=100) was the most frequently cited factor in primary care provider selection followed by “Prior experience with clinic” (45.2%, n=89) and “Appointment availability” 27.4% (n=54). Respondents were asked to select all that apply so the percentages do not equal 100%.

Reason	Count	Percent
Closest to home	100	50.8%
Prior experience with clinic	89	45.2%
Appointment availability	54	27.4%
Recommended by family or friends	48	24.4%
Clinic’s reputation for quality	42	21.3%
Referred by physician or other provider	26	13.2%
Cost of care	20	10.2%
Length of waiting room time	13	6.6%
Required by insurance plan	6	3.0%
VA/Military requirement	3	1.5%
Migrant Health Services	1	0.5%
Indian Health Services	0	0
Other	26	13.2%

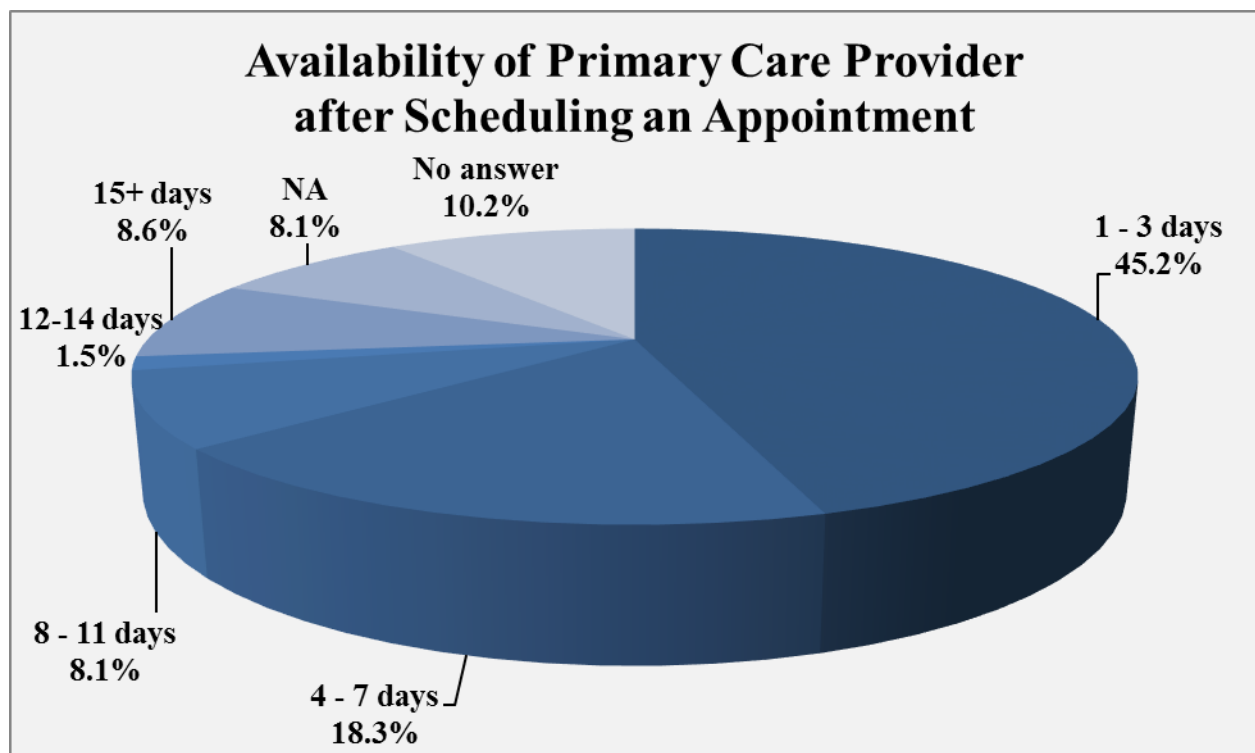
“Other” comments:

- Prior experience with physician (2)
- The doctor I have is amazing and I trust her with my life. I would follow her anywhere
- Have seen my doctor for many years – another doctor recommended her to me
- I don’t have a primary care provider. She left Dillon.
- Unable to travel
- Alternative/naturopathic care
- Support the community
- Her experience
- Also respect and appreciate Dr. Hansen’s expertise
- I have been seeing him for 30 years
- Other doctors are not taking patients
- She is the best doctor
- MD’s reputation for quality
- The doctor is competent and the clinic is not
- Ennis
- My scheduled provider
- Best physician available – Dr. Judy Wilson
- I used my doctor for 30 years (2)

Availability of Primary Care Provider (Question 20)

N= 197

Of those who indicated they or someone in their household had been seen by a primary care provider within the past three years, respondents were asked to indicate how long it takes, on average, to see their primary care provider after calling for an appointment. Forty-five percent of respondents (n=89), saw their provider within 1-3 days. Eighteen percent (n=36) were able to see their provider within 4-7 days. Nearly nine percent (n=17) of respondents waited fifteen days or more to see their provider. Twenty respondents did not indicate a wait time.



Cross Tabulation of Primary Care and Residence

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

LOCATION OF PRIMARY CARE PROVIDER MOST UTILIZED BY RESIDENCE

	Dillon	Butte	Other	Total
Dillon 59725	149 (93.1%)	4 (2.5%)	7 (4.4%)	160
Twin Bridges 59754			1 (100%)	1
Jackson 59736	2 (100%)			2
Lima 59739	4 (100%)			4
Wisdom 59761	3 (100%)			3
Glen 59732	3 (100%)			3
Wise River 59762	1 (50%)		1 (50%)	2
Other	4 (57.1%)	1 (14.3%)	2 (28.6%)	7
TOTAL	166 (91.2%)	5 (2.7%)	11 (6%)	182

Cross Tabulation of Clinic and Reason Selected

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

LOCATION OF PRIMARY CARE PROVIDER BY REASONS CLINIC SELECTED

	Dillon	Butte	Other	Total
Appointment availability	50 (94.3%)	1 (1.9%)	2 (3.8%)	53
Clinic's reputation for quality	39 (92.9%)	2 (4.8%)	1 (2.4%)	42
Closest to home	91 (93.8%)	1 (1%)	5 (5.2%)	97
Cost of care	19 (95%)		1 (5%)	20
Length of waiting room time	13 (100%)			13
Prior experience with clinic	79 (89.8%)	3 (3.4%)	6 (6.8%)	88
Recommended by family or friends	40 (87%)	2 (4.3%)	4 (8.7%)	46
Referred by physician or other provider	22 (91.7%)	1 (4.2%)	1 (4.2%)	24
Required by insurance plan	6 (100%)			6
VA/Military requirement			1 (100%)	1
Migrant Health services	1 (100%)			1
Indian Health Services				0
Other	21 (80.8%)	3 (11.5%)	2 (7.7%)	26

Use of Healthcare Specialists during the Past Three Years (Question 21)

N= 204

Seventy-two percent of respondents (n=146) indicated they or a household member had seen a healthcare specialist during the past three years. Twenty-three percent (n=47) indicated they had not seen a specialist and eleven respondents chose not to answer this question.



Location of Healthcare Specialist (Question 22)

N= 146

Of the 146 respondents who indicated they saw a healthcare specialist in the past three years, 47.3% (n=69) saw one in Dillon. Butte was utilized by 38.4% (n=56) of respondents for specialty care and Missoula was reported by 37% (n=54). Respondents could select more than one location; therefore percentages do not equal 100%.

Location	Count	Percent
Dillon	69	47.3%
Butte	56	38.4%
Missoula	54	37.0%
Bozeman	48	32.9%
Helena	9	6.2%
Billings	4	2.7%
Other	22	15.1%

“Other” comments:

- VA in Anaconda
- Grand Rapids, MI
- Spokane, WA
- Idaho Falls, ID (6)
- Salt Lake City, UT (3)
- Sheridan
- Anaconda (2)
- Texas
- Kalispell
- Mayo Clinic
- Denver, CO
- Robertson
- Great Falls
- Seattle, WA (2)
- Belgrade

Type of Healthcare Specialist Seen (Question 23)

N= 146

The respondents (n=146) saw a wide array of healthcare specialists in the past three years. The most frequently indicated specialist was a “Dentist” at 33.6% of respondents (n=49) having utilized their services. “Dermatologist” was the second most utilized specialist at 24.7% (n=36) and “Orthopedic surgeon” was third at 22.6% (n=33). Respondents were asked to choose all that apply so percentages do not equal 100%.

Health Care Specialist	Count	Percent
Dentist	49	33.6%
Dermatologist	36	24.7%
Orthopedic surgeon	33	22.6%
Cardiologist	27	18.5%
Ophthalmologist	23	15.8%
General surgeon	22	15.1%
Chiropractor	21	14.4%
ENT (ear/nose/throat)	20	13.7%
Radiologist	20	13.7%
Physical therapist	18	12.3%
Allergist	17	11.6%
OB/GYN	17	11.6%
Oncologist	16	11.0%
Urologist	16	11.0%
Gastroenterologist	12	8.2%
Mental health counselor	11	7.5%
Neurologist	11	7.5%
Endocrinologist	10	6.8%
Podiatrist	8	5.5%
Psychiatrist (M.D.)	6	4.1%
Pulmonologist	6	4.1%
Neurosurgeon	5	3.4%
Occupational therapist	5	3.4%
Pediatrician	5	3.4%
Rheumatologist	5	3.4%
Dietician	3	2.1%
Psychologist	3	2.1%
Speech therapist	3	2.1%
Social worker	1	0.7%
Geriatrician	0	0
Substance abuse counselor	0	0
Other	12	8.2%

Question 23 continued on next page...

Question 23 continued...

“Other” comments:

- Oxygen setup
- Colonoscopy
- Audiologist
- Cancer surgeon
- Midwife
- Ophthalmologist
- Pancreatic surgeon
- Proctologist
- Pediatric
- Infertility
- Sleep specialist
- Eye doctor
- Back specialist

Overall Quality of Care at Barrett Hospital & HealthCare (Question 24)

Respondents were asked to rate services and overall care provided at Barrett Hospital & HealthCare using the scale of 4=Excellent, 3=Good, 2=Fair, 1=Poor, and “Don’t know.” The sums of the average scores were then calculated with “General surgery,” “Home health/hospice,” and “Rehabilitation services” receiving top average scores of 3.5 out of 4.0. “Gynecologic services” received the lowest rating of 2.9 out of 4.0. The total average score was 3.4, indicating the overall services of the hospital to be “Excellent” to “Good.”

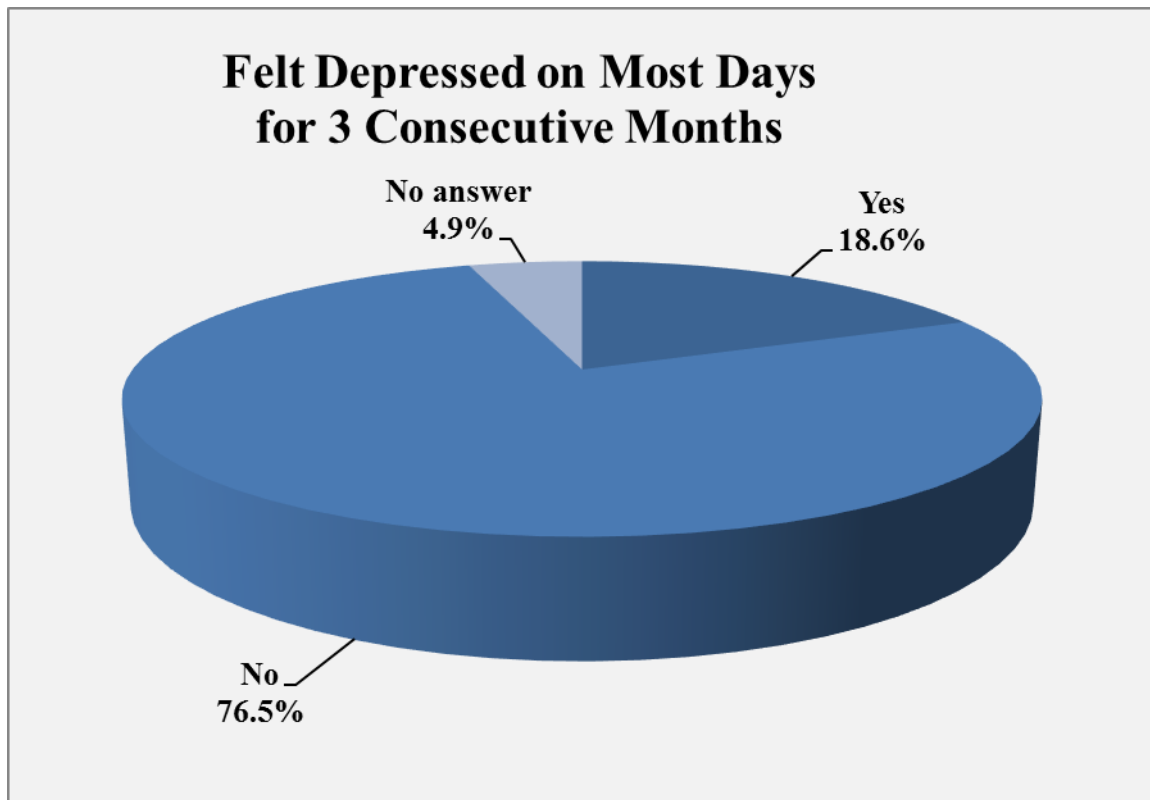
	Excellent (4)	Good (3)	Fair (2)	Poor (1)	Don't Know	Haven't Used	No Ans.	N	Avg.
General surgery	54	29	3	3	17	79	19	204	3.5
Home health/hospice	28	8	1	4	27	104	32	204	3.5
Rehabilitation services	34	22	6	0	23	87	32	204	3.5
Emergency room	76	45	10	4	10	47	12	204	3.4
Laboratory Services	85	61	11	5	9	19	14	204	3.4
Orthopedics	33	13	3	4	24	95	32	204	3.4
Physician clinics/ office visit	82	60	7	4	8	20	23	204	3.4
Radiology services	64	40	7	3	21	44	25	204	3.4
Inpatient services/ hospital stay	45	32	6	7	12	77	25	204	3.3
Specialty clinics/ infusions	11	5	1	3	34	114	36	204	3.2
Hospital birth services/Obstetrics	10	11	1	3	27	111	41	204	3.1
Gynecologic services	17	18	6	7	29	92	35	204	2.9
TOTAL	539	344	62	47					3.4

Survey Findings – Personal Health

Prevalence of Depression (Question 25)

N= 204

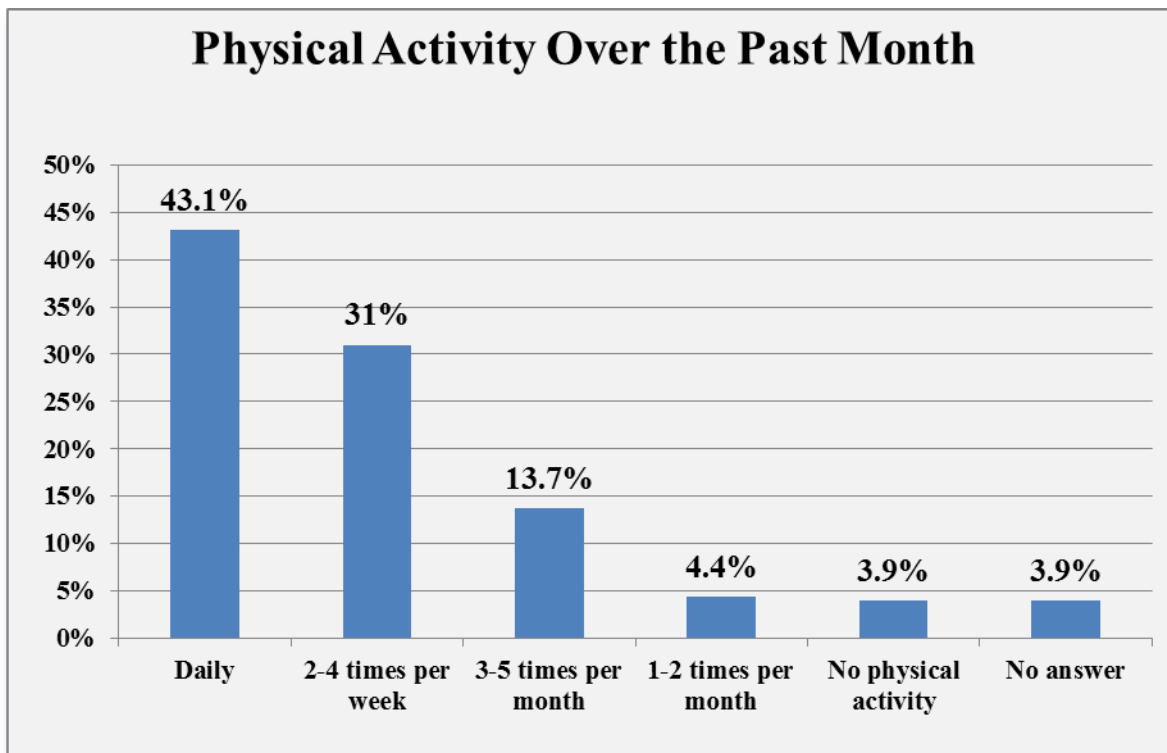
Respondents were asked to indicate if there were periods of at least three consecutive months in the past three years where they felt depressed on most days, although they may have felt okay sometimes. Nineteen percent of respondents (n=38) indicated they had experienced periods of feeling depressed and 76.5% of respondents (n=156) indicated they had not. Five percent of respondents (n=10) chose not to answer this question.



Physical Activity (Question 26)

N= 204

Respondents were asked to indicate how frequently they had physical activity for at least twenty minutes over the past month. Forty-three percent of respondents (n=88) indicated they had physical activity of at least twenty minutes “Daily” over the past month and 31% (n=63) indicated they had physical activity “2-4 times per week.” Four percent of respondents (n=8) indicated they had “No physical activity” and eight respondents chose not to answer this question.

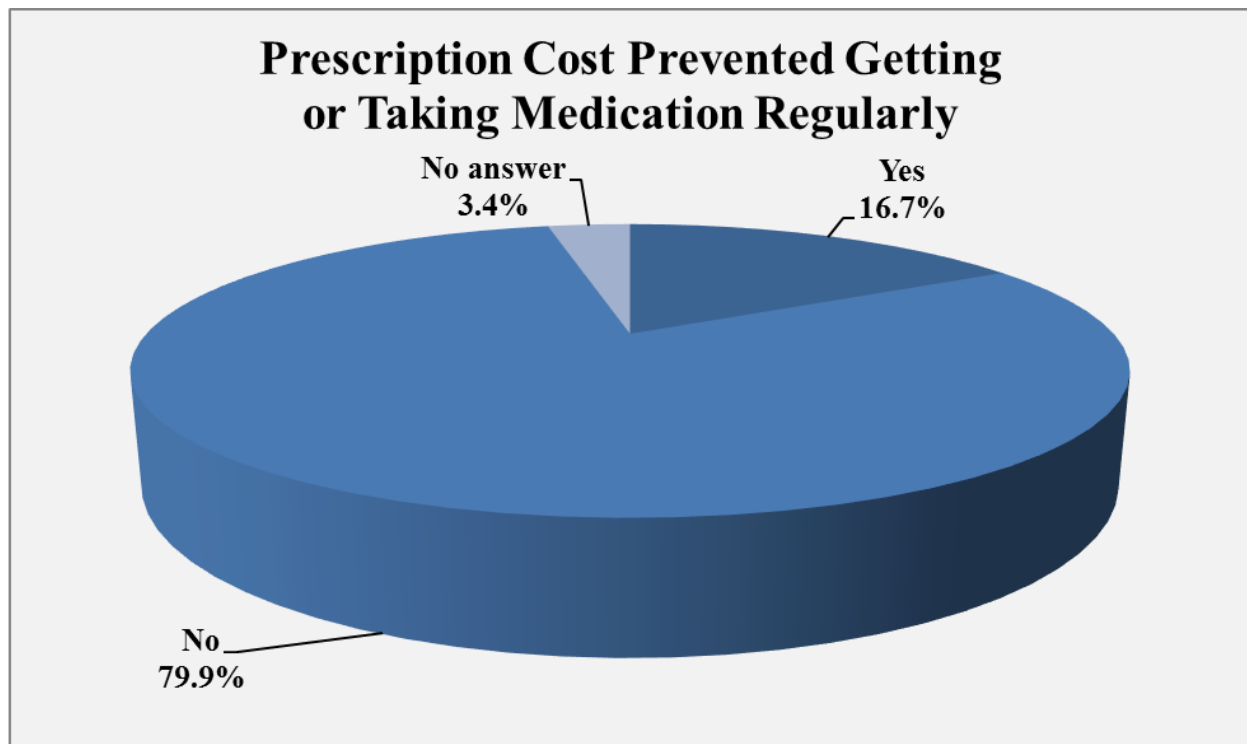


Survey Findings – Cost and Health Insurance

Cost and Prescription Medications (Question 27)

N= 204

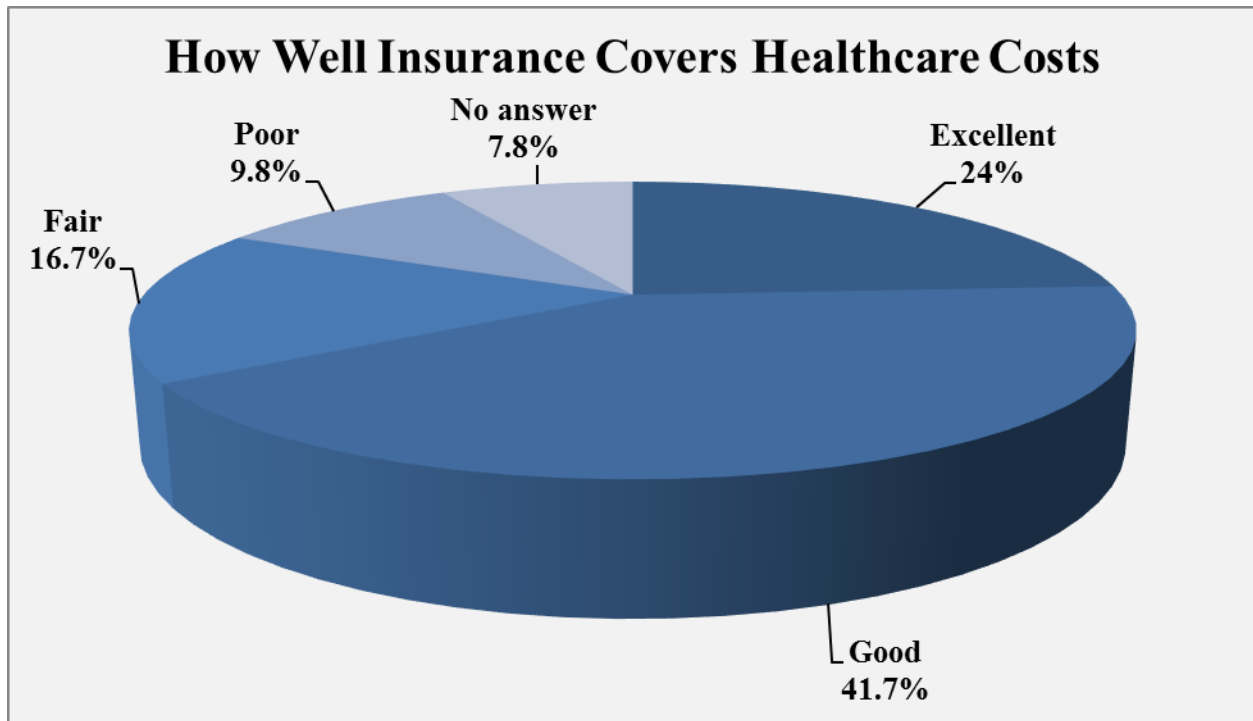
Respondents were asked to indicate if, during the last year, medication costs had prohibited them from getting a prescription or taking their medication regularly. Seventeen percent of respondents (n=34) indicated that, in the last year, cost had prohibited them from getting a prescription or taking their medication regularly. Eighty percent of respondents (n=163) indicated that cost had not prohibited them, and three percent of respondents (n=7) chose not to answer this question.



Insurance and Healthcare Costs (Question 28)

N= 204

Respondents were asked to indicate how well they felt their health insurance covers their healthcare costs. Forty-two percent of respondents (n=85) indicated they felt their insurance covers a “Good” amount of their healthcare costs. Twenty-four percent of respondents (n=49) indicated they felt their insurance is “Excellent” and 16.7% of respondents (n=34) indicated they felt their insurance coverage was “Fair.”



Medical Insurance (Question 29)

N= 168

Respondents were asked to indicate what type of medical insurance covers the majority of their medical expenses. Forty percent (n=67) indicated they have “Employer sponsored” coverage. Twenty-nine percent (n=48) indicated they have “Medicare” and “Private insurance/private plan” was indicated by 12.5% of respondents (n=21). Thirty-six respondents chose not to answer this question.

Insurance Type	Count	Percent
Employer sponsored	67	39.9%
Medicare	48	28.6%
Private insurance/private plan	21	12.5%
None/Pay out of pocket	14	8.3%
State/Other	6	3.6%
Medicaid	5	3.0%
Health Savings Account	3	1.8%
Healthy MT Kids	2	1.1%
VA/Military	1	0.6%
Agricultural Corp. Paid	0	0
Indian Health	0	0
Other	1	0.6%
TOTAL	168	100%

“Other” comments:

- BCBS [Blue Cross Blue Shield] (2)

Barriers to Having Health Insurance (Question 30)

N= 14

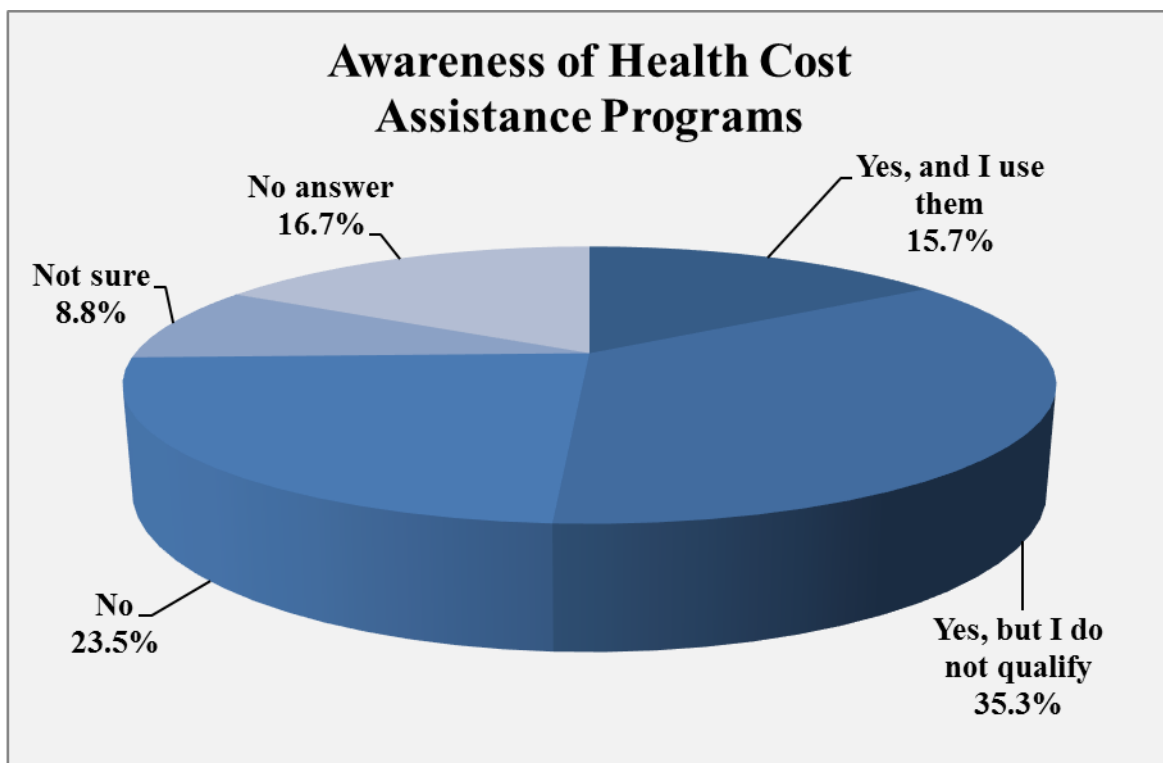
Those respondents who indicated they did not have medical insurance were asked to indicate why they did not. Of those without insurance, one hundred percent (n=14) reported they did not have health insurance because they could not afford to pay for it and 42.9% (n=6) indicated “Employer does not offer insurance.” Respondents were asked to select all answers that applied, thus the percentages do not equal 100%.

Reason	Count	Percent
Cannot afford to pay for medical insurance	14	100.0%
Employer does not offer insurance	6	42.9%
Cannot get medical insurance due to medical issues	1	7.1%
Choose not to have medical insurance	0	0
Other	0	0

Awareness of Health Payment Programs (Question 31)

N= 204

Respondents were asked to indicate their awareness of programs that help people pay for healthcare bills. Thirty-five percent of respondents (n=72) indicated they were aware of these types of programs, but did not qualify to utilize them. Twenty-four percent (n=48) indicated that they were not aware or did not know of these programs and 15.7% of respondents (n=32) indicated they were aware of and utilized health payment assistance programs. Thirty-four respondents chose not to answer this question.



VI. Focus Group Methodology

Four focus groups were held in Dillon, Montana in January 2014. Focus group participants were identified as people living in Barrett Hospital & HealthCare's service area.

Twenty-one people participated in the four focus group interviews. The focus groups were designed to represent various consumer groups of healthcare including senior citizens and local community members. Focus groups were held at State Bank in Dillon. Each group meeting lasted up to 60 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 Angela Bangs with the Montana Office of Rural Health.

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

VII. Focus Group Findings

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

Improve health of the community:

- Dillon is a relatively healthy place to live
- Prevent the spread of illness by staying home when you are sick
- Be more aware of crime and drugs
- Expand opportunities for exercise in the community
- Provide more food programs for children

Most important local healthcare issues:

- Keeping people safe and healthy
- Cancer
- Smoking and tobacco use
- Job- and recreation-related accidents

Opinion of hospital services:

- Quality of care at Barrett Hospital & HealthCare is great
- Generally, the number of services meets the needs of the community but participants mentioned a need for additional weekend services; participants feel fortunate to have the services they have
- Hospital staff are wonderful and do a good job
- Some participants were unaware of the members and role of the hospital board
- The business office staff does a great job but billing and insurance is confusing; participants suggested that itemized bills become the standard
- Impressed with the new facility
- Participants would like more information about the financial standing of the hospital
- Most participants found healthcare costs to be high everywhere; some noted that Barrett Hospital's costs are comparative to other hospitals while others find costs to be lower out-of-town
- Office and clinic staff were viewed well
- Participants noted they are able to get in for appointments quickly but may not be able to see their specific provider

Opinion of local providers:

- Participants prefer to use local providers for convenience, to minimize travel, to save money, and because local providers listen to their patients

Opinion of local services:

- Participants noted that ER doctors and nurses are really good
- The ambulance service is effective; participants are aware the ambulance may take longer since it is completely volunteer
- Senior citizens are well cared for in Dillon; participants were aware that home health is also available
- Participants who have experience with the health department are pleased with their programs
- Many participants mentioned that the community health center is available to low-income individuals and families and spoke highly of the services provided
- Participants noted the nursing home could use improvement but they are very pleased with the assisted living options available in Dillon
- Participants have had good experiences with the four pharmacies in town and noted they do a great job

Reasons to leave the community for healthcare:

- If you don't like a certain provider; specialty services not offered; less expensive services offered elsewhere; for cancer treatments such as chemotherapy

Needed healthcare services in the community:

- An additional orthopedic surgeon and an additional general surgeon
- Specialists: Dermatologist, Gynecologist, Neurologist and Neurosurgeon, Cardiologist, Psychiatrist
- Chemotherapy
- Weekend walk-in clinic and availability of MRI and CAT scans on the weekends

VIII. Summary

Two hundred four surveys were completed in Barrett Hospital & HealthCare's service area for a 26% response rate. Of the 204 returned, 59.3% of the respondents were females, 64.7% were 56 years of age or older, and 39.7% work full time.

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

Overall, respondents (47.5%) feel the Dillon area is a "somewhat healthy" place to live. Respondents indicated their top three health concerns were: alcohol abuse/substance abuse (54.4%), cancer (45.1%), and overweight/obesity (29.9%).

When respondents were asked which health related educational programs or classes they would be most interested in, the top choices were: first aid/CPR (29.4%), fitness (28.4%), and health and wellness (26%).

Overall, the respondents within Barrett Hospital & HealthCare's service area are seeking hospital care at a rate that is typically seen in rural areas. Area residents recognize the major impact the healthcare sector has on the economic well-being of the area, with 77.1% of respondents identifying local healthcare services as "very important" to the economic well-being of the area.

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

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

Appendix A – Steering Committee Members

Steering Committee – Name and Organization Affiliation

1. Ben Power – BHH Quality Services
2. Carol Kennedy – BHH Chief Clinical Officer
3. Christina Power – Community member
4. Don Peterson – Community member
5. Gabrielle Thoreson – BHH Patient Financial Services
6. Jessi Alberi – Community member
7. Joan Grogan – Community member
8. Lesli Cottom – BHH Diagnostic Imaging
9. Maria Koslosky – BHH Quality Services
10. Marie Smith – BHH Patient Financial Services
11. Mary Bearden – Community member
12. Sarah Moreni – BHH Nursing
13. Victoria Tomaryn – BHH Quality Services

Appendix B – Public Health and Populations Consultation

Public Health and Populations Consultation Worksheet

1. Public Health

- a. Name/Organization
Sue Hansen – Director, Beaverhead County Public Health
- b. Date of Consultation
Interview: March 10, 2014
- c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
Interview
- d. Input and Recommendations from Consultation
 - Increasing walking and biking trails to increase physical activity would make our community a healthier place to live.
 - Ensure that people have access to immunizations.
 - Mental health is a priority – there is a lack of mental health [support].
 - Chronic illness such as diabetes, heart disease, and obesity are some of the most important local healthcare issues.
 - Mental health/crisis intervention services are needed in the community.

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

Population: Youth

- a. Name/Organization
Christina Power – Stay-at-home-mother and Artist
Marie Smith – Mother and Barrett Hospital employee
- b. Date of Consultation
First Steering Committee Meeting: November 13, 2013
- c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
Steering Committee
- d. Input and Recommendations from Consultation
 - Immunizations are very low in Beaverhead County. I feel some people think they can't afford the Well Baby Checkups or there is just a lack of awareness.
 - Young families tend to utilize the Emergency Room the most.

Population: Seniors

a. Name/Organization

Joan Grogan – Community member

Mary Bearden – Community member, retired

b. Date of Consultation

First Steering Committee Meeting: November 13, 2013

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

Steering Committee

d. Input and Recommendations from Consultation

- Offering specialized local services is helpful to people to not have to travel for services they need on a regular basis (e.g. chemotherapy).

Appendix C – Survey Cover Letter



December 9, 2013

Dear Resident:

**Participate in our Community Health Needs Assessment survey and
have a chance to WIN one of four \$25 gas cards!**

This letter and survey concern the future of healthcare in Dillon and the surrounding area. By completing the enclosed survey, you will help guide Barrett Hospital & HealthCare in developing comprehensive and affordable healthcare services to our area residents. Your help will be critical in determining the community's perception of local healthcare services and identifying important issues.

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

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

Barrett Hospital & HealthCare is participating in the Frontier Medicine Better Health Partnership (FMBHP), which was formed to address the unique healthcare challenges in frontier/rural communities in Montana in order to develop solutions which can be applied nationwide. The Montana Office of Rural Health will be assisting us in completing this survey process. The purpose of the survey is to obtain information from a wide range of area residents to assist your community in meeting present and future healthcare needs.

Once you complete your survey, simply **return it AND one of the raffle tickets in the enclosed self-addressed, postage paid envelope postmarked by January 27, 2014.**
Keep the other raffle ticket in a safe place.

The winning raffle ticket numbers will be announced in the local papers, on KBEV 98.3 FM, and www.barrethospital.org on **January 29, 2014.**

Your response is very important to Barrett Hospital & HealthCare because your comments will represent others in the area and will help guide us in planning responsive and high quality local healthcare services for the future. Even if you do not use healthcare services through Barrett Hospital & HealthCare, your input is still helpful and will benefit our community. We know your time is valuable so we have made every effort to keep the survey brief – it should take less than 15 minutes to complete. Your help is much appreciated in responding to this survey and we are offering you this chance to win one of four \$25 gas cards as a thank you for completing the enclosed survey.

All survey responses will go to the National Rural Health Resource Center in Duluth, Minnesota, the organization that is assisting with this project. If you have any questions about the survey, please call the Montana Office of Rural Health at 406-994-6972.

Thank you for your assistance. We appreciate your effort.

Sincerely,

A handwritten signature in black ink, appearing to read "Ken Westman".

Ken Westman, CEO
Barrett Hospital & HealthCare

Appendix D – Survey Instrument

Community Health Needs Assessment Survey Dillon, 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 406-994-6972. Participation is voluntary. You can choose to not answer any question that you do not want to answer, and you can stop at any time.*

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

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

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

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

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

- | | |
|---|--|
| <input type="radio"/> Access to healthcare and other services | <input type="radio"/> Low level of domestic violence |
| <input type="radio"/> Affordable housing | <input type="radio"/> Parks and recreation |
| <input type="radio"/> Arts and cultural events | <input type="radio"/> Religious or spiritual values |
| <input type="radio"/> Clean environment | <input type="radio"/> Strong family life |
| <input type="radio"/> Community involvement | <input type="radio"/> Tolerance for diversity |
| <input type="radio"/> Good jobs and a healthy economy | <input type="radio"/> Access to fresh produce |
| <input type="radio"/> Good schools | <input type="radio"/> Promotion of local business/services |
| <input type="radio"/> Healthy behaviors and lifestyles | <input type="radio"/> Walking/biking paths |
| <input type="radio"/> Low crime/safe neighborhoods | <input type="radio"/> Other _____ |
| <input type="radio"/> Low death and disease rates | |

4. How do you rate your knowledge of the health services that are available at Barrett Hospital and HealthCare?

- ☐ Excellent ☐ Good ☐ Fair ☐ Poor

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

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

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

- | | | |
|---|--|--|
| <input type="radio"/> Dentist | <input type="radio"/> Public health | <input type="radio"/> Optometrist (Eye doctor) |
| <input type="radio"/> Audiologist (Hearing) | <input type="radio"/> Senior Center | <input type="radio"/> Other _____ |
| <input type="radio"/> Mental health | <input type="radio"/> Family/marriage counseling | |
| <input type="radio"/> Pharmacy | <input type="radio"/> Naturopath/Chiropractor | |

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

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

8. If any of the following classes/programs were made available to the Dillon community, which would you be most interested in attending? **(Select all that apply)**

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

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

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

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

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

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

☐ Yes ☐ No (If no, skip to question #13)

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

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

13. What additional healthcare services would you use if available locally? (Select **all** that apply)

- | | | |
|------------------------------------|--|-----------------------------------|
| <input type="radio"/> Chemotherapy | <input type="radio"/> Senior well checks | <input type="radio"/> Other _____ |
| <input type="radio"/> Dermatology | <input type="radio"/> Telemedicine | |
| <input type="radio"/> Psychiatry | <input type="radio"/> VA services | |

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

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

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

- | | |
|---|--|
| <input type="radio"/> Barrett Hospital (Dillon) | <input type="radio"/> Ruby Valley (Sheridan) |
| <input type="radio"/> Billing Clinic (Billings) | <input type="radio"/> St. James (Butte) |
| <input type="radio"/> Bozeman Deaconess (Bozeman) | <input type="radio"/> St. Patrick (Missoula) |
| <input type="radio"/> Community Medical Center (Missoula) | <input type="radio"/> Other _____ |

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

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

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

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

18. Where was that primary healthcare provider located? (Please select ONLY one)

- ☐ Dillon ☐ Butte ☐ Other _____

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

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

20. On average, how long does it take to see your primary care provider after you call for an appointment?

- | | | |
|--------------------------------|----------------------------------|--------------------------------------|
| <input type="radio"/> 1-3 days | <input type="radio"/> 8-11 days | <input type="radio"/> 15+ days |
| <input type="radio"/> 4-7 days | <input type="radio"/> 12-14 days | <input type="radio"/> Not applicable |

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

- ☐ Yes ☐ No (If no, skip to question #24)

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

- | | | | |
|--------------------------------|------------------------------|--------------------------------|-----------------------------------|
| <input type="radio"/> Billings | <input type="radio"/> Butte | <input type="radio"/> Helena | <input type="radio"/> Other _____ |
| <input type="radio"/> Bozeman | <input type="radio"/> Dillon | <input type="radio"/> Missoula | |

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

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

24. The following services are available at Barrett Hospital and HealthCare. Please rate the overall quality for each service. **(Please mark N/A if you haven't used the service)**

Excellent = 4 Good = 3 Fair = 2 Poor = 1 Haven't Used = N/A Don't Know = DK

Emergency room	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> N/A	<input type="radio"/> DK
General surgery	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> N/A	<input type="radio"/> DK
Gynecologic services	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> N/A	<input type="radio"/> DK
Home health/hospice	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> N/A	<input type="radio"/> DK
Hospital birth services/Obstetrics	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> N/A	<input type="radio"/> DK
Inpatient services/hospital stay	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> N/A	<input type="radio"/> DK
Laboratory Services	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> N/A	<input type="radio"/> DK
Orthopedics	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> N/A	<input type="radio"/> DK
Physician clinics/office visit	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> N/A	<input type="radio"/> DK
Radiology services	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> N/A	<input type="radio"/> DK
Rehabilitation services	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> N/A	<input type="radio"/> DK
Specialty clinics/infusions	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> N/A	<input type="radio"/> DK

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

☐ Excellent ☐ Good ☐ Fair ☐ Poor

29. What type of medical insurance covers the **majority** of your household's medical expenses? **(Please select ONLY one)**

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

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 healthcare expenses?

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

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

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

- ☐ 59725-Dillon ☐ 59743-Melrose ☐ 59732-Glen
☐ 59754-Twin Bridges ☐ 59739-Lima ☐ 59762-Wise River
☐ 59736-Jackson ☐ 59761-Wisdom ☐ Other _____

33. What is your gender? ☐ Male ☐ Female

34. What age range represents you?

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

35. What is your employment status?

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

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

- Hospital indifference
- Lack of affordable healthcare
- Getting run over in a crosswalk
- Affordable healthcare
- Unhealthy eating habits
- Fraudulent disabilities
- ObamaCare

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

- Affordable counseling services
- Drugs
- Affordable healthcare
- No ObamaCare

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

- The care that I have always had
- Visiting hospital
- Doctor

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

- PT [Physical Therapy] (3)
- Dr. Downer
- Massage (2)
- Sleep disorder doctor
- Dermatologist
- Dillon Medical Clinic is more affordable
- Dr. Weed

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

- More mental health service providers
- Lower costs (3)
- Processing time
- Epidurals
- Affordable healthcare (2)
- No ObamaCare
- I've had excellent care in many facets – great doctors
- Less greed
- Doctors that stay in Dillon for longer than five years
- Affordable health insurance

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

- Yoga classes (2)
- Joint health
- Child abuse specialist
- Literature – rather than long drive

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

- VA [Veteran's Affairs]
- Dental cleaning
- Cancer treatment and surgery
- Annual physical
- Eyes
- Dental (2)
- Blood tests

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

- Did not get the problem taken care of by doctor
- Services unavailable
- Reporting policy issue
- I live alone
- Untrusted doctors at CHC [Community Health Center]
- Primary care doctor was no longer taking new patients
- I left a message with my healthcare provider's nurse – she did not get back to me

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

- Acupuncture (4)
- Yoga
- Assisted suicide
- Alpine/hiking/skiing class
- Better choice of vision care
- Alternative medicine
- Surgery
- Hearing
- Pain management
- Orthopedics and gastrointestinal (GI)
- Protime [Prothrombin time]
- Dental
- Eye
- Naturopathy (2)

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

- Eastern Idaho Regional Medical Center in Idaho Falls, ID
- Hospitalized out of state
- Helena
- Huntsman [Cancer Institute] in Salt Lake City, UT
- Methodist hospital in Texas
- Rexburg, ID

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

- Unable to travel
- Cancer specialist
- Financial aid was available

18. Where was that primary healthcare provider located?

- VA in Helena
- Ennis
- Billings
- Kalispell
- Bozeman
- Dr. Kelli Kristensen only, who's gone now
- Idaho Falls, ID

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

- Prior experience with physician (2)
- The doctor I have is amazing and I trust her with my life. I would follow her anywhere
- Have seen my doctor for many years – another doctor recommended her to me
- I don't have a primary care provider. She left Dillon.
- Unable to travel
- Alternative/naturopathic care
- Support the community
- Her experience
- Also respect and appreciate Dr. Hansen's expertise
- I have been seeing him for 30 years
- Other doctors are not taking patients
- She is the best doctor
- MD's reputation for quality
- The doctor is competent and the clinic is not
- Ennis
- My scheduled provider
- Best physician available – Dr. Judy Wilson
- I used my doctor for 30 years (2)

22. Where was the healthcare specialist seen?

- VA in Anaconda
- Grand Rapids, MI
- Spokane, WA
- Idaho Falls, ID (6)
- Salt Lake City, UT (3)
- Sheridan
- Anaconda (2)
- Texas
- Kalispell
- Mayo Clinic
- Denver, CO
- Robertson
- Great Falls
- Seattle, WA (2)
- Belgrade

23. What type of healthcare specialist was seen?

- Oxygen setup
- Colonoscopy
- Audiologist
- Cancer surgeon
- Midwife
- Ophthalmologist
- Pancreatic surgeon
- Proctologist
- Pediatric
- Infertility
- Sleep specialist
- Eye doctor
- Back specialist

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

- BCBS [Blue Cross Blue Shield] (2)

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

- 59801 [Missoula]

35. What is your employment status?

- Stay-at-home-mom
- Disabled

Additional Comments:

- I would have liked to have seen the monies use on this new hospital used on a more “user friendly hospital” that was better-designed, better staffed, and the money gone towards the needs of the hospital. Instead, the monies were wasted on the “looks” of the hospital. It is beautiful but not what Montana needs. Are all of the rooms equipped with CO [carbon monoxide] detectors? I spent a few nights and days in one of the rooms for new mothers and babies (locked door wing). During the nights especially, I would often smell a propane smell. Could it possibly be a propane leak and the danger of Carbon Monoxide?

Appendix F – Focus Group Questions

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

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

Appendix G – Focus Group Notes

Focus Group #1

Friday, January 31, 2014 – 11:30am-12:30pm – Barrett Hospital & HealthCare – Dillon, MT

1 participant (0 male, 1 female)

1. What would make this community a healthier place to live?
 - In this town, it's a very small community. People get sick and go out in public and just spread their illness. Even going to the grocery store, you catch germs. My daughter catches things at school. When my family is sick, we stay home. I wish everyone else would just stay home when they're sick. It's never-ending in a small community like this.
2. What do you think are the most important local healthcare issues?
 - Keeping people safe and keeping people healthy.
3. What do you think of the hospital in terms of:
Quality of Care
 - The hospital does a great job trying to meet standards and expectation of patients and their families. I just wish that some of the nurses or doctors would actually read a chart and understand each patient's mobility. I know someone with a broken hip that has Alzheimer's and is diabetic. She has been hospitalized a few times and there will be nurses that will ask her to walk to the bathroom. She can't remember that she can't walk because of her Alzheimer's. How hard is it to read a chart? Put something on the board that says "immobile" or something to help remind the nurses of her immobility. Take a few extra minutes to meet the needs of their patients.

Number of Services

- They do a really good job trying to keep everything localized and not sending you to Bozeman, Billings, or Butte to receive other services. We are a small community so we don't expect to have everything in the hospital that is available at Bozeman, Missoula, or even Salt Lake City for example. You may have to do a little travelling but it's not that far. The hospital does a good job making sure they have what they need to handle the size of our community.

Hospital Staff

- They [hospital staff] do a really good job. Even if you go to the ER, it's fast. Especially compared to bigger cities where you wait forever. You could wait for hours and hours. Unless there's a major accident or huge emergency, you're usually in and out in a couple hours.

Hospital Board and Leadership

- I don't really pay attention.

Business Office

- They do a good job and they're not too pushy when it comes to receiving your bill or if you can't pay at that time.

Condition of Facility and Equipment

- The facility is well-laid out. There is a lot more space. The old hospital wasn't as private as the new facility. Now they have patient rooms upstairs and not on the main floor. Patients can walk the floors without running into the whole world. The equipment they use is great. I haven't had any malfunctions or problems with the equipment. They always have whatever is needed, available. Everything you need is on one floor.

Financial Health of the Hospital

- They receive many grants. I've read a few stories of the hospital getting grants from various sources. They get help from the feds and other donors. I think the hospital is doing a great job to make sure they use that money to add more positions at the hospital or get more equipment since technology changes so rapidly.

Cost

- Just like any other hospital. I don't see that the cost here is any different than any other hospital like Seattle, Salt Lake City, or other hospitals in Montana. I always look over my bills and they are always the average cost. The costs are reasonable in my opinion.

Office/Clinic Staff

- Sometimes I wonder what they [front desk staff] do. You have your volunteers sitting there so they send you to one of the cubicles to get registered and then they direct you to where you need to go. But on the other side there is a desk and they just sit there. I wonder what they do compared to what the volunteers do. Part of me thinks they [Barrett Hospital & HealthCare] have more staff than they need but if the works needs to get done, it needs to get done.

Availability

- Everyone can be in and out within a reasonable time depending on the procedure. I don't have to wait for appointments.

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

- Yes, because it is convenient. I haven't had any problems with the providers here. The primary care doctors are in a separate building so you may have to wait awhile at a doctors' office but it's because they are with other patients. I understand waiting there rather than waiting at the ER. The providers here are wonderful and very personable. They know you even if they haven't seen you in a year.

5. What do you think about these local services:

Emergency Room

- The ER staff and the doctors that work the ER are really good. I know a family that prefers one ER doctor over the other one. They will call to see which doctor is on-call. I haven't had any problems with any of the ER services they provide or even being able to ask questions. For example, if my daughter slams her finger in a car door, I can call and ask their opinion and they'll be honest and give me advice. The ER does a great job.

Ambulance Service

- I haven't personally used the ambulance service. But from what I understand, if there is an emergency, they are effective. They're on the spot; there's no delay and no waiting. I can't say anything negative about the ambulance service.

Healthcare Services for Senior Citizens

- Around town, they make sure the seniors are well-cared for. There's the senior bus that takes seniors all through town for errands. I've seen it around town. Overall, the town and hospital does a really good job for seniors.

Public/County Health Department

- I've been in there [the public health department]; I haven't had any issues with them but haven't really used them either.

Healthcare Services for Low-Income Individuals/Families

- They have the community health center right behind the doctors' offices. As far as I'm concerned, they do a really good job. I have some friends that do use it. If a low-income family can't do something at the clinic, the hospital does a great job working with them and they only have to pay a percentage of their co-pay and direct a lot of it to Medicaid.

Nursing Home/Assisted Living Facility

- The nursing home could use some work. A lot of work. Some older patients need more surveillance and to be watched constantly. I had a friend who worked at the nursing home. She said she was working and a CNA was chatting with her. The call light went off and the CNA didn't answer the call light for five minutes. Some patients only take a minute; they need to be watched carefully. The nursing home needs to work on that, that wouldn't be good if a patient were to fall, for example. There needs to be something done. They need to answer those call buttons. Check it just in case, it could be something serious...could be life and death.

Pharmacy

- They [the pharmacy] do a really good job and make sure that everyone gets the correct medications at the specific times each day. And they keep record of what they take. I have had no problems. They do a great job.

6. Why might people leave the community for healthcare?
 - Maybe not liking a doctor. Five or six years ago, my husband was in the ER. I didn't care for a certain nurse but I didn't let that discourage me from using the hospital. But some of the staff at the hospital can come across as kind of moody. That could deter people to use healthcare elsewhere. Some people go to Butte. So I guess the attitudes of some of the doctors or nurses could deter people to go to other hospitals for care.
7. What other healthcare services are needed in the community?
 - We have the university, hospital, and Barrett Minerals, the three big companies in town. But I don't think there is anything else needed for the hospital. People can drive one hour to Butte to get other services they may need. Bozeman is only two hours away. In say, Seattle, it may take you longer depending on traffic. In Montana, we don't have that traffic so people can go that extra hour or two hours for extra services they may need. It doesn't bother us. I don't think anything else is needed here. Not enough people would use other new services. Larger populations would have more people in need of specific services. But here, if you only have one person to use that service, you're wasting money and staff time.

Focus Group #2

Friday, January 31, 2014 – 1:00pm-2:00pm – Barrett Hospital & HealthCare – Dillon, MT
6 participants (2 male, 4 female)

1. What would make this community a healthier place to live?
 - I think we're pretty healthy.
 - We mostly have sunshine and never have smog.
 - More intensity watching for drugs and stuff that's coming. There was just a story about arresting a bunch of people in Dickinson for drugs and prostitution.
 - I know it's [crime] out there but I don't think it's an extreme problem here.
 - That's why I like living in Dillon. Montana is much better than other states.
2. What do you think are the most important local healthcare issues?
 - Cancer is one of them.
 - We seem to have a lot of cancer, more than other places.
 - I think it's [rates of cancer] bad all over.
 - You used to die of old age but now you die of cancer. There are so many people that have had it.
 - Being older as we are, we're a lot more aware of it [cancer].
3. What do you think of the hospital in terms of:
 - Quality of Care
 - I think it's [quality of care] great.
 - I do too.
 - It's [quality of care] been very good. I know someone who's been to the ER so many times and they take care of everyone very well.
 - Number of Services
 - I think they offer more than enough services for our size of community.
 - On the weekends they don't.
 - They don't have CAT scan or MRI on the weekends.
 - We just saw the new helicopter they got which only takes half an hour from Butte to Dillon and back.
 - Chemotherapy is needed. I understand that [chemo] is coming soon. The doctor has to come from Bozeman so it's selective. She comes once a week I think.
 - My daughter had a ruptured appendix and the very first day they had an anesthesiologist was when she was in need of surgery. I thought that was pretty good!
 - We need another general surgeon and another orthopedic surgeon. We have to ship too many people away.
 - My daughter lives in Helena but has always used her doctor in Dillon. Her doctor said, "You should find a doctor in Helena if you live there." But she doesn't like any of the doctors she's tried there so she keeps coming back to Dillon.

Hospital Staff

- Best hospital staff in the state.
- I've spent a lot of time with patients and the nurses and doctors are all tremendous. They are just super. If I had to have anything done or be in the hospital I would not go out of town unless it absolutely had to be done elsewhere.
- Nurses will help escort you to and from your car; they've been wonderful.

Hospital Board and Leadership

- Don't know much [about the hospital board].
- What is the job of the hospital board?
 - The board is responsible for all the care that is delivered at the hospital.
 - New buildings; they don't all necessarily agree that a million dollar fireplace is needed in the lobby. They could've used that money for the MRI instead of having it in the trailer outside.
 - They hire the administrator. That task is a challenge sometimes.
 - They make all the decisions, good or bad.

Business Office

- I've never had any problem [with the business office].
 - Me either.
 - I guess I've only been an outpatient but I've never had problems.

Condition of Facility and Equipment

- Very good!
- Excellent!
- It should be excellent; it's new. Deer Lodge's new hospital looks almost the same as our hospital.

Financial Health of the Hospital

- I don't know; I haven't heard anything.
- The first year of having the new hospital came out in the black.
 - That's surprising after having the rainbow people here.
 - The financial health of the hospital is public knowledge. We have the best CFO [Chief Financial Officer] in the world! He knows where every penny is.

Cost

- With my insurance [Medicare], I can't tell.
- They do charge a lot but there are some places that charge a lot more.

Office/Clinic Staff

- They're [office staff] great.
- They've [office staff] been very good.

Availability

- You have to wait quite a while to make appointments.
 - It depends on the seriousness of the problem.
 - If you have to get in right away, you can get in that day.
 - You may not see the doctor you want today. You may have to see someone else. They cover for each other but one way or another, someone will see you.
4. Are any of the local providers your personal provider or personal provider to your family members? Why?
- Yes.
 - I don't have any problems. But a week ago I had a colonoscopy and that was the first time I had to use the hospital.
 - I'd go to this hospital before going to Butte. I have not had good experiences with doctors in Butte. We have very good doctors here in Dillon.
 - You can talk your doctors into sending you somewhere else. Dr. Loge sent me to Salt Lake City for cancer. The next time I had it [cancer] I asked to go to a hospital in Montana. So then they sent me to Missoula.

5. What do you think about these local services:

Emergency Room

- It's good.
- We had a little problem at the emergency room. If the emergency doctors can't get a hold of your regular doctor, then I was sent to Salt Lake City and I shouldn't have had to go. If they would've talked to my doctor, I wouldn't have had to go all the way to Salt Lake. They ought to confer with your doctor before sending you somewhere else. They don't know my history like my doctor does.
- If you get Dr. Greg Moore then you are on top of the game.
- Several times I had been to the emergency room and my son wanted to talk to his doctor and they wouldn't let him. The other doctor had misread the CAT scan.

Ambulance Service

- I've used the ambulance three times and it's been great.
- The only problem is that it [ambulance service] is volunteer so it takes a while for them to respond.
 - Most of the time they [ambulance service] don't take very long. But I have heard stories of heart attacks where they've taken awhile.
 - I had to be taken on life flight and it was fast.
 - If the patient says he's having a heart attack the ambulance responds faster than in other emergencies.
 - You think they're quicker on that stuff?
 - It seems that way.

Healthcare Services for Senior Citizens

- There are some good places.
- Better than you can get other places.

- They have two or three services for seniors. Then there's home health and the rest home.
- There are six places where the elderly can stay. Some is assisted living. There's Renaissance, Bicentennial Apartments, and Legacy too.

Public/County Health Department

- I think they're [the health department] good.
 - I agree.
 - The clinic is good.
 - I've only ever used the health department for flu shots. The Lion's Club does sight screenings for schools and the public health nurses go also to perform flu shots in all those rural schools. That's a very good program. Often, the dentist will go and do tooth screenings too.
 - The public health nurse goes over so many things with those young kids. They go over everything of what they should do and other health topics. That is excellent.
 - The outlying area really benefits from them [the health department].

Healthcare Services for Low-Income Individuals/Families

- That would be the community health center.
- They [the community health center] service people well. They have good doctors.
- Where are they [community health center] located?
- They [the community health center] see a lot of people. I think they're having problems now that they lost a doctor in Sheridan so one might be going there to work.

Nursing Home/Assisted Living Facility

- I'm not going there [nursing home].
- If I'm going to any nursing home I better go to Sheridan or Butte. I will not go here.
- The care is not that great at the nursing home. It's a big corporation and all they care about is the bottom dollar and don't worry about how they take care of patients.
- The assisted living places in town are good though.
 - I've heard good things about them [assisted living].
 - Everything is clean and looks nice.
 - I had heard from people who have had family members in there [assisted living] and they were happy about it.

Pharmacy

- They [pharmacies] are fine.
- I've never had any issues with them [pharmacies].
- They [pharmacies] work well.
- Everyone goes to one pharmacy or the other. Either the hospital or Safeway.

6. Why might people leave the community for healthcare?

- We are a critical access hospital. We don't do brain surgery. We pack them up and send them elsewhere. But we pack them really well!
- Head injuries.

- If the service isn't available here.
 - That's the only reason.
 - It would have to be something very serious.
 - People think bigger is better and it isn't.
7. What other healthcare services are needed in the community?
- We need an additional orthopedic surgeon. The one we have now is very good but the need is high.
 - We need another general surgeon too.
 - They are excellent at what they do but they can't be on-call 24/7.
 - Some people didn't use to think we had a good hospital and then it has saved their lives and changed their minds.
 - We have way more doctors now.
 - We have a lot more people that live here now.
 - Dillon has grown.
 - Dermatologists.
 - Psychiatrists.
 - We had mental health services but no psychiatrists.
 - We really need to have a psychiatrist.
 - Mental health is a big issue everywhere.
 - That depends on how you define mental health.
 - There are people that aren't crazy but they have mental illness so they need to be taken care of.
 - Gynecologist.
 - We would love to have a neurologist and neurosurgeon. We see that Anaconda has all these people and we don't have those services. Butte has run out certain doctors that went to Anaconda.
 - Weekend services at the hospital would be nice. Like MRI's and CAT scans aren't available for the weekend. They could try to call people in.
 - Only emergency doctors are on-call for the weekends.

Focus Group #3

Friday, January 31, 2014 – 2:30pm-3:30pm – Barrett Hospital & HealthCare – Dillon, MT
7 participants (3 male, 4 female)

1. What would make this community a healthier place to live?
 - I don't think there's any place healthier than around here.
2. What do you think are the most important local healthcare issues?
 - I have a friend who is a doctor in Salt Lake City and he always said smoking was the biggest issue around here. He got the most business from Beaverhead and Madison counties because of the smoking. I think there's less smoking than there used to be. He said he has treated a lot of people from this area.
 - Being from a rural community, I think accidents occur a lot. Job-related accidents. There's a need for a good emergency room.
 - I think there is a good ER here. You can depend on a surgeon being there. In Sheridan they send you to Butte anyway so Dillon is better off.
 - Most people the ambulance brings in can be treated to some extent in Dillon but then they have to be sent somewhere else. Let's try to treat them here instead.
 - If patients don't need surgery right away they can wait.
 - The surgical department here is lacking. We have a huge facility with a surgeon who doesn't like to work a whole lot. Everybody we bring to the hospital ends up getting life flighted. Then you have family travelling to Salt Lake City or Missoula.
 - It has to be stipulated whether it's a trauma or a trauma standby. A patient may have more procedures done but the hospital shouldn't be able to charge them extra then life flight them on top of that. It's a hardship for the community.
3. What do you think of the hospital in terms of:
 - Quality of Care
 - I think the care is great here. My friend just went through knee surgery here and said it was great.
 - We will never have a doctor on duty for each specialty in Dillon. We can wish for it but it won't be supported such as a heart surgeon. When you get to specialties you need the population to support it. That won't ever happen in Dillon unless it really grew. The quality of care is great as it is.
 - Number of Services
 - We want more services to keep people here.
 - I don't even know what services are available.
 - They [Barrett Hospital & HealthCare] seem to bring in specialists.
 - They have a foot doctor that comes every two weeks.
 - Hospital Staff
 - The support staff is really good. The nurses and techs are great. We need another general surgeon here though.

- I haven't personally been in this hospital but my husband was a couple years ago. They were wonderful. The PT [Physical Therapy] department is great and Dr. Loge is great!
- The rooms are large; you could put five people in them.
 - You are charged for a semi-private room when you get your bill.
 - Are the rooms bigger for epidemics so they can put many beds in one room for quarantines, etc.?

Hospital Board and Leadership

- I think the board needs to be more diverse. They seem to be people with quite a lot of money and status so there are groups that don't get represented real well. Perhaps other people don't have the knowledge to do what they're doing.
- I know most of them [board members].
- Some of the hands-on staff have a lot of problems with the upper echelon. I think the board needs to listen to those who have been there the longest and know how things work. Some staff members are afraid for their jobs if they say something.

Business Office

- The business office needs improvement. My mom has been dealing with them because of a big bill. They say they'll call right back and they don't. If they do call back, a different person calls who doesn't know the situation and what's going on. There are some issues there.
- If you can pay a certain amount before surgery then you get a discount. I think they need to change some of their ways they deal with stuff. It's not all about money.
- They overcharged me so I got a refund, but why can't they wait until they know what the charge is before demanding money?
- My husband has had lots of surgeries. In Bozeman, you get one bill with everything on it. Here in Dillon you get tons of bills and they all say something different. You can't tell what you owe.

Condition of Facility and Equipment

- Beautiful.
- State of the art.
- I love the beds because you can move the patients easily.

Financial Health of the Hospital

- I have no idea. I don't know the hospital's end of it. Do they disclose that?
 - Yes, it's available.

Cost

- I had a bad gallbladder problem and now some of the problems have been solved. At first it was going to cost \$14,000 more here than in Missoula. They have reduced that cost a little since then. Hospitals can do a lot of surgeries and this hospital has the capability of doing ten surgeries a day and they only utilize it for maybe five surgeries a week. It is so expensive and they don't have the volume to distribute the cost. It's a pain in the neck; I had to go to Missoula for surgery even though I would've liked to

have it done in Dillon because you have to get people to drive you to Missoula and back, back and forth. I think they're [Barrett Hospital & HealthCare] getting the cost thing under control.

- I talked to a friend who delivered three kids and each kid doubled in price even though there were no differences in their deliveries. How much more could it cost than last time?
- People are working on the surgical stuff. We really need a general surgeon especially with St. James up the road. Dillon could be a great place to come for those who don't want to utilize Butte.
 - Is the increasing cost because of the new hospital?
 - Yes because they were taking the cost of the ER that should've been divided by ten surgeries a day and dividing it instead by five surgeries per week.
 - My dad was in a swing bed in Dillon for a week and it cost more here for his swing bed than his surgery cost in Missoula.
 - I would spend \$1,000 more to have it here instead of Missoula. I would've spent that much in travel and time off work anyway.
 - Cost of healthcare is ridiculous. My doctor wanted to run \$6,000 worth of tests for no reason. My doctor and I knew what had to be done but the doctors didn't know one another; it was a big miscommunication.
- My husband had a horse wreck and it was over \$12,000. Every pill you get is \$6. He would get these pills from the hospital and I don't know what I'm paying for. I get charged different amounts for the same things.
- I was in the hospital for five and a half days and was charged \$44,000 just for the room service. The bills aren't itemized.
- I don't understand how they can charge people so much. I have been in the ER with my husband twice and it was \$4,000 dollars for two hours and we never even saw a doctor. We saw a PA [physician assistant] and some nurses. I don't understand the charging here. Charges are never the same. There's no consistency.
- I knew someone who had an IV every morning and every night for weeks. He never got charged the same amount for the same service even though it was the exact same every day.
- I've heard stories of insurance companies going back to the hospital and asking for itemized bills and getting the hospital in trouble for double billing.
- They need to send an itemized bill every time they bill. You shouldn't have to request it.
- It's not just the hospital that does it. If you go in without insurance the costs were different than if you have insurance. They [hospitals] charge more if you have insurance.

Office/Clinic Staff

- They [office staff] seem to be good.
- I haven't had any trouble.

Availability

- I think it depends on who you're trying to get in to see.
- Dr. Downey and Dr. Wilson take a long time because they are in high demand.
- If you're an established patient its better but if you don't have a regular doctor they send you to whoever is on-call or available.
- Dr. McIntyre is getting way overworked.

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

- I do use local providers.
- My husband uses local providers.
- So you don't have to travel.
- Dillon's hospital is closer to me versus Sheridan. I choose not to go to Sheridan, Dillon is a little cheaper. We definitely don't like going to Butte.
- We know everyone up here and they're all friendly.

5. What do you think about these local services:

Emergency Room

- I've been to the emergency room a couple times and haven't had to wait. Dr. Moore was my doctor and I thought he was pretty good. He's from Missoula.
- Dr. Clarke is very good also.

Ambulance Service

- We have the Madison County ambulance for over the hill and they're great.
- The ambulance here is very good. My family hasn't used it in a while but when we did need it, it was very good.
- Dillon's ambulance service is a political mess.
 - They may get paged four or five times before they respond. They'll respond to car wrecks promptly but not to older people who may have fallen and broken a hip. Dillon is a busy place and gets a lot of pages but they need to deal with it.
 - The little ambulance services are great though. It's tough for them with not having enough EMT's.
 - If they have a transport for life flight it takes three or four pages to get them to respond.

Healthcare Services for Senior Citizens

- Home health is good.
- I don't use healthcare.
- It's been two hospitals ago since I've been there.
- I know there've been issues as far as medicine dispensing with Medicare because if a patient is on medication they can't have their own at the hospital. But if the hospital is dispensing it to them Medicare won't pay for them so it's an astronomical cost. It's billed differently since it's a regular prescription.
- This [Dillon] is a very good location for a geriatric population.

Public/County Health Department

- I don't know.
- I think they [health department] do a good job.
- I've had to get immunizations before and it seems fine.
- We have a county nurse and who else? I don't even know.
 - I think the health department is in conjunction with the community health center.

Healthcare Services for Low-Income Individuals/Families

- I think they [services for low-income] are pretty good.
- I use them [community health center] every once in a while because they're cheap.
- My daughter goes to the community health clinic just to see a doctor since she doesn't have a regular doctor.
- They [community health center] took care of the rainbow people that were here. It cost our hospital two hundred-some thousand dollars. One in every twenty of those people had some insurance.

Nursing Home/Assisted Living Facility

- I think there are a couple really good assisted living places in Dillon.
- I had an uncle in one [assisted living] that was very good. That was five or six years ago. They were accommodating, clean, and had good food.
- There's a waiting list for the Legacy assisted living.

Pharmacy

- We have a lot of choices.
- There's the hospital pharmacy and three others around town. So four pharmacies here.
- I've had good experience.
- I always want to know what I need to pay before I order it. Some pharmacies won't tell me but I'm going to shop around and see what it is worth. Shopko tells me what my prescriptions will cost so that's where I go.

6. Why might people leave the community for healthcare?

- Lack of specialists
 - I agree.
 - Not being able to get into a doctor because they don't have a regular family doctor.
 - That's not any better anywhere else.
- I've had to "fire" a few doctors for second opinions.

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

- Another surgeon. A general surgeon.
- You'd be silly to want a cardiologist or anything that specialized.
- Maybe another orthopedic surgeon since he is so busy.
 - People on horses and football injuries really requires orthopedics.
 - Horse accidents are prominent in this area.

Focus Group #4

Friday, January 31, 2014 – 4:00pm-5:00pm – Barrett Hospital & HealthCare – Dillon, MT
7 participants (4 male, 3 female)

1. What would make this community a healthier place to live?
 - I think the new health insurance law will be a big challenge for everybody.
 - I think Dillon is pretty healthy; at least from my perspective. I'm a lot older than some of these other people. As a senior citizen, we have a very good medical facility and doctors.
 - From a parent's perspective, more food programs and things for students would be helpful. I didn't realize how poor the community was until I moved back and my child started school. A big concern is how some kids may not have enough to eat.
 - There were people jogging around town the other day and I get the sense that Dillon is a pretty fit community especially compared to where I grew up. On nice days, people are out jogging. It's a fit community.
 - Anything to expand exercise opportunities is great.
 - "The Y" has been a big help with that.
 - "The Y" has an arthritic class and there were twenty-one people in that little pool from ages fifty to ninety-some. They could hardly move in there it was so full.
2. What do you think are the most important local healthcare issues?
 - We have a lot of cancer patients and they have to drive out of town for chemotherapy. If they could be treated locally it would be very beneficial. Some patients go to Bozeman, Butte, Salt Lake, or Missoula. My neighbor has to go to Butte once a week for treatment. If there is a way to facilitate those folks locally then that would help out a lot.
3. What do you think of the hospital in terms of:
 - Quality of Care
 - I think we're very fortunate to live in a small community and have the hospital and doctors we have.
 - I completely agree.
 - We just had a child in the new hospital and it was a fantastic experience. Our doctor was camping that weekend and we had a sub from Butte and it still went fantastic.

Number of Services

- I was glad to see a walk-in clinic will be opening up. Children tend to get sick on weekends and evenings so it's great to have a place to go other than the ER.

Hospital Staff

- I think we have well-rounded diversity with specialists in each of their areas. We have great sports medicine and just a lot of great talent.
- They [hospital staff] do refer you out if it's beyond their capabilities.
- We have a helicopter pad on the hospital side.
- Some staff are overworked.

Hospital Board and Leadership

- I don't know a lot about the hospital board.
- The board has added a few new members.
- It's important to get younger people involved in the hospital board.
- The hospital can get the cream of the crop from the community to serve on their board.
 - The hospital employs many people so a lot of people come from outside of the community too.

Business Office

- I've never had any problems with billing.
- Billing is tough and confusing and it could be better. You could say that about any insurance office. If you don't work with insurance every day it is hard to wrap your brain around it. It's hard to make processes streamline with the federal guidelines. Every hospital is like that.
- Sometimes it takes a year before you get a bill.
- Insurance makes it bureaucratic and it takes a long time.
- I had a shot today and they had to clear it with insurance to see if insurance would pay before I even got the shot.
- I've had to call in with questions on some bills. The office and the girl that I always deal with are really great. She has even caught mistakes and let me know when there's no way I could owe that much. She's great at understanding my point of view and being helpful. Some bills could be laid out so you know what you're paying for.

Condition of Facility and Equipment

- The entryway at the facility is a waste of space.
- There is not a warm feeling when you go into the hospital. I don't like it at all.
- They could've had a better physical therapy room for that size.

Financial Health of the Hospital

- I have no idea.
- Everything [financial standing] was advertised during the construction process. But since then there hasn't been an update of how the hospital is doing. Since construction has been completed, there has been nothing put out to show whether they had to increase rates. The community would like more information about it – like a yearly update.
- There is one billboard they [Barrett Hospital & HealthCare] alternate information.
- They [Barrett Hospital & HealthCare] send out a newsletter and could include it [financial health information] in there.
 - I'm not sure who is included on that mailing list though.

Cost

- Healthcare is too expensive.
- Everything is expensive.
- Pretty comparable, for some of my procedures I've gone to Butte for my insurance to cover it.
- One guy went to them for a CAT scan.

- [Dillon is] Not as expensive comparable as Bozeman. We went to Bozeman to have our third child. Working with the billing department was really frustrating.
- We could go on and on about the expenses of healthcare. There's not a lot we can do to make it better.

Office/Clinic Staff

- Great!
- Staff has always been great.
- I like their system with the volunteers in the front. The cubicles are comfortable. If you were going to the hospital for a private issue, the professionalism is very good.

Availability

- They get you in quickly.
- Availability has been excellent for me. You can go to the ER if you can't get to your provider. They always have a doctor on call.
- We've never had a problem [getting in for appointments].
- There has been a couple times where appointments were full that day but the ER and now the new walk-in clinic will help.
- Waiting time is good in comparison to other places where you wait two hours just to sign paperwork. And this is in emergency cases!
 - We're very lucky here.
- Just check-up appointments will be scheduled weeks out but if you need something right away they work you in really fast. Very reasonable.

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

- I utilize them.
- Convenience.
- We have fine staff here. Whether you need a hip replacement or gallbladder operation they are great.
- It would be inconvenient to go out of town just for ordinary services that aren't specialists.
- If they can't service you they refer you to other specialists.
- They know right where to send you.

5. What do you think about these local services:

Emergency Room

- Excellent!
- It's [the ER] been great.
- We've used it [the ER] a lot lately.
- The doctors are superior.
- They [ER] get you in right away and you don't have to wait hours.
- I went to the ER once and it was great; I didn't have to wait. I had to go in for a repetitive injury and it was quick, not miserable.

Ambulance Service

- Pretty good.
- It [ambulance service] is still volunteer. It's great. They have really great people. They're always recruiting new people for training.
- The response is pretty fast especially considering that it is a volunteer force and they're on call.
- It is the best they can do for being voluntary.
- Cops are good about taking people to the ER when needed too.

Healthcare Services for Senior Citizens

- Fine.
- My church has a large elderly population and they all like the staff and doctors at the hospital.

Public/County Health Department

- I think they [health department] encourage people to use the inoculations.
- I don't know what else they [public health] do.
- They [health department] mostly work with the schools.
 - Which is surprising, you don't see that in other communities
 - Other schools have their own nurses. The county nurse works on tobacco and stuff.
 - They've [public health] always been great, easy to work with; open and informative.
 - The way they keep records now is helpful. Ten years ago no one knew which shots you'd had and now the new system helps.

Healthcare Services for Low-Income Individuals/Families

- I don't think anyone is ever deprived or turned down for services.
- The community health center is great for that. They've had dental care and they use a sliding scale.
- The hospital and community health center don't turn people away.
- Last year the community health center had backpacks full of food for kids in need. There are many programs like "coats programs" for children who aren't well-off. Some families turn away help so the teachers will keep the coats at school for kids to use while they're there.
 - There is a sizeable population that is in need of these programs.
 - There are a lot of children that use the breakfast program at school.

Nursing Home/Assisted Living Facility

- I don't want to go there [nursing home].
- Dillon has several assisted living facilities.
- There are a lot of options for senior living.
- Dillon has finally met the demand for assisted living for the community. It [assisted living] is actually cheaper than the nursing home. There used to be a waiting list for assisted living, but the new facility has helped with that.
- It [assisted living] feels like home for family members.

- My grandparents were in the nursing home and it is not a pleasant environment.

Pharmacy

- We go to Safeway and they're always supplied and informative of what they have.
- It's not like what Mitchell Drug used to be.
- We have Safeway, Shopko, IGA, and the hospital. Four pharmacies in Dillon.

6. Why might people leave the community for healthcare?

- Specialists.
- Cheaper costs.
 - I'm expecting a baby and we looked into a couple locations and it is less expensive generally out of town for a "basic" package and definitely less expensive if you have a complication. I know most people go out of town for OB [obstetrics].
- People leave Dillon for chemotherapy.
 - I think they're [Barrett Hospital & HealthCare] working toward getting chemotherapy here.
 - A doctor from Bozeman will come on a regular basis to see patients who see her for chemotherapy treatment.
 - There is a lot of danger in administering chemotherapy too.
- The danger of driving in Montana could end in a car accident before you even get to your appointment.

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

- Chemotherapy.
- Anything with cardiology. I see a lot of need for cardiology with some of my older friends.
 - They [cardiology patients] are usually life flighted to Missoula. And they usually survive.
- A weekend walk-in clinic would be utilized. With kids that is very important. You don't want to make them suffer through the weekend but don't want to take them to the ER.
 - Underinsured or uninsured people utilize the ER.
 - If people have no other choice but to use the ER as a walk-in clinic, then that drives the cost up for everyone. If you have prompt or urgent care you could avoid the ER.

Appendix H – Secondary Data County Profile

Beaverhead County
Secondary Data Analysis
July 23, 2012



Office of Rural Health
Area Health
Education Center

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

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

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

*Chronic Lower Respiratory Disease

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

Chronic Disease Burden ¹	Region 4	Montana	Nation ^{3,4}
Stroke prevalence	1.9%	2.5%	2.6%
Diabetes prevalence	5.1%	6.2%	8.3%
Acute Myocardial Infarction prevalence (Heart Attack)	3.4%	4.1%	6.0%
All Sites Cancer	416.6	455.5	543.2

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

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

⁴American Diabetes Association (2012)

Region 4 (Southwest) – Lewis and Clark, Granite, Powell, Deer Lodge, Jefferson, Broadwater, Meagher, Silver Bow, Gallatin, Park, Madison, and Beaverhead

Chronic Disease Hospitalization Rates	County	Montana
Stroke ¹ Per 100,000 population	106.2	182.2
Diabetes ¹ Per 100,000 population	142.1	115.4
Myocardial Infarction ¹ Per 100,000 population	143.5	147.3

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

Demographic Measure (%)		County			Montana			Nation ^{5,6}		
Population ¹		8,903			989,415			308,745,538		
Population Density ¹		1.6			6.7			Not relevant		
Age ¹		<5	18-64	65+	<5	18-64	65+	<5	15-64	65+
		5%	63%	16%	6%	63%	14%	7%	62%	13%
Gender ¹		Male		Female	Male		Female	Male		Female
		51.3%		48.7%	50.1%		49.9%	49.2%		50.8%
Race/Ethnic Distribution	White ¹	97.7%			91.5%			72.4%		
	American Indian or Alaska Native ¹	1.8%			6.8%			0.9%		
	Other ¹	0.5%			1.7%			26.7%		

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

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

⁶Black, Asian/Pacific Islanders, Hispanic & Non-Hispanic Ancestry

⁵US Census Bureau (2010)

Socioeconomic Measures ¹ (%)	County	Montana	Nation ^{7,8}
Median Income ¹	\$38,427	\$43,000	\$51,914
Unemployment Rate ⁷	5.3%	6.3%	7.7%
Persons Below Poverty Level ¹	16.0%	14.0%	13.8%
Uninsured Adults (Age <65) ¹	21.5%	19.0%	18.2%
Uninsured Children (Age <18) ⁹	N/A	11.0%	10.0%

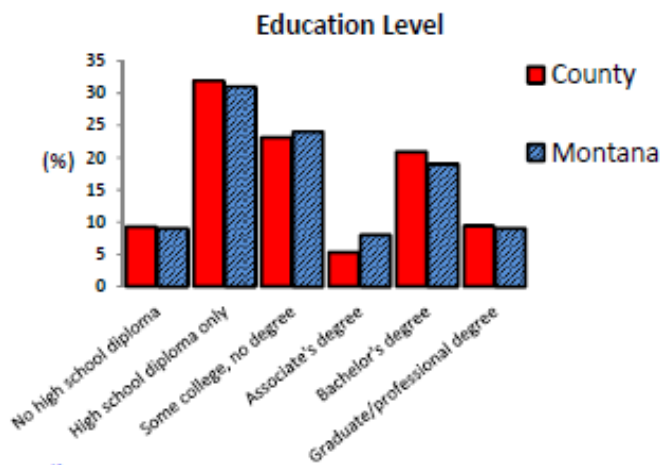
¹Community Health Data, MT Dept of Health and Human Services (2010)

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

⁷Montana Dept of Labor and Industry, Research & Analysis Bureau. Local Area Unemployment Statistics (LAUS). Non-

⁹Montana KIDS COUNT (2009)

Seasonally Adjusted Unemployment Rate. (Retrieved April 2012)



¹⁰Indicators Northwest, Imp. Graph (2011)



Behavioral Health ^{1,2}	Region 4	Montana
Childhood Immunization Up-To-Date (UTD) % Coverage ^{11,††} Age 24-35 months, population size: 12,075 (% sampled: 35.9%)	37.5% (County)	64.3%
Tobacco Use ²	17.3%	19.3%
Alcohol Use (binge + heavy drinking) ¹	24.0%	22.8%
Obesity ²	18.8%	21.6%
Overweight ²	36.4%	37.8%
No Leisure time for physical activity ¹	18.8%	20.7%

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

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

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

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

Screening ¹	Region 4	Montana
Cervical Cancer (Pap Test in past 3 yrs) ¹	84.1%	83.0%
Breast Cancer (Mammogram in past 2 yrs) ¹	72.1%	71.9%
Blood Stool ¹	31.5%	25.3%
Sigmoidoscopy or Colonoscopy ¹	54.9%	54.3%
Diabetic Screening ⁵	77.0% (County)	79.0%
Percent of Medicare enrollees who received HbA1c screening		

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

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

Mortality ^{1,2,12}	County	Montana	Nation ^{2,13}
Suicide Rate per 100,000 population ¹	18.1	20.3	12.0
Unintentional Injury Death Rate per 100,000 population ¹	65.7	58.8	38.4
Percent Motor Vehicle Crashes Involving Alcohol ¹	12.3%	10.0%	32.0%
Pneumonia/Influenza Mortality per 100,000 population ¹	15.9	19.0	17.5
Diabetes Mellitus ²	24.9	27.1	21.8

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

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

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

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

Maternal Child Health ¹	County	Montana	Nation ^{14,15}
Infant Mortality (death within 1 st year) Rate per 1,000 live births ¹	6.5 (Region 4)	6.1	6.7
Entrance into Prenatal care in 1 st Trimester Percent of Live Births ¹	77.6%	83.9%	69.0%
Birth Rate ⁹ Babies born per 1,000 people	10.5	12.8	13.5
Low Birth Weight (<2500 grams) Percent of live births ¹	9.6%	7.3%	8.3%
Neonatal Mortality (under 28 days of age) Rate per 1,000 live births ¹	3.3 (Region 4)	3.3	4.5
Post Neonatal Mortality (28 through 364 days of age) Rate per 1,000 live births ¹	3.2 (Region 4)	2.7	2.2
Pre-Term Birth (<37 completed weeks gestation) Percent of Live Births ¹	9.6%	10.1%	12.5%

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

⁹Montana KIDS COUNT (2009)

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

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

Economic Impact Assessment

Demographic Trends and Economic Impacts: **A Report for Barrett Hospital & HealthCare**

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Introduction

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

Section I Location Quotients

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

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

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

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

Hospitals Location Quotient (compared to State of MT) = 1.10

Hospitals Location Quotient (compared to U.S.) = 1.27

A location quotient near 1 indicates that the employment concentration in the county mirrors that of the larger geographic region. In the case of Beaverhead County, the location quotient of 1.10 indicates that hospital employment in the county is slightly higher than what one expects, given statewide employment patterns. When compared to the nation, the location quotient is 1.27 indicating that the hospital sector's share of county employment even larger when compared to the hospital industry's share of national employment.

Another way to look at the location quotient is to ask how many employees would be employed in the hospital sector if Beaverhead County's employment patterns mirrored the state or the nation. Barrett Hospital & HealthCare averaged 209 (up from 146 in 2004) employees in 2010. This is 19 more than expected given the state's employment pattern and 44 more than expected given the national employment pattern. In addition, Barrett Hospital & HealthCare accounted for 4.3 percent of the county's nonfarm wage and salary jobs and 6.1 percent of its total wages.

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

Section II Age Demographics

The Census Bureau reported that there were 9,246 residents in Beaverhead County. The breakdown of these residents by age is presented in Figure 1. Beaverhead County's age profile is similar to that of many of Montana's rural counties. In 2010, baby boomers were between the ages of 45 and 60 and their presence is evident in the graph. Following the baby boom came the "baby bust," which is evidenced by the lack of 25 to 39 year olds in the county. In many rural Montana counties, the baby bust is exacerbated by out-migration of young adults.

Figure 1: Age Distribution of Beaverhead County Residents

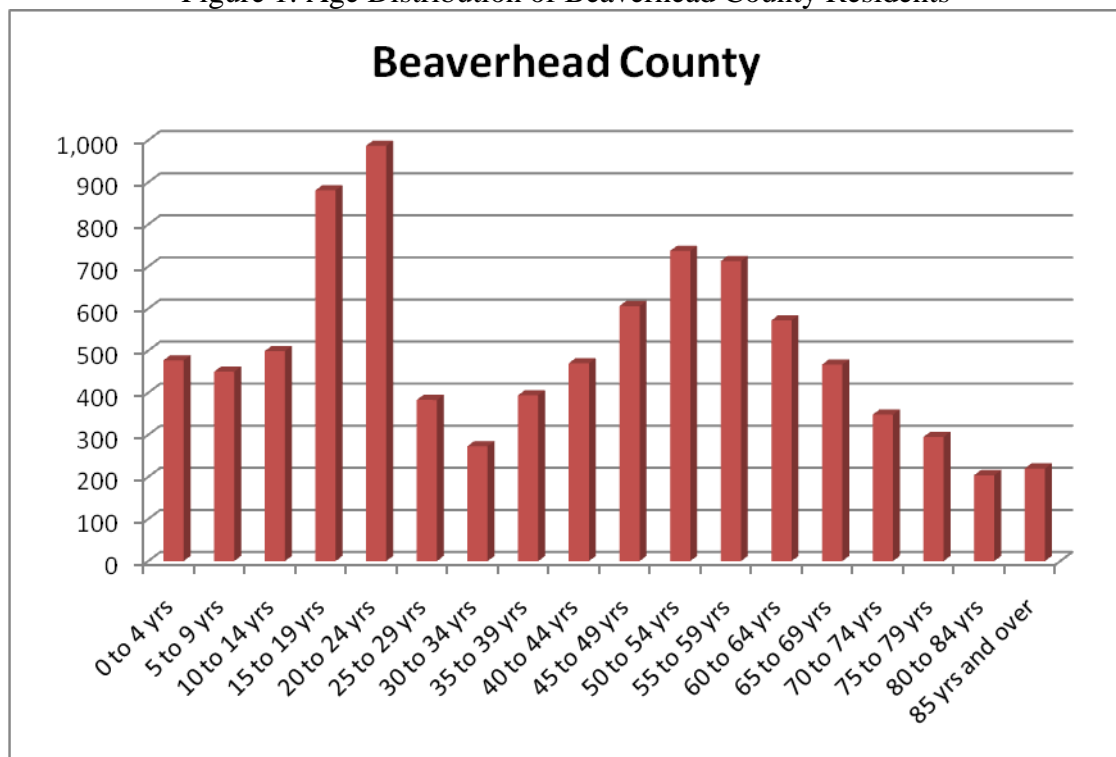


Figure 2: Percent of the population by age groups, Beaverhead County vs. Montana

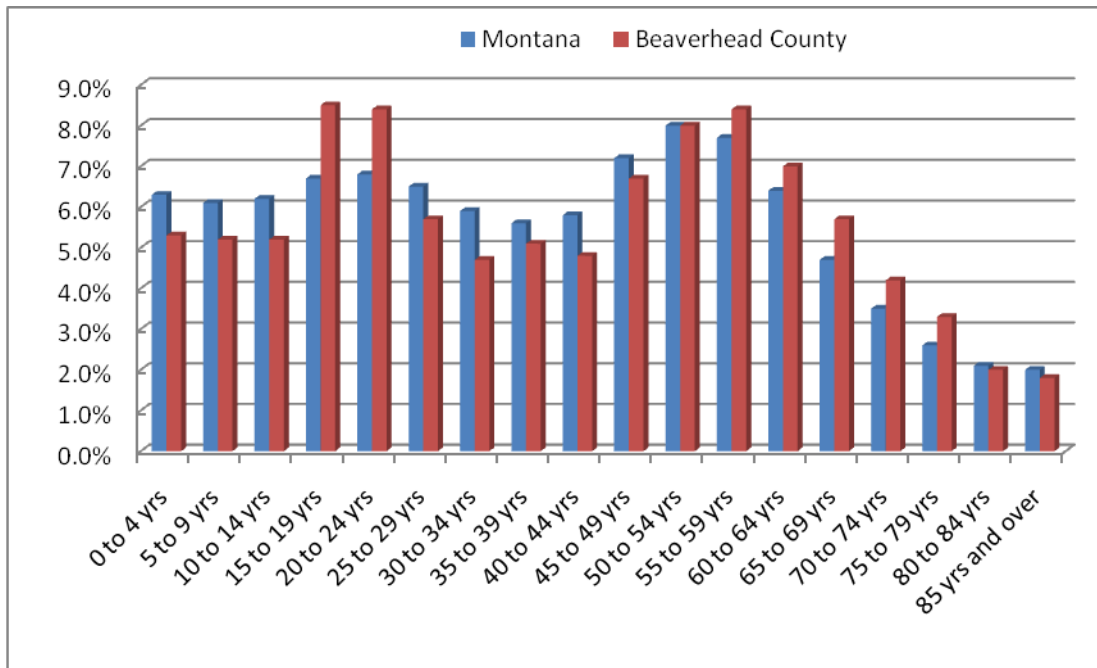


Figure 2 shows how Beaverhead County’s population distribution compares to Montana’s. A careful examination of Figure 2 and the underlying data reveals that, compared with the State as a whole, Beaverhead County has a higher percentage of people aged 15 to 24 (16.9 percent vs. 7.5 percent) and a lower percentage of people aged 25 to 49 (27.0 percent vs. 31.0 percent). The large number of young people in Beaverhead County probably reflects the presence of Western Montana College. According to the 2010 Census, Beaverhead County had a median age of 42.0, which was more than two years older than the State’s 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 Barrett Hospital & HealthCare spend a portion of their salary on goods and services produced in Beaverhead County, thus supporting jobs and income in those local businesses. Likewise, the hospital itself may purchase goods and services from local suppliers. These businesses and employees then spend a portion of their income on local goods and services which, in turn, supports other local jobs and companies. Thus, the effect of one dollar of wages is multiplied as it circulates through the community.

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

can still generate significant multiplier effects for their communities given that much of their funding comes from outside the region in the form of public and private insurance reimbursements. The relatively high wages earned by hospital employees also tend to boost hospital's multipliers.

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

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

Hospital Employment Multiplier = 1.52

Hospital Employee Compensation Multiplier = 1.22

Hospital Output Multiplier = 1.16

What do these numbers mean? The employment multiplier of 1.52 can be interpreted to mean that for every job at Barrett Hospital & HealthCare, another .52 jobs are supported in Beaverhead County. Another way to look at this is that if Barrett Hospital & HealthCare suddenly went away, about 109 additional non-hospital jobs would also be lost in the county (based on 2010 hospital employment of 209). The employee compensation multiplier of 1.22 simply states that for every dollar in wages and benefits paid to the hospital's employees, another .22 cents of wages and benefits are created in other local jobs in Beaverhead County. Put another way, if Barrett Hospital & HealthCare suddenly went away, about \$2,304,848 in additional annual wages would be lost from other jobs in the county.

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

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

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