

Beaverhead County, Montana

Community Health Services Development Community Health Needs Assessment Report

Survey conducted by
Barrett Hospital & HealthCare
Dillon, Montana

In cooperation with
The Montana Office of Rural Health

April 2017



MONTANA
STATE UNIVERSITY

Office of Rural Health
Area Health
Education Center

Barrett Hospital & HealthCare Community Health Needs Assessment

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Community Survey & Key Informant Interview

Summary Report

March 2017

I. Introduction

Barrett Hospital & HealthCare (BHH) is a Critical Access Hospital (CAH) located in Dillon, Montana. BHH offers the following services: primary care clinic with integrated behavioral health, walk-in clinic, emergency, inpatient, skilled nursing (Swing Bed), rehabilitation (physical therapy, occupational therapy, speech therapy, cardiac rehab, pulmonary rehab), obstetrics, inpatient and ambulatory surgery (general, orthopedic, urology, ophthalmology, gynecology), outpatient (cardiopulmonary, laboratory, diagnostic imaging), hospital-based clinics (pharmacist-run disease management, nutrition, infusion), and home health & hospice. BHH has a primary service area of 8,000 residents and serves the largest geographic county in Montana (Beaverhead) and parts of Madison County. Barrett Hospital & HealthCare participated in the Community Health Services Development (CHSD) Project, a Community Health Needs Assessment (CHNA), conducted by the Montana Office of Rural Health. Community involvement in steering committee meetings and focus groups enhanced the community's engagement in the assessment process.

In the winter of 2017, 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. A copy of the survey instrument is included at the end of this report (Appendix E). Readers are invited to familiarize themselves with the survey instrument and the subsequent findings. The narrative report touches on the highlights while the charts present data for virtually every question asked. Please note: we are able to compare some of the 2017 survey data with data from previous survey conducted in 2014. If any statistical significance exists, it will be reported. The significance level was set at 0.05.

II. Health Assessment Process

A Steering Committee was convened to assist Barrett Hospital & HealthCare in conducting the CHSD assessment process. A diverse group of community members representing various organizations and populations within the community (ex. public health, elderly, uninsured) came together in November 2017. For a list of all Steering Committee members and their affiliations, see Appendix A. The Steering Committee met twice during the CHSD process; first to discuss health concerns in the community and offer their perspective in designing the survey instrument and again to review results of the survey and focus groups and to assist in the prioritization of health needs to address.

III. Survey Methodology

Survey Instrument

In January 2017, 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 encounters. Those zip codes with the greatest number of encounters were selected to be included in the survey. A random list of 700 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 encounters. (Note: although the survey samples were proportionately selected, actual surveys returned from each population area varied which may result in slightly less proportional results.)

Additionally, three focus groups and one key informant interview was 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.

Survey Implementation

In January 2017, the community health services development 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 envelopes were mailed to 700 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.

One hundred thirty-nine surveys were returned out of 700. Of those 700 surveys, 73 surveys were returned undeliverable for a 22% response rate. From this point on, the total number of surveys will be out of 627. 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 7.31%.

IV. Survey Respondent Demographics

A total of 627 surveys were distributed amongst Barrett Hospital & HealthCare's service area. One hundred and thirty-nine surveys were completed for a 22% 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)

The returned surveys are skewed toward the Dillon population which is reasonable given that this is where most of the services are located. One 2017 respondent chose not to answer this question.

		2014		2017	
Location	Zip code	Count	Percent	Count	Percent
Dillon	59725	175	88.4%	114	82.0%
Sheridan	59749	Not asked - 2014		10	7.2%
Lima	59739	4	2.0%	4	2.9%
Twin Bridges	59754	1	0.5%	3	2.2%
Jackson	59736	2	1.0%	2	1.4%
Alder	59710	Not asked - 2014		2	1.4%
Polaris	59746	Not asked - 2014		1	0.7%
Wisdom	59761	3	1.5%	0	0
Dell	59724	Not asked - 2014		0	0
Glen	59732	3	1.5%	0	0
Wise River	59762	2	1.0%	Not asked - 2017	
Melrose	59743	1	0.5%	Not asked - 2017	
Other		7	3.5%	3	2.2%
TOTAL		198	100%	139	100%

“Other” comments:

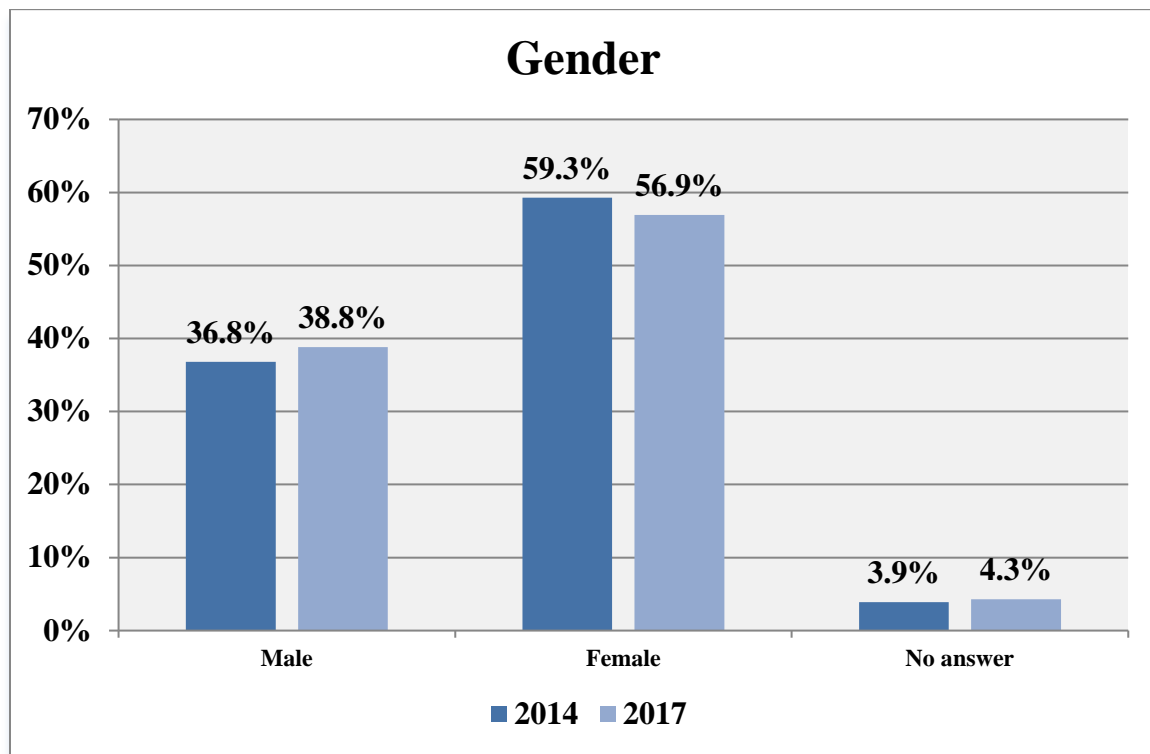
- 59602
- 83406- I lived in 59724 Dell until 11/2016

Gender (Question 33)

2017 N= 139

2014 N= 204

Of the 139 surveys returned, 56.9% (n=79) of survey respondents were female, 38.8% (n=54) were male, and 4.3% (n=6) chose not to answer this question. It is not unusual for survey respondents to be predominantly female, particularly when the survey is healthcare-oriented since women are frequently the healthcare decision makers for families.



“Other” comments:

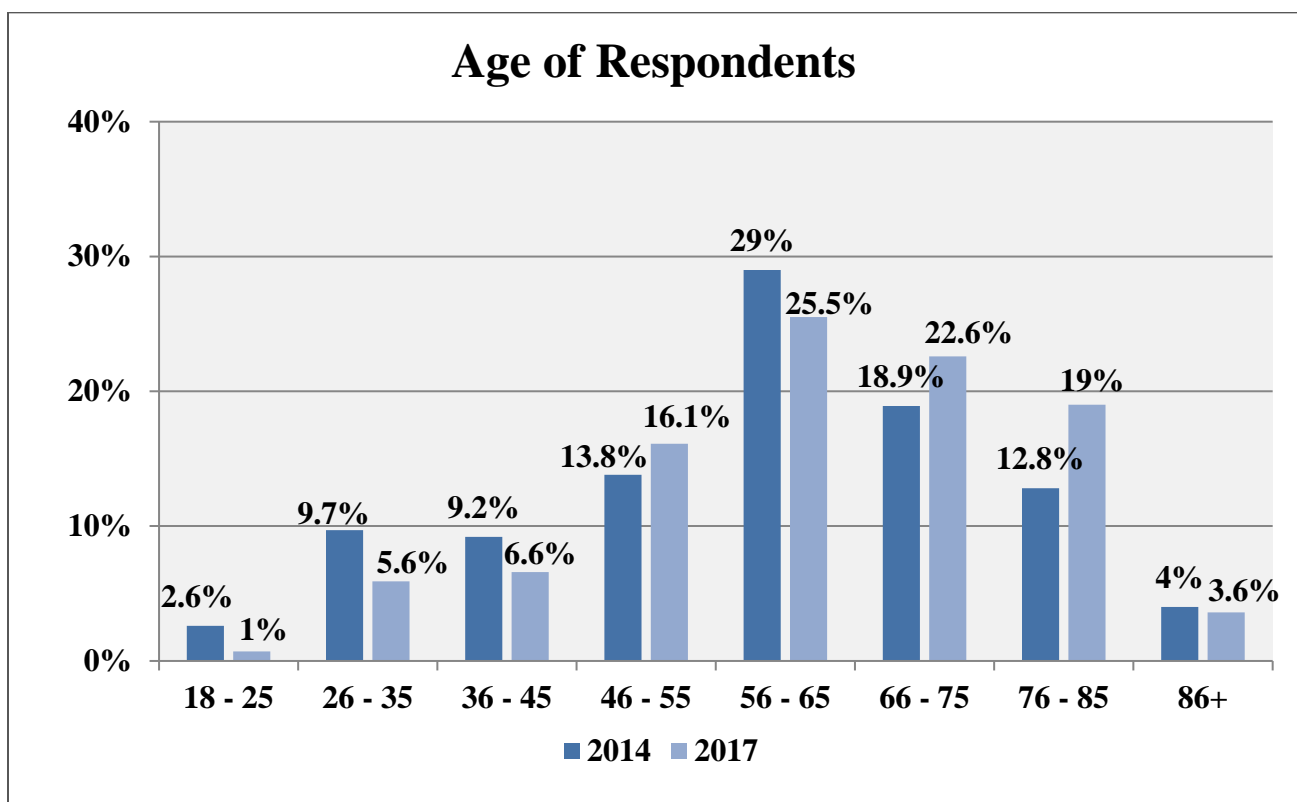
- Both of us worked on this survey

Age of Respondents (Question 34)

2017 N= 137

2014 N= 196

Twenty-six percent of respondents (n=35) were between the ages of 56-65. Twenty-three percent of respondents (n=31) were between the ages of 66-75 and 19% of respondents (n=26) were between the ages of 76-85. This statistic is comparable to other Critical Access Hospital demographics. The increasing percentage of aging residents in rural communities is a trend which is seen throughout Montana and will likely have a significant impact on the need for healthcare services during the next 10-20 years. However, it is important to note that the survey was targeted to adults and, therefore, no respondents are under age 18. Older residents are also more invested in healthcare decision making and are more likely to respond to healthcare surveys, as reflected by this graph.

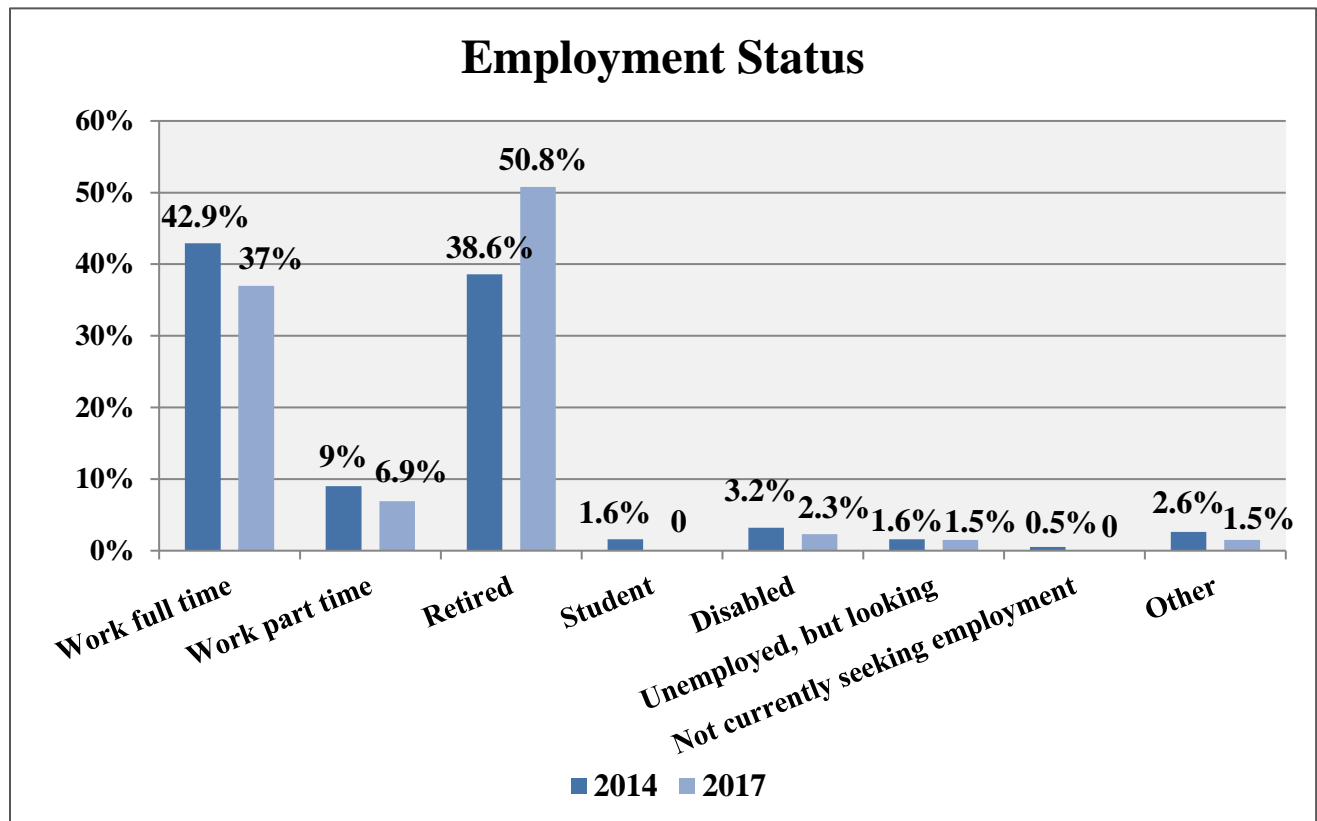


Employment Status (Question 35)

2017 N= 130

2014 N= 189

Fifty-one percent (n=66) of respondents reported they are retired while 37% (n=48) work full time. Seven percent of respondents (n=9) indicated they work part time. Respondents could check all that apply so the percentages do not equal 100%.



“Other” comments:

- Rancher
- Store owner
- Self-employed (2)
- Stay at home wife/mom
- Caregiver to my husband who has Parkinson’s

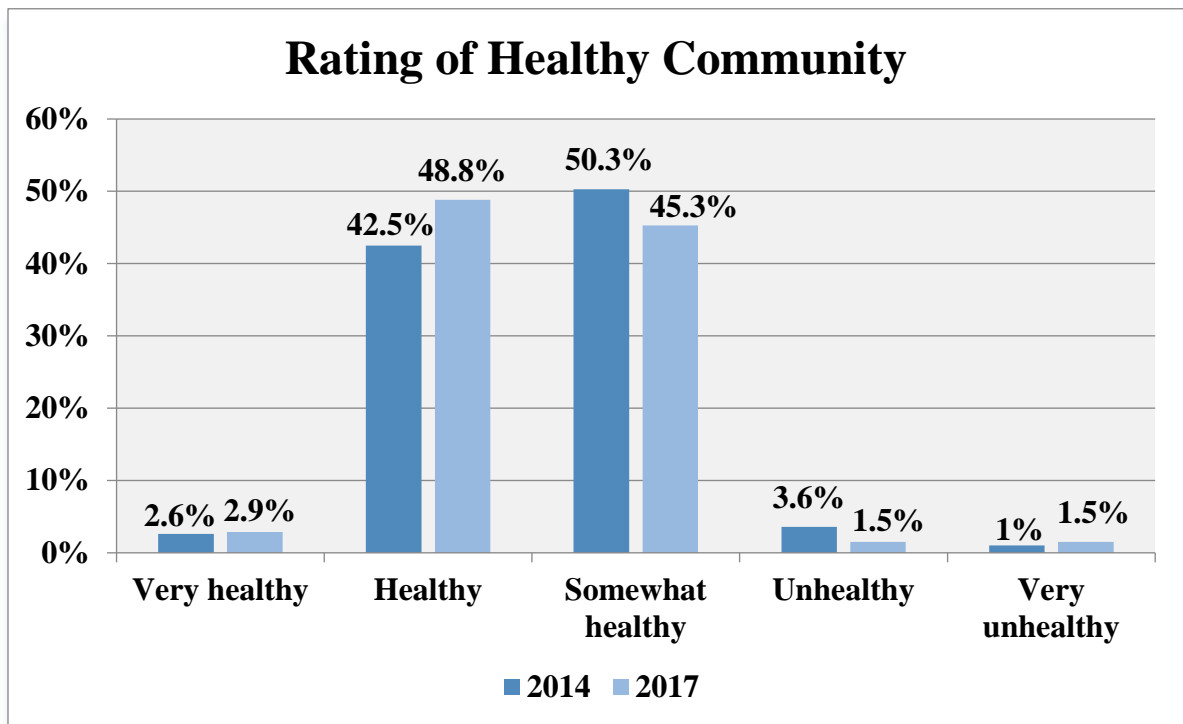
V. Survey Findings – Community Health

Impression of Community (Question 1)

2017 N= 137

2014 N= 193

Respondents were asked to indicate how they would rate the general health of their community. Forty-nine percent of respondents (n=67) rated their community as “Healthy.” Forty-five percent of respondents (n=62) felt their community was “Somewhat healthy” and 2.9% (n=4) felt their community was “Very healthy.”



Health Concerns for Community (Question 2)

2017 N= 139

2014 N= 204

Respondents were asked what they felt the three most serious health concerns were in their community. The top identified health concern was “Alcohol abuse/substance abuse” with 58.3% (n=81). “Cancer” was also a high priority at 38.1% (n=53) followed by “Overweight/obesity” at 33.1% (n=46). Respondents were asked to pick their top three serious health concerns so percentages do not equal 100%.

Health Concern	2014		2017	
	Count	Percent	Count	Percent
Alcohol abuse/substance abuse	111	54.4%	81	58.3%
Cancer	92	45.1%	53	38.1%
Overweight/obesity	61	29.9%	46	33.1%
Heart disease	34	16.7%	31	22.3%
Suicide ¹	22	10.8%	30	21.6%
Depression/anxiety	45	22.1%	28	20.1%
Tobacco use	38	18.6%	27	19.4%
Diabetes	32	15.7%	21	15.1%
Lack of exercise	28	13.7%	15	10.8%
Mental health issues	23	11.3%	15	10.8%
Recreation related accidents/injuries ²	7	3.4%	13	9.4%
Work/economic stress	21	10.3%	10	7.2%
Child abuse/neglect	16	7.8%	8	5.8%
Lack of access to healthcare	14	6.9%	8	5.8%
Work related accidents/injuries	10	4.9%	6	4.3%
Lack of dental care	5	2.5%	5	3.6%
Lack of healthcare education	10	4.9%	5	3.6%
Motor vehicle accidents	10	4.9%	5	3.6%
Stroke	5	2.5%	5	3.6%
Domestic violence	10	4.9%	4	2.9%
Other	9	4.4%	2	1.4%

¹⁻² Significantly more respondents cited suicide and recreation related accidents/injuries as a serious health concerns for the community than in 2014.

“Other” comments:

- Advanced age
- Cost of health care
- Don’t know enough to answer intelligently
- [Suicide]: In young people- high school & college

Components of a Healthy Community (Question 3)

2017 N= 139

2014 N= 204

Respondents were asked to identify the three most important things for a healthy community. Fifty percent of respondents (n=70) indicated that “Access to healthcare and other services” is important for a healthy community. “Good jobs and a healthy economy” and “Healthy behaviors and lifestyles” were tied for the second most indicated components at 46% (n=64 each). Respondents were asked to identify their top three choices, thus the percentages do not add up to 100%.

Important Component	2014		2017	
	Count	Percent	Count	Percent
Access to healthcare and other services	123	60.3%	70	50.4%
Good jobs and a healthy economy	89	43.6%	64	46.0%
Healthy behaviors and lifestyles	78	38.2%	64	46.0%
Strong family life	63	30.9%	49	35.3%
Religious or spiritual values	38	18.6%	28	20.1%
Affordable housing	24	11.8%	18	12.9%
Clean environment	31	15.2%	18	12.9%
Good schools ¹	55	27.0%	17	12.2%
Access to fresh produce ²	9	4.4%	16	11.5%
Low crime/safe neighborhoods	25	12.3%	13	9.4%
Walking/biking paths	18	8.8%	13	9.4%
Low death and disease rates	8	3.9%	11	7.9%
Parks and recreation	6	2.9%	9	6.5%
Community involvement	18	8.8%	8	5.8%
Promotion of local business/services	6	2.9%	8	5.8%
Low level of domestic violence	5	2.5%	7	5.0%
Tolerance for diversity	9	4.4%	6	4.3%
Arts and cultural events	2	1.0%	1	0.7%
Other	3	1.5%	4	2.9%

¹Significantly fewer 2017 respondents identified ‘Good schools’ as an important component of a healthy community.

²‘Access to fresh produce’ was selected significantly more often in 2017 as a component of a healthy community than in 2014.

“Other” comments:

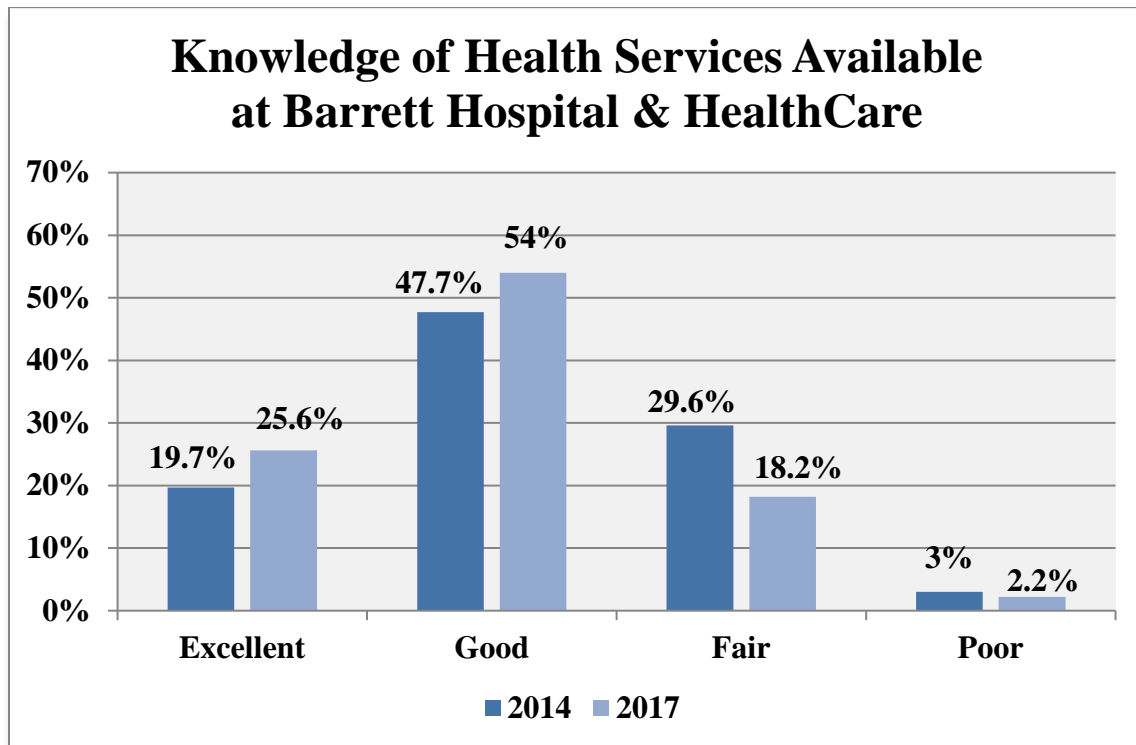
- Christian
- Volunteerism
- Affordable healthcare
- Nutrition education in schools

Overall Awareness of Health Services (Question 4)

2017 N= 137

2014 N= 203

Respondents were asked to rate their knowledge of the health services available at Barrett Hospital & HealthCare. Fifty-four percent (n=74) of respondents rated their knowledge of health services as “Good.” “Excellent” was selected by 25.6% percent (n=35), and 18.2% reported their knowledge as “Fair” (n=25).



How Respondents Learn of Healthcare Services (Question 5)

2017 N= 139

2014 N= 204

The most frequently indicated method of learning about available services was “Healthcare provider” at 71.2% (n=99). “Friends/family” was the second most frequent response at 61.2% (n=85) and “Word of mouth/reputation” was reported at 51.8% (n=72). Respondents could select more than one method so percentages do not equal 100%.

Method	2014		2017	
	Count	Percent	Count	Percent
Healthcare provider	134	65.7%	99	71.2%
Friends/family¹	151	74.0%	85	61.2%
Word of mouth/reputation	107	52.5%	72	51.8%
Mailings/newsletter ²	31	15.2%	54	38.8%
Newspaper	85	41.7%	53	38.1%
Radio	38	18.6%	21	15.1%
Website/internet ³	8	3.9%	19	13.7%
Billboards/posters	Not asked - 2014		14	10.1%
Public health	21	10.3%	13	9.4%
Presentations	10	4.9%	7	5.0%
Senior Center	5	2.5%	6	4.3%
Other	9	4.4%	6	4.3%

¹In 2017, significantly fewer people reported learning of health care services from friends or family.

²⁻³Significantly more 2017 respondents learned of healthcare services via mailings/newsletters and Website/internet.

“Other” comments:

- My job
- Dillonite (2)
- Experience (2)
- Employee at Barrett’s
- Negative feedback from community members

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
Billboards/posters	5 (35.7%)	7 (50%)	2 (14.3%)		14
Friends/family	23 (27.7%)	43 (51.8%)	16 (19.3%)	1 (1.2%)	83
Healthcare provider	30 (30.6%)	56 (57.1%)	11 (11.2%)	1 (1%)	98
Mailings/newsletter	14 (26.4%)	28 (52.8%)	11 (20.8%)		53
Newspaper	11 (21.2%)	31 (59.6%)	10 (19.2%)		52
Presentations	3 (42.9%)	4 (57.1%)			7
Public health	4 (30.8%)	9 (69.2%)			13
Radio	5 (23.8%)	12 (57.1%)	4 (19%)		21
Senior Center	2 (33.3%)	4 (66.7%)			6
Word of mouth/reputation	21 (30%)	36 (51.4%)	11 (15.7%)	2 (2.9%)	70
Website/internet	6 (31.6%)	10 (52.6%)	3 (15.8%)		19
Other	3 (50%)	2 (33.3%)	1 (16.7%)		9

Other Community Health Resources Utilized (Question 6)

2017 N= 139

2014 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 82% (n=114). “Dentist” was also a highly utilized resource at 74.1% (n=103) followed by the “Optometrist” at 65.5% (n=91). Respondents could select more than one resource so percentages do not equal 100%.

Service	2014		2017	
	Count	Percent	Count	Percent
Pharmacy¹	183	89.7%	114	82.0%
Dentist	155	76.0%	103	74.1%
Optometrist (Eyes)	148	72.5%	91	65.5%
Dillon Medical Clinic	Not asked - 2014		57	41.0%
Orthopedic Rehabilitation	Not asked - 2014		26	18.7%
Naturopath/Chiropractor	47	23.0%	24	17.3%
SWMT Community Health Center	Not asked - 2014		22	15.8%
Audiologist (Hearing)	19	9.3%	21	15.1%
Public health ²	36	17.6%	7	5.0%
Family/marriage counseling	3	1.5%	4	2.9%
Mental health	15	7.4%	4	2.9%
Other	13	6.4%	8	5.8%

¹⁻²In 2017, significantly fewer respondents reporting utilizing pharmacy and public health services in the past three years.

“Other” comments:

- OT/PT [Occupational Therapy/Physical Therapy]
- YMCA
- Massage
- Home health
- Walk-in clinic
- Cosmetic surgeon
- Ambulance service
- Occupational therapy
- Dermatology skin check
- Community blood testing

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

2017 N= 139

2014 N= 204

Respondents were asked to indicate what they felt would improve their community's access to healthcare. Seventy-seven percent of respondents (n=107) reported that "Lower cost of care" would make the greatest improvement. Thirty-seven percent of respondents (n=51) indicated that "More specialists" would improve access and 21.6% (n=30) reported "Outpatient services expanded hours". Respondents could select more than one method so percentages do not equal 100%.

Service	2014		2017	
	Count	Percent	Count	Percent
Lower cost of care	Not asked - 2014		107	77.0%
More specialists	82	40.2%	51	36.7%
Outpatient services expanded hours	48	23.5%	30	21.6%
Greater health education services ¹	60	29.4%	27	19.4%
More primary care providers ²	90	44.1%	26	18.7%
Improved quality of care ³	44	21.6%	17	12.2%
Transportation assistance	28	13.7%	17	12.2%
Telemedicine	13	6.4%	10	7.2%
Interpreter services	6	2.9%	3	2.2%
Cultural sensitivity	6	2.9%	2	1.4%
Other ⁴	24	11.8%	4	2.9%

¹⁻³ Significantly fewer 2017 respondents felt 'greater health education services,' 'more primary care providers' and 'improved quality of care' would improve the community's access to healthcare.

⁴ Significantly fewer 2017 respondents indicated something 'other' than those options provided would improve the community's access to healthcare services.

"Other" comments:

- I think all this is good
- Chemotherapy and/or radiation

Interest in Educational Classes/Programs (Question 8)

2017 N= 139

2014 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 “Fitness” at 32.4% (n=45) of respondents. “Health and wellness” was selected by 28.1% (n=39) followed by “Chronic pain management” with 23.7% of respondents (n=33). Respondents could select more than one method so percentages do not equal 100%.

Educational Class/Program	2014		2017	
	Count	Percent	Count	Percent
Fitness	58	28.4%	45	32.4%
Health and wellness	53	26.0%	39	28.1%
Chronic pain management	36	17.6%	33	23.7%
Nutrition	40	19.6%	32	23.0%
Living will	34	16.7%	29	20.9%
Weight loss	49	24.0%	27	19.4%
Women’s health	44	21.6%	26	18.7%
Cancer	32	15.7%	25	18.0%
First aid/CPR ¹	60	29.4%	25	18.0%
Men’s health	25	12.3%	19	13.7%
Alzheimer’s	34	16.7%	16	11.5%
Diabetes	23	11.3%	16	11.5%
Suicide awareness/prevention	21	10.3%	15	10.8%
Mental health/depression	17	8.3%	14	10.1%
Heart disease	24	11.8%	12	8.6%
Support groups	24	11.8%	8	5.8%
Grief counseling	17	8.3%	7	5.0%
Parenting	18	8.8%	7	5.0%
Alcohol/substance abuse	4	2.0%	6	4.3%
Smoking cessation	13	6.4%	5	3.6%
Prenatal	9	4.4%	2	1.4%
Other	9	4.4%	4	2.9%

¹Significantly fewer 2017 respondents reported an interest in a First aid/CPR class.

“Other” comments:

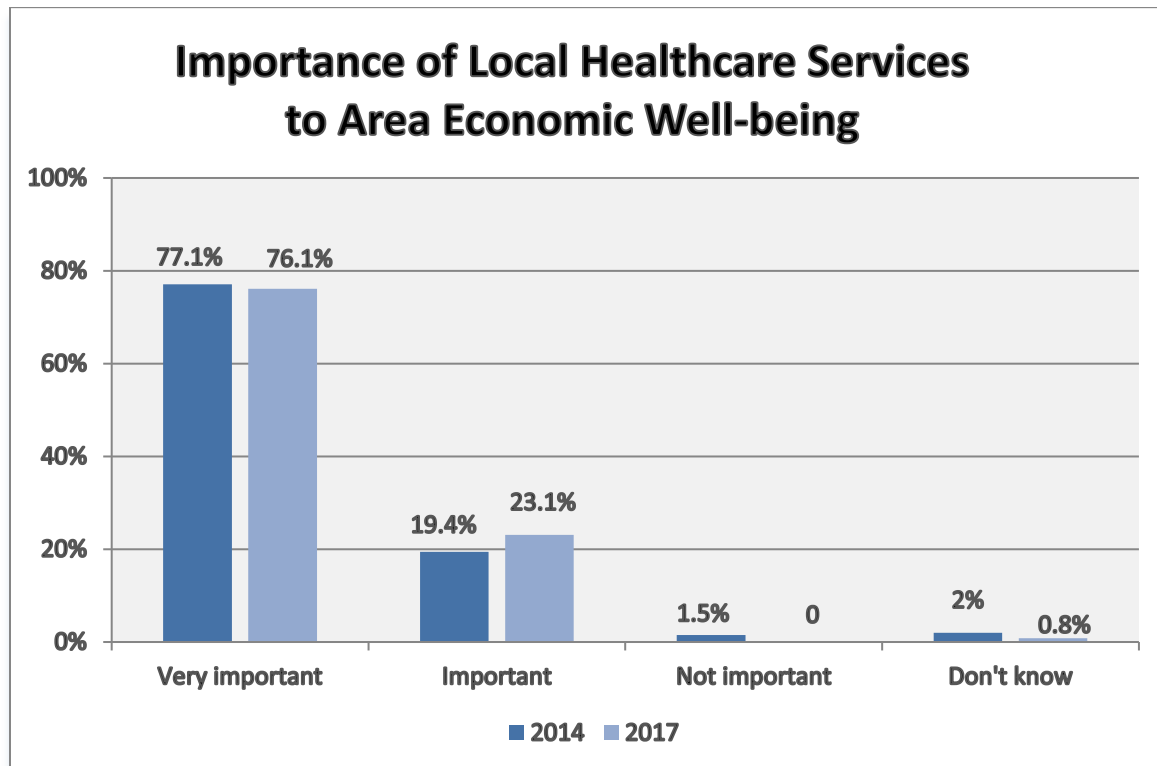
- N/A
- None (2)
- Caregiver support
- Free skin cancer screening day
- Already attend the (cancer) one that’s offered
- How does a person pay for outrageously high costs of health care?

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

2017 N= 134

2014 N= 201

The majority of respondents (76.1%, n=102) indicated that local healthcare providers and services (i.e.: hospitals, clinics, nursing homes, assisted living, etc.) are “Very important” to the economic well-being of the area. Twenty-three percent of respondents (n=31) indicated they are “Important” and one respondents, or 0.8%, indicated that they “Don’t know.”



Utilization of Preventative Services (Question 10)

2017 N= 139

2014 N= 204

Respondents were asked if they had utilized any of the preventative services listed in the past year. “Flu shot” was selected by 75.5% of respondents (n=105). Sixty-five percent of respondents (n=90) indicated they had an “Annual wellness visit” and 61.9% of respondents (n=86) had a “Vision check.” Respondents could check all that apply, thus the percentages do not equal 100%.

Service	2014		2017	
	Count	Percent	Count	Percent
Flu shot	147	72.1%	105	75.5%
Annual wellness visit	122	59.8%	90	64.7%
Vision check	121	59.3%	86	61.9%
Adult immunizations ¹	93	45.6%	80	57.6%
Dental check	Not asked - 2014		78	56.1%
Routine blood pressure check	107	52.5%	66	47.5%
Mammography	77	37.7%	62	44.6%
Cholesterol check	92	45.1%	57	41.0%
Pap smear	55	27.0%	35	25.2%
Prostate (PSA)	39	19.1%	34	24.5%
Health fair	39	19.1%	25	18.0%
Hearing check ²	17	8.3%	24	17.3%
Dermatology (mole/skin check)	38	18.6%	22	15.8%
Colonoscopy	37	18.1%	21	15.1%
Children's checkup/Well baby	19	9.3%	15	10.8%
Child immunizations	30	14.7%	13	9.4%
Sports physical	Not asked - 2014		10	7.2%
None	10	4.9%	7	5.0%
Other	11	5.4%	2	1.4%

¹⁻²Significantly more 2017 respondents reported receiving ‘Adult immunizations’ and having a ‘hearing check.’

“Other” comments:

- A1C
- DOT physical
- Pulmonary therapy

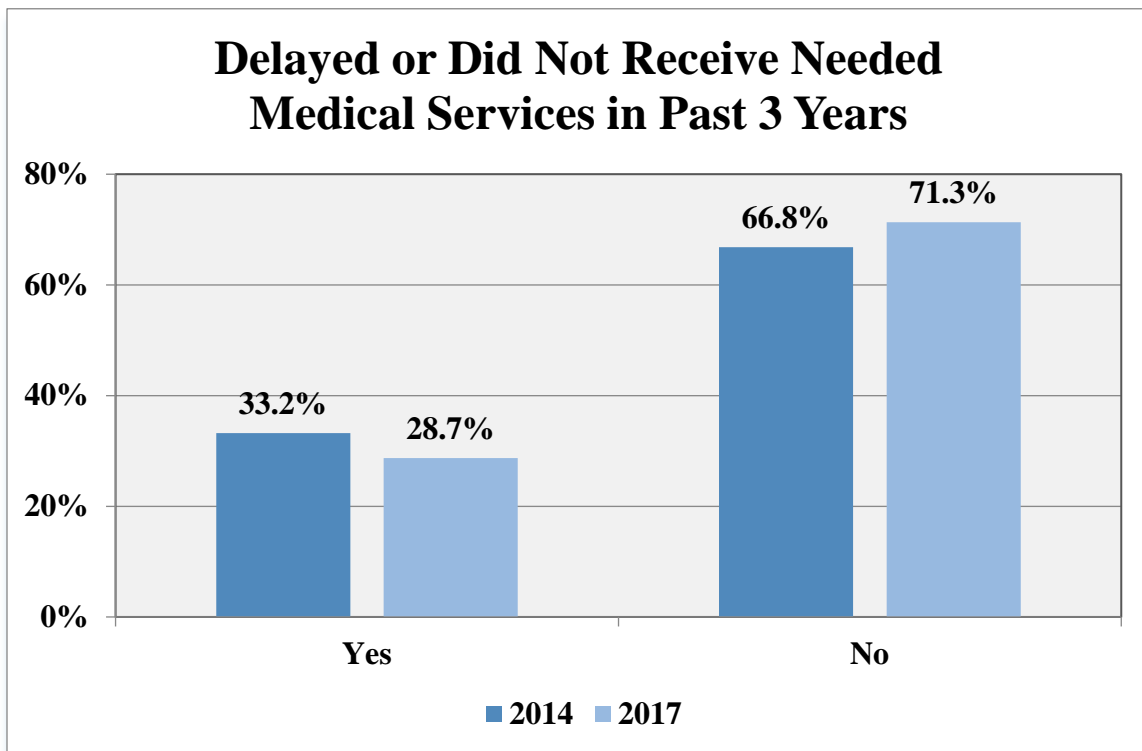
Survey Findings – Use of Healthcare Services

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

2017 N= 129

2014 N= 193

Twenty-nine percent of respondents (n=37) 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. Seventy-one percent of respondents (n=92) felt they were able to get the healthcare services they needed without delay.



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

2017 N= 37

2014 N= 64

For those who indicated they were unable to receive or had to delay services (n=37), the reasons most cited were: “It costs too much” (62.2%, n=23), “My insurance didn’t cover it” (40.5%, n=15) and “Too long to wait for an appointment” (24.3%, n=9). Respondents were asked to indicate their top three choices, therefore percentages do not total 100%.

Reason	2014		2017	
	Count	Percent	Count	Percent
It cost too much	42	65.6%	23	62.2%
My insurance didn’t cover it	16	25.0%	15	40.5%
Too long to wait for an appointment	9	14.1%	9	24.3%
Could not get an appointment	11	17.2%	8	21.6%
It was too far to go	6	9.4%	6	16.2%
Don’t like doctors	6	9.4%	5	13.5%
Transportation problems	3	4.7%	4	10.8%
No insurance ¹	20	31.3%	3	8.1%
Too nervous or afraid	3	4.7%	3	8.1%
Had no one to care for the children	2	3.1%	2	5.4%
Not treated with respect	7	10.9%	2	5.4%
Office wasn’t open when I could go	8	12.5%	2	5.4%
Could not get off work	8	12.5%	1	2.7%
Didn’t know where to go	3	4.7%	1	2.7%
Unsure if services were available	4	6.3%	1	2.7%
Language barrier	0	0	0	0
Other	6	9.4%	2	5.4%

¹Significantly fewer 2017 respondents delayed seeking healthcare due to lack of insurance.

“Other” comments:

- Couldn’t see my doctor
- Specialist would not come into hospital
- Not confident I could get the help needed

Desired Local Healthcare Services (Question 13)

2017 N= 139

2014 N= 204

Respondents were asked to indicate which additional healthcare services would they utilize if available locally. Respondents indicated the most interest in having “dermatology” at 30.9% of respondents (n=43) followed by “ENT (ear/nose/throat)” at 23.3% (n=31), and “Senior well checks/community paramedicine/home health” with 21.6% (n=30). Respondents were asked to select all that apply so percentages do not equal 100%.

Service	2014		2017	
	Count	Percent	Count	Percent
Dermatology	66	32.4%	43	30.9%
ENT (ear/nose/throat)	Not asked - 2014		31	22.3%
Senior well checks/community paramedicine/home health	34	16.7%	30	21.6%
Rheumatology	Not asked - 2014		19	13.7%
Neurology	Not asked - 2014		12	8.6%
Neuropsychology/child psychiatry	Not asked - 2014		2	1.4%
Other	21	10.3%	6	4.3%

“Other” comments:

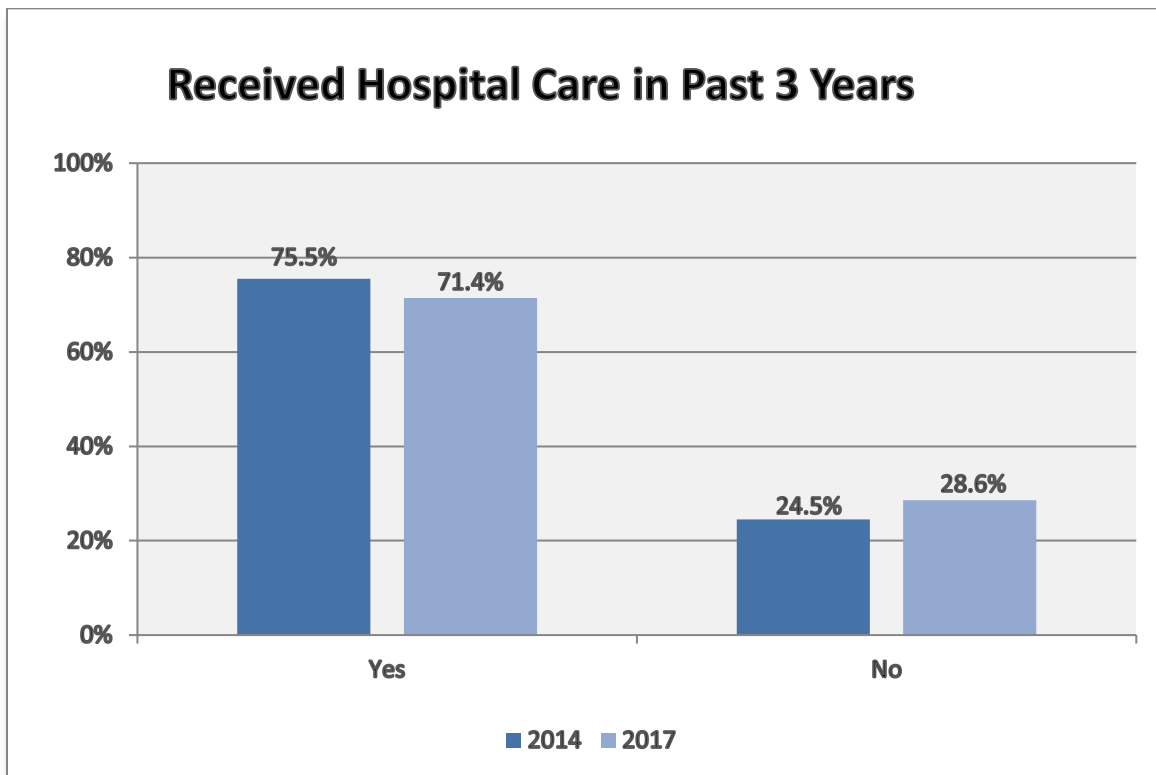
- N/A
- None
- Ortho
- Gastroenterology
- Allergy specialist
- Allergy/asthma doctor
- Back orthopedic surgeon
- Chemotherapy and/or radiation

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

2017 N= 133

2014 N= 200

Seventy-one percent of respondents (n=95) reported that they or a member of their family had received hospital care during the previous three years and 28.6% (n=38) had not received hospital services.



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

2017 N= 85

2014 N= 135

Of the 95 respondents who indicated receiving hospital care in the previous three years, 77.6% (n=66) reported receiving care at Barrett Hospital in Dillon. Of those respondents who reported they had been to a hospital in the past three years, 10 did not indicate which hospital they had utilized.

Hospital	2014		2017	
	Count	Percent	Count	Percent
Barrett Hospital (Dillon)	114	84.4%	66	77.6%
Bozeman Deaconess (Bozeman)	5	3.7%	4	4.7%
St. James (Butte)	3	2.2%	4	4.7%
St. Patrick (Missoula)	3	2.2%	4	4.7%
Ruby Valley (Sheridan)	0	0	3	3.5%
Community Medical Center (Missoula)	4	3.0%	2	2.4%
Billings Clinic (Billings)	2	1.5%	0	0
Other	4	3.0%	2	2.4%
TOTAL	135	100%	85	100%

“Other” comments:

- St. Vincent, Billings
- St. Patrick of Helena
- VA/Fort Harrison, Helena (2)
- Community Hospital of Anaconda

Reasons for Selecting the Hospital Used (Question 16)

2017 N= 95

2014 N= 151

Of the 95 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 81.1% (n=77). “Prior experience with hospital” was selected by 46.3% (n=44) and 36.8% (n=35) selected “Emergency, no choice.” Note that respondents were asked to select the top three answers which influenced their choices; therefore the percentages do not equal 100%.

Reason	2014		2017	
	Count	Percent	Count	Percent
Closest to home	119	78.8%	77	81.1%
Prior experience with hospital	62	41.1%	44	46.3%
Emergency, no choice	58	38.4%	35	36.8%
Referred by physician	66	43.7%	33	34.7%
Hospital’s reputation for quality	44	29.1%	27	28.4%
Recommended by family or friends	9	6.0%	9	9.5%
Closest to work	11	7.3%	6	6.3%
Cost of care	9	6.0%	6	6.3%
Required by insurance plan	7	4.6%	6	6.3%
VA/Military requirement	5	3.3%	4	4.2%
Other	6	4.0%	2	2.1%

“Other” comments:

- St. James, Butte
- Closest to family
- Services available
- Specialized surgeon available sooner, newer tools as well

Cross Tabulation of Hospital and Residence

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

LOCATION OF MOST OFTEN UTILIZED HOSPITAL BY RESIDENCE

	Barrett Hospital (Dillon)	Billings Clinic (Billings)	Bozeman Deaconess (Bozeman)	Community Medical Center (Missoula)	Ruby Valley (Sheridan)	St. James (Butte)	St. Patrick (Missoula)	Other	Total
Dillon 59725	57 (82.6%)		3 (4.3%)	1 (1.4%)		4 (5.8%)	3 (4.3%)	1 (1.4%)	69
Sheridan 59749	2 (28.6%)		1 (14.3%)		3 (42.9%)		1 (14.3%)		7
Lima 59739	2 (100%)								2
Twin Bridges 59754	2 (100%)								2
Alder 59710				1 (100%)					1
Jackson 59736	1 (100%)								1
Polaris 59746	1 (100%)								1
Dell 59724									0
Glen 59732									0
Wisdom 59761									0
Other	1 (50%)							1 (50%)	2
TOTAL	66 (77.6%)	0	4 (4.7%)	2 (2.4%)	3 (3.5%)	4 (4.7%)	4 (4.7%)	2 (2.4%)	85 (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

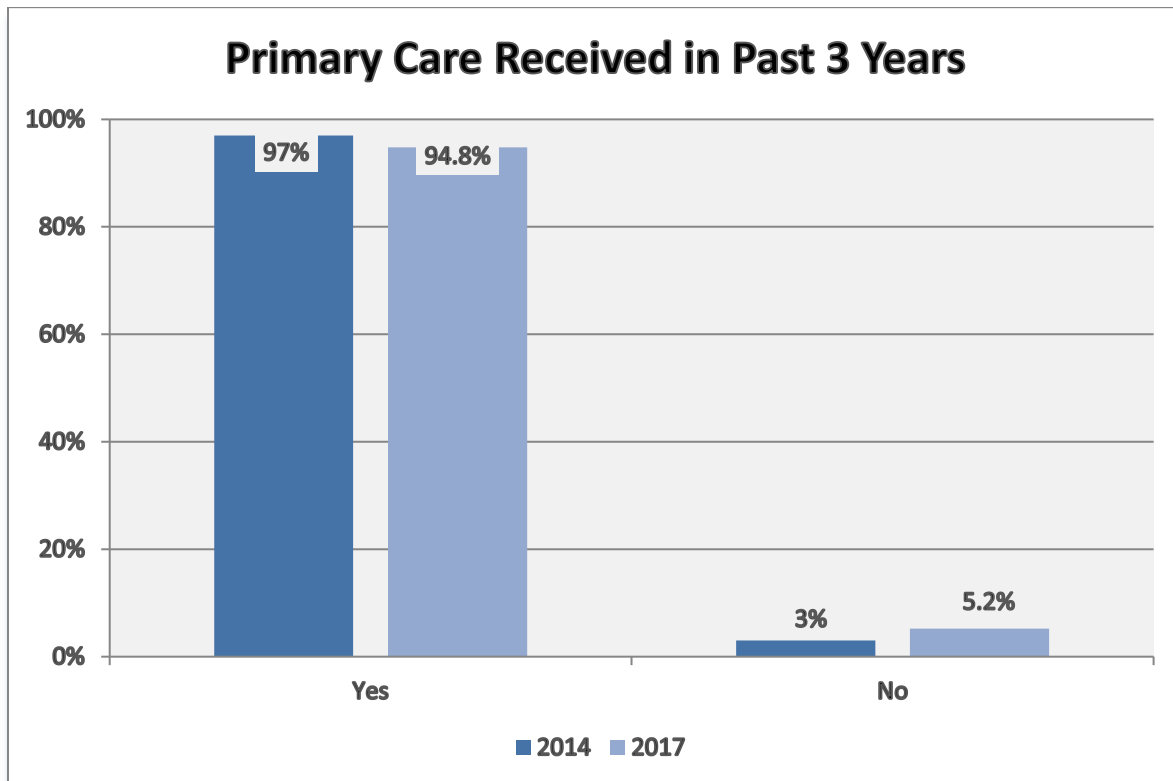
	Barrett Hospital (Dillon)	Billings Clinic (Billings)	Bozeman Deaconess (Bozeman)	Community Medical Center (Missoula)	Ruby Valley (Sheridan)	St. James (Butte)	St. Patrick (Missoula)	Other	Total
Closest to home	65 (91.5%)		1 (1.4%)		3 (4.2%)	1 (1.4%)	1 (1.4%)		71
Prior experience with hospital	31 (79.5%)		1 (2.6%)			2 (5.1%)	3 (7.7%)	2 (5.1%)	39
Emergency, no choice	23 (79.3%)		2 (6.9%)		2 (6.9%)		2 (6.9%)		29
Referred by physician	19 (70.4%)		2 (7.4%)	1 (3.7%)	1 (3.7%)		3 (11.1%)	1 (3.7%)	27
Hospital's reputation for quality	16 (64%)		2 (8%)	1 (4%)	1 (4%)	3 (12%)		2 (8%)	25
Recommended by family or friends	3 (37.5%)		2 (25%)	1 (12.5%)		2 (25%)			8
Required by insurance plan	6 (100%)								6
Closest to work	5 (100%)								5
Cost of care	2 (40%)					3 (60%)			5
VA/Military requirement	1 (25%)				2 (50%)			1 (25%)	4
Other				1 (50%)			1 (50%)		2

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

2017 N= 134

2014 N= 203

Ninety-five percent of respondents (n=127) indicated they or someone in their household had been seen by a primary care provider (such as a family physician, internal medicine doctor, physician assistant, or nurse practitioner) for healthcare services in the past three years. Seven respondents (5.2%) indicated they or someone in their household had not.



Location of Primary Care Provider (Question 18)

2017 N= 120

2014 N= 187

Of the 127 respondents who indicated receiving primary care services in the previous three years, 88.3% (n=106) reported receiving care in Dillon. Eleven percent of respondents (n=13) reported they utilized primary care services in a location that was not listed. Seven of the 127 respondents who reported they had utilized primary care services in the past three years did not indicate where they received those services.

Location	2014		2017	
	Count	Percent	Count	Percent
Dillon	170	90.9%	106	88.3%
Butte	5	2.7%	1	0.8%
Other	12	6.4%	13	10.8%
TOTAL	187	100%	120	100%

“Other” comments:

- Idaho Falls
- Dillon CHC [Community Health Center]
- Helena (3)
- Sheridan (4)
- Bozeman (5)
- Deer Lodge (7)
- Veteran Affairs (2)

Reasons for Selection of Primary Care Provider (Question 19)

2017 N= 127

2014 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. “Established patient” was the most frequently selected reason at 55.9% (n=71) followed by “Closest to home” at 46.5% (n=59) and “Appointment availability” and ‘Prior experience with clinic’ with 24.4% (n=31 each). Respondents were asked to check all that apply so the percentages do not equal 100%.

Reason	2014		2017	
	Count	Percent	Count	Percent
Established patient	Not asked - 2014		71	55.9%
Closest to home	100	50.8%	59	46.5%
Appointment availability	54	27.4%	31	24.4%
Prior experience with clinic¹	89	45.2%	31	24.4%
Clinic’s reputation for quality	42	21.3%	25	19.7%
Recommended by family or friends ²	48	24.4%	18	14.2%
Referred by physician or other provider	26	13.2%	17	13.4%
Length of waiting room time	13	6.6%	9	7.1%
Cost of care	20	10.2%	8	6.3%
Required by insurance plan	6	3.0%	6	4.7%
VA/Military requirement	3	1.5%	4	3.1%
Indian Health Services	0	0	0	0
Migrant Health Services	1	0.5%	0	0
Other ³	26	13.2%	7	5.5%

¹⁻³Significantly fewer 2017 respondents chose a clinic based on: ‘prior experience with clinic’; being ‘recommended by family or friends’; or for a reason ‘other’ than those reasons provided.

“Other” comments:

- My regular doctor
- Anna Loge is great!
- Accepts my insurance
- The one I started with
- Her excellent reputation
- Educational background
- I feel cost of care is extremely high

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
Alder 59710	1 (100%)			1
Dell 59724				0
Dillon 59725	87 (89.7%)	1 (1%)	9 (9.3%)	97
Glen 59732				0
Jackson 59736	2 (100%)			2
Lima 59739	4 (100%)			4
Polaris 59746	1 (100%)			1
Sheridan 59749	6 (66.7%)		3 (33.3%)	9
Twin Bridges 59754	3 (100%)			3
Wisdom 59761				0
Other	2 (66.7%)		1 (33.3%)	3
TOTAL	106 (88.3%)	1 (0.8%)	13 (10.8%)	120 (100%)

Cross Tabulation of Clinic and Reason Selected

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

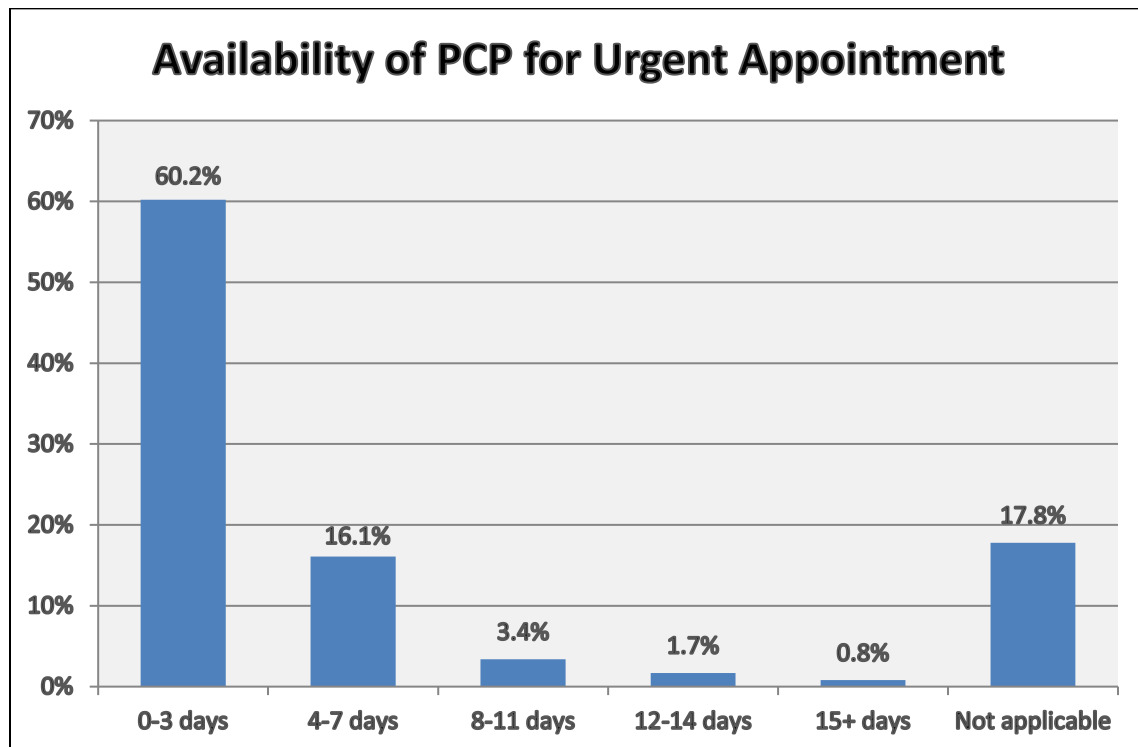
LOCATION OF PRIMARY CARE PROVIDER BY REASONS CLINIC SELECTED

	Dillon	Butte	Other	Total
Established patient	59 (86.8%)		9 (13.2%)	68
Closest to home	52 (94.5%)	3 (5.5%)		55
Prior experience with clinic	27 (87.1%)		4 (12.9%)	31
Appointment availability	27 (90%)	1 (3.3%)	2 (6.7%)	30
Clinic's reputation for quality	19 (79.2%)	5 (20.8%)		24
Recommended by family or friends	14 (82.4%)	1 (5.9%)	2 (11.8%)	17
Referred by physician or other provider	13 (81.3%)		3 (18.8%)	16
Length of waiting room time	8 (88.9%)		1 (11.1%)	9
Cost of care	4 (50%)	1 (12.5%)	3 (37.5%)	8
Required by insurance plan	6 (100%)			6
VA/Military requirement	1 (33.3%)		2 (66.7%)	3
Indian Health Services				0
Migrant Health Services				0
Other	7 (100%)			7

Availability of Primary Care Provider (Question 20)

2017 N= 118

Respondents were asked to indicate how long it takes, on average, to see their primary care provider for an urgent appointment. Sixty percent of respondents (n=71), saw their provider within 0-3 days. Sixteen percent (n=19) were able to see their provider within 4-7 days. Nearly eighteen percent (n=21) of respondents reported this question was 'not applicable' to them.



“Other” comments:

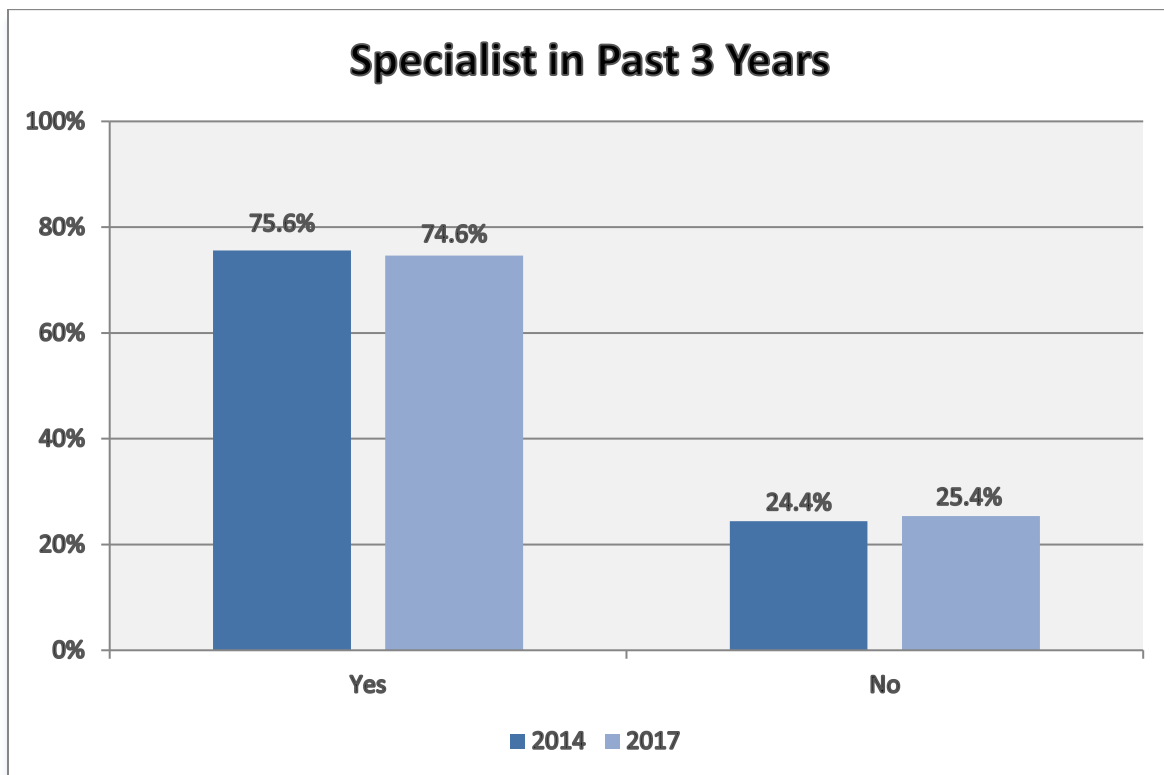
- Haven't needed an urgent appointment
- There is a doctor on call if I can't see my PCP

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

2017 N= 134

2014 N= 193

Seventy- five percent of the respondents (n=100) indicated they or a household member had seen a healthcare specialist during the past three years and twenty-five percent (n=34) indicated they had not.



Location of Healthcare Specialist (Question 22)

2017 N= 100

2014 N= 146

Of the 100 respondents who indicated they saw a healthcare specialist in the past three years, 48% (n=48) saw one in Bozeman. Butte specialty services were utilized by 40% of respondents (n=40) and Dillon was reported by 37% (n=37). Respondents could select more than one location; therefore, percentages do not equal 100%.

Location	2014		2017	
	Count	Percent	Count	Percent
Bozeman¹	48	32.9%	48	48.0%
Butte	56	38.4%	40	40.0%
Dillon	69	47.3%	37	37.0%
Missoula ²	54	37.0%	24	24.0%
Helena	9	6.2%	11	11.0%
Billings	4	2.7%	5	5.0%
Other	22	15.1%	15	15.0%

¹Significantly more 2017 respondents utilized specialty services in Bozeman.

²Significantly fewer 2017 respondents reported utilizing specialty services in Missoula.

“Other” comments:

- Colorado
- Hamilton
- Boise, ID
- Anaconda (5)
- Idaho Falls (2)
- Salt Lake City (3)
- Colorado- just moved here
- Phoenix, AZ
- Spokane, WA

Type of Healthcare Specialist Utilized (Question 23)

2017 N= 100

2014 N= 146

The respondents (n=100) saw a wide array of healthcare specialists in the past three years. The most frequently indicated specialists were an “Orthopedic surgeon” (30%; n=30) followed “Dermatologist” (26%; n=26) and a “Dentist” (20%; n=20). Respondents were asked to select all that apply so percentages do not equal 100%.

Health Care Specialist	2014		2017	
	Count	Percent	Count	Percent
Orthopedic surgeon	33	22.6%	30	30.0%
Dermatologist	36	24.7%	26	26.0%
Dentist¹	49	33.6%	20	20.0%
Cardiologist	27	18.5%	17	17.0%
Ophthalmologist	23	15.8%	16	16.0%
General surgeon	22	15.1%	15	15.0%
ENT (ear/nose/throat)	20	13.7%	14	14.0%
Urologist	16	11.0%	13	13.0%
Oncologist	16	11.0%	12	12.0%
Radiologist	20	13.7%	12	12.0%
Chiropractor	21	14.4%	10	10.0%
OB/GYN	17	11.6%	10	10.0%
Neurologist	11	7.5%	9	9.0%
Physical therapist	18	12.3%	9	9.0%
Podiatrist	8	5.5%	9	9.0%
Pediatrician	5	3.4%	6	6.0%
Allergist	17	11.6%	5	5.0%
Gastroenterologist	12	8.2%	5	5.0%
Rheumatologist	5	3.4%	5	5.0%
Psychiatrist (M.D.)	6	4.1%	4	4.0%
Occupational therapist	5	3.4%	3	3.0%
Mental health counselor	11	7.5%	2	2.0%
Neurosurgeon	5	3.4%	2	2.0%
Psychologist	3	2.1%	2	2.0%
Pulmonologist	6	4.1%	2	2.0%
Dietician	3	2.1%	1	1.0%
Endocrinologist ²	10	6.8%	1	1.0%
Substance abuse counselor	0	0	1	1.0%
Geriatrician	0	0	0	0
Social worker	1	0.7%	0	0
Speech therapist	3	2.1%	0	0
Other	12	8.2%	7	7.0%

¹⁻²Significantly fewer 2017 respondents reported seeing a dentist and an endocrinologist.

Question 23 continued...

“Other” comments:

- ER Doctor
- Vein clinic
- Optometrist
- Acupuncture
- Behavioral health
- Pain management
- Cosmetic surgeon
- Neuropsychologist

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

Respondents were asked to rate a variety of aspects of the 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 receiving the top average score of 3.8 out of 4.0. Laboratory services received a score of 3.7 and Emergency room, Physician clinics/office visit, Radiology, and Inpatient services/hospital stay all received 3.6 out of 4.0. The total average score was 3.5, indicating the overall services of the hospital to be "Excellent" to "Good."

2017	Excellent (4)	Good (3)	Fair (2)	Poor (1)	Don't know	Haven't Used	No Ans.	N	Avg
General surgery	42	8	1	0	18	54	16	139	3.8
Laboratory services	77	24	3	1	4	19	11	139	3.7
Emergency room	64	22	7	1	8	28	9	139	3.6
Physician clinics/office visit	75	28	6	0	8	12	10	139	3.6
Radiology services	51	23	0	4	15	35	11	139	3.6
Inpatient services/hospital stay	34	12	0	3	13	59	18	139	3.6
Walk in clinic	38	24	4	1	17	41	14	139	3.5
Pharmacy clinics	21	3	2	3	26	65	19	139	3.4
Eye (cataract) surgery	12	2	1	3	30	74	17	139	3.3
Gynecologic services	24	3	3	6	23	62	18	139	3.3
Home health/hospice	15	3	1	5	22	71	22	139	3.2
Orthopedics	20	10	2	6	20	61	20	139	3.2
Rehabilitation services	19	10	2	5	24	58	21	139	3.2
Behavioral health services	9	4	1	3	29	75	18	139	3.1
Infusion services/chemotherapy	11	2	1	5	28	73	19	139	3.0
Hospital birth services/ obstetrics	7	4	1	5	26	76	20	139	2.8
Tele-psychiatry	0	0	0	4	33	81	21	139	1.0
TOTAL	519	182	35	55					3.5

"Other" comments:

- [Regarding infusion services/chemotherapy]: Prolia
- [Regarding home health/hospice]: Heard they were great especially Cindy Y.

Continued on next page...

2014	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
Rehabilitation services	34	22	6	0	23	87	32	204	3.5
Emergency room	76	45	10	4	10	47	12	204	3.4
Home health/hospice	28	8	1	4	27	104	32	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
Radiology services	64	40	7	3	21	44	25	204	3.4
Gynecologic services	17	18	6	7	29	92	35	204	2.9
Hospital birth services/obstetrics	10	11	1	3	27	111	41	204	3.1
Inpatient services/hospital stay	45	32	6	7	12	77	25	204	3.3
Physician clinics/office visit	82	60	7	4	8	20	23	204	3.4
TOTAL	528	339	61	44					3.4

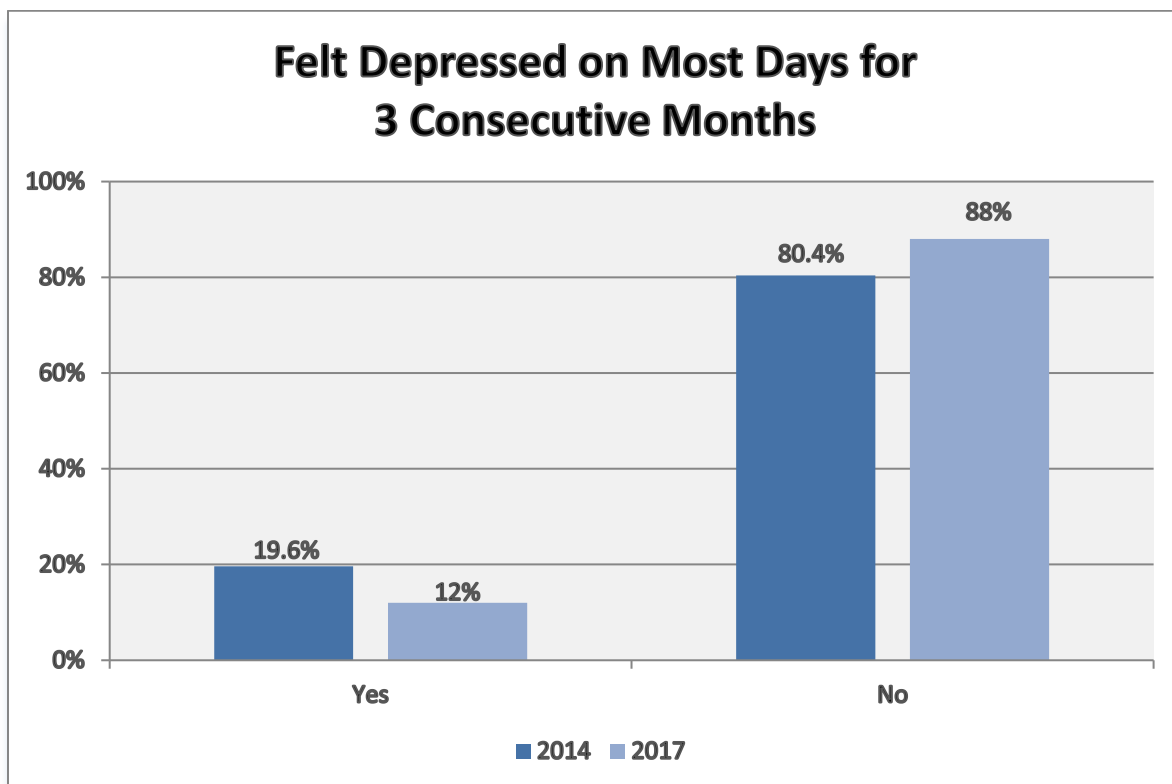
Survey Findings – Personal Health

Prevalence of Depression (Question 25)

2017 N= 133

2014 N= 194

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. Twelve percent of respondents (n=16) indicated they had experienced periods of depression and 88% of respondents (n=117) indicated they had not.

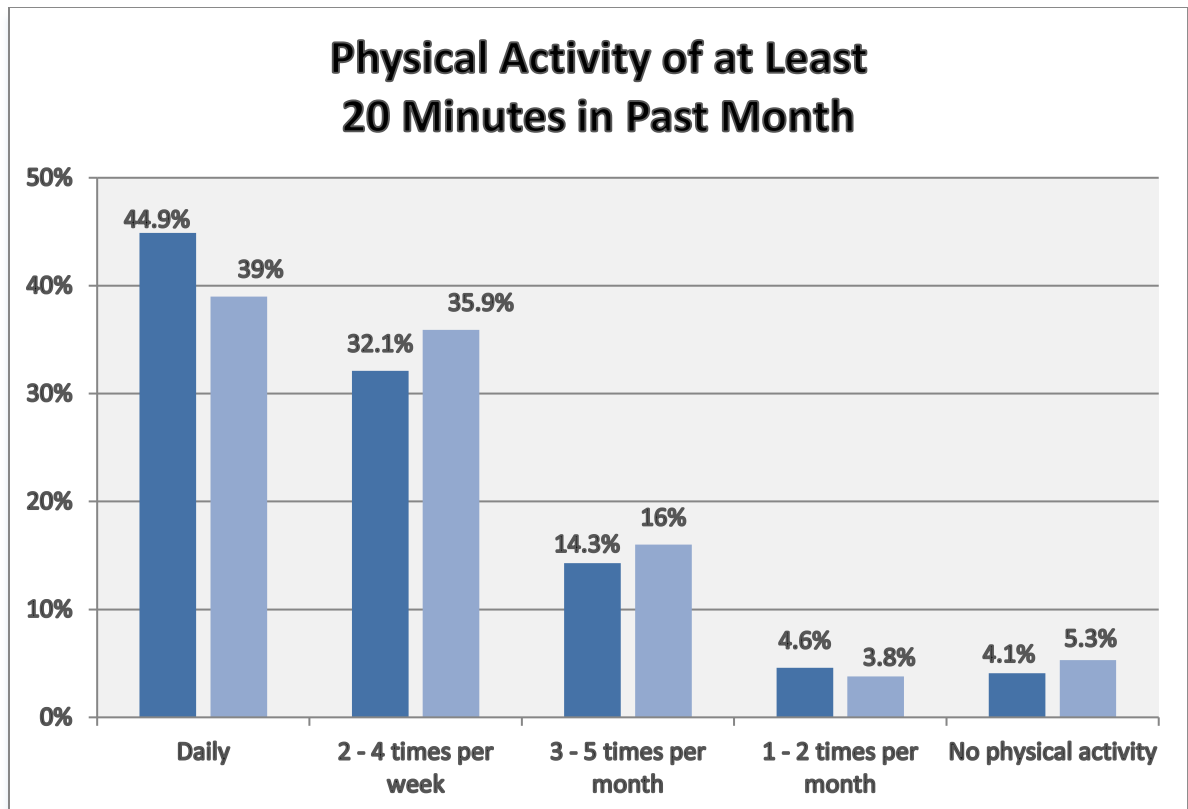


Physical Activity (Question 26)

2017 N= 131

2014 N= 196

Respondents were asked to indicate how frequently they had physical activity for at least twenty minutes over the past month. Thirty-nine percent of respondents (n=50) indicated they had physical activity of at least twenty minutes “Daily.” Thirty-six percent of respondents (n=47) indicated they had physical activity “2-4 times per week” and 5.3% of respondents (n=7) indicated they had “No physical activity.”

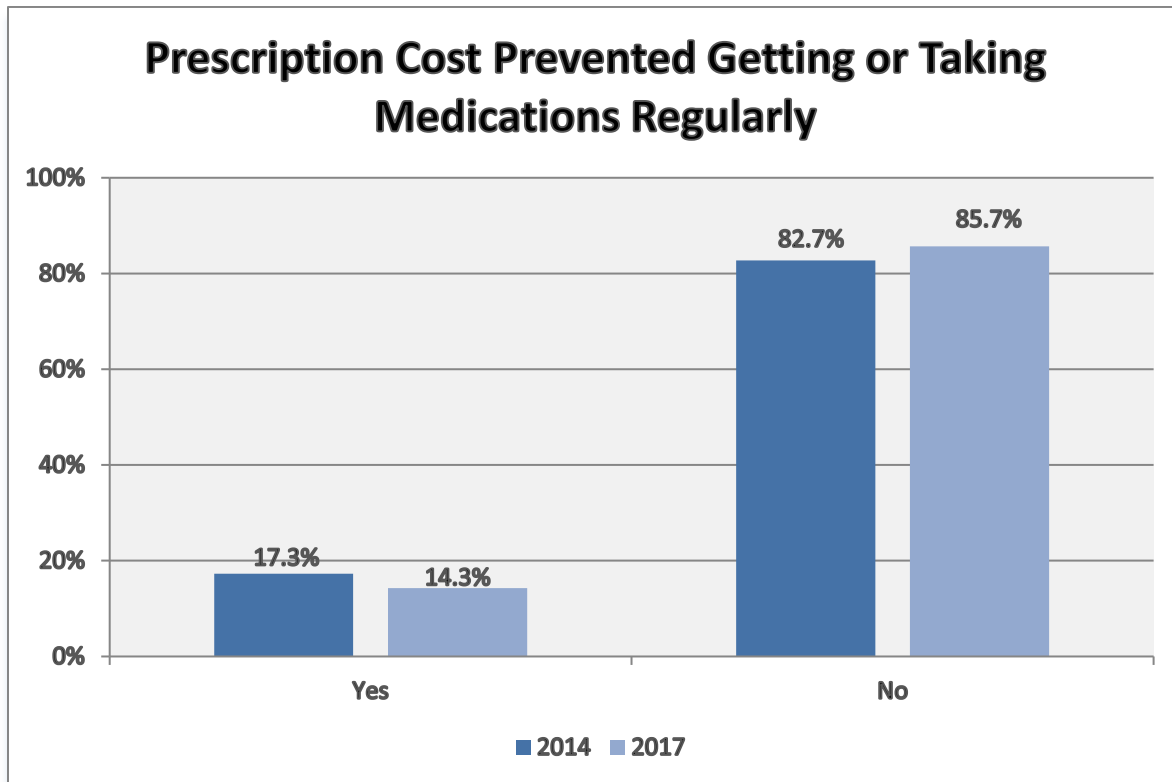


Cost and Prescription Medications (Question 27)

2017 N= 133

2014 N= 197

Respondents were asked to indicate if, during the last year, medication costs had prohibited them from getting a prescription or taking their medication regularly. Fourteen percent of respondents (n=19) indicated that, in the last year, cost had prohibited them from getting a prescription or taking their medication regularly. Eighty-six percent of respondents (n=114) indicated that cost had not prohibited them.



“Other” comments:

- Thanks to Shopko

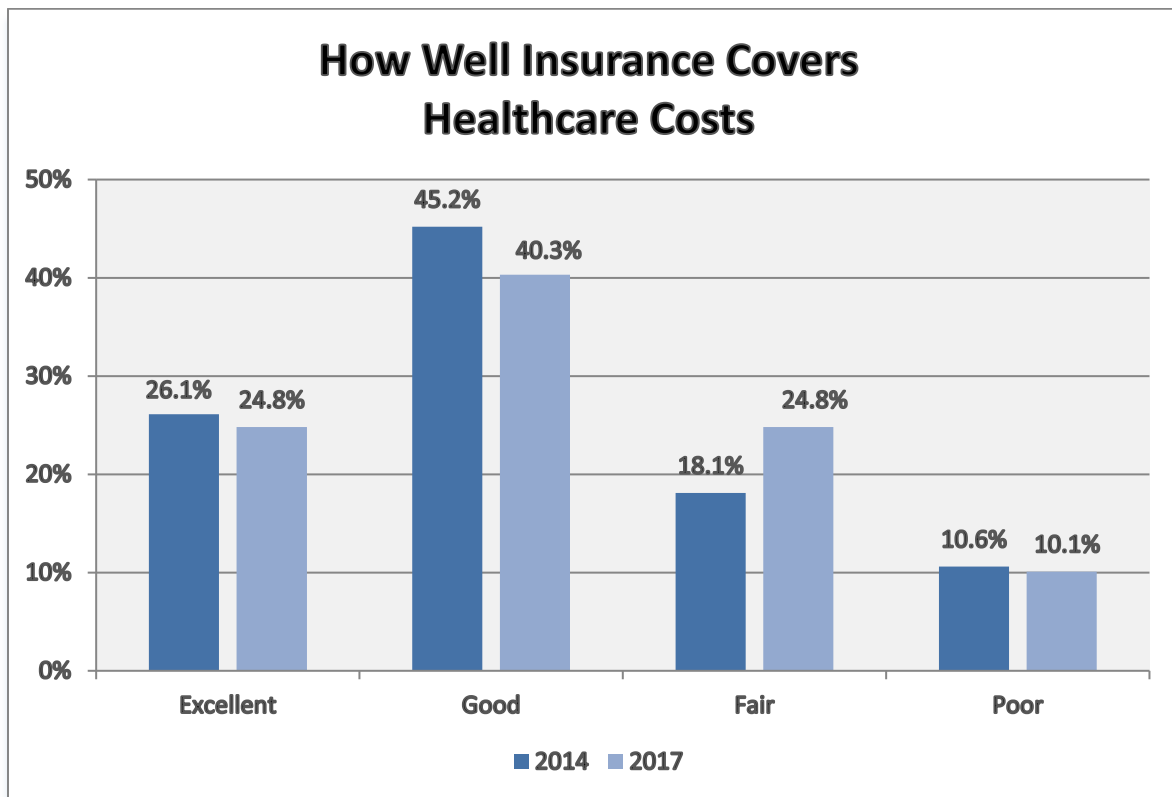
Survey Findings – Health Insurance

Insurance and Healthcare Costs (Question 28)

2017 N= 129

2014 N= 188

Respondents were asked to indicate how well they felt their health insurance covers their healthcare costs. Forty percent of respondents (n=52) indicated they felt their insurance covers a “Good” amount of their healthcare costs. Twenty-five percent of respondents (n=32 each) indicated they felt their insurance is “Excellent” and “Fair.”



“Other” comments:

- N/A
- [Selected Good]: Medicare
- Cancelled my insurance due to 75% increase in premiums
- Good now. Horrible in 2016 with health care marketplace (Obamacare)

Medical Insurance (Question 29)

2017 N= 115

2014 N= 168

Respondents were asked to indicate what type of medical insurance covers the majority of their medical expenses. Thirty-seven percent (n=43) indicated they have “Employer sponsored” insurance. Thirty-six percent (n=41) reported they have a “Medicare” and “Health Insurance Marketplace” was reported by 5.2% of respondents (n=6).

Insurance Type	2014		2017	
	Count	Percent	Count	Percent
Employer sponsored	67	39.9%	43	37.4%
Medicare¹	48	28.6%	41	35.7%
Health Insurance Marketplace	Not asked - 2014		6	5.2%
Medicaid	0	0	5	4.3%
None/Pay out of pocket	14	8.3%	5	4.3%
Private insurance/private plan ²	21	12.5%	4	3.5%
Health Savings Account	3	1.8%	3	2.6%
VA/Military	1	0.6%	3	2.6%
Healthy MT Kids	7	4.2%	2	1.7%
Agricultural Corp. Paid	0	0	0	0
Indian Health Services	0	0	0	0
State/Other	6	3.6%	0	0
Other	1	0.6%	3	2.6%
TOTAL	168	100%	115	100%

¹Significantly more 2017 respondents reported they utilize Medicare.

²Significantly fewer 2017 respondents reported having private insurance/private plan.

“Other” comments:

- TriCare
- Blue Shield Avdg.
- AARP/United Healthcare
- Liberty Share, Aflac, TPA insurance
- Different for each household member
- Health care sharing, ministry member

Barriers to Having Medical Insurance (Question 30)

2017 N= 5

2014 N= 14

Those respondents who indicated they did not have medical insurance were asked to indicate why they did not. “Cannot afford to pay for medical insurance” was the top response with 80% (n=4). Respondents could select all that apply.

Reason	2014		2017	
	Count	Percent	Count	Percent
Cannot afford to pay for medical insurance	14	100%	4	80%
Choose not to have medical insurance	0	0	2	40%
Employer does not offer insurance	6	42.9%	0	0
Other	0	0	1	20%

“Other” comments:

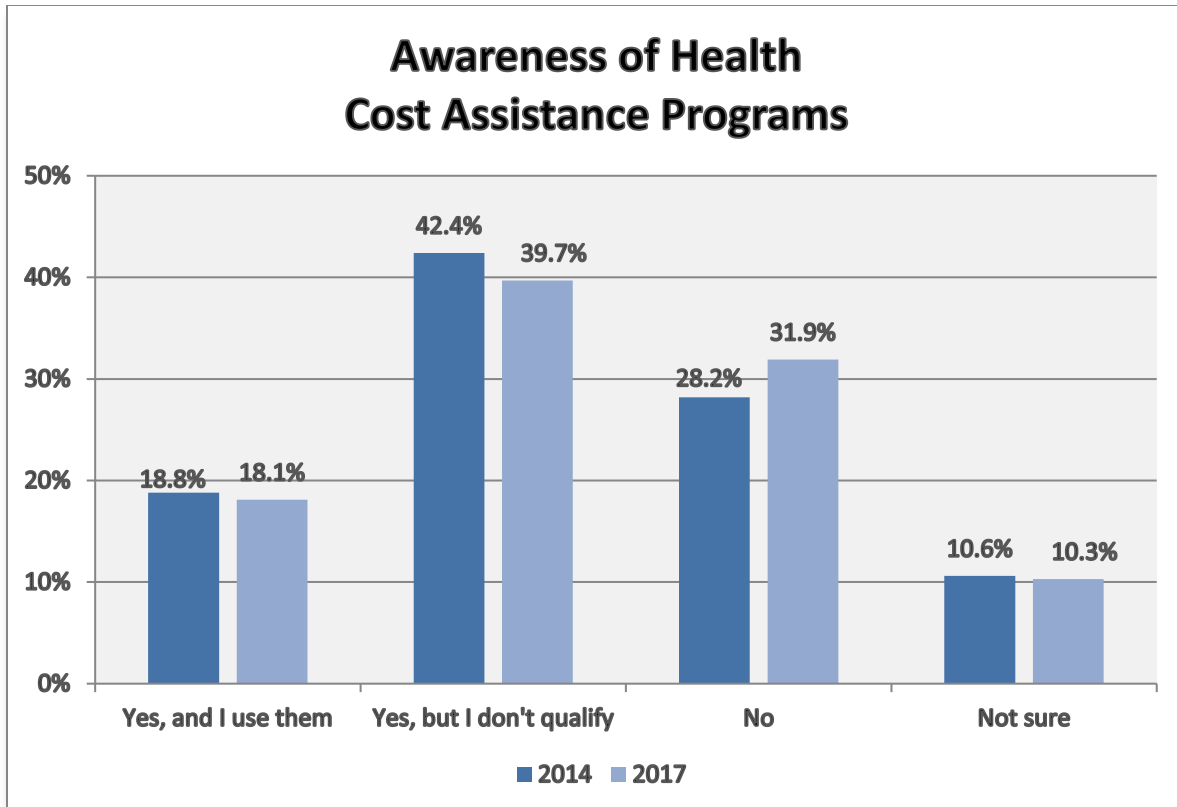
- Save it (HSA)
- Costs too much!
- I don’t believe I would qualify

Awareness of Health Payment Programs (Question 31)

2017 N= 116

2014 N= 170

Respondents were asked to indicate their awareness of programs that help people pay for healthcare bills. Forty percent of respondents (n=46) indicated they were aware of these types of programs, but did not qualify to utilize them. Thirty-two percent (n=37) indicated that they were not aware of these programs and 18.1% of respondents (n=21) indicated they were aware and utilized them.



VI. Focus Group & Key Informant Interview Methodology

Three focus group interviews were conducted in March 2017. Participants were identified as people living in Barrett Hospital & HealthCare's service area.

The focus group participants were selected to represent various consumer groups of healthcare including senior citizens and local community members. Each interview lasted up to 90 minutes in length and followed the same line of questioning. Focus group interview questions and notes can be found in Appendix H. The questions and discussions were led by Amy Royer with the Montana Office of Rural Health.

Additionally, one key informant interview was conducted. The interview lasted approximately 15 minutes and the questions and notes can be found in Appendix G.

VII. Focus Group & Key Informant Interview Summary

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

Improve health of the community:

- Community members indicated a need for more opportunities to exercise.
- More resources for alcohol and substance abuse.
- Participants felt that having health education classes and support groups would improve the health of the community.

Most important local healthcare issues:

- Access to mental health services is a concern for community members.
- Alcohol and substance abuse.
- Participants indicated a need for more affordable healthcare services in the community.

Opinion of hospital services:

- Community members felt the hospital and physicians really cared about them.
- Participants were concerned about the billing process and the lack of communication from the billing office.
- Condition of facility and quality of care was viewed as excellent.
- Participants were impressed with the availability of appointments.

Reasons for using local providers:

- Participants utilize local providers because of the convenience.
- Community members have formed personal relationships with the local providers and feel that they receive high quality healthcare.

Opinion of local services:

- The emergency room was viewed as excellent.
- Participants would like more outreach from the Public Health Department on the services they provide.
- Community members felt the level of care at the senior center and assisted living facility was exceptional.

Reasons to leave the community for healthcare:

- Participants stay local when services are available. They leave the community when referred for specialty care or if the needed service is not available locally.
- Community members indicated that they seek services elsewhere if they are more cost effective.

Needed healthcare services in the community:

- Orthopedic surgeon.
- Naturopathic medicine.
- Oncology.

Summary continued...

- Mental health services.
- Cardiologist.
- Education about alcohol and drugs.
- More specialists.
- More fitness opportunities.

VIII. Summary

One hundred thirty-nine surveys were completed in Barrett Hospital & HealthCare's service area for a 22% response rate. Of the 139 returned, 56.9% of the respondents were female, 70.7% were 56 years of age or older, and 50.8% reported they are retired.

Respondents rated the overall quality of care and services at the hospital as excellent to good, scoring 3.5 out of 4.0.

Over half of the respondents (51.7%) feel the Dillon area is a "healthy" or "very healthy" place to live. Respondents indicated their top three health concerns were: alcohol abuse/substance abuse (58.3%), cancer (38.1%), and overweight/obesity (38.1%). Significantly more respondents identified suicide and recreational accidents/injuries as a concerns than in previous the Community Health Needs Assessment conducted in 2014.

When respondents were asked which health related educational programs or classes they would be most interested in, the top choices were: fitness (32.4%), health and wellness (28.1%), and chronic pain management (23.7%). Significantly fewer respondents indicated a desire/need for First aid/CPR, which was the top response in 2014.

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 76.1% 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.

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

The community steering committee, comprised of staff leaders from Barrett Hospital & HealthCare (BHH) and community members from Beaverhead County, convened to begin an implementation planning process to systematically and thoughtfully respond to all issues and opportunities identified through the Community Health Services Development (CHSD) Process.

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

- Awareness, outreach and education
- Health and wellness/ promoting healthy lifestyles
- Drug and alcohol abuse
- Mental health and suicide

Barrett Hospital & HealthCare will determine which needs or opportunities could be addressed considering BHH's parameters of resources and limitations. The committee will prioritize the needs/opportunities using the additional parameters of the organizational vision, mission, and/or values, as well as existing and potential community partners.

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

Resources

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

- Assisted Living facilities
 - Renaissance
 - Legacy
- Long Term Care Facilities
 - Parkview Acres
 - Tobacco Root Mountain Care Center
- Mental Health/ Disability Services
 - BSW, Inc. Dillon Division
 - Mental Health Local Advisory Council
 - Crisis Response Team of Western Montana Mental Health
 - Western Montana Mental Health
 - Local LCPC and LCSW providers
 - Southwest Chemical Dependency Program
 - Dillon Alano Club
 - Alta Care
 - Yellowstone Boys and Girls Ranch
 - Youth Dynamics
 - AWARE Inc.
- Affiliations for training future healthcare providers
 - Medical, physician assistant, and nursing schools, schools of pharmacy and physical therapy, schools that train radiology and lab techs, and residency programs.
- Beaverhead County Public Health
 - Beaverhead Family Planning Clinic
- Southwest Montana Community Health Center
- Montana Migrant & Seasonal Farmworkers Council
- New Hope Pregnancy Support Center of Dillon
- Dillon Medical Supply
- Dillon city government
- Beaverhead County government
- DPHHS - Field Office of Public Assistance
- Adult Protective Services
- Child Protective Services
- Beaverhead DUI Task Force
- Montana Be the Change Coalition
- Law enforcement Drug Abuse Resistance Education program
- Local optometrists and dentists
- Local pharmacies
- Beaverhead Trails Coalition

- Safe Routes to School Program/ Walking School Bus Program
- Beaverhead Senior Citizens
- Veteran Services including Beaverhead American Legion, Beaverhead White Hat Coalition, Joining Community Forces, Patriot Guard Riders of Montana, Veterans & Military Exchange, and VFW Post 9040.
- Beaverhead Emergency Medical Services
- Women's Resource/ Community Support Center
- Beaverhead County Disaster & Emergency Services/ Local Emergency Planning Committee (LEPC)
- Montana Department of Public Health & Human Services (MT DPHHS)
- Montana Office of Rural Health/Area Health Education Center (MORH/AHEC)
- Providence Health & Services Community Connect EMR
- Southwestern Montana Family YMCA
- The Montana Rural Healthcare Performance Improvement Network
- Mountain Pacific Quality Health
- The MHA Hospital Improvement Innovation Network (HIIN)
- The Montana Hospital Association (MHA)
- HealthTechS3
- National Rural Accountable Care Organization (NRACO)

X. Evaluation of Activity Impacts from Previous CHNA

The Barrett Hospital & HealthCare Board of Directors approved its previous implementation plan August 27, 2014. The plan prioritized the following health issues:

- Enhancing surgical services
- Improving access to healthcare
- Increasing awareness of existing services
- Improving access to primary care
- Mental health

Enhancing surgical services

- 2014 hired part time general surgeon John Pickens, MD to expand general surgery coverage
- 2014 increased urology coverage with additional clinic days by Bozeman urologists
- 2014 Dan Downey, MD local orthopedic surgeon agreed to switch to lower cost implants for total joint cases resulting in lower costs to patients
- 2014-present: customer service training for peri-op staff; improved staff use of new EMR
- 2015 increased presence of visiting orthopedic subspecialists from Bozeman and Missoula; Drs. Blake, Channer, Jarrett, LeGrande, and Vinglas joined Dr. Downey to perform cases and expand scope (e.g. shoulders)
- 2015 added epidural service to OB service line
- 2016 additional orthopedic instruments consigned to allow additional fracture repair cases to be performed locally
- 2017 contracted with St. James Healthcare for additional urology coverage with Nathaniel Readal, MD

Improving access to healthcare

- 2014-present: cross-training on-going in diagnostic imaging department to expand availability of modalities, particularly MRI
- 2014-present: added Physical, Occupational, & Speech Therapy capability to expand availability and specialty services in that area
- 2014 expanded walk-in clinic hours to go through the lunch hour
- 2015 added limited chemotherapy capability
- 2016 added 24 hour on-line and telephone bill pay service to improve convenience of payment options
- 2016 built addition for upgraded MRI
- 2016 added tomosynthesis mammography
- 2016 added women's health rehab services
- 2016 Dr. Hueftle Anaconda hematologist/oncologist started clinic 1 day per month
- 2017 Dr. Speth Bozeman orthopedic/spine specialist started clinic 1 day per month
- Senior citizen well checks were not implemented due to lack of resources

Increasing awareness of existing services

- 2014 split marketing and foundation functions to allow increased emphasis with a full time marketing manager
- 2014 to present: continued radio and newspaper advertising
- 2015 sponsored community health fair
- 2015 established hospital marketing committee to expand input into marketing strategies
- 2015 to present: regular review of marketing plan with committee and leadership
- 2015 contracted with Legato, a healthcare marketing firm specializing rural healthcare
- 2015 established a social media presence on Facebook
- 2015 to present: rented billboards in Dillon, Butte, and Whitehall
- 2015 and 2016 published Community Benefit report and direct mailed to all of service area
- 2016 used community magazine format to highlight services and direct mail postcards to advertise new services (MRI and 3D mammography)
- 2016 Primary Care Marketing Campaign
- 2016 specific advertising directed at financial assistance programs including certified application counselors for the healthcare marketplace and new 501r benefits

Improving access to primary care

- 2014 hired Hallie Tipton, MD and Casey Rasch, MD, both Family Medicine/ Obstetrics providers
- 2014 hired athletic trainer to contract with high school
- 2014 to present: offered EKG clinics to high school athletes expanded to sports physical clinics on-site at the high school
- 2016 consolidated primary care clinic to improve access to Registered Dietitian and Behavioral Health in the same building with Primary Care
- 2016 received grant for Asthma Care Clinic

Mental health

- 2014 started integrated behavioral health model with the addition of LCSW therapist in primary care clinic
- 2014 transitioned Diabetes Prevention Program into “Health Improvement Program” focused on weight loss and lifestyle changes; includes Behavioral Health component
- 2015 offered suicide prevention training at schools
- 2016 began offering telepsychiatry services through St. Patrick Hospital
- 2016 participation in Healthcare Integration Summit with other community participants to drive integration of primary care and behavioral health

Appendix A – Steering Committee Members

Steering Committee – Name and Organization Affiliation

1. Ben Power – Quality Coordinator, Barrett Hospital & HealthCare (BHH)
2. Jenny Given – LCSW, BHH & Local Advisory Council for Mental Health
3. Victoria Tomaryn – Compliance Specialist, BHH
4. Maria Koslosky – Quality-Risk Director/ Compliance-Privacy Officer, BHH
5. Kenda Madany – Chamber of Commerce
6. Mary Jo O'Rourke – Hospital Foundation Board Member, BHH
7. Lisa Benzel – Program Director, Montana WWAMI TRUST
8. Mary Sturgeon – Hospital Volunteer Coordinator
9. Sue Hansen – BSN, RN, Director of Beaverhead County Public Health
10. Angela Hammang – High School Science Teacher, DHS
11. Jerry Girard – College Counselor, University of Montana Western
12. Dr. John Madany – Family Practice Physician, BHH
13. Dr. Sandra McIntyre –Internal Medicine Physician, BHH
14. Carol Kennedy – Chief Clinical Officer, BHH
15. Stephanie Vinson – Marketing Manager, BHH
16. Mary Bearden, BHH Patient Advisory Council member
17. Tennie Beitler, BHH Patient Advisory Council member
18. Ronnie Bolick, BHH Patient Advisory Council member
19. Carol Dickinson, BHH Patient Advisory Council member
20. Don Peterson, BHH Patient Advisory Council member

Appendix B – Public Health and Populations Consultation

Public Health and Populations Consultation Worksheet

1. Public Health

- a. Name/Organization
Sue Hanson, RN- Public Health Director
Jenny Given, LCSW-Local Advisory Council for Mental Health
- b. Date of Consultation
First Steering Committee Meeting: 11/08/2016
- c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
Steering Committee
- d. Input and Recommendations from Consultation
 - I feel the depression question might be confusing. I will do some research on finding a better way to ask about depression in our 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
Angela Hammang-High School Counselor
- b. Date of Consultation
First Steering Committee Meeting: 11/08/2016
- c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
Steering Committee
- d. Input and Recommendations from Consultation
 - We could use more youth psychiatry

Population: Low Income

- Name/Organization
Maria Koslosky- BHH Executive Sponsor
Victoria Tomaryn- BHH Record Keeper
- b. Date of Consultation
First Steering Committee Meeting: 11/08/2016
- c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)

Steering Committee

- d. Input and Recommendations from Consultation
 - Affordability and lower cost of care could be included in options that would improve our communities access to healthcare
 - Is there a patient advocate? -There isn't anyone with the specific title of Patient Advocate but many people in the hospital do this informally

Population: Seniors

- a. Name/Organization
 - Dr. Sandra McIntyre- BHH
- b. Date of Consultation
 - First Steering Committee Meeting: 11/08/2016
- c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
 - Steering Committee
- d. Input and Recommendations from Consultation
 - Many people don't want to go to an Alzheimer's class but they might go to a support group.
 - Home health checks are available for seniors.

Appendix C – Secondary Data



MONTANA
STATE UNIVERSITY

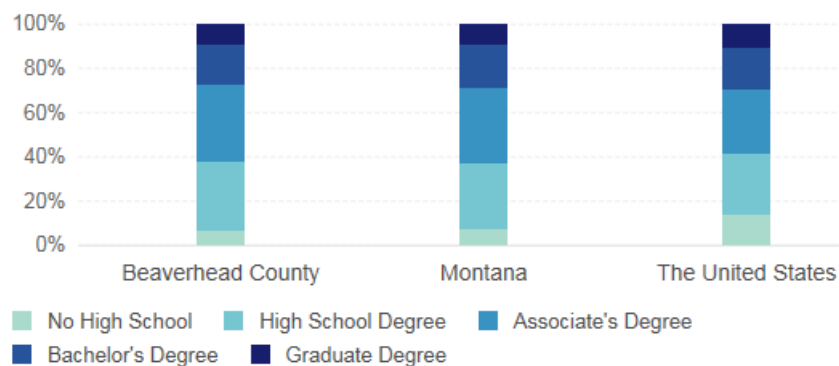
Office of Rural Health
Area Health
Education Center

Demographic Measure (%)		County ²			Montana ²			Nation ^{1,2}		
Population		9,345			1,032,949			321,418,820		
Population Density		1.7			6.8			Not relevant		
Age		<5	18-64	65+	<5	18-64	65+	<5	18-64	65+
		4.7%	56.9%	20.6%	6%	54.9%	17.2%	6.2%	56%	14.9%
Gender		Male		Female	Male		Female	Male		Female
		51.0%		49.0%	50.3%		49.7%	49.2%		50.8%
Race/Ethnic Distribution	White	94.7%			89.2%			77.1%		
	American Indian or Alaska Native	1.4%			6.6%			1.2%		
	Other †	5.2%			5.1%			36.7%		

¹County Health Ranking, Robert Wood Johnson Foundation (2012) †Black, Asian/Pacific Islanders, Hispanic & Non-Hispanic Ancestry

²US Census Bureau (2015)

Beaverhead County Educational Attainment



Beaverhead County

No High School	6.44%
High School Degree	31.70%
Associate's Degree	34.67%
Bachelor's Degree	17.57%
Graduate Degree	9.62%

Montana

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

The United States

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

³ National Center for Education Statistics

Socioeconomic Measures (%)	County ^{1,2,6}	Montana ^{1,2,4}	Nation ^{2,4,5,6,7}
Median Income	\$42,577	\$46,766	\$53,482
Unemployment Rate	3.4%	4.1%	4.9%
Persons Below Poverty Level	17.1%	14.6%	13.5%
Uninsured Adults (Age <65)	19%	17%	13.3%
Uninsured Children (Age <18)	N/A	11.0%	5.5%
Children in Poverty	21%	19%	21%

¹County Health Ranking, Robert Wood Johnson Foundation (2017) ⁵Center for Disease Control and Prevention (CDC), Health Insurance (2014)

²US Census Bureau (2015)

⁶Bureau of Labor Statistics (August 2016)

⁴Montana Dept of Labor and Industry, Research & Analysis Bureau (August 2015) ⁷National Center for Children in Poverty

Maternal Child Health ⁸	County	Montana
Births <i>Between 2011-2013</i>	272	35,881
Born less than 37 weeks	8.1%	9.1%
Teen Birth Rate (females age 15-19) <i>Per 1,000 years 2009-2013</i>	12.6	32.0
Smoking during pregnancy	14.0%	16.3%
Receiving WIC	32.4%	34.6%
Children (2-5 years of age) overweight or obese	15.9%	27.9%

⁸ County Health Profiles, DPPHS (2015)

Behavioral Health	County ^{1,8}	Montana ^{1,8,11}
Childhood Immunization Up-To-Date (UTD) % Coverage*	31.9% (2011)	65.6% (2014)
Tobacco Use	16%	19%
Alcohol Use <i>(binge + heavy drinking)</i>	21%	22%
Obesity	24%	25%
Poor Mental Health Days (Past 30 days)	3.3	3.6
No Leisure time for physical activity	22%	20%

¹County Health Ranking, Robert Wood Johnson Foundation (2017)

⁸ County Health Profiles, DPPHS (2015)

¹¹Center for Disease Control and Prevention (CDC), National Vital Statistics (2014)

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

Communicable Diseases (per 100,000 people ⁸)	County	Montana
Chlamydia	354.36	366.24
Hepatitis C	78.75	122.95
Pertussis	10.74	44.60

⁸ County Health Profiles, DPPHS (2015)

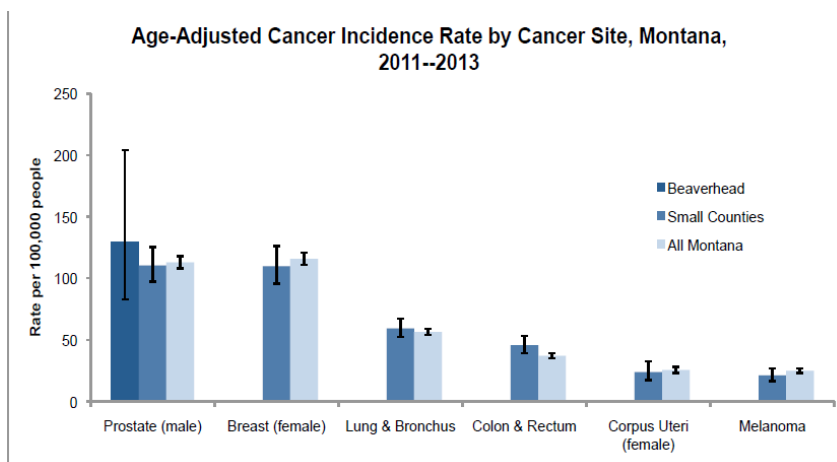
Chronic Disease Inpatient Admissions ⁸	County	Montana
Chronic Obstructive Pulmonary Disease (COPD) <i>Per 100,000 population</i>	541.9	716.8
Diabetes <i>Per 100,000 population</i>	704.0	822.5
Cardiovascular Disease <i>Per 100,000 population</i>	724.8	746.7

⁸ County Health Profiles, DPPHS (2015)

Cancer Prevalence	County ⁸	Montana ⁸	Nation ¹²
All Sites Cancer	373.9	439.8	448.7

⁸ County Health Profiles, DPPHS (2015)

¹² Center for Disease Control and Prevention (CDC) (2014)



⁸ County Health Profiles, DPPHS (2015)

Mortality ^{11,14}	Montana	Nation
<i>Suicide Rate per 100,000 population</i>	23.8	12.9
<i>Unintentional Injury Death Rate per 100,000 population</i>	56.8	41.3
<i>Pneumonia/Influenza Mortality per 100,000 population</i>	13.7	15.1
<i>Diabetes Mellitus ² per 100,000 population</i>	24.4	23.9
<i>Leading Causes of Death</i>	1. Heart Disease 2. Cancer 3. CLRD*	1. Heart Disease 2. Cancer 3. CLRD*

¹¹ Center for Disease Control and Prevention (CDC), National Vital Statistics (2014)

¹⁴ Kaiser State Health Facts, National Diabetes Death Rate (2014)

*Chronic Lower Respiratory Disease

Appendix D – Survey Cover Letter



600 MT Highway 91 South • Dillon, MT 59725 • (406) 683-3000
www.barretthospital.org

January 18, 2017

Dear Resident:

**Participate in our Community Health Needs Assessment survey for a chance to
WIN 1 of 4 Gas Cards!**

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

*Your name has been randomly selected as a resident who lives in the Barrett Hospital & HealthCare service area. The survey covers topics such as: use of healthcare services, awareness of services, community health, health insurance and demographics. We know your time is valuable so we have made an effort to keep the survey to about 15 minutes. **Participating in this survey is completely voluntary and your identity and answers will remain anonymous.** Please note that we cannot guarantee confidentiality for any of the information you choose to share with others in your community.*

You are probably aware of many challenges rural citizens face related to healthcare, such as access to services and affordability. However, by completing the enclosed survey, you can help guide Barrett Hospital & HealthCare in developing comprehensive and affordable healthcare services for our area residents.

1. **Due date to return survey and ONE raffle ticket: February 23, 2017**
2. **Return your completed survey in the envelope provided - no stamp needed**
3. **Keep the other raffle ticket for when we announce the four winners on our website and Facebook page the week of March 6, 2017**

The winning raffle ticket numbers for the four (4) gas cards will be announced on the hospital website (www.barretthospital.org) as well as on the hospital Facebook page the week of March 6, 2017. Barrett Hospital & HealthCare is offering you this chance to win one of the four (4) 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 MORH with this project. If you have any questions about the survey, please call Natalie Claiborne at 406-994-6001. We believe, with your help, we can continue to improve healthcare services in our region.

Thank you for your assistance. We appreciate your time.

Sincerely,

Ken Westman, CEO

*Barrett Hospital & HealthCare provides compassionate care, healing and health-improving services
to all community members throughout life's journey.*

Appendix E – Survey Instrument

Community Health Services Development 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 406-994-6001.* **Participation is voluntary. You can choose not to answer any question that you do not want to answer and can stop at any time.**

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

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

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

- | | | |
|-----------------------------------------------------|----------------------------------------------------|-------------------------------------------------------------|
| <input type="radio"/> Alcohol abuse/substance abuse | <input type="radio"/> Lack of access to healthcare | <input type="radio"/> Recreation related accidents/injuries |
| <input type="radio"/> Cancer | <input type="radio"/> Lack of dental care | <input type="radio"/> Suicide |
| <input type="radio"/> Child abuse/neglect | <input type="radio"/> Lack of exercise | <input type="radio"/> Stroke |
| <input type="radio"/> Depression/anxiety | <input type="radio"/> Lack of healthcare education | <input type="radio"/> Tobacco use |
| <input type="radio"/> Diabetes | <input type="radio"/> Mental health issues | <input type="radio"/> Work/economic stress |
| <input type="radio"/> Domestic violence | <input type="radio"/> Motor vehicle accidents | <input type="radio"/> Work related accidents/injuries |
| <input type="radio"/> Heart disease | <input type="radio"/> Overweight/obesity | <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 fresh produce | <input type="radio"/> Low death and disease rates |
| <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"/> Promotion of local business/services |
| <input type="radio"/> Clean environment | <input type="radio"/> Religious or spiritual values |
| <input type="radio"/> Community involvement | <input type="radio"/> Strong family life |
| <input type="radio"/> Good jobs and a healthy economy | <input type="radio"/> Tolerance for diversity |
| <input type="radio"/> Good schools | <input type="radio"/> Walking/biking paths |
| <input type="radio"/> Healthy behaviors and lifestyles | <input type="radio"/> Other _____ |
| <input type="radio"/> Low crime/safe neighborhoods | |

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

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

- | | | |
|--------------------------------------------------|-----------------------------------------------|----------------------------------------------------|
| <input type="radio"/> Audiologist (Hearing) | <input type="radio"/> Mental health | <input type="radio"/> Orthopedic Rehabilitation |
| <input type="radio"/> Dentist | <input type="radio"/> Naturopath/Chiropractor | <input type="radio"/> Public health |
| <input type="radio"/> Dillon Medical Clinic | <input type="radio"/> Pharmacy | <input type="radio"/> SWMT Community Health Center |
| <input type="radio"/> Family/marriage counseling | <input type="radio"/> Optometrist (Eyes) | <input type="radio"/> Other _____ |

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

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

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

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

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

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

- | | | |
|----------------------------------------------------|-----------------------------------------------------|----------------------------------------------------|
| <input type="radio"/> Adult immunizations | <input type="radio"/> Dermatology (mole/skin check) | <input type="radio"/> Routine blood pressure check |
| <input type="radio"/> Annual wellness visit | <input type="radio"/> Flu shot | <input type="radio"/> Sports physical |
| <input type="radio"/> Children's checkup/Well baby | <input type="radio"/> Health fair | <input type="radio"/> Vision check |
| <input type="radio"/> Child immunizations | <input type="radio"/> Hearing check | <input type="radio"/> None |
| <input type="radio"/> Cholesterol check | <input type="radio"/> Mammography | <input type="radio"/> Other _____ |
| <input type="radio"/> Colonoscopy | <input type="radio"/> Pap smear | |
| <input type="radio"/> Dental 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"/> Dermatology | <input type="radio"/> Rheumatology |
| <input type="radio"/> ENT (ear/nose/throat) | <input type="radio"/> Senior well checks/community paramedicine/home health |
| <input type="radio"/> Neurology | <input type="radio"/> Other _____ |
| <input type="radio"/> Neuropsychology/child psychiatry | |

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 were at most frequently, what were the three most important reasons for selecting that hospital? (Select ONLY 3 that apply)

- | | | |
|--------------------------------------------|---------------------------------------------------------|--------------------------------------------------|
| <input type="radio"/> Closest to home | <input type="radio"/> Hospital's reputation for quality | <input type="radio"/> 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, internal medicine doctor, physician assistant or nurse practitioner for healthcare services?

☐ Yes ☐ No (If no, skip to question 21)

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"/> Migrant Health Services
<input type="radio"/> Clinic's reputation for quality	<input type="radio"/> Prior experience with clinic
<input type="radio"/> Closest to home	<input type="radio"/> Recommended by family or friends
<input type="radio"/> Cost of care	<input type="radio"/> Referred by physician or other provider
<input type="radio"/> Established patient	<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_____

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

<input type="radio"/> 0-3 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

Behavioral health 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
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
Eye (cataract) 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
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
Infusion services/chemotherapy	<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
Pharmacy clinics	<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
Tele-psychiatry	<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
Walk in clinic	<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?

- ☐ Yes ☐ No

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

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

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

- ☐ Yes ☐ No

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

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

- | | |
|------------------------------------------------------------------|------------------------------------------------------------|
| <input type="radio"/> Cannot afford to pay for medical insurance | <input type="radio"/> Choose not to have medical insurance |
| <input type="radio"/> Employer does not offer insurance | <input type="radio"/> Other _____ |

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

- | | | | |
|-------------------------------------------|-------------------------------------------------|--------------------------|--------------------------------|
| <input type="radio"/> Yes, and I use them | <input type="radio"/> Yes, but I do not qualify | <input type="radio"/> No | <input type="radio"/> Not sure |
|-------------------------------------------|-------------------------------------------------|--------------------------|--------------------------------|

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

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

- | | | |
|------------------------------------|--------------------------------------|------------------------------------------|
| <input type="radio"/> 59710 Alder | <input type="radio"/> 59736 Jackson | <input type="radio"/> 59754 Twin Bridges |
| <input type="radio"/> 59724 Dell | <input type="radio"/> 59739 Lima | <input type="radio"/> 59761 Wisdom |
| <input type="radio"/> 59725 Dillon | <input type="radio"/> 59746 Polaris | <input type="radio"/> Other _____ |
| <input type="radio"/> 59732 Glen | <input type="radio"/> 59749 Sheridan | |

33. What is your gender? ☐ Male ☐ Female

34. What age range represents you?

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

35. What is your employment status?

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

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

THANK YOU VERY MUCH FOR YOUR TIME

Please note that all information will remain confidential

Appendix F – Responses to Other and Comments

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

- Advanced age
- Cost of health care
- Don't know enough to answer intelligently
- [Suicide]: in young people- high school & college

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

- Christian
- Volunteerism
- Affordable health care
- Nutrition education in schools

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

- My job
- Dillonite (2)
- Experience (2)
- Employee at Barrett's
- Negative feedback from community members

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

- OT/PT [Occupational Therapy/Physical Therapy]
- YMCA
- Massage
- Home health
- Walk-in clinic
- Cosmetic surgeon
- Ambulance service
- Occupational therapy
- Dermatology skin check
- Community blood testing

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

- I think all this is good
- Chemotherapy and/or radiation

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

- N/A
- None (2)
- Caregiver support
- Free skin cancer screening day
- Already attend the (cancer) one that's offered
- How does a person pay for outrageously high costs of health care?

10. Which of the following preventative services have you or someone in your household used in the past year?

- A1C
- DOT physical
- Pulmonary therapy

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

- Couldn't see my doctor
- Specialist would not come into hospital
- Not confident I could get the help needed

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

- N/A
- None
- Ortho
- Gastroenterology
- Allergy specialist
- Allergy/asthma doctor
- Back orthopedic surgeon
- Chemotherapy and/or radiation

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

- St. Vincent, Billings
- St. Patrick of Helena
- VA/Fort Harrison, Helena (2)
- Community Hospital of Anaconda

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

- St. James, Butte
- Closest to family
- Services available
- Specialized surgeon available sooner, newer tools as well

18. Where was that primary healthcare provider located?
- Idaho Falls
 - Dillon CHC [Community Health Center]
 - Helena (3)
 - Sheridan (4)
 - Bozeman (5)
 - Deer Lodge (7)
 - Veteran Affairs (2)
19. Why did you select the primary care provider you are currently seeing?
- My regular doctor
 - Anna Loge is great!
 - Accepts my insurance
 - The one I started with
 - Her excellent reputation
 - Educational background
 - I feel cost of care is extremely high
20. On average, how long does it take to see your primary care provider for an urgent appointment?
- Haven't needed an urgent appointment
 - There is a doctor on call if I can't see my PCP
22. Where was the healthcare specialist seen?
- Colorado
 - Hamilton
 - Boise, ID
 - Anaconda (5)
 - Idaho Falls (2)
 - Salt Lake City (3)
 - Colorado- just moved here
 - Phoenix, AZ
 - Spokane, WA
23. What type of healthcare specialist was seen?
- ER Doctor
 - Vein clinic
 - Optometrist
 - Acupuncture
 - Behavioral health
 - Pain management
 - Cosmetic surgeon
 - Neuropsychologist

24. The following services are available at Barrett Hospital & HealthCare. Please rate the overall quality for each service.

- [Regarding infusion services/chemotherapy]: Prolia
- [Regarding home health/hospice]: Heard they were great especially Cindy Y.

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

- Thanks to Shopko

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

- N/A
- [Selected Good]: Medicare
- Cancelled my insurance due to 75% increase in premiums
- Good now. Horrible in 2016 with health care marketplace (Obamacare)

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

- TriCare
- Blue Shield Avdg.
- AARP/United Healthcare
- Liberty Share, Aflac, TPA insurance
- Different for each household member
- Health care sharing, ministry member

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

- Save it (HSA)
- Costs too much!
- I don't believe I would qualify

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

- 59602
- 83406- I lived in 59724 Dell until 11/2016

33. What is your gender?

- Both of us worked on this survey

35. What is your employment status?

- Rancher
- Store owner
- Self-employed (x2)
- Stay at home wife/mom
- Caregiver to my husband who has Parkinson's

Appendix G –Key Informant Interview Questions & Notes

Key Informant Interview Questions

1. What would make your community a healthier place to live?
2. What do you think are the most important local healthcare issues?
3. What other healthcare services are needed in the community?

Key Informant Interview Notes

December 05, 2016- Sue Hanson, Public Health Director –Via phone interview

4. What would make your community a healthier place to live?
 - There is a lot. In our needs assessment, we found that there is a need for more access to walking and biking trails. The community needs more opportunities for physical activity. We have several community groups that are working towards this.
 - Increased immunization rates.
 - Decreased communicable diseases such as STDs and food/water borne illnesses. We see a lot of STDs because of the college campus.
5. What do you think are the most important local healthcare issues?
 - Affordable healthcare and I mean the whole gamut... Mental health, dental, medical all of it.
 - Mental health is a huge issue. We have a lack of services. We have a high suicide rate and high depression rates.
6. What other healthcare services are needed in the community?
 - Mental health services.
 - I think for a small area that we have a lot of variety of services. They are just starting chemo therapy at the hospital which is great.

Appendix H – Focus Group Questions & Notes

Focus Group Questions

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

1. What would make this community a healthier place to live?
2. What do you think are the most important local healthcare issues? (Probe question: What do you think are the biggest issues facing local healthcare services?)
3. We are now going to ask you for your views about the hospital. What do you think of the hospital in terms of:
 - Quality of Care
 - Number of Services
 - Hospital Staff (style of care, competence)
 - Hospital Board and Leadership (good leaders, trustworthy)
 - Business Office
 - Condition of Facility and Equipment
 - Financial Health of the Hospital
 - Cost
 - Office/Clinic Staff
 - Availability
4. Are any of the local providers your personal provider or personal provider to your family members? Why?
5. What do you think about these local services:
 - Emergency Room
 - Ambulance Service
 - Healthcare Services for Senior Citizens
 - Public/County Health Department
 - Healthcare Services for Low-Income Individuals/Families
 - Nursing Home/Assisted Living Facility
 - Pharmacy
6. Why might people leave the community for healthcare?
7. What other healthcare services are needed in the community?

Focus Group Notes

Focus Group #1

Monday, March 06, 2017 – 5:30pm-6:30pm – Barrett Hospital – Dillon, MT

7 participants (2 male, 5 female)

1. What would make this community a healthier place to live?
 - I think we need more walking trails and opportunities for physical education.
 - Opportunities to be physically fit in the winter too- like an inside facility and places to walk. Not everyone has a Y membership.
 - And things for kids to do, especially for the ones not in sports. We used to have a bowling alley and we don't anymore, so it is hard for kids to find stuff to do.
 - Get them out and get them active instead of in front of their phones.
 - Open gyms.
 - I agree, but I think that it's the parents. There's lots to do here like fishing and hunting and if they were started at a young age, they would still do computers and stuff, but they would be more inclined to be outdoors if they started earlier. There's lots of things to do like snowmobiling.
 - I hear that kids say that they think they have nothing to do and no parental guidance to do any exercise.
 - A focus on preventative measures
 - There's a lot for kids to do, but not for parents. It would be good to have more preventative measures for adults and parents.
 - I don't know what it costs for a Y memberships or skiing, but there are a lot of parents who can't afford those things. We need something low cost inside for kids to run around during winter.
2. What do you think are the most important local healthcare issues?
 - Cardiovascular disease and risk factors in our community.
 - Mental health treatment- for adults and children.
 - Alcohol abuse
 - I think we've been lucky for what we have to offer and if we look around the state a lot of communities only have PA's. Here, we have doctors on the river fishing and golfing, and the area has been good to keep doctors here. The only thing I can think of is they might need to get a doctor to respond to emergencies. I know a guy whose appendix ruptured and his family had to load him up to Anaconda because the surgeon didn't respond. We may need some more doctors. Financially, it costs a lot to keep doctors here.
 - 40 years ago there were two doctors, and now we have 15, and our community hasn't grown that much. Our environment appeals to people and we've been really lucky. It scares me that that person couldn't get a surgeon. How could that happen when we have so many physicians?
 - All it takes is one negative experience and it overrides all the positive things.

- We see a lot of people who need a sliding scale or are underinsured. We get a lot of complaints about people who cannot pay the hospital and are being sent to collections. There are some people in our community who get sent to collections without receiving a bill. Our financial office needs to be more on top of that.
- Cost and accountability. A procedure in Dillon is two times more expensive than in Butte, with the same company and staff member.

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

Quality of Care

- I would say from personal experience, that it is outstanding. We live in a great community.

Number of Services

- We have a substantial menu. There are visiting providers like a urologist. If they can't service you here, they can get you easily referred to a specialist (besides mental health). There is a need for counselors for the community at large and the veterans.
 - And even for children. They usually have to drive to billings and then miss school.
 - We have to go to billings because our insurance won't cover a childhood psychiatrist.
 - Services aren't being met because of insurance reasons.
 - There used to be more in butte or Missoula, but now they won't take new clients or because of insurance.

Hospital Staff

- Positive.
- They do a great job.
- They are good about getting people in quickly.

Hospital Board and Leadership

- It's going well. I've had issues with the billing department, but I was able to go to the leadership staff here and explain that my billing wasn't right and they corrected it.

Business Office

- I've seen problems with slow billing. People get sent to collections all the time. They don't warn you before they send it, they just send it to medical collections. We would love more communication.
 - I know bills didn't go out for Medicare because the medical billing numbers were messed up.
 - In a small town, warning someone that their bill is overdue would be curtesy.
 - My husband got hurt over Christmas and we haven't seen a bill yet. I don't know if it is the hospital or insurance.
- Communication would be the best thing. They called me when I couldn't make one monthly payment in full and I was sent to medical collections even though I had paid most of the bill that month.

Condition of Facility and Equipment

- Great and brand new.

Financial Health of the Hospital

- I think in some cases it is put higher than the health of the community. The dollars and bottom line in a community like this it doesn't fit.
- It takes so long to get a bill. Just because it's not submitted on time.
 - My insurance has filing deadlines and can't be processed after 6 months.
 - My friend had to talk to the CEO about the same thing.
 - There's no reason for this, they need to get their bills out.
 - I've always had two insurances always and I've never had to pay up front and if it was in writing from my insurance companies then I would pay it. They need to start billing immediately.

Cost

- Because they are providing critical care access, that means they can require a payment of a higher fee. That's why it's more expensive here. But then if it's cheaper in Butte no one will stay local.
- If we look at the dollar amount, that's big dollars. People go out of town when services are cheaper especially if they don't have insurance.
- I have to have my labs done 5 times a year so I go to the sliding scale clinic instead of Barret. I want to support local but it's not cost efficient. Even with both insurances.

Office/Clinic Staff

- Friendly.
- Always really good employees.
- There has to be a lot of turnover. There's always someone different, especially at the front desk.

Availability

- Yeah we can get in fairly quickly.

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

- I see a doctor here and my wife goes to Judy Wilson in Deer Lodge. The rumor I hear, is a lot of Dillon people go to Dr. Wilson. I would say she has 800 patients. I heard they take care of her there. I heard she used to only work three days a week. It is costing Barret a lot of business.
 - Is the walk-in clinic efficient?
 - Personally, they get my kids in same day or next day but it's not open on Saturdays. So it would be nice if there was something on the weekends. So we don't have to go to the ER.
- When I was raising my family, we all went local and me and my husband still do stay local.
- Our primary care providers are here except mental health.

5. What do you think about these local services:

Emergency Room

- It's first class and they have great doctors. The sad part is they can only do so much and the patients are sent out. Sometimes they can stay here but we're so lucky to have this ER.

Ambulance Service

- They are private and volunteer.
- They start overusing the volunteers. They had 550 ambulance pickups last year. They transfer all over; Missoula, Bozeman etc. I can't do those runs at night. I'm getting old. Missoula you have to figure 8 hours for the volunteers and 5 hours for Bozeman
- Over the years, they've attempted a relationship with the hospital but nothing has worked out. People can't leave their jobs all the time to volunteer.
- They are very good though.

Healthcare Services for Senior Citizens

- I think that is why we have the influx of seniors because it's so good.
- It's perfect.

Public/County Health Department

- Don't know they exist unless there's a problem.
- Sue Hanson is the public health director and she's very active. We serve a lot of people in the community and there is a lot going on.

Healthcare Services for Low-Income Individuals/Families

- Community health center has sliding fee services and they're great. They're out of Butte. They have a great amount of services.

Nursing Home/Assisted Living Facility

- We have both.
- Parkview acres could be better.
- Legacy I hear great things about.
- Cannot get anyone who wants to work.
- The quality of care goes down when we can't find people who want to work at the assisted living, especially with no licensure requirements. Education or no education it's hard to find people.

Pharmacy

- We have plenty of them.
- They've been good.

6. Why might people leave the community for healthcare?

- Specialist.
- Money, I've talked to people who needed orthopedic work and they can't get an appointment. Especially in a reasonable amount of time. We have one orthopedic doctor.

- That's a weak service especially if he is gone. We would end up in Butte. And the doctor here is close to retiring.
- The cost is huge. People go all over because it's cheaper.
 - People have to shop around for healthcare now. They have to be transported out.
- We have to work on keeping doctors. So many times people are shipped out (air services) to places like Missoula and then are bankrupt for life for something simple that we can't do here anymore.
 - Madison county has emergency air services paid by the county, so you won't be charged the maximum.
 - Airlift insurance is cheap for me and it'll save my life.
 - I'd be nice to buy air lift insurance if you're going to pay \$46,000 for air services.
 - Medicaid patients are constantly life-lifted at the cost of the taxpayer. Medicaid will only pay so much.

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

- Orthopedic surgeon.
- Naturopathic medicine.
- Oncology.
- Mental health services.

Focus Group #2

Tuesday, March 07, 2017 – 9am-10am – Barrett Hospital – Dillon, MT

7 participants (1 male, 6 female)

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

- I don't think there is anything the hospital can do, but I find it difficult to fit in. I applied to register patients and the hospital told me I wasn't qualified, but hired an 18-year-old girl. I've been here 27 years and I think they pick favorites.
- More recreational activities and more support groups. Sometimes people are alone and would benefit from activities like walking groups.

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

- Alcoholism.
- Drugs.
 - Are there any community resources?
 - They used to have AA.
- Mental health. I don't know what they have in the community as far as group support goes.
 - Suicide has been huge here and some mental health help would be great.
 - Especially in men aged 30-40.
- We need to make the community more aware of depression issues because people don't realize they have it. The community needs to realize it isn't bad to have depression. Some people can't afford to get the help they need. It is seen as taboo and people want to pull themselves up by their bootstraps, but it's not that easy.

- Articles in the news about depression would be great. It would show people it is out there. It would show what people are going through.
- It would be great if Barrett would address why there is an increase in depression. It would be better to address it verbally rather than prescribing pills.
- A 72 hour crisis treatment center has been talked about but economically, I don't know if Barrett can support one.
- Sometimes it is hard to reach out to people, especially if they don't realize the symptoms of depression.

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

Quality of Care

- Excellent care
- Couldn't ask for better.
- For the size of the community, it is exceptional. I'm fortunate for the care we have here. We may need more physicians in order to get more appointment availability.
- Referrals out is the biggest thing people complain about, but we need to have a population to support the specialists that come in.
- We drive from Sheridan for Barrett and we love it.
- I've had really good healthcare at Barrett. Both the hospital and clinic, they've been awesome.

Number of Services

- For the size, it's good.
- When we are referred to a specialist, the doctors here have a lot of sway in getting you an appointment. Especially if it is critical. The specialists come twice a month.

Hospital Staff

- Excellent

Hospital Board and Leadership

- We get a pamphlet in the mail that goes over who's in the board.
- Elevate is a quarterly report about the hospital board.

Business Office

- I've had issues with the office, but not recently. I think they're inexperienced.
- The billing is confusing, but it is okay if you call them.
- Much easier now.

Condition of Facility and Equipment

- Immaculate.
- Up to date.
- They're on top of everything.
- Can't complain about the cleanliness.

Financial Health of the Hospital

- Don't know.
- Hopefully good.
- Positive margins, but there's so much uncertainty with healthcare.

Cost

- Expensive.
- Similar to other hospitals.
- When people do comparisons, Barrett is sometimes higher.
- Emergency services in Sheridan are more expensive and they don't have as many services as Barrett. I always come here.

Office/Clinic Staff

- Friendly and efficient.
- Always a few bad apples in the group, but people have bad days.
- When the first point of contact knows you by name, it feels great.
- People don't know how good it is here.

Availability

- I can always get an appointment.
- The walk-in clinic is great. It really helps with appointment availability.

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

- I like them, because they are personal and know you.
- It's like a friendship rather than doctor patient relationship. It's better than being rushed through an appointment.
- We followed Dr. Madany when he moved. Now that he has returned to Barrett, we go here. He calls right over and we can get in same day. I'm very happy.
- The radiologist here is great. She is awesome. She calls me when I need to come back in.
- Dr. Madany counsels people on their diet. He helped me lose 60 pounds. He does more than his job for us.
 - I don't think he takes new patients but he will if you beg him.
 - To go in with someone who talks and listens is so much better than being rushed through an appointment. He makes me feel 10 times better even if all he does is talk to me.
 - He's incredibly bright.

5. What do you think about these local services:

Emergency Room

- It's great.
- It's awesome.

Ambulance Service

- Don't know
- I would like to know more about what's offered, especially with air services. My husband flew and we never got a bill.
- More education and options of (air) services.

Healthcare Services for Senior Citizens

- I think we have it pretty good.
- My friend is in the Legacy (assisted living) and they got in right away.
- A bus comes out of Sheridan to here or Bozeman for the seniors.

Public/County Health Department

- I volunteer there and you have to pay for vaccinations yourself through the public health department. (*was getting vaccinations for yellow fever and malaria)
 - Vaccinations should be covered.
 - It is based on income and not on a sliding fee scale.

Healthcare Services for Low-Income Individuals/Families

- Pretty good.
- Don't know.
- We have a sliding fee scale.
- Barrett has a charity care program.
- They have a scale for medications through the drug company or whoever the specialist is, especially for cancer.

Nursing Home/Assisted Living Facility

- We have a couple assisted living homes and the prices are comparable to Billings.
- Our nursing home needs improvement. I don't know if their staff has had education or schooling for their positions.
 - The nursing home is going to be sold.
 - The care was bad when I was visiting a friend there.

Pharmacy

- Shopko and Safeway are good.

6. Why might people leave the community for healthcare?

- Specialists.
- If the service is cheaper elsewhere.

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

- Mental health.
- More physicians especially with people retiring.
- There is a need for small groups that will get together for mobility exercises. It'd be good to have that.
 - We have a strong women's program.

- I can't afford the YMCA. I would like some more stuff for myself and for kids to do. The roller-skating rink and bowling alley were taken away. We need more affordable options for exercise in our community.
- Its 34 dollars a month plus a membership of 100 dollars. A lot of people can't afford that.
- We've talked about organizing groups through the foundation like mini courses for "how to use smart phones" or Facebook. And it could be free of charge

Focus Group #3

Tuesday, March 07, 2017– 10:30am-11:30am – Barrett – Dillon, MT

6 participants (4 male, 2 female)

1. What would make this community a healthier place to live?
 - I think small communities need a control on drugs and substance abuse. That's a problem in most communities.
 - Both prescription and illegal.
 - We need more volunteers for fire and ambulance.
 - We need a "stop smoking" support group to talk about the issues associated with it. Instead of just talking to someone on the phone about how hard it is.
 - Alcohol is a big problem too.
 - We have an AA
 - The AA didn't cover a lot of the issues involving alcohol and it needs to be more advanced. The hospital provides a better one.
 - More awareness and advertising about services provided for alcohol issues.
 - It would be nice to have more local education classes. We come in for cancer support group and we'd like one closer to home and in our community.
 - Bereavement support groups would be nice.
 - We need more bicycle trails. There's no lanes for them and it's really dangerous.
 - We need more cell phone service for emergency services. There's a dead spot for 18 miles. There's no cell service unless you're on the interstate.
 - You can text 911 from anywhere.
 - We'd like education on options like that.
 - It's good if you buy a Spot, so you know where and if you need to help someone.
2. What do you think are the most important local healthcare issues?
 - Alcohol and substance abuse.
 - Senior citizens may have some difficulties. Especially if they need someone to take care of them. Sometimes they rely on neighbors.
3. What do you think of the hospital in terms of:

Quality of Care

 - Amazing.
 - I volunteer there and it's been fantastic.
 - The helicopter service was great. And it's really quick.
 - My daughter from California was amazed at the care she received here.

Number of Services

- If they can't do it, they know where to send you.
- The hospital offers a home health nurse and PT with us, because we live out of town.
- Would be nice to have more cancer services.
- My doctor caught my heart attack before it even happened. She saved me from a big crash.
- My doctors worked directly with the doctors in Missoula, so I would receive better care. They emailed back and forth. I use "MY chart" and it's great to get all your care information online.
 - It's nice to bring "my chart" out on a cellphone when you are receiving care out of town too.
 - It allows better communication.
- I like how the hospital had hospitalists. They were amazing. They are like my physician because they know everything about my care.

Hospital Staff

- For a small community, we have wonderful physicians. I grew up here and I remember when I was younger when I got hurt, they took care of me even though I wasn't supposed to make it through the night. Dr. Clark was excellent when I was in there a week ago. I was out working the next day. It's phenomenal.

Hospital Board and Leadership

- Don't know.
- They seem good.
- Outstanding.

Business Office

- I don't know/ I haven't experienced it.
- They are so good with everyone.
- There are some problems with not receiving bills and then getting turned over to collections. There needs to be more communication. Once it's at collections, they can't do anything. It's not fair.
 - They need to tell you before they turn it over.
 - Someone should call you.

Condition of Facility and Equipment

- It's beautiful.
- It's clean and had everything I needed.
- Their extended programs were great too. They have outstanding therapists.
 - They can monitor you too to see if you're physically alright. So they can catch complications early.
- Sarah Miller is great.
- They bring us new research every week. For 300 dollars, you get your blood drawn and you learn how to regulate your diet with carbs and cholesterol. Mine raised dramatically and my sugar dropped just from eating properly.

Financial Health of the Hospital

- Don't know.
- It's only a couple years old. I feel like I'm in a 4 plus star hotel.
- Everyone actually cares about me and I'm not just a number.

Cost

- Don't know.
- They are always trying to update their equipment as soon as they can.
- Comparable to Bozeman.

Office/Clinic Staff

- *Not asked*

Availability

- Yes.
- Our doctors are loaded down, but they work with you to get you an appointment.
- Dr. McIntyre and his nurse got me in right when they could.
- My chart is an easy way to track what may be wrong with you.
- 5 or 6 years ago it was easier to go to urgent care, but lately it's easier.

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

- *Not asked*

5. What do you think about these local services:

Emergency Room

- *Not asked*

Ambulance Service

- *Not asked*

Healthcare Services for Senior Citizens

- They have a bus to pick up seniors to bring them to services.
 - They work with the senior center
 - The city bus can pick you up and bring you to the grocery store or wherever. They should advertise it better though. They have senior companions too, but they should have more volunteers.
 - It would be great to have high schoolers volunteer with them.
- I don't know what else the senior center does.

Public/County Health Department

- Don't know.
- The county could do more for CPR. Especially for heart patients.

Healthcare Services for Low-Income Individuals/Families

- Don't know.
- No experience with it.
- There was something in the paper about that.
- Half the people who come into the ER can't pay for it. The hospital expects that they won't get money for that.
 - Since they expanded Medicaid, it's helping. The hospital gets paid more now.

Nursing Home/Assisted Living Facility

- Don't know.
- They're full.
- The care is excellent.
- The Regency checked a lady in for a couple months are hip replacement, because she had no one to care for her.

Pharmacy

- Great, no complaints.
- In Butte you have to wait a long time.
 - I make sure I call 4 to 5 days ahead in Butte
- If I call Safeway and they don't have it, they'll get it from ShopKo.

6. Why might people leave the community for healthcare?

- Gossip- bad reputation.
 - They only remember the bad things.
 - I don't listen to anybody.
- Childcare, sometimes they're full here or because of the cost.
- The cost.
- We're scared for when we're older and we might both have issues with getting healthcare.

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

- Cardiologist on staff.
 - They try to bring in specialists.
- Education about alcohol and drugs.
- More specialists.
- Our services are outstanding.
- Our orthopedic surgeons were great for us.
- Dr. McIntyre is just amazing.
 - She sat with us and counseled us. She's amazing. We wouldn't have gotten that anywhere else.
 - She saved my life.