

Stillwater Billings Clinic
Community Needs Assessment and Focus Groups
Table of Contents

Introduction	2
Health Assessment Process.....	2
Survey Methodology	2
Survey Respondent Demographics	4
Survey Findings	12
Focus Group Methodology	47
Focus Group Findings	48
Summary	51
Appendix A	52
Steering Committee	
Appendix B	53
Public Health and Populations Consultation	
Appendix C	54
Survey Cover Letter	
Appendix D	55
Survey Instrument	
Appendix E	61
Responses to Other and Comments	
Appendix F	67
Focus Group Questions	
Appendix G	68
Focus Groups Notes	
Appendix H	76
Secondary Data- Community Profile, Economic Impact Assessment	

**Stillwater Billings Clinic Community Survey
Summary Report
March, 2013**

I. Introduction

Stillwater Billings Clinic is a 10-bed Critical Access Hospital based in Columbus, Montana. Stillwater Billings Clinic offers the entire family urgent and chronic care services including emergency and same day care, physical and speech therapy, radiography, laboratory, cardiac rehabilitation, home, and public health care services. Located in south central Montana, Stillwater County consists of 1,793 square miles of land area which is 1,151,808 acres and has a population of 9,131. Stillwater Billings Clinic participated in the Community Health Services Development (CHSD) Project administrated by the Montana Office of Rural Health and the National Rural Health Resource Center (NRHRC) in Duluth, Minnesota. A part of this project is community engagement which includes a health care service survey and a focus group.

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

II. Health Assessment Process

A Steering Committee was convened to assist Stillwater Billings Clinic in conducting CHSD. A diverse group of community members, representing various organizations and populations within the community (ex. Public health, elderly, uninsured) came together in April 2012. For a list of all Steering Committee members and their affiliations, see Appendix A. The Steering Committee met twice during the CHSD process; first to discuss health concerns in the community and offer their perspective in designing the survey instrument, and again to review results of the survey and focus groups.

III. Survey Methodology

Survey Instrument

In November 2012, surveys were mailed out to the residents in Stillwater Billings Clinic's service area. The survey was based on a design that has been used extensively in the states of Washington, Wyoming, Alaska, Montana and Idaho. The survey was designed to provide each facility with information from local residents regarding:

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

Sampling

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

One focus group was held to identify the motives of local residents when selecting health care providers and discover reasons why people may leave the Columbus area to seek health care 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 the 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 continue to be a challenge in Montana.

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

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

Limitations in Survey Methodology

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

Survey Implementation

In November, the community health services survey, a cover letter from the National Rural Health Resource Center with Stillwater Billings Clinic's Chief Executive Officer's signature on Stillwater Billings Clinic's letter head, and a postage paid reply envelope were mailed to 800 randomly selected residents in the Stillwater Billings Clinic's targeted region. A news release was sent to local newspapers prior to the survey distribution announcing that Stillwater Billings Clinic would be conducting a community health services survey throughout the region in cooperation with the Montana Office of Rural Health.

As shown in the table below, 207 surveys were returned out of 800. Of that 800, 55 surveys were returned undeliverable for a 28% response rate. From this point on, the total number of surveys will be out of 745. Based upon the sample size, we can be 95% confident that the responses to the survey questions are representative of the service area population, plus or minus 5.22%.

IV. Survey Respondent Demographics

A total of 745 surveys were distributed amongst Stillwater Billings Clinic's service area. Two hundred and seven were completed for a 28% 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 31)

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

Location	Zip Code	Count	Percent
Columbus	59019	75	36.2%
Absarokee	59001	48	23.2%
Park City	59063	38	18.4%
Reed Point	59069	18	8.7%
Rapelje	59067	10	4.8%
Fishtail	59028	6	2.9%
Nye	59061	4	1.9%
Molt	59002	1	0.5%
No answer		7	3.4%
TOTAL		207	100%

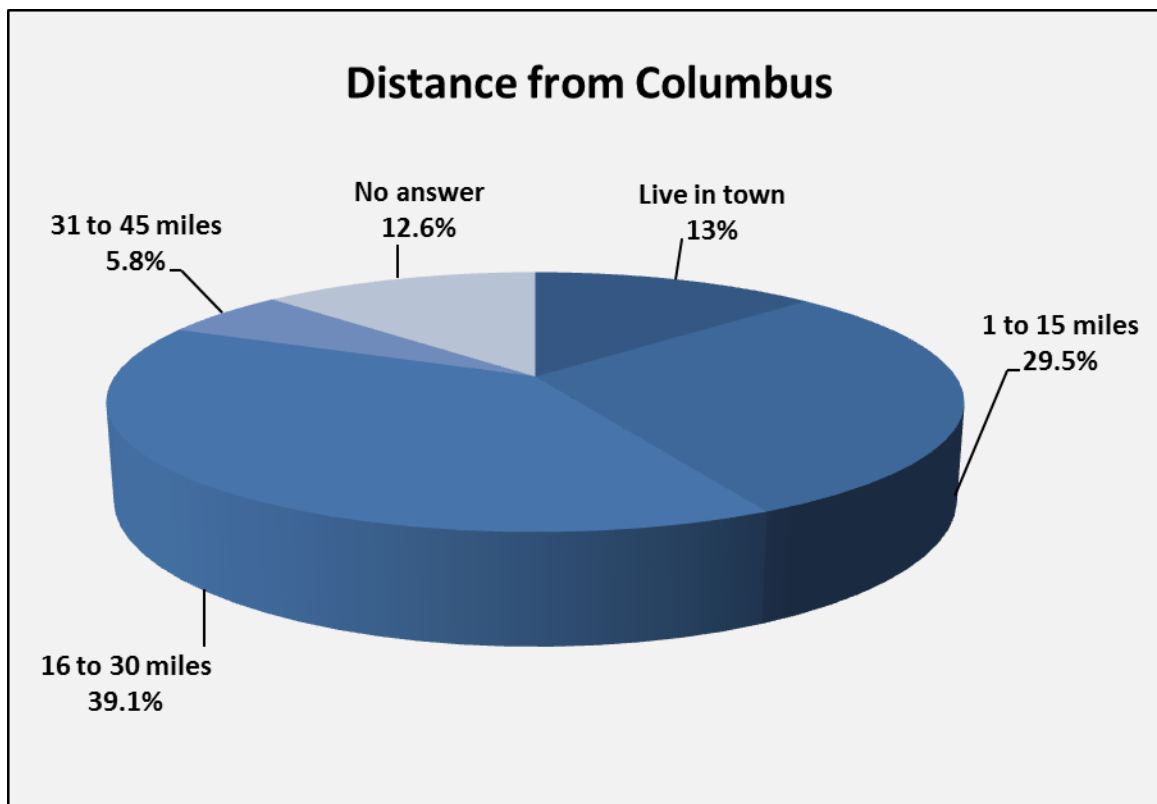
"Other" comments:

- 59063
- 59101

Residence Distance from Columbus (Question 32)

N= 207

Respondents were asked to indicate how many miles they are from Columbus. Thirty-nine percent (n=81) of the respondents live 16-30 miles from Columbus, 29.5% (n=61) live 1-15 miles from Columbus and 13% (n=27) indicated they live in town. Twenty six respondents (12.6%) chose not to answer this question.



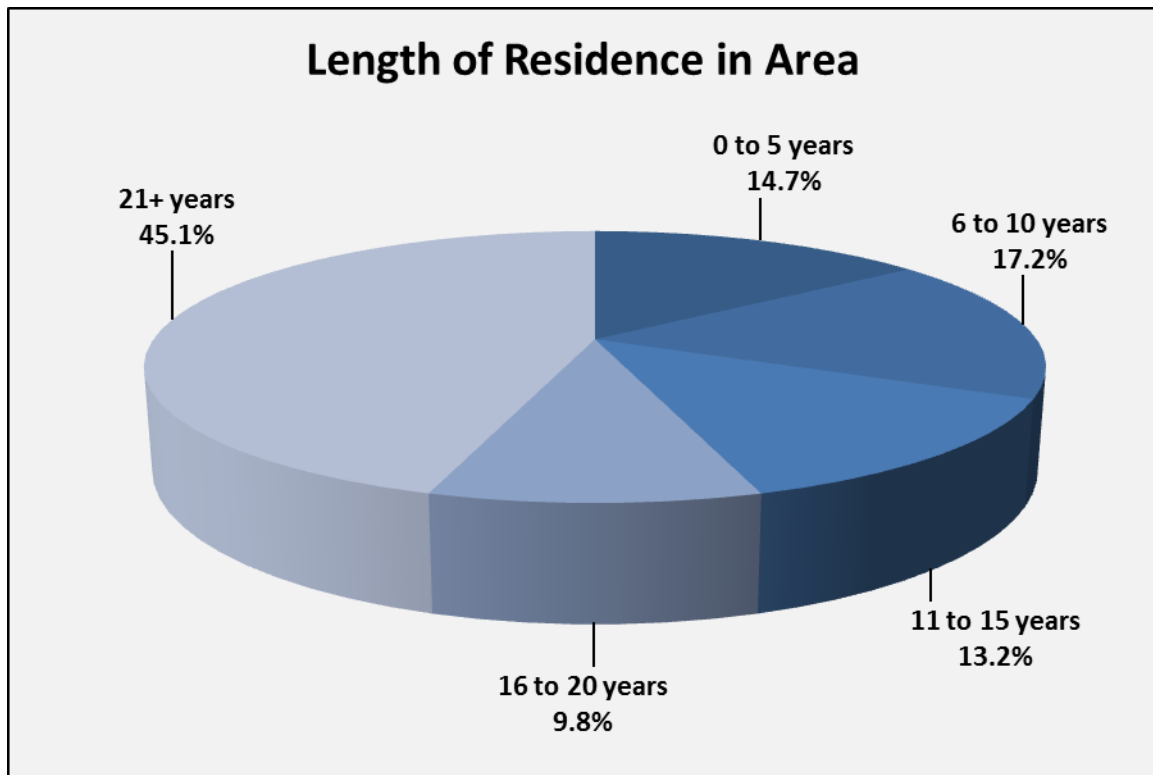
“Other” comments:

- Live in Billings

Length of Residence (Question 33)

N= 204

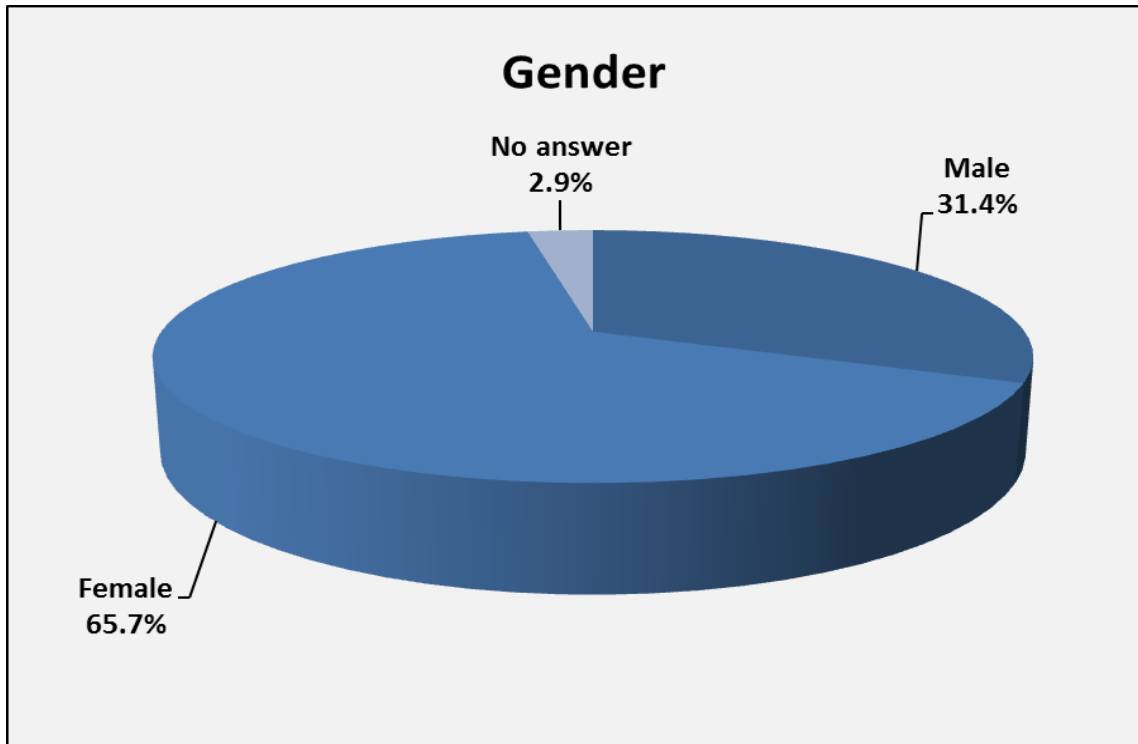
Forty-five percent (n=92) of respondents indicated they have lived in the Columbus for twenty-one or more years. Seventeen percent (n=35) have lived in the area for 6-10 years and 14.7% (n=30) have lived in the area for 0-5 years. Three respondents chose not to answer this question.



Gender (Question 34)

N= 207

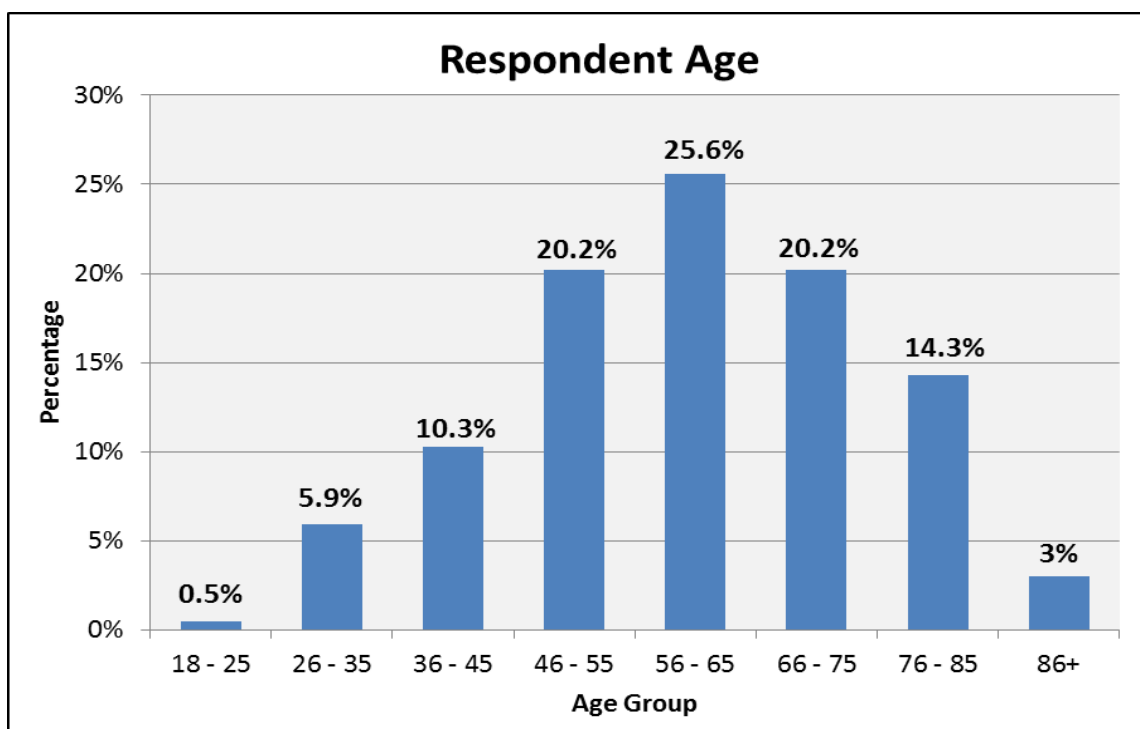
Of the 207 surveys returned, 65.7% (n=136) of survey respondents were female; 31.4% (n=65) were male, and 2.9% (n=6) chose not to answer this question. The survey was distributed to a random sample consisting of 50% women and 50% men. It is not unusual for survey respondents to be predominantly female, particularly when the survey is health care oriented since women are frequently the health care decision makers for families.



Age of Respondents (Question 35)

N= 203

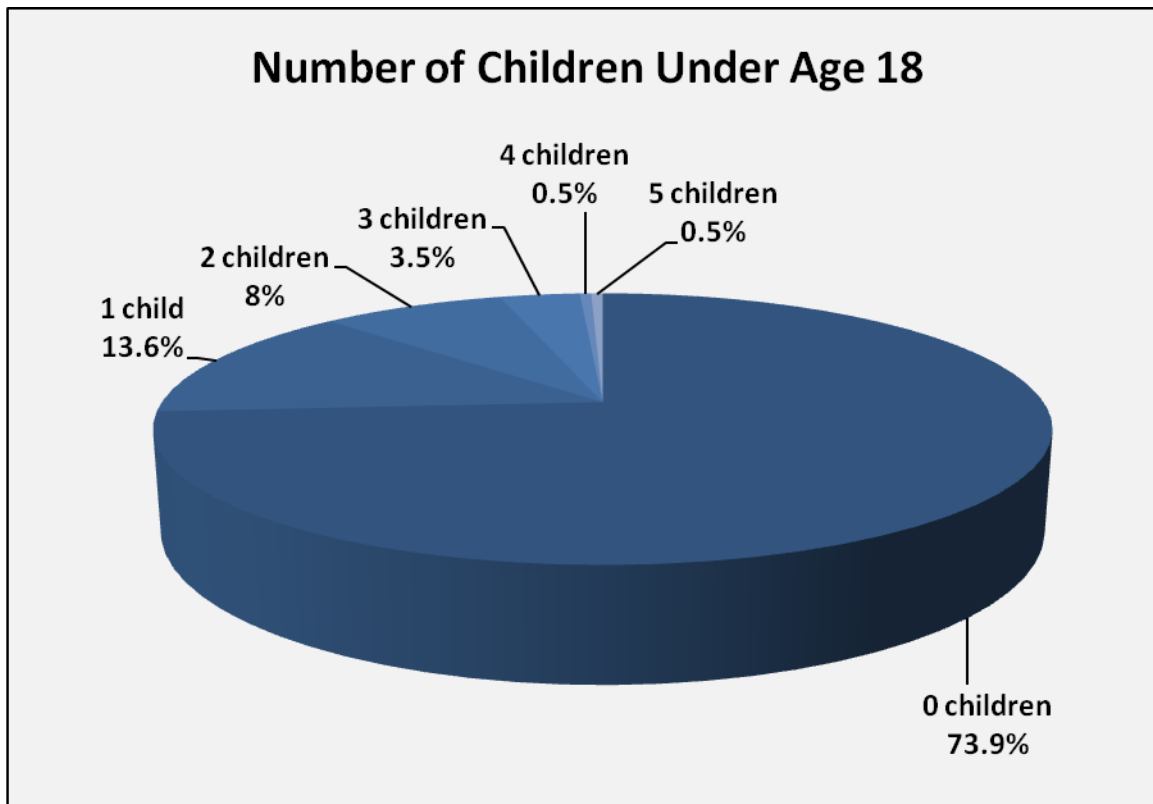
Twenty-six percent of respondents (n=52) were between the ages of 56-65. Twenty percent of respondents (n=52 each) were between the ages of 46-55 and 66-75. This statistic is comparable to other Critical Access Hospital demographics. The increasing percentage of elderly residents in rural communities is a trend which is seen throughout Montana and will likely have a significant impact on the need for health care services during the next 10-20 years. However, it is important to note that the survey was targeted to adults and therefore no respondents are under age 18. Older residents are also more invested in health care decision making, and therefore are more likely to respond to health care surveys, as reflected by this graph. Four respondents chose not to answer this question.



Number of Children in Household (Question 36)

N= 199

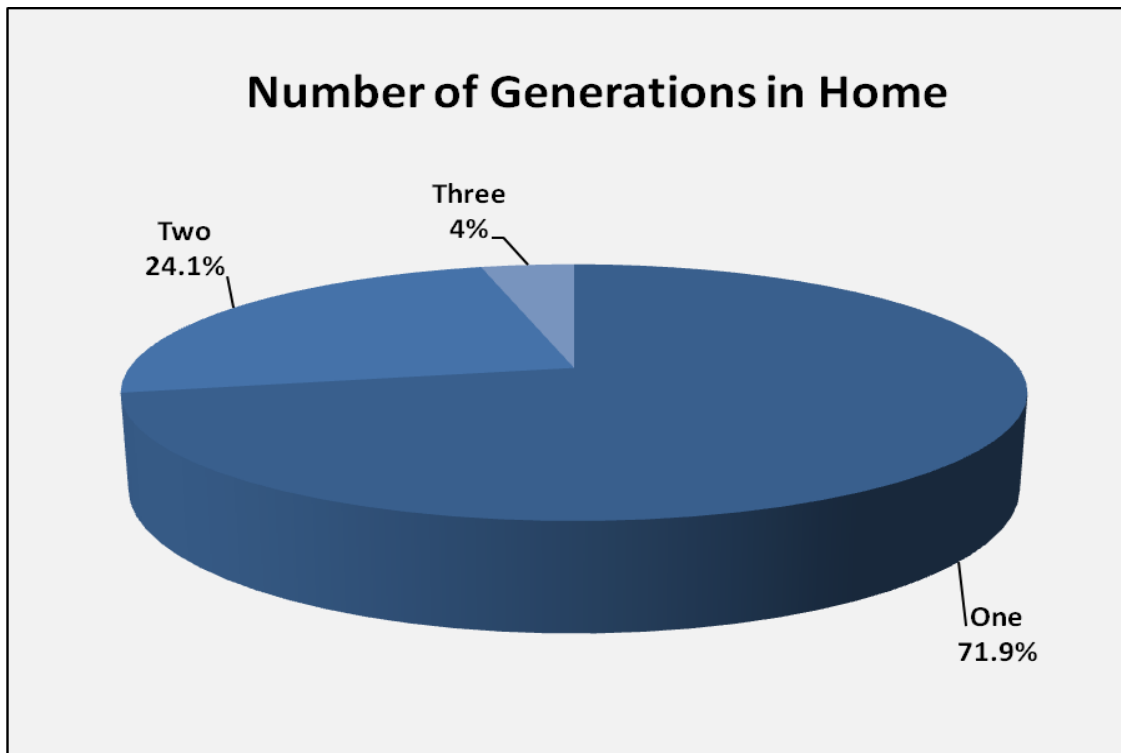
Seventy-four percent (n=147) of respondents indicated having no children under 18 years of age in their household. Fourteen percent (n=27) reported having one child and 8% (n=16) reported having two children under the age of 18. Eight respondents did not answer this question.



Generations in Home (Question 37)

N= 199

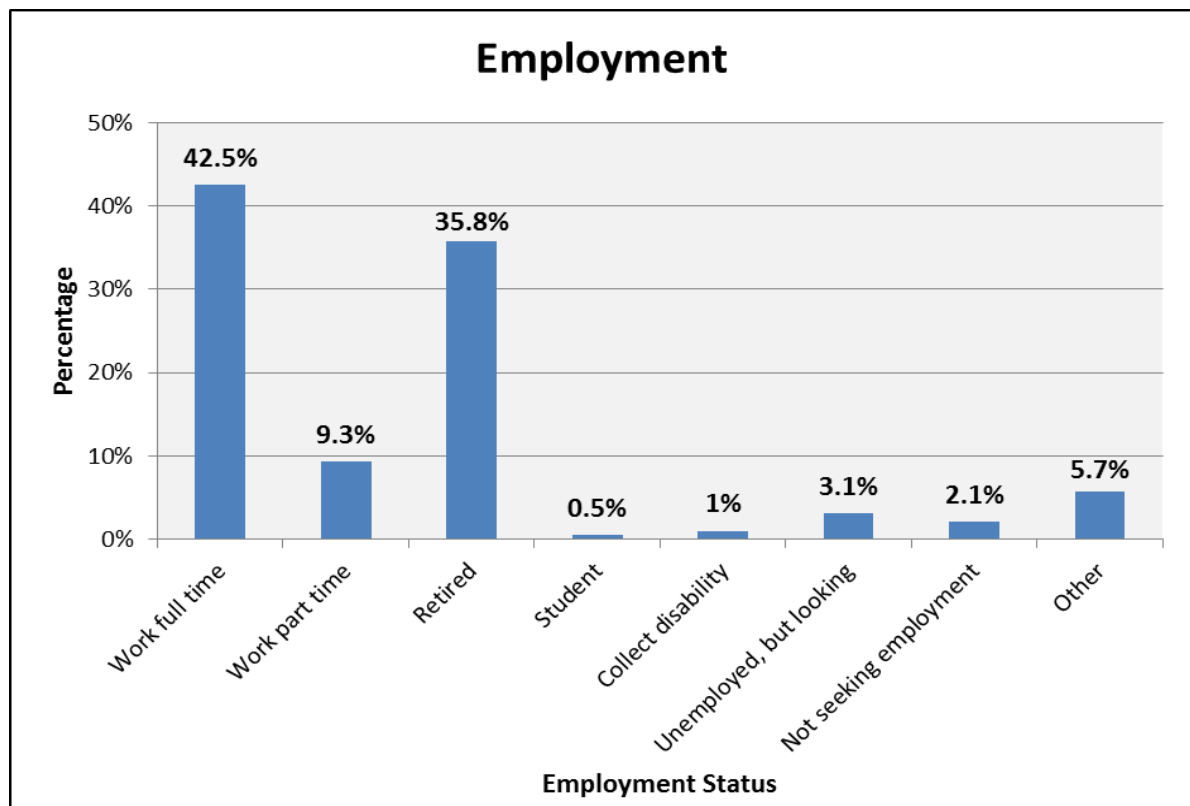
Respondents were asked to indicate how many generations live in their home. Seventy-two percent (n=143) reported only one generation living in their home. Twenty-four percent of respondents (n=48) indicated two generations live in their home and 4% of respondents (n=8) indicated three generations. Eight respondents chose not to answer this question.



Employment of Respondents (Question 38)

N= 193

Forty-three percent (n=82) of respondents reported working full time, while 35.8% (n=69) are retired. Nine percent of respondents (n=18) indicated they work part time. Respondents could check all that apply, so the percentages do not equal 100%. Fourteen respondents chose not to answer this question.



“Other” comments:

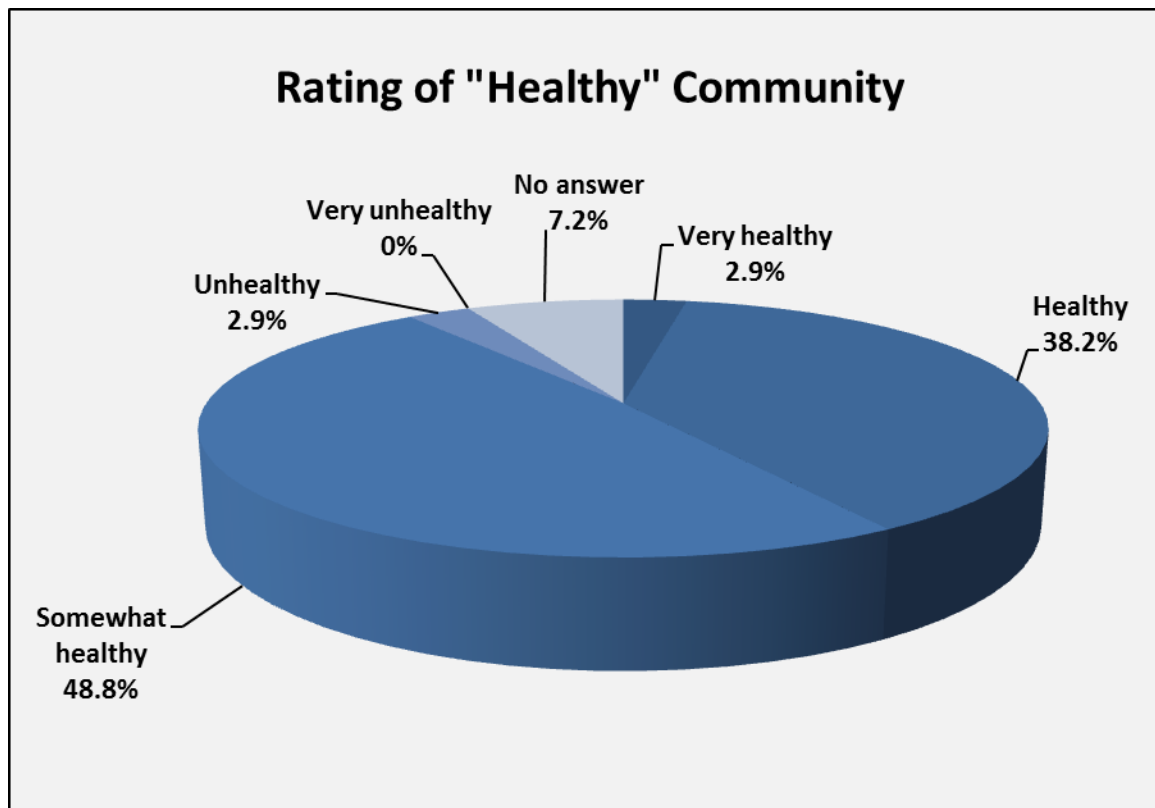
- Self-employed (9)
- Bookkeeper for family corporation
- Social security
- Catholic Priest
- My husband works full time. I stay at home
- Caretaking 2 preschoolers and disabled husband; can't work due to that.
- Unable to work due to poor health

V. Survey Findings

Impression of Community (Question 1)

N= 207

Respondents were asked to indicate how they would rate the general health of their community. Forty-nine percent of respondents (n=101) rated their community as “Somewhat healthy.” Thirty-eight percent of respondents (n=79) felt their community was “Healthy” and 2.9% (n=6) each felt their community was “Unhealthy” and “Very healthy.” Fifteen respondents chose not to respond to this question (7.2%).



“Other” comments:

- How would I know this???

Health Concerns for Community (Question 2)

N= 207

Respondents were asked what they felt the three most serious health concerns were in their community. The number one health concern identified by respondents was “Alcohol/substance abuse” at 52.7% (n=109). “Overweight/obesity” was also a high priority at 41.5% (n=86) and “Cancer” at 38.2% (n=79). Respondents were asked to pick their top three serious health concerns so percentages do not equal 100%.

Health Concern	Count	Percent
Alcohol/substance abuse	109	52.7%
Overweight/obesity	86	41.5%
Cancer	79	38.2%
Heart disease	65	31.4%
Lack of exercise	34	16.4%
Tobacco use	34	16.4%
Diabetes	32	15.5%
Depression/anxiety	30	14.5%
Mental health issues	25	12.1%
Motor vehicle accidents	18	8.7%
Recreation related accidents/injuries	17	8.2%
Work related accidents/injuries	13	6.3%
Lack of access to health care	12	5.8%
Domestic violence	10	4.8%
Stroke	10	4.8%
Child abuse/neglect	9	4.3%
Lack of dental care	7	3.4%
Other	6	2.9%

“Other” comments:

- Back issues
- Parents sending sick kids to school spreading germs. Extremely high degree of misdiagnosed cases
- Drugs
- I don't know the health issues of people in this community. I would think you would know this. (2)
- Old age – retirees and all ailments that go with that (2)
- Family/spouse, child, elder abuse/neglect

Components of a Healthy Community (Question 3)

N= 207

Respondents were asked to identify the three most important things for a healthy community. Forty-five percent of respondents (n=93) each indicated that “Access to affordable health insurance” and “Healthy behaviors and lifestyles” are important for a healthy community. “Good jobs and healthy economy” was also a high priority with 41.1% (n=85). Respondents were asked to identify their top three choices thus the percentages will not add up to 100%.

Important Component	Count	Percent
Access to affordable health insurance	93	44.9%
Healthy behaviors and lifestyles	93	44.9%
Good jobs and healthy economy	85	41.1%
Strong family life	75	36.2%
Access to healthcare and other services	74	35.7%
Religious or spiritual values	45	21.7%
Good schools	42	20.3%
Clean environment	25	12.1%
Low crime/safe neighborhoods	24	11.6%
Community involvement	21	10.1%
Tolerance for diversity	14	6.8%
Affordable housing	13	6.3%
Parks and recreation	8	3.9%
Low level of domestic violence	6	2.9%
Arts and cultural events	2	1.0%
Low death and disease rates	2	1.0%
Other	2	1.0%

“Other” comments:

- Well-educated, knowledgeable, and compassionate health care physicians.
- More mental health
- Single – no family in the area

Child Services (Question 4)

N= 207

Respondents were asked to indicate if they would be interested in any child services if available locally. Respondents showed most interest in “Exercise/nutrition programs” at 30.4% (n=63). “After school programs” was selected by 27.5% (n=57) of respondents and “Health education programs” was selected by 15% (n=31). Respondents were asked to identify their top three choices thus the percentages will not add up to 100%.

Child Service	Count	Percent
Exercise/nutrition programs	63	30.4%
After school programs	57	27.5%
Health education programs	31	15.0%
Head Start	26	12.6%
Clubs/leagues	23	11.1%
Additional daycare	21	10.1%
Other	9	4.3%

“Other” comments:

- No
- NA
- No children
- Preschool educational opportunities and K-12 individual or group tutoring

Senior Services (Question 5)

N= 207

Respondents were asked to indicate if they would be interested in any senior services if available locally. Respondents showed most interest in a “Senior retirement housing/community” at 28.5% (n=59). “Meals on Wheels” was selected by 28% (n=58) of respondents and “Assisted living facility” was selected by 25.1% (n=52). Respondents were asked to identify their top three choices thus the percentages will not add up to 100%.

Senior Service	Count	Percent
Senior retirement housing/community	59	28.5%
Meals on Wheels	58	28.0%
Assisted living facility	52	25.1%
Personal care home	51	24.6%
Adult day care	38	18.4%
Other	11	5.3%

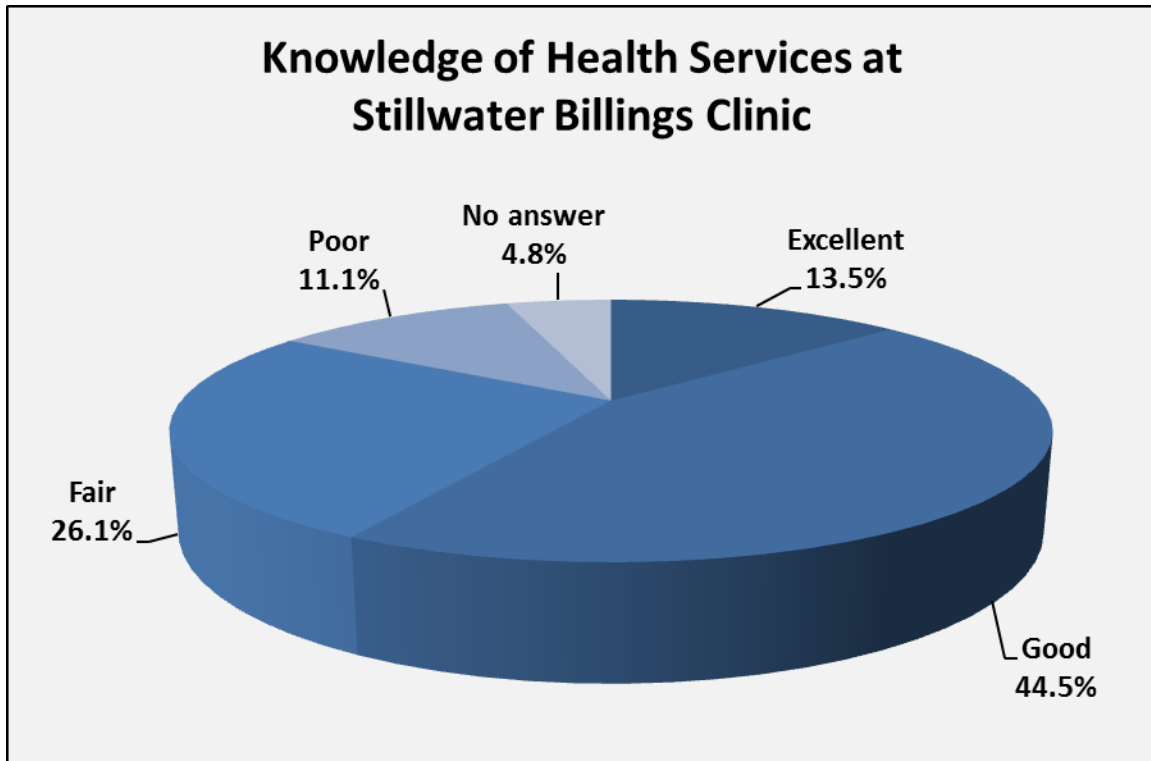
“Other” comments:

- NA (4)
- Not yet (2)
- Transportation to and from doctor’s appointments, physical therapy, etc.
- Help at home
- No seniors
- Exercise program like YMCA
- Contact elderly program to check on welfare

Overall Awareness of Stillwater Billings Clinic's Services (Question 6)

N= 207

Respondents were asked to rate their knowledge of the healthcare services available at Stillwater Billings Clinic. Forty-five percent (n=92) of respondents rated their knowledge of services as “Good.” Twenty-six percent (n=54) rated their knowledge as “Fair” and 13.5% of respondents (n=28) rated their knowledge as “Excellent.” Ten respondents (4.8%) chose not to answer this question.



How Respondents Learn of Health Care Services (Question 7)

N= 207

“Word of mouth/reputation” was the most frequent method of learning about available services at 60.4% (n=125). Generally, “Word of mouth/reputation” is the most frequent response among rural hospital surveys. “Friends/family” was the second most frequent response at 51.2% (n=106) and “Healthcare provider” was reported at 43.5% (n=90). Respondents could select more than one method so percentages do not equal 100%.

Method	Count	Percent
Word of mouth/reputation	125	60.4%
Friends/family	106	51.2%
Healthcare provider	90	43.5%
Stillwater County News	84	40.6%
Mailings/newsletter	64	30.9%
Billings Gazette	36	17.4%
Website/internet	16	7.7%
Presentations	15	7.2%
Public health	15	7.2%
Radio	13	6.3%
Other	10	4.8%

“Other” comments:

- Brochures/flyers in waiting room and lobby
- Association with Hospital
- Previous job in health care
- Personal knowledge
- Involvement in providing health care
- A number of years ago I was employed as the medical records clerk at the former hospital for 29 years
- RiverStone Health
- [Health care provider] If I ask about information
- Don't get anything

Cross Tabulation of Service Knowledge and Learning about Services

Analysis was done to look at respondents' knowledge of services available at Stillwater Billings Clinic with how they learn about services available in their community. The chart below shows the results of the cross tabulation. How respondents learned of health care services was a multiple response item thus totals do not add up to 100%.

KNOWLEDGE RATING OF STILLWATER BILLINGS CLINIC SERVICES BY HOW RESPONDENTS LEARN ABOUT HEALTH CARE SERVICES

	Excellent	Good	Fair	Poor	Total
Health care provider	16 (18.4%)	46 (52.9%)	20 (23%)	5 (5.7%)	87
Mailings/newsletter	6 (9.8%)	31 (50.8%)	18 (29.5%)	6 (9.8%)	61
Website/internet	3 (18.8%)	5 (31.2%)	4 (25%)	4 (25%)	16
Stillwater County News	11 (13.9%)	40 (50.6%)	24 (30.4%)	4 (5.1%)	79
Billings Gazette	4 (11.8%)	16 (47.1%)	13 (38.2%)	1 (2.9%)	34
Presentations	3 (23.1%)	5 (38.5%)	3 (23.1%)	2 (15.4%)	13
Public health	6 (46.2%)	6 (46.2%)	1 (7.7%)		13
Friends/family	19 (18.6%)	44 (43.1%)	31 (30.4%)	8 (7.8%)	102
Radio	3 (25%)	4 (33.3%)	4 (33.3%)	1 (8.3%)	12
Word of mouth/reputation	16 (13.2%)	56 (46.3%)	39 (32.2%)	10 (8.3%)	121
Other	3 (30%)	4 (40%)	2 (20%)	1 (10%)	10

Other Community Health Resources Utilized (Question 8)

N=207

Respondents were asked which community health resources, other than the hospital or clinic, they had used in the last three years. “Pharmacy” was the most frequent community health resource cited by respondents at 77.3% (n=160). “Dentist” was also a highly utilized at 50.2%, (n=104) and “Senior center” at 16.9% (n=35). Respondents could select more than one resource so percentages do not equal 100%.

Health Resources	Count	Percent
Pharmacy	160	77.3%
Dentist	104	50.2%
Senior center	35	16.9%
Public health	16	7.7%
Home health	16	7.7%
VA	8	3.9%
Social Work	6	2.9%
Mental health	4	1.9%
Psychiatry	2	1.0%
Family and marriage counseling	2	1.0%
Chemical dependency services	0	0%
Other	12	5.8%

“Other” comments:

- Clinic
- Optometrist
- Orthopedics
- Chiropractor
- Physical therapy
- In Home Care (Private Day)
- [Pharmacy] – IGA
- No dentist here takes Medicaid
- Billings Dentist, VA, and Pharmacy
- Billings Clinic
- Columbus
- Acupuncture Clinic of Columbus
- None (6)

Improvement for Community's Access to Health Care (Question 9)

N= 207

Respondents were asked to indicate what they felt would improve their community's access to health care. Thirty-two percent of respondents (n=67) reported that "More primary care providers" would make the greatest improvement. Thirty percent of respondents (n=63) indicated they would like "Transportation assistance" and 25.6% indicated "Greater health education services" and "Outpatient services expanded hours" (n=53) each. Respondents could select more than one method so percentages do not equal 100%.

Service	Count	Percent
More primary care providers	67	32.4%
Transportation assistance	63	30.4%
Greater health education services	53	25.6%
Outpatient services expanded hours	53	25.6%
More specialists	51	24.6%
Improved quality of care	43	20.8%
Other	24	11.6%

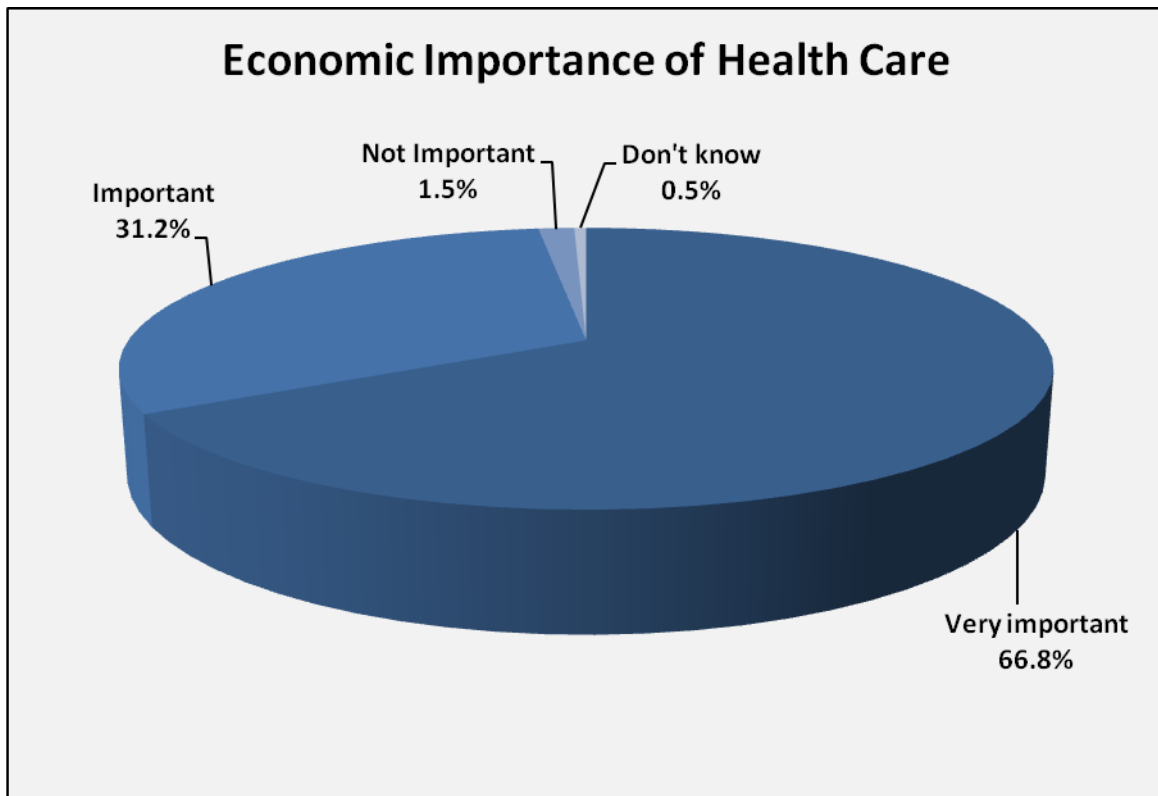
"Other" comments:

- Affordability (4)
- Insurance availability
- Making sure our community knows that certain services are available in the first place
- More home health services
- More stable assisted living facility at a reasonable rate
- Part-time pharmacy in Absarokee
- Exercise facilities – gym, swimming pool
- Acupuncture Clinic of Columbus
- Information
- Education through school system (parents and teens especially)
- Don't know (2)
- I think the system is sufficient (2)

Economic Importance of Local Health Care Providers and Services (Question 10)

N= 205

The majority of respondents, 66.8% (n=137) indicated that local health care providers and services (i.e.: hospitals, clinics, nursing homes, assisted living, etc.) are “Very Important” to the economic well-being of the area. Thirty-one percent of respondents (n=64) indicated they are “Important” and three respondents (1.5%) indicated that they are “Not important”. Two respondents did not answer this question.



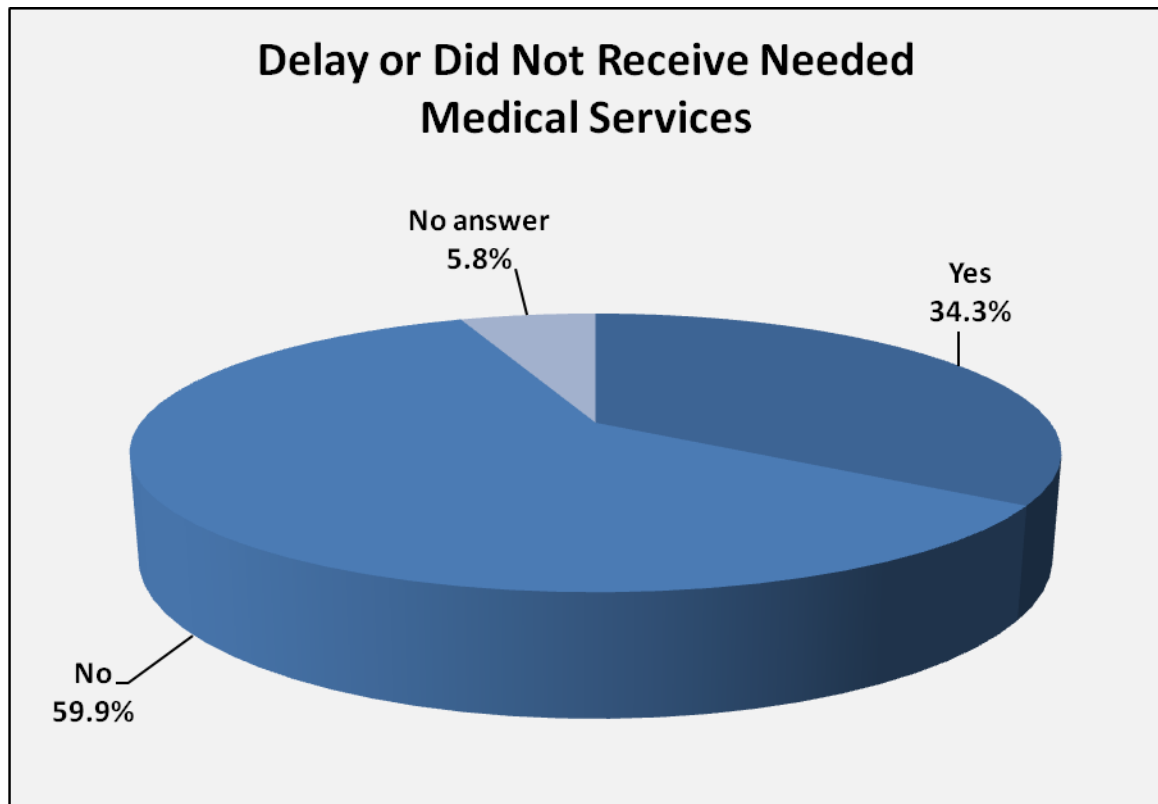
“Other” comments:

- Provides large array of employment opportunities, which helps the local economy

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

N= 207

Of the 207 surveys returned, 34.3% of respondents (n=71) reported that they or a member of their household thought they needed health care services, but did not seek or delayed seeking medical services. Sixty percent of respondents (n=124) felt they were able to get the health care services they needed without delay and twelve respondents (5.8%) chose not to answer this question.



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

N= 71

For those who indicated they were unable to receive or had to delay services, the reasons most cited were: “It costs too much” (52.1%, n=37), “Chose not to/did not want to go” (42.3%, n=30) and “My insurance didn’t cover it” (28.2%, n=20). Respondents were asked to indicate their top three choices thus percentages do not total 100%.

Reason	Count	Percent
It costs too much	37	52.1%
Chose not to/did not want to go	30	42.3%
My insurance didn’t cover it	20	28.2%
No insurance	14	19.7%
Office wasn’t open when I could go	13	18.3%
Too long to wait for an appointment	9	12.7%
Don’t like doctors	9	12.7%
Quality of staff	7	9.9%
It was too far to go	6	8.5%
Too nervous or afraid	6	8.5%
Unsure if services were available	4	5.6%
Had no one to care for the children	4	5.6%
Not treated with respect	4	5.6%
Transportation problems	4	5.6%
Could not get an appointment	3	4.2%
Could not get off work	3	4.2%
Didn’t know where to go	3	4.2%
Language barrier	0	0%
Other	7	9.9%

“Other” comments:

- Don’t trust provider’s abilities
- My problem could not be treated by available physician
- Knowledge and ability of staff
- Waited so long my problem went away
- Not well enough to go receive services
- Lost wage or job if took time off to go receive services
- Very high insurance deductible
- Provider elsewhere; requiring time away from work

Preventative Testing (Question 13)

N= 207

Respondents were asked if they had utilized any of the preventative testing services listed in the past year. “Routine health checkup” was selected by 51.2% of respondents (n=106). Fifty-one percent of respondents (n=105) indicated they received a “Flu shot” and another 50.2% of respondents (n=104) had a “Routine blood pressure check”. Respondents could check all that apply thus the percentages will not equal 100%.

Preventative Service	Count	Percent
Routine health checkup	106	51.2%
Flu shot	105	50.7%
Routine blood pressure check	104	50.2%
Cholesterol check	94	45.4%
Mammography	78	37.7%
Pap smear	54	26.1%
Employer wellness program/screenings	53	25.6%
Prostate (PSA)	40	19.3%
Colonoscopy	36	17.4%
Children’s checkup/Well baby	22	10.6%
None	21	10.1%
Other	3	1.4%

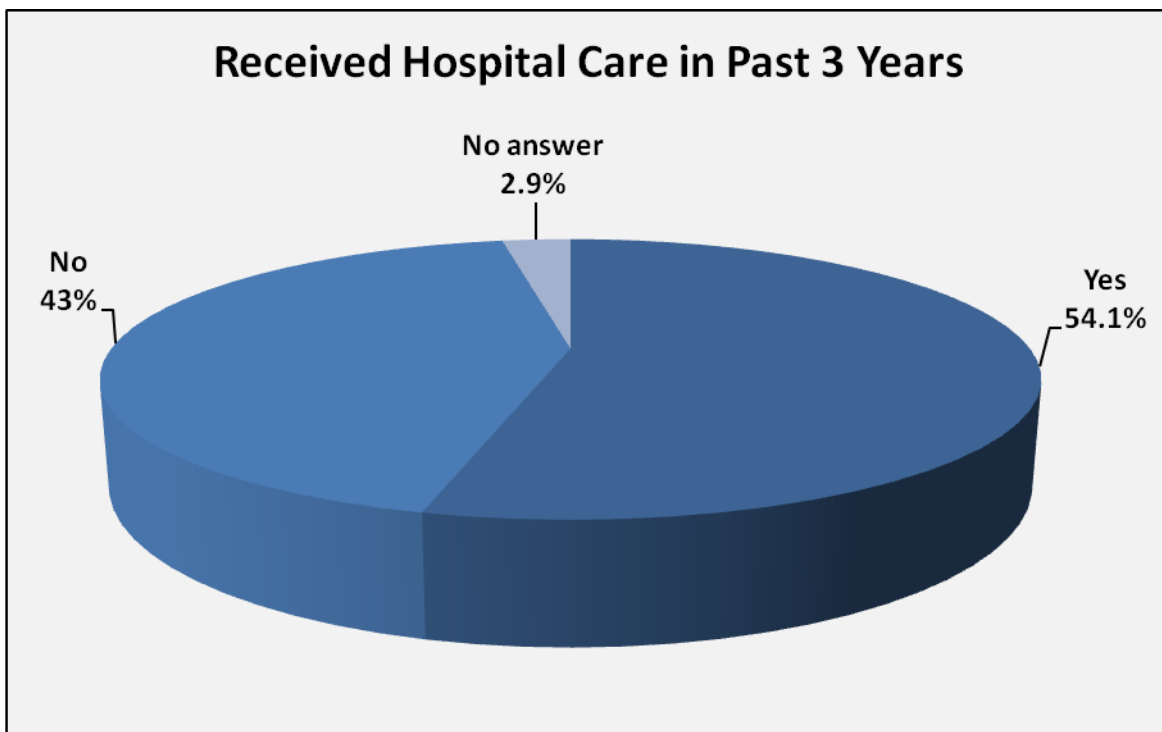
“Other” comments:

- A1C Blood Work (2)
- Lab check
- Post-surgery evaluation
- Public health nurses

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

N= 207

Fifty-four percent of respondents (n=112) reported that they or a member of their family had received hospital care during the previous three years. Forty-three percent (n=89) had not received hospital services and 2.9% of respondents (n=6) did not answer this question.



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

N= 112

Of the 112 respondents who indicated receiving hospital care in the previous three years, 44% (n=48) reported receiving care at Billings Clinic. Thirty-three percent of respondents (n=36) went to St Vincent Healthcare and 22% of respondents (n=24) utilized services from Stillwater Billings Clinic. Three of the 112 respondents who reported they had been to a hospital in the past three years did not indicate which hospital they had utilized.

Hospital	Count	Percent
Billings Clinic	48	44.0%
St. Vincent Healthcare	36	33.0%
Stillwater Billings Clinic	24	22.0%
Other	1	0.9%
TOTAL	109	100%

“Other” comments:

- Stillwater Clinic (2)
- Was Stillwater hospital –liked it better than Billings Clinic (not as friendly to work with now)
- For emergency visits (2)
- Columbus hospital
- VA – Fort Harrison

Reasons for Selecting the Hospital Used (Question 16)

N= 112

Of the 112 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 “Prior experience with hospital” at 53.6% (n=60). “Referred by physician was selected by 44.6% of respondents (n=50) and 37.5% (n=42) selected “Service not available locally.” Note that respondents were asked to select the top three answers which influenced their choices therefore the percentages do not equal 100%.

Reason	Count	Percent
Prior experience with hospital	60	53.6%
Referred by physician	50	44.6%
Service not available locally	42	37.5%
Hospital’s reputation for quality	38	33.9%
Closest to home	29	25.9%
Emergency, no choice	29	25.9%
Required by insurance plan	23	20.5%
Quality of staff	19	17.0%
Recommended by family or friends	4	3.5%
Cost of care	3	2.7%
VA/Military requirement	3	2.7%
Closest to work	1	0.9%
Other	3	2.7%

“Other” comments:

- Knew the staff
- Prior positive experiences
- Refused to go to St. Vincent Healthcare
- Mission statement

Cross Tabulation of Hospital and Residence

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

LOCATION OF MOST OFTEN UTILIZED HOSPITAL BY RESIDENCE

	Stillwater Billings Clinic	St. Vincent Healthcare	Billings Clinic	Beartooth Billings Clinic	Other	Total
Absarokee 59001	9 (33.3%)	7 (25.9%)	10 (37%)		1 (3.7%)	27
Columbus 59019	11 (32.4%)	5 (14.7%)	18 (52.9%)			34
Fishtail 59028			1 (100%)			1
Molt 59002		1 (100%)				1
Nye 59061	1 (50%)	1 (50%)				2
Park City 59063	1 (4%)	13 (52%)	11 (44%)			25
Rapelje 59067	1 (25%)	2 (50%)	1 (25%)			4
Reed Point 59069	1 (9.1%)	4 (36.4%)	6 (54.5%)			11
TOTAL	24 (22.9%)	33 (31.4%)	47 (44.8%)	0	1 (1%)	105

Cross Tabulation of Hospital and Reason Selected

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

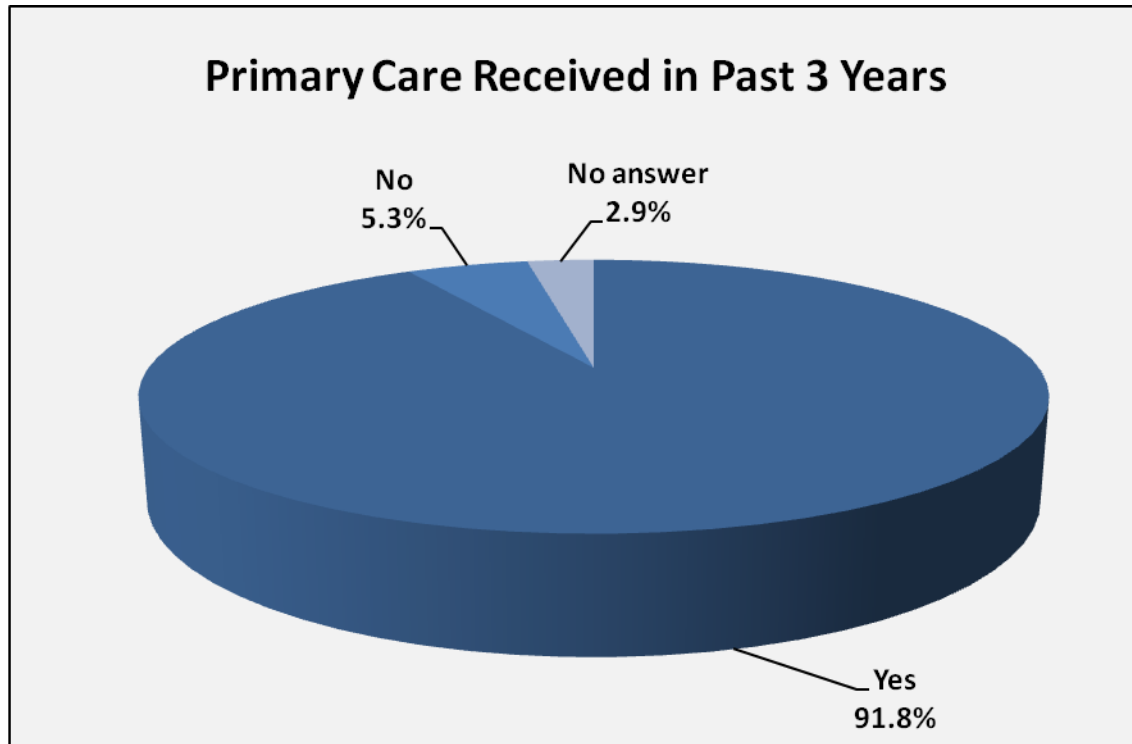
LOCATION OF MOST UTILIZED HOSPITAL BY REASONS HOSPITAL SELECTED

	Stillwater Billings Clinic	St. Vincent Healthcare	Billings Clinic	Beartooth Billings Clinic	Other	Total
Cost of care	2 (66.7%)		1 (33.3%)			3
Closest to home	20 (76.9%)	3 (11.5%)	3 (11.5%)			26
Closest to work		1 (100%)				1
Emergency, no choice	10 (37%)	7 (25.9%)	9 (33.3%)		1 (3.7%)	27
Hospital's reputation for quality	3 (8.1%)	16 (43.2%)	18 (48.6%)			37
Service not available locally	5 (12.2%)	14 (34.1%)	22 (53.7%)			41
Prior experience with hospital	16 (26.7%)	24 (40%)	20 (33.3%)			60
Recommended by family or friends	1 (25%)	1 (25%)	2 (50%)			4
Referred by physician	6 (12%)	21 (42%)	23 (46%)			50
Required by insurance plan	1 (4.8%)	6 (28.6%)	14 (66.7%)			21
VA/Military requirement	1 (50%)	1 (50%)				2
Quality of staff	1 (5.3%)	8 (42.1%)	10 (52.6%)			6
Other		1 (33.3%)	2 (66.7%)			3

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

N= 207

Ninety-two percent of respondents (n=190) indicated that they or someone in their household had been seen by a primary care provider (such as a family physician, physician assistant or nurse practitioner) for health care services in the past three years. Eleven respondents (5.3%) indicated they had not seen a primary care provider and 2.9% respondents (n=6) chose not to answer this question.



Location of Primary Care Provider (Question 18)

N=167

Of the 190 respondents who indicated receiving primary care services in the previous three years, 44.9% (n=75) reported receiving care at Columbus Billings Clinic. Eighteen percent of respondents (n=30) went to Billings Clinic and 14.4% of respondents (n=24) utilized primary care services at St. Vincent's Absarokee. Twenty-three of the 190 respondents who reported they had utilized primary care services in the past three years did not indicate where they received those services.

Location	Count	Percent
Columbus Billings Clinic	75	44.9%
Billings Clinic	30	18.0%
St. Vincent's Absarokee	24	14.4%
St. Vincent Healthcare	22	13.2%
Beartooth Billings Clinic	1	0.6%
Other	15	9.0%
TOTAL	167	100%

“Other” comments:

- VA (2)
- VA – Ft. Harrison
- VA – Billings
- Laurel Medical Center (7)
- St. Vincent – Laurel (4)
- Mayo Clinic
- St. Vincent – Red Lodge
- River Stone Health Clinic (2)
- Big Timber (2)
- Billings Private Practice
- In Colorado (where we lived at the time)
- Family Clinic
- Children's Clinic (3)

Reasons for Selection of Primary Care Provider (Question 19)

N= 190

Those respondents who indicated they or someone in their household had been seen by a primary care provider within the past three years were asked to indicate why they chose that primary care provider. “Closest to home” (55.8%, n=106) and “Prior experience with clinic” (54.7%, n=104) were the most frequently cited factors in primary care provider selection. Respondents were asked to check all that apply so the percentages do not equal 100%.

Reason	Count	Percent
Closest to home	106	55.8%
Prior experience with clinic	104	54.7%
Appointment availability	48	25.3%
Clinic’s reputation for quality	41	21.6%
Recommended by family or friends	31	16.3%
Length of waiting room time	19	10.0%
Referred by physician or other provider	18	9.5%
Required by insurance plan	8	4.2%
Cost of care	7	3.7%
VA/Military requirement	3	1.6%
Indian Health Services	1	0.5%
Other	15	7.9%

“Other” comments:

- My General Practitioner transferred to the VA center in Billings
- Currently do not have one
- New to area – locals told me
- Employed there
- Been seeing for years (2)
- Naturopathic physician
- Already a patient
- Like physician
- Liked caregiver as a compassionate provider
- I trust Dr. Klee’s abilities and knowledge
- Trust

Cross Tabulation of Primary Care and Residence

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

LOCATION OF CLINIC MOST UTILIZED BY RESIDENCE

	Columbus Billings Clinic	Billings Clinic	St. Vincent's Absarokee	Beartooth Billings Clinic	St. Vincent Healthcare	Other	Total
Absarokee 59001	13 (35.1%)	6 (16.2%)	14 (37.8%)		2 (5.4%)	2 (5.4%)	37
Columbus 59019	40 (65.6%)	13 (21.3%)	3 (4.9%)		3 (4.9%)	2 (3.3%)	61
Fishtail 59028			5 (100%)				5
Molt 59002					1 (100%)		1
Nye 59061					1 (50%)	1 (50%)	2
Park City 59063	4 (12.5%)	10 (31.2%)	1 (3.1%)		11 (34.4%)	6 (18.8%)	32
Rapelje 59067	8 (88.9%)				1 (11.1%)		9
Reed Point 59069	9 (64.3%)	1 (7.1%)		1 (7.1%)	2 (14.3%)	1 (7.1%)	14
TOTAL	74 (46%)	30 (18.6%)	23 (14.3%)	1 (0.6%)	21 (13%)	12 (7.5%)	161

Cross Tabulation of Clinic and Reason Selected

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

LOCATION OF PRIMARY CARE PROVIDER BY REASONS CLINIC SELECTED

	Columbus Billings Clinic	Billings Clinic	St. Vincent's Absarokee	Beartooth Billings Clinic	St. Vincent Healthcare	Other	Total
Appointment availability	29 (63%)	2 (4.3%)	10 (21.7%)		1 (2.2%)	4 (8.7%)	46
Clinic's reputation for quality	13 (35.1%)	12 (32.4%)	5 (13.5%)	1 (2.7%)	3 (8.1%)	3 (8.1%)	37
Closest to home	59 (61.5%)	2 (2.1%)	19 (19.8%)		11 (11.5%)	5 (5.2%)	96
Cost of care	1 (16.7%)	1 (16.7%)	2 (33.3%)			2 (33.3%)	6
Length of waiting room time	11 (57.9%)	3 (15.8%)	4 (21.1%)			1 (5.3%)	19
Prior experience with clinic	44 (46.3%)	17 (17.9%)	15 (15.8%)		10 (10.5%)	9 (9.5%)	95
Recommended by family or friends	9 (34.6%)	7 (26.9%)	3 (11.5%)		4 (15.4%)	3 (11.5%)	26
Referred by physician or other provider	2 (11.8%)	11 (64.7%)			2 (11.8%)	2 (11.8%)	17
Required by insurance plan		3 (37.5%)	2 (25%)		1 (12.5%)	2 (25%)	8
VA/Military requirement		1 (50%)				1 (50%)	2
Indian Health Services							0
Other	3 (21.4%)	3 (21.4%)	4 (28.6%)		2 (14.3%)	2 (14.3%)	14

Use of Health Care Specialists during the Past Three Years (Question 20)

N= 207

Seventy-four percent of the respondents (n=153) indicated they or a household member had seen a health care specialist during the past three years. Twenty percent (n=42) indicated they had not seen a specialist and twelve respondents (5.8%) chose not to answer this question.



Type of Health Care Specialist Seen (Question 21)

N= 153

The respondents (n=153) saw a wide array of health care specialists. The most frequently indicated specialist was a “Dentist” at 55.6% of respondents (n=85) having utilized their services. “Dermatologist” was the second most utilized specialist at 28.8% (n=44) and “Orthopedic surgeon” was third at 27.5% (n=42). Respondents were asked to choose all that apply so percentages will not equal 100%.

Health Care Practitioner	Count	Percent
Dentist	85	55.6%
Dermatologist	44	28.8%
Orthopedic surgeon	42	27.5%
Chiropractor	40	26.1%
Cardiologist	38	24.8%
OB/GYN	35	22.9%
Physical therapist	34	22.2%
Ophthalmologist	24	15.7%
Neurologist	22	14.4%
General surgeon	21	13.7%
Gastroenterologist	20	13.1%
Urologist	19	12.4%
Radiologist	18	11.8%
Pediatrician	17	11.1%
Podiatrist	16	10.5%
Allergist	14	9.2%
ENT (ear/nose/throat)	14	9.2%
Mental health counselor	11	7.2%
Pulmonologist	11	7.2%
Endocrinologist	10	6.5%
Oncologist	10	6.5%
Occupational therapist	7	4.6%
Psychiatrist (M.D.)	6	3.9%
Rheumatologist	6	3.9%
Social worker	6	3.9%
Speech therapist	6	3.9%
Dietician	5	3.3%
Neurosurgeon	4	2.6%
Psychologist	4	2.6%
Geriatrician	3	2.0%
Other	11	7.2%

“Other” comments: - Kenneth A Bailey Plastic and Reconstructive Surgery Wound Clinic
-Lung specialist - Vein Specialist - Orthopedic surgeon - Kidney specialist - Sleep Study - Heart & Diabetes
- Genetic Counseling - Family Practice - [Gastroenterologist]-colonoscopy - Physical medicine

Location of Health Care Specialist (Question 22)

N= 153

Of the 153 respondents who indicated they saw a health care specialist, 94.8% (n=145) saw one in Billings. Twenty-seven percent of respondents (n=41) reported seeing a health care specialist in Columbus and 9.2% (n=14) reported they went somewhere other than what was listed. Respondents could select more than one location therefore percentages do not equal 100%.

Location	Count	Percent
Billings	145	94.8%
Columbus	41	26.8%
Red Lodge	6	3.9%
Absarokee	2	1.3%
Other	14	9.2%

“Other” comments:

- Laurel (5)
- Livingston
- Billings Clinic
- [Billings] - Visiting from Helena
- [Columbus] Dentist
- In Colorado and Michigan (previously lived there)
- Mayo Clinic (2)
- Los Angeles, CA
- Richland, WA
- Cody, WY
- Salt Lake City, UT

Desired Local Health Care Services (Question 23)

N= 207

Respondents were asked to indicate which health care professionals or services presently not available would they use if available locally. Respondents indicated the most interest in having a “Dermatologist” available at 19.8% (n=41) followed by “ENT (ear/nose/throat)” at 17.9% (n=37), and “Cardiologist” and “OB/GYN” each with 15.9% (n=33) each. Respondents were asked to check all that apply, so percentages do not equal 100%.

Health Care Services	Count	Percent
Dermatologist	41	19.8%
ENT (ear/nose/throat)	37	17.9%
Cardiologist	33	15.9%
OB/GYN	33	15.9%
General surgery	24	11.6%
Sleep studies	18	8.7%
Pediatrician	17	8.2%
Urologist	17	8.2%
Rheumatologist	14	6.8%
Pulmonologist	13	6.3%
Geriatrician	11	5.3%
Endocrinologist	8	3.9%
Psychiatry	8	3.9%
Oncologist	6	2.9%
Social Work	5	2.4%
Other	9	4.3%

“Other” comments:

- [OB/GYN] – female
- Ophthalmologist
- Podiatrist
- Hard to say
- General Practitioner
- None

Overall Quality of Care at Stillwater Billings Clinic (Question 24)

N= 207

Respondents were asked to rate a variety of aspects of the overall care provided at Stillwater Billings Clinic. Respondents were asked to rate the services using the scale of 4=Excellent, 3=Good, 2=Fair, 1=Poor and “Don’t know” or “Haven’t used.” The sums of the average scores were then calculated with “Radiology services (x-ray, ultrasound, CT scan, mammography)” receiving the top average score of 3.4 out of 4.0. “Laboratory” and “Physical therapy” both received 3.3 out of 4.0. The total average score was 3.1, indicating the overall services of the hospital to be “Good”.

	Excellent (4)	Good (3)	Fair (2)	Poor (1)	Don’t know	No Ans.	Total	Avg.
Ambulance services	26	39	10	3	91	38	207	3.1
Emergency room	33	49	14	11	67	33	207	3.0
Laboratory	46	51	10	4	62	34	207	3.3
Physical therapy	31	28	3	4	99	42	207	3.3
Physician office visit	49	55	17	4	48	34	207	3.2
Radiology services (x-ray, ultrasound, CT scan, mammography)	46	38	7	2	79	35	207	3.4
Acute/skilled care	9	17	9	7	113	52	207	2.7
Speech therapy	3	8	4	1	142	49	207	2.8
Specialty clinics	4	12	6	3	136	46	207	2.7
Social services	6	7	4	1	141	48	207	3.0
Nutritional services	11	5	4	1	137	49	207	3.2
Public health	8	18	7	2	128	44	207	2.9
Home health	12	10	7	2	128	48	207	3.0
TOTAL	284	337	102	45				3.1

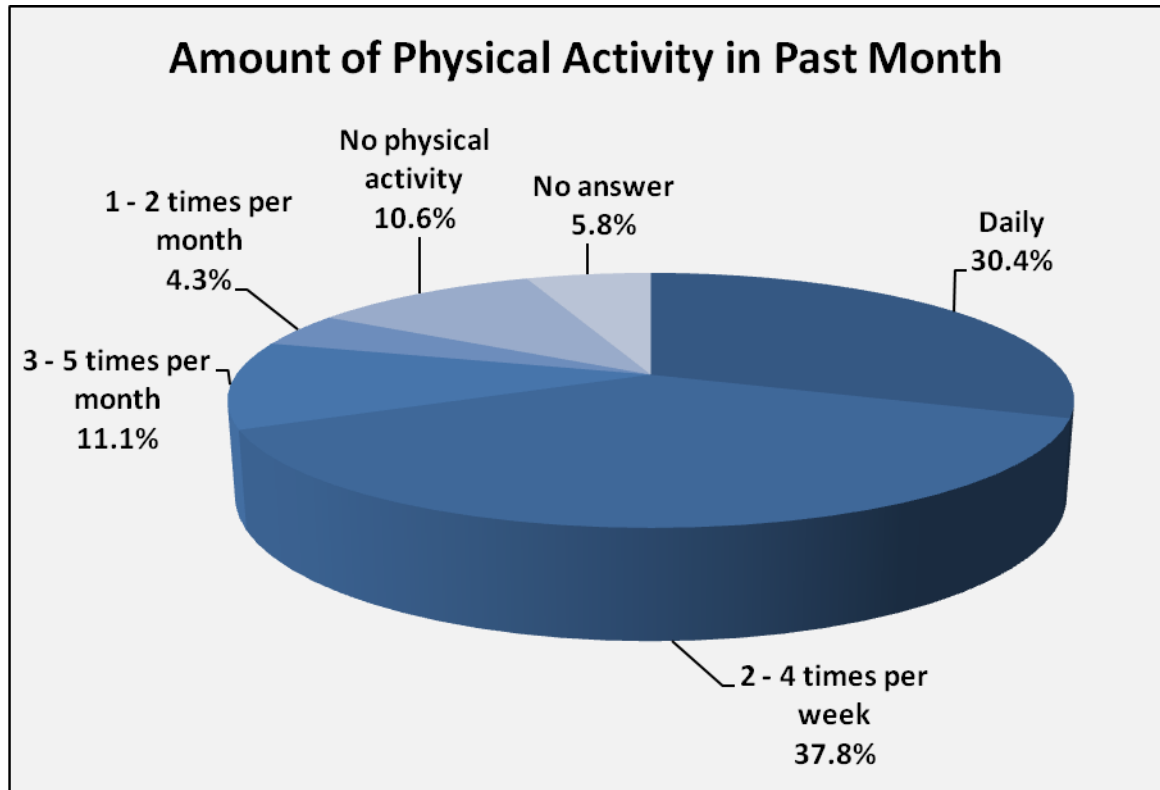
“Other” comments:

- Answers to questions are since the hospital moved.
- Have never used so can’t rate any
- Don’t do weekend Meals on Wheels anymore since the hospital moved
- [Emergency room] – very poor
- [Physician office visit] – Need to find a new General Practitioner

Physical Activity (Question 25)

N= 207

Respondents were asked to indicate how frequently they had physical activity for at least 20 minutes over the past month. Thirty-eight percent of respondents (n=78) indicated that they had physical activity of at least 20 minutes “2-4 times per week” over the past month and 30.4% (n=63) indicated they had physical activity “Daily”. Eleven percent of respondents (n=23) indicated that they had physical activity “3-5 times per month” and 10.6% (n=22) reported “No physical activity.” Twelve respondents chose not to answer this question (5.8%).



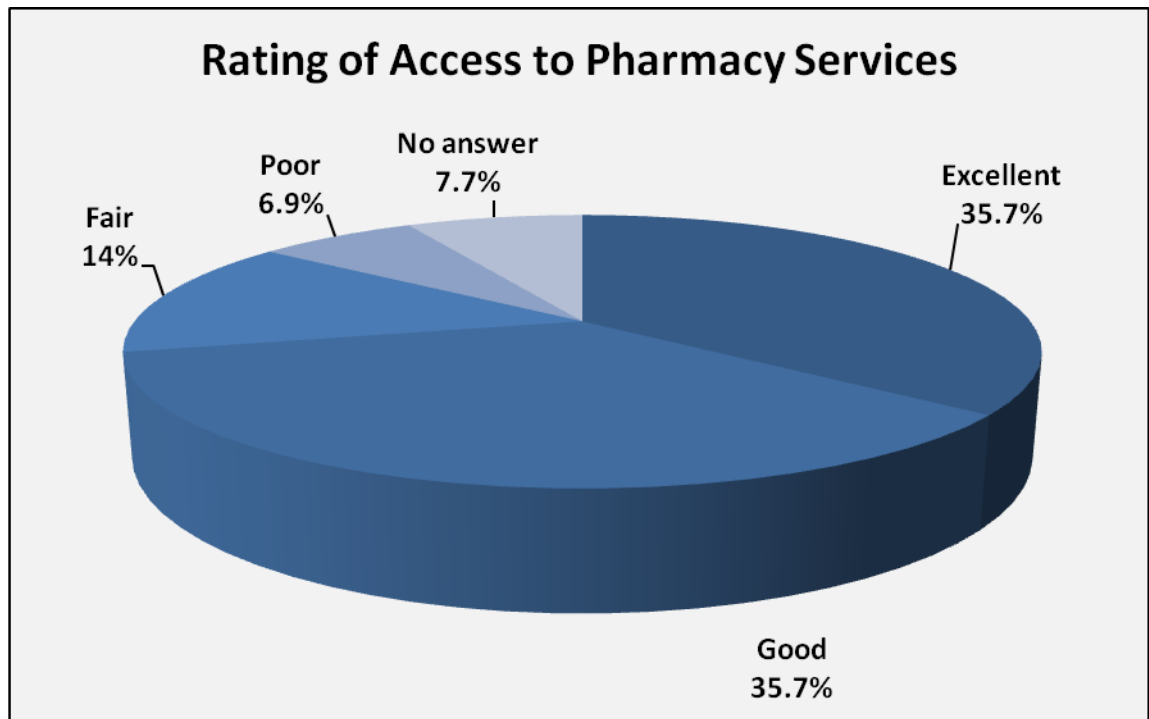
“Other” comments:

- Walk my dog daily. Several times.

Access to Pharmacy Services (Question 26)

N= 207

Respondents were asked to rate their community's access to pharmacy services. Thirty-six percent of respondents (n=74) rated their communities access to pharmacy services as "Excellent." Another 35.7% rated access as "Good" (n=74). Fourteen percent (n=29) felt access was "Fair" and 6.9% (n=14) felt it was "Poor." Sixteen respondents chose not to answer this question (7.7%).



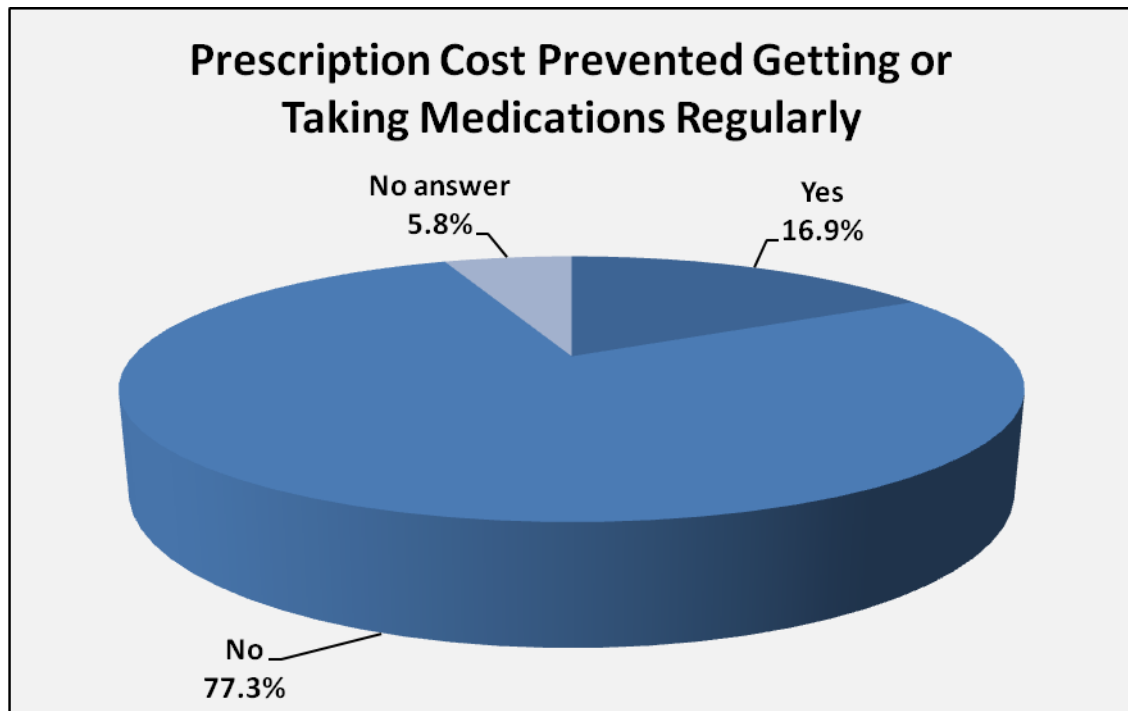
"Other" comments:

- Billings
- Go to Laurel
- Needs to be open longer and on Sunday too.
- We have none in Absarokee

Cost and Prescription Medications (Question 27)

N= 207

Respondents were asked to indicate if, during the last year, medication costs had prohibited them from getting a prescription or taking their medication regularly. Seventeen percent of respondents (n=35) indicated that cost prohibited them from getting a prescription or taking their medication regularly in the last year. Seventy-seven percent of respondents (n=160) indicated that cost had not prohibited them. Six respondents (5.8%) chose not to answer this question.



“Other” comments:

- Have insurance
- I don't take medicine

Medical Insurance (Question 28)

N= 207

Respondents were asked to indicate what type of medical insurance covers the majority of their medical expenses. Forty-seven percent (n=77) indicated they have “Employer sponsored” coverage. Thirty percent (n=49) indicated they have “Medicare” and “Private insurance/private plan” was selected by 9.2% of respondents (n=15). Forty-four respondents chose not to answer this question.

Type of Medical Coverage	Count	Percent
Employer sponsored	77	47.2%
Medicare	49	30.1%
Private insurance/private plan	15	9.2%
Healthy MT Kids	7	4.3%
State/other	5	3.1%
VA/Military	4	2.5%
Medicaid	1	0.6%
Health Savings Account	1	0.6%
Indian Health	0	0%
Agricultural Corp. Paid	0	0%
Other	4	2.5%

“Other” comments:

- Medicare supplement
- Blue Cross/Blue Shield (2)
- 50/50
- TriWest
- Self (2)
- Can no longer afford the state insurance as of 1/1/13.
- No insurance (2)

Barriers to Having Health Insurance (Question 29)

N= 30

Thirty respondents indicated why they did not have medical insurance. Eighty percent (n=24) reported they did not have health insurance because they could not afford to pay for it and 16.7% (n=5) indicated “Employer does not offer insurance.” Respondents were asked to mark all answers that applied, thus the percentages do not equal 100%.

Reason	Count	Percent
Cannot afford to pay for medical insurance	24	80.0%
Employer does not offer insurance	5	16.7%
Cannot get medical insurance due to medial issues	3	10.0%
Choose not to have medical insurance	1	3.3%
Other	3	10.0%

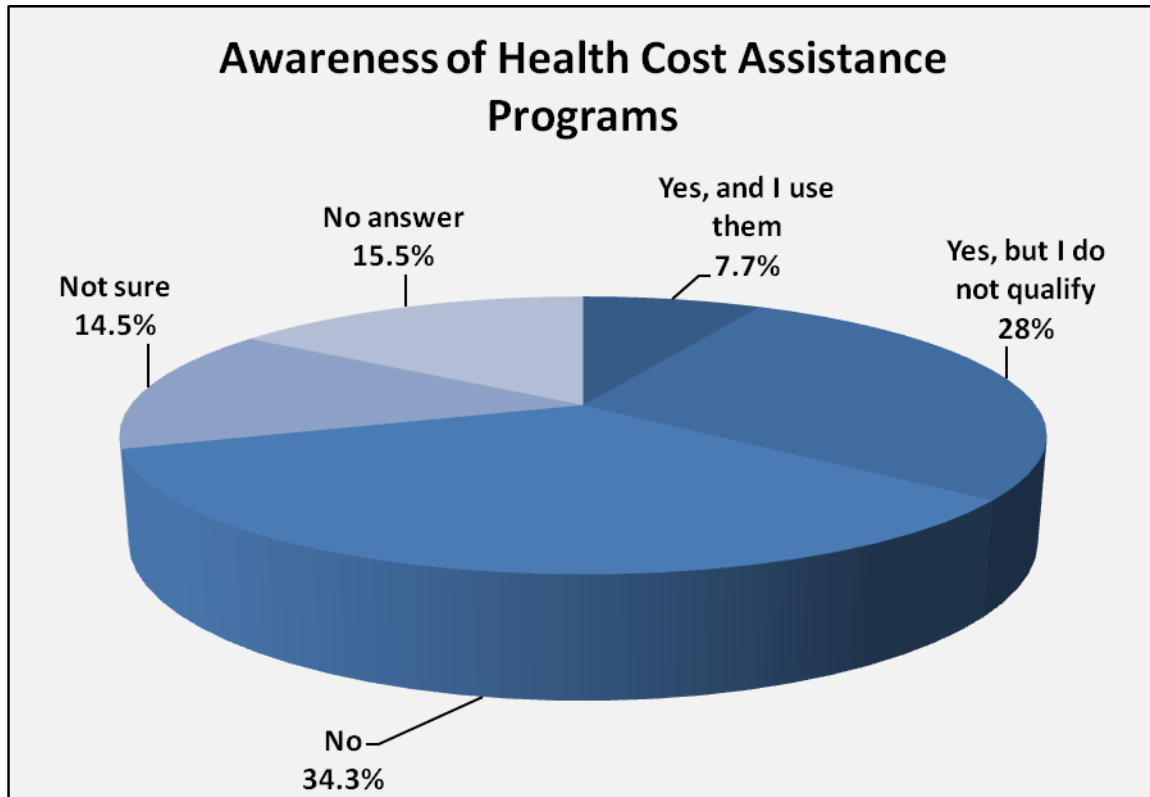
“Other” comments:

- Have insurance
- Have needs sharing ministry coverage
- Medicare (2)

Awareness of Health Payment Programs (Question 30)

N= 207

Respondents were asked to indicate their awareness of programs that help people pay for health care bills. Thirty-four percent of respondents (n=71) indicated they were not aware of these types of programs. Twenty-eight percent (n=58) indicated that they were aware of, but did not qualify to utilize these types of programs and 14.5% of respondents (n=30) indicated they were unsure. Sixteen percent (n=32) chose not to answer this question.



VI. Focus Group Methodology

One focus group was held in Columbus, Montana in November 2012. Focus group participants were identified as people living in Stillwater Billings Clinic's service area.

Eleven people participated in the focus group interview. The focus group was designed to represent various consumer groups of health care including senior citizens and local community members. The focus group was held at Stillwater Billings Clinic. The session lasted 90 minutes in length and followed the line of questioning found in Appendix F. The questions and discussions at the focus groups were led by Carolyn Pollari with the Montana Office of Rural Health.

Focus Group Findings

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

- *Major issues in health care-* A variety of themes were discussed throughout the focus group meetings. The most common themes were: the importance of low income housing like Homestead Lodge and to increase services for seniors such as home health and transportation. One participant commented, “I agree. There’s a need for that [home health]. We have a lot of retired people. Not even just retired people. If you have some sort of surgery, they need to accommodate for you.”

- *Opinion of services and quality of care at Stillwater Billings Clinic:*

Quality of Care- Participants spoke of the new hospital noting, “I’m smiling because we visited a lady who had spent two nights here [new hospital, Stillwater Billings Clinic]. It’s beautiful, lovely, but this lady didn’t receive the help she needed.” Participants also recommended, “One thing that would be nice is for hospital not to waste the services they do offer. Let the community know what they [hospital] can do.”

Number of Services- Participants felt more services should be offered at Stillwater Billings Clinic. One participant stated, “If we have a big hospital here [in Columbus], what’s the point if you have to bypass it to go to Billings anyway. Offer those services for a good hospital.” However, participants did realize specialty services are more sustainable in Billings than in a small community like Columbus.

Hospital Staff- Participants discussed the hospital staff in terms of style of care and competence. Hospital staff was viewed well and participants felt they receive very good care. One participant noted, “...it [hospital staff] is improving.”

Hospital Board and Leadership- The Hospital Board was praised for their leadership and trustworthiness. One participant stated, “I would say leadership has a lot to do with having a hospital like this. I think Billings Clinic oversees a lot of it but from what I can tell, there is togetherness here. From the front desk of the clinic all the way to the kitchen, I guess I’m feeling a welcoming. I feel that good leadership has something to do with it.”

Business Office- Participants expressed frustration with the new computer system that records patients’ medical history. They stated, “...Staff spent more time getting information into the computer instead of taking care of the patient. They’re [office staff] getting the hang of it [computer program] though. It is getting clearer with what [information] is needed. I think it’s improving; clarifying what [information] is needed and what’s not.”

Condition of Facility and Equipment- Participants were happy with the condition of the new hospital and acknowledged that the hospital has only been seeing patients for a month. Patients realized, “It’s a transition [from the old hospital to the new hospital], but it’s coming along.”

Financial Health of the Hospital- Participants were not aware of the financial health of the hospital stating, “Don’t have a clue.”

Cost- Participants felt that the costs of services are comparable to other communities and other states. They commented, “As long as you have insurance you’re okay.”

Office/Clinic Staff- Participants felt that the doctors and nurses communicate very well with one another. One participant noted, “It’s great that the doctors that are here have stayed here. I have more experience on the clinic side; they are competent.”

Availability- Availability was praised by participants. They felt that they could get into appointments and that wait times were reasonable. One person commented, “They [Stillwater Billings Clinic] seem to do that [make services available] very well. If there is a cancellation, they get other people in earlier than their scheduled appointment. They do a great job in that way.”

- *Opinion of local providers-* Participants indicated they mostly use local providers as their or their family’s personal provider for convenience and to minimize travel to Billings for services.
- *Opinion of Local Services:*

Emergency Room- Participants acknowledged they had little experience with the Emergency Room since it is so new. One participant remarked, “The ER is nice; the only thing that is missing is there’s no room for EMS (Emergency Medical Services) to give reports in confidentiality. There’s really no room or place to go to give those reports to nurses and doctors. If there are other people there with other emergencies, they get to hear it [reports].”

Ambulance Service- Participants mentioned that the ambulance service is very good and the Columbus and Absarokee ambulance services collaborate well. However, there was discussion that there are not enough volunteers for the service.

Health Care Services for Senior Citizens- Participants praised the Senior Center and meals available for seniors. Although, they felt more services were needed for Senior Citizens. Needs that were identified by participants included: a Nursing Home in Absarokee, meals offered more than four days a week, and transportation.

Public/County Health Department- Participants were satisfied by the services offered by the health department, especially immunizations, clinics, flu shots, and presentations about health topics. Participants noted, “[The Health Department] needs advertising; let the community know what they’re doing like when Home Health came to assisted living facility and gave all the shots for flu and some vaccines.”

Health Care Services for Low-Income Individuals- Participants mentioned that WIC (Women, Infants, and Children) is available to low-income families but there is a “...lack of communication letting them [low income individuals] know what services are available to them.”

Nursing Home/Assisted Living Facility- Participants praised nursing home and assisted living facilities in the area. One person commented, “I know several people at Meadowlark Assisted Living and it’s a nice place to be. It’s nice they [seniors] can make a choice to stay in the community instead of leave [for assisted living services].”

Pharmacy- Participants mentioned there is only a pharmacy in Columbus, and none in Absarokee. They felt the pharmacy provided great services and worked well with community members noting, “I have had really good luck with them [pharmacy] with our family.”

- *What Would Make the Community a Healthier Place to Live-* Participants offered suggestions for making Columbus and the surrounding area a healthier place to live. They focused on the need for bicycling trails, especially on the road between Absarokee and Columbus, plus a place for people to walk that is more available to community members than the school gym.
- *Why people might leave the community for health care services-* Generally, participants would leave Columbus if they needed specialized services or if they had to bypass Columbus to go to Billings for emergency services. Participants mentioned that many older adults leave the community for extended care or to be closer to family members that reside in Billings.
- *Health Services needed in the Community-* Additional services that participants felt were needed included: transportation, more home health care, the ability to deal with simple broken bones at the hospital, school nurses, and to utilize parish nurses more.

VII. Summary

Two hundred and seven surveys were completed in Stillwater Billings Clinic's service area for a 28% response rate. Of the 207 returned, 66% of the respondents were females and 63.1% were 56 years of age or older.

Respondents rated the overall quality of care at the hospital as excellent to good, scoring 3.1 out of 4.0 on a scale of 4.0 being excellent and 1.0 being poor.

Seventy-four percent of the respondents have seen a health care specialist during the past three years. The most frequent specialists seen were the "Dentist" at 55.6% (n=85), "Dermatologist" at 28.8% (n=44) and "Orthopedic Surgeon" at 27.5% (n=42).

Overall, the respondents within Stillwater Billings Clinic's service area are seeking hospital care at a rate that is typically seen in rural areas. Area residents recognize the major impact the health care sector has on the economic well-being of the area, with almost 67% of respondents identifying local health care services as "very important" to the economic well-being of the area.

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

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

Appendix A- Steering Committee Members

Stillwater Billings Clinic Community Health Needs Assessment Steering Committee- Name and Organization Affiliation

1. Rich Cowger – Columbus EMS
2. Jay Forseth – Faith Community
3. Bill Pronovost – Columbus Fire Department
4. Steve Odom – Faith Community
5. Ken Kaiser – Stillwater Chamber of Commerce
6. Jennifer Davis – Stillwater County Mental Health Center
7. Monica Pugh – Stillwater/Sweet Grass Co-op
8. Jill Grim – Stillwater Billings Clinic Community Health; Stillwater Co. Public Health Nurse
9. Tim Russell – Stillwater Billings Clinic Administration

Appendix B - Public Health and Populations Consultation

Public Health and Populations Consultation Worksheet

1. Public Health

- a. Name/Organization
Jill Grim – Stillwater Billings Clinic Community Health; Stillwater Co. Public Health Nurse
- b. Date of Consultation
First Steering Committee Meeting: June 27, 2012
- c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
Steering Committee
- d. Input and Recommendations from Consultation
 - Home health is a service many seem to be interested in
 - Should include a question regarding preventative testing/screening utilization
 - Access to affordable health insurance has been a concern for many
 - Access to pharmacy has been a concern

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

Population: Mental Health

- a. Name/Organization
Jennifer Davis – Stillwater County Mental Health Center
- b. Date of Consultation
First Steering Committee Meeting: June 27, 2012
- c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
Steering Committee
- d. Input and Recommendations from Consultation
 - Chemical dependency services; family and marriage counseling

Population: Seniors

- a. Name/Organization
Steve Odom – Faith Community
Jay Forseth – Faith Community
- b. Date of Consultation
First Steering Committee Meeting: June 27, 2012
- c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
Steering Committee
- d. Input and Recommendations from Consultation
 - List available senior service programs (i.e. Meals on Wheels)

Appendix C- Survey Cover Letter



710 N. 11th Street
PO Box 959
Columbus, Montana 59019

November 12, 2012

Dear Resident:

Stillwater Billings Clinic received grant funding from the Montana Office of Rural Health/Area Health Education Center to administer a community health survey. The purpose of the survey is to obtain information from a wide range of area residents to assist in planning programs, services, and facilities to meet present and future healthcare needs.

Please take a few moments to complete the enclosed survey by **December 28, 2012**.

Your response is very important and we appreciate your time. Even if you don't use healthcare services with Stillwater Billings Clinic, your input is still helpful.

Your name was selected at random and your answers will be kept confidential. All survey responses will go to the National Rural Health Resource Center in Duluth, Minnesota. We know your time is valuable so we have made every effort to keep the survey brief. It should take less than 15 minutes to complete.

Once you complete your survey, simply **return it in the enclosed self-addressed, postage paid envelope**. If you have any questions about the survey, please call Jill Grim at Stillwater Billings Clinic Community Health Services Department at 406-322-1070 or call the Montana Office of Rural Health 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 effort.

Sincerely,

A handwritten signature in dark ink, appearing to read "Tim Russell", is written over the word "Sincerely,".

Tim Russell, CEO

Appendix D- Survey Instrument

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

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

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

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

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

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

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

4. Would you or a family member be interested in any of the following **child services** if available in our community? (Select all that apply)

- | | | |
|---|-------------------------------------|---|
| <input type="radio"/> Additional day care | <input type="radio"/> Head Start | <input type="radio"/> After school programs |
| <input type="radio"/> Health education programs | <input type="radio"/> Clubs/leagues | <input type="radio"/> Exercise/nutrition programs |
| | | <input type="radio"/> Other _____ |

5. Would you or a family member be interested in any of the following **senior services** if they were available in our community? (**Select all that apply**)

- ☐ Adult day care ☐ Personal care home ☐ Meals on Wheels
☐ Senior retirement housing/community ☐ Assisted living facility ☐ Other _____

6. How do you rate your knowledge of the health services that are available at Stillwater Billings Clinic?

- ☐ Excellent ☐ Good ☐ Fair ☐ Poor

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

- ☐ Health care provider ☐ Billings Gazette ☐ Radio
☐ Mailings/newsletter ☐ Presentations ☐ Word of mouth/reputation
☐ Website/internet ☐ Public health ☐ Other _____
☐ Stillwater County News ☐ Friends/family

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

- ☐ Pharmacy ☐ Public health ☐ Senior center
☐ Dentist ☐ Mental health ☐ Family & marriage counseling
☐ VA ☐ Chemical dependency services ☐ Home health
☐ Psychiatry ☐ Social Work ☐ Other _____

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

- ☐ Greater health education services ☐ More specialists
☐ Improved quality of care ☐ Transportation assistance
☐ More primary care providers ☐ Other _____
☐ Outpatient services expanded hours

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

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

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

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

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

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

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

- | | | |
|--|--------------------------------------|--|
| <input type="radio"/> Children's checkup/Well baby | <input type="radio"/> Flu shot | <input type="radio"/> Routine blood pressure check |
| <input type="radio"/> Cholesterol check | <input type="radio"/> Mammography | <input type="radio"/> Routine health checkup |
| <input type="radio"/> Colonoscopy | <input type="radio"/> Pap smear | <input type="radio"/> None |
| <input type="radio"/> Employer wellness program/screenings | <input type="radio"/> Prostate (PSA) | <input type="radio"/> Other _____ |

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**)

- ☐ Stillwater Billings Clinic ☐ Billings Clinic
- ☐ St. Vincent Healthcare ☐ Beartooth Billings Clinic ☐ Other _____

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

- | | | |
|---|--|---|
| <input type="radio"/> Cost of care | <input type="radio"/> Service not available locally | <input type="radio"/> VA/Military requirement |
| <input type="radio"/> Closest to home | <input type="radio"/> Prior experience with hospital | <input type="radio"/> Quality of staff |
| <input type="radio"/> Closest to work | <input type="radio"/> Recommended by family or friends | <input type="radio"/> Other _____ |
| <input type="radio"/> Emergency, no choice | <input type="radio"/> Referred by physician | |
| <input type="radio"/> Hospital's reputation for quality | <input type="radio"/> Required by insurance plan | |

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

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

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

- ☐ Columbus Billings Clinic ☐ St. Vincent's Absarokee ☐ St. Vincent Healthcare
☐ Billings Clinic ☐ Beartooth Billings Clinic ☐ Other _____

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

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

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

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

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

- | | | |
|---|---|---|
| <input type="radio"/> Allergist | <input type="radio"/> Mental health counselor | <input type="radio"/> Psychiatrist (M.D.) |
| <input type="radio"/> Cardiologist | <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"/> Speech therapist |
| <input type="radio"/> Endocrinologist | <input type="radio"/> Ophthalmologist | <input type="radio"/> Social worker |
| <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 | |

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

- ☐ Absarokee ☐ Columbus ☐ Billings
☐ Red Lodge ☐ Other _____

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

- | | | | |
|---------------------------------------|---|-------------------------------------|--------------------------------------|
| <input type="radio"/> Cardiologist | <input type="radio"/> ENT (ear/nose/throat) | <input type="radio"/> Oncologist | <input type="radio"/> Social Work |
| <input type="radio"/> Dermatologist | <input type="radio"/> Geriatrician | <input type="radio"/> Pediatrician | <input type="radio"/> Rheumatologist |
| <input type="radio"/> Endocrinologist | <input type="radio"/> OB/GYN | <input type="radio"/> Pulmonologist | <input type="radio"/> Urologist |
| <input type="radio"/> General surgery | <input type="radio"/> Sleep studies | <input type="radio"/> Psychiatry | <input type="radio"/> Other _____ |

24. The following services are available at Stillwater Billings Clinic. Please rate the overall quality for each service.

	<i>Excellent = 4</i>	<i>Good = 3</i>	<i>Fair = 2</i>	<i>Poor = 1</i>	<i>Don't Know = DK</i>
Ambulance services	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<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"/> DK
Laboratory	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> DK
Physical therapy	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> DK
Physician office visit	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> DK
Radiology services (x-ray, ultrasound, CT scan, mammography services)	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> DK
Acute/skilled care	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> DK
Speech therapy	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> DK
Specialty clinics	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> DK
Social services	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> DK
Nutritional services	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> DK
Public health	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> DK
Home health	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> DK

25. Over the past month, how frequently have you participated in physical activity for at least 20 minutes?

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

26. How would you rate the access to pharmacy services in our community?

- ☐ Excellent
 ☐ Good
 ☐ Fair
 ☐ Poor

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

- ☐ Yes
 ☐ No

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

- | | | |
|--|--|---|
| <input type="radio"/> Healthy MT Kids | <input type="radio"/> Private insurance/private plan | <input type="radio"/> Agricultural Corp. Paid |
| <input type="radio"/> Employer sponsored | <input type="radio"/> Medicaid | <input type="radio"/> Health Savings Account |
| <input type="radio"/> Medicare | <input type="radio"/> VA/Military | <input type="radio"/> Other _____ |
| <input type="radio"/> State/Other | <input type="radio"/> Indian Health | |

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

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

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

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

Demographics

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

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

- ☐ 59001 Absarokee ☐ 59028 Fishtail ☐ 59061 Nye ☐ 59067 Rapelje
☐ 59019 Columbus ☐ 59002 Molt ☐ 59063 Park City ☐ 59069 Reed Point

32. If you live outside of Columbus, how many miles are you from town?

- ☐ Live in town ☐ 1-15 miles ☐ 16-30 miles ☐ 31-45 miles ☐ More than 46 miles

33. How long have you lived in the area?

- ☐ 0-5 years ☐ 6-10 years ☐ 11-15 years ☐ 16-20 years ☐ 21+ years

34. What is your gender? ☐ Male ☐ Female

35. What age range represents you?

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

36. How many children under the age of 18 live in your household?

- ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7+

37. How many generations live in your home? ☐ 1 ☐ 2 ☐ 3 ☐ 4

38. What is your employment status?

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

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

THANK YOU VERY MUCH FOR YOUR TIME

Please note that all information will remain confidential

Appendix E- Responses to Other and Comments

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

- How would I know this???

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

- Back issues
- Parents sending sick kids to school spreading germs. Extremely high degree of misdiagnosed cases
- Drugs
- I don't know the health issues of people in this community. I would think you would know this. (2)
- Old age – retirees and all ailments that go with that (2)
- Family/spouse, child, elder abuse/neglect

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

- Well-educated, knowledgeable, and compassionate health care physicians.
- More mental health
- Single – no family in the area

4. Would you or a family member be interested in any of the following child services if available in our community?

- No
- NA
- No children
- Preschool educational opportunities and K-12 individual or group tutoring

5. Would you or a family member be interested in any of the following senior services if available in our community?

- NA (4)
- Not yet (2)
- Transportation to and from doctor's appointments, physical therapy, etc.
- Help at home
- No seniors
- Exercise program like YMCA
- Contact elderly program to check on welfare

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

- Brochures/flyers in waiting room and lobby
- Association with Hospital
- Previous job in health care
- Personal knowledge
- Involvement in providing health care
- A number of years ago I was employed as the medical records clerk at the former hospital for 29 years
- Riverstone Health
- [Health care provider] If I ask about information
- Don't get anything

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

- Clinic
- Optometrist
- Orthopedics
- Chiropractor
- Physical therapy
- In Home Care (Private Day)
- [Pharmacy] – IGA
- No dentist here takes Medicaid
- Billings Dentist, VA, and Pharmacy
- Billings Clinic
- Columbus
- Acupuncture Clinic of Columbus
- None (6)

9. In your opinion, what would improve our community's access to health care?

- Affordability (4)
- Insurance availability
- Making sure our community knows that certain services are available in the first place
- More home health services
- More stable assisted living facility at a reasonable rate
- Part-time pharmacy in Absarokee
- Exercise facilities – gym, swimming pool
- Acupuncture Clinic of Columbus
- Information
- Education through school system (parents and teens especially)
- Don't know (2)
- I think the system is sufficient (2)

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

- Provides large array of employment opportunities, which helps the local economy.

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

- Don't trust provider's abilities
- My problem could not be treated by available physician
- Knowledge and ability of staff
- Waited so long my problem went away
- Not well enough to go receive services
- Lost wage or job if took time off to go receive services
- Very high insurance deductible
- Provider elsewhere; requiring time away from work

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

- A1C Blood Work (2)
- Lab check
- Post-surgery evaluation
- Public health nurses

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

- Stillwater Clinic (2)
- Was Stillwater hospital –liked it better than Billings Clinic (not as friendly to work with now)
- For emergency visits (2)
- Columbus hospital
- VA – Fort Harrison

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

- Knew the staff
- Prior positive experiences
- Refused to go to St. Vincent Healthcare
- Mission statement

18. Where was that primary health care provider located?

- VA (2)
- VA – Ft. Harrison
- VA – Billings
- Laurel Medical Center (7)
- St. Vincent – Laurel (4)
- Mayo Clinic
- St. Vincent – Red Lodge
- River Stone Health Clinic (2)
- Big Timber (2)
- Billings Private Practice
- In Colorado (where we lived at the time)
- Family Clinic
- Children’s Clinic (3)

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

- My General Practitioner transferred to the VA center in Billings
- Currently do not have one
- New to area – locals told me
- Employed there
- Been seeing for years (2)
- Naturopathic physician
- Already a patient
- Like physician

- Liked caregiver as a compassionate provider
- I trust Dr. Klee’s abilities and knowledge
- Trust

21. What type of health care specialist was seen?

- Lung specialist
- Vein specialist
- Orthopedic surgeon
- Kidney specialist
- [Gastroenterologist] – colonoscopy
- Physical medicine
- Family Practice
- Kenneth A Bailey Plastic and Reconstructive Surgery Wound Clinic
- Genetic Counseling
- Sleep study
- Heart & Diabetes

22. Where was the health care specialist seen?

- Laurel (5)
- Livingston
- Billings Clinic
- [Billings] - Visiting from Helena
- [Columbus] Dentist
- In Colorado and Michigan (previously lived there)
- Mayo Clinic (2)
- Los Angeles, CA
- Richland, WA
- Cody, WY
- Salt Lake City, UT

23. What additional health care services would you use if available locally?

- [OB/GYN] – female
- Ophthalmologist
- Podiatrist
- Hard to say
- General Practitioner
- None

24. The following services are available at Stillwater Billings Clinic. Please rate the overall quality for each service.

- Answers to questions are since the hospital moved.
- Have never used so can’t rate any
- Don’t do weekend Meals on Wheels anymore since the hospital moved
- [Emergency room] – very poor

- [Physician office visit] – Need to find a new General Practitioner
- 25. Over the past month, how frequently have you participated in physical activity for at least 20 minutes?**
- Walk my dog daily. Several times.
- 26. How would you rate the access to pharmacy services in our community?**
- Billings
 - Go to Laurel
 - Needs to be open longer and on Sunday too.
 - We have none in Absarokee
- 27. Has cost prohibited you from getting a prescription or taking your medication regularly?**
- Have insurance
 - I don't take medicine
- 28. What type of medical insurance covers the majority of your household's medical expenses?**
- Medicare supplement
 - Blue Cross/Blue Shield (2)
 - 50/50
 - Triwest
 - Self (2)
 - Can no longer afford the state insurance as of 1/1/13.
 - No insurance (2)
- 29. If you do NOT have medical insurance, why?**
- Have insurance
 - Have needs sharing ministry coverage
 - Medicare (2)
- 31. Where do you currently live, by zip code?**
- 59063
 - 59101
- 32. If you live outside of Columbus, how many miles are you from town?**
- Live in Billings
- 38. What is your employment status?**
- Self-employed (9)
 - Bookkeeper for family corporation
 - Social security
 - Catholic Priest
 - My husband works full time. I stay at home
 - Caretaking 2 preschoolers and disabled husband; can't work due to that.
 - Unable to work due to poor health

Other Comments:

- I feel the questions should have been asked before you built the new hospital.
- I probably would not use Deaconess' facilities except in a dire emergency.

Appendix F- Focus Group Questions

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

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

Appendix G- Focus Groups Notes

Focus Group #1

Wednesday, November 14, 2012 – 5:30pm-7:00pm – Columbus, MT – Stillwater Billings Clinic
11 people (1 male, 10 female)

1. What would make this community a healthier place to live?
 - Bicycling trails.
 - I agree; one [bike trail] would be nice to have between Absarokee and Columbus next to the road. The road [between Absarokee and Columbus] is awful.
 - I would agree; biking/walking just for community people. We have hiking stuff, but for the average person there's no place to walk in Absarokee and Columbus.
 - Elderly people go to the school gym to walk, but have to be there early in the morning.
 - 8:30am – 9:30am. That's the only time available in Absarokee.
2. What do you think are the most important local health care issues?
 - Homestead Lodge. That is a huge concern ambulance-wise. Homestead Lodge is an establishment in Absarokee for lower income individuals and has people with pretty high needs. The ambulance and churches get called a lot to meet those needs. It's supposed to be a place where you live on your own and it's inexpensive, but the majority of people can't [live on their own]. It's a high maintenance place; there are falls and colds. We take people in the ambulance just for regular health issues who would need it.
 - There is no staff [at Homestead Lodge].
 - It [Homestead Lodge] has changed because there used to be more help there. It has declined to one manager there for maintenance.
 - They used to cook meals there [Homestead Lodge]. They have a big kitchen there [Homestead Lodge]. The church takes big kettles of soup over and they get Meals on Wheels four days a week; Mondays, Tuesdays, Wednesdays, and Thursdays.
 - Does Columbus have a place like that?
 - Yes. Sage Apartments and Columbus Apartments. Both are lower income housing.
 - I'm very new to the community. I made a home visit to a woman who lives outside of Absarokee. She really needed some home health care. Stillwater County was not able to provide that [home health care] because there is no money to hire a CNA (Certified Nursing Assistant) for care and the woman would have to hire someone privately. She really did need some assistance for at least a short period of time.
 - I agree. There's a need for that [home health]. We have a lot of retired people. Not even just retired people. If you have some sort of surgery, they need to accommodate for you.
 - There's not that sort of aid [home health care].

- She didn't qualify [for home health care] because she didn't qualify for "skilled need." Even with the number of issues she had, she didn't have what you would call a "skilled need."
 - Could she look at looking at the Meadowlark [Assisted Living] for some time?
 - She wasn't willing, she only couldn't shower herself. She had carpal tunnel. She was struggling.
- For a while in Absarokee, women owned their own home health group. They called themselves nurses but they were not nurses. It kind of phased out. They served a need and offered housekeeping.

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

Quality of Care

- I'm smiling because we visited a lady who had spent two nights here [new hospital, Stillwater Billings Clinic]. It's beautiful, lovely, but this lady didn't receive the help she needed.
- Understaffed.
- One thing that would be nice is for the hospital not to waste the services they do offer. Let the community know what they [hospital] can do.

Number of services

- I would say we need more [services]. Just because we're so close to Billings, if you got a broken arm you have to go to Billings. That's [simple breaks] something simple that could be taken care of here rather than going to Billings.
 - There may be a level of liability.
 - If we have a big hospital here [in Columbus], what's the point if you have to bypass it to go to Billings anyway. Offer those services for a good hospital.
- Billings has specialty doctors and we aren't going to have them here [at Stillwater Billings Clinic]. If we didn't have a hospital here, I know people that could've died if Columbus' hospital wasn't here.
- I've had some good reports [about the hospital] too. Assisted living facility in Absarokee had a lady [resident] come into the ER (emergency room) and there was a travelling doctor. She passed away after being here a few days. The doctor and nurse were unfamiliar [with her file] and they called for information instead of guessing or assuming. [Doctors were] Very receptive to what her family wanted. It was a very good experience I have to say.

Hospital staff

- Just from personal experience as an EMT (Emergency Medical Technician), it [hospital staff] is improving.
- Over the last 3½ years, I spent probably one month in the hospital. They [Hospital staff] took very good care of me. Then I had rehab in Billings.

Hospital Board and leadership

- I do know who they [Board members] are.
- I know some of them [Board members]. I would trust them.

- I think they [Stillwater Billings Clinic] have a very strong Board. It was an accomplishment to have this hospital built.
- I would say leadership has a lot to do with having a hospital like this. I think Billings Clinic oversees a lot of it, but from what I can tell, there is togetherness here. From the front desk of the clinic all the way to the kitchen, I guess I'm feeling a "welcoming". I feel that good leadership has something to do with it.
- I work for the Absarokee ambulance. When I first started we had no communication with the hospital at all and that's getting stronger and becoming more and more important. We weren't aware of meetings and stuff [training opportunities] and now they let us know about them [meetings] so we try to get somebody down to them [meetings].

Business office

- We never get to see them [staff].
- I don't know if it has to do with billing, but computer stuff was a fiasco. Staff spent more time getting information into the computer instead of taking care of the patient. They're [office staff] getting the hang of it [computer program] though. It is getting clearer with what [information] is needed. I think it's improving; clarifying what [information] is needed and what's not.

Condition of facility and equipment

- The doors [in the new facility] didn't work for a while.
 - But now they [doors] work.
- It's a transition [from the old hospital to the new hospital], but it's coming along.
- It [new hospital] has been open since September, so they have only been seeing patients for a month.
- It's improving; patients have a bathroom in their rooms.
- For the staff, the transition is interesting because it is so new. The ER has air conditioning that is in the room. The equipment must just be great. It must be an incredible change for everybody [staff] here.

Financial health of the hospital

- Don't have a clue.

Cost

- [Cost] Seems to be in line with other communities and other states.
- As long as you have insurance you're okay.

Office/Clinic staff

- It's great that the doctors that are here have stayed here. I have more experience on the clinic side; they are competent.
- The nurses and doctors communicate very well.

Availability

- They [Stillwater Billings Clinic] seem to do that [make services available] very well. If there is a cancellation, they get other people in earlier than their scheduled appointment. They do a great job in that way.
 - That's the advantage of being a smaller community facility. To get an appointment in Billings, you are weeks or months out. [In Columbus], I have found it's only a couple days out for an appointment but not weeks and months.
 - If they do need to pass you on to Billings, they [staff] work with you to get you an appointment.
4. Are any of the local providers your personal provider or personal provider to your family members? Why?
- Yes, local.
 - So we don't have to go clear to Billings.
 - We feel they're [local providers] competent. And if they don't know [what to do] they send you on [to Billings]. They have no problem doing that.
5. What do you think about these local services:
- Emergency Room
- Never been there [ER].
 - The ER is nice; the only thing that is missing is there's no room for EMS (Emergency Medical Services) to give reports confidentially. There's really no room or place to go to give those reports to nurses and doctors. If there are other people there with other emergencies, they get to hear it [reports].

Ambulance service

- [Columbus ambulance service is] Separate from Absarokee.
- Mostly volunteer but some staff is paid.
- Columbus is salaried and we [Absarokee] are not. Totally volunteer. I live twenty miles out of town and still run on the ambulance.
- [Ambulance] Does a pretty good job.
- [Columbus ambulance] Covered for us [Absarokee ambulance].
- We have started to work with them [Columbus ambulance service] more too. There was conflict; I don't know why that became. I think we got more involved.
- Both [Columbus and Absarokee ambulance service] are understaffed. Volunteers are not there due to economic change. There used to be twenty-six active people on Absarokee's ambulance service. Now it's down to five or six which is the same all over the country. Columbus could use more volunteers too.
- Both [Columbus and Absarokee ambulance services] have such a large area to cover.
- How often do they offer EMT classes?
 - Once a year. Nick can teach them [EMT classes] and set it up. [He] usually lets Columbus set it up. There were two trainings last year. He said he wouldn't do another one until 2014 but if we had enough interested people, we'd put it on at any time.
 - Is there a way to advertise better to get people involved?
 - Tried everything. Newspapers, handouts.

- It's a time issue for volunteers. They have to keep up on training. To find someone with that time is difficult.
- Even after you have an EMT class, there's a high dropout rate. It's a huge commitment. It's not easy. People will realize it's not what they wanted. We are looking at how to recruit and to retain. It takes 210 hours to become an EMT and then forty-eight CE (Continuing Education) hours in a two-year period plus a 24-hour refresher course.
- It's [volunteering as an EMT] very time consuming.
- Columbus got a grant for a volunteer coordinator. It's a four-year grant and is a paid position.
- There are a few people that would love to help, but they are tied down with children. People available for childcare... If there's a way to help in that aspect.

Health care services for Senior Citizens

- We [ambulance] get a lot of calls. Some individuals would be there with suitcases packed and want them [ambulance] to be there. Absarokee lacks healthcare services for seniors.
- Homestead Lodge is the only thing available for them. There is no nursing home [in Absarokee]; no transition for them [senior citizens].
- They have the Senior Center [in Absarokee] where they [seniors] eat four days a week.
- One [Senior Center] in Absarokee, Columbus, and Rapleje.
- Meal-wise they're [Senior Centers] okay but no healthcare.
- I think they [seniors] need the meals. There is those three days they don't have any [meals]. They need more than that because there's seven days in a week.
- On Saturdays when the church takes food to the Homestead Lodge, not many people come to get it. It's really sad. We offer adult daycare at the Senior Center but families have to drop off [seniors] in the morning and pick them up in the evening. They take advantage of it if they can and have time.
- There is really a need for transportation.
- The ambulance works with a lot of people that don't have family here, but also people don't want to give up their freedom either. Even at Caslen Living Center, seniors don't want to give up their freedom.

Public/County Health Department

- I know for church (Evangelical Church) they [Health Department staff] have sent stuff to me to hand out that details the services they offer. Those are the only things they've done community-wise.
- They [Health Department] do some immunizations, clinics, and flu shots at the Senior Center.
- They [Health Department] will come present about Hepatitis or whatever [health topic] on request.
- [The Health Department] needs advertising; let community know what they're doing like when Home Health came to the assisted living facility and gave all the shots for flu and some vaccines.
- [Health Department] Goes to the schools so it's [vaccinations] accessible.

- [Health Department] Had a portable mammogram in town a couple weeks ago but it broke down. At least they tried.

Health care services for low-income individuals

- There is a WIC (Women, Infants, & Children) program through home health.
- Again, just lack of communication and not letting them [low income individuals] know what services are available to them.

Nursing Home/Assisted Living Facility

- Nursing Home and Assisted Living in Columbus.
- In Absarokee, only Assisted Living.
- With the ambulance I've gone to Assisted Living facility in Absarokee and they've been great. Staff is very good. Wonderful! That's an absolute blessing. We can get in and out with cots, and they have information [about the resident] ready and right there. I have nothing but good things to say about the Assisted Living facility in Absarokee.
- The one [assisted living facility] in Columbus does a great job too.
- I know several people at Meadowlark Assisted Living and it's a nice place to be. It's nice; they [seniors] can make a choice to stay in the community instead of having to leave [for assisted living services].
- Meadowlark Assisted Living was connected to the hospital until the new hospital was built.
- Beartooth Manor [Nursing Home] has been pretty good.
- With the Assisted Living, we have residents that live there that are low-income. Good rapport with Office of Public Assistance in Columbus. Serve on the county. They [Office of Public Assistance] help out a lot; they do all the paperwork for Medicaid residents. They have offices in Roundup, Billings, and Columbus that work together. They do all the huge government paperwork. They're a great asset.

Pharmacy

- Just in Columbus.
- Absarokee used to have one [a pharmacy].
- They're [pharmacy] is good. If you are out of the area, they'll mail prescriptions to you within one day.
- It [Pharmacy] works with you pretty well.
- I have had really good luck with them [pharmacy] with our family.

6. Why might people leave the community for healthcare?

- I think a lot of community members leave for specialized care.
- I use all providers here [in Columbus].
- Because it's so rural, but no one wants to live in Billings.
- A lot of people go to Billings and go right by Columbus.
- There are a large percentage of Nursing Home patients that are forced to leave the community. Based a little on quality of care, a lot of facilities. Recently many people have left to Billings. We have a [older] population for that. It's hard because older spouses have been separated for care and both are forced to move.

- Do have a dementia care unit at Nursing Home here [in Columbus] but really does lack in care.
 - [Dementia unit] Needs to be completely locked down [for security].
 - But not really a memory care unit. Lacks skilled care there [Dementia unit at Nursing Home].
- We lose a lot of elderly [from the community] because family is there in Billings. Family wants them closer so they [elderly] go all the way to Billings.

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

- Ability to deal with simple [bone] breaks. It is a long ways from Nye to Billings. They just can't do a whole lot when it's that far away. We have a lot of broken bones from four wheelers in the Nye area.
- Have to transport [patients with broken bones] here first, then on to Billings. For protocol. Delays treatment.
- As an EMS person it's silly to bring them here [Columbus hospital] when you know they can't treat it and they [patients] have to go to Billings anyways. Another burden on EMS people. Takes them away from home and family for a longer period of time. Their day is gone.
- Would like to see more home health care available. Know some PT (Physical Therapy) is available. With an aging population, it would be good to keep people at home longer.
- A lot of people need it [home health]. Just that one-on-one care. And home health makes ambulance's job better, more rapport between home health and ambulance.
- Home health and transportation could really cut down on ambulance demand.
- Now with Medicare changes, tough on transport. Complicates matter.
- Regarding the Homestead Lodge issue, I keep thinking about parish nursing. I wonder if there are more parish nurses.
- There's another one that took a parish nurse class.
 - The problem with parish nurses is they can't do hands-on care. Go in, should be an RN (Registered Nurse), can't do any hands-on because of liability. [Parish nurses] Gladly make referrals, etc. but can't put church in jeopardy if something happens. Parish nursing is a wonderful asset to the community, and would help anyone in the community. Just not hands-on. As long as people understand that parish nurses can only do blood pressures, weights, etc. They're not even supposed to set up a pill box. That has to be understood, it [parish nursing] can be an asset but there are limitations.
 - The problem is liability.
 - Even as a nurse, to do that [care] in the community is a risk to your license.
 - Maybe if I ever retire...
 - [Columbus] does have a very active hospice nurse available in the community that's been a real help to people so they can stay home in hospice care.
 - [Meadowlark Assisted Living] brought people in on a short-term basis that needed PT (physical therapy). They can come and stay while they do therapy until they're strong enough to go home.

- I was a school nurse for a long time, there are no school nurses here [Columbus area] and that is a shame. You are putting secretaries at risk. Now, there are more kids with diabetes and problems taking pills.
- What happened to the school nurse program?
 - Funding issue. Even in Billings, you never were at one school for any length of time. Huge issues. Important place.
 - So many kids on nebulizers and inhalers. They had nebulizers just lying around. They needed to be put away and three-quarters of those [inhalers] were outdated. They [students] can't use those. I can't do this [nursing] either. I'm an EMT, but I can't do nursing.
 - On ambulance calls there are times where twenty minutes pass before someone can get to the emergency since everyone is volunteer

Appendix H – Secondary Data

County Profile

Stillwater County

Secondary Data Analysis
September 26, 2012



MONTANA
STATE UNIVERSITY

Office of Rural Health
Area Health
Education Center

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

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

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

*Chronic Lower Respiratory Disease

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

Chronic Disease Burden ¹	Region 3	Montana	Nation ^{3,4}
Stroke prevalence	2.8%	2.5%	2.6%
Diabetes prevalence	6.9%	6.2%	8.3%
Acute Myocardial Infarction prevalence (Heart Attack)	4.3%	4.1%	6.0%
All Sites Cancer	510.8	455.5	543.2

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

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

⁴American Diabetes Association (2012)

Region 3 (South Central): Judith Basin, Fergus, Petroleum, Wheatland, Golden Valley, Musselshell, Sweet Grass, Stillwater, Yellowstone, Big Horn, and Carbon

Chronic Disease Hospitalization Rates	County	Montana
Stroke Per 100,000 population ¹	186.1	182.2
Diabetes Per 100,000 population ¹	46.1	115.4
Myocardial Infarction (Heart Attack) Per 100,000 population ¹	161.9	147.3

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

Demographic Measure (%)	County	Montana	Nation ^{5,6}
Population ¹	8,687	989,415	308,745,538
Population Density ¹	4.8	6.7	Not relevant
Age ¹	<5 6%	18-64 63%	65+ 14%
Gender ¹	Male 51.4%	Female 48.6%	Male 49.2%
Race/Ethnic Distribution	White ¹ 98.3%	91.5%	72.4%
	American Indian or Alaska Native ¹ 1.1%	6.8%	0.9%
	Other † ¹ 0.6%	1.7%	26.7%

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

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

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

⁶US Census Bureau (2010)

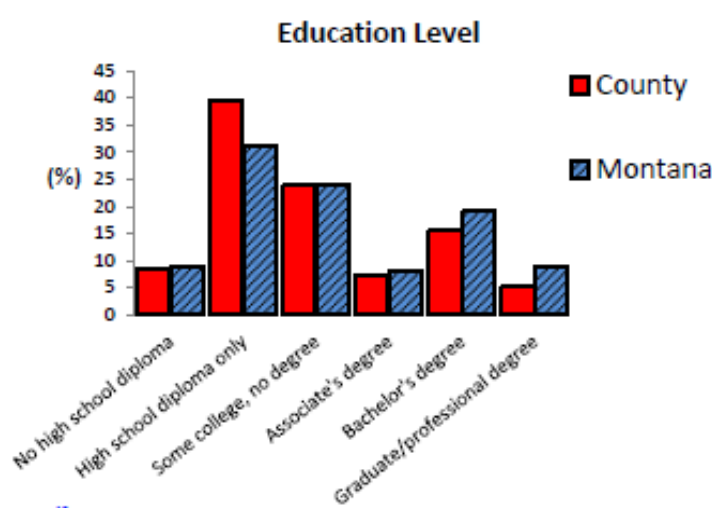
Socioeconomic Measures ¹ (%)	County	Montana	Nation ^{7,8,9}
Median Income ¹	\$51,722	\$43,000	\$51,914
Unemployment Rate ⁷	5.2%	6.3%	7.7%
Persons Below Poverty Level ¹	10.0%	14.0%	13.8%
Uninsured Adults (Age <65) ¹	19.1%	19.0%	18.2%
Uninsured Children (Age <18) ⁹	N/A	11.0%	10.0%

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

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

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

⁹Montana KIDS COUNT (2009)



¹⁰Indicators Northwest, Imp. Graph (2011)



Behavioral Health ^{1,2}	Region 3	Montana
Childhood Immunization Up-To-Date (UTD) % Coverage ¹¹ †† Age 24-35 months, population size: 12,075 (% sampled: 35.9%)	23.5% (county)	64.3%
Tobacco Use ¹	18.7%	19.3%
Alcohol Use (binge + heavy drinking) ¹	20.8%	22.8%
Obesity ¹	24.2%	21.6%
Overweight ¹	38.3%	37.8%
No Leisure time for physical activity ¹	22.0%	20.7%

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

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

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

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

Screening ¹		Region 3	Montana
Cervical Cancer (Pap Test in past 3 yrs) ¹		84.7%	83.0%
Breast Cancer (Mammogram in past 2 yrs) ¹		73.5%	71.9%
	Blood Stool ¹	26.5%	25.3%
	Sigmoidoscopy or Colonoscopy ¹	54.5%	54.3%
Diabetic Screening ⁵ Percent of Medicare enrollees who received HbA1c screening		84.0%	79.0%

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

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

Mortality ^{1,2,12}	County	Montana	Nation ^{2,13}
Suicide Rate per 100,000 population ¹	23.6	20.3	12.0
Unintentional Injury Death Rate per 100,000 population ¹	80.2	58.8	38.4
Percent Motor Vehicle Crashes Involving Alcohol ¹	10.6%	10.0%	32.0%
Pneumonia/Influenza Mortality per 100,000 population ¹	11.8	19.0	17.5
Diabetes Mellitus ²	21.2	27.1	21.8

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

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

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

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

Maternal Child Health ¹	County	Montana	Nation ^{14,15}
Infant Mortality (death within 1 st year) Rate per 1,000 live births ¹	13.9	6.1	6.7
Entrance into Prenatal care in 1 st Trimester Percent of Live Births ¹	87.8%	83.9%	69.0%
Birth Rate ⁹ Babies born per 1,000 people	11.4	12.8	13.5
Low Birth Weight (<2500 grams) Percent of live births ¹	7.7%	7.3%	8.3%
Neonatal Mortality (under 28 days of age) Rate per 1,000 live births ¹	13.9	3.3	4.5
Post Neonatal Mortality (28 through 364 days of age) Rate per 1,000 live births ¹	2.6 (Region 3)	2.7	2.2
Pre-Term Birth (<37 completed weeks gestation) Percent of Live Births ¹	9.5%	10.1%	12.5%

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

⁹Montana KIDS COUNT (2009)

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

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

Economic Impact Assessment

Demographic Trends and Economic Impacts: A Report for Stillwater Community Hospital

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Introduction

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

Section I Location Quotients

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

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

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

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

Hospitals Location Quotient (compared to State of MT) = .38

Hospitals Location Quotient (compared to U.S.) = .44

A location quotient near 1 indicates that the employment concentration in the county mirrors that of the larger geographic region. In the case of Stillwater County, the location quotient of 0.38 indicates that hospital employment in the county less than half of what one would expect given statewide employment patterns. When compared to the nation, the location quotient of 0.44 reveals that the percentage of total county employment accounted for by the hospital is about half than expected given the overall size of the county's economy.

Another way to look at the location quotient is to ask how many employees would be employed in the hospital sector if Stillwater County's employment patterns mirrored the state or the nation. Stillwater County's hospital employment averaged 61 employees in 2010. This is 99 less than expected given the state's employment pattern and 78 less than expected given the national employment pattern. In 2010 Stillwater Community Hospital accounted for 2.0% of county nonfarm employment and 1.1% of the county's total wages. One reason Stillwater's hospital sector may employ fewer people than expected is its proximity to Billings. Because Billings hosts two major hospitals residents of Stillwater County may travel to Billings for some of their medical care.

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

Section II Age Demographics

The 2010 Census reported that there were 9,117 residents of Stillwater County. The breakdown of these residents by age is presented in Figure 1. Stillwater County's age profile is similar to that of many of Montana's rural counties. In 2010, baby boomers were between the ages of 45 and 60 and their presence is evident in the graph. Following the baby boom came the "baby bust," which is evidenced by the lack of 25 to 39 year olds in the county. In many rural Montana counties, the baby bust is exacerbated by out-migration of young adults.

Figure 1: Age Distribution of Stillwater County Residents

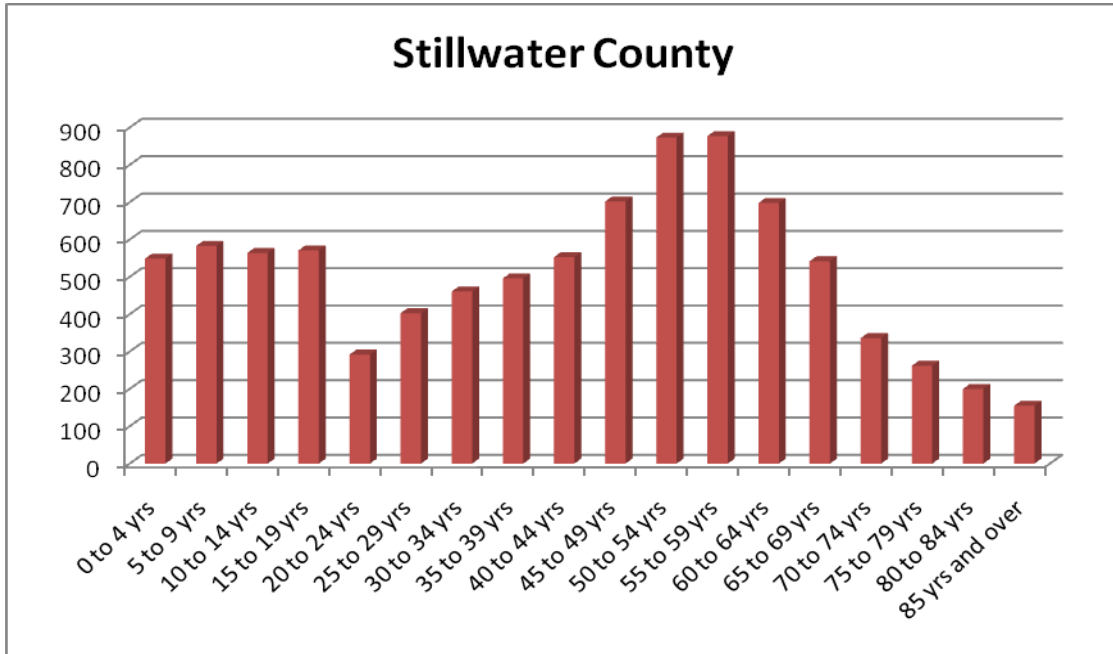


Figure 2: Percent of the population by age groups, Stillwater County vs. Montana

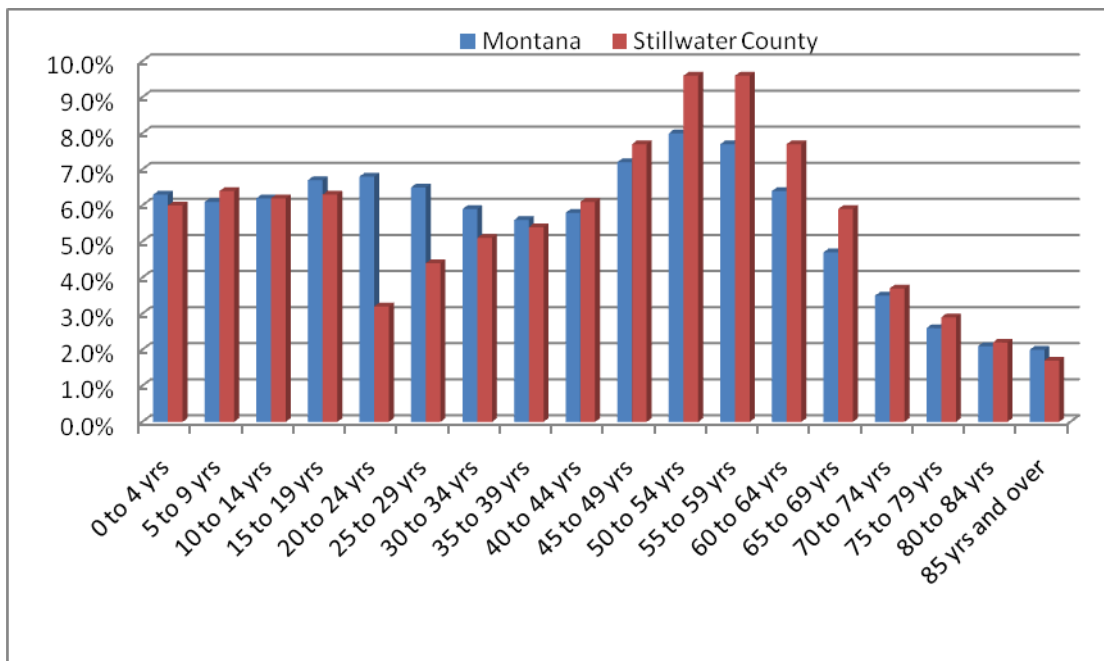


Figure 2 shows how Stillwater's population distribution compares to Montana's. A careful examination of Figure 2 and the underlying data reveals that compared with the State as a whole, Stillwater County has a lower percentage of people between the ages of 15 and 39 (percent vs. 18.1 percent) and a higher percentage of people aged 40 to 84 (57.7 percent vs. 49.4 percent). These demographics are important when planning for healthcare delivery now and in the future.

Section III Economic Impacts

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

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

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

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

Hospital Employment Multiplier = 1.13

Hospital Employee Compensation Multiplier = 1.14

Hospital Output Multiplier = 1.14

What do these numbers mean? The employment multiplier of 1.13 can be interpreted to mean that for every job at Stillwater Community Hospital, another .13 jobs are supported in Stillwater County. Another way to look at this is that if Stillwater Community Hospital suddenly went away, about 8 additional non-hospital jobs would also be lost in the county (based on 2010 hospital employment of 61). The employee compensation multiplier of 1.14 simply states that for every dollar in wages and benefits paid to the hospital's employees, another 14 cents of wages and benefits are created in other local jobs in Stillwater County. Put another way, if Stillwater Community Hospital suddenly went away, about \$233,697 in additional annual wages would be lost from other jobs in the county. Finally, the output multiplier indicates that for every dollar of goods and services produced by Stillwater Community Hospital, output in the county increases by another 14 cents.

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

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

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

Please refer to Community Health Needs Assessment (CHNA) and Implementation Plan (IP) completed: FISCAL YEAR 2013

2	Improve health outcomes of diabetic and pre-diabetic community members in the Stillwater County area	2.1	Provide education to patients which will assist in understanding diabetic self-management and will lead to better health outcomes	Hire a dietitian who is qualified to provide services specific to those affected by diabetes	HR	Jan-16	Billings Clinic	Stillwater Billings Clinic, Billings Clinic									New dietitian hired and diabetic counseling being scheduled by providers.		
				Develop resources specific to patient costs and insurance coverage related to diabetic self management	Nutrition	Jun-16		Stillwater Billings Clinic, Billings Clinic									Will continue to work on these items with new dietian and the business office .		
				Continue tracking quality measures for diabetic and pre-diabetic populations	Nutrition	Ongoing	Billings Clinic	Stillwater Billings Clinic, Billings Clinic											
		2.2	Develop diabetes-centric education and training activities for	Utilize resources of the Agency for Healthcare Research and Quality (AHRQ) to determine best practices	Nutrition	Sep-13	AHRQ	Stillwater Billings Clinic, Billings Clinic									New dietician hired and new practices being developed.		

