

**Northeast Montana Health Services
Community Needs Assessment and Focus Groups**

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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

Northeast Montana Health Services 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).

Four focus groups were held to identify the motives of local residents when selecting health care providers and discover reasons why people may leave the Wolf Point/Poplar area to seek health care services. A key informant interview was also conducted with regional healthcare administrators to help identify local health care issues. It was intended that this research would help determine the awareness of local programs and services, as well as the level of satisfaction with local services, providers, and facilities.

Information Gaps

Data

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

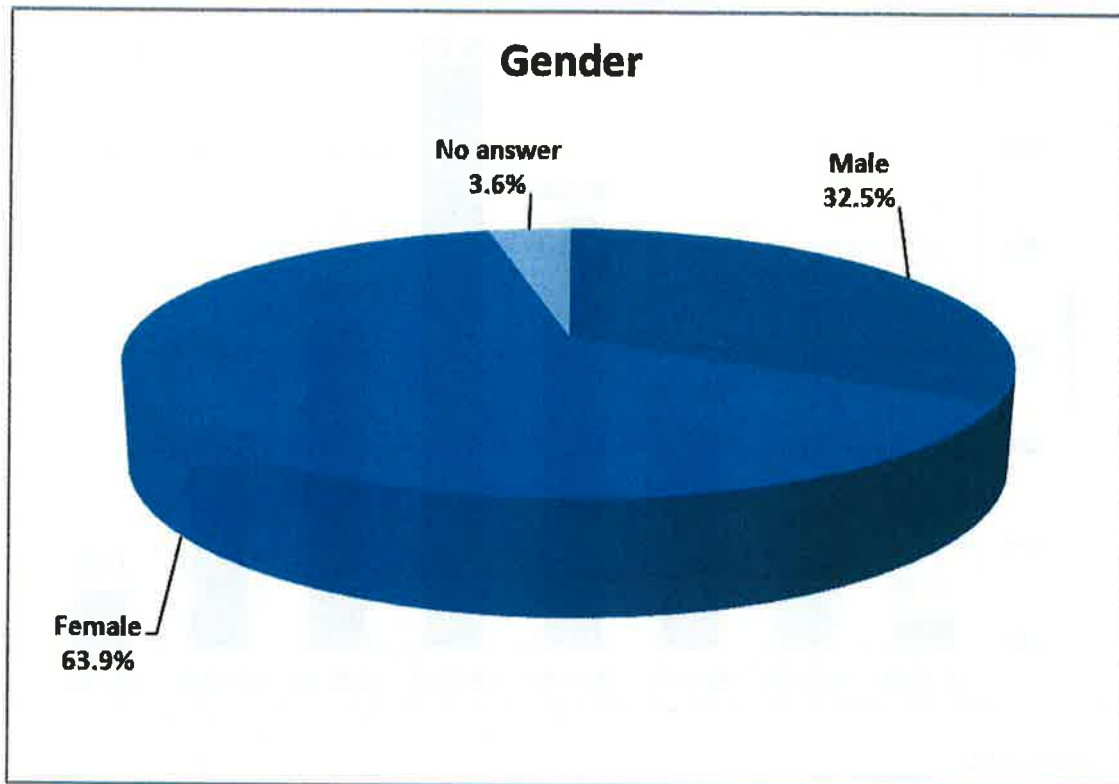
There are many standard health indices used to rank and monitor health in an urban setting that do not translate as accurately in rural and frontier areas. In the absence of sufficient health indices for rural and frontier communities in Montana, utilizing what is available is done with an understanding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

Gender (Question 31)

N= 280

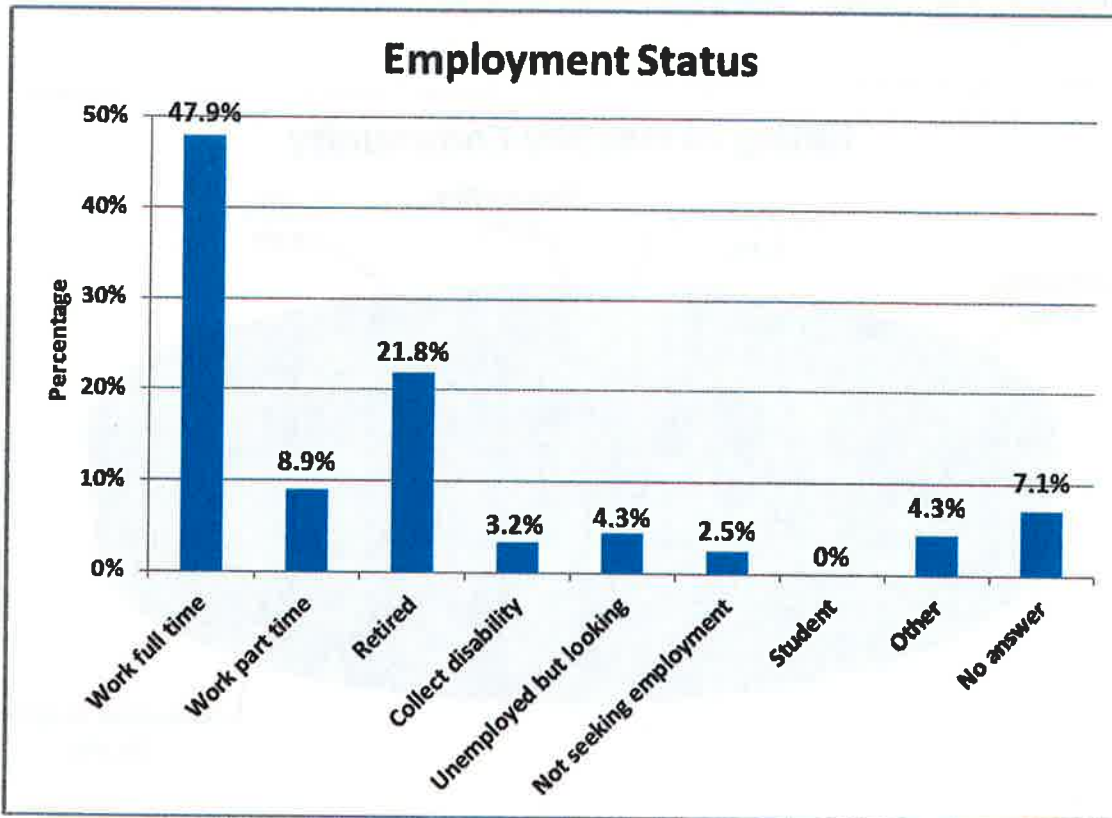
Of the 280 surveys returned, 63.9% (n=179) of survey respondents were female; 32.5% (n=91) were male, and 3.6% (n=10) chose not to answer this question. The survey was distributed to a random sample consisting of 50% women and 50% men. It is not unusual for survey respondents to be predominantly female, particularly when the survey is health care oriented since women are frequently the health care decision makers for families.



Employment of Respondents (Question 33)

N= 280

Forty-eight percent (n=134) of respondents reported working full time, while 21.8% (n=61) are retired. Nine percent of respondents (n=25) indicated they work part time. Respondents could check all that apply, so the percentages do not equal 100%. Twenty respondents (7.1%) chose not to respond to this question.



“Other” comments:

- Social security
- Self-employed (10)
- Homemaker (2)
- Disabled
- Have to have knee surgery
- Had stroke
- Farm income (2)
- Ranching
- Seasonal
- Unemployed. Trying to look but have health issues – need surgeries etc. that keeps me down. Trying to find work if I can work.
- If you want to, ask us who we are instead of this

Health Concerns for Community (Question 2)

N= 280

Respondents were asked what they felt the three most serious health concerns were in their community. The number one health concern identified by respondents was “Alcohol abuse/substance abuse” at 91.45% (n=256). “Diabetes” was also a high priority at 52.9% (n=148) and “Overweight/obesity” at 32.5% (n=91). Respondents were asked to pick their top three serious health concerns so percentages do not equal 100%.

Health Concern	Count	Percent
Alcohol abuse/substance abuse	256	91.4%
Diabetes	148	52.9%
Overweight/obesity	91	32.5%
Cancer	79	28.2%
Child abuse/neglect	69	24.6%
Domestic violence	40	14.3%
Depression/anxiety	25	8.9%
Heart disease	25	8.9%
Motor vehicle accidents	20	7.1%
Tobacco use	18	6.4%
Lack of dental care	17	6.1%
Mental health issues	17	6.1%
Lack of access to health care	16	5.7%
Lack of exercise	15	5.4%
Stroke	2	0.7%
Recreational accidents/injuries	1	0.4%
Work related accidents/injuries	0	0
Other	9	3.2%

“Other” comments:

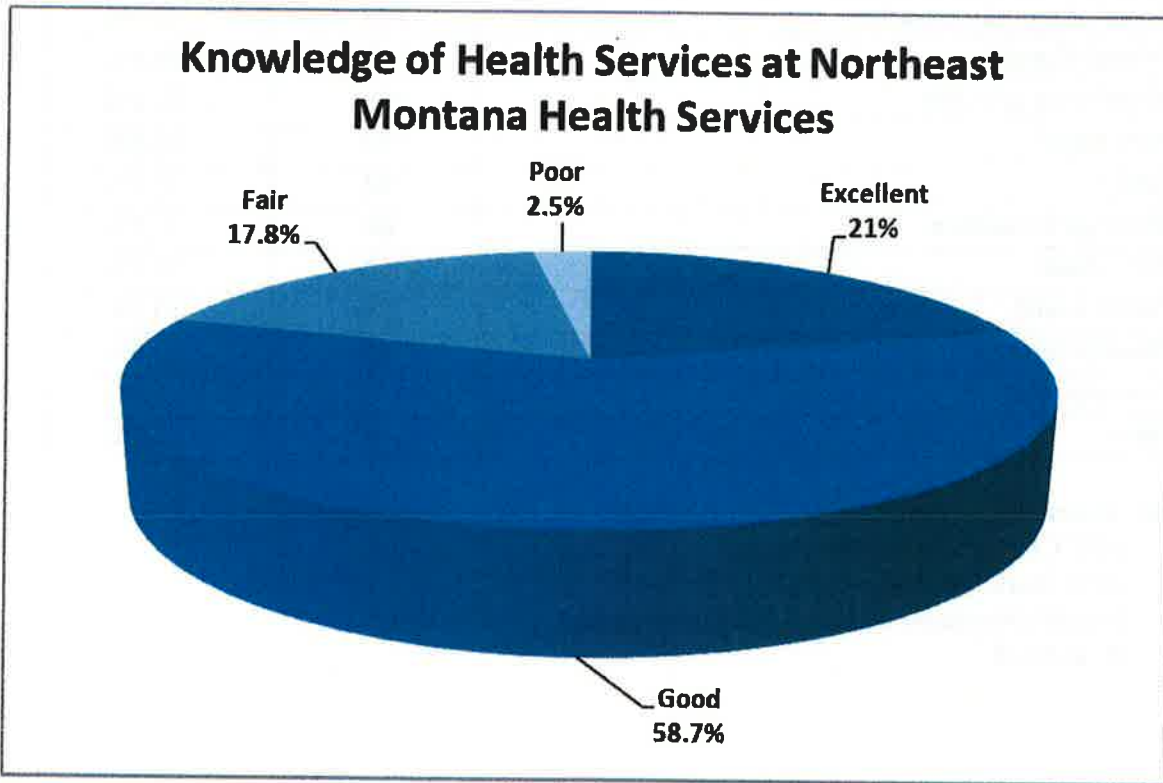
- All of the above
- Hepatitis C
- Drugs
- Lack of health education
- Poor nutrition
- Poverty
- Suicide related
- People neglecting healthcare – problems are due to tobacco, alcohol, and drugs, etc.

VI. Survey Findings- Awareness of Services

Overall Awareness of Northeast Montana Health Services' Services (Question 4)

N= 276

Respondents were asked to rate their knowledge of the healthcare services available at Northeast Montana Health Services. Fifty-nine percent (n=162) of respondents rated their knowledge of services as "Good." Twenty-one percent (n=58) rated their knowledge as "Excellent" and 17.8% of respondents (n=49) rated their knowledge as "Fair." Four respondents chose not to answer this question.



Cross Tabulation of Service Knowledge and Learning about Services

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

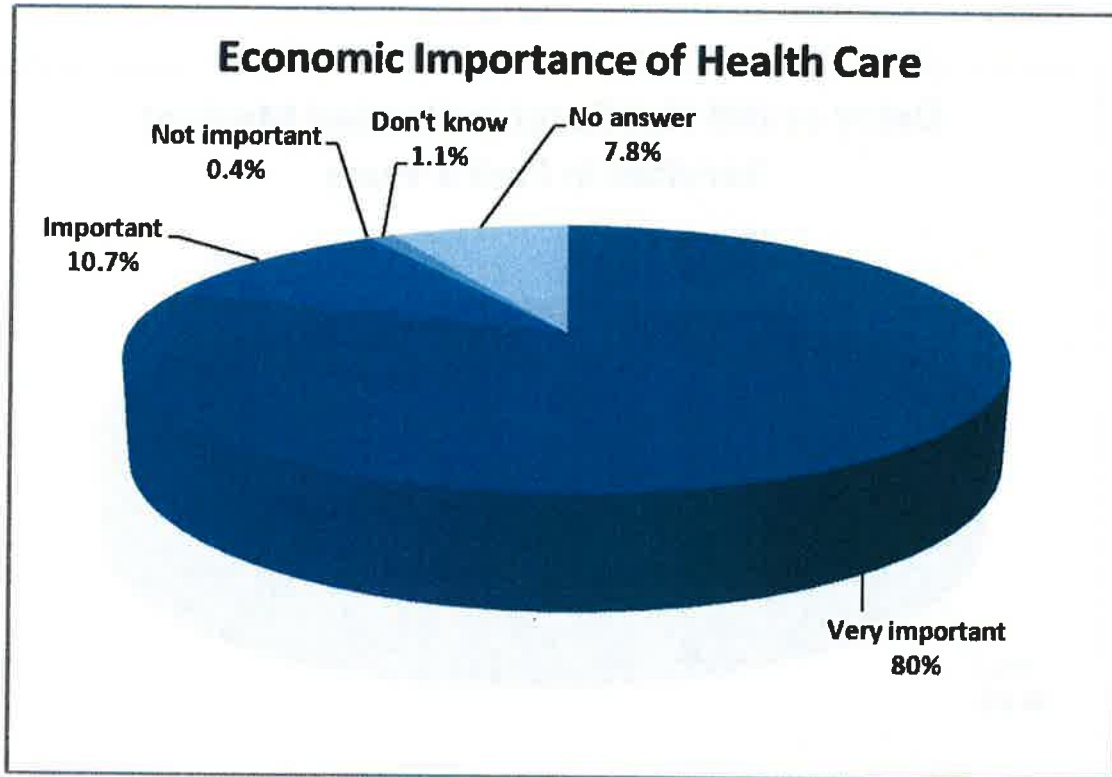
KNOWLEDGE RATING OF NORTHEAST MONTANA HEALTH SERVICES' SERVICES BY HOW RESPONDENTS LEARN ABOUT HEALTH CARE SERVICES

	Excellent	Good	Fair	Poor	Total
Radio	22 (23.9%)	59 (64.1%)	10 (10.9%)	1 (1.1%)	92
Word of mouth/reputation	30 (20.4%)	87 (59.2%)	26 (17.7%)	4 (2.7%)	147
Newspaper	29 (24.4%)	68 (57.1%)	21 (17.6%)	1 (0.8%)	119
Presentations	1 (20%)	4 (80%)			5
Mailings/newsletter	13 (21.7%)	33 (55%)	13 (21.7%)	1 (1.7%)	60
Website/internet	10 (71.4%)	4 (28.6%)			14
Health care provider	36 (25.7%)	85 (60.7%)	17 (12.1%)	2 (1.4%)	140
Public Health	5 (17.9%)	17 (60.7%)	5 (17.9%)	1 (3.6%)	28
Friends/family	31 (22.1%)	87 (62.1%)	19 (13.6%)	3 (2.1%)	140
IHS Clinic	8 (13.6%)	36 (61%)	13 (22%)	2 (3.4%)	59
Other	4 (44.4%)	2 (22.2%)	1 (11.1%)	2 (22.2%)	9

Economic Importance of Local Health Care Providers and Services (Question 7)

N= 280

The majority of respondents, 80% (n=224) 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. Eleven percent of respondents (n=30) indicated they are “Important” and only one person, or 0.4% indicated that they are “Not important”. Twenty-two respondents did not answer this question (7.8%).



Reasons for NOT Being Able to Receive Services or Delay in Receiving Health Care Services (Question 9)

N= 100

For those who indicated they were unable to receive or had to delay services, the reasons most cited were: “Too long to wait for an appointment” (48%, n=48), “It costs too much” (35%, n=35) and “Could not get an appointment” (30%, n=30). Respondents were asked to indicate their top three choices thus percentages do not total 100%.

Reason	Count	Percent
Too long to wait for an appointment	48	48.0%
It costs too much	35	35.0%
Could not get an appointment	30	30.0%
No insurance	24	24.0%
My insurance didn't cover it	22	22.0%
Not treated with respect	20	20.0%
Office wasn't open when I could go	11	11.0%
Unsure if services were available	9	9.0%
Could not get off work	8	8.0%
Transportation problems	8	8.0%
It was too far to go	7	7.0%
Too nervous or afraid	6	6.0%
Don't like doctors	6	6.0%
Had no one to care for the children	4	4.0%
Didn't know where to go	2	2.0%
Language barrier	0	0
Other	15	15.0%

“Other” comments:

- It depends on who you are!
- Love the doctors but the receptionists and nurses are rude!
- Phones not being answered
- Don't like going in there
- IHS has no funds
- Not enough money to cover overnight stay in Billings
- No job – no money. Worry about pre-existing conditions and if I'm able to get insurance later to pay for it
- Long wait in waiting room
- Inadequate doctors
- No provider
- I like to see a naturopathic doctor but there are none here
- No MD available in the ER
- Doctor refused to see me! At the hospital in Wolf Point I just had an RN talk to me in the ER at IHS
- Told me to go to ER! Had methane gas poisoning!

Desired Local Health Care Services (Question 11)

Respondents were asked to indicate which additional health care services presently not available at Northeast Montana Health Services they would use if available locally. The following list shows the responses to this open-ended question.

- Cardiologist
- Better cardiac care
- To check pacemaker
- Respiratory rehab
- Heart/lung specialist
- Cheaper dentist or eye doctor
- Dental (3)
- Dentist (3)
- Different dentist
- Affordable dental care
- Better dental offices (2)
- Better dental (2)
- Dermatology (6)
- Doctors who strictly deal with the elderly only
- Wellness center for people 45 and older, ours costs too much and too many people use it
- Eye clinic – more than one
- Affordable eye care (2)
- Ophthalmology (2)
- CT Scan (2)
- We need a CAT scan in Wolf Point!
- MRI (5)
- Having MRI in Poplar
- Need MRI in our local community to serve our native people
- Diabetes doctor
- Diabetics out-patient care
- Podiatrist (6)
- Full-physical care
- Herb health food store (2)
- Massage therapy
- Naturopathic doctor (2)
- Occupational therapy
- Physical therapy (10)
- Chiropractor for my back problems
- Mental Health Services – Bipolar Disorder
- Psychiatrist/mental health
- Traumatic brain injury – grief counseling
- Delivering of babies
- Pediatrician, mid-wife
- Gynecology
- Mammogram
- I have gone to Williston for the past 3 years for mammograms, I work for a living and it's hard to get to see a doctor because no more appointments

Importance of Desired Health Service (Question 12)

Respondents were asked to indicate why they thought the health services they noted in question eleven are important for their community. The following list shows the responses to this open-ended question.

- Because of too many misdiagnoses. I myself was misdiagnosed twice, both very seriously
- If you are having skin problems, having a dermatologist would help self-esteem
- Skin cancer problems
- Dry skin and such
- A lot of people have back injuries that only get pain killers to ease the pain
- There are a lot of people here with skin and allergy-related conditions
- More attention to skin problems
- Needed service for non-IHS community – maybe IHS and NEMHS could collaborate and both populations could be served.
- Because more people would be able to go here in town and not have to go somewhere else
- I have no insurance. I would have to go out of town to see a back specialist
- We live in a rural community so just traveling to Poplar is quite a distance. So to go in to somewhere else for an MRI is inconvenient.
- You wouldn't have to travel so far to get help for the correct exercise you need to get well
- So we don't have to travel far from home. I had to travel to Havre, MT to get my teeth pulled and false ones made
- You wouldn't have to drive to Williston or Sidney or elsewhere for services
- We have many like myself who have had knee or hip replacements and have to travel long distances for physical therapy
- Must drive out of town for dental care
- It would be an overall healthier community. More access. Also to try other options – healthier options or coincide with the doctor to correct and improve health issues. Again, takes money for patients so probably could not afford it but it would be ideal
- People go out of town for services and spend money for meals; shopping in addition to the physician they saw they could spend it in area instead.
- Too far to travel to Billings, Williston, etc.
- So many of us can't afford to go to Billings, Sidney or Williston for gas, food, etc. (2)
- Can't always see specialist in Glasgow
- Specialists. Bipolar disorder seems to be on the rise.
- Reduce travel
- There are a lot of motor-vehicle accidents
- Have to travel out of community to receive physical therapy
- Because now we have to travel to Williston, Glasgow, Scobey for Physical Therapy. It would be nice to have Physical Therapy in Wolf Point.
- Important for 'time' factor. Who wants to drive and stay in Billings?
- Travel to out-of-town specialists adds one more obstacle – reliable care – cost of travel
- We have a lot of cancer patients and chemo is not always enough. Travel to Billings, Bismarck, Great Falls are not always easy to get to.
- Hard to get off from work and can't drive
- Travel to out-of-town clinics is expensive and health is sometimes prohibitive.

- So if a woman was in labor she wouldn't have to travel to another town to have her baby unless it was an emergency
- We have a lot of people who suffer from diabetes not taking care of their health issues that lead to death. More home health care people. My mother waited for home health care to arrive for days before she passed (no show)
- With so much diabetes, foot care essential > Diabetes
- Because of the many diabetics in the community
- A large number of citizens are elderly and diabetic and need a routine visit to a podiatrist
- Better availability
- Lots of working people have these problems and the clinic just makes you come back again and again or refer you to someone else
- People would die here due to no availability
- Maybe some serious conditions/illness will be caught early if more appointment slots are open.
- It is greatly needed and all of that type of service is difficult to get in to
- For people who suffer from or cannot find correct care for their illness
- Those services not available. The dental provider does not have a good reputation.
- We may need it at anytime
- We don't have these services (at least to my knowledge)
- Lack of access to this type of provider – needed
- We only have one dental office available. I feel we need at least one more dental office to better serve our area.
- Need medical eye care and optometry
- We need a CAT in Wolf Point more than in Poplar
- Doctors are always on call. Doctors know what they are doing.
- Yes (3)
- Very important
- We need them
- Nothing I can think of
- It doesn't matter; you wouldn't bring them even if we need to use professionals

Hospital Used Most in the Past Three Years (Question 14)

N= 171

Of the 194 respondents who indicated receiving hospital care in the previous three years, 62% (n=106) reported receiving care at Trinity Hospital in Wolf Point. Eighteen percent of respondents (n=30) went to Poplar Community Hospital and 11.1% of respondents (n=19) utilized services from Frances Mahon Deaconess Hospital in Glasgow. Twenty-three of the 194 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
Trinity Hospital – Wolf Point	106	62.0%
Poplar Community Hospital	30	17.5%
Frances Mahon Deaconess Hospital – Glasgow	19	11.1%
Williston, ND	3	1.8%
Glendive Medical Center	2	1.2%
Roosevelt Memorial Medical Center – Culbertson	1	0.6%
VA	1	0.6%
Other	9	5.3%
TOTAL	171	100.0%

“Other” comments:

- Billings, MT (12)
- Deaconess – Billings, MT
- Day surgery in Sidney and Billings
- Denver, CO
- Denver University Hospital – Denver, CO
- Great Falls, MT
- IHS
- Knee replacement and shoulder surgery
- Miles City, MT
- Northern Montana Hospital – Havre, MT
- Sidney Medical Center (6)
- St. Vincent – Billings, MT (3)

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

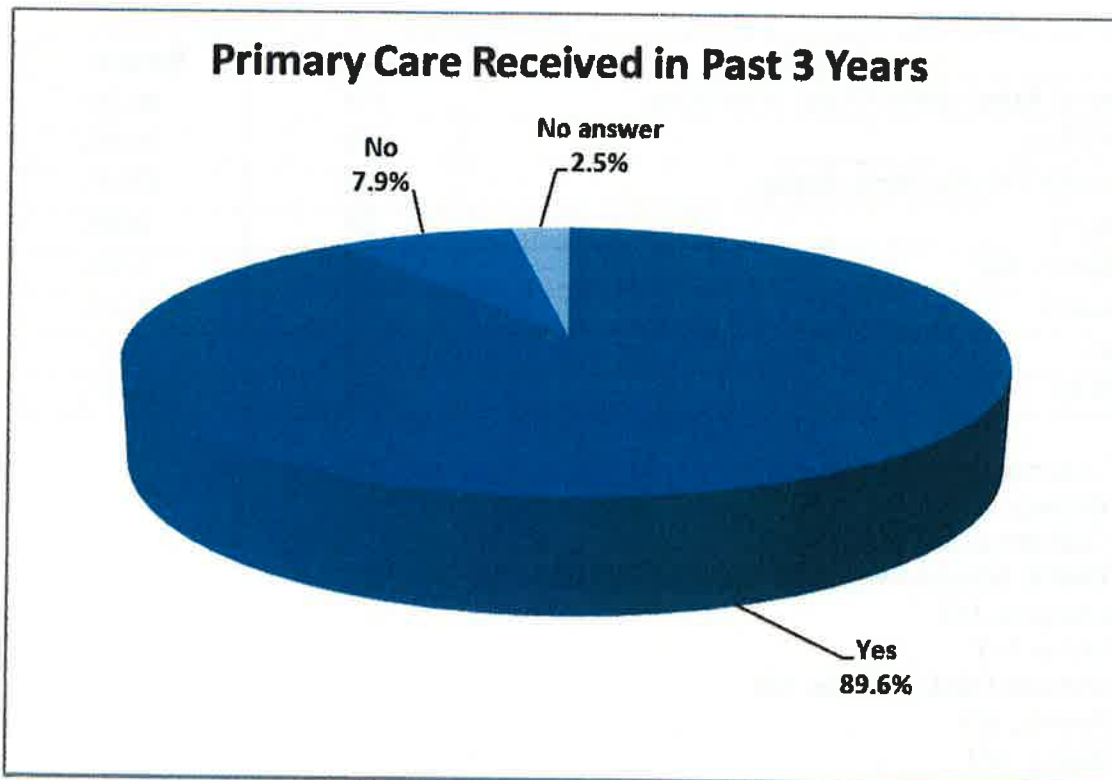
	Roosevelt Memorial Medical Center Culbertson	Poplar Community Hospital	Williston ND	Frances Mahon Deaconess Hospital Glasgow	VA	Trinity Hospital Wolf Point	Glendive Medical Center	Other	Total
Brockton 59213	1 (16.7%)	4 (66.7%)				1 (16.7%)			6
Frazer 59225				3 (37.5%)		5 (62.5%)			8
Wolf Point 59201		3 (2.3%)	2 (1.6%)	10 (7.8%)	1 (0.8%)	101 (78.9%)	2 (1.6%)	9 (7%)	128
Poplar 59255		24 (70.6%)	2 (5.9%)	5 (14.7%)		1 (2.9%)		2 (5.9%)	34
TOTAL	1 (0.6%)	31 (17.6%)	4 (2.3%)	18 (10.2%)	1 (0.6%)	108 (61.4%)	2 (1.1%)	11 (6.2%)	176

IX. Survey Findings- Primary Care

Primary Care Received in the Past Three Years (Question 16)

N= 280

Ninety percent of respondents (n=251) 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. Seven respondents (2.5%) chose not to answer this question.



Reasons for Selection of Primary Care Provider (Question 18)

N= 251

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” (53%, n=133) and “Prior experience with clinic” (43.4%, n=109) 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	133	53.0%
Prior experience with clinic	109	43.4%
Appointment availability	81	32.3%
Clinic’s reputation for quality	56	22.3%
Indian Health Services (IHS)	49	19.5%
Recommended by family or friends	35	13.9%
Referred by physician or other provider	26	10.4%
Cost of care	19	7.6%
Length of waiting room time	18	7.2%
Required by insurance plan	10	4.0%
VA/Military requirement	3	1.2%
Other	24	9.6%

“Other” comments:

- Ashley Berkram is good!
- Netty is a wonderful doctor
- Love and trust my caregiver – Netty McIntyre
- I wanted to see a naturopathic doctor
- Good reputation with community (2)
- Family physician (2)
- Nurse Practitioner
- Seen doctor for number of years (2)
- Know the doctor (2)
- She is a physician assistant. At the time it was closest to work. I really like going here and can get an appointment in a reasonable time. She is easy to talk to and is thorough.
- I like the IHS
- PCP for 18 years
- Family doctor worked there
- Past providers moved or retired so accepted new availability
- Ability to get appointment and far more confidential than [other] clinic
- No other choice

Cross Tabulation of Clinic and Reason Selected

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

LOCATION OF PRIMARY CARE PROVIDER BY REASONS CLINIC SELECTED

	Glendive	Riverside Family Clinic Poplar	Listerud Rural Health Clinic Wolf Point	Williston ND	IHS Clinic	Glasgow	Other	Total
Appointment availability		15 (19%)	52 (65.8%)	1 (1.3%)	5 (6.3%)	5 (6.3%)	1 (1.3%)	79
Clinic's reputation for quality		12 (21.4%)	31 (55.4%)	3 (5.4%)	1 (1.8%)	7 (12.5%)	2 (3.6%)	56
Closest to home		21 (16.3%)	87 (67.4%)	1 (0.8%)	15 (11.6%)	4 (3.1%)	1 (0.8%)	129
Cost of care		4 (23.5%)	8 (47.1%)		4 (23.5%)		1 (5.9%)	17
Length of waiting room time		8 (42.1%)	9 (47.4%)			2 (10.5%)		19
Prior experience with clinic		19 (17.4%)	72 (66.1%)	4 (3.7%)	3 (2.8%)	8 (7.3%)	3 (2.8%)	109
Recommended by family or friends		5 (15.2%)	17 (51.5%)		3 (9.1%)	6 (18.2%)	2 (6.1%)	33
Referred by physician or other provider		5 (19.2%)	14 (53.8%)	1 (3.8%)	4 (15.4%)	1 (3.8%)	1 (3.8%)	26
Required by insurance plan		1 (11.1%)	5 (55.6%)		1 (11.1%)	2 (22.2%)		9
VA/Military requirement			1 (25%)		1 (25%)	1 (25%)	1 (25%)	4
Indian Health Services (IHS)		1 (4.3%)	12 (52.2%)		2 (8.7%)	5 (21.7%)	2 (8.7%)	23
Other	1 (4.3%)	1 (2%)	7 (14.3%)	1 (2%)	39 (79.6%)	1 (2%)		49

Type of Health Care Specialist Seen (Question 20)

N= 203

The respondents (n=203) saw a wide array of health care specialists. The most frequently indicated specialist was a “Dentist” at 40.4% of respondents (n=82) having utilized their services. “Orthopedic surgeon” was the second most seen specialist at 23.2% (n=47) and “Cardiologist” was third at 19.7% (n=40). Respondents were asked to choose all that apply so percentages do not equal 100%.

Health Care Specialist	Count	Percent
Dentist	82	40.4%
Orthopedic surgeon	47	23.2%
Cardiologist	40	19.7%
Radiologist	37	18.2%
General surgeon	36	17.7%
ENT (ear/nose/throat)	33	16.3%
Ophthalmologist	33	16.3%
Chiropractor	26	12.8%
Physical therapist	24	11.8%
Dermatologist	23	11.3%
Urologist	22	10.8%
OB/GYN	21	10.3%
Neurologist	20	9.9%
Gastroenterologist	19	9.4%
Oncologist	14	6.9%
Endocrinologist	13	6.4%
Rheumatologist	12	5.9%
Allergist	11	5.4%
Neurosurgeon	10	4.9%
Podiatrist	10	4.9%
Mental health counselor	9	4.4%
Pediatrician	9	4.4%
Occupational therapist	8	3.9%
Pulmonologist	7	3.4%
Dietician	6	3.0%
Speech therapist	6	3.0%
Psychiatrist (M.D.)	2	1.0%
Psychologist	2	1.0%
Social worker	2	1.0%
Geriatrician	0	0
Substance abuse counselor	0	0
Other	12	5.9%

“Other” comments:

- Anesthesiologist
- Chronic pain
- Frontier Cancer Center
- Sleep Center
- Cancer doctor
- Eye surgeon (3)
- Optometrist
- Skin cancer
- Someone for blood stuff

Overall Quality of Care at Northeast Montana Health Services (Question 22)

N= 280

Respondents were asked to rate a variety of aspects of the overall care provided at both Poplar Community Hospital and Trinity Hospital in Wolf Point. 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 “Infusion Therapy”, “Laboratory” and “Radiology services” all receiving the top average score of 3.3 out of 4.0 at Poplar Community Hospital. “Infusion therapy” and “Radiology services” both scored a 3.4 out of 4.0 at Trinity Hospital in Wolf Point. The total average score for both Poplar Community Hospital and Trinity Hospital was 3.2, indicating the overall services of both hospitals to be “Good”.

Overall Quality of Care at Poplar Community Hospital

	<i>Excellent</i> (4)	Good (3)	Fair (2)	Poor (1)	Don't know	No Ans.	N	Avg.
Ambulance services	38	25	12	5	83	117	280	3.2
Clinical services	42	41	26	4	67	100	280	3.1
Emergency room	34	44	19	13	61	109	280	2.9
Infusion therapy	15	7	2	3	121	132	280	3.3
Laboratory	56	47	14	1	66	96	280	3.3
Radiology services (x-ray, CT scan)	71	51	13	9	52	84	280	3.3
TOTAL	256	215	86	35				3.2

Overall Quality of Care at Trinity Hospital Wolf Point

	<i>Excellent</i> (4)	Good (3)	Fair (2)	Poor (1)	Don't know	No Ans.	N	Avg.
Ambulance services	43	41	16	5	83	92	280	3.2
Chemotherapy	18	10	1	3	122	126	280	3.3
Clinical services	59	85	24	6	39	67	280	3.1
Emergency room	58	55	22	15	51	79	280	3.0
Infusion therapy	17	7	1	2	125	128	280	3.4
Laboratory	77	76	22	5	37	63	280	3.3
Radiology services (x-ray, CT scan)	78	67	12	4	45	74	280	3.4
TOTAL	350	341	98	40				3.2

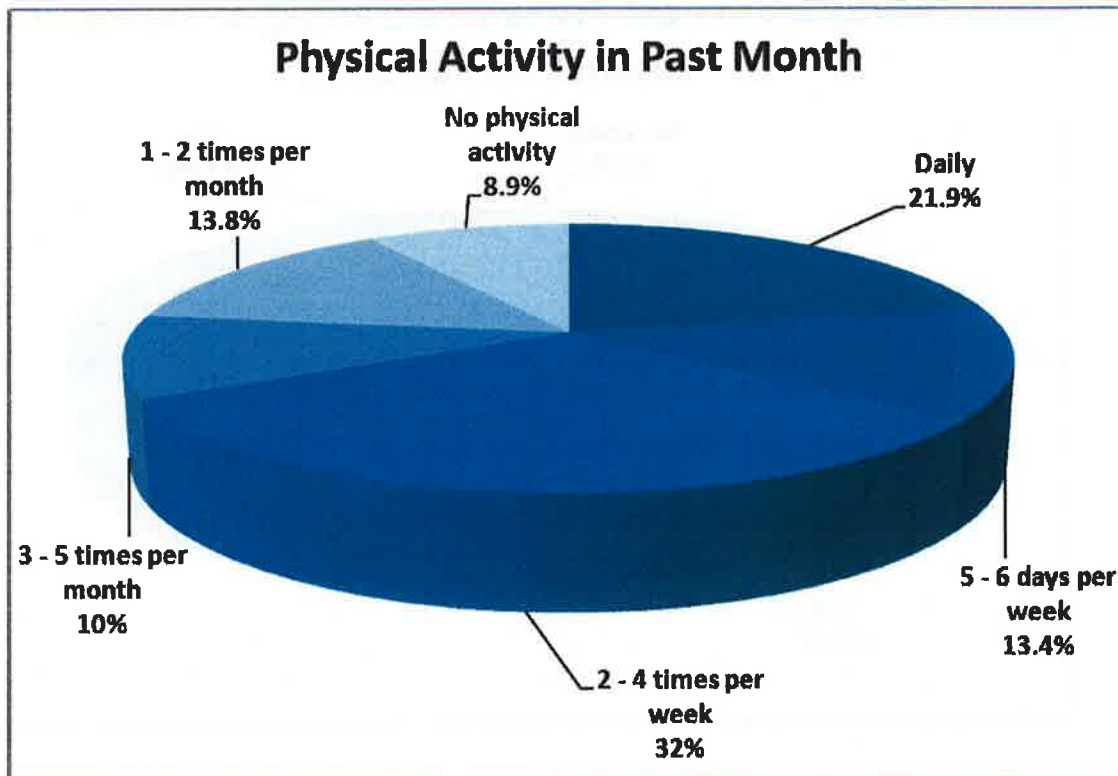
“Other” comments:

- [Ambulance services] is slow in response time on the scanner
- Rude Check-in
- Abusive nurse
- The care depends on the person who is caring for you
- I don't use this hospital

Physical Activity (Question 24)

N= 269

Respondents were asked to indicate how frequently they had physical activity for at least 20 minutes over the past month. Thirty-two percent of respondents (n=86) indicated that they had physical activity of at least 20 minutes “2-4 times per week” over the past month and 21.9% (n=59) indicated they had physical activity “Daily”. Nine percent of respondents (n=24) indicated that they had “No physical activity.” Eleven respondents chose not to answer this question.



“Other” comments:

- 98 years old. Wheelchair bound.
- I have a treadmill
- Farm work

Medical Insurance (Question 26)

N= 233

Respondents were asked to indicate what type of medical insurance covers the majority of their medical expenses. Thirty percent (n=70) indicated they have “Employer sponsored” coverage. Twenty-four percent (n=55) indicated they have “Medicare,” and “Indian Health” was indicated by 14.6% of respondents (n=34). Forty-seven of the 280 respondents chose not to answer this question.

Insurance Type	Count	Percent
Employer sponsored	70	30.0%
Medicare	55	23.6%
Indian Health	34	14.6%
Private insurance/private plan	33	14.2%
Healthy MT Kids	12	5.2%
Medicaid	12	5.2%
VA/Military	4	1.7%
Health Savings Account	3	1.3%
State/Other	2	0.9%
Agricultural Corp. Paid	1	0.4%
Other	7	3.0%
TOTAL	233	100.0%

“Other” comments:

- [Medicaid] – grand kids
- [Indian Health] – self
- AARP
- Alliance insurance
- Mutual of Omaha
- Shriners supplemental
- Self
- Cash customer
- No insurance or anything (2)
- This should have no bearing on anything for Health Care

Barriers to Having Health Insurance (Question 28)

N= 280

Respondents who did not have medical insurance were asked to indicate why they did not. Eighteen percent (n=50) reported they did not have health insurance because they could not afford to pay for it and 5.4% (n=15) indicated “Other” reasons. 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	50	17.9%
Employer does not offer insurance	7	2.5%
Choose not to have medical insurance	4	1.4%
Cannot get medical insurance due to medical issues	1	0.4%
Other	15	5.4%

“Other” comments:

- Have insurance
- VA/IHS
- IHS
- IHS is poor for medical help. Have insurance.
- Medicaid
- Medicare (2)
- Retired and only have a supplemental and part D
- Retired – loss
- No job, no money. Hard times right now.
- NA (2)
- That’s not your answer

XII. Focus Group & Key Informant Interview Methodology

Four focus groups were held in Wolf Point and Poplar, Montana in June and August 2012. Focus group participants were identified as people living in Northeast Montana Health Services' service area.

Twenty-two people participated in the four focus group interviews. The focus groups were designed to represent various consumer groups of health care including senior citizens and local community members. The focus groups were held at the Sherman Motor Inn, Faith Lutheran Home, and Northeast Montana Health Services' conference room. Each group was up to 90 minutes in length and followed the same line of questioning in each session (Appendix F). The questions and discussions at the focus groups were led by Kris Juliar with the Montana Office of Rural Health.

One key informant interview was held in August 2012 with regional healthcare administrators. The interview was approximately 90 minutes long and followed a shorter, but similar line of questioning. The interview was conducted by Kris Juliar with the Montana Office of Rural Health.

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

Business Office- Participants acknowledged that the business office is improving but that problems with paperwork occur. One participant stated, “If there’s a problem, it’s usually the insurance company, IHS, or Medicare.” Another participant admitted that billing codes are confusing and could be explained better to patients.

Condition of Facility and Equipment- Participants approved of the new remodel of the facility and appreciate that the “Clinic and hospital are adjacent, providing a more efficient design now.” There was some concern about privacy and lack of communication between hospitals. It was recognized that “The whole idea [for electronic records] was transferability, but the government didn’t say what [program or guidelines] to use, so it’s [records] not tied together [here in Wolf Point].” Participants appreciated that the 100 Club and Foundation provides up-to-date equipment for the hospital.

Financial Health of the Hospital- Many participants were unaware of the financial health of the hospital stating, “I have no idea [about the financial health of the hospital].” Others viewed financial standing as uncertain noting, “We depend so much on Federal funding that we just cross our fingers and hope it keeps coming.” Participants also expressed concern that “Funding from IHS is always unknown whether they can pay or not. We [hospital staff] still have to provide care.”

Cost- Participants felt that the cost of services was expensive, but comparable to other places due to healthcare costs being high everywhere. One participant noted, “A lot of people in the ER can’t pay so there is a lot of debt incurred. Those who can pay shoulder the cost of those who can’t.”

Office/Clinic Staff- Participants acknowledged that it is difficult to make appointments with reception because there is no message service. Participants felt that follow-up from the clinic is poor but one participant noted, “[Clinic staff] go out of their way if you have a situation – the clinic will help you, responsive to get you in that day.”

Availability- Availability was highly regarded as illustrated by the remarks, “The lab is very accommodating. It’s a good lab and radiology department,” and “The clinic is busy, but they do their best with walk-ins.” Participants also recognized that retaining providers is difficult and needs to be addressed and its impact it has on availability of services.

- *Opinion of local providers-* Participants indicated they mostly use local providers as their or their family’s personal provider because they are convenient, competent, and trustworthy. Participants spoke very highly of Dr. Zilkoski. Participants expressed concern of recruiting new doctors to the area especially due to the lack of adequate housing.
- *Opinion of Local Services:*

Emergency Room- Participants commented that the Emergency Room is always busy but they provide good service. Participants were concerned that patients misuse ER services when patients can’t get doctor appointments, and that there is a lot of uncompensated care associated with those visits to the ER. One participant noted, “On the weekends there is a

- *Why people might leave the community for health care services-* Generally, participants indicated they might leave Wolf Point/Poplar if they were dissatisfied with providers or needed specialized services. Participants felt community members may leave Wolf Point/Poplar if they received a referral, if they felt their information was not kept private, if they believed there were better doctors in bigger cities (like Billings), or if they hold a bad perception of the care provided locally.
- *Health Services needed in the Community-* Additional services that participants felt were needed were an assisted living facility, mental health services, home health care, substance abuse treatment or rehab, MRI and CT scans, and hospice/respite care. Participants also requested specialized services including: Oncology, Occupational Therapy, Physical Therapy, Cardiac rehab, OBGYN/ultrasound, and a dermatologist.

Appendix A- Steering Committee Members

Steering Committee- Name and Organization Affiliation

1. Margaret Norgaard – CEO, Northeast Montana Health Services
2. Tina Strauser – Director of Public Relations, Northeast Montana Health Services
3. Linda Nygaard – Hospital CFO
4. Sue Snitcker – Public Health Nurse
5. Gerald Peterson – Lions Club/ Civic Organizations
6. Cheryl Dehner – Bank employee, Community Member
7. Father Francis Schreiber – Catholic Church Clergy
8. Noel Sansaver – Fort Peck Community College
9. Charles Headdress – Tribal Councilman
10. Dee Hanson – Agency on Aging
11. Ken Trottier – Law Enforcement – Roosevelt County
12. Tracy O'Connor – Dallas Aero, Pilot
13. Wanda Kirn – Poplar School Clerk
14. Duane Nygaard – County Commissioner
15. Judy Lauridsen, CFNP – Healthcare provider

Appendix C- Survey Cover Letter



Northeast Montana Health Services
www.nemhs.net

Trinity Hospital
315 Knapp Street
Wolf Point, Montana 59201
406-653-6500

Poplar Hospital
P.O. Box 38
Poplar, Montana 59255
406-768-6100

November 5, 2012

Dear Resident:

Participate in our Community Health Services Development survey and have a chance to WIN a \$250 Visa card!

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

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

Once you complete your survey, simply **return it AND one of the raffle tickets in the enclosed self-addressed, postage paid envelope postmarked by December 17, 2012.** Keep the other raffle ticket in a safe place. The winning raffle ticket number will be announced on the Northeast Montana Health Services website at: www.nemhs.net and in the newspaper on **December 20, 2012.**

We know your time is valuable so we have made an effort to keep the survey to about 15 minutes. Northeast Montana Health Services is offering you this chance to win a \$250 Visa card as a thank you for completing the enclosed survey.

All survey responses will go to the National Rural Health Resource Center in Duluth, Minnesota, a non-profit organization who is assisting with this project. If you have any questions about the survey, please call the Montana Office of Rural Health at 406-994-6001. The overall results of the survey will be shared with the community this winter.

Thank you for your assistance. We appreciate your effort.
Sincerely,


Peg Norgaard, CEO
Northeast Montana Health Services

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

- Health care provider Newspaper Friends/family IHS Clinic
 Mailings/newsletter Presentations Word of mouth/reputation Other _____
 Website/internet Public health Radio

6. 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 VA
 Dentist Mental health IHS Clinic Other _____

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

- Very important Important Not important Don't know

General Use of Health Care Services

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

- Yes No (If no, skip to question 10)

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

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

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

- Children's checkup/Well baby Mammography Routine health checkup
 Cholesterol check Pap smear None
 Colonoscopy Prostate (PSA) Flu shot
 Routine blood pressure check Other _____

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

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

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

Specialty Care

19. 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 22)

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

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

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

- Poplar Community Hospital
- Glendive Medical Center
- Frances Mahon Deaconess Hospital- Glasgow
- Trinity Hospital - Wolfpoint
- Williston, ND
- VA
- Other _____

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

- Healthy MT Kids Private insurance/private plan Agricultural Corp. Paid
 Employer sponsored Medicaid Health Savings Account
 Medicare VA/Military Other _____
 State/Other Indian Health

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

- Excellent Good Fair Poor

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

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

29. 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.

30. Where do you currently live by zip code?

- 59201 Wolf Point 59255 Poplar 59225 Frazer 59213 Brockton

31. What is your gender? Male Female

32. What age range represents you?

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

33. What is your employment status?

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

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

THANK YOU VERY MUCH FOR YOUR TIME

Please note that all information will remain confidential

- Long wait in waiting room
- Inadequate doctors
- No provider
- I like to see a naturopathic doctor but there are none here
- No MD available in the ER
- Doctor refused to see me! At the hospital in Wolf Point I just had an RN talk to me in the ER at IHS
- Told me to go to ER! Had methane gas poisoning!

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

- Birthday special (3)
- Blood work (3)
- Bone density
- Bronchitis
- Cardiac
- Chronic condition
- Dentist
- Diabetic clinic
- Diabetic appointment
- ER
- Eye care - contacts
- Feet
- Sick or hurt
- IHS
- Illness
- Infusion Room
- Injury
- Knee injury
- Lab (3)
- Medication refill
- Pre-natal, maternity
- Pre-operation check-up
- Pre-referral for cardiologist, x-ray
- Pneumonia shot (2)
- Shingles shot (2)
- Thyroid (2)

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

- Cardiologist
- Better cardiac care
- To check pacemaker
- Respiratory rehab
- Heart/lung specialist
- Cheaper dentist or eye doctor

- Specialists that come in from larger cities – foot, nerve, skin – are all services that I have gone to
- My doctor is out of town
- Would like IHS to let Hospital do mammograms now that they're 3D. Williston is so far to go for an appointment that takes about 15 minutes
- Glasgow or Glendive or Sidney to see doctors
- Very sick. Had vaginal ultrasound – chest x-ray and blood test. But was not able to go back for some results. Would have to be referred out for specific surgeries. Doctor that also was naturopathic-nutritionist to work co-inside with doctor's prescription and their health issues along with acupuncture, great chiropractor and massage therapist, etc. It would be nice to have a one-stop place for specialized areas that work with the doctor but this is costly for the patient. Would be nice for a week of free wellness.
- Testing osteoporosis, etc.
- Specialty types not just General Practitioner
- More General Practitioner Doctors for a starting-point on diagnostics.
- Orthopedic specialist
- More surgical options
- Visiting specialists
- Doctors that deal with sports injury
- More specialists to contract with Northeast Montana Health Services
- Why isn't there a bone specialist here? I waited 7 years for a knee replacement
- Allergist
- More cancer care
- Issues with blood clots
- Back/spine specialist
- Somewhere for back problems and joint problems
- Pain Management
- VA (Veterans Affairs) services
- Hospital, if necessary
- It doesn't matter; you wouldn't bring them if we need to use professionals
- After Obama Care breaks the country there will be no health care services anyway
- Better doctors that actually care
- Better optometry care than IHS, routine disease check-ups, etc.
- We have an excellent doctor, however, with the large capacity of people he treats he is overworked and far too busy
- Don't know (3)
- I don't really know, depends on how much it costs.
- Not sure – I am not sickly (knock on wood!)
- None – happy with the health care services I use now

12. If you responded to question 11, why do you think the health service(s) you listed are important for our community?

- Because of too many misdiagnoses, I myself was misdiagnosed twice, both very seriously
- If you are having skin problems, having a dermatologist would help self-esteem
- Skin cancer problems

- Near our hometown (2)
- To offer affordable service and more services locally
- Recent surgeries and having to travel 50+ miles to get PT (Physical Therapy) and OT (Occupational Therapy)
- One dentist in Wolf Point otherwise have to travel over 75 miles
- Old people have to bother others to go long miles
- Stop cancer in people. With pacemaker check now and then. But he gets a phone call to follow-up from Billings, MT.
- We have lots of cancer in the community
- Cancer
- Domestic violence, car accidents, getting hit with clubs and bats has left many with TBI's (Traumatic Brain Injuries) and depression. Many traumatic events and no follow-through for each event leads to being over-whelmed
- We have so much violence in our community
- Better nutrition
- Healthier food
- We have problems with youth obesity – a pediatrician would take some of the load off our local LPN's (Licensed Practical Nurses) and doctors
- Because I believe naturopathic doctors have more training in nutrition and lifestyle and therefore can get to the root of the problems rather than just prescribing drugs
- Most of our health problems are from nutritional deficiencies, not from lack of drugs. Drugs only treat symptoms, they don't get to the cause
- Help keep us healthy
- Long life
- Because they treat overall health, treating the whole patient. All problems feed into other health problems
- Prevention of medical problems. Don't have to wait for months or even years to diagnose problems
- Healthier community
- My age – good health
- Lower cost
- Health services are used a lot if people rely on taxpayers etc. to pay for them. Therefore, it is sometimes hard for people who buy insurance or pay their own care; they can't always get care when needed.
- There are a lot of people with respiratory problems and physical problems and have nowhere to go
- A lot of people have back problems or may have a stroke and need therapy
- Fertility problems in some women like myself
- So if a woman was in labor she wouldn't have to travel to another town to have her baby unless it was an emergency
- We have a lot of people who suffer from diabetes not taking care of their health issues that lead to death. More home health care people. My mother waited for home health care to arrive for days before she passed (no show)
- With so much diabetes, foot care essential > Diabetes
- Because of the many diabetics in the community

- Could do tests I needed
- Eye surgery (2)
- Location of doctor/x-ray
- Billings is where the specialists are
- Choice of providers
- Only one in town

17. Where was that primary health care provider located?

- Billings, MT
- Culbertson, MT (2)
- DMHC [Daniels Memorial Healthcare Center] – Scobey, MT
- Glasgow, MT
- Havre, MT
- McCone Clinic – Circle, MT
- Scobey, MT
- Sidney, MT

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

- Ashley Berkram is good!
- Netty is a wonderful doctor
- Love and trust my caregiver – Netty McIntyre
- I wanted to see a naturopathic doctor
- Good reputation with community (2)
- Family physician (2)
- Nurse Practitioner
- Seen doctor for number of years (2)
- Know the doctor (2)
- She is a physician assistant. At the time it was closest to work. I really like going here and can get an appointment in a reasonable time. She is easy to talk to and is thorough.
- I like the IHS
- PCP for 18 years
- Family doctor worked there
- Past providers moved or retired so accepted new availability
- Ability to get appointment and far more confidential than [other] clinic
- No other choice

19. 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?

- Pain specialist
- Closest to work

20. What type of health care specialist was seen?

- Anesthesiologist
- Chronic pain

22. The following services are available through Northeast Montana Health Services (Poplar Community Hospital and Trinity Hospital, Wolf Point). Please rate the overall quality for each service at the appropriate location.

- [Ambulance services] is slow in response time on the scanner
- Rude Check-in
- Abusive nurse
- The care depends on the person who is caring for you
- I don't use this hospital

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

- 98 years old. Wheelchair bound.
- I have a treadmill
- Farm work

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

- [Medicaid] – grand kids
- [Indian Health] – self
- AARP
- Alliance insurance
- Mutual of Omaha
- Shriners supplemental
- Self
- Cash customer
- No insurance or anything (2)
- This should have no bearing on anything for Health Care

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

- Have insurance
- VA/IHS
- IHS
- IHS is poor for medical help. Have insurance.
- Medicaid
- Medicare (2)
- Retired and only have a supplemental and part D
- Retired – loss
- No job, no money. Hard times right now.
- NA (2)
- That's not your answer

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

- We are not leeches and don't want these programs!
- Don't qualify

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?

- There is no home health and we have so many elderly. There is no room in the Nursing Home and family is not always around or wants to help care for their elderly family members.
- We need adult social services. There are only adult protection services.

Hospital staff

- I have had to use them [hospital staff].
- This [hospital staff] is the weakest area. There are issues with travel staff, but we have a lot of good dedicated and hardworking people.
- A lot of people who work at the hospital are long-term, like 38 years.
- I can't believe the longevity of staff.
- It's a place where you can have a family and a job; the hospital helps make this manageable. It's [the hospital] family friendly and they work with you when there are family issues that come up.
- I can't believe how the hospital staff comes together to support each other like a family.
- There is a problem with daycare; it runs 6am to 7:30pm. It doesn't cover the same hours as nursing shifts. Also, they [daycare] are full and it takes young people to run it.

Hospital Board and leadership

- Yes, they [Board members] are trustworthy.
- The administration is stretched too thin and spread too far apart. When you need her [the administrator] you can get her and there is an effort to be accessible.
- She [the administrator] never says I don't have time though.
- We know them [Board members]. We care for their family members.
- The Board is more involved than it used to be.
- They [the Board] got a few younger members.
- Being a volunteer Board, they can't just quit when there are headaches.
- They [Board members] don't try to micro-manage.

Business office

- There is a new director. He is stern, but very on-top-of-things and stays involved.
- He [the director] says he will stay a couple of years.
- Things are going much smoother and communication is better.
- I know who to call now because staff has specific job assignments.
- The office is covered five days a week now.
- Everyone knows their job and who to ask, this makes it better organized.

Condition of facility and equipment

- NEMHS (North East Montana Health Services) has the 100 Club and the Foundation. They buy us a lot and we would have much less without them.
- The building is 50 years old and you can tell! There are only four plug-ins in the rooms and that's not enough anymore.
- It's impossible to keep up with regulations.
- The windows are terrible and doors are small.
- Aside from a new building, where do you even start?

- In Poplar, the clientele is a lot of Medicaid and irresponsible parents who sleep all day and abuse the system. The parents miss their children's appointments and use the ER. When the parents are referred back to the clinic, they don't want to wait.
- The ER has a walk-in clinic, but it's misused; people don't want to be responsible for their choices or what the doctor says.
- On the weekends there is a lot of alcohol abuse, motor vehicle accidents, and head injuries. The ER nurse informs the traveling doctors of those who are drug seeking, etc.
- There is a lot of uncompensated care.

Ambulance

- Used and abused by the public; they call the ambulance for minor things.
- It is treated very badly by the public.
- They [ambulance workers] are very well trained.

Health care services for Senior Citizens

- Dr. Zilkoski is awesome with geriatric patients.
- There is excellent care at the Nursing Home and home health.
- The county has a nurse's aide, but only those on Medicaid can use her services.
- The Senior Center is a huge resource; they pick up on health issues in those who use the center and then get people referred.
- There is a small senior complex.
- We need living spaces that provide personal care.
- Glasgow has a few [services for the elderly]; staffing is always a problem though.

Public/County Health Department

- They [health department] are doing the best they can with the staff they have.
- There is an influx of strangers.
- There is not an actual blood pressure clinic, but there are immunization clinics.
- They [health department] do Well-Child.

Health care services for low-income individuals

- Is that when they do WIC (Women, Infants, & Children)?
- It's eighty percent of the population; the hospital does the best it can.

Nursing Home/Assisted Living Facility

- The Nursing Home has a younger population due to head injuries, stroke, and diabetes.
- The Nursing Home has 25 beds and rent is not cheap and there are traveling staff.
- Not enough spaces [in the Nursing Home] for those on a Medicaid waiver.
- The assisted living doesn't accept Medicare which limits almost everyone.

Pharmacy

- My only concern is that a lot of employees do not use it [pharmacy].
- People may eventually use it [pharmacy] because they can get it the same day and not have to travel.
- The hospital pays for 90-day prescriptions.

Focus Group #2

Wednesday, August 1, 2012 – 4:00pm-5:30pm – Wolf Point, MT – Sherman Motor Inn
6 people (2 male, 4 female)

1. What would make this community a healthier place to live?
 - Less alcohol.
 - Cleanliness of the town. Maybe not related to the hospital.
 - Awareness and education, especially for STD's (Sexually Transmitted Diseases) in the younger generation.
 - More activities, try to reduce screen time.
 - Teen suicide.

2. What do you think are the most important local health care issues?
 - Car accidents related to alcohol or drugs.
 - Emergency IHS (Indian Health Services) funds are used for emergency services, especially for chronic conditions caused by lifestyle choices, which could be used for other things.
 - Education on health issues.

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

Quality of care

- I think it's [the hospital] good; no problem with it.
- They've [the hospital] come a long way.
- Same. It's [the hospital] good and it's progressively getting better.

Number of services

- Surprised by how much [services] is provided locally. They provide quite a bit right here [in Wolf Point].
- Used to have to travel for CT (Computed Tomography).
 - Poplar has one [CT scanner]; Wolf Point still has to travel.
- Addition of pharmacy really helped the communities.
 - Used to use mail order or went to Glasgow or Culbertson.

Hospital staff

- [Hospital staff is] Mostly good, but a few times you get a bad apple, like with traveling nurses.
- Hard to answer because of comparison to larger medical facilities. So maybe Average minus [rating for hospital staff].
- [The staff] Seems to be genuinely caring and have a willingness to explain in depth in the past 20 years at Riverside [Clinic].

Hospital Board and leadership

- I might be able to name one person on the Board.
- Good progress like the pharmacy.

- Wish pharmacy were open later – it's open during work hours so it's hard to get there.
4. Are any of the local providers your personal provider or personal provider to your family members? Why?
- I do [use local services].
 - For our family.
 - Just for emergency care.
 - They're [providers] here, convenience. (2)
 - Known her [provider] my whole life and is very thorough and very caring. (2)
 - Same with Dr. Zilkoski – some gems that we're lucky to have.
 - See the same level of care by virtue of working around them.

5. What do you think about these local services:

Emergency Room

- [Emergency Room] Lacks privacy in Wolf Point.
- I'm glad we have them [Emergency Room].
- Given the demands they [ER staff] face, I don't know how they do what they do. (2)
- It's [ER] chaotic and usually filled.
- Police are called often; don't know how they [ER staff] do what they do.

Ambulance service

- They [EMTs (Emergency Medical Technicians)] were very friendly, even though I hated to be in it [the ambulance].
- [Staff is] Paid a stipend for call, mostly volunteer.
- Good luck with responsiveness [of the ambulance].
- Good retention lately.
- Public abuses the [ambulance] service.

Health care services for Senior Citizens

- What is available [for seniors]? (2)
- Swing bed unit – pleased with it, although there was a problem with theft.
- The Comfort Room is a godsend. It is private and has a kitchen area and couches. It was nice to be with her [family member] in that environment but there's only one room like that.
- Very, very nice people and the Nursing Home in Wolf Point is wonderful.
- Very fortunate to have the Nursing Home.
- Not sure of activities.
- Wolf Point Senior Center is active through the county. (2)
 - Not to the same extent in Poplar, don't hear about it.

Public/County Health Department

- I had my flu shot there [health department], but otherwise nothing.
- Heard from them [health department] about whooping cough.
- Only hear from them [health department] when there's an outbreak.
- Inconsistent communication.

Focus Group # 3

Thursday, August 2, 2012 – 8:00am-9:30am – Wolf Point, MT – Faith Lutheran Home Conference Room

4 people (2 males, 2 females)

1. What would make this community a healthier place to live?
 - Hospice... the tribe needs hospice.
 - There is a terrible amount of diabetes on the reservation.
 - Alcoholism.

2. What do you think are the most important local health care issues?
 - They're [the hospital] overrun by the amount of people who come into the ER (Emergency Room).
 - IHS (Indian Health Services) services are difficult, there's a long wait.
 - Alcoholism (2)
 - Tribal health isn't able to address things [health issues in the community] because they don't have any money.
 - An example is sending people home with aspirin that need much more treatment for cancer or an abscessed tooth.
 - Substance abuse, especially in the younger generation. (3)
 - Breakdown of care because there are two medical systems. IHS and NEMHS (North East Montana Health Services).
 - Drug seeking behavior in the ER. Is the staff trained on pain management? There should be better training.
 - Are there problems like this [drug seeking] in non-tribal communities?
 - Yes – with economic downturn, with a different twist.
 - Limited resources for mental health and substance abuse.
 - A big need for mental health here [Wolf Point] (3)
 - There is an underlying need to aid alcoholism, drug abuse, and sexual abuse.
 - There doesn't seem to be any concern [for mental health]. The government isn't doing anything [to improve mental health].
 - Look at the health thing [healthcare bill - Affordable Care Act] they passed.
 - Hospice is really necessary.

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

Quality of Care

- On a personal basis, they [hospital staff] did wonderful. They were really on it.
- I agree; Dr. Z [Zilkoski] is wonderful. Personally, there's nothing to complain about.
- My mother is completely healthy, but needs a new hip. Getting in to see someone is tough. She has an appointment in September. If it's not something important, it [the wait] is fine. But for an 85 year old woman, you don't want to wait until next month.
- [Hospital] Needs more staff – don't have a lot.
- People don't realize how many practitioners or PA's (Physician Assistants) are here.
 - Sometimes people are not sure if they [PA's] are good, but their [PA's] training is really good.

- With all of the Medicare and Medicaid, there is an unbelievable amount of paperwork.
- If the government could shrink their end of it [paperwork], we might not need so many people working [in the business office].
- Have to be knowledgeable [about regulations] to work on it [paperwork].
 - It is what it is.
- As far as taking care of patients' affairs, they [business office staff] do a good job. It's [paperwork for patients' affairs] always been correct.
- I wish I understood the bill better. Oc this dc that. Billing codes are confusing to people.
- In the old days they just wrote you a little bill.

Condition of facility and equipment

- With the 100 Club and the Foundation, we've supplied a lot of the equipment they [the hospital] don't have.
- Sometimes I wonder why they [hospital] don't have it [equipment].
- Bought a new fridge for the Lab.
- I got my blood checked here and was really happy with the Lab. It's quick! [Whereas] Everyplace you go in Billings takes your blood. You go from one office to the other and they have no idea [your blood has already been checked]. They [staff in Billings' hospital] take your blood pressure everywhere too.
- Do it [blood screenings] every year, very happy with the Lab.
- One thing that bothered me a lot... the lab, clinic, and hospital are all in one building. [Staff at each location] Asks all the questions again. It's like "they just asked him every question at the clinic yesterday. It's on the computer. Access it." Then if the office is closed, staff can't get it [health information]. It was a constant battle of why the clinic and hospital don't have access to records.
 - Why? \$20 million dollars, that's why.
 - They [staff] can go and get it if it's [clinic] open.
 - Lack of tied-together communication.
 - By the time he got to the ER in Minnesota, they had all the information right there. The entire city is locked together.
 - The [health records] computer program here does not work. When they set this up so everyone's files will be together and go to one base, it won't work.
 - Then they need to fire the person who's doing it and find someone else.
 - Even brought in someone from Bozeman, but they didn't want to scrap the one they just bought.
- As far as equipment, when I have to pick it [records] up to take it to Glasgow, that's where my problem is.
- The whole idea [for electronic records] was transferability, but the government didn't say what [program or guidelines] to use, so it's [records] not tied together [here in Wolf Point].
- Poplar could probably tie them in.
- The government won't tell you what [program] to use.
 - HSM (Health Share Montana) is working on this. So if you're transferred to Great Falls, your records will be there.
- It would be so handy, but they have to get on the same page.
- Good to hear it is moving along.

- The doctor liked it here, but the spouse didn't.
 - Doctors like it [the community] for the small town feel and hunting.
 - Wives marry for doctors' lifestyle, not Wolf Point.
 - 3 doctors left for Miles City because it's a bigger city and closer to Billings.
 - There should be somebody in this organization that really hones in on this. A doctor came here and I think he's already leaving. He's only been here for a year. Doctors and PA's don't stay very long.
 - Before you hire them, you should find out if they're going to stay [in Wolf Point for a while].
 - If you're 35 and move here, it's hard to find people your age.
 - It's terribly expensive to transfer doctors.
 - New party for the doctors.
 - It takes a while for rural folks to warm up [to new people].
 - Doctors are very intelligent. They need to Dummy it up, don't [let the information] go over my head.
 - Get to be friends with lots of people at the flower shop, doctors have trouble conversing and they know our intimate details.
 - Someone needs to work on it [retaining doctors]. It's extremely important.
4. Are any of the local providers your personal provider or personal provider to your family members? Why?
- Yes, absolutely. (3)
 - Because I like them [provider].
 - I know them [provider] and feel comfortable with them.
 - I don't want to go out of town.
 - Went to a doctor and liked him, but then he left. (3)
 - Go to Dr. Zilkoski or Dr. Netty because they might not leave.
 - It's frustrating.
 - Dr. Zilkoski can't take new patients; he's overwhelmed and looking to retire.
 - Maybe it's your husband's fault and he ran them [doctors] out (laughs).
 - Can we recruit new doctors here? Will the younger generation come?
 - It costs a whole lot of money to recruit, even to get customers for cars.
 - We need to make them [doctors] feel at home.
 - Housing goes along with that.
 - That oil is going to be... not so good – impacts housing, drugs, alcohol, services used.
 - Hospital has land, it might be providing housing.
 - When was the last time we built a new house? The 1980's?
 - If a doctor isn't sure he wants to stay...
 - The City turned down apartment building.
 - Apartments have to have parking and there wasn't room.
 - Get over fear factor because it's [oil] already here.
 - Maybe the influx of oil money will bring in some new housing.
 - HUD (Housing & Urban Development) won't build new houses because the rent was never paid.
 - HUD houses built by government, people didn't pay rent and there was a huge debt.

- I will do things because they [health department] won't go do it.

Health care services for low-income individuals

- Needs to be more information put out for what is available [for low-income].
- A young woman, working, putting herself through college.
 - At eye doctor, credit card that would pay for health care, cosign and back her up – now she has glasses, getting major dental work done.
 - She's trying to move forward.
 - Uses it and pays it off as she can.
- Went and got a free pap smear, but paperwork was messed up – hospital helped with payment plan for \$20 per month.
- How to get help for people who cannot (not won't but can't get help) but need help.
- So they don't go to the doctor and what's going to happen (bad knee, didn't get surgery, hopes to have it before she can't walk).
- Teeth – bad teeth affect whole body system.
 - People don't realize that.
- Credit card (social service) made it possible, happened to see a brochure.

Nursing Home/Assisted Living Facility

- Not discussed

Pharmacy

- I'm glad we have one [a Pharmacy]. We didn't for a while.
- Medicare/Medicaid made it a problem for payment.
- We're very lucky [to have a Pharmacy].
- It's [the Pharmacy] been great, unless your insurance doesn't cover local pharmacies.
- When we lost our druggist, a lot of people went out of town. I switched back. I think that this goes back to advertising – a lot of people still get their drugs out of town.
- Mail order sends medicine for 3 months. Here [in Wolf Point], you only get 1 month of medicine at a time.
- Argue with them [Pharmacy], get doctor to write prescription differently.
- I have mine sent by mail because it's 3 months for the price of 1 month.
- We need to keep it [the Pharmacy] here.

6. Why might people leave the community for healthcare?

- We've already talked quite a bit about that.

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

- Dermatologist, specialists in general, OBGYN (Obstetrician/Gynecologist).
- Somewhere for alcohol/drug abusers to go. Someone broke into a house after surgery and stole pills. Kid knew where he kept them, all of the pain medication that they should have gotten rid of was gone – people walked in and took them.
 - I have an answer to that problem: My 90-pound Labrador.
- But the thing is, for alcohol and drug addictions, the person has to seek help.
- It's an underlying thing [problem] that affects health.
- Look at the damage – the windows at church.

Focus Group #4

Thursday, August 2, 2012 – 12:00pm-1:30pm – Poplar, MT – NEMHS Conference Room

5 people (3 male, 2 female)

1. What would make this community a healthier place to live?
 - Get the water project done.
 - Cancer blamed on well water.
 - More competitive grocery store. More produce at prices that aren't outrageous.
 - It's just not up to standard, the difference in produce.
 - They [consumers] don't have access to good food. Even the canned products – there isn't much choice to get something better or to buy in bulk.
 - On the first of the month when food stamps come out, you see what people grab and they don't have options. They haven't been well-trained to make healthy choices.
 - Extension does have a program to train.
 - Can't train people if they don't want to be trained.
 - Great number of people still goes out of town [to buy groceries].
 - Unwed moms with new babies don't have the education about services and nutrition. Don't bring their stuff in, they're just not mothers that understand or access pre-natal and family resources.
 - At the Food Bank, prepackaged stuff goes first. Beans and oatmeal and healthy stuff doesn't go.
 - People aren't going to come in and learn how to cook if they don't want to.
 - But it [nutrition] affects diabetes and high blood pressure.
 - See people with one arm or one leg [from diabetes-related amputations].
 - Poor diet to blame and fast food to blame for high rates of diabetes.
 - This is something the survey can come out with, but the stores will stock what sells.
 - Albertsons doesn't just sell one thing.
 - Probably better profit margin on Albertsons brand and it's cheaper.
 - Alco [grocery store] – low brand.
 - Down south, they have bulk in the store – 10-20 pounds of potatoes, beans are to last families for a month.
 - Even commodities here, they didn't sell.
 - Cheese – same thing, it went bad – turned cheese into wine (sell cheese, buy wine).
 - Buy steaks with food stamps, then they sell them on the street.
 - They decided these guys were getting oil money – tribe rationed it by getting purchase orders, actual cash was spent in the bars.
 - Purchase order and exchange for money – they couldn't get their own money.
 - Wife works at pharmacy; people buy drugs and bum them outside, not at IHS (Indian Health Services) anymore.
 - Survey will come out and it's a good idea, but change will be hard.
 - Those are some changes that would help here.
 - We do work with people on nutrition and physical activity.
 - Action Eastern Montana has a new gal – she changes up what she orders, she sees it's more acceptable, getting variety compared to before.

Number of services

- It's [number of services] good for the area we're in.
- Emergency flights – we can have you in Great Falls, Billings, wherever in not too long.
- Everything else [services] you need is here.
- Maybe mammograms too [in Wolf Point].

Hospital staff

- I think overall we get good service.
- There's always one [staff person] that's not as good.
- Staff in Wolf Point was supposed to make appointment in Billings, never happened, and then gave excuses.
 - It's that one person.
 - They need to replace her.
 - Everyone seems to know who she is.

Hospital Board and leadership

- When we merged [Wolf Point and Poplar], it was quite a deal.
- Neither side wanted that to happen, but it did.
- Got Dr. Zilkoski on our side.
- Saved money doing it [merging hospitals].
- Got a real good Board now.

Business office

- Several occasions where paperwork gets lost in the shuffle.
- Never any problems [with the business office].
- They're [business office staff] very good to call you back.
- They [business office] work with you.
- If there's a problem, it's usually the insurance company, IHS, or Medicare.

Condition of facility and equipment

- Top-notch for the size of the hospital.
- Everything in it [the facility] is pretty modern.
- They really upgraded [the facility] and are really nice.

Financial health of the hospital

- We owe some money for what we did [remodeling], but other than that we're doing pretty well.
- I have no idea [about the financial health of the hospital].
- Usually if it's [financial health] bad, everyone knows.

Cost

- Get caught up between doctors and insurance.
- Costs more to get doctors here.
- Way more expensive in Billings and he [doctor in Billings] only came in and talked to me.
 - Get everything done: x-rays, tests, etc., and then go to Billings and they do it [same tests] again.

- Volunteer.
- Boy, it's really hard on them [ambulance staff].
- They [ambulance staff] are excellent, for as many calls as they get in a day.
- Very professional, they [ambulance staff] always show up.
- Ambulance to Williston, volunteer kids, I'm going to take those guys out to eat, but they can't – there's a policy against that.
- Tipped tractor over, knocked guy out, went to yard, ambulance to Williston, almost died, and doctor said should have gone to Poplar.
 - Some people just won't use the facility [in Poplar].
- Other guy would still be alive after a heart attack if he hadn't gone to Culbertson.
 - Same with stroke.

Health care services for Senior Citizens

- Dr. Z [Zilkoski] is terrific.
- Services for the elderly stink because there's not the facility.
- Would like to see home health back. It was well used. People who worked there [home health] said they were overburdened with paperwork and reimbursement is low. If that were made a priority, it would really be appreciated and used.

Public/County Health Department

- Really good one [Health Department] up there.
- Right now, probably have best county health in 13 years.
 - That's because I'm one of the volunteers.
- I don't think anyone could really complain about it [Health Department].
- [Health Department] Lacking in Culbertson.
- Built new building [for the Health Department] in Culbertson. No sink, no nothing in there.
 - But they do want to start going over there [Culbertson].
- Mental health and aging will be in that same room on different days.
- [The Health Department] Does immunizations, works with the hospital.
- Flu shots and that stuff, Culbertson also gets that.
- They're [Health Department staff] going to learn Spanish now.
 - Dispatch and Counties probably going to get Rosetta Stone.
 - I still maintain if you're going to live in the U.S., speak English.
 - But dispatch and county nurses have run into problems [due to language barriers].

Health care services for low-income individuals

- Can't turn anyone down [for care].
- Food banks.
- IHS – poorest of the poor on the reservation.
- I haven't had any problems as far as the seniors go.
- They can go to county nurses and they don't have to pay.
- Public Health on Wednesdays is hard to get in because it's immunizations for children.
- There is opportunity for people [to access services].
- If someone poor wants help, they'll get it.
- At the Pharmacy, lots of drugs they [low-income] get for free.

- AARP (American Association of Retired Persons), change social security, taking the cap off.
- If they [politicians] get together and compromise, there would be something good.

Pharmacy

- Having two pharmacies has helped tremendously.
- Used mail order pharmacies, but when they [the pharmacy in town] opened, we switched.
 - It's [pharmacy in town] more expensive, but it's so important to have here.
- Culbertson [pharmacy] was overworked when Poplar and Wolf Point pharmacies were closed.

6. Why might people leave the community for healthcare?

- Sometimes they believe that there are better doctors in Billings than here.
- Referrals; they need specialists.
- Nice to get it closer, like cancer treatment in Sidney.
- There are people that won't even stop at a doctor here, even for a cough.
 - [Perception] Not going to change.

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

- Mental health
 - One that comes to Culbertson, Wolf Point
 - But they're overworked.
 - Tribes have their own [mental health facilities].
- Hospice and respite care (3) – we don't have it and get called for it all the time
 - We just don't have it available.
 - Some seniors just don't have family around.
- Home health
 - Traveling twenty miles and reimbursement just wasn't there and the cost is what killed it. Workers spent half their time traveling.
 - We're so rural we're going to have that problem.
 - One case, dying of cancer, and wanted to go home but didn't have the help with hospice or something.
 - Caregivers are the ones that suffer the most.

Additional Comments:

- Find them [hospital employees] a place to live so we can build a staff.
- They're so much when we try to bring someone in (schools, living on the reservation, spouses are disappointed, no places to shop).
- The stores only benefit when people can't get to Wal-Mart.
 - Plus gas prices in Williston are too expensive.
 - Go to Glasgow, Miles City, Sidney, and Havre.
 - Prices are not the same at Wal-Mart.
 - More competition for prices to go down.
 - Glasgow is bringing in ShopKo.
 - Trying to build community to keep people there.
 - IGA (grocery store) never should have left Wolf Point.

Appendix H – Key Informant Interview Questions, Notes

1. What would make this community a healthier place to live?
2. What do you think are the most common health care issues in your community?

- Healthy foods in the cafeterias, etc. Is there any follow-up to programs they're trying to get in the school? Do they work? Are the schools going?
 - Don't know if there's a longitudinal study...
 - There is definitely an obesity epidemic.
 - School programs took pop machines out of the school in Glasgow. It will be a generation before results are seen, education is important and we should be doing it, but don't expect immediate impact.
- Emergency Medical Services (EMS)
 - Difficulty getting volunteers? More than one in area? Glasgow [EMS] coordinates with Hinsdale and Opheim. I feel like to really get it [EMS] going they need to hire someone, bring coordination. Could Stat Air (Air Ambulance) be that coordinating body?
 - Could ask DOT (Department of Transportation) for assistance in getting funding for ambulance, asked for mills from public.
 - ER technicians in the emergency room for ambulance people, it's been good and bad. The problem is when a call comes in, have agreed on situation with limited staff, the ER tech on shift has to go, we know that. But the nurses say "Oh no you can't go, you need to help set up the ER." [The hospital] still employs lots of ambulance drivers (ward clerks, maintenance, ER techs, medical records) – that's the only way we've been able to keep ourselves staffed. We do have some volunteers.
 - If it's a transport, try to arrange in advance. Quick ones [transports] last maybe half an hour, back and forth to Poplar for CT scan, longer ones volunteers do.
 - Seems to be working, but we don't have anybody else.
 - RN (Registered Nurse) Roster on EMS Board. They (RN's) can be the other person on the ambulance.
 - 90% [of EMS workers] are hospital employees.
 - Employ a [EMS] director and the rest are volunteers which are reimbursed for transfer. Started reimbursing for all runs for fiscal year.
 - Seeing a few more [volunteers] with EMT certification. The average age is fifty-two. Younger folks aren't getting in there.
 - Do you think Stat Air could do EMS?
 - Maybe.
 - Conceptually it might work, meat is in the detail – expect discussion in the strategic plan session.
 - Nice to know everybody's reimbursement rates – each community.
 - Bought own ambulance, but hospital pays fees and licenses.
 - We've been stable: sheriff, tribal and local law enforcement partnership.
 - In some regard, I'm happy that the Man Camp [for oil field workers] is coming.
- MRI/mammography/imaging as potential collaborative co-op
- Mental Health
 - Wyoming-Montana TeleMental Health Innovation – meeting in Billings the 10th [of August 2012] about it.
 - A California company employs the psychiatrist across Wyoming.
 - Had APRN (Advanced Practice Registered Nurse) manage medications.

Appendix I – Secondary Data

County Profile

Roosevelt County

Secondary Data Analysis
September 26, 2012



Office of Rural Health
Area Health
Education Center

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

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

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

*Chronic Lower Respiratory Disease

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

Chronic Disease Burden ¹	County	Montana	Nation ^{3,4}
Stroke prevalence	3.2%	2.5%	2.6%
Diabetes prevalence	12.9%	6.2%	8.3%
Acute Myocardial Infarction prevalence (Heart Attack)	5.0%	4.1%	6.0%
All Sites Cancer	472.3 (Region 1)	455.5	543.2

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

²Center for Disease Control and Prevention (CDC) (2012)

³American Diabetes Association (2012)

Region 1 (Eastern): Phillips, Valley, Daniels, Sheridan, Roosevelt, Richland, McCone, Garfield, Prairie, Dawson, Wibaux, Rosebud, Custer, Fallon, Powder River, Carter, and Treasure

Chronic Disease Hospitalization Rates	County	Montana
Stroke Per 100,000 population ¹	196.5	182.2
Diabetes Per 100,000 population ¹	353.4	115.4
Myocardial Infarction (Heart Attack) Per 100,000 population ²	225.9	147.3

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

Demographic Measure (%)	County			Montana			Nation ^{5,6}			
Population ¹	10,089			989,415			308,745,538			
Population Density ¹	4.3			6.7			Not relevant			
Age ¹	<5	18-64	65+	<5	18-64	65+	<5	15-64	65+	
	10%	57%	10%	6%	63%	14%	7%	62%	13%	
Gender ¹	Male		Female		Male		Female		Male	
	49.4%		50.6%		50.1%		49.9%		49.2%	
Race/Ethnic Distribution	White ¹			91.5%			72.4%			
	American Indian or Alaska Native ¹			6.8%			0.9%			
	Other† ²			1.7%			26.7%			

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

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

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

⁵US Census Bureau (2010)

Screening ¹	Region 1	Montana
Cervical Cancer (Pap Test in past 3 yrs) ¹	79.5%	83.0%
Breast Cancer (Mammogram in past 2 yrs) ¹	69.2%	71.9%
Blood Stool ¹	21.8%	25.3%
	Sigmoidoscopy or Colonoscopy ¹	44.8%
Diabetic Screening ⁵ Percent of Medicare enrollees who received HbA1c screening	84.0% (County)	79.0%

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

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

Mortality ^{12,13}	County	Montana	Nation ^{14,15}
Suicide Rate per 100,000 population ¹	17.5	20.3	12.0
Unintentional Injury Death Rate per 100,000 population ¹	91.6	58.8	38.4
Percent Motor Vehicle Crashes Involving Alcohol ¹	23.6%	10.0%	32.0%
Pneumonia/Influenza Mortality per 100,000 population ¹	15.6	19.0	17.5
Diabetes Mellitus ²	74.1	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)

¹⁴Kaiser 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	10.6	6.1	6.7
Entrance into Prenatal care in 1 st Trimester Percent of Live Births ¹	63.7%	83.9%	69.0%
Birth Rate ⁹ Babies born per 1,000 people	22.0	12.8	13.5
Low Birth Weight (<2500 grams) Percent of live births ¹	7.8%	7.3%	8.3%
Neonatal Mortality (under 28 days of age) Rate per 1,000 live births ¹	7.0	3.3	4.5
Post Neonatal Mortality (28 through 364 days of age) Rate per 1,000 live births ¹	2.8 (Region 1)	2.7	2.2
Pre-Term Birth (<37 completed weeks gestation) Percent of Live Births ¹	14.2%	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)

Two location quotients for hospital employment in Roosevelt County were calculated. The first compares Roosevelt 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) = .40

Hospitals Location Quotient (compared to U.S.) = .46

A location quotient near 1 indicates that the employment concentration in the county mirrors that of the larger geographic region. In the case of Roosevelt County, both the state and national location quotients are below one, indicating that hospital employment is about half as large as expected given the overall size of Roosevelt County.

Another way to look at the location quotient is to ask how many employees would be employed in the hospital sector if Roosevelt County's employment patterns mirrored the state or the nation. Poplar Community Hospital averaged 77 employees in 2010. This is 114 less than expected given the state's employment pattern and 89 less than expected given the national employment pattern. Lower than expected employment relative to the state and nation may be in part due to the presence of Trinity Hospital and Roosevelt Medical Center in the county. In 2010, Poplar Community Hospital accounted for 2.2% of county nonfarm employment and 2.0% of the county's total wages.

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

Section II Age Demographics

The 2010 Census reported that there were 10,425 residents of Roosevelt County. The breakdown of these residents by age is presented in Figure 1. Roosevelt County's age profile is similar to that of many counties that contain reservations. These counties are exceptional in the percentage of the population that is under 20. In 2010, baby boomers were between the ages of 45 and 60 and their presence is also evident in the graph.

the 2010 Census, Roosevelt County had a median age of 31.6, which ranked it the second youngest in the state. 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 Poplar Community Hospital spend a portion of their salary on goods and services produced in Roosevelt 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 Roosevelt County has the following multipliers:

Hospital Employment Multiplier = 1.21

Hospital Employee Compensation Multiplier = 1.21

Hospital Output Multiplier = 1.22

Demographic Trends and Economic Impacts: A Report for Trinity Hospital

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Introduction

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

Figure 1: Age Distribution of Roosevelt County Residents

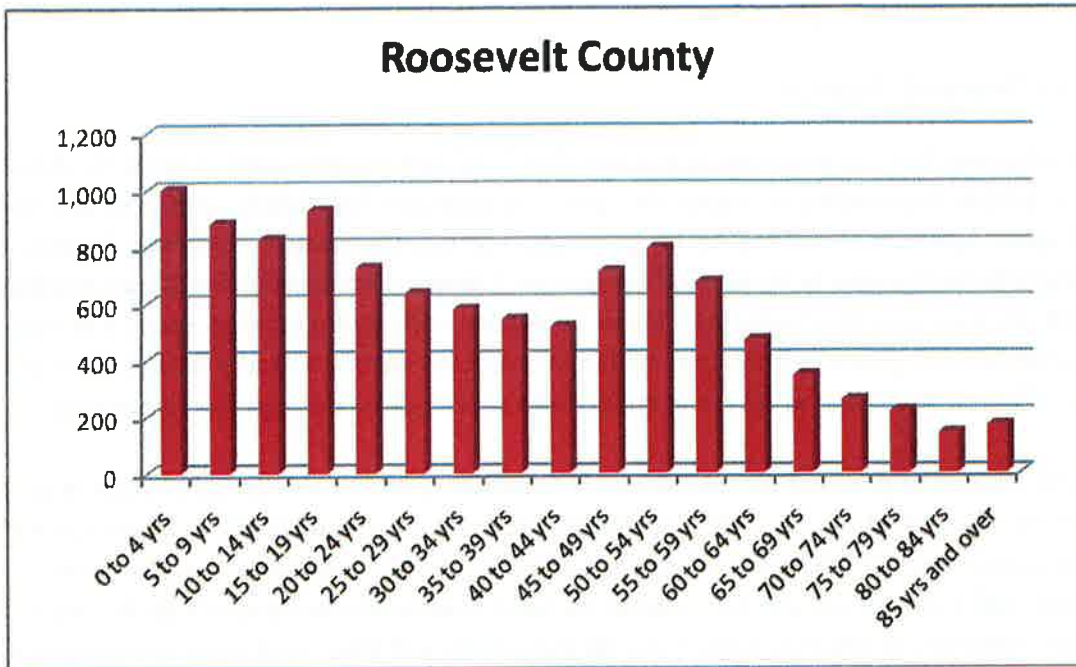


Figure 2: Percent of the population by age groups, Roosevelt County vs. Montana

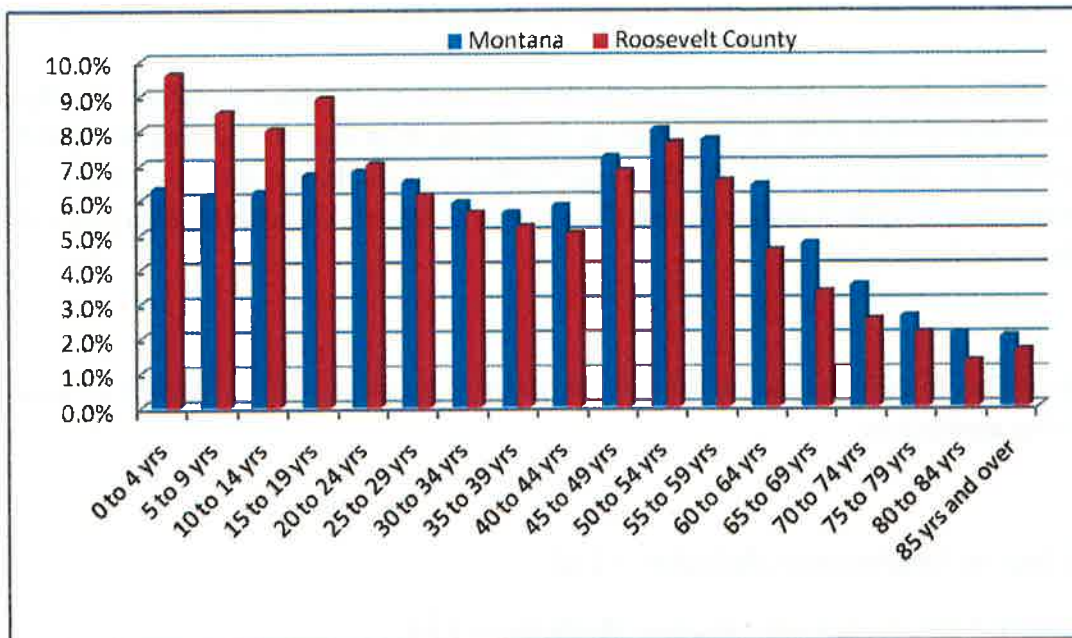


Figure 2 shows how Roosevelt’s population distribution compares to Montana’s. A careful examination of Figure 2 and the underlying data reveals that compared with the State as a whole Roosevelt County has a higher proportion of people under 25 years old (42.0 percent vs. 32.1 percent) and a lower percentage of people 25 and over (58.0 percent vs. 67.9 percent). According to

What do these numbers mean? The employment multiplier of 1.23 can be interpreted to mean that for every job at Trinity Hospital, another .23 jobs are supported in Roosevelt County. Another way to look at this is that if Trinity Hospital suddenly went away, about 26 additional non-hospital jobs would also be lost in the county (based on 2010 hospital employment of 113). The employee compensation multiplier of 1.19 simply states that for every dollar in wages and benefits paid to the hospital's employees, another 19 cents of wages and benefits are created in other local jobs in Roosevelt County. Put another way, if Trinity Hospital suddenly went away, about \$694,244 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 Trinity Hospital, output in the county increases by another 24 cents.

There are other potential economic impacts of hospitals beyond those identified by the input-output analysis. Novak (2003)² 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 Trinity 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.

² 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

