

Pondera County, Montana

Frontier Medicine Better Health Partnership
Community Health Needs Assessment Report

Survey conducted by
Pondera Medical Center
Conrad, Montana

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

March 2014



*Innovating
Healthcare
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**NATIONAL
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RESOURCE CENTER**

**Pondera Medical Center
Community Health Needs Assessment**

Table of Contents

I. Introduction 2

II. Health Assessment Process 2

III. Survey Methodology..... 2

IV. Survey Respondent Demographics..... 4

V. Survey Findings 8

VI. Focus Group Methodology 45

VII. Focus Group Findings 46

VIII. Summary 48

Appendix A – Steering Committee Members..... 49

Appendix B – Public Health and Populations Consultation 50

Appendix C – Survey Cover Letter 52

Appendix D – Survey Instrument 53

Appendix E – Responses to Other and Comments 59

Appendix F – Focus Group Questions..... 64

Appendix G – Focus Group Notes..... 65

Appendix H – Secondary Data 78

**Pondera Medical Center
Community Survey & Focus Groups
Summary Report
March 2014**

I. Introduction

Pondera Medical Center (PMC) is a 15-bed Critical Access Hospital based in Conrad, Montana. The service area consists of just over 1,600 square miles and provides medical services to the Pondera County population of approximately 6,100 people. Pondera Medical Center participated in a Community Health Needs Assessment (CHNA) conducted by the Montana Office of Rural Health and the National Rural Health Resource Center (NRHRC) in Duluth, Minnesota. The CHNA was funded by the Frontier Medicine Better Health Partnership (FMBHP) Project. Community involvement in steering committee meetings and focus groups enhance community engagement in the assessment process.

In the fall of 2013, Pondera Medical Center's service area was surveyed about its healthcare system. This report shows the results of the survey in both narrative and chart formats. At the end of this report, we have included a copy of the survey instrument (Appendix D). Readers are invited to familiarize themselves with the survey instrument and the subsequent findings. Our narrative report touches on the highlights while the charts present data for virtually every question asked. Please note: we are able to compare some of the 2013 survey data with data from a previous survey that was conducted in 2009. If any statistical significance exists, it will be reported. The significance level was set at 0.05.

II. Health Assessment Process

A Steering Committee was convened to assist Pondera Medical Center in conducting the CHNA. A diverse group of community members representing various organizations and populations within the community (ex. public health, elderly, uninsured) came together in October 2013. For a list of all Steering Committee members and their affiliations, see Appendix A. The Steering Committee met twice during the CHNA process; first to discuss health concerns in the community and offer their perspective in designing the survey instrument and again to review results of the survey and focus groups.

III. Survey Methodology

Survey Instrument

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

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

Sampling

Pondera Medical Center provided the National Rural Health Resource Center with a list of outpatient and inpatient admissions. Those zip codes with the greatest number of admissions were selected to be included in the survey. A random list of 710 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.)

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

Information Gaps

Data

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

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

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

Limitations in Survey Methodology

A common approach to survey research is the mailed survey. However, this approach is not without limitations. There is always the concern of non-response as it may affect the representativeness of the sample, thus a mixture of different data collection methodologies is recommended. Conducting community focus groups and key informant interviews in addition to the random sample survey allows for a more robust sample and, ultimately, these efforts help to increase the community response rate. Partnering with local community organizations such as

public health, community health centers, and senior centers, just to name a few, helps to reach segments of the population that might not otherwise respond to a survey or attend a focus group.

Survey Implementation

In November 2013, the community health services survey, a cover letter from the National Rural Health Resource Center with Pondera Medical Center’s Chief Executive Officer’s signature on Pondera Medical Center letterhead, and a postage paid reply envelope were mailed to 710 randomly selected residents in the hospital’s service area. A news release was sent to local newspapers prior to the survey distribution announcing that Pondera Medical Center would be conducting a community health services survey throughout the region in cooperation with the Montana Office of Rural Health.

As shown in the table below, 206 surveys were returned out of 710. Of those 710 surveys, eighty-nine were returned undeliverable for a 33% response rate. From this point on, the total number of surveys will be out of 621. Based upon the sample size, we can be 95% confident that the responses to the survey questions are representative of the service area population, plus or minus 5.53%.

IV. Survey Respondent Demographics

A total of 621 surveys were distributed amongst Pondera Medical Center’s service area. Two hundred six were completed for a 33% response rate. The following tables indicate the demographic characteristics of the survey respondents. Information on location, gender, age, and employment is included. Percentages indicated on the tables and graphs are based upon the total number of responses for each individual question, as some respondents did not answer all questions.

Place of Residence (Question 31)

While there are some large differences in the percentages below, the absolute differences are small. The returned surveys are skewed toward the Conrad population which is reasonable given that this is where most of the services are located. Four respondents chose not to answer this question.

Area	Zip code	2009		2013	
		Count	Percent	Count	Percent
Conrad	59425	232	78.9%	161	79.7%
Valier	59486	20	6.8%	30	14.9%
Brady	59416	14	4.8%	8	4.0%
Heart Butte	59448	0	0	2	1.0%
Ledger	59456	7	2.4%	1	0.4%
Shelby	59474	6	2.0%	Not asked	
Cut Bank	59427	6	2.0%	Not asked	
Dutton	59433	4	1.4%	Not asked	
Choteau	59422	4	1.4%	Not asked	

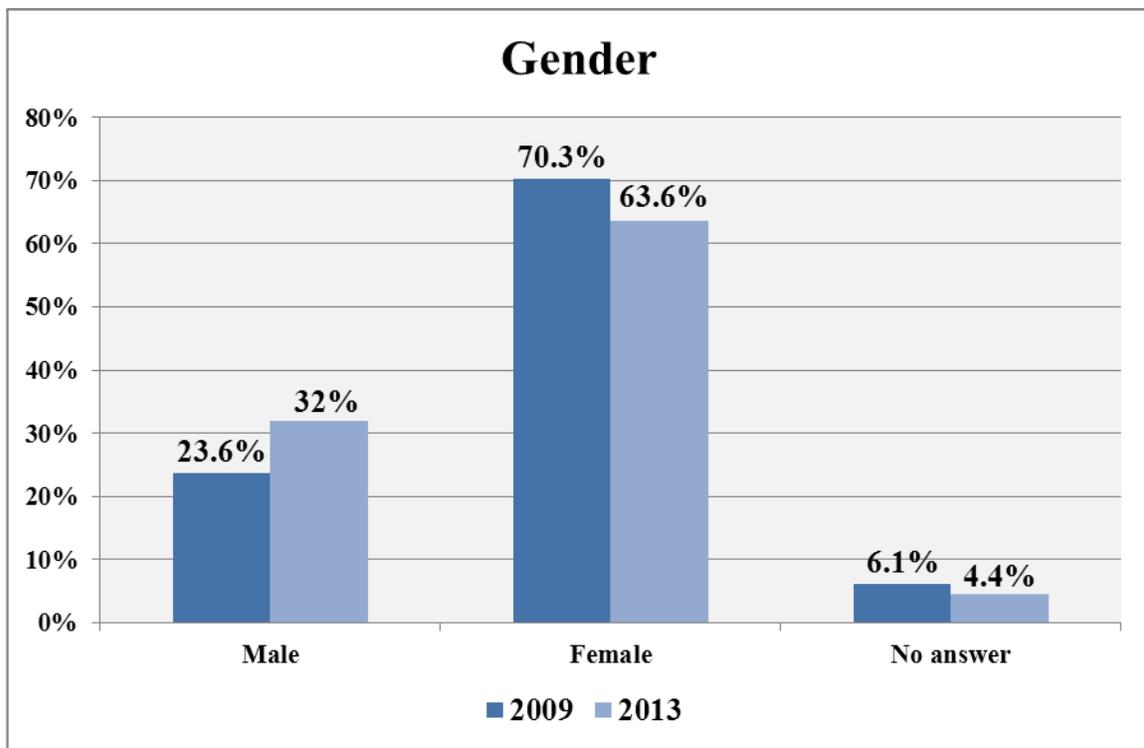
Area	Zip code	2009		2013	
		Count	Percent	Count	Percent
Dupuyer	59432	1	0.3%	Not asked	
TOTAL		294	100%	202	100%

Gender (Question 32)

2013 N= 206

2009 N= 310

Of the 206 surveys returned, 63.6% (n=131) of survey respondents were female, 32% (n=66) were male, and 4.4% (n=9) chose not to answer this question. The survey was distributed to a random sample consisting of 50% women and 50% men. It is not unusual for survey respondents to be predominantly female, particularly when the survey is healthcare-oriented since women are frequently the healthcare decision makers for families.

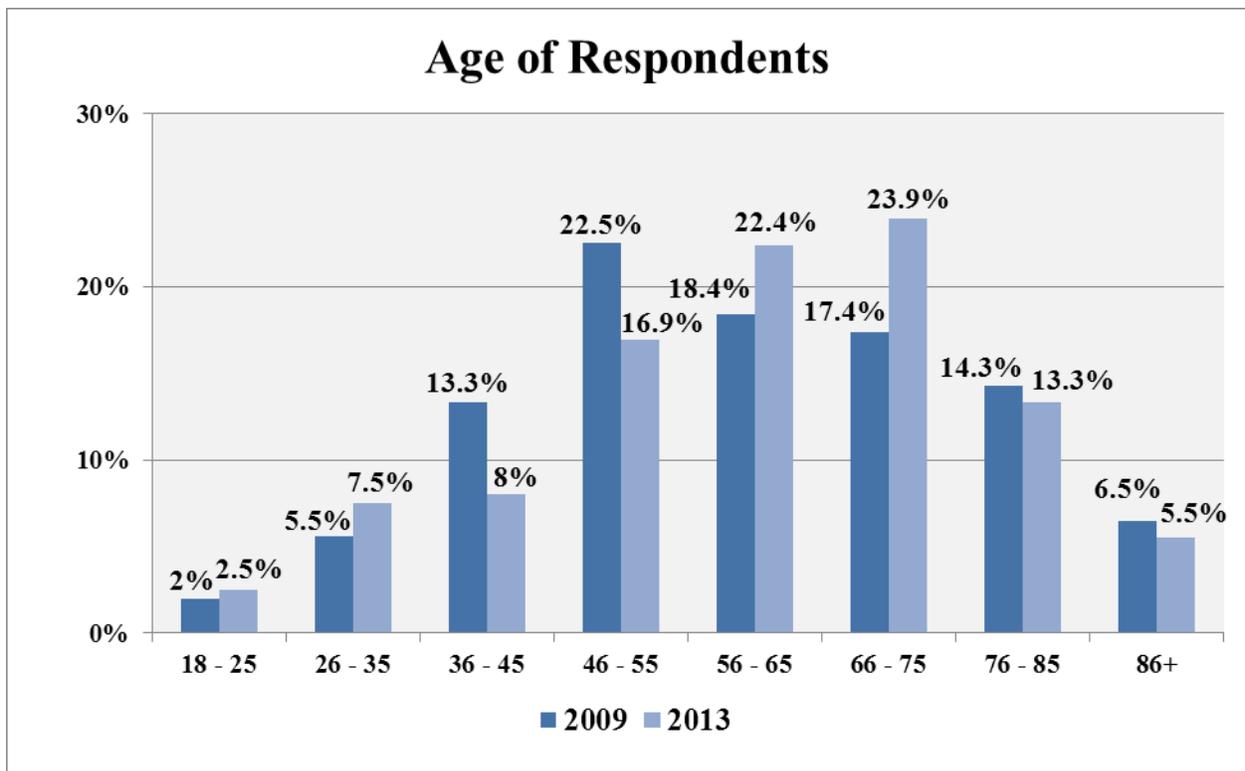


Age of Respondents (Question 33)

2013 N= 201

2009 N= 293

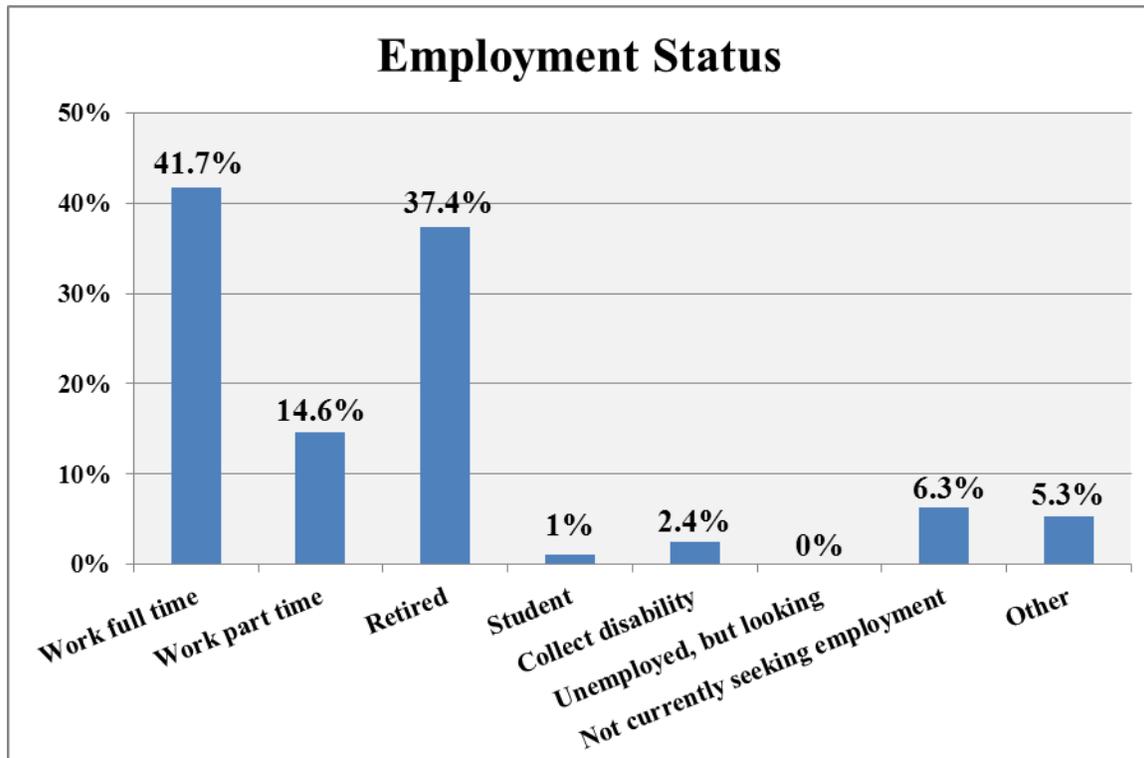
Twenty-four percent of respondents (n=48) were between the ages of 66-75. Twenty-two percent of respondents (n=45) were between the ages of 56-65 and 16.9% of respondents (n=34) were between the ages of 46-55. This statistic is comparable to other Critical Access Hospital (CAH) demographics. The increasing percentage of aging residents in rural communities is a trend which is seen throughout Montana and will likely have a significant impact on the need for healthcare services during the next 10-20 years. However, it is important to note that the survey was targeted to adults and therefore, no respondents are under age 18. Older residents are also more invested in healthcare decision making and therefore, are more likely to respond to healthcare surveys, as reflected by this graph. Five respondents did not answer this question.



Employment Status (Question 34)

2013 N= 206

Forty-two percent (n=86) of respondents reported working full time while 37.4% (n=77) are retired. Fifteen percent of respondents (n=30) indicated they work part time. Respondents could check all that apply so percentages do not equal 100%.



“Other” comments:

- Rancher
- Farmer (2)
- Farm wife
- And then some
- Self-employed (2)
- Not working

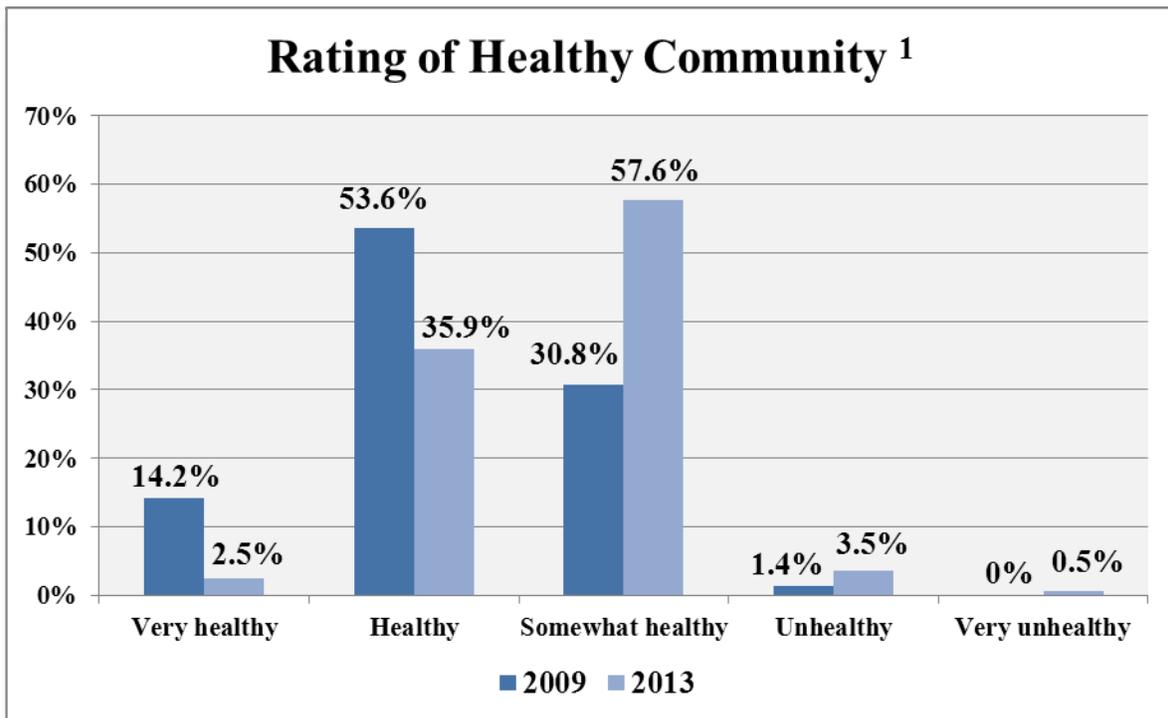
V. Survey Findings

Impression of Community (Question 1)

2013 N= 198

2009 N= 295

Respondents were asked to indicate how they would rate the general health of their community. Fifty-eight percent of respondents (n=114) rated their community as “Somewhat healthy.” Thirty-six percent of respondents (n=71) felt their community was “Healthy” and 3.5% (n=7) felt their community was “Unhealthy.” Eight respondents chose not to respond to this question.



¹ In 2013, significantly more respondents gave their community's health a lower rating than in 2009 (2009: 53.6% healthy, 2013: 35.9% healthy)

Health Concerns for Community (Question 2)

2013 N= 206

2009 N= 310

Respondents were asked what they felt the three most serious health concerns were in their community. The number one health concern identified by respondents was “Cancer” at 57.8% (n=119). “Alcohol abuse/ substance abuse” was also a high priority at 34.5% (n=71) followed by “Obesity/overweight” at 31.6% (n=65). Respondents were asked to pick their top three serious health concerns so percentages do not equal 100%.

Health Concern	2009		2013	
	Count	Percent	Count	Percent
Cancer	176	56.8%	119	57.8%
Alcohol abuse/substance abuse	110	35.5%	71	34.5%
Overweight/obesity ¹	67	21.6%	65	31.6%
Heart Disease ²	87	28.1%	41	19.9%
Diabetes ³	86	27.7%	39	18.9%
Lack of access to healthcare ⁴	23	7.4%	30	14.6%
Tobacco use	52	16.8%	29	14.1%
Prescription/illegal drug abuse	Not asked		26	12.6%
Work/economic stress	Not asked		23	11.2%
Mental health issues ⁵	19	6.1%	23	11.2%
Underage alcohol use ⁶	74	23.9%	20	9.7%
Child abuse/neglect ⁷	15	4.8%	19	9.2%
Depression/anxiety	Not asked		16	7.8%
Respiratory issues/illness	Not asked		14	6.8%
Poor nutrition	Not asked		12	5.8%
Domestic violence	12	3.9%	11	5.3%
Work related accidents/injuries	Not asked		8	3.9%
Motor vehicle accidents ⁸	29	9.4%	6	2.9%
MLS/ALS/Parkinson	Not asked		5	2.4%
Stroke ⁹	22	7.1%	4	1.9%
Lack of healthcare education	Not asked		4	1.9%
Lack of dental care ¹⁰	17	5.5%	3	1.5%
Recreation related accidents/injuries	Not asked		1	0.5%
Suicide	Not asked		0	0
Other	10	3.2%	8	3.9%

¹In 2013, respondents were more likely to identify overweight/obesity as a serious health concern than in 2009; (2009: 21.6%, 2013: 31.6%)

²In 2013, significantly fewer respondents cited heart disease than in 2009 (2009: 28.1%, 2013: 19.9%)

³Significantly fewer respondents felt that diabetes is a serious health concern in 2013 than in 2009 (2009: 27.7%, 2013: 18.9%)

⁴Respondents in 2013 were more likely to feel that lack of access to healthcare is a serious health concern than in 2009 (2009: 7.4%, 2013: 14.6%)

⁵In 2013, significant more respondents cited mental health issues than in 2009 (2009: 6.1%, 2013: 11.2%)

⁶In 2013, significantly fewer respondents cited underage alcohol use than in 2009 (2009: 23.9%, 2013: 9.7%)

Question 2 Continued...

⁷Significantly more respondents cited child abuse/neglect as a serious health concern in 2013 than in 2009 (2009: 4.8%, 2013: 9.2%)

⁸Significantly fewer respondents cited motor vehicle accidents as a serious health concern in 2013 than in 2009; (2009: 9.4%, 2013: 2.9%)

⁹Stroke was noted significantly less often in 2013 than in 2009; (2009: 7.1%, 2013: 1.9%)

¹⁰In 2013, significantly fewer respondents cited lack of dental care than in 2009 (2009: 5.5%, 2013: 1.5%)

“Other” comments:

- Can't afford healthcare
- Aging-related issues
- Healthcare providers
- Geriatric care
- There is only one MD on staff
- Lack of exercise

Components of a Healthy Community (Question 3)

2013 N= 206

2009 N= 310

Respondents were asked to identify the three most important things for a healthy community. Fifty-five percent of respondents (n=113) indicated that “Access to healthcare and other services” is important for a healthy community. “Good jobs and a healthy economy” was the second most indicated component at 38.8% (n=80) and third was “Healthy behaviors and lifestyles” at 28.2% (n=58). Respondents were asked to identify their top three choices, thus the percentages do not add up to 100%.

Important Component	2009		2013	
	Count	Percent	Count	Percent
Access to healthcare and other services ¹	206	66.5%	113	54.9%
Good jobs and a healthy economy	128	41.3%	80	38.8%
Healthy behaviors and lifestyles	80	25.8%	58	28.2%
Religious or spiritual values	71	22.9%	57	27.7%
Good schools	96	31.0%	56	27.2%
Strong family life	85	27.4%	56	27.2%
High quality healthcare services	Not asked		47	22.8%
Clean environment ²	60	19.4%	25	12.1%
Low crime/safe neighborhoods ³	83	26.8%	25	12.1%
Community involvement	34	11.0%	21	10.2%
Affordable housing ⁴	50	16.1%	20	9.7%
Improved hospital & patient communication	Not asked		19	9.2%
Immunized children	Not asked		13	6.3%
Low level of domestic violence	4	1.3%	8	3.9%
Arts and cultural events	3	1.0%	6	2.9%
Low death and disease rates	9	2.9%	6	2.9%
Parks and recreation	4	1.3%	4	1.9%
Tolerance for diversity	10	3.2%	4	1.9%
Other	6	1.9%	6	2.9%

¹Significantly fewer respondents felt access to healthcare and other services is an important component of a healthy community in 2013 than in 2009 (2009: 66.5%, 2013: 54.9%)

²In 2013, significantly fewer people thought a clean environment was an important component than in 2009 (2009: 19.4%, 2013: 12.1%)

³Significantly fewer respondents cited low crime/safe neighborhoods in 2013 than in 2009 (2009: 26.8%, 2013: 12.1%)

⁴Affordable housing was indicated significantly less often in 2013 than in 2009 (2009: 16.1%, 2013: 9.7%)

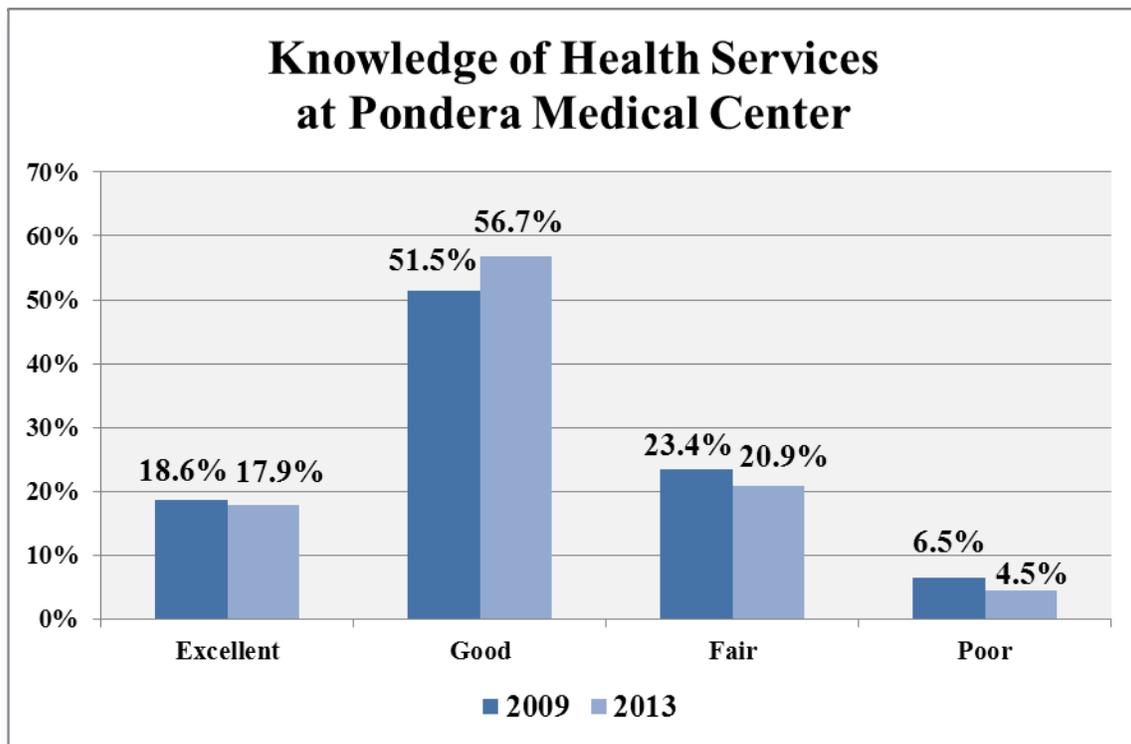
- “Other” comments:
- Exercise
 - Affordable food and nutrition classes
 - People who work for a living instead of relying on welfare
 - More transportation services for those who are immobile or don’t drive
 - More flexibility of hours
 - An active community that participates in local activities and exercises
 - Affordable healthcare

Overall Awareness of Health Services (Question 4)

2013 N= 201

2009 N= 291

Respondents were asked to rate their knowledge of the health services available at Pondera Medical Center. Fifty-seven percent (n=114) of respondents rated their knowledge of health services as “Good.” Twenty-one percent (n=42) rated their knowledge as “Fair” and 17.9% of respondents (n=36) rated their knowledge as “Excellent.” Five respondents chose not to answer this question.



How Respondents Learn of Healthcare Services (Question 5)

2013 N= 206

2009 N= 310

The most selected method of learning about available services was “Friends/family” at 68.9% (n=142). “Word of mouth/reputation” was the second most selected response at 61.7% (n=127), while “Healthcare provider” and “Newspaper” were both reported at 42.2% (n=87). Respondents could select more than one method so percentages do not equal 100%.

Method	2009		2013	
	Count	Percent	Count	Percent
Friends/family	Not asked		142	68.9%
Word of mouth/reputation	201	64.8%	127	61.7%
Healthcare provider	141	45.5%	87	42.2%
Newspaper	122	39.4%	87	42.2%
Radio ¹	22	7.1%	55	26.7%
Mailings/newsletter	61	19.7%	35	17.0%
Public health	Not asked		17	8.3%
Television ²	6	1.9%	14	6.8%
Website/internet ³	5	1.6%	10	4.9%
Senior center	Not asked		9	4.4%
Presentations	6	1.9%	6	2.9%
Other	25	8.1%	14	6.8%

¹Significantly more 2013 respondents learn of community health services via the radio than in 2009 (2009: 7.1%, 2013: 26.7%)

²Television was cited by significantly more respondents in 2013 than in 2009 (2009: 1.6%, 2013: 6.8%)

³Website/internet was noted significantly more often in 2013 than in 2009 (2009: 1.6%, 2013: 4.9%)

“Other” comments:

- Need
- Health fair (2)
- Worked there (3)
- It’s Conrad since 1975
- Can’t read
- Work
- Use of services
- Phone book
- Work there (2)
- Church bulletin
- When needed
- Only thing available
- Attended some services
- Do my homework

Cross Tabulation of Service Knowledge and Learning about Services

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

KNOWLEDGE RATING OF PONDERA MEDICAL CENTER SERVICES BY HOW RESPONDENTS LEARN ABOUT HEALTHCARE SERVICES

	Excellent	Good	Fair	Poor	Total
Healthcare provider	13 (15.1%)	57 (66.3%)	12 (14%)	4 (4.7%)	86
Radio	8 (15.1%)	28 (52.8%)	16 (30.2%)	1 (1.9%)	53
Word of mouth/reputation	19 (15.2%)	77 (61.6%)	25 (20%)	4 (3.2%)	125
Television	2 (14.3%)	9 (64.3%)	3 (21.4%)		14
Newspaper	18 (21.4%)	48 (57.1%)	15 (17.9%)	3 (3.6%)	84
Presentations	1 (20%)	3 (60%)		1 (20%)	5
Mailings/newsletter	4 (12.1%)	21 (63.6%)	6 (18.2%)	2 (6.1%)	33
Website/internet	2 (20%)	7 (70%)	1 (10%)		10
Public health	4 (23.5%)	10 (58.8%)	2 (11.8%)	1 (5.9%)	17
Senior center	1 (11.1%)	6 (66.7%)	1 (11.1%)	1 (11.1%)	9
Friends/family	17 (12.1%)	85 (60.7%)	32 (22.9%)	6 (4.3%)	140
Other	2 (14.3%)	9 (64.3%)	2 (14.3%)	1 (7.1%)	14

Other Community Health Resources Utilized (Question 6)

2013 N= 206

2009 N= 310

Respondents were asked which community health resources, other than the hospital or clinic, they had used in the last three years. “Pharmacy” was the most frequently utilized community health resource cited by 83% of respondents (n=171). “Eye doctor” was also a highly utilized resource at 58.7% (n=121) followed by “Dentist” at 48.5% (n=100). Respondents could select more than one resource so percentages do not equal 100%.

Resource	2009		2013	
	Count	Percent	Count	Percent
Pharmacy	238	76.8%	171	83.0%
Eye doctor	Not asked		121	58.7%
Dentist	160	51.6%	100	48.5%
Chiropractor	Not asked		68	33.0%
Public health	47	15.2%	45	21.8%
Senior Center	37	11.9%	35	17.0%
Health club ¹	63	20.3%	26	12.6%
Cancer screening programs	Not asked		24	11.7%
Alternative medicine	Not asked		18	8.7%
Food stamps/WIC	Not asked		15	7.3%
Home health	Not asked		11	5.3%
Long term care/nursing home	Not asked		10	4.9%
Assisted living	Not asked		9	4.4%
Mental health	10	3.2%	7	3.4%
Other	15	4.8%	9	4.4%

¹Significantly fewer respondents have used a health club in 2013 than in 2009 (2009: 20.3%, 2013: 12.6%)

“Other” comments:

- Wound care
- Vein care
- Cardiac
- Life line screening
- RA [Rheumatoid Arthritis] doctor in Great Falls
- Benefis, Great Falls
- VA [Veteran’s Affairs]
- Meals on Wheels
- Assisted living – I still live in Blue Sky Villa

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

2013 N= 206

2009 N= 310

Respondents were asked to indicate what they felt would improve their community's access to healthcare. Sixty-seven percent of respondents (n=138) reported that "More primary care providers" would make the greatest improvement. Thirty-one percent of respondents (n=63) indicated they would like to see "Improved quality of care" and 29.6% (n=61) indicated "Outpatient services expanded hours" would improve access to care. Respondents could select more than one method so percentages do not equal 100%.

Improvement	2009		2013	
	Count	Percent	Count	Percent
More primary care providers ¹	139	44.8%	138	67.0%
Improved quality of care ²	48	15.5%	63	30.6%
Outpatient services expanded hours ³	56	18.1%	61	29.6%
More specialists	75	24.2%	55	26.7%
Greater health education services ⁴	50	16.1%	51	24.8%
Transportation assistance	25	8.1%	20	9.7%
Cultural sensitivity	Not asked		10	4.9%
Telemedicine	7	2.3%	9	4.4%
Interpreter services	Not asked		3	1.5%
Other	40	12.9%	18	8.7%

¹Significantly more respondents cited a need for more primary care providers in 2013 than in 2009 (2009: 44.8%, 2013: 67.0%)

²Significantly more people indicated a need for improved quality of care in 2013 than in 2009 (2009: 15.5%, 2013: 30.6%)

³Significantly more respondents would like outpatient services to expand hours in 2013 than 2009 (2009: 18.1%, 2013: 29.6%)

⁴In 2013, significantly more respondents cited greater health education services as a needed community improvement to healthcare than in 2009 (2009: 16.1%, 2013: 24.8%)

"Other" comments:

- Better providers and specialists
- The phone answering service
- Personal responses to phone calls
- Get rid of the upper management; a lot of people are quitting because of them
- More affordable healthcare
- Hospital board that actually cares
- Education on available services
- Repeal ObamaCare
- Billing
- Better relationship between staff, administration, and the board
- Personal responsibility
- Better insurance
- No double-billing
- Better hospital board
- New phone system is terrible – You are going to lose a lot of clients with the way it is now. Take a survey of it and you will see a lot of upset people

Interest in Educational Classes/Programs (Question 8)

2013 N= 206

Respondents were asked if they would be interested in any educational classes/programs if offered locally. The most highly indicated class/program indicated was “Fitness” at 33% (n=68). “Health and wellness” and “Weight loss” were each selected by 27.7% of respondents (n=57) then “Health insurance/Affordable Care Act” followed at 24.8% (n=51). Respondents could select more than one method so percentages do not equal 100%.

Class/Program	2013	
	Count	Percent
Fitness	68	33.0%
Health and wellness	57	27.7%
Weight loss	57	27.7%
Health insurance/Affordable Care Act	51	24.8%
Women’s health	47	22.8%
Nutrition	44	21.4%
First aid/CPR	40	19.4%
Living will	40	19.4%
Cancer	38	18.4%
Diabetes	33	16.0%
Alzheimer’s	27	13.1%
Men’s health	20	9.7%
Support groups	20	9.7%
Heart disease	18	8.7%
Mental health	17	8.3%
Grief counseling	16	7.8%
Parenting	13	6.3%
Smoking cessation	9	4.4%
Birthing classes	7	3.4%
Prenatal	2	1.0%
Other	7	3.4%

“Other” comments:

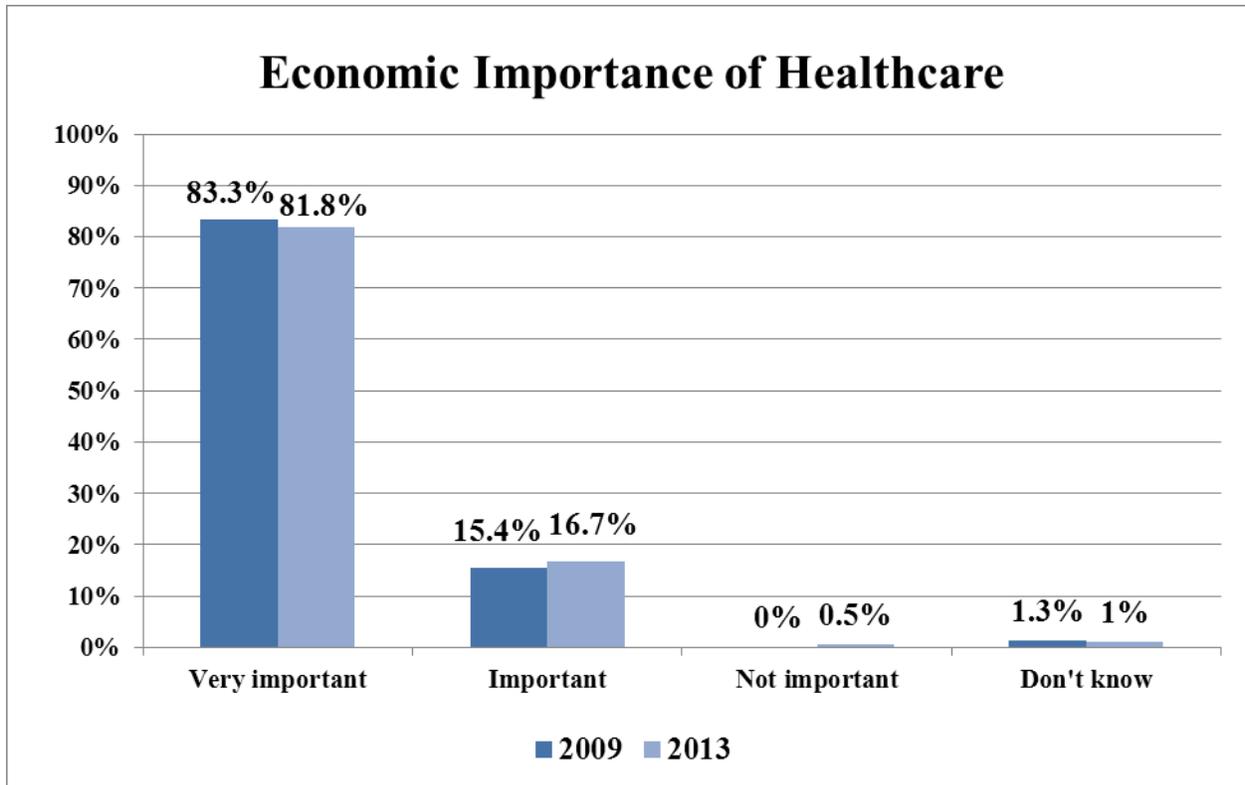
- Any of these options would be good information for the general public
- Abuse
- All
- None – they wouldn’t remain confidential
- Better notification and times of classes
- Seizures
- Being a caretaker
- I’m 94 and well-advised of community services
- Parkinson’s disease

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

2013 N= 203

2009 N= 299

The majority of respondents (81.8%, n=166) indicated that local healthcare providers and services (i.e.: hospitals, clinics, nursing homes, assisted living, etc.) are “Very important” to the economic well-being of the area. Seventeen percent of respondents (n=34) indicated they are “Important” and one respondent, or 0.5% indicated that they are “Not important.”

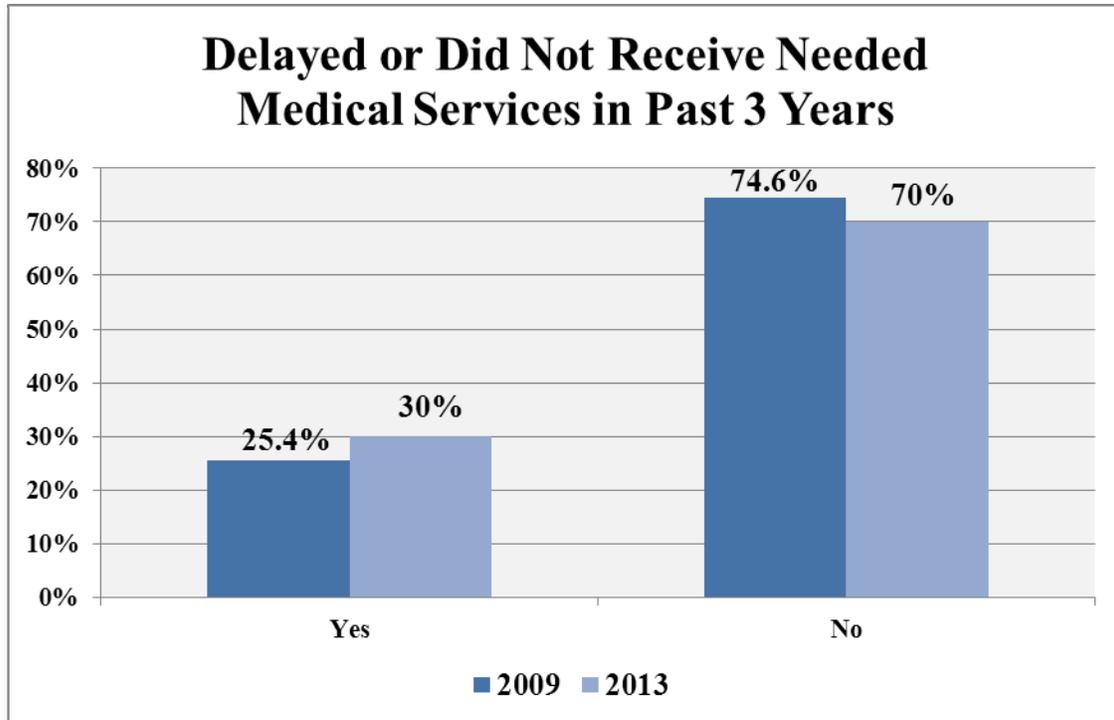


Needed/Delayed Hospital Care During the Past Three Years (Question 10)

2013 N= 190

2009 N= 291

Thirty percent of respondents (n=57) reported that they or a member of their household thought they needed healthcare services but did not get it or had to delay getting it. Seventy percent of respondents (n=133) felt they were able to get the healthcare services they needed without delay and sixteen respondents chose not to answer this question.



Reasons for NOT Being Able to Receive Services or Delay in Receiving Healthcare Services (Question 11)

2013 N= 57

2009 N= 74

For those who indicated they were unable to receive or had to delay services (n=57), the reasons most cited were: “Too long to wait for an appointment” (45.6%, n=26), “It costs too much” (38.6%, n=22), and “Could not get an appointment” (35.1%, n=20). Respondents were asked to indicate their top three choices, thus percentages do not total 100%.

Reason	2009		2013	
	Count	Percent	Count	Percent
Too long to wait for an appointment ¹	16	21.6%	26	45.6%
It costs too much	40	54.1%	22	38.6%
Could not get an appointment	26	35.1%	20	35.1%
Office wasn't open when I could go	7	9.5%	12	21.1%
No insurance	20	27.0%	12	21.1%
My insurance didn't cover it	11	14.9%	9	15.8%
Could not get off work	5	6.8%	7	12.3%
Don't like doctors	8	10.8%	6	10.5%
Unsure if services were available	2	2.7%	5	8.8%
It was too far to go	2	2.7%	4	7.0%
Not treated with respect	4	5.4%	4	7.0%
Transportation problems	1	1.4%	4	7.0%
Didn't know where to go	5	6.8%	2	3.5%
Too nervous or afraid	4	5.4%	2	3.5%
Had no one to care for the children	1	1.4%	1	1.8%
Language barrier	0	0	0	0
Other	17	23.0%	8	14.0%

¹In 2013, respondents were significantly more likely to delay receiving healthcare because it was too long to wait for an appointment than in 2009 (2009: 21.6%, 2013: 45.6%)

“Other” comments:

- Unnecessary creation of superbugs due to overwritten prescriptions
- Service was not offered here
- Too full
- I was treated so poorly by the billing office
- PA [Physician Assistant] required to send me to a specialist
- Our machines are outdated and don't work properly
- Poor and delayed care in the ER – ended up going by ambulance to Great Falls
- Stoic personality
- Appointments not on schedule
- VA healthcare

Utilization of Preventative Services (Question 12)

2013 N= 206

2009 N= 310

Respondents were asked if they had utilized any of the preventative services listed in the past year. “Eye check” was selected by 51.5% of respondents (n=106). Forty-one percent of respondents (n=84) indicated they received a “Routine health checkup” and 39.3% of respondents (n=81) had a “Cholesterol check.” Respondents could check all that apply, thus the percentages do not equal 100%.

Service	2009		2013	
	Count	Percent	Count	Percent
Eye check	Not Asked		106	51.5%
Routine health checkup	Not Asked		84	40.8%
Cholesterol check	143	46.1%	81	39.3%
Mammography ¹	124	40.0%	59	28.6%
Pap smear	Not Asked		47	22.8%
Health fair	Not Asked		41	19.9%
Prostate (PSA)	73	23.5%	37	18.0%
None ²	58	18.7%	25	12.1%
Colonoscopy	37	11.9%	24	11.7%
Bone density scan	Not Asked		22	10.7%
Children’s checkup/Well baby	Not Asked		15	7.3%
Other	30	9.7%	7	3.4%

¹Significantly fewer respondents utilized mammography in 2013 than in 2009 (2009: 40%, 2013: 28.6%)

²In 2013, significantly fewer respondents indicated that they did not use any preventative services than in 2009 (2009: 18.7%, 2013: 12.1%)

“Other” comments:

- Pre-surgery exam
- RA [Rheumatoid Arthritis] Doctor
- Birthday labs (2)
- Blood labs
- Shots
- Chiropractor (2)
- In Great Falls

Desired Local Healthcare Services (Question 13)

2013 N= 206

2009 N= 310

Respondents were asked to indicate which healthcare professionals or services presently not available would they use if available locally. Respondents indicated the most interest in having “Dermatology” services available at 20.4% (n=42) followed by “Ask a Nurse” at 18.4% (n=38), then “Pain management program” at 16% (n=33). Respondents were asked to check all that apply so percentages do not equal 100%.

Service	2009		2013	
	Count	Percent	Count	Percent
Dermatology	Not asked		42	20.4%
Ask a Nurse	Not asked		38	18.4%
Pain management program	68	21.9%	33	16.0%
ENT (ear/nose/throat)	Not asked		32	15.5%
Gynecology/obstetrics	Not asked		26	12.6%
MRI	Not asked		21	10.2%
Pediatrics	Not asked		16	7.8%
Orthopedics	Not asked		15	7.3%
Urology	Not asked		15	7.3%
Psychiatry	Not asked		10	4.9%
Chronic disease group visits	Not asked		7	3.4%
Oncology	Not asked		7	3.4%
Adult day care	12	3.9%	6	2.9%
Other	24	7.7%	6	2.9%

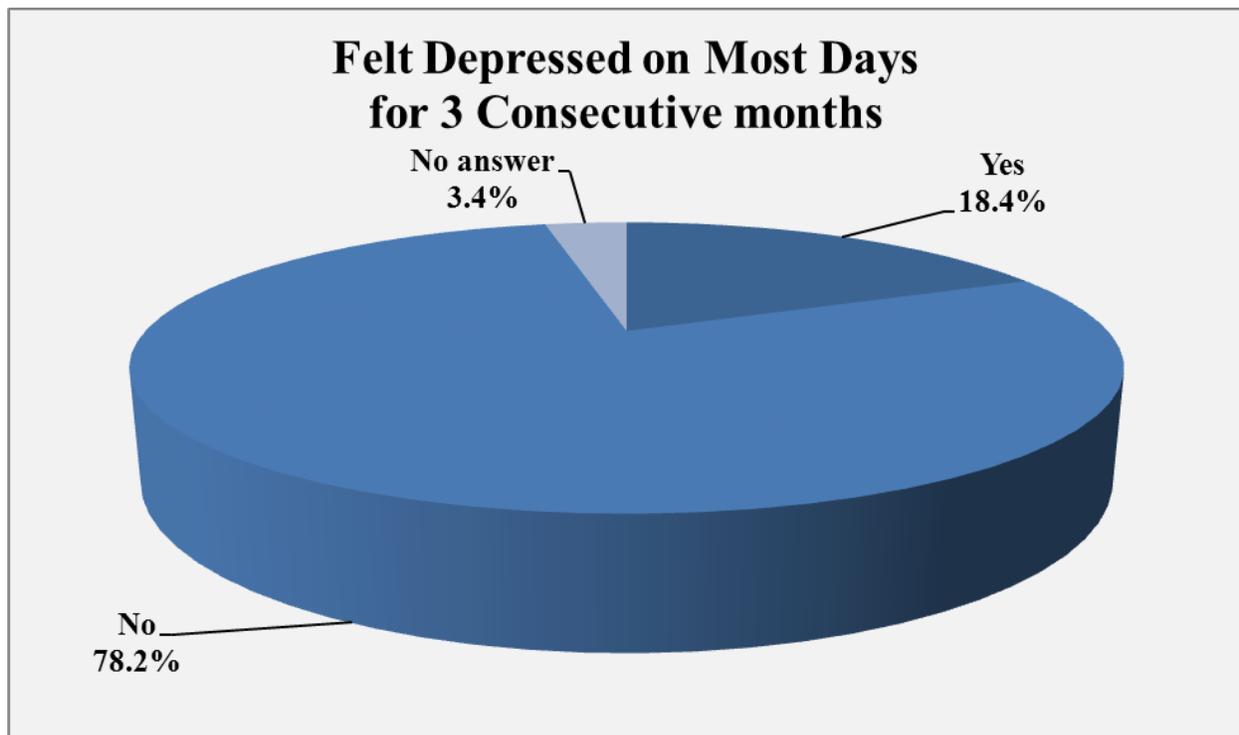
“Other” comments:

- Acupuncture
- Foot doctor
- Physical Therapy
- Rarely need medical services
- Neurology
- Currently satisfied with services
- Need a visiting rheumatologist

Prevalence of Depression (Question 14)

2013 N= 206

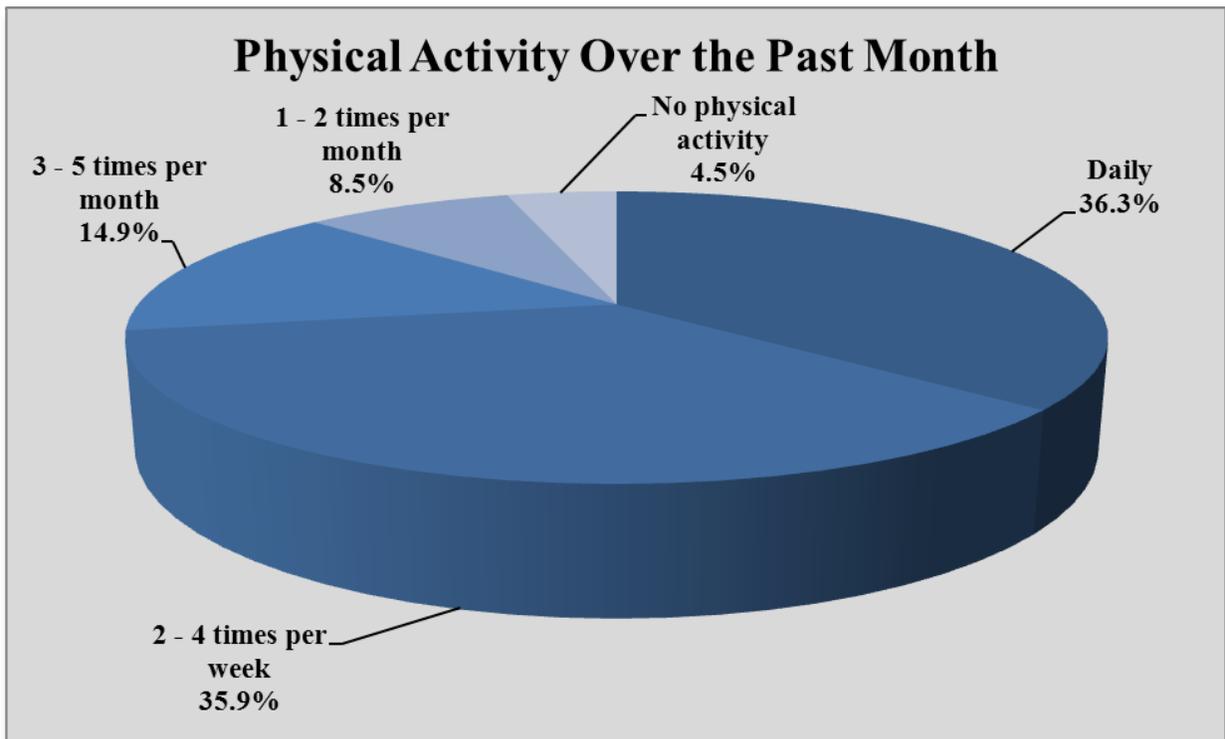
Respondents were asked to indicate if there were periods of at least three consecutive months in the past three years where they felt depressed on most days, although they may have felt okay sometimes. Eighteen percent of respondents (n=38) indicated they had experienced periods of feeling depressed and 78.2% of respondents (n=161) indicated they had not. Three percent of respondents (n=7) chose not to answer this question.



Physical Activity (Question 15)

2013 N= 201

Respondents were asked to indicate how frequently they had physical activity for at least twenty minutes over the past month. Thirty-six percent of respondents (n=73) indicated they had physical activity of at least twenty minutes “Daily” over the past month and 35.9% (n=72) indicated they had physical activity “2-4 times per week.” Fifteen percent of respondents (n=30) indicated they had physical activity “3-5 times per month” and five respondents chose not to answer this question.

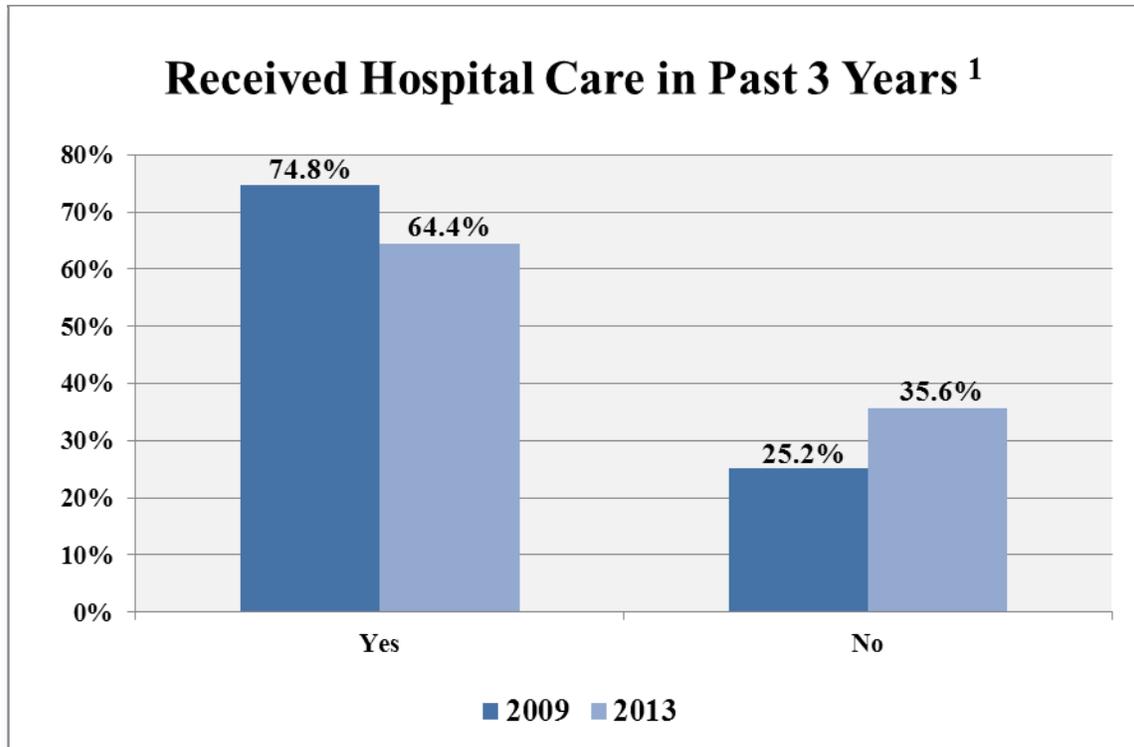


Hospital Care Received in the Past Three Years (Question 16)

2013 N= 202

2009 N= 298

Sixty-four percent of respondents (n=130) reported that they or a member of their family had received hospital care during the previous three years. Thirty-six percent (n=72) had not received hospital services and four respondents chose not to answer this question.



¹ 2013 respondents were less likely to have been hospitalized in the past three years (2009: 74.8%, 2013: 64.4%)

Hospital Used Most in the Past Three Years (Question 17)

2013 N= 113

2009 N= 209

Of the 130 respondents who indicated receiving hospital care in the previous three years, 46% (n=52) reported receiving care at Pondera Medical Center in Conrad. Thirty-nine percent of respondents (n=44) went to Benefis in Great Falls and 5.3% of respondents (n=6) utilized services at Kalispell Regional Medical Center. Seventeen of the 130 respondents who reported they had been to a hospital in the past three years did not indicate which hospital they had utilized.

Hospital	2009		2013	
	Count	Percent	Count	Percent
Pondera Medical Center (Conrad)	120	57.4%	52	46.0%
Benefis (Great Falls)	59	28.2%	44	38.9%
Kalispell Regional Medical Center (Kalispell)	4	1.9%	6	5.3%
Marias Medical Center (Shelby)	11	5.3%	5	4.4%
Teton Medical Center (Choteau)	1	0.5%	1	1.0%
Other*	14	6.7%	5	4.4%
TOTAL	209	100%	113	100%

*The 2009 value reflects 'Other' and 'Cut Bank' responses from 2009. Cut Bank was not included as an option in 2013.

“Other” comments:

- VA in Salt Lake City, UT
- Great Falls surgery center
- IHS [Indian Health Services] Browning
- Benefis
- Great Falls Clinic
- St. Patrick's
- Fort Harrison VA (2)

Reasons for Selecting the Hospital Used (Question 18)

2013 N= 130

2009 N= 223

Of the 130 respondents who had a personal or family experience at a hospital within the past three years, the primary reason given for selecting the facility used most often was “Closest to home” at 56.2% (n=73). “Prior experience with hospital” was selected by 46.9% of the respondents (n=61) and 38.5% (n=50) selected “Referred by physician.” Note that respondents were asked to select the top three answers which influenced their choices; therefore the percentages do not equal 100%.

Reason	2009		2013	
	Count	Percent	Count	Percent
Closest to home	146	65.5%	73	56.2%
Prior experience with hospital	111	49.8%	61	46.9%
Referred by physician	78	35.0%	50	38.5%
Emergency, no choice	82	36.8%	41	31.5%
Hospital’s reputation for quality	52	23.3%	32	24.6%
Recommended by family or friends	16	7.2%	10	7.7%
VA/Military requirement ¹	3	1.3%	7	5.4%
Closest to work ²	26	11.7%	6	4.6%
Required by insurance plan	3	1.3%	3	2.3%
Cost of care ³	14	6.3%	2	1.5%
Other	21	9.4%	11	8.5%

¹Significantly more respondents selected a hospital because of a VA or military requirement in 2013 than 2009 (2009: 1.3%, 2013: 5.4%)

²Significantly fewer respondents chose a hospital because it was close to their place of employment in 2013 than 2009 (2009: 11.7%, 2013: 4.6%)

³In 2013, respondents were less likely to cite cost of care than in 2009 (2009: 6.3%, 2013: 1.5%)

“Other” comments:

- Surgeon in Kalispell
- Wanted to support local
- Prior experience with doctor
- OB [obstetrics] delivered there
- Primary doctor there (2)
- Close to doctor
- Specialist there
- Transferred there
- Surgeon
- Spouse discount
- History of problem providers at Pondera Medical Center (PMC)

Cross Tabulation of Hospital and Residence

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

LOCATION OF MOST OFTEN UTILIZED HOSPITAL BY RESIDENCE

	Pondera Medical Center (Conrad)	Benefis (Great Falls)	Kalispell Regional Medical Center (Kalispell)	Marias Medical Center (Shelby)	Teton Medical Center (Choteau)	Other	Total
Conrad 59425	45 (50.6%)	33 (37.1%)	2 (2.2%)	3 (4.3%)	1 (1.1%)	5 (5.6%)	89
Brady 59416		3 (60%)	2 (40%)				5
Heart Butte 59448	1 (50%)	1 (50%)					2
Valier 59486	3 (23.1%)	6 (46.2%)	2 (15.4%)	2 (15.4%)			13
Ledger 59456	1 (100%)						1
TOTAL	50 (45.5%)	43 (39.1%)	6 (5.5%)	5 (4.5%)	1 (0.9%)	5 (4.5%)	110 (100%)

Cross Tabulation of Hospital and Reason Selected

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

LOCATION OF MOST UTILIZED HOSPITAL BY REASONS HOSPITAL SELECTED

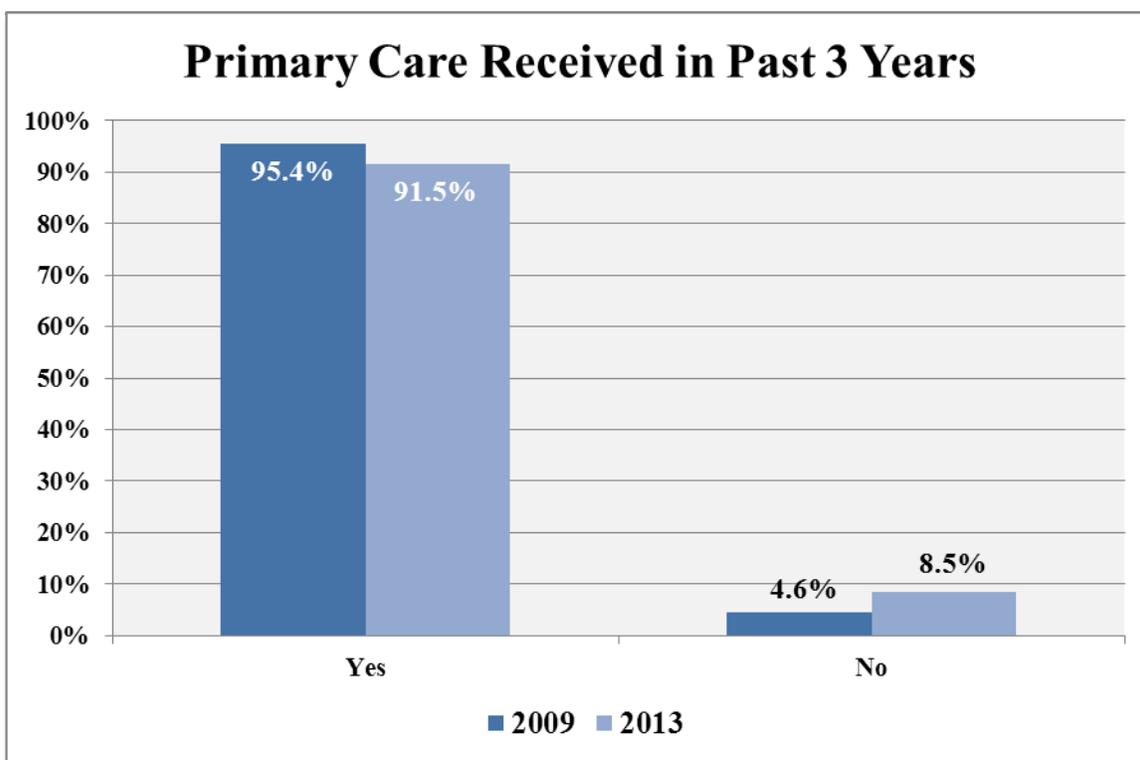
	Pondera Medical Center (Conrad)	Benefis (Great Falls)	Kalispell Regional Medical Center (Kalispell)	Marias Medical Center (Shelby)	Teton Medical Center (Choteau)	Other	Total
Cost of care						1 (100%)	1
Closest to home	48 (76.2%)	14 (22.2%)		1 (1.6%)			63
Closest to work	3 (50%)	2 (33.3%)			1 (16.7%)		6
Emergency, no choice	24 (63.2%)	11 (28.9%)	1 (2.6%)	2 (5.3%)			38
Hospital's reputation for quality	5 (19.2%)	14 (53.8%)	5 (19.2%)	1 (3.8%)		1 (3.8%)	26
Prior experience with hospital	28 (52.8%)	18 (34%)	2 (3.8%)	4 (7.5%)	1 (1.9%)		53
Recommended by family or friends		4 (44.4%)	3 (33.3%)	2 (22.2%)			9
Referred by physician	11 (24.4%)	28 (62.2%)	3 (6.7%)	1 (2.2%)		2 (4.4%)	45
Required by insurance plan	2 (66.7%)	1 (33.3%)					3
VA/Military requirement	1 (16.7%)	1 (16.7%)	1 (16.7%)			3 (50%)	6
Other	1 (10%)	5 (50%)	1 (10%)	1 (10%)		2 (20%)	10

Primary Care Received in the Past Three Years (Question 19)

2013 N= 199

2009 N= 205

Ninety-two percent of respondents (n=182) indicated that they or someone in their household had been seen by a primary care provider (such as a family physician, physician assistant, or nurse practitioner) for healthcare services in the past three years. Nine percent of respondents (n=17) had not seen a primary care provider and seven respondents chose not to answer this question.



Location of Primary Care Provider (Question 20)

2013 N= 170

2009 N= 238

Of the 182 respondents who indicated receiving primary care services in the previous three years, 75.3% (n=128) reported receiving care in Conrad. Seventeen percent of respondents (n=28) went to Great Falls and 4.7% of respondents (n=8) utilized primary care services in Shelby. Twelve of the 182 respondents who reported they had utilized primary care services in the past three years did not indicate where they received those services.

Location	2009		2013	
	Count	Percent	Count	Percent
Conrad ¹	166	69.7%	128	75.3%
Great Falls ²	51	21.4%	28	16.5%
Shelby	11	4.6%	8	4.7%
Kalispell	1	0.4%	0	0
Choteau	7	2.9%	0	0
Other*	2	1.0%	6	3.5%
TOTAL	238	100%	170	100%

¹Significantly more respondents visited a clinic in Conrad in 2013 than in 2009 (2009: 69.7%, 2013: 75.3%)

²Significantly fewer respondents visited a clinic in Great Falls in 2013 than in 2009 (2009: 21.4%, 2013: 16.5%)

*The 2009 value reflects 'Other' and 'Cut Bank' responses from 2009. Cut Bank was not included as an option in 2013.

“Other” comments:

- IHS Browning
- Missoula
- VA clinic
- Havre Clinic
- Fort Harrison VA
- Bozeman
- Valier clinic (5)

Reasons for Selection of Primary Care Provider (Question 21)

2013 N= 182

2009 N= 291

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” (59.3%, n=108) was the most frequently cited factor in primary care provider selection followed by “Prior experience with clinic” (50.5%, n=92) and “Appointment availability” (38.5%, n=70). Respondents were asked to check all that apply so the percentages do not equal 100%.

Reason	2009		2013	
	Count	Percent	Count	Percent
Closest to home	197	67.7%	108	59.3%
Prior experience with clinic	137	47.1%	92	50.5%
Appointment availability	112	38.5%	70	38.5%
Clinic’s reputation for quality ¹	78	26.8%	34	18.7%
Recommended by family or friends	71	24.4%	33	18.1%
Referred by physician or other provider	37	12.7%	22	12.1%
Length of waiting room time	36	12.4%	16	8.8%
VA/Military requirement	10	3.4%	9	4.9%
Required by insurance plan ²	3	1.0%	8	4.4%
Cost of care ³	20	6.9%	4	2.2%
Indian Health Services	Not Asked		2	1.1%
Other	44	15.1%	23	12.6%

¹Significantly fewer people selected their current primary provider because of the clinic's reputation for quality in 2013 than in 2009 (2009: 26.8%, 2013: 18.7%)

²In 2013, significantly more respondents cited an insurance plan requirement than in 2009 (2009: 1.0%, 2013: 4.4%)

³Cost of care was cited significantly less often in 2013 than in 2009 (2009: 6.9%, 2013: 2.2%)

- “Other” comments:
- Spouse discount
 - Trust
 - Check-in process is streamlined – no hassle
 - Better care
 - Needed immediate attention to get stitches
 - Dr. Barron/PA Aarons
 - Wanted to support local
 - Providers left
 - Continued excellent services
 - She was in the emergency room when I was there and when Barron left I requested her
 - We have the same name and she is great
 - Wound care
 - Has been my family doctor for years
 - Best provider around is Dr. Taylor
 - Quality of doctor (2)
 - Confidentiality
 - Lived in Great Falls when started care
 - I like the doctor
 - No doctor available
 - She’s a caring doctor
 - Only female
 - Provider
 - Trusted family friend and physician
 - Closer to work (2)

Cross Tabulation of Primary Care and Residence

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

LOCATION OF PRIMARY CARE PROVIDER MOST UTILIZED BY RESIDENCE

	Conrad	Shelby	Great Falls	Kalispell	Choteau	Other	Total
Conrad 59456	108 (79.4%)	6 (4.4%)	21 (15.4%)			1 (0.7%)	136
Brady 59416	4 (50%)		4 (50%)				8
Heart Butte 59448	1 (100%)						1
Valier 59486	12 (57.1%)	2 (9.5%)	2 (9.5%)			5 (23.8%)	21
Ledger 59456			1 (100%)				1
TOTAL	125 (74.9%)	8 (4.8%)	28 (16.8%)	0	0	6 (3.6%)	167

Cross Tabulation of Clinic and Reason Selected

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

LOCATION OF PRIMARY CARE PROVIDER BY REASONS CLINIC SELECTED

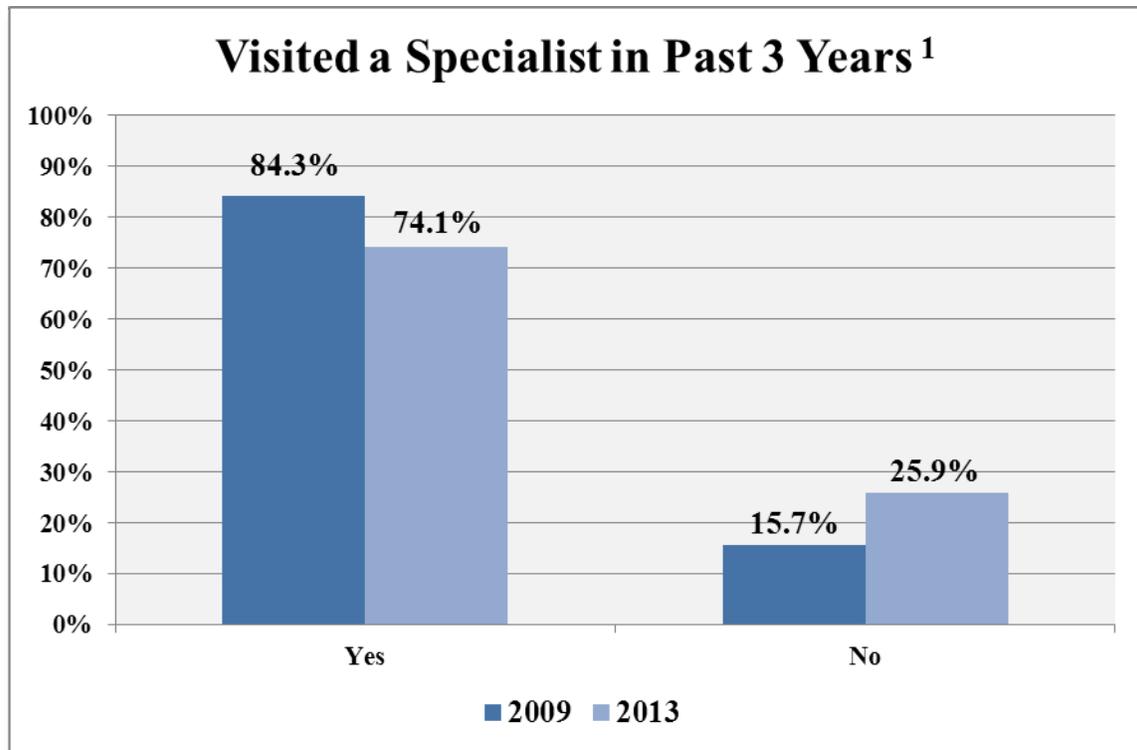
	Conrad	Shelby	Great Falls	Kalispell	Choteau	Other	Total
Appointment availability	55 (82.1%)	2 (3%)	7 (10.4%)			3 (4.5%)	67
Clinic's reputation for quality	20 (64.5%)	2 (6.5%)	9 (29%)				31
Closest to home	94 (94%)	2 (2%)	1 (1%)			3 (3%)	100
Cost of care	1 (50%)		1 (50%)				2
Length of waiting room time	11 (73.3%)	1 (6.7%)	3 (20%)				15
Prior experience with clinic	62 (73.8%)	4 (4.8%)	16 (19%)			2 (2.4%)	84
Recommended by family or friends	22 (71%)	2 (6.5%)	5 (16.1%)			2 (6.5%)	31
Referred by physician or other provider	11 (64.7%)		6 (35.3%)				17
Required by insurance plan	4 (57.1%)		2 (28.6%)			1 (14.3%)	7
VA/Military requirement	3 (42.9%)		3 (42.9%)			1 (14.3%)	7
Indian Health Service			1 (100%)				1
Other	12 (52.2%)	2 (8.7%)	7 (30.4%)			2 (8.7%)	23

Use of Healthcare Specialists during the Past Three Years (Question 22)

2013 N= 197

2009 N= 281

Seventy-four percent of respondents (n=146) indicated they or a household member had seen a healthcare specialist during the past three years. Twenty-six percent (n=51) indicated they had not seen a specialist and nine respondents chose not to answer this question.



¹In 2013, significantly fewer respondents saw a specialist in the past three years than in 2009 (2009; 84.3%, 2013: 74.1%)

Location of Healthcare Specialist (Question 23)

2013 N= 146

2009 N= 237

Of the 146 respondents who indicated they saw a healthcare specialist in the past three years, 78.8% (n=115) saw one in Great Falls. Conrad was utilized by 32.2% of respondents (n=47) for specialty care and Kalispell was reported by 15.8% of respondents (n=23). Respondents could select more than one location; therefore percentages do not equal 100%.

Location	2009		2013	
	Count	Percent	Count	Percent
Great Falls	199	84.0%	115	78.8%
Conrad	100	42.2%	47	32.2%
Kalispell ¹	17	7.2%	23	15.8%
Shelby	Not Asked		15	10.3%
Missoula ²	6	2.5%	10	6.8%
Other	33	13.9%	17	11.6%

¹Significantly more respondents saw a healthcare specialist in Kalispell in 2013 than in 2009 (2009: 7.2%, 2013: 15.8%)

²In 2013, significantly more respondents saw a healthcare specialist in Missoula than in 2009 (2009: 2.5%, 2013: 6.8%)

“Other” comments:

- Choteau (2)
- Out-of-state knee surgery
- Chester
- Havre
- VA in Fort Harrison (3)
- Great Falls Benefis
- VA
- Helena VA
- Salt Lake City, UT
- Seattle
- Butte
- Bend, OR
- Helena (3)
- Billings

Type of Healthcare Specialist Seen (Question 24)

2013 N= 146

2009 N= 237

The respondents (n=146) saw a wide array of healthcare specialists in the past three years. The most frequently indicated specialist was an “Orthopedic Surgeon” with 32.2% of respondents (n=47) having utilized their services. “Dentist” was the second most utilized specialist at 30.1% (n=44) and “Cardiologist” was third at 24% (n=35). Respondents were asked to choose all that apply so percentages do not equal 100%.

Healthcare Specialist	2009		2013	
	Count	Percent	Count	Percent
Orthopedic surgeon	59	24.9%	47	32.2%
Dentist ¹	140	59.1%	44	30.1%
Cardiologist	57	24.1%	35	24.0%
Chiropractor ²	72	30.4%	25	17.1%
Radiologist	50	21.1%	23	15.8%
Physical therapist	Not asked		23	15.8%
Urologist	Not asked		23	15.8%
OB/GYN ³	70	29.5%	22	15.1%
Ophthalmologist	Not asked		22	15.1%
Dermatologist	37	15.6%	21	14.4%
Oncologist	30	12.7%	21	14.4%
General surgeon	42	17.7%	20	13.7%
Neurologist ⁴	13	5.5%	17	11.6%
ENT (ear/nose/throat)	28	11.8%	14	9.6%
Endocrinologist	Not asked		11	7.5%
Gastroenterologist	Not asked		11	7.5%
Podiatrist ⁵	33	13.9%	9	6.2%
Pulmonologist	Not asked		9	6.2%
Pediatrician	12	5.1%	7	4.8%
Rheumatologist	9	3.8%	7	4.8%
Occupational therapist	Not asked		7	4.8%
Allergist	Not asked		6	4.1%
Dietician	6	2.5%	5	3.4%
Mental health counselor	5	2.1%	5	3.4%
Psychologist	5	2.1%	4	2.7%
Neurosurgeon	12	5.1%	3	2.1%
Psychiatrist (M.D.)	6	2.5%	2	1.4%
Social worker	4	1.7%	2	1.4%
Substance abuse counselor	1	0.4%	1	0.7%
Speech therapist	Not asked		1	0.7%
Geriatrician	Not asked		0	0
Other	51	21.5%	11	7.5%

Continued on next page...

Question 24 continued...

¹In 2013, significantly fewer people saw a dentist than in 2009 (2009: 59.1%, 2013: 30.1%)

²Significantly fewer respondents visited a chiropractor in 2013 than in 2009 (2009: 30.4%, 2013: 17.1%)

³Significantly fewer respondents saw an OB/GYN specialist in 2013 than in 2009 (2009: 29.5%, 2013: 15.1%)

⁴Respondents were significantly more likely to have seen a neurologist in 2013 than in 2009 (2009: 5.5%, 2013: 11.6%)

⁵Respondents saw a podiatrist significantly less often in 2013 than in 2009 (2009: 13.9%, 2013: 6.2%)

“Other” comments:

- Walk-in clinic doctor on duty
- Walk-in
- Urologist – and he was incompetent
- Thoracic surgeon
- Internal medicine
- Vascular surgeon
- Wound care
- Naturopath (2)

Overall Quality of Care at Pondera Medical Center (Question 25)

2013 N= 206

2009 N= 310

Respondents were asked to rate a variety of services and the overall care provided at Pondera Medical Center using the scale of 4=Excellent, 3=Good, 2=Fair, 1=Poor, and “Don’t know.” The sums of the average scores were then calculated with “Ambulance services” receiving the top average score of 3.6 out of 4.0. “Home health/hospice” and “Nursing home/extended care” both received scores of 3.4 out of 4.0. The total average score was 3.3, indicating the overall services of the hospital to be “Good.”

2013	Excellent (4)	Good (3)	Fair (2)	Poor (1)	Don't know	No Ans.	N	Avg
Ambulance services	68	31	2	3	86	16	206	3.6
Home health/hospice	25	18	4	0	131	28	206	3.4
Nursing home/extended care	30	28	3	2	112	31	206	3.4
Inpatient services	35	36	6	1	99	29	206	3.3
Laboratory	67	70	13	4	39	13	206	3.3
Rehabilitation services	22	36	4	1	115	28	206	3.3
Clinic services (physician visit)	66	73	25	7	21	14	206	3.2
Emergency room	49	76	13	5	47	16	206	3.2
Radiology	35	59	7	3	77	25	206	3.2
TOTAL	397	427	77	26				3.3

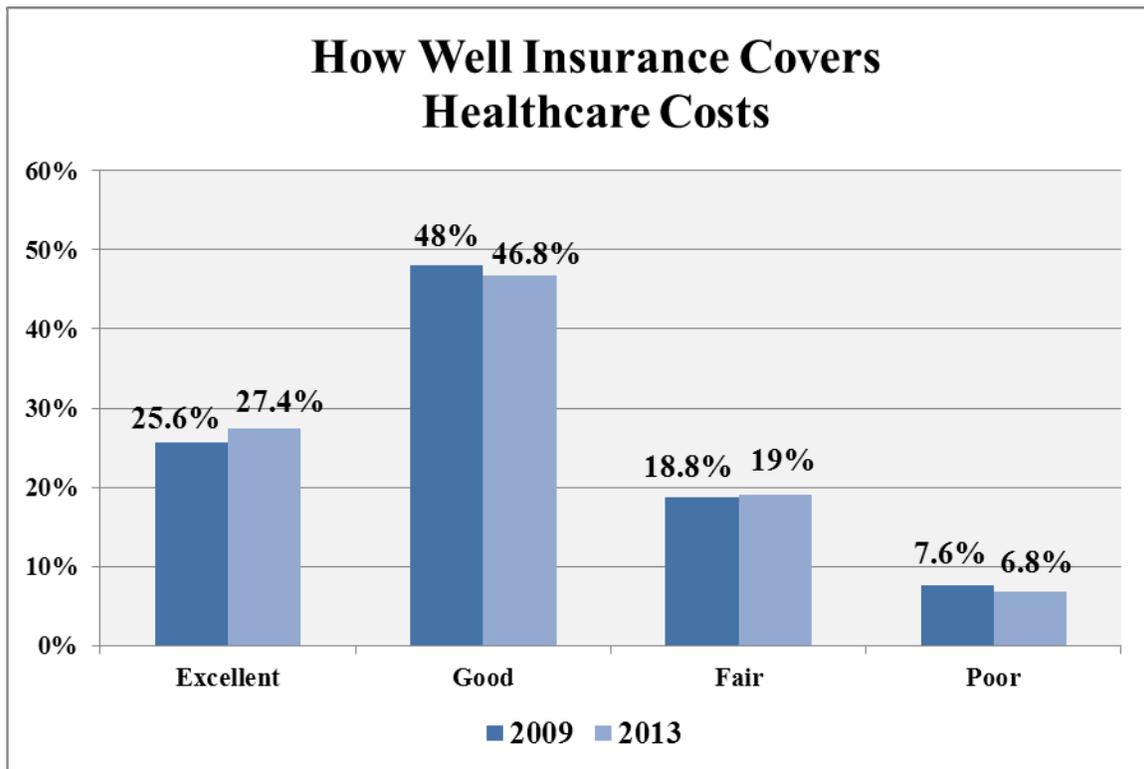
2009	Excellent (4)	Good (3)	Fair (2)	Poor (1)	DK/No Ans	N	Avg
Ambulance services	70	32	6	1	201	310	3.6
Laboratory	110	103	17	2	78	310	3.4
Emergency room	108	76	16	10	100	310	3.3
Home health/hospice	32	33	2	3	240	310	3.3
Radiology	57	55	17	4	177	310	3.2
Nursing home/extended care	33	39	12	5	221	310	3.1
TOTAL	410	338	70	25			3.3

Insurance and Healthcare Costs (Question 26)

2013 N= 190

2009 N= 277

Respondents were asked to indicate how well they felt their health insurance covers their healthcare costs. Forty-seven percent of respondents (n=89) indicated they felt their insurance covers a “Good” amount of their healthcare costs. Twenty-seven percent of respondents (n=52) indicated they felt their insurance is “Excellent” and 19% of respondents (n=36) indicated they felt their insurance coverage was “Fair.” Sixteen respondents chose not to answer to this question.



Medical Insurance (Question 27)

2013 N= 165

2009 N= 211

Respondents were asked to indicate what type of medical insurance covers the majority of their medical expenses. Thirty-five percent (n=57) indicated they have “Medicare” coverage. Thirty-two percent (n=53) indicated they have “Employer sponsored” coverage then “Private insurance/private plan” was indicated by 12.7% of respondents (n=21). Forty-one respondents chose not to answer this question.

Insurance Type	2009		2013	
	Count	Percent	Count	Percent
Medicare	56	26.5%	57	34.5%
Employer sponsored	47	22.3%	53	32.1%
Private insurance/private plan	Not Asked		21	12.7%
VA/Military	8	3.8%	8	4.9%
None/Pay out of pocket	11	5.2%	8	4.9%
Medicaid	0	0	7	4.2%
Health Savings Account	0	0	6	3.6%
Healthy MT Kids	Not Asked		3	1.9%
State/Other	4	1.9%	1	0.6%
Other	13	6.1%	1	0.6%
Agricultural Corp. Paid	Not Asked		0	0
Indian Health	1	0.5%	0	0
CHIPS	1	0.5%	Not Asked	
Self paid	4	1.9%	Not Asked	
High deductible plan	7	3.3%	Not Asked	
Blue Cross/Blue Shield	59	28.0%	Not Asked	
TOTAL	211	100%	165	100%

“Other” comments:

- BCBS [Blue Cross Blue Shield] (2)
- Checkbook
- Federal employee healthcare

Barriers to Having Health Insurance (Question 28)

2013 N= 8

2009 N= 11

Those respondents who indicated they did not have medical insurance were asked to indicate why they did not. Seventy-five percent (n=6) reported they did not have health insurance because they could not afford to pay for it and 37.5% (n=3) indicated “Employer does not offer insurance.” Respondents were asked to mark all answers that applied, thus the percentages do not equal 100%.

Reason	2009		2013	
	Count	Percent	Count	Percent
Cannot afford to pay for medical insurance	9	81.8%	6	75.0%
Employer does not offer insurance	3	27.3%	3	37.5%
Choose not to have medical insurance	1	9.1%	1	12.5%
Cannot get medical insurance due to medical issues	2	18.2%	0	0
Other	1	9.1%	0	0

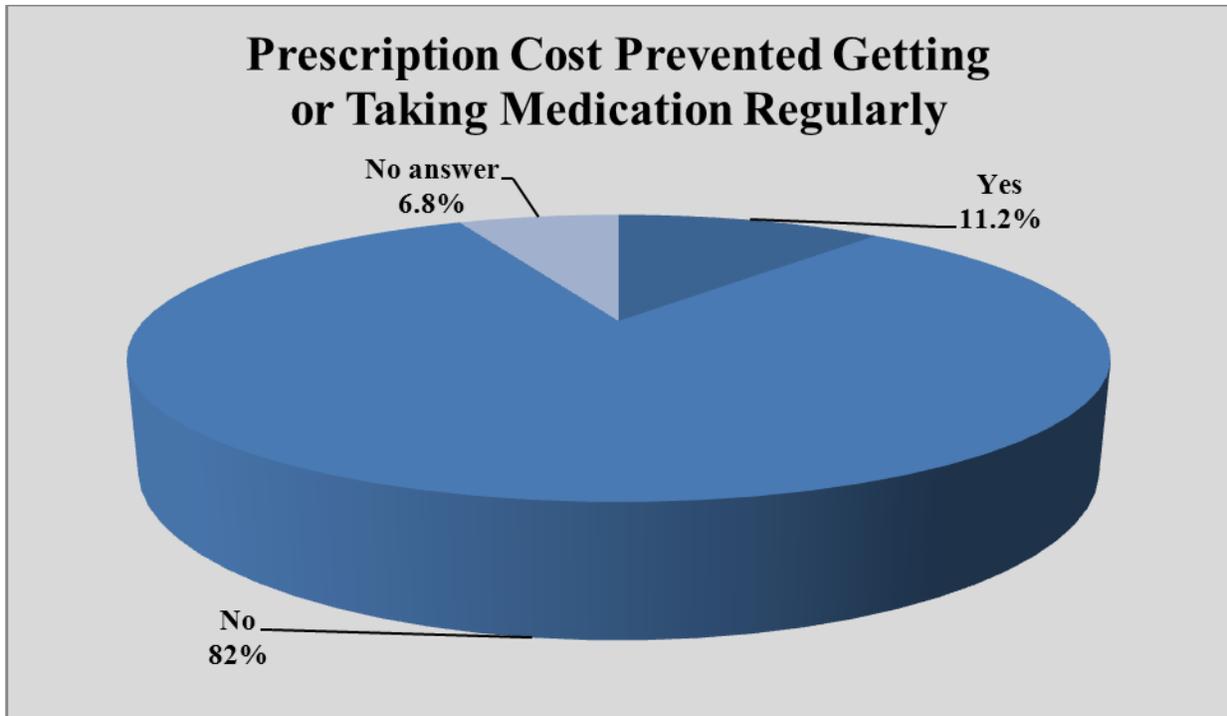
“Other” comments:

- I have it, but not worth it
- I have 100% VA
- Doctor telling me I can't work then telling me I can
- I have my own medical insurance
- Medicare

Cost and Prescription Medications (Question 29)

2013 N= 206

Respondents were asked to indicate if, during the last year, medication costs had prohibited them from getting a prescription or taking their medication regularly. Eleven percent of respondents (n=23) indicated that, in the last year, cost had prohibited them from getting a prescription or taking their medication regularly. Eighty-two percent of respondents (n=169) indicated that cost had not prohibited them, and 6.8% of respondents (n=14) chose not to answer this question.

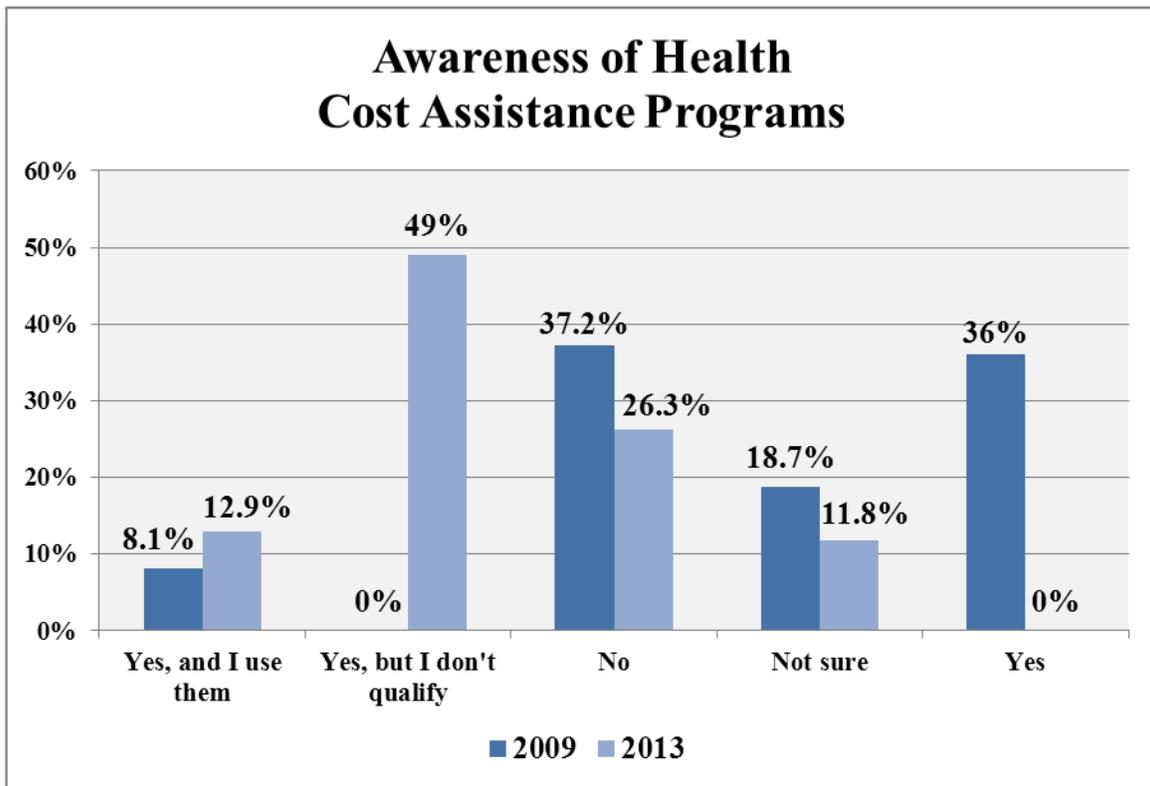


Awareness of Health Payment Programs (Question 30)

2013 N= 186

2009 N= 258

Respondents were asked to indicate their awareness of programs that help people pay for healthcare bills. Forty-nine percent of respondents (n=91) indicated they were aware of these types of programs, but did not qualify to utilize them. Twenty-six percent (n=49) indicated that they were not aware or did not know of these programs and 12.9% of respondents (n=24) indicated they were aware of and utilized health payment assistance programs. Twenty respondents chose not to answer this question.



* The “Yes, but I don’t qualify” option was phrased only as “Yes” in 2009.

VI. Focus Group Methodology

Two focus groups were held in Conrad, Montana in January 2014. Focus group participants were identified as people living in Pondera Medical Center's service area.

Sixteen people participated in the two focus group interviews. The focus groups were designed to represent various consumer groups of healthcare including senior citizens and local community members. Focus groups were held at Conrad High School and Coaches Corner in Conrad. Each group meeting lasted 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 Angela Bangs with the Montana Office of Rural Health.

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

VII. Focus Group Findings

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

Improve health of the community:

- Need for more doctors
- Retain doctors and providers
- Improve school lunches

Most important local healthcare issues:

- Aging population
- Lack of maternity/prenatal care
- Improve the financial health of the hospital; keep the hospital out of the red
- Alcoholism is a problem in the community
- Youth using tobacco products

Opinion of hospital services:

- Quality of care is excellent when the hospital is fully staffed
- Number of services is limited; people often go to Kalispell or Great Falls for services
- Nurses, x-ray, and laboratory staff are excellent. Although, there are issues with management/administration staff
- Recently, awareness of hospital board members was heightened due to a community forum; participants agreed that board members have an important yet difficult role
- Outsourcing billing to other states causes problems; participants recognize that billing is complex
- The facility is an older infrastructure but participants found the rooms to be nice; improvements are being made to the hospital entryway
- Participants were concerned about the financial standing of the hospital
- Medical costs are high everywhere; there were mixed opinions on cost compared to Great Falls
- Office and clinic staff are excellent, caring, and keep information confidential
- Availability of appointments is poor but clinic staff tries hard to get people in as soon as possible

Reasons for using local providers:

- Convenience
- Local providers are likeable and familiar with their patients
- Support local; keep the hospital open
- Emergencies

Opinion of local services:

- The Emergency Room (ER) does a great job; the ER is a stopping point then patients are often transferred to Great Falls
- The ambulance service is great but there is a lack of volunteers; younger people need to get involved and participate
- Seniors receive top-notch care; the high turnover of doctors is a concern
- The county health department employs dedicated people who do great work; the health department is greatly involved with the schools
- Participants feel that low-income people are able to receive care; the health department provides great assistance to low-income individuals and families
- Participants spoke very highly of the nursing home's reputation and staff
- Participants are pleased with the pharmacies available in Conrad

Reasons to leave the community for healthcare:

- Specialty services
- Lack of local doctors
- Prefer female providers
- Local providers not available; Difficult to get in for appointments
- Seek providers with more experience
- Follow your doctor when they move

Needed healthcare services in the community:

- Focus on the basic needs of the hospital
- Preventative care (e.g. scope services)
- More personalized care from doctors
- Specialties: Surgeries, Anesthesiology, Geriatrics, Pediatrics
- More general practitioners; More staff needed
- Better pay for nurses and staff

VIII. Summary

Two hundred six surveys were completed in Pondera Medical Center's service area for a 33% response rate. Of the 206 returned, 63.6% of the respondents were females, 65.1% were 56 years of age or older, and 41.7% work full time.

Respondents rated the overall quality of care at the hospital as good, scoring 3.3 out of 4.0 on a scale of 4.0 being excellent and 1.0 being poor.

Over half of the respondents (57.6%) feel the Conrad area is a "somewhat healthy" place to live. Respondents rated the Conrad area as less healthy in 2013 than in 2009. Respondents indicated their top three health concerns were: cancer (57.8%), alcohol abuse/substance abuse (34.5%), and overweight/obesity (31.6%). Significantly more respondents identified overweight/obesity to be a serious health concern than in 2009.

When respondents were asked which health related educational programs or classes they would be most interested in, the top choices were: fitness (33%), both health and wellness (27.7%) and weight loss (27.7%), as well as health insurance/Affordable Care Act (24.8%).

Overall, the respondents within Pondera Medical Center's service area are seeking hospital care at a rate that is typically seen in rural areas. Area residents recognize the major impact the healthcare sector has on the economic well-being of the area, with 81.8% of respondents identifying local healthcare services as being "very important" to the economic well-being of the area.

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

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

Appendix A – Steering Committee Members

Steering Committee – Name and Organization Affiliation

1. Debbi Gage – Secretary, Conrad High School
2. Dennis Fladstol – Farmer
3. Donita Johnson – Retired, Valier Schools
4. Joan Jensen – Loan Officer, Stockman Bank
5. Laurie Ward – Better Health Improvement Specialist, Pondera Medical Center
6. Makayla Barringer – High School Senior, Conrad High School
7. Myrna Christensen – Retired, Pondera Medical Center
8. Ruth Erickson – Ambulance Manager, Pondera Medical Center
9. Susan Gustafson – Office Manager, Gustafson Law Offices
10. Tyler Bucklin – Math Teacher, Utterback Middle School
11. Vanessa Bucklin – Agent, Pondera County Insurance

Appendix B – Public Health and Populations Consultation

Public Health and Populations Consultation Worksheet

1. Public Health

- a. Name/Organization
Cynthia Grubb – Public Health Nurse, Pondera County Health Department
- b. Date of Consultation
Key Informant Interview: February 26, 2014
- c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
Interview
- d. Input and Recommendations from Consultation
 - Access to health care has definitely risen to the top as an important local healthcare issue. [The facility has] Been struggling with holding onto providers. My clients aren't sure whether they will have a doctor and some clients have to go to Great Falls for prenatal care.
 - We need more providers in the community.
 - Medicaid Dental [is a need in the community].
 - We [Pondera County Health Department] would like to collaborate with [Pondera Medical Center] on school health. It [school health] is an area of weakness especially during times when the wellness care, early intervention, and prevention care [available] is questionable.

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

Population: Underinsured, Low-Income

- a. Name/Organization
Joan Jensen – Loan Officer, Stockman Bank
Vanessa Bucklin – Agent, Pondera County Insurance
- b. Date of Consultation
First Steering Committee Meeting: October 22, 2013
- c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
Steering Committee
- d. Input and Recommendations from Consultation
 - The new health insurance marketplaces can no longer deny coverage to people due to medical issues.

Population: Youth

- a. Name/Organization
 - Makayla Barringer – High School Senior, Conrad High School
 - Tyler Bucklin – Math Teacher, Utterback Middle School
 - Donita Johnson – Retired, Valier Schools
- b. Date of Consultation
 - First Steering Committee Meeting: October 22, 2013
- c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
 - Steering Committee
- d. Input and Recommendations from Consultation
 - There is a need for pediatrics at the hospital.

Population: Seniors

- a. Name/Organization
 - Dennis Fladstol – Farmer
- b. Date of Consultation
 - First Steering Committee Meeting: October 22, 2013
- c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
 - Steering Committee
- d. Input and Recommendations from Consultation
 - The needs that the hospital decides to address depend heavily on the age groups that are included in the assessment's survey and focus groups.

Appendix C – Survey Cover Letter



PONDERA MEDICAL CENTER

(406) 271-3211 805 Sunset Blvd PO Box 668 Conrad, MT 59425
www.ponderamedical.com

November 29, 2013

Dear Resident:

Participate in our Community Health Needs Assessment survey and have a chance to WIN \$100 in Chamber Bucks! This can be used at any of our Chamber member businesses.

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

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

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

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

Once you complete your survey, simply return it **AND one of the raffle tickets in the enclosed self-addressed, postage paid envelope postmarked by January 17, 2014.**
Keep the other raffle ticket in a safe place.

The winning raffle ticket number will be announced on the Pondera Medical Center's website at:
www.ponderamedical.com and in the Independent Observer/KSEN radio station on **January 29, 2014**.

Your response is very important to PMC because your comments will represent others in the area and will help guide us in planning responsive and high quality local healthcare services for the future. Even if you do not use healthcare services through Pondera Medical Center, your input is still helpful and will benefit our community. We know your time is valuable so we have made every effort to keep the survey brief – it should take less than 15 minutes to complete. Your help is much appreciated in responding to this survey and we are offering you this chance to win \$100 in Chamber Bucks as a thank you for completing the enclosed survey.

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

Thank you for your assistance. We appreciate your effort.

Sincerely,

Wayne Ogburn, CEO
Pondera Medical Center

Appendix D – Survey Instrument

Community Health Needs Assessment Survey Conrad, Montana

INSTRUCTIONS: Please use a #2 pencil or ink pen to complete the survey and return it in the enclosed postage paid envelope. All responses must be made by filling in the circle next to the corresponding answer. *If you need assistance filling out this survey, please contact the Montana Office of Rural Health at 406-994-6972.*

Participation is voluntary. You can choose to not answer any question that you do not want to answer, and you can stop at any time.

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

- Very healthy Healthy Somewhat healthy Unhealthy Very unhealthy

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

- | | | |
|---|---|---|
| <input type="radio"/> Alcohol abuse/substance abuse | <input type="radio"/> Lack of healthcare education | <input type="radio"/> Recreation related accidents/injuries |
| <input type="radio"/> Cancer | <input type="radio"/> Mental health issues | <input type="radio"/> Respiratory issues/illness |
| <input type="radio"/> Child abuse/neglect | <input type="radio"/> Motor vehicle accidents | <input type="radio"/> Suicide |
| <input type="radio"/> Depression/anxiety | <input type="radio"/> MLS/ALS/Parkinson | <input type="radio"/> Tobacco use |
| <input type="radio"/> Diabetes | <input type="radio"/> Poor nutrition | <input type="radio"/> Work related accidents/injuries |
| <input type="radio"/> Domestic violence | <input type="radio"/> Prescription/illegal drug abuse | <input type="radio"/> Underage alcohol use |
| <input type="radio"/> Heart Disease | <input type="radio"/> Overweight/Obesity | <input type="radio"/> Work/economic stress |
| <input type="radio"/> Lack of access to healthcare | <input type="radio"/> Stroke | <input type="radio"/> Other _____ |
| <input type="radio"/> Lack of dental care | | |

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

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

4. How do you rate your knowledge of the health services that are available at Pondera Medical Center?

- Excellent Good Fair Poor

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

- Friends/family
- Healthcare provider
- Mailings/newsletter
- Newspaper
- Presentations
- Public health
- Radio
- Senior center
- Television
- Word of mouth/reputation
- Website/internet
- Other _____

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

- Dentist
- Mental health
- Pharmacy
- Public health
- Senior Center
- Alternative medicine
- Assisted living
- Cancer screening programs
- Chiropractor
- Eye doctor
- Food stamps/WIC
- Health club
- Home health
- Long term care/nursing home
- Other _____

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

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

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

- Alzheimer's
- Cancer
- Diabetes
- First aid/CPR
- Fitness
- Grief counseling
- Health and wellness
- Heart disease
- Living will
- Men's health
- Mental health
- Nutrition
- Parenting
- Prenatal
- Smoking cessation
- Support groups
- Weight loss
- Women's health
- Birthing classes
- Health insurance/Affordable Care Act
- Other _____

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

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

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

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

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

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

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

- | | | |
|--|--|-----------------------------------|
| <input type="radio"/> Children's checkup/Well baby | <input type="radio"/> Pap smear | <input type="radio"/> Eye check |
| <input type="radio"/> Cholesterol check | <input type="radio"/> Prostate (PSA) | <input type="radio"/> Health fair |
| <input type="radio"/> Colonoscopy | <input type="radio"/> Routine health checkup | <input type="radio"/> None |
| <input type="radio"/> Mammography | <input type="radio"/> Bone density scan | <input type="radio"/> Other _____ |

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

- | | | |
|--|---|-----------------------------------|
| <input type="radio"/> Adult day care | <input type="radio"/> Gynecology/obstetrics | <input type="radio"/> Pediatrics |
| <input type="radio"/> Ask a Nurse | <input type="radio"/> MRI | <input type="radio"/> Psychiatry |
| <input type="radio"/> Chronic disease group visits | <input type="radio"/> Oncology | <input type="radio"/> Urology |
| <input type="radio"/> Dermatology | <input type="radio"/> Orthopedics | <input type="radio"/> Other _____ |
| <input type="radio"/> ENT (ear/nose/throat) | <input type="radio"/> Pain management program | |

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

- Yes No

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

- | | | |
|--|---|--|
| <input type="radio"/> Daily | <input type="radio"/> 3-5 times per month | <input type="radio"/> No physical activity |
| <input type="radio"/> 2-4 times per week | <input type="radio"/> 1-2 times per month | |

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

- Yes No **(If no, skip to question #19)**

17. If yes, which hospital did your household use the MOST for hospital care? (Please select only ONE)

- Pondera Medical Center (Conrad) Marias Medical Center (Shelby)
 Benefis (Great Falls) Teton Medical Center (Choteau)
 Kalispell Regional Medical Center (Kalispell) Other _____

18. Thinking about the hospital you use currently, what were the **three** most important reasons for selecting that hospital? (Select ONLY 3 that apply)

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

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

- Yes No (If no, skip to question #22)

20. Where was that primary healthcare provider located? (Please select only ONE)

- Conrad Kalispell Choteau
 Great Falls Shelby Other _____

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

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

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

- Yes No (If no, skip to question #25)

23. If yes, where was the healthcare specialist seen? (Select all that apply)

- Conrad Missoula Shelby
 Great Falls Kalispell Other _____

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

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

25. The following services are available at Pondera Medical Center. Please rate the overall quality for each service. (Please mark D/K if you have not used the service)

Excellent = 4 Good = 3 Fair = 2 Poor = 1 Don't Know = DK

- | | | | | | |
|-----------------------------------|-------------------------|-------------------------|-------------------------|-------------------------|--------------------------|
| Ambulance services | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> DK |
| Clinic services (physician visit) | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> DK |
| Emergency room | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> DK |
| Home health/hospice | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> DK |
| Inpatient services | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> DK |
| Laboratory | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> DK |
| Nursing home/extended care | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> DK |
| Radiology | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> DK |
| Rehabilitation services | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> DK |

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

- Excellent Good Fair Poor

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

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

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

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

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

- Yes No

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

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

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

31. Where do you currently live by zip code?

- 59425 Conrad 59486 Valier 59456 Ledger
 59416 Brady 59448 Heart Butte

32. What is your gender? Male Female

33. What age range represents you?

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

34. What is your employment status? (Select all that apply)

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

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

THANK YOU VERY MUCH FOR YOUR TIME

Please note that all information will remain confidential

Appendix E – Responses to Other and Comments

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

- Can't afford healthcare
- Aging-related issues
- Healthcare providers
- Geriatric care
- There is only one MD on staff
- Lack of exercise

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

- People who work for a living instead of relying on welfare
- More transportation services for those who are immobile or don't drive
- More flexibility of hours
- An active community that participates in local activities and exercises
- Affordable healthcare
- Exercise
- Affordable food and nutrition classes

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

- Need
- Health fair (2)
- Worked there (3)
- It's Conrad since 1975
- Can't read
- Work
- Use of services
- Phone book
- Work there (2)
- Church bulletin
- When needed
- Only thing available
- Attended some services
- Do my homework

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

- Wound care
- Vein care
- Cardiac
- Life line screening
- RA [Rheumatoid Arthritis] doctor in Great Falls
- Benefis, Great Falls

Question 6 continued...

- VA [Veteran's Affairs]
- Meals on Wheels
- Assisted living – I still live in Blue Sky Villa

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

- Better providers and specialists
- The phone answering service
- Personal responses to phone calls
- Get rid of the upper management; a lot of people are quitting because of them
- More affordable healthcare
- Hospital board that actually cares
- Education on available services
- Repeal ObamaCare
- Billing
- Better relationship between staff, administration, and the board
- Personal responsibility
- Better insurance
- No double-billing
- Better hospital board
- New phone system is terrible – You are going to lose a lot of clients with the way it is now. Take a survey of it and you will see a lot of upset people

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

- Any of these options would be good information for the general public
- Abuse
- All
- None – they wouldn't remain confidential
- Better notification and times of classes
- Seizures
- Being a caretaker
- I'm 94 and well-advised of community services
- Parkinson's disease

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

- Unnecessary creation of superbugs due to overwritten prescriptions
- Service was not offered here
- Too full
- I was treated so poorly by the billing office
- PA [Physician Assistant] required to send me to a specialist
- Our machines are outdated and don't work properly
- Poor and delayed care in the ER – ended up going by ambulance to Great Falls

Question 11 continued...

- Stoic personality
- Appointments not on schedule
- VA healthcare

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

- Pre-surgery exam
- RA [Rheumatoid Arthritis] Doctor
- Birthday labs (2)
- Blood labs
- Shots
- Chiropractor (2)
- In Great Falls

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

- Acupuncture
- Foot doctor
- Physical Therapy
- Rarely need medical services
- Neurology
- Currently satisfied with services
- Need a visiting rheumatologist

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

- VA in Salt Lake City, UT
- Great Falls surgery center
- IHS [Indian Health Services] Browning
- Benefis
- Great Falls Clinic
- St. Patrick's
- Fort Harrison VA (2)

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

- Surgeon in Kalispell
- Wanted to support local
- Prior experience with doctor
- OB [obstetrics] delivered there
- Primary doctor there (2)
- Close to doctor
- Specialist there
- Transferred there
- Surgeon
- Spouse discount

Question 18 continued...

- History of problem providers at Pondera Medical Center (PMC)

20. Where was that primary healthcare provider located?

- IHS Browning
- Missoula
- VA clinic
- Havre Clinic
- Fort Harrison VA
- Bozeman
- Valier clinic (5)

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

- Check-in process is streamlined – no hassle
- Needed immediate attention to get stitches
- Wanted to support local
- Continued excellent services
- We have the same name and she is great
- Has been my family doctor for years
- Quality of doctor (2)
- Lived in Great Falls when started care
- No doctor available
- Only female
- Better care
- Dr. Barron/PA Aarons
- Providers left
- She was in the emergency room when I was there and when Barron left I requested her
- Wound care
- Best provider around is Dr. Taylor
- Confidentiality
- I like the doctor
- She's a caring doctor
- Provider
- Trusted family friend and physician
- Closer to work (2)
- Spouse discount
- Trust

23. If yes, where was the healthcare specialist seen?

- Choteau (2)
- Out-of-state knee surgery
- Chester
- Havre
- VA in Fort Harrison (3)

Question 23 continued...

- Great Falls Benefis
- VA
- Helena VA
- Salt Lake City, UT
- Seattle
- Butte
- Bend, OR
- Helena (3)
- Billings

24. What type of healthcare specialist was seen?

- Walk-in clinic doctor on duty
- Walk-in
- Urologist – and he was incompetent
- Thoracic surgeon
- Internal medicine
- Vascular surgeon
- Wound care
- Naturopath (2)

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

- BCBS [Blue Cross Blue Shield] (2)
- Checkbook
- Federal employee healthcare

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

- I have it, but not worth it
- I have 100% VA
- Doctor telling me I can't work then telling me I can
- I have my own medical insurance
- Medicare

34. What is your employment status?

- Rancher
- Farmer (2)
- Farm wife
- And then some
- Self-employed (2)
- Not working

Additional Written Comments:

- The response time for pages is very slow and they never have an EMT.
- Less administrative costs and more physicians. Allow hospital privileges to PAs at the clinic.

Appendix F – Focus Group Questions

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

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

Appendix G – Focus Group Notes

Focus Group #1

Monday, January 27, 2014 – 6:30pm-7:45pm – Pondera Medical Center – Conrad, MT

13 people (13 male, 0 female)

1. What would make this community a healthier place to live?
 - Less sick people.
 - I don't think we have enough doctors. You make an appointment and you can't always get in.
 - I don't think small rural hospitals can afford to keep the doctors.
 - One of the issues of why they [doctors] are hard to keep is because where there are few doctors, they are in high demand. They [doctors] get burnt out.
 - They [doctors] get tethered close to home, but they are always on call.

2. What do you think are the most important local healthcare issues?
 - We are an older community so we have a lot more elderly people. We have a lot more issues than most small communities.
 - We are no longer delivering babies here [at Pondera Medical Center (PMC)].
 - Most of us had our kids delivered here [at PMC] and now that isn't the same with the families. People follow their doctors.
 - It seems like we have drifted away from maternity or prenatal care. When a young family comes in they stick with their doctor. A lot of people go to Cut Bank, Shelby, or Great Falls because of that.
 - I understood that pregnancies and back injuries are the biggest issues in the hospital. If we get rid of services that help those issues, then we just become a first-aid station.
 - I would like to see us be able to subsidize healthcare at a different level. Right now we subsidize for those who are not willing and able and don't have the money for healthcare. It would be better if we could subsidize to pay for the doctors to stay in the community. It would take some relief off of the doctors.
 - Are there grants that could help the hospital work with their budget so they stay out of the red?
 - Our community is going through a huge turmoil with our hospital right now. Financially, they [PMC] are in trouble. There is a lot of animosity. There was a huge community forum not too long ago to discuss this issue.

3. What do you think of the hospital in terms of:
Quality of Care
 - I think we've got an excellent facility with the staff up here. I've never heard any complaints with the hospital here. It's just that we need to keep our doctors.
 - We lose the doctors because they have to work double time.
 - The hospital, in terms of service, is great. The doctors are good and the employees are good.
 - We've had two new doctors come up here from Great Falls I think, and apparently the hospital will not provide medical privileges to them here. So if they can't go to PMC

then they will be referring them [their patients] to another hospital. This has an adverse effect.

- When I first moved here, our three doctors were all independent contractors.
 - Those doctors lived every day at the hospital. They had no personal life. The young doctors now are not willing to give up their social life.
 - The doctors don't want to be independent contractors now. The regulations and the paperwork are unmanageable. They cannot handle the load. I know one of our doctors was offered that choice and he said "no." He needed the facility [PMC] and the recordkeeping to support his work.
- The fact that our state legislature hasn't approved the Medicaid expansion is a problem. I heard that the expansion was essential to the survival of the hospital.
 - The reason they didn't pass it [Medicaid expansion] was because it would haunt us in the future.
 - The hospital is losing revenue because of this [not passing the Medicaid expansion].

Number of Services

- It [number of services] is pretty limited, really. We talk about them [doctors] being tied up. If you break a leg or anything, you get shipped off. You either go to Kalispell or to Great Falls. It doesn't matter what you are there [at PMC] for, you will end up going somewhere else.
 - They have made efforts to improve that. They have an urologist, ophthalmologist, and orthopedic providers coming in now.
- They are excellent at emergency-type stuff. They told me what was wrong and told me they couldn't deal with it in Conrad so I had to go to Great Falls.
- It would be unfair to expect Conrad to provide all of those services that a big city has.

Hospital Staff

- Excellent.
 - Agreed.
- There is way too much management.
- What puzzles me is that we have traveling nurses coming in here to cover [for local staff] and we have local nurses here and they are working in other towns because apparently we are not paying enough. It seems silly to me that we are paying for traveling nurses. If we have people living here and paying taxes here, it would be nice if we could employ our local folks.
- The local hospital has no retirement. That is why nurses are going other places. If we are going to pay twice as much for traveling nurses, we could at least offer retirement for the local nurses.
- Our administrators don't stick around. We have the choice of the lower echelon. A couple of them [administrators] drove staff away. They haven't been capable of running the hospital. The very best decided to leave. We have a problem with recruiting good administration.

Hospital Board and Leadership

- They [PMC] have added a lot of administrative positions. They are heavy in that area and they are crying about financial issues. They can't get people to be on the board because people are going to take it out on you personally if you are on the board.
- It is the most important board in the community and easily the most thankless. It is a difficult situation.

Business Office

- Isn't the billing done out of state now?
 - Yes.
 - I don't know.
- I don't know the details about it but I'm sure the billing is more complex than I would ever imagine. It seems silly for a small town trying to keep the economy going that we would outsource billing. Especially since the hospital is the biggest employer in town.
- You go do something at this hospital and you keep getting bills from different entities and you never know when you are done. If you call someone at the hospital you don't get answers because they have you call someone outside [of the hospital].
 - It is like that everywhere.
- Our neighbors up north just turned down a mill levy of a million dollars to improve records. It's difficult.

Condition of Facility and Equipment

- The building is forty years old or something. Because of its age there was never money put away to address the infrastructure of the building. They [PMC] have been asking the foundation to get money. It's falling down around their ears. The boilers are in bad shape.
- The entrance of the hospital is an issue. It has been all donated money to build the entrance. We had local people working on that. When they got into [the entryway] they found a lot of hidden deterioration in the bridge. They needed to use more money to beef up the foundation of the entryway.
 - We haven't had a plan to put money away to save up for situations like that. The hole we are standing in is getting deeper. It's getting worse.

Financial Health of the Hospital

- Not good.
- They [hospital] are trying to stop some of the bleeding. They were excited that they only lost about \$30,000 last month. It hasn't been positive in a long time.

Cost

- Medical costs are so out of control in my opinion.
- I don't think its [PMC] out of line with anyone else. They [healthcare costs] are all too high.

Office/Clinic Staff

- They all do a good job.
- I agree.
- We had a phone system that they implemented a while ago. Not all phones work with the elderly though. The board addressed that with the community and they changed the phones. They [board] did listen to what we had to say.

Availability

- It takes two or three weeks to get an appointment. If you are sick, you might be dead by the time you get in.

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

- Yes, out of convenience and I happen to like my doctor.
- The hospital is a vital part of our town. If the hospital leaves, we are in big trouble. We have the rest home and the retirement home. If we lose the hospital, we lose a lot of Conrad. If we don't use it, we lose it. The financial impact would be huge to lose that facility.
- As soon as it is gone [PMC], we lose our population and our schools. Hopefully people recognize this importance.
- We don't go here [PMC] unless it is an emergency. We go to the people who delivered our children.

5. What do you think about these local services:

Emergency Room

- They [ER staff] do a good job.
- At least they [ER staff] get you ready for the next place.
- It [the ER] is covered with PAs. It is like a stopping point. If it [the emergency] is serious, you are out of here.
- The people there [at the ER] are good.

Ambulance Service

- It [the ambulance service] is good as far as I know. I haven't heard any problems.
- They [ambulance service] are very short staffed. It is hard to get qualified ambulance folks to get the training, especially for local people. The numbers are way down. But for what we have, they are excellent.
 - Isn't that [short-staffed] because they changed what you have to have [training] to work on the ambulance?
- I think you see a lot of our youth do not commit to anything anymore. The young people aren't getting involved in organizations and participating. The whole age group [of staff] is just getting older in these facilities, and it is the same on the ambulance. People aren't willing to commit. They don't want to tie themselves down.
- What percentage of time are people being transported to Great Falls?

- Anytime they [ambulance] sent somebody with IVs, they had to send a person with skills. The problem was finding a nurse with the right certification who could ride on the ambulance. They started hiring paramedics that sat at the hospital all the time. They got paid considerably better and the local EMTs did not.
- My mother needed a ride to Great Falls and they sent the ambulance up from Great Falls. Why?
- I needed to go to Great Falls and they were going to send an ambulance up from Great Falls to get me. I decided to drive there.
- I think it's because they don't have the people to do it. A lot of the ambulance people have a full time job so they are not able to go on all of the calls. You have to have a pretty understanding boss. If you run your own business you are taking a lot of time out of your day.
- Valier used to have a half dozen [ambulance personnel]. Brady doesn't have any anymore.
- Is it a paid position?
 - Yeah, but only when you are called out.
- A lot of people just used to be first responders. Then EMTs. Now they have to be paramedics. It takes a bunch of training. There is burnout after a while. It is hard to find young people to take over when the old people leave.
- We have two ambulances here [in Conrad].

Healthcare Services for Senior Citizens

- I think it [services for seniors] is pretty good.
- I think that our rest home is really quite a good facility.
- It comes down to the availability of doctors and the turnover of doctors. As a senior citizen, I'm concerned about having a doctor that I can rely on and will be there. It's good to have a relationship with the doctors and they know you and your history, rather than meeting a new person.

Public/County Health Department

- Excellent.
- Agreed.
- There are a couple of really dedicated people there [at the health department] and they do a great job.
- They [public health staff] get out a lot and do a great job.
- They [public health staff] are pretty long-term; they have worked there [health department] for a long time.

Healthcare Services for Low-Income Individuals/Families

- The low-income people are the Hutterites in this area. You always stand in line behind them [at the hospital/clinic].
- We have a large segment of our population that uses Medicaid. They are always in there [PMC].

Nursing Home/Assisted Living Facility

- Good.
- It [nursing home] is great.
- I would recommend it [nursing home] to anybody.
- We've had people that have had family in other rest homes and they have done everything they can to move back to Conrad.
- This place [nursing home] is excellent; golden. Five stars. They have wonderful people there.
- Down to earth care. Their [nursing home] staff is great.
- They [nursing home staff] go beyond what they need to.
 - I wouldn't say they go beyond what they need to. I would say that they do the quality of care that humans need. Other places treat people like they are a number or a paycheck.
- These people [nursing home staff] care. That's an advantage of being in a small town. The relationships are great and people know people. I look forward to it [living in the nursing home]!

Pharmacy

- It [the pharmacy] is good and it is going to get better. We have two new pharmacists and they are young.
- Is there a pharmacist at the hospital?
 - The hospital has a pharmacist. They are probably in competition with the other pharmacies.

6. Why might people leave the community for healthcare?

- Lack of doctors.
- Seeing a different doctor.
- Specialties. I have a general practitioner here but I go to Great Falls for specialties.
 - I think everyone knows you leave for specialties.
- You follow your doctor when they leave.
- You can't have a family doctor because they don't stay here long enough.
 - To me, that is the core of this whole thing. If we could cure that – the revolving door of administrators and doctors – we will solve the rest. Without that, there is no stability.
- The hospital will flourish when people [staff] are there.
- All that we can afford is the bottom of the barrel. We get the people [staff] that can't succeed anywhere else.
- We don't have a lack of confidence in our doctors here. It is just the timeframe that we can get in. That is why some people go to Great Falls, because it is easier to get in.

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

- Focus on the basic needs of a hospital. Forget about the rest.
- If they can't get the services we have right then we don't need any more [services].

- All these services, like scopes, are trying to do preventative care, and that ought to be done here. That [preventative care services] will turn the buck for the hospital. The routine stuff will help them generate money. The traveling doctors do preventative stuff.
- Administrators want doctors to see so many patients. The more patients they see, the more money they [the hospital] get. That is contradictory to good healthcare. You want a doctor who spends time with you and talks to you about your health problems.
- They think that the more they get through the door [patients], the more [money] they make. They are trying to run us through like cattle.
- I think that we are losing a lot of that personal touch from our doctors. When you push them to the point that they are so busy that they can't even speak to you.

Focus Group #2

Tuesday, January 28, 2014 – 2:30pm-3:30pm – Pondera Medical Center – Conrad, MT

3 people (0 male, 3 female)

1. What would make this community a healthier place to live?
 - We need more doctors and good quality ones. We are worried about that [not having good doctors] because we are a small town and we have seen others [small towns] fall apart.
 - The school lunch program needs to be improved. They had a story on the news in Great Falls about how their lunch program received awards. We are not going to get any awards because all of our food here [in the schools] is processed. They do not make anything homemade.
 - My kids pack their food a lot [to school].
 - We have exercise and wellness programs.
 - There are a lot of kids who use tobacco products. I think that the chewing problem might be down a bit but smoking is still a problem.
 - As a community, alcohol is a problem.

2. What do you think are the most important local healthcare issues?
 - I think that there is an overall concern in this community that our overall cancer rate is high. Is it because we have had the missiles here for over fifty years? We have had other air force interactions too, where the planes would fly down low to practice bombing routines. Years ago, there was a thing that flew right over the farms and a lawsuit was filed based on healthcare issues. There was a general consensus that we were all exposed to radiation.
 - It seems like every time we turn around somebody else has been diagnosed with cancer.
 - I want to know what is making us less healthy than other counties.
 - Brady is in the midst of getting a new water system. They shut down the water there for two weeks. They have been under a “boil warning” for over two years.
 - Conrad’s water is better than it used to be. A continued good water supply is always a health issue.

3. What do you think of the hospital in terms of:
 - Quality of Care
 - The hospital [Pondera Medical Center (PMC)] is shorthanded and we don’t have the doctors to handle it. We are borrowing doctors and PAs [physician assistants] to cover nights and weekends here. When the hospital is fully staffed, it [the quality of care] is excellent.

 - Number of Services
 - I think that they [PMC] need to bring delivering babies back. I know it isn’t the doctors’ or nurses’ favorite thing to do, but we need it.
 - Aren’t there a lot of liability issues that come with delivering babies?
 - There is not enough staff to deliver babies.

- There is talk amongst the community and I have heard that many staff members are not hired on fulltime so they do not get full benefits. They are looking for other jobs so they can receive retirement. They need the full benefits to keep them here. People are driving to Great Falls to work and that is a long way away.
- If you have your baby in Great Falls, then you are likely to find your pediatrician in Great Falls as well, and your family doctor, and so on.

Hospital Staff

- We have really great nurses.
- X-ray is awesome. Lab is awesome.
- Everyone has been great.
- We have people [specialists] that come into town from Kalispell and they are working to cover a lot of the things that we absolutely couldn't offer here.
- If we lose one particular doctor, we would lose scopes and many other procedures. Yes, we could go to Great Falls for those services, but sometimes you don't want to drive that far after a procedure like that.

Hospital Board and Leadership

- I didn't know who was on our hospital board until we had a community meeting not too long ago. Generally it is a thankless job. They [the hospital board] are in a really tough spot right now trying to solve an enormous problem. I'm just glad that somebody is willing to serve on that board.
- I think that their [hospital board's] eyes were opened after the community meeting and they are trying to do what they can.
- I think that the administration house needs to be cleaned.

Business Office

- I know that they [PMC] have had a lot of problems with the billing. I have heard that the billing is not good. I have friends who got their first bill six months after their visit and it said that they were going to claims court. It was the first bill that they had even received.
- I have had a good experience with billing. They explained it all and they were very nice.
- I know that at one point they [PMC] were billing through Alabama or some state like that and that is where we had problems.
 - We didn't have problems when they weren't outsourcing the billing.
- I haven't had any experience with the billing.

Condition of Facility and Equipment

- Once you get through the entryway [to the hospital], it is good.
- Once it [the entryway] was connected to the building [hospital], the water/fire system had to be connected to it. I think that they found a way to disconnect it from the building. It was just supposed to be a steel structure to protect people from the rain and snow when they walk in. Then it became much more expensive.
- I think that the hospital rooms themselves are wonderful. They are big enough. The nursing home used to be the hospital, so the hospital now was actually built last.

- The extended care rooms are small. They [residents] can't use the showers because they are not handicap accessible. It [the shower] is used as a closet now. The bathrooms are very small. It [bathroom] is confining and they [staff] were bringing in a commode to residents' rooms to use.
- The hospital rooms are nice. The TVs and stuff could be newer, but hopefully you don't spend too long in there [the hospital].

Financial Health of the Hospital

- Scary!
 - There you go running into the rumor mill. If you go off of rumors, you are terrified.
- At the community meeting, an employee said that they were scared because they thought that the hospital was going under. Someone from the board stood up and said that they [the hospital] were far from going under.
- There is a huge concern because we just don't know. We need a financial statement of some sort. I know that [financial standing] is public information, but I don't know when that comes out.
- There are rumors that they [the hospital] haven't paid bills and people [employees] aren't getting raises.
 - I do know that some of the raises for call time are finally coming through.
- It [the financial health] is a big question mark. A big, nervous question mark.
- When you go in there and there is only one patient in the hospital, you do wonder how the hospital is still operating.
- The extended care is running the hospital. There is a waiting list for people to get in. The Alzheimer's unit is fabulous.

Cost

- My mother was living in Great Falls. She had been in two facilities in Great Falls. We had to move her though. She had a fall, broke her pelvis, and needed more care. There wasn't a doubt in my mind about where we would bring her. The price [at PMC] was absolutely right on. Benefis was double the price for the extended care. The rooms are bigger at Benefis, but it is \$9,000 per month. They [PMC residents] are getting one-on-one care. The ratio is 4:1 (four patients to one employee). Great Falls is about 11 patients to one employee.
- As far as the clinic and everything else goes, I don't know [about cost]. I've heard we are high, I've heard we are low, and I've heard we are about the same as the rest.
- I don't think that our prices are any different than the prices in Great Falls.

Office/Clinic Staff

- They [staff] have always been very friendly.
- I love them [staff].
- They [staff] are excellent and caring.
- They [staff] keep everything confidential.

Availability

- They have tried hard with the different walk-in clinic. When it [walk-in clinic] is staffed, it is okay.
- Lately the availability has been harder.
- Last week I had a horrible sinus infection and a cold. I called and they [clinic staff] got me in that day.
- They [clinic staff] try really hard to get you in if you are feeling really bad.

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

- I use them [local providers] here just for routine things. I go to Great Falls to see specialists.
 - I do the same.
- I'm nervous if we lose our kid doctor, what we are going to do?
- It is more convenient here.
- With little kids it is easier just to go here [Conrad]. I don't want to drive my kid sixty miles to Great Falls with an ear-ache or sore throat.
- He [my kids' doctor at PMC] knows my kids when they are healthy and when they are sick.
- We want to know who is treating us.

5. What do you think about these local services:

Emergency Room

- I have seen the ER during a trauma situation and they did an excellent job. They have really good crowd control.
- The other morning my mother-in-law ended up in the ER and it was completely full. They handled it very well and got her in.
- They [ER staff] know exactly where people need to go.

Ambulance Service

- Excellent.
- I had personal use of it [ambulance service] and I only have one complaint: the ambulance needs a lot better shocks. I live out of town and had a bad fall. They boarded me up and they had to drive on dirt roads. They had to slow down because it was so bumpy. I just wanted to be put out.
- They [ambulance staff] were absolute angels.
 - They didn't scream or get too excited.
 - They knew just what to do.
- We have good backup with the fire department.
- I know that the numbers [staff] are getting low with the ambulance. I think that Valier is low in numbers too.
- The mercy flight is awesome.

Healthcare Services for Senior Citizens

- I think that they [the elderly] are receiving top notch care. The care that they are giving the elderly and people that just can't be at home anymore is great. The people [employees] that are there just have a heart for it and that is what we want.

Public/County Health Department

- We have a really good county health department.
- We had a whooping cough outbreak in the junior high and they [the county health department] were down at the school just like that. Our county health nurse is excellent. They work with the schools too. They do screenings with the dentist too.
- The health department is awesome.
- Chew week is coming up, and they work with us [the school] to help the kids to quit chewing tobacco. They are really good about working with the school.

Healthcare Services for Low-Income Individuals/Families

- I don't think that they [low-income folks] are turned away from care.
- I don't know how it is going to shake out with ObamaCare. We are paying for their healthcare anyhow. If we can get them healthcare, then they need it. They need care just as much as we do. I think that they are never ever turned away.
- The public health department really works with them through WIC [Women, Infants & Children], SNAP [Supplemental Nutrition Assistance Program], and immunizations. We have a very proactive health department. The health department is good about making referrals to going to the doctor. Cynthia Grubb is really, really good.

Nursing Home/Assisted Living Facility

- My grandpa is there [at the nursing home] and they take really good care of him. My grandma likes to bake and they keep her busy with baking. They come up with activities to fit each person living there.
- It [the nursing home] does have such a good reputation that people bring their family members from other states because their extended care is so good.

Pharmacy

- There is a pharmacist at the hospital. I don't know about that one.
- The ones [pharmacies] we have downtown are good.
- From what I use, they [pharmacies] are good.
- I've never had a problem [with the pharmacy].
- We are lucky to have two pharmacies. They are so busy. You call your prescription in if you can and you can get them by the end of the day.
- We hope to keep both [pharmacies] open. They will stay open. We have an old community.

6. Why might people leave the community for healthcare?

- Specialists.
- For a while, I wanted to go to a female gynecologist so I went to Great Falls.
- If there isn't someone available.

- For my colonoscopy I went to a place in Great Falls because that is what they do all day long. Would you go to someone who does it once in a while or to someone who does it all of the time?
7. What other healthcare services are needed in the community?
- Surgeries.
 - Anesthesiologist.
 - We have one doctor who has some specialty in geriatrics, but this is an old town with a lot of old people. I think we need another geriatric doctor.
 - We have a lot of younger families too. We need pediatrics. We drive all the way to Helena for a pediatric dentist.
 - I think that we need more general practitioners. I know that they are trying to recruit PAs to give the doctors a break. We wear out our doctors because they are on-call at all times. Nurse practitioners can help the doctors and admit the patients into the hospital.
 - We just need numbers [more staff].
 - We need to pay our nurses and CNAs what they are worth. We have so many CNAs. Some CNAs work here for a while and then look for jobs that pay more.

Appendix H – Secondary Data County Profile

Pondera County
Secondary Data Analysis
July 23, 2012



Office of Rural Health
Area Health
Education Center

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

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

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

*Chronic Lower Respiratory Disease

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

Chronic Disease Burden ¹	Region 2	Montana	Nation ^{3,4}
Stroke prevalence	2.9%	2.5%	2.6%
Diabetes prevalence	7.5%	6.2%	8.3%
Acute Myocardial Infarction prevalence (Heart Attack)	4.4%	4.1%	6.0%
All Sites Cancer	461.9	455.5	543.2

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

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

⁴American Diabetes Association (2012)

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

Chronic Disease Hospitalization Rates	County	Montana
Stroke ¹ Per 100,000 population	173.1	182.2
Diabetes ¹ Per 100,000 population	110.0	115.4
Myocardial Infarction ¹ Per 100,000 population	146.6	147.3

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

Demographic Measure (%)	County			Montana			Nation ^{5,6}		
Population ¹	5,852			989,415			308,745,538		
Population Density ¹	3.6			6.7			Not relevant		
Age ¹	<5	18-64	65+	<5	18-64	65+	<5	15-64	65+
	6%	59%	17%	6%	63%	14%	7%	62%	13%
Gender ¹	Male		Female	Male		Female	Male		Female
	49.2%		50.8%	50.1%		49.9%	49.2%		50.8%
Race/Ethnic Distribution	White ¹			91.5%			72.4%		
	American Indian or Alaska Native ¹			6.8%			0.9%		
	Other ¹			1.7%			26.7%		

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

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

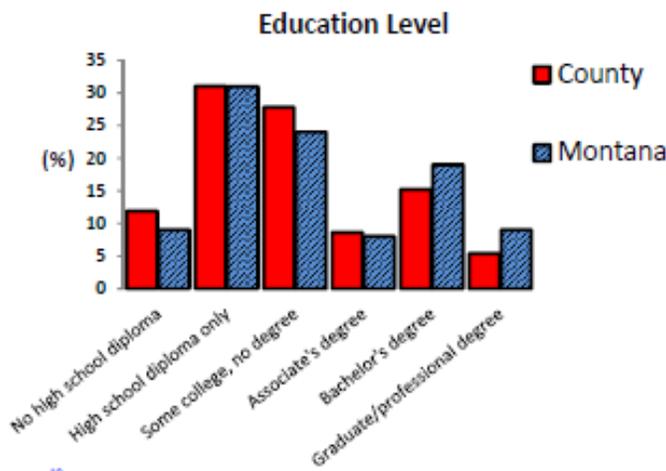
³Black, Asian/Pacific Islanders, Hispanic & Non-Hispanic Ancestry

⁴US Census Bureau (2010)

Socioeconomic Measures ¹ (%)	County	Montana	Nation ^{7,8}
Median Income ¹	\$35,300	\$43,000	\$51,914
Unemployment Rate ⁷	5.6%	6.3%	7.7%
Persons Below Poverty Level ¹	19.0%	14.0%	13.8%
Uninsured Adults (Age <65) ¹	18.4%	19.0%	18.2%
Uninsured Children (Age <18) ⁹	N/A	11.0%	10.0%

¹Community Health Data, MT Dept of Health and Human Services (2010)
⁷Montana Dept of Labor and Industry, Research & Analysis Bureau. Local Area Unemployment Statistics (LAUS). Non-Seasonally Adjusted Unemployment Rate. (Retrieved April 2012)

⁸Center for Disease Control and Prevention (CDC). Health Insurance Coverage (2011)
⁹Montana KIDS COUNT (2009)



¹⁰Indicators Northwest, Imp. Graph (2011)



Behavioral Health ^{1,2}	Region 2	Montana
Childhood Immunization Up-To-Date (UTD) % Coverage ^{11,††} Age 24-35 months, population size: 12,075 (% sampled: 35.9%)	59.5% (County)	64.3%
Tobacco Use ¹	22.2%	19.3%
Alcohol Use (binge + heavy drinking) ¹	22.0%	22.8%
Obesity ¹	26.3%	21.6%
Overweight ¹	38.3%	37.8%
No Leisure time for physical activity ¹	23.6%	20.7%

¹Community Health Data, MT Dept of Health and Human Services (2010)
²Center for Disease Control and Prevention (CDC), National Vital Statistics (2012)
¹¹County Childhood Immunization Coverage, MT Dept of Health and Human Services (2010-2011).

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

Screening ¹	Region 2	Montana
Cervical Cancer (Pap Test in past 3 yrs) ¹	84.1%	83.0%
Breast Cancer (Mammogram in past 2 yrs) ²	76.0%	71.9%
Blood Stool ¹	18.9%	25.3%
	Sigmoidoscopy or Colonoscopy ¹	55.1%
Diabetic Screening ⁵ Percent of Medicare enrollees who received HbA1c screening	65.0% (County)	79.0%

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

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

Mortality ^{1,2,12}	County	Montana	Nation ^{2,13}
Suicide Rate per 100,000 population ¹	20.2	20.3	12.0
Unintentional Injury Death Rate per 100,000 population ¹	114.5	58.8	38.4
Percent Motor Vehicle Crashes Involving Alcohol ¹	13.6%	10.0%	32.0%
Pneumonia/Influenza Mortality per 100,000 population ¹	57.3	19.0	17.5
Diabetes Mellitus ²	47.2	27.1	21.8

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

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

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

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

Maternal Child Health ¹	County	Montana	Nation ^{14,15}
Infant Mortality (death within 1 st year) Rate per 1,000 live births ¹	6.8 (Region 2)	6.1	6.7
Entrance into Prenatal care in 1 st Trimester Percent of Live Births ¹	76.7%	83.9%	69.0%
Birth Rate ⁹ Babies born per 1,000 people	13.2	12.8	13.5
Low Birth Weight (<2500 grams) Percent of live births ¹	4.2%	7.3%	8.3%
Neonatal Mortality (under 28 days of age) Rate per 1,000 live births ¹	3.5 (Region 2)	3.3	4.5
Post Neonatal Mortality (28 through 364 days of age) Rate per 1,000 live births ¹	3.3 (Region 2)	2.7	2.2
Pre-Term Birth (<37 completed weeks gestation) Percent of Live Births ¹	8.2%	10.1%	12.5%

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

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

⁹Montana KIDS COUNT (2009)

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

Economic Impact Assessment

Demographic Trends and Economic Impacts: **A Report for Pondera Medical Center**

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Introduction

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

Section I Location Quotients

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

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

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

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

Hospitals Location Quotient (compared to State of MT) = 1.48

Hospitals Location Quotient (compared to U.S.) = 1.25

A location quotient near 1 indicates that the employment concentration in the county mirrors that of the larger geographic region. In the case of Pondera County, the location quotient of 1.48 indicates that hospital employment in the county is 48 percent higher than one would expect given statewide employment patterns. When compared to the nation, the location quotient of 1.25 reveals that the percentage of total county employment accounted for by the hospital is about 25 percent higher than the percentage of total U.S. employment coming from the hospital sector.

Another way to look at the location quotient is to ask how many employees would be employed in the hospital sector if Pondera County’s employment patterns mirrored the state or the nation. Pondera County’s hospital employment averaged 204 employees in 2010. This is 68 more than expected given the state’s employment pattern and 41 more than expected given the national employment pattern. In 2010, Pondera Medical Center accounted for 12% of county nonfarm employment and 15% 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 6,153 residents of Pondera County. The breakdown of these residents by age is presented in Figure 1. Pondera County’s age profile is similar to that of many rural Montana counties. In 2010, baby boomers were between the ages of 45 and 60 and their presence is evident in the graph. Following the baby boom came the “baby bust,” which is evidenced by the lack of 20 to 39 year olds in the county. In many rural Montana counties, the baby bust is exacerbated by out-migration of young adults.

Figure 1: Age Distribution of Pondera County Residents

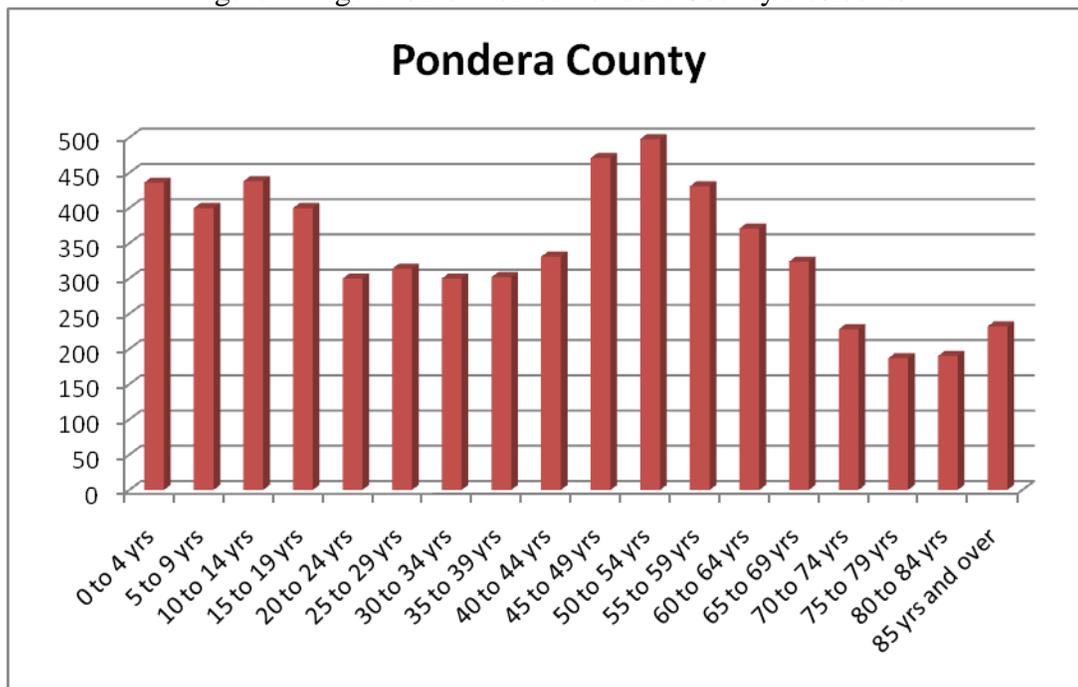


Figure 2: Percent of the population by age groups, Pondera County vs. Montana

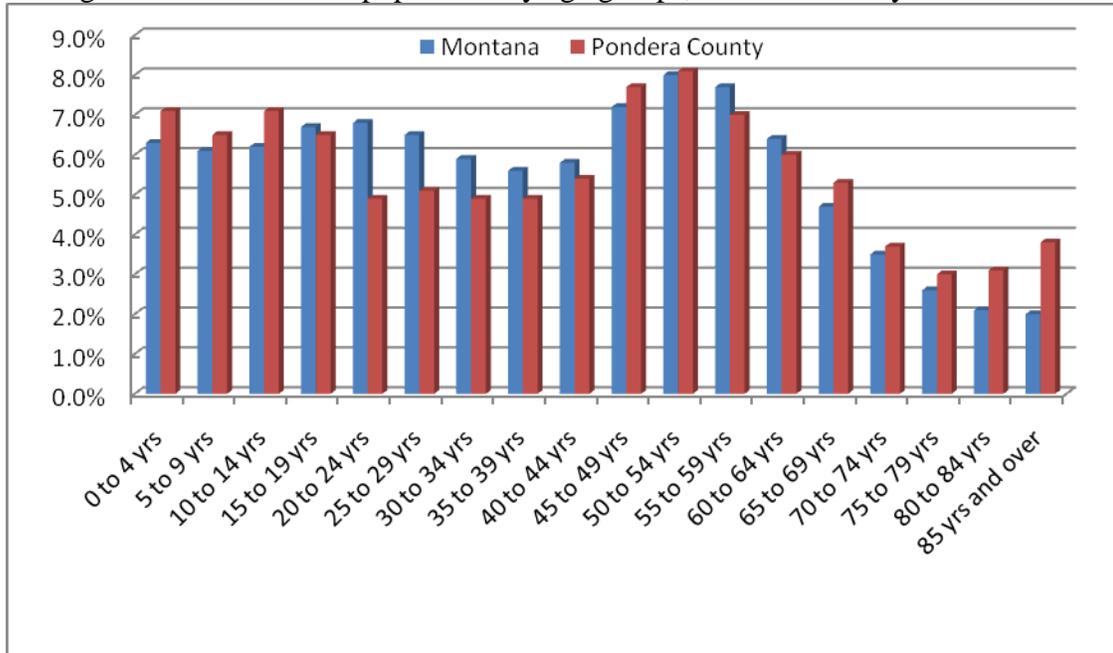


Figure 2 shows how Pondera County’s population distribution compares to Montana’s. A careful examination of Figure 2 and the underlying data reveals that, compared with the State as a whole, Pondera County has a lower percentage of people aged 15 to 44 (31.7 percent vs. 37.3 percent) and a higher percentage of people aged 0 to 14 (20.7 percent vs. 18.6 percent). According to the 2010 Census, Pondera County had a median age of 42.8, which was slightly higher than the statewide median age of 39.8. These demographics are important when planning for healthcare delivery now, and in the future.

Section III Economic Impacts

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

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

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

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

Hospital Employment Multiplier = 1.26
Hospital Employee Compensation Multiplier = 1.20
Hospital Output Multiplier = 1.29

What do these numbers mean? The employment multiplier of 1.26 can be interpreted to mean that for every job at Pondera Medical Center, another .26 jobs are supported in Pondera County. Another way to look at this is that if Pondera Medical Center suddenly went away, about 53 additional non-hospital jobs would also be lost in the county (based on 2010 hospital employment of 204). The employee compensation multiplier of 1.20 simply states that for every dollar in wages and benefits paid to the hospital's employees, another 20 cents of wages and benefits are created in other local jobs in Pondera County. Put another way, if Pondera Medical Center suddenly went away, about \$1,517,662 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 Pondera Medical Center, output in the county increases by another 29 cents.

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

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

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