

Rosebud County, Montana

Community Health Services Development Community Health Needs Assessment Report

Survey conducted by
Rosebud Health Care Center
Forsyth, Montana

In cooperation with
The Montana Office of Rural Health

June 2017



MONTANA
STATE UNIVERSITY

Office of Rural Health
Area Health
Education Center

**Rosebud Health Care Center
Community Health Needs Assessment**

Table of Contents

I. Introduction	1
II. Health Assessment Process	1
III. Survey Methodology.....	1
IV. Survey Respondent Demographics.....	3
V. Survey Findings	6
VI. Focus Group and Key Informant Interview Methodology	44
VII. Focus Group and Key Informant Interview Summary	45
VIII. Summary	46
IX. Prioritization of Health Needs, Available Resources, and Implementation Planning Process.....	47
X. Evaluation of Activity Impacts from Previous CHNA	49
Appendix A – Steering Committee Members.....	51
Appendix B – Public Health and Populations Consultation	52
Appendix C – Secondary Data.....	54
Appendix D – Survey Cover Letter	57
Appendix E – Survey Instrument.....	58
Appendix F – Responses to Other and Comments	64
Appendix G –Focus Group and Key Informant Interview Questions	68
Appendix H – Focus Group and Key Informant Interview Notes	69

Community Survey & Focus Groups Summary Report June 2017

I. Introduction

Rosebud Health Care Center is a 24-bed Critical Access Hospital (CAH) and rural health clinic based in Forsyth, Montana. Rosebud Health Care Center serves Rosebud County of just over 5,000 square miles and provides medical services to the Rosebud County population of just over 9,300 people. Rosebud Health Care Center participated in the Community Health Services Development (CHSD) Project administrated by the Montana Office of Rural Health. Community involvement in steering committee meetings, focus groups and key informant interviews enhance community engagement in the assessment process.

In the spring of 2017, Rosebud Health Care Center's service area was surveyed about its healthcare system. This report shows the results of the survey in both narrative and chart formats. A copy of the survey instrument is included at the end of this report (Appendix E). Readers are invited to familiarize themselves with the survey instrument and the subsequent findings. The narrative report touches on the highlights while the charts present data for virtually every question asked. Please note: we are able to compare some of the 2017 survey data with data from previous surveys conducted in 2014 and 2011. 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 Rosebud Health Care Center in conducting CHSD. A diverse group of community members representing various organizations and populations within the community (ex. public health, elderly, uninsured) came together in March 2017. For a list of all Steering Committee members and their affiliations, see Appendix A. The Steering Committee met twice during the CHSD process; first to discuss health concerns in the community and offer their perspective in designing the survey instrument and again to review results of the survey and focus groups and to assist in the prioritization of health needs to address.

III. Survey Methodology

Survey Instrument

In March 2017, surveys were mailed out to the residents in Rosebud Health Care 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

Rosebud Health Care Center provided 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 650 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.)

Three focus groups and one key informant interview was conducted to identify important local healthcare issues, how to improve the health of the community and gaps in health services. It was intended that this research would help determine the awareness of local programs and services, as well as the level of satisfaction with local services, providers, and facilities.

Information Gaps

Data

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

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

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

Limitations in Survey Methodology

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

Survey Implementation

In March 2017, the community health services development survey, a cover letter from the National Rural Health Resource Center with Rosebud Health Care Center’s Chief Executive Officer’s signature on Rosebud Health Care Center letterhead, and a postage paid reply envelope were mailed to 650 randomly selected residents in the hospital’s service area. A news release was sent to local newspapers prior to the survey distribution announcing that Rosebud Health Care Center would be conducting a community health services survey throughout the region in cooperation with the Montana Office of Rural Health.

One hundred fifty-two surveys were returned out of 650. Of those 650 surveys, 17 surveys were returned undeliverable for a 24% response rate. From this point on, the total number of surveys will be out of 633. 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 6.93%.

IV. Survey Respondent Demographics

A total of 633 surveys were distributed amongst Rosebud Health Care Center’s service area. One hundred fifty-two were completed for a 24% 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)

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

		2011		2014		2017	
Area	Zip code	Count	Percent	Count	Percent	Count	Percent
Forsyth	59327	126	56.8%	120	76.9%	128	84.8%
Hysham	59038	Not asked - 2011		13	8.3%	12	7.9%
Colstrip	59323	50	22.5%	10	6.4%	6	4.0%
Ingomar	59039	Not asked - 2011		Not asked - 2014		3	2.0%
Ashland	59003	15	6.8%	1	0.6%	2	1.3%
Lame Deer	59043	23	10.4%	Not asked - 2014		Not asked - 2017	
Rosebud	59347	5	2.3%	11	7.1%	Not asked - 2017	
Other		3	1.4%	1	0.6%	Not asked - 2017	
TOTAL		222	100%	156	100%	151	100%

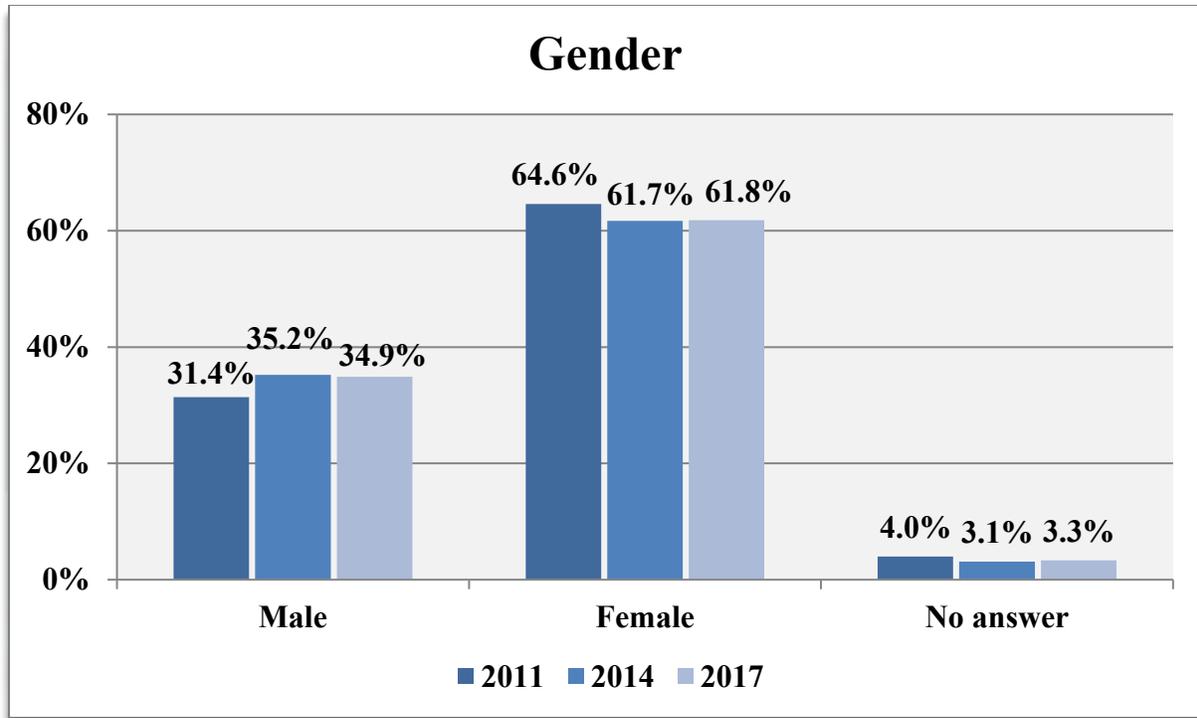
Gender (Question 32)

2017 N= 152

2014 N= 159

2011 N= 226

Of the 152 surveys returned, 61.8% (n=94) of survey respondents were female, 34.9% (n=53) were male, and 3.3% (n=5) chose not to answer this question. It is not unusual for survey respondents to be predominantly female, particularly when the survey is healthcare-oriented since women are frequently the healthcare decision makers for families.



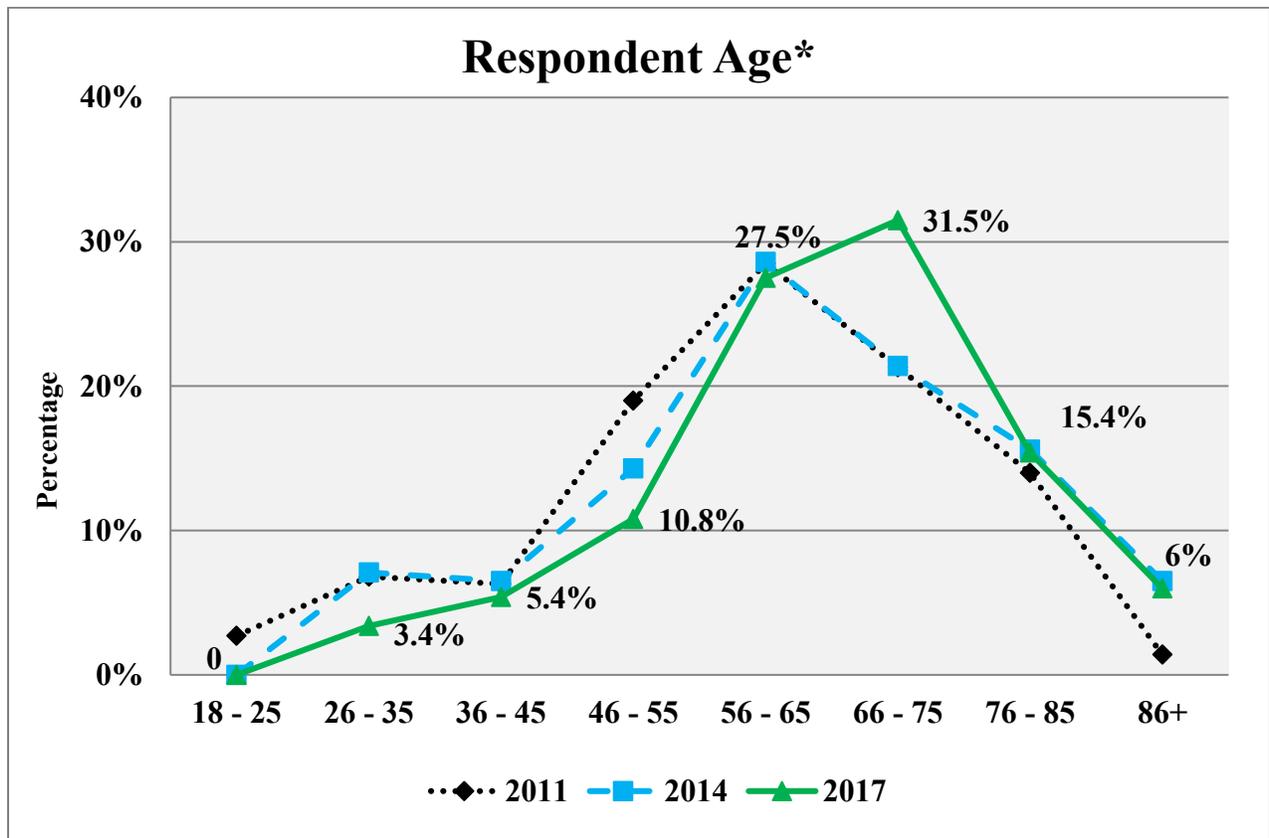
Age of Respondents (Question 33)

2017 N= 149

2014 N= 154

2011 N= 221

Thirty-two percent of respondents (n=47) were between the ages of 66-75. Twenty-eight percent of respondents (n=41) were between the ages of 56-65 and 15.4% of respondents (n=23) were between the ages of 76-85. This statistic is comparable to other Critical Access Hospital demographics. The increasing percentage of aging residents in rural communities is a trend which is seen throughout Montana and will likely have a significant impact on the need for healthcare services during the next 10-20 years. However, it is important to note that the survey was targeted to adults and, therefore, no respondents are under age 18. Older residents are also more invested in healthcare decision making and are more likely to respond to healthcare surveys, as reflected by this graph.



*Significantly more of the 2017 respondents are in the 66 to 75 age group.

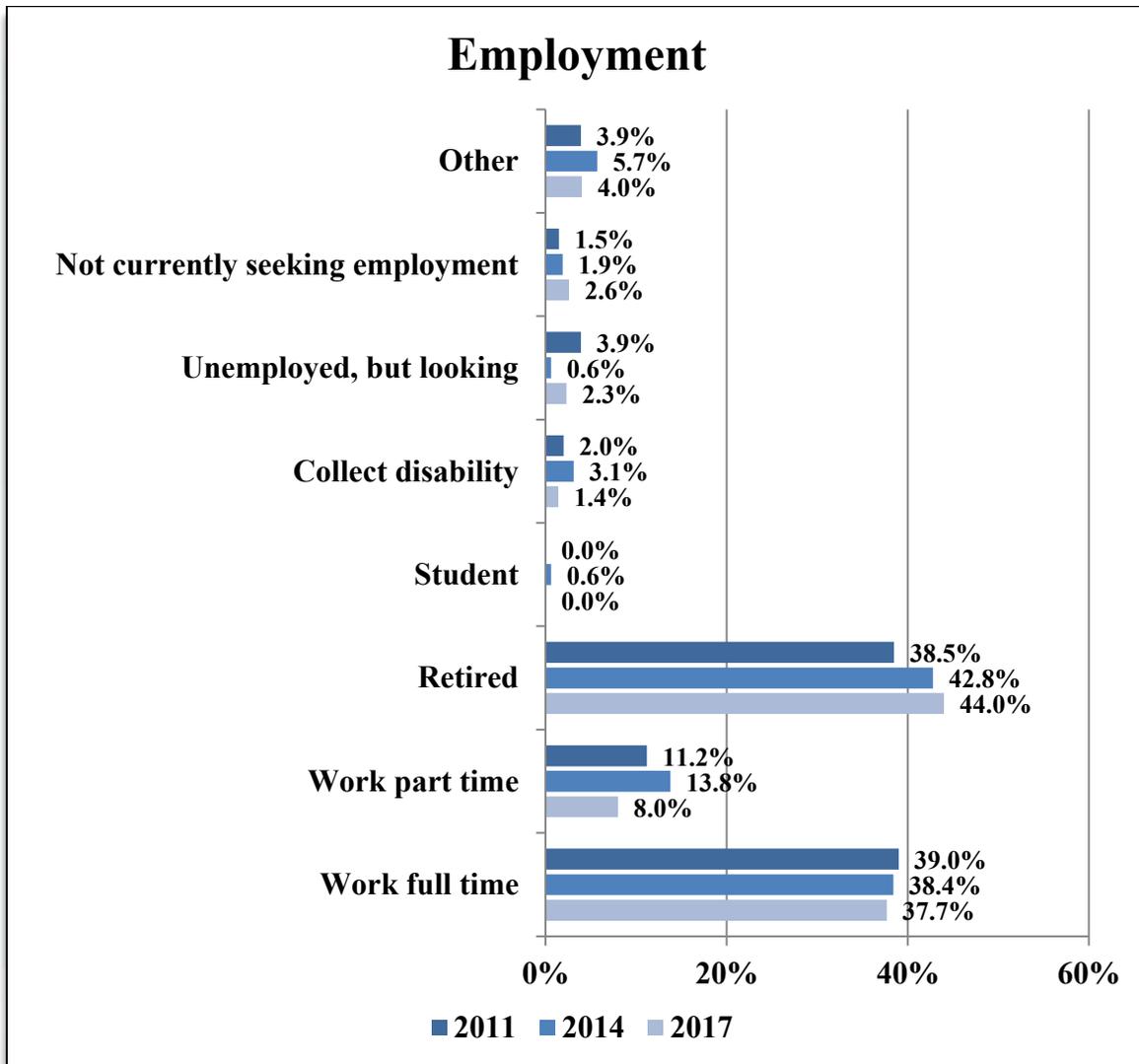
Employment Status (Question 34)

2017 N= 145

2014 N= 159

2011 N= 205

Respondents were asked to indicate their employment status. Forty-four percent (n=154) reported they are retired while 37.7% (n=132) work full time. Respondents could check all that apply so the percentages do not equal 100%.



“Other” comments:

- Self-employed (4)
- Husband employed, I take care of livestock
- Disabled
- Retired but self-employed part-time
- Medicare
- Homemaker
- Stay at home mom
- Social Security Disability Insurance

V. Survey Findings – Community Health

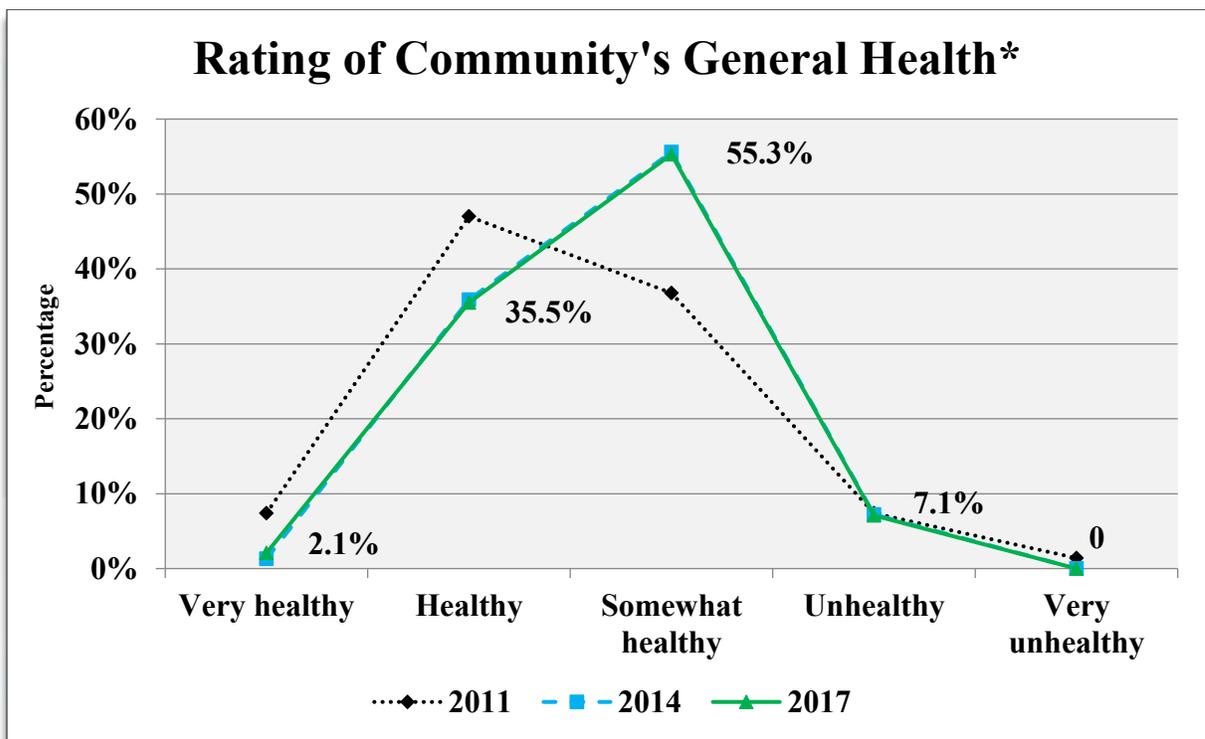
Impression of Community (Question 1)

2017 N= 141

2014 N= 153

2011 N= 215

Respondents were asked to indicate how they would rate the general health of their community. Fifty-five percent of respondents (n=78) rated their community as “Somewhat healthy.” Thirty-six percent of respondents (n=50) felt their community was “Healthy” and 7.1% (n=10) felt their community was “Unhealthy.”



*2014 and 2017 respondents were significantly less likely to rate the general health of their community as healthy or very healthy.

“Other” comments:

- How would I know?
- unknown

Health Concerns for Community (Question 2)

2017 N= 152

2014 N= 159

2011 N= 226

Respondents were asked what they felt the three most serious health concerns were in their community. The top identified health concern was “Alcohol abuse/substance abuse” with 52.6% (n=80). “Cancer” was also a high priority at 44.1% (n=67) followed by “Overweight/obesity” at 37.5% (n=57). Respondents were asked to pick their top three serious health concerns so percentages do not equal 100%.

Health Concern	2011		2014		2017	
	Count	Percent	Count	Percent	Count	Percent
Alcohol abuse/substance abuse	134	59.3%	92	57.9%	80	52.6%
Cancer	104	46.0%	74	46.5%	67	44.1%
Overweight/obesity ¹	51	22.6%	66	41.5%	57	37.5%
Heart disease	47	20.8%	37	23.3%	46	30.3%
Diabetes	58	25.7%	27	17.0%	37	24.3%
Lack of exercise	50	22.1%	35	22.0%	22	14.5%
Mental health issues	18	8.0%	14	8.8%	22	14.5%
Tobacco use ²	50	22.1%	42	26.4%	20	13.2%
Lack of access to healthcare	13	5.8%	9	5.7%	17	11.2%
Depression/anxiety	Not asked - 2011		20	12.6%	15	9.9%
Stroke	13	5.8%	5	3.1%	14	9.2%
Lack of dental care	14	6.2%	3	1.9%	9	5.9%
Child abuse/neglect	20	8.8%	12	7.5%	8	5.3%
Motor vehicle accidents	15	6.6%	8	5.0%	8	5.3%
Work related accidents/injuries ³	19	8.4%	5	3.1%	5	3.3%
Domestic violence	12	5.3%	3	1.9%	2	1.3%
Recreation related accidents/injuries	4	1.8%	3	1.9%	0	0%
Other	12	5.3%	7	4.4%	6	3.9%

¹Significantly more of the 2014 and 2017 respondents selected obesity as a serious community health concern.

²Significantly fewer 2017 respondents selected tobacco use as a serious health concern.

³Significantly fewer 2014 and 2017 respondents cited work related accidents or injuries as a serious health concern.

“Other” comments:

- Bad sidewalks, streets, and most importantly threatening dogs
- No eye doctor
- Illegal drugs (3)
- Chemical
- The high number of elderly people (2)
- Cost of care

Components of a Healthy Community (Question 3)

2017 N= 152

2014 N= 159

2011 N= 226

Respondents were asked to identify the three most important things for a healthy community. Sixty-nine percent of respondents (n=104) 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 53.3% (n=81) and third was “Healthy behaviors and lifestyles” at 34.9% (n=53). Respondents were asked to identify their top three choices, thus the percentages do not add up to 100%.

Important Component	2011		2014		2017	
	Count	Percent	Count	Percent	Count	Percent
Access to healthcare and other services	128	56.6%	99	62.3%	104	68.6%
Good jobs and healthy economy¹	109	48.2%	61	38.4%	81	53.3%
Healthy behaviors and lifestyles	79	35.0%	66	41.5%	53	34.9%
Strong family life	65	28.8%	53	33.3%	43	28.3%
Religious or spiritual values	51	22.6%	46	28.9%	39	25.7%
Good schools	57	25.2%	38	23.9%	35	23.0%
Low crime/safe neighborhoods	51	22.6%	32	20.1%	31	20.4%
Clean environment ²	47	20.8%	21	13.2%	19	12.5%
Affordable housing	42	18.6%	21	13.2%	18	11.8%
Community involvement	20	8.8%	11	6.9%	11	7.2%
Low death and disease rates	7	3.1%	8	5.0%	6	3.9%
Parks and recreation	16	7.1%	5	3.1%	5	3.3%
Low level of domestic violence	4	1.8%	0	0	4	2.6%
Arts and cultural events	4	1.8%	4	2.5%	2	1.3%
Tolerance for diversity ³	21	9.3%	7	4.4%	2	1.3%
Other	2	0.9%	3	1.9%	1	0.7%

¹Good jobs and a healthy economy was selected significantly more often by 2017 respondents when compared with 2014.

²Significantly fewer of the 2014 and 2017 respondents selected a clean environment as a component of a health community.

³Tolerance for diversity has been selected significantly less often since 2011.

“Other” comments:

- Youth drug addiction

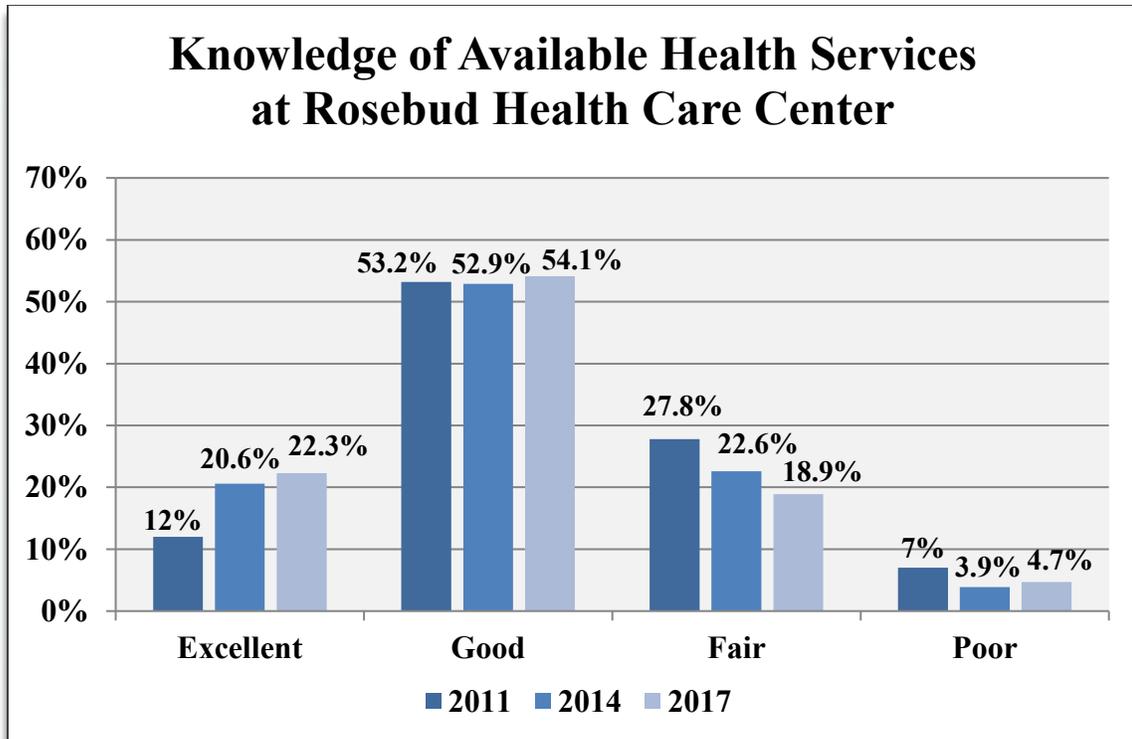
Overall Awareness of Health Services (Question 4)

2017 N= 148

2014 N= 155

2011 N= 216

Respondents were asked to rate their knowledge of the health services available at Rosebud Health Care Center. Fifty-four percent (n=80) of respondents rated their knowledge of health services as “Good”, “Excellent” was selected by 22.3% percent (n=33) and “fair” was selected by 18.9% (n=28) of respondents. Four respondents chose not to answer this question.



How Respondents Learn of Healthcare Services (Question 5)

2017 N= 152

2014 N= 159

2011 N= 226

The most frequently indicated method of learning about available services was “Word of mouth/reputation” at 61.2% (n=93). “Friends/family” was the second most frequent response at 56.6% (n=86) and “Healthcare provider” was reported at 48% (n=73). Respondents could select more than one method so percentages do not equal 100%.

Method	2011		2014		2017	
	Count	Percent	Count	Percent	Count	Percent
Word of mouth/reputation	154	68.1%	109	68.6%	93	61.2%
Friends/family	112	49.6%	88	55.3%	86	56.6%
Healthcare provider¹	83	36.7%	78	49.1%	73	48.0%
Newspaper ²	66	29.2%	77	48.4%	61	40.1%
Mailings/newsletter ³	51	22.6%	51	32.1%	52	34.2%
Radio ⁴	22	9.7%	23	14.5%	28	18.4%
Public health	25	11.1%	14	8.8%	23	15.1%
Community bulletin board	Not asked - 2011		26	16.4%	18	11.8%
Presentations	8	3.5%	5	3.1%	11	7.2%
Facebook page/social media	Not asked - 2011		6	3.8%	9	5.9%
Website/internet	6	2.7%	8	5.0%	4	2.6%
Other	9	4.0%	3	1.9%	9	5.9%

¹⁻⁴Significantly more of the 2014 and 2017 respondents learn about available health care services from their healthcare provider, newspaper, mailings/newsletters and radio when compared to 2011.

“Other” comments:

- None
- I don't
- Always known they were here, born there
- Just been there
- Hospital and Foundation Board member for many years

Cross Tabulation of Service Knowledge and Learning about Services

Analysis was done to assess respondents' knowledge of services available at Rosebud Health Care 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 ROSEBUD HEALTH CARE CENTER SERVICES BY HOW RESPONDENTS LEARN ABOUT HEALTHCARE SERVICES

	Excellent	Good	Fair	Poor	Total
Word of mouth/reputation	21 (23.3%)	49 (54.4%)	17 (18.9%)	3 (3.3%)	90
Friends/family	13 (15.1%)	47 (54.7%)	24 (27.9%)	2 (2.3%)	86
Healthcare provider	21 (29.6%)	40 (56.3%)	10 (14.1%)		71
Newspaper	15 (25%)	37 (61.7%)	5 (8.3%)	3 (5%)	60
Mailings/newsletter	11 (21.2%)	31 (59.6%)	8 (15.4%)	2 (3.8%)	52
Radio	9 (32.1%)	15 (53.6%)	4 (14.3%)		28
Public health	5 (21.7%)	12 (52.2%)	5 (21.7%)	4 (4.3%)	23
Community bulletin board	4 (22.2%)	11 (61.1%)	2 (11.1%)	1 (5.6%)	18
Presentations	4 (36.4%)	7 (63.6%)			11
Facebook/social media	4 (44.4%)	3 (33.3%)	2 (22.2%)		9
Website/internet	2 (50%)	1 (25%)	1 (25%)		4
Other		6 (66.7%)	1 (11.1%)	2 (22.2%)	9

Other Community Health Resources Utilized (Question 6)

2017 N= 152

2014 N= 159

2011 N= 226

Respondents were asked which community health resources, other than the hospital or clinic, they had used in the last three years. “Pharmacy/tele-pharmacy” was the most frequently utilized community health resource cited by respondents at 80.9% (n=123). “Dentist” was also a highly utilized resource at 61.2% (n=93) followed by “Public health” at 27% (n=41). Respondents could select more than one resource so percentages do not equal 100%.

Resource	2011		2014		2017	
	Count	Percent	Count	Percent	Count	Percent
Pharmacy/tele-pharmacy ¹	161	71.2%	127	79.9%	123	80.9%
Dentist	125	55.3%	99	62.3%	93	61.2%
Public health	68	30.1%	42	26.4%	41	27.0%
Ophthalmologist (eye doctor) ²	105	46.5%	70	44.0%	37	24.3%
Senior center	28	12.4%	26	16.4%	31	20.4%
Mental health	12	5.3%	8	5.0%	7	4.6%
Nursing home	Not asked - 2011		Not asked - 2014		4	2.6%
Assisted living	Not asked - 2011		1	0.6%	2	1.3%
Other	9	4.0%	6	3.8%	5	3.3%

¹Significantly more of the 2014 and 2017 respondents have used a pharmacy/tele-pharmacy.

²Significantly fewer of the 2017 respondents have been to an eye doctor in the past three years.

“Other” comments:

- None
- DEAP [Developmental Educational Assistance Program]
- Family doctor
- Respite Care Occasionally at nursing home

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

2017 N= 152

2014 N= 159

2011 N= 226

Respondents were asked to indicate what they felt would improve their community’s access to healthcare. Fifty-three percent of respondents (n=80) reported that “Affordability of services” would make the greatest improvement. Thirty-four percent of respondents (n=52) indicated “More primary care providers” would improve access and “More specialists” was selected by 29.6% (n=45). Respondents could select more than one method so percentages do not equal 100%.

Improvement	2011		2014		2017	
	Count	Percent	Count	Percent	Count	Percent
Affordability of services	Not asked - 2011		80	50.3%	80	52.6%
More primary care providers ¹	68	30.1%	81	50.9%	52	34.2%
More specialists ²	92	40.7%	49	30.8%	45	29.6%
Improved quality of care	49	21.7%	39	24.5%	34	22.4%
Outpatient services expanded hours ³	31	13.7%	39	24.5%	21	13.8%
Greater health education services	39	17.3%	36	22.6%	20	13.2%
Transportation assistance	31	13.7%	33	20.8%	19	12.5%
Telemedicine ⁴	13	5.8%	23	14.5%	12	7.9%
Cultural sensitivity ⁵	17	7.5%	3	1.9%	2	1.3%
Interpreter services ⁶	5	2.2%	0	0%	0	0%
Other	17	7.5%	7	4.4%	7	4.6%

^{1,3-4}Significantly fewer 2017 respondents selected ‘more primary care providers’, ‘outpatient services expanded hours’, and ‘telemedicine’ when compared to 2014.

²Significantly fewer 2014 and 2017 respondents selected ‘more specialists.’

⁵⁻⁶ Significantly fewer 2014 and 2017 respondents selected ‘cultural sensitivity’ and ‘interpreter services’.

“Other” comments

- No opinion
- Improved confidentiality
- For size of community, I think we have excellent health care
- Single-payer universal health care for everyone
- Better doctors with more knowledge, understanding and would listen to patient
- Obamacare updated/dropped/changed
- TV
- Assisted living attached to nursing home
- Help getting insurance paperwork filled out
- Online access afterhours for questions
- Outreach services from Billings Clinic or St. Vincent’s specialists monthly. Only on eMD here.

Interest in Educational Classes/Programs (Question 8)

2017 N= 152

2014 N= 159

Respondents were asked if they would be interested in any educational classes/programs if offered locally. The most highly indicated class/program was “Health and wellness” at 28.9% (n=44). “Fitness” was selected by 25.7% of respondents (n=39) and “Nutrition” with 23% (n=35). Respondents could select more than one method so percentages do not equal 100%.

Educational Class/Program	2014		2017	
	Count	Percent	Count	Percent
Health and wellness	52	32.7%	44	28.9%
Fitness	57	35.8%	39	25.7%
Nutrition ¹	56	35.2%	35	23.0%
Women's health ²	52	32.7%	33	21.7%
Weight loss ³	48	30.2%	30	19.7%
First aid/CPR	30	18.9%	26	17.1%
Diabetes	23	14.5%	25	16.4%
Alzheimer's	17	10.7%	24	15.8%
Living will	35	22.0%	23	15.1%
Cancer	20	12.6%	20	13.2%
Heart disease	13	8.2%	17	11.2%
Weight Training ⁴	30	18.9%	16	10.5%
Men's health	19	11.9%	15	9.9%
Mental health	8	5.0%	12	7.9%
Grief counseling	6	3.8%	9	5.9%
Support groups	6	3.8%	9	5.9%
Smoking cessation	5	3.1%	7	4.6%
Parenting	4	2.5%	6	3.9%
Alcohol/substance abuse	1	0.6%	5	3.3%
Prenatal	4	2.5%	3	2.0%
Other	5	3.1%	4	2.6%

¹⁻⁴Significantly fewer 2017 respondents are interested in classes regarding nutrition, women’s health, weight loss and weight training.

“Other” comments:

- None
- Suicide
- Quit chewing tobacco help
- Aquafitness at local swimming pool

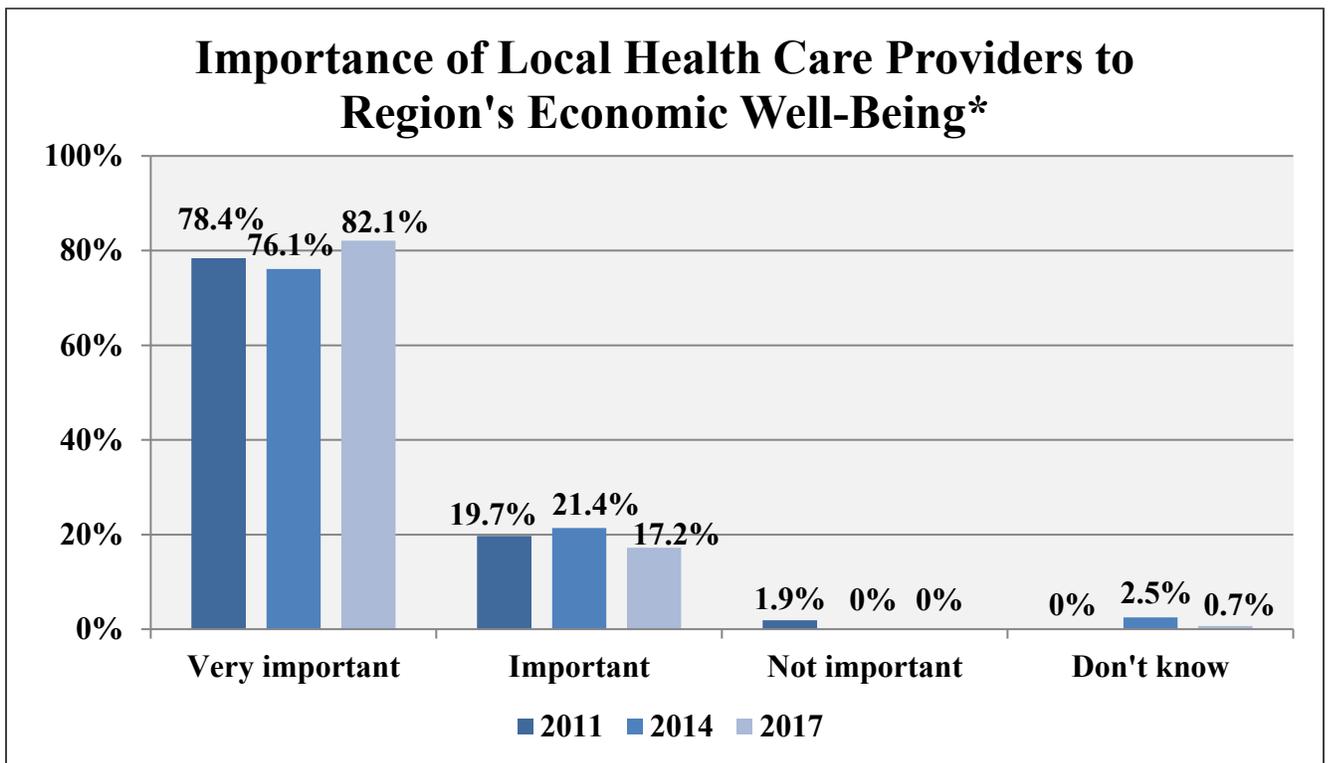
Economic Importance of Local Healthcare Providers and Services (Question 9)

2017 N= 151

2014 N= 159

2011 N= 208

The majority of respondents (82.1%, n=124) indicated that local healthcare providers and services (i.e. hospitals, clinics, nursing homes, assisted living, etc.) are “Very important” to the economic wellbeing of the area. Seventeen percent of respondents (n=26) indicated they are “Important” and one respondent, or 0.7% indicated they “Don’t know”. One respondent chose not to answer this question.



*2017 respondents were significantly more likely to indicate local health care is very important to the region.

Survey Findings – Use of Healthcare Services

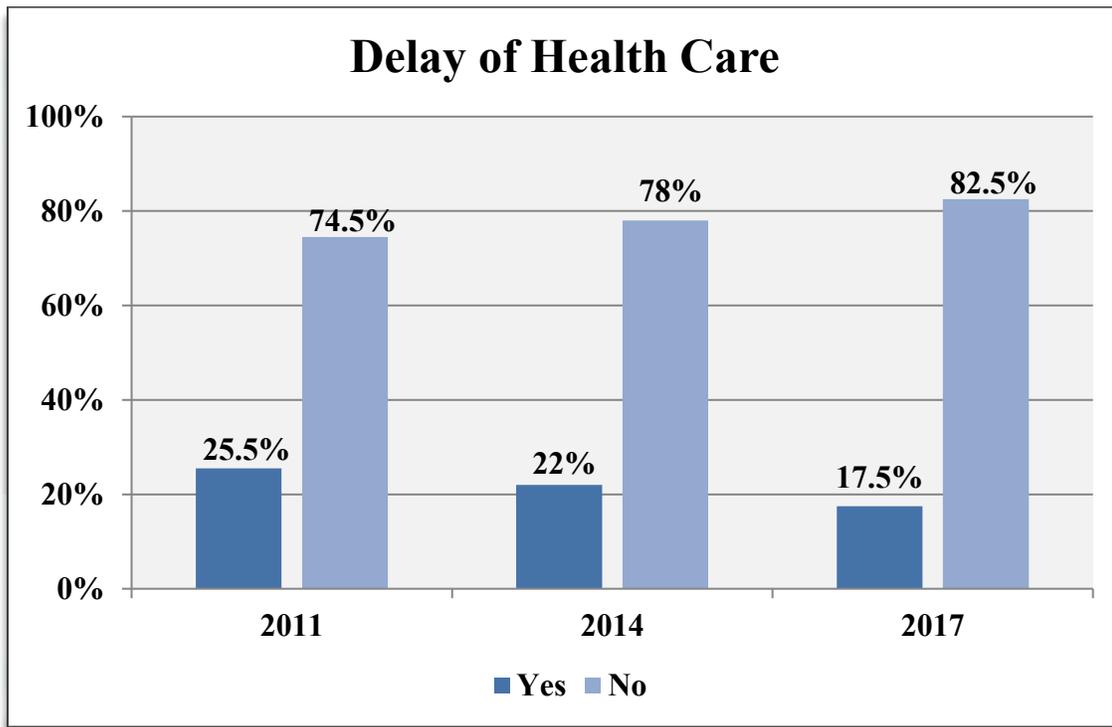
Needed/Delayed Hospital Care During the Past Three Years (Question 10)

2017 N= 143

2014 N= 150

2011 N= 208

Eighteen percent of respondents (n=25) 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. Eighty-three percent of respondents (n=118) felt they were able to get the healthcare services they needed without delay. Nine respondents chose not to answer this question.



“Other” comments:

- Mental health is dysfunctional in Forsyth

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

2017 N= 25

2014 N= 33

2011 N= 53

For those who indicated they were unable to receive or had to delay services (n=25), the reasons most cited were: “It costs too much” (40%, n=10), “Don’t like doctors/providers” (36%, n=9) and “My insurance didn’t cover it” (32%, n=8). Respondents were asked to indicate their top three choices, thus percentages do not total 100%.

Reason	2011		2014		2017	
	Count	Percent	Count	Percent	Count	Percent
It costs too much	25	47.2%	10	30.3%	10	40.0%
Don't like doctors/providers¹	6	11.3%	8	24.2%	9	36.0%
My insurance didn't cover it	10	18.9%	3	9.1%	8	32.0%
Not treated with respect ²	4	7.5%	1	3.0%	6	24.0%
Too long to wait for an appointment	14	26.4%	6	18.2%	5	20.0%
Could not get an appointment	4	7.5%	1	3.0%	4	16.0%
Didn't know where to go	3	5.7%	3	9.1%	3	12.0%
Unsure if services were available	3	5.7%	4	12.1%	2	8.0%
Could not get off work	4	7.5%	5	15.2%	2	8.0%
Office wasn't open when I could go	2	3.8%	4	12.1%	1	4.0%
It was too far to go	7	13.2%	3	9.1%	1	4.0%
Too nervous or afraid	3	5.7%	3	9.1%	1	4.0%
Had no one to care for the children	1	1.9%	3	9.1%	0	0%
No insurance ³	19	35.8%	5	15.2%	0	0%
Language barrier	0	0%	0	0%	0	0%
Transportation problems	1	1.9%	1	3.0%	0	0%
Other	9	17.0%	8	24.2%	6	24.0%

¹The percentage of respondents that selected 'don't like doctors' has been significantly increasing since 2011.

²Significantly more 2017 respondents delayed seeking health care because they were not treated with respect.

³None of the 2017 respondents selected 'no insurance.' This is a significant difference from 2011 and 2014.

“Other” comments:

- Not available
- PA was not working that day- couldn't get my question answered
- Was not taken seriously. Had to go to clinic and put up a stink to push them into doing their job, and then was given an unsatisfactory answer to whose fault it was. So much for water under the bridge.
- Didn't think local doctor/providers were capable of dealing with my problem
- The doctor I was seeing ended our doctor/patient relationship
- VA didn't cover it
- False alarm

Utilization of Preventative Services (Question 12)

2017 N= 152

2014 N= 159

Respondents were asked if they had utilized any of the preventative services listed in the past year. “Flu shot” was selected by 59.2% of respondents (n=90). Fifty-one percent of respondents (n=77) indicated they received a “Routine health checkup” and 48% of respondents (n=73) received a “Routine blood pressure check.” Respondents could check all that apply, thus the percentages do not equal 100%.

Service	2014		2017	
	Count	Percent	Count	Percent
Flu shot	86	54.1%	90	59.2%
Routine health checkup	77	48.4%	77	50.7%
Routine blood pressure check	70	44.0%	73	48.0%
Cholesterol check	64	40.3%	61	40.1%
Mammography	39	24.5%	51	33.6%
Diabetic/glucose screening	37	23.3%	36	23.7%
Colonoscopy ¹	7	4.4%	24	15.8%
Prostate (PSA)	20	12.6%	16	10.5%
None	15	9.4%	16	10.5%
Pap smear ²	23	14.5%	11	7.2%
Children’s checkup/Well baby	8	5.0%	5	3.3%
Other	10	6.3%	4	2.6%

¹Significantly more 2017 respondents had a colonoscopy in the past year.

²Significantly fewer 2017 respondents selected Pap smear.

“Other” comments:

- Dental/eyes
- Outside referrals by local providers

Desired Local Healthcare Services (Question 13)

2017 N= 152

2014 N= 159

2011 N= 226

Respondents were asked to indicate which additional healthcare services would they utilize if available locally. Respondents indicated the most interest in having “Dermatology” services at 26.3% of respondents (n=40) followed by a “Foot care clinic” at 18.4% (n=28), and “Hospice” and “Cardiac stress test” at 10.5% (n=16) each. Respondents were asked to select all that apply so percentages do not equal 100%.

Resource	2011		2014		2017	
	Count	Percent	Count	Percent	Count	Percent
Dermatology	50	22.1%	47	29.6%	40	26.3%
Foot care clinic	41	18.1%	24	15.1%	28	18.4%
Hospice	22	9.7%	11	6.9%	16	10.5%
Cardiac stress test	Not asked - 2011		23	14.5%	16	10.5%
Diabetes education	36	15.9%	19	11.9%	13	8.6%
Home health ¹	37	16.4%	15	9.4%	13	8.6%
Sleep studies	23	10.2%	22	13.8%	12	7.9%
Cardiac rehabilitation	27	11.9%	9	5.7%	10	6.6%
Mental health/tele-psych	14	6.2%	5	3.1%	9	5.9%
Crisis services ²	16	7.1%	3	1.9%	4	2.6%
Dialysis	Not asked - 2011		2	1.3%	3	2.0%
Other	13	5.8%	8	5.0%	10	6.6%

¹⁻²Significantly fewer of the 2014 and 2017 respondents selected ‘crisis services’ and ‘home health’.

“Other” comments:

- Eye doctor/optometrist (3)
- Cancer nutrition
- GYN
- N/A
- Local access would be great for those who need it [dialysis]

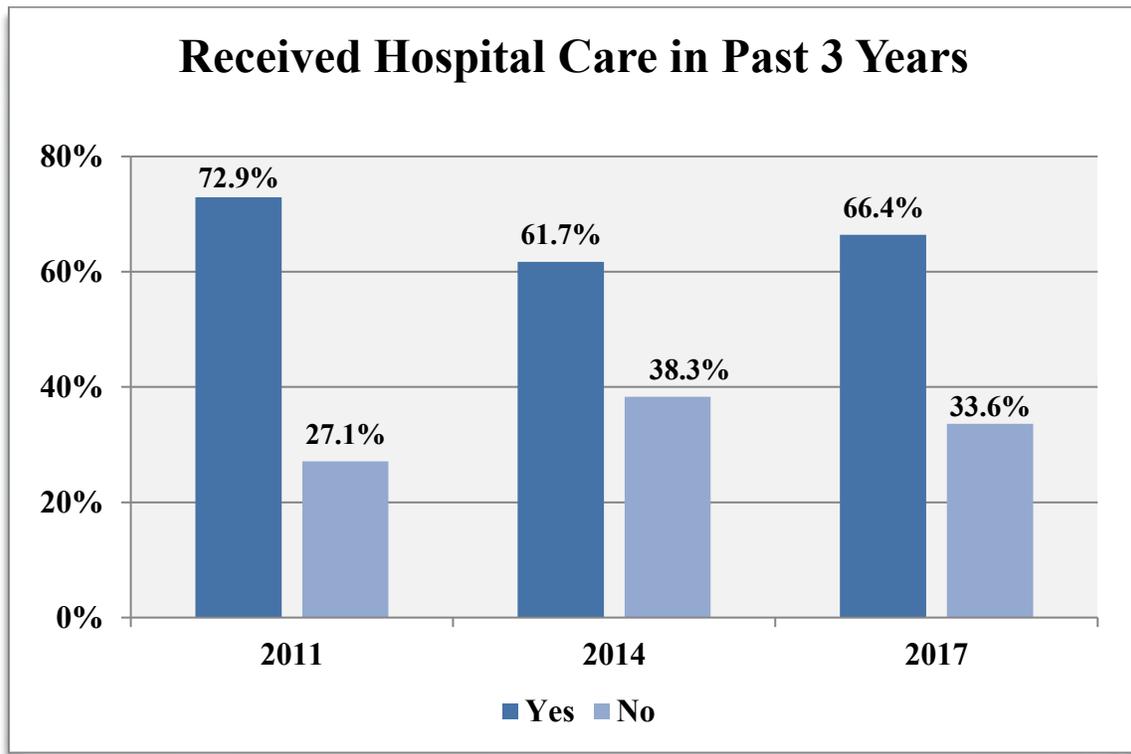
Hospital Care Received in the Past Three Years (Question 14)

2017 N= 149

2014 N= 149

2011 N= 221

Respondents were asked if they or someone in their household had received hospital care in the last three years. Hospitalization was quantified as hospitalized overnight, day surgery, obstetrical care, rehabilitation, radiology, or emergency care. Sixty-six percent of respondents (n=99) reported that they or a member of their family had received hospital care during the previous three years and 33.6% (n=50) had not received hospital services. Three respondents chose not to answer this question.



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

2017 N= 82

2014 N= 75

2011 N= 145

Of the 99 respondents who indicated receiving hospital care in the previous three years, 35.4% (n=29) reported receiving care at Billings Clinic. Thirty-two percent of respondents (n=26) went to Rosebud Health Care Center and 18.3% of respondents (n=15) utilized services from St. Vincent Healthcare. Of those respondents who reported they had been to a hospital in the past three years, 17 did not indicate which hospital they had utilized.

Hospital	2011		2014		2017	
	Count	Percent	Count	Percent	Count	Percent
Billings Clinic	48	33.1%	24	32.0%	29	35.4%
Rosebud Health Care Center	46	31.7%	32	42.7%	26	31.7%
St. Vincent Healthcare	25	17.2%	10	13.3%	15	18.3%
Holy Rosary Healthcare	16	11.0%	5	6.7%	7	8.5%
Other	7	4.8%	1	1.3%	3	3.7%
VA Hospital	0	0%	3	4.0%	2	2.4%
IHS - Crow Agency	3	2.1%	0	0%	0	0%
TOTAL	145	100%	75	100%	82	100%

“Other” comments:

- St. James
- Via- Ortho Montana
- Sidney Health Center

Reasons for Selecting the Hospital Used (Question 16)

2017 N= 99

2014 N= 92

2011 N= 161

Of the 99 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 “Doctor/provider preference” at 57.6% (n=57). “Prior experience with hospital” was selected by 49.5% (n=49) and 38.4% (n=38) selected “Closest to home.” Note that respondents were asked to select the top three answers which influenced their choices; therefore the percentages do not equal 100%.

Reason	2011		2014		2017	
	Count	Percent	Count	Percent	Count	Percent
Doctor/provider preference	Not asked - 2011		43	46.7%	57	57.6%
Prior experience with hospital	82	50.9%	48	52.2%	49	49.5%
Closest to home	74	46.0%	40	43.5%	38	38.4%
Referred by physician ¹	79	49.1%	24	26.1%	32	32.3%
Hospital’s reputation for quality	51	31.7%	25	27.2%	31	31.3%
Emergency, no choice	45	28.0%	29	31.5%	18	18.2%
Closest to work	10	6.2%	4	4.3%	5	5.1%
Recommended by family or friends	16	9.9%	5	5.4%	4	4.0%
VA/Military requirement	2	1.2%	5	5.4%	3	3.0%
Cost of care	9	5.6%	6	6.5%	2	2.0%
Required by insurance plan ²	14	8.7%	3	3.3%	2	2.0%
Other	16	9.9%	4	4.3%	6	6.1%

¹⁻²Significantly fewer 2014 and 2017 respondents selected ‘referred by physician’ and ‘required by insurance plan.’

“Other” comments:

- My real doctor had retired
- Surgeon affiliation
- Hospital billing dept.
- Had a baby
- Ortho MT
- Loyalty

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. Resident's zip code (place of residence) is across the top and hospital location is along the side. Rosebud, Lame Deer and Ingomar were removed from the table due to non-response.

LOCATION OF MOST OFTEN UTILIZED HOSPITAL BY RESIDENCE

	Forsyth 59327	Hysham 59038	Colstrip 59323	Ashland 59003	Total
Billings Clinic	25 (35.7%)	2 (25%)	2 (66.7%)		29 (35.4%)
Rosebud Health Care Center	24 (34.3%)	2 (25%)			26 (31.7%)
St. Vincent Healthcare	10 (14.3%)	3 (37.5%)	1 (33.3%)	1 (100%)	15 (18.3%)
Holy Rosary Healthcare	7 (10%)				7 (8.5%)
VA Hospital	2 (2.9%)				2 (2.4%)
Other	2 (2.9%)	1 (12.5%)			3 (3.7%)
Total	70	8	3	1	82 (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

	Rosebud Health Care Center	Billings Clinic	St. Vincent Healthcare	Holy Rosary Healthcare	VA Hospital	Other	Total
Doctor/provider preference	11 (22%)	19 (38%)	12 (24%)	4 (8%)	1 (2%)	3 (6%)	50
Prior experience with hospital	13 (32.5%)	16 (40%)	7 (17.5%)	3 (7.5%)		1 (2.5%)	40
Closest to home	24 (82.8%)		1 (3.4%)	3 (10.3%)	1 (3.4%)		29
Hospital's reputation for quality	5 (17.9%)	15 (53.6%)	4 (14.3%)	4 (14.3%)			28
Referred by physician	3 (11.5%)	11 (42.3%)	6 (23.1%)	4 (15.4%)		2 (7.7%)	26
Emergency, no choice	7 (53.8%)	4 (30.8%)	1 (7.7%)		1 (7.7%)		13
Recommended by family/friends		2 (50%)	1 (25%)	1 (25%)			4
Closest to work	2 (66.7%)			1 (33.3%)			3
Cost of care			1 (50%)	1 (50%)			2
Required by insurance plan	1 (50%)	1 (50%)					2
VA/Military requirement					1 (100%)		1
Other	2 (40%)	1 (20%)	2 (40%)				5

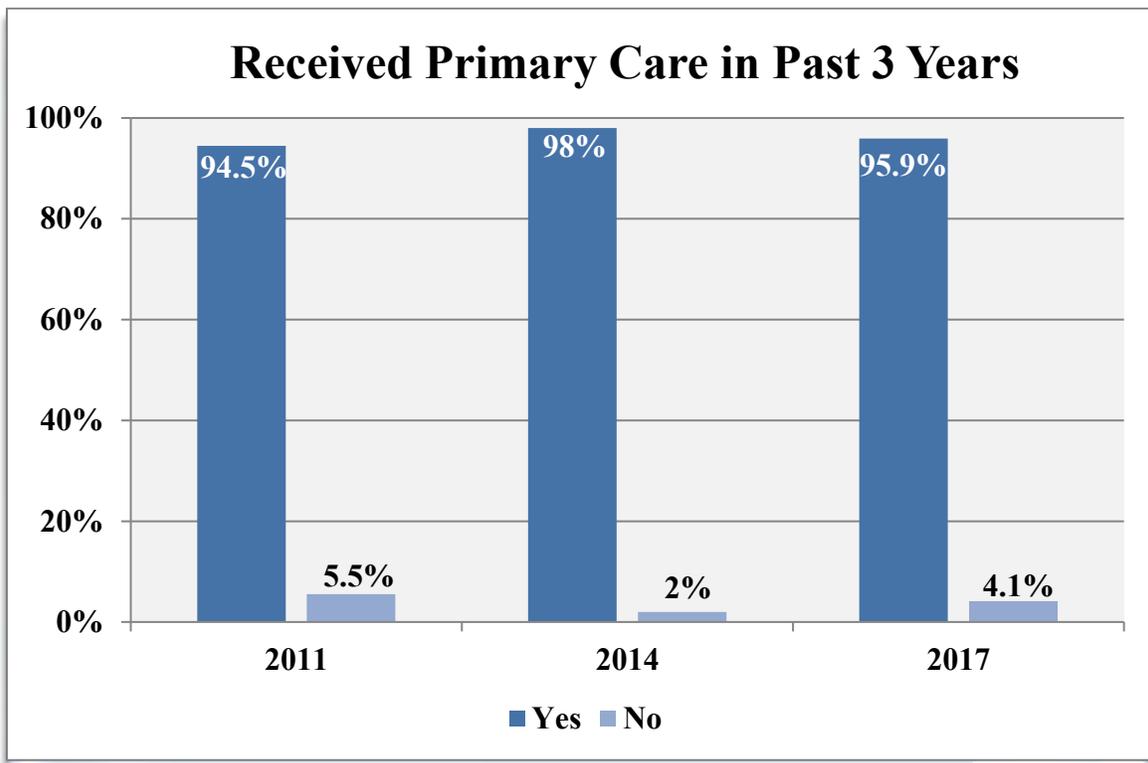
Primary Care Received in the Past Three Years (Question 17)

2017 N= 148

2014 N= 152

2011 N= 220

Ninety-six percent of respondents (n=142) indicated 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. Six respondents (4.1%) indicated they or someone in their household had not. Four respondents chose not to respond to this question.



“Other” comments:

- Sidney

Location of Primary Care Provider (Question 18)

2017 N= 129

2014 N= 127

2011 N= 195

Of the 142 respondents who indicated receiving primary care services in the previous three years, 62.8% (n=81) reported receiving care in Forsyth. Eighteen percent of respondents (n=23) went to Billings and 12.4% of respondents (n=16) utilized primary care services in Miles City. Thirteen of the 142 respondents who reported they had utilized primary care services in the past three years did not indicate where they received those services.

Clinic	2011		2014		2017	
	Count	Percent	Count	Percent	Count	Percent
Forsyth¹	71	36.2%	70	55.1%	81	62.8%
Billings	25	12.8%	26	20.5%	23	17.8%
Miles City	26	13.3%	26	20.5%	16	12.4%
Colstrip ¹	42	21.5%	4	3.1%	7	5.4%
Ashland	9	4.6%	0	0%	1	0.8%
Hardin	5	2.6%	1	0.8%	0	0%
Lame Deer	13	6.7%	0	0%	0	0%
Other	4	2.1%	0	0%	1	0.8%
TOTAL	195	100%	127	100%	129	100%

¹Respondents seeking primary care in Forsyth has been significantly increasing since 2011.

²Significantly fewer 2014 and 2017 respondents go to Colstrip for primary care.

“Other” comments:

- Lewistown, MT

Reasons for Selection of Primary Care Provider (Question 19)

2017 N= 142

2014 N= 149

2011 N= 208

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. “Prior experience with clinic” was the most frequently selected reason at 59.2% (n=84) followed by “Closest to home” at 57% (n=81) and “Appointment availability” at 30.3% (n=43). Respondents were asked to check all that apply so the percentages do not equal 100%.

Reason	2011		2014		2017	
	Count	Percent	Count	Percent	Count	Percent
Prior experience with clinic¹	74	35.6%	89	59.7%	84	59.2%
Closest to home	134	64.4%	78	52.3%	81	57.0%
Appointment availability	78	37.5%	50	33.6%	43	30.3%
Clinic’s reputation for quality	48	23.1%	43	28.9%	37	26.1%
Recommended by family or friends ²	15	7.2%	16	10.7%	23	16.2%
Referred by physician or other provider	21	10.1%	18	12.1%	10	7.0%
Cost of care	19	9.1%	6	4.0%	6	4.2%
Required by insurance plan	9	4.3%	2	1.3%	6	4.2%
Length of waiting room time ³	28	13.5%	14	9.4%	5	3.5%
VA/Military requirement	3	1.4%	7	4.7%	3	2.1%
Indian Health Service ⁴	14	6.7%	0	0%	0	0%
Other	18	8.7%	12	8.1%	14	9.9%

¹2014 and 2017 respondents were significantly more likely to select prior experience with clinic.

²2017 respondents were significantly more likely to select a clinic based on a family member or friend recommendation.

³Length of waiting room time has been significantly decreasing since 2011.

⁴Significantly fewer of the 2014 and 2017 respondents selected Indian Health Service.

“Other” comments:

- Like the staff
- Confidentiality
- Trust Brady
- Brady Ruff
- Was living in Lewistown then
- Dr. Jacob Forko was my PCP
- Best doctor ever who listens to patient
- I love my doctor
- Has been family doctor for years
- Personally knew clinic physician assistant
- Lower back pain
- Prescription renewal
- State-Montana Health Center
- Specialist in Billings

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 are along the side and respondent's zip codes are across the top. Deer Lodge and Rosebud were omitted from the table due to non-response.

LOCATION OF PRIMARY CARE PROVIDER MOST UTILIZED BY RESIDENCE

	Forsyth 59327	Hysham 59038	Colstrip 59323	Ashland 59003	Ingomar 59039	Total
Forsyth	75 (68.8%)	4 (40%)			2 (100%)	81 (63.3%)
Billings	17 (15.6%)	5 (50%)	1 (20%)			23 (18%)
Miles City	15 (13.8%)					15 (11.7%)
Colstrip	2 (1.8%)		4 (80%)	1 (50%)		7 (5.5%)
Ashland				1 (50%)		1 (0.8%)
Other		1 (10%)				1 (0.8%)
Total	109	10	5	2	2	128 (100%)

Cross Tabulation of Clinic and Reason Selected

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

LOCATION OF PRIMARY CARE PROVIDER BY REASONS CLINIC SELECTED

	Forsyth	Billings	Miles City	Colstrip	Ashland	Other	Total
Closest to home	64 (85.3%)	1 (1.3%)	2 (2.7%)	6 (8%)	1 (1.3%)	1 (1.3%)	75
Prior experience with clinic	52 (69.3%)	11 (14.7%)	7 (9.3%)	5 (6.7%)			75
Appointment availability	34 (81%)	4 (9.5%)	2 (4.8%)	2 (4.8%)			42
Clinic's reputation for quality	17 (48.6%)	10 (28.6%)	6 (17.1%)	2 (5.7%)			35
Recommended by family or friends	6 (30%)	6 (30%)	7 (35%)			1 (5%)	20
Referred by physician or other provider	1 (11.1%)	8 (88.9%)					9
Cost of care	2 (33.3%)	1 (16.7%)	3 (50%)				6
Length of waiting room time	4 (80%)			1 (20%)			5
Required by insurance plan	1 (20%)	2 (40%)	1 (20%)	1 (20%)			5
VA/Military requirement	1 (50%)		1 (50%)				2
Other	8 (61.5%)	2 (15.4%)	2 (15.4%)			1 7.7%	13

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

2017 N= 149

2014 N= 148

2011 N= 203

Eighty-five percent of the respondents (n=127) indicated they or a household member had seen a healthcare specialist during the past three years and 14.8% (n=22) indicated they had not. Three respondents chose not to answer this question.



Location of Healthcare Specialist (Question 21)

2017 N= 127

2014 N= 118

2011 N= 159

Of the 127 respondents who indicated they saw a healthcare specialist in the past three years, 89% (n=113) saw one in Billings. Miles City specialty services were utilized by 29.9% of respondents (n=38) and Forsyth was reported by 15.7% (n=20). Respondents could select more than one location; therefore, percentages do not equal 100%.

Location	2011		2014		2017	
	Count	Percent	Count	Percent	Count	Percent
Billings	130	81.8%	99	83.9%	113	89.0%
Miles City	56	32.2%	36	30.5%	38	29.9%
Forsyth	40	25.2%	24	20.3%	20	15.7%
Ashland	1	0.6%	0	0%	1	0.8%
IHS - Crow Agency	2	1.3%	0	0%	0	0%
Hardin ¹	10	6.3%	0	0%	0	0%
Lame Deer ²	13	8.2%	1	0.8%	0	0%
Other	15	9.4%	6	5.1%	6	4.7%

¹⁻²Significantly fewer 2014 and 2017 respondents saw a specialist in Hardin or Lame Deer.

“Other” comments:

- Colstrip- chiropractor
- Colstrip
- Salt Lake City, UT
- Sidney

Type of Healthcare Specialist Seen (Question 22)

2017 N= 127

2014 N= 118

2011 N= 159

The respondents (n=127) saw a wide array of healthcare specialists in the past three years. The most frequently indicated specialist was a “Dermatologist” at 31.5% of respondents (n=40) having utilized their services. “Dentist” was the second most utilized specialist at 29.1% (n=37) and “Ophthalmologist” was third at 27.6% (n=35). Respondents were asked to choose all that apply so percentages do not equal 100%.

Specialist Type	2011		2014		2017	
	Count	Percent	Count	Percent	Count	Percent
Dermatologist¹	28	17.6%	30	25.4%	40	31.5%
Dentist²	78	49.1%	43	36.4%	37	29.1%
Ophthalmologist³	23	14.5%	31	26.3%	35	27.6%
Orthopedic surgeon	33	20.8%	23	19.5%	28	22.0%
Cardiologist	36	22.6%	28	23.7%	22	17.3%
Chiropractor	36	22.6%	24	20.3%	20	15.7%
ENT (ear/nose/throat)	14	8.8%	13	11.0%	19	15.0%
Physical therapist	28	17.6%	16	13.6%	19	15.0%
Urologist	17	10.7%	13	11.0%	19	15.0%
Gastroenterologist ⁴	52	32.7%	8	6.8%	17	13.4%
OB/GYN	29	18.2%	24	20.3%	17	13.4%
General surgeon	25	15.7%	13	11.0%	14	11.0%
Endocrinologist	12	7.5%	6	5.1%	13	10.2%
Radiologist ⁵	37	23.3%	11	9.3%	13	10.2%
Neurologist	15	9.4%	9	7.6%	10	7.9%
Oncologist	12	7.5%	10	8.5%	9	7.1%
Allergist	6	3.8%	8	6.8%	8	6.3%
Podiatrist	11	6.9%	4	3.4%	6	4.7%
Rheumatologist	9	5.7%	5	4.2%	6	4.7%
Mental health counselor	9	5.7%	9	7.6%	5	3.9%
Psychiatrist (M.D.)	6	3.8%	3	2.5%	5	3.9%
Pulmonologist	Not asked - 2011		7	5.9%	5	3.9%
Pediatrician	9	5.7%	3	2.5%	4	3.1%
Neurosurgeon	6	3.8%	4	3.4%	3	2.4%
Speech therapist	1	0.6%	2	1.7%	3	2.4%
Dietician	4	2.5%	1	0.8%	2	1.6%
Occupational therapist	5	3.1%	3	2.5%	2	1.6%
Psychologist	7	4.4%	2	1.7%	2	1.6%
Geriatrician	0	0%	1	0.8%	1	0.8%
Social worker	3	1.9%	0	0%	0	0%
Substance abuse counselor ⁶	35	22.0%	0	0%	0	0%
Other	14	8.8%	10	8.5%	14	11.0%

Question 22 continued next page...

¹There has been a significant increase since 2011 for people seeing a dermatologist.

²The percentage of respondents who have seen a dentist in the past three years has been significantly declining since 2011.

³Significantly more 2014 and 2017 respondents selected 'ophthalmologist.'

⁴Significantly fewer 2014 and 2017 respondents selected 'gastroenterologist.'

⁵⁻⁶ 2014 and 2017 respondents were significantly less likely to have been to a radiologist or a substance abuse counselor.

“Other” comments:

- Sleep study/specialist (3)
- Wound specialist (2)
- Nephrology-pulmonary (2)
- Acupuncturist/massage therapist
- Audiologist
- Hernia mesh, hysterectomy
- Internal medicines
- Weight loss specialist
- Geneticist
- Diabetes educator
- Eye surgeon
- Optometrist
- Nephrologist

Overall Quality of Care at Rosebud Health Care Center (Question 23)

Respondents were asked to rate a variety of aspects of the overall care provided at Rosebud Health Care 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 Laboratory and Physical therapy receiving the top average scores of 3.4 out of 4.0. The total average score was 3.3, indicating the overall services of the hospital to be "Excellent" to "Good."

2017	Excellent (4)	Good (3)	Fair (2)	Poor (1)	Don't know	No Ans	N	Avg
Laboratory	51	42	7	1	31	20	152	3.4
Physical therapy	35	15	8	1	65	28	152	3.4
Clinical services	52	52	10	2	23	13	152	3.3
Diagnostic imaging (CT/x-ray/mammogram/ultrasound)	40	41	8	1	43	19	152	3.3
Emergency room	47	25	13	5	47	15	152	3.3
Hospital/inpatient services	28	23	7	2	68	24	152	3.3
Occupational therapy	12	7	3	1	100	29	152	3.3
Telemedicine	5	4	2	0	110	31	152	3.3
Personal Assisted Living Services (PALS)	6	7	1	1	107	30	152	3.2
TOTAL	276	216	59	14				3.3

"Other" comments:

- We do not use any services from Rosebud healthcare. Poor reputations.

2014	Excellent (4)	Good (3)	Fair (2)	Poor (1)	Don't know	No Answer	N	Avg
Clinical services	48	54	6	3	31	17	159	3.3
Diagnostic imaging (CT/x-ray/mammogram/ultrasound)	33	37	6	1	62	20	159	3.3
Hospital/inpatient services	30	29	8	1	70	21	159	3.3
Laboratory	39	52	3	2	43	20	159	3.3
Occupational therapy	7	13	1	0	115	23	159	3.3
Physical therapy	33	21	5	4	74	22	159	3.3
Emergency room	42	39	14	2	44	18	159	3.2
Telemedicine	4	4	0	1	121	29	159	3.2
Personal Assisted Living Services (PALS)	3	7	1	1	124	23	159	3.0
TOTAL	239	256	44	15				3.3

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2011	Excellent (4)	Good (3)	Fair (2)	Poor (1)	Don't know/ No Answer	N	Avg
Diagnostic imaging (CT/x-ray/ mammogram/ultrasound)	28	11	5	0	147	226	3.5
Laboratory	51	37	10	4	124	226	3.3
Emergency room	39	36	11	6	134	226	3.2
Physical therapy	23	24	3	5	171	226	3.2
Telemedicine	1	6	4	2	213	226	2.5
TOTAL	114	103	28	17			3.2

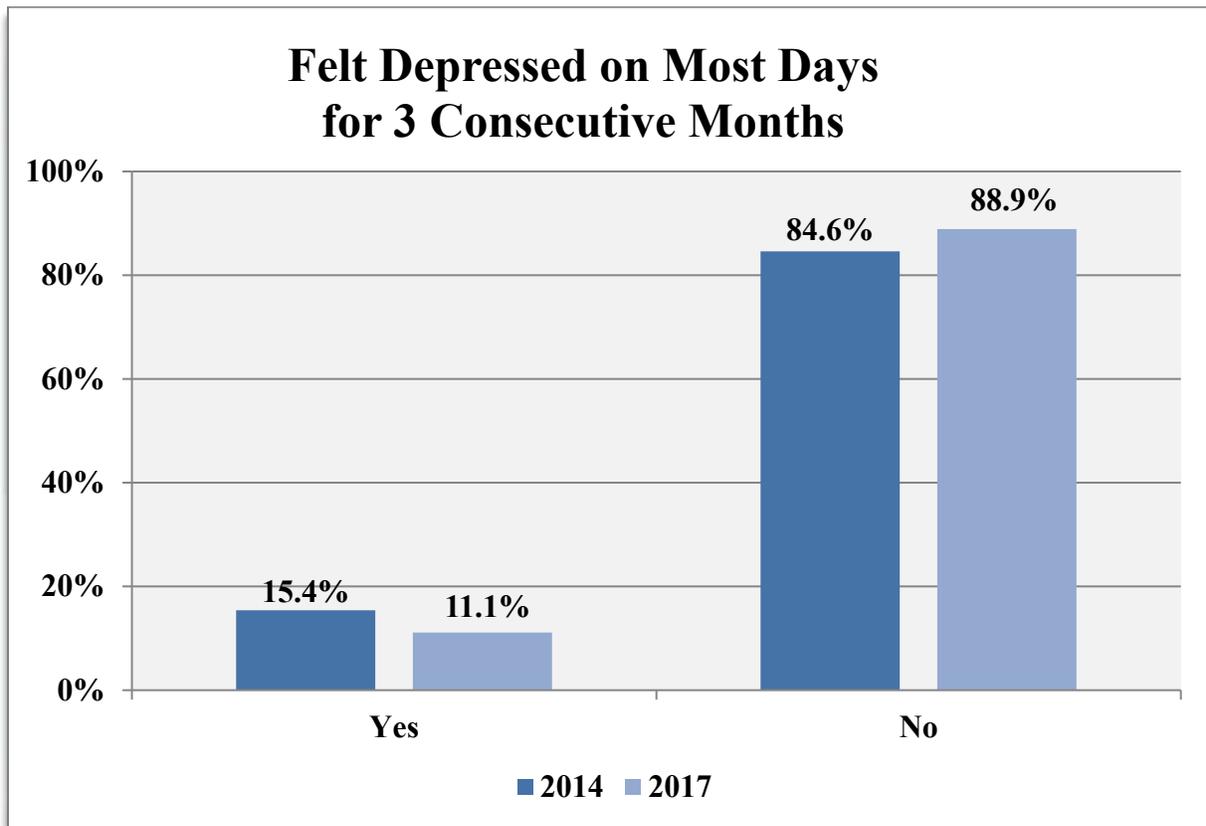
Survey Findings – Personal Health

Prevalence of Depression (Question 24)

2017 N= 144

2014 N= 149

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. Eleven percent of respondents (n=16) indicated they had experienced periods of depression and 88.9% of respondents (n=128) indicated they had not. Eight respondents chose not to answer this question.



“Other” comments:

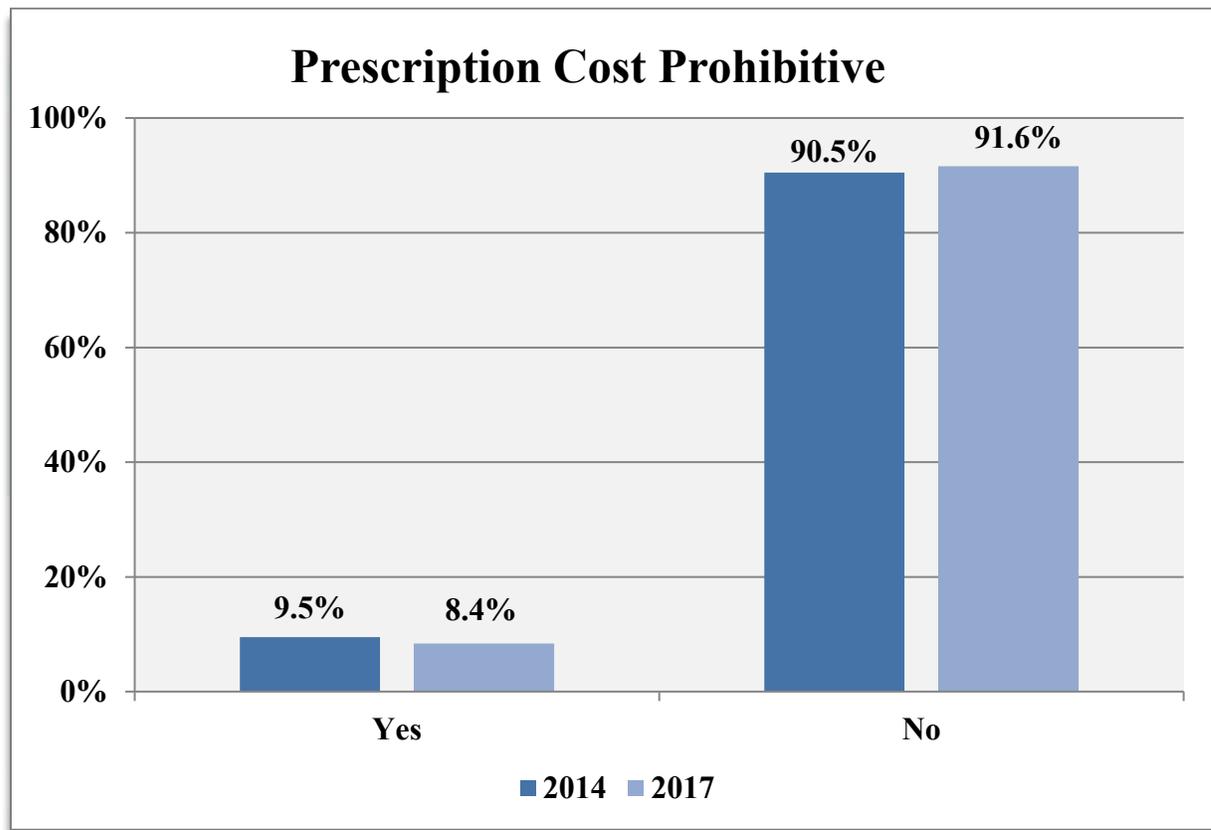
- Someone in my household would answer Yes to this.

Cost and Prescription Medications (Question 25)

2017 N= 143

2014 N= 148

Respondents were asked to indicate if, during the last year, medication costs had prohibited them from getting a prescription or taking their medication regularly. Eight percent of respondents (n=12) indicated that, in the last year, cost had prohibited them from getting a prescription or taking their medication regularly. Ninety-two percent of respondents (n=131) indicated that cost had not prohibited them, and nine respondents chose not to answer this question.

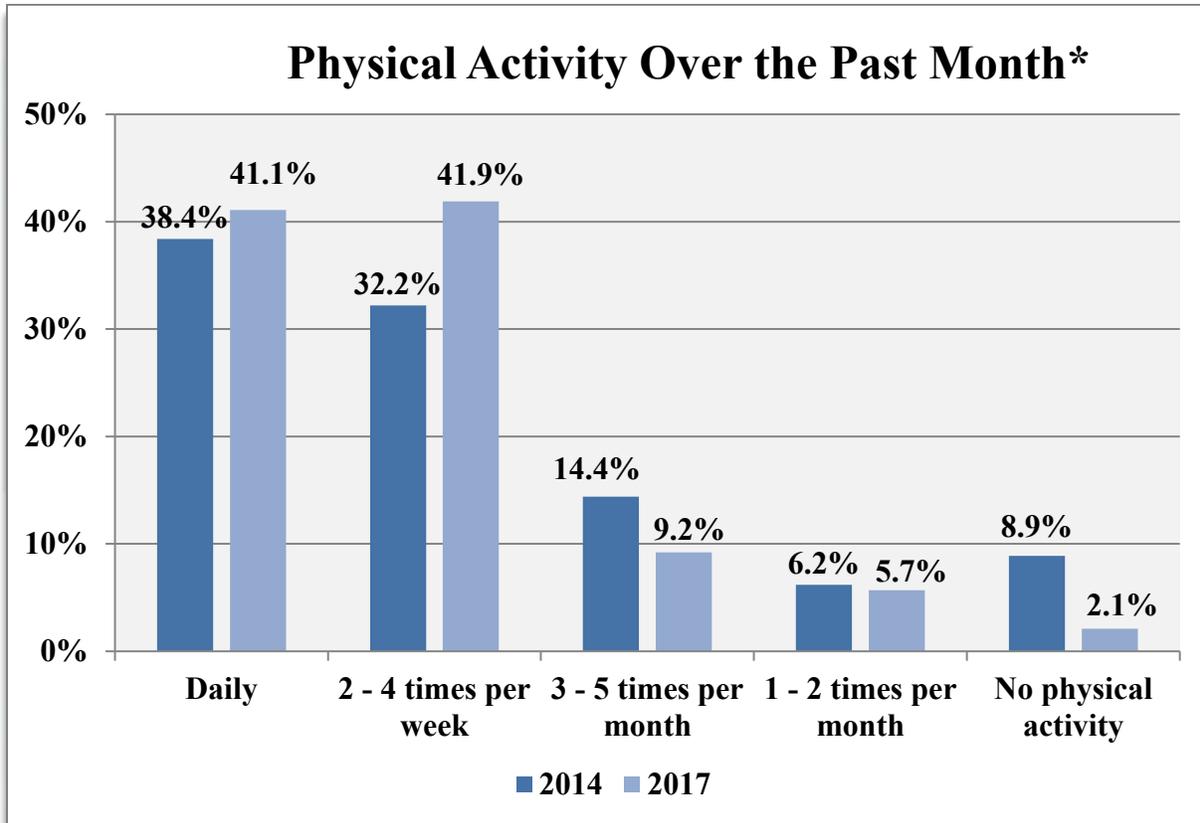


Physical Activity (Question 26)

2017 N= 141

2014 N= 146

Respondents were asked to indicate how frequently they had physical activity for at least twenty minutes over the past month. Forty-two percent of respondents (n=59) indicated they had physical activity of at least twenty minutes “2-4 times per week” and 41.1% (n=58) indicated they had “Daily” physical activity. Two percent of respondents (n=3) indicated they had “No physical activity” and eleven respondents chose not to answer this question.



*2017 respondents reported exercising significantly more often than 2014 respondents.

Survey Findings – Health Insurance

Medical Insurance (Question 27)

2017 N= 116

2014 N= 125

2011 N= 195

Respondents were asked to indicate what type of medical insurance covers the majority of their medical expenses. Fourth-four percent (n=51) indicated they have “Medicare” coverage. Thirty-five percent (n=40) indicated they have “Employer sponsored” and “Private insurance/private plan” was reported by 10.3% of respondents (n=12). Thirty-six respondents chose not to answer this question.

Insurance Type	2011		2014		2017	
	Count	Percent	Count	Percent	Count	Percent
Medicare	63	32.3%	39	31.2%	51	44.0%
Employer sponsored	73	37.4%	47	37.6%	40	34.5%
Private insurance/private plan	20	10.3%	24	19.2%	12	10.3%
VA/Military	4	2.1%	4	3.2%	4	3.4%
State/Other	1	0.5%	0	0%	2	1.7%
Health Insurance Marketplace	Not asked - 2011		Not asked - 2014		2	1.7%
Healthy MT Kids	3	1.5%	1	0.8%	1	0.9%
Medicaid	5	2.6%	1	0.8%	1	0.9%
None/Pay out of pocket	14	7.2%	5	4.0%	1	0.9%
Health Savings Account	1	0.5%	2	1.6%	0	0%
Indian Health	10	5.1%	1	0.8%	0	0%
Agricultural Corp. Paid	0	0%	0	0%	0	0%
Other	1	0.5%	1	0.8%	2	1.7%
TOTAL	195	100%	125	100%	116	100%

“Other” comments:

- Medicare Advantage
- Share Ministry
- Blue Cross Blue Shield
- Supplemental

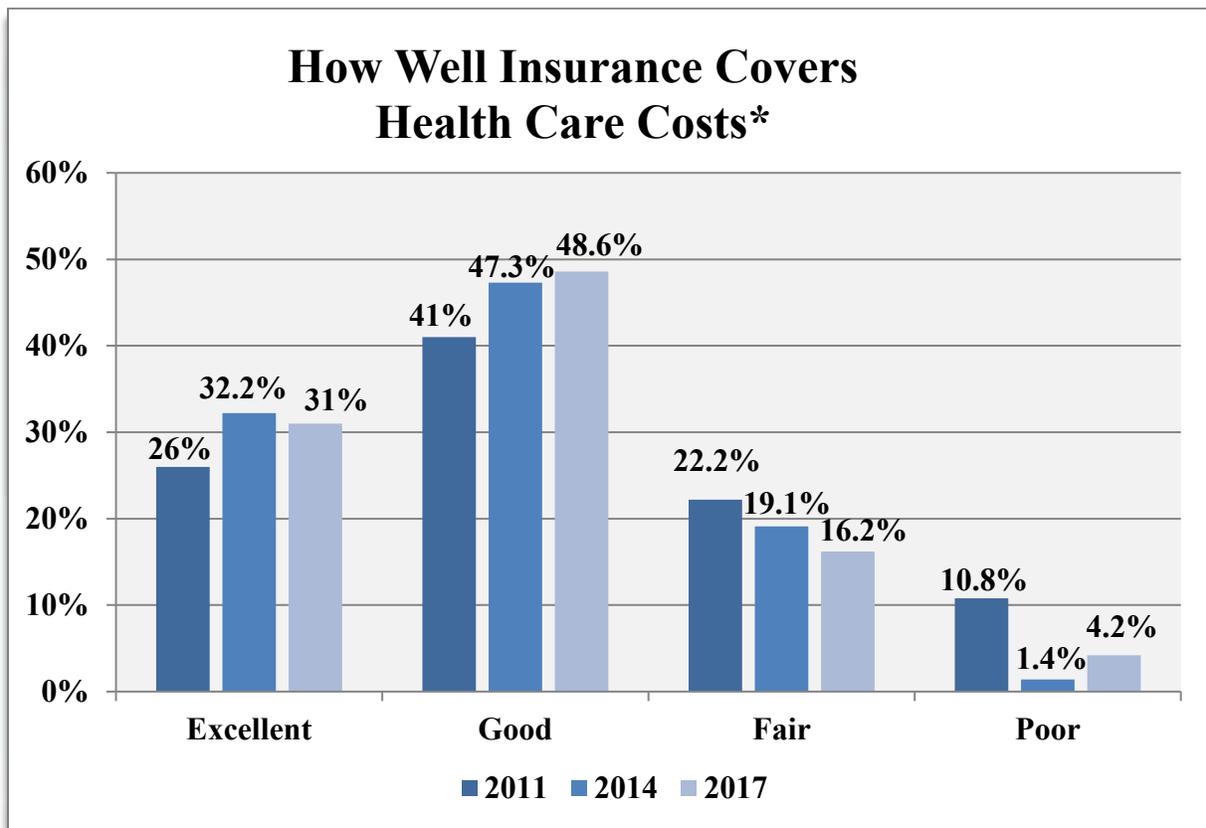
Insurance and Healthcare Costs (Question 28)

2017 N= 142

2014 N= 146

2011 N= 212

Respondents were asked to indicate how well they felt their health insurance covers their healthcare costs. Forty-nine percent of respondents (n=69) indicated they felt their insurance covers a “Good” amount of their healthcare costs. Thirty-one percent of respondents (n=44) indicated they felt their insurance is “Excellent” and 16.2% of respondents (n=23) indicated they felt their insurance was “Fair.”



*2014 and 2017 respondents were significantly more likely to say that their insurance coverage was excellent or good.

“Other” comments:

- Should cover: dentist, audiologist, ophthalmologist, naturopathy, acupuncturist, massage therapist. Most people as they age will need glasses, hearing aids, all need dentistry!
- I don’t know yet because it seems to me, a person has to jump through a whole lot of hoops in order to make a wise decision on health care. It should be that when one turns 64 everything should automatically be put in place for the very best coverage.

Barriers to Having Medical Insurance (Question 29)

2017 N= 1

2011 N= 14

Those respondents who indicated they did not have medical insurance were asked to indicate why they did not. “Other” was the top response with 100% (n=1). Respondents could select all that apply.

Location	2011		2017	
	Count	Percent	Count	Percent
Cannot afford to pay for medical insurance	12	85.7%	0	0
Employer does not offer insurance	4	28.6%	0	0
Choose not to have medical insurance	0	0	0	0
Other	1	7.1%	1	100%

“Other” comments:

- Can go to IHS
- People need universal healthcare
- The main reason we have little confidence in the hospital/clinic in town is that many people have told us they have had very bad experiences with a provider there

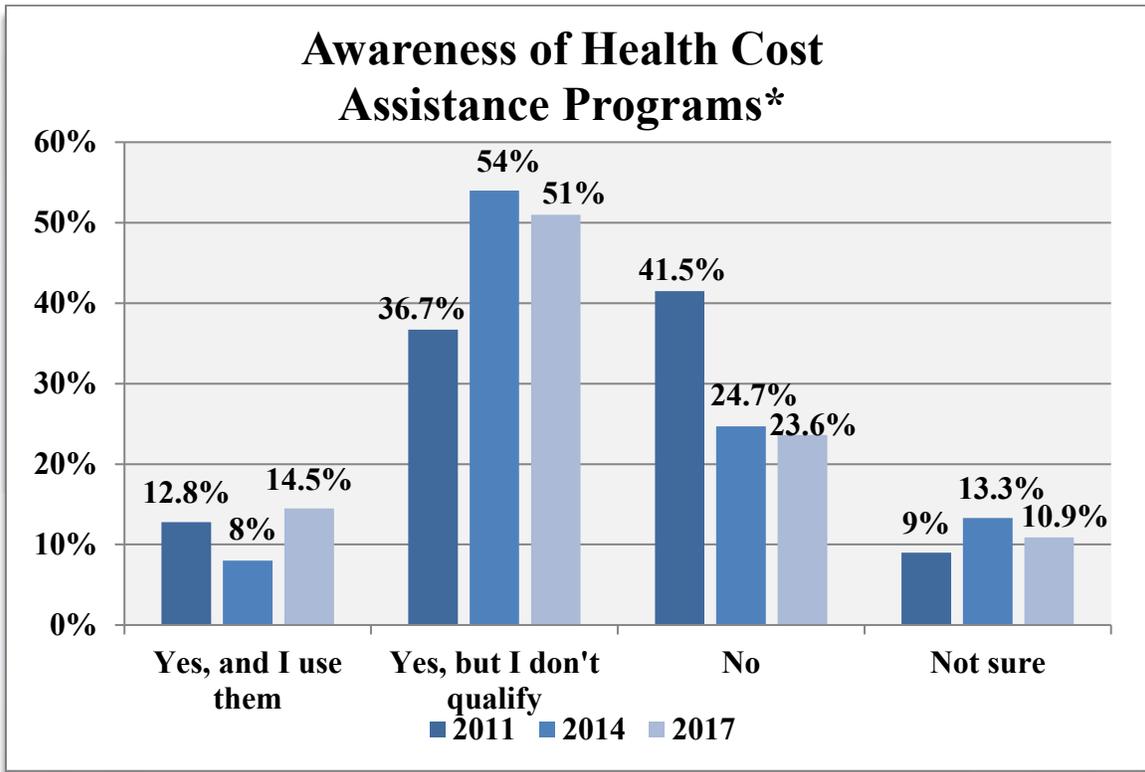
Awareness of Health Payment Programs (Question 30)

2017 N= 110

2014 N= 150

2011 N= 188

Respondents were asked to indicate their awareness of programs that help people pay for healthcare bills. Fifty-one percent of respondents (n=56) indicated they were aware of these types of programs, but did not qualify to utilize them. Twenty-four percent (n=26) indicated that they were not aware of these programs and 14.5% of respondents (n=16) indicated they are aware of the programs and utilize them.



*2014 and 2017 respondents were significantly more aware of health cost assistance programs but didn't qualify for those programs. Additionally, significantly fewer 2014 and 2017 respondents were not aware of cost assistance programs.

VI. Focus Group and Key Informant Interview Methodology

Three focus groups and one key informant interview were conducted in March of 2017. Participants were identified as people living in Rosebud Health Care Center's service area.

Twenty-three people participated in the three focus group interviews and one participated in the key informant interview. The focus groups were designed to represent various consumer groups of healthcare including senior citizens and local community members. Focus groups were held at Rosebud Health Care Center, the Lions Club, and the local library. Each group meeting lasted up to 90 minutes in length and followed the same line of questioning. The key informant interview lasted approximately 15 minutes in length and had similar but fewer questions than the focus groups. Both focus group and key informant interview questions can be found in Appendix H. The questions and discussions were led by Amy Royer and Rachel Sisco with the Montana Office of Rural Health.

VII. Focus Group and Key Informant Interview Summary

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

Improve health of the community:

- Community members indicated a need for walking paths and other fitness opportunities.
- Increased access to mental health services.
- Community members thought health education classes and preventative services could improve the overall health of the community.

Most important local healthcare issues:

- Mental health issues.
- Drug and alcohol abuse.
- Participants indicated a need for community education for illnesses like cancer and diabetes.
- Lack of services for seniors.

Opinion of hospital services:

- Overall, community members are very satisfied with the services available at RHCC.
- Participants indicated it is easy to get an appointment, but it was difficult to be seen by the same provider.

Reasons for using local providers:

- Community members indicated they used local providers because it is convenient and they trust them.

Opinion of local services:

- The participants spoke highly of almost all local services, however they indicated a need for more advertising of local services.

Reasons to leave the community for healthcare:

- Participants would seek care elsewhere for specialists or due to previous relationships with providers outside of the town.

Needed healthcare services in the community:

- Mental health services.
- Community group collaboration
- Preventative health services and health education for diabetes, obesity, drug use etc.
- More specialists like orthopedic and vision services.
- Home health and hospice.
- More community resources for people with Down syndrome or autism.

VIII. Summary

One hundred fifty-two surveys were completed in Rosebud Health Care Center's service area for a 24% response rate. Of the 152 returned, 61.8% of the respondents were female, 59% were between the ages of 56 and 76 years, and 44% reported being retired.

Respondents rated the overall quality of care at the hospital as excellent to good, scoring 3.3 out of 4.0.

Over half of the respondents (55.3%) feel the Forsyth area is a "somewhat healthy" place to live. Respondents indicated their top three health concerns were: alcohol abuse/substance abuse (52.6%), cancer (44.1%), and overweight/obesity (37.5%), with significantly more of the 2014 and 2017 respondents selected obesity as a serious community health concern. Significantly fewer respondents identified tobacco use and work-related accidents or injuries to be a concern.

When respondents were asked which health related educational programs or classes they would be most interested in, the top choices were: Health and wellness (28.9%), fitness (25.7%) and nutrition (23%).

Overall, the respondents within Rosebud Health Care Center's service area are seeking hospital care at a rate that is typically seen in rural areas. The majority of participants appeared to have very favorable opinions of the services with most praising the care received. Participants were appreciative of the care available while identifying additional services or needs.

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

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

The community steering committee, comprised of staff leaders from Rosebud Health Care Center (RHCC) and community members from Rosebud County, convened to begin an implementation planning process to systematically and thoughtfully respond to all issues and opportunities identified through the Community Health Services Development (CHSD) Process.

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

- Awareness of services
- Collaboration of community health efforts
- Alcohol and substance abuse
- Mental health and suicide prevention

Rosebud Health Care Center will determine which needs or opportunities could be addressed considering RHCC's parameters of resources and limitations. The committee will prioritize the needs/opportunities using the additional parameters of the organizational vision, mission, and/or values, as well as existing and potential community partners.

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

Resources

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

- Healthy Lifestyles is a program available at Holy Rosary Healthcare in Miles City that utilizes a registered dietician and a certified athletic trainer to offer coaching support for individuals interested in losing weight, increasing physical activity, and decreasing risk factors for diabetes and cardiovascular disease. RHCC will work to implement the Healthy Lifestyles Program in February 2015.
- The Rosebud County Public Health Department helps promote and maintain individual, group, and community health.
- CDBG [Community Development Block Grant] provides communities with resources to address a wide range of unique community development needs and the funding was used to help build the new clinic at RHCC.
- Cathy Costakis with the NAPA program [Nutritional and Physical Activity] helps to create shared use agreements with public schools and other local partnerships.
- A local Personal Fitness Instructor could be available to offer fitness instruction to community members.
- Forsyth Public Schools has facilities that could be available for community use.
- Montana Health Network (MHN) provides assistance with health insurance patient navigators.
- The Rosebud County MSU Extension Office participates in the community's health fair, Strong Woman Program, and they have a piece of equipment that measures the amount of body fat in an individual which has been useful during the Strong Woman Program so participants can track their progress.
- Rosebud Health Care Center and Rosebud County Public Health Department are sharing resources to provide primary care to all people within the community.

X. Evaluation of Activity Impacts from Previous CHNA

Rosebud Health Care Center provided the Montana Office of Rural Health with an update on their Implementation Plan activities from their previous CHNA process. The Rosebud Health Care Center Board of Directors approved its previous implementation plan on June 26, 2014. The plan prioritized the following health issues:

- Affordability of Services
- Community Health and Wellness
- Diabetes and Obesity
- Mental Health

Awareness of services –

- Rosebud Health Care Center's continues their online presence by tracking the number of hits on their website.
- Rosebud Health Care Center posts information about available services and educational opportunities on the Rosebud Health Care Center website.
- Rosebud Health Care Center advertises their services in a monthly newsletter.
- Rosebud Health Care Center has created printed materials with information about services that are offered at the facility.
- Rosebud Health Care Center promotes the availability of sleep studies through social media to increase the number of people receiving sleep studies.
- Rosebud Health Care Center promotes the availability of lifeline for use in emergencies through social media increasing the people using a lifeline.

Affordability of Services

- Rosebud Health Care Center continues to offer uncompensated care for needy individuals.
- Rosebud Health Care Center continues to support refer to the medical clinic.
- Rosebud Health Care Center continues to improve Emergency Department triage services to ensure appropriate level of care.
- Rosebud Health Care Center has developed brochure of Financial Assistance information to distribute in the ER and other locations throughout the hospital.
- Rosebud Health Care Center informs patients of available financial assistance programs and payment plan options during the discharge planning process.
- Rosebud Health Care Center has continuous training for business office employees to better-assist patients regarding insurance and financial assistance program applications.
- The Rosebud Health Care Center's business office staff follows-up with ER patients to discuss billing and financial options within two business days.
- Rosebud Health Care Center informs the community of the availability of the Samaritan's Food Pantry located at Rosebud Public Health.

Community Health and Wellness

- Rosebud Health Care Center provides service in conjunction with St. Vincent's mobile mammography bus.
- RHCC offered informational booths highlighting wellness and community health. RHCC information booths had education materials on skin care and skin cancer prevention, physical therapy exercises for better flexibility, heart health awareness, and home health care. Booths were placed at local County Fair, annual Quigley Shoot, and the health information fair.

Diabetes and Obesity

- RHCC's medical, nursing, and ancillary staff spoke to local community groups about various health topics and services available at RHCC.
- 11 educational opportunities were available including a series of lunch and learns, providers speaking at the senior center and the garden club. The number of participants reached was at least 50
- Presentations were given to various groups including Forsyth, Lions Club, Forsyth Women's Club, and Forsyth Garden Club. Other presentations were held in the conference room of the hospital.
- RHCC provided education/outreach through Facebook, flyers at the post office/grocery store, and word-of-mouth.
- RHCC has an annual Health Fair with informational booths pertaining to living healthy and services available. On a rotating basis, different hospital departments had an informational booth at the annual health fair spot lighting their department and services.
- A folder of financial information has been developed and the number hand-outs can now be tracked. Packets are being handed out during financial counseling as well as during the annual health fair.

Mental Health

- HealthLinkNow mental health telemedicine services were not sustainable in our region. Billings Clinic does provide mental health services through telemedicine to members in our community.

Appendix A – Steering Committee Members

Steering Committee – Name and Organization Affiliation

1. Jennifer Anderson – MSU Extension Agent
2. Cyndi Dubois – RN, BSN, PALS Program Director, Rosebud Health Care Center
3. Kelsie Waller – Administrative Assistant, Rosebud Health Care Center
4. Ryan Tooke – CEO, Rosebud Health Care Center
5. Shelly Weight – Principal, Forsyth High School
6. Shelly Schnitzmeier – Director, Rosebud County Public Health Department
7. Heather Johnstone – Forsyth County Public Library

Appendix B – Public Health and Populations Consultation

Public Health and Populations Consultation Worksheet

1. Public Health

- a. Name/Organization
 - Jennifer Anderson – MSU Extension Agent
 - Shelly Schnitzmeier – Director, Rosebud County Public Health Department

- b. Date of Consultation
 - First Steering Committee/Focus Group: 03/13/2017
 - Key Informant Interview: 03/22/2017

- c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
 - Steering Committee/Focus Group
 - Key Informant Interview

- d. Input and Recommendations from Consultation
 - There is a need for trainers and education on exercise.

 - As a community, we could do a lot better on preventative services.

 - There could be more collaboration with community services and resources.

 - There is a lack of access to mental health providers.

 - I hear about a lot of drug use amongst adults and teens in the area. I'm hearing about more and more meth use.

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

Population: Low-Income, Underinsured

- a. Name/Organization
 - Ryan Tooke – CEO, Rosebud Health Care Center
 - Cyndi Dubois – RN, BSN, PALS Program Director, Rosebud Health Care Center
 - Shelly Weight – Principal, Forsyth High School

- b. Date of Consultation
 - First Steering Committee/Focus Group: MM/DD/YYYY

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

- d. Input and Recommendations from Consultation
 - There's a number of options. If they come to ER we see them. We have charity care. Healthy Montana Kids is a great resource for people. We don't turn them away. Public health does immunizations.
 - My experience with our local Medicaid office has been poor. And they're never there.
 - Poverty seems to be rising in the community.

Population: Seniors

- a. Name/Organization
 - Cyndi Dubois – RN, BSN, PALS Program Director, Rosebud Health Care Center
 - Jennifer Anderson – MSU Extension Agent
- b. Date of Consultation
 - First Steering Committee/Focus Group: 03/13/2017
- c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
 - Steering Committee/Focus Group
- d. Input and Recommendations from Consultation
 - The community doesn't have the resources to keep seniors living in the area.
 - We need hospice.
 - The issue is money. Many people can't afford Home Health services.
 - There is a need to educate seniors on advanced directives. They need to update them every year.
 - The senior center is well utilized by older seniors. There's an issue with access. They are closed sometimes when they are supposed to be open.

Population: Youth

- a. Name/Organization
 - Shelly Weight – Principal, Forsyth High School
- b. Date of Consultation
 - First Steering Committee/Focus Group: 03/13/2017
- c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
 - Steering Committee/Focus Group
- d. Input and Recommendations from Consultation
 - We're seeing more and more mental health issues in children
 - Illegal drug use in students is a problem. The drug issue seems to be growing. Even tobacco use, a lot of kids chew tobacco.

Appendix C – Secondary Data County Health Profile



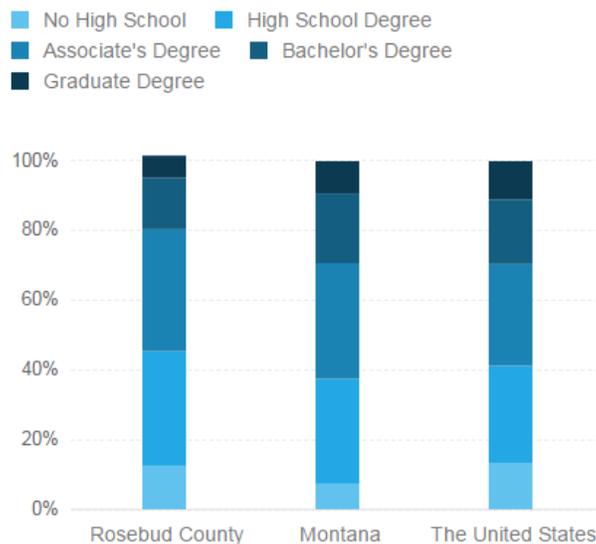
Demographic Measure (%)		County ³			Montana ²			Nation ^{1,2}		
Population		9,326			1,032,949			321,418,820		
Population Density		1.8			6.8			Not relevant		
Age		<5	18-64	65+	<5	18-64	65+	<5	18-64	65+
		8.1%	58.0%	13.0%	6%	54.9%	17.2%	6.2%	56%	14.9%
Gender		Male		Female	Male		Female	Male		Female
		49.6%		50.4%	50.3%		49.7%	49.2%		50.8%
Race/Ethnic Distribution	White	60.4%			89.2%			77.1%		
	American Indian or Alaska Native	35.6%			6.6%			1.2%		
	Other †	5.0%			5.1%			36.7%		

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

²US Census Bureau (2015)

³County Health Profiles, DPPHS (2015)

Highest Degree Attained



Rosebud County

No High School	12.54%
High School Degree	32.73%
Associate's Degree	34.94%
Bachelor's Degree	14.83%
Graduate Degree	6.30%

Montana

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

The United States

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

⁴National Center for Education Statistics

Socioeconomic Measures (%)	County ^{1,2}	Montana ^{1,2,5}	Nation ^{2,5,6,7,8}
Median Income	\$51,159	\$46,766	\$53,482
Unemployment Rate	5.3%	4.1%	4.9%
Persons Below Poverty Level	18.8%	14.6%	13.5%
Uninsured Adults (Age <65)	19%	17%	13.3%
Uninsured Children (Age <18)	N/A	11.0%	5.5%
Children in Poverty	25%	19%	21%

¹County Health Ranking, Robert Wood Johnson Foundation (2017) ⁶Center for Disease Control and Prevention (CDC), Health Insurance (2014)

²US Census Bureau (2015)

⁷Bureau of Labor Statistics (August 2016)

⁵Montana Dept of Labor and Industry, Research & Analysis Bureau (August 2015) ⁸National Center for Children in Poverty

Maternal Child Health ³	County	Montana
<i>Births Between 2011-2013</i>	497	35,881
<i>Born less than 37 weeks</i>	12.9%	9.1%
<i>Teen Birth Rate (females age 15-19) Per 1,000 years 2009-2013</i>	64.6	32.0
<i>Smoking during pregnancy</i>	13.8%	16.3%
<i>Receiving WIC</i>	55.4%	34.6%
<i>Children (2-5 years of age) overweight or obese</i>	40.1%	27.9%

³County Health Profiles, DPPHS (2015)

Behavioral Health	County ^{1,3}	Montana ^{1,3,9}
<i>Childhood Immunization Up-To-Date (UTD) % Coverage*</i>	79.6%	65.6%
<i>Tobacco Use</i>	22%	19%
<i>Alcohol Use (binge + heavy drinking)</i>	21%	22%
<i>Obesity</i>	36%	25%
<i>Poor Mental Health Days (Past 30 days)</i>	3.8	3.6
<i>No Leisure time for physical activity</i>	24%	20%

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

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

³County Health Profiles, DPPHS (2015)

⁹Center for Disease Control and Prevention (CDC), National Vital Statistics (2014)

Communicable Diseases (per 100,000 people) ³	County	Montana
<i>Chlamydia</i>	975.0	366.24
<i>Hepatitis C</i>	188.6	122.95
<i>Pertussis</i>	142.3	44.60

³County Health Profiles, DPPHS (2015)

Chronic Disease Inpatient Admissions³	County	Montana
Chronic Obstructive Pulmonary Disease (COPD) Per 100,000 population	936.2	716.8
Diabetes Per 100,000 population	1,515.1	822.5
Cardiovascular Disease Per 100,000 population	983.1	746.7

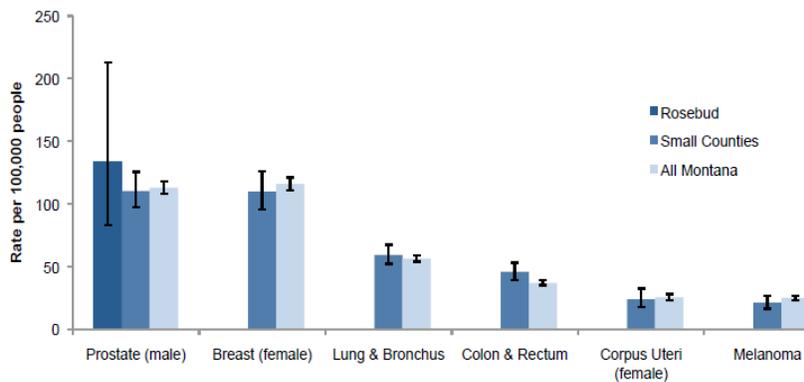
³ County Health Profiles, DPPHS (2015)

Cancer Prevalence Per 100,000 population	County³	Montana³	Nation¹⁰
All Sites Cancer	488.5	439.8	448.7

³ County Health Profiles, DPPHS (2015)

¹⁰ Center for Disease Control and Prevention (CDC) (2014)

**Age-Adjusted Cancer Incidence Rate by Cancer Site, Montana,
2011--2013**



³ County Health Profiles, DPPHS (2015)

Mortality^{9,11}	Montana	Nation
Suicide Rate per 100,000 population	23.8	12.9
Unintentional Injury Death Rate per 100,000 population	56.8	41.3
Pneumonia/Influenza Mortality per 100,000 population	13.7	15.1
Diabetes Mellitus ² per 100,000 population	24.4	23.9
Leading Causes of Death	1. Heart Disease 2. Cancer 3. CLRD*	1. Heart Disease 2. Cancer 3. CLRD*

⁹ Center for Disease Control and Prevention (CDC), National Vital Statistics (2014)

¹¹ Kaiser State Health Facts, National Diabetes Death Rate (2014)

*Chronic Lower Respiratory Disease

Appendix D – Survey Cover Letter



ROSEBUD HEALTH CARE CENTER

383 NORTH 17TH AVENUE • PO BOX 268 • FORSYTH, MONTANA 59327-0268

March 27, 2017

Dear Resident:

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

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

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

Please take a few moments to complete the enclosed survey by **May 12, 2017**.

Once you complete your survey, **simply return it in the enclosed self-addressed, postage paid envelope**. All survey responses will go to the National Rural Health Resource Center in Duluth, Minnesota, the organization that is assisting MORH with this project. If you have any questions about the survey, please call Natalie Claiborne at 406-994-6001. We believe, with your help, we can continue to improve health care services in our region.

Thank you for your assistance. We appreciate your time.

Sincerely,

Ryan Tooke, CEO
Rosebud Health Care Center

Appendix E – Survey Instrument

Community Health Services Development Survey
Forsyth, Montana

INSTRUCTIONS: Please use a #2 pencil or ink pen to complete the survey and return it in the enclosed postage paid envelope. All responses must be made by filling in the circle next to the corresponding answer. If you need assistance filling out this survey, please contact the Montana Office of Rural Health at 406-994-6001. Participation is voluntary. You can choose not to answer any question that you do not want to answer, and 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)

- Alcohol abuse/substance abuse Heart disease Overweight/obesity
- Cancer Lack of access to healthcare Recreation related accidents/injuries
- Child abuse/neglect Lack of dental care Stroke
- Depression/anxiety Lack of exercise Tobacco use
- Diabetes Mental health issues Work related accidents/injuries
- Domestic violence Motor vehicle accidents Other _____

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

- Access to healthcare and other services Low crime/safe neighborhoods
- Affordable housing Low death and disease rates
- Arts and cultural events Low level of domestic violence
- Clean environment Parks and recreation
- Community involvement Religious or spiritual values
- Good jobs and healthy economy Strong family life
- Good schools Tolerance for diversity
- Healthy behaviors and lifestyles Other _____

4. How do you rate your knowledge of the health services that are available at Rosebud Health Care Center?

- Excellent Good Fair Poor

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

- | | | |
|--|---|--|
| <input type="radio"/> Community bulletin board | <input type="radio"/> Mailings/newsletter | <input type="radio"/> Radio |
| <input type="radio"/> Facebook page/social media | <input type="radio"/> Newspaper | <input type="radio"/> Word of mouth/reputation |
| <input type="radio"/> Friends/family | <input type="radio"/> Presentations | <input type="radio"/> Website/internet |
| <input type="radio"/> Healthcare provider | <input type="radio"/> Public health | <input type="radio"/> Other _____ |

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

- | | | |
|---------------------------------------|--|-------------------------------------|
| <input type="radio"/> Assisted living | <input type="radio"/> Nursing home | <input type="radio"/> Public health |
| <input type="radio"/> Dentist | <input type="radio"/> Ophthalmologist (eye doctor) | <input type="radio"/> Senior center |
| <input type="radio"/> Mental health | <input type="radio"/> Pharmacy/tele-pharmacy | <input type="radio"/> Other _____ |

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

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

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

- | | | |
|---|---|---|
| <input type="radio"/> Alcohol/substance abuse | <input type="radio"/> Health and wellness | <input type="radio"/> Prenatal |
| <input type="radio"/> Alzheimer's | <input type="radio"/> Heart disease | <input type="radio"/> Smoking cessation |
| <input type="radio"/> Cancer | <input type="radio"/> Living will | <input type="radio"/> Support groups |
| <input type="radio"/> Diabetes | <input type="radio"/> Men's health | <input type="radio"/> Weight loss |
| <input type="radio"/> First aid/CPR | <input type="radio"/> Mental health | <input type="radio"/> Weight Training |
| <input type="radio"/> Fitness | <input type="radio"/> Nutrition | <input type="radio"/> Women's health |
| <input type="radio"/> Grief counseling | <input type="radio"/> Parenting | <input type="radio"/> 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/providers |
| | <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"/> Flu shot | <input type="radio"/> Routine blood pressure check |
| <input type="radio"/> Cholesterol check | <input type="radio"/> Mammography | <input type="radio"/> Routine health checkup |
| <input type="radio"/> Colonoscopy | <input type="radio"/> Pap smear | <input type="radio"/> None |
| <input type="radio"/> Diabetic/glucose screening | <input type="radio"/> Prostate (PSA) | <input type="radio"/> Other _____ |

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

- | | | |
|--|--|--|
| <input type="radio"/> Cardiac rehabilitation | <input type="radio"/> Diabetes education | <input type="radio"/> Hospice |
| <input type="radio"/> Cardiac stress test | <input type="radio"/> Dialysis | <input type="radio"/> Mental health/tele-psych |
| <input type="radio"/> Crisis services | <input type="radio"/> Foot care clinic | <input type="radio"/> Sleep studies |
| <input type="radio"/> Dermatology | <input type="radio"/> Home health | <input type="radio"/> Other _____ |

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

- Yes No (If no, skip to question 17)

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

- | | |
|--|--|
| <input type="radio"/> Rosebud Health Care Center | <input type="radio"/> St. Vincent Healthcare |
| <input type="radio"/> Billings Clinic | <input type="radio"/> Holy Rosary Healthcare |
| <input type="radio"/> VA Hospital | <input type="radio"/> Other _____ |
| <input type="radio"/> IHS-Crow Agency | |

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

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

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

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

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

- Forsyth Ashland Miles City Billings
 Hardin Colstrip Lame Deer Other _____

19. 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 _____

20. 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 23)

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

- Forsyth Ashland Hardin Miles City
 IHS-Crow Agency Billings Lame Deer Other _____

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

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

23. The following services are available at Rosebud Health Care 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

- | | | | | | |
|--|-------------------------|-------------------------|-------------------------|-------------------------|--------------------------|
| Clinical services | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> DK |
| Diagnostic imaging (CT/x-ray/mammogram/ultrasound) | <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 |
| Hospital/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 |
| Occupational therapy | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> DK |
| Personal Assisted Living Services (PALS) | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> DK |
| Physical therapy | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> DK |
| Telemedicine | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> DK |

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

- Yes No

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

- Yes No

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

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

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

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

- Excellent Good Fair Poor

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

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

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?

- 59003 Ashland 59327 Forsyth 59039 Ingomar
 59323 Colstrip 59038 Hysham

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?

- 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, 525 S. Lake Avenue, Suite 320 Duluth MN 55802

THANK YOU VERY MUCH FOR YOUR TIME

Please note that all information will remain confidential

Appendix F – Responses to Other and Comments

1. How would you rate the general health of our community?
 - How would I know?
 - Unknown

2. In the following list, what do you think are the three most serious health concerns in our community?
 - Bad sidewalks, streets, and most importantly threatening dogs
 - No eye doctor
 - Illegal drugs (3)
 - Chemical
 - The high number of elderly people (2)
 - Cost of care

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

5. How do you learn about the health services available in our community?
 - None
 - I don't
 - Always known they were here, born there
 - Just been there
 - Hospital and Foundation Board member for many years

6. Which community health resources, other than the hospital or clinic, have you used in the last three years?
 - None
 - DEAP [Developmental Educational Assistance Program]
 - Family doctor
 - Respite Care Occasionally at nursing home

7. In your opinion, what would improve our community's access to healthcare?
 - No opinion
 - Improved confidentiality
 - For size of community, I think we have excellent health care
 - Single-payer universal health care for everyone
 - Better doctors with more knowledge, understanding and would listen to patient
 - Obamacare updated/dropped/changed
 - TV
 - Assisted living attached to nursing home
 - Help getting insurance paperwork filled out
 - Online access afterhours for questions
 - Outreach services from Billings Clinic or St. Vincent's specialists monthly. Only on eMD here.

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

- None
- Suicide
- Quit chewing tobacco help
- Aquafitness at local swimming pool

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?

- Mental health is dysfunctional in Forsyth

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

- Not available
- PA was not working that day- couldn't get my question answered
- Was not taken seriously. Had to go to clinic and put up a stink to push them into doing their job, and then was given an unsatisfactory answer to whose fault it was. So much for water under the bridge.
- Didn't think local doctor/providers were capable of dealing with my problem
- The doctor I was seeing ended our doctor/patient relationship
- VA didn't cover it
- False alarm

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

- Dental/eyes
- Outside referrals by local providers

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

- Eye doctor/optometrist (3)
- Cancer nutrition
- GYN
- N/A
- Local access would be great for those who need it [dialysis]

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

- St. James
- Via- Ortho Montana
- Sidney Health Center

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

- My real doctor had retired
- Surgeon affiliation
- Hospital billing dept.
- Had a baby
- Ortho MT
- loyalty

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

- Sidney

18. Where was that primary healthcare provider located?

- Lewistown MT

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

- Like the staff
- Confidentiality
- Trust Brady
- Brady Ruff
- Was living in Lewistown then
- Dr. Jacob Forko was my PCP
- Best doctor ever who listens to patient
- I love my doctor
- Has been family doctor for years
- Personally knew clinic physician assistant
- Lower back pain
- Prescription renewal
- State-Montana Health Center
- Specialist in Billings

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

- Colstrip- chiropractor
- Colstrip
- Salt Lake City, UT
- Sidney

22. What type of healthcare specialist was seen?

- Sleep study/specialist (3)
- Wound specialist (2)
- Nephrology-pulmonary (2)
- Acupuncturist/massage therapist
- Audiologist
- Hernia mesh, hysterectomy
- Internal medicines
- Weight loss specialist
- Geneticist
- Diabetes educator
- Eye surgeon
- Optometrist
- Nephrologist

23. The following services are available in Rosebud Health Care Center. Please rate the overall quality for each service.

- We do not use any services from Rosebud healthcare. Poor reputations.

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

- Someone in my household would answer Yes to this.

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

- Medicare Advantage
- Share Ministry
- Blue Cross Blue Shield
- Supplemental

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

- Should cover: dentist, audiologist, ophthalmologist, naturopathy, acupuncturist, massage therapist. Most people as they age will need glasses, hearing aids, all need dentistry!
- I don't know yet because it seems to me, a person has to jump through a whole lot of hoops in order to make a wise decision on health care. It should be that when one turns 64 everything should automatically be put in place for the very best coverage.

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

- Can go to IHS
- People need universal healthcare
- The main reason we have little confidence in the hospital/clinic in town is that many people have told us they have had very bad experiences with a provider there

34. What is your employment status?

- Self-employed (4)
- Husband employed, I take care of livestock
- Disabled
- Retired but self-employed part-time
- Medicare
- Homemaker
- Stay at home mom
- SSDI

Appendix G –Focus Group and Key Informant Interview Questions

Focus Groups

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?

Key Informant Interview

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

Appendix H – Focus Group and Key Informant Interview Notes

Focus Group #1

Monday, March, 13, 2017 – 10am-11am – Rosebud Healthcare Center – Forsyth, MT

5 participants (1 male, 4 female)

1. What would make this community a healthier place to live?
 - I think there are steps already in place to do that. Like the hospital putting the community garden on their property.
 - There are raised beds. It has been a very holistic, collaborative, great thing.
 - There's a workout place downtown.
 - There are enough workout facilities, but I think we need more trained instructors so that people understand what they should be doing. We could do better.
 - People have the will to work out; I remember what I was supposed to do in high school but I don't know if I'm supposed to do the same things I did back in PE classes.
 - There is a need for trainers and education on exercise.
 - We need a wellness community program. We can make it a competition.
 - Public health does a community challenge; they throw in money and then weigh themselves and if they meet the goal they get the pot of money. But there's no education component. People go off and lose a bunch of weight to get the pot, but it may not be in a healthy way.
 - As a community, we could do a lot better on preventative services. The community was involved in a study from Cornell. One of the things we heard was the lack of wellness education, social relationship building and accountability. If there was a group effort idea and people weren't doing it by themselves. It goes back to the trainers and people to lead it and organize it. The other thing that I heard was lunch and learns. Or walk with a doc. One of the things that they said would be neat would be walking with someone while they educate the group about a health issue. It would be nice if there was a sign at the courthouse the let people know how many times around the building is a mile.
 - There are lunch and learns at the hospital, but I think it would be big if we took the presentation out in the community where people are already meeting for groups.
 - We need to all get together once a month. If we met and figured out what programs we want to do that would be a great thing for the community. We do DEEP diabetes education classes but we don't educate beyond the curriculum, that's it. We could all coordinate community resources. For example, the dietician came to educate at a class once and she was awesome. The participants loved her. We had a community member come in and talk about her experience as a diabetic. They loved the dietician. Something more along those lines.
 - Illegal drug use in students or parents is a problem. I have no magic way to fix that. We have people come in and they know the risk. The drug issue seems to growing. Even tobacco use, a lot of kids chew tobacco. A guy who lost their jaw from chewing came and talked to the kids at the school and it doesn't do anything. A lot of the kids still chew.
 - The Montana Meth Project had those ads but I don't seem them anymore.

- I heard meth use is going back up. People recognize it as a problem but don't know how to correct it.

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

- Substance abuse.
- Hearing from the participants, there's a lack of resources.
- Mental health issues, we're seeing more and more of it in children.
 - The mental health providers are few and far between.
 - We used to have mental health 5 days a week now it's down to 2 days a week.
 - You can get mental health first aid for people and emergencies. I think Broadus did it.
 - The lead suicide person came down for a training and there were 30-40 people there talking about the warning signs. He was from Montana suicide prevention program.
 - The local mental health person only comes once a week.
 - We used to have tele-psych but the grant ran out. We're trying to get it again but it is hard. We have the equipment here to make it more private it's just hard to find the person on the other end.
 - We've had people refuse the service because they don't want people to know they're being pulled out for the counseling.
 - There is a behaviorist who is at the school 5 days a week. She's not a psychologist though. That happens more in the elementary. There are kindergarteners with mental health issues.
- Anything Senior related. Even to keep them in the community. Anything health wise to focus on seniors. If we can't get the services here, they'll leave.
 - The air force base turned into retirement and they can go up there but we need hospice.
 - Riverview villa is great.
 - There's a waiting list to get into it.
 - We need to build upon assets, like Riverview and tap into the resource.
 - We have limited resources for people to stay in their homes and they move to Billings.
 - Miles city is the home health hub. They say they do all these counties and then the services fade. They say that they county is being served but sometimes Miles city can't send people.
 - We have a non-skilled group here to do home health but no one wants to pay to do it through PALS. The issue is money, all the time.
 - If we separate ourselves from Miles City, then we could have home health services paid for from here. They are better for home health services on the southern end and we can't do that. Funding sources can't separate a county, but maybe that could be something we say that we could work with them. We would perform the service and they would pay.
- Advanced directives. It should be done once a year. There's a lack of knowledge.

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

Quality of Care

- Positive.
- Many would like another female provider.
- If possible, people will stay here. It has a personal touch. We're almost spoiled.
- I think one of the things we struggle with is, we're competing against people going to Billings where you can get everything. You always compete against a bigger image.

Number of Services

- Its primary care, so they can diagnose things but don't have specialty services. People want chemo and dialysis.
 - Would we even have enough people to utilize the services?
 - We do, this is a biased opinion, and we do well with what comes through the door. We have a very good staff. We have trauma meetings. About what went wrong and what went right. We have tele-ER which means we have an iPad and our providers talk to people in Billings. We have several services for people to recover.
- Recovery services here are strong. There's a lot of communication between communities so people don't have to travel.

Hospital Staff

- Positive. Lots of communication and they are very helpful.
- It's encouraging that we aren't scrambling for nurses like most communities who only employ traveling nurses. We are in the beginning of a residency program. Nursing wise, we have quality nurses. CNA's, we train our own. We even have high school students. The state is looking for online CNA classes.
- I haven't heard any bad things.
- I like having two female providers.

Hospital Board and Leadership

- *Not Asked*

Business Office

- It used to be a mess.
- Lately the billing has been much better.
- We replaced the entire billing department.
- We're being more proactive with insurance.
- We hired a new billing management person. She understands what the insurance needs.

Condition of Facility and Equipment

- *Not asked*

Financial Health of the Hospital

- *Not asked*

Cost

- Comparable to other hospitals.

Office/Clinic Staff

- Very friendly and welcoming.

Availability

- I think that's very good, they go out of their way to work you in.
- Most people only really come in when they need it, so they get you in fast.

4. Are any of the local providers your personal provider or personal provider to your family members? Why?
 - Proximity, they're close. Once you go and gain confidence in them, you really like them and stay. I have to go out of town for specialty services.
 - It's the same for my family. The same reasons and we like Brady.

5. What do you think about these local services:

Emergency Room

- Its good.
- Good response time for actual emergencies.
- I feel very confident in our ER.

Ambulance Service

- Very good.
- It seems like they are adequately staffed. They never seem to be worried about finding someone to help.
- They are paid volunteers. They get a minimum wage on call and then if they get called, then they get a new rate. We have a new director and he changed it a lot. He trained people so they know how to do it.

Healthcare Services for Senior Citizens

- The senior center is well utilized by older seniors. When I go there, it is elderly. Not so much the younger seniors. There's an issue with access. They are closed sometimes when they are supposed to be open.
- They have quite a few programs at the senior center.

Public/County Health Department

- They just moved right over here and that's been a huge benefit because now we can collaborate better.
- I don't know what they offer.

Healthcare Services for Low-Income Individuals/Families

- There's a number of options. If they come to ER we see them. We have charity care. Healthy Montana Kids is a great resource for people. We don't turn them away. Public health does immunizations.
- Public health has WIC in that office too.
- Samaritans pantry is for low income.
- One problem is that you can't call the Medicaid office for questions anymore. Patients get frustrated. Medicaid offices can't be dialed directly anymore.
 - You can't press zero. They'll just hang up.
 - My experience with our local Medicaid office has been poor. And they're never there.
- Poverty seems to be rising in the community.
- Grandparents raising grandchildren is rising, especially with troubled youth.
 - There is a program for grandparents raising grandchildren with MSU extension. It's more like a support group and extra help. I have noticed more grandparents raising grandchildren in past couple years.
 - There is a lot more transient parents. They move all the time. If they come in the middle of the year, you know it'll be hard.

Nursing Home/Assisted Living Facility

- I'll go on what I hear from the families. For the last 3 years, the nursing home hasn't had any care deficiencies. One thing they are fixing is they have a residential counselor and they are getting better about documentation.

Pharmacy

- Very good.
- Our pharmacist is young and she's progressive. She's always working on how to do more. She's started to do vaccines.

6. Why might people leave the community for healthcare?

- Specialists.
- There's the idea it'll be better in a bigger community. There's also a perception that people will know their business here.
- When we had two providers, the choices were very few. Now we have four providers. A lot of people who don't care who they see.

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

- Health outreach and education.
- Collaboration with community services and resources.
- Mental health.

Focus Group #2

Monday, March, 13, 2017 – 12pm-1pm – Rosebud Healthcare Center – Forsyth, MT
14 participants (9 male, 5 female)

1. What would make this community a healthier place to live?
 - Walking paths.
 - CPR training opportunities, especially since we're an aging community.
 - We need hospice.
 - Mental health services.

2. What do you think are the most important local healthcare issues?
 - Mental health issues.
 - Diabetes education. There's no information on who to talk to after you get a diagnosis for something like diabetes. The pharmacy helps, but they can only do so much. We need more care coordination.
 - Lifestyles coordinator. Steps to take before pills. We need preventative care and knowledge about how to keep yourself healthy.
 - They're taking pills that counteract other pills. They need doctors to help with ways to stay healthy before they need to take more pills. The doctors are overmedicating.
 - Public water system could use some work. I can't drink out of the faucet, because it tastes like Clorox.
 - There's room to improve our transportation. We need more drivers, but it is doing well. They try to do well with coordinating rides, especially with going to Billings.
 - We need a part time optometrist.

3. What do you think of the hospital in terms of:
 - Quality of Care
 - Excellent services and there's always someone to come check on you.
 - The hospital and nursing home has very high quality of care. The community is lucky.

 - Number of Services
 - They offer what they can and for the size. It's a good number.
 - They are good about referring you too if they need to.

 - Hospital Staff
 - Very happy and treated very well.
 - Always been good.
 - They come right to your room and get you better faster.

 - Hospital Board and Leadership
 - They take care of everything.
 - They do everything for us.
 - It takes a lot of people to make things happen.

Business Office

- If we have a problem, we just call. Ryan does what he can for you.
- We hear billing issues. Whether it be confusing or duplicates.
- They always take care of everything. Especially Claudia.

Condition of Facility and Equipment

- It's great.
- Especially for the size of our town.
- I've heard the beds need to be updated.
- They received a grant for a new CT scanner.

Financial Health of the Hospital

- I don't know.
- I think they struggle sometimes. The reimbursements take longer than cash flow. Being a small hospital it can get tight.

Cost

- *Not asked*

Office/Clinic Staff

- *Not asked*

Availability

- *Not asked*

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

- It's close.
- Convenient.
- They take care of your needs.
- That's also why people don't, because it's a smaller community.
- I have previous relationships with other providers, that's why I don't go here.

5. What do you think about these local services:

Emergency Room

- I've been there and they take care of you very well. I'm not complaining at all.
- You always think an ER takes too long.

Ambulance Service

- If they can get their volunteers numbers straight, they'd be good.
- Staff concerns are a problem.

Healthcare Services for Senior Citizens

- I don't know.

Public/County Health Department

- I don't know.
- They do shots every year. That's the only reason I use them.
- The new management is good.
- Always an issue to staff.

Healthcare Services for Low-Income Individuals/Families

- Don't know

Nursing Home/Assisted Living Facility

- When my mom was there, it was great.
- There's always helpers everywhere. It always smells good and clean.
- I've been volunteering there and you don't feel like you're in a nursing home.
- Excellent care.

Pharmacy

- *Not asked*

6. Why might people leave the community for healthcare?

- Something they can't handle here.
- Specialist.
- Cancer.
- Previous relationship established with provider.
- Referrals out to other hospitals.

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

- Mammogram comes once a month which is great.
- Eye care.
- Hospice.
- Mental Health.
- Orthopedic.

Focus Group #3

Monday, March, 13, 2017 – 2pm-3pm – Rosebud Healthcare Center – Forsyth, MT

4 participants (1 male, 3 female)

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

- There's a drug issue and there's a lot of young people who are doing drugs. The school is implementing drug testing for athletics. But it's not enough.
- Mental health services. The county is thinking about doing a training. There might be more that I'm not aware of, but the county doesn't have all the positions filled.
- Misinformation and gossip, makes it difficult for elderly. Steering senior citizens to one place for answers would be helpful. There's a lot of information that they don't have.

2. What do you think are the most important local healthcare issues?
- Mental health.
 - Drugs.
 - Cancer clusters. I would say that this community has a higher amount of cancer in young people.
 - It seems that we have a higher number of people with disabilities, and I don't know what services we have available to them.
 - There might be services to hire out of Miles City. But it depends on services.
 - I think our community could support a group home.

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

Quality of Care

- Excellent care.
- I think they do a good job of bringing people in. I've seen improvements. I like George in the PT department. Facility improvement is great. We have great nurses. The ER is hit or miss.

Number of Services

- I think people are not aware of what's offered here.
- A lot physicians are not traveling anymore.
- Hit and miss on who you get.

Hospital Staff

- I would rate them highly.
- I don't have experience with some providers. I really like one, I really don't like the other, and the other two I haven't seen.

Hospital Board and Leadership

- I've never dealt with the board.
- My husband was on the board a long time ago and it was bad then.
- Improvement from the past.
- Change in leadership has really helped.

Business Office

- Troubles in the past. There has been a major turn around.

Condition of Facility and Equipment

- Excellent and clean.
- Waiting room is freezing.

Financial Health of the Hospital

- I don't know

Cost

- Probably higher than Billings.
- I don't know.
- I haven't compared it.

Office/Clinic Staff

- They're awesome.
- They're professional.

Availability

- May be difficult to see the same doctor that I want.
- They'll get you in no matter what.

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

- Yes, because they're local
- I do because of my children see them and I trust them. My kids like them.

5. What do you think about these local services:

Emergency Room

- Wonderful.

Ambulance Service

- Excellent
- There are 3 paramedics in town and they're a major asset.

Healthcare Services for Senior Citizens

- They don't like to seek services. They go in for the wrong reasons. They'll go in if you force them.

Public/County Health Department

- I don't know.
- The person currently in charge is great. She's really good at sharing the grants they received. She's open to everything.

Healthcare Services for Low-Income Individuals/Families

- *Not asked*

Nursing Home/Assisted Living Facility

- It's hard to say. People don't know the challenges nursing homes have faced. They aren't used to the atmosphere of a nursing home. Perception is different.
- They follow the Eden philosophy for the most part.
- They offer a lot for the nursing home. Like the library and the local high school sports teams go over and help.
- There used to be a shortage of CNA's.

Pharmacy

- I think it's good. I've barely used it.
- I use them all the time. They are friendly. Customer services oriented. Occasionally we have to wait for medicine.

6. Why might people leave the community for healthcare?
 - They'll go to Billings for multiple things like shopping.
 - Eye exams.
 - Specialty.

7. What other healthcare services are needed in the community?
 - Vision.
 - Home health.
 - More community resources for people with down syndrome or autism.

Key Informant Interview #1

22, March, 2017- , Shelly Schnitzmeier, Director of Rosebud County Public Health Department–
Via phone interview

1. What would make your community a healthier place to live?
 - More funding for healthcare and preventative health services. We're a small community and we don't have access to a lot of services.
 - Health education programs for all ages. There are some but we could always do better.

2. What do you think are the most important local healthcare issues?
 - Diabetes.
 - There seems to be a lot of cancer.
 - We have a big elderly population so any chronic illnesses relating to age.
 - Lack of access to mental health providers.
 - I hear about a lot of drug use amongst adults and teens in the area. I'm hearing about more and more meth use.

3. What other healthcare services are needed in the community?
 - Mental health is lacking for sure. More providers would help with a lot of the behavioral issues such as drug use. The counselor in town moved to Lame Deer and one person comes from Miles City occasionally but that isn't enough. One person can't do it all.
 - There are a lot of small groups doing good things for the community. We are all doing things that piggy back of one another. These community groups need more collaboration together, so that we are all combining resources and working toward the same goal.
 - More preventative health services. Health education for diabetes, obesity, drug use etc. before the problem even starts.
 - More specialists in town so people don't have to travel to Billings or Miles City.