

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 &
The National Rural Health Resource Center

May 2014



Office of Rural Health
Area Health
Education Center



NATIONAL
RURAL HEALTH
RESOURCE CENTER

**Rosebud Health Care Center
Community Health Needs Assessment
Table of Contents**

I. Introduction	2
II. Health Assessment Process	2
III. Survey Methodology	2
IV. Survey Respondent Demographics	4
V. Survey Findings	8
VI. Focus Group Methodology	44
VII. Focus Group and Key Informant Interview Summary	45
VIII. Summary	47
Appendix A	48
Steering Committee Members & Affiliations	
Appendix B	49
Public Health and Special Populations Consultation	
Appendix C	52
Survey Cover Letter	
Appendix D	53
Survey Instrument	
Appendix E	59
Responses to Other and Comments	
Appendix F	63
Focus Group Questions	
Appendix G	64
Focus Group Notes & Key Informant Interview Notes	
Appendix H	73
Secondary Data- County Health Profile, Economic Impact Assessment	

**Rosebud Health Care Center
Community Survey & Focus Groups
Summary Report
May 2014**

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 approximately 9,396 people. Rosebud Health Care Center participated in the Community Health Services Development (CHSD) Project administrated by the Montana Office of Rural Health and the National Rural Health Resource Center (NRHRC) in Duluth, Minnesota. Community involvement in steering committee meetings and focus groups enhance community engagement in the assessment process.

In the spring of 2014, 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 D). 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 2014 survey data with data from previous surveys conducted in 2011 and 2007. 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 December 2013. For a list of all Steering Committee members and their affiliations, see Appendix A. The Steering Committee met twice during the CHSD process; first to discuss health concerns in the community and offer their perspective in designing the survey instrument and again to review results of the survey and focus groups.

III. Survey Methodology

Survey Instrument

In February 2014, 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 the National Rural Health Resource Center with a list of outpatient and inpatient admissions. Those zip codes with the greatest number of admissions were selected to be included in the survey. A random list of 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.)

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

Information Gaps

Data

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

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

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

Limitations in Survey Methodology

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

Survey Implementation

In February 2014, 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-nine surveys were returned out of 650. Of those 650 surveys, 29 surveys were returned undeliverable for a 26% response rate. From this point on, the total number of surveys will be out of 621. Based upon the sample size, we can be 95% confident that the responses to the survey questions are representative of the service area population, plus or minus 6.71%.

IV. Survey Respondent Demographics

A total of 621 surveys were distributed amongst Rosebud Health Care Center's service area. One hundred and fifty-nine were completed for a 26% 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 30)

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

Location	Zip Code	2011		2014	
		Count	Percent	Count	Percent
Forsyth	59327	126	63.3%	120	77.0%
Hysham	59038	Not asked in 2011		13	8.3%
Rosebud	59347	5	2.5%	11	7.1%
Colstrip	59323	50	25.1%	10	6.4%
Ashland	59003	15	7.5%	1	0.6%
Other		3	1.6%	1	0.6%
TOTAL		199	100%	156	100%

"Other" comments:

- 59201 Wolf Point

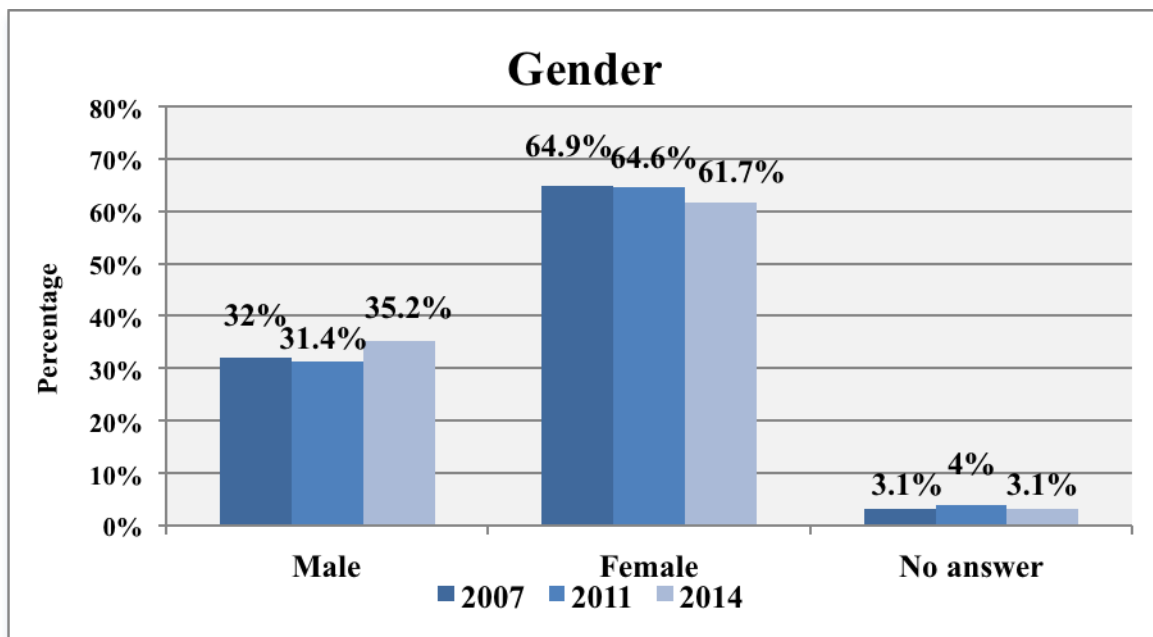
Gender (Question 31)

2014 N= 159

2011 N= 226

2007 N= 222

Of the 159 surveys returned, 61.7% (n=98) of survey respondents were female, 35.2% (n=56) were male, and 3.1% (n=5) chose not to answer this question. The survey was distributed to a random sample consisting of 50% women and 50% men. It is not unusual for survey respondents to be predominantly female, particularly when the survey is healthcare-oriented since women are frequently the healthcare decision makers for families.



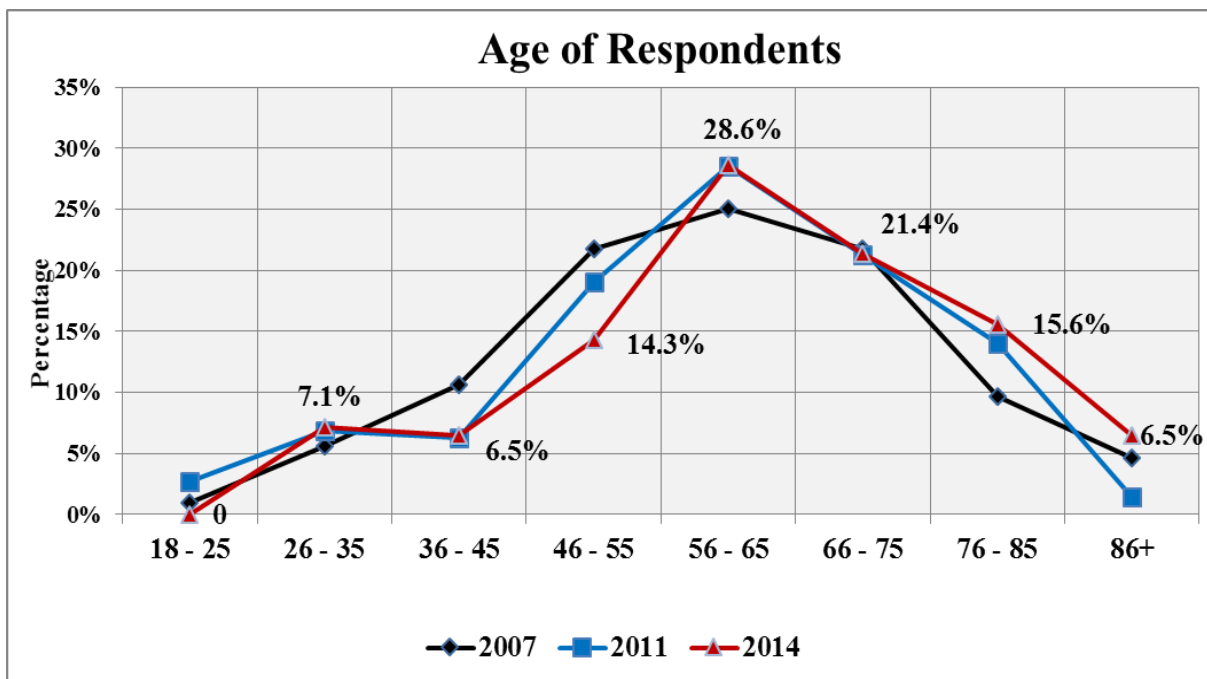
Age of Respondents (Question 32)

2014 N= 154

2011 N= 221

2007 N= 216

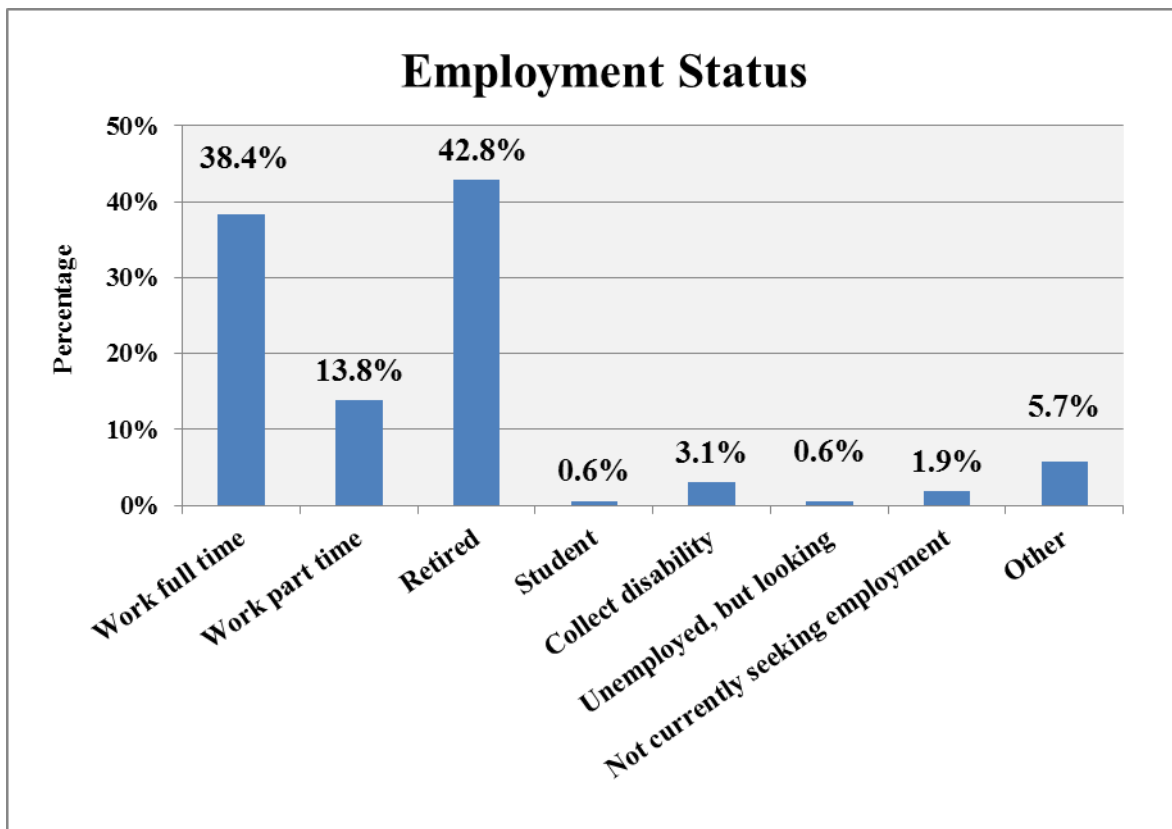
Twenty-nine percent of respondents (n=44) were between the ages of 56-65. Twenty-one percent of respondents (n=33) were between the ages of 66-75 and 15.6% of respondents (n=24) were between the ages of 76-85. This statistic is comparable to other Critical Access Hospital demographics. The increasing percentage of aging residents in rural communities is a trend which is seen throughout Montana and will likely have a significant impact on the need for healthcare services during the next 10-20 years. However, it is important to note that the survey was targeted to adults and, therefore, no respondents are under age 18. Older residents are also more invested in healthcare decision making and are more likely to respond to healthcare surveys, as reflected by this graph.



Employment Status (Question 33)

N= 159

Forty-three percent (n=68) of respondents reported they are retired while 38.4% (n=61) work full time. Fourteen percent of respondents (n=22) indicated they work part time. Respondents could check all that apply so the percentages do not equal 100%.



“Other” comments:

- Stay at home mom
- Homemaker

V. Survey Findings – Community Health

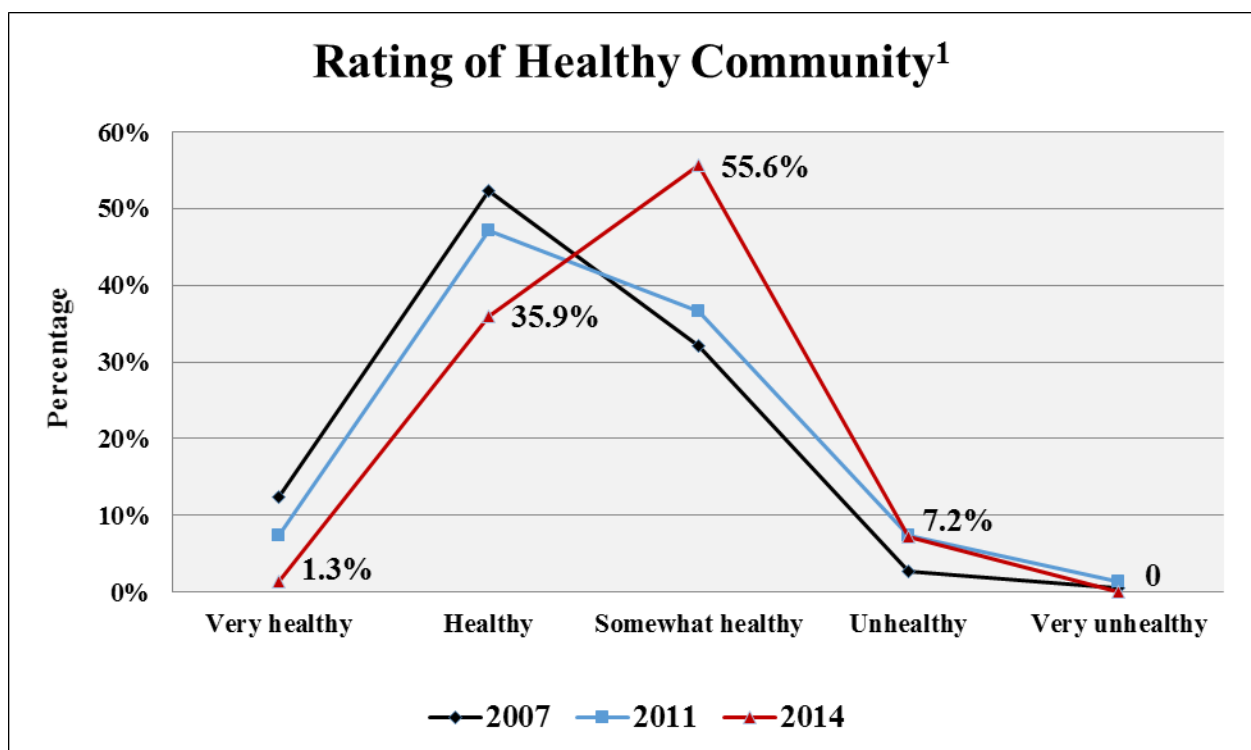
Impression of Community (Question 1)

2014 N= 153

2011 N= 215

2007 N= 218

Respondents were asked to indicate how they would rate the general health of their community. Fifty-six percent of respondents (n=85) rated their community as “Somewhat healthy.” Thirty-six percent of respondents (n=55) felt their community was “Healthy” and 7.2% (n=11) felt their community was “Unhealthy.”



¹There has been a significant decrease in the number of respondents who rated the community's general health as very healthy or healthy (2014: 37.2%; 2011: 64.5%; 2007: 64.7%)

“Other” comments:

- Who can judge on such matters, honestly?

Health Concerns for Community (Question 2)

2014 N= 159

2011 N= 226

2007 N= 222

Respondents were asked what they felt the three most serious health concerns were in their community. The number one health concern identified by respondents was “Alcohol abuse/substance abuse” at 57.9% (n=92). “Cancer” was also a high priority at 46.5% (n=74) followed by “Obesity/overweight” at 41.5% (n=66). Respondents were asked to pick their top three serious health concerns so percentages do not equal 100%.

Health Concern	2007		2011		2014	
	Count	Percent	Count	Percent	Count	Percent
Alcohol abuse/substance abuse ¹	99	44.6%	134	59.3%	92	57.9%
Cancer	112	50.5%	104	46.0%	74	46.5%
Overweight/obesity ²	67	30.2%	51	22.6%	66	41.5%
Tobacco use	50	22.5%	50	22.1%	42	26.4%
Heart Disease ³	71	32.0%	47	20.8%	37	23.3%
Lack of exercise	39	17.6%	50	22.1%	35	22.0%
Diabetes ⁴	32	14.4%	58	25.7%	27	17.0%
Depression/anxiety	Not asked in 2007		Not asked in 2011		20	12.6%
Mental health issues	9	4.1%	18	8.0%	14	8.8%
Child abuse/neglect	13	5.9%	20	8.8%	12	7.5%
Lack of access to healthcare	18	8.1%	13	5.8%	9	5.7%
Motor vehicle accidents	14	6.3%	15	6.6%	8	5.0%
Stroke	17	7.7%	13	5.8%	5	3.1%
Domestic violence	6	2.7%	12	5.3%	3	1.9%
Lack of dental care	7	3.2%	14	6.2%	3	1.9%
Recreation related accidents/injuries	Not asked in 2007		4	1.8%	3	1.9%
Work related accidents/injuries ⁵	Not asked in 2007		19	8.4%	5	3.1%
Other	10	4.5%	12	5.3%	7	4.4%

¹Significantly fewer respondents cited alcohol/substance abuse as a health concern in 2007 than in 2011 or 2014 (2014: 57.9%; 2011: 59.3%; 2007: 44.6%).

²Significantly more respondents felt overweight/obesity was a serious health concern in 2014 than in 2011 (2014: 41.5%, 2011: 22.6%).

³In 2007, significantly more respondents cited heart disease than in 2011 and 2014 (2014: 23.3%; 2011: 20.8%; 2007: 32%).

⁴Significantly more people indicated diabetes was a health concern in 2011 than in 2007 and 2014 (2014: 17%; 2011: 25.7%; 2007: 14.4%).

⁵In 2011, significantly more people indicated work-related accidents or injuries were health concerns than in 2014 (2014: 3.1%; 2011: 8.4%).

Question 2 continued on following page...

Question 2 continued...

“Other” comments:

- Most of these sound like life to me. The HAZARDS of living!!!
- Dementia/Alzheimer’s
- Pollution
- Stress
- Uneducated about healthcare needs and apathetic
- High blood pressure

Components of a Healthy Community (Question 3)

2014 N= 159

2011 N= 226

2007 N= 222

Respondents were asked to identify the three most important things for a healthy community. Sixty-two percent of respondents (n=99) indicated that “Access to healthcare and other services” is important for a healthy community. “Healthy behaviors and lifestyles” was the second most indicated component at 41.5% (n=66) and third was “Good jobs and healthy economy” at 38.4% (n=61). Respondents were asked to identify their top three choices, thus the percentages do not add up to 100%.

	2007		2011		2014	
Important Component	Count	Percent	Count	Percent	Count	Percent
Access to healthcare and other services ¹	97	43.7%	128	56.6%	99	62.3%
Healthy behaviors and lifestyles	75	33.8%	79	35.0%	66	41.5%
Good jobs and a healthy economy	97	43.7%	109	48.2%	61	38.4%
Strong family life	62	27.9%	65	28.8%	53	33.3%
Religious or spiritual values	42	18.9%	51	22.6%	46	28.9%
Good schools	62	27.9%	57	25.2%	38	23.9%
Low crime/safe neighborhoods	34	15.3%	51	22.6%	32	20.1%
Affordable housing	34	15.3%	42	18.6%	21	13.2%
Clean environment	42	18.9%	47	20.8%	21	13.2%
Community involvement	9	4.1%	20	8.8%	11	6.9%
Low death and disease rates	8	3.6%	7	3.1%	8	5.0%
Tolerance for diversity ²	6	2.7%	21	9.3%	7	4.4%
Parks and recreation	7	3.2%	16	7.1%	5	3.1%
Arts and cultural events	1	0.5%	4	1.8%	4	2.5%
Low level of domestic violence	5	2.3%	4	1.8%	0	0
Other	7	3.2%	2	0.9%	3	1.9%

¹Significantly more respondents indicated access to healthcare and other services as an important component of a healthy community (2014: 62.3%; 2011: 56.6%; 2007: 43.7%).

²Significantly more respondents indicated tolerance for diversity as an important component for a healthy community in 2011 than 2007 and 2014 (2014: 4.4%; 2011: 9.3%; 2007: 2.7%).

“Other” comments:

- These all depend on the age of the community
- Available housing and access to reasonably priced organic foods (fresh, not preserved)

Survey Findings – Awareness of Services

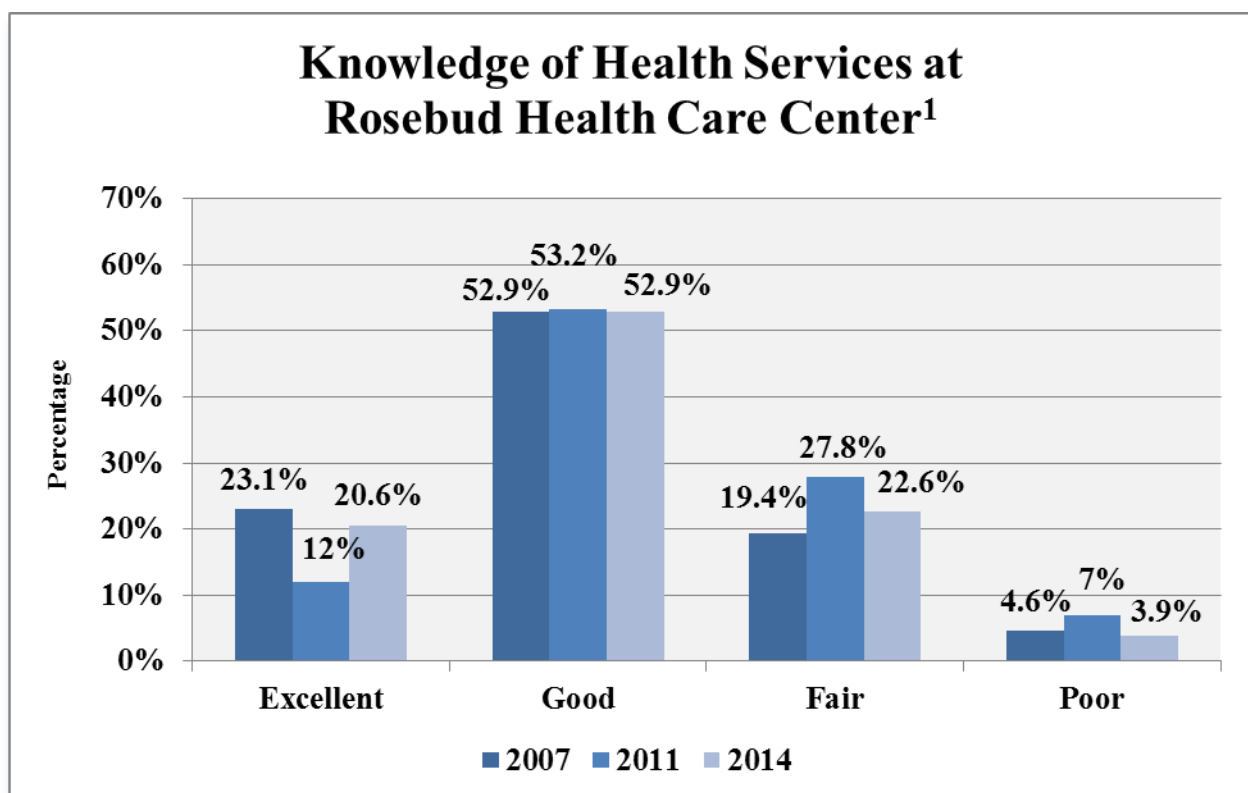
Overall Awareness of Health Services (Question 4)

2014 N= 155

2011 N= 216

2007 N= 216

Respondents were asked to rate their knowledge of the health services available at Rosebud Health Care Center. Fifty-three percent (n=82) of respondents rated their knowledge of health services as “Good.” Twenty-three percent (n=35) rated their knowledge as “Fair” and 20.6% of respondents (n=32) rated their knowledge as “Excellent.”



¹In 2014, significantly more respondents rated their knowledge of services at Rosebud Health Care Center higher than in 2011 (2014: 20.6%; 2011: 12%)

“Other” comments:

- We have Veterans benefits in Miles City and Billings who look after us and don’t expect cash up front before treatments!

How Respondents Learn of Healthcare Services (Question 5)

2014 N= 159

2011 N= 226

2007 N= 222

The most frequently indicated method of learning about available services was “Word of mouth/reputation” at 68.6% (n=109). “Family/friends” was the second most frequent response at 55.3% (n=88) and “Healthcare provider” was reported at 49.1% (n=78). Respondents could select more than one method so percentages do not equal 100%.

Method	2007		2011		2014	
	Count	Percent	Count	Percent	Count	Percent
Word of mouth/reputation	143	64.4%	154	68.1%	109	68.6%
Family/friends	Not asked in 2007		112	49.6%	88	55.3%
Healthcare provider	93	41.9%	83	36.7%	78	49.1%
Newspaper ¹	105	47.3%	66	29.2%	77	48.4%
Mailings/newsletter ²	Not asked in 2007		51	22.6%	51	32.1%
Community bulletin board	Not asked in 2007		Not asked in 2011		26	16.4%
Radio ³	50	22.5%	22	9.7%	23	14.5%
Public health	Not asked in 2007		25	11.1%	14	8.8%
Website/internet	3	1.4%	6	2.7%	8	5.0%
Facebook page/social media	Not asked in 2007		Not asked in 2011		6	3.8%
Presentations	Not asked in 2007		8	3.5%	5	3.1%
Other	9	4.1%	9	4.0%	3	1.9%

¹Significantly more respondents used the newspaper to learn of healthcare services in 2014 than in 2011 (2014: 48.4%; 2011: 29.2%).

² Significantly more respondents utilized mailings/newsletters to learn about available health services in 2014 than in 2011 (2014: 32.1%; 2011: 22.6%).

³ In 2007, significantly more people indicated they received health information through radio than respondents in 2011 and 2014 did (2014: 14.5%; 2011: 9.7%; 2007: 22.5%).

“Other” comments:

- Former hospital board chair and member and foundation president and CEO
- Found it myself
- I work at the facility

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
Healthcare provider	21 (27.3%)	42 (54.5%)	11 (14.3%)	3 (3.9%)	77
Mailings/newsletter	16 (31.4%)	23 (45.1%)	12 (23.5%)		51
Website/internet	3 (37.5%)	2 (25%)	2 (25%)	1 (12.5%)	8
Friends/family	17 (19.8%)	52 (60.5%)	14 (16.3%)	3 (3.5%)	86
Newspaper	20 (26%)	40 (51.9%)	15 (19.5%)	2 (2.6%)	77
Presentations	4 (80%)		1 (20%)		5
Public Health	5 (35.7%)	7 (50%)	2 (14.3%)		14
Word of mouth/reputation	23 (21.5%)	57 (53.3%)	23 (21.5%)	4 (3.7%)	107
Radio	5 (21.7%)	12 (52.2%)	5 (21.7%)	1 (4.3%)	23
Community bulletin board	8 (30.8%)	14 (53.8%)	3 (11.5%)	1 (3.8%)	26
Facebook page/social media	4 (66.7%)	2 (33.3%)			6
Other	2 (100%)				2

Other Community Health Resources Utilized (Question 6)

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 79.9% (n=127). “Dentist” was also a highly utilized resource at 62.3% (n=99) followed by “Ophthalmologist (eye doctor)” at 44% (n=70). Respondents could select more than one resource so percentages do not equal 100%.

Resource	2011		2014	
	Count	Percent	Count	Percent
Pharmacy/tele-pharmacy	161	71.2%	127	79.9%
Dentist	125	55.3%	99	62.3%
Ophthalmologist (eye doctor)	105	46.5%	70	44.0%
Public health	68	30.1%	42	26.4%
Senior Center	28	12.4%	26	16.4%
Mental health	12	5.3%	8	5.0%
Assisted living	Not asked in 2011		1	0.6%
Other	9	4.0%	6	3.8%

“Other” comments:

- Nursing home for parent
- Chiropractor (2)
- VA
- DEAP [Developmental Educational Assistance Program] which provides childcare education and support in Rosebud County

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

2014 N= 159

2011 N= 226

Respondents were asked to indicate what they felt would improve their community's access to healthcare. Fifty-one percent of respondents (n=81) reported that "More primary care providers" would make the greatest improvement. Fifty percent of respondents (n=79) indicated "Affordability of services" would make an improvement to access and 30.8% (n=49) indicated "More specialists." Respondents could select more than one method so percentages do not equal 100%.

Improvement	2011		2014	
	Count	Percent	Count	Percent
More primary care providers ¹	68	30.1%	81	50.9%
Affordability of services	Not asked in 2011		79	49.7%
More specialists ²	92	40.7%	49	30.8%
Improved quality of care	49	21.7%	39	24.5%
Outpatient services expanded hours ³	31	13.7%	39	24.5%
Greater health education services	39	17.3%	36	22.6%
Transportation assistance	31	13.7%	33	20.8%
Telemedicine ⁴	13	5.8%	23	14.5%
Cultural sensitivity ⁵	17	7.5%	3	1.9%
Interpreter services	5	2.2%	0	0
Other	17	7.5%	7	4.4%

¹In 2014, significantly more people indicated that more primary care providers would improve healthcare access than in 2011 (2014: 50.9%; 2011: 30.1%).

²In 2014, significantly fewer respondents indicated that more specialists would improve access than in 2011 (2014: 30.8%; 2011: 40.7%).

³Significantly more respondents would like expanded outpatient hours in 2014 than in 2011 (2014: 24.5%; 2011: 13.7%).

⁴ In 2014, significantly more respondents indicated a need for telemedicine than 2011(2014: 14.5%; 2011: 5.8%).

⁵ In 2014, significantly fewer respondents viewed cultural sensitivity as a need than in 2011 (2014: 1.9%; 2011: 7.5%).

"Other" comments:

- Better business practices
- Improve administrative management
- Better doctors
- Pediatrics
- I think it works well currently
- Tax support
- See patients monthly in Forsyth

Interest in Educational Classes/Programs (Question 8)

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 indicated was “Fitness” at 35.8% of respondents (n=57). “Nutrition” was selected by 35.2% of respondents (n=56) and both “Health and wellness” and “Women’s health” with 32.7% (n=52) each. Respondents could select more than one method so percentages do not equal 100%.

Educational Class/Program	2014	
	Count	Percent
Fitness	57	35.8%
Nutrition	56	35.2%
Health and wellness	52	32.7%
Women’s health	52	32.7%
Weight loss	48	30.2%
Living will	35	22.0%
First aid/CPR	30	18.9%
Weight Training	30	18.9%
Diabetes	23	14.5%
Cancer	20	12.6%
Men’s health	19	11.9%
Alzheimer’s	17	10.7%
Heart disease	13	8.2%
Mental health	8	5.0%
Grief counseling	6	3.8%
Support groups	6	3.8%
Smoking cessation	5	3.1%
Parenting	4	2.5%
Prenatal	4	2.5%
Alcohol/substance abuse	1	0.6%
Other	5	3.1%

“Other” comments:

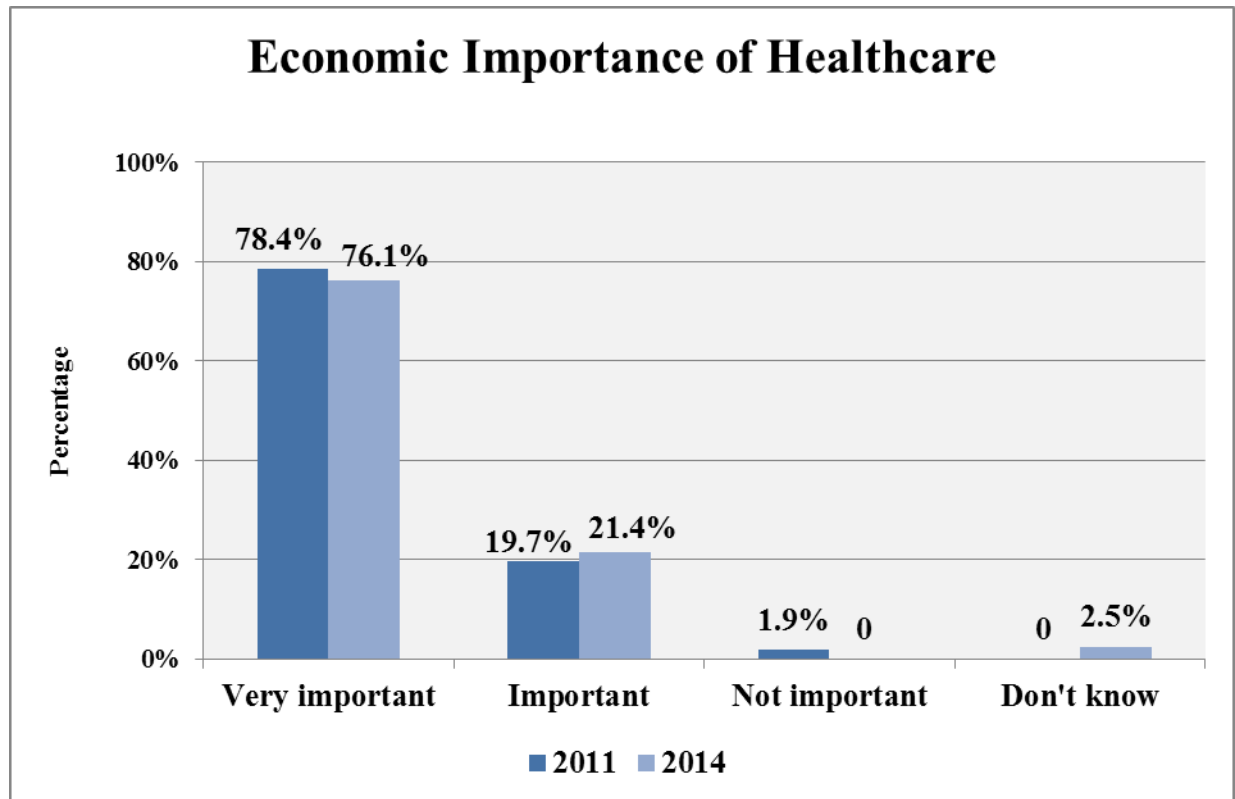
- Dementia
- Anger management

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

2014 N= 159

2011 N= 208

The majority of respondents (76.1%, n=121) indicated that local healthcare providers and services (i.e.: hospitals, clinics, nursing homes, assisted living, etc.) are “Very important” to the economic well-being of the area. Twenty-one percent of respondents (n=34) indicated they are “Important” and four respondents, or 2.5%, indicated that they “Don’t know.”



“Other” comments:

- People go where they want!

Survey Findings – Use of Healthcare Services

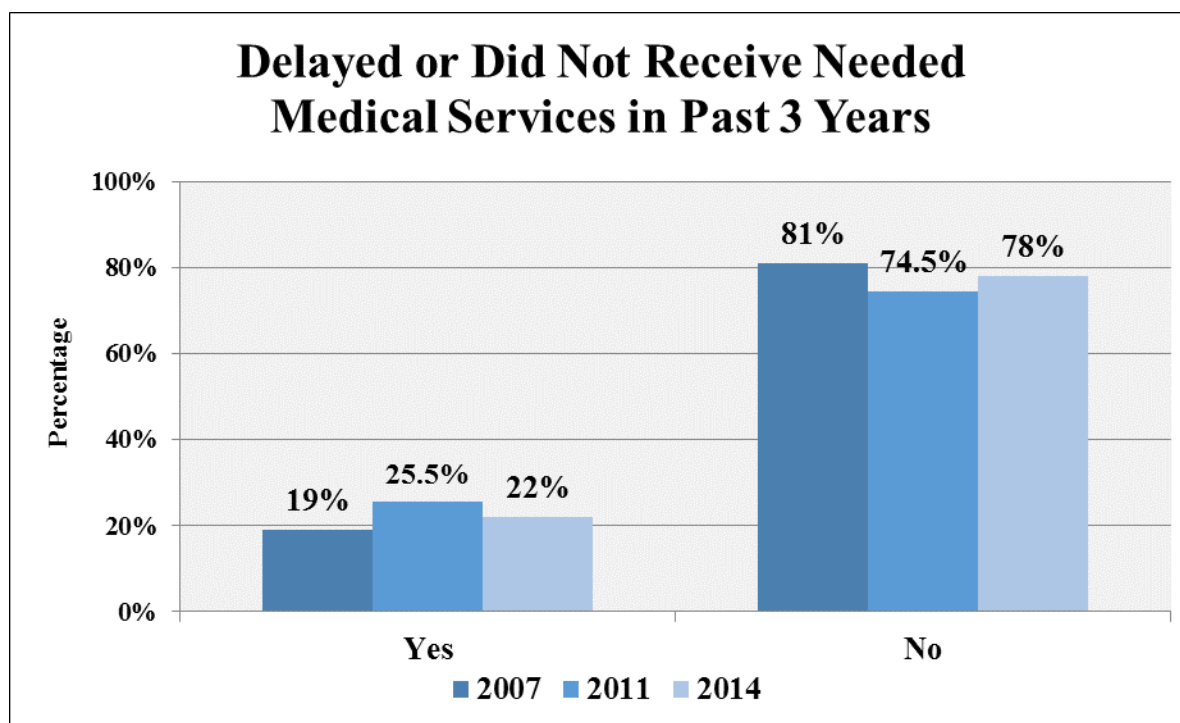
Needed/Delayed Hospital Care During the Past Three Years (Question 10)

2014 N= 150

2011 N= 208

2007 N= 205

Twenty-two percent of respondents (n=33) reported that they or a member of their household thought they needed healthcare services but did not get it or had to delay getting it. Seventy-eight percent of respondents (n=117) felt they were able to get the healthcare services they needed without delay.



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

2014 N= 33

2011 N= 53

2007 N= 39

For those who indicated they were unable to receive or had to delay services (n=33), the reasons most cited were: “It costs too much” (30.3%, n=10), “Don’t like doctors/providers” (24.2%, n=8) and “Too long to wait for an appointment” (18.2%, n=6). Respondents were asked to indicate their top three choices, thus percentages do not total 100%.

Reason	2007		2011		2014	
	Count	Percent	Count	Percent	Count	Percent
It costs too much	20	51.3%	25	47.2%	10	30.3%
Don't like doctors/providers	8	20.5%	6	11.3%	8	24.2%
Too long to wait for an appointment	5	12.8%	14	26.4%	6	18.2%
Could not get off work	2	5.1%	4	7.5%	5	15.2%
No insurance	15	38.5%	19	35.8%	5	15.2%
Office wasn't open when I could go	4	10.3%	2	3.8%	4	12.1%
Unsure if services were available	2	5.1%	3	5.7%	4	12.1%
Had no one to care for the children	0	0	1	1.9%	3	9.1%
Didn't know where to go	0	0	3	5.7%	3	9.1%
It was too far to go	2	5.1%	7	13.2%	3	9.1%
My insurance didn't cover it	4	10.3%	10	18.9%	3	9.1%
Too nervous or afraid	0	0	3	5.7%	3	9.1%
Could not get an appointment	7	17.9%	4	7.5%	1	3.0%
Not treated with respect	3	7.7%	4	7.5%	1	3.0%
Transportation problems	1	2.6%	1	1.9%	1	3.0%
Language barrier	0	0	0	0	0	0
Other	7	17.9%	9	17.0%	8	24.2%

“Other” comments:

- Bad billing department
- Diagnosis
- Bad travel weather (2)
- They always goof up our bill/insurance filing here in Forsyth
- Thought I was going to get better
- I prefer holistic alternative healthcare
- Unsure of doctor qualifications

Utilization of Preventative Services (Question 12)

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 54.1% of respondents (n=86). Forty-eight percent of respondents (n=77) indicated they received a “Routine health checkup” and 44% of respondents (n=70) had a “Routine blood pressure check.” Respondents could check all that apply, thus the percentages do not equal 100%.

Service	2014	
	Count	Percent
Flu shot	86	54.1%
Routine health checkup	77	48.4%
Routine blood pressure check	70	44.0%
Cholesterol check	64	40.3%
Mammography	39	24.5%
Diabetic/glucose screening	37	23.3%
Pap smear	23	14.5%
Prostate (PSA)	20	12.6%
None	15	9.4%
Children’s checkup/Well baby	8	5.0%
Colonoscopy	7	4.4%
Other	10	6.3%

“Other” comments:

- Infection
- Shingles shot (2)
- DOT [Department of Transportation] physical
- Nephrology blood work
- UTI [Urinary Tract Infection]
- Asthma
- Additional lab work
- Eye
- Dentist

Desired Local Healthcare Services (Question 13)

2014 N= 159

2011 N= 226

Respondents were asked to indicate which healthcare professionals or services presently not available would they use if available locally. Respondents indicated the most interest in having “Dermatology” services available at 29.6% (n=47) followed by a “Foot care clinic” at 15.1% (n=24), then “Cardiac stress test” at 14.5% (n=23). Respondents were asked to check all that apply so percentages do not equal 100%.

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

¹In 2014, significantly fewer respondents indicated a desire for home health services than in 2011 (2014: 9.4%; 2011: 16.4%).

² In 2014, significantly fewer respondents indicated a desire for cardiac rehabilitation services than in 2011 (2014: 5.7%; 2011: 11.9%).

³ In 2014, significantly fewer respondents indicated a desire for crisis Services than in 2011 (2014: 1.9%; 2011: 7.1%).

“Other” comments:

- Eyes and ears
- Pediatrics
- OT [Occupational Therapy]
- Back surgery
- Exercise program
- Dietician
- Holistic alternative medicine

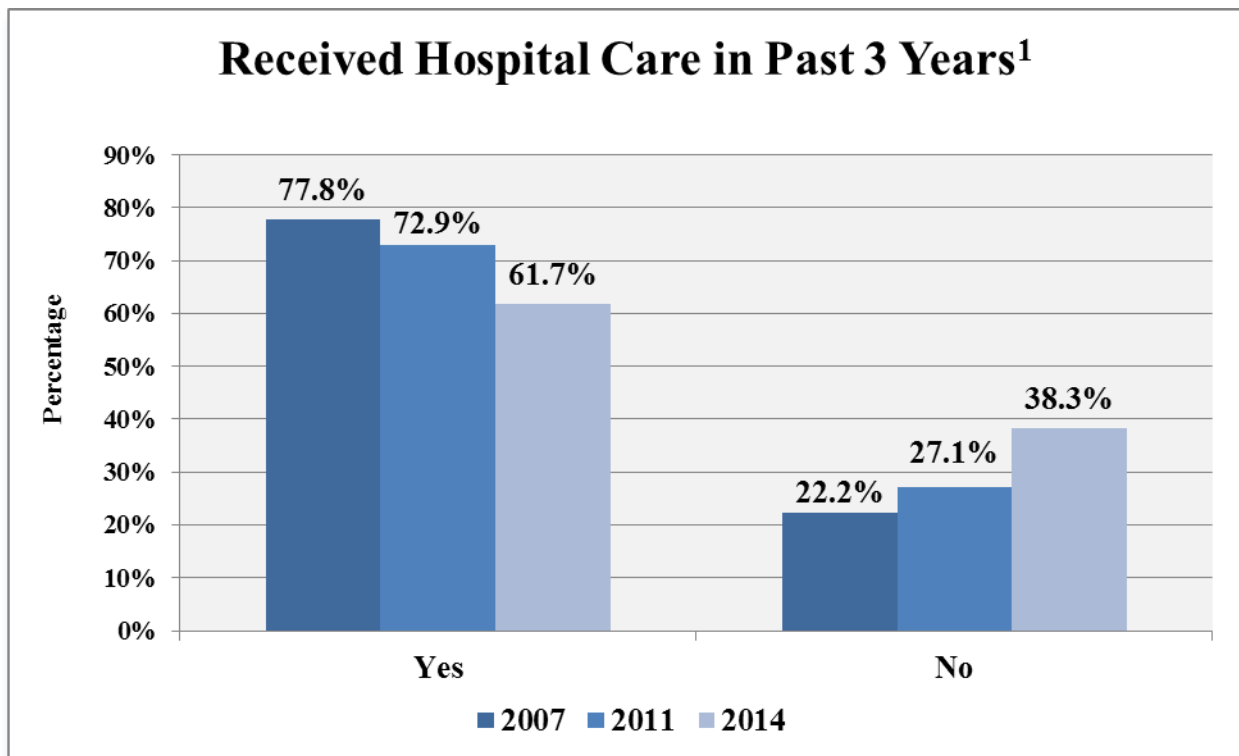
Hospital Care Received in the Past Three Years (Question 14)

2014 N= 149

2011 N= 221

2007 N= 212

Sixty-two percent of respondents (n=92) reported that they or a member of their family had received hospital care during the previous three years and 38.3% (n=57) had not received hospital services.



¹There has been a significant decrease in the number of respondents who indicated they or a family member had received hospital care in the past three years (2014: 61.7%; 2011: 72.9%; 2007:77.8%).

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

2014 N= 75

2011 N= 145

Of the 92 respondents who indicated receiving hospital care in the previous three years, 42.7% (n=32) reported receiving care at Rosebud Health Care Center in Forsyth. Thirty-two percent of respondents (n=24) went to Billings Clinic and 13.3% of respondents (n=10) utilized services from St. Vincent Healthcare. In 2014, 17 of the 92 respondents who reported they had been to a hospital in the past three years did not indicate which hospital they had utilized.

Hospital	2011		2014	
	Count	Percent	Count	Percent
Rosebud Health Care Center	46	31.7%	32	42.7%
Billings Clinic	48	33.1%	24	32.0%
St. Vincent Healthcare	25	17.2%	10	13.3%
Holy Rosary Healthcare	16	11.0%	5	6.7%
VA Hospital	0	0	3	4.0%
IHS-Crow Agency	3	2.1%	0	0
Other	7	4.9%	1	1.3%
TOTAL	145	100%	75	100%

“Other” comments:

- Rocky Mountain Surgical Center (2)
- Rocky Mountain Retina
- Sheridan Surgery Center
- Butte and Missoula, Montana Hospitals
- Cheyenne Clinic
- Yellowstone Surgery Center
- St. Vincent walk-in clinic

Reasons for Selecting the Hospital Used (Question 16)

2014 N= 92

2011 N= 161

Of the 92 respondents who had a personal or family experience at a hospital within the past three years, the primary reason given for selecting the facility used most often was “Prior experience with hospital” at 52.2% (n=48). “Doctor/provider preference” was selected by 46.7% of the respondents (n=43) and 43.5% (n=40) 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	2007		2011		2014	
	Count	Percent	Count	Percent	Count	Percent
Prior experience with hospital	57	34.5%	82	50.9%	48	52.2%
Doctor/provider preference	Not asked		Not asked		43	46.7%
Closest to home	90	54.5%	74	46.0%	40	43.5%
Emergency, no choice	60	36.4%	45	28.0%	29	31.5%
Hospital’s reputation for quality	35	21.2%	51	31.7%	25	27.2%
Referred by physician ¹	74	44.8%	79	49.1%	24	26.1%
Cost of care	3	1.8%	9	5.6%	6	6.5%
Recommended by family or friends ²	2	1.2%	16	9.9%	5	5.4%
VA/Military requirement	6	3.6%	2	1.2%	5	5.4%
Closest to work	8	4.8%	10	6.2%	4	4.3%
Required by insurance plan ³	5	3.0%	14	8.7%	3	3.3%
Other	13	7.9%	16	9.9%	4	4.3%

¹Significantly fewer respondents selected a hospital based on a physician referral in 2014 than in 2011 (2014: 26.1%; 2011: 49.1%).

²Significantly fewer respondents selected a hospital based on a recommendation from family or friends in 2014 than in 2011 (2014: 5.4%; 2011: 9.9%).

³Significantly fewer respondents selected a hospital based on an insurance plan requirement in 2014 than in 2011 (2014: 3.3%; 2011: 8.7%).

“Other” comments:

- They bill correctly
- Surgery
- Obstetrical

Cross Tabulation of Hospital and Residence

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

LOCATION OF MOST OFTEN UTILIZED HOSPITAL BY RESIDENCE

	Rosebud Health Care Center	Billings Clinic	VA Hospital	IHS Crow Agency	St Vincent Healthcare	Holy Rosary Healthcare	Other	Total
Ashland 59003								0
Colstrip 59323		2 (50%)			1 (25%)		1 (25%)	4
Forsyth 59327	23 (42.6%)	18 (33.3%)	1 (1.9%)		7 (13%)	5 (9.3%)		54
Hysham 59038	5 (41.7%)	4 (33.3%)	1 (8.3%)		2 (16.7%)			12
Rosebud 59347	4 (100%)							4
Other			1 (100%)					1
TOTAL	32 (42.7%)	24 (32%)	3 (4%)	0	10 (13.3%)	5 (6.7%)	1 (1.3%)	75 (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	VA Hospital	IHS Crow Agency	St Vincent Healthcare	Holy Rosary Healthcare	Other	Total
Closest to home	30 (85.7%)	1 (2.9%)			1 (2.9%)	2 (5.7%)	1 (2.9%)	35
Closest to work	4 (100%)							4
Cost of care		1 (25%)	3 (75%)					4
Emergency, no choice	17 (68%)	4 (16%)			2 (8%)	2 (8%)		25
Hospital's reputation for quality	5 (25%)	8 (40%)	1 (5%)		4 (20%)	1 (5%)	1 (5%)	20
Prior experience with hospital	18 (42.9%)	13 (31%)	2 (4.8%)		7 (16.7%)	2 (4.8%)		42
Recommended by family or friends		4 (80%)			1 (20%)			5
Doctor/provider preference	12 (34.3%)	14 (40%)			7 (20%)	2 (5.7%)		35
Referred by physician	2 (13.3%)	8 (53.3%)			2 (13.3%)	2 (13.3%)	1 (6.7%)	15
Required by insurance plan		1 (50%)			1 (50%)			2
VA/Military requirement		1 (25%)	3 (75%)					4
Other		14 (40%)			7 (20%)	1 (25%)		21

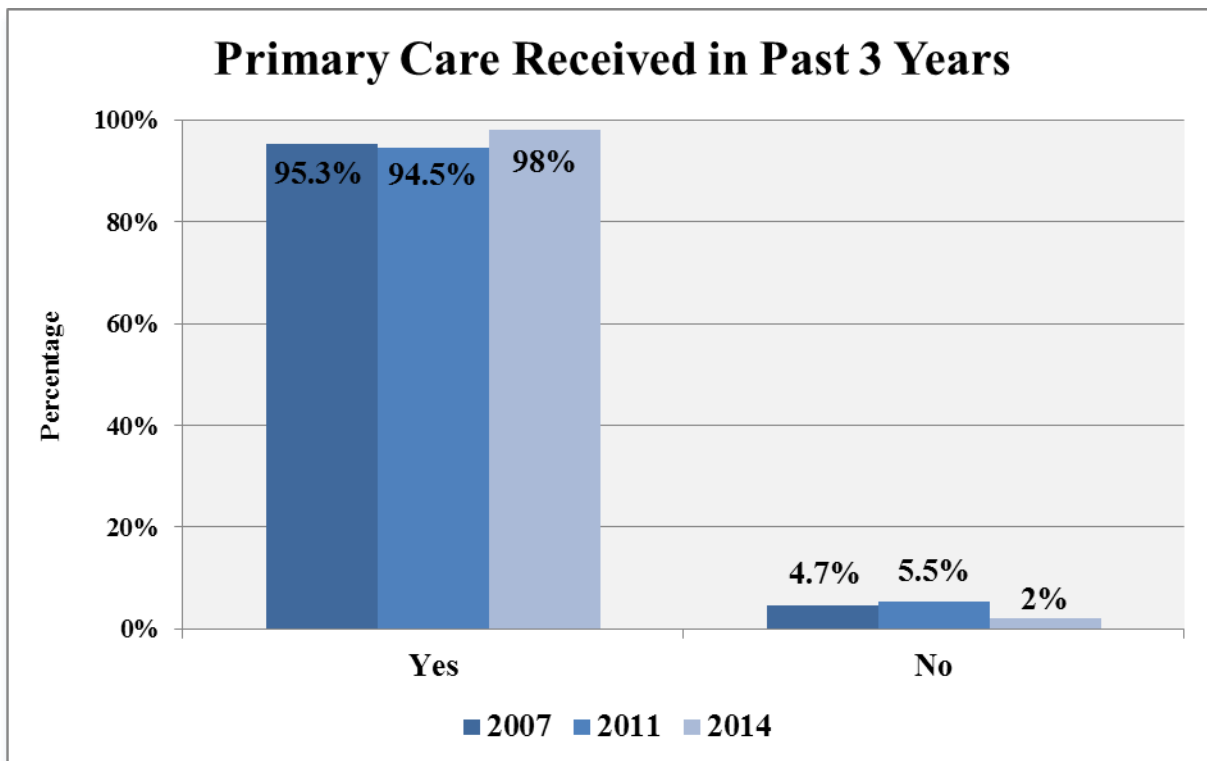
Primary Care Received in the Past Three Years (Question 17)

2014 N= 152

2011 N= 220

2007 N= 212

Ninety-eight percent of respondents (n=149) 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. Three respondents (2%) indicated they or someone in their household had not.



Location of Primary Care Provider (Question 18)

2014 N= 127

2011 N= 195

Of the 149 respondents who indicated receiving primary care services in the previous three years, 55.1% (n=70) reported receiving care in Forsyth. Approximately twenty-one percent of respondents (n=26) went to Miles City and another 20.5% of respondents (n=26) utilized primary care services in Billings. Twenty-two of the 149 respondents who reported they had utilized primary care services in the past three years did not indicate where they received those services.

Clinic Location	2011		2014	
	Count	Percent	Count	Percent
Forsyth¹	71	36.4%	70	55.1%
Miles City	26	13.3%	26	20.5%
Billings	25	12.8%	26	20.5%
Colstrip ²	42	21.5%	4	3.1%
Hardin	5	2.6%	1	0.8%
Ashland	9	4.6%	0	0
Lame Deer	13	6.7%	0	0
Other	4	2.1%	0	0
TOTAL	195	100%	127	100%

¹Significantly more respondents utilized primary care services in Forsyth in 2014 than in 2011 (2014: 55.1%; 2011: 36.4%).

²Significantly fewer respondents utilized primary care services in Colstrip in 2014 than in 2011 (2014: 3.1%; 2011: 21.5%).

“Other” comments:

- Wolf Point

Reasons for Selection of Primary Care Provider (Question 19)

2014 N= 149

2011 N= 208

2007 N= 202

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 59.7% (n=89) followed by “Closest to home” at 52.3% (n=78) and “Appointment availability” at 33.6% (n=50). Respondents were asked to check all that apply so the percentages do not equal 100%.

Reason	2007		2011		2014	
	Count	Percent	Count	Percent	Count	Percent
Prior experience with clinic¹	104	51.5%	74	35.6%	89	59.7%
Closest to home	125	61.9%	134	64.4%	78	52.3%
Appointment availability	57	28.2%	78	37.5%	50	33.6%
Clinic’s reputation for quality	46	22.8%	48	23.1%	43	28.9%
Referred by physician or other provider	32	15.8%	21	10.1%	18	12.1%
Recommended by family or friends	19	9.4%	15	7.2%	16	10.7%
Length of waiting room time	22	10.9%	28	13.5%	14	9.4%
VA/Military requirement	9	4.5%	3	1.4%	7	4.7%
Cost of care ²	7	3.5%	19	9.1%	6	4.0%
Required by insurance plan	4	2.0%	9	4.3%	2	1.3%
Indian Health Services ³	Not asked in 2007		14	6.7%	0	0
Other	14	6.9%	18	8.7%	12	8.1%

¹In 2011, significantly fewer respondents selected a clinic based on prior experience than in 2014 and 2007 (2014: 59.7%; 2011: 35.6%; 2007: 51.5%).

²In 2011, significantly more respondents selected a clinic based on cost of care than those in 2007 and 2014 (2014: 4%; 2011: 9.1%; 2007: 3.5%).

³In 2011, significantly more respondents utilized Indian Health Services than in 2014 (2014: 0%; 2011: 6.7%)

“Other” comments:

- Personal preference
- Broke my arm
- No GYN [gynecologist] available in Forsyth
- Don’t like provider
- Very friendly/great people (2)
- Pediatrics
- Past experience
- Long term relationship with provider
- Closest to where I live and work as a registered nurse
- Have had someone for years
- She is able to do everything I need her to do; one stop shopping

Cross Tabulation of Primary Care and Residence

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

LOCATION OF PRIMARY CARE PROVIDER MOST UTILIZED BY RESIDENCE

	Forsyth	Hardin	Ashland	Colstrip	Miles City	Lame Deer	Billings	Total
Ashland 59003	1 (100%)							1
Colstrip 59323		1 (12.5%)		3 (37.5%)	1 (12.5%)		3 (37.5%)	8
Forsyth 59327	57 (60%)			1 (1.1%)	20 (21.1%)		17 (17.9%)	95
Hysham 59038	6 (50%)				3 (25%)		3 (25%)	12
Rosebud 59347	5 (62.5%)				2 (25%)		1 (12.5%)	8
Other							1 (100%)	1
TOTAL	69 (55.2%)	1 (0.8%)	0	4 (3.2%)	26 (20.8%)	0	25 (20%)	125 (100%)

Cross Tabulation of Clinic and Reason Selected

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

LOCATION OF PRIMARY CARE PROVIDER BY REASONS CLINIC SELECTED

	Forsyth	Hardin	Ashland	Colstrip	Miles City	Lame Deer	Billings	Other	Total
Appointment availability	34 (77.3%)			1 (2.3%)	4 (9.1%)		5 (11.4%)		44
Clinic's reputation for quality	16 (40%)			3 (7.5%)	9 (22.5%)		12 (30%)		40
Closest to home	57 (87.7%)	1 (1.5%)		4 (6.2%)	2 (3.1%)		1 (1.5%)		65
Cost of care	1 (25%)				2 (50%)		1 (25%)		4
Indian Health Services									0
Length of waiting room time	8 (66.7%)				2 (16.7%)		2 (16.7%)		12
Prior experience with clinic	42 (55.3%)	1 (1.3%)		3 (3.9%)	17 (22.4%)		13 (17.1%)		76
Recommended by family or friends	4 (25%)				5 (31.3%)		7 (43.8%)		16
Referred by physician or other provider	3 (20%)				4 (26.7%)		8 (53.3%)		15
Required by insurance plan					1 (50%)		1 (50%)		2
VA/Military requirement	1 (14.3%)				4 (57.1%)		2 (28.6%)		7
Other	2 (20%)				3 (30%)		5 (50%)		10

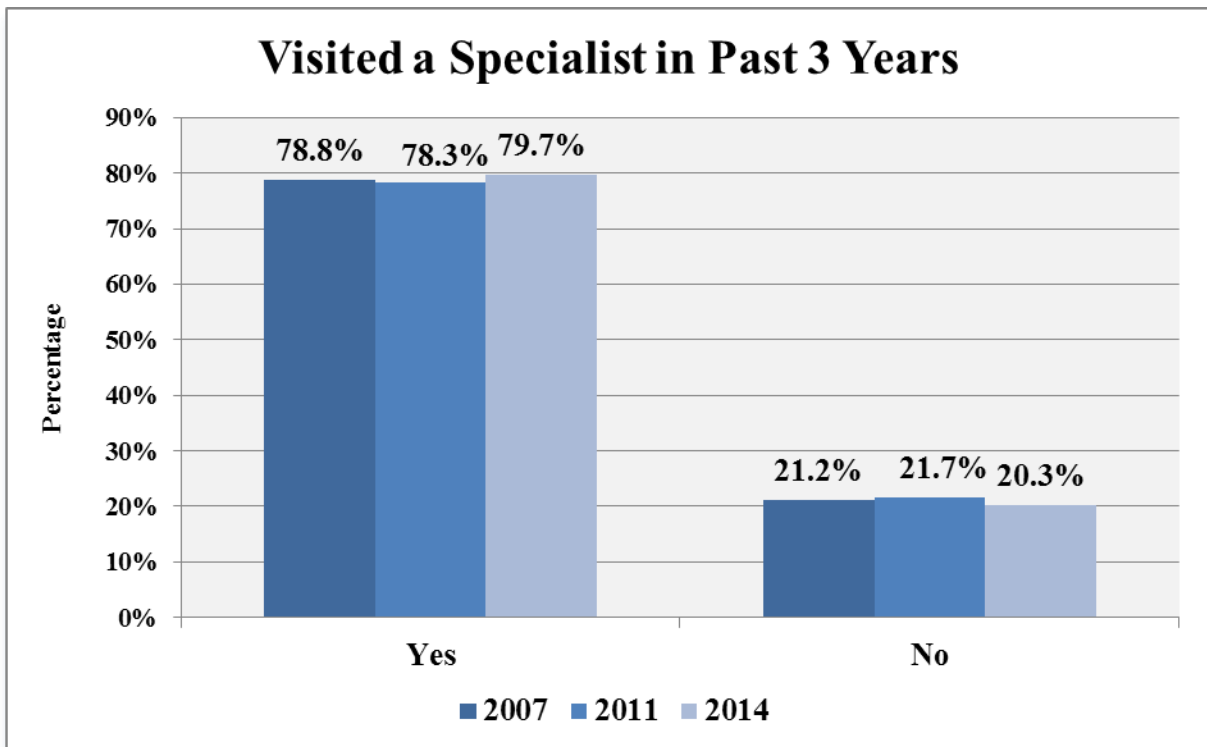
Use of Healthcare Specialists during the Past Three Years (Question 20)

2014 N= 148

2011 N= 203

2007 N= 208

Eighty percent of the respondents (n=118) indicated they or a household member had seen a healthcare specialist during the past three years and twenty percent (n=30) indicated they had not.



Location of Healthcare Specialist (Question 21)

2014 N= 118

2011 N= 159

Of the 118 respondents who indicated they saw a healthcare specialist in the past three years, 83.9% (n=99) saw one in Billings. Miles City specialty services were utilized by 30.5% of respondents (n=36) and Forsyth was reported by 20.3% (n=24). Respondents could select more than one location; therefore, percentages do not equal 100%.

Location	2011		2014	
	Count	Percent	Count	Percent
Billings	130	81.8%	99	83.9%
Miles City	56	35.2%	36	30.5%
Forsyth	40	25.2%	24	20.3%
Lame Deer ¹	13	8.2%	1	0.8%
IHS – Crow Agency	2	1.3%	0	0
Ashland	1	0.6%	0	0
Hardin ²	10	6.3%	0	0
Other	15	9.4%	6	5.1%

¹In 2011, significantly more respondents saw a specialist in Lame Deer than in 2014 (2014: 0.8%; 2011: 8.2%).

²In 2011, significantly more respondents saw a specialist in Hardin than in 2014 (2014: 0%; 2011: 6.3%).

“Other” comments:

- Colstrip
- Billings
- Fort Harrison VA Clinic

Type of Healthcare Specialist Seen (Question 22)

2014 N= 118

2011 N= 159

2007 N= 164

The respondents (n=118) saw a wide array of healthcare specialists in the past three years. The most frequently indicated specialist was a “Dentist” at 36.4% of respondents (n=43) having utilized their services. “Ophthalmologist” was the second most utilized specialist at 26.3% (n=31) and “Dermatologist” was third at 25.4% (n=30). Respondents were asked to choose all that apply so percentages do not equal 100%.

Healthcare Specialist	2007		2011		2014	
	Count	Percent	Count	Percent	Count	Percent
Dentist¹	Not asked in 2007		78	49.1%	43	36.4%
Ophthalmologist²	56	34.1%	23	14.5%	31	26.3%
Dermatologist	35	21.3%	28	17.6%	30	25.4%
Cardiologist	37	22.6%	36	22.6%	28	23.7%
Chiropractor ³	62	37.8%	36	22.6%	24	20.3%
OB/GYN ⁴	48	29.3%	29	18.2%	24	20.3%
Orthopedic surgeon	49	29.9%	33	20.8%	23	19.5%
Physical therapist	Not asked in 2007		28	17.6%	16	13.6%
General surgeon	23	14.0%	25	15.7%	13	11.0%
Urologist	25	15.2%	17	10.7%	13	11.0%
ENT (ear/nose/throat)	24	14.6%	14	8.8%	13	11.0%
Radiologist ⁵	Not asked in 2007		37	23.3%	11	9.3%
Oncologist	12	7.3%	12	7.5%	10	8.5%
Neurologist	23	14.0%	15	9.4%	9	7.6%
Mental health counselor	11	6.7%	9	5.7%	9	7.6%
Allergist	Not asked in 2007		6	3.8%	8	6.8%
Gastroenterologist ⁶	Not asked in 2007		52	32.7%	8	6.8%
Pulmonologist	Not asked in 2007		Not asked in 2011		7	5.9%
Endocrinologist	Not asked in 2007		12	7.5%	6	5.1%
Rheumatologist	Not asked in 2007		9	5.7%	5	4.2%
Podiatrist	12	7.3%	11	6.9%	4	3.4%
Neurosurgeon	Not asked in 2007		6	3.8%	4	3.4%
Pediatrician	6	3.7%	9	5.7%	3	2.5%
Psychiatrist (M.D.)	4	2.4%	6	3.8%	3	2.5%
Occupational therapist	Not asked in 2007		5	3.1%	3	2.5%
Psychologist	1	0.6%	7	4.4%	2	1.7%
Speech therapist	Not asked in 2007		1	0.6%	2	1.7%
Geriatrician	Not asked in 2007		0	0	1	0.8%
Dietician	Not asked in 2007		4	2.5%	1	0.8%
Social worker	3	1.8%	3	1.9%	0	0
Substance abuse counselor ⁷	Not asked in 2007		35	22.0%	0	0
Other	Not asked in 2007		14	8.8%	10	8.5%

Question 22 continued...

¹In 2011, significantly more people had visited a dentist than in 2014 (2014: 36.4%; 2011: 49.1%).

²Significantly more respondents saw an ophthalmologist in 2007 than in 2011 or 2014 (2014: 26.3%; 2011: 14.5%; 2007: 34.1%).

³In 2007, significantly more respondents visited a chiropractor in the past three years than in 2011 and 2014 (2014: 20.3%; 2011: 22.6%; 2007: 37.8%).

⁴In 2007, significantly more respondents had seen an OB/GYN than in 2011 (2011: 18.2%; 2007: 29.3%).

⁵In 2011, significantly more people saw a radiologist in the past three years than in 2014 (2014: 9.3%; 2011: 23.3%).

⁶ In 2011, significantly more people saw a gastroenterologist than in 2014 (2014: 6.8%; 2011: 32.7%).

⁷In 2011, significantly more people visited a substance abuse counselor in the past three years than in 2014 (2014: 0%; 2011: 22%).

“Other” comments:

- Holistic
- Infectious disease
- Eye surgery
- Too many for sure!
- Oral surgeon
- Nephrologist
- ER [Emergency Room] physician
- Diabetes educator
- Asthma

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

2014 N= 159

2011 N= 226

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 Clinical services, Diagnostic imaging, Hospital/inpatient services, Laboratory, Occupational therapy, and Physical therapy all receiving the top average score of 3.3 out of 4.0. The total average score was 3.3, indicating the overall services of the hospital to be "Excellent" to "Good."

2014	Excellent (4)	Good (3)	Fair (2)	Poor (1)	Don't know	No Answer	N	Average
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
Long term care	9	14	5	0	106	25	159	3.1
Personal Assisted Living Services (PALS)	3	7	1	1	124	23	159	3.0
TOTAL	248	270	49	15				3.3

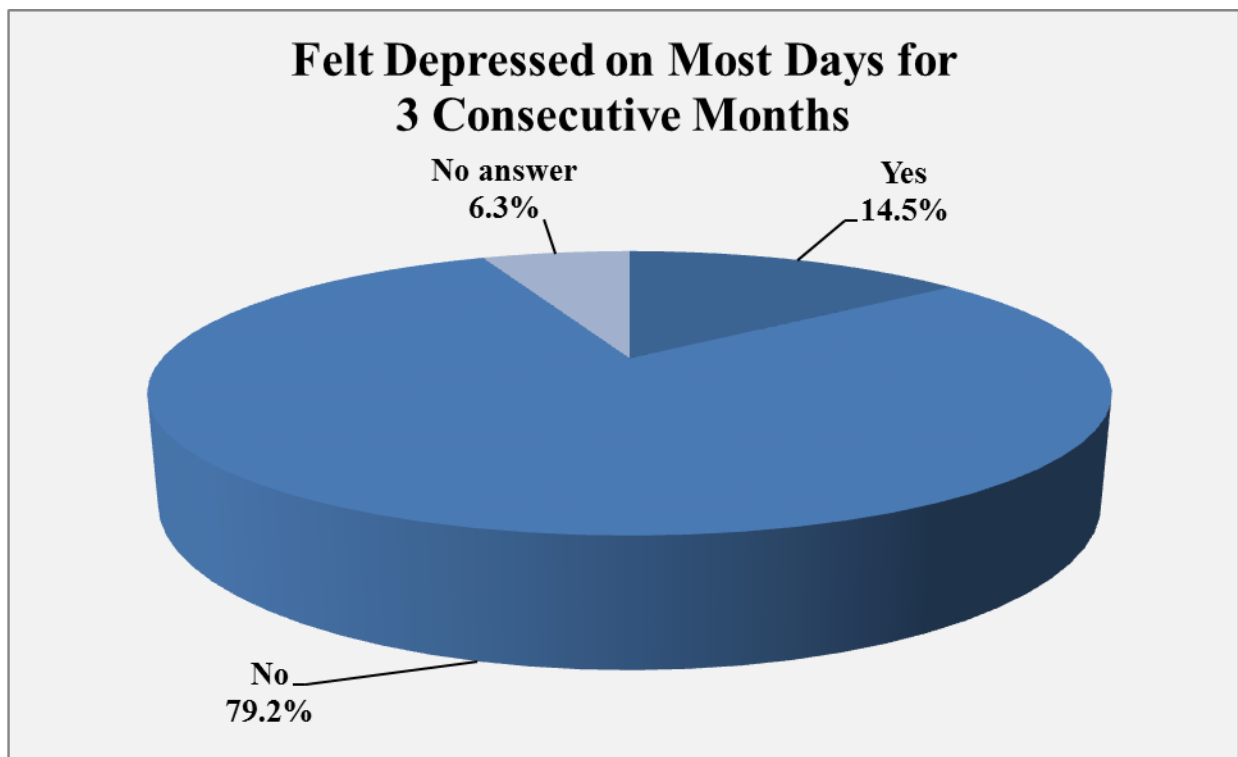
2011	Excellent (4)	Good (3)	Fair (2)	Poor (1)	Don't Know/ No Answer	N	Average
Laboratory	51	37	10	4	124	226	3.3
Diagnostic imaging	28	11	5	0	147	226	3.2
Emergency room	39	36	11	6	134	226	3.2
Physical therapy	23	24	3	5	171	226	3.2
Long term care	8	14	1	2	201	226	3.1
Telemedicine	1	6	4	2	213	226	2.5
TOTAL	157	145	40	24			3.2

Survey Findings – Personal Health

Prevalence of Depression (Question 24)

N= 159

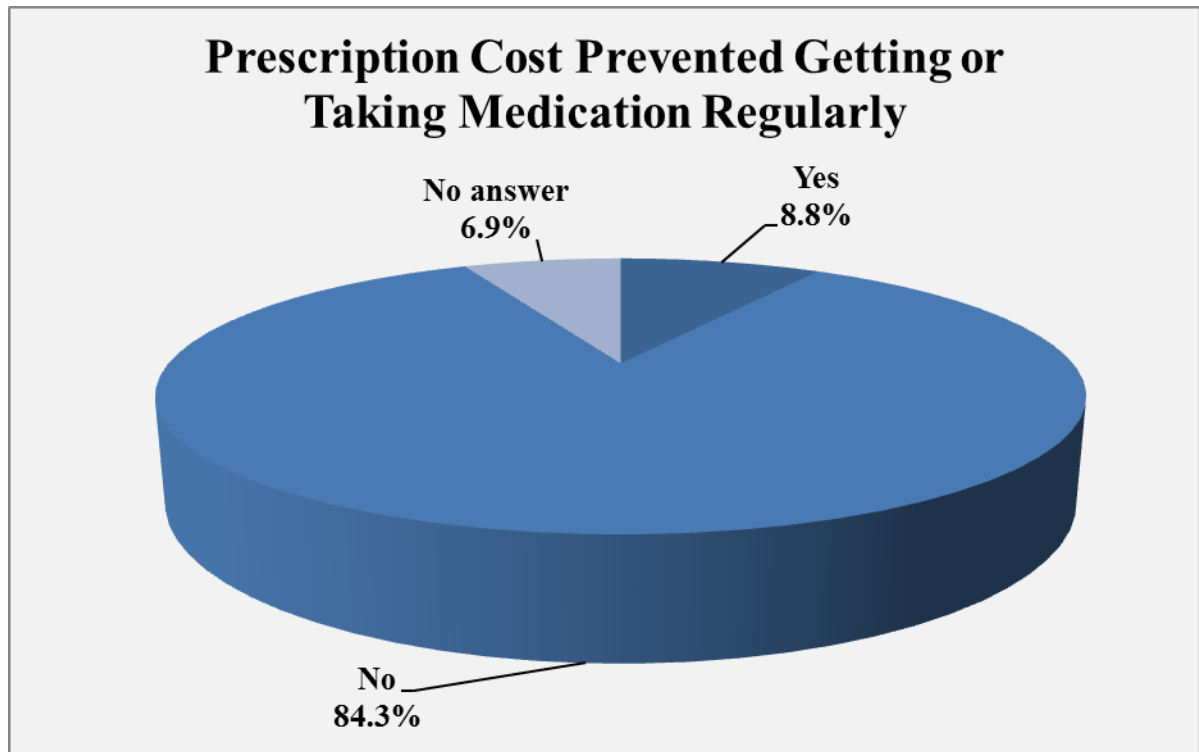
Respondents were asked to indicate if there were periods of at least three consecutive months in the past three years where they felt depressed on most days, although they may have felt okay sometimes. Fifteen percent of respondents (n=23) indicated they had experienced periods of depression and 79.2% of respondents (n=126) indicated they had not. Ten respondents (6.3%) chose not to answer this question.



Cost and Prescription Medications (Question 25)

N= 159

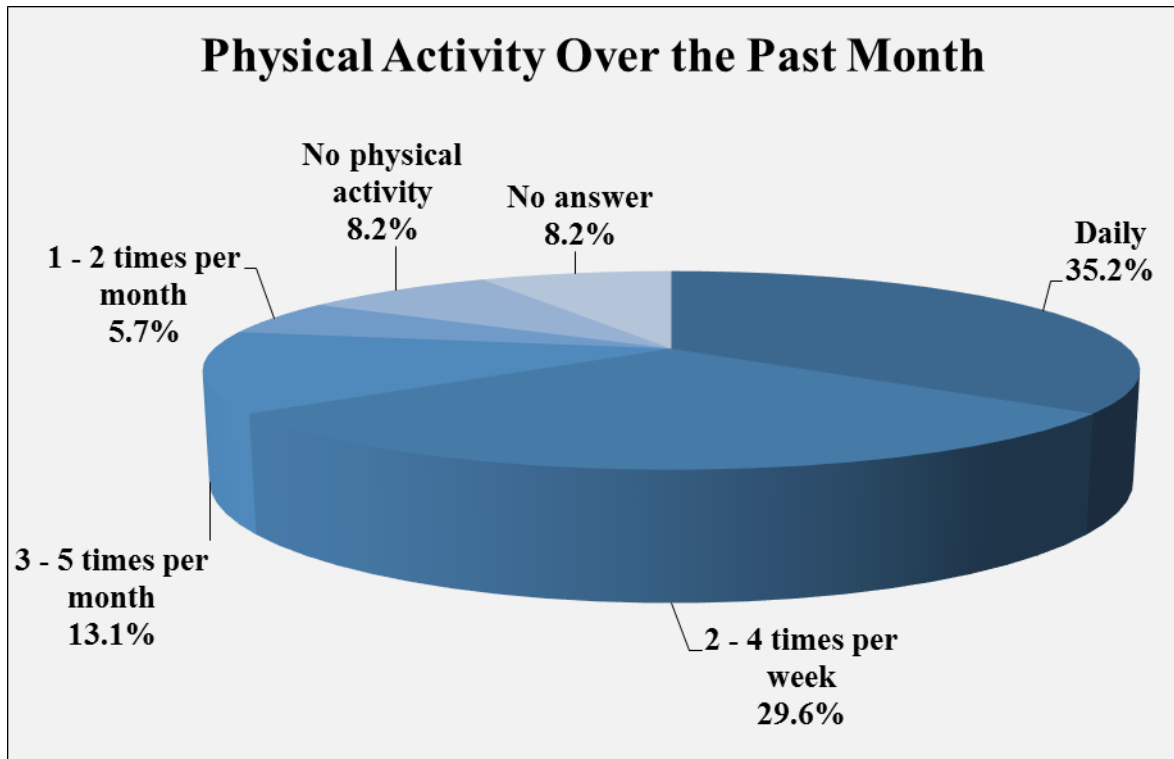
Respondents were asked to indicate if, during the last year, medication costs had prohibited them from getting a prescription or taking their medication regularly. Nine percent of respondents (n=14) indicated that, in the last year, cost had prohibited them from getting a prescription or taking their medication regularly. Eighty-four percent of respondents (n=134) indicated that cost had not prohibited them, and eleven respondents (6.9%) chose not to answer this question.



Physical Activity (Question 26)

N= 159

Respondents were asked to indicate how frequently they had physical activity for at least twenty minutes over the past month. Thirty-five percent of respondents (n=56) indicated they had physical activity of at least twenty minutes “Daily” and 29.6% (n=47) indicated they had physical activity “2-4 times per week.” Eight percent of respondents (n=13) indicated they had “No physical activity” and thirteen respondents (8.2%) chose not to answer this question.



Survey Findings – Health Insurance

Medical Insurance (Question 27)

2014 N= 125

2011 N= 195

Respondents were asked to indicate what type of medical insurance covers the majority of their medical expenses. Thirty-eight percent (n=47) indicated they have “Employer sponsored” coverage. Thirty-one percent (n=39) indicated they have “Medicare” and “Private insurance/private plan” was indicated by 19.2% of respondents (n=24).

Insurance Type	2011		2014	
	Count	Percent	Count	Percent
Employer sponsored	73	37.4%	47	37.6%
Medicare	63	32.3%	39	31.2%
Private insurance/private plan	20	10.3%	24	19.2%
None/Pay out of pocket	14	7.2%	5	4.0%
VA/Military	4	2.1%	4	3.2%
Health Savings Account	1	0.5%	2	1.6%
Healthy MT Kids	3	1.5%	1	0.8%
Indian Health	10	5.1%	1	0.8%
Medicaid	5	2.6%	1	0.8%
State/Other	1	0.5%	0	0
Agricultural Corp. Paid	0	0	0	0
Other	1	0.5%	1	0.8%
TOTAL	195	100%	125	100%

“Other” comments:

- Affordable Care Act. Haven’t used yet
- BCBS [Blue Cross Blue Shield]
- Samaritan Ministries
- Healthcare Sharing

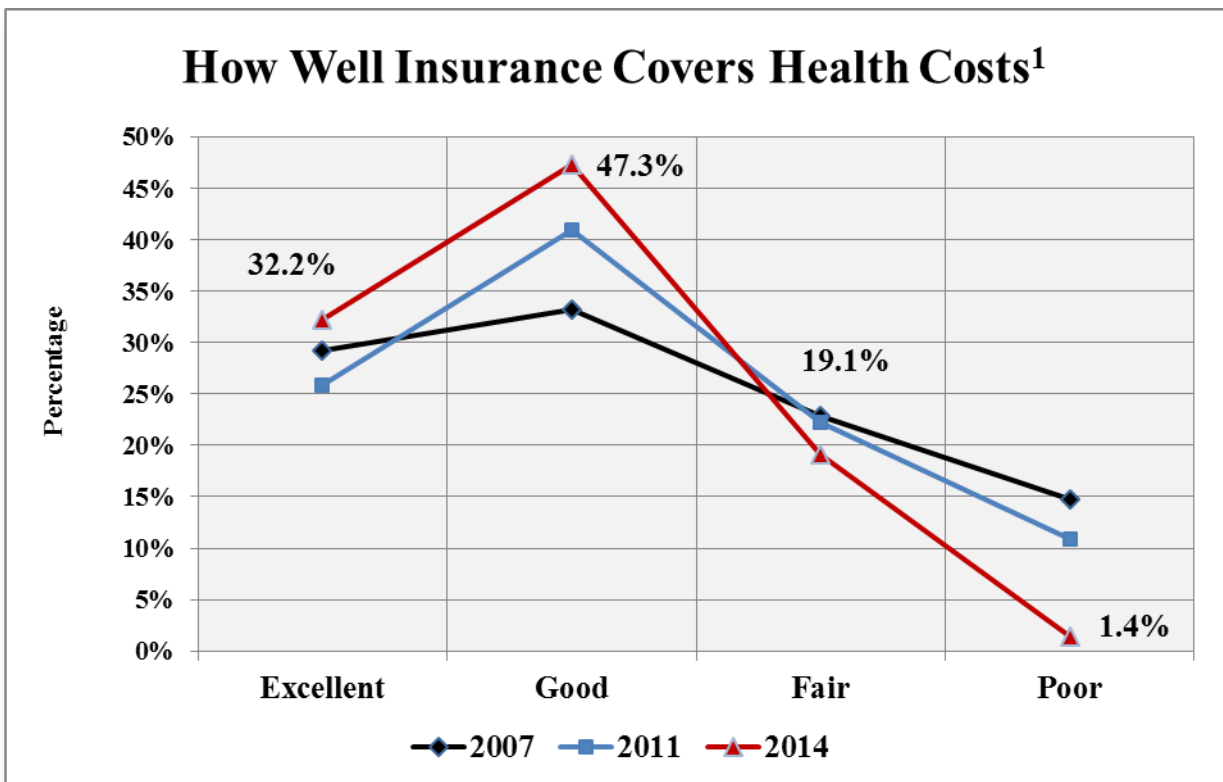
Insurance and Healthcare Costs (Question 28)

2014 N= 146

2011 N= 212

2007 N= 202

Respondents were asked to indicate how well they felt their health insurance covers their healthcare costs. Forty-seven percent of respondents (n=69) indicated they felt their insurance covers a “Good” amount of their healthcare costs. Thirty-two percent of respondents (n=47) indicated they felt their insurance is “Excellent” and 19.1% of respondents (n=28) indicated they felt their insurance was “Fair.”



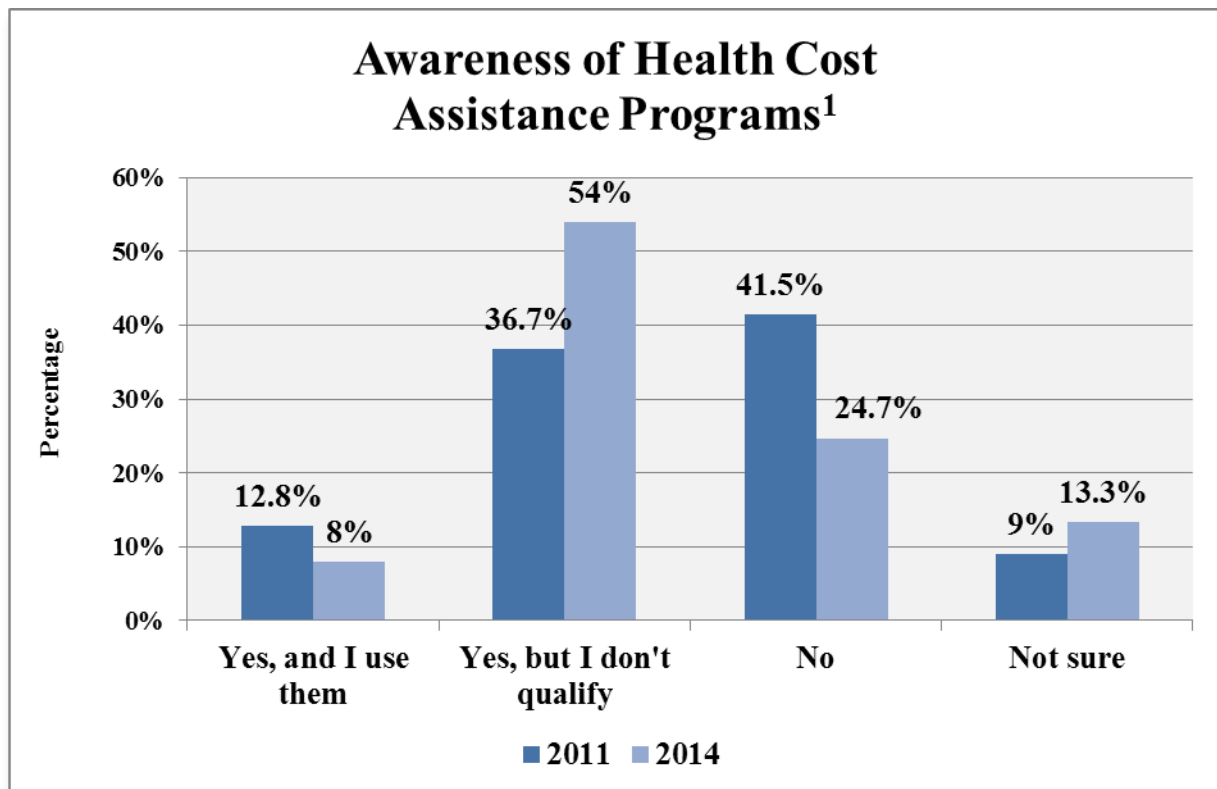
¹In 2014, significantly more respondents rated their health insurance as “Excellent” or “Good” than in 2011 or 2007.

Awareness of Health Payment Programs (Question 29)

2014 N= 150

2011 N= 188

Respondents were asked to indicate their awareness of programs that help people pay for healthcare bills. Fifty-four percent of respondents (n=81) indicated they were aware of these types of programs, but did not qualify to utilize them. Twenty-five percent (n=37) indicated that they were not aware or did not know of these programs and 13% of respondents (n=20) indicated they were unsure.



¹In 2014, significantly more respondents were aware of cost assistance programs, but did not qualify to utilize them. Additionally, respondents were less aware of cost assistance programs in 2011.

VI. Focus Group Methodology

Two focus groups were held in Forsyth, Montana in March 2014. Focus group participants were identified as people living in Rosebud Health Care Center's service area.

Twelve people participated in the two focus group interviews. The focus groups were designed to represent various consumer groups of healthcare including senior citizens and local community members. Focus groups were held at the Forsyth Senior Center and the Haugo Center. Each group meeting lasted up to 90 minutes in length and followed the same line of questioning found in Appendix F. The questions and discussions at the focus groups were led by Angela Bangs with the Montana Office of Rural Health.

Focus group notes and key informant interview notes can be found in Appendix G of this report.

VII. Focus Group and Key Informant Interview Summary

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

Suggestions to improve health of the community:

- Improving access to physical activities such as walking trails or indoor walking opportunities, fitness center that is free and open to public.
- Wellness programs to increase community education on chronic diseases and prevention.
- Enhancing mental health services including substances abuse services.

Most important local healthcare issues:

- Mental health services including suicide prevention and substance abuse.
- Planning for and enhancing sustainability of current and future healthcare workforce.
- Health planning for seniors in the community- allowing for “aging in place.”
- Addressing youth pregnancy and sexually transmitted infections- increase education and prevention efforts.
- Continuing to build County-wide health services collaboration amongst healthcare providers.

Opinion of hospital services:

- Quality of care at Rosebud Health Care Center is very good.
- Care and attention to patients is viewed highly.
- Participants feel there are a good variety of services offered based on size and location of the facility.
- The addition of the new clinic has been a large benefit to the community and improved patient experience.
- Cost of care is high- but not specific to Rosebud Health Care Center. Cost of healthcare in general continues to increase.
- Office and Clinic Staff are very personable, knowledgeable and helpful.
- Participants noted they are able to get timely appointments and never feel they have to wait.

Opinion of local providers:

- Participants prefer to use local providers for convenience, quality of care, long term provider relationships, and the local providers take a genuine interest in their community and patients.

Opinion of local services:

- Emergency room is viewed as excellent.
- Ambulance services are viewed as efficient and the emergency response staff are caring.
- Seniors are well cared for in Forsyth. Home health would enhance current services available.
- The public health department provides great services and works well with other health organizations in the county.
- Many participants mentioned that the hospital cares for all community members regardless of their ability to pay. The facility has worked hard to support families and youth in enrolling in cost assistance programs such as MT Healthy Kids.
- The nursing home services provided in the community are high-quality and provide the residents with a healthy, happy environment.
- Pharmacy services in the community are very good. They work with their patients and provide good coverage.

Reasons to leave the community for healthcare:

- Respondents indicated they or others might leave if they needed more advanced services like specialty services that are not offered locally.

Needed healthcare services in the community:

- Home health services or other services for the aging population.
- OB/GYN and pediatric services.
- Rotating specialty care including: heart specialists, visiting mental health counselor, psychologist or psychiatrist, surgery.

VIII. Summary

One hundred fifty-nine surveys were completed in Rosebud Health Care Center's service area for a 26% response rate. Of the 159 returned, 61.7% of the respondents were female, 72.1% were 56 years of age or older, and 42.8% are 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 (55.6%) feel the Forsyth area is a "somewhat healthy" place to live. Significantly more respondents rated the Forsyth area as less healthy than in 2007 and 2011. Respondents indicated their top three health concerns were: alcohol abuse/substance abuse (57.9%), cancer (46.5%), and overweight/obesity (41.5%). Significantly more respondents identified alcohol abuse/substance abuse and overweight/obesity to be a concern than the two previous Community Health Needs Assessments conducted in 2011 and 2007.

When respondents were asked which health related educational programs or classes they would be most interested in, the top choices were: fitness (35.8%), nutrition (35.2%), and health and wellness (32.7%).

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. Area residents recognize the major impact the healthcare sector has on the economic well-being of the area, with 76.1% of respondents identifying local healthcare services as "very important" to the economic well-being of the area.

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

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

Appendix A – Steering Committee Members

Steering Committee – Name and Organization Affiliation

1. Nancy Nile - Rosebud County Public Health
2. Darrel Grogan - First State Bank of Forsyth
3. Pat Corley - Community Member, retired
4. Joan Duffield - Community Member
5. Paula Seliski - Community Member
6. Dennis Kopitzke - Forsyth Mayor, Rosebud Health Care Center Board
7. Ryan Tooke - Rosebud Health Care Center, CEO
8. Kelsie Donoho - Rosebud Health Care Center, Administration Assistant
9. Cyndi Dubois - Rosebud Health Care Center, Better Health Improvement Specialist

Appendix B – Public Health and Populations Consultation

Public Health and Populations Consultation Worksheet

1. Public Health

- a. Name/Organization
Nancy Nile - Rosebud County Public Health
- b. Date of Consultation
Key Informant Interview: February 24, 2014
- c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
Interview
- d. Input and Recommendations from Consultation
 - Mental health services- large county and difficult to travel to access needed services. Includes suicide and drug abuse.
 - We could use a visiting mental health counselor, psychologist or psychiatrist. I think we have one now but I do not feel as it is enough.
 - Better communication within community on what services are available and when they are offered
 - Sexually Transmitted Diseases are viewed as an important healthcare issue in the County.

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

- a. Name/Organization
Nancy Nile - Rosebud County Public Health
Dennis Kopitzke - Rosebud Health Care Center Board, Forsyth Mayor
- b. Date of Consultation
Key Informant Interview: February 24, 2014
First Steering Committee Meeting: January 14, 2014
- c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
Interview
First Steering Committee Meeting

- d. Input and Recommendations from Consultation
- Hunger is an issue for people in our county.
 - Services for adults with special needs are needed either by increasing visiting specialty services or via telemedicine
 - I would suggest we modify the language a bit on the cover letter that goes out with the survey as stating “affordable care” can sometimes lead people to associate that with the Affordable Care Act- which can have a negative association with some in our community. We don’t want to turn people away from filling out the survey because of that one word on the cover letter.

Population: Youth

- a. Name/Organization
Nancy Nile - Rosebud County Public Health
- b. Date of Consultation
Key Informant Interview: February 24, 2014
- c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
Interview
- d. Input and Recommendations from Consultation
- Teen pregnancy is viewed as an important healthcare issue in the County.
 - Services for youth with special needs are needed either by increasing visiting specialty services or via telemedicine

Population: Seniors

- a. Name/Organization
Nancy Nile - Rosebud County Public Health
- b. Date of Consultation
Key Informant Interview: February 24, 2014
- c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
Interview
- d. Input and Recommendations from Consultation
- It would be nice to increase our availability of senior/elderly services such as transportation assistance and cost of services because home visiting is prohibitive

Population: Tribal/American Indian

a. Name/Organization

Nancy Nile - Rosebud County Public Health

b. Date of Consultation

Key Informant Interview:

February 24, 2014

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

d. Input and Recommendations from Consultation

- We have been working to increase rates of immunization especially within tribal communities. It continues to be a struggle.

Appendix C – Survey Cover Letter



ROSEBUD HEALTH CARE CENTER

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

February 26, 2014

Dear Resident:

This letter and survey concern the future of health care in Forsyth and the surrounding area. By completing the enclosed survey, you will help guide Rosebud Health Care Center in developing comprehensive and economical health care services to our area residents. Your help will be critical in determining the community's perception of local health care services and identifying important issues.

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

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

Rosebud Health Care Center is participating in the Community Health Services Development (CHSD) process, which includes community-based surveys to identify health needs in the community as well as gain community member's input on perceptions of health in the community. The Montana Office of Rural Health will be assisting us in completing this survey process. The purpose of the survey is to obtain information from a wide range of area residents to assist your community in meeting present and future health care needs.

Please take a few moments to complete the enclosed survey by April 2, 2014.

Your response is very important to Rosebud Health Care Center because your comments will represent others in the area and will help guide us in planning responsive and high quality local health care services for the future. Even if you do not use health care services through Rosebud Health Care Center, your input is still helpful and will benefit our community. We know your time is valuable so we have made every effort to keep the survey brief – it should take less than 15 minutes to complete. Your help is much appreciated in responding to this survey.

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 with this project. If you have any questions about the survey, please call the Montana Office of Rural Health at 406-994-6972.

Thank you for your assistance. We appreciate your effort.

Sincerely,

Ryan Tooke, CEO
Rosebud Health Care Center

HOSPITAL: 406-346-2161 FAX 406-346-4255 eLONG TERM CARE: 406-346-4235 eCLINIC: 406-346-2916 FAX 406-346-7478
Equal Opportunity Employer

Appendix D – Survey Instrument

Community Health Needs Assessment 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 to not answer any question that you do not want to answer, and you can stop at any time.

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

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

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

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

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

- | | |
|---|--|
| <input type="radio"/> Access to healthcare and other services | <input type="radio"/> Low crime/safe neighborhoods |
| <input type="radio"/> Affordable housing | <input type="radio"/> Low death and disease rates |
| <input type="radio"/> Arts and cultural events | <input type="radio"/> Low level of domestic violence |
| <input type="radio"/> Clean environment | <input type="radio"/> Parks and recreation |
| <input type="radio"/> Community involvement | <input type="radio"/> Religious or spiritual values |
| <input type="radio"/> Good jobs and healthy economy | <input type="radio"/> Strong family life |
| <input type="radio"/> Good schools | <input type="radio"/> Tolerance for diversity |
| <input type="radio"/> Healthy behaviors and lifestyles | <input type="radio"/> 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"/> Friends/family | <input type="radio"/> Public health |
| <input type="radio"/> Facebook page/social media | <input type="radio"/> Mailings/newsletter | <input type="radio"/> Radio |
| <input type="radio"/> Healthcare provider | <input type="radio"/> Newspaper | <input type="radio"/> Website/internet |
| <input type="radio"/> Word of mouth/reputation | <input type="radio"/> Presentations | <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"/> Ophthalmologist (eye doctor) | <input type="radio"/> Senior Center |
| <input type="radio"/> Dentist | <input type="radio"/> Pharmacy/tele-pharmacy | <input type="radio"/> Other _____ |
| <input type="radio"/> Mental health | <input type="radio"/> Public health | <input type="radio"/> |

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?

- | | | | |
|--------------------------------------|---------------------------------|-------------------------------------|----------------------------------|
| <input type="radio"/> Very important | <input type="radio"/> Important | <input type="radio"/> Not important | <input type="radio"/> 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"/> HIS-Crow Agency |
| <input type="radio"/> Billings Clinic | <input type="radio"/> St. Vincent Healthcare |
| <input type="radio"/> VA Hospital | <input type="radio"/> Holy Rosary Healthcare |
| | <input type="radio"/> Other _____ |

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

- | | | |
|--|---|--|
| <input type="radio"/> Closest to home | <input type="radio"/> Hospital's reputation for quality | <input type="radio"/> 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
Long term care	<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, although you may have felt okay sometimes?

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

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

☐ Agricultural Corp. Paid ☐ Indian Health ☐ State/Other
☐ Employer sponsored ☐ Medicaid ☐ VA/Military
☐ Health Savings Account ☐ Medicare ☐ None/Pay out of pocket
☐ Healthy MT Kids ☐ Private insurance/private plan ☐ Other _____

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

☐ Excellent ☐ Good ☐ Fair ☐ Poor

29. 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.

30. Where do you currently live by zip code?

- ☐ 59003 Ashland ☐ 59327 Forsyth ☐ 59347 Rosebud
☐ 59323 Colstrip ☐ 59038 Hysham ☐ Other _____

31. What is your gender? ☐ Male ☐ Female

32. What age range represents you?

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

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

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

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

THANK YOU VERY MUCH FOR YOUR TIME

Please note that all information will remain confidential

Appendix E – Responses to Other and Comments

- 1. How would you rate the general health of our community?**
 - Who can judge on such matters, honestly?
- 2. In the following list, what do you think are the three most serious health concerns in our community?**
 - Most of these sound like life to me. The HAZARDS of living!!!
 - Dementia/Alzheimer's
 - Pollution
 - Stress
 - Uneducated about healthcare needs and apathetic
 - High blood pressure
- 3. Select the three items below that you believe are most important for a health community:**
 - Available housing and access to reasonably priced organic foods (fresh, not frozen)
 - These all depend on the age of the community
- 4. How do you rate your knowledge of the health services that are available at Rosebud Health Care Center?**
 - We have Veterans benefits in Miles City and Billings who look after us and don't expect cash up front before treatments!
- 5. How do you learn about the health services available in our community?**
 - Former hospital board chair and member and foundation president and CEO
 - Found it myself
 - I work at the facility
- 6. Which community health resources, other than the hospital or clinic, have you used in the last three years?**
 - Nursing home for parent
 - Chiropractor (2)
 - VA
 - DEAP [Developmental Educational Assistance Program] which provides childcare education and support in Rosebud County
- 7. In your opinion, what would improve our community's access to healthcare?**
 - Better business practices
 - Pediatrics
 - I think it works well currently
 - Tax support
 - See patients monthly in Forsyth
 - Improve administrative management
 - Better doctors

- 8. If any of the following classes/programs were made available to the Forsyth community, which would you be most interested in attending?**
- Dementia
 - Anger management
- 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?**
- People go where they want!
- 11. If yes, what were the three most important reasons why you did not receive healthcare services?**
- Bad billing department
 - Unsure of doctor qualifications
 - Diagnosis
 - Bad travel weather (2)
 - They always goof up our bill/insurance filing here in Forsyth
 - Thought I was going to get better
 - I prefer holistic alternative healthcare
- 12. Which of the following preventative services have you used in the past year?**
- Infection
 - Shingles shot (2)
 - DOT [Department of Transportation] physical
 - Nephrology blood work
 - UTI [Urinary Tract Infection]
 - Asthma
 - Additional lab work
 - Eye
 - Dentist
- 13. What additional healthcare services would you use if available locally?**
- Eyes and ears
 - Pediatrics
 - OT [Occupational Therapy]
 - Back surgery
 - Exercise program
 - Dietician
 - Holistic alternative medicine
- 15. If yes, which hospital does your household use the MOST for hospital care?**
- Rocky Mountain Surgical Center (2)
 - Rocky Mountain Retina
 - Sheridan Surgery Center
 - Butte and Missoula, Montana hospitals
 - Cheyenne Clinic
 - Yellowstone Surgery Center

Question 15 continued...

- St. Vincent walk-in clinic

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

- They bill correctly
- Surgery
- Obstetrical

18. Where was that primary healthcare provider located?

- Wolf Point

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

- Personal preference
- Broke my arm
- No GYN [Gynecologist] available in Forsyth
- Don't like provider
- Very friendly/great people (2)
- Pediatrics
- Past experience
- Long term relationship with provider
- Closest to where I live and work as a registered nurse
- Have had someone for years
- She is available to do everything I need her to do; one stop shopping

21. Where was the healthcare specialist seen?

- Colstrip
- Billings
- Fort Harrison VA Clinic

22. What type of healthcare specialist was seen?

- Holistic
- Infectious disease
- Eye surgery
- Too many for sure!
- Oral surgeon
- Nephrologist
- ER [Emergency Room] physician
- Diabetes educator
- Asthma

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

- Affordable Care Act. Haven't used yet
- BCBS [Blue Cross Blue Shield]
- Samaritan Ministries

Question 27 continued...

- Healthcare Sharing

30. Where do you currently live by zip code?

- 59201 Wolf Point

33. What is your employment status?

- Stay at home mom
- Homemaker

Appendix F – Focus Group Questions

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

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

Appendix G – Focus Group & Key Informant Interview Notes

Focus Group #1

Thursday, March 13, 2014 – 12:30pm-1:30pm; Forsyth Senior Center – Forsyth, MT

7 attendees (2 male, 5 female)

1. What would make this community a healthier place to live?
 - A walking mall.
 - Get rid of the drunks.
 - A walking trail/indoor walking place.
 - Keeping our water supply safe.
2. What do you think are the most important local healthcare issues?
 - Drugs are becoming an issue; [there have been] some drug busts, but it's not being reported and efforts aren't being made to improve it. You don't know who the drug users are. Drug stuff is really bad all over, even our town. I don't know how to fix it but it needs to be fixed.
 - You would end up locking up half the town.
 - The most important issues are keeping good doctors here.
 - Aging in place. I get frustrated about after-school activities seven days a week. It pulls families all over and puts mental strain on families. The lifestyle is too busy.
 - Mental health is a concern.
 - If you don't find time for your family, then you get lost. Family is taking second place to activities and work. It takes two people to survive anymore. People are torn between jobs and kids. What do you do? How do we fix this?
 - Life is too fast-paced. Kids need to be in everything.
 - Everything you can fill your life up with, it gets filled.
 - My kids worked all through school.
 - Too much [emphasis on] sports. They don't care about health. If you get hurt, then you get fixed up and keep playing. Sports are the root of the problem. Kids and the community live for sports. Kids are pushed hard to compete, play, and make it to play for college. It's unhealthy. Not enough of family.
 - We need more providers and staff in general. Today's generation moves around way more for jobs. They are willing to change jobs a lot - jobs are very mobile.
3. We are now going to ask for your views about the hospital. What do you think of the hospital in terms of:
Quality of Care
 - Good quality. I spent 36 hours in the hospital and had a very good experience. I was impressed with the help. I would not be afraid to go back. I could see that the employees work together to help each other out. Same as in the nursing home - very unified workforce. I'm very impressed with Forsyth healthcare.
 - I go to the VA [Veteran's Affairs] to get my medicine. If I have a cold or something, then I see a doctor in Forsyth. If it's really serious, then I go to Billings.

Number of Services

- I've never had any problems.
- It [Forsyth] is a small community, so we all know each other.
- We now have a CAT scan and we couldn't get those before. They're not read locally though.
- I love the new clinic and the therapy. I don't have to walk far or go up the stairs.

Hospital Staff

- They are all good.

Hospital Board/Leadership

- We don't really know the board members or who they are.

Business Office

- Slow. It takes a long time [to get a bill].
- Is there a billing cycle? Sometimes [the bills] come so late.
- This last year has been a nightmare – had to implement a new computer system at the same time the new clinic opened.

Condition of Facility and Equipment

- Very happy with the new addition.

Financial Health of Hospital

- As far as we know, everything is alright.

Cost

- It [cost] has really skyrocketed, but so has everything else. I am thankful for good insurance. Everything is so [expensive]; it's just awful.
- Wal-Mart can sell drugs cheap, but you'd have to go to Miles City to get them. VA does prescriptions cheaper than Wal-Mart.

Office/Clinic Staff

- [Staff are] really, really helpful. They know who I am - very personable. They always answer questions via phone. I am very impressed with the staff.

Availability

- I've never had to wait.

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

- I use the local providers because it's convenient and he does a good job. If he can't figure something out, then he will send me to Billings. Not all doctors are like that and I appreciate that. I go to Billings Clinic when I have to. Very pleased with Dr. Anderson and Autumn [Autumn Barrett, PA-C].

- I go to Dr. Anderson because he's going to be here forever.

5. What do you think about these local services?

Emergency Room

- I like it [the ER]. I called at 3:30 am and [the ambulance] came and got me. Took my x-rays and everything. They took care of me. I was impressed.

Ambulance Service

- I have a problem with them [ambulance service]. I woke up and couldn't get out of bed, so I called my neighbor and she called the ambulance. Got double charged for the ambulance.
- Forsyth hospital does not bill for the ambulance; Colstrip does.
- Doesn't Medicare take care of ambulance? It should.
- I feel like they respond quickly.
- No problems.
- Been there [Rosebud Health Care Center] a few times by ambulance and they've always been right there.
- I appreciate that the ambulance driver called to give a message for a patient.

Healthcare Services for Senior Citizens

- I've had no problem.
- They're good.

Public/County Health Department

- Love them [health department]; they come once a week to check on me. They check my blood sugar and everything.
- They're really good. They [check] my toenails and visit some.
- Love the foot clinic; great service.
- I wish they had someone here who could do [foot checks for] the diabetics. They can't do diabetics' feet here.
 - I have diabetes, but they do mine. I have macular degeneration so I can't see what I'm doing.

Healthcare Services for Low-Income Individuals/Families

- I don't know, but imagine they're alright. [The hospital has to] take them in if they come in, don't they?

Nursing Home/Assisted Living

- It [nursing home] is short staffed. There is lots of traveling staff; they can't keep local staff.
- There's somebody different every time I go.
- I am impressed with the way they take care of the residents there.
- I've been in lots of nursing homes and there's not another nursing home as clean or as nice as the one here. They take great care of them [residents] here. You never smell

anything. I go [visit the nursing home] quite often and never smell anything. It's very clean. That's where I'll go when I have to.

- The nursing home always has new people working; high turnover.

Pharmacy

- Really good.
- Very good.
- I get all my medication here [Forsyth Pharmacy] except for my diabetes [medication].

6. Why might people leave the community for healthcare?

- If they need a specialist; that would be one reason.
- I've had to go to Billings to see a specialist.

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

- I don't know of services that we need; we have pretty good services [at Rosebud Health Care Center]. They have a lot of good services. We have the senior center here too and it's very good. [There are] good services as far as transportation and getting people to the doctor and even shopping.
- We can't have surgery because they aren't set up for that here [at Rosebud Health Care Center]. They send you to Billings.
- In-home healthcare. I can't see good enough to test my blood sugar or my insulin.
 - You could utilize the public health nurse as long as there is a doctor order.
 - There is in-home health, you just need a doctor's order.
- We don't have a delivery room locally. If someone is pregnant, then they have to go out of town – we need OB/GYN.
 - A lot of that is the liability insurance.
 - Laws and laws and laws.
 - There used to be a nursery, but now it's the radiology room.
- PALS [Personal Assisted Living Services] is through the hospital. I am impressed with them because my neighbor had positive experiences with them. They can come help cook, clean, etc.

Focus Group #2

Thursday, March 13, 2014; 2-3 pm – Haugo Center – Forsyth, MT

5 attendees (3 male, 2 female)

1. What would make this community a healthier place to live?
 - Wellness programs - especially with diabetes and physical health.
 - A free community center with access to weights. There needs to be an effort to make people aware that it is available.
 - I want a free community center with access to weights for all to use that is well advertised.
2. What do you think are the most important local healthcare issues?
 - Things associated with aging issues.
 - Young people and nutrition/eating habits.
 - Young pregnancy and STI's [sexually transmitted infections] – we are one of the highest counties in Montana for chlamydia and gonorrhea.
3. We are now going to ask for your views about the hospital. What do you think of the hospital in terms of:
Quality of Care
 - I have my mom in the nursing home; everyone in my family has had care at the clinic or hospital. I have always been very impressed. The care and attention is incomparable.
 - [Patient satisfaction surveys] indicate that all three facilities provide excellent care.
 - People aren't afraid to say when the hospital can do better. The hospital can adjust based on its size.

Number of Services

- Lacking in mental health - eastern Montana as a whole sees a lot of suicide, depression, etc. There's not enough [resources] to combat issues.
- Lack of services for pediatrics [and for] young adults.
- There are a good variety [of services] based on the size and location [of the hospital], but there will always be something they can't provide. They are always looking to do more, but they aren't afraid to refer you to larger clinics.

Hospital Staff

- Pretty good; [patient satisfaction] surveys indicate that the community is impressed with the nurses and doctors and that they are being treated well.

Hospital Board/ Leadership

- I think there are positive feelings about the board. There is a good representation and lots of different ideas.
- They [board members] are active in the community and active in knowing what is going on with the facility – they are very compassionate.

- There are eleven board members and it is very stable.

Business Office

- It [business office] has faced some challenges like every facility, but they are trying to work with those [challenges] and make appropriate changes. The new computer system has caused a few wrinkles and it is a longer process to improvement, but they are making adjustments to correct the problems.

Condition of Facility and Equipment

- Very clean and well-kept.
- Equipment-wise I think they are where they can be. I'm sure there are more modern things that folks would like, but I think the hospital provides a lot of good services for a small town (CT scan). The ER is great.
- Good equipment – they try to keep it as up to date as they can, but they have what meets the needs of the patients.

Financial Health of the Hospital

- It is touch and go.
- The reimbursement system is setup in such a way that the hospital doesn't get much money. Without the county subsidy, they [Rosebud Health Care Center] wouldn't be able to offer what they do now.
- If they [Rosebud Health Care Center] were private, then they would probably do things differently. The nursing home is a financial drag, but because it is a county facility then the county wants a nursing home. It is just part of being county-owned.
- Private clinics don't accept Medicaid/Medicare; they expect full payment, etc. Here, what are you going to do? They [Rosebud Health Care Center] are here to meet the needs of the community. It comes with a high price tag when the facility doesn't bring in much money.

Cost

- It [cost] is too high and continues to rise. Statistics show that we have pretty expensive healthcare in the U.S. compared to elsewhere. We as consumers pay for that. But how do we deal with those that can't afford to pay?

Office/Clinic Staff

- Love them [staff]. They are awesome. The phone never rings more than twice. They are very outgoing, friendly, knowledgeable, and very helpful. Great staff overall.

Availability

- It's good. There are not very long waits.
- They [Rosebud Health Care Center] will have three providers. There is good opportunity for someone who wants to make an appointment. They can get in very quickly.
- Critical issues are seen ASAP [as soon as possible].

4. Are any local providers your personal provider or personal provider to your family members? Why?
- Yes. They are good providers - they know us and our community. They are willing to listen to all of your issues and treat you one on one. They take higher concern for your healthcare. You are seen as a person and not a number. They are easily accessible.
 - The doctor took the time to stop and ask how a woman was doing after she had lost her husband. You don't see that all the time now. They [providers] really look out for our community.

5. What do you think about these local services?

Emergency Room

- For our size and our needs, we have an excellent ER.

Ambulance service

- I am less familiar with the inner workings, but they are quick, efficient, and caring. They not only take care of the patient, but also make sure family and friends are cared for as well.

Healthcare Services for Seniors

- Good, especially in the nursing home.
- There is in-home care and more skilled providers. With PALS [Personal Assisted Living Services], they come and check insulin, etc.
 - We are weak on home health. There are services out of Miles City, but they don't service our area. In order to have home health in Forsyth, then we'd have to take on the whole county and we are not ready to do that.
- For PALS, not everyone has money to pay for the service.
- Public health is constantly called for home health.

Public/County Health Department

- Great service. The leadership change at the department has been positive; there has been more of an emphasis on uniting public health with the hospital and fostering collaboration because they see the same people.
- Good outreach.
- Having Nancy [Rosebud County Public Health Nurse] on the board helps make sure that the facility and the health department stay in close contact.

Healthcare Services for Low-Income Individuals/Families

- The hospital provides care for whoever comes through. There are opportunities out there like Healthy MT Kids. I am happy to see these services and I feel like there are more children coming through the clinic since the hospital has been pushing that program. Forsyth qualifies for free and reduced lunches and can offer a summer lunch program as well.
- Public health does a "vaccine for kids program," which provides reduced cost or free vaccines; otherwise, they don't do a lot of medical stuff besides blood pressure or ears checked. They don't charge for those services.

Nursing Home/Assisted Living

- Excellent facility [nursing home]. Good staff that tries to help as much as they can. Eden Alternative [long term care facility] tries to make it as homelike as possible. Great facility for a small town like us to have here.
- [Eden Alternative] is very accommodating and friendly. Very clean. Good food. You walk in and it's a warm and friendly atmosphere. The staff greets you and everything is clean and nice. I know they deal with difficult situations and they handle it very well.
- It [Eden Alternative] is less clinical than it used to be. [Care] is not as regimented as it used to be – it is more flexible than in the past. There is more interaction and the environment is friendlier. Residents are more active instead of being room-bound. If you have a family member or friend in there, then it is a place you can go and visit and feel comfortable.
- The activities department is very active – they take outdoor trips in the summer and do potlucks every month and celebrate holidays. The activities room is dedicated to activities, so puzzles can be left out, etc. They also have chair exercise groups.
- Transportation has improved. They [seniors] get out a lot more than they used to. People have opportunities to get out in the community and go to events. Big improvement in the availability of transportation.

Pharmacy

- Seems like the hospital has a good relationship with the pharmacy – the pharmacy makes sure that they work with the hospital providers and people are getting the medications that they need.
- Good availability. Each pharmacist gets an opportunity to work with the patients. They provide very good coverage.
- There are three pharmacists in town – highly accessible. It is a good improvement.

6. Why might people leave the community for healthcare?

- If they need more advanced services like cardiology, surgery, more advanced care, etc.
- There are more specialties in Billings, patients can get referrals here [in Forsyth], but you may have to go elsewhere for specialists.
- There is no reproductive health or OB/GYN here.

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

- Mental health services. They [Rosebud Health Care Center] are looking to staff a mental health person.
 - There is access to tele-psychiatry but it is under-utilized and hard to use. The hospital hopes it will be accepted once the community realizes it's not too much different than face to face.
- Telemedicine services.
- Heart specialist/other specialist – rotating specialists.
- Mobile mammogram is now offered and being well-used.
- OB/GYN and pediatric services, but the liability insurance would be really difficult for the hospital to afford.

Key Informant Interview

Nancy Nile- Rosebud County Public Health Nurse

Monday, February 24, 2014 11:30 am-12 pm –Via phone interview

1. What would make your community a healthier place to live?
 - Access to both mental health and healthcare services. We live in a large county and people have to travel great distances to access needed services.
 - More communication within community about what is available.
 - Additional medical services: Mental health, senior/elderly services, transportation assistance, cost of services because home visiting is prohibitive.
2. What do you think are the most important local healthcare issues?
 - Mental health (including suicide, drug abuse).
 - Hunger is an issue for people in our county.
 - High rates of teen pregnancy.
 - Sexually Transmitted Diseases.
 - Immunizations; especially within the tribal communities.
 - Our health service organizations do not always work together to provide services in the county. Act much more 'stand-alone' than collaborative.
3. What other healthcare services are needed in the community?
 - Additional services for our aging population, children with special health needs, adults with special needs either by increasing visiting specialists or via telemedicine.
 - Specific services needed: orthopedics, diabetes, visiting mental health counselor, psychologist or psychiatrist (we have one now but I do not think it's enough).

Appendix H – Secondary Data

County Health Profile

Rosebud County
Secondary Data Analysis
July 23, 2012



Office of Rural Health
Area Health
Education Center

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

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

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

*Chronic Lower Respiratory Disease

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

Chronic Disease Burden ¹	County	Montana	Nation ^{3,4}
Stroke prevalence	2.2%	2.5%	2.6%
Diabetes prevalence	8.7%	6.2%	8.3%
Acute Myocardial Infarction prevalence (Heart Attack)	4.6%	4.1%	6.0%
All Sites Cancer	472.3 (Region 1)	455.5	543.2

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

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

⁴American Diabetes Association (2012)

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

Chronic Disease Hospitalization Rates	County	Montana
Stroke ¹ Per 100,000 population	176.3	182.2
Diabetes ¹ Per 100,000 population	161.0	115.4
Myocardial Infarction ¹ Per 100,000 population	164.9	147.3

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

Demographic Measure (%)		County			Montana			Nation ^{5,6}		
Population ¹		9,190			989,415			308,745,538		
Population Density ¹		1.8			6.7			Not relevant		
Age ¹		<5	18-64	65+	<5	18-64	65+	<5	15-64	65+
		9%	59%	11%	6%	63%	14%	7%	62%	13%
Gender ¹		Male		Female	Male		Female	Male		Female
		49.7%		50.3%	50.1%		49.9%	49.2%		50.8%
Race/Ethnic Distribution	White ¹	61.8%			91.5%			72.4%		
	American Indian or Alaska Native ¹	37.3%			6.8%			0.9%		
	Other † ¹	0.9%			1.7%			26.7%		

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

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

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

⁵US Census Bureau (2010)

Socioeconomic Measures ¹ (%)	County	Montana	Nation ^{7,8}
Median Income ¹	\$44,948	\$43,000	\$51,914
Unemployment Rate ⁷	6.5%	6.3%	7.7%
Persons Below Poverty Level ¹	22.0%	14.0%	13.8%
Uninsured Adults (Age <65) ¹	19.0%	19.0%	18.2%
Uninsured Children (Age <18) ⁹	N/A	11.0%	10.0%

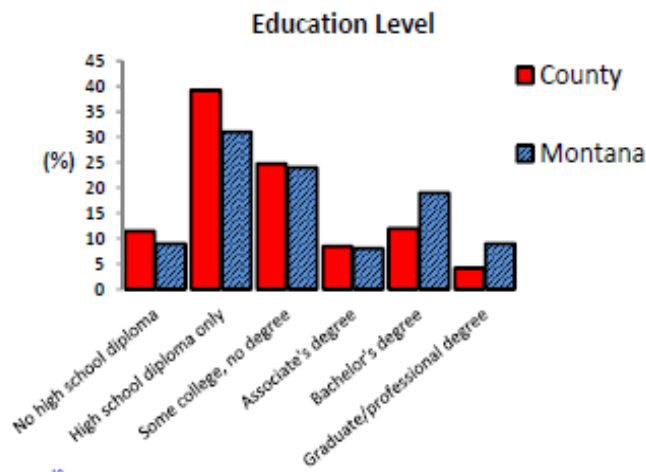
¹Community Health Data, MT Dept of Health and Human Services (2010)

⁷Center for Disease Control and Prevention (CDC), Health Insurance Coverage (2011)

²Montana Dept of Labor and Industry, Research & Analysis

⁹Montana KIDS COUNT (2009)

Bureau. Local Area Unemployment Statistics (LAUS). Non-Seasonally Adjusted Unemployment Rate. (Retrieved April 2012)



¹⁰Indicators Northwest, Imp. Graph (2011)



Behavioral Health ^{1,2}	County	Montana
Childhood Immunization Up-To-Date (UTD) % Coverage ^{11,††} Age 24-35 months, population size: 12,075 (% sampled: 35.9%)	59.8%	64.3%
Tobacco Use ¹	21.7%	19.3%
Alcohol Use (binge + heavy drinking) ¹	24.8% (Region 1)	22.8%
Obesity ¹	36.9%	21.6%
Overweight ¹	35.1%	37.8%
No Leisure time for physical activity ¹	27.0%	20.7%

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

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

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

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

Screening ¹	Region 1	Montana
Cervical Cancer (Pap Test in past 3 yrs) ¹	79.5%	83.0%
Breast Cancer (Mammogram in past 2 yrs) ¹	69.2%	71.9%
Blood Stool ¹	21.8%	25.3%
Sigmoidoscopy or Colonoscopy ¹	44.8%	54.3%
Diabetic Screening ⁵	79.0% (County)	79.0%
Percent of Medicare enrollees who received HbA1c screening		

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

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

Mortality ^{1,2,12}	County	Montana	Nation ^{2,13}
Suicide Rate per 100,000 population ¹	28.4	20.3	12.0
Unintentional Injury Death Rate per 100,000 population ¹	78.7	58.8	38.4
Percent Motor Vehicle Crashes Involving Alcohol ¹	9.5%	10.0%	32.0%
Pneumonia/Influenza Mortality per 100,000 population ¹	28.4	19.0	17.5
Diabetes Mellitus ²	17.5	27.1	21.8

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

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

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

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

Maternal Child Health ¹	County	Montana	Nation ^{14,15}
Infant Mortality (death within 1 st year) Rate per 1,000 live births ¹	8.0	6.1	6.7
Entrance into Prenatal care in 1 st Trimester Percent of Live Births ¹	67.4%	83.9%	69.0%
Birth Rate ⁹ Babies born per 1,000 people	18.8	12.8	13.5
Low Birth Weight (<2500 grams) Percent of live births ¹	6.8%	7.3%	8.3%
Neonatal Mortality (under 28 days of age) Rate per 1,000 live births ¹	4.1 (Region 1)	3.3	4.5
Post Neonatal Mortality (28 through 364 days of age) Rate per 1,000 live births ¹	2.8 (Region 1)	2.7	2.2
Pre-Term Birth (<37 completed weeks gestation) Percent of Live Births ¹	12.1%	10.1%	12.5%

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

⁹Montana KIDS COUNT (2009)

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

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

Economic Impact Assessment

Demographic Trends and Economic Impacts: **A Report for Rosebud Health Care Center**

William Connell
Economist Research and Analysis Bureau
Montana Department of Labor and Industry

Introduction

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

Section I Location Quotients

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

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

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

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

Hospitals Location Quotient (compared to State of MT) = .27
Hospitals Location Quotient (compared to U.S.) = .32

A location quotient near 1 indicates that the employment concentration in the county mirrors that of the larger geographic region. In the case of Rosebud County, the location quotient of 0.27 indicates that hospital employment in the county is about one fourth what one would expect given statewide employment patterns. When compared to the nation, the location quotient is 0.32, indicating that the hospital sector's share of county employment is just under one third the hospital industry's share of national employment.

Another way to look at the location quotient is to ask how many employees would be employed in the hospital sector if Rosebud County's employment patterns mirrored that of the state or the nation. Rosebud Healthcare Center averaged 62 employees in 2010. This is 164 less than expected given the state's employment pattern and 134 less than expected given the national employment pattern. Rosebud Healthcare Center may employ less people than expected given the overall size of the county because it is a short distance from Miles City, which has a larger hospital that may serve some of the residents of Rosebud County. In 2010, Rosebud Health Care Center accounted for 1.5% of county nonfarm employment and 1.1% of the county's total wages.

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

Section II Age Demographics

The 2010 Census reported that there were 9,233 residents of Rosebud County. The breakdown of these residents by age is presented in Figure 1. Unlike many Montana counties, Rosebud County is characterized by a large number of children and teenagers and relatively few senior citizens. This is typical of counties with substantial Native American populations.

Figure 1: Age Distribution of Rosebud County Residents

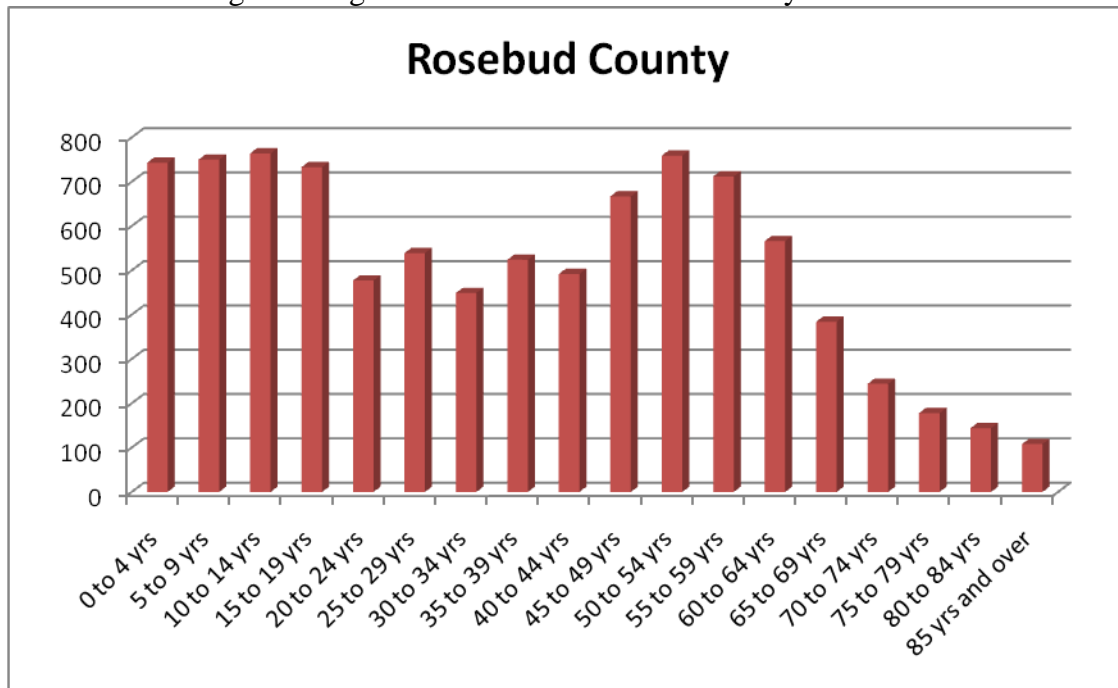


Figure 2: Percent of the population by age groups, Rosebud County vs. Montana

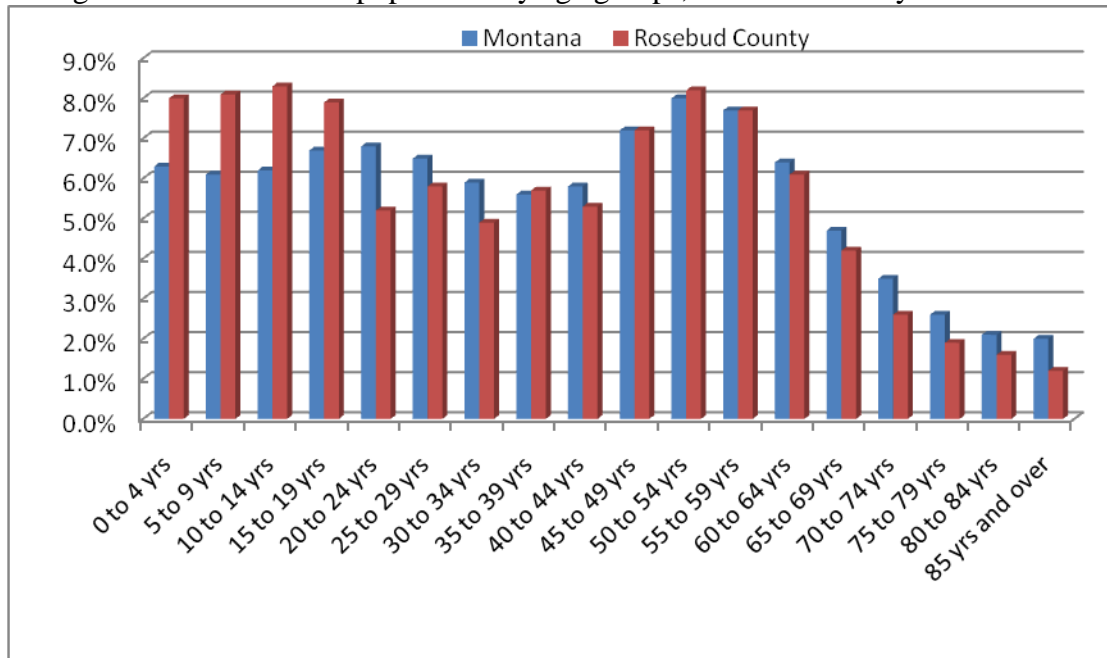


Figure 2 shows how Rosebud County's population distribution compares to Montana's. A careful examination of Figure 2 and the underlying data reveals that, compared with the State as a whole, Rosebud County had a higher percentage of people under 20 (35.0 percent vs. 25.3 percent) and a lower percentage of people aged 20 to 34 (15.9 percent vs. 19.2 percent). According to the 2010 Census, Rosebud County had a median age of 36.5, making it the eighth youngest county in the state. These demographics are important when planning for healthcare delivery now, and in the future.

Section III Economic Impacts

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

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

comes from outside the region in the form of public and private insurance reimbursements. The relatively high wages earned by hospital employees also tend to boost hospital's multipliers.

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

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

Hospital Employment Multiplier = 1.13

Hospital Employee Compensation Multiplier = 1.11

Hospital Output Multiplier = 1.11

What do these numbers mean? The employment multiplier of 1.13 can be interpreted to mean that for every job at Rosebud Health Care Center, another .13 jobs are supported in Rosebud County. Another way to look at this is that if Rosebud Health Care Center suddenly went away, about 8 additional non-hospital jobs would also be lost in the county (based on 2010 hospital employment of 62). The employee compensation multiplier of 1.11 simply states that for every dollar in wages and benefits paid to the hospital's employees, another 11 cents of wages and benefits are created in other local jobs in Rosebud County. Put another way, if Rosebud Health Care Center suddenly went away, about \$199,640 in additional annual wages would be lost from other jobs in the county. Finally, the output multiplier indicates that for every dollar of goods and services produced by Rosebud Health Care Center, output in the county increases by another 11 cents.

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

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

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