Chouteau County, Montana

Frontier Medicine Better Health Partnership
Community Health Needs Assessment Report

Survey conducted by
Missouri River Medical Center
Fort Benton, Montana

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

February 2014
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I. Introduction

Missouri River Medical Center (MRMC) is a 7-bed Critical Access Hospital (district hospital), 45-bed nursing home, 6-bed assisted living, visiting nurse, and a rural health clinic based in Fort Benton, Montana that has a service area of just under 4,000 square miles and provides medical services to the Chouteau County population of approximately 5,738 people. Missouri River Medical Center participated in a Community Health Needs Assessment (CHNA) conducted by the Montana Office of Rural Health and the National Rural Health Resource Center (NRHRC) in Duluth, Minnesota. The CHNA was funded by the Frontier Medicine Better Health Partnership (FMBHP) Project. Community involvement in steering committee meetings and focus groups enhance community engagement in the assessment process.

In the fall of 2013, Missouri River Medical Center’s service area was surveyed about its healthcare system. This report shows the results of the survey in both narrative and chart formats. At the end of this report, we have included a copy of the survey instrument (Appendix D). Readers are invited to familiarize themselves with the survey instrument and the subsequent findings. Our narrative report touches on the highlights while the charts present data for virtually every question asked. Please note: we are able to compare some of the 2013 survey data with data from a previous survey that was conducted in 2008. 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 Missouri River Medical Center in conducting the CHNA. A diverse group of community members representing various organizations and populations within the community (ex. public health, elderly, uninsured) came together in September 2013. For a list of all Steering Committee members and their affiliations, see Appendix A. The Steering Committee met twice during the CHNA process; first to discuss health concerns in the community and offer their perspective in designing the survey instrument and again to review results of the survey and focus groups.

III. Survey Methodology

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

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

Missouri River Medical Center provided the National Rural Health Resource Center with a list of outpatient and inpatient admissions. Those zip codes with the greatest number of admissions were selected to be included in the survey. A random list of 630 residents was then selected from Prime Net Data Source. Residence was stratified in the initial sample selection so that each area would be represented in proportion to the overall served population and the proportion of past admissions. (Note: although the survey samples were proportionately selected, actual surveys returned from each population area varied which may result in slightly less proportional results.)

Two focus groups and five key informant interviews were held to identify the motives of local residents when selecting healthcare providers and to discover reasons why people may leave the Fort Benton 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 October 2013, the community health services survey, a cover letter from the National Rural Health Resource Center with Missouri River Medical Center’s Chief Executive Officer’s signature on Missouri River Medical Center letterhead, and a postage paid reply envelope were mailed to 630 randomly selected residents in the hospital’s service area. A news release was sent to local newspapers prior to the survey distribution announcing that Missouri River Medical Center would be conducting a community health services survey throughout the region in cooperation with the Montana Office of Rural Health.

One hundred seventy-seven surveys were returned out of 630. Of those 630 surveys, eighteen were returned undeliverable for a 29% response rate. From this point on, the total number of surveys will be out of 612. Based upon the sample size, we can be 95% confident that the responses to the survey questions are representative of the service area population, plus or minus 5.66%.

IV. Survey Respondent Demographics

A total of 612 surveys were distributed amongst Missouri River Medical Center’s service area. One hundred and seventy-seven were completed for a 29% response rate. The following tables indicate the demographic characteristics of the survey respondents. Information on location, gender, age, and employment is included. Percentages indicated on the tables and graphs are based upon the total number of responses for each individual question, as some respondents did not answer all questions.

Place of Residence (Question 31)
While there are some large differences in the percentages below, the absolute differences are small. The returned surveys are skewed toward the Fort Benton population which is reasonable given that this is where most of the services are located.

<table>
<thead>
<tr>
<th>City</th>
<th>Zip code</th>
<th>2008</th>
<th>2013</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Count</td>
<td>Percent</td>
<td>Count</td>
</tr>
<tr>
<td>Fort Benton</td>
<td>59442</td>
<td>192</td>
<td>64.2%</td>
<td>131</td>
</tr>
<tr>
<td>Geraldine</td>
<td>59446</td>
<td>45</td>
<td>15.1%</td>
<td>23</td>
</tr>
<tr>
<td>Highwood</td>
<td>59450</td>
<td>27</td>
<td>9.0%</td>
<td>8</td>
</tr>
<tr>
<td>Loma</td>
<td>59460</td>
<td>14</td>
<td>4.7%</td>
<td>7</td>
</tr>
<tr>
<td>Carter</td>
<td>59420</td>
<td>15</td>
<td>5.0%</td>
<td>1</td>
</tr>
<tr>
<td>Big Sandy</td>
<td>59520</td>
<td>1</td>
<td>0.3%</td>
<td>Not asked</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>5</td>
<td>1.7%</td>
<td>3</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>299</td>
<td>100%</td>
<td>173</td>
</tr>
</tbody>
</table>

“Other” comments:
- Moved to Great Falls (2)
Gender (Question 32)
2013 N= 177
2008 N= 312

Of the 177 surveys returned, 59.9% (n=106) of survey respondents were female, 35.6% (n=63) were male, and 4.5% (n=8) chose not to answer this question. The survey was distributed to a random sample consisting of 50% women and 50% men. It is not unusual for survey respondents to be predominantly female, particularly when the survey is healthcare-oriented since women are frequently the healthcare decision makers for families.
Age of Respondents (Question 33)
2013 N= 173
2008 N= 299

Thirty-three percent of respondents (n=57) were between the ages of 56-65. Seventeen percent of respondents (n=29) were between the ages of 66-75 and 16.2% of respondents (n=28) were between the ages of 46-55. This statistic is comparable to other Critical Access Hospital (CAH) demographics. The increasing percentage of aging residents in rural communities is a trend which is seen throughout Montana and will likely have a significant impact on the need for healthcare services during the next 10-20 years. However, it is important to note that the survey was targeted to adults and therefore, no respondents are under age 18. Older residents are also more invested in healthcare decision making and therefore, are more likely to respond to healthcare surveys, as reflected by this graph.

*2013 respondents were generally older than respondents in 2008.
Employment Status (Question 34)
2013 N= 165
2008 N= 283

Thirty-nine percent (n=65) of respondents reported working full time while 38.2% (n=63) are retired. Thirteen percent of respondents (n=22) indicated they work part time. Respondents could check all that apply so percentages do not equal 100%. Twelve respondents chose not to answer this question.

“Other” comments:
- Rancher
- Stay-at-home-mom
- Disabled
- Self-employed
V. Survey Findings

Impression of Community (Question 1)
2013 N= 161
2008 N= 298

Respondents were asked to indicate how they would rate the general health of their community. Fifty-four percent of respondents (n=87) rated their community as “Somewhat healthy.” Thirty-eight percent of respondents (n=61) felt their community was “Healthy” and 4.3% (n=7) felt their community was “Unhealthy.” Sixteen respondents chose not to respond to this question.

*In 2013, significantly more respondents gave their community’s health a lower rating than in 2008 (2013: 41.7% very healthy or healthy, 2008: 69.8% very healthy or healthy)
Health Concerns for Community (Question 2)

2013 N = 177
2008 N = 312

Respondents were asked what they felt the three most serious health concerns were in their community. The number one health concern identified by respondents was “Cancer” at 68.9% (n=122). “Overweight/obesity” was also a high priority at 38.4% (n=68) then “Alcohol/substance abuse” at 36.7% (n=65). Respondents were asked to pick their top three serious health concerns so percentages do not equal 100%.

<table>
<thead>
<tr>
<th>Health Concern</th>
<th>Count</th>
<th>Percent</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer</td>
<td>224</td>
<td>71.8%</td>
<td>122</td>
<td>68.9%</td>
</tr>
<tr>
<td>Overweight/obesity*</td>
<td>80</td>
<td>25.6%</td>
<td>68</td>
<td>38.4%</td>
</tr>
<tr>
<td>Alcohol abuse/substance abuse</td>
<td>122</td>
<td>39.1%</td>
<td>65</td>
<td>36.7%</td>
</tr>
<tr>
<td>Heart disease</td>
<td>75</td>
<td>24.0%</td>
<td>48</td>
<td>27.1%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>68</td>
<td>21.8%</td>
<td>36</td>
<td>20.3%</td>
</tr>
<tr>
<td>Lack of exercise</td>
<td>56</td>
<td>17.9%</td>
<td>28</td>
<td>15.8%</td>
</tr>
<tr>
<td>Depression/anxiety</td>
<td>Not asked</td>
<td></td>
<td>20</td>
<td>11.3%</td>
</tr>
<tr>
<td>Underage alcohol use</td>
<td>48</td>
<td>15.4%</td>
<td>16</td>
<td>9.6%</td>
</tr>
<tr>
<td>Respiratory illnesses</td>
<td>23</td>
<td>7.4%</td>
<td>16</td>
<td>9.0%</td>
</tr>
<tr>
<td>Tobacco use**</td>
<td>53</td>
<td>17.0%</td>
<td>15</td>
<td>8.5%</td>
</tr>
<tr>
<td>Lack of access to healthcare</td>
<td>21</td>
<td>6.7%</td>
<td>13</td>
<td>7.3%</td>
</tr>
<tr>
<td>Stroke</td>
<td>21</td>
<td>6.7%</td>
<td>12</td>
<td>6.8%</td>
</tr>
<tr>
<td>Mental health issues</td>
<td>18</td>
<td>5.8%</td>
<td>11</td>
<td>6.2%</td>
</tr>
<tr>
<td>Lack of dental care</td>
<td>17</td>
<td>5.4%</td>
<td>8</td>
<td>4.5%</td>
</tr>
<tr>
<td>Child abuse/neglect</td>
<td>9</td>
<td>2.9%</td>
<td>7</td>
<td>4.0%</td>
</tr>
<tr>
<td>Motor vehicle accidents</td>
<td>17</td>
<td>5.4%</td>
<td>7</td>
<td>4.0%</td>
</tr>
<tr>
<td>Domestic violence</td>
<td>5</td>
<td>1.6%</td>
<td>5</td>
<td>2.8%</td>
</tr>
<tr>
<td>Teen pregnancy</td>
<td>6</td>
<td>1.9%</td>
<td>2</td>
<td>1.1%</td>
</tr>
<tr>
<td>Work related accidents/injuries</td>
<td>Not asked</td>
<td></td>
<td>2</td>
<td>1.1%</td>
</tr>
<tr>
<td>Recreation related accidents/injuries</td>
<td>Not asked</td>
<td></td>
<td>1</td>
<td>0.6%</td>
</tr>
<tr>
<td>Other</td>
<td>8</td>
<td>2.6%</td>
<td>7</td>
<td>4.0%</td>
</tr>
</tbody>
</table>

*Significantly more respondents cited obesity as a serious health concern in 2013 than in 2008 (2013: 38.4%, 2008: 25.6%)

**In 2013, significantly fewer respondents were concerned with tobacco use than in 2008 (2013: 8.5%, 2008: 17%)

“Other” comments:
- Immune system disorders
- Gallbladder disease
- Suicide
- Lack of nutritional education
- No health insurance
- I do not have cancer but so many others do
- Aging community
- Old age
Components of a Healthy Community (Question 3)
2013 N= 177
2008 N= 312

Respondents were asked to identify the three most important things for a healthy community. Sixty-three percent of respondents (n=112) indicated that “Access to healthcare and other services” is important for a healthy community. “Good jobs and a healthy economy” was the second most indicated component at 40.7% (n=72) and third was “Healthy behaviors and lifestyles” at 33.3% (n=59). Respondents were asked to identify their top three choices, thus the percentages do not add up to 100%.

<table>
<thead>
<tr>
<th>Important Component</th>
<th>2008 Count</th>
<th>2008 Percent</th>
<th>2013 Count</th>
<th>2013 Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to healthcare and other services</td>
<td>182</td>
<td>58.3%</td>
<td>112</td>
<td>63.3%</td>
</tr>
<tr>
<td>Good jobs and a healthy economy</td>
<td>131</td>
<td>42.0%</td>
<td>72</td>
<td>40.7%</td>
</tr>
<tr>
<td>Healthy behaviors and lifestyles</td>
<td>84</td>
<td>26.9%</td>
<td>59</td>
<td>33.3%</td>
</tr>
<tr>
<td>Strong family life</td>
<td>83</td>
<td>26.6%</td>
<td>57</td>
<td>32.2%</td>
</tr>
<tr>
<td>Good schools</td>
<td>94</td>
<td>30.1%</td>
<td>50</td>
<td>28.2%</td>
</tr>
<tr>
<td>Religious or spiritual values</td>
<td>75</td>
<td>24.0%</td>
<td>39</td>
<td>22.0%</td>
</tr>
<tr>
<td>Low crime/safe neighborhoods</td>
<td>71</td>
<td>22.8%</td>
<td>33</td>
<td>18.6%</td>
</tr>
<tr>
<td>Clean environment</td>
<td>62</td>
<td>19.9%</td>
<td>29</td>
<td>16.4%</td>
</tr>
<tr>
<td>Affordable housing</td>
<td>52</td>
<td>16.7%</td>
<td>21</td>
<td>11.9%</td>
</tr>
<tr>
<td>Community involvement</td>
<td>32</td>
<td>10.3%</td>
<td>14</td>
<td>7.9%</td>
</tr>
<tr>
<td>Parks and recreation*</td>
<td>6</td>
<td>1.9%</td>
<td>10</td>
<td>5.6%</td>
</tr>
<tr>
<td>Low death and disease rates</td>
<td>12</td>
<td>3.8%</td>
<td>7</td>
<td>4.0%</td>
</tr>
<tr>
<td>Tolerance for diversity</td>
<td>15</td>
<td>4.8%</td>
<td>6</td>
<td>3.4%</td>
</tr>
<tr>
<td>Low level of domestic violence</td>
<td>5</td>
<td>1.6%</td>
<td>3</td>
<td>1.7%</td>
</tr>
<tr>
<td>Arts and cultural events</td>
<td>9</td>
<td>2.9%</td>
<td>1</td>
<td>0.6%</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>1.0%</td>
<td>1</td>
<td>0.6%</td>
</tr>
</tbody>
</table>

*In 2013, significantly more respondents selected “Parks and Recreation” as an important component to a healthy community than in 2008 (2013: 5.6%, 2008: 1.9%)

“Other” comments:
- Access to a good gym with flexible hours and adequate facilities. The one in town is too small. If there are 3 people there it is too crowded.
Overall Awareness of Health Services (Question 4)
2013 N= 174
2008 N= 288

Respondents were asked to rate their knowledge of the health services available at Missouri River Medical Center. Fifty-eight percent (n=100) of respondents rated their knowledge of health services as “Good.” Twenty-two percent (n=38) rated their knowledge as “Fair” and 16.7% of respondents (n=29) rated their knowledge as “Excellent.” Three respondents chose not to answer this question.
How Respondents Learn of Healthcare Services (Question 5)

2013 N= 177
2008 N= 312

The most frequent method of learning about available services was “Friends/family” at 63.3% (n=112). “Word of mouth/reputation” was the second most frequent response at 62.7% (n=111) and “Healthcare provider” was reported at 44.6% (n=79). Respondents could select more than one method so percentages do not equal 100%.

<table>
<thead>
<tr>
<th>Method</th>
<th>2008 Count</th>
<th>2008 Percent</th>
<th>2013 Count</th>
<th>2013 Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friends/family</td>
<td>Not asked</td>
<td></td>
<td>112</td>
<td>63.3%</td>
</tr>
<tr>
<td>Word of mouth/reputation</td>
<td>215</td>
<td>68.9%</td>
<td>111</td>
<td>62.7%</td>
</tr>
<tr>
<td>Healthcare provider</td>
<td>136</td>
<td>43.6%</td>
<td>79</td>
<td>44.6%</td>
</tr>
<tr>
<td>Newspaper</td>
<td>123</td>
<td>39.4%</td>
<td>75</td>
<td>42.4%</td>
</tr>
<tr>
<td>Mailings/newsletter*</td>
<td>89</td>
<td>28.5%</td>
<td>25</td>
<td>14.1%</td>
</tr>
<tr>
<td>Public health</td>
<td>Not asked</td>
<td></td>
<td>19</td>
<td>10.7%</td>
</tr>
<tr>
<td>Website/internet**</td>
<td>2</td>
<td>0.6%</td>
<td>7</td>
<td>4.0%</td>
</tr>
<tr>
<td>Radio</td>
<td>6</td>
<td>1.9%</td>
<td>3</td>
<td>1.7%</td>
</tr>
<tr>
<td>Presentations</td>
<td>13</td>
<td>4.2%</td>
<td>2</td>
<td>1.1%</td>
</tr>
<tr>
<td>Other</td>
<td>13</td>
<td>4.2%</td>
<td>3</td>
<td>1.7%</td>
</tr>
</tbody>
</table>

*Significantly more respondents in 2008 read mailings or the hospital newsletter than in 2013 (2008: 28.5%, 2013: 14.1%)

**Significantly more respondents in 2013 use the website/internet to learn of community healthcare services than in 2008 (2013: 4%, 2008: 0.6%)

“Other” comments:
- Employee
- Word of mouth – substandard care
- Work at MRMC [Missouri River Medical Center]
- Personal experience
Cross Tabulation of Service Knowledge and Learning about Services

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

| KNOWLEDGE RATING OF MISSOURI RIVER MEDICAL CENTER SERVICES BY HOW RESPONDENTS LEARN ABOUT HEALTHCARE SERVICES |
|---------------------------------------------------------------|---------------------------------------------------------------|---------------------------------------------------------------|---------------------------------------------------------------|---------------------------------------------------------------|
| Healthcare provider                                          | Excellent (25.5%)                                              | Good (56.6%)                                                 | Fair (15.1%)                                                 | Poor (2.8%)                                                  |
|                                                               | 54                                                             | 120                                                          | 32                                                           | 6                                                            |
| Mailings/newsletter                                          | 23 (21.3%)                                                     | 64 (59.3%)                                                   | 16 (14.8%)                                                   | 5 (4.6%)                                                     |
| Website/internet                                             | 2 (22.2%)                                                     | 2 (22.2%)                                                    | 3 (33.3%)                                                    | 2 (22.2%)                                                    |
| Friends/family                                               | 17 (15.2%)                                                     | 70 (62.5%)                                                   | 21 (18.8%)                                                   | 4 (3.6%)                                                     |
| Newspaper                                                    | 30 (15.7%)                                                     | 106 (55.5%)                                                  | 39 (20.4%)                                                   | 16 (8.4%)                                                    |
| Presentations                                                | 2 (14.3%)                                                     | 9 (64.3%)                                                    | 1 (7.1%)                                                     | 2 (14.3%)                                                    |
| Public Health                                                | 3 (15.8%)                                                     | 11 (57.9%)                                                   | 5 (26.3%)                                                    |                                                               |
| Word of mouth/reputation                                     | 47 (14.9%)                                                     | 175 (55.4%)                                                  | 73 (23.1%)                                                   | 21 (6.6%)                                                    |
| Radio                                                        | 1 (14.3%)                                                     | 2 (28.6%)                                                    | 1 (14.3%)                                                    | 3 (42.9%)                                                    |
| Other                                                        | 5 (33.3%)                                                     | 8 (53.3%)                                                    | 1 (6.7%)                                                     | 1 (6.7%)                                                     |
| Total                                                        | 212                                                            | 108                                                          | 9                                                            | 112                                                          | 191                                                          | 14                                                            | 316                                                          | 7                                                            | 15                                                            |
**Other Community Health Resources Utilized (Question 6)**

2013 N= 177  
2008 N= 312  

Respondents were asked which community health resources, other than the hospital or clinic, they had used in the last three years. “Pharmacy” was the most frequently utilized community health resource cited by respondents at 72.9% (n=129). “Dentist” was also a highly utilized resource at 35.6% (n=63) followed by “Chiropractor” at 26% (n=46). Respondents could select more than one resource so percentages do not equal 100%.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacy</td>
<td>246</td>
<td>78.8%</td>
<td>129</td>
<td>72.9%</td>
</tr>
<tr>
<td>Dentist</td>
<td>109</td>
<td>34.9%</td>
<td>63</td>
<td>35.6%</td>
</tr>
<tr>
<td>Chiropractor</td>
<td>Not asked</td>
<td></td>
<td>46</td>
<td>26.0%</td>
</tr>
<tr>
<td>Senior Center</td>
<td>38</td>
<td>12.2%</td>
<td>29</td>
<td>16.4%</td>
</tr>
<tr>
<td>Non-hospital based PT</td>
<td>Not asked</td>
<td></td>
<td>26</td>
<td>14.7%</td>
</tr>
<tr>
<td>Foot-care clinic*</td>
<td>9</td>
<td>2.9%</td>
<td>23</td>
<td>13.0%</td>
</tr>
<tr>
<td>Public health</td>
<td>52</td>
<td>16.7%</td>
<td>23</td>
<td>13.0%</td>
</tr>
<tr>
<td>Mental health</td>
<td>6</td>
<td>1.9%</td>
<td>8</td>
<td>4.5%</td>
</tr>
<tr>
<td>Hospice</td>
<td>8</td>
<td>2.6%</td>
<td>7</td>
<td>4.0%</td>
</tr>
<tr>
<td>Other</td>
<td>10</td>
<td>3.2%</td>
<td>11</td>
<td>6.2%</td>
</tr>
</tbody>
</table>

*Significantly more people have used the foot care clinic in 2013 than in 2008 (2013: 13%, 2008: 2.9%)

“Other” comments:
- Eye doctor (2)
- Physical Therapy at the hospital
- Health fairs
- Health club – The Peak in Great Falls, MT and exercises for seniors
- Neurology
- Audiologist as a result of local health screening, heart testing, and MRI
**Improvement for Community’s Access to Healthcare (Question 7)**

2013 N= 177  
2008 N= 312

Respondents were asked to indicate what they felt would improve their community’s access to healthcare. Thirty percent of respondents (n=53) reported that “Decreased insurance co-pays” would make the greatest improvement. Twenty-eight percent of respondents (n=49) indicated they would like “More primary care providers” and 20.9% (n=37) indicated “More specialists” would improve access to care. Respondents could select more than one method so percentages do not equal 100%.

<table>
<thead>
<tr>
<th>Improvement</th>
<th>2008</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
<td>Percent</td>
</tr>
<tr>
<td>Decreased insurance co-pays*</td>
<td>59</td>
<td>18.9%</td>
</tr>
<tr>
<td>More primary care providers*</td>
<td>64</td>
<td>20.5%</td>
</tr>
<tr>
<td>More specialists</td>
<td>68</td>
<td>21.8%</td>
</tr>
<tr>
<td>Transportation assistance**</td>
<td>22</td>
<td>7.1%</td>
</tr>
<tr>
<td>Greater health education services</td>
<td>34</td>
<td>10.9%</td>
</tr>
<tr>
<td>Improved quality of care</td>
<td>70</td>
<td>22.4%</td>
</tr>
<tr>
<td>Outpatient services expanded hours</td>
<td>43</td>
<td>13.8%</td>
</tr>
<tr>
<td>Tele-ER</td>
<td>Not asked</td>
<td>14</td>
</tr>
<tr>
<td>Child care during parent visit***</td>
<td>3</td>
<td>1.0%</td>
</tr>
<tr>
<td>Tele-cardiology</td>
<td>Not asked</td>
<td>12</td>
</tr>
<tr>
<td>Tele-mental health</td>
<td>Not asked</td>
<td>9</td>
</tr>
<tr>
<td>Cultural sensitivity</td>
<td>Not asked</td>
<td>5</td>
</tr>
<tr>
<td>Interpreter services</td>
<td>Not asked</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>18</td>
<td>5.8%</td>
</tr>
</tbody>
</table>

*In 2013, significantly more respondents would like to see a decrease in insurance co-pays than in 2008 (2013: 29.9%, 2008: 18.9%)

**Transportation assistance was cited significantly more often in 2013 than in 2008 (2013: 18.1%, 2008: 7.1%)

***Significantly more 2013 respondents would like child care during their clinic visit than in 2008 (2013: 6.8%, 2008: 1%)

“Other” comments:
- I am young and can easily access care
- More clinic hours so folks do not have to use the ER
- Dermatologist
- Longer weekend services
- We have a good system
- Transportation to anywhere but Fort Benton or any Benefis-operated healthcare facility
- An M.D.
- Lower costs
- Affordable insurance
Interest in Educational Classes/Programs (Question 8)
2013 N= 177

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 27.7% of respondents (n=49). “Health and wellness” was selected by 27.1% of respondents (n=48) and “Weight loss” and “Women’s health” both followed at 22.6% (n=40). Respondents could select more than one method so percentages do not equal 100%.

<table>
<thead>
<tr>
<th>Class/Program</th>
<th>2013 Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fitness</td>
<td>49</td>
<td>27.7%</td>
</tr>
<tr>
<td>Health and wellness</td>
<td>48</td>
<td>27.1%</td>
</tr>
<tr>
<td>Weight loss</td>
<td>40</td>
<td>22.6%</td>
</tr>
<tr>
<td>Women’s health</td>
<td>40</td>
<td>22.6%</td>
</tr>
<tr>
<td>Cancer education</td>
<td>39</td>
<td>22.0%</td>
</tr>
<tr>
<td>Nutrition</td>
<td>38</td>
<td>21.5%</td>
</tr>
<tr>
<td>Alzheimer’s education</td>
<td>30</td>
<td>16.9%</td>
</tr>
<tr>
<td>Living will</td>
<td>26</td>
<td>14.7%</td>
</tr>
<tr>
<td>Diabetes management</td>
<td>24</td>
<td>13.6%</td>
</tr>
<tr>
<td>First aid/CPR</td>
<td>23</td>
<td>13.0%</td>
</tr>
<tr>
<td>Heart disease</td>
<td>21</td>
<td>11.9%</td>
</tr>
<tr>
<td>Men’s health</td>
<td>16</td>
<td>9.0%</td>
</tr>
<tr>
<td>Grief counseling</td>
<td>13</td>
<td>7.3%</td>
</tr>
<tr>
<td>Support groups</td>
<td>10</td>
<td>5.6%</td>
</tr>
<tr>
<td>Mental health</td>
<td>9</td>
<td>5.1%</td>
</tr>
<tr>
<td>Youth mental health</td>
<td>9</td>
<td>5.1%</td>
</tr>
<tr>
<td>Parenting</td>
<td>7</td>
<td>4.0%</td>
</tr>
<tr>
<td>Smoking cessation</td>
<td>6</td>
<td>3.4%</td>
</tr>
<tr>
<td>Alcohol/substance abuse counseling</td>
<td>4</td>
<td>2.3%</td>
</tr>
<tr>
<td>Prenatal</td>
<td>2</td>
<td>1.1%</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>1.1%</td>
</tr>
</tbody>
</table>

“Other” comments:
- Information on access of organic and non-GMO [Genetically Modified Organisms] food
- I am involved in the cancer support group
The majority of respondents (78%, n=135) 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=36) indicated they are “Important” and one respondent, or 0.6%, indicated that they are “Not important.” Four respondents did not answer this question.
Needed/Delayed Hospital Care During the Past Three Years (Question 10)
2013 N= 159
2008 N= 292

Sixteen percent of respondents (n=26) reported that they or a member of their household thought they needed healthcare services but did not get it or had to delay getting it. Eighty-four percent of respondents (n=133) felt they were able to get the healthcare services they needed without delay and eighteen respondents chose not to answer this question.
Reasons for NOT Being Able to Receive Services or Delay in Receiving Healthcare Services (Question 11)
2013 N= 26
2008 N= 56

For those who indicated they were unable to receive or had to delay services (n=26), the top reason cited was “It costs too much” (50%, n=13). “My insurance didn’t cover it” and “No insurance” were both indicated by 23.1% of respondents (n=6). Respondents were asked to indicate their top three choices, thus percentages do not total 100%.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>It costs too much</td>
<td>39</td>
<td>69.6%</td>
<td>13</td>
<td>50.0%</td>
</tr>
<tr>
<td>My insurance didn’t cover it</td>
<td>14</td>
<td>25.0%</td>
<td>6</td>
<td>23.1%</td>
</tr>
<tr>
<td>No insurance</td>
<td>17</td>
<td>30.4%</td>
<td>6</td>
<td>23.1%</td>
</tr>
<tr>
<td>Could not get an appointment</td>
<td>5</td>
<td>8.9%</td>
<td>5</td>
<td>19.2%</td>
</tr>
<tr>
<td>It was too far to go</td>
<td>3</td>
<td>5.4%</td>
<td>3</td>
<td>11.5%</td>
</tr>
<tr>
<td>Office wasn’t open when I could go</td>
<td>7</td>
<td>12.5%</td>
<td>3</td>
<td>11.5%</td>
</tr>
<tr>
<td>Too long to wait for an appointment</td>
<td>8</td>
<td>14.3%</td>
<td>3</td>
<td>11.5%</td>
</tr>
<tr>
<td>Didn’t know where to go</td>
<td>2</td>
<td>3.6%</td>
<td>2</td>
<td>7.7%</td>
</tr>
<tr>
<td>Transportation problems*</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>7.7%</td>
</tr>
<tr>
<td>Unsure if services were available</td>
<td>3</td>
<td>5.4%</td>
<td>2</td>
<td>7.7%</td>
</tr>
<tr>
<td>Could not get off work</td>
<td>4</td>
<td>7.1%</td>
<td>1</td>
<td>3.8%</td>
</tr>
<tr>
<td>Don’t like doctors</td>
<td>5</td>
<td>8.9%</td>
<td>1</td>
<td>3.8%</td>
</tr>
<tr>
<td>Had no one to care for the children</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>3.8%</td>
</tr>
<tr>
<td>Not treated with respect</td>
<td>3</td>
<td>5.4%</td>
<td>1</td>
<td>3.8%</td>
</tr>
<tr>
<td>Too nervous or afraid</td>
<td>4</td>
<td>7.1%</td>
<td>1</td>
<td>3.8%</td>
</tr>
<tr>
<td>Language barrier</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>10</td>
<td>17.9%</td>
<td>5</td>
<td>19.2%</td>
</tr>
</tbody>
</table>

*In 2013, significantly more respondents stated that transportation problems were a reason for not receiving needed medical services than in 2008 (2013: 7.7%, 2008: 0%)

“Other” comments:
- Just put it off, thinking it would go away
- Did not feel confident in the caregivers
- Lacks alternative healthcare services, preventative lifestyle and forward solutions and treatments
- Not needed
- Not sure of competent specialized care
- Too high of a deductible (2)
- Usually I’m told I don’t need an antibiotic and to just get rest, etc.
Utilization of Preventative Services (Question 12)
2013 N= 177

Respondents were asked if they had utilized any of the preventative services listed in the past year. Fifty-two percent of respondents (n=92) indicated they received a “Flu shot.” “Routine blood pressure check” was selected by 43.5% of respondents (n=77) and 40.7% of respondents (n=72) had a “Cholesterol check.” Respondents could check all that apply, thus the percentages do not equal 100%.

<table>
<thead>
<tr>
<th>Service</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
</tr>
<tr>
<td>Flu shot</td>
<td>92</td>
</tr>
<tr>
<td>Routine blood pressure check</td>
<td>77</td>
</tr>
<tr>
<td>Cholesterol check</td>
<td>72</td>
</tr>
<tr>
<td>Routine health checkup</td>
<td>68</td>
</tr>
<tr>
<td>Health fair/screenings</td>
<td>61</td>
</tr>
<tr>
<td>Mammography</td>
<td>50</td>
</tr>
<tr>
<td>Prostate (PSA)</td>
<td>29</td>
</tr>
<tr>
<td>Pap smear</td>
<td>27</td>
</tr>
<tr>
<td>Immunizations</td>
<td>24</td>
</tr>
<tr>
<td>None</td>
<td>24</td>
</tr>
<tr>
<td>Colonoscopy</td>
<td>23</td>
</tr>
<tr>
<td>Children’s checkup/Well baby</td>
<td>7</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
</tr>
</tbody>
</table>
Hospital Care Received in the Past Three Years (Question 13)
2013 N= 166
2008 N= 304

Fifty-three percent of respondents (n=88) reported that they or a member of their family had received hospital care during the previous three years. Forty-seven percent (n=78) had not received hospital services and eleven respondents chose not to answer this question.

*In 2013, significantly less respondents had a hospital visit in the past three years than in 2008 (2008: 75.3%, 2013: 53%)
Hospital Used Most in the Past Three Years (Question 14)
2013 N= 68
2008 N= 161

Of the 88 respondents who indicated receiving hospital care in the previous three years, 58.8% (n=40) reported receiving care at Benefis in Great Falls. Thirty-one percent of respondents (n=21) went to Missouri River Medical Center in Fort Benton and 7.3% of respondents (n=5) utilized services from Great Falls Clinic. Twenty of the 88 respondents who reported they had been to a hospital in the past three years did not indicate which hospital they had utilized.

<table>
<thead>
<tr>
<th>Hospital</th>
<th>2008 Count</th>
<th>2008 Percent</th>
<th>2013 Count</th>
<th>2013 Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefis – Great Falls</td>
<td>83</td>
<td>51.6%</td>
<td>40</td>
<td>58.8%</td>
</tr>
<tr>
<td>Missouri River Medical Center – Fort Benton</td>
<td>49</td>
<td>30.4%</td>
<td>21</td>
<td>30.9%</td>
</tr>
<tr>
<td>Great Falls Clinic – Great Falls</td>
<td>14</td>
<td>8.7%</td>
<td>5</td>
<td>7.3%</td>
</tr>
<tr>
<td>Fort Harrison VA – Helena</td>
<td>Not asked</td>
<td></td>
<td>1</td>
<td>1.5%</td>
</tr>
<tr>
<td>Community Medical Center – Missoula</td>
<td>4</td>
<td>2.5%</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Billings Clinic – Billings</td>
<td>2</td>
<td>1.2%</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Northern Montana Hospital – Havre</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>St. Patrick Hospital – Missoula</td>
<td>Not asked</td>
<td></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>St. Peter Hospital – Helena</td>
<td>Not asked</td>
<td></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>St. Vincent Healthcare – Billings</td>
<td>Not asked</td>
<td></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Liberty Medical Center – Chester</td>
<td>Not asked</td>
<td></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Central MT Surgery – Great Falls</td>
<td>4</td>
<td>2.5%</td>
<td>Not asked</td>
<td></td>
</tr>
<tr>
<td>Spokane, Washington</td>
<td>1</td>
<td>0.6%</td>
<td>Not asked</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
<td>2.5%</td>
<td>1</td>
<td>1.5%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>161</td>
<td>100%</td>
<td>68</td>
<td>100%</td>
</tr>
</tbody>
</table>

“Other” comments:
- Mountain View Hospital in Idaho Falls, ID
- VA [Veteran Affairs] in Great Falls
- Great Falls surgery center
- Mt. dermatology
- Helena
Reasons for Selecting the Hospital Used (Question 15)
2013 N= 88
2008 N= 229

Of the 88 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 46.6% (n=41). “Closest to home” was selected by 45.5% of the respondents (n=40) and 44.3% (n=39) selected “Referred by provider.” Note that respondents were asked to select the top three answers which influenced their choices; therefore the percentages do not equal 100%.

<table>
<thead>
<tr>
<th>Reason</th>
<th>2008</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior experience with hospital</td>
<td>101</td>
<td>41</td>
</tr>
<tr>
<td></td>
<td>44.1%</td>
<td>46.6%</td>
</tr>
<tr>
<td>Closest to home</td>
<td>126</td>
<td>40</td>
</tr>
<tr>
<td></td>
<td>55.0%</td>
<td>45.5%</td>
</tr>
<tr>
<td>Referred by provider</td>
<td>128</td>
<td>39</td>
</tr>
<tr>
<td></td>
<td>55.9%</td>
<td>44.3%</td>
</tr>
<tr>
<td>Hospital’s reputation for quality*</td>
<td>42</td>
<td>29</td>
</tr>
<tr>
<td></td>
<td>18.3%</td>
<td>33.0%</td>
</tr>
<tr>
<td>Emergency, no choice</td>
<td>68</td>
<td>26</td>
</tr>
<tr>
<td></td>
<td>29.7%</td>
<td>29.5%</td>
</tr>
<tr>
<td>Recommended by family or friends</td>
<td>8</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>3.5%</td>
<td>6.8%</td>
</tr>
<tr>
<td>VA/Military requirement**</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>0.9%</td>
<td>6.8%</td>
</tr>
<tr>
<td>Required by insurance plan</td>
<td>17</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>7.4%</td>
<td>5.7%</td>
</tr>
<tr>
<td>Cost of care</td>
<td>10</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>4.4%</td>
<td>4.5%</td>
</tr>
<tr>
<td>Closest to work</td>
<td>18</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>7.9%</td>
<td>4.5%</td>
</tr>
<tr>
<td>Other</td>
<td>24</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>10.5%</td>
<td>5.7%</td>
</tr>
</tbody>
</table>

*Significantly more 2013 respondents selected a hospital based on its reputation for quality than in 2008 (2013: 33%, 2008: 18.3%)

**Significantly more 2013 respondents cited “VA/Military requirement” than those in 2008 (2013: 6.8%, 2008: 0.9%)

“Other” comments:
- Full service
- Surgical procedure
- Has full range of care
- Doctor availability
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.

<table>
<thead>
<tr>
<th>LOCATION OF MOST OFTEN UTILIZED HOSPITAL BY RESIDENCE</th>
<th>Missouri River Medical Center (Fort Benton)</th>
<th>Benefis (Great Falls)</th>
<th>Great Falls Clinic (Great Falls)</th>
<th>Fort Harrison VA (Helena)</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fort Benton 59442</td>
<td>16 (30.8%)</td>
<td>29 (55.8%)</td>
<td>5 (9.6%)</td>
<td>1 (1.9%)</td>
<td>1 (1.9%)</td>
<td>52</td>
</tr>
<tr>
<td>Geraldine 59446</td>
<td>4 (50%)</td>
<td>4 (50%)</td>
<td></td>
<td></td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>Highwood 59450</td>
<td></td>
<td>2 (100%)</td>
<td></td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Loma 59460</td>
<td>1 (25%)</td>
<td>3 (75%)</td>
<td></td>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Carter 59420</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>1 (100%)</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>TOTAL</td>
<td>21 (31.3%)</td>
<td>39 (58.2%)</td>
<td>5 (7.5%)</td>
<td>1 (1.5%)</td>
<td>1 (1.5%)</td>
<td>67 (100%)</td>
</tr>
</tbody>
</table>
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**

<table>
<thead>
<tr>
<th>Reason</th>
<th>Missouri River Medical Center (Fort Benton)</th>
<th>Benefis (Great Falls)</th>
<th>Great Falls Clinic (Great Falls)</th>
<th>Fort Harrison VA (Helena)</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost of care</td>
<td>2 (66.7%)</td>
<td>1 (33.3%)</td>
<td>1 (3.3%)</td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Closest to home</td>
<td>18 (60%)</td>
<td>11 (36.7%)</td>
<td>1 (3.3%)</td>
<td></td>
<td></td>
<td>30</td>
</tr>
<tr>
<td>Closest to work</td>
<td>3 (100%)</td>
<td>11 (36.7%)</td>
<td>1 (3.3%)</td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Emergency, no choice</td>
<td>8 (42.1%)</td>
<td>11 (57.9%)</td>
<td></td>
<td></td>
<td></td>
<td>19</td>
</tr>
<tr>
<td>Hospital’s reputation for quality</td>
<td>5 (21.7%)</td>
<td>14 (60.9%)</td>
<td>3 (13%)</td>
<td>1 (4.3%)</td>
<td></td>
<td>23</td>
</tr>
<tr>
<td>Prior experience with hospital</td>
<td>13 (38.2%)</td>
<td>17 (50%)</td>
<td>3 (8.8%)</td>
<td>1 (2.9%)</td>
<td></td>
<td>34</td>
</tr>
<tr>
<td>Recommended by family or friends</td>
<td>4 (80%)</td>
<td>1 (20%)</td>
<td></td>
<td></td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>Referred by provider</td>
<td>6 (20%)</td>
<td>21 (70%)</td>
<td>3 (10%)</td>
<td></td>
<td></td>
<td>30</td>
</tr>
<tr>
<td>Required by insurance plan</td>
<td>3 (75%)</td>
<td>1 (25%)</td>
<td></td>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>VA/Military requirement</td>
<td>2 (50%)</td>
<td>1 (25%)</td>
<td>1 (25%)</td>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Other</td>
<td>3 (75%)</td>
<td>1 (25%)</td>
<td></td>
<td></td>
<td></td>
<td>4</td>
</tr>
</tbody>
</table>
Primary Care Received in the Past Three Years (Question 16)
2013 N= 169
2008 N= 305

Ninety-four percent of respondents (n=158) indicated that they or someone in their household had been seen by a primary care provider (such as a family physician, physician assistant, or nurse practitioner) for healthcare services in the past three years. Seven percent of respondents (n=11) had not seen a primary care provider and eight respondents chose not to answer this question.
Location of Primary Care Provider (Question 17)
2013 N= 144
2008 N= 220

Of the 158 respondents who indicated receiving primary care services in the previous three years, 61.1% (n=88) reported receiving care in Fort Benton. Thirty-four percent of respondents (n=49) went to Great Falls and 1.4% of respondents (n=2) utilized primary care services in Big Sandy. Fourteen of the 158 respondents who reported they had utilized primary care services in the past three years did not indicate where they received those services.

<table>
<thead>
<tr>
<th>Location</th>
<th>2008 Count</th>
<th>2008 Percent</th>
<th>2013 Count</th>
<th>2013 Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fort Benton</td>
<td>133</td>
<td>60.5%</td>
<td>88</td>
<td>61.1%</td>
</tr>
<tr>
<td>Great Falls</td>
<td>65</td>
<td>29.5%</td>
<td>49</td>
<td>34.0%</td>
</tr>
<tr>
<td>Big Sandy</td>
<td>2</td>
<td>0.9%</td>
<td>2</td>
<td>1.4%</td>
</tr>
<tr>
<td>Chester</td>
<td>2</td>
<td>0.9%</td>
<td>1</td>
<td>0.7%</td>
</tr>
<tr>
<td>Billings</td>
<td>Not asked</td>
<td></td>
<td>1</td>
<td>0.7%</td>
</tr>
<tr>
<td>Havre</td>
<td>Not asked</td>
<td></td>
<td>1</td>
<td>0.7%</td>
</tr>
<tr>
<td>Steve Arnold, FNP – Fort Benton</td>
<td>13</td>
<td>5.9%</td>
<td>Not asked</td>
<td></td>
</tr>
<tr>
<td>Geraldine Clinic</td>
<td>2</td>
<td>0.9%</td>
<td>Not asked</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>1.4%</td>
<td>2</td>
<td>1.4%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>220</strong></td>
<td><strong>100%</strong></td>
<td><strong>144</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

“Other” comments:
- The Geraldine Clinic needs to be replaced
- Malmstrom Air Force Base
Reasons for Selection of Primary Care Provider (Question 18)
2013 N= 158
2008 N= 292

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. Fifty-seven percent of respondents (n=90) cited “Closest to home” followed by “Prior experience with clinic” (49.4%, n=78) as reasons for selecting a particular primary care provider. “Appointment availability” was selected by 31.6% of respondents (n=50). Respondents were asked to check all that apply so the percentages do not equal 100%.

<table>
<thead>
<tr>
<th>Reason</th>
<th>2008</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Closest to home</td>
<td>188</td>
<td>90</td>
</tr>
<tr>
<td>Prior experience with clinic</td>
<td>141</td>
<td>78</td>
</tr>
<tr>
<td>Appointment availability</td>
<td>104</td>
<td>50</td>
</tr>
<tr>
<td>Clinic’s reputation for quality</td>
<td>63</td>
<td>30</td>
</tr>
<tr>
<td>Recommended by family or friends</td>
<td>36</td>
<td>25</td>
</tr>
<tr>
<td>Referred by physician or other provider*</td>
<td>51</td>
<td>15</td>
</tr>
<tr>
<td>Length of waiting room time</td>
<td>39</td>
<td>13</td>
</tr>
<tr>
<td>VA/Military requirement**</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>Cost of care</td>
<td>15</td>
<td>6</td>
</tr>
<tr>
<td>Required by insurance plan</td>
<td>12</td>
<td>3</td>
</tr>
<tr>
<td>Indian Health Services</td>
<td>Not asked</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>24</td>
<td>15</td>
</tr>
</tbody>
</table>

*In 2013, significantly fewer respondents selected a primary care provider due to a physician referral than in 2008 (2008: 17.5%, 2013: 9.5%)

**In 2013, significantly more people saw their current primary provider because of a VA/military requirement than in 2008 (2013: 5.1%, 2008: 1.7%)

“Other” comments:
- Has been my doctor for 15 years
- Close to work place
- Availability of surgeon
- Specialized physicians
- Her skill as a provider. Even if she is not able to treat the condition, she will connect me with the appropriate services.
- Availability
- Good to follow up on lab work connected with blood testing for diabetes A/C and blood thinner
- Because we love Angel [Nurse Practitioner at MRMC]
- Regular physician
- Does not use pharmaceuticals
- Closest to work
- You can pick your provider
- Liked the provider
- Like the treatment
- With the same provider for 20+ years
- Started in Ft. Benton then followed my provider to Big Sandy when he moved
- Always in Great Falls
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.

<table>
<thead>
<tr>
<th>LOCATION OF PRIMARY CARE PROVIDER MOST UTILIZED BY RESIDENCE</th>
<th>Fort Benton 59442</th>
<th>Big Sandy 59446</th>
<th>Billings</th>
<th>Chester</th>
<th>Great Falls</th>
<th>Havre</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fort Benton 59442</td>
<td>68 (65.4%)</td>
<td>2 (1.9%)</td>
<td>1 (1%)</td>
<td>32 (30.8%)</td>
<td>1 (1%)</td>
<td>1 (1%)</td>
<td>104</td>
<td></td>
</tr>
<tr>
<td>Geraldine 59446</td>
<td>12 (60%)</td>
<td>1 (5%)</td>
<td>5 (25%)</td>
<td>1 (5%)</td>
<td>1 (5%)</td>
<td>20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Highwood 59450</td>
<td>2 (25%)</td>
<td>6 (75%)</td>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Loma 59460</td>
<td>4 (57.1%)</td>
<td>3 (42.9%)</td>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carter 59420</td>
<td>1 (100%)</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>2 (100%)</td>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>86 (60.6%)</td>
<td>2 (1.4%)</td>
<td>1 (0.7%)</td>
<td>1 (0.7%)</td>
<td>49 (34.5%)</td>
<td>1 (0.7%)</td>
<td>2 (1.4%)</td>
<td>142 (100%)</td>
</tr>
</tbody>
</table>
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**

<table>
<thead>
<tr>
<th>Reason</th>
<th>Fort Benton</th>
<th>Big Sandy</th>
<th>Billings</th>
<th>Chester</th>
<th>Great Falls</th>
<th>Havre</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appointment availability</td>
<td>40 (83.3%)</td>
<td>1 (2.1%)</td>
<td></td>
<td></td>
<td>6 (12.5%)</td>
<td>1 (2.1%)</td>
<td></td>
<td>48</td>
</tr>
<tr>
<td>Clinic’s reputation for quality</td>
<td>15 (53.6%)</td>
<td>1 (3.6%)</td>
<td>1 (3.6%)</td>
<td>1 (3.6%)</td>
<td>10 (35.7%)</td>
<td></td>
<td></td>
<td>28</td>
</tr>
<tr>
<td>Closest to home</td>
<td>74 (92.5%)</td>
<td></td>
<td></td>
<td>5 (6.3%)</td>
<td></td>
<td>1 (1.3%)</td>
<td></td>
<td>80</td>
</tr>
<tr>
<td>Cost of care</td>
<td>2 (40%)</td>
<td>1 (20%)</td>
<td></td>
<td>2 (40%)</td>
<td></td>
<td></td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>Indian Health Services (IHS)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Length of waiting room time</td>
<td>11 (91.7%)</td>
<td>1 (8.3%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>Prior experience with clinic</td>
<td>46 (65.7%)</td>
<td></td>
<td></td>
<td>1 (1.4%)</td>
<td>22 (31.4%)</td>
<td>1 (1.4%)</td>
<td></td>
<td>70</td>
</tr>
<tr>
<td>Recommended by family or friends</td>
<td>12 (52.2%)</td>
<td>1 (4.3%)</td>
<td>1 (4.3%)</td>
<td></td>
<td>9 (39.1%)</td>
<td></td>
<td></td>
<td>23</td>
</tr>
<tr>
<td>Referred by physician or other provider</td>
<td>2 (16.7%)</td>
<td></td>
<td>1 (8.3%)</td>
<td></td>
<td>9 (75%)</td>
<td></td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>Required by insurance plan</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3 (100%)</td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>VA/Military requirement</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>7 (87.5%)</td>
<td></td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>Other</td>
<td>4 (30.8%)</td>
<td>1 (7.7%)</td>
<td>7 (53.8%)</td>
<td>1 (7.7%)</td>
<td></td>
<td></td>
<td></td>
<td>13</td>
</tr>
</tbody>
</table>
Physical Activity (Question 19)
2013 N= 177

Respondents were asked to indicate how frequently they had physical activity for at least twenty minutes over the past month. Thirty-one percent of respondents (n=54) indicated they had physical activity of at least twenty minutes “2-4 times per week” over the past month and 27.1% (n=48) indicated they had physical activity “Daily.” Eleven percent of respondents (n=20) indicated they had “No physical activity” and seven respondents chose not to answer this question.
Cost and Prescription Medications (Question 20)
2013 N= 177

Respondents were asked to indicate if, during the last year, medication costs had prohibited them from getting a prescription or taking their medication regularly. Thirteen percent of respondents (n=23) indicated that, in the last year, cost had prohibited them from getting a prescription or taking their medication regularly. Eighty-three percent of respondents (n=146) indicated that cost had not prohibited them, and five percent of respondents (n=8) chose not to answer this question.
Prevalence of Depression (Question 21)
2013 N= 177

Respondents were asked to indicate if there were periods of at least three consecutive months in the past three years where they felt depressed on most days, although they may have felt okay sometimes. Eleven percent of respondents (n=20) indicated they had experienced periods of feeling depressed and 84.2% of respondents (n=149) indicated they had not. Five percent of respondents (n=8) chose not to answer this question.
Use of Healthcare Specialists during the Past Three Years (Question 22)
2013 N= 168
2008 N= 281

Seventy-four percent of respondents (n=125) indicated they or a household member had seen a healthcare specialist during the past three years. Twenty-six percent (n=43) indicated they had not seen a specialist and nine respondents chose not to answer this question.

*In 2013, significantly less respondents saw a specialist in the past three years than in 2008 (2008: 86.5%, 2013: 74.4%)
Location of Healthcare Specialist (Question 23)
2013 N= 125
2008 N= 243

Of the 125 respondents who indicated they saw a healthcare specialist in the past three years, 92% (n=115) saw one in Great Falls. Fort Benton was utilized by 20.8% (n=26) of respondents for specialty care and Helena was reported by 8% (n=10). Respondents could select more than one location; therefore percentages do not equal 100%.

<table>
<thead>
<tr>
<th>Location</th>
<th>2008 Count</th>
<th>2008 Percent</th>
<th>2013 Count</th>
<th>2013 Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Great Falls</td>
<td>224</td>
<td>92.2%</td>
<td>115</td>
<td>92.0%</td>
</tr>
<tr>
<td>Fort Benton</td>
<td>64</td>
<td>26.3%</td>
<td>26</td>
<td>20.8%</td>
</tr>
<tr>
<td>Helena</td>
<td>10</td>
<td>4.1%</td>
<td>10</td>
<td>8.0%</td>
</tr>
<tr>
<td>Missoula</td>
<td>5</td>
<td>2.1%</td>
<td>3</td>
<td>2.4%</td>
</tr>
<tr>
<td>Billings</td>
<td>9</td>
<td>3.7%</td>
<td>2</td>
<td>1.6%</td>
</tr>
<tr>
<td>Kalispell</td>
<td>3</td>
<td>1.2%</td>
<td>1</td>
<td>0.8%</td>
</tr>
<tr>
<td>Havre</td>
<td>Not asked</td>
<td></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>13</td>
<td>5.3%</td>
<td>5</td>
<td>4.0%</td>
</tr>
</tbody>
</table>

“Other” comments:
- Sidney
- The doctors and nurses in Fort Benton are very honest to recommend a specialist to see so you receive further assistance
- Conrad
- Fort Harrison [VA in Helena]
- Spokane, WA
- Arizona
The respondents (n=125) saw a wide array of healthcare specialists in the past three years. The most frequently indicated specialist was a “Dentist” at 50.4% of respondents (n=63) having utilized their services. “Cardiologist” was the second most utilized specialist at 23.2% (n=29). “OB/GYN” and “Radiologist” were both utilized by 18.4% of respondents (n=23). Respondents were asked to choose all that apply so percentages do not equal 100%.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Dentist*</td>
<td>154</td>
<td>63.4%</td>
<td>63</td>
<td>50.4%</td>
</tr>
<tr>
<td>Cardiologist</td>
<td>66</td>
<td>27.2%</td>
<td>29</td>
<td>23.2%</td>
</tr>
<tr>
<td>OB/GYN***</td>
<td>88</td>
<td>36.2%</td>
<td>23</td>
<td>18.4%</td>
</tr>
<tr>
<td>Radiologist</td>
<td>54</td>
<td>22.2%</td>
<td>23</td>
<td>18.4%</td>
</tr>
<tr>
<td>Ophthalmologist</td>
<td>Not asked</td>
<td>17.6%</td>
<td>19</td>
<td>15.2%</td>
</tr>
<tr>
<td>Dermatologist</td>
<td>60</td>
<td>24.7%</td>
<td>21</td>
<td>16.8%</td>
</tr>
<tr>
<td>Orthopedic surgeon***</td>
<td>62</td>
<td>25.5%</td>
<td>19</td>
<td>15.2%</td>
</tr>
<tr>
<td>Physical therapist</td>
<td>Not asked</td>
<td>15.2%</td>
<td>19</td>
<td>15.2%</td>
</tr>
<tr>
<td>General surgeon</td>
<td>54</td>
<td>22.2%</td>
<td>18</td>
<td>14.4%</td>
</tr>
<tr>
<td>Podiatrist</td>
<td>22</td>
<td>9.1%</td>
<td>17</td>
<td>13.6%</td>
</tr>
<tr>
<td>Urologist</td>
<td>Not asked</td>
<td>13.6%</td>
<td>17</td>
<td>13.6%</td>
</tr>
<tr>
<td>Chiropractor****</td>
<td>64</td>
<td>26.3%</td>
<td>16</td>
<td>12.8%</td>
</tr>
<tr>
<td>Oncologist*****</td>
<td>63</td>
<td>25.9%</td>
<td>13</td>
<td>10.4%</td>
</tr>
<tr>
<td>Gastroenterologist</td>
<td>Not asked</td>
<td>11.5%</td>
<td>11</td>
<td>8.8%</td>
</tr>
<tr>
<td>Pulmonologist</td>
<td>Not asked</td>
<td>11.5%</td>
<td>11</td>
<td>8.8%</td>
</tr>
<tr>
<td>ENT (ear/nose/throat)*****</td>
<td>45</td>
<td>18.5%</td>
<td>8</td>
<td>6.4%</td>
</tr>
<tr>
<td>Pediatrician</td>
<td>14</td>
<td>5.8%</td>
<td>8</td>
<td>6.4%</td>
</tr>
<tr>
<td>Mental health counselor</td>
<td>12</td>
<td>4.9%</td>
<td>7</td>
<td>5.6%</td>
</tr>
<tr>
<td>Neurologist</td>
<td>25</td>
<td>10.3%</td>
<td>6</td>
<td>4.8%</td>
</tr>
<tr>
<td>Rheumatologist</td>
<td>10</td>
<td>4.1%</td>
<td>5</td>
<td>4.0%</td>
</tr>
<tr>
<td>Endocrinologist</td>
<td>Not asked</td>
<td>3.2%</td>
<td>4</td>
<td>3.2%</td>
</tr>
<tr>
<td>Neurosurgeon</td>
<td>Not asked</td>
<td>3.2%</td>
<td>4</td>
<td>3.2%</td>
</tr>
<tr>
<td>Dietician</td>
<td>8</td>
<td>3.3%</td>
<td>2</td>
<td>1.6%</td>
</tr>
<tr>
<td>Psychiatrist (M.D.)</td>
<td>6</td>
<td>2.5%</td>
<td>2</td>
<td>1.6%</td>
</tr>
<tr>
<td>Allergist</td>
<td>Not asked</td>
<td>1.6%</td>
<td>2</td>
<td>1.6%</td>
</tr>
<tr>
<td>Occupational therapist</td>
<td>Not asked</td>
<td>1.6%</td>
<td>2</td>
<td>1.6%</td>
</tr>
<tr>
<td>Psychologist</td>
<td>3</td>
<td>1.2%</td>
<td>1</td>
<td>0.8%</td>
</tr>
<tr>
<td>Social worker****</td>
<td>15</td>
<td>6.2%</td>
<td>1</td>
<td>0.8%</td>
</tr>
<tr>
<td>Geriatrician</td>
<td>Not asked</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Speech therapist</td>
<td>Not asked</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Substance abuse counselor</td>
<td>1</td>
<td>0.4%</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>28</td>
<td>11.5%</td>
<td>10</td>
<td>8.0%</td>
</tr>
</tbody>
</table>
Question 24 continued…

*In 2013, significantly fewer respondents visited a dentist than in 2008; (2008 63.4%, 2013: 50.4%)
**In 2013, significantly less respondents saw an OB/GYN than in 2008 (2008: 36.2%, 2013: 18.4%)
***Significantly fewer people visited an orthopedic surgeon in 2013 than in 2008 (2008: 25.5%, 2013: 15.2%)
****Significantly less respondents have seen a chiropractor in 2013 than in 2008 (2008: 26.3%, 2013: 12.8%)
*****Significantly less people visited an oncologist in 2013 than in 2008 (2008: 25.9%, 2013: 10.4%)
******In 2013, significantly fewer people saw an ENT in the past three years than in 2008 (2008: 18.5%, 2013: 6.4%)
*******In 2013, significantly fewer respondents saw a social worker than in 2008 (2008: 6.2%, 2013: 0.8%)  

“Other” comments:
- Nephrologist
- Sleep medicine
- Vein specialist
- Sports medicine
- Foot/ankle
- Pain specialist in Great Falls. I got a shot in the knee
- Optometrist
- Diabetic/kidney specialist
- Pain management (2)
**Overall Quality of Care at Missouri River Medical Center (Question 25)**

2013 N= 177  
2008 N= 312

Respondents were asked to rate a variety of aspects of the overall care provided at Missouri River Medical Center. Respondents were asked to rate the services using the scale of 4=Excellent, 3=Good, 2=Fair, 1=Poor, and “Don’t know.” The sums of the average scores were then calculated with “Ambulance services” receiving the top average score of 3.5 out of 4.0. “Laboratory” received a score of 3.4 out of 4.0. The total average score was 3.5, indicating the overall services of the hospital to be “Excellent” to “Good.”

### 2013

<table>
<thead>
<tr>
<th>Service</th>
<th>Excellent (4)</th>
<th>Good (3)</th>
<th>Fair (2)</th>
<th>Poor (1)</th>
<th>Don’t know</th>
<th>No Ans.</th>
<th>N</th>
<th>Avg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulance Services</td>
<td>39</td>
<td>29</td>
<td>3</td>
<td>1</td>
<td>80</td>
<td>25</td>
<td>177</td>
<td>3.5</td>
</tr>
<tr>
<td>Laboratory</td>
<td>62</td>
<td>53</td>
<td>6</td>
<td>1</td>
<td>35</td>
<td>20</td>
<td>177</td>
<td>3.4</td>
</tr>
<tr>
<td>Benton Medical Center Clinic</td>
<td>46</td>
<td>78</td>
<td>10</td>
<td>1</td>
<td>21</td>
<td>21</td>
<td>177</td>
<td>3.3</td>
</tr>
<tr>
<td>Mammography</td>
<td>24</td>
<td>13</td>
<td>4</td>
<td>3</td>
<td>105</td>
<td>28</td>
<td>177</td>
<td>3.3</td>
</tr>
<tr>
<td>Physical therapy</td>
<td>29</td>
<td>32</td>
<td>4</td>
<td>1</td>
<td>85</td>
<td>26</td>
<td>177</td>
<td>3.3</td>
</tr>
<tr>
<td>Radiology</td>
<td>27</td>
<td>19</td>
<td>9</td>
<td>1</td>
<td>94</td>
<td>27</td>
<td>177</td>
<td>3.3</td>
</tr>
<tr>
<td>Community health worker</td>
<td>16</td>
<td>18</td>
<td>5</td>
<td>1</td>
<td>107</td>
<td>30</td>
<td>177</td>
<td>3.2</td>
</tr>
<tr>
<td>Emergency room</td>
<td>36</td>
<td>40</td>
<td>16</td>
<td>3</td>
<td>61</td>
<td>21</td>
<td>177</td>
<td>3.1</td>
</tr>
<tr>
<td>Hospital</td>
<td>17</td>
<td>41</td>
<td>17</td>
<td>1</td>
<td>79</td>
<td>22</td>
<td>177</td>
<td>3.0</td>
</tr>
<tr>
<td>Assisted living</td>
<td>10</td>
<td>22</td>
<td>11</td>
<td>1</td>
<td>106</td>
<td>27</td>
<td>177</td>
<td>2.9</td>
</tr>
<tr>
<td>Home health care</td>
<td>5</td>
<td>6</td>
<td>5</td>
<td>1</td>
<td>130</td>
<td>30</td>
<td>177</td>
<td>2.9</td>
</tr>
<tr>
<td>Nursing home</td>
<td>8</td>
<td>23</td>
<td>10</td>
<td>5</td>
<td>105</td>
<td>26</td>
<td>177</td>
<td>2.7</td>
</tr>
<tr>
<td>Occupational therapy/speech therapy</td>
<td>1</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>135</td>
<td>34</td>
<td>177</td>
<td>2.6</td>
</tr>
<tr>
<td>Telemedicine</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>137</td>
<td>36</td>
<td>177</td>
<td>2.5</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>321</strong></td>
<td><strong>379</strong></td>
<td><strong>103</strong></td>
<td><strong>22</strong></td>
<td><strong>22</strong></td>
<td><strong>305</strong></td>
<td><strong>177</strong></td>
<td><strong>3.5</strong></td>
</tr>
</tbody>
</table>

### 2008

<table>
<thead>
<tr>
<th>Service</th>
<th>Excellent (4)</th>
<th>Good (3)</th>
<th>Fair (2)</th>
<th>Poor (1)</th>
<th>DK/No Ans.</th>
<th>N</th>
<th>Avg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laboratory</td>
<td>128</td>
<td>85</td>
<td>8</td>
<td>4</td>
<td>87</td>
<td>312</td>
<td>3.5</td>
</tr>
<tr>
<td>Mammography</td>
<td>36</td>
<td>21</td>
<td>2</td>
<td>3</td>
<td>250</td>
<td>312</td>
<td>3.5</td>
</tr>
<tr>
<td>Home health care</td>
<td>16</td>
<td>9</td>
<td>0</td>
<td>2</td>
<td>285</td>
<td>312</td>
<td>3.4</td>
</tr>
<tr>
<td>Physical therapy</td>
<td>57</td>
<td>36</td>
<td>9</td>
<td>3</td>
<td>207</td>
<td>312</td>
<td>3.4</td>
</tr>
<tr>
<td>Ambulance Services</td>
<td>45</td>
<td>28</td>
<td>6</td>
<td>5</td>
<td>228</td>
<td>312</td>
<td>3.3</td>
</tr>
<tr>
<td>Emergency room</td>
<td>85</td>
<td>66</td>
<td>12</td>
<td>8</td>
<td>141</td>
<td>312</td>
<td>3.3</td>
</tr>
<tr>
<td>Radiology</td>
<td>44</td>
<td>36</td>
<td>13</td>
<td>3</td>
<td>216</td>
<td>312</td>
<td>3.3</td>
</tr>
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<td>Assisted living</td>
<td>10</td>
<td>21</td>
<td>1</td>
<td>6</td>
<td>274</td>
<td>312</td>
<td>2.9</td>
</tr>
<tr>
<td>Nursing home</td>
<td>15</td>
<td>18</td>
<td>12</td>
<td>9</td>
<td>258</td>
<td>312</td>
<td>2.7</td>
</tr>
<tr>
<td>Telemedicine</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>305</td>
<td>312</td>
<td>2.6</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>380</strong></td>
<td><strong>287</strong></td>
<td><strong>56</strong></td>
<td><strong>41</strong></td>
<td><strong>305</strong></td>
<td><strong>312</strong></td>
<td><strong>3.3</strong></td>
</tr>
</tbody>
</table>
Desired Local Healthcare Services (Question 26)
2013 N= 177
2008 N= 312

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 23.2% (n=41) followed by “Massage therapy” at 18.1% (n=32), then “Acupuncture” at 16.9% (n=30). Respondents were asked to check all that apply so percentages do not equal 100%.

<table>
<thead>
<tr>
<th>Service</th>
<th>2008 Count</th>
<th>2008 Percent</th>
<th>2013 Count</th>
<th>2013 Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dermatology</td>
<td>67</td>
<td>21.5%</td>
<td>41</td>
<td>23.2%</td>
</tr>
<tr>
<td>Massage therapy</td>
<td>57</td>
<td>18.3%</td>
<td>32</td>
<td>18.1%</td>
</tr>
<tr>
<td>Acupuncture</td>
<td>43</td>
<td>13.8%</td>
<td>30</td>
<td>16.9%</td>
</tr>
<tr>
<td>OB/GYN</td>
<td>36</td>
<td>11.5%</td>
<td>19</td>
<td>10.7%</td>
</tr>
<tr>
<td>Cancer care</td>
<td>31</td>
<td>9.9%</td>
<td>17</td>
<td>9.6%</td>
</tr>
<tr>
<td>Diabetic counseling</td>
<td>Not asked</td>
<td></td>
<td>17</td>
<td>9.6%</td>
</tr>
<tr>
<td>Home health</td>
<td>Not asked</td>
<td></td>
<td>12</td>
<td>6.8%</td>
</tr>
<tr>
<td>Pediatric services</td>
<td>22</td>
<td>7.1%</td>
<td>9</td>
<td>5.1%</td>
</tr>
<tr>
<td>Tele-cardiology</td>
<td>Not asked</td>
<td></td>
<td>8</td>
<td>4.5%</td>
</tr>
<tr>
<td>Tele-ER</td>
<td>Not asked</td>
<td></td>
<td>8</td>
<td>4.5%</td>
</tr>
<tr>
<td>Tele-mental health</td>
<td>Not asked</td>
<td></td>
<td>7</td>
<td>4.0%</td>
</tr>
<tr>
<td>Other</td>
<td>15</td>
<td>4.8%</td>
<td>3</td>
<td>1.7%</td>
</tr>
</tbody>
</table>

“Other” comments:
- I go to Great Falls for cancer care
- Adult daycare
- Work with neuropathy side effects of my diabetes
Medical Insurance (Question 27)
2013 N= 137
2008 N= 213

Respondents were asked to indicate what type of medical insurance covers the majority of their medical expenses. Thirty-five percent (n=48) indicated they have “Employer sponsored” coverage. Thirty-two percent (n=44) indicated they have “Medicare” and 16.1% (n=22) indicated “Private insurance/private plan.” Forty respondents chose not to answer this question.

<table>
<thead>
<tr>
<th>Insurance Type</th>
<th>2008 Count</th>
<th>2008 Percent</th>
<th>2013 Count</th>
<th>2013 Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer sponsored</td>
<td>84</td>
<td>39.4%</td>
<td>48</td>
<td>35.0%</td>
</tr>
<tr>
<td>Medicare</td>
<td>60</td>
<td>28.2%</td>
<td>44</td>
<td>32.1%</td>
</tr>
<tr>
<td>Private insurance/private plan</td>
<td>Not asked</td>
<td></td>
<td>22</td>
<td>16.1%</td>
</tr>
<tr>
<td>None/Pay out of pocket</td>
<td>54</td>
<td>25.4%</td>
<td>9</td>
<td>6.6%</td>
</tr>
<tr>
<td>Healthy MT Kids</td>
<td>Not asked</td>
<td></td>
<td>3</td>
<td>2.2%</td>
</tr>
<tr>
<td>Agricultural Corp. Paid</td>
<td>Not asked</td>
<td></td>
<td>3</td>
<td>2.2%</td>
</tr>
<tr>
<td>Medicaid</td>
<td>1</td>
<td>0.5%</td>
<td>2</td>
<td>1.5%</td>
</tr>
<tr>
<td>VA/Military</td>
<td>6</td>
<td>2.8%</td>
<td>2</td>
<td>1.5%</td>
</tr>
<tr>
<td>State/other</td>
<td>2</td>
<td>0.9%</td>
<td>1</td>
<td>0.6%</td>
</tr>
<tr>
<td>Health Savings Account</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Indian Health</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>6</td>
<td>2.8%</td>
<td>3</td>
<td>2.2%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>213</strong></td>
<td><strong>100%</strong></td>
<td><strong>137</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

“Other” comments:
- Humana
- GEHA – Federal Government
- Tri-care
- Medicare supplement
- BCBS [Blue Cross Blue Shield] (2)
Insurance and Healthcare Costs (Question 28)
2013 N= 165
2008 N= 279

Respondents were asked to indicate how well they felt their health insurance covers their healthcare costs. Thirty-nine percent of respondents (n=65) indicated they felt their insurance covers a “Good” amount of their healthcare costs. Thirty-one percent of respondents (n=51) indicated they felt their insurance is “Excellent” and 19.4% of respondents (n=32) indicated they felt their insurance coverage was “Fair.”
Barriers to Having Health Insurance (Question 29)
2013 N= 9
2008 N= 18

Those respondents who indicated they did not have medical insurance were asked to indicate why they did not. Seventy-eight percent (n=7) reported they did not have health insurance because they could not afford to pay for it and 22.2% (n=2) indicated “Employer does not offer insurance.” Respondents were asked to mark all answers that applied, thus the percentages do not equal 100%.

<table>
<thead>
<tr>
<th>Reason</th>
<th>2008</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cannot afford to pay for medical insurance*</td>
<td>18</td>
<td>7</td>
</tr>
<tr>
<td>Employer does not offer insurance</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Choose not to have medical insurance</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

*In 2013, significantly less respondents did not have medical insurance because of affordability than in 2008 (2008: 100%, 2013: 77.8%)

“Other” comments:
- Especially will not be able to afford coverage with ObamaCare [Affordable Care Act]
Awareness of Health Payment Programs (Question 30)
2013 N= 144
2008 N= 283

Respondents were asked to indicate their awareness of programs that help people pay for healthcare bills. Forty-two percent of respondents (n=61) indicated they were aware of these types of programs, but did not qualify to utilize them. Thirty-one percent (n=45) indicated that they were not aware or did not know of these programs and 12.5% of respondents (n=18) indicated they were aware and utilized health payment assistance. Thirty-three respondents chose not to answer this question.
VI. Focus Group Methodology

Two focus groups were held in Fort Benton, Montana in January 2014. Focus group participants were identified as people living in Missouri River Medical Center’s service area.

Twenty 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 Missouri River Medical Center and Golden Age Senior Center in Fort Benton. Each group meeting lasted up to 60 minutes in length and followed the same line of questioning in each session (Appendix F). The questions and discussions at the focus groups were led by Angela Bangs with the Montana Office of Rural Health.

Five key informant interviews were held in January 2014 with engaged community members. The interviews were approximately 10-15 minutes long and followed a shorter, but similar line of questioning as the focus groups. The interviews were conducted 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 Findings

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

Improve health of the community:
- Local home health services
- Better maintained sidewalks
- Addressing mental health and suicide
- Public transportation to Great Falls and around Fort Benton

Most important local healthcare issues:
- Suicide and mental health
- High rates of cancer
- The population is aging; fewer young families in the community
- Lack of awareness of health services provided by the hospital

Opinion of hospital services:
- In general, very impressed with quality of care at the hospital
- The number of services provided is adequate and meets the needs of the community
- Hospital staff members are caring
- Most participants could not identify members of the hospital board
- The business office is prompt but billing is generally confusing
- Healthcare costs are high in general
- Availability of appointments is great, especially compared to Great Falls

Opinion of local providers:
- Convenient and they offer great personal care

Opinion of local services:
- Overall, participants recounted positive experiences with the emergency room
- Excellent ambulance service; effective response to emergencies
- Appreciative of the Meals-on-Wheels program
- High praise for the Nursing Home; participants stressed that the nursing home is greatly needed in the community
- The county public health department does great work
- The pharmacist is very helpful and does a good job

Reasons to leave the community for healthcare:
- For specialty services
- Confidentiality or privacy may be an issue since everyone knows everybody

Needed healthcare services in the community:
- More travelling specialists; dermatology
- Mental health and home health services
VIII. Summary

One hundred seventy-seven surveys were completed in Missouri River Medical Center’s service area for a 29% response rate. Of the 177 returned, 59.9% of the respondents were females, 74.6% were 56 years of age or older, and 39.4% work full time.

Respondents rated the overall quality of care at the hospital as excellent to good, scoring 3.5 out of 4.0 on a scale of 4.0 being excellent and 1.0 being poor.

Over half of the respondents (54%) feel the Fort Benton area is a “somewhat healthy” place to live. Significantly more respondents rated the Fort Benton area as less healthy than in 2008. Respondents indicated their top three health concerns were: cancer (68.9%), overweight/obesity (38.4%), and alcohol/substance abuse (36.7%). Significantly more respondents identified overweight/obesity to be a concern than in 2008, but fewer respondents were concerned with tobacco use than in 2008.

When respondents were asked which health related educational programs or classes they would be most interested in, the top choices were: fitness (27.7%), health and wellness (27.1%), weight loss (22.6%), and women’s health (22.6%).

Overall, the respondents within Missouri River Medical Center’s service area are seeking hospital care at a rate that is typically seen in rural areas. Area residents recognize the major impact the healthcare sector has on the economic well-being of the area, with 78% 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. Allyson Briese – K-12 Education/Preschool Director
2. Angel Johnson – Public Health, Nurse Practitioner
3. Brad Robinson – Better Health Improvement Specialist (BHIS), Missouri River Medical Center
4. Janice Woodhouse – Director of Nursing, Missouri River Medical Center
5. Jay Pottenger – Chief Executive Officer, Missouri River Medical Center
6. Kim Pimperton – Emergency Medical Technician
7. Linda Williams – Extension and Emergency Management
8. Melissa Meyer – Accreditation Coordinator, Teton County Health Department
9. Nancy Lachapelle – Public Health/ Hospice
Appendix B – Public Health and Populations Consultation

Public Health and Populations Consultation Worksheet

1. Public Health

a. Name/Organization
   Angel Johnson – Public Health Nurse, Chouteau County
   Nancy Lachapelle – Public Health
   Melissa Meyer – Accreditation Coordinator, Teton County Health Department

b. Date of Consultation
   First Steering Committee Meeting: September 17, 2013

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

d. Input and Recommendations from Consultation
   - Screenings, flu shots, and immunizations are offered at the health fair that is held every other year.
   - Public health has really been promoting the importance of immunizations for youth and adults, especially the importance of booster shots.
   - There is a need for more educators, like nutrition and diabetic educators.
   - Obesity, heart disease, diabetes, mental health, and tobacco/substance abuse are prominent in the community.

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

Population: Youth
a. Name/Organization
   Allyson Briese – K-12 Education/Preschool Director

b. Date of Consultation
   First Steering Committee Meeting: September 17, 2013

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

d. Input and Recommendations from Consultation
   - Our community has recently faced several suicides in young people. Some parents could use advice about how to discuss challenges with their children like drugs, choosing positive groups of friends, and mental health.
Population: Seniors
a. Name/Organization
   Nancy Lachapelle – Hospice
   Janice Woodhouse – Director of Nursing, Missouri River Medical Center

b. Date of Consultation
   First Steering Committee Meeting: September 17, 2013

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

d. Input and Recommendations from Consultation
   - Home health is facing higher demand in our community.
   - Visiting nurses help perform some home health duties.
   - Patients typically go to Missoula for cardiology specialties.
   - Missouri River Medical Center was rewarded an Rx prescription grant for $2,500.
Appendix C – Survey Cover Letter

Missouri River Medical Center

October 25, 2013

Dear Resident:

This letter and survey concern the future of health care in Fort Benton and the surrounding area. By completing the enclosed survey, you will help guide Missouri River Medical Center in developing comprehensive and affordable 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.

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

Please take a few moments to complete the enclosed survey by November 25, 2013.

Your response is very important to Missouri River Medical 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 Missouri River Medical Center, your input is still helpful and will benefit our community. We know your time is valuable so we have made every effort to keep the survey brief – it should take less than 15 minutes to complete. Your help is much appreciated in responding to this survey.

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,

Jay Pottinger, CEO
Missouri River Medical Center

1501 St. Charles Street • P.O. Box 249 • Fort Benton, Montana 59442
Phone: (406) 622-3331 • Fax: (406) 622-5670
Appendix D – Survey Instrument

Community Health Needs Assessment
Fort Benton, 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)
   ○ Alcohol abuse/substance abuse ○ Lack of access to health care ○ Respiratory illnesses
   ○ Cancer ○ Lack of dental care ○ Stroke
   ○ Child abuse/neglect ○ Lack of exercise ○ Teen pregnancy
   ○ Depression/anxiety ○ Mental health issues ○ Tobacco use
   ○ Diabetes ○ Motor vehicle accidents ○ Underage alcohol use
   ○ Domestic violence ○ Overweight/obesity ○ Work related accidents/injuries
   ○ Heart disease ○ Recreation related accidents/injuries ○ Other __________________________

3. Select the three items below that you believe are most important for a healthy community: (Select ONLY 3 that apply)
   ○ Access to health care and other services ○ Low crime/safe neighborhoods
   ○ Affordable housing ○ Low death and disease rates
   ○ Arts and cultural events ○ Low level of domestic violence
   ○ Clean environment ○ Parks and recreation
   ○ Community involvement ○ Religious or spiritual values
   ○ Good jobs and a healthy economy ○ Strong family life
   ○ Good schools ○ Tolerance for diversity
   ○ Healthy behaviors and lifestyles ○ Other __________________________

4. How do you rate your knowledge of the health services that are available at Missouri River Medical Center?
   ○ Excellent ○ Good ○ Fair ○ Poor
5. How do you learn about the health services available in our community? (Select all that apply)
- Friends/family
- Health care provider
- Mailings/newsletter
- Newspaper
- Presentations
- Public health
- Radio
- Word of mouth/reputation
- Website/internet
- Other ________________

6. Which community health resources, other than the hospital or clinic, have you used in the last three years? (Select all that apply)
- Chiropractor
- Dental
- Foot-care clinic
- Hospice
- Mental health
- Non-hospital based PT
- Pharmacy
- Senior Center
- Other ________________
- Public health
- Tele-cardiology
- Tele-mental health
- Tele-ER
- Transportation assistance
- Other ________________

7. In your opinion, what would improve our community’s access to health care? (Select all that apply)
- Child care during parent visit
- Cultural sensitivity
- Decreased insurance copays
- Greater health education services
- Improved quality of care
- Interpreter services
- More primary care providers
- More specialists
- Outpatient services expanded hours
- Tele-cardiology
- Tele-mental health
- Tele-ER
- Transportation assistance
- Other ________________

8. If any of the following classes/programs were made available to the Fort Benton community, which would you be most interested in attending?
- Alcohol/substance abuse counseling
- Alzheimer’s education
- Cancer education
- Diabetes management
- First aid/CPR
- Fitness
- Grief counseling
- Health and wellness
- Heart disease
- Living will
- Men’s health
- Mental health
- Nutrition
- Parenting
- Prenatal
- Smoking cessation
- Support groups
- Weight loss
- Women’s health
- Youth mental health
- Other ________________

9. How important are local health care providers and services (i.e.: hospitals, clinics, nursing homes, ambulance, assisted living, etc.) to the economic well-being of the area?
- Very important
- Important
- Not important
- Don’t know

10. In the past three years, was there a time when you or a member of your household thought you needed health care 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 health care services? (Select ONLY 3 that apply)
   - Could not get an appointment
   - Could not get off work
   - Didn't know where to go
   - Don't like doctors
   - Had no one to care for the children
   - It costs too much
   - It was too far to go
   - Language barrier
   - My insurance didn't cover it
   - No insurance
   - Not treated with respect
   - Office wasn't open when I could go
   - Too long to wait for an appointment
   - Too nervous or afraid
   - Transportation problems
   - Unsure if services were available
   - Other ________________

12. Which of the following preventative services have you used in the past year? (Select all that apply)
   - Children's checkup/Well baby
   - Cholesterol check
   - Colonoscopy
   - Flu shot
   - Health fair/screenings
   - Immunizations
   - Mammography
   - Pap smear
   - Prostate (PSA)
   - Routine blood pressure check
   - Routine health checkup
   - None
   - Other ________________

13. 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 #16)

14. If yes, which hospital does your household use the MOST for hospital care? (Please select only ONE)
   - Missouri River Medical Center - Fort Benton
   - Benefis - Great Falls
   - Great Falls Clinic - Great Falls
   - St. Patrick Hospital - Missoula
   - Community Medical Center - Missoula
   - Fort Harrison VA - Helena
   - St. Peter Hospital - Helena
   - St. Vincent Healthcare - Billings
   - Billings Clinic - Billings
   - Liberty Medical Center - Chester
   - Northern Montana Hospital - Havre
   - Other ________________

15. Thinking about the hospital you have used most frequently, what were the three most important reasons for selecting that hospital? (Select ONLY 3 that apply)
   - Cost of care
   - Closest to home
   - Closest to work
   - Emergency, no choice
   - Hospital's reputation for quality
   - Prior experience with hospital
   - Recommended by family or friends
   - Referred by provider
   - Required by insurance plan
   - VA/Military requirement
   - Other ________________
16. In the past three years, have you or a household member seen a primary health care provider, such as a family physician, physician assistant or nurse practitioner for health care services?
   ○ Yes  ○ No  (If no, skip to question #19)

17. Where was that primary health care provider located? (Please select only ONE)
   ○ Fort Benton  ○ Chester  ○ Other______________
   ○ Big Sandy  ○ Great Falls
   ○ Billings  ○ Havre

18. 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 Services  ○ VA/Military requirement
   ○ Length of waiting room time  ○ Other______________

19. Over the past month, how often have you had physical activity for at least 20 minutes?
   ○ Daily  ○ 3-5 times per month
   ○ 2-4 times per week  ○ 1-2 times per month  ○ No physical activity

20. Has cost prohibited you from getting a prescription or taking your medication regularly?
   ○ Yes  ○ No

21. 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

22. In the past three years, have you or a household member seen a health care specialist (other than your primary care provider/family doctor) for health care services?
   ○ Yes  ○ No  (If no, skip to question #25)

23. Where was the health care specialist seen? (Select all that apply)
   ○ Fort Benton  ○ Havre  ○ Missoula
   ○ Billings  ○ Helena  ○ Other______________
   ○ Great Falls  ○ Kalispell
24. What type of health care specialist was seen? (Select all that apply)

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

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

<table>
<thead>
<tr>
<th>Service</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>D/K</th>
</tr>
</thead>
<tbody>
<tr>
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<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>DK</td>
</tr>
<tr>
<td>Assisted living</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>DK</td>
</tr>
<tr>
<td>Beaton Medical Center Clinic</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>DK</td>
</tr>
<tr>
<td>Community health worker</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>DK</td>
</tr>
<tr>
<td>Emergency room</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>DK</td>
</tr>
<tr>
<td>Home health care</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>DK</td>
</tr>
<tr>
<td>Hospital</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>DK</td>
</tr>
<tr>
<td>Laboratory</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>DK</td>
</tr>
<tr>
<td>Mammography</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>DK</td>
</tr>
<tr>
<td>Nursing home</td>
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<td>3</td>
<td>2</td>
<td>1</td>
<td>DK</td>
</tr>
<tr>
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<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>DK</td>
</tr>
<tr>
<td>Occupational therapy/speech therapy</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>DK</td>
</tr>
<tr>
<td>Radiology</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>DK</td>
</tr>
<tr>
<td>Telemedicine</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>DK</td>
</tr>
</tbody>
</table>

(*) Ambulance services are not provided by MRMC

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

- Acupuncture
- Dermatology
- Pediatric services
- OB/GYN
- Tele-mental health
- Cancer care
- Massage therapy
- Tele-cardiology
- Tele-ER
- Other _________________
- Diabetic counseling
- Home health
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 health care costs?
   ○ Excellent       ○ Good        ○ Fair     ○ Poor

29. If you do NOT have medical insurance, why? (Select all that apply)
   ○ Cannot afford to pay for medical insurance
   ○ Employer does not offer insurance
   ○ Other ________________

30. Are you aware of programs that help people pay for health care expenses?
   ○ Yes, and I use them   ○ Yes, but I do not qualify   ○ No       ○ Not sure

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

31. Where do you currently live, by zip code?
   ○ 59442 Fort Benton      ○ 59450 Highwood
   ○ 59446 Geraldine        ○ 59460 Loma
   ○ 59420 Carter

32. What is your gender?  ○ Male   ○ Female

33. What age range represents you?
   ○ 18-25      ○ 26-35     ○ 36-45     ○ 46-55   ○ 56-65   ○ 66-75   ○ 76-85   ○ 86+

34. What is your employment status?
   ○ Work full time       ○ Student      ○ Not currently seeking employment
   ○ Work part time       ○ Collect disability ○ Other ________________
   ○ Retired             ○ Unemployed, but looking

Please return in the postage paid envelope enclosed with this survey or mail to:
The National Rural Health Resource Center, 600 East Superior Street, Suite 404 Duluth MN 55802
THANK YOU VERY MUCH FOR YOUR TIME
Please note that all information will remain confidential.
Appendix E – Responses to Other and Comments

2. In the following list, what do you think are the three most serious health concerns in our community?
   – Immune system disorders
   – Gallbladder disease
   – Suicide
   – Lack of nutritional education
   – No health insurance
   – I do not have cancer but so many others do
   – Aging community
   – Old age

3. Select the three items below that you believe are most important for a healthy community:
   – Access to a good gym with flexible hours and adequate facilities. The one in town is too small. If there are 3 people there it is too crowded.

5. How do you learn about the health services available in our community?
   – Employee
   – Word of mouth – substandard care
   – Work at MRMC [Missouri River Medical Center]
   – Personal experience

6. Which community health resources, other than the hospital or clinic, have you used in the last three years?
   – Eye doctor (2)
   – Physical Therapy at the hospital
   – Health fairs
   – Health club – The Peak in Great Falls, MT and exercises for seniors
   – Neurology
   – Audiologist as a result of local health screening, heart testing, and MRI

7. In your opinion, what would improve our community’s access to healthcare?
   – I am young and can easily access care
   – More clinic hours so folks do not have to use the ER
   – Dermatologist
   – Longer weekend services
   – We have a good system
   – Transportation to anywhere but Fort Benton or any Benefis-operated healthcare facility
   – An M.D.
   – Lower costs
   – Affordable insurance
8. If any of the following classes/programs were made available to the Fort Benton community, which would you be most interested in attending?
   - Information on access of organic and non-GMO [Genetically Modified Organisms] food
   - I am involved in the cancer support group

11. What were the three most important reasons why you did not receive healthcare services?
   - Just put it off, thinking it would go away
   - Did not feel confident in the caregivers
   - Lacks alternative healthcare services, preventative lifestyle and forward solutions and treatments
   - Not needed
   - Not sure of competent specialized care
   - Too high of a deductible (2)
   - Usually I’m told I don’t need an antibiotic and to just get rest, etc.

14. Which hospital does your household use the MOST for hospital care?
   - Mountain View Hospital in Idaho Falls, ID
   - VA [Veteran Affairs] in Great Falls
   - Great Falls surgery center
   - Mt. dermatology
   - Helena

15. Thinking about the hospital you have used most frequently, what were the three most important reasons for selecting that hospital?
   - Full service
   - Surgical procedure
   - Has full range of care
   - Doctor availability

17. Where was that primary healthcare provider located?
   - The Geraldine Clinic needs to be replaced
   - Malmstrom Air Force Base

18. Why did you select the primary care provider you are currently seeing?
   - Has been my doctor for 15 years
   - Close to work place
   - Availability of surgeon
   - Specialized physicians
   - Her skill as a provider. Even if she is not able to treat the condition, she will connect me with the appropriate services.
   - Availability
   - Good to follow up on lab work connected with blood testing for diabetes A/C and blood thinner
   - Because we love Angel [Nurse Practitioner at MRMC]
   - Regular physician
Question 18 Continued…
- Does not use pharmaceuticals
- Closest to work
- You can pick your provider
- Liked the provider
- Like the treatment
- With the same provider for 20+ years
- Started in Ft. Benton then followed my provider to Big Sandy when he moved
- Always in Great Falls

23. Where was the healthcare specialist seen?
- Sidney
- The doctors and nurses in Fort Benton are very honest to recommend a specialist to see so you receive further assistance
- Conrad
- Fort Harrison [VA in Helena]
- Spokane, WA
- Arizona

24. What type of healthcare specialist was seen?
- Nephrologist
- Sleep medicine
- Vein specialist
- Sports medicine
- Foot/ankle
- Pain specialist in Great Falls. I got a shot in the knee
- Optometrist
- Diabetic/kidney specialist
- Pain management (2)

26. What additional healthcare services would you use if available locally?
- I go to Great Falls for cancer care
- Adult daycare
- Work with neuropathy side effects of my diabetes

27. What type of medical insurance covers the majority of your household’s medical expenses?
- Humana
- GEHA – Federal Government
- Tri-care
- Medicare supplement
- BCBS [Blue Cross Blue Shield] (2)
29. **If you do NOT have medical insurance, why?**
   - Especially will not be able to afford coverage with ObamaCare [Affordable Care Act]

31. **Where do you currently live, by zip code?**
   - Moved to Great Falls (2)

34. **What is your employment status?**
   - Rancher
   - Stay-at-home-mom
   - Disabled
   - Self-employed

**Additional Comments:**
- I would like to see an Out-care center in Geraldine. It was used a lot before they shut it down. I do not think the hospital cares for the needs of the Geraldine community. We have a lot of older people and school children who find it very hard to get to Fort Benton. To find rides and the cost of gas.
- Personal care in our small town is outstanding. It is not unusual to receive a phone call reporting lab results. We are truly lucky not to have to wait a long period of time when you are anxious to hear results.
Appendix F – Focus Group Questions

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

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

2. What do you think are the most important local healthcare issues? (Probe question: What do you think are the biggest issues facing local healthcare services?)

3. We are now going to ask you for your views about the hospital. What do you think of the hospital in terms of:
   - Quality of care
   - Number of services
   - Hospital staff (style of care, competence)
   - Hospital board and leadership (good leaders, trustworthy)
   - Business office
   - Condition of facility and equipment
   - Financial health of the hospital
   - Cost
   - Office/clinic staff
   - Availability

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

5. What do you think about these local services:
   - Emergency Room
   - Ambulance service
   - Healthcare services for Senior Citizens
   - Public/County Health Department
   - Healthcare services for low-income individuals/families
   - Nursing Home/Assisted Living Facility
   - Pharmacy

6. Why might people leave the community for healthcare?

7. What other healthcare services are needed in the community?
Appendix G – Focus Group Notes & Key Informant Interview Notes

Focus Group #1
Tuesday, January 14, 2014 – 11am-12pm – Missouri River Medical Center – Fort Benton, MT
8 people (5 male, 3 female)

1. What would make this community a healthier place to live?
   - I didn’t know we were unhealthy.
   - Schools spread illnesses quickly. By the time a kid hits senior year he should be immune to everything.
   - I would like to see better sidewalks that are consistent all the way through town and are wheelchair-accessible.
   - Maybe a bike path. The walking trail is used just for that purpose by the river but you still have to walk to the bank or post office and that could be a possible fall without well-maintained sidewalks.
   - Young suicides are quite high for our small community. I don’t know what you could do to help that but addressing mental health would make Fort Benton a much healthier place.
   - Public transportation to Great Falls and around town.
     - The town used to have a van but insurance was an issue. It was community-owned but the hospital had to take it over because of the insurance costs. The van isn’t used very often because it has a route at certain times and people don’t like to wait and waste an entire day waiting on the van.
     - In response to waiting times and travel, the hospital is going to try to take advantage of the technology that is available such as Tele-Mental Health. We [Missouri River Medical Center (MRMC)] are one of three hospitals in the state that are doing that. Also, Tele-ER, and the transition of records between us [MRMC] and other health agencies like Benefis in Great Falls. Leveraging technology will help keep us [MRMC] competitive.

2. What do you think are the most important local healthcare issues?
   - Suicide.
   - Mental health is the biggest thing. If someone is mentally healthy they can keep themselves physically healthy. When the mental health institutions lost federal funding the people had nowhere to go and mental illness is very serious.
   - We are getting older here in Fort Benton. We [Fort Benton] have gone from a Class B school to a Class C school so there aren’t a whole lot of younger families here.
   - As a general rule, the U.S. population is getting older. I’m not downgrading this facility but primary care in facilities like this is important so you don’t have to drive forty miles to receive care.
     - Travel causes us [Fort Benton] to lose older people too because they’ll move to Great Falls to be closer to healthcare services they need.
     - MRMC has a cardiologist come in once a month. Would community members be interested in seeing more of those types of services? Travelling specialists?
- I’m not totally aware of all that is offered [at MRMC]. I use services as I need them. Even though I don’t know all that is offered, it is great to have those services locally so I don’t have to drive.
  - Is it more of an issue that people don’t know about the services available rather than being dissatisfied with the services?
    - Absolutely.
- When you are sent to Benefis for a specific test, it is hard to get people to come back to use the local healthcare services.
- I had a DEXA scan which comes in twice a month and I only waited a week and a half.
- As our population grows older, our facility needs to be on top of it to make sure services are utilized. Make sure someone monitors what is effective and what isn’t.

3. What do you think of the hospital in terms of:
   Quality of Care
   - Quality of care is very good.
   - I mostly see the Emergency Room (ER) and it’s been great. You can’t beat the ER.
   - I knew someone in the hospital recently and they did a great job with her.

   Number of Services
   - I’m happy with the number of services.
   - I don’t know what the numbers of services are. I know about the ER, primary care givers, and the CT scan but as a community member I don’t know all the services that are available. I think that is a lack of promotion on behalf of the hospital. They [MRMC] need to toot their own horn once in a while.
   - If you come here [MRMC] first, they do what they can for you then send you to Great Falls if they have to. I know people in the community who have been sent to Great Falls from here as needed.
     - I know one lady who came to MRMC and they wanted to transfer her to Great Falls. Her husband would be unable to travel so she refused to go to Great Falls and stayed at MRMC. They took excellent care of her here; they really strive to make you comfortable.

   Hospital Staff
   - I work with the hospital staff and they’re very caring and compassionate. I’ve had compassionate CNA’s sitting and crying with patients that are dying. They really care about their patients.

   Hospital Board and Leadership
   - I have no clue. (2)
   - I don’t even know who’s on the board.
   - They’re all competent people.
   - They seem like nice folks.
Business Office
- Prompt.
- Billing is confusing; you may receive four different bills even if you only see one doctor.

Condition of Facility and Equipment
- Old.
- They [MRMC] do the best they can with the equipment but upgrading equipment is expensive. They try to upgrade as much as possible. People here in Fort Benton don’t expect to have the fanciest equipment, they just want the basics.
- What is our hospital’s long-term business plan? Will it be more like a nursing home with urgent care? Or a regional hospital with all necessary services?
  - It depends. Is the nursing home a valuable resource? Is primary care valued? As long as the community supports the services, MRMC will continue to offer them in the future.
  - As a community member, they’ve been talking about either remodeling or building a new facility. As a community member, we’d like to know the long-term plan for the hospital from the board rather than hearing rumors.
    - MRMC is just now finishing a feasibility study for improving the facility. There is a meeting later tonight to discuss it.

Financial Health of the Hospital (not discussed)

Cost
- Anywhere you go, cost is ridiculous. You can’t afford to get sick. That’s the price we pay I guess.

Office/Clinic Staff
- The front office is great. It’s a small town, staff knows everybody and that makes a huge difference.
- A man visiting from Georgia had to go to the hospital and there was no problem. Billing and checking-out was no issue.

Availability
- They [MRMC] are always available.
- Does availability include preventative things like the health fair? The health fair is huge for our community; it is a joint county and hospital event.
  - The health fair is always very well-attended. This year, there were over 300 participants at the health fair. Fort Benton has a population of about 1,500 and there are about 3,000 people in the area. Geraldine and Big Sandy have their own health fairs.

4. Are any of the local providers your personal provider or personal provider to your family members? Why?
   - For convenience for me and my family so we don’t have to drive round-trip.
   - I like the personal care, they know you and you know them. It works.
- Convenience.
- Sometimes I feel bad for them [local providers] because they can’t go anywhere without being asked health questions.

5. What do you think about these local services:

   Emergency Room
   - My visit to the ER was a positive experience for me.
   - I love the ER. I have a teenage son who is a high-utilizer and they’ve been great to him.

   Ambulance Service
   - I think for a rural county we have an excellent ambulance service. There is one out of Geraldine, Big Sandy, and Fort Benton. There are also QRUs [Quick Response Units] scattered around the county. A QRU is when trained people will jump in their own cars and respond to issues. There are six [QRU’s] in the county. All volunteer.

   Healthcare Services for Senior Citizens
   - The nursing home is great!
   - Transportation for elders to get them to Great Falls would be helpful. Unless you’re a hospital patient, you can’t use the hospital van.
   - We have a great Meals-on-Wheels program. People use it for temporary things like a broken leg or long-term. Meals-on-Wheels is important because workers can periodically check up on participants.

   Public/County Health Department
   - Phenomenal, friendly, knowledgeable.
   - I think they do a very good job.
   - They do great work especially on the child- and adult-protective side of things. They [public health] distribute them to Havre or Great Falls. It helps free-up law enforcement because someone is immediately there to help calm the individual before they are placed. At the state level, there have been [funding] cutbacks so they have had to restructure so there’s a bit more lag-time and they no longer work nights and weekends so law enforcement picks up that slack. Losing that funding for this area has been a challenge.
   - From the adult-protective point of view, we’ve had positive interactions with public health to help make the process easier.

   Healthcare Services for Low-Income Individuals/Families
   - I don’t know a thing about it [services for low-income].
   - I think they [low-income] get served.
   - I think they come in to emergency services when they need care. They probably aren’t aware of the services available to them.
   - I would like to know how ObamaCare [Affordable Care Act] will affect insurance for low-income people, especially since Medicaid expansion wasn’t passed in Montana.
     - Charity care and other options are still available.
- The hospital has worked well with lower income families that need financial assistance or help with bills.

Nursing Home/Assisted Living Facility
- The nursing home is very much needed in this community! I can’t stress that enough.
- We have both a nursing home and assisted living at MRMC.
- Some people have transitioned from the assisted living to the nursing home and it works great.
- It may be hard to get people to agree to live there [nursing home] but once they’re in, they like it.
- There was another assisted living place in Fort Benton about six or seven years ago. It was an independent house with four or five bedrooms but that was only open for a couple years.

Pharmacy
- There is a pharmacy in the hospital and one downtown.
- I use the pharmacy. I think it works great.
- The pharmacy seems to work because you can pick up a starter of your medication if it’s a weekend to last you until the pharmacy is open on Monday morning.
- The hospital has an in-house pharmacy because it owns its own medicine in case of heart attacks, etc. The hospital must be prepared for any situation, which is why costs are so high.
  - If people were educated about what is done at the hospital and why costs are so expensive, they would be more understanding.

6. Why might people leave the community for healthcare?
- Lose them to specialists.
- Quicker. I can get a service sooner than a travelling provider comes in a month from now.
- The small town thing. Confidentiality or privacy may be an issue with everyone knowing everybody.

7. What other healthcare services are needed in the community?
- MRMC already offer so many services. They [MRMC] have lots of preventative care.
  - This hospital offers a lot of preventative and community programs.
- Additional specialty services.
  - Visiting physicians or telemedicine are viable options.
- If you come here [MRMC] and have a test done, they may send you to Great Falls to get the results.
- Dermatology would be nice to have here. There is a 90-day backlog in Great Falls.
  - MRMC is looking at Dermatology via telemedicine as well as other specialties.
- Mental health services are needed everywhere, not just here in Fort Benton. Our closest psych facility is Warm Springs which is the only facility in the entire state of Montana. District court judges have to order admittance if it isn’t voluntary. We have a few crisis centers around the state but admitted people have to go to Warm Springs.
- Mental health conditions are broad. Some of the most common are bipolar, schizophrenia, personality disorders, and depression.
- I think it would save a lot of money if state mental institutions were revamped and reopened. Montana had six in the state.
- I heard Warm Springs was closed to new admittances for a couple weeks.
- I would like to see routine OB [obstetrics] care, especially in the winter so mothers don’t need to travel during bad road conditions.
- MRMC probably won’t be doing surgery and OB again because a state-of-the-art facility is available forty-five minutes away in Great Falls.
- How does MRMC do pediatric-wise?
  - Practitioners work really well with pediatrics and children.
- There seems to be a lot of cancer in this community. I don’t know what you can do for that but it seems to come up a lot in Fort Benton.
- Home health is needed.
- The nursing home is greatly needed here in this community!
- Local dental services are decreasing because of losing staff that retire, etc. The dentist is part of MRMC’s medical staff. The hospital has not looked at employing one. Sometimes Critical Access Hospitals (CAHs) do bring dental into their hospitals.
  - Optometry is the same sort of case. The optometrist rents from MRMC but is not affiliated with the hospital.
- Transporting elderly people back and forth to Great Falls on a weekly basis for appointments is tough for them. It seems more efficient to bring a travelling physician up here to see several patients at a time.

Additional Comments:
- Are there younger staff coming in to work at the hospital? It is difficult keeping younger families here because of finances. Does the hospital pay adequate wages for young families to remain in this community?
  - The Montana Hospital Association (MHA) creates a report each year that analyzes wages earned. MRMC ranks well. It is very hard to find some staff in specialty areas. MRMC has been very fortunate and have recruited physical therapists and a nurse practitioner this year. It helps that Fort Benton is a nice town so staff lives here. In the past, community members did not like if staff or providers worked here but did not live in the town.
  - MRMC has a group of young CNA’s and some other staff. MRMC recruits through the nursing schools.
  - The hospital participates in activities with career studies in the high school to show kids what it is like to work in healthcare.
  - MRMC also has a CNA program for students that often introduce them to careers in nursing or other healthcare fields.
1. What would make this community a healthier place to live?
   - Having home health would help. We are lacking that right now. No one has home health in Fort Benton.
   - My dad passed away a number of years ago. At that time, there was excellent home health. When my husband was bed-ridden I figured that home health still existed here in Fort Benton but no such service is around anymore.
   - There is a shortage of nurses at the hospital. I don’t know why.
   - Better sidewalks are needed.
     - Plus, good repairs of sidewalks.

2. What do you think are the most important local healthcare issues?
   - Availability of medical staff. We have doctors and such but not many nurses and no home health person.
   - This is a retirement community so there are lots of older people here and so services for older populations are important.
   - We want to keep the hospital, we need that.
   - One lady has to go up to the clinic to get taken care of. Home health could do a lot of that care instead.
     - Is home health funded by the government?
     - In some places they make it a priority to keep people in their homes.
     - There are some issues with fraud in home health.
     - Some people who would want to move here can’t because health services are not available for older adults in their home. The senior center can’t hire someone to provide those services either.

3. What do you think of the hospital in terms of:
   Quality of Care
     - In my experience, when I was in the hospital it was very good. But there have been other instances where it has not been good.
     - My husband was in there twenty-seven years ago and it was very good.
     - Recently, my husband was in Fort Benton’s hospital and they did not change his bedding, brush his teeth, and did not give him a clean gown. I cannot say enough nice things about Benefis in Great Falls. Those nurses [in Great Falls] answered our questions with a smile, not a frown. Even the ER was excellent. These people in Fort Benton need to go to school to learn to treat people well. Nurses [in Fort Benton] rolled their eyes at us and that is not acceptable. People need to treat people the way they’d like to be treated.
     - The hospital is very good. We have one of the best nursing homes there is. We are not 100% perfect but no one is.

   Number of Services
     - We don’t have any good services.
Hospital Staff
- I think they spend entirely too much time sitting at the desk.
  - That depends on who is supervising and who is working.
  - Some workers never sit down until it is time to chart.
- I’ve never heard complaints about caring staff. They have some sweet people that work there.

Hospital Board and Leadership
- I don’t know who is on the board.
- One of the board members is my neighbor.
- I think they have a pretty good board; you can go talk to them.
- I know who the director is, but that’s it.
- It must be because we’re satisfied with what we have; we don’t know who the board members are since we don’t feel a need to talk to them.
  - You should still find out who is on the board.

Business Office
- I think they do a good job.
- I have had very good help with bills from them.
- They have information about Medicare and helped me figure out paperwork. Although, there was some confusion when I went to Benefis. It would be nice to have a general idea of what I’m going to be charged for.

Condition of Facility and Equipment
- The intake area had a curtain that was not as clean as it should be.
  - Do you think it’s not clean because of a shortage of staff?
    - No, it’s because they sit at the desk too much. There is always something they could be doing.
- I think the facility is pretty good, they try to keep updating.
- They [Missouri River Medical Center (MRMC)] have been doing a feasibility study about remodeling or building a new facility.
- They [MRMC] do the best with what they have; they can’t keep up with the big fancy hospitals.
- We don’t need a new hospital, we just need the basics. We need an ER, a doctor available twenty-four hours, and that’s it. What is the point of having tons of services when Great Falls is forty miles up the road?

Financial Health of the Hospital
- From what I read in the paper, it sounds like it [the financial health of the hospital] is better than it used to be.

Cost
- Cost is going through the roof.
  - It’s not just here, you go to any hospital and health is going to cost you.
- The nursing home costs are pretty competitive and cost less than Great Falls.
- I know the hospital has to break even and be able to pay their expenses.
Office/Clinic Staff
- I think they do well.
- They are very nice when they check people in.

Availability
- Well you don’t sit five hours to get into the ER here like you do in Great Falls.
- One of the doctors is grumpy about waking up at night to come into the ER.
- I know someone who fell on a Wednesday and called for an appointment and they thought they could get her in on Friday. You don’t tell someone to come in two days after they have a fall and get injured. That is frustrating. I found this very annoying.
- I was lucky; I walked right in and got in without an appointment.

4. Are any of the local providers your personal provider or personal provider to your family members? Why?
   - I use local providers as much as I can.
   - That’s a given that our whole little town needs to use the hospital in order to keep it open.

5. What do you think about these local services:
   Emergency Room
   - I think they respond very well.
   - I was sure impressed. I was like “wow” they dropped everything and just ran to help.
   - I’ve had great experiences.

Ambulance Service
- Very good.

Healthcare Services for Senior Citizens
- We need home health.
  - Home health is something we do need. We used to have it and don’t have it anymore.

Public/County Health Department
- I wanted to go to the health department to get a shingles shot and they said they don’t do them anymore. At one time, they offered it.

Healthcare Services for Low-Income Individuals/Families
- If you need to go to the doctor, you can get in no matter if you have trouble paying or not. It doesn’t matter the amount of funds you have.

Nursing Home/Assisted Living Facility
- We have a waiting list at the assisted living right now. Assisted living residents can participate in the nursing home activities at any time.
Pharmacy
- The pharmacist is very good.
- Super good.
- They are helpful. The other day, they told me I could fill prescriptions for thirty days instead of ninety days to stay out of the ‘donut hole.’
- The pharmacist is very helpful to pharmacy students. He’ll bend over backwards to help them.
- If you don’t pick-up your medication, the pharmacist will take medicine home with him so he can deliver directly to you when he knows you need it.
- The pharmacist is very good.
- The pharmacist sponsors one of the bowling teams.

6. Why might people leave the community for healthcare?
   - For specialty services.
   - If you have cancer or something, or a real bad heart condition, you’ve got to go to Great Falls.

7. What other healthcare services are needed in the community?
   - There are no mental health services available in Fort Benton. No addiction counseling or anything.
   - How would we go about getting mental health?
     - Tele-Mental Health is an option the hospital is working hard on offering.
     - The hospital is looking at other services to use technology to meet those needs.
     - My suggestion on mental health is to get a travelling person who can offer group therapy. You’re not going to be able to get a full-time psychologist here.

Additional Comments:
- I think we have a great hospital here. I am a CNA teacher and I went to Conrad a couple times and they had a terrific nursing home and hospital but now they are having problems. Our nursing home in Fort Benton does a great job and beats out many other hospitals and nursing homes in the state.
- I think we’re blessed to have physical therapy here.
  - That’s a plus for me.
  - The physical therapist is such a nice man. He is so helpful and kind to everyone. The other day, he helped me because my car doors were frozen shut.
Key Informant Interview #1
Wednesday, January 15, 2014 – 10am-10:10am – Via Phone Call

1. What would make your community a healthier place to live?
   - I think that from my standpoint I have seen a lack of outreach as far as keeping
     patients updated at home. Home healthcare is something that could be expanded upon.
   - It seems like extended care is always full.
   - We have wonderful physical therapy here.
   - The hospital seems to work well with the pharmacy.
   - The ER is always a problem. There have been some issues with the hospital’s
     response to the emergency responders. There seems to be a lack of respect – I am
     concerned with the lack of respect between the emergency responders and the
     emergency room personnel.

2. What do you think are the most important local healthcare issues?
   - Receiving care in a timely fashion – having things done timely.
   - There needs to be more outreach to special needs folks and determining long-term help
     for them (home health).
   - I think that families are well taken care of, but our elderly and special needs
     population – because of HIPAA [the Health Insurance Portability and Accountability
     Act] – it can be hard to keep in contact with those folks.

3. What other healthcare services are needed in the community?
   - There is always going to be a need to fill our volunteer ambulances. There are several
     services in town and that is a great need.
     - It seems that the hospital doesn’t actively help in that role [ambulance service].
       And again, there is the issue of a lack of respect for the emergency responders.
       I have heard tales from ambulance personnel that they have been made fun of
       and that is unacceptable considering the work that they do. The hospital
       personnel need to understand what it is like to be in an emergency response
       situation. There needs to be a healthy dose of respect – I don’t know if that is a
       morale/respect issue or if it is an issue from those that are in charge.
     - The hospital does a good job but there is a respect issue.

Key Informant Interview #2
Wednesday, January 15, 2014 – 1:20pm-1:30pm – Via Phone Call

1. What would make your community a healthier place to live?
   - We need updated facilities - hospital, nursing home, and clinic. In turn, that might
     bring in more skilled providers. When you have new graduates who have a choice of
     where they want to go, it seems that they tend to choose facilities with more updated
     equipment. I think that, from time to time, we have had trouble getting nurses here. So
     [having an updated facility] would help to bring more skilled healthcare professionals
     to the community.
2. What do you think are the most important local healthcare issues?
   - Access to health is a big issue. I think that, as much bad publicity as the Affordable Care Act has gotten, the principle behind it will get more people to get healthcare. I think access is very important to this community. We are still 50-60 minutes from Great Falls to see another doctor.

3. What other healthcare services are needed in the community?
   - We’ve got it pretty good up here [in Fort Benton]. Again, I think that if we had better facilities, then we could get more providers.
   - Partnership between all of the healthcare providers in the community. They could use more innovation in outreach to patients through other communication methods like text messaging. It would be good to focus on increasing efficiency so that providers are not wasting time.

Key Informant Interview #3
Friday, January 17, 2014 – 9am-9:10am – Via Phone Call

1. What would make your community a healthier place to live?
   - The provision of healthcare in town and access to it is reasonable. I think it is realistic given the small rural community that we live in. But, at the same time, it would be nice if there were more accessible options in terms of healthcare available through the medical facilities and clinics available to us.

2. What do you think are the most important local healthcare issues?
   - I would be curious to know the per-capita numbers or statistics regarding numbers of people here who have cancer. I believe there is a historical tie to agricultural chemical use and the environment. To me, as clean as things appear to be and as removed as we seem to be from industrial chemicals, I think that we are smack in the middle of it. There are very few people who farm here without using a massive amount of industrial chemicals and I can’t help but imagine that there is a correlation [between use of agricultural chemicals and adverse health outcomes] there.

3. What other healthcare services are needed in the community?
   - I am not much of a consumer of healthcare at the moment, so it is difficult for me to know precisely what is available. I am one to say that I believe we should have a universal healthcare system in the United States and that would put more emphasis on issues more related to wellness as opposed to just reacting to illness.
     - I think that the community addresses that [prevention] to some extent with its annual health fair, but it would be nice if there was more consistency in the offerings.
   - I guess my expectations are not particularly high for a small rural community – I am not expecting the greatest services and access to everything. I am looking for a reasonable amount of services at not too high a cost and honestly, I think the facility is doing a good job.
1. What would make your community a healthier place to live?
   - More fitness.
   - Education on eating right. I think we have a lot of families in the community who are raising children and who could be made more aware of nutrition. I think the main thing is awareness. I do not even know if many of these people would partake in this, but if there was a free clinic and people participated, then I think it would be huge for the community. Even seniors could use it to better themselves.

2. What do you think are the most important local healthcare issues?
   - I think prevention is huge.
   - We live in a farming community and there is a lot of exposure to chemicals so I think we have a big problem with cancer, which I think stems from the use of agricultural chemicals that are in the air.
   - Weight and obesity is a big health concern here. There is a need for fitness and staying in shape and more awareness of how to take care of yourself. I think that people need to be doing preventative measures and getting annual tests to try to jump on things before they get out of control.
     - We live away from bigger areas from society, so we tend to think we are excluded from illness and we do not necessarily take the preventative measures needed. There seems to be an attitude of ‘if we just ignore it, it will eventually go away’.
   - We live 70 miles from Great Falls, so for an annual exam, it is too much of a pain to go take care of yourself. So it would be nice if the facility could plan for a day or a week where people could come in and get physicals [without having to travel].
     - We have the health fair, which is great, but I think that people are also more private about it (if they are overweight) and a huge auditorium or gymnasium may be uncomfortable for them. If there could be something more private, then that would be good.

3. What other healthcare services are needed in the community?
   - We lost our clinic, which was a big thing for everyone here. It was understandable that they had to drop it due to the financial situation. But, if they did bring the clinic back, then again it is a privacy issue. They had brought in a local gal to take blood pressure and so on and when people know you personally then they feel that they do not have privacy. It would be wonderful if there could be a clinic that was open just once a week and where they could do blood pressure checks for the elderly. But if the hospital does do that, then the staff hired should not be associated with our small town.
   - We have physical therapy (PT) that comes twice a week, which is really nice because then people do not have to travel. I am not sure if the PT is through Missouri River Medical Center or just through the PT that is on its own in Fort Benton. It is a great service – there are a lot of people with hip and knee replacements who are over 70 who do not want to drive, so having the PT locally is huge.
1. What would make your community a healthier place to live?
   - I think we need more educators – like diabetic educators. I think that nutrition education would be a huge benefit as well. I think we are fortunate that we have healthy walkways around the community for the most part, but we need to try to build on that and get people to be more active.

2. What do you think are the most important local healthcare issues?
   - Obesity, heart disease, and mental health issues. There is definitely tobacco abuse and/or substance abuse – I think there’s a lot of drinking in the community too. Definitely diabetes as well.

3. What other healthcare services are needed in the community?
   - Having a diabetic educator would be fantastic, as well as a nutrition educator who is affordable and available. Mental health services are needed too.
# Appendix H – Secondary Data

## County Profile

Chouteau County

Secondary Data Analysis  
September 26, 2012

### Leading Causes of Death

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<thead>
<tr>
<th>County</th>
<th>Montana</th>
<th>Nation</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Heart Disease</td>
<td>2. Heart Disease</td>
<td>2. Cancer</td>
</tr>
<tr>
<td>3. CLRD*</td>
<td>3. CLRD*</td>
<td>3. CLRD*</td>
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*Community Health Data, MT Dept of Health and Human Services (2010)  
*Center for Disease Control and Prevention (CDC), National Vital Statistics (2013)  
*Chronic Lower Respiratory Disease

### Chronic Disease Burden

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<tr>
<th>Region 2</th>
<th>Montana</th>
<th>Nation(^{1,4})</th>
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<tbody>
<tr>
<td>Stroke prevalence</td>
<td>2.9%</td>
<td>2.5%</td>
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<tr>
<td>Diabetes prevalence</td>
<td>7.5%</td>
<td>6.2%</td>
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<tr>
<td>Acute Myocardial Infarction prevalence (Heart Attack)</td>
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<tr>
<td>All Sites Cancer</td>
<td>461.9</td>
<td>455.5</td>
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*Community Health Data, MT Dept of Health and Human Services (2010)  
*Center for Disease Control and Prevention (CDC) (2012)  
*American Diabetes Association (2012)

### Chronic Disease Hospitalization Rates

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<tr>
<th>Stroke Per 100,000 population(^4)</th>
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<td>180.2</td>
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<td>182.2</td>
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<table>
<thead>
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<th>Diabetes Per 100,000 population(^4)</th>
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<tr>
<td>85.4</td>
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<td>115.4</td>
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<table>
<thead>
<tr>
<th>Myocardial Infarction (Heart Attack) Per 100,000 population(^4)</th>
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<td>102.4</td>
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<td>147.3</td>
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*Community Health Data, MT Dept of Health and Human Services (2010)

### Demographic Measure (%)

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<td>Gender(^3)</td>
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<td>Female</td>
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<tr>
<td>50.1%</td>
<td>49.9%</td>
<td>50.1%</td>
<td>49.9%</td>
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<td>Race/Ethnic Distribution(^3)</td>
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<td>Other</td>
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<td>82.1%</td>
<td>91.5%</td>
<td>17.4%</td>
<td>6.8%</td>
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*Community Health Data, MT Dept of Health and Human Services (2010)  
*County Health Ranking, Robert Wood Johnson Foundation (2011)  
*Black, Asian/Pacific Islanders, Hispanic & Non-Hispanic Ancestry  
*US Census Bureau (2010)  
*Not relevant
Chouteau County

Secondary Data Analysis
September 26, 2012

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<th>Socioeconomic Measures ¹ (%)</th>
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<th>Montana</th>
<th>Nation²,³</th>
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<tr>
<td>Unemployment Rate</td>
<td>4.0%</td>
<td>6.3%</td>
<td>7.7%</td>
</tr>
<tr>
<td>Persons Below Poverty Level</td>
<td>20.0%</td>
<td>14.0%</td>
<td>13.8%</td>
</tr>
<tr>
<td>Uninsured Adults (Age &lt;65) ¹</td>
<td>31.3%</td>
<td>19.0%</td>
<td>18.2%</td>
</tr>
<tr>
<td>Uninsured Children (Age &lt;18)³</td>
<td>N/A</td>
<td>11.0%</td>
<td>10.0%</td>
</tr>
</tbody>
</table>

¹Community Health Data, MT Dept of Health and Human Services (2010)
²Montana Dept of Labor and Industry, Research & Analysis Bureau, Local Area Unemployment Statistics (LAUS). Non-Seasonally Adjusted Unemployment Rate. (Retrieved April 2012)
³Center for Disease Control and Prevention (CDC), Health Insurance Coverage (2011)
⁴Montana KIDS COUNT (2009)

Education Level

![Bar chart showing education levels in Chouteau County and Montana](chart)

Behavioral Health⁴,⁵,⁶

<table>
<thead>
<tr>
<th></th>
<th>County</th>
<th>Montana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Childhood Immunization Up-To-Date (UTD) % Coverage ⁷,⁸,⁹</td>
<td>81.8%</td>
<td>64.3%</td>
</tr>
<tr>
<td>Age 24-35 months, population size: 12,075 (% sampled: 35.9%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tobacco Use ¹</td>
<td>22.2% (Region 2)</td>
<td>19.3%</td>
</tr>
<tr>
<td>Alcohol Use (binge + heavy drinking)¹</td>
<td>22.0% (Region 2)</td>
<td>22.8%</td>
</tr>
<tr>
<td>Obesity ¹</td>
<td>26.3% (Region 2)</td>
<td>21.6%</td>
</tr>
<tr>
<td>Overweight ¹</td>
<td>38.3% (Region 2)</td>
<td>37.8%</td>
</tr>
<tr>
<td>No Leisure time for physical activity ¹</td>
<td>23.6% (Region 2)</td>
<td>20.7%</td>
</tr>
</tbody>
</table>

⁴Community Health Data, MT Dept of Health and Human Services (2010)
⁵Center for Disease Control and Prevention (CDC), National Vital Statistics (2011)
⁶County Childhood Immunization Coverage, MT Dept of Health and Human Services (2010-2011).

**Childhood immunization percent coverage was determined following the CDC developed and validated AFIG [Assessment, Feedback, Incentives, & EKhange] 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).**

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2
### Screening

<table>
<thead>
<tr>
<th></th>
<th>Region 2</th>
<th>Montana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cervical Cancer (Pap Test in past 3 yrs)</td>
<td>84.1%</td>
<td>83.0%</td>
</tr>
<tr>
<td>Breast Cancer (Mammogram in past 2 yrs)</td>
<td>76.0%</td>
<td>71.9%</td>
</tr>
<tr>
<td>Blood Stool</td>
<td>18.9%</td>
<td>25.3%</td>
</tr>
<tr>
<td>Sigmoidoscopy or Colonoscopy</td>
<td>55.1%</td>
<td>54.3%</td>
</tr>
<tr>
<td>Diabetic Screening</td>
<td>91.0%</td>
<td>79.0%</td>
</tr>
</tbody>
</table>

*Community Health Data, MT Dept of Health and Human Services (2010)  
County Health Ranking, Robert Wood Johnson Foundation (2012)*

### Mortality

<table>
<thead>
<tr>
<th></th>
<th>County</th>
<th>Montana</th>
<th>Nation(^{2,3,3})</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicide Rate per 100,000 population</td>
<td>34.1</td>
<td>20.3</td>
<td>12.0</td>
</tr>
<tr>
<td>Unintentional Injury Death Rate per 100,000 population</td>
<td>56.8</td>
<td>58.8</td>
<td>38.4</td>
</tr>
<tr>
<td>Percent Motor Vehicle Crashes Involving Alcohol</td>
<td>11.1%</td>
<td>10.0%</td>
<td>32.0%</td>
</tr>
<tr>
<td>Pneumonia/Influenza Mortality per 100,000 population</td>
<td>15.1</td>
<td>19.0</td>
<td>17.5</td>
</tr>
<tr>
<td>Diabetes Mellitus</td>
<td>56.8</td>
<td>27.1</td>
<td>21.8</td>
</tr>
</tbody>
</table>

*Community Health Data, MT Dept of Health and Human Services (2010)  
Center for Disease Control and Prevention (CDC), National Vital Statistics (2012)*

### Maternal Child Health

<table>
<thead>
<tr>
<th></th>
<th>County</th>
<th>Montana</th>
<th>Nation(^{2,15})</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant Mortality (death within 1st year)</td>
<td>28.8</td>
<td>6.1</td>
<td>6.7</td>
</tr>
<tr>
<td>Rate per 1,000 live births</td>
<td>86.1%</td>
<td>83.9%</td>
<td>69.0%</td>
</tr>
<tr>
<td>Entrance into Prenatal care in 1st Trimester</td>
<td>8.2%</td>
<td>7.3%</td>
<td>8.3%</td>
</tr>
<tr>
<td>Percent of Live Births</td>
<td>24.0</td>
<td>3.3</td>
<td>4.5</td>
</tr>
<tr>
<td>Birth Rate</td>
<td>7.7</td>
<td>12.8</td>
<td>13.5</td>
</tr>
<tr>
<td>Babies born per 1,000 people</td>
<td>8.2%</td>
<td>7.3%</td>
<td>8.3%</td>
</tr>
<tr>
<td>Low Birth Weight (&lt;2500 grams)</td>
<td>8.2%</td>
<td>7.3%</td>
<td>8.3%</td>
</tr>
<tr>
<td>Neonatal Mortality (under 28 days of age)</td>
<td>4.8</td>
<td>2.7</td>
<td>2.2</td>
</tr>
<tr>
<td>Rate per 1,000 live births</td>
<td>13.9%</td>
<td>10.1%</td>
<td>12.5%</td>
</tr>
</tbody>
</table>

*Community Health Data, MT Dept of Health and Human Services (2010)  
Montana KIDS COUNT (2009)*

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*Center for Disease Control and Prevention (CDC), Preterm Birth (2012)*
Economic Impact Assessment

Demographic Trends and Economic Impacts:
A Report for Missouri River Medical Center
William Connell
Brad Eldredge Ph.D.
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 Chouteau County and for information on the county’s demographics. In addition, the report includes analysis of the economic impact of the hospital sector on Chouteau County’s economy. Section I gives location quotients for the hospital sector in Chouteau County using both state and national employment as the basis of comparison. Section II looks at the demographic profile of Chouteau County. Section III presents the results of an input-output analysis of the impact of Missouri River Medical Center on the county’s economy.

Section I Location Quotients

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

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

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 Chouteau County were calculated. The first compares Chouteau County’s hospital employment concentration to that of the State of Montana, and the second compares it to hospital employment in the United States. The calculations use 2010 annual averages.

Hospitals Location Quotient (compared to State of MT) = 1.48
Hospitals Location Quotient (compared to U.S.) = 1.71

A location quotient near 1 indicates that the employment concentration in the county mirrors that of the larger geographic region. In the case of Chouteau County, both the state and national location quotients are above one, indicating that hospital employment is about 50 percent and 70 percent larger in Chouteau County than expected when compared to the state and national employment patterns, respectively.
Another way to look at the location quotient is to ask how many employees would be employed in the hospital sector if Chouteau County’s employment patterns mirrored the state or the nation. Missouri River Medical Center employment averaged 99 employees in 2010. This is 32 more than expected given the state’s employment pattern and 41 more than expected given the national employment pattern. In addition, in 2010, Missouri River Medical Center accounted for 7.9% of county nonfarm employment and 8.6% 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 5,813 residents of Chouteau County. The breakdown of these residents by age is presented in Figure 1. Chouteau County’s age profile is similar to that of many rural Montana counties. In 2010, baby boomers were between the ages of 44 and 60 and their presence is evident in the graph. Following the baby boom came the “baby bust,” which is evidenced by the lack of 20 to 39 year olds in the county. In many rural Montana counties, the baby bust is exacerbated by out-migration of young adults.

Figure 1: Age Distribution of Chouteau County Residents

![Chouteau County Age Distribution Chart](chart.png)
Figure 2 shows how Chouteau County’s population distribution compares to Montana’s. A careful examination of Figure 2 and the underlying data reveals that, when compared with the State as a whole, Chouteau County had a lower percentage of people aged 20 to 49 (31.5 percent vs. 37.8 percent) and a higher percentage of people aged 0 to 19 (25.3 percent vs. 29.0 percent). According to the 2010 Census, Chouteau County had a median age of 41.5, just higher than the statewide median age of 39.8. These demographics are important when planning for healthcare delivery now, and in the future.

Section III Economic Impacts

Businesses have an economic impact on their local communities that exceeds the direct amount of people they employ or wages they pay. For example, individuals employed at Missouri River Medical Center spend a portion of their salary on goods and services produced in Chouteau 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 Missouri River Medical Center sector in Chouteau County has the following multipliers:

- **Hospital Employment Multiplier = 1.39**
- **Hospital Employee Compensation Multiplier = 1.44**
- **Output Multiplier = 1.24**

What do these numbers mean? The employment multiplier of 1.39 can be interpreted to mean that for every job at Missouri River Medical Center, another .39 jobs are supported in Chouteau County. Another way to look at this is that if Missouri River Medical Center suddenly went away, about 39 additional non-hospital jobs would also be lost in the county (based on 2010 hospital employment of 99). The employee compensation multiplier of 1.44 simply states that for every dollar in wages and benefits paid to the hospital’s employees, another .44 cents of wages and benefits are created in other local jobs in Chouteau County. Put another way, if Missouri River Medical Center suddenly went away, about $1,231,429 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 Missouri River Medical Center, output in the county increases by another 24 cents.

There are other potential economic impacts of hospitals beyond those identified by the input-output analysis. Novak (2003)\(^1\) 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 Missouri River Medical Center to the county’s economy. Tangible economic impacts have been presented, and intangible economic development impacts have also been discussed. Any questions regarding the data or methodology can be addressed to the author.

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