

Liberty Medical Center Community Health Needs Assessment

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Liberty Medical Center

Community Survey & Focus Groups Summary Report May 2015

I. Introduction

Liberty Medical Center is a 25-bed Critical Access Hospital based in Chester, Montana and is a public non-profit organization. Liberty Medical Center has a service area of just under fifteen hundred square miles and provides medical services to the Liberty County population of approximately 1,725 people. Liberty Medical Center participated in the Community Health Services Development (CHSD) process, 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 enhanced the community’s engagement in the assessment process.

In the winter of 2015, Liberty 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. A copy of the survey instrument is included at the end of this report (Appendix D). Readers are invited to familiarize themselves with the survey instrument and the subsequent findings. The narrative report touches on the highlights while the charts present data for virtually every question asked. Please note: we are able to compare some of the 2015 survey data with data from previous surveys conducted in 2011 and 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 Liberty Medical Center in conducting the CHSD assessment process. A diverse group of community members representing various organizations and populations within the community (ex. public health, elderly, uninsured) came together in November 2014. For a list of all Steering Committee members and their affiliations, see Appendix A. The Steering Committee met twice during the CHSD process; first to discuss health concerns in the community and offer their perspective in designing the survey instrument and again to review results of the survey and focus groups.

III. Survey Methodology

Survey Instrument

In January 2015, surveys were mailed out to the residents in Liberty 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

Liberty 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 640 residents was then selected from Prime Net Data Source. Residence was stratified in the initial sample selection so that each area would be represented in proportion to the overall served population and the proportion of past admissions. (Note: although the survey samples were proportionately selected, actual surveys returned from each population area varied which may result in slightly less proportional results.)

Additionally, two focus groups were held to identify the motives of local residents when selecting healthcare providers and to discover reasons why people may leave the Chester 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 January 2015, the community health services survey, a cover letter from the National Rural Health Resource Center with Liberty Medical Center's Chief Executive Officer's signature on Liberty Medical Center letterhead, and a postage paid reply envelope were mailed to 640 randomly selected residents in the hospital's service area. A news release was sent to local newspapers prior to the survey distribution announcing that Liberty Medical Center would be conducting a community health services survey throughout the region in cooperation with the Montana Office of Rural Health.

Two hundred and fifty-one (251) surveys were returned out of 640. Of those 640 surveys, 19 were returned undeliverable for a 40% response rate. From this point on, the total number of surveys will be out of 621. Based upon the sample size, we can be 95% confident that the responses to the survey questions are representative of the service area population, plus or minus 4.78 %.

IV. Survey Respondent Demographics

A total of 621 surveys were distributed amongst Liberty Medical Center's service area. Two hundred and fifty-one (251) were completed for a 40% 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 32)

While there are some large differences in the percentages below, the absolute differences are small. The returned surveys are skewed toward the Chester population which is reasonable given that this is where most of the services are located.

		2008		2011		2015	
Area	Zip code	Count	Percent	Count	Percent	Count	Percent
Chester	59522	202	65.6%	180	60.0%	154	63.4%
Joplin	59531	37	12.0%	36	12.0%	31	12.8%
Rudyard	59540	29	9.4%	41	13.7%	28	11.5%
Inverness	59530	13	4.2%	13	4.3%	9	3.7%
Hingham	59528	7	2.3%	11	3.7%	9	3.7%
Gildford	59525	8	2.6%	6	2.0%	5	2.1%
Lothair	59461	2	0.6%	2	0.7%	2	0.8%
Whitlash	59545	Not asked - 2008		Not asked - 2011		2	0.8%
Galata	59444	5	1.6%	5	1.7%	1	0.4%
Kremlin	59532	3	1.0%	3	1.0%	Not asked - 2015	
Other		2	0.6%	3	1.0%	2	0.8%
TOTAL		308	100.0%	300	100.0%	243	100.0%

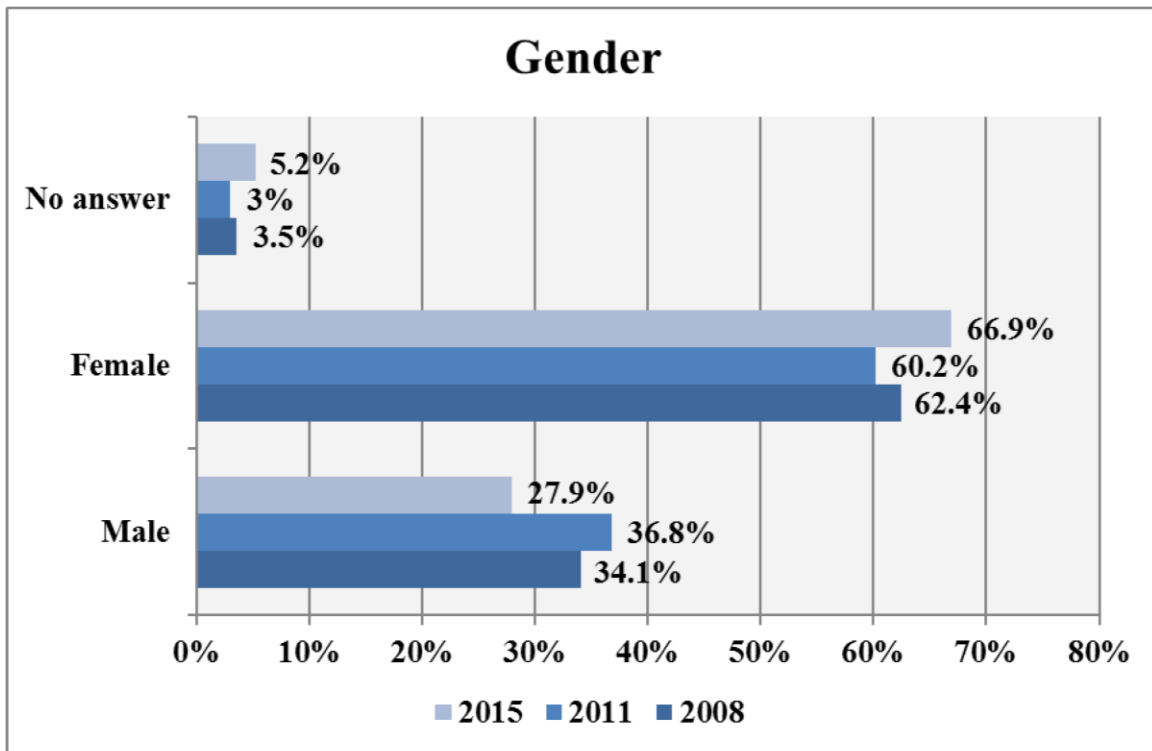
Gender (Question 33)

2015 N= 251

2011 N= 304

2008 N= 314

Of the 251 surveys returned, 66.9% (n=168) of survey respondents were female, 27.9% (n=70) were male, and 5.2% (n=13) 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 34)

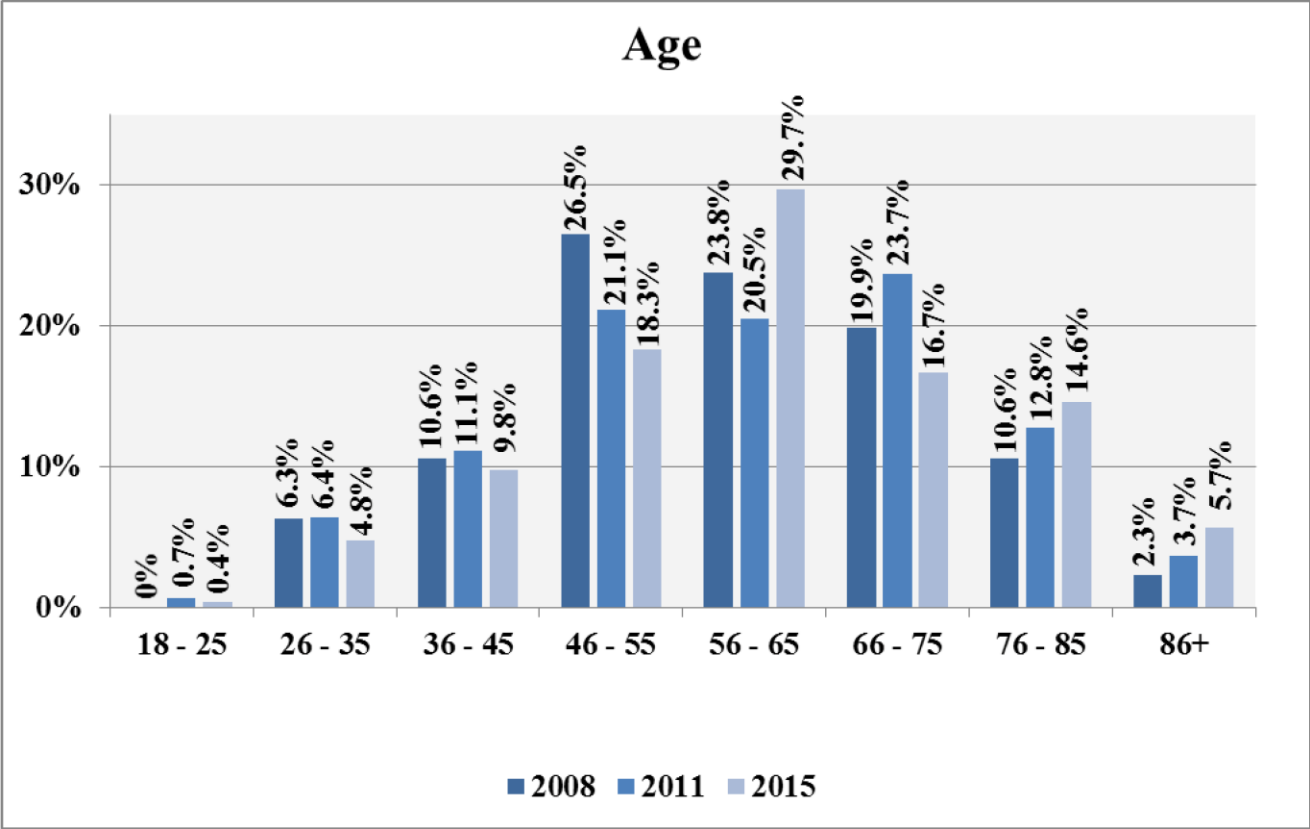
2015 N= 246

2011 N= 298

2008 N= 302

Thirty percent of respondents (n=73) were between the ages of 56-65. Eighteen percent of respondents (n=45) were between the ages of 46-55 and 16.7% of respondents (n=41) were between the ages of 66-75. This statistic is comparable to other Critical Access Hospital (CAH) demographics. The increasing percentage of aging residents in rural communities is a trend which is seen throughout

Montana and will likely have a significant impact on the need for healthcare services during the next 10-20 years. However, it is important to note that the survey was targeted to adults and therefore, no respondents are under age 18. Older residents are also more invested in healthcare decision making and therefore, are more likely to respond to healthcare surveys, as reflected by this graph. Five respondents chose not to answer this question.

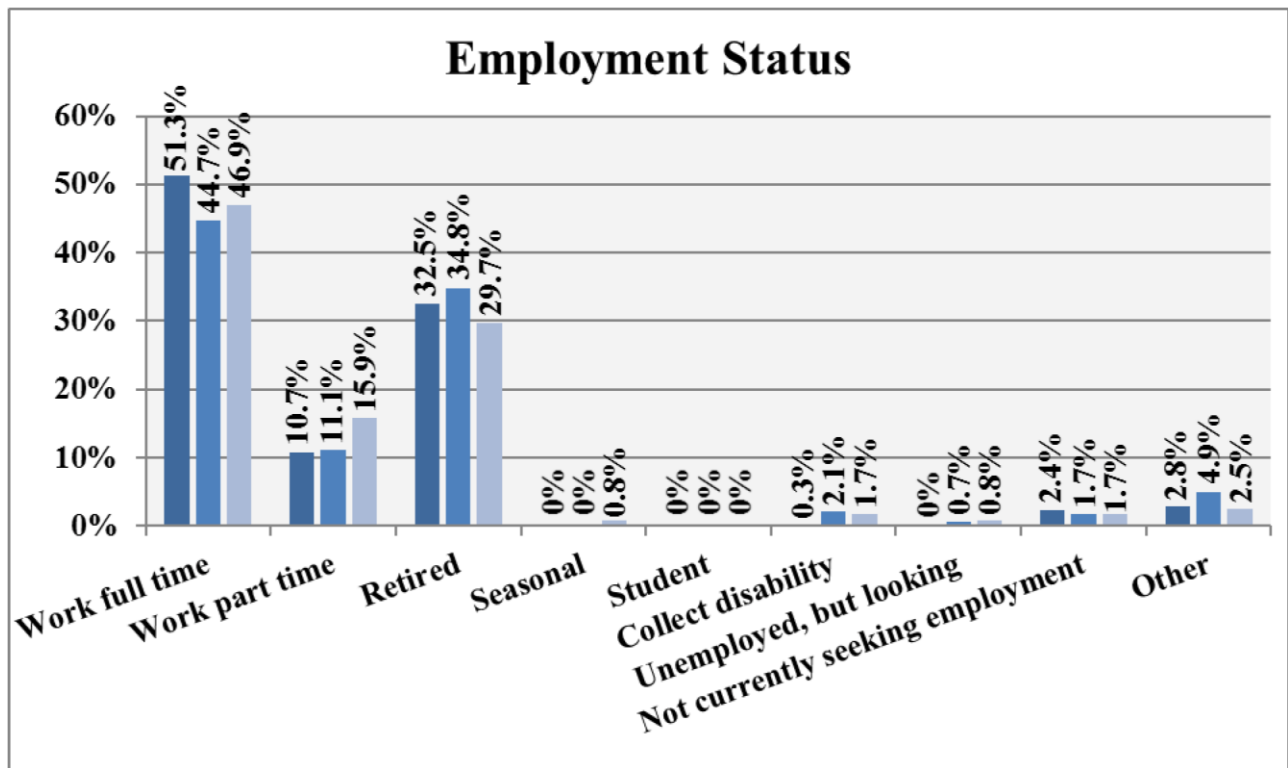


Employment Status (Question 35)

2015 N= 239
 2011 N= 287
 2008 N= 289

Forty-seven percent (n=112) of respondents reported working full time while 29.7% (n=71) are retired. Sixteen percent of respondents (n=38) indicated they work part time. Respondents could

select all that apply so percentages do not equal 100%. Twelve respondents chose not to answer this question.



“Other” comments:

- Self-employed (2)

V. Survey Findings – Community Health

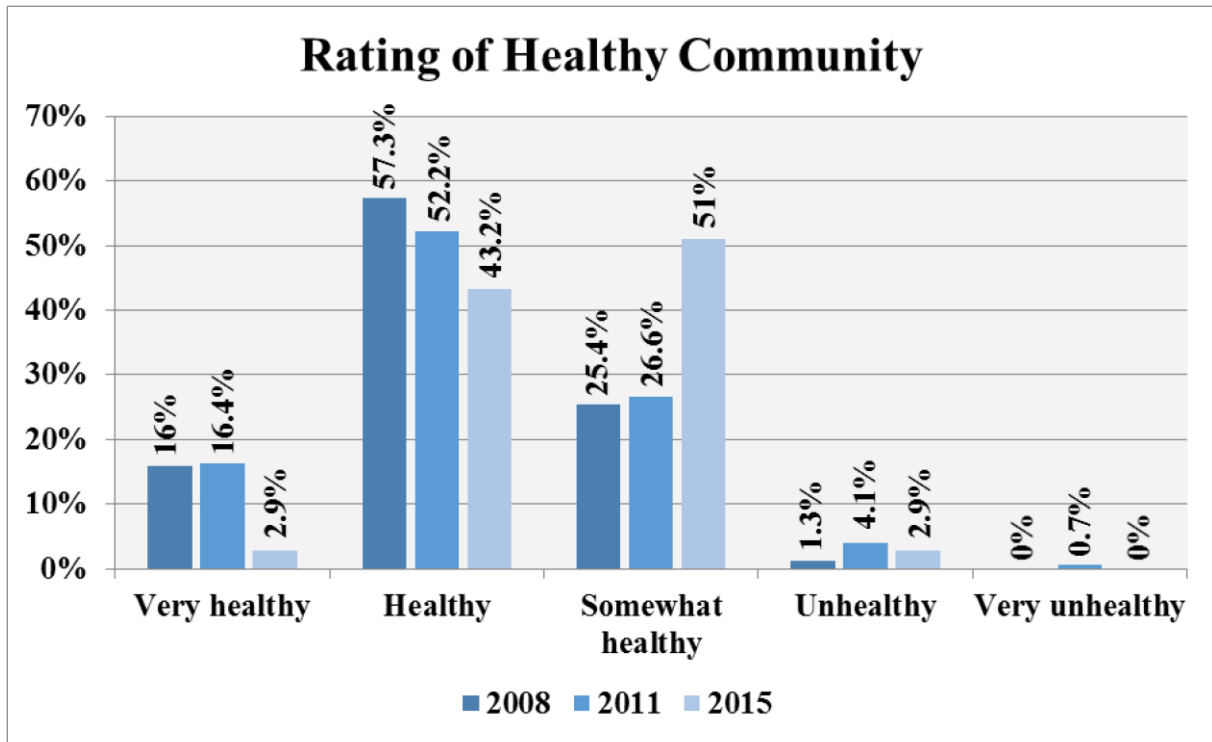
Impression of Community (Question 1)¹

2015 N= 241

2011 N= 293

2008 N= 307

Respondents were asked to indicate how they would rate the general health of their community. Fiftyone percent of respondents (n=123) rated their community as “Somewhat healthy.” Forty-three percent of respondents (n=104) felt their community was “Healthy” and 2.9% (n=7) felt their community was “Very healthy.” Ten respondents chose not to respond to this question.



¹There was a significant decrease in 2015 in the number of respondents who rated the community's general health as very healthy or healthy.

Health Concerns for Community (Question 2)

2015 N= 251

2011 N= 304

2008 N= 314

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 67.3% (n=169). “Alcohol abuse/substance abuse” was also a high priority at 42.6% (n=107) then “Heart disease” at 33.9% (n=85). Respondents were asked to pick their top three serious health concerns so percentages do not equal 100%.

Health Concern	2008		2011		2015	
	Count	Percent	Count	Percent	Count	Percent
Cancer¹	227	72.3%	169	55.6%	169	67.3%
Alcohol abuse/substance abuse	121	38.5%	136	44.7%	107	42.6%
Heart disease	105	33.4%	89	29.3%	85	33.9%
Overweight/obesity	75	23.9%	87	28.6%	70	27.9%
Diabetes ²	83	26.4%	81	26.6%	46	18.3%
Lack of exercise	58	18.5%	62	20.4%	36	14.3%
Underage alcohol abuse ³	44	14.0%	63	20.7%	33	13.1%
Depression/anxiety	Not asked - 2008		Not asked - 2011		39	15.5%
Teen drug use	Not asked - 2008		41	13.5%	37	14.7%
Tobacco use	39	12.4%	33	10.9%	20	8.0%
Mental health issues	16	5.1%	16	5.3%	19	7.6%
Stroke	30	9.6%	26	8.6%	13	5.2%
Work related accidents/injuries	Not asked - 2008		25	8.2%	11	4.4%
Lack of access to healthcare	7	2.2%	15	4.9%	6	2.4%
Lack of dental care	7	2.2%	4	1.3%	5	2.0%
Motor vehicle accidents	18	5.7%	10	3.3%	5	2.0%
Child abuse/neglect	5	1.6%	11	3.6%	4	1.6%
Recreation related accidents/ injuries ⁴	Not asked - 2008		18	5.9%	2	0.8%
Domestic violence	3	1.0%	6	2.0%	1	0.4%
Other	22	7.0%	9	3.0%	9	3.6%

¹Respondents in 2015 were significantly more likely to cite cancer as a serious health concern than in 2011.

²Diabetes was indicated as a serious health concern significantly less often by 2015 respondents.

³2015 respondents were less likely to select underage alcohol abuse as a serious health concern than in 2011.

⁴2015 respondents selected recreation related accidents and injuries significantly less often than 2011 respondents.

Question 2 “Other” comments continued on following page...

Question 2 “Other” comments continued...

“Other” comments:

- Influx of Medicaid from states that don't cover them
- Multiple Sclerosis
- Need more info to make a correct choice
- Alzheimer's
- Elderly issues
- Adult alcohol use
- Dementia
- Improper nutrition
- Lack of good diet

Components of a Healthy Community (Question 3)

2015 N= 251

2011 N= 304

2008 N= 314

Respondents were asked to identify the three most important things for a healthy community. Sixty-nine percent of respondents (n=173) indicated that “Access to healthcare and other services” is important for a healthy community. “Strong family life” was the second most indicated component at 40.2% (n=101) and third was “Healthy behaviors and lifestyles” at 34.7% (n=87). Respondents were asked to identify their top three choices, thus the percentages do not add up to 100%.

Important Component	2008		2011		2015	
	Count	Percent	Count	Percent	Count	Percent
Access to health care and other services	217	69.1%	196	64.5%	173	68.9%
Strong family life	110	35.0%	97	31.9%	101	40.2%
Healthy behaviors and lifestyles	96	30.6%	88	28.9%	87	34.7%
Good jobs and a healthy economy ¹	135	43.0%	103	33.9%	86	34.3%
Religious or spiritual values	86	27.4%	88	28.9%	85	33.9%
Good schools	98	31.2%	117	38.5%	76	30.3%
Community involvement	28	8.9%	34	11.2%	36	14.3%
Low crime/safe neighborhoods ²	64	20.4%	67	22.0%	23	9.2%
Affordable housing	41	13.1%	33	10.9%	21	8.4%
Clean environment ³	58	18.5%	41	13.5%	15	6.0%
Tolerance for diversity	14	4.5%	17	5.6%	9	3.6%
Low death and disease rates	15	4.8%	8	2.6%	8	3.2%
Teen recreational activities	22	7.0%	20	6.6%	7	2.8%
Parks and recreation	16	5.1%	8	2.6%	5	2.0%
Low level of domestic violence	8	2.5%	8	2.6%	4	1.6%
Arts and cultural events	11	3.5%	8	2.6%	2	0.8%
Other	4	1.3%	3	1.0%	3	1.2%

¹2015 respondents were significantly less likely to select good jobs and a healthy economy compared to 2008 respondents.

²Significantly fewer 2015 respondents indicated low crime and safe neighborhoods as a component of a healthy community.

³There has been a significant decline since 2008 in the percentage of respondents that feel a clean environment is an important component of a healthy community.

“Other” comments:

- Access to good fruit and veggies

Survey Findings – Awareness of Services

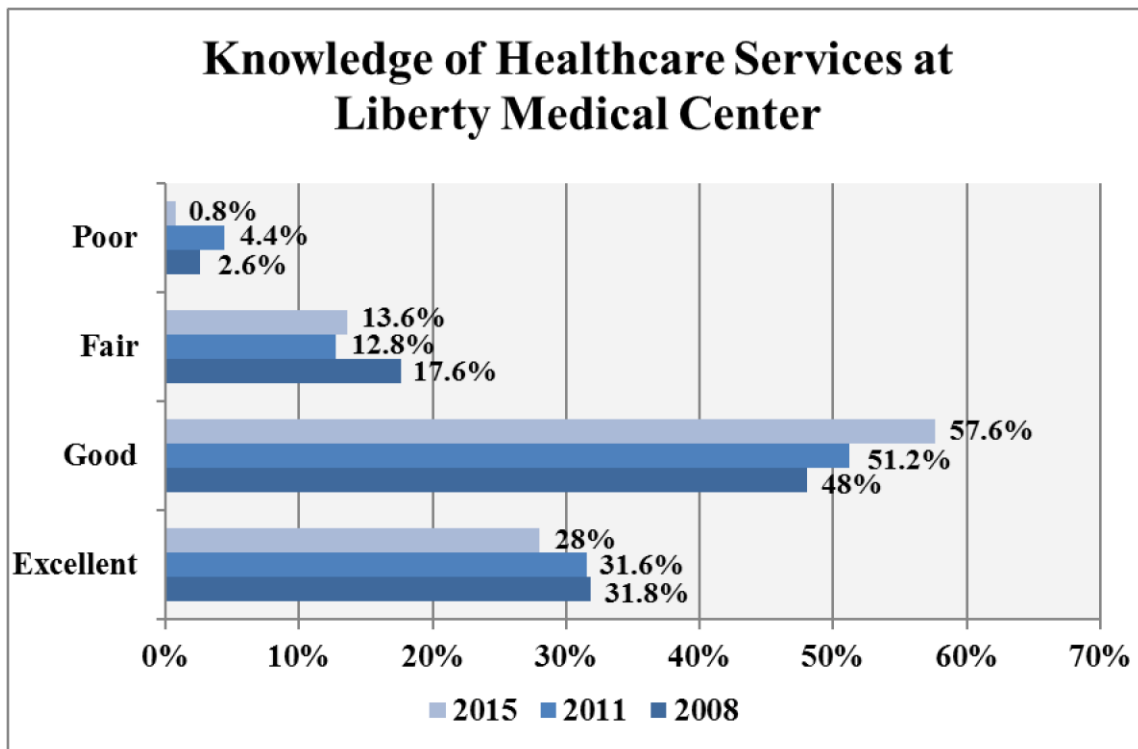
Overall Awareness of Health Services (Question 4)

2015 N= 250

2011 N= 297

2008 N= 306

Respondents were asked to rate their knowledge of the health services available at Liberty Medical Center. Fifty-eight percent (n=144) of respondents rated their knowledge of health services as “Good.” Twenty-eight percent (n=70) rated their knowledge as “Excellent” and 13.6% of respondents (n=34) rated their knowledge as “Fair.” One respondent chose not to answer this question.



How Respondents Learn of Healthcare Services (Question 5)

2015 N= 251

2011 N= 304

2008 N= 314

The most frequent method of learning about available services was “Clinic/hospital staff” at 66.5% (n=167). “Word of mouth/reputation” was the second most frequent response at 60.6% (n=152) and “Friends/family” was reported at 59.4% (n=149). Respondents could select more than one method so percentages do not equal 100%.

Method	2008		2011		2015	
	Count	Percent	Count	Percent	Count	Percent
Clinic/hospital staff¹	211	67.2%	178	58.6%	167	66.5%
Word of mouth/reputation²	229	72.9%	217	71.4%	152	60.6%
Friends/family	Not asked – 2008		Not asked – 2011		149	59.4%
Healthcare provider	Not asked – 2008		Not asked – 2011		121	48.2%
Newspaper ³	140	44.6%	115	37.8%	76	30.3%
Social media (Facebook, etc.)	Not asked – 2008		Not asked – 2011		19	7.6%
Website/internet ⁴	2	0.6%	9	3.0%	12	4.8%
Radio	10	3.2%	7	2.3%	11	4.4%
Presentations	16	5.1%	11	3.6%	7	2.8%
Other	20	6.4%	20	6.6%	6	2.4%

¹2015 respondents were significantly more likely to learn of community health care services from clinic and hospital staff.

²2015 respondents were significantly less likely to select word of mouth/reputation.

³There has been a significant decline since 2008 in the percentage of respondents who indicated the newspaper as a source of health care service information.

⁴Since 2008, there has been a significant increase in the percentage of respondents indicating use of the hospital’s website and the internet.

“Other” comments:

- Employee of LMC
- Drive by the Health Center everytime I check the mail
- College
- Work in field

- Previous employer
- Patients/customer experiences

Cross Tabulation of Service Knowledge and Learning about Services

Analysis was done to assess respondents' knowledge of services available at Liberty 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 LIBERTY MEDICAL CENTER SERVICES BY HOW RESPONDENTS LEARN ABOUT HEALTHCARE SERVICES

	Excellent	Good	Fair	Poor	Total
Clinic/hospital staff	58 (34.9%)	91 (54.8%)	16 (9.6%)	1 (0.7%)	166
Word of mouth/reputation	35 (23%)	93 (61.2%)	23 (15.1%)	1 (0.7%)	152
Friends/family	44 (29.7%)	86 (58.1%)	17 (11.5%)	1 (0.7%)	148
Healthcare provider	45 (37.2%)	69 (57%)	7 (5.8%)		121
Newspaper	24 (32%)	43 (57.3%)	8 (10.7%)		75
Social media (Facebook, etc.)	6 (31.6%)	9 (47.4%)	4 (21%)		19
Website/internet	4 (33.4%)	6 (50%)	1 (8.3%)	1 (8.3%)	12
Radio	1 (10%)	7 (70%)	2 (20%)		10
Presentations	3 (42.9%)	4 (57.1%)			7
Other	4 (66.7%)	2 (33.3%)			6

Other Community Health Resources Utilized (Question 6)

2015 N= 251

2011 N= 304

2008 N= 314

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 84.1% (n=211). “Optometrist (eyes)” was also a highly utilized resource at 59% (n=148) followed by “Dentist” at 55.4% (n=139). Respondents could select more than one resource so percentages do not equal 100%.

Resource	2008		2011		2015	
	Count	Percent	Count	Percent	Count	Percent
Pharmacy	266	84.7%	250	82.2%	211	84.1%
Optometrist (eyes)	178	56.7%	170	55.9%	148	59.0%
Dentist	165	52.5%	161	53.0%	139	55.4%
Health fair	Not asked – 2008		Not asked – 2011		101	40.2%
Senior center ¹	66	21.0%	69	22.7%	92	36.7%
Public health ²	44	14.0%	58	19.1%	74	29.5%
Massage therapy ³	92	29.3%	51	16.8%	50	19.9%
Fitness center	79	25.2%	56	18.4%	49	19.5%
Liberty County Transit	32	10.2%	27	8.9%	30	12.0%
Tobacco prevention program	Not asked – 2008		11	3.6%	7	2.8%
Mental health	6	1.9%	10	3.3%	6	2.4%
Other	5	1.6%	4	1.3%	7	2.8%

¹Significantly more of the 2015 respondents have used the senior center.

²There has been a significant increase since 2008 in the percentage of respondents using public health services.

³Significantly fewer of the 2015 respondents used massage therapy compared to previous years.

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

2015 N= 251

2011 N= 304

2008 N= 314

Respondents were asked to indicate what they felt would improve their community's access to healthcare. Forty-one percent of respondents (n=102) reported that "Home health" would make the greatest improvement for the community's access to healthcare. Thirty-one percent of respondents (n=77) indicated they would like "More primary care providers" and 23.1% (n=58) indicated "Outpatient services expanded hours" would improve access to care. Respondents could select more than one method so percentages do not equal 100%.

Improvement	2008		2011		2015	
	Count	Percent	Count	Percent	Count	Percent
Home health¹	78	24.8%	72	23.7%	102	40.6%
More primary care providers²	42	13.4%	69	22.7%	77	30.7%
Outpatient services expanded hours³	40	12.7%	31	10.2%	58	23.1%
More specialists ⁴	79	25.2%	93	30.6%	52	20.7%
Greater health education services ⁵	30	9.6%	40	13.2%	49	19.5%
Improved quality of care	26	8.3%	31	10.2%	34	13.5%
Insurance navigator	Not asked – 2008		Not asked – 2011		30	12.0%
Telemedicine ⁶	5	1.6%	9	3.0%	19	7.6%
Transportation assistance ⁷	5	1.6%	0	0	15	6.0%
Cultural sensitivity	Not asked – 2008		4	1.3%	6	2.4%
Interpreter services	Not asked – 2008		2	0.7%	3	1.2%
Other	21	6.7%	18	5.9%	18	7.2%

¹Significantly more of the 2015 respondents indicated a desire for home health services.

²Since 2008, there has been a significant increase in the number of respondents who indicated a need for more primary care providers.

³In 2015, significantly more people indicated that outpatient services expanded hours would improve access to healthcare.

⁴Significantly fewer 2015 respondents indicated that more specialists would improve access to healthcare.

⁵There was a significant increase in the percentage of respondents who feel that greater health education services would help improve the community's access to health care.

⁶2015 respondents were significantly more likely to select telemedicine services.

⁷2015 respondents were significantly more likely to select transportation assistance.

“Other” comments:

- Pharmacy access on weekends
- More female providers (2)
- Better specialists
- Less emphasis on money and more on people with or without insurance
- More complete staffing on Fridays

Question 7 “Other” comments continued on following page...

Question 7 “Other” comments continued...

- Another female physician (2)
- Being able to see the same provider every visit
- Decrease cost of doctors visit
- Saturday services
- Less government control
- Doctors that stay with a patient instead of transfer when weekend comes
- Vets, low income residents
- La Leche League support by providers
- More affordable care (2)
- Home health care
- Not so many part time providers
- Affordable health care aids
- Have the hospital provide services rather than sending patients to bigger facilities -
Emergency access to pharmacy on weekends

Interest in Educational Classes/Programs (Question 8)

2015 N= 251

Respondents were asked if they would be interested in any educational classes/programs if offered locally. The most highly indicated class/program indicated was “Nutrition & weight loss” at 41.4% of respondents (n=104). “Health and wellness” was selected by 41% of respondents (n=103) and “Alzheimer’s” followed at 26.7% (n=67). Respondents could select more than one method so percentages do not equal 100%.

Class/Program	2015	
	Count	Percent
Nutrition & weight loss	104	41.4%
Health and wellness	103	41.0%
Alzheimer’s	67	26.7%
First aid/CPR	58	23.1%
Cancer	52	20.7%
Heart disease	47	18.7%
Diabetes	45	17.9%
CNA	6	2.4%
Other	5	2.0%

“Other” comments:

- Breastfeeding
- Doctors that stay with a patient instead of transfer when W.R. comes
- Holistic health
- Acupuncture

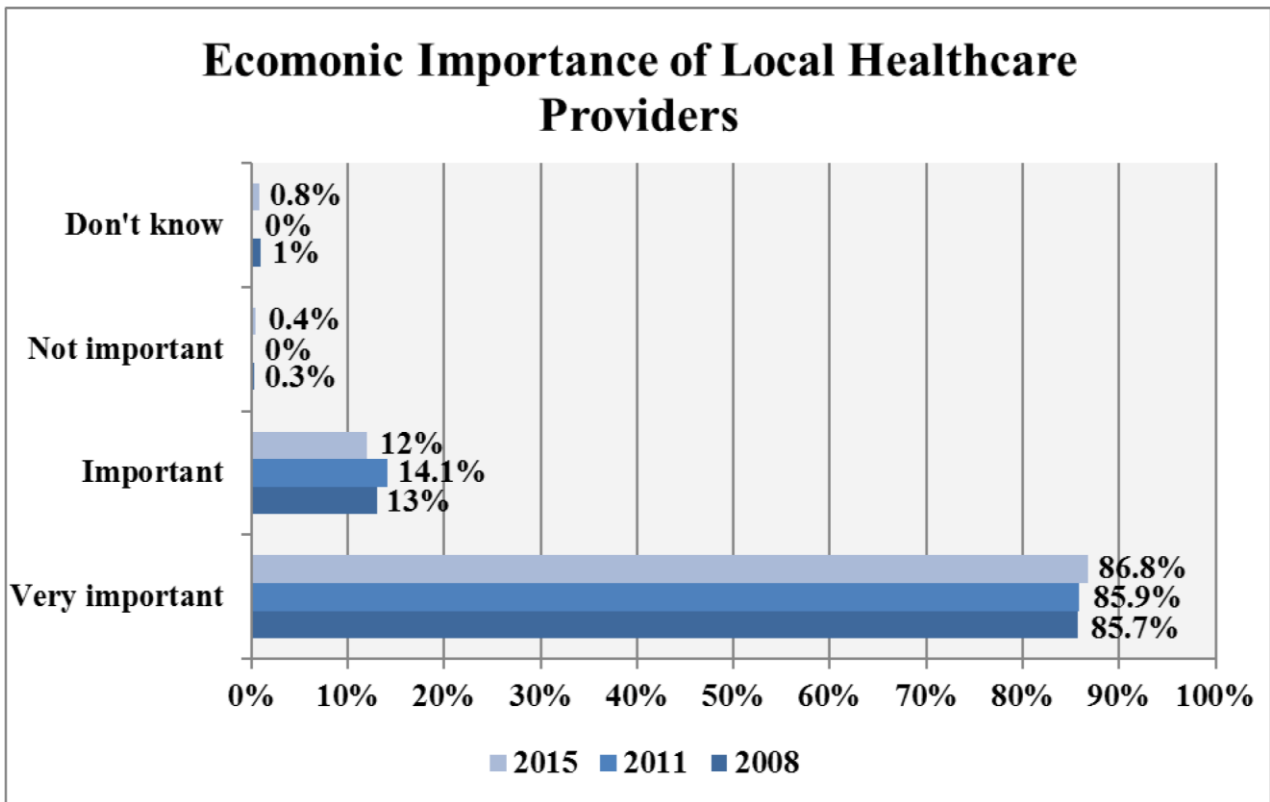
Economic Importance of Local Healthcare Providers and Services (Question 9) 2015

N= 249

2011 N= 298

2008 N= 307

The majority of respondents (86.8%, n=216) 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. Twelve percent of respondents (n=30) indicated they are “Important” and one respondent, or 0.4% indicated that they are “Not important.” Two respondents chose not to answer this question.



Survey Findings – Use of Healthcare Services

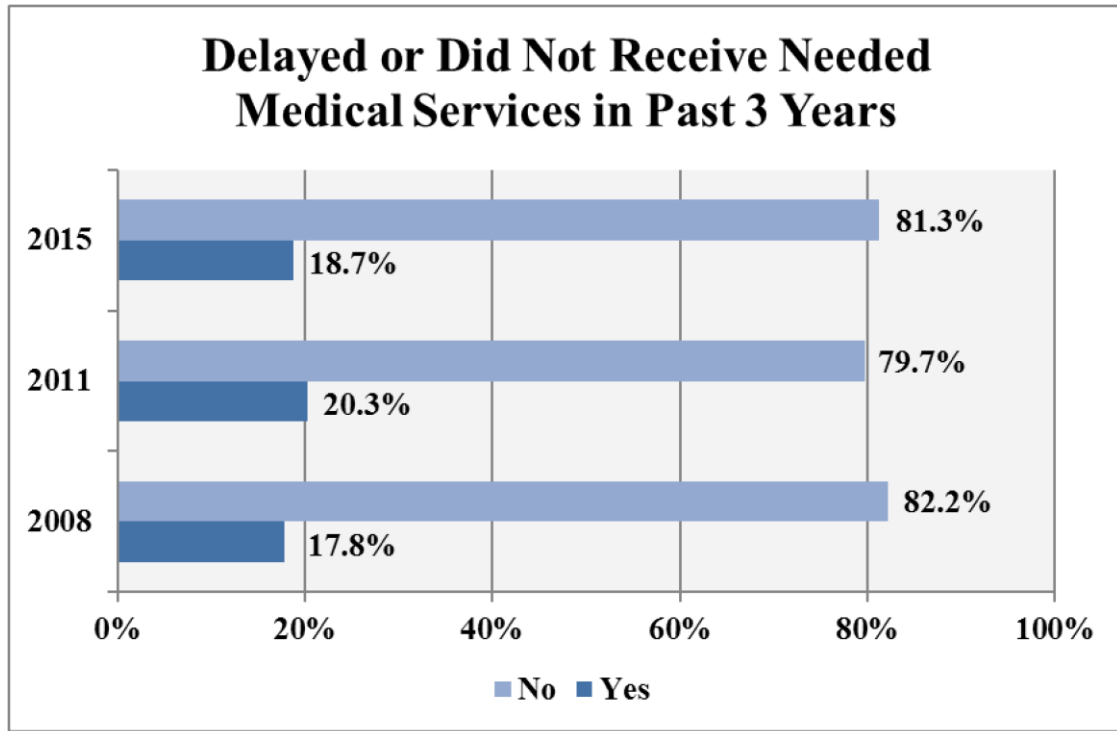
Needed/Delayed Hospital Care During the Past Three Years (Question 10)

2015 N= 235

2011 N= 291

2008 N= 298

Nineteen percent of respondents (n=44) 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-one percent of respondents (n=191) felt they were able to get the healthcare services they needed without delay. Sixteen respondents chose not to answer this question.



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

2015 N= 44

2011 N= 59

2008 N= 53

For those who indicated they were unable to receive or had to delay services (n=44), the reasons most cited were: “It costs too much” (27.3%, n=12), as well as “Could not get an appointment,” “Too long to wait for an appointment,” “Office wasn’t open when I could go,” and “My insurance didn’t cover it” (25%, n=11 each). “Don’t like doctors” (18.2%, n=8) was also selected as one of the top reasons for being unable to receive or having to delay receiving services. Respondents were asked to indicate their top three choices, thus percentages do not total 100%.

Reason	2008		2011		2015	
	Count	Percent	Count	Percent	Count	Percent

It costs too much¹	34	64.2%	30	50.8%	12	27.3%
Could not get an appointment	4	7.5%	8	13.6%	11	25.0%
Too long to wait for an appointment	14	26.4%	13	22.0%	11	25.0%
Office wasn't open when I could go	6	11.3%	13	22.0%	11	25.0%
My insurance didn't cover it	14	26.4%	14	23.7%	11	25.0%
Don't like doctors	6	11.3%	14	23.7%	8	18.2%
Could not get off work	2	3.8%	4	6.8%	6	13.6%
Not treated with respect	5	9.4%	8	13.6%	6	13.6%
Unsure if services were available	5	9.4%	5	8.5%	3	6.8%
Didn't know where to go	1	1.9%	1	1.7%	3	6.8%
Had no one to care for the children	0	0	0	0	2	4.5%
It was too far to go	1	1.9%	1	1.7%	2	4.5%
No insurance ²	11	20.8%	12	20.3%	2	4.5%
Too nervous or afraid	4	7.5%	3	5.1%	2	4.5%
Transportation problems	1	1.9%	2	3.4%	0	0
Language barrier	0	0	0	0	0	0
Other	9	17.0%	10	16.9%	4	9.1%

¹There has been a very significant decline in the percentage of respondents who delayed or did not receive health services due to the cost.

²Significantly fewer of the 2015 respondents indicated that they had no insurance.

“Other” comments:

- Couldn't see who I wanted to
- Confidential
- Need to refer to a specialist sooner
- Went to Emergency Room in pain, but they wouldn't move me to the hospital

Utilization of Preventative Services (Question 12)

2015 N= 251

Respondents were asked if they had utilized any of the preventative services listed in the past year. “Routine blood work” was selected by 70.9% of respondents (n=178). Sixty-one percent of respondents (n=154) indicated they received a “Flu shot” and 55% of respondents (n=138) had a “Routine blood pressure check.” Respondents could select all that apply, thus the percentages do not equal 100%.

Service	2015	
	Count	Percent

Routine blood work	178	70.9%
Flu shot	154	61.4%
Routine blood pressure check	138	55.0%
Routine health checkup	131	52.2%
Cholesterol check	119	47.4%
Mammography	108	43.0%
Pap smear	56	22.3%
Prostate (PSA)	40	15.9%
Colonoscopy	30	12.0%
None	23	9.2%
Children's checkup/Well baby	17	6.8%
Other	3	1.2%

“Other” comments:

- X-rays (2)
- Do not doctor in Chester
- Ear care
- Punch biology
- Dexascan
- Unexpected illness

Desired Local Healthcare Services (Question 13)

2015 N= 251

2011 N= 304

2008 N= 314

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 “Chiropractor” services available at 24.3% (n=61) followed by “Dermatology” at 21.9% (n=55), then “Acupuncture” at 17.9% (n=45). Respondents were asked to select all that apply so percentages do not equal 100%.

Service	2008		2011		2015	
	Count	Percent	Count	Percent	Count	Percent

Chiropractor	64	20.4%	73	24.0%	61	24.3%
Dermatology	64	20.4%	71	23.4%	55	21.9%
Acupuncture	58	18.5%	61	20.1%	45	17.9%
Allergist	Not asked - 2008		Not asked - 2011		43	17.1%
Foot care clinic ¹	60	19.1%	75	24.7%	41	16.3%
MRI ²	64	20.4%	71	23.4%	33	13.1%
OB/GYN	Not asked - 2008		Not asked - 2011		28	11.2%
Home health care ³	55	17.5%	44	14.5%	23	9.2%
Podiatrist	Not asked - 2008		Not asked - 2011		21	8.4%
Cancer care	44	14.0%	35	11.5%	19	7.6%
Community health worker	Not asked - 2008		Not asked - 2011		11	4.4%
Psychiatry	12	3.8%	17	5.6%	10	4.0%
Oncologist	Not asked - 2008		Not asked - 2011		10	4.0%
Endocrinologist	Not asked - 2008		Not asked - 2011		7	2.8%
Other	13	4.1%	7	2.3%	6	2.4%

¹2015 respondents were significantly less likely than 2011 respondents to indicate desire for a local foot care clinic.

²Significantly fewer 2015 respondents feel an MRI is needed in Chester.

³There has been a significant decline since 2008 in the percentage of respondents who selected home health care.

“Other” comments: -

- As needed
- Midwife
- Massage therapy
- Holistic nutritionist
- Ear/Nose/Throat

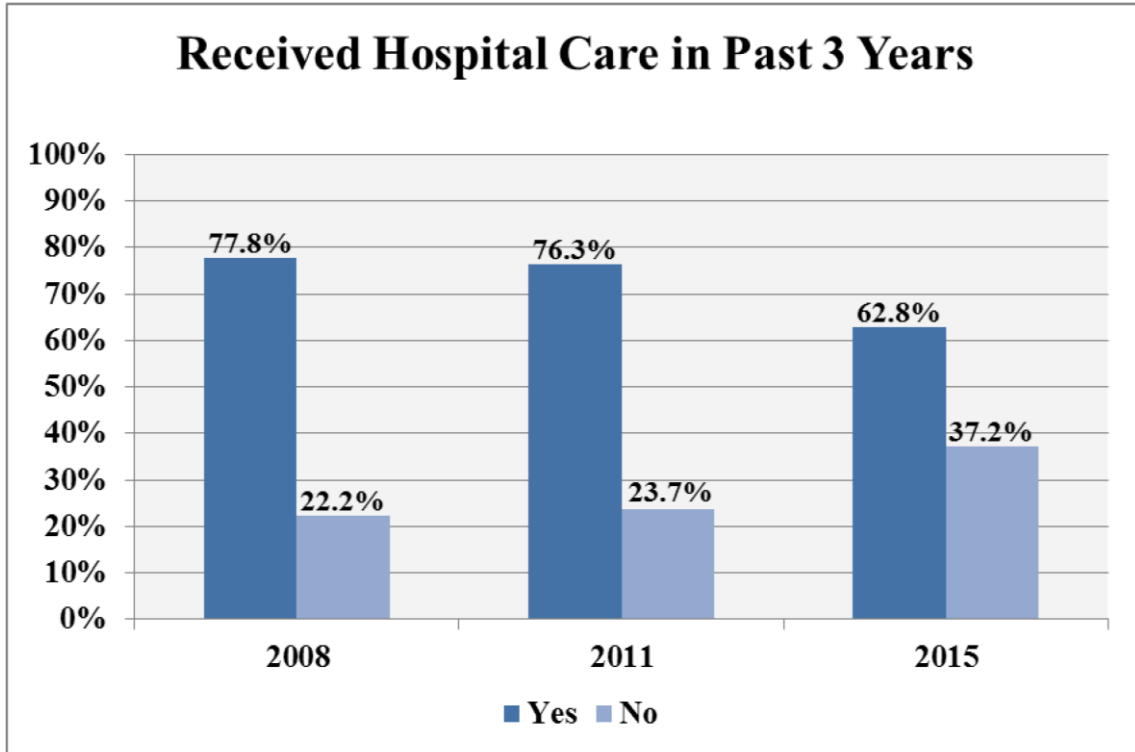
Hospital Care Received in the Past Three Years (Question 14)

2015 N= 242

2011 N= 295

2008 N= 306

Sixty-three percent of respondents (n=152) reported that they or a member of their family had received hospital care (i.e. hospitalized overnight, day surgery, obstetrical care, rehabilitation, radiology, or emergency care) during the previous three years. Thirty-seven percent (n=90) had not received hospital services and nine respondents chose not to answer this question.



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

2015 N= 133

2011 N= 211

2008 N=205

Of the 133 respondents who indicated receiving hospital care in the previous three years, 45.1% (n=60) reported receiving care at in Great Falls. Thirty-eight percent of respondents (n=50) went to Chester and 6% of respondents (n=8) utilized services in Havre.

Hospital	2008		2011		2015	
	Count	Percent	Count	Percent	Count	Percent
Great Falls ¹	52	25.4%	51	24.2%	60	45.1%

Chester¹	121	59.0%	128	60.7%	50	37.6%
Havre	1	0.5%	14	6.6%	8	6.0%
Kalispell	4	2.0%	3	1.4%	7	5.3%
Billings	7	3.4%	5	2.4%	2	1.5%
Missoula	Not asked - 2008		2	0.9%	2	1.5%
Helena	Not asked - 2008		Not asked - 2011		1	0.8%
Shelby	2	1.0%	7	3.3%	1	0.8%
VA hospital	2	1.0%	1	0.5%	0	0
Great Falls, Benefis	8	3.9%	Not asked - 2011		Not asked - 2015	
Other	8	3.9%	0	0	2	1.5%
TOTAL	205	100.0%	211	100.0%	133	100.0%

¹In 2015, significantly more of respondents used the Great Falls Hospital and significantly fewer respondents used the hospital in Chester.

“Other” comments:

- Spokane, WA
- Mayo Clinic
- Bozeman
- Then transferred out of state due to emergency

Reasons for Selecting the Hospital Used (Question 16)

2015 N= 152

2011 N= 225

2008 N= 238

Of the 152 respondents who had a personal or family experience at a hospital within the past three years, the primary reason given for selecting the facility used most often was “Closest to home” at 46.7% (n=71). “Referred by physician” was selected by 43.4% of the respondents (n=66) and 41.4% (n=63) selected “Prior experience with hospital.” Note that respondents were asked to select the top three answers which influenced their choices; therefore the percentages do not equal 100%.

1	2008	2011	2015
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¹ respondents were significantly less likely to have been referred by a physician.

Reason	Count	Percent	Count	Percent	Count	Percent
Closest to home¹	160	67.2%	157	69.8%	71	46.7%
Referred by physician²	97	40.8%	70	31.1%	66	43.4%
Prior experience with hospital¹	119	50.0%	122	54.2%	63	41.4%
Emergency, no choice	61	25.6%	58	25.8%	50	32.9%
Hospital's reputation for quality	79	33.2%	78	34.7%	47	30.9%
Recommended by family or friends	23	9.7%	16	7.1%	16	10.5%
Closest to work ²	13	5.5%	28	12.4%	7	4.6%
Cost of care	27	11.3%	24	10.7%	7	4.6%
Required by insurance plan	8	3.4%	9	4.0%	6	3.9%
VA/Military requirement	4	1.7%	3	1.3%	2	1.3%
Other	17	7.1%	28	12.4%	13	8.6%

¹Significantly fewer 2015 respondents selected a hospital based on its proximity to their home.

- Wife worked there
- Better doctors
- Infection research
- Happened to be in Great Falls
- OB/GYN
- Ambulance ride
- Ease of getting seen in a timely matter
- Where procedure was done

Cross Tabulation of Hospital and Residence

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

LOCATION OF MOST OFTEN UTILIZED HOSPITAL BY RESIDENCE

¹ Significantly fewer 2015 respondents selected a hospital based on prior experience.

² In 2015, significantly fewer respondents selected a hospital that was close to work.

“Other” comments:

	Chester	Great Falls	Havre	Shelby	Kalispell	Helena	Missoula	Billings	Other	Total
Chester 59522	34 (43%)	32 (40.5%)	2 (2.5%)		5 (6.4%)	1 (1.3%)	2 (2.5%)	2 (2.5%)	1 (1.3%)	79
Hingham 59528	3 (33.3%)	4 (44.4%)	2 (22.3%)							9
Rudyard 59540	6 (40%)	6 (40%)	2 (13.3%)		1 (6.7%)					15
Joplin 59531	4 (30.8%)	7 (53.8%)		1 (7.7%)	1 (7.7%)					13
Gildford 59525		1 (100%)								1
Inverness 59530	2 (28.6%)	3 (42.8%)	1 (14.3%)						1 (14.3%)	7
Lothair 59461		1 (100%)								1
Other	1 (50%)	1 (50%)								2
TOTAL	50 (39.4%)	55 (43.2%)	7 (5.5%)	1 (0.8%)	7 (5.5%)	1 (0.8%)	2 (1.6%)	2 (1.6%)	2 (1.6%)	127 (100%)

Cross Tabulation of Hospital and Reason Selected

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

LOCATION OF MOST UTILIZED HOSPITAL BY REASONS HOSPITAL SELECTED

	Chester	Great Falls	Havre	Kalispell	Missoula	Billings	Shelby	Helena	Other	Total
Closest to home	44 (71%)	14 (22.6%)	3 (4.8%)						1 (1.6%)	62
Referred by physician	11 (19%)	39 (67.2%)	3 (5.2%)	4 (6.9%)					1 (1.7%)	58
Prior experience with hospital	30 (55.6%)	16 (29.6%)	4 (7.4%)	3 (5.6%)			1 (1.8%)			54
Emergency, no choice	19 (42.2%)	25 (55.6%)	1 (2.2%)							45
Hospital's reputation for quality	21 (50%)	9 (21.4%)	2 (4.8%)	6 (14.2%)	2 (4.8%)	1 (2.4%)			1 (2.4%)	42
Recommended by family or friends	4 (28.6%)	3 (21.4%)	2 (14.3%)	2 (14.3%)	1 (7.1%)	2 (14.3%)				14
Cost of care	3 (42.9%)	3 (42.9%)		1 (14.2%)						7
Closest to work	4 (57.1%)	2 (28.6%)	1 (14.3%)							7
Required by insurance plan	1 (16.7%)	5 (83.3%)								6
VA/Military requirement								1 (100%)		1
Other	2 (18.2%)	4 (36.4%)	1 (9.1%)	1 (9.1%)		1 (9.1%)	1 (9.1%)		1 (9.1%)	11

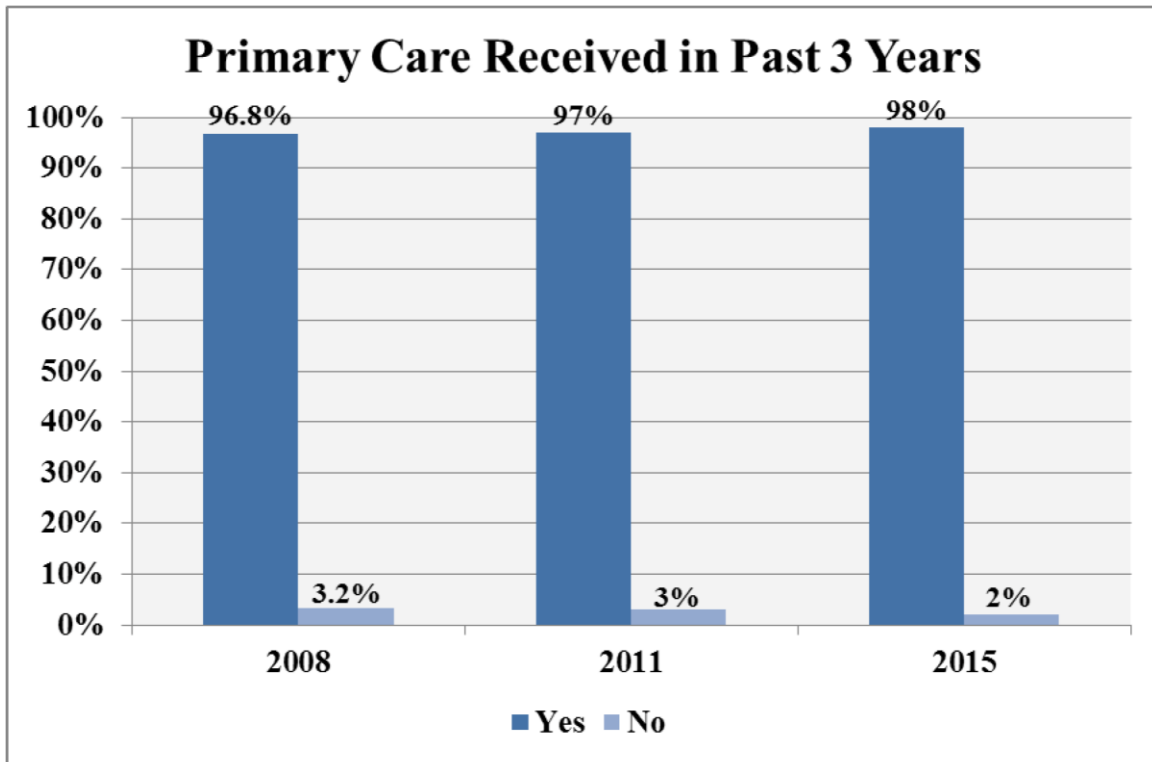
Primary Care Received in the Past Three Years (Question 17)

2015 N= 249

2011 N= 300

2008 N= 313

Ninety-eight percent of respondents (n=244) 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. Two percent of respondents (n=5) had not seen a primary care provider and two respondents chose not to answer this question.



Location of Primary Care Provider (Question 18)

2015 N= 226

2011 N= 288

2008 N= 257

Of the 244 respondents who indicated receiving primary care services in the previous three years, 75.7% (n=171) reported receiving care in Chester. Ten percent of respondents (n=22) went to Great Falls and 7.5% of respondents (n=17) utilized primary care services in Havre. Eighteen respondents chose not to answer this question.

Location	2008		2011		2015	
	Count	Percent	Count	Percent	Count	Percent
Chester	213	82.9%	235	81.6%	171	75.7%
Great Falls	13	5.1%	10	3.5%	22	9.7%
Havre	21	8.2%	23	8.0%	17	7.5%
Shelby	5	1.9%	13	4.5%	7	3.1%
Kalispell	Not asked - 2008		Not asked - 2011		2	0.9%
Missoula	Not asked - 2008		Not asked - 2011		2	0.9%
Billings	0	0	1	0.3%	1	0.4%
Helena	Not asked - 2008		Not asked - 2011		1	0.4%
VA hospital	1	0.4%	5	1.7%	0	0
Other	4	1.6%	1	0.3%	3	1.3%
TOTAL	257	100.0%	288	100.0%	226	100.0%

“Other” comments:

- Spokane, MT
- Bozeman (2)
- Missoula
- Hot Springs

Reasons for Selection of Primary Care Provider (Question 19)

2015 N= 244

2011 N= 291

2008 N= 303

Those respondents who indicated they or someone in their household had been seen by a primary care provider within the past three years were asked to indicate why they chose that primary care provider. “Closest to home” (57%, n=139) was the most frequently cited factor in primary care provider selection followed closely by “Prior experience with clinic” at 47.1% (n=115) and “Local provider reputation” at 39.8% (n=97). Respondents were asked to select all that apply so the percentages do not equal 100%.

Reason	2008		2011		2015	
	Count	Percent	Count	Percent	Count	Percent
Closest to home¹	221	72.9%	218	74.9%	139	57.0%
Prior experience with clinic	160	52.8%	167	57.4%	115	47.1%
Local provider reputation	Not asked - 2008		Not asked - 2011		97	39.8%
Appointment availability	112	37.0%	114	39.2%	87	35.7%
Personal relationship with provider	64	21.1%	67	23.0%	72	29.5%
Clinic’s reputation for quality	100	33.0%	87	29.9%	68	27.9%
Recommended by family or friends	51	16.8%	45	15.5%	36	14.8%
Length of waiting room time	37	12.2%	45	15.5%	33	13.5%
Referred by physician or other provider	28	9.2%	17	5.8%	25	10.2%
Cost of care	28	9.2%	33	11.3%	20	8.2%
VA/Military requirement	5	1.7%	7	2.4%	4	1.6%
Required by insurance plan	2	0.7%	6	2.1%	3	1.2%
Other	24	7.9%	17	5.8%	7	2.9%

¹Significantly fewer of the 2015 respondents selected a primary care clinic because it was closest to home.

“Other” comments:

- Female provider
- Work in Havre
- State provided clinic
- Provided services needed

- OB/GYN
- Understands health history

Cross Tabulation of Primary Care and Residence

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

LOCATION OF PRIMARY CARE PROVIDER MOST UTILIZED BY RESIDENCE

	Chester	Havre	Shelby	Great Falls	Missoula	Billings	Helena	Kalispell	Other	Total
Chester 59522	105 (77.8%)	4 (3%)	1 (0.7%)	17 (12.6%)	2 (1.5%)	1 (0.7%)	1 (0.7%)	2 (1.5%)	2 (1.5%)	135
Joplin 59531	22 (75.9%)	3 (10.3%)	2 (6.9%)	2 (6.9%)						29
Rudyard 59540	21 (84%)	3 (12%)		1 (4%)						25
Hingham 59528	5 (55.6%)	3 (33.3%)		1 (11.1%)						9
Inverness 59530	7 (77.8%)	1 (11.1%)							1 (11.1%)	9
Gildford 59525	2 (40%)	3 (60%)								5
Lothair 59461	1 (50%)		1 (50%)							2
Whitlash 59545	1 (50%)		1 (50%)							2
Galata 59444			1 (100%)							1
Other	2 (100%)									2
TOTAL	166 (75.7%)	17 (7.8%)	6 (2.7%)	21 (9.6%)	2 (0.9%)	1 (0.5%)	1 (0.5%)	2 (0.9%)	3 (1.4%)	219 (100%)

Cross Tabulation of Clinic and Reason Selected

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

LOCATION OF PRIMARY CARE PROVIDER BY REASONS CLINIC SELECTED

	Chester	Havre	Great Falls	Shelby	Kalispell	Missoula	Helena	Billings	Other	Total
Closest to home	121 (92.4%)	5 (3.7%)	1 (0.8%)	3 (2.3%)					1 (0.8%)	131
Prior experience with clinic	90 (81.8%)	8 (7.3%)	7 (6.4%)	3 (2.7%)	2 (1.8%)					110
Local provider reputation	86 (91.5%)		2 (2.1%)	3 (3.2%)	1 (1.1%)	2 (2.1%)				94
Appointment availability	71 (86.6%)	4 (4.9%)	5 (6.1%)	2 (2.4%)						82
Personal connection with provider	55 (79.7%)	4 (5.8%)	6 (8.7%)	3 (4.4%)	1 (1.4%)					69
Clinic's reputation for quality	57 (87.7%)	2 (3.1%)	2 (3.1%)	1 (1.5%)	2 (3.1%)	1 (1.5%)				65
Recommended by family or friends	24 (68.6%)	2 (5.7%)	4 (11.4%)		1 (2.9%)	2 (5.7%)			2 (5.7%)	35

Length of waiting room time	24 (75%)	1 (3.1%)	2 (6.3%)	3 (9.3%)	2 (6.3%)					32
Referred by physician or other provider	11 (50%)	2 (9.2%)	7 (31.8%)					1 (4.5%)	1 (4.5%)	22
Cost of care	17 (89.4%)	1 (5.3%)		1 (5.3%)						19
Required by insurance plan	1 (33.4%)	1 (33.3%)	1 (33.3%)							3
VA/Military requirement		1 (33.3%)	1 (33.3%)				1 (33.4%)			3
Other	2 (28.6%)	3 (42.8%)		1 (14.3%)	1 (14.3%)					7

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

2015 N= 238

2011 N= 283

2008 N= 301

Eighty-two percent of respondents (n=195) indicated they or a household member had seen a healthcare specialist during the past three years. Eighteen percent (n=43) indicated they had not seen a specialist and thirteen respondents chose not to answer this question.



Type of Healthcare Specialist Seen (Question 21)

2015 N= 195

2011 N= 241

2008 N= 252

The respondents (n=195) saw a wide array of healthcare specialists in the past three years. The most frequently indicated specialist was a “Dentist” at 53.3% of respondents (n=104) having utilized their services. “Orthopedic surgeon” was the second most utilized specialist at 27.7% (n=54) and

“Cardiologist” was third at 25.6% (n=50). Respondents were asked to choose all that apply so percentages do not equal 100%.

Specialist Type	2008		2011		2015	
	Count	Percent	Count	Percent	Count	Percent
Dentist¹	115	45.6%	139	57.7%	104	53.3%
Orthopedic surgeon	60	23.8%	53	22.0%	54	27.7%
Cardiologist	50	19.8%	47	19.5%	50	25.6%
Physical therapist	Not asked - 2008		60	24.9%	49	25.1%
Dermatologist ²	25	9.9%	23	9.5%	39	20.0%
Ophthalmologist	Not asked - 2008		Not asked - 2011		35	17.9%
Radiologist	45	17.9%	39	16.2%	32	16.4%
Urologist	Not asked - 2008		46	19.1%	30	15.4%
Chiropractor	22	8.7%	28	11.6%	27	13.8%
ENT (ear/nose/throat)	34	13.5%	49	20.3%	27	13.8%
General surgeon	43	17.1%	41	17.0%	26	13.3%
OB/GYN	34	13.5%	30	12.4%	25	12.8%
Neurologist	29	11.5%	25	10.4%	22	11.3%
Allergist	Not asked - 2008		15	6.2%	20	10.3%
Oncologist	25	9.9%	21	8.7%	18	9.2%
Podiatrist	17	6.7%	9	3.7%	15	7.7%
Gastroenterologist	Not asked - 2008		27	11.2%	15	7.7%
Rheumatologist	6	2.4%	16	6.6%	11	5.6%
Pulmonologist	Not asked - 2008		Not asked - 2011		11	5.6%
Oral surgeon ³	7	2.8%	22	9.1%	10	5.1%
Endocrinologist	Not asked - 2008		9	3.7%	9	4.6%
Occupational therapist	Not asked - 2008		13	5.4%	8	4.1%
Naturopath	Not asked - 2008		8	3.3%	7	3.6%
Orthodontist	18	7.1%	13	5.4%	7	3.6%
Pediatrician	8	3.2%	9	3.7%	7	3.6%
Mental health counselor	5	2.0%	11	4.6%	6	3.1%
Neurosurgeon	Not asked - 2008		13	5.4%	6	3.1%

Question 21 continued on following page...

Question 21 continued...

Specialist Type	2008		2011		2015	
	Count	Percent	Count	Percent	Count	Percent
Dietician	5	2.0%	5	2.1%	5	2.6%
Endodontist	4	1.6%	3	1.2%	5	2.6%
Periodontist	1	0.4%	3	1.2%	4	2.1%
Psychiatrist (M.D.)	5	2.0%	9	3.7%	3	1.5%
Psychologist	4	1.6%	6	2.5%	3	1.5%
Speech therapist	Not asked - 2008		4	1.7%	2	1.0%
Geriatrician	Not asked - 2008		0	0	1	0.5%
Social worker ⁴	0	0	26	10.8%	1	0.5%
Substance abuse counselor	1	0.4%	1	0.4%	0	0
Other	37	14.7%	19	7.9%	9	4.6%

¹Significantly more respondents saw a dentist in 2011 and 2015 compared to 2008.

²Significantly more of the 2015 respondents visited a dermatologist than in previous years.

³In 2015, significantly fewer respondents saw an oral surgeon when compared with 2011.

⁴Significantly fewer of the 2015 respondents saw a social worker than in 2011.

“Other” comments: -

Optometrist

- Sports medicine
- Carotid artery check
- Vascular surgeon
- Pneumonia
- Eye surgeon (2)
- Acupuncturist
- Holistic
- Anesthesiologist
- Chest specialist
- Some of the mentioned specialists come once or twice a month
- Spine specialist
- Internal medicine
- Nutritionist

Location of Healthcare Specialist (Question 22)

2015 N= 195

2011 N= 241

2008 N= 252

Of the 195 respondents who indicated they saw a healthcare specialist in the past three years, 74.9% (n=146) saw one in Great Falls. Chester was utilized by 44.6% (n=87) of respondents for specialty care and Havre was reported by 18.5% (n=36). Respondents could select more than one location; therefore percentages do not equal 100%.

Location	2008		2011		2015	
	Count	Percent	Count	Percent	Count	Percent
Great Falls	196	77.8%	188	78.0%	146	74.9%
Chester	105	41.7%	121	50.2%	87	44.6%
Havre	36	14.3%	47	19.5%	36	18.5%
Helena	Not asked - 2008		Not asked - 2011		15	7.7%
Billings	14	5.6%	21	8.7%	14	7.2%
Kalispell	14	5.6%	19	7.9%	12	6.2%
Shelby	12	4.8%	20	8.3%	12	6.2%
Missoula	Not asked - 2008		11	4.6%	10	5.1%
Other	29	11.5%	27	11.2%	15	7.7%

“Other” comments:

- Whitefish (2)
- ND
- FL
- Seattle
- Out of state
- AZ (2)
- ID
- Spokane
- Conrad (2)
- Deer Lodge
- Bozeman
- Missoula
- Mayo Clinic (2)
- Cut Bank (2)

Desired Local Specialty Services (Question 23)

2015 N= 251

Respondents were asked in a free response question to indicate the visiting specialty services they would utilize if they were available at Liberty Medical Center.

- Dermatologist (19)
- Chiropractor (13)
- Naturopath (8)
- Allergist (6)
- OB/GYN (5)
- Acupuncture (5)
- Ear/Nose/Throat (5)
- Podiatrist (5)
- Urologist (5)
- Cardiologist (4)
- All listed in question #21 (3)
- Dentist (3)
- Physical therapist (3)
- Oncologist (2)
- Orthodontist (2)
- Orthopedic services (2)
- Rheumatologist (2)
- MRI
- Any doctors that would help me
- I don't know – have trust issues in LMC. Could have lost my left arm by wrong doctor care
- Endocrinologist
- Speech therapist
- Neurologist
- Psychologist
- Gastroenterologist
- Dietician
- Pulmonologist

- Mental Health
- Rheumatologist
- Audiologist
- Massage
- Therapist
- Counselor
- Back specialist
- Ophthalmologist
- Depends what needs fixed
- Whomever was a provider for insurance

Overall Quality of Care at Liberty Medical Center (Question 24)

2015 N= 251

2011 N= 304

2008 N= 314

Respondents were asked to rate a variety of aspects of the overall care provided at Liberty Medical Center using the scale of 4=Excellent, 3=Good, 2=Fair, 1=Poor, and “Don’t know.” The sums of the average scores were then calculated with “Ambulance services” and “Pharmacy” receiving the top average score of 3.8 out of 4.0. “Emergency room/urgent care” and “Mammography” received scores of 3.6 out of 4.0. “Laboratory,” “Public health,” and “Radiology services” all received scores of 3.5 out of 4.0. The total average score was 3.5, indicating the overall services of the hospital to be “Excellent” to “Good.”

2015	Excellent (4)	Good (3)	Fair (2)	Poor (1)	Don't Know	Haven't Used	No Ans	N	Avg
Ambulance services	126	11	4	4	9	85	12	251	3.8
Pharmacy	132	42	0	0	11	51	15	251	3.8
Emergency room/urgent care	124	48	9	6	6	49	9	251	3.6
Mammography	96	29	4	5	20	76	21	251	3.6
Laboratory	128	77	15	2	5	15	9	251	3.5
Public health	69	45	5	4	16	85	27	251	3.5
Radiology services	88	51	9	4	17	62	22	251	3.5
Hospital Care (inpatient/outpatient)	92	57	11	5	17	54	15	251	3.4
Liberty Medical Center Clinic	118	90	12	4	3	13	11	251	3.4

Surgery (outpatient)	38	18	4	4	30	127	30	251	3.4
Wheat Country Estate (assisted living)	43	19	4	4	25	129	27	251	3.4
Physical/occupational therapy	57	49	15	5	22	88	15	251	3.3
Long term care	35	25	13	5	24	124	25	251	3.2
Mental health counselor	9	15	3	4	40	139	41	251	2.9
TOTAL	1155	576	108	56					3.5

2011	Excellent (4)	Good (3)	Fair (2)	Poor (1)	Don't know/NA	N	Avg
Ambulance services	107	20	4	1	172	304	3.8
Mammography	122	34	3	2	143	304	3.7
Emergency room/urgent care	140	51	15	3	95	304	3.6
Wheat Country Estate (assisted living)	48	24	2	1	229	304	3.6
Laboratory	157	85	16	2	44	304	3.5
Radiology services	128	72	13	4	87	304	3.5
Surgery (outpatient)	56	30	3	5	210	304	3.5
Liberty Medical Center Clinic	150	90	20	7	37	304	3.4
Long term care	43	28	11	4	218	304	3.3
Physical/occupational therapy	80	62	17	7	138	304	3.3
Mental health counselor	11	5	4	9	275	304	2.6
TOTAL	1042	501	108	45			3.5

2008	Excellent (4)	Good (3)	Fair (2)	Poor (1)	Don't know	N	Avg
Ambulance services	75	26	4	0	209	314	3.7
Liberty Medical Center Clinic	147	96	22	3	46	314	3.7

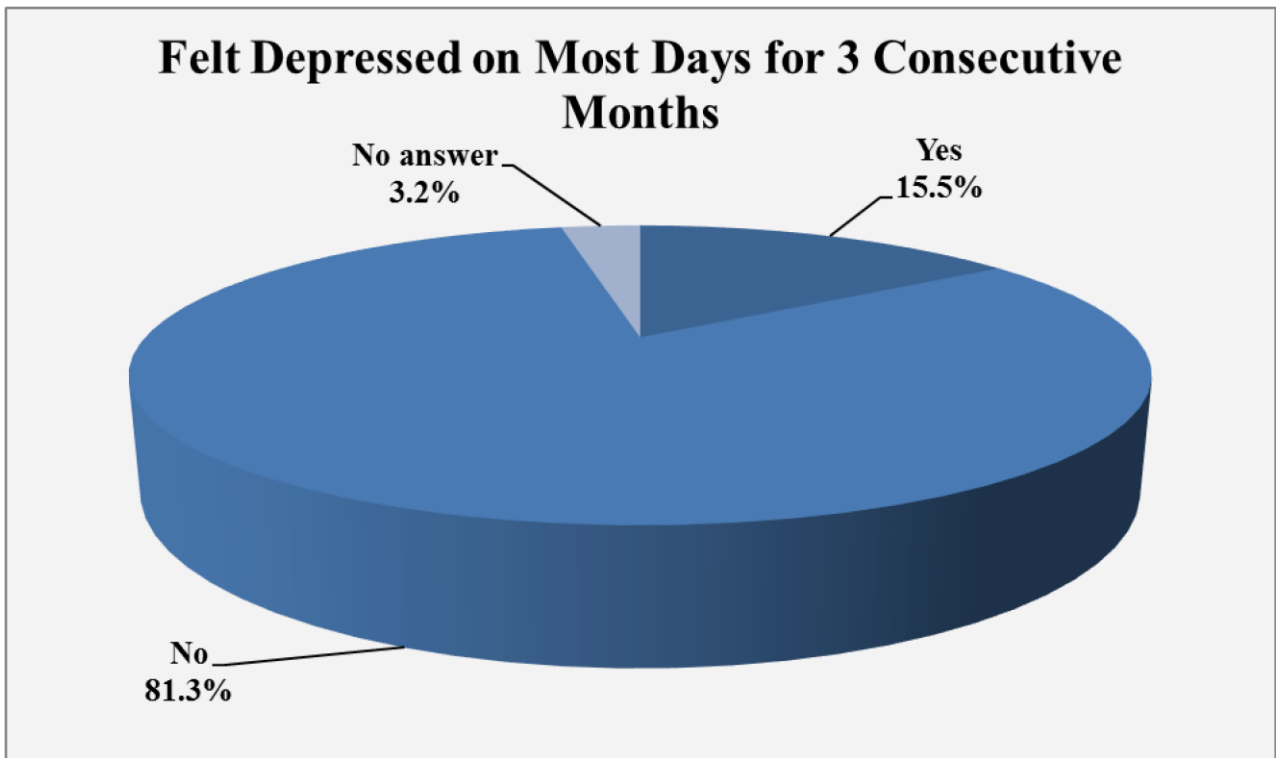
Mammography	139	33	3	2	137	314	3.7
Emergency room/urgent care	138	51	6	3	116	314	3.6
Physical therapy	112	43	3	4	152	314	3.6
Laboratory	165	85	16	3	45	314	3.5
Radiology services	138	66	11	5	94	314	3.5
Surgery (outpatient)	62	36	7	3	206	314	3.5
Wheat Country Estate (assisted living)	38	22	5	1	248	314	3.5
Long term care	33	34	6	2	239	314	3.3
Mental health counselor	8	7	10	5	284	314	2.6
TOTAL	1055	412	93	31			3.6

Survey Findings – Personal Health

Prevalence of Depression (Question 25)

2015 N= 251

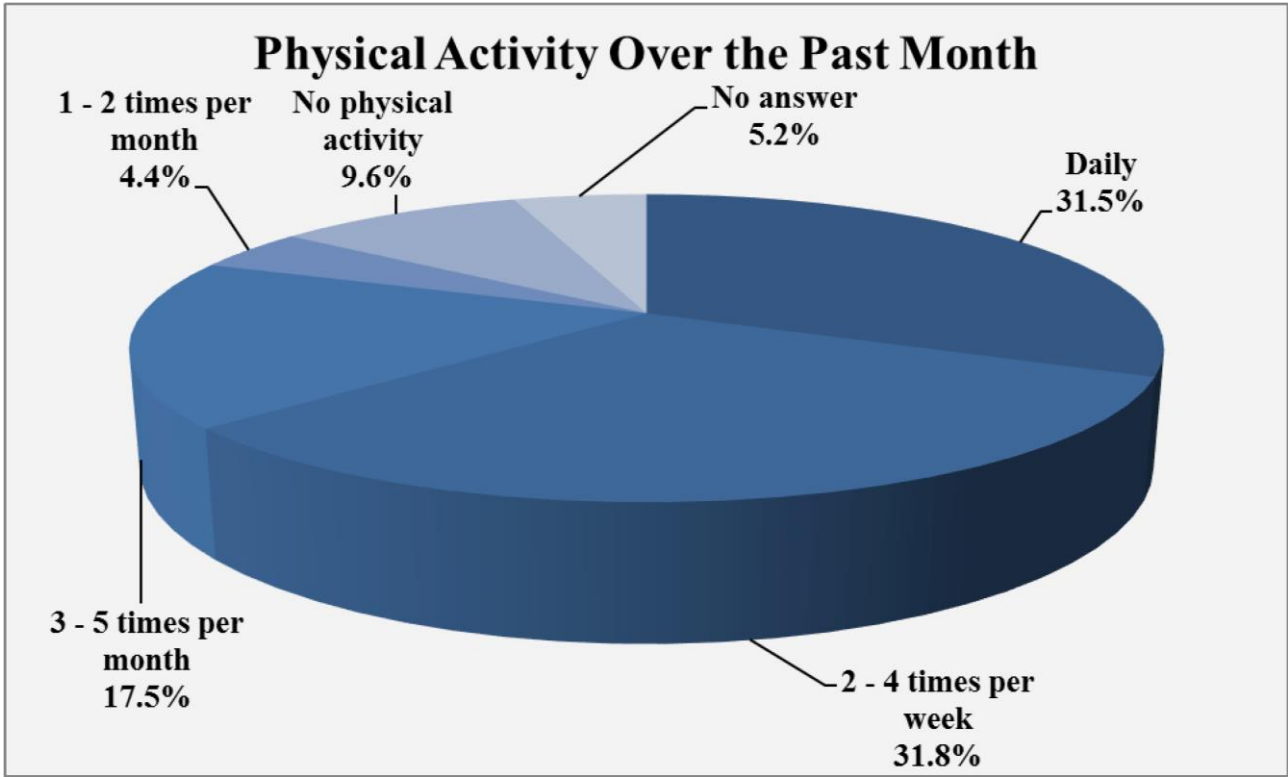
Respondents were asked to indicate if there were periods of at least three consecutive months in the past three years where they felt depressed on most days, although they may have felt okay sometimes. Sixteen percent of respondents (n=39) indicated they had experienced periods of feeling depressed and 81.3% of respondents (n=204) indicated they had not. Three percent of respondents (n=8) chose not to answer this question.



Physical Activity (Question 26)

2015 N= 251

Respondents were asked to indicate how frequently they had physical activity for at least twenty minutes over the past month. Thirty-two percent of respondents (n=80) indicated they had physical activity of at least twenty minutes “2-4 times per week” over the past month and 31.5% (n=79) indicated they had physical activity “Daily.” Ten percent of respondents (n=24) indicated they had “No physical activity” and thirteen respondents chose not to answer this question.

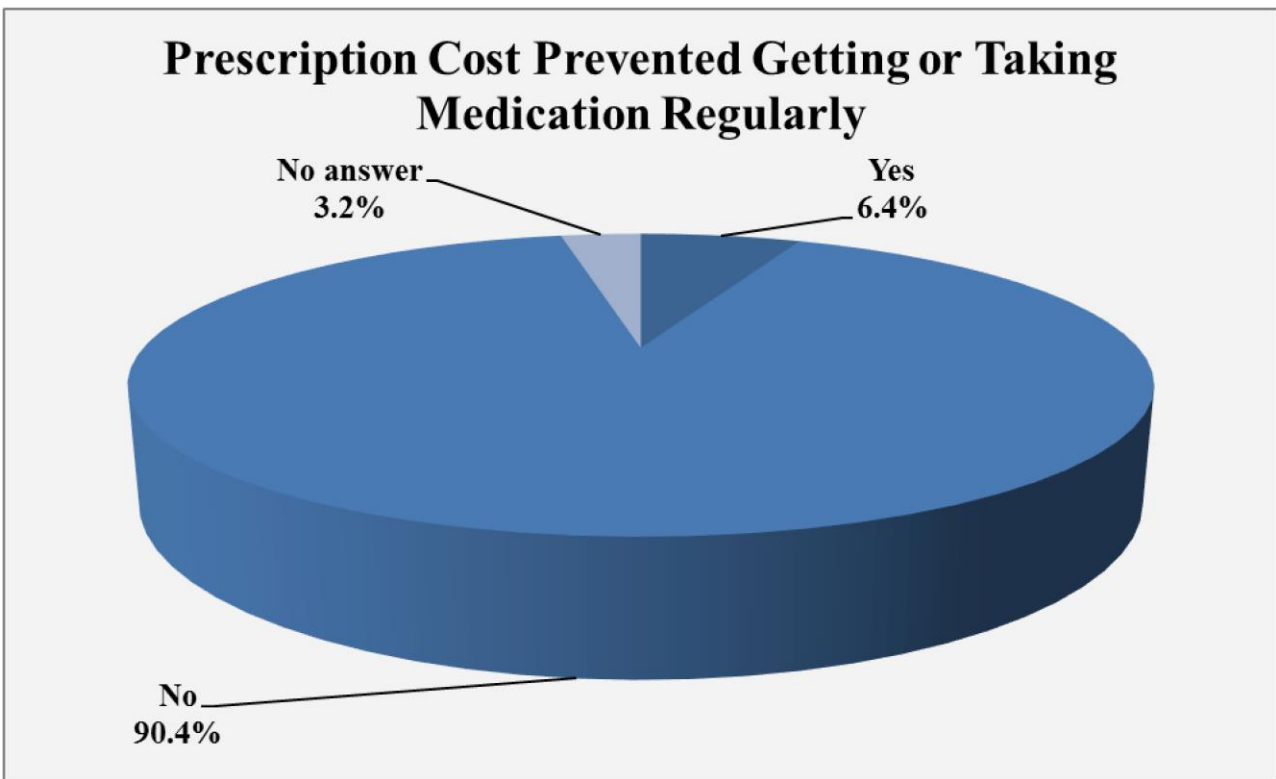


Survey Findings – Cost and Health Insurance

Cost and Prescription Medications (Question 27)
2015 N= 251

Respondents were asked to indicate if, during the last year, medication costs had prohibited them from getting a prescription or taking their medication regularly. Six percent of respondents (n=16) indicated that, in the last year, cost had prohibited them from getting a prescription or taking their

medication regularly. Ninety percent of respondents (n=227) indicated that cost had not prohibited them, and three percent of respondents (n=8) chose not to answer this question.



Medical Insurance (Question 28)

2015 N= 213

2011 N= 287

2008 N= 250

Respondents were asked to indicate what type of medical insurance covers the majority of their medical expenses. Thirty-two percent (n=68) indicated they have “Employer sponsored” coverage. Thirty-one percent (n=66) indicated they have “Medicare” and “Private insurance/private plan” was

indicated by 16.4% of respondents (n=35). Thirty-eight respondents chose not to answer this question.

Location	2008		2011		2015	
	Count	Percent	Count	Percent	Count	Percent
Employer sponsored	88	35.2%	95	33.1%	68	31.9%
Medicare	76	30.4%	108	37.6%	66	31.0%
Private insurance/private plan	Not asked - 2008		Not asked - 2011		35	16.4%
Health Insurance Marketplace	Not asked - 2008		Not asked - 2011		12	5.6%
Agricultural Corp. Paid	Not asked - 2008		11	3.8%	10	4.7%
None/Pay out of pocket	16	6.4%	14	4.9%	6	2.8%
Medicaid	3	1.2%	3	1.0%	4	1.9%
State/Other	4	1.6%	3	1.0%	3	1.4%
VA/Military	2	0.8%	2	0.7%	2	0.9%
Health Savings Account	Not asked - 2008		0	0	2	0.9%
Healthy MT Kids	1	0.4%	7	2.4%	1	0.5%
Self-paid	29	11.6%	40	13.9%	Not asked - 2015	
High deductible plan	23	9.2%	Not asked - 2011		Not asked - 2015	
Indian Health	Not asked - 2008		Not asked - 2011		0	0
Other	8	3.2%	4	1.4%	4	1.9%
TOTAL	250	100.0%	287	100.0%	213	100.0%

“Other” comments:

- Blue Cross Blue Shield (2)
- Samaritan Ministries
- Aflac accident
- Supplement and AARP
- Federal
- VA

Insurance and Healthcare Costs (Question 29)

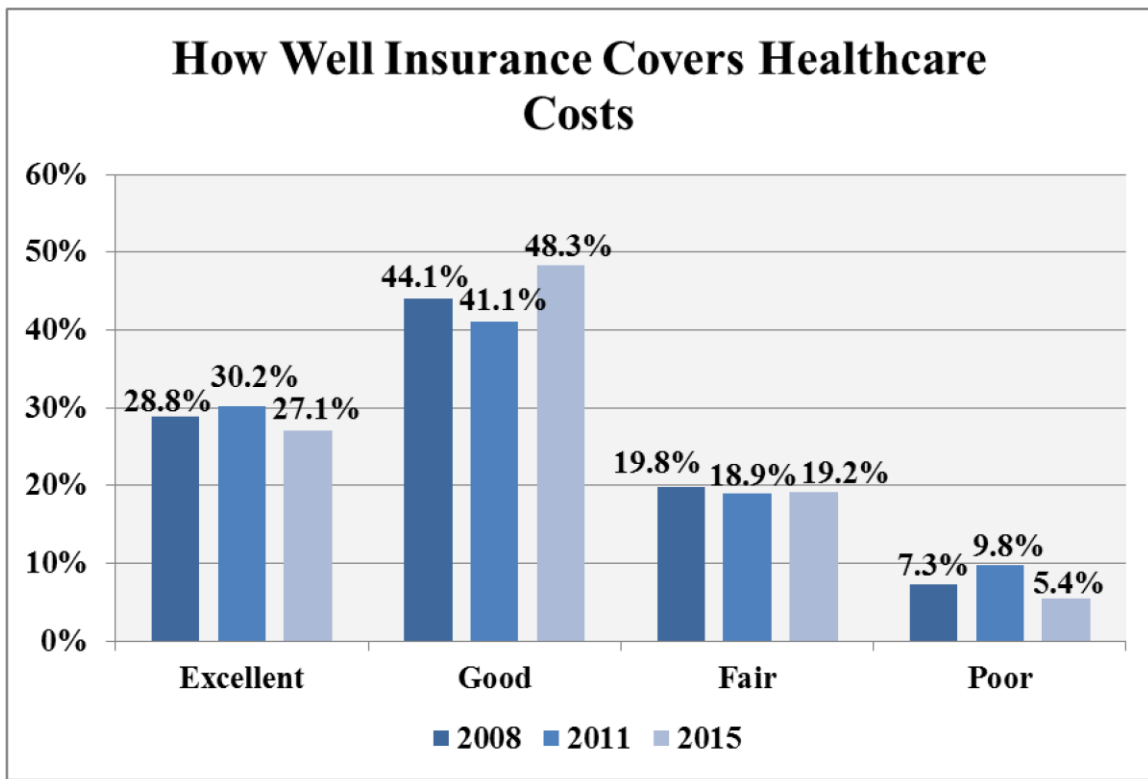
2015 N= 240

2011 N= 285

2008 N= 288

Respondents were asked to indicate how well they felt their health insurance covers their healthcare costs. Forty-eight percent of respondents (n=116) indicated they felt their insurance covers a “Good” amount of their healthcare costs. Twenty-seven percent of respondents (n=65) indicated they felt

their insurance is “Excellent” and 19.2% of respondents (n=46) indicated they felt their insurance coverage was “Fair.” Eleven respondents chose not to answer this question.



Barriers to Having Health Insurance (Question 30)

2015 N= 6
 2011 N=14
 2008 N= 16

Those respondents who indicated they did not have medical insurance were asked to indicate why they did not. Thirty-three percent (n=2, each) reported they did not have health insurance because they could not afford to pay for it or they choose not to have insurance. Approximately sixteen percent (16.7%, n=1) indicated that “Employer does not offer insurance.” Respondents were asked to mark all answers that applied, thus the percentages do not equal 100%.

Location	2008		2011		2015	
	Count	Percent	Count	Percent	Count	Percent
Cannot afford to pay for medical insurance ¹	13	81.3%	13	92.9%	2	33.3%
Choose not to have medical insurance	0	0	2	14.3%	2	33.3%
Employer does not offer insurance	0	0	0	0	1	16.7%
Other	0	0	1	7.1%	1	16.7%

¹Significantly fewer of the 2015 respondents cited an inability to pay for medical insurance as a barrier to having health insurance.

“Other” comments:

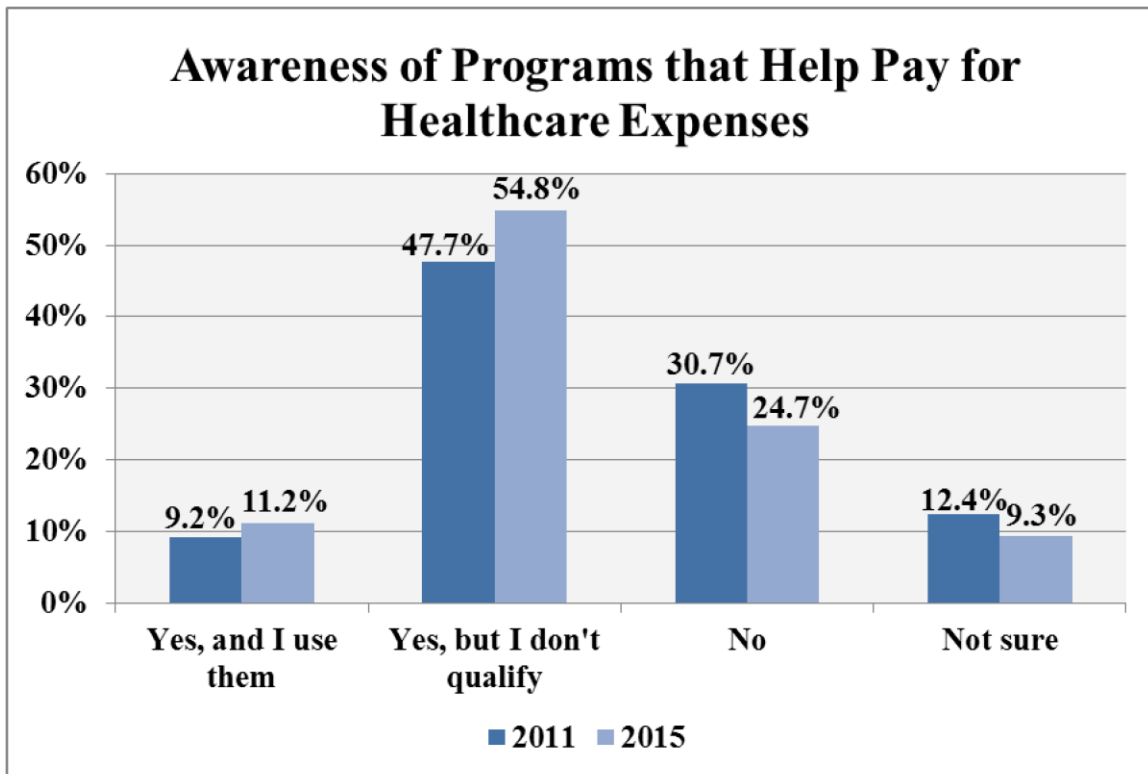
- Tricare for life
- No help choosing a plan
- Cost is getting hard to pay
- Medicare

Awareness of Health Payment Programs (Question 31)

2015 N= 215

2011 N= 251

Respondents were asked to indicate their awareness of programs that help people pay for healthcare bills. Fifty-five percent of respondents (n=118) indicated they were aware of these types of programs, but did not qualify to utilize them. Twenty-five percent (n=53) indicated that they were not aware or did not know of these programs and 11.2% of respondents (n=24) indicated they were aware of and utilized health payment assistance programs. Thirty-six respondents chose not to answer this question.



VI. Focus Group Methodology

Two focus groups were held in Chester, Montana in February 2015. Focus group participants were identified as people living in Liberty Medical Center’s service area.

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

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

VII. Focus Group Findings

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

- *Major issues in healthcare:* A variety of themes were discussed throughout the focus group meetings. The most common concerns were: access to healthcare services, especially pediatric and OB/GYN services, alcohol and substance abuse, the growing aging population, and the lack of mental health services available, specifically Alzheimer's and dementia care.
- *Opinion of services and quality of care at Liberty Medical Center:*

Quality of Care: Participants spoke highly of the quality of care they had received at Liberty Medical Center. They expressed great appreciation and respect for the hospital and the services it provides.

Number of Services: Focus group participants were pleased with the number of services available to them in Liberty County. Several mentioned the large number of visiting specialists the hospital brings into the community. Some expressed a desire for prenatal and pediatric services or sleep studies.

Hospital Staff: Overall, participants spoke highly of hospital staff and the care they provide. Some participants were concerned about the way CNAs treat patients in the nursing home, stating they seem too “rough.”

Hospital Board and Leadership: Most participants felt that the hospital board is not very visible within the community. Many participants stated they did not know who the board members were or when they met.

Business Office: Focus group participants were pleased with the business office and noted their timeliness with billing.

Condition of Facility and Equipment: Participants noted that the facility is older, but the equipment is good and everything works properly.

Financial Health of the Hospital: Participants knew very little about the financial health of Liberty Medical Center, but stated that the mill levy had passed.

Cost: Overall, participants understood that healthcare services can be costly but felt that services at the hospital were reasonable priced.

Office/Clinic Staff: Participants spoke positively of the office and clinic staff stating they do a good job and are friendly.

Availability: Generally, participants felt that if they needed to get in for something they could. Some focus group participants noted that offering hours on Saturday would be helpful and could increase access to healthcare services.

- *Opinion of local providers:* Focus group participants stated they used their local providers primarily because they trust them. Convenience was also a major factor in why participants chose to receive care locally instead of travelling out of town.
- *Opinion of local services:*

Emergency room: Participants spoke positively of the Emergency Room. Both groups felt that care was quick and competent.

Ambulance service: The ambulance service received very positive reviews from participants. Both groups spoke to their importance in rural Montana and felt lucky to have such wonderful, competent volunteer EMTs in Chester.

Healthcare Services for Senior Citizens: Participants felt that the services available to seniors in the community were “top notch.”

Public/County Health Department: Participants were pleased with the number of services available through the public health department, specifically flu shots, vaccinations, and blood pressure checks for seniors.

Healthcare Services for Low-Income Individuals/Families: Participants stated that there is not a significant low-income population in Chester; however, they knew of available services.

Nursing Home/Assisted Living Facility: Focus group participants were thankful to have a nursing home in the local area. They felt the quality of care provided was exceptional, but wished there were services available for advanced Alzheimer’s and dementia patients.

Pharmacy: Participants were pleased with the pharmacy services available to them.

- *What would make the community a healthier place to live:* Participants offered many suggestions for making Chester and the surrounding area a healthier place to live. They focused on the importance of including services for children and teens other than high school sporting events. Participants felt that access to walking or bike paths would greatly improve the health of the community. Additionally, participants expressed concern about alcohol and substance abuse, limited access to mental health services, and diabetes services.
- *Why people might leave the community for healthcare services:* Generally participants felt that community members would leave Chester if they did not like the local providers or needed specialty care that they could not get locally.
- *Healthcare services needed in the community:* Additional services that participants felt are needed include: Alzheimer’s and dementia care, a fitness center, local sleep studies, a chiropractor, mental health services, OB/GYN, a partnership between the hospital and the school, a school nurse, and more health education opportunities, especially for kids and teens.

VIII. Summary

Two hundred fifty-one surveys were completed in Liberty Medical Center's service area for a 40% response rate. Of the 251 returned, 66.9% of the respondents were females, 66.7% were 56 years of age or older, and 46.9% 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 (51%) feel the Chester area is a "somewhat healthy" place to live. Significantly fewer respondents rated the Chester area as "very healthy" or "healthy" compared to previous years.

Respondents indicated their top three health concerns were: cancer (67.3%), alcohol abuse/substance abuse (42.6%), and heart disease (33.9%). Significantly more respondents identified cancer to be a concern in 2015 than in 2011.

When respondents were asked which health related educational programs or classes they would be most interested in, the top choices were: nutrition and weight loss (41.4%), health and wellness (41%), and Alzheimer's (26.7%).

Overall, the respondents within Liberty 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 86.9% 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 support 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. John Fauerbach – Pastor, Our Savior’s Lutheran Church
2. Lynda Vande Sandt – Liberty County Tobacco Prevention, Liberty Medical Center
3. Glenda Hanson – Director of Senior Center and Public Transportation
4. Noel Walston– Mayor of Chester
5. Julie Erickson – Quality Improvement Specialist, Liberty Medical Center
6. Tara Hendrickson – Director of Ambulance
7. Karla Kupas – Registered Nurse, Liberty County Public Health Department
8. Betty Marshall – Board of Senior Center
9. Kelcey Diemert– Pharmacist
10. Derek Daly – CEO, Liber Medical Center
11. Thad Kaiser – Superintendent, Chester Schools
12. Russ Tempel – County Commissioner
13. Judy Tempel – President, Hi-Line Health Foundation

Appendix B – Public Health and Populations Consultation

Public Health and Populations Consultation Worksheet

1. Public Health

a. Name/Organization

Karla Kupas – Registered Nurse, Liberty County Public Health Department

b. Date of Consultation

First Steering Committee Meeting: 11/17/2014 MM/DD/YYYY

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

Steering Committee

d. Input and Recommendations from Consultation

- Hutterites have good immunization rates, but their population is not as good at getting their children immunized.

2. Populations Consultation (a leader or representative of populations such as medically

underserved, low-income, minority and/or populations with chronic disease)

Population: Low-Income, Underinsured

a. Name/Organization

Tara Hendrickson – Ambulance Director, Liberty County Emergency Services
John Fauerbach – Pastor, Our Savior’s Lutheran Church

b. Date of Consultation

First Steering Committee Meeting: 11/17/14 MM/DD/YYYY

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

Steering Committee

d. Input and Recommendations from Consultation

- Many people in the county do not have insurance.
- We have community care here but not everyone knows what it is or where to go.
- Jody at LMC is trained as a navigator to help folks get insurance.

Appendix C – Survey Cover Letter



December 29, 2014

Dear Resident:

Please participate in our Community Health Needs Assessment survey and have a chance to WIN a \$50 Liberty County Chamber Gift Certificate!

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

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

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

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

Once you complete your survey, simply **return it AND ONE of the raffle tickets** in the enclosed self-addressed, postage paid envelope postmarked by **February 16, 2015**. **Keep The Other Raffle Ticket In A Safe Place.**

The winning raffle ticket number will be announced on the Liberty Medical Center's facebook page at: www.facebook.com/lchnh and in Liberty County Times on **February 23, 2015**. Please contact Julie Erickson at 759-6953 or julie.erickson@lchnh.org with your winning raffle ticket to redeem your prize.

Your response is very important to Liberty Medical Center because your comments will represent others in the area and will help guide us in planning responsive and high quality local healthcare services for the future. Even if you do not use healthcare services through Liberty Medical Center, your input is still helpful and will benefit our community. We know your time is valuable so we have made every effort to keep the survey brief – it should take less than 15 minutes to complete. Your help is much appreciated in responding to this survey and we are offering you this chance to win a \$50 Liberty County Chamber Gift Certificate as a thank you for completing the enclosed survey.

All survey responses will go to the National Rural Health Resource Center in Duluth, Minnesota, the organization that is assisting with this project. If you have any questions about the survey, please call the Montana Office of Rural Health at 406-994-6808.

Thank you for your assistance. We appreciate your effort.

Sincerely,

Derek Daly, CEO
Liberty Medical Center

Appendix D – Survey Instrument

Community Health Services Development Survey
Chester, 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 406-994-5310.*

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

Community Health

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

- Very healthy Healthy Somewhat healthy Unhealthy Very unhealthy

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

(Select ONLY 3 that apply)

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

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

(Select ONLY 3 that apply)

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

Awareness of Services

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

- Excellent Good Fair Poor

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

- Clinic/hospital staff Newspaper Social media (Facebook, etc.) Other _____
- Friends/family Presentations Word of mouth/reputation
- Healthcare provider Radio Website/internet

04F

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

- | | | |
|--|--|--|
| <input type="radio"/> Dentist | <input type="radio"/> Massage therapy | <input type="radio"/> Public health |
| <input type="radio"/> Liberty County Transit | <input type="radio"/> Mental health | <input type="radio"/> Senior center |
| <input type="radio"/> Fitness center | <input type="radio"/> Optometrist (eyes) | <input type="radio"/> Tobacco prevention program |
| <input type="radio"/> Health fair | <input type="radio"/> Pharmacy | <input type="radio"/> Other _____ |

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

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

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

- | | | |
|-----------------------------------|---|---|
| <input type="radio"/> Alzheimer's | <input type="radio"/> Diabetes | <input type="radio"/> Heart disease |
| <input type="radio"/> Cancer | <input type="radio"/> First aid & CPR | <input type="radio"/> Nutrition & weight loss |
| <input type="radio"/> CNA | <input type="radio"/> Health and wellness | <input type="radio"/> Other _____ |

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

- Very important Important Not important Don't know

General Use of Healthcare Services

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

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

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

(Select ONLY 3 that apply)

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

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

- | | | |
|--|--|--|
| <input type="radio"/> Children's checkup/Well baby | <input type="radio"/> Mammography | <input type="radio"/> Routine blood work |
| <input type="radio"/> Cholesterol check | <input type="radio"/> Pap smear | <input type="radio"/> Routine health checkup |
| <input type="radio"/> Colonoscopy | <input type="radio"/> Prostate (PSA) | <input type="radio"/> None |
| <input type="radio"/> Flu shot | <input type="radio"/> Routine blood pressure check | <input type="radio"/> Other _____ |

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

- | | | |
|---|--|-----------------------------------|
| <input type="radio"/> Acupuncture | <input type="radio"/> Dermatology | <input type="radio"/> OB/GYN |
| <input type="radio"/> Allergist | <input type="radio"/> Endocrinologist | <input type="radio"/> Oncologist |
| <input type="radio"/> Cancer care | <input type="radio"/> Foot care clinic | <input type="radio"/> Podiatrist |
| <input type="radio"/> Chiropractor | <input type="radio"/> Home health care | <input type="radio"/> Psychiatry |
| <input type="radio"/> Community health worker | <input type="radio"/> MRI | <input type="radio"/> Other _____ |

Hospital Care

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

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

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

- | | | | |
|-----------------------------------|---------------------------------|-----------------------------------|-----------------------------------|
| <input type="radio"/> Chester | <input type="radio"/> Havre | <input type="radio"/> Missoula | <input type="radio"/> Other _____ |
| <input type="radio"/> Billings | <input type="radio"/> Helena | <input type="radio"/> Shelby | |
| <input type="radio"/> Great Falls | <input type="radio"/> Kalispell | <input type="radio"/> VA hospital | |

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

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

Primary Care

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

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

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

- | | | | |
|-----------------------------------|---------------------------------|-----------------------------------|-----------------------------------|
| <input type="radio"/> Chester | <input type="radio"/> Havre | <input type="radio"/> Missoula | <input type="radio"/> Other _____ |
| <input type="radio"/> Billings | <input type="radio"/> Helena | <input type="radio"/> Shelby | |
| <input type="radio"/> Great Falls | <input type="radio"/> Kalispell | <input type="radio"/> VA hospital | |

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

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

Specialty Care

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

- Yes No (If no, skip to question #23)

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

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

22. Where was the healthcare specialist seen? (Select all that apply)

- Chester
- Billings
- Great Falls
- Havre
- Helena
- Kalispell
- Missoula
- Shelby
- Other _____

23. Which visiting specialty services would you utilize if available at Liberty Medical Center?

24. The following services are available at Liberty Medical Center (or in Liberty County). Please rate the overall quality for each service. **(Please mark N/A if you have not used the service)**

Excellent = 4 Good = 3 Fair = 2 Poor = 1 Haven't Used = N/A Don't Know = DK

Ambulance services	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> N/A	<input type="radio"/> DK
Emergency room/urgent care	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> N/A	<input type="radio"/> DK
Hospital Care (inpatient/outpatient)	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> N/A	<input type="radio"/> DK
Laboratory	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> N/A	<input type="radio"/> DK
Liberty Medical Center Clinic	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> N/A	<input type="radio"/> DK
Long term care	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> N/A	<input type="radio"/> DK
Mammography	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> N/A	<input type="radio"/> DK
Mental health counselor	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> N/A	<input type="radio"/> DK
Physical/occupational therapy	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> N/A	<input type="radio"/> DK
Pharmacy	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> N/A	<input type="radio"/> DK
Public health	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> N/A	<input type="radio"/> DK
Radiology services	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> N/A	<input type="radio"/> DK
Surgery (outpatient)	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> N/A	<input type="radio"/> DK
Wheat Country Estate (assisted living)	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> N/A	<input type="radio"/> DK

Personal Health & Health Insurance

25. 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

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

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

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

- Yes No

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

(Please select only ONE)

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

04F

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

- Excellent Good Fair Poor

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

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

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

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

Demographics

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

32. Where do you currently live by zip code?

- 59522 Chester 59525 Gildford 59545 Whitlash
 59540 Rudyard 59528 Hingham Other _____
 59531 Joplin 59444 Galata
 59530 Inverness 59461 Lothair

33. What is your gender? Male Female

34. What age range represents you?

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

35. What is your employment status?

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

Please return in the postage paid envelope enclosed with this survey or mail to:
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

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

- Influx of Medicaid from states that don't cover them
- Multiple Sclerosis
- Need more info to make a correct choice
- Alzheimer's
- Elderly issues
- Adult alcohol use
- Dementia
- Improper nutrition
- Lack of good diet

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

- Access to good fruit and veggies

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

- Employee of LMC
- Drive by the Health Center every time I check the mail
- College
- Work in field
- Previous employer
- Patients/customer experiences

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

- Pharmacy access on weekends
- More female providers (2)
- Better specialists
- Less emphasis on money and more on people with or without insurance
- More complete staffing on Fridays
- Another female physician (2)
- Being able to see the same provider every visit
- Decrease cost of doctors visit
- Saturday services
- Less government control
- Doctors that stay with a patient instead of transfer when weekend comes
- Vets, low income residents
- La Leche League support by providers
- More affordable care (2)
- Home health care

- Not so many part time providers
- Affordable health care aids
- Have the hospital provide services rather than sending patients to bigger facilities

- Emergency access to pharmacy on weekends

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

- Breastfeeding
- Holistic health
- Acupuncture

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

- Couldn't see who I wanted to
- Confidential
- Need to refer to a specialist sooner
- Went to Emergency Room in pain but they wouldn't move me to the hospital

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

- X-rays (2)
- Do not doctor in Chester
- Ear care
- Punch biology
- Dexascan
- Unexpected illness

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

- As needed
- Midwife
- Massage therapy
- Holistic nutritionist
- Ear/Nose/Throat

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

- Spokane, WA
- Mayo Clinic
- Bozeman
- Then transferred out of state due to emergency

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

-
- Wife worked there
- Better doctors
- Infection research
- Happened to be in Great Falls
- OB/GYN
- Ambulance ride
- Ease of getting seen in a timely matter
- Where procedure was done

18. Where was that primary healthcare provider located?

- Spokane, MT
- Bozeman (2)
- Missoula
- Hot Springs

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

- Female provider
- Work in Havre
- State provided clinic
- Provided services needed
- OB/GYN
- Understands health history

21. What type of healthcare specialist was seen?

- Optometrist
- Sports medicine
- Carotid artery check
- Vascular surgeon
- Pneumonia
- Eye surgeon (2)
- Acupuncturist
- Holistic
- Anesthesiologist
- Chest specialist
- Some of the mentioned specialists come once or twice a month
- Spine specialist

-
- Internal medicine
- Nutritionist

22. Where was the healthcare specialist seen?

- Whitefish (2)
- ND
- FL
- Seattle
- Out of state
- AZ (2)
- ID
- Spokane
- Conrad (2)
- Deer Lodge
- Bozeman
- Missoula
- Mayo Clinic (2)
- Cut Bank (2)

23. Which visiting specialist would you utilize?

- Urologist (5)
- All listed in question #21 (3)
- MRI
- Any doctors that would help me
- I don't know – have trust issues in LMC. Could have lost my left arm by wrong doctor care
- Oncologist (2)
- Endocrinologist
- Orthodontist (2)
- Physical therapist (3)
- Speech therapist
- Neurologist
- Psychologist
- Allergist (6)
- OB/GYN (5)
- Gastroenterologist
- Dermatologist (19)

-
- Acupuncture (5)
- Dietician
- Orthopedic services (2)
- Cardiologist (4)
- Dentist (3)
- Rheumatologist (2)
- Pulmonologist
- Mental Health
- Chiropractor (13)
- Naturopath (8)
- Rheumatologist
- Audiologist
- Massage
- Therapist
- Counselor
- Back specialist
- Podiatrist (5)
- Ear/Nose/Throat (5)
- Ophthalmologist
- Depends what needs fixed
- Whomever was a provider for insurance

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

- Blue Cross Blue Shield (2)
- Samaritan Ministries
- Aflac accident
- Supplement and AARP
- Federal
- VA

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

- Tricare for life
- No help choosing a plan
- Cost is getting hard to pay
- Medicare

35. What is your employment status?

- Self-employed (2)

Additional Comments:

- Pat Armstrong & Sean Knighton are excellent health care providers

Appendix F – Focus Group Questions

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

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

Appendix G – Focus Group Notes

Focus Group #1

Tuesday, February 10, 2015 – 12-2:30 pm – Senior Center –Chester, MT #5
participants (#1 male, #4 female)

1. What would make this community a healthier place to live?
 - Home health; clean, cook, pay bills, etc.
 - Sleep studies (Why can't they be done in Chester? Chester is set up for sleep studies. People have to go to Great Falls/Benefis, it is too expensive and time consuming. Why do sleep study patients have to be out of the hospital at 7 AM? – The next bus does not arrive until noon, patients have to wait 5 hours in the meantime but cannot stay at hospital).
 - Dementia/Alzheimer's care

 2. What do you think are the most important local healthcare issues?
 - Access
 - Don't have much for OB/GYN
 - Substance abuse issues

 3. What do you think of the hospital in terms of:
Quality of Care
 - We have a good facility and every level of care. Seniors are treated well here. We have the bus whenever we need it.
 - 15 doctors come in to the hospital for specific services.
 - Good technological equipment; EKG, MRI
 - There is good care among Alzheimer's patients, but we don't have the facilities for people with dementia.
Number of Services
 - There are not a lot of resources for care givers of dementia.
 - Dementia patients also don't ask for help. They feel if they reach out they won't be able to stay in their home.
Hospital Staff
 - Very good care
 - They know what they are doing.
-

- We trust them.
- Good nursing home

Hospital Board and Leadership

- They are not very visible, we don't know who they are.
- They could be more present in the community.
- Maybe with more visibility, they may not want to serve!

Business Office

- Timely
- They send in paperwork on time.
- If miscoded they will re-submit so more people get reimbursement.

Condition of Facility and Equipment

- The wallpaper is in progress of coming down.
- The exterior is old but the inside has a new coat of paint and looks nice.

Financial Health of the Hospital

- Mill levy passed in community.
- Foundations help with equipment needs.
- Not really sure. It seems ok.

Cost

- Some people complain about cost of doctors, but we think it is really good for seniors; seniors don't have to pay much.
- The hospital accepts whatever Medicare pays and doesn't pass extra costs to seniors.

Office/Clinic Staff

- They do their job. Not every doctor is taking new patients, but otherwise it is not a problem to get in.

Availability

- Don't expect a lot of availability on Friday afternoons!
- When my daughter was little, they had a Saturday clinic open all day, then it changed to Saturday morning. Now it's not available on Saturdays at all.
- It is difficult to get prescriptions on Saturdays.
- It is convenient that the pharmacy delivers.
- I live out in the country and this is easier to get to.
- Humana keeps calling and asking seniors to order medication online.

4. Are any of the local providers your personal provider or personal provider to your family members? Why?
 - Yes, easier access.
 - We trust them.

5. What do you think about these local services: Emergency Room
 - I have always heard that you should wait until Monday if you can.
 - Everybody I know that used the Emergency Room has had a good experience.

Ambulance Service

- Rode the helicopter once, the EMTs do a great job; they are very fast and competent volunteers.
- They are good and valuable in rural Montana.

Healthcare Services for Senior Citizens

- Mainly what we've been talking about, they are top notch.

Public/County Health Department

- Right next door to senior center.
- A lot of people use the blood pressure screening and get their flu shots.

Healthcare Services for Low-Income Individuals/Families

- WIC is out of Havre, but not sure if they still come over.
- There is not a significant low-income population.
- Dental services are okay.

Nursing Home/Assisted Living Facility

- Well maintained, but we need Alzheimer's lock down facility. Could go to Shelby, but it is difficult for loved ones to travel.

Pharmacy

- Great. We want to support our local providers.

6. Why might people leave the community for healthcare?
 - Some feel quality of care would be better in a larger city like the Mayo Clinic.
 - Some leave if doctors tell them to go to a different specialist.

7. What other healthcare services are needed in the community?
 - Chiropractor – one used to come from Shelby.
 - Local sleep studies
 - Alzheimer's/dementia care

- Good physical therapy department here
- Good fitness/health club here

Focus Group #2

Tuesday, February 10, 2015 – 5 pm –6:30 pm Senior Center –Chester, MT
 #4 participants (#1 male, #3 female)

1. What would make this community a healthier place to live?
 - Walking trail on perimeter of town.
 - Several things are in place regarding tobacco cessation; no smoking in public places, but some places are not compliant.
 - There isn't a place for kids to hang out. Kids go out and drink, which is one of our larger concerns.
 - Healthy lifestyles started up for pre-diabetic patients.

2. What do you think are the most important local healthcare issues?
 - Average age of county is 65 or older.
 - Drinking and smoking
 - Mental health services – We used to have Altacare in school, but now it's gone. There isn't much access for mental health services at the hospital.

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

Quality of Care

 - Excellent as far as I'm concerned. The care is excellent, my aunt is in assisted living and it is wonderful.
 - What is the cost of nursing homes/assisted living?
 - Need for more facilities

Number of Services

 - No more OB/GYN
 - Prenatal care would be good and then transfer patients for deliveries. - In the past 10 years, more young families are moving here.

Hospital Staff

- I think part of the excellent care is the excellent staff.
- Rumblings about people who work at the nursing home – lower skills; lack of work ethic.
- A few CNAs are too rough
- How many patients under their care?
- Could be need training/monitoring

Hospital Board and Leadership

- I can't judge, I don't know any of them.
- Board meetings are always open, but don't know when they are held.
- I question, as a board, how connected they are to staff. To retain staff and recruit staff; who is here and how to keep them.

Business Office

- No problems in last 4-5 years.

Condition of Facility and Equipment

- It's a little old but everything works.
- The painters aren't very good, they painted the windows!
- They need some training, it would add to the look of the hospital if the windows didn't have paint on them.

Financial Health of the Hospital

- No clue

Cost

- If you go to the clinic, it is \$131 a visit. With the Affordable Care Act, some individuals have better insurance.
- I was a little astounded and paid \$100 to have my ears cleaned.
- In terms of office visit, it is probably comparable to other areas.
- Something to be said for convenience and knowing the patients.
- You can get in and be seen.

Office/Clinic Staff

- They seem to know exactly what they are doing, seem to be some of the best.
- Good administrator

Availability

- IF you need to get in, they will fit you in. If you go someplace else, there is extra expense.

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

- I have a few providers affiliated with the hospital and they refer me without a problem. - Exceptional doctor, she is really good; I would go to her before anyone else.

5. What do you think about these local services:

Emergency Room

- Excellent! They were great with my kids when we had to take them in.
- No experience at all

Ambulance Service

- They are fabulous. Those volunteers are great - Just got 5 new people who passed their test.

Healthcare Services for Senior Citizens

- Pretty much most of their business.
- The bus, community center, assisted living, nursing home

Public/County Health Department

- They do flu vaccinations and other shots

Healthcare Services for Low-Income Individuals/Families

- Don't know
- Healthy MT Kids

Nursing Home/Assisted Living Facility

- Pretty exceptional to have this level of success; what vision is there for the future?
- When they converted to Critical Access Hospital (CAH) status, they downsized the number of beds available for nursing home.
- Alzheimer's unit is in Shelby because Chester doesn't have this kind of care.

Pharmacy

- There are two pharmacies and providers are likable.

6. Why might people leave the community for healthcare?

- Anybody that needs chemo or other of these types of services that aren't available.
- Some go to Shelby
- All the services I need are here within reason.
- This hospital will even set up appointments for specialists that will come here.
- Heard of Havre hospital nurses not responding to needs of a patient.

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

- Mental health
- OB/GYN
- Not sure about Alzheimer's care
- More of a relationship between the hospital and the school—healthy programs for the kids- if you start with young kids, would build a healthy lifestyle
- We need a school nurse.
- Need a Health Educator/Sex Education at the high school and maybe even middle school level. More than abstinence because teen pregnancy and STDs are a big concern.

**Appendix H – Secondary Data
County Profile**

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

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

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

*Chronic Lower Respiratory Disease

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

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

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

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

⁴American Diabetes Association (2012)

Chronic Disease Hospitalization Rates	County	Montana
Stroke ¹ Per 100,000 population	180.5	182.2
Diabetes ¹ Per 100,000 population	135.4 (Region 2)	115.4
Myocardial Infarction ¹ Per 100,000 population	126.5	147.3

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

Demographic Measure (%)	County			Montana			Nation ^{5,6}		
Population ¹	1,725			989,415			308,745,538		
Population Density ¹	1.2			6.7			Not relevant		
Age ¹	<5	18-64	65+	<5	18-64	65+	<5	15-64	65+
	3%	61%	24%	6%	63%	14%	7%	62%	13%
Gender ¹	Male		Female	Male		Female	Male		Female
	49.2%		50.8%	50.1%		49.9%	49.2%		50.8%
Race/Ethnic Distribution	White ¹			91.5%			72.4%		
	American Indian or Alaska Native ¹			6.8%			0.9%		
	Other † ¹			1.7%			26.7%		

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

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

⁶US Census Bureau (2010)

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

Liberty County
 Secondary Data Analysis
 July 23, 2012

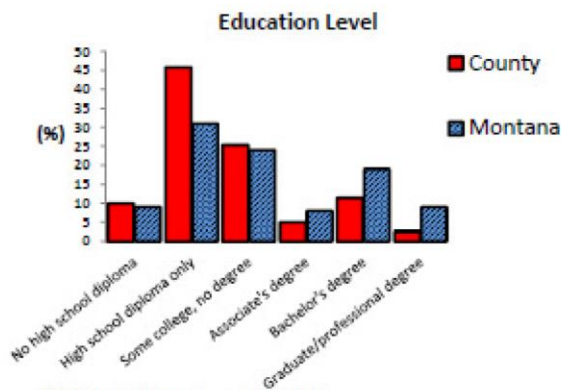
Socioeconomic Measures ¹ (%)	County	Montana	Nation ^{7,8}
Median Income ¹	\$36,391	\$43,000	\$51,914
Unemployment Rate ⁷	5.0%	6.3%	7.7%
Persons Below Poverty Level ¹	20.0%	14.0%	13.8%
Uninsured Adults (Age <65) ¹	19.1%	19.0%	18.2%
Uninsured Children (Age <18) ⁹	N/A	11.0%	10.0%

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

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

⁷Montana Dept of Labor and Industry, Research & Analysis Bureau. Local Area Unemployment Statistics (LAUS). Non-Seasonally Adjusted Unemployment Rate. (Retrieved April 2012)

⁹Montana KIDS COUNT (2009)



¹¹Indicators Northwest, Imp. Graph (2011)



Behavioral Health ^{1,2}	Region 2	Montana
Childhood Immunization Up-To-Date (UTD) % Coverage ^{11,††} Age 24-35 months, population size: 12,075 (% sampled: 35.9%)	86.7% (County)	64.3%
Tobacco Use ³	22.2%	19.3%
Alcohol Use (binge + heavy drinking) ¹	22.0%	22.8%
Obesity ⁴	26.3%	21.6%
Overweight ²	38.3%	37.8%
No Leisure time for physical activity ⁴	23.6%	20.7%

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

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

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

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

Screening ¹	Region 2	Montana
Cervical Cancer (Pap Test in past 3 yrs) ¹	84.1%	83.0%
Breast Cancer (Mammogram in past 2 yrs) ¹	76.0%	71.9%
Blood Stool ¹	18.9%	25.3%
Sigmoidoscopy or Colonoscopy ²	55.1%	54.3%
Diabetic Screening ³		
Percent of Medicare enrollees who received HbA1c screening	89.0% (County)	79.0%

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

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

Mortality ^{1,2,12}	County	Montana	Nation ^{2,13}
Suicide Rate per 100,000 population ¹	0.0	20.3	12.0
Unintentional Injury Death Rate per 100,000 population ¹	75.3	58.8	38.4
Percent Motor Vehicle Crashes Involving Alcohol ¹	11.5%	10.0%	32.0%
Pneumonia/Influenza Mortality per 100,000 population ¹	43.0	19.0	17.5
Diabetes Mellitus ²	43.0	27.1	21.8

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

¹¹Center for Disease Control and Prevention (CDC), Web-based Injury Statistics Query and Reporting System (WISQARS) (2011)

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

¹²Kaiser State Health Facts, National Diabetes Death Rate (2008)

Maternal Child Health ¹	County	Montana	Nation ^{14,15}
Infant Mortality (death within 1 st year) Rate per 1,000 live births ¹	6.8 (Region 2)	6.1	6.7
Entrance into Prenatal care in 1 st Trimester Percent of Live Births ¹	83.1%	83.9%	69.0%
Birth Rate ³ Babies born per 1,000 people	8.5	12.8	13.5
Low Birth Weight (<2500 grams) Percent of live births ¹	7.5% (Region 2)	7.3%	8.3%
Neonatal Mortality (under 28 days of age) Rate per 1,000 live births ¹	3.5 (Region 2)	3.3	4.5
Post Neonatal Mortality (28 through 364 days of age) Rate per 1,000 live births ¹	3.3 (Region 2)	2.7	2.2
Pre-Term Birth (<37 completed weeks gestation) Percent of Live Births ¹	10.7% (Region 2)	10.1%	12.5%

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

¹³Child Health USA, U.S. Dept of Health and Human Services – Human Resources & Services Administration (HRSA) (2008-2009)

³Montana KIDS COUNT (2009)

¹⁴Center for Disease Control and Prevention (CDC), Preterm Birth (2012)

Economic Impact Assessment

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

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Introduction

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

Section I Location Quotients

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

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

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

Two location quotients for hospital employment in Liberty County were calculated. The first compares Liberty 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) = 4.35 Hospitals Location Quotient (compared to U.S.) = 5.0

A location quotient near 1 indicates that the employment concentration in the county mirrors that of the larger geographic region. In the case of Liberty County, the location quotient of 4.35 indicates that employment in the county is over four times more concentrated in hospitals than it is in

Montana as a whole. When compared to the nation, the location quotient of 5.0 reveals that the percentage of total county employment accounted for by the hospital is five times what one would expect given the percentage of total U.S. employment accounted for by hospitals. One reason these location quotients are so high is that Liberty County has a disproportionately high number of agricultural workers. These workers are not counted in the employment statistics used to calculate the location quotients because they do not have to report to the unemployment insurance system.

Another way to look at the location quotient is to ask how many employees would be employed in the hospital sector if Liberty County's employment patterns mirrored the state or the nation. Liberty Medical Center averaged 110 employees in 2010. This is 85 more than expected given the state's employment pattern and 88 more than expected given the national employment pattern. In 2010, Liberty Medical Center accounted for 23.2% of county nonfarm employment and 27.3% 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 2,339 residents of Liberty County. The breakdown of these residents by age is presented in Figure 1. Liberty County's age profile is similar to that of many rural counties in Montana. In 2010, baby boomers were between the ages of 45 and 60 and their presence is evident in the graph. Following the baby boom came the baby bust, a period of lower birth rates. The baby bust in many rural Montana counties, including Liberty County, is exacerbated by the tendency for young people to leave these counties for more populated areas. Note the scarcity of 30 to 39 year olds in Liberty County.

Figure 1: Age Distribution of Liberty County Residents

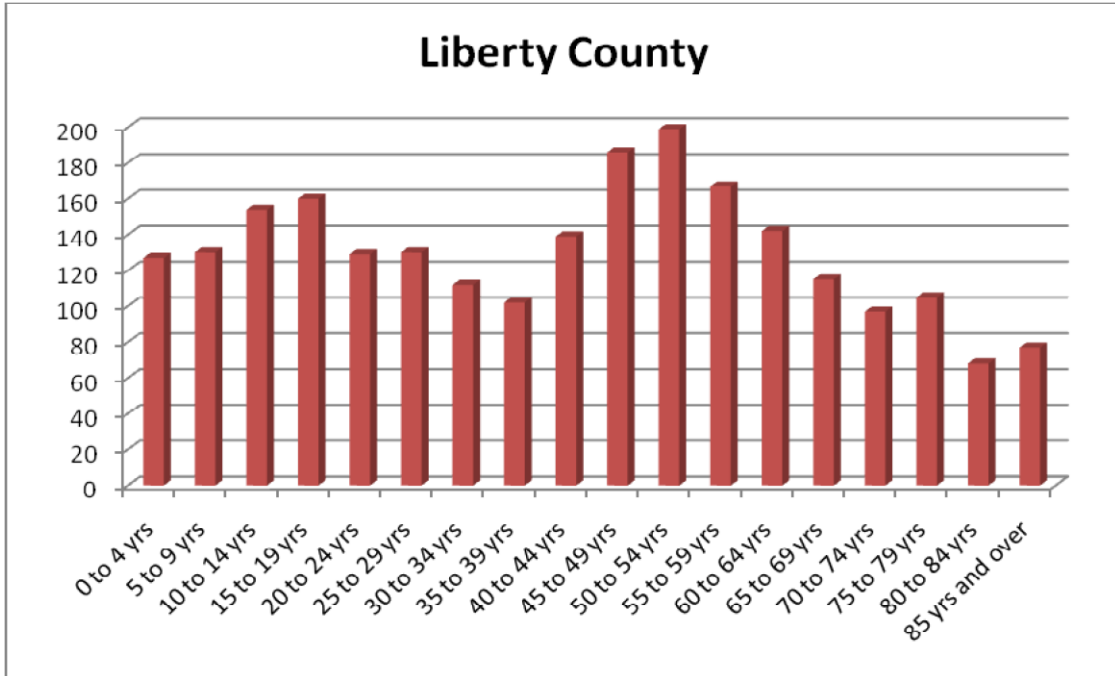


Figure 2: Percent of the population by age groups, Liberty County vs. Montana

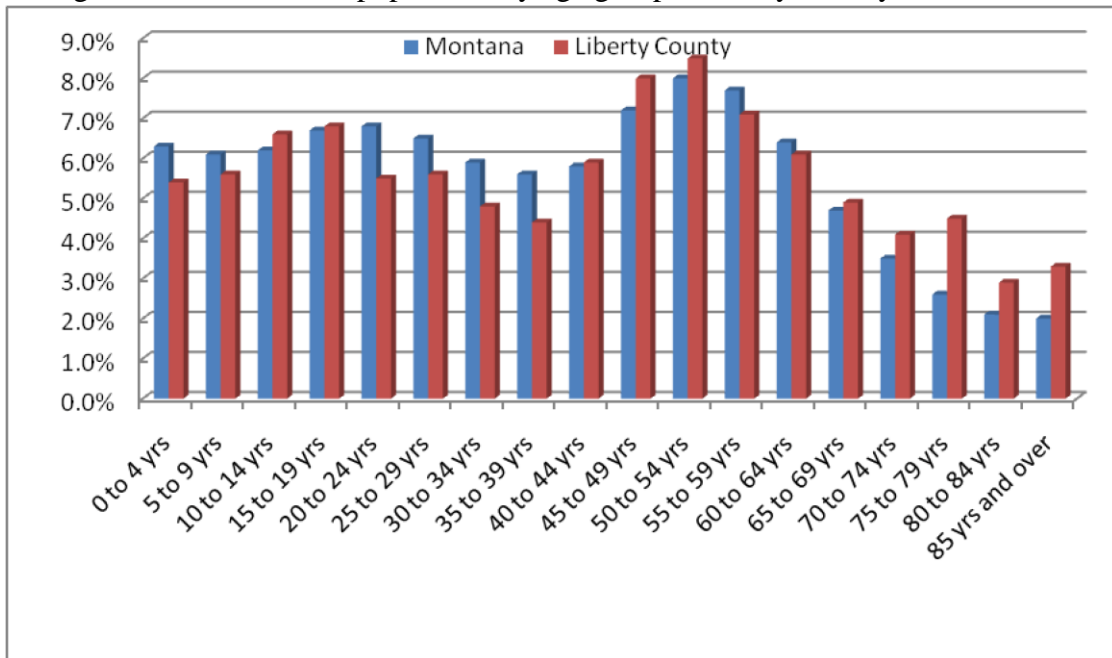


Figure 2 shows how Liberty County’s population distribution compares to Montana’s. A careful examination of Figure 2 and the underlying data reveals that, compared with the State as a whole, Liberty County has a lower proportion of people 20 to 39 years old (20.3 percent vs. 24.3 percent) and a higher percentage of 65 and older (19.7 percent vs. 14.9 percent). According to the 2010

Census, Liberty County had a median age of 44.6. Liberty already has a high percentage of elderly residents. As the baby boomers reach senior citizen status, it is likely that healthcare utilization per capita will increase. These demographic statistics are important when planning for healthcare provision both 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 Liberty Medical Center spend a portion of their salary on goods and services produced in Liberty County, thus supporting jobs and income in those local businesses. Likewise, the hospital itself may purchase goods and services from local suppliers. These businesses and employees then spend a portion of their income on local goods and services which, in turn, supports other local jobs and companies. Thus, the effect of one dollar of wages is multiplied as it circulates through the community.

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

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

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

Hospital Employment Multiplier = 1.24 Hospital Employee Compensation Multiplier = 1.17 Hospital Output Multiplier = 1.28

What do these numbers mean? The employment multiplier of 1.24 can be interpreted to mean that for every job at Liberty Medical Center, another .24 jobs are supported in Liberty County. Another way to look at this is that if Liberty Medical Center suddenly went away, about 26 additional non-hospital jobs would also be lost in the county (based on 2010 hospital employment of 110). The employee compensation multiplier of 1.17 simply states that for every dollar in wages and benefits paid to the hospital's employees, another 17 cents of wages and benefits are created in other local jobs in Liberty County. Put another way, if Liberty Medical Center suddenly went away, about \$542,584 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 Liberty Medical Center, output in the county increases by another 28 cents.

There are other potential economic impacts of hospitals beyond those identified by the inputoutput 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 Liberty Medical Center to the county's economy. Tangible economic impacts have been presented, and intangible economic development impacts have also been discussed. Any questions regarding the data or methodology can be addressed to the author.

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