



COMMUNITY HEALTH NEEDS ASSESSMENT 2019



ASSESSMENT CONDUCTED BY
PONDERA MEDICAL CENTER

IN COOPERATION WITH
THE MONTANA OFFICE OF
RURAL HEALTH



CONRAD, MONTANA

**Pondera Medical Center
Community Health Needs Assessment
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Community Health Services Development Report December 2019

I. Introduction

Pondera Medical Center (PMC) is a 20-bed nonprofit Critical Access Hospital (CAH), rural health clinic, and extended care facility based in Conrad, Montana. Pondera Medical Center serves Pondera County of just over 1,600 square miles and provides medical services to a service population



Pondera Medical Center

of approximately 6,150 people. Pondera Medical Center is the only hospital in Pondera County and houses both clinic and hospital services in the same facility. In addition to clinic services, PMC offers visiting outreach physicians who specialize in ENT, orthopedics, and oncology. Pondera Medical Center's primary service area includes the communities of Conrad, Brady, Valier, Dupuyer, and Heart Butte; with most of the County's populated communities located along I-15 or US 89. Pondera County has a low population density and is considered a Frontier (six or less people per square mile) by the US Department of Health and Human Services. For further demographic, socioeconomic and other related county and state data, please see Appendix C to review the Secondary Data Analysis.

Mission: Exceed the Healthcare Expectations of those we Serve Through All of Life's Stages.



Vision: PMC, in partnership with the community we serve, will strive to promote wellness and accessible, quality, personalized healthcare.

Values: PMC "CARES": Commitment Accountability Respect Excellence Service

Pondera Medical Center participated in the Community Health Services Development (CHSD) Project administrated by the Montana Office of Rural Health. Community involvement in steering committee meetings, focus groups and key informant interviews enhance community engagement in the assessment process.

In the summer of 2019, PMC's service area was surveyed about its healthcare system. This report shows the results of the survey in both narrative and chart formats. A copy of the survey instrument is included at the end of this report (Appendix E). Readers are invited to familiarize themselves with the survey instrument and the subsequent findings. The narrative report touches on the highlights while the charts present data for virtually every question asked. Please note we are able to compare some of the 2019 survey data with data from previous surveys conducted in partnership with the Montana Office of Rural Health in 2014. If any statistical significance exists, it will be reported. The significance level was set at 0.05.

II. Health Assessment Process

A Steering Committee was convened to assist Pondera Medical Center in conducting CHSD. A diverse group of community members representing various organizations and populations within the community (ex. public health, elderly, uninsured) came together in July 2019. 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, focus groups and key informant interviews, and to assist in the prioritization of health needs to address.

III. Survey Methodology

Survey Instrument

In August 2019, surveys were mailed out to the residents in Pondera County, Montana. Survey respondents had the ability to complete the survey mailed to them, or via an online survey hosted at Montana State University's HELPS Lab web portal. The survey was based on a design that has been used extensively in the states of Washington, Wyoming, Alaska, Montana, and Idaho. The survey was designed to provide each facility with information from local residents regarding:

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

Sampling

Pondera Medical Center provided 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 708 residents was then selected with the assistance of the MSU HELPS lab. 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.) See survey distribution table below.

| 2019 SURVEY DISTRIBUTION | | | | | | |
|--------------------------|-------------|----------------|-------------------|---------------------|------------|------------|
| Zip Code | Population | Community Name | Percent of Market | Survey Distribution | Male | Female |
| 59425 | 3,751 | Conrad | 75% | 532 | 266 | 266 |
| 59486 | 1,328 | Valier | 12% | 88 | 47 | 41 |
| 59416 | 337 | Brady | 5% | 37 | 19 | 18 |
| 59456 | 233 | Ledger | 2% | 16 | 8 | 8 |
| 59432 | 104 | Dupuyer | 2% | 12 | 6 | 6 |
| 59422 | 2643 | Choteau | 1% | 10 | 5 | 5 |
| 59448 | 743 | Heart Butte | 1% | 7 | 4 | 3 |
| 59467 | 259 | Penderoy | 1% | 6 | 3 | 3 |
| TOTAL | 9398 | | 100% | 708 | 358 | 350 |

Two focus group interviews and 6 key informant interviews were conducted to identify important local healthcare issues, how to improve the health of the community, and gaps in health services. It was intended that this research would help determine the awareness of local programs and services, as well as the level of satisfaction with local services, providers, and facilities.

Information Gaps - Data

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



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

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

Limitations in Survey & Focus Group 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.

While focus group and key informant interview data can offer invaluable insight into the perception of a community or group of individuals, qualitative data can be difficult to analyze. For this reason, interview data are grouped into common themes based on our interpretation of the transcript. To better understand these themes, please review the full transcript in Appendix H. MORH staff facilitated focus groups for PMC to ensure impartiality. However, given the small size of the community, focus group participants may still be hesitant to express their opinions freely. Personal identifiers are not included in the focus group transcripts; however, we are unable to ensure anonymity amongst focus group participants.

Survey Implementation

In August 2019, a survey, cover letter on PMC letterhead with the Chief Executive Officer's signature, and postage paid envelope was mailed out to 708 randomly selected residents in the hospital's service area. A news release was sent to local newspaper as well as social media postings prior to the survey distribution announcing that PMC would be conducting a community health services survey throughout the region in cooperation with the Montana Office of Rural Health.

One-hundred ninety-five surveys were returned out of 708. Of those 708 surveys, 33 surveys were returned undeliverable for a 28.9% response rate. From this point on, the total number of surveys will be out of 675. Based upon the sample size, we can be 95% confident that the responses to the survey questions are representative of the service area population, plus or minus 6.94%.

IV. Survey Respondent Demographics

A total of 675 surveys were distributed amongst Pondera Medical Center's service area. One-hundred ninety-five were completed for a 28.9% 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 1)

2019 N= 194

2014 N= 202

The returned surveys are skewed toward the Conrad population, which is reasonable given that this is where most of the services are located. In 2019, one respondent chose not to answer this question.

| | | 2014 | | 2019 | |
|---|--------------|------------------|---------------|------------------|---------------|
| Location | Zip code | Count | Percent | Count | Percent |
| Conrad | 59425 | 161 | 79.7% | 150 | 77.3% |
| Valier* | 59486 | 30 | 14.9% | 17 | 8.8% |
| Brady | 59416 | 8 | 4.0% | 8 | 4.1% |
| Dupuyer | 59432 | Not asked - 2014 | | 6 | 3.1% |
| Ledger | 59456 | 0 | 0.0% | 6 | 3.1% |
| Choteau | 59422 | Not asked - 2014 | | 3 | 1.5% |
| Pendroy | 59467 | Not asked - 2014 | | 2 | 1.0% |
| Heart Butte | 59448 | 2 | 1.0% | 1 | 0.5% |
| Joliet | 59041 | 1 | 0.5% | Not asked - 2019 | |
| Other | | Not asked - 2014 | | 1 | 0.5% |
| TOTAL | | 202 | 100.0% | 194 | 100.0% |
| *Indicates a significant change between years ($p \leq 0.05$). Bold: Top 3 responses | | | | | |

“Other” comments:

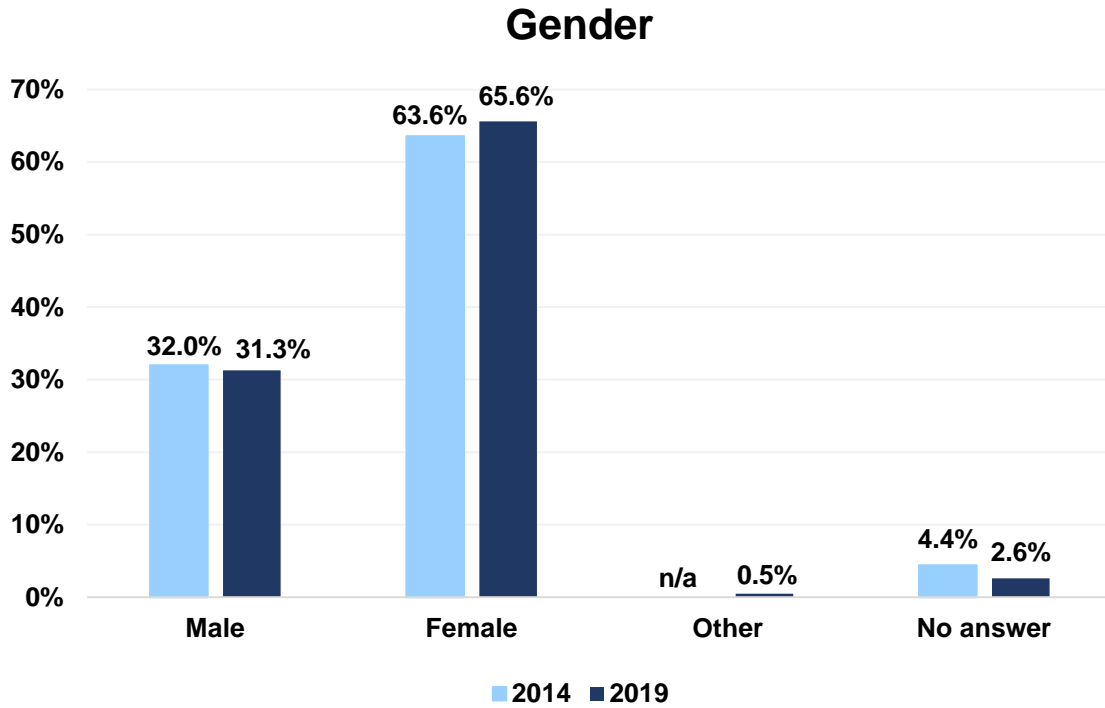
- 59422 Choteau, 59416 Mailing

Gender (Question 2)

2019 N= 195

2014 N= 206

Of the 195 surveys returned, 65.6% (n=128) of survey respondents were female, 31.3% (n=61) were male, and 2.6% (n=5) chose not to answer this question. It is not unusual for survey respondents to be predominantly female, particularly when the survey is healthcare-oriented since women are frequently the healthcare decision makers for families.



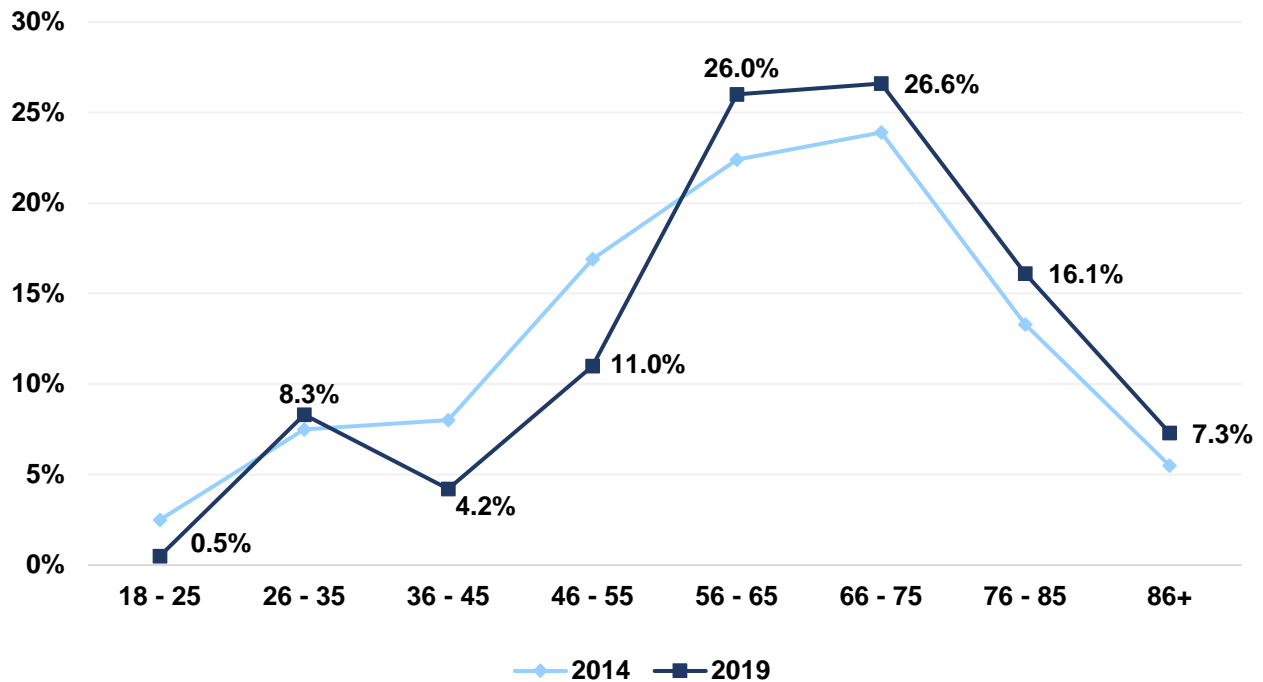
Age of Respondents (Question 3)

2019 N= 192

2014 N= 201

Twenty-seven percent of respondents (n=51) were between the ages of 66-75. Twenty-six percent of respondents (n=50) were between the ages of 56-65, and 16.1% of respondents (n=31) were between the ages of 76-85. This statistic is comparable to other Critical Access Hospital demographics. The increasing percentage of aging residents in rural communities is a trend which is seen throughout Montana and will likely have a significant impact on the need for healthcare services during the next 10-20 years. Older residents are also more invested in healthcare decision making and are more likely to respond to healthcare surveys, as reflected by this graph. Three 2019 respondents chose not to answer this question. It is important to note that the survey was targeted to adults, and therefore, no respondents are under age 18.

Age of Respondents

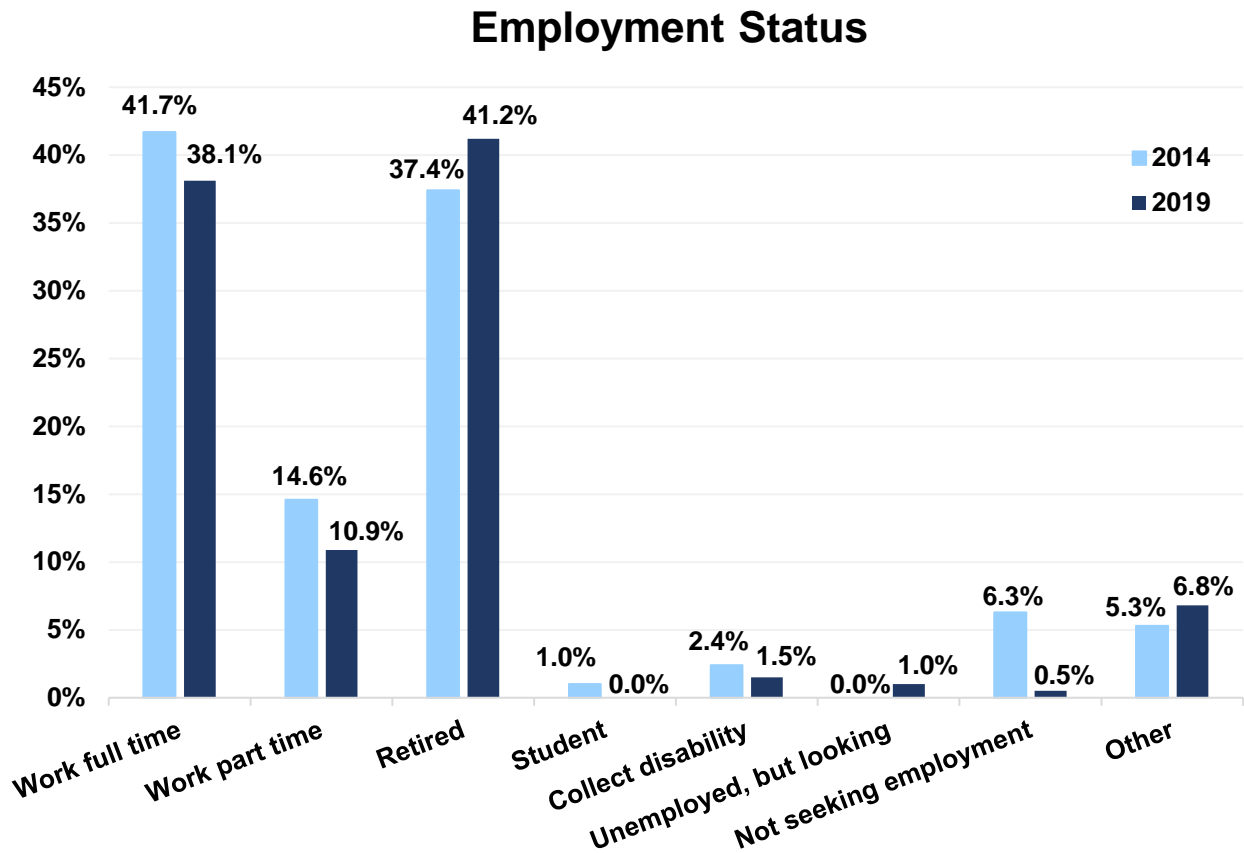


Employment status (Question 4)

2019 N= 194

2014 N= 206

Respondents were asked to indicate their employment status. Forty-one percent (n=80) reported they are retired, while 38.1% (n=74) work full time. Respondents could check all that apply, so the percentages do not equal 100%. In 2019, one respondent chose not to answer this question.



“Other” comments:

- Work part time, Retired (2)
- Work full time, Not currently seeking employment
- Retired, Collect disability
- Work full time, self-employed
- Business owner
- Stay at home mother (2)
- Collects disability & works PT
- Trying to get reclassified as disabled

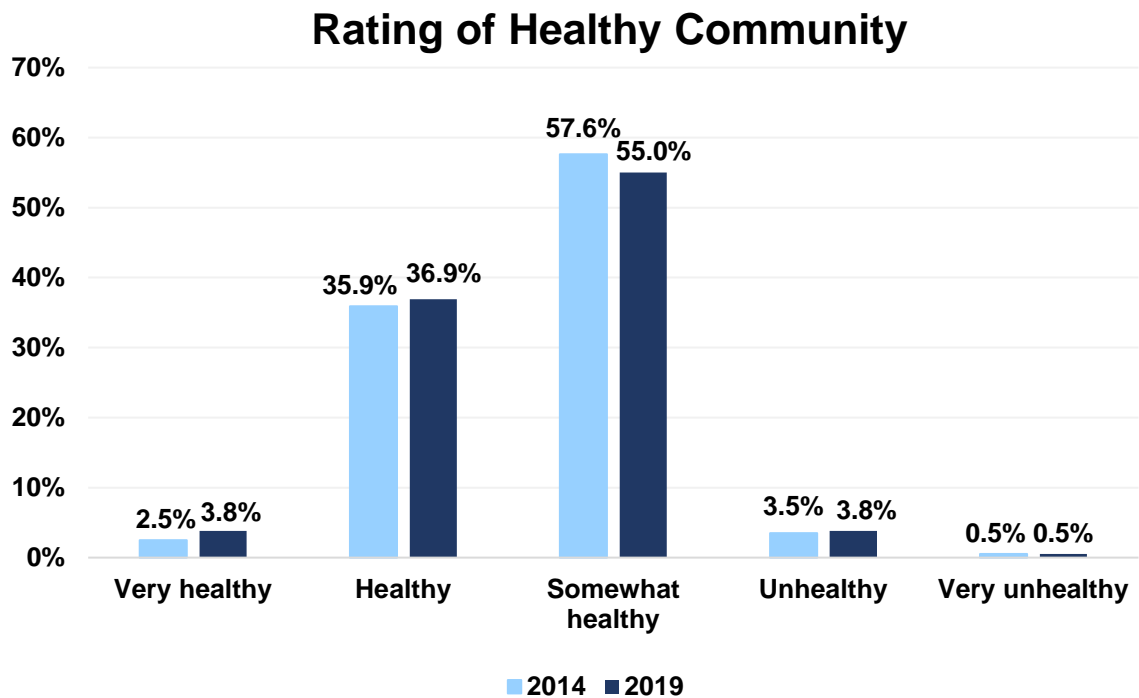
V. Survey Findings – Community Health

Impression of Community (Question 5)

2019 N= 182

2014 N= 198

Respondents were asked to indicate how they would rate the general health of their community. Fifty-five percent of respondents (n=100) rated their community as “Somewhat healthy” and 36.9% of respondents (n=67) felt their community was “Healthy.” Twelve 2019 respondents chose not to answer this question.



Health Concerns for Community (Question 6)

2019 N= 195

2014 N= 206

Respondents were asked what they felt the three most serious health concerns were in their community. The top identified health concern was “Cancer” selected by 51.8% (n=101) of respondents. “Alcohol/substance abuse” was also a high priority at 46.7% (n=91), followed by “Prescription/illegal drug use” at 24.1% (n=47). Respondents were asked to pick their top three serious health concerns, so percentages do not equal 100%.

| Health Concern | 2014 | | 2019 | |
|--|------------------|--------------|------------|--------------|
| | Count | Percent | Count | Percent |
| Cancer | 119 | 57.8% | 101 | 51.8% |
| Alcohol/substance abuse* | 71 | 34.5% | 91 | 46.7% |
| Prescription/illegal drug use* | 26 | 12.6% | 47 | 24.1% |
| Overweight/obesity* | 65 | 31.6% | 41 | 21.0% |
| Tobacco use (cigarettes/cigars, vaping, smokeless) | 29 | 14.1% | 30 | 15.4% |
| Alzheimer’s/dementia | Not asked - 2014 | | 28 | 14.4% |
| Heart disease* | 41 | 19.9% | 23 | 11.8% |
| Lack of access to affordable medications | Not asked - 2014 | | 22 | 11.3% |
| Lack of access to mental health | Not asked - 2014 | | 21 | 10.8% |
| Child abuse/neglect | 19 | 9.2% | 20 | 10.3% |
| Diabetes* | 39 | 18.9% | 19 | 9.7% |
| Work/economic stress | 23 | 11.2% | 19 | 9.7% |
| Depression/anxiety | 16 | 7.8% | 18 | 9.2% |
| Lack of exercise | Not asked - 2014 | | 11 | 5.6% |
| Social isolation/loneliness | Not asked - 2014 | | 9 | 4.6% |
| Poor nutrition | 12 | 5.8% | 8 | 4.1% |
| Respiratory issues/illness | 14 | 6.8% | 8 | 4.1% |
| Lack of healthcare education | 4 | 1.9% | 5 | 2.6% |
| Domestic violence | 11 | 5.3% | 4 | 2.1% |
| Lack of access to healthcare* | 30 | 14.6% | 4 | 2.1% |
| Motor vehicle accidents | 6 | 2.9% | 3 | 1.5% |
| Stroke | 4 | 1.9% | 3 | 1.5% |
| Suicide | 0 | 0.0% | 3 | 1.5% |
| Lack of dental care | 3 | 1.5% | 2 | 1.0% |
| MLS/ALS/Parkinson's | 5 | 2.4% | 2 | 1.0% |
| Work related accidents/injuries* | 8 | 3.9% | 1 | 0.5% |

| | | | | |
|---|------------------|------|----|------|
| Hunger | Not asked - 2014 | | 0 | 0.0% |
| Recreation related accidents/injuries | 1 | 0.5% | 0 | 0.0% |
| Other | 8 | 3.9% | 13 | 6.7% |
| *Indicates a significant change between years ($p \leq 0.05$). Bold: Top 3 responses | | | | |

“Other” comments:

- Lazy
- Elderly
- PMC = Pondera Medical Center. Confusing billing system at PMC leads to stress among patients. Many people with health problems avoid PMC; they have had bad billing experiences
- Drugs
- Alcohol/substance abuse, Cancer, Depression/anxiety, Poor nutrition
- Lots of these are issues here
- Bad Fats (see: Deep Nutrition Big Fat Lie); Toxin exposure
- Lack of assistance for care, cost of over the counter drug prescriptions, pads for urinary at age 86, Tylenol, etc.
- Age related
- Lack of dental care, Work/economic stress

Components of a Healthy Community (Question 7)

2019 N= 195

2014 N= 206

Respondents were asked to identify the three most important things for a healthy community. Forty-one percent of respondents (n=80 each) indicated that “Access to healthcare services” and “Good jobs and a healthy economy” are important for a healthy community. “Good schools” was the next most indicated component at 37.4% (n=73). Respondents were asked to identify their top three choices, so percentages do not equal 100%.

| Important Component | 2014 | | 2019 | |
|--|------------------|--------------|-----------|--------------|
| | Count | Percent | Count | Percent |
| Access to healthcare services* | 113 | 54.9% | 80 | 41.0% |
| Good jobs and a healthy economy | 80 | 38.8% | 80 | 41.0% |
| Good schools* | 56 | 27.2% | 73 | 37.4% |
| Strong family life | 56 | 27.2% | 69 | 35.4% |
| Healthy behaviors and lifestyles | 58 | 28.2% | 57 | 29.2% |
| Religious or spiritual values* | 57 | 27.7% | 37 | 19.0% |
| Low crime/safe neighborhoods | 25 | 12.1% | 36 | 18.5% |
| Access to healthy foods | Not asked - 2014 | | 21 | 10.8% |
| Affordable housing | 20 | 9.7% | 19 | 9.7% |
| Access to childcare/after school programs | Not asked - 2014 | | 17 | 8.7% |
| Clean environment | 25 | 12.1% | 17 | 8.7% |
| Community involvement/volunteerism | 21 | 10.2% | 12 | 6.2% |
| Improved hospital & patient communication | 19 | 9.2% | 11 | 5.6% |
| Immunized children | 13 | 6.3% | 10 | 5.1% |
| Transportation services | Not asked - 2014 | | 7 | 3.6% |
| Arts and cultural events | 6 | 2.9% | 5 | 2.6% |
| Low death and disease rates | 6 | 2.9% | 5 | 2.6% |
| Tolerance for diversity | 4 | 1.9% | 5 | 2.6% |
| Low level of domestic violence | 8 | 3.9% | 4 | 2.1% |
| Parks and recreation | 4 | 1.9% | 1 | 0.5% |
| Other | 6 | 2.9% | 5 | 2.6% |
| *Indicates a significant change between years (p ≤ 0.05). Bold: Top 3 responses | | | | |

“Other” comments:

- Lower cost for healthcare, dentists
- Town is too clique
- Bullying

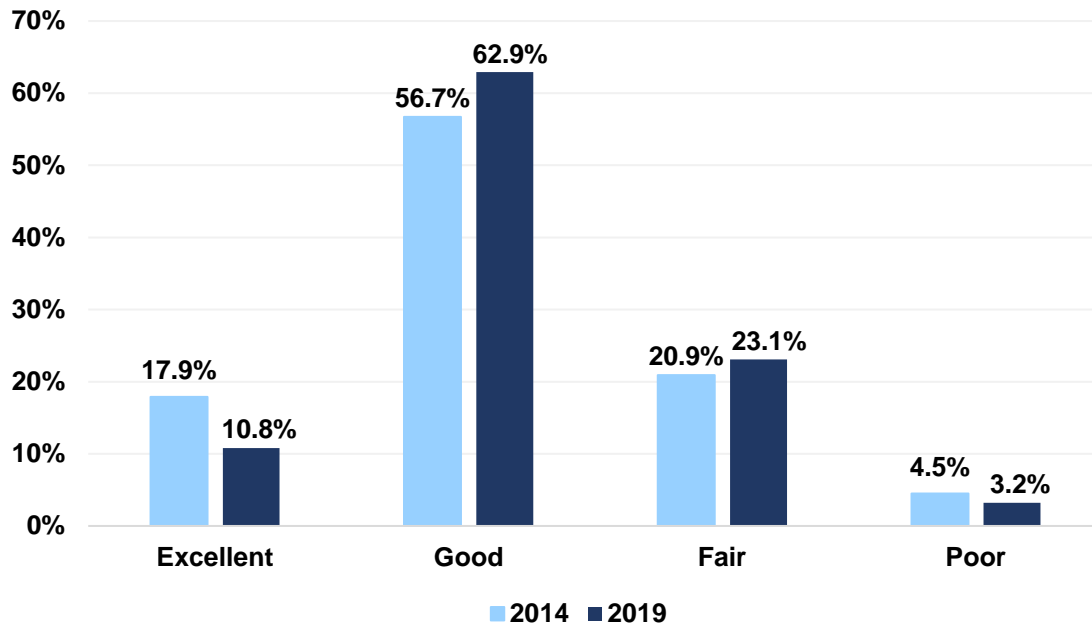
Awareness of Health Services (Question 8)

2019 N= 186

2014 N= 201

Respondents were asked to rate their knowledge of the health services available at Pondera Medical Center. Sixty-three percent (n=117) of respondents rated their knowledge of health services as “Good”, “Fair” was selected by 23.1% percent (n=43), and “Excellent” was selected by 10.8% (n=20) of respondents. Nine respondents chose not to answer this question.

Knowledge of Health Services at Pondera Medical Center



How Respondents Learn of Healthcare Services (Question 9)

2019 N= 195

2014 N= 206

The most frequently indicated method of learning about available services was “Friends and family” at 66.2% (n=129). “Word of mouth/reputation” was the second most frequent response at 62.1% (n=121), followed by “Newspaper” at 56.4% (n=110). Respondents could select more than one method, so percentages do not equal 100%.

| Method | 2014 | | 2019 | |
|---|------------------|--------------|------------|--------------|
| | Count | Percent | Count | Percent |
| Friends/family | 142 | 68.9% | 129 | 66.2% |
| Word of mouth/reputation | 127 | 61.7% | 121 | 62.1% |
| Newspaper* | 87 | 42.2% | 110 | 56.4% |
| Healthcare provider | 87 | 42.2% | 91 | 46.7% |
| Radio | 55 | 26.7% | 50 | 25.6% |
| Social media | Not asked - 2014 | | 43 | 22.1% |
| Mailings/newsletter | 35 | 17.0% | 33 | 16.9% |
| Website/internet | 10 | 4.9% | 19 | 9.7% |
| Public Health | 17 | 8.3% | 17 | 8.7% |
| Senior center | 9 | 4.4% | 15 | 7.7% |
| Billboards/posters | Not asked - 2014 | | 13 | 6.7% |
| Television | 14 | 6.8% | 9 | 4.6% |
| Presentations | 6 | 2.9% | 5 | 2.6% |
| Other | 14 | 6.8% | 7 | 3.6% |
| *Indicates a significant change between years ($p \leq 0.05$). Bold: Top 3 responses | | | | |

“Other” comments:

- I used to work at PMC
- Using the facility
- Spouse, employee
- Work
- Proximity
- Self-informed

Cross Tabulation of Service Knowledge and Learning about Services

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

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

| | Excellent | Good | Fair | Poor | Total |
|---------------------------------|------------|-------------|-------------|-----------|-------|
| Friends/family | 11 8.9% | 78 62.9% | 30 24.2% | 5 4.0% | 124 |
| Word of mouth/reputation | 11 9.4% | 79 67.5% | 24 20.5% | 3 2.6% | 117 |
| Newspaper | 9 8.6% | 69 65.7% | 23 21.9% | 4 3.8% | 105 |
| Healthcare provider | 8 9.3% | 62 72.1% | 16 18.6% | 0 | 86 |
| Radio | 3 6.1% | 35 71.4% | 10 20.4% | 1 2.0% | 49 |
| Social media | 6 14.6% | 26 63.4% | 8 19.5% | 1 2.4% | 41 |
| Mailings/newsletter | 2 6.1% | 23 69.7% | 6 18.2% | 2 6.1% | 33 |
| Website/internet | 2 11.1% | 13 72.2% | 3 16.7% | | 18 |
| Public Health | 1 6.7% | 14 93.3% | | | 15 |
| Senior center | | 11 78.6% | 3 21.4% | | 14 |
| Billboards/posters | 2 15.4% | 7 53.8% | 4 30.8% | | 13 |
| Television | | 7 100.0% | | | 7 |
| Presentations | 1 20.0% | 3 60.0% | 1 20.0% | | 5 |
| Other | 3 50.0% | 1 16.7% | 2 33.3% | | 6 |

Utilized Community Health Resources (Question 10)

2019 N= 195

2014 N= 206

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 68.2% (n=133). “Dentist” was utilized by 51.8% (n=101), and “Eye doctor” was utilized by 49.2% (n=96) of respondents. Respondents could select more than one resource, so percentages do not equal 100%.

| Resource | 2014 | | 2019 | |
|---|------------------|--------------|------------|--------------|
| | Count | Percent | Count | Percent |
| Pharmacy* | 171 | 83.0% | 133 | 68.2% |
| Dentist | 100 | 48.5% | 101 | 51.8% |
| Eye doctor | 121 | 58.7% | 96 | 49.2% |
| Chiropractor | 68 | 33.0% | 72 | 36.9% |
| Cancer screening programs | 24 | 11.7% | 25 | 12.8% |
| Senior Center | 35 | 17.0% | 25 | 12.8% |
| Public Health* | 45 | 21.8% | 23 | 11.8% |
| Health club | 26 | 12.6% | 22 | 11.3% |
| Alternative medicine | 18 | 8.7% | 21 | 10.8% |
| Food stamps/WIC | 15 | 7.3% | 9 | 4.6% |
| Mental health | 7 | 3.4% | 9 | 4.6% |
| Meals on Wheels | Not asked - 2014 | | 8 | 4.1% |
| Community transportation | Not asked - 2014 | | 7 | 3.6% |
| Long-term care/nursing home | 10 | 4.9% | 6 | 3.1% |
| Home health | 11 | 5.3% | 5 | 2.6% |
| Assisted living | 9 | 4.4% | 3 | 1.5% |
| Other | 9 | 4.4% | 7 | 3.6% |
| *Indicates a significant change between years ($p \leq 0.05$). Bold: Top 3 responses | | | | |

“Other” comments:

- New to community
- None
- O2
- Audiology
- Birthday screening
- DPHHS
- Dentist = Too expensive
- Home health

Improvement for Community's Access to Healthcare (Question 11)

2019 N= 195

2014 N= 206

Respondents were asked to indicate what they felt would improve their community's access to healthcare. Forty-three percent of respondents (n=84) reported that "More primary care providers" would make the greatest improvement. Thirty-three percent of respondents (n=63) indicated "More information about available services" would improve access, and "More specialists" was selected by 27.2% (n=53). Respondents could select more than one method, so percentages do not equal 100%.

| Service | 2014 | | 2019 | |
|--|------------------|--------------|-----------|--------------|
| | Count | Percent | Count | Percent |
| More primary care providers* | 138 | 67.0% | 84 | 43.1% |
| More information about available services | Not asked - 2014 | | 63 | 32.3% |
| More specialists | 55 | 26.7% | 53 | 27.2% |
| Payment assistance programs (healthcare expense) | Not asked - 2014 | | 51 | 26.2% |
| Outpatient services expanded hours* | 61 | 29.6% | 41 | 21.0% |
| Improved quality of care* | 63 | 30.6% | 39 | 20.0% |
| Home visit options | Not asked - 2014 | | 36 | 18.5% |
| Transportation assistance (to/from appointments) | 20 | 9.7% | 29 | 14.9% |
| Greater health education services* | 51 | 24.8% | 26 | 13.3% |
| Telemedicine | 9 | 4.4% | 10 | 5.1% |
| Cultural sensitivity | 10 | 4.9% | 7 | 3.6% |
| Interpreter services | 3 | 1.5% | 1 | 0.5% |
| Other | 18 | 8.7% | 11 | 5.6% |

*Indicates a significant change between years ($p \leq 0.05$). **Bold:** Top 3 responses

"Other" comments:

- Someone to talk to
- Affordable medications
- Exercise programs/classes
- Integrative medicine
- Rheumatologist
- Discount for paying bills in full
- Urgent Care instead of E.R.
- Alternative medication options
- Less expensive healthcare
- Unresponsive city
- I think ours is ok
- More primary care providers- Its good for the population of Pondera County

Desired Local Healthcare Services (Question 12)

2019 N= 195

2014 N= 206

Respondents were asked to indicate which additional healthcare services would they utilize if available locally. Respondents indicated the most interest in having “Dermatology” at 37.9% (n=74), followed by a “Pain management program” at 26.7% (n=52), and “Urology” at 17.4% (n=34). Respondents were asked to select all that apply, so percentages do not equal 100%.

| Service | 2014 | | 2019 | |
|---|-----------|--------------|-----------|--------------|
| | Count | Percent | Count | Percent |
| Dermatology* | 42 | 20.4% | 74 | 37.9% |
| Pain management program* | 33 | 16.0% | 52 | 26.7% |
| Urology* | 15 | 7.3% | 34 | 17.4% |
| Gynecology/Obstetrics | 26 | 12.6% | 26 | 13.3% |
| Pediatrics | 16 | 7.8% | 17 | 8.7% |
| Psychiatry | 10 | 4.9% | 14 | 7.2% |
| Adult day care | 6 | 2.9% | 12 | 6.2% |
| Other* | 6 | 2.9% | 23 | 11.8% |
| *Indicates a significant change between years ($p \leq 0.05$). Bold: Top 3 responses | | | | |

“Other” comments:

- None yet; maybe later (2)
- None (4)
- Naturopathic
- Endocrinology (2)
- Another option for eye care
- Rheumatology
- Home Health
- N.M.D, Integrative medical DR
- Unknown
- Cardiology
- Orthopedics
- Diabetes care specialist
- Naturopathic MD
- Foot Drs.
- General Counseling
- Assistance with cleaning, appointments, house calls, etc.
- Chiropractic
- A pain management program- I have to utilize what you have now
- You do great job for the population and size of local area

Interest in Educational Classes or Programs (Question 13)

2019 N= 195

2014 N= 206

Respondents were asked if they would be interested in any educational classes/programs made available to the community. The most highly indicated class/program was “Health and wellness” at 28.7% (n=56). “Fitness” and “Living will” were both selected by 25.1% (n=49 each). Respondents could select more than one interest, so percentages do not equal 100%.

| Educational Class/Program | 2014 | | 2019 | |
|---------------------------------------|------------------|--------------|-----------|--------------|
| | Count | Percent | Count | Percent |
| Health and wellness | 57 | 27.7% | 56 | 28.7% |
| Fitness | 68 | 33.0% | 49 | 25.1% |
| Living will | 40 | 19.4% | 49 | 25.1% |
| Women’s health | 47 | 22.8% | 48 | 24.6% |
| Weight loss | 57 | 27.7% | 40 | 20.5% |
| First aid/CPR | 40 | 19.4% | 37 | 19.0% |
| Nutrition | 44 | 21.4% | 34 | 17.4% |
| Alzheimer’s | 27 | 13.1% | 33 | 16.9% |
| Cancer | 38 | 18.4% | 29 | 14.9% |
| Diabetes | 33 | 16.0% | 28 | 14.4% |
| Health insurance/Affordable Care Act* | 51 | 24.8% | 25 | 12.8% |
| Heart disease | 18 | 8.7% | 22 | 11.3% |
| Mental health | 17 | 8.3% | 22 | 11.3% |
| Men’s health | 20 | 9.7% | 21 | 10.8% |
| Grief counseling | 16 | 7.8% | 19 | 9.7% |
| Veteran support | Not asked - 2014 | | 18 | 9.2% |
| Parenting | 13 | 6.3% | 12 | 6.2% |
| Support groups | 20 | 9.7% | 12 | 6.2% |
| Alcohol/substance abuse | Not asked - 2014 | | 12 | 6.2% |
| Smoking/tobacco cessation | 9 | 4.4% | 6 | 3.1% |
| Birthing classes | 7 | 3.4% | 3 | 1.5% |
| Prenatal | 2 | 1.0% | 3 | 1.5% |
| Lactation/breastfeeding support | Not asked - 2014 | | 2 | 1.0% |
| Other | 7 | 3.4% | 7 | 3.6% |

*Indicates a significant change between years ($p \leq 0.05$). **Bold:** Top 3 responses

“Other” comments:

- None apply to me at this time
- Nutrition- ACCUATE info; not popular info
- Chronic pain
- Rheumatologist
- Can’t do it
- None

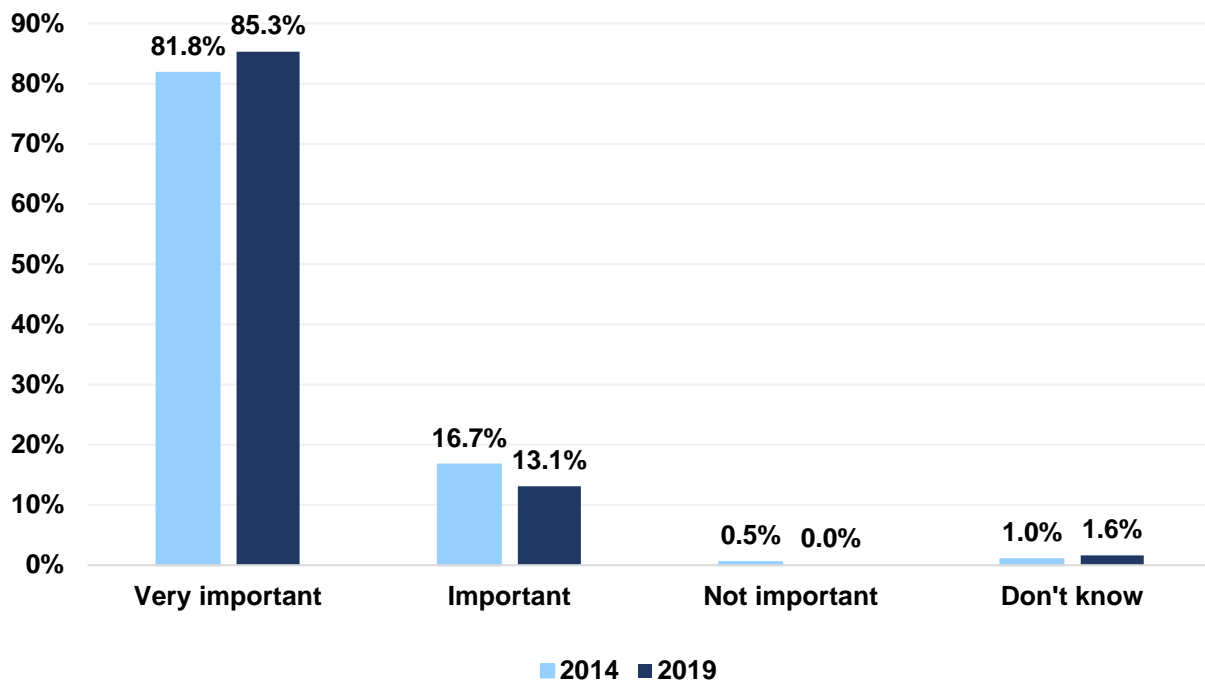
Economic Importance of Local Healthcare Providers and Services (Question 14)

2019 N= 191

2014 N= 203

The majority of respondents (85.3%, n=163), indicated that local healthcare providers and services (i.e. hospitals, clinics, nursing homes, assisted living, etc.) are 'Very important' to the economic wellbeing of the area. Thirteen percent of respondents (n=25) indicated they are "Important" and three respondents, or 1.6% indicated they "Don't know." Four 2019 respondents chose not to answer this question.

Economic Importance of Healthcare



Survey Findings – Use of Healthcare Services

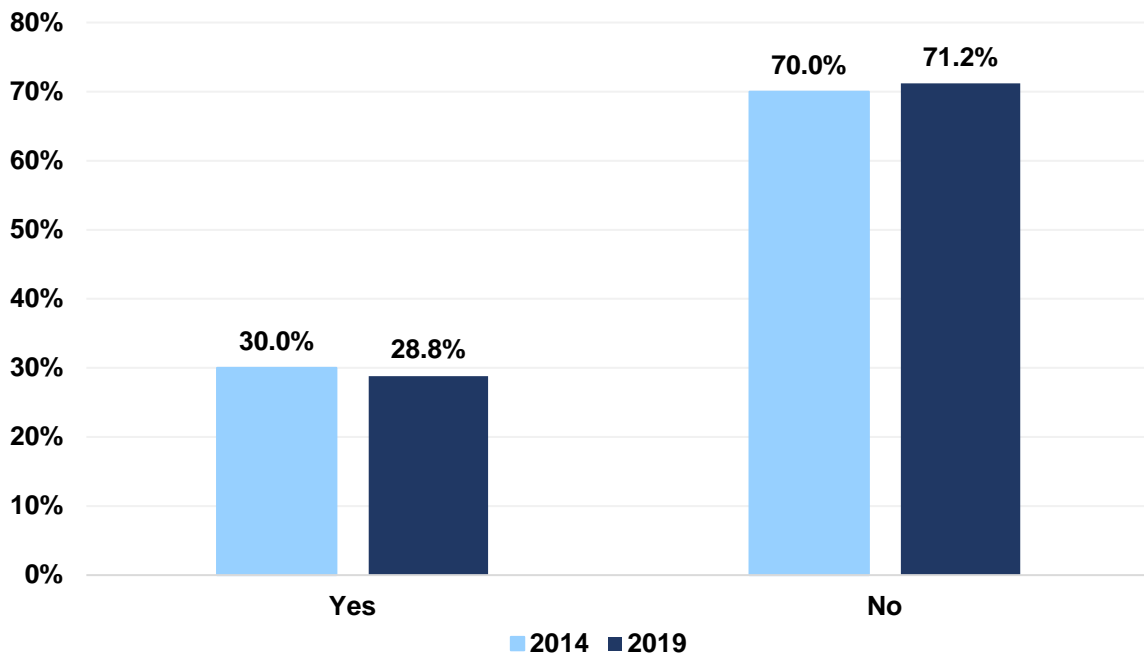
Needed/Delayed Hospital Care During the Past Three Years (Question 15)

2019 N= 184

2014 N= 190

Twenty-nine percent of respondents (n=53) reported that they or a member of their household thought they needed healthcare services but did not get them or had to delay getting them. Seventy-one percent of respondents (n=131) felt they were able to get the healthcare services they needed without delay. Eleven respondents chose not to answer this question.

Delayed or Did Not Receive Needed Medical Services in Past 3 Years



**Reasons for NOT Being Able to Receive Services or Delay in Receiving Healthcare Services
(Question 16)**

2019 N= 53

2014 N= 57

For those who indicated they were unable to receive or had to delay services (n=53), the reasons most cited were: “It cost too much” (47.2%, n=25), “Qualified provider not available” (20.8%, n=11), “Could not get an appointment” and “Too long to wait for an appointment” (18.9%, n=10 each). Respondents were asked to indicate their top three choices, so percentages do not equal 100%.

| Reason | 2014 | | 2019 | |
|---|------------------|--------------|-----------|--------------|
| | Count | Percent | Count | Percent |
| It cost too much | 22 | 38.6% | 25 | 47.2% |
| Qualified provider not available | Not asked - 2014 | | 11 | 20.8% |
| Could not get an appointment | 20 | 35.1% | 10 | 18.9% |
| Too long to wait for an appointment* | 26 | 45.6% | 10 | 18.9% |
| My insurance didn't cover it | 9 | 15.8% | 8 | 15.1% |
| No insurance | 12 | 21.1% | 7 | 13.2% |
| Not treated with respect | 4 | 7.0% | 7 | 13.2% |
| Could not get off work | 7 | 12.3% | 6 | 11.3% |
| Don't like doctors | 6 | 10.5% | 6 | 11.3% |
| Didn't know where to go | 2 | 3.5% | 4 | 7.5% |
| Office wasn't open when I could go* | 12 | 21.1% | 3 | 5.7% |
| Too nervous or afraid | 2 | 3.5% | 3 | 5.7% |
| Transportation problems | 4 | 7.0% | 3 | 5.7% |
| Unsure if services were available | 5 | 8.8% | 3 | 5.7% |
| It was too far to go | 4 | 7.0% | 2 | 3.8% |
| Had no childcare | 1 | 1.8% | 1 | 1.9% |
| Language barrier | 0 | 0.0% | 0 | 0.0% |
| Don't understand healthcare system | Not asked - 2014 | | 1 | 1.9% |
| Other | 8 | 14.0% | 8 | 15.1% |

*Indicates a significant change between years ($p \leq 0.05$). **Bold:** Top 3 responses

“Other” comments:

- Was told they do not provide such service for babies and to go to Great Falls
- Frustration and PMC billing
- VA
- Qualified provider not available- would have to travel in winter conditions
- Dr that would investigate until the person was almost dead. Thinking patient was a hypochondriac thus patient had to go to another hospital to get diagnosis
- PMC no P.A. to read results

Cross Tabulation of Delay of Services and Residence

Analysis was done to examine if respondents delayed getting services, with where they live by zip code. The chart below shows the results of the cross tabulation. Delay of services (yes, no) is across the top of the table, and residents' zip codes are along the side.

DELAY OR DID NOT GET NEEDED HEALTHCARE SERVICES BY RESIDENCE

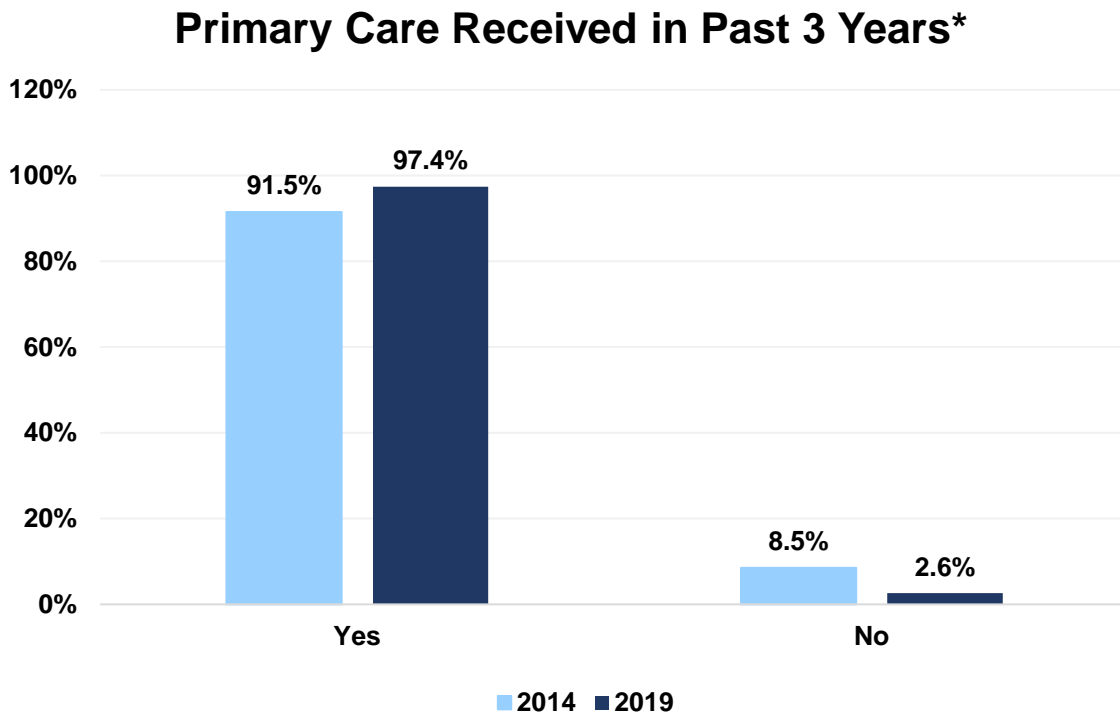
| | Yes | No | Total |
|------------------------------|---------------------|----------------------|------------|
| Conrad 59425 | 40 28.2% | 102 71.8% | 142 |
| Valier 59486 | 6 37.5% | 10 62.5% | 16 |
| Brady 59416 | 2 25.0% | 6 75.0% | 8 |
| Dupuyer 59432 | 1 16.7% | 5 83.3% | 6 |
| Ledger 59456 | 2 40.0% | 3 60.0% | 5 |
| Choteau 59422 | 1 33.3% | 2 66.7% | 3 |
| Pendroy 59467 | | 2 100.0% | 2 |
| Heart Butte 59448 | 1 100.0% | | 1 |
| Other | | 1 100.0% | 1 |
| TOTAL | 53 28.8% | 131 71.2% | 184 |

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

2019 N= 192

2014 N= 199

Ninety-seven percent of respondents (n=187) indicated they or someone in their household had been seen by a primary care provider (such as a family physician, physician assistant, or nurse practitioner) for healthcare services in the past three years, and 2.6% respondents (n=5) indicated they or someone in their household had not. Three respondents chose not to answer this question.



*Significantly more 2019 respondents indicated that they saw a primary care provider.

Location of Primary Care Provider (Question 18)

2019 N= 187

2014 N= 170

Of the 187 respondents who indicated receiving primary care services in the previous three years, 61% (n=114) reported receiving care in Conrad, 16% percent of respondents (n=30) went to a location other than those listed, and 15.5% (n=29) went to Great Falls.

| Location | 2014 | | 2019 | |
|---|------------------|---------------|------------|---------------|
| | Count | Percent | Count | Percent |
| Conrad* | 128 | 75.3% | 114 | 61.0% |
| Great Falls | 28 | 16.5% | 29 | 15.5% |
| Shelby | 8 | 4.7% | 7 | 3.7% |
| Choteau | 0 | 0.0% | 3 | 1.6% |
| Indian Health Services | Not asked - 2014 | | 1 | 0.5% |
| VA Clinic | Not asked - 2014 | | 3 | 1.6% |
| Kalispell | 0 | 0.0% | 0 | 0.0% |
| Other* | 6 | 3.5% | 30 | 16.0% |
| TOTAL | 170 | 100.0% | 187 | 100.0% |
| *Indicates a significant change between years ($p \leq 0.05$). Bold: Top 3 responses | | | | |

“Other” comments:

- Conrad; Great Falls; Billings, Lewistown
- Conrad, Great Falls, VA Clinic
- Conrad, Great Falls (11)
- Shelby
- Choteau, Great Falls
- Fort Benton
- Conrad, Shelby (3)
- Conrad, Great Falls, Shelby, Missoula
- Great Falls, Chester (2)
- Conrad, Kalispell, Havre
- Conrad, Great Falls, Shelby
- Out of state
- Shelby, Cut Bank
- Valier (2)
- Conrad, Kalispell
- Conrad, Great Falls, Shelby
- Kalispell for eyes

Reasons for Selection of Primary Care Provider (Question 19)

2019 N= 187

2014 N= 182

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” was the most frequently selected reason at 51.3% (n=96), followed by “Prior experience with clinic/provider” at 42.8% (n=80), and “Clinic/provider’s reputation for quality” at 38% (n=71). Respondents were asked to check all that apply, so the percentages do not equal 100%.

| Reason | 2014 | | 2019 | |
|--|------------|--------------|-----------|--------------|
| | Count | Percent | Count | Percent |
| Closest to home | 108 | 59.3% | 96 | 51.3% |
| Prior experience with clinic/provider | 92 | 50.5% | 80 | 42.8% |
| Clinic/provider’s reputation for quality* | 34 | 18.7% | 71 | 38.0% |
| Appointment availability | 70 | 38.5% | 68 | 36.4% |
| Recommended by family or friends | 33 | 18.1% | 28 | 15.0% |
| Referred by physician or other provider | 22 | 12.1% | 16 | 8.6% |
| Length of waiting room time | 16 | 8.8% | 12 | 6.4% |
| Cost of care | 4 | 2.2% | 7 | 3.7% |
| Required by insurance plan | 8 | 4.4% | 6 | 3.2% |
| VA/Military requirement | 9 | 4.9% | 6 | 3.2% |
| Indian Health Services (IHS) eligible | 2 | 1.1% | 3 | 1.6% |
| Other | 23 | 12.6% | 20 | 10.7% |

*Indicates a significant change between years ($p \leq 0.05$). **Bold:** Top 3 responses

“Other” comments:

- I know, like, and respect the provider
- Because of Dr. Taylor
- Personal preference
- Spouse is employed there
- Way provider treated his patients
- Oncologist
- VA
- Small town- being familiar with staff
- Highly respect the PA we go to
- Specialty services (3)
- Only one available, only one doctor in hospital
- Ease of access during work schedule
- Support community
- Not currently seeing anyone
- Good Dr.
- Referred by self
- Followed my nurse
- Conrad Dr. moved to Shelby
- You need primary care Dr. to see specialist at HMO Benefis Hospital Great Falls

Cross Tabulation of Primary Care and Residence

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

LOCATION OF PRIMARY CARE PROVIDER MOST UTILIZED BY RESIDENCE

| | Conrad | Great Falls | Shelby | Choteau | VA | Indian Health Services | Other | TOTAL |
|------------------------------|----------------------|---------------------|-------------------|-------------------|-------------------|------------------------|---------------------|------------|
| Conrad 59425 | 98 67.6% | 19 13.1% | 4 2.8% | | 3 2.1% | | 21 14.5% | 145 |
| Valier 59486 | 5 31.3% | 3 18.8% | 3 18.8% | | | | 5 31.3% | 16 |
| Brady 59416 | 5 62.5% | 1 12.5% | | | | | 2 25.0% | 8 |
| Dupuyer 59432 | 4 66.7% | 2 33.3% | | | | | | 6 |
| Ledger 59456 | 1 20.0% | 2 40.0% | | | | | 2 40.0% | 5 |
| Choteau 59422 | | 1 33.3% | | 2 66.7% | | | | 3 |
| Pendroy 59467 | 1 50.0% | | | 1 50.0% | | | | 2 |
| Heart Butte 59448 | | | | | | 1 100.0% | | 1 |
| Other | | 1 100.0% | | | | | | 1 |
| TOTAL | 114 61.0% | 29 15.5% | 7 3.7% | 3 1.6% | 3 1.6% | 1 0.5% | 30 16.0% | 187 |

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%. Kalispell was removed from the table due to non-response.

LOCATION OF PRIMARY CARE PROVIDER BY REASONS CLINIC SELECTED

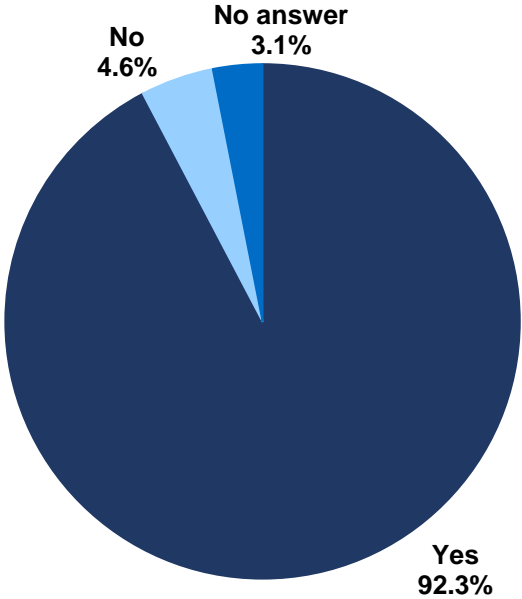
| | Conrad | Choteau | Great Falls | Indian Health Services | Shelby | VA | Other | TOTAL |
|--|-------------|-----------|-------------|------------------------|------------|------------|-------------|-----------|
| Closest to home | 74 77.1% | 3 3.1% | 4 4.2% | 1 1.0% | | | 14 14.6% | 96 |
| Prior experience with clinic | 52 65.0% | 2 2.5% | 11 13.8% | | 3 3.8% | | 12 15.0% | 80 |
| Clinic/provider's reputation for quality | 46 64.8% | | 10 14.1% | | 3 4.2% | | 12 16.9% | 71 |
| Appointment availability | 52 76.5% | 2 2.9% | 2 2.9% | | 4 5.9% | | 8 11.8% | 68 |
| Recommended by family or friends | 15 53.6% | | 6 21.4% | | 1 3.6% | | 6 21.4% | 28 |
| Referred by physician or other provider | 6 37.5% | | 4 25.0% | | | | 6 37.5% | 16 |
| Length of waiting room time | 10 83.3% | | | | | | 2 16.7% | 12 |
| Cost of care | 5 71.4% | | 1 14.3% | | | | 1 14.3% | 7 |
| Required by insurance plan/ in-network provider | 4 66.7% | | | | | | 2 33.3% | 6 |
| VA/Military requirement | | | | | | 3 50.0% | 3 50.0% | 6 |
| Indian Health Services | 1 33.3% | | 1 33.3% | 1 33.3% | | | | 3 |
| Other | 6 30.0% | | 6 30.0% | | 2 10.0% | | 6 30.0% | 20 |

Utilization of Pharmacy Services (Question 20)

2019 N= 195

Respondents were asked if they or someone in their household had utilized pharmacy services in the past year. The majority of respondents, 92.3% (n=180) reported they had utilized pharmacy services, while 4.6% (n=9) had not.

Utilized a Pharmacy in Past Year



Location of Pharmacy (Question 21)

2019 N= 179

For those respondents who indicated utilizing pharmacy services in the previous year (n= 180), 76.5% (n=137) reported receiving pharmacy services in Conrad. Twelve percent of respondents (n=21) utilized pharmacy services from a location other than those listed, and 6.7% of respondents (n=12) reported utilizing pharmacy services in Great Falls. In 2019, one of the 180 respondents who reported they had been to a pharmacy in the past three years did not indicate where they had gone.

| Location | 2019 | |
|------------------------------|------------|---------------|
| | Count | Percent |
| Conrad | 137 | 76.5% |
| Great Falls | 12 | 6.7% |
| Mail Order | 5 | 2.8% |
| Choteau | 3 | 1.7% |
| Shelby | 1 | 0.6% |
| Kalispell | 0 | 0.0% |
| Other | 21 | 11.7% |
| TOTAL | 179 | 100.0% |
| Bold: Top 3 responses | | |

“Other” comments:

- VA/CHAMPUS
- Conrad, Choteau, Great Falls, Mail Order
- Great Falls, Fort Benton
- VA (2)
- Conrad, Mail Order (3)
- Great Falls, Chester
- Conrad, Great Falls (2)
- Great Falls, Shelby
- Cut Bank (3)
- Malmstrom AFB - Gt. Falls
- Chester
- Conrad, Mail Order, Shelby
- Choteau, Mail Order
- Conrad, Great Falls (in Great Falls I can get my insurance for half the price than in Conrad)
- I.H.S.

Reasons for Selecting Pharmacy (Question 22)

2019 N= 180

Of the 180 respondents who utilizing pharmacy services in the previous year, the primary reason given for selecting the pharmacy used most often was “Closest to home” at 68.3% (n=124). “Prior experience with pharmacy” was selected by 50.6% of the respondents (n=91), and 25.6% (n=46) selected “Pharmacy’s reputation for quality.” Note that respondents were asked to select the top three answers which influenced their choices, so the percentages do not equal 100%.

| Reason | 2019 | |
|--|------------|--------------|
| | Count | Percent |
| Closest to home | 124 | 68.3% |
| Prior experience with pharmacy | 91 | 50.6% |
| Pharmacy's reputation for quality | 46 | 25.6% |
| Cost of prescriptions/medications | 22 | 12.2% |
| Length of wait time | 13 | 7.2% |
| Recommended by family or friends | 7 | 3.9% |
| Required by insurance plan | 7 | 3.9% |
| Cost assistance programs | 3 | 1.7% |
| Other | 19 | 10.6% |
| Bold: Top 3 responses | | |

“Other” comments:

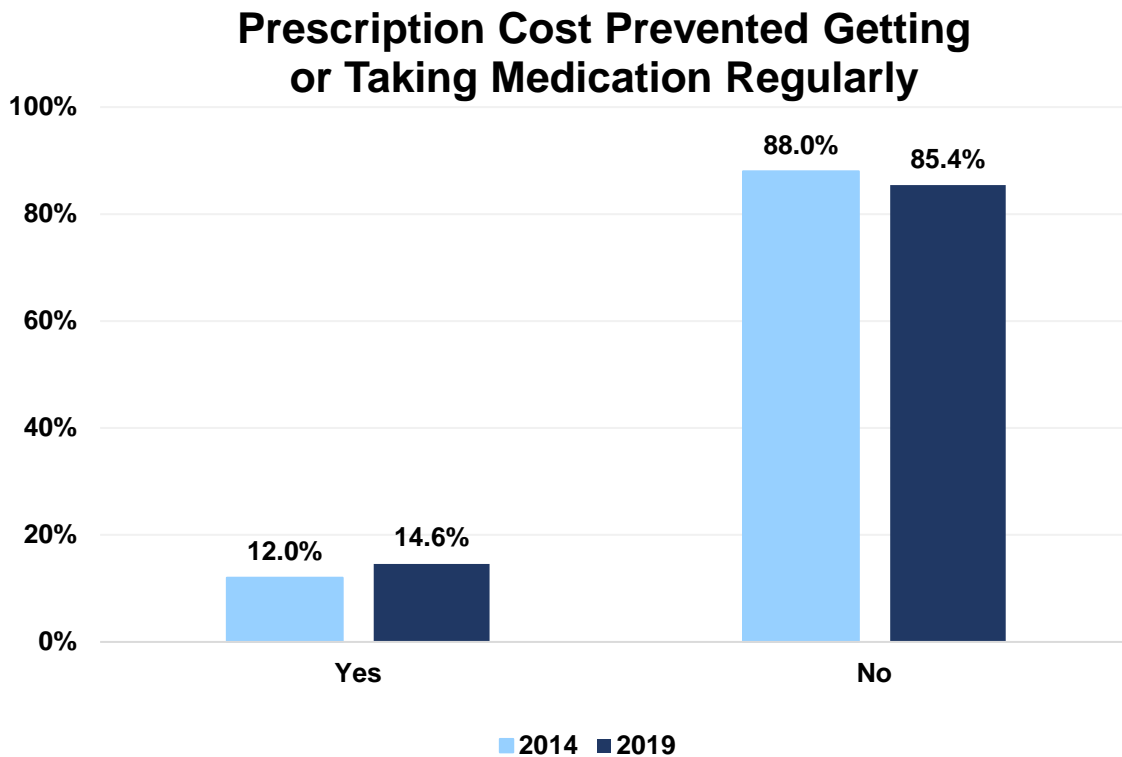
- Paid for through Tricare
- Local if immediately needed
- Very caring and knowledgeable
- Convenience (2)
- They have Medicare and they will fill 3 months
- Located closest to Benefis Healthcare
- Retired military (2)
- Support community
- Specialty pharmacy
- Try to support local business
- Open more convenient hours
- Military perk
- Prices, service, allergies, medical and excellent pharmacy Village Drug

Cost and Prescription Medications (Question 23)

2019 N= 192

2014 N= 192

Respondents were asked to indicate if during the last year medication costs had prohibited them from getting a prescription or taking their medication regularly. Fifteen percent of respondents (n=28) indicated that in the last year cost had prohibited them from getting a prescription or taking their medication regularly. Eighty-five percent of respondents (n=164) indicated that cost had not prohibited them. Three respondents chose not to answer this question.



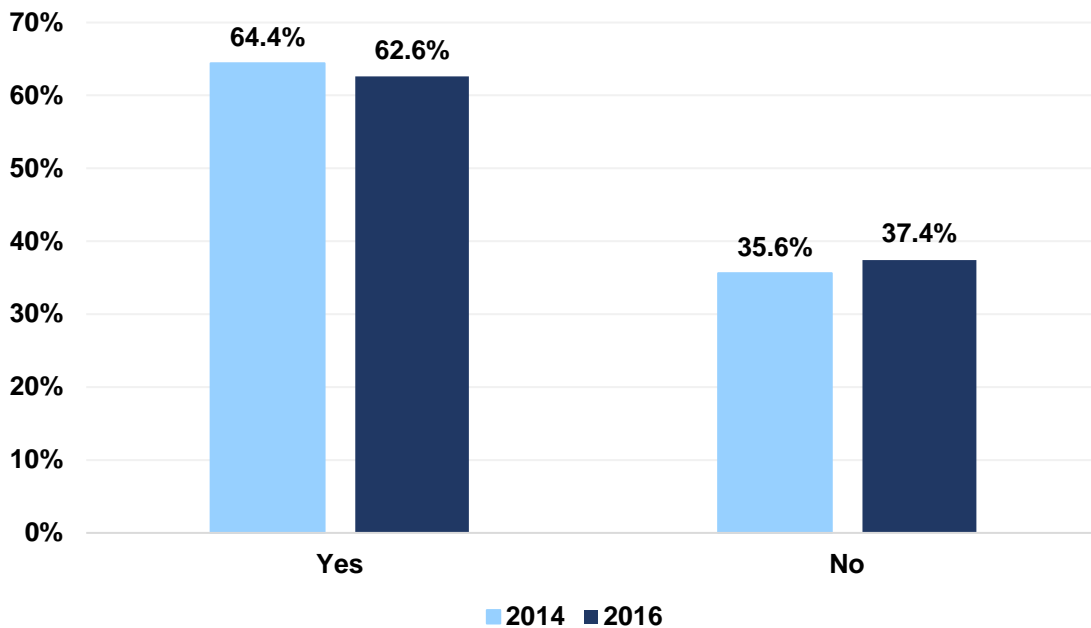
Hospital Care Received in the Past Three Years (Question 24)

2019 N= 187

2014 N= 202

Respondents were asked if they or someone in their household had received hospital care in the last three years. Hospitalization was quantified as hospitalized overnight, day surgery, obstetrical care, rehabilitation, radiology, or emergency care. Sixty-three percent of respondents (n=117) reported that they or a member of their family had received hospital care during the previous three years, and 37.4% (n=70) had not received hospital services. Eight respondents chose not to answer this question.

Received Hospital Care in Past 3 Years



Hospital Used Most in the Past Three Years (Question 25)

2019 N= 117

2014 N= 113

Of the 117 respondents who indicated receiving hospital care in the previous three years, 33.3% (n=39) reported receiving care at Pondera Medical Center. Thirty-two percent of respondents (n=37) received services at Benefis (Great Falls), and 17.1% of respondents (n=20) reported utilizing services from a location other than those listed.

| Location | 2014 | | 2019 | |
|---|------------------|---------------|------------|---------------|
| | Count | Percent | Count | Percent |
| Pondera Medical Center (Conrad)* | 52 | 46.0% | 39 | 33.3% |
| Benefis (Great Falls)* | 44 | 38.9% | 37 | 31.6% |
| Great Falls Clinic (Great Falls) | Not asked - 2014 | | 11 | 9.4% |
| Kalispell Regional Medical Center (Kalispell) | 6 | 5.3% | 4 | 3.4% |
| Marias Medical Center (Shelby) | 5 | 4.4% | 4 | 3.4% |
| Teton Medical Center (Choteau) | 1 | 1.0% | 0 | 0.0% |
| Indian Health Services | Not asked - 2014 | | 1 | 0.9% |
| VA Hospital | Not asked - 2014 | | 1 | 0.9% |
| Other* | 5 | 4.4% | 20 | 17.1% |
| TOTAL | 113 | 100.0% | 117 | 100.0% |

*Indicates a significant change between years ($p \leq 0.05$). **Bold:** Top 3 responses

“Other” comments:

- St. Vincent - Billings; CMMC - Lewistown
- Benefis (Great Falls); St. Peters
- Pondera Medical Center (Conrad), Kalispell Regional Medical Center (Kalispell)
- St. Patrick's - Missoula
- Pondera Medical Center - Conrad, Benefis - Great Falls (8)
- Bozeman Deaconess
- Liberty Medical Center - Chester
- Out of state
- Pondera Medical Center - Conrad, Great Falls, Missoula
- Marias Medical Center (Shelby), VA Hospital
- Great Falls Clinic Hospital
- HC Health Medical Center of the Rockies Loveland CO
- Pondera Medical Center (Conrad), Benefis (Great Falls), Great Falls Clinic (Great Falls)

Reasons for Selecting the Hospital Used (Question 26)

2019 N= 117

2014 N= 130

Of the 117 respondents who had a personal or family experience at a hospital within the past three years, the primary reason given for selecting the facility used most often was “Prior experience with hospital” at 46.2% (n=54). “Closest to home” was selected by 44.4% of the respondents (n=52), and 41% (n=48) selected “Referred by physician or other provider.” Note that respondents were asked to select the top three answers which influenced their choices, so the percentages do not equal 100%.

| Reason | 2014 | | 2019 | |
|--|------------------|--------------|-----------|--------------|
| | Count | Percent | Count | Percent |
| Prior experience with hospital | 61 | 46.9% | 54 | 46.2% |
| Closest to home | 73 | 56.2% | 52 | 44.4% |
| Referred by physician or other provider | 50 | 38.5% | 48 | 41.0% |
| Hospital’s reputation for quality | 32 | 24.6% | 40 | 34.2% |
| Emergency, no choice | 41 | 31.5% | 37 | 31.6% |
| Recommended by family or friends | 10 | 7.7% | 10 | 8.5% |
| Closest to work | 6 | 4.6% | 4 | 3.4% |
| Cost of care | 2 | 1.5% | 3 | 2.6% |
| Required by insurance plan | 3 | 2.3% | 3 | 2.6% |
| Financial assistance programs | Not asked - 2014 | | 3 | 2.6% |
| VA/Military requirement | 7 | 5.4% | 2 | 1.7% |
| Indian Health Services | Not asked - 2014 | | 1 | 0.5% |
| Other | 11 | 8.5% | 7 | 6.0% |

*Indicates a significant change between years ($p \leq 0.05$). **Bold:** Top 3 responses

“Other” comments:

- Closest with birth services
- Where my Dr. works
- Dr. Taylor
- Close to home, prior experience with hospital
- Prior experience with hospital, less time waiting to be seen
- Specialist

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. Teton Medical Center- Choteau was removed from the table due to non-response.

LOCATION OF MOST OFTEN UTILIZED HOSPITAL BY RESIDENCE

| | Pondera Medical Center Conrad | Benefis Great Falls | Great Falls Clinic | Kalispell Regional Medical Center | Marias Medical Center Shelby | Indian Health Services | VA Hospital | Other | TOTAL |
|------------------------------|----------------------------------|------------------------|--------------------|--------------------------------------|---------------------------------|------------------------|-------------------|---------------------|------------|
| Conrad 59425 | 35 38.9% | 26 28.9% | 9 10.0% | 2 2.2% | 3 3.3% | | 1 1.1% | 14 15.6% | 90 |
| Valier 59486 | 3 33.3% | 2 22.2% | | 1 11.1% | 1 11.1% | | | 2 22.2% | 9 |
| Brady 59416 | | 3 75.0% | | 1 25.0% | | | | | 4 |
| Dupuyer 59432 | 1 25.0% | 2 50.0% | 1 25.0% | | | | | | 4 |
| Ledger 59456 | | 1 25.0% | | | | | | 3 75.0% | 4 |
| Choteau 59422 | | 1 50.0% | | | | | | 1 50.0% | 2 |
| Pendroy 59467 | | 1 50.0% | 1 50.0% | | | | | | 2 |
| Heart Butte 59448 | | | | | | 1 100.0% | | | 1 |
| Other | | 1 100.0% | | | | | | | 1 |
| TOTAL | 39 33.3% | 37 31.6% | 11 9.4% | 4 3.4% | 4 3.4% | 1 0.9% | 1 0.9% | 20 17.1% | 117 |

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. Choteau was removed due to non-response.

LOCATION OF MOST UTILIZED HOSPITAL BY REASONS HOSPITAL SELECTED

| | Pondera Medical Center Conrad | Benefis Great Falls | Great Falls Clinic | Indian Health Services | Kalispell Regional Medical Center | Marias Medical Center Shelby | VA Hospital | Other | TOTAL |
|--|----------------------------------|------------------------|--------------------|------------------------|--------------------------------------|---------------------------------|-------------|-------------|-------|
| Prior experience with hospital | 20 37.0% | 17 31.5% | 6 11.1% | | 2 3.7% | 3 5.6% | | 6 11.1% | 54 |
| Closest to home | 33 63.5% | 4 7.7% | 1 1.9% | 1 1.9% | | 2 3.8% | | 11 21.2% | 52 |
| Referred by a physician or other provider | 4 8.3% | 24 50.0% | 8 16.7% | | 2 4.2% | | 1 2.1% | 9 18.8% | 48 |
| Hospital/provider's reputation for quality | 12 30.0% | 12 30.0% | 5 12.5% | | 4 10.0% | 1 2.5% | | 6 15.0% | 40 |
| Emergency, no choice | 17 45.9% | 10 27.0% | 1 2.7% | | | 1 2.7% | 1 2.7% | 7 18.9% | 37 |
| Recommended by family or friends | 2 20.0% | 3 30.0% | 1 10.0% | | 2 20.0% | 1 10.0% | | 1 10.0% | 10 |
| Closest to work | 3 75.0% | | | | | | | 1 25.0% | 4 |
| Cost of care | 1 33.3% | | 1 33.3% | | | | | 1 33.3% | 3 |
| Financial assistance programs | 1 33.3% | 1 33.3% | 1 33.3% | | | | | | 3 |
| Required by insurance plan | | 2 66.7% | 1 33.3% | | | | | | 3 |
| VA/Military requirement | | 1 50.0% | | | | | 1 50.0% | | 2 |
| Indian Health Services | | | | 1 100.0% | | | | | 1 |
| Other | 2 28.6% | 1 14.3% | | | | 2 28.6% | | 2 28.6% | 7 |

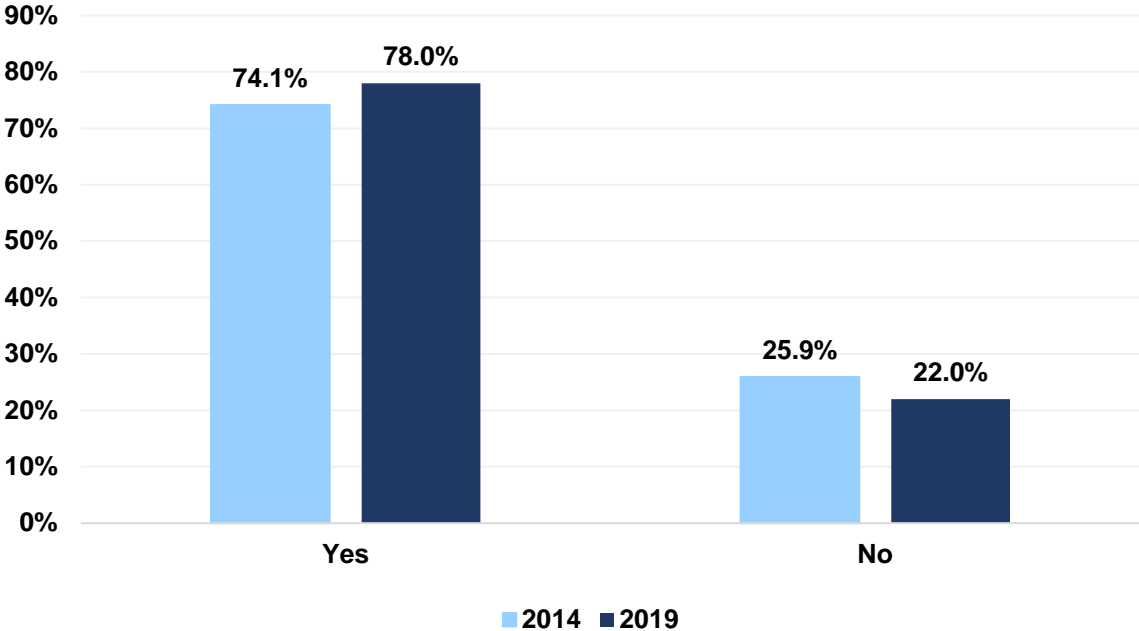
Use of Healthcare Specialists during the Past Three Years (Question 27)

2019 N= 191

2014 N= 197

Seventy-eight percent of the respondents (n=149) indicated they or a household member had seen a healthcare specialist during the past three years, 22% (n=42) indicated they had not. Four respondents chose not to answer this question.

Visited a Specialist in Past 3 Years



Location of Healthcare Specialist (Question 28)

2019 N= 149

2014 N= 146

Of the 149 respondents who indicated they saw a healthcare specialist in the past three years, 78.5% (n=117) saw one in Great Falls. Conrad specialty services were utilized by 25.5% of respondents (n=38), and a location other than those listed was selected by 12.8% (n=19). Respondents could select more than one location, so percentages do not equal 100%.

| Location | 2014 | | 2019 | |
|---|------------------|--------------|------------|--------------|
| | Count | Percent | Count | Percent |
| Great Falls | 115 | 78.8% | 117 | 78.5% |
| Conrad | 47 | 32.2% | 38 | 25.5% |
| Kalispell | 23 | 15.8% | 18 | 12.1% |
| Shelby | 15 | 10.3% | 9 | 6.0% |
| Missoula | 10 | 6.8% | 8 | 5.4% |
| VA Facility | Not asked - 2014 | | 4 | 2.7% |
| Indian Health Services | Not asked - 2014 | | 0 | 0.0% |
| Other | 17 | 11.6% | 19 | 12.8% |
| *Indicates a significant change between years ($p \leq 0.05$). Bold: Top 3 responses | | | | |

“Other” comments:

- Billings (5)
- Mayo - Scottsdale
- Choteau (2)
- Cut Bank
- Bozeman
- Seattle Children's Hospital
- Helena (2)
- Fort Benton
- Chester
- Out of state
- Idaho
- Canada Dentist
- Kalispell for eyes

Type of Healthcare Specialist Seen (Question 29)

2019 N= 149

2014 N= 146

The respondents (n=149) saw a wide array of healthcare specialists in the past three years. The most frequently indicated specialist was a “Dentist” with 30.9% of respondents (n=46) having utilized their services. “Dermatologist” was the second most utilized specialist at 26.2% (n=39), and “Orthopedic surgeon” was third at 25.5% (n=38). Respondents were asked to choose all that apply, so percentages do not equal 100%.

| Health Care Specialist | 2014 | | 2019 | |
|---------------------------|------------------|--------------|-----------|--------------|
| | Count | Percent | Count | Percent |
| Dentist | 44 | 30.1% | 46 | 30.9% |
| Dermatologist* | 21 | 14.4% | 39 | 26.2% |
| Orthopedic surgeon | 47 | 32.2% | 38 | 25.5% |
| Cardiologist | 35 | 24.0% | 37 | 24.8% |
| Physical therapist | 23 | 15.8% | 28 | 18.8% |
| Ophthalmologist | 22 | 15.1% | 26 | 17.4% |
| OB/GYN | 22 | 15.1% | 24 | 16.1% |
| Optometrist | Not asked - 2014 | | 21 | 14.1% |
| Chiropractor | 25 | 17.1% | 19 | 12.8% |
| Urologist | 23 | 15.8% | 19 | 12.8% |
| Neurologist | 17 | 11.6% | 18 | 12.1% |
| Oncologist | 21 | 14.4% | 18 | 12.1% |
| ENT (ear/nose/throat) | 14 | 9.6% | 17 | 11.4% |
| Pain management | Not asked - 2014 | | 17 | 11.4% |
| Radiologist | 23 | 15.8% | 16 | 10.7% |
| Gastroenterologist | 11 | 7.5% | 15 | 10.1% |
| General surgeon | 20 | 13.7% | 12 | 8.1% |
| Endocrinologist | 11 | 7.5% | 11 | 7.4% |
| Podiatrist | 9 | 6.2% | 10 | 6.7% |
| Pulmonologist | 9 | 6.2% | 9 | 6.0% |
| Rheumatologist | 7 | 4.8% | 9 | 6.0% |
| Audiologist | Not asked - 2014 | | 8 | 5.4% |
| Wound care | Not asked - 2014 | | 8 | 5.4% |
| Denturist | Not asked - 2014 | | 7 | 4.7% |
| Mental health counselor | 5 | 3.4% | 7 | 4.7% |
| Occupational therapist | 7 | 4.8% | 7 | 4.7% |

| | | | | |
|---|----|------|----|------|
| Neurosurgeon | 3 | 2.1% | 6 | 4.0% |
| Social worker | 2 | 1.4% | 4 | 2.7% |
| Speech therapist | 1 | 0.7% | 4 | 2.7% |
| Pediatrician | 7 | 4.8% | 3 | 2.0% |
| Psychiatrist (M.D.) | 2 | 1.4% | 3 | 2.0% |
| Psychologist | 4 | 2.7% | 3 | 2.0% |
| Allergist | 6 | 4.1% | 2 | 1.3% |
| Geriatrician | 0 | 0.0% | 0 | 0.0% |
| Substance abuse counselor | 1 | 0.7% | 0 | 0.0% |
| Other | 11 | 7.5% | 11 | 7.4% |
| *Indicates a significant change between years ($p \leq 0.05$). Bold: Top 3 responses | | | | |

“Other” comments:

- Colonoscopy
- Reconstructive surgery
- Vascular
- Oncology surgeon
- Kidney Dr, ENT (ear/nose/throat)
- General practice
- Alternative medicine
- Hand specialist

Overall Quality of Care at Pondera Medical Center (Question 30)

2019 N= 195

2014 N= 206

Respondents were asked to rate a variety of aspects of the overall care provided at Pondera Medical Center using the scale of 4=Excellent, 3=Good, 2=Fair, 1=Poor, and Don't Know. The sums of the average scores were then calculated with Ambulance services receiving the top average score of 3.6 out of 4.0. Home health and Radiology both received a score of 3.4 out of 4.0. The total average score 3.3 indicates the overall services of the hospital as "Good."

| 2019 | Excellent (4) | Good (3) | Fair (2) | Poor (1) | Haven't Used | Don't Know | No Ans | N | Avg |
|---|--------------------------|---------------------|---------------------|---------------------|-------------------------|-----------------------|-------------------|----------|------------|
| Ambulance services | 46 | 29 | 0 | 0 | 105 | 8 | 7 | 195 | 3.6 |
| Home health | 15 | 9 | 2 | 1 | 129 | 24 | 15 | 195 | 3.4 |
| Radiology | 48 | 45 | 5 | 0 | 74 | 13 | 10 | 195 | 3.4 |
| Laboratory | 57 | 63 | 12 | 0 | 46 | 8 | 9 | 195 | 3.3 |
| Rehabilitation services | 28 | 22 | 7 | 1 | 103 | 21 | 13 | 195 | 3.3 |
| Rural Health Clinic services (PMC clinic) | 38 | 41 | 8 | 2 | 76 | 16 | 14 | 195 | 3.3 |
| Visiting specialists (ENT, oncology, orthopedist) | 22 | 24 | 3 | 2 | 107 | 25 | 12 | 195 | 3.3 |
| Emergency room | 50 | 50 | 13 | 4 | 64 | 8 | 6 | 195 | 3.2 |
| Inpatient services | 21 | 45 | 4 | 0 | 93 | 19 | 13 | 195 | 3.2 |
| Oncology | 5 | 4 | 3 | 0 | 145 | 24 | 14 | 195 | 3.2 |
| Durable medical equipment (DME) | 18 | 36 | 9 | 1 | 98 | 19 | 14 | 195 | 3.1 |
| Nursing home/extended care | 11 | 21 | 4 | 1 | 128 | 14 | 16 | 195 | 3.1 |
| Respiratory services (ex. sleep studies) | 6 | 13 | 4 | 0 | 134 | 23 | 15 | 195 | 3.1 |
| Ear, Nose, Throat (ENT) | 10 | 6 | 7 | 1 | 129 | 23 | 19 | 195 | 3.0 |
| Orthopedics | 1 | 9 | 1 | 0 | 138 | 27 | 19 | 195 | 3.0 |
| Telemedicine | 1 | 5 | 3 | 0 | 141 | 27 | 18 | 195 | 2.8 |
| TOTAL | 377 | 422 | 85 | 13 | | | | | 3.3 |

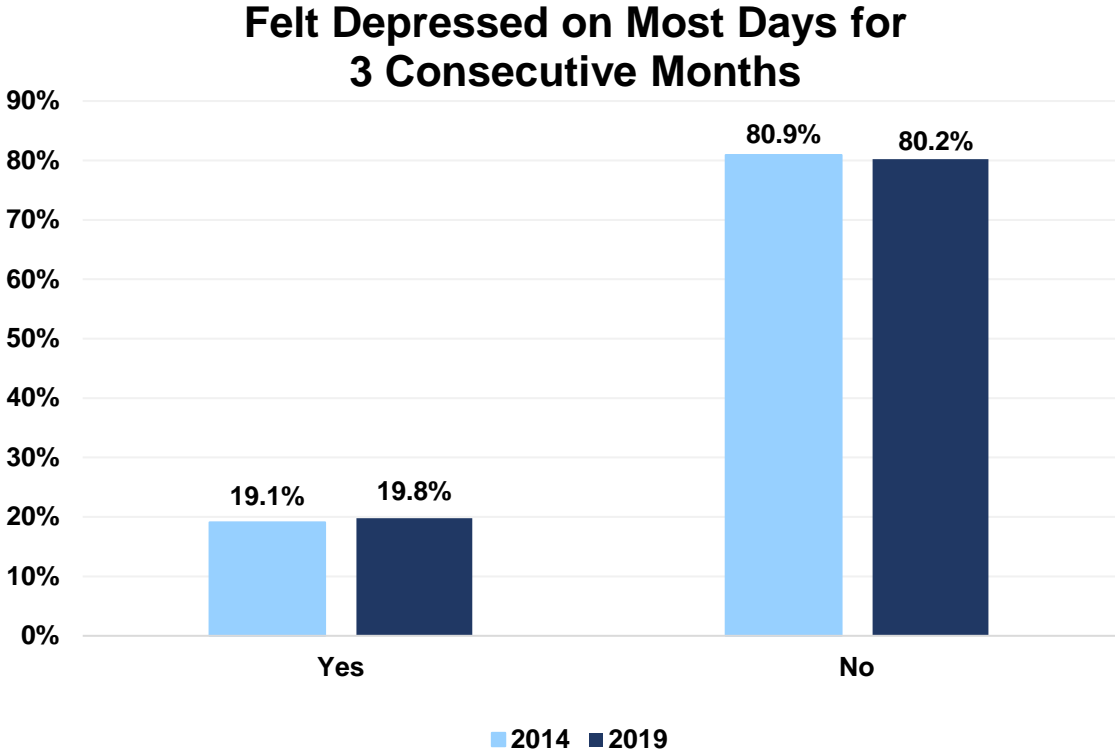
| 2014 | Excellent (4) | Good (3) | Fair (2) | Poor (1) | Don't Know | No Ans | N | Avg |
|---|--------------------------|---------------------|---------------------|---------------------|-----------------------|-------------------|----------|------------|
| Ambulance services | 68 | 31 | 2 | 3 | 86 | 16 | 206 | 3.6 |
| Home health | 25 | 18 | 4 | 0 | 131 | 28 | 206 | 3.4 |
| Nursing home/extended care | 30 | 28 | 3 | 2 | 112 | 31 | 206 | 3.4 |
| Inpatient services | 35 | 36 | 6 | 1 | 99 | 29 | 206 | 3.3 |
| Laboratory | 67 | 70 | 13 | 4 | 39 | 13 | 206 | 3.3 |
| Rehabilitation services | 22 | 36 | 4 | 1 | 115 | 28 | 206 | 3.3 |
| Emergency room | 49 | 76 | 13 | 5 | 47 | 16 | 206 | 3.2 |
| Radiology | 35 | 59 | 7 | 3 | 77 | 25 | 206 | 3.2 |
| Rural Health Clinic services (PMC clinic) | 66 | 73 | 25 | 7 | 21 | 14 | 206 | 3.2 |
| TOTAL | 397 | 427 | 77 | 26 | | | | 3.3 |

Prevalence of Depression (Question 31)

2019 N= 192

2014 N= 199

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. Twenty percent of respondents (n=38) indicated they had experienced periods of depression, and 80% of respondents (n=154) indicated they had not. Three respondents chose not to answer this question.

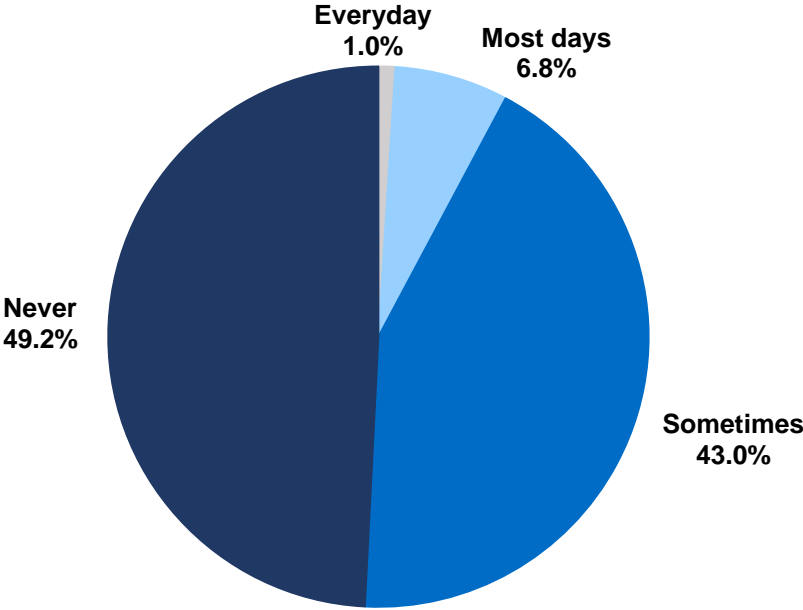


Social Isolation (Question 32)

2019 N= 193

Respondents were asked to indicate how often they felt lonely or isolated in the past year. Forty-nine percent of respondents (n=95) indicated they never felt lonely or isolated, 43% of respondents (n=83) indicated they sometimes felt lonely or isolated, and 6.8% (n=13) reported they felt lonely or isolated most days. Two respondents chose not to answer this question.

Felt Lonely or Isolated in Past Year

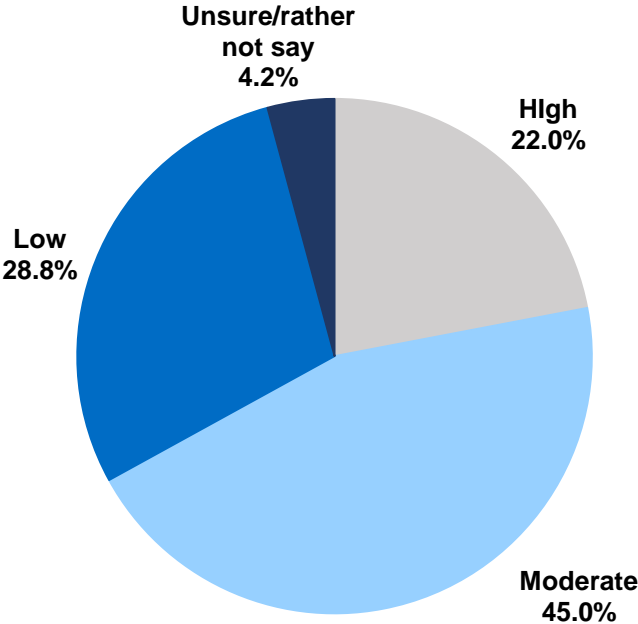


Perception of Stress (Question 33)

2019 N= 191

Respondents were asked to indicate how they would describe their stress level over the past year. Forty-five percent of respondents (n=86) indicated they experienced a moderate level of stress, 28.8% (n=55) had a low level of stress, and 22% of respondents (n=42) indicated they had experienced a high level of stress. Four respondents chose not to answer this question.

Stress Level in Past Year



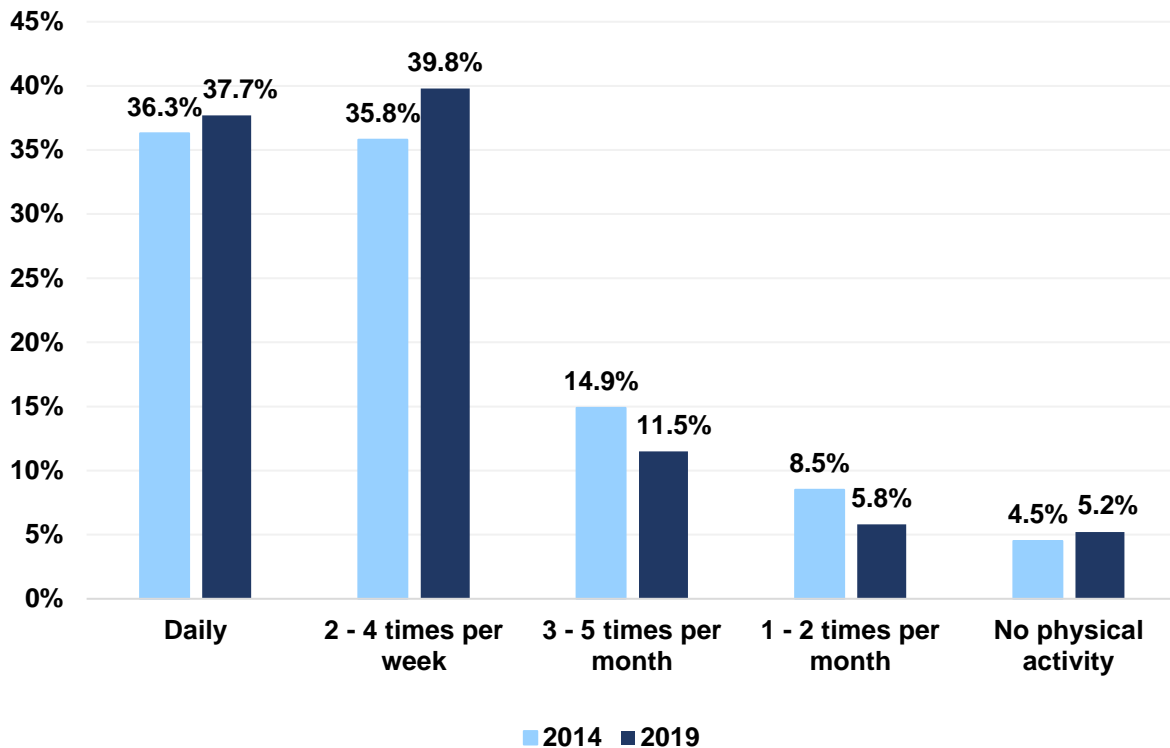
Physical Activity (Question 34)

2019 N= 191

2014 N= 201

Respondents were asked to indicate how frequently they had physical activity for at least twenty minutes over the past month. Forty percent of respondents (n=76) indicated they had physical activity “2-4 times per week” and 37.7% (n=72) indicated they had physical activity of at least twenty minutes “Daily”. Five percent of respondents (n=10) indicated they had “No physical activity”. Four respondents chose not to answer this question.

Physical Activity Over the Past Month

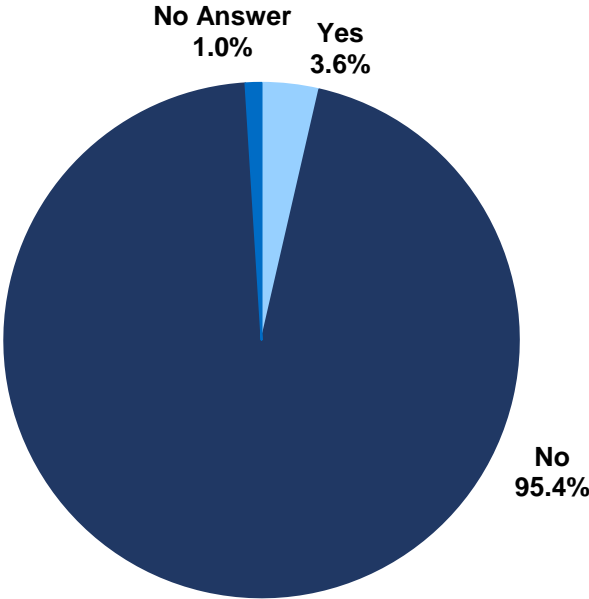


Food Insecurity (Question 35)

2019 N= 195

Respondents were asked to indicate if during the last year, they had worried that they would not have enough food to eat. Four percent of respondents (n=7) indicated that in the last year they did worry about having enough food.

Worried Wouldn't Have Enough Food

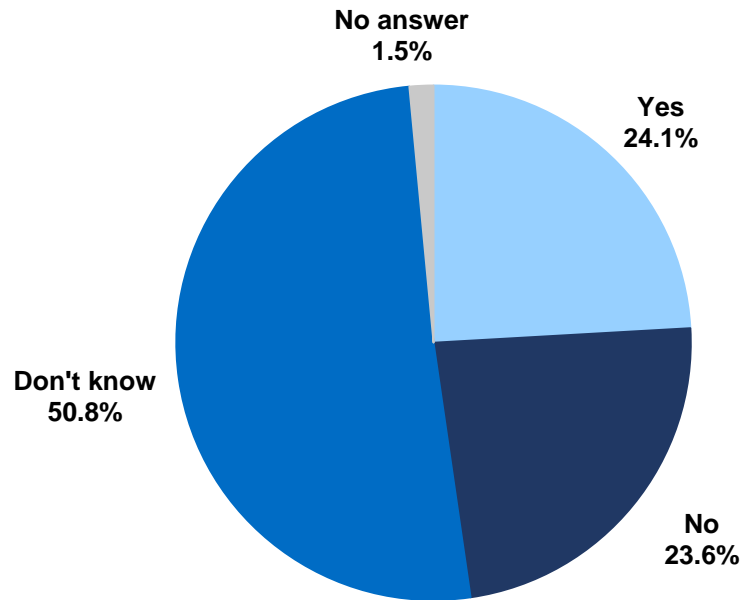


Housing (Question 36)

2019 N= 195

Respondents were asked to indicate if they felt the community has adequate and affordable housing options available. Fifty-one percent of respondents (n=99) indicated that they don't know if there are adequate and affordable housing options available in the community, 24.1% (n=47) felt there was adequate housing, and 23.6% (n=46) indicated that there is not.

Adequate Housing in the Community



Medical Insurance Type (Question 37)

2019 N= 193

2014 N= 165

Respondents were asked to indicate what type of medical insurance covers the majority of their medical expenses. Thirty-five percent (n=68) indicated they have “Medicare” coverage. Twenty-four percent (n=46) indicated they have “Employer sponsored” coverage, and 11.4% (n=22) indicated they had insurance coverage “Other” than those options listed.

| Insurance Type | 2014 | | 2019 | |
|---------------------------------|------------------|---------------|------------|---------------|
| | Count | Percent | Count | Percent |
| Medicare | 57 | 34.5% | 68 | 35.2% |
| Employer sponsored* | 53 | 32.1% | 46 | 23.8% |
| Medicaid | 7 | 4.2% | 14 | 7.3% |
| Private insurance/private plan* | 21 | 12.7% | 10 | 5.2% |
| VA/Military | 8 | 4.9% | 6 | 3.1% |
| Healthy MT Kids | 3 | 1.9% | 4 | 2.1% |
| None/Pay out of pocket | 8 | 4.9% | 4 | 2.1% |
| Health Savings Account | 6 | 3.6% | 2 | 1.0% |
| Indian Health | 0 | 0.0% | 0 | 0.0% |
| State/Other | 1 | 0.6% | 0 | 0.0% |
| Health Insurance Marketplace | Not asked - 2014 | | 17 | 8.8% |
| Other* | 1 | 0.6% | 22 | 11.4% |
| TOTAL | 165 | 100.0% | 100 | 100.0% |

“Other” comments:

- Medicare, Private insurance/private plan (4)
- Medicare, VA/military (2)
- Health Insurance Marketplace, Medicare, Medicare Supplement Coverage D
- Employer sponsored, Medicare (2)
- Medicaid, Medicare (6)
- Employer sponsored, Private insurance/private plan
- Healthy MT Kids, Medicaid
- Medicare, VA/military
- Medicare plus supplementary
- Medicare, Private insurance/private plan, supplement (2)
- Christian Healthcare

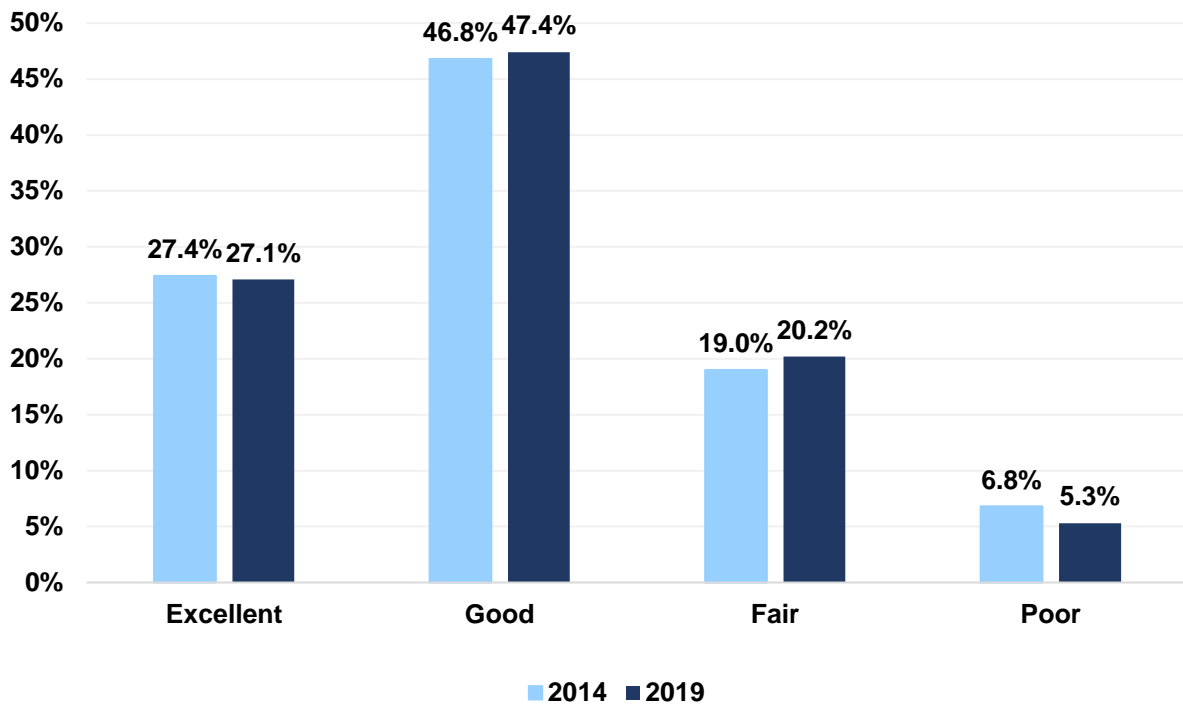
Insurance and Healthcare Costs (Question 38)

2019 N= 188

2014 N= 190

Respondents were asked to indicate how well they felt their health insurance covers their healthcare costs. Forty-seven percent of respondents (n=89) indicated they felt their insurance covers a “Good” amount of their healthcare costs. Twenty-seven percent of respondents (n=51) indicated they felt their insurance was “Excellent”, and 20.2% of respondents (n=38) indicated they felt their insurance was “Fair.”

How Well Insurance Covers Healthcare Costs



Barriers to Having Health Insurance (Question 39)

2019 N= 4

2014 N= 8

For those who indicated they did not have insurance (n=4), the reason selected for not having insurance was “Cannot afford to pay for medical insurance.” Respondents could select all that apply.

| Reason | 2014 | | 2019 | |
|---|------------------|--------------|----------|---------------|
| | Count | Percent | Count | Percent |
| Cannot afford to pay for medical insurance | 6 | 75.0% | 4 | 100.0% |
| Employer does not offer insurance | 3 | 37.5% | 0 | 0.0% |
| Choose not to have medical insurance | 1 | 12.5% | 0 | 0.0% |
| Too confusing/don't know how to apply | Not asked - 2014 | | 0 | 0.0% |
| Other | 0 | 0.0% | 0 | 0.0% |

“Other” comments:

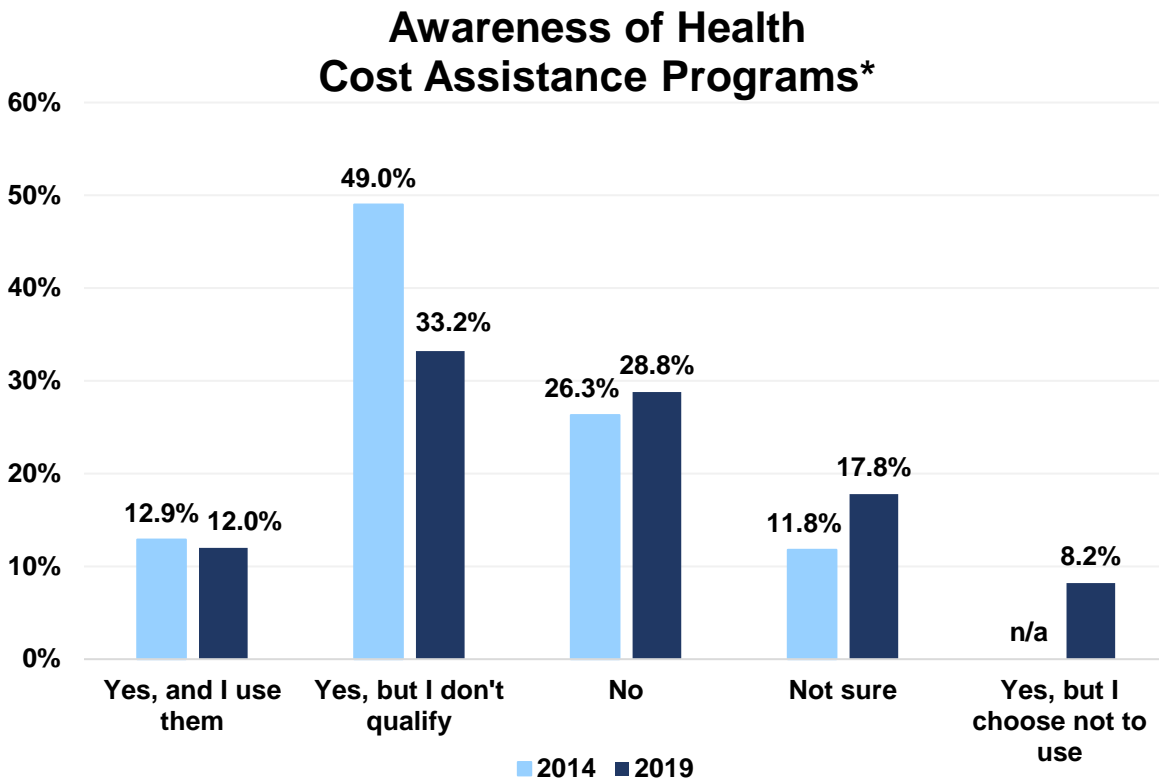
- Son does not have at this time

Awareness of Health Cost Assistance Programs (Question 40)

2019 N= 184

2014 N= 186

Respondents were asked to indicate their awareness of programs that help people pay for healthcare bills. Thirty-three percent of respondents (n=61) indicated they were aware of these types of programs but did not qualify to utilize them. Twenty-nine percent (n=53) indicated that they were not aware of these programs, and 17.8% of respondents (n=33) indicated they were not sure.



*Significantly fewer 2019 respondents selected "Yes, but I don't qualify" however, "Yes, but choose not to use" was not asked in the previous assessment, therefore significance cannot be determined.

VI. Focus Group and Key Informant Interview Methodology





Two focus group interviews were conducted in September of 2019. Participants were identified as people living in Pondera Medical Center’s service area.

Eighteen people participated in the focus group interviews. The focus groups were designed to represent various consumer groups of healthcare including senior citizens, local and service area community members, and community leaders. The focus groups were held at the Conrad Senior Center and Valier Public Library. The meetings lasted up to

90 minutes in length and followed the same line of questioning. Six key informant interviews were conducted. These interviews lasted up to 15 minutes. Key informant interview questions and Focus group interview questions can be found in Appendix G. The questions and discussions were led and transcribed by the Montana Office of Rural Health staff.

VII. Focus Group and Key Informant Interview Themes

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

| | |
|--|---|
|  <p>Mental Health</p> | <ul style="list-style-type: none"> • Mental health and suicide were significant concerns in all focus groups and interviews. One participant stated, “Youth and adults both seem to be at high risk for depression and suicide here.” • Another participant stated “Mental health is really the biggest issue in our community; you see it a lot. When someone is suicidal...it’s difficult for the hospital and the police to help them.” • “Mental health. It’s a huge service that’s needed in our community; and acute mental health. Crisis management is a big need here”. |
|  <p>Emergency Medicine</p> | <ul style="list-style-type: none"> • Lack of EMS and ambulance services were mentioned frequently. Participants stated that because the local ambulance was so understaffed, emergency services often must come from another county or by helicopter. • One participant stated, “We need more volunteers [Ambulance services]. The folks we have are wonderful, but we are burning them out. They all have other full-time jobs too. It’s a big commitment for them to provide coverage when they are low on staff.” |

| | |
|--|---|
|  <p>Substance Abuse</p> | <ul style="list-style-type: none"> • Substance abuse was mentioned frequently. “There is a lot of hidden heroin and methamphetamine use. You don’t hear about it, but given what I hear from my kids, and what they are seeing at the clinic/hospital, there is a lot more drug use than people are willing to accept”. • Concern for teens/youth using e-cigarettes and vaping was also mentioned by several participants. “There are a lot of teens vaping. There isn’t a lot of policy and protocol with how to manage it. There is a lot of unknow health risks. It is a serious health risk to our community”. |
|  <p>Access to Healthcare</p> | <ul style="list-style-type: none"> • Many utilize the hospital for primary care but indicated they need to travel elsewhere for most other services. • Quality of care by the current providers was viewed as excellent, but some participants felt that facility was understaffed and could benefit from another provider, more nurses, and aides. • Participants felt that the facility could enhance outreach about what services are offered. • It was mentioned that the community’s Medicaid and Medicare populations could benefit from a social worker or navigator services to help them with insurance questions and how to learn of resources available. |
|  <p>Senior Needs</p> | <ul style="list-style-type: none"> • With an older population, age in place services were mentioned frequently. In particular a need for home health, in-home personal assistance, transportation services and more seniors housing options were mentioned. |
|  <p>Health & Wellness</p> | <ul style="list-style-type: none"> • Many participants felt that the community could benefit from more opportunities to be physically active. Participants mentioned that they would like enhanced access to exercise facilities, a year-round swimming pool, and walking trails. • When asked what would make the community a healthier place to live, one participant stated, “Maybe extending the walking path and putting on more healthy activities in the community. You go to Missoula and Spokane and there are active people everywhere and events that keep people active. We need to look at some of those places”. • “We need some better dietary resources in our community and better places for people to access healthier lifestyle choices. Nutrition classes and things like that would be beneficial to our community”. |
|  <p>Services Needed in the Community</p> | <ul style="list-style-type: none"> • Mental health counselors and other mental health professionals. • Addiction resources and counseling. • More ambulance volunteers. • Visiting specialists (podiatry, and ENT) • Home health and in-home assistance for seniors • Assisted living facility • More youth programs and community activities |

VIII. Executive Summary

The table below shows a summary of results from the Community Health Assessment. Areas of opportunity were determined after consideration of various criteria including comparison to data from local, state and federal sources (secondary data); survey results; those issues of greatest concern identified by the community stakeholders through focus groups and key informant interviews; and the potential impact of a given issue. Those items in bold were found in multiple data sources.

| Areas of Opportunity Identified Through Assessment | Secondary Data | Survey | Interviews |
|--|---|---|---|
| Access to Healthcare Services <ul style="list-style-type: none"> • Barriers to Access <ul style="list-style-type: none"> ○ Insurance (higher % of uninsured children and adults) ○ Patient navigator/social worker ○ Primary care services (workforce; appointments) ○ Higher rates of persons below poverty level • Senior services (high proportion of 65+ in county) • Higher rates of people with disability status • Knowledge of available services- outreach • EMS- ambulance services | <ul style="list-style-type: none"> X X X X X | <ul style="list-style-type: none"> X X X X X | <ul style="list-style-type: none"> X X X X X |
| Wellness and Prevention <ul style="list-style-type: none"> • Healthy behaviors and lifestyles <ul style="list-style-type: none"> ○ Access to recreational opportunities (in/outdoor) ○ Higher rates of adult obesity ○ Dietician/nutrition education • Immunizations- Higher rates of Pertussis | <ul style="list-style-type: none"> X X | <ul style="list-style-type: none"> X X | <ul style="list-style-type: none"> X X |
| Behavioral Health <ul style="list-style-type: none"> • Mental health services • Suicide/depression/isolation/stress • Addiction and substance abuse (opioids, methamphetamines, alcohol, vaping) | <ul style="list-style-type: none"> X X | <ul style="list-style-type: none"> X X | <ul style="list-style-type: none"> X X X |
| Injury and Violence <ul style="list-style-type: none"> • Seatbelt use & distracted driving • Suicide deaths • Higher unintentional injury death rate | <ul style="list-style-type: none"> X X X | | <ul style="list-style-type: none"> X |
| Chronic Disease <ul style="list-style-type: none"> • Higher stroke hospitalization rate • Cancer • Rates of 2+ chronic conditions highest in MT frontier communities • Prevention outreach & education | <ul style="list-style-type: none"> X X X | <ul style="list-style-type: none"> X X | <ul style="list-style-type: none"> X X |

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

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

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

- Access to healthcare services
- Chronic care management/prevention
- Mental and behavioral health

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

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

Resources

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

- Conrad Area Chamber of Commerce
- Beehive Homes of Conrad
- Horizon Lodge HUD
- Counseling Connections
- Options Counseling
- Sunrise Counseling
- Pondera Counseling
- Pioneer Counseling
- Center for Mental Health
- Pondera County Health Department
- Easter Seal Home Care Services
- Office of Public Assistance
- Alcoholics Anonymous
- Pondera Community Center
- Valier Senior Center
- Food Pantry
- Head Start
- Senior Surry – Conrad
- Northern Transit System/VA Visits
- Olson Drug
- Village Drug
- Pondera Funeral Home
- Conrad School District
- Kalispell Regional Hospital
- Benefis Health System

X. Evaluation of Activity Impacts from Previous CHNA

Pondera Medical Center provided the Montana Office of Rural Health with an update on their Implementation Plan activities from their previous CHNA process. The PMC Board of Directors approved its previous implementation plan on March 28, 2017. The plan prioritized the following health issues:

- Health and wellness
- Access to healthcare services
- Senior services

The following tables include completed activities, accomplishments and impacts/outcomes within the facility’s proposed goals. To view PMC’s full Implementation Plan visit:

https://docs.wixstatic.com/ugd/e1f551_66c1bd4e216e473798f9ee47fcfe6413.pdf

Goal 1: Increase access to health and wellness opportunities in Pondera County.

| | Activities | Accomplishments | Community Impact/Outcomes |
|--|--|---|---|
| <p>1.1 Explore opportunities to promote and expand health and wellness activities in the community.</p> | <p>Continue offering/support for community programs that enhance the health and wellness of the community (Biggest loser program, Community Fun Run, 4-6 grade jump rope for cardiac health, Golf tournament and Diabetes management).</p> | <p>02/2017 Radio Ads & Newspaper Articles for Healthy hearts & Cancer Awareness. 02/23/2017-02/24/2017 Partnered with Conrad Public Schools to facilitate Jump Rope for Heart 06/2017 Radio Ads encouraging physical activity, hosted Fun Run 6/3/2017. 06/17/2017 PMC Golf Tournament/Fundraiser. 4th of July safety radio ad. August 1, 2017 PT student and staff participated in National Night Out highlighting fall precautions. Screened more than 20 community members. Wellness Center enrolled new members; September 19, 2017 SLP and OT participated in Youth Health Fair. Educated students on healthy movement. 10/4/17 Health Fair. Implemented Biggest Loser Program 10/4/17. 45 participants with 35 completing. 11/2017 hosted "Cat vs. Griz" food drive at facility with donation boxes open to the public, donated over 600 pounds of food to the Pondera Food Pantry. Heart Health Presentation 2/21/18, Golf Tournament 07/07/18, EMR Class in Valier; 6/2/18 Whoop-up Walk, 5K partnership with TRC Striders running club STEADI Fall Risk Presentation 7/11/18,NNO with Rehab staff, Sports physicals, education for colorectal screening provided at Chamber meeting, 406 challenge, Great American Smokeout w/ prizes from Health Dept, inBody to Toole County Health Fair with TTO on KSEN,</p> <p>Continued participation in the DPHHS Worksite Wellness grant; include community partners and public events. Spring Fun Run planned and fitness challenge participation. 2019 Fun Run and golf tournament completed. Continue to offer Wellness Center services and public education on sun safety, etc. Participation in the state Worksite Wellness activities. Will participate in the Walk with Ease program.</p> | <p>Increase awareness of benefits of diet & exercise and preventative care.</p> |
| | <p>Continue PMC staff presence in community lead health and wellness coalitions (ACES, Tobacco Coalition/Montana Quit Line, DUI task force, and Mental Health Advisory board).</p> | <p>Jan-March CNO and EMS Director attended DUI Taskforce Meetings. 04/03/2017 DUI Taskforce Scholarship Meeting with award of 2 \$250-dollar Scholarships. 01/19/2017 and 03/13/2017 EP Director attends Local Emergency Planning Committee Meeting (LEPC) 05/17/2017 Board of Health Meeting attended by CNO. 05/18/2017 EP Director attended</p> | <p>Increase PMC's community involvement and presence, increase</p> |

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| | | <p>LEPC meeting 06/16/2017 First Aid/CPR Instruction given to area detachment of Montana Highway Patrol. 07/10-12/2017 and 07/17-19/2017 EMS Director taught EMD certification classes to Pondera County Dispatch. 07/20/2017 EP Director attended LEPC Meeting</p> <p>Heart Health presentation 2/21/18. EMS posting "STOP" stickers on alcohol before prom 3/20/2018, #LetsTalk Suicide Prevention Meetings STEADI fall education at Horizon Lodge 7/11/18, DUI taskforce, Pondera County Health Board, Mental Health Advisory; Rehab Services/Physical Therapy outreach to CHS administration and Junior High/High School coaches at start of Fall 2018 seasons; attendance at Food Panty meeting; two large employee donations to food pantry, attendance at all Mental Health Advisory board meetings</p> <p>CHS Career Fair: Nutrition & Physical Activity, Stop the Bleed, Hospital Careers, EMS careers, Ambulance tours; Career Day at UMS: hospital careers; Took part in mental health advisory board; hosted mental health consortium; Stop the Bleed Training</p> | <p>awareness of fall risk and aging population</p> <p>Promote healthcare careers both patient care and otherwise strengthen partnership with community businesses and organizations contribute to resource list for mental health and discover needs PMC can address</p> |
| | Continue offering community health fair. | <p>October 4, 2017 Scheduled; 8/25/17 put up flyers, uploaded on website and created FB event; 8/31/17 advertised on ECF family newsletter; 9/15/17 began PSA on radio, radio ads participated in school health fair</p> <p>Health Fair 10/03/2018 with multiple education offerings and screenings involved community partners</p> <p>Community health fair October 9, 2019. 150 lab draws, 80 flu shots; Health Dept hosted flu shots to accommodate public</p> | <p>Partner to Increase community awareness of health-related issues through education</p> <p>Invite and strengthen partnership with other organizations to contribute to the wellness of all ages</p> |
| | Explore partnership with public school to develop school-based health fair. | <p>PMC Departments (EMS, PT/OT, DME, Respiratory, Imaging, Nutrition Services, and Lab) Participation in the PCF Youth Health Fair 9/18/17; April 4th, Clinical Navigator attended and spoke at Youth Health fair meeting with community partners. August 8. Met with Pondera Healthcare Foundation at PMC to organize Health Fair Event August 23, 2017. Met with departments to organize efforts for Healthy Train Express Youth Health Fair Event. DME/Respiratory, Nutrition, Radiology, Lab, Ambulance, Rehab, all participated in the Healthy Train Express on 9/19/17 from 1 to 7 pm</p> | <p>Partner to Increase community awareness of health-related issues through education for our area youth</p> |
| | Explore feasibility of implementing Medicare beneficiary wellness program for PMC clinic patients. | <p>02/2017 Explored possibility of increasing Medicare wellness visits through use of RN supplemental staff, 04/10/2017 Hired Full-Time Nurse Practitioner to Clinic Staff who could potentially increase availability of Prevention Oriented Medicare visits</p> <p>Completed information sheet with recommended preventive screenings. Will have available for patients at RHC. Work on marketing.</p> <p>Working on program to identify beneficiaries for wellness. Discussed 6/18/19</p> | <p>Educate Medicare patients on benefits of staying active, see improvements on activity levels and wellness of Medicare patients</p> |
| | | | |
| 1.2 Further develop and implement PMC worksite wellness program. | Convene PMC staff and fringe benefit team to develop worksite wellness program. | <p>1/25/17 Launched PMC Wellness Matters Program to entire facility. 03/01/2017 Wellness Committee Convened, Monthly Meeting Calendar Established. 04/05/2017 Monthly Wellness Meeting. 05/03/2017 Monthly Wellness Meeting. 06/14/2017 Monthly Wellness Meeting. 07/13/2017 Monthly Wellness</p> | <p>Improve the overall health and wellness of PMC employees, increase comradery, champion community wellness</p> |

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| | <p>meeting. 8/16/17 Monthly Wellness Meeting. 9/12/17 Monthly Wellness Meeting. Partner with WELCOA for wellness program</p> <p>Did worksite wellness kick-off for year 2 on 1/3/18. Tracker challenge 3/20/18 with staff education for Fitbit. Lunch and Learn outdoor activities, skin safety, Fitbit and My Fitness pal education, Regional 406 walking contest; employee Biggest Loser fitness challenge Q4 2018</p> <p>Completed-established Wellness Program with monthly meetings. 2019 Continue to provide monthly wellness education and/or participation events to staff.</p> | |
| <p>Research/explore worksite wellness programs and best practices.</p> | <p>03/01/2017 Wellness Committee Convened Monthly Meeting Calendar Established. 04/05/2017 Monthly Wellness Meeting. 05/03/2017 Monthly Wellness Meeting. 06/14/2017 Monthly Wellness Meeting. 07/13/2017 Monthly Wellness meeting. 8/16/17 Monthly Wellness Meeting. 9/12/17 Monthly Wellness Meeting. 12/12/17 Monthly Wellness Committee meeting to introduce WELCOA partnership.</p> <p>PMC is working with WELCOA on worksite wellness and policy development</p> <p>Participation in the new state Worksite Wellness program. Wellness staff has completed training Q3 2019.</p> | <p>Created program with ease of use to promote interaction and engagement.</p> |
| <p>Implement PMC worksite wellness program.</p> | <p>January 24, 2017 Wellness Program Kickoff. Biometric screenings conducted for 108 participants from 2/17 - 11/17. Incentive program with Scheels gift cards established 1/17.</p> <p>1/3/18 Kickoff for Life, Health, and Wealth; partnered with WELCOA, Step Challenge kickoff 3/20/18; Step challenge completed 5/4/18 with post-survey and celebration on 6/27/18, Reviewed 2018 wellness results and plan for 2019 program; grant funds used to purchase employee bike rack and refurbish wellness center benches</p> <p>Completed established Wellness Program with monthly meetings</p> | <p>Monitor the effectiveness and continue to build program to improve employee health.</p> |
| <p>Develop enrollment process and marketing/outreach for PMC staff.</p> | <p>5/2017 step Challenge participants had access to free pedometers and winners received prizes; 10/4/17 Biggest Loser Competition between PMC staff & Community; Send monthly emails and hang flyers to promote projects and wellness tips. Wellness Matters Program had one year of open enrollment that required one face-to-face appointment with Heidi and to complete the online health assessment. Health assessment was accessible by laptop in Heidi's office or on the employee's webpage on the website.</p> <p>Step Challenge-marketed with flyers, emails, and word of mouth. Orientation day with healthy snacks. Step Challenge Celebration potluck set for 6/18</p> <p>Completed established Wellness Program with monthly meetings</p> | <p>Enrolled more employees</p> |
| <p>Create incentive program to assist/enhance enrollment process/staff participation.</p> | <p>Jan 3, 10, 17, 31 Implementation and Development Meetings. 01/24/2017 Wellness Kickoff. 01/31/2017 Biometrics Start. Feb-June 2017 Employee Sign up for program including Scheel's Card incentive for employees who completed initial registration and biometrics evaluation. 03/2017 Wellness Committee</p> | <p>Engaged more employees</p> |

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| | <p>Convened. Monthly Wellness committee meetings established. 03/2017 Monthly employee participation activities implemented (April/Deskerciser May/Step Challenge June/Fun Run), Education Webinars offered Apr 4/ <i>Mind Your Health</i>, June 7/<i>Fitting Into Fitness</i> Sumer Qtr. Participation Activities (July/Water Challenge) Implemented Biggest Loser Challenge Community vs. PMC, reduced registration cost for employees to \$20/person</p> <p>Incentivized Step Challenge 3/18 with free Fitbit, healthy snack and drink orientation day.</p> <p>Completed established Wellness Program with monthly meetings</p> | |
| Analyze data/conduct assessment to determine participant educational needs/desires. | <p>will do survey with employees in 2018 to assess first year wellness program; surveyed Biggest Loser Contestants after completing the competition.</p> <p>In process of data collection as 2nd year kickoff ends 4/25/18; Wellness Center survey completed 6/1/18</p> | Impactful to the health and wellness of employees to improve health, stress, disease control, etc |
| Explore local partners, foundations, grants to expand offerings/space/programmatic offerings. | <p>August 16,2017 Yoga Class Offered Free of Charge to Employees Sept 30, 2017 Hike to Hidden Lake Scheduled & Cancelled due to weather; Biggest Loser Challenge open to public with lower cost for employees includes Facebook Group/support</p> <p>Explored other building opportunity for expansion</p> <p>Marketing campaign in place with monthly updates on health topics. Social Media presence has increased and is tracked; Social Media engagement is consistently rising. Consistent increase in followers.</p> | Space is limited but we offer gym to community in efforts to make an impact on community health |
| Create community marketing information to share with other local businesses. | <p>02/2017 Marketing attended Chamber of Commerce meetings and gave presentations on PMC programs, Worked with Mountain View Coop, Branding Iron and Gymnastics Place and Lions Club to provide prizes for elementary students for Jump Rope for Heart in February 2017. Healthy food Choice Education at IGA in Feb of 2017. 6/2017 worked with 1st Choice Realty & community to welcome the National Fire Fighters Convention attendees with labeled water bottles and flyers. Brochures to Family Practice & Dr. Grena about the MRI Scanner and CT Scanner brochures to surrounding facilities & practices. 6/14/17 attended Chamber of Commerce Luncheon and gave report of recent PMC events. 7/12/17,8/9/17, 9/11,17 attended Chamber of Commerce Luncheon and gave report of recent PMC events. Mailed DME brochures to surrounding facilities & practices. 10/11, 11/8, 12/13 attended Chamber of Commerce Luncheon and gave report of recent PMC events.11/2017 partnered with IGA, the Branding Iron, Super 8 Hotels, and County Health Department for prizes for Great American Smokeout.</p> <p>Recently updated Wellness Center and Cardiac Rehab brochure. Have been marketing "Preventative Measures" in 2018 (Cervical Cancer Awareness in January, Heart Health in February, Colorectal Cancer Awareness, and Nutritional Awareness in March) All Cancer Awareness, Stop the Bleed, Organ Donation Awareness in April, National Trauma Month, EMS, Nursing, Nursing Home, Tick Prevention and Treatment, antibiotic prescriptions, prediabetes, and Stroke Month in May, Aphasia awareness and mental health in June.</p> | Increased access to local healthcare services |

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| | | <p>Have been attending the Chamber of Commerce meetings and updating other Chamber members on our events, the awareness month's message, etc. Distributed Community Resource Guides throughout PMC and local hotels (Northgate and Super 8 Hotel).</p> <p>Pushed Wellness Center for public use on Facebook and website</p> <p>Completed established Marketing with Chamber of Commerce, Facebook and local newspapers; Attended all chamber meetings with invitations and updates; Created "PMC Corner": weekly ad in newspapers with specialty provider schedule, upcoming events and service schedules; signed 6-year billboard contract for Main Street Presence; created regularly shareable advertisements for Facebook & blog</p> | |
| | Conduct assessment to determine if expansion to other local business is feasible. | 03/2017 CEO, CNO and Wellness coordinator met to discuss possible expansion of Wellness Program to local businesses. Space, staffing, time is difficult | |
| | | | |
| 1.3 Improve community knowledge of health and wellness offerings/programs within the community. | Convene community stakeholder groups to conduct an environmental scan of available health and wellness resources. | <p>03/2017 Developed a Community Resource List for referrals from PMC. 04/18/2017 Hired a .5 FTE marketer. 06/08/2017 Navigator attended Region 6 Dept of Family Services Community resources Meeting in Choteau, MT. 06/22/2017 Clinical Navigator met with Opportunities Inc to discuss possible Community Resources Meeting.</p> <p>PCHF will conduct community roundtable to discuss healthcare needs for Pondera County. Participated in PCHF roundtable with community partners discussing needs of community, PCHF to work on strategy.</p> <p>Ongoing work with community partners and use of social media platforms; regularly attend chamber and community events with education</p> | |
| | Create tab or website space on PMC's website to host health and wellness resource materials. | <p>January-March PMC website expanded to include tab which highlights Wellness Center Equipment; June 2017 discussed implementing a Facebook group or "Motivational Monday" by the Wellness Center. 7/2017 created "safety & education" tab on website, posted article on Earthquake safety and heat stroke warning signs & prevention tips, then shared on our Facebook page. Posted articles on winter safety and wellness checks on the "safety & education" tab on website and shared the articles on Facebook. Started Facebook Group for the Biggest Loser Challenge that includes motivation posts, dieting and exercise tips</p> <p>Updating website front page with "Preventative Measures" theme– includes "community events & resources" page that highlights events and will have safety and other educational links to it. Published new website 6/1/18. Created a blog to share educational "preventative measures" on our website 6/15/18; Wellness Banner with link; Preventative Measure Banner with link;</p> | Events page and website calendar showcase events and spread awareness to community and employees |
| | Develop marketing campaign on new resource for PMC staff and community. | 05/2017 marketed new provider, Edie Ellsworth via newspaper, radio, FB, and website. 05/2017 marketed new MRI Services via newspapers, radio, FB, website, and brochures to other | Spread awareness, education and resources to |

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| | <p>providers/hospitals. June same campaign strategy used for the CT scanner. August 2017 DME Brochures to surrounding facilities & practices. 8/2017 marketed new clinic provider, Aaron Dahle on FB, newspaper, and on website. 09/2017 created new brochures for Rehab Services. 8/2017 radio ads for DOT & Sports Physical availability & importance. 10/2017 marketed two new Doctors of Physical Therapy, Brad Keenan and Bethanie Funderburk via newspaper, website, & Facebook. Radio ads for DME and Rehab Services for 11/2017 and 12/2017. 11/2017 welcomed new Board Member to PMC via newspaper, website, & Facebook page.</p> <p>Will be completing newsletters that mail out directly to community members.</p> <p>Updated "Patient Resource Guide" and "Community Resource Guide" to leave in waiting areas.</p> <p>Started "Preventative Measures" for 2018. Each month will reference the current awareness month/week/day and show how PMC can help. Marketed through our website, Facebook page, local newspapers, radio, and newsletter. January was Cervical Cancer Awareness Month and emphasizing the need to get yearly wellness checks and take advantage of insurance plans coverage for preventative wellness checkups/services. February was heart health and cardio rehab, March focused on Colorectal Cancer Awareness and some information on nutrition awareness month.</p> <p>All Cancer Awareness, Stop the Bleed, Organ Donation Awareness in April, National Trauma Month, EMS, Nursing, Nursing Home, Tick Prevention and Treatment, antibiotic prescriptions, prediabetes, and Stroke Month in May, Aphasia awareness and mental health in June. Heat Stroke Awareness, Sports Safety in July. Breast Cancer Awareness in Oct, Great American Smokeout with activity and education in November, Wellness Promos on Facebook; pushed awareness months and preventative measures at Chamber lunches</p> <p>Marketing campaign in place with monthly updates on health topics; PMC Corner, considering direct mail; employee email updates</p> | | community and employees |
| | Assess patient transfers and conduct follow up assessment to assist patients in utilizing local services as appropriate. | | |

Goal 2: Improve access to healthcare services in Pondera County.

| | Activities | Accomplishments | Community Impact/Outcomes |
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| 2.1 Develop Care Transition program. | Continue participation in Rural Health Care Transition Grant. | <p>Jan-Mar 2017 Developed protocols and procedures that meet grant requirements, Care coach system established and regularly receives referrals for clinical navigation from patients who have been discharged from Benefis 04/03/17 clinical Navigator Attended Rural Transitions Summit at Benefis 08/08/2017 Rural Health Transitions Meeting Conrad. This grant has ended. PMC continues to work with Benefis on care transitions.</p> <p>Participation in the Patient Family Engagement project through DPHHS. Care Transition work</p> | |

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| | | including bedside reporting, checklists. Have met and developed education for families on PFE. | |
| | Hire Clinical Navigator. | 01/09/2017 Hired Fulltime Clinical Navigator | Increase utilization of local services, improve patient access to and knowledge of local services |
| | Develop discharge planning protocol. | Completed 2017. | Patients from the community who are discharged from Benefis and referred to the Care Coach receive a phone call to discuss any medication or healthcare issues. |
| | Develop patient education/tools for patients at discharge. | Discharged Inpatients are visited by phone or face to face within 1 week to discuss medications, treatments and follow up visits. Increasing ability to follow up on identified client issues within the facility including patient and physician concerns. | Increase self-follow up care success |
| | Create discharge education materials (example- educational binders with: care plan, discharge plan, and follow up call). | February 2017 Community resource list developed, and community partners contacted. Referral system implemented. Continue to work on process for follow-up. Education received at discharge. Working on EBSCO discharge education Completed 2017. Continue to review process to enhance discharge education experience for patients and education. Blood pressure grant used to create clinic folders and materials with handouts. | Branded education and helpful material for patients to continue to improve conditions |
| | Develop and implement patient engagement/patient follow up protocol for patients' post-discharge. | 1st Qtr.: Patient folders are under revision working on discharge education process Have developed process for ER patients, working on IP process. Developing patient family engagement program Working on PFE information for families. Developed ER post dc survey. | Increase utilization of local services, improve patient access to and knowledge of local services |
| | Assess patient transfers and conduct follow up assessments to assist patients in utilizing local services as appropriate. | January 9, 2017, Clinical Navigator hired. Inpatients who are discharged are referred as needed and called post discharge to follow up on identified needs. Care Coach Community Referrals from Benefis are called following discharge and referred as necessary. | Increase utilization of local services, improve patient access to and knowledge of local services |
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| 2.2 Improve community knowledge of available resources and services at PMC. | Enhance PMC social media presence (via Facebook, Instagram, and Twitter). Explore ways to draw in visitors through sharing articles, health quizzes, health apps, health news, Health in the 406, etc. | May 2017 Have increased Facebook presence and regular posts since ongoing updates to newspaper and website monthly. Have increased Facebook presence to weekly postings, Page likes increased 2% in Nov & Dec. Post Reach ranges from less than 100 to over 900 depending on type of post and number of shares. Exploring use of Instagram in progress. Have weekly updates, quizzes, articles including "Preventative Measures," exploring Twitter & | Traffic has increased over 1000% since 2018 |

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| | | <p>Instagram options. Daily posts increase in traffic 406% Oct to Dec</p> <p>Completed with marketing plan and increased social media; Personalized stories with individuals; blog increase; several front-page news articles</p> | |
| | <p>Continue current marketing efforts to inform community on schedules of visiting specialist, upcoming events, etc. (Newspaper and website).</p> | <p>April 18.2017 Hired an .5 FTE Marketer. Began sharing schedule on Facebook Page. 10/2017 discussed adding feature to website that enables a monthly calendar. Monthly (Jan-Dec) website postings and ads in the IO for Visiting Physicians.</p> <p>Monthly ads in IO, continually updated on website, shared to FB; continued in IO & Website</p> <p>Completed; PMC Corner, Visiting Specialists Website Banners & updated web page; weekly Facebook schedules</p> | <p>Reach newspaper population with PMC Corner, reach Facebook population with daily posts, new radio ads; increase traffic and image</p> |
| | <p>Explore educating community on telemedicine services.</p> | <p>Oct 27,2017 Have scheduled telemedicine InService. Will do press release following Inservice working with KRH on press release for telemedicine</p> <p>Released "Telestroke" article to Valerian and IO. Featured on front page. Also posted on website and Facebook page.</p> <p>Currently providing telemedicine services for dietary and sleep medicine.</p> | <p>Increase patient visits</p> |
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| <p>2.3 Continue recruitment and retention activities.</p> | <p>Continue efforts to enhance PMC's workforce pipeline education and workforce development opportunities (CNA training and testing services, Comprehensive Advanced Life Support course, EMT classes, student shadowing, clinical rotations for students- WWAMI medical students, nursing students, Physical Therapy).</p> | <p>Have had PN and RN students from MSU, Med students shadowing at RHC, conduct community CPR/First Aid, will offer ACLS and PALS in 2018 at PMC</p> <p>Have engaged with MSU for student nurses each semester. Hosted medical students through WWAMI, conducting EMR class at Valier HS. Recruited DPT students at UMPT school; hosted UMDPT students for summer clinical placement. Hosted high school work experience student for PTA. Hosted PTA applicant through MSU-GF Fall 2018</p> <p>Continue to host Medical and Nursing students. Completed MHA recruitment and retention site visit with report.</p> | <p>Improve education of future healthcare workers, improve recruitment and enhance retention.</p> |
| | <p>Marketing and recruitment efforts utilizing 3Rnet, INDEED, etc.</p> | <p>Routinely post jobs on our website, FB, Indeed. Added Hospital careers.com to recruitment, looking at different platforms for recruitment</p> <p>Hired FNP for RHC that will begin work in Summer 2019, Hired RD to start work in July 2019</p> | <p>Increased access to local healthcare providers</p> |
| | <p>Participate in various "Meet the Residents" programs through Family Medicine Residency of Western Montana and Montana Family Medicine Residency.</p> | <p>Took part August 2019.</p> | <p>Meet interested applicants and learn what is important to residents in facility</p> |
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| 2.4 Explore new opportunities for workforce development and retention efforts. | Conduct feasibility study for expanding women's health services. | <p>August 1st/Meeting scheduled with CEO, CNO, Navigator, Clinic Manager and Clinic Nurse Manager, FNP, marketer to discuss methods to expand and improve women's health services</p> <p>Began work on Pelvic Floor Marketing Material 7/18</p> <p>Have hired FNP for RHC will assess if PMC can expand women's health service; Marketing campaign for Heather Johns, F-NP</p> <p>Women's health preventative care at NNO, Health Fair, radio ad about women's health</p> | Improved access to Women's health services, Increased utilization of FNP, Mammography services. |
| | Explore community paramedicine program to support Pondera County EMTs (ex. Cut Bank/Glacier County program). | Multiple changes with this program at the state level. There currently is not a reimbursement structure for this service. Medical Director will monitor progress at state level and reimbursement along with protocols prior to implementing | |
| | Determine feasibility of expanding employer match for 403B. | <p>Assessed during 2018 budget will leave 403B where it is for upcoming year</p> <p>Maintain current 403B plan for 2018-19</p> <p>Will reassess for budget 2020</p> | Increased retention and satisfaction |
| | Engage with community to determine desire/feasibility of an Ask-a-Nurse program or other program as appropriate. | <p>reviewed option it is a web tool that patients can access</p> <p>Not feasible.</p> | |
| | Convene and engage community stakeholder group (Foundation, Chamber of Commerce, etc.) to enhance recruitment efforts. | <p>Foundation working on welcome package for new employees/community members</p> <p>Advertise in newspapers, offer reimbursement for classes, regularly update at Chamber Luncheon</p> | More local hires. |

Goal 3: Promote and explore opportunities to expand senior services in Pondera County.

| | Activities | Accomplishments | Community Impact/Outcomes |
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| 3.1 Continue programs and services for Pondera County Seniors. | Continue hosting annual health fair, labs, flu shots, foot clinics. | <p>October 4, 2017 PMC hosted its annual Health Fair & Flu Shot Clinic</p> <p>Services continue. Foot Clinic Monthly. Updated foot clinic flyer 6/18. Health Fair and Flu shots with decreased laboratory service fee done 10/03/18; University of MT School of Pharmacy provided DEXA scans at Health Fair; Ambulance was present at Christmas Stroll and Halloween for outreach to families</p> <p>Have conducted Stop the Bleed training in the community. Helped with career days at Conrad High School</p> <p>Health Fair & flu shot clinic Oct 9, 2019. Health Dept hosted flu shot clinic to increase availability of insurance reimbursement</p> | More vaccinated community, more health-conscious community, stronger community partnerships |
| | Continue partnering with local senior center and other service organizations to provide | Discussed sending providers quarterly in 2018 to senior center for lunch and learn | Strengthen relationships with elderly population and partners |

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| | educational presentations on various senior related topics. | <p>Edie Ellsworth & Jenny Broesder give presentation on Heart Health Feb 21, 2018 Community education for businesses with AED</p> <p>Continue to partner with regional partners for senior education</p> <p>Cynthia Grubb & David Arends doing "Home Visits" to horizon lodge and beehive</p> | |
| | | | |
| 3.2 Explore opportunities to expand senior services. | Explore enhancing partnerships with community organizations (i.e. Public Health) to expand senior programming. | <p>01/09/2017, Hired clinical Navigator Jan-March, Developed Community Referral List. Mental Health grant will roll out in 2018 partner with community</p> <p>Working with PCHD for colorectal screenings and referrals</p> <p>Ongoing</p> | Increase awareness of available community resources for referral |
| | Determine feasibility of expanding vaccination services offered. | Invited Health Dept to host flu shot clinic at Health Fair; promoted flu shot clinics | More vaccinated people |
| | Continue PMC participation in the Mental Health Advisory Board to explore opportunities for enhancing senior mental health services. | <p>06/22/2017 Met with Opportunities Inc to discuss a community Resources Meeting including Mental Health Services. 07/05/2017 Northern Montana Healthcare Alliance announces Behavioral Health Grant funding to improve access to mental health services within the area</p> <p>Hosted Mental Health Consortium, Staff attended ACES training, Participating in Mental Health grant staff attended training on Opioid and substance abuse in November.</p> <p>Continue to host Mental Health Consortium and partnering with regional partners on Mental Health</p> | Increase awareness of mental health issues, Improve Access to mental health services in PMC service area. |

Appendix A – Steering Committee

| Steering Committee Member | Organization Affiliation |
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| Bill O’Leary, CEO | Pondera Medical Center (PMC) |
| Casey Rasmussen, Marketing Specialist | PMC |
| Joe Broesder, Loan Officer | Stockman Bank |
| Chris Torgerson | Big Sky Equipment Co. |
| Heather Johns, FNP | PMC |
| Steve Baliko, MA LCPC | Behavioral Health and Social Service Provider & Pondera Co. Mental Health Advisory Board |
| Nicki Sullivan, LNP, Director | Pondera County Health Department |
| Julie Baylor, Tobacco Prevention & Oral Health Specialist | Pondera County Health Department |
| Heidi Hunsucker, FNP | Conrad Family Practice Provider |
| Chris Shermer, Chief of Police | Conrad Police Department |
| Dirk Elings | Elings Insurance |
| Rob Lettinga | On behalf of Dr. Patricia Grena – Family Medicine |
| Shannon Naylor, Insurance Agent | Leavitt Group |
| Laura Erickson RN, DON | PMC |
| Brian Garnett | Local Farmer |



Appendix B – Public Health and Populations Consultation

Public Health and Populations Consultation Worksheet

1. Public Health

- a. Name/Organization
Steve Baliko, MA LCPC- Behavioral Health and Social Service Provider & Pondera Co. Mental Health Advisory Board; Heidi Hunsucker, FNP- Conrad Family Practice Provider; Heather Johns, FNP- Pondera Medical Center
- b. Type and Date of Consultation
Steering Committee Meeting: July 15, 2019
- c. Input and Recommendations from Consultation
 - Mental health issues and substance abuse issues is an ongoing discussion in this community.
 - We're seeing gaps when people are suicidal, we are running into issues with where to hold them and sending them to Great Falls. Access to psychiatry is an issue, the hospital is working on this. There are gaps with supply and support for law enforcement.
 - There is only one counselor in town. Also, with transportation to these services. There are no beds for people who are acutely suicidal
 - The community health center does a good job with advertising about smoking – our rate is higher compared to the state, but I would be curious to see if it has decreased.
 - I am surprised that obesity is so high for the county.
 - Stroke rate for our county is really high compared to the state.
 - We should add IHS and Veteran's clinic/hospital as survey options for where folks might be seeking services.

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
Heidi Hunsucker, FNP- Conrad Family Practice Provider; Shannon Naylor, Insurance Agent-Leavitt Group
- b. Type and Date of Consultation
Steering Committee Meeting: July 15, 2019
- c. Input and Recommendations from Consultation
 - When determining access issues, we should add something about cost – like a patient assistance program
 - We should add an option like “Don't know how to apply or too confusing to apply” for those who indicate that they do not have health insurance

- We should add something on the survey about pharmacy access. I know that cost is often a huge barrier to accessing medicine. There is not a chain pharmacy and sometime insurance companies don't cover as well at the local pharmacies.
- We should add a survey question about affordability of prescription drugs.

Population: Seniors

a. Name/Organization

Heidi Hunsucker, FNP- Conrad Family Practice Provider; Heather Johns, FNP- Pondera Medical Center

b. Type and Date of Consultation

Steering Committee Meeting: July 15, 2019

c. Input and Recommendations from Consultation

- Is home health still hard to access in this community?
- We have is but it could definitely be expanded.
- I hear it is hard to get into.
- Would should add denturist to the list of specialty services utilized.

Appendix C – Secondary Data

Pondera County
Secondary Data Analysis



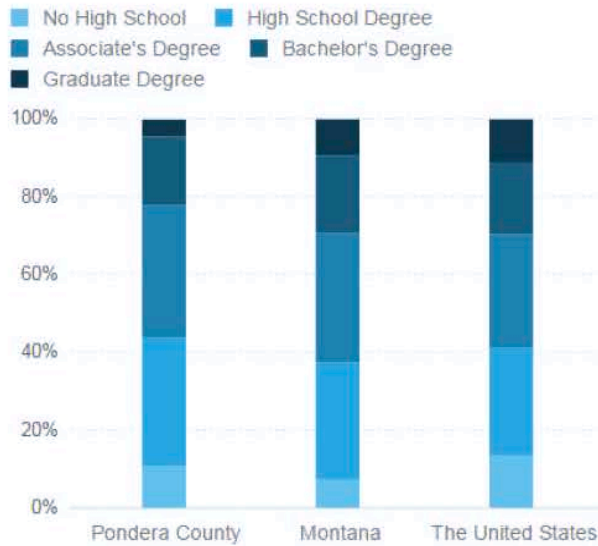
Office of Rural Health
Area Health
Education Center

| Demographic Measure (%) | | County | | | Montana | | | Nation | | |
|---------------------------------------|--|----------------------------------|-------|--------|-----------|-------|--------|-------------|-------|--------|
| Population ¹ | | 6,153 | | | 1,032,949 | | | 308,745,538 | | |
| Population Density ¹ | | 3.8 | | | 6.8 | | | 87.4 | | |
| Veteran Status ¹ | | 11.1% | | | 10.6% | | | 7.7% | | |
| Disability Status ¹ | | 22.9% | | | 16.6% | | | 15.3% | | |
| Age ¹ | | <5 | 18-64 | 65+ | <5 | 18-64 | 65+ | <5 | 18-64 | 65+ |
| | | 6.6% | 56.0% | 19.3% | 6% | 54.9% | 17.2% | 6.2% | 56% | 14.9% |
| Gender ¹ | | Male | | Female | Male | | Female | Male | | Female |
| | | 48.8% | | 51.2% | 50.3% | | 49.7% | 49.2% | | 50.8% |
| Race/Ethnic Distribution ¹ | | White | | | 89.2% | | | 77.1% | | |
| | | American Indian or Alaska Native | | | 6.6% | | | 1.2% | | |
| | | Other † | | | 5.1% | | | 36.7% | | |

¹ US Census Bureau Fact Finder (2016)

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

Highest Degree Attained



Pondera County

| | |
|--------------------|--------|
| No High School | 10.67% |
| High School Degree | 33.01% |
| Associate's Degree | 34.17% |
| Bachelor's Degree | 17.44% |
| Graduate Degree | 4.40% |

Montana

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

The United States

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

² National Center for Education Statistics

| Socioeconomic Measures (%) | County | Montana | Nation |
|---|----------|----------|----------|
| Median Income ¹ | \$44,597 | \$50,801 | \$57,652 |
| Unemployment Rate ¹ | 3.4% | 4.8% | 6.6% |
| Persons Below Poverty Level ¹ | 19.0% | 14.4% | 14.6% |
| Uninsured Adults (Age <65) ^{3,4} | 16.0% | 12.0% | 10.7% |
| Uninsured Children (Age <18) ^{3,4} | 6.0% | 5.0% | 5.0% |
| Children in Poverty ¹ | 28.6% | 17.6% | 20.3% |
| Enrolled in Medicaid ^{5,6} | 12.9% | 9.4% | 1 in 7 |
| Enrolled in Free/Reduced Lunch ⁷ <i>Pre-k through 12th grade</i> | 473 | 62,951 | - |
| SNAP Participants ⁷ <i>All ages, FY 2015</i> | 892 | 118,704 | - |

¹ US Census Bureau (2015), ³ County Health Ranking, Robert Wood Johnson Foundation (2018), ⁴ Center for Disease Control and Prevention (CDC), Health Insurance (2014), ⁵ MT-DPHHS Medicaid Expansion Dashboard (2018), ⁶ Medicaid.gov (2018), ⁷ Montana Kids Count (2016)

| Maternal Child Health | County | Montana |
|--|--------|---------|
| Births ⁸ <i>Between 2011-2013</i> | 210 | 35,881 |
| Born less than 37 weeks ⁸ | N/A | 9.1% |
| Teen Birth Rate (females age 15-19) ⁸ <i>Per 1,000 years 2009-2013</i> | 23.0 | 32.0 |
| Smoking during pregnancy ⁸ | 17.3% | 16.3% |
| Receiving WIC ⁸ | 35.4% | 34.6% |
| Children (2-5 years of age) overweight or obese ⁸ | 16.4% | 27.9% |
| Childhood Immunization Up-To-Date (UTD) % Coverage ^{*9} | 87.5% | 63.6% |

⁸ County Health Profiles, DPPHS (2015), ⁹ MT-DPHHS Clinic Immunization Results (2016-2017)
* UTD = 4 DTaP, 3 Polio, 1 MMR, 3/4 Hib, 3 Hep B, 1 Var, 4 PCV by 24 – 35-month-old children.

| Behavioral Health | County | Montana | Top U.S. Performers |
|---|--------|---------|---------------------|
| Adult Smoking ³ | 20% | 19% | 14% |
| Excessive Drinking ³ | 21% | 21% | 13% |
| Adult Obesity ³ | 30% | 25% | 26% |
| Poor Mental Health Days (Past 30 days) ³ | 3.8 | 3.5 | 3.1 |
| Physical Inactivity ³ | 22% | 21% | 20% |
| Drug Use Hospitalization Rate ¹⁰ <i>Per 100,000 population</i> | 302.7 | 372.5 | - |
| Mental Disorder Hospitalization Rate ¹⁰ <i>Per 100,000 population</i> | 206.0 | 241.3 | - |

³ County Health Ranking, Robert Wood Johnson Foundation (2018), ¹⁰ IBIS Community Snapshot, MT-DPPHS

| Unsafe Driving ¹¹ | Montana | Nation |
|---|---------|--------|
| Do NOT wear seatbelts – Adults | 28.8% | 11.8% |
| Do NOT wear seatbelts – Students 9-12 th grade | 25.3% | 9.5% |
| Drink and Drive – Adults | 2.7% | 1.9% |
| Text and Drive – Students 9-12 th grade | 54.6% | 41.5% |

¹¹ Montana State Health Assessment (2017)

| Communicable Diseases (per 100,000 people) ⁸ | County | Montana |
|--|--------|---------|
| Chlamydia | 75.5 | 366.2 |
| Hepatitis C | 32.2 | 123 |
| Pertussis | 64.7 | 44.6 |

⁸ County Health Profiles, DPPHS (2015)

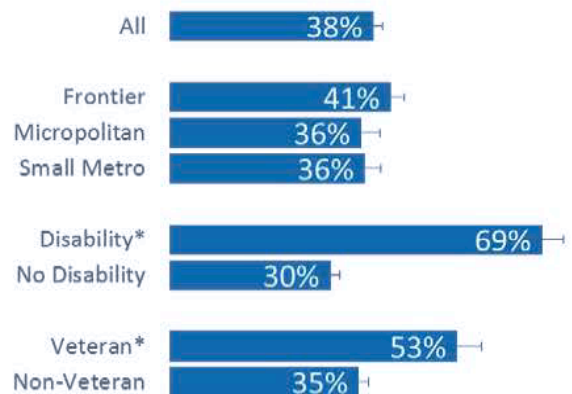
| Chronic Conditions ¹⁰ | County | Montana |
|--|--------|---------|
| Stroke Hospitalization Rate <i>Per 100,000 population</i> | 170.5 | 152 |
| Diabetes Hospitalization Rate <i>Per 100,000 population</i> | 759.6 | 1058.9 |
| COPD Emergency Department Visit Rate <i>Per 100,000 population</i> | 388.8 | 669.9 |
| Acute Myocardial Infarction (MI) Hospitalization <i>Rate Per 100,000 population</i> | 102.7 | 118.1 |

¹⁰ IBIS Community Snapshot, MT- DPPHS

| Montana Adults with Self-Reported Chronic Condition ¹¹ | |
|---|-------|
| 1. Arthritis | 26.8% |
| 2. Asthma | 8.9% |
| 3. Cancer (includes skin cancer) | 7.9% |
| 3. Diabetes | 7.9% |
| 4. COPD | 5.7% |
| 5. Cardiovascular disease | 3.2% |
| 6. Stroke | 2.7% |
| 7. Kidney disease | 2.5% |

¹¹ Montana State Health Assessment (2017)

Percent of Montana Adults with Two or More Chronic Conditions

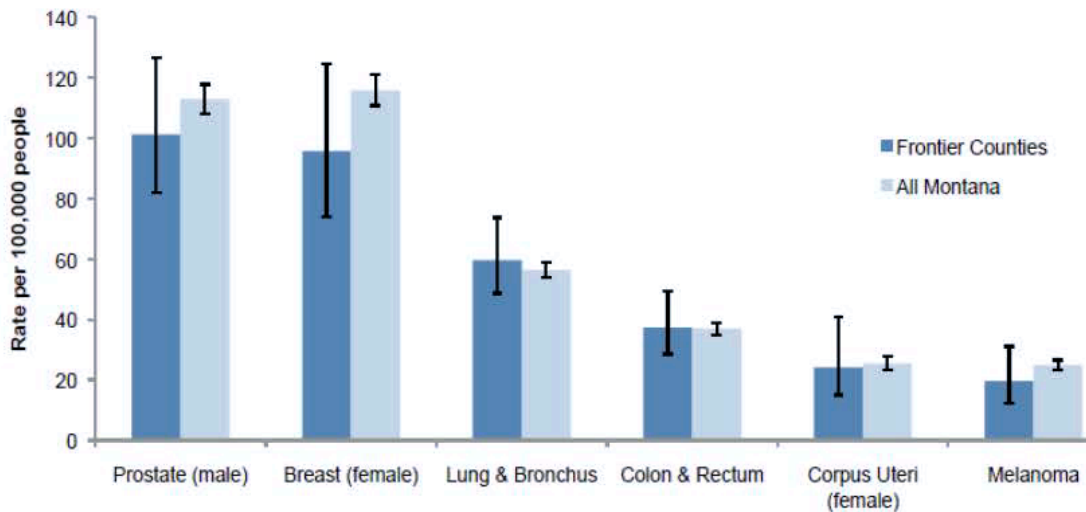




| Cancer Prevalence | County | Montana | Nation |
|---|--------|---------|--------|
| All Sites Cancer ¹⁰ <i>Per 100,000 population</i> | 435.8 | 441.6 | 444 |

¹⁰ IBIS Community Snapshot, MT- DPPHS

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



⁸ County Health Profiles, DPPHS (2015)

| Mortality | County | Montana | Nation |
|--|--------|---|--|
| Suicide Rate ¹² <i>Per 100,000 population</i> | N/A | 22.5 | 13.9 |
| Leading Causes of Death ^{13, 14} | N/A | 1. Heart Disease 2. Cancer 3. CLRD* | 1. Heart Disease 2. Cancer 3. Unintentional injuries |
| Unintentional Injury Death Rate ¹⁵ <i>Per 100,000 population</i> | 59.1 | 41.3 | 41.3 |
| Diabetes Mellitus ^{13, 16} <i>Per 100,000 population</i> | N/A | 21.3 | 21.5 |
| Alzheimer's Disease ^{13, 17} <i>Per 100,000 population</i> | N/A | 20.9 | 37.3 |
| Pneumonia/Influenza Mortality ^{13, 18} <i>Per 100,000 population</i> | N/A | 13.5 | 14.3 |

¹² Suicide in Montana, MT-DPPHS (2018), ¹³ IBIS Mortality Query, MT- DPPHS, ¹⁴ Center for Disease Control and Prevention (CDC), National Vital Statistics (2014), ¹⁵ Preventable Deaths in Montana (2015), ¹⁶ Kaiser State Health Facts, National Diabetes Death Rate (2016), ¹⁷ Statista (2017), ¹⁸ Kaiser State Health Facts, National Pneumonia Death Rate (2017)

*Chronic Lower Respiratory Disease

Appendix D – Survey Cover Letter



August 9, 2019

Dear [NAME] household:

Participate in our Community Health Needs Assessment survey for a chance to
WIN one of three \$50 Chamber Bucks!

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

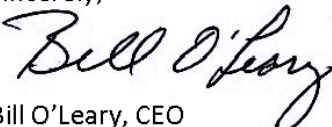
Your name has been randomly selected as a resident who lives in the PMC service area. The survey covers topics such as: use of health care services, awareness of services, community health, health insurance and demographics. We know your time is valuable, so we have made an effort to keep the survey to about 15 minutes. Participating in this survey is completely voluntary and your identity and answers will remain confidential.

1. Due date to complete survey: September 20, 2019
2. Complete the enclosed survey and return it in the envelope provided - no stamp needed.
3. You can also access the survey at <http://helpslab.montana.edu/survey.html>. Select "Pondera Medical Center Survey." Your access code is [CODE]
4. The winners of the \$50 Chamber Bucks will be contacted the week of Sept. 23rd.

All survey responses will go to HELPS Lab at Montana State University in Bozeman, Montana, the organization that is assisting MORH with this project. If you have any questions about the survey, please call Natalie Claiborne at 406-994-6001. We believe, with your help, we can continue to improve health care services in our region.

Thank you for your assistance. We appreciate your time.

Sincerely,


Bill O'Leary, CEO

Appendix E – Survey Instrument

Community Health Services Development Survey Conrad, Montana

INSTRUCTIONS: Please complete this survey by marking the appropriate boxes and then return it in the enclosed postage-paid envelope. If you need assistance, please contact the Montana Office of Rural Health at 406-994-6001. Participation is voluntary, and your responses will remain confidential. You can choose not to answer any question and can stop at any time.

Demographics

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

1. Where do you currently live, by zip code?

- | | | |
|--|--|--|
| <input type="checkbox"/> 59425 Conrad | <input type="checkbox"/> 59432 Dupuyer | <input type="checkbox"/> 59467 Pendroy |
| <input type="checkbox"/> 59422 Choteau | <input type="checkbox"/> 59448 Heart Butte | <input type="checkbox"/> 59486 Valier |
| <input type="checkbox"/> 59416 Brady | <input type="checkbox"/> 59456 Ledger | <input type="checkbox"/> Other: _____ |

2. What is your gender?

- Male Female Other

3. What age range represents you?

- | | | |
|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> 18-25 | <input type="checkbox"/> 46-55 | <input type="checkbox"/> 76-85 |
| <input type="checkbox"/> 26-35 | <input type="checkbox"/> 56-65 | <input type="checkbox"/> 86+ |
| <input type="checkbox"/> 36-45 | <input type="checkbox"/> 66-75 | |

4. What is your employment status?

- | | |
|---|---|
| <input type="checkbox"/> Work full time | <input type="checkbox"/> Collect disability |
| <input type="checkbox"/> Work part time | <input type="checkbox"/> Unemployed, but looking |
| <input type="checkbox"/> Retired | <input type="checkbox"/> Not currently seeking employment |
| <input type="checkbox"/> Student | <input type="checkbox"/> Other _____ |

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

- Very healthy Healthy Somewhat healthy Unhealthy Very unhealthy

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Alcohol/substance abuse | <input type="checkbox"/> Lack of access to healthcare | <input type="checkbox"/> Recreation related accidents/injuries |
| <input type="checkbox"/> Alzheimer's/dementia | <input type="checkbox"/> Lack of access to mental health | <input type="checkbox"/> Respiratory issues/illness |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Lack of dental care | <input type="checkbox"/> Social isolation/loneliness |
| <input type="checkbox"/> Child abuse/neglect | <input type="checkbox"/> Lack of exercise | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Depression/anxiety | <input type="checkbox"/> Lack of healthcare education | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> MLS/ALS/Parkinson's | <input type="checkbox"/> Tobacco use (cigarettes/cigars, vaping, smokeless) |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Motor vehicle accidents | <input type="checkbox"/> Work/economic stress |
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> Overweight/obesity | <input type="checkbox"/> Work related accidents/injuries |
| <input type="checkbox"/> Hunger | <input type="checkbox"/> Poor nutrition | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Lack of access to affordable medications | <input type="checkbox"/> Prescription/illegal drug use | |

Turn to BACK of page to continue

1

7. Select the **three** items below that you believe are **most important** for a healthy community (**select ONLY 3**):
- | | | |
|--|--|---|
| <input type="checkbox"/> Access to childcare/after school programs | <input type="checkbox"/> Good jobs and a healthy economy | <input type="checkbox"/> Low level of domestic violence |
| <input type="checkbox"/> Access to healthcare services | <input type="checkbox"/> Good schools | <input type="checkbox"/> Parks and recreation |
| <input type="checkbox"/> Access to healthy foods | <input type="checkbox"/> Healthy behaviors and lifestyles | <input type="checkbox"/> Religious or spiritual values |
| <input type="checkbox"/> Affordable housing | <input type="checkbox"/> Immunized children | <input type="checkbox"/> Strong family life |
| <input type="checkbox"/> Arts and cultural events | <input type="checkbox"/> Improved hospital & patient communication | <input type="checkbox"/> Tolerance for diversity |
| <input type="checkbox"/> Clean environment | <input type="checkbox"/> Low crime/safe neighborhoods | <input type="checkbox"/> Transportation services |
| <input type="checkbox"/> Community involvement/volunteerism | <input type="checkbox"/> Low death and disease rates | <input type="checkbox"/> Other: _____ |

8. How do you rate your knowledge of the health services that are available at Pondera Medical Center?
- Excellent Good Fair Poor

9. How do you learn about the health services available in our community? (**Select ALL that apply**)
- | | | |
|--|--|---|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Mailings/newsletter | <input type="checkbox"/> Television |
| <input type="checkbox"/> Billboards/posters | <input type="checkbox"/> Presentations | <input type="checkbox"/> Website/internet |
| <input type="checkbox"/> Social media | <input type="checkbox"/> Public Health | <input type="checkbox"/> Word of mouth/reputation |
| <input type="checkbox"/> Friends/family | <input type="checkbox"/> Radio | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Healthcare provider | <input type="checkbox"/> Senior center | |

10. Which community health resources, other than the hospital or clinic, have you used in the last three years? (**Select ALL that apply**)
- | | | |
|--|--|--|
| <input type="checkbox"/> Alternative medicine | <input type="checkbox"/> Eye doctor | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Assisted living | <input type="checkbox"/> Food stamps/WIC | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Cancer screening programs | <input type="checkbox"/> Health club | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> Chiropractor | <input type="checkbox"/> Home health | <input type="checkbox"/> Senior Center |
| <input type="checkbox"/> Community transportation | <input type="checkbox"/> Long-term care/nursing home | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Meals on Wheels | |

11. In your opinion, what would improve our community's access to healthcare? (**Select ALL that apply**)
- | | |
|--|--|
| <input type="checkbox"/> Cultural sensitivity | <input type="checkbox"/> More specialists |
| <input type="checkbox"/> Greater health education services | <input type="checkbox"/> Outpatient services expanded hours |
| <input type="checkbox"/> Home visit options | <input type="checkbox"/> Payment assistance programs (healthcare expenses) |
| <input type="checkbox"/> Improved quality of care | <input type="checkbox"/> Telemedicine |
| <input type="checkbox"/> Interpreter services | <input type="checkbox"/> Transportation assistance (to/from appointments) |
| <input type="checkbox"/> More information about available services | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> More primary care providers | |

12. What additional healthcare services would you use if available locally? (**Select ALL that apply**)
- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Adult day care | <input type="checkbox"/> Pediatrics |
| <input type="checkbox"/> Dermatology | <input type="checkbox"/> Psychiatry |
| <input type="checkbox"/> Gynecology/Obstetrics | <input type="checkbox"/> Urology |
| <input type="checkbox"/> Pain management program | <input type="checkbox"/> Other: _____ |

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

- | | | |
|--|---|--|
| <input type="checkbox"/> Alcohol/substance abuse | <input type="checkbox"/> Health and wellness | <input type="checkbox"/> Parenting |
| <input type="checkbox"/> Alzheimer's | <input type="checkbox"/> Health insurance/Affordable Care Act | <input type="checkbox"/> Prenatal |
| <input type="checkbox"/> Birthing classes | <input type="checkbox"/> Heart disease | <input type="checkbox"/> Smoking/tobacco cessation |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Lactation/breastfeeding support | <input type="checkbox"/> Support groups |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Living will | <input type="checkbox"/> Veteran support |
| <input type="checkbox"/> First aid/CPR | <input type="checkbox"/> Men's health | <input type="checkbox"/> Weight loss |
| <input type="checkbox"/> Fitness | <input type="checkbox"/> Mental health | <input type="checkbox"/> Women's health |
| <input type="checkbox"/> Grief counseling | <input type="checkbox"/> Nutrition | <input type="checkbox"/> Other: _____ |

14. 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

15. 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 17)**

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

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

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? **(Select ONLY 1)**

- | | | |
|--------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Conrad | <input type="checkbox"/> Indian Health Services | <input type="checkbox"/> VA Clinic |
| <input type="checkbox"/> Choteau | <input type="checkbox"/> Kalispell | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Great Falls | <input type="checkbox"/> Shelby | |

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

- | | | |
|---|---|--|
| <input type="checkbox"/> Appointment availability | <input type="checkbox"/> Indian Health Services | <input type="checkbox"/> Referred by physician or other provider |
| <input type="checkbox"/> Clinic/provider's reputation for quality | <input type="checkbox"/> Length of waiting room time | <input type="checkbox"/> Required by insurance plan |
| <input type="checkbox"/> Closest to home | <input type="checkbox"/> Prior experience with clinic | <input type="checkbox"/> VA/Military requirement |
| <input type="checkbox"/> Cost of care | <input type="checkbox"/> Recommended by family or friends | <input type="checkbox"/> Other: _____ |

20. In the past year, have you or a member of your household utilized pharmacy services?

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

21. If yes, where is the pharmacy that you use **MOST** often located? (Select ONLY 1)

- Conrad Mail Order
 Choteau Shelby
 Great Falls Other: _____
 Kalispell

22. Why did you select the pharmacy you are currently using? (Select ALL that apply)

- Closest to home Prior experience with pharmacy
 Cost assistance programs Recommended by family or friends
 Cost of prescriptions/medications Required by insurance plan
 Length of wait time Other: _____
 Pharmacy's reputation for quality

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

- Yes No

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

- Yes No (If no, skip to question 27)

25. If yes, which hospital does your household use **MOST** for hospital care? (Select ONLY 1)

- Pondera Medical Center (Conrad) Marias Medical Center (Shelby)
 Benefis (Great Falls) Teton Medical Center (Choteau)
 Great Falls Clinic (Great Falls) VA Hospital
 Indian Health Services Other: _____
 Kalispell Regional Medical Center (Kalispell)

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

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

27. 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 30)

28. Where was the healthcare specialist seen? (Select ALL that apply)

- | | | |
|---|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Conrad | <input type="checkbox"/> Kalispell | <input type="checkbox"/> VA Facility |
| <input type="checkbox"/> Great Falls | <input type="checkbox"/> Missoula | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Indian Health Services | <input type="checkbox"/> Shelby | |

29. What type of healthcare specialist was seen? (Select ALL that apply)

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

30. The following services are available at Pondera Medical Center. Please rate the overall quality for each service by circling your answer. (Please circle N/A if you have not used the service)

| | Excellent | Good | Fair | Poor | Haven't used | Don't Know |
|---|-----------|------|------|------|--------------|------------|
| Ambulance services | 4 | 3 | 2 | 1 | N/A | DK |
| Durable medical equipment (DME) | 4 | 3 | 2 | 1 | N/A | DK |
| Ear, Nose, Throat (ENT) | 4 | 3 | 2 | 1 | N/A | DK |
| Emergency room | 4 | 3 | 2 | 1 | N/A | DK |
| Home health | 4 | 3 | 2 | 1 | N/A | DK |
| Inpatient services | 4 | 3 | 2 | 1 | N/A | DK |
| Laboratory | 4 | 3 | 2 | 1 | N/A | DK |
| Nursing home/extended care | 4 | 3 | 2 | 1 | N/A | DK |
| Oncology | 4 | 3 | 2 | 1 | N/A | DK |
| Orthopedics | 4 | 3 | 2 | 1 | N/A | DK |
| Radiology | 4 | 3 | 2 | 1 | N/A | DK |
| Rehabilitation services | 4 | 3 | 2 | 1 | N/A | DK |
| Respiratory services (ex. sleep studies) | 4 | 3 | 2 | 1 | N/A | DK |
| Rural Health Clinic services (PMC clinic) | 4 | 3 | 2 | 1 | N/A | DK |
| Telemedicine | 4 | 3 | 2 | 1 | N/A | DK |
| Visiting specialists (ENT, oncology, orthopedist) | 4 | 3 | 2 | 1 | N/A | DK |

31. In the past three years, have there been periods of at least three consecutive months where you felt depressed on most days?
 Yes No
32. In the past year, how often have you felt lonely or isolated?
 Everyday Most days Sometimes Never
33. Thinking over the past year, how would you describe your stress level?
 High Moderate Low Unsure/rather not say
34. 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
35. In the past year, did you worry that you would not have enough food?
 Yes No
36. Do you feel that the community has adequate and affordable housing options available?
 Yes No Don't know
37. What type of health insurance covers the **majority** of your household's medical expenses? **(Select ONLY 1)**
 Employer sponsored Indian Health VA/military
 Health Insurance Marketplace Medicaid None/pay out of pocket
 Health Savings Account Medicare Other: _____
 Healthy MT Kids Private insurance/private plan
38. How well do you feel your health insurance covers your healthcare costs?
 Excellent Good Fair Poor
39. If you **do NOT** have health insurance, why? **(Select ALL that apply)**
 Can't afford to pay for medical insurance Too confusing/don't know how to apply
 Employer does not offer insurance Other: _____
 Choose not to have medical insurance
40. Are you aware of programs that help people pay for healthcare expenses?
 Yes, and I use them Yes, but I do not qualify Yes, but choose not to use No Not sure

[CODED]

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

HELPS Lab
 Montana State University
 PO Box 172245
 Bozeman, MT 59717

THANK YOU VERY MUCH FOR YOUR TIME
Please note that all information will remain confidential

Appendix F – Responses to Other and Comments

1. Where do you currently live, by zip code?

- 59422 Choteau, 59416 Mailing

4. What is your employment status?

- Work part time, Retired (2)
- Work full time, Not currently seeking employment
- Retired, Collect disability
- Work full time, self-employed
- Business owner
- Stay at home mother (2)
- Collects disability & works PT
- Trying to get reclassified as disabled

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

- Lazy
- Elderly
- PMC = Pondera Medical Center. Confusing billing system at PMC leads to stress among patients. Many people with health problems avoid PMC; they have had bad billing experiences
- Drugs
- Alcohol/substance abuse, Cancer, Depression/anxiety, Poor nutrition
- Lots of these are issues here
- Bad Fats (see: Deep Nutrition Big Fat Lie); Toxin exposure
- Lack of assistance for care, cost of over the counter drug prescriptions, pads for urinary at age 86, Tylenol, etc.
- Age related
- Lack of dental care, Work/economic stress

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

- Lower cost for healthcare, dentists
- Town is too clique
- Bullying

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

- I used to work at PMC
- Using the facility
- Spouse, employee
- Work
- Proximity

- Self-informed

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

- New to community
- None
- O2
- Audiology
- Birthday screening
- DPHHS
- Dentist = Too expensive
- Home health

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

- Someone to talk to
- Affordable medications
- Exercise programs/classes
- Integrative medicine
- Rheumatologist
- Discount for paying bills in full
- Urgent Care instead of E.R.
- Alternative medication options
- Less expensive healthcare
- Unresponsive city
- I think ours is ok
- More primary care providers- Its good for the population of Pondera County

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

- None yet; maybe later (2)
- None (4)
- Naturopathic
- Endocrinology (2)
- Another option for eye care
- Rheumatology
- Home Health
- N.M.D, Integrative medical DR
- Unknown
- Cardiology
- Orthopedics
- Diabetes care specialist
- Naturopathic MD
- Foot Drs.

- General Counseling
- Assistance with cleaning, appointments, house calls, etc.
- Chiropractic
- A pain management program- I have to utilize what you have now
- You do great job for the population and size of local area

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

- None apply to me at this time
- Can't do it
- Chronic pain
- Rheumatologist
- Nutrition- ACCURATE info; not popular info
- None

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

- Was told they do not provide such service for babies and to go to Great Falls
- Frustration and PMC billing
- VA
- Qualified provider not available- would have to travel in winter conditions
- Dr that would investigate until the person was almost dead. Thinking patient was a hypochondriac thus patient had to go to another hospital to get diagnosis
- PMC no P.A. to read results

18. Where was that primary healthcare provider located?

- Conrad; Great Falls; Billings, Lewistown
- Conrad, Great Falls, VA Clinic
- Conrad, Great Falls (11)
- Shelby
- Choteau, Great Falls
- Fort Benton
- Conrad, Shelby (3)
- Conrad, Great Falls, Shelby, Missoula
- Great Falls, Chester (2)
- Conrad, Kalispell, Havre
- Conrad, Great Falls, Shelby
- Out of state
- Shelby, Cut Bank
- Valier (2)
- Conrad, Kalispell
- Conrad, Great Falls, Shelby
- Kalispell for eyes

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

- I know, like, and respect the provider
- Because of Dr. Taylor
- Personal preference
- Spouse is employed there
- Way provider treated his patients
- Oncologist
- VA
- Small town- being familiar with staff
- Highly respect the PA we go to
- Specialty services (3)
- Only one available, only one doctor in hospital
- Ease of access during work schedule
- Support community
- Not currently seeing anyone
- Good Dr.
- Referred by self
- Followed my nurse
- Conrad Dr. moved to Shelby
- You need primary care Dr. to see specialist at HMO Benefis Hospital Great Falls

21. Where is the pharmacy that you use MOST often located?

- VA/CHAMPUS
- Conrad, Choteau, Great Falls, Mail Order
- Great Falls, Fort Benton
- VA (2)
- Conrad, Mail Order (3)
- Great Falls, Chester
- Conrad, Great Falls (2)
- Great Falls, Shelby
- Cut Bank (3)
- Malmstrom AFB - Gt. Falls
- Chester
- Conrad, Mail Order, Shelby
- Choteau, Mail Order
- Conrad, Great Falls (in Great Falls I can get my insurance for half the price than in Conrad)
- I.H.S.

22. Why did you select the pharmacy you are currently using?

- Paid for through Tricare
- Local if immediately needed
- Very caring and knowledgeable

- Convenience (2)
- They have Medicare and they will fill 3 months
- Located closest to Benefis Healthcare
- Retired military (2)
- Support community
- Specialty pharmacy
- Try to support local business
- Open more convenient hours
- Military perk
- Prices, service, allergies, medical and excellent pharmacy Village Drug

25. Which hospital does your household use MOST for hospital care?

- St. Vincent - Billings; CMMC - Lewistown
- Benefis (Great Falls); St. Peters
- Pondera Medical Center (Conrad), Kalispell Regional Medical Center (Kalispell)
- St. Patrick's - Missoula
- Pondera Medical Center - Conrad, Benefis - Great Falls (8)
- Bozeman Deaconess
- Liberty Medical Center - Chester
- Out of state
- Pondera Medical Center - Conrad, Great Falls, Missoula
- Marias Medical Center (Shelby), VA Hospital
- Great Falls Clinic Hospital
- HC Health Medical Center of the Rockies Loveland CO
- Pondera Medical Center (Conrad), Benefis (Great Falls), Great Falls Clinic (Great Falls)

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

- Closest with birth services
- Where my Dr. works
- Dr. Taylor
- Close to home, prior experience with hospital
- Prior experience with hospital, less time waiting to be seen
- Specialist

28. Where was the healthcare specialist seen?

- Billings (5)
- Mayo - Scottsdale
- Choteau (2)
- Cut Bank
- Bozeman
- Seattle Children's Hospital

- Helena (2)
- Fort Benton
- Chester
- Out of state
- Idaho
- Canada Dentist
- Kalispell for eyes

29. What type of healthcare specialist was seen?

- Colonoscopy
- Reconstructive surgery
- Vascular
- Oncology surgeon
- Kidney Dr, ENT (ear/nose/throat)
- General practice
- Alternative medicine
- Hand specialist

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

- Medicare, Private insurance/private plan (4)
- Medicare, VA/military (2)
- Health Insurance Marketplace, Medicare, Medicare Supplement Coverage D
- Employer sponsored, Medicare (2)
- Medicaid, Medicare (6)
- Employer sponsored, Private insurance/private plan
- Healthy MT Kids, Medicaid
- Medicare, VA/military
- Medicare plus supplementary
- Medicare, Private insurance/private plan, supplement (2)
- Christian Healthcare

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

- Son does not have at this time

Appendix G –Focus Group & Key Informant Interview Questions

Focus Group Questions:

The purpose of the focus groups is 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 do you think are the most serious health issues or concerns in your community?
2. We are now going to ask you for your views about the hospital. What do you think of the hospital in terms of:
 - Availability
 - Quality of Care
 - Number of Services
 - EMS Services (ER/Ambulance)
 - Financial Health of the Hospital
3. Are any of the local providers your personal provider or personal provider to your family members? Why?
4. What do you think about these local services:
 - Healthcare Services for Senior Citizens
 - Public/County Health Department
 - Healthcare Services for Low-Income Individuals/Families
 - Senior Services
 - Pharmacy
5. Why might people leave the community for healthcare?
6. What would make this community a healthier place to live?
7. Any additional comments you'd like to provide, or things you would like to praise/see continued?

Key Informant Interview Questions:

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

Appendix H – Focus Group & Key Informant Interview Notes

Focus Group #1

Monday, September 16, 2019 – 12 participants

1. What do you think are the most serious health issues or concerns in your community?
 - Drug abuse.
 - Specifically, meth and opioids.
 - Abuse of both illegal and prescription drugs is a big problem here.
 - Suicide and mental health.
 - There was an elderly man in his 60s that died by suicide last year, nobody saw it coming.
 - Youth and adults both seem to be at high risk for depression and suicide here
 - Access to Medicaid is a nightmare.
 - It's extremely hard to sign up.
 - They closed the Office of Public Assistance here, so you have to go to Great Falls or do it over the phone.
 - It would be really helpful if someone would come even once a week or have a regional office for support.
 - There's a fair amount of low-income families that need assistance. Many of them are moving out of town.

2. We are now going to ask you for your views about the hospital. What do you think of the hospital in terms of:

Availability

- Good.
- Yes, I agree, good.
- I have to go in for infections often. They greet me at the door and make availability as soon as possible. I almost never have to wait.
- Sometimes you go to set up an appointment and the availability is slightly limited. For example, doctors will only work Monday-Wednesday-Friday or Tuesday-Thursday.
- We only have one doctor here and the others are Nurse Practitioners [NPs] or Physician Assistants [PAs].
- I went in for a blood test and found out that I had diabetes a few weeks ago. They made extra time to counsel me for over an hour. It was really great care.
- They are good at referring out of the community if we don't have the resources.
- The physical therapy is very good, top notch

Quality of Care

- It's good.
- The PAs and NPs are really great.
- The providers that we do have in town are excellent.

Number of Services

- Good.

EMS Services (ER/Ambulance)

- The EMS crew is very good
- We need more volunteers [Ambulance services]. The folks we have are wonderful, but we are burning them out.
- They [Ambulance crew] all have other full-time jobs too; it's a big commitment for them to provide coverage when they are low on staff.
- We've even had EMS crews come from other counties much farther away because they were the only one's available to take the call.
- The last time I was in, the ER was packed. They had an emergency that they had to call a helicopter for. I had to wait but was constantly updated on how long it was going to take and making sure I was ok. I was very well taken care of while I was waiting. It was so great; they keep you informed.

Financial Health of the Hospital

- I have a few concerns.
- Every now and then, you hear that there's a deficit here or there.
- They definitely need new beds in the hospital. The foundation has brought some new beds with their funding.
- They post the Board meeting minutes in the newspaper and announce when they have meetings, so it seems pretty transparent.
- I would know who to go to with a concern.
- I feel confused about whether the hospital is County funded or not. That doesn't seem very clear to me.

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

- Yes. It's convenient and they have all of your healthcare history at hand. I feel confident that if you need to be sent on, they'll send you elsewhere [for referrals].
- I feel better going to Great Falls for anything that requires an operation. They see 50 cases per day whereas here we would see 1 case per day. So, I leave for specialty care or operations. I stay here for primary care.
- The specialists seem to get you in faster if you have a referral from a doctor here.
- I prefer to go out of town. Privacy.
- There's a whole group of us that use the VA hospital for our yearly physical so that we can maintain coverage. Other than my annual appointment, I use the hospital here.

4. What do you think about these local services:

Public/County Health Department

- I get my vaccinations done there.
- I worked for the Public Health Department for over 30 years. We used to do home visits for free, but now people have to pay for that service.
- It seems like the number of services that the PHD offers is down.
- A lot of kids get their vaccinations there. It's cheaper but for a lot of people, it's still expensive.

Healthcare Services for Low-Income Individuals/Families

- They need to raise the amount that they call "low income". There is so much need out there.
- There is a food pantry in town that is well utilized. Otherwise people have to leave for services in Great Falls and that is really hard for folks who don't have resource or even transportation to go there.

Senior Services (Nursing homes, assisted living, home health, senior center, etc.)

- They're having troubles finding a coordinator for the dementia center.
- There is a bus that goes to Great Falls and Kalispell for appointments.
- There is also a bus from the Area Agency on Aging once a month.
- They need to continue to work on increasing the services in the long-term care wing and at the nursing care wing.
- I've heard from community members that the quality of service [nursing home] has deteriorated over the past few years.
- I think it's a combination of training, leadership, staffing shortage, and other things.
- I'd like to see a system where you pay a monthly amount and then can receive nursing home care when you need it.

Pharmacy

- Their weekend hours are limited, but they always have someone on call.
- We have two drug stores in town. They're both closed on the weekends, except one is open on Saturday until 3 pm. The weekend hours are limited.

5. Why might people leave the community for healthcare?

- Privacy, for me.
- I've always received care for eyes and dental in Great Falls.
- I also go to an eye doctor in Great Falls.
There is a dentist and eye doctor here. I leave when I do not get an answer to my problem locally.

6. What would make this community a healthier place to live?
 - We don't have a lot of fresh air.
 - It seems like everyone is working really hard to improve the community's health. A lot of people walk, there's swimming in the summer, and a lot of biking. They're also building a walking path.
 - We have a Wellness Center that is open to the public.
 - I wish we had an indoor swimming pool.
 - We're a pretty health-conscientious community.

7. Any additional comments you'd like to provide, or things you would like to praise/see continued?
 - Why do we pay for traveling nurses to come, rather than hiring locals?
 - Many of the traveling nurses are great.
 - I am concerned about the morale at our hospital, it seems like it has been harmful for some time here and I noticed it first when I moved here in 2006.
 - Professionally, I think they're doing a really great job. I get the impression that there is a lot of nit-picking going on, socially.
 - The community feels that there might be a concern with the culture at the hospital.
 - People need more assistance moving into nursing homes.
 - My husband went in for an appointment and we applied for Medicaid two days before. He passed away and we did not hear back from Medicaid for 6-8 months after. I am now responsible for a very large bill. It would be helpful to have a patient advocate for these situations. Or the hospital could implement a checklist system for applying to Medicaid.

Focus Group #2

Monday September 16, 2019– Valier Public Library – Valier, MT - 12 participants

1. What do you think are the most serious health issues or concerns in your community?
 - A shortage of EMTs.
 - Meeting the needs of the elderly in the community.
 - Transportation (especially to medical appointments), home health care, assisting them with cleaning the home.
 - Personal care attendant.
 - Home healthcare.
 - Suicide and substance abuse of all kinds.
 - Mental health.
 - Definitely mental health.
 - Someplace to exercise indoor in Valier – it's hard in the winter months when there is limited daylight and no place to exercise.

2. We are now going to ask you for your views about the hospital. What do you think of the hospital in terms of:

Availability

- I've never had a problem.
- I think they're a bit understaffed.
- There are not enough doctors, nurses, aides.
- Weekends are pretty sparse there in terms of workers.

Quality of Care

- Excellent.
- Compared to some neighboring areas, the nursing home is very good, speaking from personal experience.
- I wasn't impressed with the hospice care in Conrad.
- The hospice care also serves the Valier area.
- They are covering too big of an area.

Number of Services

- The free bus does come through Valier, which is nice to have available.
- Generally, ridership is stable or improving over time. It is pretty well advertised.
- Many people think the bus is only for seniors – but it's for everyone. That could be made clearer to community members.
- I would think advertisement of services to the community could be improved.
- We have the Valerian (newspaper), postings in the Post Office, and the Shelby radio station.
- Word of mouth is probably the best way to get the word out about services.

EMS Services (ER/Ambulance)

- EMS needs more volunteers.
- Anytime I've been engaged with Conrad emergency services, they've been excellent.
- Very good.
- One thing that the Pondera Healthcare Foundation did was offer classes to high schoolers to become first responders. This was in the hopes that they would eventually become EMTs. We have two of those kids that are now serving as EMTs. That's a 2/5 success rate, which is great. I think it would be a good thing to do a story on them share their story.
- I think that program [first responder training] is going to continue this year.

Financial Health of the Hospital

- I think it's stable.
- From what I hear, all rural hospitals struggle financially.
- It seems like between the three area hospitals (Cut Bank, Shelby, Conrad), they leapfrog for succeeding financially. Conrad is doing really well right now and Shelby is struggling.

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

- Most of us have our primary doctors or our PAs here and if there's something more serious, we will be referred out.
- I utilize providers in Conrad. I followed a doctor from Shelby to Conrad.
- I feel like we need to support our hospital, no matter what. Without it, we're in trouble.
- I always went to Conrad, then our doctor retired. I switched to Shelby, where I still go.
- I go to the Valier clinic. We have two doctors that come to Valier. This is the most convenient for me. I've had to use the emergency room in Conrad which is where I preferred to go.

4. What do you think about these local services:

Healthcare Services for Senior Citizens

- We need home healthcare.
- Home Health would be great.
- Personal assistant/attendant services would be really helpful- help with shopping, transportation or cleaning.
- Transportation (especially to medical appointments).

Public/County Health Department

- I think they're great.
- I've had family members that use the PHD and have had good experiences.
- People aren't always aware of the services they have available.

Healthcare Services for Low-Income Individuals/Families

- No experience.
- I don't know anything about it.
- Pondera Medical Center services are available for low income individuals.
- There is a food pantry in town that just started (Valier) and there is one in Conrad that is more established.
- We have a senior center with free or reduced cost meals.

Pharmacy

- There is no problem with pharmacy services in Conrad.
- It used to be that they delivered all drugs to the senior home but now they aren't allowed to.
- The pharmacy is good at mailing prescriptions to individuals that may not have transportation.

5. Why might people leave the community for healthcare?
 - They maybe haven't found a satisfactory provider in the area.
 - Specialized care.

6. What would make this community a healthier place to live?
 - Indoor exercise gym.
 - I think the community as a whole is pretty healthy.
 - Get rid of all of the drugs.
 - Insulating the indoor swimming pool so that it could have year-round use.
 - o Apparently, the pool needs other major repairs.

7. Any additional comments you'd like to provide, or things you would like to praise/see continued?
 - In general, and we see articles about it in the paper, is the need for doctors in rural communities like ours. I think everybody would agree with that. That is what is going to sustain our hospitals.
 - Transportation to and from the clinics.
 - First and foremost is our need for EMTs here. They are few and far between and cover a really large area. They are all overworked.
 - The EMTs- It's such a big commitment for them. They all also have regular jobs
 - Our post office does not have automatic doors, so senior citizens can't enter easily.

Key Informant Interview 1- Friday, September 27, 2019- Phone Interview

1. How do you feel about the general health of your community?
 - I feel like it is in the middle. We have issues with obesity, alcoholism, and drug use. I feel like we could be overall healthier- as far as physically healthy, but I don't feel like we are the worst.

2. What do you think are the most important local healthcare issues?
 - I read the results of a recent survey and I agree with the findings – alcohol, drug use, obesity, and then I think there are a lot of mental health issues as well.

3. What other healthcare services are needed in the community?
 - I feel like there could be more things to stay active. It's not a very active town – we are just now getting a walking path. There is a place to work out at the hospital, but it is pretty limited. Kids aren't participating in sports as much. Adolescents don't really have a lot to do. There used to be a lot of walks and fun run like activities. There isn't a lot for youth. I am shocked about how many high school students are over-weight. It wasn't like that when I was a teen.

- There is a lack of parents getting their kids active and eating healthy. They aren't taught to eat right; they are on their phones - kids are lazier now-a-days.
4. What would make your community a healthier place to live?
- I think if PMC worked with the schools on education and opportunities to be healthy. Maybe extending the walking path and putting on more healthy activities in the community. You go to Missoula and Spokane and there are just active people everywhere and events that keep people active – we need to look at some of those places.
 - It's great that PMC is doing this survey to find out what they can do for the community – it's a good first step.

Key Informant Interview 2- Friday, September 27, 2019- Phone Interview

1. How do you feel about the general health of your community?
- In general, I feel the older population (60+) are in fair health. The 30-60 ages are in poor health because of poor lifestyle and unhealthy behaviors – a lot of obesity, smoking and drinking. With the younger demographic there isn't a lot of in between - kids are either active and healthy or they are engaging in a lot of risky behaviors. There are a lot of hidden behaviors too. There is a lot of hidden heroin and methamphetamine use. You don't hear about it but given what I hear from my kids and what they are seeing at the clinic/hospital there is a lot more drug use than people are willing to accept.
2. What do you think are the most important local healthcare issues?
- Alcoholism and obesity.
 - There are a lot of teens vaping. There isn't a lot of policy and protocol with how to manage vaping – this is everywhere. There is a lot of unknow health risks and now with a lot of THC in vaping, it is health risk to our community. They (vaping devices) are too accessible to children- we don't even know what the risks are yet, so kids and teachers aren't being educated on it at all. The way it has been marketed as a healthy alternative to smoking is so not ok.

3. What other healthcare services are needed in the community?
 - Mental health - it's a huge service that's needed in our community, and acute mental health - like crisis management is a big need here. Otherwise we have someone in an ER setting who needs more care, but the care facilities in Montana are full, and they can't go home. It's a huge issue.
 - The education and resources about health issues and behavioral health in schools isn't enough to inform kids. There needs to be more done to help kids make better decisions.
 - We need some better dietary resources in our community and better places for people to access healthier lifestyle choices. Nutrition classes and things like that would be beneficial to our community. A lot of people smoke, drink, don't work out and eat a lot of processed food. A lot of behavioral health factors can be managed but we need a lot more education and people who are qualified to do that.
 - Overall in our area alcoholism is a huge issue that goes under the radar. Alcoholism is almost seen as acceptable here. In our community it is a big issue in many ways – kids aren't making it to school, adults are using it as a coping mechanism.

4. What would make your community a healthier place to live?
 - Aside from what I have already said – just getting people to improve their health and make changes. Getting kids more active so that our population grows up more active.
 - Schools trying to feed kids whole foods vs. feeding kids on a budget and using so many processed foods.

Key Informant Interview 3- Friday, September 27, 2019- Phone Interview

1. How do you feel about the general health of your community?
 - I would say, probably "Fair". Not good because the majority of the community is elderly, and our seniors have more medical needs and it seems like a lot of the middle-aged folks have quite a few medical problems too.
 - Seems like there's a lot of cancer.

2. What do you think are the most important local healthcare issues?
 - Seniors- aging in place services.
 - We only have one assisted living facility with limited beds. We have a retirement center- but I would think a lot of them could be in assisted living.
 - Med set ups. Seems like once we get them set up, they can continue on their own pretty well. It's just confusing when they are changing meds or dosages.

3. What other healthcare services are needed in the community?
 - We do have quite a lot of services for seniors. But if we could expand access by increasing hours. I don't know that people always know what's available here.
 - We are trying to do more marketing about what services are here and how to access. Would probably benefit in doing more networking. Casey is new and has been doing an outstanding job.
 - Podiatry services would be nice. We've had it in the past. Even if they just came once a month.
 - Mental health is another service that would be very beneficial.

4. What would make your community a healthier place to live?
 - I would say needing more activities around here. Trying to encourage people to be engaged in different physical activities. I know they are trying to get the kids involved and promoting healthy lifestyles. Fun community activities.

Key Informant Interview 4- Wednesday, October 2, 2019- Phone interview

1. How do you feel about the general health of your community?
 - I feel like it's good. I feel like the community is active – in general terms because every community has its issues, but overall the community is really involved in local events and activities and other things that keep people healthy.

2. What do you think are the most important local healthcare issues?
 - On my mind right now is the whole thing with mental health – the ability to do anything with people who need help. I see it a lot with the law enforcement – these people aren't doing any crimes, but they are taking a lot of resources from the law enforcement and the hospital. How do we get them to the next step? How do we get them the help they need?
 - You see it a lot – some individual who is suicidal every night and it's difficult for the hospital and the police to help them.
 - This (mental health) is really the biggest one.
 - We do a good job in our community to address senior needs. We have lots of resources, knowledge and facilities for the aging population.
 - The other thing of course is drug use – it's really taxing on the healthcare community and law enforcement. We're seeing increased meth use and all the other ones too – a lot more fentanyl and opioids and meth. The population who uses is growing and we are seeing a lot more in youth. I believe that marijuana acts as a gateway drug for all of that.

3. What other healthcare services are needed in the community?
 - If there was some way that we could have mental health and drug abuse services in Conrad, I know they are costly to bring to the community, but there needs to be some other option aside from incarceration- or even if there were resources for those who are incarcerated in Conrad. Something on the smaller scale so that we are able to evaluate and then take the next step to get these people some help.
 - I hear there is mental health clinic coming, but how do you get people to use those resources – some people are just not going to go.
4. What would make your community a healthier place to live?
 - Finishing the walking path, they just started - this will be a huge start.
 - Continued collaboration between the city, county, police, hospital and schools, so we can work together on all of the issues we are seeing. We can put our heads together and help to identify problems and figure out how to help.

Key Informant Interview 5

Thursday, October 3, 2019- Anonymous –Via phone interview

1. How do you feel about the general health of your community?
 - I feel like we are pretty healthy. I don't feel like there is a ton of major issues within the community. In general, we are pretty healthy, and we have access to healthcare so when things do come up, they are pretty treatable.
2. What do you think are the most important local healthcare issues?
 - Mental health. Across the board we are seeing this. People aren't really seeking out the mental health treatment that is needed. There is still stigma associated with mental health. With the younger population the resources are more available but for adults there is less – and adults are less willing to get help. These resources just aren't really available in our small community.
 - Access to specialized services. We have to travel if you need anything else. We don't have specialists here.
3. What other healthcare services are needed in the community?
 - I think they bring in an ENT from Kalispell. Maybe if they even helped people travel to Great Falls. If you are low income and don't have your own vehicle it is impossible to access healthcare out of the community – so maybe some transportation services to Great Falls.
 - Bringing in more visiting specialist would help too.

- In regard to mental health I would like to see more programs for youth – like big brothers’ big sisters. Also, more education to the community on mental health.
4. What would make your community a healthier place to live?
- More treatment options, resources, education and support groups for those who have alcohol and substance use disorder. More resources for those who are trying to stay sober.
 - More organized activities and opportunities for the community to engage in rather than just sitting at the bar.

Key Informant Interview 6

Friday, October 4, 2019-Anonymous –Via phone interview

1. How do you feel about the general health of your community?
- I feel pretty good about the general health of the community. We have a lot of options and support for healthcare. For a small rural community, I think we have a lot. We’re blessed.
2. What do you think are the most important local healthcare issues?
- Being a rural community there is a lot of underage drinking and vaping. A lot of students seem to be using e-cigarettes. There was recent survey of the high schoolers and a lot of students smoke and drink.
 - As for adults, we’re a small town and we have a lot of bars, but I wouldn’t say that there are a whole bunch of drunks. There isn’t a lot to do in a rural community, so a lot of people socialize with alcohol.
 - Mental health is a big issue as well.
3. What other healthcare services are needed in the community?
- I think it’s important to have continued access to the hospital and clinic. The health department is great and access to dental services are important.
 - For any surgery really you have to travel. If you’re pregnant you have to travel to Great Falls. Any cancer treatments and specialist you have to travel. I know there are some visiting specialist that come to Conrad, but I don’t really know anything about them.
4. What would make your community a healthier place to live?
- Having mental health services would help – and more community support and awareness for mental health.

Appendix I – Request for Comments

Written comments on this 2019 Community Health Needs Assessment Report can be submitted to the Marketing Department at Pondera Medical Center:

Marketing
Pondera Medical Center
805 Sunset Blvd.
Conrad, Montana 59425



Contact Pondera Medical Center’s Marketing Specialist, Casey Rasmussen at 406-271-3495 or caseyr@ponderamedical.org with and questions.