

# **Big Horn County, Montana**

## **Community Health Services Development Community Health Needs Assessment Report**

Survey conducted by  
Big Horn Hospital Association  
Hardin, Montana

In cooperation with  
The Montana Office of Rural Health

June 2016



**MONTANA**  
STATE UNIVERSITY

Office of Rural Health  
Area Health  
Education Center

# **Big Horn Hospital Association Community Health Needs Assessment**

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# **Community Survey & Focus Groups**

## **Summary Report**

### **June 2016**

#### **I. Introduction**

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Big Horn Hospital Association (BHHA) is a 25-bed Critical Access Hospital and 64-bed nursing center. BHHA provides a full range of services from 24-hour emergency room, ambulance, full-range rehabilitation services, obstetrics, home health and hospice care, in/out-patient surgery and state-of-the-art radiology services. BHHA provides healthcare services to the Hardin community and surrounding areas comprised of well over 17,000 square miles. Big Horn Hospital Association participated in the Community Health Services Development (CHSD) Project administrated by the Montana Office of Rural Health with assistance from the National Rural Health Resource Center (NRHRC) in Duluth, Minnesota. Community involvement in steering committee meetings and focus groups enhance community engagement in the assessment process.

In the spring of 2016, Big Horn Hospital Association's service area was surveyed about its healthcare system. This report shows the results of the survey in both narrative and chart formats. A copy of the survey instrument is included at the end of this report (Appendix D). Readers are invited to familiarize themselves with the survey instrument and the subsequent findings. The narrative report touches on the highlights while the charts present data for virtually every question asked. Please note: we are able to compare some of the 2016 survey data with data from previous surveys conducted in 2013 and 2007. If any statistical significance exists, it will be reported. The significance level was set at 0.05.

#### **II. Health Assessment Process**

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A Steering Committee was convened to assist Big Horn Hospital Association 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 January 2016. For a list of all Steering Committee members and their affiliations, see Appendix A. The Steering Committee met twice during the CHSD process; first to discuss health concerns in the community and offer their perspective in designing the survey instrument and again to review results of the survey and focus groups and to assist in the prioritization of health needs to address.

#### **III. Survey Methodology**

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##### **Survey Instrument**

In April 2016, surveys were mailed out to the residents in Big Horn Hospital Association's service area. The survey was based on a design that has been used extensively in the states of Washington, Wyoming, Alaska, Montana, and Idaho. The survey was designed to provide each facility with information from local residents regarding:

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

## **Sampling**

Big Horn Hospital Association provided the National Rural Health Resource Center with a list of outpatient and inpatient admissions. Those zip codes with the greatest number of admissions were selected to be included in the survey. A random list of 780 residents was then selected from Prime Net Data Source. Residence was stratified in the initial sample selection so that each area would be represented in proportion to the overall served population and the proportion of past admissions. (Note: although the survey samples were proportionately selected, actual surveys returned from each population area varied which may result in slightly less proportional results.)

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

## **Information Gaps**

### **Data**

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

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

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

## **Limitations in Survey Methodology**

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

## Survey Implementation

In April 2016, the community health services development survey, a cover letter from the National Rural Health Resource Center with Big Horn Hospital Association's Chief Executive Officer's signature on Big Horn Hospital Association letterhead, and a postage paid reply envelope were mailed to 780 randomly selected residents in the hospital's service area. A news release was sent to local newspapers prior to the survey distribution announcing that Big Horn Hospital Association would be conducting a community health services survey throughout the region in cooperation with the Montana Office of Rural Health.

One hundred thirty-six surveys were returned out of 780. Of those 780 surveys, 46 surveys were returned undeliverable for a 19% response rate. From this point on, the total number of surveys will be out of 734. Based upon the sample size, we can be 95% confident that the responses to the survey questions are representative of the service area population, plus or minus 5.96%.

## IV. Survey Respondent Demographics

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A total of 734 surveys were distributed amongst Big Horn Hospital Association's service area. One hundred thirty-six were completed for a 19% response rate. The following tables indicate the demographic characteristics of the survey respondents. Information on location, gender, age, and employment is included. Percentages indicated on the tables and graphs are based upon the total number of responses for each individual question, as some respondents did not answer all questions.

### Place of Residence (Question 32)

While there are some large differences in the percentages below, the absolute differences are small. The returned surveys are skewed toward the Hardin population which is reasonable given that this is where most of the services are located. Three 2016 respondents chose not to answer this question.

		2007		2013		2016	
Location	Zip code	Count	Percent	Count	Percent	Count	Percent
Hardin	59034	177	89.4%	129	94.9%	94	70.7%
Crow Agency	59022	4	2.0%	6	4.4%	10	7.5%
Fort Smith	59035	0	0	0	0	5	3.8%
Custer	59024	6	3.0%	1	0.7%	3	2.3%
Colstrip	59323	5	2.5%	Not asked in 2013		1	0.8%
Lodge Grass	59050	Not asked in 2007		Not asked in 2013		20	15.0%
Ashland	59003	5	2.5%	Not asked in 2013		Not asked in 2016	
Other		1	0.6%	0	0	Not asked in 2016	
<b>TOTAL</b>		<b>198</b>	<b>100%</b>	<b>136</b>	<b>100%</b>	<b>133</b>	<b>100%</b>

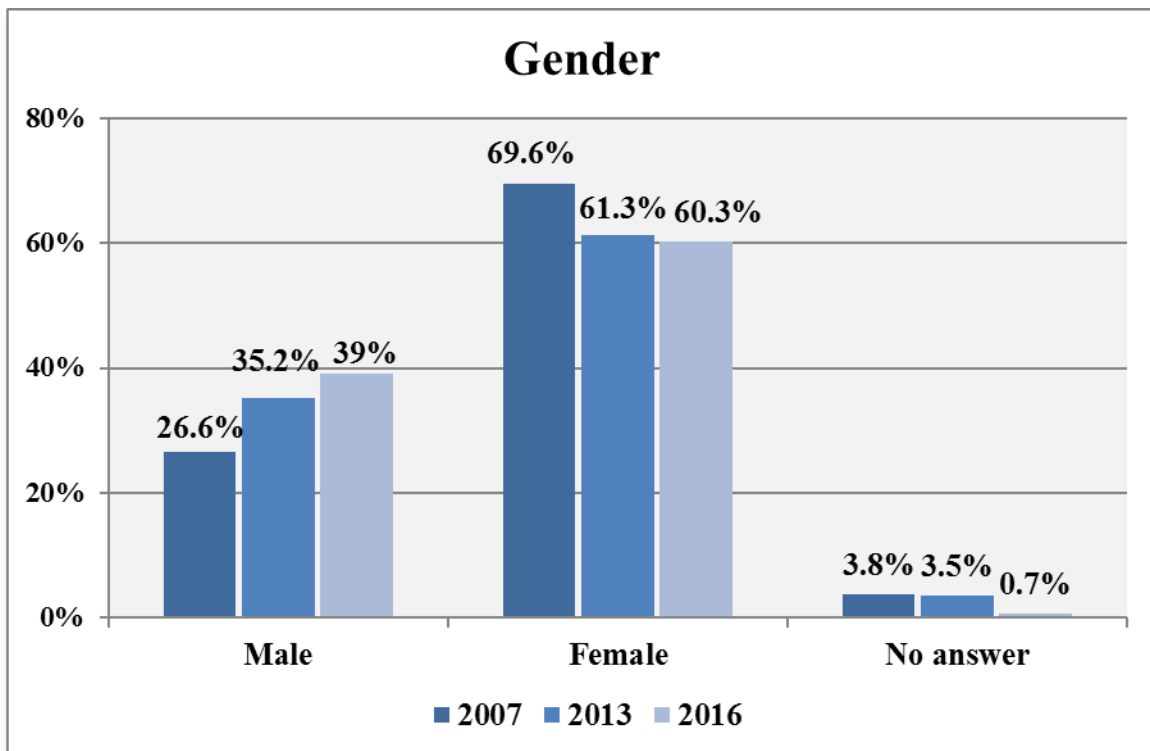
### Gender (Question 33)

2016 N= 136

2013 N= 142

2007 N= 214

Of the 136 surveys returned, 60.3% (n=82) of survey respondents were female, 39% (n=53) were male, and 0.7% (n=1) chose not to answer this question. The survey was distributed to a random sample consisting of 50% women and 50% men. It is not unusual for survey respondents to be predominantly female, particularly when the survey is healthcare-oriented since women are frequently the healthcare decision makers for families.



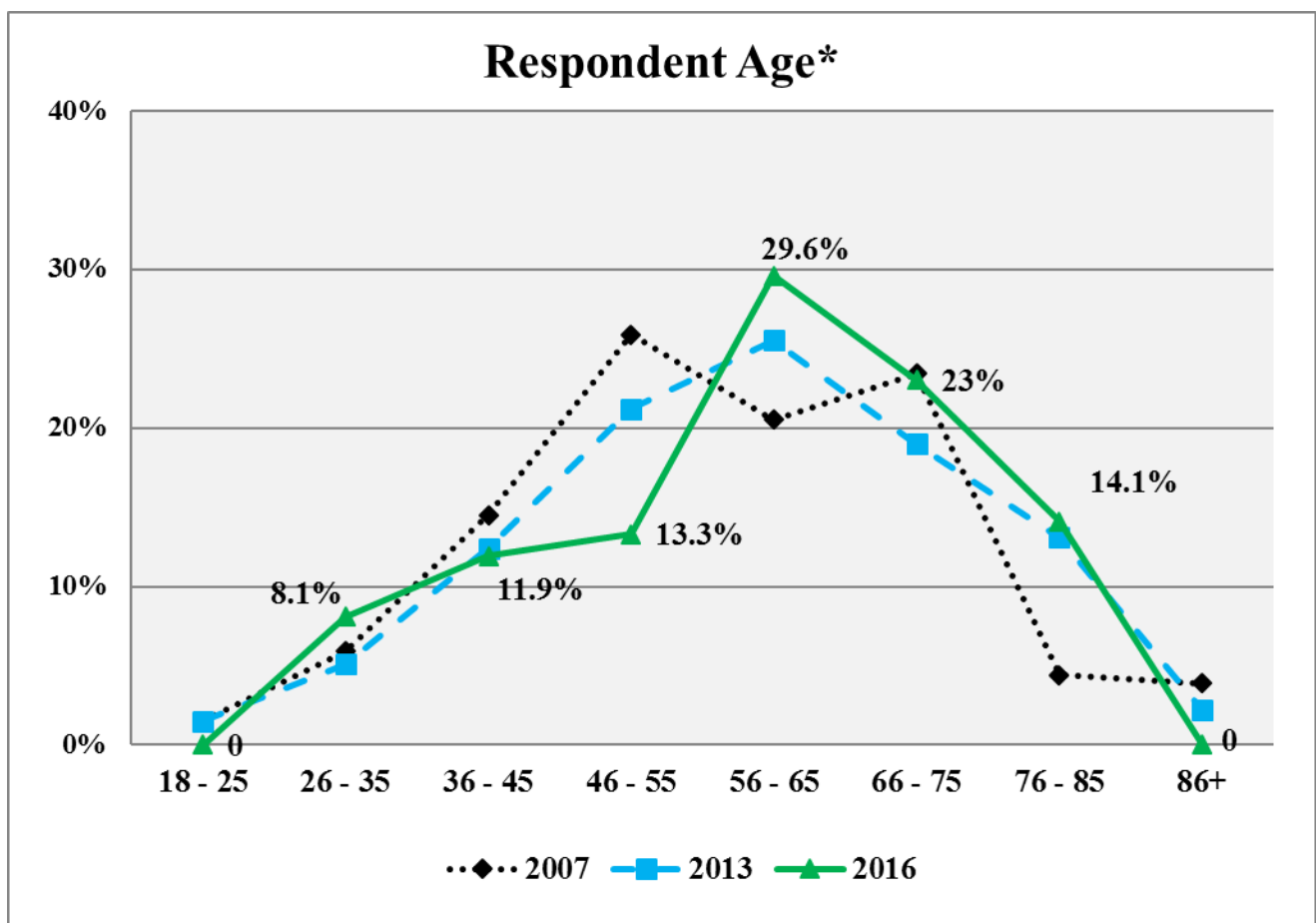
### Age of Respondents (Question 34)

2016 N= 135

2013 N= 137

2007 N= 205

Thirty percent of respondents (n=40) were between the ages of 56-65. Twenty-three percent of respondents (n=31) were between the ages of 66-75 and 14.1% of respondents (n=19) were between the ages of 76-85. This statistic is comparable to other Critical Access Hospital demographics. The increasing percentage of aging residents in rural communities is a trend which is seen throughout Montana and will likely have a significant impact on the need for healthcare services during the next 10-20 years. However, it is important to note that the survey was targeted to adults and, therefore, no respondents are under age 18. Older residents are also more invested in healthcare decision making and are more likely to respond to healthcare surveys, as reflected by this graph.



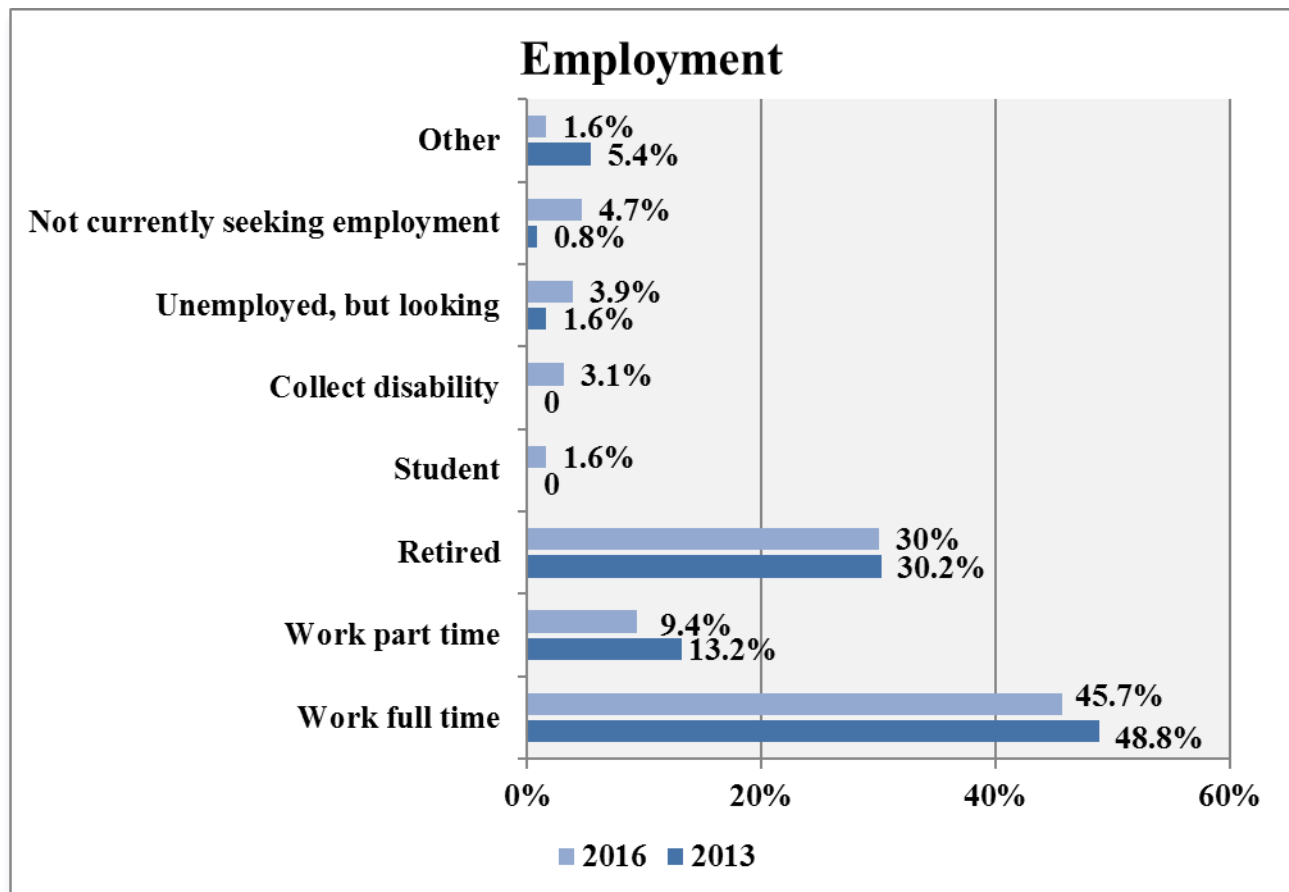
\* Significantly fewer 2016 respondents reported being between the ages of 46-55.

### Employment Status (Question 35)

2016 N= 127

2013 N= 129

Forty-six percent (n=58) of respondents reported they work full time while 30% (n=38) are retired. Nine percent of respondents (n=12) indicated they work part time. Respondents could check all that apply so the percentages do not equal 100%.



“Other” comments:

- Farmer
- Unable to work but have not applied for disability
- Self-employed



## V. Survey Findings – Community Health

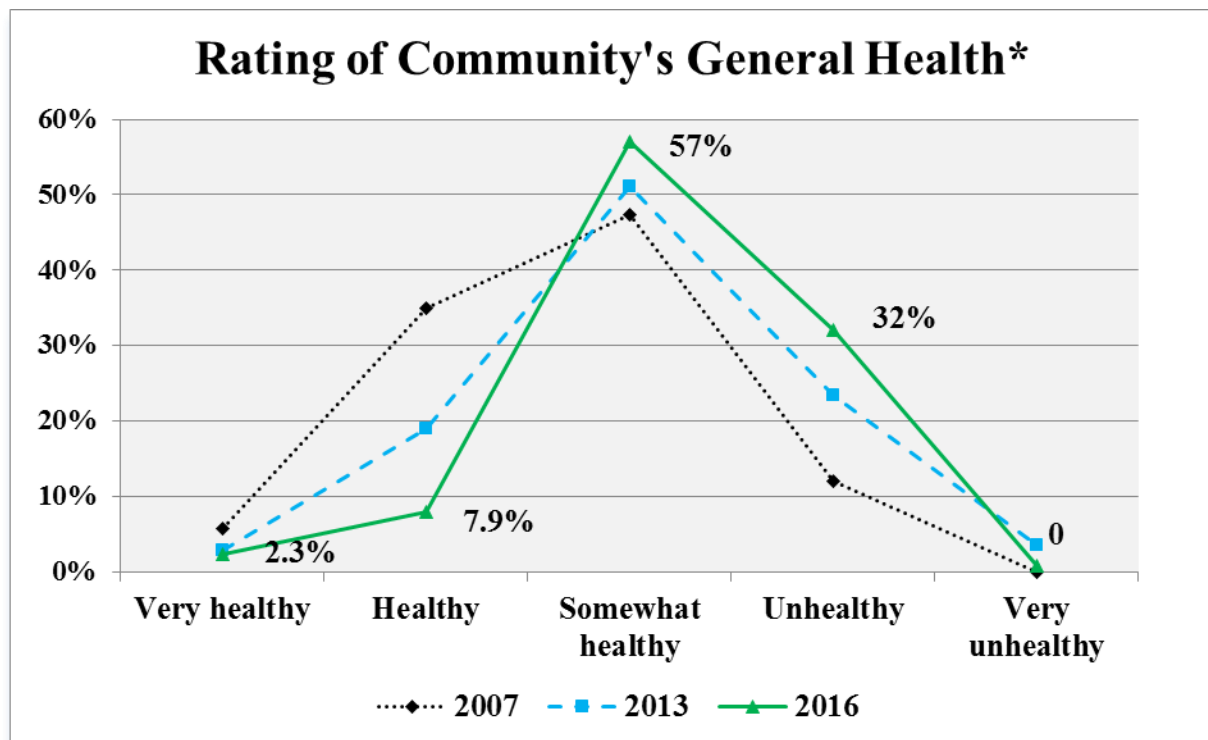
### Impression of Community (Question 1)

2016 N= 128

2013 N= 137

2007 N= 209

Respondents were asked to indicate how they would rate the general health of their community. Fifty-seven percent of respondents (n=73) rated their community as “Somewhat healthy.” Thirty-two percent of respondents (n=41) felt their community was “Unhealthy” and 7.9% (n=10) felt their community was “Healthy.”



\*There has been a significant decline in the rating of the community's general health each assessment.

## Health Concerns for Community (Question 2)

2016 N= 136

2013 N= 142

2007 N= 214

Respondents were asked what they felt the three most serious health concerns were in their community. The top identified health concern was “Alcohol abuse/substance abuse” with 88.2% (n=120). “Diabetes” was also a high priority at 43.4% (n=59) followed by “Obesity/overweight” at 42.6% (n=58). Respondents were asked to pick their top three serious health concerns so percentages do not equal 100%.

Health Concern	2007		2013		2016	
	Count	Percent	Count	Percent	Count	Percent
Alcohol abuse/substance abuse <sup>1</sup>	168	78.5%	132	93.0%	120	88.2%
Diabetes <sup>2</sup>	57	26.6%	62	43.7%	59	43.4%
Overweight/obesity <sup>3</sup>	62	29.0%	72	50.7%	58	42.6%
Child abuse/neglect <sup>4</sup>	31	14.5%	33	23.2%	34	25.0%
Motor vehicle accidents	23	10.7%	19	13.4%	26	19.1%
Cancer	36	16.8%	24	16.9%	17	12.5%
Lack of exercise	21	9.8%	15	10.6%	16	11.8%
Heart disease	23	10.7%	21	14.8%	15	11.0%
Domestic violence	11	5.1%	17	12.0%	13	9.6%
Mental health issues	14	6.5%	6	4.2%	12	8.8%
Tobacco use	18	8.4%	7	4.9%	8	5.9%
Lack of access to healthcare	8	3.7%	4	2.8%	7	5.1%
Lack of dental care	5	2.3%	2	1.4%	3	2.2%
Stroke	7	3.3%	6	4.2%	2	1.5%
Depression/anxiety	Not asked in 2007		10	7.0%	9	6.6%
Recreation related accidents/injuries	Not asked in 2007		1	0.7%	0	0
Work related accidents/injuries	Not asked in 2007		0	0	0	0
Other	6	2.8%	1	0.7%	6	4.4%

<sup>1-2</sup>2016 and 2013 respondents selected alcohol abuse/substance abuse and diabetes as a serious community health concerns significantly more often than 2007 respondents.

<sup>3</sup>Overweight/obesity as a top health concern has changed significantly each assessment year.

<sup>4</sup>2016 and 2013 respondents selected child abuse/neglect as a serious health concern significantly more often than 2007 respondents.

“Other” comments:

- Need to control drug abuse (4)
- Lack of responsibility

### Components of a Healthy Community (Question 3)

2016 N= 136

2013 N= 142

2007 N= 214

Respondents were asked to identify the three most important things for a healthy community. Fifty-two percent of respondents (n=71) indicated that “Healthy behaviors and lifestyles” is important for a healthy community. “Access to health care and other services” was the second most indicated component at 44.9% (n=61) and third was “Good jobs and a healthy economy” at 39% (n=53). Respondents were asked to identify their top three choices, thus the percentages do not add up to 100%.

Important Component	2007		2013		2016	
	Count	Percent	Count	Percent	Count	Percent
<b>Healthy behaviors and lifestyles<sup>1</sup></b>	<b>81</b>	<b>37.9%</b>	<b>66</b>	<b>46.5%</b>	<b>71</b>	<b>52.2%</b>
<b>Access to health care and other services</b>	<b>91</b>	<b>42.5%</b>	<b>62</b>	<b>43.7%</b>	<b>61</b>	<b>44.9%</b>
<b>Good jobs and a healthy economy</b>	<b>75</b>	<b>35.0%</b>	<b>57</b>	<b>40.1%</b>	<b>53</b>	<b>39.0%</b>
Strong family life	61	28.5%	47	33.1%	36	26.5%
Low crime/safe neighborhoods	53	24.8%	28	19.7%	30	22.1%
Religious or spiritual values	31	14.5%	29	20.4%	30	22.1%
Affordable housing <sup>2</sup>	18	8.4%	24	16.9%	25	18.4%
Clean environment	Not asked in 2007		Not asked in 2013		19	14.0%
Good schools	40	18.7%	21	14.8%	16	11.8%
Community involvement	22	10.3%	14	9.9%	11	8.1%
Tolerance for diversity	15	7.0%	8	5.6%	11	8.1%
Low death and disease rates	5	2.3%	8	5.6%	7	5.1%
Low level of domestic violence	6	2.8%	8	5.6%	6	4.4%
Parks and recreation	2	0.9%	1	0.7%	4	2.9%
Arts and cultural events	6	2.8%	0	0	1	0.7%
Access to fresh produce	Not asked in 2007		14	9.9%	8	5.9%
Availability of childcare services	Not asked in 2007		Not asked in 2013		5	3.7%
Walking/biking paths	Not asked in 2007		7	4.9%	3	2.2%
Safe routes to school/work	Not asked in 2007		Not asked in 2013		2	1.5%
Other	0	0	2	1.4%	2	1.5%

<sup>1-2</sup>2016 and 2013 respondents selected healthy behaviors and lifestyles as well as affordable housing as important components of a healthy community significantly more often than 2007 respondents.

“Other” comments:

- People working together and listening
- Responsibility for selves
- More law enforcement- too many rape victims

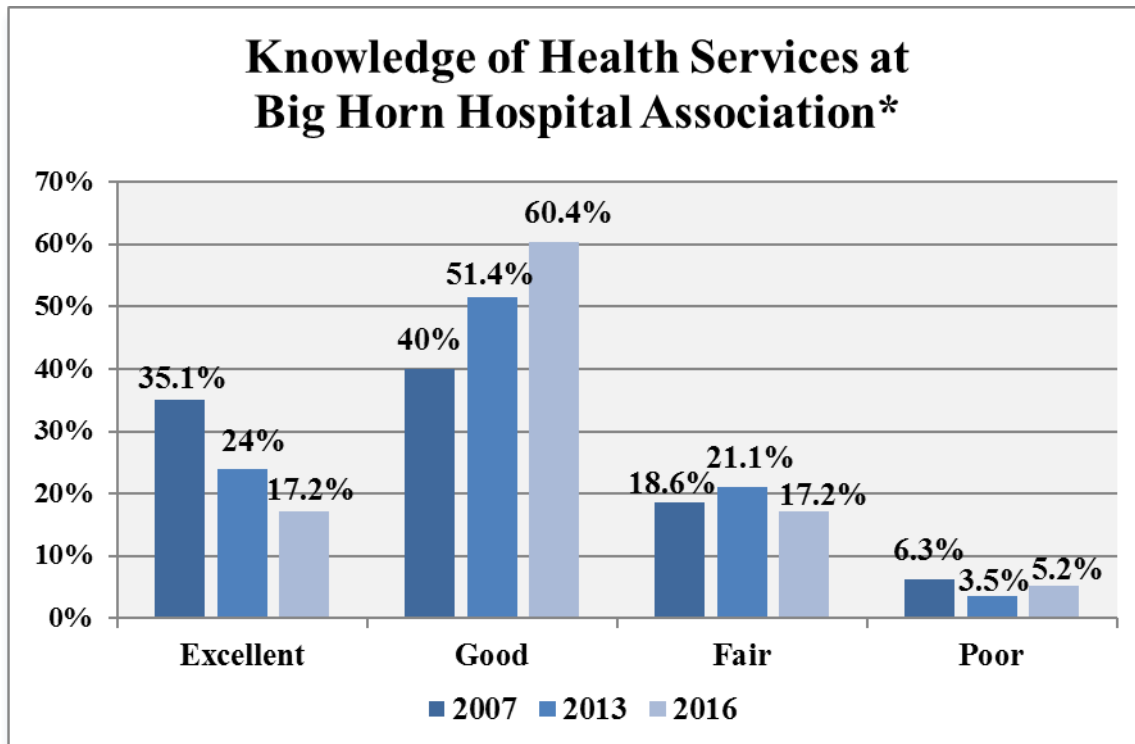
### Overall Awareness of Health Services (Question 4)

2016 N= 134

2013 N= 142

2007 N= 205

Respondents were asked to rate their knowledge of the health services available at Big Horn Hospital Association. Sixty percent (n=81) of respondents rated their knowledge of health services as “Good” and “Excellent” and “Fair” were both selected by 17.2% percent (n=23 each). Two respondents chose not to answer this question.



\*Significantly more respondents changed their rating of knowledge of services from “excellent” to “good” each assessment year.

### How Respondents Learn of Healthcare Services (Question 5)

2016 N= 136

2013 N= 142

2007 N= 214

The most frequently indicated method of learning about available services was “Word of mouth/reputation” at 69.1% (n=94). “Friends/family” was the second most frequent response at 63.2% (n=86) and “Healthcare provider” was reported at 55.9% (n=76). Respondents could select more than one method so percentages do not equal 100%.

Method	2007		2013		2016	
	Count	Percent	Count	Percent	Count	Percent
<b>Word of mouth/reputation<sup>1</sup></b>	<b>119</b>	<b>55.6%</b>	<b>83</b>	<b>58.5%</b>	<b>94</b>	<b>69.1%</b>
<b>Friends/family</b>	Not asked - 2007		<b>83</b>	<b>58.5%</b>	<b>86</b>	<b>63.2%</b>
<b>Healthcare provider</b>	<b>137</b>	<b>64.0%</b>	<b>86</b>	<b>60.6%</b>	<b>76</b>	<b>55.9%</b>
Newspaper	<b>50</b>	<b>23.4%</b>	48	33.8%	43	31.6%
Mailings/newsletter	Not asked - 2007		15	10.6%	21	15.4%
Public health	Not asked - 2007		22	15.5%	21	15.4%
Website/internet	5	2.3%	6	4.2%	8	5.9%
Presentations	Not asked - 2007		3	2.1%	4	2.9%
Radio	7	3.3%	10	7.0%	3	2.2%
Other	18	8.4%	6	4.2%	4	2.9%

<sup>1</sup>2016 respondents were significantly more likely to learn of health services through word of mouth than in previous years.

“Other” comments:

- Original briefs (2)
- I work at the hospital
- Flyers

## Cross Tabulation of Service Knowledge and Learning about Services

Analysis was done to assess respondents' knowledge of services available at Big Horn Hospital Association 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 BIG HORN HOSPITAL ASSOCIATION SERVICES BY HOW RESPONDENTS LEARN ABOUT HEALTHCARE SERVICES

	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>	<b>Total</b>
<b>Healthcare provider</b>	15 (20%)	49 (65.3%)	10 (13.3%)	1 (1.3%)	<b>75</b>
<b>Radio</b>		3 (100%)			<b>3</b>
<b>Word of mouth/reputation</b>	16 (17%)	55 (58.5%)	17 (18.1%)	6 (6.4%)	<b>94</b>
<b>Newspaper</b>	10 (23.3%)	27 (62.8%)	4 (9.3%)	2 (4.7%)	<b>43</b>
<b>Presentations</b>	1 (25%)	2 (50%)	1 (25%)		<b>4</b>
<b>Mailings/newsletter</b>	5 (23.8%)	15 (71.4%)	1 (4.8%)		<b>21</b>
<b>Website/internet</b>	4 (50%)	3 (37.5%)	1 (12.5%)		<b>8</b>
<b>Public health</b>	4 (19%)	11 (52.4%)	6 (28.6%)		<b>21</b>
<b>Friends/family</b>	16 (18.6%)	50 (58.1%)	15 (17.4%)	5 (5.8%)	<b>86</b>
<b>Other</b>		2 (50%)	2 (50%)		<b>4</b>

## Other Community Health Resources Utilized (Question 6)

2016 N= 136

2013 N= 142

2007 N= 214

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 69.1% (n=94). “Dentist” was also a highly utilized resource at 57.4% (n=78) followed by “Eye doctor” at 42.6% (n=58). Respondents could select more than one resource so percentages do not equal 100%.

Resource	2007		2013		2016	
	Count	Percent	Count	Percent	Count	Percent
<b>Pharmacy<sup>1</sup></b>	Not asked in 2007		<b>116</b>	<b>81.7%</b>	<b>94</b>	<b>69.1%</b>
<b>Dentist</b>	<b>108</b>	<b>50.5%</b>	<b>71</b>	<b>50.0%</b>	<b>78</b>	<b>57.4%</b>
<b>Eye doctor</b>	Not asked in 2007		<b>64</b>	<b>45.1%</b>	<b>58</b>	<b>42.6%</b>
Big Horn Valley Health Center	Not asked in 2007		Not asked - 2013		37	27.2%
Chiropractor	Not asked in 2007		40	28.2%	32	23.5%
Public health <sup>2</sup>	<b>15</b>	<b>7.0%</b>	34	23.9%	27	19.9%
Senior Center <sup>3</sup>	<b>7</b>	<b>3.3%</b>	15	10.6%	17	12.5%
WIC (Women Infant & Children)	Not asked in 2007		7	4.9%	5	3.7%
Mental health <sup>4</sup>	5	2.3%	11	7.7%	4	2.9%
Other	6	2.8%	7	4.9%	8	5.9%

<sup>1</sup>2016 respondents reported utilizing the pharmacist significantly less than in 2013.

<sup>2</sup>Significantly more 2016 and 2013 respondents reported utilizing Public health services than in 2007.

<sup>3</sup>Significantly more 2016 and 2013 respondents reported utilizing the Senior Center than in 2007.

<sup>4</sup>2016 respondents reported utilizing mental health services significantly less than in 2013.

“Other” comments:

- Massage therapy (2)
- IHS [Indian Health Services] (3)
- VA [Veterans Affairs]
- Big Horn City Hospital
- 12-step meetings
- Hardin Clinic
- None

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

2016 N= 136

2013 N= 142

2007 N= 214

Respondents were asked to indicate what they felt would improve their community's access to healthcare. Fifty-four percent of respondents (n=73) reported that "Availability of walk-in clinic/longer hours" would make the greatest improvement. Forty-three percent of respondents (n=58 each) indicated "Availability of visiting specialists" and "More primary care providers" would improve access. Respondents could select more than one method so percentages do not equal 100%.

Improvement	2007		2013		2016	
	Count	Percent	Count	Percent	Count	Percent
Availability of walk-in clinic/longer hours	Not asked in 2007		72	50.7%	73	53.7%
Availability of visiting specialists	75	35.0%	61	43.0%	58	42.6%
More primary care providers <sup>1</sup>	64	29.9%	46	32.4%	58	42.6%
Health education resources <sup>2</sup>	41	19.2%	40	28.2%	44	32.4%
Improved quality of care <sup>3</sup>	18	8.4%	32	22.5%	38	27.9%
Transportation assistance <sup>4</sup>	23	10.7%	34	23.9%	28	20.6%
Cultural sensitivity	Not asked in 2007		16	11.3%	21	15.4%
Telemedicine	13	6.1%	9	6.3%	8	5.9%
Interpreter services	Not asked in 2007		4	2.8%	3	2.2%
Other	14	6.5%	9	6.3%	3	2.2%

<sup>1-3</sup>In 2016, respondents were significantly more likely to indicate that more primary care providers; health education resources and improved quality of care would improve the community's access to healthcare than in previous survey years.

<sup>4</sup>Significantly more 2016 and 2013 respondents indicated that transportation services would improve the community's access to healthcare than in 2007.

"Other" comments:

- No problem with access (2)
- Being able to find out cost of services before purchase
- Billboard for information disbarment
- Visiting healthcare workers



### Interest in Educational Classes/Programs (Question 8)

2016 N= 136

2013 N= 142

Respondents were asked if they would be interested in any educational classes/programs if offered locally. The most highly indicated class/program indicated was “Fitness” at 35.3% of respondents (n=48). “Health and wellness” was selected by 33.1% of respondents (n=45) and both “First aid/CPR” and “Weight loss” with 29.4% (n=40) each. Respondents could select more than one method so percentages do not equal 100%.

Educational Class/Program	2013		2016	
	Count	Percent	Count	Percent
<b>Fitness</b>	<b>50</b>	<b>35.2%</b>	<b>48</b>	<b>35.3%</b>
<b>Health and wellness</b>	<b>50</b>	<b>35.2%</b>	<b>45</b>	<b>33.1%</b>
<b>First aid/CPR<sup>1</sup></b>	22	15.5%	<b>40</b>	<b>29.4%</b>
<b>Weight loss<sup>2</sup></b>	<b>64</b>	<b>45.1%</b>	<b>40</b>	<b>29.4%</b>
Women's health	51	35.9%	39	28.7%
Diabetes	42	29.6%	31	22.8%
Nutrition	29	20.4%	27	19.9%
Men's health	31	21.8%	23	16.9%
Alcohol/substance abuse	23	16.2%	18	13.2%
Alzheimer's <sup>3</sup>	30	21.1%	16	11.8%
Cancer	28	19.7%	16	11.8%
Heart disease	26	18.3%	16	11.8%
Mental health	17	12.0%	15	11.0%
Support groups	16	11.3%	14	10.3%
Grief counseling	13	9.2%	11	8.1%
Parenting	18	12.7%	9	6.6%
Smoking cessation <sup>4</sup>	23	16.2%	3	2.2%
Prenatal	7	4.9%	2	1.5%
Living will	Not asked in 2013		31	22.8%
Other	5	3.5%	2	1.5%

<sup>1</sup>In 2016, significantly more respondents reported an interest in first aid/CPR classes/program than in 2013.

<sup>2-4</sup>Significantly fewer 2016 respondents reported an interest in weight loss; Alzheimer's; or smoking cessation classes/programs.

“Other” comments:

- Chiropractic care for infants through adult
- Chronic illness

### Needed Senior Residential Services (Question 9)

2016 N= 136

2013 N= 142

Respondents were asked to identify which senior residential services are needed in the community. Sixty-two percent (n=84) indicated the community needed “Personal care home services.” Fifty-three percent (n=72) indicated a need for “Senior retirement housing/community” and 36.8% (n=50) felt an “Assisted living facility” was needed in the community. Respondents could select all that apply, thus percentages do not equal 100%.

Service	2013		2016	
	Count	Percent	Count	Percent
<b>Personal care home services<sup>1</sup></b>	<b>66</b>	<b>46.5%</b>	<b>84</b>	<b>61.8%</b>
<b>Senior retirement housing/community</b>	<b>72</b>	<b>50.7%</b>	<b>72</b>	<b>52.9%</b>
<b>Assisted living facility</b>	51	35.9%	<b>50</b>	<b>36.8%</b>
Adult day care	<b>58</b>	<b>40.8%</b>	48	35.3%
Senior respite care	32	22.5%	33	24.3%
Other	9	6.3%	10	7.4%

<sup>1</sup>Significantly more 2016 respondents felt a need for personal care home services than in 2013.

“Other” comments:

- Home health, therapies: PT, OT [Physical Therapy, Occupational Therapy]
- More bus service during the day
- Senior transportation
- Activities for seniors
- Handicap assistance
- Meals on Wheels
- Hospice
- Maid services, lawn care, snow removal services
- Don’t know
- Fine the way it is
- Some place for the bums to go

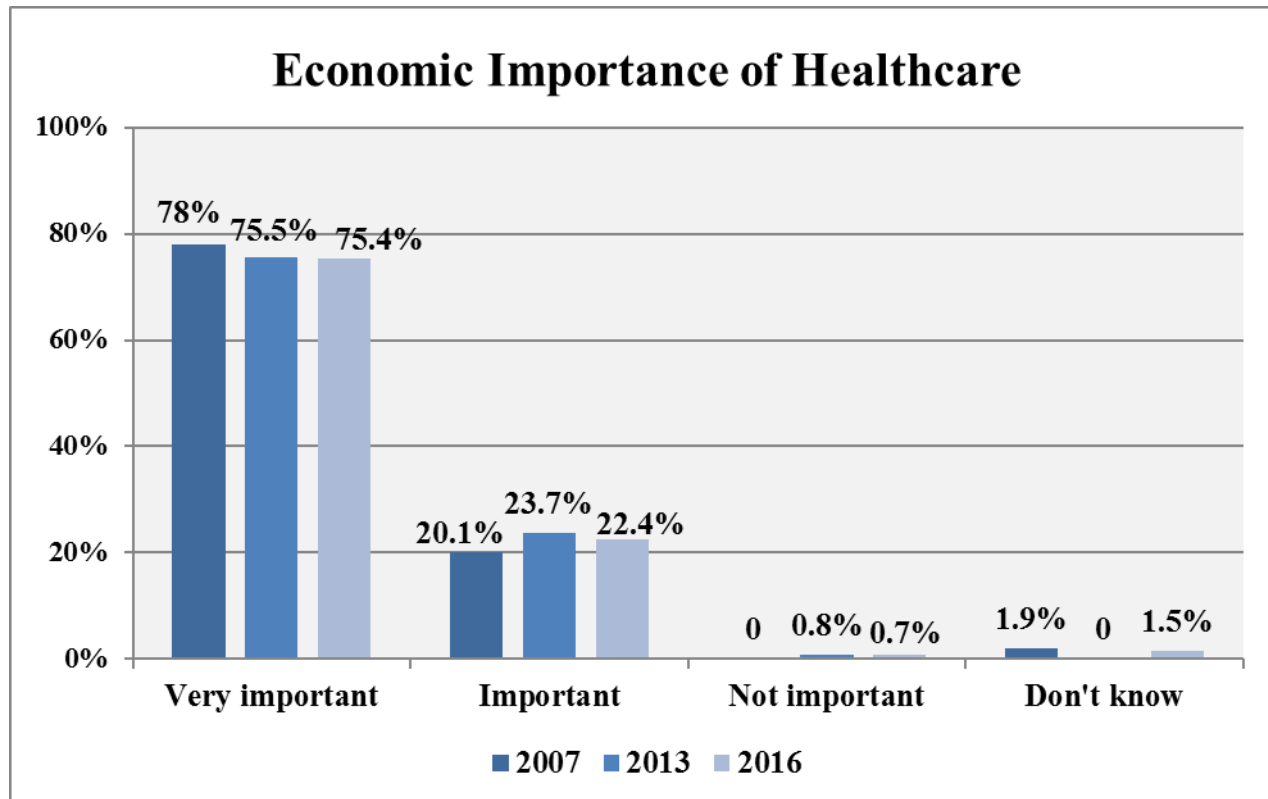
### Economic Importance of Local Healthcare Providers and Services (Question 10)

2016 N= 134

2013 N= 139

2007 N= 209

The majority of respondents (75.4%, n=101) indicated that local healthcare providers and services (i.e.: hospitals, clinics, nursing homes, assisted living, etc.) are “Very important” to the economic well-being of the area. Twenty-two percent of respondents (n=30) indicated they are “Important” and one respondents, or 0.7%, indicated that they “Don’t know.”



## Survey Findings – Use of Healthcare Services

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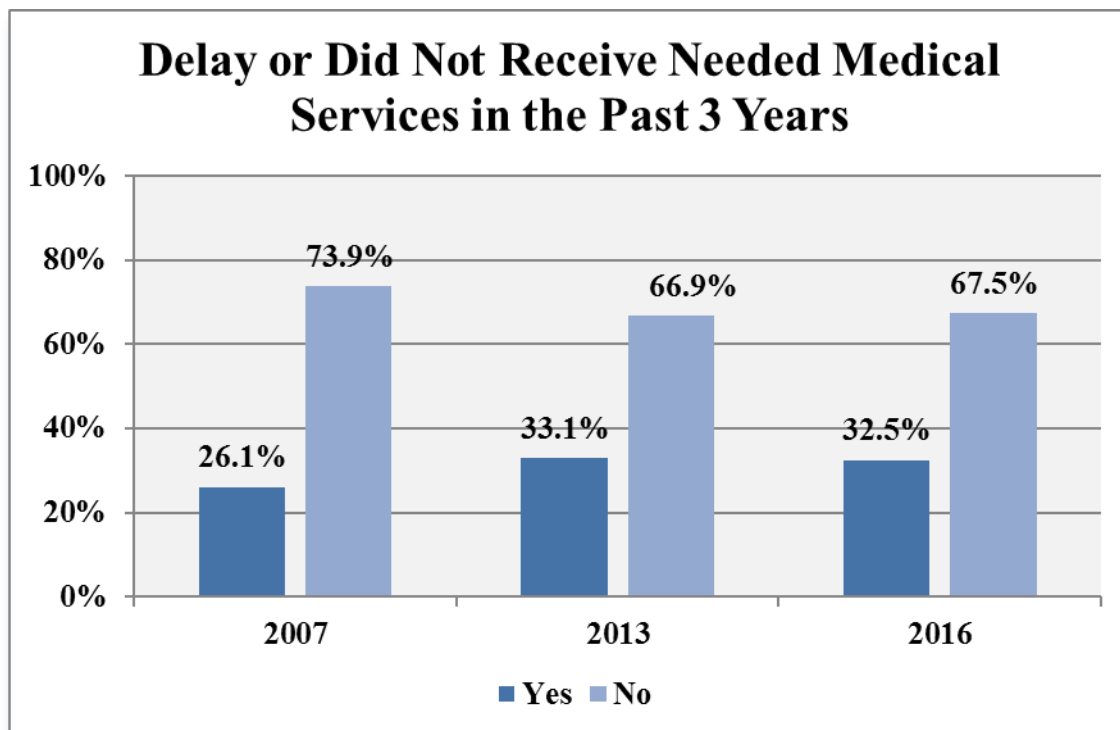
### Needed/Delayed Hospital Care During the Past Three Years (Question 11)

2016 N= 123

2013 N= 130

2007 N= 188

Thirty-three percent of respondents (n=40) reported that they or a member of their household thought they needed healthcare services but did not get it or had to delay getting it. Sixty-eight percent of respondents (n=83) felt they were able to get the healthcare services they needed without delay.



## Reasons for NOT Being Able to Receive Services or Delay in Receiving Healthcare Services (Question 12)

2016 N= 40

2013 N= 43

2007 N= 49

For those who indicated they were unable to receive or had to delay services (n=40), the reasons most cited were: “It costs too much” (40%, n=16), “No insurance” (32.5%, n=13) and “Could not get an appointment” (30%, n=12). Respondents were asked to indicate their top three choices, thus percentages do not total 100%.

Reason	2007		2013		2016	
	Count	Percent	Count	Percent	Count	Percent
<b>It costs too much</b>	<b>22</b>	<b>44.9%</b>	<b>22</b>	<b>51.2%</b>	<b>16</b>	<b>40.0%</b>
<b>No insurance</b>	<b>12</b>	<b>24.5%</b>	10	23.3%	<b>13</b>	<b>32.5%</b>
<b>Could not get an appointment</b>	<b>12</b>	<b>24.5%</b>	10	23.3%	<b>12</b>	<b>30.0%</b>
Too long to wait for an appointment	8	16.3%	<b>12</b>	<b>27.9%</b>	11	27.5%
Not treated with respect <sup>1</sup>	1	2.0%	4	9.3%	10	25.0%
Pharmacy wasn’t open when I could go	Not asked in 2007		6	14.0%	10	25.0%
My insurance didn't cover it	9	18.4%	10	23.3%	8	20.0%
Unsure if services were available	1	2.0%	2	4.7%	5	12.5%
Could not get off work	5	10.2%	5	11.6%	4	10.0%
Too nervous or afraid	3	6.1%	2	4.7%	4	10.0%
Transportation problems	1	2.0%	2	4.7%	4	10.0%
Don't like doctors	5	10.2%	5	11.6%	4	10.0%
Office wasn’t open when I could go <sup>2</sup>	3	6.1%	<b>11</b>	<b>25.6%</b>	3	7.5%
It was too far to go	1	2.0%	0	0	2	5.0%
Had no one to care for the children	1	2.0%	0	0	1	2.5%
Language barrier	2	4.1%	0	0	1	2.5%
Didn't know where to go	0	0	0	0	0	0
Other	6	12.2%	2	4.7%	6	15.0%

<sup>1</sup>Significantly more 2016 respondents who delayed receiving health care indicated it was due to not being treated with respect.

<sup>2</sup>Office wasn’t open when I could go was selected significantly less often by 2016 respondents.

“Other” comments:

- Could not get appointment with neurosurgeon
- Patient/doctor disagreement on meds
- Doctor didn’t call back to answer cost and test question
- Poor past experiences in ER [Emergency Room]
- Have to arrive at the appointment desk by 7 or 7:30am. Travel can be 60 miles one way

### Utilization of Preventative Services (Question 13)

2016 N= 136

2013 N= 142

Respondents were asked if they had utilized any of the preventative services listed in the past year. “Flu shot” was selected by 63.2% of respondents (n=86). Fifty-seven percent of respondents (n=78) indicated they received a “Routine health checkup” and 52.2% of respondents (n=71) had a “Routine blood pressure check.” Respondents could check all that apply, thus the percentages do not equal 100%.

Service	2013		2016	
	Count	Percent	Count	Percent
<b>Flu shot</b>	<b>79</b>	<b>55.6%</b>	<b>86</b>	<b>63.2%</b>
<b>Routine health checkup</b>	<b>72</b>	<b>50.7%</b>	<b>78</b>	<b>57.4%</b>
<b>Routine blood pressure check</b>	<b>63</b>	<b>44.4%</b>	<b>71</b>	<b>52.2%</b>
Cholesterol check	<b>69</b>	<b>48.6%</b>	55	40.4%
Mammography	46	32.4%	42	30.9%
Blood sugar screening	42	29.6%	41	30.1%
Pap smear	37	26.1%	24	17.6%
Colonoscopy	18	12.7%	23	16.9%
Prostate (PSA)	25	17.6%	18	13.2%
Children’s checkup/Well baby	17	12.0%	12	8.8%
Bone density scan (Dexascan)	16	11.3%	9	6.6%
None	8	5.6%	6	4.4%
Other	4	2.8%	6	4.4%

“Other” comments:

- Chiropractor
- Pneumonia shot
- Dermatology
- Dental checkups
- I feel I should be able to ask questions first, not just open my checkbook when the bill arrives

### Desired Local Healthcare Services (Question 14)

2016 N= 136

2013 N= 142

2007 N= 214

Respondents were asked to indicate which healthcare professionals or services not presently available they would use if available locally. Respondents indicated the most interest in having a “Dermatologist” with 33.1% (n=45) followed by 29.4% (n=40) interested in an “ENT (ear/nose/throat)” and “Ophthalmology” with 25% (n=34). Respondents were asked to check all that apply so percentages do not equal 100%.

Service	2007		2013		2016	
	Count	Percent	Count	Percent	Count	Percent
<b>Dermatology<sup>1</sup></b>	<b>30</b>	<b>14.0%</b>	<b>42</b>	<b>29.6%</b>	<b>45</b>	<b>33.1%</b>
<b>ENT (ear/nose/throat)</b>	Not asked in 2007		<b>50</b>	<b>35.2%</b>	<b>40</b>	<b>29.4%</b>
<b>Ophthalmology (eye doctor)</b>	<b>46</b>	<b>21.5%</b>	<b>31</b>	<b>21.8%</b>	<b>34</b>	<b>25.0%</b>
Podiatry	Not asked in 2007		21	14.8%	29	21.3%
Orthopedic surgeon	Not asked in 2007		21	14.8%	21	15.4%
General surgeon	Not asked in 2007		21	14.8%	15	11.0%
Urology	Not asked in 2007		Not asked in 2013		14	10.3%
OB/GYN	Not asked in 2007		10	7.0%	12	8.8%
Dialysis	Not asked in 2007		Not asked in 2013		12	8.8%
Cardiac rehab services	Not asked in 2007		Not asked in 2013		9	6.6%
Speech/language therapy	Not asked in 2007		Not asked in 2013		6	4.4%
Labor/delivery services	Not asked in 2007		Not asked in 2013		5	3.7%
Occupational therapy	Not asked in 2007		Not asked in 2013		4	2.9%
<b>Other</b>	<b>10</b>	<b>4.7%</b>	4	2.8%	7	5.1%

<sup>1</sup>Significantly more of 2016 and 2013 respondents indicated they would like dermatology services available locally.

“Other” comments:

- Orthodontist
- None, everything is available
- Would use all, but none are needed at this time
- Rheumatology
- Psychiatrist
- Pulmonary rehab
- As referred from the clinics

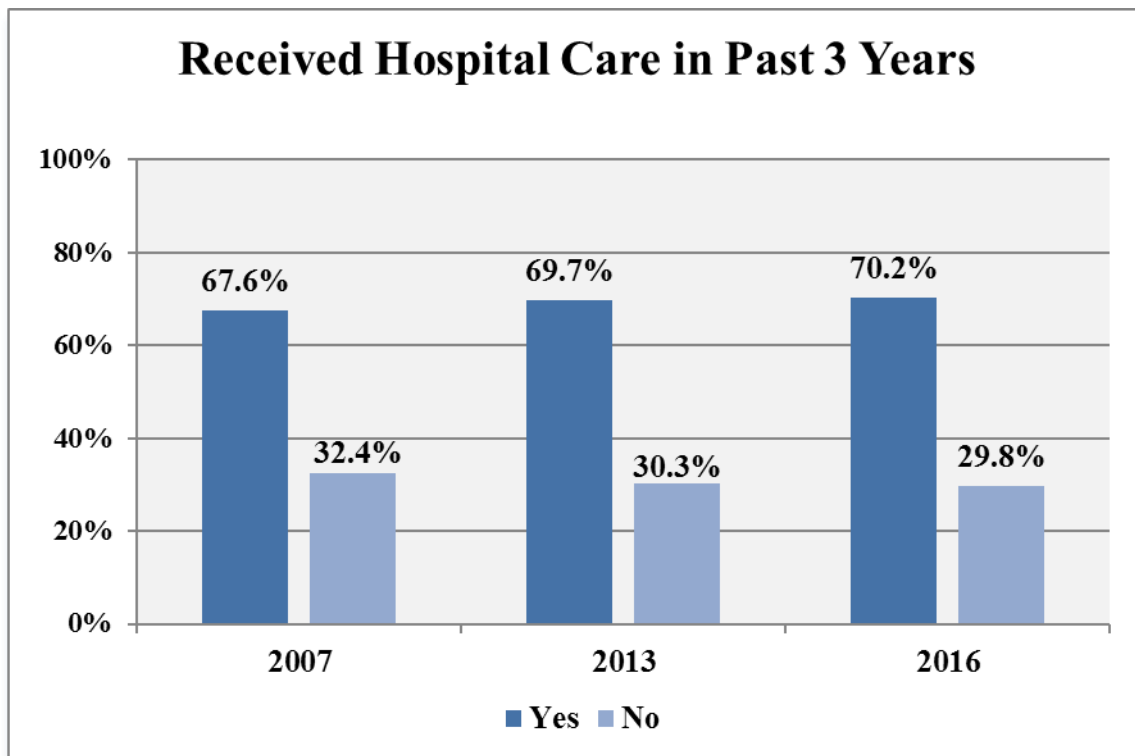
### Hospital Care Received in the Past Three Years (Question 15)

2016 N= 131

2013 N= 132

2007 N= 207

Seventy percent of respondents (n=92) reported that they or a member of their family had received hospital care during the previous three years and 29.8% (n=39) had not received hospital services.





### Hospital Used Most in the Past Three Years (Question 16)

2016 N= 79

2013 N= 76

Of the 92 respondents who indicated receiving hospital care in the previous three years, 35.4% (n=28) reported receiving care at Big Horn Hospital Association in Hardin. Thirty percent of respondents (n=24) went to Billings Clinic and 27.8% of respondents (n=22) utilized services from St. Vincent Healthcare. Of those respondents who reported they had been to a hospital in the past three years, 13 did not indicate which hospital they had utilized.

Hospital	2013		2016	
	Count	Percent	Count	Percent
<b>Big Horn<sup>1</sup></b>	<b>41</b>	<b>53.9%</b>	<b>28</b>	<b>35.4%</b>
<b>Billings Clinic<sup>2</sup></b>	<b>6</b>	<b>7.9%</b>	<b>24</b>	<b>30.4%</b>
<b>St. Vincent's (Billings)</b>	<b>24</b>	<b>31.6%</b>	<b>22</b>	<b>27.8%</b>
Crow Agency (IHS)	4	5.3%	3	3.8%
Other	1	1.3%	2	2.5%
<b>TOTAL</b>	<b>76</b>	<b>100%</b>	<b>79</b>	<b>100%</b>

<sup>1</sup>In 2016, significantly fewer respondents reported using Big Horn for hospital services.

<sup>2</sup>Significantly more 2016 respondents reported utilizing Billings Clinic for hospital services.

“Other” comments:

- Wisconsin
- Cancer clinic
- VA Clinic- Billings
- Methodist St. Louis Park, MN while on vacation
- VA Sheridan
- Bighorn County Memorial Hospital

### Reasons for Selecting the Hospital Used (Question 17)

2016 N= 92

2013 N= 92

2007 N= 140

Of the 92 respondents who had a personal or family experience at a hospital within the past three years, the primary reason given for selecting the facility used most often was “Referred by physician” at 52.2% (n=48). “Prior experience with hospital” was selected by 47.8% (n=44) and 43.5% (n=40) selected “Closest to home.” Note that respondents were asked to select the top three answers which influenced their choices; therefore the percentages do not equal 100%.

Reason	2007		2013		2016	
	Count	Percent	Count	Percent	Count	Percent
<b>Referred by physician</b>	<b>65</b>	<b>46.4%</b>	<b>40</b>	<b>43.5%</b>	<b>48</b>	<b>52.2%</b>
<b>Prior experience with hospital<sup>1</sup></b>	<b>46</b>	<b>32.9%</b>	<b>47</b>	<b>51.1%</b>	<b>44</b>	<b>47.8%</b>
<b>Closest to home<sup>2</sup></b>	<b>57</b>	<b>40.7%</b>	<b>54</b>	<b>58.7%</b>	<b>40</b>	<b>43.5%</b>
Hospital’s reputation for quality <sup>3</sup>	20	14.3%	33	35.9%	38	41.3%
Emergency, no choice	31	22.1%	30	32.6%	31	33.7%
Recommended by family or friends	8	5.7%	9	9.8%	8	8.7%
Required by insurance plan <sup>4</sup>	6	4.3%	13	14.1%	7	7.6%
VA/Military requirement <sup>5</sup>	1	0.7%	2	2.2%	6	6.5%
Cost of care	4	2.9%	7	7.6%	5	5.4%
Closest to work	5	3.6%	6	6.5%	3	3.3%
Other	6	4.3%	1	1.1%	4	4.3%

<sup>1</sup>In 2016 and 2013, significantly more respondents selected a hospital based on prior experience with hospital than in 2007.

<sup>2</sup>Significantly fewer respondents selected a hospital based on it being closer to home in 2016 than in 2013.

<sup>3</sup>In 2016, significantly more respondents selected a hospital based on the hospital’s reputation for quality.

<sup>4</sup>Significantly fewer 2016 respondents selected a hospital because it was required by their insurance plan than in 2013.

<sup>5</sup>In 2016, significantly more respondents selected a hospital due to a VA/Military requirement than in past assessments.

“Other” comments:

- Had cancer surgery
- Haven’t been to a hospital
- Specialty care
- Results quicker
- IHS [Indian Health Services]
- In AZ
- Past employee/RN

## Cross Tabulation of Hospital and Residence

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

### LOCATION OF MOST OFTEN UTILIZED HOSPITAL BY RESIDENCE

	<b>Big Horn</b>	<b>Crow Agency (IHS)</b>	<b>Billings Clinic</b>	<b>St Vincent's (Billings)</b>	<b>Other</b>	<b>Total</b>
<b>Hardin 59034</b>	22 (39.3%)	1 (1.8%)	15 (26.8%)	17 (30.4%)	1 (1.8%)	<b>56</b>
<b>Crow Agency 59022</b>		1 (16.7%)	2 (33.3%)	3 (50%)		<b>6</b>
<b>Fort Smith 59035</b>			1 (50%)		1 (50%)	<b>2</b>
<b>Lodge Grass 59050</b>	4 (36.4%)	1 (9.1%)	4 (36.4%)	2 (18.2%)		<b>11</b>
<b>Colstrip 59323</b>			1 (100%)			<b>1</b>
<b>Custer 59024</b>	2 (66.7%)		1 (33.3%)			<b>3</b>
<b>TOTAL</b>	<b>28</b> <b>(35.4%)</b>	<b>3</b> <b>(3.8%)</b>	<b>24</b> <b>(30.4%)</b>	<b>22</b> <b>(27.8%)</b>	<b>2</b> <b>(2.5%)</b>	<b>79</b> <b>(100%)</b>

## Cross Tabulation of Hospital and Reason Selected

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

### LOCATION OF MOST UTILIZED HOSPITAL BY REASONS HOSPITAL SELECTED

	<b>Big Horn</b>	<b>Crow Agency (IHS)</b>	<b>Billings Clinic</b>	<b>St Vincent's (Billings)</b>	<b>Other</b>	<b>Total</b>
<b>Closest to home</b>	27 (77.1%)	1 (2.9%)	4 (11.4%)	3 (8.6%)		<b>35</b>
<b>Closest to work</b>	3 (100%)					<b>3</b>
<b>Cost of care</b>	3 (60%)	1 (20%)	1 (20%)			<b>5</b>
<b>Emergency, no choice</b>	12 (48%)	3 (12%)	2 (8%)	7 (28%)	1 (4%)	<b>25</b>
<b>Hospital's reputation for quality</b>	4 (13.3%)		14 (46.7%)	11 (36.7%)	1 (3.3%)	<b>30</b>
<b>Prior experience with hospital</b>	16 (38.1%)	1 (2.4%)	15 (35.7%)	10 (23.8%)		<b>42</b>
<b>Recommended by family or friends</b>	1 (14.3%)		3 (42.9%)	2 (28.6%)	1 (14.3%)	<b>7</b>
<b>Referred by physician</b>	9 (24.3%)	1 (2.7%)	10 (27%)	16 (43.2%)	1 (2.7%)	<b>37</b>
<b>Required by insurance plan</b>	2 (28.6%)		2 (28.6%)	3 (42.9%)		<b>7</b>
<b>VA/Military requirement</b>	1 (33.3%)		1 (33.3%)	1 (33.3%)		<b>3</b>
<b>Other</b>		1 (33.3%)	1 (33.3%)	1 (33.3%)		<b>3</b>

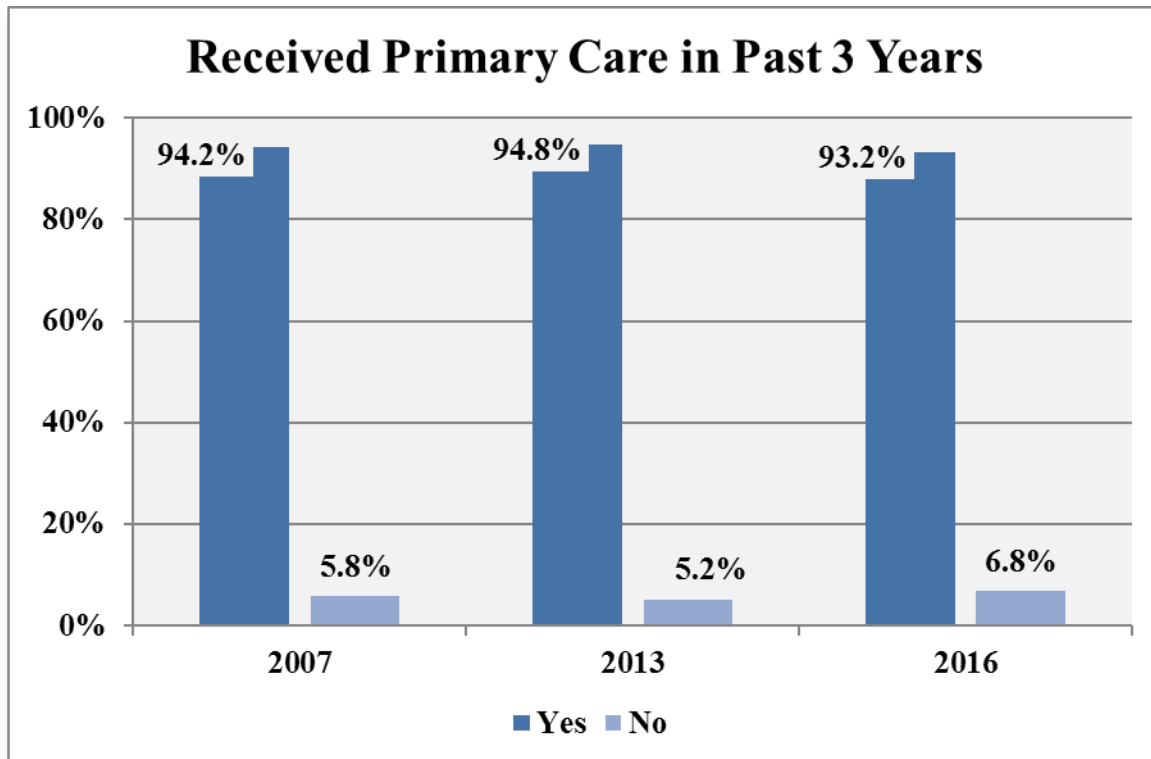
### Primary Care Received in the Past Three Years (Question 18)

2016 N= 132

2013 N= 134

2007 N= 206

Ninety-three percent of respondents (n=123) 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. Nine respondents (6.8%) indicated they or someone in their household had not.



**Location of Primary Care Provider (Question 19)**

2016 N= 114

2013 N= 118

Of the 123 respondents who indicated receiving primary care services in the previous three years, 75.4% (n=86) reported receiving care in Hardin. Twelve percent of respondents (n=14) went to Billings and 8.8% of respondents (n=10) utilized primary care services in Crow Agency. Nine of the 123 respondents who reported they had utilized primary care services in the past three years did not indicate where they received those services.

<b>Primary Care Provider Location</b>	<b>2013</b>		<b>2016</b>	
	<b>Count</b>	<b>Percent</b>	<b>Count</b>	<b>Percent</b>
<b>Hardin</b>	<b>102</b>	<b>86.4%</b>	<b>86</b>	<b>75.4%</b>
<b>Billings</b>	<b>11</b>	<b>9.3%</b>	<b>14</b>	<b>12.3%</b>
<b>Crow Agency</b>	<b>5</b>	<b>4.3%</b>	<b>10</b>	<b>8.8%</b>
Sheridan, WY	0	0	0	0
Other	0	0	4	3.5%
<b>TOTAL</b>	<b>118</b>	<b>100%</b>	<b>114</b>	<b>100%</b>

“Other” comments:

- Lodge Grass Clinic (3)
- VA Sheridan, Wyoming

### Reasons for Selection of Primary Care Provider (Question 20)

2016 N= 123

2013 N= 127

2007 N= 194

Those respondents who indicated they or someone in their household had been seen by a primary care provider within the past three years were asked to indicate why they chose that primary care provider. “Prior experience with clinic” was the most frequently selected reason at 56.9% (n=70) followed by “Closest to home” at 54.5% (n=67) and “Appointment availability” at 39.8% (n=49). Nine respondents chose not to answer this question. Respondents were asked to check all that apply so the percentages do not equal 100%.

	2007		2013		2016	
Reason	Count	Percent	Count	Percent	Count	Percent
Prior experience with clinic	102	52.6%	70	55.1%	70	56.9%
Closest to home	101	52.1%	73	57.5%	67	54.5%
Appointment availability	52	26.8%	42	33.1%	49	39.8%
Clinic’s reputation for quality	43	22.2%	29	22.8%	39	31.7%
Recommended by family or friends <sup>1</sup>	15	7.7%	21	16.5%	22	17.9%
Indian Health Services	Not asked in 2007		10	7.9%	19	15.4%
Cost of care <sup>2</sup>	9	4.6%	6	4.7%	16	13.0%
Referred by physician or other provider	25	12.9%	13	10.2%	16	13.0%
Length of waiting room time	13	6.7%	15	11.8%	10	8.1%
Required by insurance plan	17	8.8%	8	6.3%	6	4.9%
VA/Military requirement	2	1.0%	4	3.1%	4	3.3%
Other	13	6.7%	10	7.9%	14	11.4%

<sup>1</sup>In 2016 and 2013, significantly more respondents selected a primary care provider based on a recommendation from family or friends than in 2007.

<sup>2</sup>Significantly more 2016 respondents selected a primary care provider based on cost of care than previous assessments.

“Other” comments:

- Trust/Personal positive feeling (3)
- Long history (2)
- Preferred provider (2)
- Diabetes specialist as well as primary care
- Knows my case
- Limited choices in Hardin
- Work relationship
- I was dropped from care at IHS [Indian Health Services] when widowed by native spouse
- Expertise of provider

### Cross Tabulation of Primary Care and Residence

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

#### LOCATION OF PRIMARY CARE PROVIDER MOST UTILIZED BY RESIDENCE

	<b>Hardin</b>	<b>Billings</b>	<b>Crow Agency</b>	<b>Sheridan, WY</b>	<b>Other</b>	<b>Total</b>
<b>Hardin 59034</b>	71 (84.5%)	8 (9.5%)	4 (4.8%)		1 (1.2%)	<b>84</b>
<b>Crow Agency 59022</b>	2 (28.6%)		5 (71.4%)			<b>7</b>
<b>Fort Smith 59035</b>		3 (100%)				<b>3</b>
<b>Lodge Grass 59050</b>	11 (68.8%)	1 (6.3%)	1 (6.3%)		3 (18.8%)	<b>16</b>
<b>Colstrip 59323</b>						<b>0</b>
<b>Custer 59024</b>	2 (100%)					<b>2</b>
<b>TOTAL</b>	<b>86 (76.8%)</b>	<b>12 (10.7%)</b>	<b>10 (8.9%)</b>	<b>0</b>	<b>4 (3.6%)</b>	<b>112 (100%)</b>



## Cross Tabulation of Clinic and Reason Selected

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

### LOCATION OF PRIMARY CARE PROVIDER BY REASONS CLINIC SELECTED

	<b>Hardin</b>	<b>Billings</b>	<b>Crow Agency</b>	<b>Sheridan, WY</b>	<b>Other</b>	<b>Total</b>
<b>Appointment availability</b>	40 (83.3%)	3 (6.3%)	3 (6.3%)		2 (4.2%)	<b>48</b>
<b>Clinic's reputation for quality</b>	32 (86.5%)	5 (13.5%)				<b>37</b>
<b>Closest to home</b>	55 (88.7%)	1 (1.6%)	3 (4.8%)		3 (4.8%)	<b>62</b>
<b>Cost of care</b>	13 (81.3%)		3 (18.8%)			<b>16</b>
<b>Indian Health Services</b>	1 (6.7%)	1 (6.7%)	9 (60%)		4 (26.7%)	<b>15</b>
<b>Length of waiting room time</b>	8 (80%)	1 (10%)			1 (10%)	<b>10</b>
<b>Prior experience with clinic</b>	58 (85.3%)	6 (8.8%)	3 (4.4%)		1 (1.5%)	<b>68</b>
<b>Recommended by family or friends</b>	15 (68.2%)	6 (27.3%)	1 (4.5%)			<b>22</b>
<b>Referred by physician or other provider</b>	6 (46.2%)	6 (46.2%)	1 (7.7%)			<b>13</b>
<b>Required by insurance plan</b>	4 (80%)	1 (20%)				<b>5</b>
<b>VA/Military requirement</b>	1 (100%)					<b>1</b>
<b>Other</b>	13 (92.9%)	1 (7.1%)				<b>14</b>

### Use of Healthcare Specialists during the Past Three Years (Question 21)

2016 N= 129

2013 N= 132

2007 N= 202

Seventy-nine percent of the respondents (n=102) indicated they or a household member had seen a healthcare specialist during the past three years and twenty-one percent (n=27) indicated they had not. Seven respondents chose not to answer this question.



## Type of Healthcare Specialist Seen (Question 22)

2016 N= 102

2013 N= 99

2007 N= 147

The respondents (n=102) saw a wide array of healthcare specialists in the past three years. The most frequently indicated specialist was a “Dentist” at 60.8% of respondents (n=62) having utilized their services. “Dermatologist” was the second most utilized specialist at 24.5% (n=25) and “Physical therapist” was third at 23.5% (n=24). Respondents were asked to choose all that apply so percentages do not equal 100%.

Healthcare Specialist	2007		2013		2016	
	Count	Percent	Count	Percent	Count	Percent
<b>Dentist</b>	Not asked in 2007		<b>51</b>	<b>51.5%</b>	<b>62</b>	<b>60.8%</b>
<b>Dermatologist</b>	25	17.0%	18	18.2%	<b>25</b>	<b>24.5%</b>
<b>Physical therapist</b>	Not asked in 2007		<b>25</b>	<b>25.3%</b>	<b>24</b>	<b>23.5%</b>
Chiropractor	<b>28</b>	<b>19.0%</b>	22	22.2%	23	22.5%
Ophthalmologist <sup>1</sup>	Not asked in 2007		10	10.1%	22	21.6%
Cardiologist	<b>35</b>	<b>23.8%</b>	<b>30</b>	<b>30.3%</b>	21	20.6%
Orthopedic surgeon <sup>2</sup>	<b>54</b>	<b>36.7%</b>	22	22.2%	18	17.6%
ENT (ear/nose/throat)	17	11.6%	14	14.1%	15	14.7%
OB/GYN	20	13.6%	11	11.1%	14	13.7%
Radiologist	Not asked in 2007		13	13.1%	14	13.7%
Urologist	20	13.6%	9	9.1%	13	12.7%
Neurologist	18	12.2%	8	8.1%	13	12.7%
General surgeon	18	12.2%	8	8.1%	12	11.8%
Podiatrist	13	8.8%	4	4.0%	11	10.8%
Gastroenterologist	Not asked in 2007		9	9.1%	11	10.8%
Oncologist	7	4.8%	6	6.1%	8	7.8%
Pulmonologist	Not asked in 2007		8	8.1%	8	7.8%
Rheumatologist	Not asked in 2007		4	4.0%	7	6.9%
Allergist	Not asked in 2007		7	7.1%	6	5.9%
Occupational therapist	Not asked in 2007		3	3.0%	6	5.9%
Dietician	Not asked in 2007		7	7.1%	5	4.9%
Neurosurgeon	Not asked in 2007		5	5.1%	5	4.9%
Endocrinologist	Not asked in 2007		4	4.0%	3	2.9%
Speech therapist	Not asked in 2007		4	4.0%	2	2.0%
Mental health counselor	9	6.1%	9	9.1%	2	2.0%
Pediatrician	3	2.0%	4	4.0%	2	2.0%
Social worker	0	0	3	3.0%	2	2.0%
Psychologist	6	4.1%	2	2.0%	2	2.0%
Psychiatrist (M.D.)	4	2.7%	3	3.0%	0	0
Substance abuse counselor	0	0	2	2.0%	0	0
Geriatrician	Not asked in 2007		2	2.0%	0	0
Other	16	10.9%	6	6.1%	6	5.9%

***Question 22 continued...***

<sup>1</sup>In 2016, significantly more people had visited an ophthalmologist than in 2013.

<sup>2</sup>Significantly fewer 2016 respondents saw an orthopedic surgeon than in previous assessment years.

“Other” comments:

- Pain specialists
- Orthodontist
- ER [Emergency Room] doctor
- Sleep doctor
- Diabetes specialist
- Periodontal specialist- Scott Manhart DDS
- Nephrologist
- Heart specialist

### Location of Healthcare Specialist (Question 23)

2016 N= 102

2013 N= 99

2007 N= 147

Of the 102 respondents who indicated they saw a healthcare specialist in the past three years, 84.3% (n=86) saw one in Billings. Hardin specialty services were utilized by 30.4% of respondents (n=31) and someplace other than those locations listed was reported by 10.8% (n=11). Respondents could select more than one location; therefore, percentages do not equal 100%.

	2007		2013		2016	
Location	Count	Percent	Count	Percent	Count	Percent
Billings	132	89.8%	90	90.9%	86	84.3%
Hardin	39	26.5%	29	29.3%	31	30.4%
Crow Agency	12	8.2%	6	6.1%	8	7.8%
Other <sup>1</sup>	5	3.4%	2	2.0%	11	10.8%

<sup>1</sup>In 2016, significantly more respondents saw a specialist in a location other than those listed when compared to either of the previous assessments.

“Other” comments:

- Sheridan, Wyoming (4)
- Sheridan VA (2)
- Lodge Grass (2)
- Froedteret Hospital, Milwaukee, WI
- Denver
- Bozeman
- VA [Veterans Affairs]
- Missoula
- St. Louis Park, MN
- Ranchester

### Overall Quality of Care at Big Horn Hospital Association (Question 24)

2016 N= 136

2013 N= 142

2007 N= 214

Respondents were asked to rate a variety of aspects of the overall care provided at Big Horn Hospital Association 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 Radiology receiving the top average score of 3.5 out of 4.0. Physical therapy received a score of 3.3 out of 4.0 followed by Laboratory with a 3.2. The total average score was 3.2, indicating the overall services of the hospital to be "Excellent" to "Good."

<b>2016</b>	<b>Excellent</b> (4)	<b>Good</b> (3)	<b>Fair</b> (2)	<b>Poor</b> (1)	<b>Don't know</b>	<b>Haven't used</b>	<b>No Ans</b>	<b>N</b>	<b>Avg</b>
<b>Radiology</b>	35	27	2	1	15	42	14	136	<b>3.5</b>
<b>Physical therapy</b>	26	17	5	3	16	55	14	136	<b>3.3</b>
<b>Laboratory<sup>1</sup></b>	37	41	11	2	12	23	10	136	<b>3.2</b>
Emergency room	32	41	10	9	9	26	9	136	3.0
Occupational therapy	4	12	2	2	27	71	18	136	2.9
<b>TOTAL</b>	<b>134</b>	<b>138</b>	<b>30</b>	<b>17</b>					<b>3.2</b>

<sup>1</sup>In 2016, Laboratory received a significantly less favorable rating than in past assessments.

<b>2013</b>	<b>Excellent</b> (4)	<b>Good</b> (3)	<b>Fair</b> (2)	<b>Poor</b> (1)	<b>Don't know</b>	<b>No Ans</b>	<b>N</b>	<b>Avg</b>
<b>Physical therapy</b>	43	20	5	3	59	12	142	<b>3.5</b>
<b>Radiology</b>	44	28	5	2	51	12	142	<b>3.4</b>
<b>Laboratory</b>	41	55	8	0	28	10	142	<b>3.3</b>
Emergency room	40	42	13	10	30	7	142	3.1
Occupational therapy	8	11	4	1	100	18	142	3.1
<b>TOTAL</b>	<b>176</b>	<b>156</b>	<b>35</b>	<b>16</b>				<b>3.3</b>

<b>2007</b>	<b>Excellent</b> (4)	<b>Good</b> (3)	<b>Fair</b> (2)	<b>Poor</b> (1)	<b>Don't know</b>	<b>No Ans</b>	<b>N</b>	<b>Avg</b>
<b>Laboratory</b>	95	46	7	0	44	22	214	<b>3.6</b>
<b>Emergency room</b>	73	47	12	6	62	14	214	<b>3.4</b>
<b>Physical therapy</b>	49	21	4	5	110	25	214	<b>3.4</b>
Occupational therapy	22	11	5	2	144	30	214	3.3
<b>TOTAL</b>	<b>239</b>	<b>125</b>	<b>28</b>	<b>13</b>				<b>3.5</b>

## Survey Findings – Personal Health

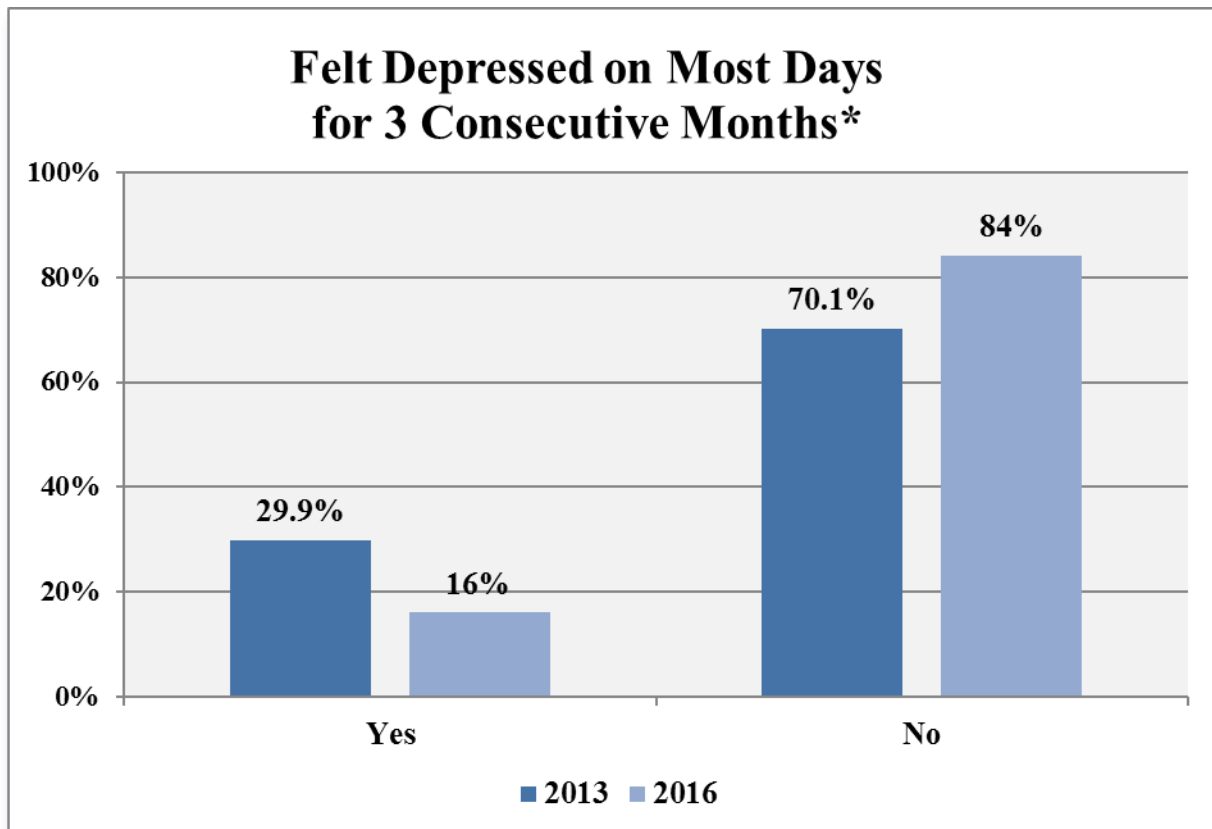
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### Prevalence of Depression (Question 25)

2016 N= 131

2013 N= 127

Respondents were asked to indicate if there were periods of at least three consecutive months in the past three years where they felt depressed on most days, although they may have felt okay sometimes. Sixteen percent of respondents (n=21) indicated they had experienced periods of depression and 84% of respondents (n=110) indicated they had not. Five respondents chose not to answer this question.



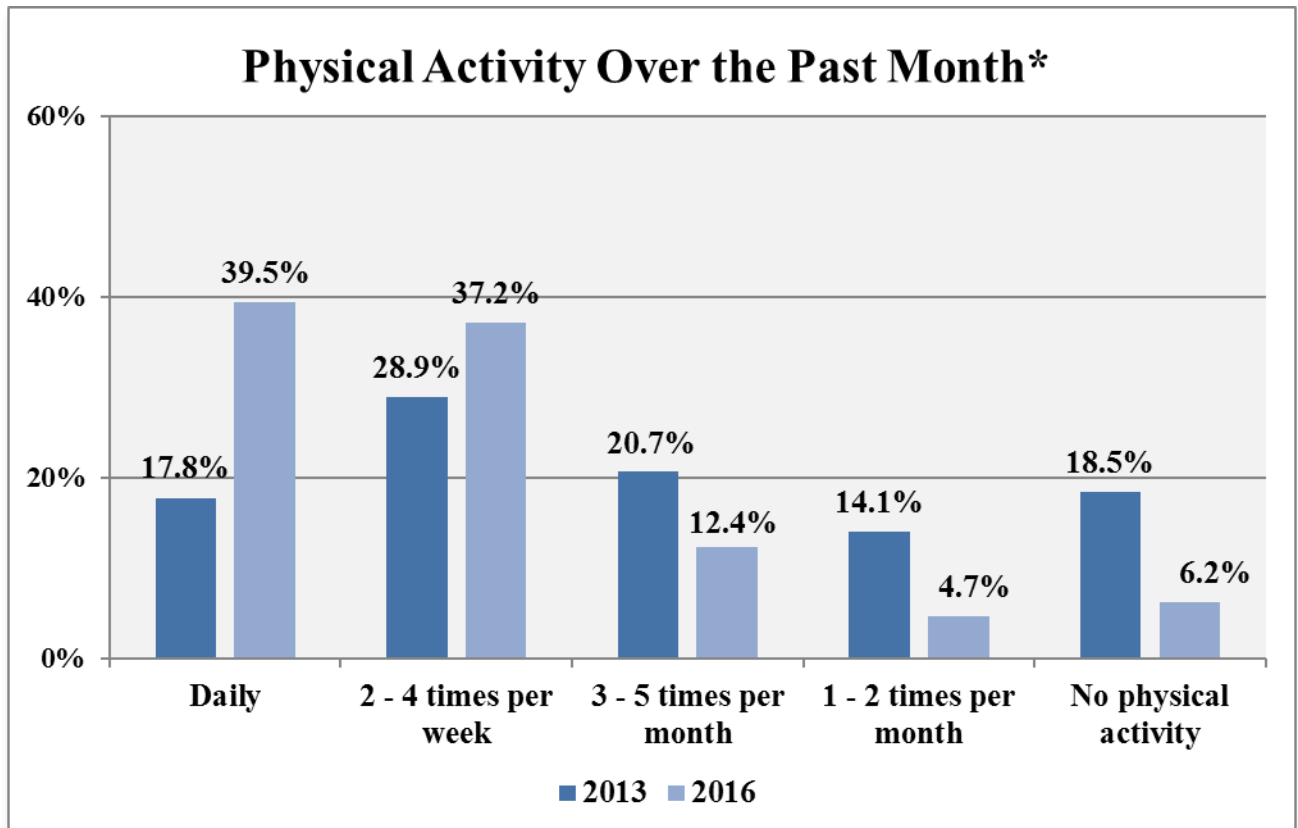
\*Significantly fewer 2016 respondents reported feelings of depression over 3 consecutive months.

### Physical Activity (Question 26)

2016 N= 129

2013 N= 135

Respondents were asked to indicate how frequently they had physical activity for at least twenty minutes over the past month. Thirty-nine percent of respondents (n=51) indicated they had physical activity of at least twenty minutes “Daily” and 37.2% (n=48) indicated they had physical activity “2-4 times per week.” Six percent of respondents (n=8) indicated they had “No physical activity” and seven respondents chose not to answer this question.



\*2016 respondents significantly reported being more physically active than in 2013.

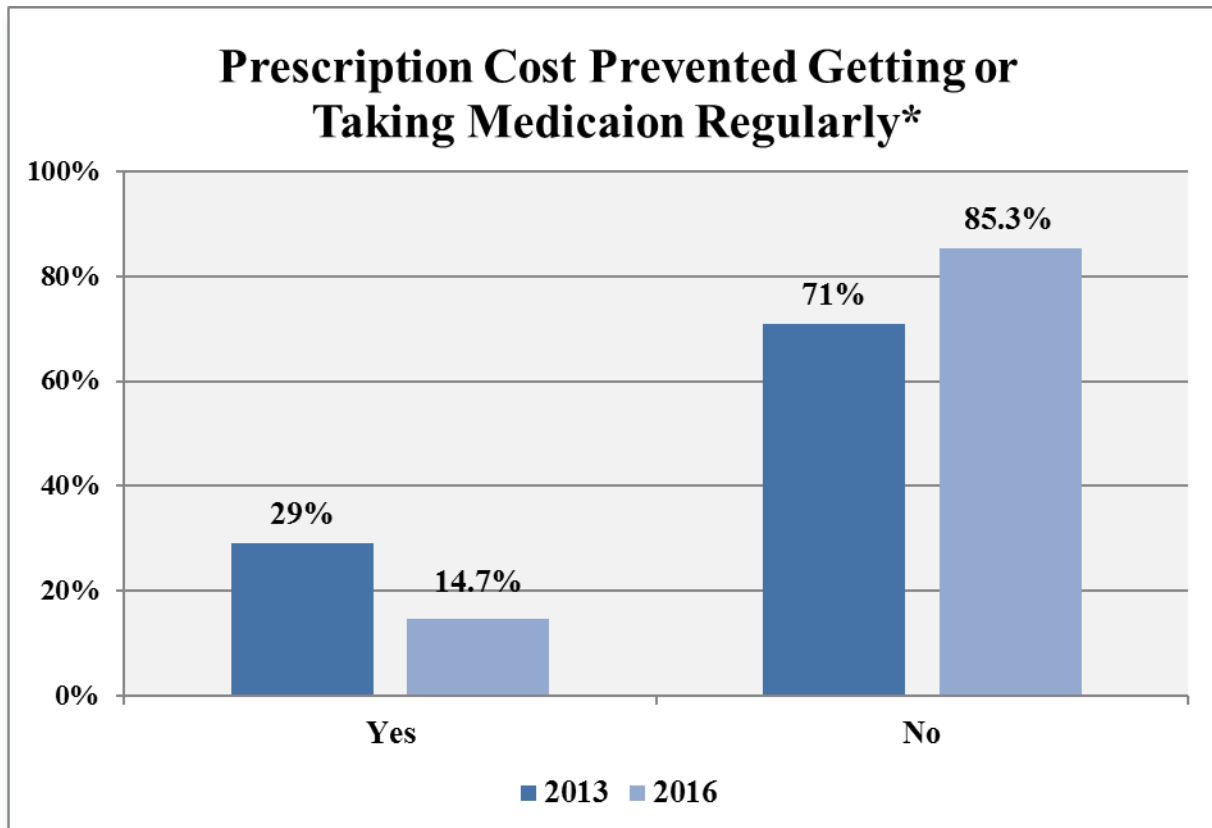


### Cost and Prescription Medications (Question 27)

2016 N= 129

2013 N= 138

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=19) 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=110) indicated that cost had not prohibited them, and seven respondents chose not to answer this question.



\*2016 respondents reported prescription cost to be less of a barrier to getting or taking medications than in 2013.

“Other” comments:

- Don't take prescription medications

## Survey Findings – Health Insurance

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### Medical Insurance (Question 28)

2016 N= 102

2013 N= 117

Respondents were asked to indicate what type of medical insurance covers the majority of their medical expenses. Thirty-three percent (n=34) indicated they have “Employer sponsored” coverage. Twenty-eight percent (n=28) indicated they have “Medicare” and “Private insurance/private plan” was reported by 8.8% of respondents (n=9).

Insurance Type	2013		2016	
	Count	Percent	Count	Percent
<b>Employer sponsored</b>	<b>46</b>	<b>39.3%</b>	<b>34</b>	<b>33.3%</b>
<b>Medicare</b>	<b>30</b>	<b>25.6%</b>	<b>28</b>	<b>27.5%</b>
<b>Private insurance/private plan</b>	8	6.8%	<b>9</b>	<b>8.8%</b>
Indian Health	4	3.4%	6	5.9%
Health Insurance Marketplace	Not asked in 2013		6	5.9%
Healthy MT Kids	5	4.3%	4	3.9%
None/Pay out of pocket	<b>10</b>	<b>8.5%</b>	4	3.9%
Medicaid	5	4.3%	3	2.9%
VA/Military	3	2.6%	2	2.0%
Church insurance	2	1.8%	0	0
Agricultural Corp. Paid	Not asked in 2013		0	0
Health Savings Account	0	0	0	0
State/Other	0	0	1	1.0%
Other	4	3.4%	5	4.9%
<b>TOTAL</b>	<b>117</b>	<b>100%</b>	<b>102</b>	<b>100%</b>

“Other” comments:

- Federal health
- Spouse has no insurance- can’t afford it
- MUST [Montana Unified School Trust]
- Samaritan Cost Sharing
- Not cost, it’s not open long enough
- BlueCross BlueShield sucks
- Assurant

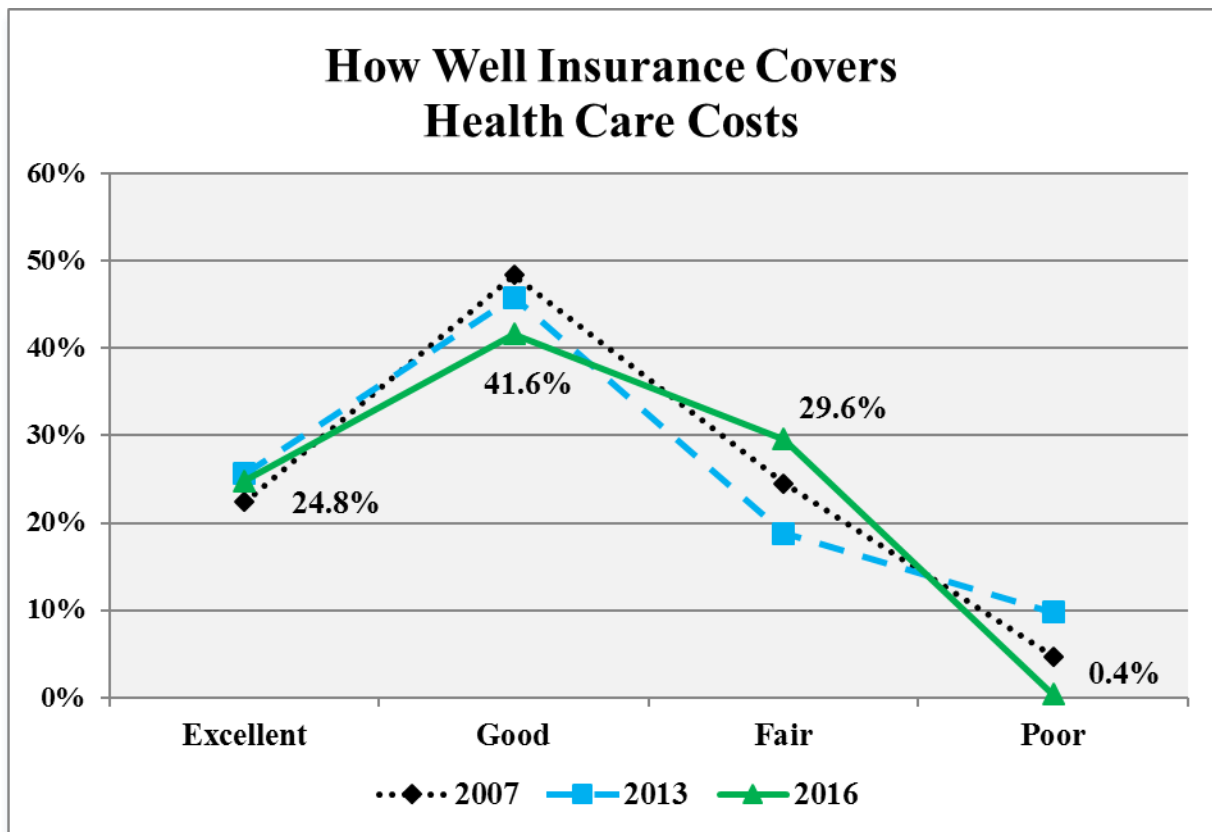
### Insurance and Healthcare Costs (Question 29)

2016 N= 125

2013 N= 133

2007 N= 192

Respondents were asked to indicate how well they felt their health insurance covers their healthcare costs. Forty-two percent of respondents (n=52) indicated they felt their insurance covers a “Good” amount of their healthcare costs. Thirty percent of respondents (n=37) indicated they felt their insurance is “Fair” and 24.8% of respondents (n=31) indicated they felt their insurance was “Excellent.”



“Other” comments:

- Chiropractic care needs to be included with Medicare

### Reasons for Not Having Medical Insurance (Question 30)

2016 N= 4

2013 N=10

Those respondents who indicated they did not have medical insurance were asked to indicate why they did not. “Cannot afford to pay for medical insurance” was the top response with 50% (n=2). Respondents could select all that apply.

	2007		2013		2016	
Location	Count	Percent	Count	Percent	Count	Percent
Cannot afford to pay for medical insurance	1	16.7%	9	90.0%	2	50%
Employer does not offer insurance	Not asked in 2007		2	20.0%	1	25%
Choose not to have medical insurance	0	0	1	10.0%	0	0
Other	0	0	1	10.0%	1	25%

“Other” comments:

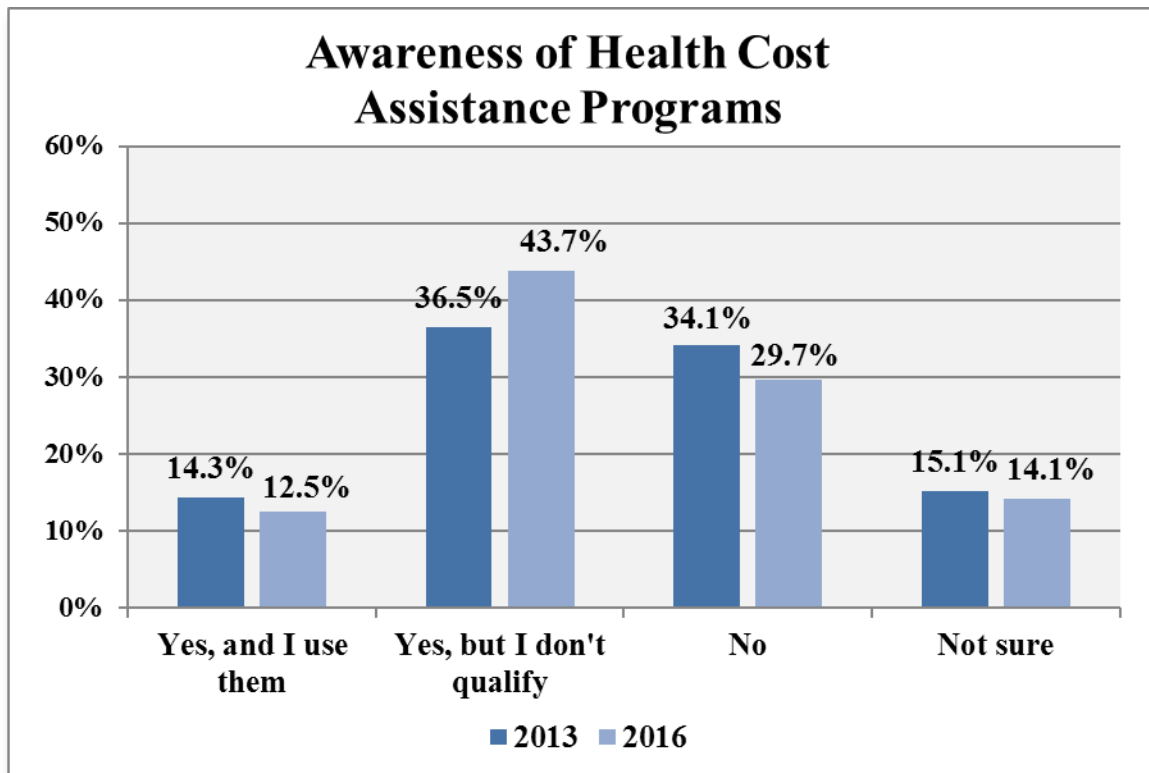
- Use Samaritan Cost Sharing
- Have IHS and VA [Indian Health Services, Veterans Services]
- We belong to a shared expense group
- Medicare

### Awareness of Health Payment Programs (Question 31)

2016 N= 128

2013 N= 126

Respondents were asked to indicate their awareness of programs that help people pay for healthcare bills. Forty-four percent of respondents (n=56) indicated they were aware of these types of programs, but did not qualify to utilize them. Thirty percent (n=38) indicated that they were not aware of these programs and 14.1% of respondents (n=18) indicated they were unsure.



“Other” comments:

- Don't need them

## **VI. Focus Group & Key Informant Interview Methodology**

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Three focus groups and two key informant interviews were held in Hardin, Montana in May 2016. Participants were identified as people living in Big Horn Hospital Association's service area.

Seventeen people participated in the three focus group interviews and eight participated in the key informant interviews. The focus groups were designed to represent various consumer groups of healthcare including senior citizens and local community members. Focus groups were held at Big Horn Hospital Association. Each group meeting lasted up to 90 minutes in length and followed the same line of questioning. Key informant interviews lasted up to 30 minutes in length and had similar but fewer questions than the focus groups. Both focus group and key informant interview questions can be found in Appendix F. The questions and discussions were led by Angela Bangs with the Montana Office of Rural Health.

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

## **VII. Focus Group & Key Informant Interview Findings**

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

### **Improve health of the community**

- Community members indicated a need for more resources specific to mental health and substance abuse.
- Access to healthy foods.
- More opportunities for people to be physically active.
- Participants felt that having a strong economy and good jobs would improve the health of the community.

### **Most important local healthcare issues**

- Participants were worried about the prevalence of alcohol and substance abuse.
- Access to mental health services is a concern for community members.
- Participants indicated that childhood trauma cases are an issue in the community.

### **Opinion of hospital services**

- Community members feel that the hospital cares about them.
- Services provided are very good and community members are thankful for services available considering the size of Hardin.
- Quality of care is viewed as excellent.
- People are impressed that the facility has MRI and CT scan machines.

### **Opinion of local providers**

- Participants utilize local providers because it is convenient and community members have established relationships with the providers in town.
- Community members are very pleased with the providers.

### **Opinion of local services**

- Ambulance services are viewed as excellent.
- Community members are happy with the nursing home and assisted living facilities available.
- People are impressed with how much the Public Health Department is able to accomplish on limited resources.
- Community members feel that the pharmacy is busy all of the time and the town needs another one.

### **Reasons to leave the community for healthcare**

- Participants stay local when services are available. They leave the community when referred for specialty care or if the needed service is not available locally.
- Community members also indicated that they can tie in other errands (i.e. shopping) if they seek healthcare services in a larger metropolitan area.

***Focus Group Findings continued...***

Needed healthcare services in the community

- More primary care providers.
- More surgery services.
- More specialty services such as an OB/GYN.
- More senior living options.
- Mental health and substance abuse services.
- Another pharmacy.



## **VIII. Summary**

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One hundred thirty-six surveys were completed in Big Horn Hospital Association's service area for a 19% response rate. Of the 136 returned, 60.3% of the respondents were female, 66.7% were 56 years of age or older, and 45.7% reported working full time.

Respondents rated the overall quality of care at the hospital as excellent to good, scoring 3.2 out of 4.0.

Over half of the respondents (57%) feel the Hardin area is a "somewhat healthy" place to live. However, there has been a significant decline in rating of the community's general health with each assessment (2007, 2013, and 2016). Respondents indicated their top three health concerns were: alcohol abuse/substance abuse (88.2%), diabetes (43.4%), and overweight/obesity (42.6%). Significantly more respondents identified alcohol abuse/substance abuse and diabetes to be a concern than previous Community Health Needs Assessments conducted in 2007.

When respondents were asked which health related educational programs or classes they would be most interested in, the top choices were: fitness (35.3%), health and wellness (33.1%), and first aid/CPR and weight loss (29.4% each).

Overall, the respondents within Big Horn Hospital Association's service area are seeking hospital care at a rate that is typically seen in rural areas. Area residents recognize the major impact the healthcare sector has on the economic well-being of the area, with 75.4% of respondents identifying local healthcare services as "very important" to the economic well-being of the area.

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

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

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

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

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

- Community Health and Wellness
- Mental and Behavioral Health
- Aging in Place/Senior Services

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

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

### **Resources**

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

- South Central Mental Health (SCMH)
- Alcoholics Anonymous
- Big Horn Council on Aging & Big Horn Senior Center
- Hardin Food Access Task Force
- Big Horn County
- Big Horn County Extension Office
- Big Horn Valley Health Center (BHVHC)
- Indian Health Service (IHS)
- Kiwanis
- Hardin Public Schools
- Hardin Community Center
- Shape Up Montana
- Montana Mental Health Trust Settlement
- Montana Nutrition and Physical Activity program
- Agency for Healthcare Research and Quality (AHRQ)
- Montana Office of Rural Health and Area Health Education Center (MORH/AHEC)
- Montana Department of Health and Human Services (MT DPHHS)

## **X. Evaluation of Activity Impacts from Previous CHNA**

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The Big Horn Hospital Association approved its previous implementation plan October 24, 2013. The plan prioritized the following health issues:

- Alcohol/drug abuse
- Community health and wellness
- Mental health
- Strategic plan to facilitate ability for community to ‘age in place’

### *Alcohol/drug use*

Efforts in previous three (3) years have been tailored to providing access to local AA groups to conduct meetings for community members seeking information and program education on alcohol/substance abuse. Local advisory group meetings have also addressed community needs with school counselors and members from local community healthcare center providing staff attendance and local resources.

### *Community health and wellness*

Community health and wellness coordination has been active in local volunteer effort with “Health Harding Coalition” addressing community wellness with “Farmer’s Markets” in summer of 2015 along with walking path designations in various locations in the community of Hardin since spring of 2014. In summer of 2014 a Big Horn County sponsored walking track was constructed on fairground property for community access and recreation. A master facility plan sponsored by Big Horn Hospital Association has a priority for a wellness center to address yearly access to a fitness center is being analyzed for financial and operational feasibility. Healthy Hardin Coalition does represent at least four (4) community organizations for diversity in implementation of community wellness initiatives.

### *Mental health*

Mental Health activities have been focused on community education and demonstrated with staff attendance and local and regional mental health advisory groups. A local mental health “first aid” course was offered in the spring of 2014 for community/professional education. Grant funding for mental health activities has been limited due to minimal funding opportunities in statewide/local financial resources.

### *Aging in Place*

Aging in Place strategies have been deployed to Alzheimer’s Walk in spring of 2016 and master facility plan to address increased expansion of local long term care facility. A walking path for elderly access has been researched for utilization and street code access is being reviewed by city government for financial feasibility and prioritization. A master facility plan was initiated in fall of 2015 and will be continued into fall of 2016 to identify building access and increased resident privacy for current and future residents of long term care facility.

### *Conclusion*

Community wellness efforts have been active in recruitment and retention of County residents in arena of city recreational infrastructure, and will be more sustainable in future efforts by the Hospital Association. Hospital Association will be more focused on community wellness center that can provide for both cultural and recreational opportunities for the residents of Big Horn County and surrounding communities.

## **Appendix A – Steering Committee Members**

### **Steering Committee – Name and Organization Affiliation**

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1. Joni Schaff- Big Horn County Council on Aging
2. Shelly Sutherland- Big Horn Public Health Department (Early Childhood)
3. Steve Woodard- LIFIT Independent Living
4. Kristi Gatrell- Big Horn Hospital Association, CEO
5. Bill Hodges- Big Horn Hospital Association Foundation and Big Horn County Public Health Department

## **Appendix B – Public Health and Populations Consultation**

### **1. Public Health**

- a. Name/Organization  
Shelly Sutherland, Big Horn County Public Health
- b. Date of Consultation  
First Steering Committee Meeting: 1/26/2016
- c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)  
Steering Committee
- d. Input and Recommendations from Consultation
  - There are two coalitions in town that are looking into issues specific to community health and healthy lifestyles: Best Beginnings and Healthy Hardin.
  - Having services to allow for seniors in the community to age in place is so important.
  - Availability of high quality childcare is a high need here – all of the evidence is showing that early childhood is so important for healthy outcomes.
  - The community needs more access to healthy foods, safe places to bike/walk, social supports, and public transportation.
  - Being active every day and having the ability to walk outside are important for living in a healthy community.

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

Population: People with Disabilities

- a. Name/Organization  
Steve Woodard, LIFTT
- b. Date of Consultation  
First Steering Committee Meeting: 1/26/2016
- c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)  
Steering Committee
- d. Input and Recommendations from Consultation
  - Changes need to be made in town (i.e. sidewalks, streets) to make the community more accessible for those who are disabled.
  - Personal care services is a high need and our program provides training so that our clients can help people who do not want to move to a nursing home.

Population: Seniors

a. Name/Organization

Shelly Sutherland, Big Horn County Public Health  
Steve Woodard, LIFTT

b. Date of Consultation

First Steering Committee Meeting: 1/26/2016

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

Steering Committee

d. Input and Recommendations from Consultation

- Having services to allow for seniors in the community to age in place is so important.
- Personal care services is a high need and our program provides training so that our clients can help people who do not want to move to a nursing home.
- People want to stay in their homes and not be institutionalized, so there should be options for them to age in place.

## Appendix C – Survey Cover Letter



**Big Horn Hospital Association  
Big Horn County Memorial Hospital  
Heritage Acres**

*Health Care For All Life's Cycles*

April 5, 2016

Dear Resident:

**Please participate in our Community Health Needs Assessment survey and have a chance to WIN 1 of 2 \$50.00 gas cards!**

This letter and survey concern the future of healthcare in Hardin, MT and the surrounding area. By completing the enclosed survey, you will help guide the Big Horn Hospital Association (BHHA) in developing comprehensive and affordable healthcare services to our area residents. Your help will be critical in determining the community's perception of local healthcare services and identifying important issues.

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

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

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

Once you complete your survey, simply **return it AND ONE of the raffle tickets in the enclosed self-addressed, postage paid envelope postmarked by May 18, 2016. Keep the other raffle ticket in a safe place.**

The winning raffle ticket number will be announced on the BHHA's website at: [www.bighornhospital.org](http://www.bighornhospital.org) and in the local newspaper on **May 25, 2016.**

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

All survey responses will go to the National Rural Health Resource Center in Duluth, Minnesota, the organization that is also assisting with this project. If you have any questions about the survey, please call the Montana Office of Rural Health at 406-994-6001.

Thank you for your assistance. We appreciate your effort.

Sincerely,

Kristi Gatrell, CEO  
Big Horn Hospital Association

**Big Horn County Memorial Hospital** • 17 N. Miles Avenue • Hardin, Montana 59034 • (406) 665-2310  
**Heritage Acres** • 200 N. Mitchell Avenue • Hardin, Montana 59034 • (406) 665-2802

## Appendix D – Survey Instrument

### Community Health Services Development Survey Hardin, Montana

INSTRUCTIONS: Please use a #2 pencil or ink pen to complete the survey and return it in the enclosed postage paid envelope. All responses must be made by filling in the circle next to the corresponding answer. *If you need assistance filling out this survey, please contact the Montana Office of Rural Health at 406-994-6001.*

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

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

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

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

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

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

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

4. How do you rate your knowledge of the health services that are available at Big Horn Hospital Association?

- ☐ Excellent      ☐ Good      ☐ Fair      ☐ Poor



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

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

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

- |   |                                     |   |
|---|-------------------------------------|---|
| <input type="radio"/> Big Horn Valley Health Center | <input type="radio"/> Mental health | <input type="radio"/> WIC (Women Infant & Children) |
| <input type="radio"/> Chiropractor                  | <input type="radio"/> Pharmacy      | <input type="radio"/> Other _____                   |
| <input type="radio"/> Dentist                       | <input type="radio"/> Public health |   |
| <input type="radio"/> Eye doctor                    | <input type="radio"/> Senior Center |   |

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

- |   |   |
|---|---|
| <input type="radio"/> Cultural sensitivity        | <input type="radio"/> Availability of visiting specialists        |
| <input type="radio"/> Health education resources  | <input type="radio"/> Availability of walk-in clinic/longer hours |
| <input type="radio"/> Improved quality of care    | <input type="radio"/> Telemedicine                                |
| <input type="radio"/> Interpreter services        | <input type="radio"/> Transportation assistance                   |
| <input type="radio"/> More primary care providers | <input type="radio"/> Other _____                                 |

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

- |   |   |   |
|---|---|---|
| <input type="radio"/> Alcohol/substance abuse | <input type="radio"/> Health and wellness | <input type="radio"/> Prenatal          |
| <input type="radio"/> Alzheimer's             | <input type="radio"/> Heart disease       | <input type="radio"/> Smoking cessation |
| <input type="radio"/> Cancer                  | <input type="radio"/> Living will         | <input type="radio"/> Support groups    |
| <input type="radio"/> Diabetes                | <input type="radio"/> Men's health        | <input type="radio"/> Weight loss       |
| <input type="radio"/> First aid/CPR           | <input type="radio"/> Mental health       | <input type="radio"/> Women's health    |
| <input type="radio"/> Fitness                 | <input type="radio"/> Nutrition           | <input type="radio"/> Other _____       |
| <input type="radio"/> Grief counseling        | <input type="radio"/> Parenting           |   |

9. What senior residential services are needed in our community? (Select all that apply)

- |   |   |
|---|---|
| <input type="radio"/> Adult day care              | <input type="radio"/> Senior respite care                 |
| <input type="radio"/> Assisted living facility    | <input type="radio"/> Senior retirement housing/community |
| <input type="radio"/> Personal care home services | <input type="radio"/> Other _____                         |

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

- |                                      |                                 |                                     |                                  |
|--------------------------------------|---------------------------------|-------------------------------------|----------------------------------|
| <input type="radio"/> Very important | <input type="radio"/> Important | <input type="radio"/> Not important | <input type="radio"/> Don't know |
|--------------------------------------|---------------------------------|-------------------------------------|----------------------------------|

11. 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 #13)

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

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

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

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

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

- |   |   |  |
|---|---|--|
| <input type="radio"/> Cardiac rehab services  | <input type="radio"/> OB/GYN                  | <input type="radio"/> Podiatry                   |
| <input type="radio"/> Dialysis                | <input type="radio"/> Labor/delivery services | <input type="radio"/> Ophthalmology (eye doctor) |
| <input type="radio"/> General surgeon         | <input type="radio"/> ENT (ear/nose/throat)   | <input type="radio"/> Urology                    |
| <input type="radio"/> Speech/language therapy | <input type="radio"/> Occupational therapy    | <input type="radio"/> Other _____                |
| <input type="radio"/> Dermatology             | <input type="radio"/> Orthopedic surgeon      |  |

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

☐ Yes      ☐ No      (If no, skip to question #18)

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

- |   |  |                                   |
|---|--|-----------------------------------|
| <input type="radio"/> Big Horn          | <input type="radio"/> Billings Clinic          | <input type="radio"/> Other _____ |
| <input type="radio"/> Crow Agency (IHS) | <input type="radio"/> St. Vincent's (Billings) |                                   |

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

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

18. 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 #21**)

19. Where was that primary healthcare provider that you see most often located? (**Please select only ONE**)

- |                                |                                    |                                   |
|--------------------------------|------------------------------------|-----------------------------------|
| <input type="radio"/> Hardin   | <input type="radio"/> Crow Agency  | <input type="radio"/> Other _____ |
| <input type="radio"/> Billings | <input type="radio"/> Sheridan, WY |                                   |

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

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

21. 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 #24**)

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

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

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

- ☐ Hardin  
☐ Crow Agency

- ☐ Billings  
☐ Other \_\_\_\_\_

24. The following services are available at Big Horn Hospital Association. Please rate the overall quality for each service. (Please mark N/A if you have not used the service)

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

- |                      |                         |                         |                         |                         |                           |                          |
|----------------------|-------------------------|-------------------------|-------------------------|-------------------------|---------------------------|--------------------------|
| Emergency room       | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> N/A | <input type="radio"/> DK |
| Laboratory           | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> N/A | <input type="radio"/> DK |
| Physical therapy     | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> N/A | <input type="radio"/> DK |
| Radiology            | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> N/A | <input type="radio"/> DK |
| Occupational therapy | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> N/A | <input type="radio"/> DK |

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

- ☐ Yes    ☐ No

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

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

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

- ☐ Yes    ☐ No

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

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

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

- ☐ Excellent    ☐ Good    ☐ Fair    ☐ Poor

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

- ☐ Cannot afford to pay for medical insurance    ☐ Choose not to have medical insurance  
☐ Employer does not offer insurance    ☐ Other \_\_\_\_\_

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

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

**Demographics**

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

32. Where do you currently live by zip code?

- ☐ 59034 Hardin      ☐ 59035 Fort Smith      ☐ 59323 Colstrip  
☐ 59022 Crow Agency      ☐ 59050 Lodge Grass      ☐ 59024 Custer

33. What is your gender?    ☐ Male    ☐ Female

34. What age range represents you?

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

35. What is your employment status?

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

**Please return in the postage paid envelope enclosed with this survey or mail to:**  
National Rural Health Resource Center, 525 S. Lake Avenue, Suite 320 Duluth MN 55802

**THANK YOU VERY MUCH FOR YOUR TIME**

**Please note that all information will remain confidential**



## **Appendix E – Responses to Other and Comments**

2. In the following list, what do you think are the three most serious health concerns in our community?
  - Need to control drug abuse (4)
  - Lack of responsibility
  
3. Select the three items below that you believe are most important for a health community:
  - People working together and listening
  - Responsibility for selves
  - More law enforcement- too many rape victims
  
5. How do you learn about the health services available in our community?
  - Original briefs (2)
  - I work at the hospital
  - Flyers
  
6. Which community health resources, other than the hospital or clinic, have you used in the last three years?
  - Massage therapy (2)
  - IHS [Indian Health Services] (3)
  - VA [Veterans Affairs]
  - Big Horn City Hospital
  - 12-step meetings
  - Hardin Clinic
  - None
  
7. In your opinion, what would improve our community's access to healthcare?
  - No problem with access (2)
  - Being able to find out cost of services before purchase
  - Billboard for information disbarment
  - Visiting healthcare workers
  
8. If any of the following classes/programs were made available to the Fergus community, which would you be most interested in attending?
  - Chiropractic care for infants through adult
  - Chronic illness

- 9.** What senior residential services are needed in our community?
- Home health, therapies: PT, OT [Physical Therapy, Occupational Therapy]
  - More bus service during the day
  - Senior transportation
  - Activities for seniors
  - Handicap assistance
  - Meals on Wheels
  - Hospice
  - Maid services, lawn care, snow removal services
  - Don't know
  - Fine the way it is
  - Some place for the bums to go
- 12.** If yes, what were the three most important reasons why you did not receive healthcare services?
- Could not get appointment with neurosurgeon
  - Patient/doctor disagreement on meds
  - Doctor didn't call back to answer cost and test question
  - Poor past experiences in ER [Emergency Room]
  - Have to arrive at the appointment desk by 7 or 7:30am. Travel can be 60 miles one way
- 13.** Which of the following preventative services have you used in the past year?
- Chiropractor
  - Pneumonia shot
  - Dermatology
  - Dental checkups
  - I feel I should be able to ask questions first, not just open my checkbook when the bill arrives
- 14.** What additional healthcare services would you use if available locally?
- Orthodontist
  - None, everything is available
  - Would use all, but none are needed at this time
  - Rheumatology
  - Psychiatrist
  - Pulmonary rehab
  - As referred from the clinics

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

- Wisconsin
- Cancer clinic
- VA Clinic- Billings
- Methodist St. Louis Park, MN while on vacation
- VA Sheridan
- Bighorn County Memorial Hospital

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

- Had cancer surgery
- Haven't been to a hospital
- Specialty care
- Results quicker
- IHS [Indian Health Services]
- In AZ
- Past employee/RN

**19.** Where was that primary healthcare provider located?

- Lodge Grass Clinic (3)
- VA Sheridan, Wyoming

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

- Trust/Personal positive feeling (3)
- Long history (2)
- Preferred provider (2)
- Diabetes specialist as well as primary care
- Knows my case
- Limited choices in Hardin
- Work relationship
- I was dropped from care at IHS [Indian Health Services] when widowed by native spouse
- Expertise of provider

**22.** What type of healthcare specialist was seen?

- Pain specialists
- Orthodontist
- ER [Emergency Room] doctor
- Sleep doctor
- Diabetes specialist
- Periodontal specialist- Scott Manhart DDS
- Nephrologist
- Heart specialist



- 23.** Where was the healthcare specialist seen?
- Sheridan, Wyoming (4)
  - Sheridan VA (2)
  - Lodge Grass (2)
  - Froedteret Hospital, Milwaukee, WI
  - Denver
  - Bozeman
  - VA [Veterans Affairs]
  - Missoula
  - St. Louis Park, MN
  - Ranchester
- 27.** Has cost prohibited you from getting a prescription or taking your medication regularly?
- Don't take prescription medications
- 28.** What type of medical insurance covers the majority of your household's medical expenses?
- Federal health
  - Spouse has no insurance- can't afford it
  - MUST [Montana Unified School Trust]
  - Samaritan Cost Sharing
  - Not cost, it's not open long enough
  - BlueCross BlueShield sucks
  - Assurant
- 29.** How well do you feel your health insurance covers your healthcare costs?
- Chiropractic care needs to be included with Medicare
- 30.** If you do NOT have medical insurance, why?
- Use Samaritan Cost Sharing
  - Have IHS and VA [Indian Health Services, Veterans Services]
  - We belong to a shared expense group
  - Medicare
- 31.** Are you aware of programs that help people pay for healthcare expenses?
- Don't need them
- 35.** What is your employment status?
- Farmer
  - Unable to work but have not applied for disability
  - Self-employed

## **Appendix F – Focus Group & Key Informant Interview Questions**

### **Focus Groups**

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

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

### **Key Informant Interviews**

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

## Appendix G – Focus Group & Key Informant Interview Notes

### Focus Group #1

Wednesday, May 4, 2016 - Hardin, MT

9 people (3 male, 6 female)

1. What would make this community a healthier place to live?
  - Less drugs.
    - o Illegal drugs. Less misuse of any drugs and alcohol.
  - The community does not have a center that would provide the outlet that they need. It would be nice to have a place that the community can come and gather and feel safe. It does not need to be a fitness center, but really focused on the wellness component. And we have that cultural twist here too.
    - In the winter, is hard to go outside. So, people having an outlet would be good. The indoor pool here is pretty inaccessible for people. The fitness equipment upstairs can be hard to get to and access.
  - Having a strong economy and having jobs is a huge component. If they matched up here, then I think we would have a lot less problems.
  - We need a workout facility that is separate from the pool. The chlorine smell is a problem.
2. What do you think are the most important local healthcare issues?
  - Mental health.
    - o We have a cycle of really bad childhood trauma and these kids grow up to be troubled adults. I think that ties into not having a strong economy.
  - Drugs and alcohol.
  - The economy.
3. What do you think of the hospital in terms of:

#### Quality of Care

- We offer a lot of services for such a small community.

#### Number of Services

- We would like to add more services, but we have a hard time staffing the services that we already have.
- For a rural community, I think we do well.

#### Hospital Staff

- *Not asked.*

#### Hospital Board and Leadership

- *Not asked.*

#### Business Office

- *Not asked.*

#### Condition of Facility and Equipment

- We need more space. There is nowhere to put anything else.
- We need more storage.
- We have good, up-to-date equipment.
- I always use the analogy that we are like a Super 8 Motel because the light is always on. We are here 24/7. Our equipment is used so much that we need to replace it fairly regularly. I do not know if people realize that the equipment and the facility are in constant use, so there will be wear and tear.
- This hospital was built in 1959.

#### Financial Health of the Hospital

- We are good. We are lucky to be in the financial situation that we are in now.

#### Cost

- I think it is reasonable for rural health care. We do not spend money on things that are frivolous and this helps our financial situation.
- We have some services that are cheaper than Billings.
  - o If things do have more cost, then people have to make a choice – do they want to go to Billings where it might be cheaper, but they are treated like a number? I think the quality of care here is much better and we really take care of them.
- Sometimes it costs us more in staffing because of the nursing shortage we have to contract people to come in.

#### Office/Clinic Staff

- *Not asked.*

#### Availability

- People can get in when they need to.

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

- Convenience.
- We have great providers.
- They know you.

5. What do you think about these local services:

#### Emergency Room

- We need more space and bigger rooms.
- The nurses' station is not user friendly.
- We need a different patient flow in our ER. But considering what we have, I think we do well.

#### Ambulance Service

- They are awesome.
- They make our life a lot easier.
- They set the standard for pre-hospital care in the state.

#### Healthcare Services for Senior Citizens

- We have the swing bed unit.
- There is a senior citizen center.
- I am very fortunate because I have not had to use the facility, but I know that when I need to, this will be the place I go. Everyone here is doing a great job.

#### Public/County Health Department

- They are overworked.
- The funding that they receive does not align with how busy they are.
  - o Because the funding is not there, they cannot stay open from 8-5 on Monday through Friday. I believe they have a high WIC load too. They just cannot staff the office considering what the needs are.
- It is very impressive what they are able to do with so few resources.

#### Healthcare Services for Low-Income Individuals/Families

- I think that, with the new clinic, we do fairly well with them. We have Community Care applications. We do payment plans if they meet the qualification.
- I think we have a pretty decent safety net here. With the Medicaid expansion and our facilities, I know that nobody in this community is not going to get the care that they need because they cannot pay for it, or because they do not have insurance.

#### Nursing Home/Assisted Living Facility

- If we could have more middle of the road services for low-income seniors, then that would be good. Unfortunately, the ability to have assisted living facilities is based on the Medicaid waiver program and those waivers are awarded by the state. So if there could be more waivers available, then people would not have to go to the nursing home and they could go into assisted living. This is a statewide issue.

#### Pharmacy

- There is one, and there could be more. They are slammed all the time.
- The way it is set up is bad. You feel like you are always in someone's way.
- They are always busy and they are not open on weekends or in the evenings. A pharmacy with extended hours would be good.
- If you go to the ER after Friday at 5 pm, then there is just no way to fill a script.

6. Why might people leave the community for healthcare?
- Specialized services.
  - Walmart – people want to go shopping in a bigger community.
  - Some people are not happy with being known by the providers. So they would rather go somewhere else.
    - o With people who need OB/GYN services, I think that a lot of us would go somewhere else because that is very private and you do not want your coworkers to know about that.
    - o I think there is the perception that if your provider knows something about you, then everyone will know, and that is wrong. But it is the perception. So people will go outside of town if there is something really sensitive that they do not want others knowing about.
  - Our pediatric center is lacking because we are so rural. We have to do our pediatric MRI and CT scans in Billings. We just do not have a lot of pediatric services to offer because of where we are.
7. What other healthcare services are needed in the community?
- Is this question assuming that there is the space, staffing, and resources available to add services?
  - We have a lot for where we are and we are so close to Billings so people can use their services.
  - OB/GYN would be good.
  - We need more surgery services.
  - Cardiac rehab.
  - I have talked to a lot of people who did not know that we had a lot of services. People have been going to Billings for years for physical therapy and only just recently found out we have that here. A lot of it is that lack of awareness of what we have to offer.
    - o In Billings, the providers may not be aware of our services either, so they do not refer people back to the hospital here for services.
    - o Is it because the providers are unaware or because they do not want to send people back to the community?
  - Behavior health. We still have a huge gap here.
    - o Mental health is a really common gap in rural areas, and in the whole state.
  - There are people who will present in the ER with suicidal thoughts and we do not have any crisis beds. That would really help.
    - o Even in the bigger cities, it is really hard to send people to see a behavioral health provider. They are always full.
    - o If we had a provider here, then all the slots would be filled in no time.

## **Focus Group #2**

Wednesday, May 4, 2016 - Hardin, MT

6 people (1 male, 5 female)

1. What would make this community a healthier place to live?
  - I do not know if it was because of a particular weather pattern, but I could really smell the asphalt plant today.
    - o There are days where I can really smell it.
    - o I do not know if there is anything they can do to prevent that smell from coming in.
  - You can smell the Hardin truck washout and it is six miles out.
  - It would be nice if we had some place aside from the school to use exercise machines and that kind of thing.
    - o There is one now – the MMA place – it is the workout place on Railroad Street and now they are across from the fireplace station.
    - o And we have the swimming pool too.
      - o But it is harder for the older folks to get up the stairs to the equipment.
      - o It gets so hot up on that upper level. The doctor told my husband he cannot go there anymore because the air is so moist and hot.
2. What do you think are the most important local healthcare issues?
  - Well, the emergency room sticks in my mind. I think that they may need to upgrade it a bit. There is just not enough room; we all know that. The waiting room can get clogged and congested and it flows over into the ER, which it is not a good thing. I only used it one time and I did not get seen, so it was a bad experience. The doctor told me that I came in on the Sunday from hell.
  - Health-wise, I think diabetes is the big thing. I know that exercise and eating right helps with that but, I know there are a lot of people affected by diabetes.
    - o It seems to run rampant through the Crow reservation, so there are a lot of families that I see who are dealing with it.
      - o I am surprised at how many young kids are on the insulin pumps.
      - o Our next door neighbor got diagnosed as a 9-year old and his mom just did not know what was wrong and he kept getting sicker. They finally diagnosed it recently.
      - o I got diagnosed with diabetes a couple of years ago, but I did not have any of the symptoms. So I was sick for a while and no one knew.
    - o The community offers screenings so it is not as if there are not opportunities to find out.
  - My philosophy is ‘knowledge is power.’ But is the screening enough? Once you get past the screening, then you actually have to do something about it.
  - I know I am supposed to eat well, but I just do not do it.



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

Quality of Care

- When I have been here, I get really good care.
- When I have been here, it has been excellent.
- I have not been here. But I know they were really good for other people.

Number of Services

- For a small town hospital, it is good.
  - o I agree.
- We have great stuff here - what little towns have an MRI like we do?
- I am so sick of people asking me, "Are you going to Hardin?!" I just do not understand why people do not come here.

Hospital Staff

- They are awesome people, both outside of the hospital and in the hospital.
- They do very well.

Hospital Board and Leadership

- I am trying to remember who is on the board, but to me I think they are doing a fine job. I have been here for a while and I think the hospital has done well with all the changes in health care. I am happy with what we have; we will have to continue to evolve to stay alive in the healthcare environment. We have all sorts of services – CT, MRI, and PT are really good considering where we are. We just want to keep people healthy here.

Business Office

- I have a problem with it because there are so many people around when you are there. I guess the whole hospital is like that. We just need more room.
- There is not enough privacy, and they are aware of that.
  - o There is just not enough money to change the layout.

Condition of Facility and Equipment

- We have been hearing that they need more for the surgery unit and the lab.
- Again, we need more room.
  - o And a more secure nurse's station.

Financial Health of the Hospital

- That I do not know about.
  - o I do not either.

Cost

- I do not think there is anything here that is out of line compared to other places.
- We always think it is outrageous until they save our lives. Then it is not too expensive, is it?

#### Office/Clinic Staff

- They are wonderful – they have seen me at my worst.
- They always have a good personality – no one has ever given me a bad time.
- Always nice to me.

#### Availability

- We do not have a clinic here, so there really are not any appointments to make at the hospital.
  - o But I was referred from the clinic to the hospital for continued care that they do not have at the clinic. I got seen immediately. They worked me in and made room for me so things could happen. I did not have to wait a week – they rearranged things so I could be seen.
- I guess I did not push the right buttons when I came into the ER. I had horrible nerve pain and all I needed to know was how to fix the problem. We came in the ER but they pushed us to the check-in counter and they said they would not be able to see me for a couple of hours because of a big wreck that happened in town. I never saw a doctor – I was upset about it. I did not go to the clinic for 8 days because I was my own worst enemy. But, they gave me prednisone and the nerve pain got fixed, so it was fine. I was upset with the hospital at that time. It seemed like a whole mess of people did not get seen on that day too.
  - o I think it depends on who is on staff. We have got a great group here. But if the ER is busy, then it will take some time for you to get seen.

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

- Where else would we go?
- Why not?
- Why go to Billings when you are a number there? They know you here. If they find something here that they cannot fix, then they will refer you to Billings.
- You do not have to worry about people saying things outside in the community.
- You heal quicker at home.
- Most of us are friends with the staff, so where else can you get fixed the way others here have been?
- We have had a couple of critical heart cases recently. If we did not have the facility or personnel here, then I do not know what would have happened. You are not going to get better care anywhere else.

#### 5. What do you think about these local services:

##### Emergency Room

- I think it is great.
- I have not had to be there too often.

#### Ambulance Service

- It is top-notch.
- It is the best in the state.
- They saved my life and my baby's life.
- They saved my husband.
- They are fantastic.

#### Healthcare Services for Senior Citizens

- I cannot complain. My only complaint is that the doctors are retiring, so we are going to have to re-acquaint ourselves with new doctors. I think we have some very good mid-levels here.

#### Public/County Health Department

- I have been there a couple of times for shots, but it has not been recently.
- During the lice outbreak a couple of years ago, they were fantastic and took care of us.

#### Healthcare Services for Low-Income Individuals/Families

- I think they get better services than we do.
- That's 78% of the hospital (Medicare/Medicaid).
- I do not know about that.

#### Nursing Home/Assisted Living Facility

- There is not quite enough assisted living. People are always on a waiting list.
- We need more and I think that is being looked at.
- People get mad at the nursing home, but they are doing all they can do.
  - o People talk about it, but they really cannot talk until they have experienced it.
- The problem is with the limited number of Medicaid spots in the state – so people will end up dying at home because they are waiting. It is a big issue.
  - o So we need to get on the legislature.

#### Pharmacy

- We have one at IGA. A lot of people are upset at the pharmacy because they run out and it can take a couple of days to get their medication. So you have to order early.
- Sometimes there is a long waiting line, but they try.
- We need more.
- Competition would be good, but I hope there would be enough to keep two pharmacies going.

#### 6. Why might people leave the community for healthcare?

- Specialists.
  - o Not even for specialists – there are people who just do not want to stay here. I do not understand it.
- We have two clinics in Hardin now.
  - o I have heard good things about them. People have gotten good care there.
  - o And their doctors have privileges here.

7. What other healthcare services are needed in the community?
- I think there should be more drug and alcohol education because that is the main thing happening in our town. All the theft that happens here seems to go back to drug and alcohol stuff. I do not know what can be done.
  - If people realize what can happen to their families when they get hooked on that stuff, then maybe it would be better. But, we do not have the answer. Everyone wishes they had the answer.
  - I do not know if more education would work or not. I think it would be good for people who have experienced drug and alcohol problems first-hand to come to our community. We can say what we think, but we do not know what other people are going through since we never walked that path.
  - We are a small community hospital – we could add more specialists, but I do not think that is realistic.
  - They are thinking about cardiac rehabilitation services.
    - o But we just do not have the room here.
  - I have received physical therapy here and it is great. We are just out of room in this facility.

### **Focus Group #3**

Wednesday, May 4, 2016 - Hardin, MT

2 people (0 male, 2 female)

1. What would make this community a healthier place to live?
- I guess I am thinking about the danger of the drugs that are around here. It gets a little bit scary when you think about what is happening out on the reservations. I do not think that we have any issues with fumes from factories that other towns have.
    - I am really scared about the meth problem – it scares the hell out of me. I do not know if it is my age, but there seems to be so much more disintegration of the families and social structure around here because of that.
    - I do not know if there is enough information out there to educate kids on the consequences of getting involved with drugs and alcohol, but I do not know what the answer is.
    - The mental health issues are big. I feel like I see so many dysfunctional families around here.
    - It seems like there is always a cycle to these things, so we are waiting for the pendulum to swing back.
  - I was talking to a teacher the other day and her comment was, “I do not know if my heart can stand this much longer.” The teachers are not acting as teachers: they are social workers and let these kids stay at their house for 6-8 hours a day just so that the kids can feel safe.
    - I have complimented a lot of teachers because of what they have to handle – they are disciplinarians and acting as parents and not as teachers. Seems like there is a lack of good parenting. We have very dedicated teachers and they are getting to an age where they are also retiring. Hopefully there will be people who can replace those teachers once they leave.

- There are several groups who are always working on health runs, and the hospital has got a lot of activities going on if people want to come to certain classes. We have discussions at the Chamber on what to do here. We will have two Farmer's Markets now, so people will have an opportunity to come pick up their produce.
2. What do you think are the most important local healthcare issues?
- I do not think it has to do with anything that the facility cannot take care of. They seem to always be working and are there for people who need health care. I just hope that the meth problem does not move into Hardin too much more. I know the tribe is trying to keep up with it, but I guess it has just been too much.
  - Lack of jobs.
3. What do you think of the hospital in terms of:
- Quality of Care
- All the comments I have heard is that the hospital cares very much. We are very thankful for the MRI and the CT scan machines. They do bone density and x-rays here and I think they are all excellent here.
  - I think it is pretty good.
- Number of Services
- I am happy with it. I would love us to have home health and hospice; we just cannot support it.
- Hospital Staff
- I have not been here, but by visiting people I can see that they are very professional and I have not heard any complaints about any of the staff.
  - The swing bed unit has been really nice for people to use after they have surgeries. My mom got really good care here. She had hip surgery and we followed the doctor's recommendation.
  - I am very happy.
- Hospital Board and Leadership
- I have always worked with folks on the board and they were really good at finding out what people needed and using hospital fundraisers to get donations for needed equipment. I think everyone is really thankful that we do not have to go to Billings for things like MRI/CT scans. I am sure there are some situations where people have to go to Billings, but people are happy that they do not have to go there all the time.
  - Our physicians are aging – and we have two younger physicians with young families and it is really tough. But, there is a good core of mid-level providers over at the clinic and they also have 24-hour coverage of the hospital, which is pretty amazing. So, the doctors are not always on the hook – for the most part, everything is covered by the mid-levels, so that we do not kill the doctors.

#### Business Office

- The bills from the hospital are really expensive compared to St. Vincent's and Billings Clinic. It does depend on your insurance, but I know that personally, I will end up with huge bills that my insurance will not cover because I did not go to a St. V's facility.

#### Condition of Facility and Equipment

- It is pretty good.
- I think they are really particular with how they keep everything clean and functional.

#### Financial Health of the Hospital

- If I went to a board meeting I might know more, but I do not.

#### Cost

- If I go through the ER, everything is covered. I have been happy with the care I have gotten in the ER for myself and my family. Where I have gotten nailed is when I got labs done here and not through St. Vincent's, so my bill was probably twice as high as it would have been if I had just gone to the ER.

#### Office/Clinic Staff

- They have always treated everyone well. It is good that they now have the 'Stand Back Six Feet' policy. I think that was a good move and the office people are good at keeping things private. I think they are very confidential about things that are happening at the hospital and the clinic.

#### Availability

- So far I have not had a lot of reason to come in. My husband has needed to come in for the past couple of months, so even if he could not see his usual doctor then they would put us with someone else. They always work with us to try to meet with our usual doctor, so we have not had a problem getting in even if they had to switch our doctor.

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

- I trust them and know them. I know I will get good care.
- We will go to Billings if we have to, but they do not know you there.

#### 5. What do you think about these local services:

##### Emergency Room

- I do not know because I have not had to use it.

##### Ambulance Service

- I think they do a fantastic job. We have been told that we have one of the best paramedic/ambulance services in the state. For a county the size of Rhode Island, I think we are really good. Jim Upchurch has done a fabulous job.
- Listening to some of my friends who have had to use the EMTs and paramedics, my friends said they were very good and my friends were able to get to the hospital in time.

#### Healthcare Services for Senior Citizens

- Seniors will definitely get seen. The providers help out at Heritage Acres twice a week and they do blood pressure checks at the senior center. It is tough being in a smaller community, so there are not a lot of options. There is a senior bus that comes around to help people get to appointments.

#### Public/County Health Department

- I have only been there once or twice for a flu shot because they were out at the clinic. I do not know what else they provide for people.
- Esther is the public health nurse for the county. She does flu shots and lots of the vaccinations. Sometimes it is a better deal at the public health department versus the clinic. She does the Well Child exams and the communicable disease stuff. We do not have home health or hospice which is a shame. We just cannot support that here, but it would be nice.

#### Healthcare Services for Low-Income Individuals/Families

- The hospital and clinics all utilize a sliding scale process and if people qualify, then they can get an office visit for \$10, which is great. It does not cover x-rays and labs, but at least it covers something. People get the care they need and it does not break the bank.

#### Nursing Home/Assisted Living Facility

- In my friends' and relatives' experiences, they all got the care that they needed to have.

#### Pharmacy

- The one at the IGA, but I hear that there will be another one.
  - That's great! I hope so.
- I think they do a great job, but there needs to be more competition and choice. I do not know why they put the pharmacy where they did when they did the remodel. There is always a line – sometimes there are 10-15 people in line and people are trying to get through with their carts. It is hard to guess a good time to go. It seems to always be busy.

#### 6. Why might people leave the community for healthcare?

- Maybe there is not enough choice. People have to be comfortable with their provider. That is why I am thrilled that there is another clinic in town because people can choose.
- If people have to be close to the hospital in Billings because of services that are there like oncology, then they will move there.
- Specialty care.

7. What other healthcare services are needed in the community?
- Another pharmacy.
  - More senior housing. Not like Heritage Acres, but more like assisted living. There are people who can live on their own, but they need help to live in an affordable place. People may want to stay closer to their family or friends, but if there is no availability at Heritage Acres then they have to move to a place like Billings that has huge homes. It can be difficult for people to become acquainted with new people.
  - It is tough because our community does not have a lot of young people to take the place of the folks who are aging out. You just do not want to see your town die.

**Key Informant Interview #1-** Dr. Kirsten Morissette  
Wednesday, May 4, 2016- Hardin, MT 10:00-10:20am

1. What would make your community a healthier place to live?
- Safer places to walk.
  - More awareness of people on bicycles.
  - Less trauma in the community.
  - Better utilization of resources so that people do not feel that they have to turn to alcohol, drugs, things like that.
  - I think the cycle of poverty and trauma is probably making us unhealthier than anything. So breaking that cycle is the most important thing.
  - I am on the child protection team, so I see the trauma and the grownups who now have chronic disease and who were traumatized as kids. We need a better understanding of how trauma experienced as a kid affects adults.
  - It would help people to be more involved in their health care. We would all be healthier if patients understood that their health care is really in their hands. I cannot prescribe medicines to fix everything. I can prescribe things and make recommendations, but the patients have to make the choice to follow those recommendations. I cannot just fix the problem – people have to be involved in their health care. I see so many patients who say, “Aren’t you going to help me?” and I would like to help, but I also cannot fix a person by myself.
  - I would love it if our community was bike friendly and walk friendly, but until the patients make the choices that they need to make to be healthier and use those resources, then no amount of improvement or new community resources is going to make a difference.
2. What do you think are the most important local healthcare issues?
- Childhood trauma is the biggest issue on my mind right now. If we can stop kids from getting hurt, then we can improve the quality of health care across our entire community.
  - Diabetes and childhood obesity are huge long-term issues.
  - Alcohol and drugs are out there and those are huge issues and that is a part of the trauma because kids do not know how to handle their issues and they end up turning to meth, alcohol, and marijuana. It will take a multi-disciplinary approach to address these things – not just the healthcare system.



3. What other healthcare services are needed in the community?
- I think what is needed, more than anything for a large portion of our population, is for IHS to be functional again. The concept is fantastic, but currently patients will see someone there and not like or trust the answer they get and then they will come to Hardin or go to Billings. We get a lot of overutilization because patients feel that they are not being listened to, or they feel that they cannot trust what they are being told.
  - For a small community, we have more services than a lot of communities our size. I am sad that we are no longer delivering babies, or are no longer planning to deliver babies in Big Horn County. IHS had to shut down their OB unit and we had to shut ours down here because we could not keep nursing staff. That leaves a hole - we cannot keep our moms and babies in the communities, so we risk losing those patients to providers in Billings when they do not really need to go up there. I have delivered plenty of babies in Hardin and it has been scary when I didn't necessarily have the right tools or staff because I was not planning on delivering babies anymore.
  - We used to have some control over which births we would do and now we have none. We have had some very high-risk deliveries here that has kept us up at night.
  - I think we have good primary care doctors and good access – I do not know that we need more primary care doctors. If IHS was functional and people felt they could trust it, then I think it would be amazing. I do not know if that is ever going to happen.
  - If we could just help patients advocate for themselves and have better health literacy – people need to understand that when you have a cough for twelve hours, then you need to give it some time. There are many situations where you do not have to go to a doctor right away. People need to understand that doctors cannot fix everything.

**Key Informant Interview #2 (2 males/5 females)**

Friday, May 13, 2016 1:00-1:45 pm –Via phone call

1. What would make your community a healthier place to live?
- We would like to see more systems for accessing healthy foods.
  - We need more Complete Streets – places where people can walk or bike to reach destinations without having to use a car or other motorized transit.
    - o Related to that – we need public transit. We know people walk more if there's public transit they can access.
    - o Some things are just too far apart to walk. Some people have doctor's appointments, but no car to get them there.
  - Early childhood support systems – there needs to be high quality childcare that's available to everyone.
    - o We need more foster families available - quality foster families.
  - A big piece for us is economic development. We need sustainable economic development.

- Do food deserts have a role in that?
  - o Yes, we need good food sources.
  - o We started with the farmer's markets, but it would be nice to have a more systematic approach for everyone, particularly in other parts of the county.
  - o We need access to high-quality, affordable fruits and vegetables for everyone. Affordability is extremely important.
- There needs to be more support groups specific to medical issues like diabetes, obesity, mental health, and breastfeeding. We just need to build that community care aspect.
  - o We have other support groups, but people do not come to those.
  - o We need to increase community involvement and make a culture change.
- We could really use more healthy aging in place options, which would require a lot of different support systems to keep our seniors in the community.
  - o We would need more people who could provide housing modifications and retrofits for wheelchair access.
  - o Adult day care. More senior activities.
  - o There should be systems to check on people, so they can stay in their homes if they do not have family in the community.
  - o Transportation assistance.
- There needs to be more emphasis on physical activity/exercise/eating good food because diabetes is such a huge issue. It affects 50% of our people here.
- Pre-diabetes education is needed to convince people that so many complications can be prevented or slowed down – it is something that needs to be faced right up front. Getting those people the community and medical support within a week of being diagnosed would be huge. They should be seeing a dietitian immediately, so that they can make the right choices. People do not need to lose a foot if they meet the challenge up front.

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

- Obesity, alcohol abuse, tobacco.
  - o Diabetes – there is a high percentage of folks here with diabetes.
  - o We are starting to see it more, especially in our younger children. We are seeing a lot more young children, some as young as five, being diagnosed with Type 2.
- I see a lot of renal disease and because of that, people have to travel for dialysis.
- Heart disease – we see a lot of COPD.
- We do have a large number of women who smoke while pregnant.
- STIs are a health issue here, but they are not life-threatening for the most part – as long as people come in to get treated. And that might be a big 'if.' But it would not be up there with diabetes. For a lot of folks, the STIs are age-related (16-24 year olds). So, they grow up and it is not so much of an issue.

- Alcohol/drug abuse is very high.
- Obesity and drug/alcohol issues seem to be the biggest problems.
  - o Depression/mental health is big – it drives a lot of the other stuff. People will self-medicate.
- I think there are a lot of motor vehicle fatalities.
- We also lose a lot of children to abuse and neglect. A lot of that is drug/alcohol-related. And not having cribs is an issue too.

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

- We very much need outpatient registered dietitian services.
- Medical nutrition therapy.
- Outpatient lactation services – we lack a lot of the really important outpatient services.
- We have no occupational therapy – there is nobody in the county.
  - o We do have an occupational therapist who comes in and does house calls.
- There is a lack of support groups in the community. We are struggling to keep AA open, but we also need support groups for depression, death/dying, and Overeaters Anonymous.
- We have a huge grief issue here – there are people who could be going to a funeral every day for folks just in their family circles.
  - o We did a grief camp for kids – ¼ of the kids were involved and this was only open for people who lost immediate family.
  - o I hear a lot of kids miss school because of this.
  - o We have very few grief support groups considering the magnitude of the issue here.
- Speech/language therapy services, especially for kids. We have a lot of language-delayed children. They need the services much earlier.
  - o The school can only serve a fraction of it at this point.
- There's a lot of eczema. I would love to see a dermatologist once a month.
  - o Being on the Crow reservation, we used to have so many specialists, but with the demise of IHS, we have a lot of specialists.
- We would love to deliver babies here too. We can do the pre- and post-delivery services, but we just do not have a way to deliver babies in Big Horn County.
- Mental health and substance abuse services.
- As far as services go, we have the best ambulance service. They are very good.
  - o But we need a new ambulance hall/barn.
- It would be great if we had a wellness center where we could have a certified kitchen that people could rent out and use it to prepare food for the farmer's market.
  - o And they could offer cooking classes and fitness classes/activities.
  - o It would be nice if there was a place for people to walk like an indoor track.
  - o It would be nice to provide all of these services under one roof.

## Appendix H – Secondary Data County Health Profile

**Big Horn County**  
Secondary Data Analysis  
July 23, 2012



**MONTANA**  
STATE UNIVERSITY

Office of Rural Health  
Area Health  
Education Center

Leading Causes of Death	County <sup>1</sup>	Montana <sup>1,2</sup>	Nation <sup>2</sup>
	1. Heart Disease 2. Cancer 3. Unintentional Injuries**	1. Cancer 2. Heart Disease 3. CLRD*	1. Heart Disease 2. Cancer 3. CLRD*

<sup>1</sup>Community Health Data, MT Dept of Health and Human Services (2010)

<sup>2</sup>Center for Disease Control and Prevention (CDC), National Vital Statistics (2012)

\*Chronic Lower Respiratory Disease

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

Chronic Disease Burden <sup>1</sup>	County	Montana	Nation <sup>3,4</sup>
Stroke prevalence	3.5%	2.5%	2.6%
Diabetes prevalence	12.1%	6.2%	8.3%
Acute Myocardial Infarction prevalence (Heart Attack)	4.6%	4.1%	6.0%
All Sites Cancer	510.8 (Region 3)	455.5	543.2

<sup>1</sup>Community Health Data, MT Dept of Health and Human Services (2010)

<sup>3</sup>Center for Disease Control and Prevention (CDC) (2012)

<sup>4</sup>American Diabetes Association (2012)

**Region 3 (South Central) – Judith Basin, Fergus, Petroleum, Wheatland, Golden Valley, Musselshell, Sweet Grass, Stillwater, Yellowstone, Big Horn, and Carbon**

Chronic Disease Hospitalization Rates	County	Montana
Stroke <sup>1</sup> Per 100,000 population	230.7	182.2
Diabetes <sup>1</sup> Per 100,000 population	246.3	115.4
Myocardial Infarction <sup>1</sup> Per 100,000 population	221.6	147.3

<sup>1</sup>Community Health Data, MT Dept of Health and Human Services (2010)

Demographic Measure (%)		County			Montana			Nation <sup>5,6</sup>		
Population <sup>1</sup>		12,841			989,415			308,745,538		
Population Density <sup>1</sup>		2.6			6.7			Not relevant		
Age <sup>1</sup>		<5	18-64	65+	<5	18-64	65+	<5	15-64	65+
		10%	57%	10%	6%	63%	14%	7%	62%	13%
Gender <sup>1</sup>		Male		Female	Male		Female	Male		Female
		49.5%		50.5%	50.1%		49.9%	49.2%		50.8%
Race/Ethnic Distribution	White <sup>1</sup>	35.9%			91.5%			72.4%		
	American Indian or Alaska Native <sup>1</sup>	62.5%			6.8%			0.9%		
	Other † <sup>1</sup>	1.6%			1.7%			26.7%		

<sup>1</sup>Community Health Data, MT Dept of Health and Human Services (2010)

<sup>5</sup>County Health Ranking, Robert Wood Johnson Foundation (2012)

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

<sup>6</sup>US Census Bureau (2010)

**Big Horn County**  
Secondary Data Analysis  
July 23, 2012

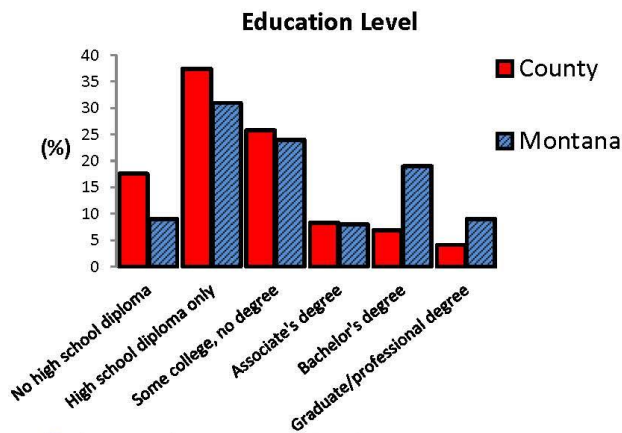
Socioeconomic Measures <sup>1</sup> (%)	County	Montana	Nation <sup>7,8</sup>
Median Income <sup>1</sup>	\$33,004	\$43,000	\$51,914
Unemployment Rate <sup>7</sup>	12.5%	6.3%	7.7%
Persons Below Poverty Level <sup>1</sup>	29.0%	14.0%	13.8%
Uninsured Adults (Age <65) <sup>1</sup>	16.9%	19.0%	18.2%
Uninsured Children (Age <18) <sup>9</sup>	N/A	11.0%	10.0%

<sup>1</sup>Community Health Data, MT Dept of Health and Human Services (2010)

<sup>2</sup>Montana Dept of Labor and Industry, Research & Analysis Bureau. Local Area Unemployment Statistics (LAUS). Non-Seasonally Adjusted Unemployment Rate. (Retrieved April 2012)

<sup>8</sup>Center for Disease Control and Prevention (CDC), Health Insurance Coverage (2011)

<sup>9</sup>Montana KIDS COUNT (2009)



<sup>10</sup>Indicators Northwest, Imp. Graph (2011)

Behavioral Health <sup>1,2</sup>	County	Montana
Childhood Immunization Up-To-Date (UTD) % Coverage <sup>11,++</sup> Age 24-35 months, population size: 12,075 (% sampled: 35.9%)	51.4%	64.3%
Tobacco Use <sup>1</sup>	29.9%	19.3%
Alcohol Use (binge + heavy drinking) <sup>1</sup>	20.8% (Region 3)	22.8%
Obesity <sup>1</sup>	38.0%	21.6%
Overweight <sup>1</sup>	35.6%	37.8%
No Leisure time for physical activity <sup>1</sup>	28.1%	20.7%

<sup>1</sup>Community Health Data, MT Dept of Health and Human Services (2010)

<sup>2</sup>Center for Disease Control and Prevention (CDC), National Vital Statistics (2012)

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

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

Screening <sup>1</sup>		Region 3	Montana
Cervical Cancer (Pap Test in past 3 yrs) <sup>1</sup>		84.7%	83.0%
Breast Cancer (Mammogram in past 2 yrs) <sup>1</sup>		73.5%	71.9%
	Blood Stool <sup>1</sup>	26.5%	25.3%
	Sigmoidoscopy or Colonoscopy <sup>1</sup>	54.5%	54.3%
Diabetic Screening <sup>5</sup> Percent of Medicare enrollees who received HbA1c screening		46.0% (County)	79.0%

<sup>1</sup>Community Health Data, MT Dept of Health and Human Services (2010)

<sup>5</sup>County Health Ranking, Robert Wood Johnson Foundation (2012)

Mortality <sup>1,2,12</sup>	County	Montana	Nation <sup>2,13</sup>
Suicide Rate per 100,000 population <sup>1</sup>	17.2	20.3	12.0
Unintentional Injury Death Rate per 100,000 population <sup>1</sup>	111.1	58.8	38.4
Percent Motor Vehicle Crashes Involving Alcohol <sup>1</sup>	15.1%	10.0%	32.0%
Pneumonia/Influenza Mortality per 100,000 population <sup>1</sup>	26.6	19.0	17.5
Diabetes Mellitus <sup>2</sup>	50.1	27.1	21.8

<sup>1</sup>Community Health Data, MT Dept of Health and Human Services (2010)

<sup>2</sup>Center for Disease Control and Prevention (CDC), National Vital Statistics (2012)

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

<sup>13</sup>Kaiser State Health Facts, National Diabetes Death Rate (2008)

Maternal Child Health <sup>1</sup>	County	Montana	Nation <sup>14,15</sup>
Infant Mortality (death within 1 <sup>st</sup> year) Rate per 1,000 live births <sup>1</sup>	8.9	6.1	6.7
Entrance into Prenatal care in 1 <sup>st</sup> Trimester Percent of Live Births <sup>1</sup>	67.1%	83.9%	69.0%
Birth Rate <sup>2</sup> Babies born per 1,000 people	21.9	12.8	13.5
Low Birth Weight (<2500 grams) Percent of live births <sup>1</sup>	6.3%	7.3%	8.3%
Neonatal Mortality (under 28 days of age) Rate per 1,000 live births <sup>1</sup>	4.4	3.3	4.5
Post Neonatal Mortality (28 through 364 days of age) Rate per 1,000 live births <sup>1</sup>	4.4	2.7	2.2
Pre-Term Birth (<37 completed weeks gestation) Percent of Live Births <sup>1</sup>	9.4%	10.1%	12.5%

<sup>1</sup>Community Health Data, MT Dept of Health and Human Services (2010)

<sup>2</sup>Montana KIDS COUNT (2009)

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

<sup>15</sup>Center for Disease Control and Prevention (CDC), Preterm Birth (2012)



## Economic Impact Assessment

### Demographic Trends and Economic Impacts: A Report for Big Horn Hospital Association

William Connell  
Brad Eldredge Ph.D.  
Research and Analysis Bureau  
Montana Department of Labor and Industry

## Introduction

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

## Section I Location Quotients

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

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

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

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

**Hospitals Location Quotient (compared to State of MT) = .45**

**Hospitals Location Quotient (compared to U.S.) = .42**

A location quotient near 1 indicates that the employment concentration in the county mirrors that of the larger geographic region. In the case of Big Horn County, the location quotient of .45 and .42 indicates that hospital employment in the county is about half of what one would expect given statewide and national employment patterns.

Another way to look at the location quotient is to ask how many employees would be employed in the hospital sector if Big Horn County's employment patterns mirrored the state or the nation. Big Horn County Hospital averaged 105 employees in 2010. This is 128 less than expected given the state's employment pattern and 98 less than expected given the national employment pattern. Big Horn Hospital Association may employ less people than expected given the overall size of the county because it is a short distance from Billings, which has two major hospitals. These hospitals may serve some of the residents of Big Horn County that would otherwise go to the local hospitals. In 2010, Big Horn Hospital Association accounted for 2.4% of county nonfarm employment and 2.6% of the county's total wages.

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

## Section II Age Demographics

The 2010 Census reported that there were 12,865 residents of Big Horn County. The breakdown of these residents by age is presented in Figure 1. Unlike many Montana counties, Big Horn County is characterized by a large number of young people and relatively few senior citizens. This is typical of counties with substantial Native American populations.

Figure 1: Age Distribution of Big Horn County Residents

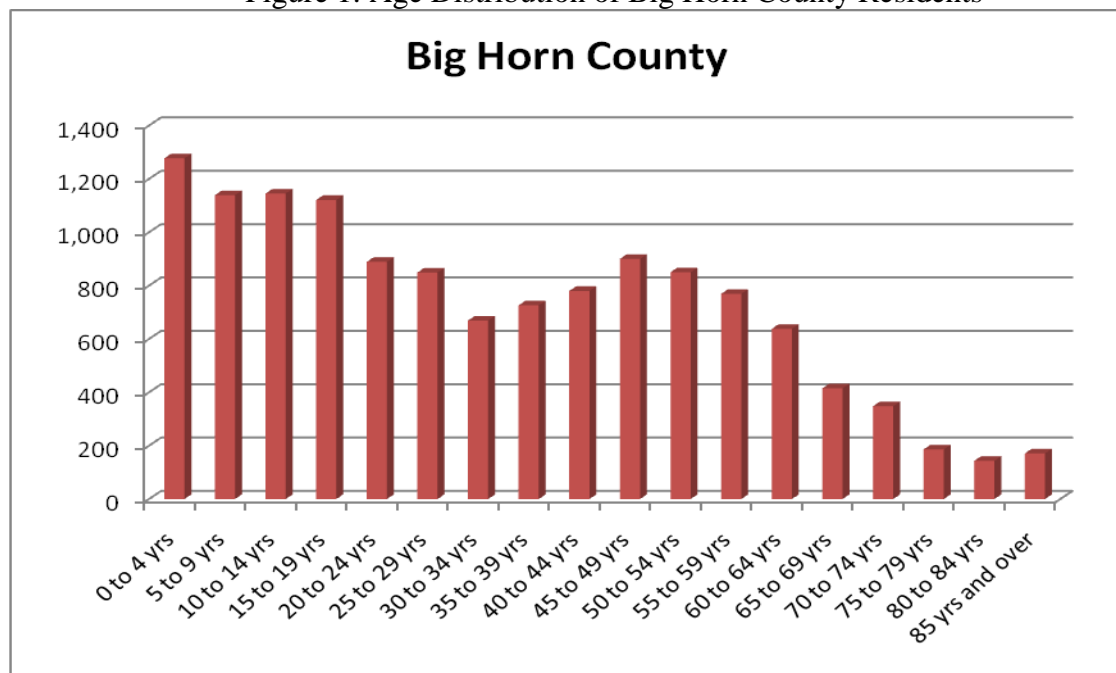




Figure 2: Percent of the population by age groups, Big Horn County vs. Montana

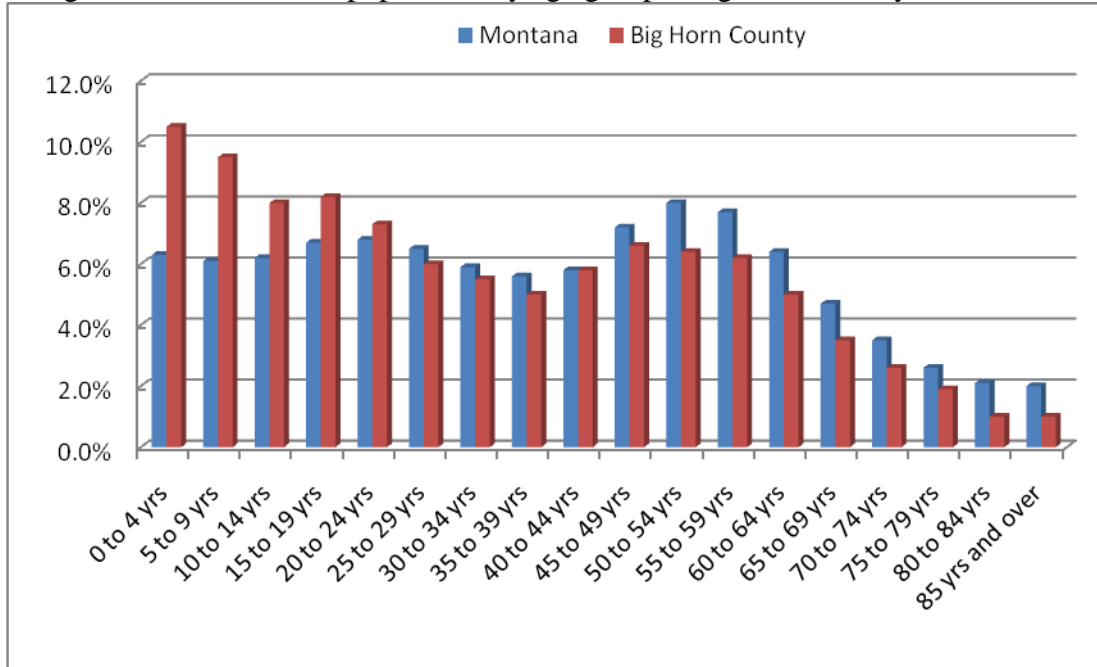


Figure 2 shows how Big Horn County’s population distribution compares to Montana’s. A careful examination of Figure 2 and the underlying data reveals that, compared with the State as a whole, Big Horn County had a higher percentage of people under 25 (43.5 percent vs. 32.1 percent) and a lower percentage of people over 45 (34.2 vs. 44.2 percent). According to the 2010 Census, Big Horn County had a median age of 30.5, making it the youngest county in the state. These demographics are important when planning for healthcare delivery now and in the future.

### Section III Economic Impacts

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

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

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

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

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

**Hospital Employment Multiplier = 1.15**

**Hospital Employee Compensation Multiplier = 1.10**

**Output Multiplier = 1.16**

What do these numbers mean? The employment multiplier of 1.15 can be interpreted to mean that for every job at Big Horn Hospital Association, another .15 jobs are supported in Big Horn County. Another way to look at this is that if Big Horn Hospital suddenly went away, about 16 additional non-hospital jobs would also be lost in the county (based on 2010 hospital employment of 105). The employee compensation multiplier of 1.10 simply states that for every dollar in wages and benefits paid to the hospital's employees, another .10 cents of wages and benefits are created in other local jobs in Big Horn County. Put another way, if Big Horn Hospital Association suddenly went away, about \$405,549 in additional annual wages would be lost from other jobs in the county. Finally, the output multiplier indicates that for every dollar of goods and services produced by Big Horn Hospital, output in the county increases by another 16 cents.

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

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

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