

Big Horn County, Montana

Community Health Services Development Community Health Assessment Report

Survey conducted by
Big Horn Hospital Association
Hardin, Montana

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

May 2013



Office of Rural Health
Area Health
Education Center



NATIONAL
RURAL HEALTH
RESOURCE CENTER

**Big Horn Hospital Association
Community Needs Assessment and Focus Groups
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Big Horn Hospital Association Community Survey Summary Report May 2013

I. Introduction

Big Horn Hospital Association is a non-profit 501(c)3 corporation incorporated in 1979. In 2005, Big Horn Hospital became a 25-bed critical access hospital serving the residents of Big Horn County. The patient population served by Big Horn Hospital Association is diverse and spreads over five thousand square miles of Big Horn County. A significant proportion of the patient population is Medicaid/Medicare eligible with patient composition of approximately 64% Native American, 32% Caucasian, and 4% Hispanic. Big Horn Hospital Association participated in the Community Health Services Development (CHSD) Project administrated by the Montana Office of Rural Health and the National Rural Health Resource Center (NRHRC) in Duluth, Minnesota. A part of this project involves community engagement and includes a health care service survey and focus groups.

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

II. Health Assessment Process

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 2013. For a list of all Steering Committee members and their affiliations, see Appendix A. The Steering Committee met twice during the CHSD process; first to discuss health concerns in the community and offer their perspective in designing the survey instrument, and again to review results of the survey and focus groups.

III. Survey Methodology

Survey Instrument

In March 2013, 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, and reasons for selection
- Local health care provider usage
- Services preferred locally
- Perception and satisfaction of local health care

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

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

Information Gaps

Data

It is a difficult task to define the health of the 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 continue 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 Center, Senior Center, 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 March, the community health services 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's letterhead, and a postage paid reply envelope were mailed to 650 randomly selected residents in the hospital's service area. A news release was sent to local newspapers prior to the survey distribution announcing that Big Horn Hospital Association would be conducting a community health services survey throughout the region in cooperation with the Montana Office of Rural Health.

As shown in the table below, 142 surveys were returned out of 650. Of that 650, 33 surveys were returned undeliverable for a 23% response rate. From this point on, the total number of surveys will be out of 617. Based upon the sample size, we can be 95% confident that the responses to the survey questions are representative of the service area population, plus or minus 6.08%.

IV. Survey Respondent Demographics

A total of 617 surveys were distributed amongst Big Horn Hospital Association's service area. One hundred forty-two surveys were completed for a 23% response rate. The following tables indicate the demographic characteristics of the survey respondents. Information on location, gender, age, education level, and employment is also 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)

2013 N= 136

2007 N= 198

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.

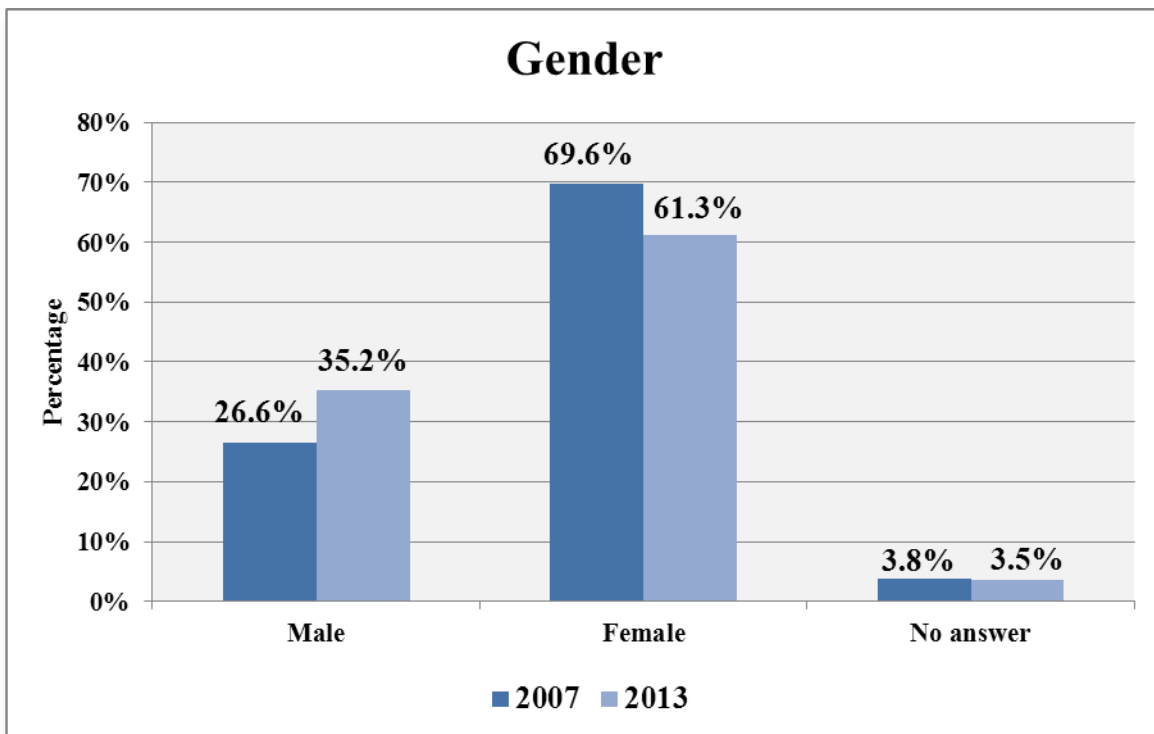
| | | 2007 | | 2013 | |
|--------------|----------|------------|-------------|------------|-------------|
| Location | Zip Code | Count | Percent | Count | Percent |
| Hardin | 59034 | 177 | 89.4% | 129 | 94.9% |
| Crow Agency | 59022 | 4 | 2.0% | 6 | 4.4% |
| Custer | 59024 | 6 | 3.0% | 1 | 0.7% |
| Fort Smith | 59035 | 0 | 0 | 0 | 0 |
| Colstrip | 59323 | 5 | 2.5% | Not asked | |
| Ashland | 59003 | 5 | 2.5% | Not asked | |
| Other | | 1 | 0.6% | 0 | 0 |
| TOTAL | | 198 | 100% | 136 | 100% |

Gender (Question 33)

2013 N= 142

2007 N= 214

Of the 142 surveys returned, 61.3% (n=87) of survey respondents were female; 35.2% (n=50) were male, and 3.5% (n=5) chose not to answer this question. The survey was distributed to a random sample consisting of 50% women and 50% men. It is not unusual for survey respondents to be predominantly female, particularly when the survey is health care oriented since women are frequently the health care decision makers for families.

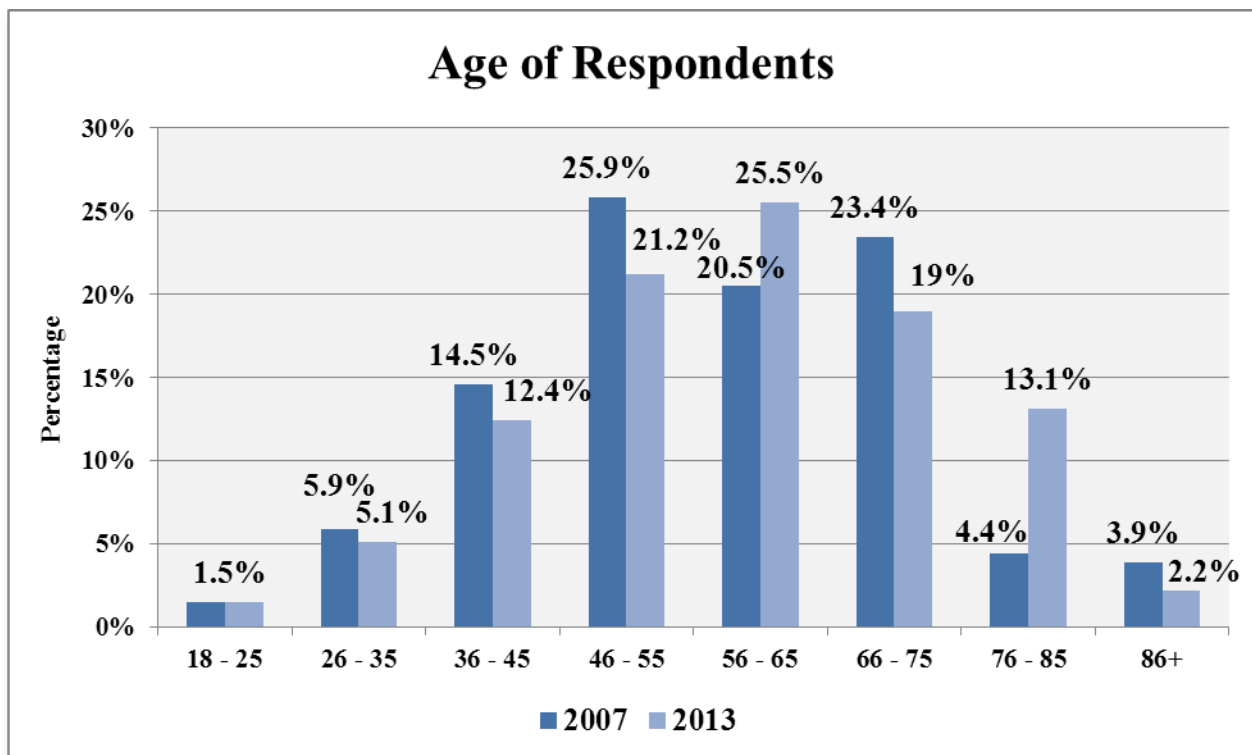


Age of Respondents (Question 34)

2013 N= 137

2007 N= 205

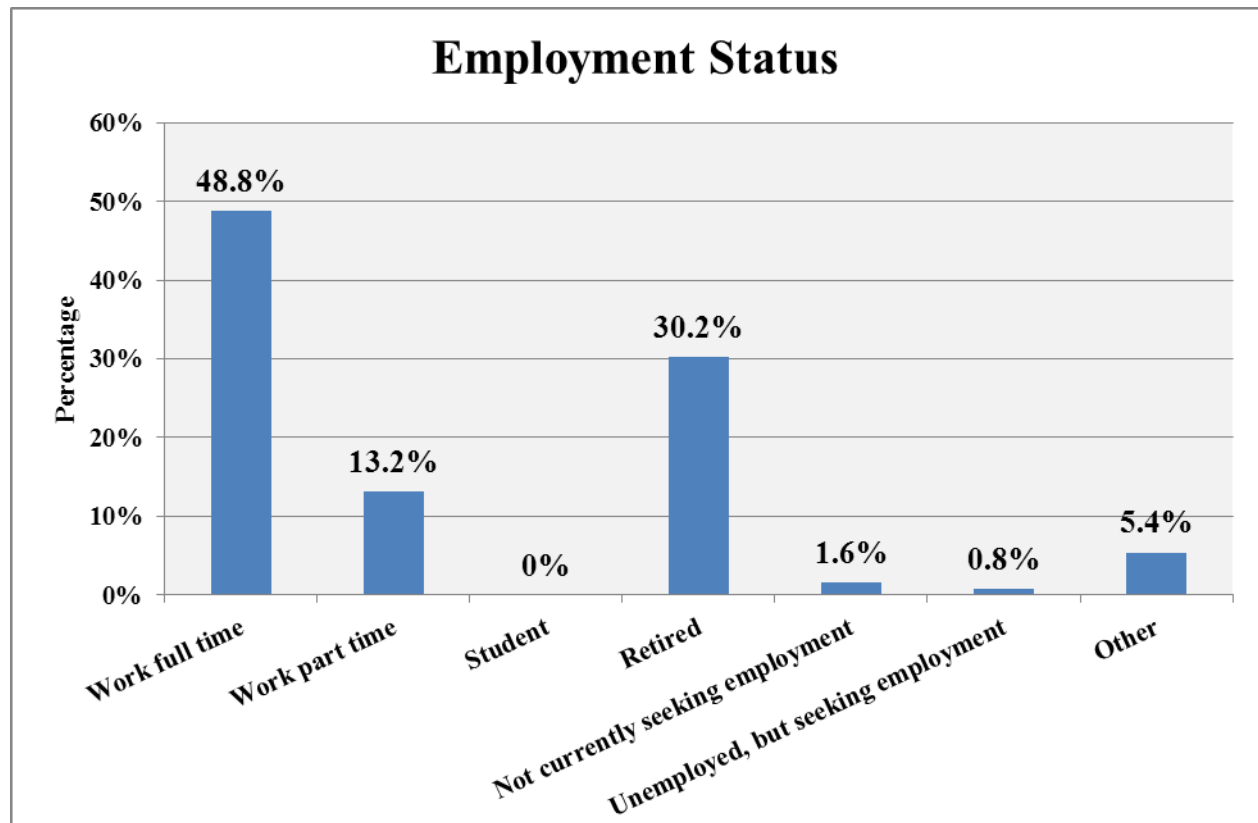
Twenty-six percent of respondents (n=35) were between the ages of 56-65. Twenty-one percent of respondents (n=29) were between the ages of 46-55 and 19% of respondents (n=26) were between the ages of 66-75. It is important to note that the survey was targeted to adults and therefore no respondents are under age 18. Older residents are also more invested in health care decision making, and therefore are more likely to respond to health care surveys, as reflected by this graph. Five respondents chose not to answer this question.



Employment Status (Question 35)

2013 N= 129

Forty-nine percent (n=63) of respondents reported working full time while 30.2% (n=39) are retired. Thirteen percent of respondents (n=17) indicated they work part time. Respondents could check all that apply so the percentages do not equal 100%. Thirteen respondents chose not to answer this question.



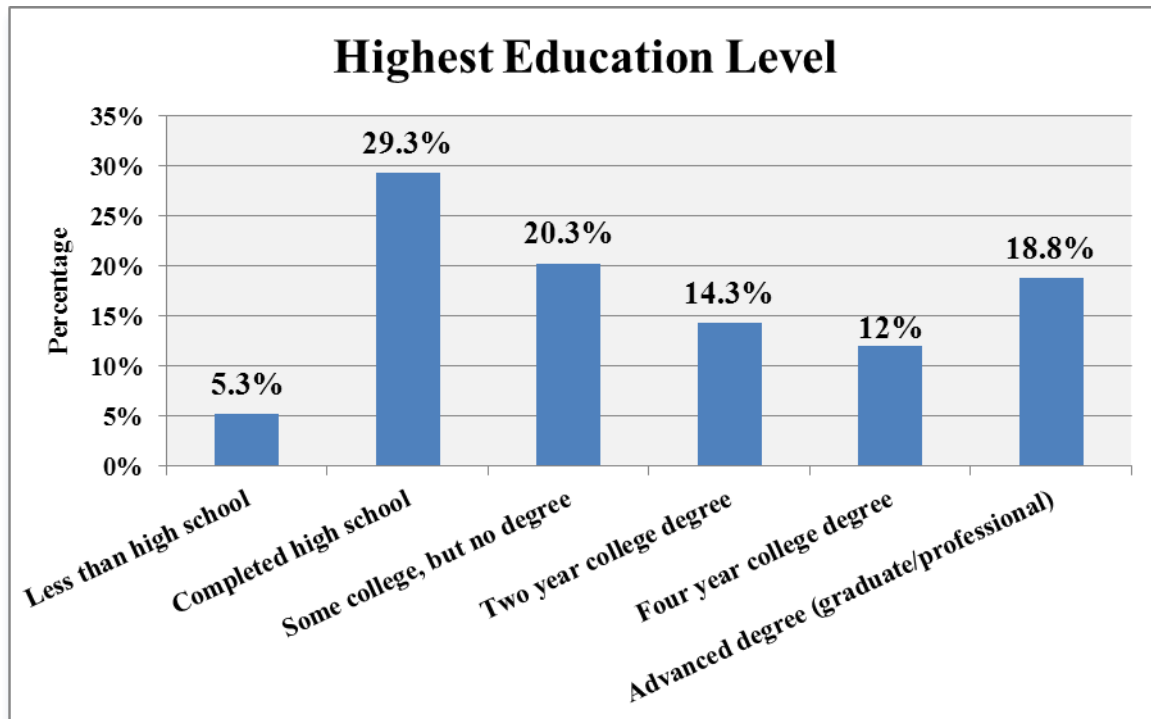
“Other” comments:

- [Work full time] Plus two part-time jobs
- Medical retirement
- Unable
- Disability – SSI (Social Security Income)
- Disabled (5)
- Need money
- Medicare Part D
- Self-employed

Educational Attainment (Question 36)

2013 N= 133

Respondents were asked to indicate the highest level of education obtained in their household. Thirty percent of respondents (n=39) indicated someone in the household had “Completed high school.” Twenty percent of respondents (n=27) indicated they had “Some college, but no degree” and 18.8% of respondents (n=25) indicated an “Advanced degree (graduate/professional).” Nine respondents chose not to answer this question.



“Other” comments:

- [Completed high school] GED (General Educational Development test)
- College graduate
- [Advanced degree] Medical retiree

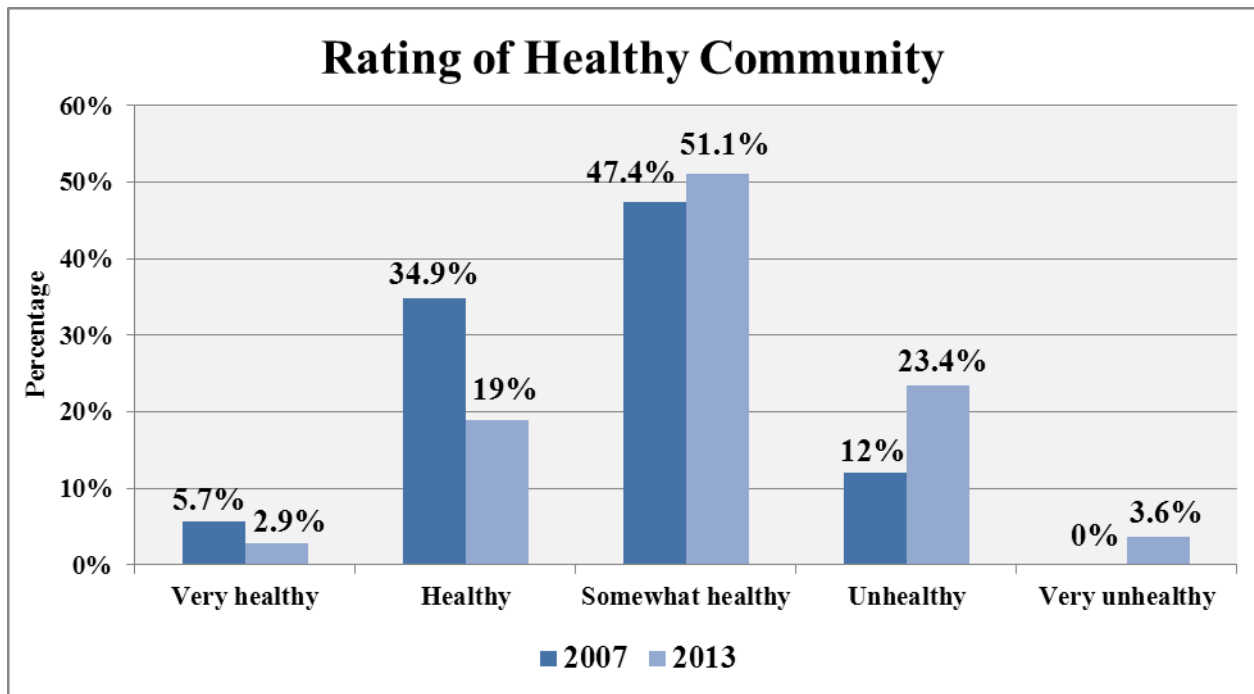
V. Survey Findings- Community Health

Impression of Community (Question 1)

2013 N= 137

2007 N= 209

Respondents were asked to indicate how they would rate the general health of their community. Fifty-one percent of respondents (n=70) rated their community as “Somewhat healthy.” Twenty-three percent of respondents (n=32) felt their community was “Unhealthy” and 19% (n=26) felt their community was “Healthy.” Five respondents chose not to respond to this question.



Health Concerns for Community (Question 2)

2013 N= 142

2007 N= 214

Respondents were asked what they felt the three most serious health concerns were in their community. The number one health concern identified by respondents was “Alcohol abuse/substance abuse” at 93% (n=132). “Overweight/obesity” was also a high priority at 50.7% (n=72), followed by “Diabetes” at 43.7% (n=62). Respondents were asked to pick their top three serious health concerns so percentages do not equal 100%.

| Health Concern | 2007 | | 2013 | |
|---------------------------------------|-----------|---------|-------|---------|
| | Count | Percent | Count | Percent |
| Alcohol abuse/substance abuse* | 168 | 78.5% | 132 | 93.0% |
| Overweight/obesity** | 62 | 29.0% | 72 | 50.7% |
| Diabetes*** | 57 | 26.6% | 62 | 43.7% |
| Child abuse/neglect**** | 31 | 14.5% | 33 | 23.2% |
| Cancer | 36 | 16.8% | 24 | 16.9% |
| Heart disease | 23 | 10.7% | 21 | 14.8% |
| Motor vehicle accidents | 23 | 10.7% | 19 | 13.4% |
| Domestic violence***** | 11 | 5.1% | 17 | 12.0% |
| Lack of exercise | 21 | 9.8% | 15 | 10.6% |
| Depression/anxiety | Not asked | | 10 | 7.0% |
| Tobacco use | 18 | 8.4% | 7 | 4.9% |
| Mental health issues | 14 | 6.5% | 6 | 4.2% |
| Stroke | 7 | 3.3% | 6 | 4.2% |
| Chronic pain | Not asked | | 6 | 4.2% |
| Lack of access to healthcare | 8 | 3.7% | 4 | 2.8% |
| Lack of dental care | 5 | 2.3% | 2 | 1.4% |
| Date violence | Not asked | | 1 | 0.7% |
| Recreation related accidents/injuries | Not asked | | 1 | 0.7% |
| Work related accidents/injuries | Not asked | | 0 | 0 |
| Other | 6 | 2.8% | 1 | 0.7% |

*In 2013, significantly more respondents cited alcohol/substance abuse as a serious health concern than in 2007 (2013: 93%, 2007: 78.5%)

**In 2013, significantly more respondents feel that overweight/obesity is a serious health concern than in 2007 (2013: 50.7%, 2007: 29%)

*** In 2013, significantly more people indicated that diabetes is a serious health concern than in 2007 (2013: 43.7%, 2007: 26.6%)

****In 2013, significantly more respondents believe child abuse/neglect is a serious health concern than in 2007 (2013: 23.2%, 2007: 14.5%)

*****In 2013, significantly more respondents cited domestic violence than in 2007 (2013: 12%, 2007: 5.1%)

“Other” comments:

- People who do not follow up with their doctor or do not follow instructions
- Dialysis
- Misinformation about nutrition

Components of a Healthy Community (Question 3)

2013 N= 142

2007 N= 214

Respondents were asked to identify the three most important things for a healthy community. Forty-seven percent of respondents (n=66) 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 43.7% (n=62) and third was “Good jobs and healthy economy” at 40.1% (n=57). Respondents were asked to identify their top three choices, thus the percentages will not add up to 100%.

| Important Component | 2007 | | 2013 | |
|--|-----------|---------|-------|---------|
| | Count | Percent | Count | Percent |
| Healthy behaviors and lifestyles | 81 | 37.9% | 66 | 46.5% |
| Access to health care and other services | 91 | 42.5% | 62 | 43.7% |
| Good jobs and a healthy economy | 75 | 35.0% | 57 | 40.1% |
| Strong family life | 61 | 28.5% | 47 | 33.1% |
| Religious or spiritual values | 31 | 14.5% | 29 | 20.4% |
| Low crime/safe neighborhoods | 53 | 24.8% | 28 | 19.7% |
| Fitness/wellness centers | Not asked | | 28 | 19.7% |
| Affordable housing* | 18 | 8.4% | 24 | 16.9% |
| Good schools | 40 | 18.7% | 21 | 14.8% |
| Community involvement | 22 | 10.3% | 14 | 9.9% |
| Access to fresh produce | Not asked | | 14 | 9.9% |
| Low death and disease rates | 5 | 2.3% | 8 | 5.6% |
| Low levels of domestic violence | 6 | 2.8% | 8 | 5.6% |
| Tolerance for diversity | 15 | 7.0% | 8 | 5.6% |
| More walking paths | Not asked | | 7 | 4.9% |
| Parks and recreation | 2 | 0.9% | 1 | 0.7% |
| Arts and cultural events** | 6 | 2.8% | 0 | 0 |
| Other | 0 | 0 | 2 | 1.4% |

*In 2013, significantly more respondents stated that affordable housing is an important component of a healthy community than in 2007 (2013: 16.9%, 2007: 8.4%)

**In 2007, significantly more respondents cited arts and cultural events as an important component than in 2013 (2007: 2.8%, 2013: 0%)

“Other” comments:

- Looking out for neighbors
- Exercise outside (not in fitness centers)
- Education

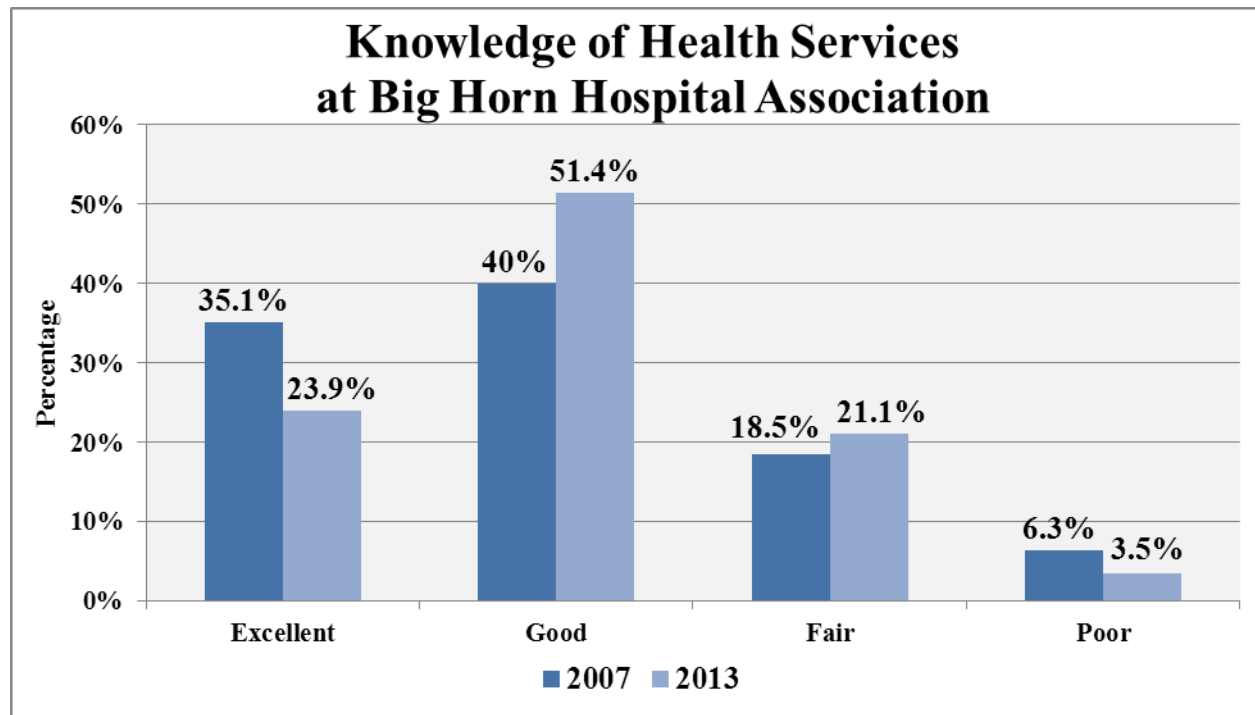
VI. Survey Findings- Awareness of Services

Overall Awareness of Big Horn Hospital Association's Services (Question 4)

2013 N= 142

2007 N= 205

Respondents were asked to rate their knowledge of the health care services available at Big Horn Hospital Association. Fifty-one percent (n=73) of respondents rated their knowledge of services as "Good." Twenty-four percent (n=34) rated their knowledge as "Excellent" and 21.1% of respondents (n=30) rated their knowledge as "Fair."



How Respondents Learn of Health Care Services (Question 5)

2013 N= 142

2007 N= 214

The most frequent method of learning about available services was “Health care provider” at 60.6% (n=86). “Word of mouth/reputation” and “Friends/family” were also frequent methods of learning about services with each at 58.5% (n=83). Respondents could select more than one method so percentages do not equal 100%.

| Method | 2007 | | 2013 | |
|--|-----------|---------|-------|---------|
| | Count | Percent | Count | Percent |
| Health care provider | 137 | 64.0% | 86 | 60.6% |
| Word of mouth/reputation | 119 | 55.6% | 83 | 58.5% |
| Friends/family | Not asked | | 83 | 58.5% |
| Newspaper* | 50 | 23.4% | 48 | 33.8% |
| Public health | Not asked | | 22 | 15.5% |
| Mailings/newsletters | Not asked | | 15 | 10.6% |
| Radio | 7 | 3.3% | 10 | 7.0% |
| Website/internet | 5 | 2.3% | 6 | 4.2% |
| TV | 5 | 2.3% | 6 | 4.2% |
| Social media platforms (i.e. Facebook) | Not asked | | 4 | 2.8% |
| Presentations | Not asked | | 3 | 2.1% |
| Other | 18 | 8.4% | 6 | 4.2% |

*In 2013, significantly more people learned of health care services from the newspaper than in 2007 (2013: 33.8%, 2007: 23.4%)

“Other” comments:

- The Briefs
- Hospital auxiliary
- I am a health professional. I know how to find out.
- I work at the hospital
- Experience
- Posters in the Post Office

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 learn of health care 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 HEALTH CARE SERVICES

| | Excellent | Good | Fair | Poor | Total |
|---|------------------|---------------|---------------|-------------|--------------|
| Health care provider | 19 (22.1%) | 54 (62.8%) | 12 (14%) | 1 (1.2%) | 86 |
| Radio | 4 (40%) | 4 (40%) | 2 (20%) | | 10 |
| Word of mouth/reputation | 22 (26.5%) | 41 (49.4%) | 17 (20.5%) | 3 (3.6%) | 83 |
| TV | 2 (33.3%) | 1 (16.7%) | 3 (50%) | | 6 |
| Newspaper | 10 (20.8%) | 27 (56.2%) | 9 (18.8%) | 2 (4.2%) | 48 |
| Presentations | 1 (33.3%) | 1 (33.3%) | 1 (33.3%) | | 3 |
| Mailings/newsletters | 5 (33.3%) | 5 (33.3%) | 4 (26.7%) | 1 (6.7%) | 15 |
| Website/internet | 1 (16.7%) | 2 (33.3%) | 3 (50%) | | 6 |
| Other | 2 (33.3%) | 2 (33.3%) | 2 (33.3%) | | 6 |
| Public health | 6 (27.3%) | 9 (40.9%) | 5 (22.7%) | 2 (9.1%) | 22 |
| Friends/family | 17 (20.5%) | 47 (56.6%) | 17 (20.5%) | 2 (2.4%) | 83 |
| Social media platforms (i.e. Facebook) | | 3 (75%) | 1 (25%) | | 4 |

Other Community Health Resources Utilized (Question 6)

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 cited community health resource used by respondents at 81.7% (n=116). “Dentist” was utilized by 50% of respondents (n=71) and “Eye doctor” was used by 45.1% (n=64). Respondents could select more than one resource utilized so percentages do not equal 100%.

| Resource | 2007 | | 2013 | |
|------------------|------------|--------------|------------|--------------|
| | Count | Percent | Count | Percent |
| Pharmacy | Not asked | | 116 | 81.7% |
| Dentist | 108 | 50.5% | 71 | 50.0% |
| Eye doctor | Not asked | | 64 | 45.1% |
| Chiropractor | Not asked | | 40 | 28.2% |
| Public health* | 15 | 7.0% | 34 | 23.9% |
| Senior center** | 7 | 3.3% | 15 | 10.6% |
| Mental health*** | 5 | 2.3% | 11 | 7.7% |
| WIC | Not asked | | 7 | 4.9% |
| Other | 6 | 2.8% | 7 | 4.9% |

*In 2013, significantly more people used public health resources than in 2007 (2013: 23.9%, 2007: 7%)

**In 2013, significantly more respondents used the senior center than in 2007 (2013: 10.6%, 2007: 3.3%)

***In 2013, significantly more respondents used mental health resources than in 2007 (2013: 7.7%, 2007: 2.3%)

“Other” comments:

- Church
- None (3)
- Clinic
- Primary care physician
- Massage therapist (2)
- Billings Clinic and Hospital
- Dialysis

Improvement for Community's Access to Health Care (Question 7)

2013 N= 142

2007 N= 214

Respondents were asked to indicate what they felt would improve their community's access to health care. Fifty-one percent of respondents (n=72) reported that the "Availability of walk-in clinic/longer hours" would make the greatest improvement. Forty-three percent of respondents (n=61) indicated they would like the "Availability of visiting specialists" and 32.4% (n=46) indicated that "More primary care providers" would improve access to health care. Respondents could select more than one service so percentages do not equal 100%.

| Improvement | 2007 | | 2013 | |
|---|-----------|---------|-------|---------|
| | Count | Percent | Count | Percent |
| Availability of walk-in clinic/longer hours | Not asked | | 72 | 50.7% |
| Availability of visiting specialists | 75 | 35.0% | 61 | 43.0% |
| More primary care providers | 64 | 29.9% | 46 | 32.4% |
| Health education resources* | 41 | 19.2% | 40 | 28.2% |
| Transportation assistance** | 23 | 10.7% | 34 | 23.9% |
| Improved quality of care*** | 18 | 8.4% | 32 | 22.5% |
| Cultural sensitivity | Not asked | | 16 | 11.3% |
| Telemedicine | 13 | 6.1% | 9 | 6.3% |
| Interpreter services | Not asked | | 4 | 2.8% |
| Other | 14 | 6.5% | 9 | 6.3% |

*In 2013, significantly more respondents felt that greater health education resources would improve access to community health care than in 2007 (2013: 28.2%, 2007: 19.2%)

**In 2013, significantly more respondents indicated transportation assistance as an item that would improve access to health care than in 2007 (2013: 23.9%, 2007: 10.7%)

***In 2013, significantly more respondents cited the need for improved quality of care than in 2007 (2013: 22.5%, 2007: 8.4%)

"Other" comments:

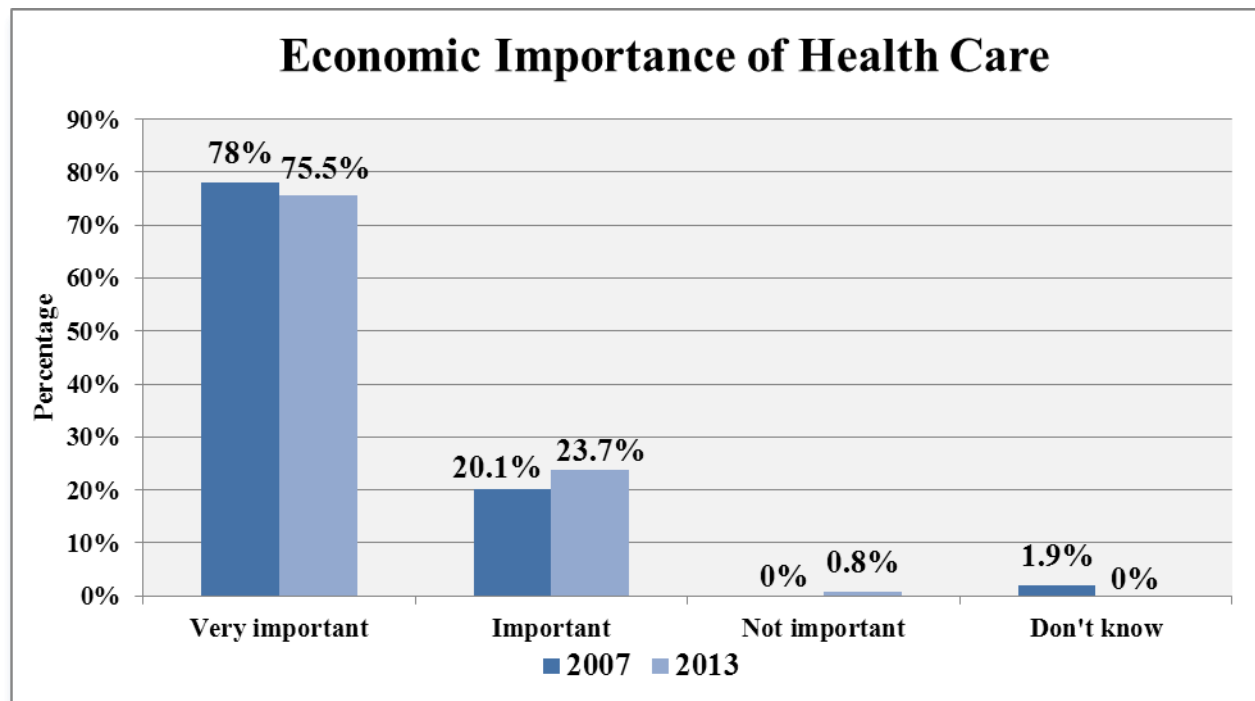
- For physicians to learn more about patients' lives and really care
- Lower cost
- Better primary care providers
- Nutrition counseling
- Better insurance
- Mental health services - more hours
- I think we have EXCELLENT health care available in our community
- We have excellent health care in this county... just too many non-compliant patients
- Dialysis Center

Economic Importance of Local Health Care Providers and Services (Question 8)

2013 N= 139

2007 N= 209

The majority of respondents, 75.5% (n=105), indicated that local health care providers and services (i.e.: hospitals, clinics, nursing homes, assisted living, etc.) are “Very important” to the economic well-being of the area. Twenty-four percent of respondents (n=33) indicated they are “Important” and only one person, or 0.8%, felt they are “Not important.” Three respondents did not answer this question.



Interest in Health Education Classes (Question 9)

2013 N= 142

Respondents were asked if they would be interested in any health education classes if offered locally. The class/program most highly indicated was “Weight loss” at 45.1% of respondents (n=64). “Women’s health” was selected by 35.9% of respondents (n=51) and “Fitness” as well as “Health/wellness” were both selected by 35.2% (n=50). Respondents could select more than one method so percentages do not equal 100%.

| Educational Class/Program | Count | Percent |
|----------------------------------|--------------|----------------|
| Weight loss | 64 | 45.1% |
| Women’s health | 51 | 35.9% |
| Fitness | 50 | 35.2% |
| Health/wellness | 50 | 35.2% |
| Diabetes | 42 | 29.6% |
| Men’s health | 31 | 21.8% |
| Alzheimer’s | 30 | 21.1% |
| Nutrition | 29 | 20.4% |
| Cancer | 28 | 19.7% |
| Heart disease | 26 | 18.3% |
| Alcohol/substance abuse | 23 | 16.2% |
| Smoking cessation | 23 | 16.2% |
| First Aid/CPR | 22 | 15.5% |
| Parenting | 18 | 12.7% |
| Mental health | 17 | 12.0% |
| Support groups | 16 | 11.3% |
| Grief counseling | 13 | 9.2% |
| Prenatal | 7 | 4.9% |
| Other | 5 | 3.5% |

“Other” comments:

- N/A
- That an individual has the last word and right to determine his/her decisions, not talked into decisions by health care providers.
- None
- I don’t think I need any of these
- Dialysis

Needed Senior Residential Services (Question 10)

2013 N= 142

Respondents were asked to identify which senior residential services are needed in the community. Fifty-one percent of respondents (n=72) indicated the community needed a “Senior retirement housing/community.” Forty-seven percent (n=66) indicated a need for a “Personal care home” and 40.8% (n=58) felt “Adult day care” was needed in the community. Respondents could select all that apply, thus percentages do not equal 100%.

| Service | Count | Percent |
|-------------------------------------|-------|---------|
| Senior retirement housing/community | 72 | 50.7% |
| Personal care home | 66 | 46.5% |
| Adult day care | 58 | 40.8% |
| Assisted living facility | 51 | 35.9% |
| Senior respite care | 32 | 22.5% |
| Other | 9 | 6.3% |

“Other” comments:

- [Assisted Living] Don’t like current assisted living
- Affordable senior care
- More housing for senior couples
- Private rooms
- More long-term care
- I don’t know
- Not sure
- I don’t know of any
- Dialysis Center
- Delivery of meals further than one mile
- Educate the community about elderly assistance (i.e. burial, insurance, drug options, and computer aides)

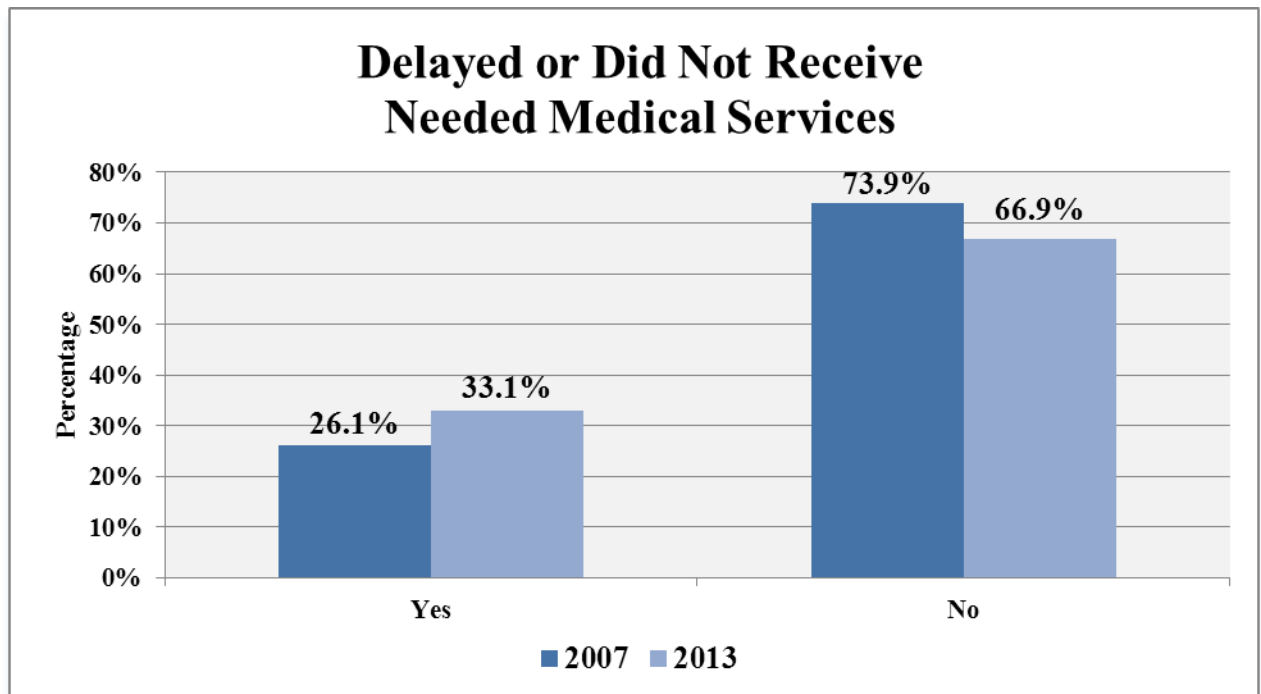
VII. Survey Findings- General Use of Health Care Services

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

2013 N= 130

2007 N= 188

Approximately one third, or 33.1%, of respondents (n=43) reported that they or a member of their household thought they needed health care services but did not get it or had to delay getting it. Sixty-seven percent of respondents (n=87) felt they were able to get the health care services they needed without delay and twelve respondents chose not to answer this question.



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

2013 N= 43

2007 N= 49

For those who indicated they were unable to receive or had to delay services, the reasons most cited were: “It costs too much” (51.2%, n=22), “Too long to wait for an appointment” (27.9%, n=12) and “Office wasn’t open when I could go” (25.6%, n=11). Respondents were asked to indicate their top three choices, thus percentages do not total 100%.

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

*In 2013, significantly more respondents that had a delay of health care indicated “Office wasn’t open when I could go” than in 2007 (2013: 25.6%, 2007 6.1%)

“Other” comments:

- [Not treated with respect] Happened one time
- Didn’t have doctor & equipment
- No reason
- Clinic nurse/doctor didn’t return messages
- The only doctor available was not one I wished to see

Preventative Services (Question 13)

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 55.6% of respondents (n=79). Fifty-one percent of respondents (n=72) indicated they received a “Routine physical/physical exam” and 48.6% of respondents (n=69) had a “Cholesterol check.” Respondents could check all that apply, thus the percentages will not equal 100%.

| Preventative Service | Count | Percent |
|--------------------------------|-------|---------|
| Flu shot | 79 | 55.6% |
| Routine physical/physical exam | 72 | 50.7% |
| Cholesterol check | 69 | 48.6% |
| Routine blood pressure | 63 | 44.4% |
| Mammography | 46 | 32.4% |
| Blood sugar screening | 42 | 29.6% |
| Pap smear | 37 | 26.1% |
| Prostate (PSA) | 25 | 17.6% |
| Colonoscopy | 18 | 12.7% |
| Children’s checkup/Well baby | 17 | 12.0% |
| Bone density scan (Dexascan) | 16 | 11.3% |
| None | 8 | 5.6% |
| Other | 4 | 2.8% |

“Other” comments:

- MRI
- Coumadin Levels
- Thyroid checked
- Vaccination
- Blood work
- None locally!
- Dialysis

Desired Local Health Care Services (Question 14)

2013 N= 142

2007 N= 214

Respondents were asked to indicate which health care professionals or services presently not available would they use if available locally. Respondents indicated the most interest in having “ENT (ear/nose/throat)” services at 35.2% (n=50) followed by “Dermatology” at 29.6% (n=42), then “Ophthalmology (eye doctor)” at 21.8% (n=31). Respondents were asked to check all that apply so percentages do not equal 100%.

| Service | 2007 | | 2013 | |
|----------------------------|-----------|---------|-------|---------|
| | Count | Percent | Count | Percent |
| ENT (ear/nose/throat) | Not asked | | 50 | 35.2% |
| Dermatology | 30 | 14.0% | 42 | 29.6% |
| Ophthalmology (eye doctor) | 46 | 21.5% | 31 | 21.8% |
| General surgeon | Not asked | | 21 | 14.8% |
| Orthopedic surgeon | Not asked | | 21 | 14.8% |
| Podiatry | Not asked | | 21 | 14.8% |
| OB/GYN | Not asked | | 10 | 7.0% |
| Other | 10 | 4.7% | 4 | 2.8% |

“Other” comments:

- Macular degeneration doctor
- None
- All physical specialists needed
- Heart doctor (2)
- Dialysis
- I’m not in need of any right now
- Counseling/therapy if more than just one person was available

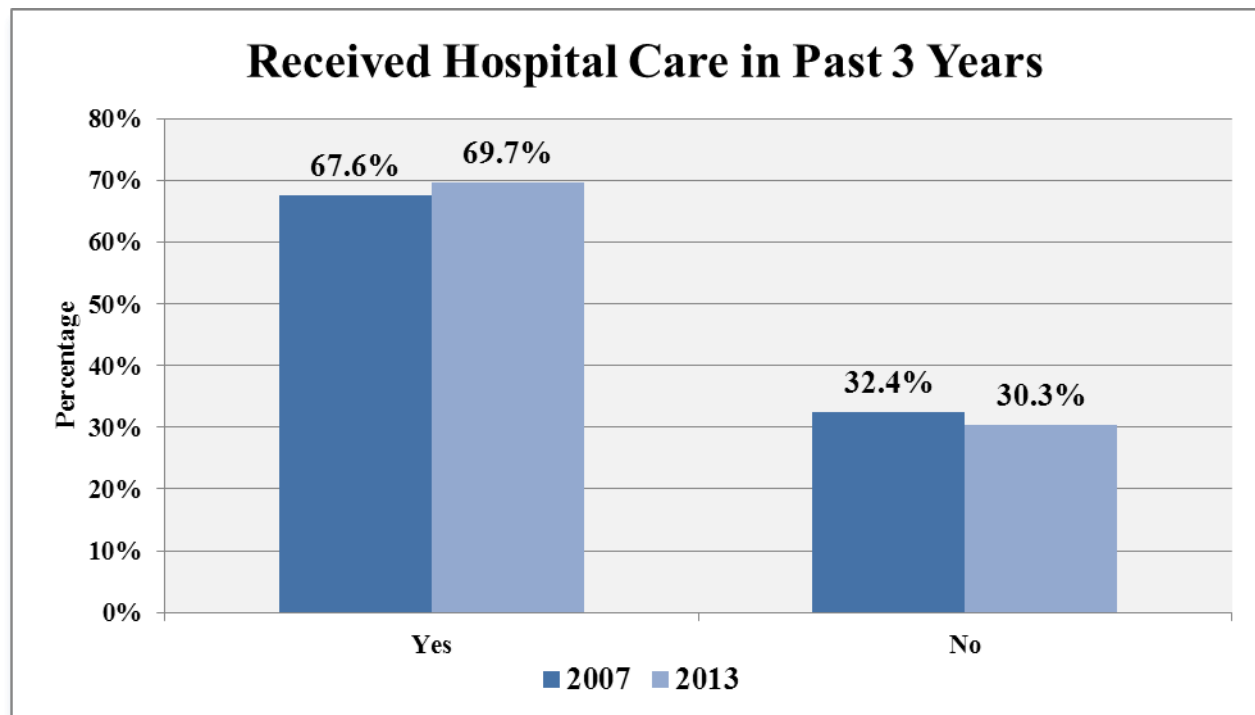
VIII. Survey Findings- Hospital Care

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

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. Thirty percent (n=40) had not received hospital services and ten respondents did not answer this question.



“Other” comments:

- [Yes] In Billings at St. V’s
- [Yes] Not Hardin

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

2013 N= 76

Of the 92 respondents who indicated receiving hospital care in the previous three years, 53.9% (n=41) reported receiving care at Big Horn. Thirty-two percent of respondents (n=24) went to St. Vincent's in Billings and 7.9% of respondents (n=6) utilized services from Billings Clinic. Sixteen of the 92 respondents who reported they had been to a hospital in the past three years did not indicate where they had received their hospital care. In 2007, respondents could select more than one hospital utilized, thus a comparison is not available.

| Hospital | Count | Percent |
|--------------------------|-----------|-------------|
| Big Horn | 41 | 53.9% |
| St. Vincent's (Billings) | 24 | 31.6% |
| Billings Clinic | 6 | 7.9% |
| Crow Agency (IHS) | 4 | 5.3% |
| Other | 1 | 1.3% |
| TOTAL | 76 | 100% |

“Other” comments:

- Hardin Clinic & Hospital
- VA (Veteran's Affairs)
- Yellowstone Surgery Center (2 days)
- [St. Vincent's] 5 days
- Hardin Memorial
- Billings for routine/non-emergency
- Hardin for emergencies

Reasons for Selecting the Hospital Most Utilized (Question 17)

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 “Closest to home” at 58.7% (n=54). “Prior experience with hospital” was selected by 51.1% of respondents (n=47) and 43.5% (n=40) selected “Referred by physician.” 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 | |
|--|-----------|---------|-------|---------|
| | Count | Percent | Count | Percent |
| Closest to home* | 57 | 40.7% | 54 | 58.7% |
| Prior experience with hospital** | 46 | 32.9% | 47 | 51.1% |
| Referred by physician | 65 | 46.4% | 40 | 43.5% |
| Hospital’s reputation for quality*** | 20 | 14.3% | 33 | 35.9% |
| Emergency, no choice | 31 | 22.1% | 30 | 32.6% |
| Required by insurance plan/in-network hospital**** | 6 | 4.3% | 13 | 14.1% |
| Indian Health Services | Not asked | | 10 | 10.9% |
| Recommended by family or friends | 8 | 5.7% | 9 | 9.8% |
| Cost of care | 4 | 2.9% | 7 | 7.6% |
| Closest to work | 5 | 3.6% | 6 | 6.5% |
| VA/Military requirement | 1 | 0.7% | 2 | 2.2% |
| Other | 6 | 4.3% | 1 | 1.1% |

*In 2013, significantly more respondents selected a hospital that was close to home than in 2007 (2013: 58.7%, 2007: 40.7%)

**In 2013, significantly more respondents cited prior experience with hospital than in 2007 (2013: 51.1%, 2007: 32.9%)

***In 2013, significantly more people selected a hospital based on its reputation for quality than in 2007 (2013: 35.9%, 2007: 14.3%)

****In 2013, significantly more respondents selected a hospital based on requirements from their insurance plan/in-network hospital than in 2007 (2013: 14.1%, 2007: 4.3%)

“Other” comments:

- Heart doctor

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.

LOCATION OF MOST UTILIZED HOSPITAL BY RESIDENCE

| | Big Horn | Billings Clinic | Crow Agency (IHS) | St. Vincent's (Billings) | Other | Total |
|--------------------------|-----------------------|------------------------|--------------------------|---------------------------------|---------------------|--------------|
| Hardin 59034 | 40 (58.8%) | 5 (7.4%) | 1 (1.5%) | 21 (30.9%) | 1 (1.5%) | 68 |
| Crow Agency 59022 | | 1 (25%) | 3 (75%) | | | 4 |
| Fort Smith 59035 | | | | | | 0 |
| Custer 59024 | | | | | | 0 |
| TOTAL | 40 (55.6%) | 6 (8.3%) | 4 (5.6%) | 21 (29.2%) | 1 (1.4%) | 72 |

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 left side.

LOCATION OF MOST UTILIZED HOSPITAL BY REASONS HOSPITAL SELECTED

| | Big Horn | Billings Clinic | Crow Agency (IHS) | St. Vincent's (Billings) | Other | Total |
|--|-----------------|------------------------|--------------------------|---------------------------------|--------------|--------------|
| Cost of care | 2 (50%) | | 1 (25%) | 1 (25%) | | 4 |
| Closest to home | 39 (86.7%) | | 4 (8.9%) | 1 (2.2%) | 1 (2.2%) | 45 |
| Closest to work | 5 (100%) | | | | | 5 |
| Emergency, no choice | 15 (62.5%) | 1 (4.2%) | 2 (8.3%) | 6 (25%) | | 24 |
| Hospital's reputation for quality | 11 (39.3%) | 4 (14.3%) | | 12 (42.9%) | 1 (3.6%) | 28 |
| Prior experience with hospital | 24 (54.5%) | 2 (4.5%) | 1 (2.3%) | 16 (36.4%) | 1 (2.3%) | 44 |
| Recommended by family or friends | 3 (37.5%) | 2 (25%) | | 3 (37.5%) | | 8 |
| Referred by physician | 14 (38.9%) | 4 (11.1%) | 1 (2.8%) | 17 (47.2%) | | 36 |
| Required by insurance plan/ in-network hospital | 4 (30.8%) | 2 (15.4%) | | 7 (53.8%) | | 13 |
| Indian Health Services | | 1 (16.7%) | 4 (66.7%) | 1 (16.7%) | | 6 |
| VA/Military requirement | | | | | | 0 |
| Other | | | | 1 (100%) | | 1 |

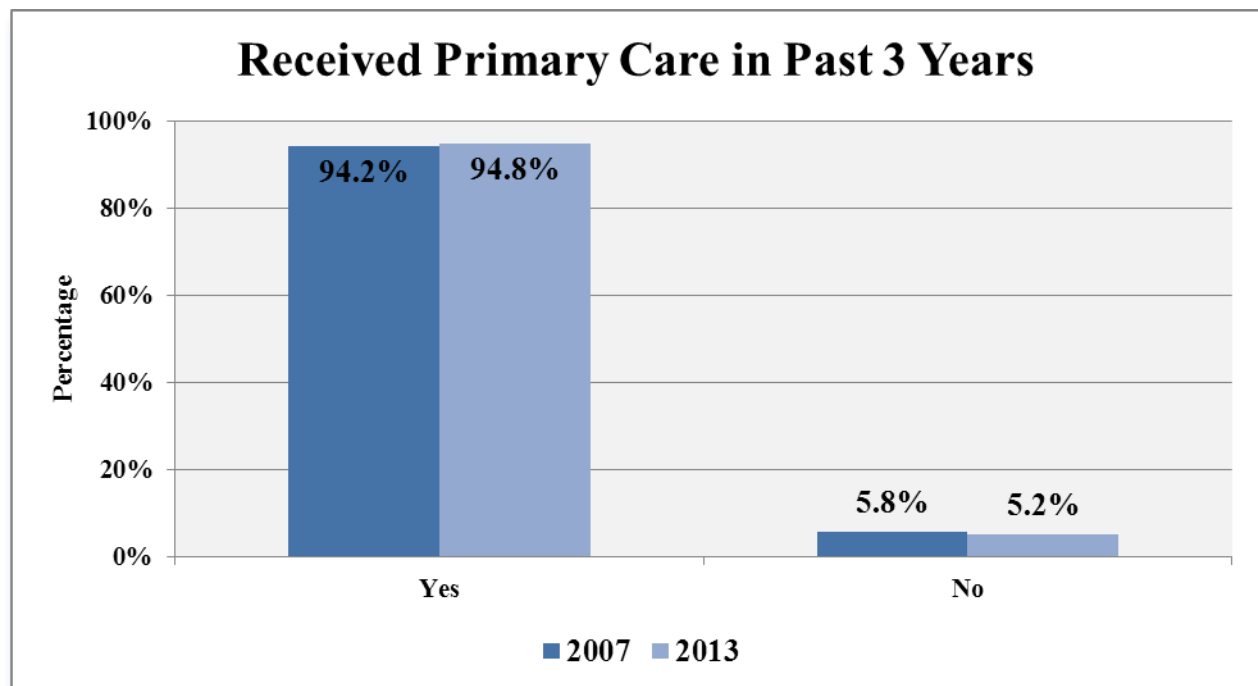
IX. Survey Findings- Primary Care

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

2013 N= 134

2007 N= 206

Ninety-five percent of respondents (n=127) indicated that they or someone in their household had been seen by a primary care provider (such as a family physician, physician assistant, or nurse practitioner) for health care services in the past three years. Eight respondents chose not to answer this question.



Location of Primary Care Provider (Question 19)

2013 N= 118

Of the 127 respondents who indicated receiving primary care services in the previous three years, 86.4% (n=102) reported receiving care in Hardin. Nine percent of respondents (n=11) went to Billings and 4.3% of respondents (n=5) utilized primary care services in Crow Agency. Nine of the 127 respondents who reported they had utilized primary care services in the past three years did not indicate where they received those services. In 2007, respondents could select more than one location for primary care provider utilized, thus a comparison is not available.

| Primary Care Provider Location | Count | Percent |
|--------------------------------|------------|-------------|
| Hardin | 102 | 86.4% |
| Billings | 11 | 9.3% |
| Crow Agency | 5 | 4.3% |
| Sheridan, WY | 0 | 0 |
| Other | 0 | 0 |
| TOTAL | 118 | 100% |

“Other” comments:

- Roseburg, OR

Reasons for Selection of Primary Care Provider (Question 20)

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. “Closest to home” (57.5%, n=73) was the most frequently selected factor. “Prior experience with clinic” was selected by 55.1% of respondents (n=70) and “Appointment availability” was selected by 33.1% (n=42). Respondents were asked to check all that apply so the percentages do not equal 100%.

| Reason | 2007 | | 2013 | |
|--|-----------|---------|-------|---------|
| | Count | Percent | Count | Percent |
| Closest to home | 101 | 52.1% | 73 | 57.5% |
| Prior experience with clinic | 102 | 52.6% | 70 | 55.1% |
| Appointment availability | 52 | 26.8% | 42 | 33.1% |
| Clinic’s reputation for quality | 43 | 22.2% | 29 | 22.8% |
| Recommended by family or friends* | 15 | 7.7% | 21 | 16.5% |
| Length of waiting room time | 13 | 6.7% | 15 | 11.8% |
| Referred by physician or other provider | 25 | 12.9% | 13 | 10.2% |
| Indian Health Services | Not asked | | 10 | 7.9% |
| Required by insurance plan/in-network provider | 17 | 8.8% | 8 | 6.3% |
| Cost of care | 9 | 4.6% | 6 | 4.7% |
| VA/Military requirement | 2 | 1.0% | 4 | 3.1% |
| Other | 13 | 6.7% | 10 | 7.9% |

*In 2013, significantly more respondents selected a clinic that was recommended by family or friends than in 2007 (2013: 16.5%, 2007: 7.7%)

“Other” comments:

- There was a female doctor
- Reputation of provider, P.A. Kim Caprata
- Prior experience with P.A.
- Found in phonebook
- Love our doctor
- Chosen family doctor
- I like her and she’s great
- Physician’s ability
- Yearly preventative care for eyes
- History with provider (3)
- They have that call-in on Thursday where you can try to get in for same-day appointments. It works out good
- Doctor was provided when I was hospitalized

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.

LOCATION OF CLINIC MOST UTILIZED BY RESIDENCE

| | Hardin | Billings | Crow Agency | Sheridan, WY | Other | Total |
|------------------------------|-----------------------|----------------------|------------------------|-------------------------|--------------|--------------|
| Hardin 59034 | 97 (89%) | 10 (9.2%) | 2 (1.8%) | | | 109 |
| Crow Agency 59022 | 1 (25%) | | 3 (75%) | | | 4 |
| Fort Smith 59035 | | | | | | 0 |
| Custer 59024 | | | | | | 0 |
| TOTAL | 98 (86.7%) | 10 (8.8%) | 5 (4.4%) | 0 | 0 | 113 |

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

| | Hardin | Billings | Crow Agency | Sheridan, WY | Other | Total |
|---|---------------|-----------------|--------------------|---------------------|--------------|--------------|
| Appointment availability | 36 (92.3%) | 1 (2.6%) | 2 (5.1%) | | | 39 |
| Clinic's reputation for quality | 28 (96.6%) | 1 (3.4%) | | | | 29 |
| Closest to home | 65 (97%) | | 2 (3%) | | | 67 |
| Cost of care | 4 (66.7%) | 1 (16.7%) | 1 (16.7%) | | | 6 |
| Length of waiting room time | 11 (78.6%) | 1 (7.1%) | 2 (14.3%) | | | 14 |
| Prior experience with clinic | 61 (91%) | 6 (9%) | | | | 67 |
| Recommended by family or friends | 19 (90.5%) | 2 (9.5%) | | | | 21 |
| Referred by physician or other provider | 7 (63.6%) | 4 (36.4%) | | | | 11 |
| Required by insurance plan/in-network provider | 7 (87.5%) | 1 (12.5%) | | | | 8 |
| VA/Military requirement | 1 (50%) | 1 (50%) | | | | 2 |
| Other | 8 (80%) | 2 (20%) | | | | 10 |
| Indian Health Services | 2 (40%) | | 3 (60%) | | | 5 |

X. Survey Findings- Specialty Care

Use of Health Care Specialists during the Past Three Years (Question 21)

2013 N= 132

2007 N= 202

Seventy-five percent of respondents (n=99) indicated they or a household member had seen a health care specialist during the past three years. Twenty-five percent (n=33) indicated they had not seen a specialist and ten respondents chose not to answer this question.



“Other” comments:

- Sleep specialist

Type of Health Care Specialist Seen (Question 22)

2013 N= 99

2007 N= 147

Respondents saw a wide array of health care specialists. The most frequently indicated specialist was a “Dentist” at 51.5% of respondents (n=51) having utilized their services. “Cardiologist” was the second most utilized specialist at 30.3% (n=30) and “Physical therapist” was third at 25.3% (n=25). Respondents were asked to choose all that apply so percentages do not equal 100%.

| Health Care Specialist | 2007 | | 2013 | |
|---------------------------|-----------|---------|-------|---------|
| | Count | Percent | Count | Percent |
| Dentist | Not asked | | 51 | 51.5% |
| Cardiologist | 35 | 23.8% | 30 | 30.3% |
| Physical therapist | Not asked | | 25 | 25.3% |
| Orthopedic surgeon* | 54 | 36.7% | 22 | 22.2% |
| Chiropractor | 28 | 19.0% | 22 | 22.2% |
| Dermatologist | 25 | 17.0% | 18 | 18.2% |
| ENT (ear/nose/throat) | 17 | 11.6% | 14 | 14.1% |
| Radiologist | Not asked | | 13 | 13.1% |
| OB/GYN | 20 | 13.6% | 11 | 11.1% |
| Ophthalmologist | Not asked | | 10 | 10.1% |
| Vein doctor | Not asked | | 10 | 10.1% |
| Gastroenterologist | Not asked | | 9 | 9.1% |
| Mental health counselor | 9 | 6.1% | 9 | 9.1% |
| Urologist | 20 | 13.6% | 9 | 9.1% |
| Pulmonologist | Not asked | | 8 | 8.1% |
| General surgeon | 18 | 12.2% | 8 | 8.1% |
| Neurologist | 18 | 12.2% | 8 | 8.1% |
| Allergist | Not asked | | 7 | 7.1% |
| Dietician | Not asked | | 7 | 7.1% |
| Oncologist | 7 | 4.8% | 6 | 6.1% |
| Neurosurgeon | Not asked | | 5 | 5.1% |
| Endocrinologist | Not asked | | 4 | 4.0% |
| Pediatrician | 3 | 2.0% | 4 | 4.0% |
| Podiatrist | 13 | 8.8% | 4 | 4.0% |
| Rheumatologist | Not asked | | 4 | 4.0% |
| Speech therapist | Not asked | | 4 | 4.0% |
| Occupational therapist | Not asked | | 3 | 3.0% |
| Social worker | 0 | 0 | 3 | 3.0% |
| Psychiatrist (M.D.) | 4 | 2.7% | 3 | 3.0% |
| Geriatrician | Not asked | | 2 | 2.0% |
| Psychologist | 6 | 4.1% | 2 | 2.0% |
| Substance abuse counselor | 0 | 0 | 2 | 2.0% |
| Other | 16 | 10.9% | 6 | 6.1% |

*In 2007, significantly more respondents had seen an orthopedic surgeon than in 2013 (2007: 36.7%, 2013: 22.2%)

“Other” comments: - Eye doctor for macular degeneration in Billings - Weight management
 - Colonoscopy - Vascular surgeon - Plastic surgeon -Sleep Clinic - Dialysis Doctor

Location of Health Care Specialist (Question 23)

2013 N= 99

2007 N= 147

For those respondents who indicated they saw a health care specialist, 90.9% (n=90) saw one in Billings. Hardin was the second most utilized location at 29.3% (n=29). Respondents could select more than one location; therefore percentages do not equal 100%.

| Location | 2007 | | 2013 | |
|-------------|-------|---------|-------|---------|
| | Count | Percent | Count | Percent |
| Billings | 132 | 89.8% | 90 | 90.9% |
| Hardin | 39 | 26.5% | 29 | 29.3% |
| Crow Agency | 12 | 8.2% | 6 | 6.1% |
| Other | 5 | 3.4% | 2 | 2.0% |

“Other” comments:

- Forsyth, MT
- Miles City, MT
- Mayo Clinic
- Billings OBGYN & St. Vincent’s Hospital

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

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. Respondents were asked to rate the services using the scale of 4=Excellent, 3=Good, 2=Fair, 1=Poor and “Don’t know” or “Haven’t used.” The sums of the average scores were then calculated with “Physical therapy” receiving the top average score of 3.5 out of 4.0. “Radiology” and “Laboratory” received scores of 3.4 and 3.3, respectively. The total average score was 3.3, indicating the overall services of the hospital to be “Good.”

2013

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

2007

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

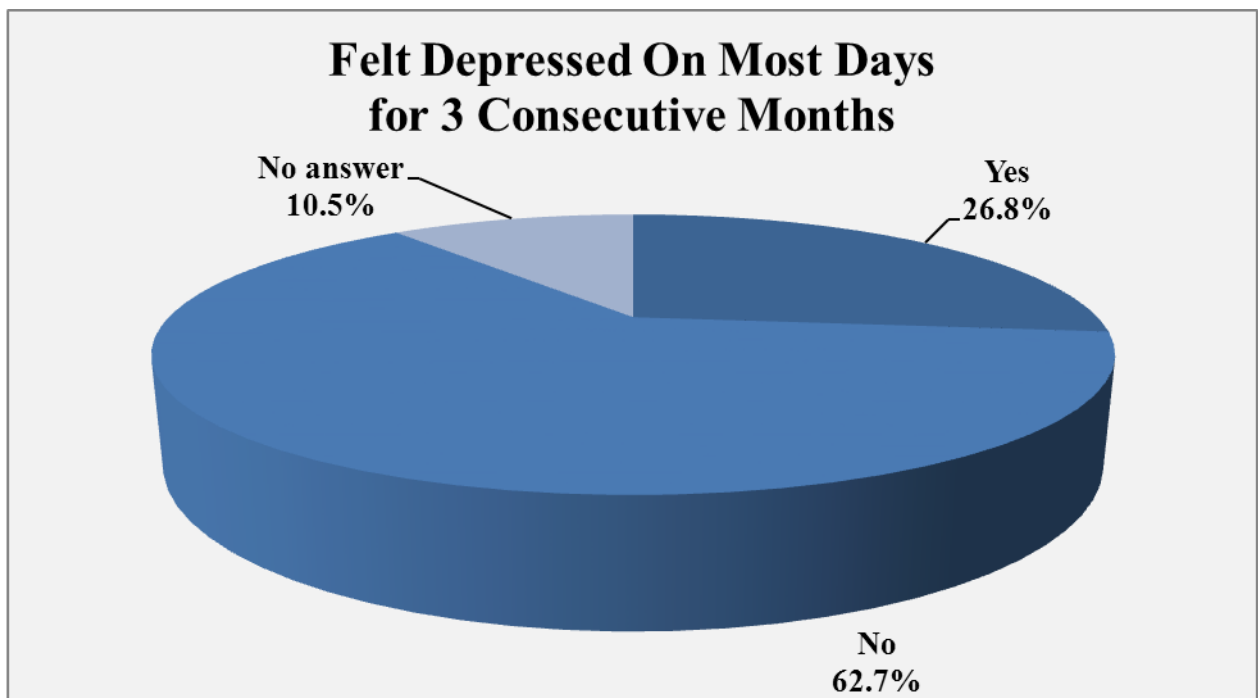
*In 2007, respondents were more likely to give the emergency room a favorable rating than in 2013 (2007: 3.4, 2013: 3.1).

XI. Survey Findings- Personal Health & Health Insurance

Prevalence of Depression (Question 25)

2013 N= 142

Respondents were asked to indicate if there were periods of at least three consecutive months in the past three years where they felt depressed on most days. Twenty-seven percent of respondents (n=38) indicated they had experienced periods of feeling depressed and 62.7% of respondents (n=89) indicated they had not. Fifteen respondents (10.5%) chose not to answer this question.



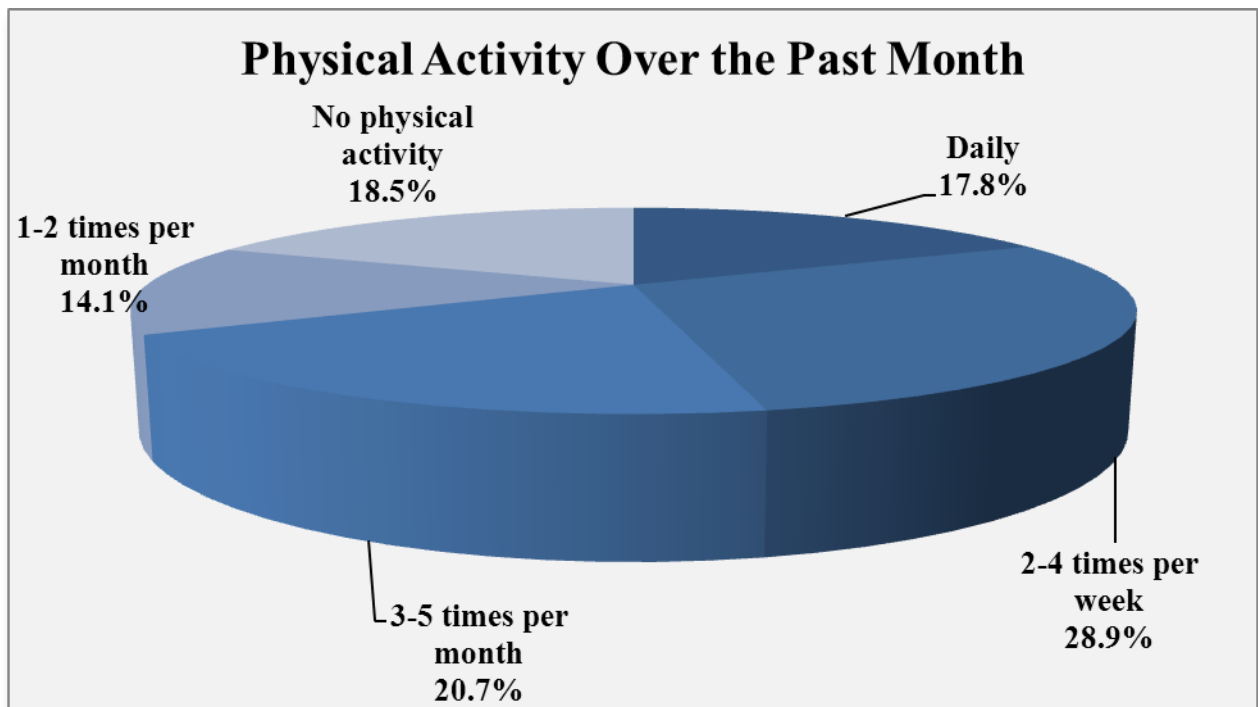
“Other” comments:

- [Yes] Every time I look downtown!

Physical Activity (Question 26)

2013 N= 135

Respondents were asked to indicate how frequently they had moderate to vigorous physical activity for at least 20 minutes over the past month. Twenty-nine percent of respondents (n=39) indicated they had physical activity of at least 20 minutes “2-4 times per week” over the past month and 20.7% (n=28) indicated they had physical activity “3-5 times per month.” Nineteen percent of respondents (n=25) indicated they had “No physical activity.” Seven respondents chose not to answer this question.



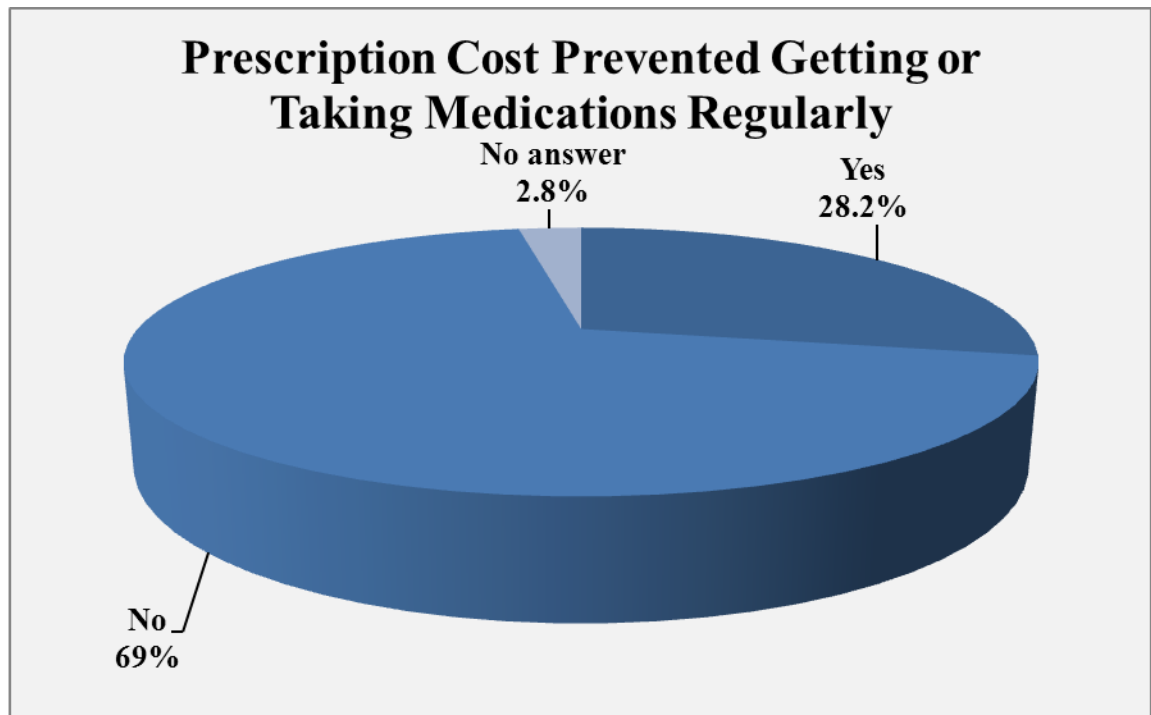
“Other” comments:

- [Daily] Lost son & husband one year apart (cancer)
- [No physical activity] Recent surgery
- [No physical activity] Besides dusting furniture at home

Cost and Prescription Medications (Question 27)

2013 N= 142

Respondents were asked to indicate if, during the last year, medication costs had prohibited them from getting a prescription or taking their medication regularly. Twenty-eight percent of respondents (n=40) indicated that cost prohibited them from getting a prescription or taking their medication regularly in the last year. Sixty-nine percent of respondents (n=98) indicated that cost had not prohibited them. Four respondents (2.8%) chose not to answer this question.



“Other” comments:

- Do not take medications - not necessary

Medical Insurance (Question 28)

2013 N= 117

Respondents were asked to indicate what type of medical insurance covers the majority of their medical expenses. Thirty-nine percent (n=46) indicated they have “Employer-sponsored” coverage. Twenty-six percent (n=30) indicated they have “Medicare” and “None/I pay out of pocket” was indicated by 8.5% of respondents (n=10). Twenty-five respondents chose not to answer this question. In 2007, respondents could select more than one insurance type, thus a comparison is not available.

| Insurance Type | 2013* | |
|--------------------------|------------|-------------|
| | Count | Percent |
| Employer-sponsored | 46 | 39.3% |
| Medicare | 30 | 25.6% |
| None/I pay out of pocket | 10 | 8.5% |
| Self-insured | 8 | 6.8% |
| Healthy MT Kids/CHIP | 5 | 4.3% |
| Medicaid | 5 | 4.3% |
| Indian Health Service | 4 | 3.4% |
| VA/Military | 3 | 2.6% |
| Church insurance | 2 | 1.8% |
| State/other | 0 | 0 |
| Health savings account | 0 | 0 |
| Other | 4 | 3.4% |
| TOTAL | 117 | 100% |

“Other” comments:

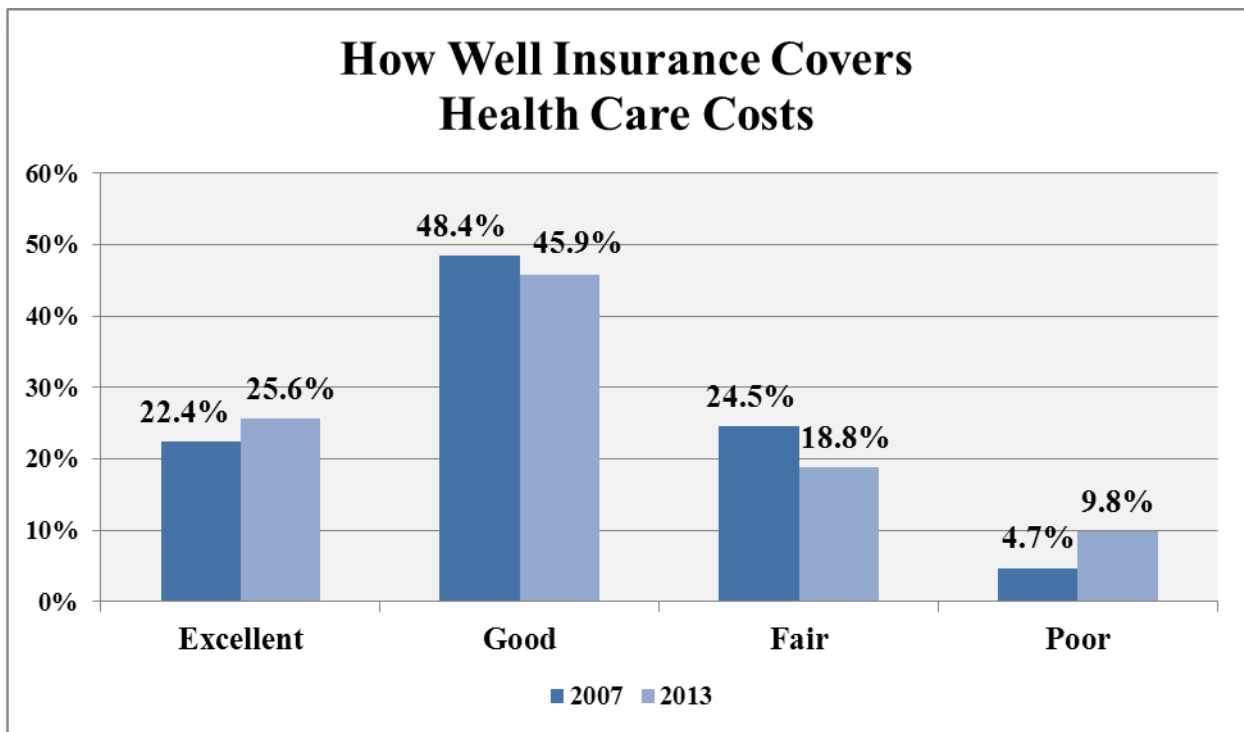
- TRICARE for life!
- Workmen’s comp
- Union Insurance
- Supplement (2)
- Federal Blue Shield
- Supplement & prescription insurance
- Big Horn Valley Health Clinic
- High deductibles insurance pay out of pocket for visits except wellness

Insurance and Health Care Costs (Question 29)

2013 N= 133

2007 N= 192

Respondents were asked to indicate how well they felt their health insurance covers their health care costs. Forty-six percent of respondents (n=61) indicated they felt their insurance covers a “Good” amount of their health care costs. Twenty-six percent of respondents (n=34) indicated they felt their insurance is “Excellent” and 18.8% of respondents (n=25) indicated they felt their insurance was “Fair.”



“Other” comments:

- None except IHS (Indian Health Services)
- N/A

Barriers to Having Health Insurance (Question 30)

2013 N= 20

2007 N= 6

Those respondents who indicated they did not have medical insurance were asked to indicate why they did not. Fifty percent (n=10) reported they did not have health insurance because they could not afford to pay for it and 10% (n=2) indicated “Employer does not offer insurance.”

Respondents were asked to mark all answers that applied, thus the percentages do not equal 100%.

| Reason | 2007 | | 2013 | |
|--|--------------|----------------|--------------|----------------|
| | Count | Percent | Count | Percent |
| Cannot afford to pay for medical insurance | 1 | 16.7% | 10 | 50.0% |
| Employer does not offer insurance | Not asked | | 2 | 10.0% |
| Choose not to have medical insurance | 0 | 0 | 1 | 5.0% |
| Cannot get insurance due to medical issues | 0 | 0 | 0 | 0 |
| Other | 0 | 0 | 1 | 5.0% |

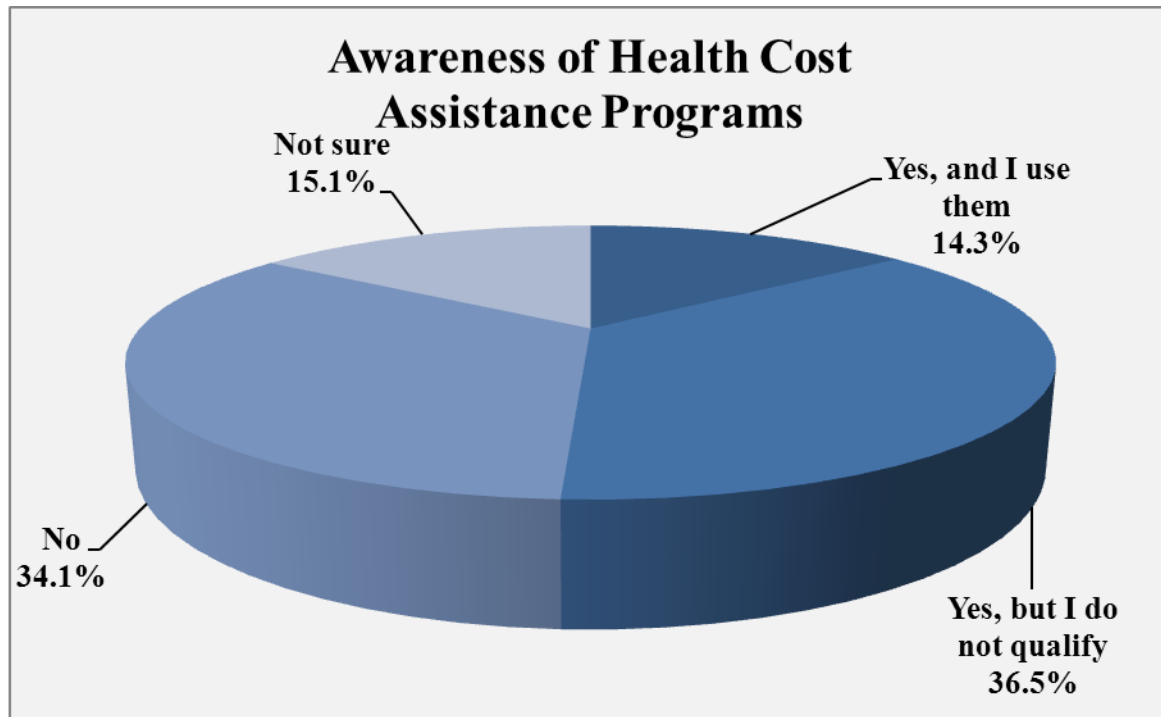
“Other” comments:

- I don't go to the doctor
- Crow Tribe. I need some health insurance
- Unemployed
- NA

Awareness of Health Expense Payment Programs (Question 31)

2013 N= 126

Respondents were asked to indicate their awareness of programs that help people pay for health care bills. Thirty-seven percent of respondents (n=46) indicated they were aware of these types of programs, but did not qualify to utilize them. Thirty-four percent (n=43) indicated that they were not aware or did not know of these programs and 15.1% of respondents (n=19) indicated they were unsure. Sixteen respondents chose not to answer this question.



“Other” comments:

- Yes, but I have good insurance through my employer

XII. Focus Group Methodology

Three focus groups were held in Hardin, Montana in March 2013. Focus group participants were identified as people living in Big Horn Hospital Association's service area.

Twenty-three people participated in the three focus group interviews. The focus groups were designed to represent various consumer groups of health care including senior citizens and local community members. The focus groups were held at the Big Horn County Office on Aging and Big Horn County Public Health Office. Each group was up to 90 minutes in length and followed the same line of questioning in each session (Appendix F). The questions and discussions at the focus groups were led by Angela Bangs with the Montana Office of Rural Health.

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

Focus Group Findings

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

- *Major issues in health care-* A variety of themes were discussed throughout the focus group meetings. The most common themes were: concerns for safety, limited rooms in the nursing home, concern about adequate housing, and desire for transportation to appointments. Moreover, participants would like the services at Big Horn Hospital Association to be used to its full potential rather than sending patients to Billings. In addition, participants also noted a variety of health concerns from high rates of diabetes in the area, a need for kidney dialysis, a desire for local chemotherapy, and the presence of alcoholism in the community.
- *Opinion of services and quality of care at Big Horn Hospital Association:*

Quality of Care- Participants spoke highly of the quality of care they received at the hospital noting, “The care at Big Horn Hospital is above and beyond. I know staff members’ names and can get the help I need.” Participants mentioned circumstances where there was a lack of communication between hospitals in Hardin and in Billings that resulted in delayed care. Participants also expressed they would feel more comfortable utilizing emergency services if it was staffed by doctors instead of Physician Assistants.

Numbers of Services- Participants were satisfied with the number of services available to them and appreciated the addition of the MRI and CAT scan. Participants also spoke highly of the Physical Therapy department and think providers make appropriate referrals when necessary. However, some participants felt that many community members were unaware of all the services available at Big Horn Hospital.

Hospital Staff- Participants discussed the hospital staff in terms of style of care and competence. Hospital staff was very well-known by participants and are viewed as being caring and friendly. Although, one participant noted, “Hospital staff could work on being friendlier. Sometimes you go in there and you feel like you should have gone straight to Billings.” Participants also mentioned it is difficult to keep doctors in Hardin and there are no visiting specialists so going to see specialists in Billings is difficult especially if transportation options are limited.

Hospital Board and Leadership- The hospital board was not known well by many participants, noting “The Board is not recognized by the public.” Participants suggested that Board members should be more involved in community functions. Some participants who were more familiar with the Board expressed that members are “reputable.”

Business Office- Participants acknowledged that billing and insurance is complicated and noted, “Mistakes happen but, overall, billing is done pretty well.” Participants felt that “The business office works well with Big Horn Valley Health Clinic. There is a lot of lab work between them which really serves the entire community.” Participants were grateful for the new electronic billing system to be implemented. Participants were curious to learn more about the impact that the Affordable Care Act would have on patients’ cost of care.

Condition of Facility and Equipment- Participants were very impressed with the condition of the facility. They described it as “clean,” “safe,” and “up-to-date.” Participants were also appreciative of the radiology equipment, especially MRI and mammography.

Financial Health of the Hospital- In general, the financial health of the hospital was unknown by participants. One participant did note, “They have good aid plans (financial assistance) so they must be making it. They do a good job billing according to your income in both the clinic and hospital.”

Cost- Participants generally felt that the cost of services was expensive, but is comparable or lower than other hospitals. One participant commented, “I think cost is cheaper in Hardin than Billings.”

Office/Clinic Staff- Participants praised the staff in both the office and clinic. The only negative comment was mentioned in regard to the high office charges of \$160 in the clinic.

Availability- In general, participants felt they could make appointments when they needed them but mentioned that it is difficult to get in to physical therapy or make appointments with a specific doctor.

- *Opinion of local providers-* Participants indicated they mostly use local providers as their or their family’s personal provider. Reasons noted for using local services included: convenience, not wanting to travel for health care, being close to home, and trust in local providers.
- *Opinion of Local Services:*

Emergency Room- Participants found the care at the emergency room to be very good. One participant noted, “My daughter had an allergic reaction. She was cared for really well. I was very pleased with the care she got.” Participants did mention the ER becomes very busy with non-emergencies on weekends or after 5pm when the clinics close. Participants also expressed they would rather have a doctor staffed in the ER than Physician Assistants and Nurse Practitioners noting, “It really has nothing to do with the care or the provider, but insurance doesn’t pay for NP’s and PA’s.”

Ambulance Service- Participants were happy with the ambulance service and found it to be quick to respond to emergencies. Participants also noted that the ambulance seems to be very busy, making a few trips each day. One person stated, “I did have a problem because the ambulance didn’t give my insurance information to the hospital and I got a big bill but I got it straightened out.”

Health Care Services for Senior Citizens- Most participants found the services available for senior citizens to be adequate. Participants highly praised Dr. Carol Greimann for going above and beyond her duties noting, “Taking blood pressures at the senior center isn’t something she [Dr. Greimann] is required to do. She does it on her day off because she cares.” Some participants did indicate a need for more assisted living, more rooms in the nursing home, and expanded home health care.

Public/County Health Department- Participants praised the health department for their programs and work in the community. Participants stated that many people from surrounding areas go to the health department in Hardin and one participant noted, “I work a lot with tribal members and they would rather come to our public health department and pay the small amount than go to Crow because they are treated respectfully and nicely here.”

Health Care Services for Low-Income Individuals- Participants were impressed with the health care services and support available for individuals/families needing financial assistance. Participants believe the hospital is accommodating to low-income populations noting, “The Financial Aid plans at the hospital help. You have to apply and qualify for them, but they are good.” Participants also discussed the role of the new community health center – Big Horn Valley Health Center – at great length.

Nursing Home/Assisted Living Facility- Participants are pleased with the facilities that already exist but mentioned there are not enough assisted living options or nursing home rooms available for the aging population in Hardin. Many participants discussed the hospital’s ability to buy land or use land they already own to expand these facilities for aging community members.

Pharmacy- Overall, participants think the community of Hardin would benefit from the addition of another pharmacy and mentioned the existing pharmacy could expand hours or open on Saturdays to improve accessibility to people who work. Participants also suggested providing benches or other seating to people waiting in line for prescriptions because it is difficult to stand for a long period of time.

- *What Would Make the Community a Healthier Place to Live-* Participants offered many suggestions for making Hardin and the surrounding area a healthier place to live. They focused on the need for better housing for senior citizens, more childcare, programs for diabetics, better utilization of the swimming pool and fitness facility, better nutrition through increased access to fruits and vegetables via Bountiful Baskets, and not having to travel to Billings as often for health care services.

- *Why people might leave the community for health care services-* Generally, participants would leave Hardin if they needed specialized services, if they had to wait too long for an appointment, if they were referred by their provider to go elsewhere, or if they needed better equipment at a larger facility such as Billings.
- *Health Services needed in the Community-* Additional services that participants felt were needed was better dental care, podiatry, extended hours for the eye doctor, dialysis, assisted living or other housing options for seniors, geriatrics, another pharmacy, additional space for rehab, more specialists, sleep apnea testing, and nurses to offer Home Health Care. In addition, participants suggested offering preventative trainings or educational programs regarding diabetes, obesity, and other chronic diseases as well as expanding telemedicine.

XIII. Summary

One hundred forty-two surveys were completed in Big Horn Hospital Association's service area for a 23% response rate. Of the 142 returned, 61.3% of the respondents were females and 59.8% were 56 years of age or older.

Respondents rated the overall quality of care at the hospital as excellent to good, scoring 3.3 out of 4.0 on a scale of 4.0 being excellent and 1.0 being poor.

Over half of the respondents (51.1%), feel the Hardin area is a "Somewhat healthy" place to live. Respondents indicated their top health concerns were: alcohol abuse/substance abuse (93%), overweight/obesity (50.7%), diabetes (43.7%), and child abuse/neglect (23.2%). When asked what additional health care services respondents would use if they were available locally, the top choices were: ENT (ear/nose/throat) (35.2%) and dermatology (29.6%).

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 health care sector has on the economic well-being of the area, with 75.5% of respondents identifying local health care 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 health care and many prefer to seek care locally whenever possible for convenience and out of trust for local providers.

Appendix A- Steering Committee Members

Steering Committee- Name and Organization Affiliation

1. George Minder – Administrator, Big Horn Hospital Association
2. Bill Hodges – Director, Big Horn Hospital Association Foundation
3. Esther Wynne – RN, Big Horn County Public Health
4. Jeff McDowell – Chamber of Commerce
5. Anna Stobaugh – Women Infant Children (WIC) program
6. Donna Stricker – Community Volunteer, Hospital Auxiliary Group
7. Sandra Watts – Hardin Schools
8. Dr. Mark – Big Horn Valley Community Health Center
9. Dr. Morissette – Medical Provider, Hardin Clinic
10. Joni Schaff – Hardin Council on Aging
11. Joe Koebbe – Hardin Mayor/Elected Official
12. Nathan Church – Hardin Mental Health Center
13. Roslyn Stern – Community Volunteer, Hospital Auxiliary Group
14. Josh McFarland – Faith Community

Appendix B - Public Health and Populations Consultation

Public Health and Populations Consultation Worksheet

1. Public Health

- a. Name/Organization
Esther Wynne – Big Horn County Public Health
- b. Date of Consultation
First Steering Committee Meeting: January 29, 2013
- c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
Steering Committee
- d. Input and Recommendations from Consultation
 - The Public Health Department already offers blood pressure checks, blood sugar screening, DEXA scans as well as immunizations and flu shots
 - High alcohol use in the community is a concern

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

Population- Low Income

- a. Name/Organization
Anna Stobaugh – Women Infant Children (WIC) Program/ Underserved Populations
- b. Date of Consultation
First Steering Committee Meeting: January 29, 2013
- c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
Steering Committee
- d. Input and Recommendations from Consultation
 - Nutrition
 - Child care

Population: Seniors

- a. Date of Consultation
First Steering Committee Meeting: January 29, 2013
- b. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
Steering Committee
- c. Input and Recommendations from Consultation
 - Proud of the new senior center

Population: Tribal/American Indian

- a. Name/Organization
Esther Wynne – Big Horn Public Health
- b. Date of Consultation
First Steering Committee Meeting: January 29, 2013
- c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
Steering Committee
- d. Input and Recommendations from Consultation
 - Mentioned that they often observe low community involvement from the tribal population
 - Stressed the importance of incentives to involve tribal populations

Appendix C- Survey Cover Letter



**Big Horn Hospital Association
Memorial Hospital and Nursing Home
Heritage Acres**

Health Care For All Life's Cycles

March 18, 2013

Dear Montana Resident:

Participate in our Community Health Services Development survey and have a chance to WIN 1 of 2 \$50.00 gas cards!

Big Horn County Memorial Hospital is partnering with the Montana Office of Rural Health/Area Health Education Center at Montana State University to administer a community health survey. The purpose of the survey is to obtain information from a wide range of participants to assist in planning our programs, services, and facilities to meet present and future health care needs.

Your name has been randomly selected as a resident who lives in the Big Horn County Memorial Hospital service area. **Your help is critical in determining health priorities and future needs.** The survey covers topics such as: use of health care services, awareness of services, community health, health insurance and demographics. The purpose of the survey is to obtain information from a wide range of participants to assist in planning our programs, services, and facilities to meet present and future needs, in addition to identifying community health and wellness 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 April 29, 2013.** Keep the other raffle ticket in a safe place. The winning raffle ticket number will be announced on the hospital website at: www.bighornhospital.org and in the local newspaper on **May 6, 2013.**

We know your time is valuable so we have made an effort to keep the survey to about 15 minutes. Big Horn County Memorial Hospital is offering you this chance to win 1 of 2 \$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, a non-profit organization who is assisting with this project. If you have any questions about the survey, please call the Montana Office of Rural Health at 406-994-6001. The overall results of the survey will be shared with the community this spring.

Thank you for your assistance. We appreciate your effort.

Sincerely,

George Minder, CEO
Big Horn County Memorial Hospital

Big Horn County Memorial Hospital and Nursing Home • 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 to not answer any question that you do not want to answer, and you can stop at any time.

Community Health

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

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

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

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

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

- | | |
|--|---|
| <input type="radio"/> Access to fresh produce | <input type="radio"/> Low crime/safe neighborhoods |
| <input type="radio"/> Access to health care and other services | <input type="radio"/> Low death and disease rates |
| <input type="radio"/> Affordable housing | <input type="radio"/> Low levels of domestic violence |
| <input type="radio"/> Arts and cultural events | <input type="radio"/> More walking paths |
| <input type="radio"/> Community involvement | <input type="radio"/> Parks and recreation |
| <input type="radio"/> Fitness/wellness centers | <input type="radio"/> Religious or spiritual values |
| <input type="radio"/> Good jobs and a healthy economy | <input type="radio"/> Strong family life |
| <input type="radio"/> Good schools | <input type="radio"/> Tolerance for diversity |
| <input type="radio"/> Healthy behaviors and lifestyles | <input type="radio"/> Other _____ |

Awareness of Services

4. How would you rate your knowledge of the health services available at the 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"/> Health care provider | <input type="radio"/> Newspaper | <input type="radio"/> Friends/family |
| <input type="radio"/> Presentations | <input type="radio"/> Word of mouth/reputation | <input type="radio"/> Mailings/newsletters |
| <input type="radio"/> Public health | <input type="radio"/> Radio | <input type="radio"/> Social media platforms (i.e. Facebook) |
| <input type="radio"/> TV | <input type="radio"/> Website/internet | <input type="radio"/> Other _____ |

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

- | | | | |
|-------------------------------------|-------------------------------------|------------------------------------|-------------------------------------|
| <input type="radio"/> Pharmacy | <input type="radio"/> Public health | <input type="radio"/> Chiropractor | <input type="radio"/> Senior center |
| <input type="radio"/> Mental health | <input type="radio"/> Eye doctor | <input type="radio"/> WIC | <input type="radio"/> Dentist |
| | | | <input type="radio"/> Other _____ |

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

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

8. How important are local health care 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 |
|--------------------------------------|---------------------------------|-------------------------------------|----------------------------------|

9. If Hardin were to provide educational classes/programs to the community, which would you be most interested in taking? (Select all that apply)

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

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

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

General Use of Health Care Services

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

☐ Yes ☐ No (If no, skip to question 13)

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

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

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

- | | | |
|---------------------------------------|---|--|
| <input type="radio"/> General surgeon | <input type="radio"/> ENT (ear/nose/throat) | <input type="radio"/> Ophthalmology (eye doctor) |
| <input type="radio"/> Dermatology | <input type="radio"/> Orthopedic surgeon | <input type="radio"/> Other _____ |
| <input type="radio"/> OB/GYN | <input type="radio"/> Podiatry | |

Hospital Care

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 you answered yes, then which hospital does your household use the **MOST** for hospital care? (Please select only ONE)

- ☐ Big Horn ☐ Billings Clinic ☐ Other _____
☐ Crow Agency (IHS) ☐ St. Vincent's (Billings)

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

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

Primary Care

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

- ☐ Yes ☐ No (If no, skip to question 21)

19. Where was that primary health care provider located? (Please select only ONE)

- ☐ Hardin ☐ Crow Agency
☐ Billings ☐ Sheridan, WY ☐ Other _____

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

Specialist Care

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

- ☐ Yes ☐ No (If no, skip to question 24)

22. What type of health care 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"/> Speech therapist |
| <input type="radio"/> Endocrinologist | <input type="radio"/> Ophthalmologist | <input type="radio"/> Social worker |
| <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"/> Vein doctor |
| <input type="radio"/> Geriatrician | <input type="radio"/> Podiatrist | <input type="radio"/> Other _____ |

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

- ☐ Hardin ☐ Billings ☐ Crow Agency ☐ Other _____

24. The following services are available at Big Horn Hospital Association. Please rate the overall quality for each service (Please mark DK if you haven't used the service)

Excellent = 4 Good = 3 Fair = 2 Poor = 1 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"/> DK |
| Laboratory | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> DK |
| Physical therapy | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> DK |
| Radiology | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> DK |
| Occupational therapy | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> DK |

Personal Health & Health Insurance

25. In the past three years, have there been periods of at least three consecutive months where you felt depressed on most days, although you may have felt okay some days? ☐ Yes ☐ No

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

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

27. Has cost ever 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"/> Healthy MT Kids/CHIP | <input type="radio"/> Self-insured | <input type="radio"/> Church insurance |
| <input type="radio"/> Employer-sponsored | <input type="radio"/> Medicaid | <input type="radio"/> Medicare |
| <input type="radio"/> VA/Military | <input type="radio"/> State/other | <input type="radio"/> Indian Health Service |
| <input type="radio"/> None/I pay out of pocket | <input type="radio"/> Health savings account | <input type="radio"/> Other _____ |

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

- ☐ Excellent ☐ Good ☐ Fair ☐ Poor

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

- | | |
|--|--|
| <input type="radio"/> Cannot afford to pay for medical insurance | <input type="radio"/> Employer does not offer insurances |
| <input type="radio"/> Choose to not have medical insurance | <input type="radio"/> Other _____ |
| <input type="radio"/> Cannot get insurance due to medical issues | |

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

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

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

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

- ☐ 59034 Hardin ☐ 59022 Crow Agency ☐ 59035 Fort Smith ☐ 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?

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

36. What is the **highest** education level obtained in your household? (**Please select only ONE**)

- | | | |
|---|---|---|
| <input type="radio"/> Less than high school | <input type="radio"/> Some college, but no degree | <input type="radio"/> Four year college degree |
| <input type="radio"/> Completed high school | <input type="radio"/> Two year college degree | <input type="radio"/> Advanced degree (graduate/professional) |

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

THANK YOU VERY MUCH FOR YOUR TIME

Please note that all information will remain confidential

Appendix E- Responses to Other and Comments

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

- People who do not follow up with their doctor or do not follow instructions
- Dialysis
- Misinformation about nutrition

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

- Looking out for neighbors
- Exercise outside (not in fitness centers)
- Education

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

- The Briefs
- Hospital auxiliary
- I am a health professional. I know how to find out.
- I work at the hospital
- Experience
- Posters in the Post Office

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

- Church
- None (3)
- Clinic
- Primary care physician
- Massage therapist (2)
- Billings Clinic and Hospital
- Dialysis

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

- For physicians to learn more about patients' lives and really care
- Lower cost
- Better primary care providers
- Nutrition counseling
- Better insurance
- Mental health services - more hours
- I think we have EXCELLENT health care available in our community
- We have excellent health care in this county... just too many non-compliant patients
- Dialysis Center

9. If Hardin were to provide educational classes/programs to the community, which would you be most interested in taking?

- N/A
- That an individual has the last word and right to determine his/her decisions, not talked into decisions by health care providers.
- None
- I don't think I need any of these
- Dialysis

10. What senior residential services are needed in your community?

- [Assisted Living] Don't like current assisted living
- Affordable senior care
- More housing for senior couples
- Private rooms
- More long-term care
- I don't know
- Not sure
- I don't know of any
- Dialysis Center
- Delivery of meals further than one mile
- Educate the community about elderly assistance (i.e. burial, insurance, drug options, and computer aides)

12. If yes, what were the three most important reasons why you did not receive health care services?

- [Not treated with respect] Happened one time
- Didn't have doctor & equipment
- No reason
- Clinic nurse/doctor didn't return messages
- The only doctor available was not one I wished to see

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

- MRI
- Coumadin Levels
- Thyroid checked
- Vaccination
- Blood work
- None locally!
- Dialysis

14. What additional health services would you use if available locally?

- Macular degeneration doctor
- None
- All physical specialists needed
- Heart doctor (2)

- Dialysis
- I'm not in need of any right now
- Counseling/therapy if more than just one person was available

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] In Billings at St. V's
- [Yes] Not Hardin

16. If you answered yes to question 15, then which hospital does your household use the MOST for hospital care?

- Hardin Clinic & Hospital
- VA (Veteran's Affairs)
- Yellowstone Surgery Center (2 days)
- [St. Vincent's] 5 days
- Hardin Memorial
- Billings for routine/non-emergency
- Hardin for emergencies

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

- Heart doctor

19. Where was that primary health care provider located?

- Roseburg, OR

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

- There was a female doctor
- Reputation of provider, P.A. Kim Caprata
- Prior experience with P.A.
- Found in phonebook
- Love our doctor
- Chosen family doctor
- I like her and she's great
- Physician's ability
- Yearly preventative care for eyes
- History with provider (3)
- They have that call-in on Thursday where you can try to get in for same-day appointments. It works out good
- Doctor was provided when I was hospitalized

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

- Sleep specialist

22. What type of health care specialist was seen?

- Eye doctor for macular degeneration in Billings
- Vascular surgeon
- Plastic surgeon
- Colonoscopy
- Sleep Clinic
- Weight management
- Dialysis Doctor

23. Where was the health care specialist seen?

- Forsyth, MT
- Miles City, MT
- Mayo Clinic
- Billings OBGYN & St. Vincent's Hospital

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 some days?

-[Yes] Every time I look downtown!

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

- [Daily] Lost son & husband one year apart (cancer)
- [No physical activity] Recent surgery
- [No physical activity] Besides dusting furniture at home

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

- Do not take medications - not necessary

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

- TRICARE for life!
- Workmen's comp
- Union Insurance
- Supplement (2)
- Federal Blue Shield
- Supplement & prescription insurance
- Big Horn Valley Health Clinic
- High deductibles insurance pay out of pocket for visits except wellness

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

- None except IHS (Indian Health Services)
- N/A

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

- I don't go to the doctor
- Crow Tribe. I need some health insurance
- Unemployed
- NA

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

- Yes, but I have good insurance through my employer

35. What is your employment status?

- [Work full time] Plus two part-time jobs
- Medical retirement
- Unable
- Disability – SSI (Social Security Income)
- Disabled (5)
- Need money
- Medicare Part D
- Self-employed

36. What is the highest education level obtained in your household?

- [Completed high school] GED (General Educational Development test)
- College graduate
- [Advanced degree] Medical retiree

Appendix F- Focus Group Questions

Purpose: The purpose of the focus groups was to identify motives of local residents when selecting health care 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 health care issues? (Probe question: What do you think are the biggest issues facing local health care 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
 - Health care services for Senior Citizens
 - Public/County Health Department
 - Health care services for low-income individuals
 - Nursing Home/Assisted Living Facility
 - Pharmacy
6. Why might people leave the community for health care?
7. What other health care services are needed in the community?

Appendix G- Focus Group Notes

Focus Group #1

Thursday, March 14, 2013 – 9am-10am – Big Horn County Office on Aging – Hardin, MT

7 people (1 male, 6 female)

1. What would make this community a healthier place to live?
 - To offer more programs on diabetes and I think we need a doctor here that is strictly a diabetic doctor. I don't think we need them to be fulltime, maybe just a couple times a month. We need to address the problems in this area (Big Horn County) instead of focusing on everywhere else.
 - Do we have a diabetic support group?
 - There isn't a diabetic support group in Hardin.
 - Support groups could be something where people could get suggestions for their diabetes and solutions for their problems.
 - Hardin does have nice walking facilities and a swimming pool. In my opinion, they are underused.
 - They are underused because of the cost. For some people, memberships there are expensive. That cost may be hard for some people with low income or if they are disabled or elderly. They must choose to pay for food or medicine, not an exercise pass.
 - The walking path is free.
 - There is a new walking path planned at the fairgrounds. That will be an additional place to walk. Walking is free. The new walking path will be going toward the new museum also.
 - Get people to use that incentive to start walking and exercising. Once you get going it isn't too bad.
 - I can't walk anymore because of my back. If they want a path for me they need a bench to rest every half mile.
 - Recently, someone said we should have better housing for senior citizens. We do have some apartments for seniors or low income so there are certain criteria to live there. But when people don't want to have to shovel snow or mow the lawn any longer, they wish there was an upper middle class facility for seniors. Like a condo.
 - How many seniors can afford that?
 - A lot. Many seniors have been moving to Billings and wish they could stay in Hardin. They were all involved community members. Involvement does make a difference when choosing where you want to reside.
 - A lot of people come from Billings and go to doctors here in Hardin too.
 - Exercise for people who live outside of Hardin is limited. It is a safety issue. There are a lot of dogs and horses. There's just not a place to walk that is safe, especially if you're alone. I wouldn't want to go strolling through Lodge Grass by myself.
 - But Hardin is safe.
 - I live in Fort Smith. I used to walk down the road and I don't anymore because of the safety issue.

- Because of the recent things happening in Montana, people are worried about safety. There is always an influx of tourists because of fishing. I used to know everyone that drove by and would wave, but it's not that way anymore. This morning I passed sixteen cars in two miles and not one license plate was from Montana. They're all going fishing.
 - There is a lack of childcare in this area. People say it takes up to a month to find a good childcare provider. The hospital has actually had opportunities to hire staff that has not been able to find daycare and therefore have not been able to take the position. The hospital has also lost staff due to lack of daycare. There are lots of kids and no one to take care of them.
2. What do you think are the most important local health care issues?
- The diabetic population.
 - Safety.
 - Lack of nursing home care. We have a nursing home, but it's full. People have been going other places because there is nowhere to put them here in Hardin. They re-did the hospital and now only take swing bed patients and private payers. Now it only holds ten people instead of twenty.
 - Housing is a problem. We did a housing study and found that 41% of the housing in Hardin is rentals. Most of the rental housing is considered substandard.
 - Teachers don't have housing.
 - It would be nice if the hospital could offer services for people who have to go to Billings for chemotherapy all the time. I don't know if they could do that financially.
 - There should be a transportation bus. The community wouldn't need it every day or every week.
 - We need dialysis too. Some days, dialysis patients are not strong enough to go to Billings.
 - There used to be dialysis in Crow Agency which is now closed. They had good staff and the facility there for it but now it's gone.
3. What do you think of the hospital in terms of:
- Quality of Care
- Good.
 - Very satisfied.
 - I've gotten taken care of well at the hospital. But they do have travelling nurses a lot.
 - Their care is very good.
 - The care at Big Horn Hospital is above and beyond. I know staff members' names and can get the help I need.
- Number of Services
- I think the number of services offered is good. They have improved by adding an MRI and CAT scan.
 - Physical Therapy is very good.
 - All over the state they talk about how good Greg Lee is.

Hospital Staff

- Very good, very caring.
- No specialists. They used to have an orthopedic surgeon come in once a month. A foot doctor also came once a month. We don't have anyone coming anymore.
 - Those specialists came to the clinic, not the hospital.
- Staff will refer you to a specialist if they know you need further specialization and care.
 - I'm not able to get to appointments for specialists. I need transportation.
 - The Crow Transit only costs \$3 to go to Billings. They have their schedules and their stops. I know people who have worked in Billings who have taken it too. Why buy gas when you can pay \$3 to get there?
- We seem to have a hard time keeping doctors. The doctors' spouses don't have anything to do here. They don't get involved. They want to go to operas and other things we don't have in rural communities.
 - They shouldn't have applied to the job then.
 - Doctors don't stay because spouses don't have enough opportunities.
 - Some doctors live in Hardin and work in Billings.

Hospital Board and Leadership

- I don't know who the Board members are.
- The Board is not recognized by the public.
- It doesn't matter who they are, one way or another, but I would like to know who the Board is.
- Just go ask who the Board members are.
- The Board should be at community functions and should be visible to the public. For example, they could come to the food bank dinner and be introduced. No one knows them. They have to say they'd like to be introduced though because I don't know who they are.
- Their latest project was closing that street which was a little controversial. But people go back and forth along that so often they needed to have the option to have that street closed. In lieu of taking over that street, the Board contributed \$5,000 to build a pavilion in South Park for picnics and such.
 - It was also closed due to traffic and cell phones because of the machines and buildings. Just electronics within your car could impact the MRI. They didn't want more traffic passing.
 - Until now, I didn't know why they closed it. I just saw the street was closed one day.
 - For the safety of the people. People are out there pushing wheelchairs and walking back and forth.
 - I think it was a great idea, now they're even landscaping it.

Business Office

- I'm glad they changed the billing. They got a new system going on. The other one was a train wreck. I got charged \$120,000 for a broken leg. They did a good job with it, but not that good (laughs).

- My neighbor once got billed for something done in 1967. It took a long process to get it off the records.
- The new billing system is easier to understand and easier to read.
- When you go through the ER, if you have medications to get, they don't bill your insurance. You have to bill your own insurance. You lose all of that because you have to pay out of pocket.
 - When did they start doing that?
 - I don't know.
 - I didn't have that problem ten months ago.
 - We had to pay for all of our medications out of pocket, upfront.
- The business office works well with Big Horn Valley Health Clinic. There is a lot of lab work between them which really serves the entire community.

Condition of Facility and Equipment

- I think the facility is good.
- Very clean.
- Looks safe.

Financial Health of the Hospital

- I have no idea.
- I don't know.
- They have good aid plans (financial assistance) so they must be making it. They do a good job billing according to your income in both the clinic and hospital.
- How is the hospital funded?

Cost

- I think cost is cheaper in Hardin than Billings.
- Baby delivery is cheaper here than in Billings.
 - My daughter-in-law compared prices to a friend that went to Billings to deliver her baby. There was a big difference of like \$6,000.
- In Billings, they have some things that Hardin doesn't. The facility in Billings is very nice and fancy.

Office/Clinic Staff

- The clinic has a horrible office charge of \$160. I went in to the clinic because I was supposed to go back for follow-up. I don't even remember being there long and I had a huge bill. I didn't say anything.
- Very good staff.
- Office people are good.

Availability

- People don't wait a long time for appointments.

4. Are any of the local providers your personal provider or personal provider to your family members? Why?
- I use local providers because I don't drive. It is hard for me to go back and forth to Billings. I also like my doctor too. I don't go to Billings except for specialists. There should be transportation for people to go to Billings at any time of the day before 5pm.
 - The senior bus offers bus trips that are scheduled for certain days of the month. There are limitations for who it serves though; you have to be old enough or disabled.
 - The senior bus only runs certain days and you need to have your appointments scheduled for those days. Who knows if that specialist can give you an appointment that day?
 - They have the bus schedule posted so you can see when they go to Billings.
 - I use the acute care here; otherwise I need specialty type care and have to travel out of town.
 - I like the rural setting. I know them; they know me. I like the care I get here better than anywhere else. You're not just a number to them.
 - I get lost in the Billings hospitals. The corridors and hallways are like a maze.
 - People always have to drive, which is not worth it when the service you need is offered here.
 - I only go to Billings Clinic for anything that isn't done here. I go to the eye doctor in Billings, to Dr. Keenum. You're not just a number there either. Everyone knows you. They're good with patients too.
5. What do you think about these local services:
- Emergency Room
- Good.
 - Care is good.
 - I have no problems with it.
 - Very responsive.
 - I recently heard a complaint about the ER being staffed with Nurse Practitioners (NP), not even Physician Assistants (PA). If someone has a serious emergency, they will go to Billings because they want to see a doctor.
 - But the Nurse Practitioner is very, very good. She will contact the physician that is always on call if her skill-set is not adequate.
 - Yes, the NP does keep in touch by phone with the doctor anyways.
 - The only problem with the ER is that they refuse to tell you what doctor is on duty if you call. One time I needed to see a doctor, not a "wanna-be." They wouldn't let me know over the phone so I went in to see who was in and if I didn't prefer to see them, I would leave and go to Billings.
 - My insurance will not pay for Nurse Practitioners on an emergency call.
 - Then I would go straight to Billings. The NP is not licensed to do crisis care.
 - For example, my husband was bucked off a horse. I called to see if the doctor was in and it was just the NP, so we had to go to Billings. We don't choose to go there because of quality but because of insurance.
 - I don't understand what that is all about?

- They will not tell you who is in. If your doctor knows what is going on and knows your history, why would you tell everything to someone else.
- I like Angela the NP.
 - I like Linda the NP really well, but the insurance won't pay for it.
- It really has nothing to do with the care or the provider, but insurance doesn't pay for NP's and PA's.

Ambulance Service

- I don't know.
- I've never used the ambulance.
- The ambulance service has been quick. I called for a friend once and they arrived quickly. They were fast.
- I had one issue that amounted to a training issue. Usually if you have a problem and can go talk to them, they fix it. What happened was the guy on duty with the ambulance at the fairgrounds fell asleep in the ambulance. When we needed him to offer care we had to bang on the windows to wake him up. They need to see what happened in order to treat the patient. So we talked to the ambulance service and they did a new training. Now they have to park the ambulance backwards and sit outside, being prepared for emergencies.
- There are a lot of new EMT's. Some come as far away as Big Timber. They do specific trainings for rural house numbering and finding their way through towns when they're not from here because that had been an issue.

Health Care Services for Senior Citizens

- Need more assisted living.
- Need more nursing home rooms even. A lot of elders are shipped out of town to go other places since they can't get a room here in Hardin.
- People from other areas would like to come to our small facility but can't.
- People who live here would like to bring their parents to a home here but there is no availability.
- Home care is in the Johnson building.
 - That's limited. They can help with housekeeping but can't change diapers or anything. They are very limited in the care they can provide.
 - I tried to find someone to provide wound care for my husband and no one could do it. I ended up having to do it myself.
 - Esther (Esther Winne, Public health) does some things. She is salary-based.
 - They can make sure you're taking your medications. But you have to be on Medicaid or Medicare to receive home care and it's based on hours. They aren't able to leave Hardin so if you live out of town you don't get that service.

Public/County Health Department

- The health department is good.
- Well-staffed.
- So friendly.

- Other people from surrounding areas come to the health department here.
- I work a lot with tribal members and they would rather come to our public health department and pay the small amount than go to Crow because they are treated respectfully and nicely here.
 - Same with WIC (Women, Infants, and Children). People choose to come to the health department in Hardin.
 - Public health staff say hello to you and call you by name.
- Kim Rowland is one of the most personable people. That's different than the county health department. She is state operated.

Health Care Services for Low-Income Individuals/Families

- It is harder for people who do not live in Hardin to get those services.
- The Financial Aid plans at the hospital help. You have to apply and qualify for them, but they are good.
- The reservation has good public health nursing for tribal.

Nursing Home/Assisted Living Facility

- There are only ten assisted living apartments here in Hardin. I know the hospital has additional property next to Heritage Acres. It should be one of their priorities to build additional assisted living. A lot of people prefer assisted living instead of nursing homes. They want to live on their own as long as they can.
- The hospital does know the situation and has a plan.
- Heritage Acres was designed to have a second floor on the nursing home side. Assisted living would have to be built separately.

Pharmacy

- I'm not impressed.
- Everyone says we need a second pharmacy. We used to have three and now we're overwhelmed.
- The guy that used to be there was a very good pharmacist.
- Now, I have gotten the wrong pills on occasion. I heard from one person that they went into pick-up their pills and they looked different than they usually do. They found out they had received Viagra and she was a woman! The people at the pharmacy told her to be quiet and not say anything about it.
- I've experienced a lot of billing errors.
- I have waited forty-five minutes before. I used to be able to go during my lunch hour, drop-off my prescription, then pick it up after work. Now, I have to drop it off in the morning and pray it's done at night.
- Are they short staffed? How are they getting things done?
 - There are such long lines, there's like six people running around back there. Their problem is running into each other, not being short staffed.
 - It may be new to them. Before, people just did their own role.
 - Plus they bring in pharmacists from Billings. You never see the same faces back there.
- The pharmacy in Hardin only sells about half of the medications I need. I find myself going to same-day care in Billings instead so I can get in to an appointment, get all my

medications, and then go home. I'd rather do that than go to Hardin for my appointment and having to get my medications in Billings anyway.

- The new pharmacy has moved from a small area to an area twice as big.
 - No, there is not as much space. The room is longer, not bigger. They didn't really have a say-so in it.
- I like having the pharmacy in the store because I can do my shopping while my prescription is getting filled then it is ready.
- I've seen the line in there, it is long!
 - Then you're in peoples' way standing there in line. In the other section it seemed the same way but now there are more people in line.
- They need benches for people to sit and wait.
- There is a little privacy issue. I'm surely not versed in HIPAA but I've heard people state their refill and I can know exactly what they are taking. I don't want to know that. You're so close and you're next to them. You hear all of that, you can't help it.
- They did make a little area for consultations with a little wall, but that's not big enough for your conversation. They have architects design things when they don't know anything about pharmacies.
- They should've kept the pharmacy where it was instead of making it a wine and liquor store.
 - But that [wine and liquor] is what brings in the money.
- The pharmacy that is in there had the choice to go there. They could have gone to a different building in town instead of being stuck in the store.
- As far as price is concerned, I don't think our pharmacy costs more than anywhere else.

6. Why might people leave the community for health care?

- Specialists.
- It's a time factor. I'd rather get in and get out. You could come as a walk-in or get an appointment another day.
- Staff needs to be trained to listen to people that call and be able to determine how quickly they need to get in for an appointment.
- If you go to a walk-in appointment, you are basically guaranteed a minimum of a two-hour wait.
- If you have an appointment, I've only ever waited ten minutes.
- They leave a certain number of appointments open for emergencies during the day.
- They haven't hired a new doctor yet.
- Crow just lost a bunch of their doctors because of funding. Four of them are gone. Now what do they do? They say, "Band-Aids and Aspirin." A lot of people end up coming to Hardin which overwhelms our doctors and our ER.

7. What other health care services are needed in the community?

- Podiatry.
- We have good dental care.
- I want extended hours for the eye doctor's office. The current hours are only 8am-5pm. They need to better-accommodate working people.
 - Now the eye doctor goes to Billings to supplement his weeks.

- If he could do Saturday hours from Noon to 8pm, that would help.
- Many offices close on Fridays.
- We all love the eye doctor here in town but I have to take vacation time or sick leave for appointments since it is during the work day. Plus, he is not there on Fridays. It is just a suggestion that the hours could accommodate people who work. Even if it is just two evenings a month.
- My dentist in Billings is open at 6am and closes at 3 or 4pm. But they're there for people before work.
 - I wouldn't mind going to the eye doctor at 6am before work.
- We need dialysis here. There are a lot of people who have to go to Billings and wish they didn't have to.
- Seven of every ten residents in Big Horn County are diabetic. That rate is huge. In my workplace, there are four people that work there. Three are diabetic.
 - I think they should have support groups for diabetics so they can find out about their situation and get help from one another.
 - Big Horn Valley is working hard to set up preventive type trainings. The hospital could do it too. Some doctors have worked at Crow and know the problem really well. But they need staff to know what they're talking about. They could get specialists from Billings. The clinic could connect to St. V's and have specialists come. They need staff to know what they're talking about.
 - St. V's in Billings offers weekly educational programs. Billings Clinic does too. I know those people would do education here. Most people would attend meetings here but would not drive to Billings.
 - Right now they are working on the obesity issue.
- The hospital is not an association to anything in Billings, is it?

Focus Group #2

Thursday, March 14, 2013 – 12pm-1pm – Big Horn County Office on Aging – Hardin, MT
12 people (2 male, 10 female)

1. What would make this community a healthier place to live?
 - Eating better.
 - People need to diet. But how can the hospital take care of that?
 - I think the community is pretty healthy.
 - Access to fruits and vegetables is increasing because of Bountiful Baskets.
 - Only if you can use a computer.
 - Give someone that can use a computer a call and they'll order for you.
2. What do you think are the most important local health care issues?
 - I think we need kidney dialysis here. A lot of people here in Hardin, as well as on the reservation, need it.
 - I think we need transportation to and from the clinic.
 - Agreed.
 - There is a lot of diabetes which creates other problems. They all tie-in together.
 - We are selling too many 20oz. soda pops.
 - I would like to know how much emphasis is made by the physician to ensure rehab and testing is done here in Hardin instead of sending patients off to Billings. We have a great facility here with all the equipment we need but we're sending patients off to Billings anyway.
 - The hospital has MRI, rehab, physical therapy... we are very capable of testing here. How well are those services being used by doctors to refer here rather than Billings?
 - The physical therapy we have here is booked solid all the time. They got rid of the program where you could use the facility for \$25/month. That service is no longer available because there was not enough time and not enough space. Physical therapy can only have so many clients in at one time.
 - The hospital usually has CAT scans and MRI's tested here then read in Billings.
 - I recently went through testing here and had to wait for a reading to come back from Billings.
3. What do you think of the hospital in terms of:
Quality of Care
 - I know that the swing bed unit is really great.
 - I wish the ER was staffed with doctors, not PA's (Physician Assistants). I haven't had good experiences with PA's. I would like a real doctor there. I know it costs more, but I want doctors.
 - I had a real doctor in the ER.
 - If the situation is something serious, they can call the doctor in. That has happened to me 2-3 times in the last few years.
 - My son got his tonsils out there. I had a great experience at the hospital.
 - I've had good luck with the hospital.

Number of Services

- I think the number of services available is great for a small town.
- Wonderful.
- Satisfied.

Hospital Staff

- The swing bed group is very good.
- All hospital staff is good.
- I thought hospital staff was good.
- One time, my kids got upset on a Sunday because of the low amount of attention I was given. But then again, it was on a weekend and the numbers of people handling the emergencies is low. I didn't think the service was bad, but my kids did.
- I went in one time for my knee at 10am and got out at 5pm. My son had to ask if they had forgotten about me. They were just busy. Of course I expected them to take care of serious emergencies like heart attacks before me.

Hospital Board and Leadership

- I don't know.
- I know some of them and it seems to be alright.
- Very reputable people. Some have been there for thirty years.

Business Office

- The business office could be faster getting the bills out.
- The hospital will be starting a new electronic records program in the office in March.
 - I think today is the day it is supposed to switch over.
 - I don't know exactly what the program is, but it must be data-based.
 - It is an electronic system.
- Will there be a significant impact on the hospital because of Obamacare? The hospital should let us know what it will do for patients.
 - There are twelve pages to fill out for Medicaid.
 - We patients need a detailed explanation of what is going to happen to us.
 - We want to know how it will impact patients' pocketbooks.
 - Will it require staffing changes to meet the increased demand? A lot of people don't go in to the hospital because they can't afford it. Now, if Obamacare makes health care more affordable with more insured people, how will we supply services to more people? We are at the maximum limit in a lot of areas.
 - What about federal reimbursements? Our hospital is considered a Critical Access hospital. Even if there are more insured people, the hospital may receive more reimbursement. They could develop more staff. There are a lot of uncertainties still.

Condition of Facility and Equipment

- Clean.
- Very up-to-date.
- Very nice.

- Their MRI and radiology equipment is some of the best in the area.
- I'm very happy with the condition of the facility and equipment.

Financial Health of the Hospital

- How would we know?
- I don't have any idea.
- When I worked at the hospital, they did their best to provide the best they could. I was always pleased. We do need to know a little bit more about their financial standing though.

Cost

- I think our hospital's costs are a little lower than in other hospitals. When you're on Medicare, you never see a bill. You can't compare costs to other places.
- I did see the office call amount; it shows on my Medicare statement.
- Cost isn't broken down on statements.
- I'm just glad it says "zero due" on my Medicare statements.
- I think my Medicare statement is broken down pretty well. It tells me what I had done. My insurance pays the rest. I get a statement of what they've done, not a bill.
- Years ago you used to see exactly what you got while in the hospital. It was very specific and would say "two aspirin, etc."
- In Time Magazine there was an article that talked about what hospitals charge for an aspirin. Outrageous.
 - The cost used to be \$5 a pill for aspirin.

Office/Clinic Staff

- I like the office and clinic staff because I get hugs all over the place. They're very friendly and know you.

Availability

- It is hard to get into physical therapy.
- It is hard to get into a general doctor.
- I have had to wait a long time to schedule appointments.
- Dr. Carol Greimann takes call-ins on Thursdays. If you call on Wednesday they will get you in if you are a regular patient and have a regular doctor.
 - You have to call-in before 8am.
 - They tell me to call early the next day and then it's full when I call early anyway.
- I think I can get in for appointments.
- I just walk in and grab the first nurse I see and say, "I need you."

- Are any of the local providers your personal provider or personal provider to your family members? Why?
 - Yes, because it is close to my home.
 - Convenient.
 - So you don't have to run to Billings.
 - Convenient for us and for our families.

- Staff already has an idea of your background.
- Staff knows us.
- I trust if they don't know how to do something that they send us to Billings.
 - Providers are very good about that.

5. What do you think about these local services:

Emergency Room

- On weekends they have a lot of emergencies.
 - A lot of them are not actually emergencies.
 - The ER is really busy at 5pm because all the clinics are closing.
 - The clinics tell patients to do that [go to the ER].
 - No, it's the patient's choice to go to the ER.
 - If you can't get into the clinic, you go to the ER for care.
- I want a doctor in the ER instead of PA's.
- The ER gets busy when the clinic closes and on weekends.
- Doctors come from other places on the weekends.
 - Nurses do too for the swing bed unit.
 - There is a house available across from the swing beds where visiting doctors and nurses can stay.

Ambulance Service

- I used the ambulance once or twice and I thought they were good.
- The ambulance service was very good when I needed them for my husband.

Health Care Services for Senior Citizens

- I think services for senior citizens are adequate.
- Dr. Greimann comes to the senior center once a month to take blood pressures and such. She offers short consultations.
 - If you don't come in and get your blood pressure taken, she [Dr. Greimann] will find you to get it done.
 - Taking blood pressures at the senior center isn't something she [Dr. Greimann] is required to do. She does it on her day off because she cares.
 - She [Dr. Greimann] cares about her patients.

Public/County Health Department

- The health department gives us our flu shots.
- I've had good experiences with the health department.
- We don't know too much about the health department.

Health Care Services for Low-Income Individuals/Families

- We have this new community health entity around the corner but I don't know if it's necessarily for low income. I don't know a lot about it.
 - The community health center is for anybody. It is called Big Horn Valley Health Center. The intention is to try to provide care for those who can't access existing health care. To provide care for people who don't have places to go. The community health center is open to everyone; a private-public relationship

that is run by community members as the Board of Directors. It has partners at the federal level and local partners like the hospital's primary care clinic for regular or routine care. There are fees just like everywhere else. Insurance will be billed for those with insurance. But, people can't be turned away if they don't have insurance; they are asked to pay a nominal fee. Everyone is requested to contribute. It is set up very much like Riverstone Health in Billings which is the biggest community health center in Montana. The numbers of patients seen are growing. But there are a lot of issues with IHS (Indian Health Services) because some people don't have a regular doctor.

- IHS was set up for Native Americans. IHS will send you to a different facility if they can't deal with the health issue. If they only have IHS, they can still go to the health center but IHS won't reimburse the patient for that care.
- People appreciate having options.
- We are hitting limits here in Hardin. We have another facility for easier access. How well is that functioning or is it going to turn into IHS because we have too much to do and not enough staff or money?
 - It is hard to find people willing to come to little places to work. No one wants to come to Hardin, MT because it is small.
 - There is too much negative publicity for the area.
 - Parents in Billings say they wouldn't let their kids walk around Hardin. I don't want my kids walking around Billings!
 - I would let my kids walk around Hardin.
 - I would not let them walk alone now.
 - There are concerns about safety.

Nursing Home/Assisted Living Facility

- We need more room in the nursing home and more assisted living options!
- More assisted living and apartments for seniors.
- There are twelve apartments at Frontier. They have more than just seniors living there now.
- There are ten apartments in assisted living and that's it.
- Not nearly enough facilities.
- The county has the land to do it if they could get the finances.
- I would like to see apartments for my husband and me. We're trying to downsize. We would like to have a two-bedroom apartment but that's not typically available.
 - Most apartments are one-bedroom.
 - Two-bedroom apartments could be used in Hardin.
- I was under the impression that the hospital owns land next to the Hyman area next to that park. They own that back there.
 - If they put assisted living back there, they would have to tear down the garage to Heritage.
 - No, this is totally separate. It's a big empty field. I understand the hospital owns that.
 - We're confused whether the county owns Heritage and the hospital land? Is it owned by one organization or multiple?

Pharmacy

- We need a stand-free pharmacy.
- We need another pharmacy.
- We used to have three pharmacies.
- The pharmacy is nice but it would be nice not to stand while waiting.
- Didn't the hospital discuss having a pharmacy?
 - Yes, but it didn't go through.

6. Why might people leave the community for health care?

- For specialized care.
- There is more equipment in Billings than there is here.
- I have been told by doctors, "I'd rather you go to Billings, if something went wrong they have the staff to take care of you." I haven't been in Big Horn Hospital except a little bit. It makes me feel like an odd-ball that I go to Billings instead of staying here. I've been sent to the hospital in Billings though.

7. What other health care services are needed in the community?

- Dialysis.
- Assisted living and other housing options for seniors.
- Another pharmacy.
- Additional space for rehab.
- Geriatrics.
- The eye doctor is good and we have a dentist.
- Telemedicine would really help to improve access to all sorts of specialists.
 - I thought they were working on adding Telemedicine. Are they still talking about it? I wonder what's holding them up.
 - Telemedicine still wouldn't address the staff.
 - Telemedicine is usually used for diagnosis. There is a lot of potential. Many issues could be dealt with from a distance.
 - Doctors could be looking at all your information; they just can't physically examine you or touch you.
 - My niece got meningitis in Great Falls but people from Spokane were checking her treatment. They didn't have to go to Spokane because of telemedicine.
 - I used telemedicine for a dietician. They used Skype.

8. Additional comments:

- Senior citizens are penalized because nowadays you have to go to a website to get more information. Not all seniors have access to computers or know how to use them or want to use them.
- They should put more information in the newspaper.
- Some people are not computer literate.
- I don't like to waste my time on the computer.
- I don't think the hospital should be secretive to ministers. I believe it should be okay for them to find out if their parishioners are in the hospital so they can visit.

Focus Group #3

Thursday, March 14, 2013 – 5:30pm-6:30pm – Big Horn County Public Health Office – Hardin, MT
4 people (1 male, 3 female)

1. What would make this community a healthier place to live?
 - I don't know. I utilize everything the community has to offer as far as the hospital and public health and the clinic. I do use some doctors in Billings.
 - My biggest complaint is you have to go to Billings for many appointments but I understand that Hardin isn't big enough to support specialists. They are happy to ship you to Billings when you need to be.
 - I agree with that. My husband is sick a lot and it is tough travelling for care.
 - That is a hard question to answer. Being healthy comes within you. You decide for yourself. For health to be community-wide is difficult. Some people just don't make healthy choices.
 - There are plenty of walking paths that are very safe.
 - Health is a matter of choice. To make a community healthy depends on the community.
 - We have a very nice swimming pool and nice exercise equipment.
 - I have found that motorists are very considerate when I'm on a bike. They even stop for me when they have the right of way. It is very safe to get outside and do something. Also, there is not a lot of pollution.
2. What do you think are the most important local health care issues?
 - Side effects of too much alcohol.
 - That's what I was thinking.
 - I agree too.
 - Other than alcohol I don't see any other local issues.
 - I see a lot of alcoholism in this town. I don't know of any other big health issues.
3. What do you think of the hospital in terms of:
Quality of Care
 - I think the quality of care provided is really good.
 - I've been to the hospital in Hardin several times. When I do have to go to Billings, there seems to be a lack of communication between there [Billings] and here [Hardin]. I don't know whether it's my responsibility to get my results from one place to another or if they will handle it.
 - Lack of communication regarding test results. I had a CT scan done and had to follow-up with a specialist in Billings. And when I got to Billings they hadn't even gotten results yet. They had to call Hardin asking for the results in order to read them. It's a timing thing. It was even a four- or five-week delay between my scan and my follow-up appointment.
 - It's a problem on both ends. Sometimes Billings doesn't send information to Hardin either.
 - We had a relative in the hospital and she had been sick for a couple weeks and her white cells had overtaken her red cells. They presumed that it was from not eating because of the flu. She had an aneurysm that ruptured. She was losing a lot of blood

internally. I'm just thinking when a person's blood count goes way down, be careful of internal bleeding.

- In that case, she was then sent to Billings and was in surgery within ten minutes. Ten minutes was the only difference between life and death. They had given her two units of blood the night before. I just think they should be more careful about checking for rare things and not making assumptions.
- I had a blood transfusion and the doctor here in Hardin found an aneurysm but didn't tell me about it and didn't tell my primary care physician. Then, when I went in for my check-up with my primary doctor and she saw the information about my aneurysm, she had to hurry up and have surgery done.

Number of Services

- I'm not sure of all the services they offer at the Hardin hospital.
- Anything we've needed we can certainly get it here in Hardin.
- They're good about referring you if they don't have the facility, necessary equipment, or don't know how to do something.
- Do we still have a bone specialist? Do we have any travelling specialists come down from Billings?
 - It is just easier to send everyone up to Billings.

Hospital Staff

- I have never had a problem with hospital staff.
- I have always found hospital staff to be very friendly.
- You usually know most of the staff.
- We go to both places [Hardin and Billings]. Hospital staff in Hardin could work on being friendlier. Sometimes you go in there and you feel like you should have gone straight to Billings. Sometimes you get an attitude from staff like, "why are you here? Why didn't you go to Billings first?" One time I took my husband in and asked, "Can you see him here instead of going to Billings?" The staff was saying, if it's those symptoms, just take him straight to Billings. Some of the symptoms could have been mistaken though and I didn't want to take him to Billings if he could get care there in Hardin. Once they checked my husband out and realized what the problem was, they were able to take care of him. They really went above and beyond when they cared for him. I was very pleased.
 - Depends a lot on the patient too. Ornery patients make a big difference.
- I've never had a problem with my care, just my husband's. They assume things. Then Billings assumed. Then we waited one month and my husband ended up having a bone infection. They didn't take the time and didn't catch it. Sometimes patients have to put their foot down and get between that point of understanding.
- I always take my daughter with me because she says I'm not forceful enough. I've never had a problem with staff; I just do what they tell me.

Hospital Board and Leadership

- I don't know who is on the Board.
- I know nothing about the Board.
- Maybe Anna Stobaugh is on the Board?

Business Office

- I haven't had any problems with the business office.
- I'm on Medicare, Medicaid, and SSI [Social Security Income] so I don't receive any bills. Thanks to public health, I have gotten things I really needed to help me pay for things.
- I got a big bill one time and knew insurance should have covered most of it. I called the insurance company and the hospital hadn't sent the information they needed. By the time we called, they had covered their bases and it was in process.
- Mistakes happen but, overall, billing is done pretty well.
- I hear a lot of complaints of medical billing for low income people who can't afford to pay the full bill. They're making payments and then they're still getting calls from collection agents. I think primarily this hospital is good about taking payments and making payment plans but occasionally I've talked to others that have had bad experiences with medical bills.
- The hospital wants you to call and setup a payment plan, not just start making payments toward your balance.

Condition of Facility and Equipment

- They've gotten new equipment like mammography and they're updating all the time, I think.
- I think the facility is just great.
- They could remodel but that costs money and isn't necessary.
- I think the facility is great. They have great equipment for emergencies and it doesn't take long to get transferred to Billings in dire emergencies. It's a really good facility for a small town.

Financial Health of the Hospital

- I don't know anything about the financial standing of the hospital.
 - Me either. (3)

Cost

- No idea how cost at the hospital in Hardin compares to anybody else.
- I just get a statement from Medicaid for how much it cost and how much it pays and I don't pay anything.
- I think cost is high everywhere. Equipment, training, malpractice insurance, etc. is expensive.
- Cost is comparable to everywhere else.

Office/Clinic Staff

- Office and clinic staff is awesome.
- Very good.

Availability

- Not hard to make appointments.
- Don't have to wait too long here.

- I usually call the same day or the day before. I always seem to get in. Sometimes it's not with my primary doctor but I can always see someone and receive care.
4. Are any of the local providers your personal provider or personal provider to your family members? Why?
- Because it is here.
 - Because it's close.
 - I'm on lots of medication that makes me drowsy or dizzy. I can't drive to my own appointment out of town. I don't trust myself to go that far.
 - Because it's available.
5. What do you think about these local services:
- Emergency Room
- I've been to the ER when I had a heart attack and there were nurses swarming around. They took really good care of me. They sent me to Billings.
 - In the ER, years ago, they seemed to be more concerned about insurance cards than checking out my children. I know it wasn't life and death but I think they should deal with the medical issue then get insurance information.
 - My daughter had an allergic reaction. She was cared for really well. I was very pleased with the care she got.
- Ambulance Service
- I did have a problem because the ambulance didn't give my insurance information to the hospital and I got a big bill but I got it straightened out.
 - I live in the Frontier Apartments and the ambulance is really close.
 - I was a transport once and the ambulance staff was really friendly.
 - The ambulance seems to be busy a lot.
 - The ambulance makes a few trips every day.
- Health Care Services for Senior Citizens
- Great.
- Public/County Health Department
- The health department offers a lot of great help to get you into programs you qualify for. They helped me since I'm so far below the poverty level.
 - I've never had any problems. They go above and beyond and have helped me and my husband so much.
 - Very good.
- Health Care Services for Low-Income Individuals/Families
- I think the new health clinic helps for people that do not have the funds. This town has needed it a long time.
 - The hospital is very accommodating to income. But you are right; I'm unemployed so I'm discovering that the free clinic is kind of nice.
 - Good thing we have the free clinic.

Nursing Home/Assisted Living Facility

- I don't think much about it.
- My dad was in the nursing home for a while. I was pleased with the care he got there. Some days there wasn't super great care but that's not the facility's fault. Some days are just that way.
- My mother-in-law was in Heritage Acres. I felt sorry for the staff, she was awful. She would try running away and was a handful. We had to take her out of Heritage Acres.
- It's hard to say anything bad about health care professionals. I wouldn't want to put up with what they put up with.

Pharmacy

- I wish the pharmacy was open on Saturdays.
 - Me too.
 - If I realize my medications won't last through the weekend, I panic because I have to wait until Monday to get them filled.
- Years ago, the clinic had a pharmacy that was only open during clinic hours. The pharmacy we have now is awfully slow at times. You can go in and it could take all day when it should take half an hour. I'm glad we have one though!
 - Me too!
- I have Humana drug insurance and went to get my pills refilled and they said Humana doesn't pay for these pills anymore. I said you better call them. They were on the phone for an hour but finally got it straightened out and I got my pills.

6. Why might people leave the community for health care?

- Mostly just for specialists.
- Philosophy that bigger is better. I don't agree with that though.

7. What other health care services are needed in the community?

- I don't know of anything else that Hardin could support. Everyone wants specialists but we're not big enough.
- The physical therapy is pretty good here. I can't think of anything we don't have that we need.
- I don't know. I'm satisfied with what is offered.
- We all wish we had a bigger population and room for specialists but I like living in a small town. Billings is too busy for me.
- They can get you to Billings if you have to go.
- It'd be nice if we could have a hospital with advanced care where you do not have to be transported. When you are in the hospital a long time, having family near and visiting is important. If you're moved somewhere else, you don't always have family close.
- Sleep apnea, sleep test. That would be nice if I didn't have to stay the night in Billings.
- Ability to do sleep testing, individual testing would be nice.
- Having somebody coming in once a month for specialists.
 - What travelling specialists would be needed?
 - I don't know.

- It would be nice if this area had home care that had nurses because we do have home care services but none have nurses available to do certain tasks. This public health office does visits into homes but it would be nice for home care with more qualified people to do medical tasks.
 - After my aneurysm surgery, I had home health care after my daughter had to leave because I still needed care. They mostly just make you feel comfortable.

Appendix H – Secondary Data County Profile

Big Horn County
Secondary Data Analysis
July 23, 2012



Office of Rural Health
Area Health
Education Center

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

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

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

*Chronic Lower Respiratory Disease

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

| Chronic Disease Burden ¹ | County | Montana | Nation ^{3,4} |
|---|------------------|---------|-----------------------|
| Stroke prevalence | 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 |

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

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

⁴American 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 ¹ Per 100,000 population | 230.7 | 182.2 |
| Diabetes ¹ Per 100,000 population | 246.3 | 115.4 |
| Myocardial Infarction ¹ Per 100,000 population | 221.6 | 147.3 |

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

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

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

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

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

⁵US Census Bureau (2010)

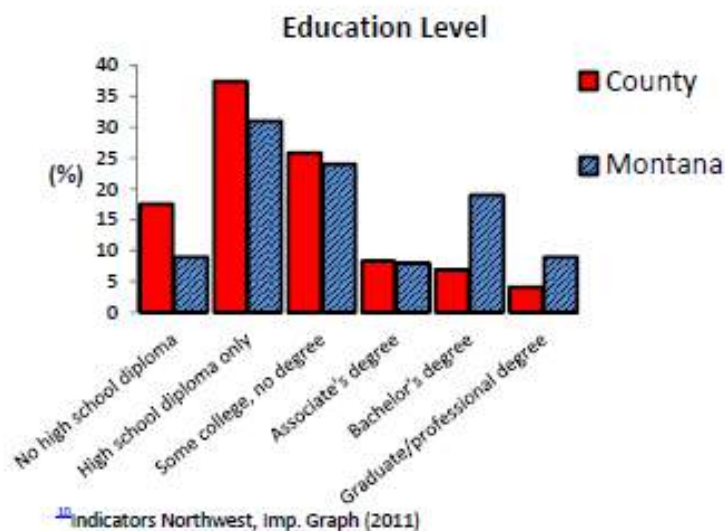
| Socioeconomic Measures ¹ (%) | County | Montana | Nation ^{7,8} |
|---|----------|----------|-----------------------|
| Median Income ¹ | \$33,004 | \$43,000 | \$51,914 |
| Unemployment Rate ⁷ | 12.5% | 6.3% | 7.7% |
| Persons Below Poverty Level ¹ | 29.0% | 14.0% | 13.8% |
| Uninsured Adults (Age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

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

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

⁸Center for Disease Control and Prevention (CDC), Health Insurance Coverage (2011)

⁹Montana KIDS COUNT (2009)



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

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

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

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

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

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

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

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

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

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

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

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

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

| Maternal Child Health ¹ | County | Montana | Nation ^{14,15} |
|---|--------|---------|-------------------------|
| Infant Mortality (death within 1 st year) Rate per 1,000 live births ¹ | 8.9 | 6.1 | 6.7 |
| Entrance into Prenatal care in 1 st Trimester Percent of Live Births ¹ | 67.1% | 83.9% | 69.0% |
| Birth Rate ⁹ Babies born per 1,000 people | 21.9 | 12.8 | 13.5 |
| Low Birth Weight (<2500 grams) Percent of live births ¹ | 6.3% | 7.3% | 8.3% |
| Neonatal Mortality (under 28 days of age) Rate per 1,000 live births ¹ | 4.4 | 3.3 | 4.5 |
| Post Neonatal Mortality (28 through 364 days of age) Rate per 1,000 live births ¹ | 4.4 | 2.7 | 2.2 |
| Pre-Term Birth (<37 completed weeks gestation) Percent of Live Births ¹ | 9.4% | 10.1% | 12.5% |

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

⁹Montana KIDS COUNT (2009)

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

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

Economic Impact Assessment

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

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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

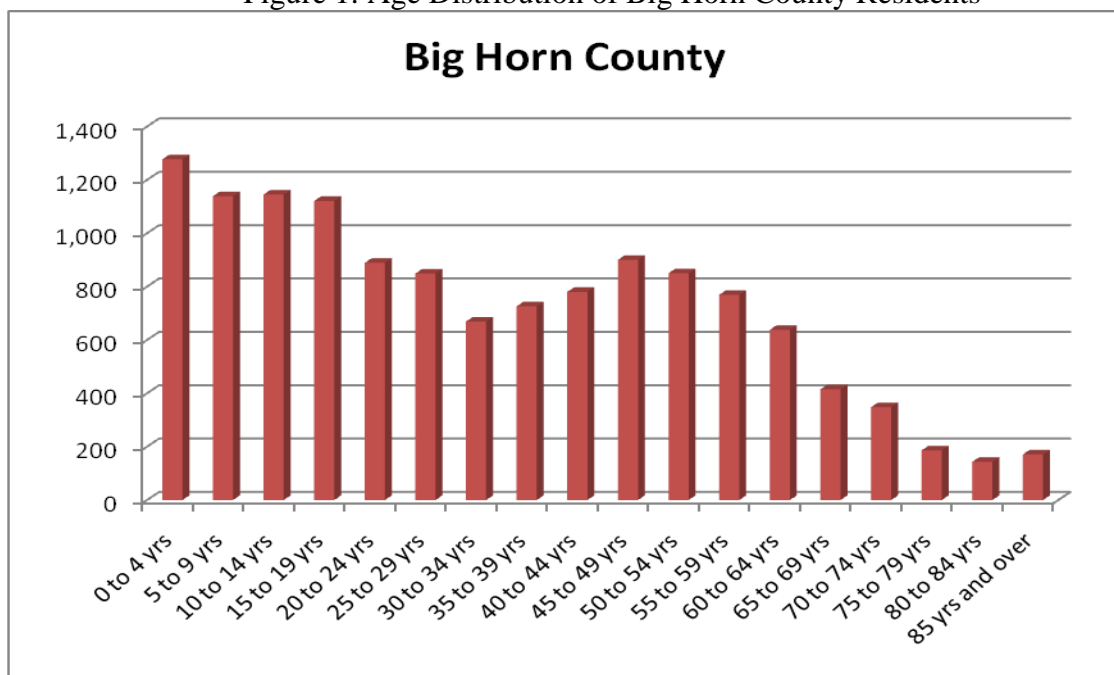


Figure 2: Percent of the population by age groups, Big Horn County vs. Montana

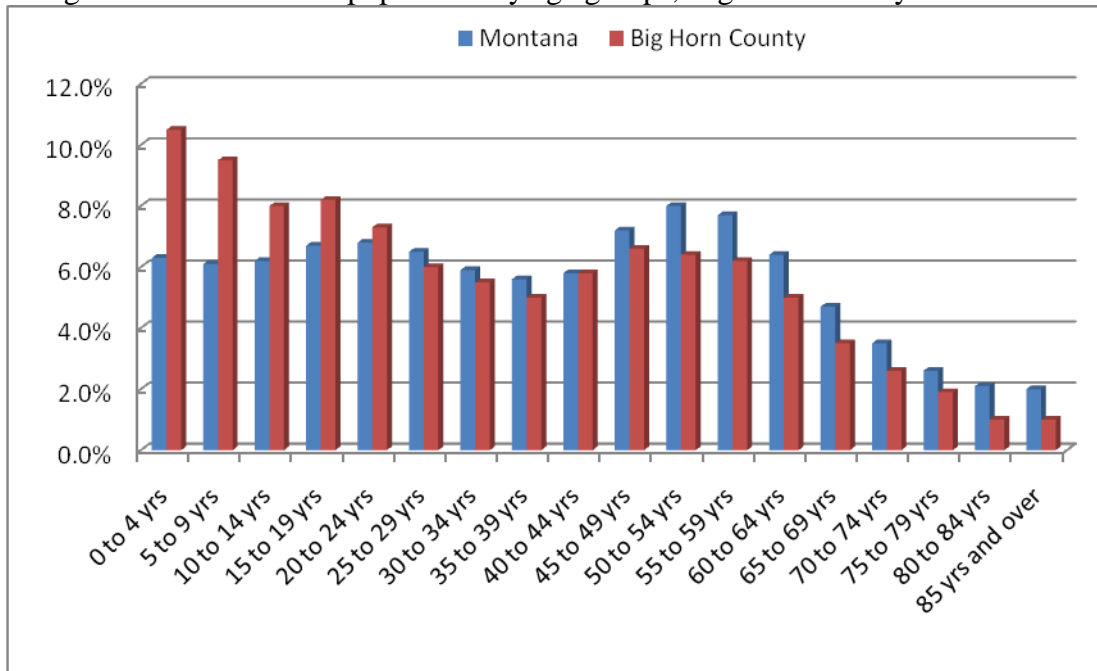


Figure 2 shows how Big Horn County’s population distribution compares to Montana’s. A careful examination of Figure 2 and the underlying data reveals that, compared with the State as a whole, Big Horn County had a higher percentage of people under 25 (43.5 percent vs. 32.1 percent) and a lower percentage 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 health care 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 hospitals’ multipliers.

Multipliers are calculated using a methodology called input-output modeling. The Research and Analysis Bureau 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)¹ observes that "...a good health care system is an important indication of an area's quality of life. Health care, 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 health care system gives communities an advantage when competing for new businesses. An effective health care system can also attract retirees to the community. Finally, health care 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.

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