

# Musselshell County, Montana

Frontier Medicine Better Health Partnership  
Community Health Needs Assessment Report

Survey conducted by  
Roundup Memorial Healthcare  
Roundup, Montana

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

March 2015



**MONTANA**  
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**Roundup Memorial Healthcare  
Community Health Needs Assessment**

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**Roundup Memorial Healthcare  
Community Survey & Focus Groups  
Summary Report  
March 2015**

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**I. Introduction**

Roundup Memorial Healthcare is a 25-bed Critical Access Hospital and clinic based in Roundup, Montana. Roundup Memorial Healthcare has a service area of just under two thousand square miles and provides medical services to the Musselshell County population of approximately 4,538 people. Roundup Memorial Healthcare participated in the Community Health Services Development (CHSD) process, a Community Health Needs Assessment (CHNA), conducted by the Montana Office of Rural Health and the National Rural Health Resource Center (NRHRC) in Duluth, Minnesota. The CHNA was funded by the Frontier Medicine Better Health Partnership (FMBHP) Project. Community involvement in steering committee meetings and focus groups enhanced the community's engagement in the assessment process.

In the fall of 2014, Roundup Memorial Healthcare's service area was surveyed about its healthcare system. This report shows the results of the survey in both narrative and chart formats. A copy of the survey instrument is included at the end of this report (Appendix D). Readers are invited to familiarize themselves with the survey instrument and the subsequent findings. The narrative report touches on the highlights while the charts present data for virtually every question asked. Please note: we are able to compare some of the 2014 survey data with data from previous surveys conducted in 2012 and 2008. If any statistical significance exists, it will be reported. The significance level was set at 0.05.

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**II. Health Assessment Process**

A Steering Committee was convened to assist Roundup Memorial Healthcare in conducting the CHSD assessment process. A diverse group of community members representing various organizations and populations within the community (ex. public health, elderly, uninsured) came together in August 2014. For a list of all Steering Committee members and their affiliations, see Appendix A. The Steering Committee met twice during the CHSD process; first to discuss health concerns in the community and offer their perspective in designing the survey instrument and again to review results of the survey and focus groups.

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**III. Survey Methodology**

**Survey Instrument**

In August 2014, surveys were mailed out to the residents in Roundup Memorial Healthcare's service area. The survey was based on a design that has been used extensively in the states of Washington, Wyoming, Alaska, Montana, and Idaho. The survey was designed to provide each facility with information from local residents regarding:

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

## **Sampling**

Roundup Memorial Healthcare 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 735 residents was then selected from Prime Net Data Source. Residence was stratified in the initial sample selection so that each area would be represented in proportion to the overall served population and the proportion of past admissions. (Note: although the survey samples were proportionately selected, actual surveys returned from each population area varied which may result in slightly less proportional results.)

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

## **Information Gaps**

### **Data**

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

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

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

### **Limitations in Survey Methodology**

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

## Survey Implementation

In August 2014, the community health services survey, a cover letter from the National Rural Health Resource Center with Roundup Memorial Healthcare's Chief Executive Officer's signature on Roundup Memorial Healthcare letterhead, and a postage paid reply envelope were mailed to 735 randomly selected residents in the hospital's service area. A news release was sent to local newspapers prior to the survey distribution announcing that Roundup Memorial Healthcare would be conducting a community health services survey throughout the region in cooperation with the Montana Office of Rural Health.

One hundred thirty-nine (139) surveys were returned out of 735. Of those 735 surveys, 80 were returned undeliverable for a 21% response rate. From this point on, the total number of surveys will be out of 655. 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 7.38%.

## IV. Survey Respondent Demographics

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A total of 655 surveys were distributed amongst Roundup Memorial Healthcare's service area. One hundred thirty-nine (139) were completed for a 21% response rate. The following tables indicate the demographic characteristics of the survey respondents. Information on location, gender, age, and employment is included. Percentages indicated on the tables and graphs are based upon the total number of responses for each individual question, as some respondents did not answer all questions.

### Place of Residence (Question 31)

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

		2008		2012		2014	
Area	Zip code	Count	Percent	Count	Percent	Count	Percent
<b>Roundup</b>	<b>59072</b>	<b>189</b>	<b>81.1%</b>	<b>121</b>	<b>81.8%</b>	<b>114</b>	<b>86.4%</b>
<b>Melstone</b>	<b>59054</b>	<b>10</b>	<b>4.3%</b>	<b>5</b>	<b>3.4%</b>	<b>5</b>	<b>3.8%</b>
<b>Lavina</b>	<b>59046</b>	<b>10</b>	<b>4.3%</b>	<b>7</b>	<b>4.7%</b>	<b>5</b>	<b>3.8%</b>
Musselshell	59059	13	5.6%	7	4.7%	3	2.3%
Ryegate	59074	Not asked - 2008		2	1.4%	1	0.8%
Other		Not asked - 2008		0	0	1	0.8%
<b>TOTAL</b>		<b>233</b>	<b>100.0%</b>	<b>148</b>	<b>100.0%</b>	<b>132</b>	<b>100.0%</b>

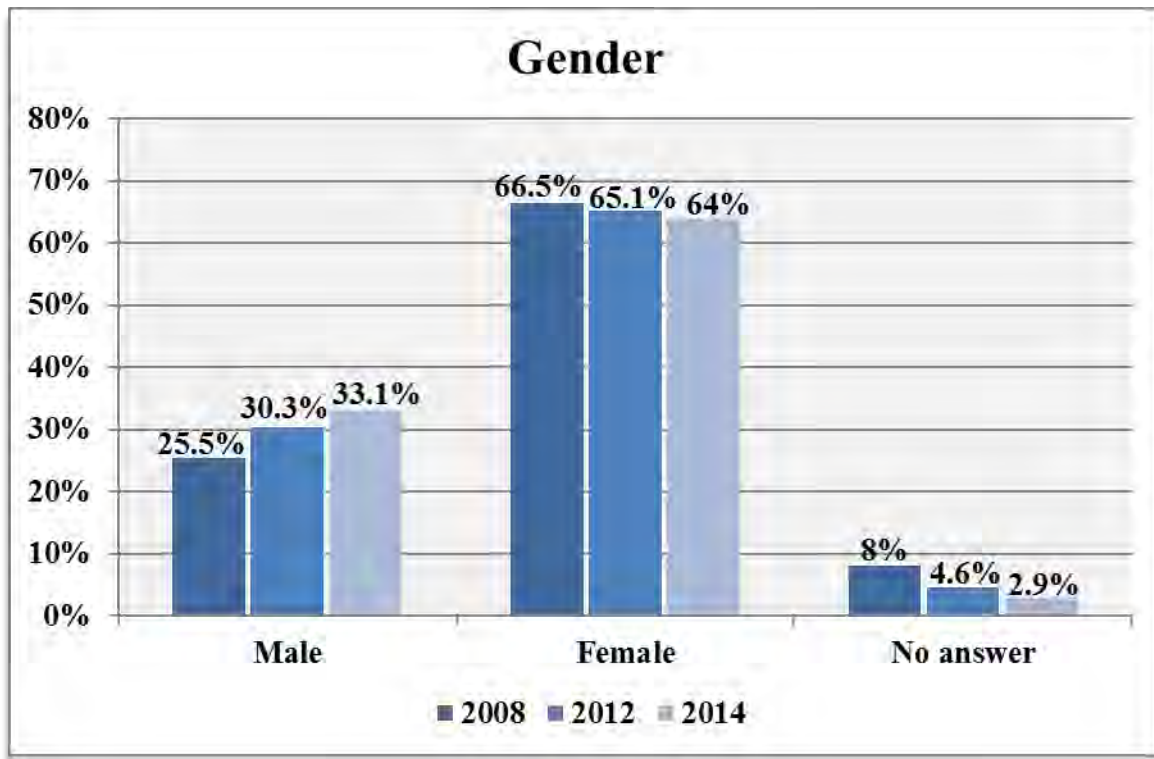
### Gender (Question 32)

2014 N= 139

2012 N= 152

2008 N= 251

Of the 139 surveys returned, 64% (n=89) of survey respondents were female, 33.1% (n=46) were male, and 2.9% (n=4) chose not to answer this question. The survey was distributed to a random sample consisting of 50% women and 50% men. It is not unusual for survey respondents to be predominantly female, particularly when the survey is healthcare-oriented since women are frequently the healthcare decision makers for families.



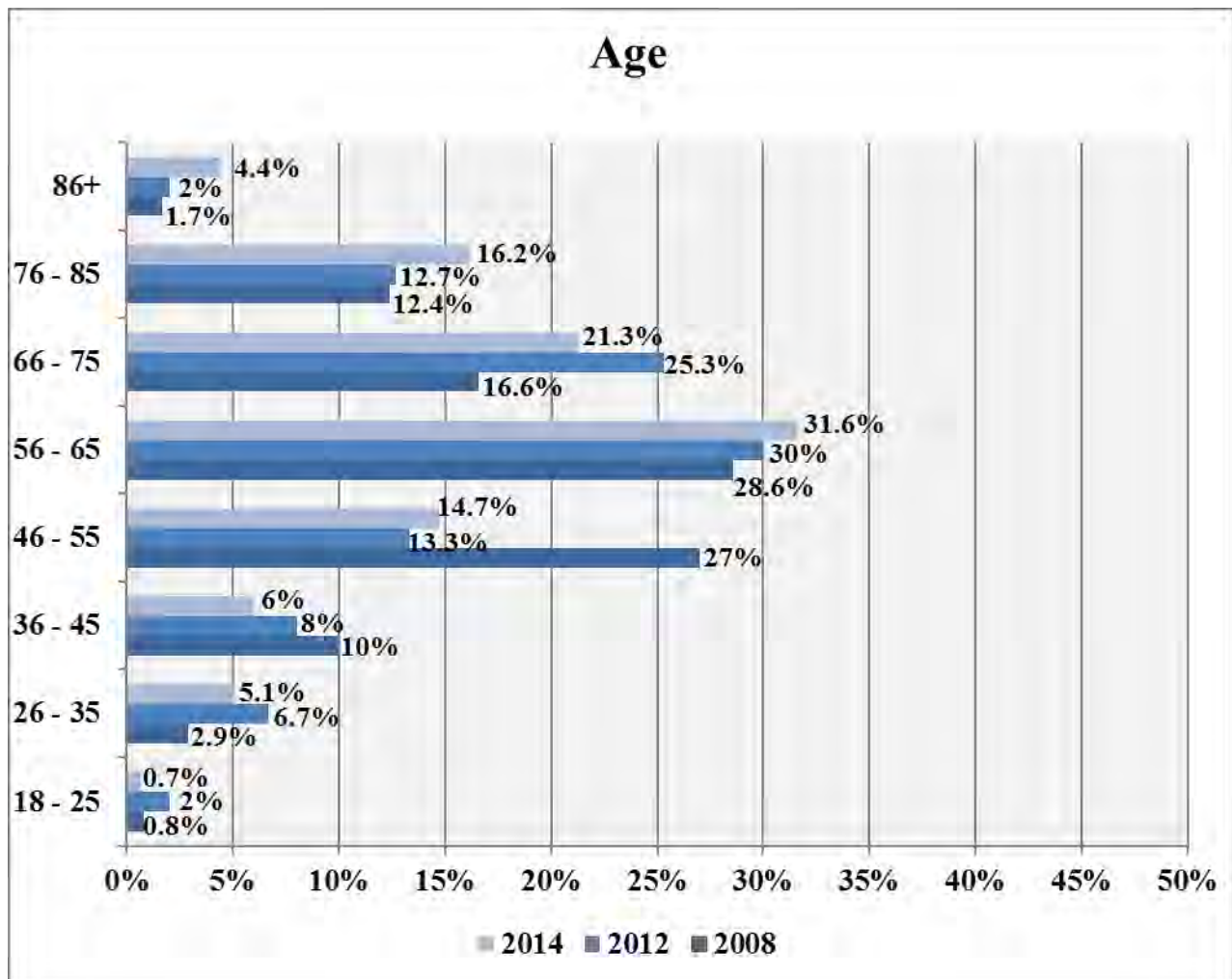
### Age of Respondents (Question 33)<sup>1</sup>

2014 N= 136

2012 N= 150

2008 N= 241

Thirty-two percent of respondents (n=43) were between the ages of 56-65. Twenty-one percent of respondents (n=29) were between the ages of 66-75 and 16.2% of respondents (n=22) were between the ages of 76-85. This statistic is comparable to other Critical Access Hospital (CAH) demographics. The increasing percentage of aging residents in rural communities is a trend which is seen throughout Montana and will likely have a significant impact on the need for healthcare services during the next 10-20 years. However, it is important to note that the survey was targeted to adults and therefore, no respondents are under age 18. Older residents are also more invested in healthcare decision making and therefore, are more likely to respond to healthcare surveys, as reflected by this graph. Three respondents chose not to answer this question.



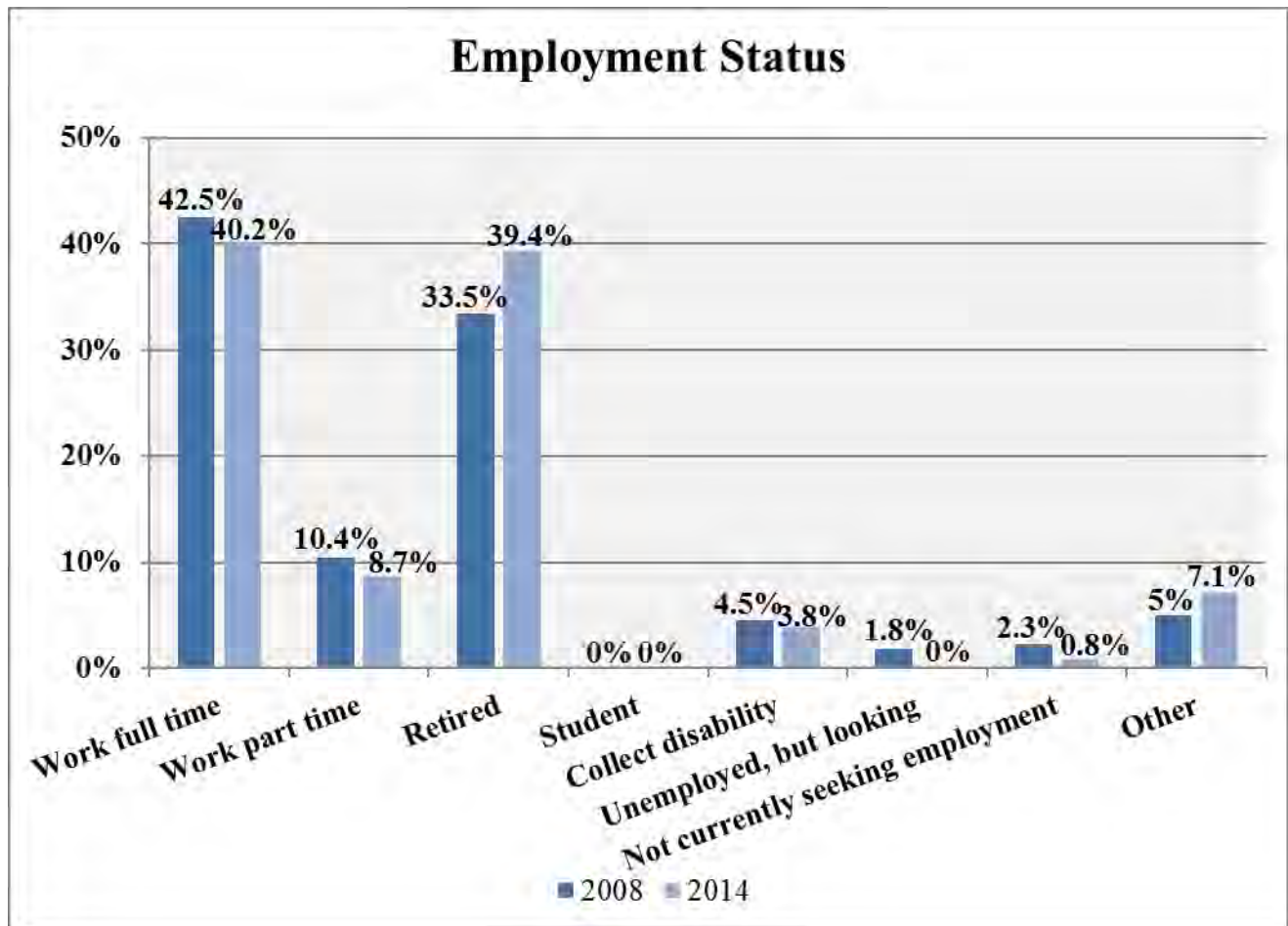
<sup>1</sup> Respondents in 2014 and 2012 were significantly older compared to 2008 respondents.

### Employment Status (Question 34)

2014 N= 127

2008 N= 221

Forty percent (n=51) of respondents reported working full time while 39.4% (n=50) are retired. Nine percent of respondents (n=11) indicated they work part time. Respondents could select all that apply so percentages do not equal 100%. Twelve respondents chose not to answer this question.



“Other” comments:

- Disabled



## V. Survey Findings – Community Health

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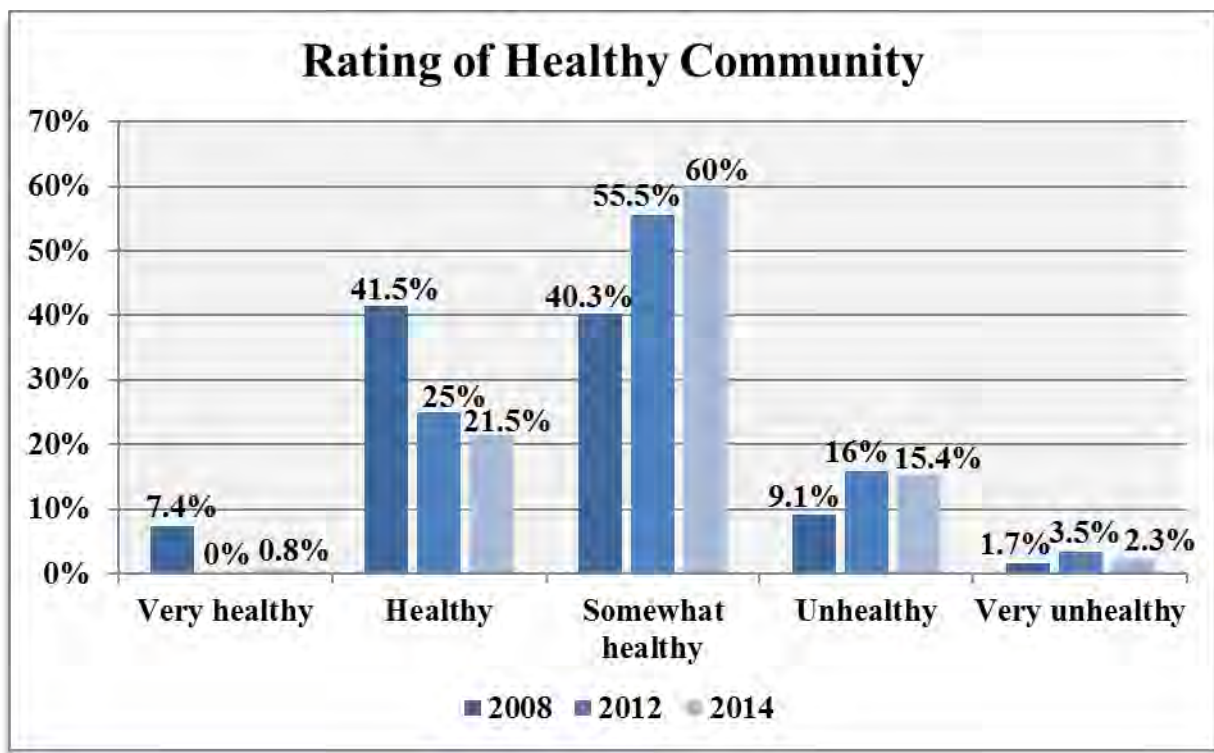
### Impression of Community (Question 1)<sup>1</sup>

2014 N= 130

2012 N= 144

2008 N= 231

Respondents were asked to indicate how they would rate the general health of their community. Sixty percent of respondents (n=78) rated their community as “Somewhat healthy.” Twenty-two percent of respondents (n=28) felt their community was “Healthy” and 15.4% (n=20) felt their community was “Unhealthy.” Nine respondents chose not to respond to this question.



<sup>1</sup>There has been a significant decrease since 2008 in the number of respondents who rated the community's general health as 'Healthy'.

## Health Concerns for Community (Question 2)

2014 N= 139

2012 N= 152

2008 N= 251

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 67.6% (n=94). “Water quality” was also a high priority at 41% (n=57) then “Obesity/overweight” at 33.8% (n=47). Respondents were asked to pick their top three serious health concerns so percentages do not equal 100%.

Health Concern	2008		2012		2014	
	Count	Percent	Count	Percent	Count	Percent
Alcohol abuse/substance abuse <sup>1</sup>	127	50.6%	104	68.4%	94	67.6%
Water quality	Not asked - 2008		Not asked - 2012		57	41.0%
Overweight/obesity <sup>2</sup>	35	13.9%	62	40.8%	47	33.8%
Cancer	92	36.7%	57	37.5%	37	26.6%
Heart Disease	37	14.7%	33	21.7%	23	16.5%
Diabetes	40	15.9%	29	19.1%	18	12.9%
Lack of access to healthcare	35	13.9%	15	9.9%	18	12.9%
Lack of exercise	38	15.1%	22	14.5%	18	12.9%
Depression/anxiety	Not asked - 2008		22	14.5%	15	10.8%
Mental health issues <sup>3</sup>	17	6.8%	25	16.4%	14	10.1%
Tobacco use	42	16.7%	28	18.4%	14	10.1%
Motor vehicle accidents	15	6.0%	10	6.6%	11	7.9%
Child abuse/neglect	19	7.6%	13	8.6%	8	5.8%
Domestic violence	15	6.0%	7	4.6%	7	5.0%
Lack of dental care	19	7.6%	14	9.2%	7	5.0%
Work related accidents/injuries	Not asked - 2008		4	2.6%	7	5.0%
Recreation related accidents/injuries	Not asked - 2008		1	0.7%	3	2.2%
Stroke <sup>4</sup>	15	6.0%	3	2.0%	1	0.7%
Other	12	4.8%	4	2.6%	6	4.3%

<sup>1</sup>Significantly fewer of the 2008 respondents felt that alcohol/substance abuse was a serious community health concern.

<sup>2</sup>Significantly fewer 2008 respondents indicated overweight/obesity as a serious health concern.

<sup>3</sup>Respondents in 2012 were more likely to cite mental health issues as a serious health concern.

<sup>4</sup>Respondents were more likely to cite stroke as a serious health concern in 2008.

“Other” comments:

- Drugs
- Lazy people
- No mental health here
- Alcohol
- All dependent on age group
- Age related illness

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

2014 N= 139

2012 N= 152

2008 N= 251

Respondents were asked to identify the three most important things for a healthy community. Fifty-five percent of respondents (n=77) indicated that “Access to healthcare and other services” is important for a healthy community. “Good jobs and a healthy economy” was the second most indicated component at 48.9% (n=68) and third was “Healthy behaviors and lifestyles” at 36.7% (n=51). Respondents were asked to identify their top three choices, thus the percentages do not add up to 100%.

Important Component	2008		2012		2014	
	Count	Percent	Count	Percent	Count	Percent
<b>Access to healthcare and other services</b>	<b>132</b>	<b>52.6%</b>	<b>94</b>	<b>61.8%</b>	<b>77</b>	<b>55.4%</b>
<b>Good jobs and a healthy economy</b>	<b>128</b>	<b>51.0%</b>	<b>83</b>	<b>54.6%</b>	<b>68</b>	<b>48.9%</b>
<b>Healthy behaviors and lifestyles<sup>1</sup></b>	<b>54</b>	<b>21.5%</b>	<b>52</b>	<b>34.2%</b>	<b>51</b>	<b>36.7%</b>
Strong family life	56	22.3%	39	25.7%	44	31.7%
Good schools	65	25.9%	35	23.0%	35	25.2%
Low crime/safe neighborhoods	51	20.3%	25	16.4%	24	17.3%
Religious or spiritual values	41	16.3%	30	19.7%	24	17.3%
Clean environment	39	15.5%	29	19.1%	23	16.5%
Affordable housing	40	15.9%	24	15.8%	16	11.5%
Community involvement	29	11.6%	14	9.2%	15	10.8%
Parks and recreation <sup>2</sup>	6	2.4%	2	1.3%	14	10.1%
Low level of domestic violence	10	4.0%	3	2.0%	5	3.6%
Low death and disease rates	6	2.4%	8	5.3%	3	2.2%
Tolerance for diversity	10	4.0%	8	5.3%	3	2.2%
Arts and cultural events	7	2.8%	4	2.6%	1	0.7%
Other	10	4.0%	3	2.0%	3	2.2%

<sup>1</sup>Respondents were less likely to select health behaviors and lifestyles as an important component of a healthy community in 2008.

<sup>2</sup>In 2014, respondents were more likely to indicate parks and recreation as a component of a healthy community.

“Other” comments:

- Poverty
- Lack of opportunity
- Alternative healthcare
- Healthy drinking water
- Morals

## Survey Findings – Awareness of Services

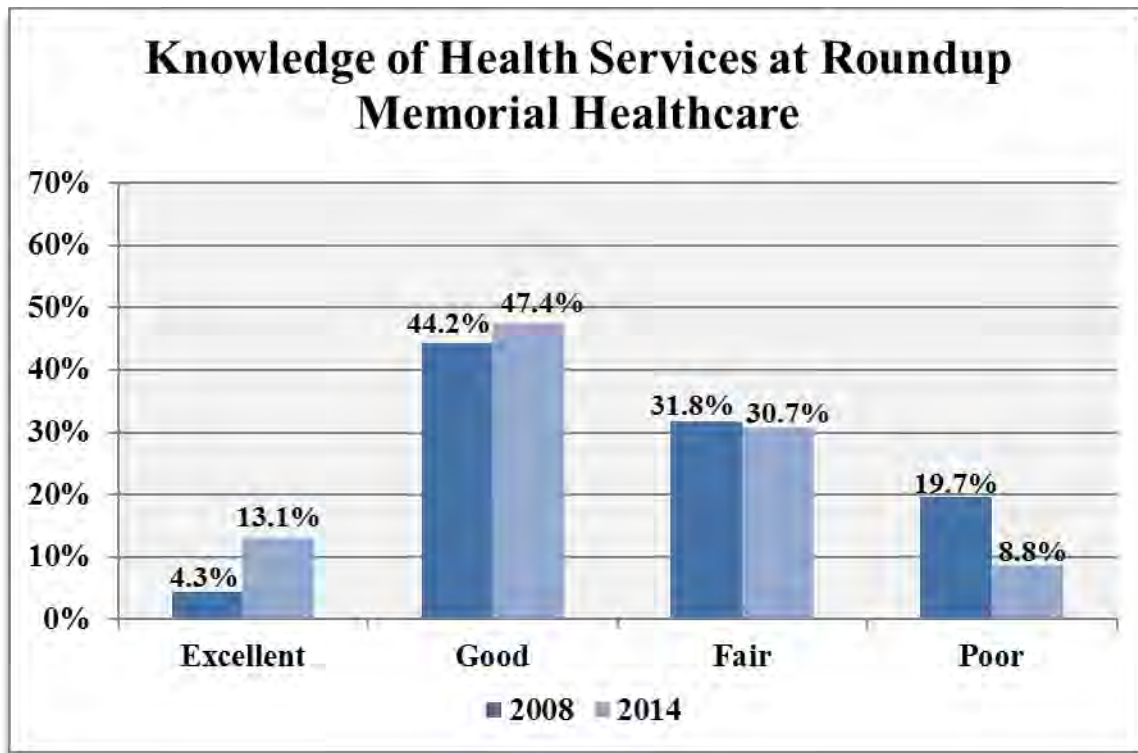
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### Overall Awareness of Health Services (Question 4)<sup>1, 2</sup>

2014 N= 137

2008 N= 208

Respondents were asked to rate their knowledge of the health services available at Roundup Memorial Healthcare. Forty-seven percent (n=65) of respondents rated their knowledge of health services as “Good.” Thirty-one percent (n=42) rated their knowledge as “Fair” and 13.1% of respondents (n=18) rated their knowledge as “Excellent.” Two respondents chose not to answer this question.



<sup>1</sup>Significantly more 2014 respondents rated their knowledge of services at Roundup Memorial Healthcare as excellent than in 2008.

<sup>2</sup> In 2014, respondents were significantly less likely to rate their knowledge of services at Roundup Memorial Healthcare as poor compared to 2008 respondents.

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

2014 N= 139

2008 N= 251

The most frequent method of learning about available services was “Word of mouth/reputation” at 64.7% (n=90). “Friends/family” was the second most frequent response at 61.9% (n=86) and “Healthcare provider” was reported at 32.4% (n=45). Respondents could select more than one method so percentages do not equal 100%.

Method	2008		2014	
	Count	Percent	Count	Percent
<b>Word of mouth/reputation<sup>1</sup></b>	<b>105</b>	<b>41.8%</b>	<b>90</b>	<b>64.7%</b>
<b>Friends/family</b>	<b>Not asked - 2008</b>		<b>86</b>	<b>61.9%</b>
<b>Healthcare provider<sup>2</sup></b>	<b>42</b>	<b>16.7%</b>	<b>45</b>	<b>32.4%</b>
Newspaper <sup>3</sup>	92	36.7%	37	26.6%
Mailings/newsletter	15	6.0%	12	8.6%
Public health	Not asked - 2008		12	8.6%
Radio <sup>4</sup>	2	0.8%	9	6.5%
Social media/Facebook	Not asked - 2008		8	5.8%
Website/internet <sup>5</sup>	2	0.8%	7	5.0%
Presentations	3	1.2%	3	2.2%
Other	16	6.4%	13	9.4%

<sup>1</sup>Learning about healthcare services through word of mouth was selected significantly more often by respondents in 2014.

<sup>2</sup>Significantly more 2014 respondents learned about health services from their healthcare provider.

<sup>3</sup>Respondents were less likely to cite the newspaper as a source for learning about healthcare services in 2014 than in 2008.

<sup>4</sup>In 2014, respondents were more likely to select the radio as a source for learning about healthcare services.

<sup>5</sup>Learning of healthcare services through the website/internet was indicated significantly more often in 2014.

“Other” comments:

- Television
- My profession (2)
- Employees
- With real estate purchase
- Personal experience which was very bad. I made an appointment and closed my office, after waiting several hours I was told the doctor was stuck in admitting at the hospital... haven't been back.
- Being and EMT
- Had reaction to bee sting and went to the closest doctor clinic at hospital
- Personal experience (2)
- Close proximity

## Cross Tabulation of Service Knowledge and Learning about Services

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

### KNOWLEDGE RATING OF ROUNDUP MEMORIAL HEALTHCARE SERVICES BY HOW RESPONDENTS LEARN ABOUT HEALTHCARE SERVICES

	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>	<b>Total</b>
<b>Word of mouth/reputation</b>	10 (11.2%)	44 (49.4%)	28 (31.5%)	7 (7.9%)	<b>89</b>
<b>Friends/family</b>	10 (11.8%)	44 (51.8%)	25 (29.4%)	6 (7.0%)	<b>85</b>
<b>Healthcare provider</b>	6 (13.3%)	28 (62.2%)	9 (20.1%)	2 (4.4%)	<b>45</b>
<b>Newspaper</b>	5 (13.9%)	20 (55.6%)	9 (25%)	2 (5.6%)	<b>36</b>
<b>Public Health</b>	1 (8.3%)	6 (50%)	3 (25%)	2 (16.7%)	<b>12</b>
<b>Mailings/newsletter</b>	2 (18.2%)	5 (45.4%)	2 (18.2%)	2 (18.2%)	<b>11</b>
<b>Radio</b>	1 (11.1%)	6 (66.7%)	1 (11.1%)	1 (11.1%)	<b>9</b>
<b>Social Media/Facebook</b>		6 (75%)	2 (25%)		<b>8</b>
<b>Website/internet</b>		3 (42.9%)	3 (42.9%)	1 (14.2%)	<b>7</b>
<b>Presentations</b>		3 (100%)			<b>3</b>
<b>Other</b>	4 (30.8%)	5 (38.5%)	3 (23%)	1 (7.7%)	<b>13</b>

### Other Community Health Resources Utilized (Question 6)

2014 N= 139

2008 N= 251

Respondents were asked which community health resources, other than the hospital or clinic, they had used in the last three years. “Pharmacy” was the most frequently utilized community health resource cited by respondents at 70.5% (n=98). “Dentist” was also a highly utilized resource at 36.7% (n=51) followed by “Chiropractor” at 25.9% (n=36). Respondents could select more than one resource so percentages do not equal 100%.

Resource	2008		2014	
	Count	Percent	Count	Percent
<b>Pharmacy<sup>1</sup></b>	<b>129</b>	<b>51.4%</b>	<b>98</b>	<b>70.5%</b>
<b>Dentist</b>	<b>94</b>	<b>37.5%</b>	<b>51</b>	<b>36.7%</b>
<b>Chiropractor<sup>2</sup></b>	<b>39</b>	<b>15.5%</b>	<b>36</b>	<b>25.9%</b>
Frontier Health Clinic	Not asked - 2008		24	17.3%
VA	Not asked - 2008		18	12.9%
Senior center	20	8.0%	16	11.5%
Public health	6	2.4%	7	5.0%
Mental health	3	1.2%	4	2.9%
Other <sup>3</sup>	7	2.8%	13	9.4%

<sup>1</sup>Significantly more of the 2014 respondents have used the pharmacy in the past three years.

<sup>2</sup>Significantly more of the 2014 respondents have seen a chiropractor in the past three years.

<sup>3</sup>Significantly more of the 2014 respondents have used another health resource not listed in the past three years.

“Other” comments:

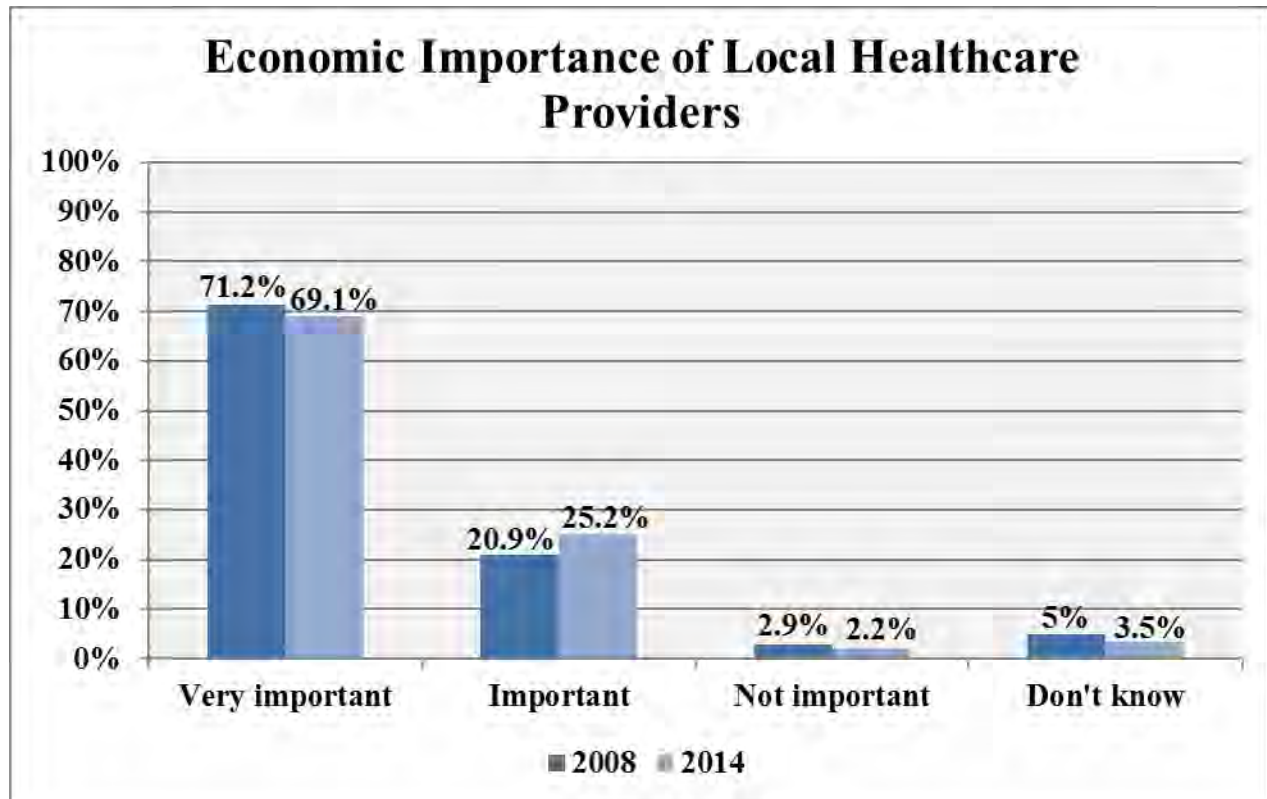
- Over the counter drugs
- Child welfare
- Billings Clinic
- Vision center (2)
- Eye Doctor. (2)
- Massage Therapist (2)
- Physical Therapy
- Area II Agency on Aging (2)
- DPHHS
- Riverstone Health

### Economic Importance of Local Healthcare Providers and Services (Question 7)

2014 N= 139

2008 N= 239

The majority of respondents (69.1%, n=96) indicated that local healthcare providers and services (i.e.: hospitals, clinics, nursing homes, assisted living, etc.) are “Very important” to the economic well-being of the area. Twenty-five percent of respondents (n=35) indicated they are “Important” and three respondents (2.2%) indicated that they are “Not important.”





### Improvement for Community’s Access to Healthcare (Question 8)

2014 N= 139

2008 N= 251

Respondents were asked to indicate what they felt would improve their community’s access to healthcare. Sixty-three percent of respondents (n=87) reported that “More primary care providers (MD/DO)” would make the greatest improvement. Forty-one percent of respondents (n=58) indicated they would like “Improved quality of care” and 27.3% (n=38) indicated “More Nurse Practitioners/Physicians Assistants” would improve access to care. Respondents could select more than one method so percentages do not equal 100%.

Improvement	2008		2014	
	Count	Percent	Count	Percent
<b>More primary care providers (MD/DO)<sup>1</sup></b>	<b>117</b>	<b>46.6%</b>	<b>87</b>	<b>62.6%</b>
<b>Improved quality of care<sup>2</sup></b>	<b>71</b>	<b>28.3%</b>	<b>58</b>	<b>41.7%</b>
<b>More Nurse Practitioners/Physician Assistants</b>	<b>Not asked - 2008</b>		<b>38</b>	<b>27.3%</b>
More specialists	57	22.7%	36	25.9%
Outpatient services expanded hours <sup>3</sup>	27	10.8%	32	23.0%
Transportation assistance <sup>4</sup>	14	5.6%	27	19.4%
Greater health education services	35	13.9%	26	18.7%
Telemedicine	21	8.4%	10	7.2%
Other	18	7.2%	18	12.9%

<sup>1</sup>Respondents were more likely to indicate a desire for more primary care providers (MD/DO) in 2014.

<sup>2</sup>In 2014, significantly more respondents selected improved quality of care.

<sup>3</sup>Outpatient services with expanded hours was selected significantly more often in 2014.

<sup>4</sup>Transportation assistance was indicated significantly more often in 2014.

“Other” comments:

- Affordability (2)
- Long term providers (5)
- Less chief and more Indians
- Go to Billings
- Nursing home and emergency care only
- Communication skills
- A provider available for walk-ins during lunch hour
- Change welfare requirements to not attract professional patients
- Transportation to specialists in Billings
- Accept payment in FULL from other paid medical business
- More secretary professionals for clinic/hospital
- Joint doctor
- Dermatologist
- Personnel to be more consistent with patients
- Increased Medicaid assistance
- Cheaper gas
- I believe that those who choose to be healthy find a way to access healthcare. There are many programs for those who cannot pay.

### Interest in Educational Classes/Programs (Question 9)

2014 N= 139

Respondents were asked if they would be interested in any educational classes/programs if offered locally. The most highly indicated class/program indicated was “Fitness” at 25.2% of respondents (n=35). “First aid/CPR” and “Health and wellness” were selected by 23.7% of respondents (n=33) and “Weight loss” followed at 23.0% (n=32). Respondents could select more than one method so percentages do not equal 100%.

Class/Program	2014	
	Count	Percent
<b>Fitness</b>	<b>35</b>	<b>25.2%</b>
<b>First aid/CPR</b>	<b>33</b>	<b>23.7%</b>
<b>Health and wellness</b>	<b>33</b>	<b>23.7%</b>
<b>Weight loss</b>	<b>32</b>	<b>23.0%</b>
Diabetes	25	18.0%
Living will	22	15.8%
Alzheimer's/Dementia	21	15.1%
Women's health	20	14.4%
Nutrition	17	12.2%
Cancer	15	10.8%
Men's health	14	10.1%
Heart disease	11	7.9%
Support groups	10	7.2%
Smoking cessation	9	6.5%
Mental health	8	5.8%
Parenting	8	5.8%
Alcohol/substance abuse	5	3.6%
Grief counseling	5	3.6%
Prenatal	5	3.6%
Other	6	4.3%

“Other” comments:

- Mixing Western medicine with alternative medicine
- Yoga
- Living and dealing with elderly

### Desired Local Healthcare Services (Question 10)

2014 N= 139

2012 N= 152

2008 N= 251

Respondents were asked to indicate which healthcare professionals or services presently not available they would use if available locally. Respondents indicated the most interest in having “Alternative medicine” services available at 28.8% (n=40) followed by “Dermatology” and “Massage therapy” at 18.0% (n=25), then “Mammography” at 14.4% (n=20). Respondents were asked to select all that apply so percentages do not equal 100%.

Service	2008		2012		2014	
	Count	Percent	Count	Percent	Count	Percent
Alternative medicine <sup>1</sup>	45	17.9%	Not asked - 2012		40	28.8%
Dermatology	43	17.1%	Not asked - 2012		25	18.0%
Massage therapy	40	15.9%	Not asked - 2012		25	18.0%
Mammography <sup>2</sup>	78	31.1%	Not asked - 2012		20	14.4%
Colonoscopy	41	16.3%	Not asked - 2012		18	12.9%
Diabetic clinic	Not asked - 2008		38	25.0%	17	12.2%
Endocrinologist (diabetes)	29	11.6%	Not asked - 2012		17	12.2%
Respiratory health <sup>3</sup>	Not asked - 2008		40	26.3%	16	11.5%
Home health <sup>4</sup>	Not asked - 2008		79	52.0%	14	10.1%
Pediatrician	18	7.2%	Not asked - 2012		12	8.6%
Psychiatry	11	4.4%	Not asked - 2012		12	8.6%
OB/GYN	31	12.4%	Not asked - 2012		11	7.9%
Cancer care	21	8.4%	Not asked - 2012		8	5.8%
Other <sup>5</sup>	12	4.8%	26	17.1%	8	5.8%

<sup>1</sup>Significantly more of the 2014 respondents were interested in alternative medicine than 2008 respondents.

<sup>2</sup>Respondents were significantly more likely to desire local mammography services in 2008 than in 2014.

<sup>3</sup>In 2012, significantly more of the respondents indicated an interest in local respiratory health services.

<sup>4</sup>Respondents were significantly more likely to select home health in 2012.

<sup>5</sup>Other was selected significantly more often by 2012 respondents.

“Other” comments:

- Heart/vascular services
- Fitness/yoga
- Internal medicine physicians
- Al-Anon (for non-alcoholics and families)

## Survey Findings – Use of Healthcare Services

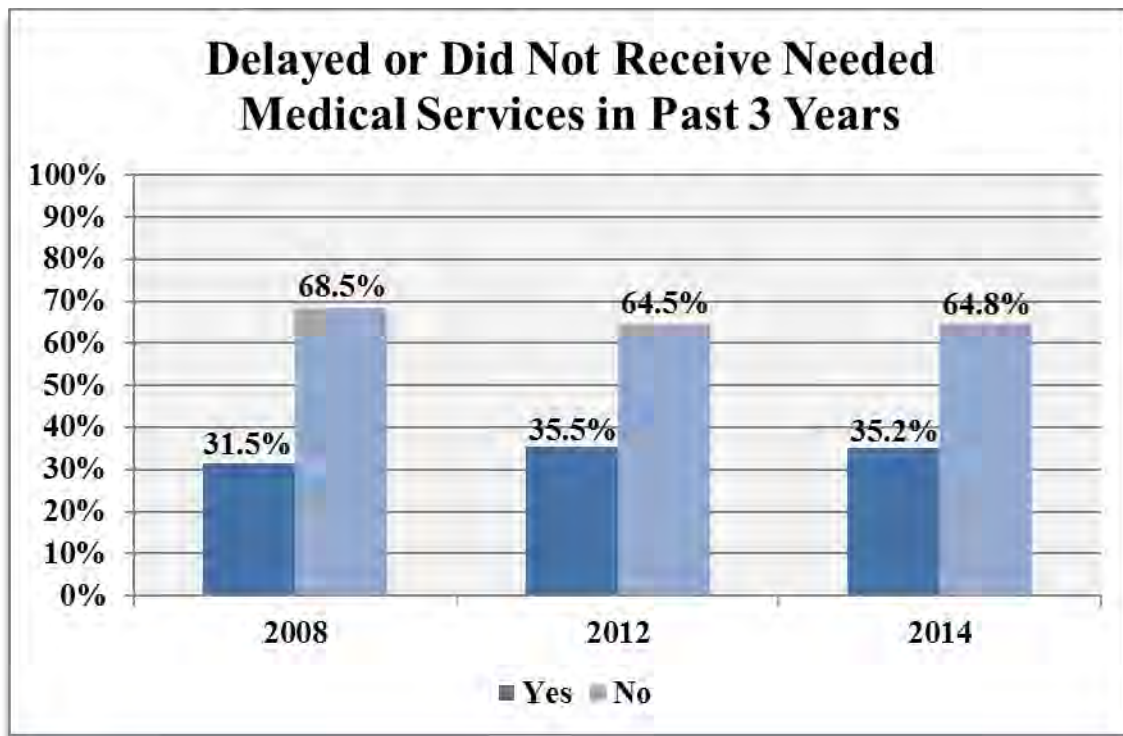
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### Needed/Delayed Hospital Care During the Past Three Years (Question 11)

2014 N= 125

2008 N= 241

Thirty-five percent of respondents (n=44) reported that they or a member of their household thought they needed healthcare services but did not get it or had to delay getting it. Sixty-five percent of respondents (n=81) felt they were able to get the healthcare services they needed without delay and fourteen respondents chose not to answer this question.



“Other” comments:

- We go directly to Billings
- Lack of M.D.’s available

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

2014 N= 44

2012 N= 50

2008 N= 76

For those who indicated they were unable to receive or had to delay services (n=44), the reasons most cited were: “Don’t trust/like doctors/providers” (43.2%, n=19), “It costs too much” (36.4%, n=16), and “Not treated with respect” (22.7%, n=10). Respondents were asked to indicate their top three choices, thus percentages do not total 100%.

Reason	2008		2012		2014	
	Count	Percent	Count	Percent	Count	Percent
<b>Don't trust/like doctors/providers<sup>1</sup></b>	<b>10</b>	<b>13.2%</b>	<b>7</b>	<b>14.0%</b>	<b>19</b>	<b>43.2%</b>
<b>It costs too much</b>	<b>36</b>	<b>47.4%</b>	<b>29</b>	<b>58.0%</b>	<b>16</b>	<b>36.4%</b>
<b>Not treated with respect<sup>2</sup></b>	<b>2</b>	<b>2.6%</b>	<b>8</b>	<b>16.0%</b>	<b>10</b>	<b>22.7%</b>
Could not get an appointment	4	5.3%	4	8.0%	7	15.9%
My insurance didn't cover it	14	18.4%	6	12.0%	7	15.9%
No insurance <sup>3</sup>	29	38.2%	21	42.0%	7	15.9%
Too long to wait for an appointment	17	22.4%	13	26.0%	7	15.9%
Unsure if services were available	9	11.8%	6	12.0%	6	13.6%
Confidentiality	Not asked - 2008		Not asked - 2012		4	9.1%
Office wasn't open when I could go	8	10.5%	8	16.0%	4	9.1%
Too nervous or afraid	6	7.9%	4	8.0%	3	6.8%
Could not get off work	3	3.9%	3	6.0%	2	4.5%
Didn't know where to go	6	7.9%	1	2.0%	1	2.3%
It was too far to go	4	5.3%	2	4.0%	1	2.3%
Had no one to care for the children	0	0%	1	2.0%	0	0%
Language barrier	0	0%	0	0%	0	0%
Transportation problems	1	1.3%	3	6.0%	0	0%
Other	16	21.1%	12	24.0%	6	13.6%

<sup>1</sup>Respondents in 2014 were significantly more likely to delay seeking medical care because they don't trust or like doctors.

<sup>2</sup>The percentage of respondents that felt they were not treated with respect had a significant increase between all three survey periods (2008, 2012, and 2014).

<sup>3</sup>Significantly fewer of the respondents cited that having 'no insurance' was a deterrent to receiving healthcare.

“Other” comments:

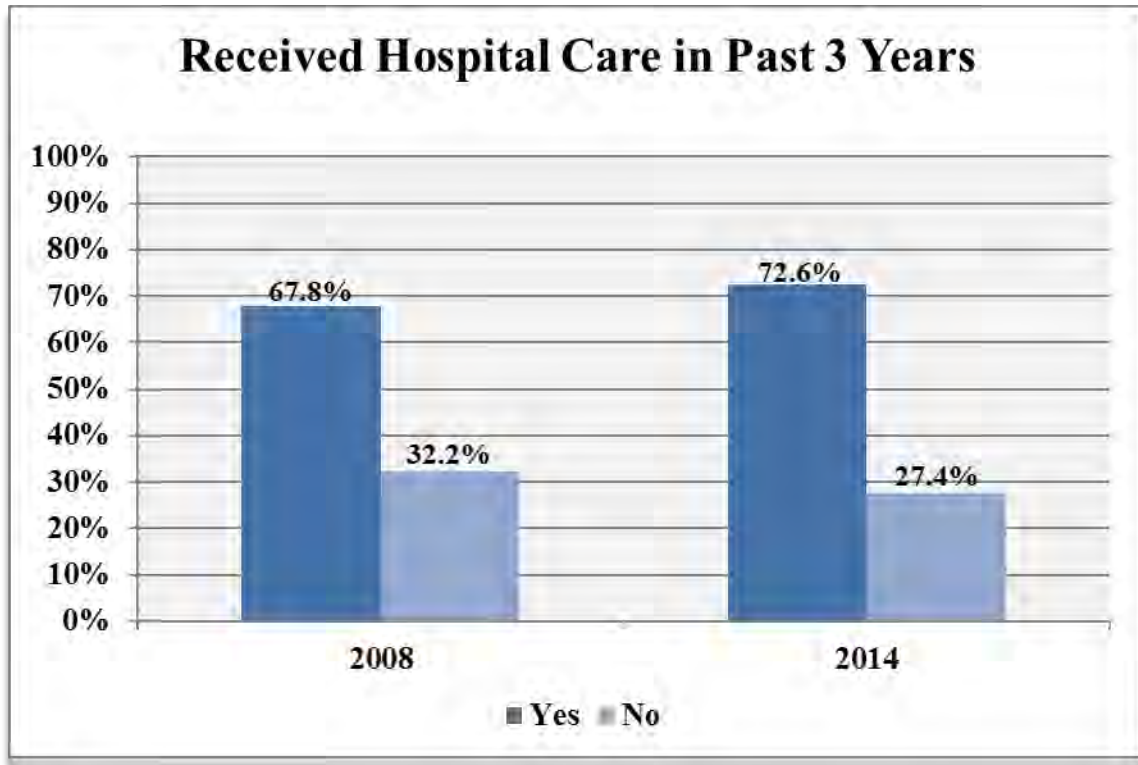
- Waiting for doctor
- Embarrassed
- Misdiagnosed
- Incompetent nurse practitioner
- No one returned my call

### Hospital Care Received in the Past Three Years (Question 13)

2014 N= 135

2008 N= 242

Seventy-three percent of respondents (n=98) reported that they or a member of their family had received hospital care (i.e. hospitalized overnight, day surgery, obstetrical care, rehabilitation, radiology, or emergency care) during the previous three years. Twenty-seven percent (n=37) had not received hospital services and four respondents chose not to answer this question.



### Hospital Used Most in the Past Three Years (Question 14)<sup>1</sup>

2014 N= 88

2008 N=139

Of the 88 respondents who indicated receiving hospital care in the previous three years, 52.3% (n=46) reported receiving care at Billings Clinic in Billings, MT. Twenty-eight percent of respondents (n=25) went to Roundup Memorial Healthcare in Roundup, MT and 18.2% of respondents (n=16) utilized services from St. Vincent's in Billings, MT. Ten respondents who indicated receiving hospital care in the past three years chose not to indicate which hospital they used most often.

Hospital	2008		2014	
	Count	Percent	Count	Percent
<b>Billings (Billings Clinic)</b>	<b>46</b>	<b>33.1%</b>	<b>46</b>	<b>52.3%</b>
<b>Roundup Memorial Healthcare</b>	<b>57</b>	<b>41.0%</b>	<b>25</b>	<b>28.4%</b>
<b>Billings (St. Vincent's)</b>	<b>27</b>	<b>19.4%</b>	<b>16</b>	<b>18.2%</b>
Lewistown	3	2.2%	0	0%
Harlowton	Not asked - 2008		0	0%
Other	6	4.3%	1	1.1%
<b>TOTAL</b>	<b>139</b>	<b>100.0%</b>	<b>88</b>	<b>100.0%</b>

<sup>1</sup> Respondents were significantly less likely to have used Roundup Memorial Healthcare and more likely to have travelled to the Billings Clinic in 2014 than in 2008.

“Other” comments:

- Red Lodge
- Stayed one day in Roundup then sent to St. Vincent's

### Reasons for Selecting the Hospital Used (Question 15)

2014 N= 98

2008 N= 164

Of the 98 respondents who had a personal or family experience at a hospital within the past three years, the primary reason given for selecting the facility used most often was “Prior experience with hospital” at 58.2% (n=57). “Hospital’s reputation for quality” was selected by 46.9% of the respondents (n=46) and 36.7% (n=36) 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	2008		2014	
	Count	Percent	Count	Percent
<b>Prior experience with hospital<sup>1</sup></b>	<b>69</b>	<b>42.1%</b>	<b>57</b>	<b>58.2%</b>
<b>Hospital’s reputation for quality<sup>2</sup></b>	<b>37</b>	<b>22.6%</b>	<b>46</b>	<b>46.9%</b>
<b>Referred by physician</b>	<b>64</b>	<b>39.0%</b>	<b>36</b>	<b>36.7%</b>
Emergency, no choice	44	26.8%	32	32.7%
Closest to home	67	40.9%	31	31.6%
Recommended by family or friends <sup>3</sup>	12	7.3%	19	19.4%
Cost of care <sup>4</sup>	4	2.4%	8	8.2%
Closest to work	9	5.5%	6	6.1%
Required by insurance plan	16	9.8%	6	6.1%
VA/Military requirement	4	2.4%	4	4.1%
Other	13	7.9%	6	6.1%

<sup>1</sup>Respondents were significantly more likely to select a hospital based on prior experience in 2014.

<sup>2</sup>In 2014, respondents were significantly more likely to select a hospital based on its reputation for quality.

<sup>3</sup>Respondents were more likely to indicate a recommendation by family or friends as a reason for selecting the hospital in 2014.

<sup>4</sup>Cost of care was cited significantly more often by 2014 respondents as a reason for selecting the hospital used than in 2008.

“Other” comments:

- Do not trust Roundup care
- Go to the best
- Surgeries
- Has specialist needed
- Surgical center where physicians did surgeries



## Cross Tabulation of Hospital and Residence

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

### LOCATION OF MOST OFTEN UTILIZED HOSPITAL BY RESIDENCE

	<b>Roundup Memorial Healthcare (Roundup)</b>	<b>St. Vincent Healthcare (Billings)</b>	<b>Billings Clinic (Billings)</b>	<b>Central Montana Medical Center (Lewistown)</b>	<b>Wheatland Memorial Healthcare (Harlowton)</b>	<b>Other</b>	<b>Total</b>
<b>Roundup 59072</b>	25 (34.7%)	10 (13.9%)	37 (51.4%)				<b>72</b>
<b>Melstone 59054</b>		1 (25%)	2 (50%)			1 (25%)	<b>4</b>
<b>Musselshell 59059</b>		1 (33.3%)	2 (66.7%)				<b>3</b>
<b>Lavina 59046</b>		3 (100%)					<b>3</b>
<b>Winnett 59087</b>			1 (100%)				<b>1</b>
<b>Ryegate 59074</b>		1 (100%)					<b>1</b>
<b>Other</b>			1 (100%)				<b>1</b>
<b>TOTAL</b>	<b>25 (29.4%)</b>	<b>16 (18.8%)</b>	<b>43 (50.6%)</b>			<b>1 (1.2%)</b>	<b>85 (100%)</b>

## Cross Tabulation of Hospital and Reason Selected

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

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

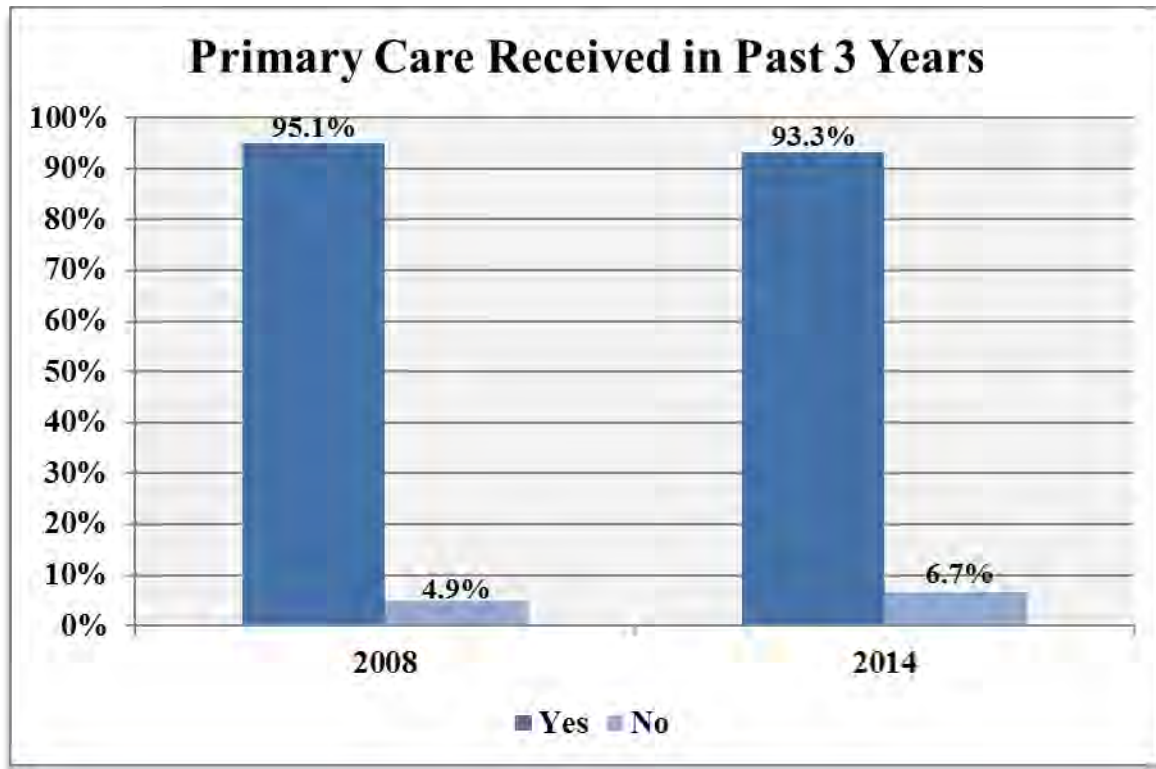
	<b>Roundup Memorial Healthcare (Roundup)</b>	<b>St. Vincent Healthcare (Billings)</b>	<b>Billings Clinic (Billings)</b>	<b>Central Montana Medical Center (Lewistown)</b>	<b>Wheatland Memorial Healthcare (Harlowton)</b>	<b>Other</b>	<b>Total</b>
<b>Prior experience with hospital</b>	9 (17%)	11 (20.8%)	33 (62.2%)				<b>53</b>
<b>Hospital's reputation for quality</b>	5 (11.1%)	8 (17.8%)	32 (71.1%)				<b>45</b>
<b>Referred by physician</b>	8 (25%)	7 (21.9%)	16 (50%)			1 (3.1%)	<b>32</b>
<b>Closest to home</b>	23 (85.2%)	2 (7.4%)	2 (7.4%)				<b>27</b>
<b>Emergency, no choice</b>	11 (40.7%)	4 (14.9%)	12 (44.4%)				<b>27</b>
<b>Recommended by family or friends</b>	4 (21.1%)	2 (10.5%)	13 (68.4%)				<b>19</b>
<b>Cost of care</b>	3 (42.9%)	1 (14.2%)	3 (42.9%)				<b>7</b>
<b>Closest to work</b>	4 (80%)		1 (20%)				<b>5</b>
<b>VA/Military requirement</b>		1 (25%)	3 (75%)				<b>4</b>
<b>Required by insurance plan</b>			3 (100%)				<b>3</b>
<b>Other</b>		3 (50%)	3 (50%)				<b>6</b>

### Primary Care Received in the Past Three Years (Question 16)

2014 N= 135

2008 N= 244

Ninety-three percent of respondents (n=126) indicated that they or someone in their household had been seen by a primary care provider (such as a family physician, physician assistant, or nurse practitioner) for healthcare services in the past three years. Seven percent of respondents (n=9) had not seen a primary care provider and four respondents chose not to answer this question.



### Location of Primary Care Provider (Question 17)

2014 N= 110

2008 N= 189

Of the 110 respondents who indicated receiving primary care services in the previous three years, 34.5% (n=38) reported receiving care in Billings at Billings Clinic. Thirty-two percent of respondents (n=35) went to Roundup Memorial Healthcare and 13.6% of respondents (n=15) utilized primary care services at St. Vincent's in Billings. Sixteen of the 126 respondents who reported they had utilized primary care services in the past three years did not indicate where they received those services.

Clinic Location	2008		2014	
	Count	Percent	Count	Percent
<b>Billings Clinic</b>	<b>55</b>	<b>29.1%</b>	<b>38</b>	<b>34.5%</b>
<b>Roundup Memorial Healthcare</b>	<b>92</b>	<b>48.7%</b>	<b>35</b>	<b>31.8%</b>
<b>St. Vincent's</b>	<b>33</b>	<b>17.5%</b>	<b>15</b>	<b>13.6%</b>
Frontier Health Clinic (Roundup)	Not asked - 2008		8	7.3%
VA	Not asked - 2008		6	5.5%
Billings (other)	Not asked - 2008		5	4.5%
Lewistown	Not asked - 2008		2	1.8%
Harlowton	1	0.5%	0	0%
Other	8	4.2%	1	0.9%
<b>TOTAL</b>	<b>189</b>	<b>100.0%</b>	<b>110</b>	<b>100.0%</b>

“Other” comments:

- Red Lodge, MT
- Scottsdale, AZ
- Billings, MT

### Reasons for Selection of Primary Care Provider (Question 18)

2014 N= 126

2008 N= 232

Those respondents who indicated they or someone in their household had been seen by a primary care provider within the past three years were asked to indicate why they chose that primary care provider. “Prior experience with clinic” (46.8%, n=59) was the most frequently cited factor in primary care provider selection followed by “Clinic’s reputation for quality” at 32.5% (n=41) and “Closest to home” at 31.0% (n=39). Respondents were asked to select all that apply so the percentages do not equal 100%.

Reason	2008		2014	
	Count	Percent	Count	Percent
<b>Prior experience with clinic</b>	<b>99</b>	<b>42.7%</b>	<b>59</b>	<b>46.8%</b>
<b>Clinic’s reputation for quality</b>	<b>55</b>	<b>23.7%</b>	<b>41</b>	<b>32.5%</b>
<b>Closest to home</b>	<b>96</b>	<b>41.4%</b>	<b>39</b>	<b>31.0%</b>
Recommended by family or friends <sup>1</sup>	25	10.8%	31	24.6%
Appointment availability	61	26.3%	23	18.3%
Referred by physician or other provider	26	11.2%	17	13.5%
VA/Military requirement <sup>2</sup>	7	3.0%	10	7.9%
Length of waiting room time	22	9.5%	8	6.3%
Required by insurance plan	18	7.8%	7	5.6%
Cost of care	14	6.0%	3	2.4%
Indian Health Services	Not asked - 2008		0	0%
Other	18	7.8%	14	11.1%

<sup>1</sup>Respondents were significantly more likely to select a primary care provider based on a family or friend recommendation in 2014.

<sup>2</sup>VA or military requirement was selected significantly more often by 2014 respondents.

“Other” comments:

- Trust care given
- Work in Billings
- Outside need/travel requirements
- Liked provider
- Walk-in
- Longtime care
- Doctor took us on when the other doctor left
- VA care and time waiting for care: appointments, skills, etc. Very, very bad
- Easy to get to in in Billings
- Always see the same health care providers
- Need an endocrinologist

## Cross Tabulation of Primary Care and Residence

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

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

	Roundup Memorial Healthcare (Roundup)	Frontier Health Clinic (Roundup)	Billings Clinic (Billings)	St. Vincent Healthcare (Billings)	Billings Other (Billings)	Harlowton	Lewistown	VA	Other	Total
<b>Roundup 59072</b>	31 (34.1%)	6 (6.6%)	32 (35.2%)	11 (12.1%)	4 (4.4%)			6 (6.6%)	1 (1%)	<b>91</b>
<b>Lavina 59046</b>		1 (20%)		3 (60%)	1 (20%)					<b>5</b>
<b>Melstone 59054</b>	1 (25%)		2 (50%)	1 (25%)						<b>4</b>
<b>Winnett 59087</b>			1 (33.3%)				2 (66.7%)			<b>3</b>
<b>Musselshell 59059</b>	2 (100%)									<b>2</b>
<b>Ryegate 59074</b>										<b>0</b>
<b>Other</b>		1 (100%)								<b>1</b>
<b>Total</b>	<b>34 (32.1%)</b>	<b>8 (7.5%)</b>	<b>35 (33%)</b>	<b>15 (14.2%)</b>	<b>5 (4.7%)</b>	<b>0 (0%)</b>	<b>2 (1.9%)</b>	<b>6 (5.7%)</b>	<b>1 (0.9%)</b>	<b>106 (100%)</b>

### Cross Tabulation of Clinic and Reason Selected

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

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

	Roundup Memorial Healthcare (Roundup)	Frontier Health Clinic (Roundup)	Billings Clinic (Billings)	St. Vincent Healthcare (Billings)	Billings Other (Billings)	Harlowton	Lewistown	VA	Other	Total
<b>Prior experience with clinic</b>	13 (24.5%)	5 (9.4%)	24 (45.3%)	8 (15.1%)	3 (5.7%)					<b>53</b>
<b>Clinic's reputation for quality</b>	4 (10.8%)		24 (64.9%)	7 (18.9%)	1 (2.7%)			1 (2.7%)		<b>37</b>
<b>Closest to home</b>	28 (82.5%)	1 (2.9%)	2 (5.9%)	1 (2.9%)				1 (2.9%)	1 (2.9%)	<b>34</b>
<b>Recommended by family or friends</b>	5 (17.9%)	5 (17.9%)	11 (39.3%)	5 (17.9%)	2 (7%)					<b>28</b>
<b>Appointment availability</b>	9 (45%)	1 (5%)	5 (25%)	5 (25%)						<b>20</b>
<b>Referred by physician or other provider</b>	2 (13.2%)		10 (66.7%)	1 (6.7%)			1 (6.7%)	1 (6.7%)		<b>15</b>
<b>Length of waiting room time</b>	2 (25%)	1 (12.5%)	2 (25%)	2 (25%)	1 (12.5%)					<b>8</b>
<b>VA/Military requirement</b>	1 (14.3%)			1 (14.3%)				5 (71.4%)		<b>7</b>
<b>Required by insurance plan</b>	2 (33.3%)		4 (66.7%)							<b>6</b>
<b>Cost of care</b>	1 (50%)	1 (50%)								<b>2</b>
<b>Other</b>	4 (40%)		2 (20%)	3 (30%)			1 (10%)			<b>10</b>

### Use of Healthcare Specialists during the Past Three Years (Question 19)

2014 N= 125

2008 N= 222

Eighty-three percent of respondents (n=104) indicated they or a household member had seen a healthcare specialist during the past three years. Seventeen percent (n=21) indicated they had not seen a specialist and fourteen respondents chose not to answer this question.



“Other” comments:

- Diabetic educator
- Internal medicine



### Type of Healthcare Specialist Seen (Question 20)

2014 N= 104

2008 N= 175

The respondents (n=104) saw a wide array of healthcare specialists in the past three years. The most frequently indicated specialist was a “Dentist” at 45.2% of respondents (n=47) having utilized their services. “Ophthalmologist (eye)” was the second most utilized specialist at 30.8% (n=32) and “Cardiologist” was third at 28.8% (n=30). Twenty-one respondents who indicated seeing a specialist in the past three years chose not to indicate what type of specialist was seen. Respondents were asked to choose all that apply so percentages do not equal 100%.

Health Care Specialist	2008		2014	
	Count	Percent	Count	Percent
Dentist	91	52.0%	47	45.2%
Ophthalmologist (eye)	Not asked - 2008		32	30.8%
Cardiologist	34	19.4%	30	28.8%
Dermatologist	39	22.3%	27	26.0%
Orthopedic surgeon	50	28.6%	25	24.0%
Chiropractor	43	24.6%	24	23.1%
Radiologist	34	19.4%	22	21.2%
Physical therapist	31	17.7%	19	18.3%
Gastroenterologist	Not asked - 2008		18	17.3%
Urologist <sup>1</sup>	13	7.4%	18	17.3%
ENT (ear/nose/throat)	38	21.7%	14	13.5%
OB/GYN	37	21.1%	14	13.5%
Neurologist	19	10.9%	13	12.5%
General surgeon	22	12.6%	12	11.5%
Pulmonologist	Not asked - 2008		12	11.5%
Oncologist	16	9.1%	11	10.6%
Podiatrist	17	9.7%	11	10.6%
Pediatrician	10	5.7%	10	9.6%
Allergist	6	3.4%	8	7.7%
Neurosurgeon	Not asked - 2008		8	7.7%
Endocrinologist	11	6.3%	7	6.7%
Mental health counselor	6	3.4%	5	4.8%
Psychologist	19	10.9%	5	4.8%
Occupational therapist	4	2.3%	4	3.8%
Psychiatrist (M.D.)	7	4.0%	4	3.8%
Social worker	2	1.1%	4	3.8%
Geriatrician	Not asked - 2008		2	1.9%
Rheumatologist	9	5.1%	2	1.9%
Dietician	5	2.9%	1	1.0%

*Question 20 continued on following page...*

*Question 20 continued...*

<b>Health Care Specialist</b>	<b>2008</b>		<b>2014</b>	
	<b>Count</b>	<b>Percent</b>	<b>Count</b>	<b>Percent</b>
Speech therapist	1	0.6%	1	1.0%
Substance abuse counselor	1	0.6%	0	0%
Other	19	10.9%	6	5.8%

<sup>1</sup> Respondents indicated that they utilized an urologist significantly more in 2014 than in 2008.

“Other” comments:

- General checkup
- Home visiting nurse
- Colonoscopy (2)
- Sleep apnea
- Internal medicine
- Saw NP for spots on skin and sleep aid. Bad experience.
- Stroke
- Roundup Chiropractor
- Anesthesiologist and neck injections
- Laboratory blood tests

### Location of Healthcare Specialist (Question 21)

2014 N= 104

2008 N= 175

Of the 104 respondents who indicated they saw a healthcare specialist in the past three years, 69.2% (n=72) saw a specialist at Billings Clinic in Billings. St. Vincent's in Billings was utilized by 31.7% (n=33) of respondents for specialty care and Roundup Memorial Healthcare was reported to be used by 13.5% (n=14) of respondents. Twenty-one respondents who reported seeing a specialist in the past 3 years chose not to indicate where a specialist was seen. Fourteen respondents chose not to answer this question. Respondents could select more than one location; therefore percentages do not equal 100%.

Location	2008		2014	
	Count	Percent	Count	Percent
<b>Billings Clinic</b>	<b>123</b>	<b>70.3%</b>	<b>72</b>	<b>69.2%</b>
<b>St. Vincent's</b>	<b>58</b>	<b>33.1%</b>	<b>33</b>	<b>31.7%</b>
<b>Roundup Memorial Healthcare</b>	<b>27</b>	<b>15.4%</b>	<b>14</b>	<b>13.5%</b>
VA	Not asked - 2008		8	7.7%
Harlowton	0	0%	1	1.0%
Billings (other)	0	0%	0	0%
Lewistown	2	1.1%	0	0%
Other	38	21.7%	14	13.5%

“Other” comments:

- Family dentist
- Red Lodge
- Yellowstone Health
- Stillwater Clinic
- Arizona
- Roundup Chiropractor
- Roundup Mental Health Center
- Home foot care, physical therapy

## Utilization of Preventative Services (Question 22)

2014 N= 139

Respondents were asked if they had utilized any of the preventative services listed in the past year. “Routine health checkup” was selected by 57.6% of respondents (n=80). Fifty-four percent of respondents (n=75) indicated they received a “Routine blood pressure check” and 51.1% of respondents (n=71) had a “Flu shot.” Respondents could select all that apply, thus the percentages do not equal 100%.

Service	2014	
	Count	Percent
<b>Routine health checkup</b>	<b>80</b>	<b>57.6%</b>
<b>Routine blood pressure check</b>	<b>75</b>	<b>54.0%</b>
<b>Flu shot</b>	<b>71</b>	<b>51.1%</b>
Cholesterol check	50	36.0%
Mammography	43	30.9%
Pap smear	33	23.7%
Colonoscopy	26	18.7%
Prostate (PSA)	23	16.5%
None	14	10.1%
Children’s checkup/Well baby	10	7.2%
Other	7	5.0%

“Other” comments:

- All basic tests yearly and vitamin d levels
- Lab tests and yearly physical
- Eye doctor (2)
- Asthma/breathing
- My husband checks his blood pressure and sugar daily
- Routine blood work and pneumonia shot
- Dental, bone density, urology, pain clinic
- Planned Parenthood

## Overall Quality of Care at Roundup Memorial Healthcare (Question 23)

2014 N= 139

Respondents were asked to rate a variety of aspects of the overall care provided at Roundup Memorial Healthcare using the scale of 4=Excellent, 3=Good, 2=Fair, 1=Poor, and “Don’t know.” The sums of the average scores were then calculated with “Ambulance services” receiving the top average score of 3.6 out of 4.0. “Laboratory” received a score of 3.3 out of 4.0 and “Radiology,” received score of 3.2 out of 4.0. The total average score was 3.0, indicating the overall services of the hospital to be “Good.”

<b>2014</b>	<b>Excellent (4)</b>	<b>Good (3)</b>	<b>Fair (2)</b>	<b>Poor (1)</b>	<b>Don't know</b>	<b>Haven't Used</b>	<b>No Ans</b>	<b>N</b>	<b>Avg</b>
<b>Ambulance services</b>	45	18	3	1	8	44	20	139	3.6
<b>Laboratory</b>	32	33	9	1	12	26	26	139	3.3
<b>Radiology (x-ray/ultrasound)</b>	20	30	5	3	10	47	24	139	3.2
CT Scan	10	14	2	2	17	69	25	139	3.1
Emergency room	30	33	8	8	10	33	17	139	3.1
Clinical services	22	40	19	8	7	23	20	139	2.9
Hospital care (in-patient)	9	17	7	4	13	67	22	139	2.8
Physical therapy	5	16	6	5	13	69	25	139	2.7
Rehabilitation (swing bed)	4	3	2	3	18	81	28	139	2.7
Orthopedic surgeon - visiting specialist	4	4	1	4	20	81	25	139	2.6
Extended Care Unit (nursing home)	3	7	6	4	16	77	26	139	2.5
Podiatrist - visiting specialist	2	4	2	3	18	83	27	139	2.5
Visiting nurse or community health worker	5	1	1	5	19	81	27	139	2.5
Audiologist	2	3	2	4	22	80	26	139	2.3
Diabetes education program	1	3	3	2	21	79	30	139	2.3
<b>TOTAL</b>	<b>194</b>	<b>226</b>	<b>76</b>	<b>57</b>					<b>3.0</b>

<b>2008</b>	<b>Excellent (4)</b>	<b>Good (3)</b>	<b>Fair (2)</b>	<b>Poor (1)</b>	<b>Don't know/ No Answer</b>	<b>N</b>	<b>Avg</b>
Ambulance services	63	27	3	0	158	251	3.6
Physical therapy	35	33	8	0	175	251	3.4
Laboratory	76	55	15	5	100	251	3.3
Diabetes education program	9	10	3	1	228	251	3.2
Radiology (x-ray/ultrasound)	36	52	14	3	146	251	3.2
CT Scan	16	20	3	5	207	251	3.1
Emergency room	61	59	21	9	101	251	3.1
Extended Care Unit (nursing home)	18	14	12	7	200	251	2.8
<b>TOTAL</b>	<b>314</b>	<b>270</b>	<b>79</b>	<b>30</b>			<b>3.3</b>

## Survey Findings – Personal Health

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### Prevalence of Depression (Question 24)

2014 N= 139

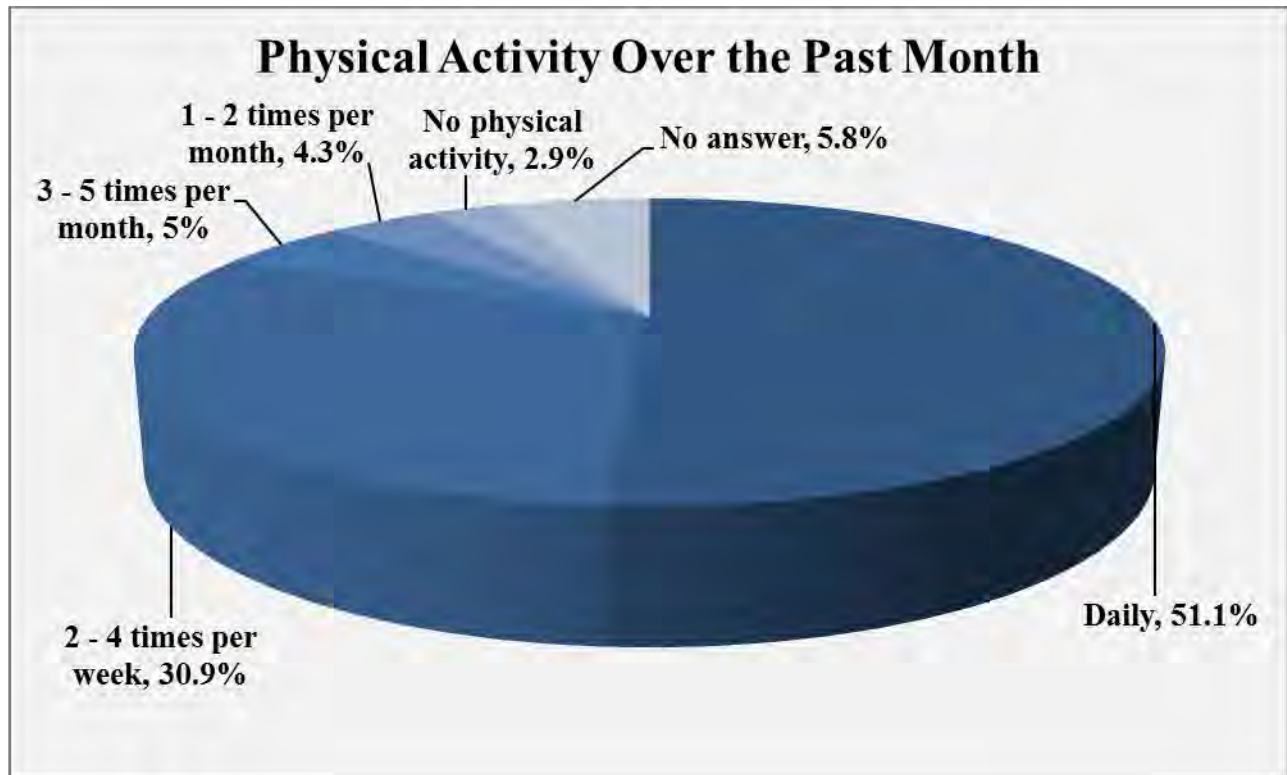
Respondents were asked to indicate if there were periods of at least three consecutive months in the past three years where they felt depressed on most days, although they may have felt okay sometimes. Seventeen percent of respondents (n=23) indicated they had experienced periods of feeling depressed and 79.9% of respondents (n=111) indicated they had not. Four percent of respondents (n=5) chose not to answer this question.



### Physical Activity (Question 25)

2014 N= 139

Respondents were asked to indicate how frequently they had physical activity for at least twenty minutes over the past month. Fifty-one percent of respondents (n=71) indicated they had physical activity of at least twenty minutes “Daily” over the past month and 30.9% (n=43) indicated they had physical activity “2-4 times per week.” Three percent of respondents (n=4) indicated they had “No physical activity” and 5.8% of respondents (n=8) chose not to answer this question.





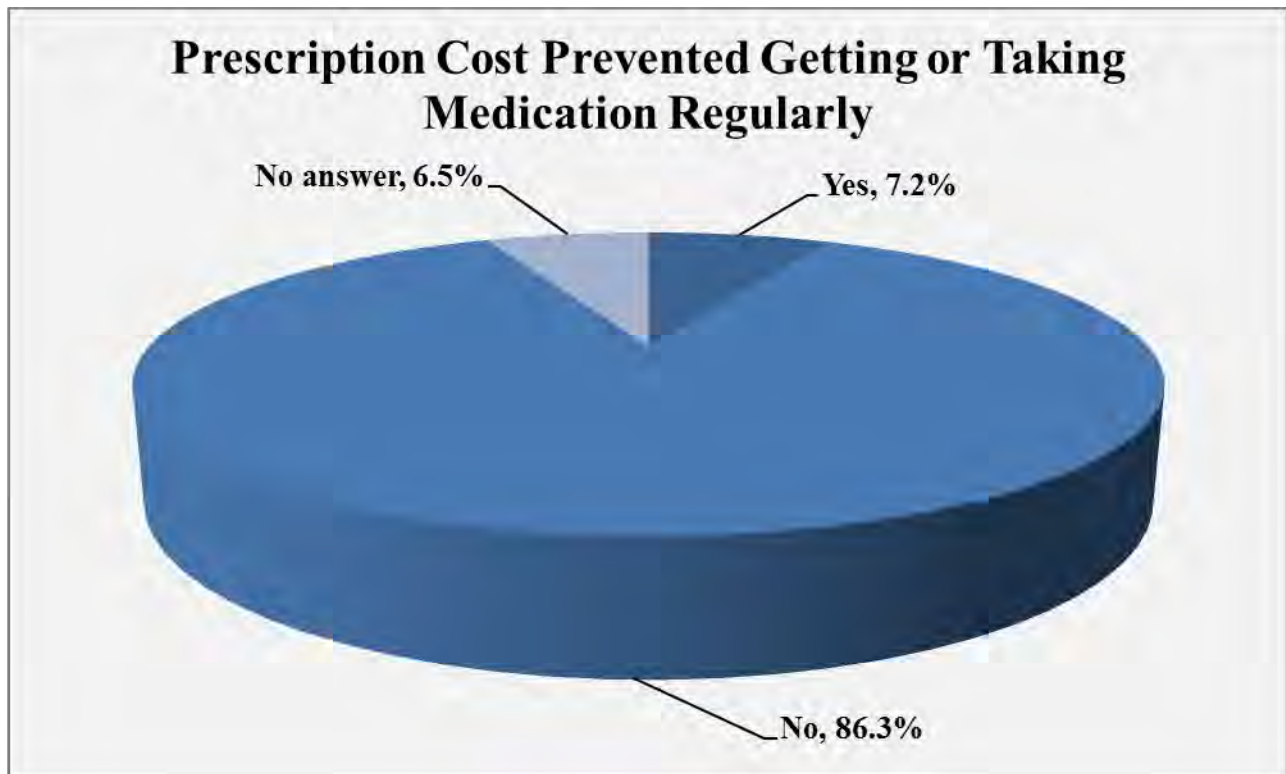
## Survey Findings – Cost and Health Insurance

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### Cost and Prescription Medications (Question 26)

2014 N= 139

Respondents were asked to indicate if, during the last year, medication costs had prohibited them from getting a prescription or taking their medication regularly. Seven percent of respondents (n=10) indicated that, in the last year, cost had prohibited them from getting a prescription or taking their medication regularly. Eighty-six percent of respondents (n=120) indicated that cost had not prohibited them, and seven percent of respondents (n=9) chose not to answer this question.



“Other” comments:

- Don't trust doctors to take medication regularly

### Medical Insurance (Question 27)

2014 N= 112

2008 N= 177

Respondents were asked to indicate what type of medical insurance covers the majority of their medical expenses. Thirty-two percent (n=36) indicated they have “Employer sponsored” coverage. Thirty percent (n=34) indicated they have “Medicare”. “Private insurance/private plan” and “None/pay out of pocket” were each indicated by 9.8% of respondents (n=11). Twenty-seven respondents chose not to answer this question.

Insurance Type	2008		2014	
	Count	Percent	Count	Percent
<b>Employer sponsored</b>	<b>73</b>	<b>41.2%</b>	<b>36</b>	<b>32.1%</b>
<b>Medicare</b>	<b>45</b>	<b>25.4%</b>	<b>34</b>	<b>30.4%</b>
<b>Private insurance/private plan</b>	<b>11</b>	<b>6.2%</b>	<b>11</b>	<b>9.8%</b>
<b>None/Pay out of pocket</b>	<b>21</b>	<b>11.9%</b>	<b>11</b>	<b>9.8%</b>
VA/Military	6	3.4%	7	6.3%
Healthy MT Kids	1	0.6%	3	2.7%
Medicaid	0	0	3	2.7%
Health Insurance Marketplace	Not Asked in 2008		3	2.7%
Health Savings Account	2	1.1%	1	0.9%
State/other	3	1.7%	1	0.9%
Agricultural Corp. Paid	0	0	0	0
Indian Health	0	0	0	0
High Deductible Insurance	10	5.6%	Not Asked in 2014	
Other	5	2.8%	2	1.8%
<b>TOTAL</b>	<b>177</b>	<b>100.0%</b>	<b>112</b>	<b>100.0%</b>

“Other” comments:

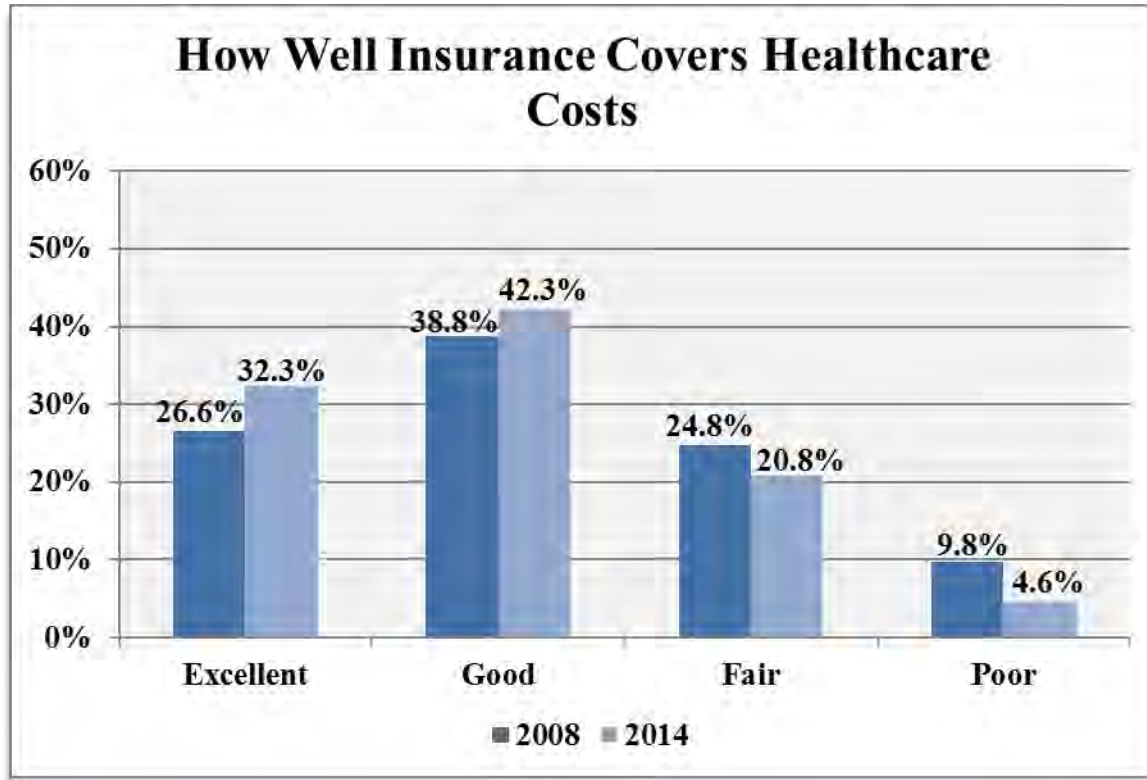
- AARP
- Workers comp

### Insurance and Healthcare Costs (Question 28)

2014 N= 130

2008 N= 214

Respondents were asked to indicate how well they felt their health insurance covers their healthcare costs. Forty-two percent of respondents (n=55) indicated they felt their insurance covers a “Good” amount of their healthcare costs. Thirty-two percent of respondents (n=42) indicated they felt their insurance is “Excellent” and 20.8% of respondents (n=27) indicated they felt their insurance coverage was “Fair.” Nine respondents chose not to answer this question.



### Barriers to Having Health Insurance (Question 29)

2014 N= 11

2008 N= 21

Those respondents who indicated they did not have medical insurance were asked to indicate why they did not. Fifty-five percent (n=6) reported they did not have health insurance because they could not afford to pay for it and 36.4% (n=4) indicated that they choose not to have medical insurance. Twenty-seven percent of respondents (n=3) reported that they did not have health insurance because their employer does not offer insurance. Respondents were asked to mark all answers that applied, thus the percentages do not equal 100%.

Reason	2008		2014	
	Count	Percent	Count	Percent
Cannot afford to pay for medical insurance	13	61.9%	6	54.5%
Choose not to have medical insurance	3	14.3%	4	36.4%
Employer does not offer insurance	3	14.3%	3	27.3%
Other	1	4.8%	0	0

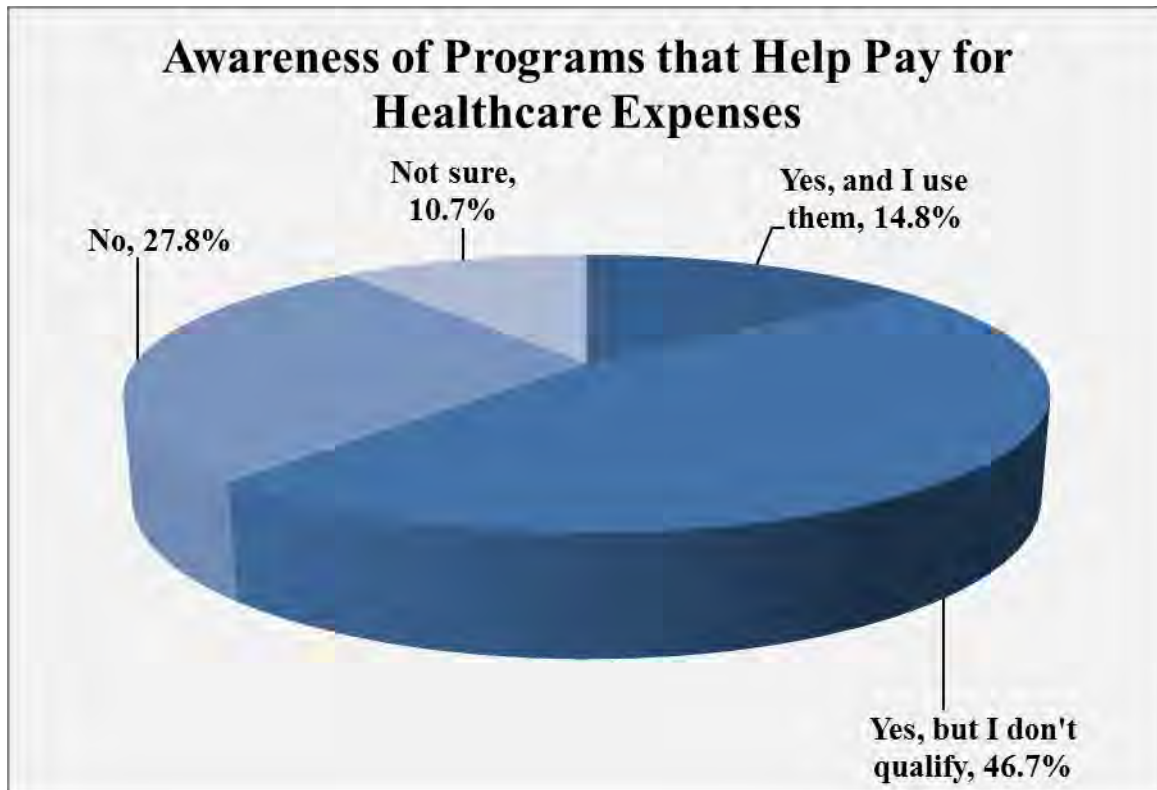
“Other” comments:

- VA medical care (2)
- Minimal/catastrophe insurance coverage only
- Disabled vet

### Awareness of Health Payment Programs (Question 30)

2014 N= 122

Respondents were asked to indicate their awareness of programs that help people pay for healthcare bills. Forty-seven percent of respondents (n=57) indicated they were aware of these types of programs, but did not qualify to utilize them. Twenty-eight percent (n=34) indicated that they were not aware or did not know of these programs and 14.8% of respondents (n=19) indicated they were aware of and utilized health payment assistance programs. Seventeen respondents chose not to answer this question.



## **Additional Survey Comments**

- Survey is too long
- All Roundup needs is a doctor. I don't need to fill out a 6-page survey to identify what the problem is with Roundup Memorial Healthcare. When my husband and I moved here, there were three very good doctors and now we have one PA [physician assistant]. I don't even know who oversees the PA!
- Good job RMHC!

## **VI. Focus Group Methodology**

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Two focus groups were held in Roundup, Montana, one in September 2013 and one in August 2014. Focus group participants were identified as people living in Roundup Memorial Healthcare's service area.

Eight people participated in the two focus group interviews. The focus groups were designed to represent various consumer groups of healthcare including senior citizens and local community members. Focus groups were held at the Busy Bee restaurant and Roundup Memorial Healthcare. Each group meeting lasted up to 90 minutes in length and followed the same line of questioning in each session (Appendix F). The questions and discussions at the focus groups were led by Angela Bangs and Natalie Claiborne with the Montana Office of Rural Health.

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

## VII. Focus Group Findings

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

- *Major issues in healthcare:* A variety of these were discussed throughout the focus group meetings. The most common concerns were: mental health, high suicide rates, substance abuse, lack of daycare services, high poverty, and limited job opportunities.
- *Opinion of services and quality of care at Roundup Memorial Healthcare:*

*Quality of Care:* Participants had mixed opinions about the quality of care provided at Roundup Memorial Healthcare (RMH). Some felt dissatisfied with care at RMH while others felt the care at RMH is very good. One participant noted, “Three or four years ago we would’ve gone to Billings. Roundup’s hospital has improved recently.”

*Number of Services:* In general, participants were satisfied with the number of services offered at Roundup Memorial Healthcare. However, several participants spoke about a desire for more visiting specialists.

*Hospital Staff:* Participants expressed concern with the high rate of hospital staff turnover. Many highlighted continuity of care as an issue as well. Participants were also concerned with the lack of confidentiality; they noted a few of the staff seem to be “loose-lipped.”

*Hospital Board and Leadership:* The hospital board was not known well by many participants. Some participants felt that the leadership seemed disorganized and could function better. Participants felt that the board should be more transparent in its operations and include the community.

*Business Office:* Participants stated that the billing has improved in the last few years. Several participants appreciated the fact that they work with the same staff members every time.

*Condition of the Facility and Equipment:* Participants seemed happy with the condition of the facility. They described it as clean and were pleased with the available equipment.

*Cost:* Some participants felt the cost of care at RMH was quite high but most participants recognized that all healthcare is expensive to a certain degree.

*Office/Clinic Staff:* Participants had mixed feelings about the office and clinic staff. Some felt the staff members were of high quality and helpful while others felt they were rude. Some participants were concerned about confidentiality as well.

*Availability:* Participants were satisfied with appointment availability, noting how lucky they felt to have the facility in the first place.



- *Opinion of local providers:* Participants indicated they use local providers because of convenience. However, they were concerned about the turnover rate and disliked seeing different providers all the time.

- *Opinion of local services:*

*Emergency Room:* Some participants felt there was a lack of privacy in the Emergency Room, but participants seemed pleased with how the Emergency Room functioned.

*Ambulance Service:* Participants spoke very highly of the ambulance service and EMTs.

*Healthcare Services for Senior Citizens:* In general, participants seemed happy with the services available to seniors in the Roundup community. One participant noted that the hospital provides a lot of good visiting services, like foot care.

*Public/County Health Department:* Participants spoke about the lack of public health services in the community because there is no department. Some expressed desire for education and awareness programs related to vaccination, sexually transmitted infections, nutrition, and tobacco cessation.

*Healthcare Services for Low-Income Individuals:* Participants were pleased that the Women Infants and Children (WIC) program is available in Roundup. Otherwise, participants felt there weren't many services available to low-income individuals.

*Nursing Home/Assisted Living Facility:* Participants were pleased to have a nursing home available in Roundup. Some felt that the facility could use updates, while others spoke about a need for home health services.

*Pharmacy:* Participants felt the pharmacy fulfilled its function of providing medications noting that they can get any medication from elsewhere if they do not have it on hand.

- *What would make the community a healthier place to live:* Participants offered many suggestions for making Roundup and the surrounding area a healthier place to live. Participants were especially concerned about access to mental health services in the area, as well as substance abuse resources for the younger population. The group also touched on the need for more educational classes, especially about preventative services and emergency preparedness.
- *Why people might leave the community for healthcare services:* Generally, participants would leave Roundup for more specialized medical services. Participants also mentioned that small town drama and gossip about providers might be a reason community members go elsewhere.
- *Health services needed in the community:* Additional services that participants felt are needed include: services for children, mental health services, veteran's services, a diabetes educator, rheumatology, and education and awareness programs.

## VIII. Summary

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One hundred thirty-nine surveys were completed in Roundup Memorial Healthcare's service area for a 21% response rate. Of the 139 returned, 64% of the respondents were females, 73.5% were 56 years of age or older, and 40.2% work full time.

Respondents rated the overall quality of care at the hospital as good, scoring 3.0 out of 4.0 on a scale of 4.0 being excellent and 1.0 being poor.

Over half of the respondents (60%) feel the Roundup area is a "somewhat healthy" place to live. Significantly more respondents rated the Roundup area as less healthy than in 2008.

Respondents indicated their top three health concerns were: alcohol abuse/substance abuse (67.6%), water quality (41%), and overweight/obesity (33.8%). Significantly more respondents identified alcohol/substance abuse and overweight/obesity to be a concern than in 2008.

When respondents were asked which health related educational programs or classes they would be most interested in, the top choices were: fitness (25.2%), first aid/CPR and health and wellness (23.7% each), and weight loss (23%).

Overall, the respondents within Roundup Memorial Healthcare's service area are seeking hospital care at a rate that is typically seen in rural areas. Area residents recognize the major impact the healthcare sector has on the economic well-being of the area, with 69.1% of respondents identifying local healthcare services as "very important" to the economic well-being of the area.

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

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

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

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

1. Brad Howell – CEO, Roundup Memorial Healthcare
2. Bryan Adolph – County Commissioner
3. Jay McKiernan – Better Health Improvement Specialist, Roundup Memorial Healthcare
4. Kenny Davis – Roundup Herald
5. Laureli Scribner – Nurse Practitioner, Frontier Health Clinic
6. Ron Solberg – EMS
7. Sandra Jones – Ministerial Group
8. Sue Woods – Public Health Director, Central Montana Health District
9. Tom Vandeberg – Elected Official

## Appendix B – Public Health and Populations Consultation

### Public Health and Populations Consultation Worksheet

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#### 1. Public Health

- a. Name/Organization  
Sue Woods – Public Health Director, Central Montana Health District
- b. Date of Consultation  
First Steering Committee Meeting: August 11, 2014
- c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)  
Steering Committee
- d. Input and Recommendations from Consultation
  - There is a lack of available mental health resources in the area.
  - Musselshell County has a high suicide rate.
  - The public health office is stretched very thin due to a low number of employees covering a large geographic area.

#### 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  
Sue Woods – Public Health Director, Central Montana Health District
- b. Date of Consultation  
First Steering Committee Meeting: August 11, 2014
- c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)  
Steering Committee
- d. Input and Recommendations from Consultation
  - There is a high number of uninsured children in Musselshell County due to a lack of information on available assistance programs and non-desire for assistance.
  - Many diabetics in the community are diagnosed at a very late stage in the disease because they do not want to see a provider.

## Appendix C – Survey Cover Letter



August 29, 2014

Dear Resident:

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

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

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

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

*Please take a few moments to complete the enclosed survey by **October 13, 2014.***

Your response is very important to Roundup Memorial Healthcare because your comments will represent others in the area and will help guide us in planning responsive and high quality local healthcare services for the future. Even if you do not use healthcare services through Roundup Memorial Healthcare, your input is still helpful and will benefit our community. We know your time is valuable so we have made every effort to keep the survey brief – it should take less than 15 minutes to complete. **Your help is much appreciated in responding to this survey.**

Once you complete your survey, simply **return it in the enclosed self-addressed, postage paid envelope.** All survey responses will go to the National Rural Health Resource Center in Duluth, Minnesota, an organization that is assisting with this project. If you have any questions about the survey, please call the Montana Office of Rural Health at 406-994-6808.

Thank you for your assistance. We appreciate your effort.  
Sincerely,

*BC Howell*  
Brad Howell, CEO  
Roundup Memorial Healthcare

Hospital ♦ 1202 Third Street West ♦ PO Box 40 ♦ Roundup, MT 59072 ♦ 406-323-2301 ♦ Fax 406-323-3681

## Appendix D – Survey Instrument

### Community Health Needs Assessment Survey Roundup, 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 406-994-6808.*

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

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

- Very healthy     Healthy     Somewhat healthy     Unhealthy     Very unhealthy

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

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

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

- |   |  |
|---|--|
| <input type="radio"/> Access to healthcare and other services | <input type="radio"/> Low crime/safe neighborhoods   |
| <input type="radio"/> Affordable housing                      | <input type="radio"/> Low death and disease rates    |
| <input type="radio"/> Arts and cultural events                | <input type="radio"/> Low level of domestic violence |
| <input type="radio"/> Clean environment                       | <input type="radio"/> Parks and recreation           |
| <input type="radio"/> Community involvement                   | <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 _____                    |

4. How do you rate your knowledge of the health services that are available at Roundup Memorial Healthcare?

- Excellent     Good     Fair     Poor

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

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

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"/> Chiropractor           | <input type="radio"/> Mental health | <input type="radio"/> Senior Center |
| <input type="radio"/> Dentist                | <input type="radio"/> Pharmacy      | <input type="radio"/> VA            |
| <input type="radio"/> Frontier Health Clinic | <input type="radio"/> Public health | <input type="radio"/> Other _____   |

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

- Very important       Important       Not important       Don't know

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

- |   |  |
|---|--|
| <input type="radio"/> Greater health education services             | <input type="radio"/> More specialists                   |
| <input type="radio"/> Improved quality of care                      | <input type="radio"/> Outpatient services expanded hours |
| <input type="radio"/> More primary care doctors (MD/DO)             | <input type="radio"/> Telemedicine                       |
| <input type="radio"/> More Nurse Practitioners/Physician Assistants | <input type="radio"/> Transportation assistance          |
|   | <input type="radio"/> Other _____                        |

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

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

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

- |  |  |  |
|--|--|--|
| <input type="radio"/> Alternative medicine | <input type="radio"/> Endocrinologist (diabetes) | <input type="radio"/> Pediatrician       |
| <input type="radio"/> Cancer care          | <input type="radio"/> Home health                | <input type="radio"/> Psychiatry         |
| <input type="radio"/> Colonoscopy          | <input type="radio"/> Mammography                | <input type="radio"/> Respiratory health |
| <input type="radio"/> Diabetic clinic      | <input type="radio"/> Massage therapy            | <input type="radio"/> Other _____        |
| <input type="radio"/> Dermatology          | <input type="radio"/> OB/GYN                     |  |

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

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

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

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

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

- Yes  No (If no, skip to question 16)

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

- |   |  |                                   |
|---|--|-----------------------------------|
| <input type="radio"/> Roundup Memorial Healthcare | <input type="radio"/> Billings (St. Vincent's) | <input type="radio"/> Lewistown   |
| <input type="radio"/> Billings (Billings Clinic)  | <input type="radio"/> Harlowton                | <input type="radio"/> Other _____ |

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

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

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

- Yes  No (If no, skip to question 19)

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

- |  |                                      |                                   |
|--|--------------------------------------|-----------------------------------|
| <input type="radio"/> Roundup Memorial Healthcare      | <input type="radio"/> St. Vincent's  | <input type="radio"/> Lewistown   |
| <input type="radio"/> Frontier Health Clinic (Roundup) | <input type="radio"/> Billings other | <input type="radio"/> VA          |
| <input type="radio"/> Billings Clinic                  | <input type="radio"/> Harlowton      | <input type="radio"/> Other _____ |



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

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

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

- Yes
- No (If no, skip to question 22)

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

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

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

- Roundup Memorial Healthcare
- Billings Clinic
- St. Vincent's
- Billings other
- Harlowton
- Lewistown
- VA
- Other \_\_\_\_\_

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

- Children's checkup/Well baby
- Cholesterol check
- Colonoscopy
- Flu shot
- Mammography
- Pap smear
- Prostate (PSA)
- Routine blood pressure check
- Routine health checkup
- None
- Other \_\_\_\_\_

23. The following services are available at Roundup Memorial Healthcare. Please rate the overall quality for each service. (Please mark N/A if you haven't used the service)

	Excellent = 4	Good = 3	Fair = 2	Poor = 1	Haven't Used = N/A	Don't Know = DK
Ambulance services	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> N/A	<input type="radio"/> DK
Audiologist	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> N/A	<input type="radio"/> DK
Clinical services	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> N/A	<input type="radio"/> DK
CT Scan	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> N/A	<input type="radio"/> DK
Diabetes education program	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> N/A	<input type="radio"/> DK
Emergency room	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> N/A	<input type="radio"/> DK
Extended Care Unit (nursing home)	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> N/A	<input type="radio"/> DK
Hospital care (in-patient)	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> N/A	<input type="radio"/> DK
Laboratory	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> N/A	<input type="radio"/> DK
Orthopedic surgeon - visiting specialist	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> N/A	<input type="radio"/> DK
Physical therapy	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> N/A	<input type="radio"/> DK
Podiatrist - visiting specialist	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> N/A	<input type="radio"/> DK
Radiology (x-ray/ultrasound)	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> N/A	<input type="radio"/> DK
Rehabilitation (swing bed)	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> N/A	<input type="radio"/> DK
Visiting nurse or community health worker	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> N/A	<input type="radio"/> DK

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

- Yes     No

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

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

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

- Yes     No

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

(Please select only ONE)

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

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

- Excellent       Good       Fair       Poor

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

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

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

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

**Demographics**

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

31. Where do you currently live by zip code?

- 59072 Roundup       59059 Musselshell       59054 McIstone  
 59087 Winnett       59074 Ryegate       59046 Lavina       Other \_\_\_\_\_

32. What is your gender?       Male       Female

33. What age range represents you?

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

34. What is your employment status?

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

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

- Drugs
- Lazy people
- No mental health available here
- Alcohol
- All dependent on age group
- Age related illness

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

- Poverty
- Lack of opportunity
- Alternative healthcare
- Healthy drinking water
- Morals

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

- Television
- My profession (2)
- Employees
- With real estate purchase
- Personal experience, which was very bad. I made an appointment and closed my office, after waiting several hours I was told the doctor was stuck in admitting at the hospital... haven't been back.
- Being an EMT
- Had reaction to bee sting and went to the closest doctor at the hospital
- Personal experience (2)
- Close proximity

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

- Over the counter drugs
- Child welfare
- Billings Clinic
- Vision center (2)
- Eye Doctor. (2)
- Massage Therapist (2)
- Physical Therapy
- Area II Agency on Aging (2)
- DPHHS
- RiverStone Health

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

- Affordability (2)
- Long term providers (5)
- Going to Billings
- Nursing home and emergency care only
- Communication skills
- A provider available for walk-ins during lunch hour
- Change welfare requirements to not attract professional patients
- Transportation to specialists in Billings
- Accept payment in FULL from other paid medical business
- More secretary professionals for clinic/hospital
- Joint doctor
- Dermatologist
- Personnel to be more consistent with patients
- Increased Medicaid assistance
- Cheaper gas
- I believe that those who choose to be healthy find a way to access healthcare. There are many programs for those who cannot pay.

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

- Mixing Western medicine with alternative medicine
- Yoga
- Living and dealing with elderly

**10. What additional healthcare services would you use if available locally today?**

- Heart/vascular services
- Fitness/yoga
- Internal medicine physicians
- Al-Anon (for non-alcoholics and families)

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

- We go directly to Billings
- Lack of M.D.'s available

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

- Waiting for doctor
- Embarrassed
- Misdiagnosed
- Incompetent nurse practitioner
- No one returned my call

**14. If yes, which hospital did you household use the most for hospital care?**

- Red Lodge
- Stayed one day in Roundup then sent to St. Vincent's

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

- Do not trust Roundup care
- Go to the best
- Surgeries
- Had specialist needed
- Surgical center where physicians did surgeries

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

- Red Lodge, MT
- Scottsdale, AZ
- Billings, MT

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

- Trust care given
- Work in Billings
- Outside need/travel requirements
- Liked provider
- Walk-in
- Longtime care
- Doctor took us on when the other doctor left
- VA care and time waiting for care: appointments, skills, etc. Very, very bad
- Easy to get to in in Billings
- Always see the same health care providers
- Need an endocrinologist

**19. In the past three years, have you or a household member seen a healthcare specialist for healthcare services?**

- Diabetic educator
- Internal medicine

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

- General checkup
- Home visiting nurse
- Colonoscopy (2)
- Sleep apnea
- Internal medicine
- Saw NP for spots on skin and sleep aid. Bad experience.
- Stroke
- Roundup chiropractor

- Anesthesiologist and neck injections
- Laboratory blood tests

**21. Where was the healthcare specialist seen?**

- Family dentist
- Red Lodge
- Yellowstone Health
- Stillwater Clinic
- Arizona
- Roundup Chiropractor
- Roundup Mental Health Center
- Home foot care, physical therapy

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

- All basic tests yearly and vitamin D levels
- Lab tests and yearly physical
- Eye doctor (2)
- Asthma/breathing
- My husband checks his blood pressure and sugar daily
- Routine blood work and pneumonia shot
- Dental, bone density, urology, pain clinic
- Planned Parenthood

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

- Don't trust doctors to take medication regularly

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

- AARP
- Workers comp

**29. If you do NOT have medical insurance, why?**

- VA medical care (2)
- Minimal/catastrophe insurance coverage only
- Disabled vet

**34. What is your employment status?**

- Disabled

**Additional Comments:**

- Survey is too long
- All Roundup needs is a doctor. I don't need to fill out a 6-page survey to identify what the problem is with Roundup Memorial Healthcare. When my husband and I moved here, there were three very good doctors and now we have one PA [physician assistant]. I don't even know who oversees the PA!
- Good job RMHC!

## Appendix F – Focus Group Questions

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

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



## Appendix G – Focus Group Notes

### Focus Group #1

Thursday, September 19, 2013 – 12pm-1:30pm – Busy Bee Restaurant – Roundup, MT  
5 attendees (2 male, 3 female)

1. What would make this community a healthier place to live?
  - If we didn't have so many changes with the doctors at the hospital. That would help a lot. There is high turnover of providers.
    - I agree with that. In my personal experience, you get comfortable with a doctor for five or six months and then you go back for a check-up and there is a new doctor. No one is following through with your case or condition and in order to get any continuity of care, I believe you need a doctor to follow through with your particular case.
    - I know a public health nurse that has seen the same impact with physician turnover. Many people go to Billings because of that.
    - But my husband now gets a letter in the mail every three months that is a reminder for a blood check and urine check and he's being reminded to go. Roundup Memorial Healthcare is finally monitoring him and paying attention to him and he's finding that he's finally getting individual attention even though he sees different doctors each time.
    - Personally, I feel like Brynn Bixby (PA-C) has been really good about giving individual attention to patients. I pray that she doesn't leave. We hate to start going to a different doctor each time. My son has a hard disease to understand but Brynn knows what it's all about. If we have to start over with a new physician, it's hard.
  - There was one diabetes support group that was held but I haven't heard anything about it after that. We have one Alcoholics Anonymous (AA) meeting available but I don't feel that it is truly comfortable for all people to attend. The outreach could improve to help more people. Several people have had gastric bypass in our community and could use further information and support. Support groups are lacking in this community. General education for preventative services would be helpful. Teen pregnancy is down right now but teens are still sexually active here.
  - I was working with the previous Better Health Improvement Specialist (BHIS) and we looked at partnering with schools for tobacco prevention or cessation and support groups through the hospital. We brainstormed new ideas to prevent tobacco use since it is a gateway drug. It is important to bring together the various resources and let people know about the services available to them.
  - I think programs like Al-Anon or Al-teen are needed in the community. I see a lot of kids in need of Al-teen. There is no support for them outside their home.
2. What do you think are the most important local health care issues?
  - Alcohol and drug use is very high in this community.
  - I live in Lewistown but I come to Roundup often for work and know a person who works at the mental health center. They say there is a high need for counseling services and they are maxed out. There is a definite need for more therapists.

- One thing that concerns me is the mental health issue and need for suicide prevention. There was one individual who was suicidal and he knew he was suicidal but he was also under the influence. At the hospital he was rejected because he was under the influence and since he was under the influence he was put in the slammer even though he said he wanted to hurt himself. I don't know if that's the fault of law enforcement or the hospital. There was definitely a lack of communication. Who handles this person? I think it's a community safety concern. What do they do once he sobers up?
  - You must get a psychiatric evaluation on a rapid notice before you can get a hold. You have to wait hours and hours for them to accept this evaluation and it may be too late. If you take that patient to Billings you're waiting for hours. At the same time, that's a serious drain on our small community which is already limited. That is definitely scary. There is no emergency psychiatric evaluation available.
  - There is no crisis system which is a big issue all over Montana. The psychiatric center up in Billings has on-call services and the extra people. We have maybe three LCDCs [Licensed Chemical Dependency Counselor] that live in this community. At least one practices in Roundup. Some aren't practicing but they are certified.
    1. That is a low number of counselors for this population. They are hard to bring in. Lewistown struggles too with getting people to stay in the community to practice.

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

Quality of Care

- Having used the hospital several times, I'd give it 4 out of 5; very good. Sometimes the appointments lag a little bit because of doctors having to go from scheduled visits to the ER, but that happens everywhere. There has been an occasional mess-up but that will happen.
- I had an emergency but I was happy with the outcome; as happy as you can be in an emergency. I was air lifted to Billings and everyone was very courteous and everyone knew what they were doing and things went well. The only other thing I've had performed at Roundup's hospital was an endoscopy and the staff's competency level was just as good as in Billings. The reading had to be done through Billings' technologist but I would've had to wait for results no matter what. Although, three or four years ago we would've gone to Billings. Roundup's hospital has improved recently.
- I could tell you horror stories about care in the past but now that Brynn has been here I have only good things to say.
- I've had some "doozies" [bad experiences] in the past.

Number of Services

- X-ray and laboratory are available.
- I've been pleased with my general overall care. Roundup Memorial is just as good as any hospital. That says a lot. I can get my results and can get in for appointments on the day I want. All those things add up to be good. If you deal with more-specialized

services, you have to compete with Billings. It is hard to get specialists into our small community. If we bring specialty services here, we need to publicize it.

- The audiologist comes here and they do make professional trips here and the added advertisement would be worth it.

#### Hospital Staff

- Some of the Nurses' Aides are a little snippy and loose-lipped. Poor confidentiality.

#### Hospital Board and Leadership

- I don't even know who is on the Board at this point.
- Just goes to show you how popular they are.
- I know one person on the Board.

#### Business Office

- I think that billing has improved because I know it used to be horrible. Some people on Medicaid were receiving bills. It has improved in the past few years.
- I'm never enthused about billing.
- I used to get two separate bills for each procedure. I'd get one hospital and one clinic bill. It seemed to be double. I'd end up paying my bill twice each time and then get refunds. But now things seem to be much better.
- How long has it been since it improved?
  - Three to four years.
- At first, they needed to give more training on how to bill Medicaid.

#### Condition of Facility and Equipment

- The hospital does a good job trying to replace old equipment and the building isn't too bad as far as I know. The fact that they open the doors and display art goes to show that there is a sense of pride in the building itself.

#### Financial Health of the Hospital

- They do try to help when someone has no- or low-income. You can fill out the papers and they seem to handle that well.
- Last I heard the hospital was still operating in the red. I think they have improved financially. I'm not positive on their condition now but the administrator visits a club I belong to and he seems to be very optimistic about the way things are being run. The last report we had seems to me that things are looking up according to projects and the hospital just needs more time for things to evolve before they're back in the black. They're anticipating being back in the black.

#### Cost

- Health care costs are outrageous.
- All health care is expensive.
- I don't think there's a way to compare cost from visit to visit. In fact you may get reimbursed at the Medicare rate, or have private insurance, or pay out of pocket. No one shops and compares prices from Roundup to Lewistown to Billings. If I need stitches, I'm going to get care close to home.

#### Office/Clinic Staff

- I'm pleased with the staff.
- I think they do try to hire quality employees and keep them but to keep them they have to pay them well. Jobs are hard to find in Roundup so they keep some staff paid as low as they can to still keep them.

#### Availability

- I'm satisfied. The hospital meets my needs.
- The clinic is open for half a day on Saturday which is a real benefit to people that work. The clinic is being used; there are always people in there.
- There are walk-in hours as well. You don't have to have an appointment.

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

- Convenience. Local providers are here and available. I don't want to drive to Billings all the time.
- I really, really like Brynn.

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

##### Emergency Room

- There is no privacy in the ER. They have a curtain they'll draw but there are not separate rooms.
  - I wouldn't say that the ER needs to have separate rooms. It's meant for triage and that's it. Once you are stable they will move you to another facility or discharge you. If you go to Seattle, there are only curtains.
    - I felt uncomfortable in the ER though. If a man is having a heart attack over there and we have our problem here, there is a lot of chaos.
- The only problem I ever see is they cannot get an IV in. We go to Billings and they can do it quick.

##### Ambulance Service

- I think it's a great group of people. They are constantly improving themselves through their training. You can't ask for a better group of people.
- They are conscientious. They have trainings all the time. They are dedicated. At football games there are six of them that are there to take care of any injuries.
- I've never used the ambulance here but I had a real bad experience in Harlowton when my son was to be transferred to Billings from their ER. I got to the hospital in Billings and waited then finally got a call from the Harlowton doctors that the ambulance crew waited an hour before they knew a crew couldn't go. That would never happen in Roundup. What I've heard about Roundup's ambulance crew is that they're great.

##### Health Care Services for Senior Citizens

- As a senior citizen, they're really good about having special things like a foot doctor come in. I'm going to go check if they have flu shots ready today. They're very good about that.

#### Public/County Health Department

- We don't have a public health department.
- Roundup just has a RiverStone health nurse that comes twice a month. If there were a nutrition issue, Registered Dietitians from RiverStone could go with that nurse to Roundup but there is not a dedicated facility for public health in Roundup.
- When I first moved to Roundup, they had a public health nurse but she hasn't been here for years.
- The closest thing we have to public health is a school nurse that coordinates with the McDonald's care truck.

#### Health Care Services for Low-Income Individuals/Families

- WIC [Women, Infants, & Children] was a great addition to Roundup.
- The doctors at the Roundup Memorial Healthcare accept Medicaid.
  - But we also know a fair amount of people fall through the cracks. I don't know what the hospital does to help those people.
    - You can fill out the forms for care. They have a very good prescription plan and you fill out the forms and get assistance for prescriptions.

#### Nursing Home/Assisted Living Facility

- We have a Nursing Home in Roundup but no assisted living.
- The Nursing Home is as good as any small community Nursing Home can be. It is in the same facility as the hospital. Residents there have access to medical care immediately if they need it.
- My husband is in the Nursing Home but not here in Roundup. The only reason is because he has dementia/ Alzheimer's and needs a locked unit. They don't have locked units here in Roundup. Nursing Home staff here would've had their work cut out for them trying to keep him in.

#### Pharmacy

- Shopko provides medicine to the hospital pharmacy.
- The pharmacy works. They provide medicine.
- Shopko is a pretty trashy pharmacy if you ask me. The back room is so cluttered; I'm amazed they can get anything done back there.
- If the pharmacy doesn't have a medication then they get what they can for you. I've never had a problem. They give a nice reminder when you need refills.

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

- Specialized medicine.
- The fact that Roundup is a small town and people may have personality conflicts and you won't go back to that person for any reason.
- I go to Billings once a month for my diabetes doctor since there isn't anything here in Roundup. For my orthopedic care, I go to Powell, Wyoming.

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

- Roundup has a local dentist and eye doctor and there is an audiologist that comes once a month.

- There is a need for a diabetes educator.
- We have a psychiatrist.
- We don't have orthopedics.
- Generally speaking, we could use neuropsychology but those types of specialized services could not be supported here with this small population.
- We could all benefit from a rheumatologist in Roundup.
- It seems like a reoccurring theme that connectivity between all services that are available is needed. Who could do that? How do we conduct referrals and work together? We need cohesiveness. Perhaps the hospital could seize that opportunity and serve as the link between services.
- We need to increase knowledge and awareness and educate employees about the services that are available and who provides them so they can give patients solid information.
- At public assistance, there is a list of all the resources that are available in our community.

Additional Comments:

- Through the tobacco program, we are working to get hospitals to become tobacco free campuses. We faced difficulty making progress in Roundup with this. That would be a really good benefit for the hospital to serve as an example and advocate for better health.

## **Focus Group #2**

Tuesday, August 12, 2014 – 12pm - 1:45pm – Roundup Memorial Healthcare – Roundup, MT  
3 participants (0 male, 3 female)

1. What would make this community a healthier place to live?
  - More mental health resources are needed in the community.
  - The community has a mental health center, but it doesn't have the capacity to see everyone. We need more local services.
  - There is a need for education on planning for health emergencies, especially planning for aging parents in the community who may be living with their kids or getting assistance from their family in some way. In the event of an emergency, families and caregivers have no idea what to do.
  - Estate planning will benefit healthcare because people have lots of land, but no monetary assets to help with healthcare costs. Planning ahead to transition resources into assistance before the onset of chronic conditions would help the older generation receive appropriate care when the time comes.
  - Local [residents] need help navigating within the healthcare system and understanding what resources are available in the community.
  
2. What do you think are the most important local healthcare issues?
  - There is not enough daycare in the community by a long shot. All of our current daycare providers are maxed out. Preschoolers have Head Start, but that doesn't start until age four. Schools are already crowded and now they will be mandated to have Pre-Kindergarten in 2015.
  - Chemical dependency treatment is not locally available; substance abuse is a major issue in the area.
  - Suicide is a prevalent issue in the community among all age demographics.
  - Most of the community is near the poverty level and are on a fixed income.
  - There is not much recreational activity. Local [residents] go to the bar or engage in drug use.
  - There are sports available during the summer for children and teens, but not all are involved.
  - Marijuana use is not seen as negatively now. There is a culture of using marijuana among parents and that is translated to the children.
  - The school resource officer is needed to combat drug and alcohol use in the schools; however, funding for these resource programs is limited.
  - It would be helpful for the resource officer to be around to help educate the community and families on various issues [teachers] see in the schools.
  - There is a high Medicaid population here in our county and they rely on the ER [Emergency Room]. We need to educate people on what should be treated in the ER versus the clinic setting.
  - Workforce. We need more jobs in the community.

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

Quality of Care

- There is a belief here [Roundup] that the care provided is substandard and there is not access to innovative procedures and equipment at RMC [Roundup Memorial Healthcare].
- When someone is admitted to the hospital, there is the thought that they should not stay at RMC because the resources to diagnose are not as accurate or efficient. Did the provider read your records? Does the facility have the resources to provide the needed test? There is an overall feeling that you would be getting better care in Billings. If we are going to be treated, we are going to be treated in Billings.
  - I have had experience with a misdiagnosis in Billings, which was then correctly diagnosed in Roundup.
- RMC advertises themselves as a walk-in clinic but the community doesn't know the difference between primary care and a walk-in. They are under the impression they can go to the clinic with no appointment to receive primary care, then become frustrated when they have to wait a long time. The providers in the clinic are also covering the ER so if there is something more emergent going on in the ER, the clinic patients have to wait but do not understand why.

Number of Services

- I think we could use a cardiologist, gastroenterologist, nephrologist, neurologist, dermatologist, oncologist... all via visiting specialists.
- The lab here at RMC is phenomenal. Just as good as Billings, and closer [to home]!
- RMC has a lot of resources (i.e. specialists) available to us via Billings Clinic. So why don't they come here more often?
- People would do more care locally if they could do their specialty consultations here as well. Like a one-stop shop.

Hospital Staff

- The public relies heavily on nursing staff and values them greatly. However, there has been a huge turnover in nurses lately.
- Historically, the nurses here [RMC] are the glue that holds this place together. They [nurses] are super.
- As a community member without a medical background, I don't know who is a nurse, a tech, a CNA, etc. in the hospital or clinic. I feel some staff aren't necessarily competent but I don't know whether they are medical staff or not.
- There needs to be more continuity of care between providers.
- It seems like providers may not be reading health records for patients before seeing previous patients of the hospital. There is lack of continuity of care because of this.
- Providers here are overworked, exhausted, and burnt-out.
- I've seen providers in other states have scribes with them to record and process all dictations electronically. That may be beneficial at RMC to ensure records are correctly accessed and recorded.
- Medical staff stability in general. It seems like the turnover is frequent and seems as though they use a lot of "locum tenens." It [medical staff turnover] gets frustrating for



community members, especially the elderly. It can be confusing for them [elderly patients] to see someone different every time they come in.

#### Hospital Board and Leadership

- I wouldn't know where to go if I had a concern to voice.
  - The public probably doesn't know where to go if they need to voice a concern.
- Confidentiality in the community is an issue here; people won't come here [RMC] for things because they fear word may get out.
- There are pros and cons to being affiliated with Billings Clinic. It seems that some of the corporate bureaucracy doesn't allow for the flexibility needed in our rural setting.
- Leadership in the hospital could be better. The CEO [Chief Executive Officer] is a great person but is disorganized. The director of nursing is great and very skilled.
- The administration is overwhelmed because they are the go-to people to address everything. Thus, things get put on the backburner.
- The CEO and some medical staff are paid through Billings Clinic, while others are not and their benefits are different. The head-honchos are paid better and the other staff are not.
- Increase the transparency of board meetings by keeping notes of the details of each meeting and share them with the staff and community. Let the community see how hard the hospital is working on the things they are improving or adding. We only hear about the bad things when, in reality, the hospital is working on a lot of beneficial things for the community.
- The annual meeting doesn't work. There needs to be another method of community involvement. There isn't any new information being shared.
- Use the Community Health Needs Assessment and other community tools to improve the facility. There are documents developed specifically for improvement. Some of those types of resources here are underutilized while others are overstressed.
- The community only hears when there is a crisis or the facility needs money. RMC should do better and share what they are doing and achieving daily. For example, the transition to EHR [Electronic Health Records]. The community doesn't know much about that [EHR] and it required a lot of time and effort from the staff to make that happen.

#### Business Office

- If I have a problem with my bill, I just call.
- Confusion comes when patients use both clinic and hospital services.
- I think the billing office does a great job, but they are overworked.
- People complain that their bill wasn't right, but they are usually confused or misunderstand.
- It is hard to know whether insurance has been included in the bill.
- If there was turnover in the billing office, the hospital would fall apart.
- It is nice to know that you [as a patient] will be talking to the same billing staff each time you use the hospital's services because the same person works with patients based alphabetically on last name.

#### Condition of Facility and Equipment

- The facility is good.
- It [the facility] is clean.
- The CT equipment needs to be updated.
- In the past, there was not appropriate equipment for pediatrics or the staff was not trained on or aware of the equipment. I spoke to the DON [Director of Nursing] and the problem was resolved right away.
- Electronic Health Records [EHRs] are organized by specialty areas, not head-to-toe records, which makes it difficult for providers to look at patients as a full picture through EHRs.
- It takes time to process procedures with EHRs. Jay McKiernan has done a wonderful job of preparing and training staff to use the new EHR.

#### Financial Health of the Hospital

- *Not discussed.*

#### Cost

- People come to the ER for care that really should go to the clinic, then they end up receiving more expensive care in the ER because it is unlawful to suggest people can go to the clinic. There needs to be more education on appropriate use of the clinic versus the emergency room.

#### Office/Clinic Staff

- They are rude at the front desk. The staff at the front desk take for granted that people will know the processes at the hospital or clinic but the public usually don't get it.
- Customer service in the facility as a whole could be better.
- Confidentiality is another concern.
- When anyone at the facility sees someone walking around, they should ask them if they can help... take them to where they need to go. It is just better customer service and patient experience.

#### Availability

- People here [in Roundup] don't understand how lucky they are to get in and see a provider relatively quickly in most cases. In other parts of the country, people may have to wait hours to receive care in a clinic or ER.

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

- There is frustration about seeing a different provider at each visit to the hospital or clinic. The community would like to see consistency in providers.
- Having a facility with stable, consistent medical staff would be valued. It feels like there is high staff turnover rates at the hospital.

5. What do you think about these local services:

Emergency Room

- It's great to have an emergency room in the community but people on Medicaid are overusing it [the ER] because they know they won't have to pay, or they wait until after 9:00pm because they know the hospital will have to provide any prescribed medications.

Ambulance Service

- EMS [Emergency Medical Services] is awesome; they are very good. It is a relief to see them show up.

Healthcare Services for Senior Citizens

- A geriatric psychiatrist would be very useful.

Public/County Health Department

- Recently, public health has started family planning services at Frontier Health Clinic. They [public health department] also do immunization clinics.
- Public health education and awareness could be stronger. Tobacco cessation efforts are stronger than they need to be.
- STD [Sexually Transmitted Diseases] and vaccine education needs to be stronger.

Healthcare Services for Low-Income Individuals/Families

- Low-income residents here [in Roundup] don't use medical care. If they go to the doctor, it is for very late-stage issues.
- They [low-income] avoid care due to cost.
- The people who don't qualify for Medicaid won't seek care until they are forced.

Nursing Home/Assisted Living Facility

- The nursing home could use updates.
- Home health is needed here; Billings won't come out [to provide home health care in Roundup].
- The visiting nurse has been very helpful.
- The Community Health Worker (CHW) program is a good start, but not enough to fulfill the need.
- The facility needs to utilize hospice more as an in-home service under the patient's Medicare benefits. More hospital referrals for hospice care would ensure patients are receiving proper care.

Pharmacy

- *Not discussed.*

6. Why might people leave the community for healthcare?

- We live in a fishbowl in Roundup so we hear about all the stories. However, in Billings we don't hear about it all so we think it [healthcare in Billings] is good.

7. What other healthcare services are needed in the community?
- There aren't many health programs for kids in the community; a lot of kids aren't getting healthcare because they have to travel to Billings for visits and some families aren't doing that.
  - Mental health services. There are two providers that come to town and are very busy. We need the full-spectrum of care from children to senior citizens.
  - Veteran's services! They need more assistance than what is available to them.

## Appendix H – Secondary Data County Profile

Musselshell County  
Secondary Data Analysis  
July 23, 2012



Office of Rural Health  
Area Health  
Education Center

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

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

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

\*Chronic Lower Respiratory Disease

Chronic Disease Burden <sup>1</sup>	Region 3	Montana	Nation <sup>3,4</sup>
Stroke prevalence	2.8%	2.5%	2.6%
Diabetes prevalence	6.9%	6.2%	8.3%
Acute Myocardial Infarction prevalence (Heart Attack)	4.3%	4.1%	6.0%
All Sites Cancer	510.8	455.5	543.2

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

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

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

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

Chronic Disease Hospitalization Rates	County	Montana
Stroke <sup>1</sup> Per 100,000 population	137.9	182.2
Diabetes <sup>2</sup> Per 100,000 population	127.3 (Region 3)	115.4
Myocardial Infarction <sup>3</sup> Per 100,000 population	124.3	147.3

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

Demographic Measure (%)		County			Montana			Nation <sup>3,4</sup>		
Population <sup>1</sup>		4,498			989,415			308,745,538		
Population Density <sup>1</sup>		2.4			6.7			Not relevant		
Age <sup>1</sup>		<5	18-64	65+	<5	18-64	65+	<5	15-64	65+
		5%	63%	18%	6%	63%	14%	7%	62%	13%
Gender <sup>1</sup>		Male		Female	Male		Female	Male		Female
		48.6%		51.4%	50.1%		49.9%	49.2%		50.8%
Race/Ethnic Distribution		White <sup>1</sup>			91.5%			72.4%		
		American Indian or Alaska Native <sup>1</sup>			6.8%			0.9%		
		Other <sup>†</sup>			1.7%			26.7%		

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

<sup>2</sup>County Health Ranking, Robert Wood Johnson Foundation (2012)

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

<sup>4</sup>US Census Bureau (2010)

Musselshell County  
Secondary Data Analysis  
July 23, 2012

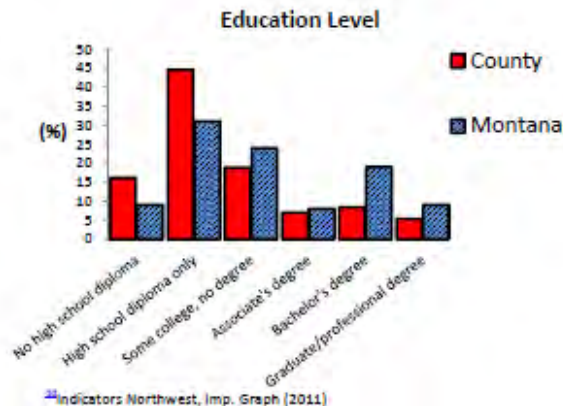
Socioeconomic Measures <sup>1</sup> (%)	County	Montana	Nation <sup>7,8</sup>
Median Income <sup>1</sup>	\$32,919	\$43,000	\$51,914
Unemployment Rate <sup>7</sup>	5.7%	6.3%	7.7%
Persons Below Poverty Level <sup>1</sup>	20.0%	14.0%	13.8%
Uninsured Adults (Age <65) <sup>1</sup>	26.7%	19.0%	18.2%
Uninsured Children (Age <18) <sup>9</sup>	N/A	11.0%	10.0%

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

<sup>7</sup>Center for Disease Control and Prevention (CDC), Health Insurance Coverage (2011)

<sup>8</sup>Montana Dept of Labor and Industry, Research & Analysis Bureau. Local Area Unemployment Statistics (LAUS). Non-Seasonally Adjusted Unemployment Rate. (Retrieved April 2012)

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



<sup>24</sup>Indicators Northwest, Imp. Graph (2011)



Behavioral Health <sup>1,2</sup>	Region 3	Montana
Childhood Immunization Up-To-Date (UTD) % Coverage <sup>11,12</sup> Age 24-35 months, population size: 12,075 (% sampled: 35.9%)	60.0% (County)	64.3%
Tobacco Use <sup>2</sup>	18.7%	19.3%
Alcohol Use (binge + heavy drinking) <sup>1</sup>	20.8%	22.8%
Obesity <sup>1</sup>	24.2%	21.6%
Overweight <sup>1</sup>	38.3%	37.8%
No Leisure time for physical activity <sup>1</sup>	22.0%	20.7%

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

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

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

<sup>12</sup>Childhood immunization percent coverage was determined following the CDC developed and validated AFIX (Assessment, Feedback, Incentives, & exchange) strategy designed to raise immunization levels. The Montana Immunization Program is required to participate in this process. Fifty percent of immunization providers are assessed each year. All children's records per provider assessed are reviewed to determine if the child is up-to-date with recommendations of the Advisory Council on Immunization Practices (ACIP).

Screening <sup>1</sup>	Region 3	Montana
Cervical Cancer (Pap Test in past 3 yrs) <sup>1</sup>	84.7%	83.0%
Breast Cancer (Mammogram in past 2 yrs) <sup>1</sup>	73.5%	71.9%
Blood Stool <sup>2</sup>	26.5%	25.3%
Sigmoidoscopy or Colonoscopy <sup>2</sup>	54.5%	54.3%
Diabetic Screening <sup>3</sup>	75.0% (County)	79.0%
Percent of Medicare enrollees who received HbA1c screening		

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

<sup>2</sup>County Health Ranking, Robert Wood Johnson Foundation (2012)

Mortality <sup>1,2,12</sup>	County	Montana	Nation <sup>3,13</sup>
Suicide Rate per 100,000 population <sup>1</sup>	36.0	20.3	12.0
Unintentional Injury Death Rate per 100,000 population <sup>1</sup>	63.0	58.8	38.4
Percent Motor Vehicle Crashes Involving Alcohol <sup>4</sup>	13.3%	10.0%	32.0%
Pneumonia/Influenza Mortality per 100,000 population <sup>1</sup>	13.5	19.0	17.5
Diabetes Mellitus <sup>5</sup>	63.0	27.1	21.8

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

<sup>2</sup>Center for Disease Control and Prevention (CDC), Web-based Injury Statistics Query and Reporting System (WISQARS) (2011)

<sup>3</sup>Center for Disease Control and Prevention (CDC), National Vital Statistics (2012)

<sup>4</sup>Kaiser State Health Facts, National Diabetes Death Rate (2008)

Maternal Child Health <sup>1</sup>	County	Montana	Nation <sup>14,15</sup>
Infant Mortality (death within 1 <sup>st</sup> year) Rate per 1,000 live births <sup>1</sup>	6.1 (Region 3)	6.1	6.7
Entrance into Prenatal care in 1 <sup>st</sup> Trimester Percent of Live Births <sup>1</sup>	81.3%	83.9%	69.0%
Birth Rate <sup>2</sup> Babies born per 1,000 people	9.1	12.8	13.5
Low Birth Weight (<2500 grams) Percent of live births <sup>1</sup>	8.2%	7.3%	8.3%
Neonatal Mortality (under 28 days of age) Rate per 1,000 live births <sup>1</sup>	3.5 (Region 3)	3.3	4.5
Past Neonatal Mortality (28 through 364 days of age) Rate per 1,000 live births <sup>1</sup>	2.6 (Region 3)	2.7	2.2
Pre-Term Birth (<37 completed weeks gestation) Percent of Live Births <sup>1</sup>	11.1%	10.1%	12.5%

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

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

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

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

## Economic Impact Assessment

### **Demographic Trends and Economic Impacts:** **A Report for Roundup Memorial Healthcare**

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

#### **Introduction**

This report responds to requests by MHA for the location quotient of the hospital sector in Musselshell County and for information on the county's demographics. In addition, the report includes analysis of the economic impact of the hospital sector on Musselshell County's economy. Section I gives location quotients for the hospital sector in Musselshell County using both state and national employment as the basis of comparison. Section II looks at the demographic profile of Musselshell County. Section III presents the results of an input-output analysis of the impact of Roundup Memorial Healthcare 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 Musselshell County were calculated. The first compares Musselshell County's hospital employment concentration to that of the State of Montana, and the second compares it to hospital employment in the United States. The calculations use 2010 annual averages.

**Hospitals Location Quotient (compared to State of MT) = 1.46**  
**Hospitals Location Quotient (compared to U.S.) = 1.68**

A location quotient near 1 indicates that the employment concentration in the county mirrors that of the larger geographic region. In the case of Musselshell County, the location quotient of 1.46 indicates that hospital employment in the county is 46 percent higher than one would expect given statewide employment patterns. When compared to the nation, the location quotient of 1.68 reveals that the percentage of total county employment accounted for by the hospital is 68 percent higher than the percentage of total U.S. employment coming from the hospital sector.



Another way to look at the location quotient is to ask how many employees would be employed in the hospital sector if Musselshell County’s employment patterns mirrored the state or the nation. Roundup Memorial Healthcare employment averaged 96 employees in 2010. This is 30 more than expected given the state’s employment pattern and 39 more than expected given the national employment pattern. In 2010, Roundup Memorial Healthcare accounted for 7.8% of county nonfarm employment and 6.2% 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 Census Bureau reported that there were 4,538 residents of Musselshell County according to the 2010 Census. The breakdown of these residents by age is presented in Figure 1. Musselshell County’s age profile is similar to that of many of Montana’s rural counties. In 2010, baby boomers were between the ages of 45 and 60 and their presence is evident in the graph. Following the baby boom came the “baby bust,” which is evidenced by the lack of 25 to 39 year olds in the county. In many rural Montana counties, the baby bust is exacerbated by out-migration of young adults.

Figure 1: Age Distribution of Musselshell County Residents

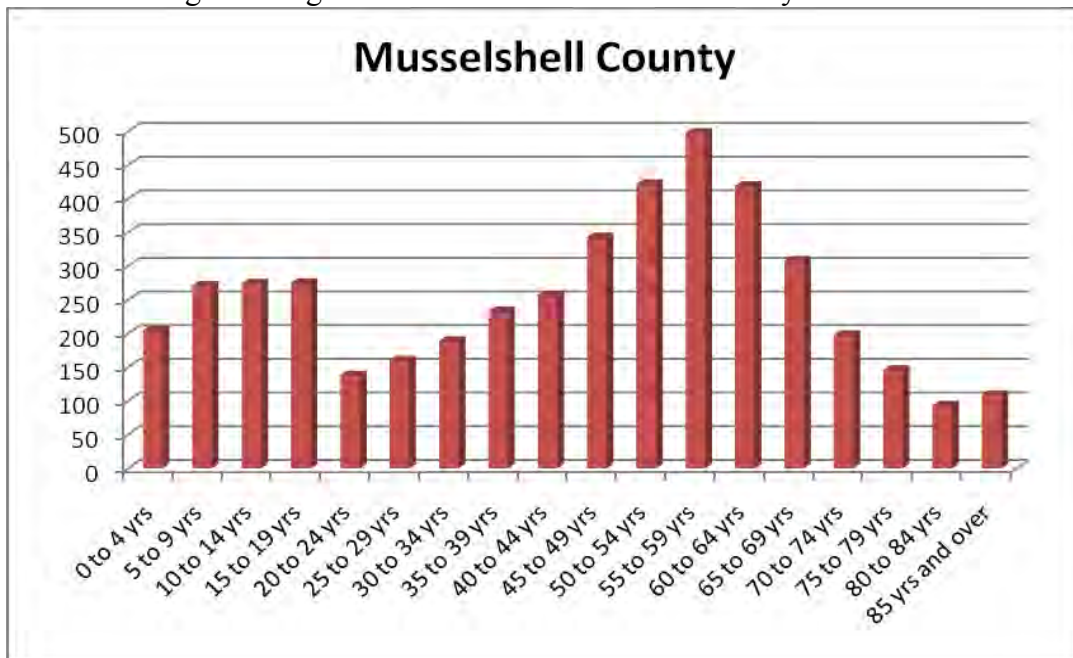


Figure 2: Percent of the population by age groups, Musselshell County vs. Montana

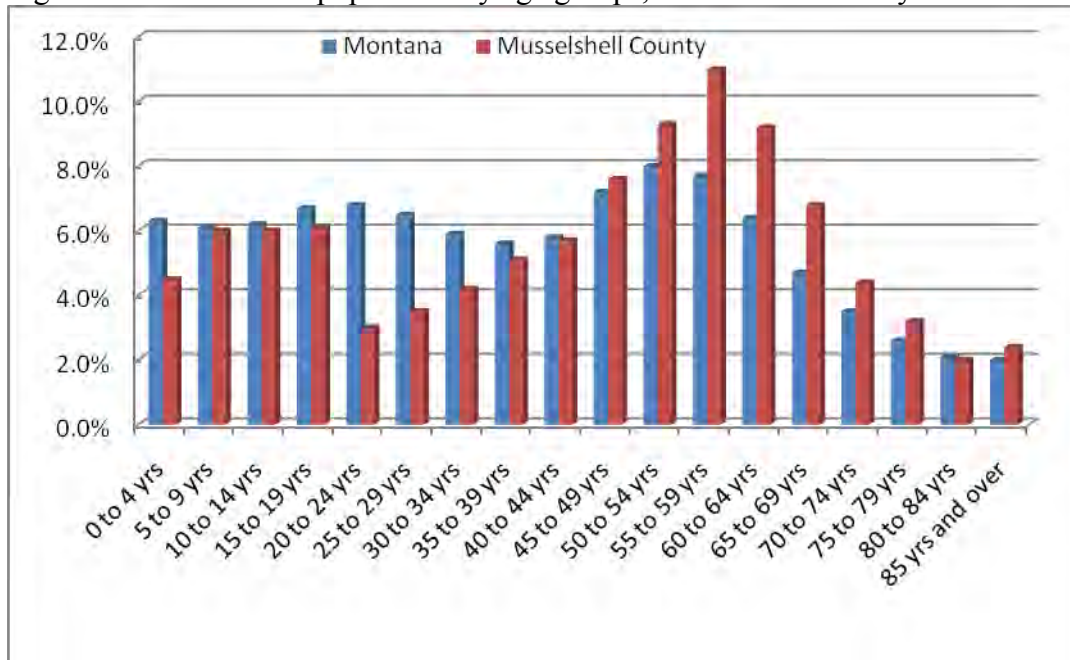


Figure 2 shows how Musselshell County’s population distribution compares to Montana’s. A careful examination of Figure 2 and the underlying data reveals that, compared with the State as a whole, Musselshell County has a lower percentage of people under 45 years old (44.4 percent vs. 55.9 percent) and a higher percentage of people aged 45 to 79 (51.5 percent vs. 40.1 percent). According to the 2010 Census, Musselshell County was the 12th oldest county in Montana, with a median age of 49.1. These demographics are important when planning for healthcare delivery now, and in the future.

### Section III Economic Impacts

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

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

Multipliers are calculated using a methodology called input-output modeling. The Research and Analysis Bureau (R&A) uses IMPLAN software to do regional input-output modeling. The R&A

staff is able to correct the underlying IMPLAN data with confidential employment and earnings data from the unemployment insurance system, which allows us to produce more accurate multipliers than would otherwise be possible.

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

**Hospital Employment Multiplier = 1.17**

**Hospital Employee Compensation Multiplier = 1.14**

**Hospital Output Multiplier = 1.19**

What do these numbers mean? The employment multiplier of 1.17 can be interpreted to mean that for every job at Roundup Memorial Healthcare, another .17 jobs are supported in Musselshell County. Another way to look at this is that if Roundup Memorial Healthcare suddenly went away, about 16 additional non-hospital jobs would also be lost in the county (based on 2010 hospital employment of 96). The employee compensation multiplier of 1.14 simply states that for every dollar in wages and benefits paid to the hospital's employees, another 14 cents of wages and benefits are created in other local jobs in Musselshell County. Put another way, if Roundup Memorial Healthcare suddenly went away, about \$393,560 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 Roundup Memorial Healthcare, output in the county increases by another 19 cents.

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

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

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