

Broadwater County, Montana

Community Health Services Development
Community Health Needs Assessment Report

Survey conducted by
Broadwater Health Center
Townsend, Montana

In cooperation with
The Montana Office of Rural Health

July 2016



MONTANA
STATE UNIVERSITY

Office of Rural Health
Area Health
Education Center

**Broadwater Health Center
Community Health Needs Assessment
Table of Contents**

I. Introduction.....	1
II. Health Assessment Process.....	1
III. Survey Methodology	1
IV. Survey Respondent Demographics	3
V. Survey Findings.....	7
VI. Key Informant Interview Methodology	45
VII. Key Informant Interview Findings	45
VIII. Summary.....	46
IX. Prioritization of Health Needs, Available Resources, and Implementation Planning Process	47
X. Evaluation of Activity Impacts from Previous CHNA.....	48
Appendix A – Steering Committee Members	49
Appendix B – Public Health and Special Populations Consultation.....	50
Appendix C – Survey Cover Letter	51
Appendix D – Survey Instrument.....	52
Appendix E – Responses to Other and Comments.....	58
Appendix F – Key Informant Interview Questions	63
Appendix G – Key Informant Interview Notes	64
Appendix H – Secondary Data.....	65

**Broadwater Health Center
Community Survey & Focus Groups
Summary Report
July 2016**

I. Introduction

Broadwater Health Center (BHC) in Townsend, Montana is a 9-bed Critical Access Hospital providing access to a wide range of healthcare services including: a walk-in clinic, 24-hour emergency room, acute and 32 long-term care beds, diagnostic laboratory, mental health, speech and occupational therapy, and radiology services. Additionally, Broadwater Health Center is ACO (Accountable Care Organization) designated employing a full time care coordinator. Broadwater Health Center connects superior professional care with personal attention you'll only find in a small-town setting. Broadwater Health Center participated in the Community Health Services Development (CHSD) Project, a Community Health Needs Assessment (CHNA), conducted by the Montana Office of Rural Health. Community involvement in steering committee meetings and key informant interviews enhanced the community's engagement in the assessment process.

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

II. Health Assessment Process

A Steering Committee was convened to assist Broadwater Health Center in conducting the CHSD assessment process. A diverse group of community members representing various organizations and populations within the community (ex. public health, elderly, uninsured) came together in March 2016. For a list of all Steering Committee members and their affiliations, see Appendix A. The Steering Committee met twice during the CHSD process; first to discuss health concerns in the community and offer their perspective in designing the survey instrument and again to review results of the survey and focus groups and to assist in the prioritization of health needs to address.

III. Survey Methodology

Survey Instrument

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

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

Sampling

Broadwater Health Complex 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 800 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, key informant interviews were held to identify what the perceptions were of the top health concerns in the community and what health services are needed. 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 May 2016, the community health services development survey, a cover letter from Broadwater Health Center with the Chief Executive Officer's signature on BHC letterhead, and a postage paid reply envelopes were mailed to 800 randomly selected residents in the hospital's service area. A news release was sent to local newspapers prior to the survey distribution announcing that Broadwater Health Center would be conducting a community health services survey throughout the region in cooperation with the Montana Office of Rural Health.

One hundred forty-three surveys were returned out of 800. Of those 800 surveys, 59 were returned undeliverable for a 19.3% response rate. From this point on, the total number of surveys will be out of 741. Based upon the sample size, we can be 95% confident that the responses to the survey questions are representative of the service area population, plus or minus 5.81%.

IV. Survey Respondent Demographics

A total of 741 surveys were distributed amongst Broadwater Health Center's service area. One hundred forty-three were completed for a 19.3% 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 33)

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

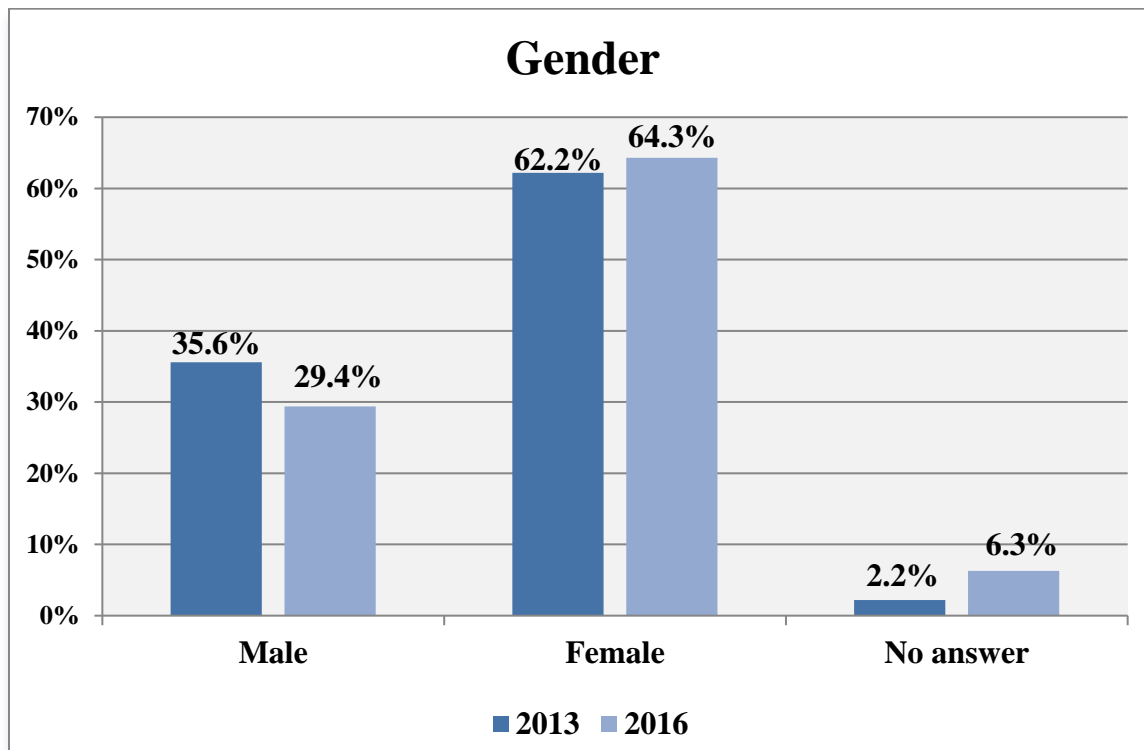
		2013		2016	
Location	Zip code	Count	Percent	Count	Percent
Townsend	59644	162	90.5%	130	92.2%
Toston	59643	10	5.6%	9	6.4%
Winston	59647	3	1.7%	2	1.4%
Helena	59602	2	1.1%	0	0
Helena	56601	1	0.6%	0	0
East Helena	59635	1	0.6%	0	0
TOTAL		179	100%	141	100%

Gender (Question 34)

2016 N= 143

2013 N= 180

Of the 143 surveys returned, 64.3% (n=92) of survey respondents were female, 29.4% (n=42) were male, and 6.3% (n=9) 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.

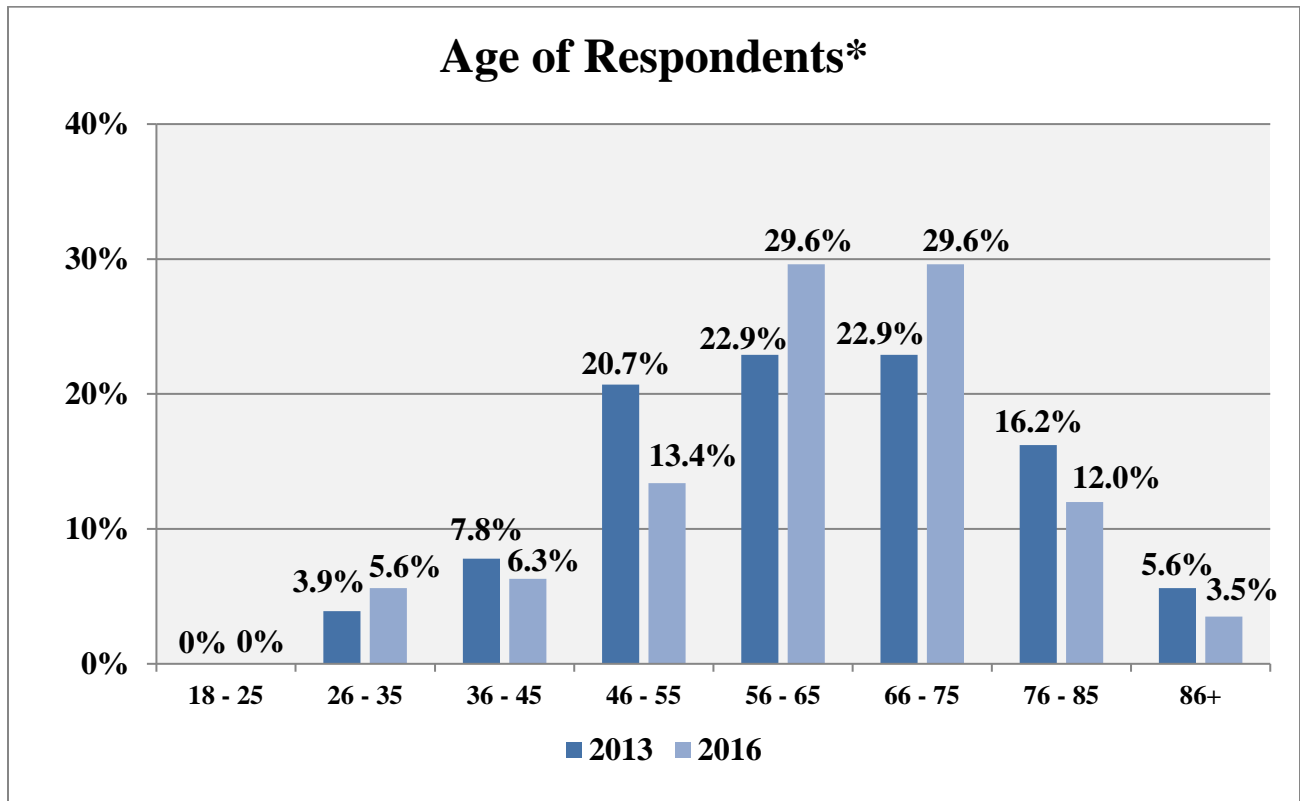


Age of Respondents (Question 35)

2016 N= 142

2013 N= 179

Thirty percent of respondents (n=42 each) reported being between the ages of 56-65 and 66-75, and 13.4% of respondents (n=19) are between the ages of 46-55. 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.



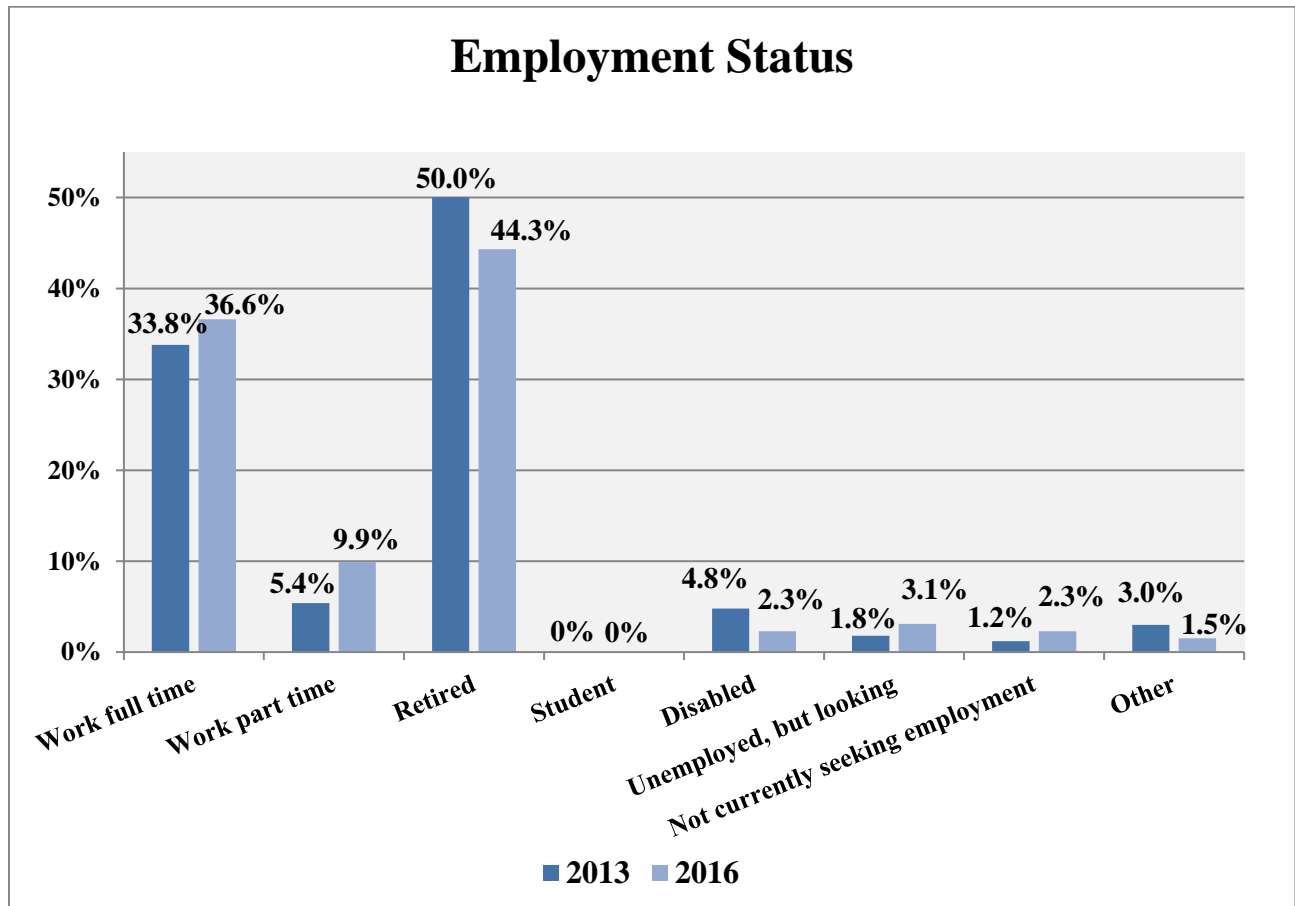
*Significantly fewer 2016 respondents were between the ages of 46-55 and significantly more were between the ages of 56-65 and 66-75.

Employment Status (Question 36)

2016 N= 131

2013 N= 166

Forty-four percent (n=58) of respondents reported being retired while 36.6% (n=48) reported working full time. Ten percent of respondents (n=13) indicated they work part time. Respondents could select all that apply so percentages do not equal 100%. Twelve respondents chose not to answer this question.



“Other” comments:

- Self-employed

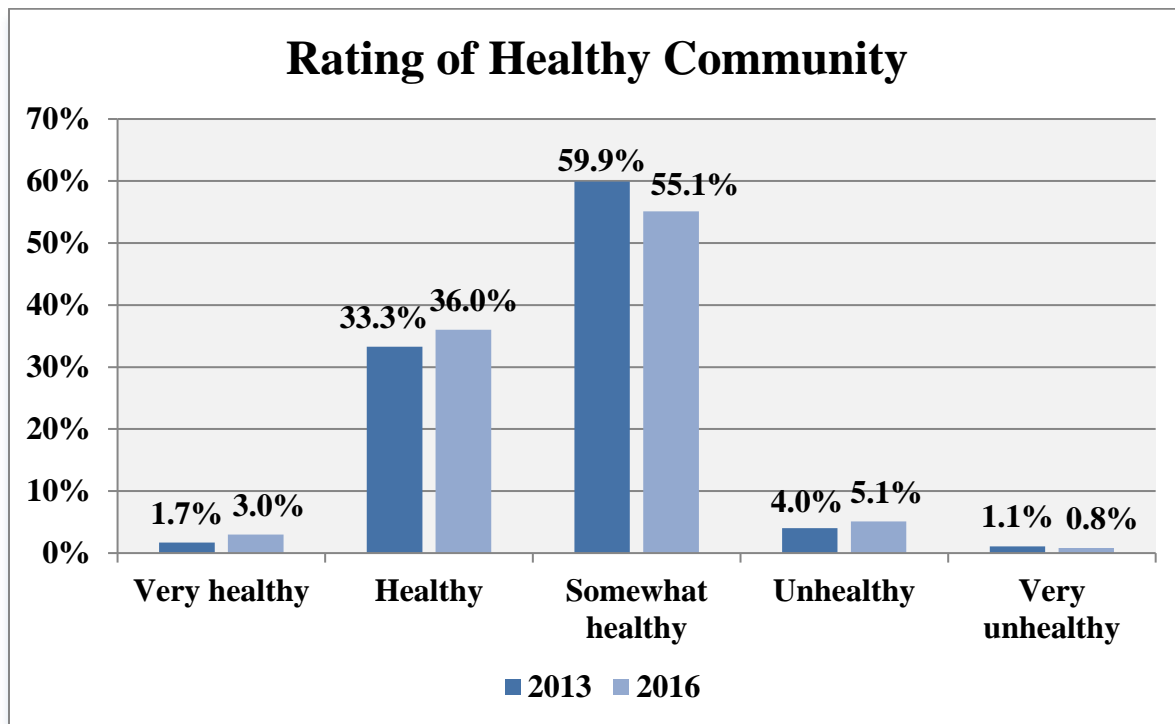
V. Survey Findings – Community Health

Impression of Community (Question 1)

2016 N= 136

2013 N= 174

Respondents were asked to indicate how they would rate the general health of their community. Fifty-five percent of respondents (n=75) rated their community as “Somewhat healthy.” Thirty-six percent of respondents (n=49) felt their community was “Healthy” and 5.1% (n=7) felt their community was “Unhealthy.” Seven respondents chose not to respond to this question.



Health Concerns for Community (Question 2)

2016 N= 143

2013 N= 180

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 62.2% (n=89) followed by “Overweight/obesity” at 33.6% (n=48) and “Cancer” at 29.4% (n=42). Respondents were asked to pick their top three serious health concerns so percentages do not equal 100%.

Health Concern	2013		2016	
	Count	Percent	Count	Percent
Alcohol abuse/substance abuse	117	65.0%	89	62.2%
Overweight/obesity	65	36.1%	48	33.6%
Cancer¹	76	42.2%	42	29.4%
Heart disease ²	54	30.0%	29	20.3%
Tobacco use	33	18.3%	26	18.2%
Diabetes	33	18.3%	25	17.5%
Mental health issues	17	9.4%	23	16.1%
Lack of exercise	27	15.0%	20	14.0%
Depression/anxiety	21	11.7%	18	12.6%
Motor vehicle accidents	11	6.1%	16	11.2%
Lack of access to healthcare	12	6.7%	14	9.8%
Child abuse/neglect	8	4.4%	11	7.7%
Domestic violence	11	6.1%	11	7.7%
Lack of dental care	4	2.2%	6	4.2%
Stroke	5	2.8%	5	3.5%
Recreation related accidents/injuries	13	7.2%	4	2.8%
Work related accidents/injuries ³	12	6.7%	0	0
Other	7	3.9%	11	7.7%

¹⁻³Significantly fewer 2016 respondents selected cancer, heart disease and work related accidents/injuries as top health concerns for the community than in 2013.

“Other” comments:

- Apathy/Indifference to health concerns (3)
- Age-related health issues (3)
- Lack of responsible administration at BHC
- Drug abuse
- Poverty
- None yet
- All of the above

Components of a Healthy Community (Question 3)

2016 N= 143

2013 N= 180

Respondents were asked to identify the three most important components for a healthy community. Sixty-one percent of respondents (n=87) 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 49.7% (n=71) and third was “Strong family life” at 35.7% (n=51). Respondents were asked to identify their top three choices, thus the percentages do not add up to 100%.

Important Component	2013		2016	
	Count	Percent	Count	Percent
Access to health care and other services	108	60.0%	87	60.8%
Good jobs and a healthy economy	91	50.6%	71	49.7%
Strong family life	58	32.2%	51	35.7%
Healthy behaviors and lifestyles	47	26.1%	45	31.5%
Religious or spiritual values	47	26.1%	37	25.9%
Good schools	50	27.8%	34	23.8%
Low crime/safe neighborhoods	45	25.0%	25	17.5%
Clean environment	29	16.1%	20	14.0%
Affordable housing	26	14.4%	19	13.3%
Community involvement	19	10.6%	10	7.0%
Low level of domestic violence	2	1.1%	6	4.2%
Tolerance for diversity	6	3.3%	6	4.2%
Parks and recreation	7	3.9%	4	2.8%
Low death and disease rates	6	3.3%	2	1.4%
Arts and cultural events	1	0.6%	0	0
Other	4	2.2%	2	1.4%

“Other” comments:

- Employment
- Enthusiasm
- Privatization of hospital
- Healthcare costs that are comparable to other cities. Not 3 times as much
- Not having to go all the way to Helena to get good treatment

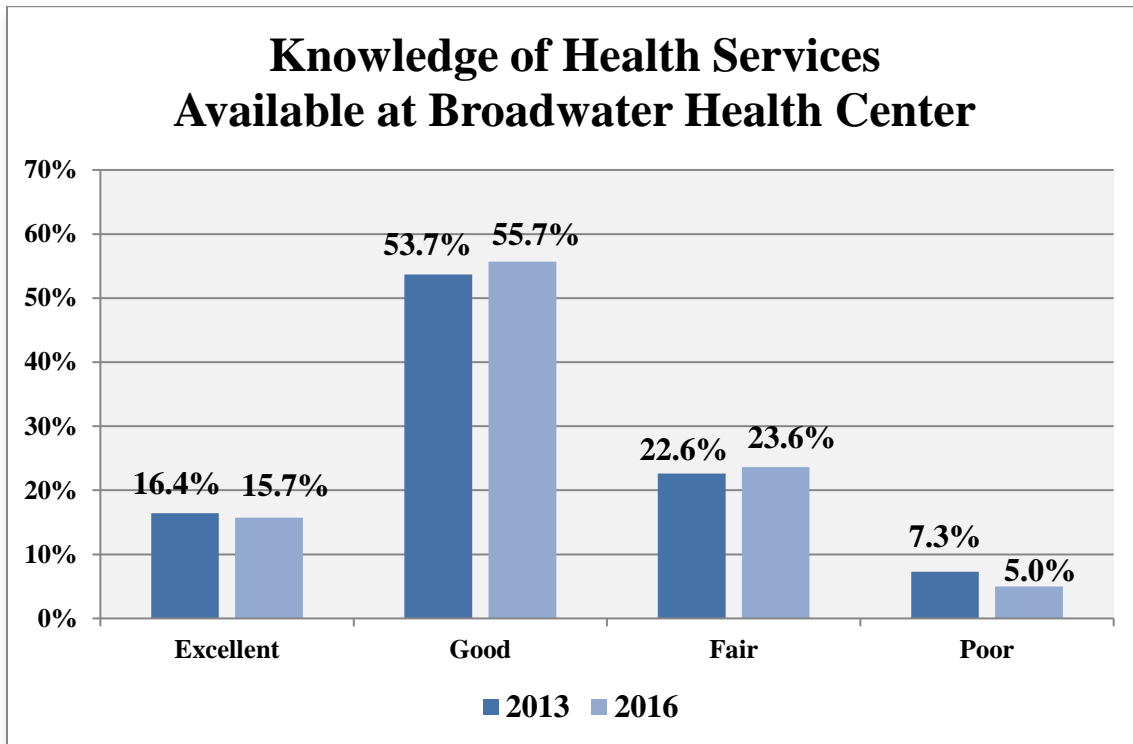
Survey Findings – Awareness of Services

Overall Awareness of Health Services (Question 4)

2016 N= 140

2013 N= 180

Respondents were asked to rate their knowledge of the health services available at Broadwater Health Center. Fifty-six percent (n=78) of respondents rated their knowledge of health services as “Good.” Twenty-four percent (n=33) rated their knowledge as “Fair” and 15.7% of respondents (n=22) rated their knowledge as “Excellent.” Three respondents chose not to answer this question.



“Other” comments:

- I don't use it

How Respondents Learn of Healthcare Services (Question 5)

2016 N= 143

2013 N= 180

Respondents were asked to indicate how they learn about health services available in the community. The most frequent method of learning about available services was “Word of mouth/reputation” at 65.7% (n=94). “Friends/family” was the second most frequent response at 55.9% (n=80) and “Mailings/newsletter” was reported at 51% (n=73). Respondents could select more than one method so percentages do not equal 100%.

Method	2013		2016	
	Count	Percent	Count	Percent
Word of mouth/reputation	102	56.7%	94	65.7%
Friends/family	107	59.4%	80	55.9%
Mailings/newsletter	81	45.0%	73	51.0%
Healthcare provider	75	41.7%	60	42.0%
Newspaper ¹	78	43.3%	45	31.5%
Public health	13	7.2%	9	6.3%
Website/internet	7	3.9%	7	4.9%
Presentations	6	3.3%	6	4.2%
Radio	6	3.3%	4	2.8%
Other	10	5.6%	6	4.2%

¹Significantly fewer 2016 respondents learn of local health care services via a newspaper.

“Other” comments:

- Previously worked at BHC (2)
- Community involvement
- Being a patient
- Town Hall meeting
- All media
- Church
- Pharmacist

Cross Tabulation of Service Knowledge and Learning about Services

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

KNOWLEDGE RATING OF BROADWATER HEALTH CENTER SERVICES BY HOW RESPONDENTS LEARN ABOUT HEALTHCARE SERVICES

	Excellent	Good	Fair	Poor	Total
Friends/family	13 (16.5%)	42 (53.2%)	20 (25.3%)	4 (5.1%)	79
Healthcare provider	18 (30.5%)	31 (52.5%)	10 (16.9%)		59
Mailings/newsletter	12 (16.4%)	43 (58.9%)	16 (21.9%)	2 (2.7%)	73
Newspaper	9 (20%)	27 (60%)	9 (20%)		45
Presentations	3 (50%)	2 (33.3%)	1 (16.7%)		6
Public health	4 (57.1%)	2 (28.6%)	1 (14.3%)		7
Radio	1 (25%)	2 (50%)		1 (25%)	4
Word of mouth/reputation	15 (16.1%)	55 (59.1%)	19 (20.4%)	4 (4.3%)	93
Website/internet		4 (57.1%)	3 (42.9%)		7
Other		5 (83.3%)	1 (16.7%)		6

Other Community Health Resources Utilized (Question 6)

2016 N= 143

2013 N= 180

Respondents were asked which community health resources, other than the hospital or clinic, they had used in the last three years. “Pharmacy” was the most frequently utilized community health resource cited by respondents at 68.5% (n=98). “Dentist” was utilized by 56.6% (n=81) respondents followed by “Chiropractor” with 38.5% (n=55). Respondents could select more than one resource so percentages do not equal 100%.

Community Service	2013		2016	
	Count	Percent	Count	Percent
Pharmacy	125	69.4%	98	68.5%
Dentist	93	51.7%	81	56.6%
Chiropractor	57	31.7%	55	38.5%
Health club	24	13.3%	30	21.0%
Public health nurse ¹	19	10.6%	28	19.6%
Senior Center	23	12.8%	20	14.0%
VA Services	17	9.4%	17	11.9%
Massage therapy	22	12.2%	16	11.2%
Home health	9	5.0%	14	9.8%
Mental health	5	2.8%	3	2.1%
Other	11	6.1%	8	5.6%

¹Significantly more 2016 respondents reported utilizing a public health nurse than in 2013.

“Other” comments:

- None (2)
- Labs
- ER [Emergency Room]
- Swimming pool
- Physical therapy
- School weight room/gym

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

2016 N= 143

2013 N= 180

Respondents were asked to indicate what they felt would improve their community’s access to healthcare. Forty-one percent of respondents (n=59) reported “More primary care providers” would make the greatest improvement. Twenty-eight percent of respondents (n=41) indicated they would like “Improved quality of care” and 26.6% (n=38) indicated “More specialists” would improve access to care. Respondents could select more than one method so percentages do not equal 100%.

Service	2013		2016	
	Count	Percent	Count	Percent
More primary care providers	78	43.3%	59	41.3%
Improved quality of care	68	37.8%	41	28.7%
More specialists	37	20.6%	38	26.6%
Greater health education services	42	23.3%	31	21.7%
Outpatient services expanded hours	42	23.3%	29	20.3%
Transportation assistance	43	23.9%	28	19.6%
Telemedicine	7	3.9%	10	7.0%
Cultural sensitivity	5	2.8%	3	2.1%
Interpreter services	1	0.6%	3	2.1%
Other	14	7.8%	12	8.4%

“Other” comments:

- Comparable healthcare costs
- Higher incomes
- Drug abuse counseling
- Mental health providers
- Naturopathic doctors
- Optometrist
- Improved administration
- It is what it is. We live rural, we get rural
- Realization that local hospital is essential
- Change pricing from sliding scale to everyone pays same lower prices
- Better understanding of why such a large salary is necessary for a CEO in a low-income area
- Fewer boards
- We have great access to healthcare
- Send elsewhere

Interest in Educational Classes/Programs (Question 8)

2016 N= 143

2013 N= 180

Respondents were asked if they would be interested in any educational classes/programs if offered locally. The most highly indicated class/program indicated was “Weight loss” with 23.1% of respondents (n=33) showing interest. “Fitness” was selected by 21% of respondents (n=30) and “Nutrition” followed at 20.3% (n=29). Respondents could select more than one method so percentages do not equal 100%.

Class/Program	2013		2016	
	Count	Percent	Count	Percent
Weight loss	51	28.3%	33	23.1%
Fitness	42	23.3%	30	21.0%
Nutrition	31	17.2%	29	20.3%
Health and wellness ¹	55	30.6%	28	19.6%
Diabetes management	27	15.0%	22	15.4%
First aid/CPR ²	43	23.9%	21	14.7%
Living will	38	21.1%	19	13.3%
Women’s health ³	40	22.2%	19	13.3%
Alzheimer’s counseling	15	8.3%	15	10.5%
Estate planning	29	16.1%	13	9.1%
Financial planning	22	12.2%	13	9.1%
Grief counseling	13	7.2%	13	9.1%
Heart disease	21	11.7%	13	9.1%
Men’s health	22	12.2%	12	8.4%
Cancer	22	12.2%	11	7.7%
Smoking cessation	6	3.3%	7	4.9%
Mental health	11	6.1%	6	4.2%
Support groups	13	7.2%	6	4.2%
Alcohol/substance abuse	3	1.7%	4	2.8%
Parenting	9	5.0%	4	2.8%
Prenatal	7	3.9%	1	0.7%
Hygiene	3	1.7%	0	0
Other	5	2.8%	9	6.3%

¹Significantly fewer 2016 respondents are interested in a health and wellness, first aid/CPR, and women’s health classes than in 2013.

“Other” comments:

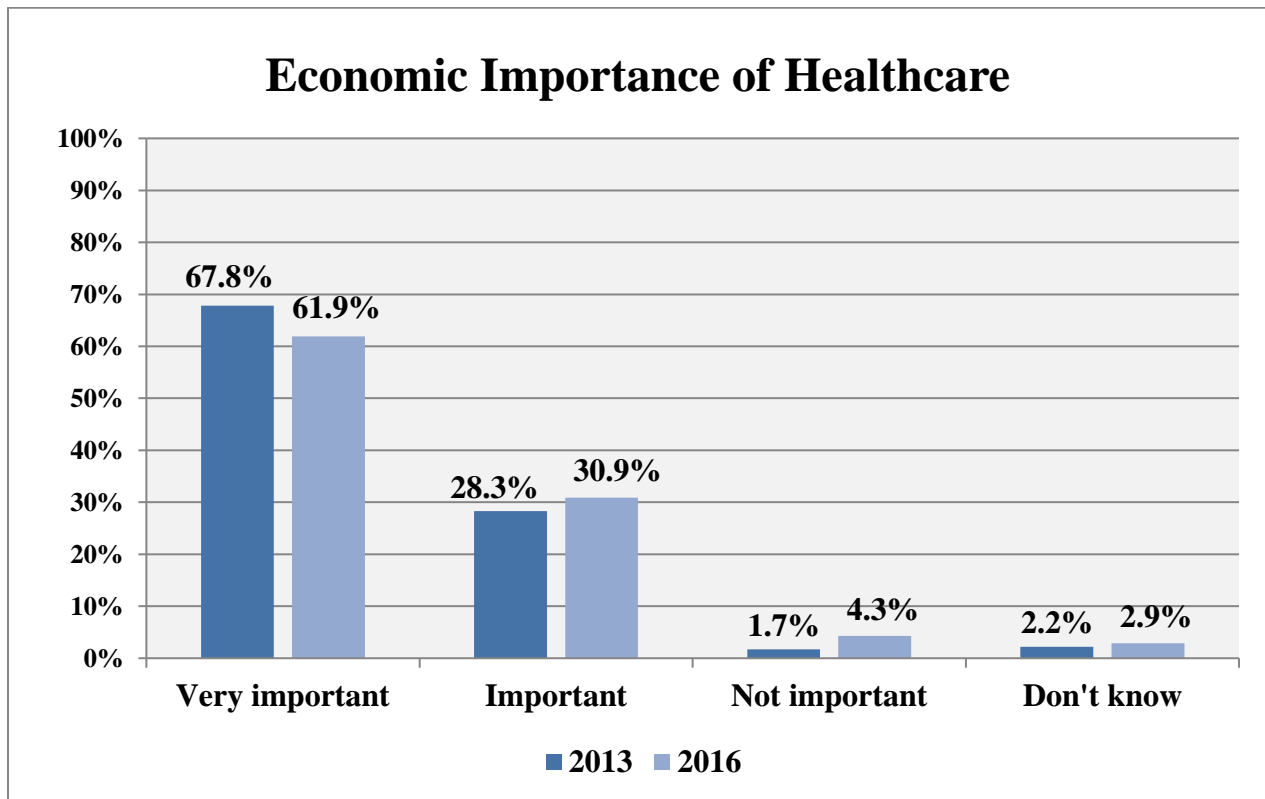
- None (3)
- Family strengthening
- I have COPD [Chronic Obstructive Pulmonary Disease] and do not get out. On oxygen 24/7
- Anywhere I’m able to help
- Naturopathic care
- Do them all online

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

2016 N= 139

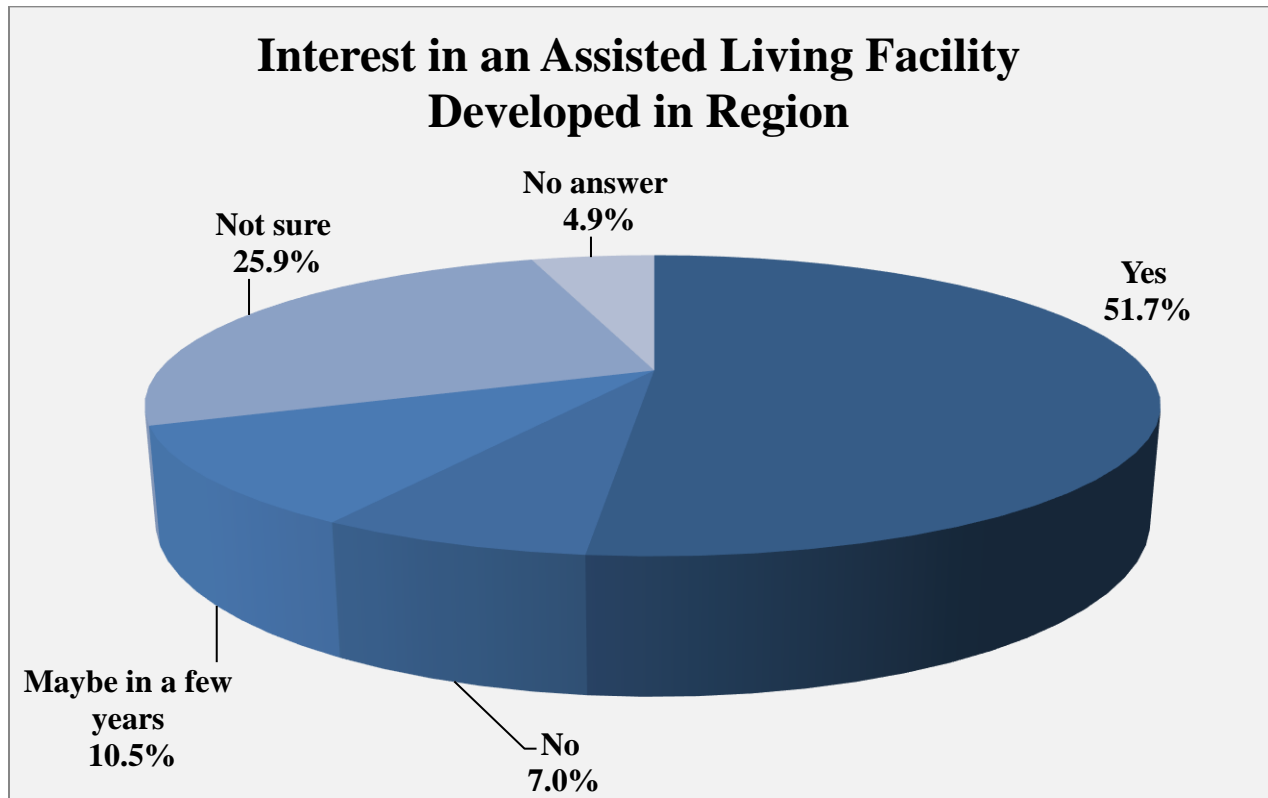
2013 N= 180

The majority of respondents (61.9%, n=86) 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. Thirty-one percent of respondents (n=43) indicated they feel they are “Important” and 4.3% of respondents (n=6) indicated it is “Not important.” Four respondent chose not to answer this question.



Assisted Living Facility Development (Question 10)
2016 N= 143

Respondents were asked to indicate if they or a member of their household would be interested in having an assisted living facility developed in the region. Fifty-two percent of respondents (n=74) indicated they would be interested in an assisted living facility. Twenty-six percent (n=37) are not sure and 10.5% of respondents (n=15) indicated maybe in a few years.



“Other” comments:

- One is already being developed (private ownership)
- Already in progress

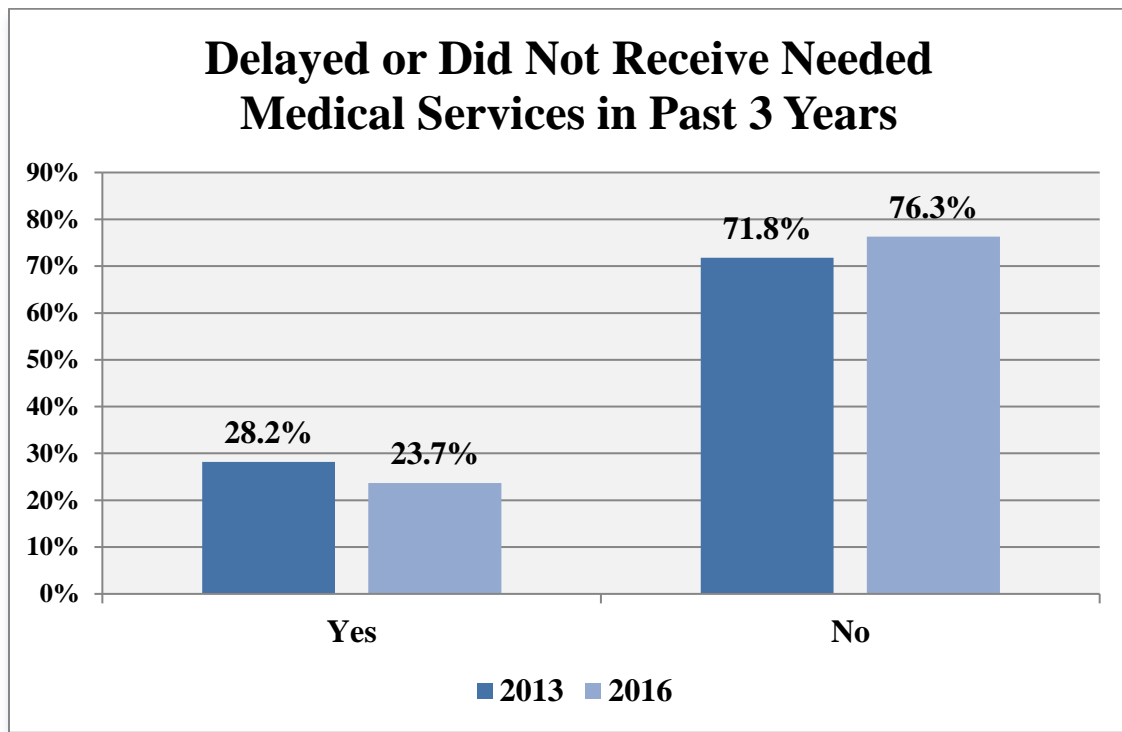
Survey Findings – Use of Healthcare Services

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

2016 N= 135

2013 N= 180

Twenty-four percent of respondents (n=32) 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. Seventy-six percent of respondents (n=103) felt they were able to get the healthcare services they needed without delay and eight respondents chose not to answer this question.



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

2016 N= 32

2013 N= 48

For those who indicated they were unable to receive or had to delay services (n=32), the reasons most cited were: “It cost too much” (46.9%, n=15), “No insurance” (28.1%, n=9), “Office wasn’t open when I could go” (25%, n=8) and “My insurance didn’t cover it” (25%, n=8). Respondents were asked to indicate their top three choices, thus percentages do not total 100%.

Reason	2013		2016	
	Count	Percent	Count	Percent
It cost too much	22	45.8%	15	46.9%
No insurance	11	22.9%	9	28.1%
Office wasn’t open when I could go	13	27.1%	8	25.0%
My insurance didn’t cover it	7	14.6%	8	25.0%
Don’t like doctors	12	25.0%	7	21.9%
Too long to wait for an appointment	4	8.3%	5	15.6%
Unsure if services were available	4	8.3%	4	12.5%
Could not get off work	2	4.2%	4	12.5%
It was too far to go	1	2.1%	3	9.4%
Could not get an appointment	6	12.5%	2	6.3%
Not treated with respect	4	8.3%	2	6.3%
Had no one to care for the children	1	2.1%	0	0
Didn’t know where to go	1	2.1%	0	0
Too nervous or afraid	3	6.3%	0	0
Transportation problems	3	6.3%	0	0
Language barrier	0	0	0	0
Other	14	29.2%	4	12.5%

“Other” comments:

- Winter weather
- Too sick to go
- Don’t like local doctors
- Need more doctors
- ER [Emergency Room] in local town was not receptive
- Don’t trust healthcare system. Afraid doctors will push unnecessary services and drugs
- Turned me away

Utilization of Preventative Services (Question 13)

2016 N= 143

2013 N= 180

Respondents were asked if they had utilized any of the preventative services listed in the past year. “Routine health checkup” was selected by 59.4% of respondents (n=85). Fifty-one percent of respondents (n=73) indicated they had “Flu shot/immunizations” and both “cholesterol check” and “Routine blood pressure check” were selected by 44.1% of respondents (n=63 each). Respondents could select all that apply, thus the percentages do not equal 100%.

Service	2013		2016	
	Count	Percent	Count	Percent
Routine health checkup	107	59.4%	85	59.4%
Flu shot/immunizations	105	58.3%	73	51.0%
Cholesterol check	84	46.7%	63	44.1%
Routine blood pressure check	91	50.6%	63	44.1%
Mammography	67	37.2%	50	35.0%
Wellness labs	44	24.4%	44	30.8%
Pap smear	39	21.7%	23	16.1%
Colonoscopy	31	17.2%	22	15.4%
Prostate (PSA)	22	12.2%	21	14.7%
None	19	10.6%	20	14.0%
Medicare assessment	18	10.0%	12	8.4%
Required physicals (sports, CDL)	16	8.9%	11	7.7%
Children's checkup/Well baby	9	5.0%	7	4.9%
Other	12	6.7%	7	4.9%

“Other” comments:

- Use out of town services (3)
- VA
- Flu vaccine
- Dermatology
- Post-op rehab
- Diabetes workshop
- Stress test

Perception of Mental Health Services (Question 14)

2016 N=143

Respondents were asked to rate their perception quality for a variety of community mental health services using the scale of 4=Excellent, 3=Good, 2=Fair and 1=Poor. The sums of the average scores were then calculated with “Availability of Alcoholics Anonymous groups” receiving the top average score of 2.4 out of 4.0. “Availability of prevention programs”, “Overall quality of substance abuse services” and “Overall quality of mental health services” all received a 2.0 out of 4.0. The total average score was 2.0, indicating the community mental health quality and availability of services to be to “Fair.”

	Excellent (4)	Good (3)	Fair (2)	Poor (1)	No Answer	N	Avg
Availability of Alcoholics Anonymous groups	15	31	37	17	43	143	2.4
Availability of prevention programs	4	14	49	23	53	143	2.0
Overall quality of substance abuse services	3	10	50	19	61	143	2.0
Overall quality of mental health services	4	18	35	26	60	143	2.0
Availability of substance abuse treatment programs	4	14	39	34	52	143	1.9
Availability of mental health services	2	19	38	32	52	143	1.9
TOTAL	32	106	248	151			2.0

Desired Local Healthcare Services (Question 15)

2016 N= 143

2013 N= 180

Respondents were asked to indicate which healthcare professionals or services presently not available would they use if available locally. Respondents indicated the most interest in having “Ophthalmology” services available at 30.1% (n=43) followed by “Mammography” with 19.6% (n=28) and “MRI” at 18.2% (n=26). Respondents were asked to select all that apply so percentages do not equal 100%.

Desired Service	2013		2016	
	Count	Percent	Count	Percent
Ophthalmology (eye doctor)	42	23.3%	43	30.1%
Mammography	42	23.3%	28	19.6%
MRI	36	20.0%	26	18.2%
Dermatology	26	14.4%	24	16.8%
Audiology (hearing)	21	11.7%	22	15.4%
Colonoscopy	19	10.6%	22	15.4%
Minor surgery (scopes)	22	12.2%	18	12.6%
Post-operative rehabilitation	Not asked in 2013		17	11.9%
Assisted living	14	7.8%	14	9.8%
CT	20	11.1%	14	9.8%
Senior retirement housing/community	10	5.6%	14	9.8%
Ultrasound	16	8.9%	14	9.8%
Cardiac rehabilitation	8	4.4%	12	8.4%
Personal care home service	7	3.9%	10	7.0%
Improved medical transport capabilities	12	6.7%	9	6.3%
Hospice	8	4.4%	8	5.6%
Senior respite care	9	5.0%	4	2.8%
Adult daycare	2	1.1%	3	2.1%
Arthroscopy	3	1.7%	3	2.1%
Other	11	6.1%	14	9.8%

“Other” comments:

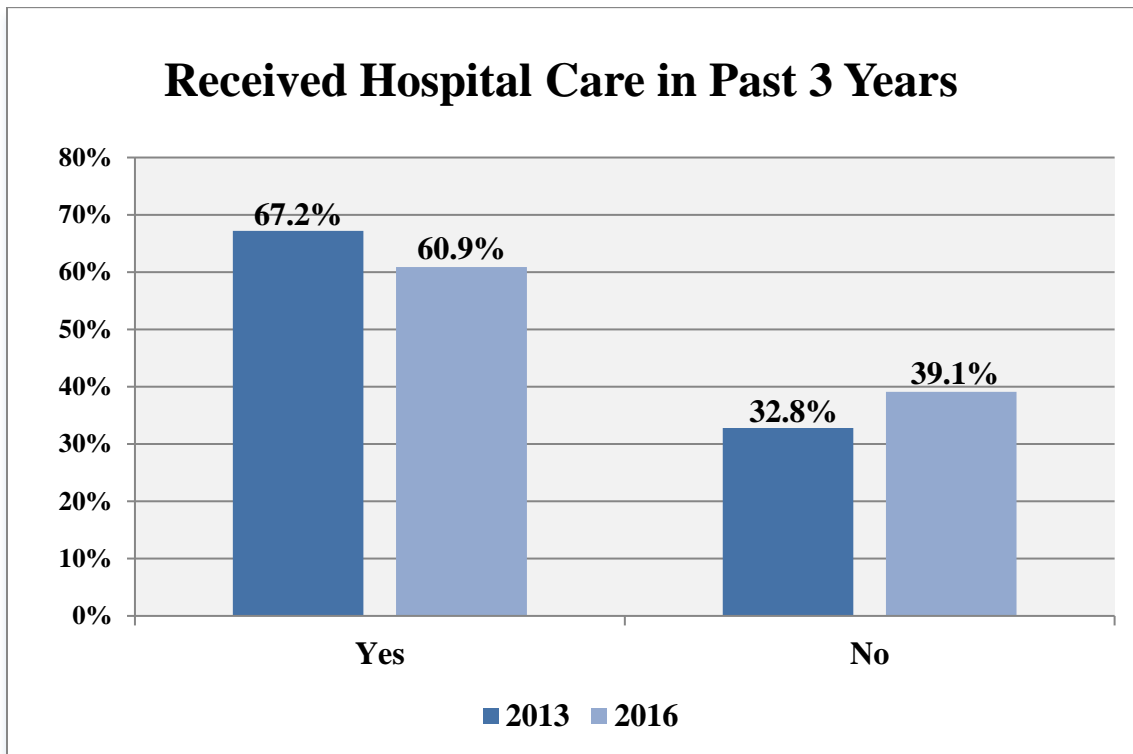
- I use out of town services (4)
- ER [Emergency Room]
- Depends on cost
- Specialized pediatric care
- Orthopedic
- Don’t know

Hospital Care Received in the Past Three Years (Question 16)

2016 N= 138

2013 N= 174

Sixty-one percent of respondents (n=84) reported that they or a member of their family had received hospital care (i.e. hospitalized overnight, day surgery, obstetrical care, rehabilitation, radiology, or emergency care) during the previous three years. Thirty-nine percent (n=54) had not received hospital services and five respondents chose not to answer this question.



Hospital Used Most in the Past Three Years (Question 17)

2016 N= 60

2013 N= 95

Of the 84 respondents who indicated receiving hospital care in the previous three years, 46.7% (n=28) reported receiving care at St. Peter's in Helena. Eighteen percent of respondents (n=11) went to Bozeman Health and 16.7% of respondents (n=10) utilized services from Broadwater Health Center. Twenty-four of the 84 respondents who reported they had been to a hospital in the past three years did not indicate which hospital they had utilized.

Hospital	2013		2016	
	Count	Percent	Count	Percent
St. Peter's (Helena)	52	54.7%	28	46.7%
Bozeman Health (Bozeman Deaconess)	10	10.5%	11	18.3%
Broadwater Health Center (Townsend)	21	22.1%	10	16.7%
VA (Helena)	9	9.5%	7	11.7%
Benefis (Great Falls)	1	1.1%	2	3.3%
Billings Clinic (Billings)	0	0	1	1.7%
St. Patrick's (Missoula)	2	2.1%	1	1.7%
St. Vincent's (Billings)	0	0	0	0
Other	0	0	0	0
TOTAL	95	100%	60	100%

“Other” comments:

- Surgery Center Helena
- St. James-Butte
- Mayo
- PureView Medical Center
- Out of state emergency
- I will not ever go to ER [Emergency Room] or clinic in this town again

Reasons for Selecting the Hospital Used (Question 18)

2016 N= 84

2013 N= 117

Of the 84 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 47.6% (n=40). “Referred by physician” was selected by 45.2% of the respondents (n=38) and 34.5% (n=29) selected “Closest to home.” Note that respondents were asked to select the top three answers which influenced their choices; therefore the percentages do not equal 100%.

Reason	2013		2016	
	Count	Percent	Count	Percent
Prior experience with hospital¹	35	29.9%	40	47.6%
Referred by physician	44	37.6%	38	45.2%
Closest to home	33	28.2%	29	34.5%
Hospital’s reputation for quality	30	25.6%	26	31.0%
Emergency, no choice	31	26.5%	20	23.8%
Recommended by family or friends	13	11.1%	17	20.2%
VA/Military requirement	17	14.5%	9	10.7%
Cost of care	10	8.5%	7	8.3%
Closest to work	11	9.4%	5	6.0%
Required by insurance plan	5	4.3%	4	4.8%
Other	7	6.0%	1	1.2%

¹Significantly more 2016 respondents selected a hospital based on prior experience with that hospital than in 2013.

“Other” comments:

- Partnership with Seattle Cancer Care
- ER [Emergency Room] in Townsend not receptive

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 along the side of the table and residents' zip codes are across the top.

LOCATION OF MOST OFTEN UTILIZED HOSPITAL BY RESIDENCE

	Broadwater Health Center (Townsend)	Bozeman Health (Bozeman Deaconess)	Benefis (Great Falls)	Billings Clinic (Billings)	St. Patrick's (Missoula)	St. Peter's (Helena)	St. Vincent's (Billings)	VA (Helena)	TOTAL
Townsend 59644	9 (17%)	9 (17%)	2 (3.8%)		1 (1.9%)	26 (49.1%)		6 (11.3%)	53
Toston 59643	1 (25%)	1 (25%)		1 (25%)				1 (25%)	4
Winston 59647						1 (100%)			1
Helena 59602									0
Helena 59601									0
East Helena 59635									0
TOTAL	10 (17.2%)	10 (17.2%)	2 (3.4%)	1 (1.7%)	1 (1.7%)	27 (46.6%)	0	7 (12.1%)	58

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

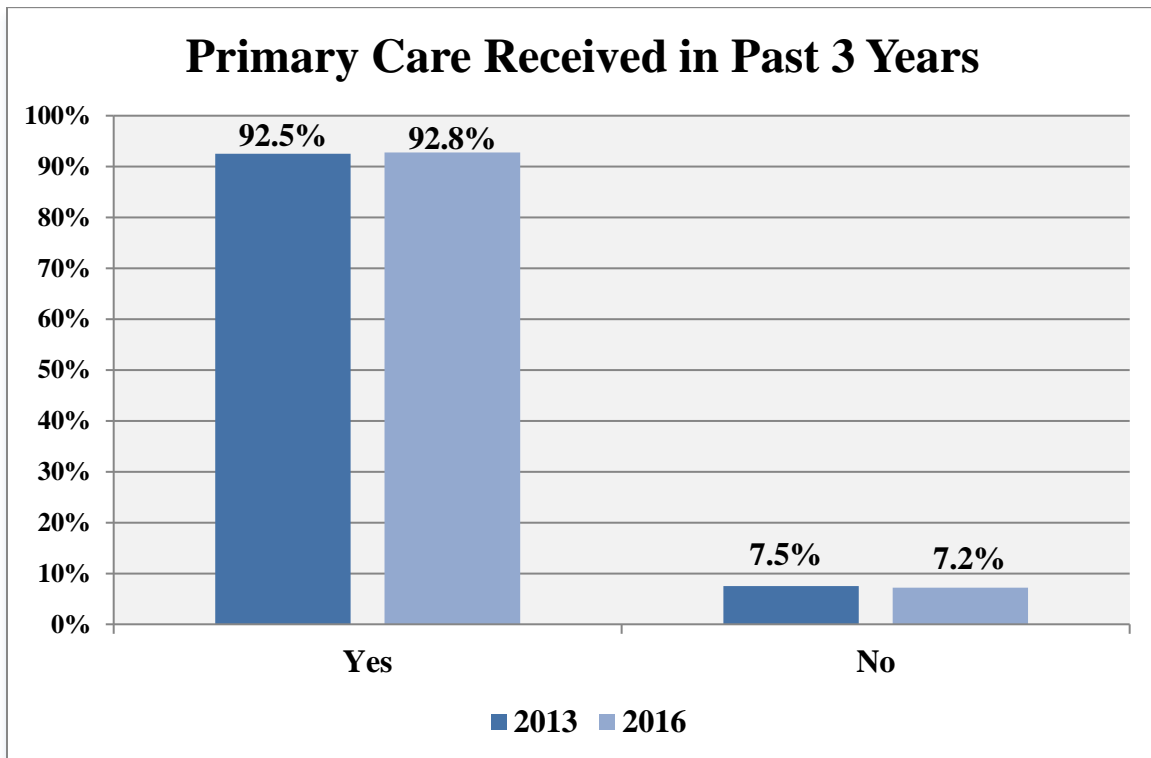
	Broadwater Health Center (Townsend)	Bozeman Health (Bozeman Deaconess)	Benefis (Great Falls)	Billings Clinic (Billings)	St. Patrick's (Missoula)	St. Peter's (Helena)	St. Vincent's (Billings)	VA (Helena)	TOTAL
Closest to home	10 (52.6%)					8 (42.1%)		1 (5.3%)	19
Closest to work		1 (25%)				3 (75%)			4
Cost of care								4 (100%)	4
Emergency, no choice	1 (9.1%)					10 (90.9%)			11
Hospital's reputation for quality	1 (4.8%)	9 (42.9%)	2 (9.5%)	1 (4.8%)	1 (4.8%)	6 (28.6%)		1 (4.8%)	21
Prior experience with hospital	2 (6.9%)	7 (24.1%)	1 (3.4%)	1 (3.4%)	1 (3.4%)	16 (55.2%)		1 (3.4%)	29
Recommended by family or friends	2 (16.7%)	4 (33.3%)		1 (8.3%)	1 (8.3%)	4 (33.3%)			12
Referred by physician	4 (14.8%)	6 (22.2%)	2 (7.4%)			15 (55.6%)			27
Required by insurance plan	1 (25%)		1 (25%)			2 (50%)			4
VA/Military requirement	1 (20%)							4 (80%)	5
Other								1 (100%)	1

Primary Care Received in the Past Three Years (Question 19)

2016 N= 139

2013 N= 174

Ninety-three percent of respondents (n=129) 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=10) had not seen a primary care provider and four respondents chose not to answer this question.



Location of Primary Care Provider (Question 20)

2016 N= 112

Of the 129 respondents who indicated receiving primary care services in the previous three years, 35.7% (n=40) reported receiving care in Helena. Twenty-eight percent of respondents (n=31) reported they went to Trapp Clinic and 10.7% of respondents (n=12) utilized primary care services at Broadwater Health and Wellness Clinic. Seventeen of the 129 respondents who reported they had utilized primary care services in the past three years did not indicate where they received those services.

Location	Count	Percent
Helena	40	35.7%
Trapp Clinic (Townsend)	31	27.7%
Broadwater Health & Wellness Clinic (Townsend)	12	10.7%
Campbell Clinic (Townsend)	11	9.8%
Bozeman	10	8.9%
Other	8	7.1%
TOTAL	112	100%

“Other” comments:

- Three Forks (3)
- VA (2)
- Great Falls

Reasons for Selection of Primary Care Provider (Question 21)

2016 N= 129

2013 N= 161

Those respondents who indicated they or someone in their household had been seen by a primary care provider within the past three years were asked to indicate why they chose that primary care provider. “Prior experience with clinic” was to top response with 42.6% (n=55). “Closest to home” was selected by 30.2% (n=39) followed by “Required by insurance plan” at 28.7% (n=37). Respondents were asked to select all that apply so the percentages do not equal 100%.

Reason	2013		2016	
	Count	Percent	Count	Percent
Prior experience with clinic	60	37.3%	55	42.6%
Closest to home¹	68	42.2%	39	30.2%
Required by insurance plan²	5	3.1%	37	28.7%
Clinic’s reputation for quality	42	26.1%	35	27.1%
Appointment availability	44	27.3%	29	22.5%
Recommended by family or friends	36	22.4%	27	20.9%
Cost of care	18	11.2%	18	14.0%
Referred by physician or other provider	21	13.0%	18	14.0%
Length of waiting room time	19	11.8%	12	9.3%
VA/Military requirement	16	9.9%	12	9.3%
Indian Health Services	0	0	0	0
Other	16	9.9%	16	12.4%

¹Significantly fewer 2016 respondents selected a clinic because it was close to home.

²Significantly more 2016 respondents selected a clinic based on an insurance plan requirement.

“Other” comments:

- Personal attachment with/trust of provider (7)
- Female physician (3)
- On my insurance plan
- Tired of the crookedness of St. Peter’s
- Not required but PPO saves money
- Associated with St. Peter’s
- Required by pharmacist
- Needed a prescription
- Closest to work

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 along the side of the table and residents' zip codes are across the top.

LOCATION OF PRIMARY CARE PROVIDER MOST UTILIZED BY RESIDENCE

	Trapp Clinic (Townsend)	Broadwater Health & Wellness Clinic (Townsend)	Campbell Clinic (Townsend)	Bozeman	Helena	Other	TOTAL
Townsend 59644	30 (30%)	11 (11%)	10 (10%)	8 (8%)	35 (35%)	6 (6%)	100
Toston 59643		1 (11.1%)		2 (22.2%)	4 (44.4%)	2 (22.2%)	9
Winston 59647					1 (100%)		1
Helena 59602							0
Helena 59601							0
East Helena 59635							0
TOTAL	30 (27.3%)	12 (10.9%)	10 (9.1%)	10 (9.1%)	40 (36.4%)	8 (7.3%)	110

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

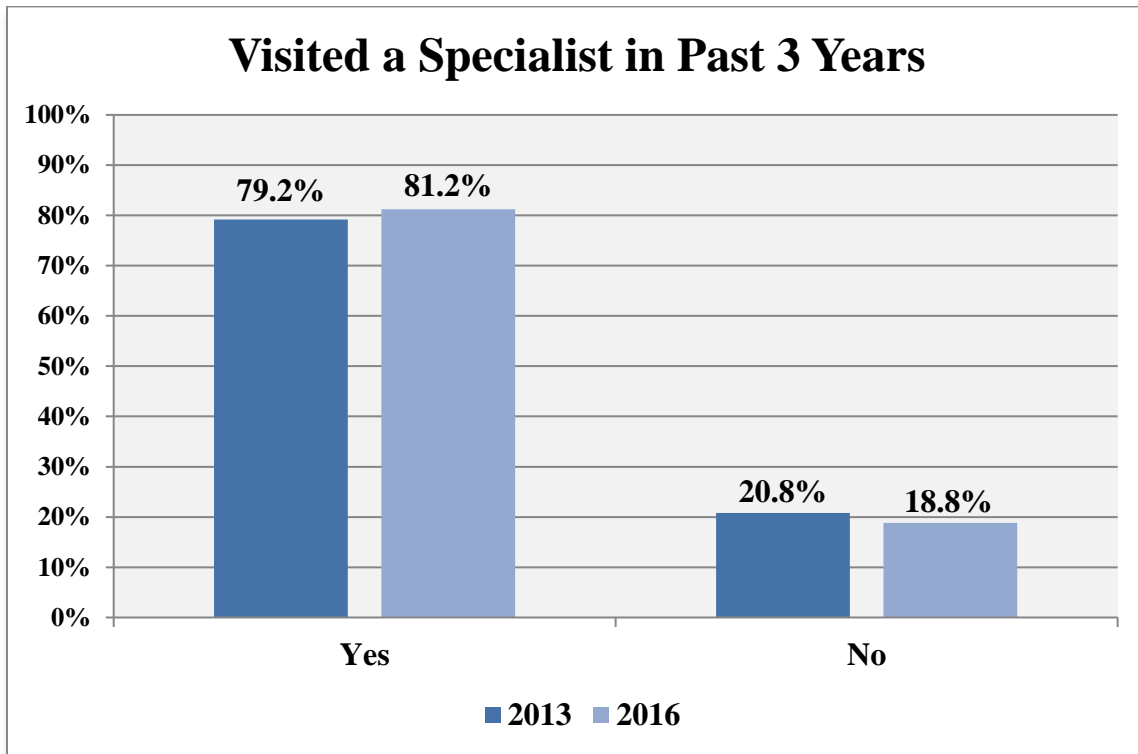
	Trapp Clinic (Townsend)	Broadwater Health & Wellness Clinic (Townsend)	Campbell Clinic (Townsend)	Bozeman	Helena	Other	TOTAL
Appointment Availability	12 (50%)	7 (29.2%)	1 (4.2%)		2 (8.3%)	2 (8.3%)	24
Recommended by family or friends	10 (43.5%)	2 (8.7%)	1 (4.3%)	1 (4.3%)	8 (34.8%)	1 (4.3%)	23
Clinic's reputation for quality	13 (44.8%)	2 (6.9%)	3 (10.3%)	5 (17.2%)	5 (17.2%)	1 (3.4%)	29
Referred by physician or other provider	1 (7.7%)	1 (7.7%)	1 (7.7%)	1 (7.7%)	8 (61.5%)	1 (7.7%)	13
Closest to home	17 (51.5%)	7 (21.2%)	5 (15.2%)	1 (3%)	2 (6.1%)	1 (3%)	33
Required by insurance plan	7 (21.9%)	2 (6.3%)	4 (12.5%)	2 (6.3%)	16 (50%)	1 (3.1%)	32
Cost of care	5 (29.4%)	2 (11.8%)	1 (5.9%)		7 (41.2%)	2 (11.8%)	17
VA/Military requirement	1 (11.1%)				3 (33.3%)	5 (55.6%)	9
Length of waiting room time	4 (44.4%)	1 (11.1%)	1 (11.1%)		2 (22.2%)	1 (11.1%)	9
Indian Health Services							0
Prior experience with clinic	10 (21.7%)	7 (15.2%)	8 (17.4%)	5 (10.9%)	12 (26.1%)	4 (8.7%)	46
Other	3 (20%)	3 (20%)	2 (13.3%)	2 (13.3%)	4 (26.7%)	1 (6.7%)	15

Use of Healthcare Specialists during the Past Three Years (Question 22)

2016 N= 138

2013 N= 173

Eighty-one percent of respondents (n=112) indicated they or a household member had seen a healthcare specialist during the past three years. Nineteen percent (n=26) indicated they had not seen a specialist and five respondents chose not to answer this question.



Location of Healthcare Specialist (Question 23)

2016 N= 112

2013 N= 137

Of the 112 respondents who indicated they saw a healthcare specialist in the past three years, 77.7% (n=87) saw one in Helena. Specialists in Bozeman were utilized by 40.2% (n=45) of respondents and 18.8% saw a specialist in Townsend (n=21). Respondents could select more than one location therefore percentages do not equal 100%.

Location	2013		2016	
	Count	Percent	Count	Percent
Helena	108	78.8%	87	77.7%
Bozeman	47	34.3%	45	40.2%
Townsend	23	16.8%	21	18.8%
Great Falls	11	8.0%	7	6.3%
Billings	8	5.8%	7	6.3%
Missoula	7	5.1%	5	4.5%
Other	8	5.8%	6	5.4%

“Other” comments:

- Seattle (2)
- Waiting another month for Helena specialists
- Butte
- Mayo

Type of Healthcare Specialist Seen (Question 24)

2016 N= 112

2013 N= 137

The respondents (n=112) saw a wide array of healthcare specialists in the past three years. The most frequently indicated specialist was a “Dermatologist” at 33% of respondents (n=37) having utilized their services. “Orthopedic surgeon” was the second most utilized specialist at 31.3% (n=35) and “Dentist” was third at 29.5% (n=33). Respondents were asked to choose all that apply so percentages do not equal 100%.

Health Care Specialist	2013		2016	
	Count	Percent	Count	Percent
Dermatologist	39	28.5%	37	33.0%
Orthopedic surgeon	42	30.7%	35	31.3%
Dentist	43	31.4%	33	29.5%
Cardiologist	42	30.7%	29	25.9%
Chiropractor	21	15.3%	23	20.5%
Physical therapist	31	22.6%	23	20.5%
Urologist	18	13.1%	21	18.8%
Ophthalmologist	34	24.8%	19	17.0%
Gastroenterologist	21	15.3%	17	15.2%
General surgeon	31	22.6%	17	15.2%
OB/GYN	21	15.3%	14	12.5%
Radiologist	25	18.2%	12	10.7%
Allergist	9	6.6%	11	9.8%
Oncologist	18	13.1%	11	9.8%
Podiatrist	13	9.5%	10	8.9%
ENT (ear/nose/throat)	11	8.0%	9	8.0%
Neurologist	16	11.7%	8	7.1%
Pulmonologist	7	5.1%	8	7.1%
Rheumatologist	11	8.0%	7	6.3%
Endocrinologist	7	5.1%	4	3.6%
Neurosurgeon	6	4.4%	4	3.6%
Pediatrician	3	2.2%	4	3.6%
Rehab services	Not asked in 2013		4	3.6%
Mental health counselor	5	3.6%	3	2.7%
Dietician	4	2.9%	2	1.8%
Occupational therapist	7	5.1%	2	1.8%
Social worker	4	2.9%	1	0.9%
Speech therapist	3	2.2%	1	0.9%
Psychologist ¹	5	3.6%	0	0
Psychiatrist (M.D.)	3	2.2%	0	0
Substance abuse counselor	2	1.5%	0	0
Geriatrician	0	0	0	0
Other	8	5.8%	6	5.4%

¹Significantly fewer 2016 respondents saw a psychologist.

Question 24 continued...

“Other” comments:

- Bariatric surgeon
- Plastic surgeon
- Vascular surgeon
- Surgeon
- Naturopathic doctor
- Cancer
- Nephrologist
- Ultrasound
- 2-month wait for consult prior to seeing Gastroenterologist. Still waiting and I'm in pain every day.

Overall Quality of Care at Broadwater Health Center (Question 25)

2016 N= 143

2013 N= 180

Respondents were asked to rate a variety of aspects of the overall care provided at Broadwater Health Center using the scale of 4=Excellent, 3=Good, 2=Fair, 1=Poor, and “Don’t know.” The sums of the average scores were then calculated with “Laboratory” receiving the top average score of 3.4 out of 4.0. “Physical therapy” and “Ambulance services” each received a 3.2 out of 4.0. The total average score was 3.2, indicating the overall services of the hospital to be to “Excellent” to “Good.”

2016	Excellent (4)	Good (3)	Fair (2)	Poor (1)	Don’t know	No Answer	N	Avg
Laboratory	48	33	7	3	39	13	143	3.4
Physical therapy	15	21	4	2	80	21	143	3.2
Ambulance services	19	17	6	3	80	18	143	3.2
Emergency room	32	36	9	6	48	12	143	3.1
Radiology	18	23	6	3	73	20	143	3.1
Clinic services (physician visit)	24	35	10	6	53	15	143	3.0
Long-term care services (nursing home, hospice, respite, adult day care)	12	14	6	4	85	22	143	2.9
TOTAL	168	179	48	27				3.2

2013	Excellent (4)	Good (3)	Fair (2)	Poor (1)	Don’t know	No Answer	N	Avg
Laboratory	65	40	8	2	44	21	180	3.5
Radiology	23	18	9	0	93	37	180	3.3
Long-term care services (nursing home, hospice, respite, adult day care)	16	18	3	1	111	31	180	3.3
Emergency room	43	47	19	7	49	15	180	3.1
Clinic services (physician visit)	32	33	18	4	69	24	180	3.1
Physical therapy	15	21	8	1	105	30	180	3.1
Ambulance services	15	32	7	2	90	34	180	3.1
TOTAL	209	209	72	17				3.2

“Other” comments:

- Hospital should be sold to private enterprise--tired of mismanagement and the taxpayer paying for poor work

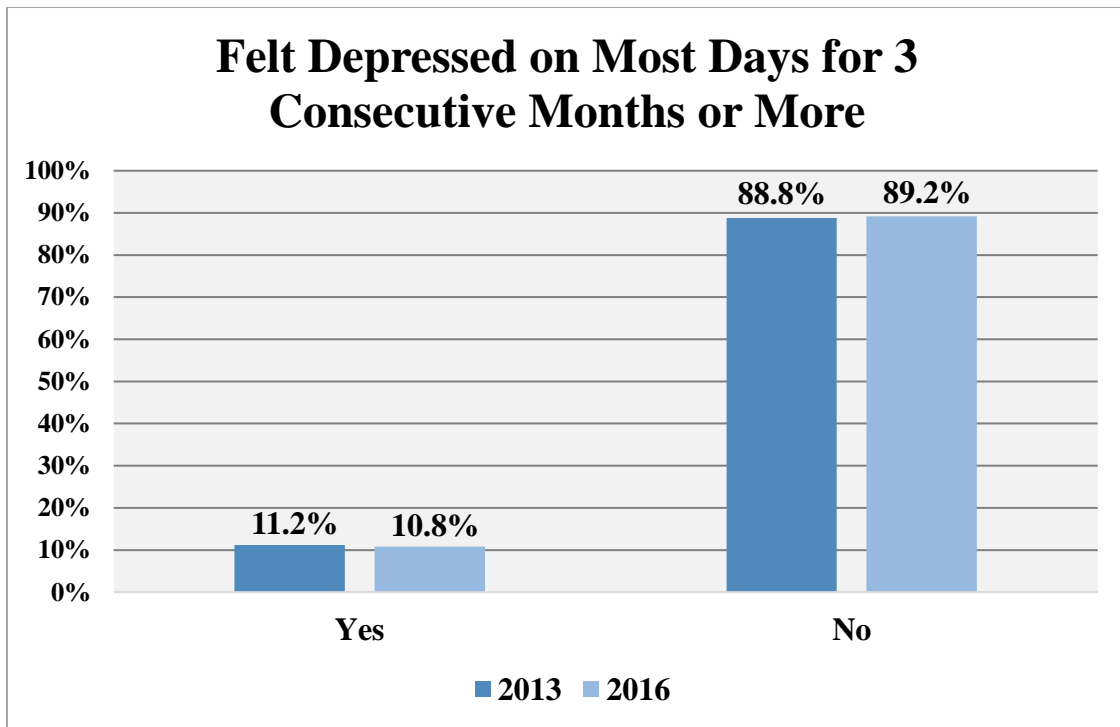
Survey Findings – Personal Health

Prevalence of Depression (Question 26)

2016 N= 139

2013 N= 169

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. Eleven percent of respondents (n=15) indicated they had experienced periods of feeling depressed and 89.2% of respondents (n=124) indicated they had not. Four respondents chose not to answer this question.

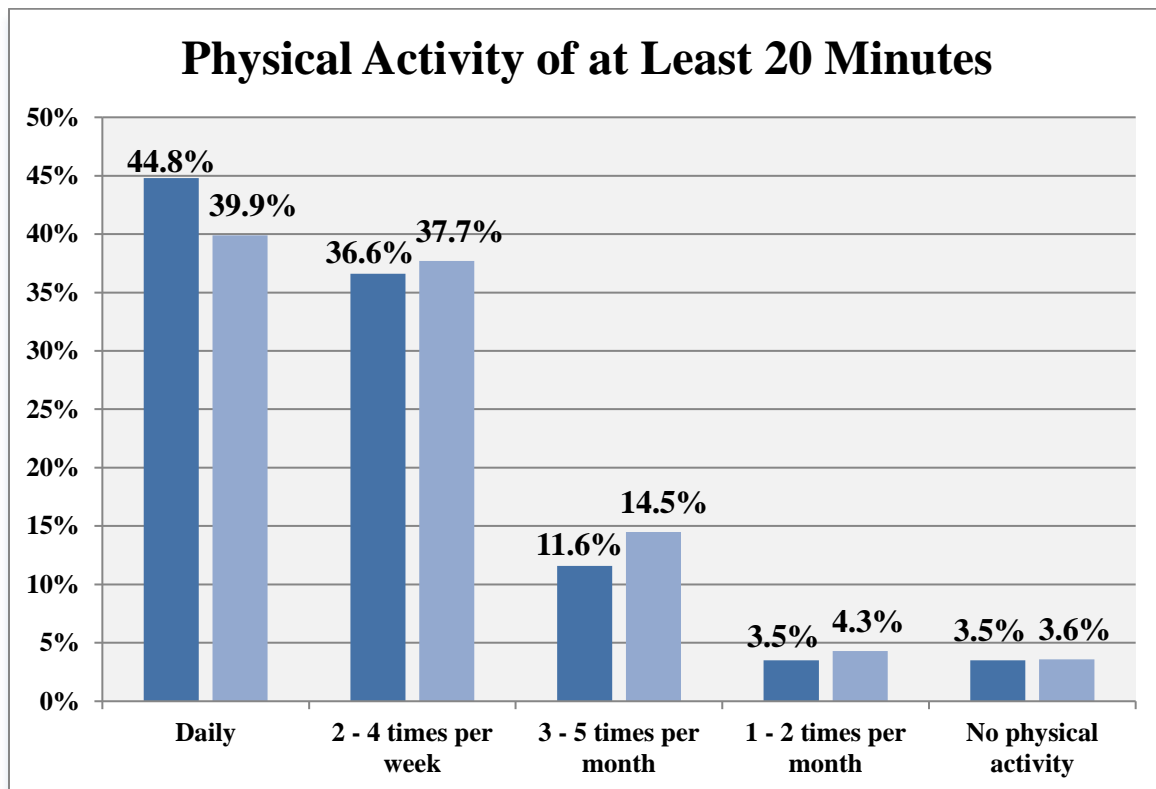


Physical Activity (Question 27)

2016 N= 138

2013 N= 172

Respondents were asked to indicate how frequently they had physical activity for at least twenty minutes over the past month. Forty percent of respondents (n=55) indicated they had physical activity of at least twenty minutes “Daily” over the past month. Thirty-eight percent (n=52) indicated they had physical activity “2-4 times per week” and 14.5% (n=20) reported “3-5 times per month.” Four percent of respondents (n=5) indicated they had “No physical activity.” Five respondents chose not to answer this question.



“Other” comments:

- Limited by leaky heart valves

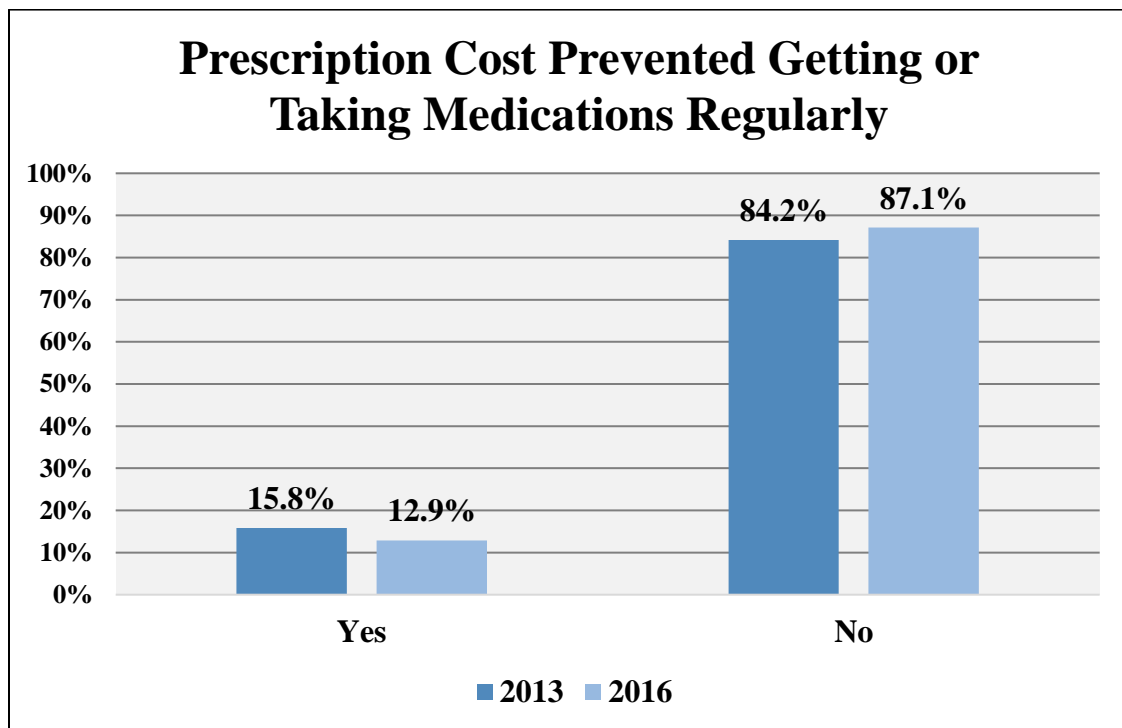
Survey Findings – Cost and Health Insurance

Cost and Prescription Medications (Question 28)

2016 N= 139

2013 N= 171

Respondents were asked to indicate if, during the last year, medication costs had prohibited them from getting a prescription or taking their medication regularly. Thirteen percent of respondents (n=18) indicated that, in the last year, cost had prohibited them from getting a prescription or taking their medication regularly. Eighty-seven percent of respondents (n=121) indicated that cost had not prohibited them and four respondents chose not to answer this question.



“Other” comments:

- Government regulations and insurance company policy has prevented me

Medical Insurance (Question 29)

2016 N= 107

2013 N= 153

Respondents were asked to indicate what type of medical insurance covers the majority of their medical expenses. Forty percent (n=43) indicated they have “Employer sponsored” coverage. Twenty-nine percent (n=31) indicated they have “Medicare” and “VA/military” was reported by 8.4% of respondents (n=9). Thirty-six respondents chose not to answer this question.

Insurance Type	2013		2016	
	Count	Percent	Count	Percent
Employer sponsored¹	36	23.5%	43	40.2%
Medicare²	68	44.4%	31	29.0%
VA/Military	14	9.2%	9	8.4%
Medicaid	1	0.7%	6	5.6%
Private insurance/private plan	15	9.8%	5	4.7%
Health Insurance Marketplace	Not asked in 2013		4	3.7%
None/Pay out of pocket	7	4.6%	3	2.8%
Health Savings Account	4	2.6%	2	1.9%
State/Other	4	2.6%	2	1.9%
MT Healthy Kids	2	1.3%	1	0.9%
Agricultural Corp. Paid	0	0	0	0
Indian Health	0	0	0	0
Other	2	1.3%	1	0.9%
TOTAL	153	100%	107	100%

¹Significantly more 2016 respondents have medical insurance through their employer than in 2013.

²Significantly fewer 2016 respondents utilize Medicare than in 2013.

“Other” comments:

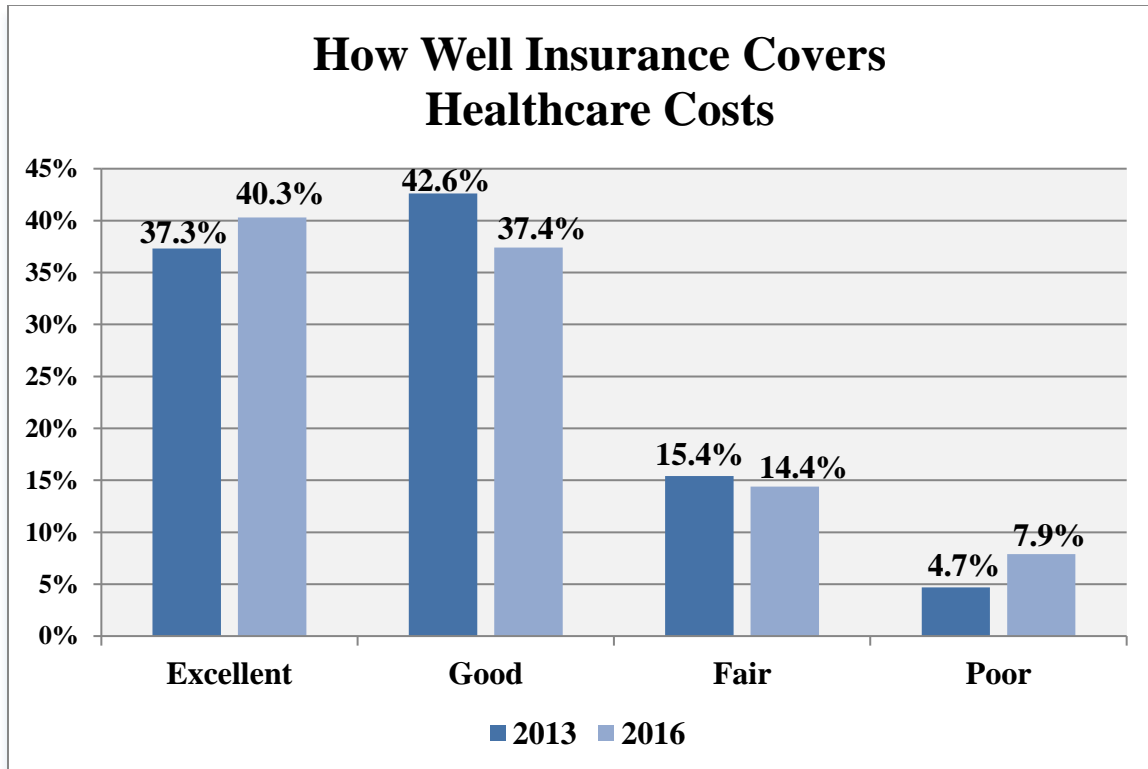
- TriCare
- Have none. Yearly income below poverty line
- I use VA, wife does not
- Federal BCBS

Insurance and Healthcare Costs (Question 30)

2016 N= 139

2013 N= 169

Respondents were asked to indicate how well they felt their health insurance covers their healthcare costs. Forty percent of respondents (n=56) indicated they felt their insurance covers an “Excellent” amount of their healthcare costs. Thirty-seven percent of respondents (n=52) indicated they felt their insurance covered a “good” amount of their healthcare costs and 14.4% of respondents (n=20) indicated they felt their insurance covered a “Fair” amount.



Barriers to Having Health Insurance (Question 31)

2016 N= 3

2013 N= 7

Those respondents who indicated they did not have medical insurance were asked to indicate why they did not. All respondents (n=3) reported they did not have health insurance because they cannot afford to pay for medical insurance. “Employer does not offer insurance” and “Choose not to have medical insurance” were each selected by 33.3% (n=1 each). Respondents could mark all answers that applied, thus the percentages do not equal 100%.

Reason	2013		2016	
	Count	Percent	Count	Percent
Cannot afford to pay for medical insurance	6	85.7%	3	100%
Employer does not offer insurance	2	28.6%	1	33.3%
Choose not to have medical insurance	0	0	1	33.3%
Other	0	0	1	33.3%

“Other” comments:

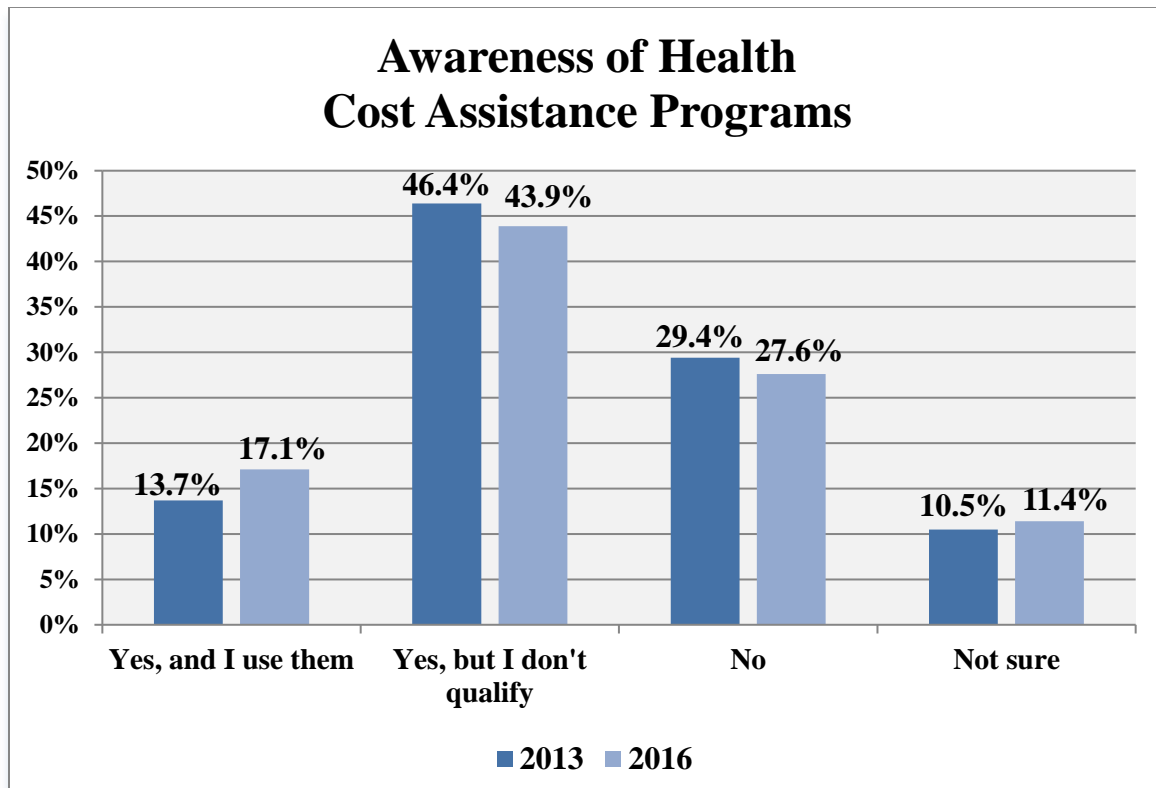
- Blue Cross
- VA
- Waiting to see what happens with ObamaCare--will it be fully implemented
- Signing up for government programs leaves my personal info vulnerable

Awareness of Health Payment Programs (Question 32)

2016 N= 143

2013 N= 180

Respondents were asked to indicate their awareness of programs that help people pay for healthcare bills. Forty-four percent of respondents (n=46) indicated they were aware of these types of programs, but did not qualify to utilize them. Twenty-eight percent (n=29) indicated that they were not aware of these programs and 17.1% of respondents (n=18) indicated they utilize cost assistance programs. Thirty-eight respondents chose not to answer this question.



“Other” comments:

- Yes and I refuse to use them. I will not become dependent on government programs
- Yes, but I don't trust the programs

VI. Key Informant Interview Methodology

Two key informant interviews were held in June, 2016. Participants were identified as people who interface and have knowledge about communities in Broadwater Health Center's service area. Each interview lasted up to 15 minutes in length and followed the same line of questioning (Appendix F). The interviews were conducted by Natalie Claiborne and Amy Royer with the Montana Office of Rural Health.

Key informant interview notes can be found in Appendix G of this report.

VII. Key Informant Interview Findings

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

Improve health of the community

- Transportation services for seniors.
- Senior services

Most important local healthcare issues

- Many seniors have no rides and have trouble accessing basic things. They need assistance with anything from picking up groceries to getting to healthcare appointments.

Needed healthcare services in the community

- Eye care, foot care, dermatology.

VIII. Summary

One hundred forty-three surveys were completed in Broadwater Health Center's service area for a 19.3% response rate. Of the 143 returned, 64.3% of the respondents were females, 74.7% were 56 years of age or older, and 44.3% are retired.

Fifty-five percent of respondents feel the Townsend area is a "somewhat healthy" place to live and 36% indicated they felt it was "healthy."

Respondents indicated their top three health concerns were: alcohol abuse/substance abuse (62.2%), overweight/obesity (33.6%), and cancer (29.4%). Significantly fewer respondents identified cancer to as a serious health concern than in 2013.

When respondents were asked which health related educational programs or classes they would be most interested in, the top choices were: weight loss (23.1%), fitness (21%), and nutrition (20.3%).

Respondents indicated they felt the best way to improve the communities access to healthcare was thorough: more primary care providers (41.3%), improving quality of care (28.7%), and more specialists (26.6%)

Overall, the respondents within Broadwater Health Center's service area are seeking hospital care at a rate that is typically seen in rural areas. Area residents recognize the major impact the healthcare sector has on the economic well-being of the area, with 61.9% of respondents identifying local healthcare services as "very important" to the economic well-being of the area.

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

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

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

- Awareness of Services
- Access to Healthcare Services
- Outreach and Education

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

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

Resources

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

- Broadwater County Schools
- Montana Hospital Association
- Monida Healthcare Network
- Bozeman Health Deaconess Hospital
- Mountain-Pacific Quality Health
- Rotary Club of Townsend
- Townsend Chamber of Commerce
- HRDC
- Townsend Public Health
- Townsend Center for Mental Health
- Broadwater County Development Corporation
- Townsend Fitness Center
- Bountiful Baskets

X. Evaluation of Activity Impacts from Previous CHNA

Broadwater Health Center (BHC) provided the Montana Office of Rural Health with an update on their Implementation Plan activities from their previous CHNA process. BHC approved its previous implementation plan in May 9, 2013. The plan prioritized the following health issues:

- Access to Healthcare Services
- Education and Outreach
- Community Partnerships
- Quality Care
- Financial Viability

Access to Healthcare Services

- BHC added mental health services both in the primary care setting and also with the Townsend school system
- BHC expanded the Therapy department to include occupational and speech therapies

Education and Outreach

- BHC continues to sponsor town hall meetings, Safe Driving, mental health, assessments throughout the year

Community Partnerships

- BHC is partnering with the mental health services, schools, and inmate system

Quality Care

- We continue to participate with the HACAP process and maintain a 5 star rating with our nursing home

Financial Viability

- For the last seven months we have begun to cash flow the operation, obtain grants, and have implemented a campus planning grant

Appendix A – Steering Committee Members

Steering Committee – Name and Organization Affiliation

1. Kyle Hopstad – CEO, Broadwater Health Center
2. Jenny Clowes – CFO, Broadwater Health Center
3. Ernie Nunn – Foundation Director, Broadwater Health Center
4. Nancy Marks – Broadwater Health Center Auxiliary
5. Jan Hubber – Hospital District Board Member
6. Ross Johnson – President, Townsend Chamber of Commerce
7. Barbara Kirscher – Hospital District Board Member
8. Shienne Spatzierath – Materials Manager, Broadwater Health Center
9. Ernie Forrey – Broadwater County Development Corps
10. Bill Kearns- Townsend Rotary
11. Brian Obert- Program Manager, Montana Business Assistance
12. Joanie Lethert – Public Health Nurse, Broadwater County Health Department

Appendix B – Public Health and Special Populations Consultation

Public Health and Populations Consultation Worksheet

1. Public Health

a. Name/Organization: Joanie Brooks- Broadwater County Public Health

b. Date and Type of Consultation

Key Informant Interview: July 5, 2016

c. Input and Recommendations from Consultation

- I think it's important to have immunizations available and also WIC. I think if people have to go out of the county it can be an issue. The doctors don't provide immunizations so they send them to the health department.
- They used to do home visits for new mothers and they don't do that anymore.
- We need more access to immunizations.
- We have a homemaker who goes out and helps the elderly with bathing and such but there is a need for more people in this position.

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

Population: Seniors

a. Name/Organization

Connie Anderson- Townsend Senior Center

b. Date of and Type of Consultation

Key Informant Interview: June 28, 2016

c. Input and Recommendations from Consultation

- Many seniors have no rides and have trouble accessing basic things. They need assistance with anything from picking up groceries to getting to healthcare appointments.
- There are some transportation services available but I don't think many know about it.
- Specialty services that would be helpful: Eye care, foot care, dermatology.

Appendix C – Survey Cover Letter



Broadwater Health Center
Townsend, Montana

110 North Oak Street
www.broadwaterhealthcenter.com
406-266-3186

May 9, 2016

Dear Resident:

Please participate in our Community Health Needs Assessment survey and have a chance to WIN one of four (4) \$25 Visa gift cards!

This letter and survey concern the future of health care in our community. We are participating in the Community Health Services Development (CHSD) process with assistance from the Montana Office of Rural Health. By completing the enclosed survey, you will help guide Broadwater Health Center in developing comprehensive and affordable health care services to our area residents. Your help will be critical in determining the community's perception of local health care 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 health care 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.

Your response is very important to Broadwater Health Center because your comments will represent others in the area and will help guide us in health improvement initiatives for the future. Even if you do not use health care services at Broadwater Health Center, your input is still helpful and will benefit our community. We know your time is valuable so we have made every effort to keep the survey brief – it should take less than 15 minutes to complete. As a thank you for your time, we are offering you a chance to win one of four (4) \$25 Visa gift cards for completing the enclosed survey.

Once you complete your survey, simply **return it and one of the raffle tickets in the enclosed self-addressed, postage paid envelope postmarked by June 20, 2016.** Keep the other raffle ticket in a safe place for a chance to win one of four (4) \$25 Visa gift cards. The winning raffle ticket number will be announced on the Broadwater Health Center Facebook page, on the website at www.broadwaterhealthcenter.com, and displayed at the hospital registration desk on **June 29, 2016.**

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

Thank you for your assistance. We truly appreciate your effort.

Kyle Hopstad, CEO
Broadwater Health Center

Appendix D – Survey Instrument

Community Health Services Development Survey Townsend, Montana

INSTRUCTIONS: Please use a #2 pencil or ink pen to complete the survey and return it in the enclosed postage paid envelope. All responses must be made by filling in the circle next to the corresponding answer. *If you need assistance filling out this survey, please contact the Montana Office of Rural Health at 406-994-6001.* **Participation is voluntary. You can choose not to answer any question that you do not want to answer and can stop at any time.**

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

- Very healthy Healthy Somewhat healthy Unhealthy Very unhealthy

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

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

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

- | | |
|--|--|
| <input type="radio"/> Access to health care 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 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 Broadwater Health Center?

- Excellent Good Fair Poor

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

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



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

- | | | |
|------------------------------------|---|-------------------------------------|
| <input type="radio"/> Chiropractor | <input type="radio"/> Massage therapy | <input type="radio"/> Senior Center |
| <input type="radio"/> Dentist | <input type="radio"/> Mental health | <input type="radio"/> VA Services |
| <input type="radio"/> Health club | <input type="radio"/> Pharmacy | <input type="radio"/> Other _____ |
| <input type="radio"/> Home health | <input type="radio"/> Public health nurse | |

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

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

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

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

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

- Very important Important Not important Don't know

10. Would you like an assisted living facility developed in our region?

- Yes No Maybe in a few years Not sure

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

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



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

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

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

- | | | |
|--|--|--|
| <input type="radio"/> Children's checkup/Well baby | <input type="radio"/> Medicare assessment | <input type="radio"/> Routine blood pressure check |
| <input type="radio"/> Cholesterol check | <input type="radio"/> Pap smear | <input type="radio"/> Routine health checkup |
| <input type="radio"/> Colonoscopy | <input type="radio"/> Prostate (PSA) | <input type="radio"/> Wellness labs |
| <input type="radio"/> Flu shot/ immunizations | <input type="radio"/> Required physicals (sports, CDL) | <input type="radio"/> None |
| <input type="radio"/> Mammography | | <input type="radio"/> Other _____ |

14. Please rate your perception of the following community health services in our community:

Excellent = 4 Good = 3 Fair = 2 Poor = 1

- | | | | | |
|--|-------------------------|-------------------------|-------------------------|-------------------------|
| Availability of substance abuse treatment programs | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 |
| Availability of Alcoholics Anonymous groups | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 |
| Availability of prevention programs | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 |
| Overall quality of substance abuse services | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 |
| Availability of mental health services | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 |
| Overall quality of mental health services | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 |

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

- | | | |
|---|--|---|
| <input type="radio"/> Adult daycare | <input type="radio"/> CT | <input type="radio"/> Ophthalmology (eye doctor) |
| <input type="radio"/> Assisted living | <input type="radio"/> Dermatology | <input type="radio"/> Personal care home service |
| <input type="radio"/> Arthroscopy | <input type="radio"/> Hospice | <input type="radio"/> Improved medical transport capabilities |
| <input type="radio"/> Audiology (hearing) | <input type="radio"/> Mammography | <input type="radio"/> Senior retirement housing/ community |
| <input type="radio"/> Cardiac rehabilitation | <input type="radio"/> Minor surgery (scopes) | <input type="radio"/> Senior respite care |
| <input type="radio"/> Colonoscopy | <input type="radio"/> MRI | <input type="radio"/> Ultrasound |
| <input type="radio"/> Post-operative rehabilitation | | <input type="radio"/> Other _____ |

16. 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 19)**

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

- Broadwater Health Center (Townsend)
- Bozeman Health (Bozeman Deaconess)
- Benefis (Great Falls)
- Billings Clinic (Billings)
- St. Patrick's (Missoula)
- St. Peter's (Helena)
- St. Vincent's (Billings)
- VA (Helena)
- Other _____

18. 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)**

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

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

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

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

- Trapp Clinic (Townsend)
- Broadwater Health & Wellness Clinic (Townsend)
- Campbell Clinic (Townsend)
- Bozeman
- Helena
- Other _____

21. 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 _____

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

- Yes
- No **(If no, skip to question 25)**

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

- Townsend
- Billings
- Helena
- Great Falls
- Bozeman
- Missoula
- Other _____

24. What type of health care specialist was seen? (Select all that apply)

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

25. The following services are available at Broadwater Health Center. Please rate the overall quality for each service. (Please mark DK if you haven't used the service)

Excellent = 4 Good = 3 Fair = 2 Poor = 1 Don't Know = DK

- | | | | | | |
|--|-------------------------|-------------------------|-------------------------|-------------------------|--------------------------|
| Emergency room | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> DK |
| Clinic services (physician visit) | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> DK |
| Laboratory | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> DK |
| Physical therapy | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> DK |
| Ambulance services | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> DK |
| Radiology | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> DK |
| Long-term care services (nursing home, hospice, respite, adult day care) | <input type="radio"/> 4 | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> DK |

26. 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

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

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

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

- Yes No

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

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

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

- Excellent Good Fair Poor

31. 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 _____

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

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

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

33. Where do you currently live by zip code?

- 59644 Townsend 59643 Toston 59647 Winston
 59602 Helena 56901 Helena 59635 East Helena

34. What is your gender? Male Female

35. What age range represents you?

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

36. 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:
The National Rural Health Resource Center, 525 S. Lake Avenue, Suite 320, Duluth MN 55802

THANK YOU VERY MUCH FOR YOUR TIME

Please note that all information will remain confidential

Appendix E – Responses to Other and Comments

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

- Apathy/Indifference to health concerns (3)
- Age-related health issues (3)
- Lack of responsible administration at BHC
- Drug abuse
- Poverty
- None yet
- All of the above

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

- Employment
- Enthusiasm
- Privatization of hospital
- Healthcare costs that are comparable to other cities. Not 3 times as much
- Not having to go all the way to Helena to get good treatment

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

- I don't use it

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

- Previously worked at BHC (2)
- Community involvement
- Being a patient
- Town Hall meeting
- All media
- Church
- Pharmacist

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

- None (2)
- Labs
- ER [Emergency Room]
- Swimming pool
- Physical therapy
- School weight room/gym

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

- Comparable healthcare costs
- Higher incomes
- Drug abuse counseling
- Mental health providers
- Naturopathic doctors
- Optometrist
- Improved administration
- It is what it is. We live rural, we get rural
- Realization that local hospital is essential
- Change pricing from sliding scale to everyone pays same lower prices
- Better understanding of why such a large salary is necessary for a CEO in a low-income area
- Fewer boards
- We have great access to healthcare
- Send elsewhere

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

- None (3)
- Family strengthening
- I have COPD [Chronic Obstructive Pulmonary Disease] and do not get out. On oxygen 24/7
- Anywhere I'm able to help
- Naturopathic care
- Do them all online

10. Would you like an assisted living facility developed in our region?

- One is already being developed (private ownership)
- Already in progress

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

- Winter weather
- Too sick to go
- Don't like local doctors
- Need more doctors
- ER [Emergency Room] in local town was not receptive
- Don't trust healthcare system. Afraid doctors will push unnecessary services and drugs
- Turned me away

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

- Use out of town services (3)
- VA
- Flu vaccine
- Dermatology
- Post-op rehab
- Diabetes workshop
- Stress test

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

- I use out of town services (4)
- ER [Emergency Room]
- Depends on cost
- Specialized pediatric care
- Orthopedic
- Don't know

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

- Surgery Center Helena
- St. James-Butte
- Mayo
- PureView Medical Center
- Out of state emergency
- I will not ever go to ER [Emergency Room] or clinic in this town again

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

- Partnership with Seattle Cancer Care
- ER [Emergency Room] in Townsend not receptive

20. Where was that primary healthcare provider located?

- Three Forks (3)
- VA (2)
- Great Falls

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

- Personal attachment with/trust of provider (7)
- Female physician (3)
- On my insurance plan
- Tired of the crookedness of St. Peter's
- Not required but PPO saves money
- Associated with St. Peter's
- Required by pharmacist
- Needed a prescription
- Closest to work

23. Where was the healthcare specialist seen?

- Seattle (2)
- Waiting another month for Helena specialists
- Butte
- Mayo

24. What type of healthcare specialist was seen?

- Bariatric surgeon
- Plastic surgeon
- Vascular surgeon
- Surgeon
- Naturopathic doctor
- Cancer
- Nephrologist
- Ultrasound
- 2-month wait for consult prior to seeing Gastroenterologist. Still waiting and I'm in pain every day.

25. The following services are available at Broadwater Health Center. Please rate the overall quality for each service.

- Hospital should be sold to private enterprise--tired of mismanagement and the taxpayer paying for poor work

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

- Limited by leaky heart valves

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

- Government regulations and insurance company policy has prevented me

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

- TriCare
- Have none. Yearly income below poverty line
- I use VA, wife does not
- Federal BCBS

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

- Blue Cross
- VA
- Waiting to see what happens with ObamaCare--will it be fully implemented
- Signing up for government programs leaves my personal info vulnerable

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

- Yes and I refuse to use them. I will not become dependent on government programs
- Yes, but I don't trust the programs

36. What is your employment status?

- Self-employed

Appendix F – Key Informant Interview Questions

Key Informant interviews were conducted by the Montana Office of Rural Health on behalf of Broadwater Health Center. Each interviewee provided informed consent to participate. The interviews were conducted by Natalie Claiborne and Amy Royer and each interview lasted approximately 15 minutes in length.

Purpose: The purpose of the key informant interviews was to determine the community’s perception of local health care services and identify important issues.

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

Appendix G – Key Informant Interview Notes

Key Informant Interview #1

Tuesday, June 28, 2016- Connie Anderson, Townsend Senior Center–Via phone interview

2. What would make your community a healthier place to live?
 - Transportation. Very little availability for seniors to get rides to and from the hospital, doctors' appointments, or even to the grocery store. Many seniors just do not have rides.
3. What do you think are the most important local healthcare issues?
 - Availability of primary and specialty care services. It can be hard to get appointments and if it's a specialist and you have to travel it may not be feasible for people.
 - There is some transportation offered in town but I don't think many know about it. The hospital has a bus once a month that will travel for specialty appointments in Helena but again, I don't think people know about it.
4. What other healthcare services are needed in the community?
 - Yes! Eye care, dermatologist, maybe a foot doctor. We do have PT and OT which is great to have in town.

Key Informant Interview #2

Tuesday, July 5, 2016- Joanie Brookes, Broadwater County Public Health–Via phone interview

1. What would make your community a healthier place to live?
 - I haven't been here for very long so I don't know.
2. What do you think are the most important local healthcare issues?
 - I think it's important to have immunizations available and also WIC. I think if people have to go out of the county it can be an issue. The doctors don't provide immunizations so they send them to the health department.
3. What other healthcare services are needed in the community?
 - Everything we do and more. They used to do home visits for new mothers and they don't do that anymore. And we need more access to immunizations. We have a homemaker who goes out and helps the elderly with bathing and such but there is a need for more people in this position.

Appendix H – Secondary Data County Health Profile

Powell County
Secondary Data Analysis
July 23, 2012



MONTANA
STATE UNIVERSITY

Office of Rural Health
Area Health
Education Center

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

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

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

*Chronic Lower Respiratory Disease

Chronic Disease Burden ¹	Region 4	Montana	Nation ^{3,4}
Stroke prevalence	1.9%	2.5%	2.6%
Diabetes prevalence	5.1%	6.2%	8.3%
Acute Myocardial Infarction prevalence (Heart Attack)	3.4%	4.1%	6.0%
All Sites Cancer	416.6	455.5	543.2

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

Region 4 (Southwest): Lewis and Clark, Granite, Powell, Deer Lodge, Jefferson, Broadwater, Meagher, Silver Bow, Gallatin, Park, Madison, and Beaverhead

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

⁴American Diabetes Association (2012)

Chronic Disease Hospitalization Rates	County	Montana
Stroke ¹ Per 100,000 population	190.2	182.2
Diabetes ¹ Per 100,000 population	95.3	115.4
Myocardial Infarction ¹ Per 100,000 population	243.6	147.3

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

Demographic Measure (%)		County			Montana			Nation ^{5,6}		
Population ¹		7,041			989,415			308,745,538		
Population Density ¹		3.0			6.7			Not relevant		
Age ¹	<5	18-64	65+	<5	18-64	65+	<5	15-64	65+	
	4%	68%	16%	6%	63%	14%	7%	62%	13%	
Gender ¹	Male	Female		Male	Female		Male	Female		
	61.2%	38.8%		50.1%	49.9%		49.2%	50.8%		
Race/Ethnic Distribution	White ¹	93.6%			91.5%			72.4%		
	American Indian or Alaska Native ¹	5.3%			6.8%			0.9%		
	Other † ¹	1.1%			1.7%			26.7%		

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

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

⁵US Census Bureau (2010)

⁶County Health Ranking, Robert Wood Johnson Foundation (2012)

Powell County
 Secondary Data Analysis
 July 23, 2012

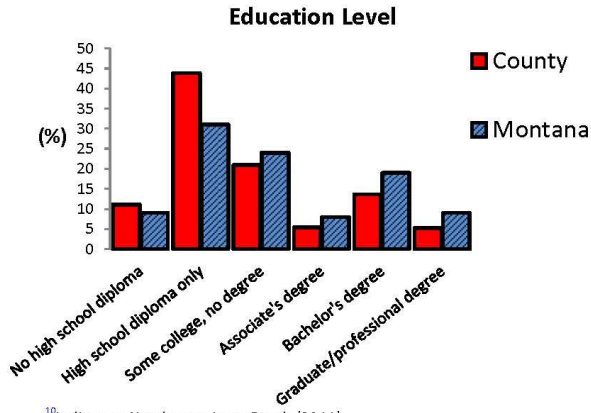
Socioeconomic Measures ¹ (%)	County	Montana	Nation ^{7,8}
Median Income ¹	\$37,027	\$43,000	\$51,914
Unemployment Rate ⁷	8.4%	6.3%	7.7%
Persons Below Poverty Level ¹	10.0%	14.0%	13.8%
Uninsured Adults (Age <65) ¹	16.2%	19.0%	18.2%
Uninsured Children (Age <18) ⁹	N/A	11.0%	10.0%

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

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

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

⁹Montana KIDS COUNT (2009)



¹⁰Indicators Northwest, Imp. Graph (2011)

Behavioral Health ^{1,2}	Region 4	Montana
Childhood Immunization Up-To-Date (UTD) % Coverage ^{11,††} Age 24-35 months, population size: 12,075 (% sampled: 35.9%)	19.2% (County)	64.3%
Tobacco Use ¹	17.3%	19.3%
Alcohol Use (binge + heavy drinking) ¹	24.0%	22.8%
Obesity ¹	18.8%	21.6%
Overweight ¹	36.4%	37.8%
No Leisure time for physical activity ¹	18.8%	20.7%

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

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

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

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

Screening ¹	Region 4	Montana
<i>Cervical Cancer (Pap Test in past 3 yrs)¹</i>	84.1%	83.0%
<i>Breast Cancer (Mammogram in past 2 yrs)¹</i>	72.1%	71.9%
<i>Blood Stool²</i>	31.5%	25.3%
<i>Sigmoidoscopy or Colonoscopy²</i>	54.9%	54.3%
<i>Diabetic Screening⁵</i> <i>Percent of Medicare enrollees who received HbA1c screening</i>	79.0% (County)	79.0%

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

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

Mortality ^{1,2,12}	County	Montana	Nation ^{2,13}
<i>Suicide Rate per 100,000 population¹</i>	22.8	20.3	12.0
<i>Unintentional Injury Death Rate per 100,000 population¹</i>	54.2	58.8	38.4
<i>Percent Motor Vehicle Crashes Involving Alcohol¹</i>	6.7%	10.0%	32.0%
<i>Pneumonia/Influenza Mortality per 100,000 population¹</i>	22.8	19.0	17.5
<i>Diabetes Mellitus²</i>	37.1	27.1	21.8

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

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

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

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

Maternal Child Health ¹	County	Montana	Nation ^{14,15}
<i>Infant Mortality (death within 1st year) Rate per 1,000 live births¹</i>	6.5 (Region 4)	6.1	6.7
<i>Entrance into Prenatal care in 1st Trimester Percent of Live Births¹</i>	80.1%	83.9%	69.0%
<i>Birth Rate⁹ Babies born per 1,000 people</i>	7.8	12.8	13.5
<i>Low Birth Weight (<2500 grams) Percent of live births¹</i>	9.3%	7.3%	8.3%
<i>Neonatal Mortality (under 28 days of age) Rate per 1,000 live births¹</i>	3.3 (Region 4)	3.3	4.5
<i>Post Neonatal Mortality (28 through 364 days of age) Rate per 1,000 live births¹</i>	3.2 (Region 4)	2.7	2.2
<i>Pre-Term Birth (<37 completed weeks gestation) Percent of Live Births¹</i>	8.6%	10.1%	12.5%

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

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

⁹Montana KIDS COUNT (2009)

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

Economic Impact Assessment

Demographic Trends and Economic Impacts: **A Report for Broadwater Health Center**

William Connell
Brad Eldredge Ph.D.
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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 Broadwater County and for information on the county's demographics. In addition, the report includes analysis of the economic impact of the hospital sector on Broadwater County's economy. Section I gives location quotients for the hospital sector in Broadwater County using both state and national employment as the basis of comparison. Section II looks at the demographic profile of Broadwater County. Section III presents the results of an input-output analysis of the impact of Broadwater Health Center on the county's economy.

Section I Location Quotients

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

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

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

Two location quotients for hospital employment in Broadwater County were calculated. The first compares Broadwater 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) = 1.01

Hospitals Location Quotient (compared to U.S.) = 1.16

A location quotient near 1 indicates that the employment concentration in the county mirrors that of the larger geographic region. In the case of Broadwater County, both the state and national location quotients are close to one, indicating that hospital employment is about as large as expected given the overall size of Broadwater County.

Another way to look at the location quotient is to ask how many employees would be employed in the hospital sector if Broadwater County’s employment patterns mirrored the state or the nation. Broadwater Health Center averaged 71 employees in 2010. This is almost exactly what one would expect given the state’s employment pattern and 10 more than expected given the national employment pattern. In 2010, Broadwater Health Center accounted for 5.4% of county nonfarm employment and 4.8% of the county’s total wages.

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

Section II Age Demographics

The 2010 Census reported that there were 5,612 residents of Broadwater County. The breakdown of these residents by age is presented in Figure 1. Broadwater County’s age profile is similar to that of many rural counties in Montana. In 2010, baby boomers were between the ages of 45 and 60 and their presence is evident in the graph. Following the baby boom came the baby bust, a period of lower birth rates. The baby bust in many rural Montana counties, including Broadwater County, is exacerbated by the tendency for young people to leave these counties for more populated areas. Note the scarcity of 25 to 34 year olds in Broadwater County. After the baby bust came the echo boom, consisting mainly of the children of the baby boomers. The echo boom is also noted in Figure 1 in the large number of 10 to 19 year olds.

Figure 1: Age Distribution of Broadwater County Residents

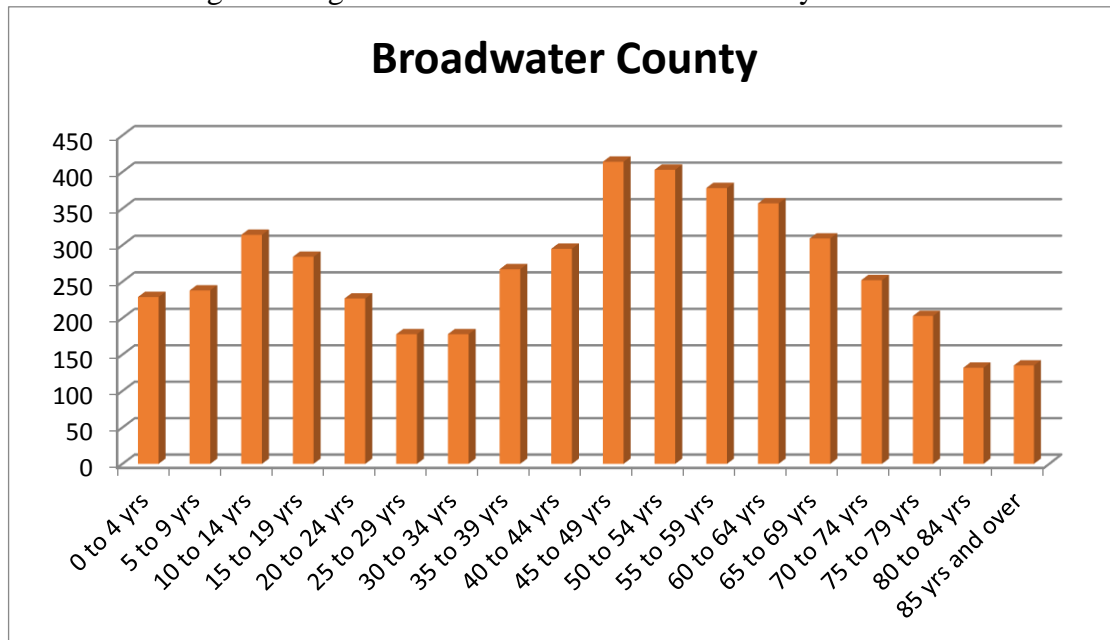


Figure 2: Percent of the population by age groups, Broadwater County vs. Montana

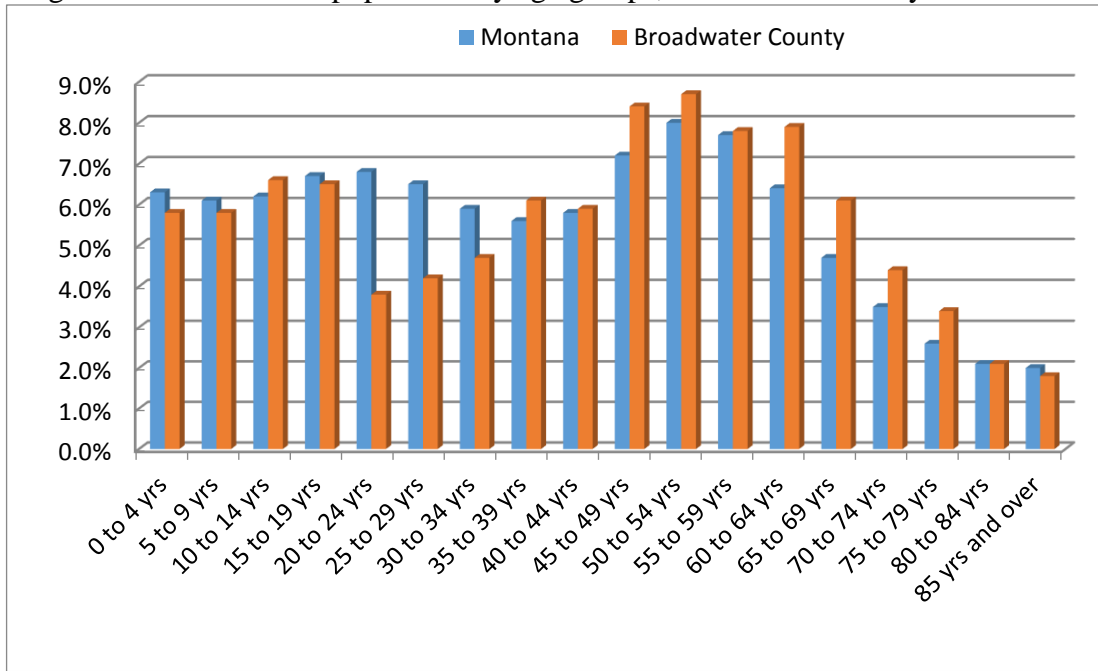


Figure 2 shows how Broadwater County’s population distribution compares to Montana’s. A careful examination of Figure 2 and the underlying data reveals that, compared with the State as a whole, Broadwater County has a lower proportion of people 20 to 34 years old than the state (26.4 percent vs. 32.5 percent). According to the 2010 Census, Broadwater County was the twenty-sixth oldest county in the state, with a median age of 45.4. As the baby boomers reach senior citizen status, it is likely that healthcare utilization per capita will increase. These demographic statistics are important when planning for healthcare provision both now, and in the future.

Section III Economic Impacts

Businesses have an economic impact on their local communities that exceeds the direct amount of people they employ or wages they pay. For example, individuals employed at Broadwater Health Center spend a portion of their salary on goods and services produced in Broadwater 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 Broadwater County has the following multipliers:

Hospital Employment Multiplier = 1.12
Hospital Employee Compensation Multiplier = 1.11
Output Multiplier = 1.11

What do these numbers mean? The employment multiplier of 1.12 can be interpreted to mean that for every job at Broadwater Health Center, another .12 jobs are supported in Broadwater County. Another way to look at this is that if Broadwater Health Center suddenly went away, about 9 additional non-hospital jobs would also be lost in the county (based on 2010 hospital employment of 71). The employee compensation multiplier of 1.11 simply states that for every dollar in wages and benefits paid to the hospital's employees, another .11 cents of wages and benefits are created in other local jobs in Broadwater County. Put another way, if Broadwater Health Center suddenly went away, about \$206,238 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 Broadwater Health Center, output in the county increases by another 11 cents.

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

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

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