

Wheatland County, Montana

Community Health Services Development Community Health Needs Assessment Report

Survey conducted by
Wheatland Memorial Healthcare
Harlowton, Montana

In cooperation with
The Montana Office of Rural Health

October 2016



MONTANA
STATE UNIVERSITY

Office of Rural Health
Area Health
Education Center

Wheatland Memorial Healthcare 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.....	47
VII. Key Informant Interview Summary	48
VIII. Summary	50
IX. Prioritization of Health Needs, Available Resources, and Implementation Planning Process.....	51
Appendix A – Steering Committee Members.....	53
Appendix B – Public Health and Populations Consultation	54
Appendix C – Secondary Data.....	56
Appendix D – Survey Cover Letter	63
Appendix E – Survey Instrument.....	64
Appendix F – Responses to Other and Comments	70
Appendix G – Key Informant Interview Questions.....	75
Appendix H – Key Informant Interview Notes.....	76

Community Survey & Key Informant Interview Summary Report October 2016

I. Introduction

Wheatland Memorial Healthcare (WMH) is a 25-bed Critical Access Hospital and rural health clinic based in Harlowton, Montana and is a public, non-profit organization. Wheatland Memorial Healthcare provides medical services to approximately 4,000 people which includes residents in Wheatland County and portions of Judith Basin, Golden Valley, Sweet Grass and Meagher Counties. Wheatland Memorial Healthcare participated in the Community Health Services Development (CHSD) Project administrated by the Montana Office of Rural Health funded in part through a grant provided by the Montana Health Research and Education Foundation. Community involvement in steering committee meetings and key informant interviews enhance community engagement in the assessment process.

In the summer of 2016, Wheatland Memorial Healthcare's service area was surveyed about its healthcare system. This report shows the results of the survey in both narrative and chart formats. A copy of the survey instrument is included at the end of this report (Appendix E). Readers are invited to familiarize themselves with the survey instrument and the subsequent findings. The narrative report touches on the highlights while the charts present data for virtually every question asked. Please note: we are able to compare some of the 2016 survey data with data from previous surveys conducted in 2013 and 2010. 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 Wheatland Memorial Healthcare in conducting CHSD. A diverse group of community members representing various organizations and populations within the community (ex. public health, elderly, uninsured) came together in June 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 August 2016, surveys were mailed out to the residents in Wheatland Memorial Healthcare's service area. The survey was based on a design that has been used extensively in the states of Washington, Wyoming, Alaska, Montana, and Idaho. The survey was designed to provide each facility with information from local residents regarding:

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

Sampling

Wheatland Memorial Healthcare provided the National Rural Health Resource Center with a list of outpatient and inpatient admissions. Those zip codes with the greatest number of admissions were selected to be included in the survey. A random list of 630 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.)

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

Information Gaps

Data

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

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

The low population density of rural and frontier communities 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.

Survey Implementation

In August 2016, the community health services development survey, a cover letter from the National Rural Health Resource Center with Wheatland Memorial Healthcare's Chief Executive Officer's signature on Wheatland Memorial Healthcare letterhead, and a postage paid reply envelope were mailed to 630 randomly selected residents in the hospital's service area. A news release was sent to local newspapers prior to the survey distribution announcing that Wheatland Memorial Healthcare would be conducting a community health services survey throughout the region in cooperation with the Montana Office of Rural Health.

One hundred sixty-one surveys were returned out of 630. Of those 630 surveys, 15 surveys were returned undeliverable for a 26.2% response rate. From this point on, the total number of surveys will be out of 615. 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 5.84%.

IV. Survey Respondent Demographics

A total of 615 surveys were distributed amongst Wheatland Memorial Healthcare's service area. One hundred sixty-one were completed for a 26.2% 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)

The returned surveys are skewed toward the Harlowton population which is reasonable given that this is where most of the services are located. Three 2016 respondents chose not to answer this question.

		2010		2013		2016	
Location	Zip code	Count	Percent	Count	Percent	Count	Percent
Harlowton	59036	200	74.6%	154	80.2%	126	79.7%
Judith Gap	59453	18	6.7%	19	9.9%	10	6.3%
Two Dot	59085	8	3.0%	6	3.1%	7	4.4%
Shawmut	59078	7	2.6%	3	1.6%	7	4.4%
Ryegate	59074	27	10.1%	7	3.6%	5	3.2%
Martinsdale	59403	8	3.0%	3	1.6%	3	1.9%
TOTAL		268	100%	192	100%	158	100%

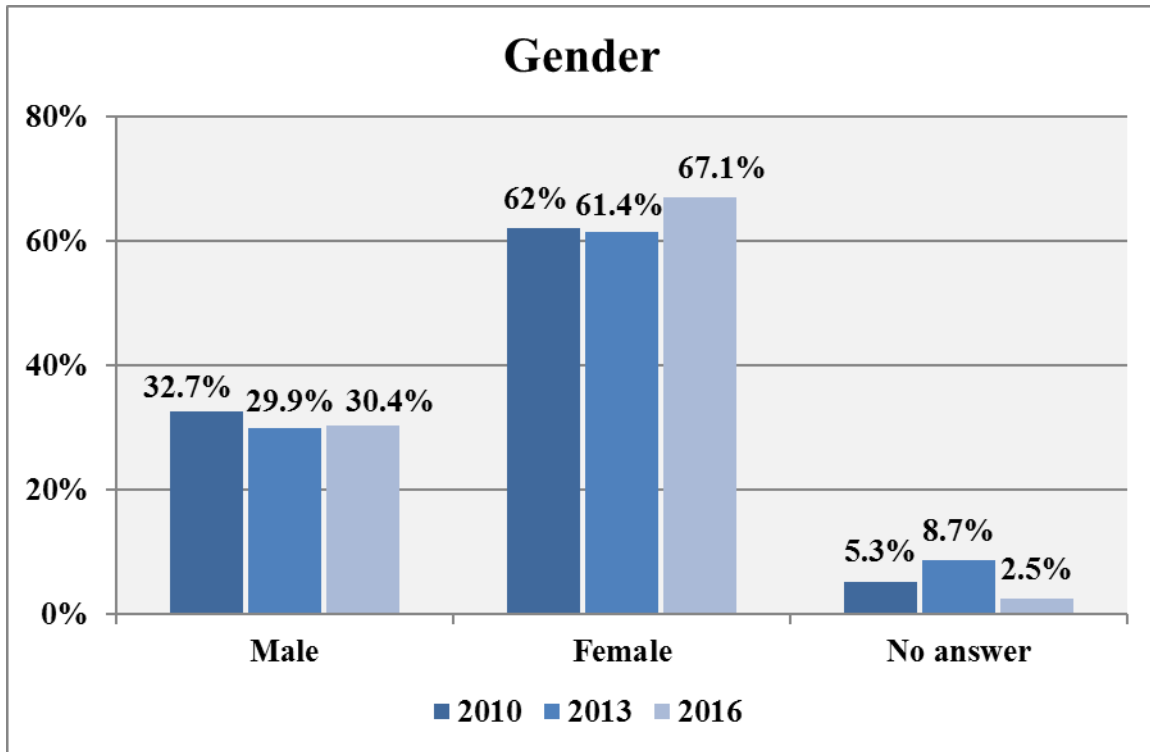
Gender (Question 34)

2016 N= 161

2013 N= 197

2010 N= 284

Of the 161 surveys returned, 67.1% (n=108) of survey respondents were female, 30.4% (n=49) were male, and 2.5% (n=4) chose not to answer this question. It is not unusual for survey respondents to be predominantly female, particularly when the survey is healthcare-oriented since women are frequently the healthcare decision makers for families.



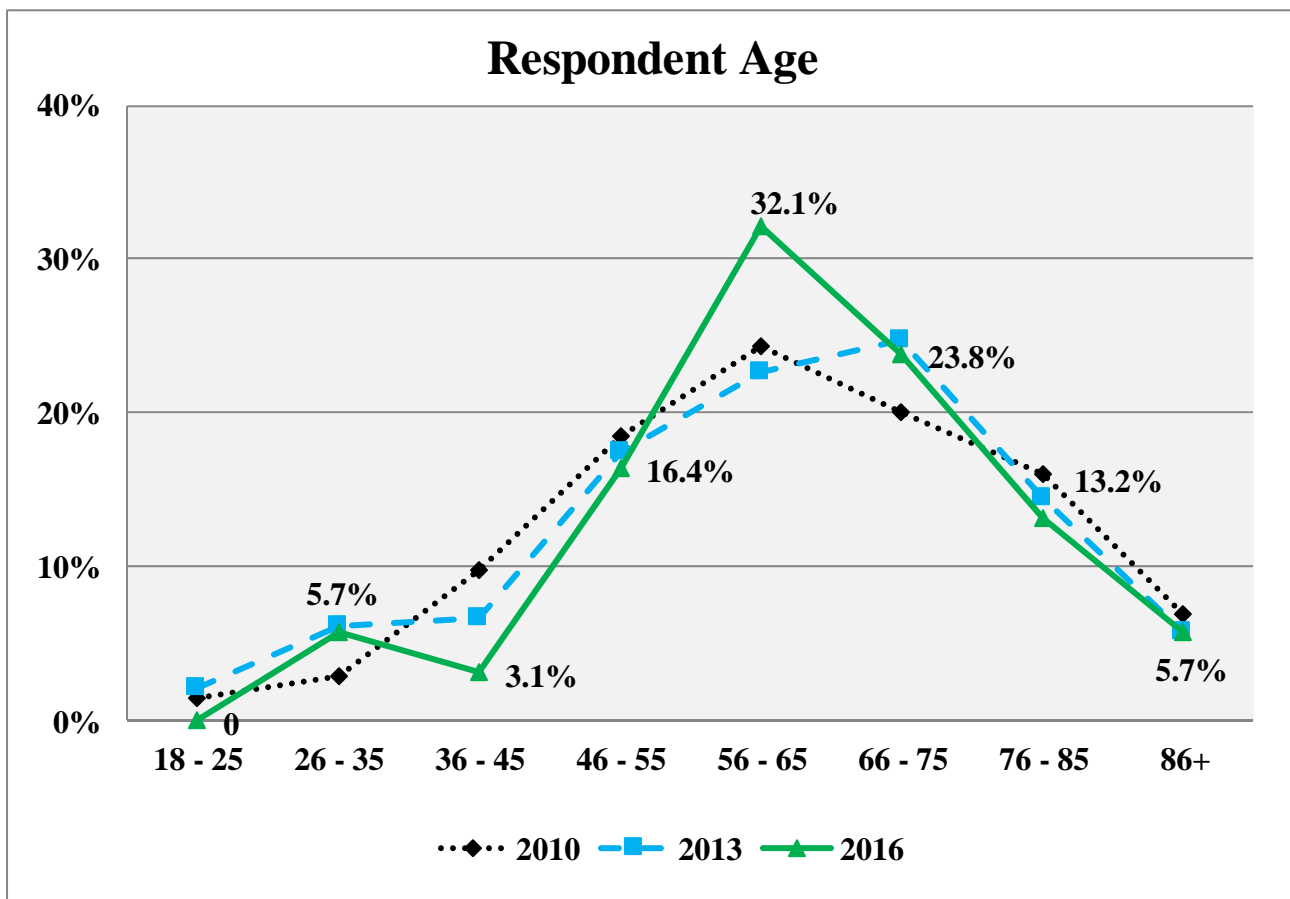
Age of Respondents (Question 35)

2016 N= 159

2013 N= 194

2010 N= 275

Thirty-two percent of respondents (n=51) were between the ages of 56-65. Twenty-four percent of respondents (n=38) were between the ages of 66-75 and 16.4% of respondents (n=26) were between the ages of 46-55. This statistic is comparable to other Critical Access Hospital demographics. The increasing percentage of aging residents in rural communities is a trend which is seen throughout Montana and will likely have a significant impact on the need for healthcare services during the next 10-20 years. However, it is important to note that the survey was targeted to adults and, therefore, no respondents are under age 18. Older residents are also more invested in healthcare decision making and are more likely to respond to healthcare surveys, as reflected by this graph.



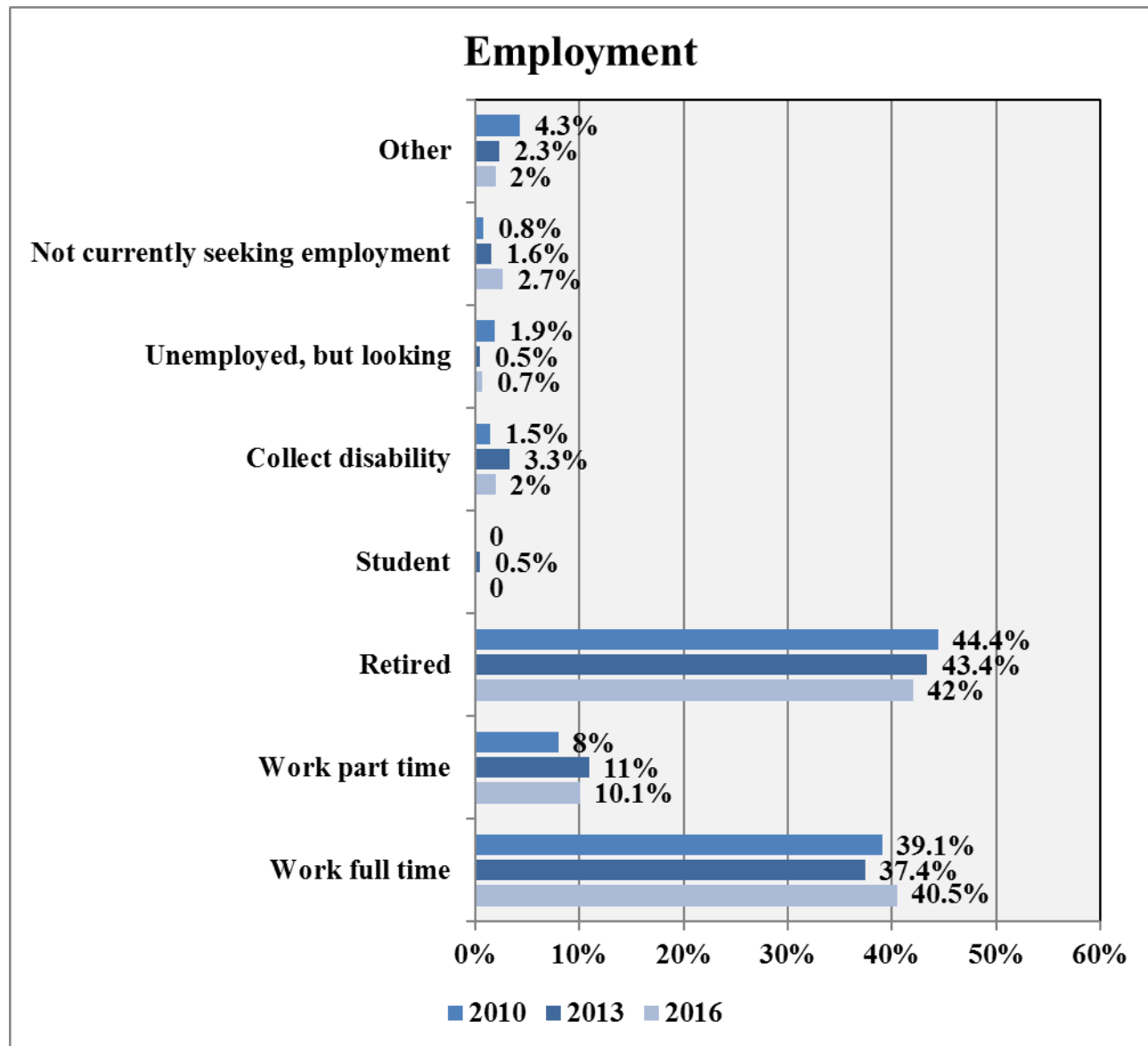
Employment Status (Question 36)

2016 N= 148

2013 N= 182

2010 N= 261

Forty-two percent (n=62) of respondents reported they are retired while 40.5% (n=60) work full time. Ten percent of respondents (n=15) indicated they work part time. Respondents could check all that apply so the percentages do not equal 100%.



“Other” comments:

- Homemaker
- Workers comp
- Help husband on ranch
- Retired

V. Survey Findings – Community Health

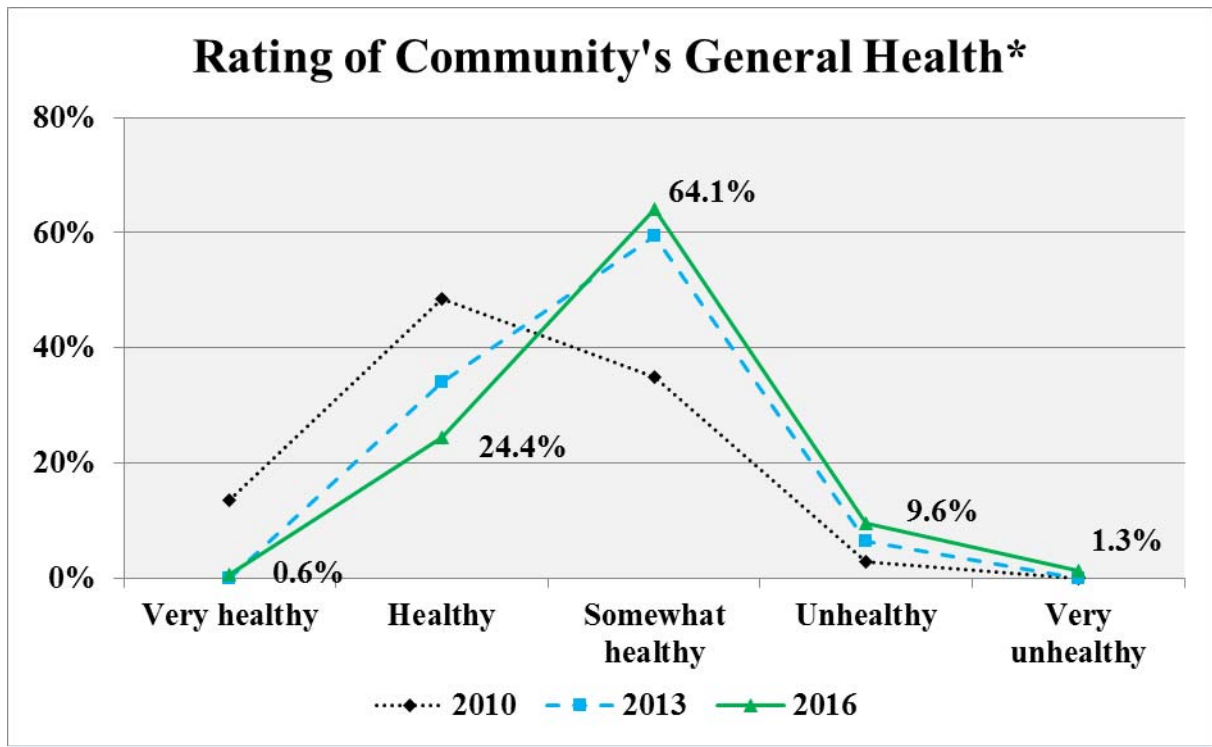
Impression of Community (Question 1)

2016 N= 156

2013 N= 185

2010 N= 274

Respondents were asked to indicate how they would rate the general health of their community. Sixty-four percent of respondents (n=100) rated their community as “Somewhat healthy.” Twenty-four percent of respondents (n=38) felt their community was “Healthy” and 9.6% (n=15) felt their community was “Unhealthy.”



*There has been a significant decline in the rating of the community's general health since 2010.

Health Concerns for Community (Question 2)

2016 N= 161

2013 N= 197

2010 N= 284

Respondents were asked what they felt the three most serious health concerns were in their community. The top identified health concern was “Drug/prescription abuse” with 54.7% (n=88). “Alcohol abuse” was also a high priority at 42.2% (n=68) followed by “Obesity/overweight” at 31.7% (n=51). Respondents were asked to pick their top three serious health concerns so percentages do not equal 100%.

Health Concern	2010		2013		2016	
	Count	Percent	Count	Percent	Count	Percent
Drug/prescription abuse	Not asked - 2010		Not asked - 2013		88	54.7%
Alcohol abuse	Not asked - 2010		Not asked - 2013		68	42.2%
Overweight/obesity¹	68	23.9%	78	39.6%	51	31.7%
Cancer ²	163	57.4%	93	47.2%	48	29.8%
Heart disease	69	24.3%	49	24.9%	26	16.1%
Lack of exercise	46	16.2%	38	19.3%	25	15.5%
Tobacco use	44	15.5%	41	20.8%	20	12.4%
Mental health issues ³	14	4.9%	20	10.2%	20	12.4%
Lack of access to healthcare ⁴	42	14.8%	13	6.6%	18	11.2%
Depression/anxiety	Not asked - 2010		22	11.2%	17	10.6%
Diabetes ⁵	62	21.8%	32	16.2%	17	10.6%
Respiratory diseases	32	11.3%	21	10.7%	16	9.9%
Lack of dental care	20	7.0%	10	5.1%	16	9.9%
Child abuse/neglect ⁶	9	3.2%	12	6.1%	14	8.7%
Domestic violence	8	2.8%	3	1.5%	8	5.0%
Work related accidents/injuries ⁷	20	7.0%	6	3.0%	4	2.5%
Stroke	18	6.3%	6	3.0%	4	2.5%
Recreation related accidents/injuries	7	2.5%	5	2.5%	3	1.9%
Motor vehicle accidents ⁸	32	11.3%	9	4.6%	0	0
Other	12	4.2%	4	2.0%	8	5.0%

¹There has been a significantly change between each assessment of respondents who selected obesity as a top health concern.

²Over the three assessments, the percentage of respondents that cite cancer as a serious health concern has been significantly declining.

³Over the last three assessments, the percentage of respondents that identify ‘mental health issues’ as a serious health concern has been significantly increasing.

⁴Significantly more 2016 respondents reported ‘lack of access to healthcare’ as top health concern than in 2013.

⁵There has been a significant decline in ‘diabetes’ as a top health concern over the last three assessments.

⁶There has been a significant increase in ‘child abuse/neglect’ as a top health concern over the last three assessments.

⁷There has been a significant decrease in ‘work related accidents/injuries’ as a top health concern over the last three assessments.

⁸There has been a significant decrease in ‘Motor vehicle accidents’ as a top health concern over the last three assessments.

Continued on next page...

“Other” comments:

- Old age/Elderly (2)
- Unhealthy water/water quality (2)
- Cancer
- Drugs
- Poor eating habits
- Poor bookkeeping at hospital
- Poor clinic/hospital

Components of a Healthy Community (Question 3)

2016 N= 161

2013 N= 197

2010 N= 284

Respondents were asked to identify the three most important things for a healthy community. Fifty-five percent of respondents (n=88) 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 46.6% (n=75) and third was “Strong family life” at 40.4% (n=65).

Respondents were asked to identify their top three choices, thus the percentages do not add up to 100%.

Important Component	2010		2013		2016	
	Count	Percent	Count	Percent	Count	Percent
Access to healthcare and other services¹	189	66.5%	144	73.1%	88	54.7%
Good jobs and a healthy economy	109	38.4%	94	47.7%	75	46.6%
Strong family life	89	31.3%	73	37.1%	65	40.4%
Healthy behaviors and lifestyles	82	28.9%	69	35.0%	60	37.3%
Good schools	86	30.3%	52	26.4%	41	25.5%
Religious or spiritual values	66	23.2%	43	21.8%	35	21.7%
Low crime/safe neighborhoods	53	18.7%	30	15.2%	31	19.3%
Affordable/available housing	26	9.2%	20	10.2%	22	13.7%
Community involvement	49	17.3%	27	13.7%	21	13.0%
Clean environment	47	16.5%	26	13.2%	18	11.2%
Tolerance for diversity	13	4.6%	4	2.0%	9	5.6%
Low level of domestic violence	3	1.1%	1	0.5%	5	3.1%
Low death and disease rates	10	3.5%	3	1.5%	3	1.9%
Parks and recreation	13	4.6%	5	2.5%	3	1.9%
Arts and cultural events	2	0.7%	0	0	0	0
Other	2	0.7%	3	1.5%	0	0

¹Respondents selecting ‘Access to healthcare and other services’ as an important component of a healthy community has significantly varied between each assessment year.

“Other” comments:

- Good water
- Activities
- Low cost healthcare

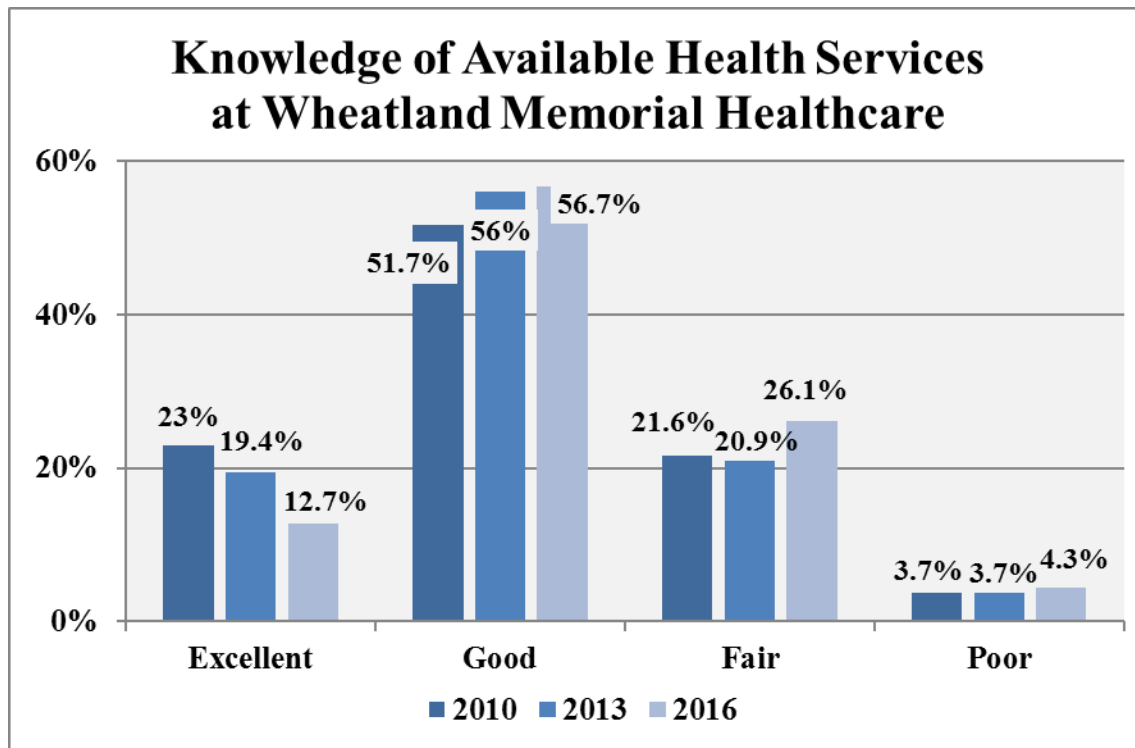
Overall Awareness of Health Services (Question 4)

2016 N= 157

2013 N= 191

2010 N= 269

Respondents were asked to rate their knowledge of the health services available at Wheatland Memorial Healthcare. Fifty-seven percent (n=89) of respondents rated their knowledge of health services as “Good,” “Fair” was selected by 26.1% percent (n=41), and 12.7% reported their knowledge as “Excellent” (n=20). Four respondents chose not to answer this question.



How Respondents Learn of Healthcare Services (Question 5)

2016 N= 161

2013 N= 197

2010 N= 284

The most frequently indicated method of learning about available services was “Word of mouth/reputation” at 56.5% (n=91). “Friends/family” was the second most frequent response at 51.6% (n=83) and “Hospital newsletter” was reported at 44.7% (n=72). Respondents could select more than one method so percentages do not equal 100%.

Method	2010		2013		2016	
	Count	Percent	Count	Percent	Count	Percent
Word of mouth/reputation¹	211	74.3%	116	58.9%	91	56.5%
Friends/family	Not asked - 2010		99	50.3%	83	51.6%
Hospital newsletter²	141	49.6%	116	58.9%	72	44.7%
Newspaper	117	41.2%	73	37.1%	62	38.5%
Healthcare provider ³	Not asked - 2010		89	45.2%	46	28.6%
Website/Facebook ⁴	Not asked - 2010		20	10.2%	34	21.1%
Health fair ⁵	Not asked - 2010		39	19.8%	19	11.8%
Community bulletin board	13	4.6%	4	2.0%	8	5.0%
Presentations	11	3.9%	4	2.0%	2	1.2%
Other ⁶	26	9.2%	3	1.5%	9	5.6%

¹Significantly fewer 2016 and 2013 respondents reported learning of healthcare services via ‘word of mouth’.

²⁻³Significantly fewer 2016 respondents reported learning of healthcare services via ‘hospital newsletter’ or from a ‘healthcare provider.’

⁴Significantly more 2016 respondents learn of healthcare services via facility website or Facebook.

⁵Significantly fewer 2016 respondents learned of healthcare services via the ‘health fair.’

⁶Significantly more 2016 and 2010 respondents indicated a method not listed (Other) as how they learn about healthcare services.

“Other” comments:

- Called to ask
- Former employee
- Through job

Cross Tabulation of Service Knowledge and Learning about Services

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

KNOWLEDGE RATING OF WHEATLAND MEMORIAL HEALTHCARE SERVICES BY HOW RESPONDENTS LEARN ABOUT HEALTHCARE SERVICES

	Excellent	Good	Fair	Poor	Total
Word of mouth/reputation	10 (11.1%)	53 (58.9%)	23 (25.6%)	4 (4.4%)	90
Friends/family	12 (14.6%)	43 (52.4%)	24 (29.3%)	3 (3.7%)	82
Hospital newsletter	10 (14.1%)	46 (64.8%)	14 (19.7%)	1 (1.4%)	71
Newspaper	7 (11.5%)	35 (57.4%)	18 (29.5%)	1 (1.6%)	61
Healthcare provider	8 (17.4%)	32 (69.6%)	6 (13%)		46
Website/Facebook	6 (17.6%)	21 (61.8%)	7 (20.6%)		34
Health fair	4 (21.1%)	13 (68.4%)	2 (10.5%)		19
Community bulletin board		7 (87.5%)	1 (12.5%)		8
Presentations		2 (100%)			2
Other	3 (33.3%)	3 (33.3%)	2 (22.2%)	1 (11.1%)	9

Other Community Health Resources Utilized (Question 6)

2016 N= 161

2013 N= 197

2010 N= 284

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 72% (n=116). “Dentist” was also a highly utilized resource at 28.6% (n=46) followed by the “Senior Center” at 16.1% (n=26). Respondents could select more than one resource so percentages do not equal 100%.

Resource	2010		2013		2016	
	Count	Percent	Count	Percent	Count	Percent
Pharmacy	Not asked - 2010		150	76.1%	116	72.0%
Dentist	101	35.6%	62	31.5%	46	28.6%
Senior Center	41	14.4%	44	22.3%	26	16.1%
HRDC/WIC	Not asked - 2010		Not asked - 2013		11	6.8%
Public health/CMHD	22	7.7%	16	8.1%	10	6.2%
Mental health/counseling	9	3.2%	6	3.0%	4	2.5%
Other	16	5.6%	5	2.5%	6	3.7%

“Other” comments:

- Ambulance (2)
- None (3)
- Health fair
- Convenience care, Billings

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

2016 N= 161

2013 N= 197

2010 N= 284

Respondents were asked to indicate what they felt would improve their community's access to healthcare. Thirty-seven percent of respondents (n=59) reported that "More primary care providers" would make the greatest improvement. Twenty-three percent of respondents (n=37) indicated "Greater health education services" would improve access and another 23% (n=37) reported "Improved quality of care". Respondents could select more than one method so percentages do not equal 100%.

	2010		2013		2016	
Improvement	Count	Percent	Count	Percent	Count	Percent
More primary care providers ¹	153	53.9%	66	33.5%	59	36.6%
Greater health education services ²	21	7.4%	45	22.8%	37	23.0%
Improved quality of care	51	18.0%	44	22.3%	37	23.0%
More specialists	67	23.6%	48	24.4%	30	18.6%
Transportation assistance ³	15	5.3%	26	13.2%	22	13.7%
Telemedicine/virtual health	Not asked - 2010		14	7.1%	16	9.9%
Clinic services open longer	35	12.3%	29	14.7%	13	8.1%
Interpreter services	Not asked - 2010		5	2.5%	5	3.1%
Cultural sensitivity ⁴	Not asked - 2010		7	3.6%	0	0
Other ⁵	47	16.5%	15	7.6%	24	14.9%

¹In 2016 and 2013, significantly fewer respondents indicated 'more primary care providers' would improve the community's access to healthcare.

²⁻³Significantly more 2016 and 2013 respondents felt 'greater health education services' and 'transportation assistance' would improve the community's access to healthcare.

⁴No 2016 respondents selected 'cultural sensitivity' which is significantly less than 2013.

⁵Significantly more 2016 respondents indicated something 'other' than those options provided would improve the community's access to healthcare services.

"Other" comments:

- Affordability (6)
- Full-time doctor (6)
- Better insurance options (3)
- Continuity of care – too many transient providers (2)
- Keeping good providers and nurses (2)
- Home health care (2)
- Better primary care providers
- Chiropractic service
- Cleaner clinic
- Dependency counseling (alcohol, gambling, drugs)
- Consistency
- In network provider for Allegiance
- Interactions with community
- More affordable housing for nursing and CNA [Certified Nursing Assistant] staff
- Providers active and visible in the community
- Wellness exercise group for 65+ group
- [selected Interpreter services] Even though I have not been to Wheatland Memorial, it's always difficult for rural healthcare to get sign language interpreters. Purple VRS works great!

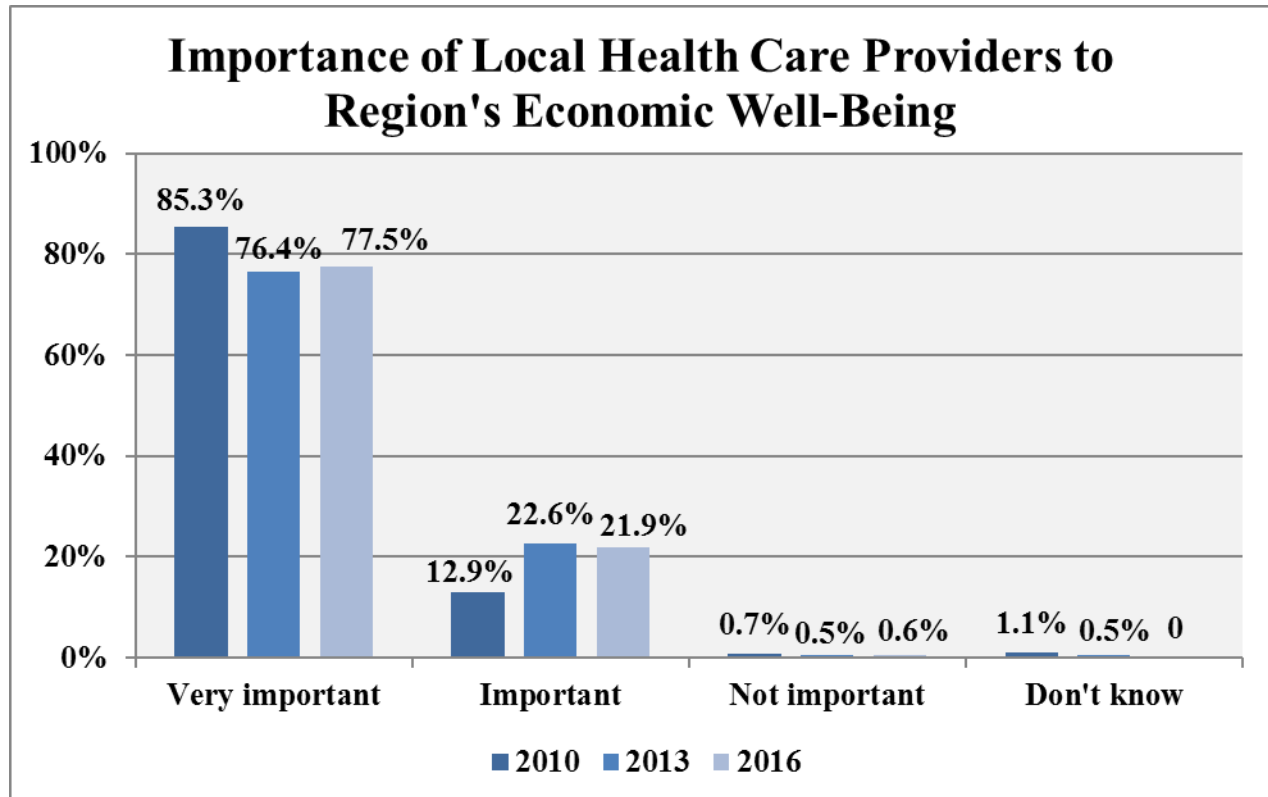
Economic Importance of Local Healthcare Providers and Services (Question 8)

2016 N= 160

2013 N= 195

2010 N= 272

The majority of respondents (77.5%, n=124) indicated that local healthcare providers and services (i.e.: hospitals, clinics, nursing homes, assisted living, etc.) are “Very important” to the economic well-being of the area. Twenty-two percent of respondents (n=35) indicated they are “Important” and one respondents, or 0.6%, indicated that they are “Not Important.”



Survey Findings – Use of Healthcare Services

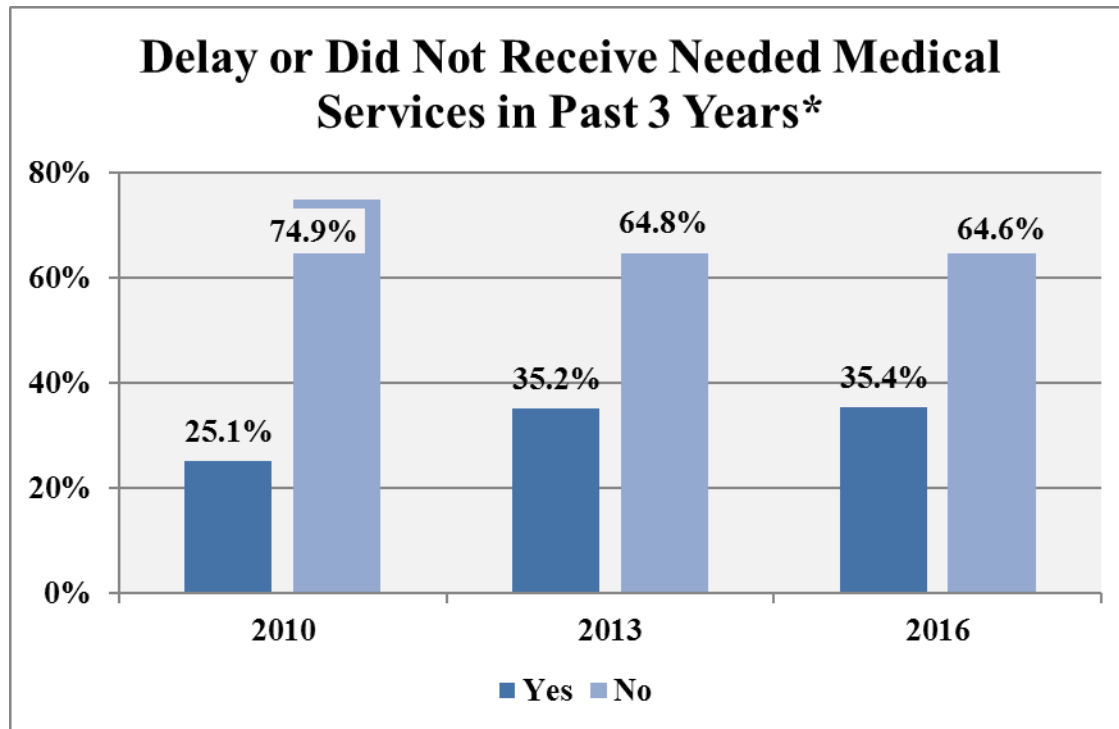
Needed/Delayed Hospital Care During the Past Three Years (Question 9)

2016 N= 144

2013 N= 179

2010 N= 267

Thirty-five percent of respondents (n=51) reported that they or a member of their household thought they needed healthcare services but did not get it or had to delay getting it. Sixty-five percent of respondents (n=93) felt they were able to get the healthcare services they needed without delay.



*Significantly more 2016 and 2013 respondents reported they delayed or did not get needed healthcare services.

Reasons for NOT Being Able to Receive Services or Delay in Receiving Healthcare Services (Question 10)

2016 N= 51

2013 N= 63

2010 N= 67

For those who indicated they were unable to receive or had to delay services (n=51), the reasons most cited were: “It costs too much” (43.1%, n=22), “Billing issues” (23.5%, n=12) and “Other” (21.6%, n=11). Respondents were asked to indicate their top three choices, therefore percentages do not total 100%.

Reason	2010		2013		2016	
	Count	Percent	Count	Percent	Count	Percent
It costs too much	39	58.2%	29	46.0%	22	43.1%
Billing issues	Not asked - 2010		Not asked - 2013		12	23.5%
My insurance didn't cover it	8	11.9%	10	15.9%	10	19.6%
Pharmacy not open weekends/afterhours ¹	Not asked - 2010		3	4.8%	10	19.6%
Could not get an appointment	4	6.0%	11	17.5%	7	13.7%
Not treated with respect	11	16.4%	8	12.7%	5	9.8%
Too long to wait for an appointment	10	14.9%	15	23.8%	4	7.8%
Unsure if services were available	7	10.4%	2	3.2%	4	7.8%
No insurance ²	24	35.8%	13	20.6%	3	5.9%
Don't like doctors ³	0	0	10	15.9%	3	5.9%
Confidentiality/privacy	Not asked - 2010		7	11.1%	3	5.9%
Could not get off work	5	7.5%	4	6.3%	3	5.9%
It was too far to go	1	1.5%	4	6.3%	3	5.9%
Office wasn't open when I could go	2	3.0%	8	12.7%	2	3.9%
Too nervous or afraid	5	7.5%	3	4.8%	2	3.9%
Didn't know where to go	2	3.0%	1	1.6%	1	2.0%
Transportation problems	2	3.0%	1	1.6%	1	2.0%
Had no one to care for the children	0	0	0	0	0	0
Language barrier	0	0	0	0	0	0
Other⁴	20	29.9%	3	4.8%	11	21.6%

¹Significantly more 2016 respondents reported pharmacy hours were a barrier to receiving needed healthcare services.

²Respondents reporting ‘no insurance’ as a barrier to receiving needed healthcare services has significantly decreased since 2010.

³Significantly fewer 2016 respondents reported they did delayed or not receive needed services because they ‘don’t like doctors.’

⁴Significantly more 2016 respondents reported not receiving care due to a reason not listed.

“Other” comments:

- Clinic wasn't clean, staff were unprofessional
- Denied by provider
- ED [Emergency Department] error
- Had to see specialist
- High deductible
- Lousy insurance
- No MD available
- Overbilled
- Too expensive as provider was out of network
- Unable to diagnose what was wrong
- Unsure of quality of care
- Usual provider no longer at facility

Utilization of Preventative Services (Question 11)

2016 N= 161

2013 N= 197

Respondents were asked if they had utilized any of the preventative services listed in the past year. “Lab check” was selected by 43.5% of respondents (n=70). Forty-one percent of respondents (n=66) indicated they received a “Flu shot/immunizations” and 36.6% of respondents (n=59) had a “Routine health checkup.” Respondents could check all that apply, thus the percentages do not equal 100%.

Preventative Service	2013		2016	
	Count	Percent	Count	Percent
Lab check	80	40.6%	70	43.5%
Flu shot/immunizations¹	102	51.8%	66	41.0%
Routine health checkup	88	44.7%	59	36.6%
Routine blood pressure check	83	42.1%	53	32.9%
Cholesterol check	72	36.5%	48	29.8%
Mammography	50	25.4%	48	29.8%
None	26	13.2%	32	19.9%
Pap smear	30	15.2%	16	9.9%
Prostate (PSA) ²	26	13.2%	10	6.2%
Colonoscopy	16	8.1%	8	5.0%
Children’s checkup/Well baby	8	4.1%	7	4.3%
Other	6	3.0%	11	6.8%

¹⁻²Significantly fewer respondents reported receiving ‘flu shot/immunizations’ or having a ‘prostate (PSA)’ exam.

“Other” comments:

- Office call for illness
- Have no choice, my health insurance provider requires participation in their wellness program or be fined \$60/month
- Dental teeth cleaning
- Chest x-ray, MRI, stress test
- Sinus infection check

Desired Local Healthcare Services (Question 12)

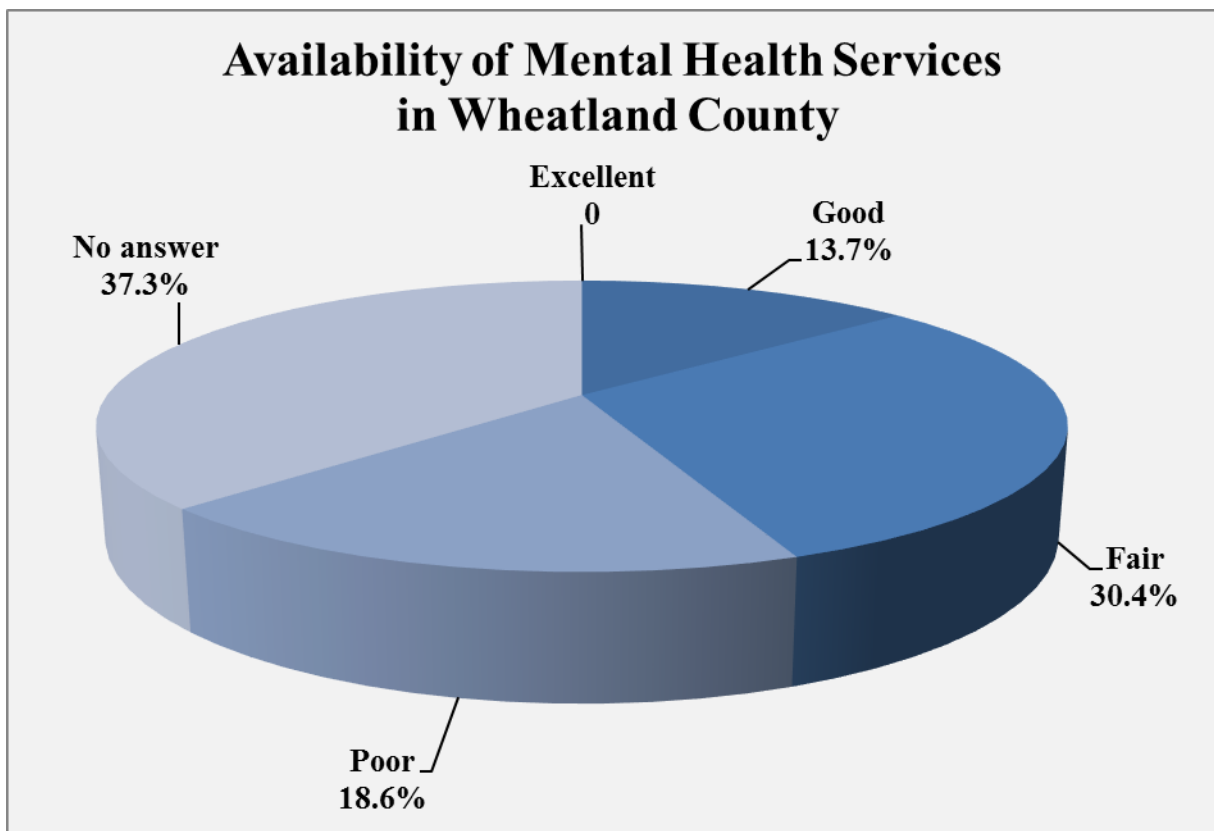
2016 N= 52

Respondents were asked to provide their opinion on which healthcare services they would use if available locally. The following list is the answers provided to this open ended question.

- Vision/Optician (6)
- Chiropractic (5)
- Better dentist (5)
- None/Not Sure (4)
- Access to exercise facilities (4)
- Use services already/Satisfied with current services (3)
- Quality providers (3)
- Full-time doctor (3)
- Well clinics (2)
- Naturopathic (2)
- Dermatology (2)
- Home health care (2)
- Specialist services (2)
- Neurology
- Dietician
- Periodontist
- VA
- OBGYN
- Better pharmacy
- Prenatal care
- Colonoscopy
- Diagnostic procedures
- Weight control
- Walk-in clinic or urgent care if it was an in-network provider
- Mental health counseling
- Family physician
- Public health
- Hospice care
- As little as possible
- All that is needed
- Pain management
- Reasonably priced physician care
- We use another clinic for referred services
- Customized exercise program that I can do at home developed by a PT.

Availability of Mental Health Services (Question 13)
2016 N=161

Respondents were asked to indicate how they would rate the availability of mental health services in Wheatland County. Thirty-seven percent (n=60) of respondents skipped or chose not to answer this question. Thirty percent (n=49) rated availability of mental health services as “Fair,” “Poor” was selected by 18.6% percent (n=30), and 13.7% reported mental health services in Wheatland County as “Good” (n=22).



“Other” comments:

- Holistic/alternative treatment options

Needed Mental Health Services (Question 14)

2016 N= 48

Respondents were asked to provide their opinion on what mental health services are needed in the community. The following list is the answers provided to this open ended question.

- Don't know/Not sure (10)
- Addiction management & counseling (7)
- Youth & family counseling (7)
- Counselors more available at lower cost (4)
- All services are needed (4)
- Therapists who maintain confidentiality, doctors, walk-ins, support groups
- Good counseling, social workers working with hospital and police station, public health
- Someone to talk with one-on-one (4)
- Counseling (2)
- A good clinician who is available more than 1/week (2)
- Local access to therapists & counselors (2)
- Neurologist
- Psychiatrist
- Psychologist
- LES
- We need trained people and a facility so that people can get help without added cost
- Recreation groups/facilities
- Poverty level population needs help with depression and day-to-day functioning
- A caseworker that lives in the community
- Transportation to services
- Education on what true emergencies are and Medicaid fraud

Interest in Educational Classes/Programs (Question 15)

2016 N= 161

2013 N= 197

Respondents were asked if they would be interested in any educational classes/programs if offered locally. The most highly indicated class/program indicated was “Fitness” at 34.2% of respondents (n=55). “Weight loss” was selected by 27.3% (n=44) followed by both “Health and wellness” and “Women’s health” by 21.7% of respondents (n=35 each). Respondents could select more than one method so percentages do not equal 100%.

Educational Class/Program	2013		2016	
	Count	Percent	Count	Percent
Fitness	64	32.5%	55	34.2%
Weight loss	56	28.4%	44	27.3%
Health and wellness	43	21.8%	35	21.7%
Women's health	41	20.8%	35	21.7%
Nutrition	30	15.2%	33	20.5%
Living will	28	14.2%	26	16.1%
Alzheimer's	30	15.2%	22	13.7%
First aid/CPR	28	14.2%	20	12.4%
Men's health	21	10.7%	19	11.8%
Diabetes	29	14.7%	17	10.6%
Support groups	10	5.1%	13	8.1%
Cancer	23	11.7%	12	7.5%
Mental health	12	6.1%	12	7.5%
Grief counseling	14	7.1%	9	5.6%
Heart disease ¹	21	10.7%	8	5.0%
Smoking cessation	9	4.6%	8	5.0%
Parenting	7	3.6%	7	4.3%
Alcohol abuse	Not asked - 2010		6	3.7%
Drug/prescription abuse	Not asked - 2010		4	2.5%
Prenatal	4	2.0%	1	0.6%
Other	5	2.5%	3	1.9%

¹Significantly fewer respondents reported an interest in a class/program related to heart disease.

“Other” comments:

- None; it’s my job to take care of myself and get educated on what to do to address any of these issues
- Any and all of these would help
- EMT

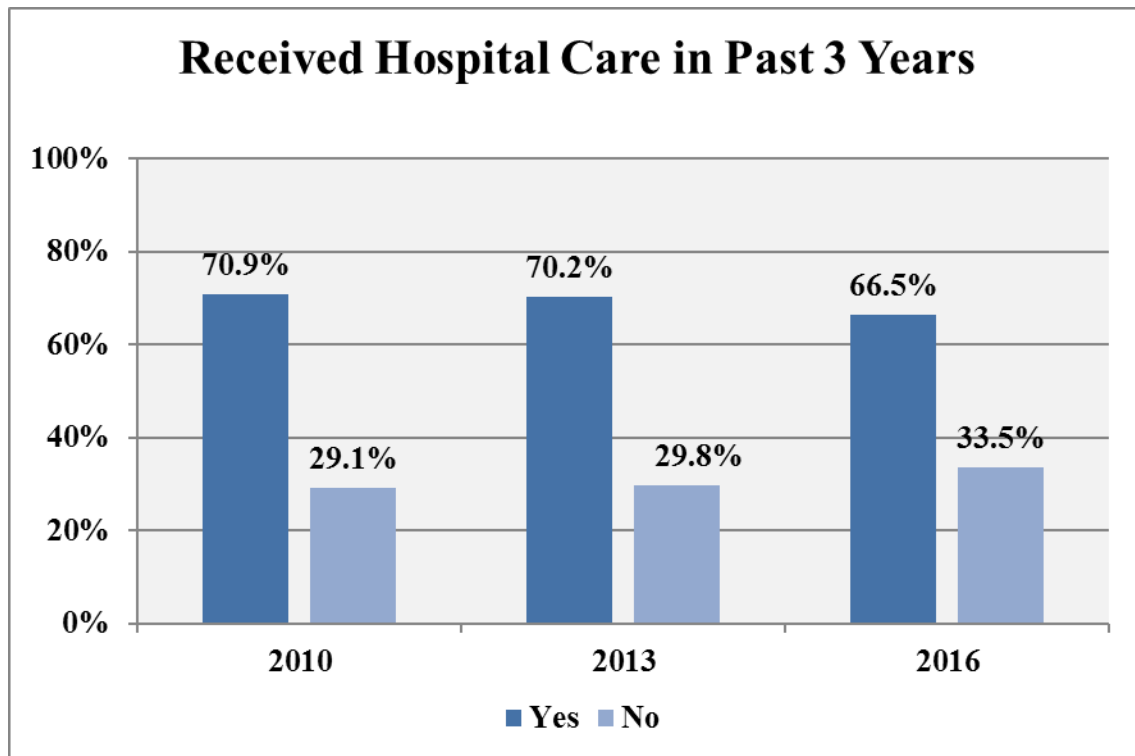
Hospital Care Received in the Past Three Years (Question 16)

2016 N= 155

2013 N= 191

2010 N= 275

Sixty-seven percent of respondents (n=103) reported that they or a member of their family had received hospital care during the previous three years and 33.5% (n=52) had not received hospital services.



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

2016 N= 91

2013 N= 113

2010 N= 183

Of the 103 respondents who indicated receiving hospital care in the previous three years, 33% (n=30) reported receiving care at St. Vincent Healthcare. Thirty-one percent of respondents (n=28) went to Wheatland Memorial Healthcare and 22% of respondents (n=20) utilized services from Billings Clinic. Of those respondents who reported they had been to a hospital in the past three years, 12 did not indicate which hospital they had utilized.

	2010		2013		2016	
Hospital	Count	Percent	Count	Percent	Count	Percent
St. Vincent Healthcare	60	32.8%	31	27.4%	30	33.0%
Wheatland Memorial Healthcare ¹	81	44.3%	40	35.4%	28	30.8%
Billings Clinic ¹	26	14.2%	28	24.8%	20	22.0%
Benefis Health System	1	0.5%	1	0.9%	3	3.3%
Central Montana Medical Center	7	3.8%	5	4.4%	2	2.2%
VA	Not asked - 2010		5	4.4%	2	2.2%
Other	8	4.4%	3	2.7%	6	6.6%
TOTAL	183	100%	113	100%	91	100%

¹Over time, significantly fewer respondents have used Wheatland Memorial Healthcare and significantly more have been going to the Billings Clinic for hospital services.

“Other” comments:

- Bozeman (3)
- Yellowstone Surgery Center, Billings
- Didn't like St. Vincent but that's where the operating doctor was
- Surgery center
- St. John's Lutheran Ministries
- Depends on need
- Colorado hospital
- Out of state
- St. Peters, Helena

Reasons for Selecting the Hospital Used (Question 18)

2016 N= 103

2013 N= 134

2010 N= 195

Of the 103 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 51.5% (n=53). “Referred by physician” was selected by 47.6% (n=49) and 28.2% (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	2010		2013		2016	
	Count	Percent	Count	Percent	Count	Percent
Prior experience with hospital¹	117	60.0%	61	45.5%	53	51.5%
Referred by physician	94	48.2%	68	50.7%	49	47.6%
Closest to home²	107	54.9%	50	37.3%	29	28.2%
Hospital’s reputation for quality	68	34.9%	47	35.1%	28	27.2%
Emergency, no choice	53	27.2%	42	31.3%	25	24.3%
Required by insurance plan	16	8.2%	10	7.5%	9	8.7%
Recommended by family or friends	16	8.2%	15	11.2%	7	6.8%
Closest to work	14	7.2%	8	6.0%	6	5.8%
VA/Military requirement ³	2	1.0%	10	7.5%	6	5.8%
Cost of care	18	9.2%	10	7.5%	5	4.9%
Confidentiality/privacy	Not asked - 2010		11	8.2%	4	3.9%
Other	21	10.8%	8	6.0%	7	6.8%

¹There has been a significant change between each assessment year for those respondents who choose a hospital based on prior experience.

²Significantly fewer respondents are selecting a hospital because it is close to home over the last three assessments.

³Significantly more 2016 and 2013 respondents reported selecting a hospital based on a VA/Military requirement than in 2010.

“Other” comments:

- In-network provider (2)
- Surgery availability (2)
- Saw an MD instead of a PA/NP [Physician Assistant/Nurse Practitioner]
- No other choice
- They are able to bill my insurance timely, properly and without hassle
- Clean and professional staff
- Long-term relationship with hospital
- Local
- Specialist at that facility

Cross Tabulation of Hospital and Residence

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

LOCATION OF MOST OFTEN UTILIZED HOSPITAL BY RESIDENCE

	Wheatland Memorial Healthcare	Benefis Health System	St. Vincent Healthcare	Central Montana Medical Center	Billings Clinic	VA	Other	Total
Harlowton 59036	25 (35.2%)	3 (4.2%)	21 (29.6%)	1 (1.4%)	15 (21.1%)	2 (2.8%)	4 (5.6%)	71
Judith Gap 59453	1 (12.5%)		5 (62.5%)	1 (12.5%)	1 (12.5%)			8
Rygate 59074					3 (100%)			3
Shawmut 59078			3 (100%)					3
Two Dot 59085	1 (33.3%)		1 (33.3%)		1 (33.3%)			3
Martinsdale 59403							2 (100%)	2
TOTAL	27 (30%)	3 (3.3%)	30 (33.3%)	2 (2.2%)	20 (22.2%)	2 (2.2%)	6 (6.7%)	90 (100%)

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

	Wheatland Memorial Healthcare	Benefis Health System	St. Vincent Healthcare	Central Montana Medical Center	Billings Clinic	VA	Other	Total
Prior experience with hospital	17 (34.7%)	1 (2%)	18 (36.7%)		9 (18.4%)		4 (8.2%)	49
Referred by physician	8 (19%)	1 (2.4%)	19 (45.2%)	1 (2.4%)	10 (23.8%)		3 (7.1%)	42
Closest to home	23 (82.1%)	1 (3.6%)	2 (7.1%)		1 (3.6%)		1 (3.6%)	28
Hospital's reputation for quality	3 (12%)	1 (4%)	11 (44%)		9 (36%)		1 (4%)	25
Emergency, no choice	12 (57.1%)	1 (4.8%)	6 (28.6%)		1 (4.8%)		1 (4.8%)	21
Required by insurance plan	1 (11.1%)		5 (55.6%)		2 (22.2%)		1 (11.1%)	9
Recommended by family or friends	2 (28.6%)		2 (28.6%)		2 (28.6%)		1 (14.3%)	7
Closest to work	5 (83.3%)	1 (16.7%)						6
Cost of care	1 (20%)				3 (60%)	1 (20%)		5
VA/Military requirement		1 (20%)	2 (40%)			2 (40%)		5
Confidentiality/privacy			1 (25%)		3 (75%)			4
Other	2 (28.6%)		1 (14.3%)	1 (14.3%)	3 (42.9%)			7

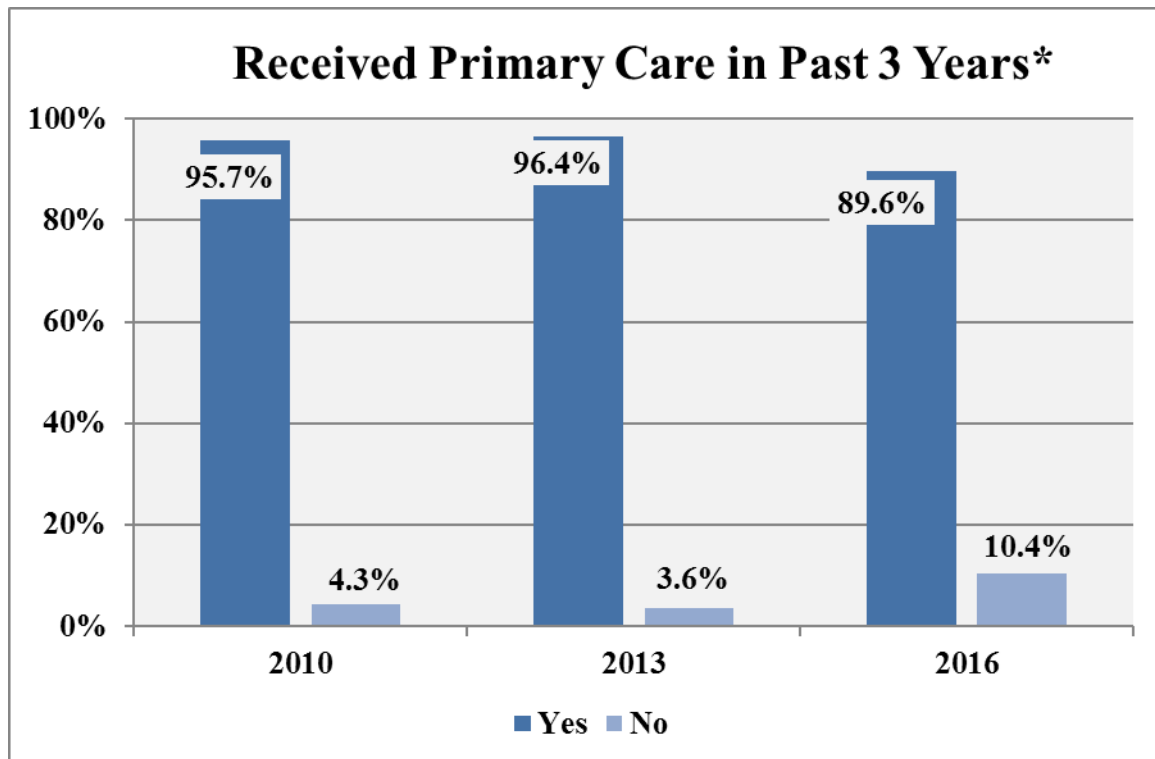
Primary Care Received in the Past Three Years (Question 19)

2016 N= 154

2013 N= 192

2010 N= 282

Ninety percent of respondents (n=138) indicated they or someone in their household had been seen by a primary care provider (such as a family physician, physician assistant, or nurse practitioner) for healthcare services in the past three years. Sixteen respondents (10.4%) indicated they or someone in their household had not.



*Significantly more 2016 respondents reported that they had not received primary care in the past three years.

Location of Primary Care Provider (Question 20)

2016 N= 124

2013 N= 176

2010 N= 260

Of the 138 respondents who indicated receiving primary care services in the previous three years, 71.8% (n=89) reported receiving care in Harlowton. Seventeen percent of respondents (n=21) went to Billings and 5.6% of respondents (n=7) utilized primary care services in Lewistown. Fourteen of the 138 respondents who reported they had utilized primary care services in the past three years did not indicate where they received those services.

	2010		2013		2016	
Clinic	Count	Percent	Count	Percent	Count	Percent
Harlowton	193	74.2%	131	74.4%	89	71.8%
Billings	42	16.2%	25	14.2%	21	16.9%
Lewistown	13	5.0%	7	4.0%	7	5.6%
Great Falls	1	0.4%	0	0	1	0.8%
VA	Not asked - 2010		6	3.4%	2	1.6%
Bozeman	Not asked - 2010		Not asked - 2013		0	0
Other	11	4.2%	7	4.0%	4	3.2%
TOTAL	260	100%	176	100%	124	100%

“Other” comments:

- [selected Harlowton] Not anymore; doctor relocated
- Laurel
- White Sulphur Springs
- Red Lodge
- Helena
- Livingston
- Dillon
- Big Timber

Reasons for Selection of Primary Care Provider (Question 21)

2016 N= 138

2013 N= 185

2010 N= 270

Those respondents who indicated they or someone in their household had been seen by a primary care provider within the past three years were asked to indicate why they chose that primary care provider. “Closest to home” was the most frequently selected reason at 56.5% (n=78) followed by “Prior experience with clinic” at 44.2% (n=61) and “Appointment availability” at 31.2% (n=43). Respondents were asked to check all that apply so the percentages do not equal 100%.

	2010		2013		2016	
Reason	Count	Percent	Count	Percent	Count	Percent
Closest to home¹	138	51.1%	122	65.9%	78	56.5%
Prior experience with clinic	129	47.8%	87	47.0%	61	44.2%
Appointment availability	86	31.9%	64	34.6%	43	31.2%
Recommended by family or friends	45	16.7%	22	11.9%	25	18.1%
Clinic’s reputation for quality ²	62	23.0%	44	23.8%	18	13.0%
Length of waiting room time	33	12.2%	27	14.6%	11	8.0%
Referred by physician or other provider ³	46	17.0%	22	11.9%	11	8.0%
Confidentiality/privacy	Not asked - 2010		12	6.5%	8	5.8%
Required by insurance plan	14	5.2%	6	3.2%	7	5.1%
VA/Military requirement	17	6.3%	10	5.4%	7	5.1%
Cost of care	23	8.5%	10	5.4%	5	3.6%
Shopping in that town ⁴	20	7.4%	8	4.3%	2	1.4%
Indian Health Services	0	0	1	0.5%	0	0
Other ⁵	40	14.8%	10	5.4%	14	10.1%

¹⁻⁴Significantly fewer 2016 respondents chose a clinic based on: it being ‘closest to home;’ ‘reputation for quality;’ being ‘referred by a provider;’ or ‘shopping in that town.’

⁵Significantly more respondents indicated they chose a clinic based on a reason ‘other’ than those provided, than in 2013.

“Other” comments:

- Long-term relationship with PCP [Primary Care Provider] (4)
- Need referral to specialist (3)
- Better billing (2)
- They have a consistent health care provider
- Preferred health care
- Lived in Laurel
- Good doctors, clean clinic
- Saw her in emergency and was impressed with level of care
- In-network provider
- OBGYN
- Only one available

Cross Tabulation of Primary Care and Residence

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

LOCATION OF PRIMARY CARE PROVIDER MOST UTILIZED BY RESIDENCE

	Harlowton	Great Falls	Billings	Lewistown	VA	Other	Total
Harlowton 59036	78 (79.6%)	1 (1%)	11 (11.2%)	4 (4.1%)	2 (2%)	2 (2%)	98
Judith Gap 59453	3 (42.9%)		2 (28.6%)	2 (28.6%)			7
Shawmut 59078	1 (16.7%)		5 (83.3%)				6
Two Dot 59085	5 (100%)						5
Ryegate 59074	1 (25%)		3 (75%)				4
Martinsdale 59403						2 (100%)	2
TOTAL	88 (72.1%)	1 (0.8%)	21 (17.2%)	6 (4.9%)	2 (1.6%)	4 (3.3%)	122 (100%)

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%. Bozeman was removed from this table due to non-selection.

LOCATION OF PRIMARY CARE PROVIDER BY REASONS CLINIC SELECTED

	Harlowton	Great Falls	Billings	Lewistown	VA	Other	Total
Closest to home	74 (100%)						74
Prior experience with clinic	41 (71.9%)		11 (19.3%)	4 (7%)		1 (1.8%)	57
Appointment availability	38 (90.5%)		2 (4.8%)	2 (4.8%)			42
Recommended by family or friends	13 (56.5%)		8 (34.8%)	1 (4.3%)		1 (4.3%)	23
Clinic's reputation for quality	10 (55.6%)		5 (27.8%)	1 (5.6%)		2 (11.1%)	18
Length of waiting room time	11 (100%)						11
Referred by physician or other provider	4 (40%)		6 (60%)				10
Confidentiality/privacy	4 (50%)		3 (37.5%)	1 (12.5%)			8
Required by insurance plan	5 (83.3%)		1 (16.7%)				6
Cost of care	3 (60%)		1 (20%)			1 (20%)	5
VA/Military requirement	1 (20%)	1 (20%)		1 (20%)	2 (40%)		5
Shopping in that town	1 (50%)		1 (50%)				2
Indian Health Services							0
Other	4 (33.3%)		4 (33.3%)	2 (16.7%)		2 (16.7%)	12

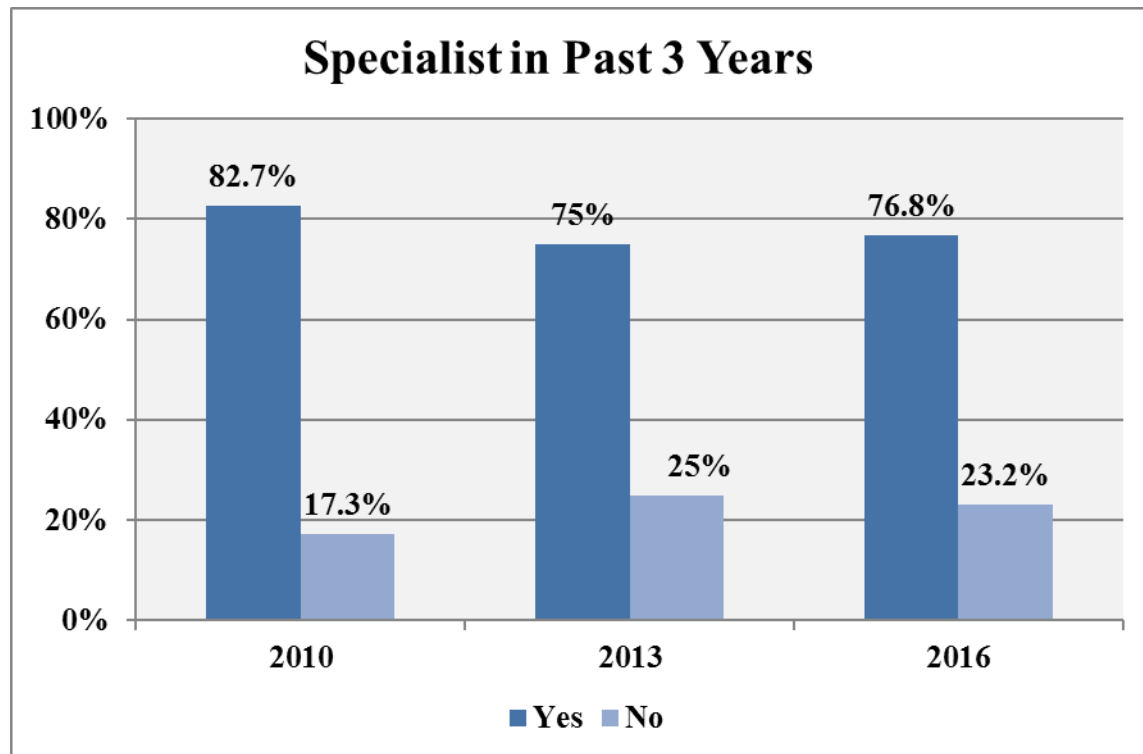
Use of Healthcare Specialists during the Past Three Years (Question 22)

2016 N= 155

2013 N= 192

2010 N= 277

Seventy-seven percent of the respondents (n=119) indicated they or a household member had seen a healthcare specialist during the past three years and twenty-three percent (n=36) indicated they had not. Six respondents chose not to answer this question.



Location of Healthcare Specialist (Question 23)

2016 N= 119

2013 N= 144

2010 N= 229

Of the 119 respondents who indicated they saw a healthcare specialist in the past three years, 79% (n=94) saw one in Billings. Harlowton specialty services were utilized by 21% of respondents (n=25) and Lewistown was reported by 14.3% (n=17). Respondents could select more than one location; therefore, percentages do not equal 100%.

Location	2010		2013		2016	
	Count	Percent	Count	Percent	Count	Percent
Billings	196	85.6%	122	84.7%	94	79.0%
Harlowton	44	19.2%	20	13.9%	25	21.0%
Lewistown	35	15.3%	14	9.7%	17	14.3%
Great Falls	6	2.6%	2	1.4%	7	5.9%
VA	Not asked - 2010		9	6.3%	4	3.4%
Other	29	12.7%	11	7.6%	11	9.2%

“Other” comments:

- Bozeman (6)
- Helena (3)
- Whitehall
- Townsend
- Colorado
- Out of state
- Missoula
- Spokane WA

Type of Healthcare Specialist Seen (Question 24)

2016 N= 119

2013 N= 144

2010 N= 229

The respondents (n=119) saw a wide array of healthcare specialists in the past three years. The most frequently indicated specialist was a “Dentist” at 35.3% of respondents (n=42) having utilized their services. “Orthopedic surgeon” was the second most utilized specialist at 33.6% (n=40) and “Dermatologist” was third at 26.1% (n=31). Respondents were asked to choose all that apply so percentages do not equal 100%.

Specialist Type	2010		2013		2016	
	Count	Percent	Count	Percent	Count	Percent
Dentist	103	45.0%	50	34.7%	42	35.3%
Orthopedic surgeon	81	35.4%	48	33.3%	40	33.6%
Dermatologist	42	18.3%	31	21.5%	31	26.1%
Radiologist ¹	23	10.0%	12	8.3%	30	25.2%
Cardiologist	61	26.6%	43	29.9%	24	20.2%
Ophthalmologist	Not asked - 2010		24	16.7%	23	19.3%
Chiropractor	46	20.1%	27	18.8%	22	18.5%
Physical therapist	36	15.7%	20	13.9%	21	17.6%
OB/GYN	29	12.7%	19	13.2%	16	13.4%
Gastroenterologist	43	18.8%	22	15.3%	14	11.8%
Podiatrist ²	14	6.1%	6	4.2%	14	11.8%
General surgeon	34	14.8%	12	8.3%	12	10.1%
Urologist	28	12.2%	20	13.9%	11	9.2%
ENT	27	11.8%	16	11.1%	11	9.2%
Oncologist	20	8.7%	12	8.3%	10	8.4%
Neurologist	23	10.0%	13	9.0%	8	6.7%
Endocrinologist	5	2.2%	8	5.6%	8	6.7%
Pulmonologist	Not asked - 2010		5	3.5%	7	5.9%
Occupational therapist	7	3.1%	2	1.4%	7	5.9%
Dietician	4	1.7%	4	2.8%	6	5.0%
Neurosurgeon	11	4.8%	3	2.1%	5	4.2%
Mental health counselor	5	2.2%	7	4.9%	4	3.4%
Pediatrician	7	3.1%	4	2.8%	4	3.4%
Psychologist	1	0.4%	3	2.1%	3	2.5%
Rheumatologist	9	3.9%	7	4.9%	2	1.7%
Allergist	12	5.2%	5	3.5%	2	1.7%
Psychiatrist	7	3.1%	2	1.4%	2	1.7%
Geriatrician	1	0.4%	0	0	2	1.7%
Social worker ³	0	0	0	0	2	1.7%
Speech therapist	2	0.9%	2	1.4%	1	0.8%
Substance abuse counselor	1	0.4%	1	0.7%	0	0
Other	21	9.2%	7	4.9%	4	3.4%

Question 22 continued...

¹Significantly more 2016 respondents saw a podiatrist.

^{2&3}In 2016, significantly more respondents reported seeing a radiologist and a social worker.

“Other” comments:

- Naturopath
- St. Vincent walk-in
- Pain management
- Weight loss surgery

Overall Quality of Care at Wheatland Memorial Healthcare (Question 25)

Respondents were asked to rate a variety of aspects of the overall care provided at Wheatland Memorial Healthcare using the scale of 4=Excellent, 3=Good, 2=Fair, 1=Poor, and Don't Know. The sums of the average scores were then calculated with Physical Therapy receiving the top average score of 3.5 out of 4.0. Laboratory, Ambulance services and Radiology all received a score of 3.4 out of 4.0. The total average score was 3.2, indicating the overall services of the hospital to be "Excellent" to "Good."

2016	Excellent (4)	Good (3)	Fair (2)	Poor (1)	DK/ Haven't used	No Ans	N	Avg.
Physical therapy	47	26	6	1	68	13	161	3.5
Laboratory	64	50	13	1	22	11	161	3.4
Ambulance services¹	20	9	5	1	111	15	161	3.4
Radiology	42	41	4	2	59	13	161	3.4
Emergency room	35	48	19	3	48	8	161	3.1
Bair Clinic	40	69	19	7	16	10	161	3.1
Long term care/nursing home	17	12	7	3	109	13	161	3.1
Acute/skilled care	13	16	7	1	108	16	161	3.1
Pastoral care	9	6	6	3	121	16	161	2.9
Telemedicine/virtual health ²	4	4	6	1	132	14	161	2.7
Pulmonary Function Testing	2	13	3	3	123	17	161	2.7
Cardiology services	11	17	7	8	104	14	161	2.7
Health education programs	3	6	5	5	126	16	161	2.4
TOTAL	307	317	107	39				3.2

¹⁻²Significantly more 2016 respondents indicated they didn't know or hadn't used the ambulance service or telemedicine program.

Continued on next page...

2013	Excellent (4)	Good (3)	Fair (2)	Poor (1)	Don't know	No Ans	N	Avg
Physical therapy	63	25	5	1	80	23	197	3.6
Laboratory	91	62	7	2	24	11	197	3.5
Emergency room	58	64	16	2	47	10	197	3.3
Radiology	49	36	11	2	72	27	197	3.3
Bair Clinic	62	86	23	3	17	6	197	3.2
Ambulance services	30	26	7	4	105	25	197	3.2
Long term care/nursing home	14	19	3	1	127	33	197	3.2
Acute/skilled care	19	27	3	2	118	28	197	3.2
Pulmonary Function Testing	9	15	2	1	137	33	197	3.2
Pastoral care	11	21	5	2	127	31	197	3.1
Cardiology services	12	27	9	2	120	27	197	3.0
Telemedicine/virtual health	11	11	8	5	133	29	197	2.8
Health education programs	7	9	5	4	140	32	197	2.8
TOTAL	436	428	104	31				3.3

2010	Excellent (4)	Good (3)	Fair (2)	Poor (1)	DK/ No Answer	N	Avg
Laboratory	156	65	9	4	50	284	3.6
Physical therapy	101	43	8	5	127	284	3.5
Radiology	97	61	10	4	112	284	3.5
Emergency room	102	72	23	3	84	284	3.4
Pastoral care	38	31	7	0	208	284	3.4
Bair Clinic	97	85	24	10	68	284	3.2
Long term care/nursing home	25	33	13	3	210	284	3.1
Telemedicine/virtual health	32	56	22	7	167	284	3.0
TOTAL	648	446	116	36			3.4

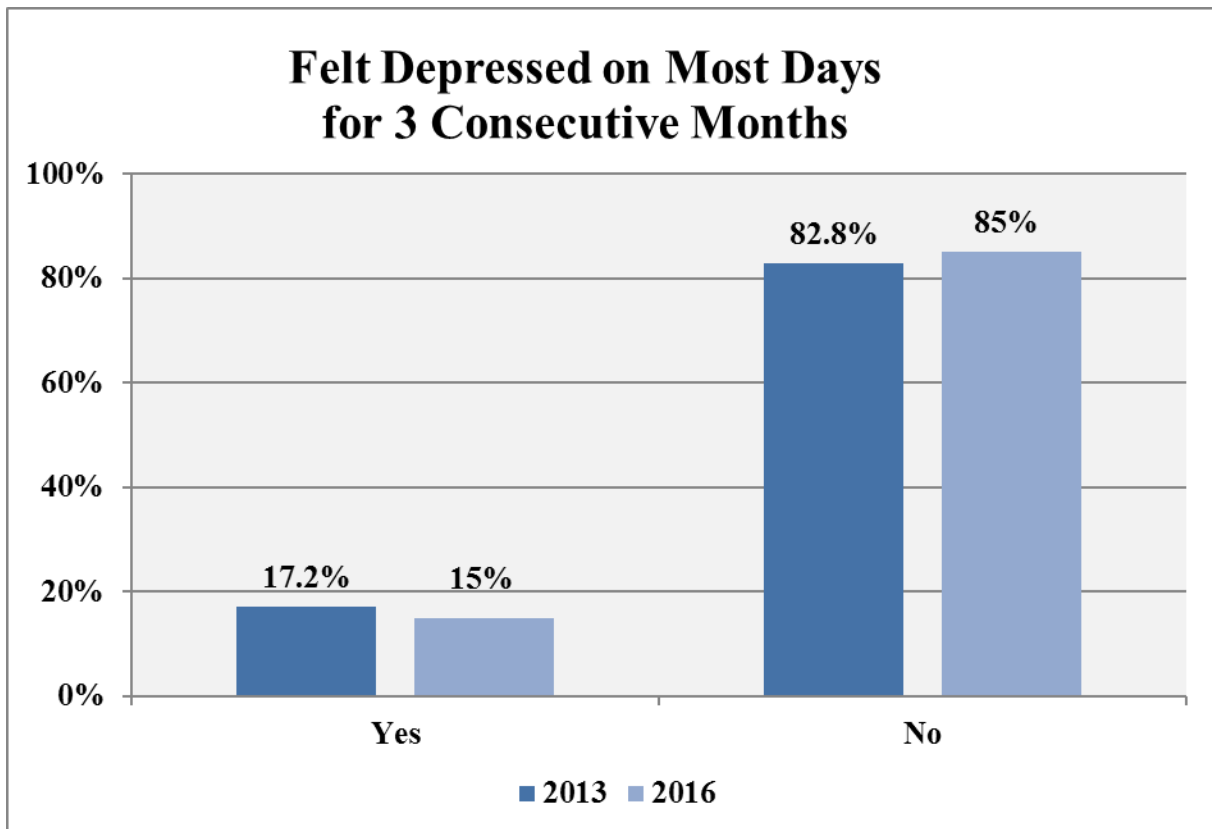
Survey Findings – Personal Health

Prevalence of Depression (Question 26)

2016 N= 153

2013 N= 192

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. Fifteen percent of respondents (n=23) indicated they had experienced periods of depression and 85% of respondents (n=130) indicated they had not. Eight respondents chose not to answer this question.

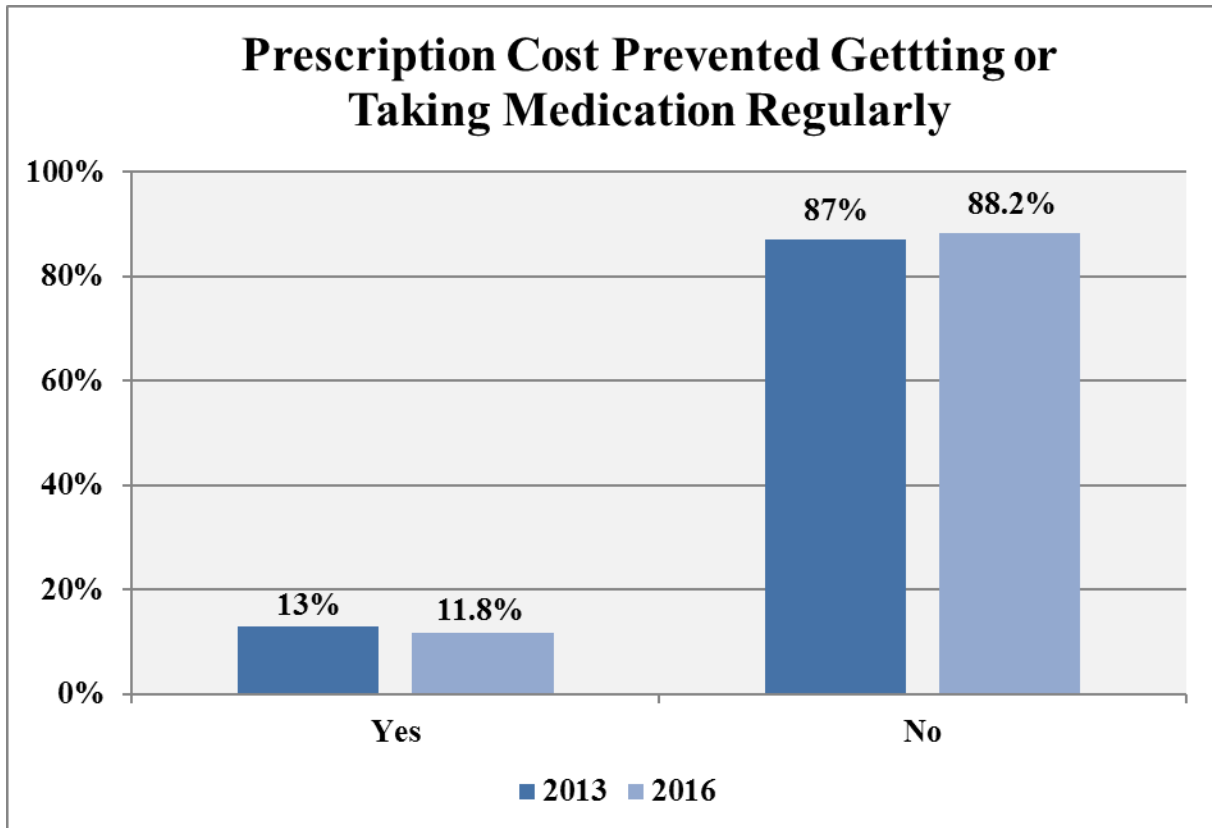


Cost and Prescription Medications (Question 27)

2016 N= 153

2013 N= 193

Respondents were asked to indicate if, during the last year, medication costs had prohibited them from getting a prescription or taking their medication regularly. Twelve 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-eight percent of respondents (n=135) indicated that cost had not prohibited them and eight respondents chose not to answer this question.

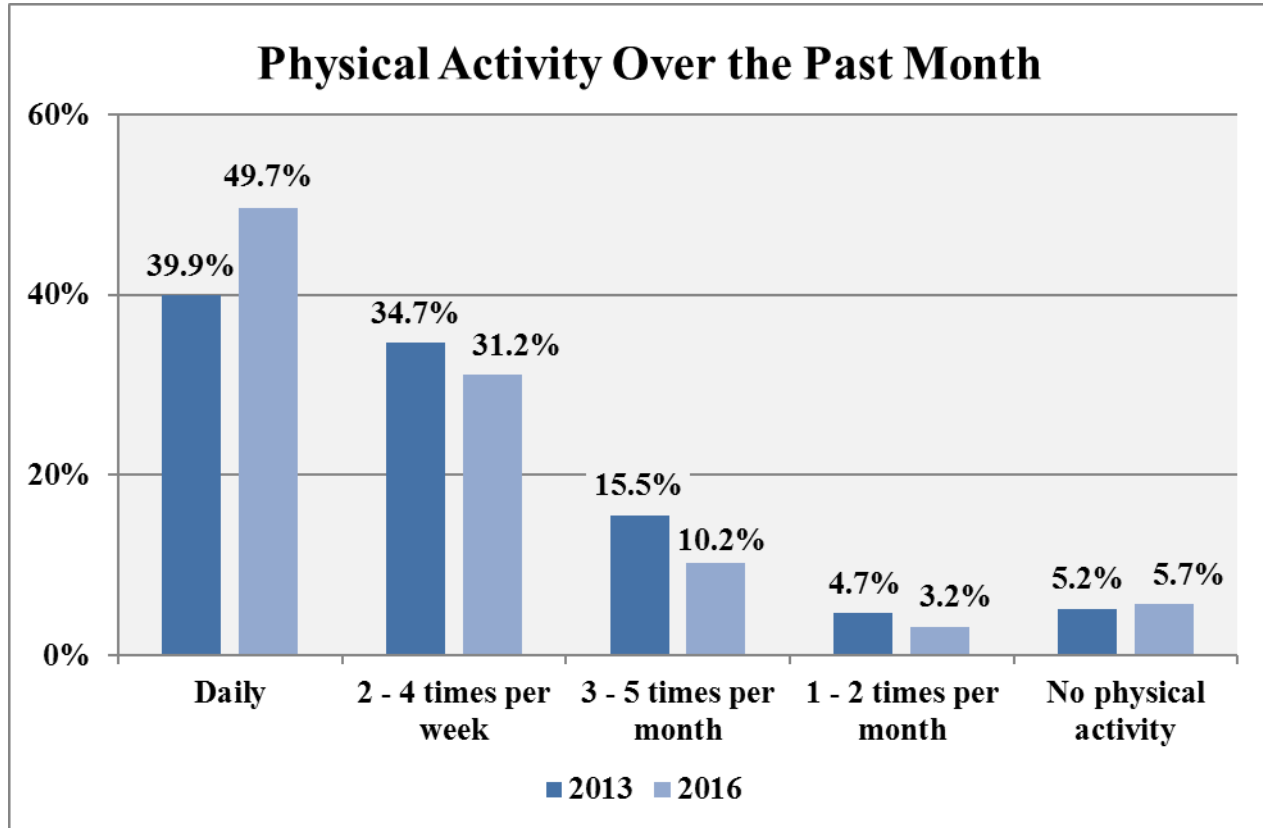


Physical Activity (Question 28)

2016 N= 157

2013 N= 193

Respondents were asked to indicate how frequently they had physical activity for at least twenty minutes over the past month. Forty-nine percent of respondents (n=78) indicated they had physical activity of at least twenty minutes “Daily” and 31.2% (n=49) indicated they had physical activity “2-4 times per week.” Six percent of respondents (n=9) indicated they had “No physical activity” and four respondents chose not to answer this question.



Survey Findings – Health Insurance

Medical Insurance (Question 29)

2016 N= 132

2013 N= 164

2010 N= 240

Respondents were asked to indicate what type of medical insurance covers the majority of their medical expenses. Thirty-six percent (n=47) indicated they have “Medicare.” Twenty-nine percent (n=38) reported they have an “Employer offered plan” and “Private insurance/private plan” was reported by 13.6% of respondents (n=18).

	2010		2013		2016	
Insurance Type	Count	Percent	Count	Percent	Count	Percent
Medicare	89	37.1%	64	39.0%	47	35.6%
Employer offered plan	67	27.9%	39	23.8%	38	28.8%
Private insurance/private plan	39	16.2%	28	17.1%	18	13.6%
VA/Military	9	3.8%	8	4.9%	8	6.1%
Health Insurance Marketplace	Not asked - 2010		Not asked - 2013		7	5.3%
Medicaid/Healthy MT Kids <i>Plus</i>	3	1.3%	1	0.6%	4	3.0%
None/Pay out of pocket ¹	27	11.3%	18	11.0%	3	2.3%
Health Savings Account	1	0.4%	1	0.6%	3	2.3%
Healthy MT Kids/CHIP	1	0.4%	2	1.2%	1	0.8%
State/Other	1	0.4%	0	0	1	0.8%
Agricultural Corp. Paid	0	0	0	0	0	0
Indian Health Services	0	0	0	0	0	0
Other	3	1.3%	3	1.8%	2	1.5%
TOTAL	240	100%	164	100%	132	100%

¹Significantly fewer 2016 respondents reported they have no medical insurance or pay out of pocket.

“Other” comments:

- Tricare for life
- BCBS [Blue Cross/Blue Shield]

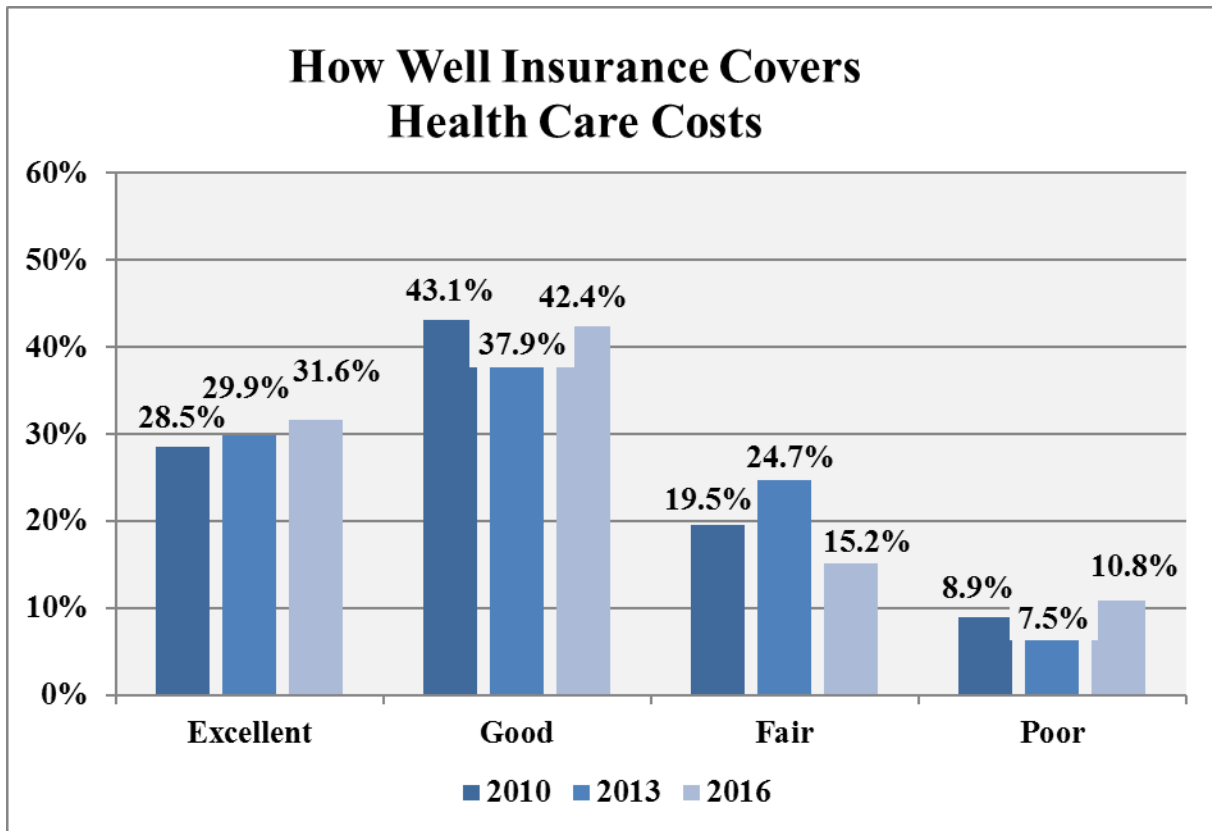
Insurance and Healthcare Costs (Question 30)

2016 N= 158

2013 N= 174

2010 N= 246

Respondents were asked to indicate how well they felt their health insurance covers their healthcare costs. Forty-two percent of respondents (n=67) indicated they felt their insurance covers a “Good” amount of their healthcare costs. Thirty-two percent of respondents (n=50) indicated they felt their insurance is “Excellent” and 15.2% of respondents (n=24) indicated they felt their insurance was “Fair.”



Barriers to Having Medical Insurance (Question 30)

2016 N= 3

2013 N= 18

2010 N= 27

Those respondents who indicated they did not have medical insurance were asked to indicate why they did not. “Choose not to have medical insurance” was the top response with 66.7% (n=2).

Respondents could select all that apply.

Barriers	2010		2013		2016	
	Count	Percent	Count	Percent	Count	Percent
Choose not to have medical insurance¹	2	7.4%	3	16.7%	2	66.7%
Cannot afford to pay for medical insurance	23	85.2%	12	66.7%	1	33.3%
Employer does not offer insurance	7	25.9%	1	5.6%	0	0
Other	1	3.7%	2	11.1%	0	0

¹Significantly more 2016 respondents who do not have health insurance choose not to be insured.

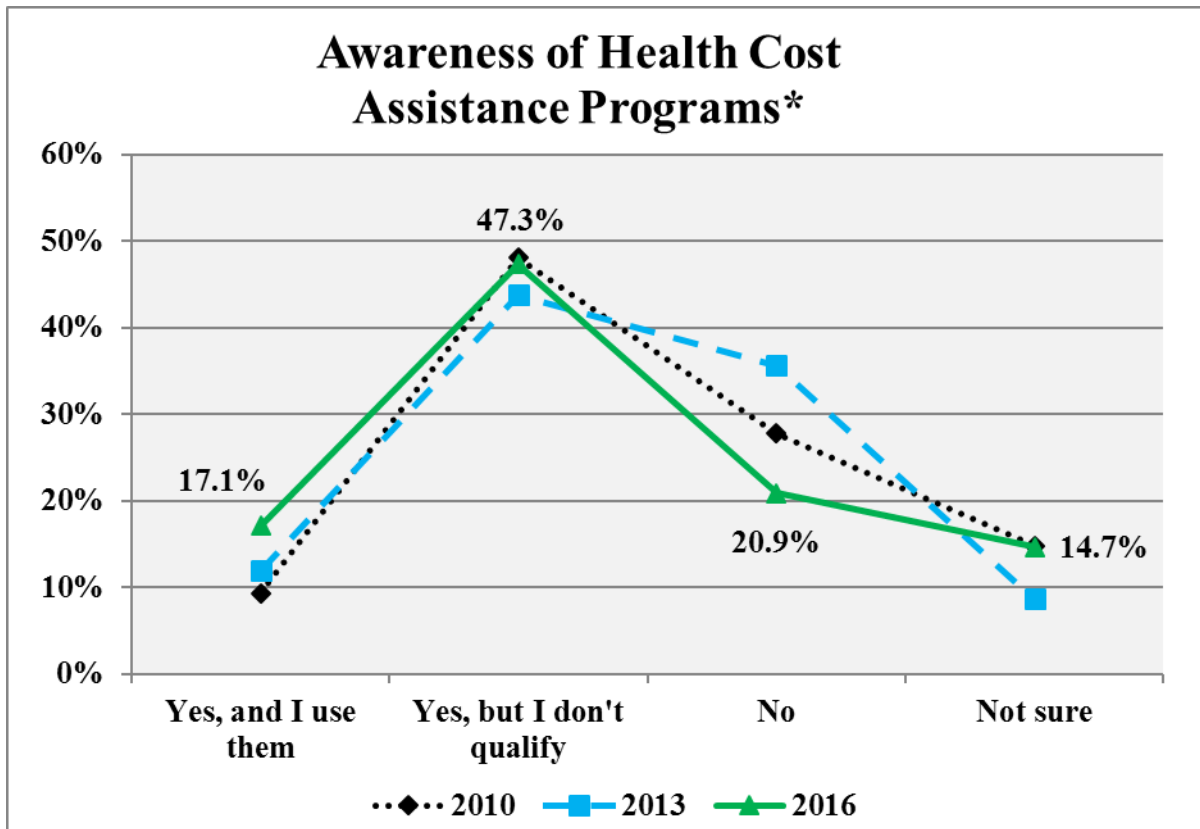
Awareness of Health Payment Programs (Question 32)

2016 N= 129

2013 N= 160

2010 N= 237

Respondents were asked to indicate their awareness of programs that help people pay for healthcare bills. Forty-seven percent of respondents (n=61) indicated they were aware of these types of programs, but did not qualify to utilize them. Twenty-one percent (n=27) indicated that they were not aware of these programs and 17.1% of respondents (n=22) indicated they were aware and utilized them.



*Significantly fewer respondents reported they were not aware of health cost assistance programs and significantly more respondents reported they did know and are utilizing them. Additionally, significantly more respondents reported they were not sure.

VI. Key Informant Interview Methodology

Five key informant interviews conducted in August 2016. Participants were identified as people living in Wheatland Memorial Healthcare's service area.

The interviewers were selected to represent various consumer groups of healthcare including senior citizens and local community members. Each interview lasted up to 15 minutes in length and followed the same line of questioning. Key informant interview questions can be found in Appendix G. The questions and discussions were led by Amy Royer with the Montana Office of Rural Health.

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

VII. Key Informant Interview Summary

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

Improve health of the community:

- Community members indicated having more healthcare services would improve their overall health.
- Enforcement of laws regarding drugs and alcohol.
- Participants felt a need for a fitness center.
- Participants indicated a need for more senior services such as; home health aides, help with insurance, and transportation.

Most important local healthcare issues:

- Access to healthcare is a concern for community members.
- Participants felt substance abuse is a rising issue within the community.
- Community members were worried about the absence of mental health services.
- Lack of knowledge of services available in the community.
- Participants felt the community needed more senior care and senior services.

Opinion of hospital services:

- Participants felt that community members do not utilize healthcare services in town.
- Community members thought that the doctors and nurses in town are great, but retention of staff is low.

Reasons for using local providers:

- Community members utilize the local providers because it is convenient and close to home.
- Participants indicated that the wait times for appointments were very minimal.

Opinion of local services:

- Participants indicated that they would prefer not to travel for specialty services, but are understanding of the limitations in providing such services in a small town.
- For the size of the town, community members felt that there were a lot of services available.

Reasons to leave the community for healthcare:

- As some services are limited, community members often get referred to Billings especially if they needed to see a specialist.
- Not having the same doctor due to turnover of employees

Key informant summary continued...

Needed healthcare services in the community:

- Obstetrics, maternity, and pediatric care
- Senior care
- Dialysis
- Home health aides
- Dental care

VIII. Summary

One hundred sixty-one surveys were completed in Wheatland Memorial Healthcare's service area for a 26.2% response rate. Of the 161 returned, 67.1% of the respondents were female, 74.9% were 56 years of age or older, and 41.9% reported they are retired.

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

Over half of the respondents (64.1%) feel the Harlowton area is a "somewhat healthy" place to live. However, there has been a significant decline in rating of the community's general health with each assessment (2010, 2013, and 2016). Respondents indicated their top three health concerns were: drug/prescription abuse (54.7%), alcohol abuse (42.2%), and overweight/obesity (31.7%). Significantly fewer respondents identified overweight/obesity as a concern than in previous the Community Health Needs Assessment conducted in 2013.

When respondents were asked which health related educational programs or classes they would be most interested in, the top choices were: fitness (34.2%), weight loss (27.3%), and health and wellness and women's health (21.7% each).

Overall, the respondents within Wheatland Memorial Healthcare's service area are seeking hospital care at a rate that is typically seen in rural areas. Area residents recognize the major impact the healthcare sector has on the economic well-being of the area, with 77.5% of respondents identifying local healthcare services as "very important" to the economic well-being of the area.

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

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

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

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

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

- Access to Specialty Services
- Health Education and Outreach
- Awareness of Services
- Community Care Coordination

Wheatland Memorial Healthcare will determine which needs or opportunities could be addressed considering WMH'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.

- | | |
|--|---|
| • Al-Anon | • Public Assistance & Child and Family Services |
| • Alcoholics Anonymous | • Rocky Mountain Sleep Disorders Center |
| • Central Montana Health District | • The Mental Health Center of Central MT |
| • Billings Clinic | • Wheatland County Senior Center |
| • Harlowton Chamber of Commerce | • WIC |
| • Harlowton Public Schools | • Montana Office of Rural Health and Area Health Education Center (MORH/AHEC) |
| • Wheatland County Extension (MSU) | |
| • Montana Nutrition and Physical Activity (NAPA) | |
| • NAMI | |

X. Evaluation of Activity Impacts from Previous CHNA

The Wheatland Memorial Healthcare Board of Trustees approved its previous implementation plan December 19, 2013. The plan prioritized the following health issues:

- Access to Healthcare Services
- Plan for Expansion
- Education and Outreach

Access to Healthcare Services

Wheatland Memorial Healthcare (WMH) finalized contracts and credentialed a Pulmonologist and a Certified Sleep Doctor for a Sleep Lab in 2013. Space was designated, finalized a fee structure, and marketed the sleep lab. A number of sleep studies were provided locally in 2014. Unfortunately, WMH had challenges with the Certified Sleep Doctors schedule. He was struggling to keep his commitment with Rocky Mountain Sleep Disorders Contract. After many failed attempts to find a new Certified Sleep Doctor and keep the lab going it closed in early 2015.

Wheatland Memorial Healthcare has been creative when it has come to offering pulmonary services. Pulmonary function testing was established in-house. Patients must be referred by medical provider. We are currently marketing capabilities in the community.

Wheatland Memorial Healthcare nurses provided a Lifestyle Balance accountability group open to community members and employees in June 2015. The program had 11 participants and deemed successful. WMH has plans to do another winter/spring course depending on clinic staffing.

Plan for Expansion

In 2014, Wheatland Memorial Healthcare purchased a large piece of property in front of the hospital. Currently, WMH owns all the property in front of the hospital on the main highway through town. A committee, along with some board members are conducting a cost analysis on space, needs and outcomes.

WMH has explored moving the Physical Therapy department off campus to provide more space for more equipment and private provider space while working with patients. We are weighing out all options and doing a cost analysis.

Wheatland Memorial Healthcare is building relationships with donors and Grantors that give for bricks and mortar.

Education and Outreach

WMH has advertised counseling services available in the community, with a focus on substance abuse counseling and mental health. These services were added to newly launched website in 2015 free of charge.

WMH also ran a full page spread on the local NAMI group and awareness on mental health needs and services on the facility's website, newsletter annually, and numerous article in the paper have been written. NAMI groups were invited to set up informal booths at local health fairs free of charge.

Appendix A – Steering Committee Members

Steering Committee – Name and Organization Affiliation

1. Sue Woods, RN, Director- Central Montana Health District
2. Heather Thom, RN- Central Montana Health District
3. Jane Moe, Marketing Director- Wheatland Memorial Healthcare
4. Leslie Aiton, Accounting- Wheatland Memorial Healthcare
5. Sharlett Dale, Radiology- Wheatland Memorial Healthcare
6. Gia Holiway, Clinic Director- Wheatland Memorial Healthcare
7. Jenny Peters, Board of Trustees- Wheatland Memorial Healthcare

Appendix B – Public Health and Populations Consultation

1. Public Health

- a. Name/Organization
Sue Woods RN- Director, Central Montana Health Department
Heather Thom RN- Central Montana Health Department
Gia Holiway- Clinic Director, Bair Memorial Clinic
- b. Date of Consultation
First Steering Committee Meeting June 23, 2016
- c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
Steering Committee
- d. Input and Recommendations from Consultation
 - Unintentional injury is quite high here because we are a ranching community.
 - In the clinic we are seeing patients with prescription abuse problems.
 - Housing is a huge issue in our community, there just isn't anything available.

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

Population- Low-Income/Underinsured

- a. Name/Organization
Sue Woods RN- Director, Central Montana Health Department
Leslie Aiton- Accounting, Wheatland Memorial Hospital
- b. Date of Consultation
First Steering Committee Meeting June 23, 2016
- c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
Steering Committee
- d. Input and Recommendations from Consultation
 - Our medium income is about half of what it is for the rest of the state.
 - However our unemployment rate is lower than the state average. People are working but they just aren't making money.
 - We should include WIC and HRDC utilization in the survey.
 - A lot of moms here utilize Healthy MT Kids Plus so we should add it as an option in addition to Medicaid.

Population- Seniors

- a. Name/Organization
Elizabeth Ruark- President of Board, Harlowton Senior Center
- b. Date of Consultation
August 3,2016
- c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
Key Informant Interview
- d. Input and Recommendations from Consultation
 - We have absolutely no home health care. If any seniors just have temporary health problems, there are services to help them bath or just fix meals for them. You have to get somebody from out of town.
 - There is only an assisted living facility but many seniors don't need that level of care yet.
 - There is a lack of healthcare services in general because we are such a small community.

Appendix C – Secondary Data County Health Profile

Wheatland County
Secondary Data Analysis
July 23, 2012



Office of Rural Health
Area Health
Education Center

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

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

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

*Chronic Lower Respiratory Disease

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

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

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

²Center for Disease Control and Prevention (CDC) (2012)

³American Diabetes Association (2012)

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

Chronic Disease Hospitalization Rates	County	Montana
Stroke ¹ Per 100,000 population	173.8	182.2
Diabetes ¹ Per 100,000 population	127.3 (Region 3)	115.4
Myocardial Infarction ¹ Per 100,000 population	150.3 (Region 3)	147.3

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

Demographic Measure (%)	County	Montana	Nation ^{5,6}
Population ¹	2,010	989,415	308,745,538
Population Density ¹	1.4	6.7	Not relevant
Age ¹	<5 7%	<5 6%	<5 7%
	18-64 57%	18-64 63%	15-64 62%
	65+ 18%	65+ 14%	65+ 13%
Gender ¹	Male 49.7%	Male 50.1%	Male 49.2%
	Female 50.3%	Female 49.9%	Female 50.8%
Race/Ethnic Distribution			
White ¹	97.6%	91.5%	72.4%
American Indian or Alaska Native ¹	1.4%	6.8%	0.9%
Other † ¹	1.0%	1.7%	26.7%

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

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

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

⁵US Census Bureau (2010)

Wheatland County
Secondary Data Analysis
July 23, 2012

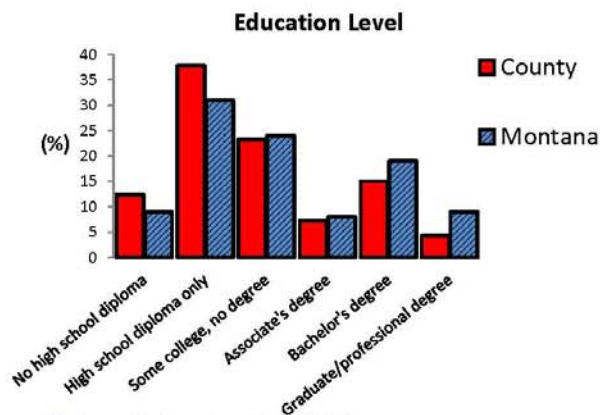
Socioeconomic Measures ¹ (%)	County	Montana	Nation ^{7,8}
Median Income ¹	\$28,654	\$43,000	\$51,914
Unemployment Rate ⁷	4.7%	6.3%	7.7%
Persons Below Poverty Level ¹	19.0%	14.0%	13.8%
Uninsured Adults (Age <65) ¹	26.0%	19.0%	18.2%
Uninsured Children (Age <18) ⁹	N/A	11.0%	10.0%

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

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

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

⁹Montana KIDS COUNT (2009)



¹⁰Indicators Northwest, Imp. Graph (2011)



Behavioral Health ^{1,2}	Region 3	Montana
Childhood Immunization Up-To-Date (UTD) % Coverage ^{11,††} Age 24-35 months, population size: 12,075 (% sampled: 35.9%)	28.6% (County)	64.3%
Tobacco Use ¹	18.7%	19.3%
Alcohol Use (binge + heavy drinking) ¹	20.8%	22.8%
Obesity ¹	24.2%	21.6%
Overweight ¹	38.3%	37.8%
No Leisure time for physical activity ¹	22.0%	20.7%

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

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

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

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



Screening ¹	Region 3	Montana
Cervical Cancer (Pap Test in past 3 yrs) ¹	84.7%	83.0%
Breast Cancer (Mammogram in past 2 yrs) ¹	73.5%	71.9%
Blood Stool ²	26.5%	25.3%
Sigmoidoscopy or Colonoscopy ²	54.5%	54.3%
Diabetic Screening ⁵ Percent of Medicare enrollees who received HbA1c screening	81.0% (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}
Suicide Rate per 100,000 population ¹	19.9	20.3	12.0
Unintentional Injury Death Rate per 100,000 population ¹	79.5	58.8	38.4
Percent Motor Vehicle Crashes Involving Alcohol ¹	12.0%	10.0%	32.0%
Pneumonia/Influenza Mortality per 100,000 population ¹	29.8	19.0	17.5
Diabetes Mellitus ²	49.7	27.1	21.8

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

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

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

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

Maternal Child Health ¹	County	Montana	Nation ^{14,15}
Infant Mortality (death within 1st year) Rate per 1,000 live births ¹	6.1 (Region 3)	6.1	6.7
Entrance into Prenatal care in 1st Trimester Percent of Live Births ¹	65.3%	83.9%	69.0%
Birth Rate ⁹ Babies born per 1,000 people	10.9	12.8	13.5
Low Birth Weight (<2500 grams) Percent of live births ¹	7.1% (Region 3)	7.3%	8.3%
Neonatal Mortality (under 28 days of age) Rate per 1,000 live births ¹	3.5 (Region 3)	3.3	4.5
Post Neonatal Mortality (28 through 364 days of age) Rate per 1,000 live births ¹	2.6 (Region 3)	2.7	2.2
Pre-Term Birth (<37 completed weeks gestation) Percent of Live Births ¹	9.6% (Region 3)	10.1%	12.5%

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

⁹Montana KIDS COUNT (2009)

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

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

Economic Impact Assessment

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

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

Section I Location Quotients

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

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

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

Two location quotients for hospital employment in Wheatland County were calculated. The first compares Wheatland 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) = 2.75

Hospitals Location Quotient (compared to U.S.) = 3.16

A location quotient near 1 indicates that the employment concentration in the county mirrors that of the larger geographic region. In the case of Wheatland County, the location quotient of 2.75 indicates that hospital employment in the county is almost three times as high as one would expect given statewide employment patterns. When compared to the nation, the location quotient is even higher at 3.16. Wheatland probably has such high location quotients because staffing a full-service

hospital requires a base number of employees regardless of the overall population of the county. Many rural hospitals have high location quotients because, unlike their urban counterparts, they cannot take advantage of economies of scale.

Another way to look at the location quotient is to ask how many employees would be employed in the hospital sector if Wheatland County's employment patterns mirrored the state or the nation. Wheatland Memorial Healthcare averaged 81 employees in 2010. This is 52 more than expected given the state's employment pattern and 55 more than expected given the national employment pattern. In 2010, Wheatland County Medical Center accounted for 14.7% of county nonfarm employment and 18.6% of the county's total wages.

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

Section II Age Demographics

The 2010 Census reported that there were 2,063 residents of Wheatland County. The breakdown of these residents by age is presented in Figure 1. Wheatland County's age profile is similar to that of many of Montana's rural counties. In 2010, baby boomers were between the ages of 45 and 60 and their presence is evident in the graph. Following the baby boom came the "baby bust," which is evidenced by the lack of 25 to 39 year olds in the county. In many rural Montana counties, the baby bust is exacerbated by out-migration of young adults.

Figure 1: Age Distribution of Wheatland County Residents

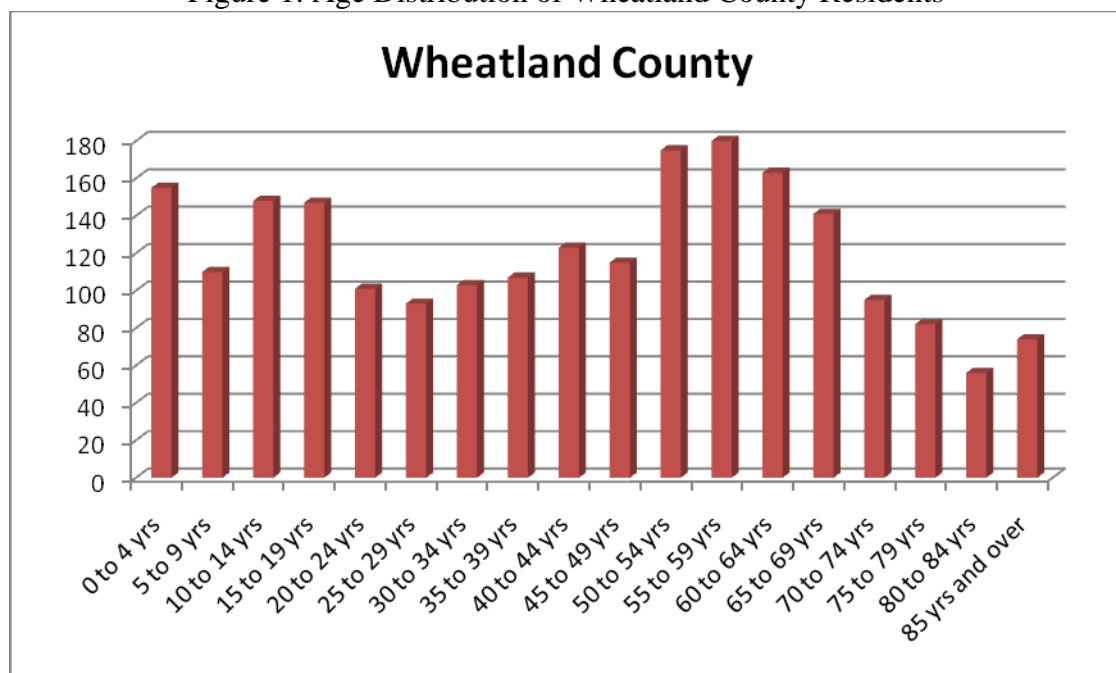


Figure 2: Percent of the population by age groups, Wheatland County vs. Montana

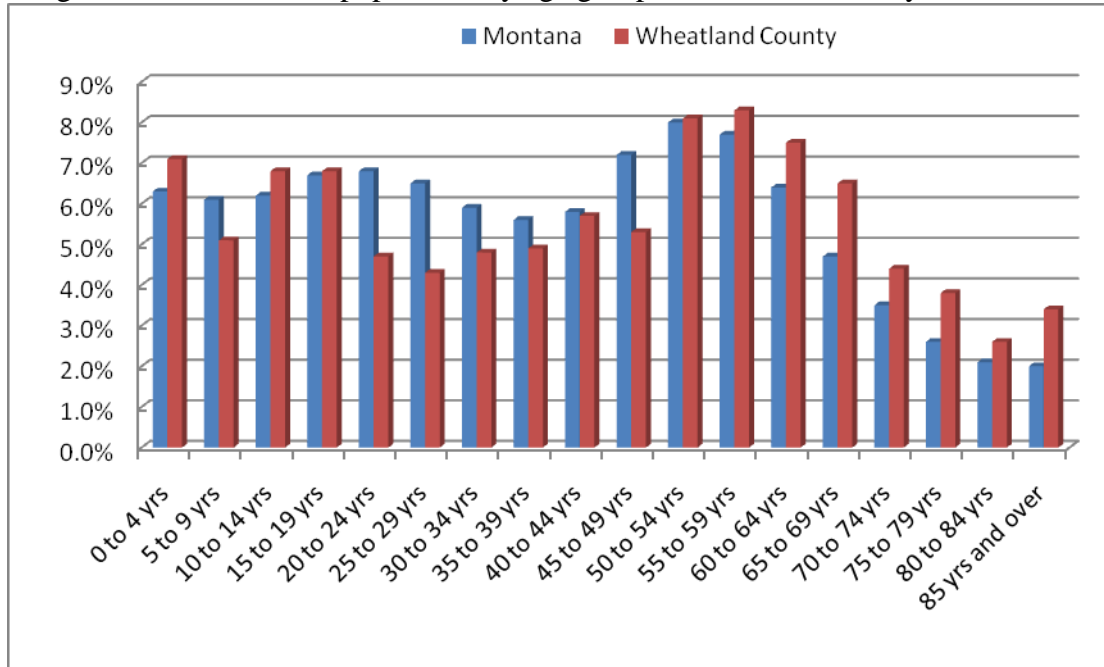


Figure 2 shows how Wheatland County’s population distribution compares to Montana’s. A careful examination of Figure 2 and the underlying data reveals that, compared with the State as a whole, Wheatland County has a lower percentage of people aged 20 to 49 years old (29.7 percent vs. 37.8 percent) and a higher percentage of people aged 55 or older (36.5 percent vs. 29.0 percent). According to the 2010 Census, Wheatland County had a median age of 44.9 compared to the state median of 39.8. These demographics are important when planning for healthcare delivery now, and in the future.

Section III Economic Impacts

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

Hospital Employment Multiplier = 1.26

Hospital Employee Compensation Multiplier = 1.15

Hospital Output Multiplier = 1.20

What do these numbers mean? The employment multiplier of 1.26 can be interpreted to mean that for every job at Wheatland Memorial Healthcare, another .26 jobs are supported in Wheatland County. Another way to look at this is that if Wheatland Memorial Healthcare suddenly went away, about 21 additional non-hospital jobs would also be lost in the county (based on 2010 hospital employment of 81). The employee compensation multiplier of 1.15 simply states that for every dollar in wages and benefits paid to the hospital's employees, another 15 cents of wages and benefits are created in other local jobs in Wheatland County. Put another way, if Wheatland Memorial Healthcare suddenly went away, about \$388,021 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 Wheatland Memorial Healthcare, output in the county increases by another 20 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 Wheatland Memorial Healthcare to the county's economy. Tangible economic impacts have been presented, and intangible economic development impacts have also been discussed. Any questions regarding the data or methodology can be addressed to the author.

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

Appendix D – Survey Cover Letter



Wheatland Memorial Healthcare

August 3, 2016

Dear Resident:

Please participate in our Community Health Needs Assessment survey and have a chance to WIN a \$50 gas card!

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

*Your name has been randomly selected as a resident who lives in the WMH service area. This survey covers topics such as: use of healthcare services, awareness of services, community health, health insurance and demographics. We know your time is valuable so we have made an effort to keep the survey to about 15 minutes. **Participating in this survey is completely voluntary and your identity and answers will remain anonymous.** Please note that we cannot guarantee confidentiality for any information that you choose to share with others in your community.*

You are probably aware of many challenges rural citizens face related to healthcare, such as access to services and affordability. By completing the enclosed survey, you can help guide Wheatland Memorial Healthcare (WMH) in developing comprehensive and affordable healthcare services to our area residents.

1. **Due date to return survey and ONE raffle ticket: September 12, 2016**
2. **Return your completed survey in the envelope provided - no stamp needed**
3. **Keep the other raffle ticket for when we announce the three winners on our website and Facebook page the week of September 20, 2016**

The winning raffle ticket number will be announced on the WMH's website at: <http://www.wheatlandmemorial.org/> and WMH Facebook page <https://www.facebook.com/mywmh/> the week of September 20, 2016. WMH is offering you this chance to **win a \$50 gas card** as a thank you for completing the enclosed survey.

All survey responses will go to the National Rural Health Resource Center in Duluth, Minnesota, the organization that is assisting with this project. If you have any questions about the survey, please call Natalie Claiborne at 406-994-6001. We believe, with your help, we can continue to improve healthcare services in our region.

Thank you for your assistance. We appreciate your time.

Sincerely,

A handwritten signature in blue ink that reads "BC Howell".

Brad Howell, CEO
Wheatland Memorial Healthcare

Appendix E – Survey Instrument

Community Health Services Development Survey Harlowton, Montana

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

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

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

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

- | | | |
|---|---|---|
| <input type="radio"/> Alcohol abuse | <input type="radio"/> Heart disease | <input type="radio"/> Respiratory diseases |
| <input type="radio"/> Cancer | <input type="radio"/> Lack of access to healthcare | <input type="radio"/> Stroke |
| <input type="radio"/> Child abuse/neglect | <input type="radio"/> Lack of dental care | <input type="radio"/> Overweight/obesity |
| <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 _____ |
| <input type="radio"/> Drug/prescription abuse | <input type="radio"/> Recreation related accidents/injuries | |

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

- | | |
|---|--|
| <input type="radio"/> Access to healthcare and other services | <input type="radio"/> Low crime/safe neighborhoods |
| <input type="radio"/> Affordable/available 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 Wheatland Memorial Healthcare?

- ☐ Excellent ☐ Good ☐ Fair ☐ Poor

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

- | | | | |
|--|--|---|-----------------------------------|
| <input type="radio"/> Community bulletin board | <input type="radio"/> Website/Facebook | <input type="radio"/> Health fair | <input type="radio"/> Other _____ |
| <input type="radio"/> Healthcare provider | <input type="radio"/> Newspaper | <input type="radio"/> Hospital newsletter | |
| <input type="radio"/> Friends/family | <input type="radio"/> Word of mouth/reputation | <input type="radio"/> Presentations | |

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

- ☐ Pharmacy ☐ Public health/CMHD ☐ Senior Center
☐ Dentist ☐ Mental health/counseling ☐ HRDC/WIC ☐ Other _____

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

- ☐ Greater health education services ☐ Interpreter services
☐ Improved quality of care ☐ Transportation assistance
☐ More primary care providers ☐ Cultural sensitivity
☐ Clinic services open longer ☐ Telemedicine/virtual health
☐ More specialists ☐ Other _____

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

- ☐ Very important ☐ Important ☐ Not important ☐ Don't know

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

- ☐ Yes ☐ No **(If no, skip to question 11)**

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

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

11. 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"/> Mammography | <input type="radio"/> Routine health checkup |
| <input type="radio"/> Cholesterol check | <input type="radio"/> Pap smear | <input type="radio"/> Flu shot/immunizations |
| <input type="radio"/> Colonoscopy | <input type="radio"/> Prostate (PSA) | <input type="radio"/> None |
| <input type="radio"/> Routine blood pressure check | <input type="radio"/> Lab check | <input type="radio"/> Other _____ |



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

13. How would you rate the availability of mental health services in Wheatland County?

- ☐ Excellent ☐ Good ☐ Fair ☐ Poor

14. What mental health services are needed in our community?

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

- | | | |
|---|---|---|
| <input type="radio"/> Alcohol abuse | <input type="radio"/> Grief counseling | <input type="radio"/> Parenting |
| <input type="radio"/> Alzheimer's | <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 | <input type="radio"/> Living will | <input type="radio"/> Support groups |
| <input type="radio"/> Drug/prescription abuse | <input type="radio"/> Men's health | <input type="radio"/> Weight loss |
| <input type="radio"/> First aid/CPR | <input type="radio"/> Mental health | <input type="radio"/> Women's health |
| <input type="radio"/> Fitness | <input type="radio"/> Nutrition | <input type="radio"/> Other _____ |

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**)

- | | | |
|---|--|---------------------------------------|
| <input type="radio"/> Wheatland Memorial Healthcare | <input type="radio"/> St. Vincent Healthcare | <input type="radio"/> Billings Clinic |
| <input type="radio"/> Benefis Health System | <input type="radio"/> Central Montana Medical Center | <input type="radio"/> VA |
| | | <input type="radio"/> Other _____ |

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

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



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

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

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

☐ Harlowton ☐ Billings ☐ Bozeman
☐ Great Falls ☐ Lewistown ☐ VA ☐ Other _____

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

☐ Appointment availability ☐ Recommended by family or friends
☐ Clinic's reputation for quality ☐ Referred by physician or other provider
☐ Closest to home ☐ Required by insurance plan
☐ Cost of care ☐ VA/Military requirement
☐ Length of waiting room time ☐ Indian Health Services
☐ Prior experience with clinic ☐ Shopping in that town
☐ Confidentiality/privacy ☐ Other _____

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

☐ Yes ☐ No (If no, skip to question 25)

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

☐ Harlowton ☐ Billings ☐ VA
☐ Great Falls ☐ Lewistown ☐ Other _____

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

☐ Allergist ☐ Mental health counselor ☐ Psychiatrist
☐ Cardiologist (heart) ☐ Neurologist ☐ Psychologist
☐ Chiropractor ☐ Neurosurgeon ☐ Pulmonologist (lungs)
☐ Dentist ☐ OB/GYN ☐ Radiologist (x-ray)
☐ Dermatologist (skin) ☐ Occupational therapist ☐ Rheumatologist
☐ Dietician ☐ Oncologist (cancer) ☐ Speech therapist
☐ Endocrinologist (hormones) ☐ Ophthalmologist (eye) ☐ Social worker
☐ ENT (ear/nose/throat) ☐ Orthopedic surgeon ☐ Substance abuse counselor
☐ Gastroenterologist (stomach) ☐ Pediatrician (children) ☐ Urologist
☐ General surgeon ☐ Physical therapist ☐ Other _____
☐ Geriatrician ☐ Podiatrist (foot)

25. The following services are available at Wheatland Memorial Healthcare. 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/Haven't used = DK
Emergency room	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> DK
Bair Clinic	<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
Long term care/nursing home	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> DK
Acute/skilled care (inpatient care/hospitalization)	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> DK
Telemedicine/virtual health	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> DK
Health education programs	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> DK
Pastoral care	<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
Pulmonary Function Testing (to measure how well your lungs work)	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> DK
Cardiology services	<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. Has cost prohibited you from getting a prescription or taking your medication regularly?

☐ Yes ☐ No

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

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

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

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

30. How well do you feel your health insurance covers your healthcare 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 healthcare expenses?

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

Demographics

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

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

- ☐ 59036 Harlowton ☐ 59074 Ryegate ☐ 59453 Judith Gap
☐ 59403 Martinsdale ☐ 59078 Shawmut ☐ 59085 Two Dot

34. What gender do you identify with? ☐ 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:

National Rural Health Resource Center, 525 S. Lake Ave. Suite 320, Duluth MN 55802

THANK YOU VERY MUCH FOR YOUR TIME

Please note that all information will remain confidential

Appendix F – Responses to Other and Comments

2. In the following list, what do you think are the three most serious health concerns in our community?
 - Old age/Elderly (2)
 - Unhealthy water/water quality (2)
 - Cancer
 - Drugs
 - Poor eating habits
 - Poor bookkeeping at hospital
 - Poor clinic/hospital
3. Check the three items below that you believe are most important for a healthy community:
 - Good water
 - Activities
 - Low cost healthcare
5. How do you learn about the health services available in our community?
 - Called to ask
 - Former employee
 - Through job
6. Which community health resources, other than the hospital or clinic, have you used in the last three years?
 - Ambulance (2)
 - None (3)
 - Health fair
 - Convenience care, Billings
7. In your opinion, what would improve our community's access to health care?
 - Affordability (6)
 - Full-time doctor (6)
 - Better insurance options (3)
 - Continuity of care – too many transient providers (2)
 - Keeping good providers and nurses (2)
 - Home health care (2)
 - Better primary care providers
 - Chiropractic service
 - Cleaner clinic
 - Consistency
 - Dependency counseling (alcohol, gambling, drugs)
 - In network provider for Allegiance
 - Interactions with community
 - More affordable housing for nursing & CNA staff
 - Providers active and visible in the community
 - Wellness exercise group for 65+ group

- [selected Interpreter services] Even though I have not been to Wheatland Memorial, it's always difficult for rural healthcare to get sign language interpreters. Purple VRS works great!

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

- Clinic wasn't clean, staff were unprofessional
- Denied by provider
- ED [Emergency Department] error
- Had to see specialist
- High deductible
- Lousy insurance
- No MD available
- Overbilled
- Too expensive as provider was out of network
- Unable to diagnose what was wrong
- Unsure of quality of care
- Usual provider no longer at facility

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

- Office call for illness
- Have no choice, my health insurance provider requires participation in their wellness program or be fined \$60/month
- Dental teeth cleaning
- Chest x-ray, MRI, stress test
- Sinus infection check

12. What health care services would you use if available locally? [[N = 52]]

- Vision/Optician (6)
- Chiropractic (5)
- Better dentist (5)
- None/Not Sure (4)
- Access to exercise facilities (4)
- Use services already/Satisfied with current services (3)
- Quality providers (3)
- Full-time doctor (3)
- Well clinics (2)
- Naturopathic (2)
- Dermatology (2)
- Home health care (2)
- Specialist services (2)
- Neurology
- Dietician
- Periodontist
- VA
- OBGYN

- Better pharmacy
- Prenatal care
- Colonoscopy
- Diagnostic procedures
- Weight control
- Walk-in clinic or urgent care if it was an in-network provider
- Mental health counseling
- Family physician
- Public health
- Hospice care
- As little as possible
- All that is needed
- Pain management
- Reasonably priced physician care
- We use another clinic for referred services
- Customized exercise program that I can do at home developed by a PT.

13. How would you rate the availability of mental health services in Wheatland County?

- Holistic/alternative treatment options

14. What mental health services are needed in our community? [[N = 48]]

- Don't know/Not sure (10)
- Addiction management & counseling (7)
- Youth & family counseling (7)
- Counselors more available at lower cost (4)
- All services are needed (4)
- Therapists who maintain confidentiality, doctors, walk-ins, support groups
- Good counseling, social workers working with hospital and police station, public health
- Someone to talk with one-on-one (4)
- Counseling (2)
- A good clinician who is available more than 1/week (2)
- Local access to therapists & counselors (2)
- Neurologist
- Psychiatrist
- Psychologist
- LES
- We need trained people and a facility so that people can get help without added cost
- Recreation groups/facilities
- Poverty level population needs help with depression and day-to-day functioning
- A caseworker that lives in the community
- Transportation to services
- Education on what true emergencies are and Medicaid fraud

- 15.** If any of the following classes/programs were made available to our community, which would you be most interested in attending?
- None; it's my job to take care of myself and get educated on what to do to address any of these issues
 - Any and all would help
 - EMT
- 17.** If yes, which hospital does your household use the MOST for hospital care?
- Bozeman (3)
 - Yellowstone Surgery Center, Billings
 - Didn't like St. Vincent but that's where the operating doctor was
 - Surgery center
 - St. John's Lutheran Ministries
 - Depends on need
 - Colorado hospital
 - Out of state
 - St Peters, Helena
- 18.** Thinking about the hospital you were at most frequently, what were the three most important reasons for selecting that hospital?
- In-network provider (2)
 - Surgery availability (2)
 - Saw an MD instead of a PA/NP [Physician Assistant/Nurse Practitioner]
 - No other choice
 - They are able to bill my insurance timely, properly and without hassle
 - Clean and professional staff
 - Long-term relationship with hospital
 - Local
 - Specialist at that facility
- 20.** Where was that primary health care provider located?
- [selected Harlowton] Not anymore; doctor relocated
 - Laurel
 - White Sulphur Springs
 - Red Lodge
 - Helena
 - Livingston
 - Dillon
 - Big Timber
- 21.** Why did you select the primary care provider you are currently seeing?
- Long-term relationship with PCP [Primary Care Provider] (4)
 - Need referral to specialist (3)
 - Better billing (2)
 - They have a consistent health care provider
 - Preferred health care

- Lived in Laurel
- Good doctors, clean clinic
- Saw her in emergency and was impressed with level of care
- In-network provider
- OBGYN
- Only one available

23. Where was the health care specialist seen?

- Bozeman (6)
- Helena (3)
- Whitehall
- Townsend
- Colorado
- Out of state
- Missoula
- Spokane WA

24. What type of health care specialist was seen?

- Naturopath
- St. Vincent walk-in
- Pain management
- Weight loss surgery

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

- Tricare for life
- BCBS [Blue Cross/Blue Shield]

36. What is your employment status?

- Homemaker
- Help husband on ranch
- Workers comp.
- Retired

Additional Comments:

- Costs here for medical care, PT, very expensive – business office can't keep up with charges and bills are incorrect, and bills are being paid double, especially by the elderly. Office is in too big of hurry to turn people in to collection agency instead of being willing to work out "reasonable" payment plan.
- Wheatland County is/has an aging population, with a strong alcohol/drug abuse issue. Low income population. This area does not need another survey to expose problems and be put away with 99% of surveys
- Publish winning ticket # in newspaper

Appendix G –Key Informant Interview Questions

Key Informant Interview

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

Appendix H – Key Informant Interview Notes

Key Informant Interview #1

Friday, July 29, 2016- phone interview

1. What would make your community a healthier place to live?
 - You know, I think we are good. Maybe maternity services for younger people moving here.
 - It would be good if we could get more primary care doctors. Or really just one more. The Doctor that is here is great and we do have two PAs [Physician Assistants] and they are wonderful as well, but another doctor would help keep people from having to travel.
2. What do you think are the most important local healthcare issues?
 - Access to primary care services in town.
 - We are an older community. So making sure we have services available to help those older folks in town. Concentrating on senior care.
3. What other healthcare services are needed in the community?
 - For the size of our community, we really get great service with our hospital.
 - I guess having OB [Obstetrics] for those younger people moving here, and pediatrics.

Key Informant Interview #2

Friday, July 29, 2016- phone interview

1. What would make your community a healthier place to live?
 - Probably more enforcement regarding substance abuse. Drugs and alcohol, for all age groups.
 - It would be nice to have a health facility or gym accessible to everyone in the community.
2. What do you think are the most important local healthcare issues?
 - Again, the substance abuse issue. We do have a NAMI [National Alliance on Mental Illness] and AA [Alcoholics Anonymous] groups that meet. But the law enforcement issue is concerning.
 - Mental health probably goes along with this as well.
3. What other healthcare services are needed in the community?
 - There are a lot of people that get referred to Billings. It would be nice to be able to more things locally so people don't have to travel so much.
 - OB [Obstetrical] services and minor surgery.
 - There are a lot of services that are available here that I just don't think the community realizes they can do it locally. I'm not sure how to better get the word out.

Key Informant Interview #3

August 1, 2016- phone interview

1. What would make your community a healthier place to live?
 - Better streets. Our streets are a mess because they are putting in new water and sewer lines.
 - More rentals and decent housing.
2. What do you think are the most important local healthcare issues?
 - We don't have enough patients that are seeking local healthcare. Too many people are going out of town.
 - Might be a need for dialysis in the community.
 - Federal and state regulations can be overbearing on the people and on the hospitals.
 - We hearing a lot about increases in insurance and dissatisfaction with Obama care.
 - Cost of doctors and nurses. We got a couple of good nurses there that are leaving because they can get better wages elsewhere.
 - We have a lot of good personal in our hospitals but one of the problems is they have to send a lot of patients to Billings.
 - The waiting time is far too long for a patient from Harlowton to go to Billings. The wait time in Harlowton is really good.
3. What other healthcare services are needed in the community?
 - Dialysis.
 - I think the local healthcare people are doing a decent job.

I think our hospital is more equip than other small places around Montana

Key Informant Interview #4

Wednesday, August 03, 2016- Elizabeth Ruark, President of the Board at Senior Center
Via phone interview

1. What would make your community a healthier place to live?
 - We have absolutely no home health care. If any seniors just have temporary health problems, there are services to help them bath or just fix meals for them. You have to get somebody from out of town.
 - There is only an assisted living facility but many seniors don't need that level of care yet.
2. What do you think are the most important local healthcare issues?
 - A lot of community members will not go to the clinic here. There is a constant turnover of employees. There is only a doctor there occasionally. People would rather go Billings for primary care.
 - When you don't have the same person twice the quality of care diminishes.
 - You want your doctor to know you.
 - Retention of quality staff is an issue here.

3. What other healthcare services are needed in the community?
 - Because it is such a small area, there are no specialists here. We have an orthopedic guy that comes once a month. There is no eye care here. People drive 50-100 miles for specialty care. We do have a dentist though.
 - There is a lack of healthcare services in general because we are such a small community.

Key Informant Interview #5

Thursday, August 5, 2016- phone interview

1. What would make your community a healthier place to live?
 - We really have a need for more services for the elderly. Things like: home health, a taxi or other transportation, personal care attendants.
 - You see community members having to go into the nursing home because they can't find anyone to help them out with little things at home.
 - Seniors also really need help in understanding insurance. What it is, what it covers, if there are any other programs they qualify for and how to access them. It can be confusing and hard to understand.
 - I learned about some of this just from my experience and researching it on the job- but it can be really hard to navigate.
2. What do you think are the most important local healthcare issues?
 - Senior care and services.
 - We need more dental services as well. We currently have one guy who comes once a week but it's really not enough.
 - It is really burdensome for people, seniors especially, to have to leave town for services.
3. What other healthcare services are needed in the community?
 - I see a need for services to support families with foster kids. It would be nice to have something set up in place, before the kids come here, to support the families in their transition.