

Northeast Montana Health Services

Community Health Services Development
Survey Report

Survey conducted by
Trinity Hospital
Wolf Point, Montana

Poplar Community Hospital
Poplar, Montana

June 2016

**Northeast Montana Health Services
Community Needs Assessment and Focus Groups**

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**Northeast Montana Health Services Community Survey
Summary Report
June, 2016**

I. Introduction

The Poplar Hospital Association (Poplar, Montana) and Trinity Hospital Association (Wolf Point, Montana) located in Northeast Montana merged on July 1, 1996 to form Northeast Montana Health Services (NEMHS); a local community non-profit healthcare system. Both hospitals share the same Federal ID number. In 1999, the Centers for Medicare and Medicaid approved the conversion of the Poplar Hospital to a 20-bed Critical Access Hospital. Trinity Hospital converted to a 22-bed Critical Access Hospital, receiving its designation in July of 2003. Today, NEMHS has 380 employees and eight providers making the facilities the largest employer in Roosevelt County. NEMHS is comprised of seven facilities in Poplar and Wolf Point: Poplar Hospital, Riverside Clinic, Poplar Tele-Pharmacy, Trinity Hospital, Listerud Rural Health Clinic, Wolf Point Tele-Pharmacy, and Faith Lutheran Home. NEMHS's service area consists of both non-Indian and Indian residents on the Fort Peck Reservation. It is the ninth-largest Indian reservation in the United States and comprises parts of four counties. In descending order of land area they are Roosevelt, Valley, Daniels, and Sheridan counties. A part of this project is community engagement which includes a health care service survey and focus groups, which were conducted by Northeast Montana Health Services.

In the spring of 2016, Northeast Montana Health Services' service area was re-surveyed about its health care system. This report shows the results of the survey in both narrative and chart formats. At the end of this report, we have included a copy of the survey instrument (Appendix D). Readers are invited to familiarize themselves with the survey instrument and then look at the findings. Our narrative report touches on the highlights while the charts present data for virtually every question asked.

II. Health Assessment Process

A Steering Committee will be convened to assist Northeast Montana Health Services in the implementation planning phase of the CHSD. A diverse group of community members, representing various organizations and populations within the community (ex. Public health, elderly, uninsured) will come together in the fall of 2016. For a list of all Steering Committee members and their affiliations, see Appendix A. The Steering Committee will meet at least once during the CHSD implementation process to review results of the survey and focus groups.

III. Survey Methodology

Survey Instrument

In May 2016, hard surveys were mailed out to the residents in Northeast Montana Health Services' service area. This includes the communities of Frazier, Wolf Point, Poplar, and Brockton, Montana. Also utilized was Survey Monkey.

The survey was marketed via the radio, on the NEMHS Face Book page and on the NEMHS Website. Survey Monkey was designed to market the younger, more techno literate population base. The survey on Survey Monkey was identical to the hard copy survey sent out to the residents of the communities listed in Roosevelt County. The surveys were to provide each facility with information from local residents regarding:

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

Sampling

Northeast Montana Health Services sent out 300 hard copy random surveys via Bulk Mailing. Residence was stratified in the hard copy sample selection so that each area would be represented in proportion to the overall served population and the proportion of year to date admissions. Of the 300 surveys sent out, 180 or 60 % were sent to residents with a zip code of 59201 (Wolf Point), 100 or 33% were sent to residents with a 59255 (Poplar) zip code, 10 surveys or 3% to residents with 59213 (Brockton) and 10 surveys or 3% were sent to residents from the 59225 (Frazier) zip code. As stated, statistically, these are in-line with our total YTD in-patient admissions. Of the total admissions, YTD, 54% are from the 59201 exchange, 33% from 59255, 4% from 59213 and 5% from 59225 zip code. (Note: Although the survey samples were proportionately selected, actual surveys returned from each population area varied, which may result in slightly less proportional results).

Survey sampling was also done through the use of Survey Monkey, an on-line survey tool, which is being used nation-wide for various applications. Residents of our survey area were able to access a link to Survey Monkey found on our Web site and also on our Face Book page. The survey process was conducted for 14 days.

Five focus groups and two Town Hall meetings were held to identify the motives of local residents when selecting health care providers and discover reasons why people may leave the Wolf Point/Poplar area to seek health care services. One of the focus groups conducted was with regional healthcare CEO's to discuss, in addition to the set of pre-determined, questions regarding the ACA (Affordable Care Act), ACO's (Accountable Care Organizations), medical home models etc., that will affect the face of healthcare in the months/years to come. Informant interviews were also conducted by the Montana Office of Rural Health. It was intended that this research would help determine the awareness of local programs and services, as well as the level of satisfaction with local services, providers, and facilities.

Information Gaps

Data

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

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

The low population density of rural and frontier communities require regional reporting of many major health indices including chronic disease burden and behavior health indices. The 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 and the on-line Survey Monkey allows for a more robust sample and, ultimately, these efforts help to increase the community response rate.

Survey Implementation

In June, the community health services survey, along with a cover letter from the Northeast Montana Health Services' Chief Executive Officer's signature on Northeast Montana Health Services' letter head, and a postage paid reply envelope were mailed to 300 randomly selected residents in the Northeast Montana Health Services' service area. A news release was sent to local newspapers prior to the survey along with radio adds announcing that Northeast Montana Health Services would be conducting a community health services survey throughout the region. In addition, we announced that we would be utilizing Survey Monkey for our patients that utilize today's technology. We also used our Face Book page and website to announcement our survey process.

As shown in the table below, 228 surveys were completed. Mail returns have been purged with the on-line surveys. From this point on, the responses will be based on 228 returns.

IV. Survey Respondent Demographics

The following tables indicate the demographic characteristics of the 228 survey respondents. Information on location, gender, age, and employment is included. Percentages indicated on the tables and graphs are based upon the total number of responses for each individual question, as some respondents did not answer all questions.

Place of Residence (Question 31)

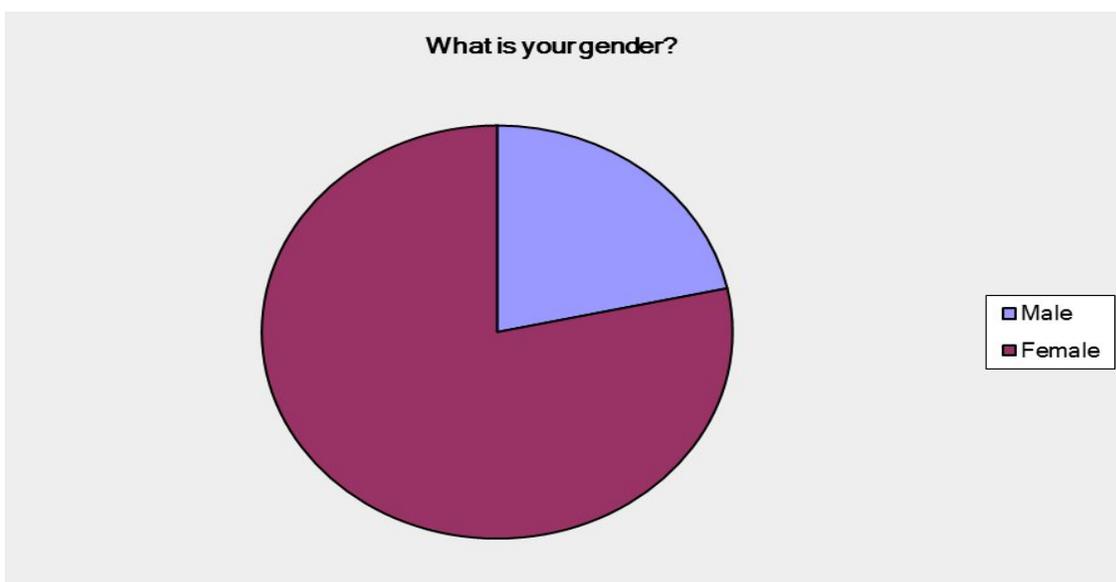
While there are some large differences in the percentages below, the absolute differences are small. The returned surveys are skewed toward the Wolf Point and Poplar populations which is reasonable given that this is where most of the services are located.

Location	Zip Code	Count	Percent
Wolf Point	59201	130	61.6%
Poplar	59255	66	31.3%
Frazer	59225	5	2.4%
Brockton	59213	10	4.7%
Skipped Question		12	
TOTAL		221	100.0%

Gender (Question 32)

N= 222

Of the 228 surveys returned, 78.4% (n=174) of survey respondents were female; 21.6% (n=48) were male, and 2.6% (n=6) chose not to answer this question. It is not unusual for survey respondents to be predominantly female, particularly when the survey is health care oriented since women are frequently the health care decision makers for families.



Age of Respondents (Question 33)

N= 222

Twenty-four percent (23.9%) of respondents (n=53) were between the ages of 56-65. Twenty-one percent (21.2) of respondents (n=47) were between the ages of 46-55, and twenty percent (20.3%) of respondents (n=45) were between the ages of 26-35. Six respondents chose not to answer this question. I feel that the three age divisions stated above reflect the residents using on-line technology.

What age range represents you?		
Answer Options	Response Percent	Response Count
18-25	10.8%	24
26-35	20.3%	45
36-45	13.1%	29
46-55	21.2%	47
56-65	23.9%	53
66-75	5.9%	13
76-85	3.6%	8
86+	1.4%	3
<i>answered question</i>		222
<i>skipped question</i>		6

Employment of Respondents (Question 34)

N= 223

Seventy-four (n=167) of respondents reported working full time, while 12.6% (n=28) are retired. 10.3% of respondents (n=23) indicated they work part time. Respondents could check all that apply, so the percentages do not equal 100%. Five respondents (7.1%) chose not to respond to this question.

What is your employment status?		
Answer Options	Response Percent	Response Count
Work full time	74.9%	167
Student	1.3%	3
Work part time	10.3%	23
Collect disability	0.4%	1
Unemployed, but looking	0.0%	0
Not currently seeking employment	0.4%	1
Other (please specify)	12.6%	28
<i>answered question</i>		223
<i>skipped question</i>		5

“Other” comments:

- Retired: (21)
- Self-employed (2)
- Homemaker (1)
- Work full time when not a student (2)
- Work two part time jobs (1)
- Business Owner (1)

V. Survey Findings- Community Health

Impression of Community (Question 1)

N= 228

Respondents were asked to indicate how they would rate the general health of their community. Forty-five percent (44.7) of respondents (n=102) rated their community as “Unhealthy.” Thirty-five percent of respondents (n=81) felt their community was “Somewhat Unhealthy” and 14.5% (n=33) felt their community was “Very Unhealthy.” No respondents chose not to respond to this question. According to this survey as compared to the survey three years ago, the respondents feel the overall health has substantially declined. All focus groups cited a much higher rate of drug use and abuse in our communities.

Health Concerns for Community (Question 2)

N= 228

Respondents were asked what they felt the three most serious health concerns were in their community. The number one health concern identified by respondents was “Alcohol abuse/substance abuse” at 96.5% (n=220). “Diabetes” and “child neglect/abuse” was also a high priority at 47.4% (n=108) and “Overweight/obesity” at 31.1% (n=71). Respondents were asked to pick their top three serious health concerns so percentages do not equal 100%.

In the following list, what do you think are the three most serious health concerns in our community?(Select 3 that apply)		
Answer Options	Response Percent	Response Count
Alcohol abuse/substance abuse	96.5%	220
Cancer	12.3%	28
Child abuse/neglect	47.4%	108
Depression/anxiety	10.1%	23
Diabetes	47.4%	108
Domestic violence	23.2%	53
Heart disease	6.1%	14
Lack of access to health care	5.3%	12
Lack of dental care	3.1%	7
Lack of exercise	7.5%	17
Mental health issues	14.9%	34
Motor vehicle accidents	3.9%	9
Recreation related accidents/injuries	0.0%	0
Stroke	1.3%	3
Overweight/obesity	31.1%	71
Tobacco use	7.5%	17
Work related accident/injuries	0.0%	0
Other		7
	<i>answered question</i>	228
	<i>skipped question</i>	0

“Other” Comments

- Drugs, meth
- Break down of family unit
- Drugs
- All of the above

Components of a Healthy Community (Question 3)

N= 227

Respondents were asked to identify the three most important things for a healthy community. Fifty-four percent of respondents (n=124) indicated that “Healthy Behaviors and lifestyles” is important for a healthy community. “Access To healthcare” was the second most indicated component at 47.1% (n=107) and third was “Strong family life” at 38.8% (n=88). Very close to that was “Low Crime/safe neighborhoods” at 37.9 % (n=86). Respondents were asked to identify their top three choices thus the percentages will not add up to 100%.

Select the three items below that you believe are most important for a healthy community, (Select 3 that apply)		
Answer Options	Response Percent	Response Count
Access to health care and other services	47.1%	107
Affordable housing	10.1%	23
Arts and cultural events	1.8%	4
Clean environment	18.1%	41
Community involvement	22.0%	50
Good jobs and healthy economy	31.7%	72
Good schools	14.5%	33
Healthy behaviors and lifestyles	54.6%	124
Low crime/safe neighborhoods	37.9%	86
Low death and disease rates	3.1%	7
Low level of domestic violence	9.3%	21
Parks and recreation	4.4%	10
Religious or spiritual values	17.2%	39
Strong family life	38.8%	88
Tolerance for diversity	2.2%	5
Other (please specify)	1.8%	4
<i>answered question</i>		227
<i>skipped question</i>		1

“Other Comments”

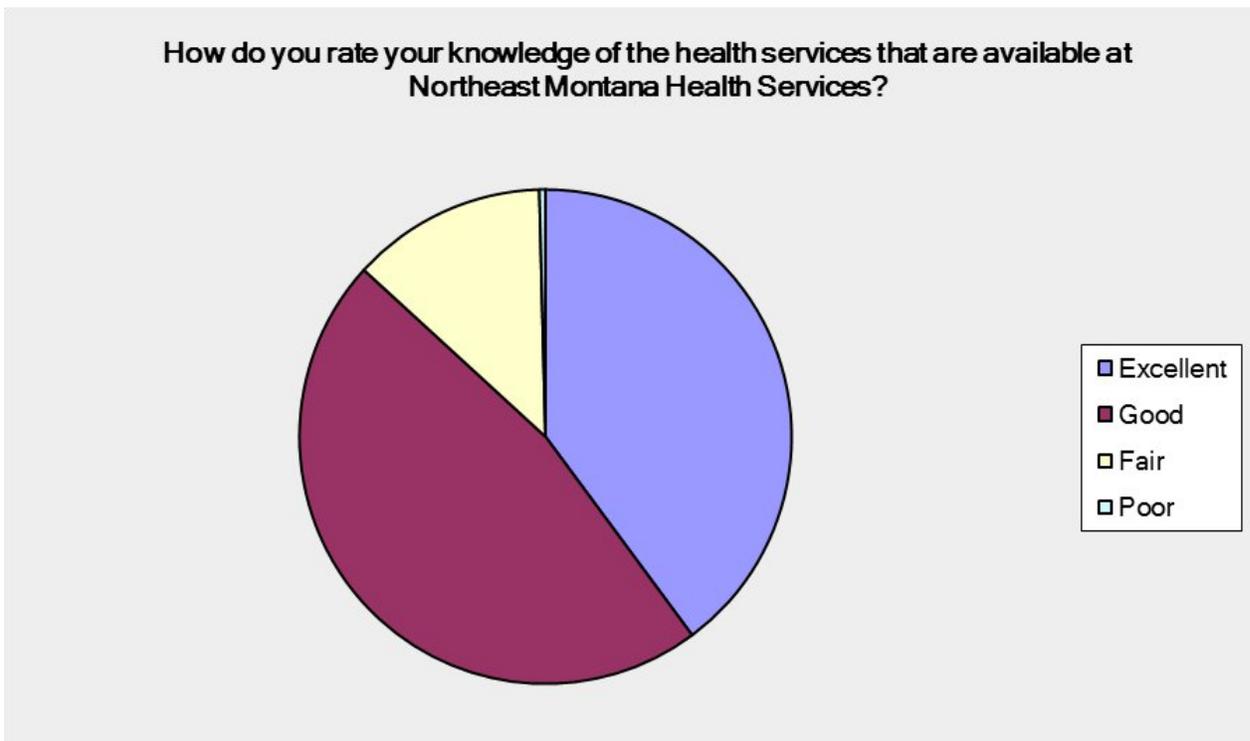
- Education
- Health Promotion
- Better Police Force
- Harsher punishments on criminals

VI. Survey Findings- Awareness of Services

Overall Awareness of Northeast Montana Health Services' Services (Question 4)

N= 226

Respondents were asked to rate their knowledge of the healthcare services available at Northeast Montana Health Services. Forty percent (n=90) of respondents rated their knowledge of services as "Excellent." Forty-seven percent (n=106) rated their knowledge as "Good" and 13% of respondents (n=29) rated their knowledge as "Fair." Less than one percent (n=1) rated their knowledge as "Poor". Two respondents chose not to answer this question.



How Respondents Learn of Health Care Services (Question 5)

N= 227

“Health care provider” was the most frequent method of learning about available services at 61.7% (n=140). Generally, “Word of mouth/reputation” was the number one response three years ago but is now the second most common method at 55.1% (n=116). “Friends/family” was the third most frequent response at 51.1% (n=116) and “Radio” was reported at 33% (n=75). Respondents could select more than one method so percentages do not equal 100%.

How do you learn about the health services available in our community? (Select all that apply)		
Answer Options	Response Percent	Response Count
Health care provider	61.7%	140
Newspaper	27.8%	63
Friends/family	51.1%	116
IHS Clinic	14.5%	33
Mailings/newsletter	17.2%	39
Presentations	5.7%	13
Word of mouth/reputation	55.1%	125
Website/internet	18.9%	43
Public health	11.9%	27
Radio	33.0%	75
Other (please specify)	6.2%	14
<i>answered question</i>		227
<i>skipped question</i>		1

“Other” comments:

- I am a public health employee
- Employee of NEMHS
- Work
- I am a Board member of NEMHS
- None of the above
- Staff meetings

Other Community Health Resources Utilized (Question 6)

N= 226

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 frequent community health resource cited by respondents at 87.6 (n=198). “Dentist” (38.1%, n=86) and “I HS clinic” (25.2%, n=57) were highly utilized as well. Respondents could select more than one method so percentages do not equal 100%.

Which community health resources, other than the hospital or clinic, have you used in the last three years?(Select all that apply)		
Answer Options	Response Percent	Response Count
Pharmacy	87.6%	198
Public health	14.2%	32
Dentist	38.1%	86
Mental health	6.2%	14
Senior Center	3.5%	8
IHS Clinic	25.2%	57
VA	3.1%	7
Other (please specify)	8.0%	18
<i>answered question</i>		226
<i>skipped question</i>		2

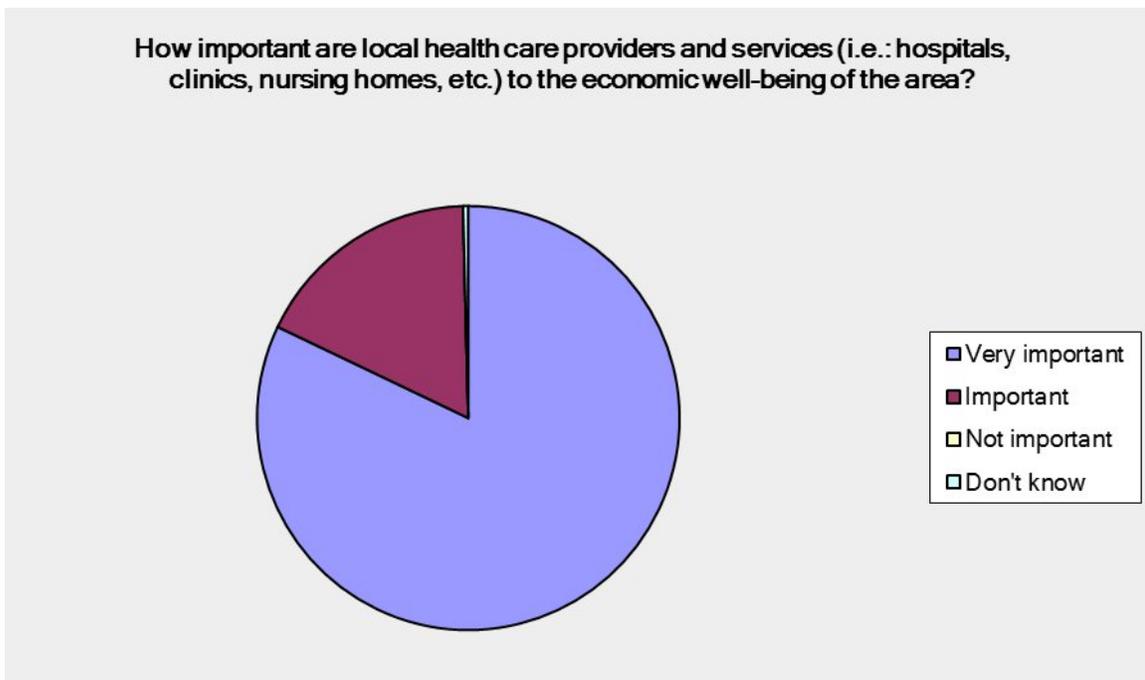
“Other” comments

- Roosevelt County Health Services
- Gastroenterologist
- Wellness Center
- Nursing Home
- Out of area dentist
- Vision
- Optometrist
- None
- Primary care
- Dermatologist
- Riverside Family Clinic
- J

Economic Importance of Local Health Care Providers and Services (Question 7)

N= 228

The majority of respondents, 82% (n=187) indicated that local health care providers and services (i.e.: hospitals, clinics, nursing homes, assisted living, etc.) are “Very Important” to the economic well-being of the area. 17.5% of respondents (n=40) indicated they are “Important” and only one person, or 0.4% indicated that they are “Don’t know”. There were no respondents that did not answer this question.

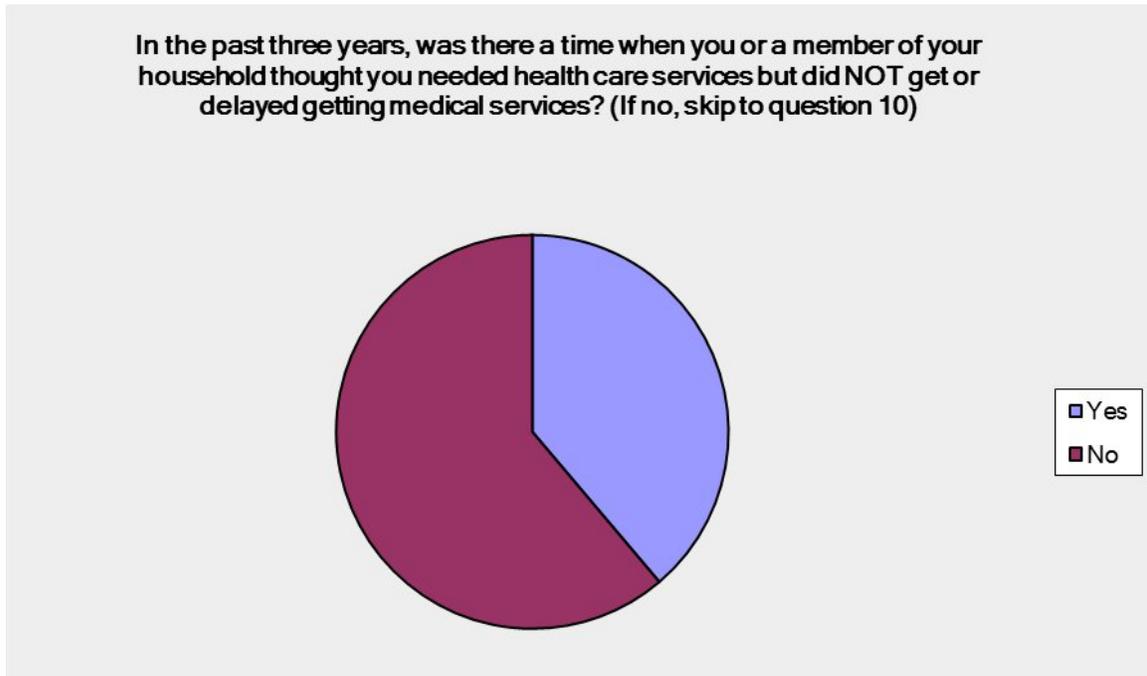


VII. Survey Findings- General Use of Health Care Services

Needed/Delayed Hospital Care During the Past Three Years (Question 8)

N= 224

Of the 228 surveys returned, 38.8% of respondents (n=87) reported that they or a member of their household thought they needed health care services, but did not get it or delayed getting it. 61.2% percent of respondents (n=137) felt they were able to get the health care services they needed without delay and four respondents chose not to answer this question.



Reasons for NOT Being Able to Receive Services or Delay in Receiving Health Care Services (Question 9)

N= 88

For those who indicated they were unable to receive or had to delay services, the reasons most cited were: “Too long to wait for an appointment” (43.2%, n=38), “It costs too much” (42%, n=37) and “Could not get an appointment” (33%, n=29). Respondents were asked to indicate their top three choices thus percentages do not total 100%. 140 respondents skipped this question.

If yes, what were the three most important reasons why you did not receive health care services? (Select 3 that apply)		
Answer Options	Response Percent	Response Count
Could not get an appointment	33.0%	29
Too long to wait for an appointment	43.2%	38
Office wasn't open when I could go	8.0%	7
Unsure if services were available	5.7%	5
Had no one to care for the children	2.3%	2
It costs too much	42.0%	37
Could not get off work	12.5%	11
Didn't know where to go	3.4%	3
It was too far to go	8.0%	7
My insurance didn't cover it	17.0%	15
No insurance	18.2%	16
Not treated with respect	14.8%	13
Too nervous or afraid	6.8%	6
Language barrier	1.1%	1
Transportation problems	9.1%	8
Don't like doctors	3.4%	3
Other (please specify)	10.2%	9
<i>answered question</i>		88
<i>skipped question</i>		140

“Other” comments:

- Primary ER is where the doctors treat people disrespectfully
- No return call
- Schedule
- Poor service from doctors
- Wouldn't treat shingles in ER
- Doctor retired and had to reschedule in Billings
- Could not get a referral
- Too busy

Preventative Testing (Question 10)

N= 224

Respondents were asked if they had utilized any of the services listed in the past year. “Routine health checkup” was selected by 52.2% of respondents (n=117). 50.4% of respondents (n=113) indicated they received a “Flu shot” and another 40.6% of respondents (n=91) had a “Routine blood pressure check”. Respondents could check all that apply thus the percentages will not equal 100%.

Which of the following services have you used in the past year? (Select all that apply)		
Answer Options	Response Percent	Response Count
Children's checkup/Well baby	17.9%	40
Cholesterol check	27.7%	62
Colonoscopy	9.4%	21
Routine blood pressure check	40.6%	91
Mammography	27.7%	62
Pap smear	25.0%	56
Prostate (PSA)	4.5%	10
Routine health checkup	52.2%	117
Flu shot	50.4%	113
None	11.2%	25
Other (please specify)	6.3%	14
answered question		224
skipped question		4

“Other Comments”

- Birthday special blood test (2)CT, x-ray, ultrasound
- Birth Control
- Prenatal (2)
- Telemed
- Diabetic care
- Cardiologist
- STI testing
- Lab Screening
- Labor & Delivery
- A1C Glucose check

Desired Local Health Care Services (Question 11)

Respondents were asked to indicate which additional health care services presently not available at Northeast Montana Health Services they would use if available locally. The following list shows the responses to this open-ended question.

Chiropractic (3)

Dental, specialists coming from Billings (11)

Hospice

Vet

Would be great to have a Health Care Provider be involved in weight loss management instead of just handing out pills.

Physical Therapy (9)

Ophthalmology (3)

orthopedics

free yearly check up

Good, knowledgeable doctor, orthopedic surgeon

MRI (6)

Pediatrician (2)

OB/GYN (2)

Pediatrician, OBGYN

Sleep Study

Would like to see more specialists come to the area and to have the hospital offer more services so patients don't have to travel

far. Have staff on hand 24/7 to do C-sections, etc.

Foot Doctor (3)

(
5
)

Making sure we have a Dr. available at all times.

Endocrinology

Alcohol, Drug Hotline

Dermatology

Rheumatology

Nutritional Counseling (2)

Cardio Specialist 2)

Diabetes Specialist

Services that promote healthy behaviors

Behavioral Health (2)

Pulmonary Services

Prenatal Education

Exercise Programs

Dermatology (4)

None that I can think of

Allergist (2)

Increased providers

Massage Therapy

Additional Health Screenings

More Telemed doctors

Walk in clinic

After hours clinic (2)

Woman's clinic separate from the hospital

Importance of Desired Health Service (Question 12)

Respondents were asked to indicate why they thought the health services they noted in question eleven are important for their community. The following list shows the responses to this open-ended question. 168 respondents skipped the question.

Can't be healthy if bad, infected teeth

Because there are lots of terminal conditions in our community because of lifestyle choices as well as simple aging, and there is the desire for care in the home, but no assistance in this area and so a person comes to the hospital to die. People should be given the opportunity to LIVE as they wish to as close to the end as possible with the option for pain management and condition management with a skilled helper. Families get overwhelmed and need the help and skills that hospice can bring, as well as the opportunity to face end of life issues with their own beliefs being valued and respected. Hospice would benefit us all.

DM, obesity, poor nutrition major contributor to poor health

Surgical Rehab, Cardiac Rehab, Therapy for injuries

just don't have this available to us when we need them

for healthy workers

Patients are more likely to pay for services if they do not have to travel miles on miles. Also, many cannot afford travel and bypass needed treatments and tests.

All of those procedures leave our community and an MRI is a fairly common diagnostic tool.

Yes. Especially a pediatrician.

Keep the money locally.

It is important to have prenatal, OB and delivery services available at all times for expectant mothers.

Otherwise if there is an emergency, OB patients are sent to Glasgow, Williston, etc.

Less travel time for dental, less expense at a walk in clinic instead of emergency room

A PERSON HAS TO WAIT AT THE VERY LEAST 2 WEEKS TO GET IN TO SEE THE EYE DR.

There are many people who have physical ailments that could be helped by physical therapy/ and or chiropractic – but who do not have transportation to other towns to receive treatment-or if they have cars, don't have the money to go to wolf point or Culbertson several times a week.

Because it keeps community people using our health care if we have Drs available.

Close to where people live

The number of diabetics ~ Billings is too far.

Bad problem on the Rez

Because of the age of the community

It is too far to travel to a good dentist and some aren't accepting any new patients.

PT requires frequent appointments which are impossible to get to out of town.

MRI

I am considering moving from this area because there is no access to physical therapy

Travel is hard for some members of the community

Our community is suffering from obesity and diabetes severely.

The most problem we are facing today in the community of Wolf Point.

there seems to be none available

So many people have dental problems here & you can't pick what you want.
sob less people would get to keep foot are leg
Because of travel to another hospital to have this.
easier to get

Lack of funds to travel to receive physical therapy after surgeries
Many people traveling out of town for these health care services.

ABUSE

have to travel for these things and not a lot of people can afford to.
So many people have dental problems here & you can't pick what you want.
sob less people would get to keep foot are leg
Because of travel to another hospital to have this
easier to get

Lack of funds to travel to receive physical therapy after surgeries
Many people traveling out of town for these health care services.

ABUSE

Have to travel for these things and not a lot of people can afford to.
Everybody needs to take good care of their teeth. Well taken care of teeth are a very important part of good hygiene.
We have a lot of young mothers with poor support systems.
The rate of unwanted children being born, stds, rape culture, yata yata. is sad.
Because most of the community is unhealthy and have nothing to do. Might as well exercise!
So the babies, children can get their check-ups - are if need to go to clinic-just important
keep it local
none that I can think of right now
Because many people her have these issues
Many, many community members go out of town for these two services, having them available would keep money in town.
People don't trust the IHS Doctors
Improves access to healthcare; stops patients from leaving community for needed healthcare

Obesity in our community is a problem not the biggest problem but it is #4

Eliminates travel and additional expense

People don't get sick on a schedule; and we need non-emergency care after hours and on weekends.
Working in my profession I see a lot of people struggling with skin conditions. Maybe people would like to see someone with
Dermatology education.
MRI would be a good addition so that patients do not have to travel hours to have one, it would also bring in a lot of income
for our hospital.

WE HAVE ALOT OF CHILD ABUSE AND CHILD NEGLECT

Because having to travel to another city is a pain

Would help with keeping things within reach instead of having to travel out of town. This usually requires taking time off
from work to do so.

Competition leads to lower costs and higher quality

not everyone can travel out of town

As a parent, access to a child specialist in this area always means travel, time off of work, overnight stays and gas bills

There are numerous people in our community that aren't able to take care of themselves or loved ones.

Money/Insurance is always going to be an ongoing issue so I understand why we don't have it but if we could these
would be a great asset to our community.

education

people have to work

The Primary Clinics get busier in Afternoon with Walk-Ins who could not get into the IHS Clinic, extended hours
would help to better serve the area, in addition, others who work could schedule appointments without having to take

time off.

Going to Billings or Sidney is a pain.

Physical Therapy is conducted in Glasgow when available, this is an hour drive away. If rehabilitation is needed, the drive to, combined with the PT and the drive back to increase the pain of the individual.

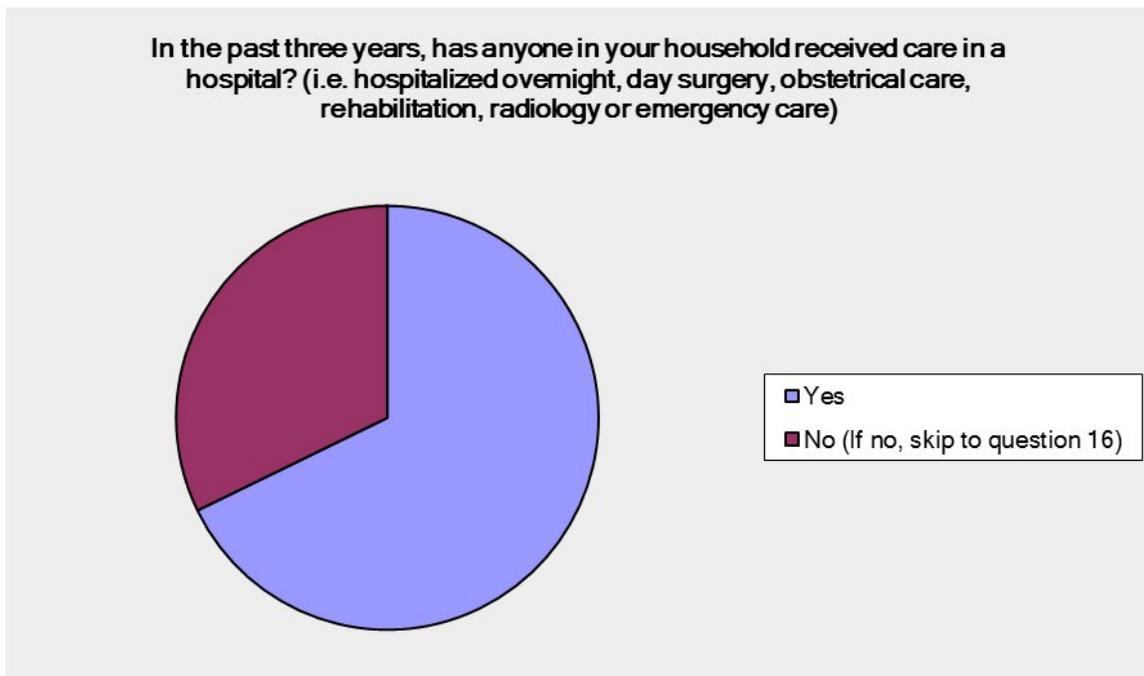
Going to Sidney or Billings is a pain.

VIII. Survey Findings- Hospital Care

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

N= 227

67.8% of respondents (n=154) reported that they or a member of their family had received hospital care during the previous three years. 32.2% (n=73) had not received hospital services and 1 respondent did not answer this question.



Hospital Used Most in the Past Three Years (Question 14)

N= 167

Of the 154 respondents who indicated receiving hospital care in the previous three years, 57.8% (n=93) reported receiving care at Trinity Hospital in Wolf Point. 21.1% of respondents (n=34) went to Poplar Community Hospital and 9.3% of respondents (n=15) utilized services from Frances Mahon Deaconess Hospital in Glasgow. 9.9% (n=16) respondents who reported they had been to a hospital in the past three years did not indicate which hospital they had utilized.

If yes, which hospital does your household use the MOST for hospital care (emergency care, inpatient services)? (Please select only ONE)		
Answer Options	Response Percent	Response Count
Poplar Community Hospital	21.1%	34
Trinity Hospital- Wolf Point	57.8%	93
Frances Mahon Deaconess Hospital- Glasgow	9.3%	15
Roosevelt Memorial Medical Center- Culbertson	0.0%	0
Glendive Medical Center	0.0%	0
Williston, ND	1.2%	2
VA	0.6%	1
Other (please specify)	9.9%	16
<i>answered question</i>		161
<i>skipped question</i>		67

“Other Comments”

- Billings Clinic (6)
- Benefis Hospital in Great Falls
- Denver Children’s Hospital
- Indian Health Clinic (2)
- St, Vincent’s, Billings
- Sidney Health Center (3)
- McCone County Hospital
- Santa Rosa Hospital, Santa Rosa CA

Reasons for Selecting the Hospital Used (Question 15)

N= 171

Of the 114 respondents who had a personal or family experience at a hospital within the past three years, the primary reason given for selecting the facility used most often was “Closest to home” at 73.2% (n=126). “Prior experience with hospital” was selected by 40.9% of the respondents (n=70) and 39.8% (n=68) selected “Emergency, no choice.” Note that respondents were asked to select the top three answers which influenced their choices therefore the percentages do not equal 100%.

Thinking about the hospital you were at most frequently, what were the three most important reasons for selecting that hospital? (Select 3 that apply)		
Answer Options	Response Percent	Response Count
Cost of care	2.9%	5
Closest to home	73.7%	126
Closest to work	17.5%	30
Emergency, no choice	39.8%	68
Hospital's reputation for quality	22.8%	39
Prior experience with hospital	40.9%	70
Recommended by family or friends	10.5%	18
Referred by physician	25.1%	43
Required by insurance plan	3.5%	6
VA/Military requirement	1.8%	3
Other (please specify)	8.2%	14
<i>answered question</i>		171
<i>skipped question</i>		57

“Other Comments”:

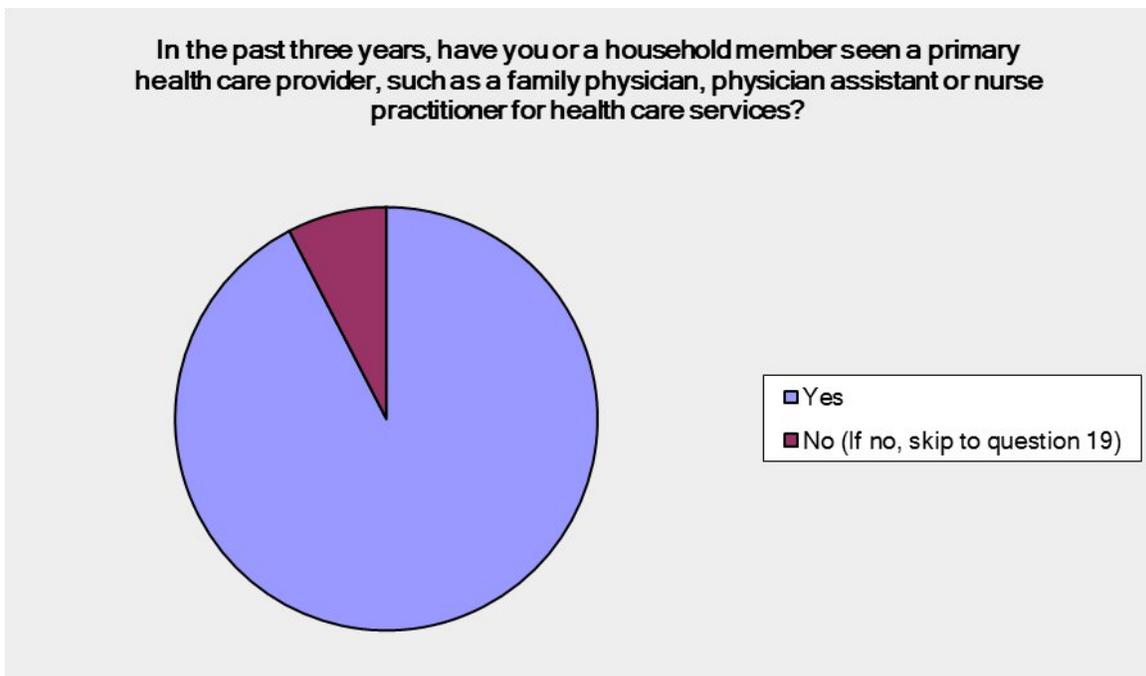
- Had Gall Bladder surgery
- No other reason, really don't like using that facility
- Specialty of surgery
- Staff at WP were rude and med screened an emergency
- Prenatal care was available for my baby and myself
- Quality of ER personnel
- Employer
- Certain services not available here
- It's where the surgeon was
- Closest place to deliver my baby
- I wanted a doctor for my OB patients, not a midwife
- Known providers
- I work here and love the care and compassion given to the patients. I love and trust the providers that my family and I

IX. Survey Findings- Primary Care

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

N= 225

Ninety two percent of respondents (n=208) indicated that they or someone in their household had been seen by a primary care provider (such as a family physician, physician assistant or nurse practitioner) for health care services in the past three years. Three respondents chose not to answer this question.

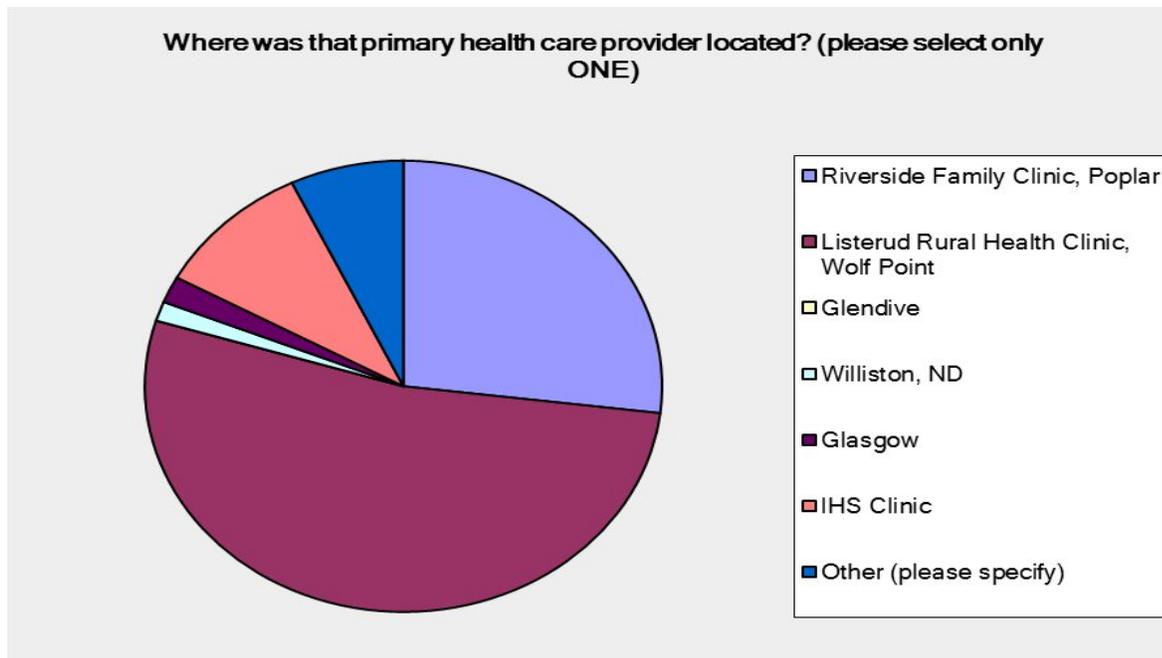


Location of Primary Care Provider (Question 17)

N= 212

Of the 212 respondents who indicated receiving primary care services in the previous three years, 52.8% (n=112) reported receiving care at Listerud Rural Health Clinic in Wolf Point. 26.9% of respondents (n=57) went to Riverside Family Clinic IHS Clinic and 9.9% of respondents (n=21) utilized primary care services at the Indian Health Clinic in Poplar. Sixteen of the 212 respondents who reported they had utilized primary care services in the past three years did not indicate where they received those services.

Where was that primary health care provider located? (please select only ONE)		
Answer Options	Response Percent	Response Count
Riverside Family Clinic, Poplar	26.9%	57
Listerud Rural Health Clinic, Wolf Point	52.8%	112
Glendive	0.0%	0
Williston, ND	1.4%	3
Glasgow	1.9%	4
IHS Clinic	9.9%	21
Other (please specify)	7.1%	15
answered question		212
skipped question		16



“Other Comments”

- Seward Ak
- Minot, North Dakota
- VA (2)
- Sidney, MT
- Roosevelt Memorial (2)
- Billings (2)
- McCone (2)
- Benefis
- Mayo Clinic

Reasons for Selection of Primary Care Provider (Question 18)

N= 251

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” (54.7%, n=116) and “Prior experience with clinic” (46.24%, n=98) were the most frequently cited factors in primary care provider selection. Respondents were asked to check all that apply so the percentages do not equal 100%.

Why did you select the primary care provider you are currently seeing? (Select all that apply)		
Answer Options	Response Percent	Response Count
Appointment availability	25.0%	53
Clinic's reputation for quality	30.7%	65
Closest to home	54.7%	116
Cost of care	4.7%	10
Length of waiting room time	4.7%	10
Prior experience with clinic	46.2%	98
Recommended by family or friends	12.7%	27
Referred by physician or other provider	9.9%	21
Required by insurance plan	5.7%	12
VA/Military requirement	0.9%	2
Indian Health Services (IHS)	11.3%	24
Other (please specify)	8.0%	17
answered question		212
skipped question		16

“Other” comments:

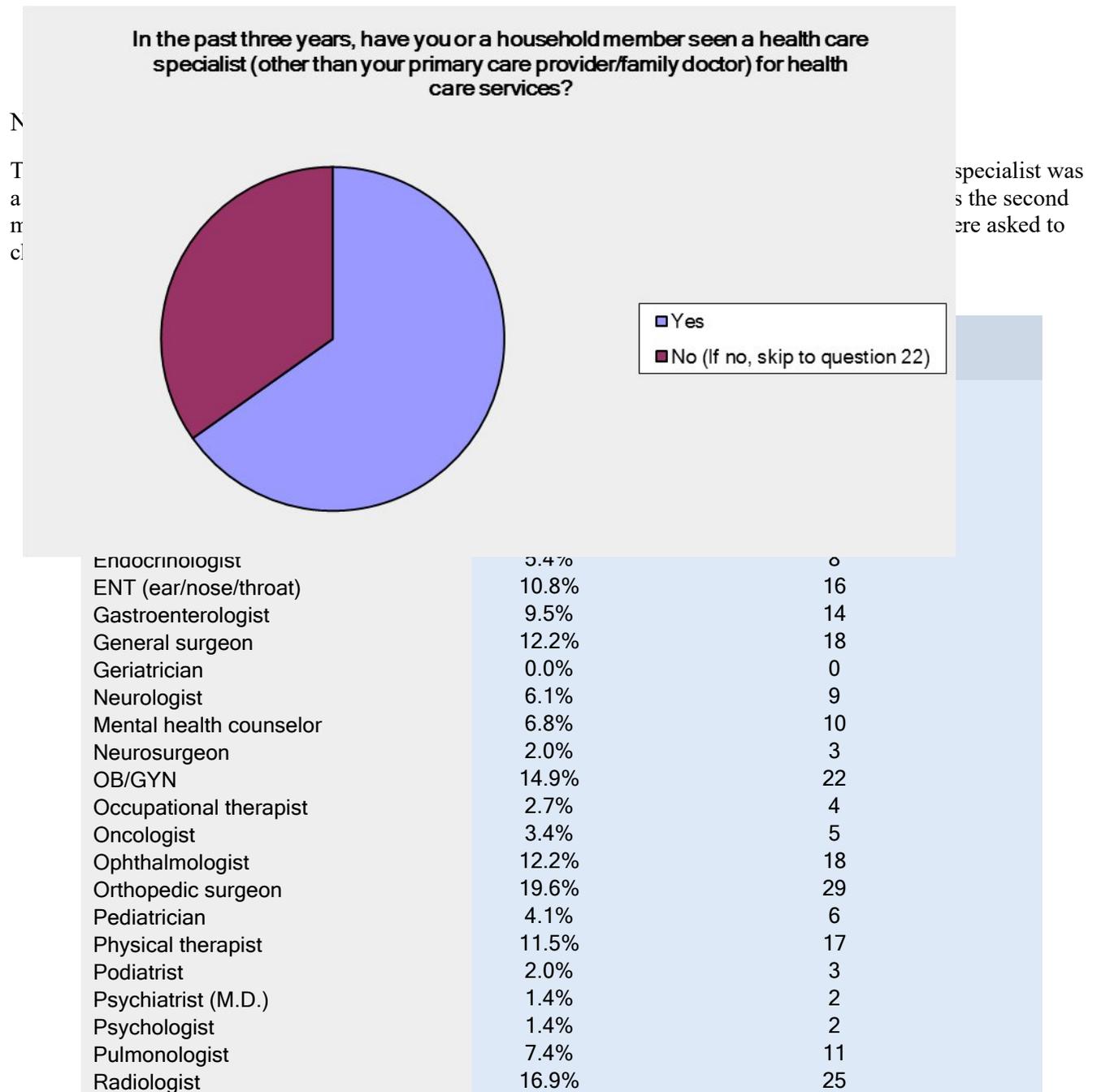
- Physician’s Knowledge
- Family works there
- Don’t have a primary care provider
- My family physician works there
- My family and I decided to go to Listerud’s for our healthcare
- Specialist care
- Employer
- Work with
- Refuse to go to Glasgow Clinic
- Knew nurse practitioner there
- Work facility
- Long term relationship
- I like and trusted provider
- Known providers
- Family doctor located at LRHC
- RFC has the best providers
- Close to work

X. Survey Findings- Specialty Care

Use of Health Care Specialists during the Past Three Years (Question 19)

N= 221

Sixty-five percent of the respondents (65.2%, n=144) indicated they or a household member had seen a health care specialist during the past three years. Thirty-four percent (34.8% n=77) indicated they had not seen a specialist and seven respondents chose not to answer this question.



Rheumatologist	2.7%	4
Speech therapist	0.7%	1
Social worker	0.7%	1
Substance abuse counselor	0.0%	0
Urologist	5.4%	8
Other (please specify)	2.7%	4
<i>answered question</i>		148
<i>skipped question</i>		80

“Other Comments”

- Knee Surgery
- Colonoscopy
- Pediatric Endocrinologist
- Audiology

Location of Health Care Specialist (Question 21)

N= 157

Of the 203 respondents who indicated they saw a health care specialist, the majority (58.1%, n=118) listed “Other” locations. 36.5% (n=74) saw one at Frances Mahon Deaconess Hospital in Glasgow. Williston, North Dakota was also a highly reported location at 19.2% (n=39). Respondents could select more than one location therefore percentages do not equal 100%.

Answer Options	Response Percent	Response Count
Poplar Community Hospital	8.9%	14
Trinity Hospital - Wolf Point	14.0%	22
Glendive Medical Center	0.0%	0
VA	1.3%	2
Frances Mahon Deaconess Hospital- Glasgow	21.0%	33
Williston, ND	12.1%	19
Other (please specify)	72.6%	114
<i>answered question</i>		157
<i>skipped question</i>		71

“Other Comments”

- Billings Clinic (81)
- Glasgow (4)
- Glasgow dentist (2)
- Benefis

- Indian Health (2)
- Yellowstone Surgery Center
- Eastern Montana Mental Health
- Sidney (6)
- Bismark
- Scobey (2)

CONT

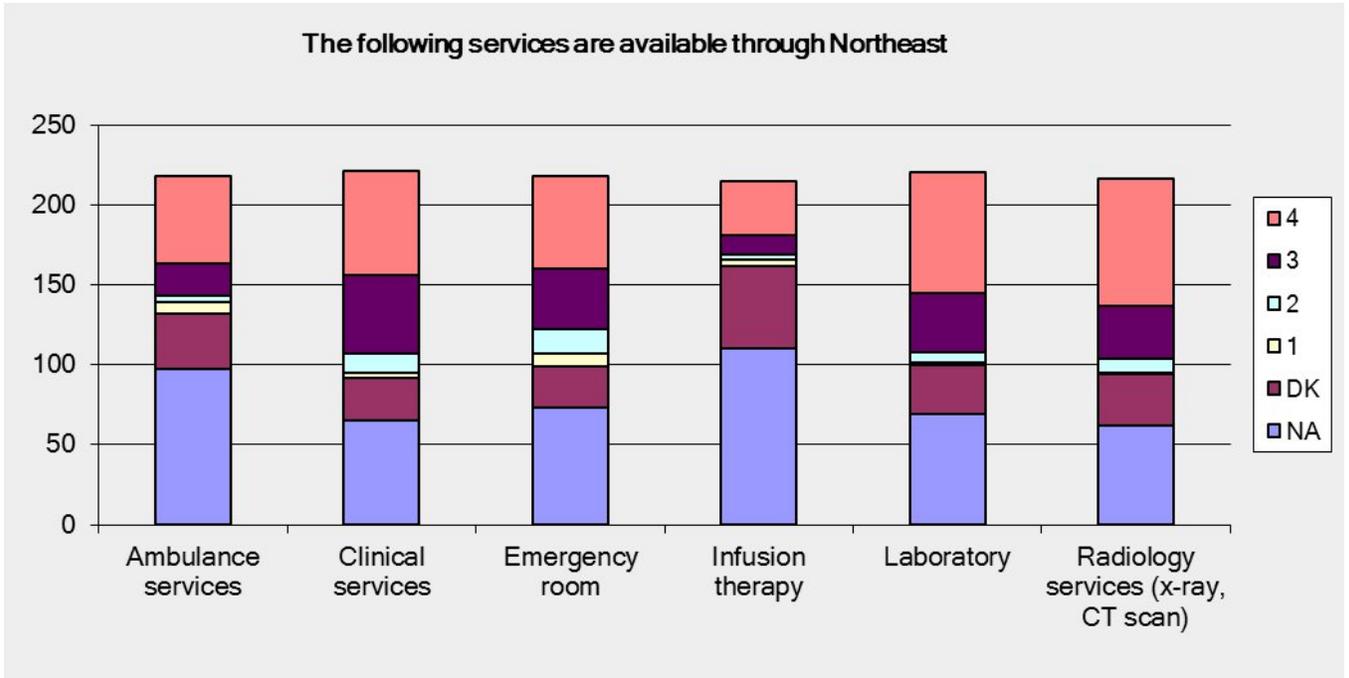
- University of Colorado, Denver (2)
- Williston
- Billings St. Vincents (2)
- Billings Dentist (2)
- Missoula, Rocky Mountain Eye Center
- Mayo Clinic

Overall Quality of Care at Northeast Montana Health Services (Question 22)

N= 218

Respondents were asked to rate a variety of aspects of the overall care provided at both Poplar Community Hospital and Trinity Hospital in Wolf Point. Respondents were asked to rate the services using the scale of 4=Excellent, 3=Good, 2=Fair, 1=Poor and “Don’t know” or “Haven’t used.” “Clinical Services”, “Laboratory” and “Radiology services” all received the top three modalities at Poplar Community Hospital. “Ambulance ” and “Emergency Room” both scored high at Poplar Community Hospital.

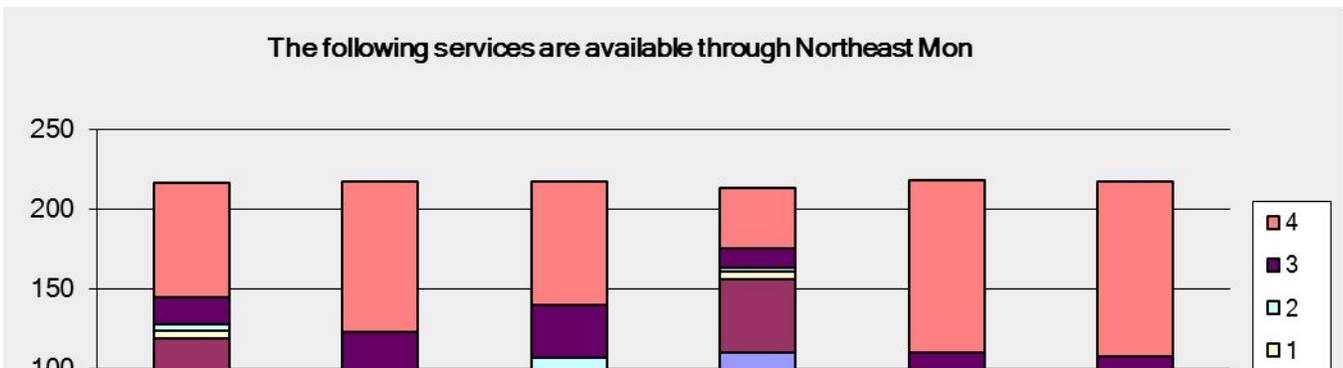
Overall Quality of Care at Poplar Community Hospital



Overall Quality of Care at Northeast Montana Health Services (Question 23)

N= 218

**Overall Quality of Care at
Trinity Hospital Wolf Point**

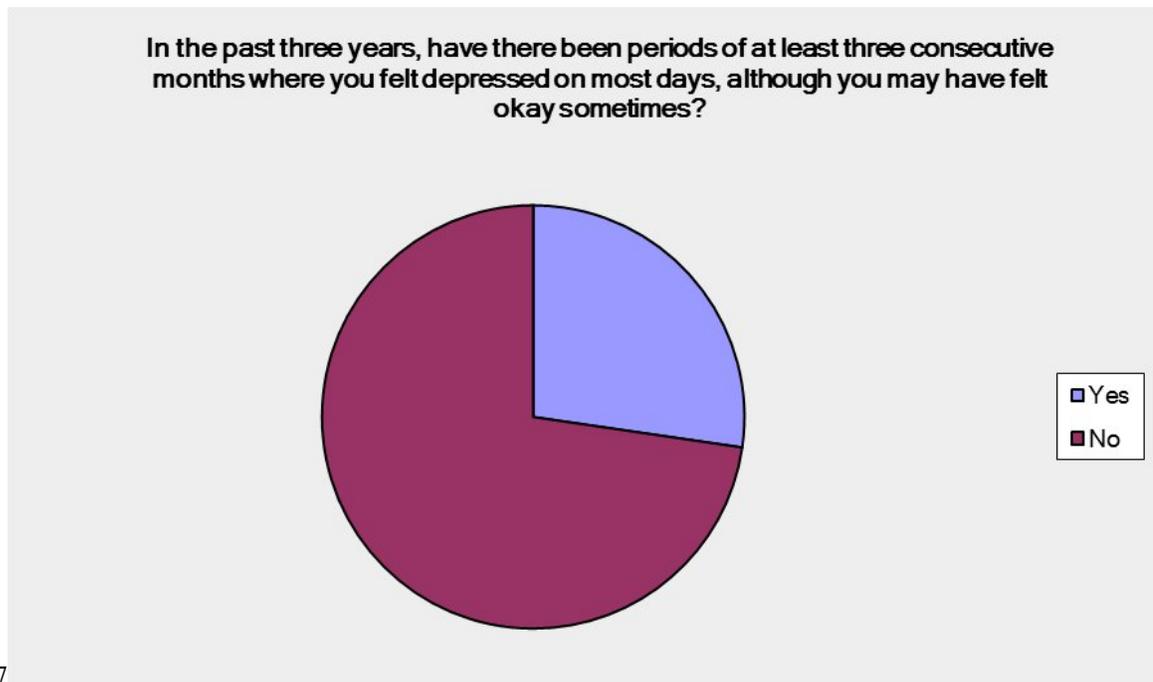


XI. Survey Findings- Personal Health & Health Insurance

Prevalence of Depression (Question 24)

N= 220

Respondents were asked to indicate if there were periods of at least three consecutive months in the past three years where they felt depressed on most days. Twenty-seven (27.3%, n=60) percent of respondents indicated they had experienced periods of feeling depressed and 72.7% respondents (n=160) indicated they had not. Eight respondents chose not to answer this question.

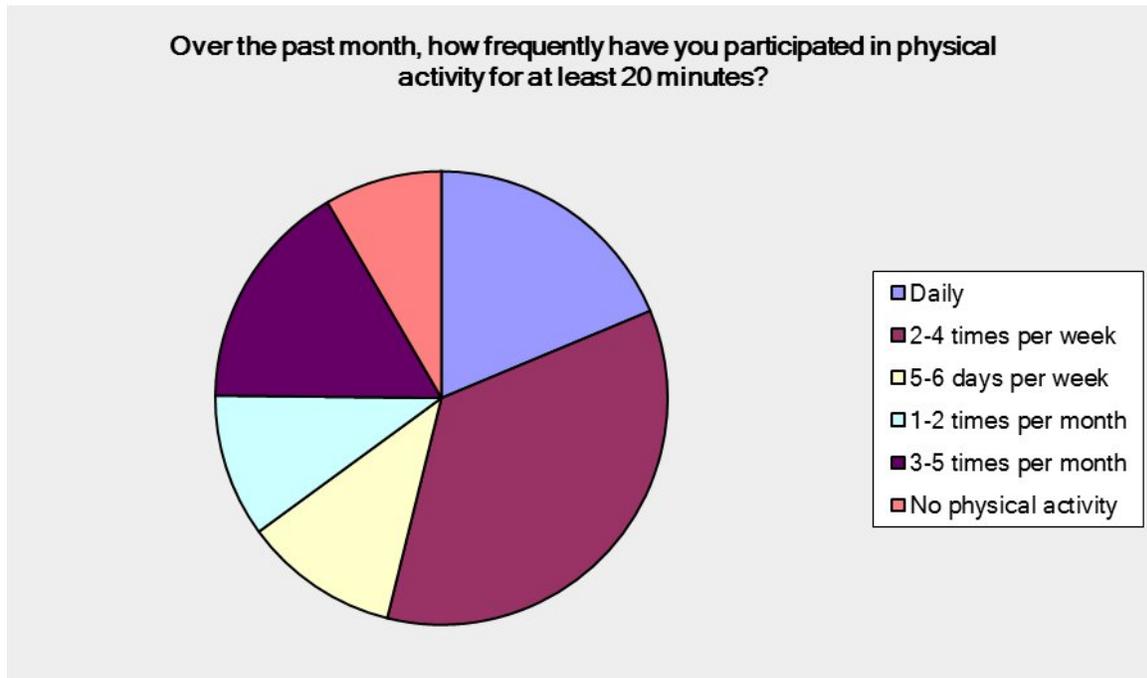


Physical Activity (Question 25)

N= 225

Respondents were asked to indicate how frequently they had physical activity for at least 20 minutes over the past month. Thirty-five percent of respondents (n=79) indicated that they had physical activity of at least 20 minutes “2-4 times per week” over the past month and 18.7% (n=42) indicated they had physical activity “Daily”. 8.4% of respondents (n=19) indicated that they had “No physical activity.” Three respondents chose not to answer this question.

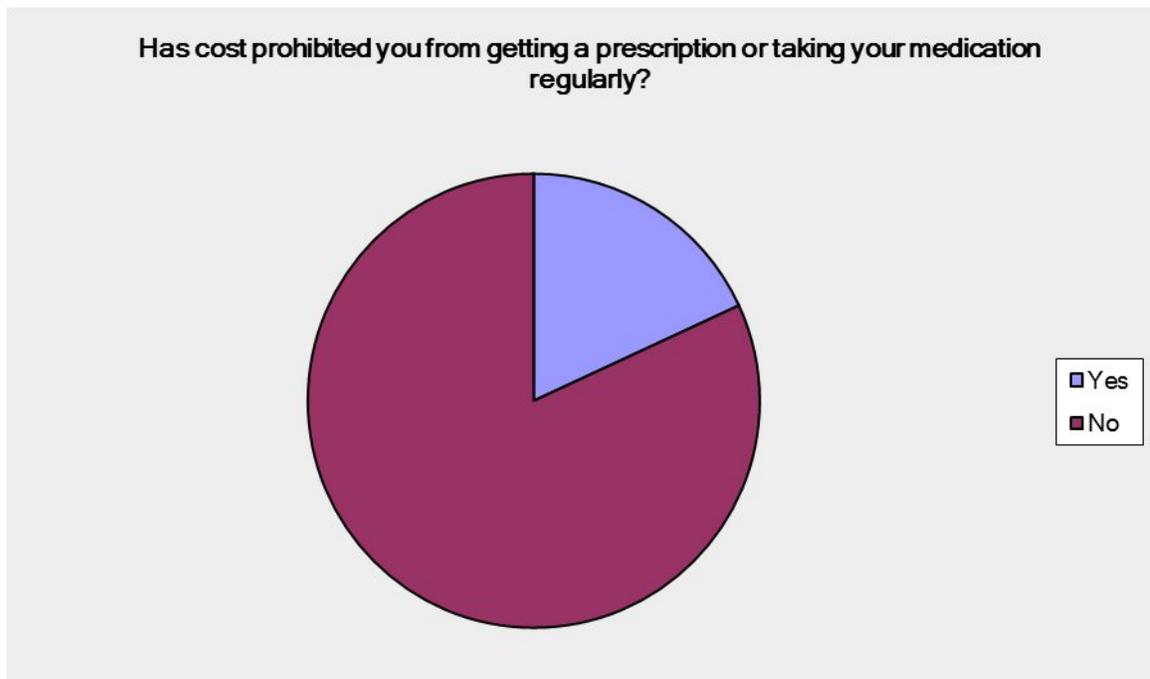
Over the past month, how frequently have you participated in physical activity for at least 20 minutes?		
Answer Options	Response Percent	Response Count
Daily	18.7%	42
2-4 times per week	35.1%	79
5-6 days per week	11.1%	25
1-2 times per month	10.2%	23
3-5 times per month	16.4%	37
No physical activity	8.4%	19
answered question		225
skipped question		3



Cost and Prescription Medications (Question 26)

N= 226

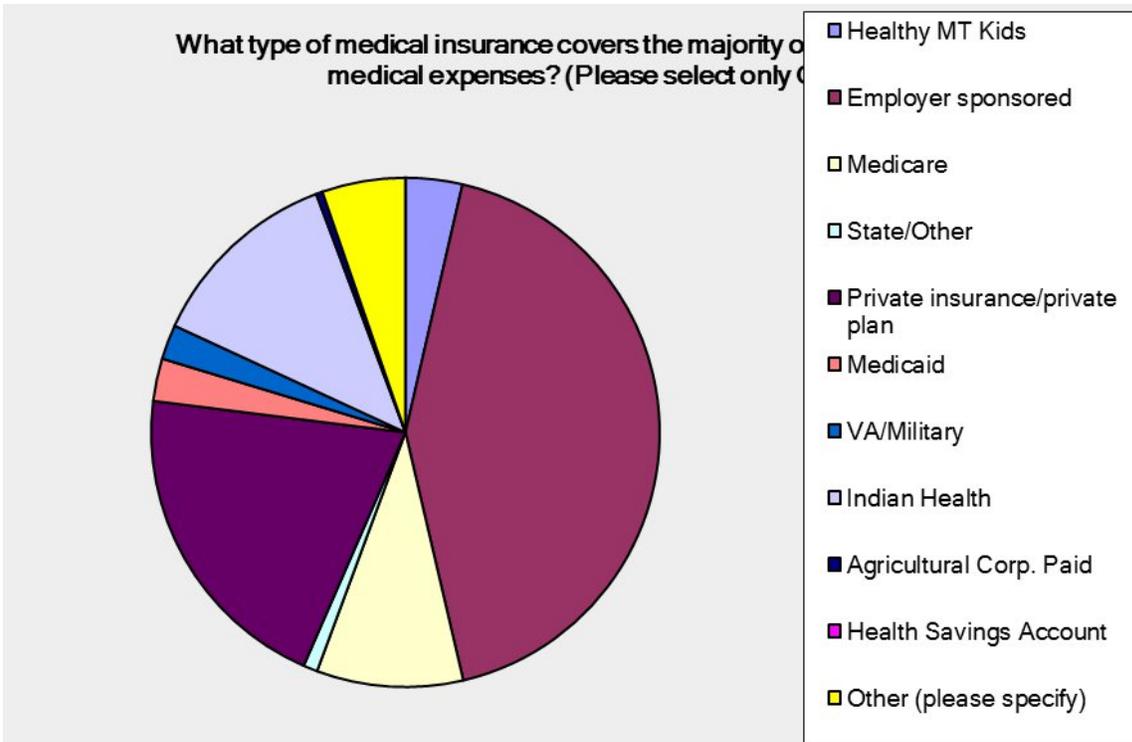
Respondents were asked to indicate if, during the last year, medication costs had prohibited them from getting a prescription or taking their medication regularly. Eighteen percent of respondents (18.1%, n=41) indicated that in the last year, their medication costs had prohibited them from getting a prescription or taking their medication regularly. Eighty-one percent of respondents (81.9% n=185) indicated that cost had not prohibited them. Two respondents chose not to answer this question.



Medical Insurance (Question 27)

N= 225

Respondents were asked to indicate what type of medical insurance covers the majority of their medical expenses. Forty-two percent (n=96) indicated they have “Employer sponsored” coverage. Twenty percent (20.4% n=46) indicated they have “Private insurance,” and “Indian Health” was indicated by 12.4% of respondents (n=28). Three respondents chose not to answer this question.



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

Answer Options	Response Percent	Response Count
Healthy MT Kids	3.6%	8
Employer sponsored	42.7%	96
Medicare	9.3%	21
State/Other	0.9%	2
Private insurance/private plan	20.4%	46
Medicaid	2.7%	6
VA/Military	2.2%	5
Indian Health	12.4%	28
Agricultural Corp. Paid	0.4%	1
Health Savings Account	0.0%	0
Other (please specify)	5.3%	12
answered question		225
skipped question		3

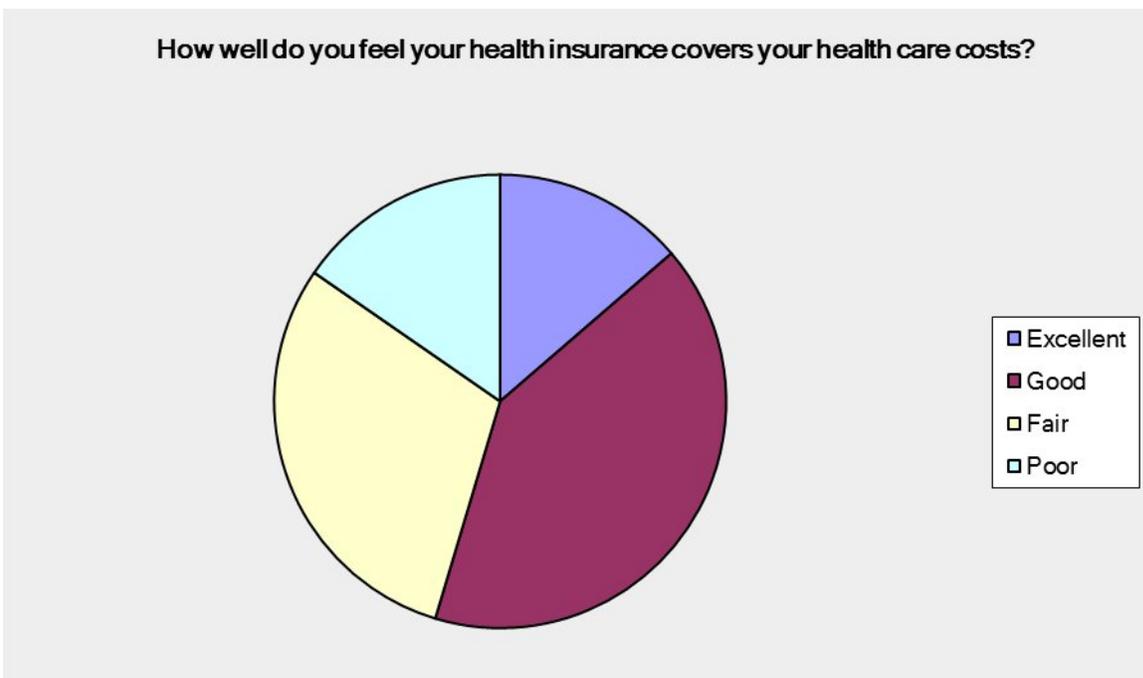
“Other” comments:

- BCBS (4)
- MUST
- JPT
- Christian Healthcare Network
- Medicaid
- Spouse Coverage
- Tricare
- Out of Pocket

Insurance and Health Care Costs (Question 28)

N= 227

Respondents were asked to indicate how well they felt their health insurance covers their health care costs. Forty-one percent of respondents (n=93) indicated they felt their insurance covers a “Good” amount of their health care costs. Only 13.7% of respondents (n=31) indicated they felt their insurance is “Excellent” and 30% of respondents (n=68) indicated they felt their insurance was “Fair.” 15.4% thought it was “Poor”.



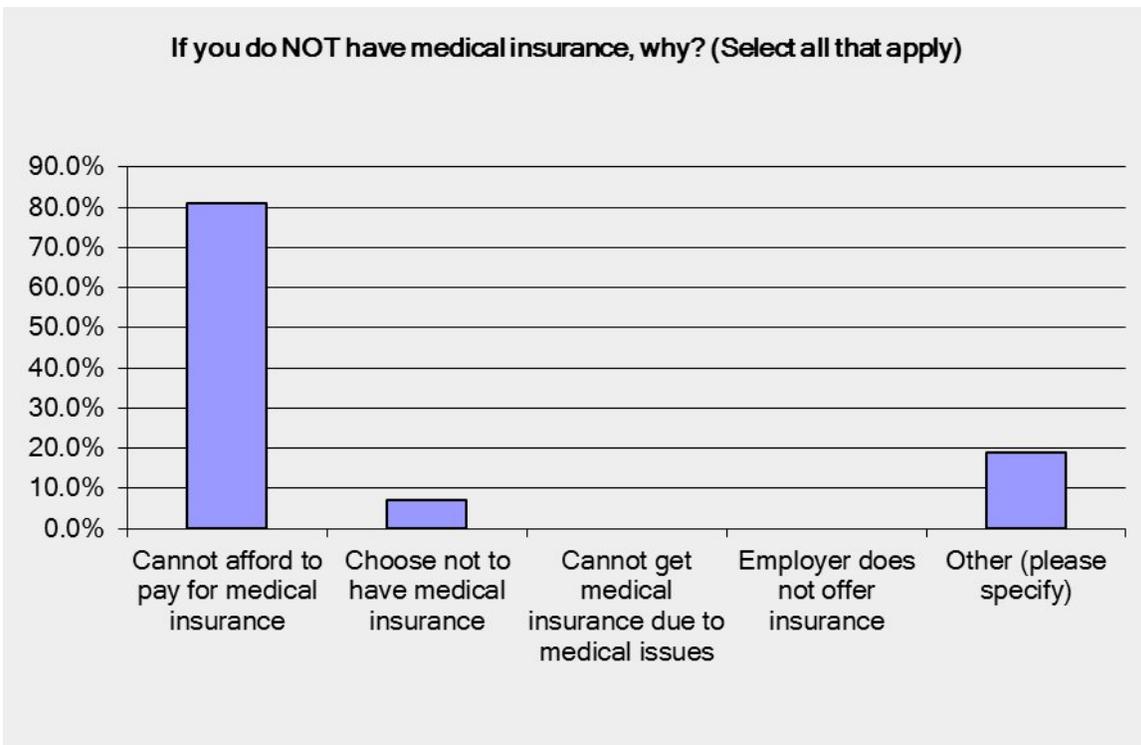
How well do you feel your health insurance covers your health care costs?

Answer Options	Response Percent	Response Count
Excellent	13.7%	31
Good	41.0%	93
Fair	30.0%	68
Poor	15.4%	35
answered question		227
skipped question		1

Barriers to Having Health Insurance (Question 29)

N= 45

Respondents who did not have medical insurance were asked to indicate why they did not. Eighteen percent (n=50) reported they did not have health insurance because they could not afford to pay for it and 5.4% (n=15) indicated “Other” reasons. Respondents were asked to mark all answers that applied, thus the percentages do not equal 100%.



“Other Comments”

- Nor required, native American (2)
- Too many issues
- High Deductible insurance
- I’m in the process

Awareness of Health Payment Programs (Question 30)

N= 213

Respondents were asked to indicate their awareness of programs that help people pay for health care bills. Fifty-two percent of respondents (52.1%, n=111) indicated they were aware of these types of programs, but did not qualify to utilize them. Twenty-two percent (22.5% n=48) indicated that they were not aware or did not know of these programs and 11.3% of respondents (n=24) indicated they were aware and do use them. Fourteen percent were not sure. (n=30) were not sure and 15 respondents did not answer.

Are you aware of programs that help people pay for health care expenses?		
Answer Options	Response Percent	Response Count
Yes, and I use them	11.3%	24
Yes, but I do not qualify	52.1%	111
No	22.5%	48
Not Sure	14.1%	30
	<i>answered question</i>	213
	<i>skipped question</i>	15

XII. Focus Group, Town Hall Meetings & Key Informant Interview Methodology

Five focus groups and two Town Hall meetings were conducted in May and June 2016. They were held in Wolf Point and Poplar, Montana. Focus group participants were identified as people living in Northeast Montana Health Services' service area.

Eighty-two participated in the five focus group interviews. The focus groups were designed to represent various consumer groups of health care including senior citizens and local community members, various providers, and also area CEO's from neighboring hospitals (done via teleconferencing). The focus groups were held at the Ageing Services Center in Wolf Point, the American Legion Club in Poplar and at Northeast Montana Health Services' conference room. Each group except the medical providers and the seniors from Wolf Point lasted two hours in length. With the exception of the area CEO's, each focus group followed the same line of questioning in each session (Appendix F). The focus group with the senior citizens in Wolf Point was difficult to conduct as the participants with the exception of about 2, were unengaged to the point of the Aging Services Director having to stop the questioning. The questions and discussions at the focus groups were led by Peg Norgaard, CEO of NEMHS.

There were Town Hall meetings scheduled at the Sherman Inn in Wolf Point and the Legion Club in Poplar, however, no one was in attendance at either meeting.

Six key informant interviews were held in May 2012 with the interviews being conducted by the Montana Office of Rural Health.

Focus group consisted of:

Medical Providers: May 17, 2016. 8:00 a.m. Wolf Point, Montana

2 Males

5 females.

CEO Focus Group: May 25, 2016 10:00 a.m. Via Teleconference, NEMHS Poplar, Montana

3 females

0 males

Aging Services: Senior Citizens June 2, 2016 11:00 a.m. Aging Service Center Wolf Point, MT

10 males

22 females

Community Business Members: June 2, 2016, 6:00 p.m. American Legion Club, Poplar, MT

4 Females

14 males

Aging Services: Senior Citizens: June 7, 2016 6:00 p.m. American Legion Club, Poplar, MT

4 males

19 females

Focus Group Findings

The following themes and issues emerged from the responses participants gave to the line of questions taken from the focus groups.

- *Major issues in health care-* A variety of themes were discussed throughout the focus group meetings. Some of the common themes were: the increasing drug problem (particularly meth) we are seeing; not only in our youth but adults as well, difficulty recruiting professionals, the amount of “transient” staffing; and Indian Health Service funds. The president of Fort Peck Community College stated that several tribal community colleges in Montana recently had a retreat in which the issue transient staff was discussed. It is their opinion that until we can get people to actually move into our communities and take ownership, our communities will never be healthy, because they simply don’t care. Being said, it is difficult to recruit anyone but transient staff and so the circle just keeps on going. Moreover, participants would like to see hospice, an assisted living facility; however when it was discussed that assisted living is not an entitlement program, they did not think we would have the people to make it work. They were very concerned about the abuse of our EMS system stating that people do not even notice anymore when the ambulance has its siren on because it’s an everyday, or more occurrence. “It’s sad, but we’ve become immune to it”. In addition, participants also noted high emergency room utilization, housing issues. Mental Health across the board needed.. more help! Also noted was the high cost of air ambulances. “We’re at the age we could be flown out”. Medical Providers cited diabetes, drug abuse, alcohol abuse, obesity. Compliance to prescribed healthcare regimen and heart disease..
- *Opinion of services and quality of care at Northeast Montana Health Services:*

Quality of Care- Participants spoke highly of the quality of care offered by providers, the hospital, and the emergency room. One participant said that the doctor did not see her in the ER, yet a medication was prescribed, and was the wrong med. Participants did however express that getting an appointment was easier, but there some long wait times to actually get in. When asked if they would leave our communities and seek medical care at elsewhere should Dr. Zilkoski leave and there has not been a “physician” recruited to take his place, if they said “no”; that they feel comfortable with the NP’s and PA’s we have on staff.

Number of Services- In general, participants found the number of services that are available to be adequate for their community. However, they felt that we needed more dentists and physical therapy. They also commented that the hospital is using all the senior apartments that the hospital built in the 70’s for staff; “these were meant for senior citizens”. In addition, participants noted it would be helpful to have more access to specialized care by scheduling travelling specialists. They also cited Home Health as a needed service.

Hospital Staff- Participants discussed the hospital staff in terms of style of care and competence. Hospital staff was viewed well by participants; however, “a lot come and

go, and they don't care about our community.”

Hospital Board and Leadership- The Hospital Board was viewed highly by most community members but were not known well by many of the participants. Surprisingly, there were no comments about the past merger or the two facilities or where the services are offered. Members of both communities go freely between the two hospitals now for services.

Business Office- Participants acknowledged that the business office is improving but that problems with the statements. When asked if having a liaison at the hospital to assist with them with Medicare statements etc., they all said “no”. They said that there was a person at the Aging Services that can help with that.

Condition of Facility and Equipment- Participants felt the buildings were in great shape the facility and appreciate that the “Clinic and hospital are adjacent, providing a more efficient design now.” They did site a lack of privacy at Poplar Emergency Room because there is only a curtain separating patients. “They can hear everything. Nothing is confidential”.

Financial Health of the Hospital- Many participants were unaware of the financial health of the hospital. They asked about Indian Health as they do know payment is an issue. After discussion, they stated “I had no idea that Indian Health was such a problem.” Many others did not know that NEMHS was 1/3 owners in the Air Ambulance Service, STAT AIR. They asked many questions regarding air ambulance memberships because they have heard of the high cost of being flown out and it “could bankrupt us”. Others viewed financial standing as uncertain noting, “We depend so much on Federal funding that we just cross our fingers and hope it keeps coming.” Many asked questions about Obama Care and how it was affecting the hospitals.

Cost- Participants felt that the cost of services was expensive, but comparable to other places due to healthcare costs being high everywhere.

Office/Clinic Staff- Participants stated that it is easier to make appointments but still have long waits to get into see Dr. Zilkoski and Judy. The high no-show rate was discussed with one participant suggesting that we text patients of their appointments. “I live on my phone”. They state that clinic staff will go out of their way to help you. Clinic Staff at RFC suggested offering different hours of services. The mornings are slow, but the afternoon are very busy.

Availability- Availability was highly regarded as illustrated by the remarks, “The lab is very accommodating. It's a good lab and radiology department,” and “The clinic is busy, but they do their best with walk-ins.” Participants also recognized that retaining providers is difficult and needs to be addressed and its impact it has on availability of services. The patient portal was discussed.

Opinion of local providers- Participants indicated they mostly use local providers as their or their family's personal provider because they are convenient, competent, and trustworthy.

Opinion of Local Services:

Emergency Room- Participants commented that the Emergency Room is always busy but they provide good service. Participants were concerned that patients misuse ER services when patients can't get doctor appointments. There is a lot of alcohol abuse, especially meth.

Ambulance Service- Participants felt the ambulance service is well-trained and responsive, but misused by the public for non-emergency situations. Participants praised the volunteer ambulance service and asked "what can we do as a community about the misuse, if anything."

Health Care Services for Senior Citizens- Participants mentioned that the apartments for the seniors should be for the seniors, not staff. Several were very vocal and angry. Both senior focus groups felt that the Aging Services did a good job in helping them with Pharmacy plans and Medicare paperwork. Many commented that we need physical therapy and that it might keep seniors out of the nursing home.

Public/County Health Department- Participants appreciate that the health department offers immunizations and works well with the hospital.

Health Care Services for Low-Income Individuals- Participants identified services that are offered in the community such as food banks, WIC (Women, Infants, & Children) and county nurses, Health Promotion Disease Prevention Program Participants felt these services could offer more information to increase awareness of the services people may qualify for. Participants realized that the hospital cannot turn anyone away from care and the hospital does the best they can.

Nursing Home/Assisted Living Facility- Participants feel fortunate to have the Nursing Home and believe "It's [Nursing Home] a good place if you need it, but it's hard to admit when you need it." Participants indicated that "Assisted living is really needed", although they were not aware that Medicaid or Medicare did not pay. When responding to the cost per month, they did not feel that many could afford it without state or federal assistance.

Pharmacy- Participants are very grateful to have the pharmacy and wish to keep it in the community but "Wish it [pharmacy] were open later." I think that this goes back to advertising – a lot of people still get their drugs out of town." Mail order was suggested.

- *What Would Make the Community a Healthier Place to Live-* Participants offered many suggestions for making Wolf Point/Poplar and the surrounding area, a healthier place to live. Participants mentioned that finishing the water project and working on cleaning up the town would help make the community healthier. Much of the discussion focused on

reducing the drug problem (meth), stealing from family members to get prescription drugs, and alcoholism, and the increasing number of street people. “We need port-a-pottys around town for them”. “They are getting younger and scarier”. Participants identified diabetes. Participants are glad for the walking paths in town. A business man has been actively working with the State on promoting and putting in a walking/bike path that would stretch across the reservation beginning at Frazier and working towards FT. Kipp. This is something that he is very passionate about and feels that it will also be a recruiting tool for professionals as an attraction. Preventing teen and adult suicide.

- *Why people might leave the community for health care services-* Generally, participants indicated they might leave Wolf Point/Poplar if they were dissatisfied with providers but mainly if they needed specialized services. They did discuss their information was not private in the ER in Poplar because there are only curtains between the beds. Some believed there were better doctors in bigger cities (like Billings), and some had a bad perception of the care provided locally.
- *Health Services needed in the Community-* Additional services that participants felt were needed were an assisted living facility, mental health services, home health care, substance abuse treatment or rehab, MRI and CT scans. Participants also requested specialized services including: Physical Therapy, OBGYN/ultrasound, Dental, Ophthalmology, and a Dermatologist. One group would like to see an MRI, but feel it would be cost prohibitive, and Sleep Studies

One of the focus groups was made up of area CEO’s and the Executive Director of the Montana Health Network, a consortium of 17 Shareholder Hospitals and 26 Associate Members. The MHN offers several insurance products such as health, professional liability, general liability and workman’s compensation to their members. The questions were different from the other focus groups as they are out of our service area, but the themes were similar.

Important Healthcare Issues:

When asked what the most important healthcare issues facing small rural hospitals today, they stated that professional and non-professional staffing, high turnover and employable vs non-employable. They stated there is a work force, but there is no interest in working and lack personal skill sets. “The unemployable people do not meet the criteria to even accept their application”. The regulatory burden was also cited, “people are stretched so thin with tasks and works duties and then more duties are put on them in order to be in compliance.” Another stated,” how do you try and prevent sickness by following mandates when your organizations revenues rely on sick people to keep in business”. One stated that “we do not drug test as there would be no one to work”.

Exodus of healthcare providers:

When asked why providers leave our area they cited “on-call”, lack of entertainment for

children, educational opportunities, housing, and no work for spouses.

Hospital Affiliations:

The group was not against affiliations, but it would have to be on our terms, stating, “It feels like it is being forced upon us but on their terms and once you have contracted, it’s very hard to negotiate anything. It’s their way or no way”. They felt that the distances to travel is too disjointed to be effective. One CEO stated that “If all the hospitals in eastern Montana could form a region, such as Glasgow, Wolf Point, Sidney, Culbertson, etc, than this would be on terms small rural hospitals can all associate with. Patients would not have to go far for specialties. This would cover the 5000 lives needed for ACO’s.” They don’t see how ACO’s are going to work as our county does not have the number of “lives” required for an effective ACO.

Medicaid Expansion:

They have not seen any impact from the Medicaid expansion.

Obama Care:

In general, they thought that Obamacare and the Insurance Exchange was significantly driving up insurance costs and that BCBS would probably be the only insurance company standing at the end of the day.

CMS Frontier Project:

They feel that the project will have no impact on the small rural hospitals and that it will not make a difference.

Wish List of services for their community:

Mental Health services, reliable Addiction Treatment Center and a shared service in an ACO and a data analysis program.

XII. Summary

Two hundred and twenty eight surveys were completed in Northeast Montana Health Services' service area. Of the 228 returned, 78.4% of the respondents were females, and 23.9% were between the ages of 56 and 65.

Respondents rated the overall quality of care of both Poplar Community Hospital and Trinity Hospital in Wolf Point as "Good" to excellent.

Overall, the respondents within Northeast Montana Health Services' service area are seeking hospital care at a rate that is typically seen in rural areas. Area residents recognize the major impact the health care sector has on the economic well-being of the area. And realize its impact on the well-being of the area.

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

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

Appendix A- Steering Committee Members

Steering Committee- Name and Organization Affiliation

1. Margaret Norgaard – CEO, Northeast Montana Health Services
2. Deanna Buckles – Director of Public Relations, Northeast Montana Health Services
3. Susie Ennis, Pastor, First Presbyterian Church
4. Patty Presser – Public Health Nurse
5. Cheryl Dehner – Community Member
6. Haven Gourneau, President, Fort Peck Community College
7. Charles Headdress – Tribal Councilman
8. Shelly Isle, Director of Aging Services, NEMHS Board Member
9. Jim Albertson, Trustee, Hospital District 3&45

Appendix B- Public Health and Populations Consultation

Public Health and Populations Consultation Worksheet

1. Public Health

- a. Roosevelt County Home Health.
Patty Presser – Public Health Nurse
- b. Date of Consultation
June 23, 2016
- c. Type of Consultation (Interview)
 - Need for senior housing such as Assisted Living or a “Step Program”
- d. Input and Recommendations from Consultation
 - Drug Abuse

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

1. Population- Tribal/American Indian
 - a. Name/Organization
Haven Gourneau, President, Fort Peck Community College
 - b. Date of Consultation
Focus Group
June 2, 2016
 - c. Type of Consultation (Focus Group)
 - d. Input and Recommendations from Consultation
 - Lack of professionals willing to move into our communities.
 - Drug Abuse
 - Diabetes
 - Housing

2. Population: Seniors

- a. Name/Organization
Shelly Isle – Director of Aging Services, Wolf Point
 - Date of Consultation (Focus Group)
June 2, 2016
- b. Senior Citizens, Poplar
 - Date of Consultation (Focus Group)
June 7, 2016
- c. Input and Recommendations from Consultation both groups:
 - More services for seniors such as Physical Therapy, senior apartments, assisted living.

Appendix C- Survey Cover Letter



FAITH LUTHERAN HOME
Wolf Point, MT 59201
(406) 653-1400

RIVERSIDE FAMILY CLINIC
Poplar, MT 59255
(406) 768-5171

LISTERUD HEALTH CLINIC
Wolf Point, MT 59201
(406) 653-2150

POPLAR COMMUNITY HOSPITAL
Poplar, MT 59255
(406) 768-6100

TRINITY HOSPITAL
Wolf Point, MT 59201
(406) 653-6500

POPLAR PHARMACY
(406) 768-6117

WOLF POINT PHARMACY
(406) 653-6572

May 12, 2016

Dear Resident:

Your name has been randomly selected as a resident who lives in the Northeast Montana Health Services service area. Your survey response is very important because it is sent only to residents in Poplar/Wolf Point and the surrounding area so your comments will represent our community. The survey covers topics such as: use of health care services, awareness of services, community health, health insurance and demographics.

Once you complete your survey, simply return it in the self-addressed, postage paid envelope postmarked by **June 3, 2016**.

We know your time is valuable so we have made an effort to keep the survey to about 15 minutes. All survey responses will go to Northeast Montana Health Services.

If you have any questions about this survey, please contact Margaret Norgaard at 406-768-6133. Overall results from this survey will be shared with the community this fall.

Thank you for your assistance. We appreciate your effort.

Sincerely,


Margaret Norgaard, CEO
Northeast Montana Health Services



"Northeast Montana Health Services Mission is committed to improving the quality of human life in our community."

Appendix D- Survey Instrument



INSTRUCTIONS:

Please use a number 2 pencil or ink pen to complete this 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 Felicia Falls Down at 406-768-6100. Participation is voluntary. You can choose to not answer any questions that you so 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)

Alcohol abuse/substance abuse

Heart disease

Recreation related accidents/injuries

Cancer

Lack of access to health care

Stroke

Child abuse/neglect

Lack of dental care

Overweight/obesity

Depression/anxiety

Lack of exercise

Tobacco use

Diabetes

Mental health issues

Work related accident/injuries

Domestic violence

Motor vehicle accidents



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

<input type="checkbox"/> Access to health care and other services	<input type="checkbox"/> Good jobs and healthy economy	<input type="checkbox"/> Low level of domestic violence
<input type="checkbox"/> Affordable housing	<input type="checkbox"/> Good schools	<input type="checkbox"/> Parks and recreation
<input type="checkbox"/> Arts and cultural events	<input type="checkbox"/> Healthy behaviors and lifestyles	<input type="checkbox"/> Religious or spiritual values
<input type="checkbox"/> Clean environment	<input type="checkbox"/> Low crime/safe neighborhoods	<input type="checkbox"/> Strong family life
<input type="checkbox"/> Community involvement	<input type="checkbox"/> Low death and disease rates	<input type="checkbox"/> Tolerance for diversity
<input type="checkbox"/> Other (please specify) _____ _____		

4. How do you rate your knowledge of the health services that are available at Northeast Montana Health Services?

Excellent Good Fair Poor

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

<input type="checkbox"/> Health care provider	<input type="checkbox"/> Mailings/newsletter	<input type="checkbox"/> Public health
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Presentations	<input type="checkbox"/> Radio
<input type="checkbox"/> Friends/family	<input type="checkbox"/> Word of mouth/reputation	
<input type="checkbox"/> IHS Clinic	<input type="checkbox"/> Website/internet	
<input type="checkbox"/> Other (please specify) _____		

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

(Select all that apply)

<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Mental health	<input type="checkbox"/> VA
<input type="checkbox"/> Public health	<input type="checkbox"/> Senior Center	
<input type="checkbox"/> Dentist	<input type="checkbox"/> IHS Clinic	
<input type="checkbox"/> Other (please specify) _____ _____		

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

Very important Important Not important Don't know

8. In the past three years, was there a time when you or a member of your household thought you needed health care services but did NOT get or delayed getting medical services? (If no, skip to question 10)

Yes No

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

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

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

<input type="checkbox"/> Children's checkup/Well baby	<input type="checkbox"/> Mammography	<input type="checkbox"/> Flu shot
<input type="checkbox"/> Cholesterol check	<input type="checkbox"/> Pap smear	<input type="checkbox"/> None
<input type="checkbox"/> Colonoscopy	<input type="checkbox"/> Prostate (PSA)	
<input type="checkbox"/> Routine blood pressure check	<input type="checkbox"/> Routine health checkup	
<input type="checkbox"/> Other (please specify)		

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

12. If you responded to question 11, why do you think the health service(s) you listed are important for our community?

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

Yes No (If no, skip to question 16)

14. If yes, which hospital does your household use the MOST for hospital care (emergency care, inpatient services)? (Please select only ONE)

- | | |
|--|---|
| <input type="checkbox"/> Poplar Community Hospital | <input type="checkbox"/> Roosevelt Memorial Medical Center- VA Culbertson |
| <input type="checkbox"/> Trinity Hospital- Wolf Point | <input type="checkbox"/> Glendive Medical Center |
| <input type="checkbox"/> Frances Mahon Deaconess Hospital- Glasgow | <input type="checkbox"/> Williston, ND |
| <input type="checkbox"/> Other (please specify) | |

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

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

Yes No (If no, skip to question 19)

17. Where was that primary health care provider located? (please select only ONE)

Riverside Family Clinic, Poplar Glendive Glasgow

Listerud Rural Health Clinic, Wolf Point Williston, ND IHS Clinic

Other (please specify)

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

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

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

Yes

No (If no, skip to question 22)

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

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

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

- | | |
|--|--|
| <input type="checkbox"/> Poplar Community Hospital | <input type="checkbox"/> VA |
| <input type="checkbox"/> Trinity Hospital - Wolf Point | <input type="checkbox"/> Frances Mahon Deaconess Hospital- Glasgow |
| <input type="checkbox"/> Glendive Medical Center | <input type="checkbox"/> Williston, ND |
| <input type="checkbox"/> Other (please specify) | |

22. The following services are available through Northeast Montana Health Services (Poplar Community Hospital). Please rate the overall quality for each service at the appropriate location (Please mark N/A if you haven't used the service)

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

	4	3	2	1	DK	NA
Ambulance services	<input type="checkbox"/>					
Clinical services	<input type="checkbox"/>					
Emergency room	<input type="checkbox"/>					
Infusion therapy	<input type="checkbox"/>					
Laboratory	<input type="checkbox"/>					
Radiology services (x-ray, CT scan)	<input type="checkbox"/>					

23. The following services are available through Northeast Montana Health Services (Trinity Hospital, Wolf Point). Please rate the overall quality for each service at the appropriate location (Please mark N/A if you haven't used the service)

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

	4	3	2	1	DK	NA
Ambulance services	<input type="checkbox"/>					
Clinical services	<input type="checkbox"/>					
Emergency room	<input type="checkbox"/>					
Infusion therapy	<input type="checkbox"/>					
Laboratory	<input type="checkbox"/>					
Radiology services (x-ray, CT scan)	<input type="checkbox"/>					

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

Yes

No

25. Over the past month, how frequently have you participated in physical activity for at least 20 minutes?

Daily

5-6 days per week

3-5 times per month

2-4 times per week

1-2 times per month

No physical activity

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

Yes

No

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

Healthy MT Kids

Private insurance/private plan

Agricultural Corp. Paid

Employer sponsored

Medicaid

Health Savings Account

Medicare

VA/Military

State/Other

Indian Health

Other (please specify)

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

Excellent Good Fair Poor

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

Cannot afford to pay for medical insurance

Cannot get medical insurance due to medical issues

Choose not to have medical insurance

Employer does not offer insurance

Other (please specify)

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

Yes, and I use them

Yes, but I do not qualify

No

Not Sure



Community Health Services Development Survey

Demographics

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

31. Where do you currently live by zip code?

59201 Wolf Point

59255 Poplar

59225 Frazer

59213 Brockton

32. What is your gender?

Male

Female

33. What age range represents you?

18-25

26-35

36-45

46-55

56-65

66-75

76-85

86+

34. What is your employment status?

Work full time

Work part time

Unemployed, but looking

Student

Collect disability

Not currently seeking employment

Other
(please specify)

()

Appendix E. Focus Group Questions

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

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

Appendix F – Key Informant Interview Questions, Notes

1. What would make this community a healthier place to live?
2. What do you think are the most common health care issues in your community?

The Montana Office of Rural Health Key Informant Interviews

Six key informant interviews were conducted by the Montana Office of Rural Health on behalf of Northeast Montana Health Services. The interviews were up to 30 minutes in length and each followed the same line in questioning. The interviews were conducted by Amy Royer, CHSD Project Assistant.

The following key themes emerged from those interviews:

Alcohol and substance abuse

- ❖ A need for more substance abuse services
- ❖ Outreach/education

• Physical Activity

- ❖ Lack of trails and opportunities to stay healthy (especially during winter months)

• Obesity

Diabetes

- ❖ A need for more follow-up care and education

Access to healthy foods

Crime/safe neighborhoods

- ❖ Violence
- ❖ Child abduction
- ❖ Safe streets- dog safety

Access to healthcare services

- ❖ A need for more specialty services and primary care providers
- ❖ Transportation to access health services

Education

- ❖ Health education
- ❖ Increase cultural training

Key Informant Interview #1 Monday, May 23, 2016 2:50pm-2:55pm –Via phone call Jan Bryan, Business Owner

1. What would make your community a healthier place to live?
Less drugs. Meth and prescription pills are a big problem here.
2. What do you think are the most important local healthcare issues?
Same thing. Drug and alcohol abuse. Diabetes is huge on the reservation here too.
3. What other healthcare services are needed in the community?
I would like to see a chiropractor, and an acupuncturist.

Key Informant Interview #2 Monday, May 23, 2016 3:00pm-3:30pm –Via phone call Clay Berger, CEO, Stat Air Ambulance Service

1. What would make your community a healthier place to live?
I think we have a lot of problems here. One is drugs. We have a serious meth problems on the reservation right now. Renal failure and diabetes is a problem too. The education on that is pretty one sided. We see some complicated problems from neglect where the problems are getting pretty serious. We see a lot of high trauma rates. High areas are: renal failure type issues, cardiac issue, and trauma. A lot of auto accidents, knife wounds, gunshot wounds and beatings.
2. What do you think are the most important local healthcare issues?
Obesity, diabetes, and alcohol and drug abuse. And those set people up for cardiac failure. They only have one CT and if people have a stroke it's a 22 mile drive to the other facility in Poplar. I know they have a lot of telemedicine and that is good.
3. What other healthcare services are needed in the community?
That CT in Wolf Point would be great. In the community, I know they have tried drug prevention, suicide prevention... they once had the highest rates in the nation. There is just no easy answer. With Public Health and STI's, I am not sure what they are doing there. Our local drug task force is very active but the funding has been cut back. It's really a no win situation because there isn't enough law enforcement out there. They have had issues with child abduction, We need some sort of safe sitter program. A lot of grandparents are watching their grandchildren. A lot of kids are out at night. One abduction, a 6 year old, was out at 9:00 at night playing in a park when she was taken. There needs to be a resource here. A lot of kids here has FAS (Fetal Alcohol Syndrome) and a lot of other issues. The grandparents are trying to raise these kids but they are starting to reach 65 to 70 and they are having to take care of their health concerns too.
I've never seen a culture awareness component for the communities. In law enforcement this is mandatory. It needs to be done so that you can understand what's going on. Everyone keeps distance from each other. We have two societies who have just given up on each other. I don't know how you re-condition a whole population
The CAH funding reimbursement rates are very slow.

I know they have a lot of locums because they can't keep people in the area. They get exhausted from working so many hours.

Key Informant Interview #3

Tuesday, May 24, 2016 1:00pm-1:10pm –Via phone call

April Vine, Insurance Agent

1. What would make your community a healthier place to live?

I guess we don't really have any outdoor things like hiking trails and biking trails for the community to be healthy and move.

If we could promote more youth activities so they are active when they are young and it will carry out throughout their lifetime. Since we have a 4 day school week it would be nice if the kids had a place to go and be active. Maybe some sort of organized wellness program. Teach the kids to be active when they are young and maybe it will carry through.

Maybe a farmers market. Well we have one but it is really small. If they really invested in it and made it a big deal. It would be nice to have more access to fresh fruits and vegetables.

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

I guess we have a lack of professionals in our area. We only have one that can do an appendectomy or a C-section and he is in Wolf Point. It would be nice to have someone in general practice in the area. My aunt needed an appendectomy and she came into the community from 40 miles out of town but they couldn't do it, then they sent her to Glasgow and no one there could do it so they had to life flight her to Billings.

It's even hard to get an appointment in town with the one doctor and if you are new here you can't get in because he is not taking new patients.

We need to get some new more people (practitioners) in here.

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

Right now we have to go to Glasgow for an MRI and Poplar for a cat scan.

A lot of times you have to go there by ambulance. It would be nice if the equipment was here so they wouldn't have to outsource it. When you have to go they make you go by ambulance and that is really expensive. If they are always having to transfer people by ambulance I wonder if they ever run out of ambulances for trauma cases.

I don't think we have school nurses. They used to have an LPN at the nurse at all times. Maybe a school nurse if we don't already have one.

Key Informant Interview #4 Tuesday, May 24, 2016 2:00pm-2:15pm –Via phone call Anonymous

1. What would make your community a healthier place to live?

Less support. We need people to live an accountable life instead of the nation being accountable for poor behavior. Consequences for unacceptable behavior. People need to be held accountable for their choices. This isn't just a local phenomenon, this is occurring all over the nation.

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

I don't think there is much the local healthcare industry can do. We are a long ways from larger medical services, surgical services and such. Transportation services are an issue. We have an air transfer service and they are high cost but we definitely need to maintain these services so we can get to the bigger facilities for emergency care. I hear there is some telemedicine stuff that will be cutting down on travel and the other stuff I talked about with layered process. We have a society that is growing in comfort with just popping online and looking for answers and asking for help. We need the ability to quick answers for our health care issues.

The doctors and nurses here are all great people and great at what they do but it is hard to get an appointment.

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

Gosh, I think we have a lot. I would say that we probably aren't too far from being beyond capacity for service providers. As far as needing to see a doctor, you may need to wait a week. If I want to go see a doctor for a bump in my eye I don't know why I have to get my blood pressure taken and weight taken and all that. I just want my eye to be looked at. If you have to spend an extra half hour going through a layered process this takes time and time and costs money. From where I was a child to where we are today, it's a lot different and I don't know why we are doing it that way. I am always looking for efficiencies. When I saw a specialist in Billings, none of this happened. I was in and out of there quicker than here at the clinic. We seem to be getting less efficient by doing all that. One day I was asked if I had allergies by 3 people. The more time we spend on things that aren't used treating patients for the reason that they are there takes away from the time other people need to get treated and this results in more billable hours. Maybe it means that I get charged less if I'm in there for less time.

Key Informant Interview #5 Tuesday, May 24, 2016 4:30pm-4:45pm –Via phone call Dr. Mark Zilkoski- Wolf Point Facility

1. What would make your community a healthier place to live?

Decreased substance abuse, including alcohol and meth. Increased activities for exercise. We have a problem with obesity so we need to have nutritional services available. We need more access to health care.

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

Substance abuse, obesity, and sedentary lifestyle.

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

We probably need a drug treatment facility. There is one in Poplar but we need to expand. We need better drug treatment resources, an exercise facility, alternatives to a sedentary life style, that people can afford and we need nutritional education services.

Key Informant Interview #6 Friday, June 3, 2016 11:45am-12:00pm –Via phone call Julie Bemer- Indian Health Services CEO

1. What would make your community a healthier place to live?

Decrease in drug usage. Increased opportunity for safe walking and biking paths. Opportunities for outdoor and indoor exercise as well. For all the communities not just Poplar. And some sort of dog safety so you don't have to worry about stray dogs.

Updated smoking cessation program.

Healthier food availability. More fruits and vegetables.

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

Again substance abuse, inactivity of individuals, and outdoor safety, meaning safe from dogs and even assaults from other people.

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

Hospice care I believe is needed. Physical therapy opportunities. More health education, motivating individuals to lead healthier lives. Health insurance literacy classes/education. Expanded outpatient clinic hours both in private sector and for IHS. Decreased inappropriate use of the emergency room.

Appendix I – Secondary Data

County Profile

Roosevelt County

Secondary Data Analysis
September 26, 2012



Office of Rural Health
Area Health
Education Center

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

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

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

*Chronic Lower Respiratory Disease

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

Chronic Disease Burden ¹	County	Montana	Nation ^{3,4}
Stroke prevalence	3.2%	2.5%	2.6%
Diabetes prevalence	12.9%	6.2%	8.3%
Acute Myocardial Infarction prevalence (Heart Attack)	5.0%	4.1%	6.0%
All Sites Cancer	472.3 (Region 1)	455.5	543.2

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

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

⁴American Diabetes Association (2012)

Region 1 (Eastern): Phillips, Valley, Daniels, Sheridan, Roosevelt, Richland, McCone, Garfield, Prairie, Dawson, Wibaux, Rosebud, Custer, Fallon, Powder River, Carter, and Treasure

Chronic Disease Hospitalization Rates	County	Montana
Stroke Per 100,000 population ¹	196.5	182.2
Diabetes Per 100,000 population ¹	353.4	115.4
Myocardial Infarction (Heart Attack) Per 100,000 population ¹	225.9	147.3

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

Demographic Measure (%)	County	Montana	Nation ^{5,6}
Population ¹	10,089	989,415	308,745,538
Population Density ¹	4.3	6.7	Not relevant
Age ¹	<5 10% 18-64 57% 65+ 10%	<5 6% 18-64 63% 65+ 14%	<5 7% 15-64 62% 65+ 13%
Gender ¹	Male 49.4% Female 50.6%	Male 50.1% Female 49.9%	Male 49.2% Female 50.8%
Race/Ethnic Distribution	White ¹ 61.8% American Indian or Alaska Native ¹ 1.0% Other † ¹	91.5% 6.8% 1.7%	72.4% 0.9% 26.7%

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

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

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

⁶US Census Bureau (2010)

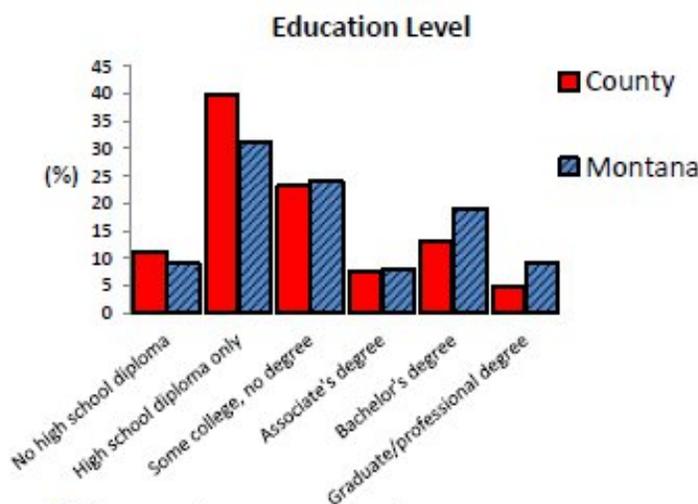
Socioeconomic Measures ¹ (%)	County	Montana	Nation ^{7,8,9}
Median Income ¹	\$29,744	\$43,000	\$51,914
Unemployment Rate ⁷	7.5%	6.3%	7.7%
Persons Below Poverty Level ¹	32.0%	14.0%	13.8%
Uninsured Adults (Age <65) ¹	17.8%	19.0%	18.2%
Uninsured Children (Age <18) ⁹	N/A	11.0%	10.0%

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

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

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

⁹Montana KIDS COUNT (2009)



¹⁰Indicators Northwest, Imp. Graph (2011)



Behavioral Health ^{1,2}	County	Montana
Childhood Immunization Up-To-Date (UTD) % Coverage ^{11,††} Age 24-35 months, population size: 12,075 (% sampled: 35.9%)	79.0%	64.3%
Tobacco Use ¹	33.2%	19.3%
Alcohol Use (binge + heavy drinking) ¹	26.1% (Region 1)	22.8%
Obesity ¹	31.5%	21.6%
Overweight ¹	37.7%	37.8%
No Leisure time for physical activity ¹	31.5%	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 1	Montana
Cervical Cancer (Pap Test in past 3 yrs) ¹	79.5%	83.0%
Breast Cancer (Mammogram in past 2 yrs) ¹	69.2%	71.9%
Blood Stool ¹	21.8%	25.3%
Sigmoidoscopy or Colonoscopy ¹	44.8%	54.3%
Diabetic Screening ⁵ Percent of Medicare enrollees who received HbA1c screening	84.0% (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	17.5	20.3	12.0
Unintentional Injury Death Rate per 100,000 population ¹	91.6	58.8	38.4
Percent Motor Vehicle Crashes Involving Alcohol ¹	23.6%	10.0%	32.0%
Pneumonia/Influenza Mortality per 100,000 population ¹	15.6	19.0	17.5
Diabetes Mellitus ²	74.1	27.1	21.8

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

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

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

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

Maternal Child Health ¹	County	Montana	Nation ^{14,15}
Infant Mortality (death within 1 st year) Rate per 1,000 live births ¹	10.6	6.1	6.7
Entrance into Prenatal care in 1 st Trimester Percent of Live Births ¹	63.7%	83.9%	69.0%
Birth Rate ⁹ Babies born per 1,000 people	22.0	12.8	13.5
Low Birth Weight (<2500 grams) Percent of live births ¹	7.8%	7.3%	8.3%
Neonatal Mortality (under 28 days of age) Rate per 1,000 live births ¹	7.0	3.3	4.5
Post Neonatal Mortality (28 through 364 days of age) Rate per 1,000 live births ¹	2.8 (Region 1)	2.7	2.2
Pre-Term Birth (<37 completed weeks gestation) Percent of Live Births ¹	14.2%	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 Poplar Community Hospital

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

Introduction

This report responds to requests by MHA for the location quotient of the hospital sector in Roosevelt County and for information on the county's demographics. In addition, the report includes analysis of the economic impact of the hospital sector on Roosevelt County's economy. Section I gives location quotients for the hospital sector in Roosevelt County using both state and national employment as the basis of comparison. Section II looks at the demographic profile of Roosevelt County. Section III presents the results of an input-output analysis of the impact of Poplar Community Hospital 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 Roosevelt County were calculated. The first compares Roosevelt 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) = .40

Hospitals Location Quotient (compared to U.S.) = .46

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

Another way to look at the location quotient is to ask how many employees would be employed in the hospital sector if Roosevelt County's employment patterns mirrored the state or the nation. Poplar Community Hospital averaged 77 employees in 2010. This is 114 less than expected given the state's employment pattern and 89 less than expected given the national employment pattern. Lower than expected employment relative to the state and nation may be in part due to the presence of Trinity Hospital and Roosevelt Medical Center in the county. In 2010, Poplar Community Hospital accounted for 2.2% of county nonfarm employment and 2.0% 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 10,425 residents of Roosevelt County. The breakdown of these residents by age is presented in Figure 1. Roosevelt County's age profile is similar to that of many counties that contain reservations. These counties are exceptional in the percentage of the population that is under 20. In 2010, baby boomers were between the ages of 45 and 60 and their presence is also evident in the graph.

Figure 1: Age Distribution of Roosevelt County Residents

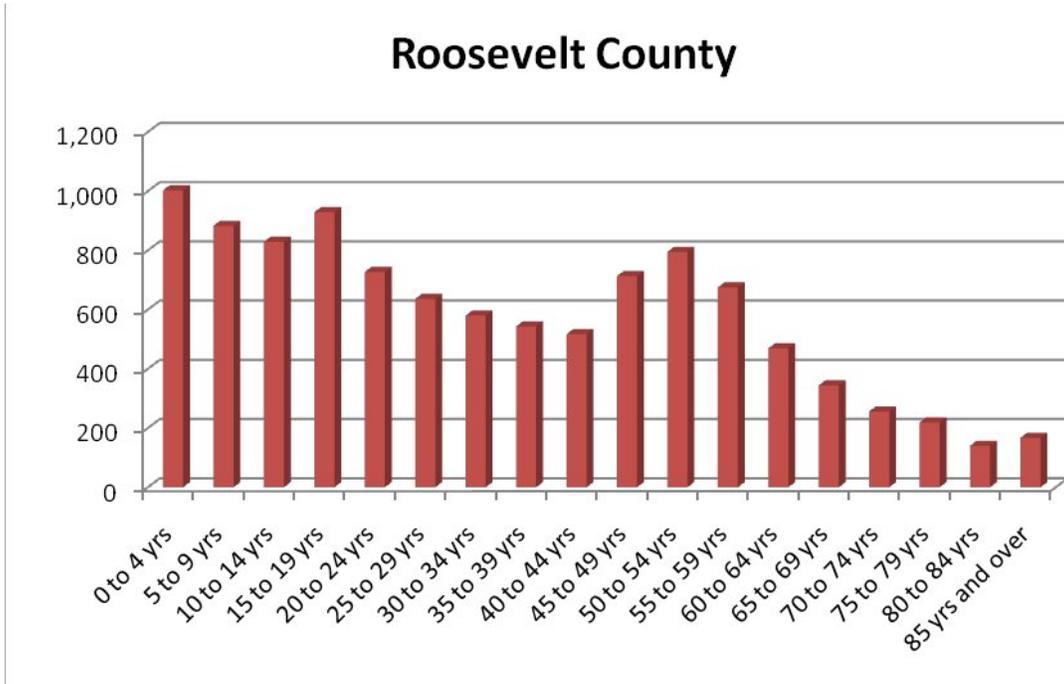


Figure 2: Percent of the population by age groups, Roosevelt County vs. Montana

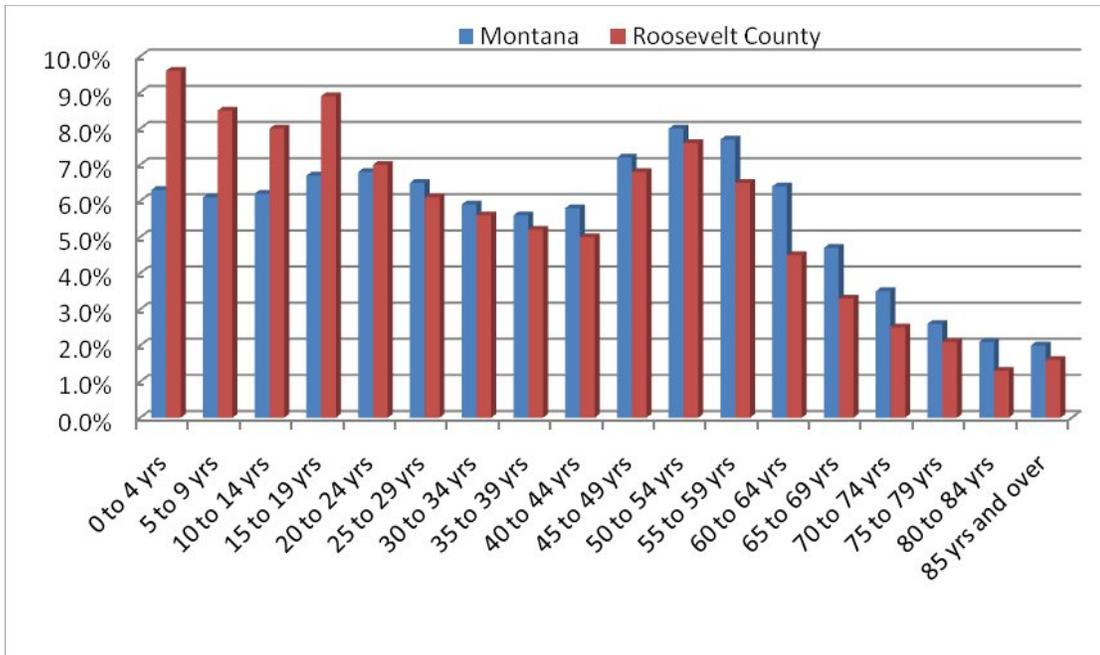


Figure 2 shows how Roosevelt’s population distribution compares to Montana’s. A careful examination of Figure 2 and the underlying data reveals that compared with the State as a whole, Roosevelt County has a higher proportion of people under 25 years old (42.0 percent vs. 32.1 percent) and a lower percentage of people 25 and over (58.0 percent vs. 67.9 percent). According to

the 2010 Census, Roosevelt County had a median age of 31.6, which ranked it the second youngest in the state. These demographics are important when planning for healthcare delivery now and in the future.

Section III Economic Impacts

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

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

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

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

Hospital Employment Multiplier = 1.21

Hospital Employee Compensation Multiplier = 1.21

Hospital Output Multiplier = 1.22

What do these numbers mean? The employment multiplier of 1.21 can be interpreted to mean that for every job at Poplar Community Hospital, another .21 jobs are supported in Roosevelt County. Another way to look at this is that if Poplar Community Hospital suddenly went away, about 16 additional non-hospital jobs would also be lost in the county (based on 2010 hospital employment of 77). The employee compensation multiplier of 1.21 simply states that for every dollar in wages and benefits paid to the hospital's employees, another 21cents of wages and benefits are created in other local jobs in Roosevelt County. Put another way, if Poplar Community Hospital suddenly went away, about \$457,770 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 Poplar Community Hospital, output in the county increases by another 22 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 Poplar Community Hospital to the county 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

Demographic Trends and Economic Impacts: A Report for Trinity Hospital

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

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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:

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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 Roosevelt County were calculated. The first compares Roosevelt 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) = .59

Hospitals Location Quotient (compared to U.S.) = .68

A location quotient near 1 indicates that the employment concentration in the county mirrors that of the larger geographic region. In the case of Roosevelt County, both the state and national location quotients are below one, indicating that hospital employment is about a third as large as expected given the overall size of Roosevelt County. In 2010 Trinity Hospital accounted for 3.2% of county nonfarm employment and 3.3% 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 10,425 residents of Roosevelt County. The breakdown of these residents by age is presented in Figure 1. Roosevelt County's age profile is similar to that of many counties that contain reservations. These counties are exceptional in the percentage of the population that is under 20. In 2010, baby boomers were between the ages of 45 and 60 and their presence is also evident in the graph.

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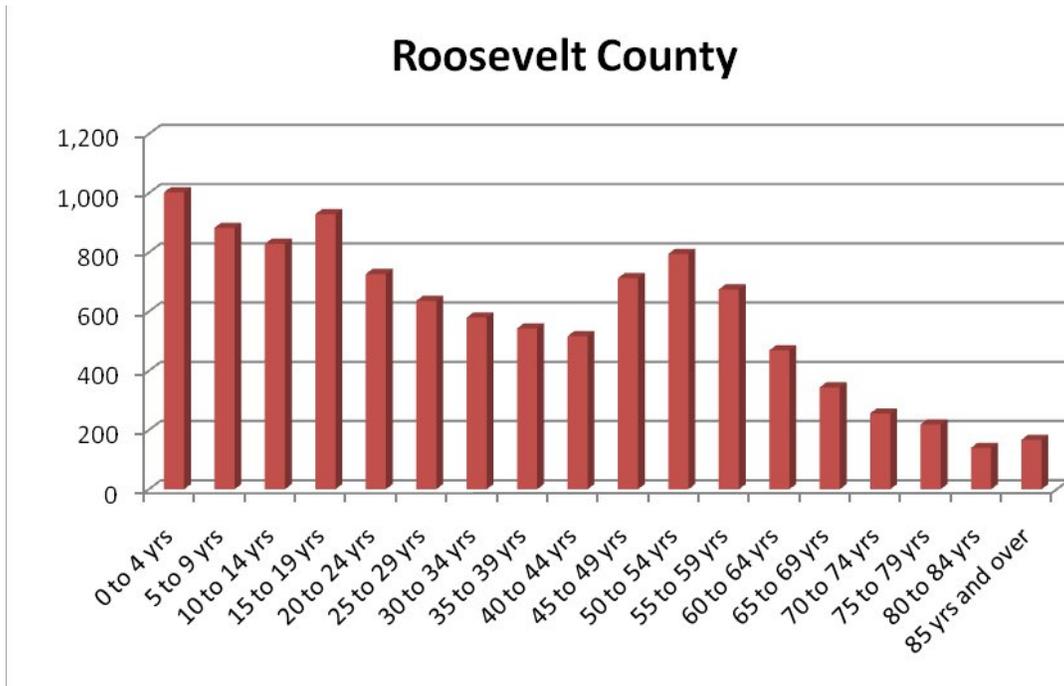


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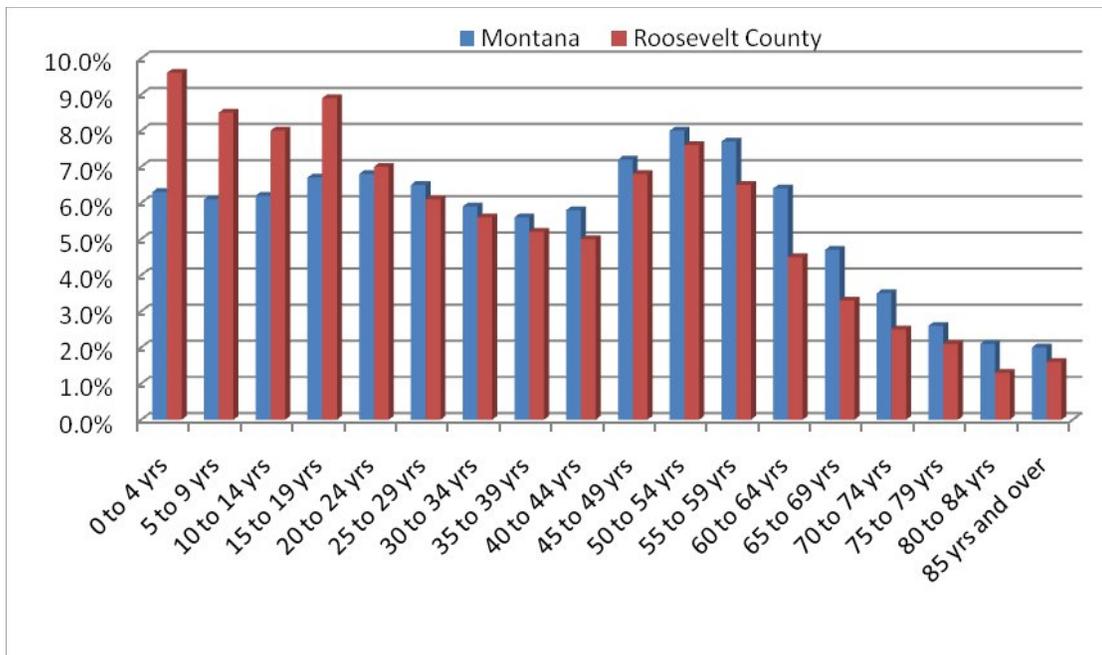


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the 2010 Census, Roosevelt County had a median age of 31.6, which ranked it the second youngest in the state. These demographics are important when planning for healthcare delivery now and in the future.

Section III Economic Impacts

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

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

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

Hospital Employment Multiplier = 1.23

Hospital Employee Compensation Multiplier = 1.19

Hospital Output Multiplier = 1.24

What do these numbers mean? The employment multiplier of 1.23 can be interpreted to mean that for every job at Trinity Hospital, another .23 jobs are supported in Roosevelt County. Another way to look at this is that if Trinity Hospital suddenly went away, about 26 additional non-hospital jobs would also be lost in the county (based on 2010 hospital employment of 113). The employee compensation multiplier of 1.19 simply states that for every dollar in wages and benefits paid to the hospital's employees, another 19 cents of wages and benefits are created in other local jobs in Roosevelt County. Put another way, if Trinity Hospital suddenly went away, about \$694,244 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 Trinity Hospital, output in the county increases by another 24 cents.

There are other potential economic impacts of hospitals beyond those identified by the input-output analysis. Novak (2003)² 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.

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Appendix I.

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

The Implementation Planning committee, comprised of staff leaders from Northeast Montana Health Services (NMHS) and community members from Roosevelt County, will convene to begin an implementation planning process to systematically and thoughtfully respond to all issues and opportunities identified through the Community Health Needs Assessment (CHNA) process.

The implementation planning committee will determine 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:

1. Increased usage of drugs
2. Access to Health
3. Health and Wellness
4. Physical Therapy
5. Expanded Mental Health

Northeast Montana Health Services will determine which needs or opportunities could be addressed considering NMHS 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 CHNA report.

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 meets, more resources will continue to be identified; therefore, this list is not exhaustive.

- Billings Clinic
- The Indian Health Service (IHS)
- Spotted Bull Outpatient Treatment Center
- Tobacco Prevention Coalition of Northeast Montana
- Eastern Montana Area Health Education Center (AHEC)
- Montana Connections/AHEC Recruitment Program
- WWAMI (Regional Medical School)
- Wolf Point and Poplar School Districts
- The Agency for Healthcare Research & Quality (AHRQ)
- Montana Office of Rural Health/AHEC (MORH/AHEC)
- Eastern Montana Telemedicine Network (EMTN)
- Eastern Montana Mental Health Services (EMMHS)
- Montana Health Network (MHN)
- Fort Peck Community College
- 3RNet University of Montana (UM)
- Fort Peck Tribe

Evaluation of Activity Impacts from Previous CHNA

The Northeast Montana Health services Board approved its previous implementation plan in June 19, 2013.

The plan prioritized the following health issues:

- Improve Access to Healthcare
- Outreach and Education
- Mental health
- Strategic plan to facilitate ability for community to 'age in place'

Decrease Delays for Clinical Services

- *Centralized scheduling*
- *Restructure scheduling and patient communication procedures between clinics*
- *Protocol for no-shows*

We do not have centralized scheduling yet, but we did develop and begin centralized appointment scheduling, which has been a dramatic improvement. The telephone tree was re-visited and now all incoming telephone calls are answered by Riverside Family Clinic. The public is unaware of who is answering the telephone. Calls are answered within 2 rings and routed to the appropriate clinic. Public sentiment has been favorable. We have also implemented the patient portal which connects the patient to their medical record and primary care provider through a message center. We also brought in a facilitator who worked with the Clinics in improve communications and coordination of services.

Program and Staffing

- *Recruit healthcare providers*
- *Specialty service expansion*
- *Education and outreach*

In the past three years, we have recruited 1 Certified Nurse midwife, and 1 Certified Nurse Practitioner. We have several contracts with recruiters and made a "PACER" to send to potential providers. We are currently in need of 1) Physician provider

2) Physician's Assistant/Nurse Practitioner

The clinics tried adopting a no-show policy, but has not been successful. They have adopted a "walk-in" policy and tried to work it into a no-show policy but that part has been unsuccessful.

We have not had specialty clinics due to lack of providers wanting to come.

Outreach and Education

- *Alcohol and substance abuse*

Alcohol and substance abuse continues to be a huge problem in our communities, and in fact has risen to the top healthcare concern. In as far as prescription drugs go, the providers belong to the Montana Prescription Drug Registry. However, the prescription drug problem has not gone down, in part because the Registry has a three day lag time to become current.

It is cost prohibitive to develop a drug treatment program (outpatient or inpatient), not to mention lack of human resources. There have been many “awareness walks” to bring the negative effects of drugs abuse to the forefront, such as financial, health, social just to mention a few.

Chronic Disease

- *Assess resources*
- *Improve awareness of and utilization of cancer prevention/screenings*
- *Health fair*
- *Cardiac and Pulmonary Rehab*

We primarily are promoting awareness and prevention of breast cancer. We sponsor “**Tough Enough To Wear Pink**”, at our local rodeos.

NEMHS sponsors the REACH program in coordination with the Montana Health Network and AHEC. This introduces high schools students to the variety of job positions in healthcare field. This has been very successful.

Both clinics now have educational materials on the TV's in their lobbies.

After evaluation, we felt we needed to address sleep studies instead of cardiac and pulmonary rehab. We are seeing a two to three month wait time to have studies done. This is a new DOT guideline which is affecting people's ability to retain their CDL, and especially those in which a CDL is required for job. Beginning in June, 2016, we will “test” our first two patients.