



# COMMUNITY HEALTH NEEDS ASSESSMENT 2019

ASSESSMENT CONDUCTED BY  
NORTHERN ROCKIES MEDICAL CENTER  
CUT BANK, MONTANA



**MONTANA**  
STATE UNIVERSITY

Office of Rural Health  
Area Health  
Education Center

IN COOPERATION WITH  
THE MONTANA OFFICE OF  
RURAL HEALTH

Northern Rockies  
Medical Center

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**Northern Rockies Medical Center  
Community Health Needs Assessment  
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## Community Health Services Development Report September 2019

### I. Introduction

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Northern Rockies Medical Center (NRMC) is a 20-bed nonprofit Critical Access Hospital (CAH) and rural health clinic based in Cut Bank, Montana. Northern Rockies Medical Center serves Glacier County of just under 3,000 square miles and provides medical services to a service population of approximately 13,640 people. Northern Rockies Medical Center provides both hospital and clinic services to Cut Bank and surrounding communities; with most of the County's populated communities located along US 2 or US 89. Glacier County, located in northwestern Montana, is geographically and culturally diverse and includes both Glacier National Park as well as the Blackfeet Indian Reservation. Glacier County has a low population density and is considered a Frontier (six or less people per square mile) by the US Department of Health and Human Services. For further demographic, socioeconomic and other related county and state data, please see Appendix C to review the Secondary Data Analysis.



*Northern Rockies Medical Center*

Northern Rockies Medical Center offers a wide array of services including lab, diagnostic imaging, a rural health clinic, emergency services, and physical/occupational therapies. Additionally, NRMC provides visiting outreach physicians who specialize in cardiology, orthopedics, neurology, gastroenterology, perinatology, and general surgery.



**Mission:** Northern Rockies Medical Center, Inc. provides quality healthcare that serves our communities in a private, safe and caring environment.

**Vision:** Northern Rockies Medical Center, Inc. will be the provider of choice, setting the standard for quality healthcare for our region.

Northern Rockies Medical Center participated in the Community Health Services Development (CHSD) Project administered by the Montana Office of Rural Health. Community involvement in steering committee meetings, focus groups and key informant interviews enhance community engagement in the assessment process.

In the summer of 2019, NRMC's service area was surveyed about its healthcare system. This report shows the results of the survey in both narrative and chart formats. A copy of the survey instrument is included at the end of this report (Appendix E). Readers are invited to familiarize themselves with the survey instrument and the subsequent findings. The narrative report touches on the highlights while the charts present data for virtually every question asked. Please note we are able to compare some of the 2019 survey data with data from previous surveys conducted in

partnership with the Montana Office of Rural Health in 2016 and 2013. If any statistical significance exists, it will be reported. The significance level was set at 0.05.

## II. Health Assessment Process

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A Steering Committee was convened to assist Northern Rockies Medical Center in conducting CHSD. A diverse group of community members representing various organizations and populations within the community (ex. public health, elderly, uninsured) came together in February 2019. For a list of all Steering Committee members and their affiliations, see Appendix A. The Steering Committee met twice during the CHSD process; first to discuss health concerns in the community and offer their perspective in designing

the survey instrument, and again to review results of the survey and focus groups and to assist in the prioritization of health needs to address.

## III. Survey Methodology

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### Survey Instrument

In June 2019, surveys were mailed out to the residents in Glacier County, Montana. Survey respondents had the ability to complete the survey mailed to them, or via an online survey hosted at Montana State University's HELPS Lab web portal. The survey was based on a design that has been used extensively in the states of Washington, Wyoming, Alaska, Montana, and Idaho. The survey was designed to provide each facility with information from local residents regarding:

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

### Sampling

NRMC provided a list of outpatient and inpatient admissions. Those zip codes with the greatest number of admissions were selected to be included in the survey. A random list of 800 residents was then selected with the assistance of the MSU HELPS lab. Residence was stratified in the initial sample selection so that each area would be represented in proportion to the overall served population and the proportion of past admissions. (Note: although the survey samples were proportionately selected, actual surveys returned from each population area varied which may result in slightly less proportional results.) See survey distribution table below.

2019 SURVEY DISTRIBUTION						
Zip Code	Population	Community Name	Percent of Market	Survey Distribution	Male	Female
59417	1033	Browning	30%	242	121	121
59427	2998	Cut Bank	58%	460	230	230
59411	174	Babb	2%	15	8	8
59474	3128	Shelby	3%	23	11	11
59482	340	Sunburst	1%	9	4	4
59484	94	Sweetgrass	0%	2	1	1
59486	492	Valier	2%	15	7	7
59454	137	Kevin	1%	5	2	2
59434	363	East Glacier Park	2%	14	7	7
59448	582	Heart Butte	2%	14	7	7
<b>TOTAL</b>	<b>9341</b>		<b>100%</b>	<b>800</b>	<b>400</b>	<b>400</b>

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

### Information Gaps - Data

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

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



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



## Limitations in Survey & Focus Group 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 in addition to the random sample survey allows for a more robust sample and, ultimately, these efforts help to increase the community response rate. Partnering with local community organizations such as public health, community health centers, and senior centers, just to name a few, helps to reach segments of the population that might not otherwise respond to a survey.

While focus group data can offer invaluable insight into the perception of a community or group of individuals, qualitative data can be difficult to analyze. For this reason, focus group data are



grouped into common themes based on our interpretation of the transcript. To better understand these themes, please review the full transcript in Appendix H. MORH staff facilitated focus groups for NRMC to ensure impartiality. However, given the small size of the community, focus group participants may still be hesitant to express their opinions freely. Personal identifiers are not included in the focus group transcripts, however we are unable to ensure anonymity amongst focus group participants

## Survey Implementation

In June 2019, a survey, cover letter on NRMC letterhead with the Chief Executive Officer's signature, and postage paid envelope was mailed out to 800 randomly selected residents in the hospital's service area. A news release was sent to local newspaper as well as social media postings prior to the survey distribution announcing that Northern Rockies Medical Center would be conducting a community health services survey throughout the region in cooperation with the Montana Office of Rural Health.

One-hundred ten surveys were returned out of 800. Of those 800 surveys, 58 surveys were returned undeliverable for a 14.82% response rate. From this point on, the total number of surveys will be out of 743. Based upon the sample size, we can be 95% confident that the responses to the survey questions are representative of the service area population, plus or minus 9.29%.

## IV. Survey Respondent Demographics

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A total of 742 surveys were distributed amongst NRMC's service area. One-hundred ten were completed for a 14.82% response rate. The following tables indicate the demographic characteristics of the survey respondents. Information on location, gender, age, and employment is included. Percentages indicated on the tables and graphs are based upon the total number of responses for each individual question, as some respondents did not answer all questions.

### Place of Residence (Question 38)

2019 N= 110

2016 N= 126

2013 N= 174

The returned surveys are skewed toward the Cut Bank population, which is reasonable given that this is where most of the services are located.

		2013		2016		2019	
Location	Zip code	Count	Percent	Count	Percent	Count	Percent
<b>Cut Bank*</b>	59427	<b>146</b>	<b>83.9%</b>	<b>78</b>	<b>61.9%</b>	<b>71</b>	<b>64.5%</b>
<b>Browning*</b>	59417	<b>21</b>	<b>12.1%</b>	<b>27</b>	<b>21.4%</b>	<b>19</b>	<b>17.3%</b>
<b>Valier*</b>	59486	1	0.6%	<b>9</b>	<b>7.1%</b>	<b>7</b>	<b>6.4%</b>
East Glacier	59434	1	0.6%	2	1.6%	3	2.7%
Babb	59411	<b>3</b>	<b>1.7%</b>	2	1.6%	3	2.7%
Shelby	59474	Not asked - 2013		Not asked - 2016		1	0.9%
Heart Butte*	59448	Not asked - 2013		8	6.3%	1	0.9%
Other		2	1.1%	Not asked - 2016		5	4.5%
<b>TOTAL</b>		<b>174</b>	<b>100.0%</b>	<b>126</b>	<b>100.0%</b>	<b>110</b>	<b>100.0%</b>
*Indicates a significant change between years ( $p \leq 0.05$ ). <b>Bold:</b> Top 3 responses							

“Other” comments:

- Sunburst 59782
- Saint Mary, MT 59417
- 59454 Kevin (2)
- 59435 Ethridge

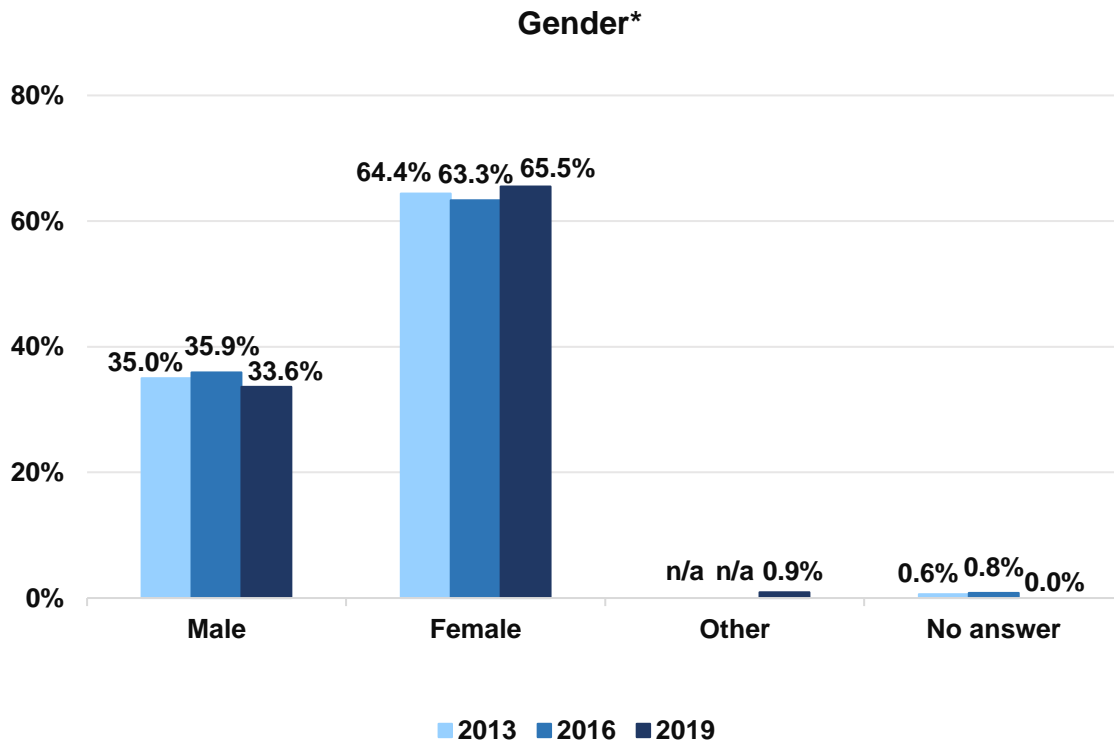
### Gender (Question 39)

2019 N= 110

2016 N= 128

2013 N= 177

Of the 110 surveys returned, 65.5% (n=72) of survey respondents were female, 33.6% (n=37) were male, and 0.9% (n=1) selected “other”. It is not unusual for survey respondents to be predominantly female, particularly when the survey is healthcare-oriented since women are frequently the healthcare decision makers for families.





### Age of Respondents (Question 40)

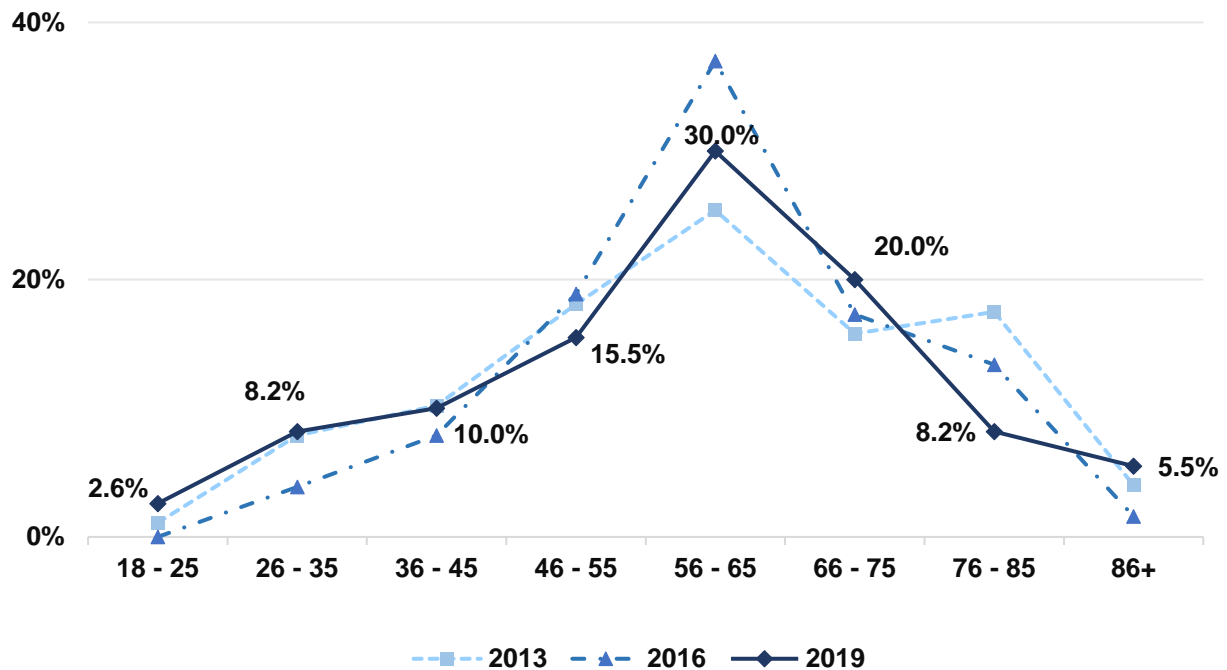
2019 N= 110

2016 N= 127

2013 N= 177

Thirty percent of respondents (n=33) were between the ages of 56-65. Twenty percent of respondents (n=22) were between the ages of 66-75, and 15.5% of respondents (n=17) were between the ages of 46-55. This statistic is comparable to other Critical Access Hospital demographics. The increasing percentage of aging residents in rural communities is a trend which is seen throughout Montana and will likely have a significant impact on the need for healthcare services during the next 10-20 years. Older residents are also more invested in healthcare decision making and are more likely to respond to healthcare surveys, as reflected by this graph. It is important to note that the survey was targeted to adults, and therefore, no respondents are under age 18.

### Age of Respondents



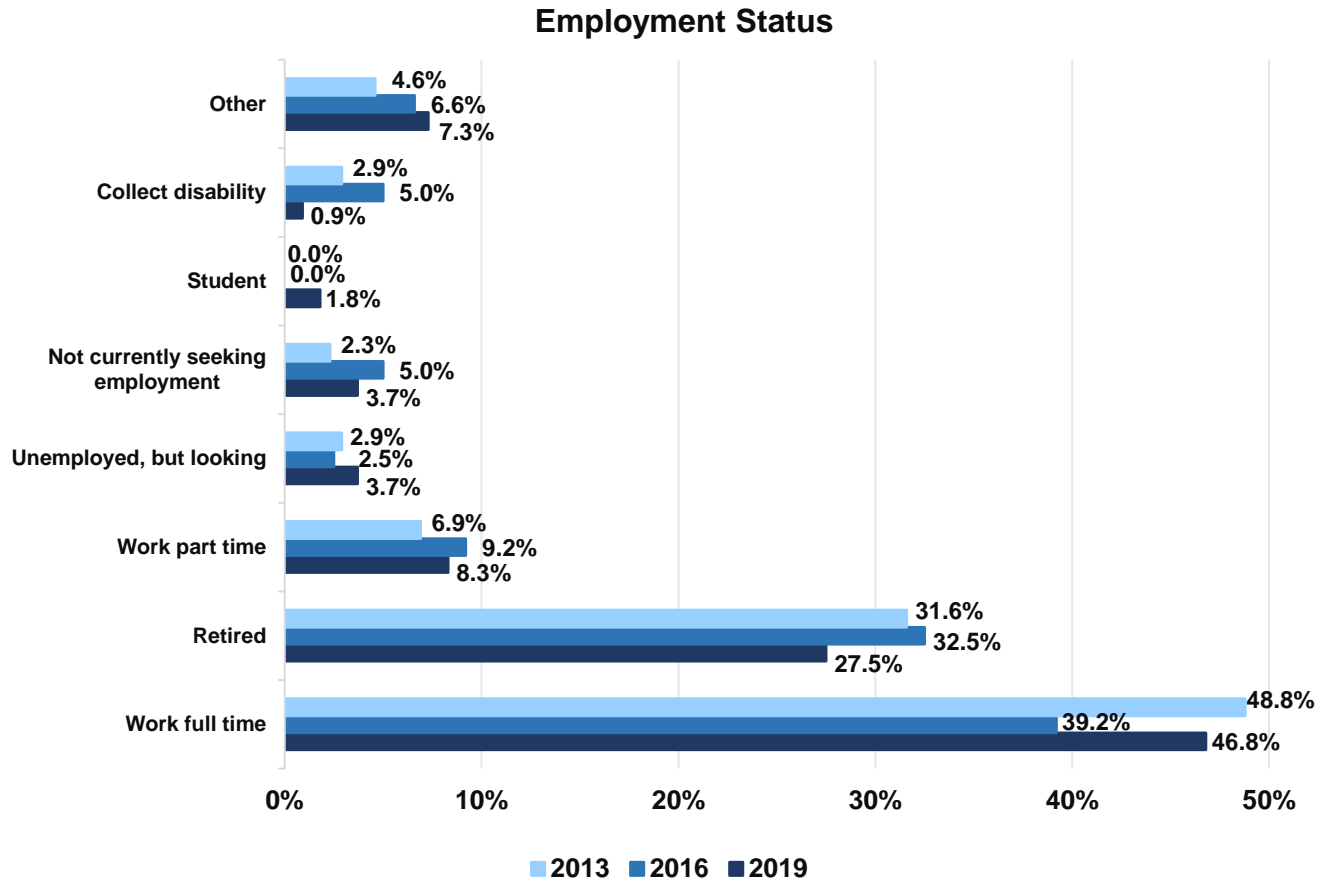
## Employment status (Question 41)

2019 N= 109

2016 N= 120

2013 N= 174

Respondents were asked to indicate their employment status. Forty-seven percent (n=51) reported they work full time, while 27.5% (n=30) are retired.



“Other” comments:

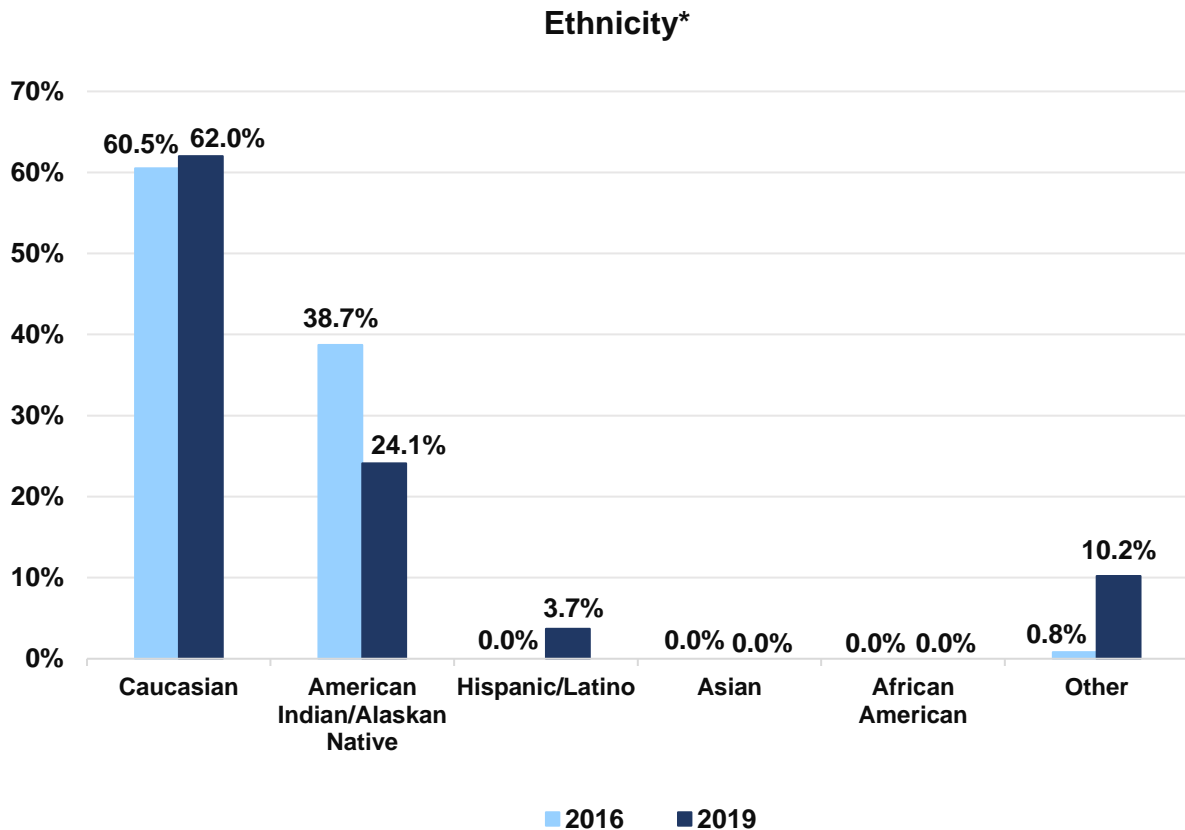
- Work full time and retired (2)
- Housewife
- Self-employed (3)
- Work part time, having severe difficulty at work without medication
- Homemaker

## Ethnicity (Question 42)

2019 N= 108

2016 N= 119

Respondents were asked to indicate which ethnicity they most identify with. Sixty-two percent (n=67) reported they are Caucasian, and 24.1% (n=26) are American Indian/Alaskan Native. Two respondents chose not to answer this question.



\*Significantly fewer 2019 respondents are American Indian/Alaskan Native, while significantly more respondents selected "Other."

"Other" comments:

- American Indian and Caucasian (4)
- White (2)
- African American, American Indian, Hispanic
- American (2)
- Euro American

## V. Survey Findings – Community Health

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### Impression of Community (Question 1)

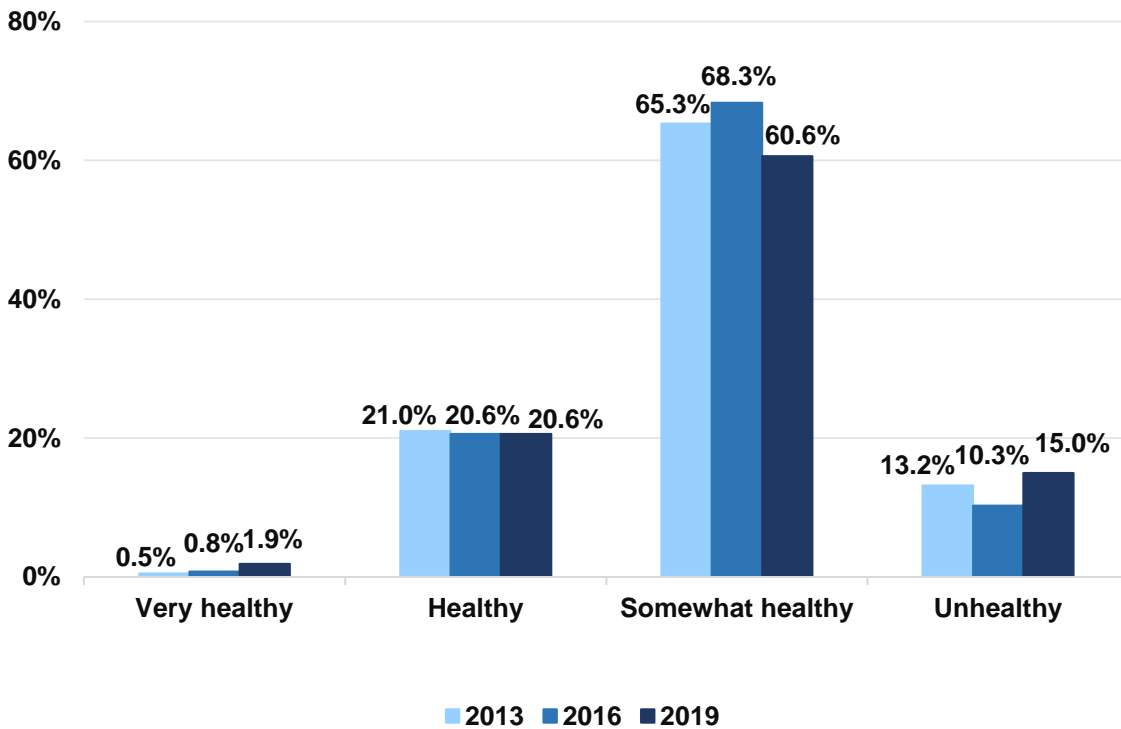
2019 N= 107

2016 N= 126

2013 N= 167

Respondents were asked to indicate how they would rate the general health of their community. Sixty-one percent of respondents (n=65) rated their community as “Somewhat healthy”, 20.6% of respondents (n=22) felt their community was “Healthy”, and 15% (n=16) respondents indicated they felt their community was “Unhealthy.” Three respondents chose not to answer this question.

### Rating of Healthy Community



## Health Concerns for Community (Question 2)

2019 N= 110

2016 N= 128

2013 N= 177

Respondents were asked what they felt the three most serious health concerns were in their community. The top identified health concern was “Alcohol abuse/substance abuse” at 80% (n=88). “Cancer” was also a high priority at 33.6% (n=37) followed by “Diabetes” at 31.8% (n=35). Respondents were asked to pick their top three serious health concerns, so percentages do not equal 100%.

Health Concern	2013		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
<b>Alcohol abuse/substance abuse</b>	<b>127</b>	<b>71.8%</b>	<b>86</b>	<b>67.2%</b>	<b>88</b>	<b>80.0%</b>
<b>Cancer*</b>	<b>85</b>	<b>48.0%</b>	<b>74</b>	<b>57.8%</b>	<b>37</b>	<b>33.6%</b>
<b>Diabetes*</b>	41	23.2%	<b>49</b>	<b>38.3%</b>	<b>35</b>	<b>31.8%</b>
Overweight/obesity	<b>61</b>	<b>34.5%</b>	<b>43</b>	<b>33.6%</b>	28	25.5%
Child abuse/neglect	21	11.9%	16	12.5%	18	16.4%
Mental health issues (depression, anxiety, etc.)	20	11.3%	10	7.8%	18	16.4%
Tobacco use (vaping, cigarettes, smokeless)	26	14.7%	14	10.9%	16	14.5%
Lack of exercise	22	12.4%	13	10.2%	12	10.9%
Domestic violence	14	7.9%	7	5.5%	10	9.1%
Lack of access to healthcare	11	6.2%	10	7.8%	9	8.2%
Suicide	Not asked - 2013		Not asked - 2016		7	6.4%
Heart disease*	26	14.7%	18	14.1%	6	5.5%
Respiratory diseases	Not asked - 2013		8	6.3%	6	5.5%
Motor vehicle accidents	18	10.2%	6	4.7%	4	3.6%
Alzheimer’s/dementia	Not asked - 2013		Not asked - 2016		4	3.6%
Lack of dental care	4	2.3%	7	5.5%	3	2.7%
Stroke	11	6.2%	7	5.5%	3	2.7%
Hunger	Not asked - 2013		Not asked - 2016		3	2.7%
Work related accidents/injuries	4	2.3%	1	0.8%	2	1.8%
Social isolation/loneliness	Not asked - 2013		Not asked - 2016		2	1.8%
Recreation related accidents/injuries	1	0.6%	1	0.8%	0	0.0%
Other	2	1.1%	5	3.9%	6	5.5%

\*Indicates a significant change between years ( $p \leq 0.05$ ). **Bold:** Top 3 responses

“Other” comments:

- All of the above
- Child abuse, diabetes
- These are interrelated. It is very difficult to say 3 most serious. Education for self-care to keep healthy, Parenting classes, #1 treating your NRMC employees with respect & honor

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

2019 N= 110

2016 N= 128

2013 N= 177

Respondents were asked to identify the three most important things for a healthy community. Forty-one percent of respondents (n=45) indicated that “Good jobs and a healthy economy” is important for a healthy community. “Access to healthcare” was the second most indicated component at 29.1% (n=32) and third was “Healthy behaviors and lifestyles” at 28.2% (n=31). Respondents were asked to identify their top three choices, so percentages do not equal 100%.

Important Component	2013		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
<b>Good jobs and a healthy economy</b>	<b>70</b>	<b>39.5%</b>	<b>55</b>	<b>43.0%</b>	<b>45</b>	<b>40.9%</b>
<b>Access to healthcare*</b>	<b>104</b>	<b>58.8%</b>	<b>62</b>	<b>48.4%</b>	<b>32</b>	<b>29.1%</b>
<b>Healthy behaviors and lifestyles</b>	<b>72</b>	<b>40.7%</b>	<b>52</b>	<b>40.6%</b>	<b>31</b>	<b>28.2%</b>
Strong family life	45	25.4%	38	29.7%	23	20.9%
Low crime/safe neighborhoods	35	19.8%	32	25.0%	33	20.0%
Access to mental health services	Not asked - 2013		Not asked - 2016		20	18.2%
Good schools	35	19.8%	20	15.6%	18	16.4%
Access to healthy food options	Not asked - 2013		Not asked - 2016		17	15.5%
Clean environment	31	17.5%	22	17.2%	16	14.5%
Religious or spiritual values	35	19.8%	32	25.0%	15	13.6%
Affordable housing	30	16.9%	17	13.3%	13	11.8%
Home health services	Not asked - 2013		Not asked - 2016		9	8.2%
Access to childcare/after school programs	Not asked - 2013		Not asked - 2016		8	7.3%
Senior services	Not asked - 2013		Not asked - 2016		7	6.4%
Community involvement	15	8.5%	14	10.9%	6	5.5%
Parks and recreation	6	3.4%	9	7.0%	5	4.5%
Low level of domestic violence	8	4.5%	1	0.8%	5	4.5%
Transportation services	Not asked - 2013		Not asked - 2016		4	3.6%
Social support services	Not asked - 2013		Not asked - 2016		3	2.7%
Tolerance for diversity	Not asked - 2013		Not asked - 2016		3	2.7%
Welcoming community	Not asked - 2013		Not asked - 2016		2	1.8%
Low death and disease rates	4	2.3%	6	4.7%	1	0.9%
Arts and cultural events	1	0.6%	2	1.6%	0	0.0%
Other	2	1.1%	2	1.6%	3	2.7%

\*Indicates a significant change between years ( $p \leq 0.05$ ). **Bold:** Top 3 responses

“Other” comments:

- Illegal drug use!
- Stop prescription drug advertising

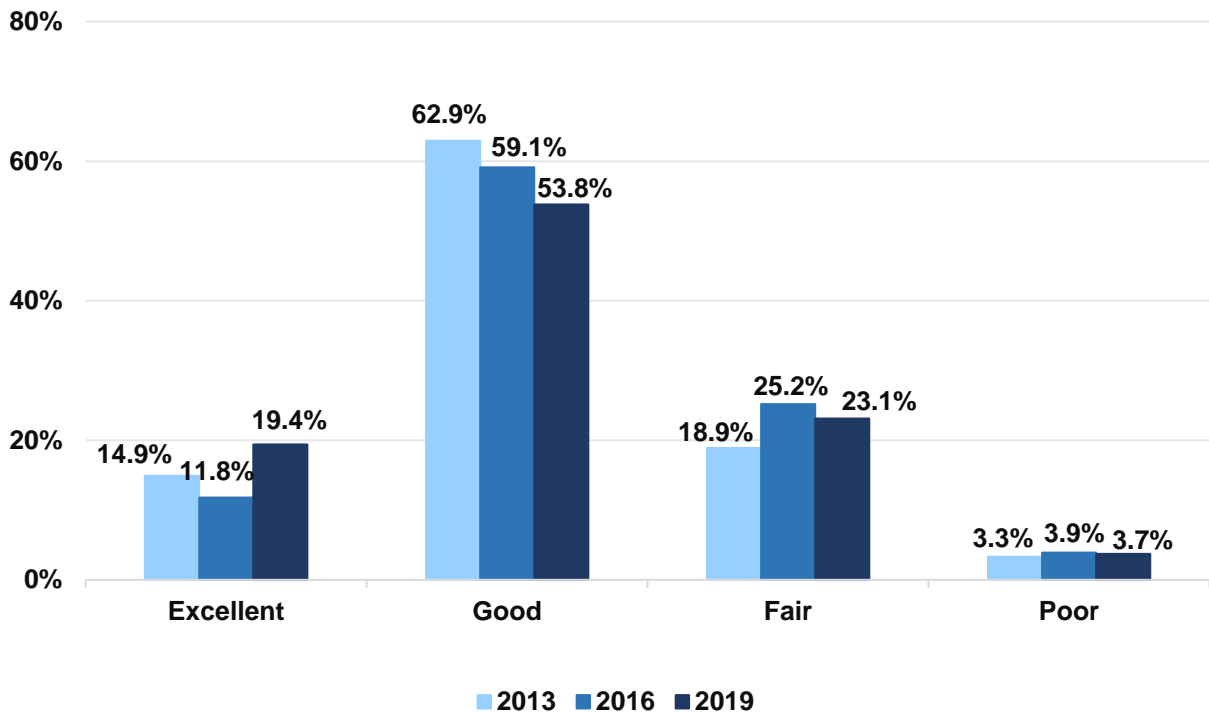


### Awareness of Health Services (Question 4)

2019 N= 108  
2016 N= 127  
2013 N= 175

Respondents were asked to rate their knowledge of the health services available locally. Fifty-four percent (n= 58) of respondents rated their knowledge of health services as “Good”, “Fair” was selected by 23.1% percent (n=25), and “Excellent” was selected by 19.4% (n=21) of respondents. Two respondents chose not to answer this question.

### Knowledge of Health Services



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

2019 N= 110

2016 N= 128

2013 N= 177

The most frequently indicated method of learning about available services was “Friends/family” at 65.5% (n=72). “Healthcare provider” was the second most frequent response at 60.9% (n=67), followed by “Word of mouth/reputation” at 57.3% (n=63). Respondents could select more than one method, so percentages do not equal 100%.

Method	2013		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
<b>Friends/family</b>	<b>99</b>	<b>55.9%</b>	<b>79</b>	<b>61.7%</b>	<b>72</b>	<b>65.5%</b>
<b>Healthcare provider</b>	<b>107</b>	<b>60.5%</b>	<b>65</b>	<b>50.8%</b>	<b>67</b>	<b>60.9%</b>
<b>Word of mouth/reputation</b>	<b>94</b>	<b>53.1%</b>	<b>81</b>	<b>63.3%</b>	<b>63</b>	<b>57.3%</b>
Newspaper	76	42.9%	38	29.7%	38	34.5%
Local publications	Not asked - 2013		24	18.8%	28	25.5%
Mailings/newsletter	25	14.1%	20	15.6%	20	18.2%
Internet search	Not asked - 2013		Not asked - 2016		20	18.2%
Social media/Facebook	Not asked - 2013		Not asked - 2016		20	18.2%
Emergency response	13	7.3%	14	10.9%	14	12.7%
Public Health	19	10.7%	15	11.7%	13	11.8%
Television	Not asked - 2013		Not asked - 2016		13	11.8%
Radio	36	20.3%	19	14.8%	11	10.0%
Website	Not asked - 2013		Not asked - 2016		10	9.1%
Presentations	4	2.3%	3	2.3%	5	4.5%
Other	10	5.6%	8	6.3%	5	4.5%

\*Indicates a significant change between years ( $p \leq 0.05$ ). **Bold:** Top 3 responses

“Other” comments:

- Employer lists
- I am a retired APRN
- Member of Pondera Health Care Foundation, Member of Pondera Mental Health Consortium, Member of 406 Youth Connect
- Work

### Cross Tabulation of Service Knowledge and Learning about Services

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

#### KNOWLEDGE RATING OF HEALTH SERVICES BY HOW RESPONDENTS LEARN ABOUT HEALTHCARE SERVICES

	Excellent	Good	Fair	Poor	Total
<b>Friends/family</b>	12 (17.1%)	38 (54.3%)	17 (24.3%)	3 (4.3%)	<b>70</b>
<b>Healthcare provider</b>	15 (22.4%)	41 (61.2%)	10 (14.9%)	1 (1.5%)	<b>67</b>
<b>Word of mouth/reputation</b>	12 (19.4%)	34 (54.8%)	15 (24.2%)	1 (1.6%)	<b>62</b>
<b>Newspaper</b>	8 (21.6%)	24 (64.9%)	5 (13.5%)		<b>37</b>
<b>Local publications</b>	4 (14.3%)	15 (53.6%)	9 (32.1%)		<b>28</b>
<b>Social media/Facebook</b>	8 (40%)	10 (50%)	2 (10%)		<b>20</b>
<b>Internet search</b>	4 (21.1%)	10 (52.6%)	4 (21.1%)	1 (5.3%)	<b>19</b>
<b>Mailings/newsletter</b>	4 (21.1%)	9 (47.4%)	6 (31.6%)		<b>19</b>
<b>Emergency response</b>	1 (7.1%)	7 (50%)	4 (28.6%)	2 (14.3%)	<b>14</b>
<b>Public Health</b>	2 (15.4%)	7 (53.8%)	4 (30.8%)		<b>13</b>
<b>Television</b>	2 (15.4%)	10 (76.9%)	1 (7.7%)		<b>13</b>
<b>Radio</b>	1 (9.1%)	7 (63.6%)	3 (27.3%)		<b>11</b>
<b>Website</b>	1 (10%)	7 (70%)	2 (20%)		<b>10</b>
<b>Presentations</b>	1 (20%)	4 (80%)			<b>5</b>
<b>Other</b>	1 (20%)	1 (20%)	3 (60%)		<b>5</b>

### Utilized Community Health Resources (Question 6)

2019 N= 110

2016 N= 128

2013 N= 177

Respondents were asked which community health resources, other than the hospital or clinic, they had used in the last three years. “Dentist” was the most frequently utilized community health resource cited by respondents at 76.4% (n=84). “Pharmacy” was utilized by 73.6% (n=81), and an “Optometrist” was utilized by 51.8% (n=57) of respondents. Respondents could select more than one resource, so percentages do not equal 100%.

Resource	2013		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
<b>Dentist*</b>	<b>108</b>	<b>61.0%</b>	<b>82</b>	<b>64.1%</b>	<b>84</b>	<b>76.4%</b>
<b>Pharmacy</b>	<b>139</b>	<b>78.5%</b>	<b>92</b>	<b>71.9%</b>	<b>81</b>	<b>73.6%</b>
<b>Optometrist</b>	Not asked - 2013		<b>59</b>	<b>46.1%</b>	<b>57</b>	<b>51.8%</b>
Chiropractor*	Not asked - 2013		34	26.6%	42	38.2%
Walking trail	Not asked - 2013		Not asked - 2016		32	29.1%
Pool	Not asked - 2013		Not asked - 2016		24	21.8%
Civic/fitness center	Not asked - 2013		Not asked - 2016		20	18.2%
Senior center	Not asked - 2013		Not asked - 2016		16	14.5%
Public health	<b>24</b>	<b>13.6%</b>	22	17.2%	13	11.8%
Food banks	Not asked - 2013		Not asked - 2016		11	10.0%
Mental health	12	6.8%	15	11.7%	6	5.5%
Diabetes center	Not asked - 2013		Not asked - 2016		5	4.5%
Home care services	Not asked - 2013		Not asked - 2016		3	2.7%
Meals on Wheels	Not asked - 2013		Not asked - 2016		3	2.7%
Substance abuse services	Not asked - 2013		Not asked - 2016		3	2.7%
Transportation services	Not asked - 2013		Not asked - 2016		3	2.7%
Other	12	6.8%	10	7.8%	3	2.7%
*Indicates a significant change between years (p ≤ 0.05). <b>Bold:</b> Top 3 responses						

“Other” comments:

- Community Parks
- We have very little resources here
- None

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

2019 N= 110

2016 N= 128

2013 N= 177

Respondents were asked to indicate what they felt would improve their community’s access to healthcare. Thirty-six percent of respondents (n=40 each) reported that “More primary care providers” and “More information about available services” would make the greatest improvement. Thirty-six percent of respondents (n=39) indicated “Home Health assistance” would improve access, and “More specialists” was selected by 31.8% (n=35). Respondents could select more than one method, so percentages do not equal 100%.

Service	2013		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
<b>More primary care providers</b>	<b>83</b>	<b>46.9%</b>	<b>65</b>	<b>50.8%</b>	<b>40</b>	<b>36.4%</b>
<b>More information about available services</b>	Not asked - 2013		Not asked - 2016		<b>40</b>	<b>36.4%</b>
<b>Home Health assistance</b>	56	31.6%	<b>54</b>	<b>42.2%</b>	<b>39</b>	<b>35.5%</b>
<b>More specialists*</b>	<b>59</b>	<b>33.3%</b>	<b>62</b>	<b>48.4%</b>	<b>35</b>	<b>31.8%</b>
Financial assistance/counseling	<b>71</b>	<b>40.1%</b>	42	32.8%	29	26.4%
Improved quality of care	43	24.3%	42	32.8%	29	26.4%
Expanded hours for clinic services	30	16.9%	27	21.1%	26	23.6%
Transportation assistance	38	21.5%	36	28.1%	23	20.9%
More mental health services	Not asked - 2013		33	25.8%	22	20.0%
Greater health education services	42	23.7%	29	22.7%	22	20.0%
Cultural sensitivity	17	9.6%	19	14.8%	14	12.7%
Telehealth*	6	3.4%	9	7.0%	12	10.9%
Interpreter services	1	0.6%	4	3.1%	2	1.8%
Other	9	5.1%	10	7.8%	8	7.3%

\*Indicates a significant change between years ( $p \leq 0.05$ ). **Bold:** Top 3 responses

### “Other” comments:

- Local doctor
- Free, low cost healthcare
- Confidentiality
- All doctors should have hospital privileges
- Help with prescriptions
- Billing department that know what they’re doing
- Kindness- certain assistants cast off snobbishness; i.e. doing you a favor
- You overschedule your providers at the clinic- they shouldn't foot the bill for the hospital. You need to show honor to your employees- if they stay or leave, recognize them for a job well done

## Interest in Educational Classes or Programs (Question 8)

2019 N= 110

2016 N= 128

2013 N= 177

Respondents were asked if they would be interested in any educational classes/programs made available to the community. The most highly indicated class/program was “Weight loss” at 40% of respondents (n=44). “Fitness” was selected by 39.1% of respondents (n=43), and “Nutrition/healthy foods” followed at 33.6% (n=37). Respondents could select more than one interest, so percentages do not equal 100%.

Educational Class/Program	2013		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
<b>Weight loss</b>	<b>61</b>	<b>34.5%</b>	<b>36</b>	<b>28.1%</b>	<b>44</b>	<b>40.0%</b>
<b>Fitness</b>	<b>66</b>	<b>37.3%</b>	<b>46</b>	<b>35.9%</b>	<b>43</b>	<b>39.1%</b>
<b>Nutrition/healthy foods</b>	56	31.6%	34	26.6%	<b>37</b>	<b>33.6%</b>
Health and wellness	<b>64</b>	<b>36.2%</b>	30	23.4%	36	32.7%
Women’s health	45	25.4%	31	24.2%	36	32.7%
Stress management	Not asked - 2013		<b>37</b>	<b>28.9%</b>	36	32.7%
Living will	36	20.3%	29	22.7%	27	24.5%
First aid/CPR	32	18.1%	<b>36</b>	<b>28.1%</b>	25	22.7%
Cancer	33	18.6%	16	12.5%	20	18.2%
Diabetes	35	19.8%	29	22.7%	19	17.3%
Budgeting/finances	Not asked - 2013		Not asked - 2016		19	17.3%
Grief counseling	18	10.2%	22	17.2%	18	16.4%
Mental health*	9	5.1%	12	9.4%	18	16.4%
Alzheimer’s	31	17.5%	13	10.2%	17	15.5%
Men’s health	22	12.4%	20	15.6%	16	14.5%
Support groups	23	13.0%	12	9.4%	14	12.7%
Alcohol/substance abuse	17	9.6%	17	13.3%	13	11.8%
Heart disease*	25	14.1%	6	4.7%	13	11.8%
Cultural/traditional health	Not asked - 2013		15	11.7%	13	11.8%
Parenting	14	7.9%	17	13.3%	11	10.0%
Career development	Not asked - 2013		Not asked - 2016		10	9.1%
Smoking/tobacco cessation	20	11.3%	7	5.5%	6	5.5%
Prenatal/lactation	3	1.7%	4	3.1%	2	1.8%
Other	6	3.4%	4	3.1%	2	1.8%

\*Indicates a significant change between years ( $p \leq 0.05$ ). **Bold:** Top 3 responses

“Other” comments:

- More services for seniors

- None



## Utilization of Preventative Services (Question 9)

2019 N= 110

2016 N= 128

2013 N= 177

Respondents were asked if they had utilized any of the preventative services listed in the past year. “Dental exam” was selected by 71.8% of respondents (n=79). Sixty-nine percent of respondents (n=76) indicated they received an “Eye exam”, and 68.2% of respondents (n=75) had a “Blood pressure check.” Respondents could select all that apply, thus the percentages do not equal 100%.

Preventative Service	2013		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
<b>Dental exam*</b>	82	46.3%	<b>73</b>	<b>57.0%</b>	<b>79</b>	<b>71.8%</b>
<b>Eye exam*</b>	<b>88</b>	<b>49.7%</b>	<b>64</b>	<b>50.0%</b>	<b>76</b>	<b>69.1%</b>
<b>Blood pressure check*</b>	97	54.8%	<b>62</b>	<b>48.4%</b>	<b>75</b>	<b>68.2%</b>
Flu shot	<b>90</b>	<b>50.8%</b>	<b>64</b>	<b>50.0%</b>	60	54.5%
Health checkup	77	43.5%	61	47.7%	55	50.0%
Cholesterol screening	<b>88</b>	<b>49.7%</b>	49	38.3%	46	41.8%
Yearly blood screening (birthday labs)	Not asked - 2013		Not asked - 2016		39	35.5%
Mammography	61	34.5%	39	30.5%	31	28.2%
Pap smear	41	23.2%	31	24.2%	22	20.0%
Colonoscopy	29	16.4%	13	10.2%	20	18.2%
Prostate (PSA)	32	18.1%	13	10.2%	13	11.8%
Children's checkup/Well baby	18	10.2%	15	11.7%	10	9.1%
Hearing check	Not asked - 2013		Not asked - 2016		10	9.1%
Mental health counseling	Not asked - 2013		Not asked - 2016		7	6.4%
None	7	4.0%	5	3.9%	4	3.6%

\*Indicates a significant change between years ( $p \leq 0.05$ ). **Bold:** Top 3 responses

## Desired Local Healthcare Services (Question 10)

2019 N= 110

2016 N= 128

2013 N= 177

Respondents were asked to indicate which additional healthcare services would they utilize if available locally. Respondents indicated the most interest in having “Dermatology” at 30% of respondents (n=33), followed by an “ENT (ear/nose/throat)” at 28.2% (n=31), and “Home health assistance” and “Alternative medicine/Naturopath” were both selected by 21.8% (n=24 each). Respondents were asked to select all that apply, so percentages do not equal 100%.

Desired Service	2013		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
<b>Dermatology</b>	Not asked - 2013		Not asked - 2016		<b>33</b>	<b>30.0%</b>
<b>ENT (ear/nose/throat)</b>	Not asked - 2013		Not asked - 2016		<b>31</b>	<b>28.2%</b>
<b>Home health assistance*</b>	28	15.8%	38	29.7%	<b>24</b>	<b>21.8%</b>
<b>Alternative medicine/Naturopath*</b>	Not asked - 2013		52	40.6%	<b>24</b>	<b>21.8%</b>
Nutrition/dietician*	50	28.2%	44	34.4%	22	20.0%
Audiologist (hearing)	Not asked - 2013		Not asked - 2016		19	17.3%
Rheumatology	Not asked - 2013		Not asked - 2016		18	16.4%
Ophthalmologist (eye)	Not asked - 2013		Not asked - 2016		17	15.5%
Emergency mental health	8	4.5%	14	10.9%	12	10.9%
Urology	Not asked - 2013		Not asked - 2016		12	10.9%
Psychiatrist	Not asked - 2013		Not asked - 2016		11	10.0%
Pediatrician	Not asked - 2013		Not asked - 2016		10	9.1%
Surgery	Not asked - 2013		Not asked - 2016		10	9.1%
Medication management	Not asked - 2013		Not asked - 2016		9	8.2%
Family planning	Not asked - 2013		Not asked - 2016		8	7.3%
Oncology	Not asked - 2013		Not asked - 2016		6	5.5%
Orthodontia	Not asked - 2013		Not asked - 2016		6	5.5%
Addictions counselor	Not asked - 2013		Not asked - 2016		5	4.5%
Speech therapy	Not asked - 2013		6	4.7%	3	2.7%
Other*	11	6.2%	20	15.6%	4	3.6%

\*Indicates a significant change between years ( $p \leq 0.05$ ). **Bold:** Top 3 responses

“Other” comments:

- None
- Allergy Specialist
- How can you offer more when you are getting rid of maternity and delivery? It is a service you need to continue to provide. Make a good name for yourself and they will come.

### Injury Prevention Measures (Question 11)

2019 N= 110

Respondents were asked to indicate which, if any, injury prevention measures they engage in. Eighty-nine percent of respondents (n=98) indicated they use a seat belt. Sixty-four percent (n=70) reported they use hands free phone while driving/no texting, and 50.9% (n=56) reported they regularly exercise.

Prevention Measures	2019	
	Count	Percent
<b>Seat belt</b>	<b>98</b>	<b>89.1%</b>
<b>Hands free phone while driving/no texting</b>	<b>70</b>	<b>63.6%</b>
<b>Regular exercise</b>	<b>56</b>	<b>50.9%</b>
Personal protection devices (eye wear, ear protection, hard hat)	42	38.2%
Child car seat/booster	27	24.5%
Designated driver	26	23.6%
Hearing/ear protection	23	20.9%
Water safety (life vest)	23	20.9%
Helmet	14	12.7%
None	2	1.8%

## Physical Activity (Question 12)

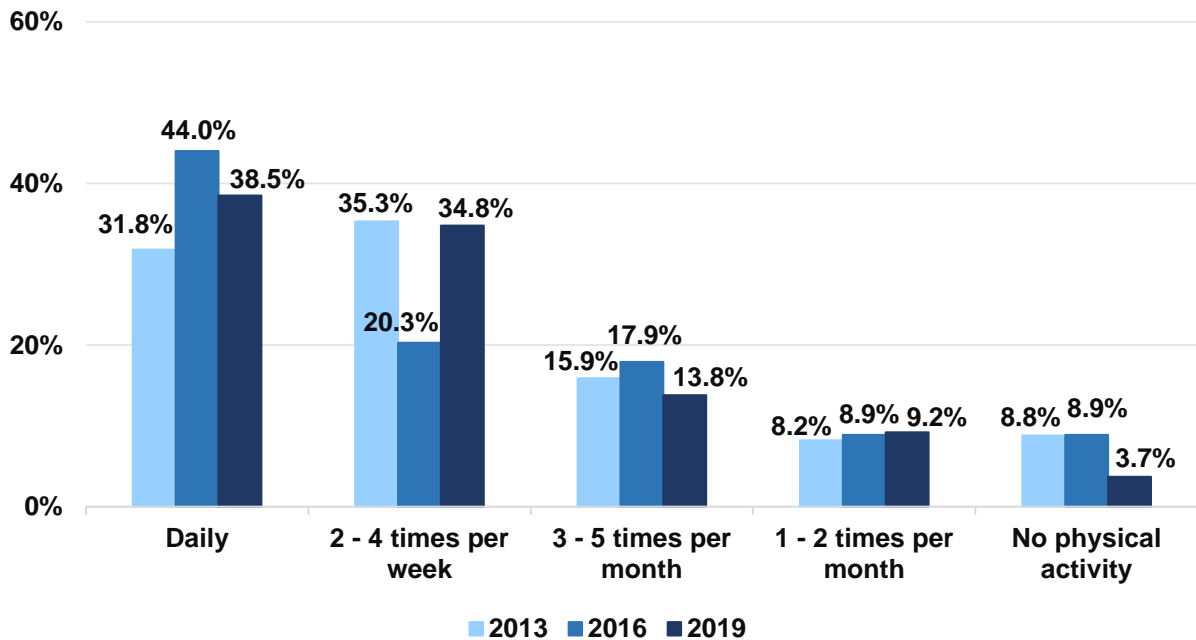
2019 N= 109

2016 N= 123

2013 N= 170

Respondents were asked to indicate how frequently they had physical activity for at least twenty minutes over the past month. Thirty-nine percent of respondents (n=42) indicated they had “Daily” physical activity, and 34.8% (n=38) indicated they had physical activity of at least twenty minutes “2-4 times per week”. Four percent of respondents (n=4) indicated they had “No physical activity”. One respondent chose not to answer this question.

### Physical Activity Over the Past Month

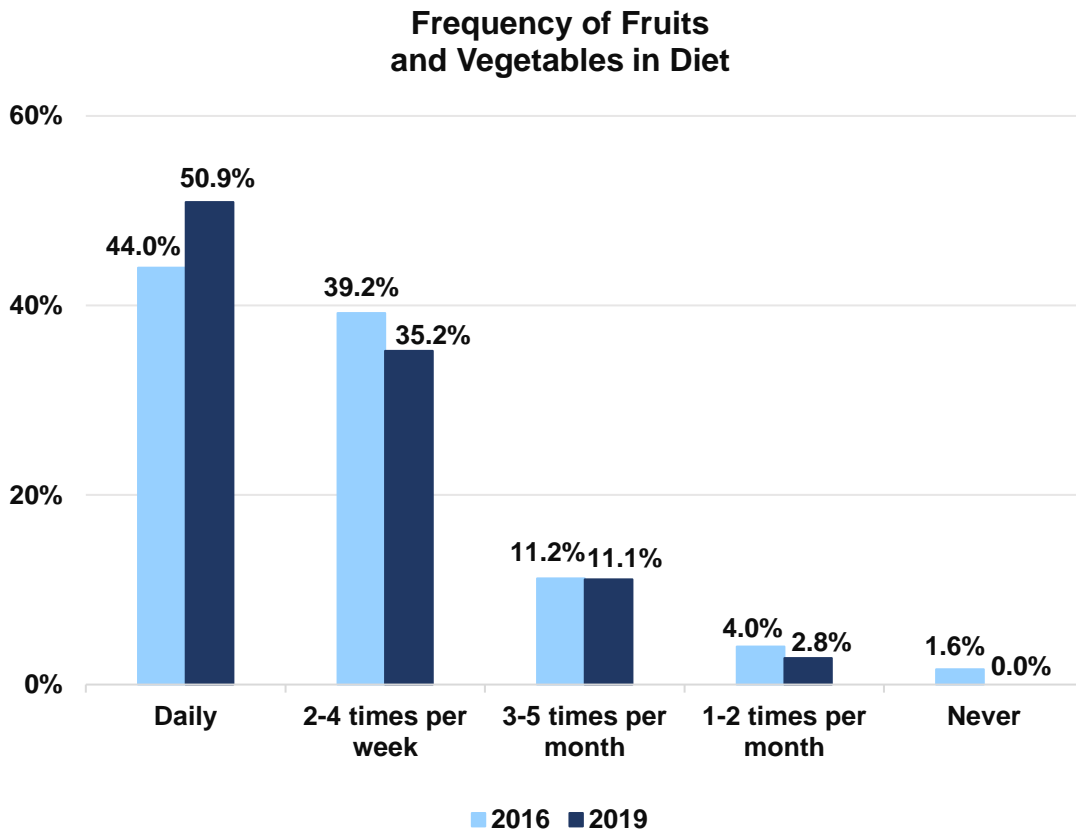


### Fresh Fruits and Vegetables in Diet (Question 13)

2019 N= 108

2016 N= 125

Respondents were asked to indicate how often they include fresh fruits and vegetables in their diet. Fifty-one percent of respondents (n=55) reported having fresh fruits and vegetables in their diet daily. Thirty-five percent (n=38) reported they had fruits and vegetables 2-4 times per week and no respondents reported they had not had any fruits or vegetables in the past month. Two respondents chose not to answer this question.

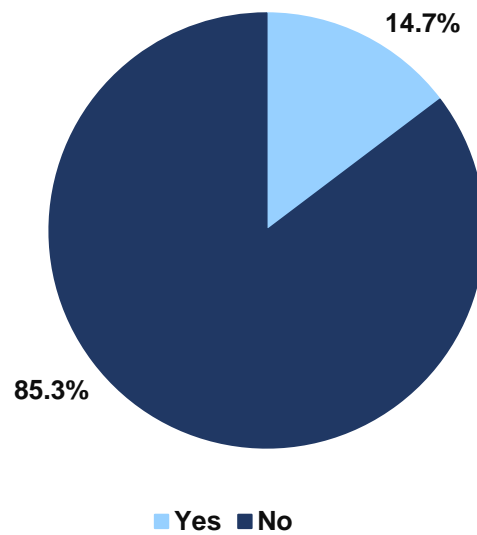


### Food Insecurity (Question 14)

2019 N= 109

Respondents were asked to indicate if, during the last year, they had worried that they would not have enough food to eat. Fifteen percent of respondents (n= 16) indicated that, in the last year, they did worry about having enough food. One respondent chose not to answer this question.

**Worried About Food in the Past Year**

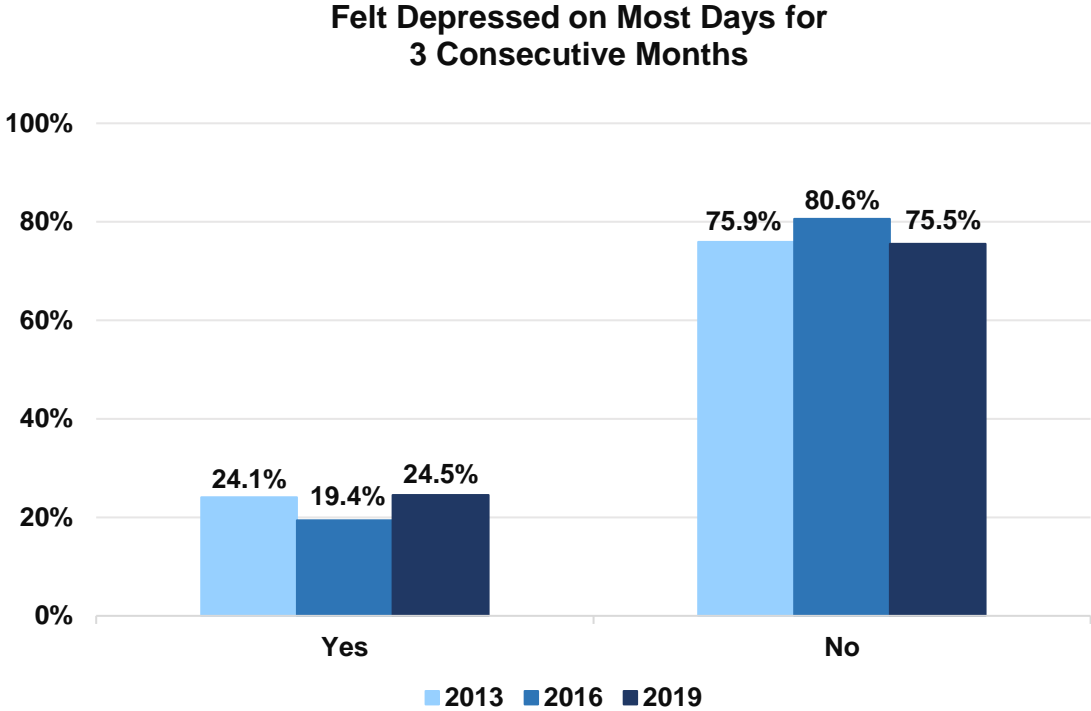




**Prevalence of Depression (Question 15)**

2019 N= 106  
2016 N= 124  
2013 N= 170

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-five percent of respondents (n=26) indicated they had experienced periods of depression, and 75% of respondents (n=80) indicated they had not. Four respondents chose not to answer this question.



### Cost and Prescription Medications (Question 16)

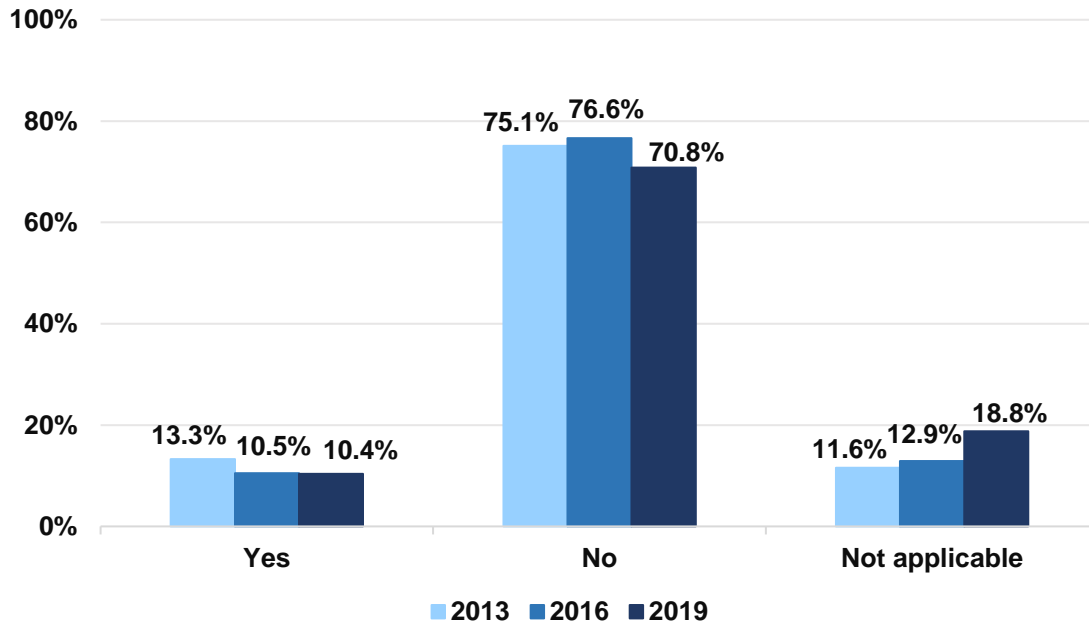
2019 N= 106

2016 N= 124

2013 N= 173

Respondents were asked to indicate if during the last year medication costs had prohibited them from getting a prescription or taking their medication regularly. Ten percent of respondents (n=11) indicated that in the last year cost had prohibited them from getting a prescription or taking their medication regularly. Seventy-one percent of respondents (n=75) indicated that cost had not prohibited them and 19% indicated this question was not applicable to them. Four respondents chose not to answer this question.

**Prescription Cost Prevented Getting or Taking Medication Regularly**



### Pharmacy Availability (Question 17)

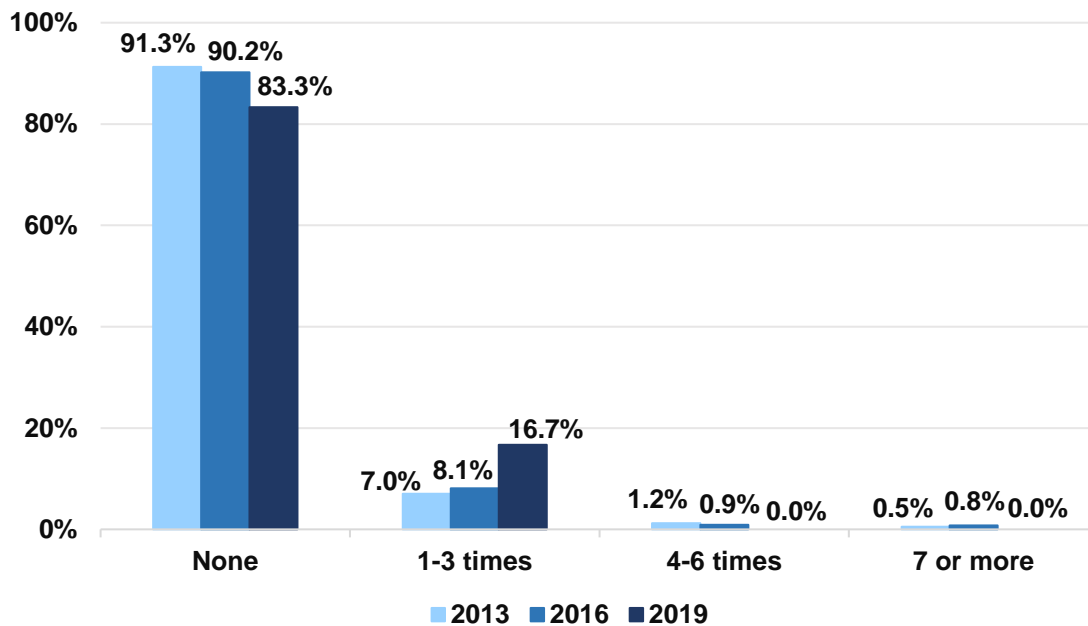
2019 N= 108

2016 N= 123

2013 N= 172

Respondents were asked to indicate how many times, in the past year, they were unable to fill a prescription because the pharmacy was not open or available. Seventeen percent of respondents (n=18) indicated pharmacy services had been unavailable 1-3 times. Eighty-three percent of respondents (n=90) indicated they had not had a problem with getting prescriptions as needed in the past year. Two respondents chose not to answer this question.

**Pharmacy Not Open When Needed  
(Number of Times in Past Year)**



## Survey Findings – Use of Healthcare Services

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### Needed/Delayed Hospital Care During the Past Three Years (Question 18)

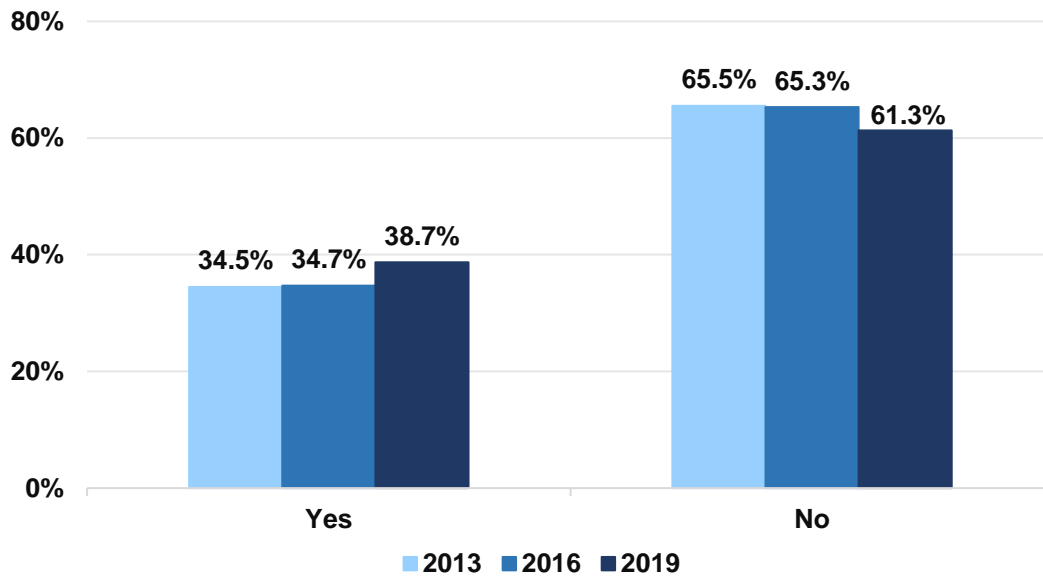
2019 N= 106

2016 N= 121

2013 N= 165

Thirty-nine percent of respondents (n=41) reported that they or a member of their household thought they needed healthcare services but did not get them or had to delay getting them. Sixty-one percent of respondents (n=65) felt they were able to get the healthcare services they needed without delay. Four respondents chose not to answer this question.

### Delayed or Did Not Receive Needed Medical Services in Past 3 Years



**Reasons for NOT Being Able to Receive Services or Delay in Receiving Healthcare Services  
(Question 19)**

2019 N= 41

2016 N= 42

2013 N= 57

For those who indicated they were unable to receive or had to delay services (n=41), the reasons most cited were: “It cost too much” (34.1%, n=14), “It was too far to go” (24.4%, n=10), and “Too long to wait for an appointment” (22%, n=9). Respondents were asked to indicate their top three choices, so percentages do not equal 100%.

Reason	2013		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
<b>It cost too much</b>	<b>21</b>	<b>36.8%</b>	<b>11</b>	<b>26.2%</b>	<b>14</b>	<b>34.1%</b>
<b>It was too far to go</b>	9	15.8%	4	9.5%	<b>10</b>	<b>24.4%</b>
<b>Too long to wait for an appointment</b>	<b>15</b>	<b>26.3%</b>	<b>11</b>	<b>26.2%</b>	<b>9</b>	<b>22.0%</b>
Too nervous or afraid*	7	12.3%	1	2.4%	8	19.5%
Could not get an appointment*	<b>13</b>	<b>22.8%</b>	<b>18</b>	<b>42.9%</b>	7	17.1%
Transportation problems	6	10.5%	3	7.1%	6	14.6%
My insurance didn't cover it	12	21.1%	8	19.0%	5	12.2%
Not treated with respect	9	15.8%	6	14.3%	5	12.2%
Office wasn't open when I could go	5	8.8%	8	19.0%	5	12.2%
Don't like doctors	7	12.3%	1	2.4%	4	9.8%
No insurance	10	17.5%	5	11.9%	4	9.8%
Could not get off work	8	14.0%	5	11.9%	3	7.3%
Didn't know where to go	2	3.5%	5	11.9%	2	4.9%
Had no one to care for the children	0	0.0%	2	4.8%	2	4.9%
Language barrier	0	0.0%	0	0.0%	0	0.0%
Unsure if services were available	6	10.5%	5	11.9%	0	0.0%
Other	6	10.5%	7	16.7%	4	9.8%

\*Indicates a significant change between years ( $p \leq 0.05$ ). **Bold:** Top 3 responses

“Other” comments:

- Just didn't go
- Wait it out
- No VA doc
- Lots of pneumonia and stitches and I know when I need to go

### Cross Tabulation of Delay of Services and Residence

Analysis was done to examine if respondents delayed getting services, with where they live by zip code. The chart below shows the results of the cross tabulation. Delay of services (yes, no) is across the top of the table, and residents' zip codes are along the side.

#### DELAY OR DID NOT GET NEEDED HEALTHCARE SERVICES BY RESIDENCE

	Yes	No	Total
<b>Cut Bank 59427</b>	27 (39.7%)	41 (60.3%)	<b>68</b>
<b>Browning 59417</b>	7 (36.8%)	12 (63.2%)	<b>19</b>
<b>Valier 59486</b>	2 (33.3%)	4 (66.7%)	<b>6</b>
<b>East Glacier 59434</b>	2 (66.7%)	1 (33.3%)	<b>3</b>
<b>Babb 59411</b>	2 (66.7%)	1 (33.3%)	<b>3</b>
<b>Shelby 59474</b>		1 (100%)	<b>1</b>
<b>Heart Butte 59448</b>		1 (100%)	<b>1</b>
<b>Other</b>	1 (20%)	4 (80%)	<b>5</b>
<b>TOTAL</b>	<b>41 (38.7%)</b>	<b>65 (61.3%)</b>	<b>106</b>



### Hospital Care Received in the Past Three Years (Question 20)

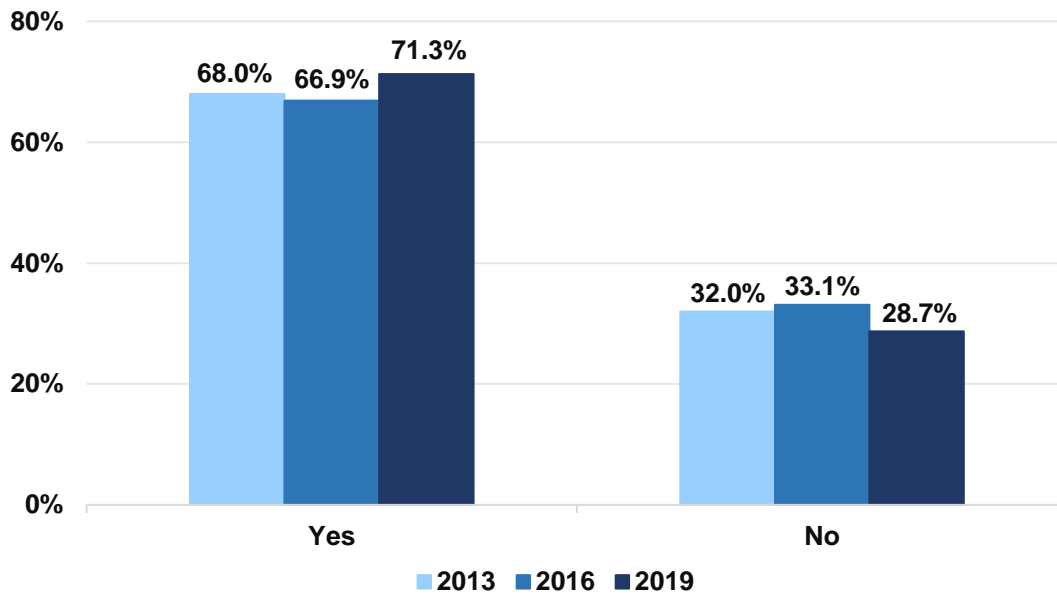
2019 N= 108

2016 N= 127

2013 N= 169

Respondents were asked if they or someone in their household had received hospital care in the last three years. Hospitalization was quantified as hospitalized overnight, day surgery, obstetrical care, rehabilitation, radiology, or emergency care. Seventy-one percent of respondents (n=77) reported that they or a member of their family had received hospital care during the previous three years, and 28.7% (n=31) had not received hospital services. Two respondents chose not to answer this question.

**Received Hospital Care in Past 3 Years**



### Hospital Used Most in the Past Three Years (Question 21)

2019 N= 77

2016 N= 67

2013 N= 96

Of the 77 respondents who indicated receiving hospital care in the previous three years, 29.9% (n=23) reported receiving care at Northern Rockies Medical Center in Cut Bank. Twenty percent of respondents (n=15) received services at a location other than those listed, and 15.6% of respondents (n=12) reported utilizing services from Kalispell Regional Healthcare.

Hospital Location	2013		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
<b>Northern Rockies Medical Center - Cut Bank*</b>	<b>43</b>	<b>44.8%</b>	<b>24</b>	<b>35.8%</b>	<b>23</b>	<b>29.9%</b>
<b>Kalispell Regional Healthcare*</b>	8	8.3%	7	10.4%	<b>12</b>	<b>15.6%</b>
Indian Health Services (IHS) - Browning*	<b>11</b>	<b>11.5%</b>	<b>14</b>	<b>20.9%</b>	10	13.0%
Benefis - Great Falls*	<b>22</b>	<b>22.9%</b>	<b>11</b>	<b>16.4%</b>	9	11.7%
Marias Medical Center - Shelby	4	4.2%	4	6.0%	2	2.6%
Great Falls Clinic Hospital	Not asked - 2013		Not asked - 2016		2	2.6%
North Valley Hospital - Whitefish	Not asked - 2013		Not asked - 2016		3	3.9%
VA	Not asked - 2013		Not asked - 2016		1	1.3%
Pondera Medical Center - Conrad	2	2.1%	2	3.0%	0	0.0%
<b>Other*</b>	6	6.2%	5	7.5%	<b>15</b>	<b>19.5%</b>
<b>TOTAL</b>	<b>96</b>	<b>100.0%</b>	<b>67</b>	<b>100.0%</b>	<b>77</b>	<b>100.0%</b>

\*Indicates a significant change between years ( $p \leq 0.05$ ). **Bold:** Top 3 responses

“Other” comments:

- Northern Rockies Medical Center - Cut Bank and Kalispell Regional Healthcare (2)
- Northern Rockies and Great Falls (3)
- Kalispell and Benefis
- Northern Rockies, Great Falls Clinic Hospital, and Benefis
- Indian Health Services, Kalispell Regional Healthcare, Benefis (2)
- Great Falls Clinic Hospital, Benefis, Mayo Clinic Phoenix
- Benefis and VA
- Indian Health Services (IHS)- Browning, Benefis- Great Falls
- Indian Health Services (IHS) - Browning, Great Falls Clinic Hospital, Benefis - Great Falls
- Kalispell Regional Healthcare, Marias Medical Center - Shelby, Benefis - Great Falls, VA
- Swedish Medical Center – WA
- We start at NRMC then transfer to KRHC

## Reasons for Selecting the Hospital Used (Question 22)

2019 N= 77

2016 N= 85

2013 N= 115

Of the 77 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 “Referred by physician or other provider” at 45.5% (n=35). “Prior experience with hospital” was selected by 44.2% of the respondents (n=34), and 42.9% (n=33) selected “Closest to home.” Note that respondents were asked to select the top three answers which influenced their choices, so the percentages do not equal 100%.

Reason	2013		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
<b>Referred by physician or other provider</b>	<b>44</b>	<b>38.3%</b>	<b>36</b>	<b>42.4%</b>	<b>35</b>	<b>45.5%</b>
<b>Prior experience with hospital</b>	<b>46</b>	<b>40.0%</b>	25	29.4%	<b>34</b>	<b>44.2%</b>
<b>Closest to home</b>	<b>64</b>	<b>55.7%</b>	<b>48</b>	<b>56.5%</b>	<b>33</b>	<b>42.9%</b>
Hospital’s reputation for quality	43	37.4%	23	27.1%	17	22.1%
Emergency, no choice*	32	27.8%	<b>33</b>	<b>38.8%</b>	15	19.5%
Indian Health Services (IHS) eligible	24	20.9%	23	27.1%	11	14.3%
Recommended by family or friends	20	17.4%	7	8.2%	9	11.7%
Closest to work	7	6.1%	3	3.5%	8	10.4%
Cost of care	16	13.9%	4	4.7%	6	7.8%
VA/Military requirement	2	1.7%	1	1.2%	3	3.9%
Required by insurance plan	3	2.6%	2	2.4%	2	2.6%
Financial assistance programs	Not asked - 2013		Not asked - 2016		2	2.6%
Online rating/reviews	Not asked - 2013		Not asked - 2016		1	1.3%
Other	7	6.1%	8	9.4%	6	7.8%

\*Indicates a significant change between years ( $p \leq 0.05$ ). **Bold:** Top 3 responses

“Other” comments:

- Lovely views
- Community loyalty
- It’s where the specialists are
- Doctor

### Cross Tabulation of Hospital and Residence

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

#### LOCATION OF MOST OFTEN UTILIZED HOSPITAL BY RESIDENCE

	Northern Rockies Medical Center Cut Bank	Kalispell Regional Healthcare	Indian Health Services (IHS) Browning	Benefis Great Falls	North Valley Hospital Whitefish	Marias Medical Center Shelby	Great Falls Clinic Hospital	VA	Other	TOTAL
<b>Cut Bank 59427</b>	20 (39.2%)	8 (15.7%)		8 (15.7%)	2 (3.9%)	1 (2%)	1 (2%)		11 (21.6%)	<b>51</b>
<b>Browning 59417</b>		1 (6.7%)	10 (66.7%)	1 (6.7%)					3 (20%)	<b>15</b>
<b>Valier 59486</b>	1 (25%)					1 (25%)	1 (25%)	1 (25%)	1 (25%)	<b>4</b>
<b>East Glacier 59434</b>		1 (50%)			1 (50%)					<b>2</b>
<b>Babb 59411</b>		2 (100%)								<b>2</b>
<b>Shelby 59474</b>	1 (100%)									<b>1</b>
<b>Heart Butte 59448</b>										<b>0</b>
<b>Other</b>	1 (50%)						1 (50%)			<b>2</b>
<b>TOTAL</b>	<b>23 (29.9%)</b>	<b>12 (15.6%)</b>	<b>10 (13%)</b>	<b>9 (11.7%)</b>	<b>3 (3.9%)</b>	<b>2 (2.6%)</b>	<b>2 (2.6%)</b>	<b>1 (1.3%)</b>	<b>15 (19.5%)</b>	<b>77 (100%)</b>

## Cross Tabulation of Hospital and Reason Selected

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

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

	Northern Rockies Medical Center Cut Bank	Indian Health Services (IHS) Browning	Kalispell Regional Healthcare	Marias Medical Center- Shelby	Great Falls Clinic Hospital	Benefis Great Falls	North Valley Hospital Whitefish	VA	Other	TOTAL
<b>Referred by physician or other provider</b>	11 (31.4%)	1 (2.9%)	9 (25.7%)		2 (5.7%)	4 (11.4%)	1 (2.9%)		7 (20%)	<b>35</b>
<b>Prior experience with hospital</b>	9 (26.5%)	2 (5.9%)	8 (23.5%)	1 (2.9%)	1 (2.9%)	4 (11.8%)	2 (5.9%)	1 (2.9%)	6 (17.6%)	<b>34</b>
<b>Closest to home</b>	17 (51.5%)	8 (24.2%)	1 (3%)	1 (3%)		2 (6.1%)			4 (12.1%)	<b>33</b>
<b>Hospital's reputation for quality</b>	2 (11.8%)		6 (35.3%)	1 (5.9%)	1 (5.9%)	1 (5.9%)	2 (11.8%)	1 (5.9%)	3 (17.6%)	<b>17</b>
<b>Emergency, no choice</b>	7 (46.7%)	4 (26.7%)				2 (13.3%)			2 (13.3%)	<b>15</b>
<b>Indian Health Services</b>	1 (9.1%)	8 (72.7%)							2 (18.2%)	<b>11</b>
<b>Recommended by family or friends</b>	1 (11.1%)		3 (33.3%)			1 (11.1%)	2 (22.2%)		2 (22.2%)	<b>9</b>
<b>Closest to work</b>	3 (37.5%)	3 (37.5%)				1 (12.5%)			1 (12.5%)	<b>8</b>
<b>Cost of care</b>		2 (33.3%)	2 (33.3%)	1 (16.7%)		1 (16.7%)				<b>6</b>
<b>VA/Military requirement</b>						2 (66.7%)		1 (33.3%)		<b>3</b>
<b>Required by insurance plan/ in-network hospital</b>				2 (100%)						<b>2</b>
<b>Financial assistance programs</b>	1 (50%)								1 (50%)	<b>2</b>
<b>Online rating/reviews</b>									1 (100%)	<b>1</b>
<b>Other</b>	2 (33.3%)						1 (16.7%)		3 (50%)	<b>6</b>

### Primary Care Received in the Past Three Years (Question 23)

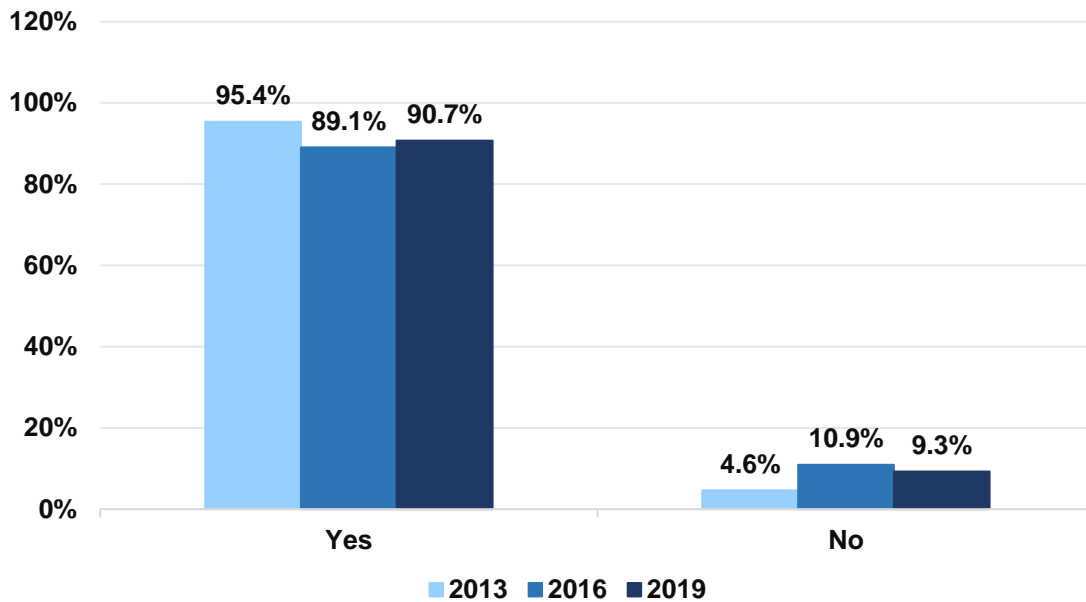
2019 N= 107

2016 N= 128

2013 N= 173

Ninety-one percent of respondents (n=97) indicated they or someone in their household had been seen by a primary care provider (such as a family physician, physician assistant, or nurse practitioner) for healthcare services in the past three years, 9.3% respondents (n=10) indicated they or someone in their household had not. Three respondents chose not to answer this question.

### Primary Care Received in Past 3 Years



### Location of Primary Care Provider (Question 24)

2019 N= 97

2016 N= 104

2013 N= 156

Of the 97 respondents who indicated receiving primary care services in the previous three years, 55.7% (n=54) reported receiving care in Cut Bank, 13.4% percent of respondents (n=13) received services at a location other than those listed, and 12.4% (n=12) went to Browning.

Primary Care Location	2013		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
<b>Cut Bank*</b>	<b>102</b>	<b>65.4%</b>	<b>63</b>	<b>60.6%</b>	<b>54</b>	<b>55.7%</b>
<b>Browning*</b>	<b>23</b>	<b>14.7%</b>	<b>21</b>	<b>20.2%</b>	<b>12</b>	<b>12.4%</b>
Shelby	10	6.4%	5	4.8%	5	5.2%
Great Falls	<b>14</b>	<b>9.0%</b>	4	3.8%	4	4.1%
Kalispell	0	0.0%	4	3.8%	4	4.1%
Conrad	7	4.5%	5	4.8%	2	2.1%
VA	Not asked - 2013		Not asked - 2016		2	2.1%
Valier	Not asked - 2013		Not asked - 2016		1	1.0%
Heart Butte	Not asked - 2013		Not asked - 2016		0	0.0%
Sunburst	Not asked - 2013		Not asked - 2016		0	0.0%
<b>Other*</b>	0	0.0%	2	1.9%	<b>13</b>	<b>13.4%</b>
<b>TOTAL</b>	<b>156</b>	<b>100.0%</b>	<b>104</b>	<b>100.0%</b>	<b>97</b>	<b>100.0%</b>
*Indicates a significant change between years ( $p \leq 0.05$ ). <b>Bold:</b> Top 3 responses						

“Other” comments:

- Columbia Falls
- TN [Tennessee]
- Browning and Great Falls
- Browning and Kalispell
- Cut Bank and Great Falls (2)
- Cut Bank, Browning, Kalispell
- Polson, Mt.
- Browning, Great Falls, Valier
- Columbia Falls
- Shelby, Valier
- Cut Bank, Great Falls, Shelby, VA
- Cut Bank, Shelby

## Reasons for Selection of Primary Care Provider (Question 25)

2019 N= 97

2016 N= 114

2013 N= 165

Those respondents who indicated they or someone in their household had been seen by a primary care provider within the past three years, were asked to indicate why they chose that primary care provider. “Prior experience with clinic/provider” was the most frequently selected reason at 58.8% (n=57), followed by “Closest to home” at 50.5% (n=49), and “Appointment availability” at 38.1% (n=37). Respondents were asked to check all that apply, so the percentages do not equal 100%.

Reason	2013		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
<b>Prior experience with clinic/provider</b>	<b>72</b>	<b>43.6%</b>	<b>58</b>	<b>50.9%</b>	<b>57</b>	<b>58.8%</b>
<b>Closest to home</b>	<b>72</b>	<b>43.6%</b>	<b>56</b>	<b>49.1%</b>	<b>49</b>	<b>50.5%</b>
<b>Appointment availability</b>	<b>57</b>	<b>34.5%</b>	<b>31</b>	<b>27.2%</b>	<b>37</b>	<b>38.1%</b>
Clinic/provider’s reputation for quality	35	21.2%	27	23.7%	28	28.9%
Indian Health Services (IHS) eligible	25	15.2%	22	19.3%	14	14.4%
Recommended by family or friends	Not asked - 2013		22	19.3%	13	13.4%
Cost of care	15	9.1%	8	7.0%	9	9.3%
Length of waiting room time	13	7.9%	7	6.1%	9	9.3%
Required by insurance plan	7	4.2%	5	4.4%	7	7.2%
VA/Military requirement	8	4.8%	8	7.0%	5	5.2%
Referred by physician or other provider	6	3.6%	9	7.9%	3	3.1%
Other	10	6.1%	7	6.1%	3	3.1%
*Indicates a significant change between years ( $p \leq 0.05$ ). <b>Bold:</b> Top 3 responses						

“Other” comments:

- I don't have a primary care provider (2)
- Dr is cousin
- Only one available



## Cross Tabulation of Primary Care and Residence

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

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

	<b>Cut Bank</b>	<b>Browning</b>	<b>Shelby</b>	<b>Great Falls</b>	<b>Kalispell</b>	<b>VA</b>	<b>Conrad</b>	<b>Valier</b>	<b>Other</b>	<b>TOTAL</b>
<b>Cut Bank 59427</b>	51 (77.3%)	1 (1.5%)	2 (3%)	4 (6.1%)	2 (3%)	1 (1.5%)			5 (7.6%)	<b>66</b>
<b>Browning 59417</b>	2 (13.3%)	11 (73.3%)							2 (13.3%)	<b>15</b>
<b>Valier 59486</b>	1 (14.3%)		1 (14.3%)			1 (14.3%)	1 (14.3%)	1 (14.3%)	2 (28.6%)	<b>7</b>
<b>East Glacier 59434</b>					1 (33.3%)				2 (66.7%)	<b>3</b>
<b>Babb 59411</b>					1 (100%)					<b>1</b>
<b>Shelby 59474</b>							1 (100%)			<b>1</b>
<b>Heart Butte 59448</b>										<b>0</b>
<b>Other</b>			2 (50%)						2 (50%)	<b>4</b>
<b>TOTAL</b>	<b>54 (55.7%)</b>	<b>12 (12.4%)</b>	<b>5 (5.2%)</b>	<b>4 (4.1%)</b>	<b>4 (4.1%)</b>	<b>2 (2.1%)</b>	<b>2 (2.1%)</b>	<b>1 (1%)</b>	<b>13 (13.4%)</b>	<b>97 (100%)</b>

### Cross Tabulation of Clinic and Reason Selected

Analysis was done to examine where respondents went most often for primary care services with why they selected that clinic/provider. The chart below shows the results of the cross tabulation. Reason clinic/provider was selected was a multiple response item, thus totals do not add up to 100%. Hart Butte and Sun Burst were removed from the table due to non-response.

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

	<b>Cut Bank</b>	<b>Browning</b>	<b>Conrad</b>	<b>Great Falls</b>	<b>Kalispell</b>	<b>Shelby</b>	<b>VA</b>	<b>Valier</b>	<b>Other</b>	<b>TOTAL</b>
<b>Prior experience with clinic/provider</b>	38 (66.7%)	4 (7%)	1 (1.8%)	2 (3.5%)	2 (3.5%)	4 (7%)		1 (1.8%)	5 (8.8%)	<b>57</b>
<b>Closest to home</b>	36 (73.5%)	7 (14.3%)	1 (2%)			1 (2%)		1 (2%)	3 (6.1%)	<b>49</b>
<b>Appointment availability</b>	25 (67.6%)	5 (13.5%)		1 (2.7%)	1 (2.7%)	1 (2.7%)		1 (2.7%)	3 (8.1%)	<b>37</b>
<b>Clinic/provider's reputation for quality</b>	17 (60.7%)	1 (3.6%)	1 (3.6%)	2 (7.1%)	2 (7.1%)	2 (7.1%)			3 (10.7%)	<b>28</b>
<b>Indian Health Services (IHS) eligible</b>		9 (64.3%)			1 (7.1%)				4 (28.6%)	<b>14</b>
<b>Recommended by family or friends</b>	5 (38.5%)	1 (7.78%)		1 (7.7%)		2 (15.4%)			4 (30.8%)	<b>13</b>
<b>Cost of care</b>	6 (66.7%)			1 (11.1%)		1 (11.1%)			1 (11.1%)	<b>9</b>
<b>Length of waiting room time</b>	6 (66.7%)	1 (11.1%)		1 (11.1%)					1 (11.1%)	<b>9</b>
<b>Required by insurance plan</b>	3 (42.9%)	1 (14.3%)		1 (14.3%)		2 (28.6%)				<b>7</b>
<b>VA/Military requirement</b>	2 (40%)						2 (40%)		1 (20%)	<b>5</b>
<b>Referred by physician or other provider</b>	1 (33.3%)	2 (66.7%)								<b>3</b>
<b>Other</b>	1 (33.3%)								2 (66.7%)	<b>3</b>

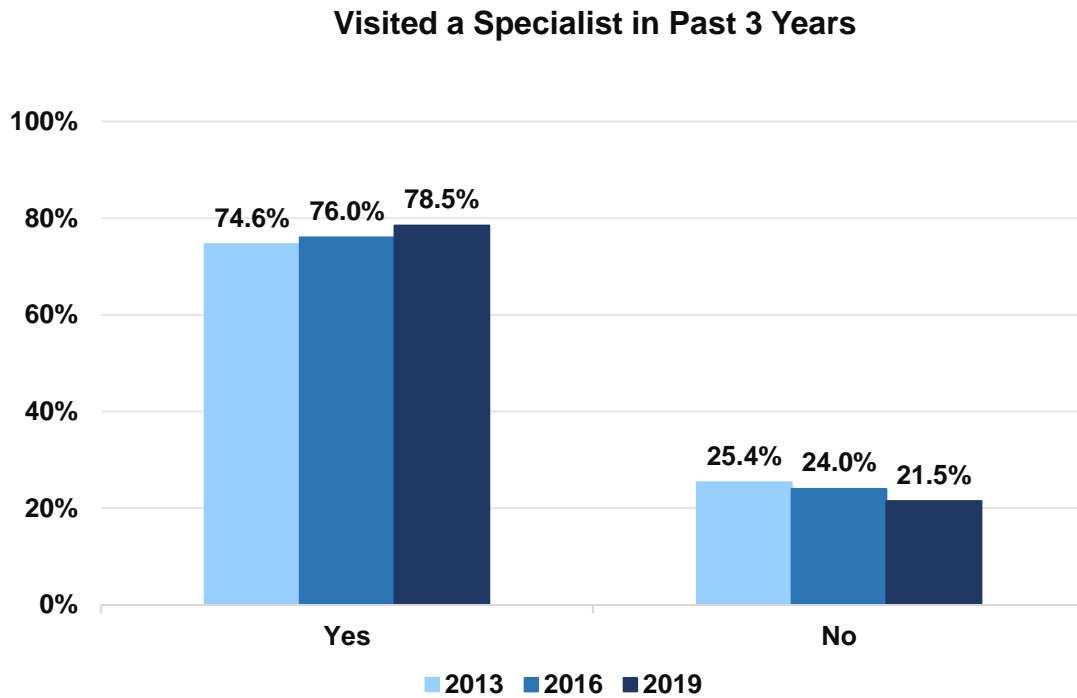
### Use of Healthcare Specialists during the Past Three Years (Question 26)

2019 N= 107

2016 N= 125

2013 N= 169

Seventy-nine percent of the respondents (n=84) indicated they or a household member had seen a healthcare specialist during the past three years, 21% (n=23) indicated they had not. Three respondents chose not to answer this question.



### Location of Healthcare Specialist (Question 27)

2019 N= 84

2016 N= 95

2013 N= 126

Of the 84 respondents who indicated they saw a healthcare specialist in the past three years, 63.1% (n=53) saw one in Great Falls. Kalispell specialty services were utilized by 45.2% of respondents (n=38), and Cut Bank was reported by 28.6% (n=24). Respondents could select more than one location, so percentages do not equal 100%.

Specialty Location	2013		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
<b>Great Falls</b>	<b>69</b>	<b>54.8%</b>	<b>47</b>	<b>49.5%</b>	<b>53</b>	<b>63.1%</b>
<b>Kalispell</b>	<b>44</b>	<b>34.9%</b>	<b>39</b>	<b>41.1%</b>	<b>38</b>	<b>45.2%</b>
<b>Cut Bank</b>	<b>45</b>	<b>35.7%</b>	<b>28</b>	<b>29.5%</b>	<b>24</b>	<b>28.6%</b>
Browning	14	11.1%	10	10.5%	10	11.9%
Shelby	Not asked - 2013		11	11.6%	7	8.3%
Helena	Not asked - 2013		Not asked - 2016		4	4.8%
Conrad	Not asked - 2013		6	6.3%	2	2.4%
Whitefish	Not asked - 2013		Not asked - 2016		2	2.4%
Other	13	10.3%	11	11.6%	8	9.5%

\*Indicates a significant change between years ( $p \leq 0.05$ ). **Bold:** Top 3 responses

“Other” comments:

- TN [Tennessee]
- Seattle, WA
- Missoula and Fairfield
- Mayo Clinic, Phoenix
- Chester
- Missoula
- Havre
- Lewiston, ID

## Type of Healthcare Specialist Seen (Question 28)

2019 N= 84

2016 N= 95

2013 N= 126

The respondents (n=84) saw a wide array of healthcare specialists in the past three years. The most frequently indicated specialist was “Dentist” with 28.6% of respondents (n=24) having utilized their services. “Cardiologist” was the second most utilized specialist at 22.6% (n=19), and “Orthopedic surgeon” was third at 20.2% (n=17). Respondents were asked to choose all that apply, so percentages do not equal 100%.

Health Care Specialist	2013		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
Dentist	29	23.0%	31	32.6%	24	28.6%
Cardiologist (heart)	28	22.2%	18	18.9%	19	22.6%
Orthopedic surgeon	35	27.8%	28	29.5%	17	20.2%
Dermatologist*	10	7.9%	16	16.8%	16	19.0%
Chiropractor	21	16.7%	16	16.8%	15	17.9%
Urologist	14	11.1%	13	13.7%	15	17.9%
Optometrist	Not asked - 2013		Not asked - 2016		13	15.5%
OB/GYN	17	13.5%	13	13.7%	12	14.3%
Ophthalmologist (eye)	8	6.3%	15	15.8%	12	14.3%
ENT (ear/nose/throat)*	6	4.8%	4	4.2%	11	13.1%
Physical therapist	18	14.3%	11	11.6%	11	13.1%
Pulmonologist (lung)	6	4.8%	6	6.3%	11	13.1%
Allergist*	3	2.4%	7	7.4%	10	11.9%
Gastroenterologist	17	13.5%	10	10.5%	10	11.9%
General surgeon	13	10.3%	9	9.5%	9	10.7%
Radiologist	6	4.8%	13	13.7%	9	10.7%
Neurologist	9	7.1%	15	15.8%	8	9.5%
Endocrinologist (diabetes)	5	4.0%	8	8.4%	7	8.3%
Mental health counselor	11	8.7%	8	8.4%	7	8.3%
Podiatrist (foot)	13	10.3%	12	12.6%	6	7.1%
Audiologist (ears)	Not asked - 2013		Not asked - 2016		6	7.1%
Neurosurgeon	1	0.8%	2	2.1%	5	6.0%
Oncologist	8	6.3%	9	9.5%	5	6.0%
Rheumatologist	7	5.6%	6	6.3%	5	6.0%
Naturopath	Not asked - 2013		Not asked - 2016		4	4.8%

Pediatrician	2	1.6%	3	3.2%	3	3.6%
Occupational therapist	2	1.6%	1	1.1%	2	2.4%
Social worker	0	0.0%	1	1.1%	2	2.4%
Psychiatrist (M.D.)	1	0.8%	3	3.2%	1	1.2%
Psychologist	1	0.8%	4	4.2%	1	1.2%
Substance abuse counselor	0	0.0%	1	1.1%	1	1.2%
Geriatrician	0	0.0%	1	1.1%	0	0.0%
Speech therapist	1	0.8%	1	1.1%	0	0.0%
Other	12	9.5%	5	5.3%	7	8.3%
*Indicates a significant change between years ( $p \leq 0.05$ ). <b>Bold:</b> Top 3 responses						

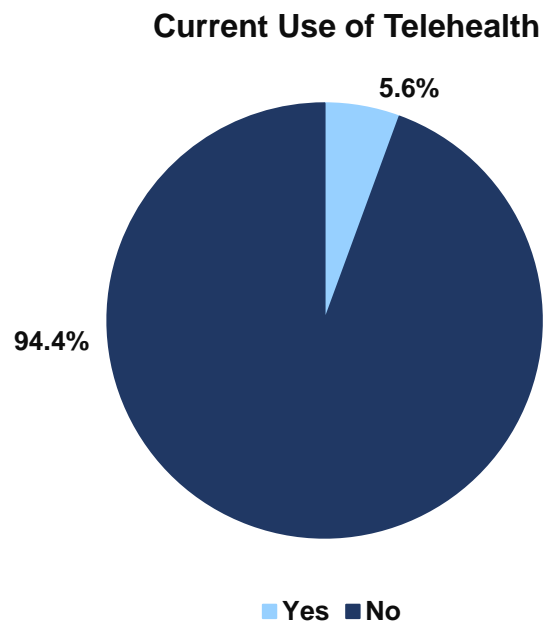
“Other” comments:

- Podiatrist
- Dietician
- NP [Nurse Practitioner]
- Pain specialist
- Women's health provider
- Retina specialist
- Breast bio

### Telehealth Services (Question 29)

2019 N= 108

Respondents were asked if they currently utilize Telehealth. Majority of respondents, 94.4% (n=102) indicated they do not currently use telehealth, and 5.6% of respondents (n=6) indicated they have. Two respondents chose not to answer this question.



### Utilization of Telehealth (Question 30)

2019 N= 6

For those who indicated they do use telehealth services (n=6), “Other” was selected by 83.3% of respondents (n=5) and 16.7% of respondents (n=1) had a “specialty consult.” Respondents could select all that apply; thus, the percentages do not equal 100%.

Telehealth Service	2019	
	Count	Percent
<b>Specialty consults</b>	<b>1</b>	<b>16.7%</b>
Diabetic education	0	0.0%
Dietician	0	0.0%
Joint care	0	0.0%
Mental health counseling	0	0.0%
Mental health medication management	0	0.0%
Oncology	0	0.0%
<b>Other</b>	<b>5</b>	<b>83.3%</b>

“Other” comments:

- General checkup through VA (4)
- General health



### Overall Quality of Care at Northern Rockies Medical Center (Question 31)

2019 N= 110

2016 N= 128

2013 N= 177

Respondents were asked to rate a variety of aspects of the overall care provided at Northern Rockies Medical Center using the scale of 4=Excellent, 3=Good, 2=Fair, 1=Poor, and Don't Know. The sums of the average scores were then calculated with Laboratory, OB/GYN and Radiology services all receiving the top average score of 3.3 out of 4.0. The total average score 3.1, indicates the overall services of the hospital as "Good."

<b>2019</b>	<b>Excellent (4)</b>	<b>Good (3)</b>	<b>Fair (2)</b>	<b>Poor (1)</b>	<b>Haven't Used</b>	<b>Don't Know</b>	<b>No Ans</b>	<b>N</b>	<b>Avg</b>
<b>Laboratory</b>	31	33	7	2	26	6	5	110	<b>3.3</b>
<b>OB/GYN</b>	7	3	1	1	73	16	9	110	<b>3.3</b>
<b>Radiology</b>	20	21	4	2	46	9	8	110	<b>3.3</b>
Clinical	20	27	12	2	36	6	7	110	3.1
Other outpatient services (infusion, wound care)	5	8	1	1	74	13	8	110	3.1
Emergency room	19	29	9	4	36	7	6	110	3.0
Inpatient services	6	18	3	1	26	12	8	110	3.0
Physical therapy	8	12	1	3	63	15	8	110	3.0
Specialist services	9	12	5	2	62	12	8	110	3.0
Occupational health	1	5	0	1	80	15	8	110	2.9
Telehealth	1	3	0	1	79	17	9	110	2.8
Swing bed/Transitional care	1	3	0	2	79	17	8	110	2.5
Surgical services	0	5	3	1	78	15	8	110	2.4
<b>TOTAL</b>	<b>128</b>	<b>179</b>	<b>46</b>	<b>23</b>					<b>3.1</b>
<b>Bold: Top 3 responses</b>									

<b>2016</b>	<b>Excellent (4)</b>	<b>Good (3)</b>	<b>Fair (2)</b>	<b>Poor (1)</b>	<b>Don't know</b>	<b>No Answer</b>	<b>N</b>	<b>Avg</b>
<b>Laboratory</b>	38	37	2	1	46	4	128	3.4
<b>Physical therapy</b>	15	15	2	1	88	7	128	3.3
<b>Radiology</b>	19	34	6	3	62	4	128	3.1
Clinical services	16	42	11	1	49	9	128	3.0
Specialty clinics	9	16	8	1	86	8	128	3.0
Surgical services	5	15	1	2	93	12	128	3.0
Emergency room	21	32	20	3	45	7	128	2.9
<b>TOTAL</b>	<b>123</b>	<b>191</b>	<b>50</b>	<b>12</b>				<b>3.1</b>
<b>Bold: Top 3 responses</b>								

<b>2013</b>	<b>Excellent (4)</b>	<b>Good (3)</b>	<b>Fair (2)</b>	<b>Poor (1)</b>	<b>Don't know</b>	<b>No Answer</b>	<b>N</b>	<b>Avg</b>
<b>Physical therapy</b>	33	19	10	0	101	14	177	<b>3.4</b>
<b>Laboratory</b>	57	56	12	3	42	7	177	<b>3.3</b>
<b>Radiology</b>	38	45	6	1	76	11	177	<b>3.3</b>
<b>Specialty clinics</b>	26	15	9	1	112	14	177	<b>3.3</b>
Clinical services	46	42	23	5	47	14	177	3.1
Surgical services	17	10	8	3	123	16	177	3.1
Emergency room	43	41	23	8	54	8	177	3.0
<b>TOTAL</b>	<b>260</b>	<b>228</b>	<b>91</b>	<b>21</b>				<b>3.2</b>
<b>Bold: Top 3 responses</b>								

### Economic Importance of Local Healthcare Providers and Services (Question 32)

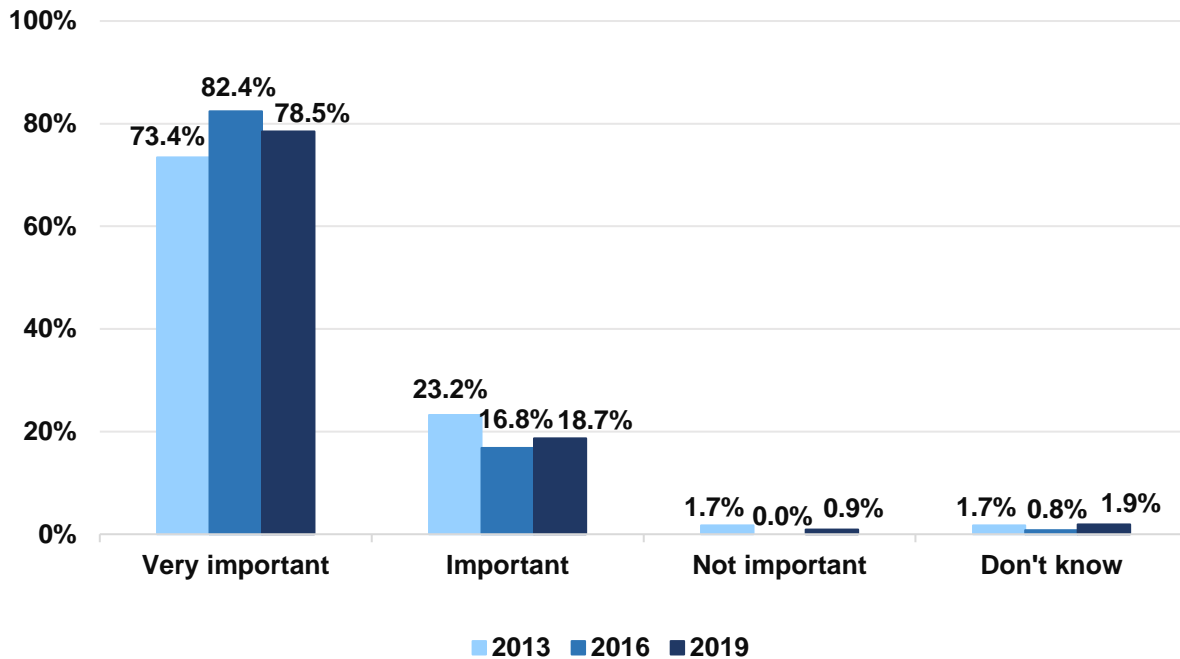
2019 N= 107

2016 N= 125

2013 N= 177

The majority of respondents (78.5%, n=84), indicated that local healthcare providers and services (i.e. hospitals, clinics, nursing homes, assisted living, etc.) are 'Very important' to the economic wellbeing of the area. Nineteen percent of respondents (n=20) indicated they are "Important" and two respondents, or 1.9% indicated they "Don't know." Three respondents chose not to answer this question.

#### Economic Importance of Healthcare



### Insurance Coverage (Question 33)

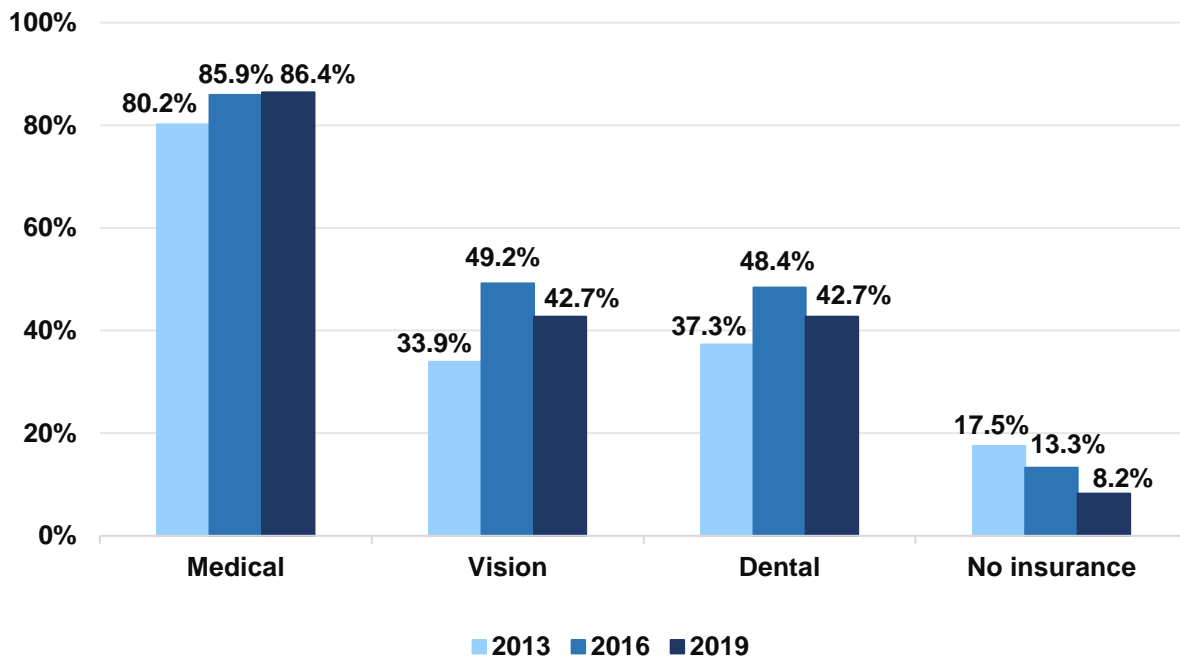
2019 N= 110

2016 N= 128

2013 N= 177

Respondents were asked to indicate which services (medical, vision, dental) their insurance covers. Eighty-six percent (n=95) reported their insurance covers medical services; 42.7% have vision and dental coverage (n=47 each); and 8.2% (n=9) indicated they do not have any insurance coverage for those services listed. Respondents could select all that apply thus percentages do not equal 100%.

### Health Insurance Coverage\*



\*Significantly fewer 2013 respondents had vision or dental insurance coverage, and significantly fewer 2019 respondents indicated they have no insurance.

### Medical Insurance Type (Question 34)

2019 N= 100

2016 N= 95

2013 N= 145

Respondents were asked to indicate what type of medical insurance covers the majority of their medical expenses. Thirty-three percent (n=33) indicated they have “Employer sponsored” coverage. Twenty-six percent (n=26) indicated they have coverage “Other” than those listed, and “Medicare” was selected by 15.5% of respondents (n=15). Ten respondents chose not to answer this question.

Insurance Type	2013		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
<b>Employer sponsored</b>	<b>43</b>	<b>29.7%</b>	<b>34</b>	<b>35.8%</b>	<b>33</b>	<b>33.0%</b>
<b>Medicare</b>	<b>31</b>	<b>21.4%</b>	<b>20</b>	<b>21.1%</b>	<b>15</b>	<b>15.5%</b>
Medicaid	8	5.5%	4	4.2%	6	6.0%
Health Insurance Marketplace	Not asked - 2013		6	6.3%	5	5.0%
Indian Health*	17	11.7%	<b>14</b>	<b>14.7%</b>	3	3.0%
State/Other	1	0.7%	0	0.0%	3	3.0%
Medicaid expansion (Help Act)	Not asked - 2013		Not asked - 2016		3	3.0%
Private insurance/private plan*	<b>28</b>	<b>19.3%</b>	7	7.4%	2	2.0%
VA/Military	6	4.1%	5	5.3%	2	2.0%
Health Savings Account	1	0.7%	2	2.1%	1	1.0%
Healthy MT Kids	0	0.0%	2	2.1%	1	1.0%
None/Pay out of pocket	9	6.2%	1	1.0%	0	0.0%
<b>Other*</b>	<b>1</b>	<b>0.7%</b>	<b>0</b>	<b>0.0%</b>	<b>26</b>	<b>26.0%</b>
<b>TOTAL</b>	<b>145</b>	<b>100.0%</b>	<b>95</b>	<b>100.0%</b>	<b>100</b>	<b>100.0%</b>

\*Indicates a significant change between years ( $p \leq 0.05$ ). **Bold:** Top 3 responses

#### “Other” comments:

- Healthy MT kids, Indian Health, Medicaid
- Medicare and VA/military (2)
- Indian Health, Medicare, Private plan (2)
- Employer sponsored, Medicare and VA/military
- Employer sponsored and Medicaid
- Medicare and private plan (5)
- Medicare, VA/military, tri-care
- Medicare, private plan, VA/military (2)
- Employer sponsored and Medicare (2)
- VA, Medicare, dental thru Champ
- Medicaid and Indian Health (3)
- Employer sponsored, Medicaid, Medicare
- Employer sponsored, Healthy MT Kids, Indian Health
- Indian Health, Medicare, private plan, VA/military
- Health Savings Account and private plan
- Medicaid, VA/military

### Insurance and Healthcare Costs (Question 35)

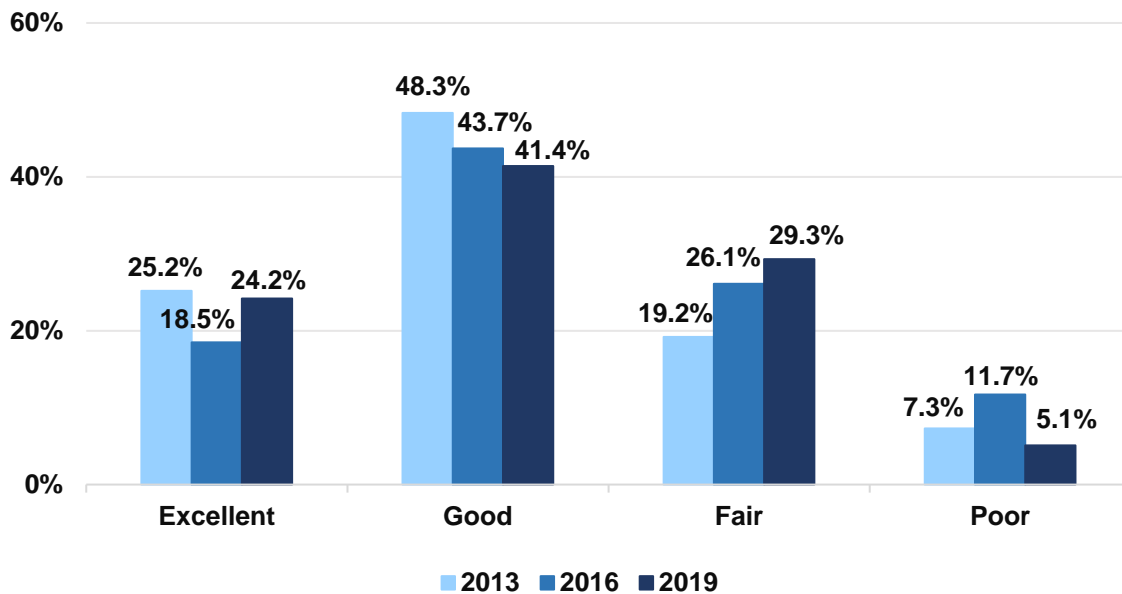
2019 N= 99

2016 N= 119

2013 N= 151

Respondents were asked to indicate how well they felt their health insurance covers their healthcare costs. Forty-one percent of respondents (n=41) indicated they felt their insurance covers a “Good” amount of their healthcare costs. Twenty-nine percent of respondents (n=29) indicated they felt their insurance covers a “Fair” amount, and 24.2% of respondents (n=24) indicated they felt their insurance covers an “Excellent” amount of their healthcare costs. Eleven respondents chose not to answer this question.

#### How Well Insurance Covers Healthcare Costs



### Barriers to Having Health Insurance (Question 36)

2019 N= 9

2016 N= 17

2013 N= 31

Of the respondents who indicated they do not have medical insurance (n=9), the reasons selected for not having insurance were “Cannot afford to pay for medical insurance,” and “Employer does not offer insurance.” Respondents could select all that apply, so percentages do not equal 100%.

Reason	2013		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
<b>Cannot afford to pay for insurance</b>	<b>24</b>	<b>77.4%</b>	<b>11</b>	<b>64.7%</b>	<b>5</b>	<b>55.6%</b>
<b>Employer does not offer insurance*</b>	<b>5</b>	<b>16.1%</b>	<b>0</b>	<b>0.0%</b>	<b>4</b>	<b>44.4%</b>
Choose not to have medical insurance	1	3.2%	0	0.0%	0	0.0%
<b>Other</b>	<b>2</b>	<b>6.5%</b>	<b>5</b>	<b>29.4%</b>	<b>3</b>	<b>33.3%</b>

“Other” comments:

- Medical garnishment
- No plan offered in Montana
- Still applying
- VA and Champ
- N/A
- Have IHS

### Awareness of Health Cost Assistance Programs (Question 37)

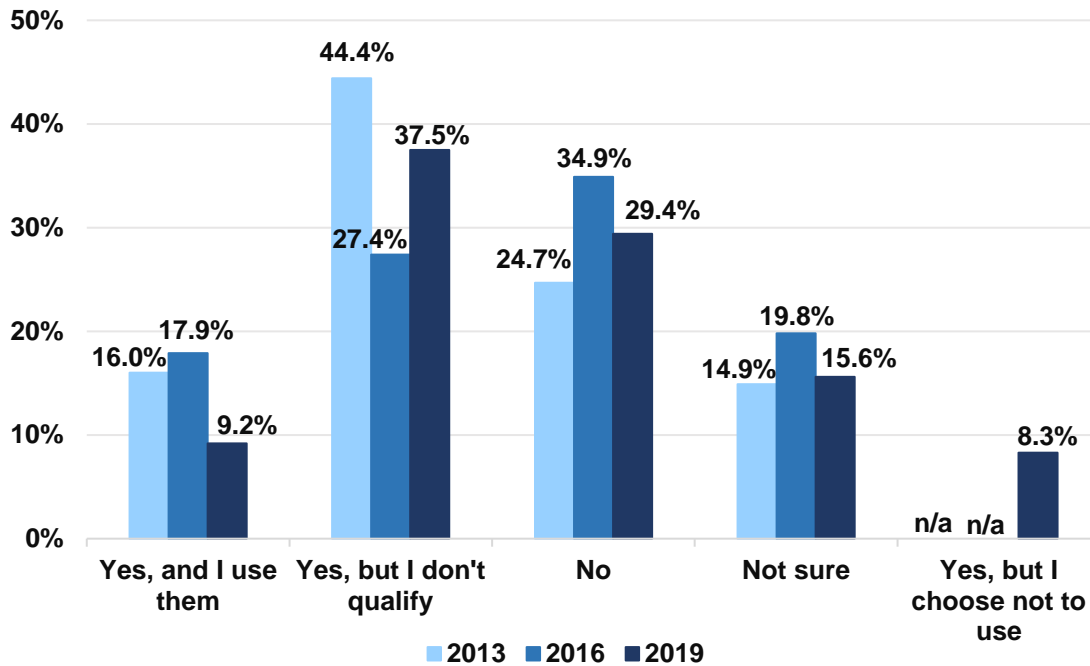
2019 N= 109

2016 N= 106

2013 N= 162

Respondents were asked to indicate their awareness of programs that help people pay for healthcare bills. Thirty-eight percent of respondents (n=41) indicated they were aware of these types of programs but did not qualify to utilize them. Thirty percent (n=32) indicated that they were not aware of these programs, and 15.6% of respondents (n=17) indicated they were unsure. One respondent chose not to answer this question.

**Awareness of Health Cost Assistance Programs\***



\*“Yes, but I don’t qualify” to utilize health cost assistance programs has varied significantly over the past three assessments. Additionally, it is difficult to determine if “Yes, and I use them” is significant due to “Yes, but I choose not to use” being a new variable in 2019.



## VI. Focus Group Interview Methodology






Four focus group interviews were conducted in August of 2019. Participants were identified as people living in Northern Rockies Medical Center’s service area.





Twenty-one people participated in the focus group interviews. The focus groups were designed to represent various consumer groups of healthcare including senior citizens, local community members, and community leaders. All four focus groups were held at Northern

Rockies Medical Center. The meetings lasted up to 90 minutes in length and followed the same line of questioning. Focus group interview questions can be found in Appendix G. The questions and discussions were led by Amy Royer with the Montana Office of Rural Health.

## VII. Focus Group Themes

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

 <p><b>Mental Health</b></p>	<ul style="list-style-type: none"> <li>• Mental health was a significant concern in all focus groups and interviews. Many individuals must leave the community to receive care. – “We have a lot of domestic issues both here and on the reservation. We have a hard time with pediatric mental health so much so that we were sending kids out of state – Shodair is stepping up but it’s still not enough”.</li> <li>• One participant indicated that more mental health services are needed – “Counselors for kids in the school are needed. We have a lot of kids with mental health issues and these then lead to drugs and alcohol and pregnancies”.</li> </ul>
 <p><b>Access to Healthcare</b></p>	<ul style="list-style-type: none"> <li>• Lack of follow up and continuity of care within the hospital was mentioned in several focus groups. One participant stated, “Follow-up could be better; my husband was diagnosed with type II diabetes and he had trouble learning how to deal with it. After, he was released from the hospital nobody checked up on him”.</li> <li>• Several participants indicated that they and others stopped utilizing the facility because of the turnover of providers. One person commented, “Some people may leave because they perceive this hospital as a band-aid station and the community doesn’t know that there are new providers who are wonderful. But the community takes time to recover from bad reputations”.</li> <li>• The loss of obstetric services at NRMC was also mentioned frequently and was a concern for community members.</li> </ul>
 <p><b>Substance Use</b></p>	<ul style="list-style-type: none"> <li>• Participants indicated that substance abuse is a major concern within the community.</li> <li>• One participant indicated that drug abuse (illegal and prescriptions) was the most serious health concern for the area stating, “I think it is affecting the youth. We don’t have the services we need to address these issues. We have more services than we used to but still not enough”.</li> </ul>

 <p><b>Senior Needs</b></p>	<ul style="list-style-type: none"> <li>• A need for home health, in home personal assistance, and more senior housing options were mentioned frequently. – “Our county is huge we just can’t get anyone to take it (home health) on. Home monitoring is a big need. Before our ambulance lost all its staff, they were trying to do a paramedic home monitoring program”.</li> <li>• Another participant mentioned, “We need companions for seniors, some people have no one and will not come to the senior center. We do not have enough people to keep eyes on all the seniors”.</li> <li>• Participants frequently mentioned that the nursing home is understaffed - The way they do their CNA staffing is not enough to cover the floor. They used to have 4 on staff at a time and when corporate came in, they only looked at the number of people and not the patient need. They said there were too many people on staff, so the facility cut back. It is not fair to the staff to stretch them beyond what they can safely/comfortable do”.</li> </ul>
 <p><b>Emergency Medicine</b></p>	<ul style="list-style-type: none"> <li>• Focus group participants were extremely worried about the future of emergency medical services in Glacier county.</li> <li>• Lack of EMS and ambulance services were mentioned in every focus group. Participants indicated that ambulances must travel from other communities, due to lack of staff – “We still have EMS, but they are understaffed on EMTs now they only have 1 fulltime paramedic and 2 part time. They do not have enough staff to respond to 911 calls because they are running interfacility transports.”</li> <li>• Another participant mentioned, “I have heard of people who had to have ambulances come from Conrad or from Great Falls”.</li> </ul>
 <p><b>Healty Lifestyles</b></p>	<ul style="list-style-type: none"> <li>• Health and wellness including opportunities to be physically active and access to healthy food options were mentioned frequently.</li> <li>• Participants mentioned that they would like a fitness center, indoor pool and more activities for youth. One participant also mentioned that they would like to see more community education on how to live a healthier lifestyle.</li> <li>• Chronic diseases were a concern – “I think chronic disease management (is needed). Managing them so they don’t progress into bigger problems.”</li> <li>• Another participant stated. “Lack of physical activity (is a concern), even though we are so close to outdoor activity, people don’t take advantage of it. We would like to get that mentality changed”.</li> </ul>
 <p><b>Services Needed in the Community</b></p>	<ul style="list-style-type: none"> <li>• Mental health counselors and professionals</li> <li>• Addiction resources and counseling</li> <li>• More ambulance/EMS staff and volunteers</li> <li>• More opportunities to be physically active during the winter months</li> <li>• Home health and in-home assistance for seniors</li> <li>• Day care services</li> <li>• Community center</li> <li>• Pediatric services</li> <li>• More frequent DEXA scans</li> </ul>



<p><b>Wellness and Prevention</b></p> <ul style="list-style-type: none"> <li>• <b>Overweight &amp; Obesity</b> <ul style="list-style-type: none"> <li>○ Higher rates of Children (2-5 years) Overweight or Obese</li> <li>○ Higher rates of Adult Obesity</li> <li>○ Higher rates of Physical Inactivity</li> </ul> </li> <li>• <b>Access to recreational opportunities, healthy behaviors &amp; lifestyles</b></li> <li>• <b>Access to Healthy food options/nutrition education</b></li> <li>• Food insecurity</li> </ul>	<p>X</p>	<p>X</p> <p>X</p> <p>X</p> <p>X</p>	<p>X</p> <p>X</p> <p>X</p>
<p><b>Behavioral Health</b></p> <ul style="list-style-type: none"> <li>• <b>Mental health services</b> <ul style="list-style-type: none"> <li>○ For pediatrics &amp; adults</li> <li>○ Higher rates of Poor Mental Health Days</li> <li>○ Mental health counselors &amp; other professionals</li> <li>○ Prevalence of depression</li> <li>○ Reported poor mental health days</li> </ul> </li> <li>• <b>Alcohol/drug use (opioids, methamphetamines, tobacco, prescription abuse)</b> <ul style="list-style-type: none"> <li>○ High Drug Use Hospitalization Rate</li> <li>○ High rates of Liver Disease and Cirrhosis Mortality</li> <li>○ Need for addiction resources and counselling</li> </ul> </li> </ul>	<p>X</p> <p>X</p>	<p>X</p> <p>X</p>	<p>X</p> <p>X</p>

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

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

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

- Community Coordination and Collaboration
- Health and Wellness
- Behavioral Health
- Senior Services-Aging in Place

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

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

## Resources

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

- Cut Bank Chamber of Commerce
- Cut Bank Workforce Center
- Glacier County Health Department
- Glacier Care Center
- Parkview Senior Center
- Glacier Community Health Center
- Cut Bank schools
- Cut Bank Sports Complex
- Joe Meagher Memorial Civic Center
- Cut Bank Center for Mental Health
- Crystal Creek Lodge Treatment Center
- Gateway Community Services
- Alcoholics Anonymous
- Montana Nutrition and Physical Activity program
- The Agency for Healthcare Research & Quality
- Montana Office of Rural Health/Area Health Education Center
- Montana Department of Health and Human Services
- Cut Bank & Seville Head Start
- Parkview Senior Center
- Bee Hive Assisted Living
- Cut Bank VA Outpatient Clinic
- Opportunities, Inc.
- Cut Bank Trails, Inc
- MSU Extension Office
- Harvest Food Pantry

**X. Evaluation of Activity Impacts from Previous CHNA**

Northern Rockies Medical Center provided the Montana Office of Rural Health with an update on their Implementation Plan activities from their previous CHNA process. The Northern Rockies Medical Center Board of Directors approved its previous implementation plan on December 9, 2016. The plan prioritized the following health issues:

- Behavioral health (substance abuse and mental health)
- Nutrition and wellness
- Senior services
- Marketing and awareness of services

The following tables include completed activities, accomplishments and impacts/outcomes within the facility’s proposed goals. To view NRMC’s full Implementation Plan visit:

<http://nrmcinc.org/community-health-assessment-needs/>

**Goal 1: Increase access to behavioral health resources in Glacier County.**

	<b>Activities</b>	<b>Accomplishments</b>	<b>Community Impact/Outcomes</b>
<b>1.1</b> Explore expansion of mental health resources in the community.	Conduct environmental scan of available mental health resources in Glacier County and identify areas for improvement.	Environmental scan completed and it was determined there was a greater demand for behavior health services than was available.	GCHC attained a grant to incorporate a behavioral health service line in their clinic. The building was expanded and 3 mental health professionals were hired.
	Determine feasibility of expanding tele-mental health services.	Contracted providers for tele-mental health are no longer able to provide services to NRMC and the community.	Re-contracted tele-mental health.
	Research tele-mental health best practices and investigate potential funding opportunities.	Received planning grant from MT Healthcare Foundation to create an integrated mental health program.	Implemented PHQ9 in the Rural Health Clinic. Re-instated tele-mental health services. Implemented a referral system with GCHC Mental Health providers.
	Develop outreach strategy to educate community about tele-mental health services.	Formed the Hi-Line Community Connectors to bring stakeholders together for planning and sharing of resources to address behavioral health needs as well as other community needs.	Created Community Resource Guide that is available to community members with a list of all mental health services including tele-mental health.
	Increase utilization of tele-health access with mental health emergency room visits.	It was not feasible to do both ER and Clinic.	Focus was on referral from the clinic setting.
	Enhance health professional pipeline through partnership with Area Health Education Center to offer programs such as Heads Up-Behavioral Health Camps and REACH camps annually.	Led the HOSA program with NRMC staff educating students about health professions and provided CAN training. Provided community education on Mental Health First Aid.	Increased awareness about identifying and treating mental health issues. Increased the number of lay members that can assist with mental health crisis in the community.

<b>1.2</b> Improve internal policies and procedures regarding mental health, substance abuse and chronic pain management.	Partner with Community Health Center to develop a structured plan for provider interactions.	NRMC Clinical IT worked with the Director of Nursing at GCHC and created a process to send follow-up information (CCD) to the providers.	Improved communication results in better continuity of care which positively impacts health outcomes.
	Research best practices on chronic pain case management and tracking of pain prescription users.	Medical staff working with Benefis Chronic Pain Management Program who offered education regarding regulations on narcotic management.	Improved pain management and safety for patients with chronic pain management issues.
<b>1.3</b> Participate in Montana Hospital Association's Population Health Improvement project.	Have representative from NRMC participate on MHA Health Improvement Plan Committees.	The Community Health Improvement Manager is currently on the Obesity workgroup and two of the hospital Board Members have joined the Premature Death Workgroup.	Increased leadership awareness of statewide initiatives.
	Integrate best practices and initiatives related to: decreasing preventable drug deaths, alcohol abuse, tobacco use, suicide, and seat belt use (MHA's core population health focus) into NRMC planning.	Offered Mental Health First Aid and A.S.I.S.T courses to community members. Local school district offered several speakers (Supaman, Ryan Leaf) to educate student population on the dangers of drug and alcohol usage.	Increased the number of lay members that can assist with mental health crisis in the community. Increased community awareness of the dangers of drug and alcohol usage.
<b>1.4</b> Enhance community engagement and partnerships to tackle behavioral health issues in Glacier County.	Partner with schools and police department to sponsor a "mock trauma" event annually to educate about the dangers of drunk driving.	The Cut Bank Police Department in cooperation with the Glacier County EMS completed a mock trauma for the Cut Bank School District to educate the students about the dangers of drunk driving.	Improved awareness of the dangers of drunk driving.
	Partner with high school and Highway Patrol to sponsor a "Drunk Goggle" obstacle course to educate students about the dangers of drunk driving.	The local police department has an arrangement with the School District for a School Resource Officer who provides Drunk Goggle training to the student. The training includes hands-on with the goggles and classroom education.	Improved awareness of the dangers of drunk driving.
<b>1.5</b> Educate community on Glacier County's health ranking regarding behavioral health indicators.	Use Robert Wood Johnson County Health Rankings information as a resource for Glacier County Data.	We had 10% of the community participate in community wellness events.	The data was used in completion of the needs assessment. NRMC utilizes the data as a measure on the Management Action Plan and created action items to improve ranking with updates provided to the Board of Directors on a monthly basis.
	Develop marketing strategy to educate community about important issues and room for improvement within the county.	The NRMC marketing committee utilizes a yearly plan with strategies to inform the community of services available and key health issues utilizing multiple communication mediums, including social media, the local newspaper, radio, and website.	Increased community awareness of key health issues.
	Determine best means for dissemination of information (ie: Website, Facebook, newspaper, newsletter etc.)	This is a component of the facility Marketing Plan which directs how information is disseminated.	Improved communication with the community



	Hold community forum to discuss key issues and determine next steps.	Monthly and annual board meetings and are held that are open to the public to inform the community on key issues.	Improved communication and partnerships in the community.
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**Goal 2: Enhance nutrition education and health and wellness opportunities in Glacier County.**

	<b>Activities</b>	<b>Accomplishments</b>	<b>Community Impact/Outcomes</b>
<b>2.1</b> Continue promoting and offering health and wellness programs for community members.	Identify resource/programs that are currently available in Daniels County	NRMC has received appropriate certification to offer CDC Prevent T2 classes. The Glacier County Health Department has received a grant to offer MT: Living Life Well classes to the community. Free Sports Physicals are offered once a year. Adult Education program offer a variety of classes for hobbies, exercise, safety/CPR, etc. Partnered with Kalispell Regional Medical Center to offer 90-day wellness programs (MT Journey to Wellness).	Expanded options and availability of wellness programs. Increased community participation by offering free wellness programs.
<b>2.2</b> Explore opportunities for expanding health, wellness and nutritional in Glacier County.	Conduct environmental scan of available health, wellness and nutritional resources in Glacier County and identify areas for improvement.	Informal environmental scan completed. Areas for improvement include promotion of the programs to increase community awareness and collaboration between stakeholders.	Identified opportunities for improvement.
	Explore partnerships with other entities to offer nutritional classes/programs throughout the year.	NRMC partnered with the County Health Department to offer MT Living Life Well classes. NRMC also partnered with Kalispell Regional Medical Center to offer 90-day wellness programs (MT Journey to Wellness).	Enhanced partnerships allowed us to offer more programs to the community to a more diverse number of participants.
	Explore the option of partnering with Extension Office to sponsor health, wellness and nutritional activities for senior citizens.	We determined partnering with the local Senior Center would initially be more beneficial in reaching the senior population.	Quarterly educational sessions were provided to Seniors on key health issues.
	Convene task force to organize (1-2) community weight loss/ healthy living challenges and activities during winter months.	NRMC Wellness Committees coordinated community wide healthy lifestyle activities and challenges.	Successfully completed 7 lifestyle challenges.
	Convene community stake holder group to investigate the feasibility of developing a pool recreation facility.	Parks and Recreation Director completed a precursory assessment which showed that it was feasible to have an indoor pool. City officials did not feel it was sustainable and would not support moving forward at this time. Parks and Rec Director to do additional research.	Parks and Recreation Director to convene key stakeholder meeting after additional research.

<b>2.3</b> Improve awareness of available services in Glacier County.	Continue to update health, wellness, and nutritional services in directory.	Formed the Hi-Line Community Connectors to bring stakeholders together for planning and sharing of resources to address behavioral health needs as well as other community needs.	Created Community Resource Guide that is available to community members.
	Disseminate and promote health, wellness and nutrition directory to community.	Created Community Resource Guide that is available to community members.	Community Resource Guide is shared in various locations and on NRMC website.
	Expand marketing outreach strategy utilizing the local newspaper, social media, and community meetings.	The NRMC Marketing Plan specifies use of newspaper and social media to expand outreach.	Increased the use of Facebook to share information on various key health issues, advertise events, and market programs.
	Explore feasibility of developing a social marketing campaign on healthy living and healthy recipes on social media.	Implemented marketing campaign "Did you Know" in the local paper and on social media.	NRMC Facebook page and website has become a prime source of communication with the community.

***Goal 3: Explore opportunities for programs and services that allow Glacier County seniors to live life to the fullest within their community.***

	<b>Activities</b>	<b>Accomplishments</b>	<b>Community Impact/Outcomes</b>
<b>3.1</b> Enhance knowledge of available senior care and home health options in Glacier County.	Conduct environmental scan of all age in place and home health options in Glacier County.	Formed the Hi-Line Community Connectors to bring stakeholders together for planning and sharing of resources to address behavioral health needs as well as other community needs.	Created Community Resource Guide that is available to community members.
	Convene community stakeholder group to discuss findings of environmental scan and brainstorm on long term possible solutions.	Created Community Resource Guide that is available to community members.	Community Resource Guide is shared in various locations and on NRMC website.
	Research home health telemedicine options and determine feasibility of pilot program.	The NRMC Marketing Plan specifies use of newspaper and social media to expand outreach.	Increased the use of Facebook to share information on various key health issues, advertise events, and market programs.
<b>3.2</b> Partner with senior center to enhance health, wellness and educational offerings for seniors.	Explore feasibility of NRMC staff offering medication interaction presentations and fall risk classes at senior center.	NRMC pharmacist provided medication interaction and physical therapist provided fall risk classes at the Parkview senior center annually.	Increased awareness of medication safety and fall prevention.
	Offer senior specific fitness classes and education on how to properly use exercise equipment.	NRMC staff offer exercise classes 3 times per week to seniors at the Civic Center.	Seniors are offered educational sessions on the importance of safe, age appropriate physical activity in a safe environment.
	Partner with senior center to educate seniors on how to utilize transportation systems in community to get to appointments.	The Senior Center is the pick-up and drop-off location for the local transit system.	Seniors have reliable transportation to get to local appointments.

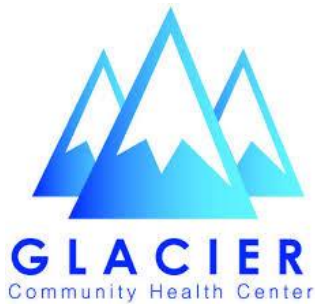
	Offer educational classes on Medicare benefits and end of life processes/advance directives through POLST program. (Partner with Agency on Aging).	NRMC partnered with the Parkview Senior Center to offer educational sessions which included Medicare benefits. Glacier Community Health Center has a trained staff member that	Increased knowledge of Medicare benefits and accessibility to end of life processes/advanced directives.
--	--	--	--

**Goal 4: Enhance marketing and awareness of NRMC services**

	<b>Activities</b>	<b>Accomplishments</b>	<b>Community Impact/Outcomes</b>
<b>4.1</b> Increase awareness of new and existing services through a comprehensive marketing campaign.	Continue utilizing social media, newspaper, and Cut Bank community resource directory.	Continuously updating Social media and web page to disseminate information.	Increased awareness of services and programs.
	Convene NRMC marketing team to catalog all marketing and outreach efforts and determine areas for improvement.	Staying informed and up to date of marketing plan.	Content was up to date and relevant.
	Develop educational materials for resources, services and behavioral health issues in Glacier County for all patient waiting rooms.	NRMC utilizes Smart TV's in all waiting rooms that are programmed to cover topics that are relevant to the population we serve. Community Resource Guides were developed by NRMC and GCHC that are distributed at both locations.	Increased awareness of services and resources available.
	Develop resource hub for Glacier County on NRMC website.	Website was updated to include "around town" tab for local stakeholders and "patient resources" tab to offer contact information and links to a variety of resources.	NRMC website is a resource hub for Glacier County.
	Develop monthly newsletter/social marketing campaign to educate on a chronic/preventable diseases and available resources within the community.	NRMC obtained quotes to do routine newsletters and it was determined this was not financially feasible at this time. Will continue to enhance use of Social Media to educate on chronic/preventable diseases.	NRMC will continue to look for cost-effective methods of communicating and educating our community.

Appendix A – Steering Committee

Steering Committee Member	Organization Affiliation
Cherie Taylor, CEO	Northern Rockies Medical Center (NRMC)
Stephanie Eney, Quality/Risk Manager	NRMC
Ashley Howze, Human Resources	NRMC
Treasure Berkram, CFO	NRMC
Becky Atkinson, Clinical IT	NRMC
Cristal Losing, Director of Acute Care Services	NRMC
Toni Altenburg, Community Health Improvement	NRMC
Alana Burtness, Executive Assistant	NRMC
Michael Hoffman	NRMC
Larry Schwindt, Chair	Cut Bank Trails & NRMC Board of Directors
Rachel Kipp, Family Service Worker	Opportunities, Inc./Head Start
Caitlin Roark, Family Service Worker	Opportunities, Inc./Head Start
Ric Beals, Pastor	Cut Bank Pastoral Council
Angela Haas, CEO	Glacier Community Health Center
Christy Branch, DON	Glacier Community Health Center
Betsy Seglem, COO	Glacier Community Health Center
Jenny Krapf, LPN	Glacier County Health Department



## Appendix B – Public Health and Populations Consultation

### Public Health and Populations Consultation Worksheet

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#### 1. Public Health

a. Name/Organization:

Jenny Krapf, LPN- Glacier County Health Department; Angela Haas, CEO- Glacier Community Health Center (GCHC); Christy Branch, DON- GCHC; Betsy Seglem, COO- GCHC; Cherie Taylor, CEO- Northern Rockies Medical Center (NRMC); Toni Altenburg, Community Health Improvement- NRMC

b. Type of Consultation

First Steering Committee Meeting: 02/05/2019

c. Input and Recommendations from Consultation

- I am surprised that the veteran clinic is so low compared to the rest of MT. It seems like we have a lot of vets here.
- The unintentional injury rate here is very high (106.1 per 100,000 population)
- We should probably combine mental health issues with depression and anxiety. People might not select mental health issues because of the stigma.
- A lot of people won't view mental health services as access to healthcare so it should be included on the survey as a variable.
- Under what people believe are the most important for a healthy community, we should ask about home health and senior services.
- There needs to be more on the survey about physical activity. We should add a walking trail as an option since the community just spent a lot of money on putting one in the community. There is a walking trail group that would be good to hold a focus group with.

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

Population: Low-Income, Underinsured

a. Name/Organization:

Angela Haas, CEO- GCHC; Christy Branch, DON- GCHC; Betsy Seglem, COO- GCHC

b. Type of Consultation

First Steering Committee Meeting: 02/05/2019

c. Input and Recommendations from Consultation

- Perhaps we should include a survey option about budgeting. A lot of people at the church say that they have troubles accessing healthcare services because they don't know how to budget for it.

Population: Seniors

- a. Name/Organization:  
Ric Beals, Pastor- Cut Bank Pastoral Council; Larry Schwindt, Chair- Cut Bank Trails & NRMC Board of Directors
  
- b. Type of Consultation  
First Steering Committee Meeting: 02/05/2019
  
- c. Input and Recommendations from Consultation
  - A focus group should be conducted at the senior center.

Population: Youth

- a. Name/Organization:  
Rachel Kipp, Family Service Worker- Opportunities, Inc./Head Start; Caitlin Roark, Family Service Worker- Opportunities, Inc./Head Start
  
- b. Type of Consultation  
First Steering Committee Meeting: 02/05/2019
  
- c. Input and Recommendations from Consultation
  - A lot of parents have to travel for pediatric dentistry. We should ask how many would use this service if it was available locally.

Population: Tribal/American Indian

- a. Name/Organization:  
Angela Haas, CEO- GCHC; Christy Branch, DON- GCHC; Betsy Seglem, COO- GCHC; Jenny Krapf, LPN- Glacier County Health Department; Cherie Taylor, CEO- NRMC; Toni Altenburg, Community Health Improvement- NRMC; Christal Losing, Director of Acute Care Services- NRMC.
  
- b. Type of Consultation  
First Steering Committee Meeting: 02/05/2019
  
- c. Input and Recommendations from Consultation
  - The diabetes rate for our County seems very low. I wonder if it is including tribal data.
  - I wonder if a lot of the data is being pulled without including the tribes because these numbers all seem really low (secondary data)
  - The numbers need to include IHS data if we want to be representative of the county.

## Appendix C – Secondary Data

Glacier County  
Secondary Data Analysis



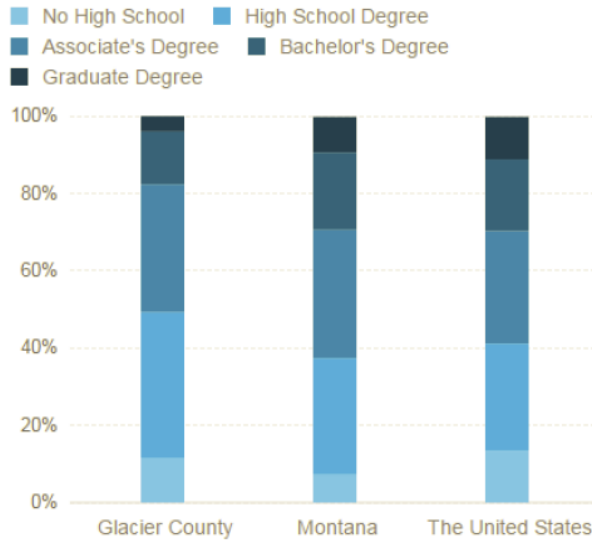
Office of Rural Health  
Area Health  
Education Center

Demographic Measure (%)		County			Montana			Nation		
Population <sup>1</sup>		13,399			1,032,949			308,745,538		
Population Density <sup>1</sup>		4.5			6.8			87.4		
Veteran Status <sup>1</sup>		7.4%			10.6%			7.7%		
Disability Status <sup>1</sup>		17.1%			16.6%			15.3%		
Age <sup>1</sup>		<5	18-64	65+	<5	18-64	65+	<5	18-64	65+
		9.4%	57.8%	10.8%	6%	54.9%	17.2%	6.2%	56%	14.9%
Gender <sup>1</sup>		Male		Female	Male		Female	Male		Female
		49.3%		50.7%	50.3%		49.7%	49.2%		50.8%
Race/Ethnic Distribution <sup>1</sup>		White			89.2%			77.1%		
		American Indian or Alaska Native			6.6%			1.2%		
		Other †			5.1%			36.7%		

<sup>1</sup> US Census Bureau Fact Finder (2016)

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

### Highest Degree Attained



#### Glacier County

No High School	11.42%
High School Degree	37.84%
Associate's Degree	33.01%
Bachelor's Degree	13.68%
Graduate Degree	3.99%

#### Montana

No High School	7.56%
High School Degree	29.80%
Associate's Degree	33.57%
Bachelor's Degree	19.85%
Graduate Degree	9.22%

#### The United States

No High School	13.67%
High School Degree	27.95%
Associate's Degree	29.09%
Bachelor's Degree	18.27%
Graduate Degree	11.01%

<sup>2</sup> National Center for Education Statistics

Socioeconomic Measures (%)	County	Montana	Nation
Median Income <sup>1</sup>	\$29,201	\$50,801	\$57,652
Unemployment Rate <sup>1</sup>	3.9%	4.8%	6.6%
Persons Below Poverty Level <sup>1</sup>	33.1%	14.4%	14.6%
Uninsured Adults (Age <65) <sup>3,4</sup>	28%	12%	10.7%
Uninsured Children (Age <18) <sup>3,4</sup>	9%	5%	5%
Children in Poverty <sup>1</sup>	34.7%	23.3%	20.3%
Enrolled in Medicaid <sup>5,6</sup>	19.8%	9.4%	1 in 7
Enrolled in Free/Reduced Lunch <sup>7</sup> <i>Pre-k through 12<sup>th</sup> grade</i>	2,375	62,951	-
SNAP Participants <sup>7</sup> <i>All ages, FY 2015</i>	5,206	118,704	-

<sup>1</sup> US Census Bureau (2015), <sup>3</sup> County Health Ranking, Robert Wood Johnson Foundation (2018), <sup>4</sup> Center for Disease Control and Prevention (CDC), Health Insurance (2014), <sup>5</sup> MT-DPHHS Medicaid Expansion Dashboard (2018), <sup>6</sup> Medicaid.gov (2018), <sup>7</sup> Montana Kids Count (2016)

Maternal Child Health	County	Montana
Births <sup>8</sup> <i>Between 2011-2013</i>	740	35,881
Born less than 37 weeks <sup>8</sup>	13.1%	9.1%
Teen Birth Rate (females age 15-19) <sup>8</sup> <i>Per 1,000 years 2009-2013</i>	74.9	32.0
Smoking during pregnancy <sup>8</sup>	24.4%	16.3%
Receiving WIC <sup>8</sup>	43.1%	34.6%
Children (2-5 years of age) overweight or obese <sup>8</sup>	39.1%	27.9%
Childhood Immunization Up-To-Date (UTD) % Coverage <sup>9</sup>	62.5%	63.6%

<sup>8</sup> County Health Profiles, DPPHS (2015), <sup>9</sup> MT-DPHHS Clinic Immunization Results (2016-2017)  
\* UTD = 4 DTaP, 3 Polio, 1 MMR, 3/4 Hib, 3 Hep B, 1 Var, 4 PCV by 24 – 35-month-old children.

Behavioral Health	County	Montana	Top U.S. Performers
Adult Smoking <sup>3</sup>	30%	19%	14%
Excessive Drinking <sup>3</sup>	21%	21%	13%
Adult Obesity <sup>3</sup>	35%	25%	26%
Poor Mental Health Days <sup>3</sup> <i>Past 30 days</i>	4.7	3.5	3.1
Physical Inactivity <sup>3</sup>	28%	21%	20%
Drug Use Hospitalization Rate <sup>10</sup> <i>Per 100,000 population</i>	564.8	372.5	-
Intentional Self-Harm ED Visit Rate <sup>10</sup> <i>Per 100,000 population</i>	82.2	126.9	-
Frequent Mental Distress Prevalence (Adults Only) <sup>10</sup>	13.0%	10.3%	-

<sup>3</sup> County Health Ranking, Robert Wood Johnson Foundation (2018), <sup>10</sup> IBIS Community Snapshot, MT-DPPHS





Unsafe Driving <sup>11</sup>	Montana	Nation
Do NOT wear seatbelts – Adults	28.8%	11.8%
Do NOT wear seatbelts – Students 9-12 <sup>th</sup> grade	25.3%	9.5%
Drink and Drive – Adults	2.7%	1.9%
Text and Drive – Students 9-12 <sup>th</sup> grade	54.6%	41.5%

<sup>11</sup> Montana State Health Assessment (2017)

Communicable Diseases (per 100,000 people) <sup>8</sup>	County	Montana
Chlamydia	1077.34	366.2
Hepatitis C	471.49	123
Pertussis	48.86	44.6

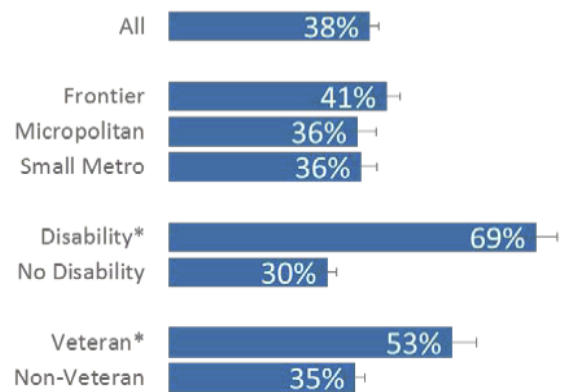
<sup>8</sup> County Health Profiles, DPPHS (2015)

Chronic Conditions <sup>10</sup>	County	Montana
Stroke Hospitalization Rate <i>Per 100,000 population</i>	212.5	152
Diabetes Prevalence (Adults Only)	12.6%	8.3%
Diabetes Hospitalization Rate <i>Per 100,000 population</i>	1,736.8	1058.9
COPD Emergency Department Visit Rate <i>Per 100,000 population</i>	855.8	669.9
Acute Myocardial Infarction (MI) Hospitalization <i>Rate Per 100,000 population</i>	170.5	118.1

<sup>10</sup> IBIS Community Snapshot, MT- DPPHS

Montana Adults with Self-Reported Chronic Condition <sup>11</sup>	
1. Arthritis	26.8%
2. Asthma	8.9%
3. Cancer (includes skin cancer)	7.9%
3. Diabetes	7.9%
4. COPD	5.7%
5. Cardiovascular disease	3.2%
6. Stroke	2.7%
7. Kidney disease	2.5%

**Percent of Montana Adults with Two or More Chronic Conditions**

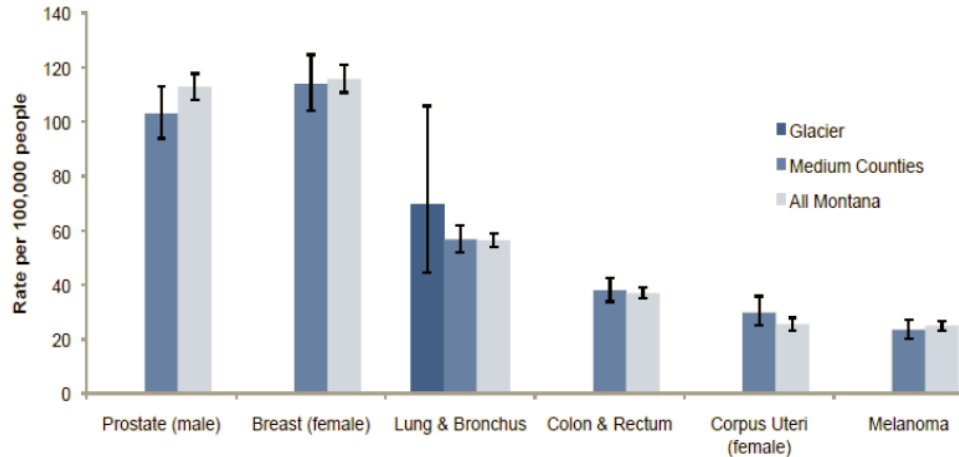


<sup>11</sup> Montana State Health Assessment (2017)

Cancer Prevalence	County	Montana	Nation
All Sites Cancer <sup>10</sup> Per 100,000 population	440.2	441.6	444

<sup>10</sup> IBIS Community Snapshot, MT- DPPHS

Age-Adjusted Cancer Incidence Rate by Cancer Site, Montana, 2011-2013



<sup>8</sup> County Health Profiles, DPPHS (2015)

Mortality	County	Montana	Nation
Suicide Rate <sup>12</sup> Per 100,000 population	19.1	22.5	13.9
Veteran Suicide Rate <sup>12</sup> Per 100,000 population	-	65.7	38.4
Leading Causes of Death <sup>13, 14</sup>	-	1. Heart Disease 2. Cancer 3. CLRD*	1. Heart Disease 2. Cancer 3. Unintentional injuries
Unintentional Injury Death Rate <sup>**15</sup> Per 100,000 population	106.1	41.3	41.3
Liver Disease and Cirrhosis Mortality <sup>10</sup> Per 100,000 population	63.6	13.9	10.7
Diabetes Mellitus <sup>13, 16</sup> Per 100,000 population	-	21.3	21.5
Alzheimer's Disease <sup>13, 17</sup> Per 100,000 population	-	20.9	37.3
Pneumonia/Influenza Mortality <sup>13, 18</sup> Per 100,000 population	-	13.5	14.3

<sup>10</sup> IBIS Community Snapshot, MT- DPPHS, <sup>12</sup> Suicide in Montana, MT-DPPHS (2018), <sup>13</sup> IBIS Mortality Query, MT- DPPHS, <sup>14</sup> Center for Disease Control and Prevention (CDC), National Vital Statistics (2014), <sup>15</sup> Preventable Deaths in Montana (2015), <sup>16</sup> Kaiser State Health Facts, National Diabetes Death Rate (2016), <sup>17</sup> Statista (2017), <sup>18</sup> Kaiser State Health Facts, National Pneumonia Death Rate (2017)

\*Chronic Lower Respiratory Disease

\*\*Unintentional Injury Death Rate - motor vehicle crashes, falls, poisonings, etc.)



Montana Health Disparities	White, non-Hispanic	American Indian/Alaska Native	Low Income*	Disability
<b>Poor Mental Health Days<sup>19</sup></b> <i>Past 30 days</i>	9.8	15.4	27.5	22.9
<b>Poor Physical Health Days<sup>19</sup></b> <i>Past 30 days</i>	11.4	16.5	26.7	32
<b>Mean number of Unhealthy Days<sup>19</sup></b> <i>Poor physical health days and poor mental health days combined in the past 30 days</i>	5.9	8.4	12.6	12.9
<b>No Health Care Coverage<sup>19</sup></b>	11.5%	16.2%	18.7%	14.4%
<b>No Personal Health Care Provider<sup>19</sup></b>	25.5%	34.9%	29.4%	16.6%
<b>No Routine Checkup in the Past Year<sup>19</sup></b>	34.3%	36.1%	38.6%	27.1%
<b>No Leisure Time for Physical Activity<sup>19</sup></b> <i>In the past 30 days</i>	19.3%	25.6%	33%	33.6%
<b>Obese<sup>19</sup> (BMI ≥ 30.0)</b>	25.2%	31.6%	31.2%	34.4%
<b>Tobacco Use - Current Smokers<sup>19</sup></b>	16.6%	38.2%	35.7%	26.2%
<b>Does Not Always Wear a Seat Belt<sup>19</sup></b>	25.2%	31.2%	30.6%	27.3%

<sup>19</sup> Behavioral Risk Factor Surveillance System (2016)

\*Annual household income < \$15,000

Montana Youth (9 <sup>th</sup> -12 <sup>th</sup> grade)	White, non-Hispanic	American Indian/Alaska Native
<b>Felt Sad or Hopeless<sup>20</sup></b> <i>Almost every day for two weeks or more in a row, during the past 12 months</i>	29.3%	42.6%
<b>Attempted Suicide<sup>20</sup></b> <i>During the past 12 months</i>	8%	18.3%
<b>Lifetime Cigarette Use<sup>20</sup></b> <i>Students that have ever tried smoking</i>	30.5%	57.8%
<b>Lifetime Alcohol Use<sup>20</sup></b> <i>Students that have had at least one drink of alcohol on one or more days during their life</i>	68.7%	61.4%
<b>Lifetime Marijuana Use<sup>20</sup></b> <i>Students that have used marijuana one or more times during their life</i>	32.6%	54.3%
<b>Texting and Driving<sup>20</sup></b> <i>Among students who drove a car in the past 30 days</i>	55.5%	47.2%
<b>Carried a Weapon on School Property<sup>20</sup></b> <i>In the last 30 days</i>	6.4%	8.4%

<sup>20</sup> Montana Youth Risk Behavior Survey (2017)

Appendix D – Survey Cover Letter



June 10, 2019

Dear [LASTNAME] household:

Participate in our Community Health Needs Assessment survey for a chance  
to  
**WIN a \$50 Visa gift card!**

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

Your name has been randomly selected as a resident who lives in the NRMC service area. The survey covers topics such as: use of health care services, awareness of services, community health, health insurance and demographics. We know your time is valuable, so we have made an effort to keep the survey to about 15 minutes. Participating in this survey is completely voluntary and your identity and answers will remain confidential.

1. Due date to complete survey: July 19, 2019
2. Complete the enclosed survey and return it in the envelope provided - no stamp needed. You can also access the survey at <http://helpslab.montana.edu/survey.html>. Select "Northern Rockies Medical Center Survey." Your access code is [CODED]
3. The winner for the \$50 Visa gift card will be contacted the week of July 22<sup>nd</sup>.

All survey responses will go to the HELPS Lab at Montana State University in Bozeman, Montana, the organization that is assisting MORH with this project. If you have any questions about the survey, please call Natalie Claiborne at MORH at 406-994-6001. We believe, with your help, we can continue to improve health care services in our region.

Thank you for your assistance. We appreciate your time.

Sincerely,

A handwritten signature in black ink, appearing to read "Cherie Taylor", enclosed within a circular scribble.

Cherie Taylor, CEO

## Appendix E – Survey Instrument

### Community Health Services Development Survey Cut Bank, Montana

**INSTRUCTIONS:** Please complete this survey by marking the appropriate boxes and then return it in the enclosed postage-paid envelope. If you need assistance, please contact the Montana Office of Rural Health at 406-994-6001. Participation is voluntary, and your responses will remain confidential. You can choose not to answer any question and can stop at any time.

1. How would you rate the general health of our community?  
 Very healthy       Healthy       Somewhat healthy       Unhealthy       Very unhealthy
2. In the following list, what do you think are the **three most serious** health concerns in our community?  
(**Select ONLY 3**)

<input type="checkbox"/> Alcohol abuse/substance abuse	<input type="checkbox"/> Lack of access to healthcare	<input type="checkbox"/> Respiratory diseases
<input type="checkbox"/> Alzheimer's/dementia	<input type="checkbox"/> Lack of dental care	<input type="checkbox"/> Social isolation/loneliness
<input type="checkbox"/> Cancer	<input type="checkbox"/> Lack of exercise	<input type="checkbox"/> Stroke
<input type="checkbox"/> Child abuse/neglect	<input type="checkbox"/> Mental health issues (depression, anxiety, etc.)	<input type="checkbox"/> Suicide
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Motor vehicle accidents	<input type="checkbox"/> Tobacco use (vaping, cigarettes, smokeless)
<input type="checkbox"/> Domestic violence	<input type="checkbox"/> Overweight/obesity	<input type="checkbox"/> Work related accidents/injuries
<input type="checkbox"/> Heart disease	<input type="checkbox"/> Recreation related accidents/injuries	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Hunger		
3. Select the **three** items below that you believe are **most important** for a healthy community (**select ONLY 3**):

<input type="checkbox"/> Access to childcare/after school programs	<input type="checkbox"/> Good jobs and a healthy economy	<input type="checkbox"/> Religious or spiritual values
<input type="checkbox"/> Access to healthcare	<input type="checkbox"/> Good schools	<input type="checkbox"/> Senior services
<input type="checkbox"/> Access to healthy food options	<input type="checkbox"/> Healthy behaviors and lifestyles	<input type="checkbox"/> Social support services
<input type="checkbox"/> Access to mental health services	<input type="checkbox"/> Home health services	<input type="checkbox"/> Strong family life
<input type="checkbox"/> Affordable housing	<input type="checkbox"/> Low crime/safe neighborhoods	<input type="checkbox"/> Tolerance for diversity
<input type="checkbox"/> Arts and cultural events	<input type="checkbox"/> Low death and disease rates	<input type="checkbox"/> Transportation services
<input type="checkbox"/> Clean environment	<input type="checkbox"/> Low level of domestic violence	<input type="checkbox"/> Welcoming community
<input type="checkbox"/> Community involvement	<input type="checkbox"/> Parks and recreation	<input type="checkbox"/> Other: _____
4. How do you rate your knowledge of the health services that are available to you?  
 Excellent       Good       Fair       Poor
5. How do you learn about the health services available to you? (**Select ALL that apply**)

<input type="checkbox"/> Emergency response	<input type="checkbox"/> Mailings/newsletter	<input type="checkbox"/> Social media/Facebook
<input type="checkbox"/> Friends/family	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Television
<input type="checkbox"/> Healthcare provider	<input type="checkbox"/> Presentations	<input type="checkbox"/> Website
<input type="checkbox"/> Internet search	<input type="checkbox"/> Public Health	<input type="checkbox"/> Word of mouth/reputation
<input type="checkbox"/> Local publications	<input type="checkbox"/> Radio	<input type="checkbox"/> Other: _____

Turn to BACK of page to continue

1

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"/> Chiropractor         | <input type="checkbox"/> Meals on Wheels | <input type="checkbox"/> Senior center            |
| <input type="checkbox"/> Civic/fitness center | <input type="checkbox"/> Mental health   | <input type="checkbox"/> Substance abuse services |
| <input type="checkbox"/> Dentist              | <input type="checkbox"/> Optometrist     | <input type="checkbox"/> Transportation services  |
| <input type="checkbox"/> Diabetes center      | <input type="checkbox"/> Pharmacy        | <input type="checkbox"/> Walking trail            |
| <input type="checkbox"/> Food banks           | <input type="checkbox"/> Pool            | <input type="checkbox"/> Other: _____             |
| <input type="checkbox"/> Home care services   | <input type="checkbox"/> Public health   |   |
7. In your opinion, what would improve our community's access to healthcare? **(Select ALL that apply)**
- |   |  |
|---|--|
| <input type="checkbox"/> Cultural sensitivity               | <input type="checkbox"/> More information about available services |
| <input type="checkbox"/> Expanded hours for clinic services | <input type="checkbox"/> More mental health services               |
| <input type="checkbox"/> Financial assistance/counseling    | <input type="checkbox"/> More primary care providers               |
| <input type="checkbox"/> Greater health education services  | <input type="checkbox"/> More specialists                          |
| <input type="checkbox"/> Home Health assistance             | <input type="checkbox"/> Telehealth                                |
| <input type="checkbox"/> Improved quality of care           | <input type="checkbox"/> Transportation assistance                 |
| <input type="checkbox"/> Interpreter services               | <input type="checkbox"/> Other: _____                              |
8. If any of the following classes/programs were made available to the community, which would you be most interested in attending? **(Select ALL that apply)**
- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Alcohol/substance abuse     | <input type="checkbox"/> Fitness                 | <input type="checkbox"/> Parenting                 |
| <input type="checkbox"/> Alzheimer's                 | <input type="checkbox"/> Grief counseling        | <input type="checkbox"/> Prenatal/lactation        |
| <input type="checkbox"/> Budgeting/finances          | <input type="checkbox"/> Health and wellness     | <input type="checkbox"/> Smoking/tobacco cessation |
| <input type="checkbox"/> Cancer                      | <input type="checkbox"/> Heart disease           | <input type="checkbox"/> Stress management         |
| <input type="checkbox"/> Career development          | <input type="checkbox"/> Living will             | <input type="checkbox"/> Support groups            |
| <input type="checkbox"/> Cultural/traditional health | <input type="checkbox"/> Men's health            | <input type="checkbox"/> Weight loss               |
| <input type="checkbox"/> Diabetes                    | <input type="checkbox"/> Mental health           | <input type="checkbox"/> Women's health            |
| <input type="checkbox"/> First aid/CPR               | <input type="checkbox"/> Nutrition/healthy foods | <input type="checkbox"/> Other: _____              |
9. Which of the following preventative services have you used in the past year? **(Select ALL that apply)**
- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Blood pressure check         | <input type="checkbox"/> Eye exam       | <input type="checkbox"/> Mental health counseling                  |
| <input type="checkbox"/> Children's checkup/Well baby | <input type="checkbox"/> Flu shot       | <input type="checkbox"/> Pap smear                                 |
| <input type="checkbox"/> Cholesterol screening        | <input type="checkbox"/> Health checkup | <input type="checkbox"/> Prostate (PSA)                            |
| <input type="checkbox"/> Colonoscopy                  | <input type="checkbox"/> Hearing exam   | <input type="checkbox"/> Yearly blood screening<br>(birthday labs) |
| <input type="checkbox"/> Dental exam                  | <input type="checkbox"/> Mammography    | <input type="checkbox"/> None                                      |
10. What additional healthcare services would you use if available locally? **(Select ALL that apply)**
- |  |   |                                       |
|--|---|---------------------------------------|
| <input type="checkbox"/> Addictions counselor            | <input type="checkbox"/> Home health assistance | <input type="checkbox"/> Pediatrician |
| <input type="checkbox"/> Alternative medicine/Naturopath | <input type="checkbox"/> Nutrition/dietician    | <input type="checkbox"/> Psychiatrist |
| <input type="checkbox"/> Audiologist (hearing)           | <input type="checkbox"/> Speech therapy         | <input type="checkbox"/> Rheumatology |
| <input type="checkbox"/> Dermatology                     | <input type="checkbox"/> Medication management  | <input type="checkbox"/> Surgery      |
| <input type="checkbox"/> Emergency mental health         | <input type="checkbox"/> Oncology               | <input type="checkbox"/> Urology      |
| <input type="checkbox"/> ENT (ear/nose/throat)           | <input type="checkbox"/> Ophthalmologist (eye)  | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Family planning                 | <input type="checkbox"/> Orthodontia            |                                       |

11. Which of the following injury prevention measures do you use regularly? **(Select ALL that apply)**
- |  |   |
|--|---|
| <input type="checkbox"/> Child car seat/booster                    | <input type="checkbox"/> Personal protection devices (eye wear, ear protection, hard hat) |
| <input type="checkbox"/> Designated driver                         | <input type="checkbox"/> Regular exercise   |
| <input type="checkbox"/> Hands free phone while driving/no texting | <input type="checkbox"/> Seat belt  |
| <input type="checkbox"/> Hearing/ear protection                    | <input type="checkbox"/> Water safety (life vest)   |
| <input type="checkbox"/> Helmet                                    | <input type="checkbox"/> None   |
12. Over the past month, how often have you had physical activity for at least 20 minutes?
- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Daily              | <input type="checkbox"/> 3-5 times per month | <input type="checkbox"/> No physical activity |
| <input type="checkbox"/> 2-4 times per week | <input type="checkbox"/> 1-2 times per month |   |
13. In the past month, how often did you include fresh fruits and vegetables in your diet?
- |                                |   |  |  |                                |
|--------------------------------|---|--|--|--------------------------------|
| <input type="checkbox"/> Daily | <input type="checkbox"/> 2-4 times per week | <input type="checkbox"/> 3-5 times per month | <input type="checkbox"/> 1-2 times per month | <input type="checkbox"/> Never |
|--------------------------------|---|--|--|--------------------------------|
14. In the past year, did you worry that you would not have enough food?  Yes  No
15. In the past three years, have there been periods of at least three consecutive months where you felt depressed on most days?  Yes  No
16. Has cost prohibited you from getting a prescription or taking your medication regularly?
- |                              |                             |   |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not applicable, I don't take medications |
|------------------------------|-----------------------------|---|
17. How many times in the last year were you unable to get a prescription filled because the pharmacy was not open/available?
- |                               |                                    |                                    |                                    |
|-------------------------------|------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> 1-3 times | <input type="checkbox"/> 4-6 times | <input type="checkbox"/> 7 or more |
|-------------------------------|------------------------------------|------------------------------------|------------------------------------|
18. In the past three years, was there a time when you or a member of your household thought you needed healthcare services but did NOT go or delayed getting medical services?
- |                              |   |
|------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No <b>(If no, skip to question 20)</b> |
|------------------------------|---|
19. If yes, what were the **three** most important reasons why you did not receive healthcare services? **(Select ONLY 3)**
- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Could not get an appointment        | <input type="checkbox"/> It was too far to go               | <input type="checkbox"/> Too long to wait for an appointment |
| <input type="checkbox"/> Could not get off work              | <input type="checkbox"/> Language barrier                   | <input type="checkbox"/> Too nervous or afraid               |
| <input type="checkbox"/> Didn't know where to go             | <input type="checkbox"/> My insurance didn't cover it       | <input type="checkbox"/> Transportation problems             |
| <input type="checkbox"/> Don't like doctors                  | <input type="checkbox"/> No insurance                       | <input type="checkbox"/> Unsure if services were available   |
| <input type="checkbox"/> Had no one to care for the children | <input type="checkbox"/> Not treated with respect           | <input type="checkbox"/> Other: _____                        |
| <input type="checkbox"/> It cost too much                    | <input type="checkbox"/> Office wasn't open when I could go |  |
20. 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)
- |                              |   |
|------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No <b>(If no, skip to question 23)</b> |
|------------------------------|---|
21. If yes, which hospital does your household use MOST for hospital care? **(Select ONLY 1)**
- |  |   |
|--|---|
| <input type="checkbox"/> Northern Rockies Medical Center- Cut Bank | <input type="checkbox"/> Benefis- Great Falls             |
| <input type="checkbox"/> Indian Health Services (IHS)- Browning    | <input type="checkbox"/> North Valley Hospital- Whitefish |
| <input type="checkbox"/> Kalispell Regional Healthcare             | <input type="checkbox"/> Pondera Medical Center- Conrad   |
| <input type="checkbox"/> Marias Medical Center- Shelby             | <input type="checkbox"/> VA                               |
| <input type="checkbox"/> Great Falls Clinic Hospital               | <input type="checkbox"/> Other: _____                     |

Turn to BACK of page to continue

3



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

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Closest to home               | <input type="checkbox"/> Hospital's reputation for quality     | <input type="checkbox"/> Recommended by family or friends        |
| <input type="checkbox"/> Closest to work               | <input type="checkbox"/> Indian Health Services (IHS) eligible | <input type="checkbox"/> Referred by physician or other provider |
| <input type="checkbox"/> Cost of care                  | <input type="checkbox"/> Online rating/reviews                 | <input type="checkbox"/> Required by insurance plan              |
| <input type="checkbox"/> Emergency, no choice          | <input type="checkbox"/> Prior experience with hospital        | <input type="checkbox"/> VA/Military requirement                 |
| <input type="checkbox"/> Financial assistance programs |  | <input type="checkbox"/> Other: _____                            |

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

- Yes                       No **(If no, skip to question 26)**

**24.** Where was that primary healthcare provider located? **(Select ONLY 1)**

- |                                   |                                      |                                   |                                       |
|-----------------------------------|--------------------------------------|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Cut Bank | <input type="checkbox"/> Great Falls | <input type="checkbox"/> Shelby   | <input type="checkbox"/> Valier       |
| <input type="checkbox"/> Browning | <input type="checkbox"/> Heart Butte | <input type="checkbox"/> Sunburst | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Conrad   | <input type="checkbox"/> Kalispell   | <input type="checkbox"/> VA       |                                       |

**25.** Why did you select the primary care provider you are currently seeing? **(Select ALL that apply)**

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

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

- Yes                       No **(If no, skip to question 29)**

**27.** Where was the healthcare specialist seen? **(Select ALL that apply)**

- |                                   |                                      |                                       |
|-----------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Cut Bank | <input type="checkbox"/> Great Falls | <input type="checkbox"/> Shelby       |
| <input type="checkbox"/> Browning | <input type="checkbox"/> Helena      | <input type="checkbox"/> Whitefish    |
| <input type="checkbox"/> Conrad   | <input type="checkbox"/> Kalispell   | <input type="checkbox"/> Other: _____ |

**28.** What type of healthcare specialist was seen? **(Select ALL that apply)**

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



29. Do you currently use Telehealth?  
 Yes       No **(If no, skip to question 31)**

30. If yes, which telehealth services do you use? **(Select ALL that apply)**

<input type="checkbox"/> Diabetic education	<input type="checkbox"/> Mental health counseling	<input type="checkbox"/> Oncology
<input type="checkbox"/> Dietician	<input type="checkbox"/> Mental health medication management	<input type="checkbox"/> Specialty consults
<input type="checkbox"/> Joint care		<input type="checkbox"/> Other

31. The following services are available at Northern Rockies Medical Center. Please rate the overall quality for each service by circling your answer. **(Please circle N/A if you have not used the service)**

	Excellent	Good	Fair	Poor	Haven't used	Don't Know
Clinical	4	3	2	1	N/A	DK
Emergency room	4	3	2	1	N/A	DK
Inpatient services	4	3	2	1	N/A	DK
Laboratory	4	3	2	1	N/A	DK
OB/GYN	4	3	2	1	N/A	DK
Occupational health	4	3	2	1	N/A	DK
Other outpatient services (infusion, wound care)	4	3	2	1	N/A	DK
Physical therapy	4	3	2	1	N/A	DK
Radiology	4	3	2	1	N/A	DK
Specialist services	4	3	2	1	N/A	DK
Surgical services	4	3	2	1	N/A	DK
Swing bed/Transitional care	4	3	2	1	N/A	DK
Telehealth	4	3	2	1	N/A	DK

32. How important are local healthcare providers and services (i.e.: hospitals, clinics, nursing homes, assisted living, etc.) to the economic well-being of the area?  
 Very important       Important       Not important       Don't know

33. Which of the following services do you have insurance coverage for? **(Select ALL that apply)**  
 Medical       Vision       Dental       I have no insurance **(If none, skip to question 36)**

34. What type of medical insurance covers the **majority** of your household's medical expenses? **(Select ONLY 1)**

<input type="checkbox"/> Employer sponsored	<input type="checkbox"/> Medicaid	<input type="checkbox"/> VA/military
<input type="checkbox"/> Health Insurance Marketplace	<input type="checkbox"/> Medicaid expansion (Help Act)	<input type="checkbox"/> None/pay out of pocket
<input type="checkbox"/> Health Savings Account	<input type="checkbox"/> Medicare	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Healthy MT Kids	<input type="checkbox"/> Private insurance/private plan	
<input type="checkbox"/> Indian Health	<input type="checkbox"/> State plan	

35. How well do you feel your medical insurance covers your healthcare costs?  
 Excellent       Good       Fair       Poor

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

<input type="checkbox"/> Can't afford to pay for medical insurance	<input type="checkbox"/> Choose not to have medical insurance
<input type="checkbox"/> Employer does not offer insurance	<input type="checkbox"/> Other: _____

Turn to BACK of page to continue

37. Are you aware of programs that help people pay for healthcare expenses?  
 Yes, and I use them     Yes, but I do not qualify     Yes, but choose not to use     No     Not sure

**Demographics**

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

38. Where do you currently live, by zip code?  
 59427 Cut Bank                       59434 East Glacier                       59448 Heart Butte  
 59486 Valier                               59411 Babb                               Other  
 59474 Shelby                               59417 Browning

39. What is your gender?  
 Male                       Female                       Other

40. What age range represents you?  
 18-25                       46-55                       76-85  
 26-35                       56-65                       86+  
 36-45                       66-75

41. What is your employment status?  
 Work full time     Disability  
 Work part time     Unemployed, but looking  
 Retired     Not currently seeking employment  
 Student     Other \_\_\_\_\_

42. With which ethnicity do you most identify?  
 African American     Hispanic/Latino  
 American Indian/Alaskan Native                                       Caucasian  
 Asian     Other \_\_\_\_\_

**[CODED]**  
**Please return in the postage-paid envelope enclosed with this survey or mail to:**

HELPS Lab  
Montana State University  
PO Box 172245  
Bozeman, MT 59717

**THANK YOU VERY MUCH FOR YOUR TIME**  
**Please note that all information will remain confidential**

## Appendix F – Responses to Other and Comments

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

- All of the above
- Child abuse, diabetes
- These are interrelated. It is very difficult to say 3 most serious. Education for self-care to keep healthy, Parenting classes, #1 treating your NRMC employees with respect & honor

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

- Illegal drug use!
- Stop prescription drug advertising

5. How do you learn about the health services available to you?

- Employer lists
- I am a retired APRN
- Member of Pondera Health Care Foundation, Member of Pondera Mental Health Consortium, Member of 406 Youth Connect
- Work

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

- Community parks
- We have very little resources here
- None

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

- Local doctor
- Free, low cost healthcare
- Confidentiality
- All doctors should have hospital privileges
- Help with prescriptions
- Billing department that know what they're doing
- Kindness- certain assistants cast off snobbishness; i.e. doing you a favor
- You overschedule your providers at the clinic- they shouldn't foot the bill for the hospital. You need to show honor to your employees- if they stay or leave, recognize them for a job well done

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

- More services for seniors
- None

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

- None
- Allergy Specialist
- How can you offer more when you are getting rid of maternity and delivery? It is a service you need to continue to provide. Make a good name for yourself and they will come.

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

- Just didn't go
- Wait it out
- No VA doc
- Lots of pneumonia and stitches and I know when I need to go

**21.** If yes, which hospital does your household use MOST for hospital care?

- Northern Rockies Medical Center - Cut Bank and Kalispell Regional Healthcare (2)
- Northern Rockies and Great Falls (3)
- Kalispell and Benefis
- Northern Rockies, Great Falls Clinic Hospital, and Benefis
- Indian Health Services, Kalispell Regional Healthcare, Benefis (2)
- Great Falls Clinic Hospital, Benefis, Mayo Clinic Phoenix
- Benefis and VA
- Indian Health Services (IHS)- Browning, Benefis- Great Falls
- Indian Health Services (IHS) - Browning, Great Falls Clinic Hospital, Benefis - Great Falls
- Kalispell Regional Healthcare, Marias Medical Center - Shelby, Benefis - Great Falls, VA
- Swedish Medical Center – WA
- We start at NRMC then transfer to KRHC

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

- Lovely views
- Community loyalty
- It's where the specialists are
- Doctor

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

- Columbia Falls
- TN [Tennessee]
- Browning and Great Falls
- Browning and Kalispell
- Cut Bank and Great Falls (2)
- Cut Bank, Browning, Kalispell
- Polson, Mt.
- Browning, Great Falls, Valier
- Columbia Falls
- Shelby, Valier
- Cut Bank, Great Falls, Shelby, VA
- Cut Bank, Shelby

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

- I don't have a primary care provider (2)
- Dr is cousin
- Only one available

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

- TN [Tennessee]
- Seattle, WA
- Missoula and Fairfield
- Mayo Clinic, Phoenix
- Chester
- Missoula
- Havre
- Lewiston, ID

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

- Podiatrist
- Dietician
- NP [Nurse Practitioner]
- Pain specialist
- Women's health provider
- Retina specialist
- Breast bio

**30. If yes, which telehealth services do you use?**

- General checkup through VA (4)
- General health

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

- Healthy MT kids, Indian Health, Medicaid
- Medicare and VA/military (2)
- Indian Health, Medicare, Private plan (2)
- Employer sponsored, Medicare and VA/military
- Employer sponsored and Medicaid
- Medicare and private plan (5)
- Medicare, VA/military, tri-care
- Medicare, private plan, VA/military (2)
- Employer sponsored and Medicare (2)
- VA, Medicare, dental thru Champ
- Medicaid and Indian Health (3)
- Employer sponsored, Medicaid, Medicare
- Employer sponsored, Healthy MT Kids, Indian Health
- Indian Health, Medicare, private plan, VA/military
- Health Savings Account and private plan
- Medicaid, VA/military

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

- Medical garnishment
- No plan offered in Montana
- Still applying
- VA and Champ
- N/A
- Have IHS

**38.** Where do you currently live, by zip code?

- Sunburst 59782
- Saint Mary, MT 59417
- 59454 Kevin (2)
- 59435 Ethridge

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

- Work full time and retired (2)
- Housewife
- Self-employed (3)
- Work part time, having severe difficulty at work without medication
- Homemaker

**42. With which ethnicity do you most identify?**

- American Indian and Caucasian (4)
- White (2)
- African American, American Indian, Hispanic
- American (2)
- Euro American

**Additional Comments:**

- P.S. Reputation of NRMCM includes how well administration listen to and treats its employees (which I am not). You have many valuable employees with experience and professional background that can help your organization grow. Listen to them, glean from their knowledge. If they are Providers or housekeeping. Thank you.

## Appendix G –Focus Group Interview Questions

**Purpose:** The purpose of the focus groups is 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 do you think are the most serious health issues or concerns in your community?
2. We are now going to ask you for your views about the hospital. What do you think of the hospital in terms of:
  - Availability
  - Quality of Care
  - Number of Services
  - EMS Services (ER/Ambulance)
  - Financial Health of the Hospital
3. Are any of the local providers your personal provider or personal provider to your family members? Why?
4. What do you think about these local services:
  - Public/County Health Department
  - Healthcare Services for Low-Income Individuals/Families
  - Senior Services (Nursing homes, assisted living, home health, senior center, etc.)
  - Pharmacy
5. Why might people leave the community for healthcare?
6. What would make this community a healthier place to live?
7. Any additional comments you'd like to provide, or things you would like to praise/see continued?



## Appendix H – Focus Group Interview Notes

### Focus Group #1

Thursday, August 8, 2019. Northern Rockies Medical Center – Cut Bank, MT

5 participants (1 male, 4 female)

1. What do you think are the most serious health issues or concerns in your community?
  - I think chronic disease management. Managing them so they don't progress into bigger problems
  - Substance abuse, a long list. Meth - they just did a meth break over here on the highway and it was the biggest meth break in Montana.
  - Lack of physical activity, even though we are so close to outdoor activity, people don't take advantage of it. We would like to get that mentality changed
  - Mental Health. Which goes along with substance abuse we have a lot of mental illness. We have a lot of domestic issues both here and on the reservation. We have a hard time with pediatric mental health so much so that we were sending kids out of state – Shodair is stepping up but it's still not enough.
  - We do not have as high as suicide rate as Toole County, but we are still very high.

2. We are now going to ask you for your views about the hospital. What do you think of the hospital in terms of:

#### Availability

- I think they struggle at times. The clinic primarily.
- Word of mouth is huge in this community, so the perception is that there are not same-day appointments available. Instead of picking up the phone and calling they just believe what so and so told them.

#### Quality of Care

- The hospital has received quite a few quality awards this last year, so I think the care is good, they do have complaints, but they address them, and I think overall people are happy with their care.
- We get complements at the grocery store from people who are very happy with the care.
- They take patient complaints very seriously because in most cases when a person is at the hospital it is the worst day of their life and they will hold grudges forever.

#### Number of Services

- That is tough because you would love to try and bring in service lines that people have suggested but then you don't get the community to utilize it.
- 6 years ago, people wanted an OB, so they brought them in and only 26% is using it – so they are shutting it down next month. The hospital does have problems with substance use babies, also the younger generation is used to female doctors and may believe bigger is better – so they go elsewhere for all these reasons.

- I feel like they have a good amount of services for the size of our community.
- I had 2 of my kids here and one in Great Falls and hands down I would rather have my kids here than out of town.

#### EMS Services (ER/Ambulance)

- Not enough paramedics on staff. They are even paid but we used to have 12 and now we have 1. Our EMS is a disaster, they can't even keep up with 911 calls. There are only 5 on staff right now. We used to do a much larger area, the entire county. Now they cannot keep up with it.
- Our county is in trouble, the last audit in 2017 there was 6 million dollars missing. Just google Glacier county and you will find a whole slew of things.
- The ER is generally good, but they are struggling with burnout. Staff sees the same people struggling with addiction over and over and it can cause them to want to leave.

#### Financial Health of the Hospital

- The hospital as a whole has always struggled financially. Even when it was run by the county. I think the community values the hospital and will come together when asked.
- I hear from a lot of different people that NRMC may be shutting down any day. But they don't understand how a hospital can shut down when they "make so much money".
- I hear people say it's just a band aid station and may not realize the value of it. Some people think they will be fine without it. That is until they need it.
- I hear a lot of complaints as to "why are they getting rid of OB."
- NRMC actually went through bankruptcy at one time and the community pulled together 250,000 in 7 days to help out.

#### Billing Office

- People feel it is very expensive and don't think they know why they are being charged for. They don't understand ER level charges.
- Don't understand why if they have health insurance, they have to pay for anything else. We get a lot of disputes about cost.
- All our billing is done in house, so we do try to take the time to explain to them when they have a question.

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

- Yes, I like the female provider. I feel like she is meeting my needs and has the expertise I need. She has a very modern approach and holistic way of looking at everything.
- Yes, I like remaining in the community and the feeling of the community, friendly and accessible.

- Yes, they really enjoy the physician they use because they are very friendly and loyal. Strong community support.

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

##### Healthcare Services for Senior Citizens

- Our nursing home is almost full but not quite.
- We have another assisted living facility coming in in the fall.
- Senior center has a new director and is promoting a bunch of new events. They are very friendly.
- We do not have much for home health, we do have Angel Care LLC out of Havre that we can access.
- Our county is huge we just can't get anyone to take it on. Home monitoring is a big need. Before our ambulance lost all its staff, they were trying to do a paramedic home monitoring program.

##### Public/County Health Department

- I think they could be more active in our community. There is a younger group that needs to come in a start developing that more. The mentality is "we have always done it this way so why would we change."
- My knowledge of what they are doing is nothing. I have no idea what they are doing.
- They have limited resources to work on and for the size of the county they can really can only do the bare bones. They are limited by amount of staff and funding they have.
- I think its more about getting information back from the community to help move those improvements along. More transparency in between the county and the community.
- They just need to be out in the community more. I spoke with some seniors that didn't even know that we had a county health department. They need to do more campaigning in the schools for STDs and drugs, etc. It is a blind spot for us. They could volunteer for events or have booths/tables at events.
- They have 2 full time nurses and 1 part time.
- Tribal has a lot of grants and things but they don't have collaboration with the county. There are not willing parties to collaborate and work on health issues together.

##### Healthcare Services for Low-Income Individuals/Families

- I think our county has more than other places. Because of our population we get more grants. We are at like 60% of students on the free and reduced lunch program.
- Office of Public Assistance was taken away and is now in either Great Falls or Browning. SNAP is run through the extension agency. Food pantry in town and kid pack through the schools.
- I feel like people are utilizing these programs. Numbers have definitely increased in the last few years.

- We had highest Medicaid expansion in the state. We were in the 30% and now we are at 40-50% of people on Medicaid in our clinic.

#### Pharmacy

- We are getting another one which will help take the pressure off the Albertsons one. I think them being the only one is taking its toll.

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

- Cost, they can get it cheaper somewhere else. Other people have the power of volume they can provide services for cheaper.
- I think it has to do with gender of specialty, they do not have a female OB and so they may leave to find a female provider
- They also don't have all the specialties there, so people leave for that.
- Some people just don't want others to know their business, so they go out of town.
- I think confidentiality is good there which I think helps keep people doctoring in town. Enough people know that their information will remain confidential.
- We also have to keep in mind that sometimes the only person on staff is a family member.

#### 6. What would make this community a healthier place to live?

- Indoor pool.
- A gym or fitness center would be great.
- Somewhere to stay physically active in the winter.
- More education out to the community to help people make the change to a healthier lifestyle.
- Healthcare is really hard to navigate. I think we need more care coordination and navigation.
- Home monitoring as mentioned before.
- Behavioral Health and care coordination for that.

#### 7. Any additional comments you'd like to provide, or things you would like to praise/see continued?

- None

### **Focus Group #2**

Thursday, August 8, 2019 – Northern Rockies Medical Center – Cut Bank, MT

7 participants (0 male, 7 female)

#### 1. What do you think are the most serious health issues or concerns in your community?

- Addiction, alcohol and drugs.
- Mental health.
- Cancer is pretty rampant.
- Diabetes.
- Obesity which also ties into the diabetes.

- Healthwise, living in this climate in the winter, shortening hours of daylight and cold makes it hard to get outside and take a walk. And there is no clearinghouse for people to see what places offer physical activities in the winter. Like Yoga or others. But also, some people can't even get out of their driveways in their vehicles due to hazardous weather.
- I wonder if we had healthier food options if it would help. McDonalds is the restaurant. Also, the produce in our grocery store is not great.

2. We are now going to ask you for your views about the hospital. What do you think of the hospital in terms of:

#### Availability

- I found it is good, I am often able to get in on same day appointment.
- It might not be the person you want but you can usually see one of them.
- My doctor who is no longer here always made time for me.
- I have had good luck.

#### Quality of Care

- Most people are competent.
- There are also a lot of specialty docs who come in, so you don't even have to drive out of town.

#### Number of Services

- A pediatrician would be nice
- I would like to see a more homeopathic provider. More of a holistic approach between western medicine and homeopathic
- How often do the specialists come here – it depends on the specialty, but I think they do a good job
- We have CT, mammogram, ENT, colonoscopy, PTs on staff, Occupational therapy, geriatric providers
- The PT here does a good job
- It is my understanding that babies won't be delivered here anymore which will be a big loss. People will have to go to Great Falls, Kalispell, or Shelby. That's too bad! I was going to say we needed to have more birthing rooms People are sad to see it go.
- I would like to see an actual OB doctor someone separate from your family doctor. That is a little more uncomfortable. Especially when you know everyone or went to high school with them. I think most of them keep things confidential but when you are you knew you may not know who runs their mouth or not.

#### EMS Services (ER/Ambulance)

- Do we have an ambulance service?
- We still have EMS, but they are understaffed on EMTs now they only have 1 fulltime paramedic and 2 part time. They do not have enough staff to respond to 911 calls

because they are running interfacility transports. They would like to have 1 truck running 911 calls and the other stays in town for transfers.

- They actually pay very well here very comparable to other larger cities for paramedics. You could definitely live off of that salary.
- The problem is it is not an essential service, so the state does not make it a priority to provide funding for it.
- Could they put a volunteer ambulance in the fire department? They would have to all be EMT trained. Where I moved from the fire department and EMS worked together.
- The ER seems good.
- I like the ER a lot. I have always been happy. We always get good care and the nurses are very nice.

#### Financial Health of the Hospital

- When I first moved to this area, I remember one of the first things I read in the paper was that the hospital was on the cusp of closing. And since then (1992) I feel like they always seem to be close to closing down.
- The bills are so late – I have heard horror stories about bills. I think it usually takes 2 months to receive a bill. It was really bad so has improved but it still isn't great.
- I think it is better that it takes a little while as long as it goes through insurance first so that you don't get a bill and panic when you see the entire bill. Plus, it is a waste of envelopes and stamps.

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

- Yes, because I don't want to drive. Convenience is a huge thing.
- That is part of the problem because we don't have enough people utilizing our services and that is why some services are going away.
- Yes, I like having people that are friendly and competent. And people who really take the time and are thorough and care about you.
- I have heard amazing things about both primary care providers. They have been here around 2 years but neither one of them are from here.
- I think the hospital needs to send out more information about services offered and do a little more PR.

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

##### Healthcare Services for Senior Citizens

- I think assisted living wing of the hospital is very important because some people aren't ready for nursing homes yet.
- The EMS used to do home visits and they don't do that anymore which is a travesty. I think the hospital should look into that because it is really important. Even a part time nurse would helpful to go out into the community.
- Home hospice. We don't have that here. We looked into a ton of places but there was nothing even close to being local, so my grandmother had to die in a hospital instead of in her own home.

- Great Falls home hospice will not come to Glacier County, either does Kalispell.
- There is a van for senior citizens to transport to appointments and Medicaid will reimburse for mileage and meals to nearest facility.

#### Public/County Health Department

- I like Jenny, she is a lactation counselor. But if they are getting rid of OB, is lactation a needed thing? But I wish there was more about this because as a low-income area breast feeding is a way to save money. In Browning, they have nurses come to your home and help you with breast feeding.
- Carol is really great too
- Vaccines and WIC
- It is really nice to take my kids for vaccinations.
- A lot of people don't know about it. I have a friend who didn't know she could take her kids down there for vaccinations.
- I don't know where they are or what they do, their information should be in both the clinics.

#### Healthcare Services for Low-Income Individuals/Families

- At Glacier Community Health there is a person who helps with Medicaid information.
- We have problems with transportation. How do we get people in to get the care they need? There is a transportation van, but it only takes people to Great Falls. Browning has a service, Cut Bank does not.

#### Pharmacy

- *Not asked*

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

- A lot of people leave for counseling.
- We had another doc who was awful, and I am so glad he is gone which may have caused people to go elsewhere.
- Some people may leave because they perceive this hospital as a band aid station and the community doesn't know that there are new providers who are wonderful. But the community takes time to recover from bad reputations.
- People may leave for specialties that we don't have here. I know pediatrics is a big one.
- It would be nice if they had a little bit more, Shelby seems to have more because Non-Natives live on the reservation too but don't have access to IHS.
- I have a doctor who did not support things I wanted to do with my kids. They did not support homeopathic medicine, so I left and went to Kalispell.

#### 6. What would make this community a healthier place to live?

- Therapists would be nice to have here because you don't want your kids to go to the same counselor as you do.

- I think it is good that the 2 facilities work together but would like to see them work together even more. (Glacier Community Clinic and NRMC)
- Day care at the gym.
- Browning has a diabetes center that is free to the community that was awesome!!! And there just isn't anything like that here in Cut Bank. We don't really have a gym- it's more like an event center. There are so many empty buildings though, so why can't we do something? There has to be a grant we can apply for to get a diabetic center. Who applies for grants?
- Glacier Community Health did just bring on someone who is certified and licensed in Behavioral Health in the state of Montana. The counselors also keep hours in the high school so students and teachers can go to the therapists in school.
- The suboxone clinic does not utilize the counselors as the way they should. They should be treating the addiction as a whole.
- A survey was done by a community member and the biggest issue people reported is the drug problems, so it is obviously a big deal. But it is really an underground issue – during the day you don't see it but at night it is really obvious.
- STDs are a huge issue as well. With the drug problem that is usually another issue. How do you fix the problem?
- I was told girls get pregnant all the time and then go get abortions.
- Cooking classes would be nice or some sort of nutritional education. The food pantry can only get rid of ready to eat food, nothing they have to cook. Could be from lack of knowledge of how to cook.
- There was a nutritionist in Browning who would come down and cook while people were waiting for the dental clinic to open on free clinic days.
- Is there any education in the schools for STDs and sex education? Yes, Students are required to take a class every year in middle school.

7. Any additional comments you'd like to provide, or things you would like to praise/see continued?

- Does the reservation affect what services Cut Bank can receive? I think you are still getting Glacier County services here and I think there is just too much need in this county that IHS could always use more help. I think there could be more collaboration between NRMC and IHS.

### **Focus Group #3**

Thursday, August 8, 2019 – Northern Rockies Medical Center – Cut Bank, MT

4 participants (0 male, 4 female)

1. What do you think are the most serious health issues or concerns in your community?

- Lack of home health availability. Absolutely, home health and community nurses available to go into homes. The paramedics don't do it anymore. There are community health nurses, but they don't do diabetes blood checks which is what I was asking for.
- Mental health is a big issue all around.



2. We are now going to ask you for your views about the hospital. What do you think of the hospital in terms of:

#### Availability

- I think its fine, when you call you can get an appointment reasonably soon.
- Wait time for lab and x-rays is sometimes long. I sat for 20-25 minutes in the room.
- The wait time in the clinic can be long even when you have an appointment.

#### Quality of Care

- Staff is nice, but I don't know about the turnover of the providers.
- I have always had good care and I bring my 94-year-old mother here and she gets good care. If we didn't have it, it would be bad.
- I have heard people get really good care.

#### Number of Services

- There are not enough providers, to choose from.
- They bring in a lot of specialists. I haven't seen a schedule lately, it used to be in the paper, but I might have missed it.
- I had an emergency and the doctors weren't quite sure what was wrong, so they called Kalispell and put me through the scanner and were able to figure out what was wrong. I also has the option to ride in the ambulance to the place of my choosing if I would have had to be transported.
- For the size of the town, they do really well.

#### EMS Services (ER/Ambulance)

- Ambulance service is bad. They cut back from 3 ambulances a shift to one. The county is having a lot of troubles with mismanagement.
- I have heard of people who had to have ambulances come from Conrad or from Great Falls.
- Not having a good ambulance affect everything and everyone. If ambulances can't transport patients from Cut Bank to Great Falls so then the transport falls on the family of the patient which is not good.

#### Financial Health of the Hospital

- *Not asked.*

#### Business office and Billings

- No comments good or bad
- We had a bunch of services done over in Kalispell and the doctor there had us come back to Cut Bank for a simple blood test and everything was covered except we had to pay over \$500 for the blood test, even after trying to figure out why and discussing with billing office we still had to pay it. We just kept getting passed back and forth between the hospital who sent the bill and the insurance company.

- If the hospital is contracting with Kalispell for care, there should be some communication between the 2 for the billing piece of it.
3. Are any of the local providers your personal provider or personal provider to your family members? Why?
- Yes, there is some consistency and comfort of knowing the person you are seeing.
  - Convenience
  - I see someone who is technically out of Shelby, but he sees patients here in the nursing home.
  - I use the IHS services sometimes, but it can be difficult to get to Browning if the weather is bad.
  - I like to support the local services.

4. What do you think about these local services:

Healthcare Services for Senior Citizens

- There are transportation services for the seniors.
- We really need home health.
- We have meals on wheels and a great Senior Center. The senior center is really well attended.
- The numbers are going up in the nursing home right now. Earlier there were quite a few vacancies because a lot of people passed away.
- There are only 3 people in the assisted living right now. The way they do their CNA staffing is not enough to cover the floor. They used to have 4 on staff at a time and when corporate came in, they only looked at the number of people and not the patient need. They said there were too many people on staff, so the facility cut back. It is not fair to the staff to stretch them beyond what they can safely/comfortable do. Also, it isn't fair to the residents who have really long wait times because there are not enough staff to help. There is also quite a bit of turnover, but they do have some really, really good CNAs. Quality of food varies.

Public/County Health Department

- What do they do? And what is that?
- I know they do vaccinations and help administer medication if needed.
- Do they do physicals or well-baby checks?

Healthcare Services for Low-Income Individuals/Families

- There is another clinic on main street that has a sliding fee scale.
- There is a food bank open one day a week and the last Thursday and Friday of the month. Usage of the food bank is increasing rapidly, up to 70 families. Also, home bound deliveries are up to 22. They also do the kid pack program. They served 148 families last year.
- We should be able to feed our children when they go to school. I don't know why there are still kids not getting what they need. A lot of teachers end up helping out the kids with their own money. We need to feed these kids when they are in school because they may not get what they need at home.

## Pharmacy

- Wait time is long, there is no guarantee that it will be ready when the automated telephone service says it will be.
- We only have one at Albertsons, but I hear they are opening another one soon.
- We used to have 2 and now we are down to 1 which is hard, sometimes you might not get a full fill because they are out of that medication, then you have to wait for the truck.
- They are really nice people and very competent, but they cannot meet the demand all the time.

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

- The turnover here can cause problems. My children had a lot of issues when they were younger and it when we were coming in a lot, with all the turnover, we had to keep repeating the history so it was easier to go elsewhere where we could establish one provider who knew the history.

### 6. What would make this community a healthier place to live?

- We have a lot of street people.
- A lot drug and alcohol abuse, if we had a community center or something for the kids to do after school that provided them with food and help with their homework it would help a lot. More activities for the youth.
- Exercise programs for the community.
- We need companions for seniors, some people have no one and will not come to the senior center. We do not have enough people to keep eyes on all the people.
- Mental health across the board for kids. Counselors for kids in the schools. We have a lot of kids with a lot of mental health issues and these then lead to drugs and alcohol and pregnancies.

### 7. Any additional comments you'd like to provide, or things you would like to praise/see continued?

- I moved from Browning 15 years ago, and I knew nobody. I find Cut Bank to be a very friendly town. There is a lot to do and keep me busy. This is just a really nice town.
- We just need to take better care of our people. Feed the kids, feed the seniors. Provide better outreach to the community. We are trying to convert the senior center into more of a community center because it is about everyone.
- We need to start by taking care of our young people, because if we don't take care of them there will be no one to take care of the older people.
- The more programs can get their information out there the better utilized they will be and the more help we can do. More marketing is needed, word of mouth doesn't always get things where they need to go.
- There needs to be more of a "yes" mentality. If you are asked to help out with something, say yes.
- The school district has pretty good adult education program, people should take advantage of this.

#### **Focus Group #4**

Thursday, August 8, 2019– Northern Rockies Medical Center – Cut Bank, MT

5 participants (0 male, 5 female)

1. What do you think are the most serious health issues or concerns in your community?
  - Our rate of cancer is high in Glacier County. We have looked at water to see if there are issues.
  - Diabetes, especially type 2.
  - Drugs, not all illegal (opioids) but I think it is affecting the youth. We don't have the services we need to address these issues. We have more services than we used to but still not enough.
  - Mental health, our facility doesn't have the services available, but there are others in the community. Each school has a counselor.
  - The biggest thing you run into with mental health illness is that because it is a small community it is hard to use services within the community and still be anonymous. Some people go out of town for AA meetings as well.
  
2. We are now going to ask you for your views about the hospital. What do you think of the hospital in terms of:

##### Availability

- Able to get in relatively quickly.
- My experience with my in-laws was that in the ER we had to wait for 8 hours for transport. We had several families from Browning come in because they couldn't afford over the counter medicine. They had been going from ER to ER trying to get in for primary care and that is taking away from the people who actually have an emergency.
- The clinic is sometimes short-staffed so we may not be able to get in until next week and they may say "if it is really bad, please go to the ER".
- It would be really nice to have urgent care. There is nothing available other than the ER.
- I will say that if needed though I have always been able to get in right away.

##### Quality of Care

- Very high perception of great staff, especially the nurses. I think we have an excellent nursing staff who are permanent employees.
- I am always hesitant to get doctor because every time I go in it is a different doctor. Turnover is an issue.
- Follow-up could be better; my husband was diagnosed with type II diabetes and he had trouble learning how to deal with it. After, he was released from the hospital nobody checked up on him.
- I think we have good quality of care now, but I know some people will just skip coming here because they think they will just get referred anyway.

#### Number of Services

- Do they have a surgeon here?
- Having the visiting specialists is nice. That way we don't have to travel.
- There are all levels of need and having the hospital here is a good thing.

#### EMS Services (ER/Ambulance)

- A lot of burnout in the ER.
- There isn't a lot of available transport because there are not enough ambulances.
- I have considered driving my kids to Great Falls myself rather than wait for an ambulance and risk it taking even longer.
- Our EMS is county owned and the problem is funding and staffing for it. Our hospital is doing the best they can but there is only so much they can do.
- We are the only ones who could do ALS transfers even in the counties surrounding and we can't do this anymore.

#### Financial Health of the Hospital

- I know nothing about it at all, but I have heard bits and pieces from others that it is not good.
- I know it is not good, the situation makes it difficult: being close to IHS and having Medicare and Medicaid not reimburse at a higher rate.

#### Billing Office

- Better than it used to be

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

- Yes, I trust my provider. I know them.
- Yes, I don't want to drive

4. What do you think about these local services:

#### Healthcare Services for Senior Citizens

- The nursing home is very short staffed, they seem to be doing the best they can, but it is just not adequate care. The management company that owned the nursing home before left and took all the money with them. The new company is trying to restore the facility but with very limited funding.
- We have meals on wheels.
- We don't have a good list of home health providers, we do have Angel care but limited.
- Senior center does meals which is great.
- The EMS used to provide home healthcare, but they don't do that anymore and it really needed. I think it is supposed to be coming back soon. Community paramedicine.
- We have a VA clinic with telemedicine which is a huge help.

#### Public/County Health Department

- I have great experiences there, we get our vaccinations there every year.
- She is really great; we know her and aren't afraid to call her.

#### Healthcare Services for Low-Income Individuals/Families

- The kid pack program is really good.
- There is lunch for kids during the summer too.
- The Glacier Community Clinic has a sliding scale.
- A lot of people do not have health insurance so we have a huge population that will wait until things are more serious than they should be and then it is more expensive. Especially dental work.
- I think preventative care this past year was very great in the schools. A lot of information about sugar and nutrition. But more education on preventative is important.

#### Pharmacy

- We have a second one opening up in September which is good.
- The staff of the one at Albertsons is really great. They go above and beyond!
- They are awesome.
- The only problem is the wait time. This is the only one in the whole county so way overworked. A drive-up would be nice.

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

- With young kids you think a lot about "will it be there in the long run?" or should you just establish a provider somewhere else.
- There are no pediatricians here, and I feel better seeing a pediatrician with my kids.
- I think it is hard for families with young kids because they don't deliver babies here anymore. You can do your primary care here, but you can deliver babies here.
- Women specialists are nice for female things.
- Specialty services that they don't offer here.
- They only have the DEXA scan 2x a year. I was told I had to wait until next year. It is more expensive to utilize the traveling machines than to go to Great Falls,
- Some people make a day of it, they get their groceries and go shopping in bigger cities.

#### 6. What would make this community a healthier place to live?

- The ambulance is a big thing, it is very scary to think about not having one and it makes me want to pack up and leave.
- We have a beautiful civic center here, but I would be nice to partner with the hospital to help people be able to afford to use it.
- We also have a weight watchers' program and a biggest lose program which is very good for the community. There is also Journey to Wellness which is great.
- I think we could use more mental health programs. We are getting a lot of participation in the ones we have.

- A grief support program would be good.
- Adult education classes at the school are useful.

7. Any additional comments you'd like to provide, or things you would like to praise/see continued?

- I feel like the administration does listen to patients and tries to improve things. They really follow-up, Cherie in particular.
- I think we have a lot of staff who are very dedicated and do the best they can, but they do get frustrated and burnout because they are understaffed and underfunded. We need to take care of our staff. This is their employment and income it can be very scary for them to not know if their position will last. It is not easy being in that position.
- We need to keep the hospital running in this community. Even amongst themselves, the staff will have fundraisers to raise money for new equipment and other things.

## **Appendix I – Request for Comments**

Written comments on this 2019 Community Health Needs Assessment Report can be submitted to the CEO at Northern Rockies Medical Center:

Administration  
Northern Rockies Medical Center  
802 2<sup>nd</sup> Street SE  
Cut Bank, Montana 59427

Contact Northern Rockies Medical Center’s CEO at 406-873-2251 or [nrmc\\_ceo@nrmcinc.org](mailto:nrmc_ceo@nrmcinc.org) with any questions.