

# Carbon County, Montana

## Community Health Services Development Community Health Assessment Report

Survey conducted by  
Beartooth Billings Clinic  
Red Lodge, Montana

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

Revised October 2013



NATIONAL  
RURAL HEALTH  
RESOURCE CENTER

**Beartooth Billings Clinic**  
**Community Needs Assessment and Focus Groups**  
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**BEARTOOTH BILLINGS  
CLINIC**

**SPECIAL POINTS  
OF INTEREST:**

- Top rated health services offered at Beartooth Billings Clinic were:
  - Multiple sclerosis infusion
  - Childbirth education classes
  - Home health/ Hospice
- Most utilized preventative services in the past year:
  - Lab/ blood draw
  - Flu shot/ immunizations
  - Dental exam
- Overall Quality of Care at Beartooth Billings Clinic was rated "Excellent" with a 3.5 out of 4.0
- 56.1% of respondents feel their knowledge of services available in their community is "Good" and 20.4% each rated their knowledge as "Fair" or "Excellent."
- 21.6% of respondents indicated they had experienced feelings of depression for 3 consecutive months.
- 93% report using seat belts, 67.3% exercise regularly, & 26.6% wear helmets.

# Community Health Services Development

RED LODGE, MONTANA — OCTOBER 2013

## Community Health Services Development Process

Beartooth Billings Clinic (BBC) participated in the Community Health Services Development (CHSD) project administrated by the Montana Office of Rural Health and the National Rural Health Resource Center (NRHRC) in Duluth, MN and funded through the Montana Health Research and Education Foundation (MHREF) Flex Grant.

The Community Health Services Development project is a process created 20 years ago with the University of Washington. This process helps communities understand what health services they need and to engage the community in strengthening the health care system. To date, over 40 communities in Montana have used the CHSD process over the past 20 years. Montana communities involved in this process for 2013 are: Red Lodge, Hardin, Sidney, Plentywood, Libby, Culbertson, Superior, Crow Agency, Cut Bank, and Harlowton.

### CHSD Philosophy:

- Health care is a local affair.
- Health care delivered in rural communities is affordable, high quality, and necessary to the good health of the entire community.
- Citizens of rural communities/counties should take responsibility for the health of the community.
- Effective problem-solving by communities is the most important factor in the survival of rural health services.

## Common Themes — From Focus Groups

- My wife went into the ER after-hours and received tremendous care. I don't know of many towns of 2,500 people and less that can say that about their hospital.
- "...I'm amazed by the medical abilities available in Beartooth Billings Clinic."
- "We have great local coverage. I've been involved with home health care and it's an astounding service."
- "[The hospital] puts out an annual report that is top notch."
- "The facility is beautiful and wonderful."
- "We don't really need to leave our community except for specialists or for second opinions."

# Survey Results

The survey was sent to a random sample of 640 households in Beartooth Billings Clinic's service area during the month of May 2013.

14 surveys were undeliverable and 199 were returned for a 32% response rate.

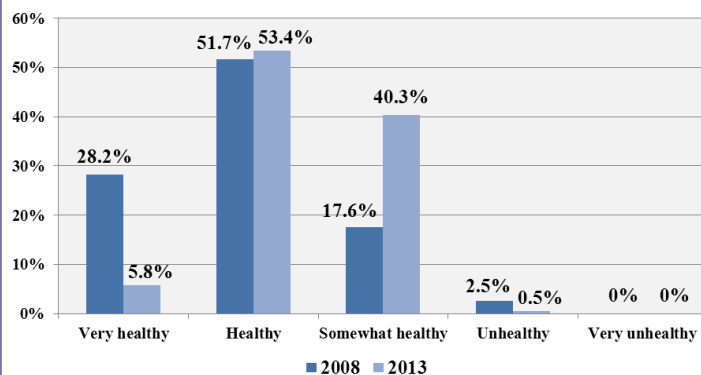
Survey demographics were as follows:

- 70.1% of respondents were from Red Lodge/Luther & 11.3% were from Roberts.

- 63.8% Female; 32.2% Male; 4% no response.
- 28.4% of respondents were between the ages of 56-65; 26.8% between 66-75; and 12.4% between 76-85.
- 29.3% reported they or a member of their household did not get (or delayed) needed medical services.
- 40.7% reported they had 20 minutes of physical activity 21-31 days in the past month.
- The hospitals used most often in the last 3 years were Beartooth Billings Clinic (46.3%), Billings Clinic (Billings) (30.6%), & St. Vincent Healthcare (Billings) (18.5%).
- The most utilized primary care providers were located at BBC (51.1%), Mountain View Clinic (Red Lodge) (24.7%), or Other clinic locations (16.8%).
- Most respondents learn about health services through their health care provider (63.8%), then via word of mouth (62.3%).

## Healthy Communities...

Rating of Healthy Community\*



53.4% of respondents feel the Red Lodge area is a "Healthy" place to live and 40.3% feel the community is "Somewhat healthy." 5.8% feel the community is "Very healthy."

Top 3 Components for a Healthy Community:

1. Good jobs and healthy economy
2. Access to health care
3. Healthy behaviors and lifestyles



## Carbon County's Top 3's

Top 3 Community Health Concerns:

1. Alcohol/drug/tobacco use 70.9%
2. Cancer 35.2%
3. Obesity/overweight 33.7%

Top 3 Desired Local Health Care Services

1. Naturopathy 20.6%
2. MRI 19.6%
3. Outpatient surgery 18.1%

Top 3 Ways to Improve Community's Access to Health Care:

1. Low cost preventative/screening services 69.8%
2. More information about available services 37.2%
3. Transportation Services 26.1%



**Beartooth Billings Clinic Community Survey  
Summary Report  
October 2013**

**I. Introduction**

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Beartooth Billings Clinic is a 10-bed Critical Access Hospital (CAH) based in Red Lodge, Montana with a clinic and hospital in the same facility. Beartooth Billings Clinic has a service area of approximately 2,000 square miles and provides medical services to the Carbon County population of approximately 10,000 people. Beartooth Billings Clinic participated in the Community Health Services Development (CHSD) Project administrated by the Montana Office of Rural Health and the National Rural Health Resource Center (NRHRC) in Duluth, Minnesota. A part of this project is community engagement which includes a health care service survey and a focus group.

In the spring of 2013, Beartooth Billings Clinic's service area was surveyed about its health care system. This report shows the results of the survey in both narrative and chart formats. At the end of this report, we have included a copy of the survey instrument (Appendix D). Readers are invited to familiarize themselves with the survey instrument and then look at the findings. Our narrative report touches on the highlights while the charts present data for virtually every question asked. Please note: we are able to compare some of the 2013 survey data with data from a previous survey that was conducted in 2008. 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 Beartooth Billings Clinic 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 2013. 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.

**III. Survey Methodology**

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**Survey Instrument**

In May 2013, surveys were mailed out to the residents in Beartooth Billings Clinic's service area. The survey was based on a design that has been used extensively in the states of Washington, Wyoming, Alaska, Montana, and Idaho. The survey was designed to provide each facility with information from local residents regarding:

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

## **Sampling**

Beartooth Billings Clinic provided the National Rural Health Resource Center with a list of outpatient and inpatient admissions. Those zip codes with the greatest number of admissions were selected to be included in the survey. A random list of 640 residents was then selected from Prime Net Data Source. Residence was stratified in the initial sample selection so that each area would be represented in proportion to the overall served population and the proportion of past admissions. (Note: although the survey samples were proportionately selected, actual surveys returned from each population area varied which may result in slightly less proportional results.)

One focus group was held to identify the motives of local residents when selecting health care providers and to discover reasons why people may leave the Red Lodge area to seek health care services. It was intended that this research would help determine the awareness of local programs and services, as well as the level of satisfaction with local services, providers, and facilities.

## **Information Gaps**

### **Data**

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

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

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

### **Limitations in Survey Methodology**

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

## **Survey Implementation**

In May 2013, the community health services survey, a cover letter from the National Rural Health Resource Center with Beartooth Billings Clinic's Chief Executive Officer's signature on Beartooth Billings Clinic letterhead, and a postage paid reply envelope were mailed to 640 randomly selected residents in the hospital's service area. A news release was sent to local newspapers prior to the survey distribution announcing that Beartooth Billings Clinic would be conducting a community health services survey throughout the region in cooperation with the Montana Office of Rural Health.

As shown in the table on the following page, 199 surveys were returned out of 640. Of that 640, 14 surveys were returned undeliverable for a 32% response rate. From this point on, the total number of surveys will be out of 626. Based upon the sample size, we can be 95% confident that the responses to the survey questions are representative of the service area population, plus or minus 5.32%.

#### IV. Survey Respondent Demographics

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A total of 626 surveys were distributed amongst Beartooth Billings Clinic's service area. One hundred ninety-nine surveys were completed for a 32% response rate. The following tables indicate the demographic characteristics of the survey respondents. Information on location, gender, and age 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 32)

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

Area	Zip code	2008		2013	
		Count	Percent	Count	Percent
Red Lodge/Luther*	59068	154	61.8%	136	70.1%
Roberts	59070	22	8.8%	22	11.3%
Joliet	59041	13	5.2%	9	4.6%
Bridger	59014	18	7.3%	8	4.1%
Bearcreek	59007	12	4.8%	6	3.1%
Belfry	59008	18	7.3%	3	1.5%
Boyd	59013	Not asked		3	1.5%
Absarokee	59001	Not asked		2	1.0%
Roscoe	59071	Not asked		2	1.0%
Edgar	59026	0	0	1	0.6%
Fromberg	59029	2	0.8%	1	0.6%
Other		10	4.0%	1	0.6%
<b>TOTAL</b>		<b>249</b>	<b>100%</b>	<b>194</b>	<b>100%</b>

\*In 2013, significantly more respondents were from Red Lodge/Luther than in 2008. (2013: 70.1%, 2008: 61.8%)

“Other” comments:

- Fox West Bend

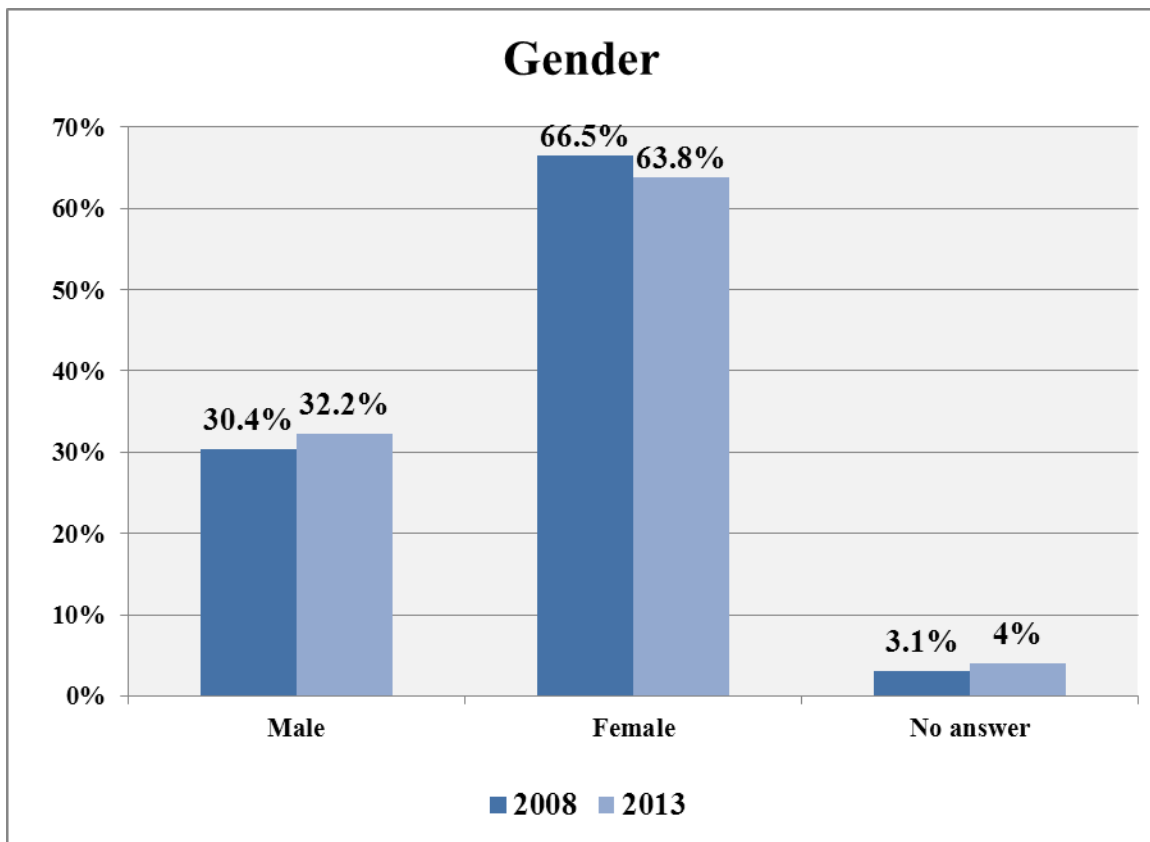


### Gender (Question 33)

2013 N= 199

2008 N= 257

Of the 199 surveys returned, 63.8% (n=127) of survey respondents were female, 32.2% (n=64) were male, and 4% (n=8) chose not to answer this question. The survey was distributed to a random sample consisting of 50% women and 50% men. It is not unusual for survey respondents to be predominantly female, particularly when the survey is health care oriented since women are frequently the health care decision makers for families.

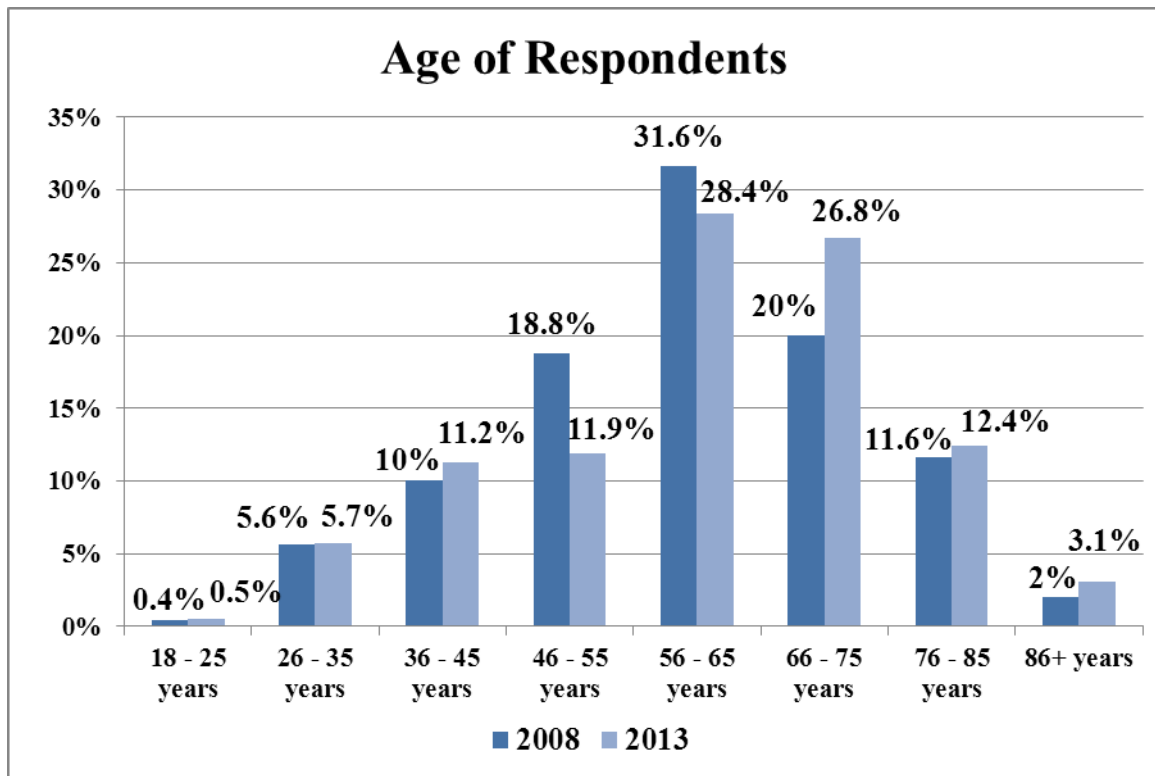


### Age of Respondents (Question 34)

2013 N= 194

2008 N= 250

Twenty-nine percent of respondents (n=55) were between the ages of 56-65. Twenty-seven percent of respondents (n=52) were between the ages of 66-75 and 12.4% of respondents (n=24) were between the ages of 76-85. 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 health care services during the next 10-20 years. However, it is important to note that the survey was targeted to adults and therefore, no respondents are under age 18. Older residents are also more invested in health care decision making and therefore, are more likely to respond to health care surveys, as reflected by this graph.



## V. Survey Findings

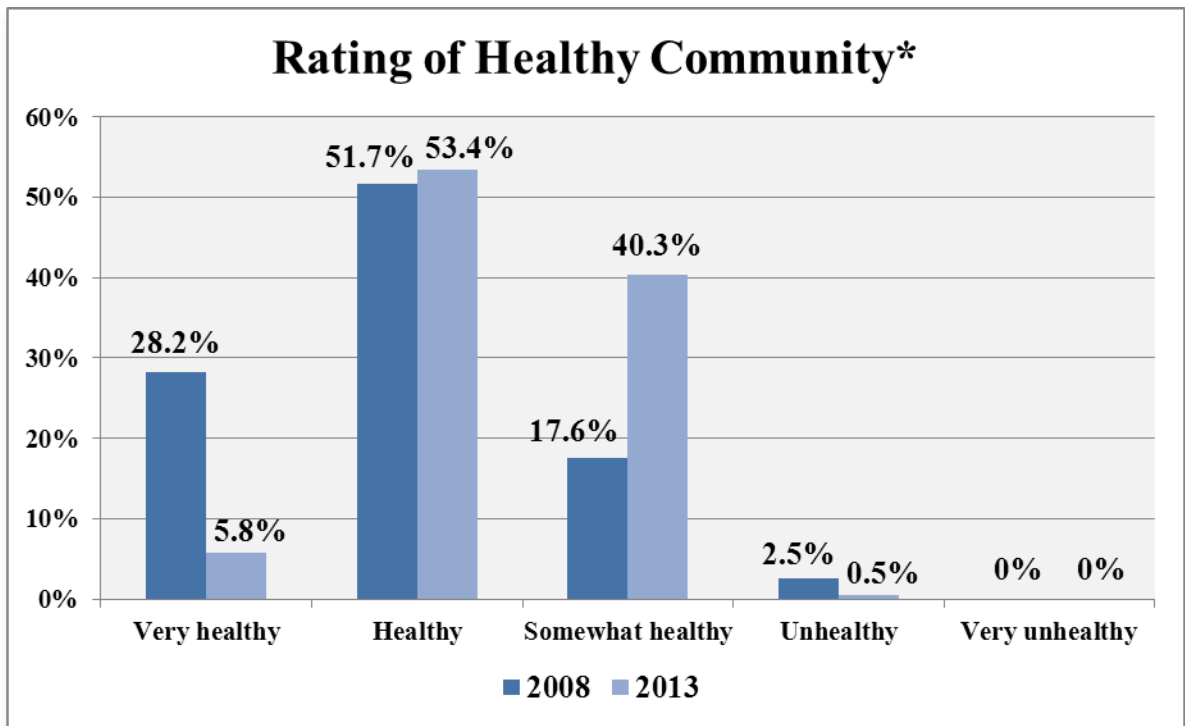
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### Impression of Community (Question 1)

2013 N= 191

2008 N= 238

Respondents were asked to indicate how they would rate the general health of their community. Fifty-three percent of respondents (n=102) rated their community as “Healthy.” Forty percent of respondents (n=77) felt their community was “Somewhat healthy” and 5.8% (n=11) felt their community was “Very healthy.” Eight respondents chose not to respond to this question.



\*In 2008, significantly more respondents rated their community's general health either as Very healthy or Healthy than in 2013. (2008: 79.9%, 2013: 59.2%)

“Other” comments:

- Both extremes

## Health Concerns for Community (Question 2)

2013 N= 199

2008 N= 257

Respondents were asked what they felt the three most serious health concerns were in their community. The number one health concern identified by respondents was “Alcohol/drug/tobacco use/abuse” at 70.9% (n=141). “Cancer” was also a high priority at 35.2% (n=70) then “Obesity/overweight” at 33.7% (n=67). Respondents were asked to pick their top three serious health concerns so percentages do not equal 100%.

Health Concern	2008		2013	
	Count	Percent	Count	Percent
Alcohol/drug/tobacco use/abuse*	138	53.7%	141	70.9%
Cancer	83	32.3%	70	35.2%
Obesity/overweight**	46	17.9%	67	33.7%
Heart disease	51	19.8%	47	23.6%
Depression/anxiety	Not asked		35	17.6%
Lack of exercise	33	12.8%	33	16.6%
Mental health issues***	22	8.6%	33	16.6%
Motor vehicle accidents	39	15.2%	25	12.6%
Domestic violence	31	12.1%	24	12.1%
Lack of access to health care	25	9.7%	24	12.1%
Recreation related accidents/injuries	Not asked		20	10.1%
Diabetes****	36	14.0%	13	6.5%
Lack of dental care	19	7.4%	12	6.0%
Hunger	Not asked		10	5.0%
Child abuse/neglect	16	6.2%	7	3.5%
Stroke	8	3.1%	6	3.0%
Work related accidents/injuries	Not asked		3	1.5%
Other	17	6.6%	10	5.0%

\*In 2013, significantly more respondents cited alcohol/drug/tobacco use/abuse as a serious health concern than in 2008. (2013: 70.9%, 2008: 53.7%)

\*\*In 2013, significantly more respondents indicated obesity as a serious health concern than in 2008. (2013: 33.7%, 2008: 17.9%)

\*\*\*In 2013, significantly more respondents felt that mental health issues are a serious health concern than in 2008. (2013: 16.6%, 2008: 8.6%)

\*\*\*\*In 2008, significantly more people indicated diabetes as a health concern than in 2013. (2008: 14.0%, 2013: 6.5%)

“Other” comments:

- Respiratory disease/air purity
- Falls on the ice during the winter
- Poor diet
- ObamaCare
- Unemployment/disability, etc.
- Lack of coordination between health care facilities
- Aging
- DUI accidents
- Wages
- Uninsured adults due to unaffordability of insurance

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

2013 N= 199

2008 N= 257

Respondents were asked to identify the three most important things for a healthy community. Fifty-one percent of respondents (n=102) indicated that “Good jobs and healthy economy” is important for a healthy community. “Access to health care” was the second most indicated component at 50.8% (n=101) and third was “Healthy behaviors and lifestyles” at 44.2% (n=88). Respondents were asked to identify their top three choices, thus the percentages do not add up to 100%.

Important Component	2008		2013	
	Count	Percent	Count	Percent
Good jobs and healthy economy	<b>110</b>	<b>42.8%</b>	<b>102</b>	<b>51.3%</b>
Access to health care	<b>131</b>	<b>51.0%</b>	<b>101</b>	<b>50.8%</b>
Healthy behaviors and lifestyles*	<b>76</b>	<b>29.6%</b>	<b>88</b>	<b>44.2%</b>
Strong family life	68	26.5%	48	24.1%
Affordable housing**	<b>76</b>	<b>29.6%</b>	43	21.6%
Good schools	64	24.9%	41	20.6%
Low crime/safe neighborhoods	38	14.8%	28	14.1%
Religious or spiritual values	45	17.5%	28	14.1%
Clean environment	47	18.3%	27	13.6%
Access to childcare/after school programs	Not asked		20	10.1%
Senior services	Not asked		16	8.0%
Tobacco free environment	Not asked		13	6.5%
Parks and recreation	11	4.3%	13	6.5%
Elimination of domestic violence	14	5.4%	9	4.5%
Arts and cultural events	5	1.9%	5	2.5%
Low death and disease rates	8	3.1%	4	2.0%
Other	3	1.2%	3	1.5%

\*In 2013, significantly more respondents selected healthy behaviors and lifestyles than in 2008. (2013: 44.2%, 2008: 29.6%)

\*\*In 2008, significantly more respondents cited affordable housing as an important community component than in 2013. (2008: 29.6%, 2013: 21.6%)

“Other” comments:

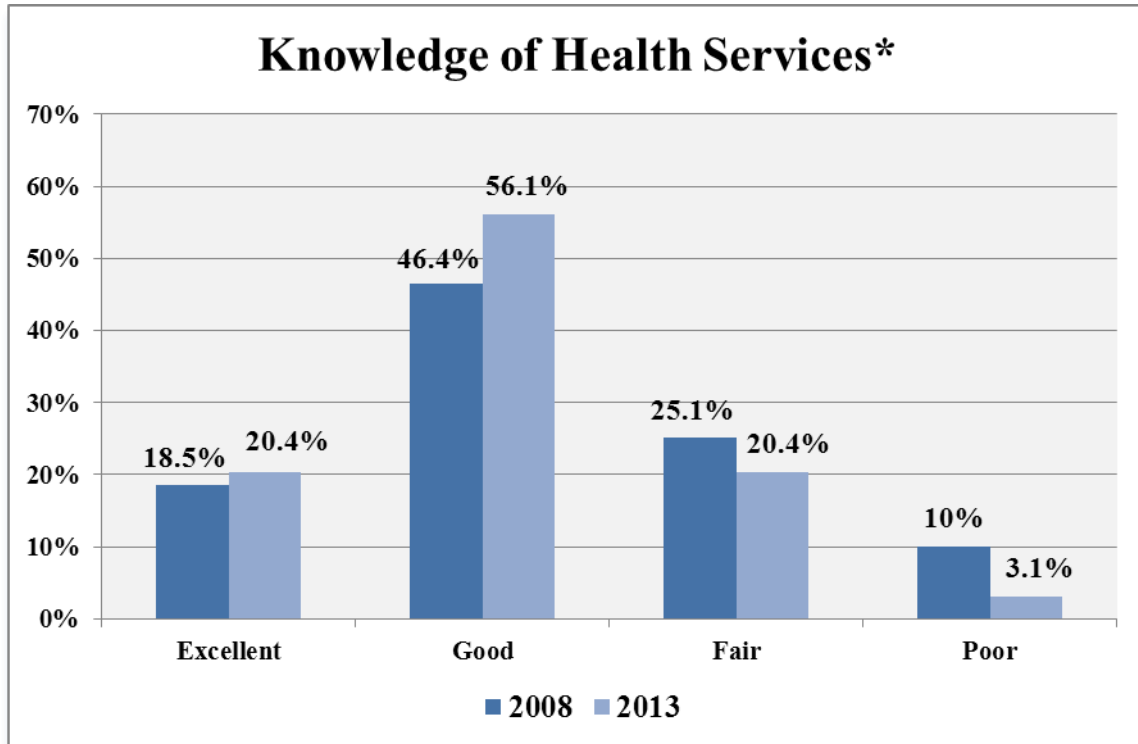
- I feel these items are in such diverse categories that it is impossible to provide a reasonable answer here.
- Lower taxes for seniors
- All of these options
- Unsupervised kids
- Affordable health care

### Overall Awareness of Health Services (Question 4)

2013 N= 196

2008 N= 211

Respondents were asked to rate their knowledge of the health services available in their community. Fifty-six percent (n=110) of respondents rated their knowledge of health services as “Good.” Twenty percent (n=40) each rated their knowledge as “Excellent” or “Fair” and 3.1% of respondents (n=6) rated their knowledge as “Poor.” Three respondents chose not to answer this question.



\*In 2013, significantly more respondents rated their awareness of health services either as Excellent or Good than in 2008. (2013: 76.5%, 2008: 64.9%)

“Other” comments:

- Can't truthfully assume; we both do health care in Yellowstone County

### How Respondents Learn of Health Care Services (Question 5)

2013 N= 199

2008 N= 257

The most frequent method of learning about available services was “Health care provider” at 63.8% (n=127). “Word of mouth/reputation” was the second most frequent response at 62.3% (n=124) and “Friends/family” was reported at 55.8% (n=111). Respondents could select more than one method so percentages do not equal 100%.

Method	2008		2013	
	Count	Percent	Count	Percent
Health care provider	159	61.9%	127	63.8%
Word of mouth/reputation	149	58.0%	124	62.3%
Friends/family	Not asked		111	55.8%
Advertising	Not asked		61	30.7%
Health fair	35	13.6%	26	13.1%
Website/internet	16	6.2%	18	9.0%
Public Health/Public Assistance	Not asked		17	8.5%
Presentations	7	2.7%	11	5.5%
Other	15	5.8%	7	3.5%

“Other” comments:

- Worked in the health care field
- All of the above and I’m a member of BBC (Beartooth Billings Clinic)
- From services available after falls resulting in surgery, home care, etc.
- Newspaper articles
- Referrals
- Retired Red Lodge Dentist
- Direct Mail Only
- Generally, just when I go to see a doctor

## 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 health care services was a multiple response item, thus totals do not add up to 100%.

### KNOWLEDGE RATING OF HEALTH SERVICES IN THE COMMUNITY BY HOW RESPONDENTS LEARN ABOUT HEALTH CARE SERVICES

	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>	<b>Total</b>
<b>Health care provider</b>	28 (22.4%)	73 (58.4%)	22 (17.6%)	2 (1.6%)	<b>125</b>
<b>Word of mouth/reputation</b>	27 (22%)	72 (58.5%)	22 (17.9%)	2 (1.6%)	<b>123</b>
<b>Health fair</b>	9 (34.6%)	15 (57.7%)	2 (7.7%)		<b>26</b>
<b>Presentations</b>	6 (54.5%)	4 (36.4%)	1 (9.1%)		<b>11</b>
<b>Website/internet</b>	5 (27.8%)	9 (50%)	4 (22.2%)		<b>18</b>
<b>Public Health/Public Assistance</b>	3 (17.6%)	12 (70.6%)	1 (5.9%)	1 (5.9%)	<b>17</b>
<b>Friends/family</b>	26 (23.9%)	64 (58.7%)	17 (15.6%)	2 (1.8%)	<b>109</b>
<b>Advertising</b>	15 (24.6%)	36 (59%)	8 (13.1%)	2 (3.3%)	<b>61</b>
<b>Other</b>	4 (57.1%)		2 (28.6%)	1 (14.3%)	<b>7</b>



## Other Community Health Resources Utilized (Question 6)

2013 N= 199

2008 N= 257

Respondents were asked which community health resources, other than the hospital or clinic, they had used in the last three years. “Pharmacy” was the most frequent community health resource cited by respondents at 72.9% (n=145). Then, “Rehabilitation therapy” (27.6%, n=55) and “Fitness center” (25.1%, n=50) followed as highly utilized resources. Respondents could select more than one resource so percentages do not equal 100%.

Resource	2008		2013	
	Count	Percent	Count	Percent
Pharmacy	173	67.3%	145	72.9%
Rehabilitation therapy	Not asked		55	27.6%
Fitness center*	25	9.7%	50	25.1%
Alternative medicine	Not asked		34	17.1%
Senior center**	19	7.4%	29	14.6%
Public health	8	3.1%	10	5.0%
Mental health	16	6.2%	7	3.5%
Nursing home/Assisted living	5	1.9%	3	1.5%
DSVS	Not asked		2	1.0%
Meals on Wheels	Not asked		2	1.0%
Substance abuse services	Not asked		2	1.0%
Child development services	Not asked		1	0.5%
Other***	5	1.9%	17	8.5%

\*In 2013, significantly more respondents have used the fitness center than in 2008. (2013: 25.1%, 2008: 9.7%)

\*\*In 2013, significantly more respondents have utilized senior center services than in 2008. (2013: 14.6%, 2008: 7.4%)

\*\*\*In 2013, a significant amount of respondents utilized ‘Other’ health resources than in 2008. (2013: 8.5%, 2008: 1.9%)

“Other” comments:

- Dental
- Hospice
- Alternative medicine is from the integrative health for back and shoulder
- Acupuncture from Horst Anton Wilhelm
- Lactation Consultant
- RiverStone Health
- Internet
- None (6)
- Health fairs
- Annual Check-up
- None in Carbon County. I use Billings Clinic in Billings

## Improvement for Community's Access to Health Care (Question 7)

2013 N= 199

2008 N= 257

Respondents were asked to indicate what they felt would improve their community's access to health care. Seventy percent of respondents (n=139) reported that "Low cost preventative/screening services" would make the greatest improvement. Thirty-seven percent of respondents (n=74) indicated they would like "More information about available services" and 26.1% (n=52) indicated "Transportation services" would improve access to care. Respondents could select more than one method so percentages do not equal 100%.

Improvement	2008		2013	
	Count	Percent	Count	Percent
Low cost preventative/screening services	Not asked		<b>139</b>	<b>69.8%</b>
More information about available services*	<b>53</b>	<b>20.6%</b>	<b>74</b>	<b>37.2%</b>
Transportation services**	38	14.8%	<b>52</b>	<b>26.1%</b>
Greater health education services	<b>40</b>	<b>15.6%</b>	40	20.1%
More specialists	<b>63</b>	<b>24.5%</b>	36	18.1%
Expanded hours	Not asked		29	14.6%
More primary care providers	30	11.7%	25	12.6%
Improved quality of care	28	10.9%	22	11.1%
Telemedicine	12	4.7%	9	4.5%
Other	13	5.1%	12	6.0%

\*In 2013, significantly more respondents desired more information regarding available services than in 2008.

(2013: 37.2%, 2008: 20.6%)

\*\*In 2013, significantly more respondents were interested in transportation services than in 2008. (2013: 26.1%, 2008: 14.8%)

"Other" comments:

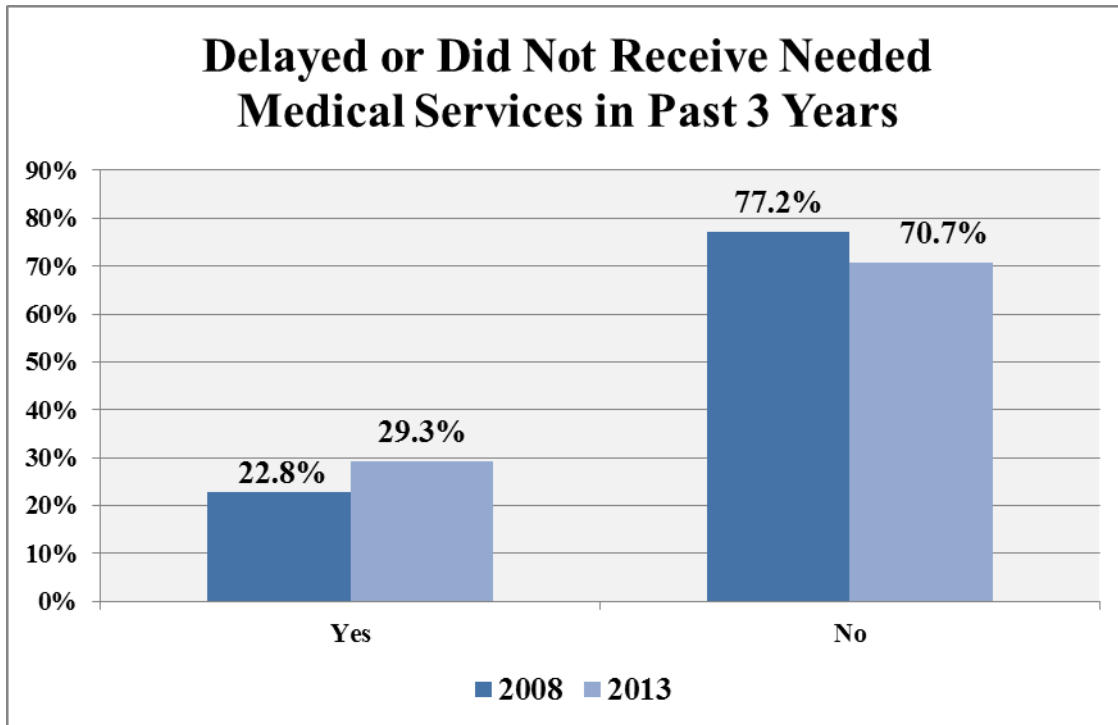
- Lower cost for doctor visits and labs
- Actually providing same-day care through 6pm
- Medicaid Expansion
- Everyone should have free education and medical services
- Maternity services
- 24/7 pharmacy... Medicine for all
- Affordable insurance
- More services here without traveling to Billings
- [Improved quality of care] I had a mole removed and had to call 30-days later to get the results
- In all, we're pretty lucky
- More participation by residents
- Improved pharmacy. Red Lodge Pharmacy has poor service, high cost, and no evening or weekend hours
- Affordability
- Don't Know
- [Expanded Hours] Weekend walk-in clinic

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

2013 N= 188

2008 N= 246

Twenty-nine percent of respondents (n=55) reported that they or a member of their household thought they needed health care services but did not get it or had to delay getting it. Seventy-one percent of respondents (n=133) felt they were able to get the health care services they needed without delay and eleven respondents chose not to answer this question.



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

2013 N= 55

2008 N= 56

For those who indicated they were unable to receive or had to delay services (n=55), the reasons most cited were: “It costs too much” (70.9%, n=39), “My insurance didn’t cover it” (41.8%, n=23) or “No insurance” (32.7%, n=18). Respondents were asked to indicate their top three choices, thus percentages do not total 100%.

Reason	2008		2013	
	Count	Percent	Count	Percent
It costs too much	38	67.9%	39	70.9%
My insurance didn’t cover it*	12	21.4%	23	41.8%
No insurance	25	44.6%	18	32.7%
Office wasn’t open when I could go	4	7.1%	9	16.4%
Too long to wait for an appointment	4	7.1%	6	10.9%
I was too busy	5	8.9%	5	9.1%
Too nervous or afraid	3	5.4%	5	9.1%
Could not get an appointment	4	7.1%	4	7.3%
Unsure if services were available	4	7.1%	3	5.5%
Not treated with respect	4	7.1%	3	5.5%
Could not get off work**	8	14.3%	2	3.6%
Transportation problems	0	0	1	1.8%
Didn’t know where to go	3	5.4%	1	1.8%
It was too far to go	2	3.6%	1	1.8%
Had no one to care for the children	0	0	0	0
Language barrier	0	0	0	0
Other	10	17.9%	5	9.1%

\*In 2013, significantly more respondents delayed health care because their insurance didn’t cover it than in 2008. (2013: 41.8%, 2008: 21.4%)

\*\*In 2008, significantly more people delayed health care because they could not get off work than in 2013. (2008: 14.3%, 2013: 3.6%)

“Other” comments:

- Weary of being sick
- No specialists so it is a waste of time and money
- Not ER-related

## Utilization of Preventative Services (Question 10)

2013 N= 199

Respondents were asked if they had utilized any of the preventative services listed in the past year. “Lab/blood draw” was selected by 65.3% of respondents (n=130). Sixty-two percent of respondents (n=123) indicated they received a “Flu shot/immunizations” and 56.3% of respondents (n=112) had a “Dental exam.” Respondents could check all that apply, thus the percentages do not equal 100%.

Service	2013	
	Count	Percent
Lab/blood draw	130	65.3%
Flu shot/immunizations	123	61.8%
Dental exam	112	56.3%
Routine blood pressure check	107	53.8%
Routine health checkup	101	50.8%
Vision check	96	48.2%
Cholesterol check	92	46.2%
Mammography	62	31.2%
Prostate (PSA)	43	21.6%
Pap smear	40	20.1%
Colonoscopy	26	13.1%
Hearing check	21	10.6%
Children’s checkup/Well baby	14	7.0%
None	14	7.0%
Other	6	3.0%

“Other” comments:

- None
- Weight management
- Acupuncture (2)
- Healthy diet
- Medicinal herbs
- Yoga
- Exercise
- 6-month diabetic check
- Dental
- All from United Blood service (gave blood)
- All preventative services in Billings
- Physical exam

### Desired Local Health Care Services (Question 11)

2013 N= 199

2008 N= 257

Respondents were asked to indicate which health care professionals or services presently not available would they use if available locally. Respondents indicated the most interest in having “Naturopathy” services available (20.6%, n=41) followed by “MRI” at 19.6% (n=39), then “Outpatient surgery” at 18.1% (n=36). Respondents were asked to check all that apply so percentages do not equal 100%.

Service	2008		2013	
	Count	Percent	Count	Percent
Naturopathy	57	22.2%	41	20.6%
MRI	60	23.3%	39	19.6%
Outpatient surgery	Not asked		36	18.1%
OB/GYN	45	17.5%	33	16.6%
Cancer care	36	14.0%	22	11.1%
Mental/behavioral health/ counseling	Not asked		19	9.5%
Geriatrician	Not asked		13	6.5%
Medication management	Not asked		7	3.5%
Psychiatrist	12	4.7%	5	2.5%
Plastic surgery	12	4.7%	5	2.5%
Other	19	7.4%	11	5.5%

“Other” comments:

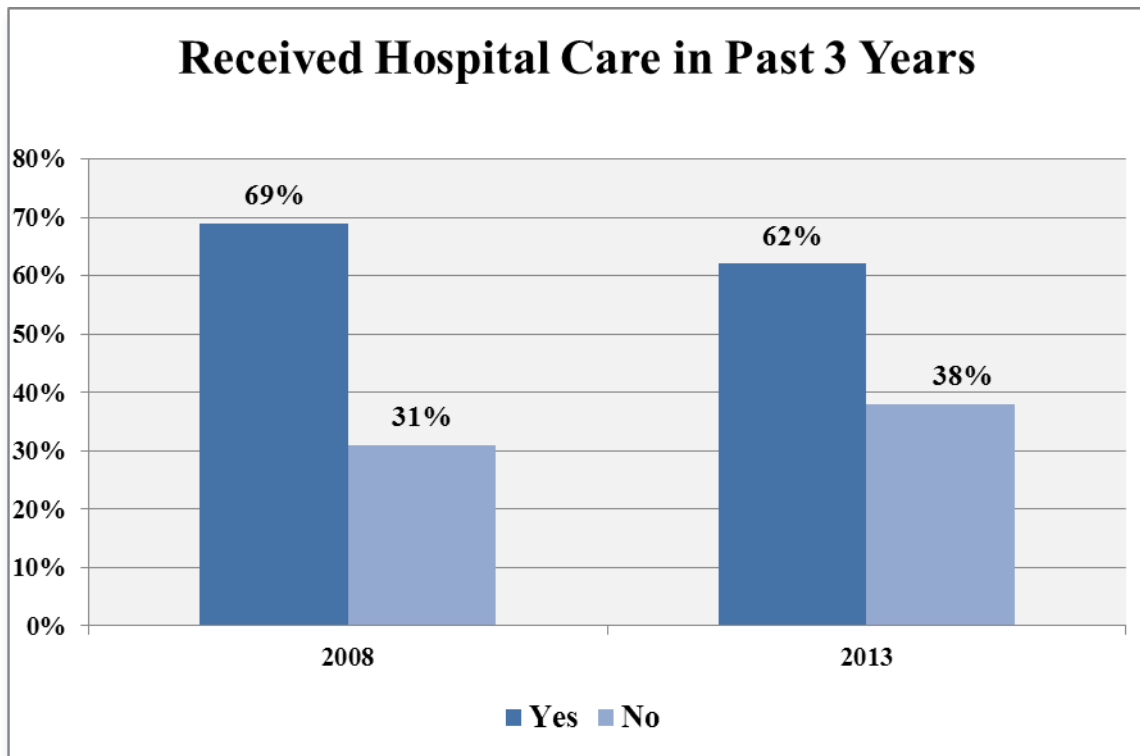
- Ophthalmologist
- Probably none
- Depends on the illness and severity
- None (4)
- Anyone who REALLY knew what they were doing
- Dermatology
- I currently don't need any of these services. But I would use the ones I checked.
- Anything if it was cheaper and straight forward; itemized policy

### Hospital Care Received in the Past Three Years (Question 12)

2013 N= 192

2008 N= 245

Sixty-two percent of respondents (n=119) reported that they or a member of their family had received hospital care during the previous three years. Thirty-eight percent (n=73) had not received hospital services and seven respondents chose not to answer this question.



### Hospital Used Most in the Past Three Years (Question 13)

2013 N= 108

2008 N= 138

Of the 119 respondents who indicated receiving hospital care in the previous three years, 46.3% (n=50) reported receiving care at Beartooth Billings Clinic in Red Lodge. Thirty-one percent of respondents (n=33) went to Billings Clinic in Billings and 18.5% of respondents (n=20) utilized services from St. Vincent Healthcare in Billings. Eleven of the 119 respondents who reported they had been to a hospital in the past three years did not indicate which hospital they had utilized.

Hospital	2008		2013	
	Count	Percent	Count	Percent
Beartooth Billings Clinic – Red Lodge	71	51.4%	50	46.3%
Billings Clinic – Billings	30	21.7%	33	30.6%
St. Vincent Healthcare – Billings	29	21.0%	20	18.5%
Stillwater Billings Clinic – Columbus	0	0	1	0.9%
VA Hospital	1	0.7%	Not Asked	
Other	7	5.1%	4	3.7%
<b>TOTAL</b>	<b>138</b>	<b>100%</b>	<b>108</b>	<b>100%</b>

“Other” comments:

- [Billings Clinic - Billings] Adults, no children’s hospital
- [St. Vincent Healthcare - Billings] Kids
- Powell, WY
- VA (Veteran’s Affairs)



### Reasons for Selecting the Hospital Used (Question 14)

2013 N= 119

2008 N= 169

Of the 119 respondents who had a personal or family experience at a hospital within the past three years, the primary reason given for selecting the facility used most often was “Prior experience with hospital” at 55.5% (n=66). “Referred by physician” was selected by 47.9% of the respondents (n=57) and 45.4% (n=54) selected “Closest to home.” Note that respondents were asked to select the top three answers which influenced their choices; therefore the percentages do not equal 100%.

Reason	2008		2013	
	Count	Percent	Count	Percent
Prior experience with hospital*	71	42.0%	66	55.5%
Referred by physician	76	45.0%	57	47.9%
Closest to home	88	52.1%	54	45.4%
Hospital’s reputation for quality**	49	29.0%	49	41.2%
Emergency, no choice	46	27.2%	37	31.1%
Recommended by family or friends	14	8.3%	15	12.6%
Required by insurance plan	15	8.9%	14	11.8%
Cost of care	5	3.0%	5	4.2%
Closest to work	10	5.9%	4	3.4%
Financial assistance programs	Not asked		0	0
Other	11	6.5%	5	4.2%

\*In 2013, significantly more people cited ‘prior experience with hospital’ than in 2008. (2013: 55.5%, 2008: 42.0%)

\*\*In 2013, significantly more respondents selected a hospital based on the hospital’s reputation for quality than in 2008. (2013: 41.2%, 2008: 29.0%)

“Other” comments:

- Cardiologist in Powell, WY
- Brother’s MD practices there
- VA contract
- STV (St. Vincent Healthcare) hospital
- I like that the hospital is not religiously associated
- I will not go back to Beartooth Hospital. Bills were too vague and expensive
- N/A
- Board of directors’ family member
- Personal preference

### 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.

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

	<b>Beartooth Billings Clinic [Red Lodge]</b>	<b>Billings Clinic [Billings]</b>	<b>Stillwater Billings Clinic [Columbus]</b>	<b>St. Vincent Healthcare [Billings]</b>	<b>Other</b>	<b>Total</b>
<b>Red Lodge/Luther 59068</b>	44 (56.4%)	22 (28.2%)	1 (1.3%)	10 (12.8%)	1 (1.3%)	<b>78</b>
<b>Bearcreek 59007</b>	2 (66.7%)	1 (33.3%)				<b>3</b>
<b>Fromberg 59029</b>		1 (100%)				<b>1</b>
<b>Joliet 59041</b>		1 (25%)		2 (50%)	1 (25%)	<b>4</b>
<b>Belfry 59008</b>	1 (100%)					<b>1</b>
<b>Edgar 59026</b>				1 (100%)		<b>1</b>
<b>Roberts 59070</b>	1 (11.1%)	4 (44.4%)		2 (22.2%)	2 (22.2%)	<b>9</b>
<b>Bridger 59014</b>		1 (33.3%)		2 (66.7%)		<b>3</b>
<b>Absarokee 59001</b>				1 (100%)		<b>1</b>
<b>Roscoe 59071</b>		2 (100%)				<b>2</b>
<b>Boyd 59013</b>						<b>0</b>
<b>Other</b>	2 (100%)					<b>2</b>
<b>TOTAL</b>	<b>50 (47.6%)</b>	<b>32 (30.5%)</b>	<b>1 (1%)</b>	<b>18 (17.1%)</b>	<b>4 (3.8%)</b>	<b>105 (100%)</b>

## Cross Tabulation of Hospital and Reason Selected

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

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

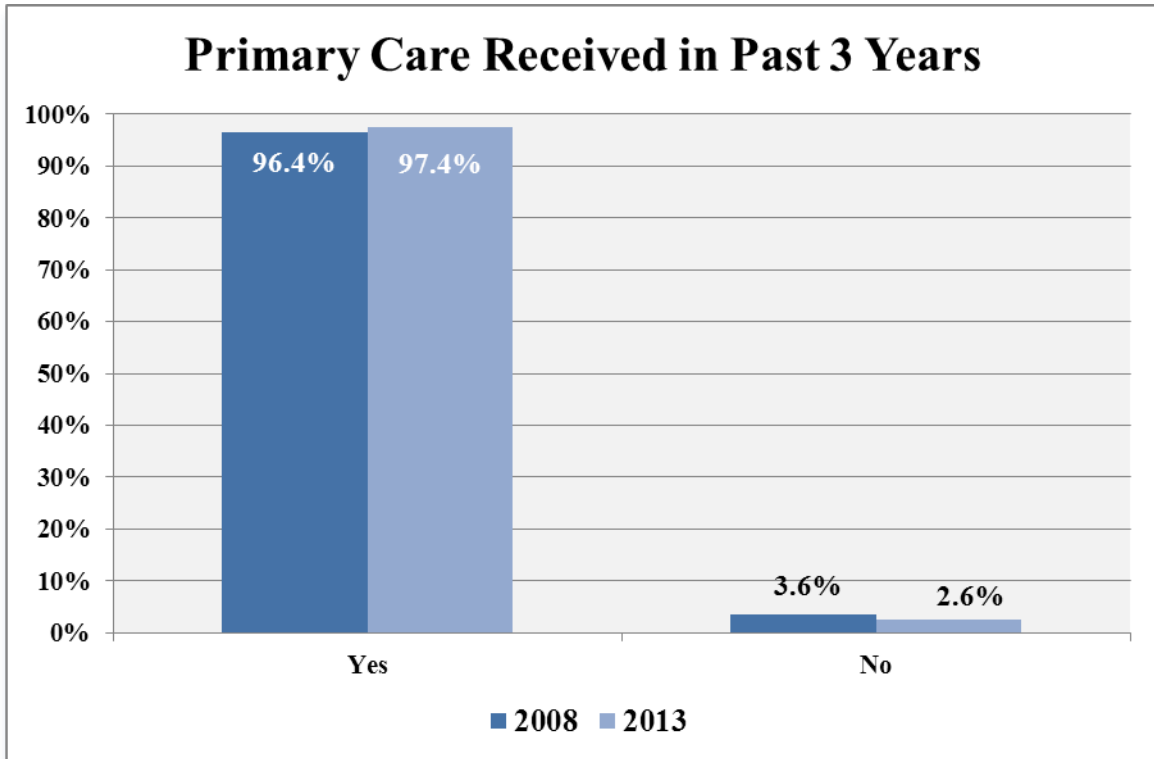
	<b>Beartooth Billings Clinic [Red Lodge]</b>	<b>Billings Clinic [Billings]</b>	<b>Stillwater Billings Clinic [Columbus]</b>	<b>St. Vincent Healthcare [Billings]</b>	<b>Other</b>	<b>Total</b>
<b>Cost of care</b>	2 (50%)			1 (25%)	1 (25%)	<b>4</b>
<b>Closest to home</b>	44 (88%)	6 (12%)				<b>50</b>
<b>Closest to work</b>	4 (100%)					<b>4</b>
<b>Emergency, no choice</b>	26 (81.2%)	4 (12.5%)		2 (6.2%)		<b>32</b>
<b>Hospital's reputation for quality</b>	17 (37.8%)	17 (37.8%)		10 (22.2%)	1 (2.2%)	<b>45</b>
<b>Prior experience with hospital</b>	27 (42.9%)	23 (36.5%)	1 (1.6%)	12 (19%)		<b>63</b>
<b>Recommended by family or friends</b>	2 (14.3%)	4 (28.6%)		7 (50%)	1 (7.1%)	<b>14</b>
<b>Referred by physician</b>	14 (26.9%)	20 (38.5%)		15 (28.8%)	3 (5.8%)	<b>52</b>
<b>Required by insurance plan</b>	5 (41.7%)	4 (33.3%)		2 (16.7%)	1 (8.3%)	<b>12</b>
<b>Financial assistance programs</b>						<b>0</b>
<b>Other</b>	2 (50%)	1 (25%)		1 (25%)		<b>4</b>

### Primary Care Received in the Past Three Years (Question 15)

2013 N= 196

2008 N= 248

Ninety-seven percent of respondents (n=191) indicated that they or someone in their household had been seen by a primary care provider (such as a family physician, physician assistant, or nurse practitioner) for health care services in the past three years. Five respondents (2.6%) had not seen a primary care provider and three respondents chose not to answer this question.



## Location of Primary Care Provider (Question 16)

2013 N= 174

2008 N= 193

Of the 191 respondents who indicated receiving primary care services in the previous three years, 51.1% (n=89) reported receiving care in Red Lodge at Beartooth Billings Clinic. Twenty-five percent of respondents (n=43) went to Mountain View Clinic in Red Lodge and 16.8% of respondents (n=29) indicated “Other” clinic locations. Twenty-two of the 196 respondents who reported they had utilized primary care services in the past three years did not indicate where they received those services.

Clinic	2008		2013	
	Count	Percent	Count	Percent
Beartooth Billings Clinic – Red Lodge	<b>104</b>	<b>53.9%</b>	<b>89</b>	<b>51.1%</b>
Mountain View Clinic – Red Lodge*	<b>35</b>	<b>18.1%</b>	<b>43</b>	<b>24.7%</b>
St. Vincent Healthcare – Billings**	<b>16</b>	<b>8.3%</b>	4	2.3%
St. Vincent Healthcare – Absarokee	0	0	3	1.7%
RiverStone Health Clinic - Joliet	1	0.5%	3	1.7%
RiverStone Health Clinic – Bridger	8	4.1%	2	1.1%
Stillwater Billings Clinic – Columbus	0	0	1	0.6%
Billings Clinic – Billings**	13	6.7%	0	0
Laurel	6	3.1%	Not asked	
Other***	10	5.3%	<b>29</b>	<b>16.8%</b>
<b>TOTAL</b>	<b>193</b>	<b>100%</b>	<b>174</b>	<b>100%</b>

\*In 2013, significantly more respondents visited Mountain View clinic than in 2008. (2013: 24.7%, 2008: 18.1%)

\*\*In 2008, significantly more respondents visited a clinic in Billings (either St. Vincent Healthcare or Billings Clinic) than in 2013. (2008: 15.0%, 2013: 2.3%)

\*\*\*In 2013, significantly more respondents did not specify a clinic (Other) than in 2008. (2013: 16.8%, 2008: 5.3%)

“Other” comments:

- St. Vincent Healthcare – Laurel (4)
- St. Vincent’s – Red Lodge (2)
- Cardiologist in Powell, WY
- Eye Clinic
- Billings VA (3)
- Choteau Clinic – Choteau, MT
- RiverStone in Billings

### Reasons for Selection of Primary Care Provider (Question 17)

2013 N= 191

2008 N= 239

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” (51.8%, n=99) then “Closest to home” (42.9%, n=82) were the most frequently cited factors in primary care provider selection followed by “Clinic’s reputation for quality” at 35.6% (n=68). Respondents were asked to check all that apply so the percentages do not equal 100%.

Reason	2008		2013	
	Count	Percent	Count	Percent
Prior experience with clinic	120	50.2%	99	51.8%
Closest to home	124	51.9%	82	42.9%
Clinic’s reputation for quality	87	36.4%	68	35.6%
Appointment availability	69	28.9%	49	25.7%
Recommended by family or friends	37	15.5%	36	18.8%
Length of waiting room time	27	11.3%	26	13.6%
Referred by physician or other provider	19	7.9%	20	10.5%
Required by insurance plan	18	7.5%	16	8.4%
Cost of care	13	5.4%	11	5.8%
VA/Military requirement	2	0.8%	4	2.1%
Other*	36	15.1%	15	7.9%

\*In 2008, more respondents selected ‘Other’ than in 2013. (2008: 15.1%, 2013: 7.9%)

#### “Other” comments:

- Allowed by insurance plan
- The physician’s bedside manner and knowledge
- History with provider (3)
- Luck of the draw
- PPO (Preferred Provider Organization)
- No clue
- Great Doctor!! (In Billings)
- Female
- I don’t have insurance and they let me make payments and cost is based on pay percentage
- Insurance is not good in Montana (poor)
- Switched doctor
- Great caregivers and follow-up care
- Same philosophy on treatment
- I love Doug
- Used to live in Billings

## 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.

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

	Beartooth Billings Clinic [Red Lodge]	Billings Clinic [Billings]	RiverStone Health Clinic [Bridger]	Stillwater Billings Clinic [Columbus]	St. Vincent Healthcare [Absarokee]	RiverStone Health Clinic [Joliet]	Mountain View Clinic [Red Lodge]	St. Vincent Healthcare [Billings]	Other	Total
<b>Red Lodge/Luther 59068</b>	71 (58.2%)			1 (0.8%)	1 (0.8%)	1 (0.8%)	36 (29.5%)	1 (0.8%)	11 (9%)	<b>122</b>
<b>Bearcreek 59007</b>	4 (100%)									<b>4</b>
<b>Fromberg 59029</b>									1 (100%)	<b>1</b>
<b>Joliet 59041</b>	1 (12.5%)							1 (12.5%)	6 (75%)	<b>8</b>
<b>Belfry 59008</b>									1 (100%)	<b>1</b>
<b>Edgar 59026</b>								1 (100%)		<b>1</b>
<b>Roberts 59070</b>	8 (42.1%)					2 (10.5%)	4 (21.1%)		5 (26.3%)	<b>19</b>
<b>Bridger 59014</b>	1 (14.3%)		2 (28.6%)				2 (28.6%)	1 (14.3%)	1 (14.3%)	<b>7</b>
<b>Absarokee 59001</b>					2 (100%)					<b>2</b>
<b>Roscoe 59071</b>									2 (100%)	<b>2</b>
<b>Boyd 59013</b>										<b>0</b>
<b>Other</b>	2 (66.7%)								1 (33.3%)	<b>3</b>
<b>TOTAL</b>	<b>87 (51.2%)</b>	<b>0</b>	<b>2 (1.2%)</b>	<b>1 (0.6%)</b>	<b>3 (1.8%)</b>	<b>3 (1.8%)</b>	<b>42 (24.7%)</b>	<b>4 (2.4%)</b>	<b>28 (16.5%)</b>	<b>170</b>

## Cross Tabulation of Clinic and Reason Selected

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

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

	Beartooth Billings Clinic [Red Lodge]	Billings Clinic [Billings]	RiverStone Health Clinic [Bridger]	Stillwater Billings Clinic [Columbus]	St. Vincent Healthcare [Absarokee]	RiverStone Health Clinic [Joliet]	Mountain View Clinic [Red Lodge]	St. Vincent Healthcare [Billings]	Other	Total
<b>Appointment availability</b>	27 (55.1%)		1 (2%)		1 (2%)		15 (30.6%)	1 (2%)	4 (8.2%)	<b>49</b>
<b>Clinic's reputation for quality</b>	29 (45.3%)				1 (1.6%)		12 (35.9%)	1 (1.6%)	10 (15.6%)	<b>64</b>
<b>Closest to home</b>	55 (72.4%)		2 (2.6%)		3 (3.9%)		10 (13.2%)	1 (1.3%)	5 (6.6%)	<b>76</b>
<b>Cost of care</b>	2 (18.2%)					3 (27.3%)	3 (27.3%)		3 (27.3%)	<b>11</b>
<b>Length of waiting room time</b>	15 (62.5%)				1 (4.2%)		6 (25%)	1 (4.2%)	1 (4.2%)	<b>24</b>
<b>Prior experience with clinic</b>	44 (47.8%)			1 (1.1%)	1 (1.1%)		31 (33.7%)	2 (2.2%)	13 (14.1%)	<b>92</b>
<b>Recommended by family or friends</b>	13 (39.4%)					1 (3%)	14 (42.4%)		5 (15.2%)	<b>33</b>
<b>Referred by physician or other provider</b>	10 (55.6%)						2 (11.1%)	2 (11.1%)	4 (22.2%)	<b>18</b>
<b>Required by insurance plan</b>	8 (53.3%)						3 (20%)		4 (26.7%)	<b>15</b>
<b>VA/Military requirement</b>									2 (100%)	<b>2</b>
<b>Other</b>	7 (53.8%)						2 (15.4%)		4 (30.8%)	<b>13</b>



### Use of Health Care Specialists during the Past Three Years (Question 18)

2013 N= 187

2008 N= 232

Eighty-three percent of the respondents (n=155) indicated they or a household member had seen a health care specialist during the past three years. Seventeen percent (n=32) indicated they had not seen a specialist and twelve respondents chose not to answer this question.



“Other” comments:

- [Yes] In another state

### Type of Health Care Specialist Seen (Question 19)

2013 N= 155

2008 N= 186

The respondents (n=155) saw a wide array of health care specialists in the past three years. The most frequently indicated specialist was a “Dentist” at 62.6% of respondents (n=97) having utilized their services. “Optometrist” was the second most utilized specialist at 35.5% (n=55) and “Physical therapist” was third at 32.3% (n=50). Respondents were asked to choose all that apply so percentages do not equal 100%.

Health Care Specialist	2008		2013	
	Count	Percent	Count	Percent
Dentist	97	52.2%	97	62.6%
Optometrist	63	33.9%	55	35.5%
Physical therapist	52	28.0%	50	32.3%
Orthopedic surgeon	53	28.5%	45	29.0%
Dermatologist	51	27.4%	40	25.8%
Ophthalmologist	Not asked		37	23.9%
Cardiologist	36	19.4%	33	21.3%
Chiropractor	31	16.7%	33	21.3%
OB/GYN	39	21.0%	24	15.5%
Podiatrist*	7	3.8%	21	13.5%
Urologist	25	13.4%	20	12.9%
General surgeon	18	9.7%	17	11.0%
Acupuncturist	13	7.0%	15	9.7%
ENT (ear/nose/throat)	15	8.1%	15	9.7%
Oncologist	11	5.9%	14	9.0%
Pulmonologist	8	4.3%	10	6.5%
Rheumatologist	14	7.5%	10	6.5%
Allergist	Not asked		10	6.5%
Neurology	16	8.6%	8	5.2%
Nutritionist/Dietician	8	4.3%	8	5.2%
Mental health	17	9.1%	6	3.9%
Speech/Occupational therapist	3	1.6%	6	3.9%
Neurosurgeon	Not asked		6	3.9%
Pediatrician	4	2.2%	5	3.2%
Substance abuse counselor	0	0	2	1.3%
Geriatrician	Not asked		0	0
Other	19	10.2%	24	15.5%

\*In 2013, significantly more respondents indicated visiting a Podiatrist than in 2008. (2013: 13.5%, 2008: 3.8%)

*Question 19 continued...*

“Other” comments:

- Internal medicine
- Radiologist
- Plastic surgeon
- Gastroenterologist (7)
- Geneticist
- Hearing test
- Psychiatrist
- Audiologist
- Only in another state
- ER visit
- Naturopath (2)
- Vascular surgeon
- Holistic MD – Boulder, CO
- Pain center
- Endocrinologist
- General
- Blood - Dr. Christianson
- Sleep study
- Hematologist
- Colonoscopy - Dr. Zins
- Diabetes

## Location of Health Care Specialist (Question 20)

2013 N= 155

2008 N= 186

Of the 155 respondents who indicated they saw a health care specialist in the past three years, 56.1% (n=87) saw one in Billings at Billings Clinic. Beartooth Billings Clinic in Red Lodge was utilized by 38.1% (n=59) of respondents for specialty care and “Other” responses were reported by 36.1% (n=56). Respondents could select more than one location; therefore, percentages do not equal 100%.

Location	2008		2013	
	Count	Percent	Count	Percent
Billings Clinic – Billings	96	51.6%	87	56.1%
Beartooth Billings Clinic – Red Lodge*	47	25.3%	59	38.1%
St. Vincent Healthcare – Billings	56	30.1%	38	24.5%
Mountain View Clinic – Red Lodge	17	9.1%	19	12.3%
Beartooth Billings Clinic Physical Therapy – Joliet	Not asked		6	3.9%
RiverStone Health – Bridger	3	1.6%	2	1.3%
RiverStone Health – Joliet	2	1.1%	1	0.6%
St. Vincent Healthcare – Absarokee	0	0	1	0.6%
Other	Not asked		56	36.1%

\*In 2013, significantly more respondents saw a specialist at Beartooth Billings Clinic in Red Lodge than in 2008. (2013: 38.1%, 2008: 25.3%)

### “Other” comments:

- Yellowstone Medical Arts
- Frontier Cancer Center
- Heights Eye Clinic
- Ortho Montana – Billings
- Dental office (2)
- MD Anderson
- Old hospital dietitian
- Laurel
- Laurel Dentist
- University of Minnesota
- Dentist in Red Lodge (8)
- Cardiovascular Consultants of Montana
- Ophthalmologist – Billings
- Red Lodge – Chiropractor (4)
- Red Lodge – Optometrist
- Billings – Optometrist
- Billings – Podiatrist
- Billings OB/GYN
- Out of town – Laurel and Billings
- Dental Private Practice
- Red Lodge – Anton Wilhelm (2)
- North Carolina – Cardiologist
- Boulder, CO
- Don’t know
- Private practice in Helena, MT
- Billings/Red Lodge
- Private Clinic- Absarokee
- VA Billings (2)
- Dartmouth – Hitchcock Medical Center – Lebanon, NH
- Dr. Roane in Billings
- Powell, WY
- Kalispell Regional Medical Center
- University Physician in Denver
- Dan Upton – Chiropractor
- Dr. Evans – Dentist
- Dr. Erpenbach – Red Lodge/Billings

*Question 20 continued...*

- Eye Clinic (3)
- Remington Dental (2)
- Wal-Mart Optometrist
- Arthritis Osteoporosis Center, PC
- Billings Dentist (2)
- Ophthalmologist – Cody, WY (Dr. Welch)
- Rimrock Podiatry – Billings
- Planned Parenthood – Billings
- Beartooth Billings Clinic Sports Medicine
- 1<sup>st</sup> Street Chiropractic – Great Falls, MT
- Dr. Tallman – St. Vincent’s in Red Lodge
- Independent
- Chiropractor’s Office
- Mayo in Arizona (2)
- Navy Hospital – Pensacola, FL

### Overall Quality of Care at Beartooth Billings Clinic (Question 21)

2013 N= 199

2008 N= 257

Respondents were asked to rate a variety of aspects of the overall care provided at Beartooth Billings Clinic. Respondents were asked to rate the services 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 “Multiple sclerosis infusion” receiving the top average score of 4.0 out of 4.0. “Childbirth education classes” and “Home health/hospice” received scores of 3.8 out of 4.0. The total average score was 3.5, indicating the overall services of the hospital to be “Excellent.”

<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>N</b>	<b>Avg</b>
Multiple sclerosis infusion	1	0	0	0	175	199	4.0
Childbirth education classes	5	1	0	0	173	199	3.8
Home health/hospice	15	4	0	0	160	199	3.8
Cardiopulmonary rehabilitation	15	5	1	0	161	199	3.7
CT Scan/x-ray/ultrasound/mammography	66	22	1	1	91	199	3.7
Public health	13	6	0	0	159	199	3.7
Emergency room	57	28	5	0	92	199	3.6
Endoscopy services	12	3	0	1	164	199	3.6
Laboratory	62	34	5	0	84	199	3.6
Clinical services	55	35	6	1	78	199	3.5
Physical/speech/occupational therapies	22	14	4	0	142	199	3.5
Sports medicine	8	5	1	0	165	199	3.5
Visiting specialists/specialty clinics	40	18	6	1	117	199	3.5
Diabetes education	6	4	2	0	164	199	3.3
Beartooth Children’s Center	10	9	2	2	160	199	3.2
Registered Dietician/nutrition services	8	9	2	1	157	199	3.2
<b>TOTAL</b>	<b>395</b>	<b>197</b>	<b>35</b>	<b>7</b>			<b>3.5</b>

*Question 21 continued...*

<b>2008</b>	<b>Excellent (4)</b>	<b>Good (3)</b>	<b>Fair (2)</b>	<b>Poor (1)</b>	<b>Don't Know/ No Ans.</b>	<b>N</b>	<b>Avg</b>
Emergency room	76	49	10	3	119	257	3.4
Laboratory	64	48	7	6	132	257	3.4
Diabetes education	10	6	1	3	237	257	3.2
Visiting specialists/specialty clinics	33	22	12	2	188	257	3.2
Cardiopulmonary rehabilitation	8	6	1	3	239	257	3.1
Sports medicine	10	10	4	2	231	257	3.1
Beartooth Children's Center	5	5	5	2	240	257	2.8
<b>TOTAL</b>	<b>193</b>	<b>135</b>	<b>34</b>	<b>16</b>			<b>3.3</b>

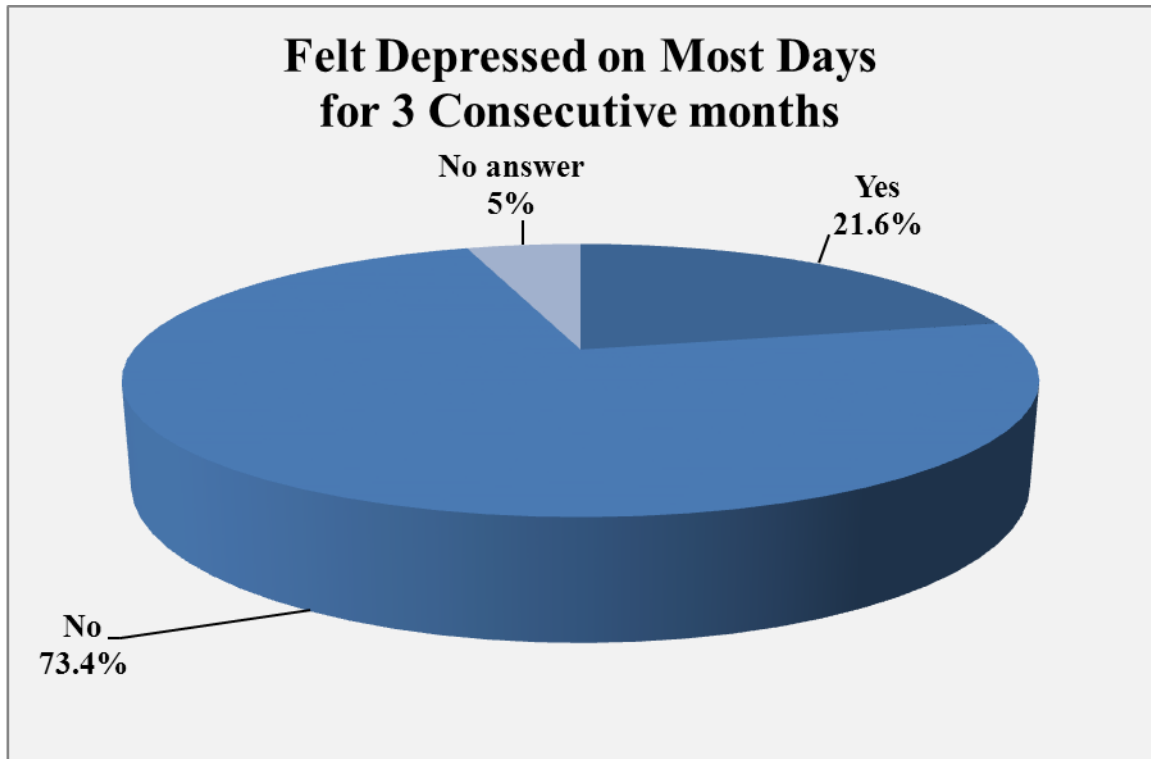
“Other” comments:

- My biggest concern is with the billing format at the Red Lodge hospital. Billings is MUCH better and includes needed details.
- Billing department is a “1” [poor]
- Care is good but cost is poor
- N/A – Never been there

### Prevalence of Depression (Question 22)

2013 N= 199

Respondents were asked to indicate if there were periods of at least three consecutive months in the past three years where they felt depressed on most days, although they may have felt okay sometimes. Twenty-two percent of respondents (n=43) indicated they had experienced periods of feeling depressed and 73.4% of respondents (n=146) indicated they had not. Ten respondents (5%) chose not to answer this question.

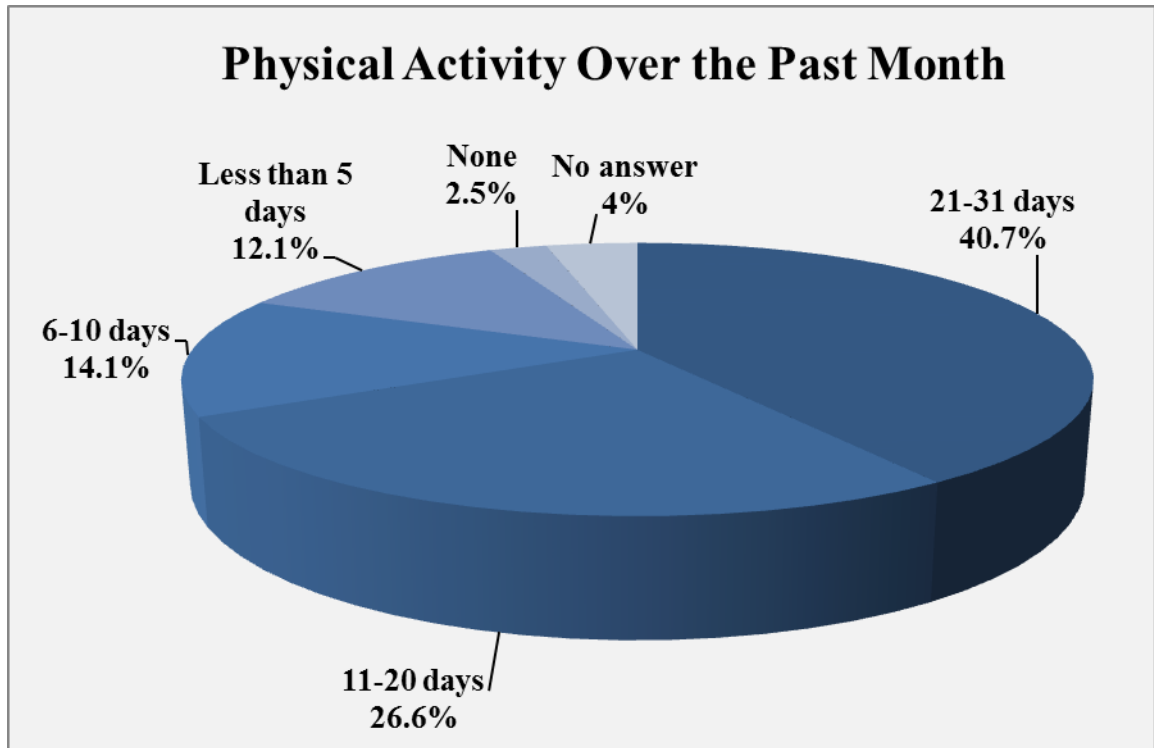




### Physical Activity (Question 23)

2013 N= 199

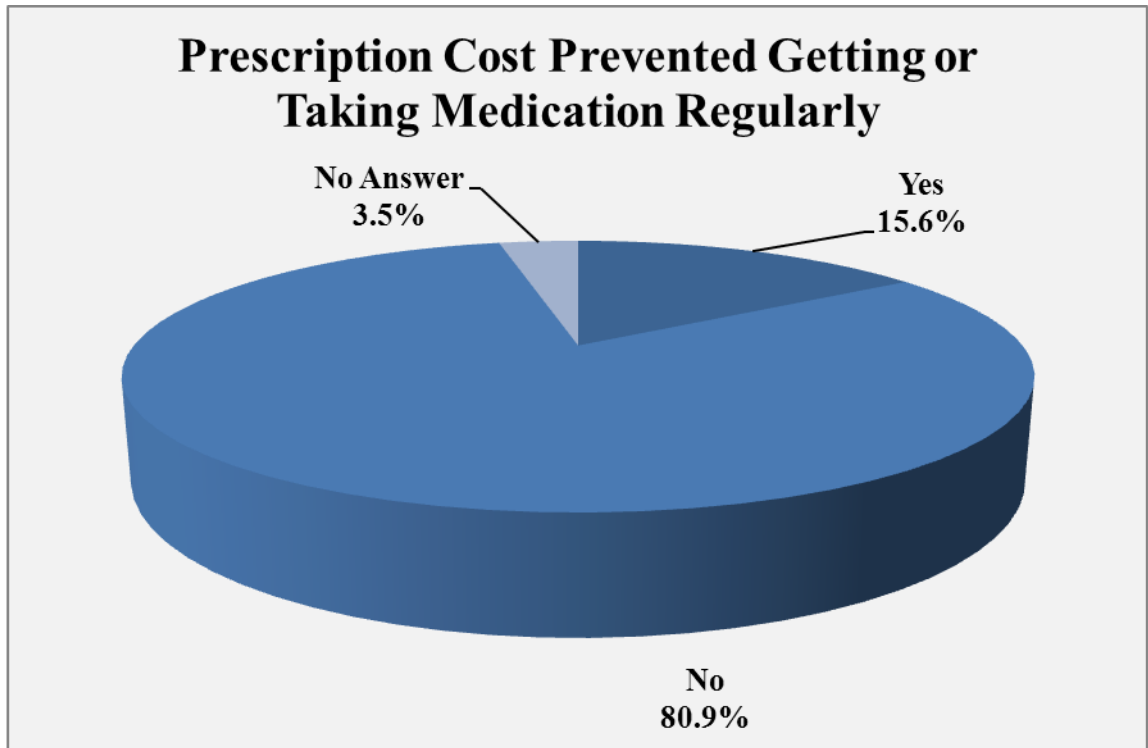
Respondents were asked to indicate how frequently they had physical activity for at least twenty minutes over the past month. Forty-one percent of respondents (n=81) indicated they had physical activity of at least twenty minutes “21-31 days” over the past month and 26.6% (n=53) indicated they had physical activity “11-20 days.” Three percent of respondents (n=5) indicated they had no physical activity and eight respondents (4%) chose not to answer this question.



### Cost and Prescription Medications (Question 24)

2013 N= 199

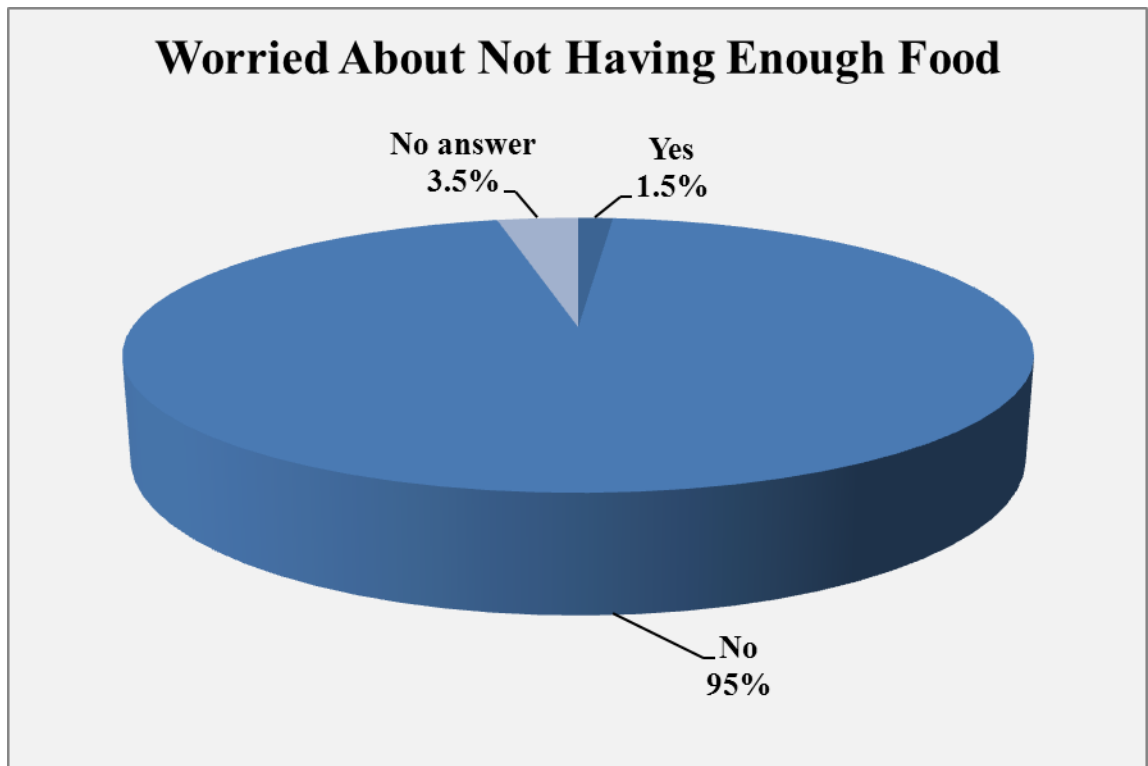
Respondents were asked to indicate if, during the last year, medication costs had prohibited them from getting a prescription or taking their medication regularly. Sixteen percent of respondents (n=31) indicated that, in the last year, cost had prohibited them from getting a prescription or taking their medication regularly. Eighty-one percent of respondents (n=161) indicated that cost had not prohibited them and seven respondents (3.5%) chose not to answer this question.



### Food Availability (Question 25)

2013 N= 199

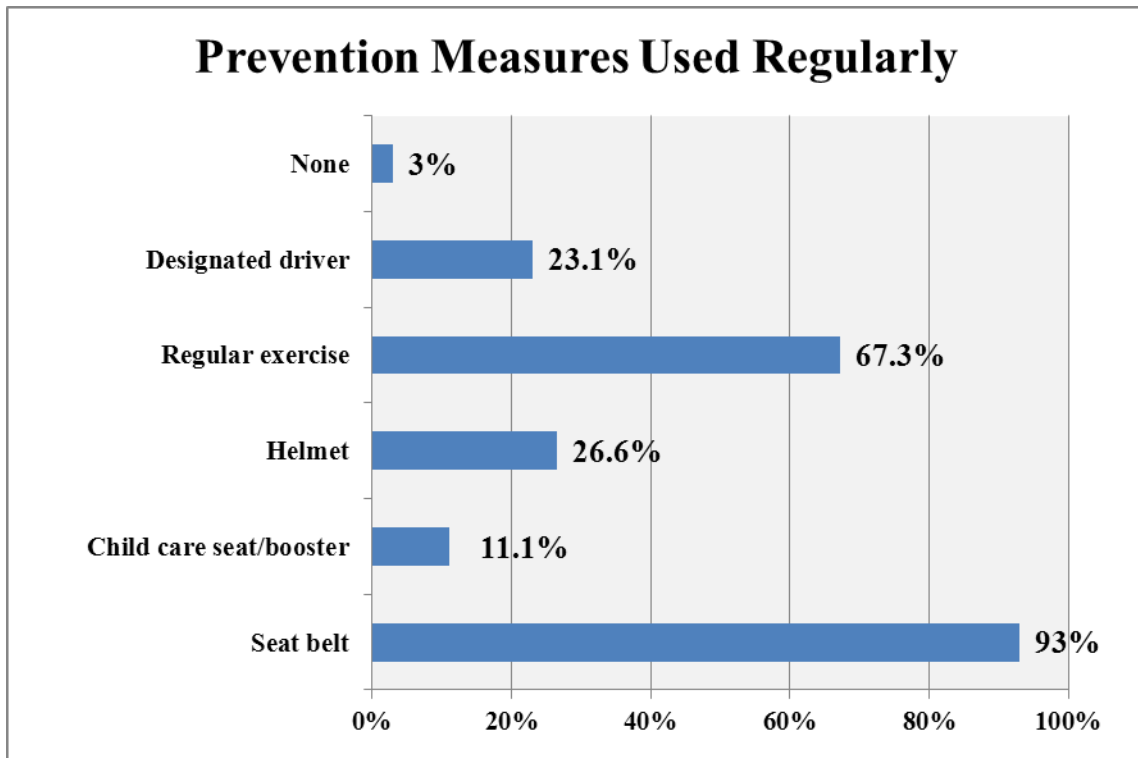
Respondents were asked to indicate if, in the past year, they were worried that their household would not have enough food. Three respondents (1.5%) were worried about having enough food for their household but the majority of respondents, 95% (n=189), were not worried. Seven respondents (3.5%) chose not to answer this question.



## Injury Prevention (Question 26)

2013 N= 199

Respondents were asked to indicate which of the following injury prevention measures they practice regularly. The majority of respondents, 93% (n=185), wear seatbelts. Sixty-seven percent of respondents (n=134) exercise regularly and 26.6% (n=53) wear helmets.



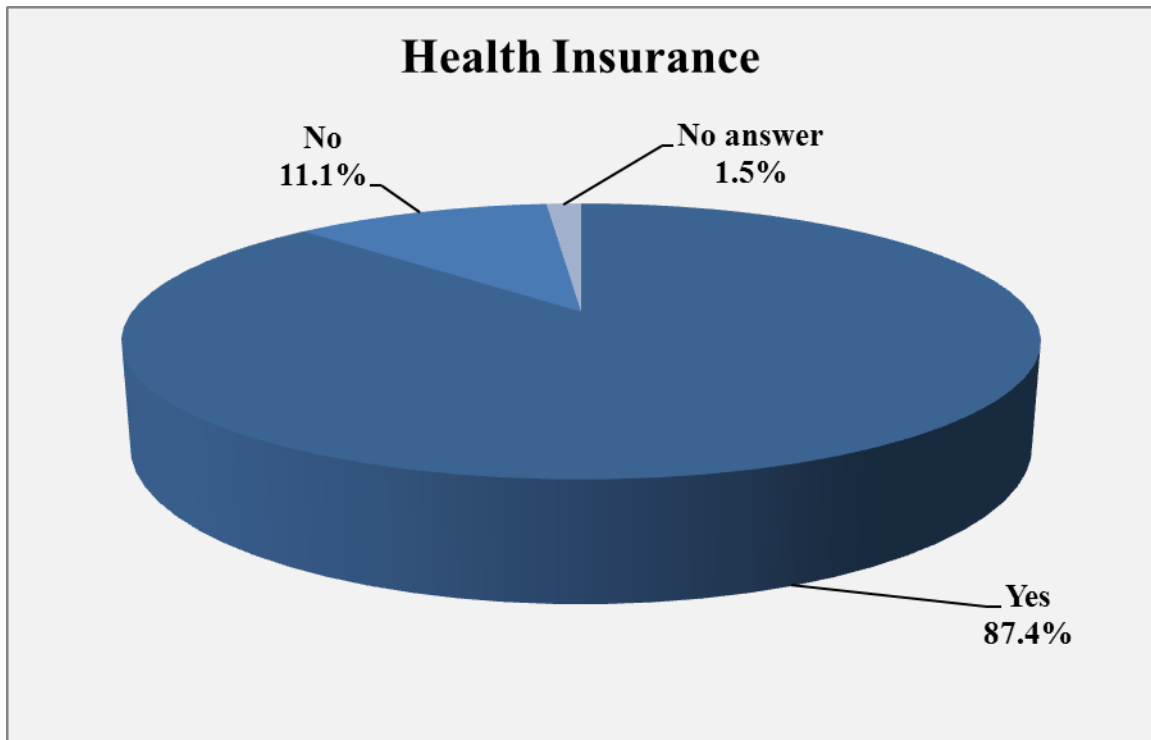
“Other” comments:

- Ear protection
- [Designated Driver] If needed

### Health Insurance (Question 27)

2013 N= 199

Respondents were asked to indicate if they currently have health insurance. Eighty-seven percent (n=174) indicated they have health insurance coverage. Eleven percent (n=22) indicated they do not have health insurance and three respondents (1.5%) chose not to answer this question.



“Other” comments:

- [Yes] But my premiums are going up with ObamaCare

### Health Insurance Type (Question 28)

2013 N= 144

2008 N= 186

Respondents were asked to indicate what type of medical insurance covers the majority of their medical expenses. Thirty-four percent (n=49) indicated they have “Medicare” coverage. Thirty-two percent (n=46) indicated they have “Employer sponsored” coverage then “Private insurance/private plan” was indicated by 20.1% of respondents (n=29). Fifty-five respondents chose not to answer this question.

Insurance Type	2008		2013	
	Count	Percent	Count	Percent
Medicare	47	25.3%	49	34.0%
Employer sponsored	22	11.8%	46	31.9%
Private insurance/private plan	Not asked		29	20.1%
VA/Military	2	1.1%	4	2.8%
State/other	1	0.5%	4	2.8%
Healthy MT Kids	Not asked		4	2.8%
Medicaid	2	1.1%	2	1.4%
Employer/employee shared	52	28.0%	Not asked	
Medical savings account	3	1.6%	Not asked	
Self-paid	34	18.3%	Not asked	
None	15	8.1%	Not asked	
Other	8	4.2%	6	4.2%
<b>TOTAL</b>	<b>186</b>	<b>100%</b>	<b>144</b>	<b>100%</b>

“Other” comments:

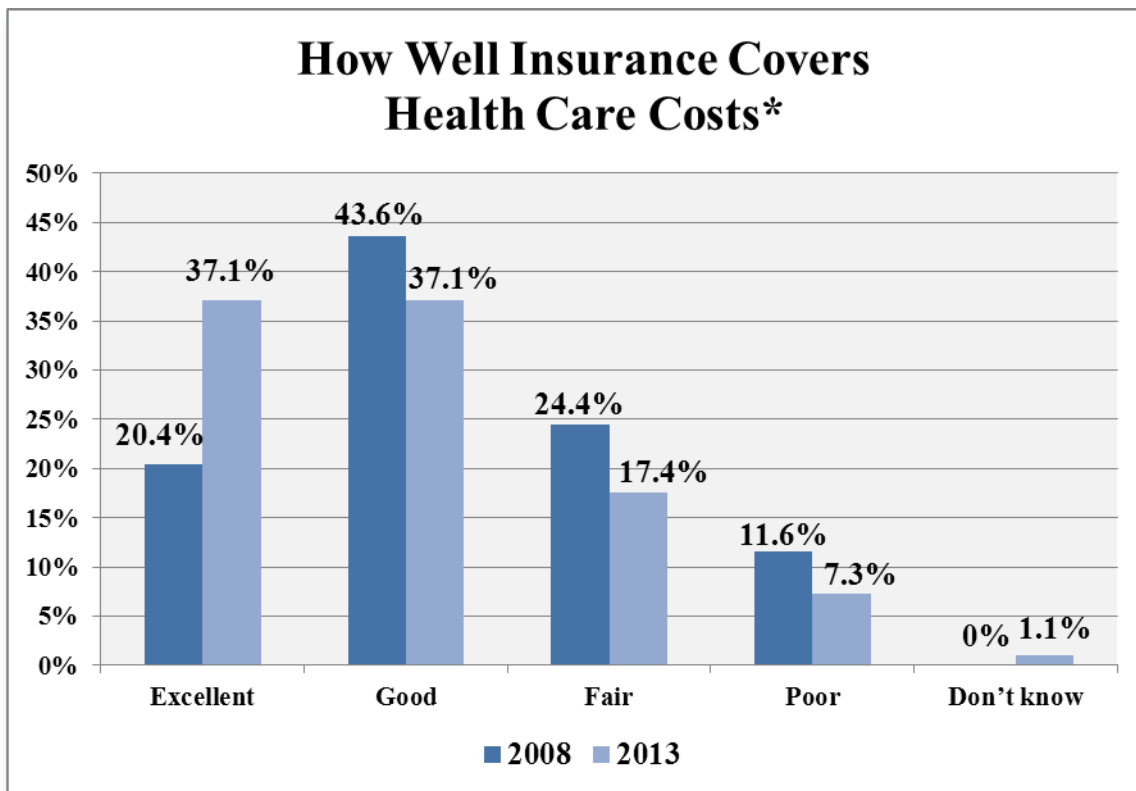
- AARP (American Association of Retired Persons)
- AARP Supplemental insurance
- None
- State Teachers Retirement System (STRS) of Ohio
- Montana Association of Counties (MACo) Health Care Trust (2)
- Blue Cross Blue Shield
- Supplement
- Two people in the household with different insurance
- [Medicare] I also have secondary insurance
- Medicare Supplement
- Supplementary from Federal Plan (now retired)
- Self-pay
- Union

### Insurance and Health Care Costs (Question 29)

2013 N= 178

2008 N= 225

Respondents were asked to indicate how well they felt their health insurance covers their health care costs. Thirty-seven percent of respondents (n=66) each indicated they felt their insurance covers a “Good” or “Excellent” amount of their health care costs. Seventeen percent of respondents (n=31) indicated they felt their insurance is “Fair” and 7.3% of respondents (n=13) indicated they felt their insurance was “Poor.”



\*In 2013, significantly more respondents rated their health insurance as Excellent or Good than in 2008. (2013: 74.2%, 2008: 64%)

### Barriers to Having Health Insurance (Question 30)

2013 N= 22

2008 N= 15

Those respondents who indicated they did not have medical insurance were asked to indicate why they did not. Eighty-six percent (n=19) reported they did not have health insurance because they could not afford to pay for it and 22.7% (n=5) each indicated “Choose not to have medical insurance” and “Employer does not offer insurance.” Respondents were asked to mark all answers that applied, thus the percentages do not equal 100%.

Barrier	2008		2013	
	Count	Percent	Count	Percent
Cannot afford to pay for medical insurance	14	93.3%	19	86.4%
Choose not to have medical insurance	0	0	5	22.7%
Employer does not offer insurance	6	40.0%	5	22.7%
Cannot get medical insurance due to medical issues	0	0	0	0
Other	0	0	3	13.6%

“Other” comments:

- Insurance companies are a rip-off
- Give me a break
- Two-year waiting period for Medicare per SSI (Supplemental Security Income)

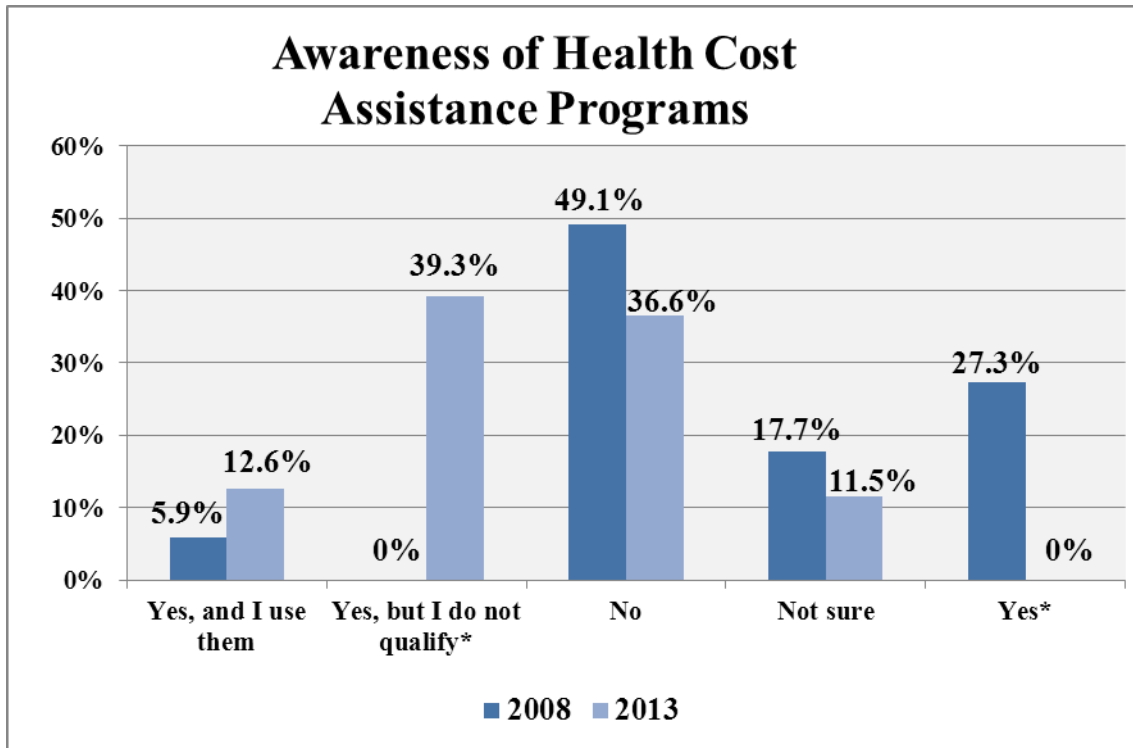


### Awareness of Health Payment Programs (Question 31)

2013 N= 183

2008 N= 220

Respondents were asked to indicate their awareness of programs that help people pay for health care bills. Thirty-nine percent of respondents (n=72) indicated they were aware of these types of programs, but did not qualify to utilize them. Thirty-seven percent (n=67) indicated that they were not aware or did not know of these programs and 12.6% of respondents (n=23) indicated they were aware and utilized them. Sixteen respondents chose not to answer this question.



\*In 2008, the option was phrased 'Yes' rather than 'Yes, but I do not qualify' as it was in 2013.

“Other” comments:

- [Yes, but I do not qualify] I just pay for others

## **VI. Focus Group Methodology**

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One focus group was held in Red Lodge, Montana in August 2013. Focus group participants were identified as people living in Beartooth Billings Clinic's service area.

Fifteen people participated in the focus group interview. The focus group was designed to represent various consumer groups of health care including local community members. Focus groups were held at Bridge Creek Backcountry Restaurant. The group meeting lasted 60 minutes in length and followed the same line of questioning found in Appendix F. The questions and discussions at the focus groups were led by Angela Bangs with the Montana Office of Rural Health.

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

## VII. Focus Group Findings

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The following themes and issues emerged from the responses participants gave to the line of questioning found in Appendix F.

- *Major issues in health care-* A variety of themes were discussed throughout the focus group meetings. The most common themes were childhood obesity, lack of positive outlets for teens, underage drinking, and economic development and opportunities.
- *Opinion of services and quality of care at Beartooth Billings Clinic:*

*Quality of Care-* Participants spoke very highly of the level of care they receive at Beartooth Billings Clinic. Participants specifically noted that home health care is an outstanding service and one participant noted, “Red Lodge is the smallest town I’ve ever lived in and I’m amazed by the medical abilities available in Beartooth Billings Clinic.”

*Number of Services-* Participants typically found the number of services available to be adequate but would like to see the Operating Room used to its full potential. One participant noted that it is difficult to make timely appointments with specialists in Billings.

*Hospital Staff-* Participants discussed the hospital staff in terms of style of care and competence. Hospital staff was viewed as “very professional, really good.” One participant did mention they had problems with doctors returning phone calls promptly.

*Hospital Board and Leadership-* The Hospital Board was not known well by many participants. Some who were more familiar with the Board mentioned that both the Board and Foundation do a great job presenting information at the annual meeting.

*Business Office-* Participants acknowledged that billing, insurance, and Medicare are complicated and sometimes frustrating. Participants were also confused by the separate billing systems utilized by Billings Clinic and Beartooth Billings Clinic.

*Condition of Facility and Equipment-* Participants were very happy with the condition of the new facility and find it to be “beautiful and wonderful.”

*Financial Health of the Hospital-* One participant demonstrated concern for the sustainability of such a nice hospital in a small town like Red Lodge. Another participant noted, “I would like more information about Critical Access Hospital funding.”

*Cost-* Participants felt that costs for medical care are too high everywhere. Some participants mentioned concerns of the unknown impacts of the Affordable Care Act on cost while others indicated appreciation for Beartooth Billings Clinic’s acceptance of Medicare patients stating, “This hospital has never turned away Medicare patients.”

*Office/Clinic Staff-* One participant noted, “There seems to be a ton of administrative staff running around. You can’t necessarily get ahold of them though so you have to wait in line.” Participants also commented about the loss of obstetrics at the hospital and that several people were upset to lose OB as a local service.

*Availability-* Participants were pleased with the availability of appointments for general services but mentioned that specialists are “hard to get in to.”

- *Opinion of local providers-* Participants did not discuss whether they use local providers.
- *Opinion of Local Services:* Perceptions of specific local services were not discussed in the focus group session.
- *What Would Make the Community a Healthier Place to Live-* Participants offered many suggestions for making Red Lodge and the surrounding area a healthier place to live. They mentioned a specific need for local mental health services. Moreover, participants specifically indicated that smoking, drinking, and poor diet contribute to poor health in their community. In addition, participants also noted that higher education levels and improved walkability/bike-ability in town would improve overall community health.
- *Why people might leave the community for health care services-* Generally, participants would leave Red Lodge for specialized services or to get a second opinion. Participants also left because specific lab testing was not available or to go to Billings for better access to discount services for young people.
- *Health Services needed in the Community-* Participants specifically mentioned a need for additional visiting specialists to ease the burden for patients travelling to Billings for specialty services, especially seniors. Another participant recommended a bus transportation system from Red Lodge to Billings for appointments with specialists.

## VIII. Summary

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One hundred ninety-nine surveys were completed in Beartooth Billings Clinic's service area for a 32% response rate. Of the 199 returned, 63.8% of the respondents were females, 70.7% were 56 years of age or older and 70.1% of respondents live in Red Lodge/Luther.

Respondents rated the overall quality of care at the hospital as excellent, scoring 3.5 out of 4.0 on a scale of 4.0 being excellent and 1.0 being poor.

Over half of the respondents (53.4%) feel the Red Lodge area is a "Healthy" place to live. Significantly fewer respondents rated the Red Lodge area as 'Very healthy' or 'Healthy' than in 2008. Respondents indicated their top three health concerns were: alcohol/drug/tobacco use/abuse (70.9%), cancer (35.2%), and obesity/overweight (33.7%). Significantly more respondents identified alcohol/drug tobacco use/abuse and obesity/overweight to be concerns than in 2008.

When respondents were asked which health care services presently not available would they use if available locally they expressed most desire for: naturopathy (20.6%), MRI (19.6%), and outpatient surgery (18.1%).

The majority of participants appeared to have very favorable opinions of the services with most praising the care received. Participants were appreciative of the care available while identifying additional services or needs. Overall, the respondents within Beartooth Billings Clinic's service area are seeking hospital care at a rate that is typically seen in rural areas.

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

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

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

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1. Ann Lannoye, Beartooth Children’s Center
2. Ashley Strobel, Domestic and Sexual Violence Services of Carbon County (DSVS)
3. Beth Nordstrom, Beartooth Billings Clinic Wellness
4. Dr. Linda Hall, Provider, Beartooth Billings Clinic
5. Heidi Mann, County Office of Public Assistance
6. Jerry Scott, County Superintendent of Schools
7. Jody Ackerman, Boys & Girls Club
8. Judy Christensen, DUI Task Force/Food Bank
9. Kate McQuillan, Carbon Alternatives
10. Kelley Evans, CEO, Beartooth Billings Clinic
11. Laura Holmlund, RiverStone Health
12. Maggie Karas, Community Relations Coordinator, Beartooth Billings Clinic
13. Margaret Schwend, Cedar Wood Healthcare Community
14. Carrie Okken, Cedar Wood Healthcare Community
15. Roberta Cady, Coordinator, Public Health
16. Sara Urbanik, Executive Director, Beartooth Billings Clinic Foundation

## Appendix B – Public Health and Populations Consultation

### Public Health and Populations Consultation Worksheet

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#### 1. Public Health

- a. Name/Organization  
Roberta Cady – Public Health Coordinator  
Kelley Evans – CEO, Beartooth Billings Clinic
- b. Date of Consultation  
First Steering Committee Meeting: February 19, 2013
- c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)  
Steering Committee
- d. Input and Recommendations from Consultation
  - Many people feel they are unable to afford care so they do not explore options for accessing care. Some people don't understand insurance and deductibles.
  - There are high rates of accidental deaths in Carbon County. We should explore seatbelt use, helmets, car seats, etc.
  - Counseling is needed and there is a need for mental and behavioral health services.

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

##### Population: Low-Income

- a. Name/Organization  
Heidi Mann – Social Service Specialist (DPHHS)  
Judy Christensen – DUI Task Force/Food Bank
- b. Date of Consultation  
First Steering Committee Meeting: February 19, 2013
- c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)  
Steering Committee
- d. Input and Recommendations from Consultation
  - Need for childcare services.
  - Hunger and access to food is an issue.

**Population: Youth**

- a. Name/Organization
  - Jerry Scott – County Superintendent of Schools
  - Ann Lannoye – Beartooth Children’s Center
  - Jody Ackerman – Boys & Girls Club
  
- b. Date of Consultation
  - First Steering Committee Meeting: February 19, 2013
  
- c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
  - Steering Committee
  
- d. Input and Recommendations from Consultation
  - There is a need for after-school programs such as clubs and leagues plus “extended hour” services
  - Offer childcare services after-hours



## Appendix C – Survey Cover Letter



May 6, 2013

Dear Montana Resident:

**Participate in our Community Health Services Development survey and have 1 of 2 chances to WIN a \$50.00 Visa card!**

Beartooth Billings Clinics is partnering with the Montana Office of Rural Health/Area Health Education Center at Montana State University to administer a community health 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 meet present and future needs, in addition to identifying community health and wellness needs.

Your name has been randomly selected as a resident who lives in the Beartooth Billings Clinics service area. **Your help is critical in determining health priorities and future needs.** The survey covers topics such as: use of health care services, awareness of services, community health, health insurance and demographics.

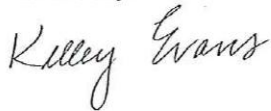
Once you complete your survey, simply **return it AND one of the raffle tickets in the enclosed self-addressed, postage paid envelope postmarked by June 17, 2013. Keep the other raffle ticket in a safe place.** The winning raffle ticket number will be announced on the Beartooth Billings Clinic Facebook page ([www.facebook.com/beartoothbillingsclinic](http://www.facebook.com/beartoothbillingsclinic)), in the Carbon County News and on KMXE radio FM 99.3 on June 27<sup>th</sup>.

We know your time is valuable so we have made an effort to keep the survey to about 15 minutes. Beartooth Billings Clinics is offering you this chance to win 1 of 2 \$50 Visa cards as a thank you for completing the enclosed survey.

All survey responses will go to the National Rural Health Resource Center in Duluth, Minnesota, a non-profit organization who is assisting with this project. If you have any questions about the survey, please call the Montana Office of Rural Health at 406-994-6001. The overall results of the survey will be shared with the community this fall.

Thank you for your assistance. We appreciate your effort.

Sincerely,



Kelley Evans, CEO  
Beartooth Billings Clinic

[www.beartoothbillingsclinic.org](http://www.beartoothbillingsclinic.org)

2525 North Broadway | P.O. Box 590 | Red Lodge, MT 59068 | 406-446-2345 | 1-877-404-9442

Appendix D – Survey Instrument

Community Health Services Development Survey  
Carbon County, Montana

INSTRUCTIONS: Please use a #2 pencil or ink pen to complete the survey and return it in the enclosed postage paid envelope. All responses must be made by filling in the circle next to the corresponding answer. *If you need assistance filling out this survey, please contact the Montana Office of Rural Health at 406-994-6001.*

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

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

- Very healthy     Healthy     Somewhat healthy     Unhealthy     Very unhealthy

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

- Alcohol/drug/tobacco use/abuse     Heart disease     Motor vehicle accidents
- Cancer     Hunger     Obesity/overweight
- Child abuse/neglect     Lack of access to health care     Recreation related accidents/injuries
- Depression/anxiety     Lack of dental care     Stroke
- Diabetes     Lack of exercise     Work related accidents/injuries
- Domestic violence     Mental health issues     Other \_\_\_\_\_

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

- Access to childcare/after school programs     Healthy behaviors and lifestyles
- Access to health care     Low crime/safe neighborhoods
- Affordable housing     Low death and disease rates
- Arts and cultural events     Parks and recreation
- Clean environment     Religious or spiritual values
- Elimination of domestic violence     Senior services
- Good jobs and healthy economy     Strong family life
- Good schools     Tobacco free environment
- Other \_\_\_\_\_

4. How do you rate your knowledge of the health services available in our community?

- Excellent     Good     Fair     Poor

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

- Health care provider
- Word of mouth/reputation
- Website/internet
- Friends/family
- Health fair
- Public Health/Public Assistance
- Presentations
- Advertising
- Other \_\_\_\_\_

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

- Alternative medicine
- Child development services
- DSVS
- Fitness center
- Meals on Wheels
- Nursing home/Assisted living
- Pharmacy
- Rehabilitation therapy
- Public health
- Mental health
- Senior center
- Substance abuse services
- Other \_\_\_\_\_

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

- Greater health education services
- Expanded hours
- Improved quality of care
- Low cost preventative/screening services
- More information about available services
- More primary care providers
- More specialists
- Telemedicine
- Transportation services
- Other \_\_\_\_\_

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

- Yes
- No (If no, skip to question 10)

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

- Could not get an appointment
- Too long to wait for an appointment
- Office wasn't open when I could go
- Unsure if services were available
- Had no one to care for the children
- Transportation problems
- It costs too much
- Could not get off work
- Didn't know where to go
- I was too busy
- It was too far to go
- My insurance didn't cover it
- Not treated with respect
- No insurance
- Too nervous or afraid
- Language barrier
- Other \_\_\_\_\_

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

- |  |                                      |  |
|--|--------------------------------------|--|
| <input type="radio"/> Children's checkup/Well baby | <input type="radio"/> Hearing check  | <input type="radio"/> Routine blood pressure check |
| <input type="radio"/> Cholesterol check            | <input type="radio"/> Lab/blood draw | <input type="radio"/> Routine health checkup       |
| <input type="radio"/> Colonoscopy                  | <input type="radio"/> Mammography    | <input type="radio"/> Vision check                 |
| <input type="radio"/> Dental exam                  | <input type="radio"/> Pap smear      | <input type="radio"/> None                         |
| <input type="radio"/> Flu shot/immunizations       | <input type="radio"/> Prostate (PSA) | <input type="radio"/> Other _____                  |

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

- |   |  |   |
|---|--|---|
| <input type="radio"/> OB/GYN                              | <input type="radio"/> MRI                | <input type="radio"/> Medication management |
| <input type="radio"/> Cancer care                         | <input type="radio"/> Naturopathy        | <input type="radio"/> Geriatrician          |
| <input type="radio"/> Psychiatrist                        | <input type="radio"/> Outpatient surgery | <input type="radio"/> Other _____           |
| <input type="radio"/> Mental/behavioral health/counseling | <input type="radio"/> Plastic surgery    |   |

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

- Yes  No (If no, skip to question 15)

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

- |  |  |
|--|--|
| <input type="radio"/> Beartooth Billings Clinic- Red Lodge | <input type="radio"/> Stillwater Billings Clinic- Columbus                               |
| <input type="radio"/> Billings Clinic- Billings            | <input type="radio"/> St. Vincent Healthcare- Billings <input type="radio"/> Other _____ |

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

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

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

- Yes  No (If no, skip to question 18)

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

- Beartooth Billings Clinic- Red Lodge
- Billings Clinic- Billings
- RiverStone Health Clinic- Bridger
- Stillwater Billings Clinic- Columbus
- St. Vincent Healthcare- Absarokee
- RiverStone Health Clinic- Joliet
- Mountain View Clinic- Red Lodge
- St. Vincent Healthcare- Billings
- Other \_\_\_\_\_

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

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

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

- Yes
- No **(If no, skip to question 21)**

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

- Acupuncturist
- Allergist
- Cardiologist
- Chiropractor
- Dentist
- Dermatologist
- ENT (ear/nose/throat)
- General surgeon
- Geriatrician
- Mental health
- Neurology
- Neurosurgeon
- Nutritionist/Dietician
- OB/GYN
- Oncologist
- Ophthalmologist
- Optometrist
- Orthopedic surgeon
- Pediatrician
- Physical therapist
- Podiatrist
- Pulmonologist
- Rheumatologist
- Speech/Occupational therapist
- Substance abuse counselor
- Urologist
- Other \_\_\_\_\_

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

- Beartooth Billings Clinic- Red Lodge
- Beartooth Billings Clinic Physical Therapy- Joliet
- Billings Clinic- Billings
- RiverStone Health- Bridger
- RiverStone Health- Joliet
- Mountain View Clinic- Red Lodge
- St. Vincent Healthcare- Billings
- St. Vincent Healthcare- Absarokee
- Other \_\_\_\_\_

21. The following services are available at Beartooth Billings Clinic. Please rate the overall quality for each service. (Please mark DK if you don't know or haven't used the service)

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

Beartooth Children's Center	<input type="radio"/>	4	<input type="radio"/>	3	<input type="radio"/>	2	<input type="radio"/>	1	<input type="radio"/>	DK
Cardiopulmonary rehabilitation	<input type="radio"/>	4	<input type="radio"/>	3	<input type="radio"/>	2	<input type="radio"/>	1	<input type="radio"/>	DK
Childbirth education classes	<input type="radio"/>	4	<input type="radio"/>	3	<input type="radio"/>	2	<input type="radio"/>	1	<input type="radio"/>	DK
Clinical services	<input type="radio"/>	4	<input type="radio"/>	3	<input type="radio"/>	2	<input type="radio"/>	1	<input type="radio"/>	DK
CT Scan/x-ray/ultrasound/mammography	<input type="radio"/>	4	<input type="radio"/>	3	<input type="radio"/>	2	<input type="radio"/>	1	<input type="radio"/>	DK
Diabetes education	<input type="radio"/>	4	<input type="radio"/>	3	<input type="radio"/>	2	<input type="radio"/>	1	<input type="radio"/>	DK
Emergency room	<input type="radio"/>	4	<input type="radio"/>	3	<input type="radio"/>	2	<input type="radio"/>	1	<input type="radio"/>	DK
Endoscopy services	<input type="radio"/>	4	<input type="radio"/>	3	<input type="radio"/>	2	<input type="radio"/>	1	<input type="radio"/>	DK
Home health/hospice	<input type="radio"/>	4	<input type="radio"/>	3	<input type="radio"/>	2	<input type="radio"/>	1	<input type="radio"/>	DK
Laboratory	<input type="radio"/>	4	<input type="radio"/>	3	<input type="radio"/>	2	<input type="radio"/>	1	<input type="radio"/>	DK
Multiple sclerosis infusion	<input type="radio"/>	4	<input type="radio"/>	3	<input type="radio"/>	2	<input type="radio"/>	1	<input type="radio"/>	DK
Physical/speech/occupational therapies	<input type="radio"/>	4	<input type="radio"/>	3	<input type="radio"/>	2	<input type="radio"/>	1	<input type="radio"/>	DK
Public health	<input type="radio"/>	4	<input type="radio"/>	3	<input type="radio"/>	2	<input type="radio"/>	1	<input type="radio"/>	DK
Registered Dietician/nutrition services	<input type="radio"/>	4	<input type="radio"/>	3	<input type="radio"/>	2	<input type="radio"/>	1	<input type="radio"/>	DK
Sports medicine	<input type="radio"/>	4	<input type="radio"/>	3	<input type="radio"/>	2	<input type="radio"/>	1	<input type="radio"/>	DK
Visiting specialists/specialty clinics	<input type="radio"/>	4	<input type="radio"/>	3	<input type="radio"/>	2	<input type="radio"/>	1	<input type="radio"/>	DK

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

Yes     No

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

None     Less than 5 days     6-10 days     11-20 days     21-31 days

24. Has cost prohibited you or someone in your household from getting a prescription or taking your medication regularly?  Yes     No

25. In the past year, did you worry that your household would not have enough food?

Yes     No

26. Which of the following injury prevention measures do you use regularly? (Select all that apply)

Seat belt                       Helmet                       Designated driver  
 Child car seat/booster       Regular exercise       None

27. Do you have health insurance?  Yes  No (If no, skip to question 30)

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

- Healthy MT Kids  Medicaid  State/other  
 Private insurance/private plan  Medicare  Other \_\_\_\_\_  
 Employer sponsored  VA/Military

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

- Excellent  Good  Fair  Poor  Don't know

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

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

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

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

### **Demographics**

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

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

- 59068 Red Lodge/Luther  59070 Roberts  59071 Roscoe  
 59041 Joliet  59014 Bridger  59007 Bearcreek  
 59008 Belfry  59001 Absarokee  59013 Boyd  
 59026 Edgar  59029 Fromberg  Other \_\_\_\_\_

33. What is your gender?  Male  Female

34. What age range represents you?

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

**Please return in the postage paid envelope enclosed with this survey or mail to:**  
The National Rural Health Resource Center, 600 East Superior Street, Suite 404 Duluth MN 55802

**THANK YOU VERY MUCH FOR YOUR TIME**

**Please note that all information will remain confidential**

## **Appendix E – Responses to Other and Comments**

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

- Both extremes

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

- Respiratory disease/air purity
- Falls on the ice during the winter
- Poor diet
- ObamaCare
- Unemployment/disability, etc.
- Lack of coordination between health care facilities
- Aging
- DUI accidents
- Wages
- Uninsured adults due to unaffordability of insurance

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

- I feel these items are in such diverse categories that it is impossible to provide a reasonable answer here.
- Lower taxes for seniors
- All of these options
- Unsupervised kids
- Affordable health care

### **4. How do you rate your knowledge of the health services available in our community?**

- Can't truthfully assume; we both do health care in Yellowstone County

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

- Worked in the health care field
- All of the above and I'm a member of BBC (Beartooth Billings Clinic)
- From services available after falls resulting in surgery, home care, etc.
- Newspaper articles
- Referrals
- Retired Red Lodge Dentist
- Direct Mail Only
- Generally, just when I go to see a doctor

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

- Dental
- Hospice
- Alternative medicine is from the integrative health for back and shoulder
- Acupuncture from Horst Anton Wilhelm
- Lactation Consultant



***Question 6 continued...***

- RiverStone Health
- Internet
- None (6)
- Health fairs
- Annual Check-up
- None in Carbon County. I use Billings Clinic in Billings

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

- Lower cost for doctor visits and labs
- Actually providing same-day care through 6pm
- Medicaid Expansion
- Everyone should have free education and medical services
- Maternity services
- 24/7 pharmacy... Medicine for all
- Affordable insurance
- More services here without traveling to Billings
- [Improved quality of care] I had a mole removed and had to call 30-days later to get the results
- In all, we're pretty lucky
- More participation by residents
- Improved pharmacy. Red Lodge Pharmacy has poor service, high cost, and no evening or weekend hours
- Affordability
- Don't Know
- [Expanded Hours] Weekend walk-in clinic

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

- Weary of being sick
- No specialists so it is a waste of time and money
- Not ER-related

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

- None
- Weight management
- Acupuncture (2)
- Healthy diet
- Medicinal herbs
- Yoga
- Exercise
- 6-month diabetic check
- Dental
- All from United Blood service (gave blood)
- All preventative services in Billings
- Physical exam

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

- Ophthalmologist
- Probably none
- Depends on the illness and severity
- None (4)
- Anyone who REALLY knew what they were doing
- Dermatology
- I currently don't need any of these services. But I would use the ones I checked.
- Anything if it was cheaper and straight forward; itemized policy

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

- [Billings Clinic - Billings] Adults, no children's hospital
- [St. Vincent Healthcare - Billings] Kids
- Powell, WY
- VA (Veteran's Affairs)

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

- Cardiologist in Powell, WY
- Brother's MD practices there
- VA contract
- STV (St. Vincent Healthcare) hospital
- I like that the hospital is not religiously associated
- I will not go back to Beartooth Hospital. Bills were too vague and expensive
- N/A
- Board of directors' family member
- Personal preference

**16. Where was that primary health care provider located?**

- St. Vincent Healthcare – Laurel (4)
- St. Vincent's – Red Lodge (2)
- Cardiologist in Powell, WY
- Eye Clinic
- Billings VA (3)
- Choteau Clinic – Choteau, MT
- RiverStone in Billings

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

- Allowed by insurance plan
- The physician's bedside manner and knowledge
- History with provider (3)
- Luck of the draw
- PPO (Preferred Provider Organization)
- No clue
- Great Doctor!! (In Billings)
- Female

***Question 17 continued...***

- I don't have insurance and they let me make payments and cost is based on pay percentage
- Insurance is not good in Montana (poor)
- Switched doctor
- Great caregivers and follow-up care
- Same philosophy on treatment
- I love Doug
- Used to live in Billings

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

- [Yes] In another state

**19. What type of health care specialist was seen?**

- Internal medicine
- Radiologist
- Plastic surgeon
- Gastroenterologist (7)
- Geneticist
- Hearing test
- Psychiatrist
- Audiologist
- Only in another state
- ER visit
- Naturopath (2)
- Vascular surgeon
- Holistic MD – Boulder, CO
- Pain center
- Endocrinologist
- General
- Blood - Dr. Christianson
- Sleep study
- Hematologist
- Colonoscopy - Dr. Zins
- Diabetes

**20. Where was the health care specialist seen?**

- Yellowstone Medical Arts
- Frontier Cancer Center
- Heights Eye Clinic
- Ortho Montana – Billings
- Dental office (2)
- MD Anderson
- Old hospital dietitian
- Laurel
- Laurel Dentist

***Question 20 continued...***

- University of Minnesota
- Dentist in Red Lodge (8)
- Cardiovascular Consultants of Montana
- Ophthalmologist – Billings
- Red Lodge – Chiropractor (4)
- Red Lodge – Optometrist
- Billings – Optometrist
- Billings – Podiatrist
- Billings OB/GYN
- Out of town – Laurel and Billings
- Dental Private Practice
- Red Lodge – Anton Wilhelm (2)
- North Carolina – Cardiologist
- Boulder, CO
- Don't know
- Private practice in Helena, MT
- Billings/Red Lodge
- Private Clinic- Absarokee
- VA Billings (2)
- Dartmouth – Hitchcock Medical Center – Lebanon, NH
- Dr. Roane in Billings
- Powell, WY
- Kalispell Regional Medical Center
- University Physician in Denver
- Dan Upton – Chiropractor
- Dr. Evans – Dentist
- Dr. Erpenbach – Red Lodge/Billings
- Eye Clinic (3)
- Remington Dental (2)
- Wal-Mart Optometrist
- Arthritis Osteoporosis Center, PC
- Billings Dentist (2)
- Ophthalmologist – Cody, WY (Dr. Welch)
- Rimrock Podiatry – Billings
- Planned Parenthood – Billings
- Beartooth Billings Clinic Sports Medicine
- 1<sup>st</sup> Street Chiropractic – Great Falls, MT
- Dr. Tallman – St. Vincent's in Red Lodge
- Independent
- Chiropractor's Office
- Mayo in Arizona (2)
- Navy Hospital – Pensacola, FL

**21. The following services are available at Beartooth Billings Clinic. Please rate the overall quality for each service.**

- My biggest concern is with the billing format at the Red Lodge hospital. Billings is MUCH better and includes needed details.
- Billing department is a "1" [poor]
- Care is good but cost is poor
- N/A – Never been there

**26. Which of the following injury prevention measures do you use regularly?**

- Ear protection
- [Designated Driver] If needed

**27. Do you have health insurance?**

- [Yes] But my premiums are going up with ObamaCare

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

- AARP (American Association of Retired Persons)
- AARP Supplemental insurance
- None
- State Teachers Retirement System (STRS) of Ohio
- Montana Association of Counties (MACo) Health Care Trust (2)
- Blue Cross Blue Shield
- Supplement
- Two people in the household with different insurance
- [Medicare] I also have secondary insurance
- Medicare Supplement
- Supplementary from Federal Plan (now retired)
- Self-pay
- Union

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

- Insurance companies are a rip-off
- Give me a break
- Two-year waiting period for Medicare per SSI (Supplemental Security Income)

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

- [Yes, but I do not qualify] I just pay for others

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

- Fox West Bend

## Appendix F – Focus Group Questions

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

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

## Appendix G – Focus Group Notes

### Focus Group #1

Thursday, August 15, 2013 – 12:00pm-1:00pm – Bridge Creek Restaurant – Red Lodge, MT  
15 attendees (9 male, 6 female)

1. What would make this community a healthier place to live?
  - If people quit smoking and quit drinking then the community would be healthier.
    - As well as quit eating so much.
  - Generally speaking, a higher education level would help the health of the community. As people become more educated, they become more sensitive to their health and education exposes them to good, healthy habits. That would improve the general health in our community.
  - I have a good friend with severe mental health issues. There are not enough services for them here. They go to Billings four times a week. I think there are probably lots of people that could use mental health services here in Red Lodge.
  - Improve walkability and bike-ability in town.
    - For instance, finishing the trail to the top of the hill.
  
2. What do you think are the most important local health care issues?
  - You hear about childhood obesity but I don't see a lot of it in Red Lodge. Most kids are so active and have sports and things to do. I don't know the real childhood obesity rate in our area.
  - It is important to have positive places for teens to hang out.
  - There are underage drinking issues because of boredom. If youth are not engaged, they struggle to find positive outlets.
    - That may have to do with economic opportunities for kids who are not college-bound. They struggle with identity that can turn into other social problems. Good economic development would benefit from a physical and economic standpoint.
  
3. What do you think of the hospital in terms of:  
Quality of Care
  - Unbelievably good!
  - Red Lodge is the smallest town I've ever lived in and I'm amazed by the medical abilities available in Beartooth Billings Clinic. My wife went into the Emergency Room after-hours and received tremendous care. I don't know of many towns of 2,500 people and less that can say that about their hospital.
    - I echo that. When I retired I didn't give any thought to the quality of care at the hospital but then I got a brain bleed and was in the hospital for many, many days and was amazed by the excellent care I received. On the other hand, my niece was in St. Vincent's in Billings and let's just say we're very blessed here in Red Lodge.
    - We have great local coverage. I've been involved with home health care and it's an outstanding service. Everyone who shows up to help is unbelievable. It is so good to have home health care.

- Quality of care is unreal in a good way.

#### Number of Services

- We have a brand new hospital with a brand new Operating Room and all they do is endoscopy. They need to get ophthalmology and carpal tunnel surgery. But for some reason, someone in the hospital is blocking those services. They could put the OR to much better use. Endoscopies are all that goes on in there. Why not use the facility?
  - On that same note, several years ago a nurse was trying to get the nursing staff to be certified to be sexual assault nurses but the hospital never did let them implement the program.
- My wife and I use Beartooth Billings Clinic and my wife had an MRI done and was trying to see a neurologist in Billings but the appointment was four months out. That's a problem right there. Billings Clinic needs more people. We had to switch to St. Vincent's and got in to an appointment in twenty days instead of ninety days.

#### Hospital Staff

- Top notch.
- Very professional, really good.
- I love Dr. George. He's great.
- I have a complaint about calling local doctors but they don't return their calls. The excuse always is that someone is on vacation. Two days later someone finally called us back.

#### Hospital Board and Leadership

- I don't know.
- The Board does an annual meeting every year that is open to the public and the Board talks and the Foundation talks and they are very thorough about what is going on at the hospital. They all do a great job. They also put out an annual report that is top notch.

#### Business Office

- The billing system here and in Billings is weird. The hospital is wasting my medical dollars. Why send a bill for zero dollars? Don't waste a billing cycle for a Medicare bill with zero balances. Each bill probably costs two to five dollars to mail. Send zero balances to people electronically. There is already a lot of coordination between this clinic and Billings so coordinate the billing as well.
  - I once paid a bill then a month and a half later I got a bill for the same thing. When I checked into it, apparently I had paid the check to Billings Clinic, not Beartooth Billings Clinic. The hospital didn't bother to call and tell me I had made a mistake. I didn't know that both clinics send bills and you have to pay them individually.

#### Condition of Facility and Equipment

- The facility is brand new.
- Just look at the size of the town and look at what we've got. Amazing.
- The facility is beautiful and wonderful.



- As a business professional in town, I wish there would be outreach programs for CPR. I would be more than happy to require my employees to attend those classes if the hospital would teach it. Sometimes I have to bring people in from Washington to do these trainings. I would love to purchase those trainings from the local hospital instead.
  - The fire station does CPR and EMT classes two to three times a year.
  - While we're on the topic of instructional classes, I think they could offer a course that teaches kids how to babysit.

#### Financial Health of the Hospital

- I don't have any basis for this, but I just don't know how a town of this size can support that hospital. I just don't understand the economics. I worry if the facility is sustainable. We will get to a point where we are very dependent on this facility. I don't know how long the hospital has been open. They've obviously had experience that is viable but they need to prove that to the community.
- I would like more information about Critical Access Hospital funding.
- Services in Red Lodge are not as competitive as in bigger towns.

#### Cost

- Medical care costs too much.
- The impacts of ObamaCare [The Affordable Care Act] are unknown.
- Cost is nice for all the seniors. This hospital [Beartooth Billings Clinic] has never turned away Medicare patients. Cost is directly related to the function of billing. We won't know the true cost until years after ObamaCare.
- This group is pretty well-off, financially. Do you have a way of talking to another economic group? One of the biggest problems in our area is affordable housing for the working people. I'd like other community members' input on these questions.

#### Office/Clinic Staff

- There seems to be a ton of administrative staff running around. You can't necessarily get ahold of them though so you have to wait in line. The hospital is like a busy restaurant with open tables but no one to seat you. That statement may not be statistically significant.
- Have you heard any comments about our hospital closing obstetrics? They shut OB down several years ago and that upset many people but OB was a money loser.

#### Availability

- I can get in for appointments when I need to.
- Specialists are hard to get in to but general services are pretty available, especially for blood draws. I can be in and out in fifteen minutes for a blood draw.

4. Are any of the local providers your personal provider or personal provider to your family members? Why?
  - Not discussed.

5. What do you think about local services?
  - Not discussed
  
6. Why might people leave the community for healthcare?
  - We don't really need to leave our community except for specialists or for second opinions.
  - Beartooth Billings Clinic can't do certain lab testing here. The hospital sent me to Billings because they couldn't do the lab testing I needed.
  - Affordability. Going to Billings is beneficial for discount services especially for young people like me.
  
7. What other healthcare services are needed in the community?
  - First of all, the survey was a great action. I was sent to many different specialists in Billings so I would suggest having those specialists come up once a month or something. It's easier for me to go into Red Lodge rather than all the way to Billings. There are a lot of seniors that find it difficult to get to Billings. I would like to see more visiting specialists.
    - Beartooth Billings Clinic does have regular specialists that come. Anywhere from six to eight specialists come monthly.
      - But I have to see a neurologist and they don't visit. I couldn't afford the MRI here. I had to see a vein specialist and sports medicine and appointments were at least eight or nine weeks out.
    - There are a few specialists that come like dermatology and sports medicine, but dermatology is booked clear until October.
  - I have a recommendation to implement a transportation system or bus to help transport seniors to appointments for specialists in Billings.

## Appendix H – Secondary Data County Profile

Carbon County  
Secondary Data Analysis  
July 23, 2012



**MONTANA**  
STATE UNIVERSITY

Office of Rural Health  
Area Health  
Education Center

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

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

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

\*Chronic Lower Respiratory Disease

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

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

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

<sup>2</sup>Center for Disease Control and Prevention (CDC) (2012)

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

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

Chronic Disease Hospitalization Rates	County	Montana
Stroke <sup>1</sup> Per 100,000 population	183.6	182.2
Diabetes <sup>1</sup> Per 100,000 population	80.4	115.4
Myocardial Infarction <sup>1</sup> Per 100,000 population	167.4	147.3

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

Demographic Measure (%)	County			Montana			Nation <sup>5,6</sup>		
Population <sup>1</sup>	9,657			989,415			308,745,538		
Population Density <sup>1</sup>	4.7			6.7			Not relevant		
Age <sup>1</sup>	<5	18-64	65+	<5	18-64	65+	<5	15-64	65+
	5%	64%	17%	6%	63%	14%	7%	62%	13%
Gender <sup>1</sup>	Male		Female	Male		Female	Male		Female
	50.6%		49.4%	50.1%		49.9%	49.2%		50.8%
Race/Ethnic Distribution	White <sup>1</sup>			91.5%			72.4%		
	American Indian or Alaska Native <sup>1</sup>			6.8%			0.9%		
	Other <sup>1</sup>			1.7%			26.7%		

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

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

<sup>5</sup>Black, Asian/Pacific Islanders, Hispanic & Non-Hispanic Ancestry  
<sup>6</sup>US Census Bureau (2010)

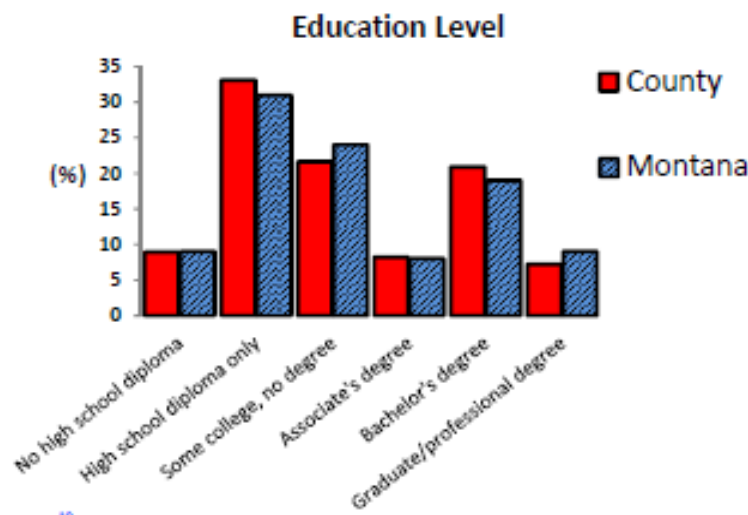
Socioeconomic Measures <sup>1</sup> (%)	County	Montana	Nation <sup>7,8</sup>
Median Income <sup>1</sup>	\$42,454	\$43,000	\$51,914
Unemployment Rate <sup>7</sup>	4.7%	6.3%	7.7%
Persons Below Poverty Level <sup>1</sup>	11.0%	14.0%	13.8%
Uninsured Adults (Age <65) <sup>1</sup>	26.1%	19.0%	18.2%
Uninsured Children (Age <18) <sup>9</sup>	N/A	11.0%	10.0%

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

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

<sup>8</sup>Center for Disease Control and Prevention (CDC), Health Insurance Coverage (2011)

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



<sup>10</sup>Indicators Northwest, Imp. Graph (2011)



Behavioral Health <sup>1,2</sup>	Region 3	Montana
Childhood Immunization Up-To-Date (UTD) % Coverage <sup>11,††</sup> Age 24-35 months, population size: 12,075 (% sampled: 35.9%)	60.9% (County)	64.3%
Tobacco Use <sup>1</sup>	18.7%	19.3%
Alcohol Use (binge + heavy drinking) <sup>1</sup>	20.8%	22.8%
Obesity <sup>1</sup>	24.2%	21.6%
Overweight <sup>1</sup>	38.3%	37.8%
No Leisure time for physical activity <sup>1</sup>	22.0%	20.7%

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

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

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

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

Screening <sup>1</sup>	Region 3	Montana
<i>Cervical Cancer (Pap Test in past 3 yrs)<sup>1</sup></i>	84.7%	83.0%
<i>Breast Cancer (Mammogram in past 2 yrs)<sup>1</sup></i>	73.5%	71.9%
<i>Blood Stool<sup>1</sup></i>	26.5%	25.3%
	<i>Sigmoidoscopy or Colonoscopy<sup>1</sup></i>	54.5%
<i>Diabetic Screening<sup>5</sup></i>	78.0% (County)	79.0%
<i>Percent of Medicare enrollees who received HbA1c screening</i>		

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

<sup>5</sup>County Health Ranking, Robert Wood Johnson Foundation (2012)

Mortality <sup>1,2,12</sup>	County	Montana	Nation <sup>2,13</sup>
<i>Suicide Rate per 100,000 population<sup>1</sup></i>	20.6	20.3	12.0
<i>Unintentional Injury Death Rate per 100,000 population<sup>1</sup></i>	61.9	58.8	38.4
<i>Percent Motor Vehicle Crashes Involving Alcohol<sup>1</sup></i>	15.0%	10.0%	32.0%
<i>Pneumonia/Influenza Mortality per 100,000 population<sup>1</sup></i>	8.3	19.0	17.5
<i>Diabetes Mellitus<sup>2</sup></i>	24.8	27.1	21.8

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

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

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

<sup>13</sup>Kaiser State Health Facts, National Diabetes Death Rate (2008)

Maternal Child Health <sup>1</sup>	County	Montana	Nation <sup>14,15</sup>
<i>Infant Mortality (death within 1<sup>st</sup> year) Rate per 1,000 live births<sup>1</sup></i>	6.1 (Region 3)	6.1	6.7
<i>Entrance into Prenatal care in 1<sup>st</sup> Trimester Percent of Live Births<sup>1</sup></i>	86.6%	83.9%	69.0%
<i>Birth Rate<sup>9</sup> Babies born per 1,000 people</i>	7.9	12.8	13.5
<i>Low Birth Weight (&lt;2500 grams) Percent of live births<sup>1</sup></i>	6.5%	7.3%	8.3%
<i>Neonatal Mortality (under 28 days of age) Rate per 1,000 live births<sup>1</sup></i>	3.5 (Region 3)	3.3	4.5
<i>Post Neonatal Mortality (28 through 364 days of age) Rate per 1,000 live births<sup>1</sup></i>	2.6 (Region3)	2.7	2.2
<i>Pre-Term Birth (&lt;37 completed weeks gestation) Percent of Live Births<sup>1</sup></i>	8.5%	10.1%	12.5%

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

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

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

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

## Economic Impact Assessment

### **Demographic Trends and Economic Impacts:** **A Report for Beartooth Billings Clinic**

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

#### **Introduction**

This report responds to requests by MHA for the location quotient of the hospital sector in Carbon County and for information on the county's demographics. In addition, the report includes analysis of the economic impact of the hospital sector on Carbon County's economy. Section I gives location quotients for the hospital sector in Carbon County using both state and national employment as the basis of comparison. Section II looks at the demographic profile of Carbon County. Section III presents the results of an input-output analysis of the impact of Beartooth Billings Clinic on the county's economy.

#### **Section I Location Quotients**

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

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

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

Two location quotients for hospital employment in Carbon County were calculated. The first compares Carbon County's hospital employment concentration to that of the State of Montana, and the second compares it to hospital employment in the United States. The calculations use 2010 annual averages.

**Hospitals Location Quotient (compared to State of MT) = .73**

**Hospitals Location Quotient (compared to U.S.) = .84**

A location quotient near 1 indicates that the employment concentration in the county mirrors that of the larger geographic region. In the case of Carbon County, both the state and national location quotients are below one, indicating that hospital employment in Carbon County is about 27 percent lower when compared to the State and 16 percent lower when compared to national employment patterns.

Another way to look at the location quotient is to ask how many employees would be employed in the hospital sector if Carbon County’s employment patterns mirrored the state or the nation. Beartooth Billings Clinic averaged 96 employees in 2010. This is 36 fewer than what one would expect given the state’s employment pattern and 19 less than expected given the national employment pattern. In 2010, Beartooth Billings Clinic accounted for 3.9% of county nonfarm employment and 5.3% of the county’s total wages.

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

## Section II Age Demographics

The 2010 Census reported that there were 10,078 residents of Carbon County. The breakdown of these residents by age is presented in Figure 1. Carbon County’s age profile is similar to that of many of Montana’s rural counties. In 2010, baby boomers were between the ages of 45 and 60 and their presence is evident in the graph. Following the baby boom came the “baby bust,” which is evidenced by the lack of 20 to 34 year olds in the county. In many rural Montana counties, the baby bust is exacerbated by out-migration of young adults.

Figure 1: Age Distribution of Carbon County Residents

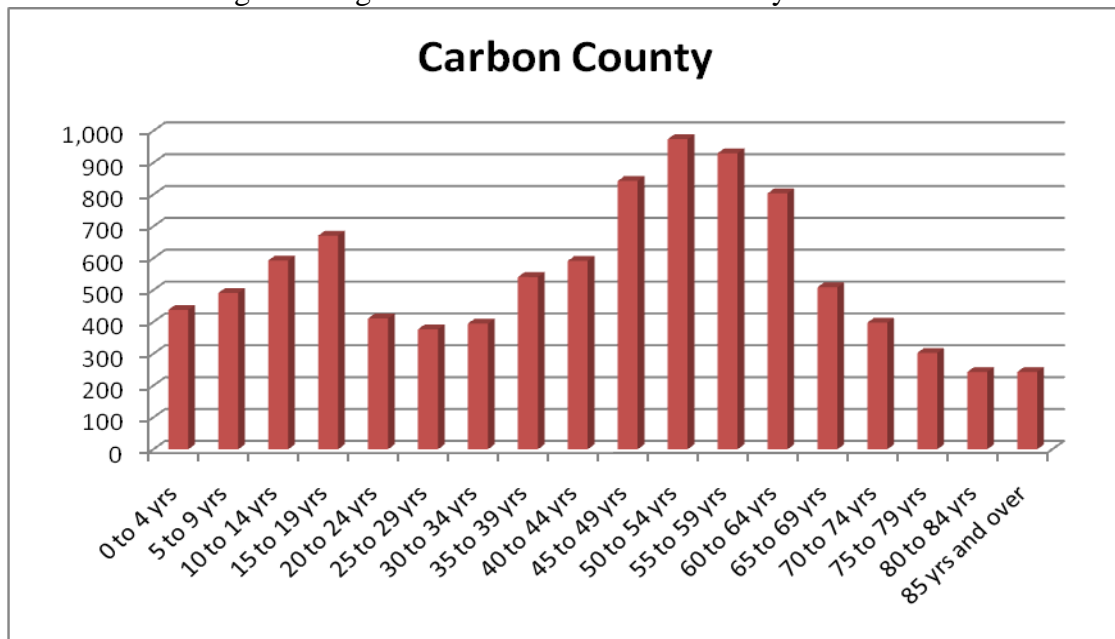


Figure 2: Percent of the population by age groups, Carbon County vs. Montana

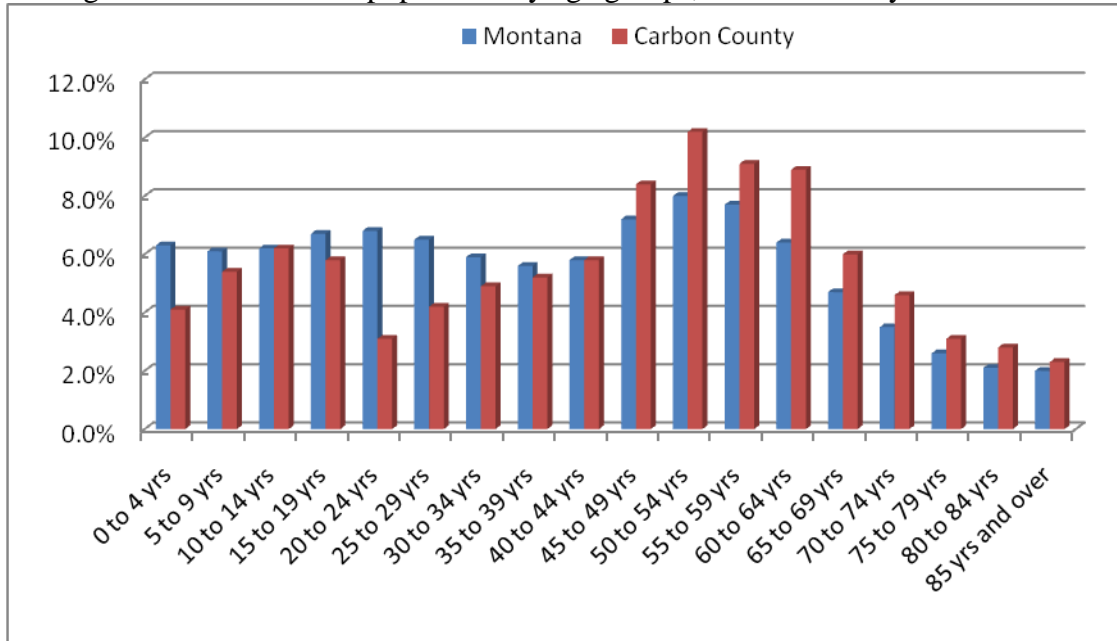


Figure 2 shows how Carbon County’s population distribution compares to Montana’s. A careful examination of Figure 2 and the underlying data reveals that, compared with the State as a whole, Carbon County has a higher percentage of people 45 and older (55.4 percent vs. 44.2 percent) and a lower percentage of people aged 15 to 39 (23.2 percent vs. 31.5 percent). According to the 2010 Census, Carbon County had a median age of 48.1 compared with the state’s median age of 39.8. These demographics are important when planning for health care delivery now and in the future.

### Section III Economic Impacts

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

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



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

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

**Hospital Employment Multiplier = 1.37**

**Hospital Employee Compensation Multiplier = 1.28**

**Hospital Output Multiplier = 1.39**

What do these numbers mean? The employment multiplier of 1.37 can be interpreted to mean that for every job at Beartooth Billings Clinic, another .37 jobs are supported in Carbon County. Another way to look at this is that if Beartooth Billings Clinics suddenly went away, about 24 additional non-hospital jobs would also be lost in the county (based on 2010 hospital employment of 65). The employee compensation multiplier of 1.28 simply states that for every dollar in wages and benefits paid to the hospital's employees, another 28 cents of wages and benefits are created in other local jobs in Carbon County. Put another way, if Beartooth Billings Clinic suddenly went away, about \$976,459 in additional annual wages would be lost from other jobs in the county. Finally, the output multiplier indicates that for every dollar of goods and services produced by Beartooth Billings Clinic, output in the county increases by another 39 cents.

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

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

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