Pondera County, Montana

Community Health Needs Assessment Report

Survey conducted by
Pondera Medical Center
Conrad, Montana

October
2016

PONDERA MEDICAL CENTER

Pondera Medical Center
Community Health Needs Assessment

Table of Contents

I. Introduction 2

II. Health Assessment Process 2

III. Survey Methodology 2

IV. Survey Respondent Demographics 3

V. Survey Findings 8

VI. Focus Group Methodology 47

VII. Focus Group Findings 48

VIII. Summary 50

IX. Prioritization of Health Needs Available…….. 51

X. Evaluation of Activity Impact from Previous CHNA……. 53

Appendix A – Steering Committee Members 56

Appendix B – Public Health and Populations Consultation……... 57

Appendix C – Survey Flyer/Poster 59

Appendix D – Survey Instrument 60

Appendix E – Focus Group Questions 65

Appendix F – Focus Group Notes 66

Appendix G – Secondary Data 71

Pondera Medical Center Community Survey & Focus Groups
Summary Report
September 2016

I. Introduction

Pondera Medical Center (PMC) is a 15-bed Critical Access Hospital based in Conrad, Montana. The service area consists of just over 1,600 square miles and provides medical services to the Pondera County population of approximately 6,150 people. Pondera Medical Center conducted the Community Health Needs Assessment (CHNA) in its entirety. Community involvement in steering committee meetings and focus groups enhance community engagement in the assessment process.

In the fall of 2016, Pondera Medical Center's service area was surveyed about its healthcare 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 the subsequent 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 2016 survey data with data from a previous survey that was conducted in 2013. If any statistical significance exists, it will be reported.

II. Health Assessment Process

A Steering Committee was convened to assist Pondera Medical Center in conducting the Community Health Needs Assessment. A diverse group of community members representing various organizations and populations within the service area came together in September 2016. For a list of all Steering Committee members and their affiliations, see Appendix A. The Steering Committee met twice during the CHNA 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.

III. Survey Methodology

Survey Instrument

In September of 2016, a survey monkey was created so that residents in Pondera Medical Center's service area could take the survey online. Paper copies were also made available at various locations. 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 information from local residents regarding:

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

Sampling

The online survey was made available to all service area residents. Paper copies of the survey were made available at Pondera Medical Center's Health Fair in Conrad, at PMC's clinic and hospital registration offices, and to the Heart Butte Clinic. Flyers were created and distributed through the local Gary and Leo's IGA in grocery bags. Posters and website information cards were also created and displayed in Heart Butte, Valier, Brady, Dupuyer and Conrad. The survey was also announced on PMC's website and in the local newspaper.

Two focus groups were held to identify the motives of local residents when selecting healthcare providers and to discover reasons why people may leave the Conrad area to seek healthcare 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. Focus Group notes can be found in Appendix F.

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, requires regional reporting of many major health indices including chronic disease burden and behavior health indices. The Montana Behavioral Risk Factor Surveillance System (BRFSS), 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 a mailed survey, however, this approach is not without limitations. In an attempt to broaden the availability of the survey distribution, a mixture of different data collection methodologies were utilized, i.e.(Survey Monkey, paper surveys). Conducting community focus groups and key informant interviews, in addition to the Survey Monkey and paper copies, allow for a more diverse sampling, and ultimately these efforts help to increase the community response rate. Partnering with local community organizations such as public health, community health centers, and senior centers, just to name a few, help to reach segments of the population that might not otherwise respond to a survey or attend a focus group.

Survey Implementation

A news release was sent to local newspapers prior to the survey availability announcing that Pondera Medical Center would be conducting a community health services survey. Posters and flyers were placed at the local post office, library and courthouse. The survey was also announced on Pondera Medical Center's website. As shown in the table below, a total of 151 surveys were completed and returned.

IV. Survey Respondent Demographics

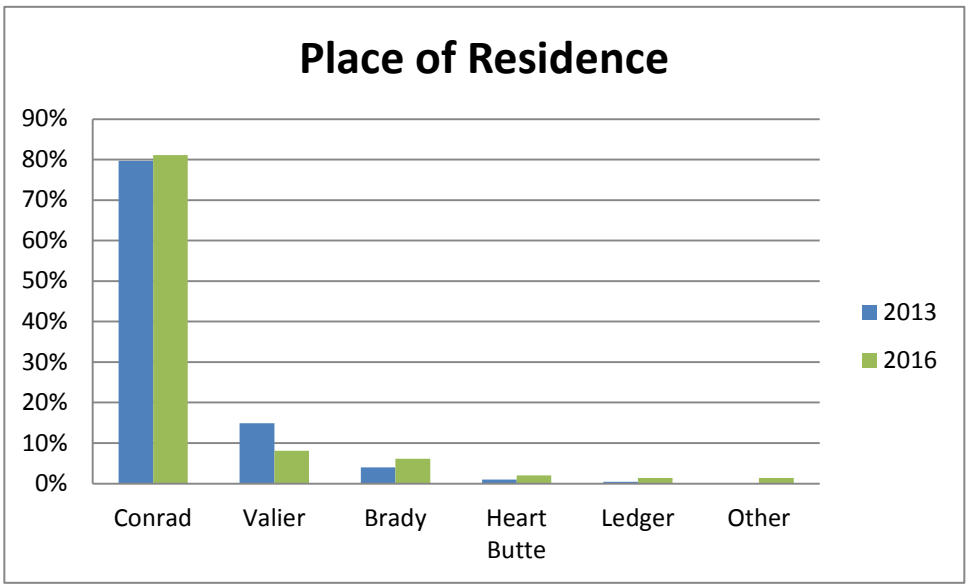
A total of 151 surveys were completed either online or on paper. The following tables indicate the demographic characteristics of the survey respondents. Information on place of residence, gender, age, and employment is included. Percentages indicated on the tables and graphs are based upon

the total number of responses for each individual question, as some respondents did not answer all questions.

Place of Residence (Question 46)

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

		2013		2016	
Area	**Zip code**	**Count**	**Percent**	**Count**	**Percent**
Conrad	59425	**161**	**79.7%**	**123**	**81.1%**
Valier	59486	**30**	**14.9%**	**12**	**8.1%**
Brady	59416	**8**	**4.0%**	**9**	**6.1%**
Heart Butte	59448	2	1.0%	3	2.0%
Ledger	59456	1	.4%	2	1.4%
Other		0	0%	2	1.4%
Total		202	100%	151	100%

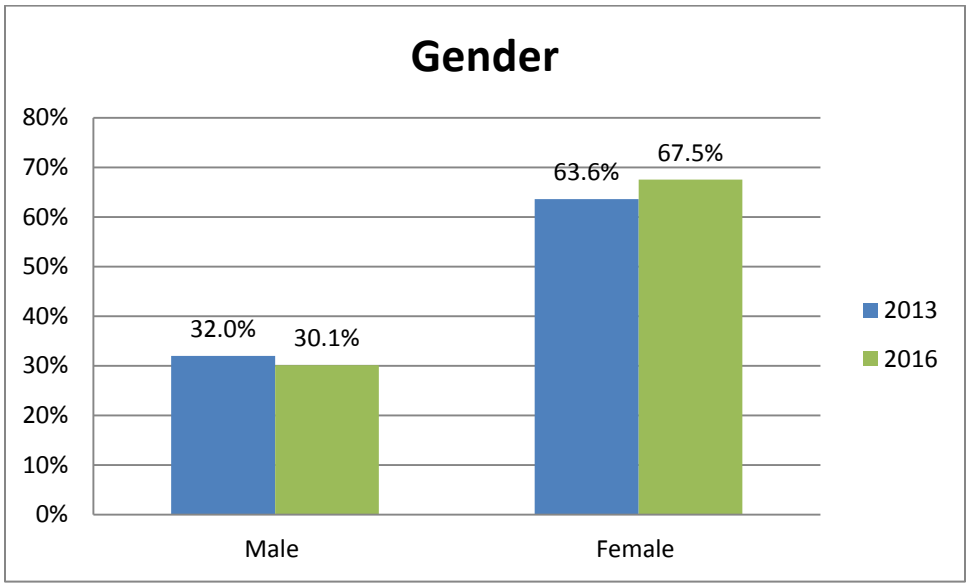


Gender (Question 47)

2013 N = 206
2016 N = 146

Of the 151 surveys returned, 67.5% of survey respondents were female, 30.1% were male, and 3.4% chose not to answer this question. It is not unusual for survey respondents to be predominantly female, particularly when the survey is healthcare-oriented and women are frequently the healthcare decision makers for families.

Gender	2013	Percent	2016	Percent
Male	66	32%	44	30.1%
Female	131	63.6%	102	67.5%
No Answer	9	4.4%	5	3.4%



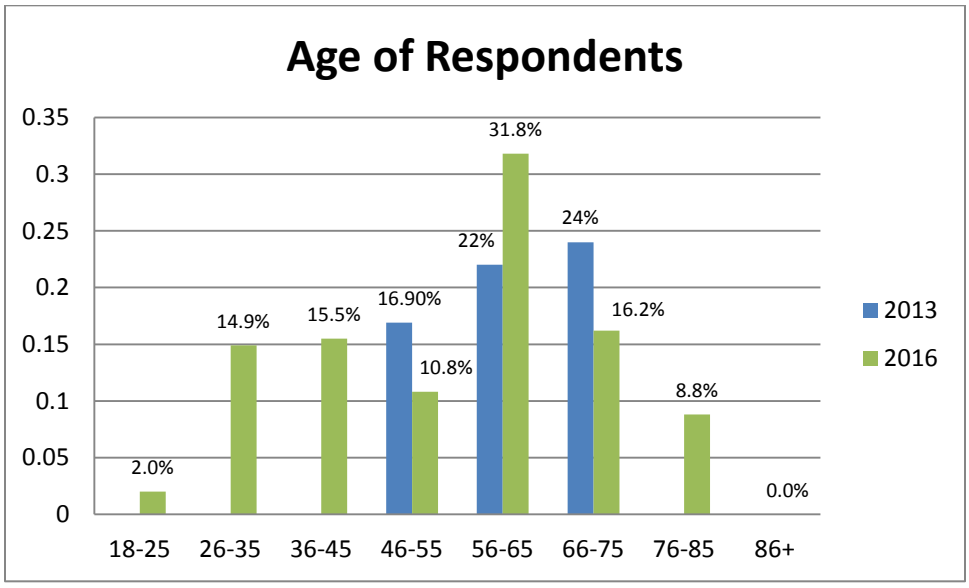
Age of Respondents (Question 48)

2013 N = 201
2016 N = 148

Thirty two percent of respondents (n=47) were between the ages of 56-65. 16.2% of respondents (n= 24) were between the ages of 66-75 and 15.5% of respondents (n=23) were between the ages of 36-45. The age group of 36-45 were lower at 10.8% (n=16). This statistic is still comparable to other Critical Access Hospital (CAH) demographics. The increasing percentage of aging residents in rural communities is a trend which is seen throughout Montana and will likely have a significant impact on the need for healthcare services during the next 10-20 years. However, it is important to note that this survey was targeted to adults and therefore, no respondents are under age 18. Overall, there were a greater number of respondents under the age of 45, and this may prove significant in the years to come. Five respondents did not answer this question.

Age of Respondents (Question 48 – Cont'd.)

	2013		2016	
	Percent	Response Count	Percent	Response Count
18-25			2.0%	3
26-35			14.9%	22
36-45			15.5%	23
46-55	16.90%	34	10.8%	16
56-65	22%	45	31.8%	47
66-75	24%	48	16.2%	24
76-85			8.8%	13
86+			0.0%	0



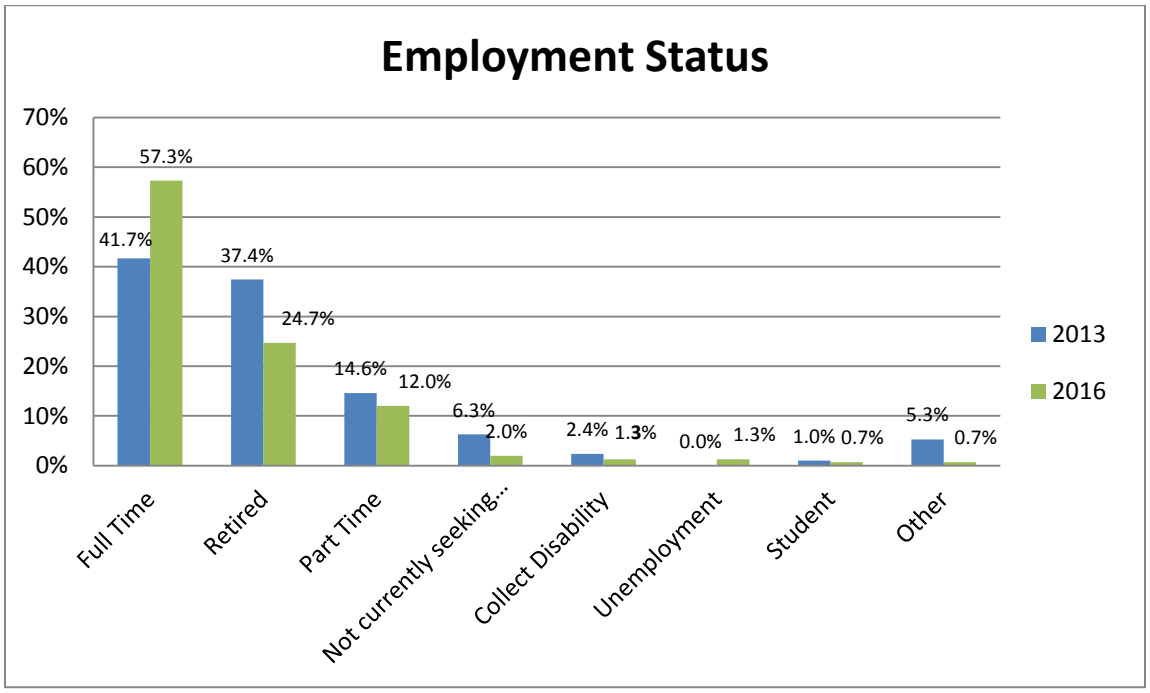
Employment Status (Question 49)

2013 N = 206
2016 N = 150

Fifty seven percent (n=86) of respondents reported working full time while 25% (n=37) are retired. Twelve percent of respondents (n=18) indicated they work part time. Respondents could check all that apply so percentages do not equal 100%.

	2013		2016	
	Percent	Response Count	Percent	Response Count
Full Time	41.7%	86	57.3%	86
Retired	37.4%	77	24.7%	37
Part Time	14.6%	30	12.0%	18
Not currently seeking employment	6.3%	3	2.0%	3
Collect Disability	2.4%	2	1.3%	2
Unemployment	0.0%	0	1.3%	2
Student	1.0%	1	0.7%	1
Other	5.3%	6	0.7%	1

Employment Status (Question 49 – Cont'd.)



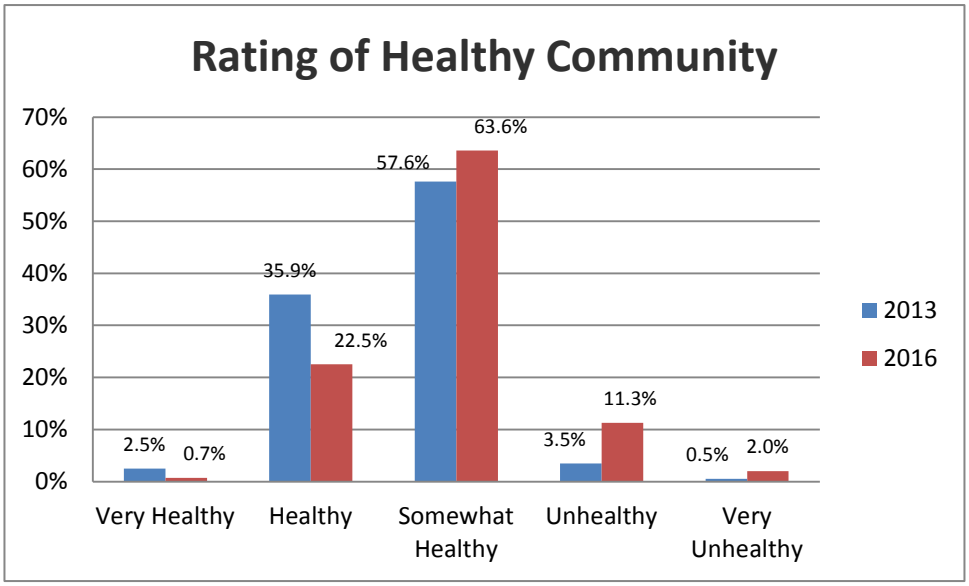
V. Survey Findings

General Health Impression of Community (Question 1)

2013 N = 198
2016 N = 151

Respondents were asked to indicate how they would rate the general health of their community. Sixty four percent of respondents (n=96) rated their community as "Somewhat Healthy." 22.5% of respondents (n=34) felt their community was "Healthy" and 11.2% (n=17) felt their community was "Unhealthy." There was one respondent who felt their community was very "Healthy" and 3 respondents who felt their community was "Very Unhealthy".

	2013		2016	
	Percent	Response Count	Percent	Response Count
Very Healthy	2.5%	5	0.7%	1
Healthy	35.9%	71	22.5%	34
Somewhat Healthy	57.6%	114	63.6%	96
Unhealthy	3.5%	7	11.3%	17
Very Unhealthy	0.5%	1	2.0%	3



Serious Health Concerns for Community (Question 2)

2013 N = 206
2016 N = 151

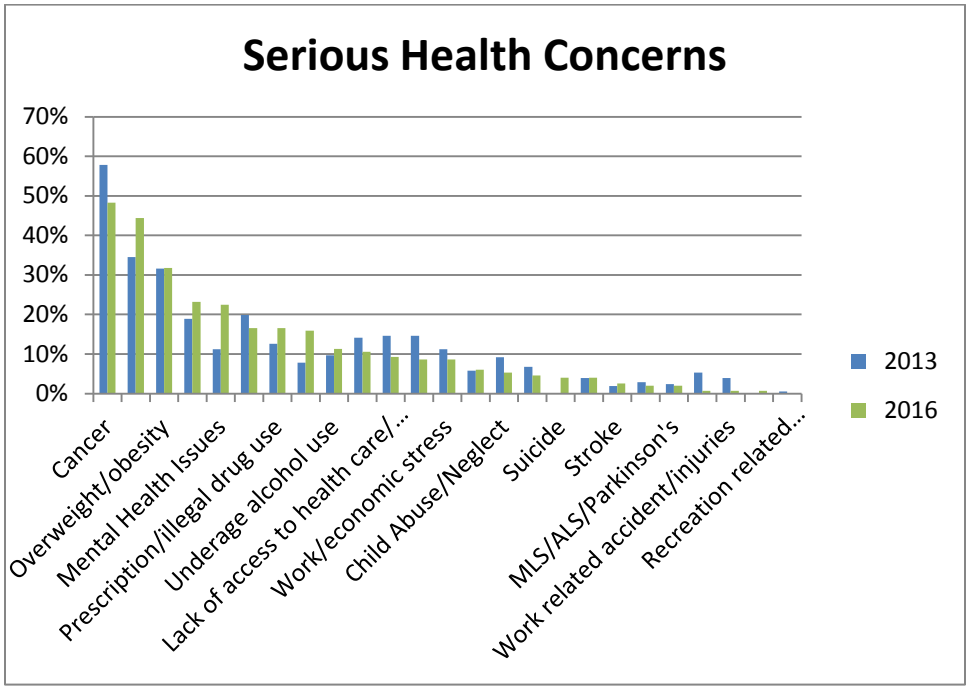
Respondents were asked what they felt the three most serious health concerns were in their community. The number one health concern identified by respondents was "Cancer" at 48.3% (n=73). "Alcohol abuse/Substance Abuse" was also a high priority at 44.3% (n=67) followed by "Obesity/overweight" at 31.7% (n=48). Respondents were asked to pick their top three serious health concerns so percentages do not equal 100%.

	2013		2016	
	Percent	Response Count	Percent	Response Count
Cancer	57.8%	119	48.3%	73
Alcohol abuse/substance abuse	34.5%	71	44.4%	67
Overweight/obesity	31.6%	65	31.8%	48
Diabetes	18.9%	39	23.2%	35
Mental Health Issues	11.2%	23	22.5%	34
Heart Disease	19.9%	41	16.6%	25
Prescription/illegal drug use	12.6%	26	16.6%	25
Depression/Anxiety	7.8%	16	15.9%	24
Underage alcohol use	9.7%	20	11.3%	17
Tobacco use	14.1%	29	10.6%	16
Lack of access to health care/ dental care	14.6%	30	9.3%	14
Lack of healthcare education	14.6%	4	8.6%	13
Work/economic stress	11.2%	23	8.6%	13
Poor nutrition	5.8%	12	6.0%	9
Child Abuse/Neglect	9.2%	19	5.3%	8
Respiratory issues/illness	6.8%	14	4.6%	7
Suicide	0.0%	0	4.0%	6
Other	3.9%	8	4.0%	6
Stroke	1.9%	4	2.6%	4
Motor Vehicle Accidents	2.9%	6	2.0%	3
MLS/ALS/Parkinson's	2.4%	5	2.0%	3
Domestic Violence	5.3%	11	0.7%	1
Work related accident/injuries	3.9%	8	0.7%	1
Elder abuse	Not asked		0.7%	1
Recreation related accidents/injuries	0.5%	1	0.0%	0

"Other" comments:

- Exercise
- Can't afford to go there
- Cancer
- Mental illness

Serious Health Concerns for Community (Question 2-Cont'd.)



Important Components of a Healthy Community (Question 3)

2013 N = 206
2016 N= 151

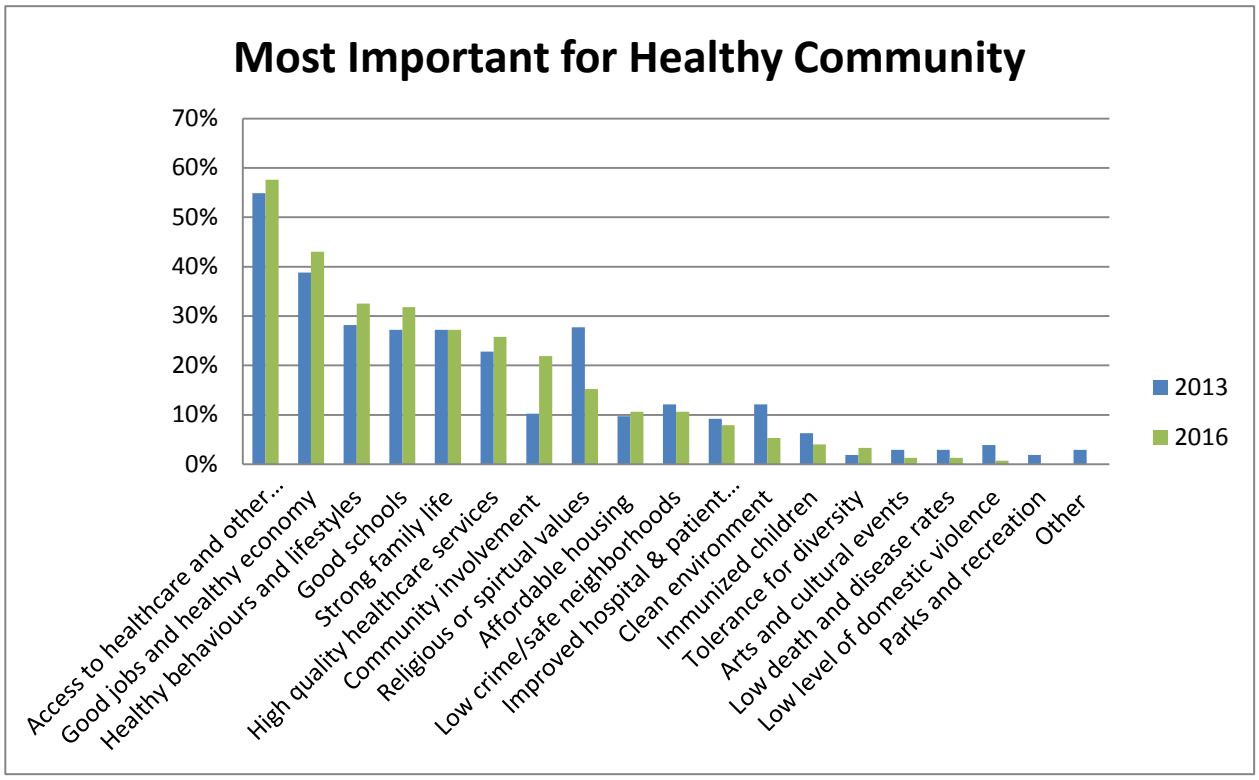
Respondents were asked to identify the three most important things for a healthy community. Fifty-eight percent of respondents (n=87) indicated that "Access to healthcare and other services" is important for a healthy community. "Good jobs and a healthy economy" was the second most indicated component at 43% (n=65) and third was "Healthy behaviors and lifestyles" at 32.5% (n=49) and "Good Schools" at 31.8% (n=48). Respondents were asked to identify their top three choices, thus the percentages do not add up to 100%.

"Other" comments:

- All things in moderation
- Getting back to core family values
- Good healthcare

Important Components of a Healthy Community (Question 3 – Cont'd.)

	2013		2016	
	Percent	Response Count	Percent	Response Count
Access to healthcare and other services	54.9%	113	57.6%	87
Good jobs and healthy economy	38.8%	80	43.0%	65
Healthy behaviors and lifestyles	28.2%	58	32.5%	49
Good schools	27.2%	56	31.8%	48
Strong family life	27.2%	56	27.2%	41
High quality healthcare services	22.8%	47	25.8%	39
Community involvement	10.2%	21	21.9%	33
Religious or spiritual values	27.7%	57	15.2%	23
Affordable housing	9.7%	20	10.6%	16
Low crime/safe neighborhoods	12.1%	25	10.6%	16
Improved hospital & patient communication	9.2%	19	7.9%	12
Clean environment	12.1%	25	5.3%	8
Immunized children	6.3%	13	4.0%	6
Tolerance for diversity	1.9%	4	3.3%	5
Arts and cultural events	2.9%	6	1.3%	2
Low death and disease rates	2.9%	6	1.3%	2
Low level of domestic violence	3.9%	8	0.7%	1
Parks and recreation	1.9%	4	0.0%	0
Other	2.9%	6	0.0%	0

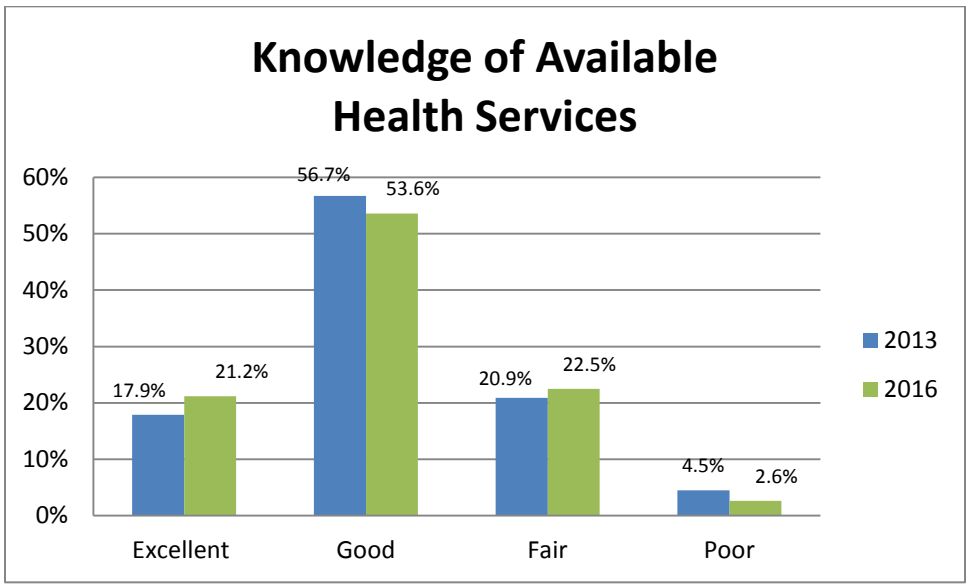


Overall Awareness of Health Services (Question 4)

2013 N = 201
2016 N = 151

Respondents were asked to rate their knowledge of the health services available at Pondera Medical Center. Fifty-four percent (n=81) of respondents rated their knowledge of health services as "Good." 22.5% (n=34) rated their knowledge as "Fair" and 21.1% of respondents (n=32) rated their knowledge as "Excellent." Only 4 respondents rated their overall awareness as "Poor".

	2013		2016	
	Percent	Response Count	Percent	Response Count
Excellent	17.9%	36	21.2%	32
Good	56.7%	114	53.6%	81
Fair	20.9%	42	22.5%	34
Poor	4.5%	14	2.6%	4



How Respondents Learn of Healthcare Services (Question 5)

2013 N = 206
2016 N = 151

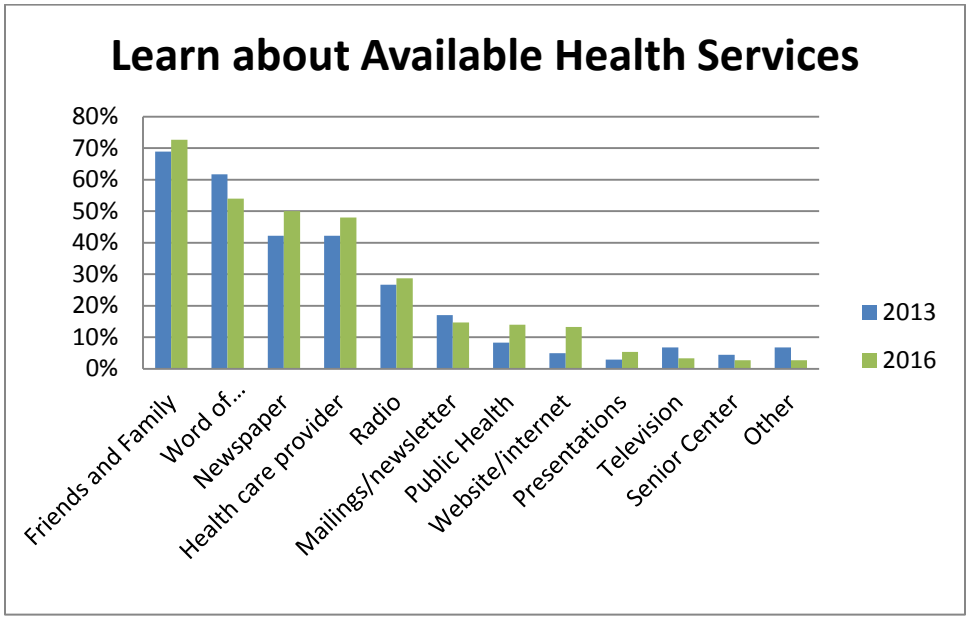
The most selected method of learning about available services was "Friends/Family" at 72.7% (n=109). "Word of mouth/reputation" was the second most selected response at 54% (n=81), while "Newspaper" reported at 50% (n= 75) and "Healthcare Provider" reported at 48% (n=72). Respondents could select more than one method so percentages do not equal 100%.

How Respondents Learn of Healthcare Services (Question 5 – Cont'd.)

"Other" comments:

- Used to work there
- Clinic
- On the street

	2013		2016	
	Percent	Response Count	Percent	Response Count
Friends and Family	68.9%	142	72.7%	109
Word of mouth/reputation	61.7%	127	54.0%	81
Newspaper	42.2%	87	50.0%	75
Health care provider	42.2%	87	48.0%	72
Radio	26.7%	55	28.7%	43
Mailings/newsletter	17.0%	35	14.7%	22
Public Health	8.3%	17	14.0%	21
Website/internet	4.9%	10	13.3%	20
Presentations	2.9%	6	5.3%	8
Television	6.8%	14	3.3%	5
Senior Center	4.4%	9	2.7%	4
Other	6.8%	14	2.7%	4



Other Community Health Resources Utilized (Question 6)

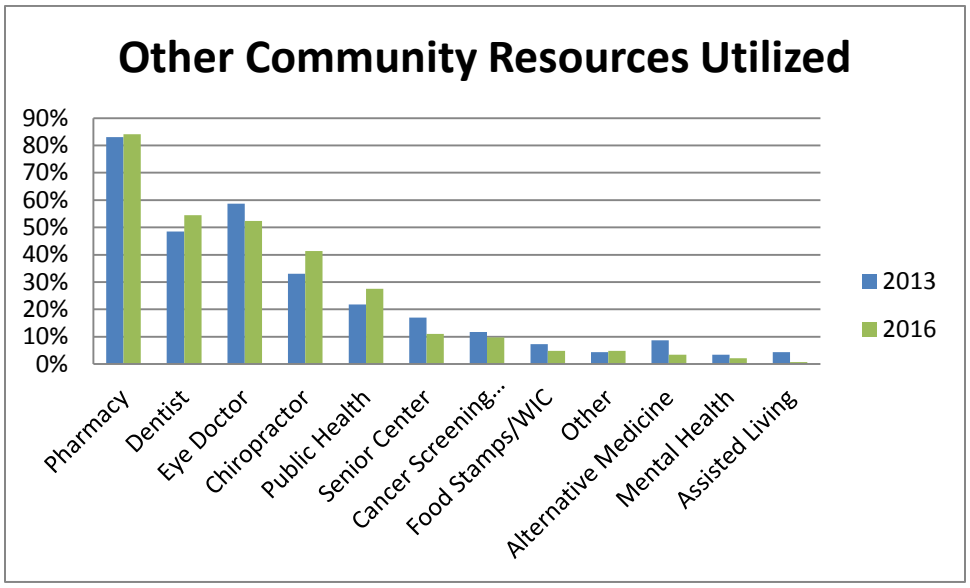
- 2013 N = 206
- 2016 N = 151

Respondents were asked which community health resources, other than the hospital or clinic, they had used in the last three years. "Pharmacy" was the most frequently utilized community health resource cited by 84.1% of respondents (n=122). "Dentist" was also a highly utilized resource at 54.2% (n=79) followed by "Eye Doctor" at 52.4% (n=76). Respondents could select more than one resource so percentages do not equal 100%.

"Other" comments:

- Nursing Home
- ER
- Senior Center

	2013		2016	
	Percent	Response Count	Percent	Response Count
Pharmacy	83.0%	171	84.1%	122
Dentist	48.5%	100	54.5%	79
Eye Doctor	58.7%	121	52.4%	76
Chiropractor	33.0%	68	41.4%	60
Public Health	21.8%	45	27.6%	40
Senior Center	17.0%	35	11.0%	16
Cancer Screening programs	11.7%	11.7	9.7%	14
Food Stamps/WIC	7.3%	15	4.8%	7
Other	4.4%	35	4.8%	7
Alternative Medicine	8.7%	18	3.4%	5
Mental Health	3.4%	7	2.1%	3
Assisted Living	4.4%	9	0.7%	1



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

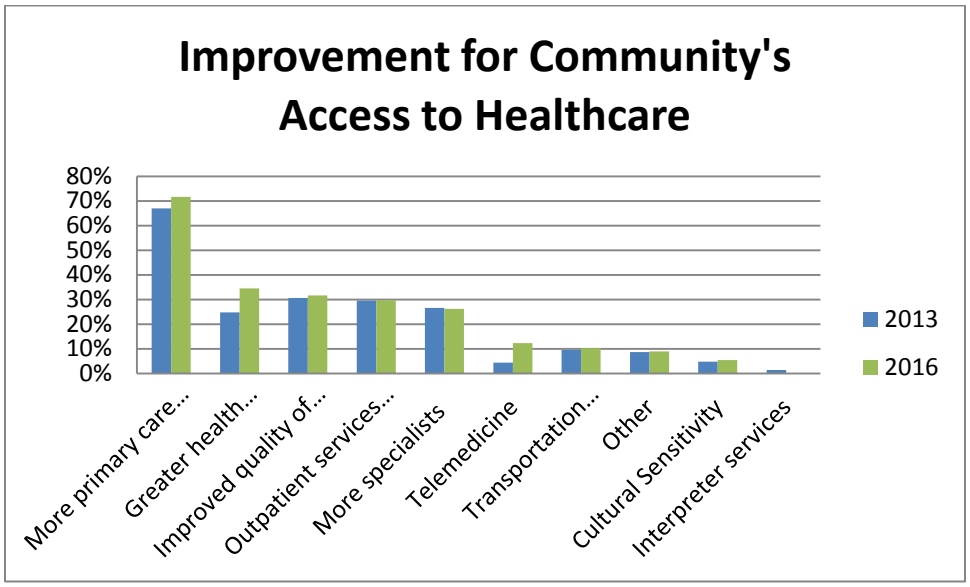
2013 N = 206
2016 N = 151

Respondents were asked to indicate what they felt would improve their community's access to healthcare. 71.7% of respondents (n=104) reported that "More primary care providers" would make the greatest improvement. 34.5% of respondents (n=50) indicated they would like to see "Greater health education services" and 31.7% (n=46) indicated "Improved Quality of care" would improve access. Respondents could select more than one method so percentages do not equal 100%.

"Other" comments:

- Cheaper price
- New Administrator at the hospital who cares about our community
- Walk-in care
- Non-ER care
- Nicer billing staff
- A board who understands hospitals
- More doctors

	2013		2016	
	Percent	Response Count	Percent	Response Count
More primary care providers	67%	138	71.7%	104
Greater health education services	25%	51	34.5%	50
Improved quality of care	31%	63	31.7%	46
Outpatient services expanded hours	30%	61	29.7%	43
More specialists	27%	55	26.2%	38
Telemedicine	4%	9	12.4%	18
Transportation assistance	10%	20	10.3%	15
Other	9%	18	9.0%	13
Cultural Sensitivity	5%	10	5.5%	8
Interpreter services	2%	3	0.0%	0



Interest in Educational Classes/Programs (Question 8)

2013 N = 206
2016 N = 151

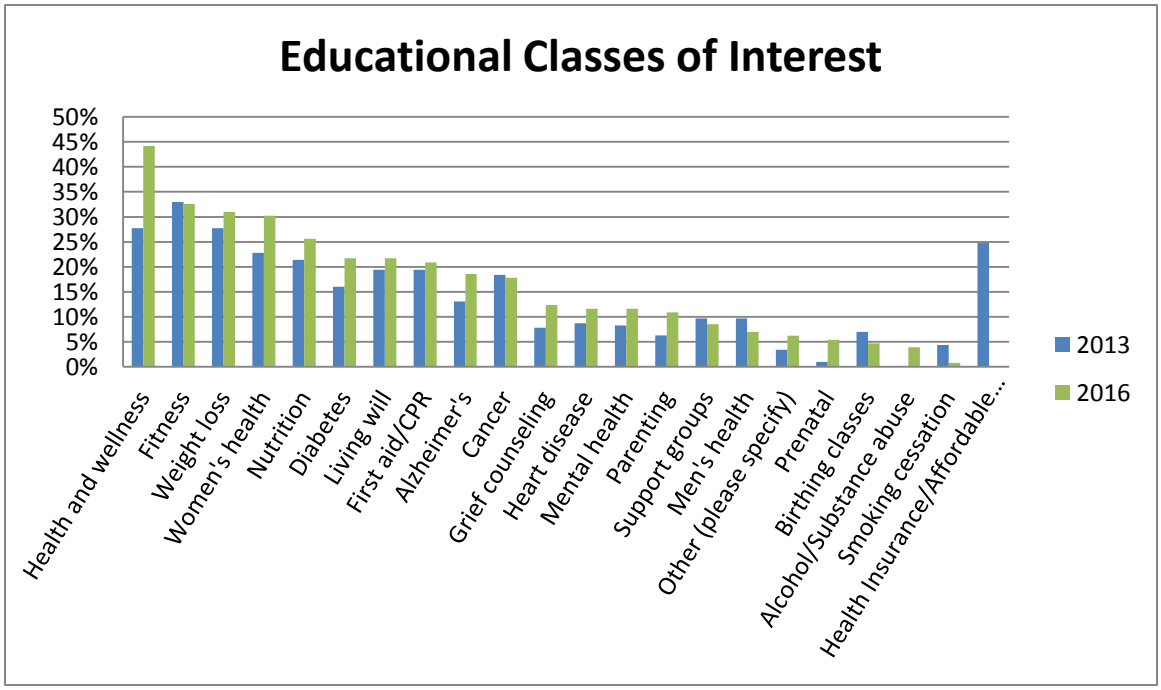
Respondents were asked if they would be interested in any educational classes/programs if offered locally. The most highly indicated class/program indicated was “Health and wellness” at 44.2% (n=57). “Fitness” was selected at 32.6% (n=42) and “Weight loss” was selected by 31% of respondents (n=40). “Women’s Health” was next at 30.2% (n=39). “Health insurance/Affordable Care Act” was not an option for 2016. Respondents could select more than one method so percentages do not equal 100%.

“Other” comments:

- Stress Management
- Birthing Classes

	2013		2016	
	Percent	Response Count	Percent	Response Count
Health and wellness	27.7%	57	44.2%	57
Fitness	33.0%	68	32.6%	42
Weight loss	27.7%	57	31.0%	40
Women's health	22.8%	47	30.2%	39
Nutrition	21.4%	44	25.6%	33
Diabetes	16.0%	33	21.7%	28
Living will	19.4%	40	21.7%	28
First aid/CPR	19.4%	40	20.9%	27
Alzheimer's	13.1%	27	18.6%	24
Cancer	18.4%	38	17.8%	23
Grief counseling	7.8%	16	12.4%	16
Heart disease	8.7%	18	11.6%	15
Mental health	8.3%	17	11.6%	15
Parenting	6.3%	13	10.9%	14
Support groups	9.7%	20	8.5%	11
Men's health	9.7%	20	7.0%	9
Other (please specify)	3.4%	7	6.2%	8
Prenatal	1.0%	2	5.4%	7
Birthing classes	7.0%	7	4.7%	6
Alcohol/Substance abuse			3.9%	5
Smoking cessation	4.4%	9	0.8%	1
Health Insurance/Affordable Care Act	24.8%	51		

Interest in Educational Classes/Programs (Question 8 – Cont'd.)



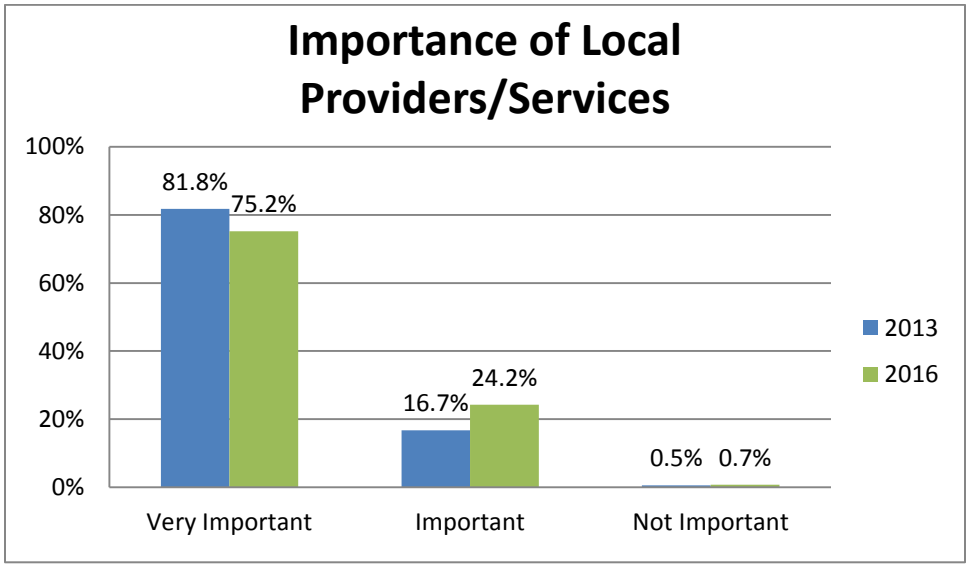
Economic Importance of Local Healthcare Providers and Services (Question 9)

2013 N = 201
2016 N = 149

The majority of respondents, 75.2% (n=112) indicated that local healthcare providers and services (i.e.: hospitals, clinics, nursing homes, assisted living, etc.) are "Very important" to the economic well-being of the area. Twenty-four percent of respondents (n=36) indicated they are "Important" and one respondent, or 0.7% indicated that they are "Not important." Two respondents chose not to answer this question.

	2013		2016	
	Percent	Response Count	Percent	Response Count
Very Important	81.8%	166	75.2%	112
Important	16.7%	34	24.2%	36
Not Important	0.5%	1	0.7%	1

Economic Importance of Local Healthcare Providers and Services (Question 9-Cont'd.)

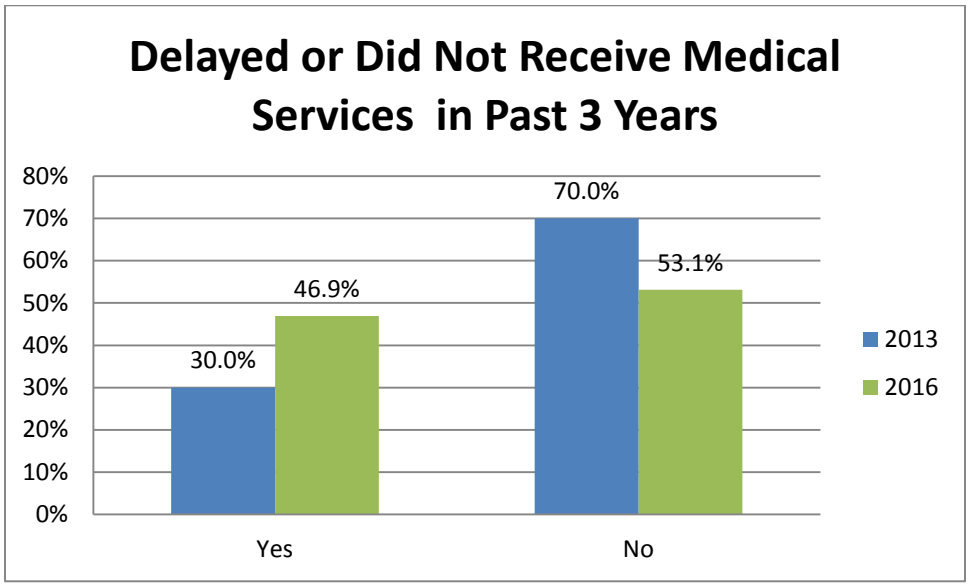


Needed/Delayed Hospital Care During the Past Three Years (Question 10)

2013 N = 190
2016 N = 147

Forty-seven percent of respondents (n=69) reported that they or a member of their household thought they needed healthcare services but did not get it or had to delay getting it. 53% of respondents (n=78) felt they were able to get the healthcare services they needed without delay and four respondents chose not to answer this question.

	2013		2016	
	Percent	Response Count	Percent	Response Count
Yes	30.0%	57	46.9%	69
No	70.0%	133	53.1%	78



Reasons for NOT Being Able to Receive Services or Delay in Receiving Healthcare Services (Question 11)

2013 N = 57
2016 N = 69

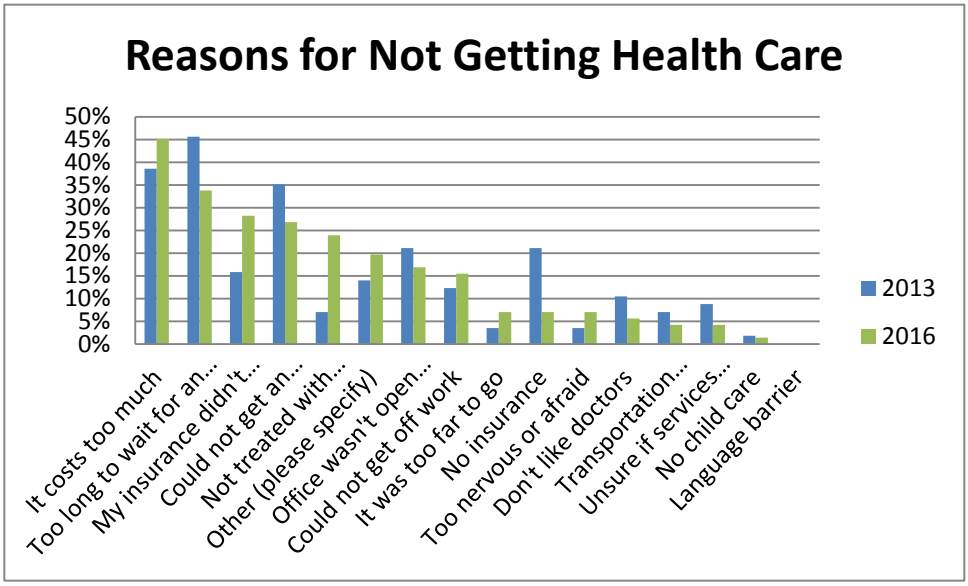
For those who indicated they were unable to receive or had to delay services (n=69), the reasons most cited were: "It costs too much" (45.1%, n=32) "Too long to wait for an appointment" (33.8%, n=24), and "My Insurance Didn't Cover It" (26.8%, n=20). Respondents were asked to indicate their top three choices, thus percentages do not total 100%.

	2013		2016	
	Percent	Response Count	Percent	Response Count
It costs too much	38.6%	22	45.1%	32
Too long to wait for an appointment	45.6%	26	33.8%	24
My insurance didn't cover it	15.8%	9	28.2%	20
Could not get an appointment	35.1%	20	26.8%	19
Not treated with respect	7.0%	4	23.9%	17
Other (please specify)	14.0%	8	19.7%	14
Office wasn't open when I could go	21.1%	12	16.9%	12
Could not get off work	12.3%	7	15.5%	11
It was too far to go	3.5%	2	7.0%	5
No insurance	21.1%	12	7.0%	5
Too nervous or afraid	3.5%	2	7.0%	5
Don't like doctors	10.5%	6	5.6%	4
Transportation problems	7.0%	4	4.2%	3
Unsure if services were available	8.8%	5	4.2%	3
No child care	1.8%	1	1.4%	1
Language barrier	0.0%	0	0.0%	0

"Other" comments:

- Services not available
- Poor service
- Preferred provider not available
- Doctor doesn't listen
- Too long to be approved for Medicare – 2 weeks and still waiting

Reasons for NOT Being Able to Receive Services or Delay in Receiving Healthcare Services (Question 11 – Cont'd.)



Utilization of Preventative Services (Question 12)

2013 N = 206
2016 N = 151

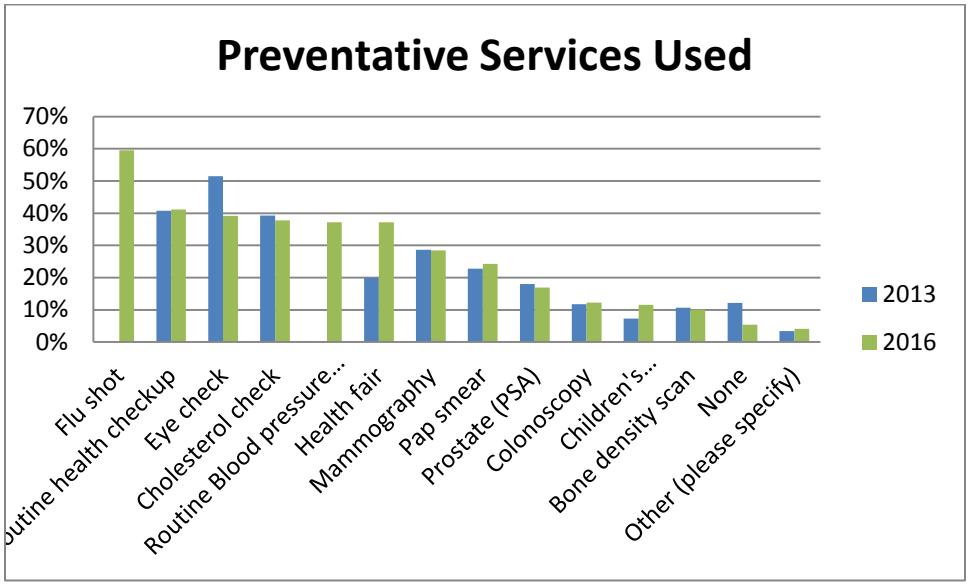
Respondents were asked if they had utilized any of the preventative services listed in the past year. The "Flu Shot" was highest at 59.5% (n=88. Both "Routine Health Checkup" was next at 4.2% (n=61). "Eye checkup" was third at 39.2% (n=58). The "Flu Shot" was not an option for respondents in 2013. Respondents could check all that apply, thus the percentages do not equal 100%.

	2013		2016	
	Percent	Response Count	Percent	Response Count
Flu shot			59.5%	88
Routine health checkup	40.8%	84	41.2%	61
Eye check	51.5%	106	39.2%	58
Cholesterol check	39.3%	81	37.8%	56
Routine Blood pressure check			37.2%	55
Health fair	19.9%	41	37.2%	55
Mammography	28.6%	59	28.4%	42
Pap smear	22.8%	47	24.3%	36
Prostate (PSA)	18.0%	37	16.9%	25
Colonoscopy	11.7%	24	12.2%	18
Children's checkup/Well baby	7.3%	15	11.5%	17
Bone density scan	10.7%	22	10.1%	15
None	12.1%	25	5.4%	8
Other (please specify)	3.4%	7	4.1%	6

Utilization of Preventative Services (Question 12 – Cont'd.)

"Other" comments:

- Dental and eye exam
- Birthday Labs
- Complete labs (birthday)



Mental Health Services Needed (Question 13)

What mental health services are needed?

65 out of 151 or 43% responded to this question. Responses are below.

- Unaware of what is and is not available
- More providers, more information of what is available
- Free counselors for kids
- Continued education - communication with members of the community
- Eliminating stigma of mental health
- Available and affordable counselors
- Support groups
- Don't know
- Publicity is needed. Who/what is available
- Counselors for Children and geriatrics
- Counselors, psychologists
- Special education awareness
- Crisis center
- More availability of hours/counseling
- Therapy groups
- Suicide prevention in schools
- Some way contact drug/alcohol abuse for families-children in need
- Depression/suicide prevention

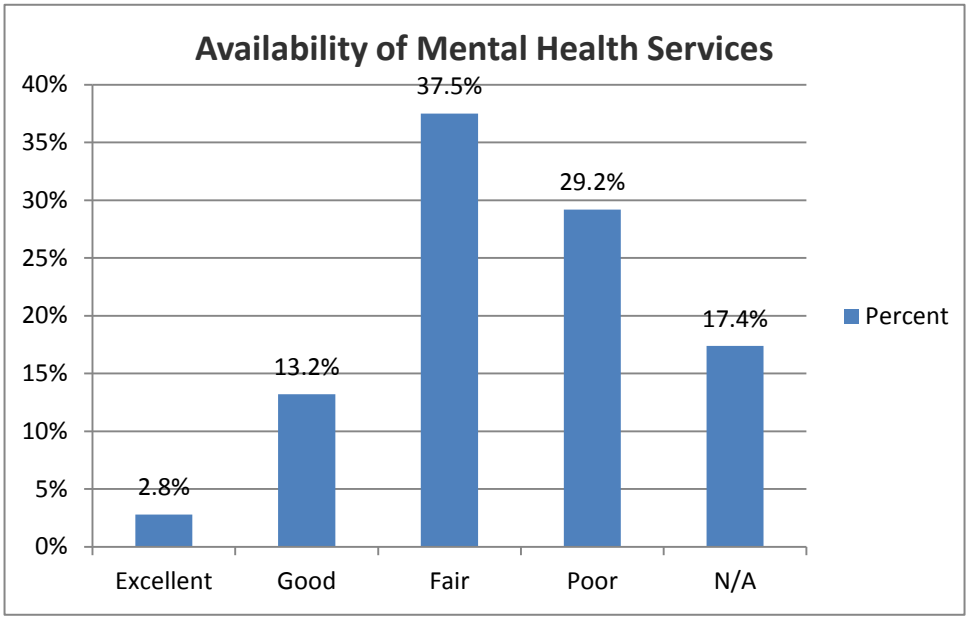
****Survey questions 14-18 were added for this survey period so no comparison for prior surveys is possible****

Availability of Mental Health Services (Question 14)

2016 N = 151

Respondents were asked to rate the availability of Mental Health services in the area. 37.5% (n=54) indicated that the availability was "Fair", while 29.2% (n=42) indicated the availability was "Poor". 1704% (n=25) indicated that these services were not applicable.

	2016	
	Percent	Response Count
Excellent	2.8%	4
Good	13.2%	19
Fair	37.5%	54
Poor	29.2%	42
N/A	17.4%	25



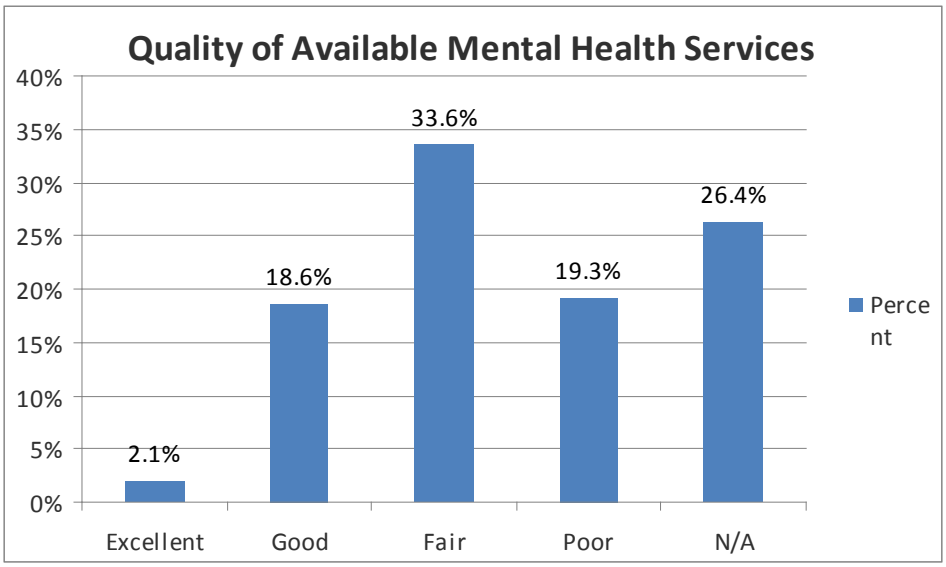
Quality of Available Mental Health Services (Question 15)

2016 N = 151

Respondents rated the quality of available mental health services at 33.63% (n=47) as "Fair". Next was "Poor" quality at 19.3% (n=27) and "Good" quality at 18.6% (n=26). 26.4% (n=37) indicated the question was not applicable.

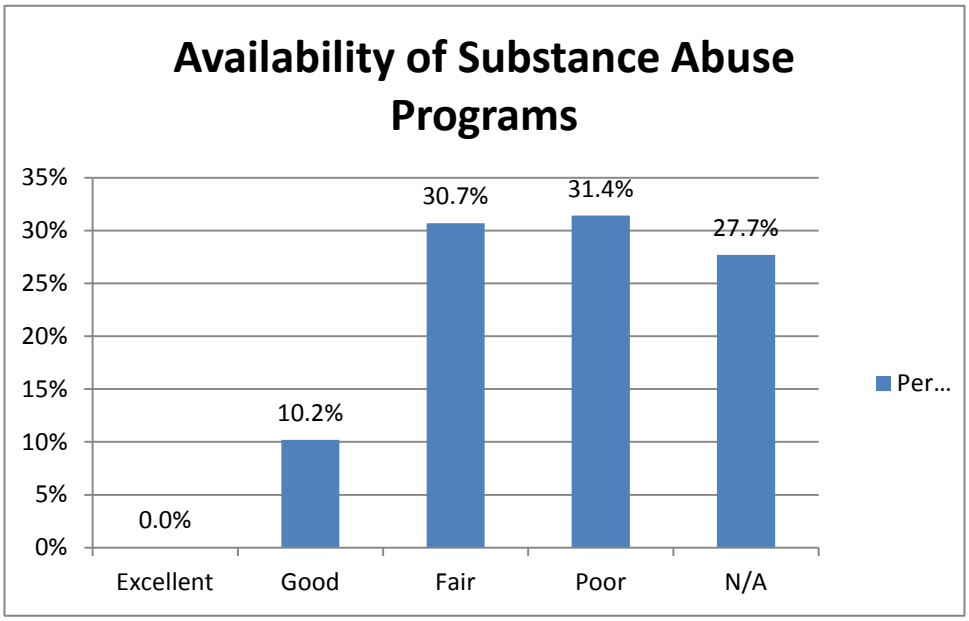
	2016	
	Percent	Response Count
Excellent	2.1%	3
Good	18.6%	26
Fair	33.6%	47
Poor	19.3%	27
N/A	26.4%	37

Quality of Available Mental Health Services (Question 15- Cont'd.)



Availability of substance abuse programs (Question 16)

	2016	
	Percent	Response Count
Excellent	0.0%	0
Good	10.2%	14
Fair	30.7%	42
Poor	31.4%	43
N/A	27.7%	38

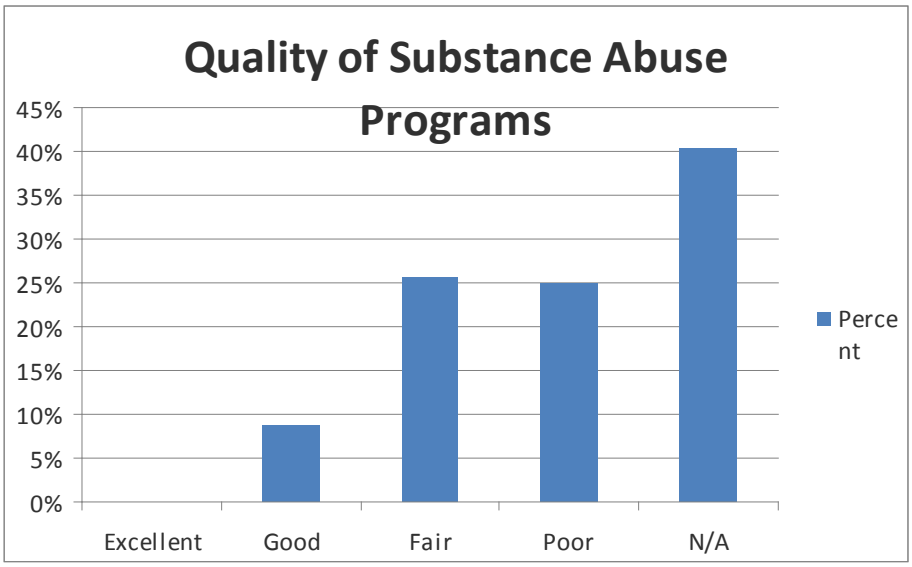


Quality of Substance Abuse Programs (Question 17)

2016 N = 151

Respondents were asked to indicate their perception of the quality of substance abuse programs in the area. 26% (n=35) felt that the quality was “Fair”, while 25% (n=34) felt the quality of substance abuse programs were “Poor”. Many indicated that the substance abuse programs were not applicable at 40% (n=55).

	2016	
	Percent	Response Count
Excellent	0.0%	0
Good	8.8%	12
Fair	25.7%	35
Poor	25.0%	34
N/A	40.4%	55



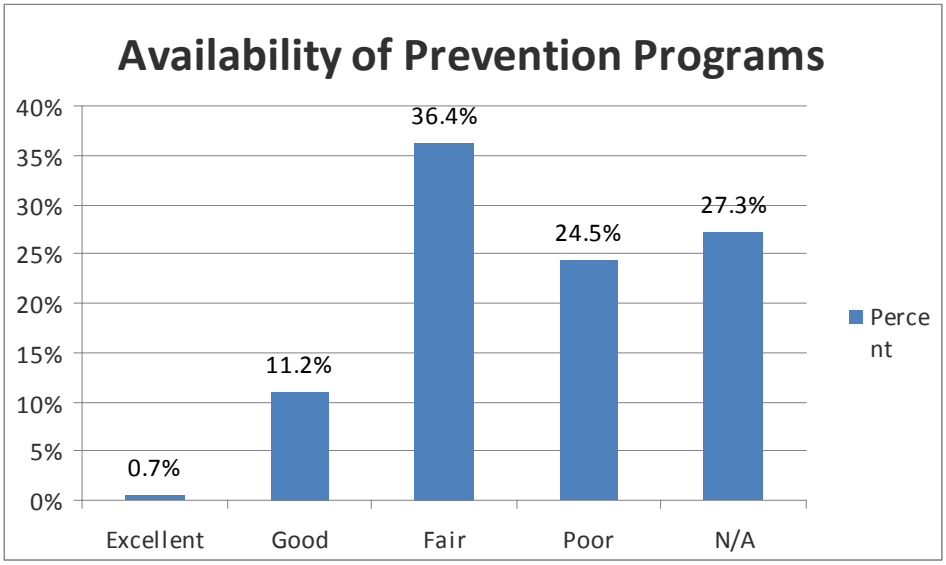
Availability of prevention programs (Question 18)

2016 N = 151

Respondents were asked to indicate their perception of available prevention programs. 36.4% (n=52) indicated that availability was “Fair”. 24.5% (n=35) indicated “Poor”. 27.3% (n=39) indicated that the services were not applicable.

	2016	
	Percent	Response Count
Excellent	0.7%	1
Good	11.2%	16
Fair	36.4%	52
Poor	24.5%	35
N/A	27.3%	39

Availability of prevention programs (Question 18 – Cont'd.)

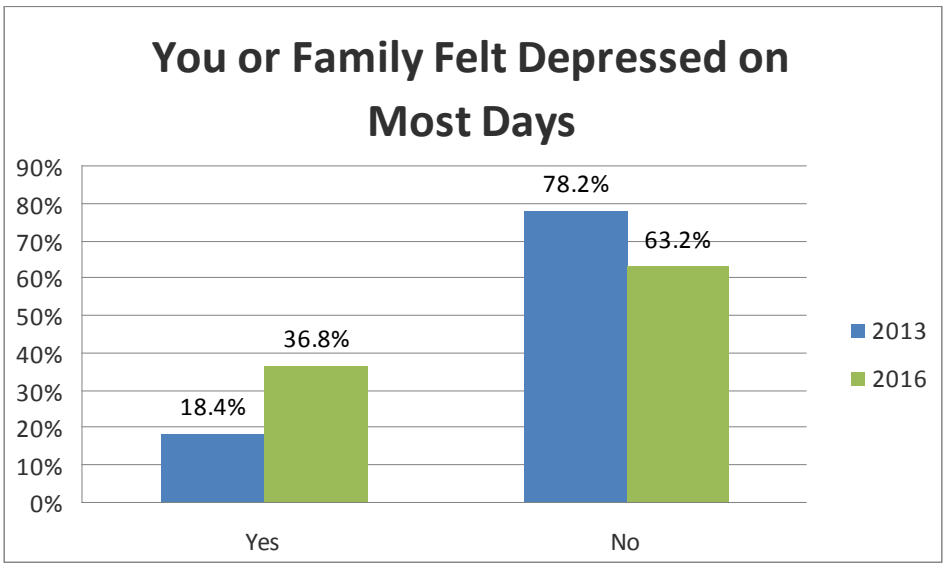


Prevalence of Depression (Question 19)

2013 N= 206
2016 N=151

Respondents were asked to indicate if there were periods of at least three consecutive months in the past three years where they or a family member felt depressed on most days, although they may have felt okay sometimes. 36.8% of respondents (n=53) indicated they had experienced periods of feeling depressed and 63.2% of respondents (n=91) indicated they had not. Seven respondents chose not to answer this question.

	2013		2016	
	Percent	Response Count	Percent	Response Count
Yes	18.4%	38	36.8%	53
No	78.2%	161	63.2%	91



Desired Local Healthcare Services (Question 20)

2013 N = 206
2016 N = 151

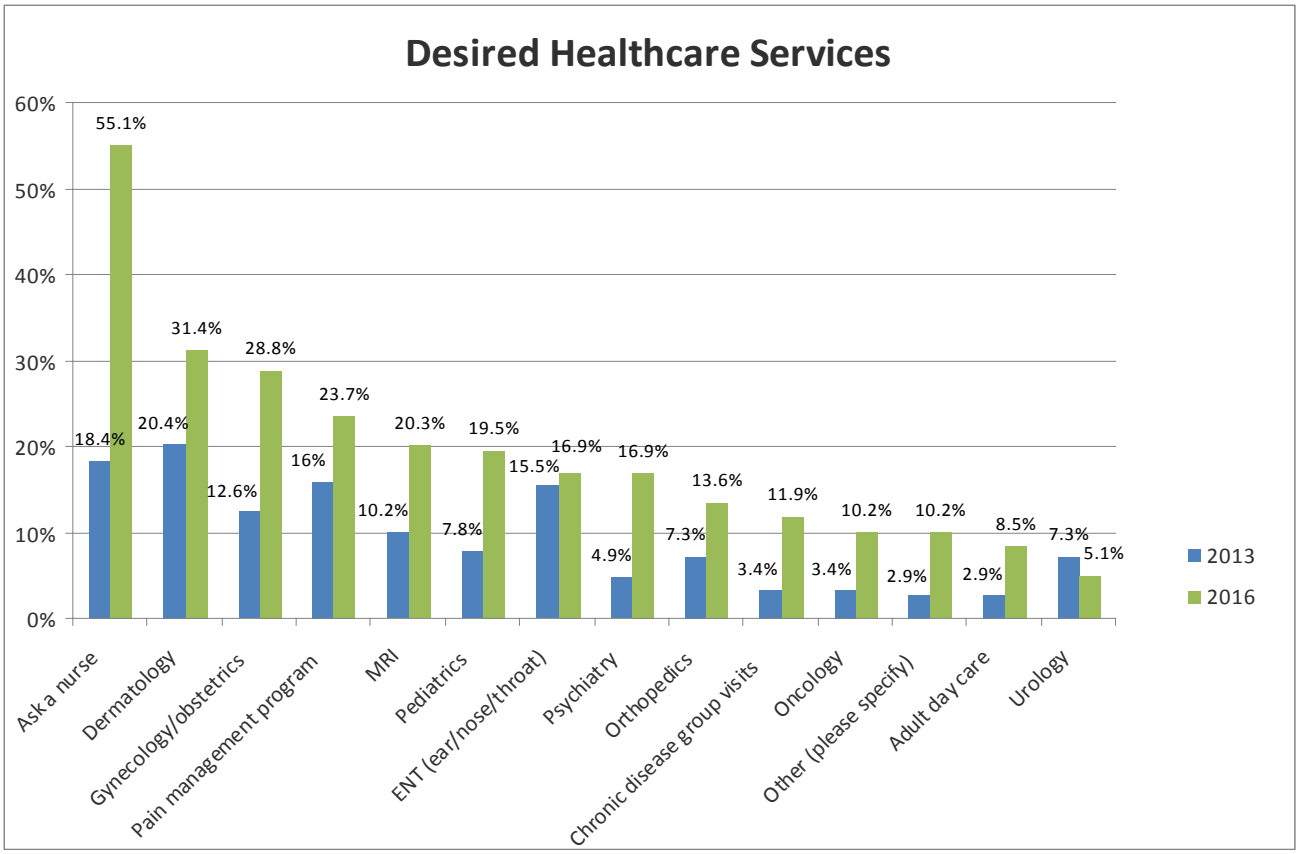
Respondents were asked to indicate which healthcare professionals or services presently not available would they use if available locally. Respondents indicated the most interest in having "Ask a Nurse" at 55.1% (n=65), followed by "Dermatology" services available at 31.4% (n=37), then "Gynecology/obstetrics" at 28.8% (n=34). Respondents were asked to check all that apply so percentages do not equal 100%.

	2013		2016	
	Percent	Response Count	Percent	Response Count
Ask a nurse	18.4%	38	55.1%	65
Dermatology	20.4%	42	31.4%	37
Gynecology/obstetrics	12.6%	26	28.8%	34
Pain management program	16%	33	23.7%	28
MRI	10.2%	21	20.3%	24
Pediatrics	7.8%	16	19.5%	23
ENT (ear/nose/throat)	15.5%	32	16.9%	20
Psychiatry	4.9%	10	16.9%	20
Orthopedics	7.3%	15	13.6%	16
Chronic disease group visits	3.4%	7	11.9%	14
Oncology	3.4%	7	10.2%	12
Other (please specify)	2.9%	6	10.2%	12
Adult day care	2.9%	6	8.5%	10
Urology	7.3%	15	5.1%	6

"Other" comments:

- None – We are fine
- Podiatry
- Botox
- Cancer Treatment
- Chemotherapy
- Hearing
- Neurologist
- Dialysis

Desired Local Healthcare Services (Question 20 – Cont'd.)



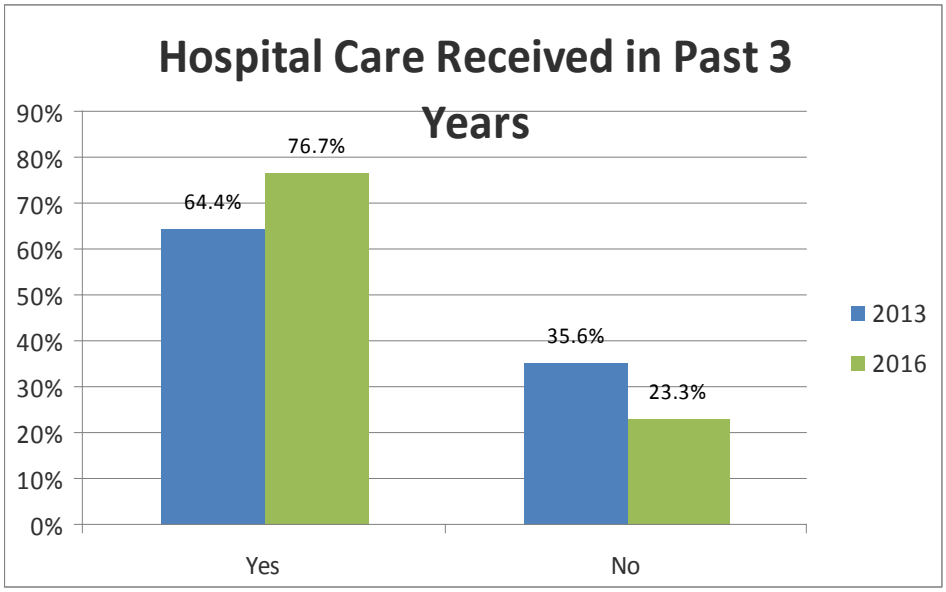
Hospital Care Received in the Past Three Years (Question 21)

2013 N = 202
2016 N = 146

Seventy-seven percent of respondents (n=112) reported that they or a member of their family had received hospital care during the previous three years. Twenty-three percent (n=34) had not received hospital services and five respondents chose not to answer this question.

	2013		2016	
	Percent	Response Count	Percent	Response Count
Yes	64.4%	130	76.7%	112
No	35.6%	72	23.3%	34

Hospital Care Received in the Past Three Years (Question 21 – Cont'd.)



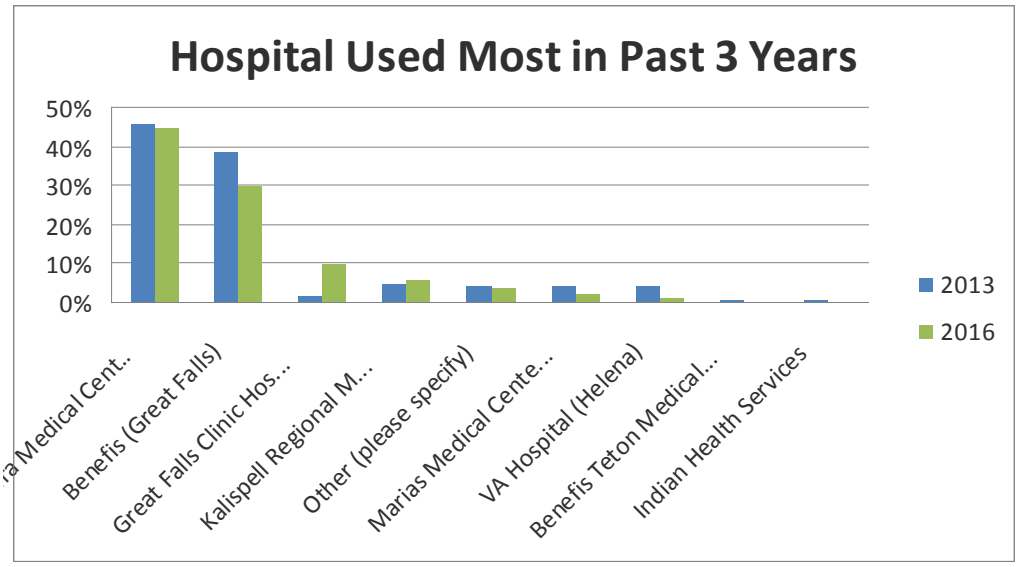
Hospital Used Most in the Past Three Years (Question 22)

2013 N = 113
2016 N = 112

Of the 112 respondents who indicated receiving hospital care in the previous three years, 44.8% (n=52) reported receiving care at Pondera Medical Center in Conrad. Thirty percent of respondents (n=35) went to Benefis in Great Falls and 6% of respondents (n=7) utilized services at Kalispell Regional Medical Center. 15% (n=12+5) shown as "other" received care at Great Falls Clinic Hospital also. This was not a choice offered in 2013.

	2013		2016	
	Percent	Response Count	Percent	Response Count
Pondera Medical Center (Conrad)	46.0%	52	44.8%	52
Benefis (Great Falls)	38.9%	44	30.2%	35
Great Falls Clinic Hospital	1.8%	2	10.3%	12
Kalispell Regional Medical Center	5.3%	6	6.0%	7
Other (please specify)	4.4%	5	4.3%	5
Marias Medical Center (Shelby)	4.4%	5	2.6%	3
VA Hospital (Helena)	4.4%	5	1.7%	2
Benefis Teton Medical Center (Choteau)	1.0%	1	0.0%	0
Indian Health Services	1.0%	1	0.0%	0

Hospital Used Most in the Past Three Years (Question 22 – Cont'd.)



Reasons for Selecting the Hospital Used (Question 23)

2013 N = 206
2016 N = 151

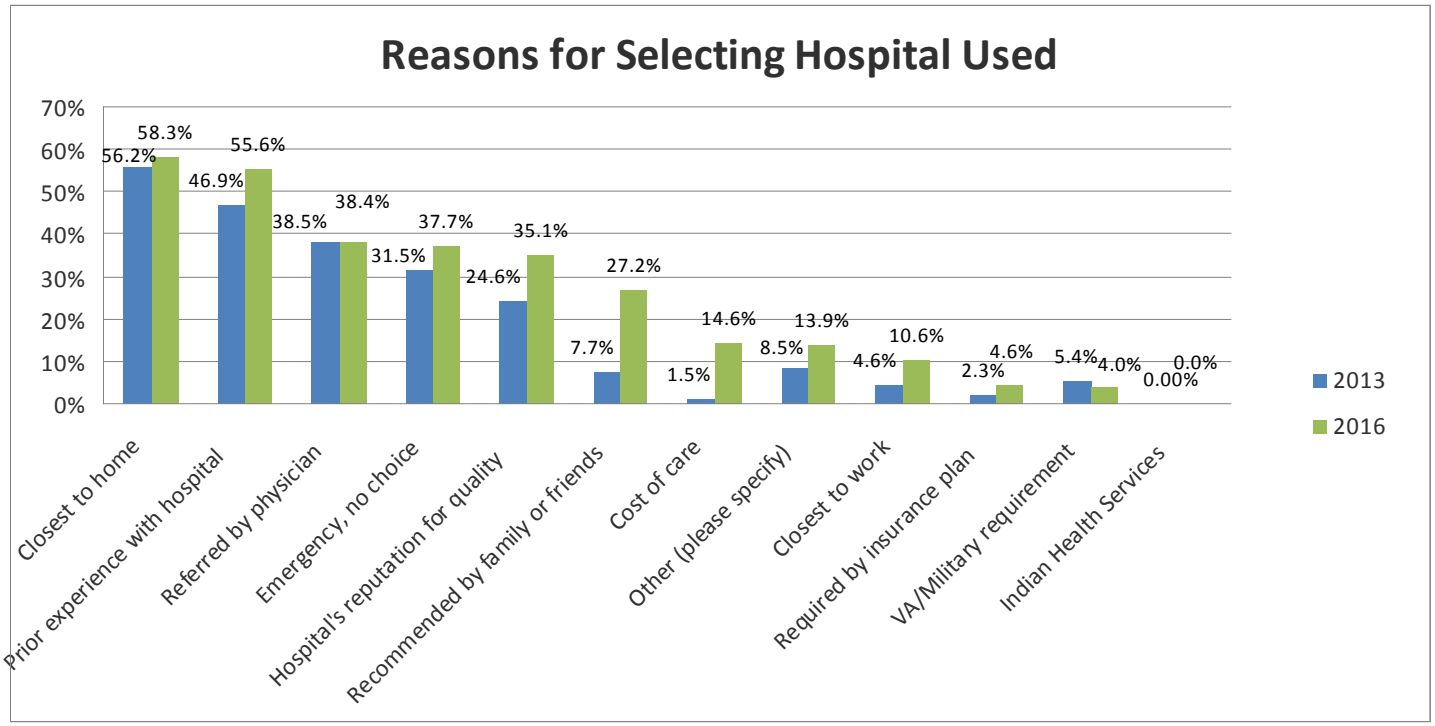
Of the 112 respondents who had a personal or family experience at a hospital within the past three years, the primary reason given for selecting the facility used most often was "Closest to home" at 58.3% (n=88). "Prior experience with hospital" was selected by 55.6% of the respondents (n=84) and 38.4% (n=58) selected "Referred by physician". Note that respondents were asked to select the top three answers which influenced their choices; therefore the percentages do not equal 100%.

	2013		2016	
	Percent	Response Count	Percent	Response Count
Closest to home	56.2%	73	58.3%	88
Prior experience with hospital	46.9%	61	55.6%	84
Referred by physician	38.5%	50	38.4%	58
Emergency, no choice	31.5%	41	37.7%	57
Hospital's reputation for quality	24.6%	32	35.1%	53
Recommended by family or friends	7.7%	10	27.2%	41
Cost of care	1.5%	2	14.6%	22
Other (please specify)	8.5%	11	13.9%	21
Closest to work	4.6%	6	10.6%	16
Required by insurance plan	2.3%	3	4.6%	7
VA/Military requirement	5.4%	7	4.0%	6
Indian Health Services			0.0%	0

"Other" comments:

- Only one that does this procedure
- Cancer surgery not available at PMC
- Treatment not available

Reasons for Selecting the Hospital Used (Question 23 – Cont'd.)



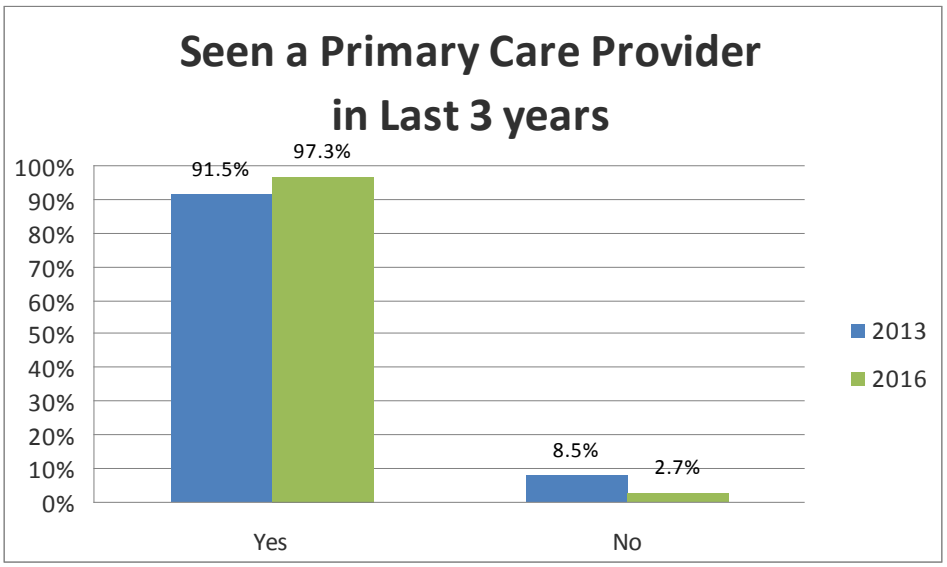
Primary Care Received in the Past Three Years (Question 24)

2013 N = 199
2016 N = 149

Ninety-seven percent of respondents (n=145) indicated that they or someone in their household had been seen by a primary care provider (such as a family physician, physician assistant, or nurse practitioner) for healthcare services in the past three years. 3% of respondents (n=4) had not seen a primary care provider and two respondents chose not to answer this question.

	2013		2016	
	Percent	Response Count	Percent	Response Count
Yes	91.5%	182	97.3%	145
No	8.5%	17	2.7%	4

Primary Care Received in the Past Three Years (Question 24 – Cont'd.)



Location of Primary Care Provider (Question 25)

2013 N = 170
2016 N = 145

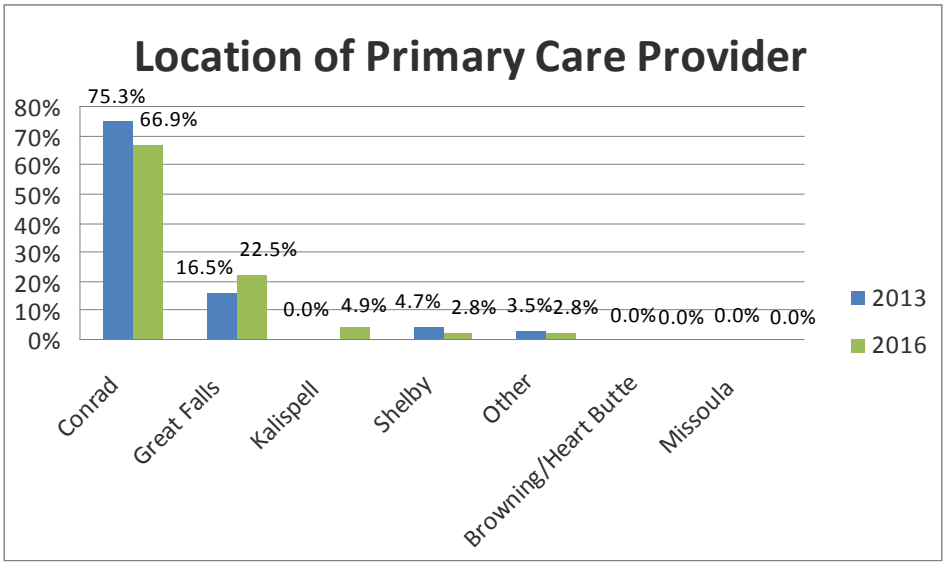
Of the 145 respondents who indicated receiving primary care services in the previous three years, 66.9% (n=95) reported receiving care in Conrad. Twenty-two percent of respondents (n=32) went to Great Falls and 4.9% of respondents (n=7) utilized primary care services in Kalispell.

	2013		2016	
	Percent	Response Count	Percent	Response Count
Conrad	75.3%	128	66.9%	95
Great Falls	16.5%	28	22.5%	32
Kalispell	0.0%	0	4.9%	7
Shelby	4.7%	8	2.8%	4
Other	3.5%	6	2.8%	4
Browning/Heart Butte	0.0%	0	0.0%	0
Missoula	0.0%	0	0.0%	0

"Other" comments:

- Conrad Family Practice Clinic
- VA – Great Falls

Location of Primary Care Provider (Question 25 – Cont'd.)



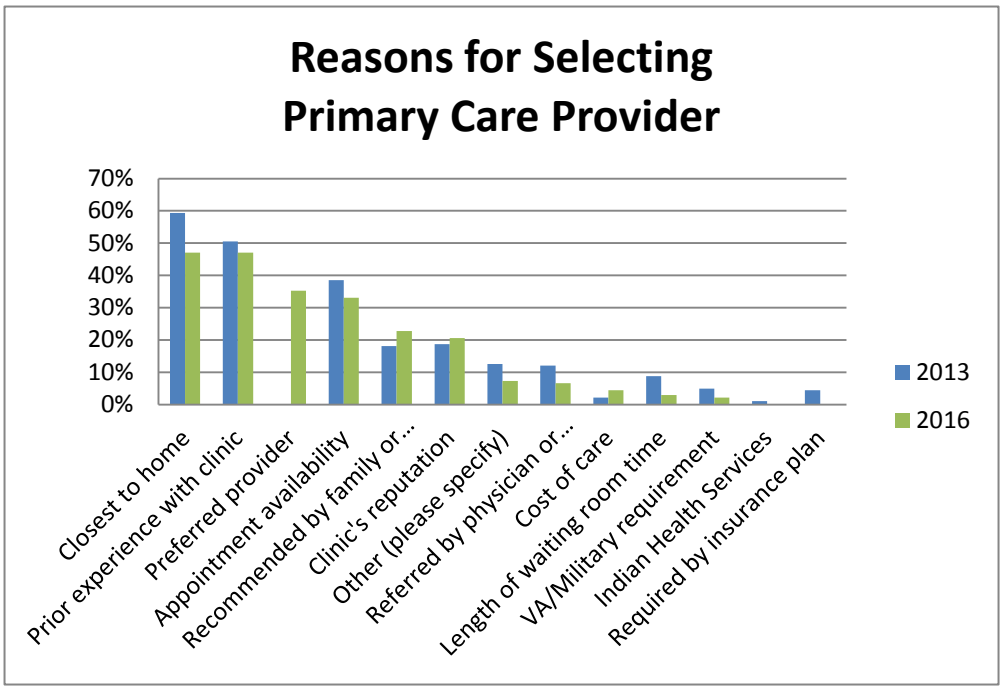
Reasons for Selection of Primary Care Provider (Question 26)

2013 N= 206
2016 N= 151

Those respondents who indicated they or someone in their household had been seen by a primary care provider within the past three years were asked to indicate why they chose that primary care provider. "Closest to home" and "Prior experience with clinic" at (47.1%, n=64) each, were the most frequently cited factors in primary care provider selection. "Preferred provider" followed at 35.3%, (n=48). "Preferred provider was not an option available to respondents in 2013. "Appointment Availability" came in next at 33.1% (n=45). Respondents were asked to check all that apply so the percentages do not equal 100%.

	2013		2016	
	Percent	Response Count	Percent	Response Count
Closest to home	59.3%	108	47.1%	64
Prior experience with clinic	50.5%	92	47.1%	64
Preferred provider			35.3%	48
Appointment availability	38.5%	70	33.1%	45
Recommended by family or friends	18.1%	33	22.8%	31
Clinic's reputation	18.7%	34	20.6%	28
Other (please specify)	12.6%	23	7.3%	10
Referred by physician or other provider	12.1%	22	6.6%	9
Cost of care	2.2%	4	4.4%	6
Length of waiting room time	8.8%	16	2.9%	4
VA/Military requirement	4.9%	9	2.2%	3
Indian Health Services	1.1%	2	0.0%	0
Required by insurance plan	4.4%	8	0.0%	0

Reasons for Selection of Primary Care Provider (Question 26 – Cont'd.)



"Other" comments:

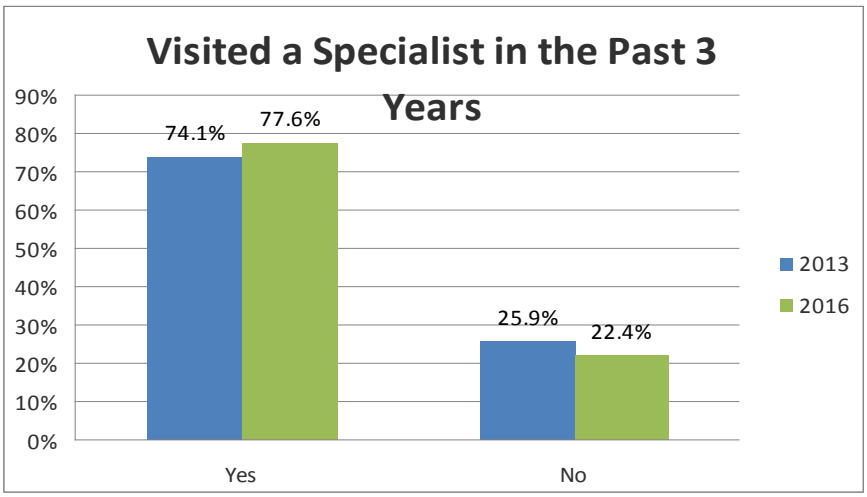
- Satisfied with care

Use of Healthcare Specialists during the Past Three Years (Question 27)

2013 N= 197
2016 N= 143

Seventy-seven percent of respondents (n=111) indicated they or a household member had seen a healthcare specialist during the past three years. 22.4% (n=32) indicated they had not seen a specialist and eight respondents chose not to answer this question.

	2013		2016	
	Percent	Response Count	Percent	Response Count
Yes	74.1%	146	77.6%	111
No	25.9%	51	22.4%	32



Location of Healthcare Specialist (Question 28)

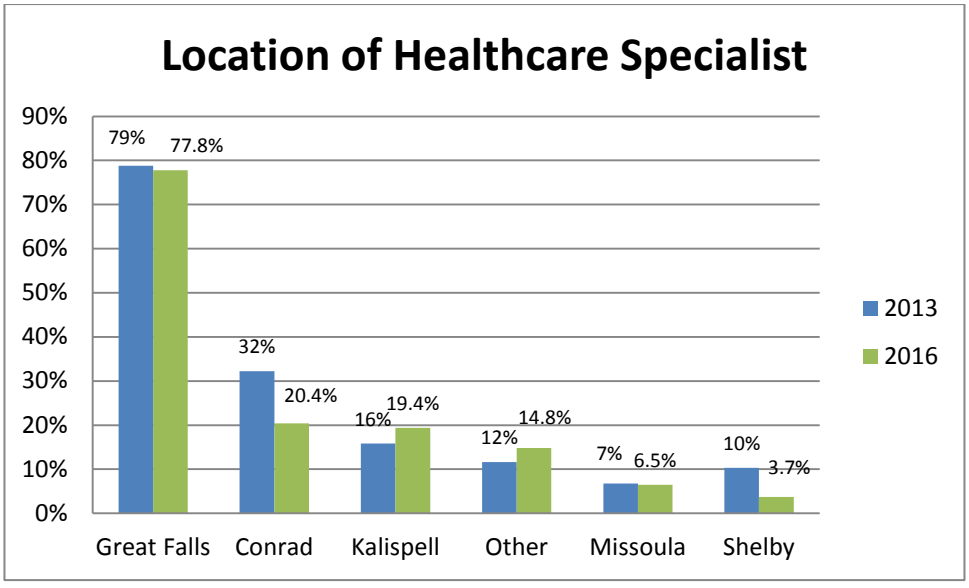
2013 N = 206
2016 N = 146

Of the 146 respondents who indicated they saw a healthcare specialist in the past three years, 77.8% (n=84) saw one in Great Falls. Conrad was utilized by 20.4% of respondents (n=22) for specialty care and Kalispell was reported by 19.4% of respondents (n=21). Respondents could select more than one location; therefore percentages do not equal 100%.

	2013		2016	
	Percent	Response Count	Percent	Response Count
Great Falls	79%	115	77.8%	84
Conrad	32%	47	20.4%	22
Kalispell	16%	23	19.4%	21
Other	12%	17	14.8%	16
Missoula	7%	10	6.5%	7
Shelby	10%	15	3.7%	4

"Other" comments:

- Helena
- Seattle
- Helena/Great Falls
- Choteau



Type of Healthcare Specialist Seen (Question 29)

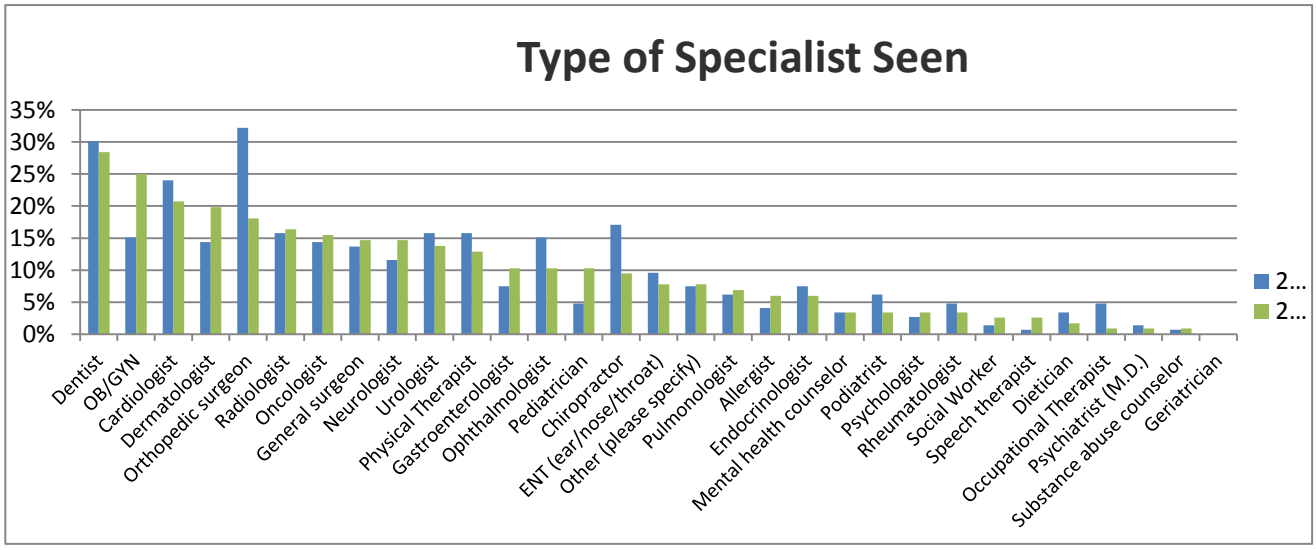
2013 N = 206
2016 N = 146

The respondents (n=146) saw a wide array of healthcare specialists in the past three years. The most frequently indicated specialist was a "Dentist" with 28.4% of respondents (n=33) having

utilized their services. “OB/GYN” was the second most utilized specialist at 25% (n=29) and “Cardiologist” was third at 20.7% (n=24). Respondents were asked to choose all that apply so percentages do not equal 100%.

	2013		2016	
	Percent	Response Count	Percent	Response Count
Dentist	30.1%	44	28.4%	33
OB/GYN	15.1%	22	25.0%	29
Cardiologist	24.0%	35	20.7%	24
Dermatologist	14.4%	21	19.8%	23
Orthopedic surgeon	32.2%	47	18.1%	21
Radiologist	15.8%	23	16.4%	19
Oncologist	14.4%	21	15.5%	18
General surgeon	13.7%	20	14.7%	17
Neurologist	11.6%	17	14.7%	17
Urologist	15.8%	23	13.8%	16
Physical Therapist	15.8%	23	12.9%	15
Gastroenterologist	7.5%	11	10.3%	12
Ophthalmologist	15.1%	22	10.3%	12
Pediatrician	4.8%	7	10.3%	12
Chiropractor	17.1%	25	9.5%	11
ENT (ear/nose/throat)	9.6%	14	7.8%	9
Other (please specify)	7.5%	11	7.8%	9
Pulmonologist	6.2%	9	6.9%	8
Allergist	4.1%	6	6.0%	7
Endocrinologist	7.5%	11	6.0%	7
Mental health counselor	3.4%	5	3.4%	4
Podiatrist	6.2%	9	3.4%	4
Psychologist	2.7%	4	3.4%	4
Rheumatologist	4.8%	7	3.4%	4
Social Worker	1.4%	2	2.6%	3
Speech therapist	0.7%	1	2.6%	3
Dietician	3.4%	5	1.7%	2
Occupational Therapist	4.8%	7	0.9%	1
Psychiatrist (M.D.)	1.4%	2	0.9%	1
Substance abuse counselor	0.7%	1	0.9%	1
Geriatrician	0.0%	0	0.0%	0

Type of Healthcare Specialist Seen (Question 29)



Overall Quality of Care at Pondera Medical Center (Question 30-39)

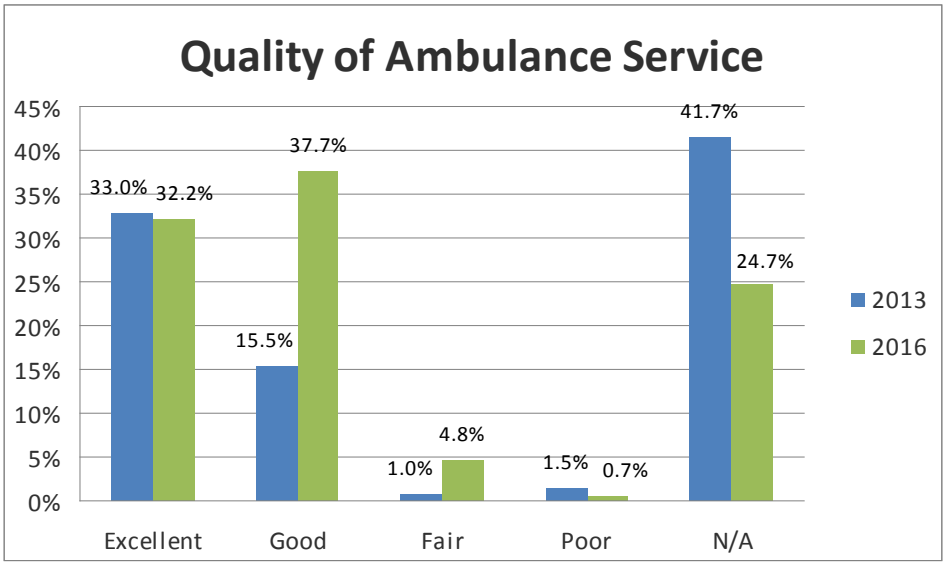
2013 N = 206
2016 N = 151

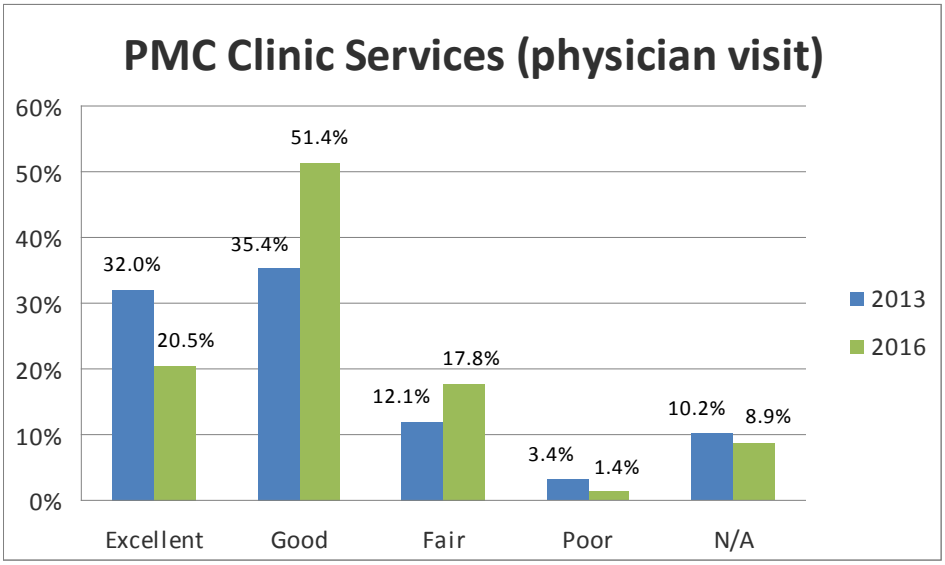
Respondents were asked to rate a variety of services and the overall care provided at Pondera Medical Center using the scale of 4=Excellent, 3=Good, 2=Fair, 1=Poor, and "Don't know." The sums of the average scores were then calculated with "Ambulance services" receiving the top average score of 3.6 out of 4.0. "Home health/hospice" and "Nursing home/extended care" both received scores of 3.4 out of 4.0. The total average score was 3.3, indicating the overall services of the hospital to be "Good." Home Health and Hospice were combined in 2013.

2016	Excellent	Good	Fair	Poor	Don't Know	No Ans
Ambulance Services	47	55	7	1	36	5
Home Health	16	31	4	0	96	4
Hospice	19	18	5	2	96	2
Nursing home/extended care	41	41	10	0	54	5
Inpatient Services	21	38	7	2	77	6
Laboratory	40	74	21	0	10	6
Rehabilitation Services	29	44	17	1	54	6
Clinic Services (physician visit)	30	75	26	2	13	5
Emergency Room	35	65	16	10	20	5
Radiology	30	70	7	0	36	8

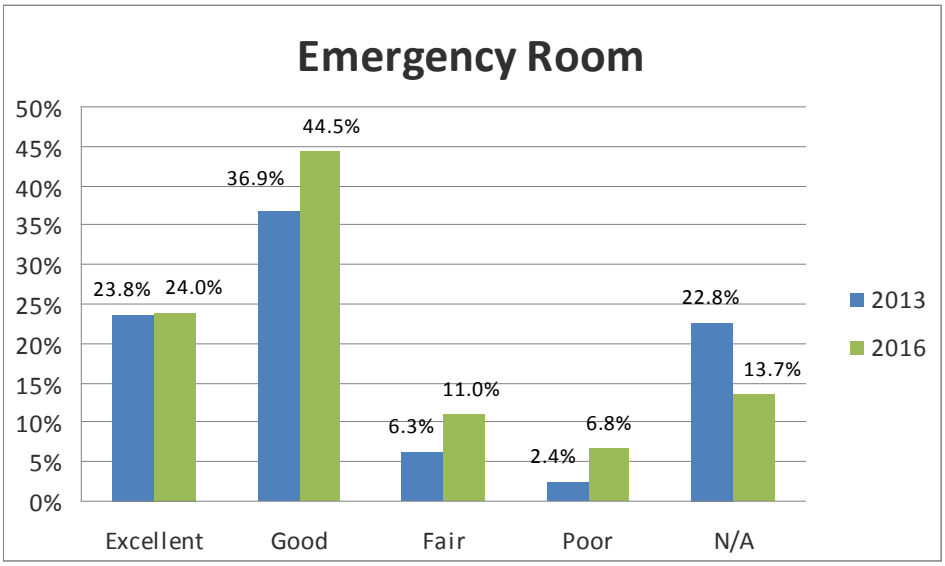
2013	Excellent	Good	Fair	Poor	Don't Know	No Ans
Ambulance Services	68	31	2	3	86	16
Home Health/Hospice	25	18	4	0	131	28
Nursing Home/extended care	30	28	3	2	112	31
Inpatient Services	35	36	6	1	99	29
Laboratory	67	70	13	4	39	13
Rehabilitation Services	22	36	4	1	115	28
Clinic Services (physician visit)	66	73	25	7	21	14
Emergency Room	49	76	13	5	47	16
Radiology	35	59	7	3	77	25

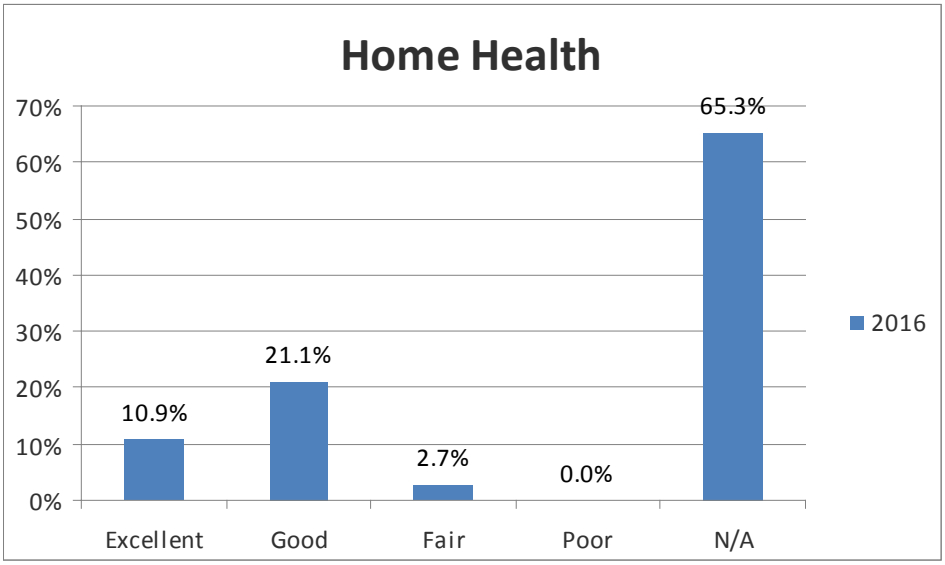
Overall Quality of Care at Pondera Medical Center (Question 30-39)



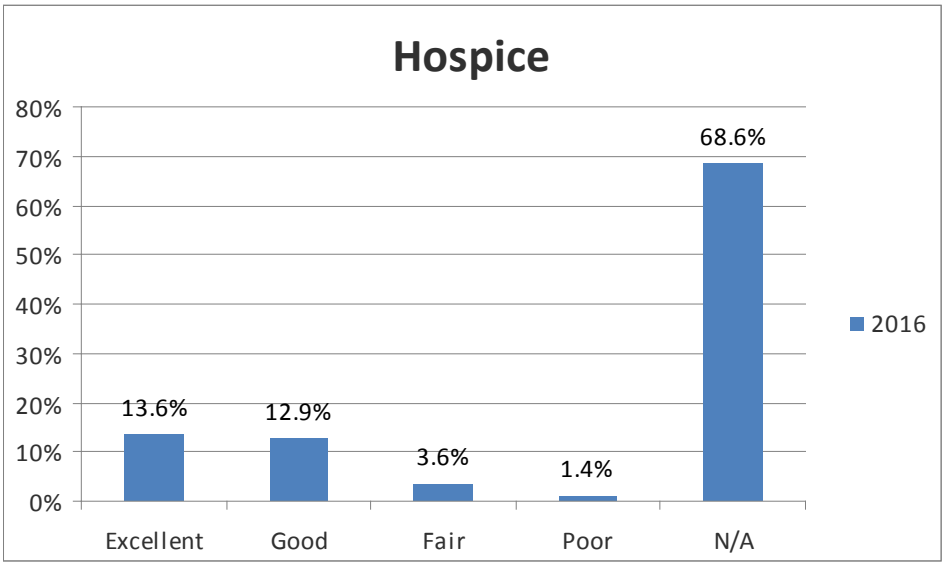


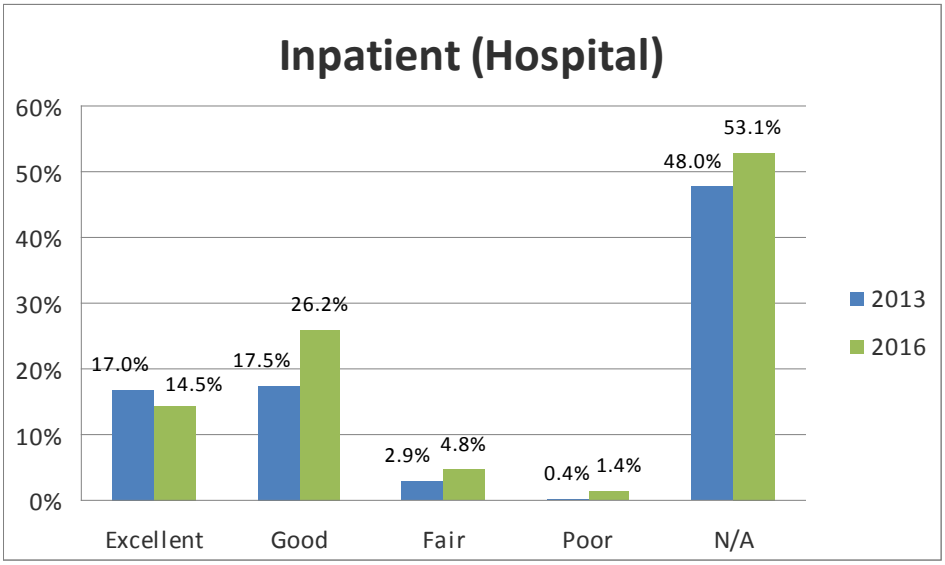
Overall Quality of Care at Pondera Medical Center (Question 30-39)



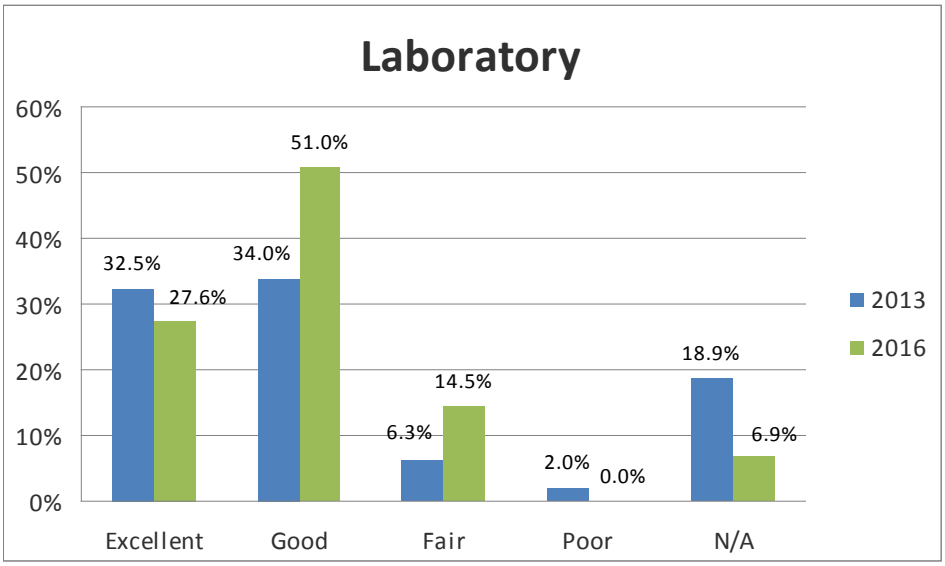


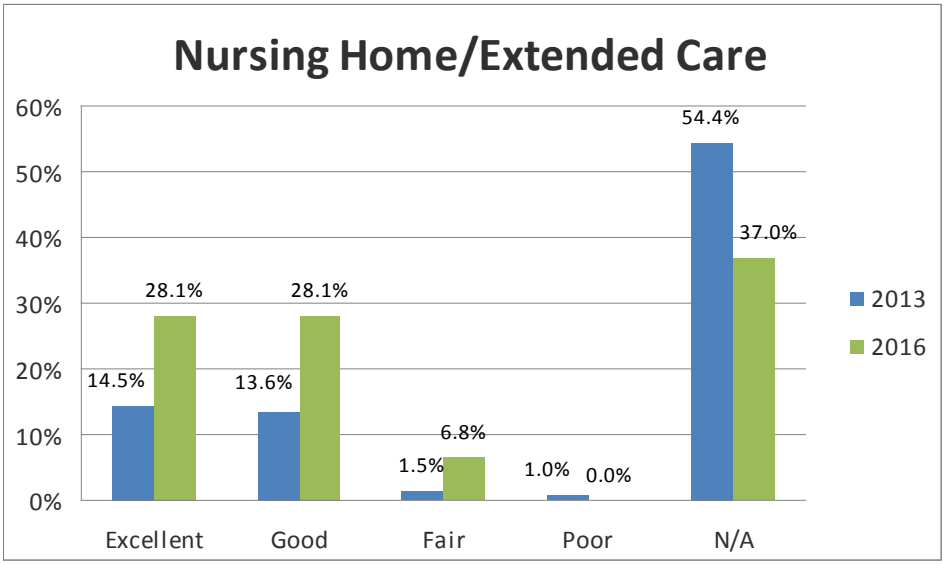
Overall Quality of Care at Pondera Medical Center (Question 30-39)



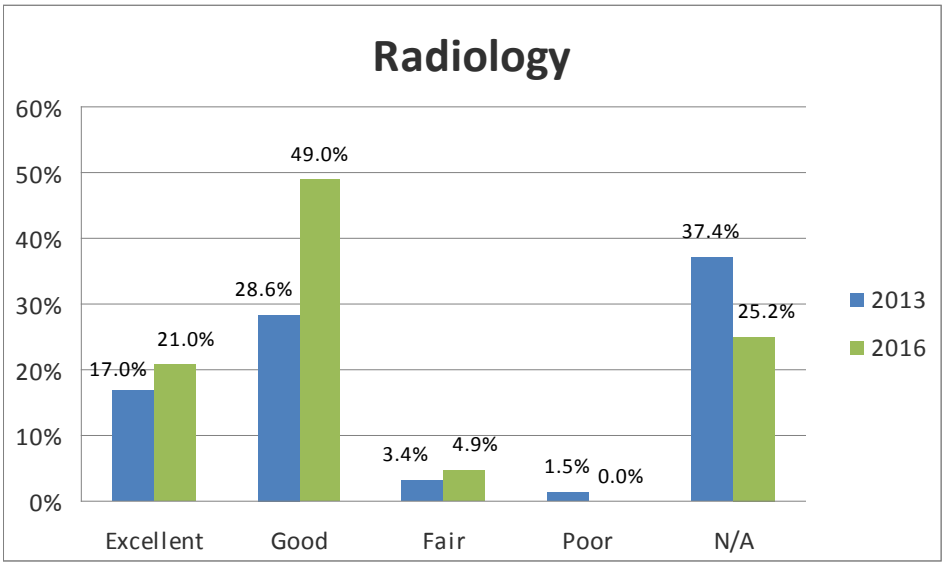


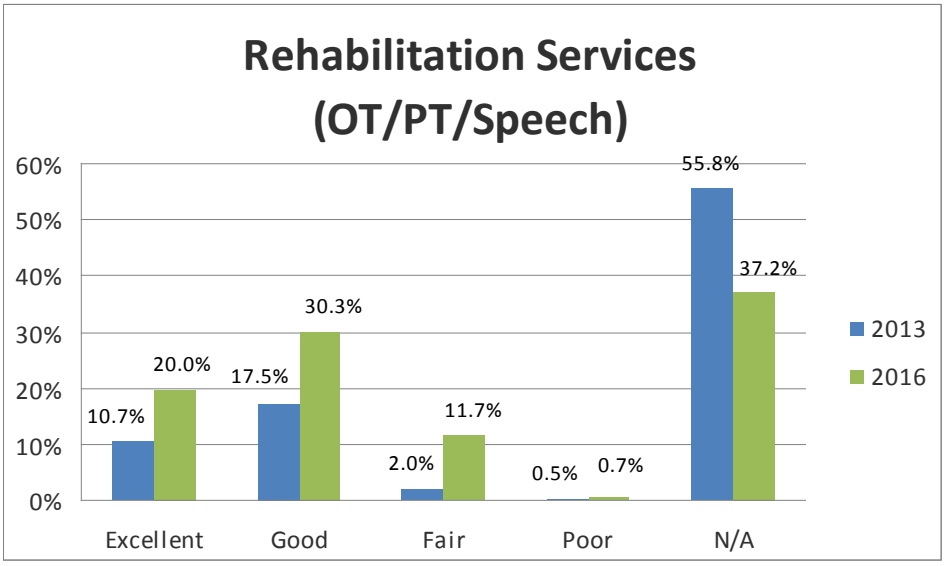
Overall Quality of Care at Pondera Medical Center (Question 30-39)





Overall Quality of Care at Pondera Medical Center (Question 30-39)





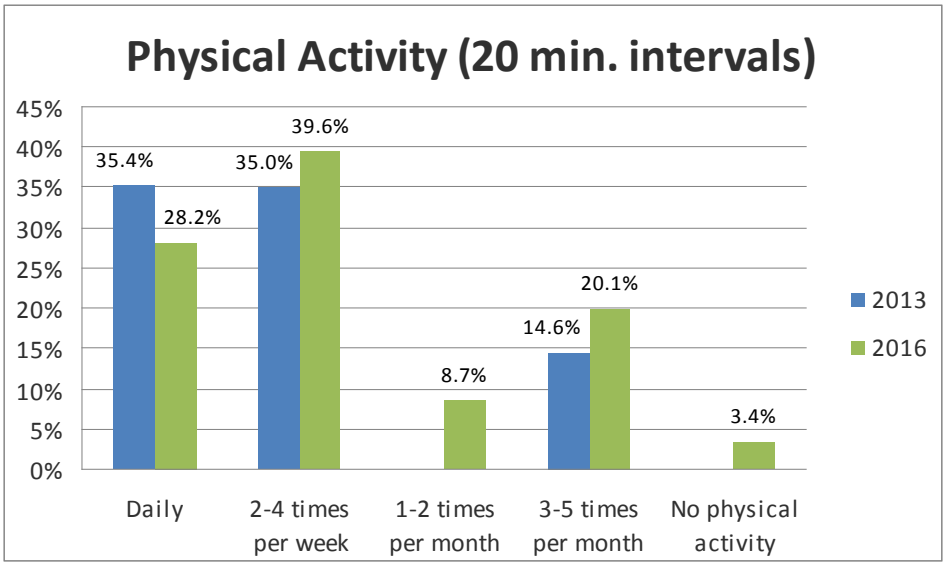
Physical Activity (Question 40)

2013 N = 175
2016 N = 149

Respondents were asked to indicate how frequently they had physical activity for at least twenty minutes over the past month. Twenty-eight percent of respondents (n=42) indicated they had physical activity of at least twenty minutes "Daily" over the past month and 39.6% (n=59) indicated they had physical activity "2-4 times per week." Twenty percent of respondents (n=30) indicated they had physical activity "3-5 times per month" and 9% (n=13) indicated they had physical activity 1-2 times per month. Two respondents chose not to answer this question.

Physical Activity (Question 40-Cont'd.)

	2013		2016	
	Percent	Response Count	Percent	Response Count
Daily	35.4%	73	28.2%	42
2-4 times per week	35.0%	72	39.6%	59
1-2 times per month			8.7%	13
3-5 times per month	14.6%	30	20.1%	30
No physical activity			3.4%	5



Medical Insurance (Question 41)

2013 N = 165
2016 N = 151

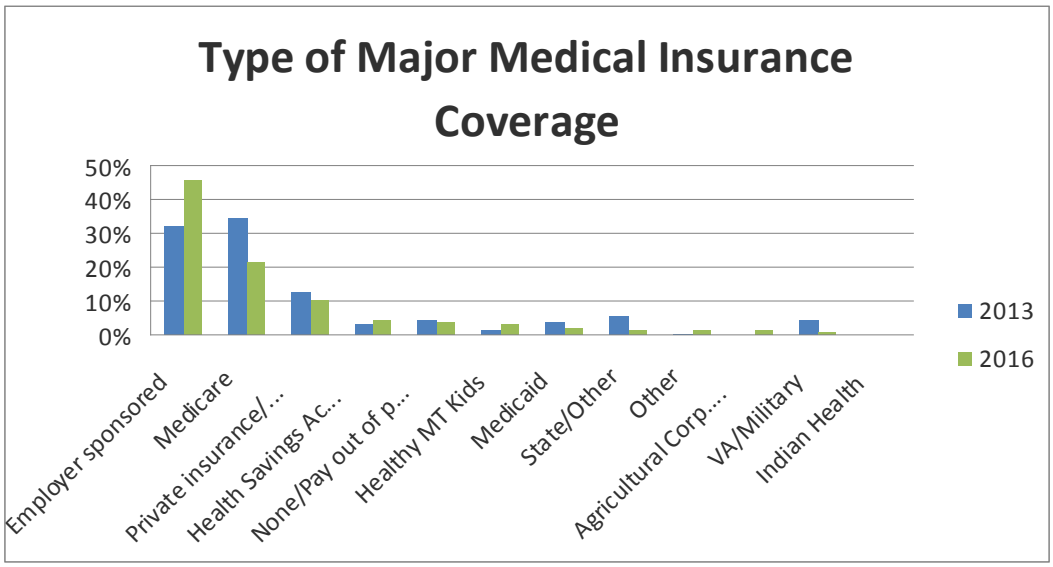
Respondents were asked to indicate what type of medical insurance covers the majority of their medical expenses. 45.7% (n=69) indicated they have "Employer Sponsored" coverage. Twenty-two percent (n=33) indicated they have "Medicare" coverage. "Private insurance/private plan" was indicated by 10.6% of respondents (n=16).

	2013		2016	
	Percent	Response Count	Percent	Response Count
Employer sponsored	32.1%	53	45.7%	69
Medicare	34.5%	57	21.9%	33
Private insurance/private plan	12.7%	21	10.6%	16
Health Savings Account	3.6%	6	4.6%	7
None/Pay out of pocket	4.9%	8	4.0%	6
Healthy MT Kids	1.9%	3	3.3%	5
Medicaid	4.2%	7	2.6%	4
State/Other	6.0%	1	2.0%	3
Other	0.6%	1	2.0%	3
Agricultural Corp. Paid	0.0%	0	2.0%	3
VA/Military	4.9%	8	1.3%	2
Indian Health	0.0%	0	0.0%	0

Medical Insurance (Question 41)

"Other" comments:

- Supplement to Medicare



Barriers to Having Health Insurance (Question 42)

2013 N = 10
2016 N = 10

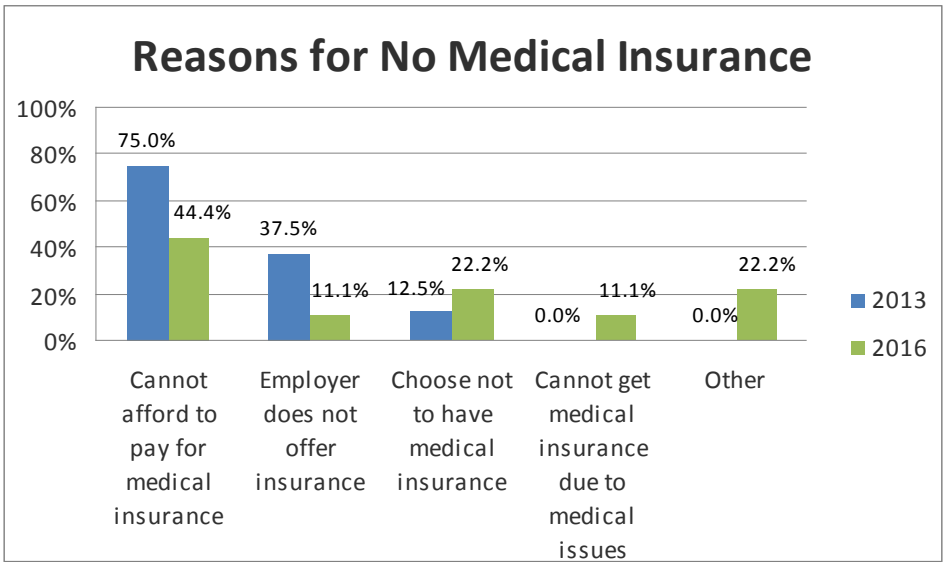
Those respondents who indicated they did not have medical insurance were asked to indicate why. 44.4% (n=4) reported they did not have health insurance because they could not afford to pay for it and 22.2% (n=2) indicated they "Choose not to have insurance". Respondents were asked to mark all answers that applied, thus the percentages may not equal 100%.

	2013		2016	
	Percent	Response Count	Percent	Response Count
Cannot afford to pay for medical insurance	75.0%	6	44.4%	4
Employer does not offer insurance	37.5%	3	11.1%	1
Choose not to have medical insurance	12.5%	1	22.2%	2
Cannot get medical insurance due to medical issues	0.0%	0	11.1%	1
Other	0.0%	0	22.2%	2

"Other" comments:

- Government
- Pre-existing

Barriers to Having Health Insurance (Question 42 – Cont'd)

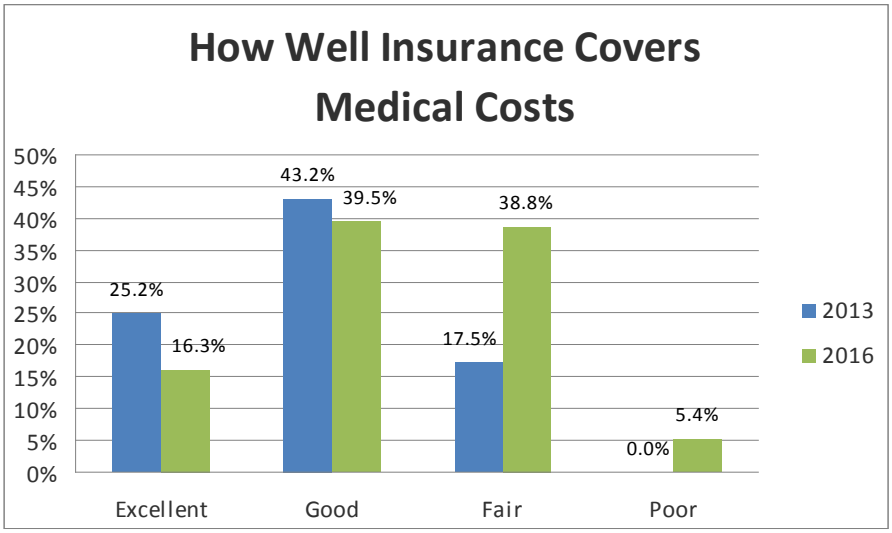


Insurance and Healthcare Costs (Question 43)

2013 N = 177
2016 N = 147

Respondents were asked to indicate how well they felt their health insurance covers their healthcare costs. 39.5% of respondents (n=58) indicated they felt their insurance covers a "Good" amount of their healthcare costs. 38.8% of respondents (n=57) indicated they felt their insurance is "Fair" and 16.3% of respondents (n=24) indicated they felt their insurance coverage was "Excellent." 5.4% of respondents (n=8) indicated they felt their insurance coverage was "Poor". Four respondents chose not to answer to this question.

	2013		2016	
	Percent	Response Count	Percent	Response Count
Excellent	25.2%	52	16.3%	24
Good	43.2%	89	39.5%	58
Fair	17.5%	36	38.8%	57
Poor	0.0%	0	5.4%	8

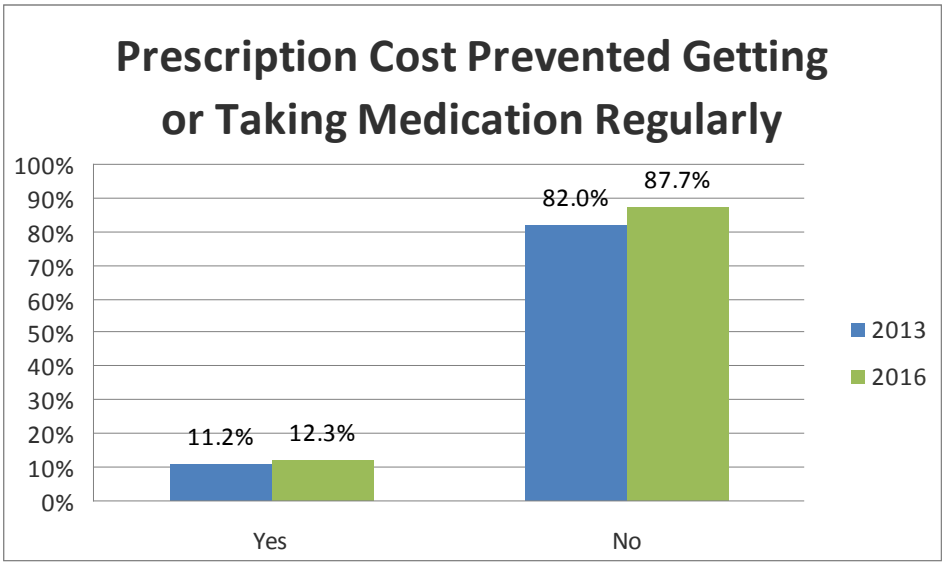


Cost and Prescription Medications (Question 44)

2013 N = 206
2016 N = 146

Respondents were asked to indicate if, during the last year, medication costs had prohibited them from getting a prescription or taking their medication regularly. Twelve percent of respondents (n=18) indicated that, in the last year, cost had prohibited them from getting a prescription or taking their medication regularly. Eighty-eight percent of respondents (n=128) indicated that cost did not prohibit them. 5 respondents chose not to answer this question.

	2013		2016	
	Percent	Response Count	Percent	Response Count
Yes	11.2%	23	12.3%	18
No	82.0%	169	87.7%	128
No Answer		14		5



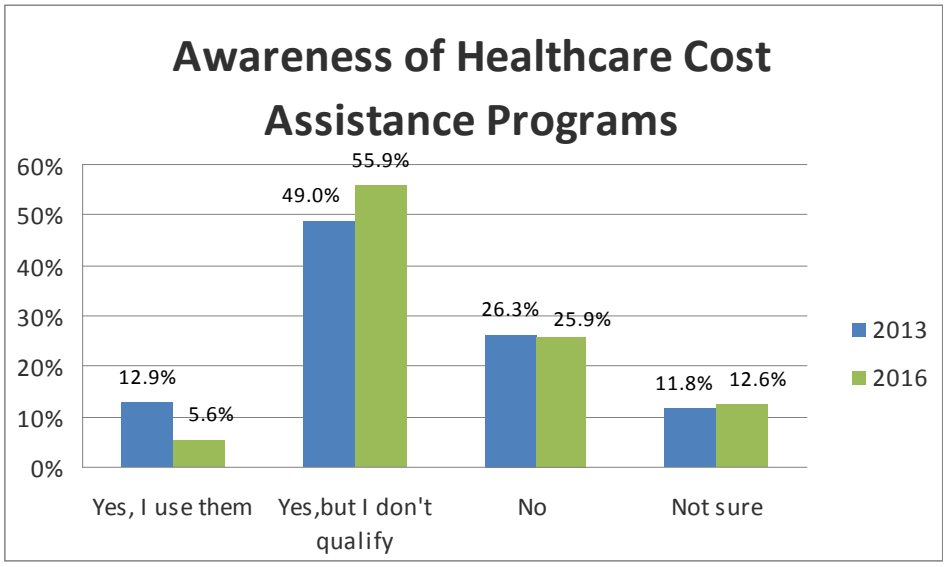
Awareness of Health Payment Programs (Question 45)

2013 N = 184
2016 N = 143

Respondents were asked to indicate their awareness of programs that help people pay for healthcare bills. 55.9% of respondents (n=80) indicated they were aware of these types of programs, but did not qualify to utilize them. 25.9% (n=37) indicated that they were not aware or did not know of these programs and 12.6% of respondents (n=18) indicated they were not sure of the health payment assistance programs. Eight respondents chose not to answer this question.

Awareness of Health Payment Programs (Question 45 – Cont'd)

	2013		2016	
	Percent	Response count	Percent	Response Count
Yes, I use them	12.9%	24	5.6%	8
Yes, but I don't qualify	49.0%	91	55.9%	80
No	26.3%	49	25.9%	37
Not sure	11.8%	20	12.6%	18



VI. Focus Group Methodology

Two focus groups were held in Conrad, Montana in December 2016. Focus group participants were identified as people living in Pondera Medical Center's service area.

Sixteen people participated in the two focus group interviews. The focus groups were designed to represent various consumer groups of healthcare including senior citizens and local community members. Focus groups were held at the Conrad Senior Center and Pondera Medical Center's main conference room in Conrad. Each group meeting lasted about 60 minutes in length and followed the same line of questioning in each session (Appendix F). The questions and discussions at the focus groups were led by Laurie Ward, RN from the Quality Department at Pondera Medical Center.

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

VII. Focus Group Findings

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

Improve health of the community:

- Need for more doctors
- Retain providers and professional staff

Most important local healthcare issues:

- Aging population
- Lack of maternity/prenatal care
- Alcoholism is a problem in the community

Opinion of hospital services:

- Quality of care is excellent
- Number of services is limited; people often go to Kalispell or Great Falls for services
- Nurses, x-ray, and laboratory staff are excellent.
- Participants agreed that board members have an important yet difficult role, and not all are qualified to be on the board
- Outsourcing billing to other states causes problems
- The facility is an older infrastructure but participants understand that improvements are being made
- Participants were concerned about the financial standing of the hospital
- Medical costs are high everywhere; no complaints. Convenience overrides cost
- Office and clinic staff are excellent, registration is slow
- Availability of appointments is good. Clinic staffs try hard to get people in as soon as possible

Reasons for using local providers:

- Convenience
- Local providers are likeable and familiar with their patients
- Support local; keep the hospital open
- Emergencies

Opinion of local services:

- The Emergency Room (ER) does a great job; the ER is a stopping point then patients are often transferred to Great Falls
- The ambulance service is great but there is a lack of volunteers; younger people need to get involved and participate
- Seniors receive top-notch care; the high turnover of doctors is a concern
- The county health department employs dedicated people who do great work; the health department is greatly involved with the schools
- Participants feel that low-income people are able to receive care; the health department provides great assistance to low-income individuals and families
- Participants spoke very highly of the nursing home's reputation and staff
- Participants are pleased with the pharmacies available in Conrad

Reasons to leave the community for healthcare:

- Specialty services
- Lack of local doctors
- Confidentiality
- Local providers not available; Difficult to get in for appointments
- Personal embarrassment

Needed healthcare services in the community:

- Focus on 10 things and do them well
- Preventative care
- More personalized care from doctors
- Specialties: Podiatry, Geriatrics, Pediatrics
- More general practitioners; more staff needed

VIII. Summary

One hundred fifty one surveys were completed in Pondera Medical Center's service area. Of the 151 returned, 67.5% of the respondents were females, 56.8% were 56 years of age or older, and 57.3% work full time.

Respondents rated the overall quality of care at the hospital as good, scoring 3.2 out of 4.0 on a scale of 4.0 being excellent and 1.0 being poor.

Well over half of the respondents (63.6%) feel the Conrad area is a "somewhat healthy" place to live. Respondents rated the Conrad area as less healthy in 2016 than in 2013. Respondents indicated their top three health concerns were: cancer (48.3%), alcohol abuse/substance abuse (44.4%), and overweight/obesity (31.8%). Significantly more respondents identified alcohol abuse/substance abuse to be a serious health concern than in 2013.

When respondents were asked which health related educational programs or classes they would be most interested in, the top choices were: health and wellness at (44.2%), fitness at (32.6%), and weight loss (31%).

Overall, the respondents within Pondera Medical Center's service area are seeking hospital care at a rate that is typically seen in rural areas. Area residents recognize the major impact the healthcare sector has on the economic well-being of the area, with 75.2% of respondents identifying local healthcare services as being "very important" to the economic well-being of the area.

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

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

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

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

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

- Workforce Development
- Senior Services
- Health and Wellness
- Marketing

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

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

Resources

In prioritizing the health needs of the Pondera County service area, the following list of potential community partners and resources in which to assist in addressing the needs identified in this report was identified. As we progress through this process, more resources will continue to be identified; therefore this list in not exhaustive.

- Conrad Area Chamber of Commerce
- Beehive Homes of Conrad
- Horizon Lodge HUD
- Counseling Connections
- Options Counseling
- Sunrise Counseling
- Center for Mental Health
- Pondera County Health Department
- Easter Seal Home Care Services
- Office of Public Assistance
- Alcoholics Anonymous
- Pondera Community Center
- Valier Senior Center
- Food Pantry
- Head Start
- Senior Surry – Conrad
- Northern Transit System/VA Visits
- Olson Drug
- Village Drug
- Pondera Funeral Home
- Conrad School District
- Kalispell Regional Hospital
- Benefis Health System

X. Evaluation of Activity Impacts from Previous CHNA

Pondera Medical Center (PMC) approved its previous implementation plan on June 26, 2014. The plan prioritized the following health issues:

- Awareness of Existing Health Care Services
- Access to Health Care Services
- Well- Staffed Facility to Meet Community Health Needs
- Health and Wellness
- Hospital Cultural Transformation

Awareness of Existing Health Care Services

Strategy 1.1: Develop a marketing strategy that will effectively provide information of available services to the community.

Activities: Website upgrade – ongoing.

Strategy 1.2: Determine outreach strategies to build awareness of PMC's services among community members.

Activities: Website, Facebook, newspaper articles, radio spots.

- Advertising services that are available i.e. (flu shots, sports physicals, DOT physicals, OSHA Fit testing, etc.)

Access to Health Care Services

Strategy 2.1: Explore providing additional primary care and specialty services.

Activities: Continue to provide cardio/pulmonary rehabilitation services.

- The program continues to grow and expand

Well-Staffed Facility to Meet Community Health Needs

Strategy 3.1: Develop a comprehensive recruitment/retention strategy for providers and PMC staff members.

Activities: Continue using several different provider recruiting services.

- Continue to have specialists on rotating schedule for clinic
- Kalispell Regional Hospital also assisting with provider recruitment
- Partnering with Marias Medical Center – Job Sharing i.e. (Pharmacist)

Activities: Hired Marketing, Clinic, OT/PT, sonographer, housekeeping and janitorial, dietary, hostesses, nurses, C.N.A's.

- Skilled worker retention continues to be a challenge
- C.N.A. Training Facility – Training candidates for hire

Well-Staffed Facility to Meet Community Health Needs – Cont'd.

Activities: Employee Retention Program.

- Pit Crew – Employee appreciation team provides appreciation treats on a monthly basis. Pit Stop Parking Spot, Jeans Friday, basket raffles, Cat/Griz Challenge -food donation collection
- Monthly drawings for Café cards – donated by Dr. Taylor
- Soup competition, coffee tasting
- Commit to be Fit – pedometers for all employees
- Payday Friday potlucks – Extended Care
- Retirement Parties
- Hospital Appreciation Week, Summer Employee
- Annual Christmas Party with gifts and raffles

Activities: Annual Employee Survey (Determines organizational strengths and weaknesses).

- All employees now have email addresses
- Annual salary survey to keep PMC competitive in the jobs market
- Retirement benefits are now in place for all employees with matching 2%

Activities: Ongoing employee education.

- Health Stream
- Customer Service Excellence
- PMC Cares Leadership Training
- Continuing Education available

Health and Wellness

Strategy 4.1: Continue providing health and wellness services to the community.

Activities: Continue partnering with public health department (i.e. tobacco programs, Buckle-Up Coalition, DUI Task Force).

- Teen Safety Week

Activities: Health Fair for school system with several PMC departments involved yearly.

- Sport physicals, backpack assessments, school staff education

Strategy 4.2: Explore partnerships with other local organizations related to health and wellness.

Activities: Continue with Cardio/pulmonary rehabilitation, Wellness Center upgrades and new Diabetes program.

- Biggest Loser Challenge
- Employee Wellness program

Hospital Cultural Transformation

Strategy 5.1: Research and identify resources to guide cultural transformation activities for PMC employees.

Activities: Leadership training with Job Service. PMC C.A.R.E.S. training for all employees.

- Rise and Shine (Kalispell Training program)
- PMC C.A.R.E.S. training
- Florence Prescription Book Training (Employee lead)

Strategy 5.2: Create a shared accountability strategy for all PMC employees to follow.

Activities: Customer Service Excellence training for all employees.

- Hired New HR Director
- Task Force for Mission, Vision and Values changes
- New tag line and logo

Appendix A – Steering Committee Members

Steering Committee – Name and Organization Affiliation

1. Janie McFarland – Business Owner/Retired School Teacher/Conrad community member
2. Jeanne Baumann – Retired Lab Manager – HIS/Brady community member
3. Linda Carlson – Retired School Teacher/Conrad community member
4. Bergen Morehouse – Conrad community member/parent
5. Jamey Byrnes – Business Owner/Conrad community member
6. Laura Erickson, RN, CNO, Pondera Medical Center
7. Laurie Ward, RN, Quality Department, Pondera Medical Center

Appendix B – Public Health and Populations Consultation

Public Health and Populations Consultation Worksheet

1. Public Health

a. Name/Organization
Cynthia Grubb – Public Health Nurse, Pondera County Health Department

b. Date of Consultation
Key Informant Interview September 1, 2016

c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
Interview

d. Input and Recommendations from Consultation
- We need more providers in the community.
- Lack of mental health services in the community
- We [Pondera County Health Department] would like to collaborate with [Pondera Medical Center] on mental health issues. It [mental health] is an area of weakness.

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

Population: Underinsured, Low-Income

a. Name/Organization
Cynthia Grubb – Public Health Nurse, Pondera County Health Department

b. Date of Consultation
Key Informant Interview November 15, 2016

c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
Interview

d. Input and Recommendations from Consultation
There is a large amount of Medicaid recipients in our service area, which is a challenge. We [Pondera County Health Department] will continue to collaborate with Pondera Medical Center to finds ways to meet the needs of this population. Flu shot coverage has been lower. Recommend continued education and application into the WIC program for families who qualify.

Population: Youth

a. Name/Organization
   Bergen Morehouse
   Janie McFarland
   Linda Carlson

b. Date of Consultation
   Second Steering Committee Meeting: December 19, 2016

c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
   Steering Committee

d. Input and Recommendations from Consultation
   Program for high school students to job shadow at the hospital was dropped when teacher retired. Would encourage the school to reinstate the program if possible.
   Kids and Family Health Fair

Population: Seniors

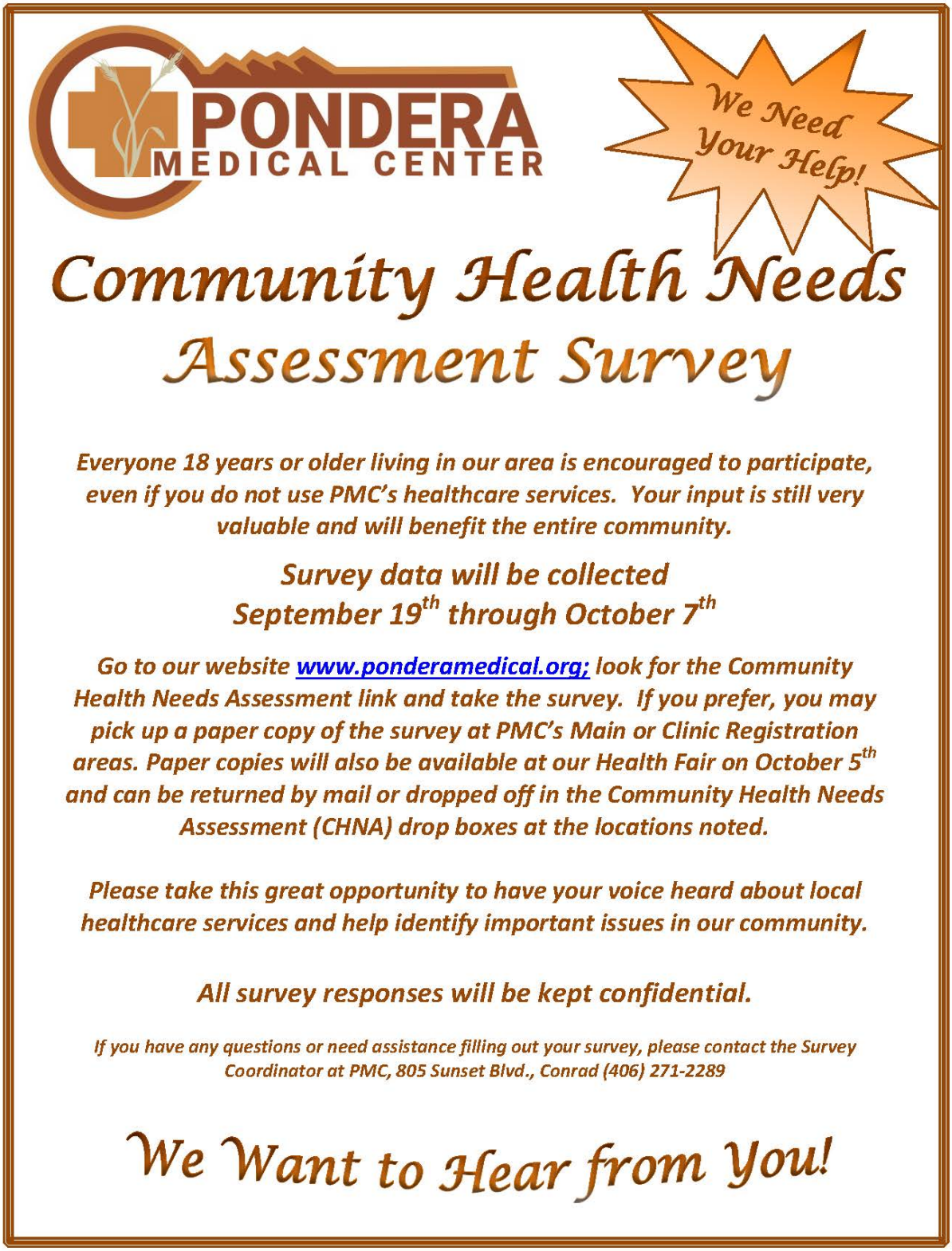
a. Name/Organization
   Don McClain – Pondera Medical Foundation

b. Date of Consultation
   Focus Group December 20, 2016

c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
   Focus Group

d. Input and Recommendations from Consultation
   More providers continue to be a need for the community. Elderly like to see their own primary care provider each time.
   Over all, I think the providers are meeting the needs of seniors, but many do travel to Great Falls for specialty providers, and this can be difficult for that age group.

Appendix C-Survey Flyer



Appendix D-Survey Instrument

Community Health Needs Assessment Survey
Conrad, Montana

INSTRUCTIONS: Please use a #2 pencil or ink pen to complete the survey and return it to Pondera Medical Center, 805 Sunset Blvd., Conrad, MT 59425. All responses must be made by circling the corresponding answer. *If you need assistance filling out this survey, please contact Laurie Ward at Pondera Medical Center at 406-271-2289.*

Participation is voluntary. You can skip any question that you do not want to answer and/or 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? **(Circle ONLY 3 that apply)**

Alcohol abuse/substance abuse	Lack of healthcare education	Recreation related accidents/injuries
Cancer	Mental health issues	Respiratory issues/illness
Child abuse/neglect	Motor vehicle accidents	Suicide
Depression/anxiety	MLS/ALS/Parkinson	Tobacco use
Diabetes	Poor nutrition	Work related accidents/injuries
Domestic violence	Prescription/illegal drug abuse	Underage alcohol use
Heart Disease	Overweight/Obesity	Work/economic stress
Lack of access to health/dental care	Stroke	Elder Abuse
Other _____		

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

Access to healthcare & other services	Low level of domestic violence
Affordable housing	Parks and recreation
Arts and cultural events	Religious or spiritual values
Clean environment	Strong family life
Community involvement	Tolerance for diversity
Good jobs and healthy economy	High quality healthcare services
Good schools	Immunized children
Healthy behaviors and lifestyles	Improved hospital & patient communication
Low crime/safe neighborhoods	Other _____
Low death and disease rates	

4. How do you rate your knowledge of the health services that are available at Pondera Medical Center?
   Excellent Good Fair Poor

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

Friends/Family	Presentations	Television
Healthcare Provider	Public Health	Word of Mouth/Reputation
Mailings/Newsletter	Radio	Website/Internet
Newspaper	Senior Center	Other _____

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

Dentist	Pharmacy	Senior Center
Mental Health	Public Health	Other _____

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

Cultural Sensitivity	More Primary Care Providers	Telemedicine
Greater Health Education Services	More Specialists	Transportation Assistance
Improved Quality of Care	Outpatient Services Extended Hours	Interpreter Services
Other _____		

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

Alcohol/Substance Abuse	Health and Wellness	Prenatal
Alzheimer's	Heart Disease	Smoking Cessation
Cancer	Living Will	Support Groups
Diabetes	Men's Health	Weight Loss
First Aid/CPR	Mental Health	Women's Health
Fitness	Nutrition	Grief Counseling
Parenting	Other _____	

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

Very important Important Not important Don't know

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

Yes No (If **no, skip to question #12)**

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

Could not get an appointment	It was too far to go	Too long to wait for an appointment
Could not get off work	Language Barrier	Too nervous or afraid
Don't like doctors	No Insurance	Transportation problems
No child care available	Not treated with respect	Unsure if services were
Costs too much	Office wasn't open when I could go	
Other _____		

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

Children's checkup/Well baby	Mammography	Routine health checkup
Cholesterol check	Pap Smear	None
Colonoscopy	Prostate (PSA)	Flu Shot
Routine Blood Pressure Check	Other _____	

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

_____

14. Please rate the **availability** of mental health services in our community.

Excellent Good Fair Poor N/A

15. Please rate the **quality** of mental health services available in our community.
    Excellent Good Fair Poor N/A
16. Please rate the **availability** of substance abuse programs in our community.
    Excellent Good Fair Poor N/A
17. Please rate the **quality** of substance abuse programs in our community.
    Excellent Good Fair Poor N/A
18. Please rate the **availability** of prevention programs in our community.
    Excellent Good Fair Poor N/A

19. In the past three years, have there been periods of at least three consecutive months where you or a family member felt depressed on most days, although you may have felt ok sometimes?
    Yes No

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

    _____ _____ _____
    _____ _____ _____
    _____ _____ Other: _____

21. 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 #23)**

22. If yes, which hospital does your household use the MOST for hospital care? **(Please circle only one)**
    Pondera Medical Center (Conrad) Marias Medical Center (Shelby) Benefis (Great Falls)
    Benefis Teton Medical Center (Choteau) Kalispell Regional Medical Center (Kalispell) VA Hospital
    Great Falls Clinic Hospital Indian Health Services Other _____
    _____

23. Thinking about the hospital you were at most frequently, what were the **three** most important reasons for selecting that hospital? **(Please circle ONLY 3 that apply)**
    Closest to home Hospital's reputation for quality Referred by physician
    Closest to work Prior experience with hospital Required by my insurance plan
    VA/Military requirement Cost of care Recommended by family or friends
    Emergency, no choice Indian Health Services Other _____
    _____

24. In the past three years, have you or a household member seen a primary healthcare provider, such as a family physician, physician assistant or nurse practitioner for healthcare services?
    Yes No **(If no, skip to question #26)**

25. Where was that primary healthcare provider located? **(Please circle only one)**
    Conrad Missoula Shelby
    Great Falls Kalispell Browning/Heart Butte
    Other _____

26. Why did you select the primary care provider you are currently seeing? **(Please circle all that apply)**

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

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

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

28. What type of healthcare specialist was seen? **(Circle all that apply)**

Allergist	Mental health counselor	Psychiatrist (MD)
Cardiologist	Neurologist	Pulmonologist
Dentist	OB/GYN	Radiologist
Dermatologist	Occupational therapist	Rheumatologist
Dietitian	Oncologist	Social worker
Endocrinologist	Ophthalmologist	Speech therapist
ENT (ear/nose/throat)	Orthopedic surgeon	Substance abuse counselor
Gastroenterologist	Pediatrician	Urologist
General surgeon	Physical therapist	Geriatrician
Podiatrist	Other _____	

29. Where was the health care specialist seen? **(Circle all that apply)**

Conrad	Missoula	Shelby
Cut Bank	Great Falls	Kalispell
Other _____		

The following services are available at Pondera Medical Center. Please rate the **overall quality** for each service.

30. Ambulance services	Excellent	Good	Fair	Poor	N/A
31. PMC Clinic	Excellent	Good	Fair	Poor	N/A
32. Emergency room	Excellent	Good	Fair	Poor	N/A
33. Home Health	Excellent	Good	Fair	Poor	N/A
34. Hospice	Excellent	Good	Fair	Poor	N/A
35. Inpatient services (Hospital)	Excellent	Good	Fair	Poor	N/A
36. Laboratory	Excellent	Good	Fair	Poor	N/A
37. Nursing home/Extended Care	Excellent	Good	Fair	Poor	N/A
38. Radiology	Excellent	Good	Fair	Poor	N/A
39. Physical/Occupational/Speech Therapies	Excellent	Good	Fair	Poor	N/A

40. Over the past month, how often have you had physical activity for at least 20 minutes? **(Please circle only one)**

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

41. What type of medical insurance covers the **majority** of your household's medical expenses? **(Please circle only one)**

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

_____

42. If you **do NOT** have medical insurance, why? **(Please circle all that apply)**

Cannot afford to pay for medical insurance	Choose not to have medical insurance
Employer does not offer insurance	Other _____

43. How well do you feel your health insurance covers your healthcare costs?

Excellent	Good	Fair	Poor

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

Yes No

45. 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.

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

59425 Conrad	59486 Valier	59456 Ledger	
59416 Brady	59448 Heart Butte	Other _____	

47. What is your gender? Male Female

48. What age range represents you?

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

49. What is your employment status?

Work full-time	Work part-time	Retired	
Student	Collecting disability	Unemployed, looking	but
Not currently seeking employment	Other _____		

Please return this survey to:

Pondera Medical Center, Attn: Laurie Ward, 805 Sunset Blvd., Conrad, MT 59425

THANK YOU VERY MUCH FOR YOUR TIME

Please note that all information will remain confidential.

Appendix E – Focus Group Questions

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

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

2. What do you think are the most important local healthcare issues? (Probe question: What do you think are the biggest issues facing local healthcare 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
   - Healthcare services for Senior Citizens
   - Public/County Health Department
   - Healthcare services for low-income individuals/families
   - Nursing Home/Assisted Living Facility
   - Pharmacy

6. Why might people leave the community for healthcare?

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

Appendix F – Focus Group Notes

Focus Group #1

Tuesday, December 20, 2016 – 10:00 am Pondera Medical Center – Conrad, MT

6 people (2 male, 4 female)

1. What would make this community a healthier place to live?
   - More regular full time providers. Don't see the same provider each time.
   - Providers don't have time to look through chart notes if they don't know you.
   - Health Education – drug/alcohol, exercise, obesity, diabetes, smoking cessation

2. What do you think are the most important local healthcare issues?
   - Not a lot of healthy food options on local restaurant menus
   - Drug and alcohol use in community
   - Lack of exercise, obesity and diabetes
   - Not enough full time providers.
   - Lack of parenting skills
   - Mental health issues
   - Over 100 kids are in foster care because of drug use

3. What do you think of the hospital in terms of:

   Quality of Care
   - Care is top notch. ER, clinic, ECF
   - Better personal care due to staff knowing you
   - Personal care for a small community

   Number of Services
   - Basic needs
   - Feel bad about loss of OB
   - MRI
   - Focus on 10 services and do them well
   - Good, but need dialysis

   Hospital Staff
   - They are good, very friendly
   - One lady was rude. I told her that was no way to talk to a customer.
   - Need to depend on repeat customers

   Hospital Board and Leadership
   - I think O'Leary walks on water
   - History of the board over last 14 years is a little better
   - Some board members just filling space, about 50/50
   - Bridge got finished under O'Leary
   - Board is better today than it has been
   - Bothered by removal of term limits
   - Need someone with new ideas, not entrenched in old ideas
   - Most board members are not qualified to be on the board.

What are the qualifications to be on the board?

Board members should have experience working with others

Board has done stupid things in the past

Frustrated with general attitude of the board

In a small town, it seems like only farmers have time to be on the board

Need leadership on the board and administration

Business Office

Talking with foreign people about bills. Can't understand them
Late billing

Condition of Facility and Equipment

No complaints. They have a set budget and do what they can
Bigger area for wellness
Boilers need replaced

Financial Health of the Hospital

What is more important? Building a bridge or buying a freezer/refrigerator
Don't know

Cost

Convenience overrides cost

Office/Clinic Staff

No issues

No long wait times

Would like to see the same provider

Too long to register

Very good

Availability of care

Able to get right in

4. Are any of the local providers your personal provider or personal provider to your family members? Why?
    a. Yes, I would rather come here – convenience
    b. First choice is PMC

5. What do you think about these local services:

Emergency Room

Have used it.
It was fine.
They are able to handle small and big events

Ambulance Service

Need to increase the number of EMT's

Healthcare Services for Senior Citizens
Some don't know the services that are offered
Concerned if they can afford care

Public/County Health Department

Got a flu shot

Good

Healthcare Services for Low-Income Individuals/Families

I don't know

Yes

Nursing Home/Assisted Living Facility

Pretty good

Level of care is amazing

Pharmacy
COST!
Wouldn't let patient fill for 90 days, only 30 days

6. Why might people leave the community for healthcare?
   Personal embarrassment
   Convenience. Can do more things in Great Falls
   Confidentiality issues (HIPAA)

7. What other healthcare services are needed in the community?
   Kids/Family Wellness
   Health Fair for Families
   Mental Health is a priority
   Affordability
   Assistance with mental health access

Focus Group #2

Tuesday December 20, 2016 – 12:00pm-1:00pm – Conrad Senior Center – Conrad, MT

18 people (11 male, 7 female)

1. What would make this community a healthier place to live?
   - "If everyone left"
   - Not enough providers
   - Dialysis

2. What do you think are the most important local healthcare issues?
   - Not enough doctors

3. What do you think of the hospital in terms of:

   Quality of Care
   - Good

   Number of Services
   - Good, but need Chemotherapy

   Hospital Staff
   - Very good
   - Had trouble with a PA. Had to argue about treatment
   - Physical Therapy is excellent

   Hospital Board and Leadership
   - Who is on the board?
   - Who is the manager and how long has he been there?

   Business Office
   - Don't like the 800 numbers
   - Don't like the billing statement
   - Screwed up billing

   Condition of Facility and Equipment
   - Very clean
   - I'm impressed that is so clean

   Financial Health of the Hospital
   - No comment
   - Don't know

   Cost
   - No comment

   Office/Clinic Staff
   - Very good

   Availability of care
   - Had trouble – couldn't get in for 2-3 days, so I went to ER instead

4. Are any of the local providers your personal provider or personal provider to your family members? Why?
    David Arends is excellent. He is very patient with the elderly
    Yes, because they are good
    Convenience

5. What do you think about these local services:

    Emergency Room
        Very good. They jetted me to Great Falls
        Caring
        Loved the nurse that was on when I went in.

    Ambulance Service
        They are good. Rhett Orcutt is fabulous
        They are seriously understaffed
        Medics are good
        They took good care of my wife on the way to Great Falls

    Healthcare Services for Senior Citizens
        Meeting our needs, more so than Great Falls
        You're just a number in Great Falls

    Public/County Health Department
        Get flu shots there

    Healthcare Services for Low-Income Individuals/Families
        Yes

    Nursing Home/Assisted Living Facility
        Short of help on weekends in the dining room

    Pharmacy
        Good – Should be available on Saturday
        Olson's is not taking Humana in January 2017

6. Why might people leave the community for healthcare?
    Don't want to go to "friends" for personal care
    Use VA. It's greener on the other side of the fence
    Cancer care
    Specialists in Great Falls

7. What other healthcare services are needed in the community?
    Chemotherapy
    Dialysis
    Eye doctor
    Dentist
    Weekly Advertisements about what PMC is doing like a "Feature of the Week"

Appendix G-Secondary Data

County Profile

Pondera County
Secondary Data Analysis
July 23, 2012

MONTANA STATE UNIVERSITY | Office of Rural Health Area Health Education Center

Leading causes of Death	County[1]	Montana	Nation[2]
	1. Cancer	1. Cancer	1. Heart Disease
	2. Heart Disease	2. Heart Disease	2. Cancer
	3. Unintentional Injuries	3. CLRD	3. Stroke

Community Health Data, MT Office of Health and Human Services

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

Chronic Lower Respiratory Disease

limited to, drowning, fire/burn, motor vehicle/traffic-related, other land sport accidents, poisoning, and suffocation.

Chronic Disease Burden[1]	Region 2	Montana	Nation[3,4]
Stroke prevalence	7.5%	6.2%	8.3%
Diabetes prevalence	4.4%	4.1%	6.0%
Acute Myocardial Infarction prevalence (Heart Attack)	46.9	45.5	54.2
All Cancer			

Community Health Data, MT Office of Health and Human Service (2010)

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

Region 2 (North Central) – Glacier, Toole, Liberty, Hill, Blaine, Pondera, Teton, Chouteau, and Cascade

American Diabetes Association (2012)

Chronic Disease Hospitalization Rates	County	Montana
Stroke	173.1	182.2
Per 100'000 population		
Diabetes[1]	110.0	115.4
Per 100'000 population		
Myocardial Infarction[1]	146.6	147.3
Per 100'000 population		

Community Health Data, MT Office of Health and Human Service (2010)

Demographic Measure (%)	County			Montana			Nation[5,6]		
Population	5,852			989,415			308,745,538		
Population Gens1ty[1]	<5	18-64	65+	<5	18-64	65+	<5	15-64	65+
Age[1]	6%	59%	17%	6%	63%	14%	7%	62%	13%
Gender[1]	Male	Female		Male	Female		Male	Female	
	49.2%	50.8%		50.1%	49.9%		49.2%	50.8%	
Race/Ethnic Distribution	White[1]			81.5%			91.5%		72.4%
	American Indian			18.0%			6.8%		0.9%
	Other			0.4%			1.7%		26.7%

Not relevant

[1] Community Health Data, MT Dept of Health and Human Services

(2010) Total Population Projections, Hispanic Origin

[2] County Health Rankings - Robert Wood Johnson Foundation (2012)

[3] Census (2010)

[4] Non-Hispanic Ancestry

[5] Census (2010)

[6] Non-Hispanic Ancestry

Pondera County
Secondary Data Analys s
July 23 , 2012

Socioeconomic Measures'(%}	County	Montana	Nation s
Median Income	$35,300	$43,000	
Unemployment Rate'		$51,914	
Persons Below Poverty lever[1]	5.6%	63%	
Un•nsured Adutts (Age <65)		7.796	
Umnsured Children (Age <18)'	19.0'16	14.096	H896
	18/496	19.096	18.296
		11.096	10.0'16

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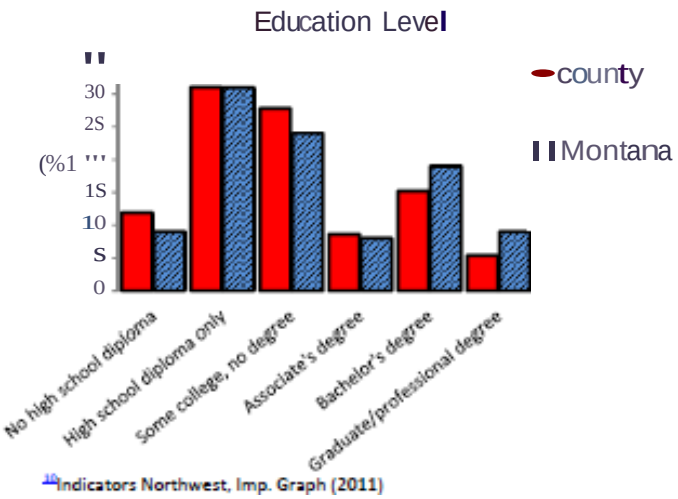

[10]Indicators Northwest, Imp. Graph (2011)

MONTANA STATE UNIVERSITY

Office of Rural Health

Area Health Education Center

Behavioral Healthu	Region2	Montana
Childhood Immunization Up-To..lJate (UTD) "CoverageU.tt Age 24--35 months, population size: 12,075 {96 sompled: 35.996)	59.596 (C..."'Y)	64.3%
Tobacco U [1]	22.2%	19.3%
Alcohol Use {binge + heavy drinking/	22.0%	22.8%
Obesity [1]	26.3%	21.69£
Ovenveight[1]	38.3%	37.8%
No Leisure ti r physical activity!	23.6%	
(2010)		20.

enter for Di=e; e Control ; end PventOon (CDC), National Yrul btitic:; (2012)
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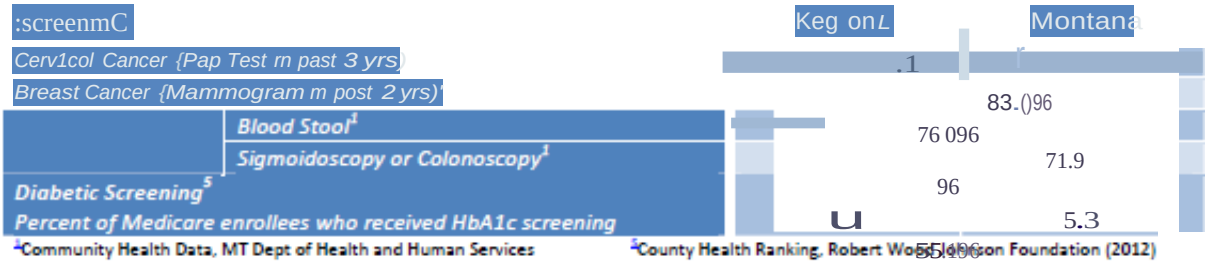
2

:screenmC	Keg onL	Montana
Cerv1col Cancer {Pap Test rn past 3 yrs)	.1	
Breast Cancer {Mammogram m post 2 yrs)'		83.()96
Blood Stool[1]	76 096	
Sigmoidoscopy or Colonoscopy[1]		71.9
Diabetic Screening[5]	96	
Percent of Medicare enrollees who received HbA1c screening	u	5.3
	55.096	54.
	3%	
	65.096 (C...'"Y)	79.096



[1]Community Health Data, MT Dept of Health and Human Services

[5]County Health Ranking, Robert Wo[illegible]son Foundation (2012)

(2010)

Mortalityu..u	County	Montana	Nation[2,13]
Suic1de Rote per 100,000 pvpululivnJ	20.2	20.3	12.0
Unintentional Injury Death Rate per 100,000 population[1]	114.5	58.8	38.4
Percent Motor Vehicle Crashes Involving Alcohol[1]	H.6"	10.096	32.096
Pneumonia/Influenza Mortality per 100,000 populati-On[1]	57.3	19.0	17.5
Diabetes Mellitus[2]	47.2	2 7.	21.8

(2010)
lcenter for Oi=eae Control ; end Pven tOon (CDC), National Yrul
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Maternal Child Health[1]	County	Montana	Nation[14,15]
Infant Mortality (death within 1" year) Rote per 1,000 live birthsJ	6.8 (Rf:ciotl 2)	6.1	6.7
Entrance into Prenatal core in 1" Trimester Percent of Live BirthsJ	76.796	83.996	69096
Birth Rate' Babies bom per 1,000 people	H.2	12.8	13.5
LOlV Birth Weight (<2500 groms) Percent of live birthsJ	4.296	7.396	8.396
Neonatal Mortality (under 28 days of age) Rote per 1,000 uve Dfrti'ISJ	3 5 (Rf:ciotl 2)	3.3	4.5
Post Neonatal Mortality (28 through 364 days of age) Rote per 1,000 live birth/	33 (Reicn 2)	2.7	2.2
Pre-Term Birth {<37 c.ompleted 1Veeks gestation) Percent of LNe 81rthsJ	8.296	10.1"	12.596

! community Health Oata,. MT OePoi Healtl\; nd Human Service
(2010)
lMon un; KIDS COUNT (2009)

ild Health USA.. U.S. Dept of Health ; end Hum ; en Sen.oi u –
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.l::center fw Di u Cor.uol ; nd Pre\<ention (CDC), Preterm Birth
(2012)3

Economic Impact Assessment

Demographic Trends and Economic Impacts: A Report for Pondera Medical Center

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

Introduction

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

Section I Location Quotients

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

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

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

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

Hospitals Location Quotient (compared to State of MT) = 1.48
Hospitals Location Quotient (compared to U.S.) = 1.25

A location quotient near 1 indicates that the employment concentration in the county mirrors that of the larger geographic region. In the case of Pondera County, the location quotient of 1.48 indicates that hospital employment in the county is 48 percent higher than one would expect given statewide employment patterns. When compared to the nation, the location quotient of 1.25 reveals that the percentage of total county employment accounted for by the hospital is about 25 percent higher than the percentage of total U.S. employment coming from the hospital sector.

Another way to look at the location quotient is to ask how many employees would be employed in the hospital sector if Pondera County's employment patterns mirrored the state or the nation. Pondera County's hospital employment averaged 204 employees in 2010. This is 68 more than expected given the state's employment pattern and 41 more than expected given the national employment pattern. In 2010, Pondera Medical Center accounted for 12% of county nonfarm employment and 15% 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 6,153 residents of Pondera County. The breakdown of these residents by age is presented in Figure 1. Pondera County's age profile is similar to that of many rural Montana 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 39 year olds in the county. In many rural Montana counties, the baby bust is exacerbated by out-migration of young adults.

Figure 1: Age Distribution of Pondera County Residents

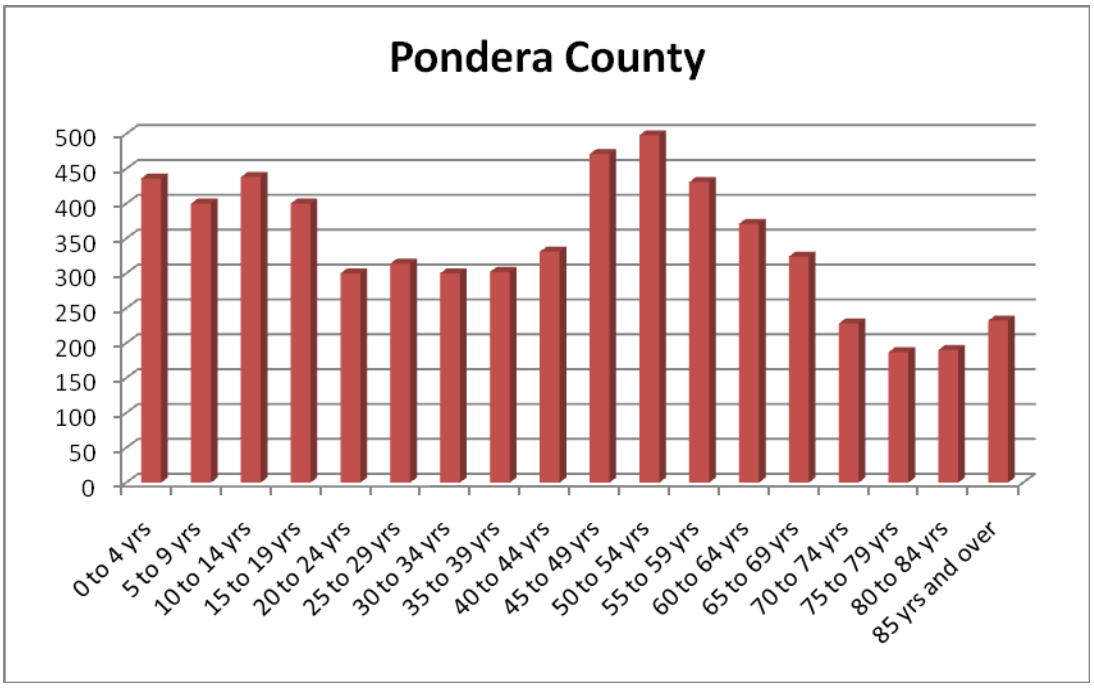

Figure 2: Percent of the population by age groups, Pondera County vs. Montana

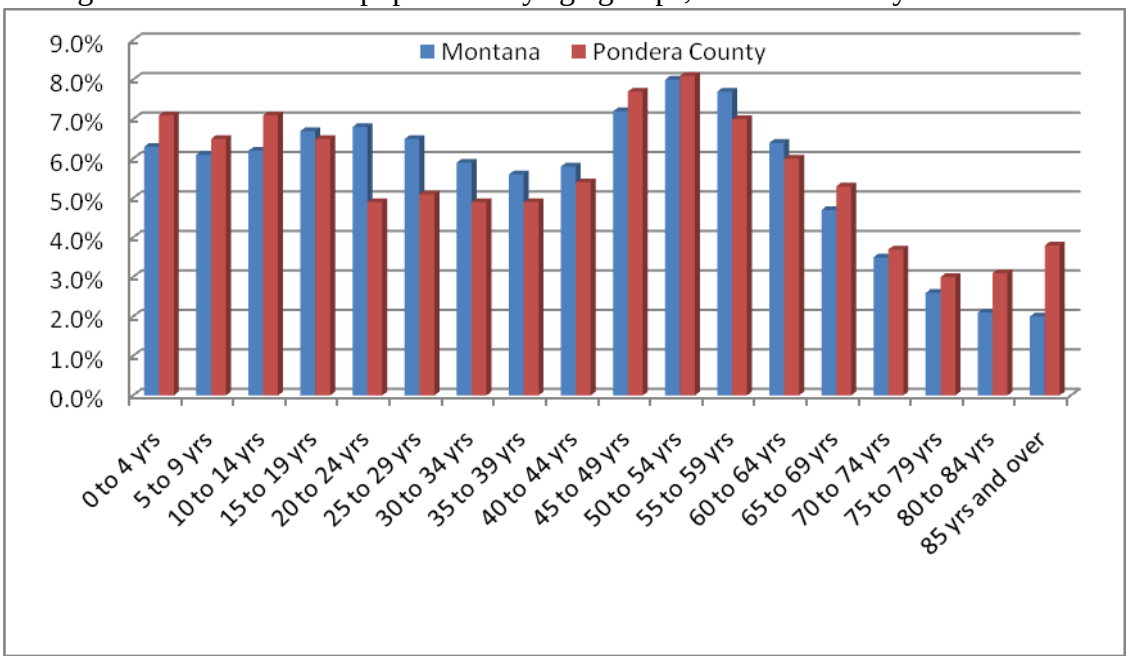

Figure 2 shows how Pondera County's population distribution compares to Montana's. A careful examination of Figure 2 and the underlying data reveals that, compared with the State as a whole, Pondera County has a lower percentage of people aged 15 to 44 (31.7 percent vs. 37.3 percent) and a higher percentage of people aged 0 to 14 (20.7 percent vs. 18.6 percent). According to the 2010 Census, Pondera County had a median age of 42.8, which was slightly higher than the statewide median age of 39.8. These demographics are important when planning for healthcare delivery now, and in the future.

Section III Economic Impacts

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

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

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

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

Hospital Employment Multiplier = 1.26
Hospital Employee Compensation Multiplier = 1.20
Hospital Output Multiplier = 1.29

What do these numbers mean? The employment multiplier of 1.26 can be interpreted to mean that for every job at Pondera Medical Center, another .26 jobs are supported in Pondera County. Another way to look at this is that if Pondera Medical Center suddenly went away, about 53 additional non-hospital jobs would also be lost in the county (based on 2010 hospital employment of 204). The employee compensation multiplier of 1.20 simply states that for every dollar in wages and benefits paid to the hospital's employees, another 20 cents of wages and benefits are created in other local jobs in
Pondera County. Put another way, if Pondera Medical Center suddenly went away, about $1,517,662 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 Pondera Medical Center, output in the county increases by another 29 cents.

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

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

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