

# Fallon County, Montana

## Community Health Services Development Community Health Needs Assessment Report

Survey conducted by  
Fallon Medical Complex  
Baker, Montana

In cooperation with  
The Montana Office of Rural Health

June 2016



**MONTANA**  
STATE UNIVERSITY

Office of Rural Health  
Area Health  
Education Center

**Fallon Medical Complex  
Community Health Needs Assessment  
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**Fallon Medical Complex  
Community Survey & Focus Groups  
Summary Report  
June 2016**

## **I. Introduction**

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Fallon Medical Complex (FMC) is a 25-bed Critical Access Hospital based in Baker, Montana and is a private charitable non-profit organization. Fallon Medical Complex is a sole community healthcare provider for a rural population in excess of 7,200 people spread over seven counties (Fallon, Carter, Wibaux, and part of Custer Counties in Montana, and Slope, Golden Valley and part of Bowman Counties in North Dakota). Fallon Medical Complex participated in the Community Health Services Development (CHSD) Project, a Community Health Needs Assessment (CHNA), conducted by the Montana Office of Rural Health. Community involvement in steering committee meetings and focus groups enhanced the community's engagement in the assessment process.

In the spring of 2016, Fallon Medical Complex's service area was surveyed about its healthcare system. This report shows the results of the survey in both narrative and chart formats. A copy of the survey instrument is included at the end of this report (Appendix D). Readers are invited to familiarize themselves with the survey instrument and the subsequent findings. The narrative report touches on the highlights while the charts present data for virtually every question asked. Please note: we are able to compare some of the 2016 survey data with data from a previous survey conducted in 2011. If any statistical significance exists, it will be reported. The significance level was set at 0.05.

## **II. Health Assessment Process**

A Steering Committee was convened to assist Fallon Medical Complex in conducting the CHSD assessment process. A diverse group of community members representing various organizations and populations within the community (ex. public health, elderly, uninsured) came together in February 2016. For a list of all Steering Committee members and their affiliations, see Appendix A. The Steering Committee met twice during the CHSD process; first to discuss health concerns in the community and offer their perspective in designing the survey instrument and again to review results of the survey and focus groups and to assist in the prioritization of health needs to address.

## **III. Survey Methodology**

### **Survey Instrument**

In April 2016, surveys were mailed out to the residents in Fallon Medical Complex's service area. The survey was based on a design that has been used extensively in the states of Washington, Wyoming, Alaska, Montana, and Idaho. The survey was designed to provide each facility with information from local residents regarding:

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

## **Sampling**

Fallon Medical Complex provided the National Rural Health Resource Center with a list of outpatient and inpatient admissions. Those zip codes with the greatest number of admissions were selected to be included in the survey. A random list of 654 residents was then selected from Prime Net Data Source. Residence was stratified in the initial sample selection so that each area would be represented in proportion to the overall served population and the proportion of past admissions. (Note: although the survey samples were proportionately selected, actual surveys returned from each population area varied which may result in slightly less proportional results.)

Additionally, four focus groups were held to identify the motives of local residents when selecting healthcare providers and to discover reasons why people may leave the Baker 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.

## **Information Gaps**

### **Data**

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

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

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

### **Limitations in Survey Methodology**

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

## Survey Implementation

In April 2016, the community health services development survey, a cover letter from Fallon Medical Complex with the Chief Executive Officer's signature on FMC letterhead, and a postage paid reply envelopes were mailed to 654 randomly selected residents in the hospital's service area. A news release was sent to local newspapers prior to the survey distribution announcing that Fallon Medical Complex would be conducting a community health services survey throughout the region in cooperation with the Montana Office of Rural Health.

One hundred ninety-one surveys were returned out of 654. Of those 654 surveys, 5 were returned undeliverable for a 29% response rate. From this point on, the total number of surveys will be out of 649. Based upon the sample size, we can be 95% confident that the responses to the survey questions are representative of the service area population, plus or minus 5.41%.

## IV. Survey Respondent Demographics

A total of 649 surveys were distributed amongst Fallon Medical Complex's service area. One hundred ninety-one were completed for a 29% response rate. The following tables indicate the demographic characteristics of the survey respondents. Information on location, gender, age, and employment is included. Percentages indicated on the tables and graphs are based upon the total number of responses for each individual question, as some respondents did not answer all questions.

### Place of Residence (Question 37)

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

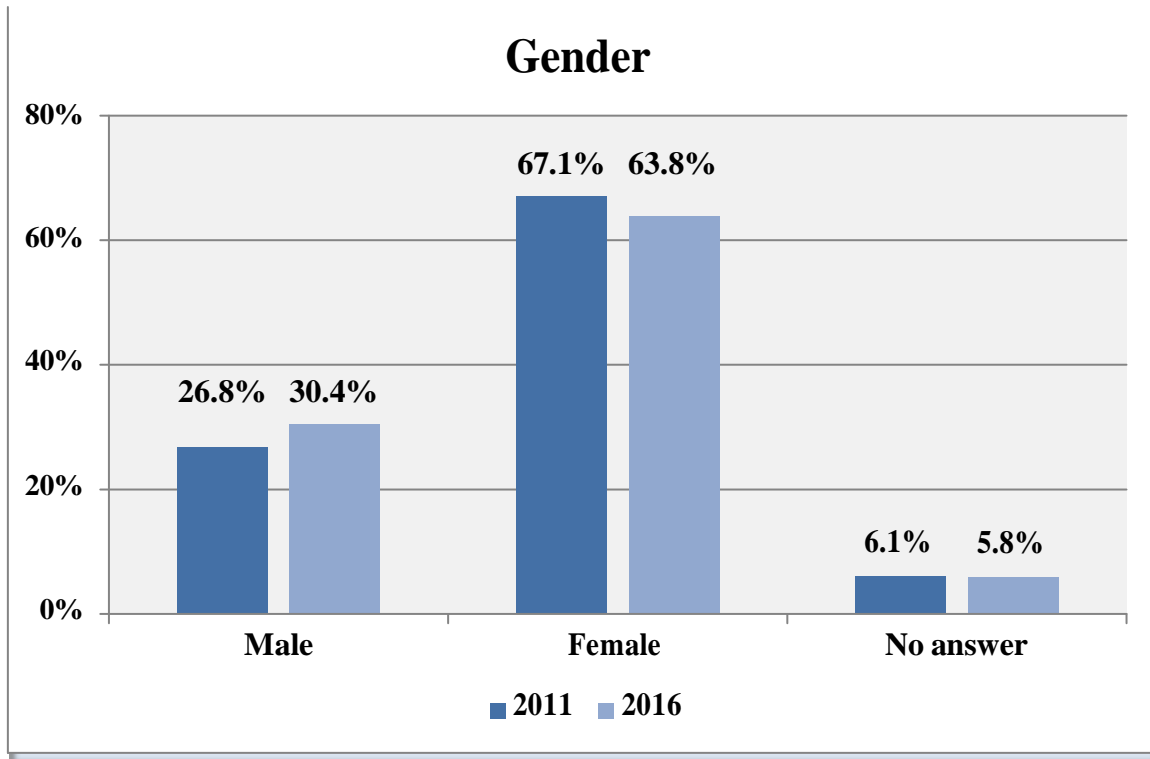
		2011		2016	
Location	Zip code	Count	Percent	Count	Percent
<b>Baker</b>	<b>59313</b>	<b>166</b>	<b>73.5%</b>	<b>136</b>	<b>72.3%</b>
<b>Wibaux</b>	<b>59353</b>	<b>19</b>	<b>8.4%</b>	<b>22</b>	<b>11.7%</b>
<b>Plevna</b>	<b>59344</b>	<b>20</b>	<b>8.8%</b>	<b>16</b>	<b>8.5%</b>
Ekalaka	59324	7	3.1%	9	4.8%
Marmath, ND	58643	4	1.8%	4	2.1%
Ismay	59336	1	0.4%	1	0.5%
Willard	59354	6	2.7%	Not asked in 2016	
Beach, ND	58621	2	0.9%	Not asked in 2016	
Golva, ND	58632	1	0.4%	Not asked in 2016	
<b>TOTAL</b>		<b>226</b>	<b>100%</b>	<b>188</b>	<b>100%</b>

### Gender (Question 38)

2016 N= 191

2011 N= 231

Of the 191 surveys returned, 63.8% (n=122) of survey respondents were female, 30.4% (n=58) were male, and 5.8% (n=11) chose not to answer this question. The survey was distributed to a random sample consisting of 50% women and 50% men. It is not unusual for survey respondents to be predominantly female, particularly when the survey is healthcare-oriented since women are frequently the healthcare decision makers for families.

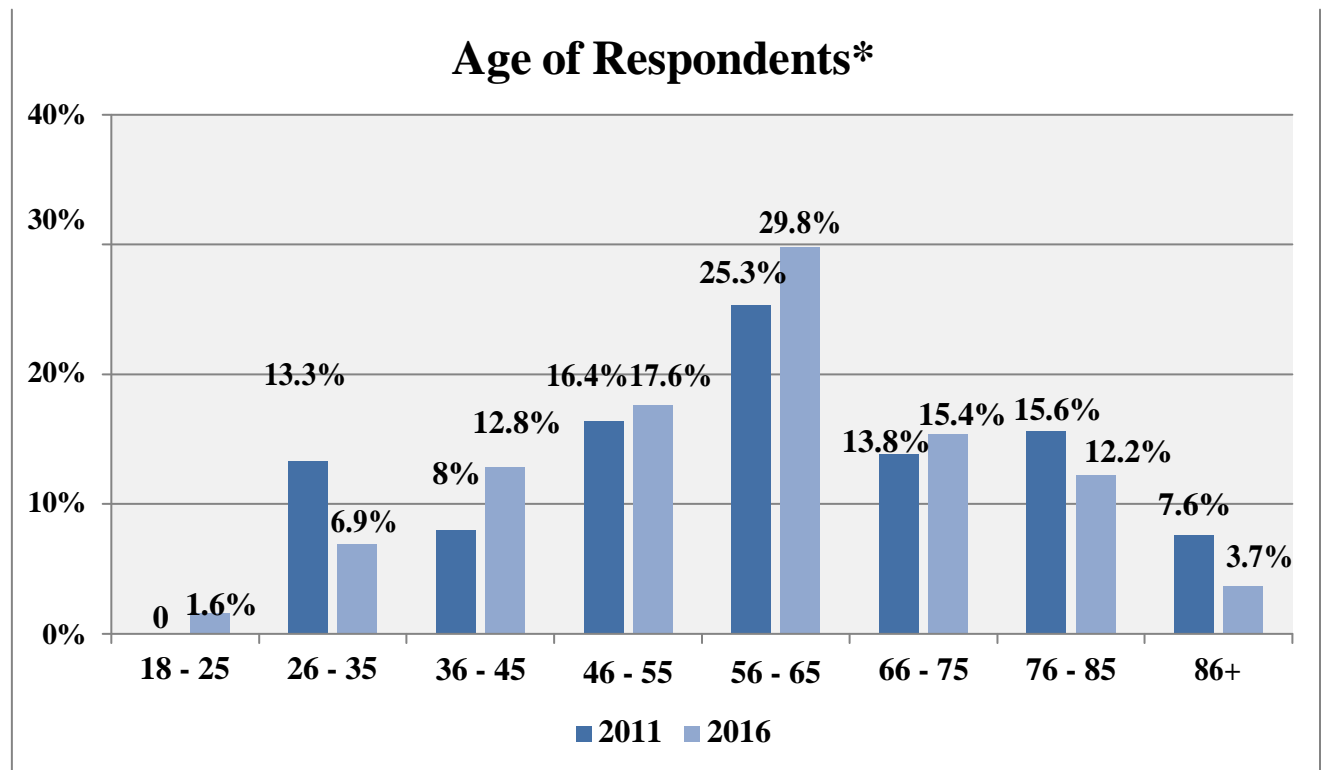


### Age of Respondents (Question 39)

2016 N= 188

2011 N= 225

Thirty percent of respondents (n=56) are between the ages of 56-65. Eighteen percent of respondents (n=33) are between the ages of 46-55 and 15.4% of respondents (n=29) are between the ages of 66-75. This statistic is 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 the survey was targeted to adults and therefore, no respondents are under age 18.



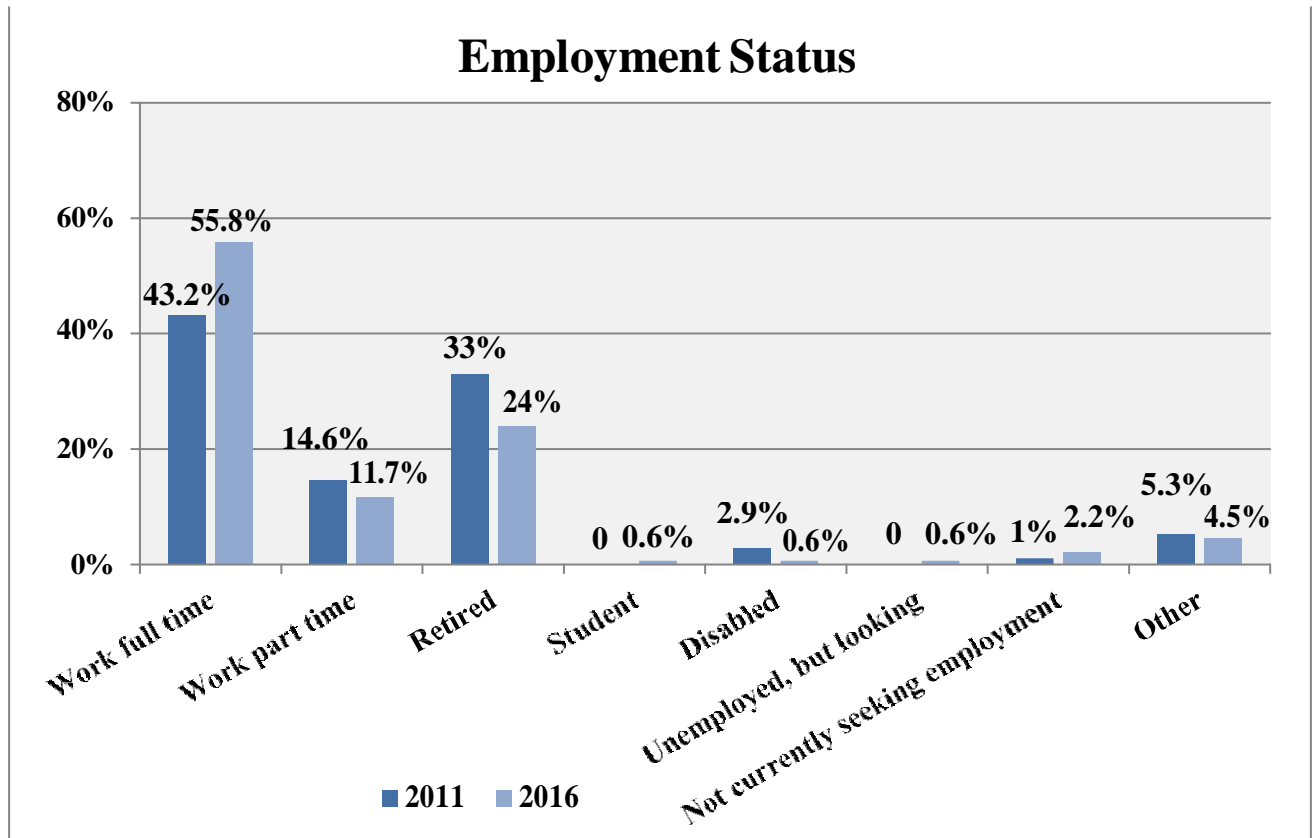
\*Significantly fewer 2016 respondents were between the ages of 26-35.

### Employment Status (Question 40)

2016 N= 179

2011 N= 206

Fifty-six percent (n=100) of respondents reported working full time while 24% (n=43) are retired. Twelve percent of respondents (n=21) indicated they work part time. Respondents could select all that apply so percentages do not equal 100%. Twelve respondents chose not to answer this question.



“Other” comments:

- Self-employed (6)
- Disabled



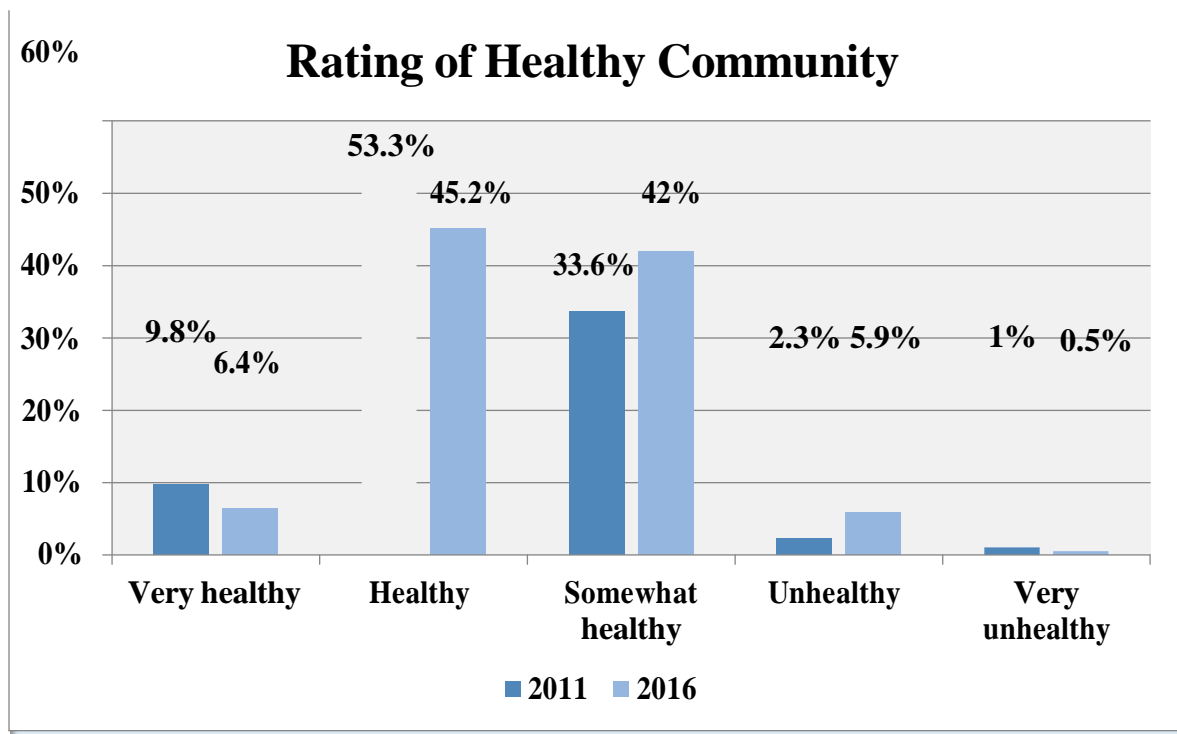
## V. Survey Findings – Community Health

### Impression of Community (Question 1)

2016 N= 188

2011 N= 214

Respondents were asked to indicate how they would rate the general health of their community. Forty-five percent of respondents (n=85) rated their community as “Healthy.” Forty-two percent of respondents (n=79) felt their community was somewhat healthy. Three respondents chose not to respond to this question.



“Other” comments:

- There is no way Fallon Medical/Baker Hospital can compete with the largest hospitals in Bismarck, Billings or Rapid City. These three hospitals have excellent doctors for heart, cancer, spine, and other specialists. Bowman and Miles City do have visiting specialists which our doctors do utilize. Overall we have very good medical care available. Probably some of the best in the state.

## Health Concerns for Community (Question 2)

2016 N= 191

2011 N= 231

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 70.7% (n=135). This is significantly more of a concern for 2016 respondents than in 2011. “Alcohol abuse/substance abuse” was also a high priority at 55% (n=105) followed by “Heart disease” at 31.4% (n=60). Respondents were asked to pick their top three serious health concerns so percentages do not equal 100%.

Health Concern	2011		2016	
	Count	Percent	Count	Percent
<b>Cancer<sup>1</sup></b>	<b>127</b>	<b>55.0%</b>	<b>135</b>	<b>70.7%</b>
<b>Alcohol abuse/substance abuse<sup>2</sup></b>	<b>98</b>	<b>42.4%</b>	<b>105</b>	<b>55.0%</b>
<b>Heart disease</b>	<b>82</b>	<b>35.5%</b>	<b>60</b>	<b>31.4%</b>
Obesity	52	22.5%	46	24.1%
Diabetes	49	21.2%	45	23.6%
Tobacco use	40	17.3%	38	19.9%
Lack of access to health care <sup>3</sup>	16	6.9%	28	14.7%
Mental health issues	19	8.2%	23	12.0%
Stroke	26	11.3%	23	12.0%
Work related accidents/injuries	29	12.6%	19	9.9%
COPD - Lung health	20	8.7%	14	7.3%
Domestic violence	13	5.6%	10	5.2%
Motor vehicle accidents <sup>4</sup>	28	12.1%	9	4.7%
Child abuse/neglect	6	2.6%	7	3.7%
Lack of dental care	7	3.0%	6	3.1%
Recreation related accidents/injuries	10	4.3%	5	2.6%
Other <sup>5</sup>	9	3.9%	17	8.9%

<sup>1</sup>In 2016 significantly more respondents selected cancer as a serious health concern.

<sup>2</sup>In 2016 significantly more respondents selected alcohol abuse/substance abuse as a serious health concern.

<sup>3</sup>In 2016 significantly more respondents selected lack of access to healthcare as a serious health concern.

<sup>4</sup>Significantly fewer respondents cited motor vehicle accidents in 2016.

<sup>5</sup>A concern “other” than those listed was indicated significantly more often in 2016 than in 2011.

“Other” comments:

- Poor nutrition (2)
- MS [Multiple Sclerosis] (2)
- Full service facility is 84 miles away
- Poor drinking water which is causing cancer, heart disease, and stroke
- Lack of eye care
- Elderly health issues
- Shortage of doctors
- RA [Rheumatoid Arthritis]
- Drugs

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

2016 N= 191

2011 N= 231

Respondents were asked to identify the three most important components for a healthy community. Sixty-four percent of respondents (n=122) 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 40.3% (n=77) and third was “Healthy behaviors and lifestyles” at 38.7% (n=74). Respondents were asked to identify their top three choices, thus the percentages do not add up to 100%.

Important Component	2011		2016	
	Count	Percent	Count	Percent
Access to health care and other services	157	68.0%	122	63.9%
Good jobs and a healthy economy <sup>1</sup>	69	29.9%	77	40.3%
Healthy behaviors and lifestyles <sup>2</sup>	65	28.1%	74	38.7%
Strong family life	64	27.7%	66	35.6%
Religious or spiritual values	47	20.3%	48	25.1%
Good schools	61	26.4%	44	23.0%
Low crime/safe neighborhoods	59	25.5%	34	17.8%
Affordable housing <sup>3</sup>	60	26.0%	31	16.2%
Clean environment	41	17.7%	31	16.2%
Community involvement <sup>4</sup>	14	6.1%	25	13.1%
Parks and recreation	9	3.9%	14	7.3%
Tolerance for diversity <sup>5</sup>	3	1.3%	11	5.8%
Low death and disease rates	10	4.3%	7	3.7%
Low level of domestic violence	6	2.6%	5	2.6%
Arts and cultural events	3	1.3%	2	1.0%
Other	1	0.4%	1	0.5%

<sup>1</sup>Significantly more 2016 respondents selected good jobs and a healthy economy as an important component of a healthy community.

<sup>2</sup>Significantly more 2016 respondents selected healthy behaviors and lifestyles as an important component of a healthy community.

<sup>3</sup>Significantly more 2016 respondents selected affordable housing as an important component of a healthy community.

<sup>4</sup>Significantly more 2016 respondents selected community involvement as an important component of a healthy community.

<sup>5</sup>Significantly more 2016 respondents selected tolerance for diversity as an important component of a healthy community.

“Other” comments:

- Strong support system
- All are important

## Survey Findings – Awareness of Services

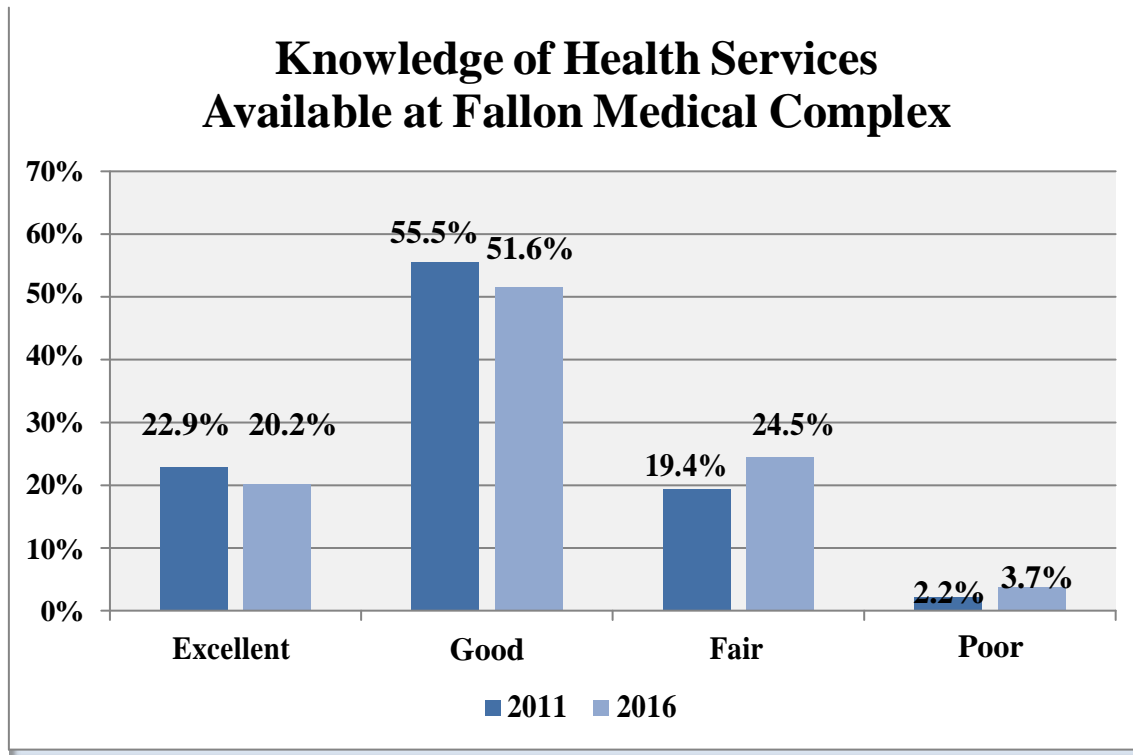
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### Overall Awareness of Health Services (Question 4)

2016 N= 188

2011 N= 227

Respondents were asked to rate their knowledge of the health services available at Fallon Medical Complex. Fifty-two percent (n=97) of respondents rated their knowledge of health services as “Good.” Twenty-five percent (n=46) rated their knowledge as “Fair” and 20.2% of respondents (n=38) rated their knowledge as “Excellent.” Three respondents chose not to answer this question.



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

2016 N= 191

2011 N= 231

Respondents were asked to indicate how they learn about health services available in the community. The most frequent method of learning about available services was “Word of mouth” at 72.8% (n=139). “Health fair” was the second most frequent response at 52.9% (n=101) and “Health care provider” was reported at 51.8% (n=99). Respondents could select more than one method so percentages do not equal 100%.

Method	2011		2016	
	Count	Percent	Count	Percent
<b>Word of mouth</b>	<b>159</b>	<b>68.8%</b>	<b>139</b>	<b>72.8%</b>
<b>Health Fair<sup>1</sup></b>	<b>88</b>	<b>38.1%</b>	<b>101</b>	<b>52.9%</b>
<b>Health care provider<sup>2</sup></b>	<b>88</b>	<b>38.1%</b>	<b>99</b>	<b>51.8%</b>
Newspaper <sup>3</sup>	79	34.2%	85	44.5%
Radio <sup>4</sup>	27	11.7%	39	20.4%
Website/internet <sup>5</sup>	4	1.7%	31	16.2%
Mid Rivers Cable	Not asked in 2011		29	15.2%
Posters	8	3.5%	12	6.3%
Presentations	5	2.2%	7	3.7%
Yellow pages	7	3.0%	5	2.6%
Other	14	6.1%	14	7.3%

<sup>1-5</sup>In 2016, significantly more respondents learned of health services via the health fair; their health care provider; the newspaper; the radio; and from the internet than in 2011.

“Other” comments:

- Work/Job (3)
- Social media (2)
- Serving the people and caring for them
- TV
- Longtime resident
- 9-1-1

## Cross Tabulation of Service Knowledge and Learning about Services

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

### KNOWLEDGE RATING OF FALLON MEDICAL COMPLEX SERVICES BY HOW RESPONDENTS LEARN ABOUT HEALTHCARE SERVICES

	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>	<b>Total</b>
<b>Yellow Pages</b>		3 (60%)	2 (40%)		<b>5</b>
<b>Radio</b>	9 (23.1%)	18 (46.2%)	11 (28.2%)	1 (2.6%)	<b>39</b>
<b>Health Fair</b>	23 (22.8%)	56 (55.4%)	18 (17.8%)	4 (4%)	<b>101</b>
<b>Health care provider</b>	21 (21.2%)	56 (56.6%)	20 (20.2%)	2 (2%)	<b>99</b>
<b>Word of mouth</b>	25 (18.1%)	71 (51.4%)	37 (26.8%)	5 (3.6%)	<b>138</b>
<b>Presentations</b>	2 (28.6%)	4 (57.1%)	1 (14.3%)		<b>7</b>
<b>Posters</b>	4 (33.3%)	4 (33.3%)	3 (25%)	1 (8.3%)	<b>12</b>
<b>Newspaper</b>	14 (16.5%)	48 (56.5%)	19 (22.4%)	4 (4.7%)	<b>85</b>
<b>Mid Rivers Cable</b>	8 (27.6%)	13 (44.8%)	8 (27.6%)		<b>29</b>
<b>Website/internet</b>	10 (32.3%)	14 (45.2%)	7 (22.6%)		<b>31</b>
<b>Other</b>	6 (42.9%)	4 (28.6%)	4 (28.6%)		<b>14</b>

### Other Community Health Resources Utilized (Question 6)

2016 N= 191

2011 N= 231

Respondents were asked which community health resources, other than the hospital or clinic, they had used in the last three years. “Pharmacy” was the most frequently utilized community health resource cited by respondents at 85.3% (n=163). “Public Health” was utilized by 46.1% (n=88) respondents followed by “Dentist” with 38.7% (n=74). Respondents could select more than one resource so percentages do not equal 100%.

Resource	2011		2016	
	Count	Percent	Count	Percent
<b>Pharmacy<sup>1</sup></b>	<b>178</b>	<b>77.1%</b>	<b>163</b>	<b>85.3%</b>
<b>Public Health<sup>2</sup></b>	<b>78</b>	<b>33.8%</b>	<b>88</b>	<b>46.1%</b>
<b>Dentist</b>	<b>85</b>	<b>36.8%</b>	<b>74</b>	<b>38.7%</b>
Chiropractor	58	25.1%	64	33.5%
Senior center	45	19.5%	48	25.1%
Telemedicine <sup>3</sup>	17	7.4%	27	14.1%
Mental health	3	1.3%	5	2.6%
Other <sup>4</sup>	3	1.3%	9	4.7%

<sup>1-4</sup>In 2016, significantly more respondent’s utilized the pharmacy; public health; and telemedicine in the past three years. Additionally, significantly more 2016 respondents indicated they had used a resource “other” than those listed.

“Other” comments:

- None (4)
- None (4)
- Therapeutic massage (2)
- Health Fair
- Physical Therapy
- Mental health not available
- I go out of town
- Hazel Hendrix [local massage therapist]

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

2016 N= 191

2011 N= 231

Respondents were asked to indicate what they felt would improve their community’s access to healthcare. Sixty percent of respondents (n=115) reported “More primary care providers” would make the greatest improvement. Thirty-seven percent of respondents (n=70) indicated they would like “More specialists” and 31.4% (n=60) indicated “Improved quality of care” would improve access to care. Respondents could select more than one method so percentages do not equal 100%.

Method	2011		2016	
	Count	Percent	Count	Percent
<b>More primary care providers<sup>1</sup></b>	<b>60</b>	<b>26.0%</b>	<b>115</b>	<b>60.2%</b>
<b>More specialists</b>	<b>89</b>	<b>38.5%</b>	<b>70</b>	<b>36.6%</b>
<b>Improved quality of care<sup>2</sup></b>	44	19.0%	<b>60</b>	<b>31.4%</b>
Clinic open Saturday	<b>63</b>	<b>27.3%</b>	57	29.8%
Greater health education services	28	12.1%	32	16.8%
Clinic open longer hours	34	14.7%	28	14.7%
Transportation assistance	10	4.3%	15	7.9%
Cultural sensitivity	0	0	1	0.5%
Interpreter services	3	1.3%	0	0

<sup>1</sup>Significantly more 2016 respondents indicated more primary care providers would improve the community’s access to health care than in 2011.

<sup>2</sup>Significantly more 2016 respondents indicated improved quality of care would improve the community’s access to health care than in 2011.

“Other” comments:

- More MDs, less PAs and traveling nurses



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

2016 N= 191

2011 N= 231

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” with 39.8% of respondents (n=76) showing interest. “Weight loss” was selected by 38.2% of respondents (n=73) and “Women’s health” followed at 33% (n=63). Respondents could select more than one method so percentages do not equal 100%.

Class/Program	2011		2016	
	Count	Percent	Count	Percent
<b>Health and wellness<sup>1</sup></b>	<b>66</b>	<b>28.6%</b>	<b>76</b>	<b>39.8%</b>
<b>Weight loss</b>	<b>71</b>	<b>30.7%</b>	<b>73</b>	<b>38.2%</b>
<b>Women’s health</b>	<b>66</b>	<b>28.6%</b>	<b>63</b>	<b>33.0%</b>
Fitness <sup>2</sup>	46	19.9%	60	31.4%
Nutrition <sup>3</sup>	45	19.5%	55	28.8%
Cancer <sup>4</sup>	35	15.2%	53	27.7%
Diabetes <sup>5</sup>	37	16.0%	48	25.1%
Health fair	Not asked in 2011		45	23.6%
Heart disease	39	16.9%	38	19.9%
Alzheimer’s	43	18.6%	37	19.4%
Men’s health	29	12.6%	26	13.6%
Parenting	20	8.7%	24	12.6%
Alcohol/substance abuse <sup>6</sup>	5	2.2%	18	9.4%
Mental health	16	6.9%	18	9.4%
Child wellness	17	7.4%	14	7.3%
Smoking cessation	12	5.2%	12	6.3%
Multiple sclerosis/MS	6	2.6%	4	2.1%
Other <sup>7</sup>	1	0.4%	6	3.1%

<sup>1-7</sup>In 2016, significantly more respondent’s indicated an interest in health and wellness; fitness; nutrition; cancer; diabetes; and alcohol/substance abuse educational class/program. Additionally, significantly more 2016 respondents indicated an interest in a class or program “other” than those listed than in 2011.

“Other” comments:

- Rheumatoid arthritis
- Advising for billing/payment/reimbursement
- Thyroid

## How Respondents Would Prefer to Learn About Health Education Classes (Question 9)

2016 N= 191

2011 N= 231

Respondents were asked to indicate how they would prefer to learn about health education classes if offered locally. The most highly selected method was “Pamphlets or other printed materials” selected by 41.9% (n=80). Through the “Newspaper” was selected by 40.8% (n=78) followed by “Classes in the community” (n=71). Respondents could select more than one method so percentages do not equal 100%.

Method	2011		2016	
	Count	Percent	Count	Percent
<b>Pamphlets or other printed materials</b>	<b>80</b>	<b>34.6%</b>	<b>80</b>	<b>41.9%</b>
<b>Newspaper<sup>1</sup></b>	<b>59</b>	<b>25.5%</b>	<b>78</b>	<b>40.8%</b>
<b>Classes in the community</b>	<b>67</b>	<b>29.0%</b>	<b>71</b>	<b>37.2%</b>
Internet/Web <sup>2</sup>	39	16.9%	52	27.2%
Email	Not asked in 2011		46	24.1%
Social Media	Not asked in 2011		42	22.0%
Radio <sup>3</sup>	21	9.1%	36	18.8%
TV	17	7.4%	22	11.5%
Text	Not asked in 2011		8	4.2%

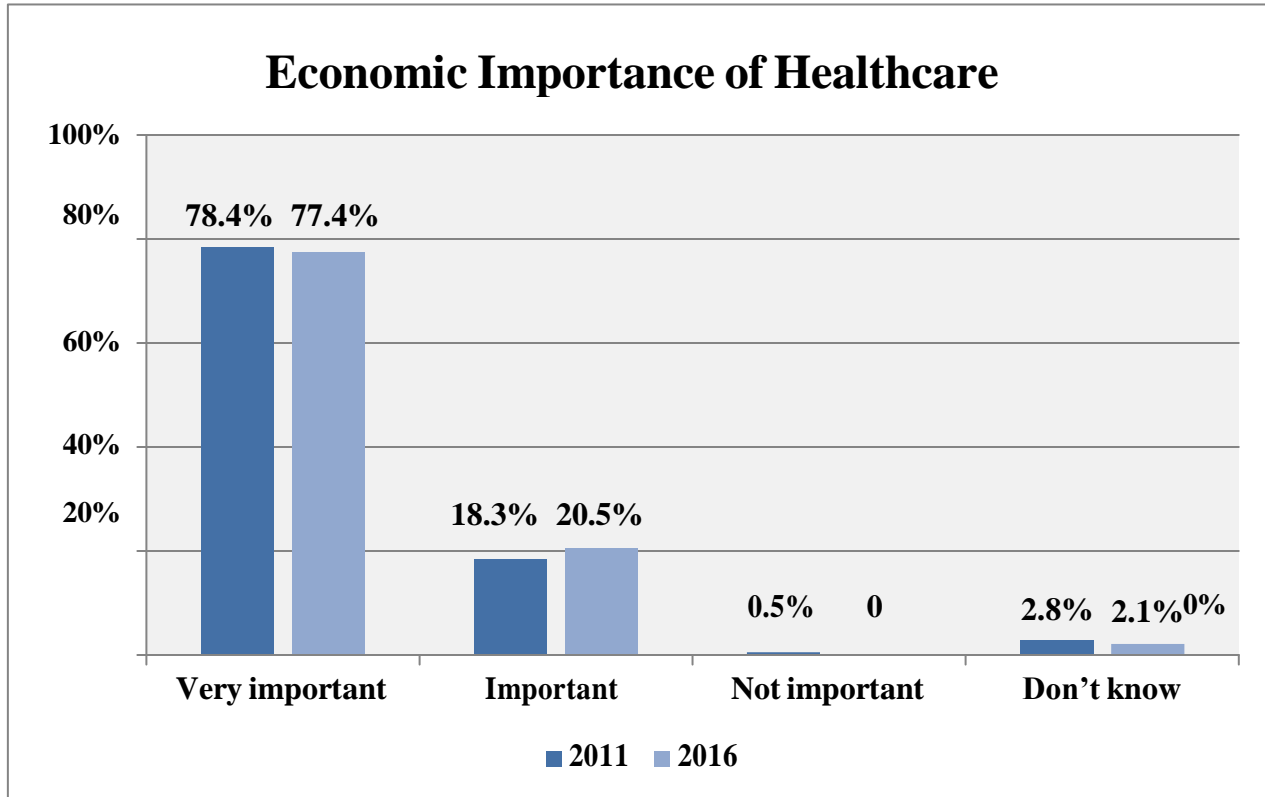
<sup>1-3</sup>In 2016, significantly more respondent’s indicated an interest in learning about health education classes and programs via the newspaper; internet/web; and radio.

### Economic Importance of Local Healthcare Providers and Services (Question 10)

2016 N= 190

2011 N= 213

The majority of respondents (77.4%, n=147) 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-one percent of respondents (n=39) indicated they feel they are “Important” and four respondents, or 2.1% indicated that they did not know. One respondent chose not to answer this question.

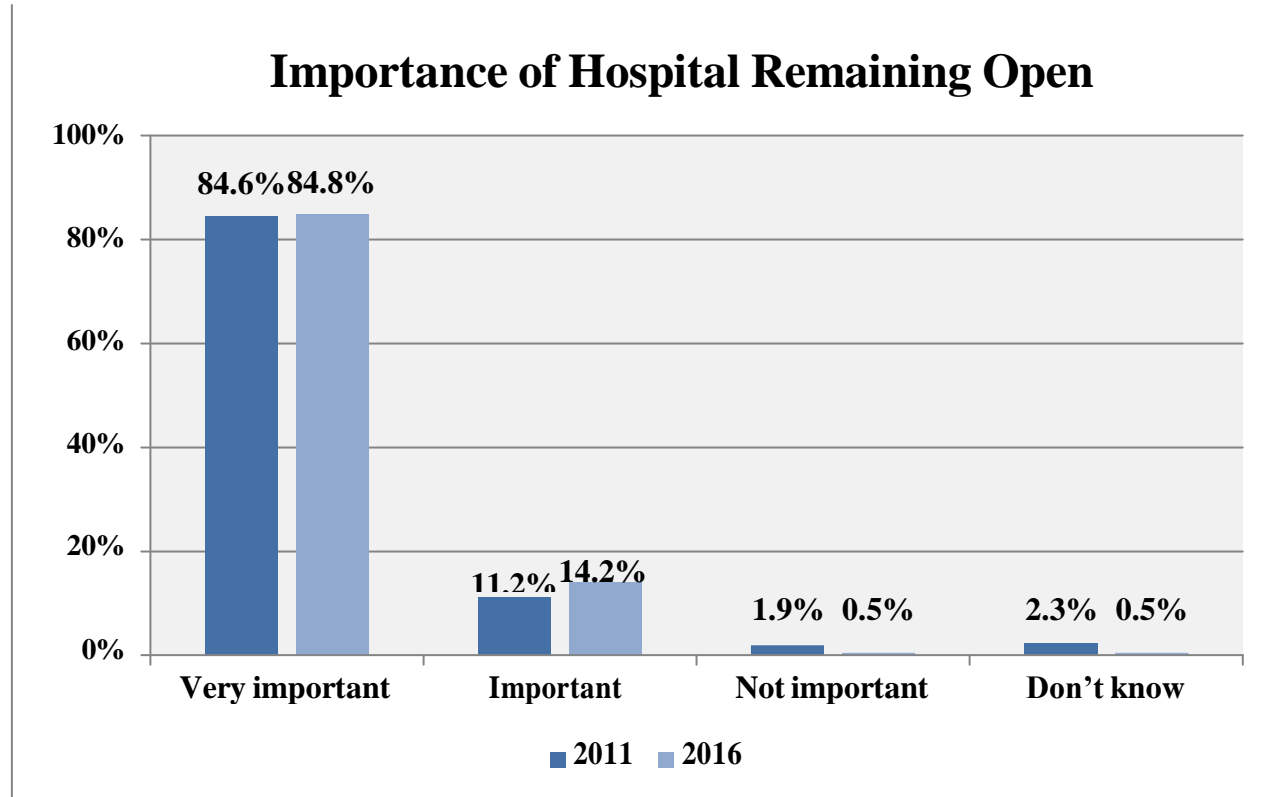


### Importance of Local Hospital within Community (Question 11)

2016 N= 190

2011 N= 214

Respondents were asked to indicate how important they felt it is that the local hospital remains open within their community. The majority of respondents (84.8%, n=161) indicated it was “Very important” the local hospital remains open within the community followed by “Important” by 14.2% (n=27). Respondents could select more than one method so percentages do not equal 100%. One respondent chose not to answer this question.



## Survey Findings – Use of Healthcare Services

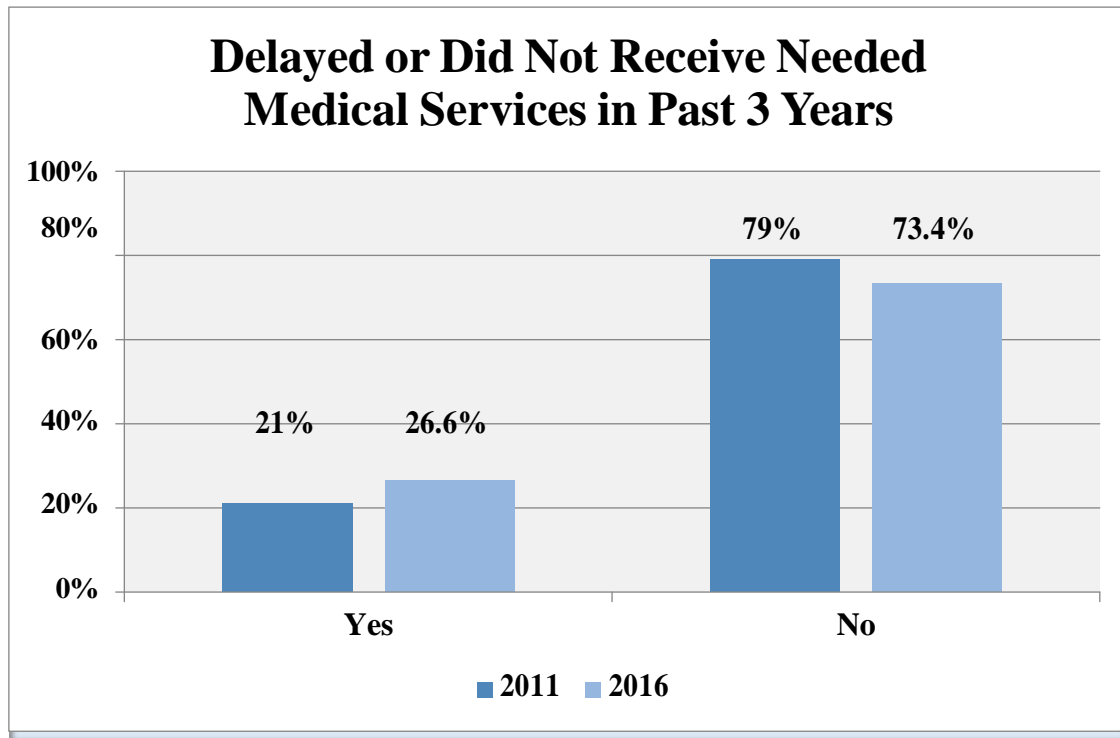
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### Needed/Delayed Hospital Care During the Past Three Years (Question 12)

2016 N= 177

2011 N= 214

Twenty-seven percent of respondents (n=47) 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. Seventy-three percent of respondents (n=130) felt they were able to get the healthcare services they needed without delay and fourteen respondents chose not to answer this question.



“Other” comments:

- Too often

## Reasons for NOT Being Able to Receive Services or Delay in Receiving Healthcare Services (Question 13)

2016 N= 47

2011 N= 45

For those who indicated they were unable to receive or had to delay services (n=47), the reasons most cited were: “Other” reasons not listed (42.6%, n=20), “It cost too much” (38.3%, n=18) and “Office wasn’t open when I could go” (27.7%, n=13). Respondents were asked to indicate their top three choices, thus percentages do not total 100%.

Reason	2011		2016	
	Count	Percent	Count	Percent
<b>It cost too much</b>	<b>19</b>	<b>42.2%</b>	<b>18</b>	<b>38.3%</b>
<b>Office wasn’t open when I could go</b>	<b>16</b>	<b>35.6%</b>	<b>13</b>	<b>27.7%</b>
My insurance didn’t cover it	8	17.8%	9	19.1%
Don’t like doctors in general	<b>10</b>	<b>22.2%</b>	7	14.9%
Could not get off work	3	6.7%	6	12.8%
Not treated with respect	5	11.1%	6	12.8%
Too nervous or afraid	4	8.9%	4	8.5%
Unsure if services were available	6	13.3%	4	8.5%
Transportation problems	4	8.9%	3	6.4%
It was too far to go <sup>1</sup>	9	20.0%	2	4.3%
Didn’t know where to go	3	6.7%	1	2.1%
No insurance <sup>2</sup>	6	13.3%	1	2.1%
Language barrier	0	0	0	0
Had no one to care for the children	0	0	0	0
<b>Other<sup>3</sup></b>	<b>7</b>	<b>15.6%</b>	<b>20</b>	<b>42.6%</b>

<sup>1</sup>Significantly fewer 2016 respondents delayed/did not receive health care because of distance.

<sup>2</sup>Significantly fewer 2016 respondents delayed/did not receive health care due to a lack of insurance.

<sup>3</sup>In 2016, significantly more respondents indicated ‘other’ as a reason for having to delay or not receive needed medical services than in 2011.

“Other” comments:

- Could not get an appointment because they were booked full, backlogged (10)
- No appointments available, would have had to go to the ER (4)
- No physician available (3)
- The doctor got called into the ER (2)
- After hours, so would have had to go to E.R.
- Convinced I was better
- Wouldn’t schedule one week in advanced
- Not needed

### Utilization of Preventative Services (Question 14)

2016 N= 191

2011 N= 231

Respondents were asked if they had utilized any of the preventative services listed in the past year. “Health Fair” services were selected by 60.2% of respondents (n=115). Forty-two percent of respondents (n=81) indicated they had a “Routine blood pressure check” and 38.2% of respondents (n=73) had utilized “Mammography.” Respondents could select all that apply, thus the percentages do not equal 100%.

Service	2011		2016	
	Count	Percent	Count	Percent
<b>Health Fair</b>	<b>133</b>	<b>57.6%</b>	<b>115</b>	<b>60.2%</b>
<b>Routine blood pressure check</b>	<b>99</b>	<b>42.9%</b>	<b>81</b>	<b>42.4%</b>
<b>Mammography</b>	<b>97</b>	<b>42.0%</b>	<b>73</b>	<b>38.2%</b>
Cholesterol check	89	38.5%	67	35.1%
Yearly women's exam	61	26.4%	53	27.7%
Prostate (PSA)	54	23.4%	35	18.3%
Diabetes screening (A1C)	33	14.3%	30	15.7%
Colonoscopy	30	13.0%	27	14.1%
Skin check	24	10.4%	15	7.9%
Point of care test (Pro Time test)	12	5.2%	14	7.3%
Dietary consultation	Not asked in 2011		4	2.1%
Other	9	3.9%	5	2.6%

“Other” comments:

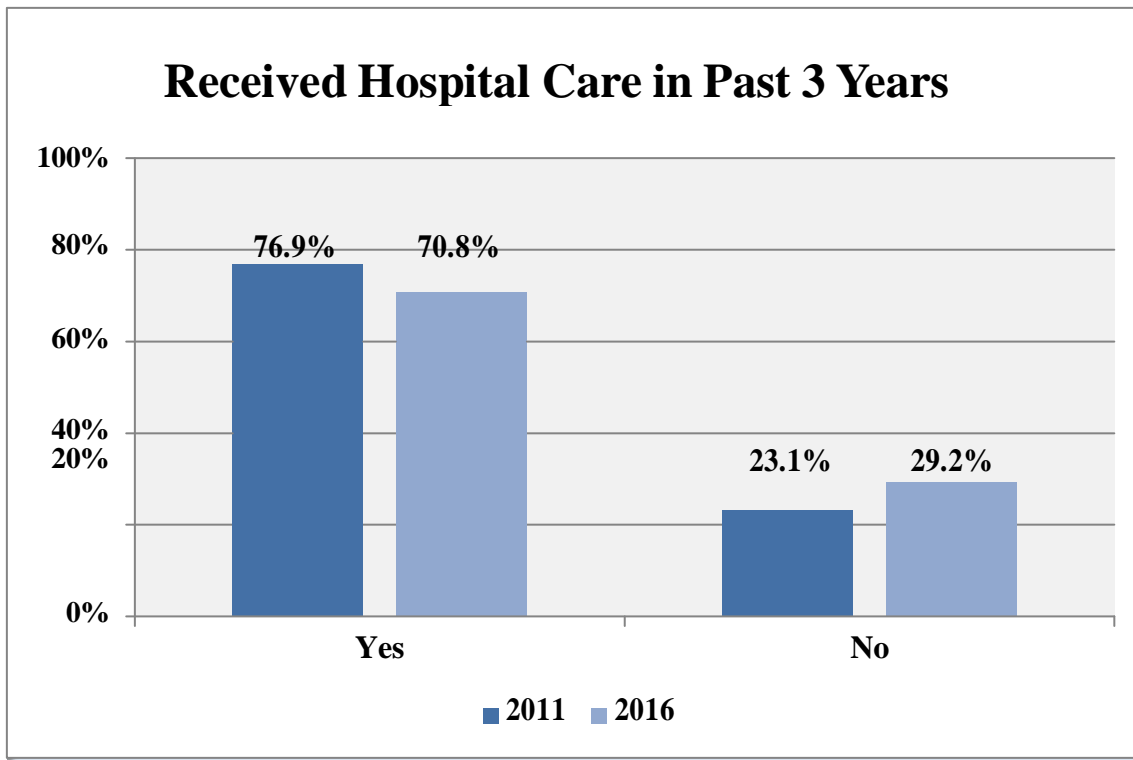
- ER- Kidney stones
- Yearly wellness exam
- Medication monitoring
- Injury
- None

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

2016 N= 185

2011 N= 225

Seventy-one percent of respondents (n=131) reported that they or a member of their family had received hospital care (i.e. hospitalized overnight, day surgery, obstetrical care, rehabilitation, radiology, or emergency care) during the previous three years. Twenty-nine percent (n=54) had not received hospital services and six respondents chose not to answer this question.





### Hospital Used Most in the Past Three Years (Question 16)

2016 N= 106

2011 N= 157

Of the 131 respondents who indicated receiving hospital care in the previous three years, 41.5% (n=44) reported receiving care at Fallon Medical Complex. Sixteen percent of respondents (n=17) went to Holy Rosary and 13.2% of respondents (n=14) utilized services from Billings Clinic in Billings. Twenty-five of the 131 respondents who reported they had been to a hospital in the past three years did not indicate which hospital they had utilized.

Hospital	2011		2016	
	Count	Percent	Count	Percent
<b>Fallon Medical Complex<sup>1</sup></b>	<b>85</b>	<b>54.1%</b>	<b>44</b>	<b>41.5%</b>
<b>Holy Rosary</b>	<b>20</b>	<b>12.7%</b>	<b>17</b>	<b>16.0%</b>
<b>Billings Clinic (Billings)<sup>2</sup></b>	<b>0</b>	<b>0</b>	<b>14</b>	<b>13.2%</b>
St. Vincent Healthcare	12	7.6%	6	5.7%
Bismarck, ND	4	2.5%	5	4.7%
Billings Clinic (Miles City)	Not asked in 2011		5	4.7%
Rapid City, SD	2	1.3%	4	3.8%
Dickinson, ND	5	3.2%	3	2.8%
Glendive <sup>3</sup>	<b>27</b>	<b>17.2%</b>	1	0.9%
Spearfish, SD	Not asked in 2011		1	0.9%
Bowman, ND	0	0	0	0
Other	2	1.3%	6	5.7%
<b>TOTAL</b>	<b>157</b>	<b>100%</b>	<b>106</b>	<b>100%</b>

<sup>1</sup>Significantly fewer respondents utilized Fallon Medical Complex for hospitalization in 2016.

<sup>2</sup>In 2016, significantly more respondents utilized Billings Clinic for hospitalization than in 2011.

<sup>3</sup>Significantly fewer respondents utilized hospital services from Glendive than in 2011.

#### “Other” comments:

- Hettinger, ND- West River Health Services (2)
- Dahl Memorial Healthcare (2)
- Billings Rocky Mtn. Surgery Center
- Miles City Billings Clinic
- Yellowstone Surgery-Billings
- Paris, TN
- Mayo Clinic
- Salt Lake City

### Hospital Services Utilized (Question 17)

2016 N= 131

2011 N= 173

For those respondents who indicated they or a family member received care in a hospital, they were asked to indicate what hospital services they utilized. Fifty-seven percent of respondents (n=75) utilized emergency room services. Fifty-one percent of respondents (n=67) had laboratory tests and 32.1% (n=42) had an inpatient stay.

Service	2011		2016	
	Count	Percent	Count	Percent
<b>Emergency room</b>	<b>95</b>	<b>54.9%</b>	<b>75</b>	<b>57.3%</b>
<b>Laboratory tests</b>	<b>99</b>	<b>57.2%</b>	<b>67</b>	<b>51.1%</b>
<b>Inpatient stay</b>	<b>57</b>	<b>32.9%</b>	<b>42</b>	<b>32.1%</b>
Radiology	52	30.1%	36	27.5%
Outpatient surgery <sup>1</sup>	26	15.0%	34	26.0%
Physical therapy	28	16.2%	28	21.4%
General surgery	30	17.3%	25	19.1%
OB/GYN	Not asked in 2011		16	12.2%
Observation	16	9.2%	15	11.5%
Orthopedic surgery	7	4.0%	12	9.2%
Occupational therapy	5	2.9%	5	3.8%
ICU	Not asked in 2011		4	3.1%
Hospice	0	0	1	0.8%
Respite care	1	0.6%	1	0.8%
Other	16	9.2%	8	6.1%

<sup>1</sup>2016, significantly more respondents utilized outpatient surgery services than in 2011.

“Other” comments:

- General care (2)
- MRI (2)
- Emergency services
- Doctor appointment
- Radiological oncology
- Outpatient services
- CT Scan

### Reasons for Selecting the Hospital Used (Question 18)

2016 N= 131

2011 N= 173

Of the 131 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 51.1% (n=67). “Prior experience with hospital” was selected by 38.2% of the respondents (n=50) and 37.4% (n=49) selected “Services were available.” Note that respondents were asked to select the top three answers which influenced their choices; therefore the percentages do not equal 100%.

Reason	2011		2016	
	Count	Percent	Count	Percent
Closest to home <sup>1</sup>	113	65.3%	67	51.1%
Prior experience with hospital <sup>2</sup>	100	57.8%	50	38.2%
Services were available	Not asked in 2011		49	37.4%
Referred by physician	52	30.1%	41	31.3%
Emergency, no choice	47	27.2%	39	29.8%
Hospital’s reputation for quality	52	30.1%	35	26.7%
Recommended by family or friends	25	14.5%	13	9.9%
Closest to work	23	13.3%	9	6.9%
More privacy	5	2.9%	7	5.3%
Required by insurance plan	11	6.4%	6	4.6%
VA/Military requirement <sup>3</sup>	1	0.6%	6	4.6%
Cost of care	6	3.5%	1	0.8%
Other	8	4.6%	7	5.3%

<sup>1-2</sup>Significantly fewer 2016 respondents selected a hospital because it was closest to home or prior experience.

<sup>3</sup>2016, significantly more respondents selected a hospital because it was a VA/Military requirement.

“Other” comments:

- Better/preferred doctors (4)
- Caring, follow-up was excellent
- Need specialist
- Very helpful
- Surgery

## Cross Tabulation of Hospital and Residence

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

### LOCATION OF MOST OFTEN UTILIZED HOSPITAL BY RESIDENCE

	<b>Baker 59313</b>	<b>Ekalaka 59324</b>	<b>Marmath, ND 58643</b>	<b>Plevna 59344</b>	<b>Ismay 59336</b>	<b>Wibaux 59353</b>	<b>TOTAL</b>
<b>Fallon Medical Complex</b>	31 (40.8%)	1 (16.7%)		8 (80%)		3 (37.5%)	<b>43 (41%)</b>
<b>St. Vincent Healthcare</b>	6 (7.9%)						<b>6 (5.7%)</b>
<b>Bismarck, ND</b>	2 (2.6%)		2 (50%)			1 (12.5%)	<b>5 (4.8%)</b>
<b>Billings Clinic (Miles City)</b>	4 (5.3%)			1 (10%)			<b>5 (4.8%)</b>
<b>Holy Rosary</b>	14 (18.4%)	1 (16.7%)	1 (25%)		1 (100%)		<b>17 (16.2%)</b>
<b>Billings Clinic (Billings)</b>	12 (15.8%)	1 (16.7%)		1 (10%)			<b>14 (13.3%)</b>
<b>Dickinson, ND</b>						3 (37.5%)	<b>3 (2.9%)</b>
<b>Spearfish, SD</b>		1 (16.7%)					<b>1 (1%)</b>
<b>Glendive</b>						1 (12.5%)	<b>1 (1%)</b>
<b>Rapid City, SD</b>	4 (5.3%)						<b>4 (3.8%)</b>
<b>Other</b>	3 (3.9%)	2 (33.3%)	1 (25%)				<b>6 (5.7%)</b>
<b>TOTAL</b>	<b>76</b>	<b>6</b>	<b>4</b>	<b>10</b>	<b>1</b>	<b>8</b>	<b>105</b>

## Cross Tabulation of Hospital and Reason Selected

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

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

	Fallon Medical Complex	St. Vincent Healthcare	Bismarck, ND	Billings Clinic (Miles City)	Holy Rosary	Billings Clinic (Billings)	Dickinson, ND	Spearfish, SD	Glendive	Rapid City, SD	Other	Total
<b>Closest to home</b>	43 (72.9%)	2 (3.4%)	2 (3.4%)	1 (1.7%)	6 (10.2%)	1 (1.7%)			1 (1.7%)		3 (5.1%)	<b>59</b>
<b>Closest to work</b>	6 (66.7%)			1 (11.1%)	1 (11.1%)						1 (11.1%)	<b>9</b>
<b>Cost of care</b>					1 (100%)							<b>1</b>
<b>Emergency, no choice</b>	19 (55.9%)	1 (2.9%)	1 (2.9%)		1 (2.9%)	6 (17.6%)	1 (2.9%)		1 (2.9%)	1 (2.9%)	3 (8.8%)	<b>34</b>
<b>Hospital's rep. for quality</b>	4 (15.4%)	2 (7.7%)	2 (7.7%)	1 (3.8%)	5 (19.2%)	5 (19.2%)	1 (3.8%)	1 (3.8%)		3 (11.5%)	2 (7.7%)	<b>26</b>
<b>More privacy</b>		1 (25%)		2 (50%)	1 (25%)							<b>4</b>
<b>Prior experience with hospital</b>	17 (37.8%)	2 (4.4%)	3 (6.7%)	3 (6.7%)	8 (17.8%)	6 (13.3%)	1 (2.2%)	1 (2.2%)			4 (8.9%)	<b>45</b>
<b>Recommended by family or friends</b>	3 (25%)		1 (8.3%)		3 (25%)	2 (16.7%)				2 (16.7%)	1 (8.3%)	<b>12</b>
<b>Referred by physician</b>	6 (20%)	3 (10%)	2 (6.7%)		5 (16.7%)	8 (26.7%)	2 (6.7%)	1 (3.3%)		2 (6.7%)	1 (3.3%)	<b>30</b>
<b>Required by insurance plan</b>		1 (20%)			3 (60%)	1 (20%)						<b>5</b>
<b>Services were available</b>	17 (44.7%)	2 (5.3%)	2 (5.3%)	3 (7.9%)	8 (21.1%)	4 (10.5%)			1 (2.6%)		1 (2.6%)	<b>38</b>
<b>VA/Military requirement</b>	1 (25%)	1 (25%)				1 (25%)				1 (25%)		<b>4</b>
<b>Other</b>			1 (33.3%)			1 (33.3%)				1 (33.3%)		<b>3</b>

### Future Emergency Medical Services (Question 19)

2016 N=176

2011 N= 214

Respondents were asked to indicate if they or a member of their household need emergency medical services in the future, which facility would they use. Seventy-two percent (n=126) reported they would utilize Fallon Medical Complex for emergency services. Six percent of respondents (n=11) indicated they would utilize emergency medical services in Miles City and 5.7% (n=10) indicated they would utilize Billings Clinic. Fifteen respondents chose not to answer this question.

Facility	2011		2016	
	Count	Percent	Count	Percent
<b>Fallon Medical Complex</b>	<b>163</b>	<b>76.2%</b>	<b>126</b>	<b>71.6%</b>
<b>Miles City</b>	<b>17</b>	<b>7.9%</b>	<b>11</b>	<b>6.3%</b>
<b>Billings Clinic</b>	8	3.7%	<b>10</b>	<b>5.7%</b>
St. Vincent Healthcare	4	1.9%	7	4.0%
Glendive	<b>11</b>	<b>5.1%</b>	5	2.8%
Dickinson, ND	5	2.3%	4	2.3%
Other	6	2.8%	4	2.3%
Bismarck, ND	0	0	3	1.7%
Bowman, ND	0	0	3	1.7%
Rapid City, SD	0	0	2	1.1%
Spearfish, SD	Not asked in 2011		1	0.6%
<b>TOTAL</b>	<b>214</b>	<b>100%</b>	<b>176</b>	<b>%</b>

“Other” comments:

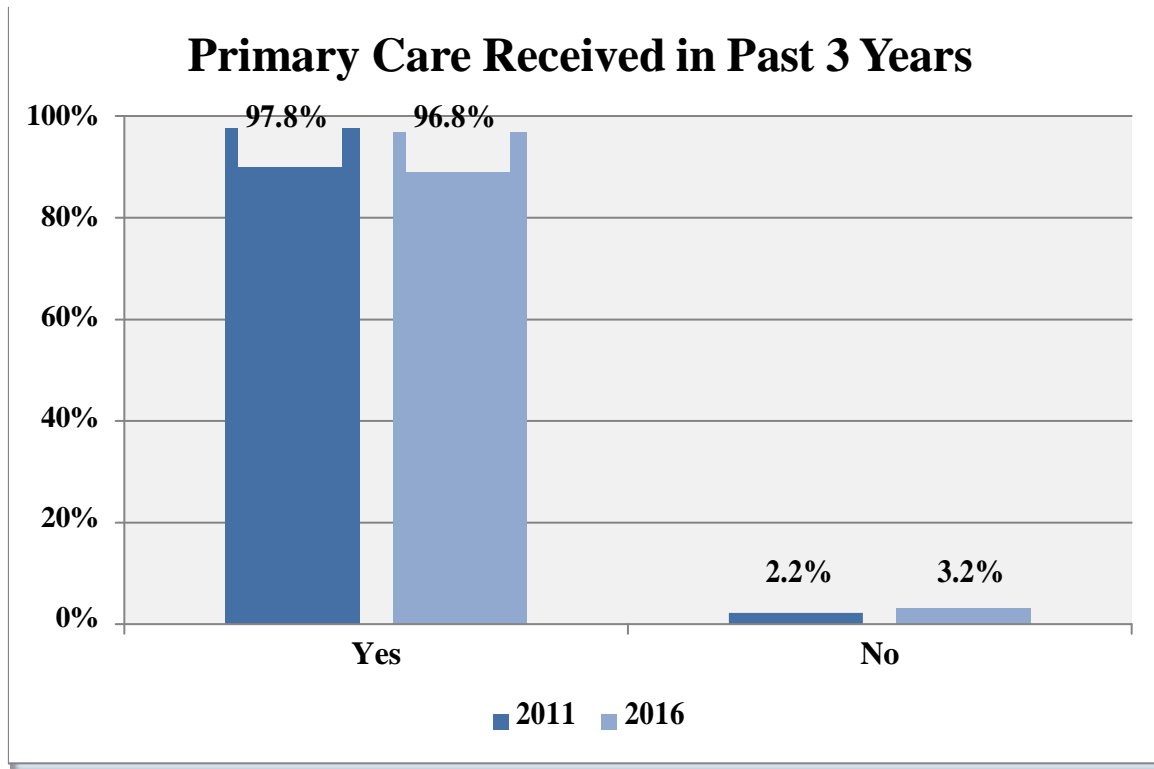
- Dahl Memorial Healthcare, Ekalaka (3)
- Depends on insurance coverage
- Hettinger, ND
- Salt Lake City if possible
- Depends on the emergency
- Closest

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

2016 N= 188

2011 N= 223

Ninety-seven percent of respondents (n=182) 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. Three percent of respondents (n=6) had not seen a primary care provider and three respondents chose not to answer this question.



**Location of Primary Care Provider (Question 21)**

2016 N= 162

2011 N= 207

Of the 182 respondents who indicated receiving primary care services in the previous three years, 69.8% (n=113) reported receiving care at Fallon Medical Complex. Seven percent of respondents (n=11) reported they went to a primary care provider “other” than what was listed and 5.6% of respondents (n=9) utilized primary care services at Billings Clinic in Miles City. Twenty of the 182 respondents who reported they had utilized primary care services in the past three years did not indicate where they received those services.

Location	2011		2016	
	Count	Percent	Count	Percent
<b>Fallon Medical Complex<sup>1</sup></b>	154	74.4%	<b>113</b>	<b>69.8%</b>
<b>Billings Clinic (Miles City)</b>	Not asked in 2011		<b>9</b>	<b>5.6%</b>
Holy Rosary	16	7.7%	7	4.3%
Dickinson, ND	2	1.0%	5	3.1%
St. Vincent Healthcare	5	2.4%	4	2.5%
Billings Clinic (Billings)	8	3.9%	4	2.5%
Bowman, ND	1	0.5%	3	1.9%
Rapid City, SD	0	0	3	1.9%
Bismarck, ND	1	0.5%	1	0.6%
Glendive	8	3.9%	1	0.6%
Spearfish, SD	Not asked in 2011		1	0.6%
<b>Other</b>	12	5.8%	<b>11</b>	<b>6.8%</b>
<b>TOTAL</b>	<b>207</b>	<b>100%</b>	<b>162</b>	<b>100%</b>

<sup>1</sup>Significantly fewer 2016 respondents received primary care services from Fallon Medical Complex.

“Other” comments:

- Wibaux (3)
- Beach, ND (3)
- Dahl Memorial Healthcare, Ekalaka MT (5)
- Hettinger, ND
- Salt Lake City
- Sidney
- VA
- One Health
- Yellowstone Naturopathic Care



## Reasons for Selection of Primary Care Provider (Question 22)

2016 N= 182

2011 N= 218

Those respondents who indicated they or someone in their household had been seen by a primary care provider within the past three years were asked to indicate why they chose that primary care provider. “Closest to home” was top response with 62.6% (n=114). “Prior experience with clinic” was selected by 36.8% (n=67) followed by “Appointment availability” at 33.5% (n=61). Respondents were asked to select all that apply so the percentages do not equal 100%.

Reason	2011		2016	
	Count	Percent	Count	Percent
<b>Closest to home</b>	<b>151</b>	<b>69.3%</b>	<b>114</b>	<b>62.6%</b>
<b>Prior experience with clinic<sup>1</sup></b>	<b>115</b>	<b>52.8%</b>	<b>67</b>	<b>36.8%</b>
<b>Appointment availability<sup>2</sup></b>	<b>94</b>	<b>43.1%</b>	<b>61</b>	<b>33.5%</b>
Clinic’s reputation for quality	42	19.3%	44	24.2%
Recommended by family or friends	34	15.6%	21	11.5%
Referred by physician or other provider	21	9.6%	12	6.6%
Length of waiting room time <sup>3</sup>	28	12.8%	9	4.9%
Required by insurance plan	7	3.2%	3	1.6%
VA/Military requirement	1	0.5%	3	1.6%
Cost of care	8	3.7%	2	1.1%
Indian Health Services	1	0.5%	2	1.1%
Other	12	5.5%	12	6.6%

<sup>1-3</sup>Significantly fewer 2016 respondents selected a primary care provider based on prior experience; appointment availability; or waiting room time than in 2011.

“Other” comments:

- Very comfortable with/Trust doctor (3)
- Long-term/Preferred doctor (3)
- Specialist (2)
- They listen and help prior to having treat the disease
- Does not use PA--personally sees all patients
- Always felt I got good service here.
- Available to do procedures
- Surgical follow-up/rounds in hospital in place of primary doctor (he transferred)
- OB/GYN

## Cross Tabulation of Primary Care and Residence

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

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

	<b>Baker 59313</b>	<b>Ekalaka 59324</b>	<b>Marmath, ND 58643</b>	<b>Plevna 59344</b>	<b>Ismay 59336</b>	<b>Wibaux 59353</b>	<b>TOTAL</b>
<b>Fallon Medical Complex</b>	90 (76.9%)	2 (25%)	1 (25%)	12 (85.7%)		8 (47.1%)	<b>113 (70.2%)</b>
<b>St. Vincent Healthcare</b>	4 (3.4%)						<b>4 (2.5%)</b>
<b>Bismarck, ND</b>			1 (25%)				<b>1 (0.6%)</b>
<b>Billings Clinic (Miles City)</b>	5 (4.3%)			2 (14.3%)		1 (5.9%)	<b>8 (5%)</b>
<b>Holy Rosary</b>	6 (5.1%)				1 (100%)		<b>7 (4.3%)</b>
<b>Billings Clinic (Billings)</b>	3 (2.6%)	1 (12.5%)					<b>4 (2.5%)</b>
<b>Dickinson, ND</b>	3 (2.6%)					2 (11.8%)	<b>5 (3.1%)</b>
<b>Spearfish, SD</b>		1 (12.5%)					<b>1 (0.6%)</b>
<b>Glendive</b>						1 (5.9%)	<b>1 (0.6%)</b>
<b>Bowman, ND</b>	1 (0.9%)		2 (50%)				<b>3 (1.9%)</b>
<b>Rapid City, SD</b>	3 (2.6%)						<b>3 (1.9%)</b>
<b>Other</b>	2 (1.7%)	4 (50%)				5 (29.4%)	<b>11 (6.8%)</b>
<b>TOTAL</b>	<b>117</b>	<b>8</b>	<b>4</b>	<b>14</b>	<b>1</b>	<b>17</b>	<b>116</b>

## Cross Tabulation of Clinic and Reason Selected

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

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

	Fallon Medical Complex	St. Vincent Healthcare	Bismarck, ND	Billings Clinic (Miles City)	Holy Rosary	Billings Clinic (Billings)	Dickinson, ND	Spearfish, SD	Glendive	Bowman, ND	Rapid City, SD	Other	Total
<b>Appointment Availability</b>	41 (74.5%)	1 (1.8%)		2 (3.6%)	3 (5.5%)	2 (3.6%)	2 (3.6%)				2 (3.6%)	2 (3.6%)	<b>55</b>
<b>Recommended by family or friends</b>	11 (55%)			2 (10%)	4 (20%)						2 (10%)	1 (5%)	<b>20</b>
<b>Clinic's reputation for quality</b>	16 (45.7%)	1 (2.9%)		4 (11.4%)	4 (11.4%)	2 (5.7%)	1 (2.9%)	1 (2.9%)		2 (5.7%)	1 (2.9%)	3 (8.6%)	<b>35</b>
<b>Referred by physician or other provider</b>	3 (30%)	1 (10%)				3 (30%)	1 (10%)	1 (10%)			1 (10%)		<b>10</b>
<b>Closest to home</b>	86 (84.3%)		1 (1%)	1 (1%)		1 (1%)	1 (1%)		1 (1%)	2 (2%)	1 (1%)	8 (7.8%)	<b>102</b>
<b>Required by insurance plan</b>	1 (50%)	1 (50%)											<b>2</b>
<b>Cost of care</b>				1 (100%)									<b>1</b>
<b>VA/Military requirement</b>				1 (50%)		1 (50%)							<b>2</b>
<b>Length of waiting room time</b>	5 (62.5%)			2 (25%)								1 (12.5%)	<b>8</b>
<b>Indian Health Services</b>	2 (100%)												<b>2</b>
<b>Prior experience with clinic</b>	46 (73%)	2 (3.2%)		2 (3.2%)	4 (4.8%)	2 (3.2%)	3 (4.8%)	1 (1.6%)		1 (1.6%)		3 (4.8%)	<b>63</b>
<b>Other</b>	3 (27.3%)	1 (9.1%)		3 (27.3%)	1 (9.1%)							3 (27.3%)	<b>11</b>

### Reasons for Seeking Primary Care Outside of Fallon Medical Complex (Question 23)

2016 N= 191

2011 N= 231

Residents were asked if they routinely seek primary care services outside of Fallon Medical Complex to indicate why. The top response was “Prior relationship with other provider” selected by 23.6% (n=41). “Quality of staff” was selected by 21.5% (n=41) and “More privacy” was selected by 12% (n=23). Respondents were asked to check all that apply, so percentages do not equal 100%.

Reason	2011		2016	
	Count	Percent	Count	Percent
<b>Prior relationship with other provider</b>	<b>73</b>	<b>31.6%</b>	<b>45</b>	<b>23.6%</b>
<b>Quality of staff</b>	<b>57</b>	<b>24.7%</b>	<b>41</b>	<b>21.5%</b>
<b>More privacy</b>	21	9.1%	<b>23</b>	<b>12.0%</b>
Closest to home	31	13.4%	21	11.0%
I/we do not use services outside of FMC	25	10.8%	21	11.0%
Quality of equipment <sup>1</sup>	<b>40</b>	<b>17.3%</b>	18	9.4%
VA/Military Requirement	3	1.3%	7	3.7%
Required by insurance plan	9	3.9%	5	2.6%
Cost of care	12	5.2%	4	2.1%
Closest to work	6	2.6%	3	1.6%
Other	46	19.9%	33	17.3%

<sup>1</sup>In 2016, significantly fewer respondents looked for health care outside of Baker due to the quality of equipment at Fallon Medical Complex.

“Other” comments:

- Specialists (11)
- Services not available at FMC (5)
- Referred by provider (5)
- Pediatrics (2)
- Better doctors elsewhere (2)
- More access to specialists medical facilities with full services (2)
- Cancer care
- Heart doctor
- RA [Rheumatoid Arthritis], Lupus
- Chosen doctor
- Can’t get an appointment here

### Future Primary Care Services (Question 24)

2016 N= 171

2011 N= 208

Respondents were asked to indicate if they or a member of their household need primary care services in the future, which facility would they choose. Sixty-two percent (n=106) reported they would utilize Fallon Medical Complex for future primary care services. Eleven percent (n=19) indicated they would utilize Miles City for primary care services and 8.2% (n=14) reported they would seek primary care from a place ‘other’ than what was listed. Twenty respondents chose not to answer this question.

Location	2011		2016	
	Count	Percent	Count	Percent
<b>Fallon Medical Complex<sup>1</sup></b>	148	71.2%	<b>106</b>	<b>62.0%</b>
<b>Miles City</b>	22	10.6%	<b>19</b>	<b>11.1%</b>
Billings Clinic	14	6.7%	10	5.8%
St. Vincent Healthcare	6	2.9%	5	2.9%
Dickinson, ND	4	1.9%	5	2.9%
Rapid City, SD	0	0	5	2.9%
Bismarck, ND	2	1.0%	3	1.8%
Bowman, ND	0	0	2	1.2%
Glendive	7	3.4%	1	0.6%
Spearfish, SD	Not asked in 2011		1	0.6%
<b>Other<sup>2</sup></b>	5	2.4%	<b>14</b>	<b>8.2%</b>
<b>TOTAL</b>	<b>208</b>	<b>100%</b>	<b>171</b>	<b>100%</b>

<sup>1</sup>Significantly fewer 2016 respondents selected the Fallon Medical Complex as their future primary care provider.

<sup>2</sup>Significantly more 2016 respondents selected a location other than those listed in the questionnaire.

“Other” comments:

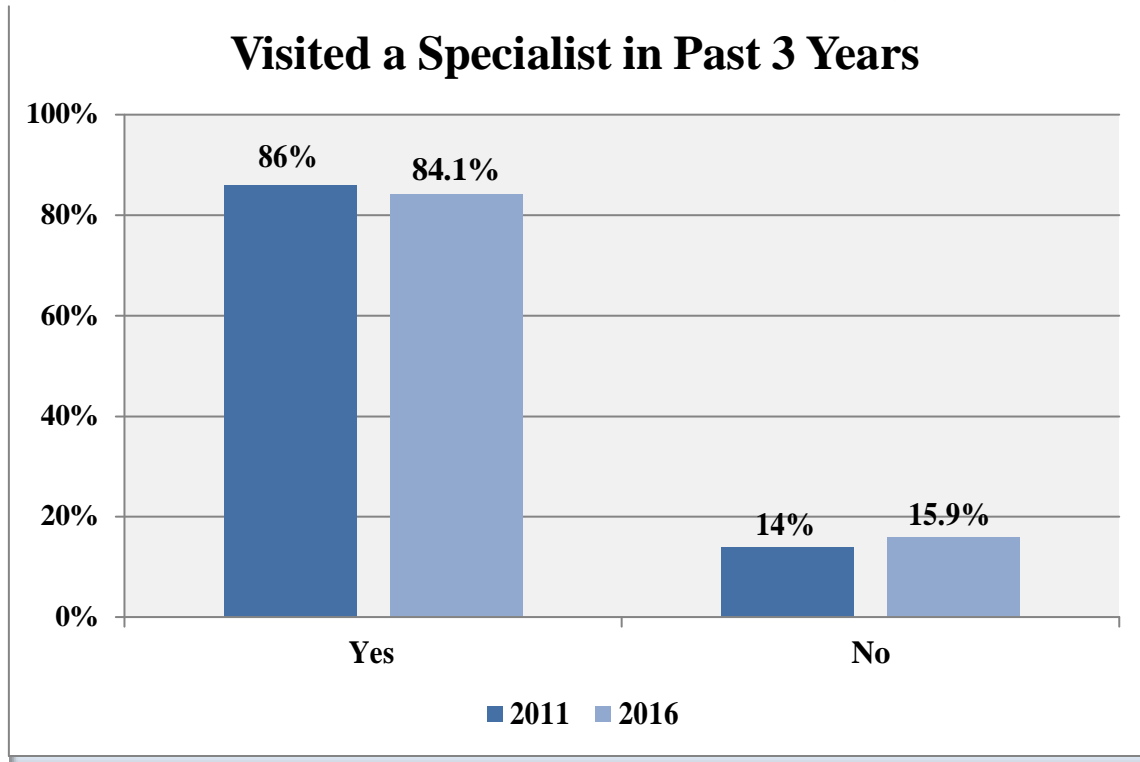
- Depends on what medical treatment needed (4)
- Beach, ND (4)
- Dahl Memorial Healthcare (2)
- Wibaux
- Hettinger, ND
- Salt Lake City
- VA
- Billings Clinic Miles City

### Use of Healthcare Specialists during the Past Three Years (Question 25)

2016 N= 182

2011 N= 215

Eighty-four percent of respondents (n=153) indicated they or a household member had seen a healthcare specialist during the past three years. Sixteen percent (n=29) indicated they had not seen a specialist and nine respondents chose not to answer this question.



### Type of Healthcare Specialist Seen (Question 26)

2016 N= 153

2011 N= 185

The respondents (n=153) saw a wide array of healthcare specialists in the past three years. The most frequently indicated specialist was a “Dentist” at 51.6% of respondents (n=79) having utilized their services. “Optometrist” was the second most utilized specialist at 42.5% (n=65) and “Chiropractor” was third at 26.8% (n=41). Respondents were asked to choose all that apply so percentages do not equal 100%.

Health Care Specialist	2011		2016	
	Count	Percent	Count	Percent
<b>Dentist</b>	<b>84</b>	<b>45.5%</b>	<b>79</b>	<b>51.6%</b>
<b>Optometrist<sup>1</sup></b>	<b>55</b>	<b>29.7%</b>	<b>65</b>	<b>42.5%</b>
<b>Chiropractor</b>	46	24.9%	<b>41</b>	<b>26.8%</b>
General surgeon	34	18.4%	35	22.9%
Cardiologist	45	24.3%	34	22.2%
Orthopedic surgeon	32	17.3%	34	22.2%
OB/GYN	<b>47</b>	<b>25.4%</b>	32	20.9%
ENT (ear/nose/throat)	31	16.8%	28	18.3%
Physical therapist	20	10.8%	27	17.6%
Gastroenterologist	15	8.1%	20	13.1%
Urologist	25	13.5%	16	10.5%
Pediatrician	16	8.6%	12	7.8%
Oncologist	Not asked in 2011		12	7.8%
Mental health counselor	8	4.3%	8	5.2%
Podiatrist	8	4.3%	8	5.2%
Rheumatologist	13	7.0%	8	5.2%
Occupational therapist	4	2.2%	5	3.3%
Speech therapist	4	2.2%	5	3.3%
Other	30	16.2%	23	15.0%

<sup>1</sup>In 2016, significantly more respondents saw an optometrist than in 2011.

“Other” comments:

- Neurologist (4)
- Pulmonologist (3)
- Allergist (3)
- Sleep specialist (2)
- Dermatologist (2)
- Endocrinologist (2)
- Stroke doctor
- Spine
- Respiratory
- Orthopedic surgeon
- Eye specialist
- Kidney doctor
- COPD

### Location of Healthcare Specialist (Question 27)

2016 N= 153

2011 N= 185

Of the 153 respondents who indicated they saw a healthcare specialist in the past three years, 44.4% (n=68) saw one in Miles City. Billings Clinic was utilized by 43.1% (n=66) of respondents for specialty care and Fallon Medical Complex was reported by 20.3% (n=31). Respondents could select more than one location therefore percentages do not equal 100%.

Location	2011		2016	
	Count	Percent	Count	Percent
<b>Miles City</b>	<b>80</b>	<b>43.2%</b>	<b>68</b>	<b>44.4%</b>
<b>Billings Clinic</b>	<b>83</b>	<b>44.9%</b>	<b>66</b>	<b>43.1%</b>
<b>Fallon Medical Complex</b>	38	20.5%	<b>31</b>	<b>20.3%</b>
Rapid City, SD	17	9.2%	22	14.4%
St. Vincent Healthcare <sup>1</sup>	<b>39</b>	<b>21.1%</b>	18	11.8%
Bowman, ND	21	11.4%	18	11.8%
Dickinson, ND	13	7.0%	13	8.5%
Bismarck, ND	14	7.6%	12	7.8%
Spearfish, SD	Not asked in 2011		9	5.9%
Glendive <sup>2</sup>	27	14.6%	8	5.2%
Other	15	8.1%	20	13.1%

<sup>1-2</sup> Significantly fewer 2016 respondents reported utilizing specialty services from St. Vincent Healthcare and Glendive.

“Other” comments:

- Billings (7)
- Private clinic (2)
- Hettinger, ND (2)
- Ortho Montana (2)
- Beach, ND (2)
- Jamestown, ND
- Forsyth
- Arizona



### Overall Quality of Care at Fallon Medical Complex (Question 28)

2016 N= 191

2011 N= 231

Respondents were asked to rate a variety of aspects of the overall care provided at Fallon Medical Complex 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 “X-Ray” and “Mammography” both receiving the top average score of 3.6 out of 4.0. “Laboratory,” “Physical/occupational therapy,” “Health Fair” and “Fallon County Health Department” all received a 3.5 out of 4.0. The total average score was 3.4, indicating the overall services of the hospital to be to “Excellent” to “Good.”

<b>2016</b>	<b>Excellent (4)</b>	<b>Good (3)</b>	<b>Fair (2)</b>	<b>Poor (1)</b>	<b>Don't know</b>	<b>No Answer</b>	<b>N</b>	<b>Avg</b>
<b>X-Ray</b>	85	48	4	2	38	14	191	<b>3.6</b>
<b>Mammography</b>	58	29	2	1	80	21	191	<b>3.6</b>
<b>Laboratory</b>	86	62	5	2	26	10	191	<b>3.5</b>
<b>Physical/Occupational Therapy</b>	52	30	6	2	83	18	191	<b>3.5</b>
<b>Health Fair</b>	70	55	1	2	47	16	191	<b>3.5</b>
<b>Fallon County Health Department</b>	62	47	4	0	65	13	191	<b>3.5</b>
Emergency Room	64	56	11	2	41	17	191	3.4
Wibaux Clinic	15	9	2	1	139	25	191	3.4
Community Clinic	69	64	19	4	23	12	191	3.3
Telemedicine	19	21	4	1	124	22	191	3.3
Hospital	28	42	7	7	85	22	191	3.1
Nursing Home	17	17	18	13	107	19	191	2.6
<b>TOTAL</b>	<b>625</b>	<b>480</b>	<b>83</b>	<b>37</b>				<b>3.4</b>

<b>2011</b>	<b>Excellent (4)</b>	<b>Good (3)</b>	<b>Fair (2)</b>	<b>Poor (1)</b>	<b>Don't know/ No answer</b>	<b>N</b>	<b>Avg</b>
<b>Laboratory</b>	109	77	9	1	35	231	<b>3.5</b>
<b>Health Fair</b>	82	46	9	0	94	231	<b>3.5</b>
<b>X-Ray</b>	92	70	9	1	59	231	<b>3.5</b>
Wibaux Clinic	11	7	1	1	211	231	3.4
Physical/Occupational Therapy	41	38	5	3	144	231	3.3
Community Clinic	86	92	13	6	34	231	3.3
Emergency Room	60	75	17	4	75	231	3.2
Telemedicine	8	19	4	1	199	231	3.1
Hospital	24	49	15	6	137	231	3.0
Nursing Home	8	31	7	4	181	231	2.9
<b>TOTAL</b>	<b>521</b>	<b>504</b>	<b>89</b>	<b>27</b>			<b>3.3</b>

### Desired Local Healthcare Services (Question 29)

2016 N= 191

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 “Optometrist” services available at 39.3% (n=75) followed by a “Podiatry” and “Pediatrician” with 13.6% (n=26) each. Respondents were asked to select all that apply so percentages do not equal 100%.

Service	Count	Percent
<b>Optometrist</b>	<b>75</b>	<b>39.3%</b>
<b>Podiatry</b>	<b>26</b>	<b>13.6%</b>
<b>Pediatrician</b>	<b>26</b>	<b>13.6%</b>
Counseling	23	12.0%
Hospice	21	11.0%
Public Assistance (i.e. Housing, Medicaid, Food Stamps)	18	9.4%
Drug & Alcohol Counseling	7	3.7%
Other	14	7.3%

“Other” comments:

- Cardiologist (2)
- Orthopedist
- Rheumatologist (2)
- Full time chiropractor
- Dermatologist
- All - I am a Court Appointed Special Advocate
- Vein clinic
- Urologist
- Mental health
- Oncology
- Geriatrics
- OB-GYN
- X-ray was much better when they had employees who were part of the community. You felt they care more for you, more helpful

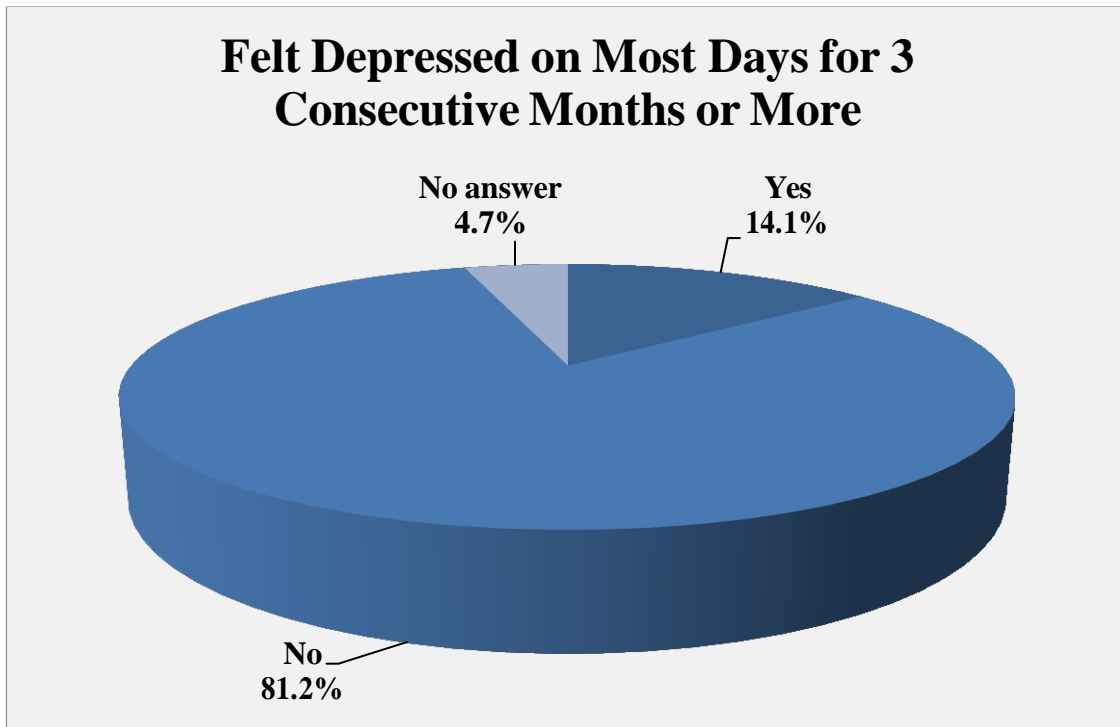
## Survey Findings – Personal Health

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### Prevalence of Depression (Question 30)

2016 N= 191

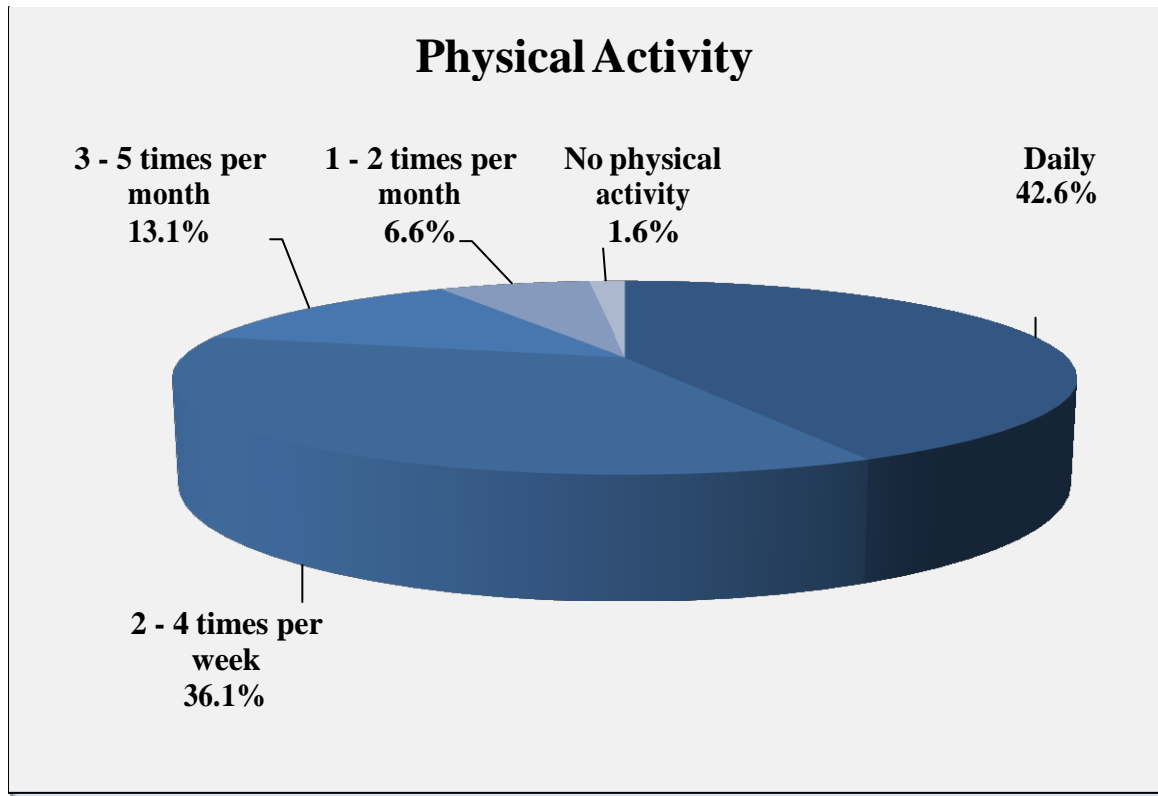
Respondents were asked to indicate if there were periods of at least three consecutive months in the past three years where they felt depressed on most days, although they may have felt okay sometimes. Fourteen percent of respondents (n=27) indicated they had experienced periods of feeling depressed and 81.2% of respondents (n=155) indicated they had not. Nine respondents chose not to answer this question.



### Physical Activity (Question 31)

2016 N= 183

Respondents were asked to indicate how frequently they had physical activity for at least twenty minutes over the past month. Forty-three percent of respondents (n=78) indicated they had physical activity of at least twenty minutes “Daily” over the past month. Thirty-six percent (n=66) indicated they had physical activity “2-4 times per week” and 13.1% (n=24) reported “3-5 times per month.” Two percent of respondents (n=3) indicated they had “No physical activity.” Eight respondents chose not to answer this question.



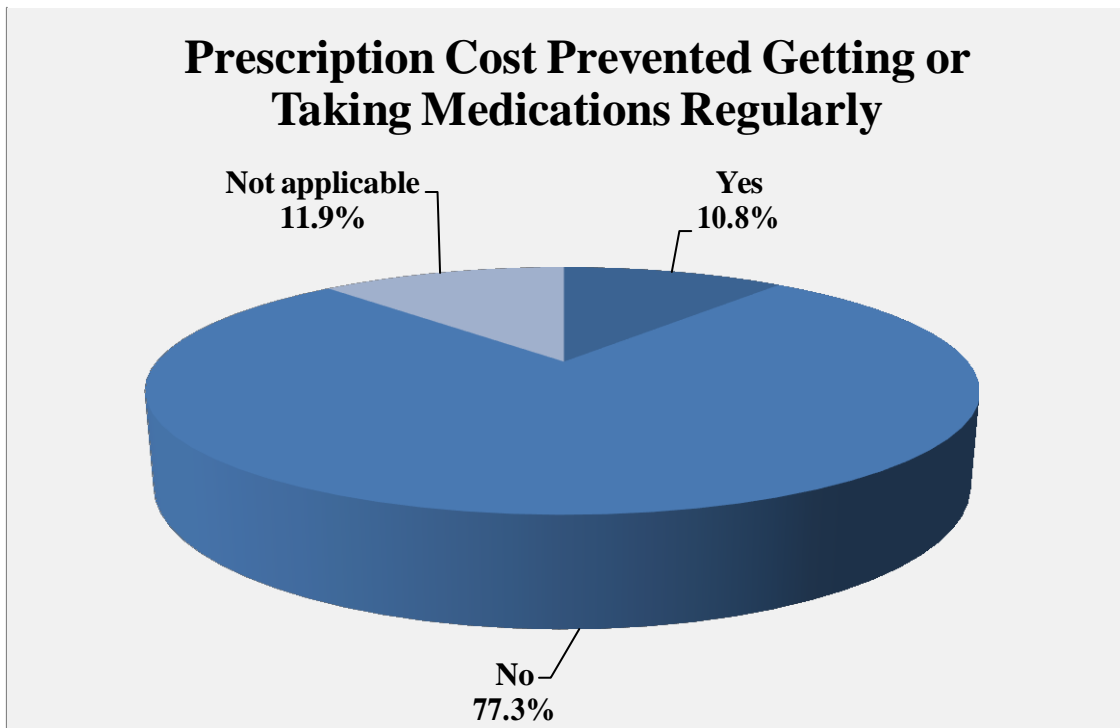
## Survey Findings – Cost and Health Insurance

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### Cost and Prescription Medications (Question 32)

2016 N= 185

Respondents were asked to indicate if, during the last year, medication costs had prohibited them from getting a prescription or taking their medication regularly. Eleven percent of respondents (n=20) indicated that, in the last year, cost had prohibited them from getting a prescription or taking their medication regularly. Seventy-seven percent of respondents (n=143) indicated that cost had not prohibited them, and twelve percent of respondents (n=22) indicated this question was not applicable to them. Six respondents chose not to answer this question.



### Medical Insurance (Question 33)

2016 N= 155

2011 N= 200

Respondents were asked to indicate what type of medical insurance covers the majority of their medical expenses. Forty-nine percent (n=76) indicated they have “Employer sponsored” coverage. Twenty-four percent (n=37) indicated they have “Medicare” and “Private pay insurance” was reported by 13.5% of respondents (n=21). Thirty-six respondents chose not to answer this question.

Insurance Type	2011		2016	
	Count	Percent	Count	Percent
<b>Employer sponsored<sup>1</sup></b>	<b>86</b>	<b>43.0%</b>	<b>76</b>	<b>49.0%</b>
<b>Medicare<sup>2</sup></b>	<b>65</b>	<b>32.5%</b>	<b>37</b>	<b>23.9%</b>
<b>Private pay insurance<sup>3</sup></b>	<b>2</b>	<b>1.0%</b>	<b>21</b>	<b>13.5%</b>
Health Savings Account	0	0	4	2.6%
None	8	4.0%	4	2.6%
Medicaid	3	1.5%	3	1.9%
State/Other	0	0	2	1.3%
Agricultural Corp. Paid	2	1.0%	1	0.6%
VA/Military <sup>4</sup>	<b>32</b>	<b>16.0%</b>	1	0.6%
MT Healthy Kids	2	1.0%	0	0
Indian Health	0	0	0	0
Other	0	0	6	3.9%
<b>TOTAL</b>	<b>200</b>	<b>100%</b>	<b>155</b>	<b>100%</b>

<sup>1</sup>Significantly more 2016 respondents have employer sponsored insurance than in 2011.

<sup>2</sup>In 2016, significantly fewer respondents reported utilizing Medicare.

<sup>3</sup>Significantly more 2016 respondents have private pay insurance than in 2011.

<sup>4</sup>In 2016, significantly fewer respondents reported utilizing VA/Military insurance.

“Other” comments:

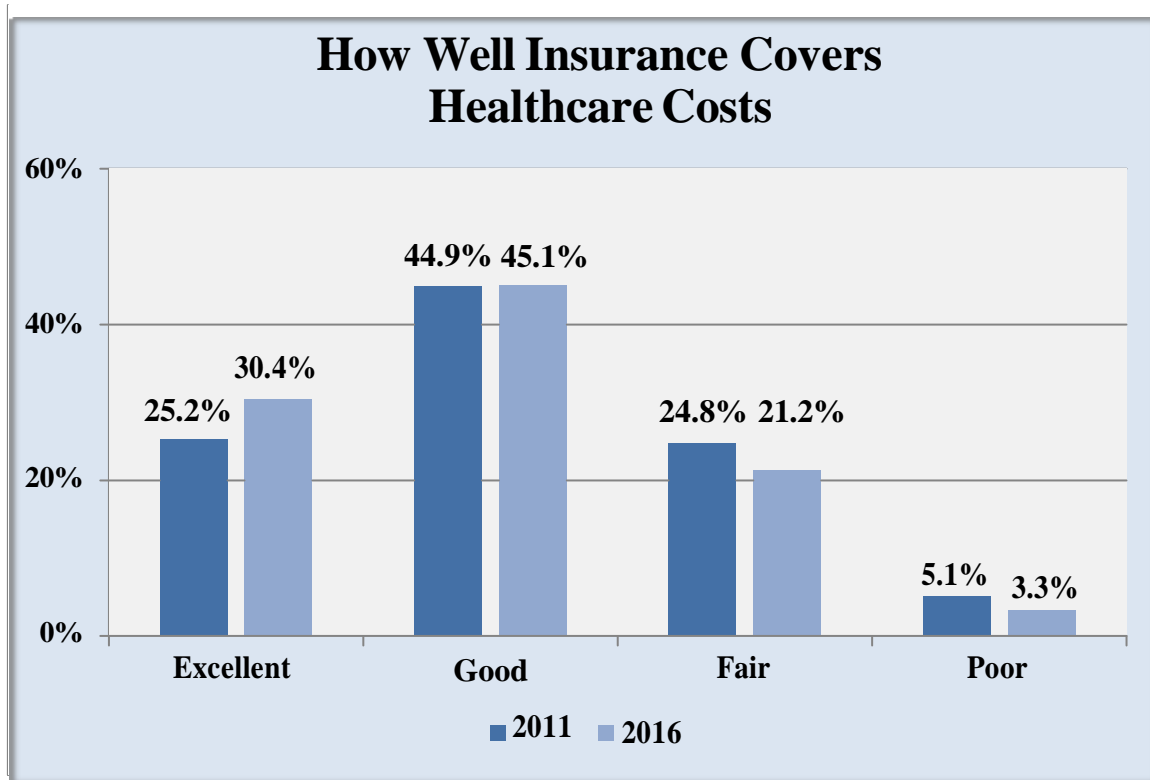
- Samaritan Ministries
- Trans America
- BlueCross
- Medicare Part D
- AARP
- Supplemental insurance

### Insurance and Healthcare Costs (Question 34)

2016 N= 184

2011 N= 214

Respondents were asked to indicate how well they felt their health insurance covers their healthcare costs. Forty-five percent of respondents (n=83) indicated they felt their insurance covers a “Good” amount of their healthcare costs. Thirty percent of respondents (n=56) indicated they felt their insurance is “Excellent” and 21.2% of respondents (n=39) indicated they felt their insurance coverage was “Fair.”



### Barriers to Having Health Insurance (Question 35)

2016 N= 4

2011 N= 8

Those respondents who indicated they did not have medical insurance were asked to indicate why they did not. Twenty-five percent (n=1) reported they did not have health insurance because they choose not to have medical insurance and another 25% indicated they did not have insurance for a reason other than what was available on the survey. Two people chose not to answer this question. Respondents could mark all answers that applied, thus the percentages do not equal 100%.

Reason	2011		2016	
	Count	Percent	Count	Percent
<b>Choose not to have medical insurance</b>	<b>2</b>	<b>25.0%</b>	<b>1</b>	<b>25%</b>
Cannot afford to pay for medical insurance <sup>1</sup>	7	87.5%	0	0
Employer does not offer insurance	1	12.5%	0	0
Cannot get medical insurance due to medical issues	1	12.5%	0	0
<b>Other</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>25%</b>

<sup>1</sup>Significantly fewer 2016 respondents had trouble obtaining health insurance due to an inability to pay for it.

“Other” comments:

- Too expensive

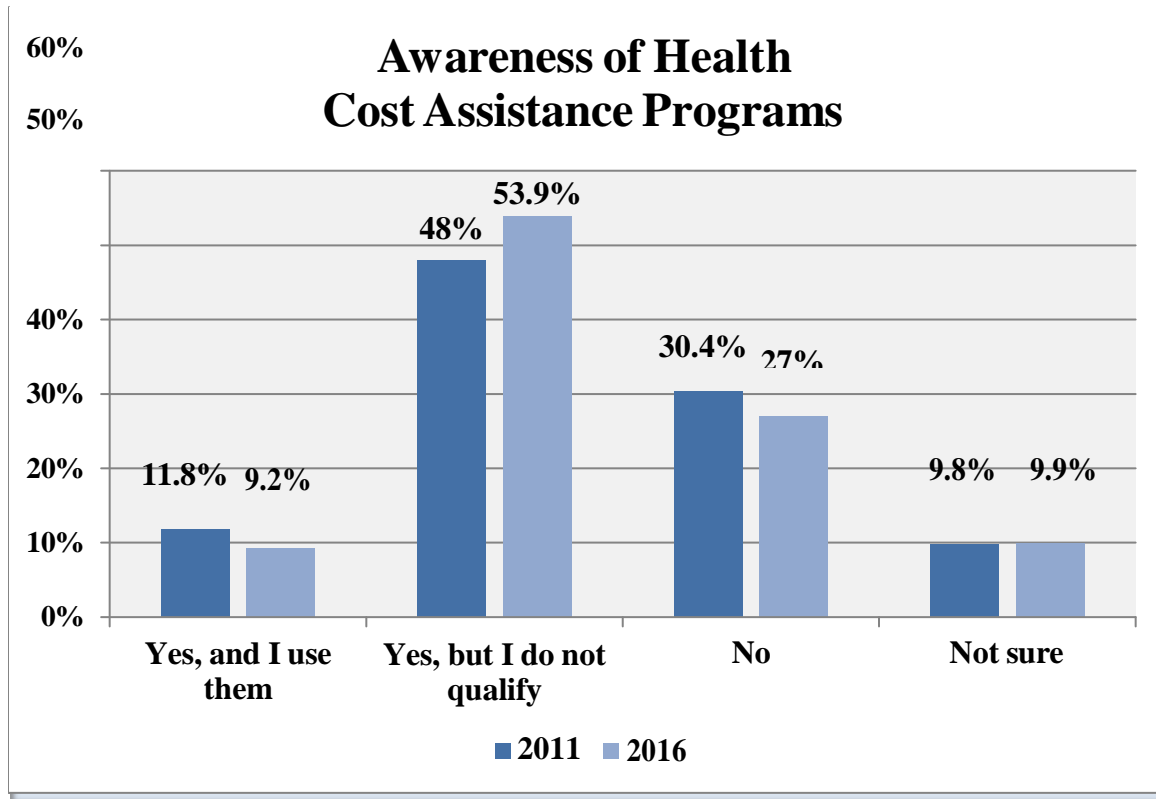


### Awareness of Health Payment Programs (Question 36)

2016 N= 152

2011 N= 204

Respondents were asked to indicate their awareness of programs that help people pay for healthcare bills. Fifty-four percent of respondents (n=82) indicated they were aware of these types of programs, but did not qualify to utilize them. Twenty-seven percent (n=41) indicated that they were not aware of these programs and 9.9% of respondents (n=15) indicated they were not sure. Thirty-nine respondents chose not to answer this question.



## **VI. Focus Group Methodology**

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Four focus groups were held in Baker, Montana in September, 2015. Focus group participants were identified as people living in Fallon Medical Complex's service area.

30 people participated in the four 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 Fallon Medical Complex and the Thee Garage & Steakhouse. Each group meeting lasted up to 90 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 Angela Bangs with the Montana Office of Rural Health.

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

## **VII. Focus Group Findings**

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The following 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

- More facilities/opportunities for people to be physically active.
- Increased outreach in the community regarding opportunities for people to live healthy lifestyles.
- More educational programs to address the alcohol and substance abuse issues present.
- More after school/summer opportunities for the youth in the community.
- More healthcare providers (i.e. nurses, nurse aides, physicians).

### Most important local healthcare issues

- Lack of healthcare providers and staff.
- Shortage of resources/providers specific to mental health issues in the area.
- Obesity and health conditions related to unhealthy lifestyles.
- Long travel time required to receive specialty healthcare services.

### Opinion of hospital services

- Quality of care is viewed as excellent and community members are grateful that the hospital is available to them.
- There is concern about the staff turnover and efforts by the hospital to retain staff.

### Opinion of local providers

- Participants utilize local providers because it is convenient and community members trust the providers.
- Community members are concerned about retaining the current providers and ensuring that there is enough nursing staff in the facility.

### Opinion of local services

- Community members are grateful to have the emergency room and are happy with it.
- Ambulance services are very good and community members feel blessed to have it; although, there is concern that there are not enough EMTs.
- Community members are happy with the nursing home; however, there is concern regarding the use of traveling nurses. Many would prefer the nursing home to be staffed with local nurses and CNAs.
- There appeared to be general consensus that the community could use another pharmacy in town.

*Focus Group Findings continued...*

#### Reasons to leave the community for healthcare

- Participants stay local when services are available. They leave the community when referred for specialty care or if the needed service is not available locally.
- Community members also indicated that expectant mothers will receive OB/GYN health care in Billings and will continue seeing the pediatric providers in Billings as their children grow up.
- If there is a lack of appointment availability, community members indicated that they will seek services elsewhere.

#### Needed healthcare services in the community

- More primary care providers.
- More nurses and CNAs.
- More traveling specialists available via telemedicine.
- An eye doctor (optometrist).
- Mental health and substance abuse services.
- Transportation assistance for seniors who need to see specialists outside of town.
- More educational programs for community members (i.e. young parents, expectant mothers, those needing help with mental health issues, etc.).

## **VIII. Summary**

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One hundred ninety-one surveys were completed in Fallon Medical Complex's service area for a 29% response rate. Of the 191 returned, 63.8% of the respondents were females, 61.1% were 56 years of age or older, and 55.8% work full time.

Respondents rated the overall quality of care at the hospital as good, scoring 3.4 out of 4.0 on a scale of 4.0 being excellent and 1.0 being poor.

Forty-five percent of respondents feel the Baker area is a "healthy" place to live and 42% indicated they felt it was "somewhat healthy."

Respondents indicated their top three health concerns were: cancer (70.7%), alcohol/substance abuse (55%), and heart disease (31.4%). Significantly more respondents identified cancer and alcohol/substance abuse to be a serious health concern than in 2011.

When respondents were asked which health related educational programs or classes they would be most interested in, the top choices were: health and wellness (39.8%), weight loss (38.2%), and women's health (33%).

Overall, the respondents within Fallon Medical Complex's service area are seeking hospital care at a rate that is typically seen in rural areas. Area residents recognize the major impact the healthcare sector has on the economic well-being of the area, with 77.4% of respondents identifying local healthcare services as "very important" to the economic well-being of the area. Additionally, 84.8% of respondents reported it is "very important" for the local hospital to remain open.

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 Fallon Medical Complex and community members from Fallon County, convened to begin an implementation planning process to systematically and thoughtfully respond to all issues and opportunities identified through the Community Health Services Development (CHSD) Process.

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

### Access to Healthcare Services

- Primary Care
- Specialty Care
- Outreach and Education

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

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

## **Resources**

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

- Baker Chamber of Commerce
- Baker Housing Board
- Southeastern Montana Revitalization Team
- South Eastern Montana Health Fair
- Local Emergency Preparedness Committee (LEPC)
- Montana Health Network
- Montana Hospital Association
- Eastern Montana Telemedicine Network (EMTN)
- Mountain-Pacific Quality Health Foundation
- Montana Area Health Education Center (AHEC)
- Montana Office of Rural Health

## X. Evaluation of Activity Impacts from Previous CHNA

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Fallon Medical Complex approved its previous implementation plan in June, 2013. The plan prioritized the following health issues:

- Access to Healthcare Services
- Chronic Disease
- Healthy Behaviors and Lifestyles
- Mental Health

Fallon Medical Complex (FMC) has successfully addressed nearly all of the needs identified in our most recently conducted Community Health Needs Assessment (CHNA). We have shown significant progress towards addressing the goals outlined in our CHNA Implementation Plan which can be found at [www.fallonmedical.org](http://www.fallonmedical.org). One noteworthy improvement is our current effort to redesign our website to increase the public's awareness of our service offerings as well as to provide information and education about chronic diseases that are prevalent in our community.

Generally, we have implemented and sustained our goals during the past fiscal year. One goal in particular addresses the need to increase the community's access to mental health services. Although we worked diligently to implement HealthLinkNow through a third-party vendor, this service never really came to fruition. Earlier this year, that service announced that they were reaching the end of their grant and that they were discontinuing services. Fortunately, our patients do have access to mental health providers through the Eastern Montana Telemedicine Network and the Eastern Montana Mental Health Center, so services are available in our community, both remotely and locally.

One of the needs that FMC was not able to address in our implementation plan dealt with health care insurance and services costing too much. FMC has offered a financial assistance plan for a number of decades, but we can't seem to incentivize patients to use it, either due to a pride factor or a reluctance to share financial information with the facility. Nevertheless, we did continue to offer free "Navigator" services to people interested in enrolling in the ACA Marketplace. And, Montana just recently rolled out an expanded Medicaid program. Both of these programs are expected to effectively reduce the number of uninsured patients in our service area.

Another need that we struggle to meet is with respect to more providers. Due to our limited service area and our rural location, we cannot cost-justify offering our own specialists to the community. We have attempted to convince specialists from neighboring communities to offer clinics at FMC, but their own organizations are also struggling to keep their disciplines staffed. So we can't seem to sustain a roster of visiting specialists for any determinable period of time.

In addition, we continue to experience turnover in our primary care staff. Family Practice providers are the most sought-after professionals in healthcare today, yet they are among the lowest paid. So supply is limited. On top of that, most providers (or their spouses) do not want to relocate to a community that does not have a major department store or an airport that offers common carrier service. Although we have been continuously recruiting for the past three years, we have not had success with attracting permanent primary care providers.

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

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

1. Nikki Buerkle, RN – Rural Health Clinic Nurse, Fallon Medical Complex
2. Delayne Robbins – Administrative Assistant, Fallon County Health Department
3. Kim Cuppy, RN – Department Administrator, Fallon County Health Department
4. Mindi Murnion – Emergency Preparedness Coordinator, Fallon County Health Department
5. Chuck Lee, Director, Fallon County Disaster & Emergency Services
6. Crystal Stanhope – Young family, Community Member
7. Michelle Smith – Long Term Care, Fallon Medical Complex
8. Jeanna Sullivan – Long Term Care, Navigator, Fallon Medical Complex
9. Karol Zachmann – Coordinator FMC Foundation, Fallon Medical Complex
10. Wayne Mangold – Retired, Community Member
11. Judy McWilliams –Quality Improvement Coordinator, Fallon Medical Complex
12. Jennifer Gaskins – Physical Therapy Department, Fallon Medical Complex
13. Tiffany Davis- Associate, Fallon County Council on Aging
14. Carla Brown- Senior Administrator, Fallon County Council on Aging
15. Donna Halmans- Young family, Community Member
16. Theresa Waller- Young family, Community Member



## Appendix B – Public Health and Special Populations Consultation

### Public Health and Populations Consultation Worksheet

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#### 1. Public Health

- a. Name/Organization
  - Delayne Robbins, Fallon Co. Public Health
  - Kim Cuppy, Fallon Co. Public Health
  - Mindi Murnion, Fallon Co. Public Health
  - Chuck Lee, Fallon County Disaster & Emergency Services
- b. Date of Consultation
  - First Steering Committee Meeting: February 23, 2016
- c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
  - Steering Committee
- d. Input and Recommendations from Consultation
  - Transportation
  - People don't know where to go- we used to have a Medicaid Office and it is no longer available. Huge gap.
  - We do have WIC but we need to do a better job in getting referrals. Improved coordination between public health and clinic would be helpful.
  - Access to physical fitness opportunities year round that are not too costly.

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

Population: Low-Income

- a. Name/Organization
  - Delayne Robbins, Fallon Co. Public Health
  - Kim Cuppy, Fallon Co. Public Health
  - Mindi Murnion, Fallon Co. Public Health
- b. Date of Consultation
  - First Steering Committee Meeting: February 23, 2016
- c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
  - Steering Committee
- d. Input and Recommendations from Consultation
  - People don't know where to go- we used to have a Medicaid Office and it is no longer available. Huge gap.
  - We do have WIC but we need to do a better job in getting referrals. Improved coordination between public health and clinic would be helpful.

Population: Youth

- a. Name/Organization  
Crystal Stanhope, Community member, Mother  
Donna Halmans, Community member, Mother  
Theresa Waller, Community member, Mother
- b. Date of Consultation  
First Steering Committee Meeting: February 23, 2016
- c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)  
Steering Committee
- d. Input and Recommendations from Consultation
  - The doctors we have are wonderful but it would be nice to have access to a pediatrician
  - We should explore other ways people may be seeking out information, rather than just the traditional methods. For example: texting, social media, email.

Population: Seniors

- a. Name/Organization  
Wayne Mangold  
Tiffany Davis, Fallon Co. Council on Aging  
Carla Brown, Fallon Co. Council on Aging  
Michelle Smith, FMC Long Term Care  
Jeanna Sullivan, FMC Long Term Care
- b. Date of Consultation  
First Steering Committee Meeting: February 23, 2016
- c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)  
Steering Committee
- d. Input and Recommendations from Consultation
  - Transportation assistance. Specifically to specialty care. If they are referred out they may not have a way to get there.
  - EMS- workforce shortage. Its volunteers with one paid director position.

## Appendix C – Survey Cover Letter



202 South 4th Street West  
Baker, MT 59313-0820  
[www.fallonmedical.org](http://www.fallonmedical.org)

April 12, 2016

Dear Resident:

This letter and survey concern the future of health care in Baker and the surrounding area. By completing the enclosed survey, you will help guide Fallon Medical Complex in developing comprehensive and affordable health care services to our area residents. Your help will be critical in determining the community's perception of local health care services and identifying important issues.

**Your name was selected at random and your identity and answers will remain anonymous.**

*Please note that we cannot guarantee confidentiality for any information that you choose to share with others. While you may not receive any direct benefit for participating, we believe that this survey will contribute to the improvement of health care services in our community. Participating in this survey is completely voluntary. Even if you decide to complete the enclosed survey, you may change your mind and stop at any time or choose to not answer any given question.*

Fallon Medical Complex is participating in the Community Health Services Development (CHSD) process, which includes community-based surveys to identify health needs in the community as well as gain community members' input on perceptions of health in the community. The Montana Office of Rural Health will be assisting us in completing this survey process. The purpose of the survey is to obtain information from a wide range of area residents to assist your community in meeting present and future health care needs.

*Please take a few moments to complete the enclosed survey by **May 18, 2016.***

Your response is very important to Fallon Medical Complex because your comments will represent others in the area and will help guide us in planning responsive and high quality local health care services for the future. Even if you do not use health care services through Fallon Medical Complex, your input is still helpful and will benefit our community. We know your time is valuable so we have made every effort to keep the survey brief – it should take less than 15 minutes to complete. **Your help is much appreciated in responding to this survey.**

Once you complete your survey, simply **return it in the enclosed self-addressed, postage paid envelope.** All survey responses will go to the National Rural Health Resource Center in Duluth, Minnesota, the organization that is assisting with this project. If you have any questions about the survey, please call the Montana Office of Rural Health at 406-994-6001.

Thank you for your assistance. We appreciate your effort.

Sincerely,

**David Espeland**

David Espeland, CEO  
Fallon Medical Complex

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Fallon Medical Complex • PO Box 820 • Baker, Montana 59313-0820 • (406) 778-3331 • Fax (406) 778-5155  
Community Clinic • PO Box 119 • Baker, Montana 59313-1119 • (406) 778-2833 • Fax: (406) 778-5131

Appendix D – Survey Instrument

**Community Health Services Development Survey  
Baker, Montana**

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

1. How would you rate your community as a healthy community to be living in?

- 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?  
(Check 3 that apply)

- |   |   |   |
|---|---|---|
| <input type="radio"/> Alcohol abuse/substance abuse | <input type="radio"/> Lack of access to health care | <input type="radio"/> Recreation related accidents/injuries |
| <input type="radio"/> Cancer                        | <input type="radio"/> Lack of dental care           | <input type="radio"/> Stroke                                |
| <input type="radio"/> Child abuse/neglect           | <input type="radio"/> COPD- Lung health             | <input type="radio"/> Tobacco use                           |
| <input type="radio"/> Diabetes                      | <input type="radio"/> Mental health issues          | <input type="radio"/> Work related accidents/injuries       |
| <input type="radio"/> Domestic violence             | <input type="radio"/> Motor vehicle accidents       | <input type="radio"/> Other _____                           |
| <input type="radio"/> Heart disease                 | <input type="radio"/> Obesity                       |   |

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

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

4. How do you rate your knowledge of the health services that are available at Fallon Medical Complex?

- Excellent       Good       Fair       Poor

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

- |  |                                     |  |
|--|-------------------------------------|--|
| <input type="radio"/> Yellow pages         | <input type="radio"/> Word of mouth | <input type="radio"/> Mid Rivers Cable |
| <input type="radio"/> Radio                | <input type="radio"/> Presentations | <input type="radio"/> Website/internet |
| <input type="radio"/> Health fair          | <input type="radio"/> Posters       | <input type="radio"/> Other _____      |
| <input type="radio"/> Health care provider | <input type="radio"/> Newspaper     |  |

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

(Check all that apply)

- |                                |                                     |                                     |                                    |
|--------------------------------|-------------------------------------|-------------------------------------|------------------------------------|
| <input type="radio"/> Pharmacy | <input type="radio"/> Public health | <input type="radio"/> Mental health | <input type="radio"/> Telemedicine |
| <input type="radio"/> Dentist  | <input type="radio"/> Senior center | <input type="radio"/> Chiropractor  | <input type="radio"/> Other _____  |

05F

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

- Greater health education services
- Improved quality of care
- Interpreter services
- More primary care providers
- Transportation assistance
- Clinic open longer hours
- Cultural sensitivity
- Clinic open Saturday
- More specialists

8. If Fallon Medical Complex were to provide classes/programs to the community, which would you be most interested in? **(Check all that apply)**

- Alcohol/substance abuse
- Alzheimer's
- Cancer
- Child wellness
- Diabetes
- Fitness
- Health and wellness
- Health fair
- Heart disease
- Men's health
- Mental health
- Multiple sclerosis/MS
- Nutrition
- Parenting
- Smoking cessation
- Weight loss
- Women's health
- Other \_\_\_\_\_

9. If Fallon Medical Complex were to start a program to provide educational information about health issues, what would be your preferred way to get that information? **(Check all that apply)**

- Pamphlets or other printed materials
- Radio
- TV
- Classes in the community
- Newspaper
- Internet/Web
- Email
- Text
- Social Media

10. In your opinion, how important are local health care services to the economic well-being of the local area? **(Please check only ONE)**

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

11. How important do you feel it is that our hospital remains open within our community? **(Please check only ONE)**

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

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

- Yes
- No **(If no, skip to question 14)**

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

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

05F

Page 2

14. Preventative testing and services help to prolong lifespan and can lead to early diagnosis of serious health problems. Which of the following services have you used in the past year? **(Check all that apply)**

- |  |  |  |
|--|--|--|
| <input type="radio"/> Mammography                        | <input type="radio"/> Colonoscopy                  | <input type="radio"/> Health fair              |
| <input type="radio"/> Prostate (PSA)                     | <input type="radio"/> Cholesterol check            | <input type="radio"/> Diabetes screening (A1C) |
| <input type="radio"/> Point of care test (Pro Time test) | <input type="radio"/> Skin check                   | <input type="radio"/> Dietary consultation     |
| <input type="radio"/> Yearly women's exam                | <input type="radio"/> Routine blood pressure check | <input type="radio"/> Other _____              |

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

- Yes       No      **(If no, skip to question 19)**

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

- |  |  |                                      |
|--|--|--------------------------------------|
| <input type="radio"/> Fallon Medical Complex       | <input type="radio"/> Holy Rosary                | <input type="radio"/> Glendive       |
| <input type="radio"/> St. Vincent Healthcare       | <input type="radio"/> Billings Clinic (Billings) | <input type="radio"/> Bowman, ND     |
| <input type="radio"/> Bismarck, ND                 | <input type="radio"/> Dickinson, ND              | <input type="radio"/> Rapid City, SD |
| <input type="radio"/> Billings Clinic (Miles City) | <input type="radio"/> Spearfish, SD              | <input type="radio"/> Other _____    |

17. What hospital services were used? **(Check all that apply)**

- |                                       |  |  |  |
|---------------------------------------|--|--|--|
| <input type="radio"/> Emergency room  | <input type="radio"/> Inpatient stay   | <input type="radio"/> Occupational therapy | <input type="radio"/> Physical therapy |
| <input type="radio"/> General surgery | <input type="radio"/> Laboratory tests | <input type="radio"/> Orthopedic surgery   | <input type="radio"/> Radiology        |
| <input type="radio"/> Hospice         | <input type="radio"/> Observation      | <input type="radio"/> Outpatient surgery   | <input type="radio"/> Respite care     |
| <input type="radio"/> OB/GYN          | <input type="radio"/> ICU              | <input type="radio"/> Other _____          |  |

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

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

19. If you needed emergency medical services in the future, which facility would you use? **(Please check only ONE)**

- |  |                                       |                                      |                                     |
|--|---------------------------------------|--------------------------------------|-------------------------------------|
| <input type="radio"/> Fallon Medical Complex | <input type="radio"/> Miles City      | <input type="radio"/> Glendive       | <input type="radio"/> Spearfish, SD |
| <input type="radio"/> St. Vincent Healthcare | <input type="radio"/> Billings Clinic | <input type="radio"/> Bowman, ND     | <input type="radio"/> Other _____   |
| <input type="radio"/> Bismarck, ND           | <input type="radio"/> Dickinson, ND   | <input type="radio"/> Rapid City, SD |                                     |

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

- Yes       No      **(If no, skip to question 24)**

05F

Page 3

21. Where was the primary health care provider that you or your family utilized most often located? (Please check only ONE)

- |  |  |                                      |
|--|--|--------------------------------------|
| <input type="radio"/> Fallon Medical Complex       | <input type="radio"/> Holy Rosary                | <input type="radio"/> Glendive       |
| <input type="radio"/> St. Vincent Healthcare       | <input type="radio"/> Billings Clinic (Billings) | <input type="radio"/> Bowman, ND     |
| <input type="radio"/> Bismarck, ND                 | <input type="radio"/> Dickinson, ND              | <input type="radio"/> Rapid City, SD |
| <input type="radio"/> Billings Clinic (Miles City) | <input type="radio"/> Spearfish, SD              | <input type="radio"/> Other _____    |

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

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

23. If you routinely seek primary health care outside of Fallon Medical Complex (FMC), what are the reasons you do so? (Check all that apply)

- |  |   |  |
|--|---|--|
| <input type="radio"/> Cost of care         | <input type="radio"/> Quality of staff                        | <input type="radio"/> VA/Military Requirement    |
| <input type="radio"/> Closest to home      | <input type="radio"/> Prior relationship with other provider  | <input type="radio"/> Required by insurance plan |
| <input type="radio"/> Closest to work      | <input type="radio"/> More privacy                            | <input type="radio"/> Other _____                |
| <input type="radio"/> Quality of equipment | <input type="radio"/> I/we do not use services outside of FMC |  |

24. If you needed primary care services in the future, which facility would you use? (Please check only ONE)

- |  |                                       |                                      |                                     |
|--|---------------------------------------|--------------------------------------|-------------------------------------|
| <input type="radio"/> Fallon Medical Complex | <input type="radio"/> Miles City      | <input type="radio"/> Glendive       | <input type="radio"/> Spearfish, SD |
| <input type="radio"/> St. Vincent Healthcare | <input type="radio"/> Billings Clinic | <input type="radio"/> Bowman, ND     | <input type="radio"/> Other _____   |
| <input type="radio"/> Bismarck, ND           | <input type="radio"/> Dickinson, ND   | <input type="radio"/> Rapid City, SD |                                     |

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

- Yes  No (If no, skip to question 28)

26. What type of health care specialist was seen? (Check all that apply)

- |   |  |  |  |
|---|--|--|--|
| <input type="radio"/> Cardiologist          | <input type="radio"/> General surgeon            | <input type="radio"/> Optometrist        | <input type="radio"/> Rheumatologist   |
| <input type="radio"/> Chiropractor          | <input type="radio"/> Mental health professional | <input type="radio"/> Orthopedic surgeon | <input type="radio"/> Speech therapist |
| <input type="radio"/> Dentist               | <input type="radio"/> OB/GYN                     | <input type="radio"/> Pediatrician       | <input type="radio"/> Urologist        |
| <input type="radio"/> ENT (ear/nose/throat) | <input type="radio"/> Occupational therapist     | <input type="radio"/> Physical therapist | <input type="radio"/> Other _____      |
| <input type="radio"/> Gastroenterologist    | <input type="radio"/> Oncologist                 | <input type="radio"/> Podiatrist         |  |

27. Where was the health care specialist seen? (Check all that apply)

- Fallon Medical Complex     Miles City     Glendive     Spearfish, SD
- St. Vincent Healthcare     Billings Clinic     Bowman, ND     Other \_\_\_\_\_
- Bismarck, ND     Dickinson, ND     Rapid City, SD

28. The following services are available at Fallon Medical Complex or in Baker. Please rate the overall quality for each service. (Please mark DK if you haven't used the service)

	<i>Excellent=4</i>	<i>Good =3</i>	<i>Fair =2</i>	<i>Poor =1</i>	<i>Don't Know=DK</i>
Emergency room	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/>	<input type="radio"/> DK
Laboratory	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/>	<input type="radio"/> DK
Physical/occupational therapy	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/>	<input type="radio"/> DK
X-Ray	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/>	<input type="radio"/> DK
Community Clinic	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/>	<input type="radio"/> DK
Nursing Home	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/>	<input type="radio"/> DK
Hospital	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/>	<input type="radio"/> DK
Telemedicine	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/>	<input type="radio"/> DK
Health fair	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/>	<input type="radio"/> DK
Wibaux Clinic	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/>	<input type="radio"/> DK
Mammography	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/>	<input type="radio"/> DK
Fallon County Health Department	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/>	<input type="radio"/> DK

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

- Hospice     Pediatrician
- Drug & Alcohol Counseling     Optometrist
- Counseling     Public Assistance (i.e. Housing, Medicaid, Food Stamps)
- Podiatry     Other \_\_\_\_\_

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

- Yes     No

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

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

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

- Yes     No     Not applicable, I don't take medications



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

(Please select only ONE)

- Agricultural Corp. Paid       Indian Health       State/Other  
 Employer sponsored       Medicaid       VA/Military  
 Health Savings Account       Medicare       None  
 MT Healthy Kids       Private pay insurance       Other \_\_\_\_\_

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

- Excellent       Good       Fair       Poor

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

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

36. 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.

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

- 59313 Baker       58643 Marmath, ND       59336 Ismay  
 59324 Ekalaka       59344 Plevna       59353 Wibaux

38. What is your gender?       Male       Female

39. What is your age range?

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

40. What is your employment status?

- Work full time       Student       Not currently seeking employment  
 Work part time       Collect disability       Other \_\_\_\_\_  
 Retired       Unemployed, but looking

Please return in the postage paid envelope enclosed with this survey or mail to:  
National Rural Health Resource Center, 525 S. Lake Avenue Suite 320 Duluth MN 55802

**THANK YOU VERY MUCH FOR YOUR TIME**

Please note that all information will remain confidential

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## Appendix E – Responses to Other and Comments

1. How would you rate your community as a healthy community to be living in?
  - There is no way Fallon Medical/Baker Hospital can compete with the largest hospitals in Bismarck, Billings or Rapid City. These three hospitals have excellent doctors for heart, cancer, spine, and other specialists. Bowman and Miles City do have visiting specialists which our doctors do utilize. Overall we have very good medical care available. Probably some of the best in the state.
  
2. In the following list, what do you think are the **three** most serious health concerns in your community?
  - Poor nutrition (2)
  - MS [Multiple Sclerosis] (2)
  - Full service facility is 84 miles away
  - Poor drinking water which is causing cancer, heart disease, and stroke
  - Lack of eye care
  - Elderly health issues
  - Shortage of doctors
  - RA [Rheumatoid Arthritis]
  - Drugs
  
3. Check the **three** items below that you believe are most important for a healthy community:
  - Strong support system
  - All are important
  
5. How do you learn about the health services available in your community?
  - Work/Job (3)
  - Social media (2)
  - Serving the people and caring for them
  - TV
  - Longtime resident
  - 9-1-1
  
6. Which community health resources, other than the hospital or clinic, have you used in the last three years?
  - None (4)
  - Therapeutic massage (2)
  - Health Fair
  - Physical Therapy
  - Mental health not available
  - I go out of town
  - local massage therapist

7. In your opinion, what would improve your community's access to health care?
- More MDs, less PAs and traveling nurses
8. If Fallon Medical Complex were to provide classes/programs to the community, which would you be most interested in?
- Rheumatoid arthritis
  - Advising for billing/payment/reimbursement
  - Thyroid
12. In the past three years, was there a time when you or a member of your household thought you needed health care services but did NOT get or delayed getting medical services?
- Too often
13. If yes, what were the **three** most important reasons why you did not receive health care services?
- Could not get an appointment because they were booked full, backlogged (10)
  - No appointments available, would have had to go to the ER (4)
  - No physician available (3)
  - The doctor got called into the ER (2)
  - After hours, so would have had to go to E.R.
  - Convinced I was better
  - Wouldn't schedule one week in advanced
  - Not needed
14. Preventative testing and services help to prolong lifespan and can lead to early diagnosis of serious health problems. Which of the following services have you used in the past year?
- ER-Kidneystones
  - Yearly wellness exam
  - Medication monitoring
  - Injury
  - None
16. If yes, which hospital does your household use the MOST for hospital care?
- Hettinger, ND-West River Health Services (2)
  - Dahl Memorial Healthcare (2)
  - Billings Rocky Mtn. Surgery Center
  - Miles City Billings Clinic
  - Yellowstone Surgery-Billings
  - Paris, TN
  - Mayo Clinic
  - Salt Lake City

17. What hospital services were used?

- General care (2)
- MRI (2)
- Emergency services
- Doctor appointment
- Radiological oncology
- Outpatient services
- CT Scan

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

- Preferred doctors (4)
- Caring, follow-up was excellent
- Need specialist
- Very helpful
- Surgery

19. If you needed emergency medical services in the future, which facility would you use?

- Dahl Memorial Healthcare, Ekalaka (3)
- Depends on insurance coverage
- Hettinger, ND
- Salt Lake City if possible
- Depends on the emergency
- Closest

21. Where was the primary health care provider that you or your family utilized most often located?

- Wibaux (3)
- Beach, ND (3)
- Dahl Memorial Healthcare, Ekalaka MT (5)
- Hettinger, ND
- Salt Lake City
- Sidney
- VA
- One Health
- Yellowstone Naturopathic Care

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

- Very comfortable with/Trust doctor (3)
- Long-term/Preferred doctor (3)
- Specialist (2)
- They listen and help prior to having treat the disease
- Does not use PA--personally sees all patients
- Always felt I got good service here.
- Available to do procedures
- Surgical follow-up/rounds in hospital in place of primary doctor (he transferred)
- OB/GYN

23. If you routinely seek primary health care outside of Fallon Medical Complex (FMC), what are the reasons you do so?

- Specialists (11)
- Services not available at FMC (5)
- Referred by provider (5)
- Pediatrics (2)
- Better doctors elsewhere (2)
- More access to specialists medical facilities with full services (2)
- Cancer care
- Heart doctor
- RA [Rheumatoid Arthritis], Lupus
- Chosen doctor
- Can't get an appointment her

24. If you needed primary care services in the future, which facility would you use?

- Depends on what medical treatment needed (4)
- Beach, ND (4)
- Dahl Memorial Healthcare (2)
- Wibaux
- Hettinger, ND
- Salt Lake City
- VA
- Billings Clinic Miles City

26. What type of health care specialist was seen?

- Neurologist (4)
- Pulmonologist (3)
- Allergist (3)
- Sleep specialist (2)
- Dermatologist (2)
- Endocrinologist (2)
- Stroke doctor
- Spine
- Respiratory
- Orthopedic surgeon
- Eye specialist
- Kidney doctor
- COPD

27. Where was the health care specialist seen?

- Billings (7)
- Private clinic (2)
- Hettinger, ND (2)
- Ortho Montana (2)
- Beach, ND (2)
- Jamestown, ND
- Forsyth
- Arizona

29. What additional health care services would you use if they were available locally?

- Cardiologist (2)
- Orthopedist
- Rheumatologist (2)
- Full time chiropractor
- Dermatologist
- All - I am a Court Appointed Special Advocate
- Vein clinic
- Urologist
- Mental health
- Oncology
- Geriatrics
- OB-GYN
- X-ray was much better when they had employees who were part of the community. You felt they care more for you, more helpful

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

- Samaritan Ministries
- Self-funded
- Trans America
- BlueCross
- Medicare Part D
- ARPP
- Supplemental insurance

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

- Too expensive

40. What is your employment status?

- Self-employed (6)
- Disabled

## Appendix F – 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 G – Focus Group Notes

### Baker – Focus Group #1

Wednesday, September 2, 2015 – 12pm-1pm – Fallon Medical Complex – Baker, MT  
10 participants (2 male, 8 female)

1. What would make this community a healthier place to live?
  - More reassurance for the future on doctors here. There is a lot of turnover.
  - There are not enough nursing aides in nursing home.
  - We do not have enough nurses – seems like we use a lot of traveling nurses.
  - Why can we not hire locally?
  - There are not enough nurses or CNAs here.
  - There is a drug problem in town with the young people in town.
  
2. What do you think are the most important local healthcare issues?
  - Like I said before, we do not have enough healthcare people (nurses, doctors) here.
  - There is a lack of mental health resources in the area.
  
3. What do you think of the hospital in terms of:
  - Quality of Care*
    - I think it is outstanding.
    - I know of people who do not get a response very quickly. My husband is in the nursing home and sometimes he has waited for a long time before a nurse could help him.
    - Good meals here.
    - There are not enough nurses, so people do have to wait awhile before they can get help.
  
  - Number of Services*
    - No problem with that.
    - Seems like there is high turnover with staff.
  
  - Hospital Staff*
    - Some are excellent.
    - I do not think that some are qualified.
  
  - Hospital Board and Leadership*
    - I do not know who is on the board.
    - It is very secretive – no one knows what they are doing. They do not release minutes or anything, so we do not know what they are up to.
    - It is like a good old boy network.
  
  - Business Office/Clinic & Office Staff*
    - I am satisfied with them.
    - The clinic office manager will be hard to replace. She is an awesome manager.



*Condition of Facility and Equipment*

- We have top notch equipment and it is improving all the time.
- It is up to date as far as we know.
- There is a lot of construction going on. I am assuming it is because it needs to be done.

*Financial Health of the Hospital*

- The county has plenty of money from the oil boom and so the hospital benefits from it through subsidies.
- I do not really know about that part.

*Cost*

- I do not think it is bad because if people spend their life savings, then Medicaid kicks in.
- I think it is within reason.

*Availability*

- Very good at getting in.
- It took the ER three hours to see me from a cat scratch, but they told me there were other emergencies going on.
- It is hard to compare to other hospitals.

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

- I use the facility to support our local people and it is our facility.
- The two head doctors are very good and I have never heard anyone said anything negative about them.
- It is convenient.
- I use the doctors here for my primary care.

5. What do you think about these local services:

*Emergency Room*

- It is good.
- Glad to have it here.
- It is excellent. The doctors will drop everything to help out.
- I have seen them do extraordinary things and they are very good about stabilizing and sending the patient away if it is something the doctors cannot handle.

#### *Ambulance Service*

- It is too dang expensive.
- It is not more expensive than other places in the area.
- It is all volunteer service. We need more people to be part of it.

#### *Healthcare Services for Senior Citizens*

- Fine.
- It is good.
- I am afraid of losing more doctors. It is hard when you are always seeing someone new – we want that continuity with one doctor.

#### *Public/County Health Department*

- Very good department.
- I did not even know about it until last week.

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

- Don't know anything about that.
- I think they are getting good service. Everybody is taken care of, which is good.

#### *Nursing Home/Assisted Living Facility*

- I am concerned about not getting enough CNAs.
- I know that people are waiting a long time for care.
- With the long wait, I am worried about possible neglect of patients. I know there is no elder abuse because the staff is always very patient and kind. But people do have to wait awhile before their call button is heard.

#### *Pharmacy*

- The doctors have a good relationship with the pharmacy.

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

- Prejudice.
- Feeling they might get better care in another location – there is a perception that bigger might be better.
- Doctors are well liked, but some will go to Billings no matter what, especially if they have grandkids there.
- People with children do not feel like the care is good here for the children.
- I know that people move to get closer to their families.

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

- More nurses!
- We need more doctors in general.
- There needs to be a lower turnover rate of staff.
- There are worries that doctors are planning to retire and we will not have anyone to replace them.

## **Focus Group #2**

Wednesday, September 2 – 2-3 pm – Fallon Medical Complex – Baker, MT

4 females

1. What would make this community a healthier place to live?
  - We need cheaper gym memberships. The rec center is nice; there are not many places that have an Olympic-sized swimming pool and racquetball courts, etc.
  - But it's hard to get in the rec center.
  - There needs to be more options for healthier foods and healthier lifestyles here.
  - I think there is a drug and alcohol problem here.
  - There needs to be less bars. I think there are twelve bars in the county.
  - This town likes to drink.
  - More places for pre-teen and teens to go year-round. EpiCenter is a nice place, but I know that some families do not like the religious focus. It would be nice to have a non-religious center for the kids.
  
2. What do you think are the most important local healthcare issues?
  - Obesity.
  - High blood pressure, but maybe that comes with the obesity issue.
  - Unhealthy lifestyle choices, which leads to things like obesity.
  - Type II diabetes.
  - Nutrition and exercise. I think a lot of issues would go away if people focused on eating better and exercising more.
  
3. What do you think of the hospital in terms of:
  - Quality of Care*
    - I think staff here does what they can with what they have; however, sometimes the community has higher expectations and does not really understand the jobs that people working have to do. Some people do not understand that the nurses have multiple people to care for, so it is hard for them to respond as quickly as people would like.
    - I have heard some unhappy stories of what has happened here and so they went to Billings for care.
  
  - Number of Services*
    - I think [the number of offered services is] excellent for our size and since we are in the middle of nowhere
    - We offer a lot of services through telemedicine and people are using them. We have a lot of appointments scheduled for services like oncology and nephrology.
    - We are even going to start e-emergency services.
  
  - Hospital Staff*
    - I think they are doing the best they can with what they have.
    - The hospital does use traveling nurses/CNAs, so you do not know what you are going to get with the travelers. Some are good, some are not. I think some people feel that since some of the nursing staff are 'travelers,' then they are not as invested in the community as they would be if they were a permanent employee.

- There is a perception that traveling nurses are not good because they must be traveling due to not being able to hold a job, but that is not true. Many of them want to travel.

#### *Hospital Board and Leadership*

- I think they have our interests in mind.
- I think they make sure the community is happy and satisfied.
- I know there is a perception that the board is like an old boys' club, but it is not. It is not as if the group is following one person – board members are not afraid to stand up to each other and have discussions on issues that they have concerns about.

#### *Business Office*

- I think they work hard.
- I think some of them work hard, but some need to apply themselves more. The manager is good to go and works really hard.
- I know that some of the staff are not updating patients' information like they should be. The issues get resolved when they go through the manager, but the process is not as efficient as it should be.
- I have had no issues as a patient.
- The head of the department is top notch.

#### *Condition of Facility and Equipment*

- I say it is pretty good considering where we are.
- Like all places, some things need updates. But it seems that there is constantly construction going on, so updates are happening.

#### *Financial Health of the Hospital*

- I know that the hospital is always in the red, but the county helps with subsidies. We were lucky to get the mill levy support - if we did not have the support of the county, then we would fail.
- It has its ups and downs.

#### *Cost*

- We charge the least amount for the nursing home.
- Some lab charges are higher than Miles City, but we do not run the same volume of tests, so it is more expensive for us because the equipment [to run the tests] is very expensive.
- We are more expensive for some services, but it is a supply and demand thing.
- The diagnostic imaging prices are high. But I know that the imaging services are helping the hospital too since it is a source of revenue for the hospital and always has been.
- Hospital charges are what they are. We have some good contracts with insurance companies and good reimbursement rates.

#### *Office/Clinic Staff*

- Very friendly
- I think that they are pretty efficient getting people in and out.

*Availability (not asked)*

4. Are any of the local providers your personal provider or personal provider to your family members? Why?
- I use the doctors here for my primary care services – simple things like ear infections, etc. because they are convenient and using them saves a lot of time.
  - It is definitely a time saver.
  - I use the facility to take care of my wellness needs – for things like colds, flus, etc.
  - People do not use the doctors here for OB or pediatrics. The doctors here can see kids, but when people go out for OB, they immediately get a pediatrician referral.

5. What do you think about these local services:

*Emergency Room*

- It's good. It's OK.
- Good for what they can resolve.
- I think a lot of people in this town would not be here if it were not for [the ER]. They are good at stabilizing and sending people out to bigger hospitals if they need to.

*Ambulance Service*

- We need more volunteers. There needs to be more continuing education for them that they can do without having to leave.
- The hospital does offer EMS Live via telemedicine, but there are not many who use it.
- Seems like there is a lot of politics in play for paid paramedics.
- I think they do a great job.

*Healthcare Services for Senior Citizens*

- I think it's good.
- Me too.
- If someone needs to see a specialist, then there is no way of getting them what they need when they have to travel for services. They sit in limbo because they cannot use the ambulance if it is not an emergency. And even if they have family here, the family members sometimes cannot take them to services because the person has dementia and the family feels that they cannot handle that person.

*Public/County Health Department*

- I like it. I think it's good.
- I know they are giving out immunizations all the time.
- I know that they go to the schools and check on kids because there is no school nurse.
- They also do senior clinics once a month – they will offer services like foot clinics.
- They also provide Planned Parenthood services.

*Healthcare Services for Low-Income Individuals/Families*

- They come in and they get treated. I have never heard of anyone getting turned away because they could not pay.
- The hospital has to provide care to everyone.

- That's probably why the hospital is in the red.
- The hospital provides charity care – the hospital takes the term 'non-profit' very seriously.

*Nursing Home/Assisted Living Facility*

- There is an awesome activities department – the ladies get their hair done every Thursday.
- It is the lowest price around.
- They have Bingo and singing and dancing.
- Some of the local churches come by regularly to give church services.

*Pharmacy*

- I think we could do better.
- There is only one pharmacist and he has his pharmacy and runs the hospital pharmacy.

6. Why might people leave the community for healthcare?

- Specialty services.
- VA.
- Surgeries – the hospital does not offer surgery here.

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

- Home hospice, but the hospital cannot afford it.
- More telemedicine. There needs to be more services to help the schools - like ADHD education for the teachers.
- Telemedicine out to the public.
- It would be nice to have more on-demand, pre-recorded webinars.

### **Focus Group #3**

Thursday, September 3, 2015 – Fallon Medical Complex – Baker, MT  
5 participants (5 females)

1. What would make this community a healthier place to live?
  - It's a hard question. There is a lot of illness and death around here for the size of the town.
  - Personally, I think it is the water quality in our area. Patients with heart conditions cannot drink the water due to high sodium content. Feels like you are showering in lotion because it is so soft.
2. What do you think are the most important local healthcare issues?
  - To me, it is lack of specialists and it forces people to travel.
    - People have to travel.
  - We have a part-time dentist, so there is not always dental services available.
3. What do you think of the hospital in terms of:  
*Quality of Care*
  - I am proud of the care that is provided in this hospital. [Fallon Medical Complex] has a bad name because of a few people who do not understand and the hospital gets picked on because of that. But the people who say negative things about the hospital are also the ones who probably have not had to come for life-and-death situations.
    - We are a small community and will always have that issue.
  - I think people are still grateful for the care they receive.

#### *Number of Services*

- This is a small hospital and have a number of services. I think we have good services considering the size of the community.
- The hospital has X-ray, CT, and physical therapy services.

#### *Hospital Staff*

- The ones we have for the most part are very professional. We do use a lot of contracted people. With the travelers, they do not 'own' the place and so are not as emotionally tied to the community. I think that having local staff would help with this issue.

#### *Hospital Board and Leadership*

- I feel that this board is a pretty caring board.
- They have our community's interests in mind.
- It's interesting what goes on.
- They are a colorful and diverse group.

#### *Business Office*

- It can be confusing because I get a bill and then another bill. I think that they are backed up.
- There has been a lot of changes with the new system and that has created confusion.

*Condition of Facility and Equipment*

- I think it's good.
- We moved into the new part of the facility in June 2008, but we are still using the original building, so there is wear and tear. When I have spoken about it, the board was concerned about it. The purchasing supervisor is very good at her job.

*Financial Health of the Hospital*

- The county is very generous with the hospital, so we are lucky there. The hospital is so small and has to depend on the county to help keep the hospital afloat. The community is very giving and generous as well.

*Cost*

- It's expensive, but it is expensive everywhere.
- It's a nationwide issue. It's a little bit cheaper if people do not have to travel for general services at this hospital.

*Office/Clinic Staff*

- I think they are pretty accommodating.

*Availability*

- You will always get in, but you might not always get the provider you want.
- The front office staff are good at getting you in no matter what and are good at determining whether something is an emergency or not.

4. Are any of the local providers your personal provider or personal provider to your family members? Why?
  - Yes, I use people at this hospital because it is convenient. I trust the providers here.
    - I agree.

5. What do you think about these local services:

*Emergency Room*

- I have no problems with it.
- That place is busy all the time
- That place is an asset to the community. I know that they have saved many lives because they are here.

*Ambulance Service*

- It's volunteer, but they need more. They are very good.
- We just need more.



### *Healthcare Services for Senior Citizens*

- I think we need more education on aging in place. If they are waiting on a Medicaid slot to get into a nursing home or assisted living, then there needs to be assistance for those people. I think that families could use more education on being a caregiver because I think that the family can be paid to care for an elderly family member who is not in a facility. There needs to be more education for people who will be caring for family members at home.
- There is a huge need for home health services and there are people in the community who need it badly.
  - There is a need for home health services for people who are not even seniors - there are others who need help. There is one community health worker who can go to a person's home, but the community is lacking.

### *Public/County Health Department*

- It is awesome.
- I think they do good work and are very accommodating.

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

- That's where public health comes in.
- The public health department has services to reach out to those in need. And it is always looking for other funding sources through grants, etc. to help people in need in the community.
- The community definitely tries to help these people.

### *Nursing Home/Assisted Living Facility*

- I think that there is an issue with the facility's use of [traveling nurses] – they are not emotionally tied.
  - They are not invested in the community.
- When we have our own staff, it makes a big difference with the care given.

### *Pharmacy*

- We probably need more than one.
- We used to have two and that was better.

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

- People come and go in this community and many end up with jobs elsewhere.
- This is a small town and the hospital has bad publicity. Some people pick on the facility and say that they will never use this hospital.
  - It's a social media thing – on Facebook, only the negative experiences stick and the positive is not seen.
  - The bad publicity has to do more with personnel issues and not actual healthcare experiences at this hospital.
- People always leave for surgeries and to have their babies.
- People leave to see specialists.

7. What other healthcare services are needed in the community?
- An eye doctor. An eye doctor would be really nice to have here. We also could use a full-time dentist.
  - We see a need for education for young parents – pre- and post-natal courses would be helpful. There is someone here who is pregnant and has all these questions that no one can answer.
  - There is a need for mental health services.
  - There is nowhere around here for pregnancy classes. Even Miles City only offers Lamaze classes twice a year, so if you are pregnant and the timing is not right, then there is nothing for you around here.

## Focus Group #4

Thursday, September 3 – Thee Garage – Baker, MT

11 participants (4 male, 7 female)

1. What would make this community a healthier place to live?
  - Make it more of a walkable community – we need walking trails.
  - I am relatively new [to the community], but I think that there could be more done to increase awareness of what is available in the community. There should be more information out there for people who want to be healthier. There is a path around the lake and the recreation center, but it would be better if people knew what is going on in the community. There needs to be more done with overall awareness.
  - The community has activities like the health fair. Activities like that are great and the community needs more awareness of those services.
  
2. What do you think are the most important local healthcare issues?
  - One of our issues is when [the FAA] proposed the Powder River Training Complex expansion – the proposal would affect our community’s access to life flights and is a serious community concern.
  - The long distance from other specialty services. It is a three hour-long drive if people need to get cancer treatments. Those treatments are not even offered in Miles City anymore.
    - It’s about two hours for people to get pregnancy and childbirth services.
  
3. What do you think of the hospital in terms of:  
*Quality of Care*
  - The hospital got the mill levy which is not easy to pass and I think [the passing of the mill levy] is a reflection that people are satisfied with the services they are getting [at Fallon Medical Complex]. I think [the passing of the mill levy] shows that they are also concerned about the hospital. I would say overall that older people in the community are comfortable with the current hospital plan and they are happy with the fact that elderly people can end up in a variety of areas to stay – there are apartments or long term care options available. A lot of small communities do not have all those options for their seniors. For a small town, our healthcare services are as good as one could hope for. And it is clear that the healthcare system is supported by the people in this community.
  - If we didn’t have a healthcare facility, and if Ekalaka did not have Dahl, then those people on the other side of Ekalaka would have a great distance to travel just from Ekalaka. Someone I knew had a serious accident and if it was not for Ekalaka, then he would not have survived. If you have to go see a specialist, then you have to travel. Let’s face it: if you live in Montana, then you have to travel. But if I am bleeding to death, then I need this hospital so that I can make it. I want someone here who can save me or stabilize me and then send me on to another facility. Our providers are good at knowing when they need to send people to a bigger facility. If we did not have the hospital or the schools, then we would not have a community because people would not live here.

- We do have great healthcare workers at the facility here, but some of them move on for different reasons. I would like the administration to be more cognizant of retaining those healthcare providers that we do have.

#### *Number of Services*

- It would be nice if we had a full-time dentist. It would be nice to have a full-time eye doctor.
- It would be nice to have a chiropractor.
- With the dentist, there's no emergency services, so if you have a toothache then you better hope he's here.
  - The dentist is also in Colstrip, so we can go to Colstrip, but we might as well go to Miles City if we are going to be driving that way.
- At least the dentist and chiropractor do come here, but their availability is not consistent.
  - And they are not here when there is an issue.
- For the dentist, you have to plan out, since it takes six months to get in.
- The dentist is very capable, but if I have an issue and the dentist is not here, then I might as well travel to Miles City and go shopping.
- The chiropractor (Holkup) is good (with availability) if you call him.

#### *Hospital Staff*

- I think I am very well taken care of and the providers spend time with you. The nursing staff is very good and very competent. I feel I get very good care. We do not have the specialists here, but we are very lucky to have the doctors, PAs, and nurses that we do.
- When you have to go to a specialist – and the facility has a couple of specialists who come in – [the specialist] asks who your provider is. When people ask who our primary provider is, we cannot answer that because we all see various people because the providers here are all so busy. If I need to see a provider, then I do not mind seeing different people.
- Sometimes it takes a week to get an appointment because the providers are all busy. And the doctors are on call or in the ER, so they are busy.
  - Even if the providers are really busy, they do a good job of focusing on you when they are with you in the room.

#### *Hospital Board and Leadership*

- The hospital has their pictures on the wall – it was a three-year process to make that happen. So people can now identify them. The hospital also has the providers on the wall, so people are more aware. And all the board meetings are open to the public unless otherwise stated, so people can come if they want.

#### *Business Office*

- They run a tight ship over there, especially when compared to Miles City. They get those bills out. I feel that with Miles City, it can take a year to get the bills.
- They are very timely with getting stuff done.

- I know with the new computer system that it takes a long time to get new patients and their information in, but I think it is running more smoothly as they work the bugs out. But the delay is no different than working in a big city. There is still HIPAA and the staff still has to enter all of that information into the system.

#### *Condition of Facility and Equipment*

- This community is very supportive. If something is needing to be updated, then the process usually starts with the commissioners. There are also fundraising events to build funds for equipment if it needs to be replaced. The hospital tries not to buy anything that sits in the corner and is frivolous.
- It is all pretty up-to-date and modern.

#### *Financial Health of the Hospital*

- It's okay. They just passed the mill levy and there's a \$1 million project in the basement that they are doing and it is under control. I think the finances are good as long as Fallon County is good.
- It must be good because improvements continue to happen. Since progress continues to be made, then the hospital must be doing pretty well.

#### *Cost*

- I think the costs are representative of health care everywhere. It is expensive no matter what happens. I do not like going to the doctor because it is going to cost money and I just do not want to see the doctor unless something is wrong. It is what it is. If you go to the doctor, then you know it is going to cost money and you will have to deal with those costs.
- Healthcare costs are what they are. But if you are getting primary care services, then you do not have to drive and you may only have to take an hour off instead of the whole morning or afternoon and you do not have to spend \$50 on a tank of gas, so it's a savings if you are getting services here.

#### *Office/Clinic Staff*

- They are always friendly every time we go.

#### *Availability*

- Sometimes getting an appointment takes a while.
- The hospital has kicked around the idea of being open on Saturday mornings, but when they started looking at the feasibility and looking at the providers' schedules, it does not seem that this will be a reality.
- Nothing will change unless the population doubles and we get two more providers.

4. Are any of the local providers your personal provider or personal provider to your family members? Why?
  - We want to be here.
  - I think that, in most cases, everyone has confidence with the doctors we have here. The doctors will send you to another hospital if they cannot handle your case. I never hear many complaints about the doctors here and people like to complain.

5. What do you think about these local services:

*Emergency Room*

- I do not want to go there because then that means that I would be having an emergency. But I think [the providers] are more than competent.
- The doctors and nurses are very competent and the major equipment needs are met – I do not know what more you would want.
- I know in the last year and a half that some of my family has been in a lot and [the staff members] have always been professional. The providers do not mess around here – they knew they could not handle [my families’] needs, so sent them on to other facilities [that could provide appropriate treatment to my family members].

*Ambulance Service*

- It is very good. I have been very familiar with them and they are very good.
- I know that they are very short-staffed, but very professional.
  - You call for the ambulance and they might not be right there because they are busy.
- I know that there were the fire department and some others were helping out, but the paid director running it and the reorganization has helped a lot.

*Healthcare Services for Senior Citizens*

- With all the availability of assisted living – I think it is pretty good.

*Public/County Health Department*

- No problem with them.
- The schools contract with the county and they are very good – they do good things for whatever we need at the schools. They are good and very helpful.

*Healthcare Services for Low-Income Individuals/Families*

- I do not know of any special programs. They probably go to public health if they need help.
- I suppose they have Medicaid and similar programs, but we do not know about that in this community. I would feel comfortable going to FMC to get services if I was on Medicaid. At the hospital, they do not treat you any differently– the providers and nurses do not know if you are on Medicaid and it does not matter to them.

*Nursing Home/Assisted Living Facility (not asked)*

*Pharmacy*

- The only one we have here is very good. I am sure they are short staffed.
- It is great because you call in the morning and then you pick up your prescriptions after work.
- I think the community could use one more, but I do not ever see that happening.

6. Why might people leave the community for healthcare?
  - To see specialists – people are referred on [by FMC providers].
  - People have to leave for labor and delivery services.
  - [Lack of appointment] availability – if I call with a sick kid and [none of the providers at FMC] can see me today, then I am going to get services elsewhere.
  - I was impressed with Dr. Williams coming down every other week for checkups, so that we would not have to take the whole day off.
  
7. What other healthcare services are needed in the community?
  - Mental health services. We are asked about this a lot where I work. There is no one in the area.
    - I think someone does come here.
    - I do not know who the person is who comes here and I do not know how often he/she comes down here.
  - Having mental health services available here would make our healthcare services more well-rounded in this community.
  - We need an eye doctor.
  - We could use a full-time dentist.
  - We could use labor/delivery services for people having babies.

# Appendix H – Secondary Data County Health Profile

**Fallon County**  
Secondary Data Analysis  
July 23, 2012



Office of Rural Health  
Area Health  
Education Center

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

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

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

\*Chronic Lower Respiratory Disease

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

Chronic Disease Burden <sup>1</sup>	Region 1	Montana	Nation <sup>3,4</sup>
Stroke prevalence	2.9%	2.5%	2.6%
Diabetes prevalence	7.7%	6.2%	8.3%
Acute Myocardial Infarction prevalence (Heart Attack)	5.5%	4.1%	6.0%
All Sites Cancer	472.3	455.5	543.2

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

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

<sup>3</sup>American Diabetes Association (2012)

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

Chronic Disease Hospitalization Rates	County	Montana
Stroke <sup>1</sup> <i>Per 100,000 population</i>	182.6 (Region 1)	182.2
Diabetes <sup>1</sup> <i>Per 100,000 population</i>	156.4 (Region 1)	115.4
Myocardial Infarction <sup>1</sup> <i>Per 100,000 population</i>	98.0	147.3

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

Demographic Measure (%)		County			Montana			Nation <sup>5,6</sup>			
Population <sup>1</sup>		2,716			989,415			308,745,538			
Population Density <sup>1</sup>		1.7			6.7			Not relevant			
Age <sup>1</sup>	<5	18-64	65+	<5	18-64	65+	<5	15-64	65+		
	7%	60%	20%	6%	63%	14%	7%	62%	13%		
Gender <sup>1</sup>	Male		Female	Male		Female	Male		Female		
	49.5%		50.5%	50.1%		49.9%	49.2%		50.8%		
Race/Ethnic Distribution	White <sup>1</sup>		99.0%			91.5%			72.4%		
	American Indian or Alaska Native <sup>1</sup>		0.5%			6.8%			0.9%		
	Other † <sup>1</sup>		0.6%			1.7%			26.7%		

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

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

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

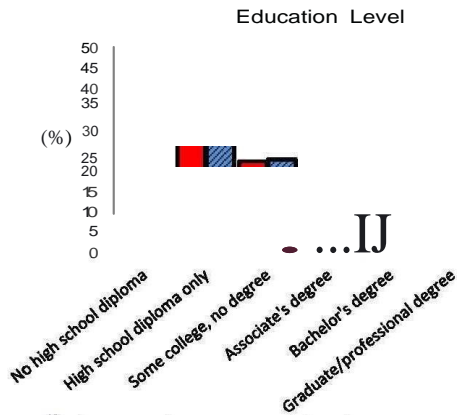


Fallon County  
 Secondary Data Analysis  
 July 23, 2012

Socioeconomic Measures' (%)	County	Montana	Nation
Median Income	42408	43000	51914
Unemployment Rate <sup>7</sup>	18%	6.3%	7.7%
Persons Below Poverty Level <sup>1</sup>	12.0%	11.0%	13.8%
Uninsured Adults (Age <65) <sup>1</sup>	27.0%	19.0%	18.2%
Uninsured Children (Age <18) <sup>9</sup>	N/A	11.0%	10.0%

<sup>1</sup>Community Health Data, MT Dept of Health and Human Services (2010)  
<sup>7</sup>Montana Dept of Labor and Industry, Research & Analysis Bureau, Local Area Unemployment Statistics (LAUS), Non-Seasonally Adjusted Unemployment Rate. (Retrieved April 2012)

<sup>9</sup>Center for Disease Control and Prevention (CDC), Health Insurance Coverage (2011)  
 Montana KIDS COUNT (2009)



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



Behavioral Health	Region 1	Montana
Childhood Immunization Up-To-Date (UTD) % Coverage <sup>11</sup> (Age 2-4-35 months, population size: 12,075 (%sampled: 35.9%))	57.9% (County)	64.3%
Tobacco Use <sup>4</sup>	20.5%	19.3%
Alcohol Use (binge+ heavy drinking) <sup>5</sup>	24.8%	22.8%
Obesity	26.8%	21.6%
Overweight	37.8%	37.8%
No Leisure time for physical activity <sup>6</sup>	27.9%	20.7%

<sup>11</sup>Community Health Data, MT Dept of Health and Human Services (2010)  
<sup>1</sup>Center for Disease Control and Prevention (CDC), National Vital Statistics (2012)  
<sup>4</sup>County Childhood Immunization Coverage, MT Dept of Health and Human Services (2010-2011).

<sup>11</sup>Childhood immunization percent coverage was determined following the CDC developed and validated AFIX [Assessment, Feedback, Incentives, & eXchange] strategy designed to raise immunization levels. The Montana Immunization Program is required to participate in this process. Fifty percent of immunization providers are assessed each year. All children's records per provider assessed are reviewed to determine if the child is up-to-date with recommendations of the Advisory Council on Immunization Practices (ACIP).

Screening	Region 1	Montana
Cervical Cancer (Pap Test in past 3 yrs)	79.5%	83.0%
Breast Cancer (Mammogram in past 2 yrs)	69.2%	71.9%
Blood Stool		25.3%
Sigmoidoscopy or Colonoscopy	44.8%	54.3%
Diabetic Screening	78.0% (County)	79.0%
Percent of Medicare enrollees who received HbA1c screening		

Community Health Data, MT Dept of Health and Human Services (2010)      County Health Ranking, Robert Wood Johnson Foundation (2012)

Mortality	County	Montana	Nation
Suicide Rate per 100,000 population	15.0	20.3	12.0
Unintentional Injury Death Rate per 100,000 population	134.6	58.8	384
Percent Motor Vehicle Crashes Involving Alcohol	12.3%	100%	32.0%
Pneumonia/Influenza Mortality per 100,000 population	15.0	19.0	17.5
Diabetes Mellitus	37.4	27.0	1.8

Community Health Data, MT Dept of Health and Human Services (2010)      Center for Disease Control and Prevention (CDC), Web-based Injury Statistics Query and Reporting System (WISQARS) (2011)  
 Center for Disease Control and Prevention (CDC), National Vital Statistics (2012)      Kaiser State Health Facts, National Diabetes Death Rate (2008)

Maternal Child Health	County	Montana	Nation
Infant Mortality (death within 1 <sup>st</sup> year) Rate per 1,000 live births	6.9 (Region 1)	6.1	6.7
Entrance into Prenatal care in 1 <sup>st</sup> Trimester Percent of Live Births	82.3%	83.9%	69.0%
Birth Rate Babies born per 1,000 people	17.2	12.8	13.5
Low Birth Weight (<2500 grams) Percent of live births	8.4%	7.3%	8.3%
Neonatal Mortality (under 28 days of age) Rate per 1,000 live births	4.1 (Region 1)	3.3	4.5
Post Neonatal Mortality (28 through 364 days of age) Rate per 1,000 live births	28 (Region 1)	2.7	2.2
Pre-Term Birth (<37 completed weeks gestation) Percent of Live Births	15.3%	10.1%	12.5%

Community Health Data, MT Dept of Health and Human Services (2010)      Child Health USA, U.S. Dept of Health and Human Services - Human Resources & Services Administration (HRSA) (2008-2009)  
 Montana KIDS COUNT (2009)      Center for Disease Control and Prevention (CDC), Preterm Birth (2012)

## Economic Impact Assessment

### **Demographic Trends and Economic Impacts:** **A Report for Fallon Medical Complex**

William Connell

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

$$\begin{array}{l} \text{County A Percent employed in manufacturing} = 20\% = 2 \\ \text{State Percent employed in manufacturing} \quad \quad 10\% \end{array}$$

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 Fallon County were calculated. The first compares Fallon 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) = 1.37**

**Hospitals Location Quotient (compared to U.S.) = 1.58**

A location quotient near 1 indicates that the employment concentration in the county mirrors that of the larger geographic region. In the case of Fallon County, the location quotient of 1.37 indicates that hospital employment in the county is larger than one would expect given statewide employment patterns. When compared to the nation, the location quotient is 1.58, indicating that the hospital sector's share of county employment is fifty percent higher than the hospital industry's share of national employment.

Another way to look at the location quotient is to ask how many employees would be employed in the hospital sector if Fallon County’s employment patterns mirrored that of the state or the nation. Fallon Medical Complex averaged 107 employees in 2010. This is 29 more than expected given the state’s employment pattern and 39 more than expected given the national employment pattern. Fallon Medical Complex may employ more people than expected given the overall size of the county’s economy because it lacks the ability to take advantage of economies of scale available to larger hospitals. In 2010, Fallon Medical Complex accounted for 7.3% of county nonfarm employment and 5.0% of the county’s total wages.

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

## Section II: Age Demographics

The 2010 Census reported that there were 2,890 residents of Fallon County. The breakdown of these residents by age is presented in Figure 1. Fallon 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 25 to 44 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 Fallon County Residents

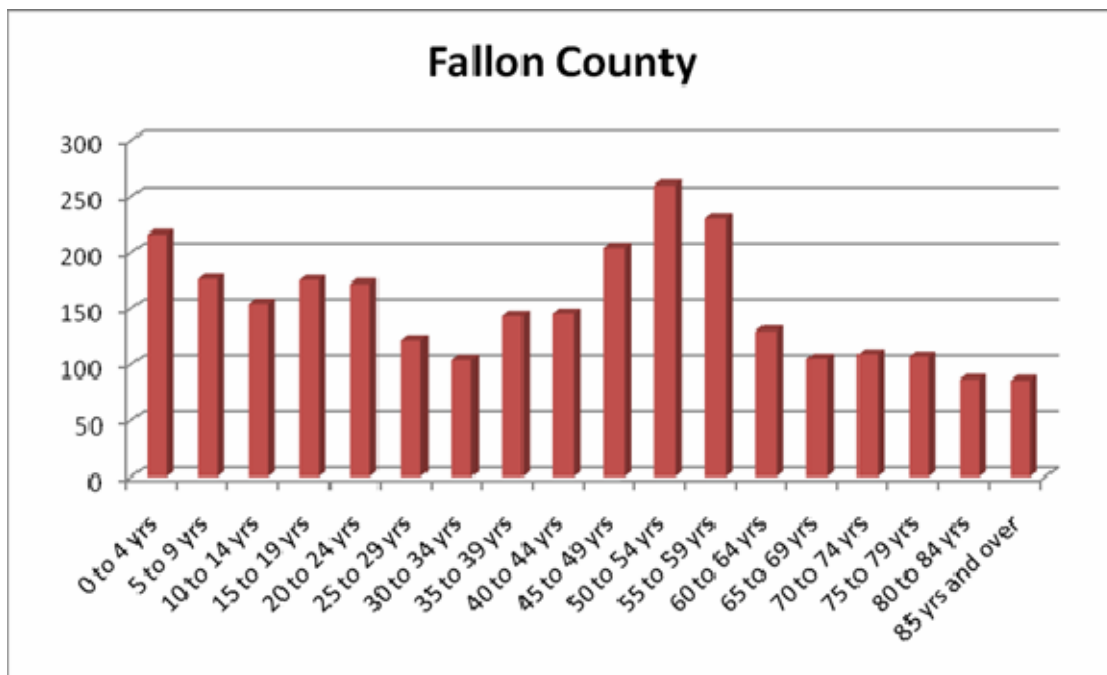


Figure 2: Percent of the population by age groups, Fallon County vs. Montana

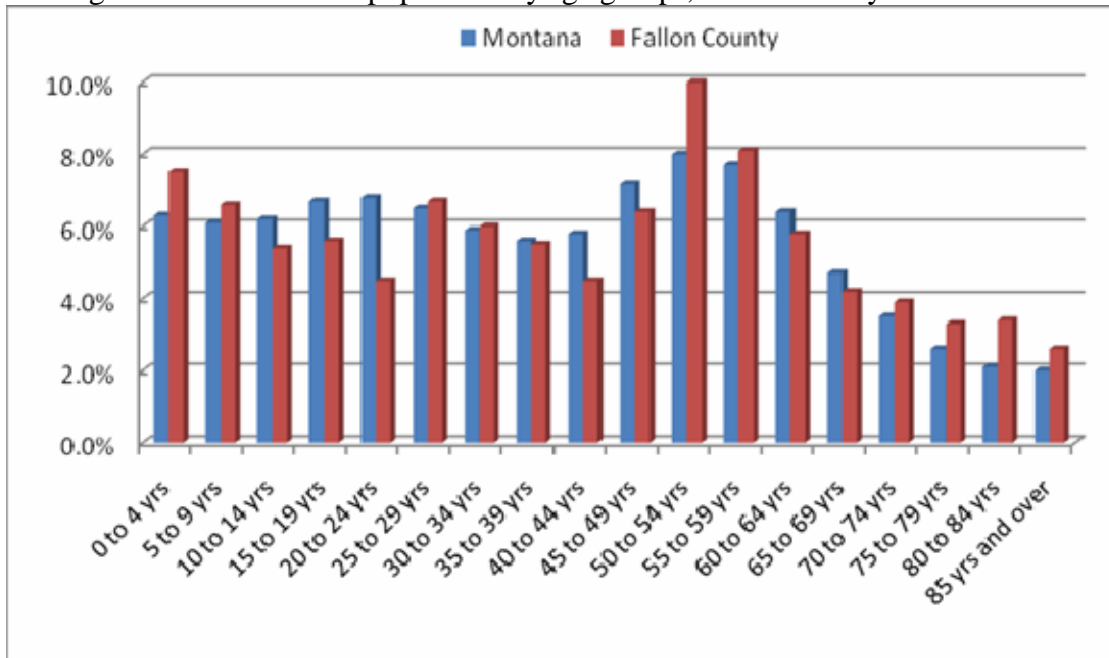


Figure 2 shows how Fallon County’s population distribution compares to Montana’s. A careful examination of Figure 2 and the underlying data reveals that, compared with the State as a whole, Fallon County had a lower percentage of people aged 10 to 24 (15.5 percent vs. 19.7 percent) and a higher percentage of people aged 50 to 59 (18.1 percent vs. 15.7 percent). According to the 2010 Census, Fallon County had a median age of 42.9, compared with the state’s median age of 39.8. Given that older populations have higher healthcare utilization rates, 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 Fallon Medical Complex spend a portion of their salary on goods and services produced in Fallon 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 Fallon County has the following multipliers:

**Hospital Employment Multiplier = 1.18**  
**Hospital Employee Compensation Multiplier = 1.16**  
**Hospital Output Multiplier = 1.19**

What do these numbers mean? The employment multiplier of 1.18 can be interpreted to mean that for every job at Fallon Medical Complex, another .18 jobs are supported in Fallon County. Another way to look at this is that if Fallon Medical Complex suddenly went away, about 19 additional non-hospital jobs would also be lost in the county (based on 2010 hospital employment of 107). The employee compensation multiplier of 1.16 simply states that for every dollar in wages and benefits paid to the hospital's employees, another 16 cents of wages and benefits are created in other local jobs in Fallon County. Put another way, if Fallon Medical Complex suddenly went away, about \$555,307 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 Fallon Medical Complex, output in the county increases by another 19 cents.

There are other potential economic impacts of hospitals beyond those identified by the input-output analysis. Novak (2003)<sup>1</sup> observes that "... a good healthcare system is an important indication of an area's quality of life. Healthcare, like education, is important to people and businesses when deciding where to locate" (pg. 1). Thus, all other things being equal, the presence of a quality 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 Fallon Medical Complex to the county's economy. Tangible economic impacts have been presented, and intangible economic development impacts have also been discussed. Any questions regarding the data or methodology can be addressed to the author.

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