



COMMUNITY HEALTH NEEDS ASSESSMENT 2019

ASSESSMENT CONDUCTED BY
FALLON MEDICAL COMPLEX



MONTANA
STATE UNIVERSITY

Office of Rural Health
Area Health
Education Center

IN COOPERATION WITH
THE MONTANA OFFICE OF
RURAL HEALTH



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"Friends Healing Friends"

BAKER, MONTANA

**Fallon Medical Complex
Community Health Needs Assessment
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Community Health Services Development June 2019

I. Introduction

Fallon Medical Complex (FMC) is a 25-bed Critical Access Hospital (CAH) and Rural Health Clinic based in Baker, Montana. FMC is the sole community health care provider for a population of approximately 7,200 people spread over seven counties. Fallon Medical Complex is the only hospital in Fallon County and houses both clinic and hospital services in the same facility. FMC, located in southeastern Montana, provides



medical services to Fallon County and the bordering Montana counties of Carter, Wibaux, and part of Custer; as well as adjacent North Dakota counties of Slope, Golden Valley and part of Bowman. Fallon County and adjacent counties have a low population density and is considered a Frontier (six or less people per square mile) by the US Department of Health and Human Services. For further demographic, socioeconomic, and other related county and state data, please see Appendix C to review the Secondary Data Analysis.

Fallon Medical Complex, in addition to clinic appointments, offers preventative health, routine hospital and fully digital diagnostic services, 24-hour emergency services, long-term care, dental services, home-based skilled and personal care, and physical and occupational therapy.



"Friends Healing Friends"

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Mission

Fallon Medical Complex, in its innovative pursuit of "Friends Healing Friends" provides comfort, compassion, and excellence in the promotion of quality of life to all individuals.

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

In the winter of 2019, 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 E). Readers are invited to familiarize themselves with the survey instrument and the subsequent findings. The narrative report touches on the highlights while the charts present data for virtually every question asked. Please note: we are able to compare some of the 2019 survey data with data from previous surveys

conducted in partnership with the Montana Office of Rural Health in 2016 and 2011. If any statistical significance exists, it will be reported. The significance level was set at 0.05.

II. Health Assessment Process



Baker, MT

A Steering Committee was convened to assist Fallon Medical Complex in conducting CHSD. A diverse group of community members representing various organizations and populations within the community came together in January 2019. For a list of all Steering Committee members and their affiliations, see Appendix A. The Steering Committee met twice during the CHSD process; first to discuss health concerns in the community and offer their perspective in designing the survey instrument, and again to review results of the survey and focus groups

and to assist in the prioritization of health needs to address.

III. Survey Methodology

Survey Instrument

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

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

Sampling

Fallon Medical Complex provided a list of outpatient and inpatient admissions. Those zip codes with the greatest number of admissions were selected to be included in the survey. A random list of 571 residents was then selected with the assistance of the MSU HELPS lab. Residence was stratified in the initial sample selection so that each area would be represented in proportion to the overall served population and the proportion of past admissions. (Note: although the survey samples were proportionately selected, actual surveys returned from each population area varied which may result in slightly less proportional results.)

Three focus group interviews and four key informant interviews were conducted to identify important local healthcare issues, how to improve the health of the community, and gaps in health

services. An additional two focus groups were conducted by FMC staff. 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.



Lonely Old Shed, Fallon Co. – Todd Klassy, www.toddklassy.com

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

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

Limitations in Survey & Focus Group Methodology

A common approach to survey research is the mailed survey. However, this approach is not



Baker Lake, looking north

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.

While focus group data can offer invaluable insight into the perception of a community or group of individuals, qualitative data can be difficult to analyze. For this reason, focus group data are grouped into common themes based on our interpretation of the transcript. To better understand these themes, please review the full transcript in Appendix C. MORH staff facilitated focus groups as well as FMC staff. However, given the small size of the community, focus group participants may still be hesitant to express their opinions freely. Personal identifiers are not included in the focus group transcripts; however we are unable to ensure anonymity amongst focus group participants.

Survey Implementation

In March 2019, a survey, cover letter on Fallon Medical Complex letterhead with the Chief Executive Officer's signature, and postage paid envelope was mailed out to 571 randomly selected residents in the hospital's service area. A news release was sent to local newspaper as well as social media postings prior to the survey distribution announcing that 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 twenty-four surveys were returned out of 571. Of those 571 surveys, 53 surveys were returned undeliverable for a 23.9% response rate. From this point on, the total number of surveys will be out of 518. 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 8.63%.

IV. Survey Respondent Demographics

A total of 518 surveys were distributed amongst Fallon Medical Complex's service area. One-hundred twenty-four were completed for a 23.1% 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 39)

2019 N= 123

2016 N= 188

2011 N= 226

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

		2011		2016		2019	
Location	Zip code	Count	Percent	Count	Percent	Count	Percent
Baker	59313	166	73.5%	136	72.3%	95	77.2%
Plevna	59344	20	8.8%	16	8.5%	11	8.9%
Ekalaka	59324	7	3.1%	9	4.8%	7	5.7%
Marmath, ND	58643	4	1.8%	4	2.1%	5	4.1%
Ismay	59336	1	0.4%	1	0.5%	2	1.6%
Wibaux	59353	19	8.4%	22	11.7%	2	1.6%
Willard	59354	6	2.7%	Not asked - 2016		1	0.8%
Beach, ND	58621	2	0.9%	Not asked - 2016		Not asked - 2019	
Golva, ND	58632	1	0.4%	Not asked - 2016		Not asked - 2019	
TOTAL		226	100%	188	100%	123	100%
*Indicates a significant change between years ($p \leq 0.05$). Bold: Top 3 responses							

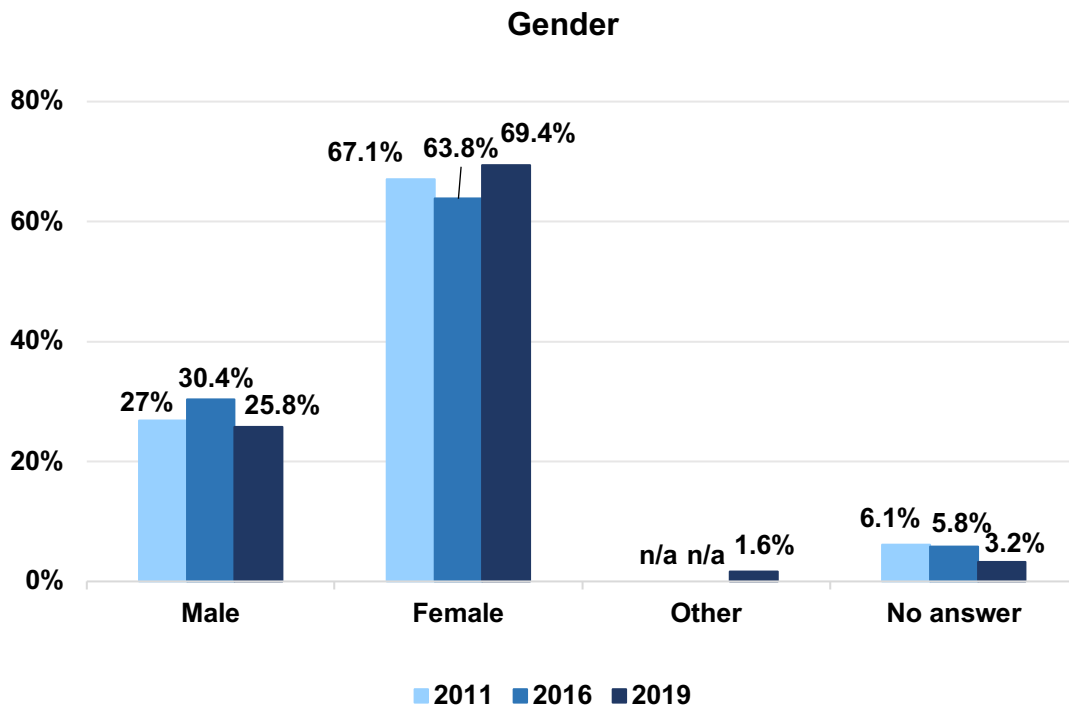
Gender (Question 40)

2019 N= 124

2016 N= 191

2011 N= 231

Of the 124 surveys returned, 69.4% (n=86) of survey respondents were female, 25.8% (n=32) were male, and 3.2% (n=4) chose not to answer this question. It is not unusual for survey respondents to be predominantly female, particularly when the survey is healthcare-oriented since women are frequently the healthcare decision makers for families.



Age of Respondents (Question 41)

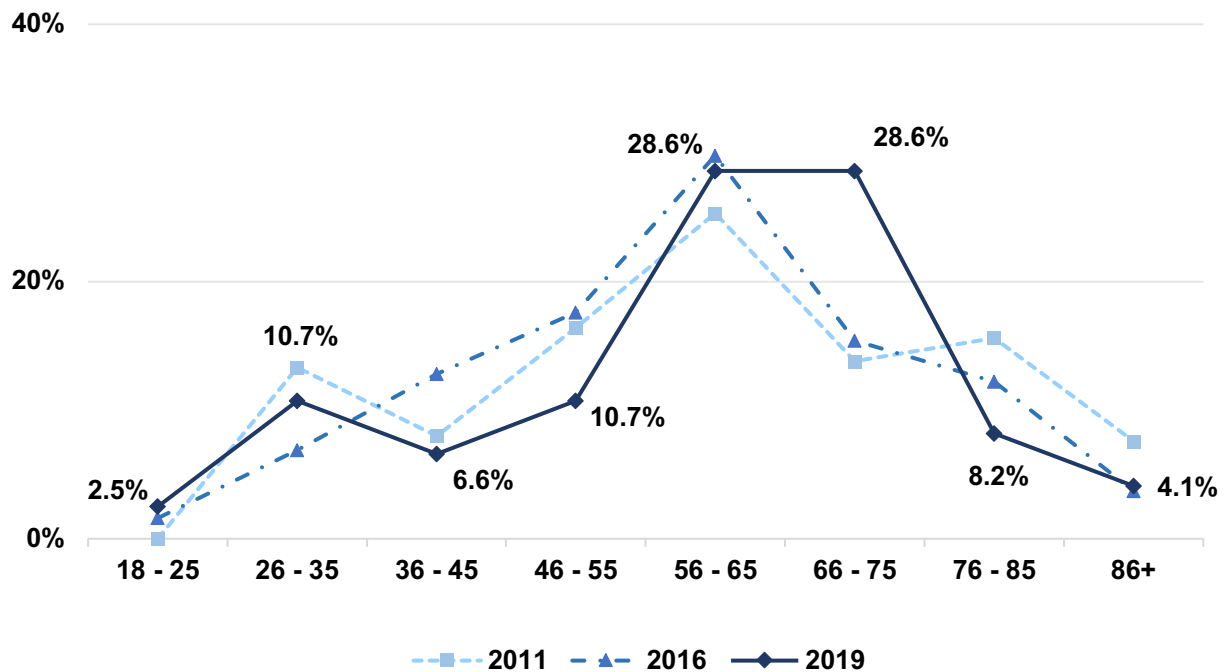
2019 N= 122

2016 N= 188

2011 N= 225

Twenty-nine percent of respondents (n=35) were between the ages of 56-65, and another 28.6% (n=35) were between the ages of 66-75. This statistic is comparable to other Critical Access Hospital demographics. The increasing percentage of aging residents in rural communities is a trend which is seen throughout Montana and will likely have a significant impact on the need for healthcare services during the next 10-20 years. However, it is important to note that the survey was targeted to adults, and therefore, no respondents are under age 18. Older residents are also more invested in healthcare decision making and are more likely to respond to healthcare surveys, as reflected by this graph.

Age of Respondents*



*Significantly more 2019 respondents fell into the 66-75 age bracket.

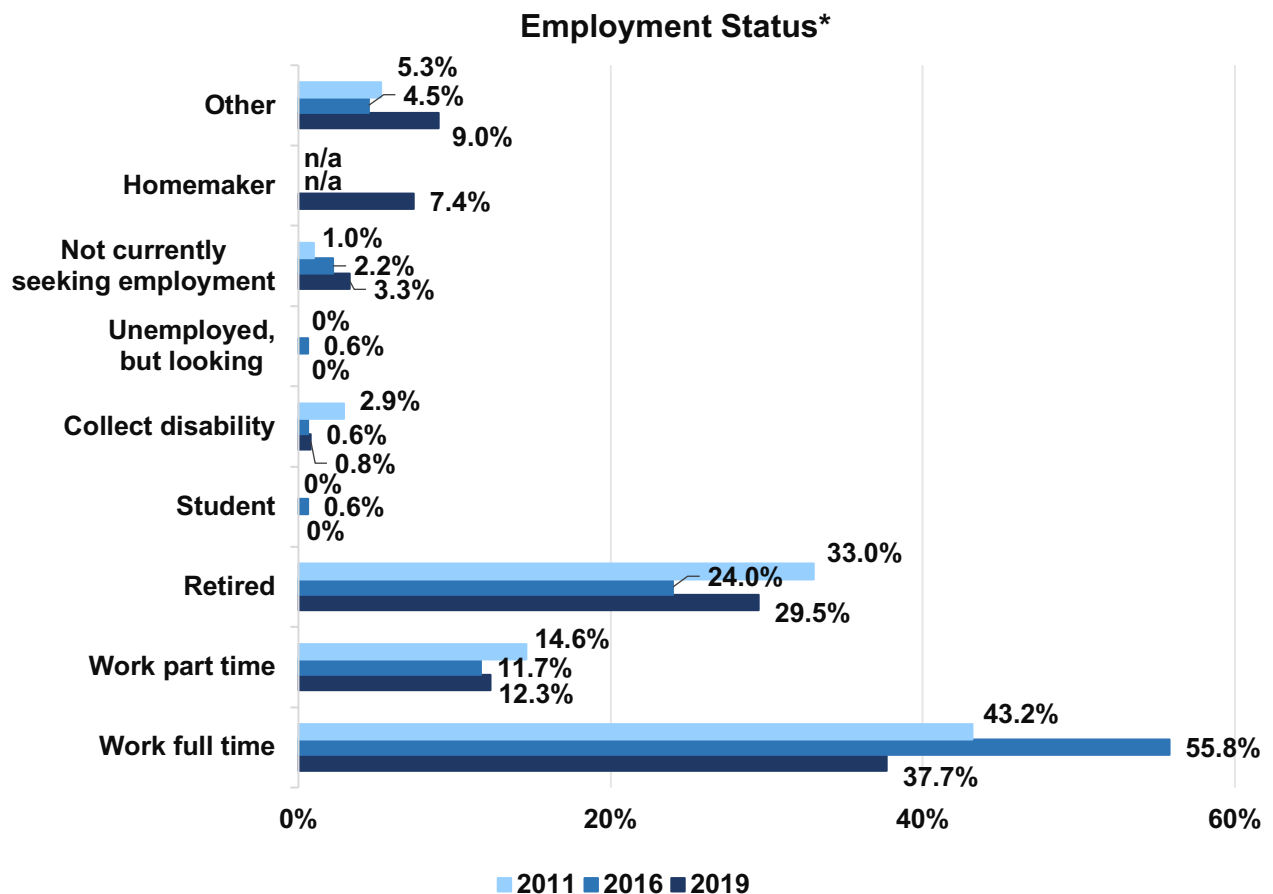
Employment status (Question 42)

2019 N= 122

2016 N= 179

2011 N= 206

Respondents were asked to indicate their employment status. Thirty-eight percent (n=46) reported they work full time, 29.5% (n=36) indicated that they are retired, and 12.5% (n=15) work part time.



*Selection of "work full time" has significantly fluctuated between assessments.

"Other"

- Rancher/self employed
- Homemaker, Farm and Ranch full time
- Work full time, Self Employed
- Work full time, wife retired
- Work full time, Homemaker (2)
- Farm wife
- Business owner

V. Survey Findings – Community Health

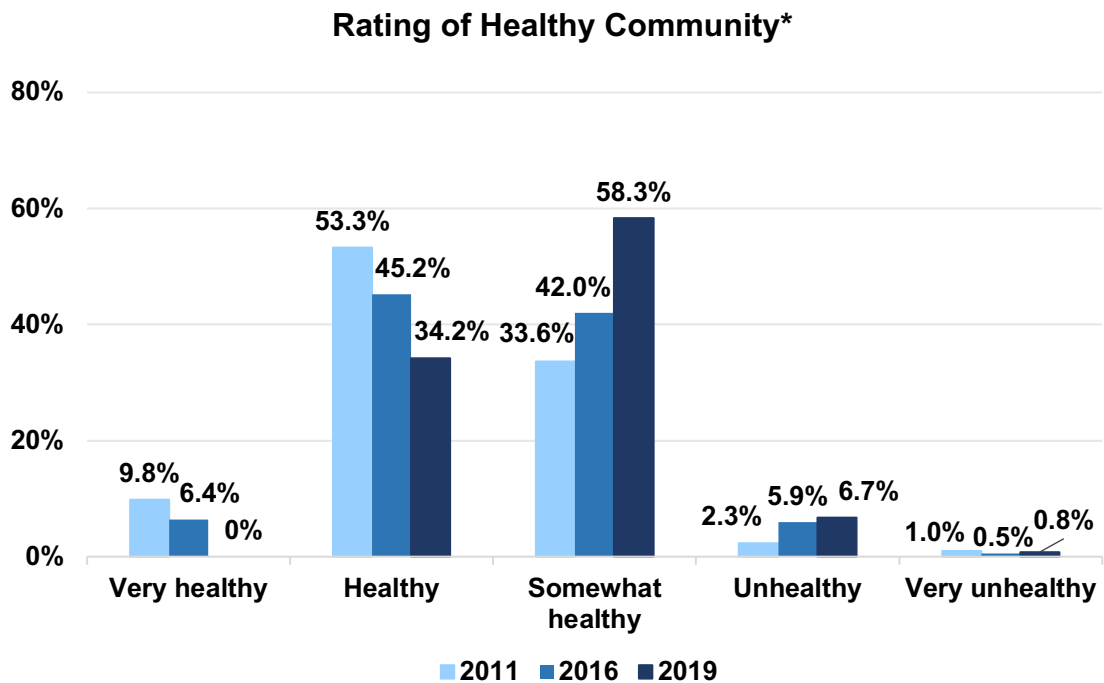
Impression of Community (Question 1)

2019 N= 120

2016 N= 188

2011 N= 214

Respondents were asked to indicate how they would rate the general health of their community. Fifty-eight percent of respondents (n=70) rated their community as “Somewhat healthy”, and 34.2% of respondents (n=41) felt their community was “Healthy.” Seven percent of respondents (n=7) indicated they felt their community was “Unhealthy.”



*Rating of the general health of the community has shifted significantly from “Healthy” to “Somewhat healthy”.

Health Concerns for Community (Question 2)

2019 N= 124

2016 N= 191

2011 N= 231

Respondents were asked what they felt the three most serious health concerns were in their community. The top identified health concern was “Cancer” with 66.1% (n=82). “Alcohol abuse/substance abuse” was also a high priority at 45.2% (n=56) followed by “Heart disease” at 29% (n=36). Respondents were asked to pick their top three serious health concerns, so percentages do not equal 100%.

Health Concern	2011		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
Cancer*	127	55.0%	135	70.7%	82	66.1%
Alcohol abuse/substance abuse*	98	42.4%	105	55.0%	56	45.2%
Heart disease	82	35.5%	60	31.4%	36	29.0%
Diabetes	49	21.2%	45	23.6%	26	21.0%
Overweight/obesity	52	22.5%	46	24.1%	26	21.0%
Tobacco use	40	17.3%	38	19.9%	24	19.4%
Alzheimer’s/dementia	Not asked - 2011		Not asked - 2016		21	16.9%
Mental health issues	19	8.2%	23	12.0%	15	12.1%
Lack of access to health care*	16	6.9%	28	14.7%	13	10.5%
Depression/anxiety	Not asked - 2011		Not asked - 2016		12	9.7%
Work related accidents/injuries	29	12.6%	19	9.9%	9	7.3%
Social isolation/loneliness	Not asked - 2011		Not asked - 2016		7	5.6%
COPD - Lung health	20	8.7%	14	7.3%	6	4.8%
Lack of exercise	Not asked - 2011		Not asked - 2016		6	4.8%
Lack of dental care	7	3.0%	6	3.1%	3	2.4%
Motor vehicle accidents*	28	12.1%	9	4.7%	3	2.4%
Child abuse/neglect	6	2.6%	7	3.7%	2	1.6%
Domestic violence	13	5.6%	10	5.2%	1	0.8%
Recreation related accidents/injuries	10	4.3%	5	2.6%	1	0.8%
Stroke*	26	11.3%	23	12.0%	0	0.0%
Hunger	Not asked - 2011		Not asked - 2016		0	0.0%
Suicide	Not asked - 2011		Not asked - 2016		0	0.0%
Other	9	3.9%	17	8.9%	5	4.0%

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

“Other” comments:

- Vision related problems, Diabetes

Components of a Healthy Community (Question 3)

2019 N= 124

2016 N= 191

2011 N= 231

Respondents were asked to identify the three most important things for a healthy community. Fifty-nine percent of respondents (n=73) indicated that “Access to health care and other services” is important for a healthy community. “Strong family life” was the second most indicated component at 37.1% (n=46) and third was “Good jobs and a healthy economy” at 31.5% (n=39). Respondents were asked to identify their top three choices, so percentages do not equal 100%.

Important Component	2011		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
Access to health care and other services	157	68.0%	122	63.9%	73	58.9%
Strong family life	64	27.7%	68	35.6%	46	37.1%
Good jobs and a healthy economy	69	29.9%	77	40.3%	39	31.5%
Religious or spiritual values	47	20.3%	48	25.1%	34	27.4%
Healthy behaviors and lifestyles*	65	28.1%	74	38.7%	33	26.6%
Good schools	61	26.4%	44	23.0%	25	20.2%
Affordable housing*	60	26.0%	31	16.2%	23	18.5%
Access to childcare/after school programs	Not asked - 2011		Not asked - 2016		21	16.9%
Low crime/safe neighborhoods	59	25.5%	34	17.8%	20	16.1%
Clean environment	41	17.7%	31	16.2%	14	11.3%
Community involvement*	14	6.1%	25	13.1%	7	5.6%
Transportation services	Not asked - 2011		Not asked - 2016		6	4.8%
Parks and recreation	9	3.9%	14	7.3%	4	3.2%
Low death and disease rates	10	4.3%	7	3.7%	4	3.2%
Low level of domestic violence	6	2.6%	5	2.6%	3	2.4%
Tolerance for diversity*	3	1.3%	11	5.8%	2	1.6%
Arts and cultural events	3	1.3%	2	1.0%	1	0.8%
Other	1	0.4%	1	0.5%	0	0.0%
*Indicates a significant change between years ($p \leq 0.05$). Bold: Top 3 responses						

Awareness of Health Services (Question 4)

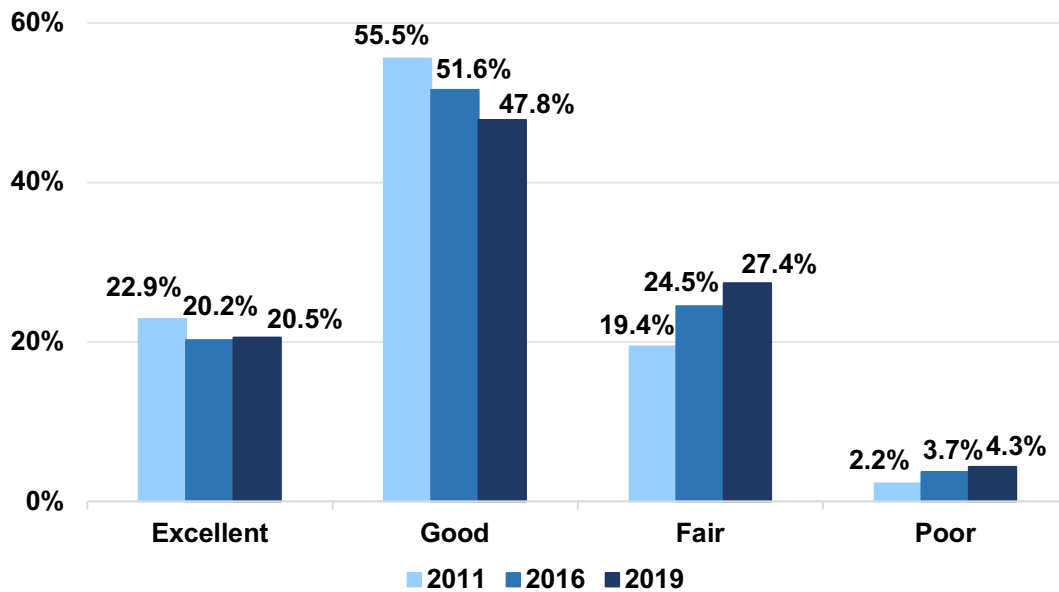
2019 N= 117

2016 N= 188

2011 N= 227

Respondents were asked to rate their knowledge of the health services available at Fallon Medical Complex. Forty-eight percent (n=56) of respondents rated their knowledge of health services as “Good”. “Fair” was selected by 27.4% percent of respondents (n=32) and “Excellent” was selected by 20.5% (n=24). Seven respondents chose not to answer this question.

Knowledge of Health Services



How Respondents Learn of Healthcare Services (Question 5)

2019 N= 124

2016 N= 191

2011 N= 231

The most frequently indicated method of learning about available services was “Word of mouth” at 63.7% (n=79). “Friends/family” was the second most frequent response at 65.3% (n=81), followed by “Newspaper” at 48.4% (n=60). Respondents could select more than one method, so percentages do not equal 100%.

Method	2011		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
Friends/family	Not asked - 2011		Not asked - 2016		81	65.3%
Word of mouth	159	68.8%	139	72.8%	79	63.7%
Newspaper*	79	34.2%	85	44.5%	60	48.4%
Health fair*	88	38.1%	101	52.9%	57	46.0%
Health care provider*	88	38.1%	99	51.8%	46	37.1%
Social media	Not asked - 2011		Not asked - 2016		34	27.4%
Radio*	27	11.7%	39	20.4%	31	25.0%
Public health	Not asked - 2011		Not asked - 2016		18	14.5%
Website/internet*	4	1.7%	31	16.2%	17	13.7%
Mailings/newsletter	Not asked - 2011		Not asked - 2016		10	8.1%
Posters	8	3.5%	12	6.3%	9	7.3%
Presentations	5	2.2%	7	3.7%	4	3.2%
Yellow pages	7	3.0%	5	2.6%	3	2.4%
City kiosk (SMART)	Not asked - 2011		Not asked - 2016		2	1.6%
Other	14	6.1%	14	7.3%	4	3.2%

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

“Other” comments:

- Go in
- As a patient
- I used to go to Fallon Medical eleven years ago
- Being involved in community

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

	Excellent	Good	Fair	Poor	Total
Friends/family	13 (17.1%)	39 (51.3%)	21 (27.6%)	3 (3.9%)	76
Word of mouth	18 (24.3%)	36 (48.6%)	17 (23.0%)	3 (4.1%)	74
Newspaper	13 (22.8%)	29 (50.9%)	14 (24.6%)	1 (1.8%)	57
Health fair	12 (21.8%)	31 (56.4%)	12 (21.8%)		55
Healthcare provider	9 (20.0%)	29 (64.4%)	7 (15.6%)		45
Social media	11 (34.4%)	14 (43.8%)	5 (15.6%)	2 (6.3%)	32
Radio	4 (14.3%)	15 (53.6%)	8 (28.6%)	1 (3.6%)	28
Public Health	6 (35.3%)	9 (52.9%)	2 (11.8%)		17
Website/internet	6 (37.5%)	8 (50.0%)	2 (12.5%)		16
Mailings/newsletter	2 (22.2%)	5 (55.6%)	1 (11.1%)	1 (11.1%)	9
Posters	2 (22.2%)	5 (55.6%)	2 (22.2%)		9
Presentations	2 (50.0%)	1 (25.0%)	1 (25.0%)		4
Yellow Pages	1 (33.3%)	1 (33.3%)	1 (33.3%)		3
City Kiosk (SMART)			2 (100%)		2
Other	2 (50.0%)	2 (50.0%)			4

Improvement for Community’s Access to Healthcare (Question 6)

2019 N= 124

2016 N= 191

2011 N= 231

Respondents were asked to indicate what they felt would improve their community’s access to healthcare. Eighty-six percent of respondents (n=106) reported that “Consistent primary care providers” would make the greatest improvement. Thirty-one percent of respondents (n=38) indicated “More specialists” would improve access, and “More information about available services” was selected by 29% (n=36). Respondents could select more than one method, so percentages do not equal 100%.

Method	2011		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
Consistent primary care providers	Not asked - 2011		Not asked - 2016		106	85.5%
More specialists	89	38.5%	70	36.6%	38	30.6%
More information about available services	Not asked - 2011		Not asked - 2016		36	29.0%
Improved quality of care*	44	19.0%	60	31.4%	32	25.8%
Outpatient services expanded hours*	34	14.7%	28	14.7%	31	25.0%
Telemedicine/video appointments	Not asked - 2011		Not asked - 2016		23	18.5%
Transportation assistance*	10	4.3%	15	7.9%	14	11.3%
Greater health education services	28	12.1%	32	16.8%	13	10.5%
Interpreter services	3	1.3%	0	0.0%	1	0.8%
Other	Not asked - 2011		Not asked - 2016		7	5.6%

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

“Other” comments:

- Pricing- get realistic
- Labor and delivery
- We already have telemedicine + the Fallon Co. bus, but people might not know that
- More mental health providers!!
- Fertility specialist
- A new hospital administrator
- Baby care

Utilized Community Health Resources (Question 7)

2019 N= 124

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 72.6% (n=90). “Chiropractor” was utilized by 47.6% (n=59), and “Adult immunizations” were utilized by 39.5% (n=49) of respondents. Respondents could select more than one resource, so percentages do not equal 100%.

Service	2011		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
Pharmacy*	178	77.1%	163	85.3%	90	72.6%
Chiropractor*	58	25.1%	64	33.5%	59	47.6%
Adult immunizations	Not asked - 2011		Not asked - 2016		49	39.5%
Dentist	85	36.8%	74	38.7%	49	39.5%
Public health*	78	33.8%	88	46.1%	38	30.6%
Senior center	45	19.5%	48	25.1%	37	29.8%
Fitness center	Not asked - 2011		Not asked - 2016		29	23.4%
Childhood immunizations	Not asked - 2011		Not asked - 2016		15	12.1%
Telemedicine/video appointment*	17	7.4%	27	14.1%	6	4.8%
Childhood screenings	Not asked - 2011		Not asked - 2016		6	4.8%
Meals on Wheels	Not asked - 2011		Not asked - 2016		5	4.0%
Community Cupboard	Not asked - 2011		Not asked - 2016		4	3.2%
Home care services	Not asked - 2011		Not asked - 2016		3	2.4%
Mental health	3	1.3%	5	2.6%	2	1.6%
Certified passenger safety technician (car seat training)	Not asked - 2011		Not asked - 2016		1	0.8%
Family planning	Not asked - 2011		Not asked - 2016		1	0.8%
Women/Infant/Children (WIC)	Not asked - 2011		Not asked - 2016		1	0.8%
Substance abuse services	Not asked - 2011		Not asked - 2016		0	0.0%
Other	3	1.3%	9	4.7%	6	4.8%

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

“Other” comments:

- Checkup
- Massage therapist
- None
- MRI Van?
- PT [Physical therapy]
- None

Interest in Educational Classes or Programs (Question 8)

2019 N= 124

2016 N= 191

2011 N= 231

Respondents were asked if they would be interested in any educational classes/programs made available to the community. The most highly indicated class/program was “Health fair” at 34.7% (n=43). “Weight loss” was selected by 32.3% of respondents (n=40), and “Health and wellness” followed at 26.6% (n=33). Respondents could select more than one interest, so percentages do not equal 100%.

Class/Program	2011		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
Health fair*	Not asked - 2011		45	23.6%	43	34.7%
Weight loss	71	30.7%	73	38.2%	40	32.3%
Health and wellness*	66	28.6%	76	39.8%	33	26.6%
Women’s health	66	28.6%	63	33.0%	31	25.0%
Fitness*	46	19.9%	60	31.4%	30	24.2%
First aid/CPR	Not asked - 2011		Not asked - 2016		26	21.0%
Diabetes	37	16.0%	48	25.1%	23	18.5%
Alzheimer’s	43	18.6%	37	19.4%	21	16.9%
Nutrition*	45	19.5%	55	28.8%	21	16.9%
Living will	Not asked - 2011		Not asked - 2016		20	16.1%
Cancer*	35	15.2%	53	27.7%	19	15.3%
Heart disease	39	16.9%	38	19.9%	17	13.7%
Grief counseling	Not asked - 2011		Not asked - 2016		14	11.3%
Mental health	16	6.9%	18	9.4%	12	9.7%
Parenting	20	8.7%	24	12.6%	11	8.9%
Support groups	Not asked - 2011		Not asked - 2016		10	8.1%
Smoking/tobacco cessation	12	5.2%	12	6.3%	9	7.3%
Men’s health	29	12.6%	26	13.6%	7	5.6%
Domestic violence	Not asked - 2011		Not asked - 2016		6	4.8%
Alcohol/substance abuse*	5	2.2%	18	9.4%	5	4.0%
Prenatal	Not asked - 2011		Not asked - 2016		5	4.0%
Coumadin clinic	Not asked - 2011		Not asked - 2016		2	1.6%
Multiple sclerosis/MS	6	2.6%	4	2.1%	1	0.8%
Other	1	0.4%	6	3.1%	1	0.8%

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

Utilization of Preventative Services (Question 9)

2019 N= 124

2016 N= 191

2011 N= 231

Respondents were asked if they had utilized any of the preventative services listed in the past year. “Flu shot/immunizations” was selected by 53.2% of respondents (n=66). Fifty-one percent of respondents each (n=63) indicated they went to the “Health fair” and/or had a “Dental exam.” Respondents could select all that apply, thus the percentages do not equal 100%.

Service	2011		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
Flu shot/immunizations	Not asked - 2011		Not asked - 2016		66	53.2%
Health fair	133	57.6%	115	60.2%	63	50.8%
Dental exam	Not asked - 2011		Not asked - 2016		63	50.8%
Cholesterol check	89	38.5%	67	35.1%	55	44.4%
Routine blood pressure check	99	42.9%	81	42.4%	49	39.5%
Mammography	97	42.0%	73	38.2%	55	44.4%
Vision check	Not asked - 2011		Not asked - 2016		48	38.7%
Routine health checkup	Not asked - 2011		Not asked - 2016		45	36.3%
Diabetes screening (A1C)*	33	14.3%	30	15.7%	33	26.6%
Prostate (PSA)	54	23.4%	35	18.3%	26	21.0%
Pap smear	Not asked - 2011		Not asked - 2016		23	18.5%
Colonoscopy	30	13.0%	27	14.1%	22	17.7%
Skin check*	24	10.4%	15	7.9%	21	16.9%
Children’s checkup/Well baby	Not asked - 2011		Not asked - 2016		13	10.5%
Hearing check	Not asked - 2011		Not asked - 2016		13	10.5%
None	Not asked - 2011		Not asked - 2016		6	4.8%
Dietary consultation	Not asked - 2011		4	2.1%	3	2.4%
Point of care test (Pro Time test)	12	5.2%	14	7.3%	3	2.4%
Mental health counseling	Not asked - 2011		Not asked - 2016		2	1.6%
Other	9	3.9%	5	2.6%	5	4.0%

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

“Other” comments:

- CDL
- Fertility
- Thyroid screening
- Ekalaka

Desired Local Healthcare Services (Question 10)

2019 N= 124

2016 N= 191

Respondents were asked to indicate which additional healthcare services would they utilize if available locally. Respondents indicated the most interest in having a “Walk-in clinic” at 51.6% (n=64), followed by an “Optometrist” at 42.7% (n=53), and “Outpatient surgery” at 21.8% (n=27). Respondents were asked to select all that apply, so percentages do not equal 100%.

Service	2016		2019	
	Count	Percent	Count	Percent
Walk-in clinic	Not asked - 2016		64	51.6%
Optometrist	75	39.3%	53	42.7%
Outpatient surgery	Not asked - 2016		27	21.8%
Podiatry	26	13.6%	24	19.4%
Pediatrician	26	13.6%	15	12.1%
Counseling	23	12.0%	13	10.5%
Public Assistance (i.e. Housing, Medicaid, Food Stamps)*	18	9.4%	4	3.2%
Drug & Alcohol Counseling	7	3.7%	3	2.4%
Other*	14	7.3%	2	1.6%

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

“Other” comments:

- No
- Radiology

Economic Importance of Local Healthcare Providers and Services (Question 11)

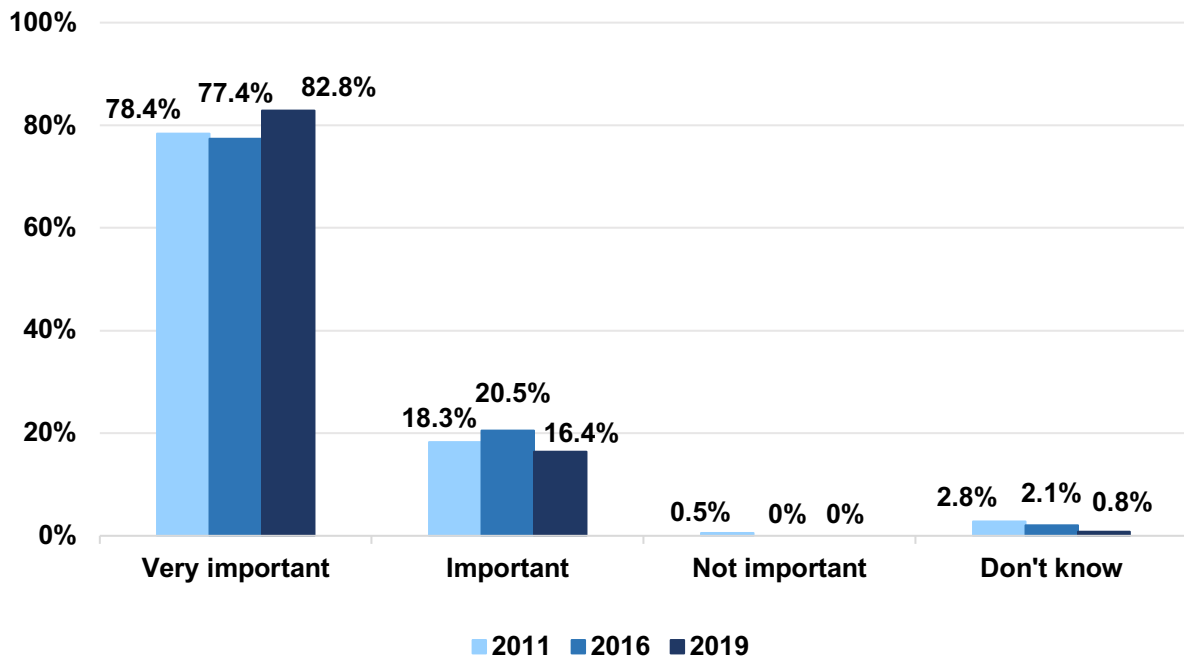
2019 N= 121

2016 N= 190

2011 N= 213

The majority of respondents (82.8%, n=101), indicated that local healthcare providers and services (i.e. hospitals, clinics, nursing homes, assisted living, etc.) are 'Very important' to the economic wellbeing of the area. Sixteen percent of respondents (n=20) indicated they are "Important", and no respondents indicated they were "Not important."

Economic Importance of Healthcare



Importance of Local Hospital Remaining Open (Question 12)

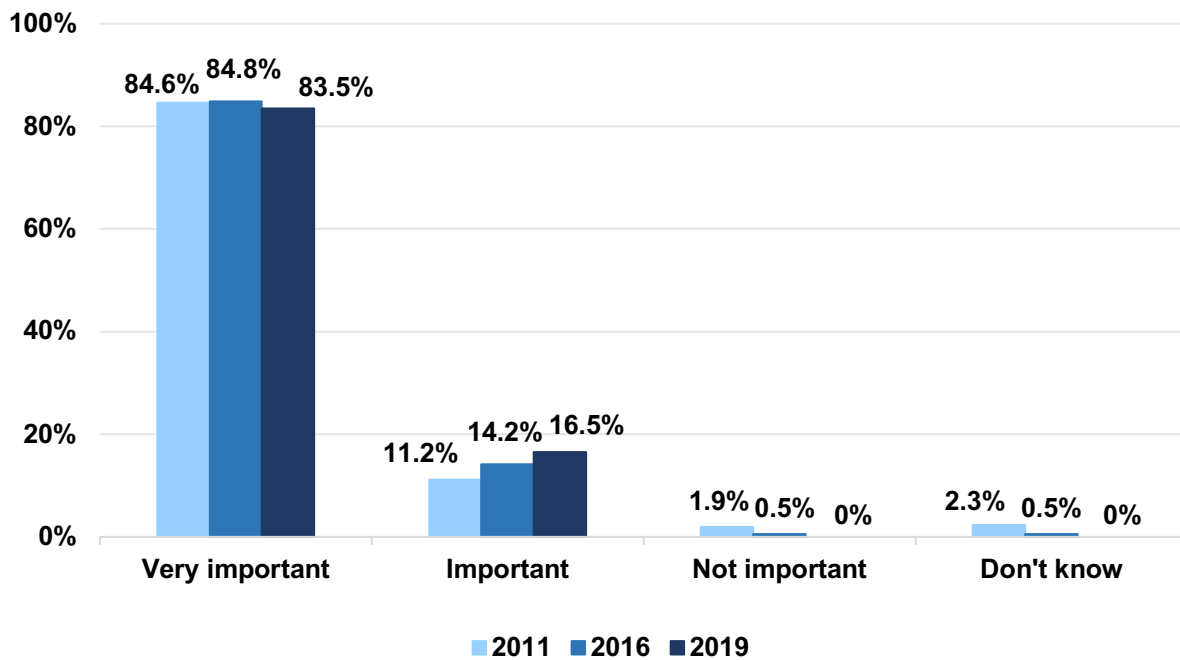
2019 N= 121

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 (83.5%, n=101) indicated it was “Very important” the local hospital remains open within the community, followed by “Important” by 16.5% (n=20). Respondents could select more than one method, so percentages do not equal 100%. Three respondents chose not to answer this question.

Importance of Hospital Remaining Open



Survey Findings – Use of Healthcare Services

Needed/Delayed Hospital Care During the Past Three Years (Question 13)

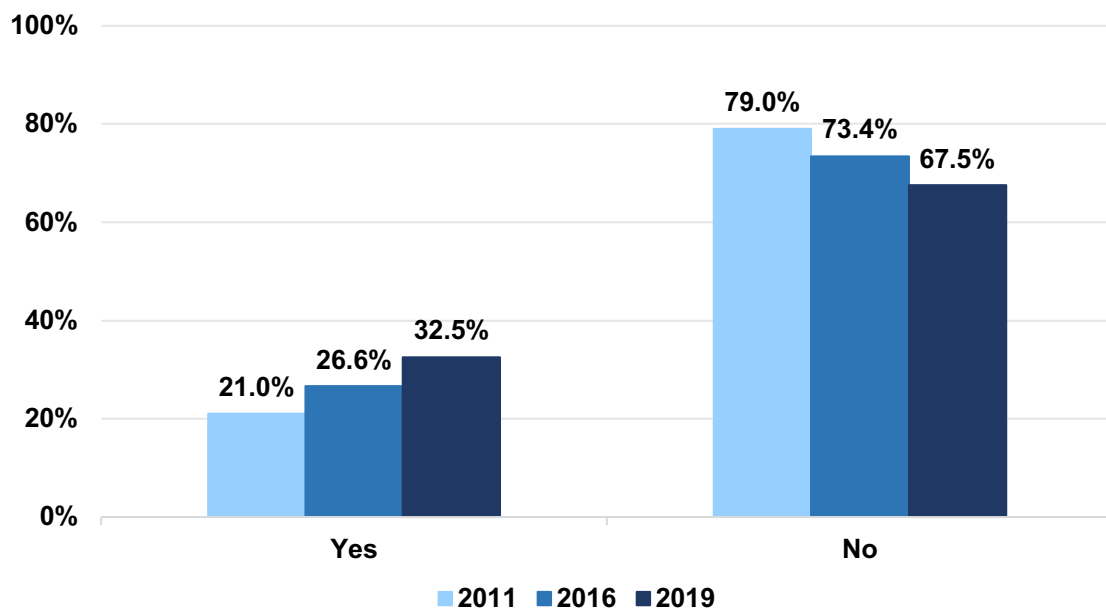
2019 N= 120

2016 N= 177

2011 N= 214

Thirty-three percent of respondents (n=39) reported that they or a member of their household thought they needed healthcare services but did not get them or had to delay getting them. Sixty-seven percent of respondents (n=81) felt they were able to get the healthcare services they needed without delay. Four respondents chose not to answer this question.

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



Reasons for NOT Being Able to Receive Services or Delay in Receiving Healthcare Services (Question 14)

2019 N= 39

2016 N= 47

2011 N= 45

For those who indicated they were unable to receive or had to delay services (n=39), the reasons most cited were: “Could not get an appointment” (38.5%, n=15), “Too long to wait for an appointment” (35.9%, n=14), and “Office wasn’t open when I could go” and “Other” (25.6%, n=10 each). Respondents were asked to indicate their top three choices, so percentages do not equal 100%.

Reason	2011		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
Could not get an appointment	Not asked - 2011		Not asked - 2016		15	38.5%
Too long to wait for an appointment	Not asked - 2011		Not asked - 2016		14	35.9%
Office wasn’t open when I could go	16	35.6%	13	27.7%	10	25.6%
It cost too much*	19	42.2%	18	38.3%	7	17.9%
My insurance didn’t cover it	8	17.8%	9	19.1%	4	10.3%
Don’t like doctors in general	10	22.2%	7	14.9%	4	10.3%
It was too far to go*	9	20.0%	2	4.3%	3	7.7%
Didn’t know where to go	3	6.7%	1	2.1%	3	7.7%
No insurance	6	13.3%	1	2.1%	2	5.1%
Could not get off work	3	6.7%	6	12.8%	2	5.1%
Not treated with respect	5	11.1%	6	12.8%	2	5.1%
Unsure if services were available	6	13.3%	4	8.5%	2	5.1%
Too nervous or afraid	4	8.9%	4	8.5%	1	2.6%
Had no one to care for the children	0	0.0%	0	0.0%	1	2.6%
Language barrier	0	0.0%	0	0.0%	0	0.0%
Transportation problems	4	8.9%	3	6.4%	0	0.0%
Other*	7	15.6%	20	42.6%	10	25.6%

*Indicates a significant change between years ($p \leq 0.05$). **Bold:** Top 4 responses

“Other” comments:

- No walk-in
- Not a viable item
- Info was not passed to my doctor from tests
- Don't believe FMC has the patient in its best interest. Scared to let my family go to FMC.
- No specialist. No surgery area.
- Not offered
- Unsure if follow up care would be executed with treating provider

Cross Tabulation of Delay of Services and Residence

Analysis was done to examine those respondents who delayed or did not get needed services, with where they live by zip code. The chart below shows the results of the cross tabulation. Delay of care (yes, no) is across the top of the table and residents' zip codes are along the side.

DELAY OR DID NOT GET NEEDED HEALTHCARE SERVICES BY RESIDENCE

	Yes	No	Total
Baker 59313	27 (29%)	66 (71%)	93
Plevna 59344	4 (36.4%)	7 (63.6%)	11
Ekalaka 59324	2 (33.3%)	4 (66.7%)	6
Marmath, ND 58643	2 (40%)	3 (60%)	5
Wibaux 59353	1 (50%)	1 (50%)	2
Ismay 59336	1 (100%)		1
Willard 59354	1 (100%)		1

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

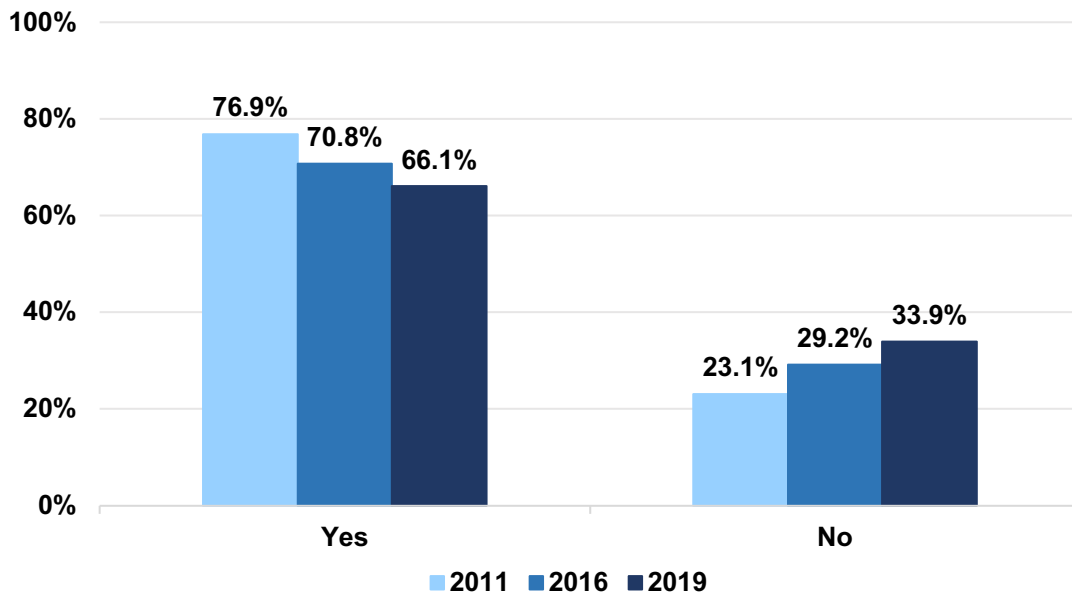
2019 N= 124

2016 N= 185

2011 N= 225

Respondents were asked if they or someone in their household had received hospital care in the last three years. Hospitalization was quantified as hospitalized overnight, day surgery, obstetrical care, rehabilitation, radiology, or emergency care. Sixty-six percent of respondents (n=82) reported that they or a member of their family had received hospital care during the previous three years, and 33.9% (n=42) indicated they had not received hospital services.

Received Hospital Care in Past 3 Years



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

2019 N= 81

2016 N= 106

2011 N= 157

Of the 82 respondents who indicated receiving hospital care in the previous three years, 30.9% (n=25) reported receiving care at Fallon Medical Complex. Seventeen percent of respondents (n=31, each) received services at Holy Rosary, Billings Clinic, or another hospital not listed. In 2019, one of the 82 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		2019	
	Count	Percent	Count	Percent	Count	Percent
Fallon Medical Complex*	85	54.1%	44	41.5%	25	30.9%
Holy Rosary	20	12.7%	17	16.0%	14	17.3%
Billings Clinic (Billings)*	0	0.0%	14	13.2%	14	17.3%
St. Vincent Healthcare	12	7.6%	6	5.7%	6	7.4%
Bismarck, ND	4	2.5%	5	4.7%	3	3.7%
Dickinson, ND	5	3.2%	3	2.8%	2	2.5%
Glendive*	27	17.2%	1	0.9%	1	1.2%
Bowman, ND	0	0.0%	0	0.0%	1	1.2%
Spearfish, SD	Not asked - 2011		1	0.9%	1	1.2%
Rapid City, SD	2	1.3%	4	3.8%	0	0.0%
Billings Clinic (Miles City)	Not asked - 2011		5	4.7%	0	0.0%
Other*	2	1.3%	6	5.7%	14	17.3%
TOTAL	157	100%	106	100%	81	100%

*Indicates a significant change between years ($p \leq 0.05$). **Bold:** Top 4 responses

“Other” comments:

- Community Memorial Hospital, Cloquet Minnesota
- Ortho UT
- Des Moines, IA
- Cannot select one as it depends on why. Baker often only have PA's on-call
- Laser Spine Institute
- Bismarck, ND, Hettinger, N.D.

Reasons for Selecting the Hospital Used (Question 17)

2019 N= 82

2016 N= 131

2011 N= 173

Of the 82 respondents who had a personal or family experience at a hospital within the past three years, the primary reason given for selecting the facility used most often was “Referred by physician or other provider” at 45.1% (n=37). “Closest to home” was selected by 42.7% of respondents (n=35), and 32.9% (n=27) selected “Prior experience with hospital.” Note that respondents were asked to select the top three answers which influenced their choices, so the percentages do not equal 100%.

Reason	2011		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
Referred by physician or other provider*	52	30.1%	41	31.3%	37	45.1%
Closest to home*	113	65.3%	67	51.1%	35	42.7%
Prior experience with hospital*	100	57.8%	50	38.2%	27	32.9%
Emergency, no choice	47	27.2%	39	29.8%	25	30.5%
Hospital’s reputation for quality	52	30.1%	35	26.7%	19	23.2%
Recommended by family or friends*	25	14.5%	13	9.9%	3	3.7%
Closest to work*	23	13.3%	9	6.9%	1	1.2%
Cost of care	6	3.5%	1	0.8%	1	1.2%
More privacy	5	2.9%	7	5.3%	1	1.2%
Required by insurance plan	11	6.4%	6	4.6%	1	1.2%
Financial assistance programs	Not asked - 2011		Not asked - 2016		1	1.2%
VA/Military requirement*	1	0.6%	6	4.6%	0	0.0%
Other	8	4.6%	7	5.3%	10	12.2%

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

“Other” comments:

- Pricing is better
- Place of Primary Care Dr. (2)
- Specialist
- Recommended by friends
- Better care
- Labor and Delivery; OB/GYN
- Surgery
- NICU/C-section

Cross Tabulation of Hospital and Residence

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

LOCATION OF MOST OFTEN UTILIZED HOSPITAL BY RESIDENCE

	Fallon Medical Complex	Holy Rosary	Billings Clinic (Billings)	St. Vincent Healthcare	Bismarck, ND	Dickinson, ND	Glendive	Spearfish, SD	Bowman, ND	Other	Total
Baker 59313	22 (34.9%)	8 (12.7%)	12 (19%)	3 (4.8%)	3 (4.8%)	1 (1.6%)	1 (1.6%)			13 (20.6%)	63
Plevna 59344	1 (14.3%)	3 (42.9%)	2 (28.6%)					1 (14.3%)			7
Ekalaka 59324		1 (25%)		3 (75%)							4
Marmath 58643		1 (25%)				1 (25%)			1 (25%)	1 (25%)	4
Ismay 59336		1 (100%)									1
Wibaux 59353	1 (100%)										1
Willard 59354	1 (100%)										1
TOTAL	25 (30.9%)	14 (17.3%)	14 (17.3%)	6 (7.4%)	3 (3.7%)	2 (2.5%)	1 (1.2%)	1 (1.2%)	1 (1.2%)	14 (17.3%)	81

Cross Tabulation of Hospital and Reason Selected

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

LOCATION OF MOST UTILIZED HOSPITAL BY REASONS HOSPITAL SELECTED

	Fallon Medical Complex	Billings Clinic (Billings)	St. Vincent Healthcare	Glendive	Holy Rosary	Bismarck, ND	Dickinson, ND	Bowman, ND	Spearfish, SD	Other	Total
Referred by physician or other provider	4 (11.1%)	11 (30.6%)	5 (13.9%)	1 (2.8%)	4 (11.1%)	1 (2.8%)	1 (2.8%)	1 (2.8%)		8 (22.2%)	36
Closest to home	23 (65.7%)			1 (2.9%)	5 (14.3%)			1 (2.9%)		5 (14.3%)	35
Prior experience with hospital	7 (25.9%)	3 (11.1%)	2 (7.4%)		6 (22.2%)	1 (3.7%)	1 (3.7%)	1 (3.7%)		6 (22.2%)	27
Emergency, no choice	12 (48%)	3 (12%)	3 (12%)		4 (16%)	1 (4%)				2 (8%)	25
Hospital's reputation for quality	2 (10.5%)	5 (26.3%)	3 (15.8%)		5 (26.3%)	1 (5.3%)				3 (15.8%)	19
Recommended by family or friends	1 (33.3%)				1 (33.3%)		1 (33.3%)				3
Closest to work	1 (100%)										1
Cost of care		1 (100%)									1
Required by insurance plan			1 (100%)								1
Financial assistance programs	1 (100%)										1
More privacy										1 (100%)	1
VA/Military requirement											0
Other	1 (10%)	2 (20%)			4 (40%)	1 (10%)			1 (10%)	1 (10%)	10

Hospital Services Utilized (Question 18)

2019 N= 82

2016 N= 131

2011 N= 173

Respondents were asked to indicate which hospital services they utilized during their hospital visit. Sixty-seven percent of respondents (n=55) indicated they had utilized “Laboratory tests”, 53.7% (n=44) selected “Emergency room”, and 39% (n=32) selected “Inpatient stay”.

Service	2011		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
Laboratory tests	99	57.2%	67	51.1%	55	67.1%
Emergency room	95	54.9%	75	57.3%	44	53.7%
Inpatient stay	57	32.9%	42	32.1%	32	39.0%
General surgery*	30	17.3%	25	19.1%	25	30.5%
Outpatient surgery	26	15.0%	34	26.0%	19	23.2%
Radiology	52	30.1%	36	27.5%	18	22.0%
Observation*	16	9.2%	15	11.5%	17	20.7%
Orthopedic surgery*	7	4.0%	12	9.2%	13	15.9%
Physical therapy	28	16.2%	28	21.4%	12	14.6%
ICU*	Not asked - 2011		4	3.1%	10	12.2%
OB/GYN	Not asked - 2011		16	12.2%	8	9.8%
Occupational therapy	5	2.9%	5	3.8%	7	8.5%
Oncology	Not asked - 2011		Not asked - 2016		5	6.1%
Respite care	1	0.6%	1	0.8%	1	1.2%
Hospice	0	0	1	0.8%	0	0.0%
Other	16	9.2%	8	6.1%	5	6.1%

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

“Other” comments:

- Special Surgery
- Fertility specialist
- CATH LAB
- NICU/C-section
- Hip surgery (Holy Rosary)

Future Emergency Medical Services (Question 19)

2019 N= 122

2016 N= 176

2011 N= 214

Respondents were asked to indicate which facility they would use if they needed emergency services in the future. Sixty percent of respondents (n=73) indicated they would use Fallon Medical Complex for future emergency medical services, 11.5% (n=14) would use another hospital not listed, and 8.2% (n=10) indicated would use Holy Rosary. Two respondents chose not to answer this question.

Facility	2011		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
Fallon Medical Complex*	163	76.2%	126	71.6%	73	59.8%
Holy Rosary	17	7.9%	11	6.3%	10	8.2%
Dahl Memorial (Ekalaka)	Not asked - 2011		Not asked - 2016		5	4.1%
Billings Clinic (Miles City)	Not asked - 2011		Not asked - 2016		4	3.3%
St. Vincent Healthcare	4	1.9%	7	4.0%	4	3.3%
Dickinson, ND	5	2.3%	4	2.3%	3	2.5%
Glendive	11	5.1%	5	2.8%	3	2.5%
Bismarck, ND	0	0.0%	3	1.7%	2	1.6%
Billings Clinic (Billings)	8	3.7%	10	5.7%	2	1.6%
Bowman, ND	0	0.0%	3	1.7%	1	0.8%
Rapid City, SD	0	0.0%	2	1.1%	1	0.8%
Spearfish, SD	Not asked - 2011		1	0.6%	0	0.0%
Other*	6	2.8%	4	2.3%	14	11.5%
TOTAL	214	100%	176	100%	122	100%

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

“Other” comments:

- Depends on what the emergency involves
- Depends on doctor
- Depends on why. Heart? Kidney Stone? Pain?
- Holy Rosary - Miles City
- Bismarck, ND, Hettinger, N.D
- It depends on the situation

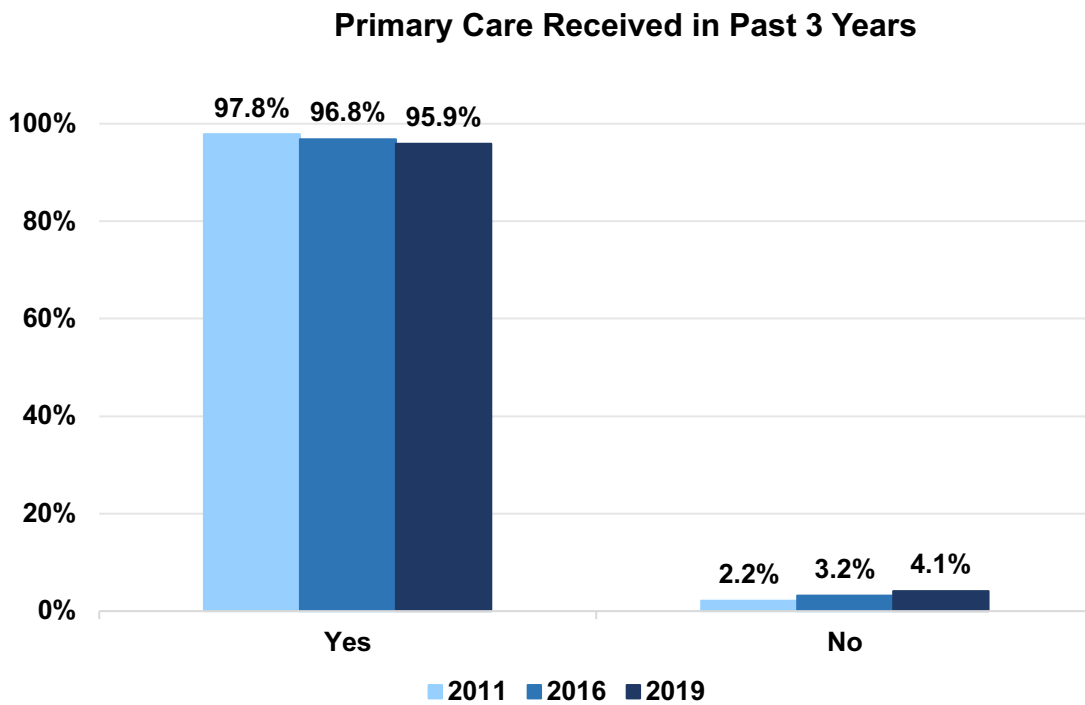
Primary Care Received in the Past Three Years (Question 20)

2019 N= 123

2016 N= 188

2011 N= 223

Ninety-six percent of respondents (n=118) indicated they or someone in their household had been seen by a primary care provider (such as a family physician, physician assistant, or nurse practitioner) for healthcare services in the past three years, 4.1% respondents (n=5) indicated they or someone in their household had not. One respondent chose not to answer this question.



Location of Primary Care Provider (Question 21)

2019 N= 116

2016 N= 162

2011 N= 207

Of the 118 respondents who indicated receiving primary care services in the previous three years, 60.3% (n=70) reported receiving care at Fallon Medical Complex, 10.3% (n=12) went to another location not listed, and 8.6% percent of respondents (n=10, each) went to Billings Clinic in Miles City or Holy Rosary. Two of the 118 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		2019	
	Count	Percent	Count	Percent	Count	Percent
Fallon Medical Complex*	154	74.4%	113	69.8%	70	60.3%
Billings Clinic (Miles City)	Not asked - 2011		9	5.6%	10	8.6%
Holy Rosary	16	7.7%	7	4.3%	10	8.6%
Dahl Memorial (Ekalaka)	Not asked - 2011		Not asked - 2016		4	3.4%
Bowman, ND	1	0.5%	3	1.9%	3	2.6%
Billings Clinic (Billings)	8	3.9%	4	2.5%	2	1.7%
Dickinson, ND	2	1.0%	5	3.1%	2	1.7%
Glendive	8	3.9%	1	0.6%	2	1.7%
Bismarck, ND	1	0.5%	1	0.6%	1	0.9%
St. Vincent Healthcare	5	2.4%	4	2.5%	0	0.0%
Rapid City, SD	0	0.0%	3	1.9%	0	0.0%
Spearfish, SD	Not asked - 2011		1	0.6%	0	0.0%
Other	12	5.8%	11	6.8%	12	10.3%
TOTAL	207	100%	162	100%	116	100%
*Indicates a significant change between years ($p \leq 0.05$). Bold: Top 4 responses						

“Other” comments:

- Bozeman, MT
- Billings VA
- Fallon Medical Complex and Rapid City
- One Health Miles City
- Bismarck, ND and Hettinger, N.D

Reasons for Selection of Primary Care Provider (Question 22)

2019 N= 118

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 the most frequently selected reason at 53.4% (n=63), followed by “Prior experience with clinic” at 39.8% (n=47), and “Appointment availability” at 36.4% (n=43). Respondents were asked to check all that apply, so percentages do not equal 100%.

Reason	2011		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
Closest to home*	151	69.3%	114	62.6%	63	53.4%
Prior experience with clinic*	115	52.8%	67	36.8%	47	39.8%
Appointment availability	94	43.1%	61	33.5%	43	36.4%
Clinic’s reputation for quality	42	19.3%	44	24.2%	32	27.1%
Recommended by family or friends	34	15.6%	21	11.5%	11	9.3%
Referred by physician or other provider	21	9.6%	12	6.6%	10	8.5%
Length of waiting room time*	28	12.8%	9	4.9%	4	3.4%
Cost of care	8	3.7%	2	1.1%	1	0.8%
Required by insurance plan	7	3.2%	3	1.6%	1	0.8%
VA/Military requirement	1	0.5%	3	1.6%	1	0.8%
Indian Health Services	1	0.5%	2	1.1%	0	0.0%
Other	12	5.5%	12	6.6%	13	11.0%

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

“Other” comments:

- I am not currently seeing a primary care provider
- Only pediatrician around/closest to us (2)
- Was seeing PA when worked for FMC, also like the Dr.
- Pediatrician that works with son's cardiologist at Billings Clinic/Billings
- Naturopath doctor
- Best care
- Fully staffed
- In same County (Custer Co)
- OB/GYN/pediatrician
- Pediatrician and internal IUD specialties
- Pediatrician

Cross Tabulation of Primary Care and Residence

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

LOCATION OF PRIMARY CARE PROVIDER MOST UTILIZED BY RESIDENCE

	Fallon Medical Complex	Holy Rosary	Billings Clinic (Miles City)	Dahl Memorial (Ekalaka)	Billings Clinic (Billings)	Glendive	Dickinson, ND	Bowman, ND	Bismarck, ND	Other	Total
Baker 59313	61 (69.3%)	6 (6.8%)	6 (6.8%)	2 (2.3%)	1 (1.1%)	1 (1.1%)	1 (1.1%)	1 (1.1%)	1 (1.1%)	8 (9.1%)	88
Plevna 59344	5 (45.5%)	1 (9.1%)	3 (27.3%)		1 (9.1%)					1 (9.1%)	11
Ekalaka 59324	1 (16.7%)		1 (16.7%)	2 (33.3%)						2 (33.3%)	6
Marmath, ND 58643	1 (20%)	1 (20%)			1 (20%)		1 (20%)	1 (20%)		1 (20%)	5
Ismay 59336				2 (100%)							2
Wibaux 59353	1 (50%)					1 (50%)					2
Willard 59354	1 (100%)										1
TOTAL	70 (60.9%)	10 (8.7%)	10 (8.7%)	4 (3.5%)	2 (1.7%)	2 (1.7%)	2 (1.7%)	2 (1.7%)	1 (0.9%)	12 (10.4%)	115

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	Holy Rosary	Billings Clinic (Miles City)	Dahl Memorial (Ekalaka)	Billings Clinic (Billings)	Glendive	Dickinson, ND	Bowman, ND	Bismarck, ND	Other	Total
Closest to home	55 (87.3%)	1 (1.6%)		4 (6.3%)						3 (4.8%)	63
Prior experience with clinic	27 (57.4%)	4 (8.5%)	6 (12.8%)	4 (8.5%)	1 (2.1%)	1 (2.1%)	1 (2.1%)	2 (4.3%)		1 (2.1%)	47
Appointment availability	30 (69.8%)	2 (4.7%)	3 (7%)	2 (4.7%)	1 (2.3%)	1 (2.3%)		1 (2.3%)		3 (7%)	43
Clinic/provider's reputation for quality	16 (51.6%)	2 (6.5%)	3 (9.7%)	2 (6.5%)	1 (3.2%)	1 (3.2%)	1 (3.2%)	1 (3.2%)	1 (3.2%)	3 (9.7%)	31
Recommended by family or friends	6 (54.5%)	1 (9.1%)	3 (27.5%)			1 (9.1%)					11
Referred by physician or other provider	3 (30%)	1 (10%)	1 (10%)					2 (20%)		3 (30%)	10
Length of waiting room time	2 (50%)		1 (25%)			1 (25%)					4
Cost of care	1 (100%)										1
Required by insurance plan	1 (100%)										1
VA/Military requirement										1 (100%)	1
Indian Health Services											0
Other		7 (53.8%)	3 (23.1%)		1 (7.7%)	1 (7.7%)				1 (7.7%)	13

Reasons for Selection of Primary Care Provider Outside of Fallon Medical Complex (Question 23)

2019 N= 124

2016 N= 191

2011 N= 231

Respondents were asked to indicate, if they routinely seek primary care services outside of Fallon Medical Complex, why they choose to do so. Thirty-seven percent of respondents (n=46) indicated that they receive services elsewhere because they have a “Prior relationship with other provider”, 22.6% (n=28) selected “Quality of staff”, and 19.4% (n=24) selected “Other.” Respondents were asked to check all that apply, so percentages do not equal 100%.

Reason	2011		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
Prior relationship with other provider*	73	31.6%	45	23.6%	46	37.1%
Quality of staff	57	24.7%	41	21.5%	28	22.6%
Closest to home	31	13.4%	21	11.0%	20	16.1%
More privacy	21	9.1%	23	12.0%	15	12.1%
I/we do not use services outside of FMC	25	10.8%	21	11.0%	13	10.5%
Quality of equipment*	40	17.3%	18	9.4%	11	8.9%
Cost of care	12	5.2%	4	2.1%	7	5.6%
Closest to work	6	2.6%	3	1.6%	6	4.8%
Required by insurance plan	9	3.9%	5	2.6%	3	2.4%
VA/Military Requirement	3	1.3%	7	3.7%	3	2.4%
Other	46	19.9%	33	17.3%	24	19.4%
*Indicates a significant change between years ($p \leq 0.05$). Bold: Top 3 responses						

“Other” comments:

- Have to no pediatrician here
- Specialist service (5)
- Special circumstances
- Sons cardiologist, prenatal care, labor + delivery
- From Minnesota. They have our records. Temporarily working in Montana next few years
- Surgical
- Referred
- Consistency
- Because I'm always told that they cannot help & recommend me to go elsewhere
- Fully staffed
- Gynecologist
- OB/GYN/pediatrician
- Easier to get appointments
- Doctors
- Expertise or equipment not available at FMC (2)
- Referred by local doc. for further testing
- Had surgery in Bismarck and was appointed Bowman for Pre-op.
- Lack of consistent providers

Future Primary Care Services (Question 24)

2019 N= 119

2016 N= 171

2011 N= 208

Respondents were asked to indicate which facility they would use if they needed primary care services in the future. Fifty-three percent of respondents (n=63) indicated they would use Fallon Medical Complex for future primary care services, 11.8% (n=14) would use another location not listed, and 10.9% (n=13) indicated they would use Holy Rosary. Two respondents chose not to answer this question.

Location	2011		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
Fallon Medical Complex*	148	71.2%	106	62.0%	63	52.9%
Holy Rosary	22	10.6%	19	11.1%	13	10.9%
Billings Clinic (Miles City)	Not asked - 2011		Not asked - 2016		11	9.2%
Dahl Memorial (Ekalaka)	Not asked - 2011		Not asked - 2016		4	3.4%
Dickinson, ND	4	1.9%	5	2.9%	4	3.4%
Bowman, ND	0	0	2	1.2%	4	3.4%
Billings Clinic (Billings)	14	6.7%	10	5.8%	3	2.5%
St. Vincent Healthcare	6	2.9%	5	2.9%	1	0.8%
Bismarck, ND	2	1.0%	3	1.8%	1	0.8%
Glendive	7	3.4%	1	0.6%	1	0.8%
Rapid City, SD	0	0	5	2.9%	0	0.0%
Spearfish, SD	Not asked - 2011		1	0.6%	0	0.0%
Other*	5	2.4%	14	8.2%	14	11.8%
TOTAL	208	100%	171	100%	119	100%

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

“Other” comments:

- Billings VA
- Depends on needs (2)
- Would start with FMC + go on if referred
- Private practice
- Bismarck, ND, Hettinger N.D.

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

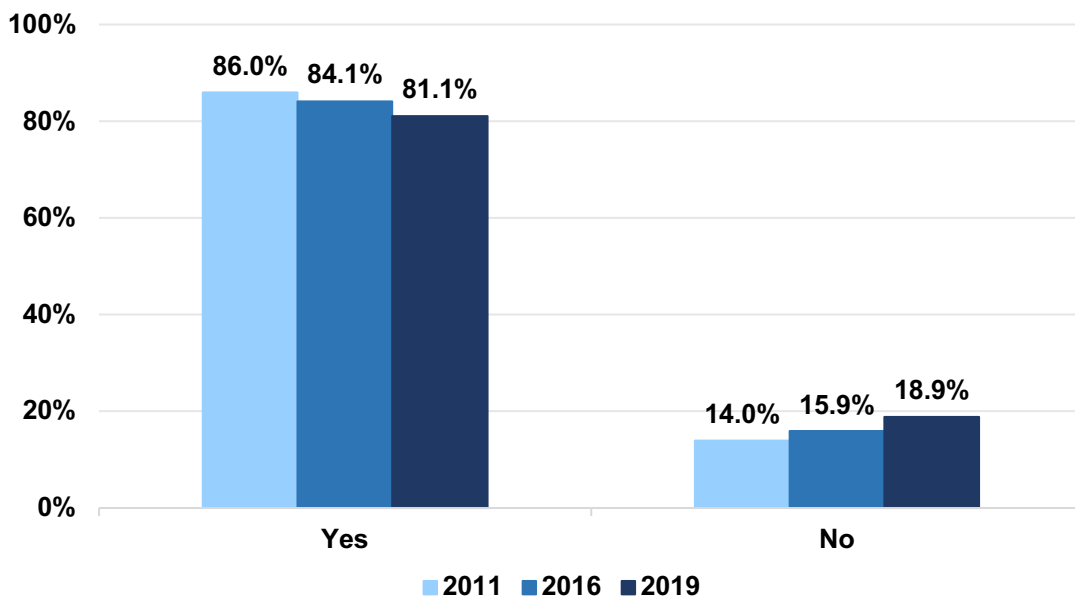
2019 N= 122

2016 N= 182

2011 N= 215

Eighty-one percent of the respondents (n=99) indicated they or a household member had seen a healthcare specialist during the past three years, while 18.9% (n=23) indicated they had not. Two respondents chose not to answer this question.

Visited a Specialist in Past 3 Years



Location of Healthcare Specialist (Question 26)

2019 N= 99

2016 N= 153

2011 N= 185

Of the 99 respondents who indicated they saw a healthcare specialist in the past three years, 48.5% (n=48) saw one at Billings Clinic. Specialty services in Miles City were utilized by 31.3% of respondents (n=31), and another hospital not listed was reported by 22.2% (n=22). Respondents could select more than one location, so percentages do not equal 100%.

Location	2011		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
Billings Clinic	83	44.9%	66	43.1%	48	48.5%
Miles City	80	43.2%	68	44.4%	31	31.3%
St. Vincent Healthcare	39	21.1%	18	11.8%	20	20.2%
Fallon Medical Complex	38	20.5%	31	20.3%	11	11.1%
Bismarck, ND	14	7.6%	12	7.8%	10	10.1%
Bowman, ND	21	11.4%	18	11.8%	10	10.1%
Rapid City, SD	17	9.2%	22	14.4%	8	8.1%
Dickinson, ND	13	7.0%	13	8.5%	7	7.1%
Glendive*	27	14.6%	8	5.2%	4	4.0%
Spearfish, SD	Not asked - 2011		9	5.9%	4	4.0%
Other *	15	8.1%	20	13.1%	22	22.2%

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

“Other” comments:

- Many places
- Bozeman, MT
- St. Vincent Healthcare, Ortho Montana
- Billings VA
- Sanford- Fargo ND, Sidney, MT
- Cardio/Ortho
- Billings MT, Denver CO
- Cloquet, Minnesota
- Billings, MT, Brewer Dental
- Billings Cardiology
- Fargo, ND
- Billings Dr Apostle Cardiologist
- Florida
- Hettinger, N.D.
- Billings: private practice

Type of Healthcare Specialist Seen (Question 27)

2019 N= 99

2016 N= 153

2011 N= 185

The respondents (n=99) saw a wide array of healthcare specialists in the past three years. The most frequently indicated specialist was “Dentist” with 38.4% of respondents (n=38) having utilized their services. “Cardiologist” and “Orthopedic surgeon” were both utilized by 26.3% (n=26, each) of respondents. Respondents were asked to choose all that apply, so percentages do not equal 100%.

Health Care Specialist	2011		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
Dentist	84	45.5%	79	51.6%	38	38.4%
Cardiologist	45	24.3%	34	22.2%	26	26.3%
Orthopedic surgeon	32	17.3%	34	22.2%	26	26.3%
Optometrist*	55	29.7%	65	42.5%	24	24.2%
OB/GYN	47	25.4%	32	20.9%	22	22.2%
Chiropractor	46	24.9%	41	26.8%	18	18.2%
ENT (ear/nose/throat)	31	16.8%	28	18.3%	17	17.2%
General surgeon	34	18.4%	35	22.9%	16	16.2%
Dermatologist	Not asked - 2011		Not asked - 2016		13	13.1%
Gastroenterologist	15	8.1%	20	13.1%	12	12.1%
Podiatrist*	8	4.3%	8	5.2%	12	12.1%
Neurologist	Not asked - 2011		Not asked - 2016		12	12.1%
Radiologist	Not asked - 2011		Not asked - 2016		12	12.1%
Pediatrician	16	8.6%	12	7.8%	11	11.1%
Urologist	25	13.5%	16	10.5%	10	10.1%
Physical therapist*	20	10.8%	27	17.6%	7	7.1%
Audiologist	Not asked - 2011		Not asked - 2016		7	7.1%
Ophthalmologist	Not asked - 2011		Not asked - 2016		7	7.1%
Oncologist	Not asked - 2011		12	7.8%	6	6.1%
Endocrinologist	Not asked - 2011		Not asked - 2016		6	6.1%
Rheumatologist	13	7.0%	8	5.2%	5	5.1%
Allergist	Not asked - 2011		Not asked - 2016		4	4.0%
Occupational therapist	4	2.2%	5	3.3%	4	4.0%
Neurosurgeon	Not asked - 2011		Not asked - 2016		3	3.0%
Pulmonologist	Not asked - 2011		Not asked - 2016		3	3.0%
Psychologist	Not asked - 2011		Not asked - 2016		2	2.0%
Psychiatrist (M.D.)	Not asked - 2011		Not asked - 2016		1	1.0%
Mental health counselor	8	4.3%	8	5.2%	1	1.0%
Social worker	Not asked - 2011		Not asked - 2016		1	1.0%
Geriatrician	Not asked - 2011		Not asked - 2016		0	0.0%

Speech therapist	4	2.2%	5	3.3%	0	0.0%
Substance abuse counselor	Not asked - 2011		Not asked - 2016		0	0.0%
Other	30	16.2%	23	15.0%	10	10.1%
*Indicates a significant change between years ($p \leq 0.05$). Bold: Top 3 responses						

“Other” comments:

- Knee surgeon
- Colonoscopy (4)
- Sleep test
- Orthopedics
- Fertility
- Pain Management

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

2019 N= 124

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 Mammography services receiving the top average score of 3.7 out of 4.0. The total average score 3.5, indicates the overall services of the hospital as "Excellent" to "Good."

2019	Excellent (4)	Good (3)	Fair (2)	Poor (1)	Haven't Used	Don't know	No Answer	N	Avg
Mammography	41	15	1	1	56	2	8	124	3.7
Fallon County Health Department	41	25	2	0	44	2	10	124	3.6
Health fair	50	25	4	0	36	2	7	124	3.6
Laboratory	62	32	1	0	21	0	8	124	3.6
Physical/occupational therapy	38	19	3	2	51	4	7	124	3.5
Wibaux Clinic	2	2	0	0	102	7	11	124	3.5
X-Ray	43	28	3	0	36	2	12	124	3.5
Community Clinic	43	49	10	3	14	0	5	124	3.3
Emergency room	36	34	13	1	31	1	8	124	3.3
Telemedicine (video)	8	6	1	1	92	5	11	124	3.3
Hospital	23	31	6	1	49	2	12	124	3.2
Life Line	5	7	2	0	91	9	10	124	3.2
Long Term Care (LTC)	5	8	3	0	93	5	10	124	3.1
TOTAL	277	173	24	5					3.5

2016 and 2011 continued on next page

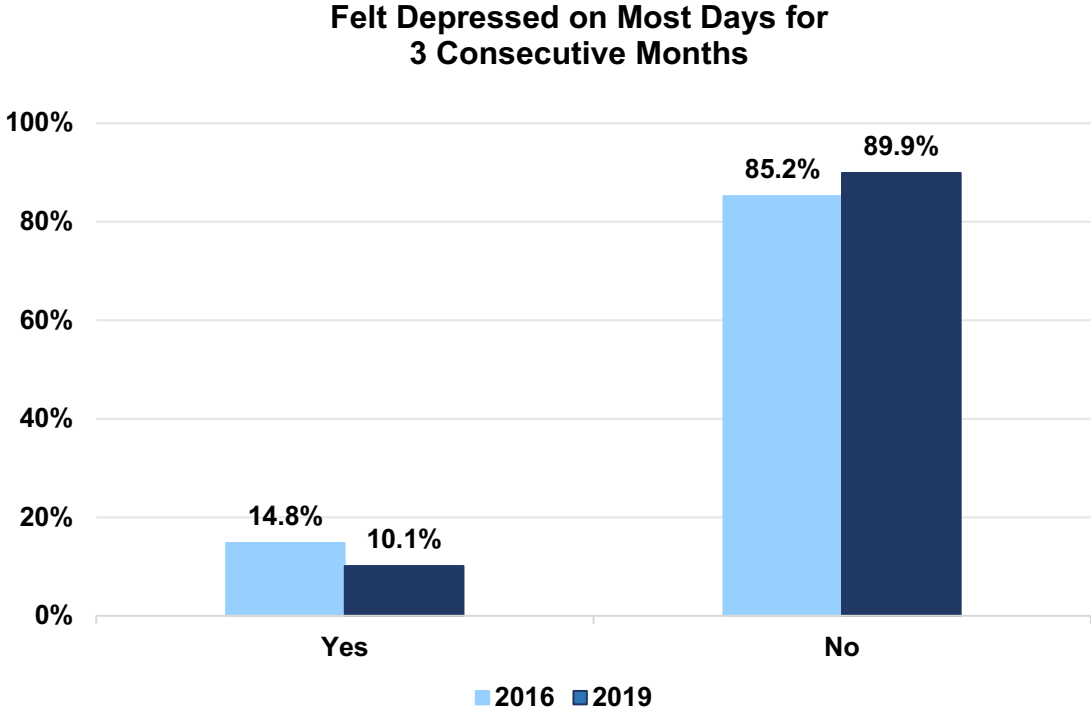
2016	Excellent (4)	Good (3)	Fair (2)	Poor (1)	Don't know	No Answer	N	Avg
X-Ray	85	48	4	2	38	14	191	3.6
Mammography	58	29	2	1	80	21	191	3.6
Laboratory	86	62	5	2	26	10	191	3.5
Physical/occupational therapy	52	30	6	2	83	18	191	3.5
Health fair	70	55	1	2	47	16	191	3.5
Fallon County Health Department	62	47	4	0	65	13	191	3.5
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
TOTAL	625	480	83	37				3.4

2011	Excellent (4)	Good (3)	Fair (2)	Poor (1)	Don't know/ No answer	N	Avg
Laboratory	109	77	9	1	35	231	3.5
Health fair	82	46	9	0	94	231	3.5
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
X-Ray	92	70	9	1	59	231	
TOTAL	521	504	89	27			3.3

Prevalence of Depression (Question 29)

2019 N= 119
2016 N= 182

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. Ten percent of respondents (n=12) indicated they had experienced periods of depression, and 89.9% of respondents (n=107) indicated they had not. Five respondents chose not to answer this question.



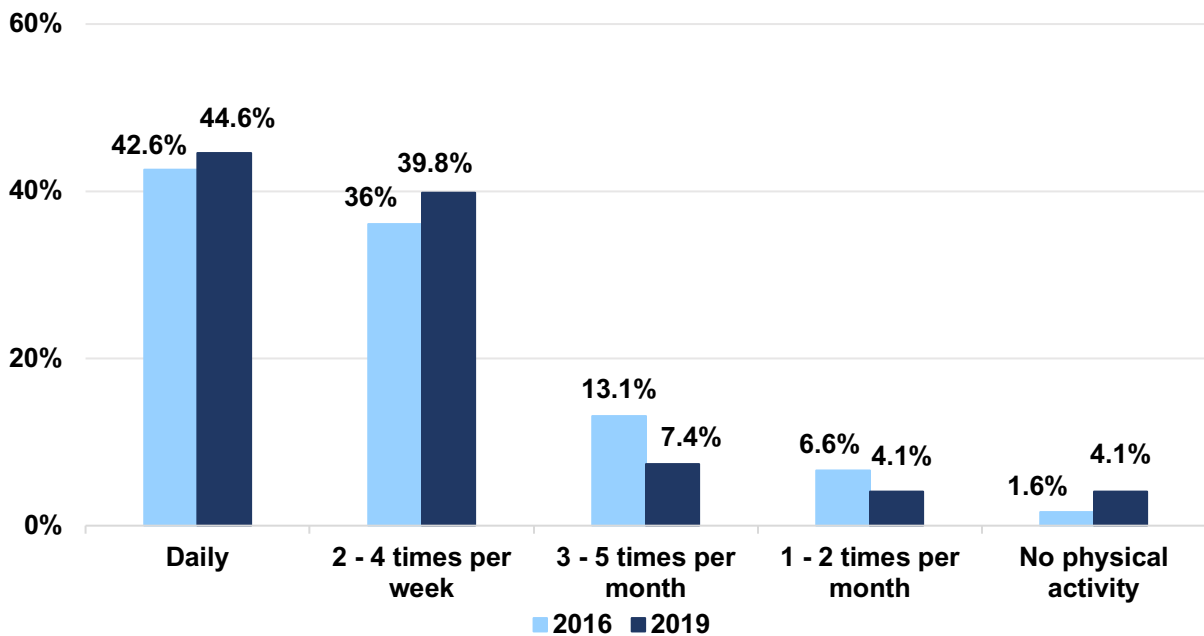
Physical Activity (Question 30)

2019 N= 121

2016 N= 183

Respondents were asked to indicate how frequently they had physical activity for at least twenty minutes over the past month. Forty-five percent of respondents (n=54) indicated they had “Daily” physical activity, and 39.8% (n=48) indicated they had physical activity of at least twenty minutes “2-4 times per week”. Four percent of respondents (n=5) indicated they had “No physical activity”. Three respondents chose not to answer this question.

Physical Activity Over the Past Month

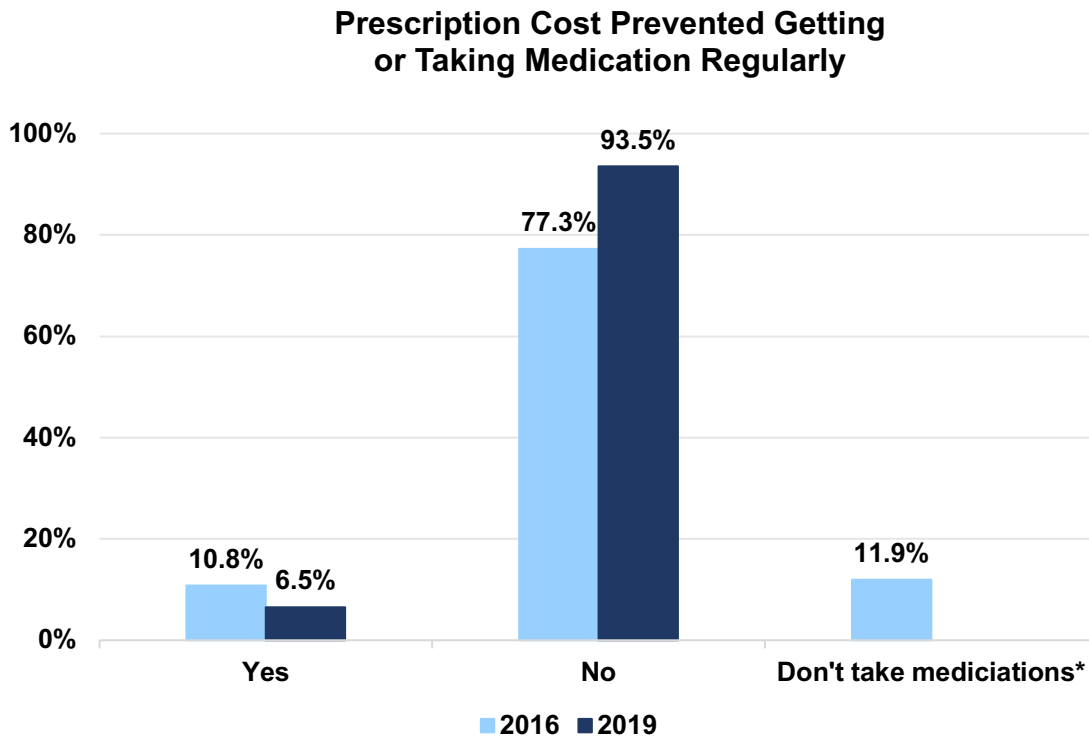


Cost and Prescription Medications (Question 31)

2019 N= 123

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. Seven percent of respondents (n=8) indicated that in the last year cost had prohibited them from getting a prescription or taking their medication regularly. Ninety-three percent of respondents (n=115) indicated that cost had not prohibited them. One respondent chose not to answer this question.



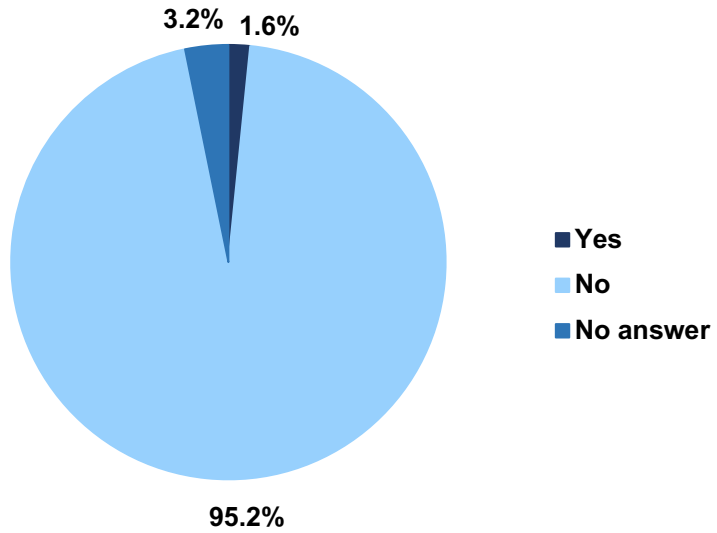
* "Don't take medications" was not asked in 2019

Food Insecurity (Question 32)

2019 N= 124

Respondents were asked to indicate if, during the last year, they had worried that they would not have enough food to eat. Two percent of respondents (n=2) indicated that in the last year, they did worry about having enough food.

Worried About Food in the Past Year



Injury Prevention Measures (Question 33)

2019 N= 124

Respondents were asked to indicate which, if any, injury prevention measures they engage in. Eighty-four percent of respondents (n=104) indicated they use a seat belt. Fifty-one percent (n=63) reported they regularly exercise, and 36.3% (n=45) reported they use safety glasses.

Prevention Measure Used	2019	
	Count	Percent
Seat belt	104	83.9%
Regular exercise	63	50.8%
Safety glasses	45	36.3%
Steel toe boots	32	25.8%
Fire resistant clothing	24	19.4%
Child car seat/booster	22	17.7%
Designated driver	21	16.9%
Hard hat	21	16.9%
Helmet	19	15.3%
None	6	4.8%
Other	2	1.6%

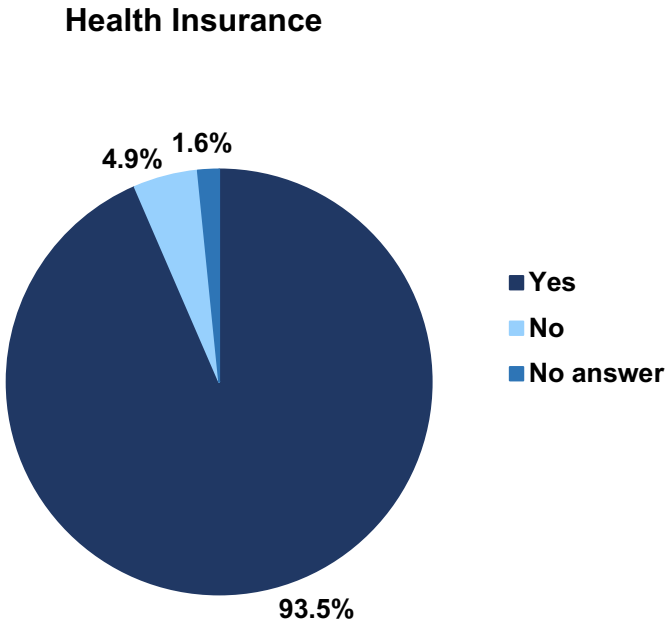
“Other” comments:

- Hearing protection, sunglasses
- Gloves, hearing protection

Insurance Coverage (Question 34)

2019 N= 124

Respondents were asked to indicate they have health insurance. Ninety-four percent (n=116) reported they did have health coverage, 4.9% (n=6) did not. Two percent (n=2) chose not to answer this question.



Medical Insurance Type (Question 35)

2019 N= 113

2016 N= 155

2011 N= 200

Respondents were asked to indicate what type of medical insurance covers the majority of their medical expenses. Forty-three percent (n=49) indicated they have “Employer sponsored” coverage. Twenty-eight percent (n=32) indicated they have “Medicare”, and “Other” was selected by 15.9% of respondents (n=18).

Insurance Type	2011		2016		2019	
	Count	Percent	Count	Percent	Count	Percent
Employer sponsored	86	43.0%	76	49.0%	49	43.4%
Medicare	65	32.5%	37	23.9%	32	28.3%
Private insurance/private plan*	2	1.0%	21	13.5%	5	4.4%
Health Insurance Marketplace	Not asked - 2011		Not asked - 2016		5	4.4%
Health Savings Account	0	0	4	2.6%	1	0.9%
Healthy MT Kids	2	1.0%	0	0	1	0.9%
Medicaid	3	1.5%	3	1.9%	1	0.9%
State plan	0	0	2	1.3%	1	0.9%
VA/Military*	32	16.0%	1	0.6%	0	0.0%
None/pay out of pocket	8	4.0%	4	2.6%	0	0.0%
Agricultural Corp. paid	2	1.0%	1	0.6%	Not asked- 2019	
Other*	0	0	6	3.9%	18	15.9%
TOTAL	200	100%	155	100%	113	100%
*Indicates a significant change between years ($p \leq 0.05$). Bold: Top 3 responses						

“Other” comments:

- Christian Healthcare Ministries
- Medicare, Sub.

Insurance and Healthcare Costs (Question 36)

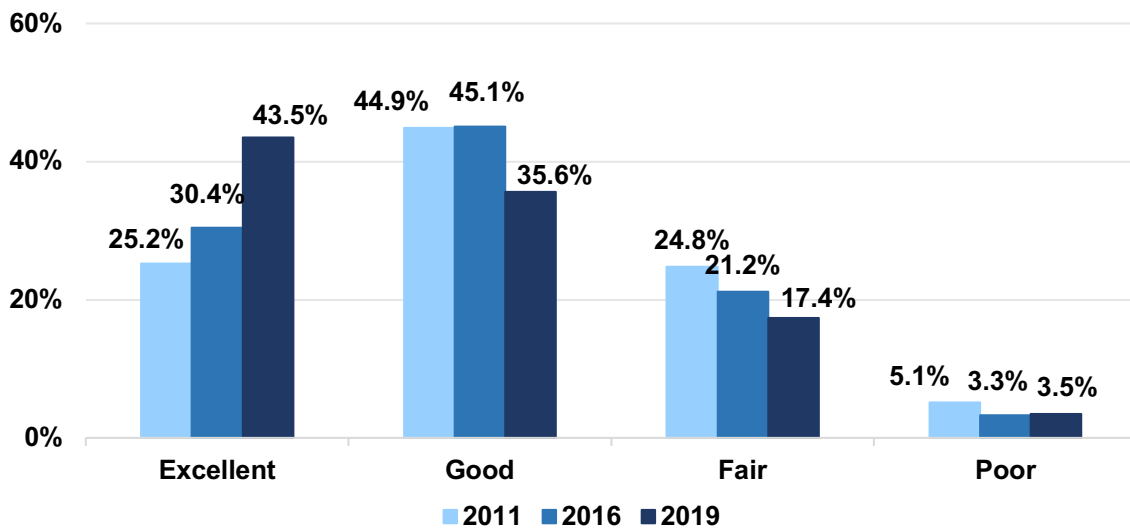
2019 N= 115

2016 N= 184

2011 N= 214

Respondents were asked to indicate how well they felt their health insurance covers their healthcare costs. Forty-four percent of respondents (n=50) indicated they felt their insurance covers an “Excellent” amount of their healthcare costs. Thirty-six percent of respondents (n=41) indicated they felt their insurance was “Good”, and 17.4% of respondents (n=20) indicated they felt their insurance was “Fair.”

How Well Insurance Covers Healthcare Costs*



* Respondents rated their insurance coverage significantly higher in 2019 than in previous assessments.

Barriers to Having Health Insurance (Question 37)

2019 N= 6

The reasons selected for not having insurance were “Cannot afford to pay for medical insurance,” and “Employer does not offer insurance.” Respondents could select all that apply, so percentages do not equal 100%.

Reason	2019	
	Count	Percent
Can't afford to pay for medical insurance	4	66.7%
Employer does not offer insurance	1	16.7%
Choose not to have medical insurance	0	0.0%
Other	1	16.7%

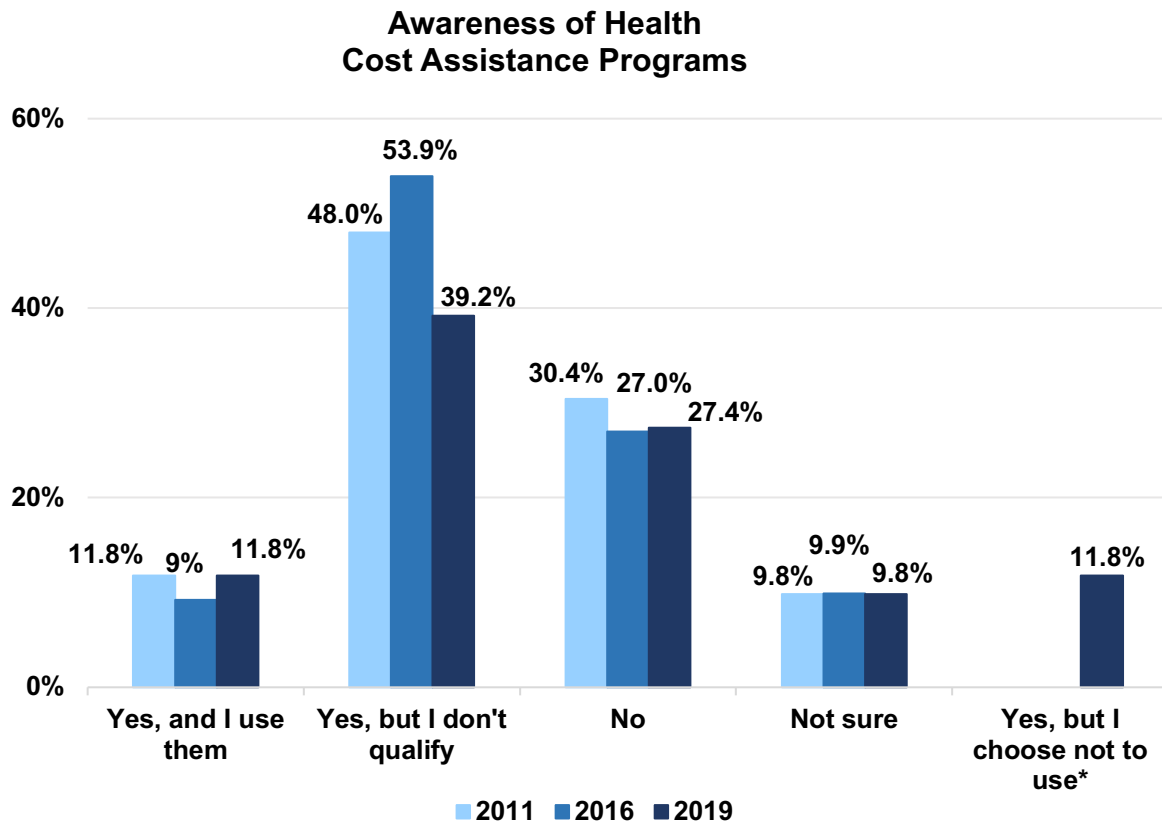
“Other” comments:

- Have Medicare
- Not worth having; the deductibles are out of control

Awareness of Health Cost Assistance Programs (Question 38)

2019 N= 102
 2016 N= 152
 2011 N= 204

Respondents were asked to indicate their awareness of programs that help people pay for healthcare bills. Thirty-nine percent of respondents (n=40) indicated they were aware of these types of programs but did not qualify to utilize them. Twenty-seven percent (n=28) indicated that they were not aware of these programs, and 11.8% of respondents (n=12, each) indicated they are aware of the programs and utilize them, or that they are aware, but choose not to utilize programs.



*The option, "Yes, but I choose not to use" was not asked in 2011/2016 thus significance cannot be determined.

VI. Focus Group and Key Informant Interview Methodology








Five focus group interviews and four key informant interviews were conducted in April of 2019. Participants were identified as people living in Fallon Medical Complex’s service area. Three focus groups were facilitated by the Montana Office of Rural Health, and two by FMC staff.

Thirty-three people participated in the focus group and key informant interviews. The interviews were designed to represent various consumer groups of healthcare including senior citizens, local community members, and community leaders. The focus groups were held at various locations including the facility conference room, the senior congregate meal, and the Senior Center. The meetings lasted up to 90 minutes in length and followed the same line of questioning. Key Informant interviews were conducted over the phone and lasted approximately 15 minutes. Focus group and key informant interview questions can be found in Appendix G.

VII. Focus Group and Key Informant Interview Themes

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

 <p>Quality of Care</p>	<ul style="list-style-type: none"> • Quality of care was spoken of highly at all focus groups, including remarks regarding having a good clinic, long term care, hospital, and chiropractor. • One participant mentioned, “The care here is really good. They are able to get you in quickly and they are great. As long as you don’t have a preference for who you see.” • Number of services was also viewed positively. However, poor communication between providers, and provider consistency was expressed as an issue. • “Because the doctors are switching out (visiting providers), we need to find a way to enhance continuity of care. The handoff when a provider leaves and another steps in is likely where the breakdown is happening”.
 <p>Access to Healthcare</p>	<ul style="list-style-type: none"> • Many utilize the hospital for primary care but indicated they travel elsewhere for most other services, including pediatrics. • Access to services was discussed as an opportunity for improvement – “Accessibility of healthcare services (in general)- but especially in the clinic”. • It was suggested that FMC could explore extended hours or staggered hours to include evenings and weekends. • Participants expressed frustration with the high provider turnover rate, as well as lack of affordability for services. • Access to mental health services was identified as a high priority.

 <p>Affordable Housing</p>	<ul style="list-style-type: none"> • Concerns about housing was discussed in all focus groups. It seems that adequate housing exists, but the price is too high for most. • This issue was also expressed as an overlapping reason for lack of providers and staff - “Affordable housing is an issue. It’s expensive here. It’s difficult getting people to come work at the facility because there is no affordable housing available”. • Senior housing was also mentioned, “The senior apartments are in bad shape. They need a lot of maintenance”.
 <p>Environment</p>	<ul style="list-style-type: none"> • Issues including water quality and road/sidewalk conditions were mentioned in a majority of focus groups. • A participant commented, “[There is] lots of sodium in the water. Better filtration would be good... Cleaner streets; less dust”. • “Cleaner streets and better sidewalks” were also expressed by a participant.
 <p>Services Needed in the Community</p>	<ul style="list-style-type: none"> • Optometrist • Pediatrician • Obstetrician s • Local dentist • Better water quality • Cleaner streets; less dust • Extended clinic hours (evenings/weekends) • Better sidewalks • Affordable housing options • More visiting specialists (cardiology, podiatry, urology) • Provider consistency and continuity of care • Mental health services • Better healthy food access and opportunities to be fit

VIII. Executive Summary

The table below shows a summary of results from the Community Health Assessment. Areas of opportunity were determined after consideration of various criteria including comparison to data from local, state and federal sources (Secondary data); survey results; those issues of greatest concern identified by the community stakeholders through focus groups and key informant interviews; and the potential impact of a given issue. Those items in bold were found in multiple data sources.

Areas of Opportunity Identified Through Assessment	Secondary Data	Survey	Focus Groups/Key Informant Interviews
Access to Healthcare Services			
<ul style="list-style-type: none"> • Access to Primary Care <ul style="list-style-type: none"> ○ Continuity of care ○ Workforce ○ Expanded hours (evening/weekends; walk-in clinic) • Access to Specialty Care <ul style="list-style-type: none"> ○ Pediatrics; Eye care; Cardiology, Urology; OB (visiting) • Information about available services 		<ul style="list-style-type: none"> X X X X 	<ul style="list-style-type: none"> X X X X
Wellness and Prevention			
<ul style="list-style-type: none"> • Overweight & Obesity <ul style="list-style-type: none"> ○ Access to healthy foods/nutrition ○ Health and wellness/weight loss 	X	<ul style="list-style-type: none"> X X 	<ul style="list-style-type: none"> X X
Behavioral Health			
<ul style="list-style-type: none"> • Mental health services • Alcohol/drug abuse 	X	X	X
Health Measures			
<ul style="list-style-type: none"> • Chronic Disease <ul style="list-style-type: none"> ○ Rates of 2+ chronic conditions highest in MT frontier communities ○ Cancer ○ Heart disease • Rates of smoking during pregnancy • High unintentional injury death rate • Environmental health/built environment <ul style="list-style-type: none"> ○ Water quality; housing; street/sidewalk maintenance 	<ul style="list-style-type: none"> X X X X 	<ul style="list-style-type: none"> X X 	<ul style="list-style-type: none"> X

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

The community steering committee, comprised of staff leaders from Fallon Medical Complex (FMC) 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:

- Chronic care management
- Behavioral health
- Access to healthcare services

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 acknowledged in this report were identified. As the steering committee continues to meet, more resources will continue to be identified, therefore, this list is not exhaustive.

- 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
- Fallon County Public Health
- Fallon County Council on Aging
- Health Board

X. Evaluation of Activity Impacts from Previous CHNA

Fallon Medical Complex provided the Montana Office of Rural Health with an update on their Implementation Plan activities from their previous CHNA process. The Fallon Medical Complex Board of Directors approved its previous implementation plan on November 2, 2016. The plan prioritized the following health issues:

- Outreach and education
- Primary care
- Specialty care
- Smoking prevalence

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

http://www.fallonmedical.org/PDFfiles/PDFfiles/FMC_CHNA_Implementation_Plan_2016.pdf

Goal 1: Improve education and outreach regarding health and healthcare services in Fallon County.

Strategy	Activities	Accomplishments	Community Impact/Outcomes
<p>1.1 Improve community’s knowledge of opportunities for living active lifestyles.</p>	<p>Convene community partner/stakeholder group (i.e. Fallon Medical Complex, Fallon County Recreation Department, and Fallon County Public Health).</p>	<p>FMC meets quarterly with the Public Health Department for LEPC Meetings</p>	<p>Resource manual was created to meet this need, and will be released to the community</p>
	<p>Conduct environmental scan of available opportunities for active lifestyles in Fallon County.</p>	<p>Available active lifestyle opportunities were added to the Resource Manual</p>	
	<p>Determine appropriate modalities to share information (newsletters, partner publications/websites, and social media).</p>	<p>Facebook account was established, continued work on new website</p>	<p>Increased community knowledge on available resources and health topics</p>
	<p>Explore enhancing FMC’s Facebook presence by creating more interactive and robust content to enhance the impact of marketing efforts.</p>	<p>Attaching more pictures to content and events happening</p>	<p>Increased community knowledge of what is happening at FMC</p>

Goal 1 continued on next page...

Strategy	Activities	Accomplishments	Community Impact/Outcomes
<p>1.2 Increase community's knowledge of services available at FMC.</p>	<p>Catalogue all available services and develop information sharing plan for FMC staff and community.</p>	<p>Resource Manual was created</p>	
	<p>Explore opportunities to better disseminate information via community partners (ex.Pharmacy, social media).</p>	<p>Information is supplied to Fallon County Times for resource inserts annually, ongoing advertising weekly</p>	<p>Increased community knowledge of available healthcare services</p>
	<p>Continue partnering with local MSU Extension Service to provide community health fair.</p>	<p>Continues to be offered to the community, and is largely attended</p>	<p>Community has access to many vendors and health information, annual blood draw offered at discounted price</p>
	<p>Hold community forum(s) to educate community of FMC's plan for staffing providers in the clinic and hospital, given impending retirements.</p>	<p>Education of provider staffing is presented in the local paper and also on Facebook</p>	<p>Increased community knowledge of providers available at the clinic</p>
<p>1.3. Improve community's access to healthcare through enhanced care coordination efforts.</p>	<p>Continue providing Patient Navigator program to assist with the evaluation of ACA marketplace options.</p>	<p>Discontinued program due to changes in the ACA</p>	<p>No longer available to the community</p>
	<p>Implement 340B program to provide low cost medication to low income individuals.</p>	<p>Cost savings and improved patient treatment</p>	<p>Cost savings and improved patient treatment</p>
	<p>Create marketing and outreach strategy to inform community of available resources.</p>	<p>Content has been created for the new website, Facebook posts</p>	<p>Information is available on Facebook and our current website</p>
	<p>Partner with Council on Aging, Fallon County Public Health, etc. to coordinate educational outreach efforts.</p>	<p>Offer Lunch & Learn, Meals on Wheels, Transportation services, in home services</p>	<p>Ongoing coordination with county entities</p>

Goal 2: Improve access to primary care services.

Strategy	Activities	Accomplishments	Community Impact/Outcomes
<p>2.1 Explore the development of a “Milestone Birthday Screening” program.</p>	<p>Determine what a “Milestone Birthday Screening” will offer (i.e. mole/skin check, free office visit, hearing check, etc.)</p>	<p>Incomplete – Insufficient time and resources to develop forms and work flow process. Program may be obtainable with more staff education and change in workflow process</p>	
	<p>Develop protocol to determine patients who are eligible through the use of “Health Maintenance Rules” data, culled from Meaningful Use criteria captured through Electronic Medical Records.</p>		
	<p>Develop marketing information to inform patients of their “Milestone Birthday Screening” eligibility.</p>		
<p>2.2 Improve clinic scheduling process to reduce wait times and ease of making future appointments.</p>	<p>Extend Clinic scheduling of providers from one (1) month in advance to six (6) months.</p>	<p>Scheduling extended from one month to six months. Working on a one-year schedule</p>	<p>Increase community knowledge of providers available at the clinic</p>
	<p>Integrate into electronic clinic scheduling process.</p>	<p>Incomplete</p>	
	<p>Create marketing strategy to inform patients of new scheduling process and appointment availability.</p>	<p>Color copy of the monthly provider schedule is published in the local newspaper and on Facebook</p>	<p>Increase community knowledge of providers available at the clinic</p>
	<p>Determine feasibility of creating appointment reminders to patients via patient portal, texts, emails, other.</p>	<p>Not currently feasible to implement - text is not an available option on our system</p>	
<p>2.3 Workforce development – Pipeline programs and Recruitment/Retention</p>	<p>Continue offering student camps annually to encourage and foster high school student’s interest in health careers.</p>	<p>Medical Explorers is offered when possible at the annual Health Fair</p>	<p>Promotes a firsthand look for high school students interested in health careers</p>
	<p>Continue offering job shadowing opportunities and rural clinical rotation experiences for students (ex.</p>	<p>FMC offers job shadowing opportunities and rural clinical rotation experiences as often as possible</p>	<p>Providing an opportunity for students to come to FMC may spark their interest to return in the future</p>

	WWAMI medical students, PA students).		
	Offer CNA classes to community members.	CNA classes are offered upon interest	Job opportunities in our community
	Participate in new “Meet the Residents” opportunities through Montana Residency programs.	CEO does attend when able to promote FMC as a great place to work	Possibility of new providers moving to the community
	Create marketing campaigns to inform community about potential provider hires to enhance the interviewee’s experience and engage the community in the recruitment process.	New staffing of providers is published on the website, local newspaper and Facebook. When providers are being interviewed, individuals from the community are asked to come based on the interviewee's interests	

Goal 3: Improve knowledge and access to specialty care services.

Strategy	Activities	Accomplishments	Community Impact/Outcomes
3.1 Increase community’s knowledge of available specialty services available at FMC.	Create informational handout of all specialty services available including information regarding schedule, hours, dates, type of care provided, and information about provider.	Monthly provider schedule was posted on Facebook and in local paper when locum providers would be at FMC	
	Create dissemination plan for information- explore flyers, posting on website, social media, etc.	Information of specialty services at FMC are published in the local paper and posted on Facebook	
3.2 Create a patient testimonial campaign to educate community on available services.	Determine potential cases/stories to share.	Testimonial was received from DON	Testimonial was posted on Facebook
	Gather patient stories.	Ongoing process	
	Determine marketing strategy to share testimonials.	If a positive comment has been made by a patient on Facebook FMC will share the post	

3.3 Promote ‘Lunch and Learn’ educational offerings.	Create a schedule of available Lunch and Learn webinars.	Schedule is made tentatively for Jan-May 2019.	Increased community education
	Promote offerings as appropriate for community and/or staff/providers.		Increased community and/or staff/provider education
3.4 Increase knowledge and understanding of Telehealth/Telemed specialty services available at FMC.	Develop a Telehealth/Telemed and E- emergency demonstration to educate community on what specialty services are available and what a consult may “feel” like while utilizing telemedicine.	An open house and Lunch and Learn was offered for the community to observe how the services work	Telemed helps to minimize travel distance to specialty care services
	Create marketing materials to educate community on demonstration and dissemination plan.	An open house and Lunch and Learn was offered for the community to observe how the services work	Continued advertisement in the local paper promotes the use of Telemed

Goal 4: Decrease smoking prevalence in Fallon County.

Strategy	Activities	Accomplishments	Community Impact/Outcomes
4.1 Adopt the concept of a Smoke Free Medical Campus as encouraged by the Montana Department of Health and Human Services.	Discuss pros and cons among management staff and develop proposed policy.	Successful evaluation, working policy proposed	
	Garner employee feedback; tweak the policy as necessary, developing a consensus.	Appropriate education and notification were provided	
	Seek approval of the policy from the FMC Board of Trustees.	Board approval	
	Develop an implementation plan.	Implementation complete	
4.2 Provide notification of the Smoke Free Medical Campus policy to staff and community.	Develop marketing information to educate community on Smoke Free Campus policy.	Local paper, Facebook, flyers, announced at community meetings	
	Educate FMC staff of new policy and timeline through discussions, memos, emails, etc.	Policy was established, and information is located in the employee manual provided to all staff	
	Create and post Smoke Free Campus signage through FMC’s campus.	Signage posted throughout the campus	

<p>4.3. Develop and promote smoking cessation support to employees and patients.</p>	<p>Work with Fallon County to create enhancements to their self-funded insurance plan for smoking cessation funding.</p>	<p>Smoking cessation funding was created in the health insurance plan</p>	
	<p>Offer links and contacts to public agencies that are able to assist employees through low-cost medication, counseling, etc.</p>	<p>Our implemented 340B program helps provide reasonably priced medications to low income individuals. We coordinate with Public Health and Eastern Montana Mental Health Center via Telemed</p>	<p>Community resources are listed on our current website</p>
	<p>Research training opportunities for providers and patient care staff on a variety of cessation topics.</p>		
	<p>Provide educational tools and materials that can be used for patient education in the clinic setting.</p>	<p>Flyers posted in the clinic patient rooms and other education material to anyone who wants for free (MT Quit Line)</p>	
	<p>Link FMC's website with smoking prevention and cessation resources.</p>	<p>Plenty of educational materials available at the clinic to anyone who wants for free, if patients utilize the Patient Portal there are resources available</p>	<p>New website will have links to smoking prevention and cessation resources available to the community</p>

Appendix A – Steering Committee

Steering Committee Member	Organization Affiliation
Spring Nacey	Fallon Medical Complex (FMC)- Rehabilitation Services
Nikki Buerkle, RN	FMC- Community Clinic Nurse
Mary Mangold	Retired Social Worker, Red Cross Volunteer
Jeanna Sullivan, BSW	FMC- Social Services
Karol Zachmann	FMC- Lifeline Manager/Home Health Services
Judy McWilliams	FMC- Quality Improvement Coordinator
David Espeland	FMC- CEO
April Bruha	FMC- Administrative Assistant
Carla Brown, Coordinator	Fallon County Council on Aging
Kim Cuppy, RN, CLC	Fallon County Public Health Advisor
Mindi Murnion	Fallon County Public Health Emergency Preparedness and WIC
Jessica Hastig	Community Representative
Ralynn Noftsker	Community Representative
Michelle Smith, RN	Community Representative
Sandra Kinsey, RN	Retired Fallon County Public Health Nurse
Tammy Reetz	Co-DAT Chairman, American Red Cross



Appendix B – Public Health and Populations Consultation

Public Health and Populations Consultation Worksheet

1. Public Health

a. Name/Organization

Mindi Murnion - Fallon County Public Health Emergency Preparedness and WIC
Kim Cuppy, RN, CLC - Fallon County Public Health Advisor
Sandra Kinsey, RN- Retired, Fallon County Public Health Nurse

b. Type of Consultation

First Steering Committee Meeting: 01/25/2019

c. Input and Recommendations from Consultation

- I don't think people are honest with their drinking and driving. The number seems low for our county.
- Wouldn't it be great if there was transportation assistance from the bar.
- There are only 8 percent of people below the poverty level in our county. I feel the poverty level here is actually double those rates.
- The number for free and reduced lunch seems very high. That's (113 students) over half of the school.
- What does the hospital do with the information learned in the Community Health Needs Assessment? Is the community aware of the progress they make?

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

Population: Low-Income, Underinsured

a. Name/Organization

Jeanna Sullivan, BSW- FMC- Social Services
Mindi Murnion - Fallon County Public Health Emergency Preparedness and WIC

b. Type of Consultation

First Steering Committee Meeting: 01/25/2019

c. Input and Recommendations from Consultation

- There is a Food Bank the Community Cupboard

Population: Seniors

a. Name/Organization

Carla Brown, Coordinator- Fallon County Council on Aging
Karol Zachmann, FMC- Lifeline Manager/Home Health Services

b. Type of Consultation

First Steering Committee Meeting: 01/25/2019

c. Input and Recommendations from Consultation

- Everyone wants hospice, but it is something that would be extremely difficult to offer in this community.

Appendix C – Secondary Data

Fallon County
Secondary Data Analysis



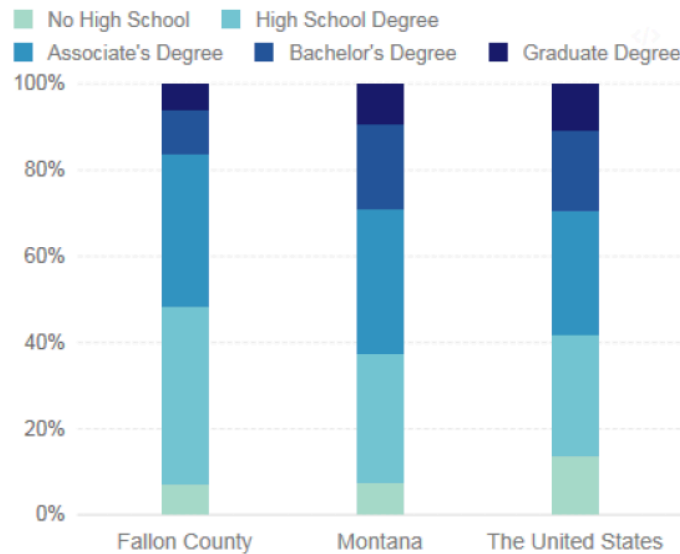
Office of Rural Health
Area Health
Education Center

Demographic Measure (%)		County			Montana			Nation		
Population ¹		2,890			1,032,949			308,745,538		
Population Density ¹		1.8			6.8			87.4		
Veteran Status ¹		5.9%			10.6%			7.7%		
Disability Status ¹		11.9%			16.6%			15.3%		
Age ¹		<5	18-64	65+	<5	18-64	65+	<5	18-64	65+
		7.9%	59.4%	15.8%	6%	54.9%	17.2%	6.2%	56%	14.9%
Gender ¹		Male		Female	Male		Female	Male		Female
		51.5%		48.5%	50.3%		49.7%	49.2%		50.8%
Race/Ethnic Distribution ¹		White			89.2%			77.1%		
		American Indian or Alaska Native			6.6%			1.2%		
		Other †			5.1%			36.7%		

¹ US Census Bureau Fact Finder (2016)

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

Highest Degree Attained



Fallon County

No High School	6.93%
High School Degree	41.19%
Associate's Degree	35.51%
Bachelor's Degree	10.30%
Graduate Degree	6.06%

Montana

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

The United States

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

² National Center for Education Statistics

Socioeconomic Measures (%)	County	Montana	Nation
Median Income ¹	\$56,806	\$50,801	\$57,652
Unemployment Rate ¹	1.2%	4.8%	6.6%
Persons Below Poverty Level ¹	5.8%	14.4%	14.6%
Uninsured Adults (Age <65) ^{3,4}	7%	12%	10.7%
Uninsured Children (Age <18) ^{3,4}	5%	5%	5%
Children in Poverty ¹	5.9%	23.3%	20.3%
Enrolled in Medicaid ^{5,6}	4.8%	9.4%	1 in 7
Enrolled in Free/Reduced Lunch ⁷ <i>Pre-k through 12th grade</i>	102	62,951	-
SNAP Participants ⁷ <i>All ages, FY 2015</i>	120	118,704	-

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

Maternal Child Health	County	Montana
Births ⁸ <i>Between 2011-2013</i>	119	35,881
Born less than 37 weeks ⁸	N/A	9.1%
Teen Birth Rate (females age 15-19) ⁸ <i>Per 1,000 years 2009-2013</i>	N/A	32.0
Smoking during pregnancy ⁸	17.7%	16.3%
Receiving WIC ⁸	N/A	34.6%
Children (2-5 years of age) overweight or obese ⁸	N/A	27.9%
Childhood Immunization Up-To-Date (UTD) % Coverage ⁹	64.0%	63.6%

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

Behavioral Health	County	Montana	Top U.S. Performers
Adult Smoking ³	14%	19%	14%
Excessive Drinking ³	24%	21%	13%
Adult Obesity ³	30%	25%	26%
Poor Mental Health Days (Past 30 days) ³	3.0	3.5	3.1
Physical Inactivity ³	22%	21%	20%
Drug Use Hospitalization Rate ¹⁰ <i>Per 100,000 population</i>	N/A	372.5	-

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

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

¹¹ Montana State Health Assessment (2017)

Communicable Diseases (per 100,000 people) ⁸	County	Montana
Chlamydia	209.76	366.2
Hepatitis C	11.04	123
Pertussis	N/A	44.6

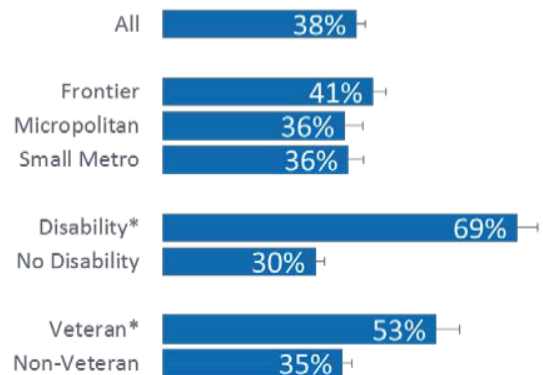
⁸ County Health Profiles, DPPHS (2015)

Chronic Conditions ¹⁰	County	Montana
Stroke Hospitalization Rate <i>Per 100,000 population</i>	N/A	152
Diabetes Hospitalization Rate <i>Per 100,000 population</i>	436.6	1058.9
COPD Emergency Department Visit Rate <i>Per 100,000 population</i>	N/A	669.9
Acute Myocardial Infarction (MI) Hospitalization <i>Rate Per 100,000 population</i>	N/A	118.1

¹⁰ IBIS Community Snapshot, MT- DPPHS

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

Percent of Montana Adults with Two or More Chronic Conditions

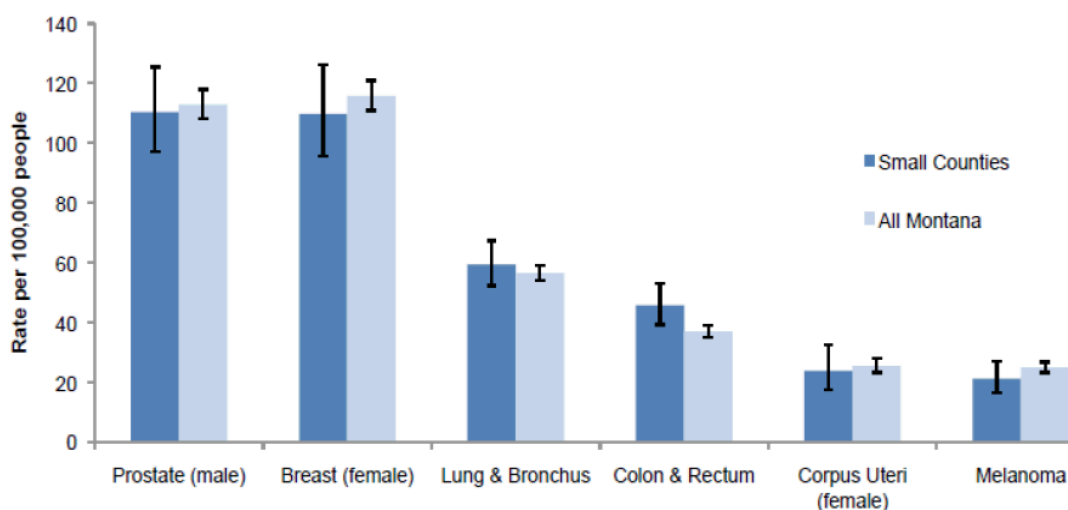


¹¹ Montana State Health Assessment (2017)

Cancer Prevalence	County	Montana	Nation
All Sites Cancer ¹⁰ <i>Per 100,000 population</i>	442.3	441.6	444

¹⁰ IBIS Community Snapshot, MT- DPPHS

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



⁸ County Health Profiles, DPPHS (2015)

Mortality	County	Montana	Nation
Suicide Rate ¹² <i>Per 100,000 population</i>	N/A	22.5	13.9
Leading Causes of Death ^{13, 14}	N/A	1. Heart Disease 2. Cancer 3. CLRD*	1. Heart Disease 2. Cancer 3. Unintentional injuries
Unintentional Injury Death Rate ¹⁵ <i>Per 100,000 population</i>	65.6	41.3	41.3
Diabetes Mellitus ^{13, 16} <i>Per 100,000 population</i>	N/A	21.3	21.5
Alzheimer's Disease ^{13, 17} <i>Per 100,000 population</i>	N/A	20.9	37.3
Pneumonia/Influenza Mortality ^{13, 18} <i>Per 100,000 population</i>	N/A	13.5	14.3

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

*Chronic Lower Respiratory Disease

Appendix D – Survey Cover Letter



"Friends Healing Friends"

FALLON
MEDICAL
COMPLEX

PO Box 820
202 South 4th Street West
Baker, MT 59313-0820
(406) 778-3331
FAX (406) 778-2488
www.fallonmedical.org

March 15, 2019

Dear [LASTNAME] household:

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

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

1. Due date to complete survey: April 19, 2019
2. Complete the enclosed survey and return it in the envelope provided - no stamp needed.
3. You can also access the survey at <http://helpslab.montana.edu/survey.html>. Select "Fallon Medical Complex." Your access code is [CODED]

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

Thank you for your assistance. We appreciate your time.

Sincerely,

David E. Espeland

David Espeland, CEO

Appendix E – Survey Instrument

Community Health Services Development Survey Baker, Montana

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

1. How would you rate the general health of our community?
 Very healthy Healthy Somewhat healthy Unhealthy Very unhealthy

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

<input type="checkbox"/> Alcohol abuse/substance abuse	<input type="checkbox"/> Heart disease	<input type="checkbox"/> Recreation related accidents/injuries
<input type="checkbox"/> Alzheimer's/dementia	<input type="checkbox"/> Hunger	<input type="checkbox"/> Social isolation/loneliness
<input type="checkbox"/> Cancer	<input type="checkbox"/> Lack of access to healthcare	<input type="checkbox"/> Stroke
<input type="checkbox"/> Child abuse/neglect	<input type="checkbox"/> Lack of dental care	<input type="checkbox"/> Suicide
<input type="checkbox"/> COPD- Lung health	<input type="checkbox"/> Lack of exercise	<input type="checkbox"/> Tobacco use (cigarettes, vaping, smokeless)
<input type="checkbox"/> Depression/anxiety	<input type="checkbox"/> Mental health issues	<input type="checkbox"/> Work related accidents/injuries
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Motor vehicle accidents	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Domestic violence	<input type="checkbox"/> Overweight/obesity	

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

<input type="checkbox"/> Access to childcare/after school programs	<input type="checkbox"/> Community involvement	<input type="checkbox"/> Low level of domestic violence
<input type="checkbox"/> Access to healthcare and other services	<input type="checkbox"/> Good jobs and a healthy economy	<input type="checkbox"/> Parks and recreation
<input type="checkbox"/> Affordable housing	<input type="checkbox"/> Good schools	<input type="checkbox"/> Religious or spiritual values
<input type="checkbox"/> Arts and cultural events	<input type="checkbox"/> Healthy behaviors and lifestyles	<input type="checkbox"/> Strong family life
<input type="checkbox"/> Clean environment	<input type="checkbox"/> Low crime/safe neighborhoods	<input type="checkbox"/> Tolerance for diversity
	<input type="checkbox"/> Low death and disease rates	<input type="checkbox"/> Transportation services
		<input type="checkbox"/> 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="checkbox"/> City kiosk (SMART)	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Social media
<input type="checkbox"/> Friends/family	<input type="checkbox"/> Presentations	<input type="checkbox"/> Website/internet
<input type="checkbox"/> Healthcare provider	<input type="checkbox"/> Posters	<input type="checkbox"/> Word of mouth
<input type="checkbox"/> Health fair	<input type="checkbox"/> Public Health	<input type="checkbox"/> Yellow Pages
<input type="checkbox"/> Mailings/newsletter	<input type="checkbox"/> Radio	<input type="checkbox"/> Other: _____

6. In your opinion, what would improve our community's access to healthcare? (**Select ALL that apply**)

<input type="checkbox"/> Consistent primary care providers	<input type="checkbox"/> More specialists
<input type="checkbox"/> Greater health education services	<input type="checkbox"/> Outpatient services expanded hours
<input type="checkbox"/> Improved quality of care	<input type="checkbox"/> Telemedicine/video appointments
<input type="checkbox"/> Interpreter services	<input type="checkbox"/> Transportation assistance (to and from)
<input type="checkbox"/> More information about available services	<input type="checkbox"/> Other: _____

Turn to BACK of page to continue

1

7. Which community health resources, other than the hospital or clinic, have you used in the last three years? **(Select ALL that apply)**
- | | | |
|--|---|--|
| <input type="checkbox"/> Adult immunizations | <input type="checkbox"/> Dentist | <input type="checkbox"/> Public health |
| <input type="checkbox"/> Certified passenger safety technician (car seat training) | <input type="checkbox"/> Family planning | <input type="checkbox"/> Senior center |
| <input type="checkbox"/> Childhood immunizations | <input type="checkbox"/> Fitness center | <input type="checkbox"/> Substance abuse services |
| <input type="checkbox"/> Childhood screenings | <input type="checkbox"/> Home care services | <input type="checkbox"/> Telemedicine/video appointment |
| <input type="checkbox"/> Chiropractor | <input type="checkbox"/> Meals on Wheels | <input type="checkbox"/> Women, Infant, and Children (WIC) |
| <input type="checkbox"/> Community Cupboard | <input type="checkbox"/> Mental health | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> Pharmacy | |
8. If Fallon Medical Complex were to offer any of the following classes/programs to the community, which would you be most interested in? **(Select ALL that apply)**
- | | | |
|--|--|--|
| <input type="checkbox"/> Alcohol/substance abuse | <input type="checkbox"/> Grief counseling | <input type="checkbox"/> Nutrition |
| <input type="checkbox"/> Alzheimer's | <input type="checkbox"/> Health and wellness | <input type="checkbox"/> Parenting |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Health fair | <input type="checkbox"/> Prenatal |
| <input type="checkbox"/> Coumadin clinic | <input type="checkbox"/> Heart disease | <input type="checkbox"/> Smoking/tobacco cessation |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Living will | <input type="checkbox"/> Support groups |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Men's health | <input type="checkbox"/> Weight loss |
| <input type="checkbox"/> First aid/CPR | <input type="checkbox"/> Mental health | <input type="checkbox"/> Women's health |
| <input type="checkbox"/> Fitness | <input type="checkbox"/> Multiple sclerosis/MS | <input type="checkbox"/> Other: _____ |
9. 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? **(Select ALL that apply)**
- | | | |
|---|---|---|
| <input type="checkbox"/> Children's checkup/Well baby | <input type="checkbox"/> Health fair | <input type="checkbox"/> Routine blood pressure check |
| <input type="checkbox"/> Cholesterol check | <input type="checkbox"/> Hearing check | <input type="checkbox"/> Routine health checkup |
| <input type="checkbox"/> Colonoscopy | <input type="checkbox"/> Mammography | <input type="checkbox"/> Skin check |
| <input type="checkbox"/> Dental exam | <input type="checkbox"/> Mental health counseling | <input type="checkbox"/> Vision check |
| <input type="checkbox"/> Diabetes screening (A1C) | <input type="checkbox"/> Pap smear | <input type="checkbox"/> None |
| <input type="checkbox"/> Dietary consultation | <input type="checkbox"/> Point of care test (Pro Time test) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Flu shot/immunizations | <input type="checkbox"/> Prostate (PSA) | |
10. What additional healthcare services would you use if available locally? **(Select ALL that apply)**
- | | | |
|--|---|--|
| <input type="checkbox"/> Drug and alcohol counseling | <input type="checkbox"/> Outpatient surgery | <input type="checkbox"/> Public Assistance (i.e. housing, Medicaid, food stamps) |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Pediatrician | <input type="checkbox"/> Walk-in clinic |
| <input type="checkbox"/> Optometrist | <input type="checkbox"/> Podiatry | <input type="checkbox"/> Other: _____ |
11. How important are local healthcare providers and services (i.e.: hospitals, clinics, nursing homes, assisted living, etc.) to the economic well-being of the area?
- | | | | |
|---|------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Very important | <input type="checkbox"/> Important | <input type="checkbox"/> Not important | <input type="checkbox"/> Don't know |
|---|------------------------------------|--|-------------------------------------|
12. How important do you feel it is that our hospital remains open within our community?
- | | | | |
|---|------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Very important | <input type="checkbox"/> Important | <input type="checkbox"/> Not important | <input type="checkbox"/> Don't know |
|---|------------------------------------|--|-------------------------------------|
13. In the past three years, was there a time when you or a member of your household thought you needed healthcare services but did NOT get or delayed getting medical services?
- Yes No **(If no, skip to question 15)**

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

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

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 MOST for hospital care? (**Select ONLY 1**)

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

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Closest to home | <input type="checkbox"/> Financial assistance programs | <input type="checkbox"/> Referred by physician or other provider |
| <input type="checkbox"/> Closest to work | <input type="checkbox"/> Hospital's reputation for quality | <input type="checkbox"/> Required by insurance plan |
| <input type="checkbox"/> Cost of care | <input type="checkbox"/> More privacy | <input type="checkbox"/> VA/Military requirement |
| <input type="checkbox"/> Emergency, no choice | <input type="checkbox"/> Prior experience with hospital | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> Recommended by family or friend | |

18. What hospital services were utilized during your hospital care? (**Select ALL that apply**)

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

19. If you needed emergency medical services in the future, which facility would you use? (**Select ONLY 1**)

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

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

- Yes No (**If no, skip to question 23**)

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

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

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

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

23. If you routinely seek primary health care services outside of Fallon Medical Complex, what are the reasons you do so? **(Select ALL that apply)**

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

24. If you needed primary care services in the future, which facility would you use? **(Select ONLY 1)**

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

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

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

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

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

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

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

28. The following services are available at Fallon Medical Complex. Please rate the overall quality for each service by circling your answer. (Please circle N/A if you have not used the service)

	Excellent	Good	Fair	Poor	Haven't used	Don't Know
Community Clinic	4	3	2	1	N/A	DK
Emergency room	4	3	2	1	N/A	DK
Fallon County Health Department	4	3	2	1	N/A	DK
Health fair	4	3	2	1	N/A	DK
Hospital	4	3	2	1	N/A	DK
Laboratory	4	3	2	1	N/A	DK
Life Line	4	3	2	1	N/A	DK
Long Term Care (LTC)	4	3	2	1	N/A	DK
Mammography	4	3	2	1	N/A	DK
Physical/Occupational Therapy	4	3	2	1	N/A	DK
Telemedicine (video)	4	3	2	1	N/A	DK
Wibaux Clinic	4	3	2	1	N/A	DK
X-ray	4	3	2	1	N/A	DK

29. In the past three years, have there been periods of at least three consecutive months where you felt depressed on most days? Yes No

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

- | | | |
|---|--|---|
| <input type="checkbox"/> Daily | <input type="checkbox"/> 3-5 times per month | <input type="checkbox"/> No physical activity |
| <input type="checkbox"/> 2-4 times per week | <input type="checkbox"/> 1-2 times per month | |

31. Has cost prohibited you from getting a prescription or taking your medication regularly? Yes No

32. In the past year, did you worry that you would not have enough food? Yes No

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

- | | | |
|--|---|--|
| <input type="checkbox"/> Child car seat/booster | <input type="checkbox"/> Helmet | <input type="checkbox"/> Steel toe boots |
| <input type="checkbox"/> Designated driver | <input type="checkbox"/> Regular exercise | <input type="checkbox"/> None |
| <input type="checkbox"/> Fire resistant clothing | <input type="checkbox"/> Safety glasses | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Hard hat | <input type="checkbox"/> Seat belt | |

34. Do you have health insurance? Yes No **(If no, skip to question 37)**

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

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

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

- Excellent Good Fair Poor

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

- Can't afford to pay for medical insurance Choose not to have medical insurance
 Employer does not offer insurance Other: _____

38. Are you aware of programs that help people pay for healthcare expenses?

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

Demographics

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

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

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> 59313 Baker | <input type="checkbox"/> 59344 Plevna | <input type="checkbox"/> 59354 Willard |
| <input type="checkbox"/> 59324 Ekalaka | <input type="checkbox"/> 59336 Ismay | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> 58643 Marmath, ND | <input type="checkbox"/> 59353 Wibaux | |

40. What is your gender? Male Female Other

41. What age range represents you?

- | | | |
|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> 18-25 | <input type="checkbox"/> 46-55 | <input type="checkbox"/> 76-85 |
| <input type="checkbox"/> 26-35 | <input type="checkbox"/> 56-65 | <input type="checkbox"/> 86+ |
| <input type="checkbox"/> 36-45 | <input type="checkbox"/> 66-75 | |

42. What is your employment status?

- | | |
|---|---|
| <input type="checkbox"/> Work full time | <input type="checkbox"/> Student |
| <input type="checkbox"/> Work part time | <input type="checkbox"/> Collect disability |
| <input type="checkbox"/> Retired | <input type="checkbox"/> Unemployed, but looking |
| <input type="checkbox"/> Homemaker | <input type="checkbox"/> Not currently seeking employment |
| | <input type="checkbox"/> Other: _____ |

[CODED]

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

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

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

Appendix F – Responses to Other and Comments

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

- Vision related problems, Diabetes

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

- Go in
- As a patient
- I used to go to Fallon Medical eleven years ago
- Being involved in community

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

- Pricing- get realistic
- Labor and delivery
- We already have telemedicine + the Fallon Co. bus, but people might not know that
- More mental health providers!!
- Fertility specialist
- A new hospital administrator
- Baby care

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

- Checkup
- Massage therapist
- None
- MRI Van?
- PT [Physical therapy]
- None

9. 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?

- CDL
- Fertility
- None
- Thyroid screening
- Ekalaka

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

- No
- Radiology

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

- No walk-in
- Not a viable item
- Info was not passed to my doctor from tests
- Don't believe FMC has the patient in its best interest. Scared to let my family go to FMC.
- No specialist. No surgery area.
- Not offered
- Unsure if follow up care would be executed with treating provider

16. Which hospital does your household use MOST for hospital care?

- Community Memorial Hospital, Cloquet Minnesota
- Ortho UT
- Des Moines, IA
- Cannot select one as it depends on why. Baker often only have PA's on-call
- Laser Spine Institute
- Bismarck, ND, Hettinger, N.D.

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

- Pricing is better
- Place of Primary Care Dr. (2)
- Specialist
- Recommended by friends
- Better Care
- Labor and Delivery; OB/GYN
- Surgery
- NICU/C-section

18. What hospital services were utilized during your hospital care?

- Special Surgery
- Fertility specialist
- CATH LAB
- NICU/C-section
- Hip surgery (Holy Rosary)

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

- Depends on what the emergency involves
- Depends on doctor
- Depends on why. Heart? Kidney Stone? Pain?
- Holy Rosary - Miles City
- Bismarck, ND, Hettinger, N.D
- It depends on the situation

21. Where was that primary healthcare provider located?

- Bozeman, MT
- Billings VA
- Fallon Medical Complex, Rapid City
- One Health Miles City
- Bismarck, ND, Hettinger, N.D

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

- I am not currently seeing a primary care provider
- Only pediatrician around/closest to us (2)
- Was seeing PA when worked for FMC, also like the Dr.
- Pediatrician that works with son's cardiologist at Billings Clinic/Billings
- Naturopath doctor
- Best care
- Fully staffed
- In same County (Custer Co)
- OB/GYN/pediatrician
- Pediatrician and internal IUD specialties
- Pediatrician

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

- Have to no pediatrician here
- Specialist service (5)
- Special circumstances
- Sons cardiologist, prenatal care, labor + delivery
- From Minnesota. They have our records. Temporarily working in Montana next few years
- Surgical
- Referred
- Consistency
- Because I'm always told that they cannot help & recommend me to go elsewhere
- Fully staffed
- Gynecologist
- OB/GYN/pediatrician
- Easier to get appointments
- Doctors
- Expertise or equipment not available at FMC (2)
- Referred by local doc. for further testing
- Had surgery in Bismarck and was appointed Bowman for Pre-op.
- Lack of consistent providers

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

- Billings VA
- Depends on needs (2)
- Would start with FMC + go on if referred
- Private practice
- Bismarck, ND, Hettinger N.D.

26. Where was the healthcare specialist seen?

- Many places
- Bozeman, MT
- St. Vincent Healthcare, Ortho Montana
- Billings VA
- Sanford- Fargo ND, Sidney, MT
- Cardio/Ortho
- Billings MT, Denver CO
- Cloquet, Minnesota
- Billings, MT, Brewer Dental
- Billings Cardiology
- Fargo, ND
- Billings Dr Apostle Cardiologist
- Florida
- Hettinger, N.D.
- Billings: private practice

27. What type of healthcare specialist was seen?

- Knee surgeon
- Colonoscopy (4)
- Sleep test
- Orthopedics
- Fertility
- Pain Management

33. Which of the following prevention measures do you use regularly?

- Hearing protection, sunglasses
- Gloves, hearing protection

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

- Christian Healthcare Ministries
- Medicare, Sub.

37. If you do NOT have medical insurance, why?

- Have Medicare
- Not worth having; the deductibles are out of control

42. What is your employment status?

- Rancher/self employed
- Homemaker, Farm and Ranch full time
- Work full time, Self Employed
- Work full time, wife retired
- Work full time, Homemaker (2)
- Farm wife
- Business owner

Appendix G –Focus Group Interview Questions

Focus Group Questions

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?

Key Informant Interview Questions

1. What would make your community a healthier place to live?
2. What do you think are the most important local healthcare issues?
3. What other healthcare services are needed in the community?

Appendix H – Focus Group and Key Informant Interview Notes

Focus Group #1

Thursday, April 18, 2019 – Fallon Medical Complex Baker MT

8 participants

1. What do you think are the most serious health concerns/issues in your community?
 - Mental health is a big one. Across the spectrum we don't have any services. There is a counselor that comes down once a week.
 - The availability is not well advertised, but even so, people in the community are so private they might not want to talk to someone about their issues. Or locally at least.
 - I do think attitudes towards mental health and accessing services is getting better though.
 - We don't really have pediatric services, so people have to travel for this.
 - It would be nice if the walk-in clinic was open on evenings or on weekends.
 - Or if the providers could stagger their schedules a little so that people can come in before/after work.
 - Accessibility of healthcare services- but especially in the clinic.
 - Also thinking big picture, looking at how healthcare is paid for. With Indian Health Service they don't cover a lot and it has to be preauthorized. Just the way the healthcare operates is an issue. Systemically.
 - Housing is a big issue here.

2. What do you think of the hospital in terms of:
 - Quality of Care
 - The care here is really good. They are able to get you in quickly and they are great; as long as you don't have a preference for who you see. Otherwise it can be a bit of a wait.
 - Follow-up care with the providers is a bit of an issue. There is a communication issue because they may want you to come back in a month, but they won't put in the order. Most people may not think to or know how to follow up and it gets missed.
 - Communication between providers to nurses and patients is a bit of an issue. It could be improved.
 - Because the doctors are switching out (visiting providers), we need to find a way to enhance continuity of care. The hand-off of when a provider leaves and another steps in is likely where the breakdown is happening.
 - There is awesome staff, but the workflow and continuity could be improved.

 - Number of Services
 - For our size of community, we have awesome services.
 - Specialist used to come down for pediatrics and OB, but we lost them. It would be great to get something like this back again.

Hospital Staff

- Awesome and friendly.
- It's very nice to have Avera emergency telemedicine.

Hospital Board and Leadership

- I don't know who is on the board.
- They are well informed and trustworthy.
- Community members feel comfortable going to the them with any issues and they are very helpful.

Business Office

- They have a tough job, and they do an excellent job. There are probably some processes that are out dated. We may need to evolve a little bit.
- It's a hard job.

Condition of Facility and Equipment

- There have been some improvements. It's been wonderful.
- There is some good stuff [equipment] coming in. They have been working very hard to bring in new things.
- The next thing that needs to be updated is the CT scanner.
- There is a Mill Levy coming up soon that will help to make some improvements on the facility.

Financial Health of the Hospital

- I think it's stable.
- FMC is a good steward of the tax dollars they receive.
- I don't think they run on a lot of debt.

Cost

- I think the prices are high. A lot of the stuff here is more expensive than hospitals of similar sizes. It's a big deal breaker for people who have high deductible plans. If it's much cheaper to go to the competition, then people will go to Miles City or Glendive.
- Sometimes I think office visits are a little steep.
- I think people leave the community and get care elsewhere because of the cost.
- It's difficult for Native Americans and Veterans to get services here in town because IHS and VA won't reimburse. People have to travel to the appropriate, authorized facility, and they are several hours away.

Office/Clinic Staff

- I don't like that I need to tell them why I need to come into the office. People aren't comfortable telling them because they aren't their nurse and feel like they want it to be private.
- When you check in at the front desk, the area is not very private. This can be awkward. Especially if people can't pay their bill and need to set up a payment plan.

Availability - *Not asked.*

3. Are any of the local providers your personal provider or personal provider to your family members? Why?
- I do use local, unless it's something I'd feel more comfortable doing out of town.
 - I have to leave to get care at an IHS facility. I'd rather do it locally if I could.

4. What do you think about these local services:

Emergency Room

- I think it's great- but sometimes it depends on the who's covering. Sometimes I choose to avoid it or wait.
- For pediatric stuff they may just refer you out, so some may choose just to go somewhere else in the first place.

Ambulance Service

- I think they are great.

Healthcare Services for Senior Citizens

- I think we [Fallon Medical Complex] are senior driven.
- There is a bus for seniors. They take them to Miles City or Bowman, and they go to Billings every once and a while.

Public/County Health Department

- They have the majority of the home care and home cleaning services for seniors.

Healthcare Services for Low-Income Individuals/Families

- I think 340B is great. I hear that it helps with a lot of meds.
- FMC has financial assistance for healthcare bills. People may be too prideful to ask for help though.
- I think there is opportunity for the facility to partner with other organizations in the community to explore childcare needs.
- Affordable housing is an issue. It's expensive here.
- It's difficult getting people to come work at the facility because there is no affordable housing available.

Nursing Home/Assisted Living Facility- *Not asked.*

Pharmacy- *Not asked.*

5. Why might people leave the community for healthcare?
 - Specialty care.
 - People who work at the facility may go someone else because it is awkward to have an appointment with someone you work with.
 - People might travel because it is cheaper to go to other facilities and they can go shopping and do other errands in another town.
 - We leave because we have to go to IHS. If you need specialized things, you have to go through this who process; my mother had to wait for three years to get a needed service.
 - Veterans have to leave to if they don't get preauthorization.

6. What other healthcare services are needed in the community?
 - An eye doctor would be nice.
 - More visiting specialists – pediatrics, OB, cardiology, podiatry, urology.
 - Mental health services.

7. What would make this community a healthier place to live?
 - There is a very little healthy food.
 - There is a very limited organic section at the store. Sometimes the produce is not good quality or is very expensive. They do have some great sales and are trying, but it's hard in our community.
 - It would be nice to have some community oriented physical/recreational opportunities. Like 5ks and such. There are some activities, but they are more oriented for kids. Or people just don't know about it.
 - People don't have a good resource to get information.
 - It's difficult to get the word out. If you don't use social media, you don't see the FMC Facebook stuff.
 - Maybe there is a better way to market the services.
 - There is an advertising grant available right now through Eastern MT Economic Development that helps to get the word out about an event.

Focus Group #2

Thursday, April 18, 2019– Fallon Medical Complex, Baker MT

9 participants

1. What do you think are the most serious health concerns/issues in your community?
 - Consistency with providers. You like to get to know your doctor and it's hard when they leave.
 - Cancer.
 - Keeping a doctor.
 - Housing is an issue. The senior apartments are in bad shape. They need a lot of maintenance.

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

Quality of Care

- I Don't know. I haven't really been there.
- I think it's good.
- I just wish we didn't have to change doctors so often.
- I think it's good.

Number of Services

- I think it's good. I thought my husband was well taken care of here.

Hospital Staff - *No comments*

Hospital Board and Leadership - *No comments*

Business Office- *No comments*

Condition of Facility and Equipment – *Not asked*

Financial Health of the Hospital – *Not asked*

Cost – *Not asked*

Office/Clinic Staff – *Not asked*

Availability - *Not asked.*

3. Are any of the local providers your personal provider or personal provider to your family members? Why? – *Not asked*

4. What do you think about these local services:

Emergency Room

- It's hard to get to. I've had to walk around a couple of times from the long-term care facility. It's really bad when it's night and so dark. You have to call an ambulance instead.

Ambulance Service

- They seem fine.

Healthcare Services for Senior Citizens- *No comments*

Public/County Health Department- *No comments*

Healthcare Services for Low-Income Individuals/Families- *No comments*

Nursing Home/Assisted Living Facility- *Not asked.*

Pharmacy- *Not asked.*

5. Why might people leave the community for healthcare?
 - Specialists.
6. What other healthcare services are needed in the community? – *Not asked*
7. What would make this community a healthier place to live?
 - Better water.
 - Lots of sodium in the water. Better filtration would be good.
 - Cleaner streets; less dust.

Focus Group #3

Thursday, April 18, 2019 – Fallon Medical Complex, Baker MT

6 participants

1. What do you think are the most serious health concerns/issues in your community?
 - Expensive housing; we need more affordable options.
 - Cancer.
 - We can't keep doctors- they stay for a while and then leave.
 - Hard to get doctors too.

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

Quality of Care

- We have a good clinic, long term care, and hospital.
- Good care and good doctors.
- We have a wonderful chiropractor.

Number of Services

- MRI truck
- We have a CT

Hospital Staff- *No comments*

Hospital Board and Leadership - *No comments*

Business Office- *No comments*

Condition of Facility and Equipment- *No comments*

Financial Health of the Hospital- *No comments*

Cost- High everywhere

Office/Clinic Staff

- Wonderful.
- Good nurses in the clinic.

Availability- *No comments*

3. Are any of the local providers your personal provider or personal provider to your family members? Why?- *No comments*

4. What do you think about these local services:

Emergency Room- *No comments*

Ambulance Service – *No comments*

Healthcare Services for Senior Citizens

- Meals on Wheels and a mini bus that will take people to different places, medical transportation. You do have to make prior arrangements to have someone take you out of town.

Public/County Health Department

- They provide home care, help with cleaning and other assistance.

Healthcare Services for Low-Income Individuals/Families - *No comments*

Nursing Home/Assisted Living Facility

- Superior Care is good.
- A current LTC [long term care] resident has stated that she gets good care.

Pharmacy

- One pharmacy in town.
- Pharmacist is good and helpful to answer questions.

5. Why might people leave the community for healthcare?

- Didn't like the doctor and would rather try somewhere else.

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

- An eye doctor.
- OB [Obstetrics].
- Dentist (he is not here very often).

7. What would make this community a healthier place to live?
 - You can't fix the water quality.
 - Cleaner streets and better sidewalks.

FMC Facilitated Focus Group #1

April 4, 2019 - 7 participants

1. What would make this community a healthier place to live?
 - Healthier menu options when eating out with less fried food. Even the Red River Inn has mostly fried food.
 - Walking paths have been improved. The walking path around the lake is really nice and most of it has lights.
 - I am going to come at this from a different perspective because I drive school bus every day and this winter, with lots of snow, the sidewalks didn't get plowed by the schools and the kids had to walk on the streets. The vehicles slip on the streets and it's scary. I don't appreciate it as a bus driver going there every day and something needs to be done.
 - I agree, at Parkview, those are older people and part of it is the resident's problem. I think they should schedule Monday morning at 9:00 am everyone has to move their vehicle so they can plow. Some people didn't move their vehicles, so they were almost covered up.
 - I do think the City did better at keeping the ruts out of the streets than they have years before.
 - I didn't like how they plowed around the schools. A couple days in a row there were two plows right next to each other right at 8:00 am when the kids were getting dropped off. I picked them [kids] up one day and there was a big snow pile by the playground. They had a tractor loading and a truck backed up there exactly when school was getting out. I looked back and there were kids on this side of the snow bank with the tractor on the other side. Some kids don't know about tractors.
 - I think this is more of a safety issue than a health issue.
 - Recreation Department is more accessible with the option of a 24-hour key pass. They offer different fitness classes in the morning, afternoon and evening such as yoga, lots of cardio and aqua-fit; so, there is a variety. Their fees are like \$30/quarter and you can go however many times you want to go. I choose to go there for what I can make it in, and if I can only go once or twice a week, I don't feel guilty. I feel like I can still go and afford it.

2. What do you think are the most important local healthcare issues?
 - Not being able to keep our doctors.
 - I was going to say that too. It has been tough lately.
 - All hospital staff, nurses included.

- Hospital nurses especially. I think we are lucky the clinic nurses we have are married to local ranchers and they will stay. They are very good nurses.
- I think consistency is key when you have something like that. If you don't have consistency, it's really hard to treat your community.
- It's discouraging for a patient that has to visit the doctor often, for them to be able to see the same person.
- I saw Travis Allen today and he said, "You realize I am leaving in May."
- I hate to see that happen.
- He has been the consistent factor in there greatly.
- I would like to see an eye doctor come here every once in a while. When Dr. Zuroff left, boy when your glasses need adjusted you had travel. I was trying to tell Dr. Lunde to send somebody to Baker once a week, just to adjust glasses or something.
- Train someone locally to be available once a week or whatever.
- You want someone you know and trust and once you find somebody, they are gone. Then you don't know even who to even go to. They are new, and you don't know them.
- I think that is why you get so many people going to Miles City, Spearfish and Hettinger; because if you can't keep the same doctors here you can't get established with someone you are going to be able to see time after time. I think this is not keeping your community local which hurts your economy and everything else.
- If you go out of town to the doctor you are going to buy groceries.
- And go to a couple of fun stores.
- I do appreciate that our hospital has maintained a stream of doctors. You can still call in the morning and say, "I've got to see a doctor" and they will put you in with somebody. I have never had a terrible one.
- I stopped yesterday at 1:00pm and asked if I could see someone and they told me which doctor was available and I said I would prefer not to see them; I'll live until tomorrow. I had my appointment at 9:30 this morning and spent most of the day there.

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

Quality of Care

- When I was in the Emergency Room, and after they got done with the EKG, there was a teleconference with somebody, I think in Rapid City.
- I would say quality of care is not consistent all the time. When we had a loved one in the hospital periodically, most of the time she had really good care. One time my husband asked if she had lunch and she responded, "no." He went out and asked the nurse if she could please have lunch. The nurse seemed shocked that she didn't receive any lunch. She was the only one in the hospital at the time and they didn't bring her lunch!
- This goes back to the consistency with your staff.

Number of Services

- They need to have emergency services for infants. For being a critical access hospital, they don't have stuff for babies. They have the scale, but I have had two very good friends with babies that did not have very good experiences because they were not prepared. When you are in an emergency situation at midnight, you're not going to drive clear to Miles City, Hettinger or Spearfish. They really need to step up and have the stuff on hand for infants under the age of two. They did not have a catheter for an infant and that was a big deal for one of them.
- I really like the people in the lab.
- I love the physical therapy staff.
- Do you have a speech therapist? It is not something that we would need to have fully on staff, but just the availability of it.

Hospital Staff

- It changes so much with the traveling nurses and staff.
- It's kind of the luck of the draw of who is there when you're there.
- When you have travelers working together, if they are new, then they don't know exactly where everything is at.
- The speed of care is not always the best. That is nobody's fault as that is just what happens when you are new to a facility. Every facility you walk into is different in rural America.

Hospital Board and Leadership

- I don't know anything about that.
- I spoke to two members of the board about the snow situation at Park View. They listened, but I never went to the meeting, so I don't know if they carried it back.
- I've never had anything to do with them.
- The elevator inspection is three years out of date.

Business Office

- Every time I have had to call and either make a payment over the phone or anything, they have been super on the business side of it.

Condition of Facility and Equipment

- Having gone through five months of physical therapy, I will say that I wish they weren't in such a small space. The manager who sits at the front desk, no matter what she says, anybody sitting there hears everybody else's business because she can't get to a private area.
- They said that tall people, if they want to practice jumping up as part of their therapy, they can't because the ceilings are all too low.
- The condition of the department is really nice after the remodel; but it is just really compact, especially with three therapists working.

- Did they ever fix the wheelchair accessible door on the south side? I drive the senior bus every once in a while; so therefore, I deliver meals on wheels, and I know it was more than a year that the door was not working.
- I think that it always looks clean.
- I think that we are really lucky to have as nice of a facility. I would visit a family member in the hospital in Bowman [North Dakota] and it was so old and rundown. I think that ours is really nice.

Financial Health of the Hospital

- I have no idea; I'm sure they are going in the hole all the time.
- I think it is one of those things where the community has to try and keep it going. We complain when they tax us or levies, but in order to have it there, we have to do something.
- Think what it would be like if we didn't have it and we had eighty miles to the nearest facility.
- That all goes back to your consistency to keep your people here and using the facility.
- I've been very worried because the last six months to a year going in, there hasn't been anyone sitting in the waiting room.
- It was packed today. I was there from 9:00am until 1:00pm.
- I don't want to say good; but I am glad people are using it.
- Constant traffic not only to the clinic, but the other way too. I don't know if it was blood draws or what.
- Most of the times I have been in there has been at least a few people in the waiting room.
- Do you think that because of the pipe liners and a little bit more oil works going on, or just mostly local folks that you saw today?
- There has been a terrible flu epidemic here lately.

Cost

- I think that any medical cost is too much. Not much they can do differently.
- I don't think it is out of whack with all the other facilities.
- I think they are pretty much on point with Holy Rosary and all of them.
- Plus, you would be paying gas if you went.
- Even across the board.
- I have never heard anybody say, "Oh, go to this facility they are a lot cheaper."

Office/Clinic Staff

- I have had wonderful experiences. I really appreciate seeing the same nurses.
- There is always somebody available when I call. I think only one time I have been put on hold to wait for somebody else.

Availability

- I have had really good luck calling and getting in that day or the next morning.
- I know that physical therapy is really busy.

- They are always busy, but now they have one more person so that must have helped.
 - They did say there is a waiting list. Otherwise, I get appointments all the time.
 - Someone I have never seen in my life is the dentist. I think he is busy.
 - I see him when I go to him. I know he is in other towns too. That is one you have to wait a long time to get in if you are not on his schedule.
 - It seems like eye doctors and dentists you have to schedule more and more months out.
 - Dr. Holkup the chiropractor is so good about walk-ins. He reported to me today that he was triple booked for some appointments because of all the walk-ins. He stated that he started out his day with a full schedule. He is so good about that and I think with him that is a great plus to our community just being able to have that. You know at least one day a week you can go see him.
 - That might be something to think about if he needs assistance; if he has more than he can handle. It is obvious people want it.
 - His attitude is always good.
 - I think he does such a good job and is so accommodating. I think that is why people keep going back to him and why he is so busy.
4. Are any of the local providers your personal provider or personal provider to your family members. Why?
- We don't. Partially because if we have to go to Miles City to the pediatrician, we just take care of all of our stuff there.
 - They have tried several visiting specialists and I'm sure it depends on how much they got used.
 - Technically, there is only one pediatrician in Miles City at Holy Rosary. Billings Clinic no longer has pediatricians, as they have all retired.
 - I made a local provider here because when you go onto Billings, they want you to have a local provider.
5. What do you think about these local services?
- Emergency Room*
- It's great!
 - Our experience has been good. When our loved one had her heart issue in her 80's, it was actually Paul Wheeler who took care of her. By the time she was airlifted to Billings, they said that they did everything here just right. Thank goodness, we haven't had much else.
 - I think with the X-ray, CT and everything else, when you do need it, everyone is right there. You don't have to wait on anybody.
 - They draw the blood right away.
 - I got there and it wasn't very long, and they had a blood draw, X-ray and EKG.
 - Other than for infants in the emergency room, I would say it's great.

Ambulance Service

- I have not had anything to do with it.
- When I worked there, they were great.
- I think they are short staffed though, and that worries me. But I haven't had any experience.
- The only time I've had any experience, and it's nobody's fault. But there was an emergency call, we could hear the sirens, and we were waiting. Since the roads had changed over time, and they were new to the area, and living in such and such old house... it transpired that they thought they were at this house, but it wasn't the right house. Sheriff had driven by like three or four times because they weren't turning down the right lane. That is just county roads being renamed and addresses not being up to date. That is not the ambulances fault at all.
- GPS has wrong information for the country roads.
- Bigger signs need to be in the country as they are becoming very faded.
- The roads were renamed with quirky names, and they don't make any sense. When you go to Richland County they are in numerical order, so if you get to Road 54 you know you missed Road 52; but there is no way of knowing that in our county. None of the roads in the country are numbered, they are all named.
- The signs are so faded due to the wind and weather, that you cannot see it. I have to tell everyone to turn at the mailboxes as the sign by our place; unless you drive right up on it, and get out and look, you can't even tell what it says.

Healthcare services for Senior Citizens

- I think they try to do quite a bit through the senior center.
- The foot care day is awesome!
- I've heard that a lot of people use Meals on Wheels.
- Home Health is offered through the county.
- The closest VA doctor is in Miles City. There has to be a VA doctor that oversees the nursing home and I think he has to be available at least five days a week.
- Glendive is your other big one, and in bigger places.
- There is a big VA Nursing Home in Fort Meade.
- There used to be a van that would take people to those appointments.
- I would say they are not treating our veterans very well and haven't for decades.

Public/County Health Department

- I think they have been great as you can go in and get shots.
- It's nice when you just need to get a vaccination.
- I haven't done it yet, but for us instead of having to make another trip for just a couple shots, if we are not going there for anything else, Dr. Robbins has told us just to go to there [Public Health] and have them print out your thing [documentation] and they send it into to him. They work really well with everywhere else. It's nice to know that there is always that option and I don't have to make a trip to Miles City.
- You can go in there and get a walker or a cane and just borrow it without having to buy it.

- That facility is always clean and the people who work there are very amendable.
- Sometimes they will advertise. I always call them if we get sick and it's nice when they say that there is this going around. I like to know, and you never know what you have, whether it's the flu or what.

Healthcare Services for Low-Income Individuals/Families

- I don't know if they [FMC] are like Miles City or anywhere else, if you have health share insurance instead of regular insurance; if they give you a discount.
- WIC is offered through Public Health.
- We are considered private pay, and even though you submit it to a health share they give you a discount. Most hospitals do that, but I'm not sure if they [FMC] do.
- Billings Clinic does not do that. Holy Rosary will give you a discount if you pay within the first 30 days.
- We do not have any health insurance, so we went to Holy Rosary and got on a financial plan and we qualified for 95% so that is very helpful. We had Blue Cross and that was so expensive, as our deductible was so high, and we just couldn't afford it so we dropped it. We almost think we need something if something were to happen.
- I've heard of people making payment plans. I don't know firsthand about it, but I have heard nothing bad about it.
- We would send people down to the Business Office or have someone from the Business Office come talk to patients, and they would set up payment plans. I never heard a bad word about it.

Long Term Care

- I am worried as it is not very full. They were at half capacity for a while and they can't maintain.
- I think part of it is price.
- For the ones who can do assisted living, of course you would rather be in an assisted living than in a nursing home.
- I've seen some really good care in there and then I have seen, when we go in there to sing once in a while with the church, they will bring the people in and sometimes there is only three. The staff was not making an effort to get them there.

Pharmacy

- The pharmacist brings over the medications to the hospital.
- On the weekends and holidays the hospital nurses can give you just enough to get through until Monday to get your prescriptions. It is nice to have that availability.

6. Why might people leave the community for healthcare?

- Specialists.
- Emergency things where you are flown out.

- When we had appendicitis, we knew we were going for surgery so why make another trip through Baker? Just drive straight to Miles City.
- At Holy Rosary, their woman's health and pediatrician are in the same office so that makes it really nice.
- This community used to have a Well Baby Care Clinic where you knew you could take your child in for their monthly or six-week checkups. You knew you weren't going to be there with sick kids.
- The county health nurse does do a lot of that for Well Baby Checks and immunizations.
- We personally had a couple of bad instances at the clinic and emergency room that we chose to go elsewhere.

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

- Eye doctor.
- Eye doctor would be nice, but maybe just someone to do the simple stuff and adjust glasses.
- Is there a dermatologist or allergist that comes?
- Pediatrician.
- In Miles City the clinic will have a day of free skin cancer checks. I think that is really important for all of us that live out in the sun. I don't know if that would have to be a certain type of doctor to do that, or if any of them could do it.
- It's nice to have the Health Fair.
- It's nice the way they separate out the mini-health fair blood draws to help split them up so it's not a huge crowd all at once, so that makes it easier.
- The health fair is wonderful.
- Holy Rosary offers Healthy Lifestyles Program through Telemedicine services.
- Our community does have the AA Meetings and group support like that, which I think is really good.
- Hospice would be another one for this community that would be a big bonus.
- Community outreach for In-Home Hospice, possibly contract with Miles City.

FMC Facilitated Focus Group #2

April 18, 2019 - 3 participants

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

- Mental health services.
- Family social services (Foster Care).
- Food stamps.
- A Medicaid office.
- There is no Mental Health Case Manager assigned to this area.
- Recycling (we are wasteful because we have to be)
- The recreation department offers family and kids opportunities to stay active.

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

- Revolving door of providers.
- We need doctors that want to stay.
- The paradigm has shifted, as they have learned that we need them more than they need us.
- You never gain a rapport with a provider because as soon as you see a provider they are gone, or they won't be back till next month and you have to see someone different.
- Billings Clinic- all locations have access to records and can keep up with patient care.
- We would be remised if we did not have an ER here.
- We need more access to some immediate needs. (ex. MRI)
- Offer more less-invasive services (ex. Endoscope)
- We have local people that refuse to get healthcare because they refuse to drive out of town. If we offered it here, I think they would be the first in line; but we need the doctors.
- This is where telemedicine can come in.
- Communication from our local providers about availability of telemedicine follow-ups.
- Getting our community settled with the change of physicians and contract staffing in most departments.

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

Quality of Care

- There is a large number of contract staff.
- Family member experienced poor customer service involving a contract nurse in the ER.
- There is such a huge difference between the contract staff and the permanent staff.
- You never know what you are going to get.
- You don't know the quality of the person until they are on the floor for a while; you can't tell from a resume.

Number of Services

- We don't have enough, but we also don't have the providers with the credentials to do more services than we already provide.

Hospital Staff

- Home grown staff has a better rapport.

Hospital Board and Leadership

- We could use a change in administration.
- The board supports some bad habits and is politically based.

- The board consists of volunteers, so we get who we can get. Some are very good, but there is always a weaker link. There is a very strong personality that will over power.
- Our board cares enough to work for us, but they are not going to put their foot down.
- They oversee, but they are not in the middle of what is going on.
- We have a good mix of board members with a wide background.

Business Office

- When I am in the office, they are always friendly.

Condition of Facility and Equipment

- Pretty good.

Financial Health of the Hospital

- I think the financial health is fine as being a CAH [Critical Access Hospital] we are reimbursed at cost. That is as good as you are going to get in a small community.

Cost

- An office visit seems so high just for something simple.
- We are in-line with other neighboring facilities.
- Nationwide, healthcare is high in general.

Office/Clinic Staff

- Disconnect with part-time nurses and part-time doctors.
- Customer service follow-up calls would be helpful when referring out to make sure that the appointment has been made and nothing further needs to be addressed.

Availability

- I think that the community has been babied with immediate same day service.
- We have the availability of providers if you are willing to see whoever is available.
- A provider who is only here a week/month is harder to get into.
- A conversation was previously had about a half-day Saturday Urgent Care/Walk-In Clinic.
- I don't think this is something that should be automatically ruled out.
- The community would utilize it.

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

- Use to be, but then quit.
- We will not have any male permanent providers.
- I left because you feel like you have to start over so many times with providers continuously leaving.
- If there were consistent providers here, we could come here.
- Will utilize for general.

5. What do you think about these local services?

Emergency Room – No comments

Ambulance Service

- There is more interest in being on the ambulance crew, almost due to the fact of more paid positions.

Healthcare services for Senior Citizens – No comments

Public/County Health Department – No comments

Healthcare Services for Low-Income Individuals/Families – No comments

Long Term Care – No comments

Pharmacy – No comments

6. Why might people leave the community for healthcare?

- Consistent care-transition is a problem.
- Some providers don't see eye to eye.
- Different provider game plans create a "yo-yo" effect.
- If you work here, Gynecology might be a reason you go out of the community. Anything that might seem embarrassing to that person.

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

- Psychologist/psychiatrist.
- Transportation is a problem. There are patients who won't go to Billings because they can't get back, or do not want to impose.
- There have been instances where patients won't go to Billings because they have a dog at home. Maybe if we could get in contact with the volunteer Pink Ladies and see if they would dog sit so that people would get the care they need. Possibly even Big Hill Boarding for medical reasons.
- Someone local to do minor repairs on glasses.

Key Informant Interview #1

Monday April 1, 2019- Via phone interview

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

- I think we have resources, but we don't coordinate well. So that people in the community know what we have. Somehow, we are not spreading the word enough. People just aren't aware.
- We have lost more services than we've gained as a community.
- If we could coordinate (services) and work together, everyone would benefit.
- A walk-in clinic to provide services for people who work. Even if it's 4-8 or something like that. There are a lot of people who work and can't take time off to go. Leads to people using the ER unnecessarily. It's a lot more costly.
- We need more services: human services, child services (child care), domestic violence. It's all an 800 number out of the community.
- We need to support our facility and local community services. We also need to step up as a community and talk about those things that are important to us.

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

- The facility refers people out for emergencies or for specialty services- but we aren't getting them back when they come home. Getting them connected. How can we help them access services in the community? It would help keep people in town and accessing what's here, rather than having to travel.
- We used to [at the facility] work on discharge planning right away. Making sure we help coordinate the patient's care and helping them access things around home that was available to support them. I think it's a missed opportunity.
- The aging population is higher than anything. They are living longer and need the services. Nutrition, bathing assistance, etc. We don't have enough FTE to cover the needs.
- At one time I was concerned about ambulance services. I think things are better now. It used to be an all-volunteer service, but it seems to have improved. It is so important.

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

- Competition; as far as home care, home aids, care attendants. Public health only has 1.5 FTE to provide these services, but there are more in the community that would benefit if it was available.
- Prices of healthcare and prescription drugs is so high. Especially for people with limited budgets. You find people who skip meds or give up other things.

Key Informant Interview #2

Wednesday April 3, 2019- Via phone interview

1. What would make your community a healthier place to live?
 - I think if we had more emphasis on being able to recycle in this area. I know it's not a cheap program to set up- but I think it's important. It's our children's future; we want to leave them a good planet.
 - Schools do a great job of keeping kids involved. In both Baker and Plevna.
 - The hospital really needs to update their website. It's so important for people to have a current/updated place to look for healthcare services. The facility's website is so old.

2. What do you think are the most important local healthcare issues?
 - Assistance for the elderly.
 - One thing I've found is seniors who were looking to get into the nursing home couldn't be on Medicaid first. They had to be admitted to the nursing home first and then apply. It seems so backwards. How are people to pay for it in the first place? The application process takes so long. I know it's not just a community issue, its statewide.
 - Vehicle safety- a lot of people leave keys in the car, don't wear seatbelts, etc. People have an "don't tell me what to do" attitude.
 - We have a great Public Health department. They do a lot with the elderly. Great resource.

3. What other healthcare services are needed in the community?
 - Outreach or visiting doctors. At one time an OB would come down from Miles City to see patients locally. It's really helpful.
 - I know it's not easy to do but having more visiting specialty services would be good. So that people don't have travel 200 miles to go see someone in Billings, or wherever.
 - Some services I think would be helpful: cardiac, urology.

Key Informant Interview #3

Wednesday April 5, 2019- Via phone interview

1. What would make your community a healthier place to live?
 - We have opportunities for recreation and exercise here; but more outdoor walking paths would be nice.
 - We have access to a lot of things that people do not take advantage of. Maybe getting the word out more.
 - Community organizations could work together to promote events that keep people active.

2. What do you think are the most important local healthcare issues?
 - Access to mental health.

3. What other healthcare services are needed in the community?
 - An optometrist would be nice.
 - Cancer care- it is at least 200 miles to get any kind of treatment.
 - The next closest area to get specialty services is in Miles City. More providing care locally would be nice.
 - It would be nice if we could bring in pre-natal care locally. Even if they can't deliver here.

Key Informant Interview #4

Wednesday April 24, 2019- Via phone interview

1. What would make your community a healthier place to live?
 - I know the wellness programs are fairly big, there's a few different businesses and the County who do wellness related things.
 - I also think the health fair is good. We get good coverage in that respect.
 - The economy, that's pretty much driven by oil and gas; so, our local jobs/economy fluctuates with the market.
 - We do well with providing home health and housing for Seniors. There is a large senior population.
 - I wish we had a little more workforce-wise to help provide those community-based services.
 - I'm very comfortable with our healthcare system here. Good personnel and management. Just wish we had more people.

2. What do you think are the most important local healthcare issues?
 - Maintaining providers is most important. We have a hard time retaining doctors. In rural Critical Access Hospitals, it's a challenge to recruit and retain.
 - We used to provide colonoscopy's and other routine things, but don't now because we don't have the doctors to provide it.
 - We have a lot of contracted doctors and nurses. I think it interferes with continuity of care.
 - The doctors seem so independent now and want to have limited schedules and hours, makes it hard for us as a small community. I'd like to only have to work 3 days a week too, so I get it.

3. What other healthcare services are needed in the community?
 - We do have the MRI truck come down and is available 1-2 times per month. I think that's good, but with some health issues I have had to travel because the service wasn't available locally.
 - I realize sometimes we have to travel and do things elsewhere because of funding and rural population isn't big enough to support it locally. But it would be nice to bring a few more things in, even if only for small durations.
 - Kidney ultrasounds- it's sometimes available, but I had to travel because the gal who does it had to leave that day for a personal reason. I get that, but it still makes it hard to get that procedure done when you need- so you just have to travel.

Appendix I – Request for Comments

Written comments on this 2019 Community Health Needs Assessment Report can be submitted to the Administration Department at Fallon Medical Complex:

Administration
Fallon Medical Complex
P.O. 820
Baker, MT 59313

Or contact April Bruha, Administrative Assistant at 406-778-3331 ext. 249 or albruha@fallonmedical.org with any questions.