

**Sheridan Memorial Hospital**  
**Community Needs Assessment and Focus Groups**  
**Table of Contents**

Introduction .....	2
Health Assessment Process.....	2
Survey Methodology .....	2
Survey Respondent Demographics .....	4
Survey Findings .....	11
Focus Group Methodology .....	46
Focus Group Findings .....	47
Summary .....	50
Appendix A .....	51
Steering Committee	
Appendix B .....	52
Public Health and Populations Consultation	
Appendix C .....	53
Survey Cover Letter	
Appendix D .....	54
Survey Instrument	
Appendix E .....	60
Responses to Other and Comments	
Appendix F .....	66
Focus Group Questions	
Appendix G .....	67
Focus Group Notes	
Appendix H .....	81
Secondary Data- Community Profile, Economic Impact Assessment	

**Sheridan Memorial Hospital Community Survey  
Summary Report  
May 2013**

## **I. Introduction**

Sheridan Memorial Hospital is a private, not-for-profit 19-bed Critical Access Hospital, long-term care facility and rural health clinic located in Plentywood, Montana. The facility's medical staff is comprised of one family practitioner, three family nurse practitioners, and two physician assistants who offer health care services to the residents and visitors of Sheridan County and surrounding areas. Sheridan Memorial Hospital participated in the Community Health Services Development (CHSD) Project administrated by the Montana Office of Rural Health and the National Rural Health Resource Center (NRHRC) in Duluth, Minnesota. A part of this project is community engagement which includes a health care service survey and focus groups.

In the spring of 2013, Sheridan Memorial Hospital's service area was surveyed about its health care system. This report shows the results of the survey in both narrative and chart formats. At the end of this report, we have included a copy of the survey instrument (Appendix D). Readers are invited to familiarize themselves with the survey instrument and then look at the findings. Our narrative report touches on the highlights while the charts present data for virtually every question asked.

## **II. Health Assessment Process**

A Steering Committee was convened to assist Sheridan Memorial Hospital in conducting CHSD. A diverse group of community members, representing various organizations and populations within the community (ex. public health, elderly, uninsured) came together in February 2013. For a list of all Steering Committee members and their affiliations, see Appendix A. The Steering Committee met twice during the CHSD process; first to discuss health concerns in the community and offer their perspective in designing the survey instrument, and again to review results of the survey and focus groups.

## **III. Survey Methodology**

### **Survey Instrument**

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

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

## **Sampling**

Sheridan Memorial Hospital provided the National Rural Health Resource Center with a list of outpatient and inpatient admissions. Those zip codes with the greatest number of admissions were selected to be included in the survey. A random list of 630 residents was then selected from Prime Net Data Source. Residence was stratified in the initial sample selection so that each area would be represented in proportion to the overall served population and the proportion of past admissions. (Note: Although the survey samples were proportionately selected, actual surveys returned from each population area varied, which may result in slightly less proportional results).

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

## **Information Gaps**

### **Data**

It is a difficult task to define the health of the 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 continue to be a challenge in Montana.

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

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

### **Limitations in Survey Methodology**

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

## Survey Implementation

In March 2013, the community health services survey, a cover letter from the National Rural Health Resource Center with Sheridan Memorial Hospital's Chief Executive Officer's signature on Sheridan Memorial Hospital's letterhead, and a postage-paid reply envelope were mailed to 630 randomly selected residents in the hospital's service area. A news release was sent to local newspapers prior to the survey distribution announcing that Sheridan Memorial Hospital would be conducting a community health services survey throughout the region in cooperation with the Montana Office of Rural Health.

As shown in the table below, 223 surveys were returned out of 630. Of that 630, 30 surveys were returned undeliverable for a 37% response rate. From this point on, the total number of surveys will be out of 600. Based upon the sample size, we can be 95% confident that the responses to the survey questions are representative of the service area population, plus or minus 5.03%.

## IV. Survey Respondent Demographics

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A total of 600 surveys were distributed amongst Sheridan Memorial Hospital's service area. Two hundred twenty-three surveys were completed for a 37% response rate. The following tables indicate the demographic characteristics of the survey respondents. Information on location, gender, age, and employment is also 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 30)

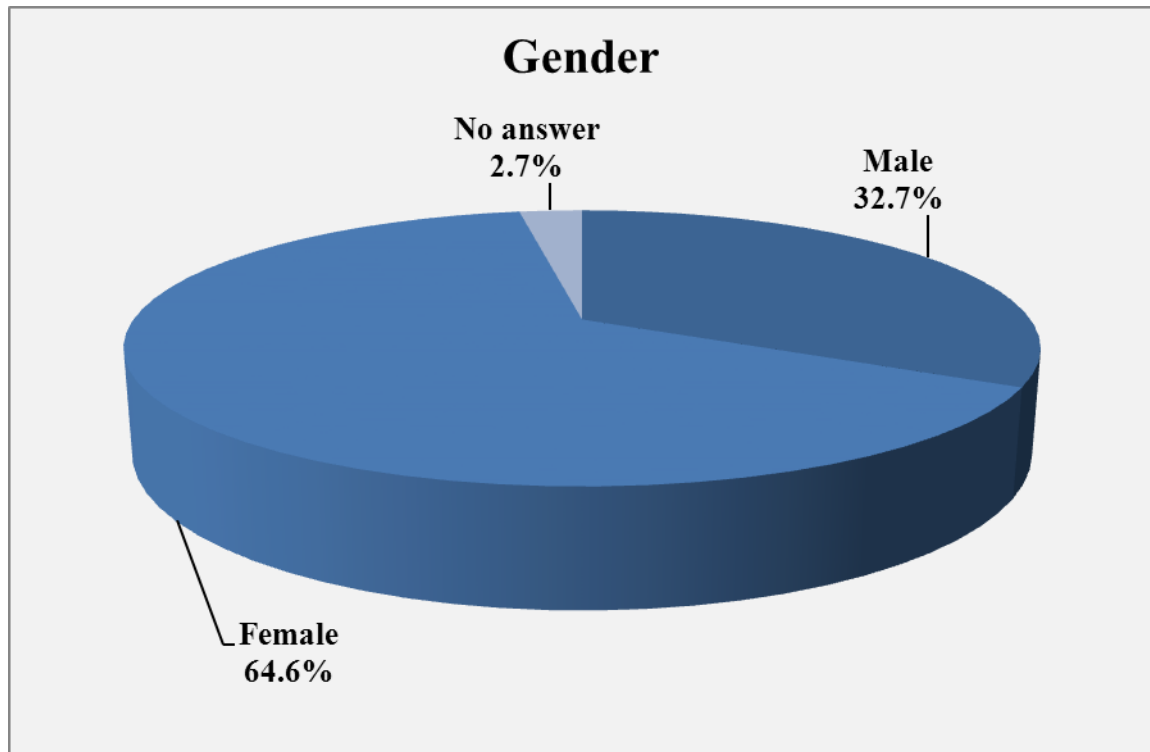
While there are some large differences in the percentages below, the absolute differences are small. The returned surveys are skewed toward Plentywood's population which is reasonable given that this is where most of the services are located.

Location	Zip Code	Count	Percent
Plentywood	59254	157	70.4%
Westby	59275	27	12.1%
Reserve	59258	10	4.5%
Antelope	59211	7	3.1%
Raymond	59256	6	2.7%
Medicine Lake	59247	5	2.2%
Dagmar	59219	4	1.8%
Scobey	59263	4	1.8%
Froid	59226	2	0.9%
No answer		1	0.5%
<b>TOTAL</b>		<b>223</b>	<b>100%</b>

### Gender (Question 31)

N= 217

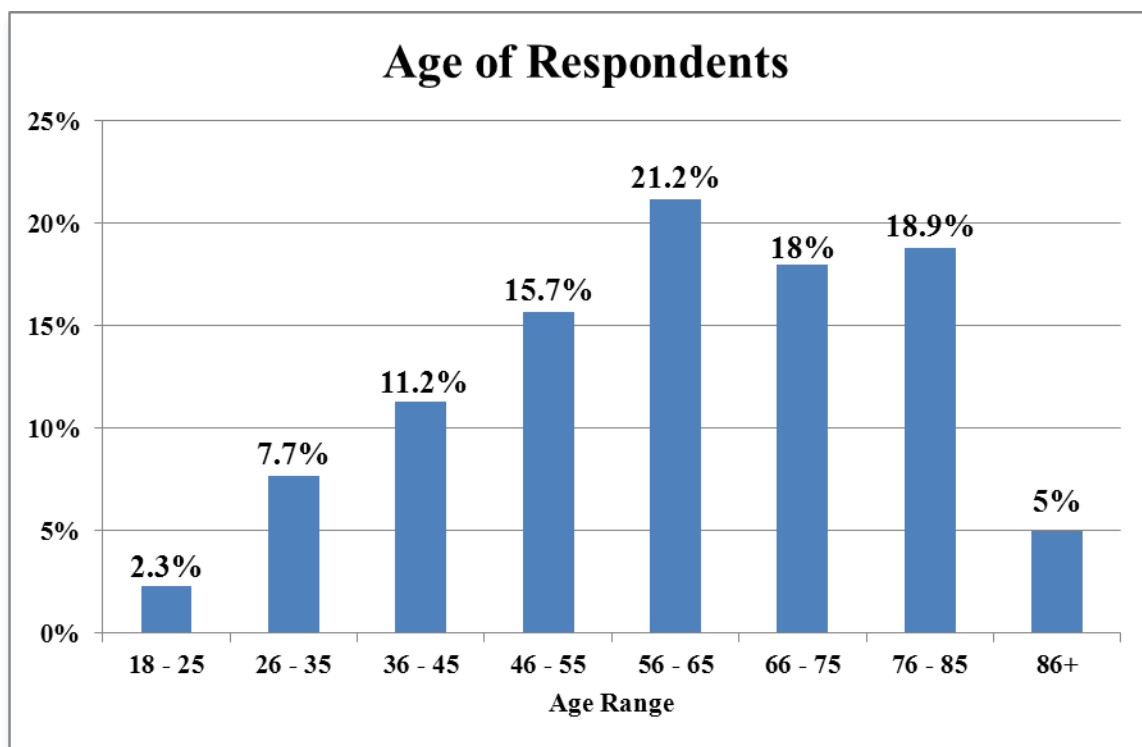
Of the 223 surveys returned, 64.6% (n=144) of survey respondents were female; 32.7% (n=73) were male, and 2.7% (n=6) chose not to answer this question. The survey was distributed to a random sample consisting of 50% women and 50% men. It is not unusual for survey respondents to be predominantly female, particularly when the survey is health care oriented since women are frequently the health care decision makers for families.



### Age of Respondents (Question 32)

N= 222

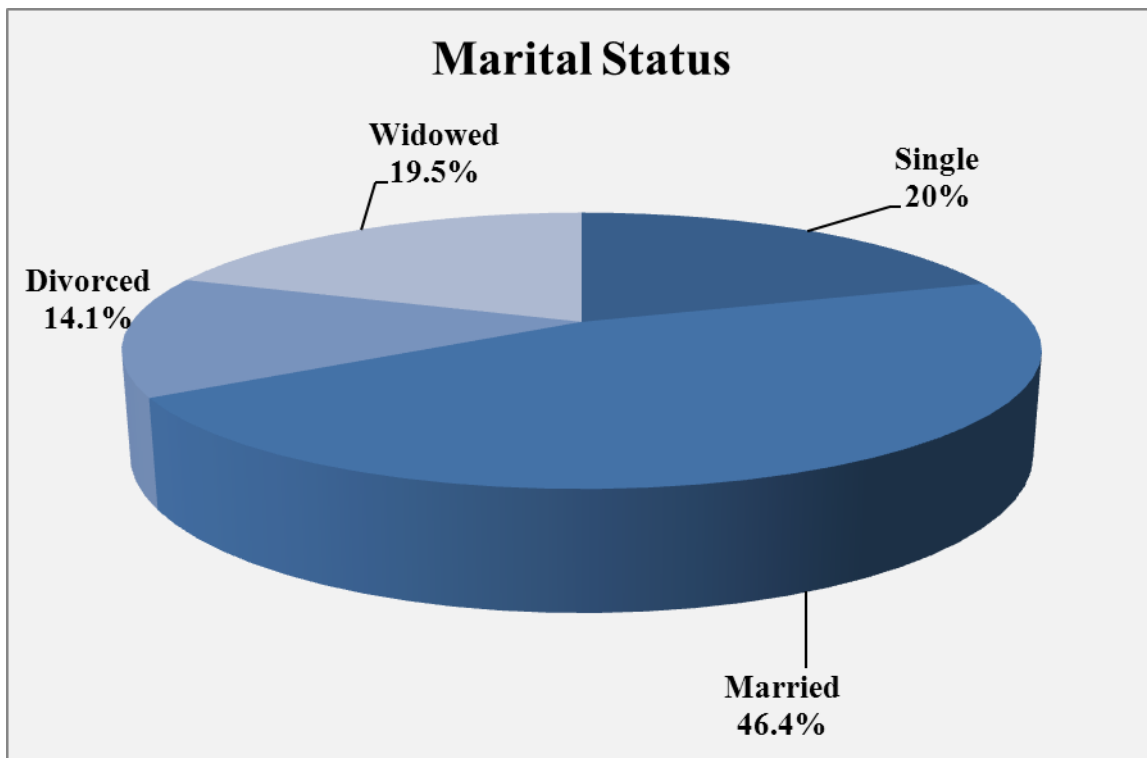
Twenty-one percent of respondents (n=47) were between the ages of 56-65. Nineteen percent of respondents (n=42) were between the ages of 76-85 and 18% of respondents (n=40) were between the ages of 66-75. This statistic is comparable to other Critical Access Hospital demographics. The increasing percentage of elderly residents in rural communities is a trend which is seen throughout Montana and will likely have a significant impact on the need for health care services during the next 10-20 years. However, it is important to note that the survey was targeted to adults and therefore no respondents are under age 18. Older residents are also more invested in health care decision making, and therefore are more likely to respond to health care surveys, as reflected by this graph. One respondent chose not to answer this question.



### Marital Status (Question 33)

N= 220

Respondents were asked to indicate which marital status best described them. Forty-six percent of respondents (n=102) reported they were married, 20% reported being single (n=44) and 19.5% reported they were widowed (n=43). Three respondents chose not to answer this question.



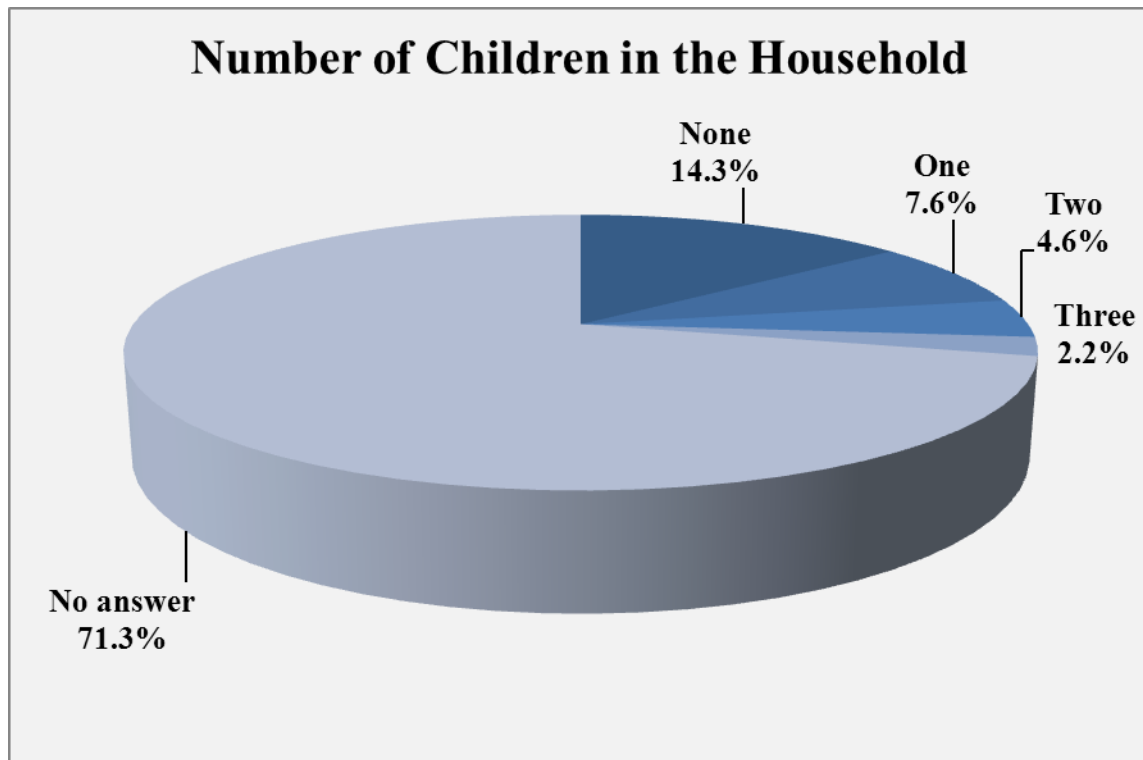
“Other” comments:

- Significant other!

### Number of Children in the Household (Question 34)

N= 223

Fourteen percent (n=32) of the respondents indicated having no children in their household. Eight percent of respondents (n=17) reported having one child and 4.6% (n=10) reported having two children in their household. One hundred fifty-nine respondents (71.3%) chose not to answer this question.



“Other” comments:

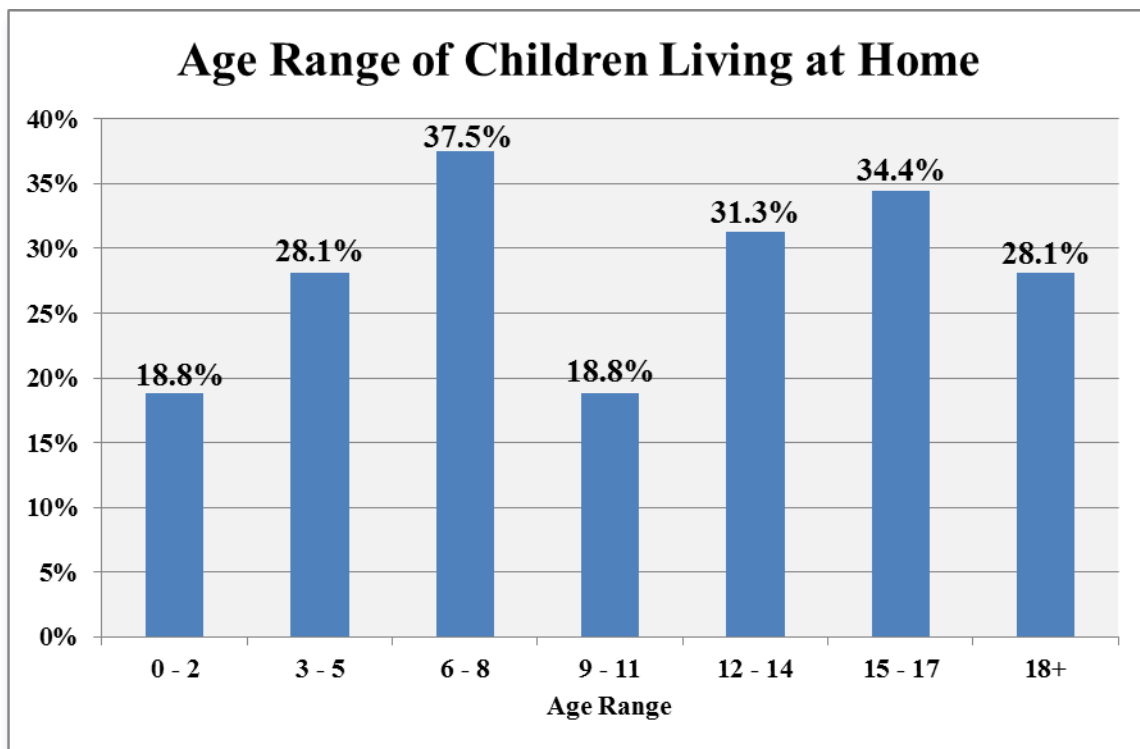
- None (8)
- None at home



### Age of Children (Question 35)

N= 32

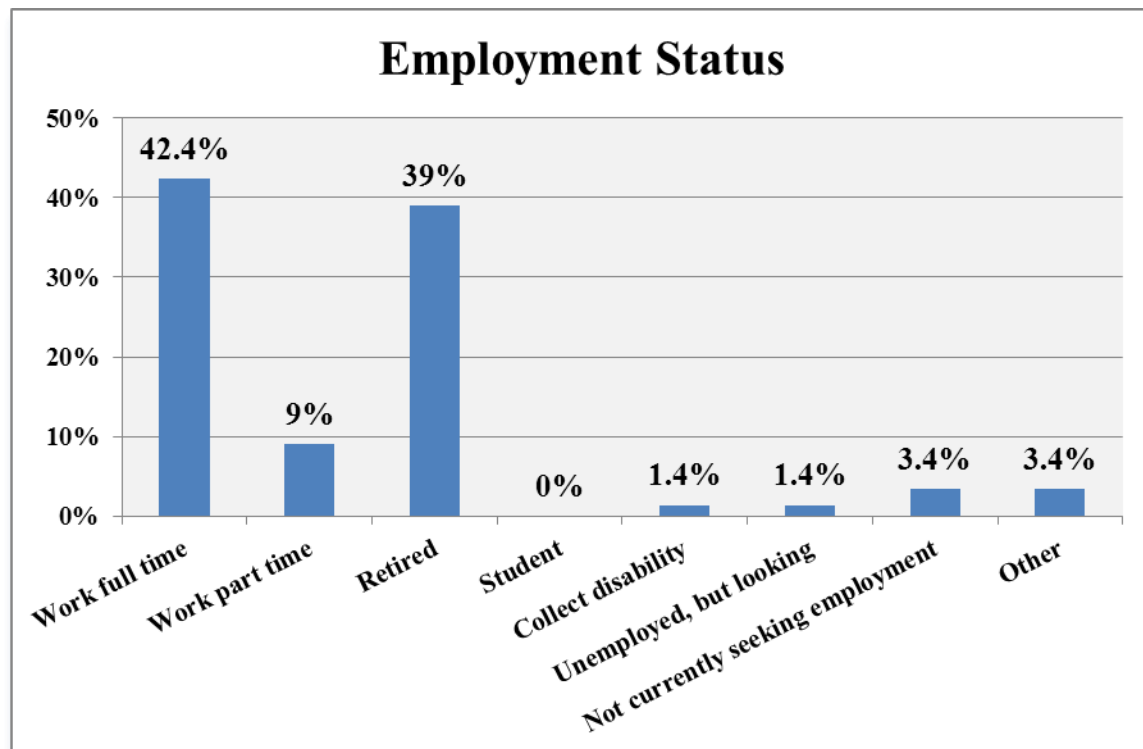
For those respondents who indicated they have children living at home, thirty-eight percent (n=12) reported having children between the ages of 6-8. Thirty-four percent of respondents (n=11) had children between the ages of 15-17 and 31.3% of respondents (n=10) had children between the ages of 12-14.



### Employment Status (Question 36)

N= 210

Forty-two percent (n=89) of respondents reported working full time, while 39% (n=82) are retired. Nine percent of respondents (n=19) indicated they work part time. Respondents could check all that apply so the percentages do not equal 100%.



“Other” comments:

- Self-employed (6)
- Home maker
- Online student
- Seeking disability
- Soon to retire
- I live alone and take care of myself. I am 91.5 years old

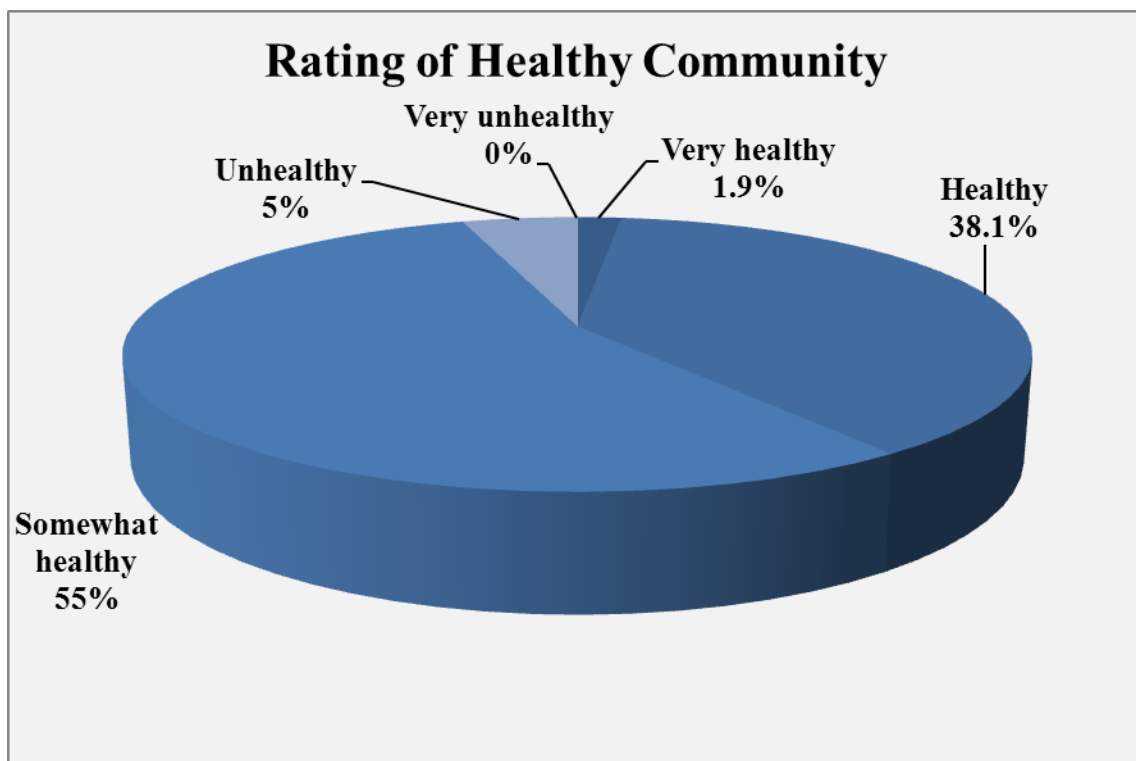
## V. Survey Findings- Community Health

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### Impression of Community (Question 1)

N= 218

Respondents were asked to indicate how they would rate the general health of their community. Fifty-five percent of respondents (n=120) rated their community as “Somewhat healthy.” Thirty-eight percent of respondents (n=83) felt their community was “Healthy” and 5% (n=11) felt their community was “Unhealthy.” Five respondents chose not to respond to this question.



“Other” comments:

- No idea
- Don't know

## Health Concerns for Community (Question 2)

N= 223

Respondents were asked what they felt the three most serious health concerns were in their community. The number one health concern identified by respondents was “Cancer” at 64.1% (n=143). “Alcohol abuse/substance abuse” was also a high priority at 50.7% (n=113) and “Heart disease” at 36.3% (n=81). Respondents were asked to pick their top three serious health concerns so percentages do not equal 100%.

Health Concern	Count	Percent
Cancer	143	64.1%
Alcohol abuse/substance abuse	113	50.7%
Heart disease	81	36.3%
Overweight/obesity	80	35.9%
Lack of exercise	42	18.8%
Diabetes	39	17.5%
Dementia/Alzheimer’s	37	16.6%
Depression/anxiety	37	16.6%
Tobacco use	25	11.2%
Mental health issues	24	10.8%
Lack of access to health care	20	9.0%
Stroke	20	9.0%
Lack of dental care	9	4.0%
Motor vehicle accidents	5	2.2%
MLS/ALS/Parkinson’s	4	1.8%
Child abuse/neglect	3	1.3%
Domestic violence	2	0.9%
Recreation related accidents/injuries	2	0.9%
Work related accidents/injuries	2	0.9%
Other	3	1.3%

“Other” comments:

- Access to Planned Parenthood services
- Optometrist
- Eye Care
- Improper diet

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

N= 223

Respondents were asked to identify the three most important things for a healthy community. Seventy percent of respondents (n=155) indicated that “Access to health care and other services” is important for a healthy community. “Healthy behaviors and lifestyles” was the second most indicated component at 45.3% (n=101) and third was “Strong family life” at 35.4% (n=79). Respondents were asked to identify their top three choices, thus the percentages will not add up to 100%.

Important Component	Count	Percent
Access to health care and other services	155	69.5%
Healthy behaviors and lifestyles	101	45.3%
Strong family life	79	35.4%
Good jobs and healthy economy	77	34.5%
Religious or spiritual values	58	26.0%
Affordable housing	49	22.0%
Good schools	47	21.1%
Low crime/safe neighborhoods	47	21.1%
Clean environment	26	11.7%
Community involvement	20	9.0%
Low death and disease rates	18	8.1%
Parks and recreation	18	8.1%
Tolerance for diversity	13	5.8%
Low level of domestic violence	10	4.5%
Arts and cultural events	4	1.8%
Other	9	4.0%

“Other” comments:

- We need a gym/place to exercise (2)
- Life skills
- [Clean environment] this would be #4/stop the pipeline!
- Gun safety

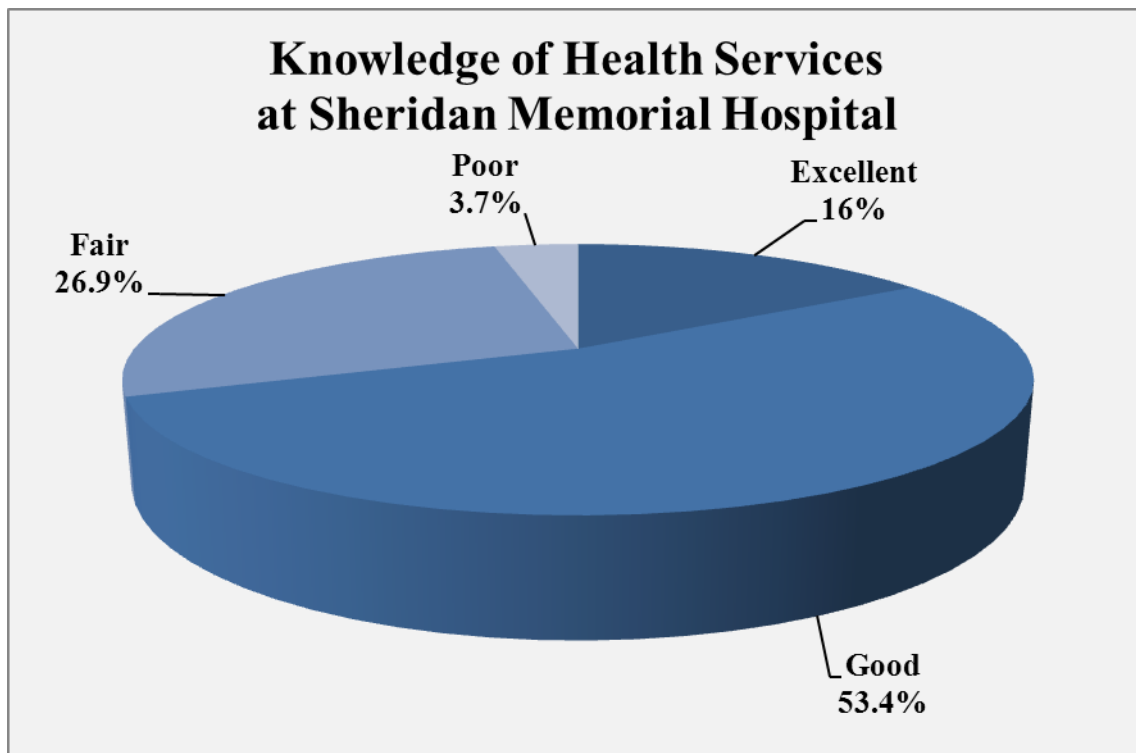
## **VI. Survey Findings- Awareness of Services**

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### **Overall Awareness of Sheridan Memorial Hospital's Services (Question 4)**

N= 219

Respondents were asked to rate their knowledge of the health care services available at Sheridan Memorial Hospital. Fifty-three percent (n=117) of respondents rated their knowledge of services as "Good." Twenty-seven percent (n=59) rated their knowledge as "Fair" and 16% of respondents (n=35) rated their knowledge as "Excellent." Four respondents chose not to answer this question.



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

N= 223

The most frequent method of learning about available services was the “Newspaper/The Greeter” at 65% (n=145). “Health care provider” was the second most frequent response at 56.5% (n=126) and “Word of mouth/reputation” was reported at 52% (n=116). Respondents could select more than one method so percentages do not equal 100%.

Method	Count	Percent
Newspaper/The Greeter	145	65.0%
Health care provider	126	56.5%
Word of mouth/reputation	116	52.0%
Friends/family	112	50.2%
Mailings/newsletter	49	22.0%
Radio	33	14.8%
Public health	18	8.1%
Website/internet	7	3.1%
Presentations	4	1.8%
Other	6	2.7%

“Other” comments:

- I work there (2)
- Services rendered
- Mostly don't
- Phonebook (2)
- Friends
- The hospital does not do a good job of self-promoting

## Cross Tabulation of Service Knowledge and Learning about Services

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

### KNOWLEDGE RATING OF SHERIDAN MEMORIAL HOSPITAL SERVICES BY HOW RESPONDENTS LEARN ABOUT HEALTH CARE SERVICES

	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>	<b>Total</b>
<b>Health care provider</b>	23 (19.2%)	62 (51.7%)	34 (28.3%)	1 (0.8%)	<b>120</b>
<b>Mailings/newsletter</b>	8 (17.8%)	25 (55.6%)	12 (26.7%)		<b>45</b>
<b>Website/internet</b>	1 (14.3%)	5 (71.4%)	1 (14.3%)		<b>7</b>
<b>Newspaper/The Greeter</b>	18 (13.7%)	69 (52.7%)	40 (30.5%)	4 (3.1%)	<b>131</b>
<b>Presentations</b>	1 (25%)	2 (50%)	1 (25%)		<b>4</b>
<b>Public health</b>	2 (12.5%)	10 (62.5%)	2 (12.5%)	2 (12.5%)	<b>16</b>
<b>Friends/family</b>	15 (14.7%)	57 (55.9%)	24 (23.5%)	6 (5.9%)	<b>102</b>
<b>Word of mouth/reputation</b>	15 (14.3%)	53 (50.5%)	32 (30.5%)	5 (4.8%)	<b>105</b>
<b>Radio</b>	6 (19.4%)	18 (58.1%)	6 (19.4%)	1 (3.2%)	<b>31</b>
<b>Other</b>	3 (60%)		1 (20%)	1 (20%)	<b>5</b>



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

N= 223

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 cited community health resource used by respondents at 93.7% (n=209). “Dentist” was also highly utilized at 67.3% (n=150). Respondents could select more than one method so percentages do not equal 100%.

Service	Count	Percent
Pharmacy	209	93.7%
Dentist	150	67.3%
County/public health	52	23.3%
Chiropractor	42	18.8%
Quality transit	40	17.9%
Aging services	11	4.9%
Mental health	9	4.0%
Other	4	1.8%

“Other” comments:

- Veteran’s Affairs (VA)
- Vision, which we don’t have here in Plentywood
- Picc line site management
- Hospital & doctor office
- [Transportation assistance] Williston, Sidney, Minot

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

N= 223

Respondents were asked to indicate what they felt would improve their community's access to health care. Forty-nine percent of respondents (n=109) reported that "More specialists" would make the greatest improvement. Forty-six percent of respondents (n=102) indicated they would like "More primary care providers" and 21.5% (n=48) indicated "Greater health education services." Respondents could select more than one method so percentages do not equal 100%.

Service	Count	Percent
More specialists	109	48.9%
More primary care providers	102	45.7%
Greater health education services	48	21.5%
Outpatient services expanded hours	45	20.2%
Improved quality of care	35	15.7%
Telemedicine	25	11.2%
Transportation assistance	15	6.7%
Interpreter services	4	1.8%
Cultural sensitivity	1	0.4%
Other	19	8.5%

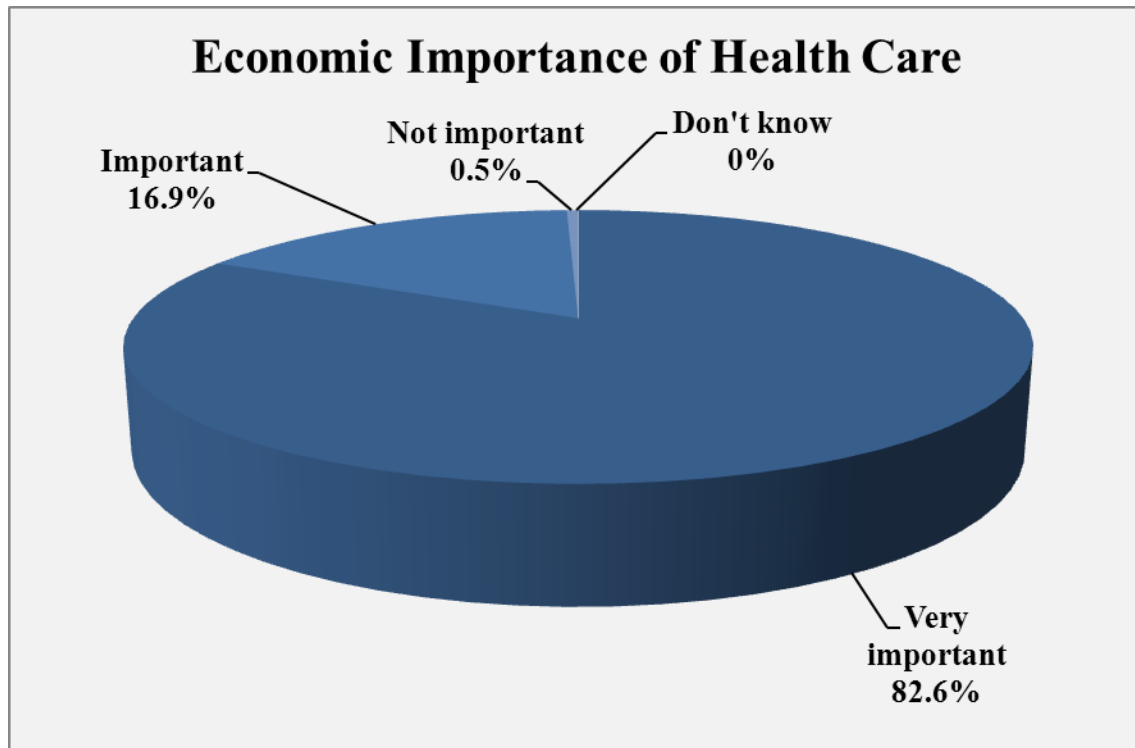
"Other" comments:

- [Telemedicine] It does improve access
- Active & open gym/pool for everyone at reasonable rates
- Advertisement listing all medical services in one advertising block
- Maternity care/OBGYN (3)
- Fitness center (3)
- Affordability of Care/Insurance
- Communication and Cooperation
- Less expensive (2)
- Birth control/STD and sex education
- More doctors
- Confidentiality
- Equal access to professional mental health services
- Get an eye doctor (2)
- Medical office workers who have customer service skills
- Expand services offered at hospital (i.e. maternity, specialists)
- Home Health Care

### **Economic Importance of Local Health Care Providers and Services (Question 8)**

N= 218

The majority of respondents, 82.6% (n=180) indicated that local health care providers and services (i.e.: hospitals, clinics, nursing homes, assisted living, etc.) are “Very important” to the economic well-being of the area. Seventeen percent of respondents (n=37) indicated they are “Important” and only one person, or 0.5% indicated that they are “Not important.” Five respondents did not answer this question.



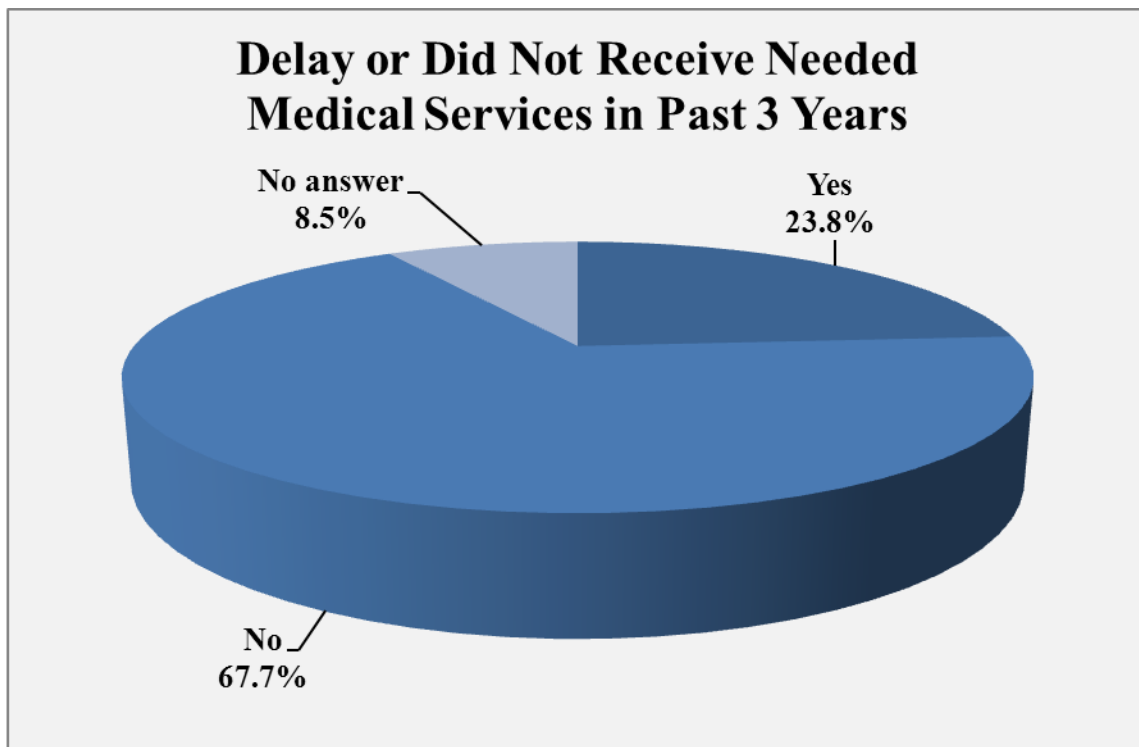
## VII. Survey Findings- General Use of Health Care Services

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### **Needed/Delayed Hospital Care During the Past Three Years (Question 9)**

N= 223

Of the 223 surveys returned, 23.8% of respondents (n=53) reported that they or a member of their household thought they needed health care services but did not get it or delayed getting it. Sixty-eight percent of respondents (n=151) felt they were able to get the health care services they needed without delay and nineteen respondents (8.5%) chose not to answer this question.



## Reasons for NOT Being Able to Receive Services or Delay in Receiving Health Care Services (Question 10)

N= 53

For those who indicated they were unable to receive or had to delay services, the reasons most cited were: “Too long to wait for an appointment” (39.6%, n=21), “It costs too much” (39.6%, n=21) and “Office wasn’t open when I could go” (28.3%, n=15). Respondents were asked to indicate their top three choices, thus percentages do not total 100%.

Reason	Count	Percent
Too long to wait for an appointment	21	39.6%
It costs too much	21	39.6%
Office wasn’t open when I could go	15	28.3%
Could not get an appointment	13	24.5%
No insurance	11	20.8%
Confidentiality	8	15.1%
Unsure if services were available	7	13.2%
Could not get off work	7	13.2%
It was too far to go	7	13.2%
My insurance didn’t cover it	7	13.2%
Not treated with respect	6	11.3%
Don’t like doctors	5	9.4%
Too nervous or afraid	3	5.7%
Didn’t know where to go	2	3.8%
Had no one to care for the children	1	1.9%
Transportation problems	1	1.9%
Language barrier	0	0
Other	11	20.8%

“Other” comments:

- Had to leave town for specialized care. There are not enough doctors
- Treatment not available locally
- Before the Hospital Clinic opened, Dr. Stoner wasn’t taking new patients, so I had no one to see for my Type I Diabetes
- [Confidentiality] No confidentiality on EMS (Emergency Medical Services) or at the Clinic
- Explained the symptoms – which could’ve been life threatening – and were refused an immediate appointment with the doctor
- The way I was treated by some of the staff at Plentywood Clinic
- No mental health specialists
- No pediatricians
- No eye doctor

*Comments continue on following page...*

**Reasons for NOT Being Able to Receive Services or Delay in Receiving Health Care Services  
(Question 10) continued...**

*“Other” comments continued...*

- Waited too long for results of a test
- Doctor wasn't taking new patients
- No doctor to treat my daughter for needed surgery for tonsils or drainage of tonsils
- Did not have the specific doctor I needed to help treat my issue
- Billings trips take a long time to schedule and require overnight stays
- No dermatologist in the area
- Doctor didn't fully review my past medical history for the problem for which I was being seen. She told me that I was fine but if I got worse, to see her in the ER the next day. I ended up in the ER the next day with an even worse infection
- I actually went and had the test done and never got the test results. I had to call and ask for the results, then found out the results were inconclusive

### Preventative Services (Question 11)

N= 223

Respondents were asked if they had utilized any of the preventative services listed in the past year. “Flu shot” was selected by 63.7% of respondents (n=142). Fifty-two percent of respondents (n=115) indicated they received an “Annual blood panel” and 43.9% of respondents (n=98) had a “Routine health checkup.” Respondents could check all that apply, thus the percentages will not equal 100%.

Service	Count	Percent
Flu shot	142	63.7%
Annual blood panel	115	51.6%
Routine health checkup	98	43.9%
Routine blood pressure check	91	40.8%
Cholesterol check	73	32.7%
Mammography	68	30.5%
Direct Access testing (hemoglobin, urine)	43	19.3%
Pap smear	41	18.4%
Prostate (PSA)	29	13.0%
None	22	9.9%
Colonoscopy	21	9.4%
Children’s checkup/Well baby	10	4.5%
Other	8	3.6%

“Other” comments:

- Bone Scan
- One-time cholesterol check
- None here, they’re too expensive
- Life insurance exam
- DOT (Department of Transportation) Physical
- Children’s vaccines and pregnancy test
- Not in Plentywood
- All out of town

## Desired Local Health Care Services (Question 12)

N= 223

Respondents were asked to indicate which health care professionals or services presently not available would they use if available locally. Respondents indicated the most interest in having an “Optometrist” at 65.9% (n=147) followed by a “Fitness center” at 40.8% (n=91), and a “Health fair” at 25.1% (n=56). Respondents were asked to check all that apply so percentages do not equal 100%.

Service	Count	Percent
Optometrist	147	65.9%
Fitness center	91	40.8%
Health fair	56	25.1%
Cardiac rehabilitation	25	11.2%
Tobacco cessation	12	5.4%
Other	14	6.3%

“Other” comments:

- OBGYN (5)
- Minor surgery
- Indoor pool
- Maternity care
- Dermatologist
- Counselor/Psychiatrist
- A physical VA Clinic
- [Fitness center] Make it affordable
- Well child psychiatrist
- Surgical
- NONE
- Free under \$40,000/year or a very reliable cheap insurance
- Dentist who would accept state medical and who would accept children from ages 1-18



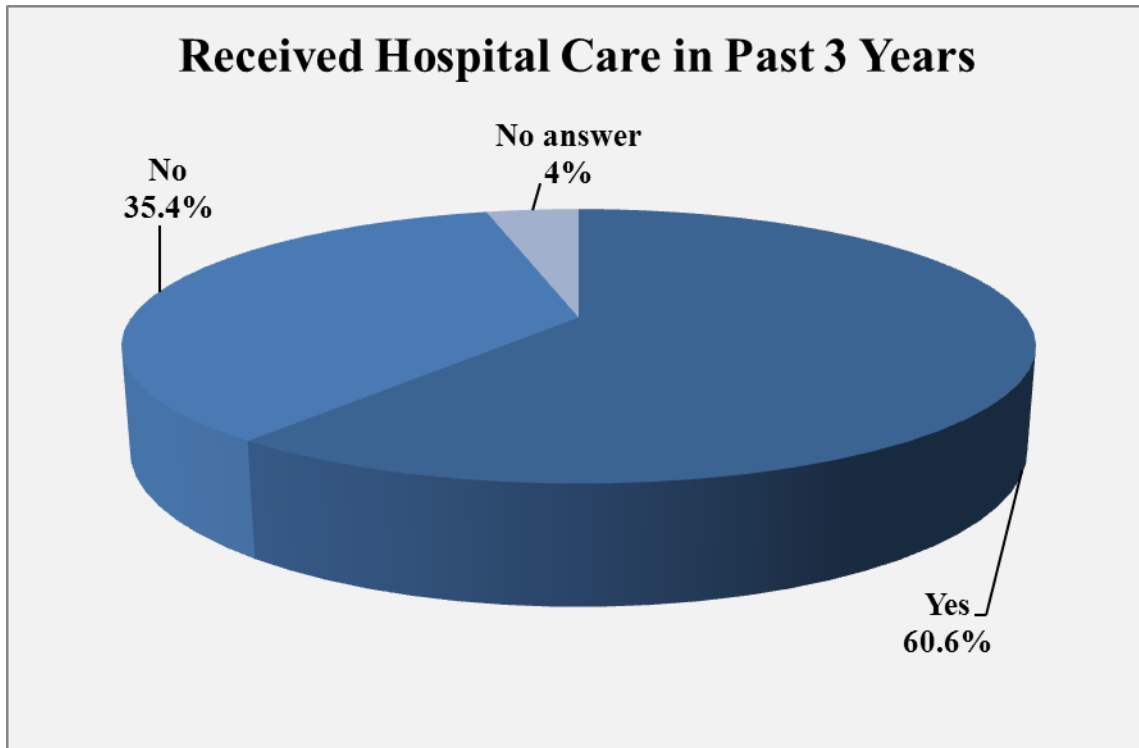
## VIII. Survey Findings- Hospital Care

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### Hospital Care Received in the Past Three Years (Question 13)

N= 223

Sixty-one percent of respondents (n=135) reported that they or a member of their family had received hospital care during the previous three years. Thirty-five percent (n=79) had not received hospital services and 4% of respondents (n=9) did not answer this question.



#### “Other” Comments

- Only outpatient services

### Hospital Used Most in the Past Three Years (Question 14)

N= 115

Of the 135 respondents who indicated receiving hospital care in the previous three years, 62.6% (n=72) reported receiving care at Sheridan Memorial Hospital in Plentywood. Ten percent of respondents (n=12) went to Billings Clinic in Billings and 9.6% of respondents (n=11) utilized services from Mercy Medical Center in Williston, ND. Twenty of the 135 respondents who reported they had been to a hospital in the past three years did not indicate which hospital they had utilized.

<b>Hospital</b>	<b>Count</b>	<b>Percent</b>
Sheridan Memorial Hospital – Plentywood	72	62.6%
Billings Clinic – Billings	12	10.4%
Mercy Medical Center – Williston, ND	11	9.6%
Sidney Health Center – Sidney	7	6.2%
St. Vincent Healthcare – Billings	5	4.3%
Frances Mahon Deaconess – Glasgow	3	2.6%
Trinity Hospital – Minot, ND	2	1.7%
Other	3	2.6%
<b>TOTAL</b>	<b>115</b>	<b>100%</b>

“Other” comments:

- Daniels Memorial in Scobey
- Memorial, Yakima, WA
- VA in Helena (656 Miles from Plentywood)
- Air Ambulance
- Scobey
- N/A
- The place they took me

### Reasons for Selecting the Hospital Most Utilized (Question 15)

N= 135

Of the 135 respondents who had a personal or family experience at a hospital within the past three years, the primary reason given for selecting the facility used most often was “Closest to home” at 64.4% (n=87). “Referred by physician” was selected by 51.9% of respondents (n=70) and 37.8% (n=51) selected “Prior experience with hospital.” Note that respondents were asked to select the top three answers which influenced their choices; therefore the percentages do not equal 100%.

Reason	Count	Percent
Closest to home	87	64.4%
Referred by physician	70	51.9%
Prior experience with hospital	51	37.8%
Emergency, no choice	50	37.0%
Hospital’s reputation for quality	34	25.2%
Recommended by family or friends	10	7.4%
Closest to work	9	6.7%
Required by insurance plan	5	3.7%
Cost of care	3	2.2%
VA/Military requirement	1	0.7%
Other	9	6.7%

“Other” comments:

- Orthopedic surgeon
- They have doctors!
- No choice, nowhere else to go without traveling
- Had been there previously
- Closest hospital that was not Mercy Medical in Williston which is a horrible hospital!
- Closest place to deliver a baby
- Specialist (3)
- Surgical services
- Needed specialist
- Closest to home
- Excellent reputation
- Doctor
- Best doctors

## Cross Tabulation of Hospital and Residence

Analysis was done to examine where respondents utilized hospital services the most in the past three years with where they live by zip code. The chart below shows the results of the cross tabulation.

### LOCATION OF MOST OFTEN UTILIZED HOSPITAL BY RESIDENCE

	Sheridan Memorial Hospital (Plentywood)	Billings Clinic (Billings)	St Vincent Healthcare (Billings)	Frances Mahon Deaconess (Glasgow)	Sidney Health Center (Sidney)	Mercy Medical Center (Williston, ND)	Trinity Hospital (Minot, ND)	Other	Total
<b>Plentywood 59254</b>	57 (68.7%)	9 (10.8%)	3 (3.6%)	2 (2.4%)	5 (6%)	3 (3.6%)	2 (2.4%)	2 (2.4%)	<b>83</b>
<b>Westby 59275</b>	6 (40%)	2 (13.3%)	1 (6.7%)			6 (40%)			<b>15</b>
<b>Medicine Lake 59247</b>	1 (25%)		1 (25%)		1 (25%)	1 (25%)			<b>4</b>
<b>Antelope 59211</b>	3 (100%)								<b>3</b>
<b>Reserve 59258</b>	3 (100%)								<b>3</b>
<b>Dagmar 59219</b>	1 (50%)					1 (50%)			<b>2</b>
<b>Scobey 59263</b>				1 (50%)				1 (50%)	<b>2</b>
<b>Froid 59226</b>					1 (100%)				<b>1</b>
<b>Raymond 59256</b>		1 (100%)							<b>1</b>
<b>TOTAL</b>	<b>71 (62.3%)</b>	<b>12 (10.5%)</b>	<b>5 (4.4%)</b>	<b>3 (2.6%)</b>	<b>7 (6.1%)</b>	<b>11 (9.6%)</b>	<b>2 (1.8%)</b>	<b>3 (2.6%)</b>	<b>114</b>

## Cross Tabulation of Hospital and Reason Selected

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

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

	Sheridan Memorial Hospital (Plentywood)	Billings Clinic (Billings)	St Vincent Healthcare (Billings)	Frances Mahon Deaconess (Glasgow)	Sidney Health Center (Sidney)	Mercy Medical Center (Williston, ND)	Trinity Hospital (Minot, ND)	Other	Total
<b>Cost of care</b>	1 (33.3%)						1 (33.3%)	1 (33.3%)	3
<b>Closest to home</b>	61 (82.4%)		1 (1.4%)	1 (1.4%)	5 (6.8%)	3 (4.1%)	1 (1.4%)	2 (2.7%)	74
<b>Closest to work</b>	7 (87.5%)					1 (12.5%)			8
<b>Emergency, no choice</b>	39 (86.7%)	3 (6.7%)	1 (2.2%)		2 (4.4%)				45
<b>Hospital's reputation for quality</b>	10 (33.3%)	6 (20%)	3 (10%)		3 (10%)	5 (16.7%)	1 (3.3%)	2 (6.7%)	30
<b>Prior experience with hospital</b>	29 (64.4%)	5 (11.1%)	1 (2.2%)	1 (2.2%)	2 (4.4%)	5 (11.1%)		2 (4.4%)	45
<b>Recommended by family or friends</b>	4 (40%)	1 (10%)			3 (30%)	2 (20%)			10
<b>Referred by physician</b>	27 (45.8%)	10 (16.9%)	5 (8.5%)	3 (5.1%)	3 (5.1%)	9 (15.3%)	1 (1.7%)	1 (1.7%)	59
<b>Required by insurance plan</b>	1 (25%)		1 (25%)		2 (50%)				4
<b>VA/Military requirement</b>								1 (100%)	1
<b>Other</b>	1 (16.7%)	1 (16.7%)		1 (16.7%)	1 (16.7%)	1 (16.7%)	1 (16.7%)		6

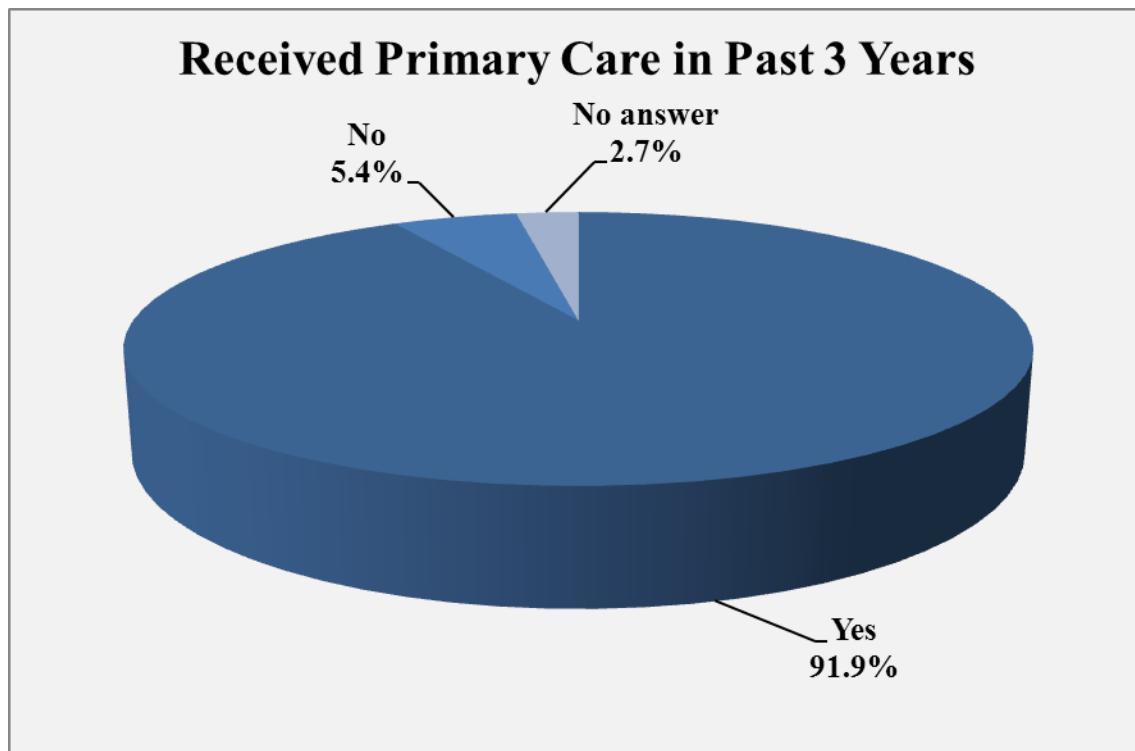
## IX. Survey Findings- Primary Care

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### Primary Care Received in the Past Three Years (Question 16)

N= 223

Ninety-two percent of respondents (n=205) indicated that they or someone in their household had been seen by a primary care provider (such as a family physician, physician assistant, or nurse practitioner) for health care services in the past three years. Five percent of respondents (n=12) had not seen a primary care provider and 2.7% (n=6) chose not to answer this question.



### Location of Primary Care Provider (Question 17)

N= 188

Of the 205 respondents who indicated receiving primary care services in the previous three years, 84% (n=158) reported receiving care in Plentywood. Seven percent of respondents (n=13) went to Williston, ND and 2.1% of respondents (n=4) utilized primary care services in Scobey. Seventeen of the 205 respondents who reported they had utilized primary care services in the past three years did not indicate where they received those services.

Location	Count	Percent
Plentywood	158	84.0%
Williston, ND	13	6.9%
Scobey	4	2.1%
Sidney	3	1.6%
Culbertson	3	1.6%
VA	2	1.2%
Billings	1	0.5%
Minot, ND	1	0.5%
Glasgow	0	0
Other	3	1.6%
<b>TOTAL</b>	<b>188</b>	<b>100%</b>

“Other” comments:

- Great Falls
- VA in Helena
- Trenton, ND
- Kalispell

### Reasons for Selection of Primary Care Provider (Question 18)

N= 205

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” (62.4%, n=128) and “Prior experience with clinic” (57.1%, n=117) were the most frequently cited factors in primary care provider selection. Respondents were asked to check all that apply so the percentages do not equal 100%.

Reason	Count	Percent
Closest to home	128	62.4%
Prior experience with clinic	117	57.1%
Clinic’s reputation for quality	75	36.6%
Appointment availability	69	33.7%
Length of waiting room time	19	9.3%
Referred by physician or other provider	19	9.3%
Recommended by family or friends	17	8.3%
Cost of care	8	3.9%
Required by insurance plan	7	3.4%
VA/Military requirement	6	2.9%
Indian Health Services	1	0.5%
Other	15	7.3%

“Other” comments:

- No choice, nowhere else to go without traveling
- History with provider (4)
- Closest maternity care other than Mercy Medical in Williston which is a terrible hospital
- Gender
- Care wasn’t provided but it should be
- Worked with me in the ER
- Work-related
- Personal choice, MD reputation
- Has my required specialist
- Doctor has had some different training
- Trust between myself and one specific doctor
- I really like the care there and the compassion from Kristin McCall. I chose for my kids and I to be here more than anybody else does
- Closest VA clinic
- Had no choice
- Dr. Stoner is an excellent doctor!
- Doctor
- On call
- Born and raised here and have only used Plentywood for health care



### Cross Tabulation of Primary Care and Residence

Analysis was done to examine where respondents went most often for primary care with where they live by zip code. The chart below shows the results of the cross tabulation.

#### LOCATION OF CLINIC MOST UTILIZED BY RESIDENCE

	Plentywood	Billings	Sidney	Scobey	Glasgow	Culbertson	Williston, ND	Minot, ND	VA	Other	Total
<b>Plentywood 59254</b>	123 (91.8%)		1 (0.7%)			1 (0.7%)	6 (4.5%)	1 (0.7%)	2 (1.5%)		<b>134</b>
<b>Westby 59275</b>	15 (65.2%)	1 (4.3%)					6 (26.1%)			1 (4.3%)	<b>23</b>
<b>Reserve 59258</b>	6 (66.7%)			1 (11.1%)						2 (22.2%)	<b>9</b>
<b>Antelope 59211</b>	6 (100%)										<b>6</b>
<b>Medicine Lake 59247</b>	3 (60%)		1 (20%)			1 (20%)					<b>5</b>
<b>Dagmar 59219</b>	2 (66.7%)						1 (33.3%)				<b>3</b>
<b>Scobey 59263</b>				3 (100%)							<b>3</b>
<b>Froid 59226</b>			1 (50%)			1 (50%)					<b>2</b>
<b>Raymond 59256</b>	2 (100%)										<b>2</b>
<b>TOTAL</b>	<b>157 (84%)</b>	<b>1 (0.5%)</b>	<b>3 (1.6%)</b>	<b>4 (2.1%)</b>	<b>0</b>	<b>3 (1.6%)</b>	<b>13 (7%)</b>	<b>1 (0.5%)</b>	<b>2 (1.1%)</b>	<b>3 (1.6%)</b>	<b>187</b>

## Cross Tabulation of Clinic and Reason Selected

Analysis was done to examine where respondents went most often for primary care services with why they selected that clinic/provider. The chart below shows the results of the cross tabulation. Glasgow was removed from the table due to non-response. 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

	Plentywood	Billings	Sidney	Scobey	Culbertson	Williston, ND	Minot, ND	VA	Other	Total
<b>Appointment availability</b>	57 (87.7%)		2 (3.1%)		2 (3.1%)	1 (1.5%)	1 (1.5%)		2 (3.1%)	<b>65</b>
<b>Clinic's reputation for quality</b>	60 (83.3%)	1 (1.4%)	3 (4.2%)	1 (1.4%)		5 (6.9%)	1 (1.4%)	1 (1.4%)		<b>72</b>
<b>Closest to home</b>	112 (93.3%)			3 (2.5%)	1 (0.8%)	4 (3.3%)				<b>120</b>
<b>Cost of care</b>	7 (87.5%)								1 (12.5%)	<b>8</b>
<b>Length of waiting room time</b>	16 (88.9%)			1 (5.6%)	1 (5.6%)					<b>18</b>
<b>Prior experience with clinic</b>	89 (82.4%)	1 (0.9%)	3 (2.8%)	1 (0.9%)	1 (0.9%)	10 (9.3%)	1 (0.9%)	1 (0.9%)	1 (0.9%)	<b>108</b>
<b>Recommended by family or friends</b>	12 (80%)		1 (6.7%)		1 (6.7%)	1 (6.7%)				<b>15</b>
<b>Referred by physician or other provider</b>	9 (60%)	1 (6.7%)	2 (13.3%)			3 (20%)				<b>15</b>
<b>Required by insurance plan</b>	5 (71.4%)		1 (14.3%)				1 (14.3%)			<b>7</b>
<b>VA/Military requirement</b>	1 (25%)						1 (25%)	2 (50%)		<b>4</b>
<b>Indian Health Services</b>									1 (100%)	<b>1</b>
<b>Other</b>	10 (66.7%)			1 (6.7%)	1 (6.7%)	3 (20%)				<b>15</b>

## **X. Survey Findings- Specialty Care**

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### **Use of Health Care Specialists during the Past Three Years (Question 19)**

N= 223

Sixty-four percent of the respondents (n=142) indicated they or a household member had seen a health care specialist during the past three years. Twenty-eight percent (n=63) indicated they had not seen a specialist and eighteen respondents (8.1%) chose not to answer this question.



## Type of Health Care Specialist Seen (Question 20)

N= 142

Respondents saw a wide array of health care specialists. The most frequently indicated specialist was a “Dentist” at 46.5% of respondents (n=66) having utilized their services. “Ophthalmologist” was the second most utilized specialist at 21.1% (n=30) and “Cardiologist” was third at 20.4% (n=29). Respondents were asked to choose all that apply so percentages do not equal 100%.

Health Care Specialist	Count	Percent
Dentist	66	46.5%
Ophthalmologist	30	21.1%
Cardiologist	29	20.4%
Chiropractor	28	19.7%
General surgeon	24	16.9%
OB/GYN	24	16.9%
Physical therapist	24	16.9%
Radiologist	24	16.9%
Orthopedic surgeon	21	14.8%
Dermatologist	19	13.4%
ENT (ear/nose/throat)	15	10.6%
Gastroenterologist	15	10.6%
Urologist	12	8.5%
Neurologist	11	7.7%
Oncologist	11	7.7%
Allergist	9	6.3%
Neurosurgeon	7	4.9%
Occupational therapist	7	4.9%
Pediatrician	7	4.9%
Rheumatologist	7	4.9%
Podiatrist	6	4.2%
Dietician	5	3.5%
Speech therapist	5	3.5%
Mental health counselor	4	2.8%
Psychologist	3	2.1%
Pulmonologist	3	2.1%
Endocrinologist	2	1.4%
Social worker	2	1.4%
Psychiatrist (M.D.)	1	0.7%
Geriatrician	0	0
Substance abuse counselor	0	0
Other	10	7.0%

“Other” comments:    - Therapy in Scobey                      - Cancer specialist (2)                      - Optometrist  
                                  - Orthodontist                      - Eye doctor                      - Surgeon                      - Naturopathic doctor  
                                  - For colonoscopy                      - Home health                      - Sleep specialist                      - Audiologist

### Location of Health Care Specialist (Question 21)

N= 142

Of the 142 respondents who indicated they saw a health care specialist, 52.8% (n=75) saw one in Billings. Forty-six percent of respondents (n=65) indicated they received specialty services in Williston, ND and 23.2% (n=33) saw a specialist in Sidney. Respondents could select more than one location; therefore percentages do not equal 100%.

Location	Count	Percent
Billings	75	52.8%
Williston, ND	65	45.8%
Sidney	33	23.2%
Plentywood (via telehealth)	23	16.2%
Minot, ND	11	7.7%
Glasgow	10	7.0%
Other	21	14.8%

“Other” comments:

- Great Falls (3)
- Havre and Fort Harrison
- Plentywood (2)
- Plentywood Dentist (2)
- Yakima, WY
- Bismarck, ND (2)
- Arizona
- Bozeman
- Helena
- Scobey (4)
- Fargo, ND
- Sheridan Memorial Hospital
- Crosby, ND
- Missoula
- Miles City
- Kalispell

### Overall Quality of Care at Sheridan Memorial Hospital (Question 22)

N= 223

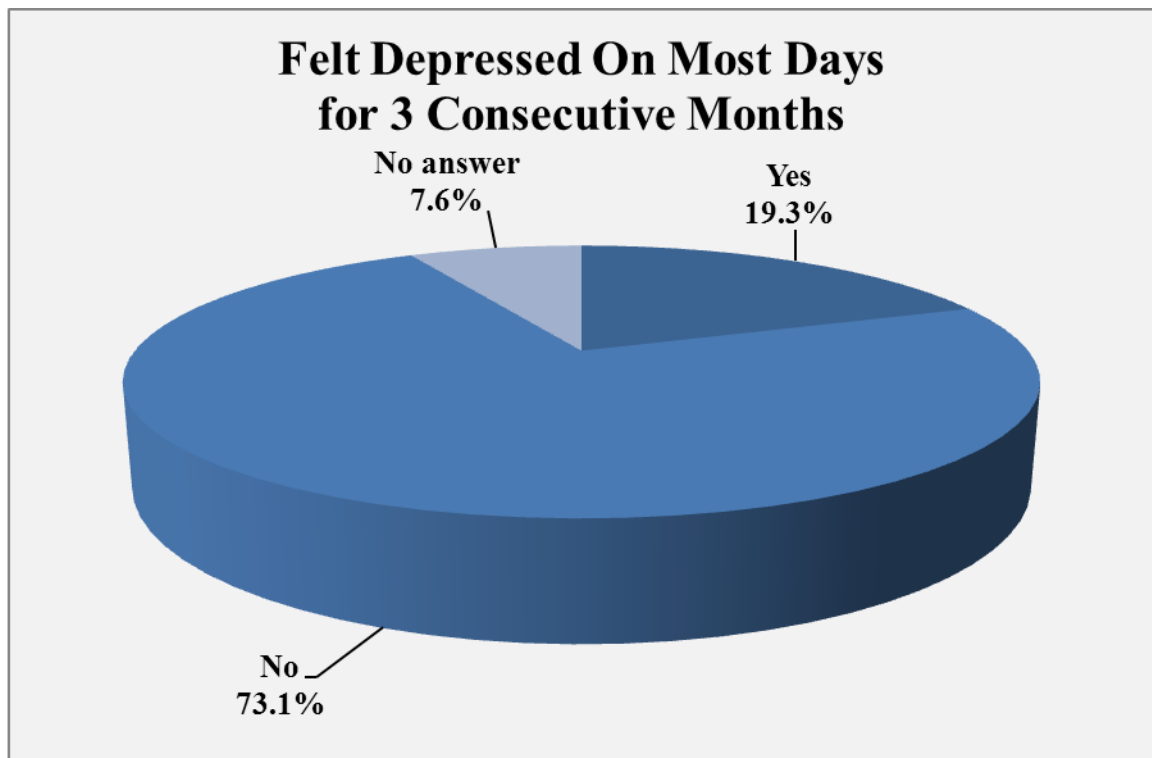
Respondents were asked to rate a variety of aspects of the overall care provided at Sheridan Memorial Hospital. Respondents were asked to rate the services using the scale of 4=Excellent, 3=Good, 2=Fair, 1=Poor and “Don’t know” or “Haven’t used.” The sums of the average scores were then calculated with the “Hydrotherapy pool” receiving the top average score of 3.9 out of 4.0. “Ambulance services,” “Laboratory,” and “Telehealth services” all received 3.5 out of 4.0. The total average score was 3.4, indicating the overall services of the hospital to be “Excellent” to “Good.”

	<b>Excellent (4)</b>	<b>Good (3)</b>	<b>Fair (2)</b>	<b>Poor (1)</b>	<b>Don’t Know</b>	<b>No Ans.</b>	<b>N</b>	<b>Avg.</b>
Hydrotherapy pool	17	3	0	0	177	26	223	3.9
Ambulance services	54	28	6	2	119	14	223	3.5
Laboratory	76	51	9	1	70	16	223	3.5
Telehealth services	12	12	0	0	175	24	223	3.5
Occupational/Physical/ Speech therapies	27	19	4	1	147	25	223	3.4
Clinical services	74	76	16	3	39	15	223	3.3
DME/Home oxygen	21	15	0	4	161	22	223	3.3
Emergency room	53	45	17	5	88	15	223	3.2
Sleep studies	3	8	0	3	182	27	223	2.8
<b>TOTAL</b>	<b>337</b>	<b>257</b>	<b>52</b>	<b>19</b>				<b>3.4</b>

### Prevalence of Depression (Question 23)

N= 223

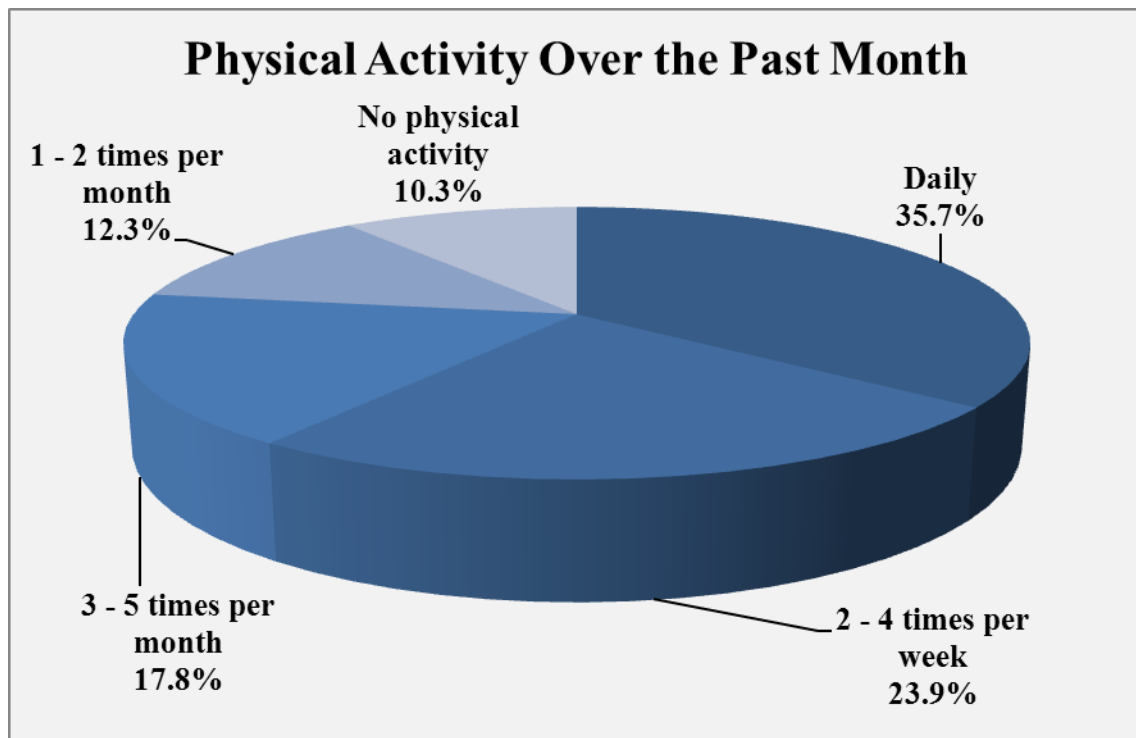
Respondents were asked to indicate if there were periods of at least three consecutive months in the past three years where they felt depressed on most days. Nineteen percent of respondents (n=43) indicated they had experienced periods of feeling depressed and 73.1% of respondents (n=163) indicated they had not. Seventeen respondents (7.6%) chose not to answer this question.



### Physical Activity (Question 24)

N= 213

Respondents were asked to indicate how frequently they had physical activity for at least 20 minutes over the past month. Thirty-six percent of respondents (n=76) indicated they had physical activity of at least 20 minutes “Daily” over the past month and 23.9% (n=51) indicated they had physical activity “2-4 times per week.” Thirty-eight respondents (17.8%) had physical activity “3-5 times per week” and 10.3% percent of respondents (n=22) indicated they had “No physical activity.” Ten respondents chose not to answer this question.

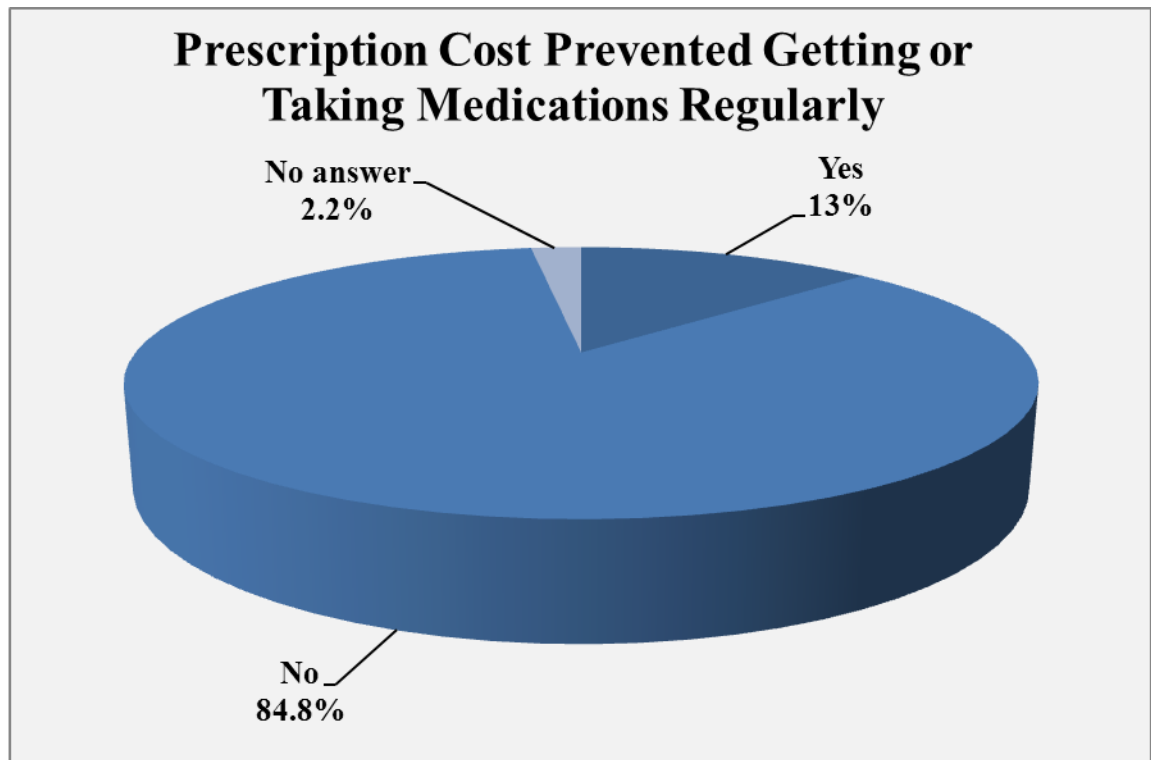




### Cost and Prescription Medications (Question 25)

N= 223

Respondents were asked to indicate if, during the last year, medication costs had prohibited them from getting a prescription or taking their medication regularly. Thirteen percent of respondents (n=29) indicated that cost had prohibited them from getting a prescription or taking their medication regularly in the last year. Eighty-five percent of respondents (n=189) indicated that cost had not prohibited them. Five respondents (2.2%) chose not to answer this question.



### Medical Insurance (Question 26)

N= 182

Respondents were asked to indicate what type of medical insurance covers the majority of their medical expenses. Thirty-five percent (n=63) indicated they have “Employer sponsored” coverage. Thirty-four percent (n=61) indicated they have “Medicare” and “Private insurance/private plan” was indicated by 12.1% of respondents (n=22). Forty-one respondents chose not to answer this question.

<b>Insurance Type</b>	<b>Count</b>	<b>Percent</b>
Employer sponsored	63	34.6%
Medicare	61	33.5%
Private insurance/private plan	22	12.1%
Healthy MT Kids	7	3.8%
VA/Military	7	3.8%
Medicaid	3	1.6%
State/Other	1	0.6%
Indian Health	1	0.6%
Health Savings Account	1	0.6%
Agricultural Corp. paid	0	0
Other	16	8.8%
<b>TOTAL</b>	<b>182</b>	<b>100%</b>

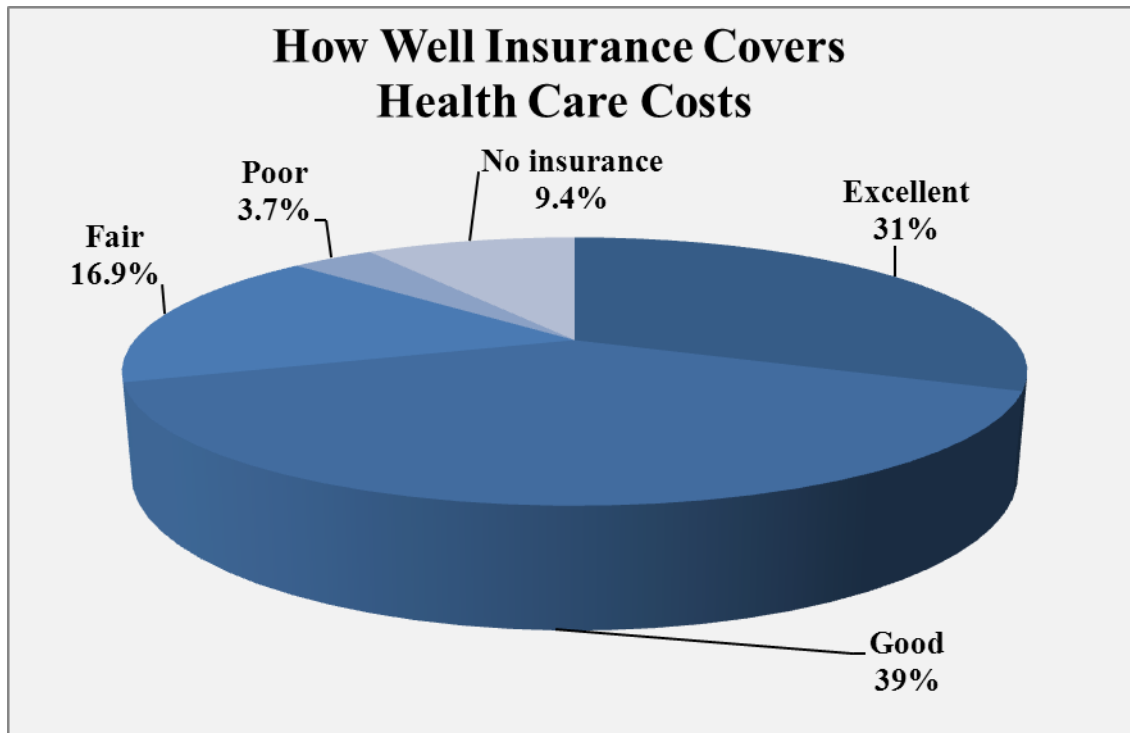
“Other” comments:

- United Healthcare
- I pay cash when I can afford it
- All out-of-pocket (3)
- Blue Cross Blue Shield (4)
- None (10)
- MUST (Montana Unified School Trust)
- My spouse has health insurance through their employer, I have no insurance due to cost and lack of coverage

### Insurance and Health Care Costs (Question 27)

N= 213

Respondents were asked to indicate how well they felt their health insurance covers their health care costs. Thirty-nine percent of respondents (n=83) indicated they felt their insurance covers a “Good” amount of their health care costs. Thirty-one percent of respondents (n=66) indicated they felt their insurance is “Excellent” and 16.9% of respondents (n=36) indicated they felt their insurance was “Fair.” Twenty respondents (9.4%) reported they had no insurance and ten respondents chose not to answer this question.



“Other” comments:

- [Poor] When I had it

### Barriers to Having Health Insurance (Question 28)

N= 20

Those respondents who indicated they did not have medical insurance (n=20) were asked to indicate why they did not. Eighty-five percent (n=17) reported they did not have health insurance because they could not afford to pay for it and 35% (n=7) indicated their “Employer does not offer insurance.” Respondents were asked to mark all answers that applied, thus the percentages do not equal 100%.

Reason	Count	Percent
Cannot afford to pay for medical insurance	17	85.0%
Employer does not offer insurance	7	35.0%
Choose not to have medical insurance	2	10.0%
Other	1	5.0%

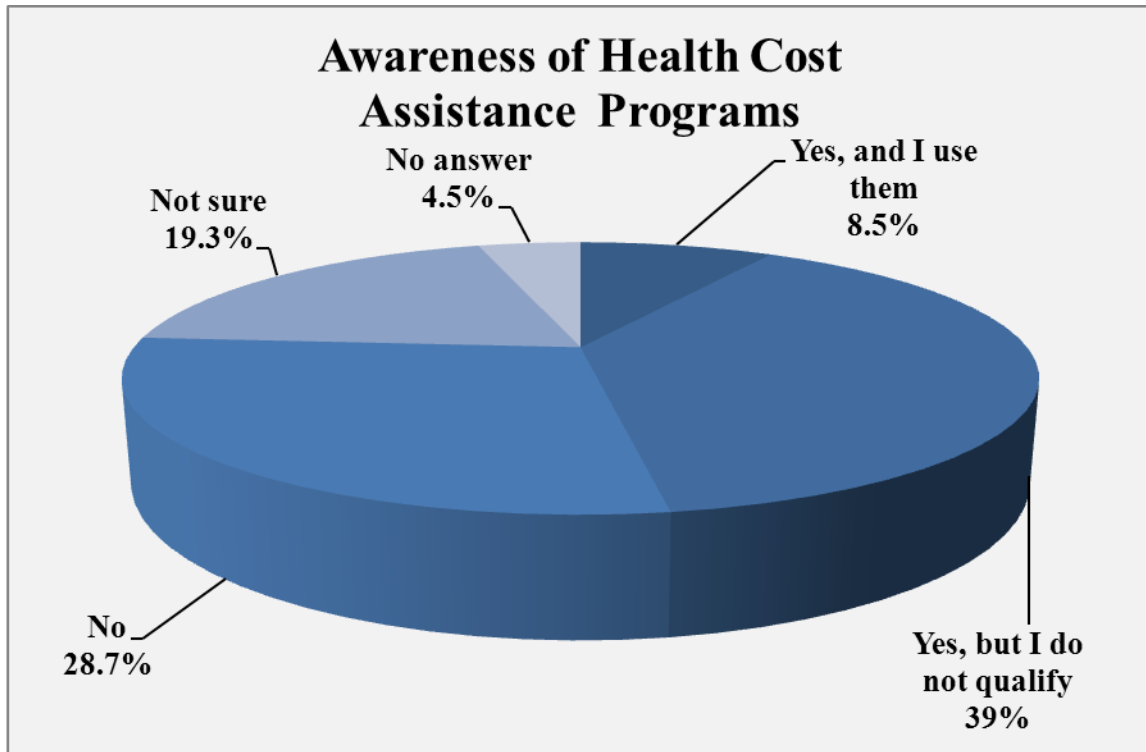
“Other” comments:

- Only have Medicare & United Health Care for prescriptions
- Self-employed
- Next year we will not be able to afford medical insurance
- [Cannot afford to pay for medical insurance] In this county
- Deceased
- [Cannot afford to pay for medical insurance] Cost is too high! Need insurance to cover us with the same quality coverage that the wealthy receive
- I may not have the insurance I currently have much longer
- I don’t personally have insurance, but my kids have Healthy MT Kids
- Rejected for private insurance due to my medical history
- Insurance offered through my spouse is very expensive and provides very poor coverage

### Awareness of Health Expense Payment Programs (Question 29)

N= 223

Respondents were asked to indicate their awareness of programs that help people pay for health care bills. Thirty-nine percent of respondents (n=87) indicated they were aware of these types of programs, but did not qualify to utilize them. Twenty-nine percent (n=64) indicated that they were not aware or did not know of these programs and 19.3% of respondents (n=43) indicated they were unsure. Ten respondents (4.5%) chose not to answer this question.



## **XI. Focus Group Methodology**

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Two focus groups were held in Plentywood, Montana in February 2013. Focus group participants were identified as people living in Sheridan Memorial Hospital's service area.

Twenty-five people participated in the two focus group interviews. The focus groups were designed to represent various consumer groups of health care. Both of the focus groups were held at Sheridan Memorial Hospital. Each group was up to 90 minutes in length and followed the same line of questioning in each session (Appendix F). The questions and discussions at the focus groups were led by Angela Bangs with the Montana Office of Rural Health.

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

## Focus Group Findings

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

- *Major issues in health care-* A variety of themes were discussed throughout the focus group meetings. The most common health issues discussed were Type I and Type II Diabetes, Heart Disease, and Cancer. Participant also mentioned a lack of exercise facilities as well as the importance of education and awareness about nutrition and wellness. In addition, participants noted a variety of concerns like hospital staff shortages, lack of affordable housing, insufficient daycare, poor water quality, and concerns about safety.
- *Opinion of services and quality of care at Sheridan Memorial Hospital:*

*Quality of Care-* Participants spoke very highly of the hospital, finding the care to be exceptional. One participant stated, “The majority of comments I hear are of people being thankful for having the facility and are also surprised by all the things we do offer.” Participants did express that people usually are not aware of a service until they need to utilize it.

*Number of Services-* In general, participants seemed happy with the number of services available. However, they felt that travelling for specialists is difficult in the winter so they are grateful for the expanding role of Telemedicine. Community members were also concerned about the shortage of hospital staff due to aging workers and difficulty retaining local community members. Participants did indicate great need for mental health improvements and mentioned that OB is no longer offered at Sheridan Memorial Hospital and they have to travel to Glasgow to deliver babies.

*Hospital Staff-* Participants discussed the hospital staff in terms of style of care and competence. Hospital staff was viewed well by the community. One participant stated, “The hospital is a great benefit to the community. Great doctors and nurses. We need this hospital especially as we age.” Participants agree that the hospital is vital to the community and the staff is an important component of the hospital.

*Hospital Board and Leadership-* There was not much discussion regarding the Board and leadership. One participant noted, “We are only aware of what we read in the paper. I think there is a positive perception though.”

*Business Office-* Participants requested more transparency in billing. One participant noted, “I want broken down billing. What exactly am I paying for?”

*Condition of Facility and Equipment-* Participants described the facility as clean and the equipment as up-to-date. Participants did discuss that the facility could use some updating but there is no space for further expansion and no space for storage. One participant stated, “I wouldn’t mind moving to a completely new facility and location. The hospital is constantly fixing HVAC, pipes, we have generators. We have added on and added on. We have no space to expand anymore. We don’t have places to put visiting providers.”

*Financial Health of the Hospital-* In general, the financial health of the hospital was viewed well and most felt the hospital’s finances are in good standing. Participants complimented the hospital’s Foundation and grant writing committee for their expertise in raising funds to improve the hospital.

*Cost-* Participants did not seem to agree regarding perceptions of cost at Sheridan Memorial Hospital. Some participants felt local health care costs were lower than other areas while other participants felt costs are higher than other areas. One participant conceded, “Cost is a much bigger issue than at the local level. Cost must be addressed from the top down, not by the local hospital or provider.”

*Office/Clinic Staff-* Participants did not discuss perceptions of the office and clinic staff at Sheridan Memorial Hospital.

*Availability-* Participants found availability to be adequate and do not feel like they wait too long for appointments. Participants did mention that availability of dental care is limited. In addition, participants would like to see expanded clinic hours to accommodate more appointments so the ER is not over-utilized.

- *Opinion of local providers-* Participants indicated they mostly use local providers as their or their family’s personal provider. Reasons noted for using local services included: convenience, trustworthiness, provision of good quality care, long-term relationships with providers, and familiarity with staff.
- *Opinion of Local Services:*

*Emergency Room-* Participants view the ER as exceptional and are happy it is available. One participant remarked, “The ER is well-stocked, has good equipment, and has good pediatrics equipment. The ER is stocked with everything staff may need.” Participants did express concern that the ER is overused for non-emergency situations due to limited clinic hours.

*Ambulance Service-* Participants expressed that staffing the ambulance service is a big issue. Participants noted it is difficult to get people interested in volunteering then it is a challenge to retain trained EMT’s. Views of the overall service were positive and reflected great experiences from participants.



*Health Care Services for Senior Citizens-* Participants praised the vast amount of health care services that are available for seniors in the local community. Participants did indicate a need for local optometry services to reduce travel out of town for seniors.

*Public/County Health Department-* Most participants were aware of the services offered by the county health department and felt they do an excellent job serving the entire county. One person noted, “The health department has great working relationships and partnerships with everyone, especially with the hospital. They do a lot of regional work.”

*Health Care Services for Low-Income Individuals-* Participants seemed to think health care services are adequate for Medicaid recipients but believe the paperwork is cumbersome to sign up for cost assistance programs. Some participants were concerned with the way the ER is utilized by low-income individuals noting, “Some people are misinformed about the proper utilization of ER services; others just use it for convenience.”

*Nursing Home/Assisted Living Facility-* Participants mentioned several services that are available to seniors and seemed pleased with the Assisted Living Facility and Nursing Home.

*Pharmacy-* Participants find the local pharmacy to be phenomenal. Some participants stated that it is always busy, so an additional pharmacy could be beneficial to the community.

- *What Would Make the Community a Healthier Place to Live-* Participants offered many suggestions for making Plentywood and the surrounding area a healthier place to live. They focused on the need for an indoor community health fitness facility, additional daycare services, and a local face-to-face tobacco cessation program. Participants also indicated a need for more diabetic education.
- *Why people might leave the community for health care services-* Generally, participants would leave Plentywood if they faced privacy or confidentiality issues, if they needed specialty services, needed dialysis, or needed cancer treatments. Participants also left Plentywood if they needed to see an eye doctor or couldn’t get an appointment at the dentist.
- *Health Services needed in the Community-* Additional services that participants felt were needed was an additional MD at the hospital, a diabetic educator in the community, urgent care, better patient education, and chemotherapy. Participants also indicated a need for additional eye care, dental care, and pharmacy services.

## **XII. Summary**

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Two hundred and twenty three surveys were completed in Sheridan Memorial Hospital's service area for a 37% response rate. Of the 223 returned, 64.6% of the respondents were females, 46.4% were married, and 63.1% were 56 years of age or older.

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

Over half of the respondents (55%), feel the Plentywood area is a "Somewhat healthy" place to live. Respondents indicated their top three health concerns were: Cancer (64.1%), Alcohol/substance abuse (50.7%), and Heart disease (36.3%). When asked what additional health care services respondents would use if they were available locally, the top choices were: Optometrist (65.9%), Fitness center (40.8%), and Health fair (25.1%).

Overall, the respondents within Sheridan Memorial Hospital's service area are seeking hospital care at a rate that is typically seen in rural areas. Area residents recognize the major impact the health care sector has on the economic well-being of the area, with 82.6% of respondents identifying local health care services as "Very important" to the economic well-being of the area.

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

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

## **Appendix A- Steering Committee Members**

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

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1. Sandra Christensen – CEO, Sheridan Memorial Hospital
2. Linda Heppner – Assistant Administrator, Sheridan Memorial Hospital
3. Linda Ator – Director of Nursing, Sheridan Memorial Hospital
4. Kathy Tangedal – Director of Nursing, Sheridan Memorial Hospital Long Term Care
5. Joni Brensdal – Director, Pioneer Manor
6. Candy Marsh – Executive Director, Glen-Wood, Inc.
7. Vicky Ruby – Public Health
8. Kathy Jensen – Public Health
9. Gina Aasheim – Mental Health

## Appendix B - Public Health and Populations Consultation

### Public Health and Populations Consultation Worksheet

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#### 1. Public Health

- a. Name/Organization  
Vicky Ruby – Public Health  
Kathy Jensen – Public Health
- b. Date of Consultation  
First Steering Committee Meeting: February 4, 2013
- c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)  
Steering Committee
- d. Input and Recommendations from Consultation
  - There are many ways people are able to access preventative screenings in the community. Some are through insurance and others are out-of-pocket. We need to think comprehensively about what is offered to gauge what people are utilizing or to help educate what is available locally.
  - It would be beneficial to gather information on the number of children in a household and the age ranges of children. Also, find out about marital status.

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

##### Population- Seniors

- a. Name/Organization  
Candy Marsh – Executive Director, Glen-Wood, Inc.  
Kathy Tangedal- Director of Nursing, Sheridan Memorial Hospital Long Term Care  
Joni Brensdal- Director, Pioneer Manor
- b. Date of Consultation  
First Steering Committee Meeting: February 4, 2013
- c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)  
Steering Committee
- d. Input and Recommendations from Consultation
  - Transportation assistance is huge in our community. Without transportation, people would not be able to access needed health care services.
  - The community has concerns on MS/ALS/Parkinson's as well as Dementia/Alzheimer's
  - Telehealth is very important, but are people aware of it? Do they utilize it to its full potential?

## Appendix C- Survey Cover Letter



Sheridan Memorial  
Hospital Association

440 West Laurel Avenue  
Plentywood, MT 59254

Hospital Phone: (406)765-3700 - Nursing Home Phone: (406)765-3748 - Clinic Phone: (406)765-3718 - Facility FAX: (406)765-3800  
[www.sheridanmemorial.net](http://www.sheridanmemorial.net)

March 18, 2013

Dear Montana Resident:

**Participate in our Community Health Services Development survey and have 25 chances to WIN \$25.00 from Rueb's Super Valu!**

Sheridan Memorial Hospital is partnering with the Montana Office of Rural Health/Area Health Education Center at Montana State University to administer a community health survey. The purpose of the survey is to obtain information from a wide range of participants to assist in planning our programs, services, and facilities to meet present and future health care needs.

Your name has been randomly selected as a resident who lives in the Sheridan Memorial Hospital service area. **Your help is critical in determining health priorities and future needs.** The survey covers topics such as: use of health care services, awareness of services, community health, health insurance and demographics. The purpose of the survey is to obtain information from a wide range of participants to assist in planning our programs, services, and facilities to meet present and future needs, in addition to identifying community health and wellness needs.

Once you complete your survey, simply **return it AND one of the raffle tickets in the enclosed self-addressed, postage paid envelope postmarked by April 29, 2013.** Keep the other raffle ticket in a safe place. The winning raffle ticket numbers will be announced on the hospital website at: [www.sheridanmemorial.net](http://www.sheridanmemorial.net) and in the local newspaper on **May 9, 2013.**

We know your time is valuable so we have made an effort to keep the survey to about 15 minutes. Sheridan Memorial Hospital is offering you this chance to win 1 of 25, \$25 gift certificates as a thank you for completing the enclosed survey.

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

Thank you for your assistance. We appreciate your effort.

Sincerely,

Sandra Christensen, CEO  
Sheridan Memorial Hospital

## Appendix D- Survey Instrument

### Community Health Services Development Survey Plentywood, Montana

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

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

#### Community Health

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

- ☐ Very healthy    ☐ Healthy    ☐ Somewhat healthy    ☐ Unhealthy    ☐ Very unhealthy

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

- |   |   |   |
|---|---|---|
| <input type="radio"/> Alcohol abuse/substance abuse | <input type="radio"/> Heart disease                 | <input type="radio"/> Recreation related accidents/injuries |
| <input type="radio"/> Cancer                        | <input type="radio"/> Lack of access to health care | <input type="radio"/> Stroke                                |
| <input type="radio"/> Child abuse/neglect           | <input type="radio"/> Lack of dental care           | <input type="radio"/> Overweight/obesity                    |
| <input type="radio"/> Dementia/Alzheimer's          | <input type="radio"/> Lack of exercise              | <input type="radio"/> Tobacco use                           |
| <input type="radio"/> Depression/anxiety            | <input type="radio"/> Mental health issues          | <input type="radio"/> Work related accidents/injuries       |
| <input type="radio"/> Diabetes                      | <input type="radio"/> MLS/ALS/Parkinson's           | <input type="radio"/> Other _____                           |
| <input type="radio"/> Domestic violence             | <input type="radio"/> Motor vehicle accidents       |   |

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

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

#### Awareness of Services

4. How do you rate your knowledge of the health services that are available at Sheridan Memorial Hospital?

- ☐ Excellent    ☐ Good    ☐ Fair    ☐ Poor



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

- |  |   |  |
|--|---|--|
| <input type="radio"/> Health care provider | <input type="radio"/> Newspaper/The Greeter | <input type="radio"/> Friends/family           |
| <input type="radio"/> Mailings/newsletter  | <input type="radio"/> Presentations         | <input type="radio"/> Word of mouth/reputation |
| <input type="radio"/> Website/internet     | <input type="radio"/> Public health         | <input type="radio"/> Radio                    |
|  | <input type="radio"/> Other _____           |  |

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

- |                                |  |                                      |                                       |
|--------------------------------|--|--------------------------------------|---------------------------------------|
| <input type="radio"/> Pharmacy | <input type="radio"/> County/Public health | <input type="radio"/> Aging services | <input type="radio"/> Quality transit |
| <input type="radio"/> Dentist  | <input type="radio"/> Mental health        | <input type="radio"/> Chiropractor   | <input type="radio"/> Other _____     |

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

- |  |   |  |
|--|---|--|
| <input type="radio"/> Greater health education services  | <input type="radio"/> More specialists          | <input type="radio"/> Cultural sensitivity |
| <input type="radio"/> Improved quality of care           | <input type="radio"/> Interpreter services      | <input type="radio"/> Telemedicine         |
| <input type="radio"/> More primary care providers        | <input type="radio"/> Transportation assistance | <input type="radio"/> Other _____          |
| <input type="radio"/> Outpatient services expanded hours |   |  |

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

- |                                      |                                 |                                     |                                  |
|--------------------------------------|---------------------------------|-------------------------------------|----------------------------------|
| <input type="radio"/> Very important | <input type="radio"/> Important | <input type="radio"/> Not important | <input type="radio"/> Don't know |
|--------------------------------------|---------------------------------|-------------------------------------|----------------------------------|

#### **General Use of Health Care Services**

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

- ☐ Yes   ☐ No   (If no, skip to question 11)

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

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

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

- |   |  |
|---|--|
| <input type="radio"/> Annual blood panel                        | <input type="radio"/> Pap smear                    |
| <input type="radio"/> Children's checkup/Well baby              | <input type="radio"/> Prostate (PSA)               |
| <input type="radio"/> Cholesterol check                         | <input type="radio"/> Routine blood pressure check |
| <input type="radio"/> Colonoscopy                               | <input type="radio"/> Routine health checkup       |
| <input type="radio"/> Direct Access testing (hemoglobin, urine) | <input type="radio"/> None                         |
| <input type="radio"/> Flu shot                                  | <input type="radio"/> Other _____                  |
| <input type="radio"/> Mammography                               |  |

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

- |                                      |  |   |
|--------------------------------------|--|---|
| <input type="radio"/> Health fair    | <input type="radio"/> Cardiac rehabilitation | <input type="radio"/> Tobacco cessation |
| <input type="radio"/> Fitness center | <input type="radio"/> Optometrist            | <input type="radio"/> Other _____       |

**Hospital Care**

13. 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 16**)

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

- |  |   |
|--|---|
| <input type="radio"/> Sheridan Memorial Hospital- Plentywood | <input type="radio"/> Sidney Health Center- Sidney        |
| <input type="radio"/> Billings Clinic- Billings              | <input type="radio"/> Mercy Medical Center- Williston, ND |
| <input type="radio"/> St. Vincent Healthcare- Billings       | <input type="radio"/> Trinity Hospital- Minot, ND         |
| <input type="radio"/> Frances Mahon Deaconess- Glasgow       | <input type="radio"/> Other _____                         |

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

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

**Primary Care**

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

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



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

- |                                  |                                  |  |
|----------------------------------|----------------------------------|--|
| <input type="radio"/> Plentywood | <input type="radio"/> Scobey     | <input type="radio"/> Williston, ND                        |
| <input type="radio"/> Billings   | <input type="radio"/> Glasgow    | <input type="radio"/> Minot, ND                            |
| <input type="radio"/> Sidney     | <input type="radio"/> Culbertson | <input type="radio"/> VA <input type="radio"/> Other _____ |

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

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

**Specialty Care**

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

- ☐ Yes ☐ No **(If no, skip to question 22)**

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

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

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

- |                                |                                     |   |
|--------------------------------|-------------------------------------|---|
| <input type="radio"/> Billings | <input type="radio"/> Williston, ND | <input type="radio"/> Glasgow   |
| <input type="radio"/> Sidney   | <input type="radio"/> Minot, ND     | <input type="radio"/> Plentywood (via telehealth) <input type="radio"/> Other _____ |

22. The following services are available at Sheridan Memorial Hospital. Please rate the overall quality for each service. (Please mark DK if you haven't used the service)

Excellent = 4 Good = 3 Fair = 2 Poor = 1 Don't Know/Haven't Used = DK

Ambulance services	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> DK
Clinical services	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> DK
DME/Home oxygen	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> DK
Emergency room	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> DK
Hydrotherapy pool	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> DK
Laboratory	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> DK
Occupational/Physical/Speech therapies	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> DK
Sleep studies	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> DK
Telehealth services	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> DK

23. In the past three years, have there been periods of at least three consecutive months where you felt depressed on most days, although you may have felt okay sometimes? ☐ Yes ☐ No

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

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

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

- ☐ Yes ☐ No

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

- ☐ Healthy MT Kids ☐ Private insurance/private plan ☐ Agricultural Corp. Paid  
☐ Employer sponsored ☐ Medicaid ☐ Health Savings Account  
☐ Medicare ☐ VA/Military ☐ Other \_\_\_\_\_  
☐ State/Other ☐ Indian Health

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

- ☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ No insurance

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

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

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

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

**Demographics**

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

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

- |                                      |   |  |
|--------------------------------------|---|--|
| <input type="radio"/> 59211 Antelope | <input type="radio"/> 59219 Dagmar        | <input type="radio"/> 59258 Reserve    |
| <input type="radio"/> 59226 Froid    | <input type="radio"/> 59247 Medicine Lake | <input type="radio"/> 59254 Plentywood |
| <input type="radio"/> 59256 Raymond  | <input type="radio"/> 59263 Scobey        | <input type="radio"/> 59275 Westby     |

31. What is your gender?    ☐ Male    ☐ Female

32. What age range represents you?

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

33. Which best describes you?

- ☐ Single                  ☐ Married                  ☐ Divorced                  ☐ Widowed

34. How many children live in your household?

- ☐ 1          ☐ 2          ☐ 3          ☐ 4          ☐ 5          ☐ 6          ☐ 7+

35. If you have children living in your home, what are their age ranges? **(Select all that apply)**

- ☐ 0-2    ☐ 3-5    ☐ 6-8    ☐ 9-11    ☐ 12-14    ☐ 15-17    ☐ 18+

36. What is your employment status?

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

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

**THANK YOU VERY MUCH FOR YOUR TIME**

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

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

- 1. How would you rate the general health of our community?**
  - No idea
  - Don't know
- 2. In the following list, what do you think are the three most serious health concerns in our community?**
  - Access to Planned Parenthood services
  - Optometrist
  - Eye Care
  - Improper diet
- 3. Select the three items below that you believe are most important for a healthy community:**
  - We need a gym/place to exercise (2)
  - Life skills
  - [Clean environment] this would be #4/stop the pipeline!
  - Gun safety
- 5. How do you learn about the health services available in our community?**
  - I work there (2)
  - Services rendered
  - Mostly don't
  - Phonebook (2)
  - Friends
  - The hospital does not do a good job of self-promoting
- 6. Which community health resources, other than the hospital or clinic, have you used in the last three years?**
  - Veteran's Affairs (VA)
  - Vision, which we don't have here in Plentywood
  - Picc line site management
  - Hospital & doctor office
  - [Transportation assistance] Williston, Sidney, Minot
- 7. In your opinion, what would improve our community's access to health care?**
  - [Telemedicine] It does improve access
  - Active & open gym/pool for everyone at reasonable rates
  - Advertisement listing all medical services in one advertising block
  - Maternity care/OBGYN (3)
  - Fitness center (3)
  - Affordability of Care/Insurance
  - Communication and Cooperation
  - Less expensive (2)
  - Birth control/STD and sex education

***Question 7 comments continued...***

- More doctors
- Confidentiality
- Equal access to professional mental health services
- Get an eye doctor (2)
- Medical office workers who have customer service skills
- Expand services offered at hospital (i.e. maternity, specialists)
- Home Health Care

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

- Had to leave town for specialized care. There are not enough doctors
- Treatment not available locally
- Before the Hospital Clinic opened, Dr. Stoner wasn't taking new patients, so I had no one to see for my Type I Diabetes
- [Confidentiality] No confidentiality on EMS (Emergency Medical Services) or at the Clinic
- Explained the symptoms – which could've been life threatening – and were refused an immediate appointment with the doctor
- The way I was treated by some of the staff at Plentywood Clinic
- No mental health specialists
- No pediatricians
- No eye doctor
- Waited too long for results of a test
- Doctor wasn't taking new patients
- No doctor to treat my daughter for needed surgery for tonsils or drainage of tonsils
- Did not have the specific doctor I needed to help treat my issue
- Billings trips take a long time to schedule and require overnight stays
- No dermatologist in the area
- Doctor didn't fully review my past medical history for the problem for which I was being seen. She told me that I was fine but if I got worse, to see her in the ER the next day. I ended up in the ER the next day with an even worse infection
- I actually went and had the test done and never got the test results. I had to call and ask for the results, then found out the results were inconclusive

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

- Bone Scan
- One-time cholesterol check
- None here, they're too expensive
- Life insurance exam
- DOT (Department of Transportation) Physical
- Children's vaccines and pregnancy test
- Not in Plentywood
- All out of town

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

- OBGYN (5)
- Minor surgery
- Indoor pool
- Maternity care
- Dermatologist
- Counselor/Psychiatrist
- A physical VA Clinic
- [Fitness center] Make it affordable
- Well child psychiatrist
- Surgical
- NONE
- Free under \$40,000/year or a very reliable cheap insurance
- Dentist who would accept state medical and who would accept children from ages 1-18

**13. 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)**

- Only outpatient services

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

- Daniels Memorial in Scobey
- Memorial, Yakima, WA
- VA in Helena (656 Miles from Plentywood)
- Air Ambulance
- Scobey
- N/A
- The place they took me

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

- Orthopedic surgeon
- They have doctors!
- No choice, nowhere else to go without traveling
- Had been there previously
- Closest hospital that was not Mercy Medical in Williston which is a horrible hospital!
- Closest place to deliver a baby
- Specialist (3)
- Surgical services
- Needed specialist
- Closest to home
- Excellent reputation
- Doctor
- Best doctors

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

- Great Falls
- VA in Helena
- Trenton, ND
- Kalispell

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

- No choice, nowhere else to go without traveling
- History with provider (4)
- Closest maternity care other than Mercy Medical in Williston which is a terrible hospital
- Gender
- Care wasn't provided but it should be
- Worked with me in the ER
- Work-related
- Personal choice, MD reputation
- Has my required specialist
- Doctor has had some different training
- Trust between myself and one specific doctor
- I really like the care there and the compassion from Kristin McCall. I chose for my kids and I to be here more than anybody else does
- Closest VA clinic
- Had no choice
- Dr. Stoner is an excellent doctor!
- Doctor
- On call
- Born and raised here and have only used Plentywood for health care

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

- Therapy in Scobey
- Cancer Specialist (2)
- Optometrist
- Orthodontist
- Eye doctor
- Surgeon
- Naturopathic doctor
- For colonoscopy
- Home health
- Sleep specialist
- Audiologist

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

- Great Falls (3)
- Havre and Fort Harrison
- Plentywood (2)

***Question 21 comments continued...***

- Plentywood Dentist (2)
- Yakima, WY
- Bismarck, ND (2)
- Arizona
- Bozeman
- Helena
- Scobey (4)
- Fargo, ND
- Sheridan Memorial Hospital
- Crosby, ND
- Missoula
- Miles City
- Kalispell

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

- United Healthcare
- I pay cash when I can afford it
- All out-of-pocket (3)
- Blue Cross Blue Shield (4)
- None (10)
- MUST (Montana Unified School Trust)
- My spouse has health insurance through their employer, I have no insurance due to cost and lack of coverage

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

- [Poor] When I had it

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

- Only have Medicare & United Health Care for prescriptions
- Self-employed
- Next year we will not be able to afford medical insurance
- [Cannot afford to pay for medical insurance] In this county
- Deceased
- [Cannot afford to pay for medical insurance] Cost is too high! Need insurance to cover us with the same quality coverage that the wealthy receive
- I may not have the insurance I currently have much longer
- I don't personally have insurance, but my kids have Healthy MT Kids
- Rejected for private insurance due to my medical history
- Insurance offered through my spouse is very expensive and provides very poor coverage

**33. Which best describes you?**

- Significant other!



**34. How many children live in your household?**

- None (8)
- None at home

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

- Self-employed (6)
- Homemaker
- Online Student
- Seeking disability
- Soon to retire
- I live alone and take care of myself, I'm 91.5 years old

## Appendix F- Focus Group Questions

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

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

## Appendix G- Focus Group Notes

### Focus Group #1

Tuesday, February 26, 2013 – 9am-10am – Sheridan Memorial Hospital Boardroom – Plentywood, MT

9 people (1 male, 8 female)

1. What would make this community a healthier place to live?
  - They are looking into opening a community health fitness center. We would like to have a representative for that board from Sheridan Memorial Hospital. The fitness center would need community support financially. I believe that the fitness center would be utilized. I missed having that opportunity from my childhood. Hopefully we'll see the fitness center in our future.
  - Plentywood has been getting into a co-op called "Bountiful Baskets." Participants get baskets of food every two weeks. For fifteen dollars you get a good amount of fresh produce. We have only one grocery store.
    - There are usually some exotic-type foods in there. We sell ninety-six baskets every two weeks.
    - The word isn't out about it yet. New trucks are going to Scobey and Culbertson. It's not advertised very well. I don't even know who you contact.
      - It's Facebook- and email-based. Go to [bountifulbaskets.org](http://bountifulbaskets.org)
    - It's a wonderful program.
    - The trouble is you have to claim the baskets. It's hard to get there by 10:00am so by the end of the workday, many of the baskets are gone.
  - We have a large amount of Type I and Type II Diabetes. We do have some simple diabetic education. Several years ago we dropped the extensive diabetic education program because we couldn't support it.
    - There's definitely the numbers to support it who would use the education services. It's just a huge commitment.
2. What do you think are the most important local health care issues?
  - Type I and Type II Diabetes
  - Cancer
  - Heart disease
    - It's a meat eating issue. We are in cow country. Some people are still in meat and potatoes mode.
  - I think, as compared to years ago, awareness of education and nutrition and wellness is much more prevalent. There's a push for it in the papers but you can always learn more.
  - Housing is a huge issue. Cost of living is very high because of the oil boom.
    - Affordable housing is impossible to find. Anyone in the service industry cannot find places to live because they can't afford rent. Six teachers will be retiring this year. Where will the new teachers live? They won't be able to afford \$1,000-\$2,000 per month.
    - Border patrol wives are often in the health care field but that's about the only new people that come into Plentywood to work in health.

- Usually, one spouse makes enough money in the oil field so the other doesn't work.
- A lot of men in the area are working but the wives and kids aren't in the community because there is nowhere to live.
- What about environmental issues?
  - Water is a concern because of the farming and ranching community.

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

#### Quality of Care

- Of course we think it's great.
- The life flight system is great.
- The hospital is such a big employer.
- The majority of comments I hear are of people being thankful for having the facility and are also surprised by all the things we do offer. We have a hydrotherapy pool, OT (Occupational Therapy), PT (Physical Therapy) and people don't know what we have. We need to keep offering these little gems.
- Hospice and Home Health programs are great. But if you don't need that service, you don't know it exists.
- The transfers out of Plentywood have to go by ground to Sidney or Williston. We are trying to get equipment for big planes to land in storms.
  - That is a big part of the need. The majority of weather is winter which does delay transfers.
  - Personnel shortage of EMT's. It is a constant struggle to stay staffed.

#### Number of Services

- Lack of people to run the hospital. Just a lack of resources. There's a worker shortage.
  - Looking at the facility, workers are an aging group. Many people are close to retirement. There are no young people to replace retiring staff.
  - I think it's hard to keep local people here. I think the local touch is very important. People get nervous about seeing a doctor they've never seen before. It's comforting knowing your nurses and other staff. It hurts the perception of the kind of care they think they're getting when they don't know who is caring for them.
- Telemed is available for several specialties. Telemed seems to be growing. One day last week there were four patients using Telemed for the heart doctor so they did not have to travel.
  - Telemed is a much appreciated service. If you go to Billings, you have to drive all the way there and stay in a hotel. That gets expensive. Telemed is a great feature.
  - Didn't cardiology come once a month?
    - They might still come every once in a while.
    - In the past, a podiatrist and orthopedist came. Why don't they come anymore?
      - Space. We used to have space in the clinic. One travelling specialist needed up to three rooms and we just couldn't provide that to him.

#### Hospital Staff

- Wonderful view by the community. The hospital is a great benefit to the community. Great doctors and nurses. We need this hospital especially as we age. Unfortunately if you need a specialist then you're on the road or flown out. There are certain issues that can't be handled here. But it is much needed, we can't lose it, it's a vital part of the community.

#### Hospital Board and Leadership

- Not discussed.

#### Business Office

- Not discussed.

#### Condition of Facility and Equipment

- All looks good to me.
- I think the facility needs to be updated.
- I wouldn't mind moving to a completely new facility and location. The hospital is constantly fixing HVAC, pipes, we have generators. We have added on and added on. We have no space to expand anymore. We don't have places to put visiting providers.
- It's very clean. We do very well with what we have.
- The hospital does a six-month shuffle. We move things around frequently which is confusing to visitors.
- Equipment is up-to-date. Heart monitors are new. Digital mammography is very new and in great shape.
- The actual building is what needs to be improved.
- No shortage of equipment.
- Very good equipment when we had Obstetrics. OB is no longer offered.
  - OB is no longer offered because staff needs to be able to perform a C-section very efficiently. If you only do one a year there's lost skills, no practice. OB just wasn't practical with the volume we see here.
  - That's a huge liability. Huge malpractice. Need someone for anesthetic.

#### Financial Health of the Hospital

- Financial health of the hospital is good.
- I still get a paycheck.
- I wouldn't say it's good. We just had our annual meeting. We were in the red in this last meeting. I could be wrong.
  - Actually, we were in the red last year. We're in good standing now. That has a lot to do with the economy. The hospital hired three more providers in the last five years, approximately. It is an extra expense but we need them.
- We have a great Foundation. They really support the hospital.

#### Cost

- We have been on the lower side of costs.

- Sheridan Memorial Hospital has been forced to catch up with surrounding areas regarding costs.
- Cost is a much bigger issue than at the local level. Cost must be addressed from the top down, not by the local hospital or provider.

#### Office/Clinic Staff

- Not discussed.

#### Availability

- I don't think the wait is long for appointments.
  - It depends who is working or what is going on. If there's an emergency you might have to wait. For the most part, availability is pretty good.
  - Providers may get another patient who is time-consuming so you end up waiting longer.
  - I would like to see the clinic open for a half day on Saturdays. I realize that's an additional expense but the convenience for the community would be nice.
    - It would be a better solution to keep the clinic open during the week at noon than having it open on Saturdays because clinic staff has day care throughout the week but no daycare arranged on Saturdays.
  - The ER is super busy on Saturday since there is no clinic available. People don't want to wait until Monday for care or treatment.
  - I'd like to thank the hospital for putting that clinic in. Before, poor Dr. Kirk. He was swamped. Now I'm happy that if you're sick you can get care.
  - I've never had a significant delay at the clinic.
    - I'm VA (Veteran's Affairs) so I have to make appointments three months in advance.
  - We encourage appointments but will take people when they need it.
  - I'm glad we do have the clinic here. Keep locals local.
  - Convenient. If you have to go out of town it's a half day or full day of travel so you have to take vacation or sick leave. Here, you can come up for care during a lunch hour or something.
  - The hospital has been getting more business from North Dakota because they can't get in to be seen over there. They won't take new patients. They're overwhelmed over there.
  - There will be no place to live if you hire more people.
4. Are any of the local providers your personal provider or personal provider to your family members? Why?
- The clinic has two Physician Assistants and three Nurse Practitioners. I don't see any resistance to midlevel providers.
5. What do you think about these local services:
- #### Emergency Room
- Definitely need the Emergency Room here.
  - Hate to go to the ER when you know it's not life or death but sometimes you need care when the clinic is not open. A Saturday clinic would be great.

- It is wonderful to know that someone is there.
- The ER is well-stocked, has good equipment, and has good pediatrics equipment. The ER is stocked with everything that staff may need.

#### Ambulance Service

- Pretty good.
- The ambulance service is run through the hospital. The ambulance service is a paid volunteer program.
- Staffing for the ambulance is a huge issue.
- It goes back to staff retiring age. Finding younger people to step-up is a challenge.
- Because of other needs in the community, since its volunteer, if you have a job uptown, they can't afford to let you leave for hours for an ambulance call. It is difficult for people who don't work in the facility to be on call.

#### Health Care Services for Senior Citizens

- This community is good for seniors. Give great service.
- There's Home Health, Hospice, Nursing Home, Pioneer Manor, La Casa Personal Care. Sometimes doctors visit those facilities.
- There is a Senior Center that provides meals three times a week.
  - Meals on Wheels.
- The bus service is hugely utilized.
- Community health worker program. Got a grant for that. A doctor can make a referral and the Community Health worker makes sure the patient is taking medications correctly, eating the right food, etc. The program helps prevent re-hospitalization. That's new, they just got new money for that. That's for all ages, not just seniors.
  - Seniors need the most help.
  - Home Health doesn't have that opportunity.

#### Public/County Health Department

- The health department provides blood pressure screenings, immunizations, WIC (Women Infant Children), and flu vaccines.
- The health department is very busy all year.
- The health department covers the whole county.

#### Health Care Services for Low-Income Individuals/Families

- Medicaid.
- I think services are good. We see a lot of that. We're a passport provider. I think they're given equal care.
- They mostly receive care through the clinic.
- Help patients sign up for Medicaid or Healthy Montana Kids or Healthy Montana Kids Plus.
- We have a financial program that writes off 10%-100% of their bill.
- Social services help refer or direct individuals to assistance.
- Paperwork can be intimidating for cost assistance.

### Nursing Home/Assisted Living Facility

- Not discussed.

### Pharmacy

- There is one pharmacy in town.
- It would be nice to have another pharmacy.
- The pharmacist is wonderful but struggles with keeping up.
- The pharmacy is open half-days on Saturdays.
- You can call a prescription in and pick it up the next day.
- The pharmacy is busy. I've never been in there when there aren't people waiting.
- The pharmacy does labor intensive stuff.
- The pharmacy has two pharmacists and many assistants.
  - Actually there are two pharmacy techs.
- We used to have two pharmacies in Plentywood.

### 6. Why might people leave the community for health care?

- For specialized services.
- If they have a cancer diagnosis, they'll usually stay in Billings or Rochester or wherever for the course of their treatment. It is easier to just stay in the area instead of travelling.
- Community members have to leave for dialysis unless they have home-dialysis.
- No eye care.
- Limited dental care.
- You can see the dentist fairly quickly but not the hygienist. The second hygienist isn't working now. I had an appointment scheduled in May, but had to cancel and now it has been pushed to October. They hired a hygienist who's still in school. Who knows if she will even find a place to live?
- Cataract services.

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

- The clinic could use another MD. The current MD is wonderful but we could use an additional one.
- Need a diabetic educator in the community.
- Eye care.
- Dental.
- Pharmacy.
- I'd like to see some cancer treatment. Where you could have chemotherapy here. The hospital probably couldn't support radiation but it's just so hard to travel when on chemo.
- Does the clinic still do chemo? My mom got it done here.
  - The girls that do give chemotherapy have gone through training. We used to give it in the hospital before it became a big deal. It's really a skill, you need the training and need to do it all the time for practice.
  - You have to have a hood and special area to mix it which is a big constraint. Chemo would take some planning and some grants.
  - I still think offering chemotherapy here could be a goal.



- The hospital in Scobey had chemotherapy, I don't know if they still do.
- Otherwise you can drive to Williston for treatments and you do it so often that you feel like you can drive there in your sleep.

## **Focus Group #2**

Tuesday, February 26, 2013 – 12pm-1pm – Sheridan Memorial Hospital Boardroom – Plentywood, MT

16 people (2 male, 14 female)

1. What would make this community a healthier place to live?
  - A place to exercise year-round.
    - We need the funding for it first. It would take 1,500 people to donate \$1,000 and then we can get it built. We need the money up-front.
    - The center is already designed; we just need the funds to build it. The project is nonprofit and tax deductible.
  - Speaking from my business at a childcare center, we have a lot of sickness. I have applied to have a sick room upstairs. That was denied to me. If the hospital could have a room for children where very sick kids could come so parents don't have to miss work.
    - Who would care for the sick children? The hospital is already short-handed.
  - Day care is an issue for the whole area. It's an issue for both healthy and sick kids.
  - Does Sheridan Memorial Hospital offer a program for tobacco cessation?
    - There is a statewide tobacco cessation program.
    - But that's by phone. What about in-person?
    - The clinic here gives out pamphlets. The hospital gets packets. The hospital has coupons for Chantix.
    - There is no active group or personnel to manage a tobacco cessation program.
2. What do you think are the most important local health care issues?
  - Tobacco use, smoking.
  - Substance abuse of all kinds – illicit and prescription.
  - There might be a change of safety in general with the influx of transients. I don't know what police logs have been like but perceptions are that it's not as safe as it has been.
  - There are no options for people to exercise even when prescribed to increase physical activity.
  - People can walk halls in the evenings and in the mornings in the school. People can walk halls in the hospital. That's about all that is available.
    - I've never felt comfortable walking the hospital halls because everyone is working.
  - Biggest issues facing services is staffing.
    - Staff can't get daycare. The hospital can't staff enough people to care for sick community members let alone to commit hours to offer a daycare. We are paying travel staff on a schedule-to-schedule basis. Housekeeping is struggling. Anything that does come to us needs to come with staffing.
  - Staffing issues and no housing. Rent has gone quite high.
  - The staff we have had that was living in apartments has had to find new places to live because they can't afford the high rent costs due to oil development.

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

Quality of Care

- The hospital provides exceptional care here.

Number of Services

- The number of services offered is pretty good, I think. It's nice not to have to travel for everything.
- Winter is tough. Visiting clinics are not offered enough. Specialists are unable to travel all the time and end up cancelling a lot.
- No OB (obstetrics) at this hospital. People are travelling all the way to Glasgow to deliver babies. I had to travel 70 miles to deliver my baby and now people are even getting turned away from Glasgow.
  - The hospital decided not to have OB anymore.
- From the mental health perspective, there is no safe room provided in Sheridan Memorial Hospital.
  - There is a safe room. Room 112.
  - I did a fair amount of psychiatric care before I started refusing mental health care. There is a good safe room at Sheridan Memorial Hospital.
  - I've been in the ER with clients and there is no staff, monitoring, or space.
    - Staff is not trained accordingly for mental health cases.
    - The room is not sufficient for new standards. The room is not safe for truly suicidal patients.
    - The general philosophy is to get them out and transfer them to a state hospital. Warm Springs is no longer accepting patients. Now we transport to Glendive if they have a bed available. It is complicated to address that need.
  - There is one licensed person practicing that serves seventeen counties in Eastern Montana.
    - Mental health is an unaddressed issue.
    - The majority of cases are brought in by law enforcement. Security is already a problem.
    - Then there are two poorly trained psych nurses left to care for the patient.
    - The hospital should be capable of holding someone for at least 48- hours.
    - Glendive is the closest place to hold patients.
    - Glasgow's Room 109 would hold people there for other counties if they weren't currently serving Valley County. Now, Glasgow refuses to take anyone. Poplar also has a room but that is hit-or-miss. Glasgow refuses anyone from out-of-county because it is county-funded. It is very costly.
    - Transporting patients can be an issue, or hurdle. I don't think transporting patients is the hospital's responsibility. Law enforcement no longer has to backup the hospital in the last three to five years. They will not dedicate an officer to make sure the person remained in a safe state but law enforcement will come for

an active threat then leaves as soon as the threat is handled. No monitoring or patrolling.

#### Hospital Staff

- Not discussed.

#### Hospital Board and Leadership

- We are only aware of what we read in the paper. I think there is a positive perception though.

#### Business Office

- More transparency. I want broken down billing. What exactly am I paying for?

#### Condition of Facility and Equipment

- They do a great job maintaining the facility. I know there are budget constraints, but when you walk in here it is every bit as nice as Glasgow's facility. I don't think there are any complaints.
- The hospital has struggled with staffing, maintenance, and housekeeping. They do a remarkable job with the time they do have.
- We have no storage. Think about how a hospital fills up. We now have equipment that wasn't available 20-40 years ago. A lot of equipment is stored offsite and we have to call maintenance to get it when we need something. We don't have great storage for equipment we have to keep in-house.
  - When we transition into electronic health records, those computers will have to go somewhere, I just don't know where.
  - I'd like to see the radiology department all in the same place. It would be beneficial to patients and staff in radiology. Right now we have ultrasound and CT scans in the lower level and everything else on the upper level. It is very inconvenient.

#### Financial Health of the Hospital

- We have a wonderful Foundation that helps with projects we need to improve on.
- The grant writing committee is helpful. We need to grow and expand some of our areas because they're growing as well. OT (Occupational therapy) and PT (Physical therapy) have a new area and they've already outgrown their space because they're so busy. Now, the hospital is bound by this block because it has expanded so much.

#### Cost

- The costs tend to be higher here than elsewhere. My wife had tests done that were higher here than in Billings and Missoula.
- The rates in rehab are high. If I was paying out-of-pocket, I wouldn't be able to afford it.
- We just did a cost study in Northeast Montana and part of North Dakota. We felt our pricing was equivalent to other hospitals in the area.
  - Sheridan Memorial Hospital was at the 75<sup>th</sup> percentile of hospitals reviewed by Medicare.

#### Office/Clinic Staff

- Not discussed.

#### Availability

- It is not hard to get appointments for services that are offered.
- Our dental care has gotten pretty tight. Hard to get into dental. I cancelled an appointment in January and can't get back in until September.

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

- Because they are here...convenience.
- If you preferred someone in Williston you used to be able to go to them, but not now. Williston providers are turning people away. Especially for eye doctors, you have to make appointments way ahead of time and they don't take many new patients.
- We go to who we know and who we trust. They know our history.
- Dr. Stoner has been my doctor my whole life. He is a fantastic diagnostician. He diagnosed my health problem better than Billings' doctors. We have good quality; we've expanded providers in the rural health clinic. I think we're getting people from outside our community because they hear we get great providers. Word of mouth publicity from past patients is effective.
- When it comes to elderly coming into the hospital, we do know all the people coming in. We have known them for the past thirty years. Actually knowing personalities makes it easier to care for them.

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

##### Emergency Room

- I was there twice in the last two weeks. Staffing and everything was handled very well. With my wife in labor, they weren't afraid to send us on to somewhere else if necessary.
- The Emergency Room is exceptional! We had a little inconvenience when they had to lockdown because of the flu but was quick at getting back when I brought my dad in. Dr. Kirk's nurses are exceptional.

##### Ambulance Service

- Need more EMT's. Need more help.
- I think the ambulance is a good service.
- Very professional.
- I visited with the EMS Director last week. There is a great need for local people on the EMS roster. They host all the classes. Lots of people aren't from here and they move on in a few years. The biggest problem is getting people from here. You can educate them and then they go elsewhere. There is a high turnover. I think everyone needs to know it's a bad situation.
- EMS has to spend so much time to train someone and then that person is always looking for the next, better paying job.
- It's a volunteer service so they are putting time and money into training.

- Specialized training and lifesaving. You can be a volunteer here and get trained for it then go to a new county and get paid for it. It may be an abuse of the system issue.
- Younger folks may be drawn to see if they're interested. Then they move on because they're young.
- Active role in EMS with border patrol people. We need longevity; long-term EMT's are hard to find now or else we won't have an ambulance service.
- Having a hard time to find people that want to work hard.
- Stopped advertising for mental health professional because you have to have a very specific license. If they have that license, they're already using it. If someone moves into this community with that license I'm sure they will seek us out rather than us advertising.
- We are an aging community.
  - That's changing. Lots of babies are being born in the area.
- Dispatch at the county level is important. It is hard to stimulate interest in those jobs. Folks that are trained for it are already working long hours. Law enforcement is even having a hard time finding housing. It is so hard not to have dispatch. Need assistance. Wages for different departments, trying to get money for services in our areas. Commissioners see focus of health in our area. Public health has a different line of funding. Funding is an issue for everything.
- Funding was not an issue thirty years ago. Now ambulance service members are getting paid, they didn't used to. They used to volunteer their time. That's no longer available.
- The cost of living increase may impact ability to volunteer their time.
- It's a generational change.
- People used to come here to setup a career and a living. They used to come here to setup a practice. That is no longer the case anymore. We are getting professionalism rather than an employee. Generational change is happening across the whole country. Having to pay for services instead of having volunteers.

#### Health Care Services for Senior Citizens

- It'd be nice to have an optometrist and that type of thing. We used to have an eye doctor and ophthalmologist that used to come up. That is one thing that everyone has to travel out of town for. Lots of cataract services. Would be nice if cataracts could be re-checked here for follow-up.

#### Public/County Health Department

- The health department does an excellent job. They are stretched to the max for meeting the needs of the whole county.
- The health department has great working relationships and partnerships with everyone, especially with the hospital. They do a lot of regional work.
- The health department does all the vaccinations which must be such a terrible headache. We [hospital] finally had to stop providing vaccinations because of the amounts of paperwork and income loss. We needed public agents to do it.

- The Superintendent of schools in Medicine Lake wanted to stress the importance of educating kids and parents about the importance of vaccinations, hand hygiene, immunizations, and flu shots.
  - Bigger areas have school nurses, we don't have that available to us.
  - Public health does surveillance that is done through school secretaries and primary staff. The health department is willing to give materials to schools.
  - State and national government education. A lot of times people just decide not to be immunized.
  - Some people can't get the shot due to availability of time. Public health has different hours and travels in the community for shot clinics. They make services available to the community as best they can. The health department is interested in knowing of any gaps in their services so they can address those needs.

#### Health Care Services for Low-Income Individuals/Families

- Excellent. They show up and get services and don't have to pay.
- People that are on a government assistance program use the ER like its "Ask-A-Nurse." There needs to be a change in how health care is accessed. We see many cases in the ER that are not emergencies. You constantly hear, "I came to the ER because I didn't want to wait in line at the clinic." 5:00pm to 7:00pm is like happy hour on Fridays. It is a complete and total abuse of the system. I have no problem with people using the ER when they're sick but not when they want to bypass the clinic.
- Some people are misinformed about the proper utilization of ER services; others just use it for convenience.
- What is the solution?
  - I don't know. But it's a problem. Maybe Medicaid needs to have some rules to not pay for services that are not emergent. If they have a copay for the clinic, why not have a copay for the ER.
  - Tribal members have to have prior approval from IHS to utilize the clinic.
  - Maybe Medicaid needs a phone system to check symptoms that must be used before they come to the ER.
  - Any ER admission doesn't have to be reported to the patient's provider until after they are admitted. The patient must be evaluated because they are presented.
- Why is ER usage not an issue with not-low-income people? With insurance, you have a deductible and a copay. If it's Medicaid, it's paid 100%.
  - Typically there is a \$5 to \$100 copay for ER visits.
- Some people don't realize there's a clinic. They think they go to the ER for any problem.
  - Bigger cities don't have the same outlook as small towns. They bring their uneducated selves with them.

#### Nursing Home/Assisted Living Facility

- Quality transit community bus.
- Meals on Wheels.
- Assisted Living.

- Pioneer Manor is nice.
- Senior Center.
- Café in Westby.

#### Pharmacy

- No issues with getting prescriptions at the pharmacy. They are phenomenal.
  - The pharmacy does great with what they got. Really good.

#### 6. Why might people leave the community for health care?

- Lack of specialty services.
  - Eye doctors, Orthopedist, or OB.
- There could be a privacy issue. Confidentiality is key in medicine. We try very hard for a tight-knit community.
  - Patients see so many people for different stages of care during their hospital visit that there are at least ten people that know every part of your hospital visit by the end of it.
  - You may rather not have them know what's going on with you.
  - A blessing and a curse.

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

- Certain specialists.
- Patient education.
- Urgent Care.
  - But there is no staff for that.
- The walk-in clinic is available. Patients may have to wait, but it is available. People just have to call ahead. Some providers see patients after hours at home or at the office.
- Saturday morning hours help.
- Walk-in hours are utilized well.
- They have to be screened by a provider in the ER. If it is not an emergency, the provider refers them to the clinic. If that is the case, then bill them for both the ER and clinic visit. That would wake people up. That would help to prevent people abusing the system.
- AA (Alcoholics Anonymous) is advertised in the paper and we get calls about it all the time even though we are not involved with AA. The newspaper is effective in getting the word out.
  - The Greeter is available online.
  - The hospital has a well-maintained website.
  - A lot of referrals to clinics come from public health. Especially for those who are looking for well-baby checks.
  - Word of mouth is vital for advertising. They refer others to who they trust.



## Appendix H – Secondary Data County Profile

Sheridan County  
Secondary Data Analysis  
July 23, 2012



**MONTANA**  
STATE UNIVERSITY

Office of Rural Health  
Area Health  
Education Center

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

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

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

\*Chronic Lower Respiratory Disease

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

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

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

<sup>3</sup>Center for Disease Control and Prevention (CDC) (2012)

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

Chronic Disease Hospitalization Rates	County	Montana
Stroke <sup>1</sup> Per 100,000 population	182.7	182.2
Diabetes <sup>1</sup> Per 100,000 population	66.7	115.4
Myocardial Infarction <sup>1</sup> Per 100,000 population	187.6	147.3

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

Demographic Measure (%)	County	Montana	Nation <sup>5,6</sup>
Population <sup>1</sup>	3,283	989,415	308,745,538
Population Density <sup>1</sup>	2.0	6.7	Not relevant
Age <sup>1</sup>	<5 3%	<5 6%	<5 7%
	18-64 59%	18-64 63%	15-64 62%
	65+ 26%	65+ 14%	65+ 13%
Gender <sup>1</sup>	Male 49.4%	Male 50.1%	Male 49.2%
	Female 50.6%	Female 49.9%	Female 50.8%
Race/Ethnic Distribution			
White <sup>1</sup>	97.5%	91.5%	72.4%
American Indian or Alaska Native <sup>1</sup>	2.0%	6.8%	0.9%
Other <sup>†1</sup>	0.5%	1.7%	26.7%

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

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

<sup>5</sup>US Census Bureau (2010)

<sup>6</sup>County Health Ranking, Robert Wood Johnson Foundation (2012)

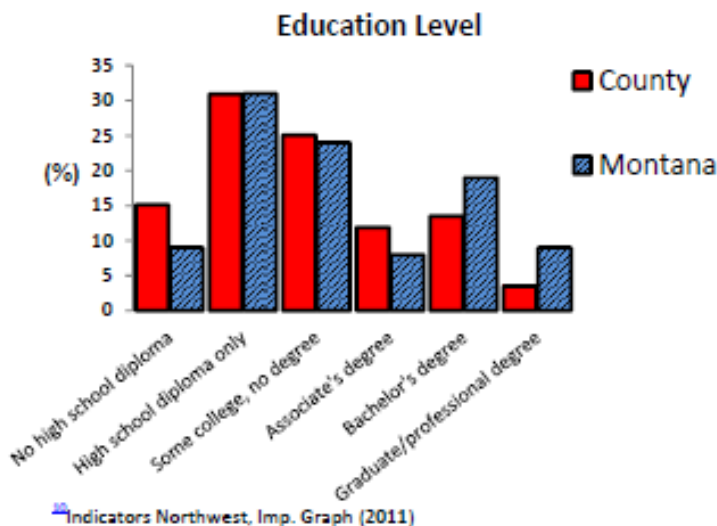
Socioeconomic Measures <sup>1</sup> (%)	County	Montana	Nation <sup>7,8</sup>
Median Income <sup>1</sup>	\$35,395	\$43,000	\$51,914
Unemployment Rate <sup>1</sup>	2.9%	6.3%	7.7%
Persons Below Poverty Level <sup>1</sup>	15.0%	14.0%	13.8%
Uninsured Adults (Age <65) <sup>1</sup>	26.5%	19.0%	18.2%
Uninsured Children (Age <18) <sup>9</sup>	N/A	11.0%	10.0%

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

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

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

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



Behavioral Health <sup>1,2</sup>	Region 1	Montana
Childhood Immunization Up-To-Date (UTD) % Coverage <sup>11,††</sup> Age 24-35 months, population size: 12,075 (% sampled: 35.9%)	26.3% (County)	64.3%
Tobacco Use <sup>1</sup>	20.5%	19.3%
Alcohol Use (binge + heavy drinking) <sup>1</sup>	24.8%	22.8%
Obesity <sup>1</sup>	26.8%	21.6%
Overweight <sup>1</sup>	37.8%	37.8%
No Leisure time for physical activity <sup>1</sup>	27.9%	20.7%

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

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

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

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

Screening <sup>1</sup>	Region 1	Montana
<i>Cervical Cancer (Pap Test in past 3 yrs)<sup>1</sup></i>	79.5%	83.0%
<i>Breast Cancer (Mammogram in past 2 yrs)<sup>1</sup></i>	69.2%	71.9%
<i>Blood Stool<sup>1</sup></i>	21.8%	25.3%
<i>Sigmoidoscopy or Colonoscopy<sup>1</sup></i>	44.8%	54.3%
<i>Diabetic Screening<sup>5</sup></i>	90.0% (County)	79.0%
<i>Percent of Medicare enrollees who received HbA1c screening</i>		

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

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

Mortality <sup>1,2,12</sup>	County	Montana	Nation <sup>2,13</sup>
<i>Suicide Rate per 100,000 population<sup>1</sup></i>	11.7	20.3	12.0
<i>Unintentional Injury Death Rate per 100,000 population<sup>1</sup></i>	81.7	58.8	38.4
<i>Percent Motor Vehicle Crashes Involving Alcohol<sup>1</sup></i>	14.7%	10.0%	32.0%
<i>Pneumonia/Influenza Mortality per 100,000 population<sup>1</sup></i>	151.7	19.0	17.5
<i>Diabetes Mellitus<sup>2</sup></i>	40.9	27.1	21.8

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

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

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

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

Maternal Child Health <sup>1</sup>	County	Montana	Nation <sup>14,15</sup>
<i>Infant Mortality (death within 1<sup>st</sup> year) Rate per 1,000 live births<sup>1</sup></i>	6.9 (Region 1)	6.1	6.7
<i>Entrance into Prenatal care in 1<sup>st</sup> Trimester Percent of Live Births<sup>1</sup></i>	94.0%	83.9%	69.0%
<i>Birth Rate<sup>9</sup> Babies born per 1,000 people</i>	7.1	12.8	13.5
<i>Low Birth Weight (&lt;2500 grams) Percent of live births<sup>1</sup></i>	12.6%	7.3%	8.3%
<i>Neonatal Mortality (under 28 days of age) Rate per 1,000 live births<sup>1</sup></i>	4.1 (Region 1)	3.3	4.5
<i>Post Neonatal Mortality (28 through 364 days of age) Rate per 1,000 live births<sup>1</sup></i>	2.8 (Region 1)	2.7	2.2
<i>Pre-Term Birth (&lt;37 completed weeks gestation) Percent of Live Births<sup>1</sup></i>	10.9%	10.1%	12.5%

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

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

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

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

## Economic Impact Assessment

### **Demographic Trends and Economic Impacts:** **A Report for Sheridan Memorial Hospital**

William Connell

Brad Eldredge Ph.D.

Economist Research and Analysis Bureau  
Montana Department of Labor and Industry

## **Introduction**

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

## **Section I Location Quotients**

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

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

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

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

**Hospitals Location Quotient (compared to State of MT) = 1.74**

**Hospitals Location Quotient (compared to U.S.) = 1.47**

A location quotient near 1 indicates that the employment concentration in the county mirrors that of the larger geographic region. In the case of Sheridan County, the location quotient of 1.74 indicates that hospital employment in the county is almost double what one would expect given statewide employment patterns. When compared to the nation, the location quotient is 1.47, indicating that the hospital sector's share of county employment is almost 50% higher than the hospital industry's share of national employment.

Another way to look at the location quotient is to ask how many employees would be employed in the hospital sector if Sheridan County's employment patterns mirrored the state or the nation. Sheridan Memorial Hospital averaged 175 employees in 2010. This is 76 more than expected given the state's employment pattern and 56 more than expected given the national employment pattern. Sheridan Memorial Hospital may employ more people than expected given the size of its employment base because the small population in the county does not allow it to take advantage of economies of scale. In 2010, Sheridan Memorial Hospital accounted for 14.0% of county nonfarm employment and 15.8% of the county's total wages.

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

## Section II Age Demographics

The 2010 Census reported that there were 3,384 residents of Sheridan County. The breakdown of these residents by age is presented in Figure 1. Sheridan County's age profile is similar to that of many rural Montana counties. In 2010, baby boomers were between the ages of 45 and 60 and their presence is evident in the graph. Following the baby boom came the "baby bust," which is evidenced by the lack of 25 to 44 year olds in the county. In many rural Montana counties, the baby bust is exacerbated by out-migration of young adults.

Figure 1: Age Distribution of Sheridan County Residents

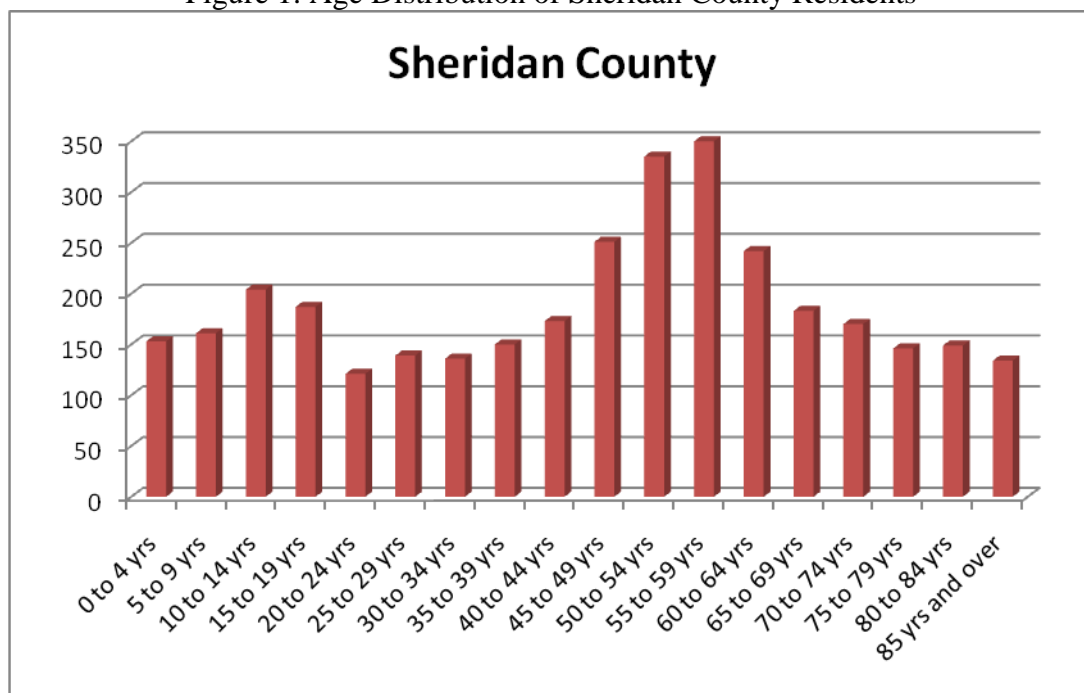


Figure 2: Percent of the population by age groups, Sheridan County vs. Montana

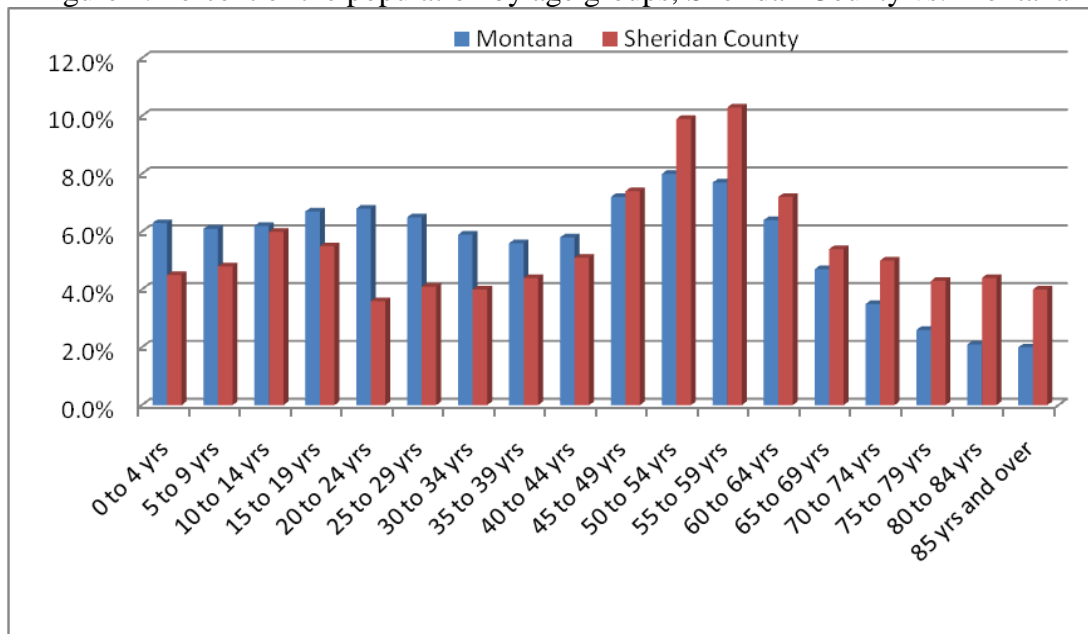


Figure 2 shows how Sheridan County's population distribution compares to Montana's. A careful examination of Figure 2 and the underlying data reveals that, compared with the State as a whole, Sheridan County has a lower percentage of people under 45 (42.0 percent vs. 55.9 percent) and a higher percentage of people aged 45 and up (58.0 percent vs. 44.1 percent). According to the 2010 Census, Sheridan County had a median age of 50.3 compared to the state median age of 39.8, which ranked it the fifth oldest among Montana counties. Since older populations have higher rates of health care utilization, these demographics are important when planning for health care delivery now and in the future.

### Section III Economic Impacts

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

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

comes from outside the region in the form of public and private insurance reimbursements. The relatively high wages earned by hospital employees also tend to boost hospitals' multipliers.

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

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

**Hospital Employment Multiplier = 1.29**

**Hospital Employee Compensation Multiplier = 1.56**

**Hospital Output Multiplier = 1.26**

What do these numbers mean? The employment multiplier of 1.29 can be interpreted to mean that for every job at Sheridan Memorial Hospital, another .29 jobs are supported in Sheridan County. Another way to look at this is that if Sheridan Memorial Hospital suddenly went away, about 33 additional non-hospital jobs would also be lost in the county (based on 2010 hospital employment of 175). The employee compensation multiplier of 1.56 simply states that for every dollar in wages and benefits paid to the hospital's employees, another 56 cents of wages and benefits are created in other local jobs in Sheridan County. Put another way, if Sheridan Memorial Hospital suddenly went away, about \$2,015,633 in additional annual wages would be lost from other jobs in the county. Finally, the output multiplier indicates that for every dollar of goods and services produced by Sheridan Memorial Hospital, output in the county increases by another 26 cents.

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

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

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