

Mineral County, Montana

Community Health Services Development Community Health Assessment Report

Survey conducted by
Mineral Community Hospital
Superior, Montana

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

May 2013



MONTANA
STATE UNIVERSITY

Office of Rural Health
Area Health
Education Center



NATIONAL
RURAL HEALTH
RESOURCE CENTER

**Mineral Community Hospital
Community Needs Assessment and Focus Groups**

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Mineral Community Hospital Community Survey Summary Report May 2013

I. Introduction

Mineral Community Hospital is a 25-bed Critical Access Hospital, rural health clinic, 18-bed long-term care facility and 11-unit assisted living facility based in Superior, Montana. Mineral Community Hospital is the primary provider of health care services to the Mineral County population of approximately 4,208 people. Mineral Community 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, Mineral Community 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 Mineral Community 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 Mineral Community 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

Mineral Community 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 650 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 Superior 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, 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, the community health services survey, a cover letter from the National Rural Health Resource Center with Mineral Community Hospital's Chief Executive Officer's signature on Mineral Community Hospital's letterhead, and a postage paid reply envelope were mailed to 650 randomly selected residents in the hospital's service area. A news release was sent to local newspapers prior to the survey distribution announcing that Mineral Community 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, 198 surveys were returned out of 650. Of that 650, 37 surveys were returned undeliverable for a 32% response rate. From this point on, the total number of surveys will be out of 613. 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 5.1%.

IV. Survey Respondent Demographics

A total of 613 surveys were distributed amongst Mineral Community Hospital's service area. One hundred ninety-eight were completed for a 32% 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 28)

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

Location	Zip Code	Count	Percent
Superior	59872	150	75.8%
St. Regis	59866	27	13.6%
Deborgia	59830	7	3.6%
Alberton	59820	6	3.0%
Haugan	59842	4	2.0%
Saltese	59867	2	1.0%
No answer		2	1.0%
TOTAL		198	100%

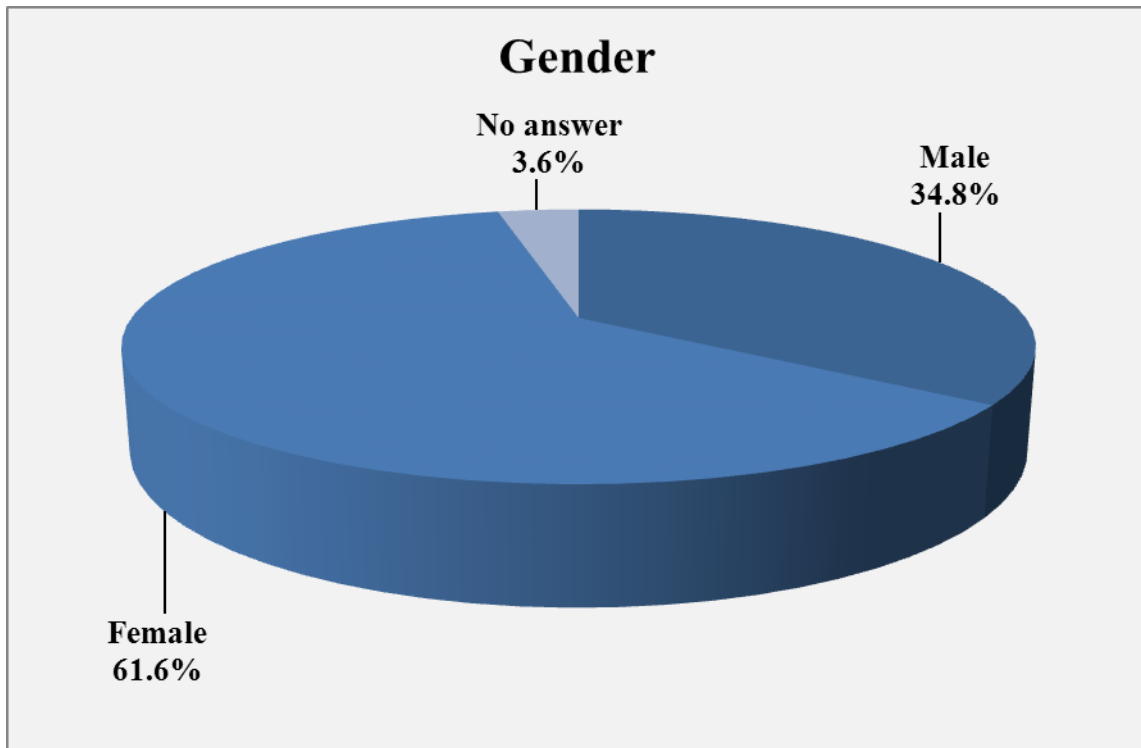
"Other" comments:

- Missoula, MT (59803)

Gender (Question 29)

N= 198

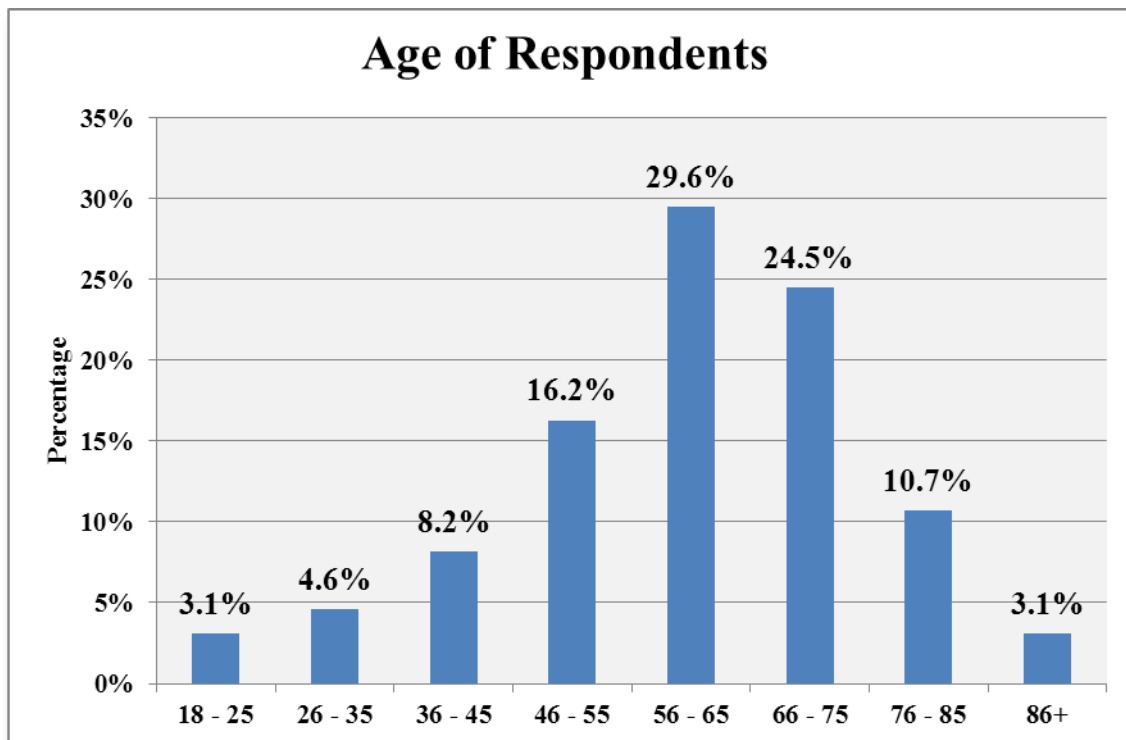
Of the 198 surveys returned, 61.6% (n=122) of survey respondents were female; 34.8% (n=69) were male, and 3.6% (n=7) chose not to answer this question. The survey was distributed to a random sample consisting of 50% women and 50% men. It is not unusual for survey respondents to be predominantly female, particularly when the survey is health care oriented since women are frequently the health care decision makers for families.



Age of Respondents (Question 30)

N= 196

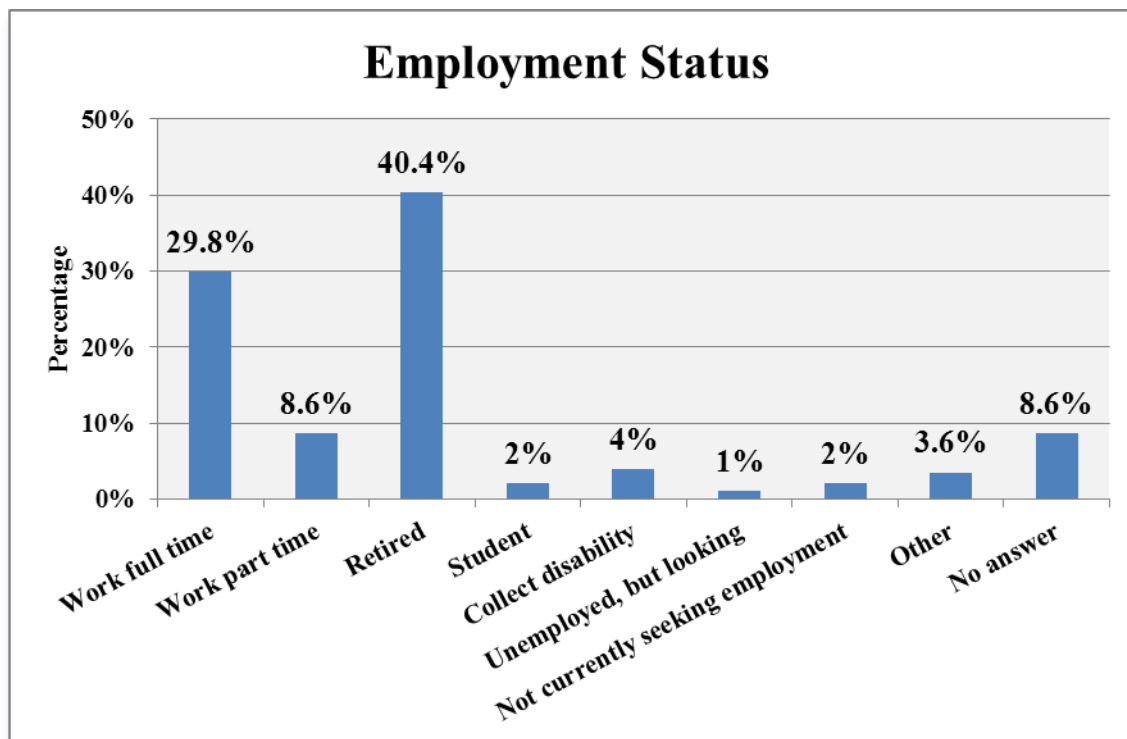
Thirty percent of respondents (n=58) were between the ages of 56-65. Twenty-five percent of respondents (n=48) were between the ages of 66-75 and 16.2% of respondents (n=32) were between the ages of 46-55. Seven respondents chose not to answer this question.



Employment Status (Question 31)

N= 198

Forty percent (n=80) of respondents reported being retired, while 29.8% (n=59) work full time. Nine percent of respondents (n=17) indicated they work part time. Respondents could check all that apply so the percentages do not equal 100%. Seventeen respondents (8.6%) chose not to answer this question.



“Other” comments:

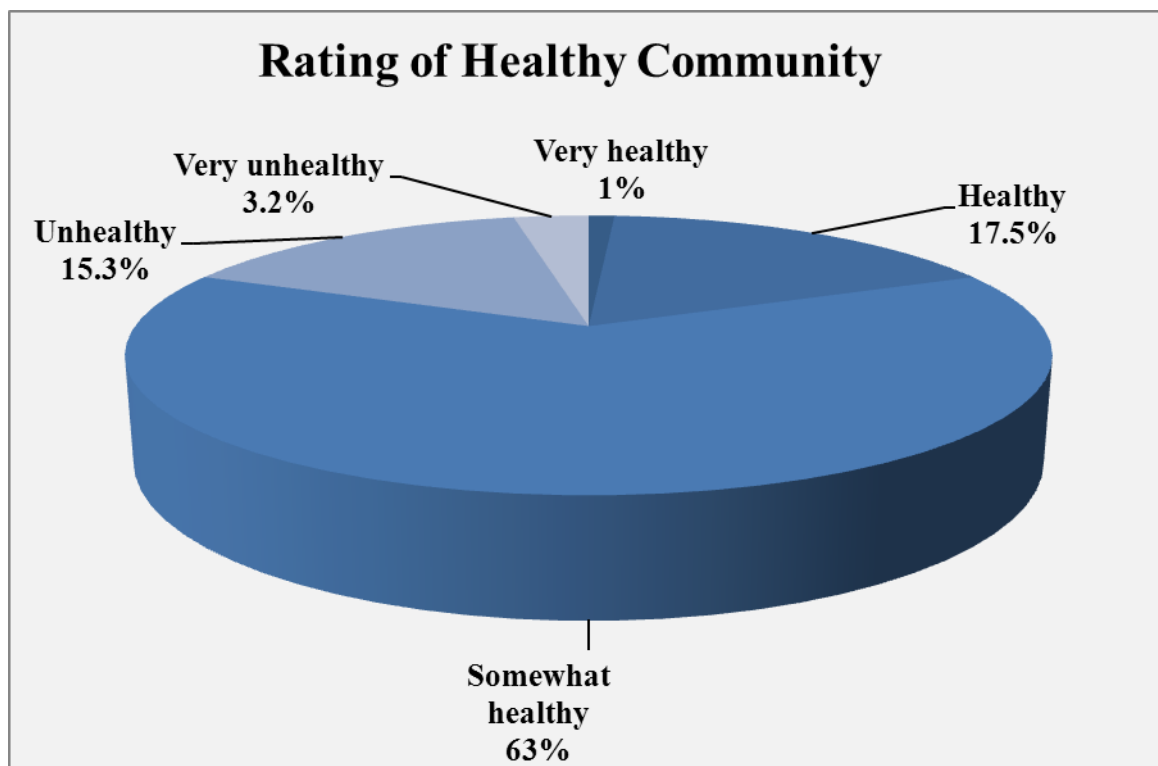
- Self employed (6)
- Semi-retired
- Disabled
- Stay-at-home-mom
- Plus lots of volunteer work
- Having to move because of not enough good paying jobs in this county

V. Survey Findings- Community Health

Impression of Community (Question 1)

N= 189

Respondents were asked to indicate how they would rate the general health of their community. Sixty-three percent of respondents (n=119) rated their community as “Somewhat healthy.” Eighteen percent of respondents (n=33) felt their community was “Healthy” and 15.3% (n=29) felt their community was “Unhealthy.” Nine respondents chose not to respond to this question.



Health Concerns for Community (Question 2)

N= 198

Respondents were asked what they felt the three most serious health concerns were in their community. The number one health concern identified by respondents was “Alcohol abuse/substance abuse” at 65.7% (n=130). “Cancer” was also a high priority at 41.4% (n=82) and “Overweight/obesity” at 32.8% (n=65). Respondents were asked to pick their top three serious health concerns so percentages do not equal 100%.

Health Concern	Count	Percent
Alcohol abuse/substance abuse	130	65.7%
Cancer	82	41.4%
Overweight/obesity	65	32.8%
Heart disease	45	22.7%
Diabetes	39	19.7%
Tobacco use	36	18.2%
Lack of exercise	34	17.2%
Lack of access to healthcare	27	13.6%
Chronic pain	25	12.6%
Depression/anxiety	24	12.1%
Mental health issues	23	11.6%
Child abuse/neglect	21	10.6%
Lack of dental care	19	9.6%
Domestic violence	18	9.1%
Motor vehicle accidents	13	6.6%
Recreation related accidents/injuries	4	2.0%
Stroke	4	2.0%
Work related accidents/injuries	3	1.5%
Date violence	0	0
Other	7	3.5%

“Other” comments:

- Laziness
- VA (Veteran’s Affairs) injury
- Cost to patients
- No access to good medical care or doctors
- Apathy, no incentive
- Age
- Mental health issues
- Emergencies
- Too much welfare acceptance
- Nutrition and lack of availability of good food

Components of a Healthy Community (Question 3)

N= 198

Respondents were asked to identify the three most important things for a healthy community. Fifty-four percent of respondents (n=106) indicated that “Good jobs and healthy economy” is important for a healthy community. “Access to health care and other services” was the second most highly indicated component at 48% (n=95) and third was “Healthy behaviors and lifestyles” at 39.4% (n=78). Respondents were asked to identify their top three choices, thus the percentages will not add up to 100%.

Important Component	Count	Percent
Good jobs and healthy economy	106	53.5%
Access to health care and other services	95	48.0%
Healthy behaviors and lifestyles	78	39.4%
Good schools	46	23.2%
Strong family life	44	22.2%
Improved hospital & patient communication	41	20.7%
Religious or spiritual values	34	17.2%
Affordable housing	26	13.1%
Clean environment	26	13.1%
Community involvement	22	11.1%
Access to gym/fitness facilities	19	9.6%
Low crime/safe neighborhoods	17	8.6%
Parks and recreation	9	4.5%
Low death and disease rates	6	3.0%
Tolerance for diversity	5	2.5%
Low level of domestic violence	3	1.5%
Arts and cultural events	2	1.0%
Other	3	1.5%

“Other” comments:

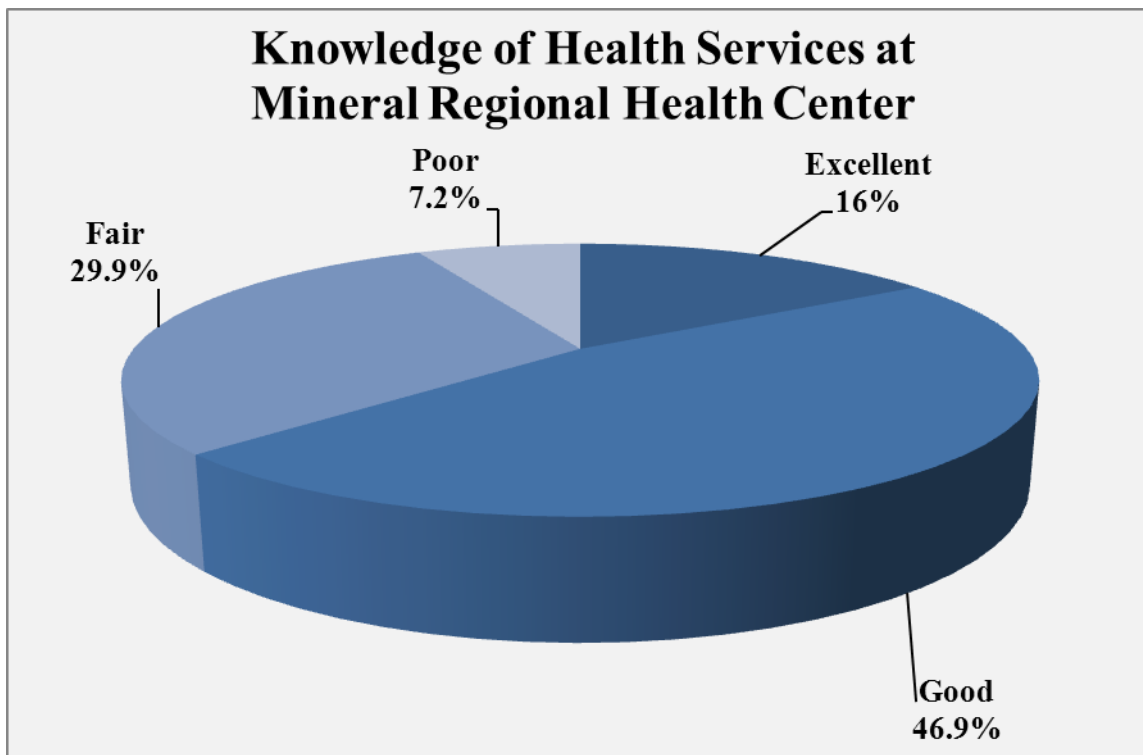
- There are many more than three
- The Library
- Good doctors, not PAs (Physician Assistants)
- Community involvement
- Responsibility for self and family
- Ability to utilize our natural resources (i.e. logging, access to Forest Service lands, mining)

VI. Survey Findings- Awareness of Healthcare Services

Overall Awareness of Mineral Regional Health Center's Services (Question 4)

N= 194

Respondents were asked to rate their knowledge of the healthcare services available at Mineral Regional Health Center. Forty-seven percent (n=91) of respondents rated their knowledge of services as "Good." Thirty percent (n=58) rated their knowledge as "Fair" and 16% of respondents (n=31) rated their knowledge as "Excellent." Four respondents chose not to answer this question.



"Other" comments:

- Would not use them, I drive 100 miles to St. Patrick's in Missoula
- Having a real hospital that can take care of trauma and not be a Band-Aid station

How Respondents Learn of Health Care Services (Question 5)

N= 198

“Word of mouth/reputation” was the most frequently used method of learning about available services at 59.1% (n=117). Generally, “Word of mouth/reputation” is the most frequent response among rural hospital surveys. “Friends/family” was the second most frequent response at 53.5% (n=106) and “Mailings/newsletter” was reported at 41.4% (n=82). Respondents could select more than one method so percentages do not equal 100%.

Method	Count	Percent
Word of mouth/reputation	117	59.1%
Friends/family	106	53.5%
Mailings/newsletter	82	41.4%
Newspaper	73	36.9%
Health care provider	68	34.3%
Public health	17	8.6%
Website/internet	12	6.1%
Presentations	3	1.5%
Radio	1	0.5%
Other	13	6.6%

“Other” comments:

- Phonebook (2)
- Work at hospital/Assisted living facility
- Working with hospitals & clinics
- I Don't (2)
- Involvement
- Work
- St. Patrick's hospital only
- Personal/independent research (2)
- TV advertisements (3)
- The Library
- Patient
- Ask
- Need
- I live here
- Public Health
- Used the services many times
- Personal experience

Cross Tabulation of Service Knowledge and Learning about Services

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

KNOWLEDGE RATING OF MINERAL REGIONAL HEALTH CENTER SERVICES BY HOW RESPONDENTS LEARN ABOUT HEALTH CARE SERVICES

	Excellent	Good	Fair	Poor	Total
Health care provider	12 (17.6%)	34 (50%)	20 (29.4%)	2 (2.9%)	68
Word of mouth/reputation	19 (16.5%)	52 (45.2%)	35 (30.4%)	9 (7.8%)	115
Website/internet	3 (25%)	2 (16.7%)	7 (58.3%)		12
Newspaper	14 (19.4%)	35 (48.6%)	18 (25%)	5 (6.9%)	72
Mailings/newsletter	15 (18.3%)	36 (43.9%)	26 (31.7%)	5 (6.1%)	82
Public health	4 (23.5%)	6 (35.3%)	7 (41.2%)		17
Presentations	1 (33.3%)	1 (33.3%)	1 (33.3%)		3
Friends/family	21 (19.8%)	48 (45.3%)	30 (28.3%)	7 (6.6%)	106
Radio	1 (100%)				1
Other	2 (15.4%)	6 (46.2%)	4 (30.8%)	1 (7.7%)	13

Improvement for Community's Access to Health Care (Question 6)

N= 198

Respondents were asked to indicate what they felt would improve their community's access to health care. Forty-nine percent of respondents (n=97) reported that "Improved quality of care" would make the greatest improvement. Forty-seven percent of respondents (n=93) indicated they would like "More primary care providers" and 28.3% (n=56) indicated "Greater health education services." Respondents could select more than one method so percentages do not equal 100%.

Service	Count	Percent
Improved quality of care	97	49.0%
More primary care providers	93	47.0%
Greater health education services	56	28.3%
More specialists	52	26.3%
Outpatient services expanded hours	36	18.2%
Transportation assistance	35	17.7%
Telemedicine	11	5.6%
Cultural sensitivity	6	3.0%
Interpreter services	4	2.0%
Other	23	11.6%

"Other" comments:

- Better ER training
- Improved communications from health care facilities to the community and patients
- More doctors, less office staff
- More and better paying jobs so people can afford health care
- Longer residency of health care providers
- MRI
- Local jobs/employment
- Personal decisions
- Health care providers that follow the same patients
- New CEOs (2)
- Better care providers
- Monthly "lecture at lunch" on real nutrition and health
- MDs (5)
- More respect for patients
- Cost of treatment
- Doctors that stay here longer than a few months
- Doctors and not just PAs
- Quit overspending on hospital administration
- Therapeutic services
- Using the same care providers. It's hard to get used to one and then they just quit coming here
- Better pharmacy hours
- Better equipment (i.e. ultrasound machine)
- Don't abuse cost scales and agencies
- Better hospital staff
- Lower costs for patients
- Child healthcare
- Medical field sensitivity to addictions

Interest in Classes/Programs (Question 7)

N= 198

Respondents were asked if they would be interested in any classes/programs if offered locally. The most highly indicated class/program indicated was “Fitness” with 42.9% of respondents (n=85). “Weight loss” was selected by 40.9% of respondents (n=81) and “Chronic pain management” by 27.3% (n=54). Respondents could select more than one method so percentages do not equal 100%.

Topic	Count	Percent
Fitness	85	42.9%
Weight loss	81	40.9%
Chronic pain management	54	27.3%
Heart disease	37	18.7%
Diabetes	36	18.2%
Cancer	30	15.2%
Dental care	17	8.6%
Mental health	16	8.1%
Quitting smoking	11	5.6%
Parenting	10	5.1%
Suicide awareness/prevention	10	5.1%
Birthing classes	9	4.5%
Alcohol/substance abuse	8	4.0%
Other	9	4.5%

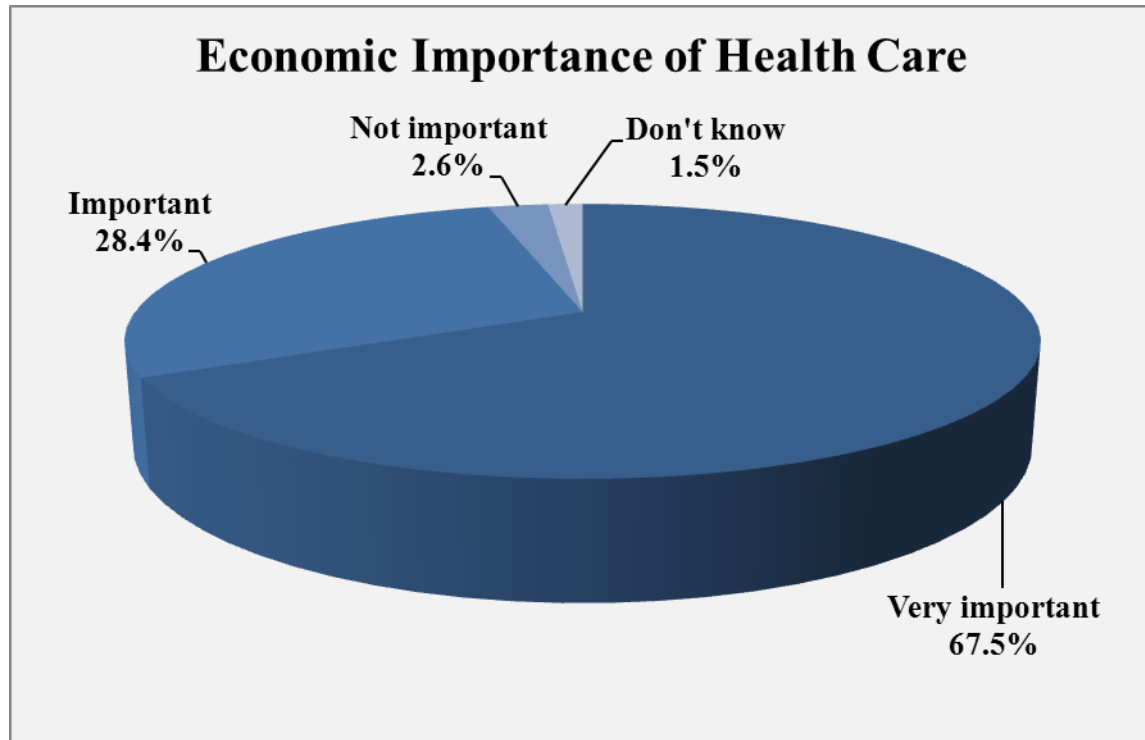
“Other” comments:

- Nutrition (2)
- None
- Healthy diet
- Alzheimer’s
- Colonoscopy
- Organize food, water, quality, research chemicals in food/water and Genetically Modified Food’s impact
- CPR
- Anything with the arts

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

N= 194

The majority of respondents, 67.5% (n=131) 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. Twenty-eight percent of respondents (n=55) indicated they are “Important” and five respondents, or 2.6% indicated that they are “Not important.” Four respondents did not answer this question.



Awareness of Health Expenses Payment Programs (Question 9a)

N= 198

Respondents were asked to indicate their awareness of programs that help people pay for health care expenses locally. Sixty-four percent of respondents (n=126) indicated they were aware of “Medicaid.” Forty-three percent (n=86) indicated that they were aware of “Installment payment plans” and 35.4% of respondents (n=70) indicated they were aware of “Sliding scale fees.” Respondents could select all programs they were aware of, thus percentages do not equal 100%.

Program	Count	Percent
Medicaid	126	63.6%
Installment payment plans	86	43.4%
Sliding scale fees	70	35.4%
Prompt pay discount	66	33.3%
Healthy MT Kids	64	32.3%
Charity care	39	19.7%
MT cancer screening program	38	19.2%
Patient directed lab testing	22	11.1%
High deductible/self-pay lab test program	16	8.1%

“Other” comments:

- I’m just not aware of what programs are available
- None

Utilization of Health Expenses Payment Programs (Question 9b)

N= 198

Respondents were also asked to indicate which health expense payment programs they utilized to help pay for health care related expenses. Thirty-four percent (n=67) indicated they do not utilize a cost assistance program. Twenty-two percent (n=43) utilize “Installment payment plans” and 18.7% (n=37) utilize “Prompt pay discount” programs. Respondents could select all programs that may apply, thus percentages do not equal 100%.

Program	Count	Percent
None	67	33.8%
Installment payment plans	43	21.7%
Prompt pay discount	37	18.7%
Medicaid	22	11.1%
Not sure	17	8.6%
Sliding scale fees	15	7.6%
Healthy MT Kids	11	5.6%
MT cancer screening program	10	5.1%
High deductible/self-pay lab test program	9	4.5%
Patient directed lab testing	8	4.0%
Charity care	8	4.0%

“Other” comments:

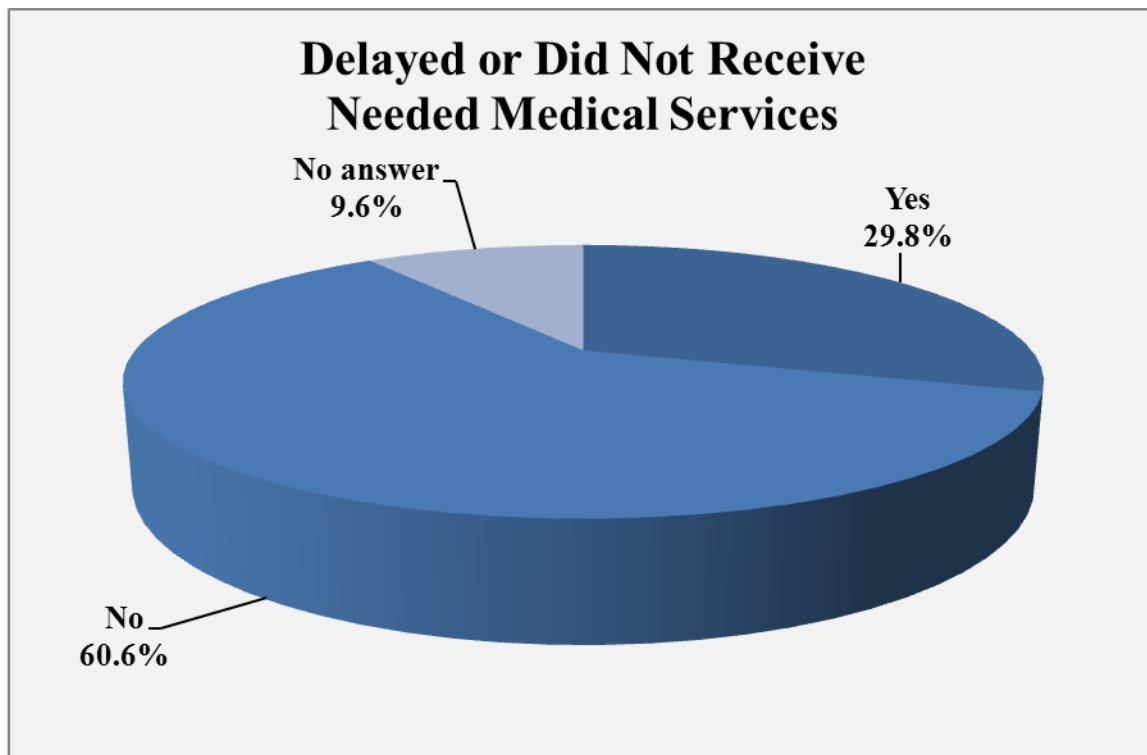
- I have insurance (2)
- Medicare (4)
- Co-Pay
- Blue Cross Blue Shield
- I have a job, I work for my care
- TRICARE
- [Prompt pay discount] At dentist only

VII. Survey Findings- General Use of Health Care Services

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

N= 198

Of the 198 surveys returned, 29.8% of respondents (n=59) 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-one percent of respondents (n=120) felt they were able to get the health care services they needed without delay and nineteen respondents (9.6%) chose not to answer this question.



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

N= 59

For those who indicated they were unable to receive or had to delay services, the reasons most cited were: “It costs too much” (49.2%, n=29), “No insurance” (30.5%, n=18), and “Too long to wait for an appointment” and “Not treated with respect” both at 18.6% (n=11). Respondents were asked to indicate their top three choices, thus percentages do not total 100%.

Reason	Count	Percent
It costs too much	29	49.2%
No insurance	18	30.5%
Too long to wait for an appointment	11	18.6%
Not treated with respect	11	18.6%
My insurance didn't cover it	7	11.9%
Don't like doctors	7	11.9%
Could not get an appointment	6	10.2%
Pharmacy wasn't open when I could go	5	8.5%
Could not get off work	5	8.5%
Office wasn't open when I could go	4	6.8%
Unsure if services were available	3	5.1%
Too nervous or afraid	3	5.1%
Had no one to care for the children	2	3.4%
It was too far to go	2	3.4%
Transportation problems	1	1.7%
Didn't know where to go	0	0
Language barrier	0	0
Other	18	30.5%

“Other” comments:

- Misdiagnosed four times and had to go to better doctors in Missoula and Plains
- Turnover of doctors. Too much is put on Physician Assistants
- I just put it off
- Front desk staff is NOT professional
- Treatment was not available
- Disrespectful members of staff
- Didn't want to change my behavior
- No follow-up
- Not a preferred provider
- No doctor available
- Needed specialized care
- Don't like the PAs
- The PA that is here is not reliable
- I don't like the PAs
- Some PAs acted like I was wasting their time on Super Bowl
- The receptionist who answered the phone told me to go to the Town Pump (I called late in the evening)
- Confidentiality
- No doctor available
- Inadequately trained receptionist resulting in possible problems with stroke
- No available MD

Utilization of Preventative Services (Question 12)

N= 198

Respondents were asked if they had utilized any of the preventative services in the past year. “Flu shot” was selected by 47.5% of respondents (n=94). Forty-one percent of respondents (n=82) indicated they had a “Routine blood pressure check” and 38.9% of respondents (n=77) had a “Routine physical/physical exam.” Respondents could check all that apply, thus the percentages will not equal 100%.

Service	Count	Percent
Flu shot	94	47.5%
Routine blood pressure check	82	41.4%
Routine physical/physical exam	77	38.9%
Cholesterol check	72	36.4%
Blood sugar screening	65	32.8%
Mammography	51	25.8%
Pap smear	33	16.7%
None	28	14.1%
Prostate (PSA)	24	12.1%
Colonoscopy	15	7.6%
Diabetes management	15	7.6%
Children’s checkup/Well baby	10	5.1%
Congestive heart failure management	5	2.5%
Other	14	7.1%

“Other” comments:

- But not here
- Cardiologist/ECHO
- Sleep Apnea
- Spider bite
- Dental
- Echocardiogram
- Blood check for Coumadin blood level
- Bone density test (2)
- MRI (2)
- Thyroid test
- DOT (Department of Transportation) physical
- Blood work
- MRI
- Protime tests
- Lab work
- Tdap shot
- Health fair (2)
- Others are too expensive
- Comprehensive blood lab at Clark Fork Valley Hospital

Desired Local Health Care Services (Question 13)

N= 198

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 “General surgery” at 38.4% (n=76) followed by a “Chronic pain specialist” at 30.3% (n=60), then “OB/GYN” services at 27.3% (n=54). Respondents were asked to check all that apply so percentages do not equal 100%.

Service	Count	Percent
General surgery	76	38.4%
Chronic pain specialist	60	30.3%
OB/GYN	54	27.3%
Diabetes nurse educator	32	16.2%
Other	22	11.1%

“Other” comments:

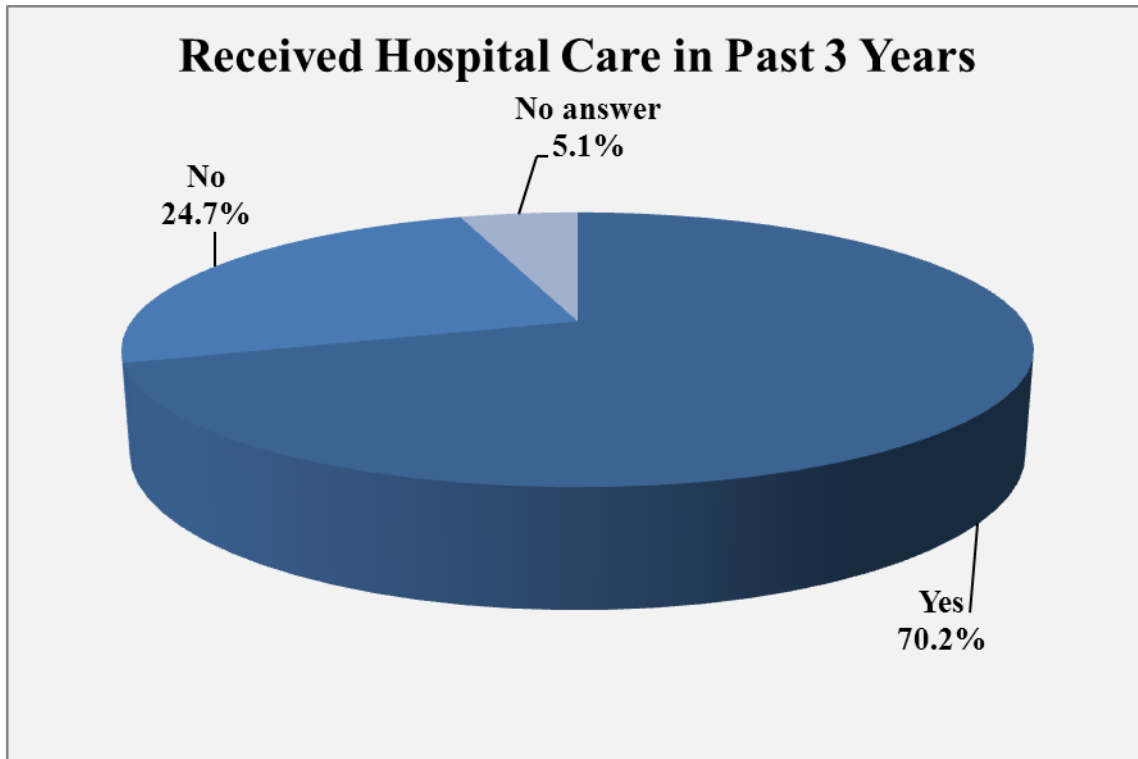
- Respiratory
- More actual doctors instead of PAs
- Chronic pain/psychiatrist; more non-narcotic pain management
- None
- Not sure
- Neuro
- Better doctors
- More General Practitioners (GPs)
- Primary care
- Good MDs
- Herbalist/Naturopath (3)
- Dentist
- Minor surgery
- Colonoscopy
- Substance abuse
- Need someone who can operate
- A good surgeon
- Optometrist
- Emergency
- Dentist is not good
- Nutritionist/Dietician that is comfortable with pediatric patients
- Better-quality physicians
- Back/neck specialists
- Well child checkup

VIII. Survey Findings- Hospital Care

Hospital Care Received in the Past Three Years (Question 14)

N= 198

Seventy percent of respondents (n=139) reported that they or a member of their family had received hospital care during the previous three years. Twenty-five percent (n=49) had not received hospital services and 5.1% of respondents (n=10) did not answer this question.



Hospital Used Most in the Past Three Years (Question 15)

N= 119

Of the 139 respondents who indicated receiving hospital care in the previous three years, 35.3% (n=42) reported receiving care at Mineral Community Hospital. Thirty-three percent of respondents (n=39) went to St. Patrick Hospital in Missoula and 26.1% of respondents (n=31) utilized services from Community Medical Center in Missoula. Twenty of the 139 respondents who reported they had been to a hospital in the past three years did not indicate which hospital they had utilized.

Hospital	Count	Percent
Mineral Community Hospital	42	35.3%
St. Patrick Hospital (Missoula)	39	32.8%
Community Medical Center (Missoula)	31	26.1%
Clark Fork Valley Hospital	3	2.5%
Other	4	3.3%
TOTAL	119	100%

“Other” comments:

- ER only
- VA
- VA, Missoula Clinic
- VA, Fort Harrison, Helena
- Sacred Heart (2)
- Marcus Daly Memorial
- Emergency gallbladder removal
- Veterans Admin. which chooses St. Pat's
- Would not EVER use Mineral Community Hospital again!
- I turned my records over to Clark Fork Valley Hospital
- Missoula Bone and Joint
- West Shoshone Medical Center
- Providence Center
- Providence in Missoula & Spokane
- Kalispell because Mineral Community Hospital is horrible with poorly trained employees
- [Community Medical Center (Missoula)] Would rather be in Superior

Hospital Services Utilized (Question 16)

N= 139

For those respondents who indicated they or a family member received care in a hospital, they were asked to indicate what hospital services they utilized. The most frequently indicated service was “Laboratory” by 59.7% (n=83) of respondents. “Radiology” was selected by 22.3% of respondents (n=31) and “Observation care” and “Physical therapy” were both selected by 16.5% of respondents (n=23). Respondents were asked to indicate their top three choices, thus percentages do not total 100%.

Service	Count	Percent
Laboratory	83	59.7%
Radiology	31	22.3%
Observation care	23	16.5%
Physical therapy	23	16.5%
Acute Inpatient	19	13.7%
Intensive care (ICU)	18	12.9%
Respiratory therapy	9	6.5%
Assisted care facility	5	3.6%
Labor/delivery	4	2.9%
Skilled swingbed care	3	2.2%
Long term care	2	1.4%
Other	52	37.4%

“Other” comments:

- Outpatient-kidney core sample
- ER (20)
- Same-day surgery
- Day surgery (2)
- Blood clot
- Mammography
- Colonoscopy
- Bone Density
- Heart Cath
- Heart surgery
- Cystoscopic
- EKG (Electrocardiogram) (2)
- Chemotherapy
- Pediatrician
- Joint replacement
- Broken ankle
- Outpatient (4)
- Malpractice
- Surgery (15)
- Could get into ER but they could not get help with pregnancy issue
- Med-surge
- Cardiac
- Kalispell for orthopedic surgery
- Monitoring/evaluating rapid heartbeat

Reasons for Selecting the Hospital Used (Question 17)

N= 139

Of the 139 respondents who had a personal or family experience at a hospital within the past three years, the primary reason given for selecting the facility used most often was “Prior experience with hospital” at 49.6% (n=69). “Closest to home” was selected by 42.4% of respondents (n=59) and 40.3% (n=56) selected “Referred by physician.” Note that respondents were asked to select the top three answers which influenced their choices, therefore the percentages do not equal 100%.

Reason	Count	Percent
Prior experience with hospital	69	49.6%
Closest to home	59	42.4%
Referred by physician	56	40.3%
Hospital’s reputation for quality	54	38.8%
Emergency, no choice	45	32.4%
Recommended by family or friends	23	16.5%
Cost of care	10	7.2%
Required by insurance plan	10	7.2%
VA/Military requirement	7	5.0%
Closest to work	6	4.3%
Other	10	7.2%

“Other” comments:

- Referred by Mineral Community Hospital
- Trust of well-known providers
- Better care
- RNs are good
- I like the way I get treated there
- Labor and delivery is available
- I just like it and am treated well
- Because of Mineral County staff like Laurel Chambers, PA
- Services not offered in Superior
- No quality care in Mineral County

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

	Mineral Community Hospital	St. Patrick Hospital (Missoula)	Clark Fork Valley Hospital	Community Medical Center (Missoula)	Other	Total
Superior 59872	33 (37.5%)	27 (30.7%)	2 (2.3%)	23 (26.1%)	3 (3.4%)	88
St. Regis 59866	3 (18.8%)	7 (43.8%)	1 (6.2%)	4 (25%)	1 (6.2%)	16
Deborgia 59830	3 (50%)	3 (50%)				6
Alberton 59820		1 (25%)		3 (75%)		4
Haugan 59842	2 (66.7%)	1 (33.3%)				3
Saltese 59867	1 (100%)					1
TOTAL	42 (35.6%)	39 (33.1%)	3 (2.5%)	30 (25.4%)	4 (3.4%)	118

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 left side.

LOCATION OF MOST UTILIZED HOSPITAL BY REASONS HOSPITAL SELECTED

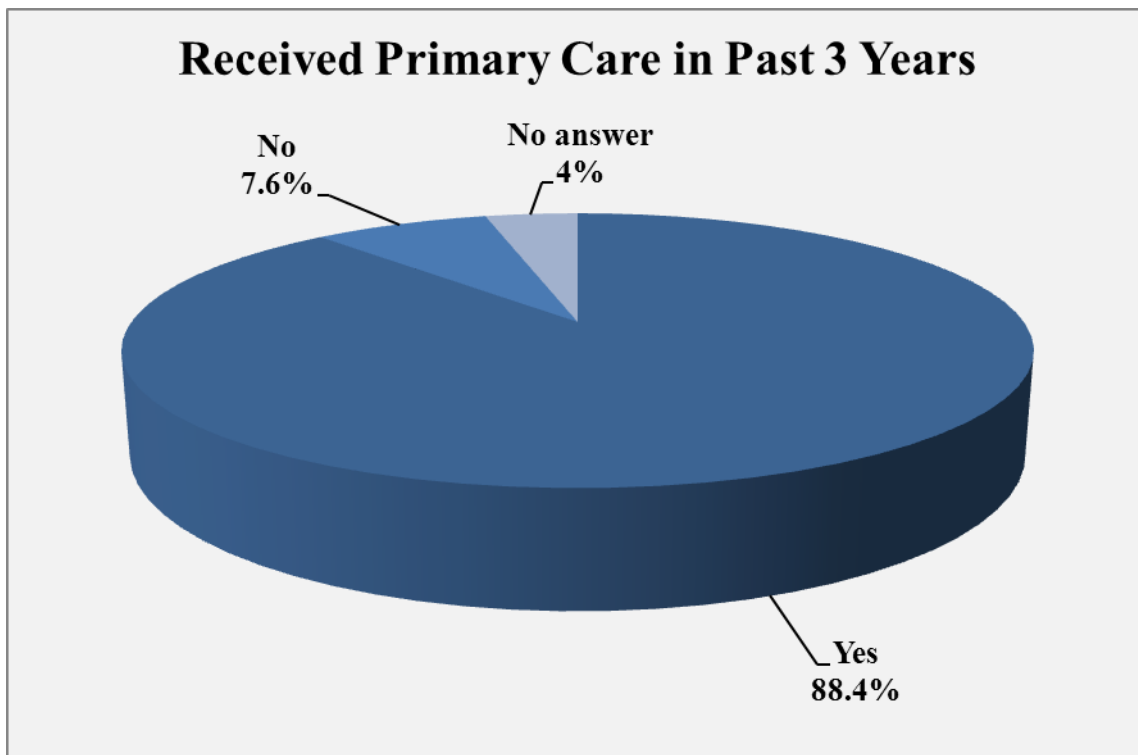
	Mineral Community Hospital	St. Patrick Hospital (Missoula)	Clark Fork Valley Hospital	Community Medical Center (Missoula)	Other	Total
Cost of care	3 (37.5%)	2 (25%)		3 (37.5%)		8
Closest to home	41 (75.9%)	9 (16.7%)		2 (3.7%)	2 (3.7%)	54
Closest to work	4 (100%)					4
Emergency, no choice	22 (57.9%)	7 (18.4%)		7 (18.4%)	2 (5.3%)	38
Hospital's reputation for quality	4 (8.5%)	21 (44.7%)	3 (6.4%)	18 (38.3%)	1 (2.1%)	47
Prior experience with hospital	20 (33.9%)	23 (39%)	3 (5.1%)	12 (20.3%)	1 (1.7%)	59
Recommended by family or friends	2 (10%)	9 (45%)	2 (10%)	6 (30%)	1 (5%)	20
Referred by physician	9 (19.6%)	21 (45.7%)	1 (2.2%)	15 (32.6%)		46
Required by insurance plan	2 (20%)	5 (50%)		3 (30%)		10
VA/Military requirement	1 (20%)	2 (40%)		1 (20%)	1 (20%)	5
Other	4 (50%)	1 (12.5%)		3 (37.5%)		8

IX. Survey Findings- Primary Care

Primary Care Received in the Past Three Years (Question 18)

N= 198

Eighty-eight percent of respondents (n=175) 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. Eight respondents (4%) chose not to answer this question.



Location of Primary Care Provider (Question 19)

N= 162

Of the 175 respondents who indicated receiving primary care services in the previous three years, 54.9% (n=89) reported receiving care in Superior. Thirty-three percent of respondents (n=53) went to Missoula for care and 6.2% of respondents (n=10) utilized primary care services in Plains. Thirteen of the 175 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
Superior	89	54.9%
Missoula	53	32.7%
Plains	10	6.2%
St. Regis	6	3.7%
Deborgia	0	0
Other	4	2.5%
TOTAL	162	100%

“Other” comments:

- VA (2)
- Western Montana Clinic – Missoula
- Spokane, WA (3)
- Also one in Missoula
- Oregon
- Foster kids and myself use different doctors

Reasons for Selection of Primary Care Provider (Question 20)

N= 175

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” (44.6%, n=78) was the top reason for primary care provider selection. “Prior experience with clinic” was selected by 40% of respondents (n=70) and “Appointment availability” was selected by 28% (n=48). Respondents were asked to check all that apply so the percentages do not equal 100%.

Reason	Count	Percent
Closest to home	78	44.6%
Prior experience with clinic	70	40.0%
Appointment availability	49	28.0%
Clinic’s reputation for quality	34	19.4%
Recommended by family or friends	26	14.9%
Referred by physician or other provider	26	14.9%
Length of waiting room time	15	8.6%
Required by insurance plan	14	8.0%
VA/Military requirement	13	7.4%
Cost of care	9	5.1%
Indian Health Services	0	0
Other	13	7.4%

“Other” comments:

- Families with my case
- Emergency, needed stitches
- Trust the provider
- Work with her
- A caring doctor for older people
- Better doctor care
- Specialist
- Laurel Chamber, PA
- Dr. Tuffs
- Frank Tousley
- FAA (Federal Aviation Administration) Doctor
- He was the best doctor at the clinic and hospital but was fired for no reason
- No primary care physician
- MDs are supported by real nurses not medical assistants
- Provider moved practice from Plains to Superior
- Wanted a female doctor
- I like no one else
- Remained with doctor that moved from Superior to Plains
- Not given any choice. There are no doctors we can trust for responsible care
- Ongoing workman’s comp claim
- Specific woman’s care clinic

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

	Superior	Plains	Missoula	St. Regis	Deborgia	Other	Total
Superior 59872	78 (62.9%)	9 (7.3%)	34 (27.4%)	1 (0.8%)		2 (1.6%)	124
St. Regis 59866	5 (26.3%)	1 (5.3%)	8 (42.1%)	4 (21.1%)		1 (5.3%)	19
Deborgia 59830	3 (42.9%)		3 (42.9%)	1 (14.3%)			7
Alberton 59820			6 (100%)				6
Haugan 59842	2 (100%)						2
Saltese 59867	1 (50%)					1 (50%)	2
TOTAL	89 (55.6%)	10 (6.2%)	51 (31.9%)	6 (3.8%)	0	4 (2.5%)	160

Cross Tabulation of Clinic and Reason Selected

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

LOCATION OF PRIMARY CARE PROVIDER BY REASONS CLINIC SELECTED

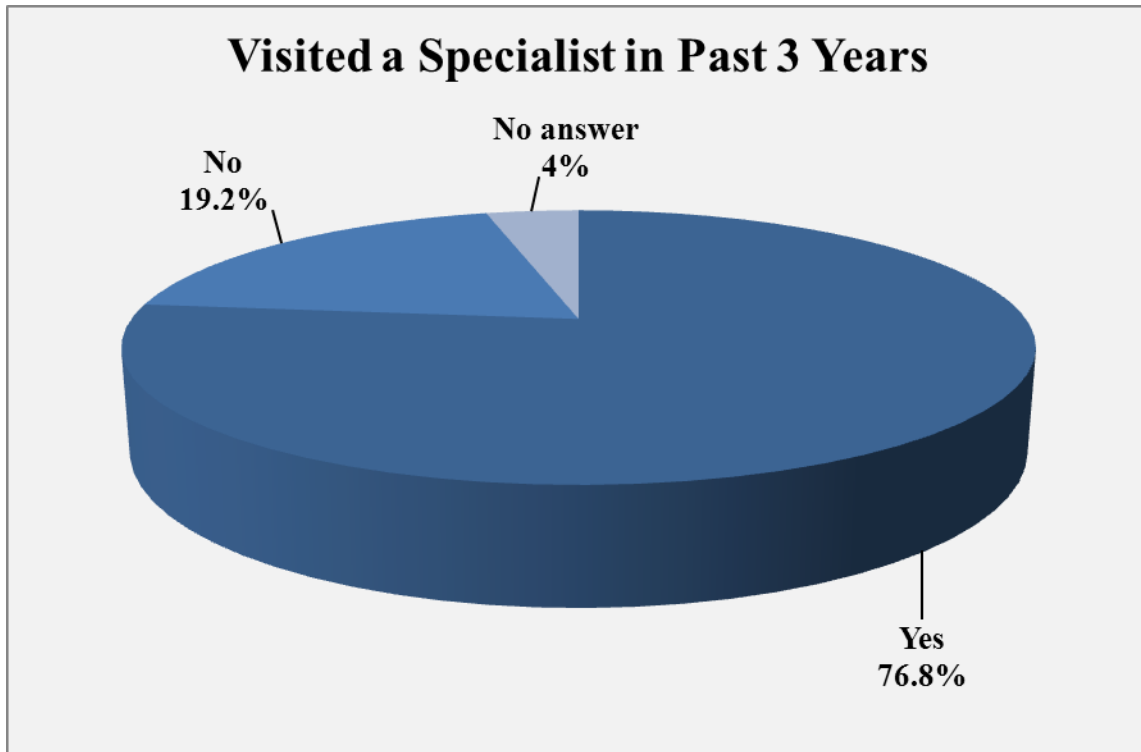
	Superior	Plains	Missoula	St. Regis	Deborgia	Other	Total
Appointment availability	30 (65.2%)	3 (6.5%)	8 (17.4%)	5 (10.9%)			46
Clinic's reputation for quality	10 (30.3%)	4 (12.1%)	18 (54.5%)			1 (3%)	33
Closest to home	62 (89.9%)		3 (4.3%)	4 (5.8%)			69
Cost of care	3 (33.3%)	1 (11.1%)	5 (55.6%)				9
Length of waiting room time	4 (28.6%)	5 (35.7%)	3 (21.4%)	2 (14.3%)			14
Prior experience with clinic	40 (60.6%)	6 (9.1%)	17 (25.8%)	2 (3%)		1 (1.5%)	66
Recommended by family or friends	8 (32%)	3 (12%)	13 (52%)	1 (4%)			25
Referred by physician or other provider	7 (30.4%)	2 (8.7%)	14 (60.9%)				23
Required by insurance plan	4 (30.8%)		9 (69.2%)				13
VA/Military requirement	1 (7.7%)	1 (7.7%)	9 (69.2%)			2 (15.4%)	13
Indian Health Services							0
Other	5 (38.5%)	2 (15.4%)	5 (38.5%)			1 (7.7%)	13

X. Survey Findings- Specialty Care

Use of Health Care Specialists during the Past Three Years (Question 21)

N= 198

Seventy-seven percent of the respondents (n=152) indicated they or a household member had seen a health care specialist during the past three years. Nineteen percent (n=38) indicated they had not seen a specialist and eight respondents (4%) chose not to answer this question.



Type of Health Care Specialist Seen (Question 22)

N= 152

Respondents (n=152) saw a wide array of health care specialists. The most frequently indicated specialist was a “Dentist” at 48% of respondents (n=73) having utilized their services. “Cardiologist” was the second most highly utilized specialist at 27.6% (n=42) and “Physical therapist” was third at 27% (n=41). Respondents were asked to choose all that apply so percentages will not equal 100%.

Health Care Specialist	Count	Percent
Dentist	73	48.0%
Cardiologist	42	27.6%
Physical therapist	41	27.0%
Dermatologist	32	21.1%
Chiropractor	28	18.4%
Orthopedic surgeon	27	17.8%
General surgeon	26	17.1%
OB/GYN	26	17.1%
Ophthalmologist	24	15.8%
Neurologist	20	13.2%
ENT (ear/nose/throat)	18	11.8%
Urologist	17	11.2%
Oncologist	16	10.5%
Radiologist	16	10.5%
Gastroenterologist	15	9.9%
Podiatrist	15	9.9%
Neurosurgeon	13	8.6%
Rheumatologist	10	6.6%
Endocrinologist	9	5.9%
Mental health counselor	8	5.3%
Pulmonologist	7	4.6%
Allergist	5	3.3%
Dietician	5	3.3%
Pediatrician	5	3.3%
Psychiatrist (M.D.)	2	1.3%
Psychologist	2	1.3%
Occupational therapist	1	0.7%
Speech therapist	1	0.7%
Social worker	1	0.7%
Geriatrician	0	0
Substance abuse counselor	0	0
Other	17	11.2%

Type of Health Care Specialist Seen (Question 22) continued...

“Other” comments:

- Asthma & Allergy
- Back doctor
- Bone density test (dexascan)
- FACC (Fellow of the American College of Cardiology)
- Pain management
- Lung doctor
- St. Patrick’s Hospital: Dr. Matt Maxwell and Dr. Todd Maddux
- General Practitioner
- None
- Plastic Surgeon (3)
- Dermatologist
- Chronic Pain
- Heart surgeon
- Oral surgeon
- Chronic pain management at Montana Spine and Pain Center – Dr. H
- Hand, shoulder, knee doctor
- Shoulder Surgery
- Nephrology
- N/A

Location of Health Care Specialist (Question 23)

N= 152

Of the 152 respondents who indicated they saw a health care specialist, 88.2% (n=134) saw one in Missoula. Superior was utilized for specialty care services by 20.4% (n=31) of respondents and “Other” by 17.8% (n=27). Respondents could select more than one location, therefore percentages do not equal 100%.

Location	Count	Percent
Missoula	134	88.2%
Superior	31	20.4%
Other	27	17.8%

“Other” comments:

- Spokane, WA (8)
- [Superior] Dentist
- Plains (7)
- Hayden, ID
- [Missoula] [All Others]
- None
- Oregon
- Great Falls
- Thompson Falls
- Coeur d’Alene
- St. Regis (3)
- Seattle, WA (2)
- West Virginia
- Marcus Daly Memorial Hospital – Hamilton
- Atlanta
- Mayo, MN
- Rhode Island
- Fort Harrison – Helena
- Helena VA
- Denver VA
- Kalispell
- Mexico
- [Superior] Via Skype

Overall Quality of Care at Mineral Community Hospital and Mineral Regional Health Center (Question 24)

N= 198

Respondents were asked to rate a variety of aspects of the overall care provided at Mineral Community Hospital and Mineral Regional Health Center. 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 both “Ambulance services” and “Radiology (mammography, MRI, CT, ultrasound)” receiving the top average score of 3.2 out of 4.0. “Laboratory” and “Respiratory therapy” both received 3.1 out of 4.0. The total average score was 3.0, indicating the overall services of the hospital to be “Good.”

	Excellent (4)	Good (3)	Fair (2)	Poor (1)	Don't Know	No Ans.	N	Avg.
Ambulance services	30	38	13	2	101	14	198	3.2
Radiology (mammography, MRI, CT, ultrasound)	42	47	8	6	79	16	198	3.2
Laboratory	45	71	21	8	39	14	198	3.1
Respiratory therapy	15	19	4	3	136	21	198	3.1
Assisted living facility	18	21	7	5	123	24	198	3.0
Inpatient medical services (overnight+)	19	30	12	4	112	21	198	3.0
Physical therapy	22	31	14	4	110	17	198	3.0
Rehabilitation services (skilled swing bed)	11	8	6	2	149	22	198	3.0
Long term care/nursing home	13	19	7	5	132	22	198	2.9
Clinical services (Tamarack Clinic)	30	81	32	19	23	13	198	2.8
Emergency room	32	51	22	21	60	12	198	2.7
TOTAL	277	416	146	79				3.0

XI. Survey Findings- Personal Health & Health Insurance

Medical Insurance (Question 25)

N= 155

Respondents were asked to indicate what type of medical insurance covers the majority of their medical expenses. Thirty-six percent (n=55) indicated they have “Medicare.” Twenty-three percent (n=36) indicated they have “Employer sponsored” coverage and “Private insurance/private plan” was indicated by 19.4% of respondents (n=30). Forty-three respondents chose not to answer this question.

Insurance Type	Count	Percent
Medicare	55	35.5%
Employer sponsored	36	23.2%
Private insurance/private plan	30	19.4%
None/Pay out of pocket	19	12.3%
VA/Military	6	3.9%
Medicaid	3	1.9%
Health Savings Account	3	1.9%
Healthy MT Kids	2	1.3%
State/Other	0	0
Indian Health	0	0
Other	1	0.6%
TOTAL	155	100%

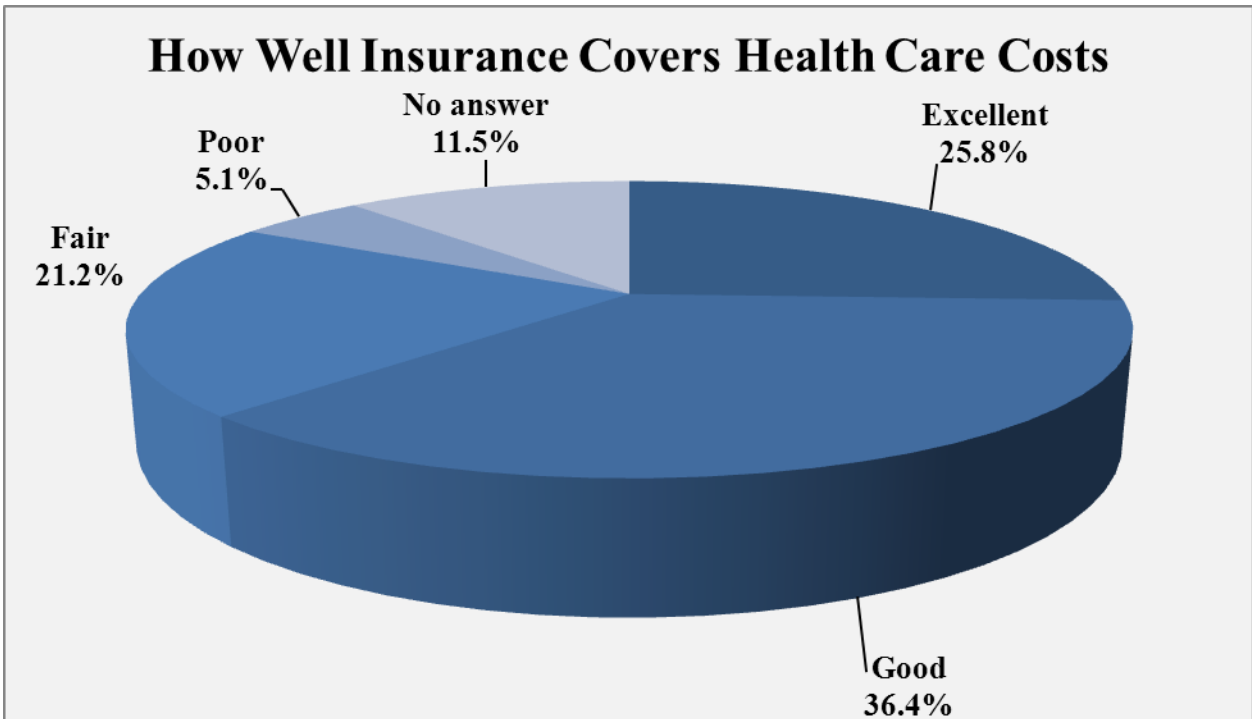
“Other” comments:

- Blue Cross
- Humana Drug Coverage
- One is a member of Medicare and one has no insurance

Insurance and Health Care Costs (Question 26)

N= 198

Respondents were asked to indicate how well they felt their health insurance covers their health care costs at this time. Thirty-six percent of respondents (n=72) indicated they felt their insurance covers a “Good” amount of their health care costs. Twenty-six percent of respondents (n=51) indicated they felt their insurance is “Excellent” and 21.2% of respondents (n=42) indicated they felt their insurance was “Fair.”



“Other” comments:

- [Excellent] Medicare, husband
- [Poor] Blue Cross Blue Shield, me

Barriers to Having Health Insurance (Question 27)

N= 19

Those respondents who indicated they did not have medical insurance at this time (n=19) were asked to indicate why they did not. Sixty-eight percent (n=13) reported they did not have health insurance because they could not afford to pay for it and 21.1% (n=4) 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 insurance	13	68.4%
Employer does not offer insurance	4	21.1%
Cannot get insurance due to medical issues	2	10.5%
Choose not to have medical insurance	1	5.3%
Other	2	10.5%

“Other” comments:

- However, I will soon be eligible for Medicare
- The cost of insurance would negate our ability to live life. Healthcare and insurance must change in this country!
- Just got different insurance in January
- No income
- Spouse is too young for Medicare
- Insurance is NOT health care. I do nutrition, herbs, and healthy lifestyle
- VA
- Self employed, cost is high and deductible is higher. I pay all out-of-pocket anyways. Insurance is only good for catastrophic situations
- I work part-time

XII. Focus Group Methodology

Two focus groups were held in Superior, Montana in April and May 2013. Focus group participants were identified as people living in Mineral Community Hospital's service area.

Twenty-eight people participated in the two focus group interviews. The focus groups were designed to represent various consumer groups of health care including senior citizens and local community members. The focus groups were held at Superior Senior Center and Trinity Lutheran Church. 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 themes were the difficulty of recruiting and retaining providers, lack of communication and follow-up within the hospital and the community, the increasing need for counseling services, and people having to travel long distances for healthcare services.
- *Opinion of services and quality of care at Mineral Community Hospital:*

Quality of Care- Participants spoke very highly of the level of care they receive at Mineral Community Hospital and believe the hospital is a very important component of the community. One person noted, “We are blessed to have a hospital here in Superior. We need to keep the hospital here.”

Number of Services- In general, participants were unaware of or unsatisfied with the number of services available to the community. Participants mentioned specific services they would like to see available in their community such as obstetrics, an eye doctor, a foot doctor, and chemotherapy.

Hospital Staff- Participants discussed the hospital staff in terms of style of care and competence. Participants viewed hospital staff very positively and commented, “Staff is very friendly, genuine, and caring.” Participants did discuss concerns of the high turnover of doctors.

Hospital Board and Leadership- Participants were curious to know how the hospital Board would use the health assessment to initiate change in their community. One person also commented, “If the Board was good, then the hospital would be better.”

Business Office- Participants acknowledged that, in general, billing is frustrating. Participants mentioned they would like to have more-detailed and itemized billing so they know exactly what they are paying for. Participants also stated that they would like better access to their medical records.

Condition of Facility and Equipment- Participants were satisfied with the condition of the facility and some participants even mentioned they would rather upgrade the current facility than build a new hospital. Participants also felt that the equipment could be upgraded.

Financial Health of the Hospital- Many participants were confused about the various financial sources for the hospital noting, “There are so many financial components – the Innovations Grant, CHC [Community Health Center], Mineral Community Hospital – it gets very confusing to people. The financial health of the hospital is public information,

but people don't know it well because the hospital leaders need to get the information out there [into the community]." Many participants expressed that they would rather see upgrades to the current facility than building a new hospital.

Cost- Participants felt that all health care is expensive and some participants expressed concern about how the Affordable Care Act will affect the cost of care. Some participants mentioned how the Community Health Center's sliding fee scale will help control cost for some individuals, but stated that the application process is confusing.

Office/Clinic Staff- Participants mostly would like to see more follow-up after hospital visits and better communication between staff and patients.

Availability- Participants were pleased with the availability of appointments but one participant noted, "I have seen a different provider at every hospital visit."

- *Opinion of local providers-* Participants indicated they mostly use local providers as their or their family's personal provider unless they travel to Missoula. Reasons noted for using local services included: convenience, trust, and having a good history and relationship with their provider.
- *Opinion of Local Services:*

Emergency Room- Participants felt that care received in the emergency room is good but wished the space was bigger. One participant noted, "In the ER you only see PAs and RNs. Doctors are only on call. I'd prefer to see a doctor."

Ambulance Service- Participants thought the ambulance service is great but mentioned there does not seem to be enough volunteers.

Health Care Services for Senior Citizens- Participants were curious to learn more about the services and resources available for senior citizens, especially home healthcare.

Public/County Health Department- Participants were aware of very few of the services offered by the health department, but knew they offer shots. Participants wondered if the health department has to report their findings to the State of Montana.

Health Care Services for Low-Income Individuals- Health care services for low-income families/individuals were not discussed in the focus groups.

Nursing Home/Assisted Living Facility- Participants appreciate having a local nursing home and thought the nursing home in Superior provides excellent care. Participants noted, "Nurses are good in the nursing home and hospital" but mentioned that assisted living is full all the time.

Pharmacy- Participants felt the pharmacy is "Excellent!"

- *What Would Make the Community a Healthier Place to Live-* Participants offered many suggestions for making Superior and the surrounding area a healthier place to live. They focused on the need for surgeons, dialysis, transportation, chemotherapy, bringing more young people into the community, and better retention of providers. In addition, participants also noted that determining the cause of autoimmune disorders in the community, providing confidential resources for chronic pain patients, and a pain management specialist would better the health of the community.
- *Why people might leave the community for health care services-* Generally, participants would leave Superior for specialized services as well as cancer care. Participants also left because they'd rather see doctors than midlevel providers, "concern over the hospital's financial situation," management issues, and the challenges in recruiting and retaining good doctors to small towns like Superior.
- *Health Services needed in the Community-* Additional services that participants felt were needed was home health services, mental health services, better transportation, grief counseling, and a comprehensive list of community resources. Participants specifically mentioned a need for a surgeon, more primary care and family practice physicians, a gerontologist, eye doctor, VA (Veterans Affairs), and dermatology.

XIII. Summary

One hundred ninety-eight surveys were completed in Mineral Community Hospital's service area for a 32% response rate. Of the 198 returned, 61.6% of the respondents were female and 68% were 56 years of age or older.

Respondents rated the overall quality of care at the hospital as "good," scoring 3.0 out of 4.0 on a scale of 4.0 being excellent and 1.0 being poor.

Over half of the respondents (63%), feel the Superior area is a "somewhat healthy" place to live. Respondents indicated their top three health concerns were: alcohol abuse/substance abuse (65.7%), cancer (41.4%), and overweight/obesity (32.8%). When asked what health related educational programs or classes respondents would be most interested in, the top choices were: fitness (42.9%), weight loss (40.9%), and chronic pain management (27.3%).

Overall, the respondents within Mineral Community 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 67.5% 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

1. Kevin Chamberlain – Extension Agent, MSU Mineral County
2. Mike Raether – Pastor, St. Regis Community Bible Church
3. Kristi Scott – Owner/Operator, Mineral County Hair Company
4. Nolan Webber – Bank Teller and Superior Town Council
5. Elaine Robinson – Mineral Regional Health Center
6. Mitzi Francis – Administration, Mineral Community Hospital
7. Chris Watson – Radiology, Mineral Community Hospital
8. Tom Olding – Laboratory, Mineral Community Hospital
9. Vince Buzzas – Physical Therapy, Mineral Community Hospital
10. Kirsten Locke – Director of Nursing, Mineral Community Hospital
11. Cliff Case – Chief Financial Officer, Mineral Community Hospital
12. John Updike – Chief Operations Officer, Mineral Community Hospital

Appendix B - Public Health and Populations Consultation

Public Health and Populations Consultation Worksheet

1. Public Health

- a. Name/Organization
Kirsten Locke – Director of Nursing/Quality Improvement Coordinator, Mineral Community Hospital
- b. Date of Consultation
First Steering Committee Meeting: February 5, 2013
- c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
Steering Committee
- d. Input and Recommendations from Consultation
 - Discussed the health assessments completed by the public health department
 - Diabetes education is important
 - Preventative Testing, clinic services

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

1. Population- Youth
 - a. Name/Organization
Kristi Scott – Mineral County Hair Company
 - b. Date of Consultation
First Steering Committee Meeting: February 5, 2013
 - c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
Steering Committee
 - d. Input and Recommendations from Consultation
 - Dating violence

2. Population: Seniors

a. Name/Organization

Pastor Mike Raether – Community Bible Church

b. Date of Consultation

First Steering Committee Meeting: February 5, 2013

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

Steering Committee

d. Input and Recommendations from Consultation

- Chronic Pain is a concern
- Pharmacy hours should be extended

Appendix C- Survey Cover Letter



March 22, 2013

Dear Mineral County Resident:

Mineral Community Hospital and Mineral Regional Health Center are 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.

You have been randomly selected as a resident who lives in Mineral County and your help is critical in determining health priorities and future needs. The survey covers topics such as: community health; awareness and general use of health care (hospital, primary, and specialty); and demographics.

We know your time is valuable so we have made an effort to keep the time needed to complete the survey to about 15 minutes.

As a thank you for completing the enclosed survey, Mineral Community Hospital and Mineral Regional Health Center are offering you a chance to win one of five \$100 Visa gift cards. Once you complete your survey, simply return it and one of the raffle tickets in the enclosed self-addressed, postage paid envelope postmarked by May 3, 2013. Keep the other raffle ticket in a safe place. The winning raffle ticket number will be announced on the hospital website at: www.mineralcommunityhospital.com and in the local newspaper on May 6, 2013.

All survey responses will go directly 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 time.

Sincerely,

Steve Carty, Chief Executive Officer
Mineral Community Hospital and Mineral Regional Health Center

P.O. Box 66 • 1208 6th Avenue East • Superior, Montana 59872 • 406-822-4841 • Fax 822-4963
www.MineralCommunityHospital.org

Appendix D- Survey Instrument

Community Health Services Development Survey Superior, 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"/> Domestic violence | <input type="radio"/> Recreation related accidents/injuries |
| <input type="radio"/> Cancer | <input type="radio"/> Heart disease | <input type="radio"/> Stroke |
| <input type="radio"/> Child abuse/neglect | <input type="radio"/> Lack of access to healthcare | <input type="radio"/> Overweight/obesity |
| <input type="radio"/> Chronic pain | <input type="radio"/> Lack of dental care | <input type="radio"/> Tobacco use |
| <input type="radio"/> Date violence | <input type="radio"/> Lack of exercise | <input type="radio"/> Work related accidents/injuries |
| <input type="radio"/> Depression/anxiety | <input type="radio"/> Mental health issues | <input type="radio"/> Other _____ |
| <input type="radio"/> Diabetes | <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 gym/fitness facilities | <input type="radio"/> Improved hospital & patient communication |
| <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 Healthcare Services

4. How do you rate your knowledge of the health services available through Mineral Regional Health Center?

- ☐ 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 | <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. 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 | | |

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

- | | | |
|---|-------------------------------------|--|
| <input type="radio"/> Alcohol/substance abuse | <input type="radio"/> Diabetes | <input type="radio"/> Parenting |
| <input type="radio"/> Cancer | <input type="radio"/> Fitness | <input type="radio"/> Quitting smoking |
| <input type="radio"/> Chronic pain management | <input type="radio"/> Heart disease | <input type="radio"/> Suicide awareness/prevention |
| <input type="radio"/> Dental care | <input type="radio"/> Mental health | <input type="radio"/> Weight loss |
| <input type="radio"/> Birthing classes | | <input type="radio"/> Other _____ |

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 |
|--------------------------------------|---------------------------------|-------------------------------------|----------------------------------|

9a. Which of the following programs are you aware of locally that help people pay for health care expenses? **(Select all that apply)**

- | | | |
|---|---|--|
| <input type="radio"/> MT cancer screening program | <input type="radio"/> Prompt pay discount | <input type="radio"/> Sliding scale fees |
| <input type="radio"/> Patient directed lab testing | <input type="radio"/> Charity care | <input type="radio"/> Healthy MT Kids |
| <input type="radio"/> High deductible/self-pay lab test program | <input type="radio"/> Installment payment plans | <input type="radio"/> Medicaid |

9b. Which of the following programs does your household use to help pay for health care expenses? **(Select all that apply)**

- | | | |
|---|---|--------------------------------|
| <input type="radio"/> MT cancer screening program | <input type="radio"/> Charity care | <input type="radio"/> Medicaid |
| <input type="radio"/> Patient directed lab testing | <input type="radio"/> Installment payment plans | <input type="radio"/> None |
| <input type="radio"/> High deductible/self-pay lab test program | <input type="radio"/> Sliding scale fees | <input type="radio"/> Not sure |
| <input type="radio"/> Prompt pay discount | <input type="radio"/> Healthy MT Kids | |

General Use of Health Care Services

10. 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 12)

11. 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"/> Pharmacy wasn't open when I could go | <input type="radio"/> No insurance | <input type="radio"/> Other _____ |

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

- | | |
|---|--|
| <input type="radio"/> Blood sugar screening | <input type="radio"/> Mammography |
| <input type="radio"/> Children's checkup/Well baby | <input type="radio"/> Pap smear |
| <input type="radio"/> Cholesterol check | <input type="radio"/> Prostate (PSA) |
| <input type="radio"/> Colonoscopy | <input type="radio"/> Routine blood pressure check |
| <input type="radio"/> Congestive heart failure management | <input type="radio"/> Routine physical/physical exam |
| <input type="radio"/> Diabetes management | <input type="radio"/> None |
| <input type="radio"/> Flu shot | <input type="radio"/> Other _____ |

13. What additional health care services do you feel should be available locally? (Select all that apply)

- | | | |
|---|---|-----------------------------------|
| <input type="radio"/> Chronic pain specialist | <input type="radio"/> Diabetes nurse educator | |
| <input type="radio"/> General surgery | <input type="radio"/> OB/GYN | <input type="radio"/> Other _____ |

Hospital Care

14. 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 18)

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

- | | |
|---|---|
| <input type="radio"/> Mineral Community Hospital | <input type="radio"/> Clark Fork Valley Hospital |
| <input type="radio"/> St. Patrick Hospital (Missoula) | <input type="radio"/> Community Medical Center (Missoula) |
| | <input type="radio"/> Other _____ |

16. What hospital services were used? (Select all that apply)

- | | | |
|--|---|--|
| <input type="radio"/> Assisted care facility | <input type="radio"/> Long term care | <input type="radio"/> Intensive care (ICU) |
| <input type="radio"/> Laboratory | <input type="radio"/> Respiratory therapy | <input type="radio"/> Labor/delivery |
| <input type="radio"/> Observation care | <input type="radio"/> Physical therapy | <input type="radio"/> Acute Inpatient |
| <input type="radio"/> Skilled swingbed care | <input type="radio"/> Radiology | <input type="radio"/> Other _____ |

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

- | | | |
|--|---|--|
| <input type="radio"/> Cost of care | <input type="radio"/> Hospital's reputation for quality | <input type="radio"/> Required by insurance plan |
| <input type="radio"/> Closest to home | <input type="radio"/> Prior experience with hospital | <input type="radio"/> 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

18. 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 21)

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

- | | | |
|--------------------------------|---------------------------------|-----------------------------------|
| <input type="radio"/> Superior | <input type="radio"/> Missoula | <input type="radio"/> Deborgia |
| <input type="radio"/> Plains | <input type="radio"/> St. Regis | <input type="radio"/> Other _____ |

20. 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

21. 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 24)

22. 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 | |

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

- ☐ Superior ☐ Missoula ☐ Other _____

24. The following services are available at Mineral Community Hospital and Mineral Regional Health Center. 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 = DK
Ambulance services	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> DK
Assisted living facility	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> DK
Clinical services (Tamarack Clinic)	<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
Inpatient medical services (overnight+)	<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
Long term care/nursing home	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> DK
Physical therapy	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> DK
Radiology (mammography, MRI, CT, ultrasound)	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> DK
Rehabilitation services (skilled swing bed)	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> DK
Respiratory therapy	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> DK

Personal Health & Health Insurance

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

- | | | |
|--|--|--|
| <input type="radio"/> Healthy MT Kids | <input type="radio"/> Private insurance/private plan | |
| <input type="radio"/> Employer sponsored | <input type="radio"/> Medicaid | <input type="radio"/> Health Savings Account |
| <input type="radio"/> Medicare | <input type="radio"/> VA/Military | <input type="radio"/> None/Pay out of pocket |
| <input type="radio"/> State/Other | <input type="radio"/> Indian Health | <input type="radio"/> Other _____ |

26. At this time, how well do you feel your health insurance covers your health care costs?

- ☐ Excellent ☐ Good ☐ Fair ☐ Poor

27. At this time, if you **do NOT** have medical insurance, why? (**Select all that apply**)

- | | |
|--|---|
| <input type="radio"/> Cannot afford to pay for medical insurance | <input type="radio"/> Employer does not offer insurance |
| <input type="radio"/> Choose not to have medical insurance | <input type="radio"/> Other _____ |
| <input type="radio"/> Cannot get insurance due to medical issues | |

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

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

- | | | |
|---------------------------------------|--------------------------------------|--------------------------------------|
| <input type="radio"/> 59820 Alberton | <input type="radio"/> 59830 Deborgia | <input type="radio"/> 59842 Haugan |
| <input type="radio"/> 59866 St. Regis | <input type="radio"/> 59867 Saltese | <input type="radio"/> 59872 Superior |

29. What is your gender? ☐ Male ☐ Female

30. What age range represents you?

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

31. 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"/> Retired | <input type="radio"/> Unemployed, but looking | <input type="radio"/> Other _____ |

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

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

- Laziness
- VA (Veteran's Affairs) injury
- Cost to patients
- No access to good medical care or doctors
- Apathy, no incentive
- Age
- Mental health issues
- Emergencies
- Too much welfare acceptance
- Nutrition and lack of availability of good food

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

- There are many more than three
- The Library
- Good doctors, not PAs (Physician Assistants)
- Community involvement
- Responsibility for self and family
- Ability to utilize our natural resources (i.e. logging, access to Forest Service lands, mining)

4. How do you rate your knowledge of the health services available through Mineral Regional Health Center?

- Would not use them, I drive 100 miles to St. Patrick's in Missoula
- Having a real hospital that can take care of trauma and not be a Band-Aid station

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

- Phonebook (2)
- Work at hospital/Assisted living facility
- Working with hospitals & clinics
- I Don't (2)
- Involvement
- Work
- St. Patrick's hospital only
- Personal/independent research (2)
- TV advertisements (3)
- The Library
- Patient
- Ask
- Need
- I live here
- Public Health

- Used the services many times
- Personal experience

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

- Better ER training
- Improved communications from health care facilities to the community and patients
- More doctors, less office staff
- More and better paying jobs so people can afford health care
- Longer residency of health care providers
- MRI
- Local jobs/employment
- Personal decisions
- Health care providers that follow the same patients
- New CEOs (2)
- Better care providers
- Monthly “lecture at lunch” on real nutrition and health
- MDs (5)
- More respect for patients
- Cost of treatment
- Doctors that stay here longer than a few months
- Doctors and not just PAs
- Quit overspending on hospital administration
- Therapeutic services
- Using the same care providers. It's hard to get used to one and then they just quit coming here
- Better pharmacy hours
- Better equipment (i.e. ultrasound machine)
- Don't abuse cost scales and agencies
- Better hospital staff
- Lower costs for patients
- Child healthcare
- Medical field sensitivity to addictions

7. If any of the following classes/programs were made available to our community, which would you be most interested in attending?

- Nutrition (2)
- None
- Healthy diet
- Alzheimer's
- Colonoscopy
- Organize food, water, quality, research chemicals in food/water and Genetically Modified Food's impact
- CPR
- Anything with the arts

9a. Which of the following programs are you aware of locally that help people pay for health care expenses?

- I'm just not aware of what programs are available
- None

9b. Which of the following programs does your household use to pay for health care expenses?

- I have insurance (2)
- Medicare (4)
- Co-Pay
- Blue Cross Blue Shield
- I have a job, I work for my care
- TRICARE
- [Prompt pay discount] At dentist only

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

- Misdiagnosed four times and had to go to better doctors in Missoula and Plains
- Turnover of doctors. Too much is put on Physician Assistants
- I just put it off
- Front desk staff is NOT professional
- Treatment was not available
- Disrespectful members of staff
- Didn't want to change my behavior
- No follow-up
- Not a preferred provider
- No doctor available
- Needed specialized care
- Don't like the PA's
- The PA that is here is not reliable
- I don't like the PA's
- Some PA's acted like I was wasting their time on Super Bowl
- The receptionist who answered the phone told me to go to the Town Pump (I called late in the evening)
- Confidentiality
- No doctor available
- Inadequately trained receptionist resulting in possible problems with stroke
- No available MD

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

- But not here
- Cardiologist/ECHO
- Sleep Apnea
- Spider bite
- Dental

- Echocardiogram
- Blood check for Coumadin blood level
- Bone density test (2)
- MRI (2)
- Thyroid test
- DOT (Department of Transportation) physical
- Blood work
- MRI
- Protime tests
- Lab work
- Tdap shot
- Health fair (2)
- Others are too expensive
- Comprehensive blood lab at Clark Fork Valley Hospital

13. What additional health care services do you feel should be available locally?

- Respiratory
- More actual doctors instead of PAs
- Chronic pain/psychiatrist; more non-narcotic pain management
- None
- Not sure
- Neuro
- Better doctors
- More General Practitioners (GPs)
- Primary care
- Good MDs
- Herbalist/Naturopath (3)
- Dentist
- Minor surgery
- Colonoscopy
- Substance abuse
- Need someone who can operate
- A good surgeon
- Optometrist
- Emergency
- Dentist is not good
- Nutritionist/Dietician that is comfortable with pediatric patients
- Better-quality physicians
- Back/neck specialists
- Well child checkup

15. If yes [to receiving hospital care in the past three years], which hospital does your household use the MOST for hospital care?

- ER only
- VA
- VA, Missoula Clinic
- VA, Fort Harrison, Helena
- Sacred Heart (2)
- Marcus Daly Memorial
- Emergency gallbladder removal
- Veterans Admin. which chooses St. Pat's
- Would not EVER use Mineral Community Hospital again!
- I turned my records over to Clark Fork Valley Hospital
- Missoula Bone and Joint
- West Shoshone Medical Center
- Providence Center
- Providence in Missoula & Spokane
- Kalispell because Mineral Community Hospital is horrible with poorly trained employees
- [Community Medical Center (Missoula)] Would rather be in Superior

16. What hospital services were used?

- Outpatient-kidney core sample
- ER (20)
- Same-day surgery
- Day surgery (2)
- Blood clot
- Mammography
- Colonoscopy
- Bone Density
- Heart Cath
- Heart surgery
- Cystoscopic
- EKG (Electrocardiogram) (2)
- Chemotherapy
- Pediatrician
- Joint replacement
- Broken ankle
- Outpatient (4)
- Malpractice
- Surgery (15)
- Could get into ER but they could not get help with pregnancy issue
- Med-surge
- Cardiac
- Kalispell for orthopedic surgery
- Monitoring/evaluating rapid heartbeat

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

- Referred by Mineral Community Hospital
- Trust of well-known providers
- Better care
- RNs are good
- I like the way I get treated there
- Labor and delivery is available
- I just like it and am treated well
- Because of Mineral County staff like Laurel Chambers, PA
- Services not offered in Superior
- No quality care in Mineral County

19. Where was that primary health care provider located?

- VA (2)
- Western Montana Clinic – Missoula
- Spokane, WA (3)
- Also one in Missoula
- Oregon
- Foster kids and myself use different doctors

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

- Families with my case
- Emergency, needed stitches
- Trust the provider
- Work with her
- A caring doctor for older people
- Better doctor care
- Specialist
- Laurel Chamber, PA
- Dr. Tuffs
- Frank Tousley
- FAA (Federal Aviation Administration) Doctor
- He was the best doctor at the clinic and hospital but was fired for no reason
- No primary care physician
- MDs are supported by real nurses not medical assistants
- Provider moved practice from Plains to Superior
- Wanted a female doctor
- I like no one else
- Remained with doctor that moved from Superior to Plains
- Not given any choice. There are no doctors we can trust for responsible care
- Ongoing workman's comp claim
- Specific woman's care clinic

22. What type of health care specialist was seen?

- Asthma & Allergy
- Back doctor
- Bone density test (dexascan)
- FACC (Fellow of the American College of Cardiology)
- Pain management
- Lung doctor
- St. Patrick's Hospital: Dr. Matt Maxwell and Dr. Todd Maddux
- General Practitioner
- None
- Plastic Surgeon (3)
- Dermatologist
- Chronic Pain
- Heart surgeon
- Oral surgeon
- Chronic pain management at Montana Spine and Pain Center – Dr. H
- Hand, shoulder, knee doctor
- Shoulder Surgery
- Nephrology
- N/A

23. Where was the health care specialist seen?

- Spokane, WA (8)
- [Superior] Dentist
- Plains (7)
- Hayden, ID
- [Missoula] [All Others]
- None
- Oregon
- Great Falls
- Thompson Falls
- Coeur d'Alene
- St. Regis (3)
- Seattle, WA (2)
- West Virginia
- Marcus Daly Memorial Hospital – Hamilton
- Atlanta
- Mayo, MN
- Rhode Island
- Fort Harrison – Helena
- Helena VA
- Denver VA
- Kalispell
- Mexico
- [Superior] Via Skype

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

- Blue Cross
- Humana Drug Coverage
- One is a member of Medicare and one has no insurance

26. At this time, how well do you feel your health insurance covers your health care costs?

- [Excellent] Medicare, husband
- [Poor] Blue Cross Blue Shield, me

27. At this time, if you do NOT have medical insurance, why?

- However, I will soon be eligible for Medicare
- The cost of insurance would negate our ability to live life. Healthcare and insurance must change in this country!
- Just got different insurance in January
- No income
- Spouse is too young for Medicare
- Insurance is NOT health care. I do nutrition, herbs, and healthy lifestyle
- VA
- Self employed, cost is high and deductible is higher. I pay all out-of-pocket anyways. Insurance is only good for catastrophic situations
- I work part-time

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

- Missoula, MT (59803)

31. What is your employment status?

- Self employed (6)
- Semi-retired
- Disabled
- Stay-at-home-mom
- Plus lots of volunteer work
- Having to move because of not enough good paying jobs in this county

Additional Comments:

- I would like the results of this survey to be published where all could see in the County
- This is a nice, clean community and we have a nice, friendly, well-equipped hospital and Clinic and we need it!
- This hospital has turned into a political fighting ground with the doctors and staff and the whole community gossips about it
- I do not want to subsidize this hospital or a new one

Appendix F- Focus Group Questions

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

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

Appendix G- Focus Group Notes

Focus Group #1

Wednesday, April 17, 2013 – 4pm-5pm – Senior Center – Superior, MT

24 people (6 male, 18 female)

1. What would make this community a healthier place to live?
 - More young people.
 - In that case, we need more jobs to support the young people.
 - Dialysis service.
 - Transportation services to cancer treatments.
 - Transportation is expensive.
 - Chemotherapy should be available here in town because people leave for cancer care.
 - Thirty-two years ago Dr. Park performed chemotherapy in Superior.
 - There needs to be more drivers to take people to appointments.
 - It would save people money to have chemo available here.
 - It is difficult to keep doctors here. Recruit and retain family medicine providers. We need to keep doctors (MDs) here.
 - We need surgeons.
 - Right now, the cost to see a Physician's Assistant (PA) is equal to seeing a doctor (MD).
 - Could that be considered fraud?
 - There are PAs here but I would rather see an MD. PAs are young and not as experienced. They didn't get as much schooling.
 - Doctors here have been pushed out of their jobs.
 - Doctors are overworked.
 - Doctors' wives do not want to live here.
 - Doctors were not pushed out, there were just personality conflicts.
 - There have been personality clashes with CEOs.
 - Not everything is negative. CNAs and others are very caring and respectful.
2. What do you think are the most important local health care issues?
 - Recruitment and retention.
 - There is a high turnover of nurses and front desk staff.
 - Lack of coordination and communication between the hospital and the clinic and Missoula.
 - Lack of communication between departments. For example, lab work does not get to the appropriate destination.
 - There are no follow-up calls.
 - I don't like having to travel for specialists.
 - Travelling long distances for healthcare is difficult.
 - High turnover of staff and nurses, especially RN's.
3. What do you think of the hospital in terms of:
Quality of Care
 - We are blessed to have a hospital here in Superior. We need to keep the hospital here.

- Dr. Houlihan is great.
- Very good nurses.
- The hospital is noisy at night.

Number of Services

- Need an eye doctor.
- Need a general surgeon.
- There used to be a foot doctor.
- Doctors are good at referring when necessary.
- A baby doctor is needed.
- Dr. Pafford offers good care.
- Offer chemo in Superior. Staff would need chemo training.
- We are blessed to have the hospital, clinic, and nursing home.

Hospital Staff

- Staff is very friendly, genuine, and caring.
- Workers are underpaid and under-respected.
- Good nurses.
- Nurses' aides are excellent. We need good doctors.
- There has been chaos with doctors.
- At the clinic I feel like I'm visiting a computer.
 - They have a new system that uses the computer.

Hospital Board and Leadership

- If the Board was good, then the hospital would be better.

Business Office

- Paperwork could be more efficient.
 - They have mailed bills with a "0" balance to me before. Why waste time and resources sending a bill?
- I would like to see more detailed statements. I want to know exactly what I am paying for.
- They need to give itemized bills to offer more transparency.
- There are often discrepancies in bills.
- Access to your own medical records could improve greatly. It is hard to get your medical records from the hospital. I knew a woman who just kept going up to the desk and asking for them over and over until she got them. She was going to another provider and needed her records. The office staff person's attitude was "Why do you need your records? Why would you go somewhere else for care?"
- You have to pay close attention to your Medicare coverage on your statements.
- We want to trust the providers but have to be our own advocates.

Condition of Facility and Equipment

- Need new dialysis machine.
- We don't need a new hospital when we could just upgrade the facility we have.
 - They have to expand the hospital in order to include the upgraded equipment.

- They have to generate revenue.
- We need newer equipment, not a larger facility.
- I do NOT want them to build a new hospital.
- Missoula does not want to use our x-rays because their equipment is better.

Financial Health of the Hospital

- I believe the financial health of the hospital is good.
- Money should be used to upgrade the hospital, not build a new one.
- Expenses are top heavy. Some people towards the top of the organization are paid too much.
- Advertising is pointless. The people that are going to use services in Superior will use services in Superior. You are not going to be able to convince people to stay here for services instead of going to Missoula with an advertisement.

Cost

- Billing Veteran's Affairs (VA) is a problem.
- Healthcare is expensive.

Office/Clinic Staff

- Need better follow-through and communication in the clinic.
- There is not enough follow-through. People are not notified of updates or changes.

Availability

- Availability is good.
- Availability for appointments is good but you wait when you get there but that is because they talk to you.
- I have seen a different provider at every hospital visit.

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

- The number one thing is to have a good doctor.
- I use local providers because of convenience.
- I go to Missoula.
- I trust local providers and they are there when I need them.
- History and relationship is important.
- There needs to be a difference between seeing a PA versus an MD versus a Nurse Practitioner (NP). I want to be able to see a doctor, not a midlevel provider. I don't like that they refer to the PAs as doctors.

5. What do you think about these local services:

Emergency Room

- Very good
- In the ER you only see PAs and RNs. Doctors are only on call. I'd prefer to see a doctor.

Ambulance Service

- Ambulance is good.
- Great service.
- But there are not enough volunteers.
 - Volunteers do a big job.
- The ambulance service is levied by the county.

Health Care Services for Senior Citizens

- Why do I physically have to bring all my pill bottles to my appointments? I'd rather just bring in a list of the medications I'm currently taking.
- I have questions about home healthcare. I'd like to have more resources. Maybe assisted living could help?

Public/County Health Department

- Seems to work.
- They give shots.
- Do they have to report their findings to the state?
 - Reporting is an issue. They don't seem to report all cases.

Health Care Services for Low-Income Individuals/Families

- Not discussed.

Nursing Home/Assisted Living Facility

- People receive very good care in the nursing home.
- The nursing home could use a better expanded view out windows rather than looking at the interstate.
- It is nice to have the nursing home locally.
- Nurses are good in the nursing home and hospital.

Pharmacy

- Excellent!

6. Why might people leave the community for healthcare?

- To see specialists.
- Cancer care.

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

- Need a surgeon.
- Need a Gerontologist.
- Need an Eye doctor.
- Need a Dermatologist.
- Need Home Health.
- Need mental health services.
- Need grief counseling or various types of support groups for people who are grieving a loss or have cancer.
- Need better transportation.

- You can use the Mineral County bus and pay ten dollars to go to Missoula.
- It would be nice to have a comprehensive list of the resources that are available in Superior.
 - Education, information, and pamphlets would be helpful.
 - Need to do a better job of providing information to community members.

Focus Group #2

Tuesday, May 28, 2013 – 3pm-4pm – Trinity Lutheran Church – Superior, MT

4 people (1 male, 3 female)

1. What would make this community a healthier place to live?
 - Identifying why there are so many autoimmune disorders in the community. Why are the rates so high per capita? There are a lot of chronic pain patients. There are a lot of us [chronic pain patients] out here but we don't talk about it and we don't get together.
 - Dr. Secrest talked about a need to get a satellite of the Pain Institute out here because of the stigma attached based on the drugs we take. People don't understand that chronic pain is a disease that needs to be treated. We need access to a support group – a place to talk and not feel like we are alone. We need to put the word out that there is a group and a place where you can talk to others. People need to know they are not alone in suffering from chronic pain.
 - Confidentiality would be an issue. The hospital could offer a confidential setting. Everybody's chronic pain is different.
 - Confidentiality is really important. Perhaps they could hold the group somewhere where there are a lot of people. That would deter people who come for the wrong reasons.
 - After reading the previous health assessment and finding out how many people use illegal drugs, we worry about the diversion of prescription drugs. It makes it more difficult for people who really need it to get those drugs. Part of the stigma attached to the use of pain management drugs is the lack of understanding of how much those drugs are needed and the fear of being targeted and burglarized. This is one of the reasons it is hard to put together a group because you don't want people to know that you might have pain drugs in your house.
 - So if we did do a focus group, we would have to really focus on safety of the participants to keep them from getting robbed for drugs while at meetings or as a result of people finding out they have drugs in their house.
 - The problem with opiate drugs is the possibility of addiction, which may lead to a need for treatment.
 - I use an online chat support group/Facebook group and I can ask questions there without revealing my name.
 - Face time is really important though.
 - Our community is setting ourselves up to have chronic pain because of lifestyle issues such as people who are overweight and have sedentary lifestyles.
 - Education about the ideal protein diet and other services that would help people be more active would be beneficial.
 - The community does not create a lot of activity for itself. One of the only events is the fair days and there is a lot of drinking then. Poor lifestyles and other addictions have led to abuse in the community.
 - A pain management specialist in the community would be a good thing for the community. Many people don't have insurance which makes it hard to offer services. A specialist is needed.

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

- Counseling is important, but there are no services available.

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

Quality of Care

- Have had family members on their death bed and the quality has been excellent. We got care that you would not expect in a facility this size. I have seen miracles happen here. My father was taken care of very well - did not want to be transferred, and came out very well. Dr. Alyea gave great care.
- The hospital is very important and needs to be in the community. We hear a lot of things about billing, big lack of communication – the hospital does not make things known to the community. You’ve got to give people a reason to come in. There are newsletters, but there is a definite lack in public relations. Needs to be more outreach. One guy there who does this work – can’t do it all. We are critical access for a reason - we are so secluded.

Number of Services

- We are not very aware of the number of services. It would be good if the hospital put together a small informational brochure.
 - There is a brochure and, also, the sign in front of the hospital has all the services that are provided. It has the wrong doctor information though.
 - But the brochure has old information. Communication is how you build trust. The new Chief Operating Officer (COO) went around and made a good effort to meet people in the community.
- Attending community council meetings would be a good way to get to know people. Communication is important for letting people know what is available. Let people know about the new digital mammography. We don’t have a lot of resources for getting information out – just the one newspaper. Movers and shakers at the hospital need to get out in the community.
- Hospital staff is probably out and about. It’s not just in Superior, but it is a big county.

Hospital Staff

- We like our doctors, but they keep leaving.
- There is so much turnover of the doctors.
 - It is hard to keep doctors here.

Hospital Board and Leadership

- Based on the board election results, it seems that community members are concerned and want to do something about the hospital.
- Will there be follow-up on this process [Community Health Needs Assessment]? Will they use the information from this assessment to make changes? There is a lot of turnover of physicians and we need the leadership to address this or maybe this is happening because leadership is not committed to keeping physicians.

Business Office

- Billing is a big deal – people are so frustrated. There are so many entities now; it is hard to know where one begins [the new Community Health Center (CHC)] and the other ends [Mineral Community Hospital]. The hospital should have communicated that during the conversion from Rural Health Clinic (RHC) to Community Health Center (CHC) that no bills could go out for six months. It is very confusing to people. The hospital needs to create a stronger bond with the community. Hospitals shut down all the time – the facility needs to get census up.

Financial Health of the Hospital

- I have heard it is not a good situation. I heard the hospital is \$330,000 in the hole and the clinic is so behind in billing that they do not know what their financials even are.
- There are so many financial components – the Innovations Grant, CHC [Community Health Center], Mineral Community Hospital – it gets very confusing to people. The financial health of the hospital is public information, but people don't know it well because the hospital leaders need to get the information out there [into the community].
 - People might say, if the hospital can't manage its financials, then why would I go there for care? People do want to use the local hospital, but are concerned about the situation.
- The hospital needs to do a better job of communicating with the public on what is going on.
- People don't understand how grants are paying for things and are confused when the hospital is still in the hole.
 - How did they afford the new mammography machine?
 - The mammography machine was paid for by a grant. Why doesn't the hospital publicize this type of information?
 - The Innovations grant project is confusing to people.

Cost

- The perception is that costs are high – but the CHC is supposed to have a sliding fee scale schedule that is supposed to help. It is confusing for those qualifying for assistance between the CHC and the hospital. People qualify for the sliding scale in the CHC and then are told that they have to file another application in the hospital.
- Costs of treatments such as MRI and CTs are expensive here.
- I'm concerned about Obamacare [Affordable Care Act] affecting cost.
- People don't pay their bills because they think things are free.

Office/Clinic Staff

- Lots of turnover. Lots of people in management positions, but not at the office and at the point of care.
- People want honesty and comfort, but they have lost trust.
- The staff didn't communicate with me about my visits not being covered by insurance and now I am on a payment plan to cover those visits. The staff did not seem to realize that they needed to keep track of my visits that were covered.

- They are bringing in a case manager position which should help people manage their insurance.
 - Other hospitals get verification [from insurance companies] before doing treatments.
 - The transition from paper medical records to electronic health records is a big challenge.
4. Are any of the local providers your personal provider or personal provider to your family members? Why?
- Not discussed.
5. What do you think about these local services:
- Emergency Room
- I wish the ER was bigger.
 - Treatment was great.
 - I received fine care.
- Nursing Home/Assisted Living Facility
- It [assisted living] is full all the time.
6. Why might people leave the community for healthcare?
- For specialists.
 - We need more family medicine doctors. Right now we have six or seven PAs (Physician Assistants), but only a couple physicians.
 - Concern over the hospital's financial situation.
 - PAs stay forever, but there is lots of turnover in physicians. There is an issue with leadership at the facility.
 - There has been discussion in other sectors about lack of continuity, but PAs are here for the long-term. People go to other communities regularly because of relationships they have with other physicians.
 - Management issues.
 - I've heard good things about the new COO. He's active and comes around to see people and makes an outreach to people.
 - People go to Plains to see doctors because there are good doctors and nurses that people are familiar with and trust there.
 - It is hard to keep physicians.
 - It is hard to recruit people to a place like Superior.
7. What other healthcare services are needed in the community?
- We need more primary care and family practice physicians.
 - We seem to have several specialists, but how do they determine which specialists to bring in?
 - The services that the hospital and clinic provide pretty much cover what we need, which is basic care.
 - Trust is an issue. Transparency is important.
 - People would like to get Veteran's Affairs (VA) services here in our community.

- We need this hospital; it is critical to emergency care and the economy of our community.
- We retired here because we liked this part of Montana but it is kind of hard to get to know people. The hospital could pull people together.

Appendix H – Secondary Data

County Profile

Mineral County
Secondary Data Analysis
July 23, 2012



MONTANA
STATE UNIVERSITY

Office of Rural Health
Area Health
Education Center

	County ¹	Montana ^{1,2}	Nation ²
Leading Causes of Death	1. Cancer 2. Heart Disease 3. Unintentional Injuries**, CLRD*, Cerebrovascular Disease	1. Cancer 2. Heart Disease 3. CLRD*	1. Heart Disease 2. Cancer 3. CLRD*

¹Community Health Data, MT Dept of Health and Human Services (2010)

²Center for Disease Control and Prevention (CDC), National Vital Statistics (2012)

*Chronic Lower Respiratory Disease

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

Chronic Disease Burden ¹	Region 5	Montana	Nation ^{3,4}
Stroke prevalence	2.5%	2.5%	2.6%
Diabetes prevalence	5.6%	6.2%	8.3%
Acute Myocardial Infarction prevalence (Heart Attack)	4.0%	4.1%	6.0%
All Sites Cancer	466.5	455.5	543.2

¹Community Health Data, MT Dept of Health and Human Services (2010)

²Center for Disease Control and Prevention (CDC) (2012)

³American Diabetes Association (2012)

Region 5 (Northwest) – Lincoln, Flathead, Sanders, Lake, Mineral, Missoula, and Ravalli

Chronic Disease Hospitalization Rates	County	Montana
Stroke ¹ Per 100,000 population	198.6	182.2
Diabetes ¹ Per 100,000 population	192.3	115.4
Myocardial Infarction ¹ Per 100,000 population	172.9	147.3

¹Community Health Data, MT Dept of Health and Human Services (2010)

Demographic Measure (%)	County	Montana	Nation ^{5,6}
Population ¹	3,862	989,415	308,745,538
Population Density ¹	3.2	6.7	Not relevant
Age ¹	<5 6%	<5 6%	<5 7%
	18-64 60%	18-64 63%	15-64 62%
	65+ 20%	65+ 14%	65+ 13%
Gender ¹	Male 50.8%	Male 50.1%	Male 49.2%
	Female 49.2%	Female 49.9%	Female 50.8%
Race/Ethnic Distribution			
White ¹	96.7%	91.5%	72.4%
American Indian or Alaska Native ¹	2.4%	6.8%	0.9%
Other † ¹	0.9%	1.7%	26.7%

¹Community Health Data, MT Dept of Health and Human Services (2010)

²County Health Ranking, Robert Wood Johnson Foundation (2012)

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

⁴US Census Bureau (2010)

Mineral County
Secondary Data Analysis
July 23, 2012

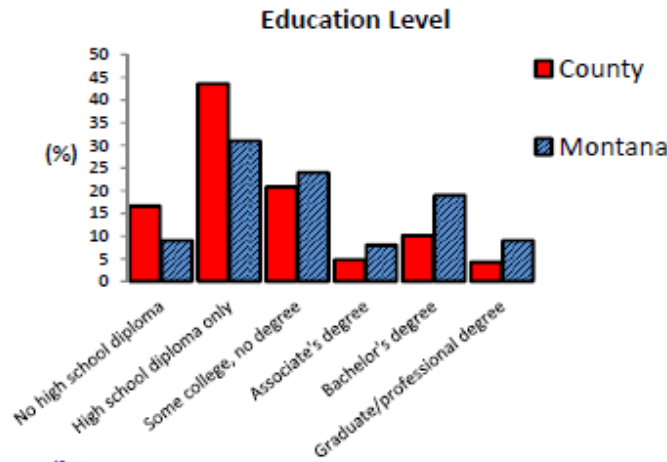
Socioeconomic Measures ¹ (%)	County	Montana	Nation ^{7,8}
Median Income ¹	\$34,314	\$43,000	\$51,914
Unemployment Rate ⁷	10.2%	6.3%	7.7%
Persons Below Poverty Level ¹	15.0%	14.0%	13.8%
Uninsured Adults (Age <65) ¹	21.1%	19.0%	18.2%
Uninsured Children (Age <18) ⁹	N/A	11.0%	10.0%

¹Community Health Data, MT Dept of Health and Human Services (2010)

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

⁸Center for Disease Control and Prevention (CDC), Health Insurance Coverage (2011)

⁹Montana KIDS COUNT (2009)



¹⁰Indicators Northwest, Imp. Graph (2011)



Behavioral Health ^{1,2}	Region 5	Montana
Childhood Immunization Up-To-Date (UTD) % Coverage ^{11,††} Age 24-35 months, population size: 12,075 (% sampled: 35.9%)	88.9% (County)	64.3%
Tobacco Use ¹	19.7%	19.3%
Alcohol Use (binge + heavy drinking) ¹	23.1%	22.8%
Obesity ¹	19.1%	21.6%
Overweight ¹	38.6%	37.8%
No Leisure time for physical activity ¹	18.0%	20.7%

¹Community Health Data, MT Dept of Health and Human Services (2010)

²Center for Disease Control and Prevention (CDC), National Vital Statistics (2012)

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

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

Screening ¹	Region 5	Montana
Cervical Cancer (Pap Test in past 3 yrs) ¹	81.0%	83.0%
Breast Cancer (Mammogram in past 2 yrs) ¹	69.9%	71.9%
Blood Stool ¹	24.0%	25.3%
Sigmoidoscopy or Colonoscopy ¹	56.0%	54.3%
Diabetic Screening ⁵	76.0% (County)	79.0%
Percent of Medicare enrollees who received HbA1c screening		

¹Community Health Data, MT Dept of Health and Human Services (2010)

⁵County Health Ranking, Robert Wood Johnson Foundation (2012)

Mortality ^{1,2,12}	County	Montana	Nation ^{2,13}
Suicide Rate per 100,000 population ¹	5.1	20.3	12.0
Unintentional Injury Death Rate per 100,000 population ¹	87.3	58.8	38.4
Percent Motor Vehicle Crashes Involving Alcohol ¹	6.1%	10.0%	32.0%
Pneumonia/Influenza Mortality per 100,000 population ¹	15.4	19.0	17.5
Diabetes Mellitus ²	20.5	27.1	21.8

¹Community Health Data, MT Dept of Health and Human Services (2010)

²Center for Disease Control and Prevention (CDC), National Vital Statistics (2012)

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

¹³Kaiser State Health Facts, National Diabetes Death Rate (2008)

Maternal Child Health ¹	County	Montana	Nation ^{14,15}
Infant Mortality (death within 1 st year) Rate per 1,000 live births ¹	5.0 (Region 5)	6.1	6.7
Entrance into Prenatal care in 1 st Trimester Percent of Live Births ¹	76.9%	83.9%	69.0%
Birth Rate ⁹ Babies born per 1,000 people	12.0	12.8	13.5
Low Birth Weight (<2500 grams) Percent of live births ¹	9.2%	7.3%	8.3%
Neonatal Mortality (under 28 days of age) Rate per 1,000 live births ¹	2.8 (Region 5)	3.3	4.5
Post Neonatal Mortality (28 through 364 days of age) Rate per 1,000 live births ¹	2.1 (Region 5)	2.7	2.2
Pre-Term Birth (<37 completed weeks gestation) Percent of Live Births ¹	7.6%	10.1%	12.5%

¹Community Health Data, MT Dept of Health and Human Services (2010)

⁹Montana KIDS COUNT (2009)

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

¹⁵Center for Disease Control and Prevention (CDC), Preterm Birth (2012)



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Community Health Assessment (CHA)

Mineral County Health Department (MCHD) - Montana

HB 173 –Version 3.0 – April 27, 2011

Michele Sare, MSN, RN; sare.michele@gmail.com
HB 173: Public Health Coordinator

It is assumed that the goal of any government entity is the responsible allocation of available resources toward the goal of quality of life for all citizens



Executive Summary

PH Nursing diagnosis for Mineral County and project summary

Mineral County Montana is at increased risk for premature death, disability, lost productivity, financial burdens of disease and disability and decreased quality of life related to poor economy, high poverty levels, environmental hazards and threats, ineffective coping as evidenced by high rates of obesity and substance abuse and mental health data. The community assets help to offset the consequences of some of the community's ill health.

'If you don't have your health, you don't have anything' is a poignant statement for the vitality and sustainability of Mineral County as a thriving community. In its history, the county has waxed and waned. If the County's stakeholders plan for a vigorous future, then the health of its population must be well considered and continually assessed and improved. Healthy people make for healthy employees and healthy citizens

This CHA process discovered the determinates of health that affect the health and wellbeing of the people of Mineral County. The national guidelines set out by HP 2010 and 2020 as well as the Rural HP 2010 established the health guidelines for which to measure the assessment against (outcome). By employing an evidenced-based CHA model – the Community as Partner Model – the CHA process was given a structure that included the community subsystems and their

relationship to population health in this frontier community. The CHA process at Mineral County Health Department has *set the ground-work to:*

- assess and prioritize the health needs of Mineral County;
- align PH interventions with outcomes set by Healthy People 2010 and 2020 and the Millennium Development Goals;
- work with community partners to complete a CHIP;
- align PH work with Public Health Accreditation Board's standards;
- prioritize community resource allocation;
- meet funding source requirements for the pilot project and set the framework to help the MCHD meet the funding challenges of the future;
- assess and prioritize Mineral County Health Department's own internal capacity to meet the community's health needs; and
- helped to assess community capacity and capability to meet those health needs

Economic Impact Assessment

Demographic Trends and Economic Impacts: **A Report for Mineral Community Hospital**

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

Introduction

This report responds to requests by MHA for the location quotient of the hospital sector in Mineral County and for information on the county's demographics. In addition, the report includes analysis of the economic impact of the hospital sector on Mineral County's economy. Section I gives location quotients for the hospital sector in Mineral County using both state and national employment as the basis of comparison. Section II looks at the demographic profile of Mineral County. Section III presents the results of an input-output analysis of the impact of Mineral Community 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 Mineral County were calculated. The first compares Mineral 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) = 1.64

Hospitals Location Quotient (compared to U.S.) = 1.88

A location quotient near 1 indicates that the employment concentration in the county mirrors that of the larger geographic region. In the case of Mineral County, the location quotient of 1.64 indicates that hospital employment in the county is 64 percent higher than one would expect given statewide employment patterns. When compared to the nation, the location quotient of 1.88 reveals

that the percentage of total county employment accounted for by the hospital is 88 percent higher than the percentage of total U.S. employment coming from the hospital sector. In other words, hospital employment is noticeably higher than one would expect given the size of the population in the county.

Another way to look at the location quotient is to ask how many employees would be employed in the hospital sector if Mineral County's employment patterns mirrored the state or the nation. Mineral County's hospital employment averaged 101 employees in 2010. This is 39 more than expected given the state's employment pattern and 47 more than expected given the national employment pattern. In 2010, Mineral Community Hospital accounted for 8.7% of county nonfarm employment and 11.1% 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 4,223 residents of Mineral County. The breakdown of these residents by age is presented in Figure 1. Mineral County's age profile is similar to that of many rural Montana counties. In 2010, baby boomers were between the ages of 45 and 60 and their presence is evident in the graph. Following the baby boom came the "baby bust," which is evidenced by the lack of 20 to 39 year olds in the county. In many rural Montana counties, the baby bust is exacerbated by out-migration of young adults.

Figure 1: Age Distribution of Mineral County Residents

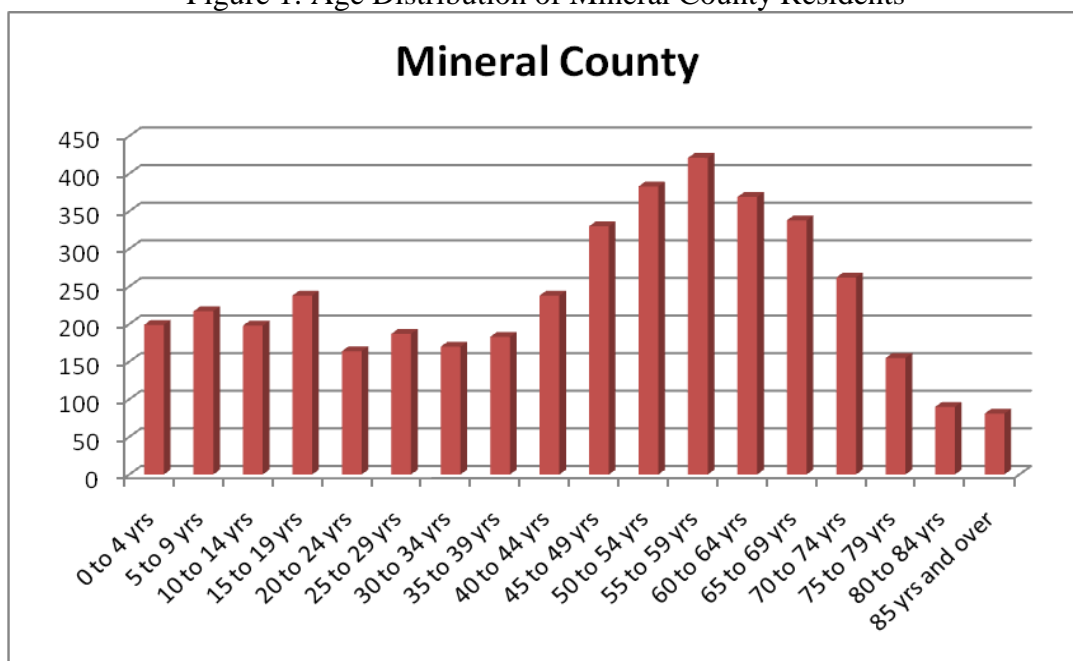


Figure 2: Percent of the population by age groups, Mineral County vs. Montana

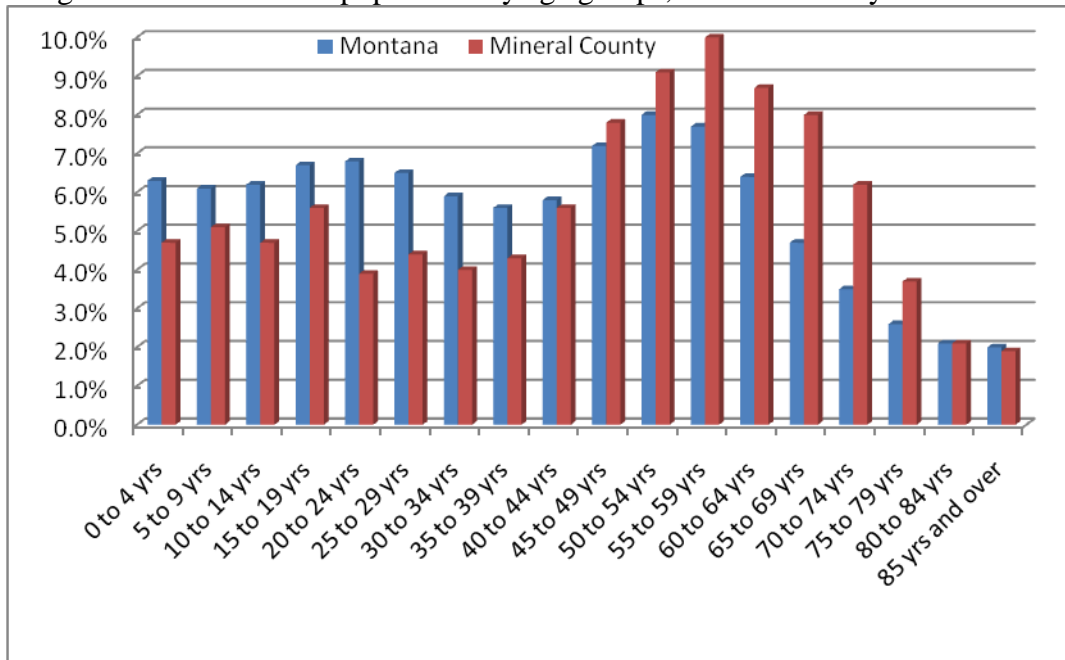


Figure 2 shows how Mineral County’s population distribution compares to Montana’s. A careful examination of Figure 2 and the underlying data reveals that, compared with the State as a whole, Mineral County has a lower percentage of people under 45 (42.3 percent vs. 55.9 percent) and a higher percentage of people aged 45 and up (57.7percent vs. 44.1 percent). According to the 2010 Census, Mineral County had a median age of 49.1, which was higher than the Montana median of 39.8. Since older populations have higher rates of healthcare utilization, these demographics are important when planning for healthcare delivery now and in the future.

Section III Economic Impacts

Businesses have an economic impact on their local communities that exceeds the direct amount of people they employ or wages they pay. For example, individuals employed at Mineral Community Hospital spend a portion of their salary on goods and services produced in Mineral 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 Mineral County has the following multipliers:

Hospital Employment Multiplier = 1.23

Hospital Employee Compensation Multiplier = 1.17

Hospital Output Multiplier = 1.24

What do these numbers mean? The employment multiplier of 1.23 can be interpreted to mean that for every job at Mineral Community Hospital, another .23 jobs are supported in Mineral County. Another way to look at this is that if Mineral Community Hospital suddenly went away, about 29 additional non-hospital jobs would also be lost in the county (based on 2010 hospital employment of 101). The employee compensation multiplier of 1.17 simply states that for every dollar in wages and benefits paid to the hospital's employees, another 17 cents of wages and benefits are created in other local jobs in Mineral County. Put another way, if Mineral Community Hospital suddenly went away, about \$565,153 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 Mineral Community Hospital, output in the county increases by another 24 cents.

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

This study has sought to outline the economic importance of Mineral Community 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.

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