



COMMUNITY HEALTH NEEDS ASSESSMENT 2019

ASSESSMENT CONDUCTED BY
HEALTHY GRANITE COUNTY NETWORK
PHILIPSBURG, MONTANA



MONTANA
STATE UNIVERSITY

Office of Rural Health
Area Health
Education Center

IN COOPERATION WITH
THE MONTANA OFFICE OF
RURAL HEALTH



GRANITE COUNTY, MONTANA

**Granite County Montana
Community Health Needs Assessment
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Community Health Services Development

Summary Report

January 2019

I. Introduction

Granite County, located in western Montana, was founded in 1893 and named for a mountain which contains the Granite silver mine (*The Origin of Certain Place Names in the United States*, 1905). Granite County is surrounded by the Rocky Mountains in a remote part of the United States, isolated by distance and geography. Granite County has a low population density and is considered “Frontier” (six or less people per square mile) by the US Department of Health and Human Services. Granite County Medical Center (GCMC) is the only hospital which provides medical services to the Granite County population of approximately 3,000 people spread out over 1,727 square miles. GCMC is a 25-bed Critical Access Hospital with two outpatient clinics and provides medical services including: emergency services, acute care, a swing bed program, and long-term care. The facility is governed under a hospital district with a publicly elected board and is also supported by a non-profit foundation.



City of Philipsburg- Robert Stephenson

Economically, Granite County is relatively poor, with major industries such as timber and mining in abeyance and significant numbers of underserved and uninsured. Recently, there has been an influx of early retirees/second homes, drawn to the area’s scenic amenities. For further demographic, socioeconomic and other related county and state data, please see Appendix B to review the Secondary Data Analysis.

The Healthy Granite County Network (HGCN) is a group of health care, public health, education and community stakeholders dedicated to shaping a responsive and useful health care system for residents of Granite County. The Network was formed with support from the federal HRSA Network Planning Grant program. As a part of the Planning Grant project, the Healthy Granite County Network determined it necessary to conduct a community health needs assessment to assist in understanding more fully the health needs in Granite County.

Upon completion of the Planning Grant, the Healthy Granite County Network will develop a community health improvement plan with identified projects, funding goals, timelines for completion and community buy-in. With a goal of bringing together a network of stakeholders who don’t have a history of formal collaboration, the Healthy Granite County Network hopes to improve the health and ultimately, the lives, of the people of Granite County.



Mission: The Healthy Granite County Network will create continuous access to available preventative screening, health education, emergency services and critical medical treatments to maximize the health of all citizens of Granite County.

Vision: Within five years, the Healthy Granite County Network will:

- Provide all of its citizens access to needed mental and medical health services;
- Promote preventative education services;
- Implement the model rural EMS program in the state.

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

In the winter of 2018, Granite County was surveyed about its healthcare system, services and perception of overall health. This report shows the results of the survey in both narrative and chart formats. A copy of the survey instrument is included at the end of this report (Appendix D). Readers are invited to familiarize themselves with the survey instrument and the subsequent findings. The narrative report touches on the highlights while the charts present data for virtually every question asked. Please note: we are able to compare some of the 2018 survey data with data from previous surveys conducted in partnership with the Montana Office of Rural Health in 2015 and 2012. If any statistical significance exists, it will be reported. The significance level was set at 0.05.



City of Drummond- Melinda R. Himel, Creative Commons

II. Health Assessment Process

A Steering Committee was convened to assist the Healthy Granite County Network 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 October 2018. For a list of all Steering Committee members and their affiliations, see Appendix A. The Steering Committee met twice during the CHSD process; first to discuss health concerns in the community and offer their perspective in designing the survey instrument, and again to review results of the survey and focus groups and to assist in the prioritization of health needs to address.

III. Survey Methodology

Survey Instrument

In November 2018, surveys were mailed out to the residents in Granite County, Montana. Survey respondents had the ability to complete the survey mailed to them, or via an online survey hosted at Montana State University's HELPS Lab web portal. The survey was based on a design that has been used extensively in the states of Washington, Wyoming, Alaska, Montana, and Idaho. The survey was designed to provide each facility with information from local residents regarding:



Discovery Ski Area- www.onthesnow.com

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

Sampling

The Healthy Granite County Network provided a list of outpatient and inpatient admissions from Granite County Medical Center. Those zip codes with the greatest number of admissions were selected to be included in the survey. A random list of 800 residents was then selected with the assistance of the MSU HELPS lab. Residence was stratified in the initial sample selection so that each area would be represented in proportion to the overall served population and the proportion of past admissions. (Note: although the survey samples were proportionately selected, actual surveys returned from each population area varied which may result in slightly less proportional results.)

Four focus group and two key informant interviews were conducted to identify important local healthcare issues, how to improve the health of the community, and gaps in health services. It was intended that this research would help determine the awareness of local programs and services, as well as the level of satisfaction with local services, providers, and facilities.

Information Gaps Data

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



Garnet Ghost Town- www.garnetghosttown.org

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

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

Limitations in Survey & Focus Group Methodology

A common approach to survey research is the mailed survey. However, this approach is not 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 in addition to the random sample survey allows for a more robust sample and, ultimately, these efforts help to increase the community response rate. Partnering with local community organizations such as public health, community health centers, and senior centers, just to name a few, helps to reach segments of the population that might not otherwise respond to a survey.

While focus group data can offer invaluable insight into the perception of a community or group of individuals, qualitative data can be difficult to analyze. For this reason, focus group data are grouped into common themes based on our interpretation of the transcript. To better understand these themes, please review the full transcript in Appendix F. MORH staff facilitated focus groups for the Healthy Granite County Network to ensure impartiality. However, given the small size of the community, focus group participants may still be hesitant to express their opinions



Philipsburg Walking Path- Kayla Lee Photography

freely. Personal identifiers are not included in the focus group transcripts, however we are unable to ensure anonymity amongst focus group participants

Survey Implementation

In November 2018, a survey and postage paid envelope as well as a Healthy Granite County Network cover letter including a link and access code to the community health services

development web-based survey was mailed out to 800 randomly selected residents in the County. A news release was sent to local newspaper as well as social media postings prior to the survey distribution announcing that Healthy Granite County Network would be conducting a community health services survey throughout the region in cooperation with the Montana Office of Rural Health.

One-hundred fifty-six surveys were returned out of 800. Of those 800 surveys, 95 surveys were returned undeliverable for a 22.1% response rate. From this point on, the total number of surveys will be out of 705. 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 7.8%.

IV. Survey Respondent Demographics

A total of 705 surveys were distributed amongst Granite County. One-hundred fifty-six were completed for a 22.1% response rate. The following tables indicate the demographic characteristics of the survey respondents. Information on location, gender, age, and employment is included. Percentages indicated on the tables and graphs are based upon the total number of responses for each individual question, as some respondents did not answer all questions.

Place of Residence (Question 35)

2018 N= 153

2015 N= 187

2012 N= 173

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

		2012		2015		2018	
Area	Zip code	Count	Percent	Count	Percent	Count	Percent
Philipsburg	59858	114	65.9%	130	69.5%	93	60.8%
Anaconda¹	59711	2	1.2%	3	1.6%	23	15.0%
Hall²	59837	25	14.5%	11	5.9%	20	13.1%
Drummond³	59832	32	18.5%	43	23.0%	17	11.1%
Other		0	0.0%	0	0.0%	0	0.0%
TOTAL		173	100.0%	187	100.0%	153	100.0%

¹Significantly more 2018 respondents indicated they are from Anaconda.

²Significantly more 2018 respondents indicated they are from Hall, when compared to 2015.

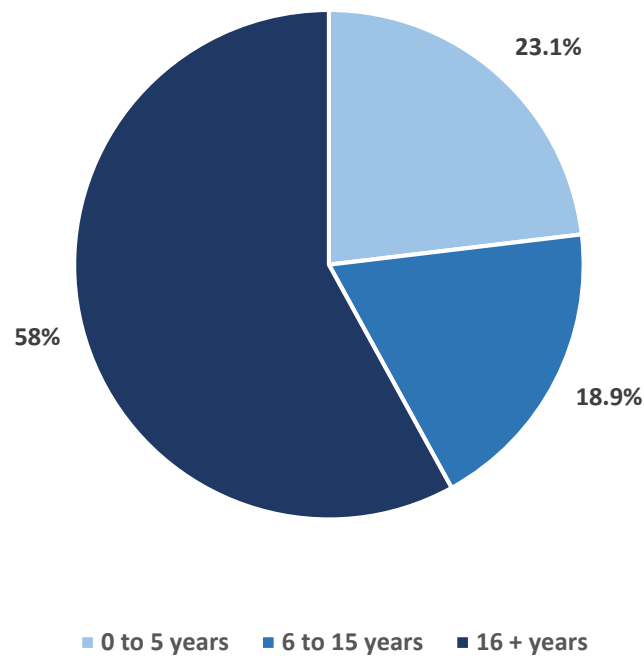
³Significantly fewer 2018 respondents indicated they are from Drummond.

Length of Residence in Granite County (Question 36)

2018 N= 143

Respondents were asked to indicate how long they have lived in Granite County. Fifty-eight percent (n= 83) reported they have lived in Granite County 16+ years. Twenty-three percent (n=33) indicated they have resided in Granite County for 0 to 5 years and 18.9% (n= 27) have lived in the area for 6 to 15 years. Thirteen respondents chose not to answer this question.

Length of Time in the Area

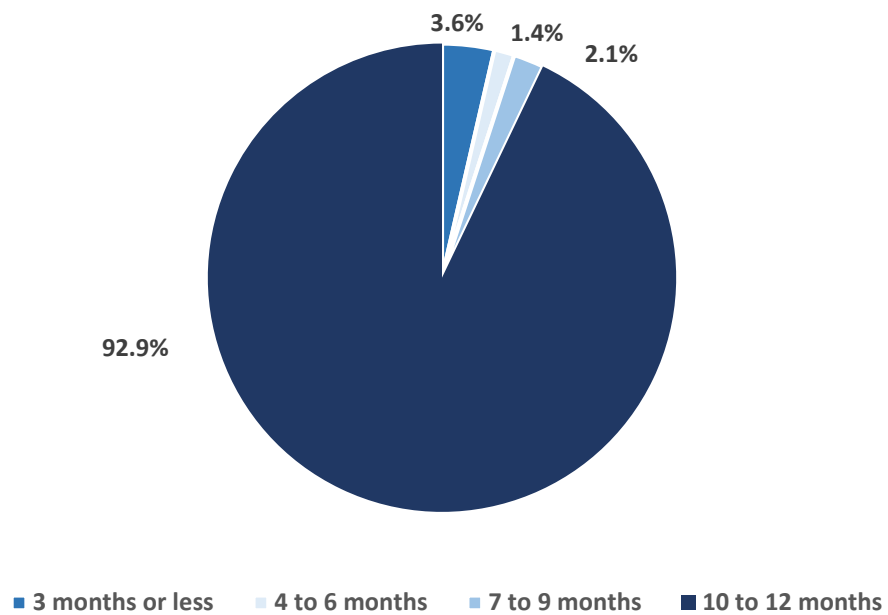


Months of Residence in Granite County Annually (Question 37)

2018 N= 140

The majority of respondents, 92.9% (n= 130) indicated they live 10-12 months each year in Granite County. Four percent (n= 5) live in Granite County 3 months or less, and 2.1% (n=3) live in the area 7-9 months. Sixteen respondents chose not to answer this question.

Months Lived in the County Each Year



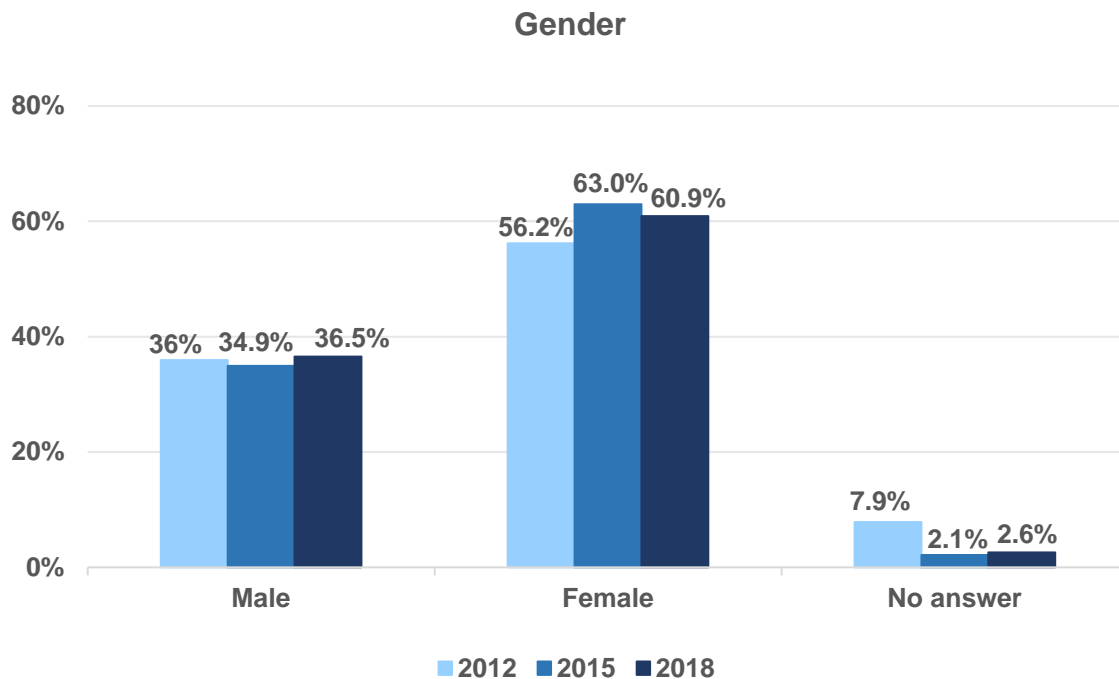
Gender (Question 38)

2018 N= 156

2015 N= 189

2012 N= 178

Of the 156 surveys returned, 60.9% (n= 95) of survey respondents were female, 36.5% (n=57) were male, and 2.6% (n= 4) chose not to answer this question. It is not unusual for survey respondents to be predominantly female, particularly when the survey is healthcare-oriented since women are frequently the healthcare decision makers for families.



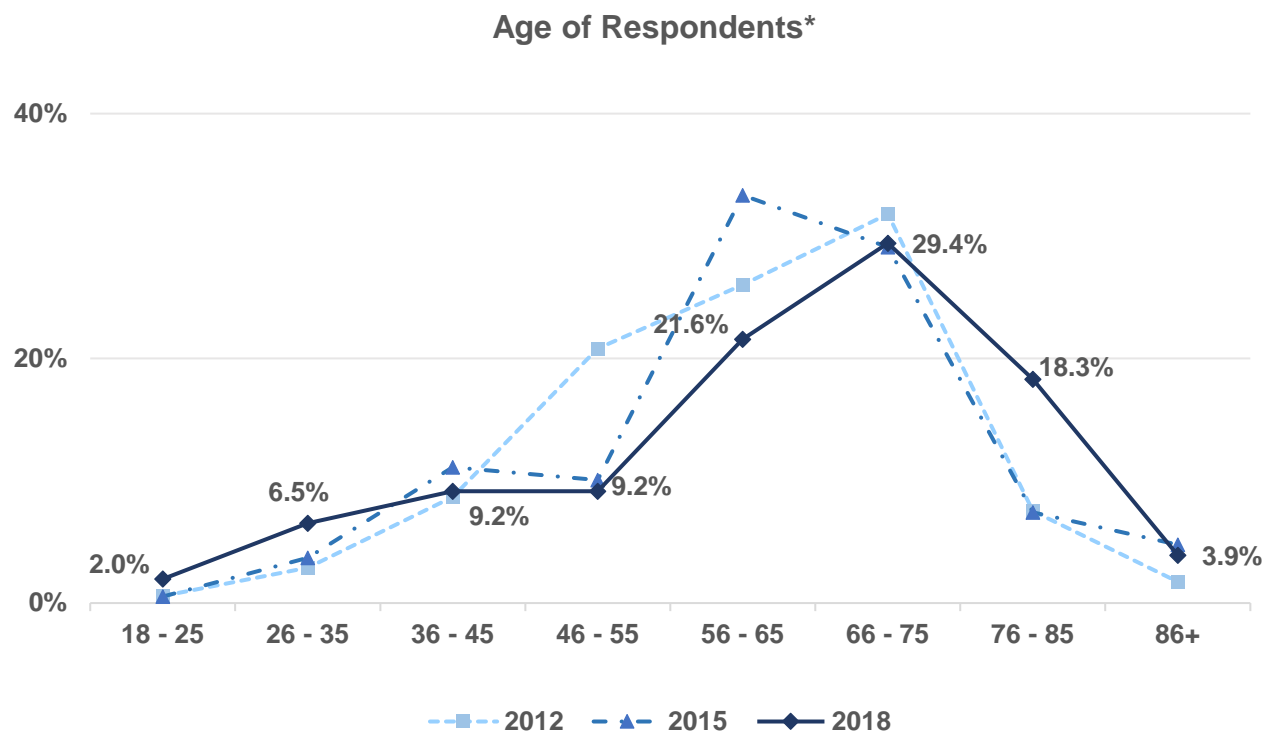
Age of Respondents (Question 39)

2018 N= 153

2015 N= 189

2012 N= 173

Twenty-nine percent of respondents (n= 45) were between the ages of 66-75. Twenty-two percent of respondents (n= 33) were between the ages of 56-65 and 18.3% of respondents (n= 28) were between the ages of 76-85. This statistic is comparable to other Critical Access Hospital demographics. The increasing percentage of aging residents in rural communities is a trend which is seen throughout Montana and will likely have a significant impact on the need for healthcare services during the next 10-20 years. However, it is important to note that the survey was targeted to adults, and therefore, no respondents are under age 18. Older residents are also more invested in healthcare decision making and are more likely to respond to healthcare surveys, as reflected by this graph.



*2018 responses have shifted significantly to an older demographic than in previous years.

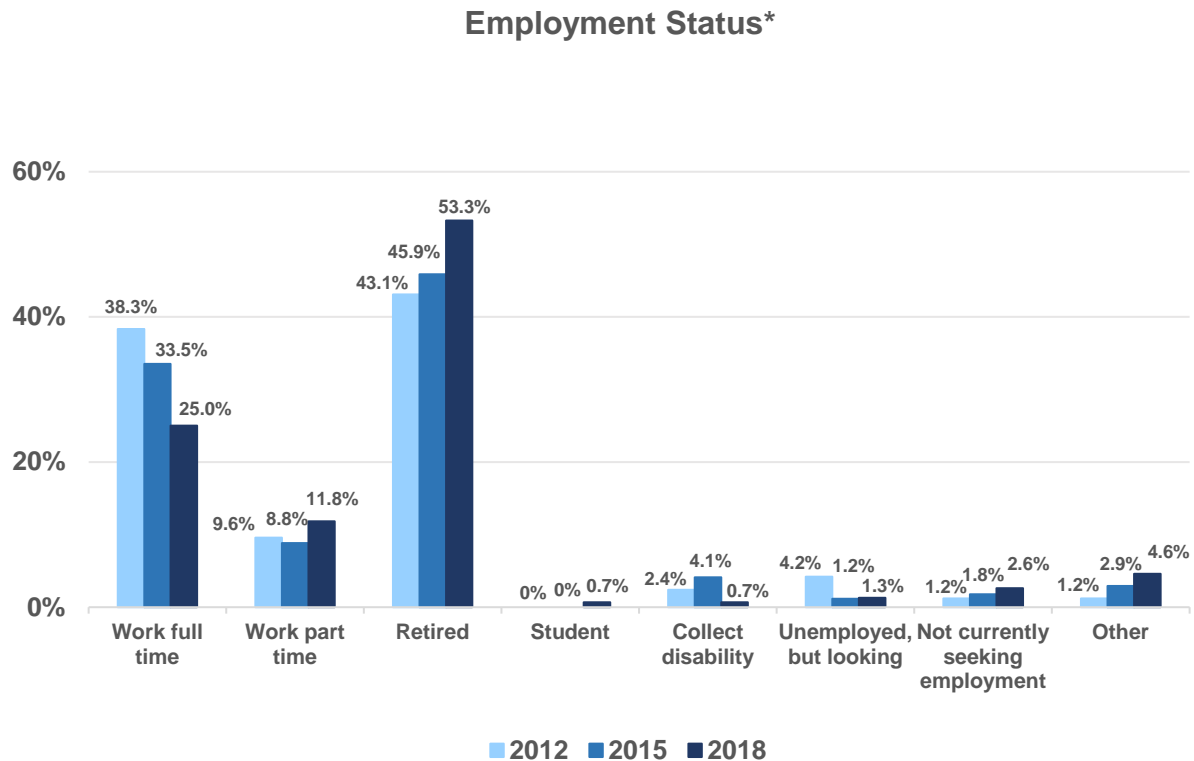
Employment status (Question 40)

2018 N= 152

2015 N= 170

2012 N= 167

Respondents were asked to indicate their employment status. Fifty-three percent (n= 81) reported they are retired, while 25% (n= 38) work full time. Respondents could check all that apply, so the percentages do not equal 100%.



*Significantly fewer 2018 respondents work full time.

*Significantly more 2018 respondents are retired.

“Other” comments:

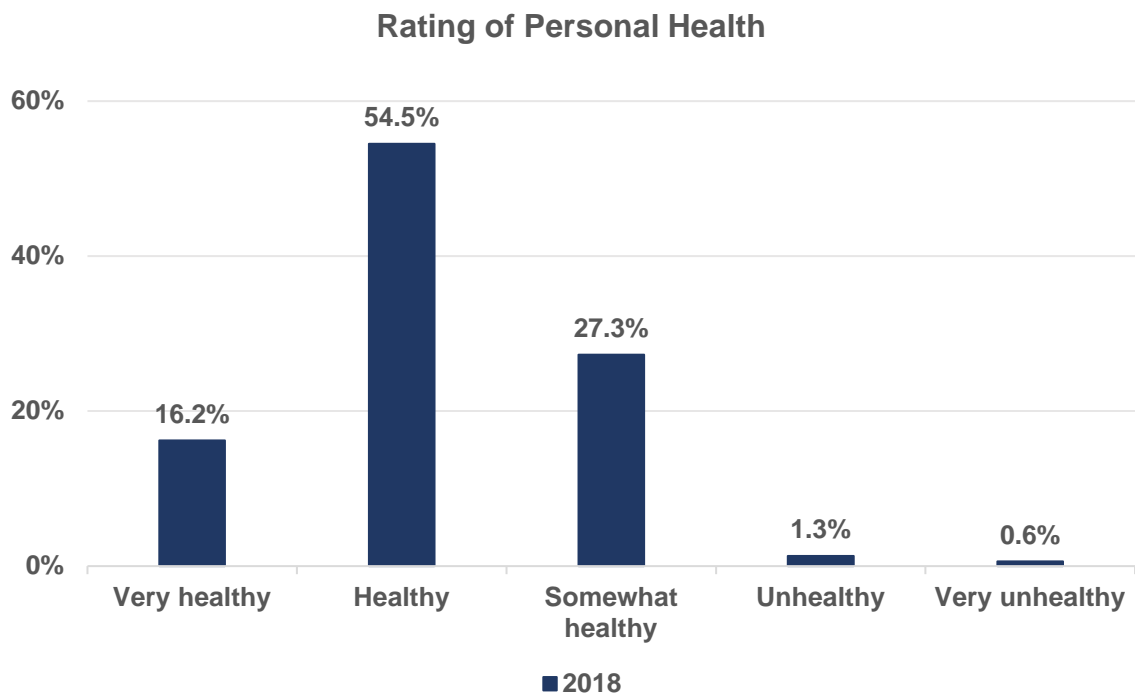
- Disabled income
- Self employed
- Operate a ranch
- Husband works Ranch, too far for me to go to work
- Self-employed
- Homemaker
- Disabled, no income

V. Survey Findings – Community Health

Rating of Personal Health (Question 1)

2018 N= 154

Respondents were asked to indicate how they would rate their own personal health. Fifty-five percent of respondents (n= 84) feel that they are “Healthy” and 27.3% of respondents (n= 42) feel they are “Somewhat healthy.” Only one respondent indicated they felt they are “Very unhealthy.” Two respondents chose not to answer this question.



Health Concerns for Community (Question 2)

2018 N= 156

2015 N= 189

2012 N= 178

Respondents were asked what they felt the three most serious health concerns were in their community. The top identified health concern was “Alcohol abuse/substance abuse” with 59% (n= 92). “Cancer” was also a high priority at 32.7% (n= 51) followed by “Tobacco use” at 19.2% (n= 30). Respondents were asked to pick their top three serious health concerns, so percentages do not equal 100%.

Health Concern	2012		2015		2018	
	Count	Percent	Count	Percent	Count	Percent
Alcohol abuse/substance abuse	107	60.1%	111	58.7%	92	59.0%
Cancer	58	32.6%	57	30.2%	51	32.7%
Tobacco use	40	22.5%	36	19.0%	30	19.2%
Mental health issues ¹	11	6.2%	15	7.9%	29	18.6%
Overweight/obesity ²	21	11.8%	64	33.9%	26	16.7%
Depression/anxiety	Not asked - 2012		28	14.8%	25	16.0%
Lack of access to healthcare	18	10.1%	28	14.8%	24	15.4%
Alzheimer's/dementia	Not asked - 2012		Not asked - 2015		22	14.1%
Social isolation/loneliness	Not asked - 2012		Not asked - 2015		20	12.8%
Suicide	Not asked - 2012		Not asked - 2015		20	12.8%
Heart disease ³	47	26.4%	59	31.2%	19	12.2%
Diabetes ⁴	33	18.5%	20	10.6%	16	10.3%
Lack of dental care	14	7.9%	11	5.8%	12	7.7%
Lack of exercise ⁵	33	18.5%	29	15.3%	11	7.1%
Work related accidents/injuries ⁶	27	15.2%	10	5.3%	7	4.5%
Chronic pain	Not asked - 2012		Not asked - 2015		6	3.8%
Recreation related accidents/injuries ⁷	30	16.9%	26	13.8%	5	3.2%
Child abuse/neglect	11	6.2%	9	4.8%	4	2.6%
Domestic violence	5	2.8%	9	4.8%	4	2.6%
Stroke ⁸	16	9.0%	11	5.8%	4	2.6%
Motor vehicle accidents ⁹	25	14.0%	9	4.8%	2	1.3%
Hunger	Not asked - 2012		Not asked - 2015		2	1.3%
Other	10	5.6%	10	5.3%	3	1.9%

¹Significantly more 2018 respondents selected “Mental health issues”.

²Selection of “Overweight/obesity” has fluctuated significantly each survey year.

^{3,5}Significantly fewer 2018 respondents selected “Heart disease”, and “Lack of exercise”.

^{4,6-9}Significantly fewer 2018 and 2015 respondents selected “Diabetes”, “Work related accidents/injuries”, “Recreation related accidents/injuries”, “Stroke”, and “Motor vehicle accidents” compared to 2012 respondents.

“Other” comments:

- Health insurance affordability
- Case management of chronic disease

Components of a Healthy Community (Question 3)

2018 N= 156

2015 N= 189

2012 N= 178

Respondents were asked to identify the three most important things for a healthy community. Fifty-eight percent of respondents (n= 90) indicated that “Access to health care and other services” is important for a healthy community. “Good jobs and a healthy economy” was the second most indicated component at 48.1% (n= 75), and third was “Affordable housing” at 35.9% (n= 56). Respondents were asked to identify their top three choices, so the percentages do not equal 100%.

Important Component	2012		2015		2018	
	Count	Percent	Count	Percent	Count	Percent
Access to healthcare and other services¹	107	60.1%	140	74.1%	90	57.7%
Good jobs and a healthy economy²	112	62.9%	105	55.6%	75	48.1%
Affordable housing³	24	13.5%	17	9.0%	56	35.9%
Healthy behaviors and lifestyles	57	32.0%	59	31.2%	44	28.2%
Strong family life ⁴	55	30.9%	47	24.9%	30	19.2%
Good schools ⁵	52	29.2%	37	19.6%	28	17.9%
Clean environment	22	12.4%	17	9.0%	27	17.3%
Religious or spiritual values	26	14.6%	33	17.5%	20	12.8%
Access to childcare/afterschool programs	Not asked - 2012		Not asked - 2015		19	12.2%
Community involvement	23	12.9%	16	8.5%	15	9.6%
Tolerance for diversity	9	5.1%	10	5.3%	12	7.7%
Transportation services	Not asked - 2012		Not asked - 2015		10	6.4%
Low crime/safe neighborhoods ⁶	30	16.9%	23	12.2%	8	5.1%
Suicide prevention	Not asked - 2012		Not asked - 2015		8	5.1%
Low death and disease rates	7	3.9%	3	1.6%	7	4.5%
Parks and recreation	2	1.1%	3	1.6%	3	1.9%
Arts and cultural events	0	0	1	0.5%	1	0.6%
Low level of domestic violence	4	2.2%	3	1.6%	0	0.0%
Other	4	2.2%	1	0.5%	2	1.3%

¹ Significantly fewer 2018 respondents selected “Access to health care and other services” when compared to 2015.

^{2, 4, 6} Selection of “Good jobs and healthy economy”, “Strong family life”, and “Low crime/safe neighborhoods” has been declining significantly since 2012.

³ Significantly more 2018 respondents selected “Affordable housing” as a component to a healthy community.

⁵ Significantly fewer 2018 and 2015 respondents selected “Good schools” as a component to a healthy community.

“Other” comments:

- Something for the kids besides drinking
- No food insecurity

Awareness of Health Services (Question 4)

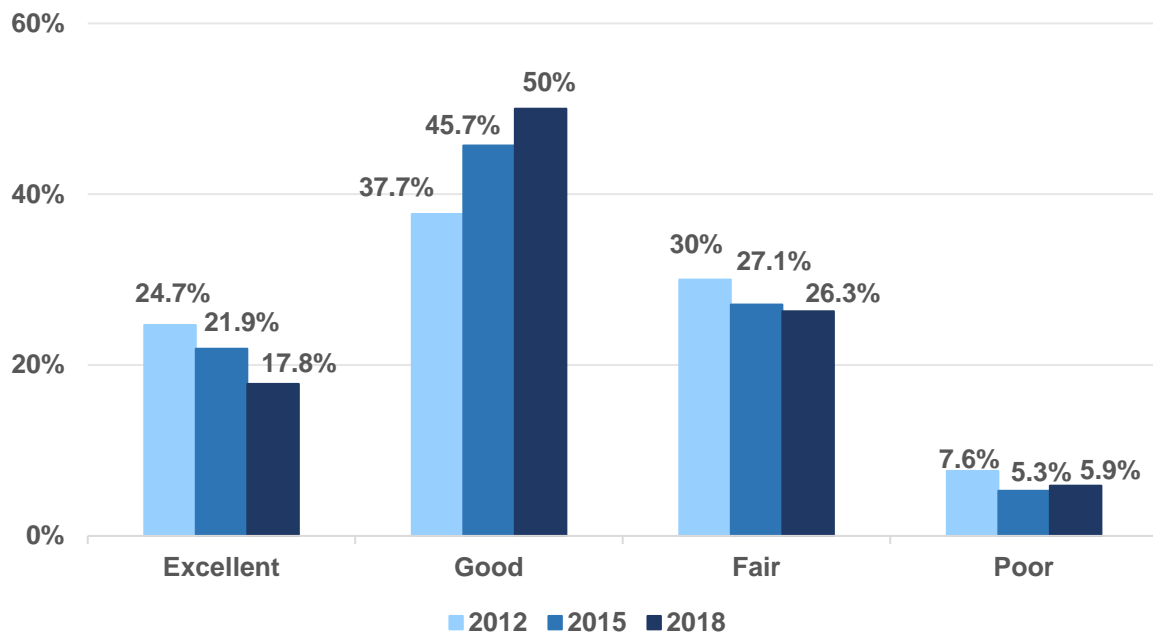
2018 N= 152

2015 N= 188

2012 N= 170

Respondents were asked to rate their knowledge of the health services available in their community. Fifty percent (n= 76) of respondents rated their knowledge of health services as “Good”, “Fair” was selected by 26.3% percent (n= 40), and “Excellent” was selected by 17.8% (n= 27) of respondents. Four respondents chose not to answer this question.

Knowledge of Health Services



How Respondents Learn of Healthcare Services (Question 5)

2018 N= 156

2015 N= 188

2012 N= 170

The most frequently indicated method of learning about available services was “Friends/family” at 64.7% (n= 101). “Word of mouth/reputation” was the second most frequent response at 63.5% (n= 99), followed by “Healthcare provider” at 41% (n= 64). Respondents could select more than one method, so percentages do not equal 100%.

Method	2012		2015		2018	
	Count	Percent	Count	Percent	Count	Percent
Friends/family	Not asked - 2012		105	55.6%	101	64.7%
Word of mouth/reputation	134	75.3%	128	67.7%	99	63.5%
Healthcare provider¹	90	50.6%	63	33.3%	64	41.0%
Newspaper ²	79	44.4%	98	51.9%	57	36.5%
Social media	Not asked - 2012		Not asked - 2015		27	17.3%
Public health ³	20	11.2%	11	5.8%	22	14.1%
Mailings/newsletter ⁴	Not asked - 2012		54	28.6%	19	12.2%
Website/internet ⁵	5	2.8%	12	6.3%	15	9.6%
Presentations	7	3.9%	15	7.9%	10	6.4%
Public library	Not asked - 2012		Not asked - 2015		9	5.8%
Radio	4	2.2%	3	1.6%	1	0.6%
Other	14	7.9%	17	9.0%	5	3.2%

¹⁻³ Selection of “Healthcare provider”, “Newspaper”, and “Public health” has fluctuated significantly with each assessment.

⁴ Significantly fewer 2018 respondents selected “Mailings/newsletter”.

⁵ Selection of “Website/internet” has been increasing significantly since 2012.

“Other” comments:

- Hearsay
- Rumor
- Read about services provided by Granite County Clinics
- TV
- Using the healthcare provider for over 40 years

Cross Tabulation of Service Knowledge and Learning about Services

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

KNOWLEDGE RATING OF HEALTH SERVICES BY HOW RESPONDENTS LEARN ABOUT HEALTHCARE SERVICES

	Excellent	Good	Fair	Poor	Total
Friends/family	20 (20%)	50 (50%)	27 (27%)	3 (3%)	100
Word of mouth/reputation	19 (19.4%)	43 (43.9%)	32 (32.7%)	4 (4.1%)	98
Radio	12 (17.4%)	39 (56.5%)	17 (24.6%)	1 (1.4%)	69
Healthcare provider	16 (25.4%)	35 (55.6%)	11 (17.5%)	1 (1.6%)	63
Newspaper	8 (14.5%)	25 (45.5%)	19 (34.5%)	3 (5.5%)	55
Social media	3 (11.1%)	16 (59.3%)	7 (25.9%)	1 (3.7%)	27
Public Health	11 (50%)	5 (22.7%)	6 (27.3%)		22
Mailings/newsletter	4 (21.1%)	7 (36.8%)	6 (31.6%)	2 (10.5%)	19
Website/internet	3 (20%)	7 (46.7%)	4 (26.7%)	1 (6.7%)	15
Presentations	4 (40%)	4 (40%)	1 (10%)	1 (10%)	10
Public Library	3 (33.3%)	4 (44.4%)	1 (11.1%)	1 (11.1%)	9
Other	1 (20%)	2 (40%)		2 (40%)	5

Utilized Community Health Resources (Question 6)

2018 N= 156

2015 N= 189

Respondents were asked which community health resources, other than the hospital or clinic, they had used in the last three years. “Pharmacy” was the most frequently utilized community health resource cited by respondents at 62.8% (n= 98). “Dentist” was utilized by 43.6% (n= 68) and “Senior center” and “Fitness center” were each utilized by 12.8% (n= 20) of respondents. Respondents could select more than one resource, so percentages do not equal 100%.

Resource	2015		2018	
	Count	Percent	Count	Percent
Pharmacy	130	68.8%	98	62.8%
Dentist¹	55	29.1%	68	43.6%
Senior center	14	7.4%	20	12.8%
Fitness center	Not asked - 2015		20	12.8%
Public health	15	7.9%	11	7.1%
Home care services	Not asked - 2015		11	7.1%
Mental health ²	1	0.5%	10	6.4%
Meals on Wheels	Not asked - 2015		7	4.5%
Food banks	Not asked - 2015		2	1.3%
Substance abuse services	Not asked - 2015		2	1.3%
Other	12	6.3%	15	9.6%

^{1,2} Significantly more 2018 respondents selected “Dentist” and “Mental health”.

“Other” comments:

- None of them (4)
- Hospital
- Drummond clinic
- Eye surgery
- VA
- Hospice (compasses)
- None, no full time DR
- Social groups: knitting, weaving, coffee gatherings
- Butte, Anaconda
- Clinic

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

2018 N= 156

2015 N= 189

2012 N= 178

Respondents were asked to indicate what they felt would improve their community's access to healthcare. Forty-six percent of respondents (n= 72) reported that "Insurance coverage" would make the greatest improvement. Forty-three percent of respondents (n= 67) indicated "More primary care providers" would improve access, and "Improved quality of care" and "More information about available services" were each selected by 36.5% (n= 57). Respondents could select more than one method, so percentages do not equal 100%.

Improvement	2012		2015		2018	
	Count	Percent	Count	Percent	Count	Percent
Greater access to health insurance	Not asked - 2012		Not asked - 2015		72	46.2%
More primary care providers¹	35	19.7%	58	30.7%	67	42.9%
Improved quality of care²	26	14.6%	51	27.0%	57	36.5%
More information about available services	Not asked - 2012		Not asked - 2015		57	36.5%
Outpatient services expanded/weekend hours ³	29	16.3%	43	22.8%	43	27.6%
Transportation assistance	Not asked - 2012		52	27.5%	41	26.3%
More specialists ⁴	23	12.9%	58	30.7%	39	25.0%
Greater health education services	27	15.2%	47	24.9%	32	20.5%
Telemedicine ⁵	11	6.2%	24	12.7%	23	14.7%
Cultural sensitivity	7	3.9%	8	4.2%	6	3.8%
Interpreter services	Not asked - 2012		1	0.5%	3	1.9%
Other ⁶	26	14.6%	16	8.5%	11	7.1%

¹⁻³ Selection of "More primary care providers", "Improved quality of care", and "Outpatient services expanded/weekend hours" has been significantly increasing with each assessment.

⁴⁻⁵ Significantly more 2018 and 2015 respondents felt that "More specialist" and "Telemedicine" would improve access to healthcare services.

⁶ Significantly fewer 2018 and 2015 respondents selected "Other".

"Other" comments:

- Mental health services
- Upgrade primary care
- Sell the MAF to a health care provider!
- Affordable care, especially to the UNINSURED
- Home health
- More days when Drummond Clinic is open
- When your DR only works 2 days a week it is a pain, Wish Ashlay Westphal worked more
- Don't know
- Get a 24/7 DR. Nothing but a clinic
- Public health nurse hours expanded
- Self-help groups: AA, Al Anon, diabetes support

Interest in Educational Classes or Programs (Question 8)

2018 N= 156

2015 N= 189

Respondents were asked if they would be interested in any educational classes/programs made available to the community. The most highly indicated class/program was “Health and wellness” at 30.8% of respondents (n= 48). “Fitness” was selected by 30.1% of respondents (n= 47), and “Women’s health” followed at 27.6% (n= 43). Respondents could select more than one interest, so percentages do not equal 100%.

Class/Program	2015		2018	
	Count	Percent	Count	Percent
Health and wellness	64	33.9%	48	30.8%
Fitness	49	25.9%	47	30.1%
Women's health	50	26.5%	43	27.6%
First aid/CPR	50	26.5%	39	25.0%
Living will	34	18.0%	33	21.2%
Weight loss	49	25.9%	29	18.6%
Nutrition	39	20.6%	25	16.0%
Depression/anxiety	Not asked – 2015		24	15.4%
Suicide prevention	Not asked – 2015		21	13.5%
Alzheimer’s/dementia	25	13.2%	18	11.5%
Cancer	24	12.7%	17	10.9%
Men's health	25	13.2%	17	10.9%
Mental health	11	5.8%	17	10.9%
Diabetes	26	13.8%	16	10.3%
Grief counseling ¹	7	3.7%	15	9.6%
Heart disease	28	14.8%	15	9.6%
Support groups	15	7.9%	15	9.6%
Alcohol/substance abuse	7	3.7%	10	6.4%
Smoking/tobacco cessation	6	3.2%	8	5.1%
Parenting	4	2.1%	6	3.8%
Prenatal	3	1.6%	3	1.9%
Other	8	4.2%	8	5.1%

¹ Significantly more 2018 respondents indicated that they would be interesting in “Grief counseling” if available locally.

“Other” comments:

- Parkinson’s
- None (4)
- Epilepsy
- Too old to attend any
- Strong Women classes

Utilization of Preventative Services (Question 9)

2018 N= 156

2015 N= 189

Respondents were asked if they had utilized any of the preventative services listed in the past year. “Dental exam” was selected by 48.7% of respondents (n= 76). Forty-eight percent of respondents (n= 75) indicated they received a “Flu shot”, and 47.4% of respondents (n= 74) had a “Blood panel.” Respondents could select all that apply, thus the percentages do not equal 100%.

Service	2015		2018	
	Count	Percent	Count	Percent
Dental exam	Not asked – 2015		76	48.7%
Flu shot/immunizations	79	41.8%	75	48.1%
Blood panel	103	54.5%	74	47.4%
Routine health checkup	66	34.9%	67	42.9%
Routine blood pressure check	74	39.2%	60	38.5%
Cholesterol check	66	34.9%	54	34.6%
Vision check	Not asked – 2015		57	36.5%
Skin cancer screening	Not asked – 2015		27	17.3%
Mammography	34	18.0%	25	16.0%
Prostate (PSA)	28	14.8%	24	15.4%
Colonoscopy	17	9.0%	21	13.5%
Pap smear	26	13.8%	17	10.9%
Hearing check	Not asked – 2015		15	9.6%
None ¹	32	16.9%	13	8.3%
Children’s checkup/Well baby	8	4.2%	12	7.7%
Mental health counseling	Not asked – 2015		12	7.7%
Other ²	2	1.1%	13	8.3%

¹ Significantly fewer 2018 respondents indicated that they had not used preventative services.

² Significantly more 2018 respondents selected “Other”.

“Other” comments:

- Stitches removal
- In Granite County went to MSCA for them
- Not this hospital!
- All done outside Granite County (5)
- Pneumonia shot
- Surgery
- Unsure at this time
- Chiropractic, massage, acupuncture

Desired Local Healthcare Services (Question 10)

2018 N= 156

Respondents were asked to indicate which additional healthcare services would they utilize if available locally. Respondents indicated the most interest in having an “Ophthalmologist” at 25% (n=39), followed by an “Audiologist” at 16% (n=25), and “Mammography” at 14.1% (n=22). Respondents were asked to select all that apply, so percentages do not equal 100%.

Service	2018	
	Count	Count
Ophthalmologist (eye)	39	25.0%
Audiologist (ear)	25	16.0%
Mammography	22	14.1%
OB/GYN	20	12.8%
CT (CAT) scan	19	12.2%
MRI	18	11.5%
Mental/behavioral health/counseling	14	9.0%
Outpatient surgery	13	8.3%
Pain management	13	8.3%
Urology	13	8.3%
Naturopathy	12	7.7%
Cancer care	11	7.1%
Telemedicine	11	7.1%
Medication management	10	6.4%
Psychiatrist	10	6.4%
Pediatrician	9	5.8%
Orthopedic surgery	7	4.5%
Other	19	12.2%

“Other” comments:

- Optometrist (2)
- WR Dr. in Missoula
- Not in Anaconda, MT
- Podiatrist
- Cardiologist
- Not this hospital!
- None here (5)
- Dermatology
- Only if necessary!
- Dental
- EEG
- Pap smear, diabetic food cares
- Not sure at this time
- Strong Women and other fitness and socialization classes

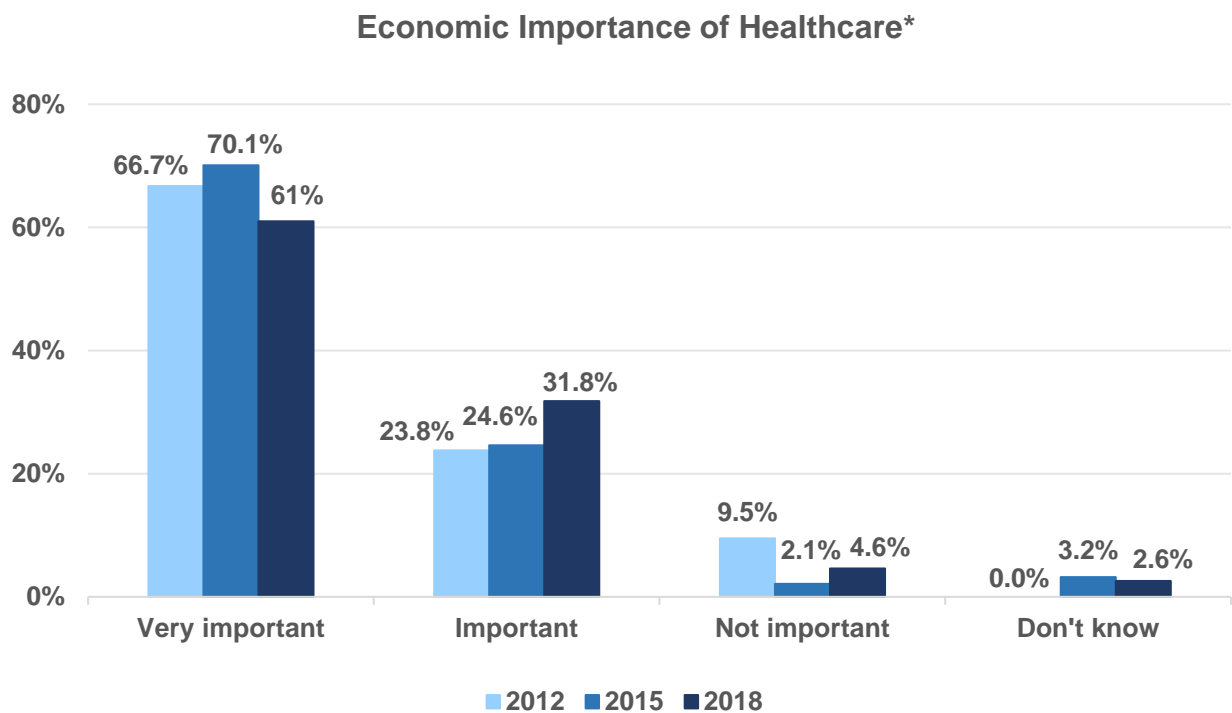
Economic Importance of Local Healthcare Providers and Services (Question 11)

2018 N= 151

2013 N= 187

2012 N= 151

The majority of respondents, 61% (n= 92), indicated that local healthcare providers and services (i.e. hospitals, clinics, nursing homes, assisted living, etc.) are “Very important” to the economic wellbeing of the area. Thirty-two percent of respondents (n=48) indicated they are “Important”, and seven respondents, or 4.6% indicated they are “Not important.”



*Significantly fewer 2018 respondents selected “Very important”

Survey Findings – Use of Healthcare Services

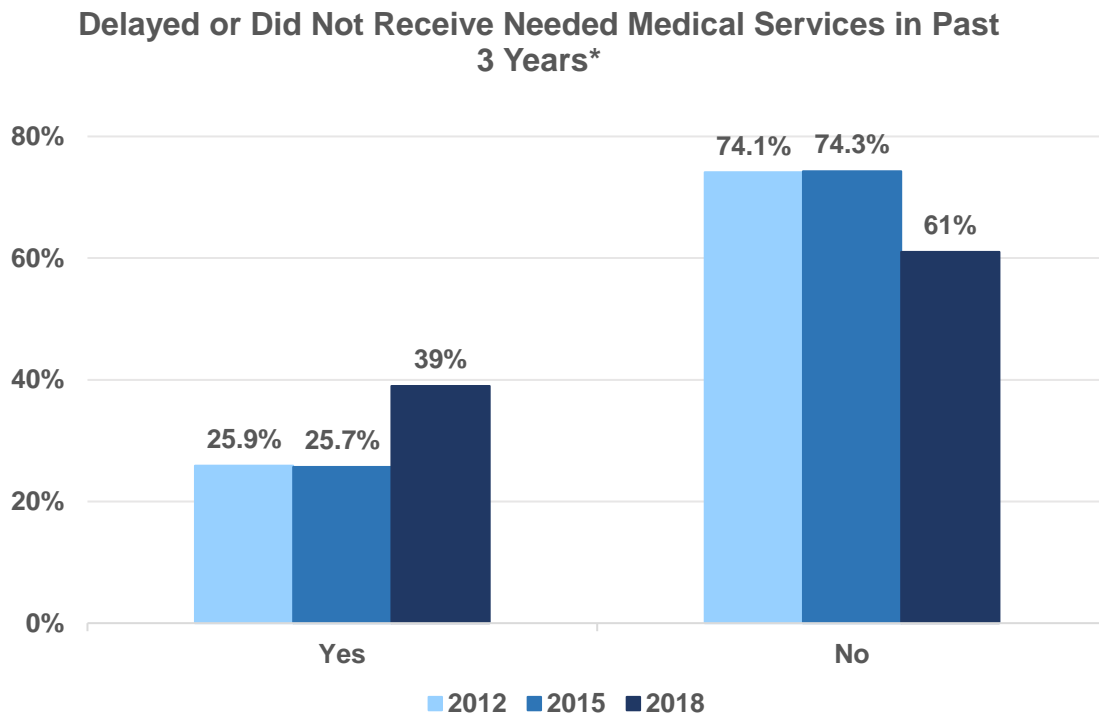
Needed/Delayed Hospital Care During the Past Three Years (Question 12)

2018 N= 146

2015 N= 175

2012 N= 166

Thirty-nine percent of respondents (n= 57) reported that they or a member of their household thought they needed healthcare services but did not get or had to delay getting them. Sixty-one percent of respondents (n= 89) felt they were able to get the healthcare services they needed without delay. Ten respondents chose not to answer this question.



*Significantly more 2018 respondents indicated that they have delayed getting needed medical services.

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

2018 N= 57

2015 N= 45

2012 N= 43

For those who indicated they were unable to receive or had to delay services (n= 57), the reasons most cited were: “Too long to wait for an appointment” (26.3%, n= 15), “It costs too much” (24.6%, n= 14), and “Don’t like doctors/providers” (19.3%, n= 11). Respondents were asked to indicate their top three choices, so percentages do not equal 100%.

Reason	2012		2015		2018	
	Count	Percent	Count	Percent	Count	Percent
Too long to wait for an appointment¹	4	9.3%	3	6.7%	15	26.3%
It costs too much²	26	60.5%	16	35.6%	14	24.6%
Don't like doctors/providers	7	16.3%	8	17.8%	11	19.3%
It was too far to go	3	7.0%	3	6.7%	9	15.8%
No insurance	15	34.9%	12	26.7%	9	15.8%
Could not get an appointment	6	14.0%	7	15.6%	8	14.0%
My insurance didn't cover it	9	20.9%	3	6.7%	6	10.5%
Transportation problems	0	0.0%	2	4.4%	6	10.5%
Weather/bad roads	Not asked – 2012		Not asked – 2015		6	10.5%
Not treated with respect	2	4.7%	6	13.3%	5	8.8%
Unsure if services were available	7	16.3%	10	22.2%	5	8.8%
Didn't know where to go	0	0.0%	3	6.7%	4	7.0%
Office wasn't open when I could go ³	8	18.6%	14	31.1%	3	5.3%
Too nervous or afraid	5	11.6%	3	6.7%	3	5.3%
Had no one to care for the children	0	0.0%	0	0.0%	2	3.5%
Could not get off work	3	7.0%	1	2.2%	1	1.8%
Other	10	23.3%	9	20.0%	8	14.0%

¹ Significantly more 2018 respondents indicated that they delayed getting medical services because it was “Too long to wait for an appointment”.

² Selection of “It costs too much” as a reason for delaying medical services has been declining with each assessment.

³ Selection of “Office wasn’t open when I could go” has fluctuated significantly with each assessment.

Other comments on next page...

“Other” comments:

- I just didn't use it
- Not a fully equipped hospital
- Sent to Anaconda
- Procrastination. Have not followed up on cataract issues
- Called for an ambulance and it took 1 and ½ hours to arrive
- I work for the state of Montana and have over \$1000 deductible
- Nurse did not call back. Nurse did not make appointment (Philipsburg)
- No DR. on duty
- Health care is spotty here. Waited over an hour for someone to draw blood, then found they would have to send my blood to be tested 40 minutes away and then wait for results. I left health care facility and traveled the 40 miles. My next emergency I by-passed the facility here. Needless to say, I won't be back.

Cross Tabulation of Delay of Services and Residence

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

DELAY OR DID NOT GET NEEDED HEALTHCARE SERVICES BY RESIDENCE

	Delay 'Yes'	Delay 'No'	Total
Philipsburg 59858	29 (33.7%)	57 (66.3%)	86
Drummond 59832	8 (50%)	8 (50%)	16
Hall 59837	11 (55.5%)	9 (45%)	20
Anaconda 59711	8 (34.8%)	15 (65.2%)	23
TOTAL	56 (38.6%)	89 (61.4%)	145 (100%)

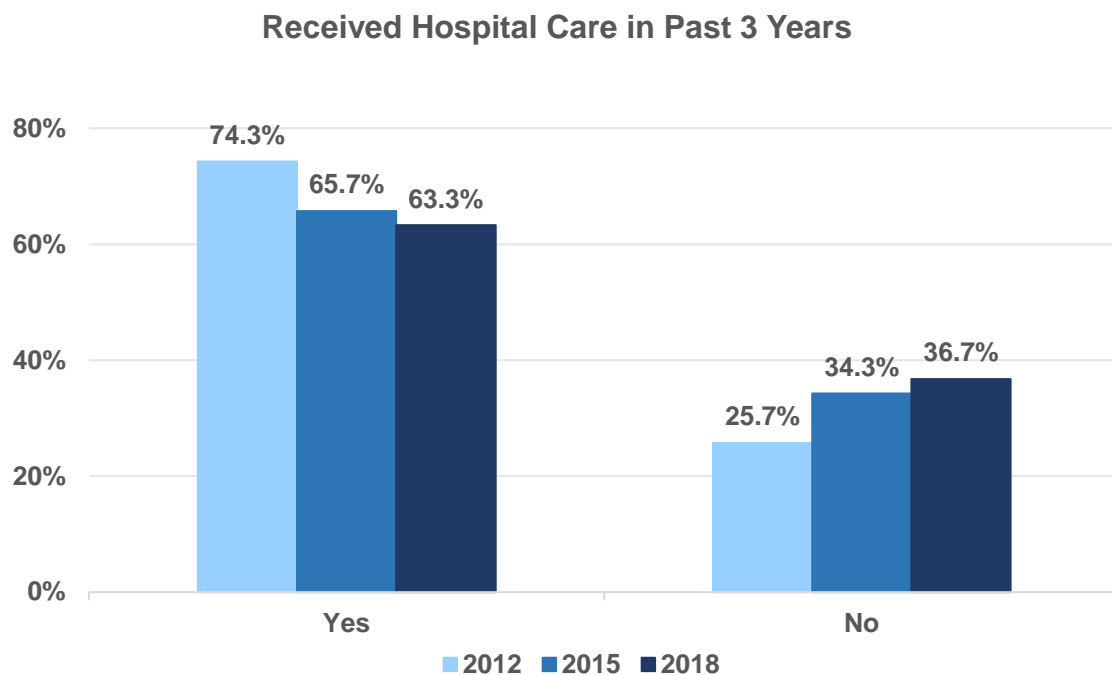
Hospital Care Received in the Past Three Years (Question 14)

2018 N= 147

2015 N= 178

2012 N= 175

Respondents were asked if they or someone in their household had received hospital care in the last three years. Hospitalization was quantified as hospitalized overnight, day surgery, obstetrical care, rehabilitation, radiology, or emergency care. Sixty-three percent of respondents (n= 93) reported that they or a member of their family had received hospital care during the previous three years, and 36.7% (n= 54) had not received hospital services. Nine respondents chose not to answer this question.



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

2018 N= 87

2015 N= 102

2012 N= 117

Of the 93 respondents who indicated receiving hospital care in the previous three years, 43.7% (n= 38) reported receiving care at St. Patrick's Hospital. Thirty percent of respondents (n= 26) received services at Community Hospital of Anaconda, and 10.3% of respondents (n= 9) reported utilizing services from Granite County Medical Center. Six of the 93 respondents who reported they had been to a hospital in the past three years did not indicate which hospital they had utilized.

Hospital	2012		2015		2018	
	Count	Percent	Count	Percent	Count	Percent
St. Patrick Hospital - Missoula	48	41.0%	40	39.2%	38	43.7%
Community Hospital of Anaconda¹	9	7.7%	8	7.8%	26	29.9%
Granite County Medical Center - Philipsburg²	35	29.9%	26	25.6%	9	10.3%
Community Medical Center -Missoula	13	11.1%	14	13.7%	7	8.0%
Other	4	3.4%	8	7.8%	3	3.4%
St. James Healthcare - Butte	1	0.9%	4	3.9%	2	2.3%
Deer Lodge Medical Center	1	0.9%	1	1.0%	1	1.1%
VA facility	6	5.1%	1	1.0%	1	1.1%
TOTAL	117	100.0%	102	100.0%	87	100.0%

¹ Significantly more 2018 respondents selected "Community Hospital of Anaconda".

² Significantly fewer 2018 respondents selected "Granite County Medical Center - Philipsburg".

"Other" comments:

- Community Medical Center- Missoula and St. Patrick Hospital- Missoula
- Kalispell (2)

Reasons for Selecting the Hospital Used (Question 16)

2018 N= 93

2015 N= 117

2012 N= 130

Of the 93 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 53.8% (n= 50). “Hospital’s reputation for quality” was selected by 50.5% of the respondents (n= 47), and 35.5% (n= 33) selected “Referred by physician or other provider.” Note that respondents were asked to select the top three answers which influenced their choices, so the percentages do not equal 100%.

Reason	2012		2015		2018	
	Count	Percent	Count	Percent	Count	Percent
Prior experience with hospital	78	60.0%	69	59.0%	50	53.8%
Hospital’s reputation for quality	65	50.0%	57	48.7%	47	50.5%
Referred by physician or other provider	50	38.5%	58	49.6%	33	35.5%
Emergency, no choice	27	20.8%	26	22.2%	31	33.3%
Closest to home	54	41.5%	39	33.3%	25	26.9%
Recommended by family or friends	13	10.0%	12	10.3%	10	10.8%
Required by insurance plan	7	5.4%	9	7.7%	5	5.4%
Cost of care ¹	18	13.8%	2	1.7%	3	3.2%
Closest to work	12	9.2%	6	5.1%	2	2.2%
VA/Military requirement	11	8.5%	4	3.4%	2	2.2%
Financial assistance programs	Not asked - 2012		Not asked - 2015		2	2.2%
Other	17	13.1%	11	9.4%	5	5.4%

¹ Significantly fewer 2018 and 2015 respondents selected “Cost of care” as a reason for selecting the hospital they use most frequently.

“Other” comments:

- Far enough from home that I’m unlikely to know staff members. Nicest facilities, fairly modern website and use of technology
- Did not trust local services
- Surgeon was in Anaconda
- Pediatrician

Cross Tabulation of Hospital and Residence

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

LOCATION OF MOST OFTEN UTILIZED HOSPITAL BY RESIDENCE

	Granite County Medical Center Philipsburg	St. Patrick Hospital Missoula	Community Hospital of Anaconda	Community Medical Center Missoula	St. James Health care Butte	Deer Lodge Medical Center	VA Facility	Other	Total
Philipsburg 59858	8 (16%)	18 (36%)	16 (32%)	4 (8%)		1 (2%)	1 (2%)	2 (4%)	50
Drummond 59832		6 (66.7%)		2 (22.2%)	1 (11.1%)				9
Hall 59837	1 (5.9%)	13 (76.5%)	1 (5.9%)	1 (5.9%)				1 (5.9%)	17
Anaconda 59711		1 (9.1%)	9 (81.8%)		1 (9.1%)				11
TOTAL	9 (10.3%)	38 (43.7%)	26 (29.9%)	7 (8%)	2 (2.3%)	1 (1.2%)	1 (1.2%)	3 (3.4%)	87 (100%)

Cross Tabulation of Hospital and Reason Selected

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

LOCATION OF MOST UTILIZED HOSPITAL BY REASONS HOSPITAL SELECTED

	Granite County Medical Center	Community Hospital of Anaconda	St. Patrick Hospital	Community Medical Center	St. James Healthcare	Deer Lodge Medical Center	VA Facility	Other	Total
Prior experience with hospital	4 (8.2%)	13 (26.5%)	24 (49%)	4 (8.2%)	2 (4.1%)			2 (4.1%)	49
Hospital's reputation for quality	3 (6.7%)	13 (28.9%)	23 (51.1%)	3 (6.7%)	1 (2.2%)			2 (4.4%)	45
Referred by physician or other provider	1 (3.3%)	7 (23.2%)	15 (50%)	5 (16.7%)	1 (3.3%)			1 (3.3%)	30
Emergency, no choice	3 (10.3%)	10 (34.5%)	13 (44.8%)	2 (6.9%)				1 (3.4%)	29
Closest to home	6 (25%)	15 (62.5%)	2 (8.3%)					1 (4.2%)	24
Recommended by family or friends	1 (11.1%)	3 (33.3%)	3 (33.3%)	2 (22.2%)					9
Required by insurance plan	1 (20%)		4 (80%)						5
Cost of care		1 (33.3%)	1 (33.3%)	1 (33.3%)					3
Closest to work	1 (50%)	1 (50%)							2
Financial assistance programs			1 (50%)	1 (50%)					2
VA/Military requirement			1 (50%)				1 (50%)		2
Other		1 (25%)	1 (25%)	1 (25%)		1 (25%)			4

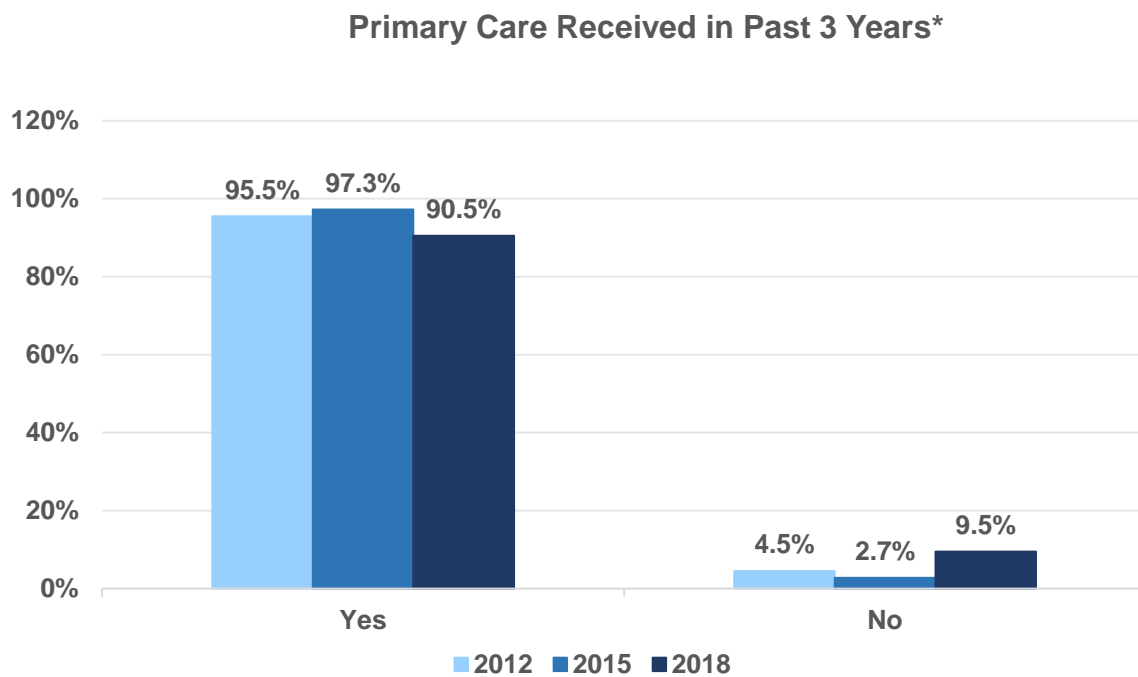
Primary Care Received in the Past Three Years (Question 17)

2018 N= 148

2015 N= 183

2012 N= 178

Ninety-one percent of respondents (n= 134) indicated they or someone in their household had been seen by a primary care provider (such as a family physician, physician assistant, or nurse practitioner) for healthcare services in the past three years, and 9.5% of respondents (n= 14) indicated they or someone in their household had not. Eight respondents chose not to answer this question.



*Significantly more 2018 respondents have not seen a primary healthcare provider in the past three years.

Location of Primary Care Provider (Question 18)

2018 N= 130

2015 N= 155

2012 N= 153

Of the 134 respondents who indicated receiving primary care services in the previous three years, 34.6% (n= 45) reported receiving care in Missoula, 25.4% percent of respondents (n= 33) went to GCMC in Phillipsburg, and 21.5% (n= 28) went to Anaconda. Four of the 134 respondents who reported they had utilized primary care services in the past three years did not indicate where they received those services.

Location	2012		2015		2018	
	Count	Percent	Count	Percent	Count	Percent
Missoula ¹	26	17.0%	37	23.9%	45	34.6%
Granite County Medical Center - Phillipsburg ²	70	45.8%	67	43.2%	33	25.4%
Anaconda ³	5	3.3%	11	7.2%	28	21.5%
Deer Lodge	1	0.7%	0	0.0%	7	5.4%
Butte	1	0.7%	6	3.9%	5	3.8%
Granite County Medical Center - Drummond ⁴	22	14.4%	6	3.9%	5	3.8%
VA Facility	7	4.6%	5	3.2%	3	2.3%
Other	21	13.7%	23	14.8%	4	3.1%
TOTAL	153	100.0%	155	100.0%	130	100.0%

¹ Significantly more 2018 and 2015 respondents selected "Missoula".

² Significantly fewer 2018 respondents selected "Granite County Medical Center - Phillipsburg"

³ Significantly more 2018 respondents selected "Anaconda"

⁴ Significantly fewer 2018 and 2015 respondents selected "Granite County Medical Center - Drummond".

"Other" comments:

- Anaconda VA facility
- Looking local
- New Mexico- HAFB
- Rexburg, ID

Reasons for Selection of Primary Care Provider (Question 19)

2018 N= 134

2015 N= 178

2012 N= 170

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. “Prior experience with clinic” was the most frequently selected reason at 41.8% (n= 56), followed by “Closest to home” at 35.1% (n= 47), and “Clinic/providers reputation for quality” at 32.1% (n= 43). Respondents were asked to check all that apply, so the percentages do not equal 100%.

Reason	2012		2015		2018	
	Count	Percent	Count	Percent	Count	Percent
Prior experience with clinic¹	99	58.2%	112	62.9%	56	41.8%
Closest to home	82	48.2%	72	40.4%	47	35.1%
Clinic/provider’s reputation for quality	65	38.2%	47	26.4%	43	32.1%
Appointment availability	56	32.9%	55	30.9%	31	23.1%
Recommended by family or friends	27	15.9%	32	18.0%	26	19.4%
Referred by physician or other provider	30	17.6%	25	14.0%	26	19.4%
Cost of care	16	9.4%	18	10.1%	9	6.7%
Length of waiting room time	15	8.8%	17	9.6%	9	6.7%
Required by insurance plan	6	3.5%	4	2.2%	7	5.2%
VA/Military requirement	13	7.6%	7	3.9%	5	3.7%
Indian Health Services	1	0.6%	0	0.0%	1	0.7%
Other	24	14.1%	29	16.3%	13	9.7%

¹Significantly fewer 2018 respondents selected “Prior experience with clinic” as a reason for selecting a primary care provider.

“Other” comments:

- I cared more about selecting a good clinic than individual PCPs
- I have had the same personal doctor for 30 years
- Only one who would take a new patient on Medicare
- Saw her when she was in Drummond Clinic
- Like Granite Co. Clinic
- Better care
- I like it!
- State of Montana provides clinics for employees free of cost
- They have service I need and a fully operating hospital nearby that can provide any other services. Not like GCMC, a Band-Aid station
- Friend of mine
- I like her
- DR. is a friend and an excellent DR
- Need for primary care doctor. Missoula had the closest to home 45 miles when we moved here

Cross Tabulation of Primary Care and Residence

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

LOCATION OF PRIMARY CARE PROVIDER MOST UTILIZED BY RESIDENCE

	Granite County Medical Center Philipsburg	Granite County Medical Center Drummond	Anaconda	Butte	Deer Lodge	Missoula	VA Facility	Other	Total
Philipsburg 59858	26 (34.2%)	3 (3.9%)	13 (17.1%)	2 (2.6%)	2 (2.6%)	25 (32.9%)	2 (2.6%)	3 (3.9%)	76
Drummond 59832		1 (6.7%)		1 (6.7%)	1 (6.7%)	12 (80%)			15
Hall 59837	6 (31.6%)	1 (5.3%)			4 (21.1%)	7 (36.8%)	1 (5.3%)		19
Anaconda 59711			15 (78.9%)	2 (10.5%)		1 (5.3%)		1 (5.3%)	19
TOTAL	32 (24.8%)	5 (3.9%)	28 (21.7%)	5 (3.9%)	7 (5.4%)	45 (34.9%)	3 (2.3%)	4 (3.1%)	129 (100%)

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%. Riverstone Health Clinic- Billings was removed from the table due to non-response.

LOCATION OF PRIMARY CARE PROVIDER BY REASONS CLINIC SELECTED

	Granite County Medical Center Philipsburg	Granite County Medical Center Drummond	Anaconda	Butte	Deer Lodge	Missoula	VA Facility	Other	Total
Prior experience with clinic	14 (25%)	2 (3.6%)	12 (21.4%)	2 (3.6%)	4 (7.1%)	21 (37.5%)	1 (1.8%)		56
Closest to home	24 (54.5%)	3 (6.8%)	8 (18.2%)	1 (2.3%)		6 (13.6%)		2 (4.5%)	44
Clinic/provider's reputation for quality	5 (11.9%)	1 (2.4%)	13 (31%)		5 (11.9%)	18 (42.9%)			42
Appointment availability	9 (30%)	1 (3.3%)	9 (30%)	1 (3.3%)	3 (10%)	7 (23.3%)			30
Recommended by family or friends	3 (12%)	1 (4%)	8 (32%)		1 (4%)	12 (48%)			25
Referred by physician or other provider	2 (8%)		6 (24%)	1 (4%)		15 (60%)		1 (4%)	25
Cost of care	1 (11.1%)			2 (22.2%)	1 (11.1%)	4 (44.4%)	1 (11.1%)		9
Length of waiting room time	1 (11.1%)		4 (44.4%)	1 (11.1%)	1 (11.1%)	2 (22.2%)			9
Required by insurance plan	2 (28.6%)		1 (14.3%)			4 (57.1%)			7
VA/Military requirement	1 (20%)		1 (20%)				2 (40%)	1 (20%)	5
Indian Health Service						1 (100%)			1
Other	2 (15.4%)		2 (15.4%)	1 (7.7%)	3 (23.1%)	4 (30.8%)		1 (7.7%)	13

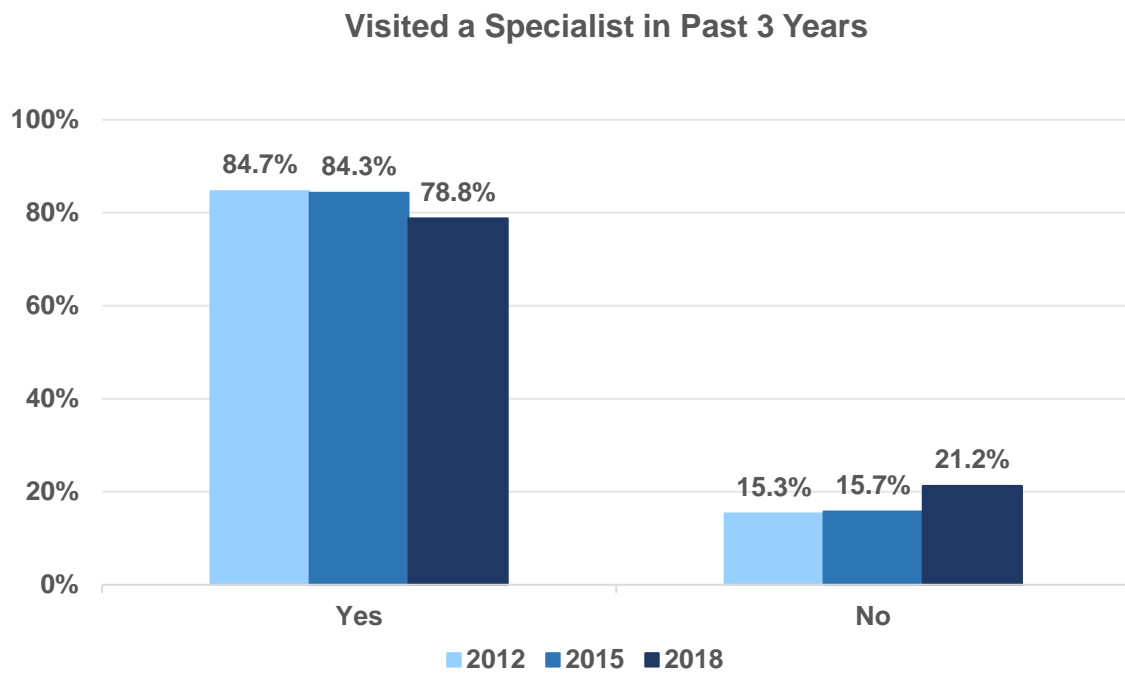
Use of Healthcare Specialists during the Past Three Years (Question 20)

2018 N= 146

2015 N= 178

2012 N= 176

Seventy-nine percent of the respondents (n= 115) indicated they or a household member had seen a healthcare specialist during the past three years, and 21.2% (n= 31) indicated they had not. Ten respondents chose not to answer this question.



Location of Healthcare Specialist (Question 21)

2018 N= 115

2015 N= 150

2012 N= 149

Of the 115 respondents who indicated they saw a healthcare specialist in the past three years, 38.3% (n= 44) saw one at St. Patrick's in Missoula. Community Hospital of Anaconda specialty services were utilized by 29.6% of respondents (n=34), and "Other" was reported by 27.8% (n= 32). Respondents could select more than one location, so percentages do not equal 100%.

Location	2012		2015		2018	
	Count	Percent	Count	Percent	Count	Percent
St. Patrick Hospital - Missoula	62	41.6%	69	46.0%	44	38.3%
Community Hospital of Anaconda¹	23	15.4%	23	15.3%	34	29.6%
Community Medical Center - Missoula²	49	32.9%	37	24.7%	22	19.1%
Granite County Medical Center - Philipsburg	32	21.5%	29	19.3%	12	10.4%
St. James Healthcare - Butte	13	8.7%	9	6.0%	9	7.8%
VA facility	12	8.1%	4	2.7%	5	4.3%
Deer Lodge Medical Center	1	0.7%	2	1.3%	3	2.6%
Other ³	48	32.2%	53	35.3%	32	27.8%

¹ Significantly more 2018 respondents saw a specialist at "Community Hospital of Anaconda".

^{2,3} Significantly fewer 2018 respondents selected "Community Medical Center – Missoula" and "Other".

"Other" comments:

- American Eye Care (Anaconda)
- Ophthalmologist in Butte
- Missoula private practice; telemedicine private practice
- 5 Valleys Urology- Missoula (3)
- Neurologist Missoula
- Missoula (3)
- Blue Mountain, Missoula- PT
- Kalispell/Missoula Cardiology
- Day Clinic Missoula
- Private office (2)
- Dermatologist- Missoula
- Butte private practice
- Helena (3)
- Skin Care, Eye Dr. Missoula
- Western Montana Clinic- Missoula, Providence Broadway Clinic- Missoula, Dr. Petrino- Dental
- Missoula Bone & Joint (4)
- Bozeman Deaconess and Missoula ENT
- Kalispell
- Providence House
- Billings Clinic
- Kalispell Regional and Almogordo, NC
- Rexburg, ID
- Providence- Missoula

Type of Healthcare Specialist Seen (Question 22)

2018 N= 115

2015 N= 150

2012 N= 149

The respondents (n= 115) saw a wide array of healthcare specialists in the past three years. The most frequently indicated specialist was “Dentist” with 32.2% of respondents (n= 37) having utilized their services. “Orthopedic surgeon” was the second most utilized specialist at 24.3% (n= 28), and “Dermatologist” was third at 20% (n= 23). Respondents were asked to choose all that apply, so percentages do not equal 100%.

Specialist Type	2012		2015		2018	
	Count	Percent	Count	Percent	Count	Percent
Dentist¹	74	49.7%	77	51.3%	37	32.2%
Orthopedic surgeon	45	30.2%	46	30.7%	28	24.3%
Dermatologist	39	26.2%	42	28.0%	23	20.0%
Physical therapist	36	24.2%	35	23.3%	22	19.1%
Radiologist	28	18.8%	19	12.7%	22	19.1%
Urologist	15	10.1%	21	14.0%	21	18.3%
Cardiologist	39	26.2%	33	22.0%	19	16.5%
Ophthalmologist ²	Not asked - 2012		40	26.7%	16	13.9%
Optometrist	Not asked - 2012		Not asked - 2015		14	12.2%
Audiologist	Not asked - 2012		Not asked - 2015		12	10.4%
Gastroenterologist	17	11.4%	14	9.3%	12	10.4%
OB/GYN	28	18.8%	23	15.3%	11	9.6%
Chiropractor ³	29	19.5%	37	24.7%	10	8.7%
ENT (ear/nose/throat)	16	10.7%	21	14.0%	10	8.7%
Oncologist	8	5.4%	11	7.3%	10	8.7%
Neurologist	15	10.1%	11	7.3%	9	7.8%
General surgeon ⁴	23	15.4%	11	7.3%	8	7.0%
Allergist	15	10.1%	6	4.0%	7	6.1%
Podiatrist	17	11.4%	9	6.0%	7	6.1%
Rheumatologist	10	6.7%	10	6.7%	7	6.1%
Mental health counselor	8	5.4%	5	3.3%	6	5.2%
Occupational therapist	5	3.4%	1	0.7%	6	5.2%
Pediatrician	3	2.0%	10	6.7%	5	4.3%
Neurosurgeon	9	6.0%	8	5.3%	4	3.5%
Psychiatrist (M.D.)	2	1.3%	3	2.0%	4	3.5%
Endocrinologist	4	2.7%	8	5.3%	2	1.7%
Social worker	2	1.3%	1	0.7%	2	1.7%
Psychologist	5	3.4%	6	4.0%	1	0.9%
Geriatrician	1	0.7%	0	0.0%	0	0.0%

Speech therapist	4	2.7%	1	0.7%	0	0.0%
Substance abuse counselor	0	0.0%	0	0.0%	0	0.0%
Pulmonologist	Not asked - 2012		10	6.7%	4	3.5%
Other	16	10.7%	11	7.3%	15	13.0%

¹⁻³ Significantly fewer 2018 respondents selected “Dentist”, “Ophthalmologists”, and “Chiropractor”.

⁴ Significantly fewer 2018 and 2015 respondents went to a general surgeon.

“Other” comments:

- PA/Radiology tech
- Sleep study
- Eye surgeon (2)
- Psychiatrist, muscle Doc. for Botox injections
- Respiratory therapist
- Emergency room (2)
- Nephrologist (2)
- REHAB/PT
- Hematology
- Internal medicine
- Mammogram
- Massage therapist; acupuncture

Overall Quality of Health Services (Question 23)

2018 N= 156

2015 N= 189

2012 N= 178

Respondents were asked to rate a variety of aspects of the overall care provided at Granite County Medical Center using the scale of 4=Excellent, 3=Good, 2=Fair, 1=Poor, and Don't Know. The sums of the average scores were then calculated with Physical therapy services receiving the top average score of 3.4 out of 4.0. Pharmacy services and Dental services both received a score of 3.3 out of 4.0. The total average score 2.9, indicates the overall services of the hospital as "Fair" to "Good."

2018	Excellent (4)	Good (3)	Fair (2)	Poor (1)	Don't know/ haven't used	No Ans	N	Avg
Physical therapy services	28	14	5	2	78	29	156	3.4
Pharmacy services	43	26	7	7	51	22	156	3.3
Dental services	19	20	2	2	80	33	156	3.3
Granite County Medical Center long term care	11	10	3	2	96	34	156	3.2
Philipsburg Clinic	21	42	13	11	46	23	156	2.8
Granite County Medical Center Hospital	12	27	9	11	71	26	156	2.7
Granite County Medical Center Emergency Room	15	25	8	11	73	24	156	2.7
Home Health/Hospice	7	2	1	5	104	37	156	2.7
Public/County Health Department	6	9	3	5	97	36	156	2.7
Drummond Clinic	5	12	4	8	90	37	156	2.5
Ambulance services	10	8	6	12	88	32	156	2.4
Mental Health Crisis services	4	0	3	4	107	38	156	2.4
TOTAL	181	195	64	80				2.9

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2015	Excellent (4)	Good (3)	Fair (2)	Poor (1)	Don't know	Haven't Used	No Ans	N	Avg
Physical therapy	67	14	3	3	21	64	17	189	3.7
Long term care	25	7	2	4	24	105	22	189	3.4
Philipsburg Clinic	65	42	9	5	13	42	13	189	3.4
Emergency room	52	24	5	9	17	71	11	189	3.3
Laboratory	53	35	8	7	21	50	15	189	3.3
Primary care	44	28	6	6	20	68	17	189	3.3
X-ray	41	28	6	6	17	77	14	189	3.3
Dental	32	17	8	7	22	87	16	189	3.2
Ambulance services	33	18	9	7	20	84	18	189	3.1
Drummond Clinic	14	25	11	9	27	85	18	189	2.7
Ultrasound	8	3	1	9	31	114	23	189	2.5
TOTAL	434	241	68	72					3.3

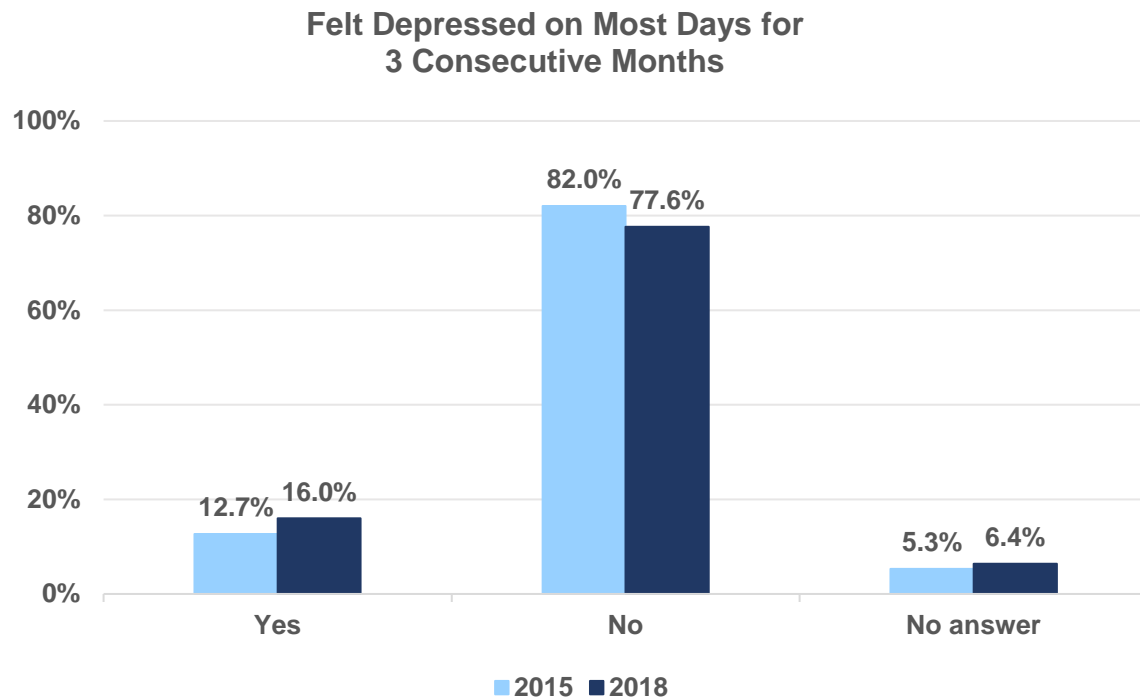
2012	Excellent (4)	Good (3)	Fair (2)	Poor (1)	Don't know/ No answer	N	Avg
Physical therapy	47	26	1	3	101	178	3.5
Long term care	24	10	2	3	139	178	3.4
Primary care	57	25	8	5	83	178	3.4
Laboratory	54	35	7	8	74	178	3.3
X-ray	38	21	7	6	106	178	3.3
Ambulance services	36	29	6	8	99	178	3.2
Dental	16	13	1	4	144	178	3.2
Emergency room	53	19	8	14	87	178	3.2
Chiropractor	14	8	2	4	164	178	3.1
Diabetes resources program	8	9	1	3	157	178	3.1
Podiatrist (foot care)	11	5	6	3	157	178	3.0
Ultrasound	5	4	1	4	164	178	2.7
Orthopedics	5	2	4	4	163	178	2.5
TOTAL	369	205	54	69			3.3

Prevalence of Depression (Question 24)

2018 N= 156

2013 N= 189

Respondents were asked to indicate if there were periods of at least three consecutive months in the past three years where they felt depressed on most days. Sixteen percent of respondents (n= 25) indicated they had experienced periods of depression, and 77.6% of respondents (n= 121) indicated they had not.

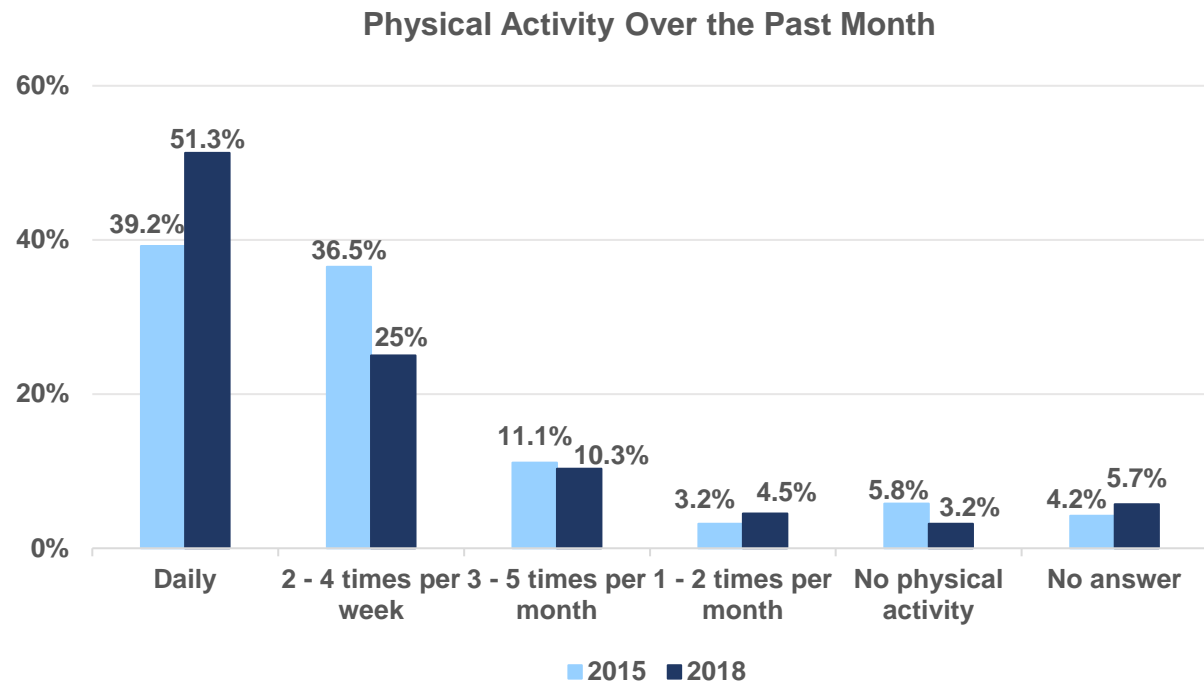


Physical Activity (Question 25)

2018 N= 156

2015 N= 189

Respondents were asked to indicate how frequently they had physical activity for at least twenty minutes over the past month. Fifty-one percent of respondents (n= 80) indicated they had “Daily” physical activity, and 25% (n=39) indicated they had physical activity of at least twenty minutes “2-4 times per week”. Three percent of respondents (n=5) indicated they had “No physical activity”.

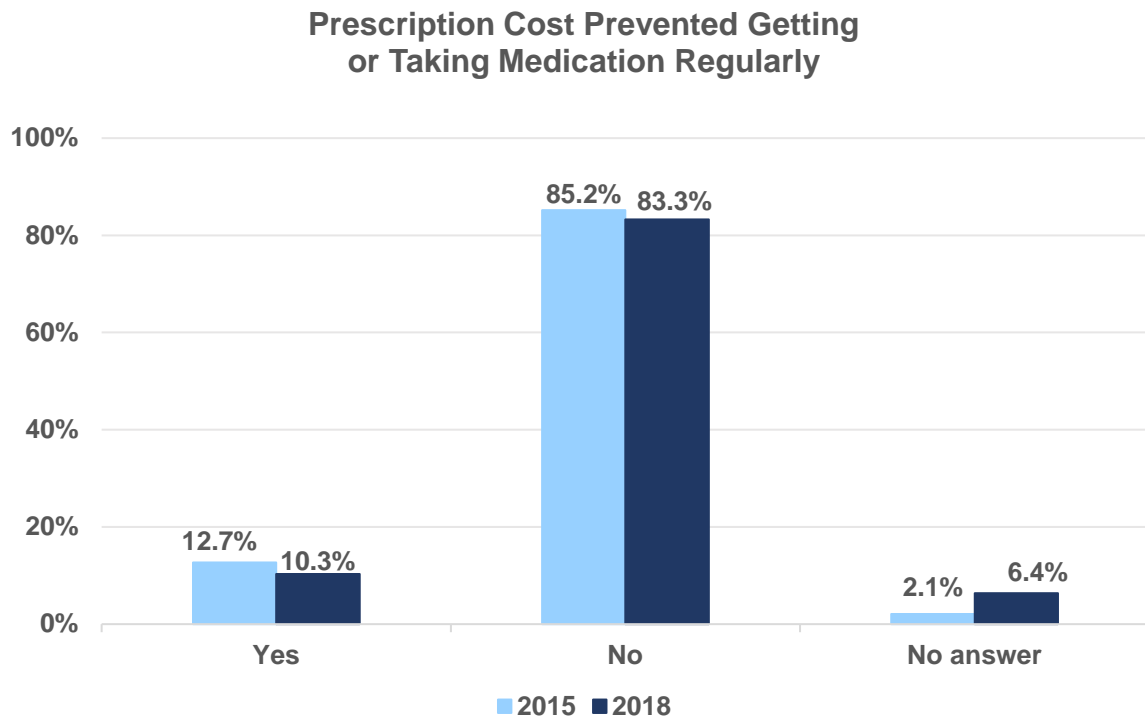


Cost and Prescription Medications (Question 26)

2018 N= 156

2015 N= 189

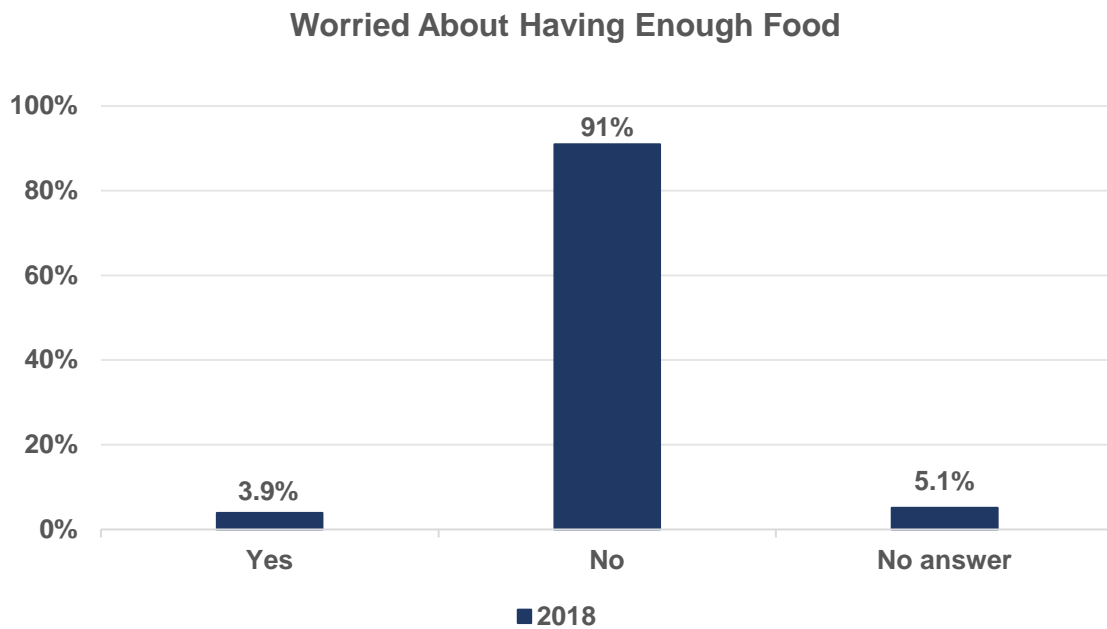
Respondents were asked to indicate if, during the last year, medication costs had prohibited them from getting a prescription or taking their medication regularly. Ten percent of respondents (n= 16) indicated that, in the last year, cost had prohibited them from getting a prescription or taking their medication regularly. Eighty-three percent of respondents (n= 130) indicated that cost had not prohibited them.



Food Insecurity (Question 27)

2018 N= 156

Respondents were asked to indicate if, during the last year, they had worried that they would not have enough food to eat. Four percent of respondents (n= 6) indicated that, in the last year, they did worry about having enough food.



Injury Prevention Measures (Question 28)

2018 N= 156

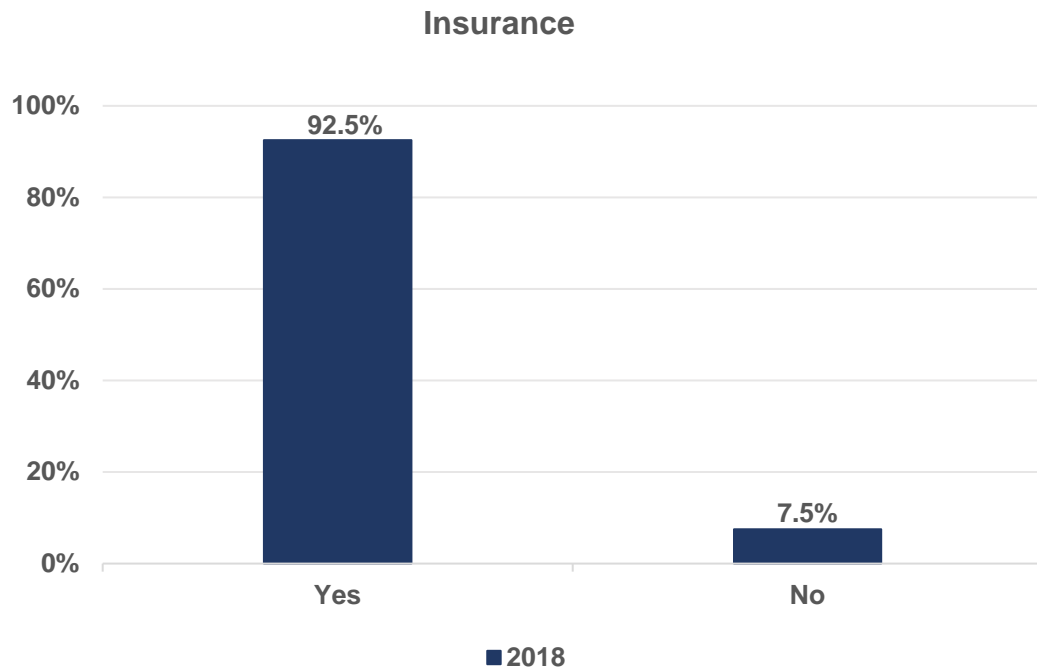
Respondents were asked to indicate which, if any, injury prevention measures they engage in. Eighty-one percent of respondents (n= 127) indicated they use a seat belt. Fifty-seven percent (n= 89) reported they regularly exercise, and 19.9% (n= 31) reported they use a designated driver.

Prevention Measure	2018	
	Count	Percent
Seat belt	127	81.4%
Regular exercise	89	57.1%
Designated driver	31	19.9%
Helmet	26	16.7%
Child car seat/booster	21	13.5%
None	10	6.4%

Insurance Coverage (Question 29)

2018 N= 156

Respondents were asked to indicate they have health insurance. Ninety-three percent (n= 135) reported they did have health coverage, 7.5% (n= 11) did not. Ten respondents chose not to answer this question.



Medical Insurance Type (Question 30)

2018 N= 128

2013 N= 142

Respondents were asked to indicate what type of medical insurance covers the majority of their medical expenses. Forty-five percent (n= 57) indicated they have “Medicare” coverage. Eighteen percent (n= 23) indicated they have “Employer sponsored”, and “Health Insurance Marketplace” was selected by 10.9% of respondents (n= 14).

Location	2015		2018	
	Count	Percent	Count	Percent
Medicare¹	46	32.4%	57	44.5%
Employer sponsored²	40	28.2%	23	18.0%
Health Insurance Marketplace	12	8.5%	14	10.9%
Medicaid ³	3	2.1%	12	9.4%
Private insurance/private plan	13	9.2%	8	6.3%
None/pay out of pocket ⁴	14	9.9%	3	2.3%
VA/military ⁵	9	6.3%	2	1.6%
Health Savings Account	2	1.4%	1	0.8%
Indian Health	0	0.0%	1	0.8%
State plan	1	0.7%	1	0.8%
Agricultural Corp. Paid	0	0.0%	0	0.0%
Healthy MT Kids	1	0.7%	0	0.0%
Other	1	0.7%	6	4.7%
TOTAL	142	100.0%	128	100.0%

^{1, 3} Significantly more 2018 respondents selected “Medicare” and “Medicaid”.

^{2, 4-5} Significantly fewer 2018 respondents selected “Employer sponsored”, “None/pay out of pocket”, and “VA/military”.

“Other” comments:

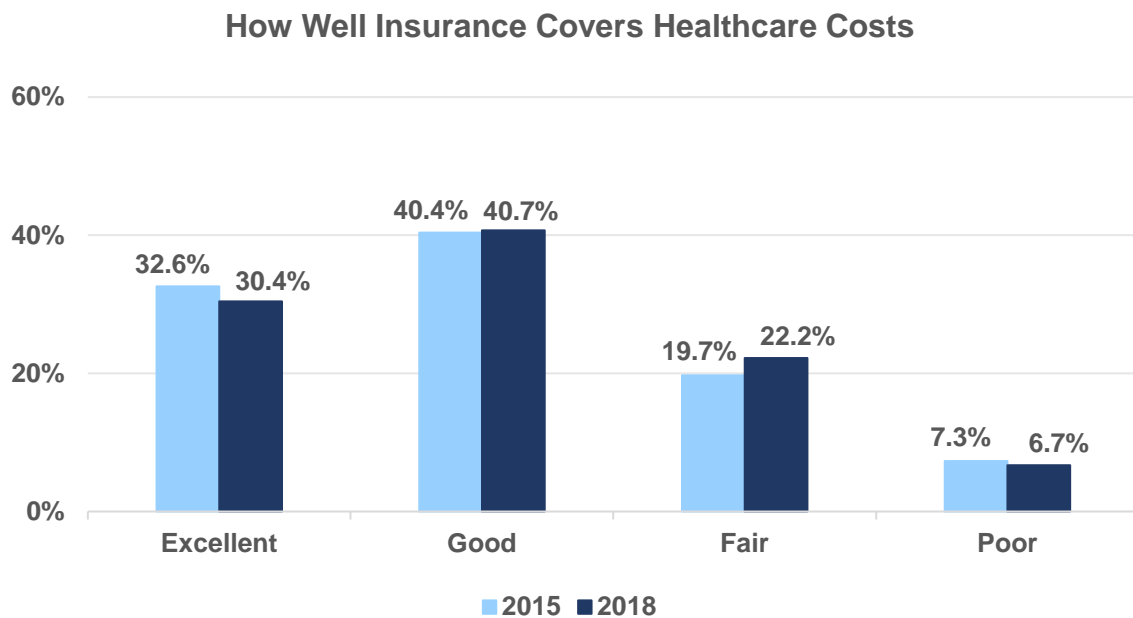
- Pacific Source
- Medicare and private insurance/private plan
- Health Insurance Marketplace and VA/Military
- Employer sponsored and state plan
- Medicare, private insurance/private plan and VA/Military
- UMR

Insurance and Healthcare Costs (Question 31)

2018 N= 135

2015 N= 178

Respondents were asked to indicate how well they felt their health insurance covers their healthcare costs. Forty-one percent of respondents (n= 55) indicated they felt their insurance covers an “Good” amount of their healthcare costs. Thirty percent of respondents (n= 41) indicated they felt their insurance was Excellent”, and 22.2% of respondents (n=30) indicated they felt their insurance was “Fair.”



Barriers to Having Health Insurance (Question 32)

2018 N= 11

The top reasons selected for not having insurance were “Cannot afford to pay for medical insurance” (54.4%, n= 6), “Other” reasons not listed (36.4%, n= 4), and “Employer does not offer insurance” (27.3%, n= 3). Respondents could select all that apply, so percentages do not equal 100%.

Reason	2018	
	Count	Percent
Cannot afford to pay for medical insurance	6	54.5%
Employer does not offer insurance	3	27.3%
Choose not to have medical insurance	1	9.1%
Other	4	36.4%

“Other” comments:

- In between plans
- Choose not to have medical insurance. Member of a medical sharing group
- Choose not to have medical insurance- V.A.
- Can't take meds
- Can't figure it out!
- Can't afford Part D Medical Insurance on Social Security

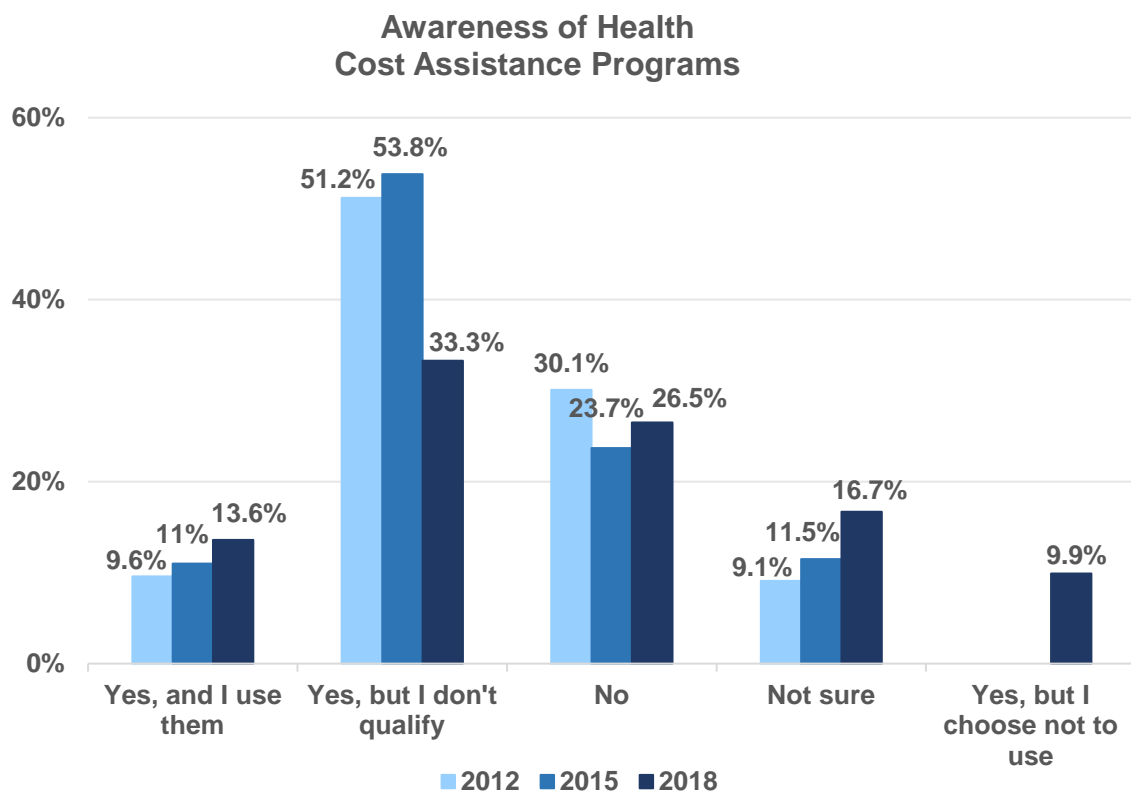
Awareness of Health Cost Assistance Programs (Question 33)

2018 N= 132

2015 N= 156

2012 N= 166

Respondents were asked to indicate their awareness of programs that help people pay for healthcare bills. Thirty-three percent of respondents (n= 44) indicated they were aware of these types of programs but did not qualify to utilize them. Twenty-seven percent (n= 35) indicated that they were not aware of these programs, and 16.7% of respondents (n= 22) indicated they were “Not sure”. Fourteen respondents chose not to answer this question.



*Significance cannot be determined because “Yes, but I choose not to use” was not asked in previous years.

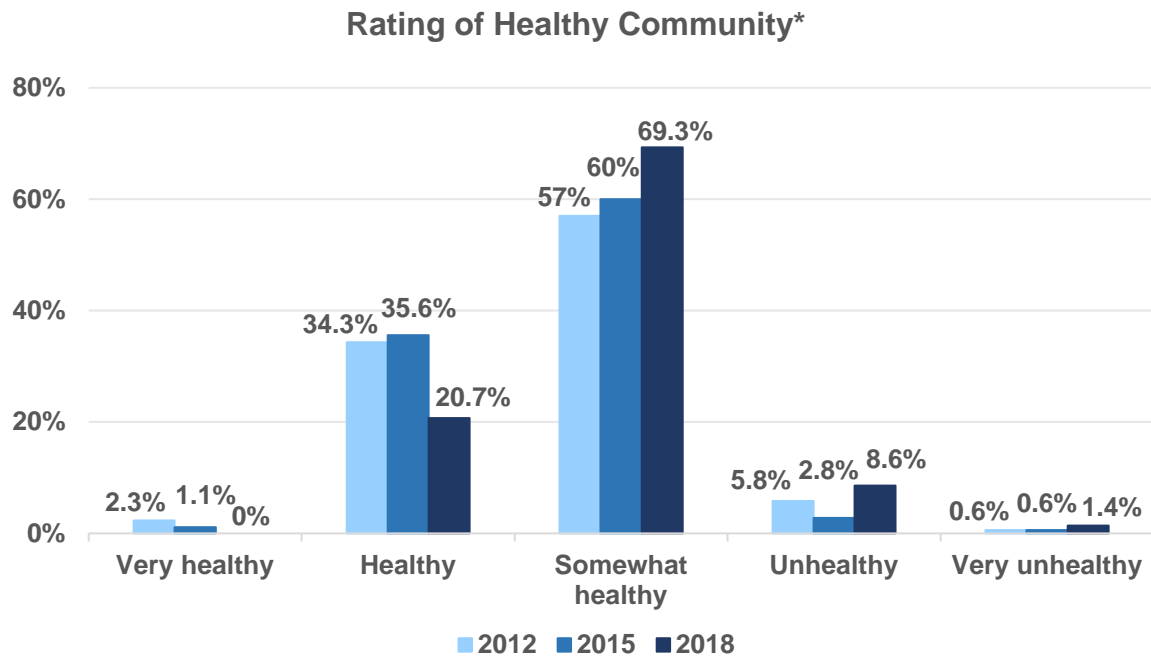
Impression of Community (Question 34)

2018 N= 140

2015 N= 180

2012 N= 172

Respondents were asked to indicate how they would rate the general health of their community. Sixty-nine percent of respondents (n= 97) rated their community as “Somewhat healthy” and 20.7% of respondents (n=29) felt their community was “Healthy.” Sixteen respondents chose not to answer this question.



*Significantly fewer 2018 respondents felt the community was “Healthy”.

VI. Focus Group and Key Informant Interview Methodology






Four focus groups and two key informant interviews were conducted in November of 2018. Participants were identified as people living in Granite County.




Twenty people participated in the focus group interviews. The focus groups were designed to represent various consumer groups of healthcare including senior citizens, local community members, and community leaders. The focus groups were held at the Granite County Courthouse,

Philipsburg Library, Philipsburg Brewing Company, and the Drummond Wagon Wheel Café. The meetings lasted up to 90 minutes in length and followed the same line of questioning. Focus group interview and key informant interview questions can be found in Appendix F. The questions and discussions were led by Amy Royer with the Montana Office of Rural Health.

VII. Focus Group and Key Informant Interview Themes

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

 Mental Health	<ul style="list-style-type: none">• Mental health and suicide were significant concerns in all focus groups and interviews. The community was just impacted by several suicides and one participant mentioned that there had been 4 in one month. - “The community seems to have a lot of suicides in relation to the population”.• “Mental health is absolutely an issue, and mental health services in the area are woefully inadequate”.
 Access to Healthcare	<ul style="list-style-type: none">• Many utilize the hospital for primary care, but indicated they need to travel elsewhere for most other services.• Lack of follow up and continuity of care within the hospital was mentioned in several focus groups. One participant stated, “I have had a couple instances where the staff will say they will call you back right away or tomorrow, and then won’t get back to you at all”.• Residents from Drummond were disappointed with the local clinic and felt that it lacked consistency and needed to be open more hours.
 Senior Needs	<ul style="list-style-type: none">• Chronic diseases and health issues related to an aging population. – “We have nothing here for seniors aside from the nursing home. If seniors need to be checked on every day, there just isn’t that service”.• A need for home health, in home personal assistance, transportation services and more housing options were mentioned frequently.

 <p>Emergency Medicine</p>	<ul style="list-style-type: none"> • Lack of EMS and ambulance services were mentioned in every focus group. Participants indicated that ambulances must travel from other communities or life- flight must be called because there are not enough volunteers on call - “The ambulance service is not good, they use life flight a lot. We make do with what we have but because it is all volunteer, often times they don’t show up”.
 <p>Alcohol Use</p>	<ul style="list-style-type: none"> • Substance abuse, particularly alcohol use, was mentioned frequently. Many community members mentioned a “culture of drinking.” • “It (Alcohol use) is probably the biggest issue in the community for every age group. It is a problem that is underrecognized. There is a culture around alcohol and many might not realize that they have a problem”.
 <p>Services Needed in the Community</p>	<ul style="list-style-type: none"> • Mental health counselors and professionals. • Addiction resources and counseling. • Public health nurse • More ambulance volunteers. • Visiting specialists. • Home health and in-home assistance for seniors. • Assisted living facility. • Day care services. • Community center.

VIII. Executive Summary

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

Areas of Opportunity Identified Through Assessment	Secondary Data	Survey	Focus Groups
Access to Healthcare Services <ul style="list-style-type: none"> Barriers to Access <ul style="list-style-type: none"> Transportation (ambulance services) Appointment availability in clinic Minimal clinic hours (Drummond clinic) Issues with follow-up/continuity of care Primary healthcare workforce shortage Senior services- home health (high proportion of 65+ in county) Access mental health services EMS 	X	X X X X X X X X X X	X X X X X X X X X X
Wellness and Prevention <ul style="list-style-type: none"> Overweight & Obesity <ul style="list-style-type: none"> Physical inactivity Access to indoor recreational and fitness opportunities 	X X X	X X X X	X X X X
Behavioral Health <ul style="list-style-type: none"> Lack of mental health services Crisis intervention/management Depression/Suicide Alcohol/drug use Tobacco use 	X X X X	X X X X	X X X X
Injury and Violence <ul style="list-style-type: none"> Seatbelt use Distracted driving Suicide deaths Unintentional injury deaths 	X X X X X	X X X	X X
Chronic Disease <ul style="list-style-type: none"> Leading cause of death: Heart disease, Cancer, CLRD Cancer prevalence Higher rates of heart attack hospitalizations 	X X X X	X X	X

Appendix A – Steering Committee

Steering Committee Member	Organization Affiliation
Kayla Sanders, Project Director	HRSA Planning Grant, Granite County Medical Center
Anna Hoppe, Outreach Manager	Providence Health and Services
Lyn Ankelman, Clinical Director	Western Montana Mental Health Center
Kristi Mainwaring, Board Member	Granite County Medical Center
Gary Jenks	Granite County Food Pantry
Maria Stoppler, CEO, DON	Granite County Medical Center
Annie Young, RN	Granite County Public Health
Dr. Rich Molteni	Granite County Medical Foundation
Ginny Gallagher	H&R Thrift Store
Edward Amberg, PA-C	Granite County Medical Center
Peggy Schlesinger, MD	Citizen – retired health professional
Jodi Oberweiser, Teacher/Librarian	Drummond School District
K. Lorraine Dell-Bishop	Philipsburg Community Member
Shirley Cornelius	Alzheimer's Awareness Group



Appendix B – Secondary Data

Granite County
Secondary Data Analysis



MONTANA
STATE UNIVERSITY

Office of Rural Health
Area Health
Education Center

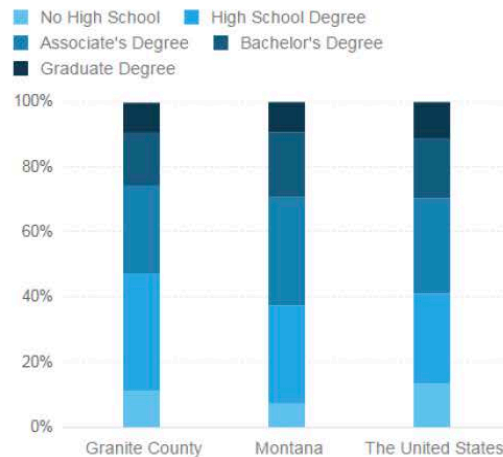
Demographic Measure (%)		County ^{3,2}			Montana ²			Nation ^{1,2, 15}		
Population		3,209			1,032,949			321,418,820		
Population Density		1.8			6.8			Not relevant		
Veteran Status		16.1%			11.1%			8%		
Disability Status		23.3%			16.5%			15.2%		
Age		<5	18-64	65+	<5	18-64	65+	<5	18-64	65+
		3.8%	55.8%	28.4%	6%	54.9%	17.2%	6.2%	56%	14.9%
Gender		Male		Female	Male		Female	Male		Female
		50.2%		49.8%	50.3%		49.7%	49.2%		50.8%
Race/Ethnic Distribution	White	96.8%			89.2%			77.1%		
	American Indian or Alaska Native	0.7%			6.6%			1.2%		
	Other ‡	2.6%			5.1%			36.7%		

¹County Health Ranking, Robert Wood Johnson Foundation (2012) †Black, Asian/Pacific Islanders, Hispanic & Non-Hispanic Ancestry

²US Census Bureau Fact Finder (2016) ³County Health Profiles, DPPHS (2015)

¹⁵U.S. Department of Veterans Affairs

Highest Degree Attained



Granite County

No High School	11.15%
High School Degree	35.98%
Associate's Degree	27.04%
Bachelor's Degree	16.14%
Graduate Degree	9.24%

Montana

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

The United States

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

⁴National Center for Education Statistics

Socioeconomic Measures (%)	County ^{1,2,12,16}	Montana ^{1,2,5,16}	Nation ^{2,5,6,7,8,13}
Median Income	\$48,512	\$46,766	\$53,482
Unemployment Rate	6.1%	4.7%	4.9%
Persons Below Poverty Level	14.1%	14.6%	13.5%
Uninsured Adults (Age <65)	21%	17%	13.3%
Uninsured Children (Age <18)	N/A	11.0%	5.5%
Children in Poverty	24%	16%	21%
Enrolled in Medicaid ¹²	6.3%	9.4%	1 in 5
Enrolled in Free/Reduced Lunch Pre-k through 12 th grade	124	62,951	-
SNAP Participants All ages, FY 2015	215	118,704	-

¹County Health Ranking, Robert Wood Johnson Foundation (2017) ⁶Center for Disease Control and Prevention (CDC), Health Insurance (2014)

²US Census Bureau (2015) ⁷Bureau of Labor Statistics (August 2016) ⁵Montana Dept of Labor and Industry, Research & Analysis Bureau (August 2015) ⁸National Center for Children in Poverty ¹²MT-DPHHS Medicaid Expansion Dashboard (2018) ¹³Medicaid.gov (2018) ¹⁶Montana Kids Count (2016)

Maternal Child Health ³	County	Montana
<i>Births</i> <i>Between 2011-2013</i>	55	35,881
<i>Born less than 37 weeks</i>	N/A	9.1%
<i>Teen Birth Rate (females age 15-19)</i> <i>Per 1,000 years 2009-2013</i>	N/A	32.0
<i>Smoking during pregnancy</i>	N/A	16.3%
<i>Receiving WIC</i>	N/A	34.6%
<i>Children (2-5 years of age) overweight or obese</i>	N/A	27.9%
<i>Childhood Immunization Up-To-Date (UTD) % Coverage*</i>	N/A	63.6%

³County Health Profiles, DPPHS (2015) * UTD = 4 DTaP, 3 Polio, 1 MMR, 3/4 Hib, 3 Hep B, 1 Var, 4 PCV by 24 – 35 month old children.

¹⁷MT-DPHHS Clinic Immunization Results (2016-2017)

Behavioral Health	County ^{1,19}	Montana ^{1,19}	Top U.S. Performers ¹
Adult Smoking	15%	19%	14%
Excessive Drinking	19%	21%	13%
Adult Obesity	26%	25%	26%
Poor Mental Health Days (Past 30 days)	3.1	3.5	3.1
Physical Inactivity	26%	21%	20%
Drug Use Hospitalization Rate Per 100,000 population	N/A	372.5	-

¹County Health Ranking, Robert Wood Johnson Foundation (2018) ¹⁹IBIS Community Snapshot, MT- DPPHS ⁹Center for Disease Control and Prevention (CDC), National Vital Statistics (2014)

<i>Unsafe Driving</i>	Montana	Nation
<i>Do NOT wear seatbelts – Adults</i>	26.2%	11.8%
<i>Do NOT wear seatbelts – Students 9-12th grade</i>	22.3%	9.5%
<i>Drink and Drive</i>	2.7%	1.9%
<i>Text and Drive – Students 9-12th grade</i>	3.2	3.6

¹⁶ Montana State Health Assessment (2017)

<i>Communicable Diseases (per 100,000 people)³</i>	County	Montana
<i>Chlamydia</i>	95.8	366.24
<i>Hepatitis C</i>	10.7	122.95
<i>Pertussis</i>	21.3	44.60

³ County Health Profiles, DPPHS (2015)

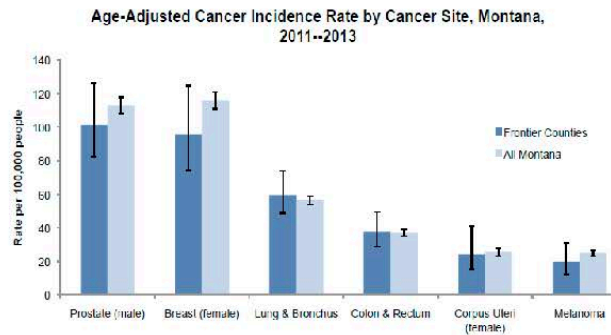
<i>Chronic Conditions</i>	County	Montana
<i>Stroke Hospitalization Rate Per 100,000 population</i>	80.4	152
<i>Diabetes Hospitalization Rate Per 100,000 population</i>	719.4	1058.9
<i>COPD Emergency Department Visit Rate Per 100,000 population</i>	283.5	669.9
<i>Acute Myocardial Infarction (MI) Hospitalization Rate Per 100,000 population</i>	151.3	118.1

³ County Health Profiles, DPPHS (2015)

¹⁰ Center for Disease Control and Prevention (CDC) (2014)

<i>Cancer Prevalence</i>	County ³	Montana ³	Nation ¹⁰
<i>All Sites Cancer Per 100,000 population</i>	451.8	439.8	448.7

¹⁰ Center for Disease Control and Prevention (CDC) (2014)



Mortality ^{9,11}	County ^{20,21}	Montana ^{9,11,19,20}	Nation ^{9,11}
<i>Suicide Rate per 100,000 population</i>	N/A	22.5	13.4
<i>Unintentional Injury Death Rate per 100,000 population</i>	43.0	41.3	41.3
<i>Pneumonia/Influenza Mortality per 100,000 population</i>	N/A	11.1	13.5
<i>Diabetes Mellitus² per 100,000 population</i>	N/A	23.6	21
<i>Leading Causes of Death</i>	N/A	1. Cancer 2. Heart Disease 2. Unintentional Injuries	1. Heart Disease 2. Cancer 3. CLRD*

⁹ Center for Disease Control and Prevention (CDC), National Vital Statistics (2014)

*Chronic Lower Respiratory Disease

¹¹ Kaiser State Health Facts (2016) ¹⁹ IBIS Community Snapshot, MT- DPPHS ²⁰ Preventable Deaths in Montana (2015) ²¹ Suicide in Montana, MT-DPPHS (2018)

Appendix C – Survey Cover Letter



November 13, 2018

Dear [LASTNAME] household:

Participate in our Community Health Needs Assessment survey for a chance to **WIN one of two \$50 gas cards!**

Healthy Granite County Network is partnering with the Montana Office of Rural Health (MORH) to administer a community health needs assessment survey. The purpose of the survey is to obtain information from a wide range of participants to assist in planning our programs, services, and facilities to best serve our community. Your help is critical in determining health priorities and future needs.

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

1. Due date to complete survey: December 14, 2018
2. Complete the enclosed survey and return it in the envelope provided - no stamp needed. You can also access the survey at <http://helpslab.montana.edu/survey.html>. Select "Healthy Granite County Network Survey." Your access code is **[CODED]**
3. The winners for the \$50 Visa gas cards will be contacted the week of December 17th.

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

Thank you for your assistance. We appreciate your time.

Sincerely,

Healthy Granite County Network

Appendix D – Survey Instrument

Community Health Services Development Survey Healthy Granite County Network

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

1. How would you rate your own personal health?

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

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

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

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

<input type="checkbox"/> Access to childcare/after school programs	<input type="checkbox"/> Good jobs and a healthy economy	<input type="checkbox"/> Parks and recreation
<input type="checkbox"/> Access to healthcare and other services	<input type="checkbox"/> Good schools	<input type="checkbox"/> Religious or spiritual values
<input type="checkbox"/> Affordable housing	<input type="checkbox"/> Healthy behaviors and lifestyles	<input type="checkbox"/> Strong family life
<input type="checkbox"/> Arts and cultural events	<input type="checkbox"/> Low crime/safe neighborhoods	<input type="checkbox"/> Suicide prevention
<input type="checkbox"/> Clean environment	<input type="checkbox"/> Low death and disease rates	<input type="checkbox"/> Tolerance for diversity
<input type="checkbox"/> Community involvement	<input type="checkbox"/> Low level of domestic violence	<input type="checkbox"/> Transportation services
		<input type="checkbox"/> Other: _____

4. How do you rate your knowledge of the health services that are available in our community?

☐ Excellent ☐ Good ☐ Fair ☐ Poor

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

<input type="checkbox"/> Friends/family	<input type="checkbox"/> Presentations	<input type="checkbox"/> Social media
<input type="checkbox"/> Healthcare provider	<input type="checkbox"/> Public health	<input type="checkbox"/> Website/internet
<input type="checkbox"/> Mailings/newsletter	<input type="checkbox"/> Public Library	<input type="checkbox"/> Word of mouth/reputation
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Radio	<input type="checkbox"/> Other: _____

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

<input type="checkbox"/> Dentist	<input type="checkbox"/> Meals on Wheels	<input type="checkbox"/> Senior center
<input type="checkbox"/> Fitness center	<input type="checkbox"/> Mental health	<input type="checkbox"/> Substance abuse services
<input type="checkbox"/> Food Banks	<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Home care services	<input type="checkbox"/> Public health	

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7. In your opinion, what would improve our community's access to healthcare? **(Select ALL that apply)**
- | | |
|--|---|
| <input type="checkbox"/> Cultural sensitivity | <input type="checkbox"/> More primary care providers |
| <input type="checkbox"/> Greater access to health insurance | <input type="checkbox"/> More specialists |
| <input type="checkbox"/> Greater health education services | <input type="checkbox"/> Outpatient services expanded/weekend hours |
| <input type="checkbox"/> Improved quality of care | <input type="checkbox"/> Telemedicine |
| <input type="checkbox"/> Interpreter services | <input type="checkbox"/> Transportation assistance |
| <input type="checkbox"/> More information about available services | <input type="checkbox"/> Other: _____ |
8. If any of the following classes/programs were made available to the community, which would you be most interested in attending? **(Select ALL that apply)**
- | | | |
|--|--|--|
| <input type="checkbox"/> Alcohol/substance abuse | <input type="checkbox"/> Health and wellness | <input type="checkbox"/> Prenatal |
| <input type="checkbox"/> Alzheimer's/dementia | <input type="checkbox"/> Heart disease | <input type="checkbox"/> Smoking/tobacco cessation |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Living will | <input type="checkbox"/> Suicide prevention |
| <input type="checkbox"/> Depression/anxiety | <input type="checkbox"/> Men's health | <input type="checkbox"/> Support groups |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Mental health | <input type="checkbox"/> Weight loss |
| <input type="checkbox"/> First aid/CPR | <input type="checkbox"/> Nutrition | <input type="checkbox"/> Women's health |
| <input type="checkbox"/> Fitness | <input type="checkbox"/> Parenting | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Grief counseling | | |
9. Which of the following preventative services have you used in the past year? **(Select ALL that apply)**
- | | | |
|---|---|---|
| <input type="checkbox"/> Blood panel | <input type="checkbox"/> Hearing check | <input type="checkbox"/> Routine health checkup |
| <input type="checkbox"/> Children's checkup/Well baby | <input type="checkbox"/> Mammography | <input type="checkbox"/> Skin cancer screening |
| <input type="checkbox"/> Cholesterol check | <input type="checkbox"/> Mental health counseling | <input type="checkbox"/> Vision check |
| <input type="checkbox"/> Colonoscopy | <input type="checkbox"/> Pap smear | <input type="checkbox"/> None |
| <input type="checkbox"/> Dental exam | <input type="checkbox"/> Prostate (PSA) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Flu shot/immunizations | <input type="checkbox"/> Routine blood pressure check | |
10. What additional healthcare services would you use if available locally? **(Select ALL that apply)**
- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Audiologist (ear) | <input type="checkbox"/> MRI | <input type="checkbox"/> Pediatrician |
| <input type="checkbox"/> Cancer care | <input type="checkbox"/> Naturopathy | <input type="checkbox"/> Psychiatrist |
| <input type="checkbox"/> CT (CAT) scan | <input type="checkbox"/> OB/GYN | <input type="checkbox"/> Telemedicine |
| <input type="checkbox"/> Mammography | <input type="checkbox"/> Outpatient surgery | <input type="checkbox"/> Urology |
| <input type="checkbox"/> Medication management | <input type="checkbox"/> Ophthalmologist (eye) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Mental/behavioral health/counseling | <input type="checkbox"/> Orthopedic surgery | |
| | <input type="checkbox"/> Pain management | |
11. How important are local healthcare providers and services (i.e.: hospitals, clinics, nursing homes, assisted living, etc.) to the economic well-being of the area?
- ☐ Very important ☐ Important ☐ Not important ☐ Don't know
12. In the past three years, was there a time when you or a member of your household thought you needed healthcare services but did NOT get or delayed getting medical services?
- ☐ Yes ☐ No **(If no, skip to question 14)**

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

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

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 17**)

15. If yes, which hospital does your household use MOST for hospital care? (**Select ONLY 1**)

- | | |
|--|--|
| <input type="checkbox"/> Community Hospital of Anaconda | <input type="checkbox"/> St. James Healthcare – Butte |
| <input type="checkbox"/> Community Medical Center – Missoula | <input type="checkbox"/> St. Patrick Hospital – Missoula |
| <input type="checkbox"/> Deer Lodge Medical Center | <input type="checkbox"/> VA Facility |
| <input type="checkbox"/> Granite County Medical Center – Philipsburg | <input type="checkbox"/> Other: _____ |

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

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

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

- ☐ Yes ☐ No (**If no, skip to question 20**)

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

- | | |
|---|--|
| <input type="checkbox"/> Anaconda | <input type="checkbox"/> Granite County Medical Center – Philipsburg |
| <input type="checkbox"/> Butte | <input type="checkbox"/> Missoula |
| <input type="checkbox"/> Deer Lodge | <input type="checkbox"/> VA Facility |
| <input type="checkbox"/> Granite County Medical Center – Drummond | <input type="checkbox"/> Other: _____ |

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

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

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

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

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

- ☐ Community Hospital of Anaconda ☐ St. James Healthcare – Butte
☐ Community Medical Center – Missoula ☐ St. Patrick Hospital – Missoula
☐ Deer Lodge Medical Center ☐ VA Facility
☐ Granite County Medical Center – Philipsburg ☐ Other: _____

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

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

23. The following services are available in Granite County. Please rate the overall quality for each service by circling your answer. (Please circle N/A if you have not used the service)

	Excellent	Good	Fair	Poor	Haven't used	Don't Know
Philipsburg Clinic	4	3	2	1	N/A	DK
Drummond Clinic	4	3	2	1	N/A	DK
Granite County Medical Center Hospital	4	3	2	1	N/A	DK
Granite County Medical Center Emergency Room	4	3	2	1	N/A	DK
Granite County Medical Center long term care	4	3	2	1	N/A	DK
Ambulance services	4	3	2	1	N/A	DK
Mental Health Crisis services	4	3	2	1	N/A	DK
Home Health/Hospice	4	3	2	1	N/A	DK
Public/County Health Department	4	3	2	1	N/A	DK
Pharmacy services	4	3	2	1	N/A	DK
Dental services	4	3	2	1	N/A	DK
Physical Therapy Services	4	3	2	1	N/A	DK

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

27. In the past year, did you worry that you would not have enough food?

☐ Yes ☐ No

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

☐ Child car seat/booster ☐ Regular exercise
☐ Designated driver ☐ Seat belt
☐ Helmet ☐ None

29. Do you have health insurance?

☐ Yes ☐ No **(If no, skip to question 32)**

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

☐ Agricultural Corp. Paid ☐ Indian Health ☐ VA/military
☐ Employer sponsored ☐ Medicaid ☐ None/pay out of pocket
☐ Health Insurance Marketplace ☐ Medicare ☐ Other: _____
☐ Health Savings Account ☐ Private insurance/private plan
☐ Healthy MT Kids ☐ State plan

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

☐ Excellent ☐ Good ☐ Fair ☐ Poor

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

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

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

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

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

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

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Demographics

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

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

☐ 59858 Philipsburg

☐ 59837 Hall

☐ 59832 Drummond

☐ 59711 Anaconda

☐ Other: _____

36. How long have you lived in Granite County?

☐ 0-5 years

☐ 6-15 years

☐ 16+ years

37. How many months do you live in Granite County each year?

☐ 3 or less

☐ 4-6 months

☐ 7-9 months

☐ 10-12 months

38. What is your gender?

☐ Male

☐ Female

☐ Other

39. What age range represents you?

☐ 18-25

☐ 46-55

☐ 76-85

☐ 26-35

☐ 56-65

☐ 86+

☐ 36-45

☐ 66-75

40. What is your employment status?

☐ Work full time

☐ Collect disability

☐ Work part time

☐ Unemployed, but looking

☐ Retired

☐ Not currently seeking employment

☐ Student

☐ Other _____

[CODED]

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

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

THANK YOU VERY MUCH FOR YOUR TIME

Please note that all information will remain confidential

Appendix E – Responses to Other and Comments

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

- Health insurance affordability
- Don't know
- Case management of chronic disease

Question 3: Select the three items below you believe are the most important for a healthy community

- Something for the kids to do besides drinking
- No food insecurity

Question 5: How do you learn about the healthcare services available in our community?

- Hearsay
- Rumor
- Read about services provided by Granite County Clinics
- TV
- Using the healthcare provider for over 40 years

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

- None of them (4)
- Hospital
- Drummond clinic
- Eye surgery
- VA
- Hospice (compasses)
- None, no full time DR
- Social groups: knitting, weaving, coffee gatherings
- Butte, Anaconda
- Clinic

Question 7: in your opinion, what would improve our community's access to healthcare?

- Mental health services
- Upgrade primary care
- Sell the MAF to a health care provider!!
- Affordable care especially to the UNINSURED
- Home health
- More days when Drummond Clinic is open
- When your DR only works 2 days a week it is a pain. Wish Ashlay Westphal worked more
- Don't know
- Get a 24/7 DR. Nothing but a clinic
- Public health expanded hours

- Self-help groups: AA, Al anon, diabetes support

Question 8: If any of the following classes/programs were made available to the community, which would you be most interested in attending?

- Parkinson's
- None (4)
- Epilepsy
- Too old to attend any
- Strong Women classes

Question 9: Which of the following preventative services have you used in the past year?

- Stitches removal
- In Granite county went to MSCA for them
- Not this hospital!
- All done outside of Granite County (5)
- Pneumonia shot
- Surgery
- Unsure at this time
- Chiropractic, massage, acupuncture

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

- Optometrist
- WR Dr. in Missoula
- Not in Anaconda, MT
- Podiatrist
- Cardiologist
- Not this hospital!
- None here (5)
- Dermatology
- Only if necessary!
- Dental
- EEG
- Pap smear, diabetic foot cares
- Not sure at this time
- Strong Women and other fitness and socialization classes

Question 13: If yes, what were the **three** most important reasons why you did not receive healthcare services?

- I just didn't use it
- Not a fully equipped hospital
- Sent to Anaconda
- Procrastination. Have not followed up on cataracts issues
- Called for an ambulance and it took 1 and ½ hours to arrive
- I work for the state of Montana and have over \$1000 deductible

- Nurse did not call back. Nurse did not make appt (Philipsburg)
- No DR. on duty
- Health care is spotty here. Waited over an hour for someone to draw blood, then found they would have to send my blood to be tested 40 minutes away and then wait for results. I left health care facility and traveled the 40 miles. My next emergency I bypassed the facility here. Needless to say, I won't be back

Question 15: If yes, which hospital does your household use MOST for hospital care?

- Community Medical Center- Missoula and St. Patrick Hospital- Missoula
- Kalispell (2)

Question 16: Thinking about the hospital you were at most frequently, what were the **three** most important reasons for selecting that hospital?

- Far enough from home that I'm unlikely to know staff members. Nicest facilities, fairly modern website and use of technology
- Did not trust local services
- Surgeon was in Anaconda
- Pediatrician

Question 18: Where was that primary healthcare provider located?

- Anaconda VA facility
- Looking local
- New Mexico- HAFB
- Rexburg, ID

Question 19: Why did you select the primary care provider you are currently seeing?

- I cared more about selecting a good clinic than individual PCPs
- I have had the same personal doctor for 30 years
- Only one who would take a new patient on Medicare
- Saw her when she was in Drummond Clinic
- Like Granite Co. Clinic
- Better care
- I like it!
- State of MT provides clinics for employees free of cost
- They have service I need and a fully operating hospital nearby that can provide any other services. Not like GCMC, a Band-Aid station
- Friend of mine
- I like her
- DR. is a friend and an excellent DR
- Need for primary care doctor. Missoula had the closest to home 45 miles when we moved here

Question 21: Where was the healthcare specialist seen?

- American Eye Care (Anaconda)
- Ophthalmologist in Butte
- Missoula private practice; telemedicine private practice
- 5 Valleys Urology – Missoula (3)
- Neurologist Missoula
- Missoula (3)
- Blue Mountain, Missoula- PT
- Kalispell/Missoula Cardiology
- Day Clinic Missoula
- Private office (2)
- Dermatologist – Missoula
- Butte private practice
- Helena (3)
- Skin Care, Eye Dr. Missoula
- Western Montana Clinic- Missoula, Providence Broadway Clinic- Missoula, Dr. Petrino Dental
- Missoula Bone & Joint (4)
- Bozeman Deaconess and Missoula ENT
- Kalispell
- Providence House
- Billings Clinic
- Kalispell Regional and Almogordo, NC
- Rexburg, ID
- Providence- Missoula

Question 22: What type of healthcare specialist was seen?

- PA/Radiology tech
- Sleep study
- Eye surgeon (2)
- Psychiatrist, Muscle Doc. for Botox injections
- Respiratory therapist
- Emergency room (2)
- REHAB/PT
- Hematology
- Internal medicine
- Mammogram
- Massage therapist; acupuncture

Question 30: What type of medical insurance covers the **majority** of your household's medical expenses?

- Pacific Source
- Medicare and private insurance/private plan

- Health Insurance Marketplace and VA/Military
- Employer sponsored and state plan
- Medicare, Private insurance/private plan, and VA/Military
- UMR

Question 32: If you **do NOT** have medical insurance, why?

- In between plans
- Choose not to have medical insurance. Member of a medical sharing group
- Choose not to have medical insurance- V.A.
- Can't take meds
- Can't figure it out!
- Can't afford Part D Medical Insurance on Social Security

Question 40: What is your employment status?

- Disabled income
- Self employed
- Operate a ranch
- Husband works Ranch, too far for me to go for work
- Self-employed
- Homemaker
- Disabled, no income

Appendix F –Focus Group/Key Informant Interview Questions

Focus Group

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

Key Informant Interview

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

Appendix G – Focus Group/Key Informant Interview Notes

Key Informant Interview #1

Wednesday, November 21, 2018- Anonymous–Via phone interview

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

- The community is an aging community, so I think it is lacking in senior services. Meals on wheels, home health, hospice. This especially a problem for people who don't live in the right in the community. We need services for those who are not in the nursing home so that they can stay at home longer.
- Childcare is also an issue for kids who are too young to be in school.
- Preschool and daycare services are needed.

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

- Substance abuse in the area is always an issue. Alcohol specifically. It is probably the biggest issue in the community. For every age group. It is a problem that is underrecognized. There is a culture around alcohol and many might not realize that they have a problem.
- This (alcohol abuse) is the biggest one.

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

- Senior services.
- More resources for young children.
- From a primary care standpoint, they (the hospital) have a lot of resources. From a preventative standpoint they are kind of lacking.
- More indoor exercise options or a gym. There needs to be more opportunities to stay active in the winter, especially for older citizens.
- There needs to be a culture change around alcohol and an increase in the opportunities for local low-cost activities, especially for high school, so that there is more to do than drink alcohol when they are not in sports.
- The drinking is a rural Montana issue.
- The community needs treatment opportunities like substance abuse counselling so that those who identify that they have a problem can get some help.
- Mental health counseling is needed too. Mental health is absolutely an issue, and mental health services in the areas are woefully inadequate.

Key Informant Interview #2

Friday, November 30, 2018- Anonymous–Via phone interview

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

- A more robust transportation service is needed.
- More consistent providers and availability. If you go to Granite County, the provider is really only there two days a week because they move between the two facilities. It is hard to have good follow-up care if you don't see the same person.
- We need several more mental health providers for the valley. There is one that works two days a month and her case load is full. She's she doesn't usually take Medicaid, but she is willing to get less reimbursement for our county because she knows the need is so great.
- More senior options are needed. Seniors in the community have a lot of needs. They need rides and consistent meals where they can leave their homes and make connections with other people. Maybe need some low-income housing, assisted living, independent. We have nothing here for seniors aside from the nursing home. If seniors need to be checked on every day, there just isn't that services. Area 5 can only come once a week.

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

- I think access to care and affordability of the care. Basic transportation in general is an issue. Adequate providers and consistent hours. There aren't consistent hours in the community, especially in Drummond. If the clinic isn't open that day you might as well go to Missoula. It might not even be about keeping people in the community at this point but having transportation services to Missoula, or to Deer Lodge. The situation is not handled professionally with the Drummond clinic. Consistency is a big issue with the (Drummond) clinic. The hospital says they do home visits, but I've never seen them go out in the community. The hospital used to actually do home visits and it was well utilized several times a week - this service connected patients back to the facility. This was great for higher risk patients, it keeps them in their homes longer and made it easier for when they are ready to go to the nursing home because the relationship is already established. There is no home health services in Granite county that I am aware of.
- Mental health is included and a separate issue within the access to care. Mental health including the stigma that goes with obtaining mental health services. Recognizing what is healthy for mental health is a stigma. People often don't recognize or understand what consists of a healthy mental or psychological state. It starts with families and children and continues throughout life. We go to the doctor

for physical needs but we don't take care of ourselves emotionally. Maybe even understanding what the barriers are with mental health. It's isolation, it's socioeconomic, it's roles models, how to cope etc. At early ages children are not taught how to cope with anger or frustrations – there is not much emphasis on family health. Face to face contact seems to be less and less – everyone has an iPhone.

- Within this it means that families have jobs that pay and affordable houses to live in. In our community, there is a lack of good jobs and housing.

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

- More consistent providers.
- Mental health.
- In the school, implement the PAX behavior program. It's an extensive program that trains the teachers how to teach coping strategies to 1st and 2nd graders. They did a study and after 30 years of follow up, all the children who had been trained has less mental health issues as adults. Less suicide, divorce, drug abuse etc. It is really expensive, because the trainer comes on site and the teachers get re-trained every year. The bigger schools in the state have gotten grants to provide this training.
- Home health.
- Senior living options.

Focus Group #1

Thursday, November 1, 2018 – 12pm-1pm – Courthouse, Granite County, Philipsburg, MT

Participants 4 (1 male, 3 female)

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

- Prozac – depression and anxiety are issues
- I work for the VFW and I see a lot of veterans with subpar care and we need to reach out to those people and actually look more in depth with their care.
- Mental health within the community. We did have a mental health care provider in Drummond who came once a month, but I don't know how well they were utilized. People are very private especially about mental health care.

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

- Mental health.
- Lack of coordination between clinics and hospitals.
- There is an issue with follow up. I know a few people who used the health fair for screening and did not get the type of care they needed. One man had to go to Deer Lodge to get help going through results from the screening – tests were done but were not explained – this may actually be pushing people away.
- Alcohol and substance abuse.

- Aging population.

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

Quality of Care

- I think it is good

Number of Services

- They have the standard stuff we need but it is just known that you go to St Pat's for the larger things – CT Scan etc.

Hospital Staff

- There is not any follow-up – I had high cholesterol and never got the information I needed to move forward with my care.
- Love it – moved here out of state 8 years ago. I found Ashley and she is great! I feel she “knows you”. You know your information is confidential when you see her in the community. It can be uncomfortable to see your providers out and about but there is trust here.

Hospital Board and Leadership

- There is a lot of turnover, so I think it lacks consistency.
- I don't think the community knows who is on the board.

Business Office

- It takes a long time to get a bill – by the time you get it you don't even remember what you had done.
- Staff is helpful, but the frustration is in the length of time it takes to get your bill. 6 months at least
- Missoula has an online billing portal that is quick and easy and you can monitor past results and tests done.
- I don't know

Condition of Facility and Equipment

- It all seems standard

Financial Health of the Hospital

- *Not asked.*

Cost

- *Not asked.*

Office/Clinic Staff

- *Not asked.*
-

Availability

- I get in when I need to. I don't care who I see, so I am always able to get in and was even able to get medication without having to go in because they know me – there is trust between provider and patient.

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

- No, my primary care provider is in Butte – I have been with her for 20 years and don't want to change, also the billing here is very frustrating.
- Yes, convenience.
- No, I go out of town because I am established somewhere else.

5. What do you think about these local services:

Emergency Room

- I don't know, never used it.

Ambulance Service

- Lack of volunteers.
- They won't even come out to where we live because life flight is faster but what happens when they can't fly that day? It's an hour and a half wait.
- Lack of competency or training – they can stabilize but that's it. Some places have a PA go out with the ambulance. I think we need that.
- Maybe we need to pay for service.
- Would like to see more involvement from the hospital with EMS planning why isn't DON or head of medicine attending these meetings – other people there are ambulance, sheriff's office etc. but not representation from the hospital.
- The hospital has opportunity to be involved with the community but doesn't seem to want to be involved.

Healthcare Services for Senior Citizens

- I don't really know
- I have heard that we don't have enough in-home health services – but could be that people don't know where to look.
- We have a program called Area 5 but we don't have a lot of availability. It is mostly for transportation services.
- Senior center is well utilized for lunches especially.

Public/County Health Department

- This is a very sore subject for me... this past year has been a lot of improvement – the public health nurse is half time they could make the position full-time, but we are a small county and there is a small amount of people who utilize our nurse.
- The nurse just resigned – have had 2 nurses in the last 5 years.
- They are important especially for home health visits.

Healthcare Services for Low-Income Individuals/Families

- WIC – through the Missoula health department they come to Drummond

Nursing Home/Assisted Living Facility

- It is at the hospital.
- Nursing home care is excellent very well received. Families really enjoy having them so close and they do a lot of activities with them.

Pharmacy

- Love it
- We didn't have one for a while, so we certainly appreciate it – it's been 3-4 years they do tele-pharmacy and have a pharmacy tech on staff.

6. Why might people leave the community for healthcare?

- For things that they can't get done here.
- Some people have an established relationship with a provider elsewhere.
- Some people don't want to run into their provider in small town.

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

- Primary care focus not specialists – I would go somewhere else to get “scanned” I don't think we have the population to sustain the “scan”. We received money for a fancy scanner, but I don't think we have the population to really use it. Would rather have that money go elsewhere.
- Your insurance will only pay for one scan, so if you have to go somewhere else for a better scan your insurance won't pay for it.
- “Piss poor” ambulance service – they don't have enough revenue to transport patients – the grant money could have been used for things like this instead.
- Public health nurse.
- More ambulance volunteers.
- We have a few visiting specialists
- Would like to see a cardiologist come through
- Mental health professional – seems to be a big subject all around, but finding providers is problematic. It's a big deal nation-wide, but there are not many solutions coming out of it.
- There are not many services available for alcohol and substance abuse – there is AA groups but that doesn't work for everyone.
- I think the economy is tourism based – so tourism is great if you own a business, but if you are just a citizen living here it can be frustrating. In the summer you can't find parking, and in the winter, you can't find an open restaurant because they cater to the tourists with private helicopters. The flashy folks are on vacation and they don't realize there are people who live here.
- Lack of suitable housing is a big deal – less affordable. It is becoming more of a resort type place.

Focus Group #2

Thursday, November 1, 2018 – 4pm-5pm – Library, Granite County – Philipsburg, MT

5 participants (1 male, 4 female)

1. What would make this community a healthier place to live?
 - Less smoke from wildfires.
 - The social scene of this town is centered around drinking. There is not a healthy option.
 - We have tons of recreational activities available, so people are pretty active.
 - Strong sense of alcohol congregating – this is not a good thing.
 - It really put a hole in us when the restaurant (The Sunshine Station) went down because so many activities happened there. For example, they had a book club there.
 - Even teenagers are asking for a community center. We are trying to create meeting rooms and things but that is going to cost money – there is no place available for a private meeting other than your house.
 - Mental health is an issue.
2. What do you think are the most important local healthcare issues?
 - Mental health – a lot of suicides in relation to the population.
 - A lot of times they focus on teen suicide but more often it is the adults – the school does a good job of focusing on the preventative side for children.
 - There are a few preventative trainings for adults (suicide prevention) - the school counselor put on a support group for grief once a month, but it was challenging to get people to come and also keep it somewhat private – I think there was only 4 people there and now it has fallen apart because people were not committed.
 - At the hospital there is teleconferencing available for mental health patients but generally anybody with mental health issues has to be taken out of town to get serious help.
 - The community is not really aware of the teleconferencing services.
 - There is not a way to get help for those you know need it. If they are not harming themselves or others, police can't force them to get help.
 - We do have a victim advocate here – most people think of her as only domestic violence support though.
 - Being in a small town is an issue because people want privacy and may not want the sheriff or others to know they have a problem.
3. What do you think of the hospital in terms of:
 - Quality of Care
 - I have had no experience other than watching my mom die there, and I thought the staff was very attentive and helpful
 - It would be nice if they had a paid qualified nurse to be around at night. They are very limited on staff at night you have to wait for someone to come in.
 - Number of Services

- Basics.
- Realistically that is all we can support.
- But it would be nice to have good emergency care.
- It would be nice to have rural assistance care – because people want to stay here. Home health is the biggest thing but it is not enough – it is usually the family members who end up providing the care or they go into the nursing home if they do not have people available.
- I tried to get a flu shot and they were out – so obviously they are short funded.

Hospital Staff

- I have had a couple instances where the staff will say they will call you back right away or tomorrow, and then won't get back to you at all – I have had to track people down – and I shouldn't have to do that.
- I have only been a couple times and have noticed that they have tried to come up with a couple cheaper options for me, but because I have health insurance, I just want them to give me what I need.

Hospital Board and Leadership

- Getting better (I now know who the people are).
- It is always the same people on every board and they get burned out. It would be nice to get other community members to help out and become involved.

Business Office

- They changed their system, but it used to be that they would not let you pay immediately – I tried sending checks in or over the phone and I kept getting phone calls saying I hadn't paid. This was for something that was like \$12.
- I got a nasty call saying that I needed to pay a bill, but I had not even seen the bill yet.
- I think they are getting caught up on medical billing and I know someone who got billed for a years' worth of services all at once.
- Supposedly the new system (put in last year) is supposed to help this timeliness problem.

Condition of Facility and Equipment

- *Not asked.*

Financial Health of the Hospital

- It is not going to close down if the Bill doesn't pass, but eventually it could cause the hospital to close down which would be bad for the community

Cost

- I think they are fair for what I am getting.
- Insurance makes things pretty cheap. I don't know about the folks without insurance though.

Office/Clinic Staff

- Fine.
- Good.

Availability

- good, except for in the middle of the night or after hours

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

- Yes, convenience driving an hour both ways for minor stuff is not worth it – if you need something serious though you have to go elsewhere.
- They don't have a full-time doctor here, only PAs and NPs.
- Some people just don't bother going here they just go immediately to Missoula.
- They staff is just not always able to give you what you need – they have a “try this and see what happens” type of approach.

5. What do you think about these local services:

Emergency Room

- Haven't tried it yet.
- Does it qualify as an emergency room? If you go there after hours or weekends, it's going to be a long wait.
- I had a concussion and I went in and they googled what to do with a concussion and printed out what they found and gave it to me and sent me home. I had to wait several hours for this.

Ambulance Service

- They need more volunteers.
- It is getting better but need more training.
- There are not paramedics just EMTs.
- Patrick is doing a class to train EMTs here in town – he is in charge of ambulance services.
- There has been younger people getting involved with this, which is cool.
- If someone calls in, they might get transported by the sheriff's office because there is not an ambulance available.

Healthcare Services for Senior Citizens

- Area 5 stuff.
- There is the senior center, but I think that it sucks. They only do meals times a week.
- They do have transportation services for people out of town.
- They have a small budget.
- Seniors do get a good deal at the senior center and there is a large turnout at those meals. They also deliver food if needed.
- There is also a food bank – and they deliver food as well.
- There is a senior yoga.

Public/County Health Department

- What is that exactly?
- They need more staff they have a low budget.
- It is really hard to get people to learn about something – you can try to notify the public but there are still those who have no idea.
- We only have a weekly paper, so folks might not get information until 10 days later by the time they get it in the mail.
- She is trying to hire someone but don't know if she is succeeding

Healthcare Services for Low-Income Individuals/Families

- I think there was something for farmers – maybe migrant farmworkers who came from Missoula.
- I have some neighbors who had to go all the way to Anaconda to see if they qualified for anything and that costs them more money.
- I don't think we have someone who is a representative for low-income families
- Low income housing on Pioneer Courts – mostly people on disability though.

Nursing Home/Assisted Living Facility

- We just have the nursing home – the availability is not high – once it is full people have to go elsewhere. Some people don't need to be there yet but there is not an in-between.

Pharmacy

- It is nice that we have one because we didn't until recently.
- They are not forthcoming with their prices.
- It is great to have that service, but they are only open Monday through Friday 9-5.

6. Why might people leave the community for healthcare?

- Competency – they are not skilled in the areas we need them to be – this community cannot support the specialty care that we need.
- I don't think people go here for big things unless it is urgent, they go to Anaconda or Missoula. The ambulance might ship people out to Missoula or Anaconda right away instead of coming here.
- People go to Missoula for an appointment and also run errands.
- We have doctors who live in town but work in Anaconda.
- Could be gender issues – men want to see a male doctor and women want a female doctor.

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

- They have been trying to get a licensed daycare open in this town but have not succeeded yet – there is really a need for one. There is a preschool option but no daycare. It has been a topic of conversation for a while, but nothing has happened

yet. Businesses have missed out on hiring opportunities because there is not daycare availability.

- Easily accessed mental health care.
- Community center.
- Assisted living.
- Emergency services.
- Mental health professionals.

Focus Group #3

Thursday, November 1, 2018 – 5:30pm-6:30pm – Philipsburg Brewery, – Philipsburg, MT

3 participants (1 male, 2 female)

1. What do you think are the most important local healthcare issues?
 - Mental health. I think we need to do something about it. When someone has a crisis, they end up with the police or the hospital and those people are not equipped to handle it. They have to bring in the crisis team from out of town.
 - We have had quite a few suicides and I think alcohol awareness intervention would be very helpful, but it has to be someone trained to help. The suicides have been pretty horrific. The whole idea of mental health crisis is what we need to focus on. We had 4 suicides in a month.
 - I think suicide is very widespread throughout Montana. It is a rural thing, we want to take care of ourselves and do not want to be seen walking in somewhere for help. How do you avoid this? Maybe have a mental health professional in a larger health complex so no one knows why you are there. In a small community people know what is going on with others in the community.
 - We have a lot of crazy people here and most of them function pretty well most of the time, but then we have people trying to fix themselves with alcohol and opioids. A lot of people have had past trauma and don't have the help they need.
 - It would be nice to have a house here where people could come and be around others that they feel comfortable with. This may not be good in a crisis situation but could be more preventative. Are there models in other small towns that we could use here to get around the small-town privacy issues? How do we get folks comfortable with getting help?
 - Personally, I don't want anything written down about my mental health. I get ticked when someone, who is not my doctor, calls me following up on something that I mentioned in my annual visit.
 - Providers are actively checking dental forms now because we integrated dental health checks into registration forms. I am seeing some of that with mental health.
 - There are a lot of people here who don't go for an annual checkup. They don't do a whole lot of preventative but regardless everybody hates having their privacy interrupted and there is nothing more personal than your mental health.

- There are things we could do: more preventative medicine in regards to mental health too. There are people who are very organized and go to regular checkups but then there is the rest of the population that only goes when they have a problem.
- It is funny that so many people hated the ACA but a lot of them benefited from it.
- What has been a huge success in the community is our spay and neuter program. This relates to humans because a lot of the people who use the clinic can afford to pay for a veterinarian. The hospital does a cheap blood screen and lots of people show up because they feel like they are getting a bargain. The concept is if these folks come back with a bad result on their blood test, they are then likely to follow up and get the care they need. It seems like this is a good way to benefit the community, even though it doesn't seem very flattering (when talking about the community).
- The health screening for children. These screens have been very critical for children but there are less than their used to be. School nurses are limited to vaccines etc. we had a really awesome public nurse, but I think she overreached a little much.

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

Quality of Care

- I think it is great

Number of Services

- *Not asked.*

Hospital Staff

- I have a problem with one person in particular. If I needed immediate help, I would refuse help from him.

Hospital Board and Leadership

- Needs work.

Business Office

- The billing has sucked for forever – they send bills 6 months to a year later.

Condition of Facility and Equipment

- Good.

Financial Health of the Hospital

- The levy that is going on, which I voted for, is needed because the hospital is so important to the community, but the concern is that our taxes are being raised and that money is going towards staff salary (the talk is they already make 90 to 100k a year) instead of other important things.

Cost

- I have good insurance: Medicare and supplemental, but folks with Medicaid are deferred all the time because they don't take that here.

Office/Clinic Staff

- Good

Availability

- I don't really go anymore, but a while ago I needed PT and was going to Missoula and decided I couldn't do that anymore, so I was able to get that service here which is great.

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

- I used to go but I got upset about something and now I go to Missoula which is where I go to for everything.

4. What do you think about these local services:

Emergency Room

- Good

Ambulance Service

- I had a emergency and the ambulance did not show up. Instead of paying for the service I would have a friend take me because the cost is not worth it.
- There are EMTs trained but they are volunteer and when you have a job, you sometimes can't just leave for an ambulance run.
- We need to start paying folks.

Healthcare Services for Senior Citizens

- I think these are good.

Public/County Health Department

- *Not asked.*

Healthcare Services for Low-Income Individuals/Families

- People go to Anaconda for a service and get told they have to wait because they are on Medicaid.

Nursing Home/Assisted Living Facility

- Very critical to the community. The elderly want it to stay here.
- They have a great environment where people feel loved.

Pharmacy

- I go to Missoula.

5. Why might people leave the community for healthcare?
 - You can get it more immediate elsewhere. They take a long time to figure out what is wrong with you and they aren't getting patients taken care of.
 - Ed is great I will see him but not the other guy.
6. What other healthcare services are needed in the community?
 - Mental health is a big thing.
 - The ambulance services. I think it should be taken over by the hospital. I think instead of volunteer they need to be paid employees.

Focus Group #4

Friday, November 2, 2018 – 8am-9am – Men's coffee group– Drummond, MT
8 participants (8 male, 0 female)

1. What would make this community a healthier place to live?
 - More good-looking women.
 - The elderly people need a lot of care, we need more home health services.
 - The hospital in Philipsburg is not much more than a Band-Aid. If you have anything serious you have to go Missoula or Anaconda. The nursing home is another story they should just turn the entire hospital into a larger nursing home.
 - The ambulance is all volunteer and if they could shorten the response time it would be better. They do a good job here though.
 - We don't have rural healthcare we have frontier healthcare. The first guy you see is going to be the sheriff and they are really well trained.
 - We offer people (EMTs) more money and they don't want it... they are getting everything they want with volunteering. We provide all their gear bags if they pass their class – we pay for the class (EMT).
 - It is all about access, the hospital took over the clinic and now it isn't available for people to use. There was a pissing match between the hospitals and ended up killing the clinic here because they chased off the providers here as well.
 - The hospital has a levy that fails and instead of doing something about it they just try to pass a levy again. What happens when it keeps failing? The public is trying to tell them something.
 - The PT place down here (in Drummond) is privately owned and very well utilized. This shows they can make it work, we need healthcare services down here.
 - Rock creek, 30 miles away has petitioned to get out of the hospital district. They never use it so they don't want to pay for it.
2. What do you think are the most important local healthcare issues?
 - You have two options: you stay healthy or die.
 - People are getting older there are not very many young kids here.

- It has been this way as long as I can remember, we get some good providers at the clinic and they get a following and then in comes the devil and it changes things.
- Suicide is a huge issue.
- Access to healthcare. I took my son to the clinic here to get all his shots but that's all they can really do.
- The ambulance service is not good, they use life flight a lot. We make do with what we have but because it is all volunteer often times they don't show up.
- We have to divert people in a mental health crisis to Butte or Warm Springs. It is inevitable that the cops are the ones dealing with these mental health issues. The jail is the mental health facility of Montana. We had a guy who was cut down from a rope and 3 hours later he was released and put back out on the streets.
- They cut the funding in the wrong places.
- We do have a counselor who comes one day a month and people are using her.
- The whole system has issues. We can decide what the needs are but then we hire a contractor and then it is only higher-level people who get to make the decisions, and the regular people have no power to change anything. I was on the board and I quit because we kept getting blown off. We need to find a better way to keep the contractors honest.
- The aging population is a huge issue. We need someone to sit with people who have dementia or Alzheimer's so the family who is taking care of them can take a break: assistance for the caretakers. We have a certain amount living totally on their own and they shouldn't be. The sheriffs and ambulance service should not be the ones checking on them, they are not paid for that. It is also difficult for those on their own to track their meds. The public county nurse used to do that, but it is too much for one person.
- There is not licensed childcare services, so talented mothers can't go out and get a job or even a break.
- We are not the only ones in this county who are struggling but it is difficult: moms need a break, suicide is an issue, and the aging population.
- Suicide is caused by not enough daylight, not being able to get a job, and not having anyone to talk to. Pride and trust are an issue too. We need someone consistent to help. School counselors do help, it is proven to work in high schools, but we need somewhere for this counselor to refer folks. He has saved lives but needs help.
- We are really serious about mental healthcare issues. We need help! We joke around about it, but it is serious.

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

Quality of Care

- *Not asked.*

Number of Services

- *Not asked.*

Hospital Staff

- *Not asked.*

Hospital Board and Leadership

- *Not asked.*

Business Office

- *Not asked.*

Condition of Facility and Equipment

- *Not asked.*

Financial Health of the Hospital

- A huge amount of the dollars come from this area and we really only get one day a week (at the Drummond Clinic). We are tired of paying for it.
- The levy will probably pass because we need healthcare in Granite County, but it is not run well. We are getting the short end of the stick.
- They need help up there but the history of what they have done to us makes it hard.

Cost

- *Not asked.*

Office/Clinic Staff

- *Not asked.*

Availability

- One day a week is not good enough. They (the providers) are good people but it is not enough.
- They get short on money and then they cut back hours that someone is there.

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

- Most people go to Deer Lodge, Missoula or Anaconda because you cannot get care in Drummond.
- It takes time to develop trust between people and a provider. When you find one, you follow them wherever they go.
- People like routine and when they change stuff people don't like it.
- We had a guy come down twice a week from Philipsburg and he was consistent people used him then.

5. What do you think about these local services:

Emergency Room

- *Not asked.*

Ambulance Service

- They are very, very good. They do a good job and know what they are doing.
- Paramedicine as a paid service and may be an option.
- We are lucky with what we have. We have a really good crew right now.

Healthcare Services for Senior Citizens

- Area 5
- There are people who provide transportation and the seniors give 5 dollars for gas to help out when they can.
- Meals on wheels is heavily relied on. We can't cut these little things they are really, really important to the community. These things are the highlight of their day.
- The senior center does a good job they deliver lunches to people even out of county. We really need this plus the social setting is really good for folks.
- Sometimes folks even have to call an ambulance because they don't have family to check on them and they have fallen down and need help.
- There is not a lot of conversation between the hospital and the community. That is why the levy is not getting passed.

Public/County Health Department

- The nurse wanted to hire another part-time person to help out and they didn't let her do it now she is gone.
- They are hiring for her position next week.
- We are really going to miss the nurse, but we will find someone. They are the glue that pulls us all together.
- The nurse who just left was worked too hard. She was only paid half time, but she worked full time.
- Any person we hire will be overworked though. Our nurse was awesome she just couldn't say no, and it wore her out, she was doing everything! We don't get go-getters very often.

Healthcare Services for Low-Income Individuals/Families

- There is no WIC and no grocery store here. Most people go to Deer lodge or Philipsburg.

Nursing Home/Assisted Living Facility

- We don't have assisted living
- We do have the county (Area 5) that helps with transportation and getting groceries and things.

Pharmacy

- *Not asked.*

6. Why might people leave the community for healthcare?

- *Not asked.*

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

- We deal with a lot of mental health issues. We currently have a guy in the jail who needs a lot of help and we don't have those services available.
- The Sheriff's office is all trained in crisis response and have telemedicine but still need more help. We deal with mental health issues at least weekly.
- The sheriff is a real help. I broke my leg and he came and got me help very quickly, the sheriffs are a huge help.
- College classes should put it in the curriculum about giving back to your community and train/encourage people to help out and volunteer for ambulance service etc.
- We have a need for home health. There are a lot of people who could use that right now and there should not be people living on their own.
- We need basics not a bunch of high-level crap.
- The money gets dispersed out and we already know what we need. We don't need more studies we need something to happen, we need to do something.
- I think we are lucky, this grant couldn't have come at a better time for the county.
- Look at internal expertise before contracting out, there are smart people in this county.
- Quarterly meetings may not be often enough. That is too long to get information out to the community.
- Ashley at the hospital can now clear folks in a mental health crisis.
- More services for the elderly.
- People are upset about the clinic. They poured their heart and soul and a lot of their own money to build it and maintain.
- What do we do about our first responders? Firefighters, ambulance, sheriffs?