

# Park County, Montana

## Community Health Services Development Survey Report

Survey conducted by  
Livingston HealthCare  
Livingston, Montana

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

Fall 2012



Office of Rural Health  
Area Health  
Education Center



NATIONAL  
RURAL HEALTH  
RESOURCE CENTER

**Livingston HealthCare**  
**Community Needs Assessment and Focus Groups**  
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**Livingston HealthCare Community Survey  
Summary Report  
October, 2012**

**I. Introduction**

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Livingston HealthCare is comprised of a 25-bed Critical Access Hospital, a multi-specialty physician practice offering six specialties, and a range of rehabilitation and home-based services. The organization's seventeen providers offer healthcare services to the residents and visitors of Park County and the surrounding area. Livingston HealthCare participated in the Community Health Services Development (CHSD) Project administrated by the Montana Office of Rural Health and the National Rural Health Resource Center (NRHRC) in Duluth, Minnesota. A part of this project is community engagement. This includes a health care service survey and focus groups.

In the summer of 2012, the community in Livingston HealthCare's service area was surveyed about its health care system. This report shows the results of the survey in both narrative and chart formats. At the end of this report, we have included a copy of the survey instrument (Appendix D). Readers are invited to familiarize themselves with the survey instrument and then look at the findings. Our narrative report touches on the highlights while the charts present data for virtually every question asked.

**II. Health Assessment Process**

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A Steering Committee was convened to assist Livingston HealthCare 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 May 2012. For a list of all Steering Committee members and their affiliations, please 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 survey and focus groups.

**III. Survey Methodology**

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**Survey Instrument**

In July 2012, surveys were mailed out to the residents in Livingston HealthCare's service area. The survey was based on a design that has been used extensively in the states of Washington, Wyoming, Alaska, Montana and Idaho. The survey was designed to provide each facility with information from local residents regarding:

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

## **Sampling**

Livingston HealthCare provided the National Rural Health Resource Health Center with a list of outpatient and inpatient admissions. Those zip codes with the greatest number of admissions were selected to be included in the survey. A random list of 740 residents was then selected from Prime Net Data Source. Residence was stratified in the initial sample selection so that each area would be represented in proportion to the overall served population and the proportion of past admissions. (Note: Although the survey samples were proportionately selected, actual surveys returned from each population area varied, which may result in slightly less proportional results).

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

## **Information Gaps**

### **Data**

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

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

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

## **Limitations in Survey Methodology**

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

## Survey Implementation

In July, the community health services survey, a cover letter from the National Rural Health Resource Center with hospital Interim Chief Executive Officer's signature on Livingston HealthCare's letter head, and a postage paid reply envelope were mailed to 740 randomly selected residents in the targeted region. A news release was sent to local newspapers prior to the survey distribution announcing that Livingston HealthCare would be conducting a community health services survey throughout the region in cooperation with the Montana Office of Rural Health.

As shown in the table below, 208 surveys were returned out of 740. Of that 740, 72 surveys were returned undeliverable for a 31% response rate. From this point on, the total number of surveys will be out of 688. Based upon the sample size, we can be 95% confident that the responses to the survey questions are representative of the service area population, plus or minus 5.27%.

## IV. Survey Respondent Demographics

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A total of 688 surveys were distributed amongst Livingston HealthCare's service area. Two hundred and eight were completed for a 31% 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 36)

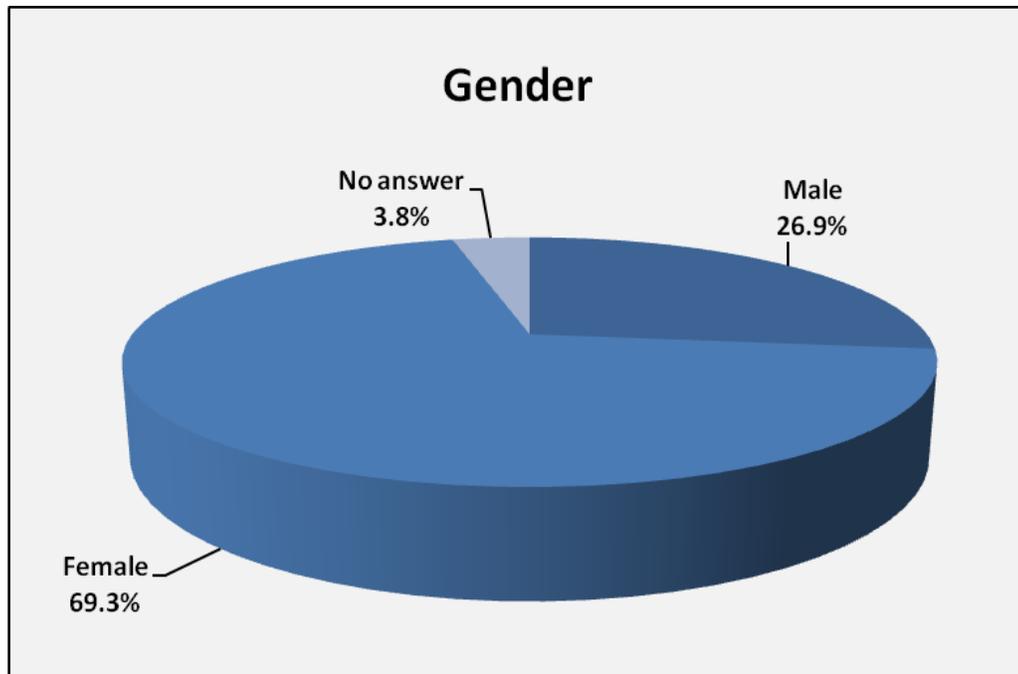
While there are some large differences in the percentages below, the absolute differences are small. The returned surveys are skewed toward the Livingston population which is reasonable given that, this is where most of the services are located.

Location	Zip Code	Count	Percent
Livingston	59047	155	74.6%
Gardiner	59030	11	5.3%
Emigrant	59027	10	4.8%
Clyde Park	59018	8	3.8%
Wilsall	59086	8	3.8%
Pray	59065	8	3.8%
Springdale	59082	6	2.9%
Cooke City/Silvergate	59081	0	0
Other		0	0
No response		2	1.0%
<b>TOTAL</b>		<b>208</b>	<b>100%</b>

### Gender (Question 37)

N= 208

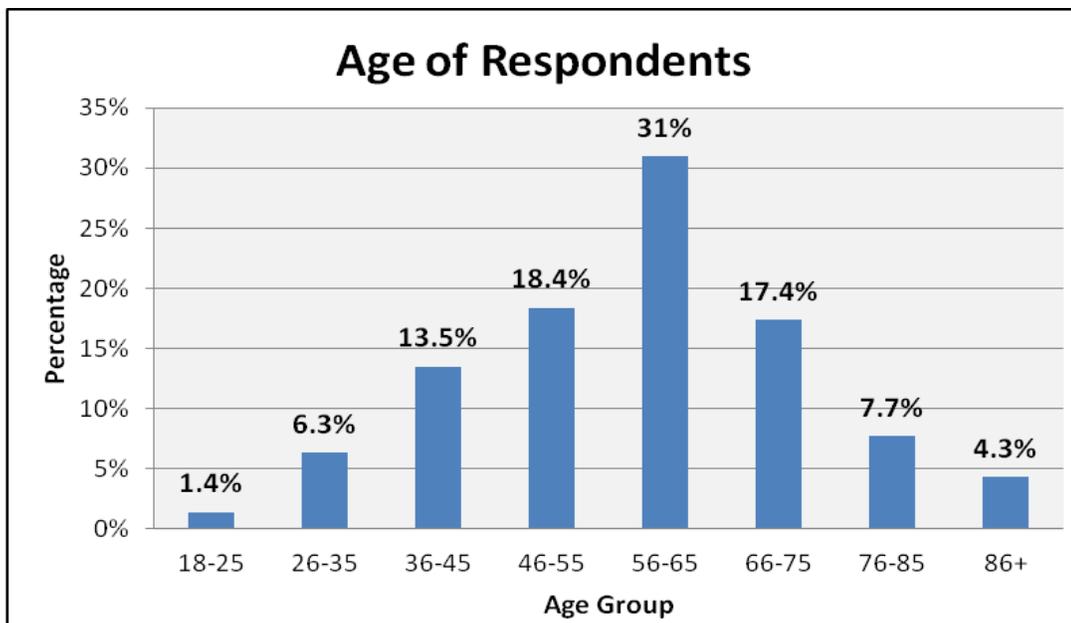
Of the 208 surveys returned, 69.3% (n=144) of survey respondents were female; 26.9% (n=56) were male, and 3.8% (n=8) chose not to answer this question. The survey was distributed to a random sample consisting of 50% women and 50% men. It is not unusual for survey respondents to be predominantly female, particularly when the survey is health care oriented since women are frequently the health care decision makers for families.



### Age of Respondents (Question 38)

N= 207

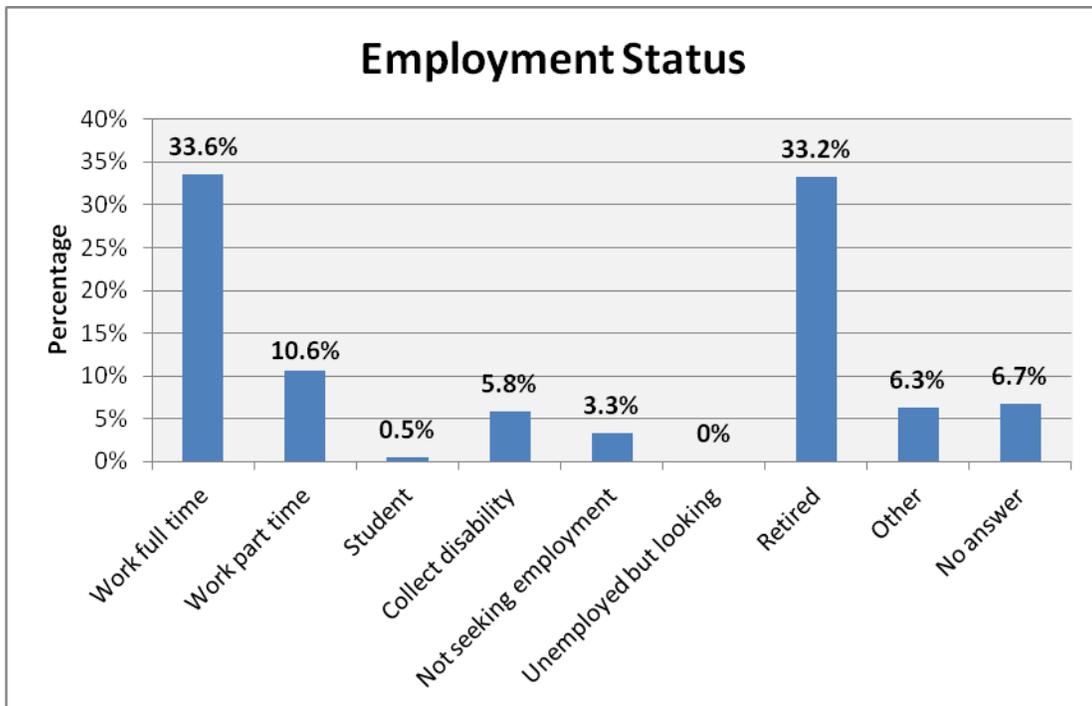
Thirty-one percent of respondents were between the ages of 56-65 (n=64). Eighteen percent of respondents (n=38) were between the ages of 46-55 and 17.4% of respondents (n=36) were between the ages of 66-75. This statistic is comparable to other Critical Access Hospital demographics. The increasing percentage of elderly residents in rural communities is a trend which is seen throughout Montana and will likely have a significant impact on the need for health care services during the next 10-20 years. However, it is important to note that the survey was targeted to adults and therefore no respondents are under age 18. Older residents are also more invested in health care decision making, and therefore are more likely to respond to health care surveys, as reflected by this graph. One respondent chose not to answer this question.



## Employment of Respondents (Question 39)

N= 208

Thirty-four percent (n=70) of respondents reported working full time, while 33.2% (n=69) are retired. Eleven percent of respondents (n=22) indicated they work part time. Respondents could check all that apply, so the percentages do not equal 100%. Fourteen respondents chose not to answer this question.



“Other” comments:

- Self (4)
- Homemaker (3)
- Running for office
- Have my own business
- Real estate broker
- Can't work right now because of health problems
- Husband self employed
- Unable to work

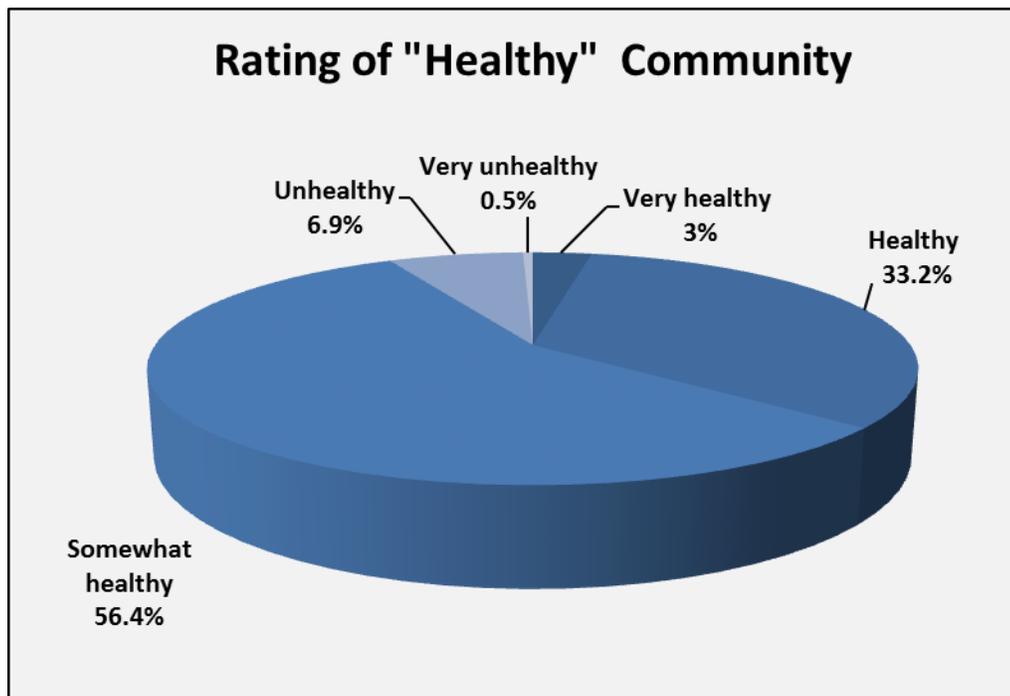
## V. Survey Findings- Community Health

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### Impression of Community (Question 1)

N= 202

Respondents were asked to indicate how they would rate the general health of their community. Fifty-six percent of respondents (n=114) rated their community as “Somewhat healthy.” Thirty-three percent of respondents (n=67) felt their community was “Healthy” and 6.9% (n=14) felt their community was “Unhealthy.” Six respondents chose not to respond to this question.



## Health Concerns for Community (Question 2)

Respondents were asked what they felt the three most serious health concerns were in their community. The number one health concern identified by respondents was “Alcohol/substance abuse” at 66.3% (n=138). “Overweight/obesity” was also a high priority at 44.7% (n=93) and “Cancer” 37% (n=77). Respondents were asked to pick their top three serious health concerns so percentages do not equal 100%.

Health Concern	Count	Percent
Alcohol/substance abuse	138	66.3%
Overweight/obesity	93	44.7%
Cancer	77	37.0%
Tobacco use	39	18.8%
Heart disease	36	17.3%
Depression/anxiety	34	16.3%
Lack of exercise	31	14.9%
Diabetes	25	12.0%
Environmental health (ex. BNSF Plume)	22	10.6%
Lack of access to healthcare	21	10.1%
Lack of dental care	19	9.1%
Mental health issues	18	8.7%
Motor vehicle accidents	18	8.7%
Child abuse/neglect	16	7.7%
Domestic violence	14	6.7%
Recreation related accidents/injuries	9	4.3%
Stroke	6	2.9%
Work related accidents/injuries	4	1.9%
Other	3	1.4%

“Other” comments:

- Poor diet (2)
- Drugs(2) –prescription, and street drugs

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

Respondents were asked to identify the three most important things for a healthy community. Sixty-four percent of respondents (n=134) indicated “Access to health care and other services” is important for a healthy community. “Good jobs and healthy economy” was the second most indicated component at 54.3% (n=113) and third was “Healthy behaviors and lifestyles” at 34.6% (n=72). Respondents were asked to identify their top three choices thus the percentages will not add up to 100%.

<b>Important Component</b>	<b>Count</b>	<b>Percent</b>
Access to healthcare and other services	134	64.4%
Good jobs and healthy economy	113	54.3%
Healthy behaviors and lifestyles	72	34.6%
Strong family life	59	28.4%
Good schools	44	21.2%
Clean environment	40	19.2%
Affordable housing	38	18.3%
Religious or spiritual values	28	13.5%
Low crime/safe neighborhoods	27	13.0%
Tolerance for diversity	17	8.2%
Community involvement/volunteerism	13	6.3%
Parks and recreation	13	6.3%
Availability of childcare services	10	4.8%
Low death and disease rates	7	3.4%
Low level of domestic violence	6	2.9%
Arts and cultural events	5	2.4%
Transportation	4	1.9%
Safe routes to school/work	0	0
Other	2	1.0%

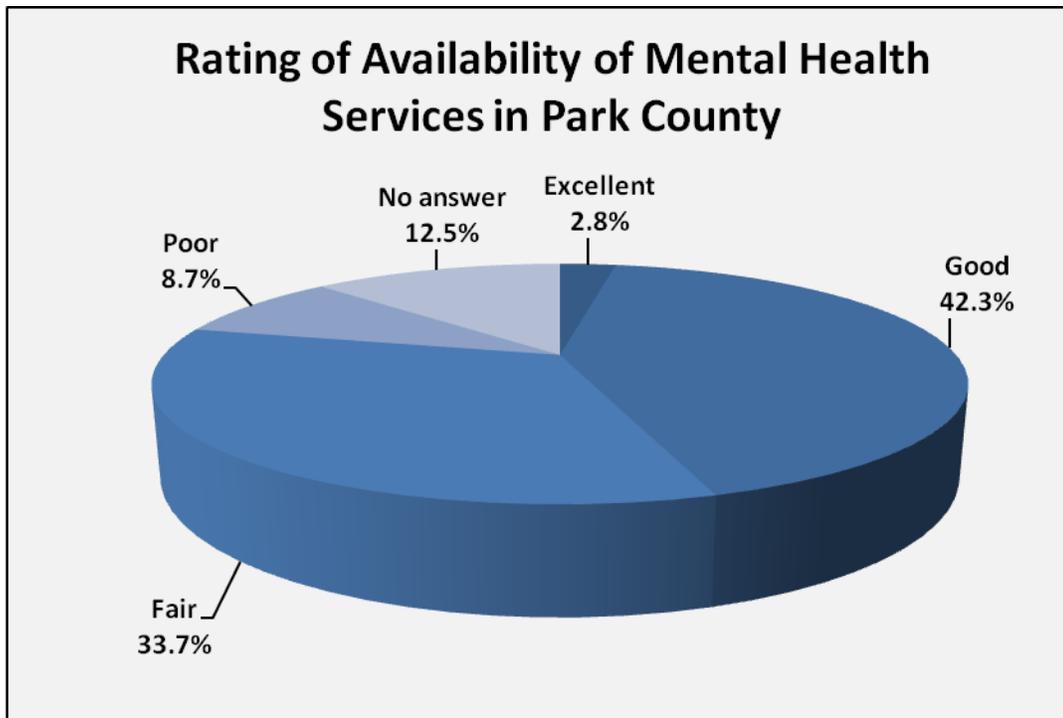
“Other” comments:

- Low substance abuse
- Fitness center is primary

### Availability of Mental Health Services (Question 4)

N= 208

Respondents were asked to rate the availability of mental health services in Park County. Forty-two percent of respondents (n=88) rated the availability of mental health services as “Good”. Thirty-four percent of respondents (n=70) rated the availability as “Fair”, and 8.7% rated availability of services as “Poor”. Twenty-six respondents chose not to answer this question (12.5%).



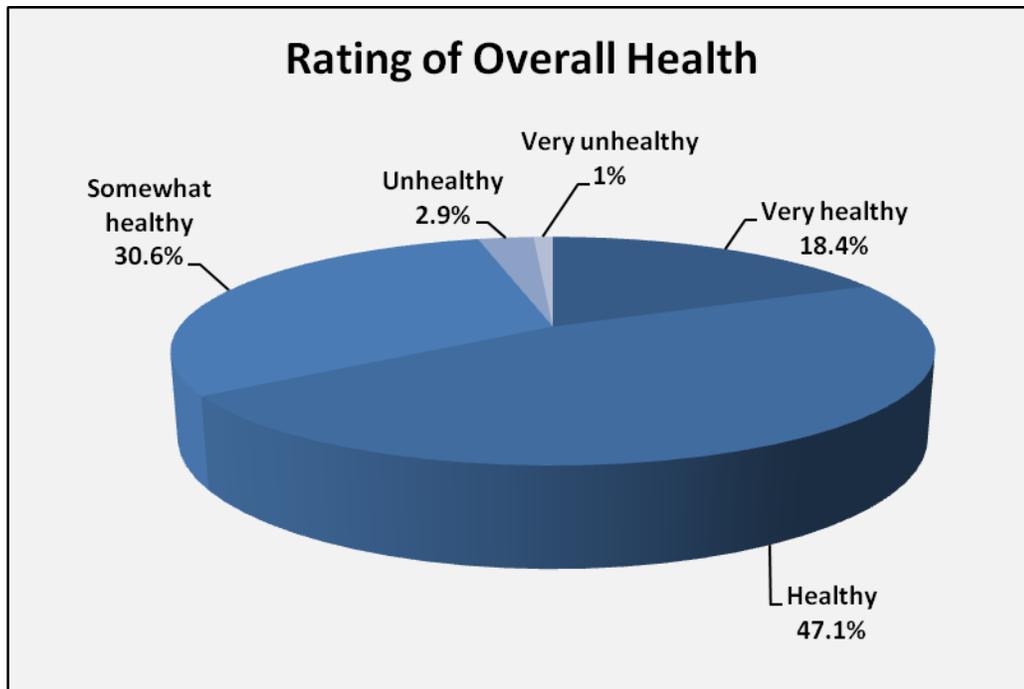
“Other” comments:

- Don't know (4)

### Rating of Personal Health (Question 5)

N= 206

Respondents were asked to rate their overall health. Forty-seven percent of respondents (n=97) rated their overall health as “Healthy”. Thirty-one percent (n=63) rated their health as “Somewhat healthy” and 18.4% (n=38) rated themselves as “Very healthy”. Two respondents chose not to answer the question.



## VI. Survey Findings- Awareness of Services

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### How Respondents Learn of Health Care Services (Question 6)

“Word of mouth/reputation” was the most frequent method of learning about available services at 64.9% (n=135). Generally, “Word of mouth/reputation” is the most frequent response among rural hospital surveys. “Friends/family” was the second most frequent response at 55.8% (n=116) and “Healthcare provider” was reported at 53.8% (n=112). Respondents could select more than one method so percentages do not equal 100%.

Method	Count	Percent
Word of mouth/reputation	135	64.9%
Friends/family	116	55.8%
Healthcare provider	112	53.8%
Livingston Enterprise	63	30.3%
Living Well Newsletter	45	21.6%
Website/internet	28	13.5%
Bozeman Chronicle	15	7.2%
Community education presentation	10	4.8%
Public health	9	4.3%
Radio	9	4.3%
Other	7	3.4%

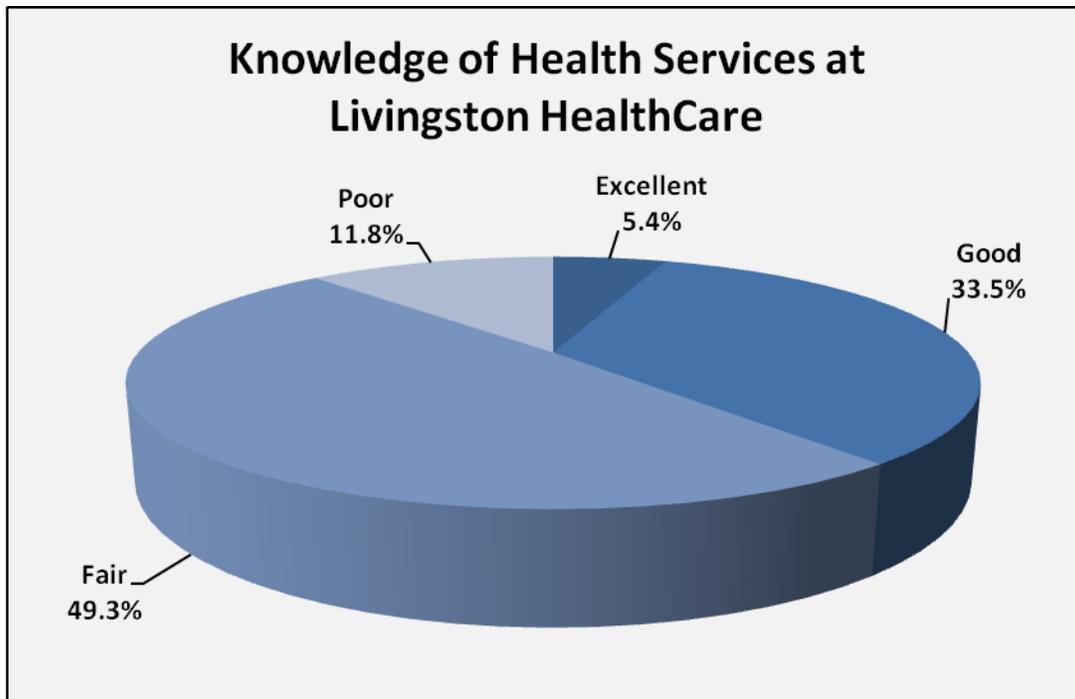
“Other” comments:

- Farmer’s market
- Community Health Partners (CHP)
- Gardiner Pharmacy
- Phonebook

### Overall Awareness of Livingston HealthCare’s Services (Question 7)

N= 203

Respondents were asked to rate their knowledge of the healthcare services available at Livingston HealthCare. Forty-nine percent (n=100) of respondents rated their knowledge of services as “Fair.” Thirty-four percent (n=68) rated their knowledge as “Good” and 11.8% of respondents (n=24) rated their knowledge as “Poor.” Five respondents chose not to answer this question.



“Other” comments:

- Don't know

## Cross Tabulation of Service Knowledge and Learning about Services

Analysis was done to look at respondents' knowledge of services available at Livingston HealthCare with how they learn about services available in their community. The chart below shows the results of the cross tabulation. How respondents learned of health care services was a multiple response item thus totals cannot add up to 100%.

### KNOWLEDGE RATING OF LIVINGSTON HEALTHCARE SERVICES BY HOW RESPONDENTS LEARN ABOUT HEALTH CARE SERVICES

	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>	<b>Total</b>
<b>Healthcare provider</b>	5 (4.5%)	36 (32.7%)	57 (51.8%)	12 (10.9%)	<b>110</b>
<b>Living Well Newsletter</b>		14 (31.1%)	29 (64.4%)	2 (4.4%)	<b>45</b>
<b>Website/internet</b>	1 (3.7%)	7 (25.9%)	14 (51.9%)	5 (18.5%)	<b>27</b>
<b>Family/friends</b>	5 (4.4%)	39 (34.5%)	58 (51.3%)	11 (9.7%)	<b>113</b>
<b>Livingston Enterprise</b>	1 (1.6%)	18 (29.5%)	36 (59%)	6 (9.8%)	<b>61</b>
<b>Bozeman Chronicle</b>		3 (21.4%)	10 (71.4%)	1 (7.1%)	<b>14</b>
<b>Public Health</b>	2 (22.2%)		6 (66.7%)	1 (11.1%)	<b>9</b>
<b>Radio</b>	1 (11.1%)	4 (44.4%)	3 (33.3%)	1 (11.1%)	<b>9</b>
<b>Community education presentation</b>			9 (90%)	1 (10%)	<b>10</b>
<b>Word of mouth/reputation</b>	8 (6.1%)	41 (31.3%)	69 (52.7%)	13 (9.9%)	<b>131</b>
<b>Other</b>	1 (14.3%)	2 (28.6%)	2 (28.6%)	2 (28.6%)	<b>7</b>

### Other Community Health Resources Utilized (Question 8)

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 frequent community health resource cited by respondents at 77.9% (n=162). “Dentist” was utilized by 72.1% (n=150), and the “Eye doctor” by 63.5% (n=132). Respondents could select more than one method so percentages do not equal 100%.

Health Resources	Count	Percent
Pharmacy	162	77.9%
Dentist	150	72.1%
Eye doctor	132	63.5%
Community Health Partners	62	29.8%
Naturopath/Chiropractor	53	25.5%
Mammoth Clinic	14	6.7%
Shields Valley Health Center	13	6.3%
Public health services	13	6.3%
Mental health providers	11	5.3%
Senior Center/Area IV Agency on Aging	8	3.8%
Chemical dependency services	1	0.5%
Other	22	10.6%

“Other” comments:

- Hearing aid
- Alcoholics Anonymous (AA)
- Bozeman Deaconess Health Group and Hospital
- Physical therapy
- Park Clinic (3)
- Bozeman Deaconess - oncology
- Billings Clinic
- Dermatologist (2) – Bozeman
- Acupuncture (2)
- Health fair
- Periodontist
- Bozeman - gynecologist
- Urgent care – Bozeman
- Veteran’s Affairs (VA)

## Improvement for Community’s Access to Health Care (Question 9)

Respondents were asked to indicate what they felt would improve their community’s access to health care. Thirty-six percent of respondents (n=74) reported “More specialists” would make the greatest improvement. Thirty-three percent of respondents (n=69) indicated they would like an “Urgent Care” and 31.3% indicated “Improved quality of care” (n=65). Respondents could select more than one method so percentages do not equal 100%.

Service	Count	Percent
More specialists	74	35.6%
Urgent Care	69	33.2%
Improved quality of care	65	31.3%
New healthcare facility	56	26.9%
More primary care providers	53	25.5%
Greater health education services	39	18.8%
Expanded clinic hours	39	18.8%
Transportation	26	12.5%
Other	24	11.5%

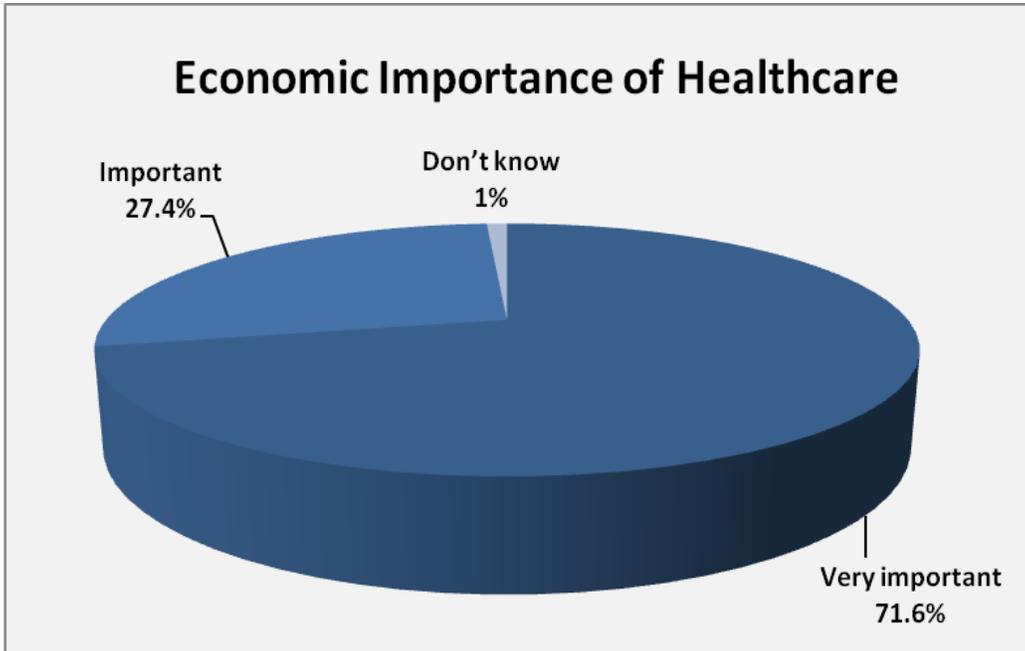
“Other” comments:

- Low cost health care (5)
- Healthier economy
- Sonograms to women who want abortions
- Improved economic opportunities
- Affordable (5)
- Railroad crossing to north side
- Being treated immediately
- More competent doctors
- Geriatric M.D. (2)
- Location in Gardiner
- Top-notch surgeons
- More “alternative” providers
- Most providers are overloaded – let them spend more time with patients
- Universal health insurance coverage
- Trauma center
- Easier to get an appointment
- Training in nutrition because it prevents illnesses like heart disease and diabetes
- Single payer health insurance (2)

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

N= 208

The majority of respondents, 71.6% indicated that local health care providers and services (i.e.: hospitals, clinics, nursing homes, assisted living, etc.) are “Very Important” to the economic well-being of the area (n=149). Twenty-seven percent of respondents indicated they are “Important” (n=57) and two respondents, or 1% indicated that they “Don’t know”. No respondents indicated they feel local health services are “Not important.”



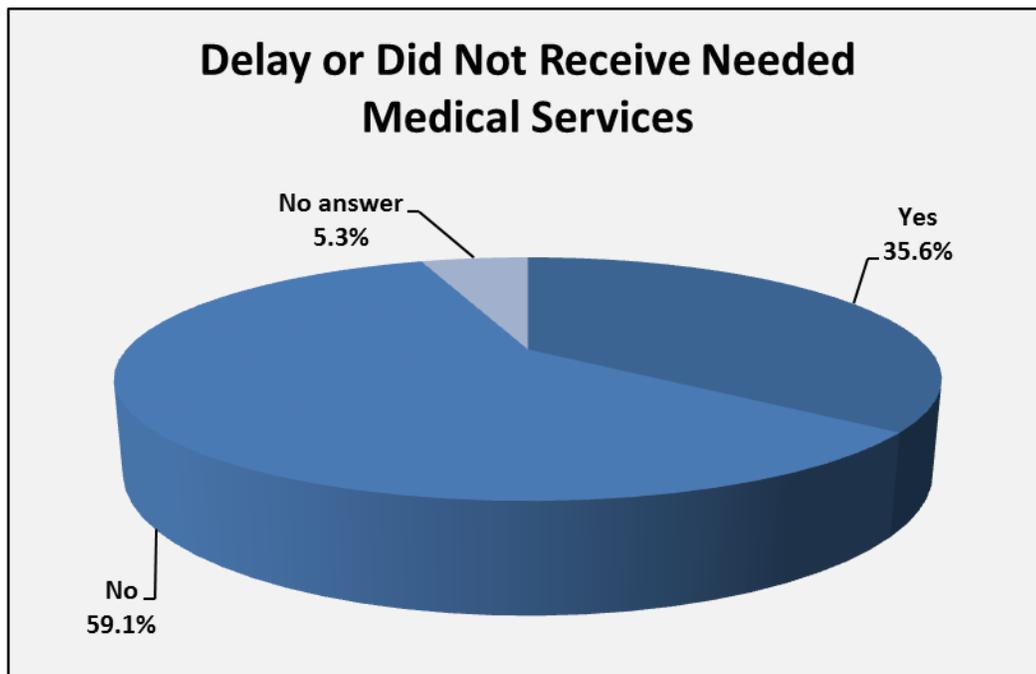
## VII. Survey Findings- Use of Health Care Services

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### Needed/Delayed Hospital Care During the Past Three Years (Question 11)

N= 208

Of the 208 surveys returned, 35.6% of respondents (n=74) reported that they or a member of their household thought they needed health care services, but did not get it or delayed getting it. Fifty-nine percent of respondents (n=123) felt they were able to get the health care services they needed without delay and eleven respondents chose not to answer this question (5.3 %).



“Other” comments:

- Foot surgery
- Contact lenses

## Reasons for NOT Being Able to Receive Services or Delay in Receiving Health Care Services (Question 12)

N= 74

For those who indicated they were unable to receive or had to delay services, the reasons most cited were: “It costs too much” (60.8%, n=45), “Too long to wait for an appointment” (31.1%, n=23) and “No insurance” (25.7%, n=19). Respondents were asked to indicate their top three choices thus percentages do not total 100%.

Reason	Count	Percent
It costs too much	45	60.8%
Too long to wait for an appointment	23	31.1%
No insurance	19	25.7%
Office wasn't open when I could go	18	24.3%
My insurance didn't cover it	18	24.3%
Could not get an appointment	17	23.0%
Could not get off work	9	12.2%
It was too far to go	7	9.5%
Unsure if services were available	5	6.8%
Transportation problems	5	6.8%
Don't like healthcare providers	4	5.4%
Didn't know where to go	4	5.4%
Not treated with respect	4	5.4%
Too nervous or afraid	4	5.4%
Had no one to care for the children	3	4.1%
Language barrier	0	0
Other	6	8.1%

“Other” comments:

- Even with an appointment one could wait for one hour
- We go to Bozeman. Most doctors are rude.
- Did not need anything from Livingston HealthCare
- Want second opinion
- Summer- doctor not available
- LHC (Livingston Healthcare) did not provide

### Preventative Testing (Question 13)

Respondents were asked if they had utilized any of the preventative testing services listed in the past year. “Blood screen/panel” was selected by 56.7% of respondents (n=118). Fifty-two percent of respondents (n=108) indicated they received a “Routine health checkup” and another 44.2% of respondents (n=92) had “Routine blood pressure”. Respondents could check all that apply thus the percentage will not equal 100%.

<b>Preventative Service</b>	<b>Count</b>	<b>Percent</b>
Blood screen/panel	118	56.7%
Routine health checkup	108	51.9%
Routine blood pressure	92	44.2%
Adult vaccines (flu/pneumonia/shingles)	79	38.0%
Mammography	64	30.8%
Pap smear	58	27.9%
Colonoscopy	25	12.0%
Bone density	24	11.5%
Prostate (PSA)	23	11.1%
Children’s checkup/Well baby	21	10.1%
Other	24	11.5%

“Other” comments:

- Dr. Lee
- Surgery
- Dentist
- Tetanus shot
- Physical/mental health evaluations
- Podiatrist in Park County
- Thyroid
- VA
- Emergency Room (ER)
- Cardiologist
- Leg goes numb
- Professional licensure physicals
- Bozeman Deaconess urgent care
- Emergency
- Anti-coagulation tests

### Desired Local Health Care Services (Question 14)

Respondents were asked to indicate which additional specialty healthcare services presently not available would they use if available locally. Respondents indicated the most interest in having a “Dermatology” services with 41.8% (n=87) followed by “ENT (ear/nose/throat)” at 28.8% (n=60), and “Gastroenterology” with 14.9% (n=31). Respondents were asked to check all that apply, so percentages do not equal 100%.

Health Care Services	Count	Percent
Dermatology	87	41.8%
ENT (ear/nose/throat)	60	28.8%
Gastroenterology	31	14.9%
Urology	18	8.7%
Dialysis	7	3.4%
Other	20	9.6%

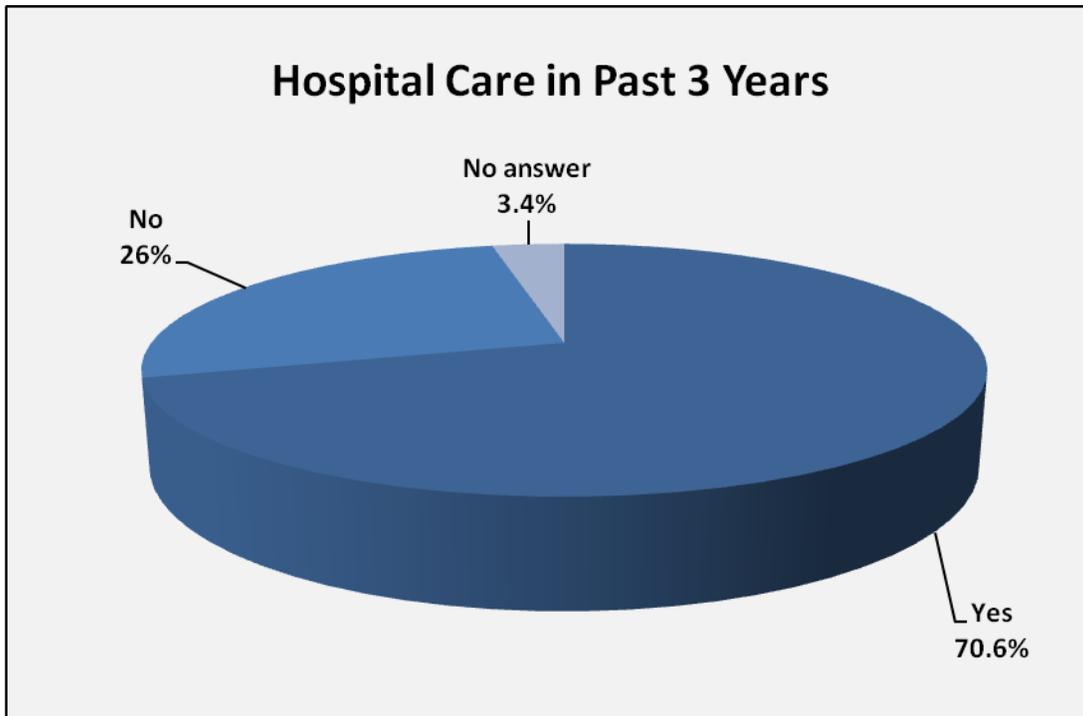
“Other” comments:

- Not sure
- Cancer Center
- Doctors not so overbooked
- Allergist
- Neurologist
- Psychiatry
- Radiology
- Feet
- Trauma center
- Low cost dental
- Eye
- Hospital- Echo

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

N= 208

Seventy-one percent of respondents (n=147) reported that they or a member of their family had received hospital care during the previous three years. Twenty-six percent (n=54) had not received hospital services and 3.4% of respondents (n=7) did not answer this question.



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

Of the 147 respondents who indicated receiving hospital care in the previous three years, 72.3% (n=99) reported receiving care at Livingston HealthCare and 18.2% percent of respondents (n=25) went to Bozeman Deaconess. Ten of the 147 respondents who reported they had been to a hospital in the past three years did not indicate which hospital they had utilized.

<b>Hospital</b>	<b>Count</b>	<b>Percent</b>
Livingston HealthCare	99	72.3%
Bozeman Deaconess	25	18.2%
Billings Clinic	3	2.2%
VA	3	2.2%
St. Vincent Healthcare	1	0.7%
Pioneer Medical Center (Big Timber)	1	0.7%
Other	5	3.6%
<b>TOTAL</b>	<b>137</b>	<b>100%</b>

“Other” comments:

- Denver Children’s Hospital
- University of California, San Francisco (UCSF) Brain tumor surgery
- Missoula Community/ St. Pat’s
- Urgent care – Bozeman
- CHP (Community Health Partners)
- When LCH (Livingston Healthcare) doesn’t provide

### Reasons for Selecting the Hospital Used (Question 17)

Of the 147 respondents who had personal or family experience at a hospital within the past three years, the primary reason given for selecting the facility used most often was “Closest to home” at 60.5% (n=89). “Emergency, no choice” was selected by 36.1% (n=53) and 34% (n=50 each) selected “Nearest location for test/service”, and “Prior experience with hospital.” Note that respondents were asked to select the top three answers which influenced their choices therefore the percentages do not equal 100%.

<b>Reason</b>	<b>Count</b>	<b>Percent</b>
Closest to home	89	60.5%
Emergency, no choice	53	36.1%
Nearest location for test/service	50	34.0%
Prior experience with hospital	50	34.0%
Referred by healthcare provider	42	28.6%
Quality of facility	39	26.5%
Hospital’s reputation	32	21.8%
Insurance preferred provider	17	11.6%
Cost of care	11	7.5%
Recommended by family or friends	10	6.8%
Closest to work	7	4.8%
Provided financial assistance	6	4.1%
VA/Military requirement	2	1.4%
Other	5	3.4%

“Other” comments:

- Certified Cystic Fibrosis (CF) Center
- No hospital use
- Orthopedic surgeon for hip replacement
- Surgeons were highly recommended
- LHC did not provide

## Cross Tabulation of Hospital and Residence

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

### LOCATION OF MOST OFTEN UTILIZED HOSPITAL BY RESIDENCE

	Livingston HealthCare	St. Vincent Healthcare	Bozeman Deaconess	Pioneer Medical Center (Big Timber)	Billings Clinic	VA	Other	Total
<b>Livingston 59047</b>	73 (74.5%)		16 (16.3%)		3 (3.1%)	2 (2%)	4 (4.1%)	<b>98</b>
<b>Gardiner 59030</b>	5 (62.5%)		2 (25%)			1 (12.5%)		<b>8</b>
<b>Cooke City/Silvergate 59081</b>								<b>0</b>
<b>Clyde Park 59018</b>	3 (60%)	1 (20%)	1 (20%)					<b>5</b>
<b>Wilsall 59086</b>	5 (62.5%)		2 (25%)				1 (12.5%)	<b>8</b>
<b>Springdale 59082</b>	4 (80%)			1 (20%)				<b>5</b>
<b>Emigrant 59027</b>	3 (60%)		2 (40%)					<b>5</b>
<b>Pray 59065</b>	5 (71.4%)		2 (28.6%)					<b>7</b>
<b>Other</b>								<b>0</b>
<b>TOTAL</b>	<b>98</b> <b>(72.1%)</b>	<b>1</b> <b>(0.7%)</b>	<b>25</b> <b>(18.4%)</b>	<b>1</b> <b>(0.7%)</b>	<b>3</b> <b>(2.2%)</b>	<b>3</b> <b>(2.2%)</b>	<b>5</b> <b>(3.7%)</b>	<b>136</b>

## Cross Tabulation of Hospital and Reason Selected

Analysis was done to look at 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 cannot add up to 100%. Hospital location is across the top of the table and reason for selection is along the side.

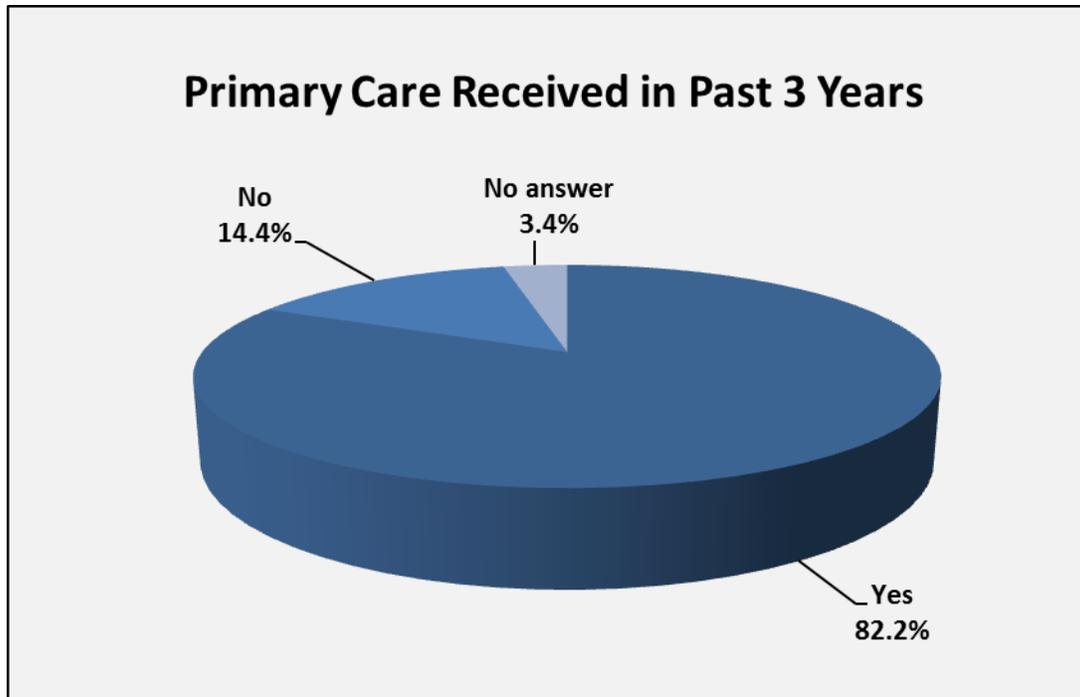
### LOCATION OF MOST UTILIZED HOSPITAL BY REASONS HOSPITAL SELECTED

	Livingston HealthCare	St. Vincent Healthcare	Bozeman Deaconess	Pioneer Medical Center (Big Timber)	Billings Clinic	VA	Other	Total
Cost of care	8 (72.7%)					2 (18.2%)	1 (9.1%)	11
Closest to home	82 (97.6%)		1 (1.2%)				1 (1.2%)	84
Closest to work	6 (85.7%)		1 (14.3%)					7
Emergency, no choice	43 (86%)		4 (8%)	1 (2%)	2 (4%)			50
Hospital's reputation	9 (33.3%)	1 (3.7%)	13 (48.1%)		3 (11.1%)		1 (3.7%)	27
Nearest location for test/service	43 (87.8%)		2 (4.1%)	1 (2%)		1 (2%)	2 (4.1%)	49
Quality of facility	11 (32.4%)	1 (2.9%)	17 (50%)		2 (5.9%)	1 (2.9%)	2 (5.9%)	34
Prior experience with hospital	26 (59.1%)		13 (29.5%)	1 (2.3%)	1 (2.3%)	1 (2.3%)	2 (4.5%)	44
Recommended by family or friends	2 (22.2%)	1 (11.1%)	4 (44.4%)				2 (22.2%)	9
Referred by healthcare provider	31 (79.5%)		5 (12.8%)		1 (2.6%)		2 (5.1%)	39
Insurance preferred provider	13 (81.2%)		3 (18.8%)					16
VA/Military requirement						2 (100%)		2
Provided financial assistance	2 (50%)		2 (50%)					4
Other	1 (25%)		2 (50%)				1 (25%)	4

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

N= 208

Eighty-two percent of respondents (n=171) indicated that someone in their household, over the age of 18, had been seen by a primary healthcare provider (such as family medicine, internal medicine) for healthcare services in the past three years. Fourteen percent indicated they had not (n=30). Seven respondents chose not to answer this question (3.4%).



### Location of Primary Care Provider (Question 19)

Of the 171 respondents who indicated receiving primary care services in the previous three years, 73.2% (n=120) reported receiving care in Livingston. Eighteen percent of respondents (n=30) went to Bozeman and 3% of respondents (n=5) utilized primary care services in Shields Valley. Seven of the 171 respondents who reported they had utilized primary care services in the past three years did not indicate where they received those services.

Location	Count	Percent
Livingston	120	73.2%
Bozeman	30	18.3%
Shields Valley	5	3.0%
Billings	4	2.4%
Gardiner	2	1.2%
Other	3	1.8%
<b>TOTAL</b>	<b>164</b>	<b>100%</b>

“Other” comments:

- Missoula, MT
- Pittsburgh, PA
- CHP
- Mammoth

## Reasons for Selection of Primary Care Provider (Question 20)

Those respondents who indicated they or someone in their household had been seen by a primary care provider within the past three years were asked to indicate why they chose that primary care provider. “Closest to home” was the top response with 50.9% (n=87). “Prior experience with clinic” was selected by 44.4% (n=76), and “Reputation of provider” was selected by 41.5% of respondents (n=71). Respondents were asked to check all that apply so the percentages do not equal 100%.

Reason	Count	Percent
Closest to home	87	50.9%
Prior experience with clinic	76	44.4%
Reputation of provider	71	41.5%
Appointment availability	50	29.2%
Recommended by family or friends	40	23.4%
Clinic’s reputation	35	20.5%
Quality of facility	33	19.3%
Referred by healthcare provider	24	14.0%
Cost of care	19	11.1%
Provided financial assistance	19	11.1%
Insurance preferred provider	17	9.9%
Length of waiting room time	14	8.2%
VA/Military requirement	2	1.2%
Other	7	4.1%

“Other” comments:

- CHP
- I don’t get somebody different that sees me
- We love her. She rocks!
- Feel like I know them/personal attention
- Chiropractic provider offered all circled
- Personal attention given by all staff
- Thorough professional exam
- Procedures
- Took time to explain details of the exam, findings, and answer questions

### Cross Tabulation of Primary Care and Residence

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

#### LOCATION OF CLINIC MOST UTILIZED BY RESIDENCE

	<b>Livingston</b>	<b>Gardiner</b>	<b>Billings</b>	<b>Shields Valley</b>	<b>Bozeman</b>	<b>Other</b>	<b>Total</b>
<b>Livingston 59047</b>	99 (79.2%)		3 (2.4%)	2 (1.6%)	19 (15.2%)	2 (1.6%)	<b>125</b>
<b>Gardiner 59030</b>	2 (22.2%)	2 (22.2%)	1 (11.1%)		4 (44.4%)		<b>9</b>
<b>Cooke City/Silvergate 59081</b>							<b>0</b>
<b>Clyde Park 59018</b>	2 (50%)			1 (25%)	1 (25%)		<b>4</b>
<b>Wilsall 59086</b>	3 (50%)			2 (33.3%)	1 (16.7%)		<b>6</b>
<b>Springdale 59082</b>	5 (83.3%)					1 (16.7%)	<b>6</b>
<b>Emigrant 59027</b>	3 (50%)				3 (50%)		<b>6</b>
<b>Pray 59065</b>	5 (71.4%)				2 (28.6%)		<b>7</b>
<b>Other</b>							<b>0</b>
<b>TOTAL</b>	<b>119 (73%)</b>	<b>2 (1.2%)</b>	<b>4 (2.5%)</b>	<b>5 (3.1%)</b>	<b>30 (18.4%)</b>	<b>3 (1.8%)</b>	<b>163</b>

## Cross Tabulation of Clinic and Reason Selected

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

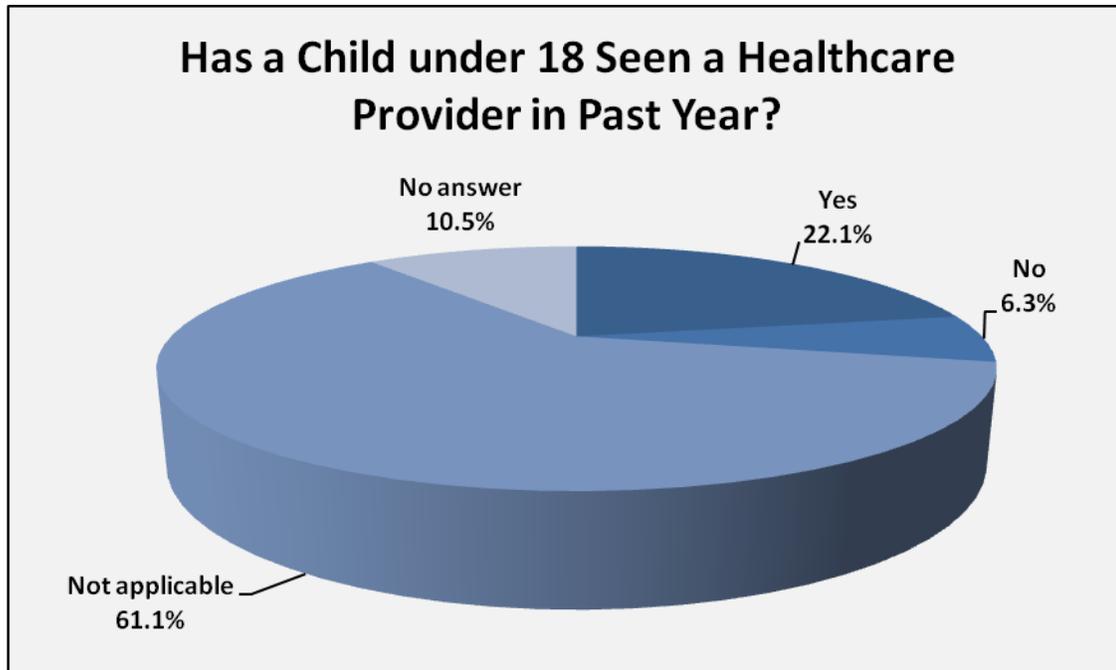
### LOCATION OF PRIMARY CARE PROVIDER BY REASONS CLINIC SELECTED

	Livingston	Gardiner	Billings	Shields Valley	Bozeman	Other	Total
<b>Appointment availability</b>	37 (78.7%)			1 (2.1%)	8 (17%)	1 (2.1%)	<b>47</b>
<b>Clinic's reputation</b>	18 (56.2%)		1 (3.1%)	3 (9.4%)	10 (31.2%)		<b>32</b>
<b>Closest to home</b>	72 (87.8%)	2 (2.4%)		3 (3.7%)	3 (3.7%)	2 (2.4%)	<b>82</b>
<b>Cost of care</b>	13 (76.5%)				3 (17.6%)	1 (5.9%)	<b>17</b>
<b>Length of waiting room time</b>	9 (81.8%)			1 (9.1%)	1 (9.1%)		<b>11</b>
<b>Prior experience with clinic</b>	55 (75.3%)	1 (1.4%)	1 (1.4%)	3 (4.1%)	12 (16.4%)	1 (1.4%)	<b>73</b>
<b>Reputation of provider</b>	45 (67.2%)		1 (1.5%)	5 (7.5%)	15 (22.4%)	1 (1.5%)	<b>67</b>
<b>Recommended by family or friends</b>	21 (56.8%)		2 (5.4%)	2 (5.4%)	12 (32.4%)		<b>37</b>
<b>Referred by healthcare provider</b>	13 (59.1%)		1 (4.5%)		8 (36.4%)		<b>22</b>
<b>Insurance preferred provider</b>	13 (81.2%)			1 (6.2%)	2 (12.5%)		<b>16</b>
<b>VA/Military requirement</b>	1 (50%)				1 (50%)		<b>2</b>
<b>Quality of facility</b>	17 (54.8%)			2 (6.5%)	12 (38.7%)		<b>31</b>
<b>Provided financial assistance</b>	11 (57.9%)		1 (5.3%)		6 (31.6%)	1 (5.3%)	<b>19</b>
<b>Other</b>	6 (85.7%)					1 (14.3%)	<b>7</b>

### Primary Care Utilization by Those 18 and Under (Question 21)

N= 208

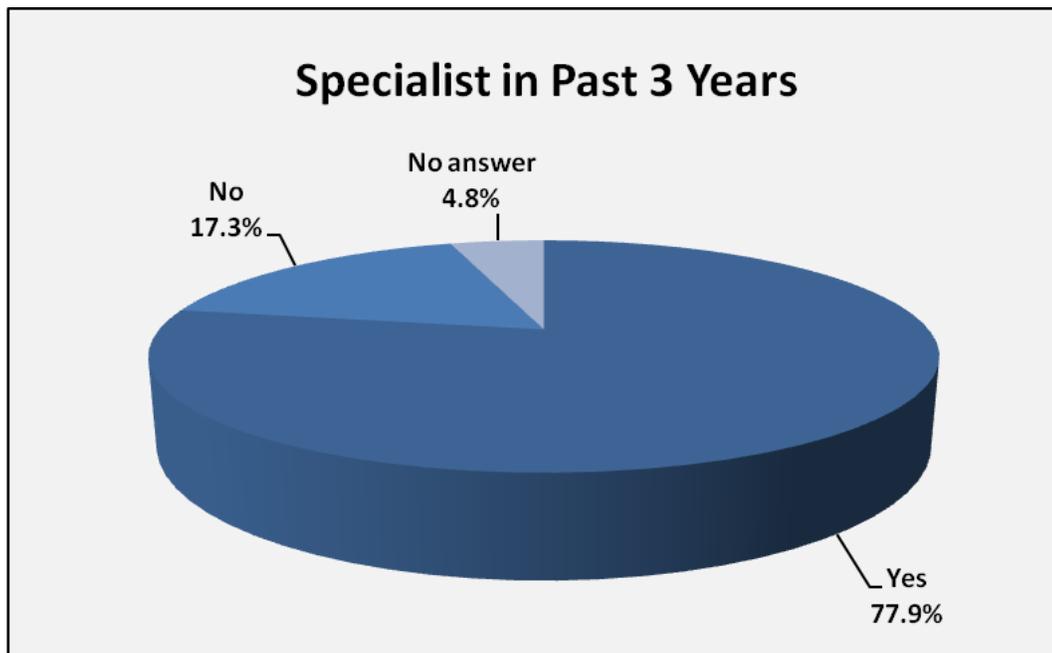
Respondents were asked to indicate if they have a child/children under the age of 18 living in their household, have they seen a primary healthcare provider (pediatrician/family doctor) for healthcare services in the past year. Twenty-two percent indicated “Yes”, their child/children have seen a primary healthcare provider (n=46). Six percent had not (n=13) and 61.1% indicated this question was not applicable (n=127). Twenty-two respondents chose not to answer this question.



### Use of Healthcare Specialists during the Past Three Years (Question 22)

N= 208

Seventy-eight percent of respondents (n=162) indicated they or a household member had seen a healthcare specialist during the past three years. Seventeen percent (n=36) indicated they had not seen a specialist and ten respondents chose not to answer this question (4.8%).



### Type of Healthcare Specialist Seen (Question 23)

The respondents (n=162) saw a wide array of healthcare specialists. The most frequently indicated specialists utilized were “Chiropractor” and “Optometrist” both with 32.1% (n=52 each).

“Orthopedic surgeon” and “Physical therapist” were also highly utilized by 30.2% (n=49 each).

Respondents were asked to choose all that apply so percentages do not equal 100%.

Healthcare Practitioner	Count	Percent
Chiropractor	52	32.1%
Optometrist	52	32.1%
Orthopedic surgeon	49	30.2%
Physical therapist	49	30.2%
OB/GYN	44	27.2%
Dermatologist	39	24.1%
Radiologist	36	22.2%
Ophthalmologist (M.D.)	34	21.0%
General surgeon	33	20.4%
Gastroenterologist	25	15.4%
Cardiologist	19	11.7%
Oral surgeon	19	11.7%
Podiatrist	18	11.1%
ENT (ear/nose/throat)	17	10.5%
Urologist	16	9.9%
Mental health counselor	15	9.3%
Occupational therapist	14	8.6%
Oncologist	13	8.0%
Acupuncture	12	7.4%
Neurologist	12	7.4%
Naturopath	11	6.8%
Pediatrician	11	6.8%
Neurosurgeon	9	5.6%
Psychiatrist (M.D.)	8	4.9%
Rheumatologist	8	4.9%
Sleep medicine	8	4.9%
Social worker	8	4.9%
Allergist	6	3.7%
Endocrinologist	6	3.7%
Pulmonologist	5	3.1%
Dietician	4	2.5%
Psychologist	4	2.5%
Speech therapist	3	1.9%
Geriatrician	2	1.2%
Substance abuse counselor	2	1.2%
Other	12	7.4%

“Other” comments:

- Vein doctor (2)
- Blood doctor
- Periodontist
- Orthopedist
- Massage therapist
- Dentist (2)
- Eye doctors
- Pain management

### Location of Healthcare Specialist (Question 24)

Of the 162 respondents indicating they saw a healthcare specialist, 69.8% (n=113) saw one in Livingston. Bozeman was also a highly reported location at 65.4% (n=106). Respondents could select more than one location therefore percentages do not equal 100%.

<b>Location</b>	<b>Count</b>	<b>Percent</b>
Livingston	113	69.8%
Bozeman	106	65.4%
Billings	36	22.2%
Other	13	8.0%

“Other” comments:

- Travel to Livingston
- Denver Children’s Hospital
- Missoula
- Seattle
- Butte
- Spokane
- Livingston – for Physical Therapy (PT) only
- Mayo clinic

## Overall Quality of Care at Livingston HealthCare (Question 25)

Respondents were asked to rate a variety of aspects of the overall care provided at Livingston HealthCare. Respondents were asked to rate the services using the scale of 4=Excellent, 3=Good, 2=Fair, 1=Poor and “Don’t know” or “Haven’t used.” The sums of the average scores were then calculated with both “Home care/Hospice,” “Physical/Occupational/Speech therapies,” and “X-ray, CT Scan, Ultrasound, MRI services” receiving the top average score of 3.5 out of 4.0. The total average score was 3.3, indicating the overall services of the hospital to be “Excellent” to “Good”.

	Excellent (4)	Good (3)	Fair (2)	Poor (1)	N/A	Don't know	No Answer	Total	Average
Anticoagulation clinic	4	2	1	0	128	7	66	208	3.4
Cardiac rehabilitation/Healthy steps	6	1	2	0	129	5	65	208	3.4
Chemotherapy	1	1	1	0	131	5	69	208	3.0
Diabetes education	3	4	3	1	128	3	66	208	2.8
Emergency department	34	48	17	6	65	2	36	208	3.0
Family medicine/internal medicine	38	49	11	3	60	2	45	208	3.2
<b>Home care/Hospice</b>	7	4	1	0	131	4	61	208	<b>3.5</b>
Hospital birth services	3	4	2	0	133	2	64	208	3.1
Intensive care unit	8	5	2	1	124	5	63	208	3.3
Laboratory	48	55	9	2	49	6	39	208	3.3
Orthopedics	16	8	2	3	115	3	61	208	3.3
Pediatrics	2	6	4	1	126	3	66	208	2.7
<b>Physical/Occupational/Speech therapies</b>	21	11	2	1	113	3	57	208	<b>3.5</b>
Respiratory therapy	3	5	2	0	124	4	70	208	3.1
Sleep center	2	5	5	1	125	4	66	208	2.6
Surgery services	28	20	5	1	100	3	51	208	3.4
Women’s health	30	20	4	2	90	5	57	208	3.4
<b>X-ray, CT scan, Ultrasound, MRI services</b>	54	32	7	0	70	3	42	208	<b>3.5</b>
<b>Total</b>	<b>308</b>	<b>280</b>	<b>80</b>	<b>22</b>					<b>3.3</b>

“Other” comments:

- Your day surgery girls are the best!

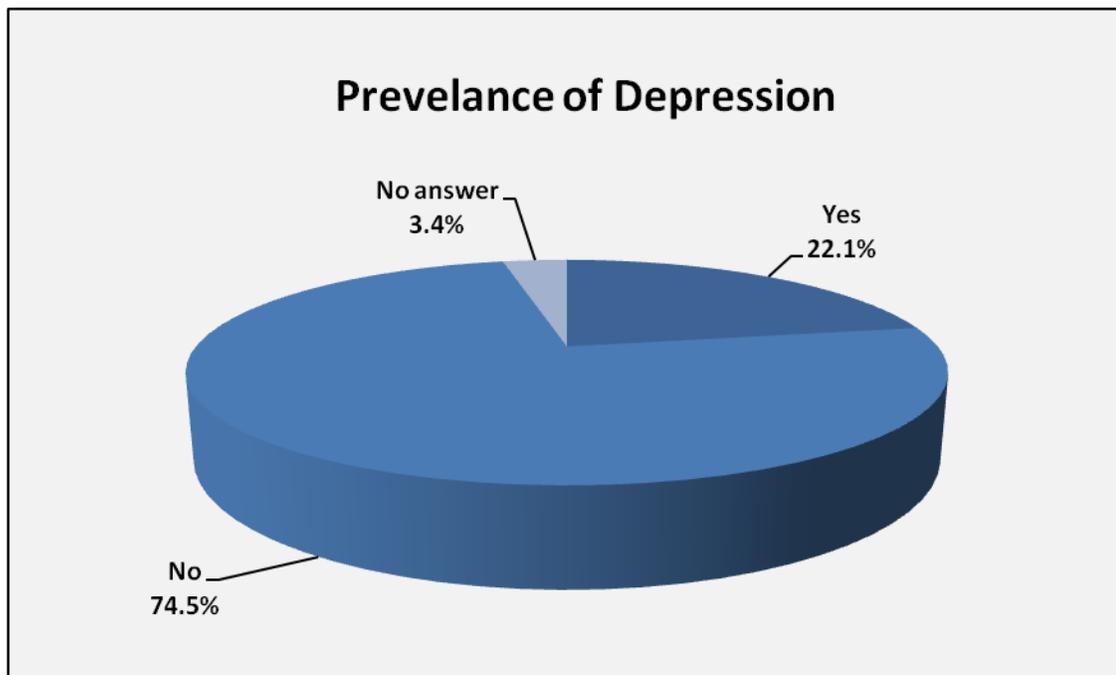
## VIII. Survey Findings- Personal Health

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### Prevalence of Depression (Question 26)

N= 208

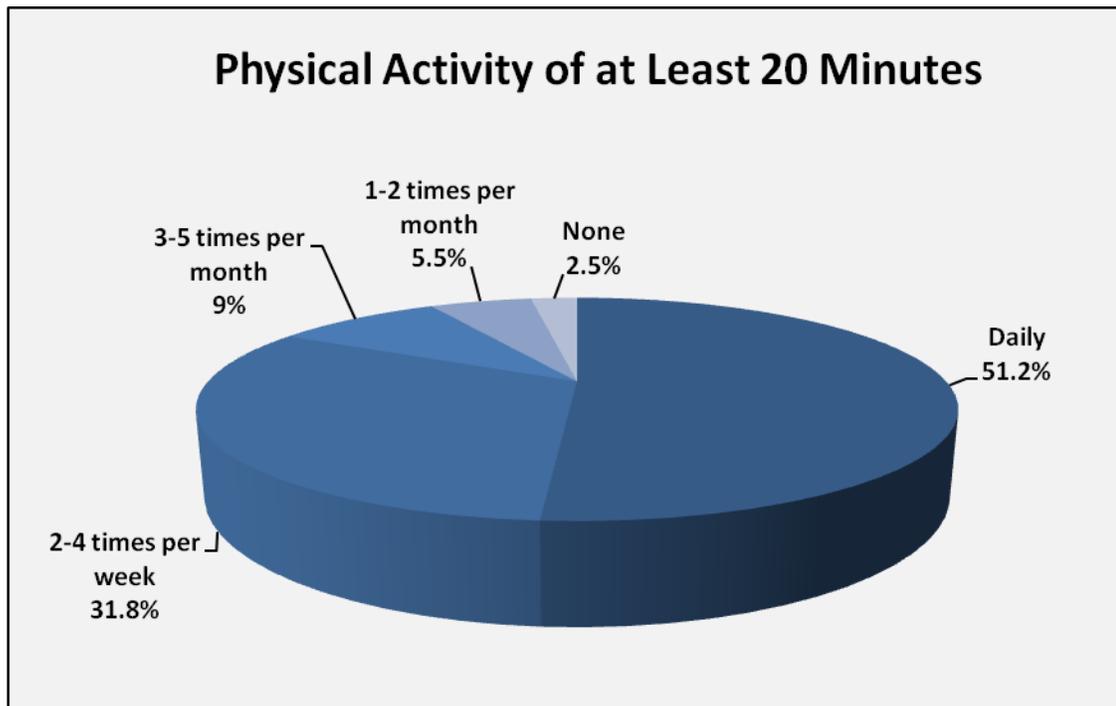
Respondents were asked to indicate if there were periods of at least three consecutive months in the past three years where they felt depressed on most days. Twenty-two percent of respondents (n=46) indicated that they did experience these periods of feeling depressed and 74.5% of respondents (n=155) indicated that they did not. Seven respondents chose not to answer this question.



### Physical Activity (Question 27)

N= 201

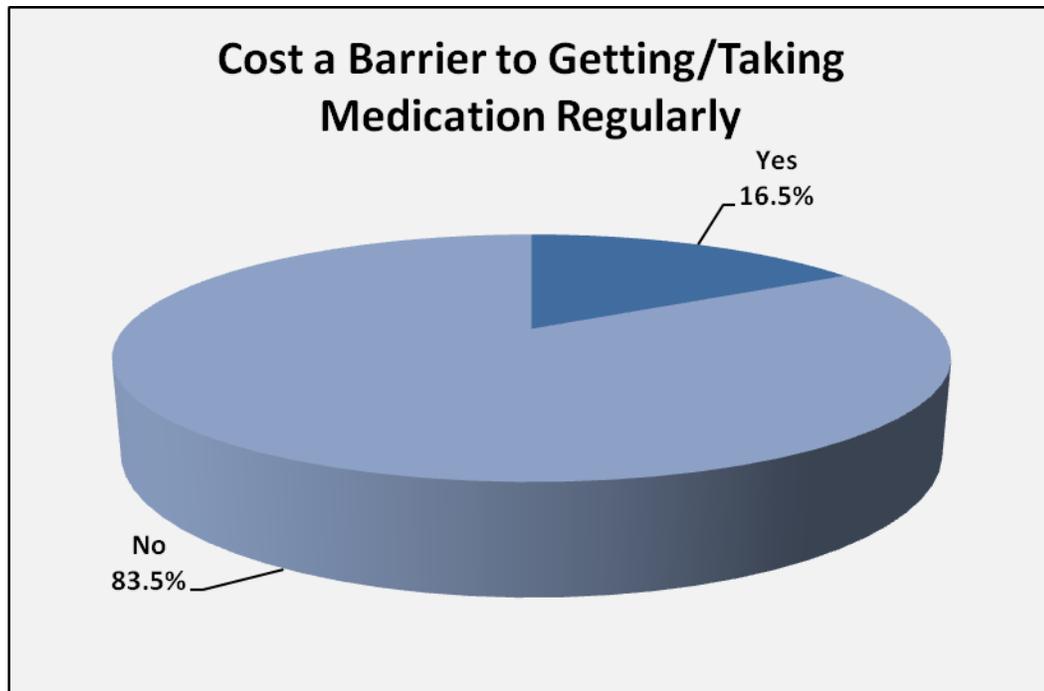
Respondents were asked to indicate how frequently they had physical activity for at least 20 minutes over the past month. Over half of the respondents, 51.2% (n=103) reported they had physical activity of at least 20 minutes “Daily” over the past month. Thirty-two percent (n=64) indicated that they were physically active “2-4 times per week,” and 9% (n=18) reported “3-5 times per month”. Two and a half percent of respondents (n=5) indicated that they had “No physical activity” over the past month. Seven respondents chose not to answer this question.



### Cost and Prescription Medications (Question 28)

N= 206

Respondents were asked to indicate if cost had prohibited them from getting a prescription or taking their medication regularly. Seventeen percent of respondents (n=34) indicated that the cost of their medication had prohibited them from getting a prescription or taking their medication regularly. Eighty-four percent (n=172) indicated that cost had not been a barrier. Two respondents chose not to answer this question.



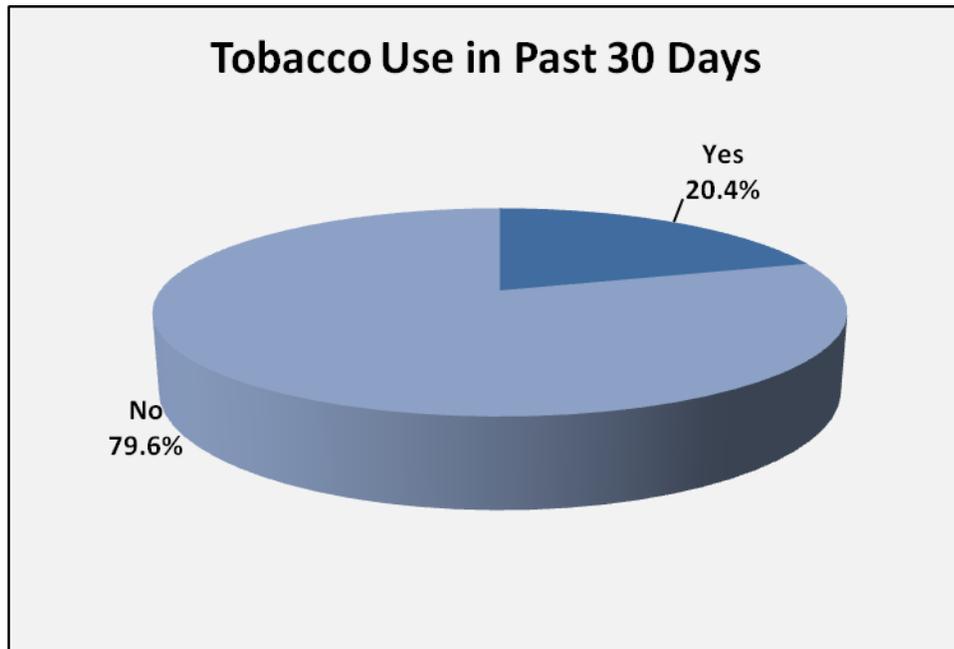
“Other” comments:

- Don't take medications

### Tobacco Utilization (Question 29)

N= 206

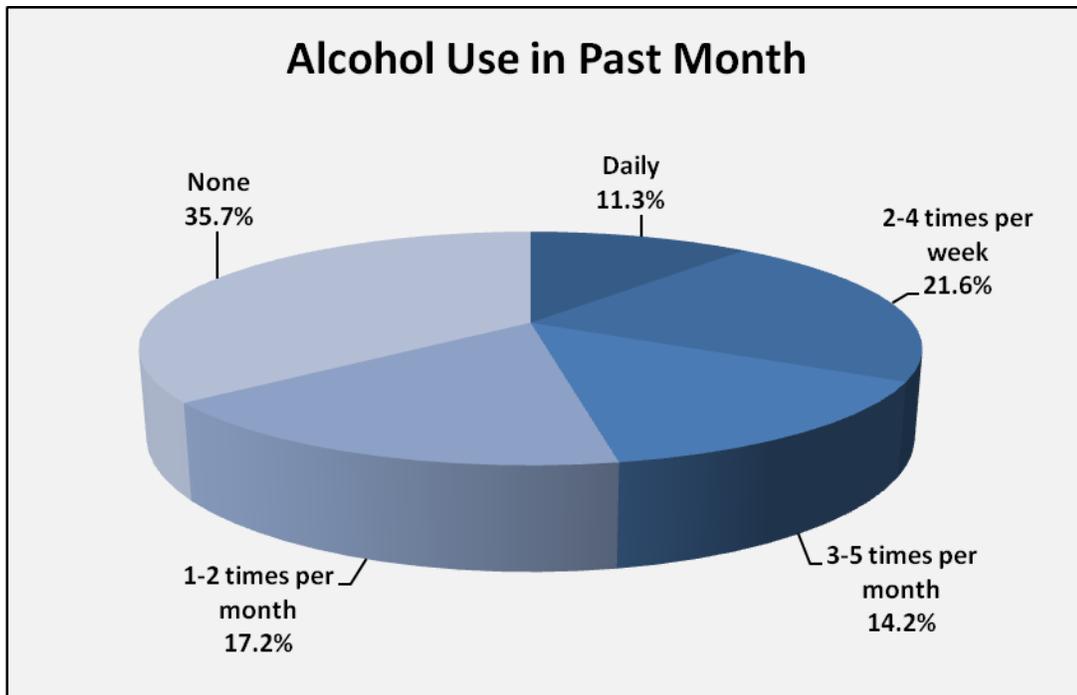
Respondents were asked to indicate if they had smoked cigarettes or used any tobacco product in the past 30 days. Twenty percent of respondents (n=42) indicated they used tobacco products and 79.6% (n=164) indicated they had not. Two respondents chose not to answer this question.



### Alcohol Utilization (Question 30)

N= 204

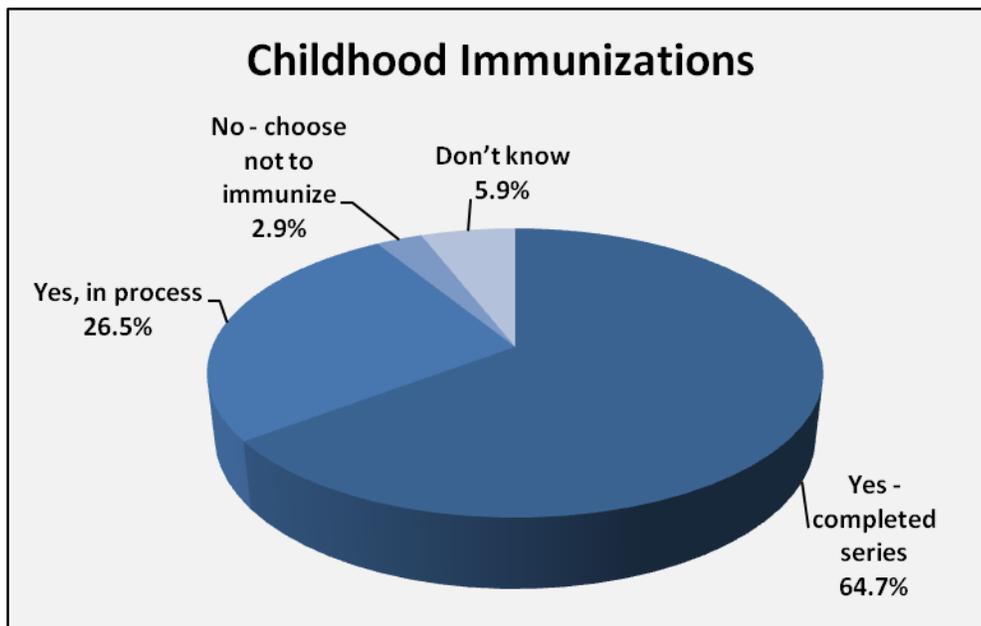
Respondents were asked to indicate how often they had consumed alcohol in the past month. The highest percentage, 35.7% indicated they had not consumed alcohol in the past month (n=73). Twenty-two percent of respondents (n=44) indicated they had consumed alcohol 2-4 times per week and 17.2% (n=35) consumed alcohol 1-2 times per month. Four respondents chose not to answer this question.



### Child Immunizations (Question 31)

N= 68

Respondents with children under the age of 18 were asked to indicate if their children had received all their immunizations/vaccinations according to the recommended schedule. Sixty-five percent of respondents (n=44) indicated they had immunized and completed the series. Twenty-seven percent (n=18) were in the process of immunizing their children and 2.9% (n=2) chose not to immunize. One hundred and forty respondents chose not to answer this question.



“Other” comments:

- No children at home
- American Association of Retired Persons (AARP)

## IX. Survey Findings- Health Insurance

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### Medical Insurance (Question 32)

N= 169

Respondents were asked to indicate what type of medical insurance covers the majority of their medical expenses. Thirty-nine percent (n=66) indicated they have “Employer sponsored” coverage. Twenty-seven percent indicated they have “Medicare” (n=45) and “Private insurance/private plan” was indicated by 14.8% of respondents (n=25). Thirty-nine respondents chose not to answer this question.

Type of Medical Coverage	Count	Percent
Employer sponsored	66	39.1%
Medicare	45	26.6%
Private insurance/private plan	25	14.8%
I (we) are uninsured	20	11.8%
VA/Military	4	2.4%
Medicaid	3	1.8%
Health Savings Account	3	1.8%
State/other	2	1.2%
Indian Health	0	0
Agricultural Corp. Paid	0	0
Other	1	0.6%

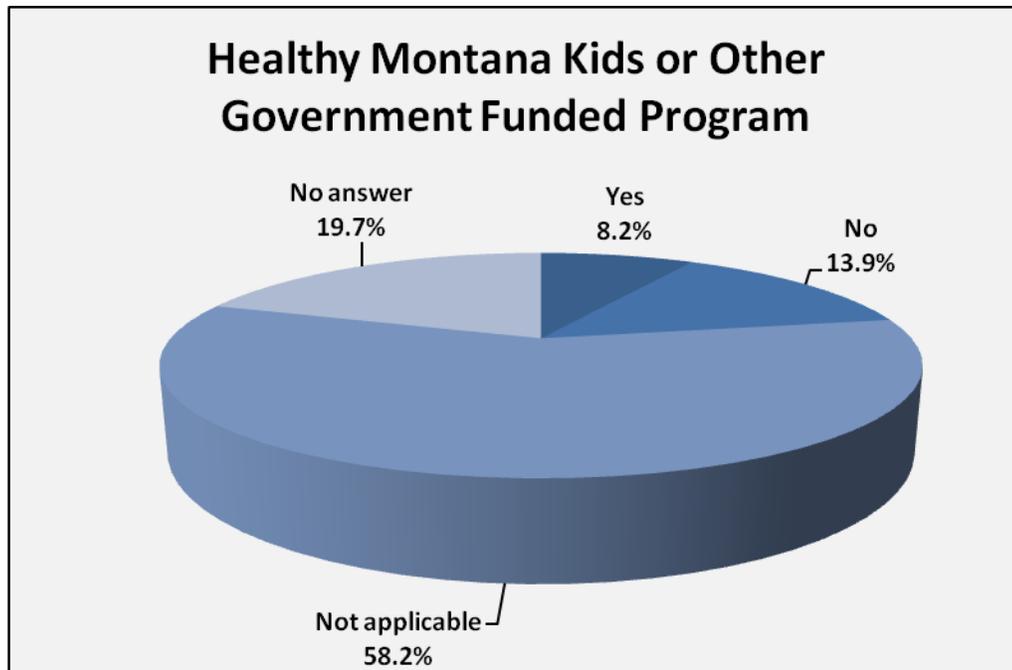
“Other” comments:

- Montana Healthy Kids
- Accident insurance
- High deductible, pay majority ourselves
- Burial
- New West Medicare

### Insured Children (Question 33)

N= 208

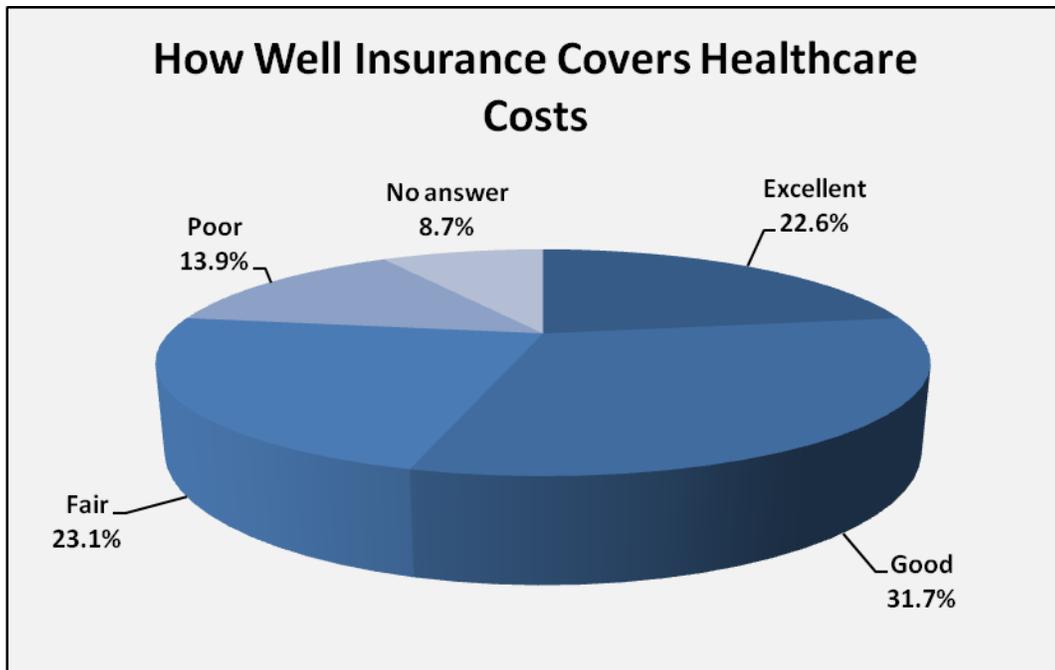
Respondents were asked if they have children 0-17 years of age, are their medical expenses covered by Healthy Montana Kids or another government funded program. Eight percent (n=17) indicated their children were covered through Healthy Montana Kids or another government program. Fourteen percent indicated they were not (n=29) and 58.2% indicated this question was not applicable (n=121). Forty-one people chose not to answer this question.



### Insurance and Healthcare Costs (Question 34)

N= 208

Respondents were asked to indicate how well they feel their health insurance covers their healthcare costs. Thirty-two percent of respondents (n=66) indicated they felt their insurance covers a “Good” amount of their healthcare costs. Twenty-three percent of respondents (n=48) indicated they felt their insurance is “Fair” and 22.6% of respondents (n=47) indicated they felt their insurance was “Excellent.”



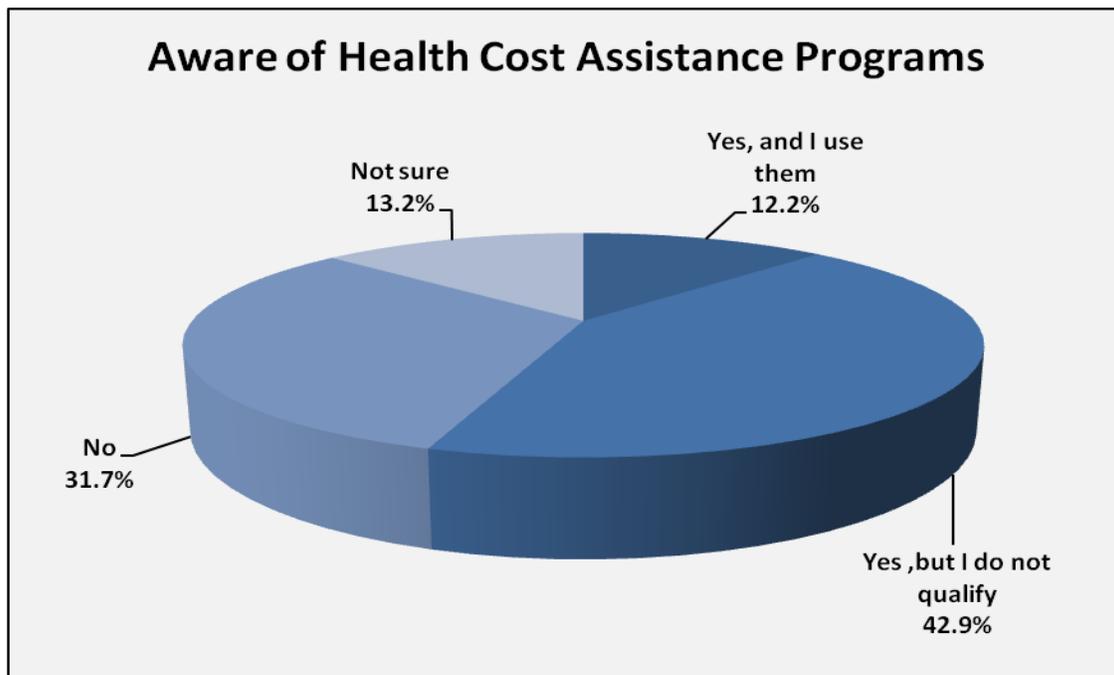
“Other” comments:

- Huge deductible

### Awareness of Health Payment Programs (Question 35)

N= 205

Respondents were asked to indicate their awareness of programs that help people pay for healthcare bills. Forty-three percent of respondents (n=88) indicated they were aware of these types of programs, but did not qualify to utilize them. Thirty-two percent (n=65) indicated that they were not aware or did not know of these programs and 12.2% of respondents (n=25) were aware and utilized them. Thirteen percent (n=27) were unsure. Three people chose not to answer this question.



“Other” comments:

- Have not had time to fill out paperwork

## **X. Focus Group Methodology**

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Eight focus groups were held in the Livingston and surrounding areas in August 2012. Focus group participants were identified as people living in Livingston HealthCare's service area.

Twenty-three people participated in the 8 focus group interviews. The focus groups were designed to represent various consumer groups of health care including senior citizens and local community members. The focus groups were held in Livingston's service area. Each group was up to 90 minutes in length and followed the same line of questioning in each session (Appendix F). The questions and discussions at the focus groups were led by Montana Office of Rural Health staff.

## Focus Group Findings

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

- *Major issues in health care-* A variety of themes were discussed throughout the focus group meetings. The most common themes were: chronic diseases like cancer and diabetes; increasing physical activity by providing more activities in the community; improving nutrition and diet; addressing mental health concerns; lack of specialized services like dermatology; and the importance of health for older adults. One participant commented, “It seems like we have a lot of cancer in our area, that’s one of the big things that we have a lot of and quite a few people with diabetes.” Moreover, participants are impressed with the care provided in Livingston and find access to healthcare to be adequate. One participant stated, “I’m very impressed with their timelines, education, accuracy, and follow-up.” In addition, participants noted a variety of health concerns from lack of education, to drug problems, and concerns about the future of the hospital regarding building the new hospital.
- *Opinion of services and quality of care at Livingston Healthcare:*

*Quality of Care-* Participants find the hospital’s quality of care to be average, but improving. One participant noted, “For me and my family, I guess it’s my opinion that it’s about average. I think OB care is above average and ER is below average.” They acknowledged that some of the doctors are excellent, especially the OB doctors, and that they take good care of people. Participants also expressed that they are very impressed with the food, stating, “The dietician at the hospital seemed very conscientious about the quality of food and works hard to provide great food.”

*Number of Services-* In general, participants seemed pleased with the number of services available, and believe the basics are covered in Livingston. However, they felt that there is a lack of specialists and they have to be referred to places like Billings and Bozeman. They commented, “They [the hospital] don’t have a lot [of specialists]. I would imagine the number of them is below average. They have some rotating specialists and it’s convenient when they are here because I try to use local specialists.” In addition, participants noted that computer systems are not compatible between Livingston and Bozeman. One participant mentioned, “If you go to Bozeman for some things [care] and Livingston for some things [care], the computer says “not compatible.” They can’t read records from either place. There should be something done with that if you choose to go to Bozeman versus Billings, because I guess the system is compatible with Billings.”

*Hospital Staff-* Participants discussed the hospital staff as being excellent but noted there is always room for improvement. Hospital staff was viewed positively as reflected in this remark: “I really liked them and thought they were great. They are very caring and very helpful when I needed it.” A number of participants also noted some bad experiences where they did not feel they were treated properly. One participant comment, “In my experience, I think you have shining stars and then those that need work, whether its

bedside manner, they don't seem like they know what they are doing. You can grade those [the staff] as they take care of you." Another participant also noted there is a problem with privacy among staff members. One participant stated, "How does the hospital guarantee privacy with complete confidence that my name will not be brought up again? I want to make sure that everyone's lips are locked and to know what the ramifications are if breached."

*Hospital Board and Leadership-* The Hospital Board was not known well by many participants as reflected in these remarks: "I don't have any idea who is on the Board," "If we all don't know them [the Board], is that any indication of trust and expectation of the hospital?" and "It would be nice to know who is on the Board." Some participants who were more familiar with hospital leadership expressed concern about the discussion of building a new facility, while others feel the new hospital is needed in the community.

*Business Office-* Participants seemed very frustrated with billing explanations and receiving multiple bills that had to be paid separately. They agreed that there did not seem to be an efficient process for billing and find it very confusing. Several negative experiences were shared, "My confidence in their ability to bill is very low," and "I switched to CHP because of billing. It's more straightforward." On the other hand, one participant stated, "I have good health insurance and I've had no problem with billing."

*Condition of Facility and Equipment-* Participants seemed satisfied with the condition of the facility, some being very pleased and others feeling it is inadequate. They described it as "outdated," "disgusting," and "rooms are hard to get equipment into." More positively, they mentioned that it's "Clean and well-lit," "some equipment seems state-of-the-art," and "I think it's [the facility] very adequate at this time." There was much discussion about building a new hospital with mixed opinions. One participant stated, "I'm not convinced about needing a new hospital and I don't like it being outside city limits," while another commented, "it would be lovely to have a nice hospital no doubt about it."

*Financial Health of the Hospital-* The financial health of the hospital was viewed with mixed opinions with one participant stating, "What you hear from staff is not bad, but it's not positive either." Several participants were unaware of the financial standing of the hospital stating, "I don't have a clue." Other comments included: "I don't think it's doing that well," and "I've heard that it is in better shape than it had been, but I really don't know."

*Cost-* Participants felt that the cost of services is the same as other places and that the hospital is fair in charging. Comments included: "Reasonable or even cheap," "Comparable," and "They don't false charge you."

*Office/Clinic Staff-* Participants acknowledged that the clinic is viewed well by the community and people are treated well there. The clinic staff was described as: "Nice" and "They seem cordial."

*Availability-* Availability was deemed quick and timely by participants. One participant noted, “Sometimes I feel really rushed at my appointments like they are trying to squeeze in too many people,” while another mentioned, “Some doctors are extremely busy...some doctors are really hard to see.”

- *Opinion of local providers-* Participants indicated they mostly use local providers as their or their family’s personal provider. Comments about local providers included: “Competent and works to build a relationship with you,” and “Convenient and I do like and trust the doctor I have for my children.” One participant remarked, “For basic screening its fine, but I don’t trust enough to take care of all my healthcare issues there [at the hospital].” Another participant suggested for doctors to travel from Livingston to receive further training. “A lot of doctors have been here for years and don’t get away and it’s very important for them to know that we, the public, would appreciate it. I know some nurses go away [for additional training].”
- *Opinion of Local Services:*

*Emergency Room-*Participants have mixed perceptions of the emergency room and its services. One participant noted “Dr. Supak is out there and I think it’s fantastic, honestly.” Another participant had some frustration with the ER stating, “The ER is bad; you have to wait for hours, and you only deal with nurses. They are usually pretty good, but the doctor is just in and out and you’re just not treated right.” Several other participants shared personal experiences which also reflected their concern about the quality of care received in the ER.

*Ambulance Service-* The ambulance service is quick and very highly regarded by participants. “Our first responders are there within minutes with anything in town and accidents on the road, they’re pretty fast to get there. They are all trained through the fire department and have an ambulance to transport people.” One participant mentioned the only weak link is the dispatch office. “It doesn’t seem like they [dispatch] prioritize or don’t get to the hospital as quickly as they should.”

*Health Care Services for the Elderly-* Participants feel that services for older adults are adequate and the services provided are appropriate. Participants spoke high praises for the Angel Line transportation system and seemed thankful for the Meals on Wheels, but expressed concerns about the quality of meals. Participants also highly praised the Senior Center, but expressed some frustration with the menu options, stating “Well if you look at the menu, it’s all sandwiches for lunch all week.”

*Public/County Health Department-* Many participants were unaware of services. One participant stated, “I honestly don’t know, but you don’t hear complaints and if you don’t hear anything and you’ve lived here as long as I have, you must be good.” Participants with more experience regarded it as “very good” and that the WIC (Women, Infants, & Children) program and immunizations were beneficial.

*Health Care Services for the Poor-* Most comments revolved around CHP (Community Health Partners) and participants feel the community is very fortunate to have CHP. One participant feels there is a lack of awareness of services available stating, “A lot of low income families in Livingston don’t know what services are available and the hospital may not know, whereas CHP knows better.”

*Nursing Home/Assisted Living Facility-* Participants seemed content with the care provided by the Nursing Home and assisted living facilities, and find services to be adequate. Although one participant stated, “I don’t know if there is adequate assisted living; I know there is Frontier, but I don’t know if anyone is going without assisted living that needs it.” Also, several participants mentioned services are “So God awful expensive.” One participant stated, “I would rather die at home than to go to the Nursing Home again in my life.”

*Pharmacy-* Participants feel pharmacies in Livingston are very good and appreciate that most pharmacies deliver or mail medications. Some participants feel there is “No sense of urgency” and it takes too long.

- *What Would Make the Community a Healthier Place to Live-* Participants feel that Livingston is “a pretty healthy place to live as it is” but offered many suggestions for making Livingston and the surrounding area a healthier place to live. They focused on the need for increased physical activity through outdoor walking and biking trails, an indoor pool, and better access to gyms, especially for children. Participants also indicated a need to improve snow removal and overall sidewalk safety. Participants also identified the importance of having mental health services and in-home healthcare in addition to better education about the services that are available.
- *Why people might leave the community for health care services-* Generally, participants would leave Livingston if they were dissatisfied by providers, if services weren’t offered, or if they needed to be closer to services. Participants also left Livingston if they needed to see a specialist in a bigger city like Bozeman or Billings. One participant said “they [patients] are always being referred out; I’ve been referred to Billings and Bozeman.”
- *Health Services needed in the Community-* Overall, participants believe Livingston offers adequate health services. “I think for a rural community we are pretty well covered.” Additional services that participants felt were needed are mental health services, access to a psychiatrist, home healthcare, cancer services, a heart specialist, alternative medical providers, dialysis, daycare at the hospital, offer Meals on Wheels five days a week, and to improve the safety of sidewalks for walkers.

## **XI. Summary**

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Two hundred and eight surveys were completed in Livingston Healthcare service area for a 31% response rate. Of the 208 returned, 69.3% of the respondents were females and 60.4% were 56 years of age or older.

Respondents rated the overall quality of care at the hospital as excellent to good, scoring 3.3 out of 4.0 on a scale of 4.0 being excellent and 1.0 being poor.

Seventy-eight percent of the respondents have seen a health care specialist during the past three years. The most frequent specialists seen were the “Chiropractor” and “Optometrist” at 32.1% (n=52 each)

Overall, the respondents within Livingston Healthcare’s service area are seeking hospital care at a rate that is typically seen in rural areas. Area residents recognize the major impact the health care sector has on the economic well-being of the area, with almost 71.6% of respondents identifying local health care services as “very important” to the economic well-being of the area.

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

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

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

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

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1. Barbra Maddren-Broughton – Park County Child and Family Services
2. Deb Brown – Mammoth Clinic
3. Lander Cooney – Community Health Partners (CHC)
4. Suzanne Brown – Park County Health Department
5. Verne Beffert – Park County Special Ed Co-Op/School Nurses
6. Jean McCauley – Southwest Chemical Dependency Program
7. John Beck – Mental Health Center
8. Mary Schwammiein – Head Start (Health and Nutrition Coordinator)
9. Ted Madden – Park County Community Foundation
10. Peggy Tombre – Area IV Agency on Aging
11. Barbra Woodbury – Director of Environmental Health
12. Buck Taylor – Community Health Partners (CHC)
13. Sandi Marlowe – Livingston HealthCare, Community Development Director
14. Lea Chatham – Livingston HealthCare, Marketing and Foundation Coordinator

## Appendix B - Public Health and Populations Consultation

### Public Health and Populations Consultation Worksheet

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#### 1. Public Health

- a. Name/Organization  
Suzanne Brown – Park County Health Department  
Barbra Woodbury – Director of Environmental Health
- b. Date of Consultation  
First Steering Committee Meeting                      May 29, 2012
- c. Type of Consultation (Interview, Steering Committee, Focus Group, etc)  
Steering Committee
- d. Input and Recommendations from Consultation  
- Provided county health data; comments on survey instrument, focus group ideas

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

##### Population- Low Income/Underserved

- a. Name/Organization  
Barbra Maddren-Broughton – Park County Child and Family Services  
Buck Taylor – Community Health Partners- Community Health Center  
Mary Schwammiein – Head Start (Health and Nutrition Coordinator)
- b. Date of Consultation  
First Steering Committee Meeting                      May 29, 2012
- c. Type of Consultation (Interview, Steering Committee, Focus Group, etc)  
Steering Committee
- d. Input and Recommendations from Consultation  
- Comments on survey instrument, focus group ideas

##### Population- Seniors

- a. Name/Organization  
Peggy Tombre – Area IV Agency on Aging
- b. Date of Consultation  
First Steering Committee Meeting                      May 29, 2012
- c. Type of Consultation (Interview, Steering Committee, Focus Group, etc)  
Steering Committee
- d. Input and Recommendations from Consultation  
- Comments on survey instrument, focus group ideas

## Appendix C- Survey Cover Letter



LivingstonHealthCare  
*the heart of community care*

July 23, 2012

Dear Resident:

**Participate in our Community Health Services Development survey for a chance to WIN one of four \$50 gas cards!**

You have been randomly selected because you live in the Livingston HealthCare service area. **Your help is critical in determining the future of healthcare in Park County.** The survey covers topics including your use and awareness of healthcare services, availability of healthcare services, and access to health insurance. The information will be used to help plan programs, services, and a new healthcare facility. The overall results will be shared with the community.

Livingston HealthCare is offering you a chance to win one of four \$50 gas cards as a thank you for completing this survey. Your response is important because the survey is only sent to Park County residents. **Your comments represent this community.**

We know your time is valuable so we have made an effort to keep the survey to about 15 minutes. All information will remain confidential. However, if you need assistance with the survey, call Cassie Burns at Learning Partners at 823-6356.

When you finish your survey, **return it AND one of the raffle tickets in the enclosed self-addressed, postage paid envelope postmarked by August 27, 2012.** Keep the other raffle ticket in a safe place. The winning raffle ticket numbers will be announced on [www.livingstonhealthcare.org](http://www.livingstonhealthcare.org) and in the Livingston Enterprise on **September 4, 2012.**

All survey responses are sent to the National Rural Health Resource Center in Duluth, Minnesota, a non-profit organization that is assisting with this project. Livingston HealthCare received a grant from the Montana Office of Rural Health/Area Health Education Center (MORH) to conduct this survey. If you have any questions about the survey, please call the MORH at 406-994-6001.

Thank you for your assistance.

Sincerely,

Larry Putnam  
Interim CEO



Phone: (406) 222-3541 / Fax: (406) 823-6499  
504 South 13th Street, Livingston, MT 59047-3798

## Appendix D- Survey Instrument

### Community Health Services Development Survey Livingston, Montana

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

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

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

- Very healthy     Healthy     Somewhat healthy     Unhealthy     Very unhealthy

2. What do you think are the **three most serious** health concerns in our community? **(Select 3 that apply)**

- |   |  |   |
|---|--|---|
| <input type="radio"/> Alcohol/substance abuse               | <input type="radio"/> Heart disease                | <input type="radio"/> Overweight/obesity                    |
| <input type="radio"/> Cancer                                | <input type="radio"/> Lack of access to healthcare | <input type="radio"/> Recreation related accidents/injuries |
| <input type="radio"/> Child abuse/neglect                   | <input type="radio"/> Lack of dental care          | <input type="radio"/> Stroke                                |
| <input type="radio"/> Depression/anxiety                    | <input type="radio"/> Lack of exercise             | <input type="radio"/> Tobacco use                           |
| <input type="radio"/> Diabetes                              | <input type="radio"/> Mental health issues         | <input type="radio"/> Work related accidents/injuries       |
| <input type="radio"/> Domestic violence                     | <input type="radio"/> Motor vehicle accidents      | <input type="radio"/> Other _____                           |
| <input type="radio"/> Environmental health (ex. BNSF Plume) |  |   |

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

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

4. Please rate the availability of mental health services in Park County.

- Excellent     Good     Fair     Poor

5. How would you rate your overall health?

- Very healthy     Healthy     Somewhat healthy     Unhealthy     Very unhealthy

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

- Healthcare provider
- Livingston Enterprise
- Community education presentation
- Living Well Newsletter
- Bozeman Chronicle
- Word of mouth/reputation
- Website/internet
- Public Health
- Other \_\_\_\_\_
- Friends/family
- Radio

7. How do you rate your level of awareness of health services available at Livingston HealthCare?

- Excellent
- Good
- Fair
- Poor

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

- Mammoth Clinic
- Public health services
- Pharmacy
- Shields Valley Health Center
- Senior Center/Area IV Agency on Aging
- Dentist
- Community Health Partners
- Mental health providers
- Eye doctor
- Chemical dependency services
- Naturopath/Chiropractor
- Other \_\_\_\_\_

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

- Greater health education services
- More specialists
- Transportation
- Improved quality of care
- New healthcare facility
- Urgent care
- More primary care providers
- Expanded clinic hours
- Other \_\_\_\_\_

10. How important are local healthcare providers and services (i.e., hospitals, clinics, nursing homes, assisted living, etc.) to the community's economic well-being?

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

11. 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 13)

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

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

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

- Adult vaccines (flu/pneumonia/shingles)       Colonoscopy       Routine blood pressure  
 Blood screen/panel       Mammography       Routine health checkup  
 Bone density       Pap smear       Other \_\_\_\_\_  
 Children's checkup/Well baby       Prostate (PSA)

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

- Dermatology       Urology       Gastroenterology  
 Dialysis       ENT (ear/nose/throat)       Other \_\_\_\_\_

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

- Yes     No    (If no, skip to question 18)

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

- Livingston HealthCare     Bozeman Deaconess       Billings Clinic  
 St. Vincent Healthcare     Pioneer Medical Center (Big Timber)     VA       Other \_\_\_\_\_

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

- Cost of care       Nearest location for test/service       Insurance preferred provider  
 Closest to home       Quality of facility       VA/Military requirement  
 Closest to work       Prior experience with hospital       Provided financial assistance  
 Emergency, no choice       Recommended by family or friends       Other \_\_\_\_\_  
 Hospital's reputation       Referred by healthcare provider

18. In the past three years, has anyone over the age of 18 in your household seen a primary healthcare provider (i.e. family medicine, internal medicine) for healthcare services?

- Yes     No    (If no, skip to question 21)

19. Where was the primary healthcare provider your household used MOST often located? (Please Select only ONE)

- Livingston       Billings       Bozeman  
 Gardiner       Shields Valley       Other \_\_\_\_\_

20. Why did you select the primary care provider you used most often? (Select all that apply)

- Appointment availability
- Clinic's reputation
- Closest to home
- Cost of care
- Length of waiting room time
- Prior experience with clinic
- Reputation of provider
- Recommended by family or friends
- Referred by healthcare provider
- Insurance preferred provider
- VA/Military requirement
- Quality of facility
- Provided financial assistance
- Other \_\_\_\_\_

21. If you have a child/children under the age of 18 living in the household, have they seen a primary healthcare provider (i.e. pediatrician/family doctor) for healthcare services in the past year?

- Yes
- No
- Not applicable

22. In the past three years, has anyone in your household seen a healthcare specialist?

- Yes
- No (If no, skip to question 25)

23. What type of healthcare specialist(s) was seen? (Select all that apply)

- Acupuncturist
- Allergist
- Cardiologist
- Chiropractor
- Dermatologist
- Dietician
- Endocrinologist
- ENT (ear/nose/throat)
- Gastroenterologist
- General surgeon
- Geriatrician
- Mental health counselor
- Naturopath
- Neurologist
- Neurosurgeon
- OB/GYN
- Occupational therapist
- Oncologist
- Ophthalmologist (M.D.)
- Optometrist
- Oral surgeon
- Orthopedic surgeon
- Pediatrician
- Physical therapist
- Podiatrist
- Psychiatrist (M.D.)
- Psychologist
- Pulmonologist
- Radiologist
- Rheumatologist
- Sleep medicine
- Speech therapist
- Social worker
- Substance abuse counselor
- Urologist
- Other \_\_\_\_\_

24. Where was the healthcare specialist located? (Select all that apply)

- Livingston
- Bozeman
- Billings
- Other \_\_\_\_\_

25. The following services are available at Livingston HealthCare. If you have used any of the following in the past three years, please rate the overall quality for each service. (Please mark N/A if you haven't used the service)

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

Anticoagulation clinic	<input type="radio"/>	4	<input type="radio"/>	3	<input type="radio"/>	2	<input type="radio"/>	1	<input type="radio"/>	N/A	<input type="radio"/>	DK
Cardiac rehabilitation/Healthy steps	<input type="radio"/>	4	<input type="radio"/>	3	<input type="radio"/>	2	<input type="radio"/>	1	<input type="radio"/>	N/A	<input type="radio"/>	DK
Chemotherapy	<input type="radio"/>	4	<input type="radio"/>	3	<input type="radio"/>	2	<input type="radio"/>	1	<input type="radio"/>	N/A	<input type="radio"/>	DK
Diabetes education	<input type="radio"/>	4	<input type="radio"/>	3	<input type="radio"/>	2	<input type="radio"/>	1	<input type="radio"/>	N/A	<input type="radio"/>	DK
Emergency department	<input type="radio"/>	4	<input type="radio"/>	3	<input type="radio"/>	2	<input type="radio"/>	1	<input type="radio"/>	N/A	<input type="radio"/>	DK
Family medicine/Internal medicine	<input type="radio"/>	4	<input type="radio"/>	3	<input type="radio"/>	2	<input type="radio"/>	1	<input type="radio"/>	N/A	<input type="radio"/>	DK
Home care/Hospice	<input type="radio"/>	4	<input type="radio"/>	3	<input type="radio"/>	2	<input type="radio"/>	1	<input type="radio"/>	N/A	<input type="radio"/>	DK
Hospital birth services	<input type="radio"/>	4	<input type="radio"/>	3	<input type="radio"/>	2	<input type="radio"/>	1	<input type="radio"/>	N/A	<input type="radio"/>	DK
Intensive care unit	<input type="radio"/>	4	<input type="radio"/>	3	<input type="radio"/>	2	<input type="radio"/>	1	<input type="radio"/>	N/A	<input type="radio"/>	DK
Laboratory	<input type="radio"/>	4	<input type="radio"/>	3	<input type="radio"/>	2	<input type="radio"/>	1	<input type="radio"/>	N/A	<input type="radio"/>	DK
Orthopedics	<input type="radio"/>	4	<input type="radio"/>	3	<input type="radio"/>	2	<input type="radio"/>	1	<input type="radio"/>	N/A	<input type="radio"/>	DK
Pediatrics	<input type="radio"/>	4	<input type="radio"/>	3	<input type="radio"/>	2	<input type="radio"/>	1	<input type="radio"/>	N/A	<input type="radio"/>	DK
Physical/Occupational/Speech therapies	<input type="radio"/>	4	<input type="radio"/>	3	<input type="radio"/>	2	<input type="radio"/>	1	<input type="radio"/>	N/A	<input type="radio"/>	DK
Respiratory therapy	<input type="radio"/>	4	<input type="radio"/>	3	<input type="radio"/>	2	<input type="radio"/>	1	<input type="radio"/>	N/A	<input type="radio"/>	DK
Sleep center	<input type="radio"/>	4	<input type="radio"/>	3	<input type="radio"/>	2	<input type="radio"/>	1	<input type="radio"/>	N/A	<input type="radio"/>	DK
Surgery services	<input type="radio"/>	4	<input type="radio"/>	3	<input type="radio"/>	2	<input type="radio"/>	1	<input type="radio"/>	N/A	<input type="radio"/>	DK
Women's health	<input type="radio"/>	4	<input type="radio"/>	3	<input type="radio"/>	2	<input type="radio"/>	1	<input type="radio"/>	N/A	<input type="radio"/>	DK
X-ray, CT scan, Ultrasound, MRI services	<input type="radio"/>	4	<input type="radio"/>	3	<input type="radio"/>	2	<input type="radio"/>	1	<input type="radio"/>	N/A	<input type="radio"/>	DK

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

27. Over the past month, how often have you been physically active for at least 20 minutes?

Daily  2-4 times per week  3-5 times per month  1-2 times per month  None

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

29. Have you smoked cigarettes or used any tobacco products in the past 30 days?  Yes  No

30. Over the past month, how often did you drink alcohol?

Daily  2-4 times per week  3-5 times per month  1-2 times per month  None

31. If you have a child 18 years or younger, have they received all their immunizations/vaccinations according to the recommended schedule?

- Yes- completed series     Yes, in process     No- choose not to immunize     Don't know

32. What type of medical insurance covers the **majority** of your household's medical expenses for those 18 years or older? **(Please Select only ONE)**

- Employer sponsored     Private insurance/private plan  
 Medicare     Agricultural Corp. paid     State/other  
 Medicaid     VA/Military     Other \_\_\_\_\_  
 Indian Health     Health Savings Account     I (we) are uninsured

33. If you have children 0-17 years of age, are their medical expenses covered by Healthy MT Kids or another government funded program?     Yes     No     Not applicable

34. How well do you feel your medical insurance covers your healthcare costs?

- Excellent     Good     Fair     Poor

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

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

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

- 59047 Livingston     59018 Clyde Park     59027 Emigrant  
 59030 Gardiner     59086 Wilsall     59065 Pray  
 59081 Cooke City/Silvergate     59082 Springdale     Other \_\_\_\_\_

37. What is your gender?     Male     Female

38. What age range represents you?

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

39. What is your employment status?

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

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

**THANK YOU VERY MUCH FOR YOUR TIME**

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

## Appendix E- Responses to Other and Comments

### 2. What do you think are the three most serious health concerns in our community?

(Select 3 that apply)

- Poor diet (2)
- Drugs(2) –prescription, and street drugs

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

(Select 3 that apply)

- Low substance abuse
- Fitness center is primary

### 4. Please rate the availability of mental health services in Park County.

- Don't know (4)

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

- Farmer's market
- Community Health Partners (CHP)
- Gardiner Pharmacy
- Phonebook

### 7. How do you rate your level of awareness of health services available at Livingston HealthCare?

- Don't know

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

- Hearing aid
- Alcoholics Anonymous (AA)
- Bozeman Deaconess Health Group and Hospital
- Physical therapy
- Park Clinic (3)
- Bozeman Deaconess - oncology
- Billings Clinic
- Dermatologist (2) – Bozeman
- Acupuncture (2)
- Health fair
- Peridontist
- Bozeman - gynecologist
- Urgent care – Bozeman
- Veteran's Affairs (VA)

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

**(Select all that apply)**

- Low cost health care (5)
- Healthier economy
- Sonograms to women who want abortions
- Improved economic opportunities
- Affordable (5)
- Railroad crossing to north side
- Being treated immediately
- More competent doctors
- Geriatric M.D. (2)
- Location in Gardiner
- Top-notch surgeons
- More "alternative" providers
- Most providers are overloaded – let them spend more time with patients
- Universal health insurance coverage
- Trauma center
- Easier to get an appointment
- Training in nutrition because it prevents illnesses like heart disease and diabetes
- Single payer health insurance (2)

**11. 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?**

- Foot surgery
- Contact lenses

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

- Even with an appointment one could wait for one hour
- We go to Bozeman. Most doctors are rude.
- Did not need anything from Livingston HealthCare
- Want second opinion
- Summer- doctor not available
- LHC (Livingston Healthcare) did not provide

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

- Dr. Lee
- Surgery
- Dentist
- Tetanus shot
- Physical/mental health evaluations
- Podiatrist in Park County
- Thyroid
- VA
- Emergency Room (ER)
- Cardiologist
- Leg goes numb
- Professional licensure physicals
- Bozeman Deaconess urgent care
- Emergency
- Anti-coagulation tests

**14. What additional specialty healthcare services would you use if available locally?**

- Not sure
- Cancer Center
- Doctors not so overbooked
- Allergist
- Neurologist
- Psychiatry
- Radiology
- Feet
- Trauma center
- Low cost dental
- Eye
- Hospital- Echo

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

**(Please Select only ONE)**

- Denver Children's Hospital
- University of California, San Francisco (UCSF) Brain tumor surgery
- Missoula Community/ St. Pat's
- Urgent care – Bozeman
- CHP (Community Health Partners)
- When LCH (Livingston Healthcare) doesn't provide

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

- Certified Cystic Fibrosis (CF) Center
- No hospital use
- Orthopedic surgeon for hip replacement
- Surgeons were highly recommended
- LHC did not provide

**19. Where was the primary healthcare provider your household used MOST often located?**

- Missoula, MT
- Pittsburgh, PA
- CHP
- Mammoth

**20. Why did you select the primary care provider you used most often? (Select all that apply)**

- CHP
- I don't get somebody different that sees me
- We love her. She rocks!
- Feel like I know them/personal attention
- Chiropractic provider offered all circled
- Personal attention given by all staff
- Thorough professional exam
- Procedures
- Took time to explain details of the exam, findings, and answer questions

**23. What type of healthcare specialist(s) was seen? (Select all that apply)**

- Vein doctor (2)
- Blood doctor
- Peridontist
- Orthopedist
- Massage therapist
- Dentist (2)
- Eye doctors
- Pain management

**24. Where was the healthcare specialist located? (Select all that apply)**

- Travel to Livingston
- Denver Children's Hospital
- Missoula
- Seattle
- Butte
- Spokane
- Livingston – for Physical Therapy (PT) only
- Mayo clinic

**25. The following services are available at Livingston HealthCare. If you have used any of the following in the past three years, please rate the overall quality for each service.**

- Your day surgery girls are the best!

**28. Has cost kept you from getting a prescription or taking your medication regularly?**

- Don't take medications

**31. If you have a child 18 years or younger, have they received all their immunizations/vaccinations according to the recommended schedule?**

- No children at home
- American Association of Retired Persons (AARP)

**32. What type of medical insurance covers the majority of your household's medical expenses for those 18 years or older? (Please Select only ONE)**

- Montana Healthy Kids
- Accident insurance
- High deductible, pay majority ourselves
- Burial
- New West Medicare

**34. How well do you feel your medical insurance covers your healthcare costs?**

- Huge deductible

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

- Have not had time to fill out paperwork

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

- Self (4)
- Homemaker (3)
- Running for office
- Have my own business
- Real estate broker
- Can't work right now because of health problems
- Husband self employed
- Unable to work

**Additional Comments:**

- All services checked except vaccines were done at Bozeman Deaconess
- We moved from Bozeman last year
- I do not have a primary healthcare provider. Have used homeopath (by phone- not here) for 25 years

## Appendix F- Focus Group Questions

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

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

## Appendix G- Focus Groups Notes

### Focus Group #1

Tuesday, August 7, 2012 – 6:30pm-7:30pm – Park County Library, Livingston, MT

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

- Can it be made a healthier place to live? I think it's fantastic, a great hospital and a bunch of active seniors.
- This is difficult. I've been away and not sure about demographics and what is available. I also wonder what food is available for those at poverty level.
- How busy are food banks? Do you know? In Missouri, my dad is on a local food bank board and noticed an increase in the use when the economy was going down and I wasn't sure if they've seen the same thing here in Livingston. I saw in the paper that they are feeding kids down at the park and I see more people out exercising than ever before. I'm not sure if we have problems with pollution because everything gets blown away, but education on how to stay well could probably be addressed.

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

- The future of the hospital is my major concern right now.
- I think for people who can't afford to get adequate healthcare.
- I went over the hill [to Bozeman] today because I couldn't find a dermatologist here and neither facility in town had a visiting dermatologist.

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

Quality of care

- I'm very concerned about the quality of care in Livingston and this concern comes from the Hospital Board which seems very resistant to change. They don't want to step into the hospital itself and make changes that will improve the financial health of the hospital and the hospital has been on a sliding profitability because of it, except for last year. And how they managed a profit last year... it still makes me char grin over it.
- I've heard comments since coming back that it's not as user-friendly and the vibe is very different in the hospital versus CHP (Community Health Partners). There is always improvement and I'm not picking on them [the hospital], but it's a comment I've heard.
- The quality of care doesn't ever bother me because we have excellent doctors I think for the most part. There are concerns that you can't get an appointment right away and instead it takes about a month from now or so, but I know the doctors we have are good... they're great.
- I had good care a year ago for an outpatient procedure.

## Number of services

- Excessive.
- You mean spread too thin?
- I think so, I believe they have departments there that are not very profitable and I've never been shown otherwise.
- This question goes back to my comment about seeking dermatology services and how I wasn't able to get them here [in Livingston], but other needs have been met. Again, I am young and healthy.

## Hospital staff

- I've always had excellent workings with all of them.
- I was a nurse educator for five years before moving back last year and customer service is a big thing for me. I think there is always room for improvement, like the vibe of the hospital. It's the little things like if someone introduces themselves... these little things make the difference; it doesn't cost a lot and means a lot. I'm really passionate about this.
- I think there are some excellent providers over there that do really care and want to make a difference and there is always room for improvement.

## Hospital Board and Leadership

- Very resistant to change and didn't want to look at anything to make changes. They [the Board] always said changes were being made, but the bottom line kept going down and down. I hoped they were made, but I wondered because things you hear on the street didn't coincide with what you see at Board meetings. If you bring something up, they [the Board] would say they would check into it, but then you would never hear anything again.
- I've heard from friends expressing frustration with the Board and leadership because things were taken away to keep it [the hospital] fiscally solvent; benefits were taken away like retirement contributions, and they expressed lack of trust. I think work needs to be done. I'm excited about the new CEO and think it is a great opportunity to make changes.
- My wife works in a local bank downtown and OB (obstetrics) has been a pain in my stomach for a long, long time. You look at the hospital's quarterly newsletter which is very nicely done and in the quarterly report 8, 10, 13 babies are being born each quarter, almost one baby a week and the gals at the bank say they won't go to Livingston Memorial [Livingston HealthCare]. I never asked why not, but they say "Lord no" and "You must be kidding". It's very disappointing, but they've heard stories.

## Business office

- When you say the business office... it needs to be broken down into sections. There is the area that does finance statements and another ugly department that

handles billing and the quarterly reports, and then accounts receivable and the front registration.

- We had major, major problems with accounts receivable and I'm not sure, but I think it's partly because of the administrator there who couldn't seem to get along with people.
- I agree we need a new administrator.
- It gives a chance to make changes.
- Not sure if it was favorites or what, but he [the administrator] couldn't seem to get along with everyone below him.
- I'll tell a story ... I was talking yesterday about these forums [focus groups] trying to get people to come. In my yoga class, another participant said she was very frustrated. She was making bill payments for an outpatient procedure and thought she was making correct payments and then received a notice from collections. What happened was that the payments were only going to one bill and not going to the other bills and so there was a breakdown in communication. I can see it happening. Someone probably had information about one bill and didn't know about the others and now she has a very negative opinion about the hospital and she doesn't want to be turned into collections and then slammed. It makes you feel terrible to be turned over to collections and that is terribly disturbing.
- The same thing happened to my wife and Medicare billing is just unfathomable, but it's still their job and that sort of thing [being turned into collections] shouldn't happen.
- It's an incredibly stressful job and the hospital I came from working at, they [the staff in the billing office] were always working overtime to keep up.
- Last year for an outpatient procedure I had, they [staff at the hospital] were courteous, prompt and then I made payments and they [the billing office staff] were really good about helping break it [the bill] down so that I could afford to make the payments.

#### Condition of facility and equipment

- I think it's [the facility] very adequate at this time and it would be lovely to have a nice hospital no doubt about it. It [the hospital] is 55 years old and things are deteriorating and with new information technology it's tough to keep up with wiring, etc. They [the hospital] are doing it and maintaining it very good. Yes, it's great to have a new facility and very costly and I see no problems the way it is, but it would be nice to have a new one as long as someone else is paying.
- I'm not convinced about needing a new hospital and I don't like it being outside city limits.

#### Financial health of the hospital

- I think the financial health itself, as far as I know, is very poor right now and now we've been spinning wheels with this new building because we can't get the money to make it [a new building] happen and that's why we can't.
- We couldn't pay the interest on the interest of a loan.
- Very poor, meaning operating at a loss?

- Oh yeah, always. Last year they had a profit for the first time in 10 years.
- We have a new CFO and now CEO and there might be some changes. Maybe people will start looking at us [the hospital] in a different light. We've spent a lot of money on projects that had to be written off.
- I would be curious to know why they did make a profit last year.
- So even with the changes made to keep it from being in the negative which were not appreciated by staff... but something must have worked because that [making a profit] is tough to do as a rural hospital.

#### Cost

- Same as elsewhere and probably less than a lot of other places. If you go to a specialist in Bozeman it [the cost] is flabbergasting. I noticed that the Board only raised costs when other places were raising costs too and so I'm sure they are very fair in charging.

#### Office/clinic staff

- I think there are little tweaks to do, but otherwise it's okay from a personal perspective, but back to the vibe thing [hospital not being a friendly place] that others said... there might be some issues to take care of.

#### Availability

- When you say availability, are you talking about clinic visits?
- Yes, clinic.
- I felt like I got in quick enough and it was timely. I went to a nurse practitioner and I think that helps.
- I haven't had to use it much, knock on wood, thought I got in pretty close when I needed it and it was good enough for what I needed.

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

- Yes, because I don't like to go to Billings or Bozeman for medical care and I like those who are here.
- Yes, because she is competent and works to build a relationship with you ... that is important to me.

5. What do you think about these local services?

#### ER

- Dr. Supak is out there and I think it's fantastic, honestly.
- I've never used it [ER], but I haven't heard anything negative about it.

### Ambulance Service

- Haven't seen any complaints and I know those guys are dedicated.
- I think it's excellent. The city runs it and everyone helps out.

### Health care services for Senior Citizens

- Is there still an Angel Line van?
- I think so.
- It's a shuttle service to the elderly and I think that is a strength.
- There is Meals on Wheels and a Senior Center.
- I don't know if there is adequate assisted living; I know there is Frontier, but I don't know if anyone is going without assisted living that needs it.
- One area I did think of is that it's hard to find in-home care. If you want to just use a CNA [certified nursing assistant] to come help you, and I used to know a few people who needed it, it was hard to find.
- I think now there are adequate assisted living facilities and I think there are three or four. There is one on the hill.
- I brought my parents over to Frontier and I thought they were okay as long as you showed up [to Frontier] and let them know you cared.

### Public/County Health Department

- We used WIC (Women, Infants, and Children). I had twins so we qualified for some assistance, and they used to be good. We also went there for child immunizations.
- I honestly don't know, but you don't hear complaints and if you don't hear anything and you've lived here as long as I have, you must be good.

### Health care services for Low-Income Individuals

- I think CHP (Community Health Partners) is doing a great job and I think the local hospital is doing a great job as well.
- They [the hospital] write off a lot and with CHP that was the idea to help get rid of some of that [the write off]. I think it was a great idea.

### Nursing Home/Assisted Living Facility

- As far as I know it's adequate, but I don't know.
- That's my thinking too, before Clare ran Frontier and she was a little hard-nosed, but okay and I never had any problems with them. I don't hear anything bad in the community, so must be okay.

## Pharmacy

- I think pretty well covered, I don't know if its 24/7, not sure what to do then.
- Can the hospital cover you over night?
- I think it's pretty good.

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

- Service is not offered.
- Dissatisfaction with local community.
- Dissatisfaction with providers and this goes back to the story about the young ladies at the bank.
- Lack of trust and would be really interesting to know why.
- Of course they [patients] are always being referred out; I've been referred to Billings and Bozeman.

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

- There is a pretty good selection of alternative care providers, like massage and chiropractic so I don't have to drive over the hill [to Bozeman]. I'm wondering how well Livingston is prepared to deal with the Baby Boomers as they age. They want to age well and be healthy. There are some things available [in Livingston], but are there classes about preventing osteoporosis, healthy eating, stress reduction and weight management?
- I don't think any more are needed, in my opinion none.
- We used to have a surgeon here and he was such strength for our hospital and it's too bad he's gone.
- I don't think we have a surgeon here.
- We do, Dr. Lee.
- He's still complaining that he still doesn't have enough work to do all the time and that makes it difficult to keep them [surgeons].
- Do we need a hospital as good as the one we have here? We don't want to become a Band-Aid station here, but Medicaid will stomp on us here someday.

## **Focus Group #2**

Wednesday, August 8, 2012 – 6:30pm-8:00pm – Community Center, Clyde Park, MT

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

- It's a pretty healthy place to live as it is.
- That's what I was going to say.
- Especially since we have that clinic in Wilsall now.
- The only thing I can think of that would be, and this I don't even know for sure because I'm not involved in the schools as far as their activities or lunches, you would know better about that ... about what they serve [*referring to person beside them*], but I think it's probably the same as everywhere, the lack of activities, you know actual moving around, the kids could use a lot more of that.
- Yeah I think so too.
- We live in a pretty good place.
- I think so too, especially since the clinic opened.

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

- It seems like we have a lot of cancer in our area, that's one of the big things that we have a lot of and quite a few people with diabetes.
- But cancer shows up just about anywhere, but the thing that concerns me a lot is drugs, but I don't think people know because... well I happened to work in health care. I don't think people have any idea about the drug problem we have here and that has always concerned me and I think part of it is because I've been there with people and people don't have a clue if someone is "higher than I kite" and I think part of that is just being educated. I was born and raised here [in Clyde Park] and lived in Oregon for 30 years and I retired from the health science department at the university there and they saw everything, you know how drugs were then, and I don't think it people's fault, but I don't think people have a clue, and it's kind of scary.
- Well I think sometime, I don't exactly know how you would identify it, but um... of course our community is pretty good at access to helping people when stuff happens and for those who are getting older and helping them out and stuff, but I'm sure that's the same anywhere, and I am getting to be one [getting older], but I think we are pretty blessed to have a fire department and they are trained and stuff and I think that is pretty good.

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

#### Quality of Care

- I know a lot of people who work there and I've been to visit people, but I've never been a patient there. Oh I've had different things done there. I've had some good and bad, but it happens everywhere.
- I've only had one experience there and it was a trip to the ER. I felt that they took pretty good care of me, having not had any experiences with it before, it seemed like I

was in there a long time, but maybe that is how long it takes to make sure everything is ok. I was there because I fell and blacked my eye and broke my glasses.

#### Number of services

- Well never having had to use any of them, I'm really not aware of what is available.
- Aren't they [the hospital] the ones who put on the health fair groups? I've gone a couple of times and they did bone density on your heel and that kind of thing and had other options. I didn't necessarily take advantage of a lot of it like the blood pressure [screenings], etc.
- They come up here once a year [the hospital] to do a blood draw and I think it's well attended. I know a lot of people appreciate it and since it's a fasting blood draw you don't have to go clear to Livingston and worry about when you get to eat again.

#### Hospital staff

- That's kind of hard because they are my friends.
- I only had one bad experience, but it didn't make a difference, it wasn't life and death, but as I understand it was taken care of right away. I went into the clinic one day because I thought I had a yeast infection, well I was pretty sure I did, but I just wanted it checked out, but that same day they were doing sports physicals. I sat there for about 2 to 3 hours and I checked a couple of times [at the reception desk] and they would say yes I was on the list and so it got to be 5 o'clock and the receptionist walks out the door and tells me goodnight. Twenty minutes before I had asked again if my name was down and no one ever checked with me or asked me anything. Well there happened to be someone back there [back of the office] and they were saying the front door wasn't locked and one doctor happened to be there and he was shocked [that this person had not been helped] and almost had a melt-down. I told him what happened and he said I am sending you to the hospital to get a urine sample and he said he would also send a prescription for an antibiotic and he kept asking how long I had been waiting there and I said that I knew they were busy because of the sports physicals and he said that is not an excuse, and sure enough I got a call the next day and people from the clinic made a special visit to come and see me and apologize. I told them it was not a big deal, but one person lost a job and they said it was not ok and that this is not why we are here and that there is no excuse that no one checked on you and that is the only bad experience I have ever had. The doctor was in a tizzy fit though, but it wasn't a life and death matter. I understand they were busy, well I'm sure it was taken care of, well I know it was. I was impressed [with the way the hospital handled the situation]. That was the only bad experience I had.

#### Hospital Board and leadership

- Well I couldn't comment on that because I don't know and I haven't paid that much attention and don't know the operation on the inside, so I couldn't comment on that. I don't know.
- I don't have any idea who is on the Board.

### Business office

- Well I've been involved with it [the business office] and I've heard a lot of things and comments from others.
- 20 years ago, at that time the gal [who worked in the business office] was pretty grand, but I don't think she is there any more.

### Condition of facility and equipment

- Again, I've never had to use any of it [facility and equipment].
- Whatever I've had to use when I was in the ER, worked. They did x-rays and didn't find anything... nothing there.

### Financial health of the hospital

- I don't have a clue.
- Me neither.

### Cost

- I don't know about that [cost] either. Thank the Lord I haven't ever had to go through it and everything I had was taken care of by insurance. I never had anything very important happen to where I would need it either.
- I know what a pain it is when you start messing with Medicare and that kind of thing and that is real slow and I know what it takes to even get a bill paid. Here about a year ago, it was noticed by everybody at work, and what had happened was that Medicare had changed care or something and didn't notify anyone and in that clinic [Bozeman], the business office wasn't getting paid and their billing had to change. It's no one's fault, but the government and Medicare.

### Office/clinic staff

- I've never had any problems when I've been there or taken people. I thought they were treated well and evidently were pretty much on top of things to make sure things were going like they should and never heard anyone else complain about it.

### Availability

- Well then again, I've never had an experience. It seems like to me like they know what they can handle and what they can't. They send you to Billings or Great Falls, they send you instead of letting you lay there for a few days, send you away, but I don't know.
- Haven't heard too many complaints, there's always someone I guess... human nature.

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

- Yes, Sue Scott [local Physician Assistant] because I think she is very good, it's local. I can walk to her office and it doesn't matter. To me she is an angel and to see what she goes through in a day and to see how people treat her and she has been called out at home
- For me she is very personable to talk to you, and I don't know about everyone else in the community, just me.
- She is very good with young people. I've seen her with them and she goes over things with them; they discuss drugs, fertility. She does it in such a way that you know she is just so good at it and they just feel so comfortable with her, both boys and girls –just outstanding and also just how she handles it when people are just nasty to her.

5. What do you think about these local services?

#### Ambulance Service

- I hope I never have to use it.
- It's pretty good, it usually comes out of Livingston, but our guys have one and they can meet Livingston too.
- They take care of immediate issues and stabilize.
- Then Livingston comes up because they have better equipment and the whole shebang.
- One thing that really impressed me was when a baby was having problems and they were there in two minutes and they saved the baby's life.
- Our first responders are there within minutes with anything in town and accidents on the road, they're pretty fast to get there. They are all trained through the fire department and have an ambulance to transport people.

#### Health care services for Senior Citizens

- I go to clinic and get my blood pressure checked every month, that part is there.
- Those beepers are useful. This one lady had one around her neck and was important to use rather than like one gal who laid on the floor all night and wouldn't use it.
  - Important to use it because it is available.
- And I think there are people who will do home delivery and check what's available to the community.
- I'm on the Senior Citizens Board and there's all this stuff for people to borrow like wheel chairs, crutches, etc. for loan.

#### Public/County Health Department

- Well the school has a county nurse. Does that count? She works well with the kids. I know the school has breakfast bars available to kids all day long.

- The clinics and county give flu shots here and Wilsall- so both are available to county.
- They also have, well they do that blood draw once year.
- And other immunizations if stuff comes up.

#### Health care services for Low-Income Individuals

- Well as far as I know, there is no one that Sue has refused and she helps people find help that is available. She goes the whole nine yards to help them with free gratis and helps them get things through other places that assistance is available.

#### Nursing Home/Assisted Living Facility

- We don't have anything.
- Another one of those things we hope we don't have to know about, there are several in Livingston and there are pretty good things said about it of course, you know if you've have a parent there, it's not 100% but the best we had and it's the best that's available.
- And families don't realize that it's better for the person. Another thing is money... so God awful expensive. I lost my sister and brother in law but they live in one...One place in Bozeman is \$6,000 so \$12, 000 a piece each month to live there and they lived there for almost 2 years.
- Nothing in Wilsall either.

#### Pharmacy

- Well now we've got a Western Drug here in Clyde Park. That is the only local one here, otherwise there's just Livingston.
- It's nice to have Western Drug in Clyde Park. A lot of people here say they don't have to go to Livingston.
- You can get them mailed to you from Livingston.

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

- Wanted to be closer to kids and also the Billings Clinic, my husband's health was such that he needed to be closer to more stuff.
- If you are debilitated.

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

- I don't know, I think for a rural community we are pretty well covered, except that you have to move when you get older and for emergencies. I think it's pretty good they take us to Livingston. What else would we need? Maybe Home Healthcare, but then again it depends on the person if they want it and there are some who should have. I know from Billings that it is available.

- Didn't that come out of Livingston? And that one gal lived between here and Livingston, not sure if she is still in the community or not.
- Yeah... I think we're pretty well-covered in Clyde Park and Wilsall.
- Meals on Wheels five days a week in our community.
- So I think, and of course being on a main highway and stuff versus small towns, out in the boonies would be tough.

### **Focus Group #3**

Thursday, August 9, 2012 – 7:00pm-8:00pm – Livingston Mustang Catering Building –  
Livingston, MT

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

- I think more community awareness of social issues with children and adolescents. A lot of them get ignored and a lot are poor and dysfunctional and a lot of needs go unmet. We need more resources and things lack or seem to lack, and it affects all the kids.
- More opportunity for exercise and recreation during the winter months.
- An outdoor trail system.
- An indoor pool. I know that would be like the pie in the sky and that it's not affordable and it's not going to change any time fast.
- More bike trails.
- More mental health access. I know it seems like we have a lot of need, but we do have some really great services.
- Do you see that there is lack of services as in more that want them than what are available or is it that people don't know about it?
- I think it's more. Some people are not already using mental health services because they don't get it, and there are stereotypes and not sure what type of needs are mental health like anxiety that a lot of people deal with. They need more advertising about who is available, a lot of people call me and they think they won't be able to pay for it [mental health services] even though they have Medicaid and Medicare. The parents don't even know that they do have coverage and that it is available, but they don't realize it. They [the parents] call me because they know I have a sliding fee scale, but they don't realize they can afford the services because they have coverage
- I've been to the park recently and they are setting up a food pantry for everyone and story time on Friday is trying to reach all of the kids who are not getting lunch during the summer. The lunches have great nutrition and its free lunch. We go to the park with my kids and it's great. We get to go to the park and get free lunch.
- I ran into a client from about 2 years ago and he is homeless now. When you are homeless like my client you can only eat certain types of foods, otherwise it makes them sick. They also need a group home setting and we don't have them here in Livingston.

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

- I think nutrition could be one.
- Yes.
- Why?
- I'm not sure if it's because people can't afford food or what.

- It's not just kids, but everyone eats horribly, well not compared to other places, but we still have a long way to go.
- You mean like what is available regarding nutrition?
- I think it's just education, I guess.
- Like what's right and wrong, good and bad?
- Well local healthcare issues, could be teen pregnancy.
- Better doctors.
- We discouraged my in-laws from moving here because my mother in-law was diagnosed with cancer and I didn't want her to have to travel for chemo [chemotherapy], like traveling over the pass to Bozeman in the winter.
- Well this is really a random stretch, but truly sleep is so important to health and really random I know, but everyone in the town knows the train comes through at 3 in the morning. You know Billings has put in different kinds of barriers that you can't slip around and they [the trains] quit blowing their horns and it was suggested that you could get government money to get these barriers and stuff.
- More and more research shows that sleep is phenomenally important.
- As a community you could improve that.

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

#### Quality of Care

- For me and my family, I guess it's my opinion is that it's about average. I think OB care is above average and ER is below average. I've been there a lot of times. Another thing we need is elderly care, a geriatrician and assisted living options are very poor, actually pretty awful. We need better care and different resources available.
- A lot of use like the OB (obstetrics), but a lot of people also choose to go to Bozeman.
- I think OB is excellent.
- Like its 100%
- I think so too, but some don't.
- I'm coming from another state, and compared to elsewhere I've been, and I'm also a registered nurse, I'm very impressed with the quality here, and I mean everything. I'm from a community with 800,000 people and the patient education I've seen is incredible to myself, my husband and from what I've see it's just incredible. We've only had minor things, not big health issues. I'm very impressed with their timelines, education, accuracy, and follow-up.
- From what I've seen like at the Senior Center, I've seen scenarios where people need to go into the hospital for some pretty bad things, and they were kind of tossed aside by the doctors and nurses, but Bozeman's care is amazing.
- It's actually pretty embarrassing.
- Wish they [hospital facilities] were a little nicer, and cleaner, but it's fine
- There are other people that should be referred out immediately, yet Livingston will try to keep people here longer than they should.
- We referred a friend to the ER and he flat had gangrene in his tissue and they sent him home.

- They sent me home and then four days later I was back again and the same doctor is still working there.

#### Number of services

- Again, it sounds alright like from right now as a young healthy person and children without issues, but I can only imagine if this wasn't true. Is there even a cancer or allergy specialist? It would be nice to know, even if they can't treat them here.
- They [the hospital] don't have a lot [of specialists]. I would imagine the number of them is below average. They have some rotating specialists and its convenient when they are here because I try to use local specialists.
- I even had to go to Bozeman to get a mole removed.
- If they could rotate them, like an urologist... if they could just do that, I would wait to stay local.
- An allergist would be a good one too.
- Dermatology is a big one as well.

#### Hospital staff

- They are a little too relaxed. Sometimes they are nice and cozy and too relaxed and a little more professional would be better.
- I was impressed when visiting the hospital I asked where is such and such and they don't just tell you where it is, they literally escorted me there. Again, being from a big community I was really impressed, you certainly don't get that there.
- In my experience, I think you have shining stars and then those that need work, whether its bedside manner, they don't seem like they know what they are doing. You can grade those [the staff] as they take care of you. There was only one person that I thought "geez" and I didn't like that. Nothing bad happened, but I didn't like the persona or bedside manner. The care was fine, but you get this in any hospital.

#### Hospital Board and leadership

- I don't even know who they are. I heard one friend had a really horrible experience, but you only hear the bad stuff.
- Seems like they spend a lot of money on outreach and maybe it's cost effective, but instead could you put the money back into hiring another nurse? Things like giving away helmets and the health fair; to me it seems like they have a large overhead of community outreach, and it just seems like a lot. Sorry that's what I think about that... you spend more on advertising, but maybe you could spend that same dollar on someone to answer the phone quicker, or when look at the budget and can't afford to hire another nurse or pay staff more.
- The Board, if we all don't know them, is that any indication of trust and expectation of the hospital? Maybe if we felt like we could identify with the Board...

- It must be okay or we would be investigating it. I guess you could always want better things from your hospital.
- It would be nice to know who is on the Board. I remember when they had elections, it sounds kind of boring, it seemed kind of drab and it could use more energy something like this kind of energy.
- Or is there someone on there you like who could be a multifaceted thinker?
- I don't think of the Board as being diverse, but I don't know who they are. It sounds to me like we need to know who they are.
- Absolutely!

#### Business office

- Billing is so confusing.
- It's bad.
- I never get it. I get three different kinds of bills and on every one the amount is changed, but they [staff at billing office] always seemed laid back. I called once and told them I would pay "x" amount a month and they said ok and I don't even get a reminder. I didn't get one notice, so I'm assuming they are probably missing a lot of money.
- I went to get the HPV [Human Papillomavirus] shot and they told me all about it and how you have to pay for it. I got two of the shots and I told the staff this and I never got billed. One staff member said "don't get me started [about the billing]". I went to talk to a nurse and said I would pay for that I want to pay for it now and I asked why hadn't they billed me and they said well because we didn't have the right information at the beginning, a they still wouldn't take the money. Then I had to sign an authorization, and still no bill and I still don't have a bill today. I told them "are you crazy? ... You just lost \$600 right there" and they said yes it's very common. With my children, I always had itemized bills and I couldn't ever get answers to my billing questions correctly. It was just a mess.
- As I understand it they are changing something, but I also had a bad experience.
- There is a lack of communication and their computer system is completely terrible.
- They waste that much on paperwork. You get three statements; the thing about Bozeman is that you can pay online. It's just a lot of work and I don't have time for it.
- I just wait for the third bill and then pay because you know it will get adjusted.
- Not very efficient.
- Appointment desk is very nice and quick.

## Condition of facility and equipment

- Oh god...
- At the hospital?
- I was disgusted the first time I walked in.
- My mother about died and couldn't believe I would be delivering there.
- If I didn't like the doctors I would never go the hospital. I would never have another hospital surgery in the hospital, except for OB (obstetrics).
- Some equipment seems state-of-the-art.
- The building is bad. The breeze way, I thought it was temporary, but it's been there forever.
- The most popular OB room is like 20 years old and you could spend 20 dollars at target to fix it up.
- I saw the birthing tub. It was clean and it was stainless steel, but I have no idea what other rooms look like. It was weird because the tub was down the hall in a little room, but not the OB room.
- Facility wise... there is such a trend to have a nice birthing room feeling, if someone wants to throw money into something.
- Buy a new bed-skirt.
- I want a more natural birthing feel like Bozeman. I wouldn't want a baby here, but I want the doctors here.
- I like those rooms in Bozeman. It's like I'm in a real hospital.

## Financial health of the hospital

- I don't think it's doing that well.
- I guess looking at the outside of it [the hospital] that's one indication of it not doing that well.
- And not if they [the hospital] aren't collecting payments or billing for things.
- What you hear from staff is not bad, but it's not positive either.
- I don't know if they saw any upper trajectory.
- It's not very competitive. More programs would be nice to be more competitive and tell me what doctors are available and know which ones aren't available. I will only see two or three doctors, or I rather pay four times the price even with a bad ER.

## Cost

- I think reasonable or even cheap –you can have a baby for less than \$10,000.
- They don't false charge you.
- Comparable.

## Office/Clinic staff

- Nice.
- Better in the last two years.
- They seem cordial and I've never had any issues.

## Availability

- You live in a small town, believe me you could go to where I'm from, but you would wait 6 weeks for ultrasound and get the same technology. I was very impressed with the hospital here and I didn't see anything wrong with it, but that is because they were on the phone with Billings at the same time. That's just what small communities do.
- The hospital appointments are good. It beats Park Clinic and the best doctors here are part time. I can usually get in, but if it's with the bad doctor or a PA I won't go...
- I get frustrated with PA's [physician assistants], even though one is great, and I love her, but I get billed the same amount.
- A PA should not cost the same as an MD.
- What I like about the PA is that she calls and checks in on your child. The other people don't call you back except for the one PA and I would like to see that done for the geriatric clientele.
- Sometimes I feel really rushed at my appointments like they are trying to squeeze in too many people.
- I haven't felt rushed.
- Well I just always go to the doctor I want. I just have to plan in advance, like for child stuff. If it's just a cold thing, I feel okay with the NP [nurse practitioner] if my doctor is not available. About people not calling back that you were talking about, I'm not sure if it's hospital policy or just general nature of doctors in 2012 or if they have been taught that.
- Accessibility...I know that. I have to go through five people to reach the doctor and when there's a problem with my son and not a freaking doctor around. Also, I call the front the desk, and I ask if they could leave a message for my doctor, and then the nurse calls back, but I'm at work and the calls go back and forth. I know I can't have a direct line, but I wish there was a way to connect better with the doctor. I'm not saying there is a perfect way. My father was a family doctor and I watched how he interacted with people personally. Doctors just don't do that anymore; it's a different medical world. I want some of that back. Don't get me wrong they do always call back and I have a cell number for my doctor, but want to respect their time and space. But I am waiting for a week to hear back.
- It's a bummer and I do feel like things are a bit rushed [at appointments]. I've been in at 4:45pm and when I'm just leaving there's still people in all the rooms, but think some is overlap and doctors trying to spend more time with people.

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

- Yes, my OB. I think they are the most competent. If they are available they become your primary care provider. I don't like any of the other providers and I think they are completely incompetent. In the past they have let some providers hang around too long and you would hear about it from staff, around town, etc. They [the hospital] were not aggressive enough to handle issues that came up and this provider was still around a long time.
- Convenient and I do like and trust the doctor I have for my children.
- He's my doctor and he knows everything that is going on with family: emotionally, and physically. They take the time to ask the questions. I think the community culture is good and they all play into your health.
- The doctors are really, really good.
- I see doctors volunteer in the community and stuff like that which is nice to see.

5. What do you think about these local services:

ER

- I think not good; waited an awful long time. They prioritize things and it depends on the doctor. You try to find out which doctor is working ahead of time, then go show up and sign up before you know which is doctor is working. If it is not one of the good doctors, you end up going to Bozeman.
- I've never had anything.
- I went there twice: for stiches and for an allergic reaction, but no one else was there.
- I was in twice and we had to wait a long time with my son and they just snapped his finger.
- At Christmas I was in with my son with a 105 degree fever and waited for 1 hour and 45 minutes because it was Christmas and they were getting their dinner and no one else was there.
- The ER is bad and you have to wait for hours, and you only deal with nurses. They are usually pretty good, but the doctor is just in and out and you're just not treated right.

Ambulance Service

- From what I've seen and heard it seems friendly and calming.
- Head above average, very professional. I think it's good.

Health care services for Senior Citizens

- Bad
- I think it's very bad.
- Me too.
- I think they are pushed to the side and ignored and they are medicated. I don't think it's very good. I tried switching a client to Carlson.

## Public/County Health Department

- I think they are good.
- They are good by the books, strict, old-fashioned and I like them.
- Very good.

## Health care services for Low-Income Individuals

- I think pretty good. CHP (Community Health Partners) is awesome.
- I take my kids there to get teeth cleaned and cavities filled. I'm stunned by how good they were and I wasn't even in the room. I am keeping my kids there.
- Great services to kids that drop out, young mothers, good services for mentally ill and Medicaid.
- Those who are low income, those with substance abuse issues and geriatrics... I don't think they [hospital staff] treat them as fair as other people and I don't like to see that.
- They are good all-around and they get them into service projects and get them back into the community.
- We work with them to get vouchers: better thing for homes, etc. I'm impressed.
- Without CHP it would be awful –people who work there are awesome.
- I couldn't even imagine.
- I've found that to get a flu shot right away at the clinic, it will be next Tuesday when we need it this week.
- I called CHP and gotten in within 10 min. Also, they are raising money and seeing themselves as a business versus a nonprofit and are constantly trying to get more money.
- Sixty percent of people go through there and resource them out and network. They don't just pick them up and drop them off. Park Clinic doesn't even compare.

## Nursing Home/ Assisted Living Facility

- One is decent and two are awful. I'm in there 4 times a week.

## Pharmacy

- No sense of urgency.
- No pharmacy at the hospital.
- Yes there is –you go there from the ER.
- It takes 40 minutes there though.
- The pharmacy takes 20 minutes and then you have to go to Albertsons. When you have three kids and you are rushing around, it [the pharmacy] should be more updated on the way they handle it.
- I can remember just standing there with my screaming kid taking too long.
- Mine [prescriptions] haven't been called in.
- Other pharmacies are fine though.

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

- Specialty.
- Confidence.
- Lived in Bozeman and still drove from Casper and never switched because I felt like Bozeman was good and I couldn't have been placed with a better person. I just kept my kids there and just never thought about switching. But if kids are sick, I have no problem going to Park Clinic or CHP

## **Livingston – Focus Group #4**

Friday, August 10, 2012 – 12:30pm-2pm – Livingston Senior Center, Livingston, MT

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

- Someone should work with the telephone company to make sure that lines stay on no matter what.
- What are we going to do without an orthopedic surgeon?
- I have never been to a town that I love more than Livingston but I have never been to a town that has poorer sidewalks than Livingston. I broke my leg falling on the sidewalk. You hear about a lot of people who hurt themselves.

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

#### Quality of Care

- Excellent.
- The food was delicious. Sometimes I just go there for lunch.
- Our doctor is in Bozeman. Is it acceptable to go to Livingston and get transferred to Bozeman if there is an emergency or is it better to go straight to Bozeman?
- Excellent.

#### Number of services

- I haven't been in very often but it is always great.
- I've been led to believe that we do not have a CT scan. I think that is very important for us to have that.
- I just had a scan three weeks ago, so we do have one.

#### Hospital staff

- I've only been in once, but it was fine.
- Very good.

#### Hospital board and leadership

- Don't know who they are.
- Maybe it is a little difficult to serve the hospital.

#### Business office

- There are so many locations that you have to go to for one transaction and that makes it challenging.
- I am still getting bills from Livingston healthcare for years. They have not gotten it straightened out yet.

#### Condition of facility and equipment

- Hospital is up-to-date, but rooms are hard to get equipment into.
- Good equipment in the emergency room.

#### Financial health of the hospital

- I've heard that it is in better shape than it had been, but I really don't know.

#### Cost

- I don't know that much about it.
- Their food is inexpensive.

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

- Yes, well I trust him and I like him he is a good doctor.
- Yes, I've been going to him for years so there is no reason to change.
- Yes, most of the time you can get in if it's an emergency.

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

##### ER

- I think they need someone in heart specialty. I brought someone in who had a heart attack and they wanted me to take her home, but I knew she was having a heart attack and finally they airlifted her to Billings.

##### Ambulance service

- I've had some good experience with it and I've been pleased when they delivered me to the hospital.
- I called the ambulance for another person the other day and they came quickly.
- One time my husband was disabled and he fell in the bathroom and they got there right away.

##### Health care services for Senior Citizens

- Yes, there is appropriate healthcare for the senior citizens.

##### Health care services for Low-Income Individuals

- I think they know that they can get any help they need; they just need to ask for it.
- The help is there they just have to ask for it.

##### Nursing Home/Assisted Living facility

- I think it is good. My husband is in a rest home right now and he has good care. I have no complaints.

## Pharmacy

- Western Drug and Monida do deliver.
- They gave me the wrong medicine and I had to pay for it. They wouldn't reimburse me.
- I have had confusing billing problems.
- My pharmacy reminds me to order my meds when it is time to order.\*

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

- More services at Deaconess [in Bozeman].
- It depends on whether there is a better doctor. Our doctors usually recommend you if you need to go to Billings or Bozeman.
- There is no heart specialist here. I have to go to Billings.

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

- Heart specialist... we have needed one for years.
- More cancer services since a lot of people get that disease. People should not have to go anywhere for basic things.
- I am a survivor of cancer and we do not have the money or ability to provide more support. Also, doctors know more about cancer now so they are more knowledgeable without having a specialist.
- Dialysis, do we have that here?
- I think Bozeman is the closest for dialysis.
- I've never been to a town I love more than Livingston, but we have the poorest sidewalks. That's how I broke my elbow.
- I like that they have traveling specialists from Bozeman.

## **Focus Group #5**

Wednesday August 22, 2012 – 6:30pm-8pm – Gardiner Community Center, Gardiner, MT

1. What would make this community a healthier place to live? What are the most important local healthcare issues?
  - I guess the obvious thing is to have healthcare that people need and I don't know if there are even any doctors or dentists in this area [Gardiner/Emigrant], but there are all kinds of healthcare people needed.
  - I think education and informing people about good nutrition, good health habits and taking away stigma or fear if they need counseling. Everyone needs someone to talk to and open up to. With health there is wealth in many regards not just physical, but production and contribution to the community.
  - Family dynamics is another area for education so that people have better insight into a family and the working of a family unit. You have ups and downs and many times need some type of support, so some type of education is key. You can offer all sorts of things, but people have to want it and know to want it.
  - I've heard some concern, second- or third-hand comments, that there are concerns for mental health and so forth, and I was talking to a teacher on a reservation and thought whoa ... there is nothing for the children to do. (I don't know if the Feds sponsor you) If there's nothing for children to do and families are depressed; there needs to be ways to feel good about yourself. Work helps with self-esteem, whether you pull in a small pay check or not. And I asked, "is there any 4-H?" I got the impression that it is not on the reservations. Maybe I am ignorant and you can't [do 4-H on the reservations] or people don't have enough money to do projects, even gardening is a 4-H project, or even canning of foods. It comes down to education. People who are overwhelmed or depressed they are so... what ....so ...?
    - Despondent?
    - How do you get through the wall?
    - There are things [depression, overwhelmed people] that lead to substance abuse. I understand a lot in this area. We did have hard hitting meth ads that were really terrific, but the issue of substance abuse must deal with... it sways body, mind soul. I've seen it.
    - Well, the people who don't have enough money to do anything. They spend money on alcohol, in my opinion. In Mammoth people use the exercise room and library. It's just hard when the tourist season is over, and I am talking like I'm someone, I've worked in town at the Super 8, but I've seen how it goes and I've seen help [staff] struggle. They are transient and often have an alcohol problem [participant does not work at Super 8 now] and of course that's where their money went and talk of getting out of Gardiner.

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

Quality of care

- I recently had service there [at the hospital] because of trouble from repetitive use with my shoulders. They did x-rays and workers comp [compensation] eventually covered it. The x-rays also indicated a spot on lungs and I made payment on the spot for my next x-rays. They [the Hospital] eventually billed me and it said I had so much [money] coming back and check was for than the credit. I thought “gee, that’s nice”, but didn’t sit well with me and I had to figure it out so I called the Hospital and they said let me check with authorities, etc.. They found out I got the money back because I had different credits given to me, like bonuses, but it wasn’t not shown in the bill or itemized. They were prompt, courteous, forth coming and very willing to work with me. I’m sure people have different experiences, but mine was good.
- I’ve been to Evergreen and people seem to be in good care.

Number of services

- I live in Bozeman and am totally unfamiliar.

Hospital Board and Leadership

- No experience.

Condition of facility and equipment

- They just upgraded the system and are in the process of becoming more comfortable with it. A couple of years ago they took one of our housekeepers and she wasn’t getting better and they were very good about helping her and she was indigent and working with all of that.

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

- People are also locked into their own practitioners too now, I think it would be good to have them out here, but think it will take time and be difficult to get people to turn over.

4. What do you think about these local services:

Ambulance Service

- I had an experience where a friend in Corwin Springs who got injured, and fell, and could not walk. They called the ambulance in Gardiner and they came really fast, three people took them out on a stretcher and took them right to Livingston. It was really good.

## Health care services for Senior Citizens

- I've heard about Evergreen and that it seemed okay for people who went there.
- The elderly appear to be pretty tough. In the parade in Gardiner they had a 99 year old woman in the parade and they had helped her get up on the horse in the parade.

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

- They go to Bozeman or Livingston.
- I was aware of an acquaintance of mine and she went to Mammoth [clinic] and was told it was a blood clot and had the impression not to worry about it and maybe she misunderstood in how she interrupted it... a little disturbing... and then she went to Livingston and they sent her to Billings right away.
- Mammoth does acute care and drop in.
- You go to Livingston or Bozeman for a doctor or dentist.

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

- I think we should have psychiatric counseling.
- A good primary care doctor here and I think the basic healthcare .
- People are ready to go for a jaunt/outing and the whole family goes, it least if I have a lifestyle familiar to the community here, but it would be good to have something available here [in Gardiner], so we don't have to travel as far.
- Mammoth does do health screenings, but they did have something here in Gardiner.
- Mammoth primarily serves the National Park, but will accept others.
- Have regular health screenings provided here.
- Some had blood work done here, but I never seem to catch on when it is happening. I guess you have to be pretty regular in reading the paper.
- How do people get information down here?
  - i. Word of mouth.
- Is it hard to get info out?
  - ii. Depends on the interest.
  - iii. Gardener therapeutics-oh okay, oh yeah the rodeo is coming up.
  - iv. The main interest in Gardiner is the school. They had a good show when putting on plays; they had family, friends and tons of people to support it, again it ties into family.

### Additional comments:

- I think if physicians or providers knew the different people here they could say we want you to go and see so-and-so in the area, like a therapist of some kind. I know a PT [physical therapist] comes out I think weekly. Are the caregivers in Livingston and Bozeman of referring clients too? My experience in just being here, not enough, people sort of need to be referred.
- More networking is needed
- Are there quite a few therapists or healthcare professionals around here?
- I don't think so.

- In Emigrant there are a few other therapists.
- If something is set up, it would need a network to facilitate and stabilize
- Maybe we need a directory especially for small areas, an internet and hard copy; a healthcare directory that becomes well-known with all kinds of healthcare services.
- What about health fairs? I know they have Brew Fest coming up, they could have services or stalls there that were healthcare
- Or maybe even at a rodeo too.
- Yeah, of course, then it becomes a draw to tourists as well.
- If something goes wrong with a tourist I'm not sure what is available. There is no doctor in town so to speak
- We need a building known as a "Health Center". If people knew it was there, then it grows and then have specialists come, like have a podiatrist come every month, and then have it be a core place with doctors, etc. It would be a designated health place, and as far as people usually travelling once they know it is there it is so much more convenient if they are good and if people connect with them. It [the "health center"] they would become so popular because it's not fun driving to Livingston or Bozeman.
- Would it be a hub for Cooke City? They are cut off from Red Lodge a lot of the year.
- Maybe what we need are traveling doctors.
- Maybe a common thing like every Thursday in Emigrant and then they travel up to these towns and get to know their routes and people learn about it. It would keep people from having to travel and will take care of health tests. Then people will have the security that someone will be here.
- Thinking out of the box... something like a book mobile and like a fantastic traveling facility, like a mini hospital, that travelled all over Montana and had certain days and certain places that people could count on.
- Another idea as far as education... if education could be really entertaining, like a movie, etc. They could discuss alcohol in one, drug abuse in another, and maybe have movies that relay interesting and engaging messages. They could make a popcorn movie night that's very accessible and engaging... something that could travel around too. It wouldn't be a necessity for people to be in the health field. They could do something with some excitement... maybe something with an acrobat crew and what happens with this or that disease, etc.
- They had that kids' TV show and it was with a school bus and adventures. It was interesting.
- It always puzzled me that in school health, students are not taught about their bodies. I hear about some things, and I would like to have known
- They don't have health in schools anymore?
- We have heard that too. Looking at how to improve health and healthy lifestyles, a lot of teachers don't know this stuff or have a background in health, and they are teaching on it. So we have made up a curriculum in a box and then everything in the box is what teachers need to teach about the body.
- I don't think they should be teaching about sex education, especially the way they teach it. I'm not sure the kids need to know everything that is taught, even though there's so much sex is in the media.
- I think a lot of what we have talked about here is out there... how do we wake people up? Do we entertain, entertain, and entertain? It has to come from within. How do we

inform a person that taking a pepto [Pepto-Bismol] tablet after dinner is not the norm? Being depressed all the time is not the norm or having a hit of alcohol is not the norm or not the way it is supposed to be. And that health issues are involved here, but it has to come from within, a drive from within.

- People just don't seem to know there is something better, especially something that is not "plugged in", a pharmaceutical, or alcohol. They are all an escape.

## **Focus Group #6**

Thursday, August 23, 2012 – 12pm-1:30pm – Park County Library, Livingston, MT

1. What would make this community a healthier place to live? What are the most important local healthcare issues?

- Getting people out of cars and physically active; Livingston is an un-walkable and un-rideable community and nothing is marked.
- Mental health is a huge weakness; there are a lot of undiagnosed and un-medicated.
- A psychiatrist.
- Almost 40 percent of every patient is a repeat, not major issues, but a repeat. Education is the most important thing involved in lessening the number of repeats. At the hospital so many people are watching soap operas on the TV and instead the hospital could be showing the latest teaching. Exercise and good meals are also very important. A minister and psychologist need to be visiting every patient regularly. We just lost a patient yesterday who was from the Senior Center and when I went to visit him he said how much he missed everyone [from the Senior Center]. He is so popular and such a joyous guy. He was saying how much he missed everyone [from the Senior Center]. He couldn't say more because tears were rolling down his cheeks. He needs more than that [more than just physical support] because his time is near. I'm sure the hospital is doing everything, but some patients go there to be cured and some go there to die and some are in for whatever. The hospital needs to have people to assess their needs, and it's not just physical, it's spiritual and emotional too.

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

### Quality of Care

- Well I've been a patient a couple of times and I love how they help each other. In general, I've made friends with lots of nurses and I just think they are "tops." Several have been graduates of MSU. I'm so impressed by one nurse teaching another at the bedside and that's all I can say about nursing. I sure appreciate what they are doing.
- I have concerns about ability and privacy. If it was life-threatening, I would not want to be here if I had a choice. I just think it's better if critical care is given elsewhere.
- They [the hospital] have done a really good job with the food. It is fabulous and you can go in and get an inexpensive meal in the afternoon. I've only been doing it about 4 years and it's really made a lot of progress in educating people about it.
- I remember one time talking to a patient who had been discharged and each person at the hospital had a role to do before the person could be discharged. It was obvious that they were really checking up on her which was good.
- They have really made a lot of improvements in the last few years.
- Well, I've been in the Livingston hospital twice, last year for knee and hip replacements, and couldn't have asked for better care. Some staff are young and have to learn a little bit. It's sad that we can't keep our older nurses. Dr. Donaldson is a fantastic surgeon and works well with nurses and people that are working with her. She is very kind and always takes time to talk to them [her patients]. I really feel bad they are going to let her move on, and if they let her go I think it a really big mistake.

- It's huge eye opener once you find out how much she is paid. It's over \$700,000. Oh yeah it's a lot, but she brings a lot in.
- It would have been wonderful to have therapy at the hospital, but I realize it is a space problem.
- I could list 10 services: hospice, prep for discharge, analyze home [for safety], exercise/movement, they have a good one across the street for PT [physical therapy] and cardiac across the street, just about everything is covered I could think of.
- And the therapists are very good.
- Well it's common in Montana. It's like one big city; everyone is very kind and friendly.

#### Number of services

- One thing missing is mental health.

#### Hospital staff

- They are very good, and I only had one bad experience. It was with an OB nurse who was taking care of patients there and had had no training, but she had to learn somewhere.
  - What was her category? RN?
  - Yeah, I think they probably hired her just out of school.
- Concerns about alcohol and drug abuse? I don't know. I've had two experiences with doctors and I'm very concerned. There is a problem with privacy and how does the hospital guarantee privacy with complete confidence that my name will not be brought up again? I want to make sure that everyone's lips are locked and to know what the ramifications are if breached.

#### Hospital Board and leadership

- I think at this time they [the Board and leadership] are leaning towards anything that Billings Clinic wants to do.
- I'm not confident in the push to build a new facility. Is this from the Billings Clinic end? I just don't understand the push to do it and to do it soon. The only reason I am here is because I'm against that.
- I think we need one [new hospital] in my opinion. This hospital was built in 1947 or somewhere around there and I donated to the cause when they built the hospital back then. I think it has pretty well outgrown itself with offices everywhere on 13th Street and therapy across the street and you have to go pay bills at the mall up on Park Street because they have run out of room.
- About the Hospital Association... it used to be the Board that ran the hospital. I'm not sure how much they still do. They have a meeting once a year and keep up-to-date on physical appearance and finances of the hospital. The Enterprise [newspaper] covers it pretty well when they [the Board] have a meeting. When I go [to a Board meeting], I'm flabbergasted by who doesn't attend of those who I know are interested in the community. The last one was pretty small. Not sure what membership is because a lot of members don't come. At one point, they had the Board fire the CEO at the

- hospital; this was quite a while ago though. The Board fired them [the CEO] and took over. Actually, nurses went on a strike and then the whole railroad turned out and picketed the hospital and hospital director tried to quiet it down and then went back in and got an escort from the sheriff because he was scared. This was about 34 years ago. Then the nurses got a raise to make a livable wage. They hired a new director and things picked up and they came out of it.
- I think the Board is now moving towards Billings Clinic for supervision and it's wonderful to have doctors come up here. I just really hate to see Livingston give up all authority; we need a Board from here, not have Billings Clinic completely taking us over. Already we are seeing some changes: prescription people use to come in and leave samples and doctors would hand that out and that's a two way thing, but not anymore.
  - That used to be standard; I don't think they are allowed to do it anywhere.
  - We were told Billings Clinic stopped it and Billings Clinic stopped it down there 2 years ago too.
  - It must be some national standard now.

#### Business office

- There was something funky going on...where the guy working in billing got arrested.
- Not good at getting bills out in a good and timely manner, my confidence in their ability to bill is very low. It's not someone in particular, but there is something wrong.
- I had something wrong with my bill and I had to go in and get it corrected.
- I've had lots of problems.

#### Condition of facility and equipment

- They do a good job of keeping the hospital up; they paint rooms and that kind of thing.
- Given the size of facility, they do a good job.
- Rooms aren't big enough. Of course the clinic is worse than the hospital; like the exam rooms and stuff. I just think we need a new hospital but I'm not 100 percent for how they are going about it.
- If they were building the hospital and if the building was going to be right there [where it is now]... I would be waving a flag for it. It's just not their first choice. You just have to think and relook whereas architects just plop it down. It's up to consumers to say these are our services and they should have a say. I think it will be very detrimental if it is out there and one of the biggest problems is overhead and all those houses are providing services... are they willing to be on a 2<sup>nd</sup> floor?
- Do it [build the new hospital] in stages and stay open for critical care and triage. And to say nothing about living out of town, some rumors were to build and put on a 2<sup>nd</sup> floor. Are these stories true? Do we really risk moving one of the biggest social services and employer in town that wants to be where people are going so people can visit?

## Financial health of the hospital

- Yeah, I do
- Yeah, I know if most hospitals take one wing and remodel it you can make a room out of it and build another level, but I definitely would like to see them expand in some way. But use their money for that instead of a whole new hospital. We have a helicopter and means to get to the big hospital. It's like a triage and they decide how bad the situation is and then decide if they need to ship them [the patient] off. They decide who has the capacities to take care of the situation. They do this rather than just trying to build another hospital here and compete with Bozeman.
- Overall confidence... it's never in the paper, but they are going broke.
- I hear from the meetings that they stay pretty even sometimes up and sometimes down.
- All the nurses had pay cuts this year and didn't get bonuses.
- And at the same time doctors got bonuses... big ones, like thousands of dollars. The reason I know is that they were about it talking to each other and nurses walking by heard them.
- You can hear everything that's for sure.
- It's a privacy issue; they should not be discussing that information in front of nurses and bonuses should have been given to nurses too.

## Office/clinic staff

- Pretty good services.

## Availability

- Just two or three weeks ago Dr. Coleman, the busiest doctor in the whole place saw me immediately after I asked him if I should go to the clinic or ER. He said to come in and then he would decide what I needed to do.
- In the radiology department someone is on call, at least when I was in there three months ago, but for awhile they had a traveling radiologist... that was awful.

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

- Yes.
- Yes, Livingston.
- 50 percent for our family at Park Clinic and the hospital.
- They do have PA's [Physician Assistants], which is a good upgrade.
- Because I trust them.
- Because it is good for basic maintenance. For basic screening it's fine, but I don't trust enough to take care of all my healthcare issues there [at the hospital].
- I trust them or I wouldn't go.
- Very good.

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

##### ER

- People from the church came in [to the ER] from Gardiner with a wound and there was no cleaning of the wound, so they had to go to Bozeman and then had to have it amputated. Personally, I've had good service when I was there.
- No complaints.
- There are a lot of complaints about the ER and that you have to wait for 3 hours.
- There is only one doctor and one nurse running it and that's why the wait is so long.
- I don't have experience with that, but I have noticed with my son that it is a lot easier than before, but that wasn't for the ER.

##### Ambulance Service

- I work at Sherwood and we have an ambulance at least once a week. And usually the fire department and the ambulance are there within minutes.
- I have complete confidence in those guys.
- I think the fire department is marvelous for responding to emergencies.
- The ambulance service at least seems financially stable now.

##### Health care services for Senior Citizens

- We don't have to use any except for home visits and after surgery. They [home visits] made all the difference in the world. We do have Meals on Wheels and we used that, but the meals were so bad.
- We deliver Meals on Wheels and quite a few times we are ashamed to deliver it.
- They have a new director of that part.
  - Good things are happening?
- It has to do with Helena, the top brass there... they had to cut the price for a couple thousand [money to provide the meals].
- Well if you look at the menu, it's all sandwiches for lunch all week.
- I didn't know that.
- In Nyehart, I used to live there, I was president of the seniors and I have heard for several years that they give supplements for food. Everyone over sixty years old gets \$50. They do 5 books, \$2 each, and this gives them access to buy everything you want at the farmers market. The western suitability exchange from those who run the farmers market give out coupons and that has to do with the fellow who runs the market.
- I've done it every year and I tell you it's marvelous. One thing they know in the summer at the Senior Center is that they can afford to just feed sandwiches, but I mean everyone wants a hot, full meal.
- We look at the menu and pick and choose. There are about ten people who live upstairs and cannot afford to eat. And of the ones we sit with down there, one is 96 years old and in a walker. She can't do her own thing.
- We still haven't proved if they get a supplement for the state to run it. Yes, where do you think the money comes from?... the governor from Helena for Meals on Wheels.

- I'm good friends with the person who runs Meals on Wheels in Great Falls and you can't believe the meals or the stuff she gets from Helena.
- They get a budget if there are enough people who don't go; it's not enough. Some days there are only 20 people and some days there are 100 people.
- Knowing from your own kitchen, it's cheaper to cook bigger than for 20 people. You get leftovers all the time. What you missed yesterday you see today.

#### Public/County Health Department

- Anyone who wants to sign up for people to come weekly from Gallatin County to get milk, cereal, or canned goods. I think we need more both inside and outside of the hospital.

#### Health care services for Low-Income Individuals

- No idea.
- I have views. I work with a lot of poor people. Extremely fortunate to have CHP [Community Health Partners] and it has taken a huge burden off the hospital. I think a huge problem in coordination with mental health is psychological issues and offering a service that is appropriate for a given mental condition. A huge disconnect with mental health and any other building providing services in the community like when someone has been diagnosed with delusions and then they can go to CHP who is really great about believing people. And then they [the patient] are not able to tell the right story. Do they know? There's absolutely no connection... not true. Even when in the system in mental health and CHP, there's still no connect.

#### Nursing Home/Assisted Living Facility

- About care... they [tenants] are rarely discharged from the hospital or from rehab without making sure they can handle self at home.
- A big turn around at the Nursing Home, they have good food, care and taken them places. It was not that good for a long time.
- A good activity director brings those in wheel chairs to the Senior Center once a month.
- Good except for the expense. One friend had a mother in there and she figures they will run out of money in less than a year's time.
- \$5,000 a month, but social security may be \$300 a month, but then it's all turned over to Medicaid.
- I guess care of up there is tremendous.

#### Pharmacy

- Nothing downtown... some at grocery store.
- There's Western Drug.
- All scattered around.
- There is really nothing down town.
- When I moved to live 20 years ago, there were 2 pharmacies downtown.

- So I think prescription is a challenge.
- The thing that bothers me is that you handover your script and wait about 5 minutes and then go home, then come in the next day and they say 20 more minutes and it's still not done. Then there are all kinds of people behind the counter.
- If you live at the Senior Center it would be a problem.
- I think Western Drug delivers. Not sure if there is a charge.

5. Why might people leave the community for health care services?

- Hope of a higher degree of professionalism.
- If it was severe and complex I would go elsewhere.
- Even with an accident I'd go here, it [the hospital] is within 5 or 10 minutes. Or you can be in a helicopter.
- We don't have a lot of different specialists.
- We have several internists.
- One, possibly two, surgeons.
- Some doctors do light surgery, but we don't have a facility to do open-heart surgeries.
- I can remember going in when the hospital was new and there was plenty of room.
- The helicopter, you can't depend on it because it services a lot of places besides Livingston. Sometimes with weather you can't fly and with wind they can't get up the river. They fly up from Billings and it takes about an hour, coming back is about 20 minutes.

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

- I think they need a dentist for people who don't have a lot of money to spend.
  - i. Have you seen CHP? They have a dentist.
- Where I work sometimes does grants and they got all extractions from CHP and dentures to Bozeman, all primary dental care through CHP. I think it's a problem to get in because of such demand.
- You see so many people, lower income who need dental work, you can tell.
- Mental health.
- Obviously another dentist if waiting a long time.
- I think something else besides feeding the elderly. I wish there were more classes for them. About how to stay healthy, not just exercise. Education is a big thing. Right now, it's not a priority for the hospital.
- I was looking at CHP with my son, they implement things to do, or 10 tips for a less stressful day. CHP is doing a really good job.
- Lots of pamphlets at the clinic.
- Like this guy who died from the Senior Center, here was a man who everyone thought was a joker and friendly guy and an entertainer. And he's crying because he knows he won't make it, but there's no one to call...no minister, psychologist, social worker, no one. They take good care of hospice, like the end stage care, I don't think that's addressed anywhere.
- And the demons that come with mental illness, there's no one to help them through that. The challenges.

Additional Comments:

- I'm here. We live in a town of 7,000. We don't need all the bells and whistle and I think smaller is better and it's really sad that a public facility would pull the plug. You know a centralized facility where I could drive myself and the proposed location is nothing worth the investment. We are given the cost and ready to argue any point. I think it's a huge detriment [to move the location of the hospital to build a new one] and especially without looking at who is using the services and why. Everyone just wants a bigger facility and to grow. I think we should get smaller and increase transportation to Bozeman or Billings for the price [of the new hospital]. They should increase free transportation and keep the hospital in the community.
- How will we get out there?
  - i. They will have transportation just like that, just wait and it's not very far.
  - ii. Just the other side of the river.
- This is nothing to do with medical. Ever since new windows in clinics you can go right up to Bozeman and Billings anywhere without talking through a window. I see no reason for it in Livingston and when they put a door back there it really bugged me. The window really bothers me and yet you can hear everything that is being said by the women on the other side from anywhere in the room.
  - i. And then people shout louder
  - ii. That's privacy issues
- This was years ago... there was a woman who worked up there that if you wanted to know anything she would tell you. She said John Smith had a heart-attack and is in Billings and is not expected to live. Then when he got home and called a nurse at the hospital, "did you know and said from so-and-so" and within a week this lady was fired. So they are on top of it and if they know. There has to be an outreach in the community saying we are concerned.
- Another thing that really got to me is that I'm on quite a few medications and they wouldn't let me bring my own medication into the hospital and there were people giving me stuff I didn't recognize. I didn't know what I was taking and then had to bring some from home to give to a pharmacist to give back to me because the hospital didn't have them then to give back to you. Of course how would they know, and I was so confused anyways with all the meds because of a big surgery. I was given a green pill, but I had never taken one in my life and then the nurses couldn't even tell me what it was because it was not in a container. Other than that they used a swing bed and that is very nice and it really helped.
- Great homecare.

## **Focus Group #7**

Thursday, August 23, 2012 – 6:30pm-8pm – Park County Library, Livingston, MT

1. What would make this community a healthier place to live? What are the most important local healthcare issues?
  - Stay away from super fund cleanup sights.
  - I think among my friends' major health issues, most are having heart problems and cancer. I listen to the scanner [police scanner] and there are a lot of drug problems.
  - I've lived here since the early 1980's and I'm concerned for seniors in their homes. Livingston has great in-home care services when you're eligible, but those on the borderline [of being eligible, but are not eligible] still need people to check in on them. The neighbors aren't always available or trustworthy enough. I have friends dealing with their own problems and I can't help. They had a nurse come in and review their drugs to see if they [the person's medications] were working, or if there were reactions, etc. When I go to CHP [Community Health Partners] they are so busy trying to take care of everyone that they don't do much to follow up unless you ask them. Healthcare at home is exemplary and nurses are calling me back. We had discussed this and they [the home health nurse] knew I was on pain medications and she would review what we did and ask how my pain level is. She asked "Do you still have pain?" and then she would get a hold of someone who could help. When you're stuck at home you feel powerless, well I still feel powerless. Part of it is the drugs; how do you know if you have taken it or the right dose? They had records of drugs I was on from a doctor from five years ago... a doctor I had fired. When I was discharged to the Nursing Home they added this list of drugs from my older doctor to the list of drugs I was already on. So the computer system really screwed it up and the nurse threatened me when I wouldn't take my drugs, but I knew I wasn't supposed to be on some of the drugs they said I should be on. Most people don't know they can refuse to take drugs, but if I had taken those drugs from the older doctor with what I was currently on I would have died that week.
  - I think that for dialysis you have to go to Bozeman or Billings, and most to Billings. Most people I know that have to do that spend more on gasoline rather than healthcare.
  - There are a lot of young people that die of heart disease and I've noticed a lot of cancer too.
  - I think it has a lot to do with diet.
  - I sit on the Park County Trash Board, and it's the biggest waste of time. I wanted to do a morbidity study on Park County incinerator because so many people in the area and down river have contracted cancer, but there is no interest on anyone's part because they don't want to open a can of worms.
  - Contamination from the rail yard or residue from it.
  - Pancreatic cancer.
  - There are actually three things going on relating to environmental concerns.
  - There may be, but I lived in Seattle almost 50 years and people have the same problems as people here so not so sure it is environmental.

- I have three things as a dental hygienist. I see patients who work on the railroad and they do seem to have more cancers.
- In the Gardiner area, it seems like there are a lot of neurologic disorders like MS [multiple sclerosis].
- What would make it healthier? Looking at my kids, access to a gym is pretty minimal and when we go to the gym we get kicked out because it may be the scheduled time for walkers so we need more opportunities for kids to exercise or play.
- I would add exercise.
- Indoor swimming pool.
- I go to Albertsons and Town and County, but that's not much walking. Those are the only safe areas. Kalispell has a place to do indoor walking.
- Indoor recreation for all ages.
- Access to healthcare, as well as exercise. Livingston deems that if God put snow there He will take it away, so they don't plow streets. I was trying to get to the ER (emergency room) two winters ago, and you couldn't even get there because the city didn't plow.
- It's easier to get to Bozeman for healthcare rather than trying to get in to Livingston in the winter. I blame the city, not the hospital. My cousin lives right by them and she is out there plowing and shoveling just so workers have a place to park.
- I had six end plates in my spine and I had to shovel snow to get to the ER

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

### Quality of Care

- Better than average.
- Yes, much better.
- At the hospital itself? I was there once to recover from knee surgery and thought the swing bed was wonderful after going to Bozeman for actual surgery. It's a real advantage and hope it [coming back to Livingston Healthcare for recovery after surgery] continues. I think it really helps to come back instead of going to a Nursing Home.
- I was in three times last summer, and the food was really good. I saw more veggies in two meals there than I saw in one month at the Nursing Home.
- The dietician at the hospital seemed very conscientious about the quality of food and works hard to provide great food.
- My daughter had so much fun there [at the Hospital] that she told me to leave.
- Sometimes two people in a room can be hard when you are trying to recover, depending on the patient.
- Also, there was an attitude among a couple of staff members because I went to Bozeman for knee surgery and they commented I should have gone to Livingston because I think in many ways the Livingston hospital cooperates with Bozeman. I think they do things together, but I hope the attitude is no longer there. What impressed me so much was that so many people come from Helena, Butte, Deer Lodge, and Billings. Staff had traveled a long ways and it's amazing they would do

this. I got to know that because I was up all night and talked to the night staff, but I thought it was wonderful they were willing to come and that Livingston could get them to come.

#### Number of services

- Well some of the services are the problem; If you go to Bozeman for some things [care] and Livingston for some things [care], the computer says “not compatible.” They can’t read records from either place. There should be something done with that if you choose to go to Bozeman versus Billings, because I guess the system is compatible with Billings. Some doctors come from Bozeman for back [problems]. Dr. Ader brought records, but they couldn’t read them [in Livingston] and he gave an oral report instead. It’s a big problem if systems aren’t compatible.
- What I’ve noticed, (my wife had issues with health), is that Livingston has the basics covered, but when it comes to special services, you are referred to other places. What I observed was that it is adequate without all the specialists.
- One unfortunate thing is the way Medicare is set up for Billings, if I need an MRI (x-rays don’t ever work for me), it’s expensive. When living on \$1000 a month, if I’m ever going to pay bill almost nil. If they could figure out a way to provide services at a lower cost, they would benefit greatly.

#### Hospital staff

- I really liked them and thought they were great. In general, they were very caring and very helpful when I needed it. In the Hospital, they were really great and I didn’t have to wait long and they explained things.
- My wife had an issue with cancer and had to take chemo [chemotherapy] one time and I was able to coordinate with a specialist in Billings with a local nurse who administered it instead of traveling so my wife could spend part of a day with a specialized nurse. The nurse did a fantastic job and was very capable. She knew what she was doing without the stress of driving (since it was done in Livingston), then the chemicals didn’t deplete her [the wife] even further; just being in town and only ten minutes away offered simplicity and was very beneficial.
- I would like to add, for example, orthopedists, to have a day or two days a month to come and see patients, instead of people having to travel all the way to Billings. The cost to travel there [to Billings] is prohibitive. I know once care is established, they can refer to local people, but I know the referral game is quite gnarly.
- When my daughter was there with an asthma/allergy attack, she saw one doctor when she was admitted into the ER, then in the hospital she saw a different doctor, and then a third doctor when she was leaving the hospital. My concern was that when my daughter woke, after being strung out on medications, that she’d awake and panic, which is what happened. She was a nightmare case and we had to go back to the ER. A fourth doctor asked what medication she was on when she left and was furious to find out she wasn’t given any cough syrup or other medication. He gave me medicine as follow up care and that was my experience-an extra emergency room visit that could have been avoided.

- My mom had a stroke and was put through the process for stroke and they gave her all these tests that were basically meaningless, and then the liaison nurse comes in with an outside nurse and tells her she has diabetes. The doctor was gone on vacation. When he got back he said “well you don’t have diabetes” and then she had been on a diabetes regimen for three days and worrying about the stroke; not a good situation at all. They don’t communicate. I know they are trying to put in a computer system so that everyone can see everything. This experience was not a good thing at all; my mom didn’t need that extra stress.
- One thing I did notice when in the Hospital was that somehow the staff couldn’t reach my doctor here in Livingston, at least not that day or something. There should be another number or something. Also, when I go to the clinic, if my doctor isn’t there and if I go to someone else, I’m not sure they have my information from my primary doctor. It seems important and would answer a lot of questions, and shows my history.
- A friend of mine fell and was admitted to Livingston last week and they put him in a neck brace. Even after a history of falling, he was not restrained in the chair and was left unattended on the chair and he fell again. He had to go to Bozeman to be taken care of and that bothers me. Who is minding the patient? Why would you leave them unattended to fall again if they had come in because they had already fallen?
- All-in-all I think the hospital staff is tremendous, especially at night and some work two days in Bozeman then two days in Livingston. I mean the dedication of the hospital staff is really impressive and feel fortunate to get that kind of help.
- They avoided going into a union this time last year. Maybe a little longer. The morale is very low and when you watch a person who has shown you how to do everything, then to fire or make that person quit... that’s not OK. To see an entry-level job they see the stalwarts getting pushed out and they bring in young kids who have to start all over again. They do this so they can pay these kids close to minimum wage where the older workers were over \$15 and \$20-\$25 dollars an hour and now they have them out there breaking up cardboard because that makes us “green.” A very expensive form of green.
- There should be mentoring-seniority with staff with 10-15 years of experience to show the younger workers.

#### Hospital Board and leadership

- Three have been involved in great losses of money: one person showed \$400,000 of liabilities; one was involved in the disappearance of \$125,000 with the downtown association money; and there was a third \$65,000 scam. I just see it in the paper
- They had this big dream of having a new hospital and to the best of my knowledge, and it’s almost September of 2012, and if they don’t break ground by January 2013, they have to go through Obama’s rules to get permission to change doors or do anything in the hospital I don’t see the big dream of having a new hospital of coming to fruition. Also, the problems they claim with the existing hospital could be handled better if the right people were involved.
- Maybe show appreciation to staff through administration.

## Business office

- Don't get me started.
- You cannot go to anyone in the hospital; none have an idea of what you're going to be billed. No one can tell you the cost before you start.
- When I go to CHP [Community Health Partners], they have it together.
- I have good health insurance and I've had no problem with billing
- I would second that and didn't have any problems.
- One time I paid a copay before I left. They mailed the check back to me and said they didn't have it and then I received a nasty letter that I didn't pay it, and then another nasty letter for \$20 copay and thought, "my gosh I had tried."
- I heard that at CHP an average of \$6,000 plus a week, if I remember correctly, is what patients were being uncharged, and in favor of the patient which is one reason why they [CHP] were so many dollars in the hole a couple of years ago.
- I switched to CHP because of billing. It's more straightforward.

## Condition of facility and equipment

- Somewhat outdated.
- I think it's very outdated; I think they have done a great job with the facility they have.
- When I went to have a mammogram you get claustrophobic because so some rooms are very small. It's a problem for staff and patients. All staff does fairly well with what they have.
- It's clean and well-lit. The janitorial staff is all top notch, and do a really good job; they even washed my laundry when I came in.
- I think all the staff does the best with what they have, but are hoping for a new facility.
- If I compare CHP and Park County, I would say both are clean. Livingston is better with prevention information whereas I don't feel it at Park Clinic.

## Financial health of the hospital

- They [the Hospital] have turned around the problems they had and are in the black. They are partnering with people in Billings, but they [those in Billings] are on the verge of bankruptcy, so to me the wisdom there [of partnering] is very shaky.
- I think more cooperation with Bozeman versus Billings is an advantage to both systems. I found Bozeman very willing to do things so that I don't have to spend extra time traveling. Some friends said that's not the case in Billings. I am very happy with the cancer treatment there [Bozeman] and the more we work together... it's a real advantage.
- It's harder to get lost in Livingston [the hospital] than in Bozeman [the hospital]. Bozeman is very hard to find your way around.

## Cost

- I know it's going to keep going up, but people's availability to pay will keep going down. It'd be nice to get grants or experimental types of research to really
- Maybe through the universities? Get grants to deal with environmental issues.
- If it became a research hospital and was willing to do experimental treatments, that'd be helpful and there'd be a huge cost change.
- Not necessarily a teaching hospital, but maybe research to try alternative treatments where instead you have to go to Texas, but unless you can afford to travel and put yourself up in Texas, you can't have access to that type of care. Folks here get stuck in very old types of treatments, and they go elsewhere if they are not satisfied with the "standard old system".

## Office/clinic staff

- Some doctors are extremely busy, but Dr. Scofield is extremely busy and has another doctor working with him and I really like him, not sure about the others. Some doctors are really hard to see.
- I lost the use of my left leg and went to Park Clinic and they didn't even examine me and then sent me home with shingles medication. Then I went to CHP and they had me at the hospital with emergency surgery and saved my leg.
- I would say for CHP, some of the doctors work at the hospital and were really good with my cousin to get the right help even though she went to CHP, not the Clinic.
- They [CHP] work with a lot of low incomes and smaller populations and have a lot of experience in sharing services and things.

## Availability

- I would say that CHP has a wait time of 3-5 days, and if it's in the city it is 3 ½ weeks. I have a friend going to Billings, and even with state workman's comp [compensation] it's always three weeks out. But they get stuff done at CHP.
- One problem is with cancer, if you need chemo and radiation you have to get radiation here, but chemo in Bozeman or Billings. If you need both you have to go to two places. Travel is just a hardship; it's just difficult in a small town.
- And if you're sick with no one to drive you, what will you do?

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

- Dr. Scofield is fine, brisk, not too friendly, but doesn't spend a lot of time on other things. I like that kind. Always very helpful and good. When he wasn't there, there was one doctor that I can't remember the name, but she was very good. I've had a couple of others; they were helpful and could deal with minor problems. One problem is there is only one physician here for breast cancer.
- Dr. Wadle is very capable and my wife and I like him. He takes time to explain to you and examine you. Other city doctors don't have time for you and you are a nuisance.

- Just take your meds [medications] and get out the door. Dr. Wadle provides a personable approach and time for you.
- I went to him [Wadle] on Tuesday and every time they have blood tests they call you with the results. Every time my results come in, I get great follow-up and hear back quickly.
  - Dr. Wadle diagnosed my wife correctly when she was having issues and didn't know what it was. He diagnosed her within a day and sent her to Billings and saved her life.
  - I went to Dr. Lee and asked for reading materials expecting a couple of books about breast cancer because it's a pretty common thing. In Bozeman, you are bombarded with reading materials. They didn't have anything in Livingston, it seems to me they need to invest on some more things.
  - They have an intern program at the hospital; I guess it's with WWAMI. I perceive that they don't keep the interns on a short enough leash. I saw a good friend die because an intern didn't want to be bothered with asthma and soaked him with asthma medication and turned him loose; no wheelchair or anything. He went home and had another asthma attack and the medicine wore off and he died.
  - I think a suggestion I would have is at certain times of the year for doctors to leave Livingston for training. A lot of doctors have been here for years and don't get away and it's very important for them to know that we, the public, would appreciate it. I know some nurses go away [for additional training].
  - And maybe a rotation doctor or traveling doctor to fill in so that doctors could go to seminars to upgrade knowledge.
  - Home health, physical therapists, etc. are awesome people and they have taken seminars and come back with new stuff that works. She [physical therapist] is doing stuff similar to chiropractors and able to reduce pain by 50 percent in two treatments and was able to get off narcotics, which is incredible.
  - Home health is awesome. They have been great and many times discovered I'm not taking the right amount of medication and have helped in getting it so that I wouldn't fall. They help with getting the right stuff with the tub and showed me simple exercises I could do on my own. They have been wonderful both times.
  - Hospice people are very caring and I've had the opportunity to observe their work with friends around town; they are doing a nice job.
  - The cross section employee at the hospital cares, but there is very low morale. The problem there is the providers.
  - I will second that the hospice staff is outstanding and knowledgeable. And very caring. They do an outstanding job.

4. What do you think about these local services:

ER

- It's dated.
- It's very small. If they had more than two emergencies then I'm not sure what they would do. The space is really small and sometimes when you are in there you wonder how they even get machines in there.

- In a pinch, there's a driving area right outside the ER, where doctors can park. They [the Hospital] have a full tent they can set up and do full triage right in the parking lot.
- My friend went into cardiac arrest three times in the ER and they [ER staff] were arguing with her that she was a cocaine addict and she was so frustrated and would crash. It ended up being major thyroid issues.

### Ambulance Service

- I think there is a wonderful emergency response among fire men and paramedics. I hear dispatchers and issues all coming in at the same time and the way they treat people even when it's not really an emergency.
- The weak link is the Livingston Dispatch office. They have a bunch of people who think they better than everyone else in town, and they slow things down. They also send the ambulance to the wrong address. The hospital has no control over it and they should have some.
- I hear calls [on the police scanner] about someone wanting to find a dog, then one for a heart attack and then another emergency; it doesn't seem like they prioritize, and that may be because of that, people do not always arrive to the hospital as fast as they should. Sometimes Dispatch gets multiple calls at one time so maybe it's too much for one person; I don't know.
- They will ask the question, "do you need an ambulance?" and you're like "hmm...am I dying or am I ok?" Once I had a massive gall bladder infection so I said "well that's why I am calling you" and as soon as they stabilized me and my pain was decreasing, they took off down the road.
- I heard them taking care of issues and if they can't, they take you to the hospital. The medics are awesome.
- There are several ambulances associated with the ambulance –Park County rural, Livingston and Yellowstone and privately owned ones.
- Private ones are pretty well out of business in this area.
- At \$800 a crack it's tough.
- Part of it is air lift, which is top notch too and has saved a few of my friends. They are very quick and professional, same with the ambulance.

### Health care services for Senior Citizens

- If associated with hospice, they do well. When they're on their own they may not be taken care of.
- I think a lot of things could be explained; talking about preventative care and giving education. I know firemen are trained in falls and how to prevent them. I think a lot of preventive things that could be shared and things the hospital could cooperate with other agencies could do that.
- One fireman mentioned to me that the biggest drug abuse occurs among the elderly... I think that kind of information would be important for people to know and what to do about that.
- I think the biggest problem is getting someone to help and getting to the place. Also, again, the city of Livingston is not providing safe places to walk and it is so icy. Even

- at the hospital I have been very afraid and it's just really hard to get around and it doesn't have to be that way.
- I think it'd help to have prevention clinics organized four times a year. Make it well-advertised so community could attend and include slides shows, literature, etc. A lot of elderly don't know or have access to computers; it has be outreach such as clinics or seminars to them.
  - It's not true that all elderly don't know how to use a computer, but a lot don't. I am elderly and I know how to use a cell phone, internet and text messages... so not everyone. If I have a question and there's no one to call, I go to the computer because there's no one to call and a lot don't use the computer.
  - A lot of things you read on the computer will scare people.
  - The problem stems down to communication. Seniors in Park County run seminars on all kinds of things. There is an Angel Line bus service and again people are running it better than everyone else. But you have to give two days' notice and most people don't need a ride two days from now. This bus sits parked 80 percent of the time, but says it must be scheduled two days ahead of time and on their schedule or they won't give you a ride. It's just power trips in the community. Plus the Senior Center does not advertise outside of its own building.
  - You can go to the Senior Center about how to use cellphone and they will do it, but it might take two weeks
  - They are working on getting a program with teenagers to get them [teens] paired with the elderly
  - When things are held during the day you tend to get more seniors.
  - I think there is an Ask-A-Nurse by telephone or internet...
  - The two times I called they said it's not true -go in and see a doctor. Some [nurses] are willing to stick their neck out, but not all are willing to do that. We need more who are gutsy.
  - I've wanted to eat at the hospital and I guess you have to go down the stairs. A lot of seniors just like to go there and have lunch... you know it's healthy, but it needs to be in a better location or something to make it more accessible.
  - I think the Meals on Wheels got shot out of the saddle by congress, but the whole county has pretty much had Meals on wheels a few years. Down in Emigrant, they have it, but it's through the Senior Center. You have to go into the Senior Center to get the meals.
  - It would be nice to have some kind of follow-up especially for elderly when they come for services like "are they their taking medications", proper doses, etc.
  - Bozeman does a great job at that; they ask "did you understand directions?", "do you have questions?" etc. In the cancer center, they send me a written questionnaire to ask about the services and whether I have any questions about two to three weeks after I go in. They do a lot in customer services and a lot of personal follow-up.
  - Livingston has a form system before you are released and a box you can put it when you are going out the door, but most people going out the door are not interested.

## Health care services for Low-Income Individuals

- It's not just seniors who are low income; there a lot of low income families in Livingston who don't know what services are available. The hospital may not know, whereas CHP knows better; they have an office to get help for a lot of low income families because they don't have money and won't take advantage of services unless they know they understand the situation
- Department of Public Health has a list [of resources].

## Nursing Home/Assisted Living Facility

- Better assisted living, there is Caslen, but they have a waiting list.
- I went to see Frontier, but I wouldn't put a dog in that place, it's so bad. They have community bathrooms so I had to get dressed every time I had to go to the bathroom. I have to go four times a night to go the bathroom, plus there is only enough room for a bed, a wheel chair and a cabinet, and you are paying thousands of dollars a month.
- Consolidation of the meal system would greatly reduce the waste and if Livingston took over the food thing at the Nursing Home and it would increase quantity of people served; there would also be less waste.
- I would rather die at home than to go to the Nursing Home again in my life.

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

- Pretty good dental program at CHP.
- Very grateful.
- Eye glasses –not sure if any are available.
  - i. The Lion's Club I think provides free glasses for youngsters all around the country.
- So many audiologist companies around here are always hounding people to get a free ear exam and they can do a lot of filtering with hearing and know what the problem is and what the cause is, but then it costs \$800 or \$6,000. I know to just say I will do without.
- Such a scam.
- I've been told in Livingston, there's a high proportion with some kind of a psychiatric disorder. There is one story where one lady's son flipped out and was put in jail and then went and got tremendous amounts of psychiatric help.
- When you ask for mental health services its \$80 an hour. Where am I going to get that? It took two years to get on Medicaid and I needed services and they were not available.
- You have to decide if you are going to buy food, gas, or medical services.
- Seem like there is a large drug population. Don't know if the hospital knows how to deal with it. It would be nice if the public knew what the alternatives are, but not sure what happens and if there are resources. I don't know and it would be helpful.
- When their building the new hospital it might be a consideration... like Kalispell, to have a place to exercise. I think you pay a certain fee to go over there for therapy. I

- think something like that with access to exercise, indoors, and would improve the healthcare of the whole community.
- Is there a daycare associated with the hospital? That would probably be useful for young mothers who are getting treated to have some place to leave children.

Additional Comments:

- In the years when I had employment we had personal offices. Currently HR [human resources] considers people like a pickup truck and when they're not sure, they park it. When you treat people that way don't expect a lot from them.
- At the hospital, they wrote a prescription for me to eat healthy food because they [the Nursing Home] wouldn't give me bananas and they would turn brown and I was supposed to have a low salt diet but was being fed ham twice a day. Then the doctor wrote a prescription for it and the hospital worked with me.
- Doing meals is very tough and hard to plan... they have no idea who will get admitted or how many staff will eat. I would suspect that Livingston Healthcare had \$400-\$600 worth of food a week going home and taking armloads of outdated food and a huge amount goes down the disposal. I have eaten there for 35 years.
- At some hospitals you don't have to be there at a certain time to eat. At Kalispell you could have something to eat even if it wasn't time for lunch or dinner because people come in at different times. That's another way. I think that the cook or the lady who prepares the menu, she is great and has done training classes and people know about healthy good and how to prepare them.
- They have a "reach in" that has sandwiches and lots of desserts and condiments and this and that that you can just grab. B one day the "reach in" may be packed high and the next day it is empty. It very difficult to plan if you have no idea how many will show up.

**Focus Group #8**

Friday, August 24, 2012 – 7:30-9am – City/County Building, Livingston, MT

- There were no attendees

## Appendix H - Secondary Data

Park County  
Livingston Healthcare  
Secondary Data Analysis  
July 23, 2012



Office of Rural Health  
Area Health  
Education Center

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

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

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

\*Chronic Lower Respiratory Disease

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

Chronic Disease Burden <sup>1</sup>	County	Montana	Nation <sup>3,4</sup>
Stroke prevalence	1.6%	2.5%	2.6%
Diabetes prevalence	4.8%	6.2%	8.3%
Acute Myocardial Infarction prevalence (Heart Attack)	4.1%	4.1%	6.0%
All Sites Cancer	416.6 (Region 4)	455.5	543.2

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

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

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

Region 4 (Southwest): Lewis and Clark, Granite, Powell, Deer Lodge, Jefferson, Broadwater, Meagher, Silver Bow, Gallatin, Park, Madison, and Beaverhead

Chronic Disease Hospitalization Rates	County	Montana
Stroke Per 100,000 population <sup>1</sup>	160.8	182.2
Diabetes Per 100,000 population <sup>1</sup>	87.8	115.4
Myocardial Infarction (Heart Attack) Per 100,000 population <sup>1</sup>	186.3	147.3

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

Demographic Measure (%)	County			Montana			Nation <sup>5,6</sup>		
Population <sup>1</sup>	16,189			989,415			308,745,538		
Population Density <sup>1</sup>	5.8			6.7			Not relevant		
Age <sup>1</sup>	<5	18-64	65+	<5	18-64	65+	<5	15-64	65+
	5%	64%	15%	6%	63%	14%	7%	62%	13%
Gender <sup>1</sup>	Male		Female	Male		Female	Male		Female
	50.0%		50.0%	50.1%		49.9%	49.2%		50.8%
Race/Ethnic Distribution	White <sup>1</sup>			91.5%			72.4%		
	American Indian or Alaska Native <sup>1</sup>			6.8%			0.9%		
	Other † <sup>1</sup>			1.7%			26.7%		

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

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

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

<sup>6</sup>US Census Bureau (2010)

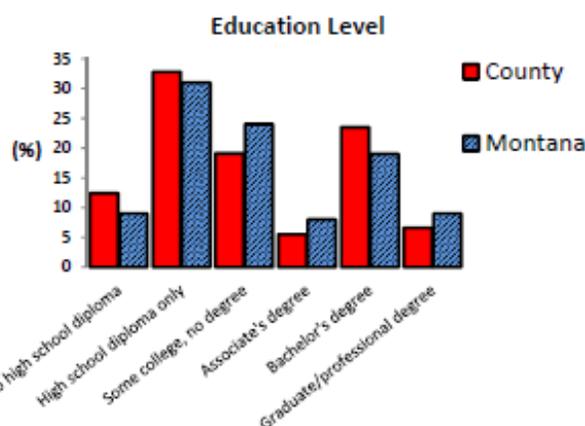
Socioeconomic Measures <sup>1</sup> (%)	County	Montana	Nation <sup>7,8,9</sup>
Median Income <sup>1</sup>	\$40,173	\$43,000	\$51,914
Unemployment Rate <sup>7</sup>	7.6%	6.3%	7.7%
Persons Below Poverty Level <sup>1</sup>	11.0%	14.0%	13.8%
Uninsured Adults (Age <65) <sup>1</sup>	21.4%	19.0%	18.2%
Uninsured Children (Age <18) <sup>9</sup>	N/A	11.0%	10.0%

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

<sup>7</sup>Center for Disease Control and Prevention (CDC), Health Insurance Coverage (2011)

<sup>8</sup>Montana Dept of Labor and Industry, Research & Analysis Bureau. Local Area Unemployment Statistics (LAUS). Non-Seasonally Adjusted Unemployment Rate. (Retrieved April 2012)

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



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



Behavioral Health <sup>1,2</sup>	County	Montana
Childhood Immunization Up-To-Date (UTD) % Coverage <sup>1,3,4</sup>	26.3%	64.3%
Age 24-35 months, population size: 12,075 (% sampled: 35.9%)		
Tobacco Use <sup>1</sup>	16.6%	19.3%
Alcohol Use (binge + heavy drinking) <sup>1</sup>	24.0% (Region 4)	22.8%
Obesity <sup>2</sup>	14.6%	21.6%
Overweight <sup>2</sup>	37.2%	37.8%
No Leisure time for physical activity <sup>2</sup>	20.8%	20.7%

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

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

<sup>3</sup>County Childhood Immunization Coverage, MT Dept of Health and Human Services (2010-2011).

<sup>4</sup>Childhood immunization percent coverage was determined following the CDC developed and validated AFIX [Assessment, Feedback, Incentives, & eXchange] strategy designed to raise immunization levels. The Montana Immunization Program is required to participate in this process. Fifty percent of immunization providers are assessed each year. All children's records per provider assessed are reviewed to determine if the child is up-to-date with recommendations of the Advisory Council on Immunization Practices (ACIP).

Screening <sup>1</sup>	Region 4	Montana
<i>Cervical Cancer (Pap Test in past 3 yrs)<sup>1</sup></i>	84.1%	83.0%
<i>Breast Cancer (Mammogram in past 2 yrs)<sup>1</sup></i>	72.1%	71.9%
<i>Blood Stool<sup>2</sup> Sigmoidoscopy or Colonoscopy<sup>1</sup></i>	31.5%	25.3%
	54.9%	54.3%
<i>Diabetic Screening<sup>3</sup> Percent of Medicare enrollees who received HbA1c screening</i>	81.0% (County)	79.0%

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

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

Mortality <sup>1,2,12</sup>	County	Montana	Nation <sup>2,13</sup>
<i>Suicide Rate per 100,000 population<sup>1</sup></i>	37.7	20.3	12.0
<i>Unintentional Injury Death Rate per 100,000 population<sup>1</sup></i>	64.2	58.8	38.4
<i>Percent Motor Vehicle Crashes Involving Alcohol<sup>1</sup></i>	9.5%	10.0%	32.0%
<i>Pneumonia/Influenza Mortality per 100,000 population<sup>1</sup></i>	23.9	19.0	17.5
<i>Diabetes Mellitus<sup>2</sup></i>	27.7	27.1	21.8

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

<sup>2</sup>Center for Disease Control and Prevention (CDC), Web-based Injury Statistics Query and Reporting System (WISQARS) (2011)

<sup>3</sup>Center for Disease Control and Prevention (CDC), National Vital Statistics (2012)

<sup>12</sup>Kaiser State Health Facts, National Diabetes Death Rate (2008)

Maternal Child Health <sup>1</sup>	County	Montana	Nation <sup>14,15</sup>
<i>Infant Mortality (death within 1<sup>st</sup> year) Rate per 1,000 live births<sup>1</sup></i>	6.2	6.1	6.7
<i>Entrance into Prenatal care in 1<sup>st</sup> Trimester Percent of Live Births<sup>1</sup></i>	88.0%	83.9%	69.0%
<i>Birth Rate<sup>9</sup> Babies born per 1,000 people</i>	10.4	12.8	13.5
<i>Low Birth Weight (&lt;2500 grams) Percent of live births<sup>1</sup></i>	5.9%	7.3%	8.3%
<i>Neonatal Mortality (under 28 days of age) Rate per 1,000 live births<sup>1</sup></i>	3.3 (Region 4)	3.3	4.5
<i>Post Neonatal Mortality (28 through 364 days of age) Rate per 1,000 live births<sup>1</sup></i>	3.2 (Region 4)	2.7	2.2
<i>Pre-Term Birth (&lt;37 completed weeks gestation) Percent of Live Births<sup>1</sup></i>	8.0%	10.1%	12.5%

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

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

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

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

## Economic Impact Assessment

### Demographic Trends and Economic Impacts: A Report for Livingston

#### Healthcare

William Connell

Brad Eldredge Ph.D.

Research and Analysis Bureau

Montana Department of Labor and Industry

## Introduction

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

## Section I Location Quotients

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

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

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

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

**Hospitals Location Quotient (compared to State of MT) = .89**

**Hospitals Location Quotient (compared to U.S.) = 1.03**

A location quotient near 1 indicates that the employment concentration in the county mirrors that of the larger geographic region. In the case of Park County, the location quotient of 0.89 indicates that hospital employment in the county is slightly below what one would expect given statewide employment patterns by about 11 percent. When compared to the nation, the location quotient of 1.03 reveals that the percentage of total county employment accounted for by the hospital is almost exactly what one would expect.

Another way to look at the location quotient is to ask how many employees would be employed in the hospital sector if Park County’s employment patterns mirrored the state or the nation. Livingston Healthcare averaged 247 employees in 2010. This is 29 less than expected given the state’s employment pattern and 7 more than expected given the national employment pattern. In 2010 Livingston Healthcare accounted for 4.8 % of county nonfarm employment and 7.2% of the county’s total wages.

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

## Section II Age Demographics

The 2010 Census reported that there were 15,636 residents of Park County. The breakdown of these residents by age is presented in Figure 1. Park County’s age profile is similar to that of many rural counties in Montana. In 2010, baby boomers were between the ages of 45 and 60 and their presence is evident in the graph. Following the baby boom came the baby bust, a period of lower birth rates. The baby bust in many rural Montana counties, including Park, is exacerbated by the tendency for young people to leave these counties for more populated areas. Note the scarcity of 20 to 24 year olds in Park County. After the baby bust came the echo boom, consisting mainly of the children of the baby boomers. The echo boom is also noted in Figure 1 in the larger number of 0 to 19 year olds.

Figure 1: Age Distribution of Park County Residents

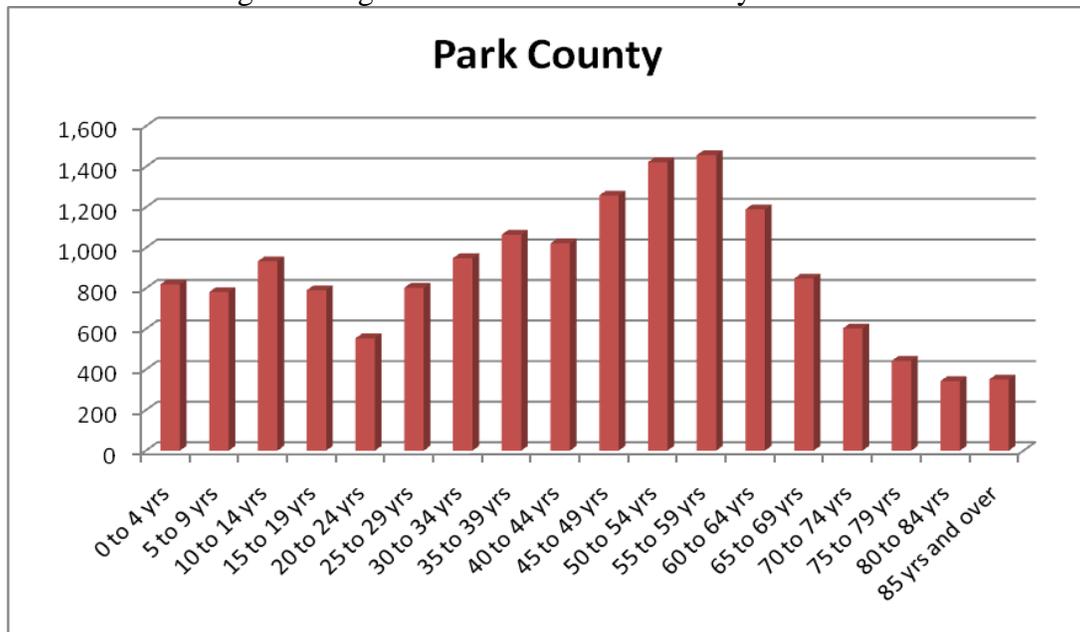


Figure 2: Percent of the population by age groups, Park County vs. Montana

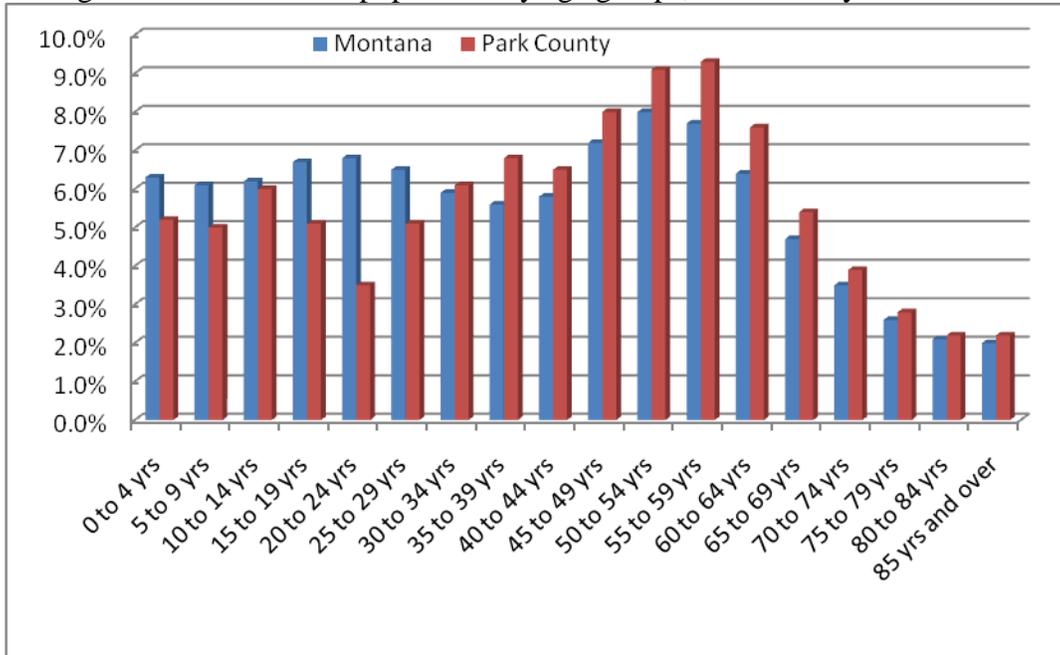


Figure 2 shows how Park’s population distribution compares to Montana’s. A careful examination of Figure 2 and the underlying data reveals that compared with the State as a whole Park County has a lower proportion of people 0 to 29 years old (29.9 percent vs. 38.6 percent) and a higher percentage of 30 and older (70.1 percent vs. 61.4 percent). According to the 2010 Census, Park County had a median age of 45.4, which is higher than the state median age of 39.8. As the baby boomers reach senior citizen status, it is likely that healthcare utilization per capita will increase. These demographic statistics are important when planning for healthcare provision both now and in the future.

### Section III Economic Impacts

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

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

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

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

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

**Hospital Employment Multiplier = 1.03**

**Hospital Employee Compensation Multiplier = 1.03**

**Hospital Output Multiplier = 1.03**

What do these numbers mean? The employment multiplier of 1.03 can be interpreted to mean that for every job at Livingston Healthcare, another 3 jobs are supported in Park County. Another way to look at this is that if Livingston Healthcare suddenly went away, about 7 additional non-hospital jobs would also be lost in the county (based on 2010 hospital employment of 247). The employee compensation multiplier of 1.03 simply states that for every dollar in wages and benefits paid to the hospital's employees, another 3 cents of wages and benefits are created in other local jobs in Park County. Put another way, if Livingston Healthcare suddenly went away, about \$313,541 in additional annual wages would be lost from other jobs in the county. Finally, the output multiplier indicates that for every dollar of goods and services produced by Livingston Healthcare, output in the county increases by another 3 cents.

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

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

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