

Park County, Montana

Community Health Services Development Community Health Needs Assessment Report

Survey conducted by
Livingston HealthCare
Livingston, Montana

In cooperation with
The Montana Office of Rural Health

May 2016



MONTANA
STATE UNIVERSITY

Office of Rural Health
Area Health
Education Center

**Livingston HealthCare
Community Health Needs Assessment
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Livingston HealthCare
Community Survey & Focus Groups
Summary Report
May 2016

I. Introduction

Livingston HealthCare (LHC) is comprised of a 25-bed Critical Access Hospital, which includes: 24-hour emergency surgical services, short-term inpatient rehabilitation and hospital outpatient services for diagnostics and treatment. The new medical center also includes a multi-specialty physician practice offering a variety of services, a range of outpatient rehabilitation therapy, home-based services, and visiting specialists. The organization offers healthcare services to the residents and visitors of Park County and the surrounding area with its Urgent Care center and locations in Shields Valley and Gardiner. Livingston HealthCare participated in the Community Health Services Development (CHSD) process, a Community Health Needs Assessment (CHNA), conducted by the Montana Office of Rural Health. Community involvement in steering committee meetings and focus groups enhanced the community's engagement in the assessment process.

In the winter of 2016, LHC's service area was surveyed about its healthcare system. This report shows the results of the survey in both narrative and chart formats. A copy of the survey instrument is included at the end of this report (Appendix D). Readers are invited to familiarize themselves with the survey instrument and the subsequent findings. The narrative report touches on the highlights while the charts present data for virtually every question asked. Please note: we are able to compare some of the 2016 survey data with data from a previous survey conducted in 2012. If any statistical significance exists, it will be reported. The significance level was set at 0.05.

II. Health Assessment Process

A Steering Committee was convened to assist LHC in conducting the CHSD assessment process. A diverse group of community members representing various organizations and populations within the community (ex. public health, elderly, uninsured) came together in June 2015. For a list of all Steering Committee members and their affiliations, see Appendix A. The Steering Committee met twice during the CHNA process; first to discuss health concerns in the community and offer their perspective in designing the survey instrument and again to review results of the survey and focus groups.

III. Survey Methodology

Survey Instrument

In February 2016, surveys were mailed out to the residents in LHC'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 plus reasons for selection
- Local healthcare provider usage
- Services preferred locally
- Perception and satisfaction of local healthcare

Sampling

Livingston HealthCare provided the National Rural Health Resource Center with a list of outpatient and inpatient admissions. Those zip codes with the greatest number of admissions were selected to be included in the survey. A random list of 800 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.)

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

Information Gaps

Data

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

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

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

Limitations in Survey Methodology

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

Survey Implementation

In February 2016, the community health services survey, a cover letter from Livingston HealthCare’s Chief Executive Officer on LHC letterhead, and a postage paid reply envelope were mailed to 800 randomly selected residents in the hospital’s service area. A news release was sent to local newspapers prior to the survey distribution announcing that LHC would be conducting a community health services survey throughout the region in cooperation with the Montana Office of Rural Health.

One hundred eighty-eight surveys were returned out of 800. Of those 800 surveys, 50 were returned undeliverable for a 25% response rate. From this point on, the total number of surveys will be out of 750. 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 5.36%.

IV. Survey Respondent Demographics

A total of 750 surveys were distributed amongst Livingston HealthCare’s service area. One hundred eighty-eight were completed for a 25% 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 32)

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.

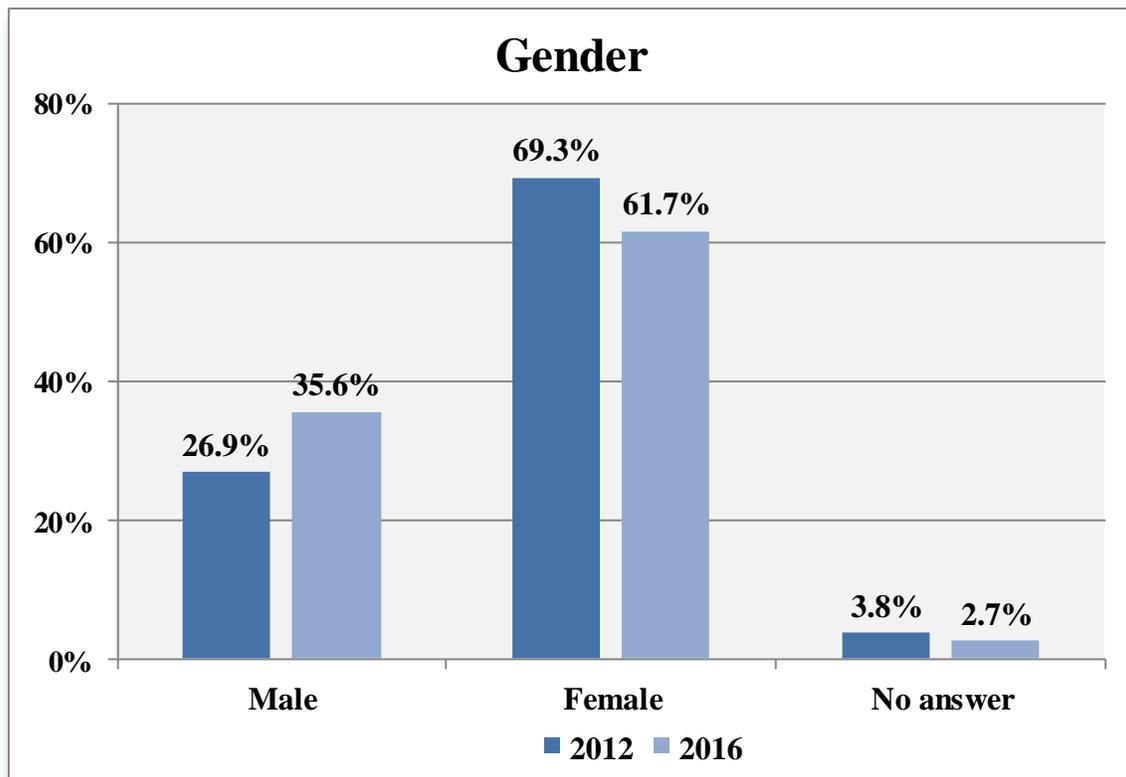
		2012		2016	
	Zip code	Count	Percent	Count	Percent
Livingston	59047	155	74.6%	138	73.9%
Gardiner	59030	11	5.3%	18	9.6%
Wilsall	59086	8	3.9%	9	4.8%
Emigrant	59027	10	4.8%	7	3.7%
Clyde Park	59018	8	3.9%	6	3.2%
Pray	59065	8	3.9%	6	3.2%
Springdale	59082	6	2.9%	2	1.1%
Cooke City/Silver Gate	59081	0	0	1	0.5%
TOTAL		206	100%	187	100%

Gender (Question 33)

2016 N= 188

2012 N= 208

Of the 188 surveys returned, 61.7% (n=116) of survey respondents were female, 35.6% (n=67) were male, and 2.7% (n=5) 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 healthcare-oriented since women are frequently the healthcare decision makers for families.

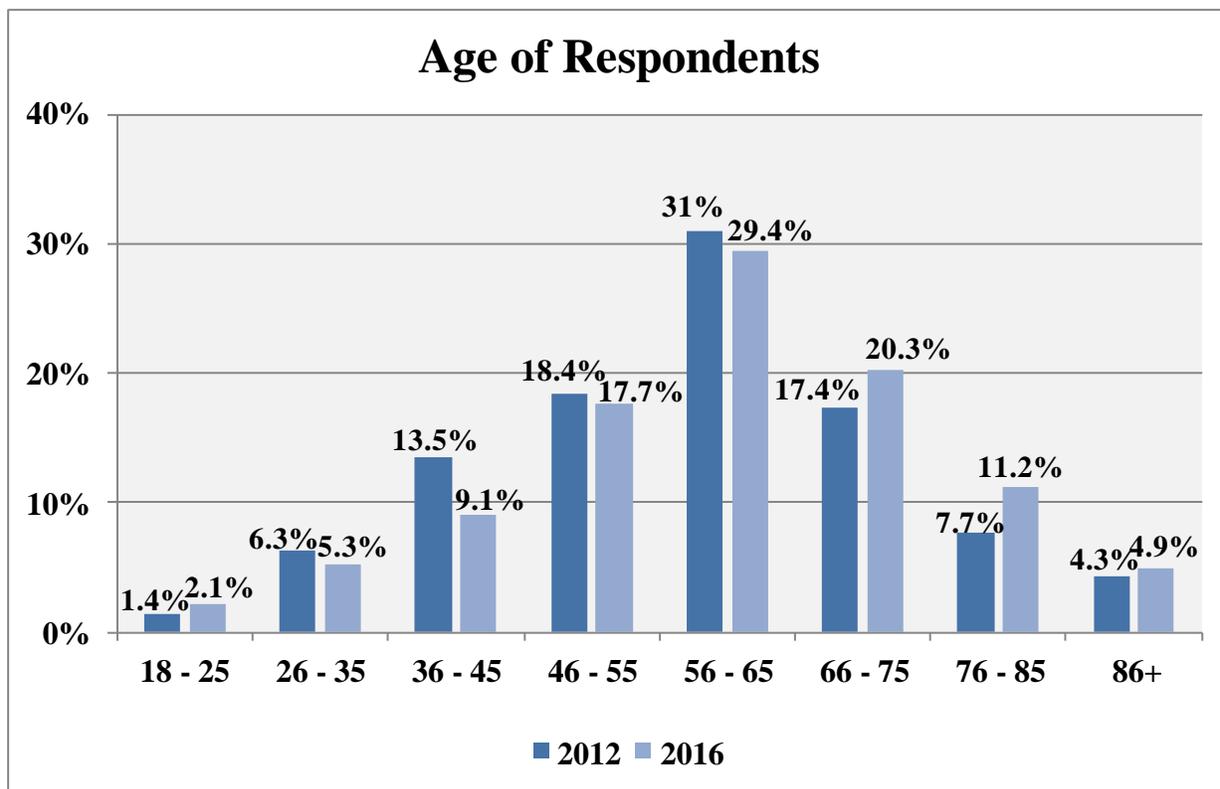


Age of Respondents (Question 34)

2016 N= 187

2012 N= 207

Twenty-nine percent of respondents (n=55) were between the ages of 56-65. Twenty percent of respondents (n=38) were between the ages of 66-75 and 17.7% of respondents (n=33) were between the ages of 46-55. This statistic is comparable to other Critical Access Hospital (CAH) demographics. The increasing percentage of aging residents in rural communities is a trend which is seen throughout Montana and will likely have a significant impact on the need for healthcare services during the next 10-20 years. However, it is important to note that the survey was targeted to adults and therefore, no respondents are under age 18. Older residents are also more invested in healthcare decision-making and therefore, are more likely to respond to healthcare surveys, as reflected by this graph.

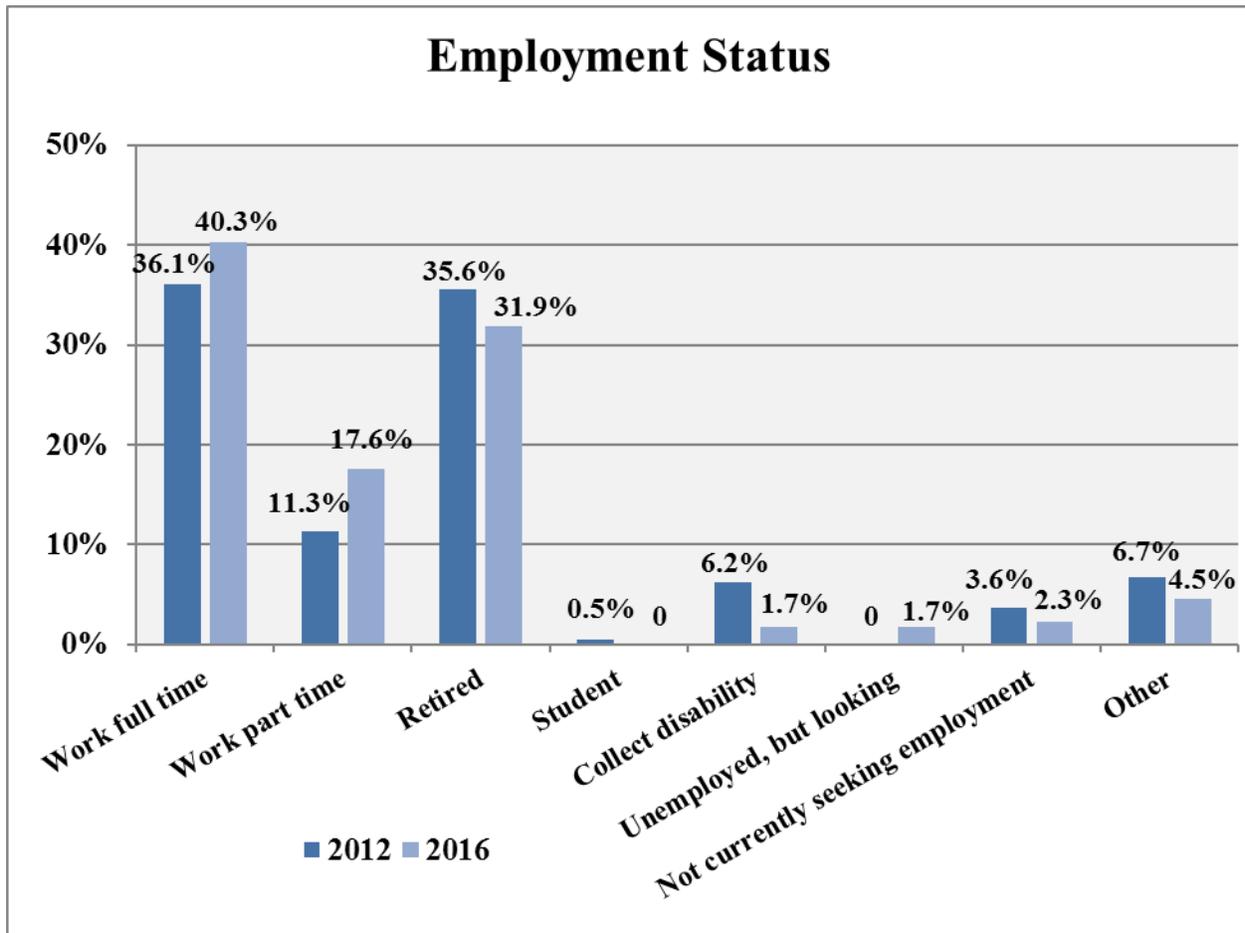


Employment Status (Question 35)

2016 N= 176

2012 N= 194

Forty percent (n=71) of respondents reported working full time while 31.9% (n=56) are retired. Eighteen percent of respondents (n=31) indicated they work part time. Respondents could select all that apply so percentages do not equal 100%.



“Other” comments:

- Homemaker (3)
- Self-employed (2)
- Disabled
- Semi-retired, small business owner
- Trying to get my health up so I can get back on the workforce

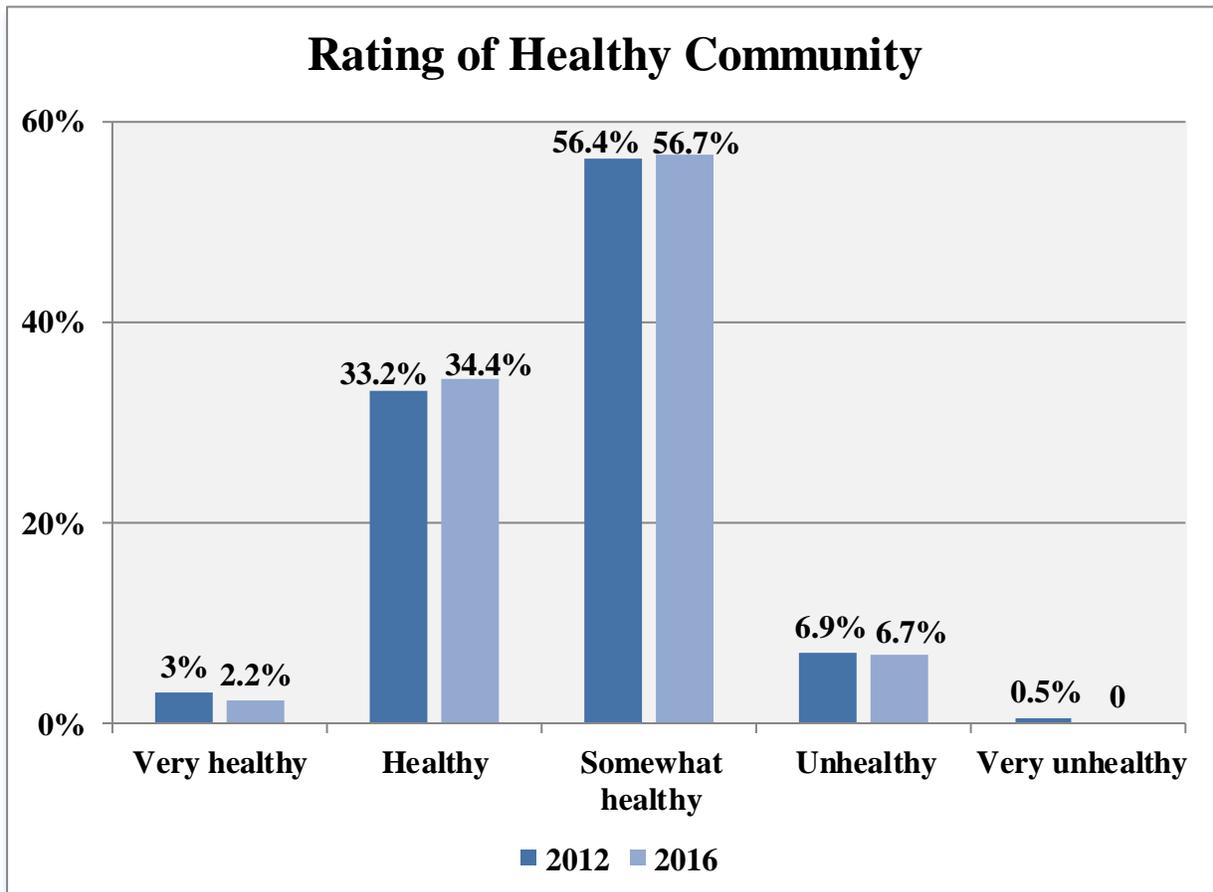
V. Survey Findings – Community Health

Impression of Community (Question 1)

2016 N= 180

2012 N= 202

Respondents were asked to indicate how they would rate the general health of their community. Fifty-seven percent of respondents (n=102) rated their community as “Somewhat healthy” and 34.4% of respondents (n=62) felt their community was “Healthy.” Twelve people (6.7%) of respondents rated their community as “Unhealthy” and no respondents indicated they felt the community was “Very unhealthy.”



Health Concerns for Community (Question 2)

2016 N= 188

2012 N= 208

Respondents were asked what they felt the three most serious health concerns were in their community. The number one health concern identified by respondents was “Alcohol abuse/substance abuse” at 63.8% (n=120). “Suicide” was also a high priority at 34% (n=64) and “Depression/anxiety” at 30.3% (n=57). Respondents were asked to pick their top three serious health concerns so percentages do not equal 100%.

Health Concern	2012		2016	
	Count	Percent	Count	Percent
Alcohol abuse/substance abuse	138	66.3%	120	63.8%
Suicide	Not asked in 2012		64	34.0%
Depression/anxiety ¹	34	16.3%	57	30.3%
Mental health issues ²	18	8.7%	53	28.2%
Overweight/obesity ³	93	44.7%	46	24.5%
Cancer ⁴	77	37.0%	46	24.5%
Tobacco use	39	18.8%	33	17.6%
Lack of exercise	31	14.9%	29	15.4%
Heart disease	36	17.3%	25	13.3%
Lack of access to healthcare	21	10.1%	17	9.0%
Lack of dental care	19	9.1%	14	7.4%
Access to healthy food	Not asked in 2012		13	6.9%
Child abuse/neglect	16	7.7%	12	6.4%
Diabetes ⁵	25	12.0%	11	5.9%
Domestic violence	14	6.7%	8	4.3%
Recreation related accidents/injuries	9	4.3%	8	4.3%
Stroke	6	2.9%	8	4.3%
Motor vehicle accidents ⁶	18	8.7%	7	3.7%
Work related accidents/injuries	4	1.9%	1	0.5%
Other	3	1.4%	6	3.2%

¹In 2016, significantly more respondents cited depression/anxiety as a serious health concern.

²In 2016, significantly more respondents cited mental health issues as a serious health concern.

³Significantly fewer 2016 respondents selected obesity as a serious health concern.

⁴Significantly fewer 2016 respondents selected cancer as a serious health concern.

⁵Significantly fewer 2016 respondents selected diabetes as a serious health concern.

⁶Significantly fewer 2016 respondents selected motor vehicle accidents as a serious health concern.

“Other” comments:

- Poverty (2)
- Insurance costs (2)
- No control or inner strength
- Lack of access to alternative health care

Components of a Healthy Community (Question 3)

2016 N= 188

2012 N= 208

Respondents were asked to identify the three most important components for a healthy community. Fifty-four percent of respondents (n=102) indicated that “Access to healthcare and other services” is important for a healthy community. “Good jobs and a healthy economy” was the second most indicated component at 45.7% (n=86) and the third most selected option was “Healthy behaviors and lifestyles” at 36.7% (n=69). Respondents were asked to identify their top three choices, thus the percentages do not add up to 100%.

Important Component	2012		2016	
	Count	Percent	Count	Percent
Access to health care and other services ¹	134	64.4%	102	54.3%
Good jobs and a healthy economy	113	54.3%	86	45.7%
Healthy behaviors and lifestyles	72	34.6%	69	36.7%
Strong family life	59	28.4%	53	28.2%
Good schools	44	21.2%	46	24.5%
Affordable housing	38	18.3%	44	23.4%
Low crime/safe neighborhoods	27	13.0%	32	17.0%
Religious or spiritual values	28	13.5%	31	16.5%
Clean environment	40	19.2%	29	15.4%
Access to healthy food	Not asked in 2012		29	15.4%
Community involvement	13	6.3%	16	8.5%
Parks and recreation	13	6.3%	14	7.4%
Tolerance for diversity ²	17	8.2%	5	2.7%
Low death and disease rates	7	3.4%	4	2.1%
Low level of domestic violence	6	2.9%	3	1.6%
Arts and cultural events	5	2.4%	1	0.5%
Other	2	1.0%	7	3.7%

¹Significantly fewer 2016 respondents selected access to health care and other services as an important component of a healthy community.

²Significantly fewer 2016 respondents selected tolerance for diversity as an important component of a healthy community.

“Other” comments:

- Activities for adults
- Mental health services
- Access to alternative health care
- Enjoying work
- Lose weight
- Zoning laws incorporation
- Water supply with no chemicals
- Improve, enlarge parks and recreation programs

Improvement for Community’s Access to Healthcare (Question 4)

2016 N= 188

2012 N= 208

Respondents were asked to indicate what they felt would improve their community’s access to healthcare. Seventy-one percent of respondents (n=133) reported that “More affordable healthcare” would make the greatest improvement. Thirty-five percent of respondents (n=66) indicated they would like “Greater health education services” and 33.5% felt “More specialist” (n=63) would improve the community’s access to care. Respondents could select more than one method so percentages do not equal 100%.

Improvement	2012		2016	
	Count	Percent	Count	Percent
More affordable healthcare	Not asked in 2012		133	70.7%
Greater health education services ¹	39	18.8%	66	35.1%
More specialists	74	35.6%	63	33.5%
More primary care providers	53	25.5%	58	30.9%
Transportation assistance ²	26	12.5%	57	30.3%
Improved quality of care	65	31.3%	48	25.5%
Outpatient services expanded hours	39	18.8%	34	18.1%
Telemedicine	Not asked in 2012		15	8.0%
Cultural sensitivity	Not asked in 2012		7	3.7%
Interpreter services	Not asked in 2012		1	0.5%
Other	24	11.5%	15	8.0%

¹In 2016, significantly more respondents indicated 'greater health education services' would improve the community’s access to healthcare.

²In 2016, significantly more respondents indicated ‘transportation assistance’ would improve the community’s access to healthcare.

“Other” comments:

- More trusted/Quality providers (4)
- Alternative health practitioners, education (acupuncture, herbalism, etc.) (3)
- More than one pediatrician
- Transportation since the hospital and doctors moved out of town
- Local and intensive care, especially for veterans
- Better insurance plans
- Lower cost
- Better paying and more jobs
- More complete city parks
- Mentoring
- Monitoring
- All good

Desired Health and Wellness Services (Question 5)

2016 N= 188

Respondents were asked to indicate what health and wellness services they felt were lacking in their community. Thirty-seven percent of respondents (n=70) reported that “Aging services” were lacking followed by “Veterans programs” (34%, n=64) and “Mental health services” (33%, n=62). Respondents were asked to select all that applied so percentages do not equal 100%.

Health and Wellness Service	Count	Percent
Aging services	70	37.2%
Veterans programs	64	34.0%
Mental health services	62	33.0%
Obesity programs	53	28.2%
Community center	43	22.9%
Early childhood education programs	42	22.3%
Retirement community	41	21.8%
Cancer support group	29	15.4%
Other	16	8.5%

“Other” comments:

- Access to alternative medicine and healthcare practitioners (3)
- Stroke survivors & caregivers (2)
- Don't really know availability of services
- Dermatologist
- Endocrinology
- School P.E. programs
- Youth services
- Child care facilities
- Special education facilities
- Parenting programs
- Activities for adults
- Discount annual checkups
- Alcohol/substance abuse services
- Indoor winter activities
- Swimming/Lap pool
- Outreach programs for Gardiner, MT
- Wellness services

Survey Findings – Awareness of Services

How Respondents Learn of Health Services (Question 6)

2016 N= 188

2012 N= 208

The most frequent method of learning about available services was “Word of mouth/reputation” at 59.6% (n=112). “Friends/family” was the second most frequent response at 58.5% (n=110) and the “Livingston Enterprise” was reported at 42% (n=79). Respondents could select more than one method so percentages do not equal 100%.

Method	2012		2016	
	Count	Percent	Count	Percent
Word of mouth/reputation	135	64.9%	112	59.6%
Friends/family	116	55.8%	110	58.5%
Livingston Enterprise ¹	63	30.3%	79	42.0%
Healthcare provider ²	112	53.8%	74	39.4%
Website/internet	28	13.5%	36	19.1%
Mailings/newsletter	Not asked in 2012		32	17.0%
Living Well publication	45	21.6%	27	14.4%
Community education	10	4.8%	15	8.0%
Radio	9	4.3%	12	6.4%
Public Health Office	9	4.3%	11	5.9%
Bozeman Daily Chronicle	15	7.2%	10	5.3%
Park Co. Community Journal	Not asked in 2012		9	4.8%
Presentations	Not asked in 2012		4	2.1%
Other	7	3.4%	10	5.3%

¹In 2016, significantly more respondents learned of health services through the Livingston Enterprise.

²Significantly fewer 2016 respondents reported learning about community health services from their healthcare provider.

“Other” comments:

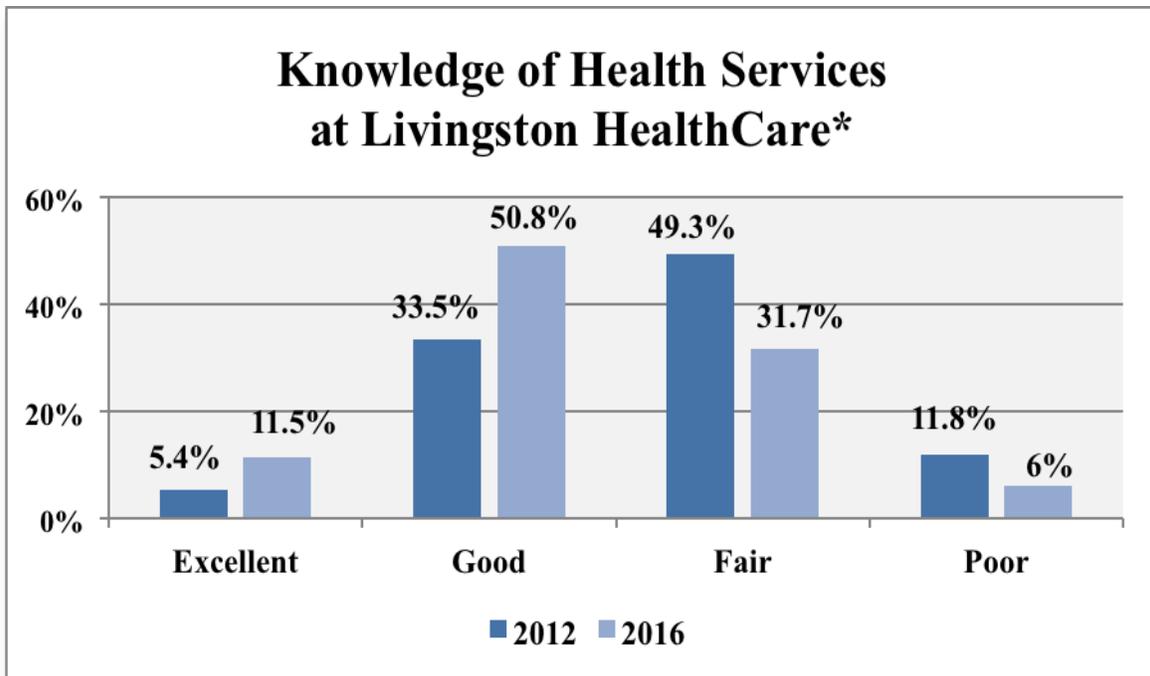
- Occupation/Employed by health system (3)
- Employer (2)
- Health insurance company
- Highway billboards
- Farmers market
- Facebook
- Natural Life News and Directory Magazine
- I find them
- I don't

Overall Awareness of Health Services (Question 7)

2016 N= 183

2012 N= 203

Respondents were asked to rate their knowledge of the health services available at Livingston HealthCare. Fifty-one percent (n=93) of respondents rated their knowledge of health services as “Good.” Thirty-two percent (n=58) rated their knowledge as “Fair” and 11.5% of respondents (n=21) rated their knowledge as “Excellent.”



*In 2016, significantly more respondents rated their knowledge of community health care services as excellent or good than in 2013.

Cross Tabulation of Service Knowledge and Learning about Services

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

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

	Excellent	Good	Fair	Poor	Total
Bozeman Daily Chronicle		6 (60%)	3 (30%)	1 (10%)	10
Community education	3 (20%)	9 (60%)	3 (20%)		15
Family/friends	13 (11.9%)	61 (56%)	30 (27.5%)	5 (4.6%)	109
Healthcare provider	10 (14.1%)	42 (59.2%)	16 (22.5%)	3 (4.2%)	71
Living Well publication	4 (15.4%)	15 (57.7%)	5 (19.2%)	2 (7.7%)	26
Livingston Enterprise	11 (14.3%)	38 (49.4%)	24 (31.2%)	4 (5.2%)	77
Mailings/newsletter	2 (6.3%)	21 (65.6%)	8 (25%)	1 (3.1%)	32
Park Co. Community Journal	1 (11.1%)	6 (66.7%)	2 (22.2%)		9
Presentations	1 (25%)	2 (50%)	1 (25%)		4
Public Health Office	1 (9.1%)	8 (72.7%)	1 (9.1%)	1 (9.1%)	11
Radio		6 (50%)	6 (50%)		12
Word of mouth/reputation	15 (13.4%)	60 (53.6%)	31 (27.7%)	6 (5.4%)	112
Website/internet	2 (5.6%)	21 (58.3%)	11 (30.6%)	2 (5.6%)	36
Other	3 (30%)	3 (30%)	4 (40%)		10

Interest in Educational Classes/Programs (Question 8)

2016 N= 188

Respondents were asked if they would be interested in any educational classes/programs if offered in Park County. The most highly indicated classes/programs were “Fitness” with 35.6% (n=67), followed by “Health and wellness” with 33% of respondents (n=62) and “First aid/CPR” by 30.9% (n=58). Respondents could select more than one class or program so percentages do not equal 100%.

Educational Class/Program	Count	Percent
Fitness	67	35.6%
Health and wellness	62	33.0%
First aid/CPR	58	30.9%
Women’s health	51	27.1%
Nutrition	49	26.1%
Weight loss	47	25.0%
Living will/advanced directive	40	21.3%
Alzheimer’s	35	18.6%
Men’s health	25	13.3%
Mental health	23	12.2%
Heart disease	22	11.7%
Grief counseling	21	11.2%
Cancer	17	9.0%
Parenting	15	8.0%
Support groups	13	6.9%
Tobacco cessation	12	6.4%
Alcohol/substance abuse	8	4.3%
Diabetes	7	3.7%
Prenatal	4	2.1%
Other	4	2.1%

“Other” comments:

- Screenings
- Infant CPR
- Swimming/lap pool

Other Community Health Resources Utilized (Question 9)

2016 N= 188

2012 N= 208

Respondents were asked which community health resources, other than the hospital or clinics, they have used in the last three years. “Pharmacy” was selected by 72.3% of respondents (n=136) followed by “Dentist” by 63.8% (n=120) and “Naturopath/chiropractor” by 22.6% (n=50). Respondents could select more than one community resource so percentages do not equal 100%.

Service	2012		2016	
	Count	Percent	Count	Percent
Pharmacy	162	77.9%	136	72.3%
Dentist	150	72.1%	120	63.8%
Naturopath/chiropractor	53	25.5%	50	26.6%
Community Health Partners	62	29.8%	48	25.5%
Urgent Care	Not asked in 2012		41	21.8%
Senior Center/Area IV Agency on Aging	8	3.8%	14	7.4%
Mammoth Clinic	14	6.7%	11	5.9%
Shields Valley Health Center	13	6.3%	11	5.9%
Mental health providers	11	5.3%	8	4.3%
Park Co. Health Department	13	6.3%	7	3.7%
Chemical dependency services	1	0.5%	4	2.1%
MT Quit Line	Not asked in 2012		3	1.6%
Other	22	10.6%	7	3.7%

“Other” comments:

- Hearing aids & hearing testing
- Eye exams for glaucoma & macular degeneration
- Doctor of Oriental Medicine
- Orthodontist
- Physical therapy
- V.A.
- WIC [Women, Infants, and Children] office in Bozeman
- Could not drive 100 miles round trip to attend. Outreach programs to small towns highly needed
- None

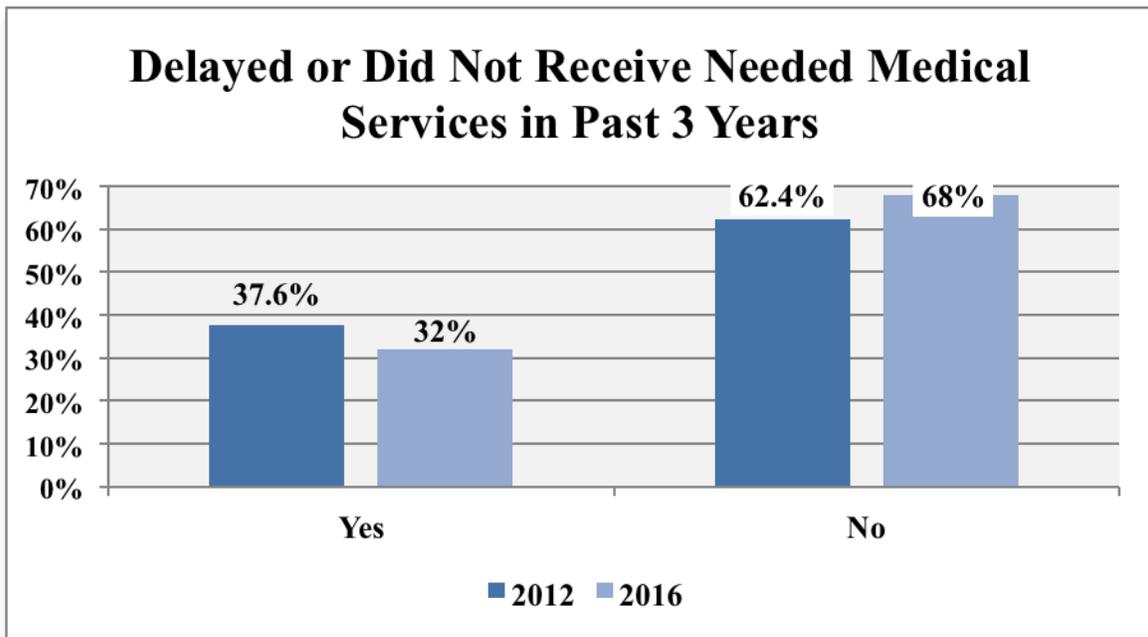
Survey Findings – Use of Healthcare Services

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

2016 N= 178

2012 N= 197

Thirty-two percent of respondents (n=57) reported that they or a member of their household thought they needed healthcare services but did not get, or had to delay, getting services. Sixty-eight percent of respondents (n=121) felt they were able to get the healthcare services they needed without delay.



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

2016 N= 57

2012 N= 74

For those who indicated they were unable to receive or had to delay services (n=57), the reasons most cited were: “It costs too much” (52.6%, n=30), “Too long to wait for an appointment” (36.8%, n=21), and “Could not get an appointment” (28.1%, n=12). Respondents were asked to indicate their top three choices, thus percentages do not total 100%.

Reason	2012		2016	
	Count	Percent	Count	Percent
It costs too much	45	60.8%	30	52.6%
Too long to wait for an appointment	23	31.1%	21	36.8%
Could not get an appointment	17	23.0%	16	28.1%
Don't like doctors ¹	4	5.4%	12	21.1%
My insurance didn't cover it	18	24.3%	11	19.3%
No insurance	19	25.7%	11	19.3%
Could not get off work	9	12.2%	10	17.5%
Office wasn't open when I could go	18	24.3%	8	14.0%
It was too far to go	7	9.5%	6	10.5%
Not treated with respect	4	5.4%	5	8.8%
Service unavailable locally	Not asked in 2012		5	8.8%
Unsure if services were available	5	6.8%	2	3.5%
Had no one to care for the children	3	4.1%	2	3.5%
Didn't know where to go	4	5.4%	2	3.5%
Too nervous or afraid	4	5.4%	2	3.5%
Transportation problems	5	6.8%	1	1.8%
Language barrier	0	0	0	0
Other	6	8.1%	8	14.0%

¹Significantly more 2016 respondents delayed or did not receive healthcare services because of a dislike of doctors.

“Other” comments:

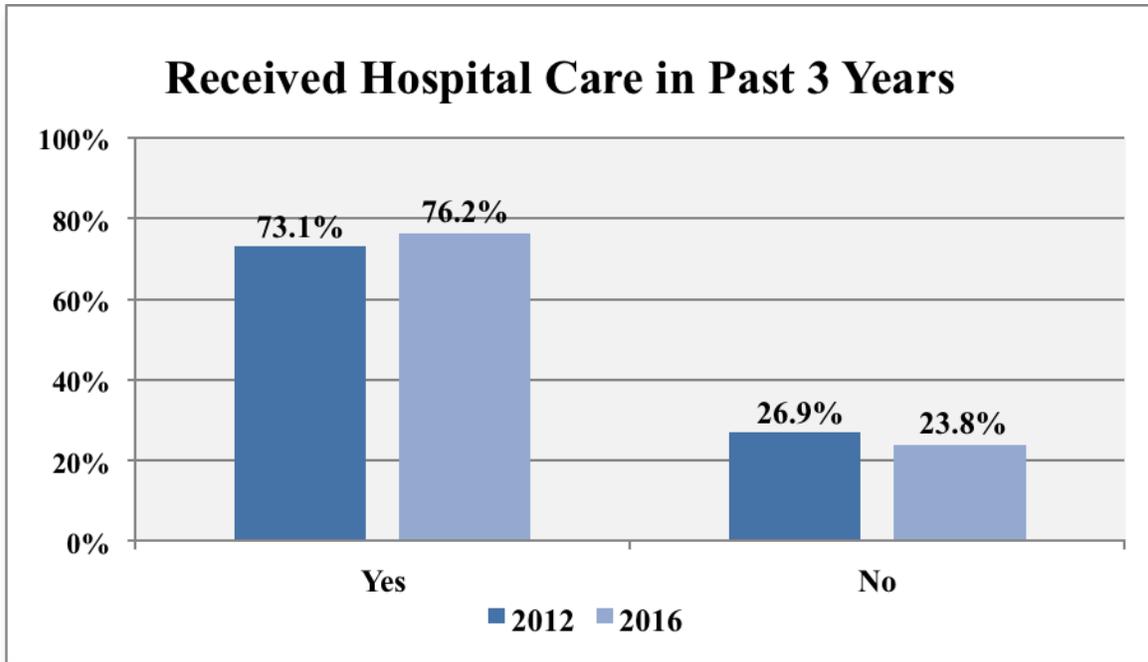
- Some doctors are not qualified
- Received what I thought were excessive charges for x-rays
- No doctors working full time
- Us seniors feel Billings is not responsive
- Phone calls not returned

Hospital Care Received in the Past Three Years (Question 12)

2016 N= 185

2012 N= 201

Seventy-six percent of respondents (n=141) reported that they or a member of their family had received hospital care (i.e. hospitalized overnight, day surgery, obstetrical care, rehabilitation, radiology, or emergency care) during the previous three years and 23.8% (n=44) indicated they had not.



Hospital Used Most in the Past Three Years (Question 13)

2016 N= 131

2012 N= 137

Of the 141 respondents who indicated receiving hospital care in the previous three years, 64.1% (n=84) reported receiving care at Livingston HealthCare. Eighteen percent of respondents (n=23) went to Bozeman Health for care and 8.4% of respondents (n=11) utilized services from Billings Clinic. Ten of the 141 respondents who reported they had been to a hospital in the past three years did not indicate which hospital they had utilized.

Hospital	2012		2016	
	Count	Percent	Count	Percent
Livingston HealthCare ¹	99	72.3%	84	64.1%
Bozeman Health	25	18.2%	23	17.6%
Billings Clinic ²	3	2.2%	11	8.4%
St. Vincent Healthcare ³	1	0.7%	8	6.1%
Pioneer Medical Center (Big Timber)	1	0.7%	1	0.8%
VA	3	2.2%	0	0
Other	5	3.6%	4	3.1%
TOTAL	137	100%	131	100%

¹Significantly fewer 2016 respondents reported utilizing Livingston HealthCare for hospital services.

²In 2016, significantly more respondents reported utilizing Billings Clinic for hospital services.

³In 2016, significantly more respondents reported utilizing St. Vincent Healthcare for hospital services.

“Other” comments:

- Northern MI hospital
- Emergency North Dakota
- Chemotherapy
- Rocky Mountain Surgery Center
- Primary Children’s Hospital
- Children’s Hospital Colorado
- Mayo Clinic

Reasons for Selecting the Hospital Used (Question 14)

2016 N= 141

2012 N= 147

Of the 141 respondents who had a personal or family experience at a hospital within the past three years, the primary reason given for selecting the facility used most often was “Closest to home” at 63.1% (n=89). “Prior experience with hospital” was selected by 44.7% of the respondents (n=63) and 37.6% (n=53) selected “Referred by physician.” Note that respondents were asked to select the top three answers which influenced their choices; therefore the percentages do not equal 100%.

Reason	2012		2016	
	Count	Percent	Count	Percent
Closest to home	89	60.5%	89	63.1%
Prior experience with hospital	50	34.0%	63	44.7%
Referred by physician	42	28.6%	53	37.6%
Emergency, no choice	53	36.1%	42	29.8%
Hospital’s reputation for quality	32	21.8%	36	25.5%
Recommended by family/friends	10	6.8%	10	7.1%
Required by insurance plan	17	11.6%	9	6.4%
Closest to work	7	4.8%	7	5.0%
Cost of care	11	7.5%	4	2.8%
VA/Military requirement	2	1.4%	3	2.1%
Other ¹	5	3.4%	13	9.2%

¹Significantly more 2016 respondents indicated there was another reason for selecting the hospital used most often in the past three years, than those listed.

“Other” comments:

- Only specialist available (3)
- Services unavailable in Livingston (2)
- Quality
- Personal patient care and efficiency
- Doctor was in the ER
- HIPAA compliance
- I work there
- Doctors scheduled us there
- Respectful of poor
- Moved here 3 years ago from Billings. I am used to their services

Cross Tabulation of Hospital and Residence

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

LOCATION OF MOST OFTEN UTILIZED HOSPITAL BY RESIDENCE

	Livingston HealthCare	Bozeman Health	Billings Clinic	St Vincent Healthcare	Pioneer Medical Center (Big Timber)	VA	Other	Total
Livingston 59047	65 (68.4%)	15 (15.8%)	8 (8.4%)	4 (4.2%)	1 (1.1%)		2 (2.1%)	95
Gardiner 59030	8 (57.1%)	4 (28.6%)	1 (7.1%)	1 (7.1%)				14
Cooke City/Silver Gate 59255								0
Clyde Park 59018	4 (80%)	1 (20%)						5
Wilsall 59086	3 (60%)	1 (20%)	1 (20%)					5
Springdale 59082			1 (100%)					1
Emigrant 59027	1 (20%)			2 (40%)			2 (40%)	5
Pray 59065	3 (60%)	1 (20%)		1 (20%)				5
TOTAL	84 (64.6%)	22 (16.9%)	11 (8.5%)	8 (6.2%)	1 (0.8%)	0	4 (3.1%)	130

Cross Tabulation of Hospital and Reason Selected

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

LOCATION OF MOST UTILIZED HOSPITAL BY REASONS HOSPITAL SELECTED

	Livingston Healthcare	Bozeman Health	Billings Clinic	St Vincent Healthcare	Pioneer Medical Center (Big Timber)	VA	Other	Total
Closest to home	77 (90.6%)	3 (3.5%)	3 (3.5%)	1 (1.2%)			1 (1.2%)	85
Closest to work	7 (100%)							7
Cost of care	2 (50%)	1 (25%)			1 (25%)			4
Emergency, no choice	31 (79.5%)	3 (7.7%)	3 (7.7%)	1 (2.6%)			1 (2.6%)	39
Hospital's reputation for quality	9 (27.3%)	14 (42.4%)	5 (15.2%)	3 (9.1%)	1 (3%)		1 (3%)	33
Prior experience with hospital	42 (68.9%)	13 (21.3%)	4 (6.6%)	2 (3.3%)				61
Recommended by family or friends	3 (30%)	2 (20%)	2 (20%)	2 (20%)	1 (10%)			10
Referred by physician	25 (49%)	13 (25.5%)	5 (9.8%)	4 (7.8%)			4 (7.8%)	51
Required by insurance plan	6 (66.7%)	1 (11.1%)	1 (11.1%)	1 (11.1%)				9
VA/Military requirement	1 (50%)			1 (50%)				2
Other	5 (38.5%)	4 (30.8%)	3 (23.1%)				1 (7.7%)	13

Utilization of Preventative Services (Question 15)

2016 N= 188

2012 N= 208

Respondents were asked if they had utilized any of the preventative services listed in the past year. “Blood screen/panel” was selected by 66.5% of respondents (n=125). Fifty-eight percent of respondents (n=109) indicated they received a “Routine health checkup” and 51.1% of respondents (n=96) had received “Vaccines (flu/shingles/pneumonia/HPV).” Respondents could select all that apply, thus the percentages do not equal 100%.

Preventative Service	2012		2016	
	Count	Percent	Count	Percent
Blood screen/panel ¹	118	56.7%	125	66.5%
Routine health checkup	108	51.9%	109	58.0%
Vaccines (flu/shingles/pneumonia/HPV) ²	79	38.0%	96	51.1%
Routine blood pressure check	92	44.2%	88	46.8%
Cholesterol check	Not asked in 2012		74	39.4%
Mammography	64	30.8%	62	33.0%
Pap smear	58	27.9%	44	23.4%
Colonoscopy	25	12.0%	28	14.9%
Prostate (PSA)	23	11.1%	28	14.9%
Children's checkup/Well baby	21	10.1%	23	12.2%
None	Not asked in 2012		8	4.3%
Other	24	11.5%	5	2.7%

¹Significantly more 2016 respondents had a blood panel done than in 2012.

² Significantly more 2016 respondents had received a vaccine(s) than in 2012.

“Other” comments:

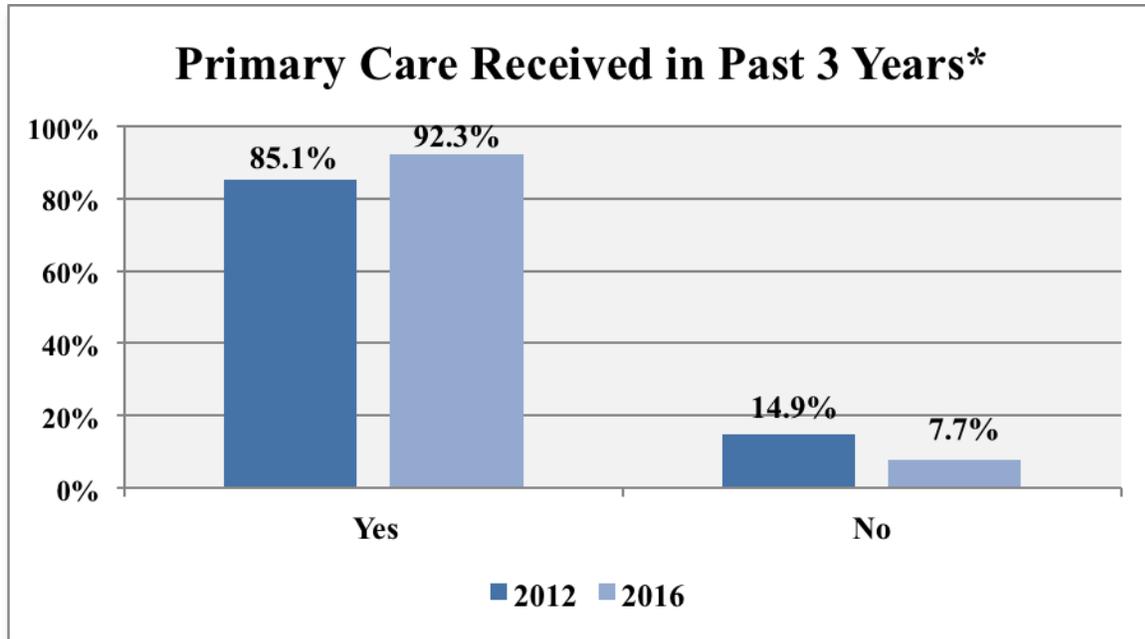
- My preventative services were received in Bozeman
- Medication consultation with primary care provider
- INR [International Normalized Ratio] check
- Live blood cell analysis-Bozeman
- Acupuncture
- Chiropractor
- Massage
- Allergy shots

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

2016 N= 181

2012 N= 201

Ninety-two percent of respondents (n=167) indicated that they or someone in their household had been seen by a primary care provider (such as a family physician, physician assistant, or nurse practitioner) for preventative or routine healthcare services in the past three years. Eight percent of respondents (n=14) reported they had not.



*Significantly more 2016 respondents reported seeing a primary care provider in the past three years than in 2012

Location of Primary Care Provider (Question 17)

2016 N= 155

2012 N= 164

Of the 167 respondents who indicated receiving primary care services in the previous three years, 80.6% (n=125) reported receiving care in Livingston. Twelve percent of respondents (n=18) received care in Bozeman and 3.2% went to Billings. Of the 167 respondents who reported they had utilized primary care services in the past three years twelve did not indicate where they received those services.

Clinic Location	2012		2016	
	Count	Percent	Count	Percent
Livingston	120	73.2%	125	80.6%
Bozeman	30	18.3%	18	11.6%
Billings	4	2.4%	5	3.2%
Shields Valley	5	3.0%	4	2.6%
Mammoth/Gardiner	2	1.2%	2	1.3%
Big Timber	Not asked in 2012		0	0
Other	3	1.8%	1	0.6%
TOTAL	164	100%	155	100%

“Other” comments:

- VA Bozeman
- Go to CHP [Community Health Partners]
- Denver

Reasons for Selection of Primary Care Provider (Question 18)

2016 N= 167

2012 N= 171

Those respondents who indicated they or someone in their household had seen a primary care provider within the past three years were asked to indicate why they chose that primary care provider. “Prior experience with clinic or provider” (60.5%, n=101) was the most frequently cited factor in primary care provider selection followed by “Closest to home” at 50.3% (n=84). The third most selected response was “Appointment availability” at 22.8% (n=38). Respondents were asked to select all that apply so the percentages do not equal 100%.

Reason	2012		2016	
	Count	Percent	Count	Percent
Prior experience with clinic or provider ¹	76	44.4%	101	60.5%
Closest to home	87	50.9%	84	50.3%
Appointment availability	50	29.2%	38	22.8%
Recommended by family or friends	40	23.4%	34	20.4%
Clinic’s reputation for quality	35	20.5%	30	18.0%
Referred by physician or other provider	24	14.0%	22	13.2%
Cost of care	19	11.1%	10	6.0%
Length of waiting room time	14	8.2%	9	5.4%
Required by insurance plan ²	17	9.9%	5	3.0%
VA/Military requirement	2	1.2%	5	3.0%
Indian Health Services	Not asked in 2012		0	0
Other	7	4.1%	11	6.6%

¹In 2016, significantly more respondents indicated they chose their primary care provider based on prior experience with the clinic or provider.

²Significantly fewer 2016 respondents selected their primary care provider based on a requirement by their insurance plan.

“Other” comments:

- Reputation (4)
- Chose doctor 20+ years ago (2)
- Not much choice
- Personal physician
- It is the only one I trust
- Low income
- Get blood test, appointment, and result at same location
- Colleague

Cross Tabulation of Primary Care and Residence

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

LOCATION OF PRIMARY CARE PROVIDER MOST UTILIZED BY RESIDENCE

	Livingston	Shields Valley	Mammoth/ Gardiner	Big Timber	Bozeman	Billings	Other	Total
Livingston 59047	98 (82.4%)	1 (0.8%)			15 (12.6%)	4 (3.4%)	1 (0.8%)	119
Gardiner 59030	11 (78.6%)		2 (14.3%)		1 (7.1%)			14
Cooke City/Silver Gate 59081	1 (100%)							1
Clyde Park 59018	2 (50%)	2 (50%)						4
Wilsall 59086	5 (83.3%)	1 (16.7%)						6
Springdale 59082	2 (100%)							2
Emigrant 59027	4 (80%)				1 (20%)			5
Pray 59065	2 (66.7%)					1 (33.3%)		3
TOTAL	125 (81.2%)	4 (2.6%)	2 (1.3%)	0	17 (11%)	5 (3.2%)	1 (0.6%)	154

Cross Tabulation of Clinic and Reason Selected

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

LOCATION OF PRIMARY CARE PROVIDER BY REASONS CLINIC SELECTED

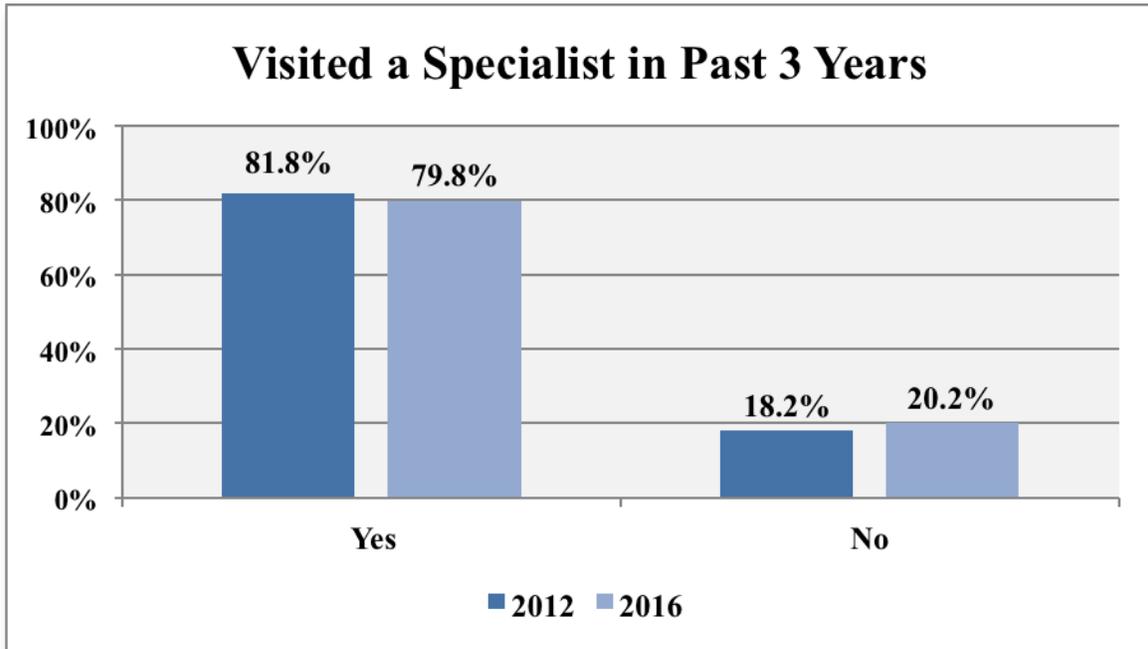
	Livingston	Shields Valley	Mammoth/ Gardiner	Big Timber	Bozeman	Billings	Other	Total
Appointment availability	30 (78.9%)	3 (7.9%)	2 (5.3%)		2 (5.3%)	1 (2.6%)		38
Clinic's reputation for quality	21 (72.4%)				6 (20.7%)	2 (6.9%)		29
Closest to home	72 (88.9%)	4 (4.9%)	2 (2.5%)		2 (2.5%)	1 (1.2%)		81
Cost of care	8 (88.9%)				1 (11.1%)			9
Indian Health Services								0
Length of waiting room time	6 (66.7%)	1 (11.1%)	1 (11.1%)		1 (11.1%)			9
Prior experience with clinic or provider	82 (86.3%)	3 (3.2%)	2 (2.1%)		6 (6.3%)	2 (2.1%)		95
Recommended by family or friends	27 (81.8%)				4 (12.1%)	2 (6.1%)		33
Referred by physician or other provider	16 (88.9%)				2 (11.1%)			18
Required by insurance plan	3 (60%)					1 (20%)	1 (20%)	5
VA/Military requirement	1 (25%)				3 (75%)			4
Other	7 (70%)				3 (30%)			10

Use of Healthcare Specialists during the Past Three Years (Question 19)

2016 N= 178

2012 N= 198

Eighty percent of respondents (n=142) indicated they or a household member had seen a healthcare specialist during the past three years and 20.2% (n=36) indicated they had not.



Type of Healthcare Specialist Seen (Question 20)

2016 N= 142

2012 N= 162

The respondents (n=142) saw a wide array of healthcare specialists in the past three years. The most frequently utilized specialist was a “Dentist” with 60.6% of respondents (n=86) followed by “Chiropractor” (29.6%; n=42) and “Dermatologist” and “Physical therapist” (26.1%; n=37 each). Respondents were asked to choose all that apply so percentages do not equal 100%.

Health Care Specialist	2012		2016	
	Count	Percent	Count	Percent
Dentist	Not asked in 2012		86	60.6%
Chiropractor	52	32.1%	42	29.6%
Dermatologist	39	24.1%	37	26.1%
Physical therapist	49	30.2%	37	26.1%
OB/GYN	44	27.2%	33	23.2%
Orthopedic surgeon	49	30.2%	30	21.1%
Ophthalmologist	34	21.0%	22	15.5%
Radiologist	36	22.2%	22	15.5%
Cardiologist	19	11.7%	20	14.1%
ENT (ear/nose/throat)	17	10.5%	19	13.4%
General surgeon	33	20.4%	19	13.4%
Neurologist	12	7.4%	16	11.3%
Mental health counselor	15	9.3%	14	9.9%
Pediatrician	11	6.8%	14	9.9%
Urologist	16	9.9%	13	9.2%
Gastroenterologist	25	15.4%	12	8.5%
Oncologist	13	8.0%	11	7.7%
Podiatrist	18	11.1%	10	7.0%
Psychiatrist (M.D.)	8	4.9%	8	5.6%
Neurosurgeon	9	5.6%	7	4.9%
Occupational therapist	14	8.6%	7	4.9%
Allergist	6	3.7%	6	4.2%
Rheumatologist	8	4.9%	5	3.5%
Speech therapist	3	1.9%	5	3.5%
Endocrinologist	6	3.7%	4	2.8%
Pulmonologist	5	3.1%	4	2.8%
Psychologist	4	2.5%	3	2.1%
Dietician	4	2.5%	2	1.4%
Substance abuse counselor	2	1.2%	2	1.4%
Geriatrician	2	1.2%	0	0
Social worker ¹	8	4.9%	0	0
Other	12	7.4%	4	2.8%

¹Significantly fewer 2016 respondents saw a social worker than in 2013.

Continued from question 20...

“Other” comments:

- Eye exam & care
- Gallbladder surgery
- Optometrist
- Vein doctor
- Kidney
- Acupuncture
- Tetanus shot
- Chemotherapy
- Oral surgeon
- MRI

Location of Healthcare Specialist (Question 21)

2016 N= 142

2012 N= 162

Of the 142 respondents who indicated they saw a healthcare specialist in the past three years, 48.6% (n=69) saw one at Livingston HealthCare. Specialty services at Bozeman Health were utilized by 43% (n=61) of respondents and 22.5% (n=32) utilized specialty services at Billings Clinic. Respondents could select more than one location therefore percentages do not equal 100%.

Location	2012		2016	
	Count	Percent	Count	Percent
Livingston HealthCare ¹	113	69.8%	69	48.6%
Bozeman Health ²	106	65.4%	61	43.0%
Billings Clinic	36	22.2%	32	22.5%
St. Vincent Healthcare	Not asked in 2012		8	5.6%
VA	Not asked in 2012		4	2.8%
Pioneer Medical Center (Big Timber)	Not asked in 2012		1	0.7%
Other ³	13	8.0%	48	33.8%

¹Significantly fewer 2016 respondents saw a specialist at Livingston HealthCare.

²Significantly fewer 2016 respondents saw a specialist at Bozeman Health.

³In 2016, significantly more respondents saw a specialist somewhere other than what was listed.

“Other” comments:

- Livingston (10)
- Bozeman (5)
- Private clinic (5)
- Bozeman Specialist (4)
- Non-specific (3)
- Livingston Specialist (2)
- Seattle (2)
- Park County chiropractic (2)
- Big Sky Dermatology (2)
- Denver, CO (2)
- Great Falls
- Missoula
- Salt Lake City
- Gardiner
- Mayo Clinic
- Granite P.T.
- Yellowstone Physical Therapy
- Primary Children’s Hospital
- Bozeman & Helena VA
- Belgrade Dental
- Yellowstone Dental
- Oregon, family member is a dentist
- Dentist
- Billings Private Podiatrist & Surgery
- Granite Sports Medicine
- Pure Dermatology
- Bridger ENT
- Northern MI Hospital
- Bridger orthopedic
- Southwest Chemical Dependency

Desired Local Healthcare Services (Question 22)

2016 N= 188

2012 N= 208

Respondents were asked to indicate which healthcare professionals or services presently not available would they use if available locally. Respondents indicated the most interest in having an “ENT (Ear/Nose/Throat)” available with 26.6% (n=50) followed by “Surgical services” with 18.6% (n=35), and “Cardiology” with 16.5% (n=31). Respondents were asked to select all that apply so percentages do not equal 100%.

Service	2012		2016	
	Count	Percent	Count	Percent
ENT (Ear/Nose/Throat)	60	28.8%	50	26.6%
Surgical services	Not asked in 2012		35	18.6%
Cardiology	Not asked in 2012		31	16.5%
Gastroenterology	31	14.9%	17	9.0%
Urology	18	8.7%	13	6.9%
Psychiatry	Not asked in 2012		13	6.9%
Dialysis	7	3.4%	10	5.3%
Other	20	9.6%	20	10.6%

“Other” comments:

- None (4)
- Naturopathy (2)
- Cancer check
- Swimming/lap pool
- Sleep doctor
- Vein doctor
- Women’s health
- Neurologist
- Oncology
- Pediatric Cardiologist
- Mammography
- Orthopedic surgeon
- Doctors for children
- Food quality activists needed
- Endocrinology
- Lung doctor
- Dermatologist

Overall Quality of Care at Livingston HealthCare (Question 23)

Respondents were asked to rate a variety of aspects of the overall care provided at Livingston HealthCare using the scale of 4=Excellent, 3=Good, 2=Fair, 1=Poor, and “Don’t know.” The sums of the average scores were then calculated with “Laboratory” and “Physical therapy” both receiving the top average score of 3.4 out of 4.0. The total average score was 3.3, indicating the overall services of the hospital to be “Excellent” to “Good.”

2016	<i>Excellent</i> (4)	Good (3)	Fair (2)	Poor (1)	N/A	Don’t know	No Answer	N	Avg
Clinic provider	65	58	14	2	21	10	18	188	3.3
Emergency room ¹	43	38	16	5	47	16	23	188	3.2
Hospital/Inpatient services	38	36	4	4	63	19	24	188	3.3
Laboratory²	62	48	7	2	28	19	22	188	3.4
Physical therapy	34	20	1	5	69	28	31	188	3.4
Shields Valley Clinic	7	7	1	3	97	29	44	188	3.0
Urgent Care	21	15	5	7	85	25	30	188	3.0
TOTAL	270	222	48	28					3.3

¹In 2016, significantly more respondents rated their experience with the emergency room as excellent than in 2013.

²In 2016, significantly more respondents rated their experience with the laboratory as excellent than in 2013.

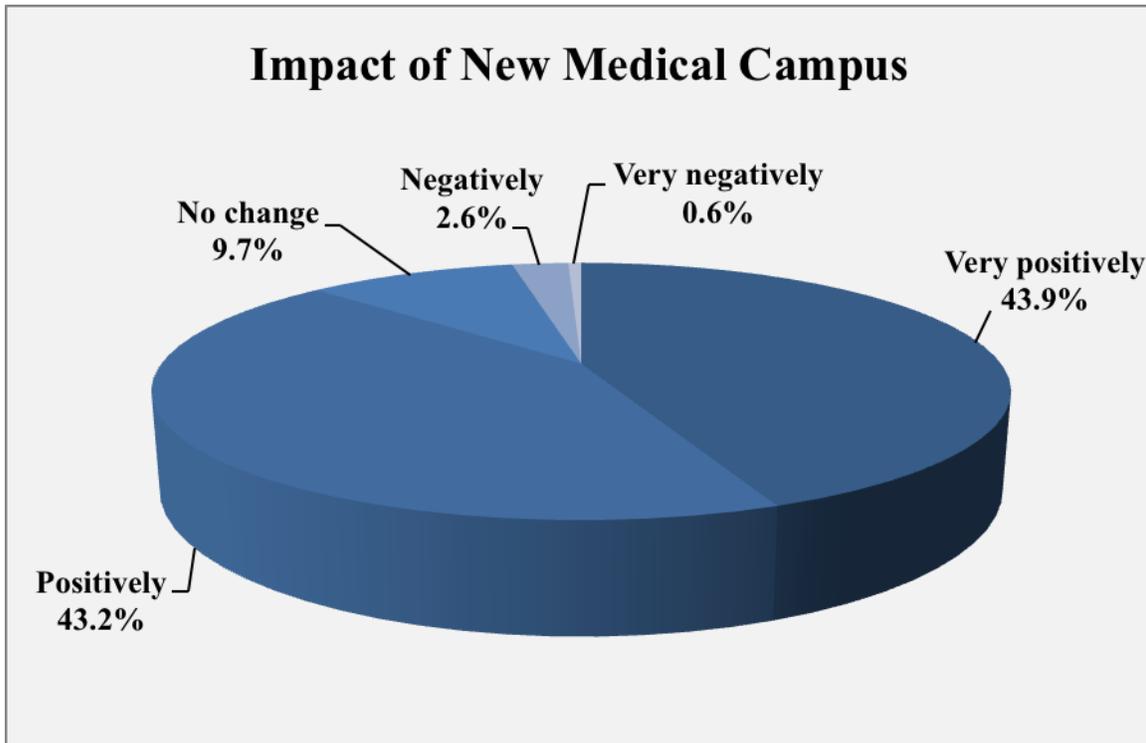
“Other” comments:

- I won’t use anything here

2012	<i>Excellent</i> (4)	Good (3)	Fair (2)	Poor (1)	N/A	Don’t know	No Answer	N	Avg
Emergency room	34	48	17	6	65	2	36	208	3.0
Laboratory	48	55	9	2	49	6	39	208	3.3
TOTAL	82	103	26	8					3.2

Impact of Livingston HealthCare Medical Campus in Park County (Question 24)
2016 N= 155

Respondents were asked to indicate how they felt the new Livingston HealthCare medical Campus affects healthcare services in Park County. Respondents indicated the most interest in having Forty-four percent (n=68) of respondents indicated they felt the new campus affects healthcare services “Very positively.” Forty-four percent (n=67) felt it had a positive impact and 9.7% (n=15) felt there was “No change.” No respondents indicated they did not know how the new campus affected the community and 33 respondents chose not to answer this question.



“Other” comments:

- It used to be community owned and managed

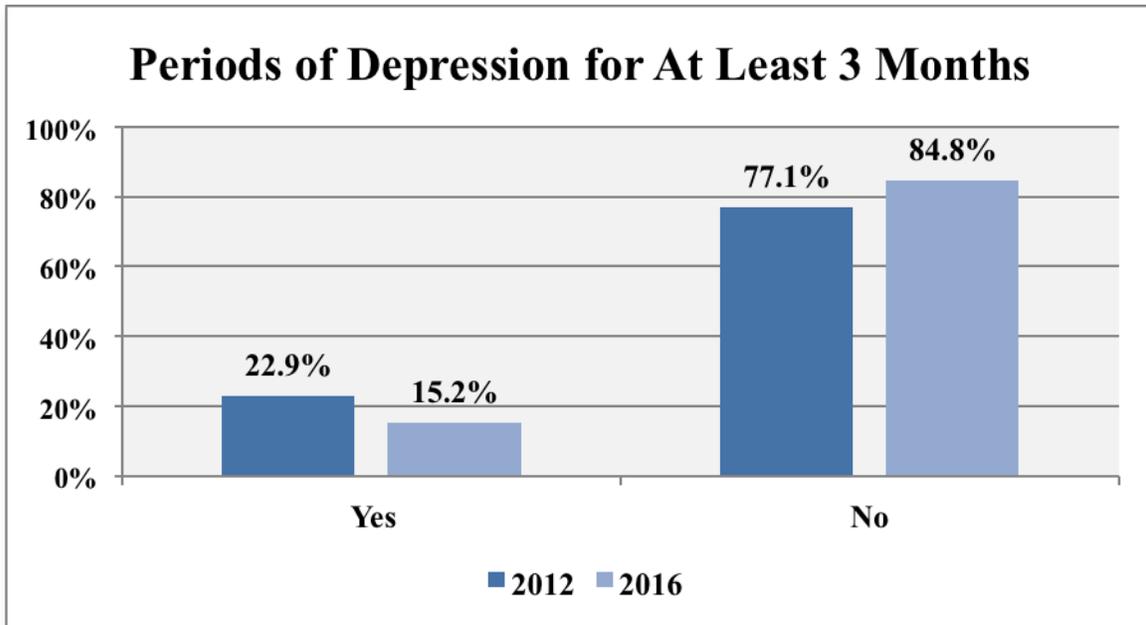
Survey Findings – Personal Health

Prevalence of Depression (Question 25)

2016 N= 178

2012 N= 201

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, although they may have felt okay sometimes. Fifteen percent of respondents (n=27) indicated they had experienced periods of feeling depressed and 84.8% of respondents (n=151) indicated they had not.

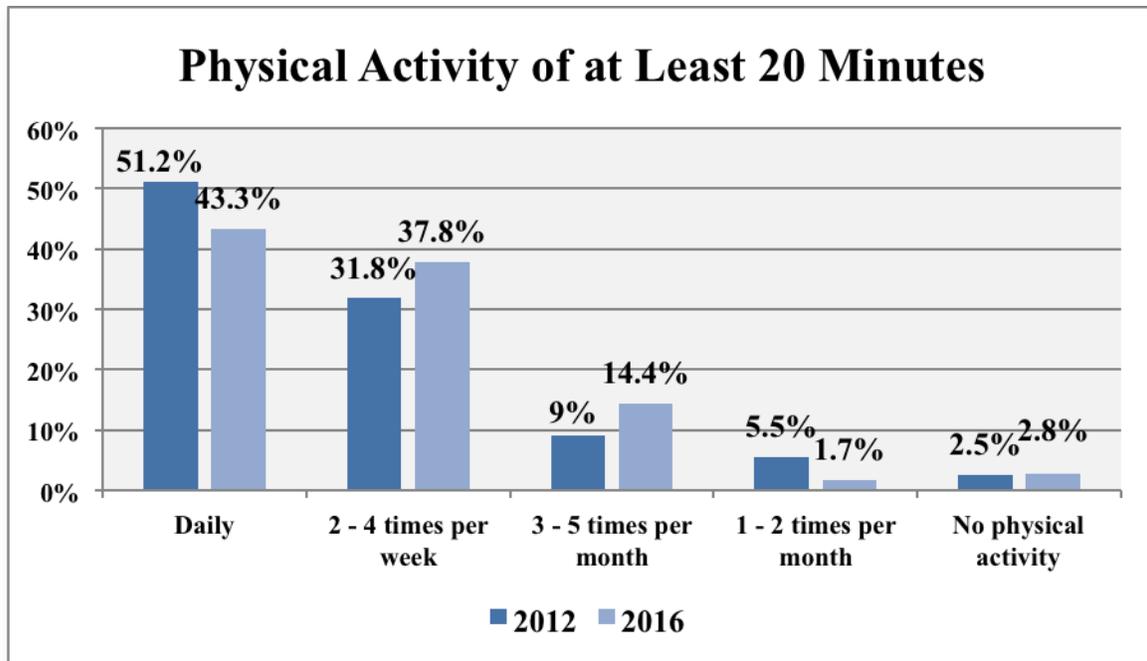


Physical Activity (Question 26)

2016 N= 180

2012 N= 201

Respondents were asked to indicate how frequently they had physical activity for at least twenty minutes over the past month. Forty-three percent of respondents (n=78) indicated they had physical activity of at least twenty minutes “Daily” over the past month and 37.8% (n=68) indicated they had physical activity “2-4 times per week.” Three percent of respondents (n=5) indicated they had “No physical activity” lasting for at least twenty minutes in the past month.



“Other” comments:

- Daily
- Hatha yoga daily

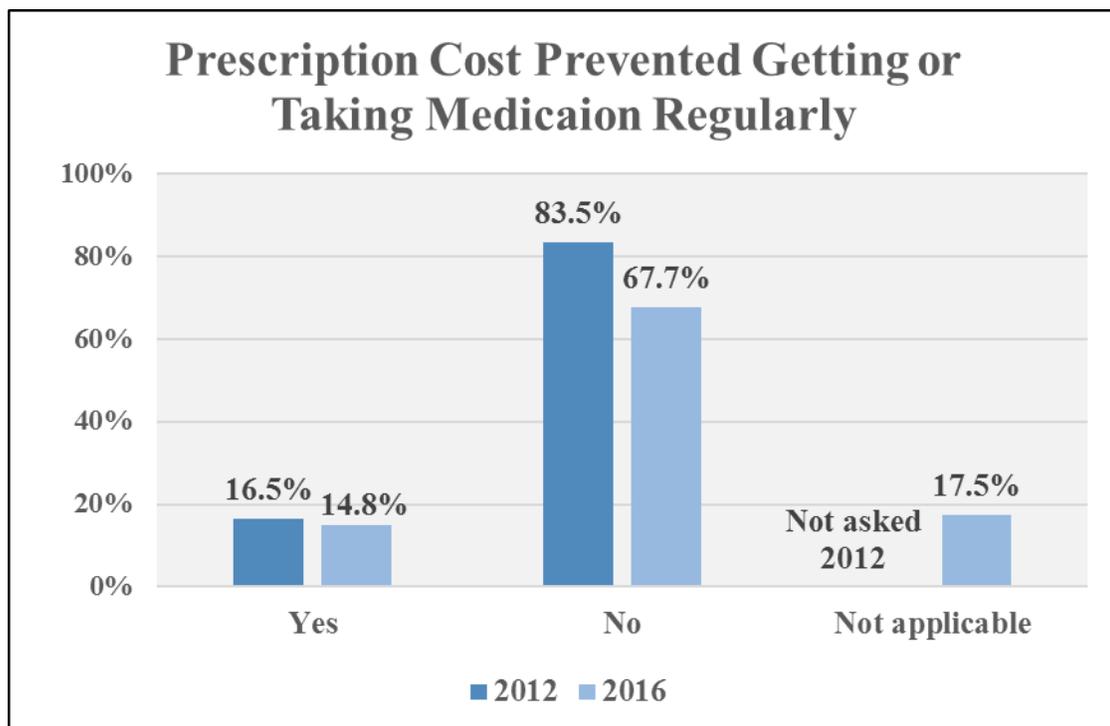
Survey Findings – Cost and Health Insurance

Cost and Prescription Medications (Question 27)

2016 N= 183

2012 N= 206

Respondents were asked to indicate if, during the last year, medication costs had prohibited them from getting a prescription or taking their medication regularly. Fifteen percent of respondents (n=27) indicated that, in the last year, cost had prohibited them from getting a prescription or taking their medication regularly. Sixty-eight percent of respondents (n=124) indicated that cost had not prohibited them from getting or taking their medication regularly and 17.5% (n=32) indicated it was not applicable.



“Other” comments:

- No pharmaceuticals, no alcohol

Medical Insurance (Question 28)

2016 N= 155

2012 N= 169

Respondents were asked to indicate what type of medical insurance covers the majority of their medical expenses. Thirty-five percent (n=54) indicated they have “Employer sponsored” coverage. Twenty-eight percent (n=44) indicated they have “Medicare” followed by “Private insurance/private plan” and “Health Insurance Marketplace” by 8.4% of respondents (n=13 each).

Insurance Type	2012		2016	
	Count	Percent	Count	Percent
Employer sponsored	66	39.1%	54	34.8%
Medicare	45	26.6%	44	28.4%
Private insurance/private plan	25	14.8%	13	8.4%
Health Insurance Marketplace	Not asked in 2012		13	8.4%
None/Pay out of pocket	20	11.8%	12	7.7%
Medicaid	3	1.8%	8	5.2%
VA/Military	4	2.4%	5	3.2%
State/Other	2	1.2%	3	1.9%
Health Savings Account	3	1.8%	1	0.6%
Agricultural Corp. Paid	0	0	0	0
Indian Health	0	0	0	0
Healthy MT Kids	Not asked in 2012		0	0
Other	1	0.6%	2	1.3%
TOTAL	169	100%	155	100%

“Other” comments:

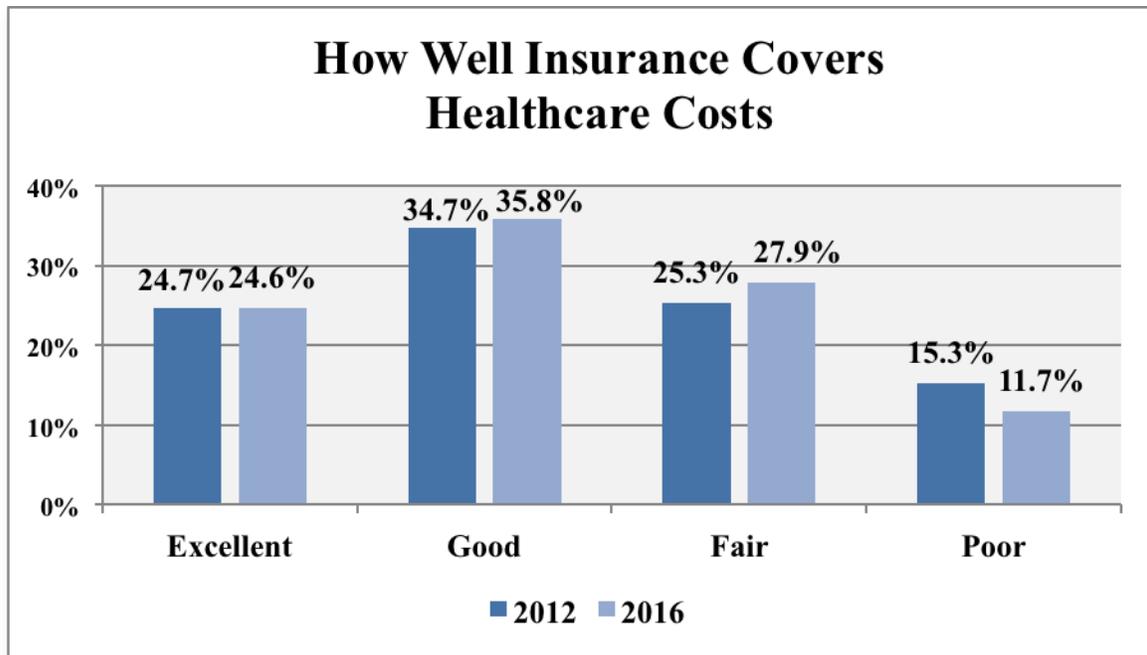
- BlueCross BlueShield (7)
- Aflac
- GHIA
- Worker’s comp
- Employer sponsored but I pay full amount
- United Healthcare
- Want perfect health, not services
- Slide

Insurance and Healthcare Costs (Question 29)

2016 N= 179

2012 N= 190

Respondents were asked to indicate how well they felt their health insurance covers their healthcare costs. Thirty-six percent of respondents (n=64) indicated they felt their insurance covers a “Good” amount of their healthcare costs. Twenty-eight percent of respondents (n=50) indicated they felt their insurance is “Fair” and 24.6% (n=44) felt their insurance coverage was “Excellent.”



“Other” comments:

- I have none
- Good when you can get a specialist to see you

Barriers to Having Health Insurance (Question 30)

2016 N= 12

Those respondents who indicated they did not have medical insurance were asked to indicate why they did not. Sixty-seven percent (n=8) reported they did not have health insurance because they could not afford to pay for it. Respondents were asked to mark all answers that applied, thus the percentages do not equal 100%.

Reason	Count	Percent
Cannot afford to pay for medical insurance	8	66.7%
Choose not to have medical insurance	4	33.3%
Employer does not offer insurance	1	8.3%
Other	1	8.3%

“Other” comments:

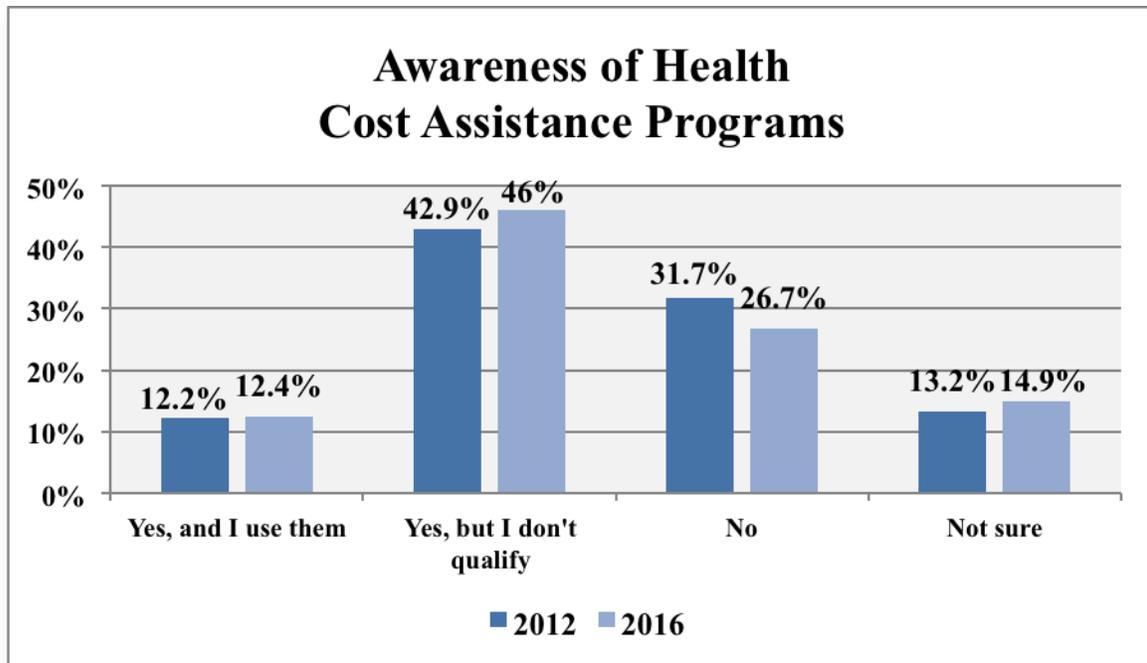
- N/A
- I am 84, healthy and on Medicare & Medicaid
- Was told I don't make enough money to have subsidized insurance
- VA takes care of me somewhat
- Does not cover the treatments I prefer
- Adult daughter has muscular dystrophy and keeps getting denied for Medicaid
- Partially “covered” by VA

Awareness of Health Payment Programs (Question 31)

2016 N= 161

2012 N= 205

Respondents were asked to indicate their awareness of programs that help people pay for healthcare bills. Forty-six percent of respondents (n=74) indicated they were aware of these types of programs, but did not qualify to utilize them. Twenty-seven percent (n=43) indicated that they were not aware of these programs and 14.9% of respondents (n=24) indicated they were unsure.



“Other” comments:

- CHP [Community Health Partners], but I found their doctors locally of little use
- Nobody told me when I retired

VI. Focus Group & Key Informant Interview Methodology

Two focus groups were held January and February of 2016. Focus group participants were identified as people living in Livingston HealthCare's service area. Additionally, one key informant interview was conducted in Gardiner, MT with Juanita Bueter, RN, who is the School and Public Health Nurse. Key informant interview questions can be found in Appendix F.

Fourteen people participated in the focus group and key informant interviews. The focus groups were designed to represent various consumer groups of healthcare including senior citizens and local community members. The focus groups were held in Livingston at the Senior Center and Katabatic Brewery. The focus group meetings lasted approximately 90 minutes and the questions can be found Appendix F. The questions and discussion was led by Angela Bangs with the Montana Office of Rural Health.

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

VII. Focus Group and Key Informant Interview Findings

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

Improve health of the community

- A need for more education and awareness about resources in the community.
- Helping children embrace healthier lifestyles.
- Community members feel that a new overpass would improve access to the hospital.

Most important local healthcare issues

- Mental health and substance abuse was a major concern for community members.
- Community members were concerned about the location of the new hospital and feel that transportation will become an issue.
- A need for more walking paths and opportunities for physical activity was identified.
- A need for more low-income housing specific to seniors was identified.

Opinion of hospital services

- Community member love the new facility and feel that it has improved quality of care and will make the community a healthier place to live.
- Participants feel that there are a large number of services considering the size of the town.
- The services offered are meeting the needs of the community.

Opinion of local providers

- Participants utilize local providers because they feel that they are being well taken care of.
- Community members are comfortable with the local providers.
- Quality of care is viewed as excellent.

Opinion of local services

- People have had positive and negative experiences with the emergency room.
- Ambulance services are viewed as excellent.
- Participants have no complaints about the local pharmacy but feel there is a need for a new one that is closer to the hospital.

Reasons to leave the community for healthcare

- Participants stay local when services are available. They leave the community when referred for specialty care or if the needed service is not available locally.

Needed healthcare services in the community

- Mental health and substance abuse services.
- More assisted living options.
- Transportation assistance.

VIII. Summary

One hundred eighty-eight surveys were completed in Livingston HealthCare's service area for a 25% response rate. Of the 188 returned, 61.7% of the respondents were females, 65.8% were 56 years of age or older, and 40.3% work full time.

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".

Over half of the respondents (56.7%) feel the Livingston area is a "Somewhat healthy" place to live. Respondents indicated their top three health concerns were: "Alcohol/substance abuse" (63.8%), "Suicide" (34%) and "Depression/anxiety" (30.3%). Additionally, significantly more survey respondents felt that depression/anxiety was a concern in 2016 than in 2012

Many respondents (54.3%) selected "Access to health care and other services" as the most important component of a healthy community, however access to services is significantly less important than in 2013. Respondents' top three choices regarding ways to improve the community's access to healthcare services were: "More affordable healthcare" (70.7%), "Outpatient services expanded hours" (35.1%), and "Greater health education services" (35.1%). Significantly more 2016 respondents indicated "Greater health education services" would improve the community access to health care services than in previous surveys.

When respondents were asked which health related educational programs or classes they would be most interested in, the top choices were: "Aging services" (37.2%), "Veterans programs" (34%), and "Mental health services" (33%). This echoes the portion of respondents (36.7%) who indicated that "Healthy behaviors and lifestyles" was an important component of a healthy community.

Overall, the respondents within Livingston HealthCare's service area appeared to have favorable opinions of the services with most praising the care received. Participants were appreciative of the care available, while also indicating the importance of having a local healthcare facility. Participants also identified additional services or needs.

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

The community steering committee, comprised of staff leaders from Livingston HealthCare (LHC) and community members from Park County, convened to begin an implementation planning process to systematically and thoughtfully respond to all issues and opportunities identified through the Community Health Services Development (CHSD) Process.

The community steering committee determined the most important health needs to be addressed by reviewing the CHNA, secondary data, community demographics, and input from representatives representing the broad interest of the community, including those with public health expertise (see Appendix B for additional information regarding input received from community representatives). The prioritized health needs as determined through the assessment process and which the collaborators will be addressing over the next three years relates to the following healthcare issues:

- Mental and Behavioral Health
- Transportation
- Health and Wellness

Livingston HealthCare will determine which needs or opportunities could be addressed considering LHC's needs/opportunities using the additional parameters of the organizational vision, mission, and/or values, as well as existing and potential community partners.

The participants will create goals to achieve through strategies and activities, as well as the general approach to meeting the stated goal (i.e. staff member responsibilities, timeline, potential community partners, anticipated impact(s), and performance/evaluation measures). This plan will be documented and posted along with the CHSD assessment report.

Resources

In prioritizing the health needs of the community, the following list of potential community partners and resources in which to assist in addressing the needs identified in this report was identified. As the steering committee continues to meet, more resources will continue to be identified; therefore, this list is not exhaustive.

- Livingston HealthCare
- Community Health Partners
- Mental Health Center
- Southwest Chemical Dependency
- HRDC
- Park County Public Health Department

X. Evaluation of Activity Impacts from Previous CHNA

Livingston HealthCare approved its previous implementation plan in May 8, 2013. The plan prioritized the following health issues:

Access to Healthcare Services by addressing need for:

- Urgent Care
- Improved Quality
- Specialty Services

The final Implementation Plan update can be found on the Livingston HealthCare website at: https://www.netreturns.biz/Client_Files/livingstonhealthcare/CM/System/Annual%20Update.pdf

Access to Healthcare Services

- Increase number of slots available in clinic for same day services.
 - Measure of success: Provide 4 same-day appointment slots per primary care provider to be available to community members.
 - Update: A project team is meeting on a consistent basis in order to increase the number of same day appointments available. Currently over 53% of patients receive same day appointments, up 10% from a year ago (2014). Several clinical providers several same day appointment slots open until the day of. The addition of the Livingston HealthCare UrgentCare facility in the community has met some of the same day demand.
- Investigate urgent care in the new facility.
 - Measure of success: A decision is reached to provide urgent care within the new facility or not by June 31, 2013. Urgent care model would not be implemented until completion of the new facility, which has an estimated completion date of Spring of 2015.
 - Update: Livingston HealthCare established and opened an Urgent Care Facility in June 2015. This facility is open to the public and provides walk in healthcare 7 days per week and offers services which include x-ray, laboratory studies, immunizations and care for a variety of non-life threatening conditions.
- Livingston HealthCare will consistently be in the top 10% in publicly reported indicators by January 1, 2016.
 - Measure of success: Livingston HealthCare ranks in the top 10% in publicly reported indicators by January 1, 2016.
 - Update: Performance Improvement Director position was created and hired June of 2013. Monthly Quality Improvement Council was established to create and implement ongoing quality improvement plan. Board quality dashboard was created and is being reviewed monthly by Board Quality Committee. A process

was established to conduct reviews on any CMS quality measure outside of evidence based guidelines. Physicians received in-service on evidence based quality measures. Evaluation process changed for all managers/directors on 1/1/14 to include objective quality goals.

- Livingston HealthCare will be in the top 10% in HCAHPS scores by January 1, 2016.
 - Measure of success: Livingston HealthCare ranks in the top 10% in publicly reported indicators by January 1, 2016.
 - Update: Staff received education on HCAHPS process and importance. All nursing staff received training on patient introduction and communication. A plan is currently being implemented to conduct hourly nurse rounding. Nurse managers' evaluations include HCAHPS results. Results of our HCAHPS patient experience results are publically reported and as of March 2016 we rank above the 95th percentile for patients positively rating Livingston HealthCare.
- Increase the local availability of specialists.
 - Measure of success: At least 3 more specialists are available within the local area.
 - Update: Dermatology was added in Fall of 2013, currently trying to increase frequency. ENT services have been evaluated and LHC is discussing opportunity with area physicians – however we have been unable to secure a provider at this time. Pediatrician hired- 8/15/14. Urology outreach services available 5 days per month, Cardiologist is present 5 days per month and we are able to perform stress echo studies. Oculoplastic surgery is offered, a provider specializing in geriatrics will begin employment in August 2016. In addition 2 psychiatrists have been added to the medical staff of Livingston HealthCare.

Appendix A – Steering Committee Members

Steering Committee – Name and Organization Affiliation

1. Michael McCormick – Director, Livingston Food Resource Center
2. Barbra Woodbury- Park County Environmental Health
3. Ashly Holland- SouthWest Chemical Dependency Program
4. Verne Beffert- Park County Special Education Co-op
5. Jessica Wilcox- Food and Nutrition Services Manager, Livingston HealthCare
6. Heather Jurvainen- Park County Public Health
7. Lander Cooney- Community Health Partners
8. Peter D. Fox- Park County Community Foundation
9. Heidi C Barrett- Park County Senior Center
10. Peggy Tombre- Area IV Agency on Aging
11. Deb Brown- Medcor, Yellowstone National Park
12. Ryan Speas- Finance Director, Livingston HealthCare
13. Ashley Peterson- Marketing, Livingston HealthCare
14. Deb Anczak- Performance Improvement Director, Livingston HealthCare
15. Bren Lowe- CEO, Livingston HealthCare

Appendix B – Public Health and Populations Consultation

Public Health and Populations Consultation Worksheet

1. Public Health

- a. Barbra Woodbury, Park County Environmental Health
Heather Jurvakinen, Park County Public Health
Lander Cooney, Community Health Partners (Community Health Center)
Ashly Holland, Southwest Chemical Dependency Services
- b. Date of Consultation
First Steering Committee Meeting: 06/26/2015
- c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
Steering Committee
- d. Input and Recommendations from Consultation
 - Water-how community members access water? Septic system vs. municipal sewer?
How are people disposing of their wastewater?
 - I think the cover letter is very wordy and I think it may put people off from responding. I would suggest streamlining it, less words and more space on the page.
 - The survey as is does not really address medical services that are non-western medicine based i.e. naturopathic care, acupuncture.
 - Suicide is a huge concern in our area.
 - Accidental deaths- drinking, driving, shootings.
 - Domestic violence.
 - Mental health needs.

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

Population: Low-Income, Underinsured

- a. Lander Cooney, Community Health Partners (Community Health Center)
Michael McCormick, Livingston Food Resource Center
- b. Date of Consultation
First Steering Committee Meeting: 06/26/2015
- c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
Steering Committee
- d. Input and Recommendations from Consultation
 - Large income disparities.
 - Need to make sure the survey and cover letter are at the appropriate reading level to make this survey accessible to everyone.

- Children's services – pediatric, obesity, healthy foods, affordable childcare, disability services, abuse/neglect, mental health.
- Access to healthy foods.

Population: Youth

- a. Verne Beffert, Park County Special Education Co-op
Heather Jurvainen, Park County Public Health
Michael McCormick, Livingston Food Resource Center
- b. Date of Consultation
First Steering Committee Meeting: 06/26/2015
- c. Type of Consultation (Interview, Steering Committee, Focus Group, etc.)
Steering Committee
- d. Input and Recommendations from Consultation
 - What children's services are needed in our community? Do people feel they have access to pediatric services of all types? How are the available services?
 - Consistent and affordable access to healthy foods.
 - Affordable childcare.

Appendix C – Survey Cover Letter



February 17, 2016

Dear Resident:

Please participate in our Community Health Needs Assessment survey and have a chance to WIN a \$100 Visa gift card or one of two \$50 Visa gift cards!

This letter and survey concern the future of healthcare in Livingston, MT and the surrounding area. By completing the enclosed survey, you will help guide Livingston HealthCare in developing comprehensive and affordable healthcare services to our area residents. Your help will be critical in determining the community's perception of local healthcare services and identifying important issues.

Your name was selected at random and your identity and answers will remain anonymous.

Please note that we cannot guarantee confidentiality for any information that you choose to share with others in your community. While you may not receive any direct benefit for participating, we believe that this survey will contribute to the improvement of healthcare services in our community. Participating in this survey is completely voluntary. Even if you decide to complete the enclosed survey, you may change your mind and stop at any time or choose to not answer any given question.

Livingston HealthCare is participating in the Community Health Services Development (CHSD) process, which includes community-based surveys to identify health needs in the community as well as gain community member's input on perceptions of health in the community. The Montana Office of Rural Health will be assisting us in completing this survey process.

Once you complete your survey, simply return it **AND ONE** of the raffle tickets in the enclosed self-addressed, postage paid envelope postmarked by **March 30, 2016.** **Keep the other raffle ticket in a safe place.**

The winning raffle ticket number will be announced on the Livingston HealthCare's website at: <http://www.livingstonhealthcare.org/> and on the Livingston HealthCare Facebook page: <https://www.facebook.com/livingstonhealth> on **April 12, 2016.**

Your response is very important to Livingston HealthCare because your comments will represent others in the area and will help guide us in planning responsive and high quality local healthcare services for the future. Even if you do not use healthcare services through Livingston HealthCare, your input is still helpful and will benefit our community. We know your time is valuable so we have made every effort to keep the survey brief – it should take less than 15 minutes to complete. Your help is much appreciated in responding to this survey and we are offering you this chance to win a \$100 Visa gift card or one of two \$50 Visa gift cards as a thank you for completing the enclosed survey.

All survey responses will go to the National Rural Health Resource Center in Duluth, Minnesota, the organization that is assisting with this project. If you have any questions about the survey, please call the Montana Office of Rural Health at 406-994-6001.

Thank you for your assistance. We appreciate your effort.

Sincerely,

A handwritten signature in cursive script that reads "Bren Lowe".

Bren Lowe, CEO

Livingston HealthCare | 320 Alpenglow Lane, Livingston, MT 59047 | 406.222.3541

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 not to answer any question that you do not want to answer and can stop at any time.**

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

- Very healthy Healthy Somewhat healthy Unhealthy Very unhealthy

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

(Select ONLY 3 that apply)

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

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

(Select ONLY 3 that apply)

- | | |
|---|--|
| <input type="radio"/> Access to healthcare and other services | <input type="radio"/> Low crime/safe neighborhoods |
| <input type="radio"/> Access to healthy food | <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"/> Clean environment | <input type="radio"/> Religious or spiritual values |
| <input type="radio"/> Community involvement | <input type="radio"/> Strong family life |
| <input type="radio"/> Good jobs and a healthy economy | <input type="radio"/> Tolerance for diversity |
| <input type="radio"/> Good schools | <input type="radio"/> Other _____ |
| <input type="radio"/> Healthy behaviors and lifestyles | |

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

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

5. What health/wellness services do you feel are lacking in our community? (Select all that apply)

- Aging services
- Early childhood education programs
- Retirement community
- Cancer support group
- Mental health services
- Veterans programs
- Community center
- Obesity programs
- Other _____

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

- Bozeman Daily Chronicle
- Livingston Enterprise
- Radio
- Community education
- Mailings/newsletter
- Word of mouth/reputation
- Friends/family
- Park Co. Community Journal
- Website/internet
- Healthcare provider
- Presentations
- Other _____
- Living Well publication
- Public Health Office

7. How do you rate your knowledge of the health services that are available at Livingston HealthCare?

- Excellent
- Good
- Fair
- Poor

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

- Alcohol/substance abuse
- Health and wellness
- Prenatal
- Alzheimer's
- Heart disease
- Tobacco cessation
- Cancer
- Living will/advanced directive
- Support groups
- Diabetes
- Men's health
- Weight loss
- First aid/CPR
- Mental health
- Women's health
- Fitness
- Nutrition
- Other _____
- Grief counseling
- Parenting

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

- Chemical dependency services
- Pharmacy
- Community Health Partners
- Park Co. Health Department
- Dentist
- Senior Center/Area IV Agency on Aging
- Mammoth Clinic
- Shields Valley Health Center
- Mental health providers
- Urgent Care
- MT Quit Line
- Other _____
- Naturopath/chiropractor

10. 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 #12)

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

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

12. In the past three years, has anyone in your household received care in a hospital? (i.e. hospitalized overnight, day surgery, obstetrical care (had a baby), rehabilitation, radiology (x-ray, CAT scan, MRI etc.) or emergency care)

- Yes No (If no, skip to question #15)

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

- | | |
|--|---|
| <input type="radio"/> Livingston HealthCare | <input type="radio"/> Pioneer Medical Center (Big Timber) |
| <input type="radio"/> Bozeman Health | <input type="radio"/> VA |
| <input type="radio"/> Billings Clinic | <input type="radio"/> Other _____ |
| <input type="radio"/> St. Vincent Healthcare | |

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

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

15. Which of the following preventative services have you or a household member used in the past year? (Select all that apply)

- | | | |
|--|--|---|
| <input type="radio"/> Blood screen/panel | <input type="radio"/> Mammography | <input type="radio"/> Routine health checkup |
| <input type="radio"/> Children's checkup/Well baby | <input type="radio"/> Pap smear | <input type="radio"/> Vaccines (flu/shingles/pneumonia/HPV) |
| <input type="radio"/> Cholesterol check | <input type="radio"/> Prostate (PSA) | <input type="radio"/> None |
| <input type="radio"/> Colonoscopy | <input type="radio"/> Routine blood pressure | <input type="radio"/> Other _____ |

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

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

17. Where was that primary healthcare provider that you see most often located? (Please select only ONE)

- Livingston Mammoth/Gardiner Bozeman Other _____
 Shields Valley Big Timber Billings

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

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

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

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

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

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

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

- Livingston HealthCare Billings Clinic Pioneer Medical Center (Big Timber)
 Bozeman Health St Vincent Healthcare VA Other _____

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

- Excellent Good Fair Poor

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

- Cannot afford to pay for medical insurance Choose not to have medical insurance
 Employer does not offer insurance Other _____

31. 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

Demographics

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

32. Where do you currently live by zip code?

- 59047 Livingston 59018 Clyde Park 59027 Emigrant
 59030 Gardiner 59086 Wilsall 59065 Pray
 59081 Cooke City/Silver Gate 59082 Springdale Other _____

33. What is your gender? Male Female

34. What age range represents you?

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

35. What is your employment status?

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

Please return in the postage paid envelope enclosed with this survey or mail to:
National Rural Health Resource Center, 525 S Lake Ave Suite 320, Duluth, MN 55802

THANK YOU VERY MUCH FOR YOUR TIME

Please note that all information will remain confidential



05B

Page 6



Appendix E – Responses to Other and Comments

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

- Poverty (2)
- Insurance costs (2)
- No control or inner strength
- Lack of access to alternative health care

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

- Activities for adults
- Mental health services
- Access to alternative health care
- Enjoying to work
- Lose weight
- Zoning laws incorporation
- Water supply with no chemicals
- Improve, enlarge parks and recreation programs

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

- More trusted/Quality providers (4)
- Alternative health practitioners, education (acupuncture, herbalism, etc.) (3)
- More than one pediatrician
- Transportation since the hospital and doctors moved out of town
- Local and intensive care, especially for veterans
- Better insurance plans
- Lower cost
- Better paying and more jobs
- More complete city parks
- Mentoring
- Monitoring
- All good

5. What health/wellness services do you feel are lacking in our community?

- Access to alternative medicine and healthcare practitioners (3)
- Stroke survivors & caregivers (2)
- Don't really know availability of services
- Dermatologist
- Endocrinology
- School P.E. programs
- Youth services
- Child care facilities
- Special education facilities
- Parenting programs

- Activities for adults
- Discount annual checkups
- Alcohol/substance abuse services
- Indoor winter activities
- Swimming/Lap pool
- Outreach programs for Gardiner, MT
- Wellness services

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

- Occupation/Employed by health system (3)
- Employer (2)
- Health insurance company
- Highway billboards
- Farmers market
- Facebook
- Natural Life News and Directory Magazine
- I find them
- I don't

8. If any of the following classes/programs were made available in Park County, which would you be most interested in attending?

- Screenings
- Infant CPR
- Swimming/lap pool

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

- Hearing aids & hearing testing
- Eye exams for glaucoma & macular degeneration
- Doctor of Oriental Medicine
- Orthodontist
- Physical therapy
- V.A.
- WIC [Women, Infants, and Children] office in Bozeman
- Could not drive 100 miles round trip to attend. Outreach programs to small towns highly needed
- None

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

- Some doctors are not qualified
- Received what I thought were excessive charges for x-rays
- No doctors working full time
- Us seniors feel Billings is not responsive
- Phone calls not returned

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

- Northern MI hospital
- Emergency North Dakota
- Chemotherapy
- Rocky Mountain Surgery Center
- Primary Children's Hospital
- Children's Hospital Colorado
- Mayo Clinic

14. Thinking about the hospital you or a household member were at most frequently, what were the **three** most important reasons for selecting that hospital?

- Only specialist available (3)
- Services unavailable in Livingston (2)
- Quality
- Personal patient care and efficiency
- Doctor was in the ER
- HIPAA compliance
- I work there
- Doctors scheduled us there
- Respectful of poor
- Moved here 3 years ago from Billings. I am used to their services

15. Which of the following preventative services has you or household member used in the past year?

- My preventative services were received in Bozeman
- Medication consultation with primary care provider
- INR [International Normalized Ratio] check
- Live blood cell analysis-Bozeman
- Acupuncture
- Chiropractor
- Massage
- Allergy shots

17. Where was that primary care provider located?

- VA Bozeman
- Go to CHP [Community Health Partners]
- Denver

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

- Reputation (4)
- Chose doctor 20+ years ago (2)
- Not much choice
- Personal physician
- It is the only one I trust
- Low income
- Get blood test, appointment, and result at same location
- Colleague

20. What type of healthcare specialist was seen?

- Eye exam & care
- Gallbladder surgery
- Optometrist
- Vein doctor
- Kidney
- Acupuncture
- Tetanus shot
- Chemotherapy
- Oral surgeon
- MRI

21. Where was the healthcare specialist seen?

- Livingston (10)
- Bozeman (5)
- Private clinic (5)
- Bozeman Specialist (4)
- Non-specific (3)
- Livingston Specialist (2)
- Seattle (2)
- Park County chiropractic (2)
- Big Sky Dermatology (2)
- Denver, CO (2)
- Great Falls
- Missoula
- Salt Lake City
- Gardiner
- Mayo Clinic
- Granite P.T.
- Yellowstone Physical Therapy
- Primary Children's Hospital
- Bozeman & Helena VA

- Belgrade Dental
- Yellowstone Dental
- Oregon, family member is a dentist
- Dentist
- Billings Private Podiatrist & Surgery
- Granite Sports Medicine
- Pure Dermatology
- Bridger ENT
- Northern MI Hospital
- Bridger orthopedic
- Southwest Chemical Dependency

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

- None (4)
- Naturopathy (2)
- Cancer check
- Swimming/lap pool
- Sleep doctor
- Vein doctor
- Women's health
- Neurologist
- Oncology
- Pediatric Cardiologist
- Mammography
- Orthopedic surgeon
- Doctors for children
- Food quality activists needed
- Endocrinology
- Lung doctor
- Dermatologist

23. The following services are available at Livingston HealthCare. Please rate the overall quality for each service.

- I won't use anything here

24. In your opinion, how does the new Livingston HealthCare medical campus affect healthcare services in Park County?

- It used to be community owned and managed

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

- Daily
- Hatha yoga daily

27. Has cost prohibited you from getting a prescription or taking your medication regularly?
- No pharmaceuticals, no alcohol
28. What type of medical insurance covers the **majority** of your household's medical expenses?
- BlueCross BlueShield (7)
 - Aflac
 - GHIA
 - Worker's comp
 - Employer sponsored but I pay full amount
 - United Healthcare
 - Want perfect health, not services
 - Slide
29. How well do you feel your health insurance covers your healthcare costs?
- I have none
 - Good when you can get a specialist to see you
30. If you do NOT have medical insurance, why?
- N/A
 - I am 84, healthy and on Medicare & Medicaid
 - Was told I don't make enough money to have subsidized insurance
 - VA takes care of me somewhat
 - Does not cover the treatments I prefer
 - Adult daughter has muscular dystrophy and keeps getting denied for Medicaid
 - Partially "covered" by VA
31. Are you aware of programs that help people pay for healthcare expenses?
- CHP [Community Health Partners], but I found their doctors locally of little use
 - Nobody told me when I retired
35. What is your employment status?
- Homemaker (3)
 - Self-employed (2)
 - Disabled
 - Semi-retired, small business owner
 - Trying to get my health up so I can get back on the workforce

Appendix F – Key Informant Interview & Focus Group Questions

Key Informant Interview

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

Focus Groups

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 healthcare issues? (Probe question: What do you think are the biggest issues facing local healthcare services?)
3. We are now going to ask you for your views about the hospital. What do you think of the hospital in terms of:
 - Quality of care
 - Number of services
 - Hospital staff (style of care, competence)
 - Hospital board and leadership (good leaders, trustworthy)
 - Business office
 - Condition of facility and equipment
 - Financial health of the hospital
 - Cost
 - Office/clinic staff
 - Availability
4. Are any of the local providers your personal provider or personal provider to your family members? Why?
5. What do you think about these local services:
 - Emergency Room
 - Ambulance service
 - Healthcare services for Senior Citizens
 - Public/County Health Department
 - Healthcare services for low-income individuals/families

- Nursing Home/Assisted Living Facility
- Pharmacy

6. Why might people leave the community for healthcare?

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

Appendix G –Key Informant Interview Notes, Focus Group & Information Interview

Key Informant Interview

Gardiner, Montana 01/11/15

Juanita Bueter, RN – School and Public Health Nurse

1. What would make your community a healthier place to live?
 - So being in a school I tend to focus on education and how we can help these students before they leave; from tobacco prevention to STDs. I'm on Montana school Nurses association and there is a meeting coming up with everybody. So it seems like one big area to make a community healthier is to start with children. We need to really help them embrace this healthy life style. A big reason of why I am there is because I am a school nurse- there is a huge component here. I do think locally in Park County, we need fast injury prevention, we need to get people connected to their health care. They need to utilize it. Oral health in the number one preventable thing, we know everything about oral health. So how do we get started? It is with our children. Once a month we get together with Dr. Reed for a training session (a pediatrician) if we are looking at the future how are we going to get our kids to embrace healthier lives? A huge part of this is in schools. Pediatric Ready Hospital- concept is to make sure that hospitals are ready for a small child when they are sick. Helping small hospitals be prepared for children. Need the correct equipment and training. This a big part of it. I know children aren't your biggest demographic.
 - **SCHOOL NURSES.** Administrative staff don't have time to figure out what's going on. Children are our future but we need to get them to understand how to take care of themselves.
 - The tricky thing with children is that everything is different when we went to schools. I am not saying it is all social media. Some of those things that are happening across the nation are happening here. How can we help them understand when they need to get help for a friend (for drug use etc.) Smoking, pregnancy, some of the things that kids used to struggle with seem a little bit resolved. A lot of kids go to Bozeman for Bridger Care. They are pretty sexually active and they are using those services.
 - When you get to the younger group they are still reliant on parents and they still use the family practitioners.
 - Reproductive, drugs, alcohol it all comes back to mental health. It really comes down to how we let the community know about it. Letting the community know that mental health services are available, and how we pay for it.
 - How mental health services are covered is a problem. It seems that kids who have medical injury and mental illness who don't have medical help (insurance) tend to really need the school intervention.

- Some of those resources that are in Livingston but know we need to get people to these services. Like transportation services? Also when people spend a day at the hospital it's a day that they don't get paid.
 - Mammoth clinic is a great clinic for people who have transportation issues but people also say "I can't go there, it's too expensive" I feel that people want to go to Livingston because it is cheaper. Mammoth tends to be used more for urgent care. Hours are longer. Students can still use after school. Being able to facilitate transportation to your physicians seems like a huge deal. Getting people there would be a wealth.
 - I know you guys have physical therapy and those services are utilized a lot. They can have their care right here.
 - Dental is a really tricky thing. It's not really a hospital thing. It's just not that easy for folks to go. Seems like something even on an intermittent basis would be good.
 - We have the big bear stampede after a young community member took his life, his family formed it to prevent something like this from ever happening again. NPR considered having all junior high students being evaluated. Just bringing the conversation up would help. Make all the parents talk about it. 1/3 of the time in suicides parents have no idea that their child is depressed. Just have the screening and bring awareness, just starting the conversation would be good. It's such a huge issue that the money to support it has to be there, Even just from ER visits, if we could just prevent those it would be a huge deal. 4 to 5 hours of training for our schools (teachers, lunch ladies, everyone). Sometimes they relate to different people. It could even be the custodian. Everyone who is in contact with these students has to have this training. Everyone is responsible in preventing these catastrophic incidents.
 - Mental health first aid a youth version. Like CPR training. The focus of this class 30 years ago was if we could just get people to recognize a heart attack. Mental health is the same way. If we can just catch it sooner we can save more lives. We have to do something for the community with mental health. We have to get them to the appropriate providers.
 - Vaccinations, we are nowhere where we need to be and school nurses could really help with this. We could remind kids and parents when they need boosters or new shots. Recognizing that vaccinations are for adults and children. School nurses there is so much more with the interaction between child, parent and school nurse. One more contact opportunity where we can educate.
 - When kids feel good they stay in school. Bottom line is graduation matters.
 - Schools are a huge opportunity to reach the most people.
2. What do you think are the most important local healthcare issues?
- having the provider, getting them there (transportation) and making sure they know what the resources are. It seems like a long way away and this seems like a huge barrier. People need to communicate. People have no idea who I am and they just start talking to me because they don't know what to do. We need to help them understand how it all works. If you can't afford

it, it's really tough to make time to do something. We do physical screenings for sports but we should also do mental health screenings.

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

- I mentioned the dental.
- WIC what are we doing here??? If I wanted to enroll in WIC I would never do it and I have a car. There are all sorts of barriers to get in there. You have to go to Livingston to get food, you can't even get the food here! We need to go to the food pantry for a focus group cause that's when it happens. When we know that the time before their five is so critical and if the program has money the how do we help mothers access it.
- Counseling services. Maybe one of the psychiatrists from Livingston could come. Financially it's hard. We need a counselor who will accept Medicaid. I think that even having the acknowledgement that Livingston supports mental health care. We need a revitalization of people's concept of what mental health is. Some people only go to Bozeman and that is their choice. This is a great time to get a few things that were never there (in the Livingston hospital.)
- Public health sector wants to help promote all that you guys have to offer. There is no reason why Park County has to have such terrible statistics.
- For Cook city I always make sure to include them because they are still human beings. Cardiac Ready grant- trying to get people trained on the Lucas devices. Does require community member involvement. Helping people to realize "calling sooner"
- We need a senior center. Even like a thing once a week.

Livingston – Focus Group #1

Tuesday, January 12 – 10:30 am – Senior Center – Livingston, MT

5 people- 3 male, 2 female

1. What would make this community a healthier place to live?
 - A combination of two things. We need a new overpass. Getting through the tracks or under/ over the tracks is a barrier. With all the population over the tracks it would be nice to even have a pharmacy over there.
 - We live on that side and it is scary over there.
 - We have an over/ under the tracks pass and if the train is going the only way to get into town is the over pass. The city has been talking about this forever.
 - It's been a real big issue for about ten years. We've been trying to get the funding for it. The basic engineering and planning is all done. A lot of the growth is happening across the tracks. We need a pass on the east side of town too cause a lot of time that side is blocked too.
 - It's important for emergency. Otherwise it's just an inconvenience
 - Mental health services are slowly diminishing and going away.
 - We need a detox. There is nowhere for people to go besides the hospital ER and they are often turned away. It really causes a lot of unnecessary use of the ER and Hospital services.
 - Is anything being done to include holistic medicine to integrate into our medical system ie; acupuncture?
 - My friend died because he was being treating for his symptoms and not the actual cause of the problem.
 - We need to address treating causes not just the symptoms (perhaps by integrating holistic with traditional medicine).

2. What do you think are the most important local healthcare issues?
 - Access to care on the North side of town.
 - Smoking cessation.
 - And we need more walking paths. We need to get kids outside running around
 - The building up there that needs to be torn down. Maybe it could be a parking lot and people could walk from there.
 - There are a lot of places we could have group parking. This is a problem with any old town.
 - This is a big problem for the senior center. People can't get close because of the parking. And we are an aging community. We struggle to keep our membership here because people can't get close enough to the center.
 - If you want to stay and play a game (at the senior center) you can't because you have to go move your car every two hours.
 - Maybe member could have a parking pass for the senior center.
 - Transportation out to the new hospital is an issue. Expanding Angel Line so it is more accessible to everyone. And extending it to go to pharmacies.

- Maybe we could have a shuttle. The taxi takes way too long to get to places. If they are prompt it's amazing.
- The shuttle could take anyone to the hospital who has an appointment... anybody.
- The speed limit is way too high by the hospital. People coming out of there are elderly and people better floor it so they don't get hit. Somebody is going to get killed.
 - They need a light or something there.

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

Quality of Care

- It's only been in operation for a few month, it's hard to tell.
- I think it has improved. I think this is a boom for our community.
- Having everything in one place will help everyone.
- Just the fact that it is a newer facility makes for a healthier community and better quality of care.
- You can have everything in one place. You don't have to go across town.

Number of Services

- I think it's improved. The oncology infusion, I don't know where it was before. We have a doctor from Billings who comes and he's taking patients. Our needs are being met.
- We are getting new doctors and this is meeting our needs.

Hospital Staff

- I have no complaints with it... So far.
- They are knowledgeable and polite.
- My doctor is never in a hurry and I really appreciate that. He asks me how I am, How is life etc. He takes time to address me as a human being instead of an illness. I think with the whole intern program everyone is doing that. Going to the hospital is scary, and the hospital is big and new and having someone ask you how you are doing really takes an edge off. This all comes from the top down. My friend went to the ER the other day and a couple days later she got a follow up call to ask how she was. That's huge. This is the business of medicine not the medicine business.
- When you do blood work they send you the results so you know what's going on.

Hospital Board and Leadership

- The board and leadership is why we have that facility. It wouldn't be there without the vision.
- David Stanley and all these people said we can do this and damn they did. They did it for us and the community and it is a legacy that is outstanding.
- I agree. Livingston can be a difficult community. If you let they nay-sayers rule then nothing will ever get done.

Business Office

- I've never talked to them.
- My experience is there are people who want to come in a pay a bill. There are 4 ladies who take care of that and they stop everything to help patients. Nobody likes paying bills but when the people are nice it makes it a good experience.

Condition of Facility and Equipment

- Great (no complaints)
- It's a wonderful place. I love the art. It's made for people to feel comfortable, and that's the point of health care.

Financial Health of the Hospital

- No idea.

Cost

- Don't know.
- Medicare and my supplemental take care of it all.
- I had a major medical event, and you owe 100,000 dollars and you say I'll give you \$50 a month and they say "ok" and that's really helpful.
- They don't hound you to pay more.
- My bill got turned over to the collections agency so I do get hounded.

Office/Clinic Staff

- No complaints.
- We love the greeter.
- You spend five minutes waiting at the most.
- They know what they are doing.

Availability

- They try to work you in.
- I've seen people be an hour late and they still get them in
- My doctor is pretty booked but his nurse is authorized to try to get you in and she will do it.
- If it's something that should be addressed immediately they will work you in.
- They give you a list of other doctors to fall back on without having to go to the ER.

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

- (All yes)
- They are available.
- I have confidence in my doctors.
- There are some things that we have to go to Bozeman for, but if doctors here are available I go here.

- They don't seem at all reluctant to refer you. If something needs to be done they make arrangements with other hospitals.
- They don't have an ego about it.

5. What do you think about these local services:

Emergency Room
(No Comments)

Ambulance Service

- Haven't heard complaints.

Healthcare Services for Senior Citizens

- We don't have doctors here who won't take you because of Medicare. I have never run into that here.
- They lose money on Medicare patients.

Public/County Health Department

- We are working on growing and we are working on providing more services.

Healthcare Services for Low-Income Individuals/Families

- Montana is pretty generous with that. They are very helpful.

Nursing Home/Assisted Living Facility

- I'm living here at the senior center and it's good.
- We may be getting a low income and senior housing.
- We need more low income housing for seniors and everyone. There is always a long waiting list and they are not in the best condition.
- Nursing homes and assisted living- we've got some pretty good ones and some that are not so good. Caslen's is a relatively new facility and it seems to be a bit cleaner and upscale.
- Frontier was an old hospital and those people work really hard to take care of people but it's not the happiest place in the world to be.
- Evergreen- my experience with them has not been very good.
 - It's a place to die, not a place to live.
- I've noticed ever since I've had my parents with me, the whole nursing home system has changed so much because there are all these levels of care. Assisted living can be having someone clean for you all the way to full on medical care. Other places are just an apartment.
 - Others just have meals and it is their choice if they want to come.
- I don't think we have an Alzheimer facility.
 - They used to at Caslen's. But I know most people go to Bozeman.

Pharmacy

- No complaints.
 - I'm seeing some cost increase. My complaint is trying to figure out the best company for the deal. When you find out that your deductible is so high and you have to pay a monthly price too, that's tough.
 - But my pharmacy they know you by name and they are really quick
 - Here I get charged \$3 for the same product and in Bozeman I pay \$10. I can't figure out why the same company would charge different prices.
 - The pharmacy is our neighbor and that makes a difference.
 - All the pharmacies are on the opposite side of town of the hospital, and it can be difficult to get across town, because wind, ice, no gas etc.
 - Why don't we have something that runs from one end of town to the other so people can access the hospital and pharmacy?
 - A couple of places deliver medicines.
 - I keep thinking that a pharmacy is going to move out there (by the hospital).
6. Why might people leave the community for healthcare?
- For specialist.
 - Also people may be coming here for the same reasons. This hospital is for the region. Any one facility cannot do everything.
 - I went to billings for my heart.
 - Younger people have gone to Bozeman for some kinds of healthcare. Maybe it's because they went to school there and they already have a doctor there.
7. What other healthcare services are needed in the community?
- Dermatologist.
 - I think it's pretty well covered.
 - We keep coming back to this but transportation. It's a long way to walk in that wind if you have to walk.
 - We have a problem with Part D in the hospital pharmacy.

Focus Group #2

Thursday, January 14 – 12:00 pm – Katabatic Brewery – Livingston, MT
8 people- 0 male, 8 female

1. What would make this community a healthier place to live?
 - More in-town trails.
 - Better Dog Park.

2. What do you think are the most important local healthcare issues?
 - Substance abuse.
 - I'm an RN and was here for 15 years before I went to elsewhere to work. Now that I'm back, it seems that we are constantly hearing about mental health – we have a whole gambit of areas to look at – if Congress provides more funding then we could take any one of the issues with mental health and the suicide rate and improve on it. I am working with the director at the chemical dependency program and I want to find out if there is anyone from mental health, so we can collaborate.
 - Lack of awareness of information – people need help understanding what resources are available in this community around mental health and substance abuse. People don't know where to go or how to reach out – this community is lacking in awareness.

3. What do you think of the hospital in terms of:
 - Quality of Care
 - Haven't used it, but I'm impressed with the new hospital from what I hear. But, I do hear both sides.
 - I knew some folks who had a pretty bad accident and I'm not sure how we are doing with trauma from an emergency service standpoint, but we are very blessed.
 - It depends on who you interact with. I don't live in Livingston and I know people who have had great experiences and others who don't - so they don't come back. The quality of the provider is very important.

Number of Services

- There seems to be a large number of services for the size of our town. I was impressed with oncology – I think that a lot of people are uncomfortable going over the hill to Bozeman or to Billings, so it's good that people feel comfortable coming here.

Hospital Staff

- I like my PA and her nurse but that is the only person I've interacted with.
- It totally depends on who you see.
- I've had great experiences and not but it depends on who you see.

Hospital Board and Leadership

- I think everybody is glad they did not change the name. I don't know how many people, don't know about the board, so they don't reach out very well. Especially the name change-went out in the newspaper and then people cared not... the best way to do that.

Business Office

- It is getting better it has been bad for a while.
- I think the online option.
- I like that you can pay what you can and it is not a collection agency I did not have insurance and I couldn't pay it all at once but they let me work on it slowly and it got paid a circumstance that a lot of people can appreciate.

Condition of Facility and Equipment

- Brand new.
- Perfect.

Financial Health of the Hospital

- Don't know.
- I think that rural hospital have so much to do with lawmakers and government system so we can look at the future for hospitals because we don't know and it is a difficult thing to understand.

Cost

- I found it to be comparable to most places.

Office/Clinic Staff

- I guess we need to go experience them and then come back.
- I think that when I call in its like with the providers it is a better experience if they act like they care.
- I had family member who made appointments over the phone and the appointments got mixed up but they took the time to rearrange and accommodate to fit them in happened twice.

Availability

- Provider specific too my grandma we couldn't even get into. But if you aren't specifically trying to see someone, it's easy to get in.
- I try to get into my PA so I will just wait until I can get in unless it is emergency.

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

- Yes, it is convenient I didn't want to drive over the hill.
- No, I didn't like the old facility I wanted something nicer and newer and decided to drive.

- No, as an employee it can be awkward because I don't want to see my Doctor on the street.

5. What do you think about these local services:

Emergency Room

- I don't know.
- I have 2 occurrences in last couple years, they were very prompt and I was pleased with them.
- I've had one positive and one negative it depends on the provider are they paying enough attention to what is going on – some ER had to go to training to see what is going on in the bigger areas it depends on who you see unfortunately.

Ambulance Service

- Excellent.

Healthcare Services for Senior Citizens

- Mother in Law is satisfied with Livingston.

Public/County Health Department

- I don't know anything about them.
- I don't know what they do.
- It could go back to community awareness – aside from school nurses I don't know what they are responsible for unless there was an emergency.

Healthcare Services for Low-Income Individuals/Families

- Is that an issue now with the ACA or do more people have access to health insurance now.
- We always refer to CHC with our clients who don't have insurance they love it and can be charged on sliding fee.
- The ability to get to a provider if you can't drive or walk how to you get there we have angel line and a taxi if they answer the phone but not much.

Nursing Home/Assisted Living Facility

- No experiences.
- I live across the street from assisted living it seems great I see people outside on the porch and everybody is nice.

Pharmacy

- Love western drug.
- They have a drive up window! I love it you should use it.

6. Why might people leave the community for healthcare?
- Mostly alternative care not western medicine and Livingston doesn't do that at all no acupuncture or naturopath and my insurance does cover a certain amount of those services so it seems weird that hospitals don't have that in house.
 - I do that too it is hard to find they are starting to merge but aren't there yet.
 - If it is a very serious emergency I live in big timer that you might go to billings if it is super serious because it is a perceived quality of care thing probably because it bigger.
7. What other healthcare services are needed in the community?
- When I came to Livingston in 1972 and then came back in 2011 everything seems so fragmented what we had done prior to that is started a council on aging to focus on elderly and coming back in 2011 I think evidence by the turnout of this meeting this important stuff healthcare is becoming very fragmented people don't seem to be coordinating or collaborating our physicians here are good to make a referrals or ask for consultation if they don't feel comfortable but I think they need more meetings like this.
 - Alternative care would great to have more options in the community so you have choices within the community.
 - I think we could easily have more partnerships and utilize resources but the problem is everybody budgets are tight so they don't want to take on more but if we did together we could accomplish more.
 - I like the monthly bulletin they put out quarterly Living Well with existing doctors and their history.
 - I would like to put kudos to the hospital because of their fall health fair they do every year.

Informational Interview Notes

As of this writing, the Montana Independent Living Project (MILP) is working in conjunction with the University of Montana, the University of Kansas' Research & Training Center on Independent Living, and the University of New Hampshire's Institute on Disability on a Community Engagement Initiative (CEI) in the Livingston community.

The CEI focused on bringing community members and stakeholders together to discuss and prioritize community needs/concerns. Based on the CEI process, the community has developed several coalitions and action plans to address needs in Livingston.

The following key findings and needs emerged from an information interview conducted by Angela Bangs, MORH staff, with Floyd Sparks, Advocacy Specialist of the Montana Independent Living Project.

Challenges present in the community

- The location of the new hospital presents a transportation issue for many community members.
 - There is a concern that the hospital is detaching itself from the community based on its out-of-town location.
 - There were well-connected walking trails between the former hospital and town, but the new hospital appears to be lacking in connector trails into town.
- Community members are appreciative of transportation options available (i.e. Streamline); however, using the Streamline service requires a full day for travel in and out of Bozeman and there are no services available after normal business hours and on the weekends.
- Livingston has many opportunities for community members to be outdoors and be active, but there is no facility available during the colder, winter months.

Based on input and feedback collected during the CEI, the following priorities were set:

- Transportation (to/from the hospital and to/from community events)
- Infrastructure (also includes biking and walking trails throughout town)
- Active Living Opportunities (i.e. indoor recreation center)
- Affordable/Accessible Housing
- Employment (specifically for those with disabilities)

Appendix H – Secondary Data County Profile

Park County
Secondary Data Analysis
September 26, 2012



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

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

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

*Chronic Lower Respiratory Disease

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

Chronic Disease Burden ¹	County	Montana	Nation ^{3,4}
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

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

³Center for Disease Control and Prevention (CDC) (2012)

⁴American 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 ¹	160.8	182.2
Diabetes Per 100,000 population ¹	87.8	115.4
Myocardial Infarction (Heart Attack) Per 100,000 population ¹	186.3	147.3

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

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

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

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

⁵Black, Asian/Pacific Islanders, Hispanic & Non-Hispanic Ancestry

⁶US Census Bureau (2010)

Park County
 Secondary Data Analysis
 September 26, 2012

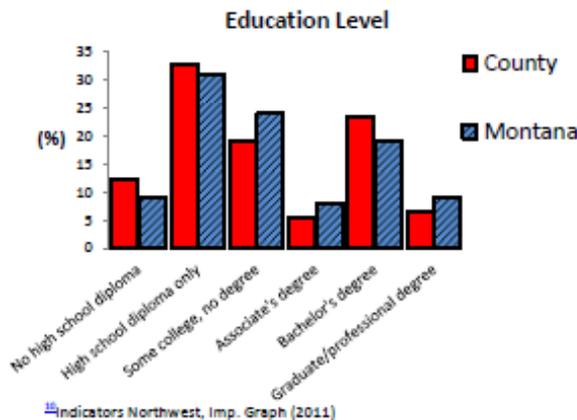
Socioeconomic Measures ¹ (%)	County	Montana	Nation ^{7,8,9}
Median Income ¹	\$40,173	\$43,000	\$51,914
Unemployment Rate ⁷	7.6%	6.3%	7.7%
Persons Below Poverty Level ¹	11.0%	14.0%	13.8%
Uninsured Adults (Age <65) ¹	21.4%	19.0%	18.2%
Uninsured Children (Age <18) ⁸	N/A	11.0%	10.0%

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

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

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

⁹Montana KIDS COUNT (2009)



¹⁰Indicators Northwest, Imp. Graph (2011)



Behavioral Health ^{1,2}	County	Montana
Childhood Immunization Up-To-Date (UTD) % Coverage ^{11,††} Age 24-35 months, population size: 12,075 (% sampled: 35.9%)	26.3%	64.3%
Tobacco Use ²	16.6%	19.3%
Alcohol Use (binge + heavy drinking) ¹	24.0% (Region 4)	22.8%
Obesity ¹	14.6%	21.6%
Overweight ¹	37.2%	37.8%
No Leisure time for physical activity ²	20.8%	20.7%

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

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

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

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

Screening ¹	Region 4	Montana
<i>Cervical Cancer (Pap Test in past 3 yrs)¹</i>	84.1%	83.0%
<i>Breast Cancer (Mammogram in past 2 yrs)¹</i>	72.1%	71.9%
<i>Blood Stool¹</i>	31.5%	25.3%
	<i>Sigmoidoscopy or Colonoscopy¹</i>	54.9%
<i>Diabetic Screening⁵</i>	81.0% (County)	79.0%
<i>Percent of Medicare enrollees who received HbA1c screening</i>		

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

⁴County Health Ranking, Robert Wood Johnson Foundation (2012)

Mortality ^{1,2,12}	County	Montana	Nation ^{2,13}
<i>Suicide Rate per 100,000 population¹</i>	37.7	20.3	12.0
<i>Unintentional Injury Death Rate per 100,000 population¹</i>	64.2	58.8	38.4
<i>Percent Motor Vehicle Crashes Involving Alcohol¹</i>	9.5%	10.0%	32.0%
<i>Pneumonia/Influenza Mortality per 100,000 population¹</i>	23.9	19.0	17.5
<i>Diabetes Mellitus²</i>	27.7	27.1	21.8

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

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

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

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

Maternal Child Health ¹	County	Montana	Nation ^{14,15}
<i>Infant Mortality (death within 1st year) Rate per 1,000 live births¹</i>	6.2	6.1	6.7
<i>Entrance into Prenatal care in 1st Trimester Percent of Live Births¹</i>	88.0%	83.9%	69.0%
<i>Birth Rate⁹ Babies born per 1,000 people</i>	10.4	12.8	13.5
<i>Low Birth Weight (<2500 grams) Percent of live births¹</i>	5.9%	7.3%	8.3%
<i>Neonatal Mortality (under 28 days of age) Rate per 1,000 live births¹</i>	3.3 (Region 4)	3.3	4.5
<i>Post Neonatal Mortality (28 through 364 days of age) Rate per 1,000 live births¹</i>	3.2 (Region 4)	2.7	2.2
<i>Pre-Term Birth (<37 completed weeks gestation) Percent of Live Births¹</i>	8.0%	10.1%	12.5%

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

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

⁹Montana KIDS COUNT (2009)

¹⁵Center 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 County, 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

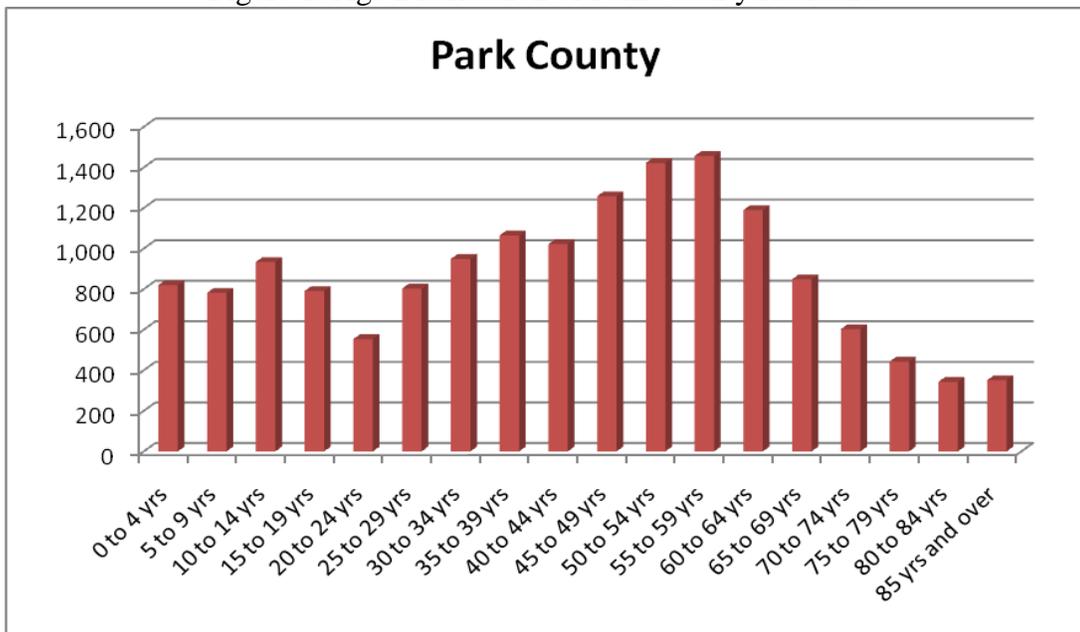


Figure 2: Percent of the population by age groups, Park County vs. Montana

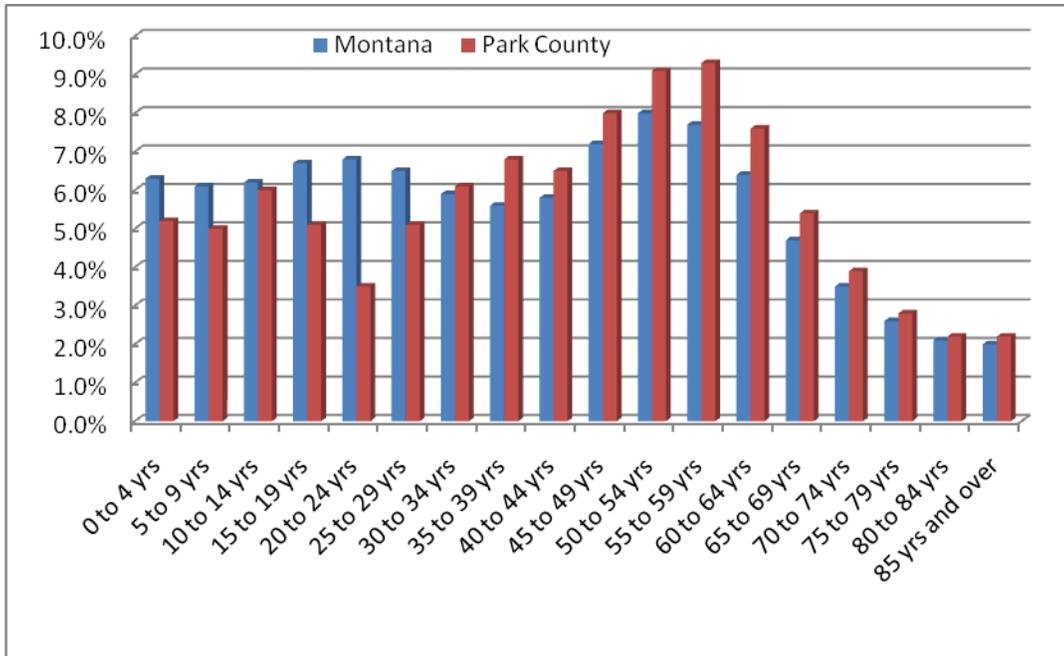


Figure 2 shows how Park County’s population distribution compares to Montana’s. A careful examination of Figure 2 and the underlying data reveals that, compared with the State as a whole, Park County has a lower proportion of people 0 to 29 years old (29.9 percent vs. 38.6 percent) and a higher percentage 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 hospital’s multipliers.

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

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

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